Penn Highlands Healthcare

A Regional Community Health Needs Assessment for Northwestern/Central Pennsylvania

May 2021

MESSAGE TO THE COMMUNITY

June 2021

Dear Friends of Penn Highlands Healthcare,

At Penn Highlands Healthcare, it is our privilege to serve the residents of Northwestern/Central Pennsylvania as a non-profit, community healthcare organization. Penn Highlands Healthcare was established on the principles that our community-based and controlled healthcare system would exist to improve regional access to a wide array of premier primary care and advanced healthcare services while supporting a reverence for life and the worth and dignity for each individual accessing Penn Highlands Healthcare. To truly provide a meaningful impact on the overall wellness of our community, we must fully understand the many factors affecting the health of the people we serve.

Our 2021 Community Health Needs Assessment provides an in-depth analysis on the social, economic, environmental, and healthcare determinants of health. This includes access to care, critical care, mental health, employment, housing, chronic disease, longevity, nutrition, and physical fitness. This assessment allows us to identify opportunities and develop innovative ways of working together with other community-based organizations to provide programs and services with the greatest impact. Through effective partnerships, we will improve the health of our community and influence the well-being of our families, friends, and neighbors now and for generations to come.

Throughout the pandemic, Penn Highlands Healthcare remained steadfast in the delivery of quality healthcare services. As we move forward, our healthcare team has recommitted itself to ensure that Penn Highlands Healthcare is the provider of choice in this region for quality healthcare services.

I invite you to join in the continued support of the Penn Highlands Healthcare Community Health Needs Assessment, along with the vision and future of healthcare in our local communities.

Sincerely,

Steven M. Fontaine
Chief Executive Officer

MISSION

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

VISION

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

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INTRODUCTION

Penn Highlands Healthcare (PHH), in response to its community commitment, conducted a comprehensive Community Health Needs Assessment (CHNA) in the winter of 2020 through April 2021. As a health system located in Northwestern/Central Pennsylvania, an extensive effort to assess the community needs of residents was concentrated (for the CHNA) in a seven-county region (Blair, Centre, Cameron, Clearfield, Elk, Huntingdon, and Jefferson counties), which represents the six hospital facilities that make up Penn Highlands Healthcare.

Penn Highlands Healthcare was established on October 1, 2011, but PHH's history goes back much longer than that. Penn Highlands' hospitals and organizations have been serving their communities for more than 100 years. The system was officially established with the 2011 linkage of Clearfield Hospital with DuBois Regional Medical Center and Brookville Hospital, which was already being managed as a subsidiary of DRMC. On July 1, 2013, Elk Regional Health Center and its subsidiaries joined the Penn Highlands Healthcare system. Then in 2019, PHH grew, again. On April 1, Jefferson Manor Health Center – a continuing care retirement community in Brookville – joined the system, followed in June by J.C. Blair Memorial Hospital, which joined to become Penn Highlands Huntingdon. Then on April 1, 2020, Penn Highlands acquired Helpmates Inc., a home care agency based in Ridgway that delivers their services across central Pennsylvania. Most recently, on November 1, 2020, Tyrone Regional Health Network became Penn Highlands Tyrone to make Penn Highlands Healthcare a six-hospital system.

With a mission statement focused on improving regional access to a wide array of premier primary care and advanced services, it does so while supporting a reverence for life and the worth and dignity of each individual. The linkage provides the ability to keep control of the hospitals in the hands of a local board and is providing many other community benefits.

Increased local access to physician specialists, improved quality, coordination of care, and increased physician recruitment and retention are just some of the major benefits that have come from the linkage. The system has also been successful in reducing costs at all facilities through consolidation of debt, increased buying power in the supply chain area, and the focused coordination of several key service lines.

Penn Highlands Healthcare is a recognized leader in providing high-quality, patient-centered care in its rural communities in Northwestern/Central Pennsylvania. PHH has a medical staff of more than 500 physicians, more than 300 advanced practice providers, and over 4,000 employees serving a multi-county area with more than 400 inpatient beds, 298 long-term beds, 48 personal care beds, and 37 independent living units.

FREQUENTLY ASKED QUESTIONS

What is a Community Health Needs Assesment (CHNA)?

A community health needs assessment is an efficient method of identifying unmet health care needs of a population and making changes to meet these unmet needs.

Why was a CHNA performed?

A community health needs assessment is a local health assessment that identifies key health needs and issues through the compilation of comprehensive data and its analysis. Not-for-profit hospitals or charitable-status organizations under section 501(c)(3) of the Federal Internal Revenue Code are required to provide benefit to the community that they serve.

Not-for-profit hospitals must conduct a CHNA and adopt an implementation strategy at least once every three years to meet the identified community health needs. CHNAs identify areas of concern within the community related to the current health status of the region. The identification of the region's health needs provides Penn Highlands Healthcare and its community organizations a framework to improving the health of its residents.

How was data for the CHNA reports collected?

A working group was formed in the winter of 2020 to complete the CHNA and its initiatives. The information collected is a snapshot of the health of residents in Northwestern/Central Pennsylvania, which encompassed socioeconomic information, health statistics, demographics, and mental health issues, etc. The working group worked passionately and tirelessly to adequately be the voice of the residents served.

EXECUTIVE SUMMARY

Project Overview Introduction

Penn Highlands Healthcare executed a CHNA process that included the collection of primary and secondary data. Organizations and community leaders within the primary service area were engaged to identify the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from more than 200 community leaders, representatives from organizations, and community stakeholders.

The primary data collection consisted of several project components. Twenty-six community stakeholder interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need, or c) persons with specialized knowledge in public health. Overall, 175 online surveys were collected from providers. Twenty-two hospital representatives, community leaders, and key informants attended the internal CHNA forum facilitated by Tripp Umbach to prioritize health needs, which will assist in the implementation and planning phase. A resource inventory was generated to highlight available programs, services, organizations and agencies within each of the priority needs in the seven-county service area.

A significant project component piece of the CHNA was the compilation of a regional profile (secondary data analysis). The regional profile was composed utilizing local, state, and federal figures providing valuable information on a wide array of health, clinical, and social issues. Tripp Umbach, along with the working group, allowed the members to examine and discuss different socioeconomic aspects, health outcomes, and health factors that affect residents' behaviors; specifically, the influential factors that impact the health of residents.

The hospitals of Penn Highlands Healthcare have been serving the residents of Northwestern/Central Pennsylvania as non-profit, community organization for more than 100 years. The Founders recognized this commitment by establishing Penn Highlands Healthcare on the principles that the system be community-based and be a controlled health care system to improve regional access to an array of premier primary care and advanced health care services.

The vision is to be an integrated health system of choice through excellent quality, service, and outcomes. Many quality services are available in or near every community, but additional advanced services might also be available at one of the affiliates. As a comprehensive health care provider, Penn Highlands Healthcare serves multiple counties employing more than 4,000 employees.

The health system's facilities include:

- Penn Highlands Brookville: 35 beds
- Penn Highlands Clearfield: 50 beds
- Penn Highlands DuBois: 216 beds
- Penn Highlands Elk: 163 beds
- Penn Highlands Huntingdon: 71 beds
- Penn Highlands Tyrone: 25 beds

(Beds include: acute, long-term care, and behavioral health beds.)

The community health needs assessment (CHNA) determined the health status of the community with direct initiatives and future planning strategies to advance the health status of the community. Without a doubt, the CHNA connected new partners and solidified existing relationships with local and regional agencies with the overall goal to improve the health outcomes of residents in the region.

The overall CHNA involved multiple steps that are depicted in the below flow chart. (Figure 1)

Figure 1: Methodology Flow Chart

2021 Penn Highlands Prioritized Findings

As a result of extensive primary and secondary research, community members, community leaders, and project leadership identified key regional priorities. The research illustrated the need for access to care, behavioral health, and chronic diseases/conditions. Each key need area had subareas of concentration. The chart below illustrates how each hospital within Penn Highlands Healthcare will address the needs within their hospital region.

	2021 PRIORITIZED FINDINGS						
	Access to Care			Behavioral Health (Mental Health & Substance Abuse)[1]	Chronic Diseases/Conditions[2]		
	Infrastructure[3]	Lack of PCP/Specialist[4]	Specialty Care[5]		Health Behaviors[6]	Social Determinants of Health[7]	Dental Health[8]
Penn Highlands Brookville		●	●	●	●	●	
Penn Highlands Clearfield			●	●	●		
Penn Highlands DuBois	●		●	●			
Penn Highlands Elk	●	●	●	●	●		
Penn Highlands Huntingdon	●	●		●	●	●	●
Penn Highlands Tyrone	●	●	●	●	●	●	

Access to Care

The Office of Disease Prevention and Health Promotion indicates that access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing diseases, reducing unnecessary disability and premature death, and achieving health equity for all Americans.[9] As such, Penn Highlands Healthcare will continue to address access to care based on its communities' need.

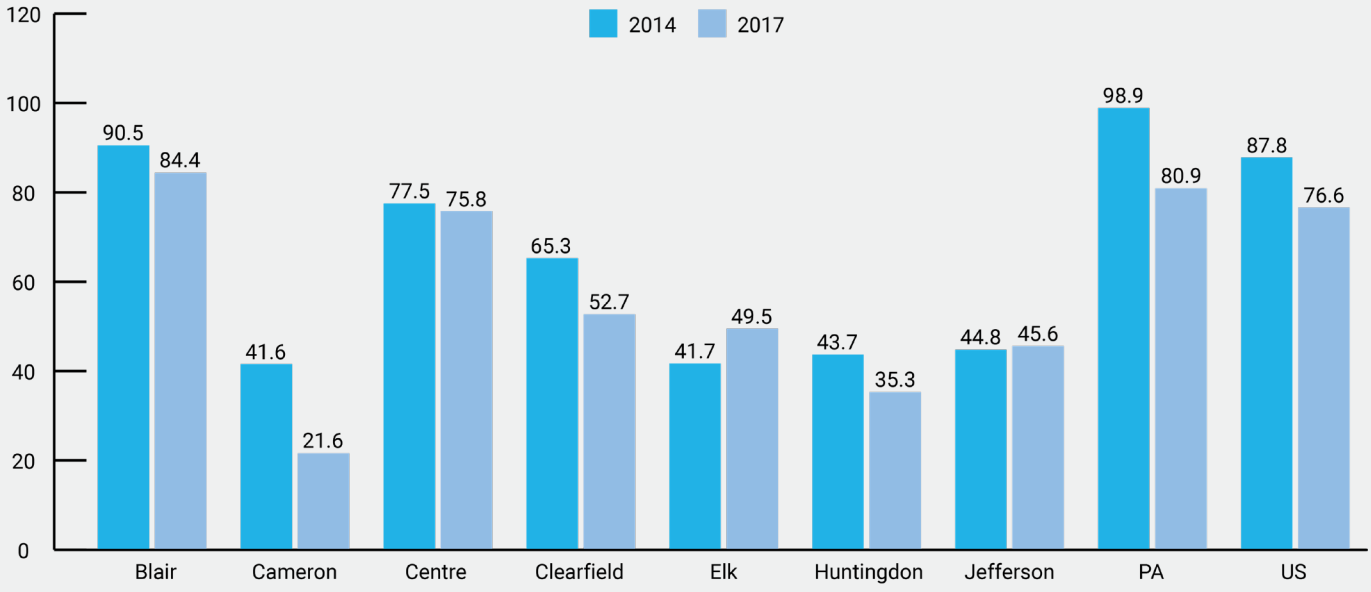
Access to care, in particular primary care and specialty care, is important to residents in order to manage their health, receive treatments, and take preventative measures. Access to care tends to include insurance coverage, lack of health services, and timeliness of care. It can also include high cost of services, transportation issues, and availability of providers. Penn Highlands Healthcare will specifically address access to care emphasizing the need for additional primary and specialty physicians and specialty services such as cancer.

Across the United States, according to the Association of American Medical Colleges (AAMC) a shortage of 139,000 physicians by 2033 is predicted due to a growing older patient population and physicians retiring.[10] The study projects a shortage of 9,300 to 17,800 medical specialists; 17,100 to 28,700 surgical specialists; and 17,100 to 41,900 other specialists, including pathologists, neurologists, radiologists, and psychiatrists. The Robert Graham Center reports that to maintain current rates of utilization, Pennsylvania will need an additional 1,039 primary care physicians by 2030, a 11% increase compared to the state's current (as of 2010) 9,096 PCP workforce.[11]

Local data in 2017 shows Blair County has the highest access rate to primary care physicians in the overall study area (84.4 per 100,000 population); also, higher than the state (80.9 per 100,000 population). However, the county also showed a decrease in the number of available physicians from 2014 to 2017 (90.5 vs. 84.4 per 100,000 population). Elk (49.5) and Jefferson (45.6) counties are experiencing higher accessibility rates to primary care physicians while in the remaining study area counties, Cameron (21.6), Centre (75.8), Clearfield (52.7) Huntingdon (35.3) counties displayed reduced or lower rates of access to primary care physicians when compared to the state (80.9) and nation (76.6). In the overall study area, the state and the nation revealed a decrease in primary care accessibility in years 2014 to 2017. (See Graph 1)

Serving the front lines for health care services are primary care professionals. For many patients, they are the first point of contact within the health care system. The direct interface between a physician and patient means they are often the first to see signs of diseases, mental health distress, and other health concerns. Physicians ensure patients receive the appropriate care, in the right setting, and in a manner consistent with the patient's needs and values. Primary care professionals are vital to the delivery of health care services.

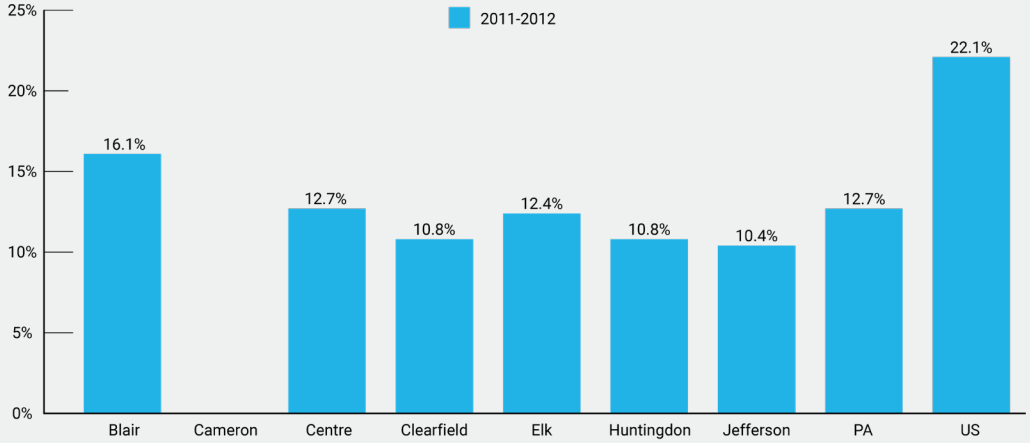
Graph 1: Access to Primary Care (Rate of Physicians per 100,000 Population)



Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2017.

Secondary data reported in years 2011-2012 illustrates that 10.4% of Jefferson County residents lack a consistent primary care source, the lowest percentages within the study area. This rate is lower than those of the state (12.7%) and nation (22.1%). Blair County reports the highest percentages of primary care consistency (16.1%). This reporting indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits. (See Graph 2).

Graph 2: Lack of Consistent Source of Primary Care

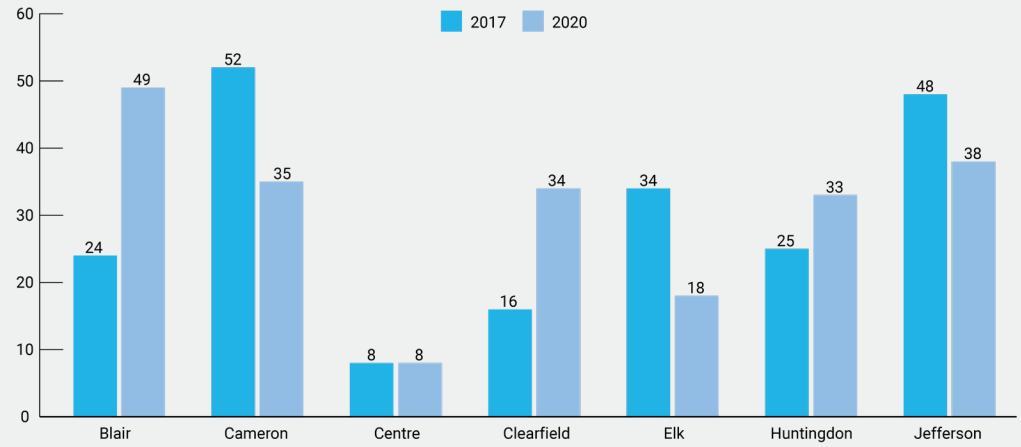


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

Graph 3 below shows Jefferson, Elk, and Cameron counties improved their clinical care rankings from 2017 to 2020; however, health care access issues still exist in the Penn Highlands Healthcare service area as a ranking of 38 (2020) out of 67 counties in Pennsylvania is above the median of 34. Continuing to examine data from 2017 and 2020, Centre County rankings remained the same; unfortunately, Blair, Clearfield, and Huntington counties' scores increased (indicating an unhealthy standing). (See Graph 3).

Clinical care ranking considers the availability of health services and the quality of those services. It also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination. The clinical care ranking is vital to understanding the ebb and flow of where clinical services are lacking in the state.

Graph 3: Clinical Care – County Health Rankings



Source: County Health Rankings & Roadmaps

Accessing care plays a vital role to having a healthy life. Typically, access to care refers to the opportunity (and ease) in which people can obtain health care, but it can also refer to having or utilizing health care coverage. Disparities in health service access can significantly affect an individual's and a community's quality of life in a negative way. A lack of available health resources can serve as some of the top barriers to accessing health care services.

While an overall predicted physician shortage is anticipated by 2033, this is especially true for specialty physicians in the United States. The AAMC workforce report projects a shortage of 9,300 to 17,800 medical specialists; 17,100 to 28,700 surgical specialists; and 17,100 to 41,900 other specialists, including pathologists, neurologists, radiologists, and psychiatrists.[12]

The following table provides information related to breast cancer, colon/rectal cancer, lung cancer, and prostate cancer, all of which require physician specialty care. Centre County is above the state rate in breast cancer incidence rates (141.4 per 100,000 population). Cameron, Clearfield, and Elk counties are above the state rate in colon/rectum cancer incidence rates (47.6, 42.5, and 50.9 per 100,000 per population). Blair and Cameron counties are above the state rate in lung cancer incidence rates (72.6 and 66.6 per 100,000 per population) and prostate cancer incidence rates in Cameron, Clearfield, Elk, and Jefferson counties are higher than the state (107.8, 116.0, 146.12, and 123.5 per 100,000 population). The figures in Table 1 highlighted in red depict county cancer incidence rates that are higher than the state. (See Table 1).

Physician specialists are medically trained doctors who have completed advanced education and clinical training in their specific area of medicine. The ruralness of the region plays a role in recruiting and retaining of physician specialists; however, with the commitment and the pledge from Penn Highlands Healthcare the opportunity to continue to recruit and retain physician and specialists will be steadfast.

Table 1: Cancer Screenings

Pennsylvania (per 100,000 population)	Breast Cancer Incidence (2013-2017)	Colon/Rectum Cancer Incidence (2013-2017)	Lung Cancer Incidence (2013-2017)	Prostate Cancer Incidence (2013-2017)
Blair County	116.6	41.0	72.6	90.3
Cameron County	119.3	47.6	66.6	107.8
Centre County	141.4	34.2	44.9	96.8
Clearfield County	118.2	42.5	61.0	116.0
Elk County	123.3	50.9	61.1	146.1
Huntingdon County	121.4	39.0	56.6	86.7
Jefferson County	110.3	40.3	57.6	123.5
Pennsylvania	132.3	41.1	63.5	103.7

Source: State Cancer Profiles. 2013-17.

In an effort to respond to the growing physician shortage in Pennsylvania and to improve health care access and enhance the quality of life for residents in the Penn Highlands Healthcare service area, graduate medical education (GME) opportunities are offered not only as an avenue to increase physical retention and improve physician recruitment, but also as an avenue to improve health outcomes and lower health care costs. Penn Highlands Healthcare is committed to addressing the needs of the community, as such, GME opportunities in the Northwestern/Central regions of Pennsylvania will supply the community with health care providers currently and well into the future.

Pennsylvania needs more physicians, specifically in underserved areas. Particularly, residents living in rural areas face greater health challenges, as distance from health providers often creates disparities that are difficult to overcome. Access issues — such as lack of health insurance, lack of available providers, and health care affordability — all lead to an increased risk of illness or death.

PHH is in the forefront of addressing the looming physician shortage in Pennsylvania. PHH leadership recognizes that GME is a key component in supporting underserved areas, therefore, ACGME accredited programs such as Family Medicine and Psychiatry Residency Programs are offered at PHH. PHH will continue to educate and produce the next generation of high-quality physicians and increase the number of health care professionals who choose to remain and practice in Pennsylvania. Northwestern/Central Pennsylvania, especially, has a great need in communities throughout Blair, Cameron, Clearfield, Elk, Jefferson, and Huntingdon counties where population health indicators are among the worst in the state.

Infrastructure

Undoubtedly health care cost will rise and the need for additional health care providers will grow as the U.S. population grows older. Primary care physicians and specialists are vital to communities as they assist in the health and care coordination of community residents. Impacted by the growing need for more primary care and specialty physicians in the region, PHH must grapple with this community concern.

In addition to manpower issues, transportation difficulties in rural regions create accessibility problems to health care services and impact how rural residents obtain care. It is clear that the need for physicians will grow; however, it is also imperative to support and provide pathways to assist residents in obtaining care in order to reduce and close the gaps in health care disparities. As primary care and specialty physicians tend to practice in more populated communities rural residents are forced to travel further for services – making access to services more difficult. It will be important for Penn Highlands Dubois to seek innovative and thoughtful ways to fill this transportation issue.

Navigation and Care Coordination

Heath system navigation is an approach to reduce barriers to care.[13] Residents with health and social support needs experience gaps in service delivery and often require assistance. Navigators assist those in chronic care settings or larger integrated health networks because they help patients "navigate" the health care system. Navigators educate consumers and provide the skills to properly access and self-manage their health care effectively.

Health care navigators assist patients through the logistical infrastructure in health insurance coverage or undergoing complex care management regimens. Assisting patients in a complex health care environment empowers patients to be confident and become self-reliant to ensure their interactions can be more effective.

Navigators are vital to the health system because they assist patients in understanding an industry that can often be complicated. Roles and responsibilities can include assisting patients to find and access treatment, understanding their illnesses/disease, and understanding their care plans. Without navigators, the inability to obtain assistance can hinder a patient's ability to obtain care or adequately recuperate from an injury. Navigators can also streamline and ease the discharge process.

Health care providers use care coordination to organize patient care events and share patient information with all of the health care participants and caregivers concerned with the patient's outcome to achieve safe and more effective care. Care coordination can assist residents and address potential gaps in meeting educational, medical, social, and financial needs in order to achieve optimal health. Both navigation and care coordination are intertwined as they aim to achieve the desired result of assisting the patient with their health care needs.

Geography, economics, and culture contribute to how residents obtain care. Health care access plays a tremendous role on an individual's overall health. Transportation, care coordination, and navigation were identified as issues in the current community cycle; thus, PHH will explore strategies to address this need. Access to health care services is critical to good health, yet residents still face a variety of access barriers.

Access to services such as primary care, dental care, behavioral health, emergency care, and public health services should be convenient and available. Access to health care can improve one's overall health status, improve quality of life, reduce diseases, and provide treatment to illnesses and other abnormalities.

Behavioral Health

Behavioral health, which includes mental health and substance abuse, affects families and individuals throughout the United States, and the Penn Highlands Healthcare service area is no exception. The disease and the number of residents diagnosed with the disease continue to grow exponentially. Along with the growth, the needs for mental health services and substance abuse programs have not diminished. According to the American Hospital Association, in 2016, only 43% of the 44.7 million adults with any mental health disorder received treatment, and less than 11% of adults with a substance use disorder received treatment.[14] Regrettably, behavioral health disorders affect nearly one in five Americans and have community-wide impacts.[15]

While hospitals and health systems provide essential behavioral health care services every day, timely access to affordable services remains a significant challenge for many Americans. It has been shown that increasing access to behavioral health services can improve outcomes and lower health care costs.[16] Genetics and socioeconomic are factors in individuals who are diagnosed with a mental health problem, and oftentimes societal factors increase the likelihood for one to engage in unhealthy life choices such as alcohol and drug use. The 2021 CHNA prioritized behavioral health as a top need and continues to highlight the need for additional mental health and substance abuse services and programs regionally.

Mental Health

Behavioral health includes ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but it also has as an aim of preventing or intervening in substance abuse or other addictions.[17]

Generationally, mental health is oftentimes passed down; while future family members may be more likely to inherit the disease, individual genetic composition will ensure the disease will differ due to the environment in which they live and, in some cases, the individual may not develop the disease. Living in poverty, poor education, and lack of employment opportunities are socioeconomic factors that can elevate one's stress level, producing a mental health issue. Having and increasing access to mental health providers can give residents a direct pathway to care and treatment, ensuring a direct route to a healthier life. The Substance Abuse and Mental Health Services Administration (SAMHSA) cited that good behavioral health is essential to wholesome/positive overall health. Treatment and preventative measures allow individuals to recover from a mental health crisis.

The Centers for Disease Control and Prevention cites those problems with mental health are very common, with an estimated 50% of all Americans diagnosed with a mental illness or disorder at some point in their lifetime. Mental illnesses, such as depression, are the third-most common cause of hospitalization in the United States for those ages 18-44, and adults living with serious mental illness die on average 25 years earlier than others.[18,19] Mental health illnesses are among the top conditions that cause disability and carry a high burden of disease nationally, resulting in significant costs to families, employers, and publicly funded health systems.

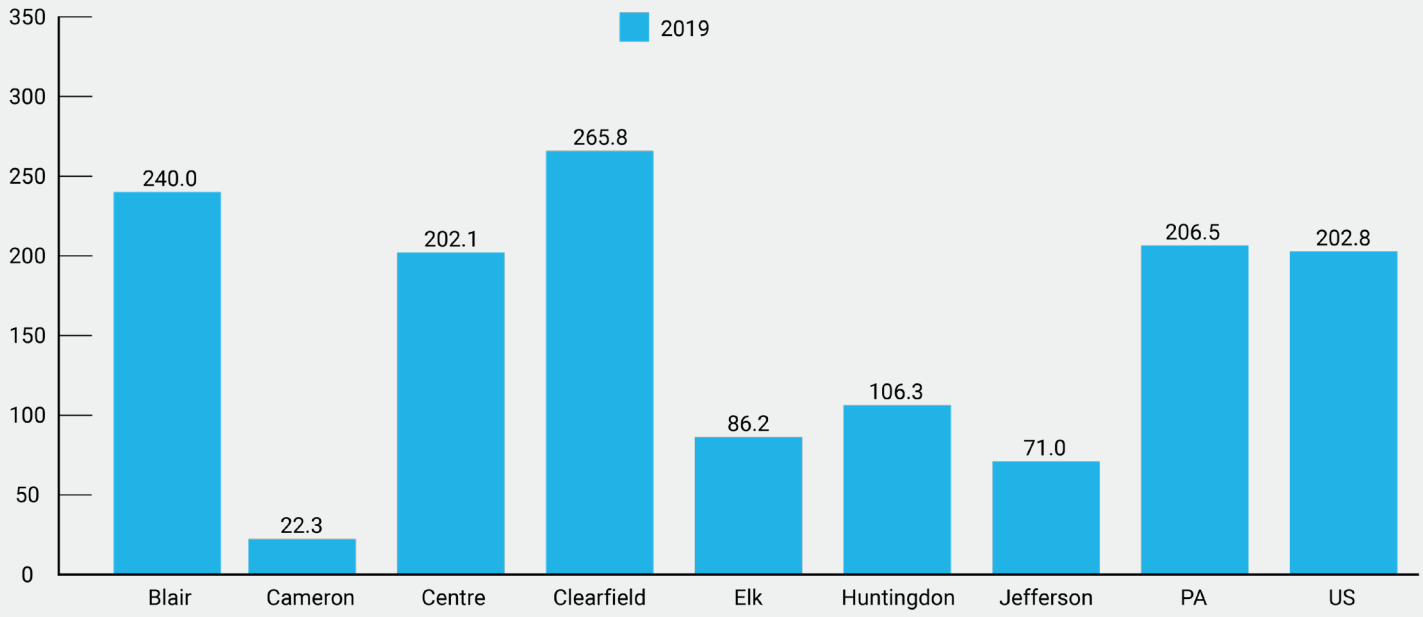
According to the National Alliance on Mental Illness (NAMI), approximately one in five adults in the United States (46.6 million) experiences mental illness in a given year. In addition, approximately one in 25 adults (11.2 million) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities. Also, important to note, of the 20.2 million adults in the United States who experienced a substance use disorder, 50.5 percent – 10.2 million adults – had a co-occurring mental illness.[20]

The ripple effects of mental health are long-lasting. Residents experiencing homelessness tend to have serious mental health issues (roughly 21.0%), while 37.0% of people incarcerated in state and federal prisons have a diagnosed mental health condition, as one in eight visits to the emergency department are related to mental and substance use disorders.[21] The overall ripple effects show how serious and detrimental mental health conditions can be, especially those who are undiagnosed and untreated.

Looking at a regional perspective, County Health Rankings reported the rate of mental health providers is highest in Clearfield County at 265.8 per 100,000 population when compared to the remaining counties; Blair County follows closely at 240.0. Cameron County reported a rate of 22.3 per 100,000 population, the lowest in the study area and roughly more than nine times lower than the state (206.5) and the national (202.8) rates. Access to mental health providers is vital to community residents in order to reduce the risk of chronic diseases related to stress, anxiety, and substance abuse. Access to mental health services improve the outlook for people who may feel helpless and lost. (See Graph 4).

Note: This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinica l social workers, and counselors who specialize in mental health care.

Graph 4: Access to Mental Health Providers (Rate per 100,000 Population)



Source: County Health Ranking & Roadmaps

Residents with untreated mental health conditions face daily challenges. Behavioral health problems will prevent individuals from maintaining employment or obtaining an education, elements that are essential to an individual's well-being. Accessibility to behavioral health care services will assist those dealing with mental illness and substance abuse problems.

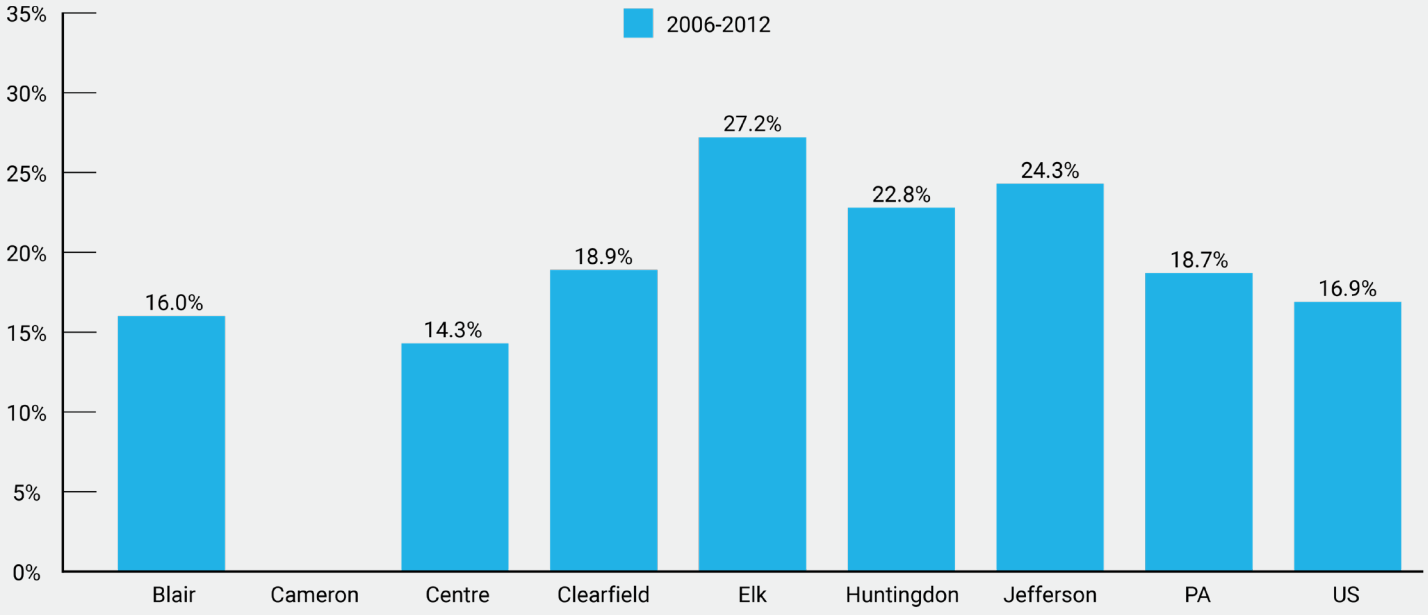
Substance Abuse

Besides the growing behavioral health problems, use of drugs and alcohol is increasing. Substance abuse is often intertwined with those who also have a mental health illness. SAMSHA reported in its 2018 National Drug Use and Health Survey that an estimated 164.8 million people aged 12 or older in the United States (60.2 percent) were past-month substance users (i.e., tobacco, alcohol, or illicit drugs). About two of five people aged 12 or older (108.9 million, or 39.8 percent) did not use substances in the past month. The 164.8 million past-month substance users in 2018 include 139.8 million people who drank alcohol, 58.8 million people who used a tobacco product, and 31.9 million people who used an illicit drug.[22]

In 2006-2012, national data showed that residents in Clearfield (18.9%), Elk (27.2%), Jefferson (24.3%), and Huntingdon (22.8%) counties aged 18 and older were heavy alcohol consumers; this is higher than the state (18.7%) and higher than the nation rate (16.9%). Of the available data, Centre County showed the lowest percentage of residents 18 and older who are heavy drinkers (See Graph 5). Data for Cameron County and data for the current CHNA year were unavailable.

This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. A heavy drinker is considered to have more than two drinks a day for men or one or more drinks a day for women.

Graph 5: Alcohol Consumption (Percent of Adults 18 and Older who are Heavy Drinkers)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

About 139.8 million Americans aged 12 or older were past-month alcohol users, 67.1 million were binge drinkers in the past month, and 16.6 million were heavy drinkers in the past month. About 2.2 million adolescents aged 12 to 17 drank alcohol in the past month, and 1.2 million adolescents binge-drank in that period. Although the percentage of adolescents who drank alcohol decreased from 2002 to 2018, about 1 in 11 adolescents in 2018 were past-month alcohol users.[23]

The survey revealed nearly one in five people aged 12 or older (19.4%) used an illicit drug in the past year, which is a higher percentage than in 2015 and 2016. The estimate of past-year illicit drug use for 2018 was driven primarily by marijuana use, with 43.5 million past-year marijuana users. The percentage of people aged 12 or older in 2018 who used marijuana in the past year (15.9%) was higher than the percentages in 2002 to 2017.[24]

The Penn Highlands Healthcare community stakeholders cited that their community has a behavioral health problem. Community stakeholders reported that the demand for behavioral health services has placed a significant strain on existing resources. Lengthy waiting periods, low numbers of accessible health counselors/mental health providers in the rural area, lack of prevention programs, and the difficulties in navigating the health care system are a few factors that place barriers onto residents when seeking care and assistance.

The use of drugs and alcohol in the community is commonplace, and being underinsured or uninsured places greater roadblocks to these types of services. Being properly diagnosed will create a pathway for treatment and management. Community stakeholders have reported that the effects of COVID-19 have also dramatically increased the use of drugs and alcohol as more residents are self-medicating. The mental angst and anxiety from the pandemic have made the issue more prevalent, increasing the call and need for services.

Data from the provider survey cited that the top health problem in the community was behavioral/mental health problems (61.5%). The top improvement providers would like to see in the health care system is access to mental health care (65.8%).

Left untreated, behavioral health disorders (mental and substance abuse) can lead to physical and emotional issues. Access to adequate services and resources as well as navigation and education on the disease can improve the well-being of a resident. The need for communities to address the crisis is growing, and cooperation, collaboration, and partnerships with community-based organizations and health care institutions can reduce and close the gap to assist those who are tackling this disease.

Chronic Diseases/Conditions

Broadly defined, chronic conditions are conditions that last more than one year and require ongoing medical attention or limit daily activities. Heart disease, cancer, and diabetes are leading causes of death and disability in the United States. They are also leading drivers of the nation's $3.8 trillion in annual health care costs.[25]

The engagement of healthy behaviors and positive habits such as regular physical activity, getting adequate amounts of sleep, eating/following a healthy diet, and eliminating the use of tobacco and alcohol can significantly reduce disease and improve one's quality of life. Living a healthy lifestyle is essential to addressing a specific health problem or maintaining one's health, and it reduces the likelihood to be diagnosed with a chronic disease.

According to the American Public Health Association (APHA), poor behaviors lead the nation in chronic diseases. In 2014, nearly half of U.S. adults did not meet recommended guidelines for weekly physical activity.[26] A diet full of fruits and vegetables helps reduce chronic diseases; unfortunately, less than 18% of adults ate recommended amounts of fruit and less than 14% ate recommended amounts of vegetables. U.S. children do not eat enough fruits and vegetables.[27] Chronic diseases, while readily common, are the most preventable of all health problems. Poor, unhealthy behaviors can change. Screenings, check-ups, monitoring treatment, and patient education are methods in which chronic diseases can be properly managed.

Diabetes

Roughly 84 million U.S. adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal but not high enough to be diagnosed as type 2 diabetes, and more than 30 million Americans have diabetes. A person with prediabetes is at high risk to develop type 2 diabetes, heart disease, and stroke. People with diabetes spend more on health care, have fewer productive years, and miss more workdays compared to people who are not diabetic. In 2017, the total estimated cost of diagnosed diabetes was $327 billion, including $237 billion in direct medical costs and $90 billion in absenteeism, reduced productivity, and inability to work.

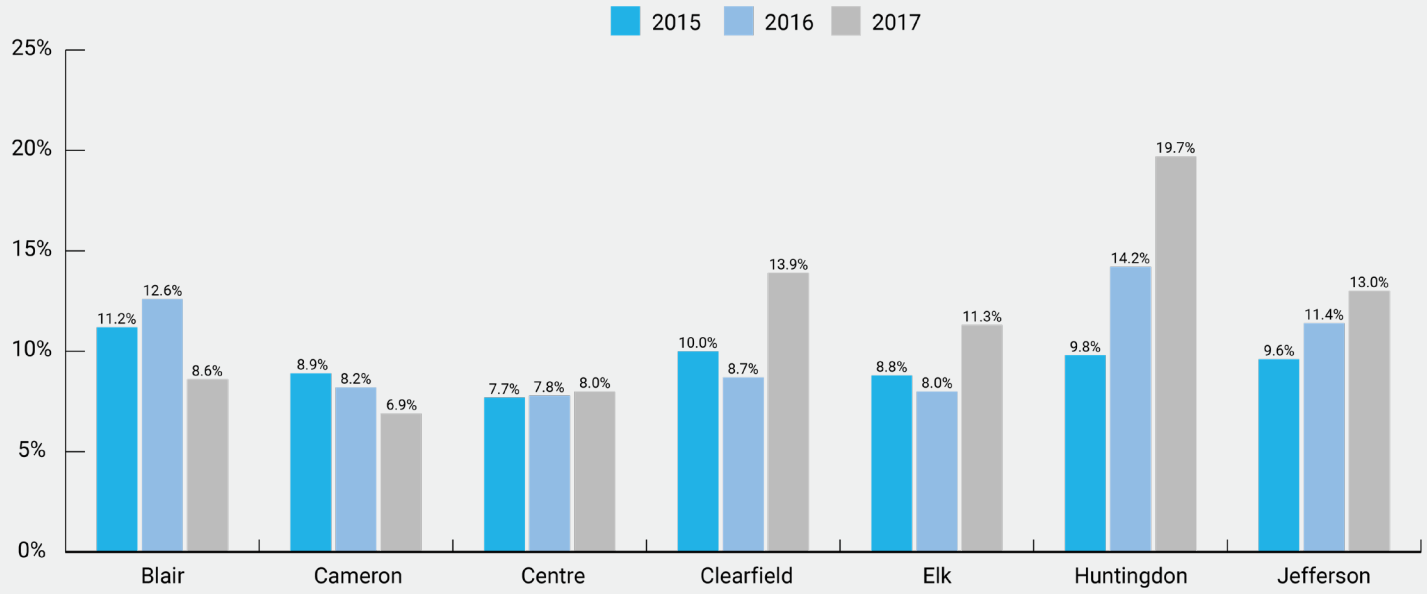
Residents who are overweight/obese, 45 years or older, have a family history, are sedentary, and are of a certain race or ethnicity are at a higher risk of having type 2 diabetes.[28] In the United States, 72% of adults are overweight or have obesity; thus, they are at a higher risk to be type 2 diabetic. The number of adults with diagnosed diabetes has nearly doubled in the last two decades as the U.S. population has increased, aged, and become more overweight.[29] To reduce the likelihood to being prediabetic, residents are encouraged to exercise, eat healthy, and eliminate tobacco use while organizations nationally and regionally are working closely to help reduce and modify risk factors to prevent or delay the development of type 2 diabetes and improve their overall health.

Data shows that Cameron County, in 2017, reported the lowest percentage of adults 20 and older who have diabetes (6.9%), while Huntingdon County (19.7%) reported the highest percentage of adults with diabetes among the study area and is the only county to exceed the state rate at 18.8%.

Centre, Huntingdon, and Jefferson counties have seen a progression increase within the years for adults who are diabetic. Cameron County is the only county in the study area have has seen a decrease throughout the years. The national rate also decreased from 19.7% in 2016 to 18.8% in 2017.

Examining this data point is important as diabetes is preventable in the United States and the disease may indicate an unhealthy lifestyle and put individuals at risk for further health issues. (See Graph 6).

Graph 6: Adults 20 years and Older with Diabetes



Source: Centers for Disease Control and Prevention

Diabetes complications tend to be more common and more severe among people whose diabetes is poorly controlled, which makes diabetes an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes.

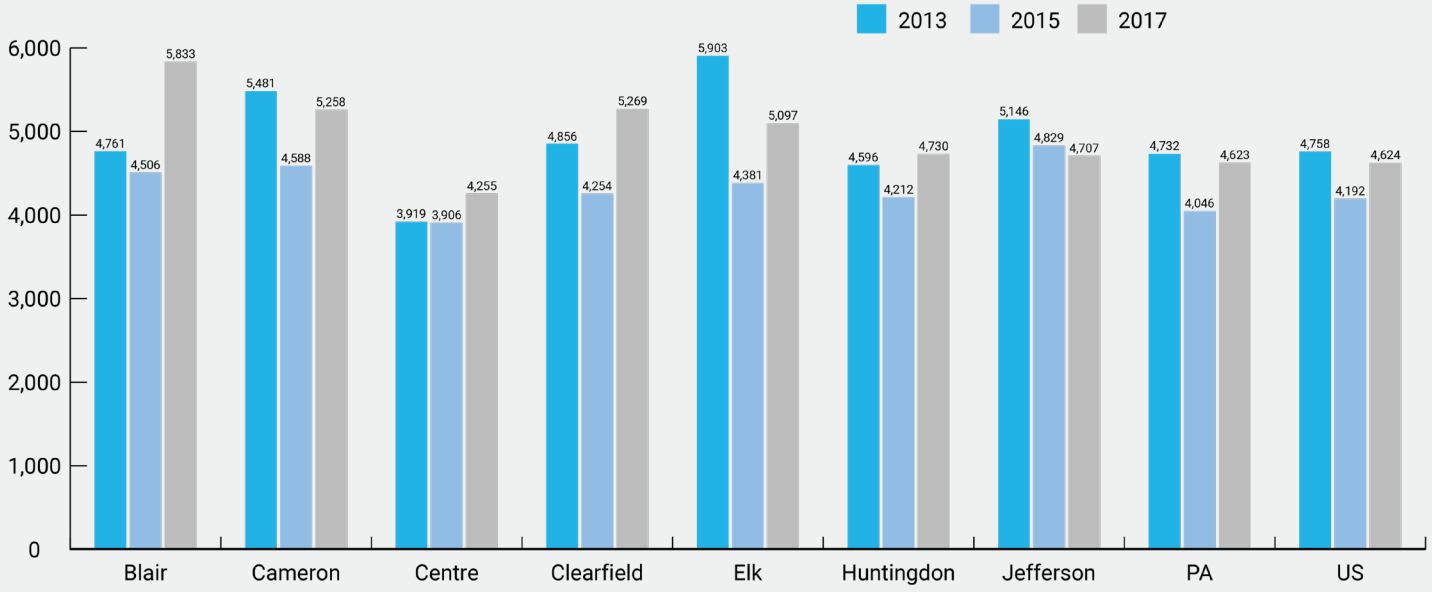
The estimated total financial cost of diabetes in the United States in 2012 was $245 billion, which includes the cost of medical care, disability, and premature death. Diabetes is the seventh-leading cause of death in the United States. Diabetes also increases the all-cause mortality rate 1.8 times; increases the risk of heart attack by 1.8 times; and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The number of diabetic cases in the United States and worldwide is predicted to rise.[30]

Preventable hospital stays are relevant to health outcomes because analysis of Ambulatory Care Sensitive (ACS) discharges demonstrates a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions that could have been prevented if adequate primary care resources were available and accessed by those patients. Hospitalization for ambulatory-care sensitive conditions suggests that the quality of care provided in the outpatient setting was less than ideal.

Centre County reports the lowest rate of preventable hospital events per 100,000 Medicare beneficiaries at 4,255, lower than the state (4,623) and the nation (4,624). Jefferson County was the only county to report a decrease in preventable hospital events from 2015 to 2017, going from 4,829 to 4,707. Blair County reported the highest rate of preventable hospital events in 2017 with 5,833 per 100,000 Medicare beneficiaries.

Preventable hospital events in Blair and Centre counties increased over the years. Access to health care services, the implementation of the Affordable Care Act, and additional resources for residents might have played an instrumental role in reducing the preventable discharge rates for Medicare enrollees. (See Graph 7).

Graph 7: Preventable Hospital Events
(Ambulatory Care Sensitive Condition Discharge Rate per 100,000 Medicare enrollees)



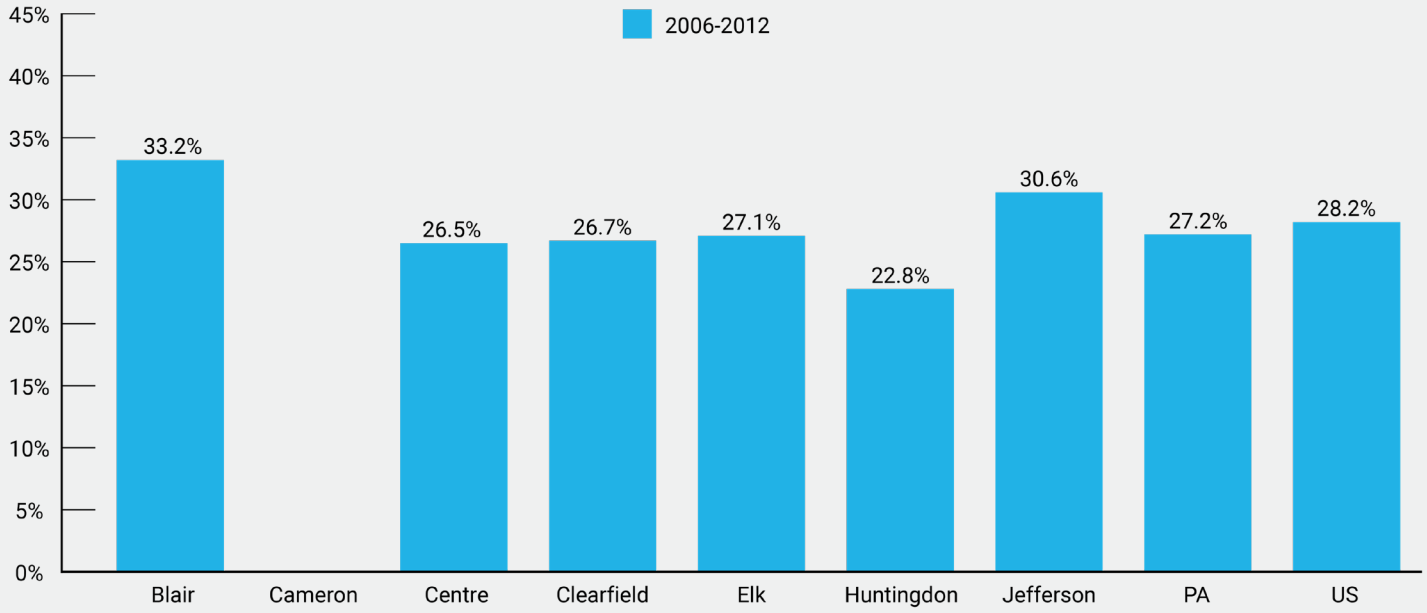
Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017

High Blood Pressure

High blood pressure (HBP) is a common condition affecting millions of Americans. High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans.[31] Tens of millions of adults in the United States have high blood pressure and many do not have it under control. Residents may have high blood pressure without any symptoms as uncontrolled HBP raises one's risk of serious health problems. With medical intervention, high blood pressure can be controlled once detected. Many risk factors are associated with HBP, including age, race, family history, being overweight or obese, sedentary lifestyle, tobacco use, sodium intake, lack of potassium, alcohol abuse, stress, and certain chronic conditions.[32] In 2018, nearly a half-million deaths in the United States included hypertension as a primary or contributing cause.[33]

Data shows in years 2006-2012 that close to one-third of residents 18 and older in Blair County (33.2%) were told by a doctor that they had high blood pressure or hypertension. This rate is higher than the remaining study area counties, the state (27.2%) and the nation (28.2%). Residents in Huntingdon County reported the lowest percentages of adults who have high blood pressure (22.8%). Data for Cameron County was not available. (See Graph 8)

Graph 8: Adults with High Blood Pressure



Source: Centers for Disease Control, Behavioral Risk Factor Surveillance System

The American Heart Association recommends the adoption of a heart-healthy lifestyle to reduce high blood pressure by reducing the sodium intake in one's diet, limiting alcohol, engaging in regular physical activity, managing stress, maintaining a healthy weight, quitting smoking, and taking medications properly. Educational information and proper steps taken can reduce and assist those who seek to maintain one's blood pressure. Preventing high blood pressure starts with intervention and is completed by making healthy choices and managing health conditions.

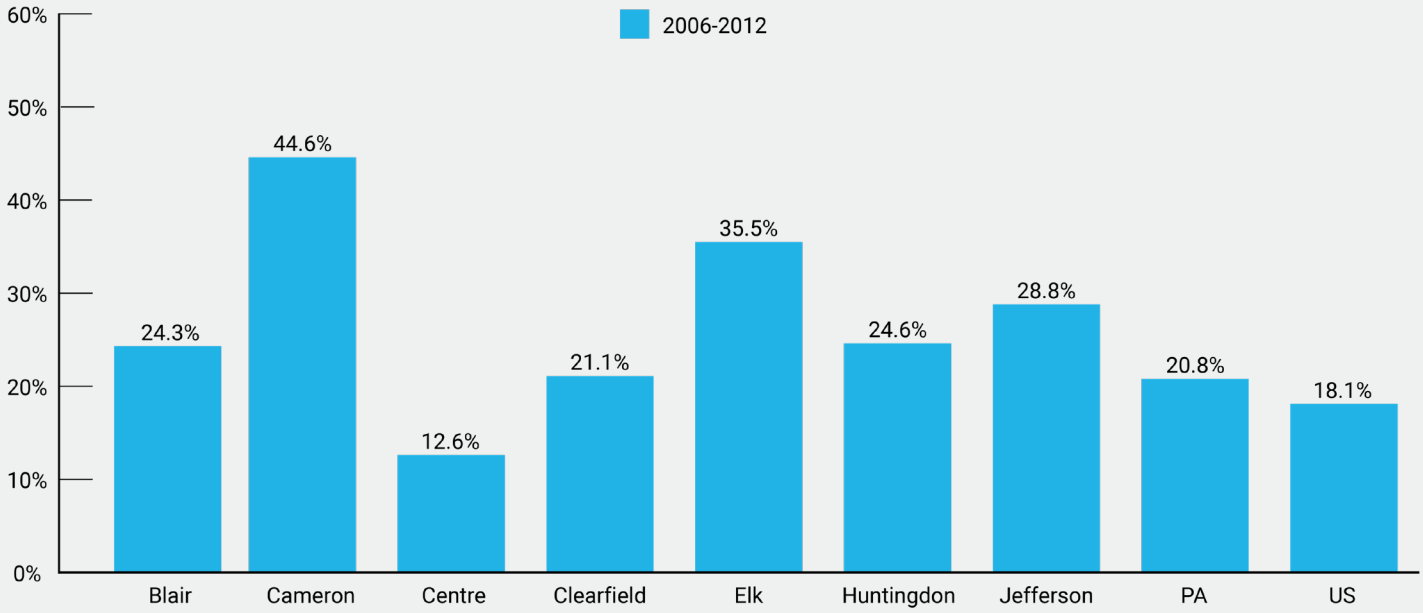
Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production, and wheezing. It is typically caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. People with COPD are at increased risk of developing heart disease, lung cancer, and a variety of other conditions.[34]

While COPD is a progressive disease, COPD is treatable. With proper management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions. The 2021 CHNA assessment has highlighted the issue of COPD within the region and the need for health care institutions, health care entities, and community-based organizations to confront the disease. People with cases of COPD have lung damage that leads to COPD, which is caused by long-term cigarette smoking. Additional irritants that can cause COPD include cigar smoke; secondhand smoke; pipe smoke; air pollution; and workplace exposure to dust, smoke, or fumes.[35]

Graph 9 showed that in 2006-12 more than four in 10 of Cameron County residents 18 years and older (44.6%) were smokers, followed by Elk (35.5%) and Jefferson County residents (28.8%); this is higher than the state (20.8%) and national rate (18.1%). Residents in Centre County have the lowest percentage of smokers 18 and older (12.6%). Overall, all of the counties in the study area with the exception of Centre County have a higher percentage of adults 18 and older who are smokers when compared to the nation (18.1%). This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Graph 9: Tobacco Use (Adults 18 and Older who are Current Smokers)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Secondary data from SAMHSA from its 2018 survey reported an estimated 47.0 million people aged 12 or older were past-month cigarette smokers, including 27.3 million people who were daily cigarette smokers and 10.8 million who smoked a pack or more of cigarettes per day. Fewer than one in six people aged 12 or older in 2018 were past-month cigarette smokers. Cigarette use generally declined from 2002 to 2018 across all age groups. Some of this decline may reflect the use of electronic vaporizing devices ("vaping"), such as e-cigarettes, as a substitute for delivering nicotine. NSDUH does not currently ask separate questions about the vaping of nicotine.[36]

Data from the provider survey cited that tobacco abuse (20.5%) was a top health problem in the community, while community stakeholders voiced their concern related to an uptick in vaping use among the younger populations. While information and data are still being collected on the long-term and the secondhand effects of vaping, experts in time will have a better understanding of how vaping damages the lungs and other internal organs.

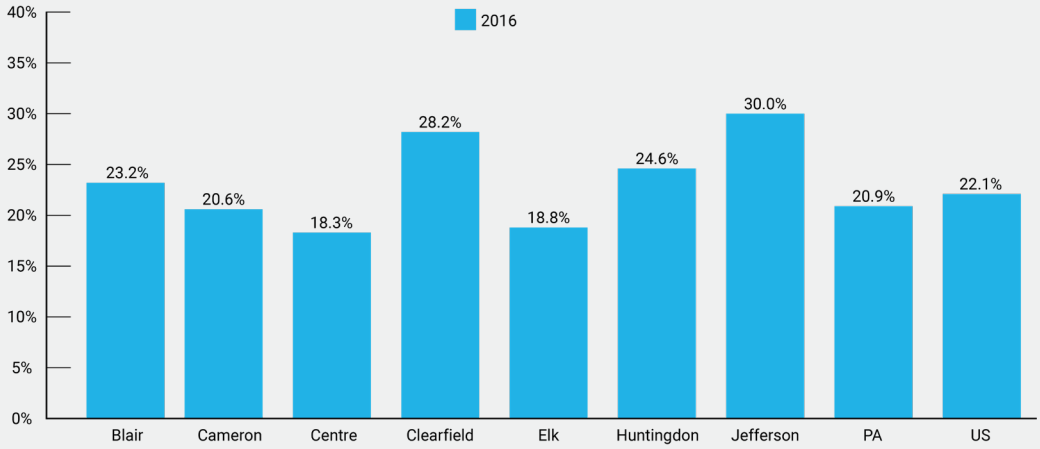
Health Behaviors

Health behaviors are actions in which individuals engage that affect their health. They include positive and negative behaviors that can impact the long-term physical health effects, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior. Health behaviors shape the well-being of residents.

Examining data related to exercise, adult residents ages 20 and over in Jefferson (30.0%), Clearfield (28.2%), and Blair counties (23.2%) reported no leisure time or physical activity based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Centre County reported the lowest percentage of adults with no leisure time for physical activity at 18.3%; this is lower than state (20.9%) and nation (22.1%). This is a positive sign that residents are becoming more proactive toward their physical fitness regimen. (See Graph 10).

It is important to understand that this health indicator is relevant as current behaviors are determinants of future health and may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Physical activity is important to prevent heart disease and stroke, two of the leading causes of death in United States. To improve overall cardiovascular health, the American Heart Association suggests at least 150 minutes per week of moderate exercise or 75 minutes per week of vigorous exercise.

Graph 10: Physical Inactivity (Adults 20 and Older with No Leisure Time Physical Activity)



Source: Centers for Disease Control and Prevention

Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. The issue has grown to epidemic proportions, with more than 4 million people dying each year as a result of being overweight or obese in 2017.

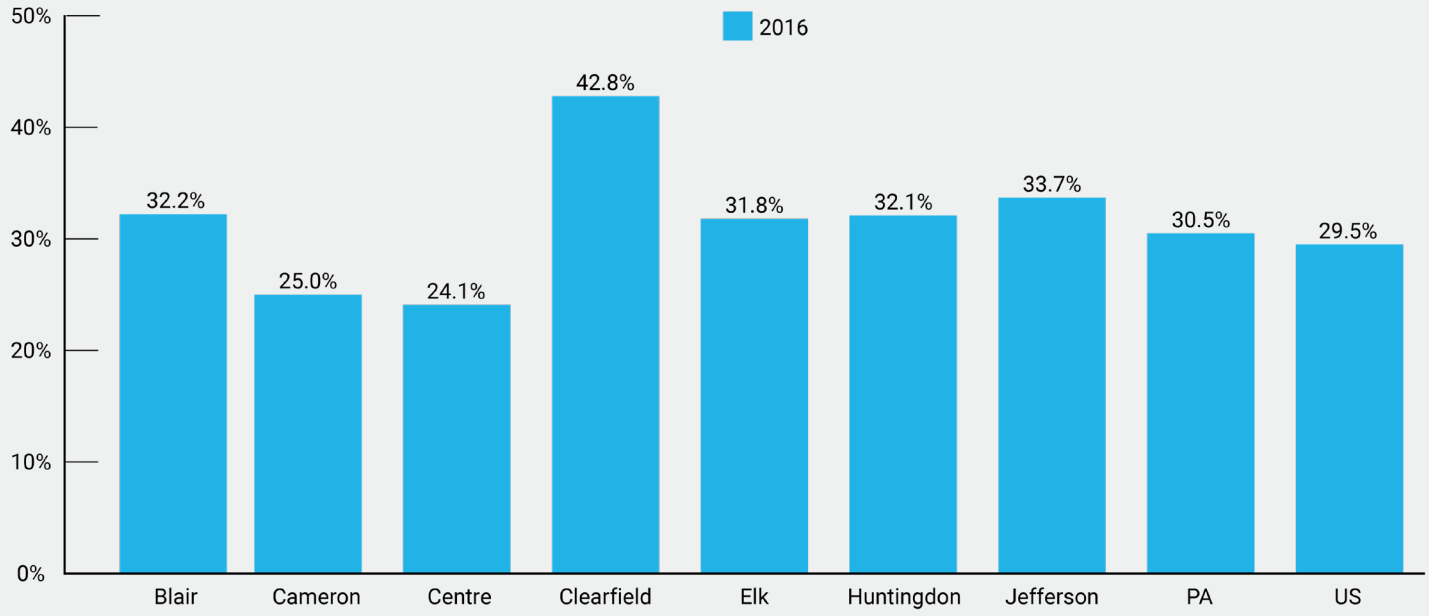
Obesity is a disease and is not just a cosmetic concern. The disease increases one's risk of other diseases and health problems. Obesity can be hereditary but can also be in combination with the environment, personal diet, and exercise choices. Modifying and making dietary changes with physical activity and personal behavior changes can help with weight loss.

In 2016, Blair (32.2%), Clearfield (42.8%), Elk (31.8%), Huntingdon (32.1%), and Jefferson (33.7%) counties all reported a greater percentage of obese residents than both the state (30.5%) and the nation (29.5%). Centre County (24.1%) reported the lowest percentage of obese residents. (See Graph 11).

Data from 2020 showed that residents in Elk (41.0%) and Clearfield (37.2%) are overweight. These percentages are higher than the state (35.9%) and the nation (35.8%). Blair County (29.0%) reported the lowest rate of overweight residents across the study area. (Chart not shown).

Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. A BMI below 18.5 is underweight; 18.5-24.9 is normal or healthy weight; 25.0-29.9 is overweight; 30.0 and above is obese.

Graph 11: Obesity

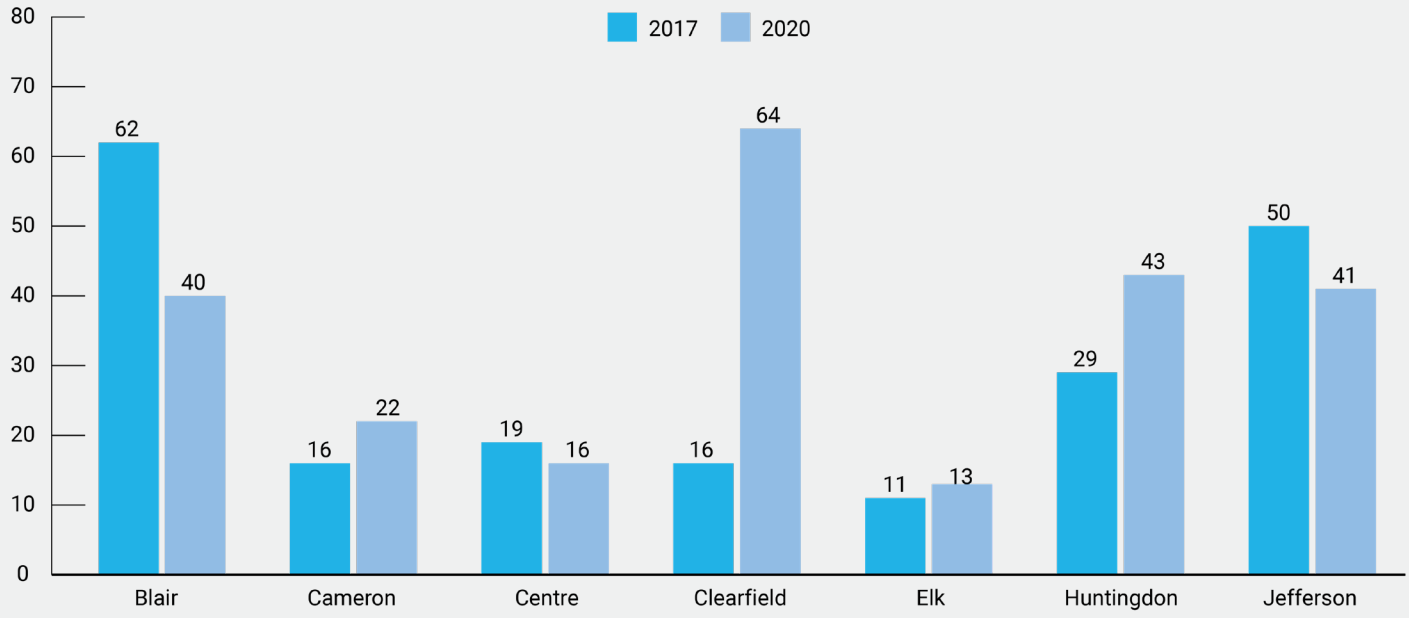


Source: Centers for Disease Control and Prevention

Graph 12 shows a dramatic shift in ranking in PHH's study area, in particular Clearfield County, which showed a dramatic shift from a ranking of 16 in 2017 to a ranking of 64 in 2020 for health behaviors. It may be beneficial to further examine why the ranking scores in Clearfield County were extreme.

Blair, Centre, and Jefferson counties improved their ranking scores from 2017 to 2020. Cameron, Clearfield, Elk, and Huntingdon counties increased their ranking score. Overall, Elk County ranks exceptionally well in Health Behaviors. County Health Rankings examine tobacco use, diet and exercise, alcohol and drug use, and sexual activity to formulate their health behaviors ranking grade.

Graph 12: Health Behaviors



Source: County Health Rankings & Roadmaps

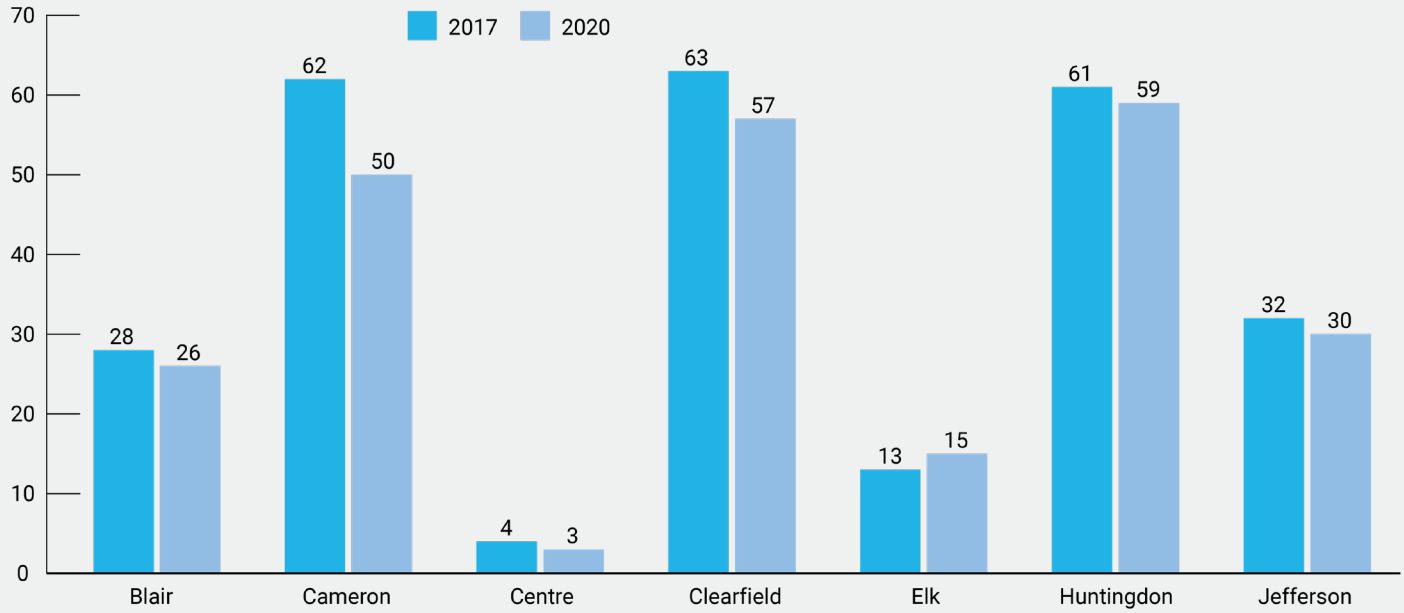
Social Determinants of Health (SDOH)

Socioeconomic factors are key drivers of the settings in which people live, learn, work, and play. Employment, safety, income, housing, transportation, educational attainment, and social support are influential to the overall health of an individual. Socioeconomic factors play into how we live and how long we live; they also affect our ability to make healthy choices, afford health care services, and choose a place to live.

The social and economic opportunities, such as good schools, employment, and strong social networks, are foundational to achieving long and healthy lives. For example, employment provides income that shapes choices about housing, education, childcare, food, medical care, and more. In contrast, unemployment limits these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress. Socioeconomic factors disproportionately affect people of color – especially children and youth.[38]

County Health Rankings for years 2017 and 2020 reveal improved rankings in Blair, Cameron, Centre, Clearfield, Huntingdon, and Jefferson counties. Improved ranking scores indicated an improvement in health equalities and reducing inequalities in specific areas of concerns within the subsequent years. (See Graph 13).

Graph 13: Social and Economic Factors



Source: County Health Rankings & Roadmaps

The Penn Highlands Healthcare study area has stated its community concerns related to chronic diseases. According to the survey, the top health problems in the community, according to providers, were: obesity (56.8%), diabetes (53.8%), heart disease (33.9%), and poor diet (24.3). It was reiterated in the survey with 39.1% of providers reporting lack of exercise/inadequate physical activity; other risky behaviors or outcomes included poor eating habits (29.5%), unhealthy dietary habits (25.0), and lack of education (25.0%). High rates of chronic diseases among residents can be tied to socioeconomic factors. Social and economic factors shape our choices, and having a positive setting can bring about good lifestyles choices and outcomes.

Dental Health

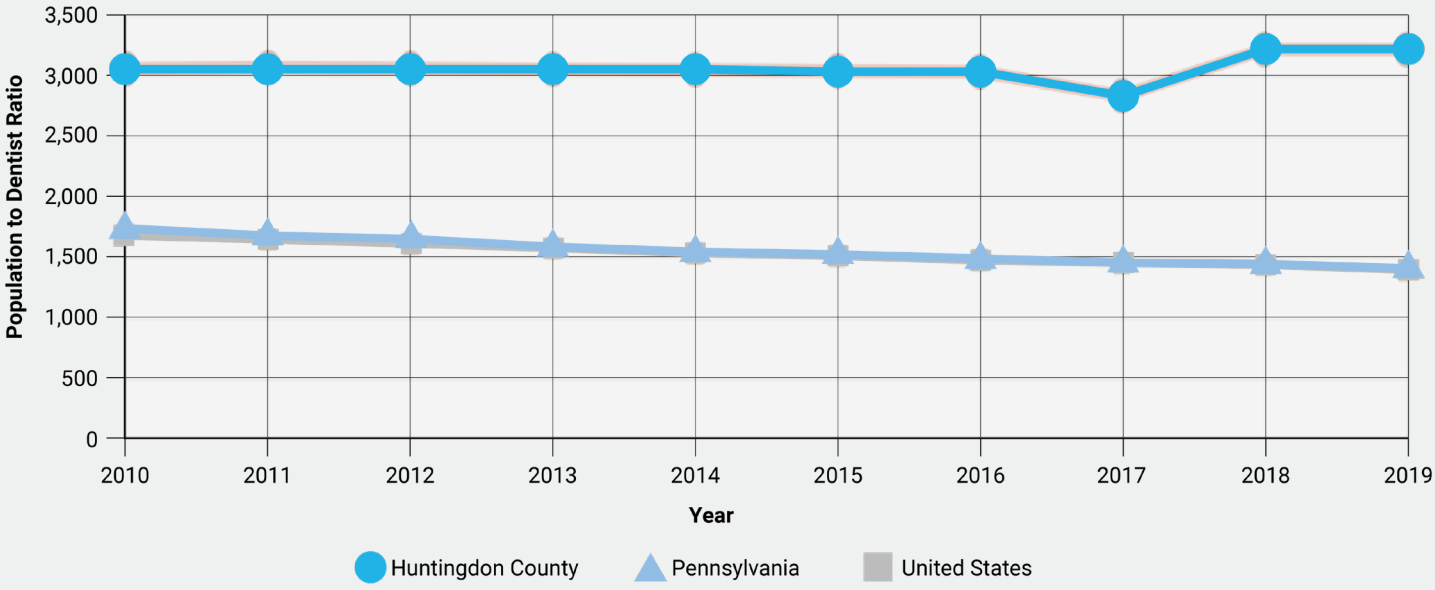
Dental health is important for all Americans. Families and individuals who have dental insurance are able to obtain dental care; however, those who are disenfranchised and face socioeconomic challenges and barriers will be confronted with multiple roadblocks to this service. Access to basic primary and preventive oral health care services is a struggle for many. Individuals and families will prioritize basic living necessities over the needs of dental care.

An additional barrier that affects and limits individuals from obtaining dental care is the lack of awareness of the need for good oral health. Overall, there is a lack of understanding and education on the importance of good oral hygiene. Pennsylvania is home to three dental schools; however, accessibility to dental providers is still problematic. In 2021, Pennsylvania reported having 7,325 practicing dentists including dental specialists such as oral surgeons, orthodontists, periodontists, etc.[39] Unfortunately, residents in rural areas travel across counties and wait months to see a dental provider. For residents who are uninsured, underinsured, or not eligible for coverage, access to dental services proves to be extremely difficult.

In 2019, County Health Rankings' data reported 3,220 residents to one dentist in Huntingdon County. Top county performers that are in the 90% percentile have a ratio of 1,210:1; Pennsylvania has a state ratio of 1,410:1.[40] The lack of dental providers in Huntingdon County is more than double that of the state.

Graph 14 reports the trend from 2010 to 2019. The lack of available dentists in the county has remained stagnant but has seen an increase in 2018 and 2019. Seeing a dentist on a regular basis stems health issues from occurring and also allows for the detection of poor nutrition, hygiene, and additional developmental problems.

Graph 14: Dentist Trends, 2010-2019



Source: County Health Rankings & Roadmaps

It is important to explore and evaluate different avenues and national programs on how to provide dental care access while including organizations that are already active in providing oral health and education to the community. It is also imperative to include organizations whose populations are in need of dental and oral services, in particular children, the underserved, underinsured, and the vulnerable populations. Penn Highlands Huntingdon will address this community issue working closely with their partners and community members to improve dental health.

Strategies, programs, and offerings for prevention and management of chronic diseases must play a large role to stem and manage the disease on a personal and community level. Negative health behaviors can significantly impact an individual's overall health status, shortening their lifespan by creating diseases and illnesses that will make daily life difficult for an individual. Health care institutions, health providers, and community-based organizations must be able to provide tools, services, and evidence-based measures and programs to address the growing issue in the region in order to halt and stem the illness.

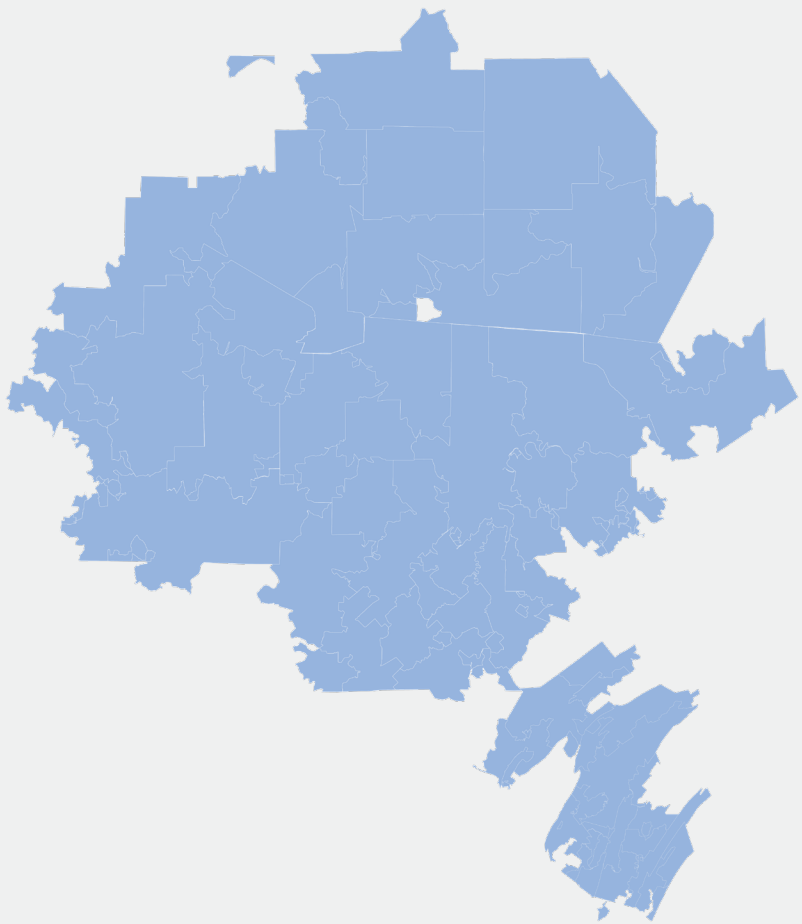
PRIMARY RESEARCH KEY FINDINGS

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

In 2021 Penn Highlands Healthcare encompasses 98 ZIP codes. The following map geographically represents the study area focus for Penn Highlands Healthcare's 2021 CHNA. The ZIP codes are based on 80 percent of all Penn Highlands Healthcare's hospital patient discharges. Map 1 displays the hospital's defined community, which relates to the 98 ZIP codes.

Map 1: 2021 CHNA ZIP Code Study Area/Primary Service Area



15753	16878	16657
15757	16879	16611
15801	16881	16669
15848	15821	16683
15849	15823	16877
15856	15827	17052
15866	15845	17060
16616	15846	17066
16620	15853	17260
16627	15857	16621
16645	15868	16622
16651	15870	16623
16656	16734	16634
16661	15711	16638
16666	15730	16674
16671	16839	16685
16680	15744	17213
16692	15767	17239
16821	15770	17243
16830	15776	17249
16833	15778	17253
16836	15780	17255
16837	15784	17264
16838	15824	16660
16840	15825	16686
16845	15829	16601
16850	15840	16602
16858	15851	16617
16860	15860	16870
16861	15864	15832
16863	15865	15834
16871	16647	15861
16876	16652	

Methodology

Tripp Umbach, a planning and research firm specializing in health care, education, government, and corporate clients to improve the economic, social, and physical well-being in communities, was contracted by Penn Highlands Healthcare to conduct the system's 2021 CHNA. The CHNA report complies with the Internal Revenue Service's (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals and includes input from individuals representing the broad interests of the communities served by Penn Highlands Healthcare, including those with direct knowledge of the needs of the medically underserved, disenfranchised populations, and populations suffering from chronic diseases.

The CHNA process began in December 2020, and the conclusion of collecting both quantitative and qualitative data concluded in April 2021. The data collected and used allowed for further group engagement of internal and external stakeholders to inform the CHNA needs and deliverables. While multiple steps made up the overall CHNA process, Tripp Umbach worked closely with members of the CHNA Working Group to collect, analyze, and identify the results to complete the hospital's assessment.

Figure 2: CHNA Methodology

Community Health Needs Assessment Data Collection

Penn Highlands Healthcare with assistance from Tripp Umbach created a 26-person Working Group consisting of system-level leadership as well as hospital personnel who have direct patient care/contact and who are well-versed in community service. Working Group members have vast knowledge on the needs of the underserved and marginalized populations, specifically those who have chronic diseases and behavioral health issues and those who face socioeconomic challenges.

Monthly scheduled conference calls and teleconference calls began in December 2020 with frequent weekly communications with Penn Highlands Healthcare's assigned project contact. Project calls provided insight and awareness to Working Group members on all of the CHNA project components.

To fulfill IRS requirements related to the ACA, Penn Highlands Healthcare's study methodology employed both a qualitative and quantitative data collection. The implementation of a comprehensive CHNA proved to be a challenge for the hospital and members of the community due to COVID-19; however, because of the Working Group, hospital administration, and Tripp Umbach working closely, the results of the CHNA included feedback collected from interviews and provider surveys, coupled with secondary data providing information on the needs, issues, and concerns for the underserved and disenfranchised.

Secondary Data

Secondary data sources at the local, state, and national levels included disparity data, public health priorities related to disease prevalence, socioeconomic factors, health outcomes, and health determinants to create a regional community health data profile based on the location and service areas of Penn Highlands Healthcare. Secondary data was gathered primarily through Community Commons, a publicly available dashboard of multiple health indicators drawn from a number of national data sources allowed for the review of past developments and changes related to demographics, health, social, and economic factors. Additional data sources include County Health Rankings, Community Needs Index, and U.S. Census Bureau. The data is also peer-reviewed and substantiated, providing a deep level of validity as a source.

The robust community profile generated a greater understanding of regional issues, particularly to assist in identifying regional and local health and socioeconomic issues.

The secondary quantitative data collection process included:

- America's Health Rankings
- American Community Survey
- Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid services
- Community Needs Index Demographic
- County Health Rankings and Roadmaps
- Dartmouth College Institute for Health policy and clinical practice
- FBI – Uniform Crime Reports
- Feeding America

- Health Resources and Services Administration (HRSA)
- Pennsylvania Department of Health – State Cancer Profiles
- Pennsylvania Departments of Health and Vital Statistics
- U.S. Census Bureau
- U.S. Department of Education National Center for Education Statistics
- U.S. Department of Agriculture
- U.S. Department of Health and Human Services
- U.S. Department of Labor

Provider Survey

A provider survey was implemented to collect data from community health partners from the hospital's service areas and region that would not only identify the needs of the community and vulnerable populations but those partners/organizations that will be instrumental in addressing prioritized needs. A database was created to identify regional providers who would receive a survey link. A survey instrument was developed and used to obtain vital information through the lens of local providers. Collecting data through the key informant survey will allow the perspective of individuals who provide care to populations most in need. The provider audience is also important to gauge how patients and residents have adjusted their health needs during the pandemic and how providers are assisting them during this time period.

The provider survey was active February 1-23, 2021. In total, 175 surveys were collected. Below are the top health problems providers reported in their community. The health problems are in descending order from the most identified to the least identified.

1. Behavioral health/mental health
2. Obesity
3. Diabetes
4. Aging problems (e.g., arthritis, hearing/vision loss, etc.)
5. Drug/alcohol use
6. Heart disease
7. Substance abuse
8. Poor diet
9. Respiratory/lung disease
10. Cancers

Community Leader Interviews

As part of the CHNA phase, telephone interviews were completed with community stakeholders in the service area to better understand the changing environment. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, suggestions on secondary data resources to review and examine, and other information relevant to the study. Community stakeholder interviews were conducted during December 2020-February 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds including:

1. Public health experts
2. Professionals with access to community health-related data
3. Social service representatives
4. Representatives of underserved populations
5. Government leaders

Twenty-six interviews were conducted with community leaders and stakeholders as part of Penn Highlands Healthcare. The qualitative data collected from community stakeholders are the opinions, perceptions, and insights of those who were interviewed as part of the CHNA process. The information provided insight and added great depth to the qualitative data.

Within the interview and discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category. Below are key themes community stakeholders identified as being the largest health concerns in their community from the most discussed to the least discussed.

1. Drug/Alcohol Use and Behavioral/Mental Health
2. Obesity
3. Cancer
4. Diabetes
5. Heart disease
6. Lack of exercise
7. Poor diet
8. Dental health
9. Access to healthy foods
10. High blood pressure

Public Commentary

As part of the CHNA, Tripp Umbach solicited comments related to the 2018 CHNA and Implementation Strategy Plan (ISP) on behalf of Penn Highlands Healthcare. The solicitation of feedback was obtained from community stakeholders identified by the Working Group. Observations offered community representatives the opportunity to react to the methods, findings, and subsequent actions taken as a result of the 2018 CHNA and implementation planning process. Stakeholders were posed questions developed by Tripp Umbach. Feedback was collected from 26 community stakeholders related to the public commentary survey. The public comments below are a summary of stakeholders' feedback regarding the former documents. The collection period for the survey covered December 2020-February 2021.

When asked whether the assessment "included input from community members or organizations," 88.0% reported that it did and 12.0% indicated that it did not.

The survey reviewed, 8.0% reported, that the report did exclude community members or organizations that should have been involved; 58.0% did not feel any community members or organizations were excluded; 33.0% did not know. Mental health organizations were identified as excluded groups/organizations.

In response to the question, "Are there needs in the community related to health that were not represented in the CHNA," 4.35% reported there were needs that were not represented, 73.9.0% reported no, and 21.7% did not know.

More than three-quarters, or 76.0% of respondents, indicated that the ISP was directly related to the needs identified in the CHNA, 4.0% indicated that it was not, and 20.0% did not know.

According to respondents, the CHNA and the ISP benefited them and their community in the following manner (in no specific order):

- The document highlighted the help community-based organizations provided to the region and to the hospitals.
- The documents provided needed data and assisted my department with the available information and drove some of my initiatives.
- The CHNA and ISP launched new projects and plans that the region needed.
- The CHNA and ISP improved services in DuBois.
- The resulting CHNA and ISP benefited the more populated towns as they have more resources due to the geographic nature.
- The reports gave us information we needed to improve services in the region.
- The community is learning more about the overall needs in the community – education is a good thing.
- The reports provided communication on the work that is being completed.
- Penn Highlands Healthcare is constantly growing and evolving – it took action to address the health issues of the area. The reports provided the rationale on the need for behavioral health expansion. The additional services will help the community at large.
- The reports were very informative – they were used in our internal strategic plan to address the needs of the region with our organization.

- The documents gave us information and provided the opportunity to learn more.
- The CHNA and ISP lead to regional collaborations that will directly benefit the underserved population.
- The results are steps in the right direction. We are unsure if all of these needs can be accomplished; however, it is moving in the right direction.
- The reports are trying to address the needs of the community – the hospital is doing it correctly and helping the region.

Additional feedback survey respondents believed was not covered (in no particular order).

- We need additional emphasis on being healthy and exercising, etc. We need involvement with insurance providers to provide additional educational opportunities for residents.
- PHH can partner with Penn State DuBois as this can creates a partnership with students in the school's health sciences programs. Penn State Extension should be involved, as well as churches and schools.
- We look forward to more involvement in the future.

Data Limitations

It is important to note that data collected for the 2021 CHNA has limitations in information. Secondary data utilized for the report is not specific to the hospital's primary service area but rather provides a scope or picture to a larger geographic region. Primary data obtained through interviews and surveys is also limited in representation of the hospital's service area as information was collected through convenience sampling.

ADDITIONAL INFORMATION

With the completion of the CHNA, Penn Highlands Healthcare will develop implementation plans to leverage their organization's strengths and resources, to best address their communities' health needs, and improve the overall health and well-being of residents of Northwestern/Central Pennsylvania. For additional information about the CHNA and its specific findings, please contact:

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ENDNOTES

[1] Behavioral Health (Mental Health & Substance Abuse)

[2] Chronic Diseases/Conditions (e.g., diabetes, chronic obstructive pulmonary diseases, high blood pressure)

[3] Infrastructure (e.g., care coordination, navigation, and transportation)

[4] Lack of primary care physicians (PCP)/Physician specialists

[5] Specialty care (e.g., cancer care)

[6] Health Behaviors (e.g., nutrition, physical activity, obesity)

[7] Social Determinants of Health (e.g., education, income etc.)

[8] In 2021, Penn Highlands Huntington (PHHD) reported dental health as a CHNA need. PHH will not address this specific CHNA need at the system level; rather, PHHD will work with local community organizations to address this need at the hospital level.

[9] Office of Disease Prevention and Health Promotion: www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services

[10] Association of American Medical Colleges: www.aamc.org/news-insights/us-physician-shortage-growing

[11] Robert Graham Center: www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Pennsylvania.pdf

[12] Association of American Medical Colleges: www.aamc.org/news-insights/us-physician-shortage-growing

[13] The Body Pro:www.thebodypro.com/article/health-navigation-a-review-of-the-evidence

[14] American Hospital Association: www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf

[15] American Hospital Association: www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf

[16] American Hospital Association: www.aha.org/system/files/media/file/2019/05/aha-trendwatch-behavioral-health-2019.pdf

[17] Psychology Today: www.psychologytoday.com/us/blog/promoting-hope-preventing-suicide/200910/behavioral-health-versus-mental-health

[18] Centers for Disease Control and Prevention: www.cdc.gov/mentalhealth/data_publications/index.htm

[19] Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI).

[20] National Alliance on Mental Illness: www.nami.org/Learn-More/Mental-Health-By-the-Numbers

[21] National Alliance on Mental Illness: www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI_Impact_RippleEffect_2020_FINAL.pdf

[22] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[23] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[24] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[25] Centers for Disease Control and Prevention: www.cdc.gov/chronicdisease/about/index.htm

[26] American Public Health Association: www.apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices

[27] American Public Health Association: www.apha.org/what-is-public-health/generation-public-health/our-work/healthy-choices

[28] Centers for Disease Control and Prevention: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm

[29] Centers for Disease Control and Prevention: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/diabetes-prediabetes.htm

[30] Healthy People: www.healthypeople.gov/2020/topics-objectives/topic/diabetes

[31] Centers for Disease Control and Prevention: www.cdc.gov/bloodpressure/

[32] Mayo Clinic: www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410

[33] Centers for Disease Control and Prevention: www.cdc.gov/bloodpressure/facts.htm

[34] Mayo Clinic: www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc-20353679

[35] But there are likely other factors at play in the development of COPD, such as a genetic susceptibility to the disease, because not all smokers develop COPD.

[36] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

[37] World Health Organization: www.who.int/health-topics/obesity#tab=tab_1

[38] County Health Rankings: www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/social-and-economic-factors

[39] Kaiser Family Foundation: www.kff.org/other/state-indicator/dentists-by-specialty-field/?dataView=0&activeTab=map&currentTimeframe=0&selectedDistributions=total&selectedRows=%7B%22states%22:%7B%22pennsylvania%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[40] County Health Rankings: www.countyhealthrankings.org/app/pennsylvania/2021/rankings/huntingdon/county/outcomes/overall/snapshot