2019 PENN HIGHLANDS HUNTINGDON
CHNA IMPLEMENTATION STRATEGY PLAN

Contents

This CHNA Implementation Plan was developed and authored by the Marketing and Community Relations Department of Penn Highlands Huntingdon and Strategy Solutions, Inc.

Section 1: Executive Summary

Introduction

Penn Highlands Huntingdon (PHHD), 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 more than 100 years. J.C. Blair merged with Penn Highlands Healthcare (PHH) 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 J.C Blair Memorial Hospital Foundation. The hospital is the only hospital in rural Huntingdon County, serving more than 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 health system 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
- 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.

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

1. Secondary Data Analysis
2. Primary Data Collection and Analysis
3. Prioritization
4. Evaluation of 2016 CHNA
5. Provider Resource Inventory
6. Final CHNA
7. Implementation Planning
8. Final Implementation Plan

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 data was presented 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 used 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
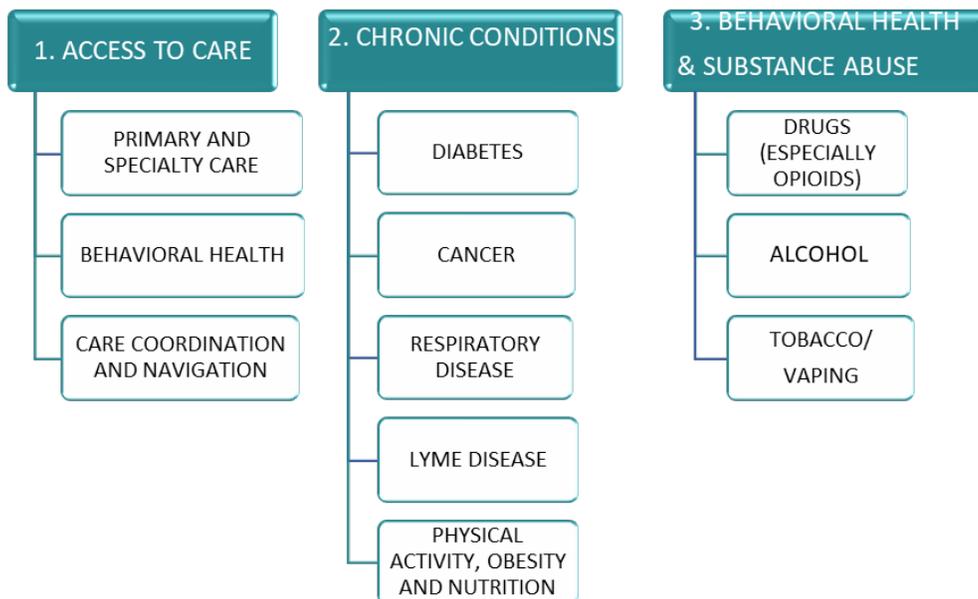
The CHNA, with prioritized needs and supporting data, was published on the hospital's website on June 28, 2019. Following its publication, the PHHD Population Health Leadership Team created an interdisciplinary team for each priority community health need. One champion within the hospital was selected to lead each team, which contained several other healthcare professionals. The teams met through June and July 2019 to develop implementation strategy plans for access to care, chronic conditions, and behavioral health and substance abuse.

Conclusions and Recommendations

Penn Highlands Huntingdon has developed 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 includes 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 its Implementation Plan during the next three years, it will routinely evaluate progress and adjust its 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.
  ➢ Utilize 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. The Population Health Leadership Team reviewed and approved the Implementation Plan on July 25, 2019.

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 Penn Highlands Huntingdon 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	Entriken	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

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."[1]*

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.

Through the 2019 CHNA Implementation Plan, Penn Highlands Huntingdon will address the following community health issues and key priority needs:
1. Access to Health Care
2. Chronic Conditions
3. Behavioral Health & Substance Abuse

The following pages outline Penn Highlands Huntingdon's Implementation Strategy Plan to address the priority needs identified by the CHNA. Due to the recent merger between J.C. Blair and Penn Highlands Healthcare, the specific timeline for implementation of these initiatives will be determined. Relevant data supporting this plan are located in Appendices A-C.

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[1] *http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag*

Section 2: PHHD Implementation Plan for Access to Care

Access to care, which encompasses primary and specialty care, behavioral health, and care coordination and navigation, was identified as a key priority in Huntingdon County. Penn Highlands has prioritized this need throughout its entire health system. Furthermore, access to care was a priority in J.C. Blair's 2016 CHNA. The following table provides Penn Highlands Huntingdon's plan to improve access to care in Huntingdon County.

NEED: Access to Care
Facility: PHHD
Goal:
1. Improve access to primary and specialty care throughout Huntingdon County.
2. Provide urgent care services to the residents of Huntingdon County.
3. Expand lung screenings and awareness.

Anticipated Impact:
1. Improved access to and from PHHD facilities; reduced no-shows for all types of appointments.
2. Increased awareness of available services; prevented readmissions and overuse of services.
3. Reduce morbidity and mortality for lung cancer diagnosed patients.

Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Expand awareness and promotion of PCP and Urgent Care facility in the community	Distribute informational materials Engage community partners at health fairs and school district functions	Huntingdon County residents who do not have a primary care provider	# of providers recruited, # of transfers out of PHHD Participate in community events / fairs and social media postings.	Social media PHH PCP Providers YMCA Chamber of Commerce	PHHD community outreach specialist
Recruit primary and specialty care providers using PHH recruitment plan	Recruit 10 providers per year for 3 years	Huntingdon County residents	# of providers recruited, # of transfers out of PHHD	Penn Highlands Healthcare, PHHD medical staff	**consult with PHH
Increase number of Huntingdon County residents that receive care at Urgent Care by 2% per FY	Expand hours and locations for urgent care according to market data	Huntingdon residents	Increase visits by 2% in FY 19, 20, and 21 to equal 6% increase		Exisiting FTE's of urgent cares

Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Expand pulmonology services to Huntingdon County residents by the placement of a pulmonologist to provide comprehensive / diagnostic services locally 1days / week	Recruit pulmonologist Dedicate 1 day per week to PHHD	Huntingdon communities	Expand service 1 day/week	Rural Healthcare Clinics Senior Centers	Existing Facility Existing lung center staff 1 FTE physician PHH Transportation Medical Staff Education Marketing / Communications
Improve the number of baseline lung screenings by 3%	Navigator visits to PCP's Education to health care providers and staff Distribution of information regarding lung cancer screening	Patients who meet the medical criteria for lung cancer screening and are not being screened		Private Practices Area Agency on Aging Senior Center Public Housing Authority	PHH Practice Management Medical Staff

Section 3: PHHD Implementation Plan for Chronic Conditions

Chronic conditions (diabetes, cancer, respiratory disease, Lyme disease, physical activity, obesity and nutrition) was identified as a need in Huntingdon County. The following table describes Penn Highlands Huntingdon's plan to address the issue of chronic conditions in the county.

NEED: Chronic Conditions
Facility: PHHD
Goal:
1. Increase community access to prevention, education, screening, diagnosis and treatment services for chronic conditions, specifically diabetes; cancer; respiratory disease; Lyme disease; and obesity.

Anticipated Impact:
1. Advance the health status and health literacy of Huntingdon County residents.
2. Improve health behaviors to decrease incidence of chronic health conditions.

Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Expand diabetes services	Offer weekly individual diabetes education and quarterly to bimonthly group education sessions Become a satellite site of the PHH diabetes education program recognized by the American Diabetes Association.	People with prediabetes & diabetes	Comparison of the number of patients seen in the zip codes for these areas before and after implementation.	Providers in the area. Tele Endo	Diabetes Educator/RD staffing Starting Jan. 2020.
Provide a diabetic support group	Hold monthly group meetings	All persons with diabetes and their support persons within the service area	# attending	FIRST Center, Broad Top Area Medical Center at Mount Union	Diabetic educator

Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Attain enrollment as a Medicare Diabetes Prevention Program provider.	Continue to have at least 1 DPP cohort per year until full recognition is achieved from the CDC, which is required for CMS DPP enrollment. Prevent T2 will also provide programming that will result in patients achieving weight loss.	Persons with prediabetes	Biannual CDC DPP evaluation and notification from CMS of enrollment status as a DPP provider.	CDC, CMS	Prevent T2 Lifestyle Coaches
Provide community nutrition education for chronic disease prevention.	Offer programming twice yearly in all PHH service areas for the public to include: 1. My Plate 2. Food Label Math 3. How to Measure/ Portions 4. Healthy Shopping at the Dollar Store 5. Compare Your Drinks 6. How to Buy/Use Fresh Fruits & Vegetables	1.Customers of local dollar stores 2. Residents of low income housing 3. Food bank recipients 4. People who come to churches for free meals. 5. Parents of children attending daycares	Pre/post knowledge test Number of People Participating	Dollar Store owners Area Agency on Aging Managers of Low Income Housing Units Food Banks/Churches Farmers Markets Penn State Extension	Dietitians or Diabetes Nurse Educators, Diet Technicians Cost of printing materials
Promote healthy selections in the hospital cafeteria for visitors and employees	Implement CDC's red/yellow/green label program	Hospital physician office, nursing home employees, patient visitors, physicians, other cafeteria guests.	Quantities of red, yellow, green foods purchased at beginning of program and 3, 6, and 12 months after program initiated;	CDC, food vendors, Marketing	RDs & food service staff, dietetic intern

			Customer survey of foods purchased at beginning of program and after 3, 6 or 12 months.		

Section 4: PHHD Implementation Plan for Behavioral Health & Substance Abuse

Behavioral health and substance abuse was identified as a need across Huntingdon County and the Penn Highlands service area. This issue was a priority in J.C. Blair's 2016 CHNA and Implementation Plan. Recognizing the need to better identify and treat behavioral health and substance abuse issues, the hospital plans to change its culture and evaluation processes for these problems. The following table describes Penn Highlands Huntingdon's plan to address behavioral health and substance abuse.

NEED: Behavioral Health & Substance Abuse

Facility: PHHD

Goal:

1. Assess barriers to Behavioral health and drug and alcohol services and establish evidenced-based screening protocols.
2. Develop and maintain a directory of regional behavioral health and substance abuse treatment providers and resources.
3. Serve as an information resource for substance addicted individuals and/or their families in the community and region.

Anticipated Impact:

1. Patients receive relevant information, education, resources, and referrals when they present to PHHD facilities.
2. Patients become engaged and empowered to make better choices that reduce drug, alcohol and tobacco use.
3. Reduce stigma that may be associated with use/misuse of drug, alcohol, and tobacco products.

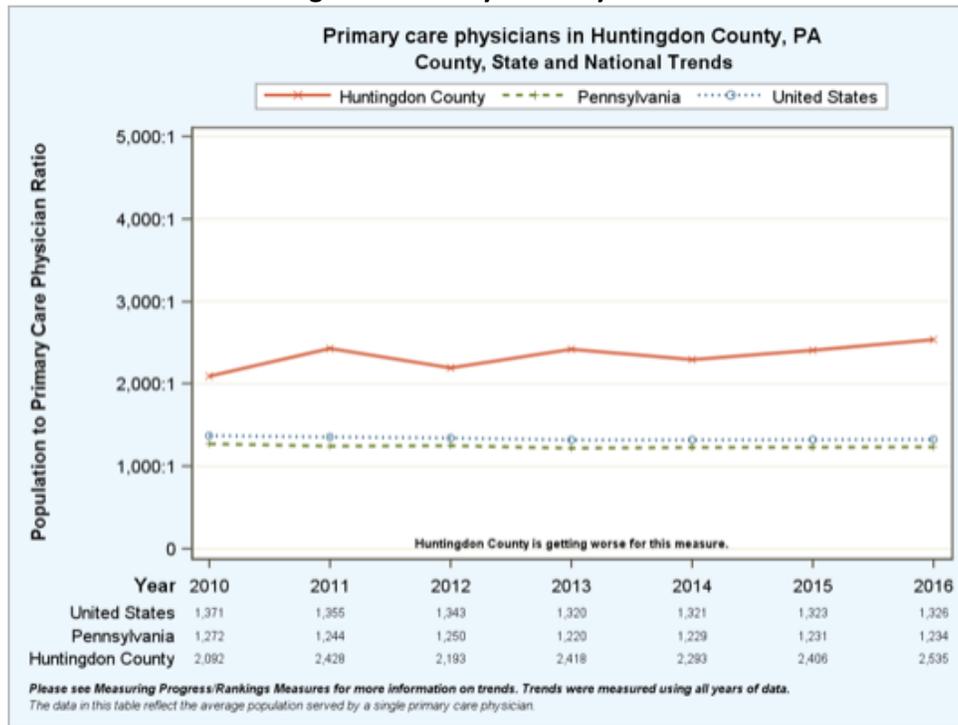| Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Address barriers that impede the ability to meet the assessment and treatment demand.	Convene multi-disciplinary team to review screening protocols currently in place. Support the local single county authority (SCA). Meet with Tri-county crisis bi-annually.	ER At-Risk Youth Inpatient, outpatient, and physician offices.	Completed review of existing assessment tools and compared to evidence-based screening tools; Enhanced screening practices for drug, alcohol, and/or tobacco use among patient self-report; Updated assessment protocol and/or tools and coordination with IT/HER;	Multi-disciplinary PHHD team to include: HIM/medical records, PHHD behavioral health, case mgmt., pharmacy, nursing, compliance. Tri-county crisis	The HOPE project staff to lead initiative. Staff time. Community Partnerships

Objectives	Annual Activity	Target Population	Evaluation Methods / Metrics	Potential Partners	Planned Resource Commitment
Identify available transportation to treatment resources.	Secure transportation from local resources.	People presenting to the local emergency room. Patients at local MD offices.	Develop partnerships with local transportation providers, ambulance services, and constable.	Local community mental health center. Tri-county crisis Drug and alcohol treatment providers, ambulance service, constable.	The HOPE project staff to lead initiative Staff time Local transportation providers.
Develop a list of hospital detox and rehab beds in the area, and behavioral health facilities	Complete list of beds at various facilities: Alcohol & Drug Abuse Services Bradford, Peniel D & A Treatment Center, Johnstown, Pyramid Healthcare Altoona, Blueprints for Addiction, Mount Joy.	Emergency room referrals Physician offices	Up-to-date list of behavioral health and detox and rehab facilities for hospital staff to reference.	Local SCA Tri-county crisis Local community mental health center.	The HOPE project staff to lead initiative. Staff time Local treatment providers.
Educate staff on the trends in behavioral health and drug and alcohol treatment	Present bi-annually at staff meetings	Healthcare staff, emergency room staff, physicians and nurses.	Two education sessions per year	Staff	The HOPE project staff to lead initiative.

Appendix A. Supporting Data for Access to Care

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 1, below, the Primary Care Physician ratio in 2019 was 2,540:1 in Huntingdon County 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 1: Primary Care Physicians

Primary care physicians in Huntingdon County, PA
County, State and National Trends

Huntingdon County ──×── | Pennsylvania ─ ─ +─ ─ | United States ····◎····

Year	2010	2011	2012	2013	2014	2015	2016
United States	1,371	1,355	1,343	1,320	1,321	1,323	1,326
Pennsylvania	1,272	1,244	1,250	1,220	1,229	1,231	1,234
Huntingdon County	2,092	2,428	2,193	2,418	2,293	2,406	2,535

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
The data in this table reflect the average population served by a single primary care physician.

Source: County Health Rankings and Roadmaps, 2010-2016

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 2 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 2: Non-Physician Primary Care Provider Rate
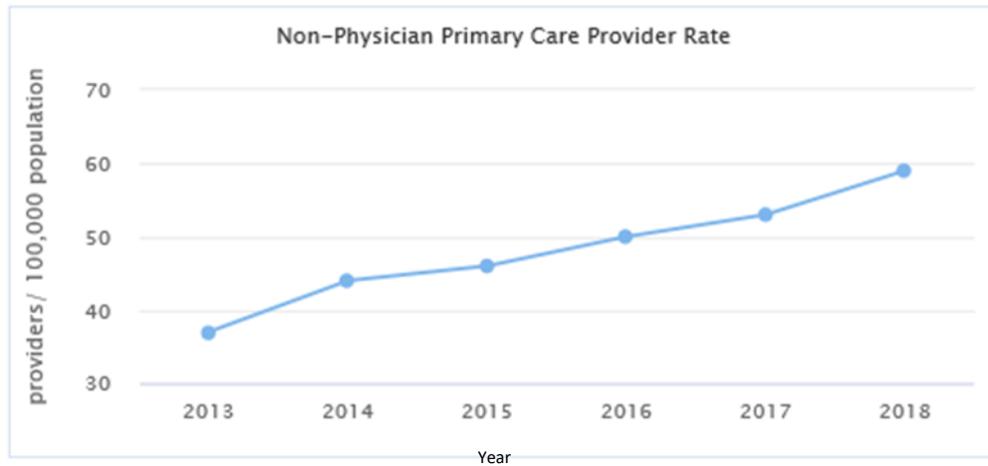
Source: Pennsylvania Office of Rural Health

Figure 3 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.

**Figure 3: Difficulty Accessing Health Care Services**

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

Behavioral Health

Access to care requires not only financial coverage, but also access to 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. Figure 4 represents the mental health provider ratios throughout Pennsylvania. The Mental Health Provider Ratio in Huntingdon County is 1,060:1 compared to 530:1 in Pennsylvania.

Figure 4: PA Mental Health Provider Ratios
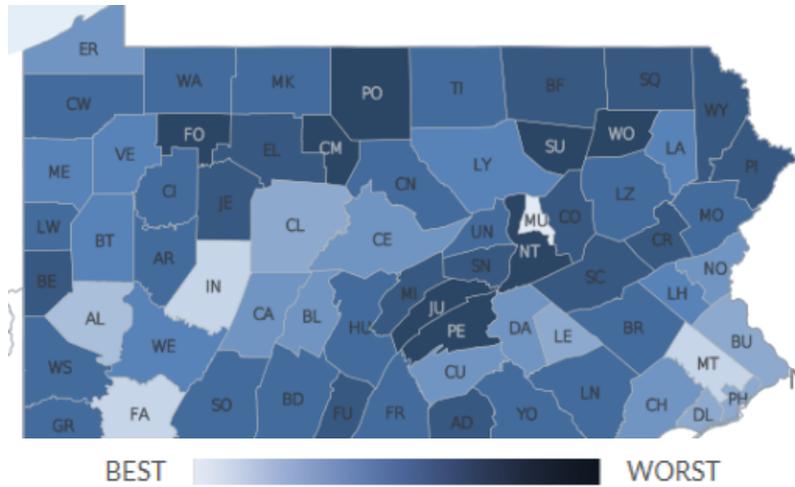
Source: County Health Rankings and Roadmaps

Care Coordination and Navigation

Care coordination and navigation was identified as a top community need in the 2016 CHNA. Navigating the health care system is crucial for patients to receive the proper treatment in a given situation. Figure 5 illustrates high utilization among Medicare patients. When we look at our Medicare patients, 9% are associated with 79% of multiple ER and Inpatient visits. The top diagnoses of these high utilizing patients are COPD and Congestive Heart Failure, many with behavioral health co-morbidities.

Figure 5: High Utilizers Need Care Coordination and Navigation

24 pts (~1%)
Top Utilizers

147 pts (~8%)
Moderate Utilizers

1626 pts (~91%)
Broad, Low-Risk Population
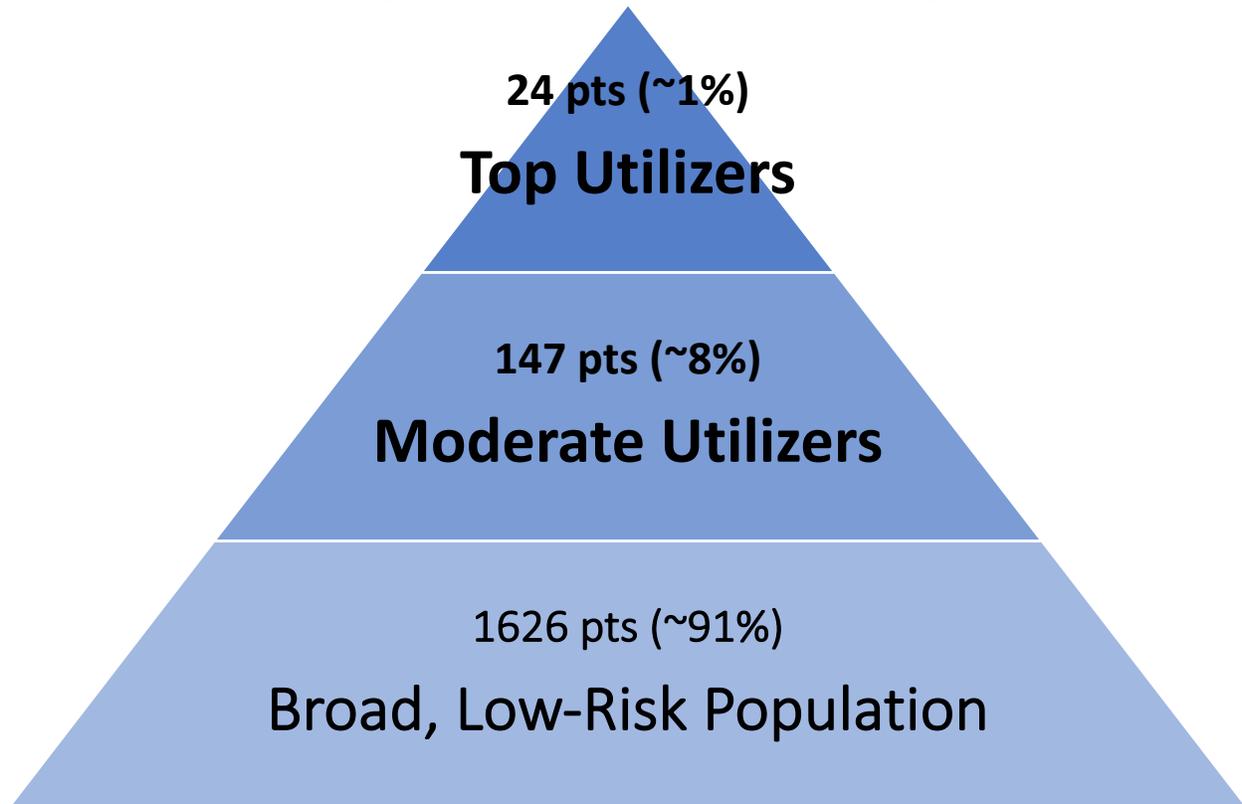
Source: 2016 Medicare FFS Data, PA Department of Health

Appendix B. Supporting Data for Chronic Conditions

Conditions that are long-lasting, relapse, in remission and have continued persistence are categorized as chronic diseases. In the Penn Highlands Huntingdon Community Survey, 39.5% of respondents indicated they were affected by diabetes, 29.7% reported having asthma or COPD, and 29% indicated they were affected by cancer.

Diabetes

Diabetes is a leading cause of death in the United States. This disease can have a harmful effect on most of the organ systems in the human body and frequently causes other health conditions. As seen in Figure 1, 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 1: Adults Age 20+ with Diabetes
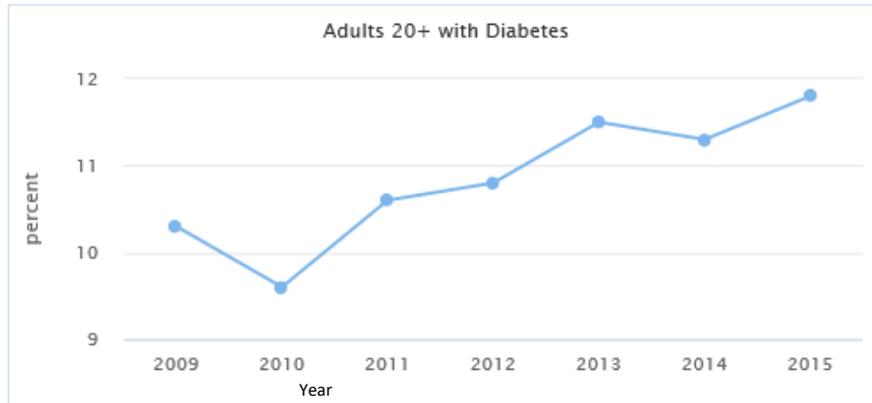
Source: Pennsylvania Office of Rural Health

Cancer

Figure 2 shows cancer statistics for Huntingdon County compared to the state. The Breast Cancer incidence rate in Huntingdon County increased from 2011 (92.0) to 2015 (105.6), although remains below the state (131.2). The Bronchus and Lung Cancer mortality rate has increased in Huntingdon County from 2011 (42.6) to 2016 (47.0) and 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 2: Cancer
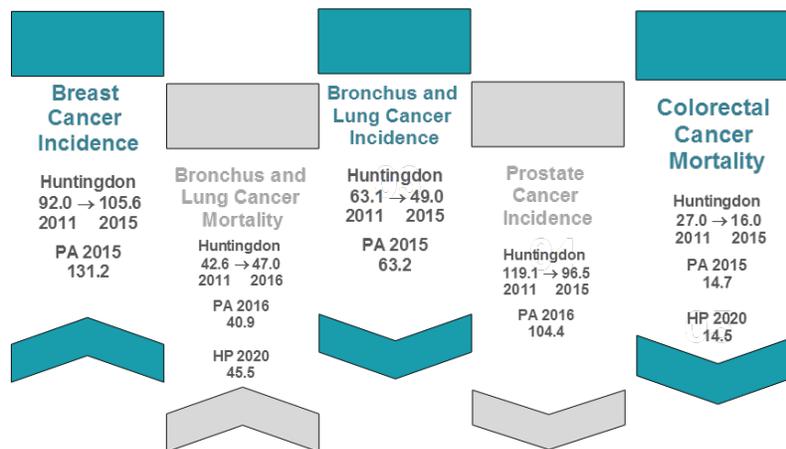
Source: Department of Health Informatics, Pennsylvania Department of Health, 2011-2016

Respiratory disease

Lung disease has been a focus of Penn Highlands Huntingdon since its 2016 CHNA. Figure 3 shows the Chronic Lower Respiratory Disease mortality rate to be slowly increasing since 2014 and in 2016 (39.5) it was slightly higher when compared to the state (38.1).

Figure 3: Chronic Lower Respiratory Disease Mortality Rate
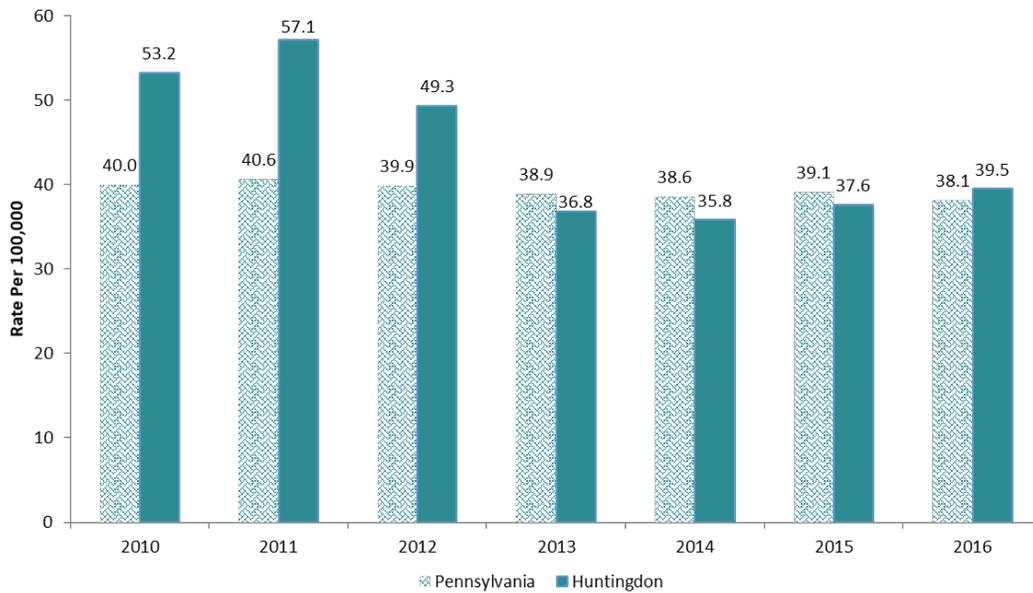
Source: Department of Health Informatics, Pennsylvania Department of Health, 2010-2016

Chronic obstructive pulmonary disease, or COPD, is a condition that restricts airflow into the lungs, making it difficult to breathe. Figure 4 shows that in Huntingdon County, the COPD rate for the Medicare population has been increasing and in 2017 (13.6%) was higher than the state (11.3%) and nation (11.7%).

**Figure 4: Huntingdon County COPD Medicare Population**
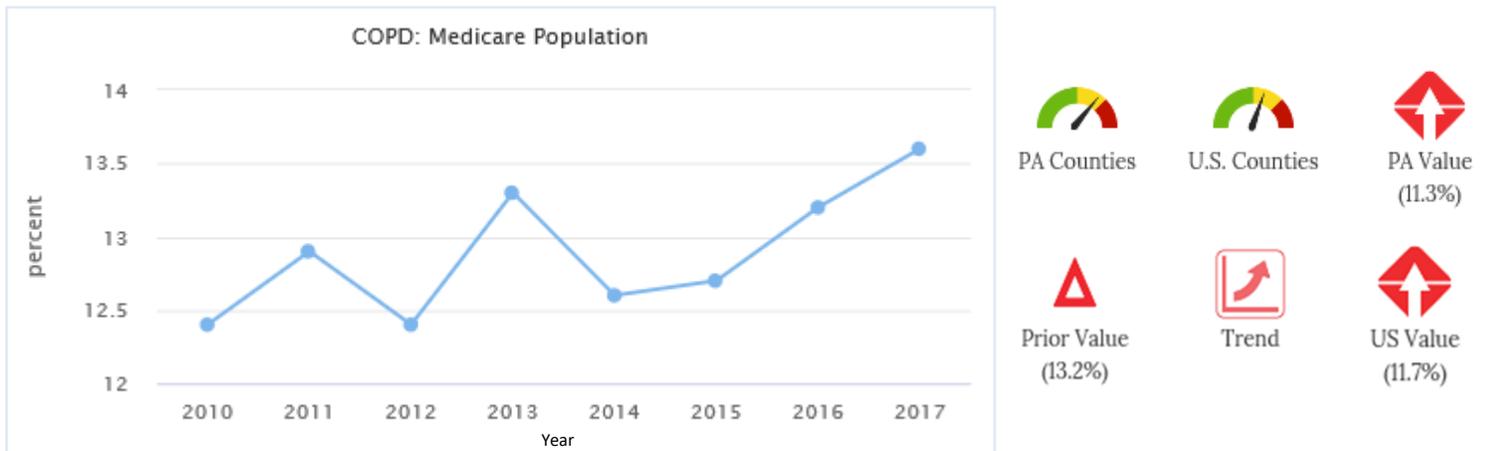
Source: Pennsylvania Office of Rural Health

Lyme disease

Lyme disease is caused by infection with the bacterium *Borrelia burgdorferi* and is transmitted by the bite of an infected black-legged tick (*Ixodes scapularis*). Typical symptoms include fever, headache, fatigue, and a characteristic skin rash called erythema migrans. As illustrated in Figure 5, the Lyme Disease incidence rate in Huntingdon County has been increasing since 2011 and in 2016 (363.8) was over three times as high as the state (89.5) and nation (8.1).

Figure 5: Lyme Disease Incidence Rate
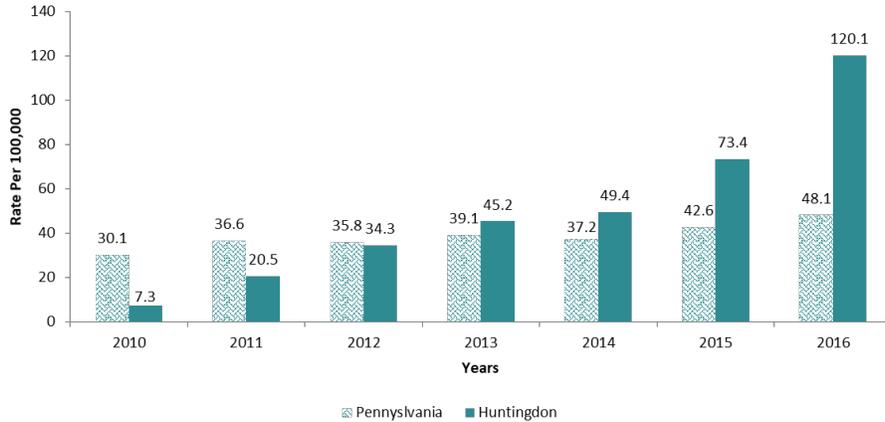
Source: Department of Health Informatics, Pennsylvania Department of Health, 2011-2016; Pennsylvania Office of Rural Health

Physical Activity, Obesity and Nutrition

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, and also carries significant economic costs due to increased healthcare spending and lost earnings. Figure 6 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%). Community Survey respondents were asked to determine their personal weight. As seen in Figure 7, over half (60.6%) identified themselves as overweight. The percentage of children and teens who are overweight or obese has risen over the last few years, and in 2016-17, it was higher than the state.[2]

Figure 6: Adult Obesity
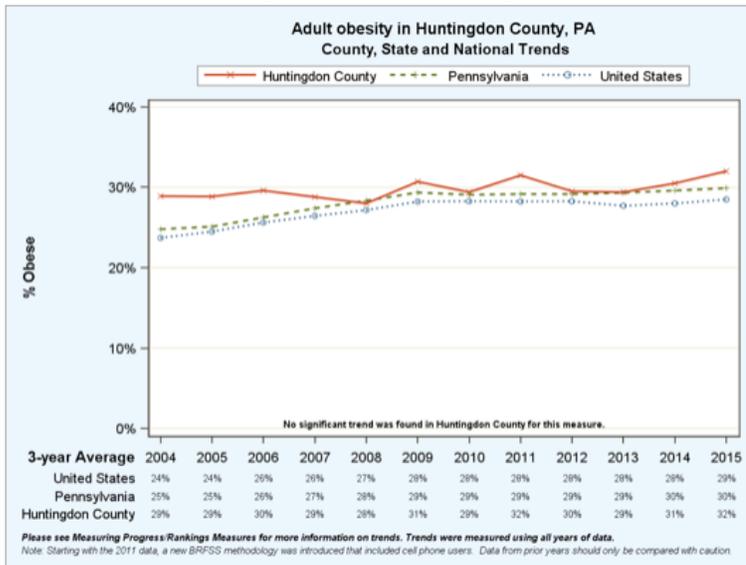
Source: 2019 County Health Rankings and Roadmaps

Figure 7: Personal Weight
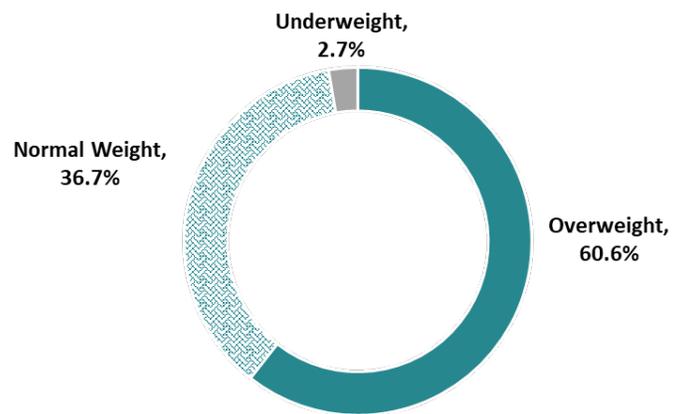
Source: 2019, JC Blair Health Systems, Inc. Community Survey

A healthy weight is related to physical activity, which also improves mood and promotes healthy sleep patterns. The rate of physical inactivity in Huntingdon County had been decreasing since 2009, but in 2013 (24%) started to increase, and in 2015 (26%) was higher than the state (22%) and nation (22%). Furthermore, fewer residents in Huntingdon County (69%) have access to exercise opportunities when compared to the state (84%).[3]

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[2] *Pennsylvania Office of Rural Health*
[3] *2019 County Health Rankings and Roadmaps*

In regard to nutrition, food insecurity is an economic and social indicator of the health of a community. 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 8, 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%).
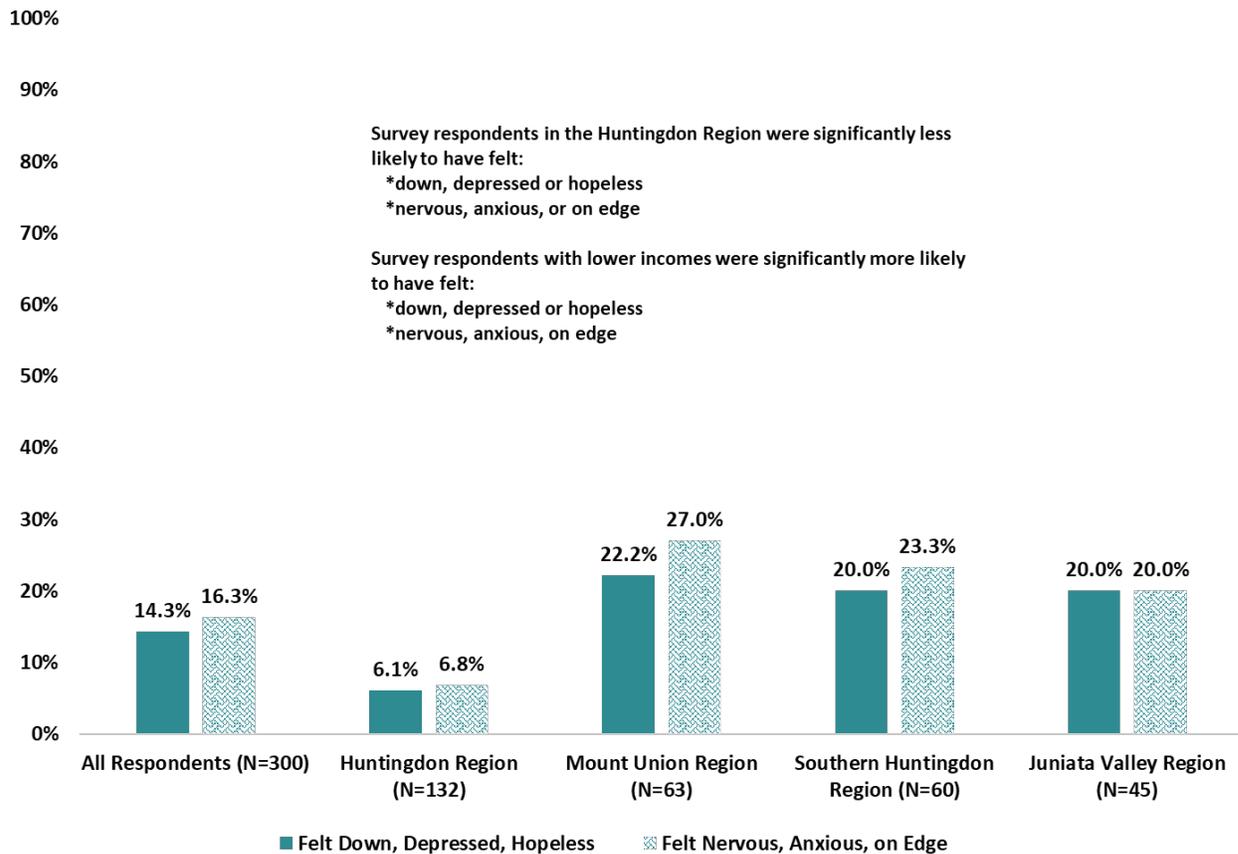
Figure 8: Food Insecurity
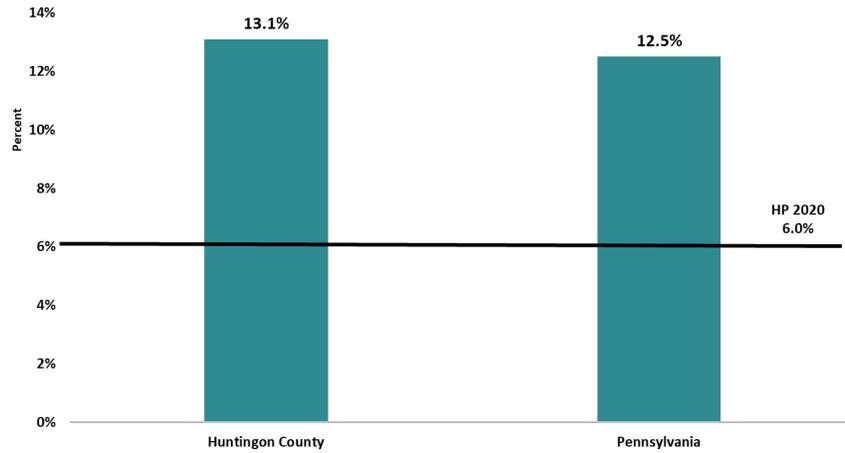
Source: 2019 County Health Rankings and Roadmaps

Appendix C. Supporting Data for Behavioral Health and Substance Abuse

Behavioral Health

Figure 1 shows that that 14.3% of SPORT40 Telephone 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 1: Community Survey Respondents' Experience with Mental Health

Over the Last 2 Weeks

Survey respondents in the Huntingdon Region were significantly less likely to have felt:
  *down, depressed or hopeless
  *nervous, anxious, or on edge

Survey respondents with lower incomes were significantly more likely to have felt:
  *down, depressed or hopeless
  *nervous, anxious, on edge

	Felt Down, Depressed, Hopeless	Felt Nervous, Anxious, on Edge
All Respondents (N=300)	14.3%	16.3%
Huntingdon Region (N=132)	6.1%	6.8%
Mount Union Region (N=63)	22.2%	27.0%
Southern Huntingdon Region (N=60)	20.0%	23.3%
Juniata Valley Region (N=45)	20.0%	20.0%

Source: 2019, SPORT40 Telephone Survey

Figure 2 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 2: Suicide Rate Per 100,000
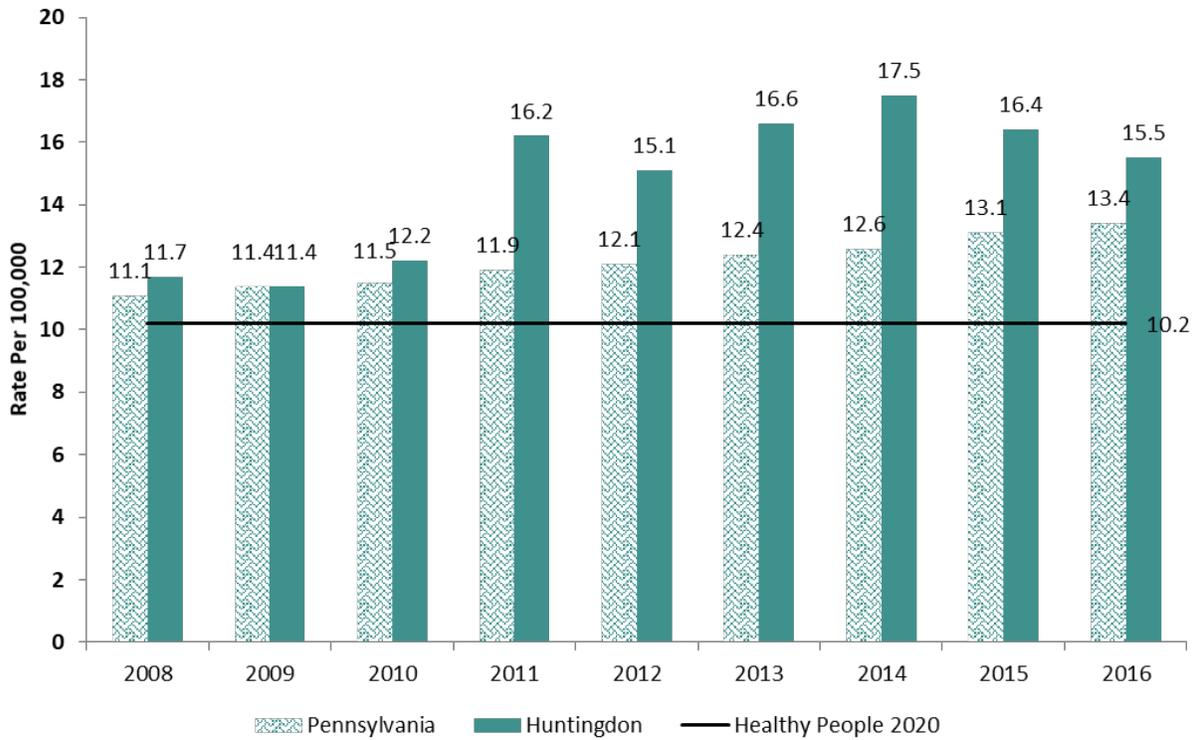
Source: Department of Health Informatics, Pennsylvania Department of Health, 2016, Healthy People 2020

Drugs

The death rate due to drug poisoning has continuously risen since the 2006-2012 data collection period. Figure 3 shows the number of deaths per 100,000 residents in Huntingdon County. In 2015-2017 (24.9%) the rate was lower than the state (34.6%) but higher than the nation (19.3%).

Figure 3: Huntingdon County Death Rate Due to Drug Poisoning
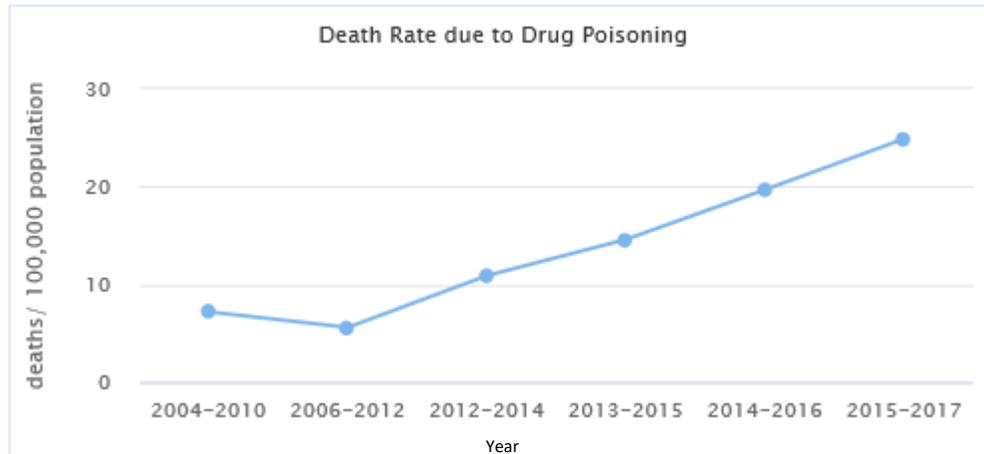
Source: Pennsylvania Office of Rural Health

As seen in Figure 4, 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%). Data collected in the 2019 SPORT40 Telephone Survey showed that in the Juniata Valley Region, 6.7% of respondents used marijuana or cannabis, compared to 3.7% of all respondents interviewed.

**Figure 4: Adolescents Who Use Marijuana, Past 30 Days**
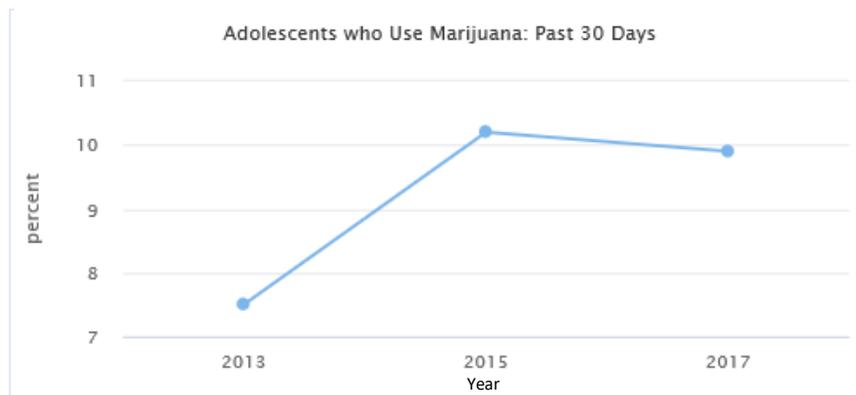
Source: Pennsylvania Office of Rural Health

Alcohol

As seen in Figure 5, the percentage of adults who drink excessively has increased since 2014 and in 2016 (20.0%) was comparable to the state (20.5%) and was higher than the nation (18.0%), but below the Healthy People 2020 Goal (25.4%).

**Figure 5: Huntingdon County Adults Who Drink Excessively**
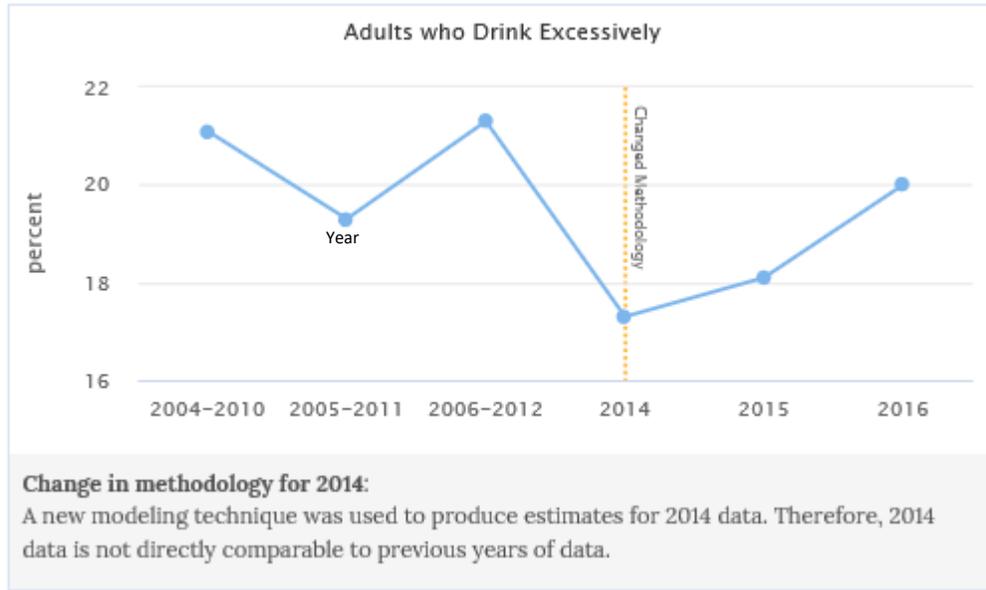
Source: Pennsylvania Office of Rural Health

Notably, the 2019 SPORT40 Telephone Survey found that respondents in the Juniata Valley Region (20.0%) reported the highest rates of binge drinking when compared to all respondents (15.7%). Mount Union Region respondents (19.0%) also reported high rates of binge drinking.

Tobacco/Vaping

Figure 6 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 was higher in the region (24%) than the state (21%).

Figure 6: Current Smoker
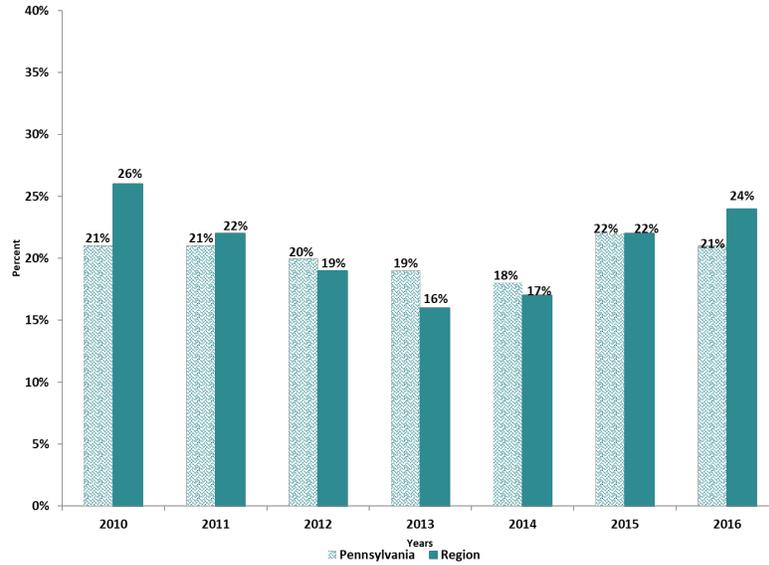
Source: Department of Health Informatics, Pennsylvania Department of Health, 2016

Overall, vaping has trended downward for all ages between 2015 and 2017. However, of notable concern is the vaping substance used by youths. As seen in Figure 7, the percentage of adolescents that use marijuana or hash oil while vaping has increased between 2015 (6.4) and 2017 (10.1).

Figure 7: Youth Vaping, Substances Used
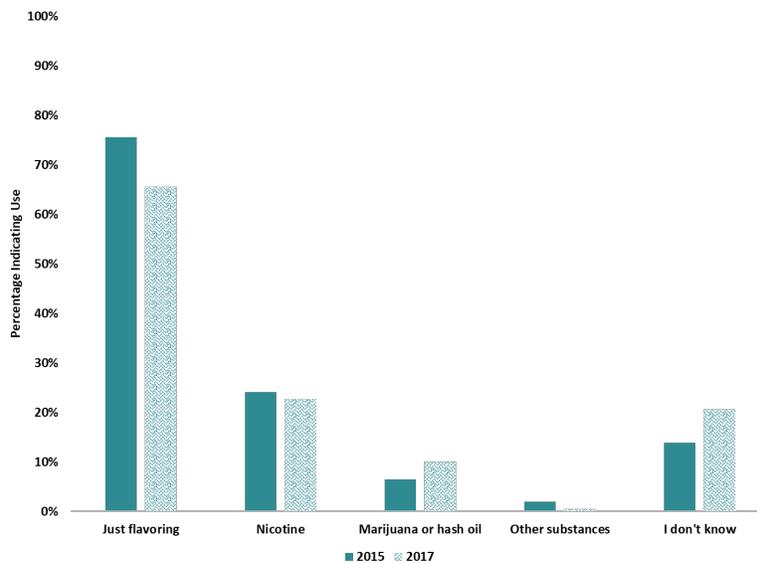
Source: 2017 Pennsylvania Youth Survey Report 4