BLAIR COUNTY PROFILE 4
Community Health Needs Assessment and Implementation Plan

Healthy Blair County Coalition – June 2019

www.healthyblaircountycoalition.org

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The Healthy Blair County Coalition (HBCC) is a partnership of individuals and organizations working together to understand, assess, and address the challenges and needs of the residents of Blair County. The Coalition, joined by all three hospitals serving the Blair County Region, chose to conduct a joint community health needs assessment and subsequently, issue a joint implementation plan.

This report, ***Blair County Profile 4: Community Health Needs Assessment and Implementation Plan*** describes our methods used while conducting the survey, highlights the results of surveys and healthcare interviews, and summarizes community indicator data. This is the fourth needs assessment that has been conducted in Blair County since 2007. This report will also highlight the outcomes and accomplishments and future strategies that will be implemented over the next three years. The matrix at the end of the report outlines the supporting data which led to the selection of the seven priority areas. This process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals who are deeply committed to assuring the overall health and well-being of Blair County. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. The results of this needs assessment indicate that we must continue to address not only specific health needs, but, whenever feasible, the underlying causes.

The overall goal of the Healthy Blair County Coalition is to promote healthy living through community interventions that result in the improvement of social, economic, and environmental factors. There is a unique opportunity to evaluate current strategies, deliver high-quality services, and collaborate with other organizations to positively impact the community and household challenges.

With the support and dedication of the individuals who served on the Steering Committee, work groups/ committees, and Coalition, we have achieved many accomplishments since the last needs assessment. We hope those individuals, new partners, and most of all the residents of Blair County will join us in implementing programs and strategies that will improve the overall health of Blair County.

Sincerely,

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Healthy Blair County Coalition Chairperson

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Chief Executive Officer, Conemaugh Nason Medical Center

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Acting Chief Executive Officer, Tyrone Regional Health Network

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President/Chief Executive Officer, UPMC Altoona

INTRODUCTORY COMMENTS

As described in this Community Health Needs Assessment (CHNA) Report the Health Blair County Coalition (HBCC) is a collaborative partnership of over 132 community organizations in Blair County, including the two non-profit community hospitals: UPMC Altoona and Tyrone Regional Health Network as well as Conemaugh Nason Medical Center.

On Friday, April 5, 2013, the Department of Treasury, Internal Revenue Service issued 26 CFR Parts 1 and 53, (REG 106499-12) / RIN 1543 – BL30: Community Health Needs Assessments for Charitable Hospitals, issued in the Federal Register Vol. 78, No 66, pp 20523 – 20544.

Consistent with these proposed regulations (p. 20532, Sec. 3, a, v.) this is a joint Community Health Needs Assessment issued by the Healthy Blair County Coalition, and the three Blair County community hospitals: UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network. Additionally, this joint CHNA Report is consistent with these proposed regulations, specifically as:

- All of the collaborating facilities may produce a joint CHNA report as long as all of the facilities define their community to be the same and conduct a joint CHNA process.

- This CHNA Report clearly identifies each hospital facility to which it applies.

- Additionally, consistent with these proposed regulations (p. 20533) regarding UPMC Altoona - the UPMC Altoona Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 20, 2019 meeting.

- Additionally, consistent with these proposed regulations (p. 20533) regarding Nason Hospital - the Conemaugh Nason Medical Center Board of Trustees approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 20, 2019 meeting. Due to the importance of the work being conducted, Conemaugh Nason Medical Center has voluntarily remained active in the project and utilizes the data similarly to the other two hospitals (Conemaugh Nason Medical Center is no longer required based on the Affordable Care Act to conduct a CHNA).

- Additionally, consistent with these proposed regulations (p. 20533) regarding Tyrone Regional Health Network - the Tyrone Regional Health Network Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 17, 2019 meeting.

- As an active member of the Healthy Blair County Coalition, UPMC Altoona has actively participated in the needs assessment and prioritization of the identified community needs. UPMC Altoona, in collaboration with the Coalition, is actively participating in implementing strategies to meet the seven priority challenges identified, and UPMC Altoona is taking a leadership role in meeting specifically two of these identified, priority needs: promoting a healthy lifestyle (obesity, physical inactivity, and diabetes) and behavioral health (mental health needs of children/adolescents).

- As an active member of the Healthy Blair County Coalition, Conemaugh Nason Medical Center has actively participated in the needs assessment and prioritization of the identified community needs.

Conemaugh Nason Medical Center, in collaboration with the Coalition, is actively participating in implementing strategies to meet the seven priority challenges identified. Specifically, Conemaugh Nason Medical Center is taking a leadership role in meeting specifically two of these identified, priority needs: promoting a healthy lifestyle through initiatives aimed at decreasing obesity, physical inactivity, and diabetes rates as well collaborating with partners on addressing substance use and the opiate crisis in the community.

- As an active member of the Healthy Blair County Coalition, Tyrone Regional Health Network has actively participated in the needs assessment and prioritization of the identified community needs. Tyrone Regional Health Network, in collaboration with the Coalition, is actively participating in implementing strategies to meet the seven priority challenges identified. Tyrone Regional Health Network has initiated wellness programs that are targeting obesity (including diabetes) in the Northern Blair County region.

- Consistent with the proposed regulations (p. 20529 – 30: Sec 3 a iii) UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network have made this CHNA Report "widely available to the public" by placing it on their respective websites, and by making a "hard copy" available to the public.

- The Healthy Blair County Coalition, UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network welcome public input and comments regarding the CHNA Report. Comments may be provided via the avenues described in the Report.

Table of Contents

	Page
Introductory Letter	**3**
Introductory Comments	**4**
List of Tables and Figures	**9**
Executive Summary	**10**
How to Use and Obtain Copies of This Report	**35**
Section One: Blair County Community Health Needs Assessment	**37**

A. Collaboration and Implementation of the Community Health Needs Assessment
B. Healthy Blair County Coalition Steering Committee
C. Healthy Blair County Coalition
D. Director of the Healthy Blair County Coalition
E. Work Groups and Committees
F. Data Entry
G. Funding
H. Geographic Area
I. Input from the Community

Section Two: Methods **42**

A. Method for Household Survey
B. Method for Key Informant Survey
C. Method for the Service Provider Survey
D. Method for Faith-Based Survey
E. Healthcare Provider Interviews
F. Collection and Analysis of secondary Indicator Data
G. Data Entry and Analysis

Section Three: Household Survey Results **45**

A. Blair County Demographic Data and Comparisons for Persons Completing the Household Survey
B. Neighborhood/Community Strengths
C. Community Challenges and Issues
D. Household Challenges and Issues
E. Healthcare Challenges and Issues

Section Four: Key Informant Survey, Healthcare Provider Interviews, Service Provider, and Faith-Based Survey **55**

A. Key Informant Survey Highlights, Community Strengths, and Challenges
B. Summary of Healthcare Provider Interviews
C. Service Provider Survey Highlights, Community Strengths, and Challenges
D. Faith-Based Survey Highlights, Community Strengths, and Challenges

Section Five: Demographics of Blair County **63**

Section Six: Strategy 1 – Promoting a Healthy Lifestyle **66**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Seven: Strategy 2 – Alcohol and Other Substance Abuse **71**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Eight: Strategy 3 – Mental Health Needs **75**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Nine: Strategy 4 – Smoking, Tobacco, and Use of E-Cigarettes **80**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Ten: Strategy 5 – Poverty **82**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Eleven: Strategy 6 – Youth Connections **86**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Twelve: Strategy 7 – Dental Care **89**

A. Findings and Documented Need
B. Goals and Accomplishments

Section Thirteen: Blair County Indicator Data **91**

Section Fourteen: Implementation Plan **93**

Section Fifteen: Charge to the Community **104**

Appendices

Appendix A: Household Cover Letter and Survey **106**

Appendix B: County Health Rankings Model **117**

Appendix C: Matrix of Priority Issues and Supporting Data/Survey Results **118**

Appendix D: 2010 – 2019 Blair County Health Rankings **120**

List of Tables and Figures

		Page
Table 1	Priorities Identified in Blair County Community Needs Assessments	14
Table 2	Priorities Identified in Blair County Community Needs Assessments	
Table 3	Greatest Gaps in Health Care Services	15
Table 4	Greatest Needs in Health Education and Prevention	
Table 5	Priorities Identified by Key Informants	16
Table 6	Greatest Gap in Health Care Services Identified by Key Informants	
Table 7	Greatest Needs in Health Education and Prevention Identified by Key Informants	
Table 8	Greatest Gap in Health Care Services Identified by Service Providers	
Table 9	Greatest Needs in Health Education and Prevention Identified by Service Providers	18
Table 10	Priorities Identified by the Faith-Based Community	
Table 11	Greatest Gap in Health Care Services Identified by the Faith-Based Community	19
Table 12	Greatest Needs in Health Education and Prevention Identified by the Faith-Based Community	
Table 13	Blair County Health Rankings (2010 – 2019)	21
Figure 1	Healthy Blair County Coalition Organizational Chart	37
Table 14	Blair County Community Health Needs Assessment Survey Tracker	44
Table 15	Comparisons of Blair County Demographics/Characteristics and Those Completing the Household Survey	45
Figure 2	Categories of Community Challenges and Issues	47
Table 16	Priorities identified in the 2007, 2012, 2015, and 2018 Community Needs Assessments	48
Figure 3	Community Challenges and Issues	49
Figure 4	Household Challenges and Issues	51
Figure 5	Challenges and Issues for Health Care	52
Table 17	Navigating the Healthcare System	52
Figure 6	Greatest Gaps in Health Care Services	58
Figure 7	Greatest Needs in Healthcare Education and Prevention Services	
Figure 8	Reasons for not Eating a Healthy Diet	54
Figure 9	Reasons for not Increasing Physical Activity	
Table 18	Key Informant Responses to Community Strengths	55
Figure 10	Key Informant Responses to Community Challenges	57
Figure 11	Service Provider Responses to Community Challenges	60
Table 19	Demographic Data for Blair County	63
Table 20	Health Insurance Coverage in Blair County	65
Table 21	Blair County Health Rankings (2010 – 2019)	66
Table 22	PA Youth Survey for Students Lifetime Use of Alcohol and Other Drugs	72
Table 23	Blair County Suicide Statistics	76
Table 24	Blair County Student Assistance Program Data	
Table 25	Blair County Students Reporting Depression	77
Table 26	Percent of Children Enrolled in Free and Reduced Lunch Programs	83
Table 27	SocioNeeds Index for Blair County Zip Codes	85
Table 28	Economic and Social Data for Blair County	
Chart 1	Percent of Disconnected Youth	86
Table 29	Number of Patients Seen for Dental Issues in Emergency Departments	89
Table 30	List of Healthy Blair County Coalition Partners	103

Executive Summary

The Healthy Blair County Coalition (HBCC) is a community partnership collaboration created to conduct a comprehensive and enduring community health needs assessment. Its purpose is to identify community assets, identify targeted needs, and develop an implementation plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. The outcome was the publication of two documents: Blair County Profile: Our Strengths, Challenges, and Issues (January 2009) and the Blair County Community Plan (March 2012). Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. In 2013, our community health needs assessment report entitled, Blair County Profile II: Community Health Needs Assessment was published. This was followed by the third report entitled, Blair County Profile III: Community Health Needs Assessment and Implementation Plan (June 2016).

Organizational Structure and Funding

The community health needs assessment process was directed by a Steering Committee, including a consultant who was hired as the part-time Director of the Healthy Blair County Coalition. UPMC Altoona, Conemaugh Nason Medical Center, and the Tyrone Regional Health Network are active participants on the HBCC Steering Committee. In addition, the Steering Committee collaborated with a broader group of 139 partners identified as the Healthy Blair County Coalition. Members of the Coalition included stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing an Implementation Plan. The CHNA took into account input from persons who represent the broad interests of the community served by each of the three hospitals.

For this reporting period, the HBCC Steering Committee convened to meet the following objectives:

- Conduct a comprehensive community health needs assessment to determine the overall health status of Blair County (July 2018 – December 2018).
- Solicit input from individuals and organizations that represent the broad interests of the community served by the hospitals (July 2018 – January 2019).
- Present and publish the findings of the community health needs assessment in a report that outlines trends, creates a baseline for strategic planning decisions, highlights outcomes and accomplishments, and assists in developing an implementation plan (June 2019).
- Implement programs and services to address identified needs.
- Review accomplishments and measure the impact of selected programs and activities.

Members of the Steering Committee and HBCC served on a variety of work groups and/or committees.

The **Data Analysis Work Group** reviews all primary indicator data such as survey results and assisted in the collection and analysis of secondary indicator data.

The purpose of the **Substance Use & Physical Health Coalition** is to enhance communication and coordination between drug/alcohol and healthcare and medical providers. Their work began with the implementation of SBIRT (Screening, Brief Intervention, and Referral to Treatment) which includes substance abuse as an area screened during routine healthcare. As part of the project, physicians and other healthcare workers are trained to intervene and follow a protocol for referral to drug and alcohol services.

The **Bridges Network** was formed to develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues. Their mission also includes increasing awareness of the impact of poverty on children and families.

The **Youth Connection Task Force** has accepted the challenge to find resources and implement ways to reach and engage our community's youth. Priority strategies include school attendance, workforce development, mentoring, and pro-social activities and community engagement.

The **Let's Move Blair County Committee** is implementing programs/activities to address obesity, encourage physical activity, and impact the incidence of diabetes. One of their goals is to encourage the integration of health and wellness into every aspect of community life by coordinating and collaborating with all other agencies currently working on this effort.

The **Mental Health Work Group** is addressing unmet needs and working toward establishing or enhancing programs and strategies to more effectively serve children and families. This includes creating an awareness of mental health and mental illness needs with various education and community organizations.

The **Tobacco-Free Work Group** is supporting programs to implement or strengthen policies to create a tobacco-free environment (e.g. smoke-free workplaces, clean air ordinances, smoking cessation programs, etc.). Another mission is to educate individuals on the impact of tobacco and the use of e-cigarettes as well as provide resources to those individuals interested in quitting.

In collaboration with the Healthy Blair County Coalition, the Blair County Chamber of Commerce created a **Workplace Wellness Committee**. The purpose is to encourage businesses to become part of the wellness movement and share resources to develop or enhance current workplace wellness programs.

The **Dental Care Work Group** is forming partnerships to enhance resources and access to dental care services for adults and children in Blair County. This includes not only screenings but the establishment of a dental home for children and youth to have access to continued dental care. Another goal is to educate partners who can share oral health messages with those individuals/organizations working with young children.

Although there is not a formal Marketing Work Group, a variety of methods are used to provide awareness of the Healthy Blair County Coalition, inform residents and community members about the

surveys and how to participate, share the results of the needs assessment and other data collections, and increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition. Information is shared through the Healthy Blair County Coalition's website, Facebook page, Active Living/Let's Move Facebook page, podcasts, brochures, posters, meetings and conferences, newspaper, television, and radio.

The community health needs assessment and HBCC are primarily funded by UPMC Altoona and Tyrone Regional Health Network. Additional funding was provided by Conemaugh Nason Medical Center, Blair County Drug and Alcohol Partnerships, Blair HealthChoices, Blair County Human Services Block Grant, Blair Planning Commission, Nason Foundation, the Pennsylvania Office of Rural Health, and UPMC Foundation. However, several other agencies contributed significantly to the project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, donation of services, and volunteer hours were provided by many other organizations.

In addition, a grant was received from the Robert Wood Johnson Foundation for the Rural Impact County Challenge.

Methods

The Community Health Needs Assessment (CHNA) was conducted as a result of the Affordable Care Act Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA will also support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status; while, providing hospitals and other organizations with an essential understanding of the health of Blair County.

This current needs assessment will help to determine whether challenges and issues have changed since the first comprehensive needs assessment was conducted in 2007. In Blair County, the community health needs assessment included a broad perspective of physical, social, emotional, and economic health issues.

The CHNA was enhanced by a mixed methodology that included both quantitative and qualitative community input as well as collection and analysis of incidence data through secondary research. The community health needs assessment in Blair County focused on the following areas:

- Neighborhood and Community Strengths
- Community Challenges and Issues
- Household Challenges and Issues
- Involvement in Community Initiatives/Projects
- Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

The surveys, healthcare provider interviews, and data analysis focused on nine areas: economics, education, environment, health, housing, leisure activity, safety, social, and transportation.

Summary of the Household Survey and Results

The purpose of the household survey was to collect both subjective (opinion) and incidence data from people who live within Blair County. The household survey included questions regarding demographics, neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs. The household survey and cover letter are included as Appendix A.

A random sample of 3000 households (approximately six percent) was drawn from the 51,638 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in June 2018, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 333 surveys returned for a response rate of 11.1%. Information about the household survey was publicized through a press conference, television interviews, newspaper and other media releases, social media, and hospital and agency newsletters to consumers.

A link to the household survey was available on the HBCC website so that any resident had an opportunity to complete the survey (25 completed). The household survey was also administered to clients/consumers by eight other groups including Allegheny Lutheran Social Ministries, Blair Senior Services, CenClear, the Center for Independent Living, Child Advocates of Blair County/Head Start Program, CleanSlate Addictions Center, Evolution Counseling, and the Family Resource Center. A total of 90 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 448 surveys were returned: 333 from households, 25 from responses on the website, and 90 from the agencies mentioned above.

The household survey asked recipients to state their level of agreement to six questions regarding **neighborhood/community strengths**. Respondents were asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community. This is the fourth household survey that has been conducted since 2007 and results are fairly consistent over that time period.

The results in this survey indicate that 75% of respondents felt that people in their neighborhood help each other out when they have a problem. However, only slightly more than one-third gather together formally or informally to participate in activities. With regard to volunteering, only 27% say that they regularly volunteer in their community.

Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 59% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 85% reported that they vote in most elections.

Residents felt that the best things about living in Blair County are related to being close to grocery stores/shopping (73%), close to physicians and medical facilities (66%), and close to parks, recreation, and sports (64%). The worse things about living in Blair County were drug use/abuse (67%), roads and alleys in need of repair (58%), and youth with nothing to do (47%).

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 42 different **community issues**. A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the 2012, 2015, and 2018 household surveys when health-related questions were added.

The following chart identifies the community issues for Blair County in each of the four needs assessments (50% or more of respondents identified these as a major/moderate issue).

Table 1: Priorities Identified in Blair County Community Needs Assessments (Community)

2007	2012	2015	2018
Crime	Lack of jobs	Obesity	Alcohol and other Drugs
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc*
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving*
Lack of affordable medical care	Poverty	Unemployment or underemployment	Poverty/lack of adequate income
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes*

*New questions or wording added to the CHNA in 2018.

In the next section of the household survey, participants were asked whether any of the same type of issues had been a **challenge or an issue in their household**. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major issue, or No Opinion/ Don't Know.

Table 2: Priorities Identified in Blair County Community Needs Assessments (Households)

2007	2012	2015	2018
Stress, anxiety, and depression	Being overweight	Being overweight	Stress, anxiety, and depression
Not having enough money for medical needs	Stress, anxiety, and depression	Difficult to budget	Being overweight
Difficult to budget	Difficult to budget	Stress, anxiety, and depression	Children being bullied/harassed/ cyberbullied*
Experiencing noise or pollution	Children being bullied/harassed	Not enough money to meet daily needs	Lack of activities for youth*

*New questions or wording added to the CHNA in 2018.

In order to obtain information from residents on **health care issues affecting themselves or members of their family**, the first question in this section asked "which of these problems ever prevented you or a member of your family from getting the necessary health care"? High deductibles/co-pays and/or insurance not covering what was needed were the greatest barriers which prevented people from getting health care.

On a positive note, over 47.0% of households reported that none of the items prevented them from getting health care and were consistent across geographic areas. Ninety percent (90%) had seen a primary care/family physician in the past year and over 77% had seen a dentist in the past year. Over 63% were able to understand the healthcare system and community resources available.

Residents were asked their opinions on the **greatest gaps in health care services** and the **greatest needs in health education and prevention services** in Blair County.

Table 3: Greatest Gaps in Health Care Services in Blair County Community Needs Assessments

2012	2015	2018
Dental care	Dental care	Prescription drug assistance
Services for low-income residents	Care for senior citizens	Dental care
Prescription drug assistance	Services for low-income residents	Social and/or medical care for senior citizens*

*New questions or wording added to the CHNA in 2018.

Table 4: Greatest Needs in Health Education and Prevention in Blair County Community Needs Assessments

2012	2015	2018
Obesity prevention	Alcohol and drug abuse prevention	Mental health/depression/ suicide prevention
Alcohol and drug abuse prevention	Obesity prevention	Obesity prevention
Tobacco prevention and cessation	Mental health/depression/ suicide prevention	Alcohol and drug abuse prevention

Blair County residents were asked what keeps them from eating a healthy diet and the cost of healthy foods like fruits and vegetables was the overwhelming reason given (67%). However, when asked what keeps them from increasing their physical activity, the most widely selected reason was that they do not have the motivation (44.1%).

Summary of the Key Informant Survey and Results

A survey was distributed to 131 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices,

associations, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2018. Fifty-nine completed surveys were received, a 45% response rate.

Ninety-three percent (93.2%) of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues.

Out of the responses for community strengths, key informants see mainly positive strengths including 81.4% perceive leaders as having mutual respect among all sectors of the community.

Table 5: Priorities Identified by Key Informants in Blair County Community Needs Assessments

2007	2012	2015	2018
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income	Poverty/lack of adequate income
Crime	Unemployment or underemployment	Unemployment or underemployment	Alcohol and other drugs
Lack of jobs	Poverty	Alcohol and other drugs	Obesity
Unemployment or underemployment	Lack of jobs	Obesity	Adults with mental health/emotional issues
Lack of affordable medical care	Children with mental health/emotional issues	Smoking and tobacco	Smoking, tobacco, and e-cigarettes*
	Smoking and tobacco	Lack of jobs	Children with mental health/emotional issues
		Adults with mental health/emotional issues	

*New questions or wording added to the CHNA in 2018.

Table 6: Greatest Gaps in Health Care Services Identified by Key Informants

2012	2015	2018
Outpatient mental health services for adults	Dental care	Outpatient mental health services for adults
Outpatient mental health services for children/adolescents	Outpatient mental health services for children/adolescents	Inpatient mental health services for children/adolescents
Prescription drug assistance	Inpatient mental health services for children/adolescents	Dental care
Services for alcohol and other drug abuse	Services for low-income residents	Outpatient mental health services for children/adolescents

Table 7: Greatest Needs in Health Education and Prevention Identified by Key Informants

2012	2015	2018
Obesity prevention	Alcohol and drug abuse prevention	Mental health/depression/ suicide prevention
Alcohol and drug abuse prevention	Obesity prevention	Alcohol and drug abuse prevention
Mental health/depression/ suicide prevention	Mental health/depression/ suicide prevention	Obesity prevention

Summary of Service Provider Surveys

Surveys were sent to a variety of groups to learn more about the strengths and available assets as well as their opinions on the challenges and needs of the community. We wanted to gather information and develop an understanding of the ways in which citizens and other organizations are engaged in this effort.

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to community challenges, access to health care, gaps, and prevention/education needs. A total of 154 service providers were asked to participate with 45 responding, or 29%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

Service providers stated that they were most involved in the following four community initiatives: health wellness/prevention (46%), information and referral (44%), mental health services (40%), and alcohol and other drug prevention, intervention, and treatment (31%).

Over 55% utilized volunteers in providing services for their agency but 45% reported that they could use more volunteers. Over 77% of these organizations make an effort to purchase goods and services from local enterprises (e.g. Chamber of Commerce Buy Here, Live Here).

As part of the 2018 community health needs assessment, service providers were asked for the first time what they believe are the highest ranking community challenges. Poverty/lack of adequate income, alcohol and/or drug abuse, and smoking, tobacco, and the use of e-cigarettes tied for first place at 100%. These were followed by mental health or emotional issues (97.8%) and family violence (93.3%).

Table 8: Greatest Gaps in Health Care Services Identified by Service Providers

2012	2015	2018
Prescription drug assistance	Dental care	Out-patient mental health services for adults
Dental care	Out-patient mental health services for adults	In-patient mental health services for children/adolescents
Services for low-income residents	In-patient mental health services for children/adolescents	Dental care

Table 9: Greatest Needs in Health Education and Prevention Identified by Service Providers

2012	2015	2018
Obesity prevention	Obesity prevention	Mental health/depression/ suicide prevention
Healthy lifestyles	Mental health/depression/ suicide prevention	Alcohol and drug abuse prevention
Alcohol and drug abuse prevention	Healthy lifestyles	Violence prevention

Summary of Faith-Based Provider Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. Surveys were emailed to 101 faith-based organizations and 14 responded or 13.8%.

Table 10: Priorities Identified by the Faith-Based Community in Blair County Community Needs Assessments

2012	2015	2018
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income
Unemployment or underemployment	Poverty/lack of adequate income	Alcohol and other drugs
Poverty	Smoking and tobacco	Obesity
Lack of jobs	Adults with mental health/ emotional issues	Impaired distracted driving (driving under the influence, texting, road rage)*
Children with mental health/ emotional issues	Crime	Smoking, tobacco, and e-cigarettes*
Smoking and tobacco	Unemployment or underemployment	Adults with mental health/ emotional issues
Obesity	Children with mental health/ emotional issues	Family violence
Adults with mental health/ emotional issues	Family violence	Unemployment or underemployment

*New questions or wording added to the CHNA in 2018. The list includes many issues that tied for first or second place.

Table 11: Greatest Gaps in Health Care Services Identified by the Faith-Based Community

2012	2015	2018
Inpatient mental health services for adults	Outpatient mental health services for adults	Dental care
Services for low-income residents	Services for low-income residents	Outpatient mental health services for adults
Services for alcohol and other drug abuse	Ability to serve different languages/cultures	Family physician

Table 12: Greatest Needs in Health Education and Prevention Identified by the Faith-Based Community

2012	2015	2018
Mental health/depression/ suicide prevention	Alcohol and drug abuse prevention	Mental health/depression/ suicide prevention
Teen pregnancy	Mental health/depression/ suicide prevention	Alcohol and drug abuse prevention
Alcohol and drug abuse prevention	Obesity prevention	Violence prevention

Summary of Healthcare Provider Interviews

Interviews were conducted with 18 healthcare providers representing a variety of disciplines such as physicians, dentists, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs in our county, the needs related to special populations, programs and initiatives currently underway to address those needs, changes over the past three years, etc.

Healthcare providers ranked drug and alcohol addiction education and treatment (64.7%) as the top community health need followed by obesity education (41.2%), mental health needs (41.2%), and various issues related to access to primary care physicians (29.4%).

Forty-one percent of healthcare providers believe that access to primary care for low-income residents was the highest ranking need for that population. Services for the elderly and access to behavioral health services for children tied for second place at 23.5%. Comments about these particular needs included limited or lack of education regarding community resources, transportation in rural areas, more chronic patients with both medical and behavioral health concerns, etc. Since the last needs assessment, healthcare providers have seen a greater need for access to primary health care and increased concerns regarding substance abuse especially for opioids.

Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is useful as a mechanism to answer whether research supports or does not support the perceptions of stakeholders and the general public as reflected in survey results. Data were obtained from a variety of federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Center for Disease Control, County Health Ranking Report, etc. In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Conduent Healthy Communities Institute (HCI) web-based platform to review and track local data trends.

Blair County Health Care Resources

There are three acute care hospitals in Blair County: UPMC Altoona (380 licensed beds), Conemaugh Nason Medical Center (45 licensed beds), and Tyrone Regional Health Network (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and Encompass Health Rehabilitation Hospital. There are approximately 478 medical staff with clinical privileges.

UPMC Altoona is a charitable, not-for-profit health care system governed by a volunteer community board of directors. UPMC Altoona offers more than 200 years of health care experience, over 300 talented and highly recognized physicians, nearly 4,000 specialized and experienced caregivers, and 600 supportive volunteers. The health system serves more than 20 counties throughout Central Pennsylvania.

UPMC Altoona Partnership for a Healthy Community provides access to dental care for low-income individuals in our community. Health care services for low-income individuals are provided by the Empower3 Center for Health. The mission of UPMC Altoona Partnership for a Healthy Community is to provide accessible, comprehensive, dental care to the community's economically disadvantaged, uninsured, and underinsured, enabling these patients to live healthier lives.

Tyrone Regional Health Network is a clinically integrated collaborative partnership comprised of Tyrone Hospital, Tyrone Rural Health Center, Pinecroft Medical Center, Houtzdale Rural Health Center, Breast Cancer & Women's Health Institute, Orthopedic Center of Excellence, Tyrone Fitness and Wellness Center, Tyrone Regional Health Network Charitable Foundation and the Tyrone Hospital Auxiliary.

Conemaugh Health System offers a variety of inpatient and outpatient services for patients. Specifically, **Conemaugh Nason Medical Center** serves a suburban and rural area of Blair, Bedford, and Huntingdon Counties. Conemaugh Nason Medical Center is part of LifePoint Health®, a leading healthcare company dedicated to Making Communities Healthier®. LifePoint owns and operates community hospitals, regional health systems, physician practices, outpatient centers, and post-acute facilities in 22 states.

Other Facilities
There are other Freestanding Ambulatory Surgery Centers, Freestanding Imaging, Urgent Care, Physical Therapy Centers, long term care providers, and ten nursing homes.

Key Community Health Needs for Blair County

As a result of this community health needs assessment, the following priority challenges remained the same from the previous needs assessments identified for Blair County:

- Promoting a Healthy Lifestyle (obesity, physical inactivity, and diabetes)
- Alcohol and Other Substance Abuse
- Mental Health Needs
- Smoking, Tobacco, and Use of E-Cigarettes
- Poverty
- Access to Dental Care

The Matrix of Priority Issues and Supporting Data/Survey Results will assist in understanding how the priority challenges were selected and are supported by state and local indicator data (Appendix C of the report). Given the confirmation of the indicator data, whose discussion follows, we are confident in the validity of these results.

Strategy 1: Promoting a Healthy Lifestyle

The need to promote a healthier lifestyle for the residents of Blair County has remained an identified need since the first community health needs assessment. Secondary data confirms the opinions expressed by respondents in all surveys.

What did everyone say about obesity?

78% greatest community challenge (household survey)
37% greatest challenge in households
83% greatest community challenge (key informants)
88% greatest community challenge (service providers)
100% greatest community challenge (faith community)
41.2% greatest community health need (healthcare providers)

49% greatest education/prevention need by households
50% greatest education/prevention need (key informants)
31% greatest education/prevention need (service providers)
42% greatest education/prevention need (faith community)

The results of the County Health Rankings Report for Blair County have not been positive overall; although, the trend has improved over the last six years as shown below. Table 13 shows the ranking for Blair County out of the 67 counties (with 67 being the least healthy county in Pennsylvania).

Table 13: Blair County Health Rankings

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
63	62	56	56	51	48	46	47	45	51

According to that same report, 30% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 30%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 8,700 as compared to Pennsylvania at 7,500. Blair County had over 1,000 more premature deaths in the last year. The report indicates the ranking for physical inactivity among adults in Blair County is 24% again comparing that with Pennsylvania at 22.0% and the national benchmark at 20%. It is important to state that 73% of residents in Blair County live in close proximity to a park or recreational facility.

According to the Center for Disease Control, obesity rates in Blair County increased from 25.3% to 33.1% from 2004 – 2013. Reports of physical inactivity increased from 26.9% to 27.2% while reported diagnoses of diabetes rose from 9.3% to 11.3%. In Blair County, 33.5% of K-6 students and 37.6% of students in grades 7-12 are considered overweight or obese.

Over 8% of the low-income population in Blair County do not live close to a grocery store. Food insecurity is an economic and social indicator of the health of a community. It's defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. In Blair County, 13% of the population experienced food insecurity at some point during the year.

The 2016 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 199.8 (per 100,000) as opposed to Pennsylvania at a rate of 176.12 (per 100,000).

Goals: Obesity, Diabetes, and Lack of Physical Activity

1. Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes
2. Encourage the integration of health and wellness into every aspect of community life.
3. Coordinate and collaborate with all other agencies currently working on this effort.

Accomplishments for this strategy (2015 – 2018) are summarized on pages 67-70 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on pages 93-94 of this report.

Strategy 2: Alcohol and Other Substance Abuse

Although there have been many proactive initiatives to address alcohol and other drugs within Blair County, it continues to adversely affect the quality of life for individuals and the community itself. In addition to the individual and population health risks, drug and alcohol use poses a significant toll on the utilization of the health care system and the economy.

What did everyone say about alcohol and other drugs?

79% greatest community challenge (household survey)
15% greatest challenge in households
86% greatest community challenge (key informants)
100% greatest community challenge (service providers)
100% greatest community challenge (faith community)
64.7% greatest community health need (healthcare providers)

36% greatest education/prevention need by households
54% greatest education/prevention need (key informants)
62% greatest education/prevention need (service providers)
57% greatest education/prevention need (faith community)

The Blair Drug and Alcohol Partnerships (BDAP) is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund and administer drug and alcohol activities.

BDAP has been doing outreach to increase the identification and referral to treatment from multiple systems. The data shows that there is an increase in the number of persons accessing services over the last three years by 56%. Since January 2019 there have already been 674 assessments for drug and alcohol services completed.

According to statistics the drugs of choice in the county have been reported as opioids, alcohol, methamphetamines, and marijuana. Data shows opioid use disorder is still the primary diagnosis in Blair County. In fiscal year 2017-2018, Medicaid data showed 2,886 distinct members admitted for substance use disorders and 1,819 admissions (63%) had an opioid use disorder. One group of individuals who are underserved and less likely to receive an intervention is our older populations (less than 20% of admissions are age 44 and above). This is of concern because data shows they are at risk based on prescribing data and overdose data.

From January 2016 - August 2017, prescription drug data identified the population ages 44-70 as receiving the highest volume of two specific pain medications. In conjunction, the overdose data for Blair County shows 24% of fatal overdoses are for persons over the age of 50. Data from the newly launched Prescription Drug Monitoring Program identified Blair County as the number two prescriber of Schedule 2 narcotics and the number one dispenser in Pennsylvania. One data point for Blair County shows for two opioid pain medications over 500,000 pills are being dispensed per month.

In the past year, Blair County has seen an emerging trend of methamphetamine as well as cocaine. The current trend of distribution reported by local law enforcement appears to be through internet purchases. BDAP has seen a 300% increase in the report of methamphetamine use at the time of assessment. This is a drug that is being used along with other substances.

From July 2017 to June 2018, BDAP received 117 referrals from the local hospitals and 27 were for overdose survivors. The number of overdose deaths is averaging one per week based on autopsy

reports. There were 52 overdose deaths in 2017 which was is a significant increase from 18 in 2007. Of the 9,464 members served by Blair HealthChoices, 2,200 received outpatient drug and alcohol treatment and an additional 552 received drug and alcohol rehabilitation services. An eleven-year comparison of the opiate impact indicates that the number of members served with opioid disorders increased from 423 to 1,688 (2007 – 2018) at a cost of $6,545,090.

The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. Blair County has seen declines in the percentage of youth engaging in alcohol, inhalants, cigarettes, smokeless tobacco, e-cigarettes, hallucinogens, methamphetamines, and ecstasy for lifetime use but an increase in marijuana and prescription drugs.

In Blair County, there were over 450 arrests for driving under the influence, 156 liquor law violations, 172 for drunkenness, and 778 drug arrests (2017).

Since 2007, Operation Our Town has over 3.9 million dollars through business, individuals, organizations, and federal grants to fund law enforcement, prevention, and treatment programs to combat crime and substance abuse in Blair County. In 2017, local police departments have collected 1,552 pounds of drugs through the Blair County Drug Collection Boxes. The implementation of a variety of specialty courts has also had a positive impact.

Goals: Alcohol and Other Substance Abuse

1. Enhance collaboration and communications between behavioral and physical health care providers.
2. Continue the implementation of the evidenced-based SBIRT (Screening, Brief Intervention, and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Accomplishments for this strategy (2012 – 2015) are summarized on pages 73-74 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on page 94 of this report.

Strategy 3: Mental Health Needs of Children/Adolescents

Although this strategy in the past targeted children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. There was a consensus that mental health concerns and services are a critical need (e.g. expansion of crisis services, the need for an inpatient facility for children/adolescents, access to more behavioral health providers, and additional psychiatrists, etc.).

What did everyone say about mental health?

57% greatest community challenge (household survey)
39% greatest challenge in households
83% greatest community challenge (key informants)
97% greatest community challenge (service providers)
92% greatest community challenge (faith community)
41.2% greatest community health need (healthcare providers)

34% greatest education/prevention need by households
67% greatest education/prevention need (key informants)
71% greatest education/prevention need (service providers)
57% greatest education/prevention need (faith community)

In 2014, the HBCC Mental Health Work Group conducted an informal study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. In a two-year period, 304 Blair County residents ages 0-18 received in-patient care at UPMC Altoona. Another 253 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

In the 2017 - 2018 fiscal year, over 9,464, up 2,000 more from two years ago, residents of Blair County received mental health services through the Medical Assistance Behavioral Health Managed Care provider and another 4056 uninsured individuals received care through Department of Human Services funding. In 2017 - 2018, Blair County's Medical Assistance Behavioral Health Managed Care provider spent over $35,000,000, an increase of $2,000,000 since 2015 - 2016 primarily increasing access to children's behavioral health services and drug and alcohol treatment.

There has been a steady increase in the number and seriousness of Student Assistance Program (SAP) referrals made to school district SAP teams (2,352 in 2017 - 2018 school year). The lack of credential staff, insurance issues, the lack of an inpatient facility in the county and/or available beds in other facilities, and the need for more summer programs were identified as weaknesses in our child/adolescent mental health services system.

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population. The national annual suicide rate is 14.5 per 100,000 and 15.9 for Pennsylvania. There were 22 suicide in Blair County in 2018.

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student's life. In Blair County, 41.9% of students reported the death of a close friend or family member in the past twelve months, compared to 40.3% at the state level. 11.7% of students reported changing homes once or twice within the past 12 months and 5.2% of students reported having changed homes three or more times in the past three years.

Bullying and harassment often lead to depression and suicide, especially among young people. Students in Blair County (grades 6, 8, 10, and 12) reported on the 2017 Pennsylvania Youth Survey that 31.3% experienced bullying in the past 12 months (compared to 28.2% of students at the state level). Although not ranked as high as other issues, about 59.5% of participants in the household survey considered bullying/harassment/cyberbullying a major/moderate issue with approximately 32.6% reported having children who were being bullied/harassed/cyberbullied. Responses from surveys conducted by another organization indicated over 75.5% of families indicated bullying/harassment/cyberbullying was their second highest ranked community challenge.

The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 460:1 as compared to Pennsylvania at 580:1. In addition, Blair County is designated as a Health Professional Shortage Area for mental health care.

Goals: Mental Health Needs of Children/Adolescents

1. Develop a better understanding of the services available to identify, intervene, and provide treatment to children and adolescents within the county.
2. Build awareness of mental health and mental illness in Blair County.
3. Increase the capacity for residents and community members to identify whether someone is at-risk for suicide.

Accomplishments for this strategy (2015 – 2018) are summarized on pages 78-79 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on pages 95-96 of this report.

Strategy 4: Smoking, Tobacco, and Use of E-Cigarettes

Tobacco use in Blair County was highlighted as one of the areas that needed to be addressed in the County Health Rankings Reports; however, progress has been made since 2010 when use was at 23%. That percent has dropped to 17%; however, the new trend in the use of e-cigarettes has caused concern nationwide.

According to the County Health Ranking Report for Blair County, 17.0% of the adult population in Blair County currently smoke. The Healthy People 2020 national health target is to reduce the proportion of adults who smoke to 12.0%. This is an area designated for Blair County to address in the county health ranking report; however, there has been a significant improvement since 2010 when 23% of adults smoked in the county.

What did everyone say about smoking, tobacco, and e-cigarettes?

71% greatest community challenge (household survey)
17% greatest challenge in households
81% greatest community challenge (key informants)
100% greatest community challenge (service providers)
92% greatest community challenge (faith community)

14% greatest education/prevention need by households
15% greatest education/prevention need (key informants)
20% greatest education/prevention need (service providers)
21% greatest education/prevention need (faith community)

Each year approximately 480,000 premature deaths can be attributed to smoking, including more than 41,000 deaths resulting from secondhand smoke exposure. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions. According to the 2016 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 167.7 (per 100,000) as compared to Pennsylvania at a rate of 170.9 (per 100,000).

E-cigarettes are now the most commonly used tobacco product among youth. In 2018, more than 3.6 million middle and high school students in the United States used e-cigarettes in the past 30 days. In 2017, 2.8 million adults were current e-cigarette users. More teens have access to these addictive, vaping devices, and continue to believe that e-cigarettes and vaping products are a safer form of smoking. Besides nicotine, e-cigarettes contain harmful and potentially harmful ingredients that can be inhaled deep into the lungs. In Blair County, 28.1% of students in grade 12 reported vaping/e-cigarette use in the last 30 days. Vaping substances used by those students ranged from flavoring (66.8%), nicotine (37.7%), marijuana or hash oil (11.2%), and didn't know the substance (9.9%).

The number of mothers in Blair County who report smoking during pregnancy has decreased to 18% since the last needs assessment but is still higher than Pennsylvania at 88.5% or the nation at 92.8%.

Goals: Smoking, Tobacco, and Use of E-Cigarettes

1. Identify and support the implementation of policies and programs that promote a smoke-free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).
2. Educate young people and the community on the dangers of tobacco, nicotine, and e-cigarettes.

Accomplishments for this strategy (2015 – 2018) are summarized on page 81 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on pages 96-97 of this report.

Strategy 5: Poverty

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, housing, transportation, etc.).

What did everyone say about poverty?

72% greatest community challenge (household survey)
30% greatest challenge in households
89% greatest community challenge (key informants)
100% greatest community challenge (service providers)
100% greatest community challenge (faith community)
41.2% of healthcare providers reported access to primary care for low-income individuals as a need

28% gap in healthcare for low income persons by households
25% gap in healthcare for low income persons (key informants)

The per capita income for Blair County is $25,531which is lower than for Pennsylvania at $31,476. The median household income is $45,664 which is significantly lower than the state at $56,951. This may be due in part to Blair County having more technical-service type jobs that tend to pay lower wages.

The average unemployment rate in Blair County has ranged from 3.6% to 10.9% from 1990 – 2016 and it currently at 3.9% which is less than the state's rate at 4.2%. The cost of living in Blair County is 87 (less than the U.S. average at 100). The reason Blair County's cost of living is lower is due the lower cost of housing as compared to the rest of the nation. However, Blair County has a higher cost of living when comparing groceries, utilities, transportation, clothing, and other services.

Over three percent (3.7%) of households in Blair County receive general assistance and Temporary Assistance to Needy Families (TANF). Households receiving public assistance generally have difficulty providing adequate care for all members of the household. Individuals in these households may not be able to afford the resources necessary to succeed in school and at work, and in some cases, may defer or decline treatment for health conditions.

Forty-four (44.9%) of households with children under 18 years old in the county participate in the Supplemental Nutrition Assistance Program (SNAP). The monthly enrollment is over 20,000 for SNAP and over 32,000 for medical assistance (Medicaid). About 27% of the population in Blair County is eligible for medical assistance as compared to 23% for the state. Seventeen percent of people are getting food stamp assistance in the county as compared to 14% in Pennsylvania. Approximately, 13% of adults ages 65 and older are enrolled in Pennsylvania's prescription assistance program (PACE/PACENET) as compared to the state at 12%. There are 10,521 persons ages 18-64 and 7,977 persons over the age of 64 with disabilities in Blair County.

The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 50% as compared to Pennsylvania at 46%. About 44.4% of children under the age of 18 are living in low-income families. The percentage of uninsured children under 18 years old in Blair County was 3.2%% as compared to Pennsylvania at 5.2%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the state percentage of 68.9%.

The county's latest child abuse and neglect reports (2017) indicate 637 reports of child abuse with 74 (11.4%) being substantiated. This is a 63.4% increase since 2013. The total substantiated reports per 1000 children are at 2.8% which is higher than the state percent at 1.8%. In addition, there 2,342 reported concerns of general neglect that resulted in 670 validated.

When reviewing education indicator data, the high school graduation rate for Blair County is 90.7% as compared to the state at 89.9%. However, those earning a bachelor's degree or higher is much less than the state at 30.1% compared to Blair County at 20.3%.

According to the U.S Census Bureau, there are 8,032 children below age five living in Blair County. Over 33% are at, or below 138% of the Federal Poverty Level making them eligible for Pennsylvania's expanded Medicaid coverage. About 35% of children below age five meet the annual income edibility level (22% below the poverty level) to receive Child Care Works (CCW). In 2016, 59% of children ages three and four were not enrolled in high-quality Pre-K programs.

The percent of teen births for Blair County is 5.5% which is higher than for Pennsylvania at 4.3% (ages 15-19). There were 67 teen births (ages 19 and under) in Blair County in 2017. Thirty-nine percent were on Medicaid.

Data taken from the 2019 County Health Rankings Report indicate 6% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania. Without health insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use.

Homelessness and affordable housing have continued to be a significant concern in the county. Blair Senior Services provided 975 consumers emergency help through rental assistance, motel stays, and utility payments. Blair County Community Action assisted 162 households who were homeless or in danger of becoming homeless, and Family Services served 177 individuals in their homeless shelter, turning away 366 due to lack of available beds. The Family Services Victim Services Program sheltered an additional 39 persons and assisted 15 with permanent housing. We have seen an increase in rental opportunities in Blair County but not those that are affordable for low to moderate income households and the wait list for access to subsidized housing continues to be two years or longer. Employment in the area has increased but mostly in the service industry with jobs that provide no benefits or a livable wage for families.

The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Claysburg and Altoona are the areas of highest need in Blair County with Hollidaysburg having the least need.

Goals: Poverty

1. Identify and address issues related to poverty in Blair County as well as provide training and increase awareness of the impact of poverty on children and families.
2. Address food insecurity and food deserts in Blair County in collaboration with the local Urban Ag Network.

Accomplishments for this strategy (2012 – 2015) are summarized on page 85 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on page 97 of this report.

Strategy 6: Youth Connections

Blair County was one of twelve counties from across the country to be chosen by the National Association of Counties (NACo) in partnership with the Robert Wood Johnson Foundation County Health Rankings & Roadmaps Programs to receive community coaching on efforts to reduce childhood poverty with an emphasis on youth connections. This initiative is part of our HBCC Bridges Network which was formed to develop a better understanding of how to address poverty in Blair County. Financial insecurity, lack of social supports, limited transportation, mental health needs, substance abuse, and other barriers for youth cause enormous costs, decrease the overall health of our community and hinder economic growth. As a community, we need to provide pathways to opportunities for all children and youth.

What did everyone say about youth disconnections?

45% greatest community challenge (household survey)
71% greatest community challenge (key informants)
77% greatest community challenge (service providers)
85% greatest community challenge (faith community)

26% youth not attending school (household survey)
50% youth not attending school (key informants)
75% youth not attending school (service providers)
64% youth not attending school (faith community)

Based on the most recent Measure of America Report, 11.7% of youth and young adults ages 16-24 across the country are not in school or working. In Pennsylvania, that number was 10.8%. These young people are cut off from the people, institutions, and experiences that would otherwise help them develop the knowledge, skills, maturity, and sense of purpose required to live rewarding lives as adults. And the negative effects of youth disconnection affect the economy, social sector, criminal justice system, and the political landscape.

The data for Blair County indicates that over 1900 youth and young adults (13.6%) are disconnected from school, the workforce, and our community. This is a slight improvement from the 2015 report that indicated 14.4% of youth in Blair County were disconnected.

A Call to Action Summit on Youth Connections was conducted in October 2017 with over 205 participants from all segments of Blair County attending. The Youth Connection Task Force has created work groups that are addressing four different strategies:

School Attendance and Academic Success
Workforce Development
Connecting with Youth through Mentoring
Prosocial Activities and Community Engagement (Youth Connection Team)

In addition, the task force recognizes the importance of existing school and community interventions.

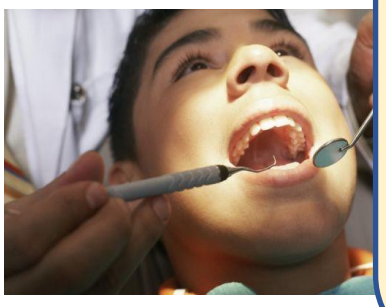
Goals: Youth Connections

1. Build public awareness about the need to address truancy and chronic absenteeism by fostering partnerships across systems to improve school engagement and expand the use of best practices.
2. Provide resources for youth and families to actively participate in creating a positive change in their community.
3. Enhance collaboration and communications among organizations that can provide pathways of opportunity for youth and young adults.
4. Disseminate information in support of positive youth mentoring.

Accomplishments for this strategy (2015 – 2018) are summarized on page 88 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on page 98 of this report.

Strategy 7: Dental Care



What did everyone say about dental care?

28% dental care greatest gap in healthcare (household survey)
32% dental care greatest gap in healthcare (key informants)
37% dental care greatest gap in healthcare (service providers)
42% dental care greatest gap in healthcare (faith community)
6% greatest community health need (healthcare providers)

15% of persons not able to access dental care in households
39% persons not able to access dental care (key informants)
64% persons not able to access dental care (service providers)
42% persons not able to access dental care (key informants)

According to a 2015 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 34% accepted Medicaid, 26% accepted Medicare, and 88% accepted private

insurance. The percent of dentists that accepted dental coverage for new patients was slightly higher (38% accepted Medicaid, 40% accepted Medicare, and 89% accepted private insurance, and 98% accepted from uninsured). In addition, Blair County is designated as a Health Professional Shortage Area for dental care.

Data from the 2019 County Health Rankings Report indicates the ratio of population to dentists at 1,670:1 as compared to 1,460:1 for Pennsylvania.

In Pennsylvania, schools are required to provide dental screenings for children in kindergarten or first grade, third grade, and seventh grade if they do not have a family dentist. In 2016 - 2017, 1276 students in Blair County were screened and 298 were referred for treatment. However, only 26 completed referral forms were returned by families.

Our three hospital emergency departments reported a total of 760 patients that were seen because of dental issues.

Goals: Access to Dental Care

1. Research and gather data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.
2. Foster relationships among providers and partners in order to increase the number of individuals that have access to dental care and oral health services in Blair County.
3. Educate partners who can share oral health messages with those individuals/ organizations working with young children, including medical providers.

Accomplishments for this strategy (2015 – 2018) are summarized on page 90 of this report.

Implementation plans and projected outcomes (2015 – 2018) can be located on page 99 of this report.

Tracking the Progress and Outcomes of all Strategies

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. In addition, each work group/committee will develop measurable outcomes as a means of assessing the impact and effectiveness of their programs and activities.

Other Relevant Indicator Data

By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas. The intent was also to determine if the statistics supported or did not support the perceptions of key informants and the general public. For the purpose of this report, data related to the identified priorities has been summarized within each section. In lieu of providing other data in this section, readers are directed to the Healthy Blair County Coalition's website. On the home page, there is a tab for Blair County Data which includes the following:

County Health Rankings Reports (2010 – 2019)
County Health Profiles (1998 – 2016)
PA Office of Rural Health Population Health Data

The Robert Wood Johnson Foundation County Health Rankings measures two types of health outcomes (mortality and morbidity). These outcomes are a result of a collection of health factors and health behaviors. The County Health Rankings are based on weighted scores of seven types of factors: health outcomes, quality of life, health factors, health behaviors, clinical care, social and economic, and physical environment. Pennsylvania has 67 counties. In 2018, Blair County ranked 45 out of 67 counties (one being the healthiest and 67 being the unhealthiest county).

Prior to completing this report, the 2019 County Health Rankings were released and Blair County dropped to 51. However, when comparing most individual indicators from the previous year, the results for the county remained constant. Guidelines from staff at the County Health Rankings & Roadmaps Program suggest that comparisons cannot be made from last year as some indicators changed, data sources may be different, and how another county does can affect another's ranking. Regardless of those factors, Blair County's poor health ranking impacts quality of life, outlook for families, demand for health care, and workforce and economic stability. A complete summary of County Health Rankings indicator trends for Blair County from 2010 - 2019 is included in Appendix D.

In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Conduent Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to over 100 health, economic, and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets. On the home page, there is a tab for the Blair County HCI Dashboard. This resource includes the Socioneeds Index which compares the socio-economic need between zip codes in Blair County

Conclusions

Everyone involved in this endeavor, including the Steering Committee, hospitals, members of the Healthy Blair County Coalition, healthcare providers, and participants is committed to strategies that demonstrate improvement in the lives of Blair County residents. This can be accomplished by creating new partnerships and by joining existing collaborations to focus on results that create a measurable impact on the seven priority challenges and issues that were identified by survey results, interviews, and supported by indicator data.

This needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the surveys and those who dedicated many hours as members of the Coalition Steering Committee and work groups are some of what makes Blair County a great place to live.

We will continue to implement community interventions that result in the improvement of social, economic, and environmental factors. The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them. This is our fourth report, *Blair County Profile 4: Community Health Needs Assessment and Implementation Plan*.

Each of the three hospitals chose to collaborate with each other on the CHNA and each hospital board approved this joint CHNA report. Although UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network may already have initiatives and programs aimed at addressing the community health needs that were identified in this CHNA, all three facilities have agreed to adopt a joint implementation plan as permitted by the IRS guidelines. Each hospital has chosen specific strategies that they as individual facilities will take a lead in implementing but each will also collaborate on the implementation of all seven strategies adopted by the Healthy Blair County Coalition Steering Committee.

Individuals and organizations from Blair County will be invited to hear the results of the most recent community health needs assessment as well as accomplishments from the last three years. They will have an opportunity to join the hospitals and Healthy Blair County Coalition as we pursue other initiatives and address issues in the most recent Implementation Plan.

Once again, we thank all those who were involved in the community health needs assessment process and welcome those who are willing to work on improving their community.

How to Use and Obtain Copies of This Report

This report summarizes the 2018 community health needs assessment process adopted by the Healthy Blair County Coalition and utilized by UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network to satisfy the requirements of the Patient Protection and Affordable Care Act.

The initial stages of this effort in Blair County began in early 2007 and involved the collection of data from multiple sources, including several different types of surveys, public indicator data, focus groups, and community meetings. Reference to the 2007, 2012, and 2015 needs assessments and comparisons of results and trends are included in this report. The Executive Summary on pages 10-34 provides a concise overview of the findings from all the data sources. For those who want more information on methods and findings within each data type, the body of the report provides more detail as outlined in the table of contents.

Readers are urged to keep track of which particular set of findings they are reviewing and systematically work through these different sources of information. References for all sources of data are included at the end of each page. Finally, the report outlines the goals, accomplishments, and future plans for the implementation of the seven strategies chosen by the Steering Committee and hospitals.

For those who want electronic access to the information contained in this report, please visit the website of the Healthy Blair County Coalition (www.healthyblaircountycoalition.org). If you have questions or would like more information on how to become involved, please contact any member of the Steering Committee or the Director of the Healthy Blair County Coalition at (814) 317-5108 ext. 305.

This report is posted on each hospital's website.

UPMC Altoona (www.upmc.com under the Community Commitment tab and then community health needs assessments tab).

Conemaugh Nason Medical Center (www.nasonhospital.org)

Tyrone Regional Health Network (www.tyroneregionalhealthnetwork.org)

Additional a hard copy of the CHNA Report is available at each hospital's Administration Department for public inspection during normal business hours: Monday through Friday, 8:00 AM to 5:00 PM.

Public input is invited and may be provided to:

Healthy Blair County Coalition
208 Hollidaysburg Plaza
Duncansville, PA 16635
info@healthyblaircountycoalition.org

UPMC Altoona Administration
620 Howard Avenue
Altoona, PA 16601
info@altoonaregional.org

Conemaugh Nason Medical Center Administration
105 Nason Drive
Roaring Spring, PA 16673
814-224-2141 or 877-224-2141
or by emailing hkreider@nasonhospital.com

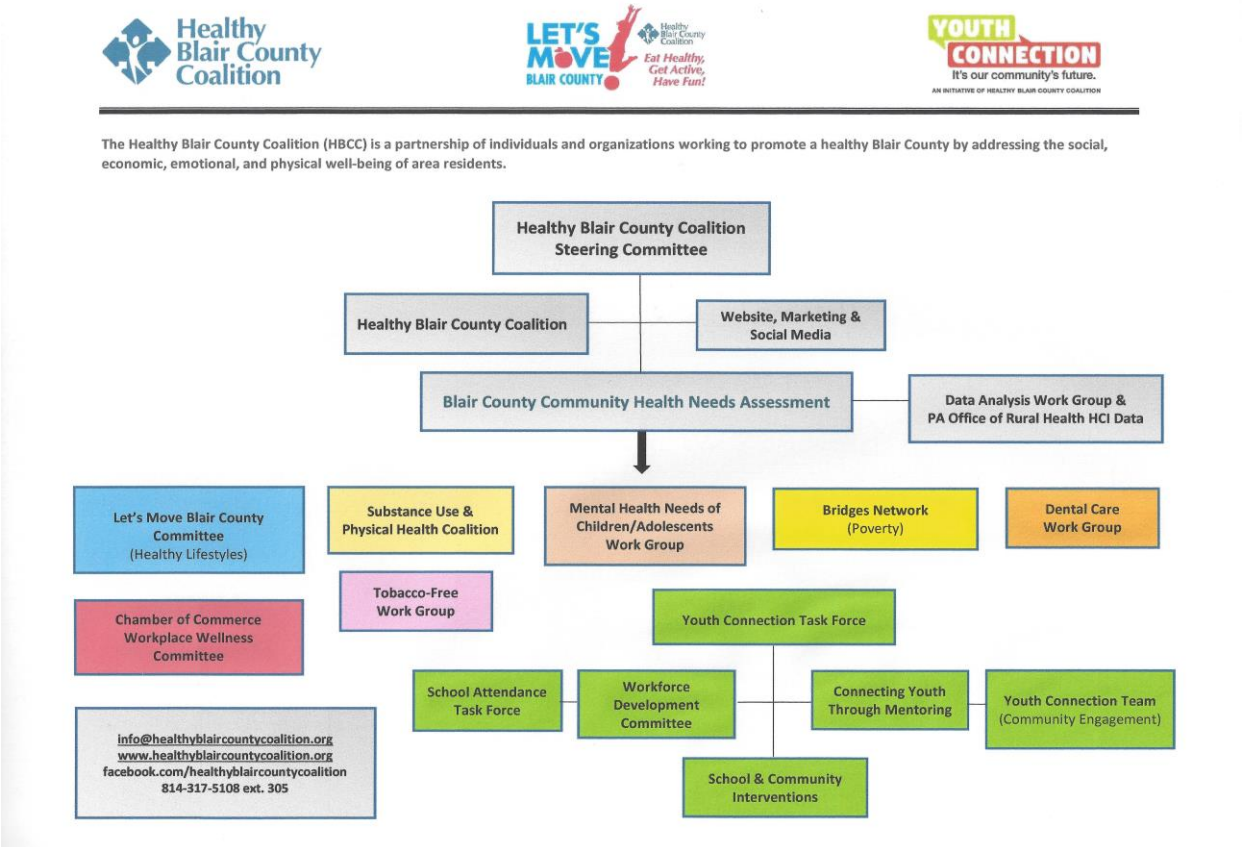
Tyrone Regional Health Network Administration
187 Hospital Drive
Tyrone, PA 16686
814-684-1255

Section One:
Blair County Community Health Needs Assessment

A. Collaboration and Implementation of the Community Health Needs Assessment (CHNA)

The Healthy Blair County Coalition is a community partnership that was created to provide a comprehensive and enduring community health needs assessment. Its purpose is to identify community assets, identify targeted needs, and develop an action plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network are active participants on the Healthy Blair County Coalition Steering Committee. The organizational structure that was implemented is shown in Figure 1.

Figure 1: Healthy Blair County Coalition Organizational Chart



B. Healthy Blair County Coalition Steering Committee

The Steering Committee for the Healthy Blair County Coalition was responsible for directing the community health needs assessment, the development of the strategies to meet identified needs, and the tracking and monitoring of programs and interventions. This group meets bi-monthly and the following persons served as members during this community health needs assessment period:

Lawrence Baronner, PA Office of Rural Health (rural health)
Dr. Donald Beckstead, Altoona Family Physicians (health care)
Ted Beam, Jr., Blair County Commissioner (ad hoc)
Cathy Crum, Blair County Community Action Agency (social services)
Dr. Francine Endler, Hollidaysburg Area School District (education)
Murray Fetzer, Tyrone Regional Health Network (hospital)
Donna D. Gority, Former, Blair County Commissioner (government)
Coleen A. Heim, Healthy Blair County Coalition Director
Lisa Hann, Family Services, Inc. (social services)
Timothy Harclerode, Conemaugh Nason Medical Center (hospital)
Cathy Harlow, Tyrone Area School District (education)
Kevin Hockenberry, UPMC Altoona (hospital)
Shawna Hoover, Operation Our Town (crime)
James Hudack, Blair County Department of Social Services (mental health)
Dr. Lauren Jacobson, Penn State Altoona (higher education)
Jean Johnstone, Catholic Charites, Inc. (social services and faith-based)
Lannette Johnston, PA Office of Rural Health (rural health)
Tracy Kelley, WIC Program (social services)
Heidi Kreider, Conemaugh Nason Medical Center (hospital)
Amy Marten-Shanafelt, Blair HealthChoices (behavioral health)
David McFarland, Blair Planning Office (county planning)
Patrick Miller, Altoona-Blair County Development Corporation (economic development)
Mayor Matthew Pacifico, City of Altoona (government)
Joseph Peluso, Tyrone Regional Health Network (hospital)
Judy Rosser, Blair Drug and Alcohol Partnerships (social services)
Kimberly Semelsberger, Conemaugh Nason Medical Center (hospital)
Tom Shaffer, Penn State Altoona (higher education)
Melanie Shildt, United Way of Blair County (social services)
Sherri Stayer, Lung Disease Center of Central Pennsylvania (State Tobacco Control Provider)
Bill Young, Sheetz, Inc. (business)

C. Healthy Blair County Coalition (HBCC)

The Steering Committee collaborated with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Healthy Blair County Coalition is comprised of 139 community partners. They represent a diverse and valuable group of individuals and organizations which include the following:

social services/charities, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral health, businesses, economic development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, etc.

D. Director of the Healthy Blair County Coalition

A consultant was hired to assume the role of part-time director. This person was responsible for the day-to-day administration of the community health needs assessment; scheduling and facilitating meetings; distributing the surveys; maintaining an expense report; attending briefings/webinars on the CHNA process, supporting work groups/committees, updating the HBCC website and social media, and preparing the final report. The Steering Committee, HBCC, and work groups were provided with meeting agendas and minutes.

E. Work Groups and Committees

Members of the Steering Committee and HBCC served on ta variety of work groups and/or committees.

The **Data Analysis Work Group** reviews all primary indicator data such as survey results and assisted in the collection and analysis of secondary indicator data.

The purpose of the **Substance Use & Physical Health Coalition** is to enhance communication and coordination between drug/alcohol and healthcare and medical providers. Their work began with the implementation of SBIRT (Screening, Brief Intervention, and Referral to Treatment) which includes substance abuse as an area screened during routine healthcare. As part of the project, physicians and other healthcare workers are trained to intervene and a protocol for referral to drug and alcohol services was developed.

The **Bridges Network** was formed to develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues. Their mission also includes increasing awareness of the impact of poverty on children and families.

The **Youth Connection Task Force** has accepted the challenge to find resources and implement ways to reach and engage our community's youth. Priority strategies include school attendance, workforce development, mentoring, and pro-social activities and community engagement.

The **Let's Move Blair County Committee** is implementing programs/activities to address obesity, encourage physical activity, and impact the incidence of diabetes. One of their goals is to encourage the integration of health and wellness into every aspect of community life by coordinating and collaborating with all other agencies currently working on this effort.

The **Mental Health Work Group** is addressing unmet needs and working toward establishing or enhancing programs and strategies to more effectively serve children and families. This includes creating an awareness of mental health and mental illness needs with various education and community organizations.

The **Tobacco-Free Work Group** is supporting programs to implement or strengthen policies to create a tobacco-free environment (e.g. smoke-free workplaces, clean air ordinances, smoking cessation programs, etc.). Another mission is to educate individuals on the impact of tobacco and the use of e-cigarettes as well as provide resources to those individuals interested in quitting.

In collaboration with the Healthy Blair County Coalition, the Blair County Chamber of Commerce created a **Workplace Wellness Committee**. The purpose is to encourage businesses to become part of the wellness movement and share resources to develop or enhance current workplace wellness programs.

The **Dental Care Work Group** is forming partnerships to enhance resources and access to dental care services for adults and children in Blair County. This includes not only screenings but the establishment of a dental home for children and youth to have access to continued dental care. This includes educating partners who can share oral health messages with those individuals/organizations working with young children.

Although there is not a formal Marketing Work Group, a variety of methods are used to provide awareness of the Healthy Blair County Coalition, inform residents and community members about the surveys and how to participate, share the results of the needs assessment and other data collections, and increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition. Information is shared through the Healthy Blair County Coalition's website, Facebook page, Active Living/Let's Move Facebook page, podcasts, brochures, posters, meetings and conferences, newspaper, television, and radio.

F. Data Entry

Staff from Human Development and Family Studies at Penn State Altoona were a valuable resource by providing the resources necessary for data entry and analysis. Data were entered using survey monkey then exported into Excel software for further analysis.

G. Funding

The community health needs assessment process was primarily funded by UPMC Altoona and Tyrone Regional Health Network. Additional funding was provided by Conemaugh Nason Medical Center, Blair County Drug and Alcohol Partnerships, Blair Health Choices, Blair County Human Services Block Grant, Blair Planning Office, Nason Foundation, the Pennsylvania Office of Rural Health, and UPMC Foundation. However, several other agencies contributed significantly to the project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, donation of services, and volunteer hours were provided by many other organizations.

In addition, a grant was received from the Robert Wood Johnson Foundation for the Rural Impact County Challenge.

H. Geographic Area

Since all three hospitals involved in the collaboration primarily serve the residents of Blair County, the Steering Committee with input from the hospitals determined that the scope of the community health needs assessment would be the geographic boundaries of Blair County.

I. Input from the Community

The CHNA took into account input from persons who represent the broad interests of the community served by each of the three hospitals. This was accomplished in the following ways:

1. Each hospital has collaborated and obtained input from the Healthy Blair County Coalition Steering Committee. Their names, organizations, and entity they represent within the community are listed above in section B.
2. Members of the Healthy Blair County Coalition (the organizations involved are listed on the HBCC website and on page 103) had an opportunity to be involved in the CHNA process by attending meetings, serving on work groups, administering the household survey with their clients/consumers, completing the surveys as appropriate for their organization, and providing secondary indicator data for analysis.
3. Residents of Blair County had an opportunity to complete a household survey which included questions regarding neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs.
4. CHNA surveys were also distributed to a variety of other community groups such as service providers and faith-based organizations.
5. A CHNA survey was distributed to key informants such as local, county, and state elected officials; school district leaders and board members; police chiefs; library presidents; media contacts; community foundations; public health entities, civic leaders; county planners; leaders of non-government funding sources; recreation commission; associations; etc. They had an opportunity to share their input and comment on community challenges as well as healthcare needs and gaps.
6. In order to obtain specific information on needs and gaps especially for certain populations within Blair County, interviews were conducted with a variety of healthcare providers, including physicians, dentists, school nurses, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services.
7. Eight other agencies, including ones that serve income-eligible families and children and persons with disabilities conducted the CHNA household survey.
8. Representatives from the local health department, UPMC Altoona, Conemaugh Nason Medical Center, Tyrone Regional Health Network as well as other agencies serving medically underserved populations, low-income persons and/or minority groups served on the Data Analysis Work Group and/or provided valuable health data and knowledge of local conditions and resources as part of the CHNA process.

Section Two:
Methods

The Community Health Needs Assessment (CHNA) was conducted for two primary reasons. The first as a result of the Affordable Care Act Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA will also support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status; while, providing hospitals and other organizations with an essential understanding of the health of Blair County. Another important reason was to determine whether challenges and issues had changed since the last comprehensive needs assessment was conducted in 2007. In Blair County, the community health needs assessment included a broad perspective of physical, social, emotional, and economic health issues.

Each of the four needs assessments are providing stakeholders as well as the community with increased knowledge of the current challenges and issues that affect residents of the county, our strengths and assets, and a better understanding of the healthcare needs. The community health needs assessment was enhanced by a mixed methodology which included both quantitative and qualitative community input (surveys and interviews) as well as collection and analysis of incidence data through secondary research. The community health needs assessment in Blair County focused on the following areas:

- Neighborhood and Community Strengths
- Community Challenges and Issues
- Household Challenges and Issues
- Involvement in Community Initiatives/Projects
- Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

A. Method for Household Survey

A random sample of 3000 households (approximately six percent) was drawn from the 51,638 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2018, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. The household survey and cover letter are included as Appendix A.

There were 333 surveys returned for a response rate of 11.1%. Information about the household survey was publicized through a press conference, television interviews, newspaper and other media releases, social media, and hospital and agency newsletters to consumers.

A link to the household survey was available on the HBCC website so that any resident had an opportunity to complete the survey (25 completed). The household survey was also administered to clients/consumers by eight other groups including Allegheny Lutheran Social Ministries, Blair Senior

Services, CenClear, the Center for Independent Living, Child Advocates of Blair County/Head Start Program, CleanSlate Addictions Center, Evolution Counseling, and the Family Resource Center. A total of 90 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 448 surveys were returned: 333 from households, 25 from responses on the website, and 90 from the agencies mentioned above.

B. Method for Key Informant Survey

The purpose of this survey was to assess what community key informants believed to be the strengths, community challenges, and needs of Blair County, including health care. The survey was distributed to 131 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2018. Fifty-nine completed surveys were received, a 45% response rate.

C. Method for Service Provider Survey

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. An Excel spreadsheet distribution list of key service providers in the county was developed and then an email was sent in August 2018 asking participants to complete a survey on survey monkey. A total of 154 service providers were asked to participate with 45 responding, or 29%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

D. Faith-Based Community Survey

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. An Excel spreadsheet distribution list was developed and an email was sent in August 2018 asking the leadership of the congregation to complete a survey on survey monkey. Of the 101 faith-based organizations, 14 responded or 13.8%.

E. Healthcare Provider Interviews

Healthcare interviews were conducted with 18 healthcare providers representing a variety of disciplines such as physicians, dentists, school nurses, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs, environmental factors driving or creating healthcare needs in our county, the needs related to special populations, and programs and initiatives currently underway to address the needs of the community. All comments and opinions were summarized.

Table 14: Blair County Community Health Needs Assessment Survey Tracker

Surveys/Interviews	Survey Sent	Surveys Returned	Percentage
Household	3000	333	11.1%
Household (website)	N/A	25	N/A
Key Informant	131	59	45.0%
Service Provider	154	45	29.0%
Faith-Based	101	14	13.8%
Household Surveys from Other Agencies	N/A	90	N/A
Healthcare Providers	N/A	18	N/A

F. Collection and Analysis of Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. The Data Analysis Work Group, along with the Director collected federal, state, and local secondary indicator data. Data were obtained from a variety of local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Center for Disease Control, County Health Ranking Report, BRFSS, Healthy People 2020, etc. In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to key health and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets.

G. Data Entry and Analysis

All survey responses were entered into Survey Monkey. With the assistance of Penn State Altoona, the results were exported from Survey Monkey into Excel which was used for analysis and graphic displays.

Section Three:
Household Survey

A. Blair County Demographic Data and Comparisons for Persons Completing the Household Survey

The purpose of the household survey was to collect both subjective (opinion) and incidence data from people who live within Blair County. The household survey included questions regarding demographics, neighborhood/community strengths, community concerns, issues within households, and healthcare challenges and needs (Appendix A).

A random sample of 3000 households (approximately six percent) was drawn from the 51,638 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2018, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 333 surveys returned for a response rate of 11.1%.

As shown in Table 15, our random household survey (2018) was generally representative of Blair County.

Table 15: Comparisons of Blair County Demographics/Characteristics & Those Completing the Household Survey[1]

Characteristics	Blair County Population	Household Survey (2018)
Gender		
Male	48.7%	38.6%
Female	51.3%	60.8%
Race		
White	95.7%	95.6%
Black or African American	1.9%	.31%
Hispanic/Latino	1.3%	.31%
Asian or Pacific Islander	0.5%	.00%
American Indian/Alaska native	0.2%	.62%
Two or More races in Household	1.5%	3.12%
Income		
Less than $10,000		4.18%
$10,000 - $19,999	21.3%	13.5%
$20,000 - $34,999	18.7%	19.6%
$35,000 - $49,999	15.2%	15.4%
$50,000 - $74,999		19.0%
$75,000 - $99,000	31.5%	11.3%
$100,000 or above	13.3%	17.0%

[1] U.S Census Bureau and Blair County Household Survey (2013 - 2017)

Household Type		
2 or more adults without children	31.3%	28.0%
2 or more adults with children	16.7%	28.6%
1 Adult with at least 1 child	8.8%	3.0 %
1 Adult living alone	29.6%	26.8%
Adult(s) 65 years or older	18.9%	13.7%

B. Neighborhood/Community Strengths

The household survey asked recipients to state their level of agreement to seven questions regarding **neighborhood/community strengths**. Respondents were asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community. This is the fourth household survey that has been conducted since 2007 and results are fairly consistent over that time period.

The results in this survey indicate that 75% of respondents felt that people in their neighborhood help each other out when they have a problem. However, only slightly more than one-third gather together formally or informally to participate in activities. With regard to volunteering, only 27% say that they regularly volunteer in their community.

Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 59% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 85% reported that they vote in most elections.

Residents felt that the best things about living in Blair County are related to being close to grocery stores/shopping (73%), close to physicians and medical facilities (66%), and close to parks, recreation, and sports (64%). The worse things about living in Blair County were drug use/abuse (67%), roads and alleys in need of repair (58%), and youth with nothing to do (47%).

C. Community Challenges and Issues

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 42 different **community issues** in the categories shown in Figure 2.

Figure 2: Categories of Community Challenges and Issues

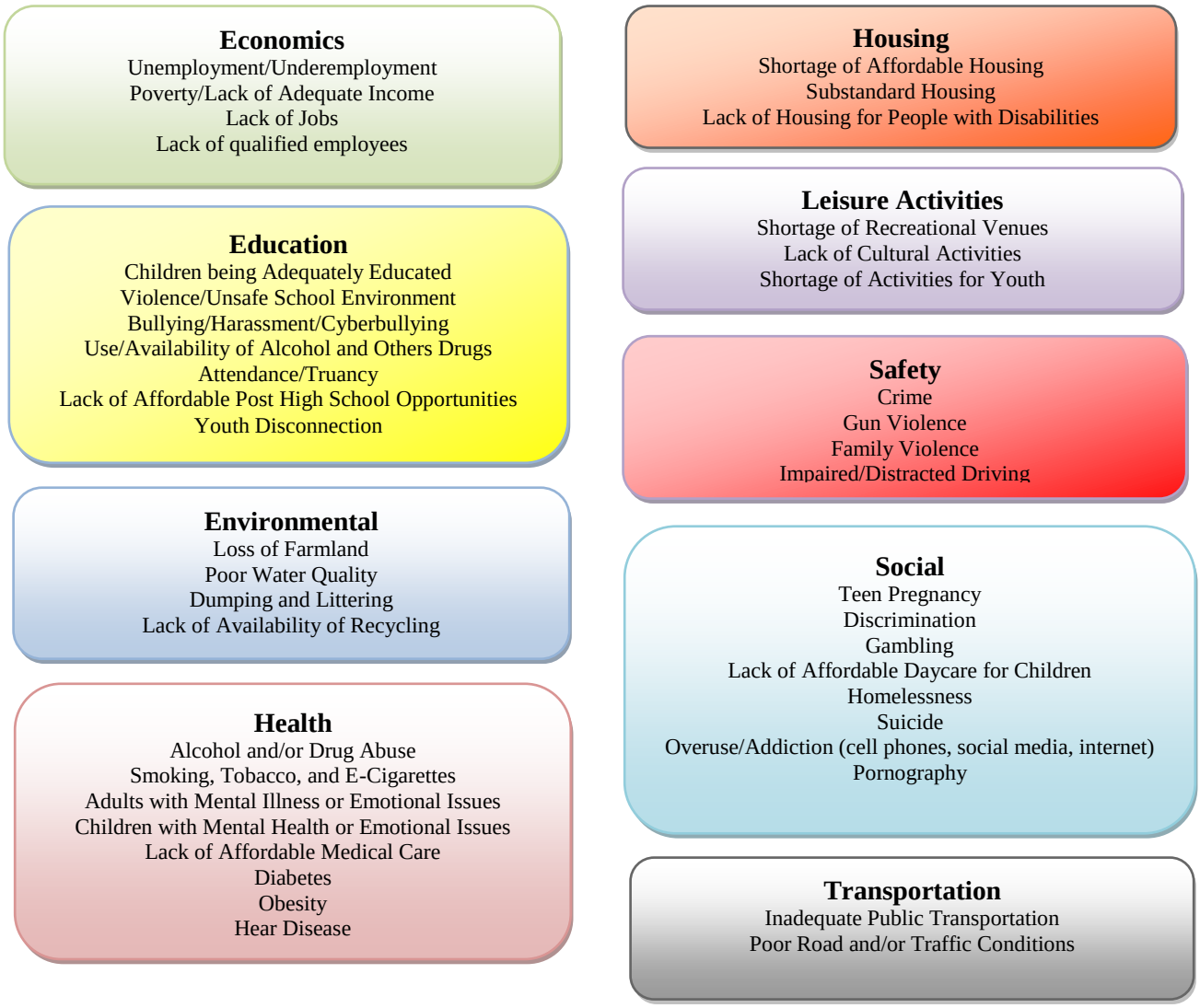


Table 16: Priorities Identified in Blair County Community Needs Assessments

A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the 2012, 2015, and 2018 household surveys when health related questions were added.

2007	2012	2015	2018
Crime	Lack of jobs	Obesity	Alcohol and other Drugs
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc*
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving*
Lack of affordable medical care	Poverty	Unemployment or underemployment	Poverty/lack of adequate income
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes*
		Access to Dental Care	

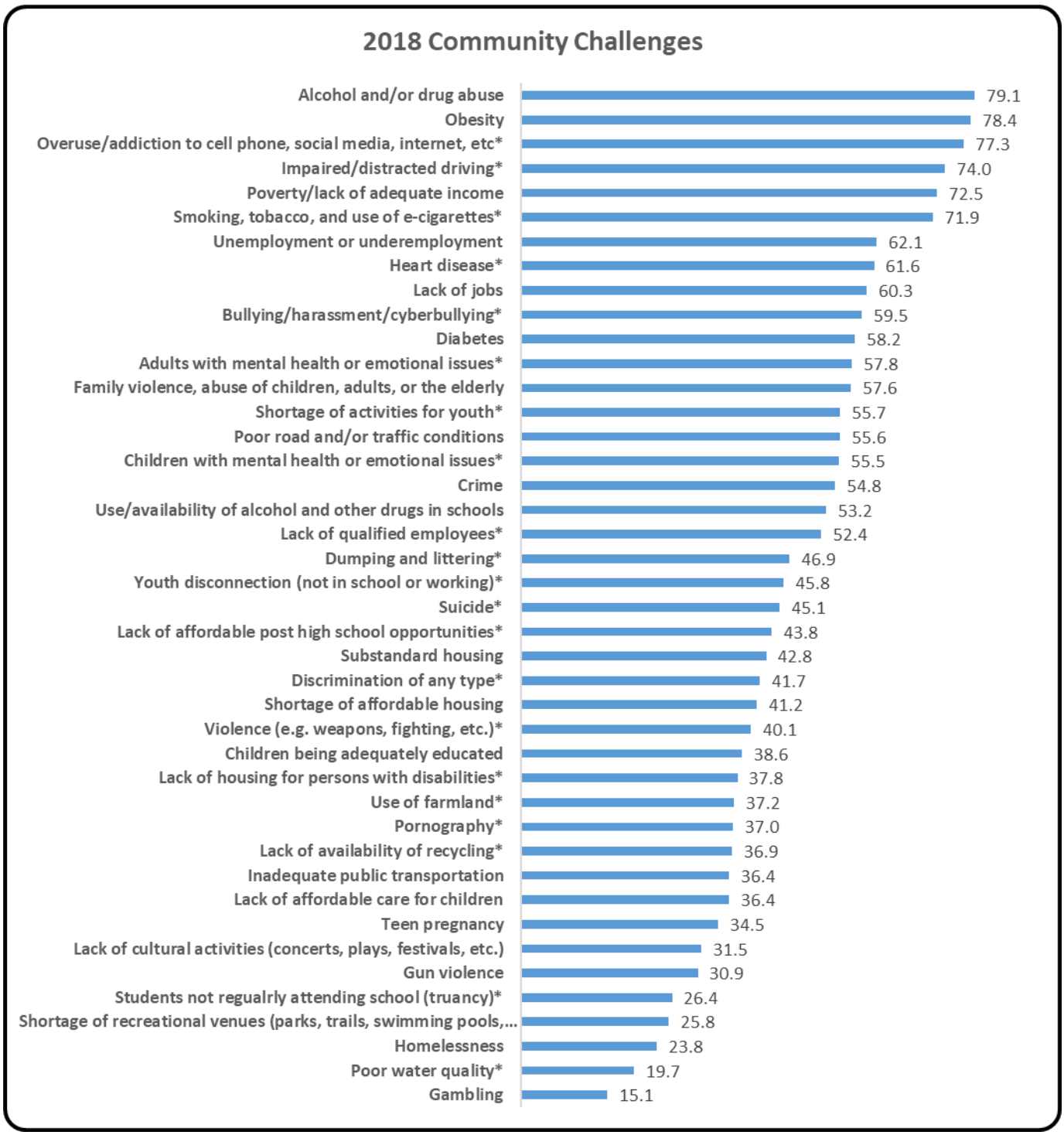
* Indicates new question or wording added to the survey in 2018.

As can be seen in Figure 3, 79% of respondents identified alcohol and other drugs as the top challenge followed by obesity (78%). Two new questions that were added to the survey this time ranked number three and four. Those issues were overuse/addiction to cell phone, social media, and the internet (77%) and impaired/distracted driving (74%).

A separate analysis of these same questions was conducted based on the geographic area for the three hospitals with similar results. For northern Blair County (Tyrone Regional Health Network), obesity; alcohol and other drugs; impaired/distracted driving; overuse/addiction to cell phone; social media and internet; smoking, tobacco and e-cigarettes; and heart disease were ranked as the highest concerns in that order. For central Blair County (UPMC Altoona), overuse/addiction to cell phone; social media and internet; alcohol and other drugs; obesity; impaired/distracted driving; and poverty/lack of adequate income were identified. Lastly, the results for southern Blair County (Conemaugh Nason Medical Center) reflected the opinions of the other areas with obesity; alcohol and other drugs; impaired/distracted driving; and poverty lack of adequate income as the highest rated challenges.

Any resident had an opportunity to complete the survey through our website. Those results are similar to others with alcohol and other drugs ranking as the top challenge followed by obesity; smoking tobacco, and e-cigarettes; overuse/addiction to cell phone; social media and internet; impaired/distracted driving; and family violence.

Figure 3: COMMUNITY CHALLENGES & ISSUES (Ranked by percentage identified as major or moderate issue).



*Indicates new question or wording added to the survey in 2018.

The household survey was also administered to clients/consumers by eight other groups including Allegheny Lutheran Social Ministries, Blair Senior Services, CenClear, Center for Independent Living, Child Advocates of Blair County/Head Start Program, CleanSlate Addictions Center, Evolution Counseling, and the Family Resource Center. Respondents in those surveys agreed that alcohol and other drugs; and impaired/distracted driving were of highest concern. However, they also identified bullying/ harassment/cyberbullying; teen pregnancy; and lack of affordable childcare as issues affecting their particular population.

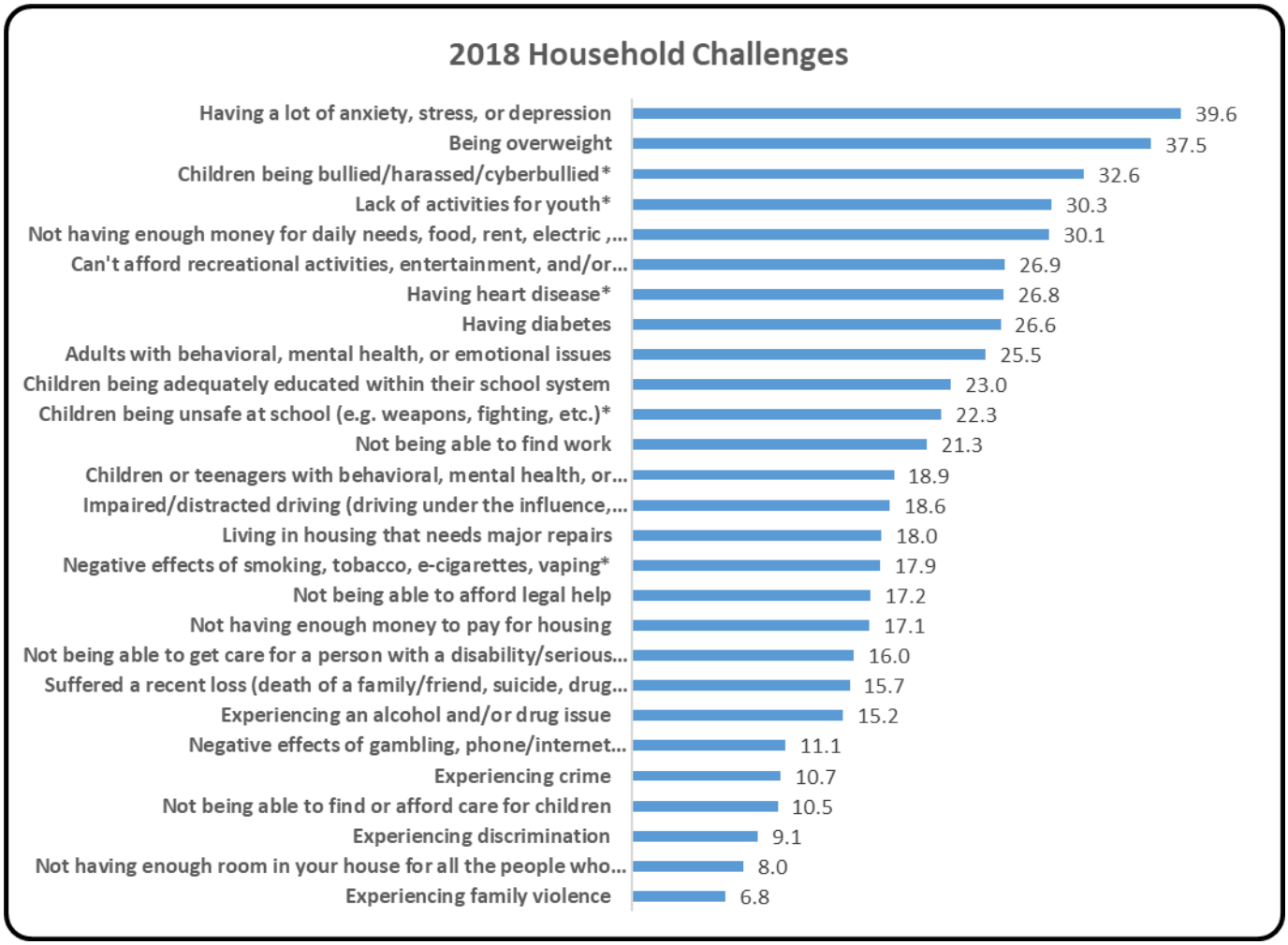
D. Household Challenges and Issues

In the next section of the household survey, participants were asked whether any of the same types of issues had been a **challenge or an issue in their household**. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major issue, or No Opinion/ Don't Know.

As Figure 4 indicates, 39.6% of respondents identified having anxiety, stress, or depression as the top challenge within their household followed by obesity at 37.5. The analysis based on geographic areas for the three hospitals once again yielded similar results with having stress, anxiety, and depression and being overweight as the highest ranking issues within households. However, bullying/harassment/cyberbullying was a high concern for central and southern Blair County households while a lack of activities for youth ranked highest in northern Blair County.

Respondents in surveys conducted by other organizations agreed that having anxiety, stress, or depression, not having enough money for daily needs, and not being able to afford recreational or cultural activities were among the highest ranking challenges in their households.

Figure 4: HOUSEHOLD CHALLENGES & ISSUES (Ranked by percentage identified as major or moderate issue).

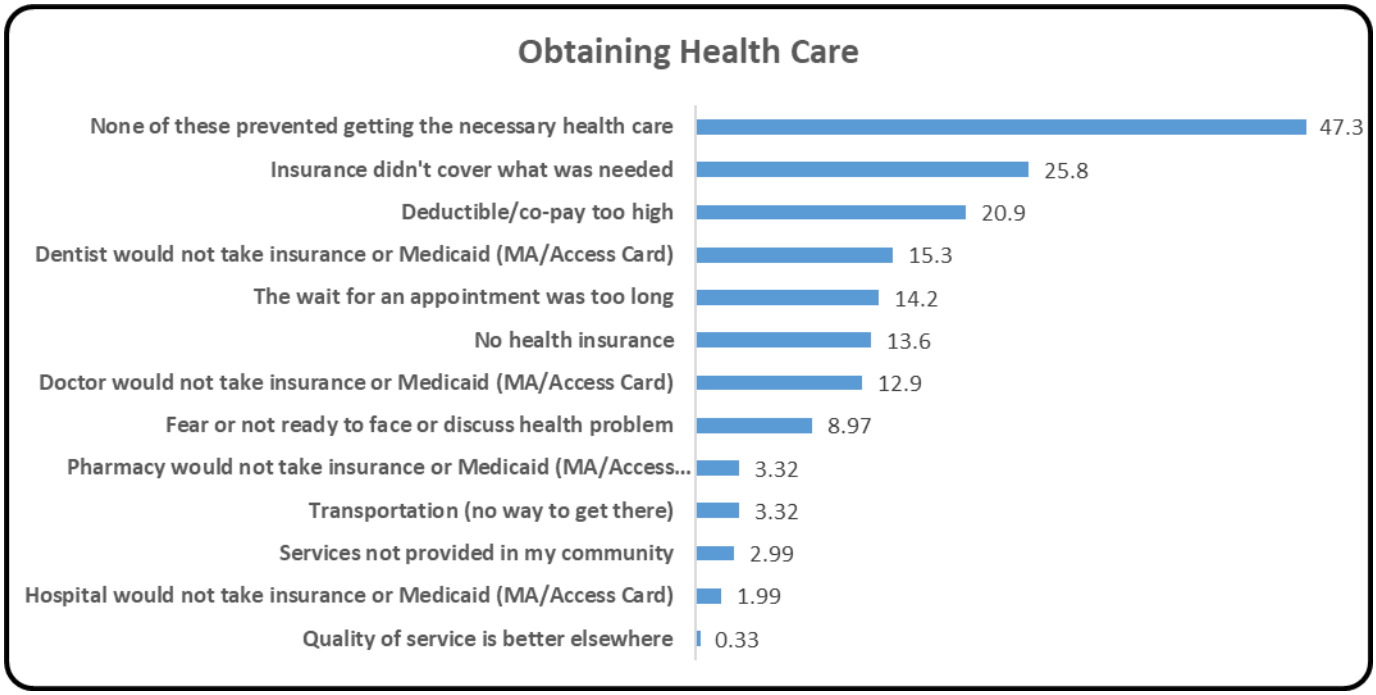


E. Health Care Challenges and Issues

It was important to obtain information from residents on **health care issues affecting themselves or members of their families.** Survey results indicate that 90% of survey respondents have seen a primary care/family physician and 77% have seen a dentist in the last year.

In responding to the question, “which of these problems ever prevented you or a member of your family from getting the necessary health care”, deductibles/co-pays that were too high and/or insurance not covering what was needed were the greatest barriers.

Figure 5: CHALLENGES & ISSUES FOR OBTAINING HEALTH CARE (Ranked by percentage identified as a major or moderate issue).



On a positive note, over 47.0% of households reported that none of the items prevented them from getting health care and were consistent across geographic areas. Residents about were asked their own experiences with the health care system. Table 17 summarizes their responses.

Table 17: Navigating the Healthcare System

	Yes	No	Sometimes
When you need help are you able to navigate the healthcare system and community resources?	63.9%	13.9%	22.1%
Do you clearly understand what is going on with your healthcare?	75.7%	10.3%	13.9%
Do you feel like all of your medical care is well coordinated between different medical providers?	57.5%	25.1%	17.2%

Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Prescription drug assistance and dental care were identified as the greatest gaps for residents.

When asked "What are the **greatest needs in health education and prevention services** in Blair County", mental health/depression/suicide (49.5%) and obesity prevention (49.2%) received the highest percentages. Almost every subgroup identified mental health/depression/suicide as the greatest gap in this category.

When asked whether respondents or their families registered in the SMART 911 system, over 67% did not know what SMART 911 is.

Figure 6: GREATEST GAPS IN HEATH CARE SERVICES (Ranked by percentage identified as a major or moderate issue).

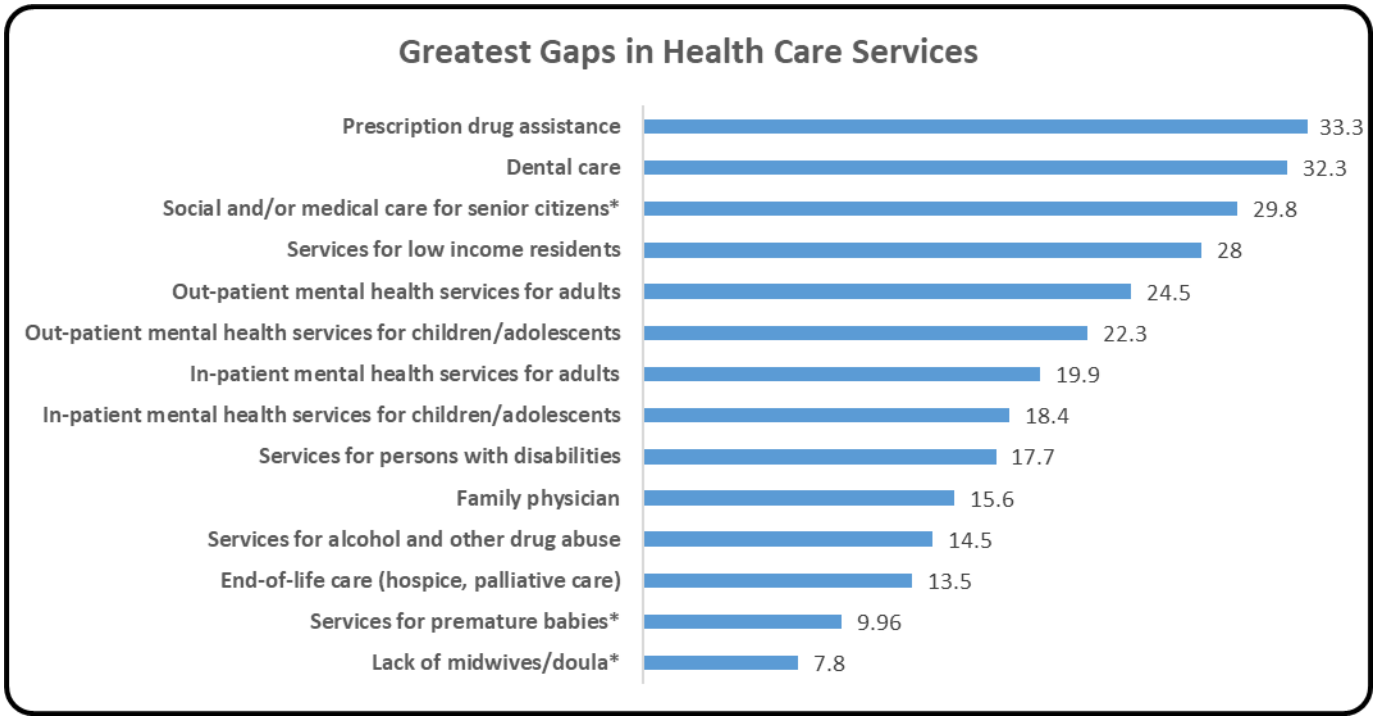
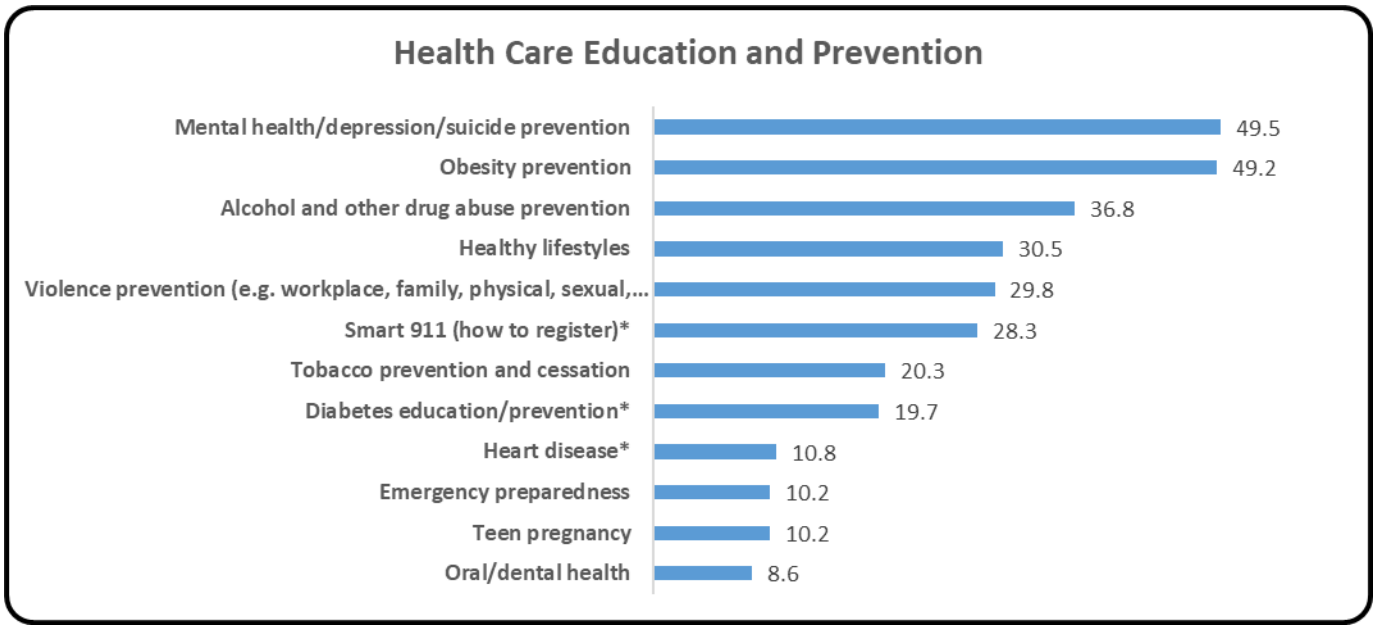


Figure 7: Greatest Needs in Health Education and Prevention Services (Ranked by percentage identified as a major or moderate issue).



Blair County residents were asked what keeps them from eating a healthy diet and the cost of healthy foods like fruits and vegetables was the overwhelming reason given (67%). However, when asked what keeps them from increasing their physical activity, the most widely selected reason was that they do not have the motivation (44.1%).

Figure 8: Reasons for not Eating a Healthy Diet

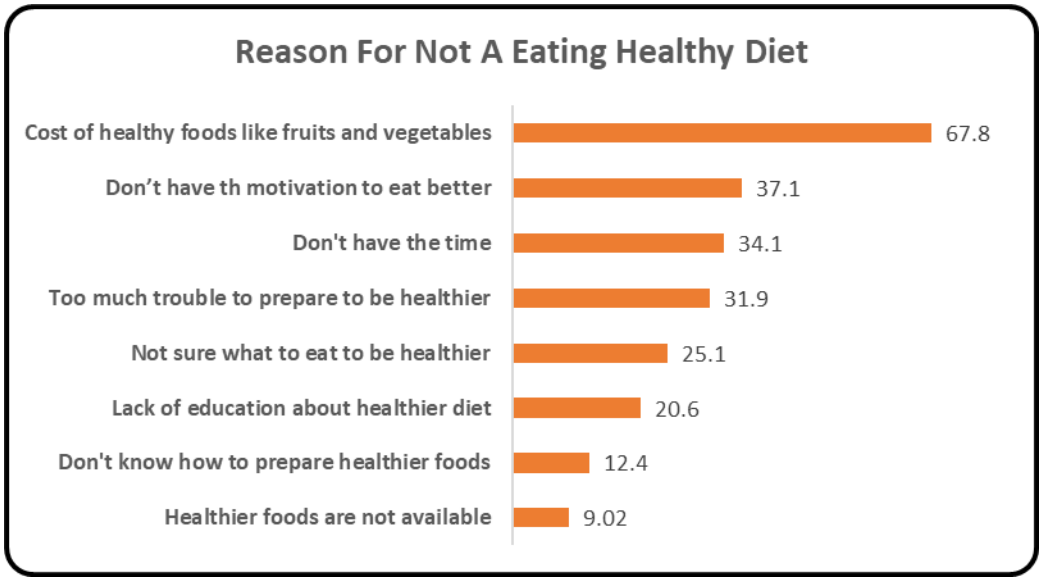
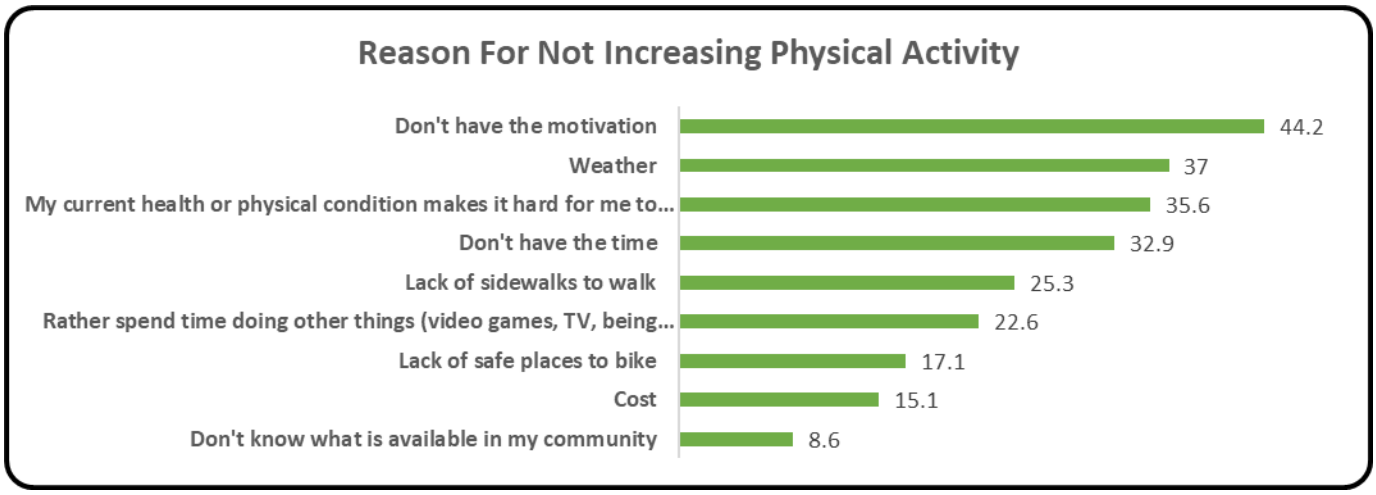


Figure 9: Reasons for not Increasing Physical Activity



Section Four:
Key Informant Survey, Health Care Provider Interviews Service Provider Survey, and Faith-Based Survey

A. Key Informant Survey

A survey was distributed to 131 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, associations, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in July 2018. Fifty-nine completed surveys were received, a 45% response rate.

Table 18: Key Informant Responses for Community Strengths

Community Strength	Strongly/Somewhat Agree
Leaders come together and work productively to address critical community issues.	93.2%
Our community actively promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.	81.0%
Religious groups address pressing social concerns.	88.0%
Our community actively promotes participation in the political process from all races, genders, ages, and cultures, including persons with disabilities.	67.8%
There exists a great deal of mutual respect among leaders from all sectors of the community.	81.4%

Key Informant Survey Highlights, Community Strengths, and Challenges:

- For community challenges across key informant responses (2018), poverty/lack of adequate income (89.8%), alcohol/drug abuse (86.5%), obesity (83%), and adults with mental health issues (83%) were ranked the highest among community issues. These were the same issues identified in the 2012 and 2015 needs assessments.

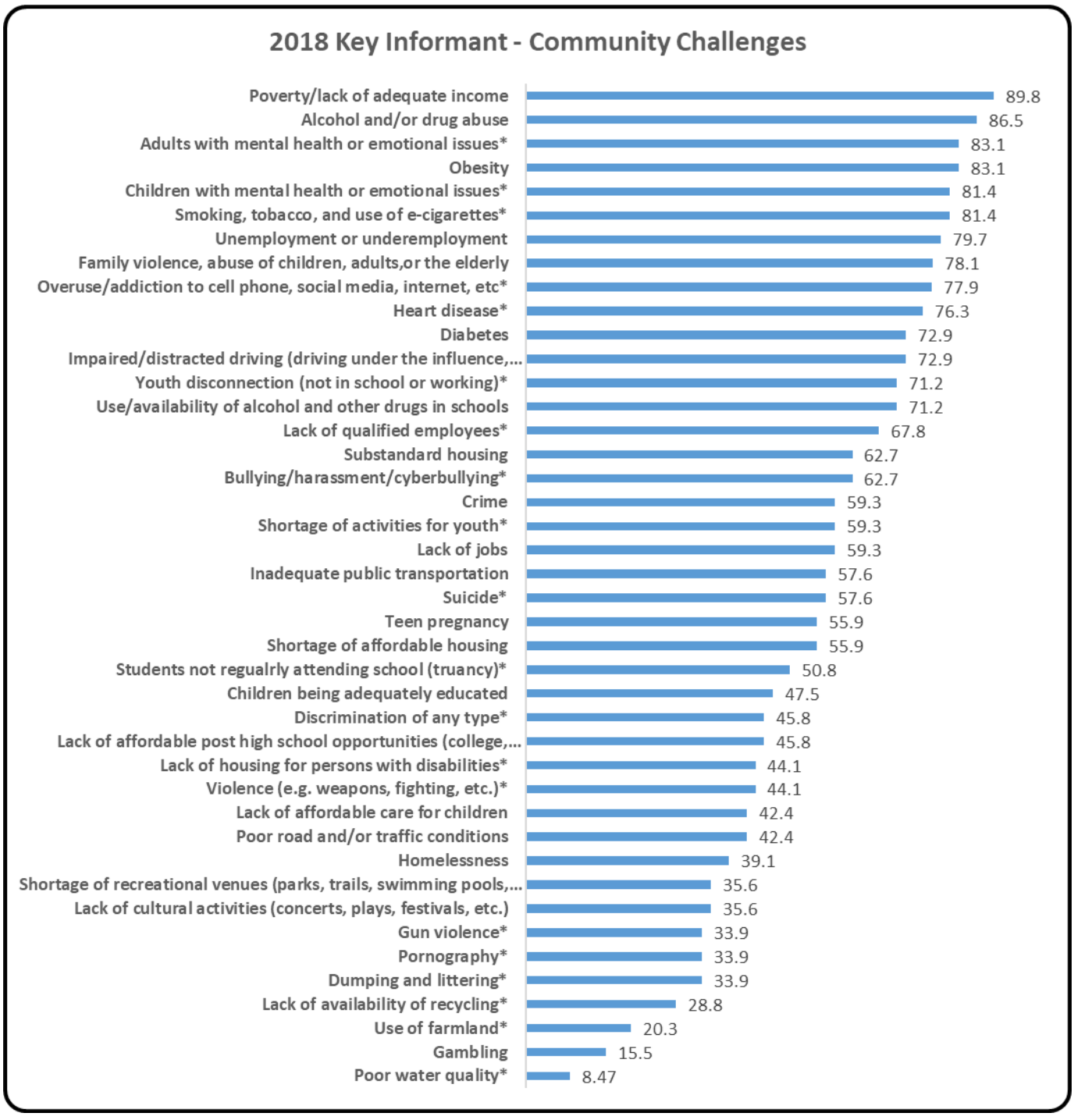
- Many key informants stated that positive parenting and community-based family activities would help promote a family-friendly community. Also, a focus on health needs to be incorporated into future planning and designing of our communities.

- Key informant responses for the top reasons which prevented residents from getting the necessary health care were the same as those from households (e.g. deductible/co-pay was too high and insurance didn't cover what was needed).

- Key informants reported that mental health/depression/suicide prevention (67.8%) followed by alcohol and other drug abuse (54.2%) and obesity (50.8%) were the greatest needs regarding health education and prevention services. Responses were consistent as they listed various mental health services for adults and children (30.5% to 42.3%) as the greatest gaps in health services in the county. Dental care was also ranked high at 32.2%.

- Over 91% of key informants were aware of and/or participated in Healthy Blair County Coalition initiatives.

Figure 10: Key Informant Responses for Community Challenges



B. Health Care Provider Interviews

Interviews were conducted with 18 healthcare providers representing a variety of disciplines such as physicians, dentists, pharmacists, behavioral health, hospice, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs in our county, the needs related to special populations, programs and initiatives currently underway to address those needs, changes over the past three years, etc.

Summary of Health Care Provider Interviews:

- When asked "What do you believe are the top three community health needs", healthcare providers ranked drug and alcohol addiction education and treatment (64.7%) as the top community health need followed by obesity education (41.2%), mental health needs (41.2%), and various issues related to access to primary care physicians (29.4%).

- Forty-one percent of healthcare providers believe that access to primary care for low-income residents was the highest ranking need for that population. Services for the elderly and access to behavioral health services for children tied for second place at 23.5%. Comments about these particular needs included limited or lack of education regarding community resources, transportation in rural areas, more chronic patients with both medical and behavioral health concerns, etc.

- Since the last needs assessment, healthcare providers have seen a greater need for access to primary health care and increased concerns regarding substance abuse especially for opioids.

- Over 38.9% stated that Medicaid expansion did not have an effect on the services they provide. However, 11% stated that more individuals were seeking services.

Communities are built on strengths and assets; therefore, surveys were sent to a variety of groups in order to learn more about the strengths and assets we have available as well as their opinions of the challenges and needs of the community. We also wanted to gather information and develop an understanding of the ways in which citizens and other organizations are engaged in this effort.

C. Service Provider Survey

Service Provider Survey Highlights, Community Initiatives/Projects, and Assets:

- Service providers stated that they were most involved in the following four community initiatives: health education/prevention (53%), mental health services (44%), substance abuse services (40%), and reducing poverty (38%).

- Of those who responded, over 56% utilize volunteers in providing services for their agency; however, 45% reported that they could use more volunteers.

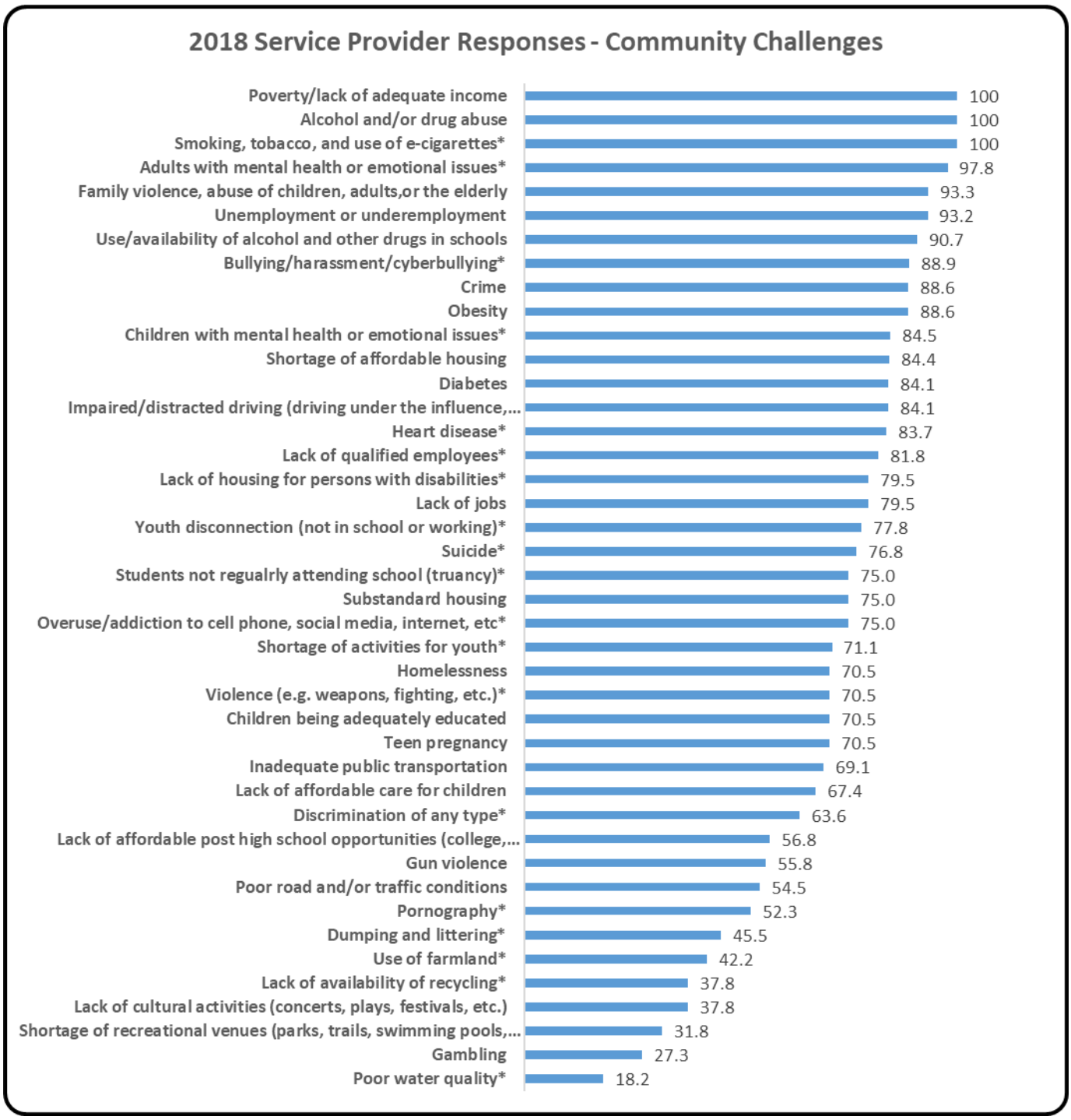
- Almost 78% make an effort to purchase goods and services from local enterprises.

- Over 58% tried to hire people who are transitioning from welfare to work, are disabled, or economically challenged.

- Poverty/lack of adequate income, alcohol/drug abuse, and smoking, tobacco, and use of e-cigarettes tied for the highest ranked community challenges (100%) by service providers and then was followed by adults with mental health issues (97.8%).

- Many service providers mentioned that transportation was one of the biggest barriers affecting poverty and employment (69%).

Figure 11: Service Provider Responses for Community Challenges



- With regard to healthcare challenges, they also believe that deductible/co-pays are too high (84.4%), no health insurance (73% and insurance does not cover what is needed (71%) are top reasons that prevent residents from getting the necessary health care.

- Service providers also agree with key informants that mental health services for adults and children (22% - 47%) along with dental care (38%) are the greatest gaps in health care in Blair County.

- Lastly, service providers believe that mental health/depression/ suicide (71%) and alcohol and other drug prevention (62%) are the greatest needs regarding health education and prevention services.

- Over 86% of service providers were aware of and/or participated in Healthy Blair County Coalition initiatives.

D. Faith-Based Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members.

Faith-Based Survey Highlights, Community Initiatives/Projects, and Assets:

- Forty-two percent of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues.

- About 42.8% believe that our community is one that promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.

- Fifty-seven percent agreed that our community is one where religious groups address pressing social concerns.

- Over 28% of the congregations reported having a youth group.

- Members of the faith-based community that responded to the survey reported that poverty/lack of jobs, alcohol and other drugs, obesity, and impaired/distracted driving are our number one community challenges (100%).

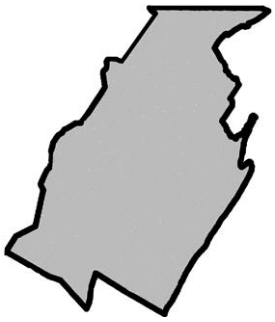
- Results were also similar to other surveys for the top reasons which prevented residents from getting the necessary health care (e.g. insurance didn't cover what was needed and deductible/co-pay was too high).

- Members of the faith-based community reported that dental care (43%) followed by mental health services for adults and children (28% - 36%) were the greatest gaps in health care services.

- They responded that mental health/depression/suicide prevention, alcohol and other drugs, and violence prevention (57%) were tied for the greatest needs for health education and prevention services.

- Only 33% of those responding to the faith-based survey were aware of and/or participated in Healthy Blair County Coalition initiatives.

Section Five:
Demographics of Blair County



Blair County is located in south-central Pennsylvania and covers a land area of 526 square miles. The County includes the City of Altoona, fifteen townships, and eight boroughs. It also includes a portion of another borough, which is split between Blair County and Cambria County.[2] Blair County sits at the heart of the I-99 Corridor and is the crossroads for Route 22 and I-99 covering all points north, south, east, and west.

Blair County is fairly homogeneous with white persons representing 95.6% of the county's population. There are more slightly more females than males.[3] In general, it is a county with a large older population without children. At the same time, Blair County is losing younger professional adults with children. In Blair County, people 65 years and older represent 20% of the total adult population. That is the only population expected to increase in numbers over the next few decades. Approximately, 16.2% of the population in the county has a disability.

Table 19: Demographic Data for Blair County[4]

Characteristics	Blair County	Pennsylvania
2018 Population	123,457	12,805.537
2017 Veterans	10,489	803,420
2017 Persons with a Disability (all ages)	19%	17.7%
2017 Number of Households	51,638	5,007,442
2017 Housing Units	56,856	5,694,130
2017 Average Household Size	2.35	2.47
Percent Population Growth 2010 - 2017	-2.8%	0.8%
2017 Population by Age		
Age <5	5.4%	5.5%
Ages <18	20.7%	20.8%
Ages 18+	79.6%	79.0%
Ages 65+	20.2%	17.8%
2016 Population by Marital Status		
Never married	28.4%	33.4%
Married, spouse present	48.7%	45.7%
Married, spouse absent	3.73%	4.1%
Divorced	11.0%	9.59%
Widowed	8.08%	7.0%

[2] Blair County Planning Commission 2007 Area wide Comprehensive Plan Report for Blair County
[3] Claritas (January 2016)
[4] U.S. Census Bureau (2016)

2017 Housing Ownership	63.9%	61.1%
2017 Median Value of Owner-Occupied Housing	$117,300	$170,500
2017 Median Gross Rent	$676	$885
2017 Households with a Computer	80.1%	84.8%
2017 Households with a Broadband Internet	72.3%	76.8%
Single Parent Households	32.2%	33.6%
2017 Median Household Income	$45,664	$56,951
2017 Per Capita Income	$25,531	$31,476
2017 People Living Below Poverty Level	15.2%	13.1%
2017 Children Living Below Poverty Level	21.5%	18.6%
2017 Population 25+ with High school Graduation	90.7%	89.9%
2017 Population 25+ with a Bachelor's Degree	20.3%	30.1%

Blair County Health Care Resources

Hospitals, Clinics, and Physicians

There are three acute care hospitals in Blair County: UPMC Altoona (368 licensed beds), Conemaugh Nason Medical Center (45 licensed beds), and Tyrone Regional Health Network (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and Encompass Health Rehabilitation Hospital. There are approximately 478 medical staff with clinical privileges.

UPMC Altoona is a charitable, not-for-profit health care system governed by a volunteer community board of directors. The hospital is licensed for a combined 380 beds. UPMC Altoona offers more than 200 years of health care experience, over 300 talented and highly recognized physicians, nearly 4,000 specialized and experienced caregivers, and 600 supportive volunteers. The health system serves more than 20 counties throughout Central Pennsylvania.

UPMC Altoona Partnership for a Healthy Community provides access to dental care for low-income individuals in our community. Health care services for low-income individuals are provided by the Empower3 Center for Health. The mission of UPMC Altoona Partnership for a Healthy Community is to provide accessible, comprehensive, dental care to the community's economically disadvantaged, uninsured, and underinsured, enabling these patients to live healthier lives.

Tyrone Regional Health Network is a clinically integrated collaborative partnership comprised of Tyrone Hospital, Tyrone Rural Health Center, Pinecroft Medical Center, Houtzdale Rural Health Center, Breast Cancer & Women's Health Institute, Orthopedic Center of Excellence, Tyrone Fitness and Wellness Center, Tyrone Regional Health Network Charitable Foundation and the Tyrone Hospital Auxiliary.

Conemaugh Health System offers a variety of inpatient and outpatient services for patients. Specifically, **Conemaugh Nason Medical Center** serves a suburban and rural area of Blair, Bedford, and Huntingdon Counties. Conemaugh Nason Medical Center is part of LifePoint Health®, a leading healthcare company dedicated to Making Communities Healthier®. LifePoint owns and operates community hospitals, regional health systems, physician practices, outpatient centers, and post-acute facilities in 22 states.

Other Facilities

There are other Freestanding Ambulatory Surgery Centers, Freestanding Imaging, Urgent Care, Physical Therapy Centers, long term care providers, and ten nursing homes.

Table 20: Health Insurance Coverage in Blair County[5]

	% County Population	Estimated Subscribers
With Health Insurance Coverage	94.2%	90,772
With Private Health Insurance	49.6%	87,425
With Public Health Insurance	28.5%	47,339
No Health Insurance Coverage	5.8%	5,557

[5] American Community Survey 2017

Section Six:
Strategy 1: Promote a Healthy Lifestyle

Findings and Documented Need

The need to promote a healthier lifestyle for the residents of Blair County remains an identified need in every community health needs assessment. Based on the 2018 CHNA household survey, 78.4% of respondents felt obesity was the greatest health-related community challenge while 37.5% reported being overweight as a problem within their household. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", obesity came in second at 49.2%.

As part of their interview, healthcare providers ranked obesity (41.20%) as one of the top two community health needs. They felt there is a lack of understanding regarding diet and its role in health and disease. Their concern was for children in particular who experience poor diets and lack of physical exercise on a regular basis.

The results of the County Health Rankings Report for Blair County have raised concerns; although the trend improved since the rankings were first published as shown in Table 21.[6] There were factors such as changes in indicators or indicator sources that affected the drop in 2019. Each county was encouraged to study individual indicators as opposed to the ranking from the previous year.

Table 21: Blair County Health Rankings

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
63	62	56	56	51	48	46	47	45	51

According to that same report, 30% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 30%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 8,700 as compared to Pennsylvania at 7,500. Blair County had over 1,000 more premature deaths in the last year. The report indicates the ranking for physical inactivity among adults in Blair County is 24% again comparing that with Pennsylvania at 22.0% and the national benchmark at 20%. It is important to state that 73% of residents in Blair County live in close proximity to a park or recreational facility.[7]

According to the Center for Disease Control, obesity rates in Blair County increased from 25.3% to 33.1% from 2004 – 2013. Reports of physical inactivity increased from 26.9% to 27.2% while reported

[6] 2019 County Health Rankings Report for Blair County
[7] 2019 County Health Rankings Report for Blair County

diagnoses of diabetes rose from 9.3% to 11.3%.[8] In Blair County, 33.5% of K-6 students and 37.6% of students in grades 7-12 are considered overweight or obese.[9]

Over 8% of the low-income population in Blair County do not live close to a grocery store. Food insecurity is an economic and social indicator of the health of a community. It's defined as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. In Blair County, 13% of the population experienced food insecurity at some point during the year.[10]

The 2016 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 199.8 (per 100,000) as opposed to Pennsylvania at a rate of 176.12 (per 100,000).[11]

Goals: Obesity, Diabetes, and Lack of Physical Activity

1. Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact the Incidence of Diabetes
2. Encourage the integration of health and wellness into every aspect of community life.
3. Coordinate and collaborate with all other agencies currently working on this effort.

Progress and Accomplishments (2015 – 2018)	
Let's Move Blair County Committee	The Committee which adopted the national **Let's Move** Initiative continues to provide and participate in educational and physical activities promoting the overall message of eating healthy, getting active, and having fun. The **Facebook** page which has 1861 followers has been sharing tips for healthy eating and getting active, including posting events and activities. Visit us at facebook.com/healthyblaircountycoalition.
Active Living Brochure/Map	In collaboration with the South Hills School of Business & Technology, an interactive Active Living Brochure/Map was developed and 10,000 copies were distributed. It includes resources and activities in Blair County.
Daily Do Challenge	In collaboration with the South Hills School of Business & Technology, a Daily Do Challenge is posted daily on our Facebook page.
Let's Move Blair County at the Altoona Curve	The Committee has planned an annual Let's Move Blair County Day in collaboration with the Altoona Curve Baseball Team. This event includes a health fair, children's wellness activities, Workplace Wellness Corporate Challenge winner presentations, fun games and the overall message about making healthier choices about food, nutrition, and physical activity. With the support and sponsorship from our community, HBCC is the official sponsor of the t-shirt launch for the entire baseball season.
Corporate Wellness Challenge	In 2014, Tyrone Regional Health Network (TRHN) and the Northern Blair County Recreation Center organized the Corporate Fitness Challenge. Our

[8] Center for Disease Control. Diabetes Data and Trends County Level Estimates
[9] Pennsylvania Department of Health. Bureau of Community Health Systems. Division of School Health
[10] Feed America. 2014
[11] Pennsylvania Department of Health. County Health Profile Report for Blair County (2016)

	partners at Blair Regional YMCA, Conemaugh Nason Medical Center, Garver YMCA, Northern Blair County Recreation Center, Tyrone Regional Health Network, and UPMC Altoona have expanded this into a countywide Corporate Wellness Challenge. Area companies are invited to participate in the challenge giving their employees an opportunity to work on weight loss to support good health. Since 2016, there were 25-38 companies, 1867 participants with a total of 13,064 pounds lost. Additionally, TRHN, UPMC Altoona, and Conemaugh Nason Medical Center participate in the challenge to promote weight loss and good health with its employee population.
Active Living/Steps Challenge	Our AmeriCorps member and the Committee are beginning to plan an Active Living/Steps Challenge Program for the spring of 2019. This will include a Facebook page for groups to post their activities and photos.
Wake Up To Wellness Events	In collaboration with the Blair County Chamber of Commerce, the Workplace Wellness Committee hosted three Wake Up to Wellness Events.
Faith-Based Networking Sessions	In collaboration with Saint Francis University, two Faith-Based Networking Sessions on the role of the faith community in promoting health and wellness.
Everybody Walk Across PA	In 2016, HBCC participated in the eight-week Everybody Walk Across PA project and 30 teams from Blair County walked a total of 15,728 which was the most of any participating county in the state.
Blair Planning Commission	Blair Planning Commission (BPC) has included Public Health and Safety as a priority and included an action plan in the 2018 Comprehensive Plan for Blair County. HBCC supported the efforts of the Blair Planning Commission to increase opportunities for physical activity by heir office creating nine walking routes in seven communities through a project called WalkWorks. In addition, the BPC adopted a complete streets policy to encourage sidewalk and bicycle facility construction; supported the development of a trail system and outdoor recreation in Antis Township; assisted the Glendale Snowmobile Club in creating a trail along the western county line; promoted the Trail Town concept in Williamsburg; conducted presentations on public health; conducted a trail stabilization study at Chimney Rocks Park in collaboration with Penn State Altoona,; and participated in a variety of community events Healthy Resolutions Expo and Healthy Blair County Coalition's Let's Move Day at the Altoona Curve.
Southern Alleghenies Urban Ag Network	HBCC supported the efforts of the Blair County Conservation District's Urban Ag grant to target food deserts in Blair County. In 2018, a three-day Iowa State Community Food System Symposium was conducted. In addition, they received a grant to pilot Iowa State University's new Community Food System Certification Program. There were 45 participants from across Pennsylvania that came together to brainstorm opportunities and challenges in our local/regional food system.
Collaboration with Partners	Our three local hospitals as well as other community agencies provides classes/programs on healthier eating, physical activity, diabetes education, and stress reduction.
Born Learning Trails	The United Way of Blair County in collaboration with Penn State Altoona's Sheetz Fellows Program created two outdoor, interactive, early learning trails. The trail includes learning activities for adults to play with young children to help boost language and literacy development and to help caregivers support early learning.
UPMC Altoona	In November 2016, UPMC Altoona hosted its first annual National Diabetes Day Health Fair to help community members learn how to prevent, detect, and manage the disease. To date, 158 people have attended the health fair.

	UPMC Altoona has offered over 276 events to encourage physical activity and prevent obesity and chronic disease with over 9,423 participants. Examples include yoga, Senior Health and Fitness Day, "Read the Label" food tour, etc. UPMC Altoona also provides health management activities that are available to all UPMC employees, including free group or individual health coaching, Walk/Run at Work Days, Lunch N Learn Presentations with various health topics, healthy recipes monthly in the Daily Extra, presentations by dieticians on Diabetes and Weight Management, etc. Various departments staff from UPMC Altoona participant in the Health O'Rama, Healthy Resolutions Expo, and Healthy Blair County Coalition's Let's Move Day at the Altoona Curve.
Tyrone Regional Health Network (TRHN)	Tyrone Hospital expanded its outpatient services to include a Diabetes Education Program. The program is accredited by the American Association of Diabetes Educators (AADE). Tyrone Hospital offered the PreventT2 program free to community members. PreventT2, a program of the National Diabetes Prevention Program, is designed to help those at high risk for diabetes to significantly lower their risk of developing diabetes. The TRHN/Tyrone Hospital Diabetes Center conducted a Diabetes Fair offered free to the community. The Fair provided diabetes screening and information to increase diabetes awareness on how to lower diabetes risk. Additionally, information was provided to raise awareness of resources available to help those with diabetes maintain their health. Postings were included in TRHN social media during Diabetes Awareness Month. Postings and tips are incorporated into TRHN social media throughout the year to call attention to the importance of maintaining a healthy weight. TRHN continues to provide the Tyrone Fitness and Wellness Center. The Center offers adults a variety of exercise options to support good health. Community members continue to have access to walking trails located on the TRHN campus. TRHN/Tyrone Hospital co-sponsored the Annual Bellwood-Antis Public Library Community Health and Safety Fair along with library leaders and the Northern Blair County Recreation Center. The event kicked off with a 5K race followed by the health fair which offered a variety of health screenings and health-related information, including screening for diabetes and body mass index. TRHN/Tyrone Hospital professionals played a significant role in supporting the annual Tyrone Rotary Club's Annual Family Fun Blast event. TRHN staff provided diabetes screening, tips for parents on how to reduce electronic screen time and keeping kids active. Staff provided educational sports sessions for kids and also provided parents nutrition-related tips to help kids achieve and maintain a healthy weight. Professionals from TRHN/Tyrone Hospital participated in an assortment of community events where information and screenings for diabetes and body mass

	index were incorporated into event offerings. Events attended included but were not limited to: Bellwood Fall Fest, Blair County Community Resources Fair, Health-O Rama, the Healthy Resolutions Expo, and Healthy Blair County Coalition's Let's Move Day at the Altoona Curve.
Conemaugh Nason Medical Center	The Dietician at Conemaugh Nason Medical Center, in cooperation with Penn State Extension, conducted presentations during the school year for 40 students per week at an afterschool program. The programs focus on making healthy meal choices, cooking demonstrations, the importance of eating three meals per day, eating appropriate snacks including fruits and vegetables, etc. Parents attended an end of year program with their children and received a summary on healthy eating and the benefits of gardening. Conemaugh Nason also conducted Nutrition and Wellness programs on-site for local employers, including Appvion's Spring Into Wellness Health Fairs for Appvion employees and families (over 200 attendees), Smith Transport (30 employees), and Roaring Spring Paper Products (100 employees).

The implementation plan for the continuation of this strategy is outlined in Section 14 (pages 93-94) of this report.

Section Seven:
Strategy 2: Alcohol and Other Substance Abuse

Findings and Documented Need

Although there have been many proactive initiatives to address alcohol and other drugs within Blair County, it continues to adversely affect the quality of life for individuals and the community itself. In addition to the individual and population health risks, drug and alcohol use poses a significant toll on the utilization of the health care system and the economy. It was the highest rated issue in the random household survey at 79.1%. An analysis based on geographic areas indicated that residents in northern, central, and southern Blair County ranked alcohol and other drugs as the first or second highest ranking issue at 80%, 77%, and 63% respectively.

Alcohol and other drugs was ranked second (86.5%) by key informants as a major/moderate issue. It was tied for first place at 100% by service providers and the faith-based community. It was ranked as the highest community need at 64.7% by healthcare providers.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", alcohol and other drugs was ranked third at 36.8%. Key informants, service providers, and the faith-based community ranked alcohol and other drugs as the second greatest need at 54.2%, 62.2%, and 57.1% in that order. On a positive note, over 78% of people in the household survey stated they would know how to find treatment if they or someone they knew needed help for an alcohol or substance abuse problem.

The Blair Drug and Alcohol Partnerships (BDAP) is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund and administer drug and alcohol activities. BDAP has been doing outreach to increase the identification and referral to treatment from multiple systems. The data shows that there is an increase in the number of persons accessing services over the last 3 years by 56%. Since January 2019 there have already been 674 assessments for drug and alcohol services completed.

According to statistics the drugs of choice in the county have been reported as opioids, alcohol, methamphetamines, and marijuana. Data shows opioid use disorder is still the primary diagnosis in Blair County. In 2017-2018, Medicaid data showed 2,886 distinct members admitted for substance use disorders and 1,819 admissions (63%) had an opioid use disorder. One group of individuals who are underserved and less likely to receive an intervention is our older populations (less than 20% of admissions are age 44 and above). This is of concern because data shows they are at risk based on prescribing data and overdose data.

From January 2016 - August 2017, prescription drug data identified the population ages 44-70 as receiving the highest volume of two specific pain medications. In conjunction, the overdose data for Blair County shows 24% of fatal overdoses are for persons over the age of 50.[12] Data from the newly launched

[12] Blair Drug and Alcohol Partnerships

Prescription Drug Monitoring Program identified Blair County as the number two prescriber of Schedule 2 narcotics and the number one dispenser in Pennsylvania. One data point for Blair County shows for two opioid pain medications over 500,000 pills are being dispensed per month.[13]

In the past year, Blair County has seen an emerging trend of methamphetamine as well as cocaine. The current trend of distribution reported by local law enforcement appears to be through internet purchases. BDAP has seen a 300% increase in reports of methamphetamine use at the time of assessment. This is a drug that is being used along with other substances.

From July 2017 to June 2018, BDAP received 117 referrals from the local hospitals and 27 were for overdose survivors.[14] The number of overdose deaths is averaging one per week based on autopsy reports. There were 52 overdose deaths in 2017 which was is a significant increase from 18 in 2007. In Blair County, the number of overdose deaths is averaging one per week based on 2017 autopsy reports. There were 52 overdose deaths in 2017 which was is a significant increase from 18 in 2007.[15]

Of the 9,464 members served by Blair HealthChoices, 2,200 received outpatient drug and alcohol treatment and an additional 552 received drug and alcohol rehabilitation services. An eleven-year comparison of the opiate impact indicates that the number of members served with opioid disorders increased from 423 to 1,688 (2007 – 2018) at a cost of $6,545,090.[16]

In Blair County, there were over 450 arrests for driving under the influence, 156 liquor law violations, 172 for drunkenness, and 778 drug arrests (2017).[17]

The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. As shown in Table 22, Blair County has seen declines in the percentage of youth engaging in alcohol, inhalants, cigarettes, smokeless tobacco, e-cigarettes, hallucinogens, methamphetamines, and ecstasy for lifetime use but an increase in marijuana and prescription drugs.[18]

Table 22: Pennsylvania Youth Survey Results for Blair County (Percent of Lifetime Use for Students in Grade 12)

	2001	2003	2005	2007	2009	2011	2013	2015	Blair County 2017	State 2017
Alcohol	86.6	82.2	82.0	77.8	66.0	60.7	72.7	65.1	57.6	69.2
Marijuana				30.8	29.0	38.7	31.9	33.8	29.4	38.1
Inhalants				11.1	10.8	5.2	7.1	7.0	3.5	4.2
Cigarettes	61.6	55.2	50.3	47.7	47.5	49.3	40.9	37.2	31.1	29.0
Smokeless Tobacco	0.4	28.5	27.7	30.6	30.1	35.8	29.4	21.8	14.6	15.9
E-Cigarettes (past 30 days not lifetime)	-	-	-	-	-	-	-	29.9	28.1	29.3

[13] Blair Drug and Alcohol Partnerships
[14] Blair drug and Alcohol Partnerships
[15] Blair County Coroner
[16] Blair HealthChoices
[17] PA State Police Uniform Crime Report
[18] Pennsylvania Youth Survey. 2001 - 2017 Blair County Survey.

Narcotic Prescription Drug	-	-	-	-	-	12.3	12.7	12.1	71.	8.8
Prescription Tranquilizers	-	-	-	-	-	2.6	6.1	6.1	4.0	4.5
Prescription Stimulants	-	-	-	-	-	7.4	9.4	10.6	8.4	6.8
Steroids	3.3	1.3	1.1	2.4	0.5	1.3	1.7	1.3	.6	1.2
Cocaine	7.4	6.4	5.6	6.9	2.9	2.6	3.1	2.5	2.8	2.7
Methamphetamines	6.6	5.0	3.9	0.6	0.8	0.4	2.1	0.7	.5	.6
Heroin	3.1	3.3	2.6	0.3	0.9	0.6	1.7	1.3	.2	.5
Hallucinogens	12.7	9.0	5.9	9.3	3.7	7.2	6.4	8.0	6.9	6.3
Ecstasy	11.1	5.4	3.3	2.7	2.2	2.0	1.7	1.7	1.0	1.7

Since 2007, Operation Our Town has raised over 3.9 million dollars and secured federal grants to fund law enforcement, prevention, and treatment programs to combat crime and substance abuse in Blair County. In 2017, local police departments collected 1,552 pounds of drugs through the Blair County Drug Collection Boxes. The implementation of a variety of specialty courts has also had a positive impact.[19]

Goals: Alcohol and Other Substance Abuse

1. Enhance collaboration and communications between behavioral and physical health care providers.
2. Continue the implementation of the evidenced-based SBIRT (Screening, Brief Intervention, and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Progress and Accomplishments (2015 – 2018)	
Substance Use & Physical Health Coalition	Under the leadership of Blair Drug and Alcohol Partnerships, this work group is enhancing the collaboration and communications between behavioral and physical health care providers.
SBIRT (Screening Brief Intervention and Referral to Treatment)	SBIRT is a comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening. Implementation of the Screening Brief Intervention, and Referral to Treatment (SBIRT) has embedded case managers at Empower3 and Altoona Family Physicians. Empower 3 Clinic has conducted over 8,901 screenings 665 brief interventions, and 181 patients were referred to treatment (drug/alcohol and mental health). Altoona Family Physicians has conducted over 5,482 screenings, 368 brief interventions, and 35 patients were referred to treatment (drug/alcohol and mental health). UPMC Pregnancy Care Center is another SBIRT site that has conducted 1,435 screenings, 89 brief interventions, and 39 referrals to treatment.[20] BDAP was asked to partner on a two-year national grant to implement SBIRT within pharmacies. Seven pharmacies in Blair County have implemented the program with the goal of providing SBIRT to over 6400 patients.

[19] Operation Our Town 2018 Newsletter
[20] University of Pittsburgh. Program Evaluation Research Unit.

Warm Handoff for Substance Abuse Disorders	There is a 24/7 day warm handoff from all Blair County Emergency Departments, Inpatient Hospital and the Pregnancy Care Clinic-Healthy Beginning sites for Substance Use Disorders. And, there are mobile assessment/warm handoff services available to all four hospitals (Conemaugh Nason Medical Center/Tyrone Regional/UPMC Altoona/VA Medical Center). BDAP has embedded a Certified Recovery Specialist at the UPMC Altoona Emergency Department.
Conemaugh Nason Medical Center	Conemaugh Nason promoted and participated in the National Prescription Drug Take Back Day through promotions to patients and the public. In addition, the hospital has an internal committee that focuses on the effects of the overprescribing of opioids and works to combat the issue.

The implementation plan for the continuation of this strategy is outlined in Section 14 Page 94) of this report.

Section Eight:
Strategy 3: Mental Health Needs of Children/Adolescents

Findings and Documented Need

Although this strategy has focused on children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. Thirty-nine percent (39.6%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. When reviewing household survey responses from other organizations and the website that that number was as high as 63% for having anxiety, stress, or depression. Over eighty percent (81% - 83%) of key informants stated that adults and children with mental illness or emotional issues was a major/moderate issue. Service providers ranked those two questions even higher at 84.5% and 97.8% respectively. Respondents to the faith-based survey believed that adults (92.9%) and children (85.7%) with mental illness or emotional issues was a major/moderate community challenge.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", mental health/depression/suicide prevention was ranked number in every survey.

As part of their interview, healthcare providers ranked mental health services as one of the top community health needs (41.2%). Many believe that mental health services especially for children and adolescents is a critical need (e.g. early identification, the need for an inpatient facility, access to more behavioral health providers, and additional psychiatrists, etc.).

In 2014, the HBCC Mental Health Work Group conducted an informal study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. In a two-year period, 304 Blair County residents ages 0-18 received in-patient care at UPMC Altoona. Another 253 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

A review of the Student Assistance Program (SAP) implementation in Blair County identified many strengths including the availability of agency services and parent permission for SAP services. In 2017 - 2018, 78% of parents provided written permission for their child to participate in SAP as compared to the state average of 67.[21] The lack of credential staff, insurance issues, the lack of an in-patient facility in the county and/or available beds in other facilities, and the need for more summer programs were identified as weaknesses in our child/adolescent mental health services system.

In 2017-2018, over 9,464, up 2,000 more from two years ago, residents of Blair County received mental health services through the Medical Assistance Behavioral Health Managed Care provider and another 4056 uninsured individuals received care through Department of Human Services funding.[22] In 2017-2018, Blair County's Medical Assistance Behavioral Health Managed Care provider spent over

[21] Pennsylvania Department of Education. Student Assistance Program Data (2017- 2018)
[22] Department of Social Services and Blair HealthChoices

$35,000,000, and an increase of $2,000,000 since 2015-2016 primarily increasing access to children's behavioral health services and drug and alcohol treatment.[23]

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. One person every eleven minutes in the United States dies by suicide. The national annual suicide rate is 14.5 per 100,000 and 15.9 for Pennsylvania.[24]

The rate in Blair County has decreased slightly since the last needs assessment from 13.6% to 11.9% as indicated in Table 24.

Table 23: Suicide Statistics in Blair County 2004-2018[25]

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
No. of Suicides	25	20	17	20	16	15	14	16	13	17	14	27	14	21	22
Male Female	21 4	16 4	13 4	17 3	14 3	9 6	9 5	13 3	12 1	15 2	14 0	24 3	11 3	19 2	20 2
Age 0-15	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
16-25	4	1	0	5	3	2	4	2	1	2	1	4	5	5	4
26-35	3	2	1	3	2	2	2	2	3	4	2	7	2	2	2
36-45	5	4	7	8	6	6	3	1	3	2	2	3	1	4	3
46-55	7	2	2	3	2	2	1	7	1	2	1	4	4	3	6
55-65	3	6	4	1	2	1	4	1	4	5	4	4	0	3	3
66-75	2	1	1	0	1	1	0	3	0	1	0	2	0	1	3
75 and older	1	4	2	0	1	0	0	1	1	1	4	3	1	2	1

The number of Student Assistance Program referrals for suicide ideation, gesture, or attempt is summarized in Table 24. As indicated on the Pennsylvania Youth Survey, youth in Blair County also report symptoms of depression.

Table 24: Summary of Blair County Student Assistance Program Data - Number of Referrals and Statistics Related to Suicide Ideation, Gesture, or Attempt[26]

School Year	Total Number of SAP Referrals	Number of Referrals for Suicide Ideation, Gestures, or Attempts	Number of Referrals for Suffered Recent Loss
1996-1997	1151	36	-
1997-1998	973	48	-
1998-1999	964	54	-
1999-2000	1023	65	-

[23] Blair HealthChoices
[24] American Association of Suicidology (2017)
[25] Blair County Coroner
[26] Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2018)

2000-2001	1010	43	-
2001-2002	949	44	-
2002-2003	912	35	183
2003-2004	998	37	51
2004-2005	1055	34	73
2005-2006	1008	27	87
2006-2007	1018	19	69
2007-2008	1116	13	57
2008-2009	1206	14	106
2009-2010	1359	22	83
2010-2011	1478	51	96
2011-2012	1358	30	64
2012-2013	1368	33	55
2013-2014	1569	40	63
2014-2015	1647	37	64
2015 - 2016	1767	29	88
2016 - 2017	2050	60	89
2017 - 2018	2352	90	89

(Student Assistance Programs have been established by law in all school districts to identify and assist students who may be experiencing problems with school performance or behavior. These problems may be related to mental health concerns, or alcohol and other drug use. The increase in the number of referrals is due to the addition of elementary SAP teams.).

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student's life. In Blair County, 41.9% of students in this county reported the death of a close friend or family member in the past twelve months, compared to 40.3% at the state level. 11.7% of students reported changing homes once or twice within the past 12 months, and 5.2% of students reported having changed homes three or more times in the past three years.[27]

As shown in Table 25, 39.0% of students felt depressed or sad most days as compared to 30.1 % in 2011.

Table 25: Blair County Youth Reporting Symptoms of Depression (2017)[28]

	6th	7th	8th	9th	10th	11th	12th	Overall
In the past year, felt depressed or sad most days	31.2%	-	38.0%	-	43.7%	-	39.0%	37.8%
Sometimes I think that life is not worth it	16.2%	-	25.0%	-	29.8%	-	31.5%	24.7%
At times I think I am no good at all	26.7%	-	33.9%	-	40.8%	-	39.9%	35.0%
All in all, I am inclined to think that I am a failure	14.9%	-	22.3%	-	23.4%	-	24.0%	21.0%

Note: The symbol "--" indicates that data is not available because only students in grades 6, 8, 10, and 12 were surveyed as part of the Pennsylvania Youth Survey.

[27] Pennsylvania Youth Survey. 2017 Blair County Survey
[28] Pennsylvania Youth Survey. 2017 Blair County Survey

Bullying and harassment often lead to depression and suicide, especially among young people. Students in Blair County (grades 6, 8, 10, and 12) reported on the 2017 Pennsylvania Youth Survey that 31.3% experienced bullying in the past 12 months (compared to 28.2% of students at the state level).[29] Although not ranked as high as other issues, about 59.5% of participants in the household survey considered bullying/harassment/cyberbullying a major/moderate issue with approximately 32.6% reported having children who were being bullied/harassed/cyberbullied. Responses from surveys conducted by another organization indicated over 75.5% of families indicated bullying/harassment/cyberbullying was their second highest ranked community challenge.

On average, Blair County residents have an average of 4.3 poor mental health days in the last 30 days which compares to the state at 4.3. The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 460:1 as compared to Pennsylvania at 580:1.[30] In addition, Blair County is designated as a Health Professional Shortage Area for mental health care.[31]

Goals: Mental Health Needs of Children/Adolescents

1. Develop a better understanding of the services available to identify, intervene, and provide treatment to children and adolescents within the county.
2. Build awareness of mental health and mental illness in Blair County.
3. Increase the capacity for residents and community members to identify whether someone is at-risk for suicide.

Progress and Accomplishments (2015 – 2018)	
Mental Health Work Group	The purpose of this work group is to explore unmet needs and work toward establishing or enhancing programs and strategies to more effectively serve children and families. This includes creating an awareness of mental health and mental illness needs with various education and community organizations.
Community Conversations about Mental Health	Conducted ten SAMHSA "Community Conversations" about mental health issues. The purpose is to break down misperceptions and promote recovery and healthier communities.
Addressing Gaps in Services for Children and Adolescents	A Sub-Committee was formed to update the feasibility study for a child/ adolescent in-patient mental health facility. A Community Partners Sub-Committee was formed to discuss short-term issues and needs of what to provide for youth before/in lieu of in-patient, how schools and UPMC Crisis Center can communicate based on confidentiality regulations (what information can be shared from crisis so schools know the status of the students who is returning to school), etc. The work group will continue to assess the usage of the Communications Protocol between School and Inpatient Providers. The purpose is to provide

[29] Pennsylvania Youth Survey, 2017 Blair County Survey
[30] 2016 County Health Rankings Report for Blair County
[31] Bureau of Health Planning. Department of Health

	communications regarding the discharge of a student between the inpatient facility and the school district.
Student Assistance Program (SAP)	A review of data on the implementation of Student Assistance Programs in Blair County schools is conducted. School districts and UPMC Altoona fund and facilitate summer support groups for students identified by school SAP teams.
Columbia Suicide Risk Assessment Tool	The work group developed a training based on the Columbia-Suicide Assessment Tool. The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. The first training in Blair County was held for school personnel at their annual SAP Conference. Additional trainings are being planned based on requests. Under the leadership of the Blair County Department of Social Services, an app was developed for Blair County as well as nationwide in conjunction with the developers of the program. HBCC contributed funding toward this project.
UPMC Altoona's Mobile Crisis Team	Part of UPMC Altoona's Behavioral Health Department, the Mobile Crisis Team provides on-site, face-to-face mental health services for individuals and families experiencing a behavioral health crisis. The program serves approximately 400 to 500 individuals per year.

The implementation plan for the continuation of this strategy is outlined in Section 14 (pages 95-96) of this report.

Section Nine:
Strategy 4: Smoking, Tobacco, and E-cigarettes

Findings and Documented Need

Because of the recent trend, e-cigarettes were added to the 2018 community health needs assessment as part of the question about smoking and tobacco use. Results indicate that 72% of respondents felt smoking, tobacco, and the use of e-cigarettes was a major/moderate concern which is an increase from 60% in the 2015 needs assessment. The results were similarly based on geographic region and for the survey conducted by the other agencies. Almost 18% of households experienced negative effects of using these products. Key informants considered smoking, tobacco, and use of e-cigarettes (81.4%) in the top four community challenges. Service providers felt even stronger with this issue tied for number one at 100%. Members of the faith-based community ranked it in the top four challenges (92.9%).

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", almost 20% reported tobacco prevention and cessation.

According to the County Health Ranking Report, 17.0% of the adult population in Blair County currently smoke. The Healthy People 2020 national health target is to reduce the proportion of adults who smoke to 12.0%. This is an area designated for our county to address in the county health ranking report; however, there has been a significant improvement since 2010 when 23% of adults smoked in the county.[32] Each year approximately 480,000 premature deaths can be attributed to smoking, including more than 41,000 deaths resulting from secondhand smoke exposure. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions.

E-cigarettes are now the most commonly used tobacco product among youth. In 2018, more than 3.6 million middle/high school students in the United States used e-cigarettes in the past 30 days. In 2017, 2.8 million adults were current e-cigarette users. More teens have access to these addictive, vaping devices, and continue to believe that e-cigarettes and vaping products are a safer form of smoking. Besides nicotine, e-cigarettes contain harmful and potentially harmful ingredients that can be inhaled deep into the lungs.[33] In Blair County, 28.1% of students in grade 12 reported vaping/e-cigarette use in the last 30 days. Vaping substances used by those students ranged from flavoring (66.8%), nicotine (37.7%), marijuana or hash oil (11.2%), and didn't know the substance (9.9%).[34] The amount of nicotine in one juul pod is equivalent to a pack of cigarettes. Since teens often use multiple pods in one sitting, they can unknowingly become exposed to unsafe levels of nicotine.[35]

According to the 2016 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 167.7 (per 100,000) as compared to Pennsylvania at a rate of 170.9 (per 100,000).[36]

[32] 2019 County Health Rankings Report for Blair County
[33] Center for Disease Control. 2014 National Youth Tobacco Survey
[34] Pennsylvania Youth Survey. 2017 Blair County Survey
[35] National Center for Health Research
[36] Pennsylvania Department of Health. County Health Profile Report for Blair County (2016)

The number of mothers in Blair County who report smoking during pregnancy has decreased to 18% since the last needs assessment but is still higher than Pennsylvania at 88.5% or the nation at 92.8%.[37]

Goals: Smoking, Tobacco, and Use of E-Cigarettes

1. Identify and support the implementation of policies and programs that promote a smoke-free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).
2. Educate young people and the community on the dangers of tobacco, nicotine, and e-cigarettes.

Progress and Accomplishments (2015 – 2018)	
Tobacco-Free Work Group	The purpose of this work group is to identify and support the implementation of policies and programs that promote a tobacco-free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).
Tobacco-Free Workplaces	The Tobacco-Free Work Group developed and distributed a webinar to provide information and resources for businesses and organizations on how to become 100% tobacco-free workplaces.
Healthy Resolutions Expo	An annual Healthy Resolutions Expo is conducted in order to provide education and encourage residents to sign-up and pledge to work on a healthy resolution. This went beyond the typical health fair by selecting vendors that would engage residents to learn about and commit to a healthy resolution such as getting more exercise, quitting tobacco use, drinking more water, eating healthier, scheduling important preventive health care checkups, etc. 549 residents signed pledge cards at the 2017 event.
State Tobacco Control Grant	The Lung Disease Foundation of Central Pennsylvania is the tobacco control grant provider in Blair County. In collaboration with the American Lung Association of Pennsylvania, the offer resources and programs related to tobacco control. From July 2017 to December 2018, there were 84 intakes conducted for Blair County residents by the PA Free Quitline. In addition, ten smoking cessation classes were conducted. Of the 79 smokers that attended the classes, 33% quit smoking. Two Tobacco resistance Unit (TRU) groups were created with 22 students from various schools and organizations participating. Staff from the Lung Disease Foundation provided a variety of resources and education presentations to schools, businesses, healthcare providers, social services agencies, community organizations, multi-unit housing, etc. They also participated in major health fairs and related community events. In 2015 to 2018, Blair Drug and Alcohol Partnerships conducted eleven smoking cessation classes. Of the 85 smokers that attended the classes, 15% quit smoking.
Future Planning	The work group collected and reviewed data related to vaping and e-cigarettes and decided that this issue should be a focus of the work group.

The implementation plan for the continuation of this strategy is outlined in Section 14 (pages 96-97) of this report.

[37] Pennsylvania Department of Health. Health Statistics and Research. (2016)

Section Ten:
Strategy 5: Poverty

Findings and Documented Need

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, housing, transportation, etc.).

Poverty and the lack of adequate income was identified as one of the highest ranked community challenges in the household survey (72.5%). This was also reflected at various rates based on geographic analysis and other populations that were surveyed. Poverty was ranked as the number one challenge by key informants (89.9%), service providers (100%, and the faith-based c community (100%). Over 30.1% didn't have enough money to meet daily needs/food and as high as 55.5% as reported in the subgroups (other organizations that conducted the survey).

The per capita income for Blair County is $25,531which is lower than for Pennsylvania at $31,476. The median household income is $45,664 which is significantly lower than the state at $56,951. This may be due in part to Blair County having more technical-service type jobs that tend to pay lower wages.[38]

The average unemployment rate in Blair County has ranged from 3.6% to 10.9% from 1990 – 2016 and is currently at 3.9% which is less than the state's rate at 4.2%.[39] The cost of living in Blair County is 87 (less than the U.S. average at100). The reason Blair County's cost of living is lower is due to the lower cost of housing as compared to the rest of the nation. However, Blair County has a higher cost of living when comparing groceries, utilities, transportation, clothing, and other services.[40]

Over three percent (3.7%) of households in Blair County receive general assistance and Temporary Assistance to Needy Families (TANF). Households receiving public assistance generally have difficulty providing adequate care for all members of the household. Individuals in these households may not be able to afford the resources necessary to succeed in school and at work, and in some cases, may defer or decline treatment for health conditions. Forty-four (44.9%) of households with children under 18 years old in the county participate in the Supplemental Nutrition Assistance Program (SNAP). The monthly enrollment is over 20,000 for SNAP and over 32,000 for medical assistance (Medicaid) for Blair County.[41] Seventeen percent of people are getting food stamp assistance in the county as compared to 14% in Pennsylvania. Approximately, 13% of adults ages 65 and older are enrolled in Pennsylvania's prescription assistance program (PACE/PACENET) as compared to the state at 12%. There are 10,521 persons ages 18-64 and 7,977 persons over the age of 64 with disabilities in Blair County.[42]

[38] The Center for Rural Pennsylvania 2016 County Profiles
[39] U.S. Bureau of Labor Statistics
[40] Altoona Blair County Development Corporation
[41] PA Department of Human Services
[42] The Center for Rural Pennsylvania 2016 County Profiles

The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 50% as compared to Pennsylvania at 46%.[43]

Table 26: Percent of Children Enrolled in Free and Reduced Lunch Programs (2017 – 2018)[44]

School District	Percent of Children
Altoona Area	63.9%
Bellwood-Antis	37.6%
Claysburg-Kimmel	59.4%
Hollidaysburg Area	35.0%
Spring Cove	43.2%
Tyrone Area	45.8%
Williamsburg Community	46.4%
Nonpublic Schools	4.7% - 12.8%%

About 44.4% of children under the age of 18 are living in low-income families. The percentage of uninsured children under 18 years old in Blair County was 3.2%% as compared to Pennsylvania at 5.2%. The percentage of children under age 19 with Medicaid coverage was 41.8%. The percentage of children under age 19 with CHIP coverage was 5.8%. The percentage of unserved children eligible for publically funded Pre-K in Blair County is 65.2% which is lower than the state percentage of 68.9%.[45]

The 2019 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. Table 27 shows the areas of highest need in Blair County. The selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

Table 27: SocioNeeds Index for Blair County Zip Codes[46]

Zip Code	Ranking
16625 - Claysburg	5
16601 - Altoona	5
16602 - Altoona	4
16637 – East Freedom	4
16693 - Williamsburg	4
16673 – Roaring Spring	3
16662- Martinsburg	2
16686 - Tyrone	2
16635 - Duncansville	2
16617 - Bellwood	2
16648 - Hollidaysburg	1

The latest child abuse and neglect reports (2017) indicate 637 reports of child abuse in Blair County with 74 (11.4%) being substantiated. This is a 63.4% increase since 2013. The total substantiated reports per

[43] Pennsylvania Department of Education. Data and Statistics.
[44] Pennsylvania Department of Education. Data and Statistics.
[45] www.papartnerships.org State of the Child County Profile (Blair 2015)
[46] Conduent Healthy Communities Institute (2019)

1000 children is at 2.8% which is higher than the state percent at 1.8%. In addition, there 2,342 reported concerns of general neglect that resulted in 670 validated.[47]

When reviewing education indicator data, the high school graduation rate for Blair County is 90.7% as compared to the state at 89.9%. However, those earning a bachelor's degree or higher is much less than the state at30.1% compared to Blair County at 20.3%.[48]

According to the U.S Census Bureau, there are 8.032 children below age 5 live in Blair County. Over 33% are at, or below 138% of the Federal Poverty Level making them eligible for Pennsylvania's expanded Medicaid coverage. About 35% of children in the county below age five meet the annual income edibility level (22% below the poverty level) to receive Child Care Works (CCW). In 2016, 59% of children ages 3 and 4 were not enrolled in high-quality Pre-K programs[49].

According to the 2015-2016 Reach and Risk Report, children in Blair County are at a moderate-high risk of school failure. When children experience risk factors such as living in economically stressed families, poor or no prenatal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. The more risk factors a child experiences, the greater his/her risk of school failure. This data indicates that 7,129 children in Blair County fall into this category.[50]

The percent of teen births for Blair County is 5.5% which is higher than for Pennsylvania at 4.3% (ages 15 - 19). There were 67 teen births (ages 19 and under) in Blair County in 2017. Thirty-nine percent were on Medicaid[51]

Data taken from the 2019 County Health Rankings Report indicate 6% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania.[52] Without health insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use.

Homelessness and affordable housing have continued to be a significant concern in the county. In 2017-2018, Blair Senior Services provided 975 consumers emergency help through rental assistance, motel stays, and utility payments. Blair County Community Action assisted 162 households who were homeless or in danger of becoming homeless and Family Services served 177 individuals in their homeless shelter, turning away 366 due to lack of available beds. The Family Services Victim Services Program sheltered an additional 39 persons and assisted 15 with permanent housing. We have seen an increase in rental opportunities in Blair County but not those that are affordable for low to moderate income households and the wait list for access to subsidized housing continues to be two years or longer. Employment in the area has increased but mostly in the service industry with jobs that provide no benefits or a livable wage for families.[53]

[47] Pennsylvania Department of Human Services (2017)
[48] American Community Survey
[49] Pre-K for PA
[50]Pennsylvania Office of Child Development and Early Learning Program Reach and Risk Report. (www.ocdelresearch.org).
[51] Pennsylvania Department of Health
[52] 2019 County Health Rankings Report for Blair County
[53] Family Services, Inc.

Eighteen percent of the Blair County population lives in a HRSA-designated Medically Underserved Area (MUA).[54]

Table 28: Economic and Social Data for Blair County[55]

Characteristics	Blair County	Pennsylvania
2017 People Living Below Poverty Level	15.2%	13.1%
2017 Children Living Below Poverty Level	21.5%	18.6%
2017 Households with Cash Public Assistance	3.7%	3.2%
2017 Households with Children Receiving SNAP	44.9%	45.9%
2016 Food Insecurity Rate	12.6%	12.5%
2017 High School Dropout	1.3%	1.7%
2017 Child Abuse Rate (cases per 1000 children)	23.0%	14.5%
Population Eligible for Medical Assistance	27%	23%

Goals: Poverty

1. Identify and address issues related to poverty in Blair County as well as provide training and increase awareness of the impact of poverty on children and families.
2. Address food insecurity and food deserts in Blair County in collaboration with the Urban Ag Network.

Progress and Accomplishments (2015 – 2018)	
Bridges Network	This work group continues to identify and address issues related to poverty in Blair County as well as provide training and increase awareness of the impact of poverty on children and families.
Poverty Simulations	A sub-committee was formed to plan for additional Poverty Simulations as requested. To date, the work group organized and sponsored eight Poverty Simulation events with over 857 participants and volunteers. They are planning two additional poverty simulations.
Bridges Out of Poverty Training	To date, the work group organized and conducted fifteen Bridges Out of Poverty training for over 250 participants.
Food Insecurity and Food Deserts	The work group is exploring how to address food insecurity and food deserts in Blair County, along with the newly formed Urban Ag Network. A three-day Community Food System Training was held on December 17 - 19, 2018.

The implementation plan for the continuation of this strategy is outlined in Section 14 (page 97) of this report.

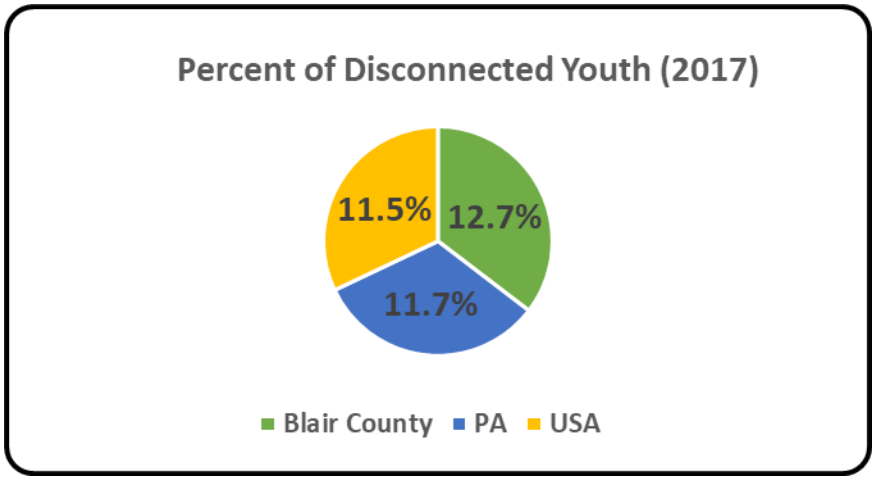
[54] UPMC Altoona
[55] U.S. Census Bureau (2017)

Section Eleven:
Strategy 7: Youth Connections

Blair County was one of twelve counties from across the country to be chosen by the National Association of Counties (NACo) in partnership with the Robert Wood Johnson Foundation County Health Rankings & Roadmaps Programs to receive community coaching on efforts to reduce childhood poverty with an emphasis on youth connections. This initiative is part of our HBCC Bridges Network which was formed to develop a better understanding of how to address poverty in Blair County. A Rural Impact County Coaching Team was created (now called the Youth Connection Task Force).

Based on the most recent Measure of America Report, 11.5% of youth and young adults ages 16-24 across the country are not in school or working. In Pennsylvania, that number was 11.7%. These young people are cut off from the people, institutions, and experiences that would otherwise help them develop the knowledge, skills, maturity, and sense of purpose required to live rewarding lives as adults. And the negative effects of youth disconnection affect the economy, social sector, criminal justice system, and the political landscape. Disconnected young people are more than three times as likely to have a disability of some kind. The data for Blair County indicates that over 1700 youth and young adults (12.7%) are disconnected from school, the workforce, and our community. This is a slight improvement from the last two years (14.4% in 2015 and 13.6% in 2016) that indicated the percent of youth and young adults in Blair County that were disconnected.[56].

Chart 1: Percent of Disconnected Youth



Nationwide: 7.5 million students miss nearly a month of school each year and 7,000 students drop out every day in our country about 1.2 million a year.[57] In Blair County, over a 1,000 kids are considered habitually truant and an estimated 750 high school dropouts join our population.[58]

[56] Measure of America of the Social Science Research Council 2017
[57] Attendance Works
[58] Blair County School Attendance Task Force

Children living in poverty are two to three times more likely to be chronically absent. Students from communities of color as well as those with disabilities are disproportionately affected. This isn't simply a matter of truancy or skipping school. Many of these absences, especially among our youngest students, are excused. Often absences are tied to health problems, such as asthma, diabetes, and oral and mental health issues. Other barriers including lack of a nearby school bus, a safe route to school or food insecurity make it difficult to go to school every day. This isn't just a problem in high school, this starts as early as preschool and is very prevalent among kindergarten students.[59]

In 2017 in the Blair County Prison, there were 296 people incarcerated and 50% did not graduate from high school. Over 80 percent of the incarcerated population are high school dropouts – making this an issue that truly impacts every member of the community.[60] A dropout will cost taxpayers $292,000 over a lifetime due to the price tag associated with incarceration and other factors such as how much less they pay in taxes.[61]

A Call to Action Summit on Youth Connections was conducted in October 2017 with over 205 participants from all segments of Blair County attending. The Youth Connection Task Force has created four work groups that are addressing four different strategies:

School Attendance and Academic Success
Workforce Development
Connecting with Youth through Mentoring
Prosocial Activities and Community Engagement (Youth Connection Team)

In addition, the task force recognizes the importance of existing school and community interventions. The **Youth Connection Task Force** has accepted the challenge to find resources and implement ways to reach and engage our community's youth. Financial insecurity, lack of social supports, limited transportation, mental health needs, substance abuse, and other barriers for youth cause enormous costs, decrease the overall health of our community and hinder economic growth. As a community, we need to provide pathways to opportunities for all children and youth. It's important to include and hear the voices of youth and their families.

Goals: Youth Connections

1. Build public awareness about the need to address truancy and chronic absenteeism by fostering partnerships across systems to improve school engagement and expand the use of best practices.
2. Provide resources for youth and families to actively participate in creating a positive change in their community.
3. Enhance collaboration and communications among organizations that can provide pathways of opportunity for youth and young adults.
4. Disseminate information in support of positive youth mentoring.

[59] Attendance Works
[60] Blair County Prison
[61] Northwestern University

Progress and Accomplishments (2017 – 2018)	
Youth Connection Summit	A Call to Action Summit on Youth Connections was conducted in October 2017 with over 205 participants from all segments of Blair County attending.
National Recognition	NACo and the Robert Wood Johnson Foundation hosted a national webinar which focused on Blair County initiative: Creating Pathways to Opportunity for Youth and Young Adults (https://youtu.be/9AWy--tmfDg).
Engagement of Youth and Families	Thirty-nine youth and family members had the opportunity to participate in Community Voices meetings. The purpose was to better understand the policies, issues, and barriers that exist within our community which lead to youth disconnectedness. In addition, we distributed the interest survey at the Pool/Movie night. About 105 youth/family members completed the survey with thirty-six individuals wanting to participate in our youth connections initiative.
Marketing and Awareness of Youth Disconnection	• Development of an infographic. • Development of a youth connection video for Blair County. https://youtu.be/PHR9-58MG28 • Development of a series of podcasts. • Development of a logo. • Development of a brochure.
School Attendance and Truancy	Our School Attendance Task Force has been meeting monthly to understand and address the challenges associated with chronic absenteeism and truancy. • Developed a marketing plan to support and encourage school attendance. • Encouraged School Districts to Implement the "Connect Like Crazy" Program (Graduation Initiative). • Communicated with the medical community on health and school attendance, including the need to decrease unnecessary medical excuses. • Enhanced communications between School District and Blair County Children, Youth, and Families by reviewing policies and procedures related to confidentiality, school-based caseworkers, and school improvement plans. • Developed a mechanism for youth and families to participate and/or provide guidance on the issues, barriers, and needs affecting Blair County youth.
Workforce Development	As a result of the Workforce Development Committee, several organizations were willing to commit funds to provide employment opportunities for at-risk students and several businesses will provide co-op and/or job shadowing opportunities. As a result of the collaboration, youth and young adults have been connected with and/or obtained employment through CareerLink in the Tyrone Area School District, Altoona Area, and Teen Center.
Connecting Youth Through Mentoring	Our Connecting with Youth through Mentoring Work Group has conducted three Community Chats events to discuss the importance of mentoring and recruit additional mentors through the Big Brothers/Big Sisters Program. There were 34 individuals, including youth and families that attended.

The implementation plan for this strategy is outlined in Section 14 (page 98) of this report.

Section Twelve:
Strategy 7: Dental Care

Findings and Documented Need

As part of the 2018 community health needs assessment, there were questions related to accessing of healthcare, including dental care. Those responding to the household survey indicated that the overwhelming majority (77.2%) had seen a dentist in the past year. However, when asked their opinions on the **greatest gaps in health care services** in Blair County, dental care almost tied for first place at 32.3%. Once again regardless of geographic area, age cohort, or other grouping, residents felt that the there was a gap in dental care. It was ranked third in both the key informant survey (32.25%) and the service provider survey (37.8%). The gap in dental care was the highest ranked need (42.9% in the faith-based survey.

According to a 2015 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 34% accepted Medicaid, 26% accepted Medicare, and 88% accepted private insurance. The percent of dentists that accepted dental coverage for new patients was slightly higher (38% accepted Medicaid, 40% accepted Medicare, and 89% accepted private insurance, and 98% accepted from uninsured).[62] In addition, Blair County is designated as a Health Professional Shortage Area for dental care.

Data from the 2019 County Health Rankings Report indicates the ratio of population to dentists at 1,670:1 as compared to 1,460:1 for Pennsylvania.[63]

In Pennsylvania, schools are required to provide dental screenings for children in kindergarten or first grade, third grade, and seventh grade if they do not have a family dentist. In 2016 – 2017, 1276 students in Blair County were screened and 298 were referred for treatment. However, only 26 completed referrals forms were returned by families.[64]

Table 29: Number of Patients Seen for Dental Issues in Emergency Departments (2015)[65]

	Conemaugh Nason Medical Center	Tyrone Regional Health Network	UPMC Altoona
Total Number of ER Visits	12,899	6000	63,748
Number and Percent for Dental Issues	231 (1.8%)	109 (1.8%)	420 (.65%)

[62] Pennsylvania Department of Health. A Report on the 2015 Survey of Dentist and Dental Hygienist.
[63] 2019 County Health Rankings Report
[64] Pennsylvania Department of Health
[65] Conemaugh Nason, Tyrone, and UPMC Altoona Hospitals

Goals: Access to Dental Care

1. Research and gather data to determine the gaps and available resources for dental care (adult and pediatric) in Blair County.
2. Foster relationships among providers and partners in order to increase the number of individuals that have access to dental care and oral health services in Blair County.
3. Educate partners who can share oral health messages with those individuals/ organizations working with young children, including medical providers.

Progress and Accomplishments (2015 – 2018)	
UPMC Altoona Partnership for Healthy Community Dental Clinic	UPMC Altoona's Partnership for a Healthy Community which provides low-income individuals with access to dental care served 1650 adults and 1490 children in 2017 and 1700 adults and 1500 children in 2018.
Dental Home for Children and Youth	The dentist from UPMC Dental Clinic has conducted exams/fluoride varnishes at the largest Head Start Center which resulted in a 25% increase in screenings for that agency. He will continue to provide that service in other sites. The dentist from UPMC Dental Clinic and staff from the UPMC Public Health Dental Program collaborated on a UPMC For You event which resulted in 50 new patients obtaining a dental home.
Increase Local Access to Dental Care for Persons with Disabilities.	A survey was sent to Blair County Dentists to assess interest in collaborating with Accessible Dental Services to increase local opportunities for individuals with developmental disabilities to have access to dental care.

The implementation plan for this strategy is outlined in Section 14 (page 99) of this report.

Section Thirteen:
Blair County Indicator Data

By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas. The intent was also to determine if the statistics supported or did not support the perceptions of key informants and the general public. For the purpose of this report, data related to the identified priorities have been summarized within each section. In lieu of providing other data in this section, readers are directed to the Healthy Blair County Coalition's website. On the home page, there is a tab for Blair County Data which includes the following:

County Health Rankings Reports (2010 – 2019)
County Health Profiles (1998 – 2016)
PA Office of Rural Health population Health Data

The Robert Wood Johnson Foundation County Health Rankings measures two types of health outcomes (mortality and morbidity). These outcomes are a result of a collection of health factors and health behaviors. The County Health Rankings are based on weighted scores of seven types of factors: health outcomes, quality of life, health factors, health behaviors, clinical care, social and economic, and physical environment. Pennsylvania has 67 counties. In 2018, Blair County ranked 45 out of 67 counties (one being the healthiest and 67 being the unhealthiest county). Prior to completing this report, the 2019 County Health Rankings were released and Blair County dropped to 51. However, when comparing most individual indicators from the previous year, the results for the county remained constant. Guidelines from the t year as some indicators changed, data sources may be different, and how another county does can affect another's ranking. Regardless of those factors, Blair County's poor health ranking impacts quality of life, outlook for families, demand for health care, and workforce and economic stability. A complete summary of County Health Rankings indicator trends for Blair County from 2010 – 2019 is included in Appendix D.

In addition, the Healthy Blair County Coalition in collaboration with the Pennsylvania Office of Rural Health is utilizing the Conduent Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform is a mapping and data visualization tool that provides access to over 100 health, economic, and quality of life data that is continuously updated, and helps to prioritize opportunities and track progress against national and locally identified targets, including Healthy People 2020. On the home page, there is a tab for Blair County HCI Dashboard. This resource includes the Socioneeds Index which compares the socio-economic need between zip codes in Blair County.

The Blair Planning Commission participated in a Comprehensive Plan for the Southern Alleghenies Region in 2018.[66] The plan includes information, data, and priorities for broadband and cell phone, collaboration and coordination, agriculture, housing and blight, and public health and safety. Specific action items under public health and safety include:

[66] Alleghenies Ahead: Comprehensive Plan for the Southern Alleghenies 2018

- Develop a mobile farm market/coop to bring locally grown healthy food to county residents.
- Explore with law enforcement to develop a regional mobile prescription drug take-back/collection program.
- Complete a county active transportation plan or bicycle and pedestrian master plan.
- Develop model land development regulations and public health policies.
- Markey, promote and preserve local trails, pedestrian routes/facilities, and other recreational destinations/facilities.
- Ensure the sustainability of the Healthy Blair County Coalition and its efforts.

Section Fourteen:
Implementation Plans

Strategy 1: Obesity/Physical Activity/Diabetes

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Let's Move Blair County	Promote obesity prevention, such as eating healthier and engaging in physical activity throughout the community.	Increase the number of children, parents, employees, and community members engaging in programs to encourage healthy eating, physical activity, and limiting screen time.	All individuals	Healthy Blair County Coalition Conemaugh Nason Medical Center Tyrone Regional Health Network UPMC Altoona
Blair County Corporate Wellness Challenge	Promote the Corporate Wellness Challenge to encourage employees to attain their optimal state of health.	Increase the organizations, businesses, and employees, engaging in programs to encourage healthy eating and becoming more physically active	Blair County businesses and employees	Blair Co. Chamber of Commerce Healthy Blair County Coalition Conemaugh Nason Medical Center Tyrone Regional Health Network UPMC Altoona YMCA/Northern Blair Rec Center
Active Living Steps Challenge	Develop and promote an Active Living Steps Challenge.	Encourage individuals and teams in Blair County to improve their physical health by documenting a total of 10,000,000 steps for the month of May 2019.	Individuals and teams from a variety of organizations.	Healthy Blair County Coalition
Community Education Programs	Provide classes on healthier eating, physical activity, diabetes education, and stress reduction.	Increase the number of children, parents, employees, and community members engaging in programs to encourage healthy eating, becoming more physically active, and limiting screen time.	Overweight/ obese and/or physically inactive individuals	Healthy Blair County Coalition Conemaugh Nason Medical Center Tyrone Regional Health Network UPMC Altoona
National Diabetes Day	Host health fair and offer screenings,	Increase diabetes education and awareness	All individuals	UPMC Altoona

Health Fair	educational classes, and cooking demonstrations.			Tyrone Regional Health Network
Tyrone Fitness and Wellness Center	Provide exercise classes, cardio equipment, treadmills, and other state-of-the-art fitness equipment.	Increase the number of community members engaging in activities to become more physically active.	Community members	Tyrone Regional Health Network
Penn State Altoona	Research and address food insecurity in Penn State communities	Increase the use of the food pantry at Penn State Altoona	Penn State University students	Penn State Altoona
Public Health and Safety	Market, promote, and preserve local trails, pedestrian routes/facilities and other recreational destinations/ facilities.	Increase the use of trails and routes to improve the health of residents.	All individuals	Blair Planning Commission Healthy Blair County Coalition

Strategy 2: Alcohol and Other Substance Abuse

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
SBIRT (Screening, Brief Intervention, and Referral to Treatment)	Improve the early identification of an evidence-based intervention on substance use disorders by the medical community.	Reduce the impact of substance use disorders on the criminal justice system and community.	Adults and families	Blair Drug and Alcohol Partnerships Altoona Family Physicians Partnering for Health Services Pregnancy Care Center Blair County Pharmacies
Warm Handoff for Substance Abuse Disorders	Improve the early identification of an evidence-based intervention on substance use disorders by the medical community.	Increase the number of individuals who have early access to treatment services	Adults	Blair Drug and Alcohol Partnerships Blair County Hospitals

Strategy 3: Mental Health Needs of Children/Adolescents

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Feasibility study for an inpatient behavioral health facility	Determine the demand and feasibility of establishing an inpatient behavioral health unit for children and adolescents.	Updated assessment of inpatient behavioral health needs in Blair County.	Children and adolescents	UPMC Altoona Healthy Blair County Coalition's Mental Health Work Group
Access to behavioral health services	Improve service coordination, cooperation, and communications among and between service providers and school districts.	Enhanced communications between mental health providers and local school districts in order to address the needs of children and adolescents in Blair County.	Children and adolescents	Healthy Blair County Coalition's Mental Health Work Group Blair County Department of Social Services UPMC Altoona Crisis Center Behavioral Health Providers
Community Conversations about Mental Health	Build awareness of mental health problems in Blair County.	Conduct community conversations about mental health in order to break down misperceptions and promote recovery and healthy communities.	Community Members	Healthy Blair County Coalition's Mental Health Work Group
Columbia Suicide Risk Assessment Tool	To provide a method to identify whether someone is at risk for suicide, assess the severity/immediacy of that risk, and gauge the level of support that the person needs.	Decrease suicide risk among all ages in Blair County.	Individuals	Blair County Department of Social Services Healthy Blair County Coalition's Mental Health Work Group Behavioral Health Providers
Student Assistance Programs	Monitor the implementation of Student Assistance Programs	Assure that K-12 students are being identified, referred, and provided services as required by Act 211 and Chapter 12.	Children and adolescents	Blair County SAP Coordination Team
Summer SAP Support Groups	Increase access to summer support programs.	Provide support during the summer for students who were identified as having school performance and school behavior issues due	Referrals from SAP core teams	Blair County Student Assistance Programs Blair County Department of Social Services

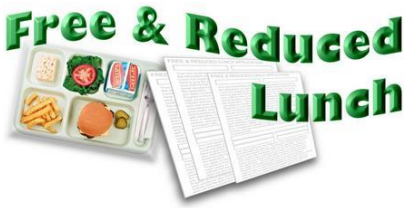
		to substance abuse and/or mental health concerns.		UPMC Altoona
Develop services and address system issues to meet current service/program gaps.	Expand capacity for child psychiatry and tele-psychiatry Address issues related to insurance and lack of credentialed agency staff	Decrease future Re-admissions	Children and adolescents	Blair County Department of Social Services UPMC Altoona Blair County Behavioral Health Providers

Strategy 4: Smoking, Tobacco, and Use of E-Cigarettes

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Tobacco-Free Workplace Webinar	Provide a resource to encourage businesses and organizations to become tobacco-free facilities.	Increase the number of businesses and organizations that are tobacco-free facilities.	Businesses and organizations	Healthy Blair County Coalition's Tobacco-Free Work Group
Education and Resources	Implement or strengthen tobacco-free policies	Create tobacco-free environments	Businesses, multi-unit housing, municipalities	Lung Disease Foundation of Central Pennsylvania
Smoking Cessations Programs	Increase the number of smoking cessation programs offered in Blair County.	Increase the number of individuals who participate in smoking cessation programs and commit to quitting.	Individuals who use tobacco	Lung Disease Foundation of Central Pennsylvania
Promote the PA Free Quitline.	Increase the number of individuals who commit to quitting.	Increase the number of individuals who participate in smoking cessations programs and commit to quitting.	Individuals who use tobacco	Lung Disease Foundation of Central Pennsylvania
TRU Groups	Educate young people about the dangers of tobacco and nicotine addiction and marketing/advertising tactics.	Increase the number of youth who are tobacco and nicotine free.	Educators and youth ages 12 - 18	Lung Disease Foundation of Central Pennsylvania
E-cigarettes and vaping	Educate the community about the	Decrease the number of youth and adults using	Individuals	Healthy Blair County Coalition's Tobacco-Free Work Group

	dangers of e-cigarettes and vaping	e-cigarettes and Juuls.		Lung Disease Foundation of Central Pennsylvania

Strategy 5: Poverty



Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Bridges out of Poverty	Learn how to identify policies, procedures, and practices that make it difficult for individuals and families to emerge from poverty.	Reduce poverty in Blair County.	Schools, businesses, service providers, and the community	Healthy Blair County Coalition's Bridges Network
Poverty Simulations	Provide an opportunity for participants to role-play a month in poverty and experience low-income families' lives.	Increase awareness of the impact of poverty on children and families.	Schools, businesses, service providers, and the community	Healthy Blair County Coalition's Bridges Network
Urban Ag Network	Conduct a community food needs assessment	Improve food access to Blair County residents	Low-income individuals and households	Southern Alleghenies Urban Ag Network
Connections4Health Social Determinants of Health Program	Adapt/pilot the program to address the broader, unmet social health needs of patients, such as food security, housing, and employment.	Improve access to other services which impact an individual's overall health	Low-income individuals	Penn State Altoona Altoona Family Physicians Contact Altoona

Strategy 6: Youth Connections

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Be There Attendance Challenge & Be There Mentoring Program	Implement an attendance challenge in Blair County schools. Identify and establish positive and caring relationships with students who are at risk of being chronically absent.	Decrease in chronic absenteeism.	Students in grades K-12	United Way of Blair County Healthy Blair County Coalition's Youth Connection Task Force Blair County School Attendance Task Force School Districts
Marketing	Develop a marketing plan to promote the Be There Program.	Decrease in chronic absenteeism.	Families and students in grades K-12 Community	United Way of Blair County Healthy Blair County Coalition's Youth Connection Task Force Blair County School Attendance Task Force Sheetz, Inc.
Community Team Toolkit	Provide resources for youth and families to actively participate in creating a positive change in their community.	Create pathways of opportunity for youth and families through training, resources, and community networking.	Youth and young adults	Healthy Blair County Coalition's Youth Connection Team
Mentoring	Disseminate information in support of positive youth mentoring.	Increase the number of mentors and mentees in Blair County.	Youth and young adults Community	Big Brothers/Big Sisters of Blair County
Workforce Development	Enhance collaboration and communications among organizations that can provide pathways of opportunity for youth people	Increase the number of at-risk youth and young adults that have access to employment and/or career services.	Youth and young adults Community Businesses	Healthy Blair County Coalition's Workforce Development Committee CareerLink

Strategy 7: Access to Dental Care

Program	Intended Outcomes	Anticipated Impact	Target Population	Lead Organizations
Mobile Dental Services	Purchase and utilize a mobile dental unit to provide access to dental care at off-site locations.	Increase the number of individuals that have access to dental care and oral health services in Blair County.	Children and adults	UPMC Pediatric and Adult Dental Clinics
Pediatric and Adult Dental Clinics	Consolidate the Pediatric and Adult Dental Clinics in order to expand services.	Increase the number of individuals that have access to dental care and oral health services in Blair County.	Children and adults	UPMC Pediatric and Adult Dental Clinics
Oral Health Care at Head Start Centers	Provide oral health services for children involved in Head Start and to work with families to obtain a dental home.	Increase the number of children that have access to dental care and oral health services at Head Start sites	Head Start children and families	UPMC Pediatric and Adult Dental Clinics Head Start
Collaborate with the PA Office of Rural Health Dental Program	Educate partners who can share oral health messages with those individuals/ organizations working with young children, including medical providers.	Increase the number of children that have access to dental care and oral health services.	Children	PA Office of Rural Health

Action Steps toward Implementation

The following action steps toward implementation of strategies will be taken by the Healthy Blair County Coalition, UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network:

- ✓ The Steering Committee will provide each work group or other entity with a specific charge, including outlining goals and general timeline based on IRS 990 requirements for the implementation of interventions.

- ✓ Based on survey results and secondary indicator data, the work group will research, select, and implement a program/activities to address their strategy, including determining a target population costs and funding needed, and a timeline for their tasks. In certain areas, the work group will continue and/or expand current initiatives.

- ✓ The work group will gather baseline data and select one or two outcome measurements that will be used to measure outcomes.

- ✓ The chairperson of each work group will become a member of the HBCC Steering Committee.

Tracking the Progress and Outcomes

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. The HBCC, UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network in collaboration with the Pennsylvania Office of Rural Health is utilizing the Conduent Healthy Communities Institute (HCI) web-based platform to review and track local data trends. The HCI platform provides updated and quality community health assessment data, health indicator tracking, and a mechanism for sharing the progress with stakeholders and the community itself.

Resources and Support from Hospitals

UPMC Altoona is, and has been, an active member of the Healthy Blair County Coalition and will continue to budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of UPMC Altoona have been members of the Steering Committee, Data Analysis Work Group, Mental Health Work Group, Let's Move Blair County Committee, Corporate Challenge Committee, Chamber Workplace Wellness Committee, Substance Use and Physical Health Coalition, Tobacco-Free Work Group, and Dental Care Work Group.

In addition to active participation and financial support of the Coalition, UPMC Altoona has provided a variety of in-kind services such as meeting space, designing and printing of documents, marketing, etc. UPMC Altoona plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. It is anticipated that most of the Work Group meetings will occur during normal work days; however, some community programs will be scheduled in the evenings and on weekends. The hospital will compensate hospital staff for their time spent in providing community programs. Additionally, the UPMC Altoona will provide all the educational material that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Conemaugh Nason Medical Center is, and has been, an active member of the Healthy Blair County Coalition and will continue to provide financial support as feasible for programs to support the Coalition. In addition, representatives of Conemaugh Nason Medical Center have been members of the Steering Committee, Data Analysis Work Group, Let's Move Blair County Committee, Corporate Challenge Committee, Chamber Workplace Wellness Committee, Substance Use and Physical Health Coalition, and Tobacco-Free Work Group.

Conemaugh Nason Medical Center plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. The hospital will provide all the educational materials that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Tyrone Regional Health Network is, and has been, an active member of the Healthy Blair County Coalition and will continue to budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of Tyrone Regional Health Network have been members of the Steering Committee, Data Analysis Work Group, Let's Move Blair County Committee, Corporate Challenge Committee, and Chamber Workplace Wellness Committee.

In addition to active participation and financial support of the Coalition, Tyrone Regional Health Network has provided in-kind services as needed. Tyrone Regional Health Network plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. The hospital will provide all the educational materials that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

Partnering with Other Organizations to Address Identified Needs

In addition to the above-identified health needs that will be specifically addressed by UPMC Altoona, Conemaugh Nason Medical Center, and Tyrone Regional Health Network, each of the three hospitals will as part of the Healthy Blair County Coalition work with other coalition members to address other identified needs. Those organizations are identified in the implementation plans under each strategy. Blair County is fortunate to have many other organizations that will continue to address challenges that are beyond the scope and resources of the Healthy Blair County Coalition and/or the hospitals. Examples include lack of jobs, crime, teen pregnancy, access to recreation and cultural activities, family violence, housing, homelessness, public transportation, gambling, agriculture, etc.

There were two new challenges that were included in this most recent community health needs assessment: **overuse/addiction to cell phone, social media, internet, etc. and impaired/distracted driving (driving under the influence, texting, road rage, etc.).** Both were identified as major/moderate challenges in all surveys conducted.

With regard to overuse/addiction to cell phones, social media, internet, etc., it ranked third in the household survey (77.3%). An analysis based on geographic areas indicated that residents in northern, central, and southern Blair County also responded that it was a major/moderate issue with similar rankings and percent.

Overuse/addiction to cell phones, social media, internet, etc. was also a concern for key informants (77.9%), service providers (75%), and the faith-based community (85.7%) as a major/moderate issue.

Impaired/distracted driving (DUI, texting, road rage, etc.) ranked fourth with 74% of respondents identifying it as a major/moderate issue. An analysis based on geographic areas indicated that residents in

northern, central, and southern Blair County also responded that it was a major/moderate issue with similar rankings and percent.

Impaired/distracted driving (DUI, texting, road rage, etc.) was identified by key informants (72.9%), service providers (84.1%), and the faith-based community (100%) as a major/moderate challenge.

In 2017, there were 34,247 fatal crashes in the United States involving 52,274 drivers. As a result of those fatal crashes, 37,133 people were killed. There were 2,935 fatal crashes that occurred on U.S. roadways in 2017 that involved distraction (9% of all fatal crashes). Eight percent of drivers 15 to 19 years old involved in fatal crashes were reported as distracted. This age group has the largest proportion of drivers who were distracted at the time of the fatal crashes. In 2017 there were 599 non-occupants (pedestrians, bicyclists, and others) killed in distraction-affected crashes. Seven percent of all drivers at any given time are using their phones while driving. A NHTSA survey finds 660,000 drivers using cell phones or manipulating electronic devices while driving at any given daylight moment.[67]

In Pennsylvania, there were 15,614 crashes with 58 fatal crashes attributed to distracted driving.[68] Distracted driving citations increased by 52 percent statewide in 2017 and have increased 172 percent since 2013. In Pennsylvania all drivers are prohibited from texting while driving, which includes sending, reading or writing a text-based message or e-mail, and from wearing or using headphones or earphones while the car is in motion. There were only 18 distracted driving citations issues in Blair County in 2017.[69]

The HBCC Steering Committee discussed the Coalition's ability to impact these issues, what secondary data is available to support the perception of the community that these are issues, and are these issues being addressed by an entity in Blair County. Because these issues were identified in the community health needs assessment by a significant number of people in all surveys, there is an obligation to address them at some level. Therefore, the Healthy Blair County Coalition will convene a meeting of stakeholders (insurance providers, radio, television, cell phone providers, PA Department of Transportation, law enforcement, etc.) to share the data from the CHNA and determine how best to address and/or work with new state and local partners in Blair County.

[67] National Highway Traffic Safety Administration
[68] Pennsylvania Department of Transportation 2017
[69] PA Courts InfoShare

Table 30: List of Healthy Blair County Coalition Partners

Collaboration between Hospitals and other Organizations – The following community partners have contributed by participating in the needs assessment, attending meetings, joining work groups and committees, funding and sponsorships, promotion of HBCC, and/or participating/sponsoring programs and activities that support the strategies identified in the community health needs assessment.

Ace Fix-It Hardware	Chicago Rivet	Mountain Research
Advanced Regional Center for Ankle/Foot Care	Child Advocates of Blair County	Nason Foundation
Aetna Better Health	Claysburg-Kimmel School District	New Balance Altoona
Agora Cyber Charter School	CleanSlate Addiction Centers	Northern Blair County Recreation Center
Albermarle	Community Care Behavioral Health	NPC
Allegheny Lutheran Social Ministries	Conemaugh Nason Medical Center	North Star Support Services
Altoona Area Public Library	Curry Supply	Operation Our Town
Altoona Area School District	DelGrosso's	PA Elks Home Service Program
Altoona Blair County Development Corporation	Discovery House	PA Office of Rural Health
Altoona City Council	Di Versity Salon	Partnership for a Healthy Community
Altoona Curve	Doing Better Business	PA Treatment and Healing
Altoona Family Physicians	Donna Gority	Pediatric Healthcare Associates
Altoona Mirror	Downtown Altoona Business Community	Pennsylvania Department of Health
Altoona Planning Commission	Empowering Lives Foundation	Penn Highland Community College
American Eagle	ENT Associates of Central PA	Penn State Altoona
American Heart Association	Evolution Counseling	Penn State Cooperative Extension
Appvion	Explore Altoona	Pittsburgh Glass Works
Arts Altoona	Family Behavior Resources	Point of Fitness
Bellwood-Antis School District	Family Resource Center	Primary Health Network
Big Brothers/Big Sisters of Blair County	Family Services, Inc.	Pyramid
Bishop Guilfoyle Catholic High School	Garver YMCA	Refuge Youth Network
Blair Conservation District	Goodwill Industries	Saint Francis University
Blair County Chamber of Commerce	Greater Altoona Career & Technology	Sheetz, Inc.
Blair County Children, Youth & Family Services	Headline Marketing & Communications	Sen. John H. Eichelberger, Jr. 30th District
Blair County Board of Commissioners	Health First of Blair County	Smith Transport
Blair County Community Action Agency	Highmark Blue Cross Blue Shield	Southern Alleghenies EMS Council
Blair County Courthouse	Hite Company	Southern Alleghenies Service Man. Group
Blair County Department of Social Services	Hollidaysburg Borough	South Hills School of Business/Technology
Blair Drug and Alcohol Partnerships	Hollidaysburg Area Public Library	Spring Cove School District
Blair County Head Start	Hollidaysburg Area School District	Stiffer, McGraw and Associates
Blair County Health & Welfare Council	Homewood at Martinsburg	Stuckey Ford & Subaru
Blair County Juvenile Probation	1889 Jefferson Center for Population Health	The Arc of Blair County
Blair County Libraries System	John Moryken	Through, Inc.
Blair County School Attendance Task Force	Keystone Dermatology	Tyrone Area School District
Blair Family Solutions	Kids First Blair County	Tyrone Borough
Blair Health Choices	Lakemont Park	Tyrone Regional Health Network
Blair Planning Commission	Link and Associates	UPMC Altoona Behavioral Health
Blair Regional YMCA	Logan Township	UPMC Altoona
Blair Senior Services	L.R. Webber Associates, Inc.	UPMC Altoona Home Nursing Agency
Brush Mountain Running and Outdoors	Lung Disease Center of Central PA	UPMC Foundation
Catholic Charities, Inc.	Lung Disease Foundation of Central PA	WIC Program
CareerLink	Lytle EAP Partners	UPMC Health Plan
Center for Community Action	Magisterial District Judge Paula Aigner	United Way of Blair County
Center for Independent Living	Manpower	Veeder Root
Central Pa Community Foundation	McLanahan Corporation	WPSU
CenClear	Mid Atlantic Dairy Association	WTAJ TV
		Williamsburg Community School District

Section Fifteen:
Charge to the Community

This community health needs assessment confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. But it is apparent that there are significant challenges, many of which are impacting the quality of life and health of our local community and the nation.

Our goal is to promote healthy living through community interventions that result in the improvement of social, economic, and environmental factors. The County Health Rankings Model describes population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, work, and play (Appendix B). The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them.

We will continue to utilize the "collective impact" concept as we move forward in which a highly structured collaborative effort can achieve a substantial impact on large scale social problems.[70]

The five conditions for collective impact are:

- A common agenda
- Shared measurement
- Mutually reinforcing activities
- Continuous communications
- Backbone support

This is our fourth community needs assessment and we will use the information contained in this report to continue the progress that has been made thus far. Individuals and organizations from Blair County will be invited to hear the results of the community health needs assessment and join the Healthy Blair County Coalition and the 139 community partners in developing and assisting with the Implementation Plan.

Once again, we thank all those who were involved in the community health needs assessment process and welcome those who are willing to work on improving their community.

For those who want electronic access to the information contained in this report, please visit the website of the Healthy Blair County Coalition (www.healthyblaircountycoalition.org). This report is also posted on each hospital's website.

UPMC Altoona (www.upmc.com)
Nason Hospital (www.nasonhospital.com)
Tyrone Regional Health Network (www.tyroneregionalhealthnetwork.org)

[70] Stanford Social Innovation Review: Channeling Change: Making Collective Impact Work 2012

Appendices

Appendix A: Household Cover Letter and Survey

Appendix B: County Health Rankings Model

Appendix C: Matrix of Priority Issues and Supporting Data/Survey Results

Appendix D: 2010 – 2019 Blair County Health Rankings

Appendix A: Household Cover Letter and Survey

Dear Neighbor:

As part of the effort to build a healthier community in Blair County, we are conducting a Household Survey in collaboration with Penn State Altoona to learn more about strengths and issues in neighborhoods and households. We believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, emotional, etc.).

Your address has been randomly selected and there is no way to identify you or your household when the survey is returned.

We would like an adult (18 years of age or older) in your household to complete this survey and return in the enclosed self-addressed stamped envelope as soon as possible, but no later than **July 15, 2018.**

When you are completing this survey, please keep in mind:

Community means your municipality, township, borough, or city.

Household means members of your family and others living in your house.

Your participation will help ensure that this is a successful effort. Thank you in advance for your support in making this a better community.

Instead of mailing the survey back, you may go to the link below and complete the survey on the internet through Survey Monkey. Again, there will be no way to track who completed the survey.

https://www.surveymonkey.com/r/DT2WSPS

If you have questions or need more information, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305.

Sincerely,

Coleen Heim, Director
Healthy Blair County Coalition

***Household Survey* – Start Here**

A. COMMUNITY STRENGTHS, CHALLENGES, AND ISSUES

Communities have strengths that help people make their community a better place to live. Here is a list of common strengths. For each one, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the strength exists in your community.

CHECK ONE NUMBER IN EACH ROW.

1. Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1a. People in your neighborhood gather together formally or informally (for example at picnics or meetings).	❑1	❑2	❑3	❑4	❑5
1b. People and groups in your neighborhood help each other out when they have a problem.	❑1	❑2	❑3	❑4	❑5

2. Do you regularly do volunteer work in your community? **CHECK ONE.**

❑1 Yes ❑2 No

3. What are the best things about living in Blair County? **CHECK ALL THAT APPLY.**

❑1 Close to parks, recreation, and sports
❑2 Close to library/cultural activities
❑3 Quiet
❑4 Close to bus stops/lines
❑5 Variety of people
❑6 Near highway access
❑7 Affordable housing
❑8 Friendly neighbors
❑9 Close to grocery stores/shopping
❑10 Places of worship
❑11 Close to work
❑12 Close to family
❑13 Good schools
❑14 Low crime/safe place to live
❑15 Good sidewalks/places to walk
❑16 Family friendly/good place to raise kids
❑17 Close to physician and medical facilities
❑18 Other _____

4. What are the worst things about living in Blair County? **CHECK ALL THAT APPLY.**

❑1 Crime/not feeling safe
❑2 Issues with housing
❑3 Traffic/speeding cars and trucks
❑4 Youth with nothing to do
❑5 Loitering
❑6 Dirt, trash, and litter
❑7 Too many rental properties/changing renters
❑8 Not enough police coverage
❑9 Not enough activities in neighborhood
❑10 Poor street lighting
❑11 Roads and/or alleys in need of repair
❑12 Drug use/abuse
❑13 Far from schools, stores, medical facilities, libraries, grocery stores
❑14 Too many bars
❑15 Too many fast food restaurants
❑16 Racism, prejudice, hate, discrimination
❑17 People not to leading a healthy lifestyle
❑18 Lack of regional public transportation
❑19 Other _____

5. Do you vote in most elections? **CHECK ONE.**

❑1 Yes ❑2 No

6. How much opportunity do you have to affect how things happen in your community? **CHECK ONE.**

❑1 Much opportunity
❑2 Some opportunity
❑3 Little opportunity
❑4 No opportunity

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please describe whether you believe it is not an issue, is a minor issue, is a moderate issue or is a major issue for **people in your community (e.g. township, borough, or city).**

CHECK ONE NUMBER IN EACH ROW.

Community Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Unemployment or under-employment	❑1	❑2	❑3	❑4	❑5
Poverty/lack of adequate income	❑1	❑2	❑3	❑4	❑5
Lack of jobs	❑1	❑2	❑3	❑4	❑5
Lack of qualified employees	❑1	❑2	❑3	❑4	❑5

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children not being adequately educated	❑1	❑2	❑3	❑4	❑5
Violence (e.g. weapons, fighting, etc.)	❑1	❑2	❑3	❑4	❑5
Bullying/harassment/cyberbullying	❑1	❑2	❑3	❑4	❑5
Use/availability of alcohol and other drugs in school	❑1	❑2	❑3	❑4	❑5
Students not regularly attending school (truancy)	❑1	❑2	❑3	❑4	❑5
Lack of affordable post high school opportunities (college, community college, technical school, etc.)	❑1	❑2	❑3	❑4	❑5
Youth disconnection (not in school or working)	❑1	❑2	❑3	❑4	❑5

Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Loss of farmland	❑1	❑2	❑3	❑4	❑5
Poor water quality	❑1	❑2	❑3	❑4	❑5
Dumping and littering	❑1	❑2	❑3	❑4	❑5
Lack of availability of recycling	❑1	❑2	❑3	❑4	❑5

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	❑1	❑2	❑3	❑4	❑5
Smoking, tobacco, and use of e-cigarettes	❑1	❑2	❑3	❑4	❑5
Adults with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Children with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Diabetes	❑1	❑2	❑3	❑4	❑5
Obesity	❑1	❑2	❑3	❑4	❑5
Heart Disease	❑1	❑2	❑3	❑4	❑5

Community Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of affordable housing	❑1	❑2	❑3	❑4	❑5
Substandard housing	❑1	❑2	❑3	❑4	❑5
Lack of housing for people with disabilities	❑1	❑2	❑3	❑4	❑5

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of recreational venues (parks, trails, swimming, etc.)	❑1	❑2	❑3	❑4	❑5
Lack of cultural activities (concerts, plays, festivals, etc.)	❑1	❑2	❑3	❑4	❑5
Shortage of activities for youth	❑1	❑2	❑3	❑4	❑5

Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Crime	❑1	❑2	❑3	❑4	❑5
Gun violence	❑1	❑2	❑3	❑4	❑5
Family violence, abuse of children, adults, or the elderly	❑1	❑2	❑3	❑4	❑5
Impaired/distracted driving (driving under the influence, texting, road rage, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Teen pregnancy	❑1	❑2	❑3	❑4	❑5
Discrimination/bias	❑1	❑2	❑3	❑4	❑5
Gambling	❑1	❑2	❑3	❑4	❑5
Lack of affordable daycare for children	❑1	❑2	❑3	❑4	❑5
Homelessness	❑1	❑2	❑3	❑4	❑5
Suicide	❑1	❑2	❑3	❑4	❑5
Overuse/addiction to cell phone, social media, internet, etc.	❑1	❑2	❑3	❑4	❑5
Pornography	❑1	❑2	❑3	❑4	❑5

Community Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Inadequate public transportation	❑1	❑2	❑3	❑4	❑5
Poor road and/or traffic conditions	❑1	❑2	❑3	❑4	❑5

Are there other issues in the community that are not listed?

_____

_____.

B. HOUSEHOLD CHALLENGES AND ISSUES

Here is a list of questions about challenges and issues for which people and families often look for help. These challenges and issues affect people of all ages. The questions ask whether any one of the following has been a challenge or an issue for you or anyone **IN YOUR HOUSEHOLD over the past 12 months**. If it has been a challenge or an issue, please describe it as either a minor issue, moderate issue, or major issue.
CHECK ONE NUMBER IN EACH ROW.

Household Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not having enough money for daily needs, food, heat, electric, etc.	❑1	❑2	❑3	❑4	❑5
Not being able to find work	❑1	❑2	❑3	❑4	❑5

Household Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children not being adequately educated within their school system	❑1	❑2	❑3	❑4	❑5
Children being unsafe at school (e.g. weapons, fighting, etc.)	❑1	❑2	❑3	❑4	❑5
Children being bullied/ harassed/cyberbullied	❑1	❑2	❑3	❑4	❑5

Household Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Having a lot of anxiety, stress, or depression	❑1	❑2	❑3	❑4	❑5
Experiencing an alcohol and/or drug issue	❑1	❑2	❑3	❑4	❑5
Negative effects of **s**moking, tobacco use, e-cigarette use, vaping	❑1	❑2	❑3	❑4	❑5
Adults with behavioral, mental health, or emotional issues	❑1	❑2	❑3	❑4	❑5
Children or teenagers with behavioral, mental health, or emotional issues	❑1	❑2	❑3	❑4	❑5
Being overweight	❑1	❑2	❑3	❑4	❑5
Having diabetes	❑1	❑2	❑3	❑4	❑5
Having heart disease	❑1	❑2	❑3	❑4	❑5

Household Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Can't afford recreational, entertainment, and or cultural activities	❑1	❑2	❑3	❑4	❑5

Lack of activities for youth	❑1	❑2	❑3	❑4	❑5

Household Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not having enough room in your house for all the people who live there	❑1	❑2	❑3	❑4	❑5
Living in housing that needs major repairs and/or modifications	❑1	❑2	❑3	❑4	❑5
Not having enough money to pay for housing	❑1	❑2	❑3	❑4	❑5

Household Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Experiencing crime	❑1	❑2	❑3	❑4	❑5
Experiencing family violence	❑1	❑2	❑3	❑4	❑5
Impaired/distracted driving (driving under the influence, texting, road rage, etc.)	❑1	❑2	❑3	❑4	❑5

Household Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not being able to afford legal help	❑1	❑2	❑3	❑4	❑5
Not being able to get care for a person with a disability or serious illness, or for an elder	❑1	❑2	❑3	❑4	❑5
Experiencing discrimination	❑1	❑2	❑3	❑4	❑5
Suffered a recent loss (death of a family/friend, suicide, drug overdose, etc.)	❑1	❑2	❑3	❑4	❑5
Negative effects of gambling, phone/internet overuse/addiction, pornography, etc.)	❑1	❑2	❑3	❑4	❑5
Not being able to find or afford day care for children	❑1	❑2	❑3	❑4	❑5

Are there other issues in your household that are not listed? Please specify _____.

C. HEALTHCARE CHALLENGES AND ISSUES

CHECK ONE NUMBER IN EACH ROW.

	Yes	No	Sometimes	Not Applicable
1. Have you seen a primary care/family physician in the past year?	❑1	❑2		
2. Have you seen a dentist in the past year?	❑1	❑2		
3. Do you know how to find treatment if you or someone you know needs help for an alcohol or substance use problem?	❑1	❑2		
4. When you need help are you able to easily understand the healthcare system and community resources available?	❑1	❑2	❑3	
5. Do you clearly understand what is going on with your healthcare?	❑1	❑2	❑3	
6. Do you feel like all of your medical care is well coordinated between different medical providers?	❑1	❑2	❑3	
7. Has the cost of any medical care you have received ever affected your ability to pay your household expenses (for example: utility bills, food, rent)?	❑1	❑2	❑3	
8. If you are 50 years of age or older, have you ever had a colorectal cancer screening?	❑1	❑2	❑3	❑4
9. Have you ever missed a health care appointment (e.g. doctor appointment, test, physical therapy, etc.) due to lack of transportation? If yes, please complete question 11.	❑1	❑2		

9a If you missed a health care appointment, please check all that apply.

- ❑1 Accessibility (e.g. didn't have a ride to get there)
- ❑2 Cost
- ❑3 Other reason, please specify _____.

10. What is your primary source of transportation? **CHECK ONE.**

- ❑1 Car
- ❑2 Family/friends
- ❑3 Taxi
- ❑4 Bus
- ❑5 Walk
- ❑6 Bike
- ❑7 Uber/Lyft
- ❑8 Other, please specify _____.

11. Have any of these problems ever prevented you or someone in your family from getting necessary health care? **CHECK ALL THAT APPLY.**

- ❑1 No health insurance
- ❑2 Insurance didn't cover what I/we needed
- ❑3 My/our deductible/co-pay was too high
- ❑4 Doctor would not take insurance or Medicaid (MA/Access Card)
- ❑5 Hospital would not take insurance or Medicaid (MA/Access Card)

❑6 Pharmacy would not take insurance or Medicaid (MA/Access Card)
❑7 Dentist would not take insurance or Medicaid (MA/Access Card)
❑8 Transportation (no way to get there)
❑9 Fear or not ready to face or discuss health problem
❑10 The wait for an appointment was too long
❑11 Services were not provided in my community
❑12 Cultural or religious beliefs
❑13 None of the above prevented getting the necessary health care

12. Are you and your family registered in the SMART 911 system? (www.smart911.org)

❑1 Yes ❑2 No

13. What are the greatest gaps in health care services for Blair County?
CHECK YOUR TOP THREE CHOICES.

❑1 Dental care
❑2 Social and/or medical care for senior citizens
❑3 Services for premature babies
❑4 End-of-life care (hospice, palliative care)
❑5 In-patient mental health services for adults
❑6 Out-patient mental health services for adults
❑7 In-patient mental health services for children/adolescents
❑8 Out-patient mental health services for children/adolescents
❑9 Prescription drug assistance
❑10 Family physician
❑11 Services for low income residents
❑12 Services for alcohol and other drug abuse
❑13 Services for persons with disabilities
❑14 Lack of midwives/doula
❑15 Other, please specify: _____

14. What are the greatest needs regarding health education and prevention services in Blair County?
CHECK YOUR TOP THREE CHOICES.

❑1 Tobacco prevention and cessation
❑2 Mental health/depression/suicide prevention
❑3 Violence prevention (e.g. workplace, family, emotional, physical, sexual, etc.)
❑4 Obesity prevention
❑5 Diabetes education/prevention
❑6 Oral/dental health
❑7 Healthy lifestyles
❑8 Alcohol and other drug abuse prevention
❑9 Teen pregnancy
❑10 Heart disease
❑11 Emergency preparedness
❑12 SMART 911and how to register
❑13 Other, please specify: _____

15. Where do you get health-related information? **CHECK ALL THAT APPLY.**

❑1 Family and friends
❑2 Doctor and/or other healthcare provider
❑3 Television/newspapers/magazines/newsletters
❑4 Pharmacist
❑5 Veteran's Health System
❑9 Health department
❑10 School
❑11 Employer
❑12 Places of worship
❑13 Internet/social media

❑6 Public library/books ❑14 Health food stores/vendors
❑7 Telephone helpline (PA 211, hospital physician referrals, etc.)
❑8 Holistic providers (e.g. massage, acupuncture, aroma therapy, etc.)

16. Do you have a Blair County Library System card?

❑1 Yes ❑2 No

17. What keeps you from eating a healthy diet? **CHECK YOUR TOP THREE CHOICES.**

❑1 Cost of healthy foods like fruits and vegetables
❑2 Healthy foods are not available
❑3 Don't have the time
❑4 Don't know how to prepare healthier foods
❑5 Too much trouble to prepare healthier foods
❑6 Don't have the motivation to eat better
❑7 Not sure what to eat to be healthier
❑8 Lack of education about healthy diet

18. What keeps you from increasing your physical activity? **CHECK YOUR TOP THREE CHOICES.**

❑1 Cost
❑2 Lack of sidewalks to walk
❑3 Lack of safe places to bike
❑4 Don't have the time
❑5 Don't know what is available in my community
❑6 Don't have the motivation
❑7 Rather spend time doing other things (video games, watching TV, being with friends, etc.)
❑8 My current health or physical condition makes it hard for me to get more exercise
❑9 Weather

E. The following questions will help us be certain we have included a valid sampling of people.

1. What is your postal Zip code? _____

2. Are you… ❑1 Male ❑2 Female ❑3 Other

3. Are you a veteran?

❑1 Yes ❑2 No

4. Which of the following, including yourself, live in your household? **CHECK ONE.**

❑1 Married – couple with own children
❑2 Married – couple without no own children
❑3 Single parents (male/female, no spouse, with children under 18)
❑4 Single person
❑5 Other type of household

5. How old are you (in years)? _____

6. What do you consider to be your primary racial or ethnic group? **CHECK ONE.**

- ❑1 American Indian/Alaska Native
- ❑2 Asian or Pacific Islander
- ❑3 Black or African American
- ❑4 White or European American
- ❑5 Hispanic/Latino
- ❑6 Two or more races

7. Does anyone in your household receive public assistance such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (food stamps), Supplemental Security Income (SSI), or Social Security Disability (SSD)? **CHECK ONE.**

❑1 Yes ❑2 No

8. What type of health insurance do you have? **CHECK ONE.**

- ❑1 No insurance
- ❑2 UPMC
- ❑3 Aetna
- ❑4 Highmark (Blue Cross/Blue Shield)
- ❑5 Medicaid (Medical Assistance/Access)
- ❑6 Medicare
- ❑7 Empower 3eisinger
- ❑8 Tricare/VA
- ❑9 Geisinger
- ❑10 Other _____

9. Where do you get your insurance? **CHECK ONE.**

- ❑1 Large employer
- ❑2 Small employer (50 people or less)
- ❑3 Private (Marketplace/Obamacare
- ❑4 Government (e.g. Medicaid, Medicare, Veterans)

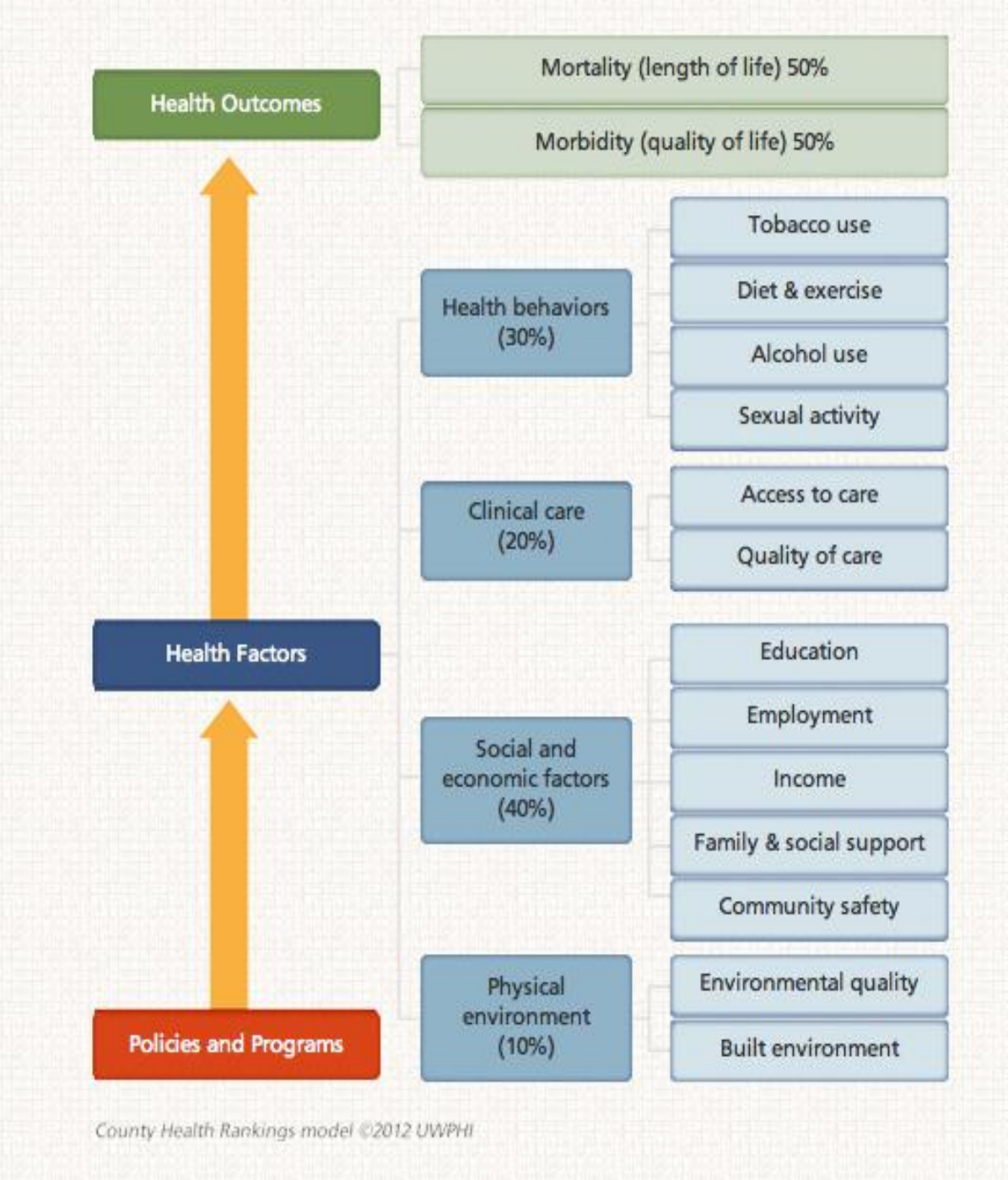
10. Counting income from all sources (including all earnings from jobs, unemployment insurance, disability, workers' compensation, pensions, public assistance, etc.) and counting income from everyone living in your home, which of the following ranges did your household income fall into last year? **CHECK ONE.**

- ❑1 Less than $10,000
- ❑2 $10,000 - $19,999
- ❑3 $20,000 - $34,999
- ❑4 $35,000 - $49,999
- ❑5 $50,000 - $74,999
- ❑6 $75,000 - $99,999
- ❑7 $100,000 or above

THANK YOU FOR HELPING OUR COMMUNITY BY COMPLETING THIS SURVEY!

For more information, please visit our website at www.healthyblaircountycoalition.org and like our Facebook page

Appendix B: County Health Rankings Model



Appendix C: Matrix of Priority Issues and Supporting Data/Survey Results

Priority Issues	Surveys Results and Indicator Data
Alcohol and other drugs	• Ranked #1 community challenge on household survey (79.1%) • Ranked #1 community challenge on household survey for northern Blair County • Ranked #2 community challenge on household survey in central and southern Blair County • Ranked #2 community challenge on key informant survey (86.5%) • Ranked #3 greatest need regarding health education/prevention on household survey (36.8%) • Ranked #2 greatest need regarding health education/prevention by key informants (54.28%), service providers (62.2%), and the faith-based community (57.1%) • Ranked #1 community challenge for service providers and faith-based community (100%) • Ranked #1 by healthcare providers as a community health care need (64.70%) • 2017 PA Youth Survey • Blair County Drug and Alcohol Program, Inc. Needs Assessment • Operation Our Town Annual Report
Obesity	• Ranked #2 community challenge on household survey (78.48%) • Ranked #1 community challenge on household survey for southern Blair County • Ranked #2 and #3 community challenge on household survey in northern and central Blair County • Ranked #2 household challenge on household survey (37.5%) • Ranked #2 greatest need regarding health education/prevention on household survey (49.2%) • Ranked #3 community challenge on key informant survey (83.1%) • Ranked #7 community challenge by service providers (88.6%) • Ranked #2 greatest need regarding health education/prevention by service providers (62.2%) • Ranked #3 greatest need regarding health education/prevention by key informants (50.9%) • Ranked #1 community challenge on the faith-based survey (100%) • Ranked #2 greatest need regarding health education/prevention by faith-based (57.1%) • Ranked #2 by healthcare providers as the driving community health need (41.2%) • 2010 - 2019 County Health Ranking Reports • 2010 - 2016 Blair County Health Profile Reports • Center for Disease Control Blair County Report
Smoking, Tobacco, and Use of E-Cigarettes	• Ranked #6 community challenge on household survey (71.9%) • Ranked #4 community challenge on household survey for northern Blair County (74.3%) • Ranked #6 and #5 community challenge on household survey in southern and central Blair County • Ranked #3 greatest need regarding health education/prevention on household survey (36.8%) • Ranked #5 community challenge on key informant survey (81.4%) • Ranked #1 community challenge for service providers (100%) • Ranked #5 community challenge on faith—based community (92.9%) • 2010 - 2019 County Health Ranking Reports • Pennsylvania Department of Health • Healthy People 2020 • 2017 PA Youth Survey • Blair County Drug and Alcohol Partnerships • Center for Disease Control
Adults and Children with	• Identified as a community challenge for adults (57.8%) and for children (55.5%) • Ranked #1 household challenge on household survey (39.6%)

Mental Health Issues	• Ranked #5 community challenge on key informant survey (83.1%) • Ranked #4 community challenge by service providers for adults (97.8%) and #11 for children (84.5%) • Ranked #5 community challenge by faith-based community for adults (92.9%) • Ranked #2 by healthcare providers as a community health care need (41.2%) • Identified as a gap in health care services on household survey (18 – 24%) • Ranked #1 greatest gap in health care services by service providers (46.7%) • Ranked #2 greatest gap in health care services by on the faith-based survey (36.7%) • Ranked #1 greatest need regarding health education/prevention on the household survey, key informants, the faith-based community and by service providers • Suicide Statistics for Blair County • Summary of Student Assistance Program Data • Percent of Youth Reporting Symptoms of Depression • Blair County Mental Health Data
Poverty	• Ranked #5 community challenge on household survey (72.5%) • Ranked #4 community challenge on household survey for southern Blair County (57.2%), #5 for central Blair County (73.5%), and #8 for northern Blair County (65.7%) • Ranked #1 community challenge on key informant survey (89.8%), service provider survey (100%), and by the faith-based community (100%) • 2010 - 2019 County Health Ranking Reports • The Center for Rural Pennsylvania 2016 County Profiles • Pennsylvania Department of Education • Healthy Communities Institute • Pennsylvania Office of Child Development and Early Learning Program • Pennsylvania Partnership for Children
Youth Disconnections	• Measure of America Report • 2019 County Health Ranking Report • Identified as a community challenge in the household survey (45.8%), key informant survey (71.2%) service provider survey (77.8%), and by the faith-based community (85.7%)
Dental Care	• Ranked #2 greatest gap in health care services on the household survey (32.3%) • Ranked #3 greatest gap in health care services by key informants (32.2%) and by service providers (37.8%) • Ranked #1 greatest gap in health care services by the faith-based community (42.9%) • Pennsylvania Department of Health • A Report on the 2015 Survey of Dentist and Dental Hygienist

Appendix D: Blair County: 2010 - 2019 County Health Rankings

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Health Outcomes (Overall Ranking)	**63**	**62**	**56**	**56**	**51**	**48**	**46**	**47**	**45**	**51**
Length of life	65	60	52	47	47	42	47	43	46	53
Premature death	8693	8350	7869	7387	7387	7182	7500	7400	7700	8700
Quality of Life	56	58	60	61	50	51	38	45	38	36
Poor or fair health	20%	20%	21%	21%	20%	20%	15%	14%	15%	15%
Poor physical health days**	5.1	5.1	5	4.9	4.2	4.2	3.7	3.6	3.8	3.8
Poor mental health days	3.8	3.9	4	4.2	3.7	3.7	4.1	4	4.1	4.1
Low birth weight	6.9%	6.9%	7.2%	7.2%	7.4%	7.4%	7%	7%	7%	7%
Health Factors	33	42	29	37	36	37	30	39	32	37
Health Behaviors	51	61	42	46	49	47	51	62	48	40
Adult smoking**	23%	23%	22%	23%	23%	23%	20%	19%	17%	17%
Adult obesity	31%	34%	32%	32%	33%	33%	34%	33%	32%	30%
Food environment index					8.2	7.8	7.6	7.7	7.7	7.7
Physical inactivity		28%	31%	31%	31%	31%	29%	27%	25%	24%
Access to exercise opportunities					79%	76%	75%	75%	60%	73%
Excessive drinking**	13%	12%	14%	13%	15%	15%	17%	17%	19%	19%
Motor-vehicle crash deaths	18%	17	17	15	15	13	13	14		
Alcohol-impaired driving deaths					33%	35%	32%	34%	32%	29%
Sexually transmitted infections	159	117	165	211	275	245	313	251	219	247
Teen births	36	36	36	33	33	33	32	31	28	27
Clinical Care	18	27	21	25	19	27	21	24		
Uninsured	10%	12%	12%	12%	11%	11%	11%	9%	6%	6%
Primary care phyisicans		1188 to 1	1188 to 1	1144 to 1	1155 to 1	1177 to 1	1190 to 1	1210 to 1	1160 to 1	1230 to 1
Dentists			2190 to 1	2117 to 1	1956 to 1	1885 to 1	1880 to 1	1820 to 1	1780 to 1	1670 to 1
Mental health providers		3229 to 1	3229 to 1	3736 to 1	639 to 1	491 to 1	460 to 1	490 to 1	480 to 1	470 to 1
Preventable hospital stays	80	73	70	68	71	69	58	54	60	5349
Diabetes monitoring	84%	83%	86%	86%	85%	86%	87%	84%	84%	
Mammography sreening		58.60%	63.90%	59.50%	57%	55.90%	54%	57%	57%	37%
Flu Vaccinations										43%
Social & Economic Factors	45	34	24	30	30	28	29	28	29	
High school graduation	82%	84%	85%	88%	88%	88%	87%	88%	88%	90%
Some college		51.90%	52.70%	52.60%	52.60%	54.20%	53%	54%	55%	56%
Unemployment	5%	7.20%	7.70%	7.00%	7.20%	6,7%	5.60%	5.00%	5.30%	4.80%
Children in poverty	20%	21%	20%	22%	20%	24%	21%	23%	21%	19%
Income inequality						4.3	4.3	4.4	4.5	4.5
Inadequate social supports	24%	25%	25%	25%	25%					
Children in single-parent households		30%	31%	33%	33%	33%	33%	32%	33%	32%
Social associations						17.5	17.5	17.5	17.8	17.6
Violent crime	277	290	294	274	263	252	252	232	232	224
Injury deaths					71	70	70	75	80	85
Physical Environment	1	13	50	57	22	30	40	32	32	48
Air pollution -ozone days	4	2	2							
Air pollution-particular matter**	0	0	0	13.8	13.3	13.3	13.3	10.4	10.4	11.2
Drinking water violations					0	2%	yes	yes	yes	yes
Severe housing problems					11%	12%	12%	12%	13%	13%
Driving alone to work		82%	82%	83%	83%	83%	83%	83%	83%	82%
Long commute - driving alone					18%	18%	18%	19%	19%	20%
Access to healthy foods	63%	67%	67%							
Access to recreational facilities		10	8	8						
Limited access to healthy foods			11%	6%	6%	6%	6%	6%		
Fast food restaurants			53%	54%						