



Penn  
Highlands  
**Huntingdon**

2019 HUNTINGDON COUNTY  
COMMUNITY HEALTH NEEDS ASSESSMENT

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*This CHNA was authored by the Marketing & Community Relations Department of Penn Highlands Huntingdon, led by Director Chris Gildea with support from Jacqui Catrabone, Director of Community and Nonprofit Services at Strategy Solutions. Support was also provided by Juniata College graduate and Penn Highlands Huntingdon intern Brody Greenleaf.*

## Section 1: Executive Summary

### Introduction

Penn Highlands Huntingdon, previously J.C. Blair Memorial Hospital, is the healthcare leader in Huntingdon County, serving the community's healthcare needs and striving to deliver the best outcome for every patient for over 100 years. J.C. Blair merged with Penn Highlands Healthcare in June 2019. Penn Highlands Huntingdon includes a 71-bed, non-profit community hospital; Medical Services, which employs specialty physicians, physician assistants and nurse practitioners; and the Foundation. The hospital is the only hospital in rural Huntingdon County, serving over 45,000 County residents. Its key services include 24-hour emergency care; intensive care; medical/surgical care; and behavioral health services; as well as a full-service medical laboratory with four convenient locations; cardiopulmonary diagnostic, treatment and rehabilitation services; medical imaging services in three locations; a wound healing center; an endoscopy center; physical, occupational and aquatic therapy center; and an occupational health program serving area employers. In recent years, the hospital opened the county's first urgent care center, expanded and renovated its emergency department; and opened a heart catheterization lab. The hospital is continuously monitoring the community's changing healthcare needs and developing clinical innovations to extend its care into the communities it serves, empowering individuals to make healthy choices for themselves and others where they work, learn, pray and play.

#### Inpatient services include:

- Medical
- Surgical
- Intensive Care
- Adolescent & Adult Psychiatric
- Orthopedic
- Swing Bed, short term rehab

#### Outpatient services include:

- Emergency Care
- Urgent Care
- Ambulatory Surgery
- Diagnostic & Interventional Catheterizations
- Endoscopy
- Lab
- Medical Imaging
- Cardiopulmonary Testing, Treatment & Rehab
- Wound Care
- Occupational Health
- Sleep Studies
- Physical, Occupational, Speech & Aquatic Therapy
- Integrated Behavioral Health

### Mission Statement

To provide you with exceptional care through our community-based health system while maintaining a reverence for life.

### Vision Statement

To be the integrated health system of choice through excellent quality, service and outcomes.

### Value Statement

**Quality & Safety** - Provide a safe environment with high quality outcomes.

**Teamwork** - Foster a culture of teamwork, support, trust and loyalty.

**Integrity** - Practice the principles of honesty, confidentiality, respect and transparency

**Person-Centered** - Recognize those we serve as equal partners.

**Service** - Demonstrate compassion by listening, engaging, anticipating and exceeding needs and expectations.

**Stewardship** - Commit to investing in our human and material resources while practicing fiscal responsibility.

**Partnership** - Offer services and programs through partnerships with our physicians, providers, stakeholders and other organizations.

**Education** - Expand our emphasis on education and enhance our position as a learning organization.

## Pennsylvania



**Objectives and Methodology**

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 the population’s 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., a planning and research firm with its mission to create healthy communities with research, 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 Penn Highlands Huntingdon, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2019 CHNA was conducted to identify primary health issues, current health status, and health 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 Process**



**Key Prioritized Needs**

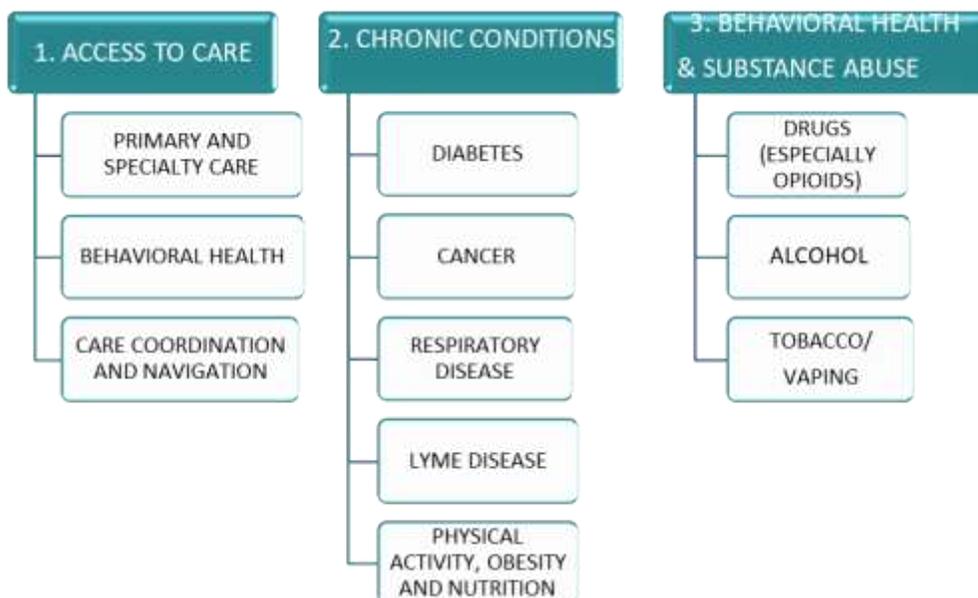
On April 16, 2019, the CHNA Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the hospital’s service territory. The project team was led by Jacqui Catrabone, Director of Nonprofit and Community Services, from Strategy Solutions, Inc. (SSI) including four student interns from Juniata College: Megha Arora, Erin Brady, Ruhama Gari and Brody Greenleaf. This team presented the data to the Steering Committee who discussed the needs of the local area, what the hospital and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 21 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends or growing incidence). Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence-based solutions), were identified that the group would use to evaluate identified needs and issues.

During the meeting, Steering Committee members completed the prioritization exercise using OptionFinder, an anonymous audience response polling system to rate each of the needs and issues on a one to ten scale by each of the selected criteria. Twenty-one Steering Committee members participated in the prioritization exercise.

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the region, as well as for the hospital’s Population Health Leadership Team.

On May 16, 2019, members of the hospital’s Population Health Leadership Team met again to discuss the prioritization results and to review the CHNA report. After prioritization and discussion, the Population Health Leadership Team identified three (3) needs as the top priorities for intervention and action planning: access to care, chronic conditions, and behavioral health and substance abuse. The priorities appear in Figure 2.

**Figure 2: Prioritized Community Health Needs for Penn Highlands Huntingdon 2019 CHNA**



## Conclusions and Recommendations

Penn Highlands Huntingdon will develop specific goals and strategies for their 2019 CHNA implementation plan based on the identified priorities. The health system will leverage its strengths and resources and work collaboratively with its community partners to address the identified needs. The implementation plan will include measures, strategies and goals as to how the health system will address the priority areas.

Penn Highlands Huntingdon is committed to improving the health of the community and will work diligently with public health agencies and community organizations to implement relevant and effective strategies to address the identified areas of need. As the hospital works on their implementation plan over the next three years, they will routinely evaluate progress and adjust their plan as needed to best meet the needs of the community. Wherever possible the hospital will collaborate with community agencies to build on core strengths and leverage community assets.

To strengthen the health and vitality of the community, the following are recommended:

- Develop effective communication strategies to share the results of the CHNA with staff, providers, leadership, board, community stakeholders and the community at large.
- Continue to work with community partners to identify and leverage existing community resources and identify opportunities for collaboration.
- Consider maintaining ongoing meetings with the CHNA Steering Committee to evaluate progress made towards the implementation plan as well as strengthen working relationships and synergies among providers.
- Create implementation strategy teams to develop the CHNA implementation plan which will address key areas of need and priorities identified during the CHNA process.
- Utilize community stakeholders and regional partners when possible to help address identified needs in the community.
- Routinely evaluate the goals and strategies outlined in the CHNA implementation plan and adjust as needed to ensure the needs of the community are being met.

## Review and Approval

The Penn Highlands Huntingdon Board of Directors reviewed and approved the hospital's CHNA on June 6, 2019.

## Section 2: Community Definition

Penn Highlands Huntingdon serves Huntingdon County and its surrounding communities. For the purposes of this report, we define “community” as Huntingdon County. We include data that shows trends and comparisons at the county level. In some cases, county level data is unavailable, in which case we compare region level data to state level data. Our region includes Bedford, Blair, Huntingdon, Juniata and Mifflin Counties unless otherwise noted by a particular source. The data collected from a collaborative research effort for another project JC Blair is currently completing further defined Huntingdon County into smaller regions. Data that is reported on from this community survey is broken down into these smaller regions noted below in Table 1.

**Table 1: Sub-Regions Within Huntingdon County**

Zip Code	City	Region	County
16647	Hesston	Huntingdon	Huntingdon
16652	Huntingdon	Huntingdon	Huntingdon
16657	James Creek	Huntingdon	Huntingdon
16611	Alexandria	Juniata Valley	Huntingdon
16669	Petersburg	Juniata Valley	Huntingdon
16683	Spruce Creek	Juniata Valley	Huntingdon
16877	Warriors Mark	Juniata Valley	Huntingdon
17052	Mapleton Depot	Mount Union	Huntingdon
17060	Mill Creek	Mount Union	Huntingdon
17066	Mount Union	Mount Union	Huntingdon
17260	Shirleysburg	Mount Union	Huntingdon
16621	Broad Top	Southern Huntingdon	Huntingdon
16622	Calvin	Southern Huntingdon	Huntingdon
16623	Cassville	Southern Huntingdon	Huntingdon
16634	Dudley	Southern Huntingdon	Huntingdon
16638	Entriiken	Southern Huntingdon	Huntingdon
16674	Robertsdale	Southern Huntingdon	Huntingdon
16685	Todd	Southern Huntingdon	Huntingdon
17213	Blairs Mills	Southern Huntingdon	Huntingdon
17239	Neelyton	Southern Huntingdon	Huntingdon
17243	Orbisonia	Southern Huntingdon	Huntingdon
17249	Rockhill Furnace	Southern Huntingdon	Huntingdon
17253	Saltillo	Southern Huntingdon	Huntingdon
17255	Shade Gap	Southern Huntingdon	Huntingdon
17264	Three Springs	Southern Huntingdon	Huntingdon
16660	McConnellstown	Southern Huntingdon	Huntingdon

### Section 3: Key Findings

In order to improve health and create a healthy community, we must not only focus on health status, but must also look at other factors that impact health.

The American Public Health Association (APHA) defines a healthy community as one “that:

- *Meets everyone’s basic needs such as safe, affordable and accessible food, water, housing, education, health care and places to play;*
- *Provides supportive levels of economic and social development through living wages, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;*
- *Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and*
- *Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.”<sup>1</sup>*

These factors that create a healthy community impact a person’s ability to make healthy choices and, ultimately, be healthy. If individuals and organizations work together to make changes, we can improve the quality of our lives.

For the 2019 CHNA, Penn Highlands Huntingdon has identified the following community health issues and key priority needs:

1. Access to Health Care
2. Chronic Conditions
3. Behavioral Health & Substance Abuse

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<sup>1</sup> [http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod\\_cYAag](http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag)

**Priority #1: Access to Health Care**

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community. According to Healthy People 2020, barriers or social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the barriers of health—including both social and physical determinants.

Figure 3 shows the most prevalent barriers and percentage of community survey respondents that experience these barriers when accessing health care. Three of the top five relate to cost. Lack of local specialists as well as inability to take time off work complete the top five barriers community survey respondents experience when accessing care.

**Figure 3: Barriers to Care**

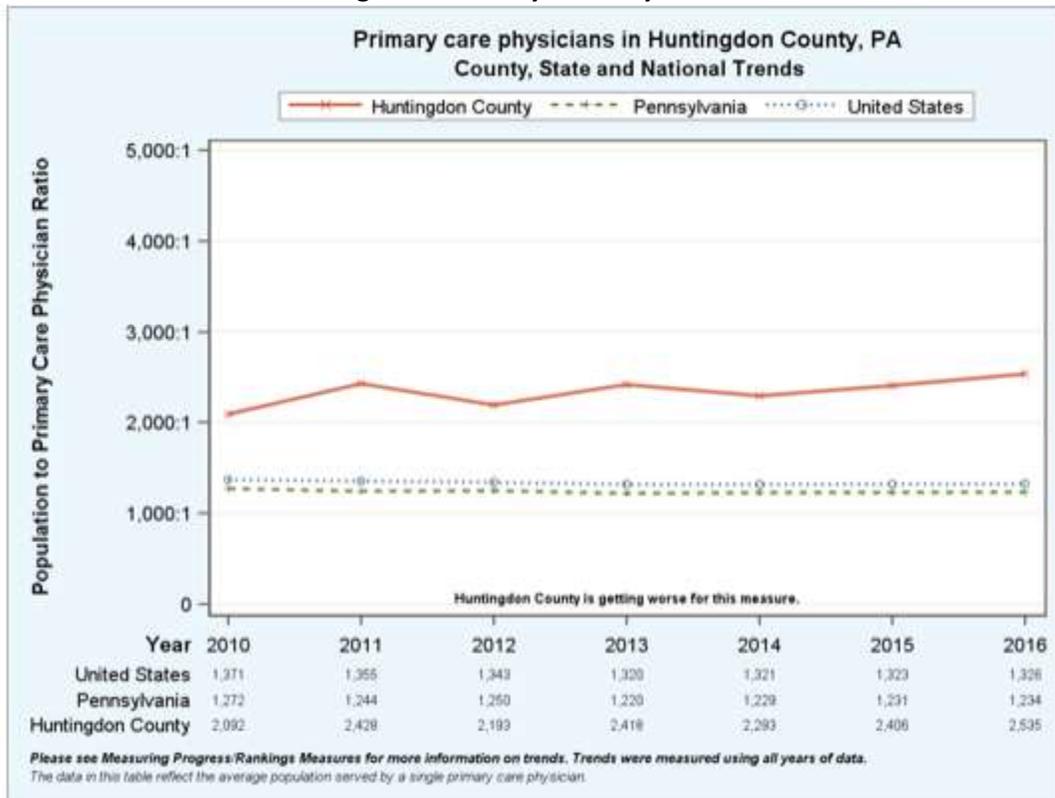


*Source: 2019, JC Blair Health System, Inc. Community Survey*

## Primary and Specialty Care

When looking at clinical care based on County Health Rankings, Huntingdon County ranks 32 out of 67 counties in Pennsylvania. As seen in Figure 4, below, in Huntingdon County the primary care physician ratio in 2019 was 2,540:1 compared to 1,230:1 in the state. When looking at recent years the ratio in Pennsylvania and the United States has remained consistent while the ratio in Huntingdon County has fluctuated but has been worsening.

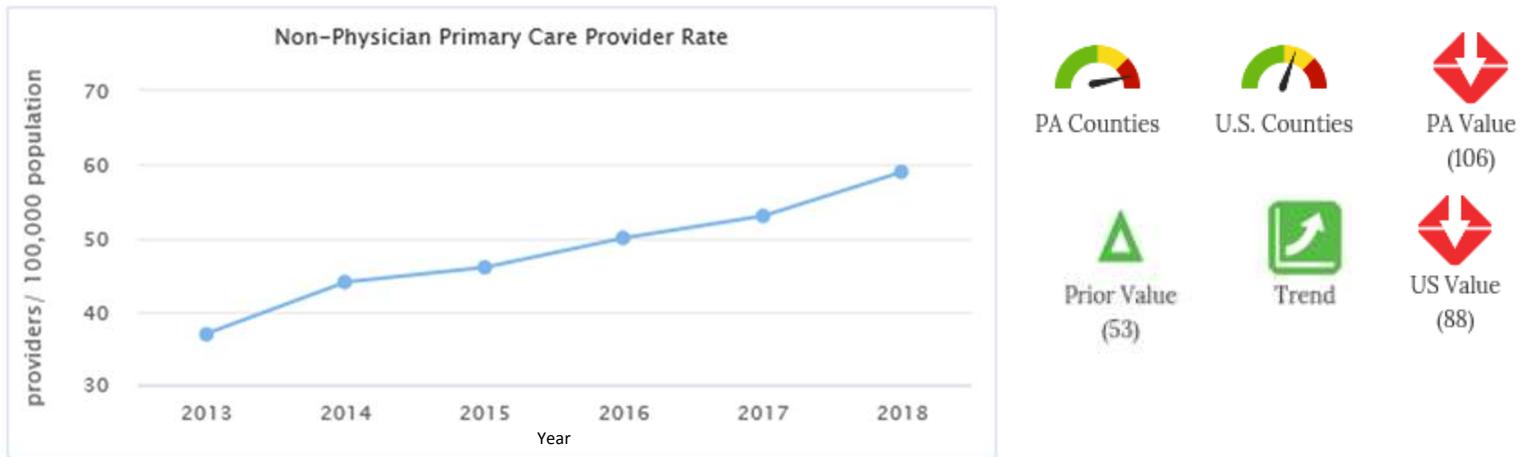
**Figure 4: Primary Care Physicians**



Source: County Health Rankings and Roadmaps, 2010-2016

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. The number of physicians is not keeping up with population growth, leading to an increasing shortage of primary care physicians. However, the number of non-physician clinicians has been increasing and is projected to continue to rise, partially making up for the shortfall of physicians. Figure 5 shows the change in non-physician primary care providers in Huntingdon County which includes nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists. This rate has been increasing since 2013 and at 59, is currently lower than the state (106) and nation (88).

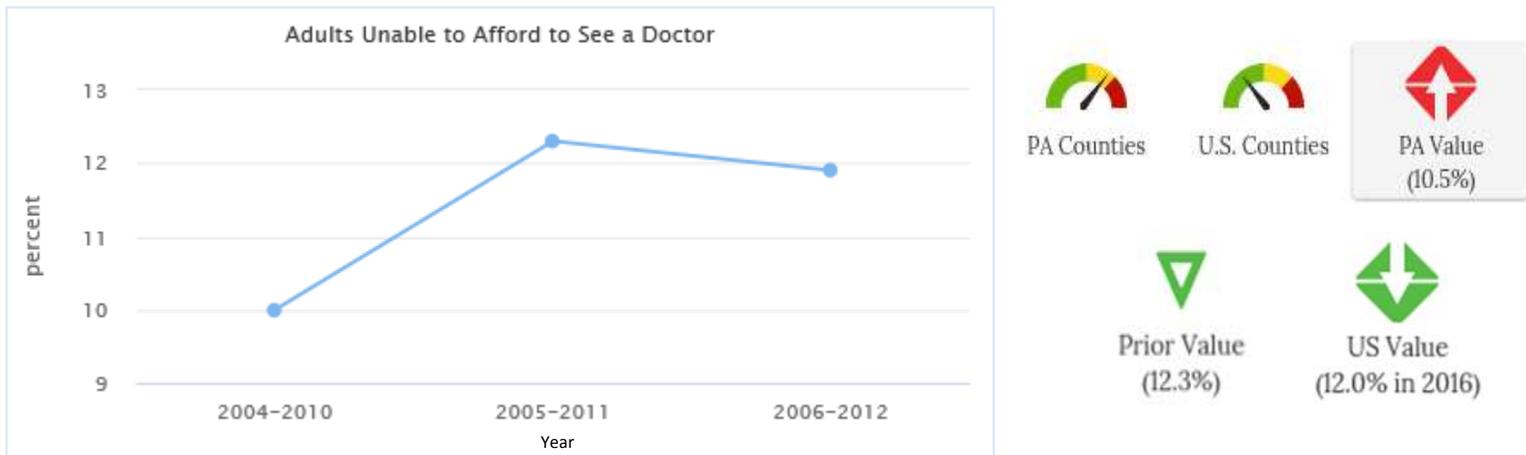
**Figure 5: Non-Physician Primary Care Provider Rate**



Source: Pennsylvania Office of Rural Health

People who are unable to afford to see a doctor may not receive the proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People who cannot afford to see a doctor are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and therefore more difficult and costly to treat. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care. Figure 6 shows the percentage of residents in Huntingdon County who were unable to afford to see a doctor. While this percentage has fluctuated in recent years, in 2006-2012 (11.9%) it is higher than the state (10.5%) and comparable to the nation (12.0%).

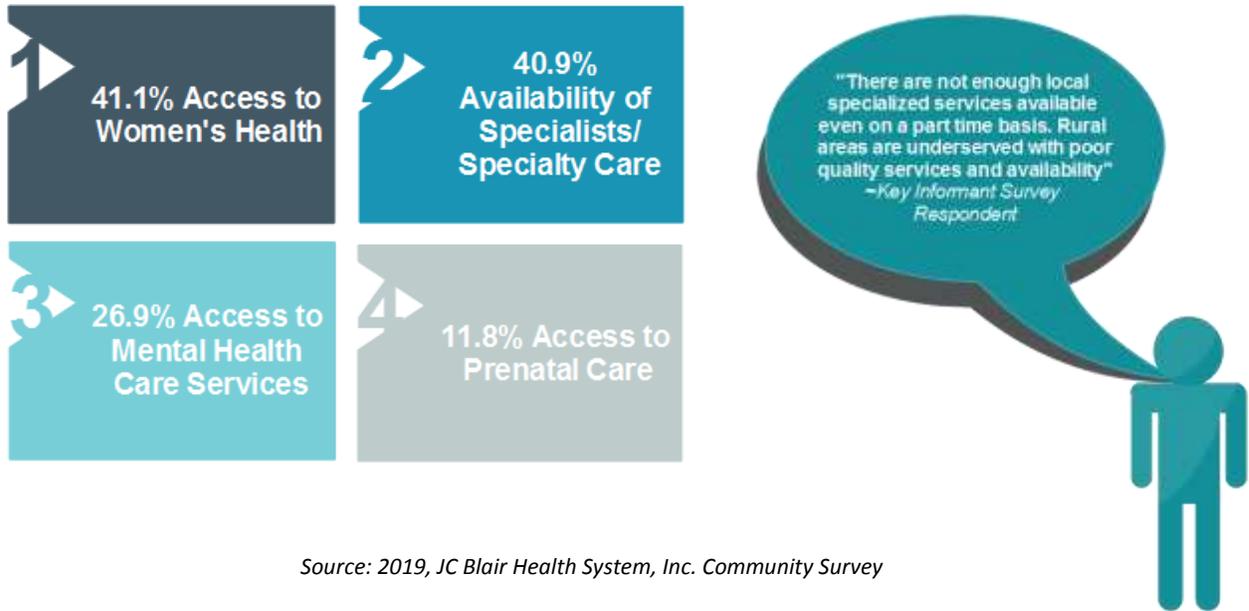
**Figure 6: Huntingdon County Residents Unable to Afford to See a Doctor**



Source: Pennsylvania Office of Rural Health

Figure 7 below shows the health care services community survey respondents most frequently have had difficulty accessing and the percentage of respondents reporting difficulty. Specific to Women’s Health, Maternal Care and OB services were mentioned as needs by community members. It is important to note that the hospital closed its maternity unit in November 2018, just months before this survey was conducted.

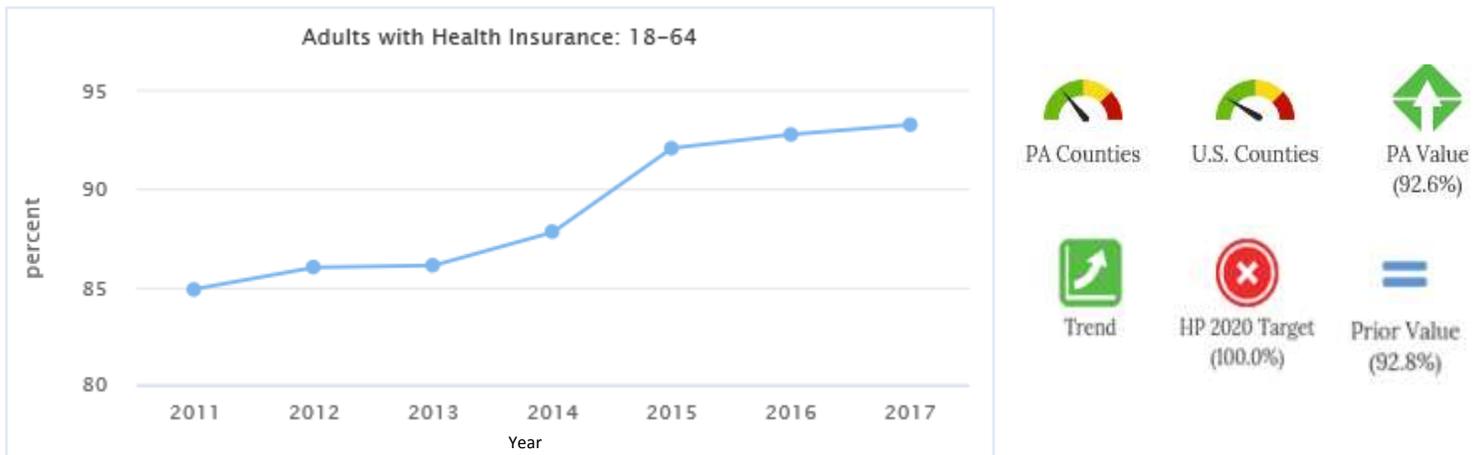
**Figure 7: Difficulty Accessing Health Care Services**



Source: 2019, JC Blair Health System, Inc. Community Survey

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums. Figure 8 shows that the percentage of adults ages 18-64 in Huntingdon County with health insurance has been increasing and in 2017 (93.3%) was just above the state (92.6%) and falls just short of the Healthy People 2020 Goal (100%).

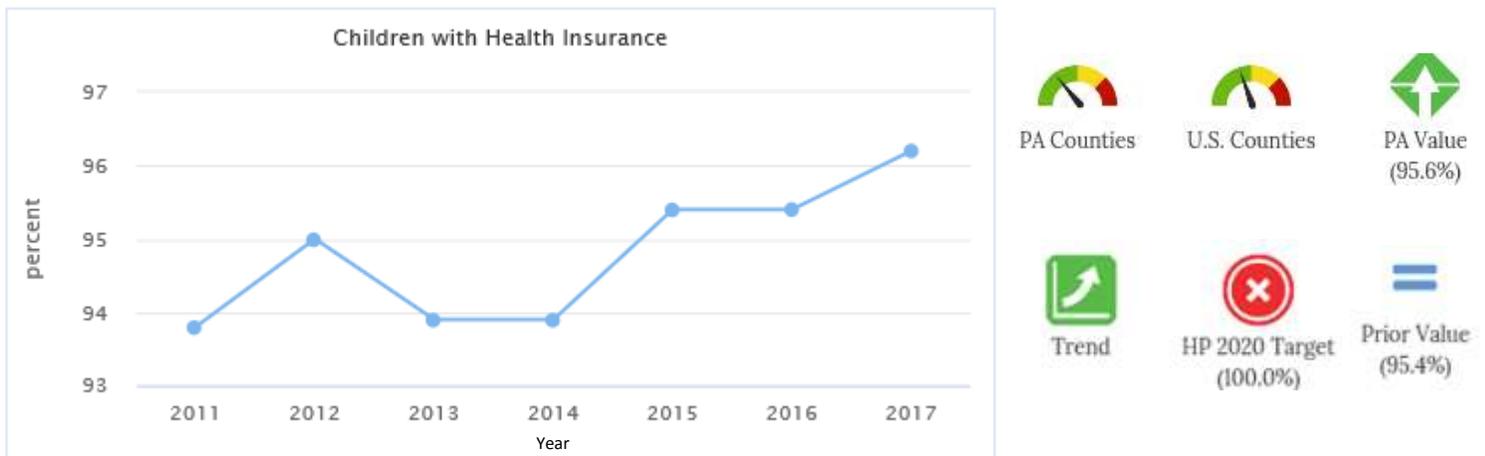
**Figure 8: Huntingdon County Adults with Health Insurance**



Source: Pennsylvania Office of Rural Health

Health insurance for children is particularly important. To stay healthy, children require regular checkups, dental and vision care, and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence. They are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick, and perform better at school. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses. This is not only of benefit to the child but also helps lower overall family health costs. As shown in Figure 9, in Huntingdon County the percentage of children with health insurance has been increasing and in 2017 (96.2%) is above the state (95.6%) and just short of the Healthy People 2020 Goal (100%).

**Figure 9: Huntingdon County Children with Health Insurance**



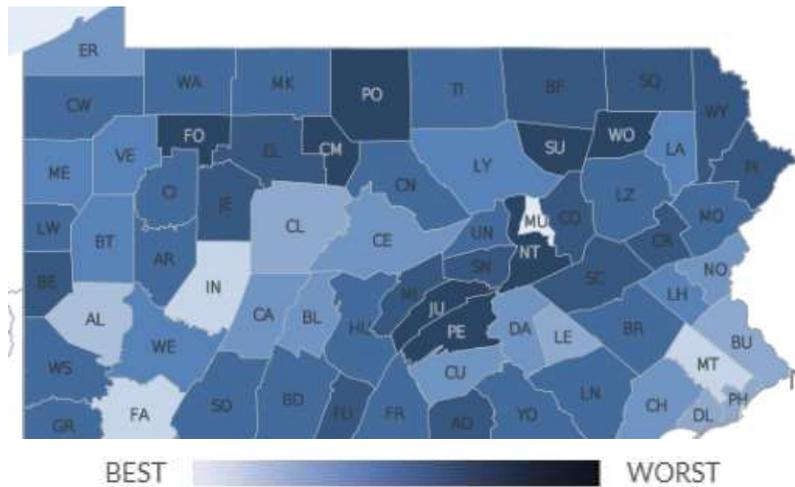
Source: Pennsylvania Office of Rural Health

### Behavioral Health

Access to care requires not only financial coverage and access to primary care and specialty providers, but also mental health providers. Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

The mental health provider ratio in Huntingdon County is 1,060:1 compared to 530:1 in Pennsylvania.

**Figure 10: PA Mental Health Provider Ratios**



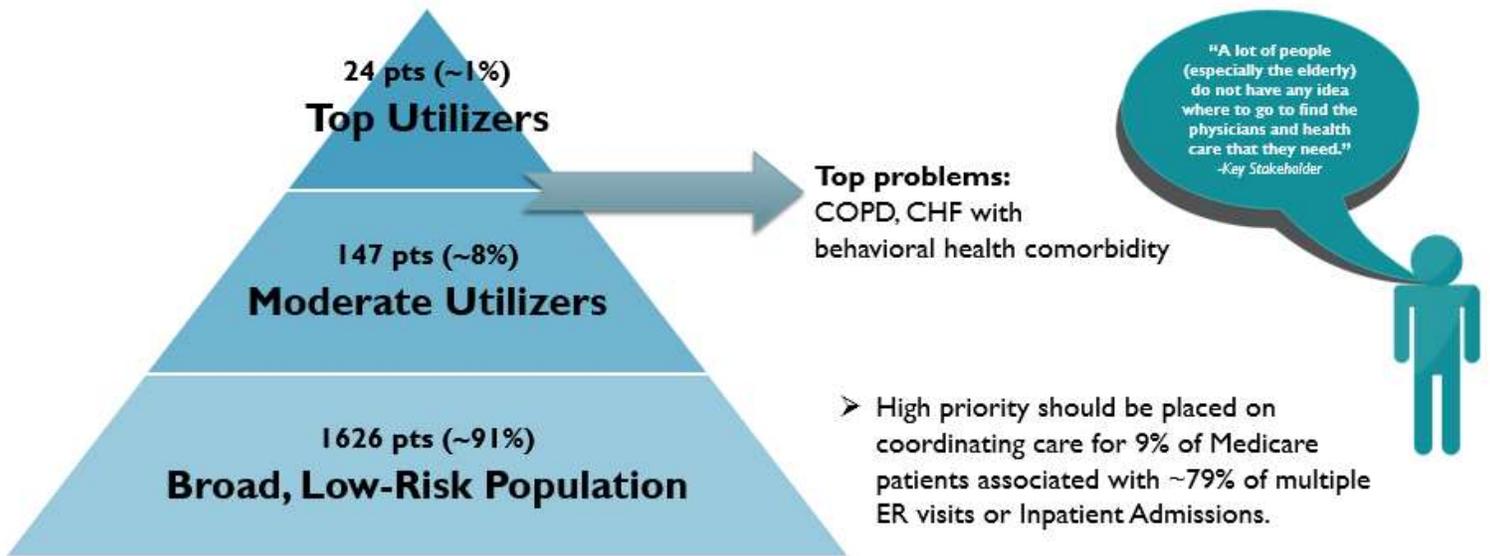
Source: County Health Rankings and Roadmaps

### Care Coordination and Navigation

Care coordination and navigation was identified as a top community need in the 2016 CHNA. As a result, one of the strategies addressed in the implementation plan was to develop a resource inventory for the community which is currently being done in collaboration with community partners.

Figure 11 illustrates high utilization among Medicare patients. When we look at our patients, 9% of our Medicare patients are associated with 79% of excessive ER and Inpatient visits. The top diagnoses of these high utilizing patients are COPD and Congestive Heart Failure, many with behavioral health comorbidities.

**Figure 11: High Utilizers Need Care Coordination and Navigation**



Source: 2016 Medicare FFS Data, PA Department of Health

**Priority #2: Chronic Conditions**

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases. Figure 12 shows the top leading causes of death in Huntingdon County over the past several years. Chronic conditions have consistently rounded out the top five leading causes of death in the county, specifically disease of the heart, cancer, stroke and chronic lower respiratory disease.

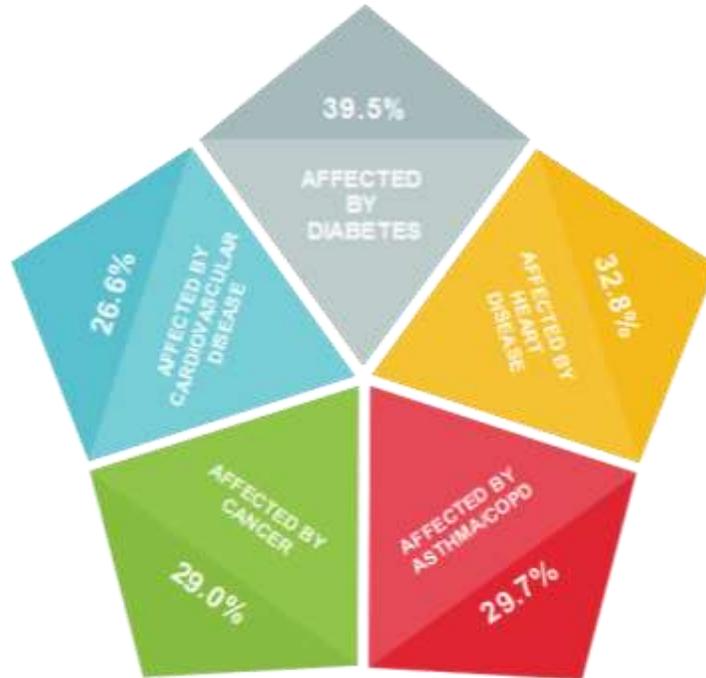
**Figure 12: Top Leading Causes of Death**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2016

Figure 13 illustrates the top chronic conditions Community Survey respondents indicated are affecting either them personally or their family. Over one third are affected by diabetes (39.5%) or heart disease (32.8%). Over one in five are affected by asthma/COPD (29.7%), cancer (29.0%) or cardiovascular disease (26.6%).

**Figure 13: Chronic Conditions Affecting Residents**

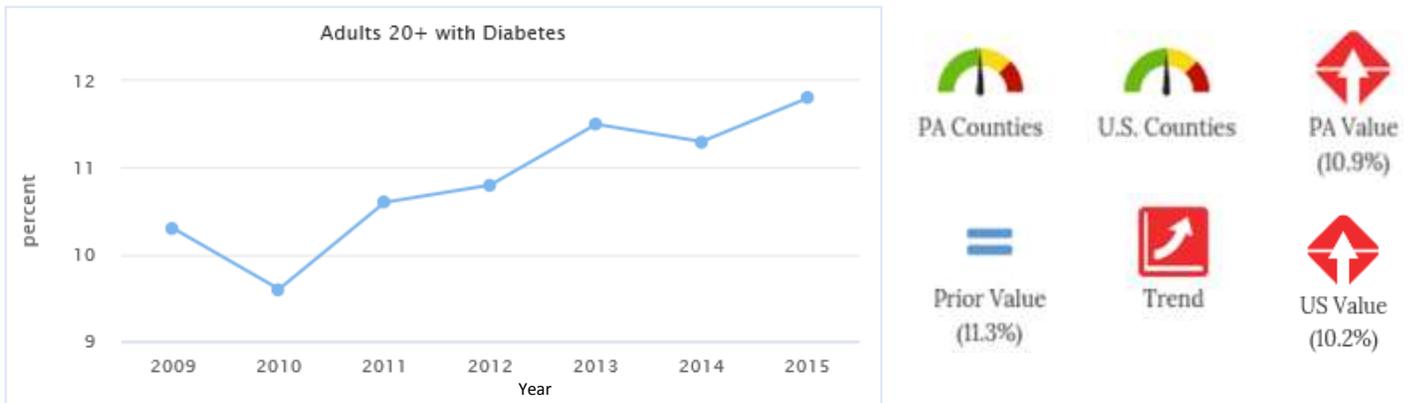


Source: 2019, JC Blair Health System, Inc. Community Survey

## Diabetes

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. According to the CDC, the direct medical expenditures attributable to diabetes are over \$116 billion. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages. As seen in Figure 14, the percentage of adults over the age of 20 in Huntingdon County who have diabetes has been increasing and in 2015 (11.8%) was higher when compared to both the state (10.9%) and nation (10.2%).

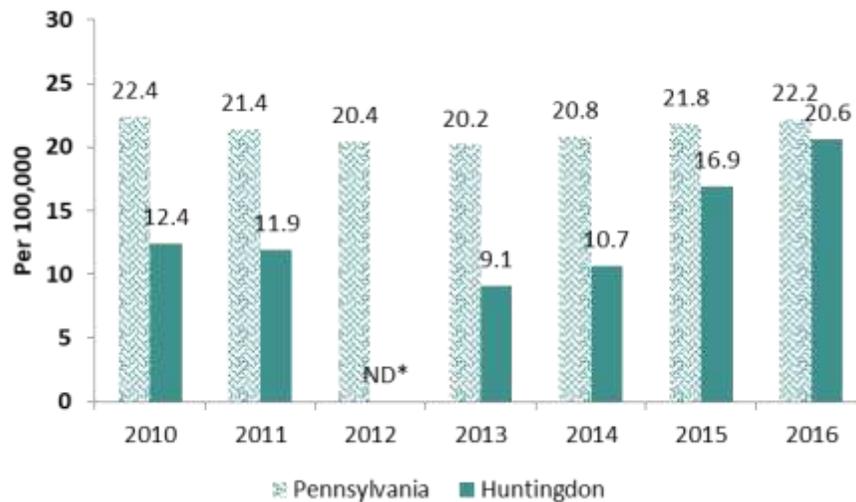
**Figure 14: Huntingdon County Adults Age 20+ with Diabetes**



Source: Pennsylvania Office of Rural Health

As seen in Figure 15 below, the diabetes mortality rate per 100,000 has been increasing in Huntingdon County since 2013 (9.1) and in 2016 (20.6) is just below the state (22.2).

**Figure 15: Diabetes Mortality Rate**

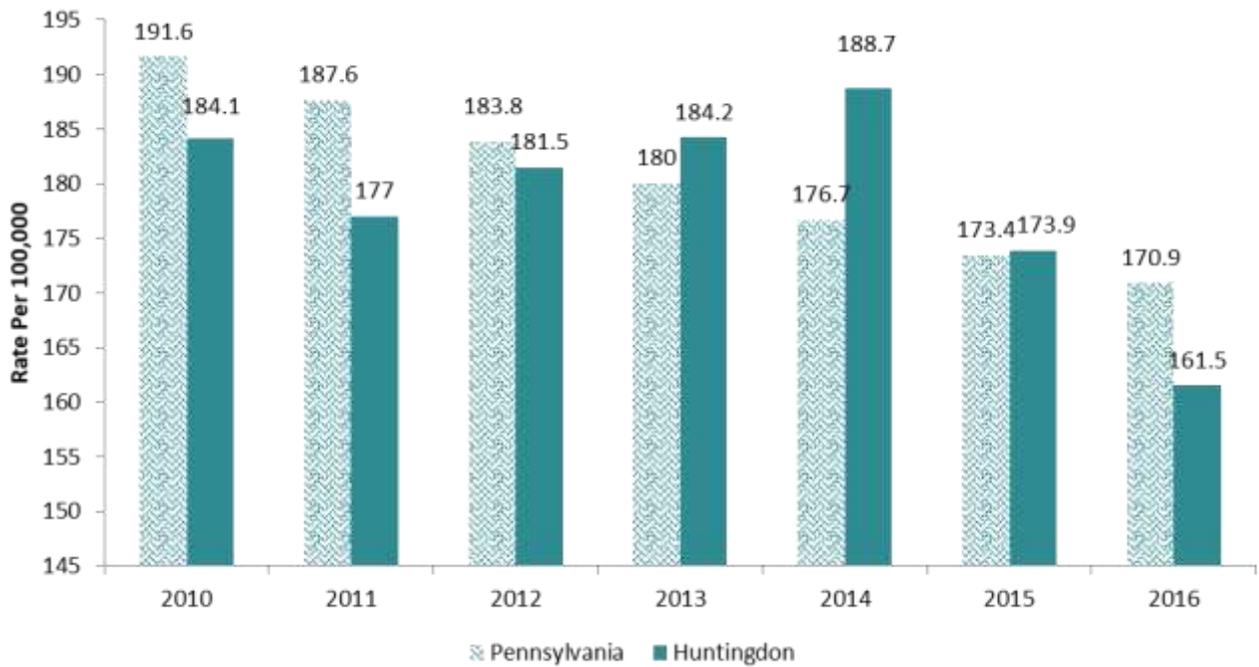


Source: Department of Health Informatics, Pennsylvania Department of Health, 2016

**Cancer**

Cancer is a leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths. Cancer is consistently among the top leading causes of death in Huntingdon County, although the rate has been decreasing in the most recent years and remains below the state as illustrated in Figure 16.

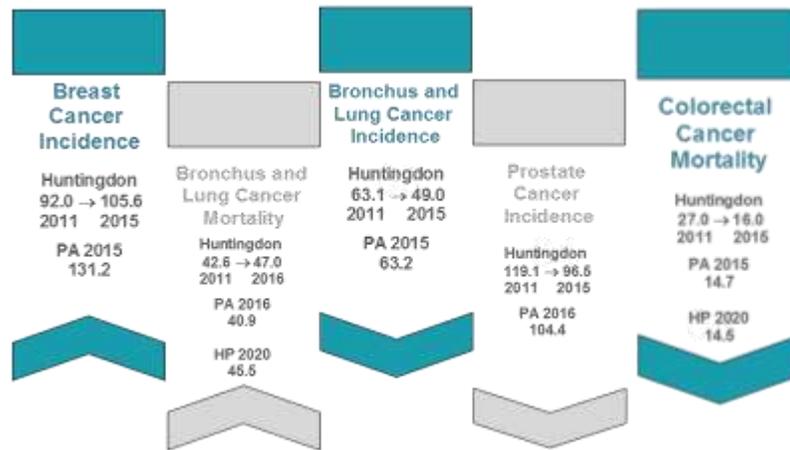
**Figure 16: Cancer Mortality Rate**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2016

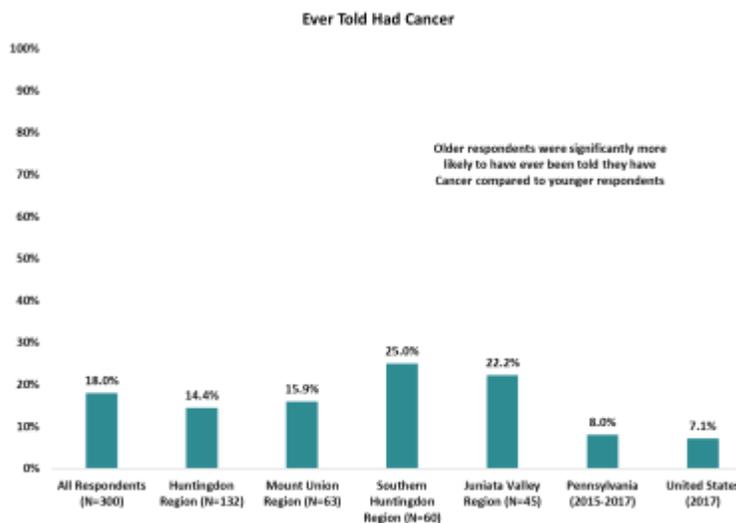
Figure 17 shows cancer statistics for Huntingdon County compared to the state. The Breast Cancer incidence rate in Huntingdon County has been increasing since 2011 (92.0) to 2015 (105.6), although remains below the state (131.2). However, breast cancer death rates have declined while mammography screening has increased in Huntingdon County, making a case for increased screening and early detection’s impact on saving lives. The Bronchus and Lung Cancer mortality rate has been increasing in Huntingdon County since 2011 (42.6) to 2016 (47.0) which is higher when compared to the state (40.9) and above the Healthy People 2020 Goal (45.5). While mortality has been increasing, Bronchus and Lung Cancer incidence has been decreasing from 63.1 per 100,000 in 2011 to 49.0 in 2015, which is below the state (63.2). The Prostate Cancer incidence rate has been decreasing (119.1 in 2011 to 96.5 in 2015) and is lower than the state (104.4). Colorectal Cancer mortality has also decreased from 27.0 in 2011 to 16.0 in 2015, which is just above the state (14.7) and Healthy People 2020 Goal (14.5).

**Figure 17: Cancer**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2011-2016

Figure 18 shows the percentage of community survey respondents who have ever been told they have cancer, with a higher percentage of respondents (18.0%) reporting they have ever been told they have cancer when compared to the state (8.0%) and nation (7.1%). Older survey respondents were significantly more likely to have ever been told they have cancer compared to younger respondents.



**Figure 18: Ever Told Had Cancer**

Sources: 2019, SPORT40 Telephone Survey; Department of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health, 2015-2017; Centers for Disease Control CDC’s National Program of Cancer Registries and the National Cancer Institute’s SEER program, 2017

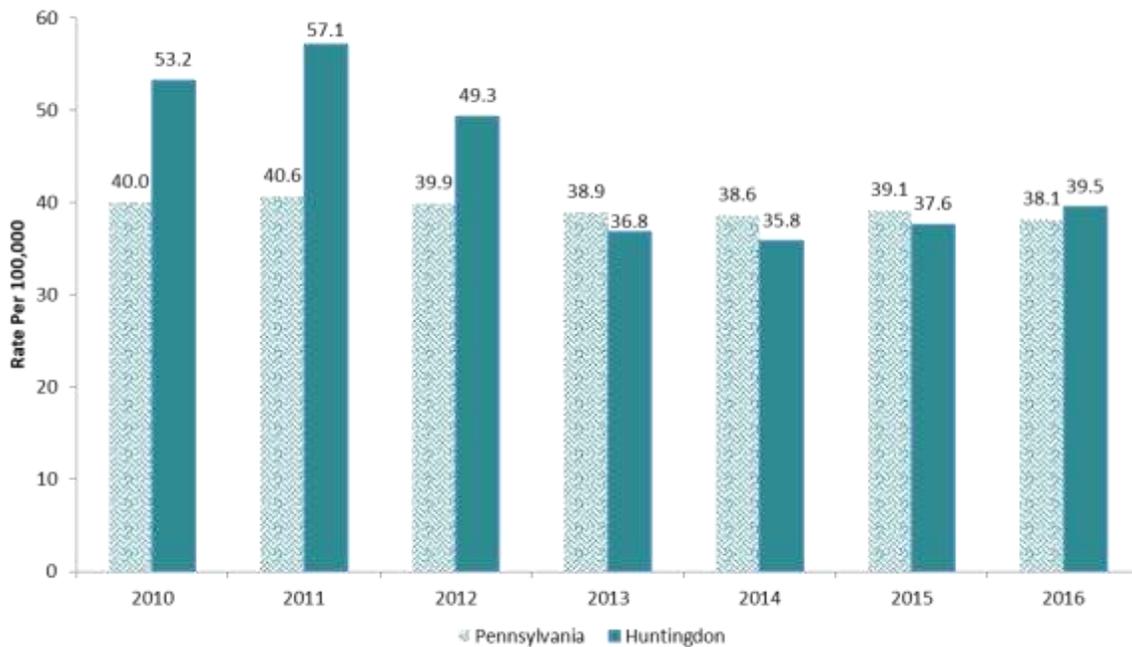
## Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is consistently among the top 5 leading causes of death in Huntingdon County. Lung disease has been a focus of JC Blair Health System since its 2016 CHNA. Over the past several years, JC Blair has addressed the following through our implementation planning:

- Opened a Pulmonary Rehab program
- Developed Next STEPS program for continued wellness
- Hired a Pulmonologist
- Established low dose CT scanning to screen for lung cancer
- Currently building out a COPD continuum of care from outpatient to inpatient to rehab to home support with the intent to add resources for this initiative

Figure 19 shows the Chronic Lower Respiratory Disease mortality rate to be slowly increasing since 2014 and in 2016 (39.5) was slightly higher when compared to the state (38.1).

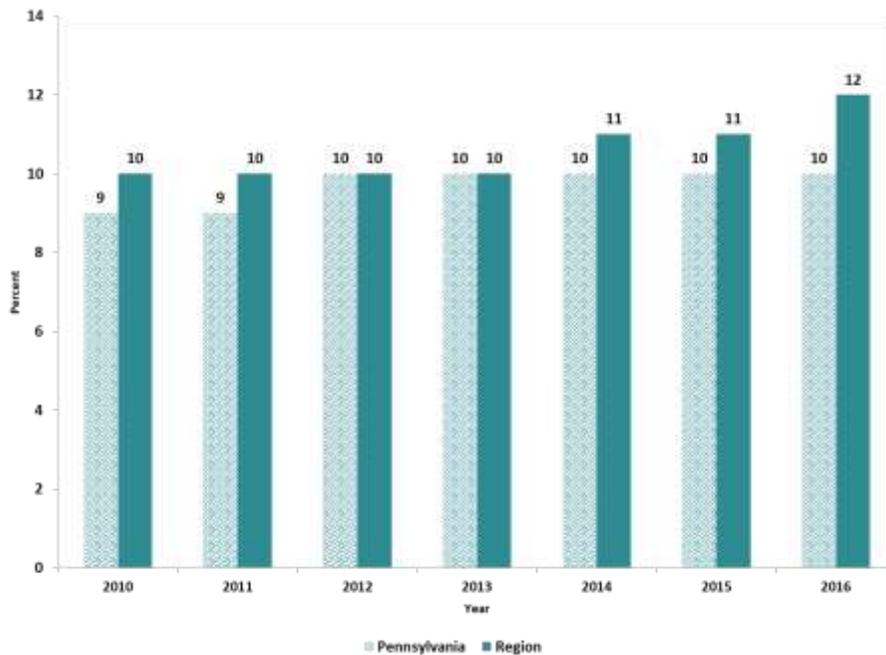
**Figure 19: Chronic Lower Respiratory Disease Mortality Rate**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2010-2016

Asthma is a chronic lung disorder that causes a person's airways to become inflamed and narrow, making it difficult to breathe. Asthma is one of the most common long-term diseases among children but also affects many adults. Symptoms can include tightness in the chest, coughing, and wheezing. Common triggers include exposure to inhaled allergens (such as dust, pollen, cigarette smoke, and animal dander), exertion, and stress. There is no cure for asthma, but most people with asthma can effectively manage their symptoms by employing a combination of long-term prevention strategies and short-term quick-relief drugs. In some cases, however, asthma symptoms are severe enough to warrant hospitalization and can even result in death. As seen in Figure 20 the percentage of adults who currently have asthma in the combined county region has slowly been increasing and in 2016 (12%) is higher than the nation (10%).

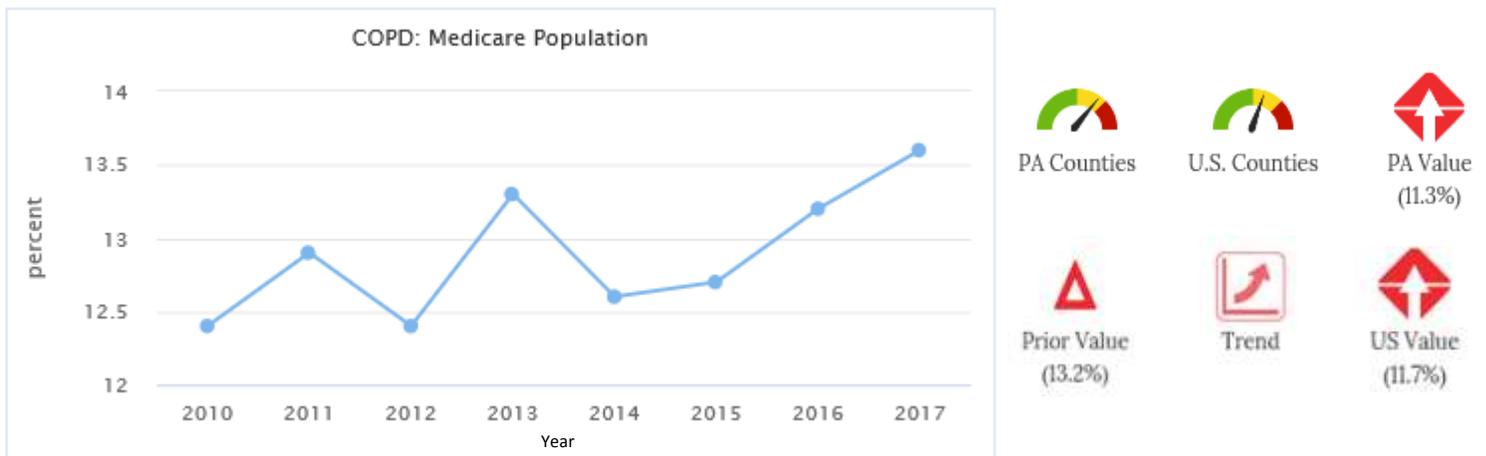
**Figure 20: Percent of Residents in Region with Asthma**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2010-2016

Chronic obstructive pulmonary disease, or COPD, is a condition that restricts airflow into the lungs, making it difficult to breathe. COPD is most commonly a mix of chronic bronchitis and emphysema, and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Common symptoms include shortness of breath, wheezing, and chronic cough. There is no cure for COPD, but smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms. Figure 21 shows that for Huntingdon County, the COPD rate for the Medicare population has been increasing and in 2017 (13.6%) is higher than the state (11.3%) and nation (11.7%).

**Figure 21: Huntingdon County COPD Medicare Population**

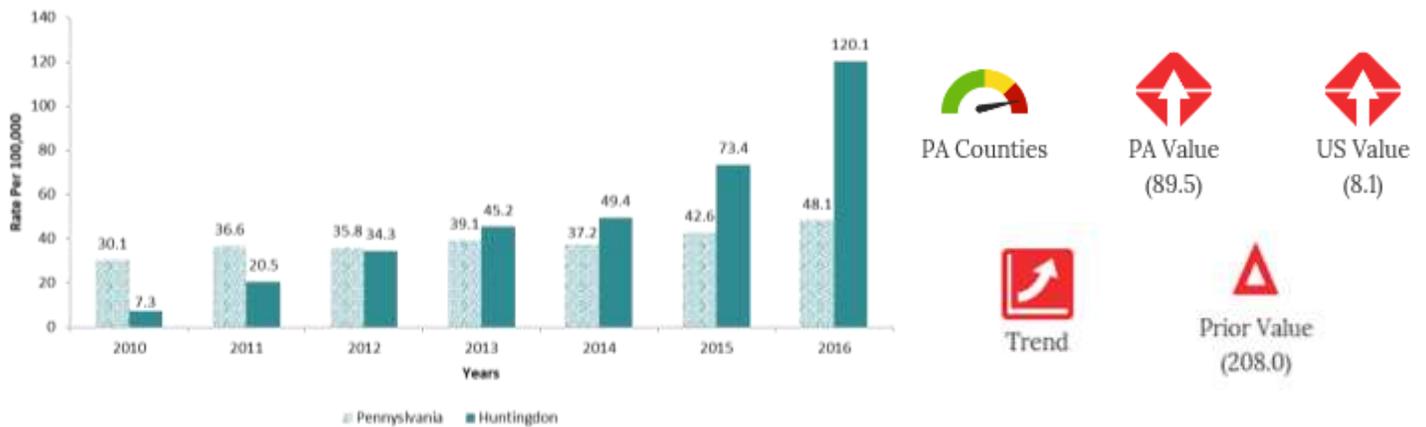


Source: Pennsylvania Office of Rural Health

## Lyme Disease

Lyme disease is caused by infection with the bacterium *Borrelia burgdorferi*. Lyme disease is transmitted by the bite of an infected black-legged tick (*Ixodes scapularis*). According to the Centers for Disease Control and Prevention (CDC), the tick must be attached to the skin for 36 to 48 hours or more for bacterium transmission to occur. Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. If left untreated, infection can spread to joints, the heart, and the nervous system. Lyme disease is diagnosed based on symptoms, physical findings (e.g., rash), and the possibility of exposure to infected ticks; laboratory testing is helpful if used correctly and performed with validated methods. Most cases of Lyme disease can be treated successfully with a few weeks of antibiotics. Steps to prevent Lyme disease include using insect repellent, removing ticks promptly, applying pesticides, and reducing tick habitat. The ticks that transmit Lyme disease can occasionally transmit other tickborne diseases as well. Lyme disease is the most commonly reported vectorborne illness in the United States. As illustrated in Figure 22, the Lyme Disease incidence rate in Huntingdon County has been increasing since 2011 and in 2016 (363.8) is over three times as high as the state (89.5) and nation (8.1).

**Figure 22: Huntingdon County Lyme Disease Incidence Rate**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2011-2016; Pennsylvania Office of Rural Health

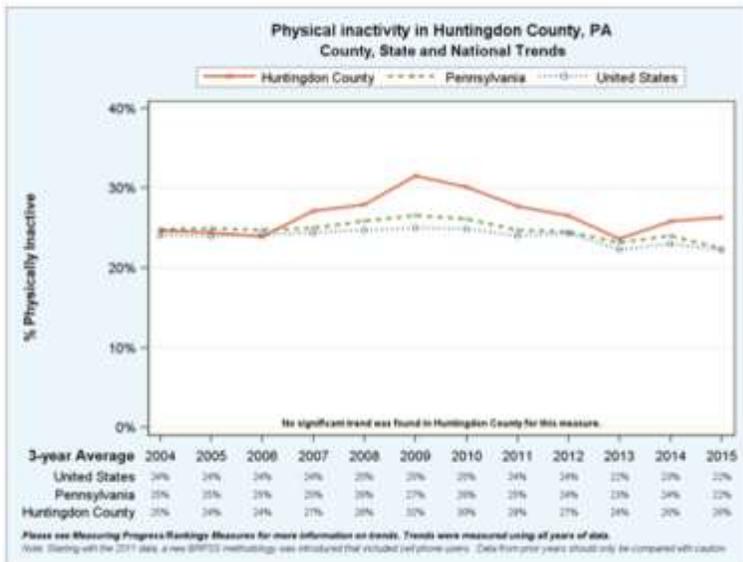


## Physical Activity, Obesity and Nutrition

Adults who are sedentary are at an increased risk of many serious health conditions. These conditions include obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. The ACSM also recommends that you include strength and flexibility training in your exercise program. If you are not currently exercising, please consult your physician before beginning any exercise program.

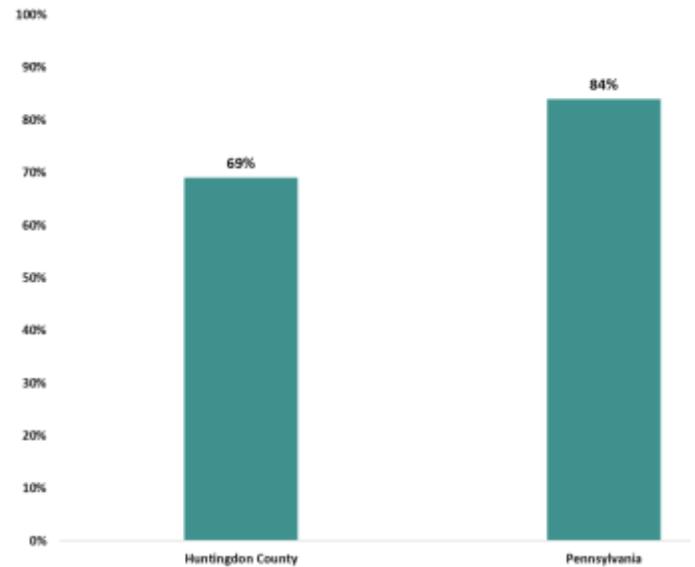
Figure 23 shows physical inactivity in Huntingdon County, Pennsylvania and the nation. The rate in Huntingdon County had been decreasing since 2009, but in 2013 (24%) started to increase, and in 2015 (26%) is higher than the state (22%) and nation (22%). Figure 24 shows the percentage of adults in Huntingdon County and the state with access to exercise opportunities. Fewer residents in Huntingdon County (69%) have access to exercise opportunities when compared to the state (84%).

**Figure 23: Physical Inactivity**



Source: 2019 County Health Rankings and Roadmaps

**Figure 24: Access to Exercise Opportunities**

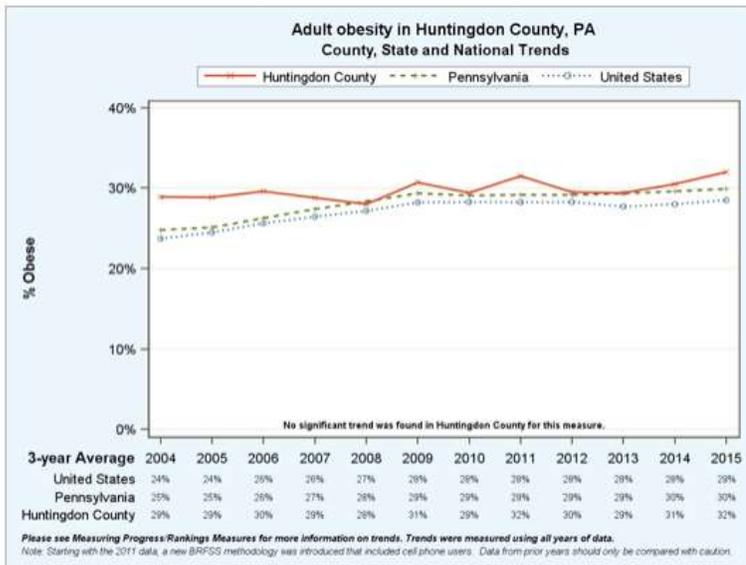


Source: 2019 County Health Rankings and Roadmaps

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

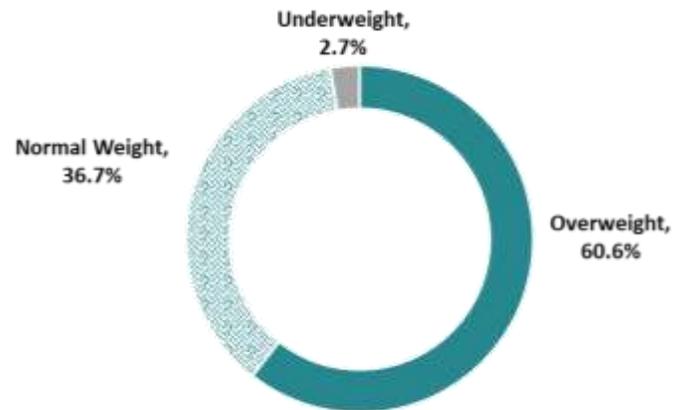
Figure 25 shows adult obesity in Huntingdon County, Pennsylvania and the nation. While the percentage in Huntingdon County has fluctuated, it has increased since 2012 (30%) and in 2015 (32%) was higher than the state (30%) and nation (29%). As seen in Figure 26, community survey respondents were asked to determine their personal weight. Over half (60.6%) identified themselves as overweight.

**Figure 25: Adult Obesity**



Source: 2019 County Health Rankings and Roadmaps

**Figure 26: Personal Weight**

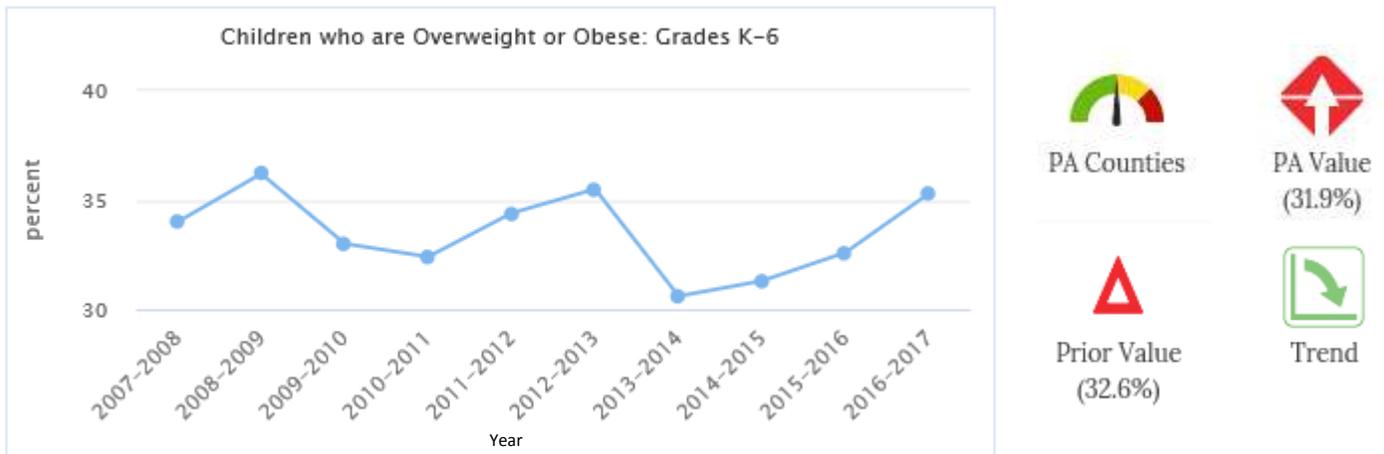


Source: 2019, JC Blair Health System, Inc. Community Survey

Obesity is a serious health concern for children and adolescents. According to the Centers for Disease Control and Prevention, obese children and adolescents are more likely to become obese as adults. Contributing factors to childhood obesity include dietary patterns, physical inactivity, genetics, medication use, and the physical and social environment. Obese and overweight youth are more likely to have risk factors associated with cardiovascular diseases, such as high blood pressure, high cholesterol, and type 2 diabetes. Losing weight, in addition to a healthy diet, helps to prevent and control multiple chronic diseases and improves quality of life.

As illustrated in Figure 27, the percentage of children in grades K-6 considered overweight or obese has been increasing since 2013-2014 and in 2016-2017 (35.3%) is higher than the state (31.9%).

**Figure 27: Huntingdon County Children Who Are Overweight or Obese: Grades K-6**



Source: Pennsylvania Office of Rural Health

As illustrated in Figure 28, the percentage of teens considered overweight or obese has been increasing since 2014-2015 and in 2016-2017 (42.1%) is higher when compared to the state (35.5%).

**Figure 28: Huntingdon County Teens Who Are Overweight or Obese**

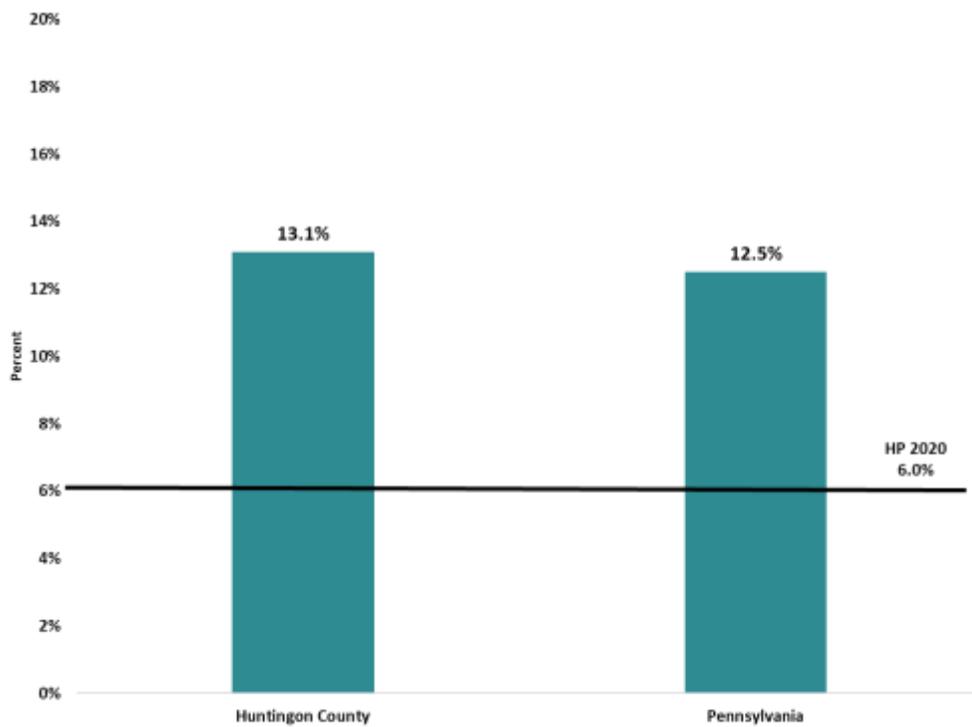


Source: Pennsylvania Office of Rural Health

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression.

As seen in Figure 29, a comparable percentage is experiencing food insecurity in Huntingdon County (13.1%) and the state (12.5%), with both above the Healthy People 2020 Goal (6.0%).

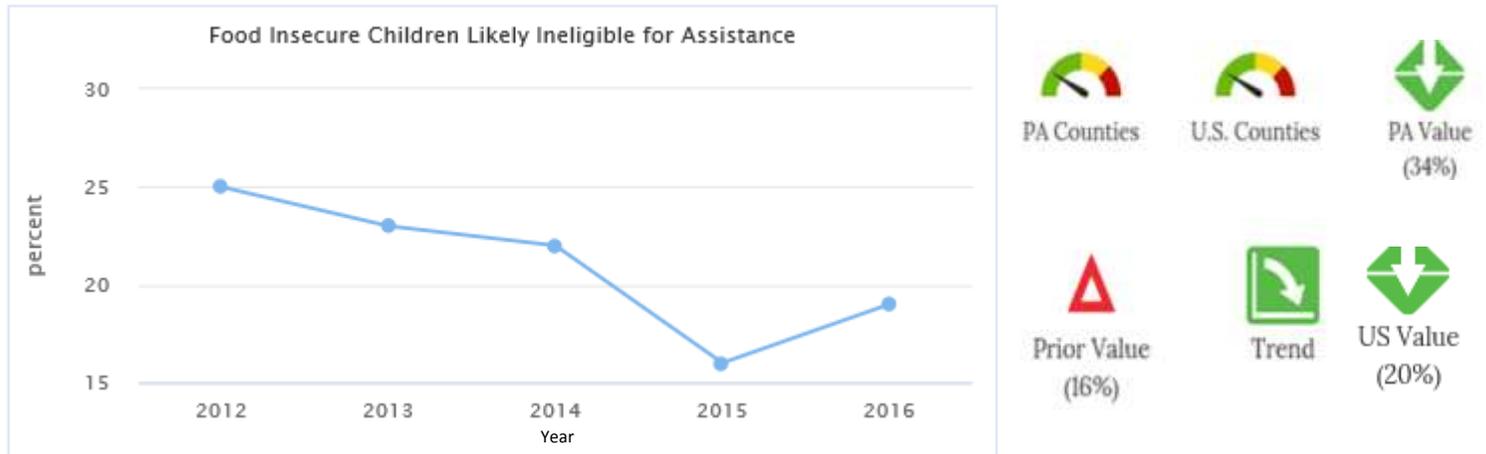
**Figure 29: Food Insecurity**



Source: 2019 County Health Rankings and Roadmaps

Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child’s health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity as a result in lower quality diet, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying. As seen in Figure 30, the percentage of food insecure children that are likely ineligible for assistance had been decreasing; although increased between 2015 (16.0%) and 2016 (19.0%).

**Figure 30: Huntingdon County Food Insecure Children Likely Ineligible for Assistance**



Source: Pennsylvania Office of Rural Health

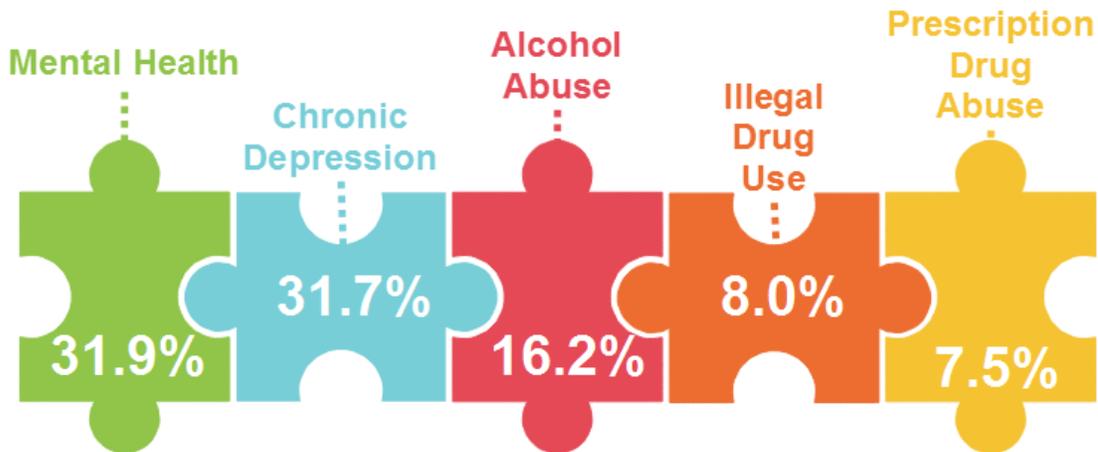


**Priority #3: Behavioral Health and Substance Abuse**

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

Figure 31 shows the behavioral health issues affecting community survey respondents. Just under one third are affected by mental health (31.9%) or chronic depression (31.7%). Alcohol abuse (16.2%), illegal drug use (8.0%) and prescription drug abuse (7.5%) are also affecting some of the respondents.

**Figure 31: Behavioral Health Issues Affecting Residents**

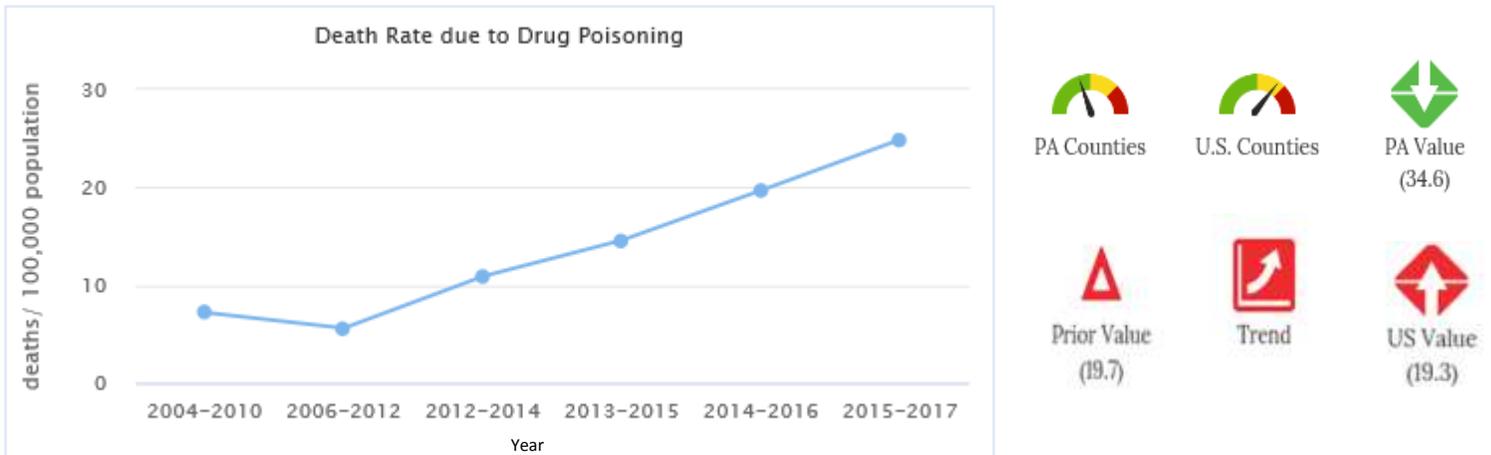


Source: 2019, JC Blair Health System, Inc. Community Survey

**Drugs**

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although the majority of drug overdose deaths are accidental, they may also be intentional or of undetermined intent. As seen in Figure 32, the death rate due to drug poisoning has been increasing in Huntingdon County since 2006-2012 and in 2015-2017 (24.9%) is lower than the state (34.6%) but higher than the nation (19.3%).

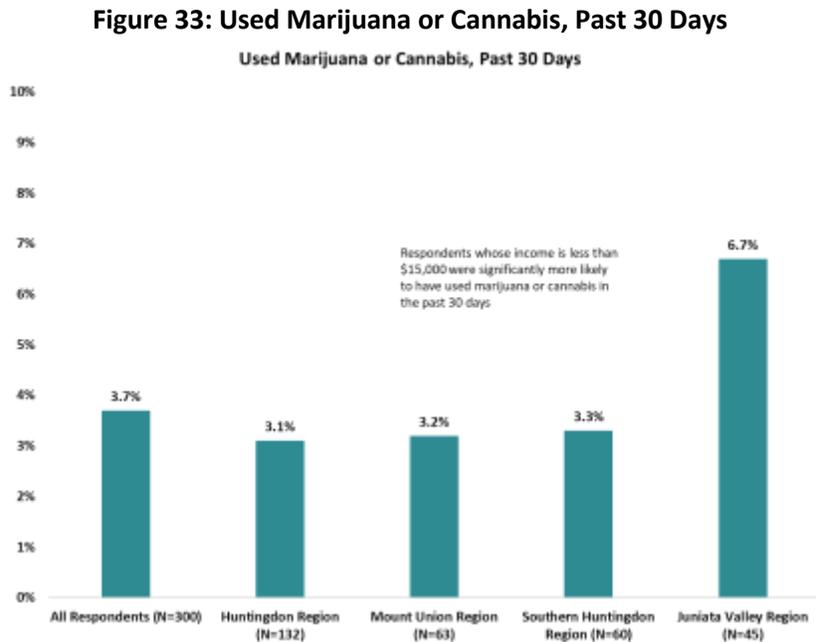
**Figure 32: Huntingdon County Death Rate Due to Drug Poisoning**



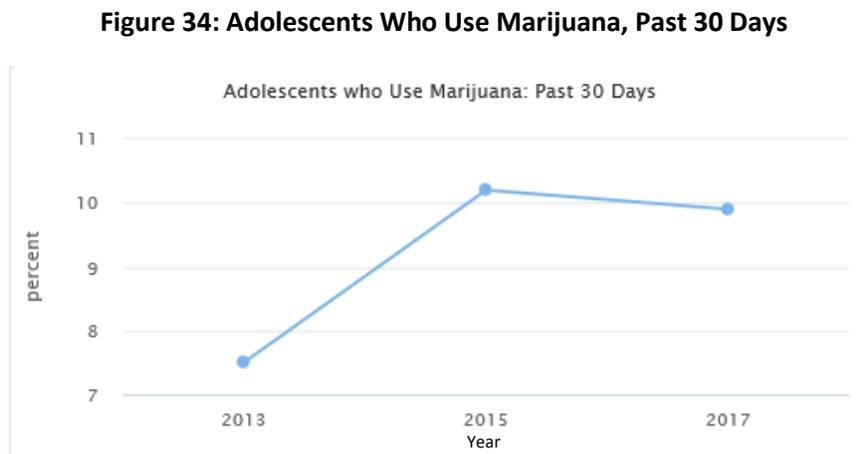
Source: Pennsylvania Office of Rural Health

Marijuana is the most commonly abused illicit drug in the United States. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory. Many research studies have shown that marijuana's adverse effects on learning and memory can last for days or weeks after the acute effects of the drug have worn off. Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities.

Figure 33 shows the percentage of community survey respondents who report using marijuana or cannabis in the past 30 days. Very few (3.7%) survey respondents report having used either substance in the past 30 days, with the highest percentage in the Juniata Valley region (6.7%).



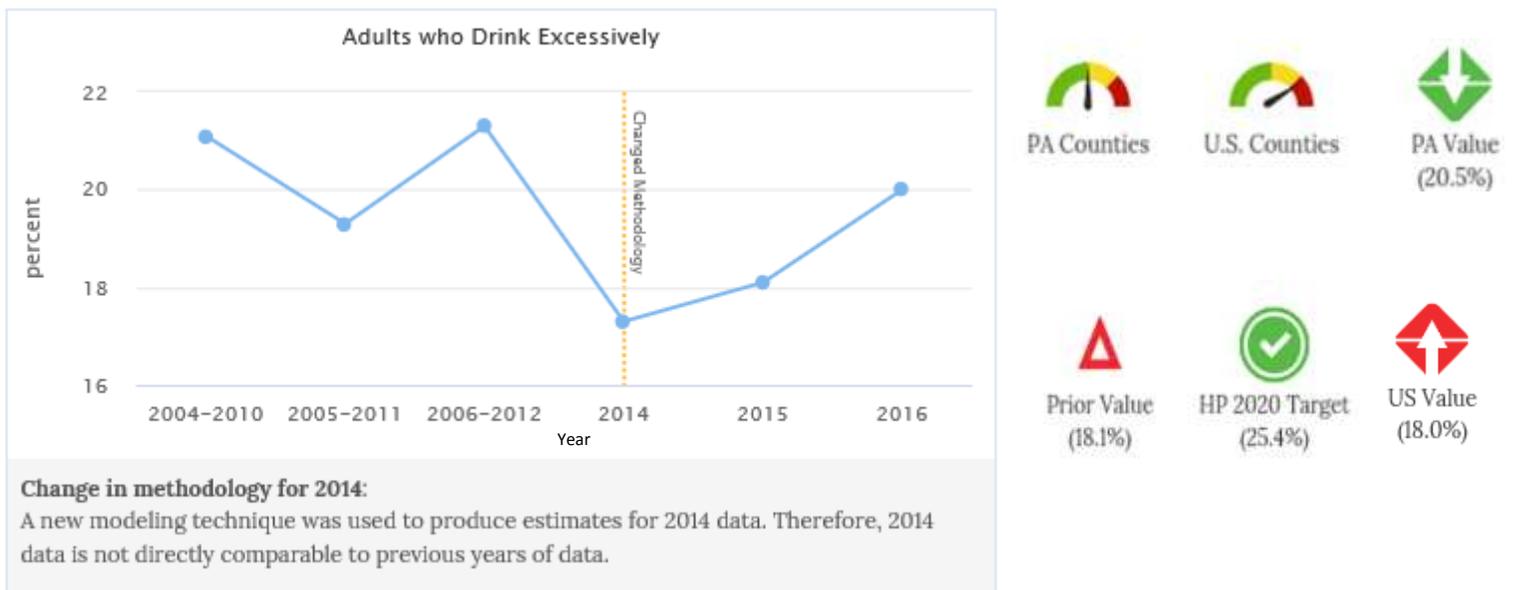
As seen in Figure 34, the percentage of adolescents who reported using marijuana in the past 30 days has fluctuated and in 2017 (9.9%) is comparable to both the state (9.6%) and nation (10.2%).



## Alcohol

Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision-making, which may lead to harmful behaviors. According to the Centers for Disease Control and Prevention, excessive alcohol use, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than eight drinks per week on average for women), or binge drinking (drinking more than five drinks during a single occasion for men or more than four drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes, and other interpersonal issues. As seen in Figure 35, the percentage of adults who drink excessively has increased since 2014 and in 2016 (20.0%) is comparable to the state (20.5%) and is higher than the nation (18.0%), but below the Healthy People 2020 Goal (25.4%).

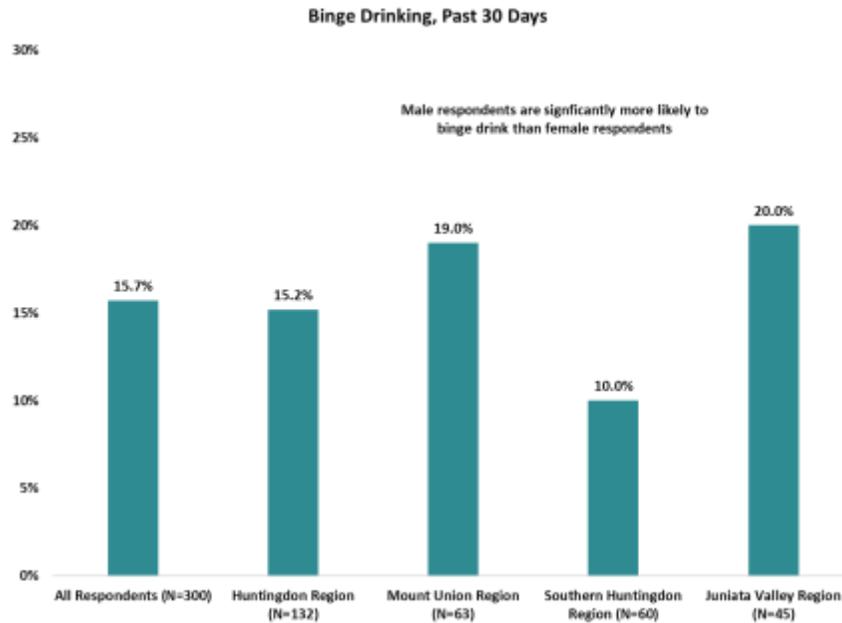
**Figure 35: Huntingdon County Adults Who Drink Excessively**



Source: Pennsylvania Office of Rural Health

Figure 36 shows the percentage of community survey respondents who report binge drinking in the past 30 days. Just under one in five (15.7%) respondents report binge drinking in the past month, with the highest percentage being respondents from the Juniata Valley region (20.0%). Males were significantly more likely to report binge drinking compared to females.

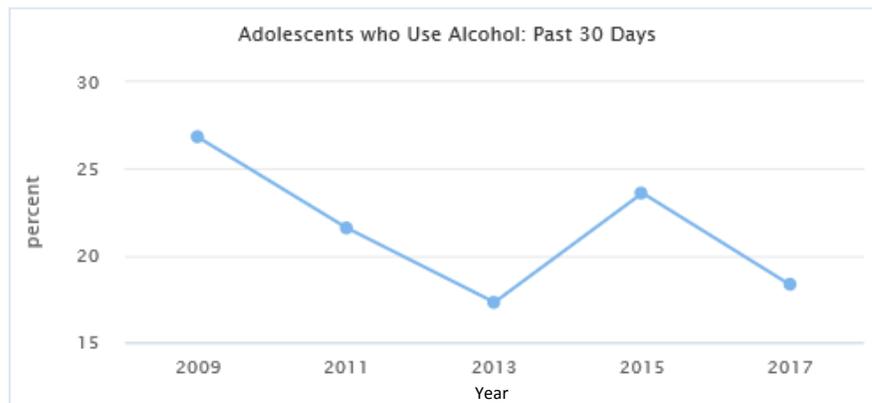
**Figure 36: Binge Drinking, Past 30 Days**



Source: 2019, SPORT40 Telephone Survey

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21. Patterns formed during adolescence play a critical role in health throughout adulthood. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and sexual activity. As shown in Figure 37, the percentage of adolescents who report using alcohol in the past 30 days has decreased from 2009 (23.6%) to 2017 (18.3%), which is comparable to the state (17.9%).

**Figure 37: Adolescents Who Use Alcohol, Past 30 Days**

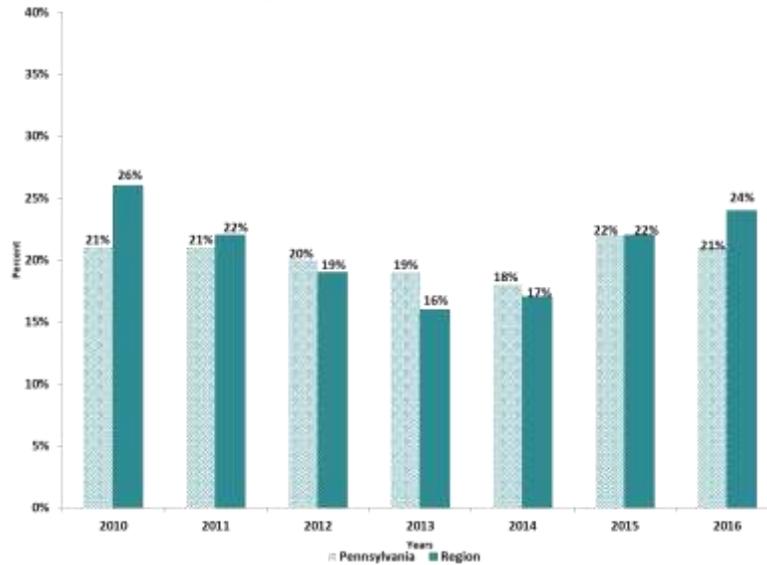


Source: Pennsylvania Office of Rural Health

**Tobacco/Vaping**

Figure 38 shows the percentage of respondents who report being a current smoker in the combined county region which compares Huntingdon County and Pennsylvania. While the percentage has fluctuated, in the most recent year (2016), it is higher in the region (24%) than the state (21%).

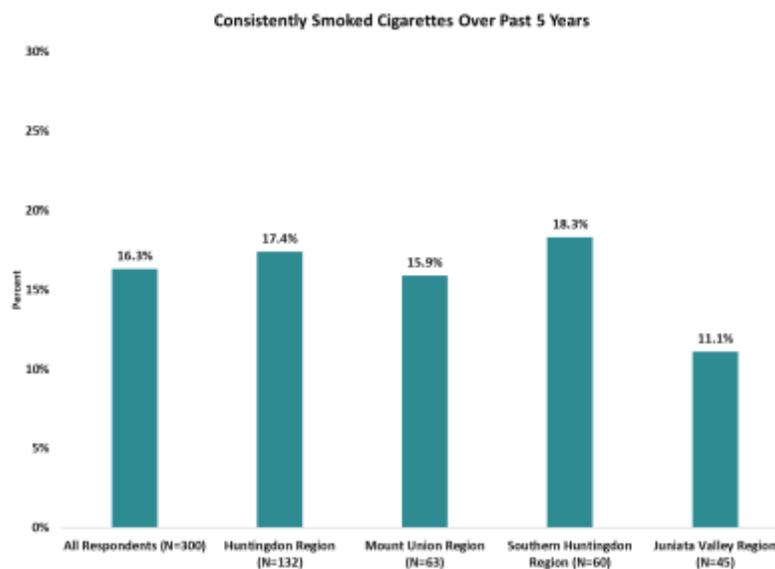
**Figure 38: Current Smoker**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2016

Figure 39 shows the percentage of community survey respondents who have smoked cigarettes over the past five years. Just under one in five (16.3%) respondents report consistently smoking over the past 5 years, with the highest percentage in the Southern Huntingdon region (18.3%).

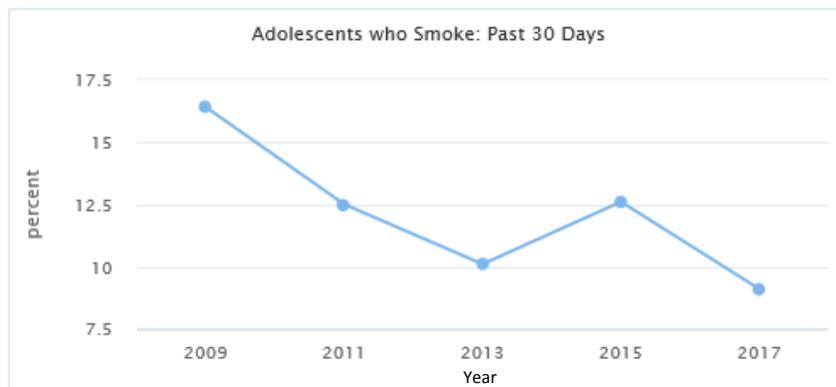
**Figure 39: Consistently Smoked Cigarettes Over Past 5 Years**



Source: 2019, SPORT40 Telephone Survey

Health behavior patterns formed in adolescence play a crucial role in health throughout life. Those who start smoking young are more likely to have a long-term addiction to nicotine than people who start smoking later in life, putting them at greater risk for smoking-related illness and death. Tobacco use typically begins during adolescence; preventing adolescent tobacco use is critical to ending the tobacco epidemic in the United States. As seen in Figure 40, the percentage of adolescents who report smoking in the past 30 days decreased from 2015 (12.6%) to 2017 (9.1%) and is higher than the state (5.6%).

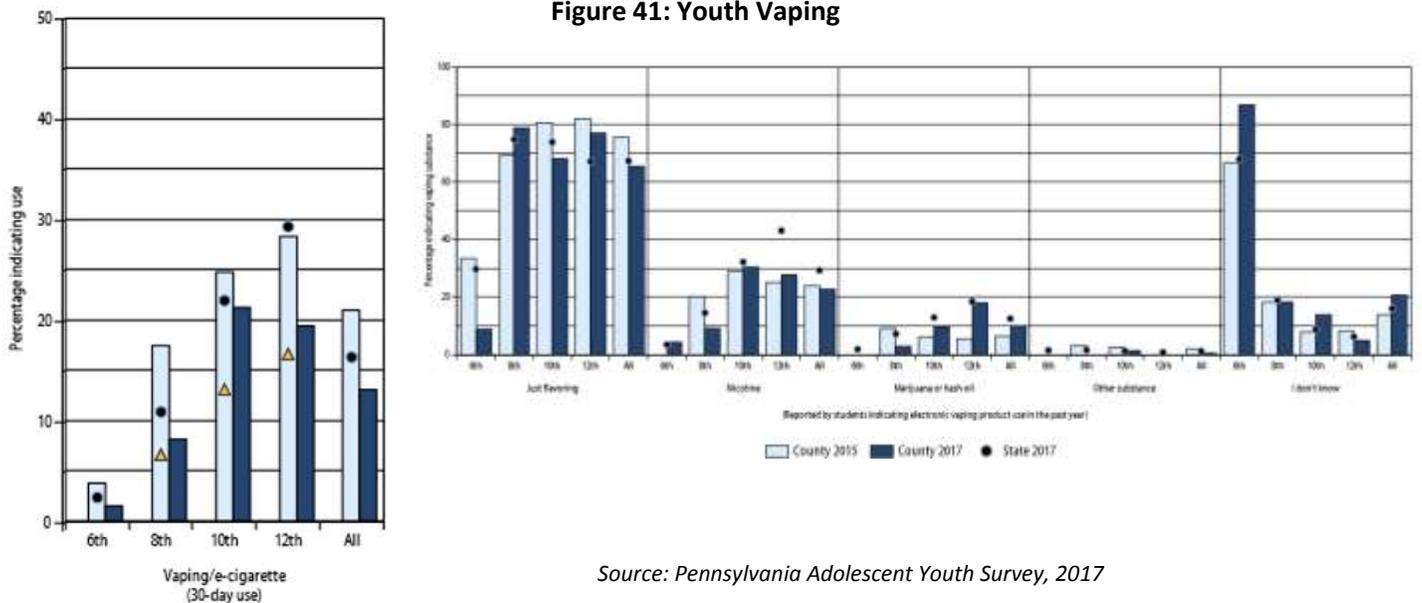
**Figure 40: Adolescents Who Smoke, Past 30 Days**



Source: Pennsylvania Office of Rural Health

According to most recent PAYS data, student vaping has decreased for all grades in Huntingdon County, with usage below that of the state but above the nation (MTF). As indicated in Figure 41, the highest percentage of youth use just flavoring, which is increasing for students in 8<sup>th</sup> grade. The percentage of students who use marijuana or hash oil as the substance in their e-cigarette or vaping device has been increasing for students in grades 10 and 12.

**Figure 41: Youth Vaping**



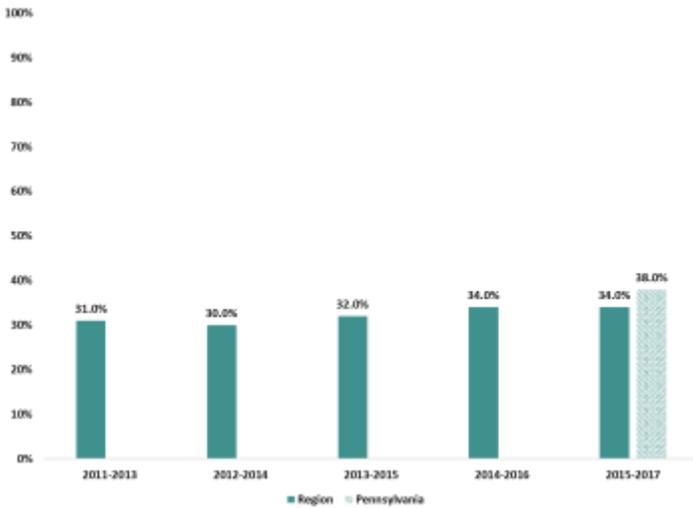
Source: Pennsylvania Adolescent Youth Survey, 2017

## Mental Health

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional.

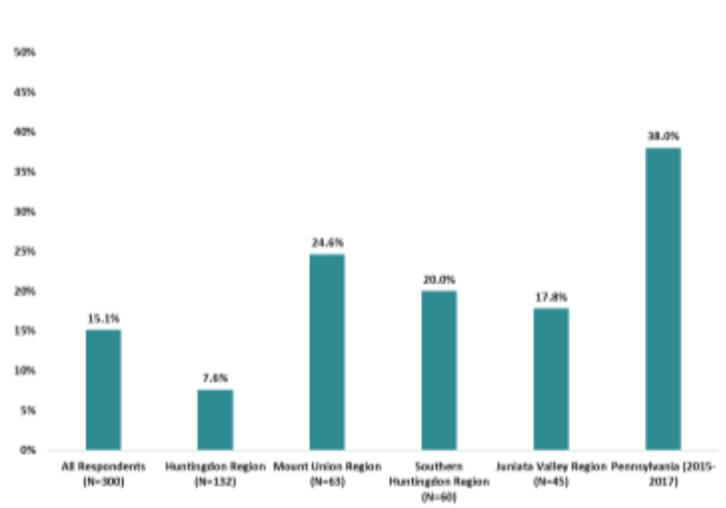
Figure 42 shows the percentage of adults reporting that their mental health was not good one or more days in the past month. When looking at the combined county region of Bedford, Blair, Huntingdon, Juniata and Mifflin counties, the percentage of adults reporting that their mental health was not good one or more days in the past month has increased slightly between 2011-2013 (31.0%) and 2015-2017 (34.0%), and remains lower when compared to the state (38.0%). Figure 43 shows the percentage of community survey respondents who reported their mental health was not good one or more days in the past month. When looking at all of the respondents (15.1%) the percentage is half that of the state (38.0%), with the highest percentage of respondents reporting mental health was not good residing in the Mount Union Region (24.6%).

**Figure 42: Mental Health Not Good 1+ Days, Past Month**



Source: Department of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health, 2015-2017

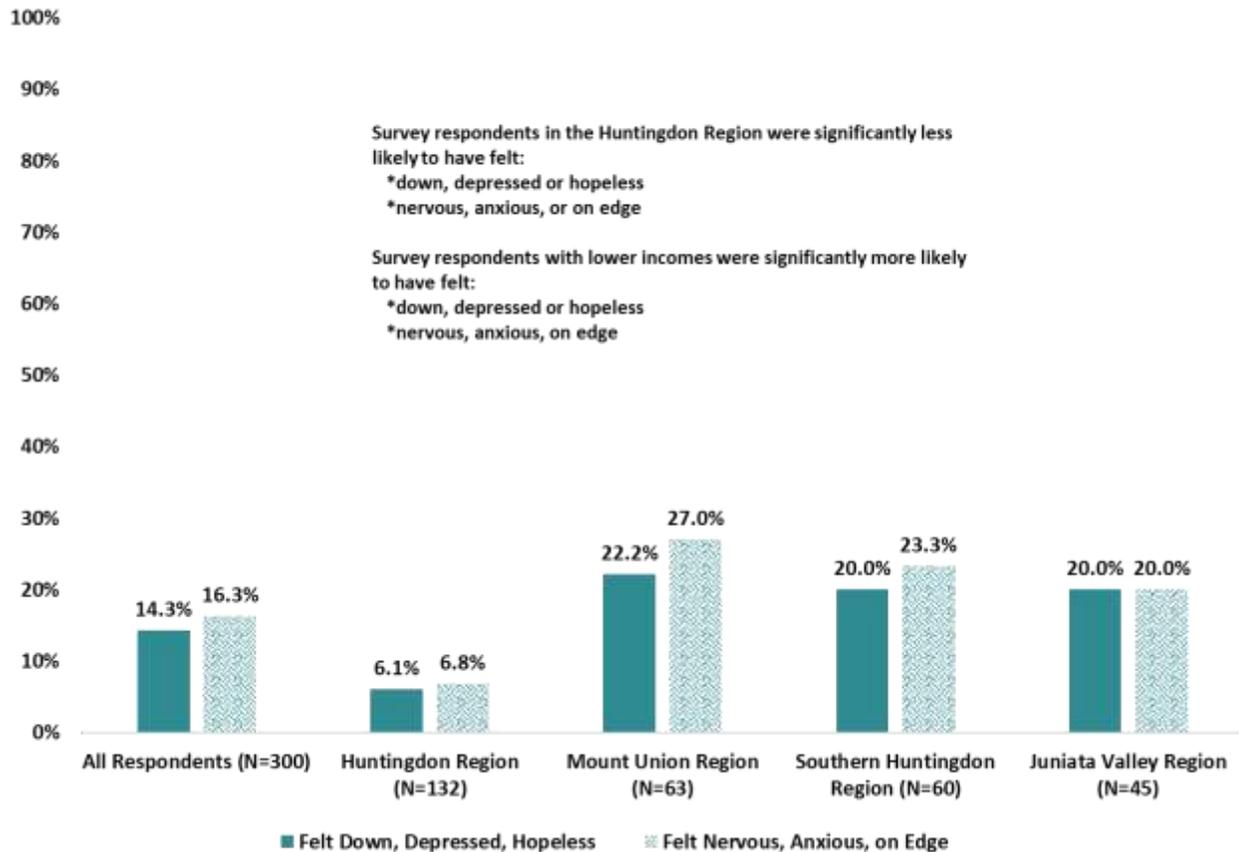
**Figure 43: Mental Health Not Good, 1+ Days, Past Month**



Source: 2019, SPORT40 Telephone Survey

When asked to report on the two weeks prior to the survey, 14.3% of community survey respondents have felt down, depressed or hopeless while 16.3% have felt nervous, anxious or on edge. When looking at the various regions, respondents from the Mount Union Region had the highest percentage reporting feeling down or depressed (22.2%) or nervous or anxious (27.0%). Those in the Huntingdon Region were significantly less likely to report having experienced either of these concerns. Respondents with lower income levels were significantly more likely to have felt depressed or anxious compared to other respondents.

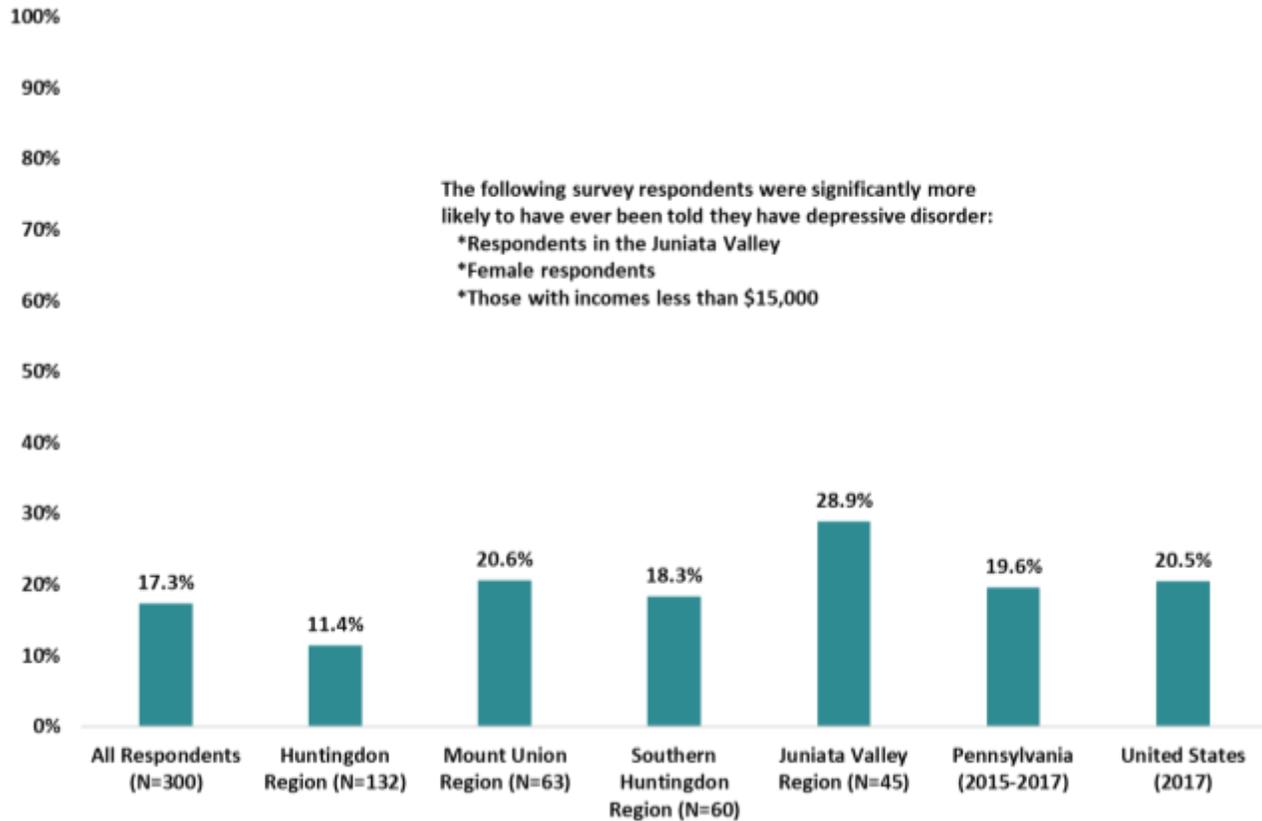
**Figure 44: Community Survey Respondents Experience with Mental Health**  
**Over the Last 2 Weeks**



Source: 2019, SPORT40 Telephone Survey

Figure 45 shows the percentage of community survey respondents who have ever been told they have a depressive disorder. A lower percentage of adults who completed the Community Survey have ever been told they have a depressive disorder (17.3%) when compared to Pennsylvania (19.6%) and the nation (20.5%). The following groups were significantly more likely to have ever been told they have a depressive disorder: respondents from Juniata Valley, females and those with incomes less than \$15,000.

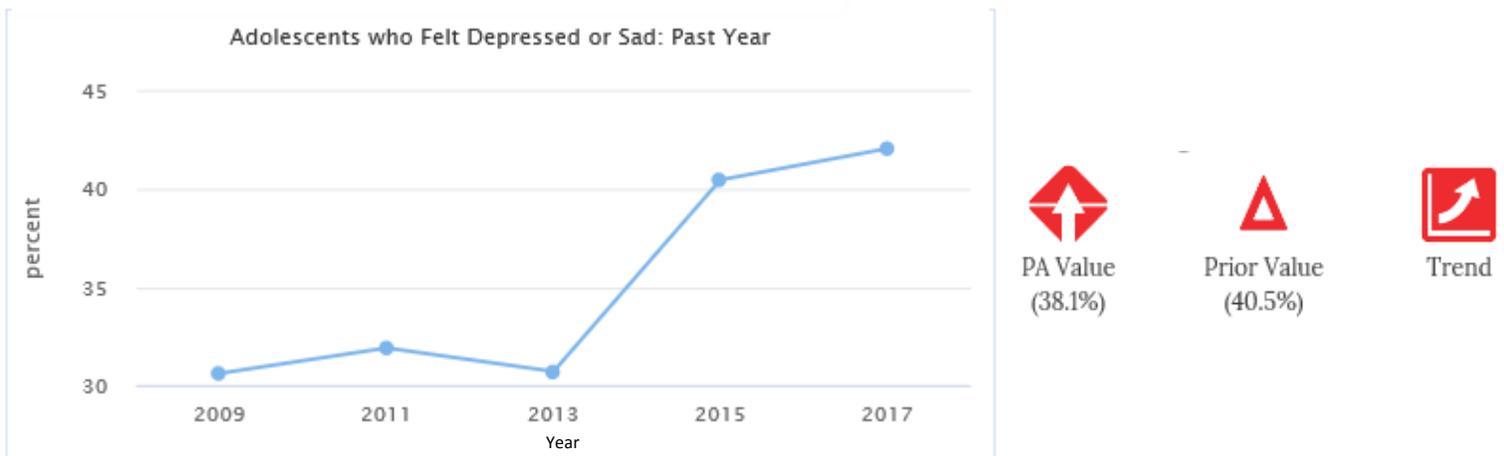
**Figure 45: Ever Told Had Depressive Disorder**



Sources: 2019, SPORT40 Telephone Survey; Department of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health, 2015-2017; Centers for Disease Control and Prevention

The adolescent years are often marked by new and volatile emotions that may be difficult for teens to understand. Aside from normal emotional changes, teens may also face depression and other mental and emotional imbalances. Although depression is highly treatable, many depressed teens do not seek or receive help. Unaddressed emotional problems can lead to problems at home and school, eating disorders, risky sexual behavior, drug abuse, or causing harm to self or others. As seen in Figure 46 the percentage of adolescents in Huntingdon County who report feeling depressed or sad has increased between 2013 (30.7%) and 2017 (42.1%) and is higher than the state (40.5%).

**Figure 46: Huntingdon County Adolescents Who Felt Depressed or Sad, Past Year**

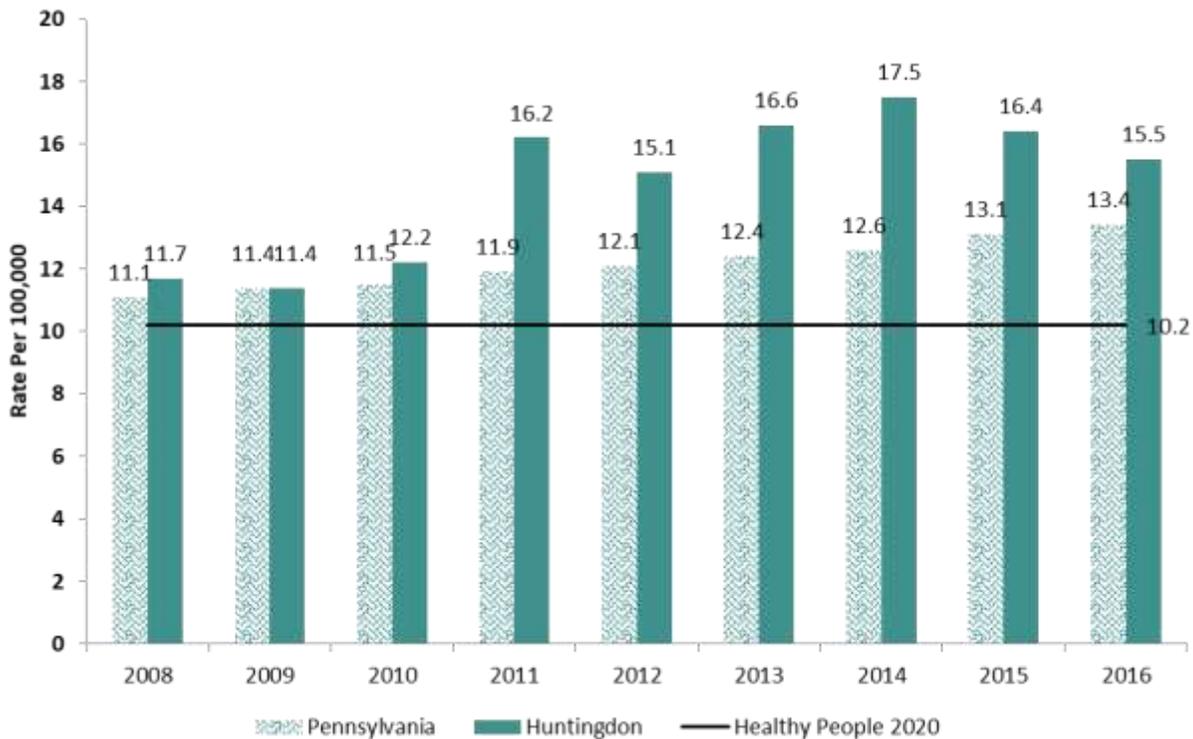


Source: Pennsylvania Office of Rural Health

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older.

Figure 47 shows the suicide rate per 100,000 people for Huntingdon County and Pennsylvania compared to the Healthy People 2020 Goal. The suicide rate in Huntingdon County has fluctuated but in 2016 (15.5) was higher when compared to the state (13.4) and the Healthy People 2020 Goal (10.2).

**Figure 47: Suicide Rate Per 100,000**



Source: Department of Health Informatics, Pennsylvania Department of Health, 2016, Healthy People 2020

## Appendix A: Primary Data

### Primary Data Collection

A comprehensive community-wide CHNA process was completed for Penn Highlands Huntingdon, previously JC Blair Health System. The 2019 CHNA brought together hospital and community partners to identify and evaluate the needs of the community. Hospital leadership was interested in hearing from key community leaders to obtain an outside perspective of the health of the community as well as help reach input from underserved populations. This was accomplished through a community survey, key informant survey and stakeholder interviews. In addition, the hospital is currently collaborating with community partners on a HRSA planning grant for the SPORT40 (Strategies Promoting Opioid Recovery & Treatment) project to address the rural opioid crisis. One of the grant requirements was to conduct a community needs assessment to obtain information on substance use and community perception within the community. The local SPORT40 group is interested in exploring the feasibility of offering a pain management clinic and holistic support services in the community. Given that interest their survey was broad enough to assess a variety of health topics within the community and therefore select questions were utilized to support the Penn Highlands Huntingdon CHNA. As part of the research efforts for the SPORT40 project, a telephone survey was conducted with 300 residents in Huntingdon County.

### Community Survey

The Steering Committee worked with Strategy Solutions, Inc. to develop an online community survey. The survey was distributed through a viral marketing strategy utilizing Hospital and Steering Committee member distribution lists, as well as posted on the Hospital website. Steering Committee members also helped make paper copies available to the populations they serve to help reach underserved populations as well as those without internet access. Student interns from Juniata College manually data entered any returned paper surveys. The survey was active from March 26, 2019 to April 6, 2019. A total of 214 community members completed the survey.

### Key Informant Survey

The Steering Committee identified key stakeholders in the community to receive a Key Informant Survey. SSI and hospital staff developed the Key Informant Survey. This survey was used to obtain vital information about the community from the social and health services providers who serve them. SSI created an electronic survey and link, which the hospital sent to the identified Key Informants. The survey was active from February 27, 2019 to April 23, 2019. A total of 147 stakeholders completed the Key Informant Survey.

### Stakeholder Interviews

The Steering Committee identified target stakeholders to be interviewed. Strategy Solutions, Inc. developed the stakeholder interview guide and created all data collection tools. Student interns scheduled and conducted 12 interviews and entered data into the collection tools. Interview questions included the following topics: top community health needs, environmental factors driving the needs, efforts currently underway to address needs and advice for the Steering Committee. Table 2 is a listing of the stakeholders interviewed between March 18, 2019 and April 1, 2019.

**Table 2: Stakeholders Interviewed**

Name	Title	Organization	Date of Interview
Kathy Armillei	Director	Huntingdon County United Way	March 18, 2019
Tammy Schnarrs	RN	PA Department of Health Huntingdon County Health Center	March 19, 2019
Charity Bender	Auxiliary Captain	Salvation Army	March 21, 2019
Lainie Drenning	Director	Penn Highlands Huntingdon Case Management	March 22, 2019
Wendy Brown	CRNP	Convenient Care Center & SHCSD Nurse	March 22, 2019
Pam Grugan	Advisor/Volunteer	JV Sustainability Club/Soup Kitchen	March 26, 2019
Wendy Melius	Director	Center for Community Action	March 26, 2019
Adam Pfingstl	Director	PRIDE	March 27, 2019
James Hayden	Medical Director	BTAMC FQHC	March 22, 2019
Jennifer Stubbs	CR Coordinator	Community Care Behavioral Health	March 29, 2019
Kelly Maffia	Social Worker	MainStream Counseling/now BTAMC FQHC	March 29, 2019
Melody Fortney	Community Outreach Coordinator	MainStream Counseling	March 27, 2019

### Telephone Community Survey

A total of 300 phone surveys were completed between: January 10, 2019 and February 13, 2019. The SPORT40 Steering Committee worked with Strategy Solutions, Inc. to develop a consumer survey to determine need for a pain management clinic in Huntingdon. Several general health questions were also included in the survey that were relevant for the CHNA assessment. Strategy Solutions developed the survey and did the analysis. Moore Research completed the telephone surveys. For this research effort the county was broken into smaller regions.

The following were completed in each region:

- Huntingdon Region – 132
- Mount Union Region – 63
- Southern Huntingdon Region – 60
- Juniata Valley - 45

### CHNA Steering Committee

**Lori Heaton**  
HBF Area Agency on Aging

**Connie Brode**  
HBF Area Agency on Aging

**Don Burd**  
HCCTC

**Melody Fortney**  
Mainstream Counseling

**Carol Black**  
BTAMC FQHC

**Philip Bender**  
Salvation Army

**Kayla Morrow**  
JC Blair (Intern)

**Martha Leister**  
Tri County Drug & Alcohol Commission

**Michele Heane**  
Huntingdon County Career Link

**Jennifer Stubbs**  
Community Care

**Kathy Armillei**  
United Way

**Debra Fleagle**  
Penn Highlands Huntingdon

**Rebecca Baron**  
Center for Community Action (Intern)

**Jen McMullen**  
AmeriHealth Caritas PA

**Adam Pfingstl**  
PRIDE

**Gail Young**  
Penn Highlands Huntingdon

**Kelly Maffia**  
BTAMC FQHC

**Lauren Reed-Brown**  
Juniata College Intern

**Kammi Plummer**  
AristaCare

**Tyler Heath**  
AristaCare

**Louis Ketnet**  
HCCADC

**Shelly Rivello**  
Penn Highlands Huntingdon

**Tammy Schnarrs**  
Pennsylvania Department of Health

**Wendy Melius**  
Center for Community Action

**Brandy Chaney**  
HCCADC

**Pat Hunter**  
Juniata College

**Elizabeth Kauruter**  
Penn Highlands Huntingdon

**Pam Grugan**  
Volunteer, JVSD, Community Soup Kitchen

**Ruhama Gari**  
Juniata College Intern

**Brody Greenleaf**  
Juniata College Intern

**Megha Arora**  
Juniata College Intern

**Erin Brady**  
Juniata College Intern

**Chris Gildea**  
Penn Highlands Huntingdon

## Prioritization of Key Community Needs

An in-depth review of all collected primary and secondary data occurred at the CHNA Steering Committee which occurred on April 16, 2019. The Steering Committee used the following criteria to prioritize the identified needs.

**Table 3: Criteria Used to Prioritize Identified Community Needs**

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
<b>Accountable Organization</b>	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 and should be done collaboratively by the hospital and community	This is an important priority for the health system(s)
<b>Magnitude of the Problem</b>	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
<b>Impact on Other Health Outcomes</b>	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
<b>Capacity (systems and resources to implement evidence-based solutions)</b>	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

Table 4, on the following page, shows the results from the prioritization exercise the Steering Committee completed on April 16, 2019. The results are rank ordered by the total combined results for all four criteria.

**Table 4: Results of Prioritization Exercise**

	Accountability		Magnitude		Impact		Capacity		A+M+I+C	
	Avg. Score	Rank	Avg. Score	Rank	Avg. Score	Rank	Avg. Score	Rank	Avg. Score	Rank
Need local specialists/figure out how to provide access in the community	9	2	6.9	8	7.1	12	3.6	17	26.6	1
Mental health issues (integrated care program) related to PCP offices, access to care and reducing stigma	5	12	7.6	4	8.5	1	5.4	4	26.5	2
Address diabetes to improve numbers through existing programs	6.9	3	6.7	11	6.9	15	5.5	2	26	3
Obesity/healthy weight	5.3	8	7.6	3	8.4	2	4.7	8	26	4
Smoking cessation (education and resources are available need to get people to come to them)	5.4	7	6.2	17	7.5	10	6.4	1	25.5	5
Substance use (children and adults)	4.6	13	7.6	5	8.1	4	5.1	7	25.4	6
Address lung cancer (increased capabilities at hospital)	9.2	1	5.1	20	5.2	20	5.5	3	25	7
Lyme disease prevention, education and treatment	6.5	4	7.7	2	7	14	3.5	19	24.7	8
Work collaboratively with community to address social determinants of health	5.2	10	7.5	6	8.1	5	3.7	14	24.5	9
Centralized place to get information on available resources (as well as the need to evaluate what is currently available given the need)	5.1	11	7.2	7	6.4	16	5.4	6	24.1	10
Transportation	4.4	14	8.5	1	8.2	3	2.7	20	23.8	11
Physical activity (includes walkability)	4.1	16	6.4	14	7.9	7	5.4	5	23.8	12
Suicide	5.3	9	6.4	13	7.2	11	4.7	9	23.6	13
Nutrition/access to food	4.4	15	6.9	9	7.9	6	4.3	11	23.5	14
Recruiting additional mental health providers and/or looking at ways to ensure people have access to the level of mental health services they need	5.9	5	6.8	10	7.1	13	3.7	16	23.5	15
Support patient and provider along the stages of change (including training on motivational interviewing and trauma informed care) to help increase access and minimize barriers	5.8	6	6.2	16	7.5	9	3.8	13	23.3	16
Community connectedness (need more data on what this is)	3.3	17	6	18	5.8	18	4.6	10	19.7	17
Income/poverty	1.6	21	6.6	12	7.5	8	3.7	15	19.4	18
Employment opportunities (remove barriers, ensure offering livable wages, full time)	2.1	19	6.3	15	6.2	17	3.6	18	18.2	19
Education levels/attainment (educate for jobs available, etc)	1.9	20	5.9	19	5.6	19	4.1	12	17.5	20
LGBTQ+ services	3	18	3.6	21	4.2	21	1.6	21	12.4	21

## Provider Resource Inventory

An inventory of programs and services was an identified strategy in the 2016 JC Blair Health System Implementation Plan. This is now an ongoing collaborative effort to ensure community members know how to access available resources.

## Evaluation of 2016 Implementation Planning Strategies

**Working through the initiatives of the 2016 CHNA Implementation Plan, the hospital was successful in:**

- Transitioning JC Blair Medical Services primary care practices to the Federally Qualified Health Center, with the goal of improving access to low cost primary care and prescription medications to our most vulnerable populations, reducing practice costs and increasing revenue for improved sustainability of primary care network for Huntingdon County.
- Helping to reduce the number of uninsured Huntingdon County residents through the assistance of our Certified Application Counselors with marketplace.gov insurance offerings.
- Continuing the JC Blair CARES Biometric Screening program with area employers, identifying health risks and connecting employees with needed resources. In 2016, we screened 862 employees at 15 different employers; we repeated with 5 of those employers and 303 employees in 2017; and repeated with 5 employers and 328 employees in 2018.
- Continuing to offer free community outreach screening and education addressing heart and lung disease, diabetes, breast and colorectal cancer, osteoporosis and other health issues. Offered free lung screenings, free bone density heel scans, free blood pressure screenings, free mental health screenings; promoted and participated in mammogram voucher program; offered free tobacco cessation program; free NEXTStep program for cardiac and pulmonary rehab graduates; participated in 80% by 2018 colorectal cancer screening program; free breastfeeding support group and prenatal classes.
- Providing low cost blood test, health education and screenings to over 500 area residents at annual Kiwanis Wellness Check in the past three years.
- Increasing the number of patients and physician practices participating in integrated care through The HOPE Project, J.C. Blair's Integrated behavioral health/primary health program. Since May of 2016, 1043 patients have been served by behavioral health consultants in the hospital's inpatient units as well as medical practices.
- Participating in Huntingdon County Prevention Network CORE grant to address substance use disorder
- Receiving HRSA Opioid Prevention Planning Grant to work with community partners to develop plan for comprehensive pain management services.
- Participating in Prescription Drug Monitoring Program
- Implementing automated Pyxis pharmaceutical dispensing system to provide maximum patient safety
- Receiving funding from the American Lung Association to provide free tobacco cessation classes and certified 3 tobacco cessation specialists. Since December 2017, 60 smokers enrolled in the hospital's Freedom from Smoking program. Thirty-nine completed the program. Of these 39, 49% (19) reduced tobacco usage and 44% (17) quit.
- Actively engaging in suicide prevention and support groups and consortium of mental health and substance abuse providers

- Partnering with Headstart to provide hospital registered dietitians to do nutrition assessments and advise menu planning for participating children at health fairs, literacy fairs as well as offer free biometric screenings for Headstart parents.
- Receiving grant funding to initiate Prevent T2 diabetes prevention program in 2016 and successfully recruited a total of 52 participants, with 23 completing and 5 meeting their weight loss goal, over the past three years.
- Re-establishing free Diabetes Self-Management Classes after staff turnover
- Facilitating breastfeeding education and promotion work group which initiated meaningful strategies, organizational change and staff turnover prevented any true measurement of success
- Establishing Wellness Committee with hospital employees who organized several initiatives; sponsoring veggie guide for SNAP beneficiaries at farmers market; partnering with Community Garden; offering Safe Sitter class; providing nutrition outreach events.
- Participating in County-Wide Active Transportation Group
- Participating in regional transportation planning initiative for health and human services
- Sponsoring Walk Huntingdon program
- Initiating Force for Health program to provide online tools, organize Force for Health TEAMS, develop Force for Health internship program and community portal of resources at MyHealthyHuntingdon.com
- Working with community partners, providing numerous other community outreach, education and screening events throughout the county

## Appendix B: Secondary Data

Strategy Solutions along with a group of student interns from Juniata College collected and analyzed secondary data from multiple sources. Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Pennsylvania Office of Rural Health, the Pennsylvania Department of Health and the Centers for Disease Control, as well as Healthy People 2020, County Health Rankings, US Census, and the American Community Survey. Where applicable data is benchmarked against the state, nation and Healthy People 2020 Goals. Secondary data was collected and reported on at a county level where available, with select indicators available at a regional level. The regional level includes data for Bedford, Blair, Huntingdon, Juniata and Mifflin Counties.

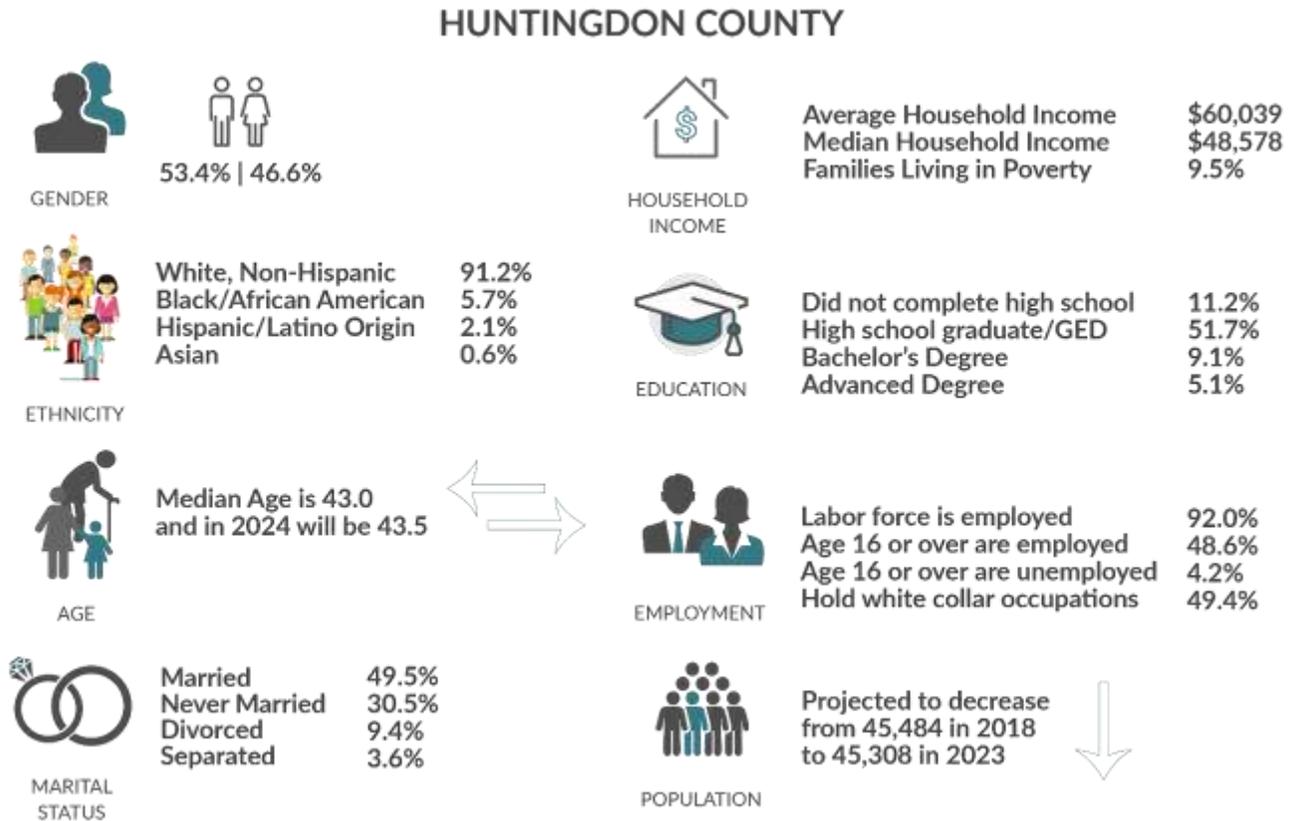
The Pennsylvania Office of Rural Health compares county level data to the state, nation, and Healthy People 2020 Goals where available. Throughout this report icons are used to show the comparison and/or trend. The trend is shown over time and does not depict the trend between the most recent years data is available.

Aggregate utilization data was provided from JC Blair that was obtained through Pennsylvania Health Care Cost Containment Council (PHC4) (no private patient information was ever transmitted to Strategy Solutions, Inc.).

Demographic data was collected from Claritas-Pop-Facts Premier, 2018, Environics Analytics. Primary data collected specifically for this study were based on the primary service area of Huntingdon County.

The population in Huntingdon County was projected to decrease from 45,484 in 2018 to 45,308 in 2023. There were slightly more males (53.4%) than females (46.6%). The population was predominantly Caucasian (91.2%). The median age was 43.0 and was projected to remain steady. Just under one-third (30.5%) of residents had never been married, while 49.5% were married, 3.6% were separated, and 9.4% were divorced. Just over one in ten residents (11.2%) did not complete high school, while 51.7% were a high school graduate, 9.1% had a bachelor’s degree and 5.1% had an advanced degree. The average household income was \$60,039, with 9.5% of families living in poverty. Most (92.0%) of the labor force was employed. Summary of the demographics are shown in Figure 48 below.

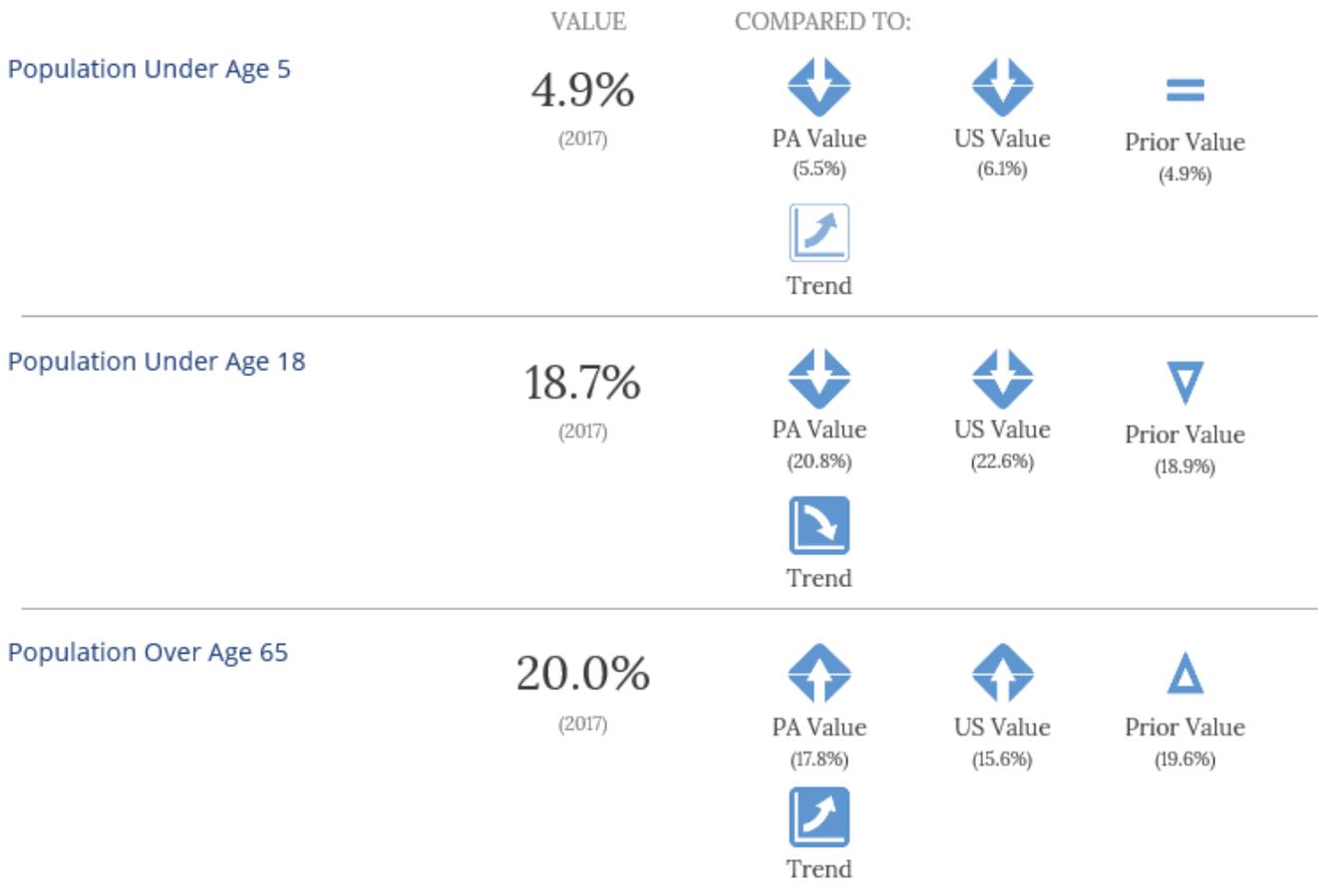
**Figure 48: Huntingdon County Demographics**



Source: Claritas-Pop-Facts Premier, 2018, Environics Analytics

Figure 49 shows the Huntingdon County population by select age groups. The community is aging with an increase in the percentage of residents over the age of 65 while residents under the age of 18 as well as children under the age of 5 has decreased.

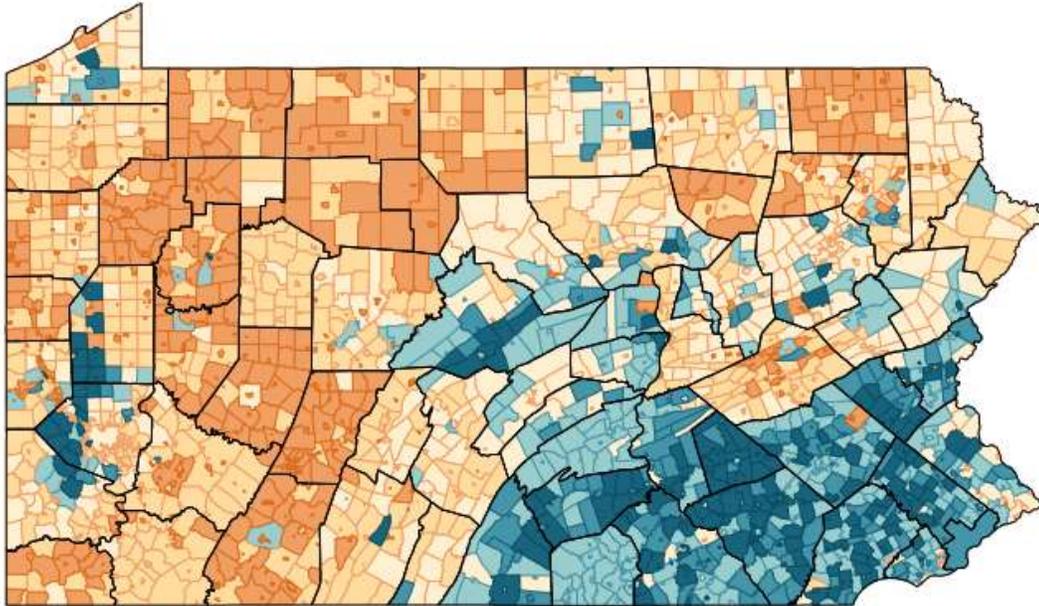
**Figure 49: Huntingdon County Demographics, By Age**



Source: Pennsylvania Office of Rural Health

As illustrated in Figure 50, three areas within Huntingdon County experienced growth over the past several years including: McAlevy’s Fort, Spruce Creek and Warriors Mark. There is also population growth in the neighboring counties of Centre, Mifflin, Juniata, Perry and Franklin.

**Figure 50: Pennsylvania Sub-County Population Change Estimates, 2010 to 2018**



- |                                |                                |
|--------------------------------|--------------------------------|
| ■ Decreased over 5.0% (571)    | ■ Increased under 2.5% (402)   |
| ■ Decreased 2.5% to 5.0% (714) | ■ Increased 2.5% to 5.0% (161) |
| ■ Decreased under 2.5% (527)   | ■ Increased over 5.0% (196)    |

Source: Pennsylvania State Data Center

Table 5 shows the top 10 diagnoses for Huntingdon residents that require inpatient hospitalizations over the past eight years. Circulatory System has been the top diagnoses for all eight years with Musculoskeletal, Respiratory, Digestive and Obstetrics rounding out the top five in most years.

**Table 5: Top 10 Diagnoses for Huntingdon Residents Requiring Inpatient Hospitalizations**

2011	2012	2013	2014	2015	2016	2017	2018
Circulatory System 17.4%	Circulatory System 15.9%	Circulatory System 14.9%	Circulatory System 14.5%	Circulatory System 12.7%	Circulatory System 13.6%	Circulatory System 15.5%	Circulatory System 14.4%
Musculoskeletal System & Connective Tissue 10.4%	Musculoskeletal System & Connective Tissue 11.2%	Musculoskeletal System & Connective Tissue 9.8%	Musculoskeletal System & Connective Tissue 10.1%	Digestive System 9.5%	Musculoskeletal System 12.2%	Musculoskeletal System 12.1%	Musculoskeletal System 12.9%
Respiratory System 10.3%	Respiratory System 11.2%	Respiratory System 9.4%	Respiratory System 9.2%	Musculoskeletal System 9.1%	Respiratory System 10.1%	Respiratory System 10.8%	Respiratory System 9.6%
Digestive System 9.5%	Digestive System 8.4%	Digestive System 9.2%	Obstetrics 8.3%	Respiratory System 8.6%	Digestive System 8.7%	Digestive System 8.5%	Digestive System 8.4%
Obstetrics 7.5%	Obstetrics 7.1%	Obstetrics 8.2%	Newborns & Select Neonates 8.1%	Mental Diseases & Disorders 8.3%	Nervous System 8.0%	Mental Diseases & Disorders 7.6%	Obstetrics 7.6%
Newborns & Select Neonates 7.1%	Mental Diseases & Disorders 6.9%	Newborns & Select Neonates 8.1%	Digestive System 8.0%	Obstetrics 8.0%	Mental Diseases & Disorders 7.5%	Nervous System 7.2%	Nervous System 7.5%
Mental Diseases & Disorders 6.4%	Newborns & Select Neonates 6.8%	Mental Diseases & Disorders 6.3%	Mental Diseases & Disorders 7.8%	Newborns & Select Neonates 7.7%	Obstetrics 7.0%	Obstetrics 6.8%	Newborns & Select Neonates 7.3%
Nervous System 5.2%	Nervous System 5.4%	Nervous System 5.8%	Infectious and Parasitic Diseases 6.1%	Nervous System 6.7%	Newborns & Select Neonates 6.8%	Newborns & Select Neonates 6.8%	Mental Diseases & Disorders 6.9%
Miscellaneous/Other Health Factors 3.7%	Miscellaneous/Other Health Factors 4.1%	Miscellaneous/Other Health Factors 4.8%	Nervous System 5.2%	Infectious and Parasitic Diseases 4.9%	Kidney & Urinary System 5.7%	Infectious and Parasitic Diseases 4.9%	Infectious and Parasitic Diseases 6.3%
Kidney & Urinary System 3.3%	Kidney & Urinary System 4.0%	Infectious and Parasitic Diseases 4.5%	Kidney & Urinary System 4.1%	Kidney & Urinary System 4.6%	Infectious and Parasitic Diseases 4.8%	Kidney & Urinary System 4.8%	Kidney & Urinary System 4.6%

Source: Pennsylvania Health Care Cost Containment Council, 2019