

**Indiana Regional  
Medical Center  
Community  
Health Needs  
Assessment**



**INDIANA**  
REGIONAL MEDICAL CENTER

## ACKNOWLEDGEMENTS

The Indiana Regional Medical Center (IRMC) and Pennsylvania Mountain Care Network (PMCN) Community Health Needs Assessment (CHNA) was made possible through the generous support of IRMC, Clarion Hospital, Punxsutawney Area Hospital and Strategy Solutions, Inc. (SSI). Representatives from these three hospitals and SSI worked collaboratively to guide and conduct this assessment. A steering committee made up of senior representatives of each hospital, as well as representatives from local health departments, leading health and social service organizations and county government provided additional input. The combined expertise, knowledge and commitment of the members of these committees were vital to the project. The project team of Ben Hughes, Larry Sedlemeyer, Nancy Smith, John Stroup and Bridget Thornton were the main liaisons between the steering committees and SSI, the consulting group that PMCN hired to assist with the assessment. This group deserves special recognition for their tireless oversight and support of the CHNA process.

During this CHNA project, two dozen individuals were interviewed by representatives from all three hospitals including administrative and clinical staff from the hospitals, representatives from health and social service agencies, public health officers, warden, school district personnel, veteran's affairs, clergy, and other public and elected officials. SSI also conducted a community survey with 1,144 completed surveys. Finally information was gathered by the project team through a series of focus groups. These information-gathering efforts allowed the project team and steering committees to gain a better understanding of the health status, health care needs, service gaps and barriers to care of those living in the counties of Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango. The project team would like to thank all of the people who were involved in this project, particularly those who participated in interviews, survey efforts, focus groups and information gathering.

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## STEERING COMMITTEE MEMBERS

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## MESSAGE TO THE COMMUNITY

Indiana Regional Medical Center (IRMC) is proud to present its 2015 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographic and other qualitative and quantitative data from the primary service area of IRMC. The data also reflects a collaboration that IRMC entered into on July 24, 2014 with Clarion Hospital and Punxsutawney Area Hospital, known as the Pennsylvania Mountain Care Network (PMCN). PMCN was formed to improve the health of the communities they serve by controlling costs, remaining independent, improving access, expanding the network of specialty physicians and improving patient outcomes. This report also includes secondary and disease incidence and prevalence data from Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango Counties, as the PMCN service area includes portions of all of these counties. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall, and each individual hospital service area.

The primary purpose of this assessment was to identify the health needs and issues of the community defined as the primary service area of each hospital in the PMCN. In addition, the CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the hospital, as well as other community providers, to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region.

The full report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.

Individually and collectively, improving the health of the community and region is a top priority of each hospital of PMCN. Beyond the education, patient care and program interventions provided by IRMC, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.

## EXECUTIVE SUMMARY

The 2015 Indiana Regional Medical Center (IRMC) Community Health Needs Assessment (CHNA) was conducted to identify significant health issues and needs, as well as to provide critical information to IRMC and others in a position to make a positive impact on the health of the region's residents. The results enable the hospital and other community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the IRMC service area.

To assist with the CHNA process, IRMC and the Pennsylvania Mountain Care Network (PMCN) retained Strategy Solutions, Inc., a planning and research firm whose mission is to create healthy communities to conduct the collaborative study. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. This CHNA included a detailed examination of the following areas:

- Evaluation of the 2012 IRMC CHNA Implementation Strategies
- Demographics & Socio-Economic Indicators
- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury



Secondary public health data on disease incidence and mortality, as well as behavioral risk factors, were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, County Health Rankings, as well as a number of other reports and publications. Data were collected primarily for Indiana County and the PMCN overall, although some selected national data is included where local/regional data was not available. Demographic data were collected from the Nielsen/Claritas demographic database. Primary qualitative data collected specifically for this assessment included a total of 24 in-depth interviews with individuals from different

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consistencies and interest groups with eight stakeholders specifically representing the needs of the IRMC service area. A PMCN community survey was conducted with 1,144 responses received from the region, with 573 from Indiana County. In addition to gathering input from stakeholder interviews, input and guidance also came from hospital and community representatives who served on the IRMC Steering Committee.

After all primary and secondary data were reviewed and analyzed; the data suggested a total of 35 distinct issues, needs and possible priority areas for intervention. The Steering Committees of all three hospitals prioritized and discussed the significant needs of the regional overall which included hypertension, obesity, cardiovascular disease, diabetes, preventative care/screenings, cancer (specifically breast, colorectal and prostate), flu and pneumonia, prescription drug abuse, Lyme disease and drug abuse/mortality. The IRMC Steering Committee analyzed the needs further and ultimately selected the following most significant priority needs based on the magnitude, impact and capacity criteria:

1. Lyme Disease
2. Healthy eating
3. Alcohol abuse
4. Drug Abuse
5. Prescription abuse
6. Preventive care
7. Cancer
  - a. Colorectal
  - b. Breast
8. Coronary Artery Disease
9. Hypertension
10. Diabetes
11. Obesity

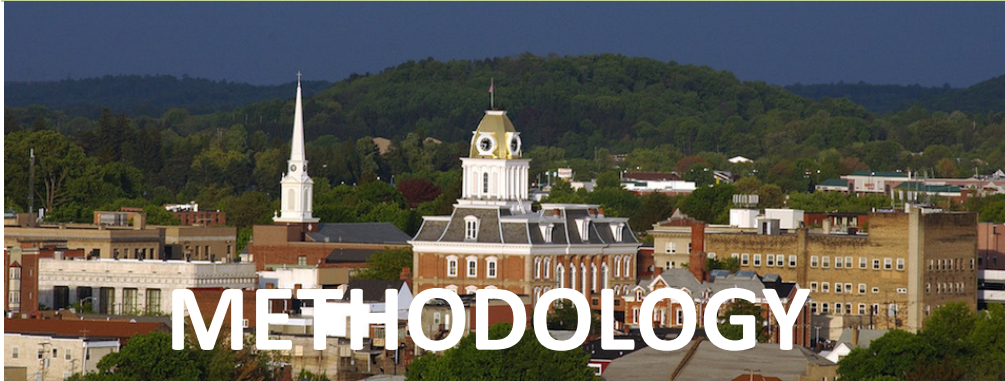
Community Health Needs Assessment



The IRMC Steering Committee also agreed that one of the top priorities moving forward over the next few years is to focus on creating a county-wide vision for a healthy community, increasing collaboration, as well as to engage Indiana County “anchor agencies” and reduce fragmentation of services to improve community health.

The implementation strategies selected by the hospital, the PMCN and community partners will address the most significant needs through a variety of implementation strategies and is published in a separate document.





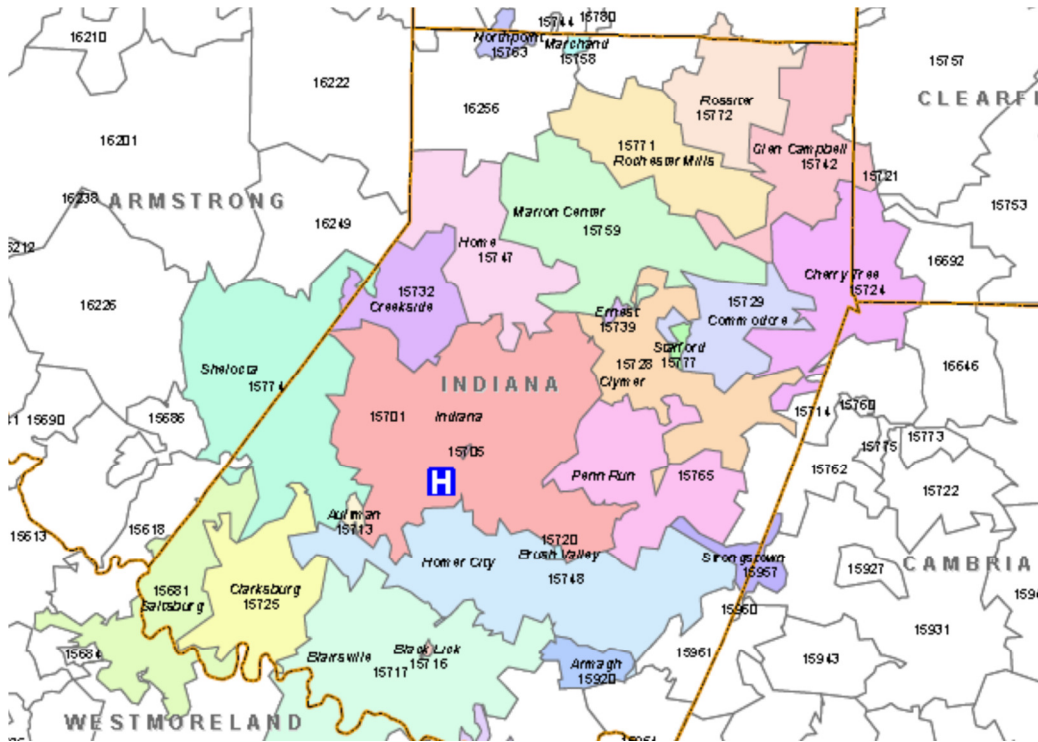
To guide this assessment, each hospital leadership team formed a Steering Committee in their local service area that consisted of hospital and community leaders who represented the broad interests of their local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, and those with chronic disease needs, individuals with expertise in public health, and internal program managers. The IRMC Steering Committee met three times between April 2015 and June 2015 to provide guidance on the various components of the CHNA.

### Service Area Definition

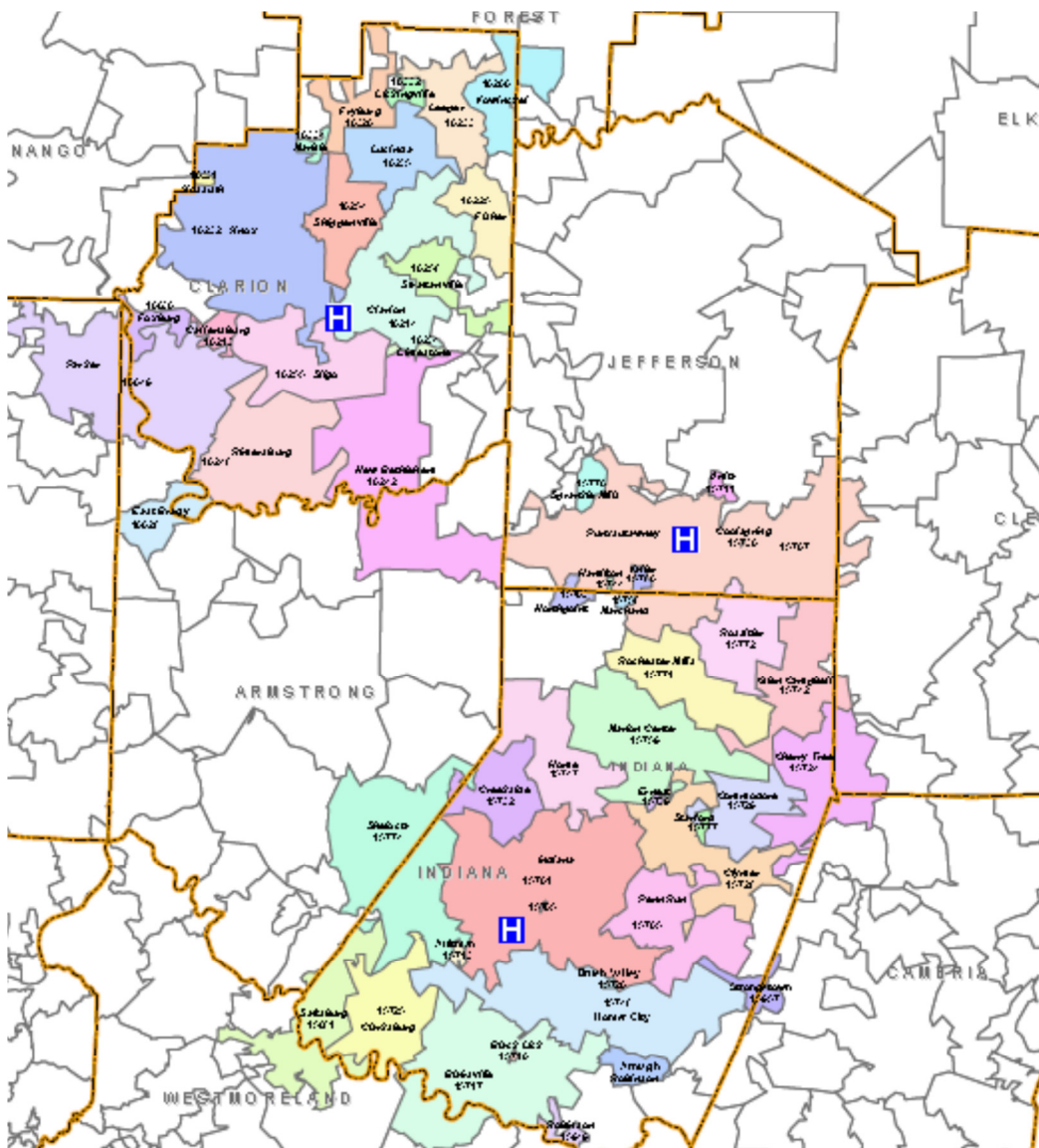
Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location based on the primary service area of the hospital, as well as the service area of PMCN overall. More specifically, the geography of the IRMC service area includes Indiana County, as illustrated in Figure 1. The geography of the PMCN region includes the counties of Armstrong, Butler, Clarion, Clearfield, Forest, Indiana, Jefferson and Venango and is illustrated in Figure 2.

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**Figure 1: IRMC Service Area**



**Figure 2: PMCN Overall Service Area**



**Asset Inventory**

The hospital staff in each member hospital identified existing health care facilities and resources within their primary service area and the region overall available to respond to the significant health needs of the community. Resource directories currently utilized by the hospital case management and social service departments were compiled. The information included in the asset inventory and map include a listing of aging services, alcohol/drug abuse/prevention education, children and

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youth services, clothing, counseling/support, education/educational information, employment training/counseling, food, fuel/utilities, health/medical care/educational information, housing/shelter, mental health/developmental disabilities, money/income, pregnancy services, protective services, recreation/socialization, transportation, and veterans services.

### Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of each individual service area as well as the region overall and to meet current IRS guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire regional service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment.

The secondary quantitative data collection process included demographic and socio-economic data obtained from Nielsen/Claritas ([www.claritas.com](http://www.claritas.com)); disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention and the Healthy People 2020 goals from HealthyPeople.gov. In addition, various health and health related data from the following sources were also utilized for the assessment: the US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)). Selected data was also included from the 2014 Pennsylvania Autism Census Update 2014, Clarion County 2013 PA Youth Survey and the National Survey Results on Drug Abuse – 1975-2013. Selected Emergency Department and inpatient utilization data from each hospital was also included.

The primary data collection process also included conducting a community survey during April 2015, utilizing a mixed-methodology convenience sample, with data collection completed via paper and the Internet. Each network hospital put a link to the survey on their website, distributed the survey link via e-mail to local residents on their individual mailing lists and distributed paper surveys in selected locations in their facilities. The North Central Workforce Investment Board emailed the survey link to their contact lists. A total of 1,144 surveys were completed, including 573 from Indiana County residents.

The primary data collection process included qualitative data from eight stakeholder interviews conducted during March and April 2015 by staff members of IRMC, with an additional 16 interviews conducted during that timeframe by staff members of the other regional hospitals. Stakeholders interviewed included individuals with expertise in the following disciplines and/or organizational affiliations:

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- Head Start/Retired Hospital staff/Certified Diabetic Educator/ Yoga Instructor/ Registered Dietitian, Punxsutawney
- Hospitalist/Family Practice Physician, Punxsutawney
- Punxsutawney Area Community Center
- Primary Health Network/Billing
- Clarion Hospital/Emergency Room Physician
- Indiana County Sheriff’s Office
- Office of Veterans Affairs, Indiana County
- Clarion Area School District Superintendent
- Children and Youth Services/Human Services, Clarion County
- Pennsylvania Department of Public Welfare
- Service and Access Management, Clarion County
- Indiana County Emergency Management
- Indiana County Head Start
- Punxsutawney Rotary Club/Creative Garden Daycare
- Visiting Nurse Association of Indiana County
- Indiana County Housing Authority
- Clarion County Prison
- Office of Veterans Affairs, Clarion County
- Clarion Ministerium
- Area Agency on Aging, Clarion County
- Armstrong-Indiana Behavioral Health and Developmental Health Program
- PA State Government, Representative for 62<sup>nd</sup> Legislative District, Indiana County

Focus groups were conducted with five different groups in March and April 2015 representing the following groups as seen in Table 1:

**Table 1: PMCN Focus Groups Conducted**

Date Conducted	Group	Total # Participants	Hospital Area Represented
March 20, 2015	Clarion County School Nurses	14	Clarion
March 25, 2015	Laurel Lake Church Bible Group	9	Punxsutawney
April 14, 2015	Senior Citizens from Senior Center	16	Clarion
April 20, 2015	Clarion County Rotary Club	25	Clarion

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Date Conducted	Group	Total # Participants	Hospital Area Represented
April 22, 2015	Clarion University Students	8	Clarion

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the county overall.

### Needs/Issues Prioritization Process

On May 1 2015, each PMCN hospital Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in both the region and their local service territory. Debra Thompson, President of Strategy Solutions, Inc. presented the data to the IRMC Steering Committee and discussed the needs of the local area, what IRMC and other providers are currently offering the community, and discussed other potential needs that were not reflected in the data collected. A total of 35 possible needs and issues were identified, based on disparities in the data (differences in sub-populations, comparison to state, national or Healthy People 2020 goals, negative trends, or growing incidence. Four criteria, including accountable role, magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were identified that the group would use to evaluate identified needs and issues.

During the week after the meeting, Steering Committee members from all three PMCN hospitals completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each the needs and issues on a one to ten scale by each of the selected criteria.

The number of Steering Committee members participating in the prioritization exercise included:

- PMCN: 34 participants (note: one committee member represents 2 hospitals –Clarion and Indiana)
- Clarion – 13 participants
- Indiana – 11 participants
- Punxsutawney – 11 participants

The consulting team analyzed the data from the prioritization exercise and rank ordered the results by overall composite score (reflecting the scores of all criteria) for the PMCN region as well as for each individual hospital Steering Committee.

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On May 29, 2015, each hospital Steering Committee met again to discuss the prioritization results and the significant for their local area, and to discuss whether the hospital or another collaborative partner would be the lead agency in addressing selected needs.

**Review and Approval**

The IRMC CHNA report will be approved by the IRMC Board of Directors on June 11, 2015.





### Evaluation of the 2012 IRMC CHNA Implementation Strategies

In March 2015, IRMC conducted a 3-year evaluation of the implementation strategies undertaken since completion of the 2012 CHNA. Although the status for most county level indicators did not move substantially, it is clear that IRMC is working and making progress to improve the health of the community.

Earlier in 2015, IRMC received a grant from the Pennsylvania Office of Rural Health to implement the Healthy Communities, Inc. data site on their website. This data uses “gas gauge” graphics to display related indicators that show where Indiana County is in relation to all of Pennsylvania.

In reviewing the status of each of the seven identified priority areas, IRMC reported that:

- Priority Area 1: Increase to 78% Indiana County women that receive early prenatal care – only 65.5% of Indiana County women received early prenatal care, missing the IRMC 2011 goal by 12.5%. However, 84% of the women who deliver at IRMC did receive early prenatal care.
- Priority Area 2: Decrease the physician to population ratio by 10% to 1:1,200 population – ratio only at 1:1,764 population despite the addition of the equivalent of 12 primary care physicians.
- Priority Area 3: Decrease the percent of overweight and obese in Indiana County to 60% - data combined with two other counties at 68%.
- Priority Area 4: Reduce the death rate from Influenza and Pneumonia to 17 per 100,000 population – this goal almost reached at 17.2 deaths per 100,000 population.
- Priority Area 5: Increase the percent of adults being screened for cholesterol to 82% - no data available.
- Priority Area 6: Reduce the preventable hospitalizations and readmission rate by 20% from 119/1,000 Medicare enrollees – goal achieved with 92 readmissions/ 1,000 Medicare enrollees.



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- Priority Area 7: Decrease number of patients seen in the ED for substance abuse by 25% - number of patients presenting has increased by 10%.

In addition, through the implementation planning process, IRMC substantially improved its collaborative relationships with community partners, especially related to the work with the Clarion, Armstrong and Indiana Drug and Alcohol Commission. A listing of the status of the various initiatives pursued in the implementation strategies is included in Appendix A of this report.

## Demographics

For purposes of this assessment, the service area geography is defined as Indiana County. The overall population of this area as of the 2010 Census was 88,880.

- From the 2000 to 2010 census the Indiana Regional Medical Center service area population has been steadily declining and is projected to continue to decline from 87,169 in 2015 to 86,660 in 2020.
- At 50.24%, there are slightly more females living in the Primary Service Area.
- The Primary Service Area is predominately white, with a rate of 52.47%.
- The majority of the Primary Service Area (47.7%) is between the ages of 25-54.
- Just under half of the Primary Service Area population(48.4%) is married and living with their spouse.
- One in three (30.5%) have received an Associate Degree or higher educational attainment. Slightly more than one in ten (12.3%) residents have not graduated high school, while 43.8% of the Primary Service Area has obtained a high school diploma or GED, while 13.3% has obtained at least a college education.
- The income statistics for the Primary Service Area indicates the service area to be low to middle income; just under one in five households (16.2%) have an annual income of \$15,000 or less. Over half (53.4%) have annual incomes less than \$50,000.
- 52.8% of the Primary Service Area is employed; however, 4.3% are not in the labor force; very few (4.3%) residents are currently unemployed.
- Almost a third (28.5%) of residents in the Primary Service Area travel less than 30 minutes to get to work.

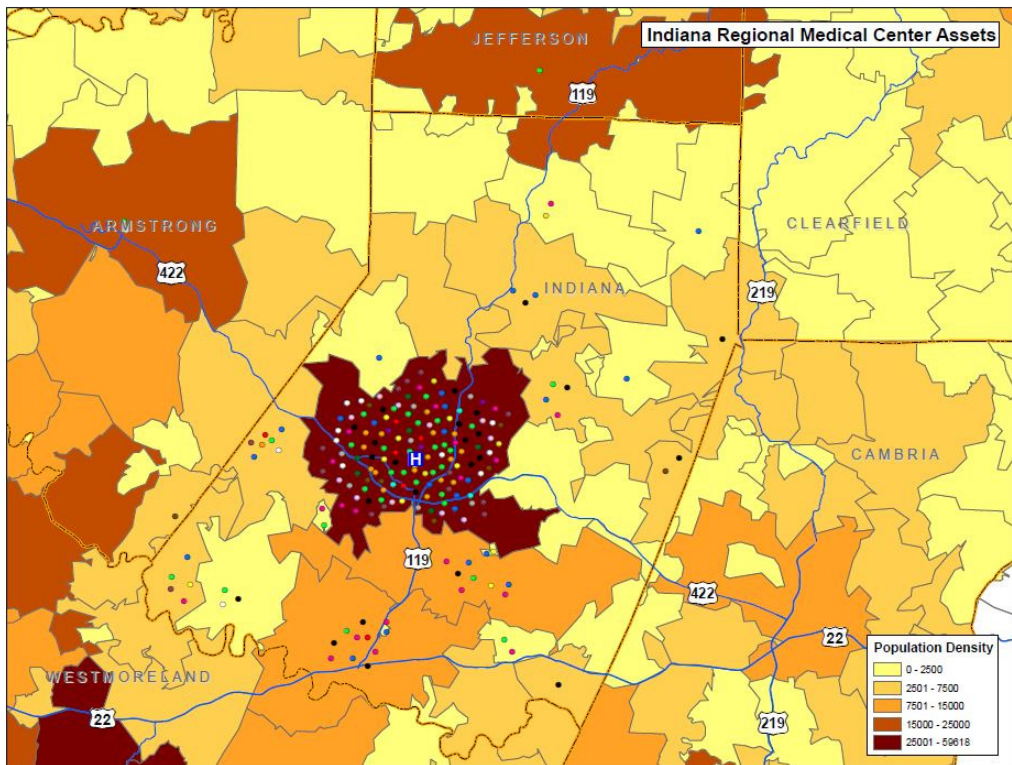
## Asset Inventory

A list of community assets and resources that are available in the community to support residents was compiled and is mapped in Figures 3 and 4. The assets

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identified a listing of aging services, alcohol/drug abuse/prevention education, children and youth services, clothing, counseling/support, education/educational information, employment training/counseling, food, fuel/utilities, health/medical care/educational information, housing/shelter, mental health/developmental disabilities, money/income, pregnancy services, protective services, recreation/socialization, transportation, and veterans services. Also included in the asset inventory is a listing of all assets available under the PMCN collaboration.

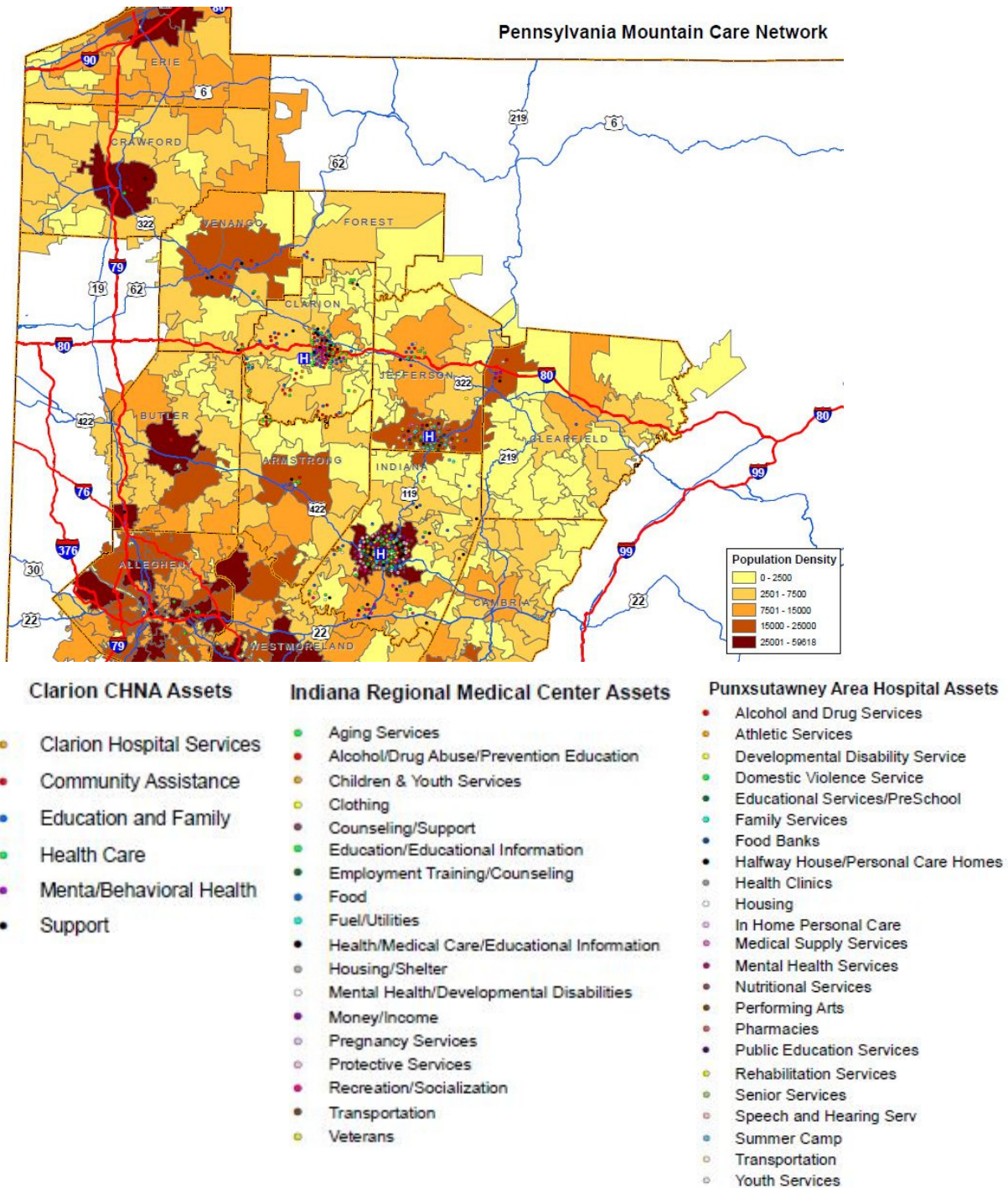
**Figure 3: IRMC Asset Map**



**Indiana Regional Medical Center Assets**

- Aging Services
- Alcohol/Drug Abuse/Prevention Education
- Children & Youth Services
- Clothing
- Counseling/Support
- Education/Educational Information
- Employment Training/Counseling
- Food
- Fuel/Utilities
- Health/Medical Care/Educational Information
- Housing/Shelter
- Mental Health/Developmental Disabilities
- Money/Income
- Pregnancy Services
- Protective Services
- Recreation/Socialization
- Transportation
- Veterans

**Figure 4: PMCN Asset Map**



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**Table 2. IRMC Asset Listing**

<b>Aging Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
accessAbilities, Inc	2273 Philadelphia Street	Indiana	PA	15701
Aging Services, Inc	1005 Oak Street	Indiana	PA	15701
Armagh Community Center	12095 PA 56	Armagh	PA	15920
Aultman Community Center	57 7th Street	Aultman	PA	15713
Chestnut Hills Community Center	26 Heybert Drive	Blairsville	PA	15717
Homer Center Community Center	279 Yellow Creek Street	Homer City	PA	15748
Indiana Community Center	1001 Oak Street	Indiana	PA	15701
Mahoning Hills Community Center	19288 Rt 119 North	Punxsutawney	PA	15767
Saltsburg Community Center	212 Point Street	Saltsburg	PA	15681
Twolick Valley Community Center	450 Franklin Street	Clymer	PA	15728
CareNet/ VNA	850 Hospital Road, Suite 3000	Indiana	PA	15701
Helpmates, Inc.	978 Philadelphia Street	Indiana	PA	15701
IRMC Behavioral Health Services	835 Hospital Road	Indiana	PA	15701
IRMC Lifeline Emergency Response System	835 Hospital Road	Indiana	PA	15701
SeniorCARE	1220 Wayne Avenue	Indiana	PA	15701
<b>Alcohol/Drug Abuse/ Prevention Education</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Armstrong-Indiana-Clarion Drug & Alcohol Commission, Inc	10829 US 422	Shelocta	PA	15774
ARIN IU 28 Underage Users Group	2895 West Pike Road	Indiana	PA	15701
Conewago, Indiana (inpatient)	2275 Warren Road	Indiana	PA	15701
Med-Tech Rehab (methodone)	1985 Route 22 Hwy West	Blairsville	PA	15717
PeerStar, LLC	300 Indian Springs Road, Suite 122	Indiana	PA	15701
The Open Door	665 Philadelphia St	Indiana	PA	15701
<b>Children &amp; Youth Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
accessAbilities, Inc	2273 Philadelphia Street	Indiana	PA	15701
Adelphoi Village Academy	226 North 5th Street	Indiana	PA	15701
ARIN IU 28, Family Programs	2895 West Pike Road	Indiana	PA	15701
Big Hearts, Little Hands (mentoring)	60 N. Ben Franklin Road	Indiana	PA	15701

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<b>Children &amp; Youth Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Catholic Charities, Greensburg Diocese	1200 Oakland Avenue	Indiana	PA	15701
Care Center of Indiana County	125 North 5th Street	Indiana	PA	15701
Child Care Information Services	155 North Clymer Avenue	Indiana	PA	15701
Community Guidance Center	793 Old Rt 119 North	Indiana	PA	15701
Evergreen Boys & Girls Clubs of Indiana County	650 South 13th Street	Indiana	PA	15701
Hopeful Hearts/VNA	728 Church Street	Indiana	PA	15701
Family Behavioral Resources	1380 PA- 286	Indiana	PA	15701
Indiana County Children & Youth Services	350 North 4th Street	Indiana	PA	15701
Indiana County Head Start	528 Gompers Avenue	Indiana	PA	15701
Indiana County YMCA	60 North Ben Franklin Road	Indiana	PA	15701
Indi-Kids	570 South 11th Street	Indiana	PA	15701
IUP Child Study Center	1175 Maple Street	Indiana	PA	15705
Justice Works Youth Center	1618 Warren Road	Indiana	PA	15701
Kids Count Family Psychological	1265 Wayne Avenue Suite 109	Indiana	PA	15701
Lifesteps, Indiana County Programs	1455 Church Street	Indiana	PA	15701
New Story	334 Philadelphia Street	Indiana	PA	15701
NHS Human Services	9457 Route 422 West	Shelocta	PA	15774
Penn State Cooperative Extension - 4-H Clubs	827 Water Street	Indiana	PA	15701
<b>Clothing</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Birthright	271 Philadelphia Street	Indiana	PA	15701
Chevy Chase Community Center	640 North 5th Street	Indiana	PA	15701
Christos Clothes Closet	40 East Elm Street	Homer City	PA	15748
Clothes of Many Colors	5287 PA 56	Brush Valley	PA	15720
Katie's Closet	100 South 6th Street	Indiana	PA	15701
Life-Way Pregnancy Center	1176 Grant Street, Suite 1160	Indiana	PA	15701
My Best Friends Closet	813 Salt Street	Saltsburg	PA	15681
St. Vincent De Paul Thrift Store	410 North 4th Street	Indiana	PA	15701
Salvation Army Thrift Store	2452 Philadelphia Street	Indiana	PA	15701
<b>Counseling/Support</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Alice Paul House	PO Box 417	Indiana	PA	15701
Armstrong-Indiana Behavioral & Development Health	121 Armsdale Road, Suite 105	Kittanning	PA	16201

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Counseling/Support	Address	City	State	Zip
Catholic Charities, Greensburg Diocese	1200 Oakland Avenue	Indiana	PA	15701
Care Center of Indiana County	125 North 5th Street	Indiana	PA	15701
Christian Counseling Services of Indiana County, Inc.	637 Philadelphia Street, Suite 301	Indiana	PA	15701
Community Guidance Center	793 Old Rt 119 North	Indiana	PA	15701
Community Psychiatric Centers	29 Saltsburg Road	Jacksonville	PA	15725
Family A.C.T.S., Inc.	610 Kolter Drive	Indiana	PA	15701
Family Behavioral Resources	1380 PA- 286	Indiana	PA	15701
Family Counseling Center	155 North 10th Street	Indiana	PA	15701
Hopeful Hearts/VNA	728 Church Street	Indiana	PA	15701
Kids Count Family Psychological	1265 Wayne Avenue Suite 109	Indiana	PA	15701
Life-Way Pregnancy Center	1176 Grant Street, Suite 1160	Indiana	PA	15701
My Choice Medical Clinic (Pregnancy)	1205 Maple Street, Suite A	Indiana	PA	15701
New Story	334 Philadelphia Street	Indiana	PA	15701
NHS Human Services	9457 Route 422 West	Shelocta	PA	15774
Peerstar, LLC	300 Indian Springs Road, Suite 122	Indiana	PA	15701
The Open Door	665 Philadelphia St	Indiana	PA	15701
Education/Educational Information	Address	City	State	Zip
Adelphoi Village Academy	226 North 5th Street	Indiana	PA	15701
ARIN IU 28 (Children & Adults)	2895 West Pike Road	Indiana	PA	15701
Care Center of Indiana County (Parent)	125 North 5th Street	Indiana	PA	15701
Indiana County Head Start (0-3, Preschool)	528 Gompers Avenue	Indiana	PA	15701
Indiana County Technology Center (Youth, Adult)	441 Hamil Road	Indiana	PA	15701
Indi-Kids (Preschool)	570 South 11th Street	Indiana	PA	15701
IRMC Institute for Healthy Living	2010 Shelly Drive	Indiana	PA	15701
IUP Child Study Center	1175 Maple Street	Indiana	PA	15705
Lifesteps, Indiana County Programs (Mobile Library)	1455 Church Street	Indiana	PA	15701
New Story (Autism)	334 Philadelphia Street	Indiana	PA	15701

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<b>Education/Educational Information</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Penn State Cooperative Extension (Consumer, Agriculture)	827 Water Street	Indiana	PA	15701
Salvation Army (Tutoring)	635 Water Street	Indiana	PA	15701
<b>Employment Training/ Counseling</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aging Services, Inc. (Seniors)	1005 Oak Street	Indiana	PA	15701
Community Living & Learning	1430 Rt 286 East	Indiana	PA	15701
ICW Vocational Services, Inc.	155 North 10th Street	Indiana	PA	15701
Indiana County Community Action Program	827 Water Street	Indiana	PA	15701
Indiana County Technology Center	441 Hamil Road	Indiana	PA	15701
PA Career Link, Indiana County	300 Indian Springs Road	Indiana	PA	15701
<b>Food</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aging Service, Inc.	1005 Oak Street	Indiana	PA	15701
Arcadia Food Bank	248 Arcadia Road	Arcadia	PA	15712
Black Lick Food Bank	Blair Street	Black Lick	PA	15716
Blairsville Food Bank	137 North Walnut Street	Blairsville	PA	15717
Brush Valley Food Bank	5544 Rt 259 Hwy South	Brush Valley	PA	15720
Catholic Charities, Greensburg Diocese (Infant Formula)	1200 Oakland Avenue	Indiana	PA	15701
Chevy Chase Community Center	640 North 5th Street	Indiana	PA	15701
Clymer Food Bank	550 Sherman Street	Clymer	PA	15728
Commodore Food Bank	410 Musser Road	Commodore	PA	15729
Community Kitchen	575 Pfeiffer Road	Marion Center	PA	15759
Creekside Food Bank	444 Indiana Road	Creekside	PA	15732
Glen Campbell Food Bank	2712 Pine Vale Road	Glen Campbell	PA	15742
Heilwood Food Bank	6485 PA-403	Heilwood	PA	15745
Homer City Food Bank	25 Main Street	Homer City	PA	15748
Indiana County Community Action Program (ICCAP)	827 Water Street	Indiana	PA	15701
Indiana County Welfare Office	2750 West Pike Road	Indiana	PA	15701
Indiana Food Bank	1849 South 6th Street	Indiana	PA	15701
Iselin Food Bank	Iselin Road	Saltsburg	PA	15774
Marion Center Food Bank	710 Manor Street	Marion Center	PA	15759
Meals on Wheels, Homer City		Homer City	PA	15748

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<b>Food</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Meals on Wheels, Indiana	R 534 Philadelphia Street	Indiana	PA	15701
Plumville Food Bank	PA-85 Main Street	Plumville	PA	16246
Saltsburg Food Bank	212 Point Street	Saltsburg	PA	15681
Shelocta Food Bank	182 South Ridge Road	Shelocta	PA	15774
The Salvation Army	635 Water Street	Indiana	PA	15701
Women, Infants, and Children Nutrition Program (WIC)	1099 Oak Street	Indiana	PA	15701
<b>Fuel/Utilities</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Catholic Charities, Greensburg Diocese	1200 Oakland Avenue	Indiana	PA	15701
Indiana County Community Action Program	827 Water Street	Indiana	PA	15701
Indiana County Welfare Office	2750 West Pike Road	Indiana	PA	15701
<b>Health/Medical Care/Educational Information</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
accessAbilities, Inc.	2273 Philadelphia Street	Indiana	PA	15701
Adagio Health (Women)	1009 Oak Street	Indiana	PA	15701
Anew Home Health Agency	1380 Rt 286 East, Suite 223	Indiana	PA	15701
BAYADA Pediatrics/Home Health Care	175 Cornell Road, Suite 13	Blairsville	PA	15717
Caring Heart Home Health	88 Juniper Street	Homer City	PA	15748
Center for Weight Loss	120 IRMC Drive, Suite 110	Indiana	PA	15701
Chestnut Ridge Outpatient Testing Center	25 Colony Boulevard	Blairsville	PA	15717
Chestnut Ridge Urgi- Care	25 Colony Boulevard	Blairsville	PA	15717
Empower3 Center for Health	881 Hospital Road	Indiana	PA	15701
Family Hospice of Indiana County	850 Hospital Road, Suite 3000	Indiana	PA	15701
Heritage Home Health Agency	1480 Indian Springs Road, Suite 2	Indiana	PA	15701
Home Care Advantage	1480 Indian Springs Road, Suite 2	Indiana	PA	15701
Home Nursing Agency	320 Franklin Street	Clymer	PA	15728
Indiana County Welfare Office	2750 West Pike Road	Indiana	PA	15701
Indiana VA Outpatient Clinic	1570 Oakland Avenue	Indiana	PA	15701
Indiana Regional Medical Center	835 Hospital Road	Indiana	PA	15701
Indiana Regional Medical Center Urgi Care	875 Hospital Road	Indiana	PA	15701
Diabetes Education Center	835 Hospital Road	Indiana	PA	15701
IUP Speech, Language & Hearing Clinic	570 South 11th Street	Indiana	PA	15705



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<b>Health/Medical Care/ Educational Information</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mahoning Outpatient Testing Center	100 Neal Road	Marion Center	PA	15759
MedExpress	2128 Oakland Avenue	Indiana	PA	15701
Medi Home Health Agency	2265 Philadelphia Street	Indiana	PA	15701
Minute Clinic - CVS	2501 Warren Road	Indiana	PA	15701
Northern Cambria Outpatient Testing Center	4210 Crawford Street	Northern Cambria	PA	15714
Pennsylvania Department of Health	75 North 2nd Street	Indiana	PA	15701
Primary Health Network, Indiana Dental Center	590 Indian Springs Road	Indiana	PA	15701
Primary Health Network, Jacksonville Family Medicine	29 Saltsburg Road	Clarksburg	PA	15725
Senior Care	1220 Wayne Avenue	Indiana	PA	15701
Tri-County Community Health Center	1555 Shawna Road	Cherry Tree	PA	15724
Seward Outpatient Testing Center	238 Indiana Street	Seward	PA	15954
Visiting Nurse Association of Indiana County	850 Hospital Road, Suite 3000	Indiana	PA	15701
<b>Housing/Shelter</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Alice Paul House (Domestic Violence)	PO Box 417	Indiana	PA	15701
Family Promise of Indiana County	1292 Old 119 North	Indiana	PA	15701
Habitat for Humanity	PO Box 663	Indiana	PA	15701
Housing Authority of Indiana County	104 Philadelphia Street	Indiana	PA	15701
I & A Residential Services	1019 Philadelphia Street, Suite 2	Indiana	PA	15701
Indiana County Community Action Program (Homeless)	827 Water Street	Indiana	PA	15701
Lifesteps, Indiana County Programs	1455 Church Street	Indiana	PA	15701
<b>Mental Health/ Developmental Disabilities</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
accessAbilities, Inc.	2273 Philadelphia Street	Indiana	PA	15701
Armstrong-Indiana Behavioral & Development Health	121 Armsdale Road, Suite 105	Kittanning	PA	16201
IRMC Behavioral Health Services	835 Hospital Road	Indiana	PA	15701
Community Living & Learning	1430 PA 286	Indiana	PA	15701

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<b>Mental Health/ Developmental Disabilities</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Community Psychiatric Centers	29 Saltsburg Road	Jacksonville	PA	15725
Family Behavioral Resources	1380 PA- 286	Indiana	PA	15701
I & A Residential Services	1019 Philadelphia Street, Suite 2	Indiana	PA	15701
ICW Vocational Services, Inc.	155 North 10th Street	Indiana	PA	15701
Kids Count Family Psychological	1265 Wayne Avenue Suite 109	Indiana	PA	15701
Lifesteps, Indiana County Programs	1455 Church Street	Indiana	PA	15701
New Beginnings Drop-In Center	638 Old 119 North	Indiana	PA	15701
New Story (Autism)	334 Philadelphia Street	Indiana	PA	15701
NHS Human Services	9457 Route 422 West	Shelocta	PA	15774
The Open Door	665 Philadelphia St	Indiana	PA	15701
<b>Money/Income</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Domestic Relations	665 Philadelphia Street	Indiana	PA	15701
Indiana County Welfare Office	2750 West Pike Road	Indiana	PA	15701
Laurel Legal Services	655 Church Street	Indiana	PA	15701
<b>Pregnancy Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Adagio Health	1097 Oak Street	Indiana	PA	15701
ARIN IU 28 (Teen programs)	2895 West Pike Road	Indiana	PA	15701
Birthingright	271 Philadelphia Street	Indiana	PA	15701
Catholic Charities, Greensburg Diocese	1200 Oakland Avenue	Indiana	PA	15701
Life-Way Pregnancy Center	1176 Grant Street, Suite 1160	Indiana	PA	15701
My Choice Medical Clinic (Pregnancy)	1205 Maple Street, Suite A	Indiana	PA	15701
OB/GYN Care Center	879 Hospital Road	Indiana	PA	15701
Prenatal/Family Education Programs - IRMC	835 Hospital Road	Indiana	PA	15701
<b>Protective Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aging Services, Inc.	1005 Oak Street	Indiana	PA	15701
Alice Paul House	PO Box 417	Indiana	PA	15701
Care Center of Indiana County	125 North 5th Street	Indiana	PA	15701
Indiana County Children & Youth Services	350 North 4th Street	Indiana	PA	15701
Laurel Legal Services	655 Church Street	Indiana	PA	15701
<b>Recreation/Socialization</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aging Services, Inc.	1005 Oak Street	Indiana	PA	15701
Armagh Community Center	12095 PA 56	Armagh	PA	15920

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Recreation/Socialization	Address	City	State	Zip
Aultman Community Center	57 7th Street	Aultman	PA	15713
Big Hearts/Little Hands	60 North Ben Franklin Road	Indiana	PA	15701
Blairsville Parks and Recreation	101 East North Street	Blairsville	PA	15717
Blairsville Public Library	113 North Walnut Street	Blairsville	PA	15717
Burrell Township Library	119 Park Drive in	Blacklick	PA	15716
Chestnut Hills Community Center	26 Heybert Drive	Blairsville	PA	15717
Crooked Fence Farm	1722 Nashville Road	Rochester Mills	PA	15721
Evergreen Boys & Girls Clubs of Indiana County	650 South 13th Street	Indiana	PA	15701
Homer Center Community Center	279 Yellow Creek Street	Homer City	PA	15748
Homer City Parks and Recreation	11 Harrison Street	Homer City	PA	15748
Homer Center Public Library	6 North Main Street	Homer City	PA	15728
Indiana Community Center	1001 Oak Street	Indiana	PA	15701
Indiana County Parks and Trails	1128 Blue Spruce Road	Indiana	PA	15701
Indiana County YMCA	60 North Ben Franklin Road	Indiana	PA	15701
Indiana Free Library	845 Philadelphia Street	Indiana	PA	15701
Indiana Parks and Recreation	497 East Pike Road	Indiana	PA	15701
Penn State Cooperative Extension (4-H Clubs)	827 Water Street	Indiana	PA	15701
Saltsburg Community Center	212 Point Street	Saltsburg	PA	15681
SeniorCARE	1220 Wayne Avenue	Indiana	PA	15701
S&T Medical Fitness Facility	2010 Shelly Drive	Indiana	PA	15701
The Salvation Army (summer camps)	635 Water Street	Indiana	PA	15701
Twolick Valley Community Center	450 Franklin Street	Clymer	PA	15728
White Township Recreation Complex	497 East Pike Road	Indiana	PA	15701
Transportation	Address	City	State	Zip
Aging Services, Inc.	1005 Oak Street	Indiana	PA	15701
Citizen's Ambulance Service	805 Hospital Road	Indiana	PA	15701
Indiana County Department of Human Services (MATP)	300 Indian Springs Road, Suite203	Indiana	PA	15701
IndiGO/Indiana County Transit Authority	1657 Saltsburg Avenue	Indiana	PA	15701
Indiana County Veterans Affairs	825 Philadelphia Street	Indiana	PA	15701
Medi-Van	1311 Philadelphia Street	Northern Cambria	PA	15714

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Transportation	Address	City	State	Zip
SeniorCARE	1220 Wayne Avenue	Indiana	PA	15701
Stewart Bus Line	3551 State Route 156	Avonmore	PA	15618
Veterans	Address	City	State	Zip
Crooked Fence Farm	1722 Nashville Road	Rochester Mills	PA	15721
Indiana County Veterans Affairs	825 Philadelphia Street	Indiana	PA	15701
Indiana VA Outpatient Clinic	1570 Oakland Avenue	Indiana	PA	15701
PA CareerLink, Indiana County	300 Indian Springs Road	Indiana	PA	15701

### Key Findings –BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS) as well as disease incidence and mortality indicators. For this analysis, the service area data was compared to state and national data where possible.

As outlined in the following tables, for many of the BRFSS questions, IRMC’s service area data was comparable to the state data, with some slight variability across the indicators. Behavioral risk factors in the service area where the regional rates were worse than the state include the percentage of people who rated their health status fair or poor, obesity and those currently using chewing tobacco/snuff/snus somewhat or every day.

When looking at the BRFSS questions related to PMCN’s service area data, the regional rates that were worse than Pennsylvania include the percentage of people who rated their health status fair or poor, adults ever told they had a heart attack, obesity, adults 18-64 who were tested for HIV, those currently using chewing tobacco/snuff/snus somewhat or every day and adults who report being an everyday smoker.

The public health data for IRMC’s service area shows that the region has increasing rates of breast cancer incidence, heart disease mortality, heart attack mortality, Lyme disease, student health asthma, Chlamydia, Gonorrhea, drug-induced mortality, mental and behavior disorders mortality, and auto accident mortality.

The 2013 Pennsylvania Youth Survey for children in grades 6, 8, 10 and 12 for the IRMC service area suggests that there are increasing rates in lifetime use of alcohol, marijuana and pain relievers, as well as percent of students who drove after drinking or marijuana use.

Within PMCN’s service area has increasing rates of chronic diseases in several areas: breast cancer incidence in the counties of Armstrong, Butler and Clarion; breast cancer mortality in Clearfield County; bronchus and lung cancer incidence in

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Armstrong and Indiana counties; bronchus and lung mortality in the counties of Armstrong and Forest; colorectal cancer incidence in Armstrong County; colorectal cancer mortality in Butler and Venango counties; ovarian cancer incidence in Butler County; heart disease mortality in Indiana County; heart attack mortality for the counties of Butler and Indiana; diabetes mortality in Armstrong, Clarion, Clearfield, Jefferson and Venango counties; Type 1 diabetes in students in the counties of Butler, Clarion, Clearfield, and Jefferson; Type 2 diabetes in Armstrong County; Lyme disease in Armstrong, Butler, Clarion, Clearfield, Indiana and Jefferson counties; and Alzheimer mortality in Clearfield County.

For the Healthy Environment indicators, PMCN's service area has increasing rates of student health asthma in Armstrong, Butler, Clearfield, Forest, Indiana and Jefferson counties. Healthy Mothers, Babies and Children shows decreasing rates for PMCN's service area in prenatal care during the first trimester in Armstrong and Indiana counties and breastfeeding in Forest County. Increasing trends for PMCN's service area can be seen in low birth-weight of babies born in Clearfield County; mothers reporting Medicaid assistance in Butler County; teen live birth outcomes in Clearfield and Venango counties; infant mortality in Butler County; students in grades K-12 who are overweight in all counties but Indiana; and students in grades K-12 who are obese in Clarion and Clearfield counties.



For the selected indicators within Infectious Disease, Mental Health and Substance Abuse, Tobacco Use and Injury, PMCN's service has increasing rates of Chlamydia in all counties, although all counties are well below the Pennsylvania rate; Gonorrhea in Butler, Indiana, Jefferson and Venango counties but again all below the state rate; drug induced mortality in the counties of Armstrong, Butler, Clearfield and Indiana; mental and behavior disorders mortality in Armstrong, Butler, Clarion, Clearfield, Indiana and Jefferson counties; never/rarely get the social or emotional support they need in the counties of Armstrong, Butler, Clearfield, Venango; adults who smoke in Clearfield, Jefferson and Venango counties; auto accident mortality in Indiana County; and firearm mortality in Butler County.

Other indicators that show an increasing trend in the PMCN service area include unemployment, children living in poverty and children living in a single parent home in all eight counties.

The 2013 Pennsylvania Youth Survey for children in grades 6, 8, 10 and 12 for the PMCN service area shows that there are increasing rates in lifetime alcohol use for all counties except Forest, as Forest County's numbers cannot be reported as there is only one school district in the county; lifetime marijuana use for Armstrong, Clarion, Clearfield, Indiana and Jefferson counties; percent of students who drove after drinking in the counties of Armstrong, Butler, Indiana, Jefferson and Venango; percent of students who drove after marijuana use in Clearfield, Indiana and

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Venango counties; and lifetime use of abusing pain relievers in the counties of Armstrong, Butler, Clarion, Indiana, Jefferson and Venango.

**Other Secondary Data: Hospital Utilization Rates**

From 2011 through 2013, hospital inpatient discharges for ambulatory care sensitive conditions for IRMC increased for: pneumonia, complications of pregnancy, reproductive disorder, bronchitis/asthma in adults, drug and alcohol abuse, and Chronic Obstructive Pulmonary Disease (COPD).

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### Overall Key Findings

The tables below highlight the key findings of the Behavioral Risk Factor Survey.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Behavior Risk	Crawford, Lawrence, Mercer, Venango 2008-10	Crawford, Lawrence, Mercer, Venango 2011-2013	Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren 2008-10	Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren 2011-2013	Indiana, Somerset, Armstrong 2008-10	Indiana, Cambria, Somerset, Armstrong 2011-2013	Beaver, Butler 2008-10	Beaver, Butler 2011-2013	PA 2008-10	PA 2011-13	US 2010	US 2013	HP 2020 Goal	Local Trend	PA Comp	US Comp	HP 2020 Comp
<b>ACCESS</b>																	
Reported Health Poor or Fair	17.0%	19.0%	22.0%	20.0%	20.0%	21.0%	14.0%	15.0%	15.0%	17.0%	14.7%	16.7%		+/-	+/-	+	
Physical Health Not Good for 1+ Days in the Past Month	36.0%	41.0%	37.0%	39.0%	40.0%	40.0%	36.0%	37.0%	37.0%	38.0%				-	+/-		
Poor Physical or Mental Health Preventing Usual Activities in the Past Month	22.0%	22.0%	22.0%	19.0%	23.0%	23.0%	20.0%	20.0%	21.0%	22.0%				+/-	+/-		
No Health Insurance	15.0%	15.0%	16.0%	17.0%	14.0%	15.0%	14.0%	14.0%	13.0%	16.0%	17.8%	16.8%	0%	+/-	+/-	-	+
No Personal Health Care Provider	9.0%	12.0%	10.0%	12.0%	10.0%	11.0%	12.0%	11.0%	11.0%	13.0%		22.9%	16.1%	+/-	-	-	-
Routine Check-up Within the Past 2 Years	80.0%	82.0%	83.0%	84.0%	80.0%	83.0%	81.0%	82.0%	83.0%	83.0%		81.3%		+	+/-	+	
Needed to See a Doctor But Could Not Due to Cost, Past Year	11.0%	13.0%	12.0%	10.0%	8.0%	12.0%	10.0%	12.0%	11.0%	13.0%		15.3%	4.2%	+/-	-	-	+
<b>CHRONIC DISEASE</b>																	
Ever Told They Have Heart Disease- Age 35 and older	9.0%	6.0%	8.0%	8.0%	9.0%	8.0%	6.0%	7.0%	7.0%	7.0%	4.1%	4.1%		+/-	+/-	+	
Ever Told They Had a Heart Attack- Age 35 and Older	8.0%	7.0%	9.0%	7.0%	9.0%	8.0%	7.0%	7.0%	6.0%	6.0%	4.2%	4.3%		+/-	+	+	
Ever Told They Had a Stroke- Age 35 and older	6.0%	5.0%	4.0%	4.0%	4.0%	3.0%	3.0%	3.0%	12.0%	4.0%		2.8%		+/-	-	+	
Ever Told They Had a MI, Heart Disease, or Stroke- Age GE 35	15.0%	13.0%	13.0%	15.0%	15.0%	14.0%	12.0%	12.0%						-	+/-		
Ever Told They Had Kidney Disease, Not Including Kidney Stones, Bladder Infection or Incontinence		3.0%		3.0%		3.0%		3.0%		2.0%		2.5%			+	+	
Overweight (BMI 25-30)	38.0%	32.0%	34.0%	37.0%	34.0%	32.0%	38.0%	39.0%	36.0%	36.0%	36.2%	35.4%		+/-	+/-	+/-	
Obese (30-99.99)	30.0%	35.0%	32.0%	30.0%	37.0%	36.0%	25.0%	27.0%	28.0%	29.0%	27.5%	29.4%	30.5%	-	+/-	+	+/-
Adults Who Were Ever Told They Have Diabetes	10.0%	12.0%	11.0%	12.0%	11.0%	11.0%	9.0%	9.0%		10.0%		9.7%		+/-	+/-	+	+/-
<b>HEALTHY ENVIRONMENT</b>																	
Adults Who Have Ever Been Told They Have Asthma	13.0%	13.0%	11.0%	13.0%	12.0%	12.0%	11.0%	13.0%	14.0%	14.0%	13.8%	14.1%		+/-	-	-	
Adults Who Currently Have Asthma	10.0%	8.0%	9.0%	9.0%	7.0%	8.0%	9.0%	9.0%	10.0%	10.0%	9.1%	9.0%		+/-	-	-	
<b>INFECTIOUS DISEASE</b>																	
Adults Who Had a Pneumonia Vaccine, Age 65 and older	69.0%	74.0%	63.0%	68.0%	69.0%	70.0%	76.0%	75.0%	70.0%	71.0%	68.8%	69.5%	90.0%	+/-	+/-	+/-	-
Ever Tested for HIV, Ages 18-64	26.0%	28.0%	24.0%	27.0%	23.0%	25.0%	24.0%	28.0%	34.0%	38.0%		35.2%	73.6%	-	-	-	-
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>																	
Mental Health Not Good 1+ Days in the Past Month	33.0%	34.0%	33.0%	32.0%	35.0%	34.0%	30.0%	32.0%	34.0%	36.0%				+/-	-		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)	14.0%	15.0%	21.0%	17.0%	20.0%	18.0%	15.0%	14.0%	17.0%	18.0%	17.1%	16.8%	24.4%	+/-	-	+/-	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	4.0%	5.0%	7.0%	5.0%	4.0%	6.0%	4.0%	5.0%	5.0%	6.0%		6.2%		+/-	-	+/-	
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	5.0%	5.0%	8.0%	6.0%	6.0%	7.0%	4.0%	6.0%	6.0%	6.0%	5.0%			-	-	+/-	
<b>PHYSICAL ACTIVITY AND NUTRITION</b>																	
No Leisure Time/Physical Activity in the Past Month	24.0%		29.0%		29.0%		25.0%		25.0%		23.9%		32.6%				-
No Leisure Time/Physical Activity in the Past Month: Education Level College	15.0%		22.0%		26.0%		14.0%										
<b>TOBACCO USE</b>																	
Adults Who Reported Never Being a Smoker	52.0%	50.0%	46.0%	52.0%	52.0%	53.0%	59.0%	56.0%	54.0%	53.0%	56.6%	55.0%		+/-	+/-	-	
Adults Who Reported Being a Former Smoker	25.0%	26.0%	25.0%	25.0%	24.0%	25.0%	24.0%	23.0%	26.0%	26.0%	25.1%	25.3%		+/-	-	+/-	
Adults Who Reported Being a Former Smoker (Female)	17.0%	20.0%	18.0%	22.0%	18.0%	19.0%	21.0%	21.0%	23.0%	22.0%				-	+/-		
Adults Who Reported Being A Former Smoker (Male)	34.0%	31.0%	31.0%	30.0%	30.0%	31.0%	26.0%	26.0%	29.0%	29.0%				+	+/-		
Currently using Chewing Tobacco, Snuff, or Snus, Somewhat or Everyday	NA	6.0%	NA	12.0%	NA	12.0%	NA	6.0%		4.0%		4.2%			+/-	+	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (daily)	48.0%	47.0%	56.0%	50.0%	47.0%	54.0%	32.0%	57.0%	50.0%	54.0%			80.0%	-	+/-	-	-
Adults Who Reported Being a Current Smoker	23.0%	24.0%	29.0%	23.0%	24.0%	22.0%	18.0%	21.0%	20.0%	22.0%	17.3%	18.8%	12.0%	+/-	+/-	+	+
Adults Who Reported Being An Everyday Smoker	18.0%	18.0%	24.0%	18.0%	18.0%	18.0%	14.0%	15.0%	15.0%	16.0%	12.4%	13.4%		+/-	+	+	

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)







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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

The following table highlights various health indicators included in the assessment:

Other Indicators	ARMSTRONG COUNTY			Trend +/-	BUTLER COUNTY			Trend +/-	CLARION COUNTY			Trend +/-	CLEARFIELD COUNTY			Trend +/-	PA - 2012 Rate	PA (the last year) Rate	US - 2010 Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp	
	2013	2014	2015		2013	2014	2015		2013	2014	2015		2013	2014	2015									
<b>ACCESS</b>																								
Mammogram Screenings	63.0%	57.9%	57.4%	+/-	63.7%	57.4%	57.8%	-	67.8%	62.4%	64.6%	-	73.6%	67.6%	67.9%	-	67.2%	63.4%	67.1%	81.1%	-	-	-	
<b>HEALTHY ENVIRONMENT</b>																								
Unemployment Rates	8.4%	8.5%	8.0%	-	6.7%	6.5%	6.3%	-	9.8%	9.0%	8.0%	-	8.8%	8.8%	8.4%	-	8.7%	7.4%	8.9%		+/-	-		
High School Graduation Rates	92.0%	91.0%	85.0%	-	94.0%	94.0%	93.0%	-	90.0%	90.0%	92.0%	+	84.0%	84.0%	87.0%	+	79.0%	85.0%	82.4%		+/-		+/-	
Children Living in Poverty	19.0%	19.0%	20.0%	+	11.0%	12.0%	10.0%	-	18.0%	19.0%	22.0%	+	22.0%	22.0%	24.0%	+	19.0%	19.0%			+/-			
Children Living in Single Parent Homes	31.0%	30.0%	32.0%	+	23.0%	22.0%	21.0%	-	30.0%	31.0%	30.0%	=	29.0%	29.0%	30.0%	+	32.0%	33.0%			-			
Illiteracy		12.9%	12.9%	=		8.7%	8.7%	=		14.0%	14.0%	=		13.9%	13.9%	=	12.6%	12.6%			+/-			
<b>PHYSICAL ACTIVITY AND NUTRITION</b>																								
Limited Access to Healthy Foods	1.0%	1.0%	1.0%	=	3.0%	3.0%	3.0%	=	2.0%	2.0%	2.0%	=	5.0%	5.0%	5.0%	=	7.0%	4.0%			+/-			
Food Insecurity		15.0%	13.0%	-		12.0%	11.0%	-		10.0%	14.0%	+		14.0%	13.0%	-		14.0%			-/=			
Children Eligible for Free Lunch	32.0%	33.0%	38.0%	+	17.0%	32.0%	17.0%	=	30.0%	17.0%	29.0%	-	37.0%	30.0%	34.0%	-	34.0%	34.0%			+/-			
<b>TOBACCO USE</b>																								
Adults who Smoke	24.0%	24.0%	24.0%	=	19.0%	18.0%	18.0%	-	17.0%	18.0%	18.0%	+	22.0%	19.0%	19.0%	-	21.0%	21.0%	20.0%	12.0%	+/-			

Source: County Health Rankings, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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The following table highlights various health indicators included in the assessment:

Other Indicators	FOREST COUNTY				INDIANA COUNTY				JEFFERSON COUNTY				VENANGO COUNTY				PA - 2010	PA (the last year)	US - 2010	HP 2020	PA	US	HP Goal	
	2013	2014	2015	Trend +/-	2013	2014	2015	Trend +/-	2013	2014	2015	Trend +/-	2013	2014	2015	Trend +/-	Rate	Rate	Rate	Goal	Comp	Comp	Comp	
ACCESS																								
Mammogram Screenings	78.5%	67.6%	62.5%	-	63.2%	61.4%	59.0%	-	72.2%	64.3%	66.8%	-	72.8%	70.9%	67.8%	-	67.2%	63.4%	67.1%	81.1%	+/-	+/-	-	
HEALTHY ENVIRONMENT																								
Unemployment Rates	8.1%	9.5%	9.3%	+	7.4%	7.8%	7.3%	-	8.2%	7.9%	7.7%	-	7.5%	7.9%	7.9%	=	8.7%	7.4%	8.9%		+/-	+/-		
High School Graduation Rates	96.0%	94.0%		-	93.0%	92.0%	92.0%	-	89.0%	90.0%	89.0%	=	91.0%	91.0%	89.0%	-	79.0%	85.0%		82.4%	+		+	
Children Living in Poverty	32.0%	32.0%	38.0%	+	23.0%	23.0%	20.0%	-	23.0%	24.0%	24.0%	+	26.0%	28.0%	25.0%	-	19.0%	19.0%			+			
Children Living in Single Parent Homes	24.0%	26.0%	31.0%	+	27.0%	27.0%	26.0%	-	28.0%	30.0%	30.0%	+	34.0%	35.0%	37.0%	+	32.0%	33.0%			+/-			
Illiteracy		12.9%	12.9%	=		8.7%	8.7%	=		14.0%	14.0%	=		13.9%	13.9%	=	12.6%	12.6%			+/-			
PHYSICAL ACTIVITY AND NUTRITION																								
Limited Access to Healthy Foods	1.0%	1.0%	1.0%	=	4.0%	4.0%	4.0%	=	2.0%	2.0%	2.0%	=	3.0%	3.0%	3.0%	=	7.0%	4.0%			-/=			
Food Insecurity		13.0%	14.0%	+		14.0%	14.0%	=		12.0%	13.0%	+		12.0%	13.0%	+		14.0%			-/=			
Children Eligible for Free Lunch	33.0%	37.0%	39.0%	+	33.0%	33.0%	31.0%	-	36.0%	33.0%	39.0%	+	39.0%	36.0%	42.0%	+	34.0%	34.0%			+/-			
TOBACCO USE																								
Adults who Smoke		34.0%	34.0%	=	21.0%	17.0%	17.0%	-	24.0%	26.0%	26.0%	+	22.0%	26.0%	26.0%	+	21.0%	20.0%			+/-			

Source: County Health Rankings, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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The following table highlights various health indicators included in the assessment:

MENTAL HEALTH AND SUBSTANCE ABUSE	Armstrong				Butler				Clarion				Clearfield				Forest*				Indiana				Jefferson				Venango				PA	US	PA	US
	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	Rate	Rate	Comp	Comp				
Alcohol Child/Adolescent Lifetime Use																																				
Grade 6	22.6%		18.9%	-	20.4%	20.7%	13.3%	-	22.0%	17.5%	18.0%	-	23.6%	17.4%	20.0%	-					16.1%	20.1%	13.9%	-	14.3%	26.6%	18.1%	+			28.4%	13.3%		+		
Grade 8	32.1%	25.4%	30.1%	-	57.7%	35.8%	35.1%	-	44.3%	37.5%	42.0%	-	44.8%	39.6%	41.5%	-					52.4%	37.1%	40.2%	-	40.1%	40.4%	42.1%	+	47.6%	45.3%	45.9%	-	35.1%	27.8%	+	+
Grade 10	38.5%		69.7%	+	67.9%	70.3%	61.5%	-	59.3%	57.4%	60.4%	+	59.3%	58.3%	67.1%	+					43.2%	56.4%	59.4%	+	65.2%	57.2%	65.1%	-	73.4%	54.0%	64.6%	-	61.5%	52.1%	+/-	+
Grade 12					71.6%	86.2%	74.2%	+	69.9%	64.7%	79.4%	+	65.5%	69.3%	76.3%	+					57.1%	65.7%	71.4%	+	64.9%	63.2%	68.0%	+	73.9%	72.7%		74.2%	68.2%	+/-	+/-	
Overall	28.1%				55.5%	41.5%	46.9%	-	51.5%	44.9%	53.9%	+	47.2%	47.6%	51.7%	+					40.1%	45.3%	48.2%	+	50.9%	48.8%	50.3%	-	55.4%	54.9%	53.4%	-	46.9%		+/-	
Marijuana Child/Adolescent Lifetime Use																																				
Grade 6	1.0%		0.0%	-	0.0%	0.0%	0.9%	+	0.5%	0.5%	0.5%	=	1.0%	0.9%	1.1%	+					1.6%	0.4%	0.5%	-	0.0%	2.3%	0.4%	+			2.0%	0.8%		+/-		
Grade 8	6.4%	1.4%	2.2%	-	3.8%	7.4%	3.4%	-	7.6%	9.5%	6.7%	-	6.8%	10.5%	6.7%	-					2.3%	6.2%	6.2%	+	5.6%	4.3%	4.9%	-	16.5%	13.9%	14.8%	-	6.4%	16.5%	+/-	+/-
Grade 10	12.8%		16.9%	+	21.4%	29.7%	18.1%	-	22.0%	22.3%	16.7%	-	19.0%	21.0%	26.6%	+					18.2%	18.7%	22.6%	+	28.1%	21.7%	19.6%	-	41.5%	30.1%	31.7%	-	25.8%	35.8%	+/-	-
Grade 12					37.9%	41.4%	37.3%	-	30.4%	26.0%	31.9%	+	30.5%	30.9%	37.8%	+					14.2%	35.0%	32.4%	+	28.2%	27.9%	34.1%	+	50.7%	39.4%	-	40.3%	45.5%	+/-	-	
Overall	4.2%				17.1%	12.1%	12.3%	-	16.5%	14.9%	15.7%	-	13.6%	16.5%	18.5%	+					8.6%	15.3%	16.4%	+	18.2%	15.4%	15.1%	-	24.3%	28.3%	22.1%	-	18.9%		+/-	
% of Children/Adolescents Who Drove After Drinking																																				
Grade 6	0.0%		0.0%	=	0.0%	0.0%	0.0%	=	0.5%	1.5%	0.0%	-	0.7%	0.3%	0.9%	+					0.0%	0.0%	0.3%	+	0.8%	0.0%	0.6%	-			0.5%	0.2%		+/-		
Grade 8	0.0%	0.0%	0.4%	+	1.9%	0.0%	1.3%	-	6.0%	1.7%	2.3%	-	0.7%	0.9%	1.6%	+					0.0%	1.5%	0.6%	+	0.5%	1.8%	0.0%	-	2.1%	1.8%	1.0%	-	0.4%		+/-	
Grade 10	0.0%		1.5%	+	0.0%	8.1%	3.0%	+	4.1%	5.1%	3.1%	-	4.3%	3.6%	2.4%	-					0.0%	4.7%	1.5%	+	7.1%	3.3%	2.4%	-	1.1%	1.1%	1.9%	+	1.8%		+/-	
Grade 12					18.2%	19.4%	12.7%	-	17.2%	14.0%	11.1%	-	12.9%	15.4%	13.1%	+					2.2%	12.4%	10.6%	+	11.6%	10.9%	13.0%	+	15.0%	11.3%	-	8.7%		+/-		
Overall	1.3%				5.7%	3.5%	3.6%	-	6.1%	5.5%	4.7%	-	4.4%	5.4%	4.9%	+					0.5%	4.7%	3.5%	+	5.7%	4.5%	3.9%	-	1.8%	4.5%	3.3%	+	2.9%		+/-	

\*PAYS for Forest County was not available to protect identification of individual students as this county did not have two public school districts participate or had only one school district.

Source: 2013 Pennsylvania Youth Survey , National Survey Results on Drug Abuse – 1975-2013

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The following table highlights various health indicators included in the assessment:

MENTAL HEALTH AND SUBSTANCE ABUSE	Armstrong				Butler				Clarion				Clearfield				Forest*				Indiana				Jefferson				Venango				PA		US	
	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	2009	2011	2013	Trend +/-	Rate	Rate	Comp	Comp
% of Children/Adolescents Who Drove After Using Marijuana	0.0%		0.0%	=	0.0%	0.0%	1.0%	+	0.0%	0.0%	0.0%	=	0.3%	0.3%	0.2%	-					0.0%	0.0%	0.3%	+	0.0%	0.9%	0.0%	=					0.5%		0.1%	-
Grade 6	0.0%	0.0%	0.4%	+	0.0%	0.0%	1.0%	+	0.9%	1.0%	1.0%	-	0.6%	0.6%	1.9%	+					0.0%	1.1%	0.3%	+	0.5%	0.0%	0.0%	-	2.1%	1.5%	1.3%	-	0.4%		-	
Grade 8	0.0%		0.0%	=	3.6%	8.1%	2.5%	-	4.3%	5.8%	2.3%	-	3.8%	4.4%	2.1%	-					2.3%	1.1%	2.3%	=	6.4%	5.9%	1.8%	-	3.4%	3.0%	5.7%	+	2.4%		+/-	
Grade 10					9.1%	16.7%	8.9%	-	9.7%	8.7%	8.1%	-	13.8%	10.2%	12.8%	-					4.3%	9.8%	10.0%	+	10.7%	9.2%	7.9%	-	16.2%	12.3%	-	12.4%		-		
Grade 12					3.5%	3.1%	2.7%	-	4.1%	3.9%	3.3%	-	4.4%	4.2%	4.7%	+					1.6%	3.0%	3.4%	+	5.1%	4.3%	2.5%	-	2.5%	5.3%	4.7%	+	4.1%		+/-	
Overall	0.0%																																			
Pain Reliever Child/Adolescent Lifetime Use																																				
Grade 6	1.0%		2.6%	+	1.9%	3.4%	0.0%	-	2.3%	1.9%	0.5%	-	0.9%	0.6%	1.0%	+					3.2%	2.4%	1.0%	-	80.0%	230.0%	170.0%	+			3.0%		2.1%		+/-	
Grade 8	7.7%	0.0%	3.8%	-	0.0%	1.1%	5.0%	+	2.7%	2.5%	3.6%	+	4.3%	2.8%	1.7%	-					2.3%	2.6%	4.4%	+	660.0%	310.0%	290.0%	-	5.3%	7.0%	6.7%	+	4.1%		-	
Grade 10	5.1%		4.5%	-	9.1%	18.9%	12.6%	+	9.2%	14.0%	6.1%	-	7.5%	6.9%	3.1%	-					13.6%	5.3%	9.8%	+	1330.0%	670.0%	650.0%	-	10.4%	10.3%	15.9%	+	8.3%		+/-	
Grade 12					20.9%	10.3%	20.0%	-	16.7%	13.5%	17.1%	+	6.3%	7.3%	5.3%	-					10.2%	14.0%	12.4%	+	960.0%	1540.0%	1340.0%	+		19.7%	20.0%	+	12.1%		+	
Overall	3.3%				8.8%	5.3%	8.8%	=	8.2%	8.1%	7.5%	-	4.6%	4.6%	2.8%	-					6.6%	6.0%	7.3%	+	870.0%	730.0%	610.0%	-	6.6%	11.1%	11.3%	+	6.8%		+	

\*PAYS for Forest County was not available to protect identification of individual students as this county did not have two public school districts participate or had only one school district.

Source: 2013 Pennsylvania Youth Survey, National Survey Results on Drug Abuse – 1975-2013

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### Primary Research Results

A total of 24 stakeholder interviews were conducted throughout the region, with eight conducted specifically with stakeholders from Indiana County. A PMCN community survey conducted through Internet and paper survey distribution received 1,144 completed surveys. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. A total of five focus groups were conducted in the overall region.

While the interviews, focus groups and surveys were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

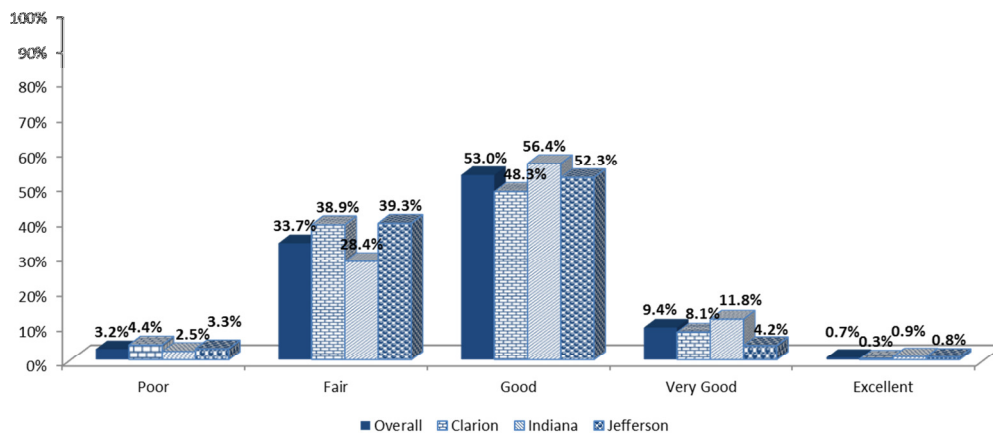
### Overall Community Health Status

Community survey respondents (1,144) were asked to rate the health status of the community. A third of survey responses commented that their health status was fair as seen in Figure 5 below. Indiana County respondents were slightly more likely than average to rate their health status very good or good.



**Figure 5: Community Survey – Community Health Status**

### How Would You Rate the Health Status of the Community?



Source: 2015 PMCN Community Survey, Strategy Solutions, Inc.

Other survey findings related to health status included:

- Just over half (52.2%) of the 2015 PMCN Community Survey respondents rated their personal health as “Excellent” or “Very Good”.
- One third (36.9%) of the PMCN Community Survey respondents rated the community health status as “Fair” or Poor”. Respondents from the Indiana Regional Medical Center service area rated the community health significantly higher when compared to the other hospital respondents.
- The majority (84.2%) of PMCN Focus Group respondents rated the health status of the community as “Fair” or Poor.” They noted the aging population, poverty, lack of recreational opportunities as substance abuse among the reasons for their rating.

The majority of focus group respondents (30 out of 38) rated the health status of the community as fair. When asked to comment on why they gave the rating they did, respondents cited the following community health issues:

- aging population and associated health needs

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- 
- obesity is a problem due to lack of healthy food choices and inactivity
  - substance abuse
  - stress levels (diet, poor sleeping habits)
  - not enough physicians to manage healthcare needs
  - children are connected to technology as opposed to physical activity
  - lack of education and awareness

When asked to identify factors that impact the health of the community, focus group respondents indicated that a variety of things impact health including:

- age
- drugs (legal and illegal)
- lack of healthy eating
- inactivity, sometimes due to technology
- limited opportunities for kids and adults
- lack of religion and faith
- “Appalachia” mindset impacts the health of the community because several generations do not seek care and do not “buy” into preventative care
- Lack of parent support and education

Suggestions to improve community health by the focus group participants included:

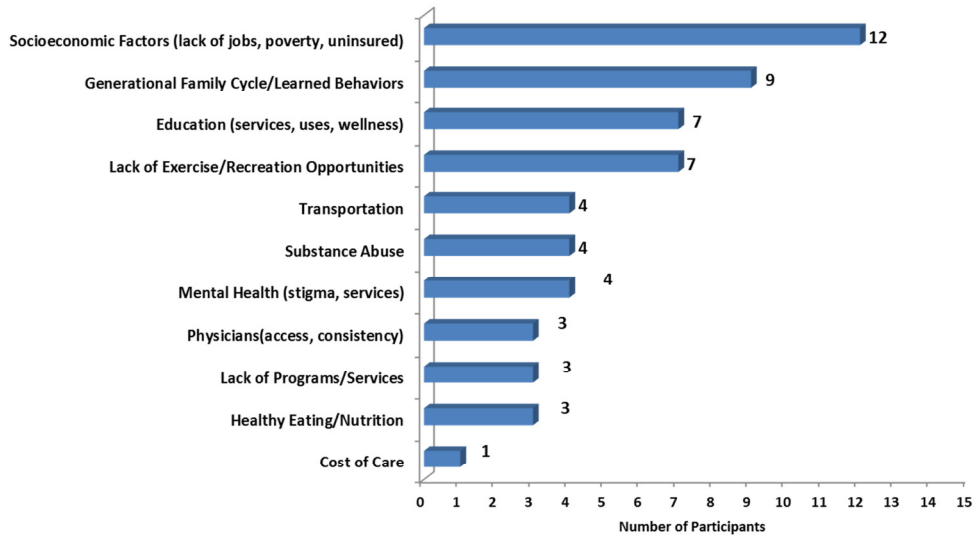
- Devote time and resources to the problem(s)
- Improved communication between providers and others involved
- Offer free/low income clinics
- More physicians
- Improve transportation
- Identify gaps in service and look for providers to fill them
- Wellness Center
- Improve access and affordability



Stakeholders were asked to identify the environmental factors that most contributed to the health of the community. Responses are listed in Figure 6.



**Figure 6: Stakeholder Interviews: Environmental Factors Impacting Community Health**



Source: PMCN CHNA Stakeholder Interviews, 2015

### Initiatives Currently Underway

Stakeholders who were interviewed were asked to identify initiatives that are already underway that can address community health needs. The initiatives included:

- FQHC in the area
- Charitable foundation as part of Primary Health Network offers scholarships
- Primary Health Network will offer transportation May 1, 2015, expanding drug and alcohol services and mental health services
- Chronic Disease Management through PCRC project at IRMC
- Church Food Pantries
- Celebration Recovery - church based recovery group for addiction
- Community Care Behavioral Health grant (PCORI) to assist people with mental illness to connect to physical health
- Community Center
- Diabetes Clinic through Clarion Hospital
- YMCA Silver Sneakers, New Facility

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- Prime Time Health program – stroke screenings, blood pressure screenings, etc...
- Drug Free Communities
- Child Abuse Awareness programs
- The Care Center
- Domestic Violence Task Force
- Family Promise
- Cessation Classes
- Commissioners addressing drug addiction
- Head Start – Medical Care Organization Liaison to work with insurance providers
- Oral Health Dental Task Force – address dental care for low income individuals
- Mandated health screenings at school
- Economic Development Councils
- Local Legislators working on diabetes issues
- Mental Health Services – CCR and SAM
- Charity Care program at hospital
- Rotary sponsors a Community Garden project
- Community Blood Bank screening program
- Relay for Life
- Suicide Task Force
- NAMI
- Project Share – agencies purchase a van together for client/patient transport
- VA Clinic



### Additional Suggestions

Stakeholders also provided additional ideas and suggestions regarding how to improve the health of the community. Responses included:

- Better promotion and marketing of available services
- Clergy needs to be involved
- Community leaders and groups need to work together
- More educational programs and advice on health and wellness
- Increase laws related to smoking
- Improve access to transportation

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- Family education and awareness – resources available, healthy choices, stress management
- Promote awareness of mental health issues and strategies
- Improve broadband access for tele health
- Break negative generational cycle
- Rural Health Clinics
- Increase number of PCP providers
- More programs and schools (that are better connected to resources and families)
- Increase funding to programs/services

### Access

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community.

Stakeholders identified access to and awareness of available medical services as a top community need. They also identified the need for health insurance for the working poor and general information on insurance coverage as a need. It was suggested that many patients cannot afford healthcare, even with a payment plan or sliding fee. Stakeholders noted that there is not a dentist who accepts MA or that offers a sliding fee schedule. Transportation to and from medical services, including the Emergency Department were also identified as a need. Stakeholders noted that there is limited or no reimbursement or funding for transportation available in the community. The transportation services that are available are typically regulated in the number of days they can provide transportation for an individual, or offer limited routes. There is also a lack of available services to veterans in the community with limited transportation available to help Veterans access services



Focus group participants were asked to identify existing resources to address community needs. Responses included:

- Passages – abuse intervention service
- Seminars and hospital instructional services
- Area Agency on Aging
- Clarion Senior Center
- Student Assistance Program (SAP)
- Service and Access Management (SAM)
- Social service agencies

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- YMCA new building project
- Taxi service
- County transportation
- Primary Health Network

Barriers to accessing community resources included:

- Lack of knowledge of what is available
- Cost/lack of insurance
- Laziness
- Pride/lack of ownership
- Transportation issues
- Refusal of help
- “Appalachia” mindset



There are a number of observations and conclusions that can be derived from the data related to Access to quality health care. They include:

- 40% of adults reported their physical health as not good one plus days in the past month, compared to the state (38%).
- Adults who reported their health as fair or poor was significantly higher for the three year-period 2011-2013.
- Indiana County and Pennsylvania percentages are below the Healthy People 2020 Goal of 16.1% for adults with no personal health care provider.
- There were no significant differences between the county and state in terms of adults who visited a doctor for a routine check-up in the past year.
- Indiana County and Pennsylvania percentages are below the Healthy People 2020 Goal of 90.0% for adults who visited a doctor for a check-up within the past two years.
- The service area and Pennsylvania percentages are above the Healthy People 2020 Goal of 4.2% for adults who needed to see a doctor in the past year but could not due to cost.
- 90.6% of Indiana County survey respondents indicated that they currently have health care coverage, slightly less than the overall region (93.5%)
- Access to affordable health care, access to insurance coverage and access to dementia care services were the top three issues related to access on the community survey
- 12.8% of the regional survey respondents could not fill a prescription in the last 12 months due to cost

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- Almost half of the regional survey respondents (49.4%) had a routine medical checkup within the last six months, with another 24.8% indicating that they have had a checkup within the last year. A small portion (6%) indicated that it has been 5 or more years since they have had a checkup.
- Most (94.4%) of the regional survey respondents indicated that they had a regular health care provider. The most frequent reasons cited that they did not have a provider was that they were healthy/had no need or had no insurance.
- According to the PRC National Child & Adolescent Health Survey, more than half of the children in the United States are covered under Private 65.3% Insurance.
- The study also found that 6.6% of children in the Northeast Region are uninsured, which is comparable to the United States (6.5%).
- According to the PRC National Child & Adolescent Health Survey, the majority (91.7%) of children in the Northeast Region had a routine physician visit in the past year, which is higher when compared to the United States (85.3%).
- The study also found that 83.6% of children in the Northeast region had an annual routine dental check-up, which is slightly lower than the United States (84.9%).
- The Northeast region (19.5%) had the lowest number of children accessing health care through an urgent care center when compared to the other regions and the United States (28.6%).
- The majority of 2015 PMCN Community Survey respondents (93.5%) have health insurance. Respondents from IRMC's service area were significantly more likely to not have health insurance (8.7%) when compared to the other hospital service area respondents.
- According to the PRC National Child & Adolescent Health Survey, one in four children (24.5%) in the Northeast Region experienced a barrier or delay in accessing the care they needed, which is lower than the United States (29.4%).
- Slightly more than one in ten (12.8%) PMCN Community Survey Respondents were not able to fill a prescription due to cost during the past year.

## Chronic Disease

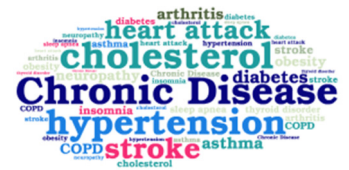
Conditions that are long-lasting, relapse, remission and continued persistence are categorized as chronic diseases. The issues of obesity, hypertension/high blood pressure, and a high cancer rate were identified as major concerns in the community survey.

Stakeholders identified obesity is a top community health need. They also noted the need for management of chronic disease as a top need. Stakeholders suggest that there is an increase in chronic disease related to lifestyle behaviors.

Focus group participants identified several chronic diseases as the biggest community needs, including diabetes, heart disease, stroke and cancer.

There are a number of observations and conclusions that can be derived from the data related to Chronic Disease. They include:

- Heart disease and heart attack mortality rates are increasing over the period 2008-2012 for IRMC's service area.
- Cardiovascular mortality rates were higher in Jefferson County for 2012 then the other service area counties.
- Cerebrovascular disease mortality rates were significantly higher in Armstrong County for 2012.
- Breast cancer incident rates are increasing over the five year period for Indiana County.
- For the year 2012, bronchus and lung mortality rates were significantly lower in Indiana County.
- Lyme disease was significantly higher in the service area for the years 2011 and 2012.
- Obesity rates for Indiana County are significantly higher than the state rate for the period 2008-2013.
- Mammogram screenings are trending downward for the years 2013-2015.
- According to the PMCN Community Survey 76.0% of all adults age 55 and older had a sigmoidoscopy or colonoscopy.
- Over half (61.4%) of male PMCN Community Survey respondents age 65 and older had a Prostate-Specific Antigen Test (PSA) within the past year.
- All of the PMCN Community Survey respondents ages 65 to 74 have had their blood pressure checked within the past two years.



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- Of the PMCN Community Survey respondents age 65 and older, 65% have been told they have high blood pressure.
- Less than half of the survey respondents younger than 75 had their blood cholesterol checked in the past six months, regardless of age group. Just over half (55.9%) of those over the age of 75 had their blood cholesterol checked within the past six months.
- According to the PRC National Child & Adolescent Health Survey, twice as many children in the Northeast region (1.4%) have diabetes compared to the United States (0.7%).
- Approximately one in ten (10.7%) PMCN Community Survey respondents have been told they have diabetes. Respondents from the Punxsutawney Area Hospital service region were significantly less likely to have been told they have diabetes compared to Overall half of respondents in each age group on the PMCN Community Survey are considered overweight or obese. The highest percentage (78.3%) is between the ages of 18 to 24 and 65 to 74.
- Overall, 71.4% of the PMCN Community Survey Respondents are considered overweight or obese.
- Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.
- The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.
- Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.
- Half (50.7%) of the female PMCN Community Survey respondents had a mammogram within the past year.
- The majority of female survey respondents age 18 to 24 (89.5%) and 25 to 34 (85.9%) have never had a mammogram.
- Slightly over half (51.7%) of female PMCN Community Survey respondents had a pap test within the past year. Female respondents from Punxsutawney Area Hospital were significantly more likely to have never had a pap test compared to the other hospital respondents.
- The top chronic disease problems identified on the community survey included obesity and overweight (3.95), Hypertension/High Blood Pressure (3.58), Cancer (3.58), Diabetes (3.56) High Cholesterol (3.50), and Cardiovascular Disease (3.47).



## Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.

One stakeholder reported that 12% of the population lives in poverty. Another reported that individuals with a criminal or drug record are unable to qualify for available housing.

Focus group participants identified several environmental factors as contributing to community health needs. Parental involvement was identified as one of the biggest community health needs. Poverty and lack of education about health and wellness were identified as perceived barriers.

There are a number of observations and conclusions that can be derived from the data related to Healthy Environment. They include:

- The high school graduation rates are higher than the state rate, although the graduation rate is trending down for the service area.
- The unemployment rates across the county are comparable to the state rate, and are lower than the national rate.
- The percentage of children living in poverty is higher than the state percentage, although the trend is decreasing over the three year period.
- The percent of children living with a single parent is showing a downward trend and is lower than the state percentage.
- Asthma hospitalization rates for Indiana County in 2010 (the last data available) was moderately high, in the 17.6 to 29.8 range.
- A study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling.” (Osborne SG, et al., 2011)
- “While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on





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the reproductive, neurological, and endocrine systems (ATSDR, Colborn T., et al., U.S. EPA 2009).

- “Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices....volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone.” (CDPHE 2008, 2010)
- According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
- Slightly more than one in four (27.0%) children in the United States had an Asthma related visit to the Emergency Room or Urgent Care Facility.
- According to the PRC National Child & Adolescent Health Survey, one in ten children (10.6%) in the Northeast Region have Asthma, which is slightly lower when compared to the United States (11.6%).
- PMCN Community Survey respondents identified employment/lack of jobs (3.72) and poverty (3.51) as top community health needs.

The top environmental problems identified on the community survey were employment opportunities/lack of jobs (3.72), poverty (3.51), crime (3.13) and delinquency/youth crime (3.12)

### Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

Stakeholders noted a need for dental services for low income children as a top community health need. Child abuse and neglect was also identified as a top community need. It was noted that parents are having difficulty re-enrolling with the Department of Human Services, resulting in a lapse in health care coverage for children. Another health concern was addicts having babies, noting that there are drug addicted pregnant women currently incarcerated.



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Focus group participants did not talk much about maternal child health issues, although parental involvement was noted as one of the biggest community health need and youth health and wellness was noted as a problem that one focus group participant noted that they would change if they had the opportunity to.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. They include:

- The trend is decreasing for mothers who received prenatal care in their 1<sup>st</sup> trimester and the percentages are significantly lower for 2011 and 2012 when compared to the state.
- The percentage of mothers who reported breastfeeding is slightly higher than the state but below the Healthy People 2020 Goal.
- Indiana County has significantly lower rates of mothers smoking during pregnancy, as well as smoking three months prior to pregnancy for the last three years when compared to the state.
- The percentage of mothers receiving WIC and Medicare is comparable to the state.
- Teen pregnancy rates were significantly lower in the service area when compared to the state.
- Infant mortality is significantly higher in Indiana County for 2012, but is moderately low compared to the other counties in PA, in the 6.2 to 8.1 range.
- The trend is decreasing for children in grades K-12 for being overweight or obese.
- According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.
- One in four (26.8%) children in the Northeast Region were exclusively breastfed for the first six months, which is slightly less when compared to the United States (27.2).
- According to the PRC National Child & Adolescent Health Survey, over half (69.4%) of children in the United States were fed breast milk.
- Childhood obesity (3.73) and teen pregnancy (3.11) were the top identified community health needs from the PMCN Community Survey.
- The top problems identified in the community survey related to healthy mothers, babies and children included: childhood obesity (3.73), teenage pregnancy (3.11), and early childhood development/childcare (2.51)



## Infectious Disease

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



There are a number of observations and conclusions that can be derived from the data related to Infectious Disease, although the topic was not discussed in the stakeholder interviews. They include:

- The incidence rates of chlamydia and gonorrhea were significantly lower for Indiana County when compared to the state, although the trend is increasing for both infectious diseases.
- Those adults ever tested for HIV is significantly lower than the state, national and Healthy People 2020 percentages.
- According to the PMCN Community Survey, sexual behaviors (3.30) and Lyme disease (3.14) were the top identified community health priorities.
- The top problems related to infectious disease identified in the community survey include sexual behaviors (3.30) and Lyme Disease (3.34) There were no comments from stakeholder interviews or focus groups noting infectious disease related issues or problems as top community needs or issues that were high priority to address.

## Mental Health and Substance Abuse

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

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

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Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

The Addiction Recovery Mobile Outreach Team (ARMOT) program is a collaboration between the Armstrong-Indiana-Clarion Drug and Alcohol Commission, Inc. (AICDAC), the Armstrong County Council on Alcohol and Other Drugs, Inc. (d/b/a: **ARC Manor**), the Armstrong County Memorial Hospital (**ACMH**), the Indiana Regional Medical Center (**IRMC**), and The Open Door (**TOD**) treatment agency. The collaboration grew out of the implementation strategies undertaken by IRMC since its 2012 CHNA. The mission of ARMOT is to enhance the linkage between rural hospital emergency department/ inpatient units and substance abuse treatment service delivery to individuals with substance use disorders in Armstrong and Indiana Counties in Western Pennsylvania.

Substance abuse and addiction constitute the nation's number one public health problem contributing to 70 health conditions and to the 5 leading causes of death. The National Survey on Drug Use and Health Of 2010 (NSDUH 2010) reported an estimated 22.6 million Americans aged 12 or older were current (used in the last 30 days) illicit drug users (8.9% of this population). Of the 22.6 million, 7.1 million (or 33%) met the criteria for substance abuse or dependence of illicit drugs.

The Drug Abuse Warning Network (DAWN) reports that each day nationally 20,000 individuals are seen in emergency departments for alcohol related injuries and 60% of patients seen in trauma centers are under the influence of alcohol and/or drugs at the time of admission. When comparing the national drug use rate of 8.9% to the population of the three Counties (197,809), an average of 17,605 residents could be current illicit drug users. Of the 17,605 users, an average of 33% or 5,809 county residents would meet the criteria for substance abuse or dependence on illicit drugs.

Western Pennsylvania has experienced an epidemic of heroin and opiate abuse in the past 8-10 years. Pennsylvania now has the 7<sup>th</sup> highest drug overdose mortality rate in the United States, with over 3,000 deaths being heroin-related overdoses.



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Drug overdose deaths in Pennsylvania have now exceeded the number of deaths from automobile accidents.

The heroin epidemic has spread to rural and suburban communities previously unharmed by such widespread heroin abuse, and instead of this upward trend flat-lining or decreasing, abuse and overdose continue to escalate, resulting in the loss of life across every age group and demographic. Locally, ACMH treated 77 overdose patients in 2013. IRMC treated 109 overdose patients in 2013, more than has ever been reported at IRMC in the past. In November 2014, Citizen's Ambulance Company of Indiana County reported that they have responded to an average of 90 overdoses in the past 90 days.

The majority of stakeholders participating in this CHNA identified mental health and substance abuse issues as one of the top community health needs. Stakeholders identified the need for an inpatient mental health unit noting the only available beds locally are for geriatric mental health needs. They also suggest the need for education regarding mental health and the stigma that is often associated with mental health. A few stakeholders commented that although mental health services are available, people do not seek them out suggesting that something might be missing from the continuum of care. It was noted that substance abuse is often involved in cases of abuse and neglect. The need for services for Post-Traumatic Stress Disorder, as well as Alzheimer's' beds was also noted.

The most frequently mentioned top community health need mentioned by focus group participants was mental health. Substance abuse was also mentioned by participants as a top need. Mental health and drug use were also identified as problems that focus group participants would change.

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- A third of adults reported their mental health not good at least one or more days in the past month.
- There were no significant differences in heavy drinking between the service area counties, state, and nation.
- In the child/adolescent population, the use of alcohol, marijuana, and pain relievers increased with age, as did the prevalence rates of driving under the influence of these substances.



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- The rate of 12<sup>th</sup> graders driving under drinking alcohol is increasing over the past few years.
- Just under half (45.4%) of male PMCN Community Survey respondents report binge drinking in the past month, compared to 37.7% of overall survey respondents.
- Over a third (37.1%) of PMCN Community Survey respondents report feeling depressed in the past two weeks.
- Over half (61.9%) report having difficulty sleeping in the past two weeks.
- The top mental health and substance abuse problems identified in the community survey include illegal drug use (4.04), prescription drug abuse (3.73), and alcohol abuse (3.65)

### Physical Activity and Nutrition

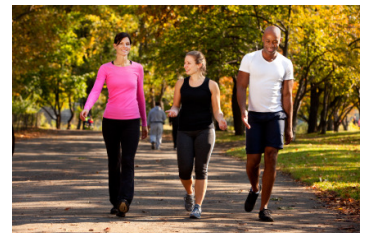
Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.

Stakeholders identified the need for access to programs and services that support a healthy lifestyle for low income residents. They also noted a need for more focus on healthy eating and physical activity from the medical community, including pediatricians. The lack of access to healthy foods has resulted in some community members growing their own food. One stakeholder also noted that school districts have reduced or eliminated gym class for children

Several focus group participants noted access to healthy food and poor eating habits along with lack of outside activity and biggest community health needs. Increasing education on health and wellness was also identified as a problem to be changed.

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- A third of students in service area schools districts are eligible for free or reduced price lunches.
- 14% of adults have food insecurity and 4% have limited access to healthy foods.



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- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- The study found that less than half (41.0%) of children in the Northeast Region were physically active for an hour or longer in the past week, which is slightly lower than the United States (43.2%).
- More than half (73.2%) of PMCN Community Survey respondents report being physically active during the past month.
- According to the PRC National Child & Adolescent Health Survey, just under half (43.2%) of children in the United States are physically active seven days a week. The majority (97.4%) are active at least one day per week.
- According to the PRC National Child & Adolescent Health Survey, over half (59.9%) of children in the United States are spending more than an hour per day playing video games or watching TV.
- Slightly fewer (49.3%) are spending over an hour on a cell phone or other hand held device.
- Over half (65.2%) of the children in the Northeast Region are spending over three hours in on “screen time”, which is higher than the United States (63.8%).
- According to the PRC National Child & Adolescent Health Survey, one in three (33.9%) children is receiving five or more servings of fruits and vegetables per day, which is lower compared to the United States (41.8%).
- The majority of PMCN Community Survey respondents is eating vegetables (93.8%) and fruit (95.9%) daily.
- Over half (69.9%) of children in the United States are eating fast food at least one time per week.
- Lack of physical activity/recreation (3.58) was the top identified Physical Activity and Nutrition priority on the PMCN Community Survey, followed by access to high quality affordable foods (2.97).

### Tobacco Use

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.

One stakeholder identified tobacco use as a top community health need.



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While not discussed extensively, focus group participants indicated that tobacco use and smoking were top community needs.

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use, although the topic was not discussed extensively in focus groups or stakeholder interviews. These include:

- Over half of the adults in the service area reported never being a smoker.
- The percentage of adults currently using chewing tobacco, snuff, or snus somewhat or every day is significantly higher in Indiana County.
- The percentage of current smokers is higher than everyday smokers in the service area.
- One in ten (10.0%) of the PMCN Community Survey respondents report being a current smoker.
- Of those, one third (35.7%) smoke 10 cigarettes or more per day.
- Very few (4.5) PMCN Community Survey respondents report using chewing tobacco, snuff or snus.
- Tobacco use (3.74) and tobacco use in pregnancy (3.13) were both considered priorities from the PMCN Community Survey. Respondents in the Punxsutawney hospital region rated tobacco use and tobacco use in pregnancy as significantly higher problems when compared to the other hospital regions.
- According to the PRC National Child & Adolescent Health Survey, 7.1% of children in the Northeast region had an injury serious enough to require medical attention in the past year, which is lower when compared to the United State (10.6%).

## Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. One stakeholder identified domestic violence as a top community health need. A few stakeholders also noted child abuse and neglect as top community needs.

Injury related topics were not discussed by focus group participants as top needs or problems that they would change if they could.





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There are a number of observations and conclusions that can be derived from the data related to Injury, although the topic was not discussed in focus groups or stakeholder interviews. These include:

- Although there was missing data, the mortality rate due to auto accidents was significantly higher in the service area than the state.
- According to the PMCN Community Survey, domestic violence (3.20) and child abuse (3.19) were both considered community health problems.
- Respondents from Indiana Regional Medical Center rated crime a significantly higher problem than the other hospital regions.
- Top problems related to injury identified in the community survey included domestic violence (3.20), child abuse (3.19), and violence (3.08).

**Top Priorities**

Figure 7 illustrates the top 10 community health problems identified in the PMCN survey.

**Figure 7: PMCN Survey Top Priorities**

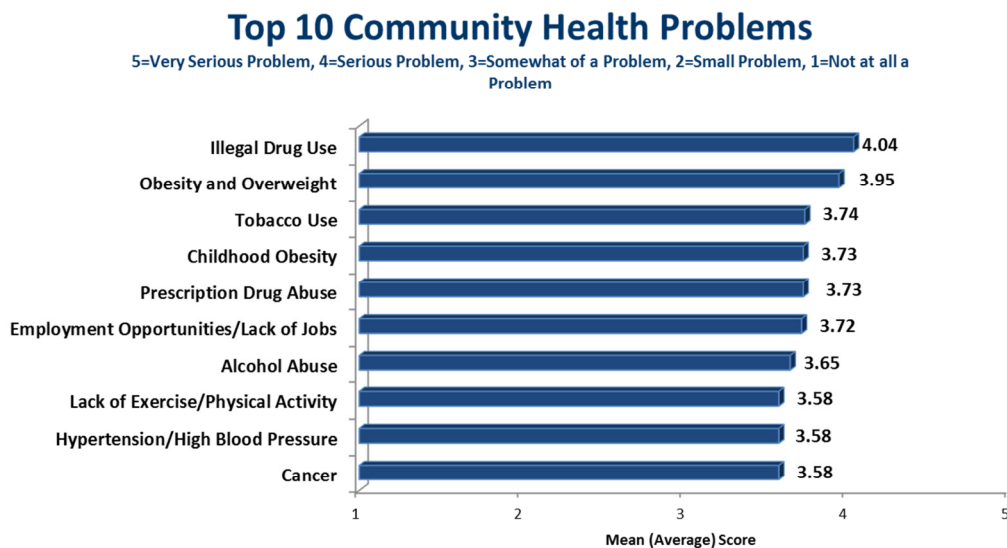


Figure 8 shows the open ended responses to the survey. The top priorities identified included:

**Figure 8: PMCN Survey Top Priorities**

**Top Community Health Priorities, Open Ended**

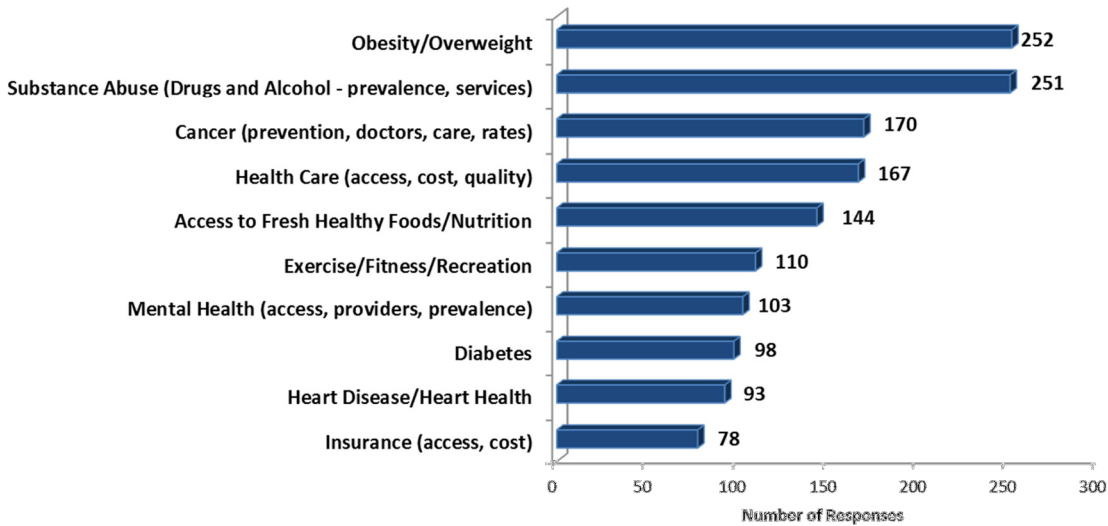


Table 3 illustrates the top 20 overall regional priorities identified in the community survey based on the percentage of respondents who rated the issue as a serious or very serious problem. The overall regional results are compared with the respondents from Indiana County only.

**Table 3: Community Survey: Top 20 Overall Regional Priorities**

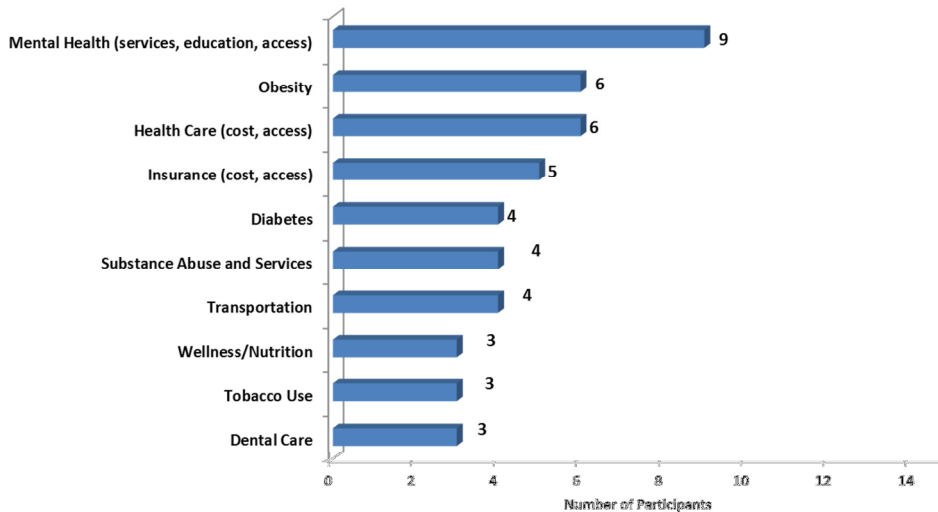
2015 Community Survey Top 20 Community Health Problems	% Serious & Very Serious Problem	
	PMCN Region	Indiana County
1. Illegal Drug Use	76.6%	74.0%
2. Obesity and Overweight	73.5%	68.2%
3. Childhood Obesity	63.3%	58.2%
4. Prescription Drug Abuse	62.8%	59.7%
5. Tobacco Use	62.7%	56.8%
6. Employment Opportunities/Lack of Jobs	62.2%	57.6%

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2015 Community Survey	% Serious & Very Serious Problem	
	PMCN Region	Indiana County
<b>Top 20 Community Health Problems</b>		
7. Alcohol Abuse	58.4%	58.6%
8. Diabetes	57.7%	54.0%
9. Hypertension/High Blood Pressure	57.6%	53.2%
10. Cancer	57.4%	50.5%
11. Lack of Exercise/Physical Activity	56.3%	51.6%
12. High Cholesterol	54.5%	50.2%
13. Heart Disease	54.0%	51.1%
14. Poverty	53.5%	51.2%
15. Cardiovascular Disease and Stroke	52.5%	49.7%
16. Sexual Behaviors (unprotected, irresponsible/risky)	42.1%	39.6%
17. Access to Affordable Health Care (related to copays and deductibles)	38.4%	38.5%
18. Dental Hygiene/Dental Problems	37.9%	34.0%
19. Lyme Disease	36.9%	33.2%
20. Domestic Violence	36.6%	37.8%

Figure 9 outlines the top priority community needs identified by the stakeholders who were interviewed.

**Figure 9: Stakeholder Interviews: Top Priorities**



The most frequently identified biggest health need for the community identified by the focus group participants included the following:

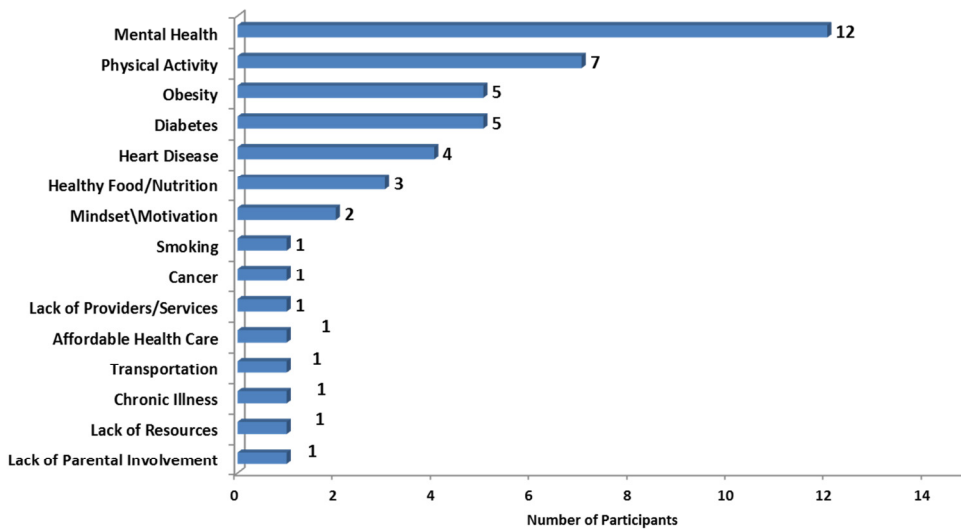
- Access to healthy food/poor eating habits (4)
- Affordability of health care (4)
- Access to health care (3)
- Services for individuals with a disability (3)
- Substance abuse (2)
- Mental health (stress, depression, etc.) (2)

Focus group participants asked to identify the one problem they would change in the community. Responses included:

- Lack of motivation and accountability
- Drug use
- Youth health and wellness
- Poverty and mental health “perceived” barriers
- Increase education on health and wellness

Focus group participants were also asked to identify top priority community needs. Responses are outlined in Figure 10.

**Figure 10: Focus Groups: Top Priority Needs**



**Prioritization and Significant Health Needs**

As a result of the data analysis, the consulting team identified 35 distinct community needs and issues that demonstrated a disparity, negative trend or gap between the local/ regional data and the state, national or healthy people goal and/or that qualitative information suggested that it was a growing need in the community. At their meeting on May 1, 2015, the IRMC Steering Committee agreed with the list of potential needs, participated in prioritizing the needs based on the selected criteria and met again to discuss the prioritization results. Table 4 identified the selected criteria:

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**Table 4: Prioritization Criteria**

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

During the IRMC Steering Committee meetings, the group also discussed the importance of community collaboration as well as on reducing fragmentation with the provider network as significant community health needs. When discussing the top priorities at the Steering Committee meeting on May 29, the group agreed that one of the top priorities moving forward over the next few years is to focus on creating a county-wide vision for a healthy community, increasing collaboration, as well as to engage Indiana County “anchor agencies” to reduce fragmentation of services and improve community health.

The top needs identified for the Region and IRMC primary service area based on magnitude, impact and capacity are outlined in Table 5.

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**Table 5: Overall Significant Community Needs (Magnitude/Impact/Capacity)**

Regional Rank	Issue/Need	IRMC Rank
1	High Blood Pressure/ Hypertension	3
2	Obesity	1
3	Cardiovascular Disease (Heart Disease, Cholesterol, etc.)	4
4	Diabetes	2
5	Preventative Care/Screenings	8
6	Breast Cancer	6
6	Colorectal Cancer	6
6	Prostate Cancer	6
7	Flu & Pneumonia	5
8	Prescription Drug Misuse/Abuse	8
9	Lyme Disease	12
10	Drug Abuse/Mortality	9

Based on the data, the IRMC Steering Committee completed an additional analysis based on the prioritization data, factoring in the hospital role criteria. Figure 11 illustrates the health risks sorted by magnitude and impact with scores of 14.0 or higher.

**Figure 11: IRMC Health Risks Sorted by Magnitude and Impact**

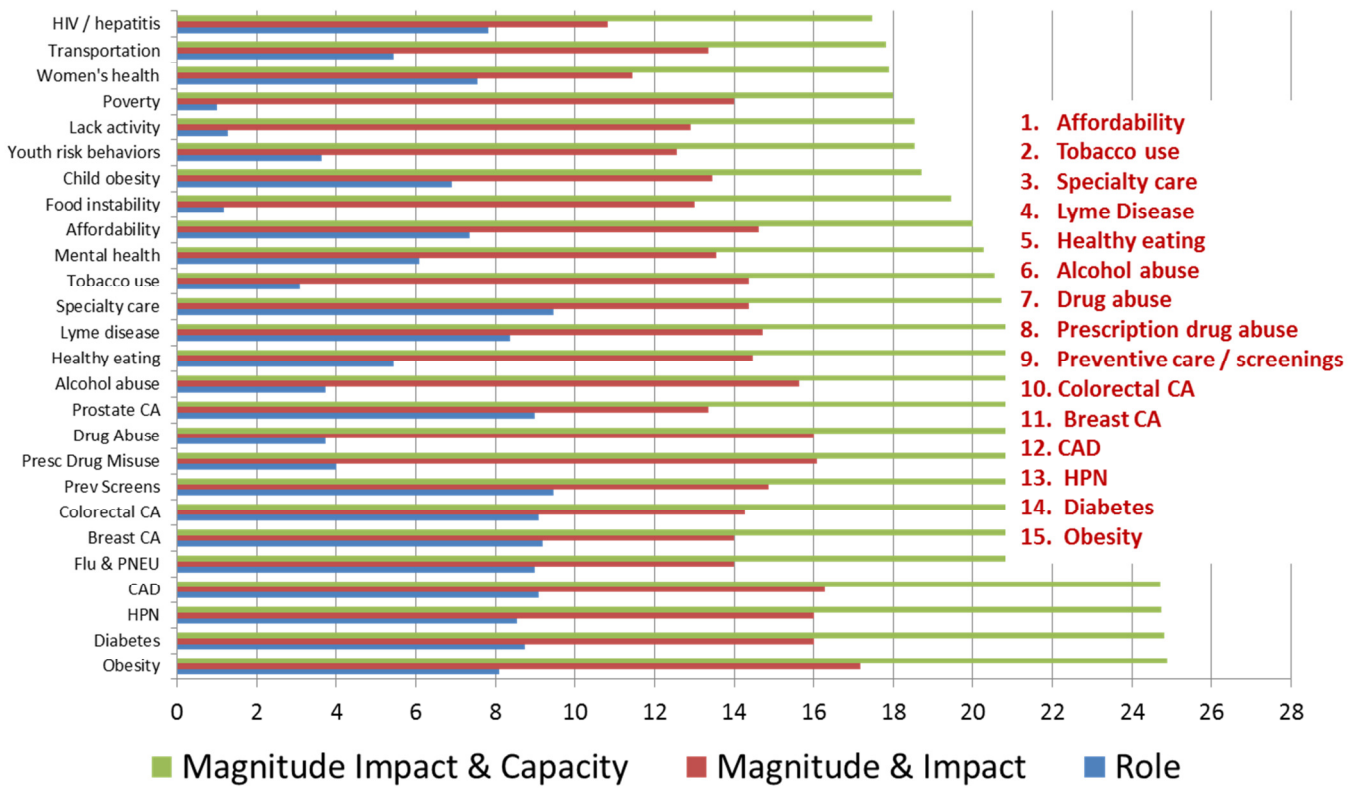


Figure 12 shows the health risks sorted by magnitude and impact scores of 14.0 and higher and capacity scores of 21.0 and higher.



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**Figure 12: IRMC Health Risks Sorted by Magnitude, Impact and Capacity**

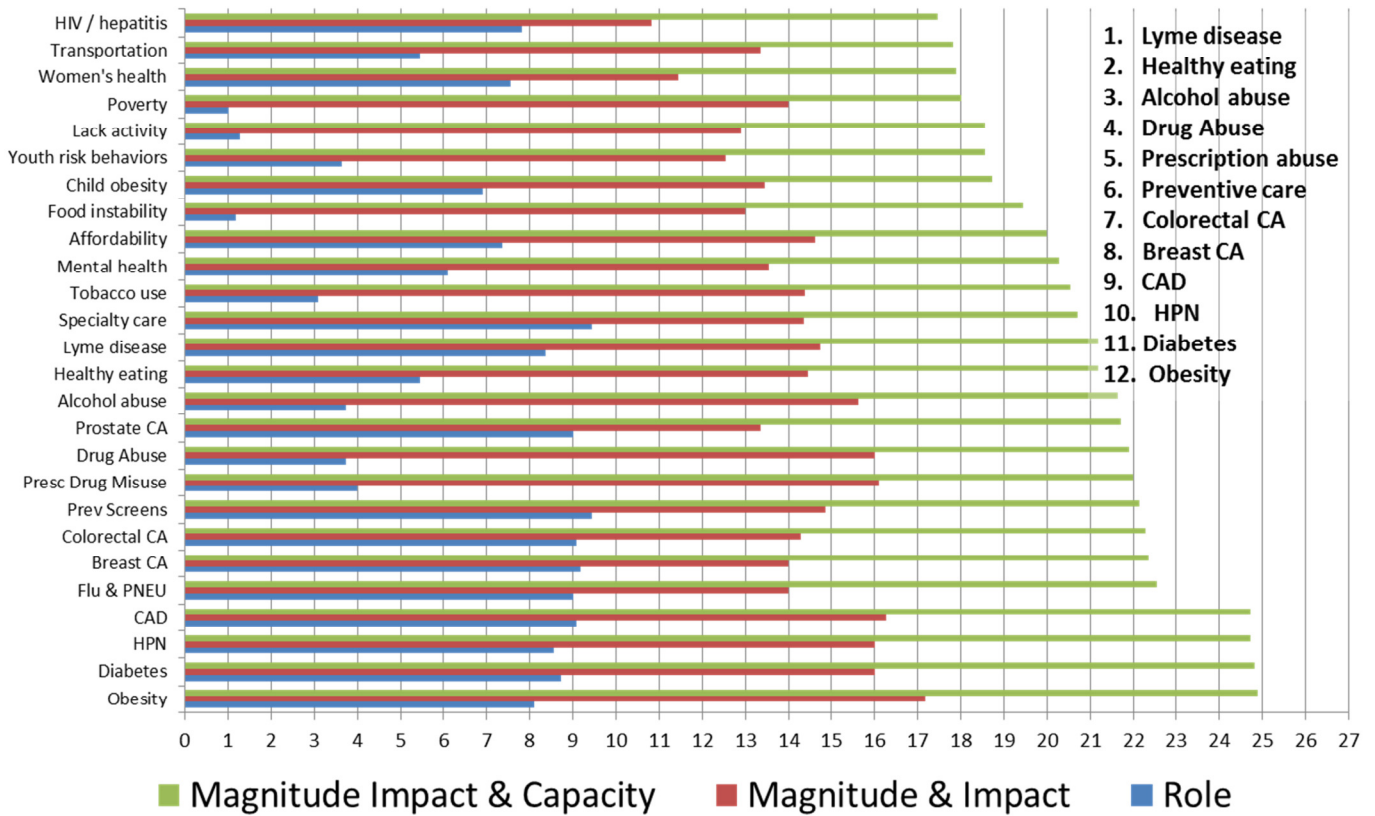


Table 6 shows the data associated with the top needs identified by the Steering Committee.

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**Table 6: IRMC Top Priority Trends and Disparities**

	Indiana County					Trend
	2008	2009	2010	2011	2012	+/-
1. Lyme disease	na	20.6	36.0	91.8	112.2	+
2. Healthy eating	na	na	na	na	na	
3. Alcohol abuse	2011-2013 percentage people in Indiana and surrounding counties at risk for chronic drinking: 7%					
4. Drug Abuse	15.8	13.0	13.7	30.9	24.8	+
5. Prescription abuse	na	na	na	na	na	
6. Preventive care	2011-2013 percentage people in Indiana and other counties w/ routine check-up in past 2 years: 83%					
7. Colorectal CA	55.7	54.1	39.7	42.8	39.6	--
8. Breast CA Breast CA rate per 100,000	51.7	47.7	64.9	49.5	58.4	+
9. CAD Coronary disease mortality rate	125.8	109.2	129.2	104.6	113.8	--
10. HPN Heart attack mortality rate	232.0	213.5	258.3	211.0	221.9	--
11. Diabetes	28.7	27.1	15.3	27.4	24.2	--
12. Obesity	2011-2013 percentage people in Indiana and surrounding counties who are obese: 36.0%					



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Using this methodology, and factoring in the role of the health system, the final priorities selected by the IRMC Steering Committee as most significant include:

1. Lyme Disease
2. Healthy eating
3. Alcohol abuse
4. Drug Abuse
5. Prescription abuse
6. Preventive care
7. Cancer
  - a. Colorectal
  - b. Breast
8. Coronary Artery Disease
9. Hypertension
10. Diabetes
11. Obesity

### Review and Approval

The 2015 Community Health Needs Assessment and Action Plan will be presented and approved by the IRMC Board of Directors on June 11, 2015. Following Board approval, the 2015 IRMC CHNA will be published and made widely available to the public



## Appendix A

### 2011 Community Health Needs Assessment Evaluation

In March 2015, IRMC conducted a 3-year evaluation of its 2011 CHNA. Although the status for most indicators did not move significantly, it is clear that IRMC is working to improve the health of the community.

Earlier in 2015, IRMC received a grant from the Pennsylvania Office of Rural Health to implement the Healthy Communities, Inc. data site on their website. This data uses “gas gauge” graphics to display related indicators that show where Indiana County is in relation to all of Pennsylvania.

#### Priority Area 1: Prenatal Care

**Goal:** Increase to 78 percent Indiana County women that receive early prenatal care.

**Status:** 65.5% of Indiana County women received early prenatal care in 2011.

**Indicators**



Early Prenatal Care



Infant Mortality Rate



Low Birth Weight Rate

**Overall Impact of Strategies on Prenatal Care:**

- Improved access to prenatal care through recruitment of 2 female obstetricians.
- Improved access to prenatal care by opening new practice site in southern Indiana County.

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- Improved access and visibility of OB/GYN Care Center by relocating the center onto hospital grounds.
- Increased awareness of obstetrical medical and nursing staff of statistics for prenatal care in county.
- Developed internal monitor for women delivering at IRMC that revealed an average or 84% received early prenatal care.
- Developed a cooperative relationship with Amish midwife to provide additional resources for prenatal and infant care.

**Completed Strategies**

- Investigate becoming a provider under DPW Healthy Beginnings Plus.
- Evaluate process for obtaining prenatal information for birth certificates.
- Evaluate the need & work towards recruiting and supporting a 5<sup>th</sup> obstetrician/gynecologist.
- Improve visibility and information about the OB/GYN Care Center.
- Improve maternal and infant care in Amish population.

**Strategies Not Pursued**

- Develop and implement an educational campaign about the importance of early prenatal care.
- Partner with agencies providing services and education to young teens and women to include the importance of prenatal care.
- Develop and seek opportunities to promote preconception programs.
- Evaluate implementing Nurse-Family Partnership program.

**Priority Area 2:**

**Improve primary care physician to population ratio.**

**Goal:** Decrease the physician to population ratio by 10% to 1:1200 population.

**Status:** Ratio 1:1,764 population



Primary Care



Non-physician  
Primary Care



Unable to afford  
Doctor



Adults with  
Insurance

**Overall Impact of Strategies on Physician to Population Ratio:**

- Increased capacity by successfully recruiting 5 primary care physicians.
- Improved access to care by opening an Urgi-care in southern Indiana County.

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- Improved access and increased visibility by moving Empower 3 to a central county location.
- Enrolled more than 3, 000 patients in the Indiana Regional Medical Center’s patient portal.

**Completed Strategies**

- Conducted semi-annual manpower physician surveys.
- Implemented patient portal to improve access to medical records.
- Evaluated need for new primary care practice.
- Established a second Urgi-care site in southern Indiana County.
- Implemented grant funding to expand services to uninsured residents.

**Strategies Not Pursued**

- Evaluate feasibility of hospitalist program.
- Explore Family Practice residency program.

**Priority Area 3:**

**Decrease Incidence of Overweight & Obesity**

**Goal:** Decrease the percent of overweight & obese in Indiana County to 60%.

**Status:** Data combined with 2 other counties, 68%



Obese Adults



Overweight/Obese Teens



Overweight/Obese Children

**Overall Impact of Strategies on Incidence of Overweight and Obesity:**

- Expanded and relocated the Wellness Center to provide medically-based fitness programming.
- Provided physician offices with information about weight loss programming and tool kit.
- Opened the Center for Weight Loss following recommendation from task force.
- Rebranded diabetes programs as Lifestyle Balance and added second year programming.
- Secured funding to supplement costs of programs.
- Completed year-long Lose-A-Ton program (winner lost 11% of body weight).

**Completed Strategies**

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- Enlarged the Wellness Center.
- Evaluated Exercise is Medicine program.
- Provided physicians with resources.
- Established weight loss task force.
- Opened Center for Weight Loss.
- Rebranded diabetes programs.
- Obtained funding to make programs more affordable.
- Held IRMC Seminar with guest speaker from the Biggest Loser television program.

**Strategies Not Pursued**

- Investigate best practice programming for men and obesity.

**Priority Area 4:**  
**Deaths from Influenza and Pneumonia**

**Goal:** Reduce death rate to 17 per 100,000 population.

**Status:** 17.2 deaths per 100,000 population.



Influenza/Pneumonia Deaths

**Overall Impact of Strategies on Influenza & Pneumonia Death Rate:**

- Increased awareness of need for influenza and pneumonia vaccines.
- Increased access to vaccines through participation in POD exercises and administration to high-risk, low income residents.
- Increased percent of IRMC employees who get an annual influenza vaccine.

**Completed Strategies**

- Continued providing annual flu and pneumonia vaccines to low income, high-risk adult residents.
- Continued to have an annual community flu awareness educational campaign.
- Implemented a mandatory influenza policy for employees at IRMC.

**Strategies not Pursued**

- Use of standing orders for pneumonia vaccine by home health agencies.
- Evaluate the potential for public pneumonia clinics.





## Priority Area 5: Increase percent of residents who have cholesterol testing.

**Goal:** Increase the percent of adults screened to 82%.  
**Status:** Data not available.



High cholesterol- Medicare



Heart Disease Death Rate



Stroke Death Rate

### **Overall Impact of Strategies on Cholesterol Testing:**

- Improved access by implementing Wellness Wednesday program and offering cholesterol all week days at all IRMC lab sites.
- Increased awareness by providing over 1800 residents with cholesterol information.
- Increased awareness by including cholesterol information with stroke education.

### **Completed Strategies**

- Increased the number of community multiphasic blood screenings.
- Developed community education program to increase awareness of recommendations for cholesterol testing.
- Evaluated feasibility of finger stick cholesterol testing.
- Included cholesterol education information in the Stroke Education program.

### **Strategies Not Pursued**

- Provide physician offices with screening guideline charts.

## Priority Area 6: Decrease Preventable Hospitalizations & Readmission Rates.

**Goal:** Reduce the readmission rate by 20 percent from 119/1000 Medicare enrollees.

**Status:** 92 readmissions/1000 Medicare enrollees.

**Overall Impact of Strategies on Preventable Hospitalizations and Readmission**

**Rates:**

- Improved access to care by opening a Primary Care Resource Center in cooperation with Pittsburgh Regional Health Initiative.
- Improved discharge process by conducting RIE on processes that impact readmission.

**Completed Strategies**

- Identified best practices to lower readmission rates.
- Opened a Primary Care Resource Center focusing on patients with a diagnosis of pneumonia, congestive heart failure and myocardial infarction.
- Improved access to care by moving Empower3 to a central location.
- Piloted the Coleman model.

**Strategies Not Pursued**

- Use of health coaches, personal health records and post discharge physician visits.
- Continued support to the Indiana County Prescription Assistance Program.

**Priority Area 7:  
Decrease Substance Abuse related visits to the  
Emergency Department.**

**Goal:** Decrease number of patients by 25%

**Status:** Number of patients presenting has increased by 10%



Drug Poisoning Death Rate



Alcohol Impaired Driving Deaths



Adult Excessive  
Drinking

**Overall Impact of Strategies on Substance Abuse related E.D. Visits:**

- Increased addiction awareness and education of ED Staff.
- Increased ED Staff awareness of referral options in community.
- Improved referral for ongoing treatment for patients presenting in ED.
- Improved the transfer of information between community service providers and the ED.
- Improved the quality of processed used for treatment of patients with mental health and substance treatment needs.

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- Included representatives from drug and alcohol agencies on tasks forces and RIE teams.
- Improved care for addiction patient by including certified recovery specialist as resource.
- Supported the development of a Detox Unit in the community.

**Completed Strategies**

- Conducted additional addiction training for staff on intervention and referral.
- Developed a process to increase the number of referrals for outpatient services.
- Included drug and alcohol provider representation on monthly PALS meetings.
- Included drug and alcohol provider representation on RIE for care of addicted patient in ED.
- Included Certified Recovery Specialist as a resource for patients in ED.

**Strategies Not Pursued**

Implementation of SBIRT (Screening, Brief Intervention, Referral and Treatment) model in the ED.

Evaluation of SBIRT use in physician offices.

Evaluation of hospital based detox unit.