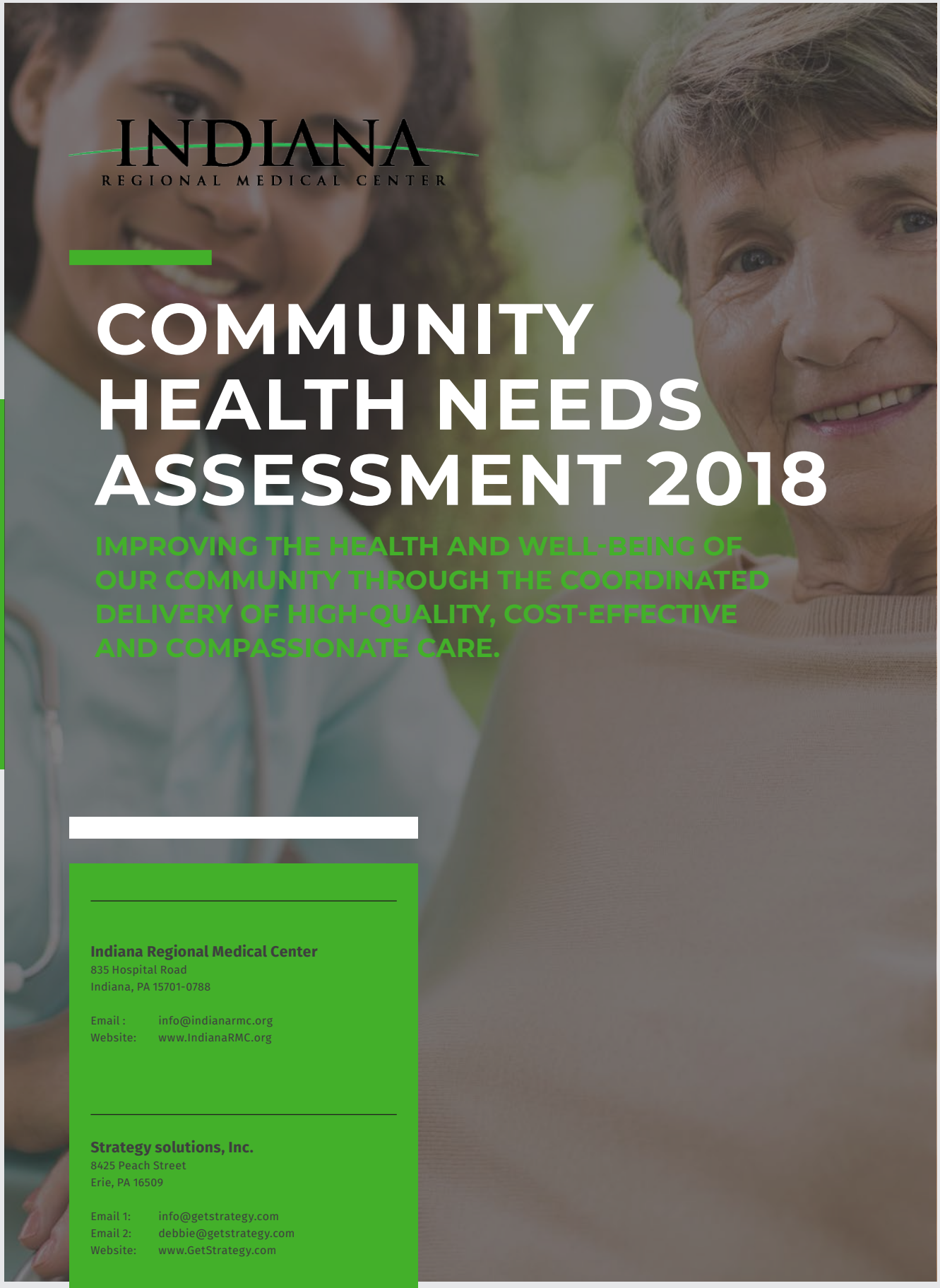

INDIANA
REGIONAL MEDICAL CENTER

# COMMUNITY HEALTH NEEDS ASSESSMENT 2018

## IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH THE COORDINATED DELIVERY OF HIGH-QUALITY, COST-EFFECTIVE AND COMPASSIONATE CARE.


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# COMMUNITY HEALTH NEEDS ASSESSMENT 2018

## COMPASSION, RESPECT, INTEGRITY, EXCELLENCE

*The mission of IRMC is to improve the health and well-being of our community through the coordinated delivery of high-quality, cost-effective and compassionate care.*

*Where Moments Matter!*

*We welcome the opportunity you give us to care for you and your loved ones. At Indiana Regional Medical Center, you'll be treated like one of the family.*

2018

Indiana Regional Medical Center
Community Healh Needs Assessment

# CONTENT
# CHNA REPORT

# WELCOME TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT

## IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY THROUGH THE COORDINATED DELIVERY OF HIGH-QUALITY, COST-EFFECTIVE AND COMPASSIONATE CARE.

### THANK YOU BEING A PART OF OUR COMMUNITY.

Indiana Regional Medical Center (IRMC) is proud to present its 2018 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. This report also includes secondary/disease incidence and prevalence data from Indiana County, the primary service area of the hospital. The data was reviewed and analyzed to determine the top priority needs and issues facing the region overall.

The primary purpose of this assessment was to identify the health needs and issues of the Indiana County community defined as the primary service area of IRMC. 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.

Improving the health of the community is the foundation of the mission of IRMC, and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care, and program interventions provided through the hospital, we hope that the information in this CHNA will encourage additional activities and collaborative efforts to improve the health status of the community that IRMC serves.

**Stephen A. Wolfe**
President & CEO

## WELCOME
## INTRODUCTION FROM OUR PRESIDENT:

We would like to thank you for your continued support of Indiana Regional Medical Center, and for your interest in our 2018-2020 Community Health Needs Assessment.

IRMC has proudly been serving the residents of this region as an independent healthcare provider for more than 100 years, and we plan to continue our mission to serve for many years to come. The health and well-being of our communities is at the forefront of our hearts and minds in all that we do.

The Community Health Needs Assessment is a valuable tool that helps us shape the decisions we make and helps guide the strategic direction of IRMC. It provides insight into the communities' needs and gives us opportunity to partner with agencies throughout the region. While we can't solve every problem alone, we are confident that we can align the resources to make our communities healthier.

We appreciate the chance to make an impact on the lives of the people we serve, and we look forward to sharing our plan with you.

Sincerely,

Stephen A. Wolfe

**STEPHEN A. WOLFE**
**President & CEO**

# INDIANA REGIONAL MEDICAL CENTER

**Indiana Regional Medical Center (IRMC) has been serving Indiana County and surrounding communities since 1914. As a nationally recognized employer, IRMC continues to meet the needs of patients and employees alike. IRMC maintains its commitment to serving the region by continually re-investing in its facilities, technology and people in order to provide the highest levels of care possible. IRMC's vision to be the best community hospital in the nation is the cornerstone to our commitment of caring.**

# THANK YOU

We offer special thanks to the representatives of the CHNA Steering Committee and to the 3,561 citizens and stakeholder participants of the interviews and community survey who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed in Table 1 below.

Table 1

Steering Committee Members

| Name | Title | Organization |
|---|---|---|
| **Nathaniel Abrams** | Department of Public Health | Indiana University of PA |
| **Kami Anderson** | Executive Director | Armstrong Indiana Clarion Drug & Alcohol Commission |
| **Amanda Augustine** | Manager, Corporate & Community Health | Indiana Regional Medical Center |
| **Maureen Barron** | | PA Department of Health |
| **Rhonda Bayuk** | | Adagio Health |
| **Jared Cronauer** | Business Manager | Indiana Area School District |
| **Bonni Dunlap** | Executive Director | Housing Authority of Indiana County |
| **Sherene Hess** | Commissioner | Indiana County |
| **Kris Kramer** | Account Executive | Reschini Group |
| **Laurie Kuzneski** | Director of Marketing & Wellness | Kuzneski Financial Group |
| **Jane Lockard** | Executive Director | Indiana County United Way |
| **Janine Maust** | Deputy Director | Aging Services, Inc. |
| **Nicole McGrogan** | | PA Department of Health |
| **Vince Mercuri** | Executive Director | The Open Door |
| **Steve Osborne** | Director, Small Business Institute | Indiana University of PA |
| **Maureen Pounds** | Assistant Director | Indiana County Department of Human Services |
| **Mark Richards** | Chief Growth Officer | Indiana Regional Medical Center |
| **Diane Shinberg** | Director of Public Health | Indiana University of PA |
| **Lisa Spencer** | Executive Director | Indiana County Department of Human Services |
| **June Stewart** | Community Relations | Visiting Nurses of Indiana County |
| **Brenda Stormer** | Director | Department of VA Affairs Indiana County |
| **Randy Thomas** | | Citizen's Ambulance Service |
| **Ann Williams** | Executive Director | The Community Guidance Center |

# EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population's health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

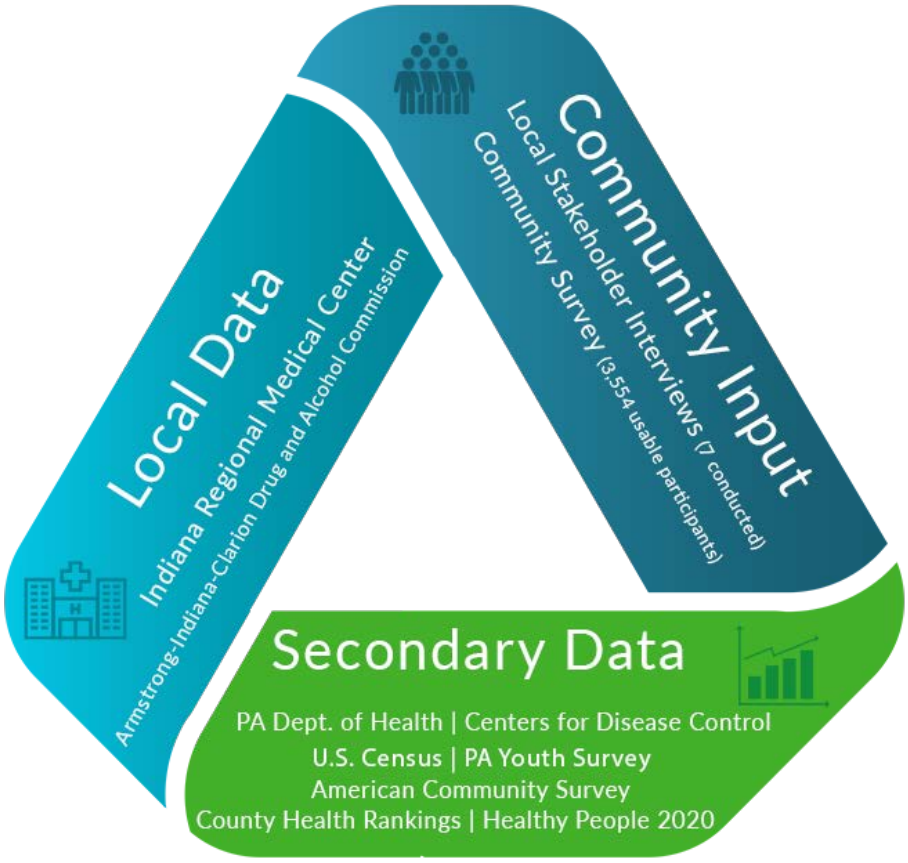
Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Indiana Regional Medical Center (IRMC), including those with knowledge of public health, the medically underserved, and populations with chronic disease.

The 2018 IRMC CHNA was conducted to identify primary health issues, current health status, and health needs to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in Figure 1 below.

Figure 1
CHNA Topic Areas

To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called triangulation outlined in Figure 2.

Figure 2
Data Triangulation




Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Pennsylvania Department of Health and the Centers for Disease Control, as well as Healthy People 2020, County Health Rankings, US Census, American Community Survey, and the 2017 PA Youth Survey. Aggregate utilization data was included from IRMC patient records (no private patient information was ever transmitted to Strategy Solutions, Inc.).

Demographic data was collected from Environics Analytics-Claritas. Primary data collected specifically for this study were based on the primary service area of Indiana County. IRMC collected a total of 3,554 community surveys and conducted seven (7) stakeholder interviews.

After review and analysis, the data suggested 34 distinct issues, needs and possible priority areas for intervention. After prioritization and discussion, the IRMC Steering Committee identified 3 needs as the top priorities for intervention and action planning (chronic disease, access to health screenings, and mental health and substance use disorder). The IRMC Board of Directors approved the hospital's CHNA on June 14, 2018.

# METHODOLOGY

To guide this assessment, IRMC's leadership team formed a Steering Committee 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, those with chronic disease needs, individuals with expertise in public health, and internal program managers. The IRMC Steering Committee met twice between February 2018 and May 2018 to provide guidance on the various components of the CHNA.

Consistent with IRS guidelines at the time of data collection, IRMC defined its primary service area as Indiana County.

## Stakeholder Interviews

The CHNA leadership at IRMC identified key community stakeholders to participate in a one-on-one interview as part of the CHNA process. Strategy Solutions, Inc. developed the Stakeholder Interview Guide and created an online data collection tool to help record stakeholder responses. IRMC staff scheduled and conducted interviews and entered data into the collection tool. As shown in Table 2, a total of seven (7) interviews were completed.

Table 2
Stakeholder Interviews

| Interview Date | Name | Title | Organization |
|---|---|---|---|
| 04/16/18 | Sue Snyder | Executive Director | Indiana County Head Start |
| 04/18/18 | Brenda Stormer | Director | Indiana County VA |
| 04/18/18 | Robert Fyock | Sheriff | Indiana County Sheriff's Office |
| 04/23/18 | Janine Maust | Deputy Directory | Aging Services, Inc. |
| 04/23/18 | Dr. Joseph Buzogany | Psychiatrist \| Mental Health Director of Inpatient Geriatric Behavioral Health Program | Indiana Regional Medical Center |
| 04/23/18 | Bonni Dunlap | Executive Director | Indiana County Housing Authority |
| 04/25/18 | Carol Gourley | Middle and High School School Nurse | Apollo-Ridge School District |

The stakeholder interviews were designed to capture the following information:

- Top community health needs
- Environmental factors driving the needs
- Needs and factors specific to target populations
- Efforts currently underway to address needs
- Advice for the Steering Committee

## Community Survey

Indiana University of Pennsylvania (IUP) Small Business Institute approached IRMC to conduct IRMC's CHNA community survey. A group of IUP students worked with IRMC leadership to develop an online community survey. The survey was launched on March 27, 2018 and remained open until April 17, 2018. The survey link was sent via email to hospital and physicians' group patients and employees, university faculty, staff and students, steering committee members, consumers, and local radio listeners. There were eight (8) groups targeted to complete the survey:

1. IRMC Patients
2. IRMC Physicians Group Patients
3. IRMC Employees
4. IRMC CHNA Steering Committee
5. IRMC Steering Committee Consumers
6. Renda Broadcasting (local radio listeners)
7. IUP Faculty and Staff
8. IUP Students

The survey link was sent via email to 30,273 individuals. A total of 4,227 surveys were completed. IUP students reviewed the survey responses and removed any deemed "unusable" from analysis for a final sample size of 3,554. Surveys were considered "unusable" if: the survey was completed in three minutes or less, had the same answer for all questions, or had any incomplete responses. Table 3 summarizes the responses that IUP received by group and overall.

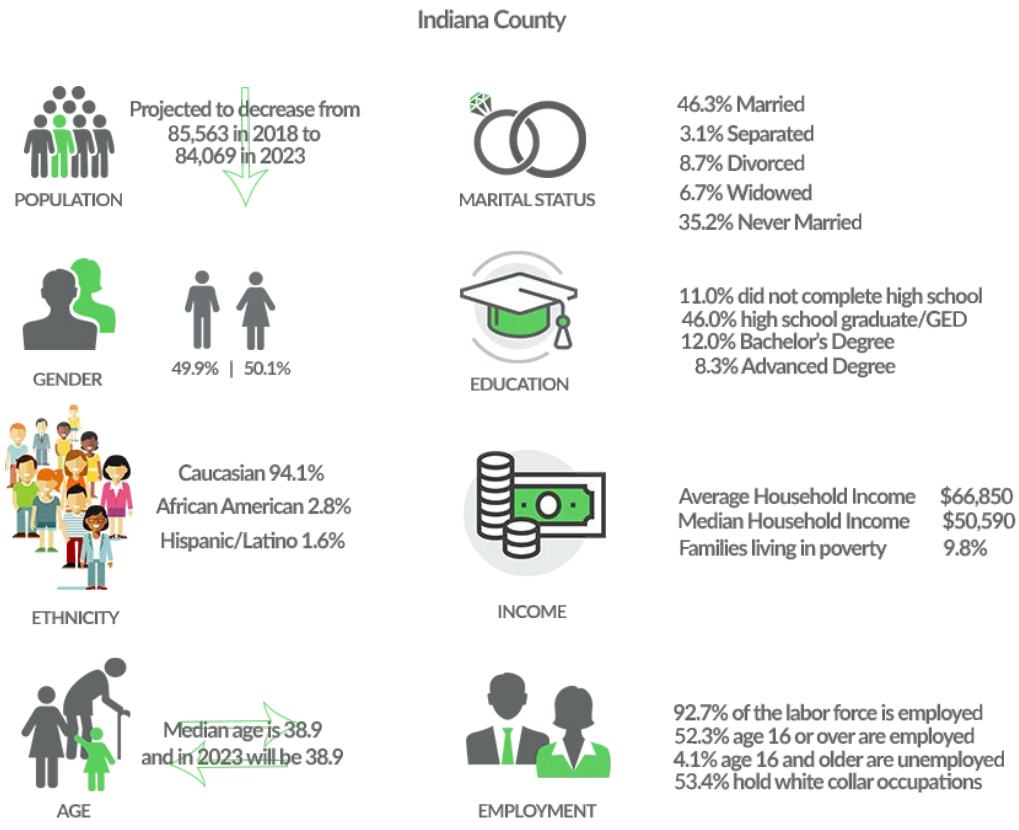
Table 3
Community Survey Responses Summary by IUP

| Group | Sent | | Received | Gross Response Rate | Unusable | Usable | Usable Response Rate |
|---|---|---|---|---|---|---|---|
| IRMC Patients | 8029 | | 1003 | 12% | 39 | 964 | 12% |
| IRMC Physician Group | 7052 | | 805 | 11% | 137 | 668 | 10% |
| IRMC Employees | 1393 | | 165 | 12% | 3 | 162 | 12% |
| Steering Committee | 22 | | 10 | 45% | 1 | 9 | 41% |
| Steering Committee Consumers | N/A | | 165 | N/A | 3 | 162 | N/A |
| Renda | 1750 | | 254 | 15% | 43 | 211 | 12% |
| IUP Faculty | 722 | 1452 | 285 | 20% | 59 | 226 | 16% |
| IUP Staff | 730 | | | | | | |
| IUP Students | 10575 | | 1540 | 15% | 388 | 1152 | 11% |
| Total | 30273 | | 4227 | Average 19% | 673 | 3554 | Average 16% |

# DEMOGRAPHICS

The population in Indiana County has been decreasing and is projected to continue to decrease into 2023. The population is predominately Caucasian (94.1%) and there is a comparable number of males (49.9%) and females (50.1%). The median age is 38.9 and is projected to remain steady over the next five years. Just under half of the population is married (46.3%), while 8.7% are divorced and 6.7% are widowed. One in ten residents (11.0%) did not graduate high school, while 46.0% are high school or equivalent graduates. One in five (20.3%) have a Bachelor's degree or higher. The average household income is $66,850, with a median income of $50,590. Most of the labor force is employed, with approximately half of those employed holding white collar occupations (53.4%). Figure 3 below shows the demographics breakdown for Indiana County.

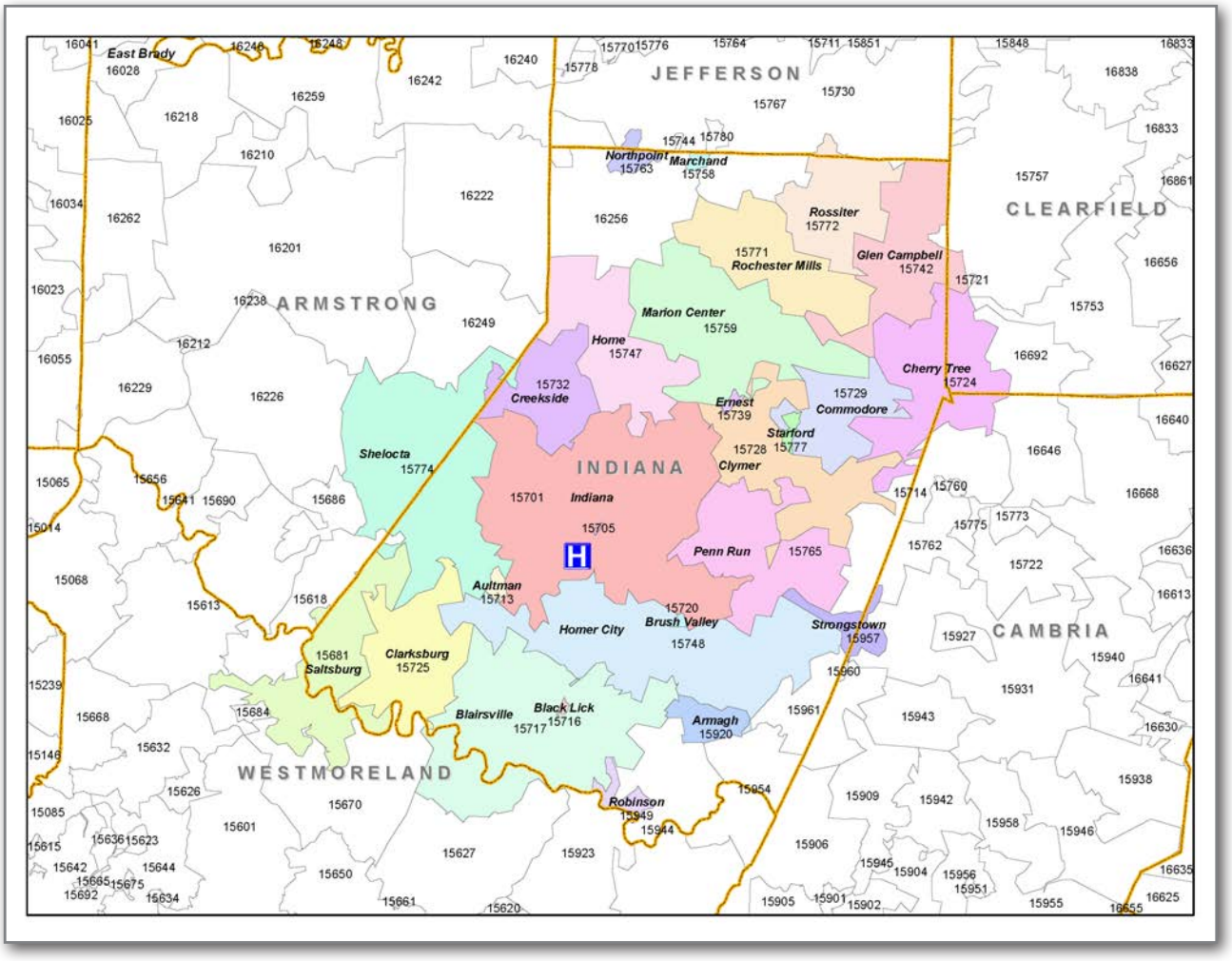
Figure 3
IRMC Demographics



# PRIMARY SERVICE AREA

IRMC's primary service area covers Indiana County. The primary service area map depicting the zip codes serviced by the hospital is shown in Figure 4 below.

Figure 4
IRMC Primary Service Area



# COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in IRMC's service area to respond to the significant health needs of the community can be found in the United Way's PA 2-1-1 Southwest. The PA 2-1-1 Southwest is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services– for everyday needs and in crisis situations. Residents can search the United Way's vast database of services and providers to find the help they need. The Southwest Region includes Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Mercer, Washington, and Westmoreland Counties. Figure 5 below shows the number of resources available in Indiana County per service category. For a complete listing of available services, please visit http://pa211sw.org/. Table 4 lists the resources that the hospital provides to the residents of Indiana County.

Figure 5
PA 2-1-1 Southwest Service Category Breakdown
for Indiana County

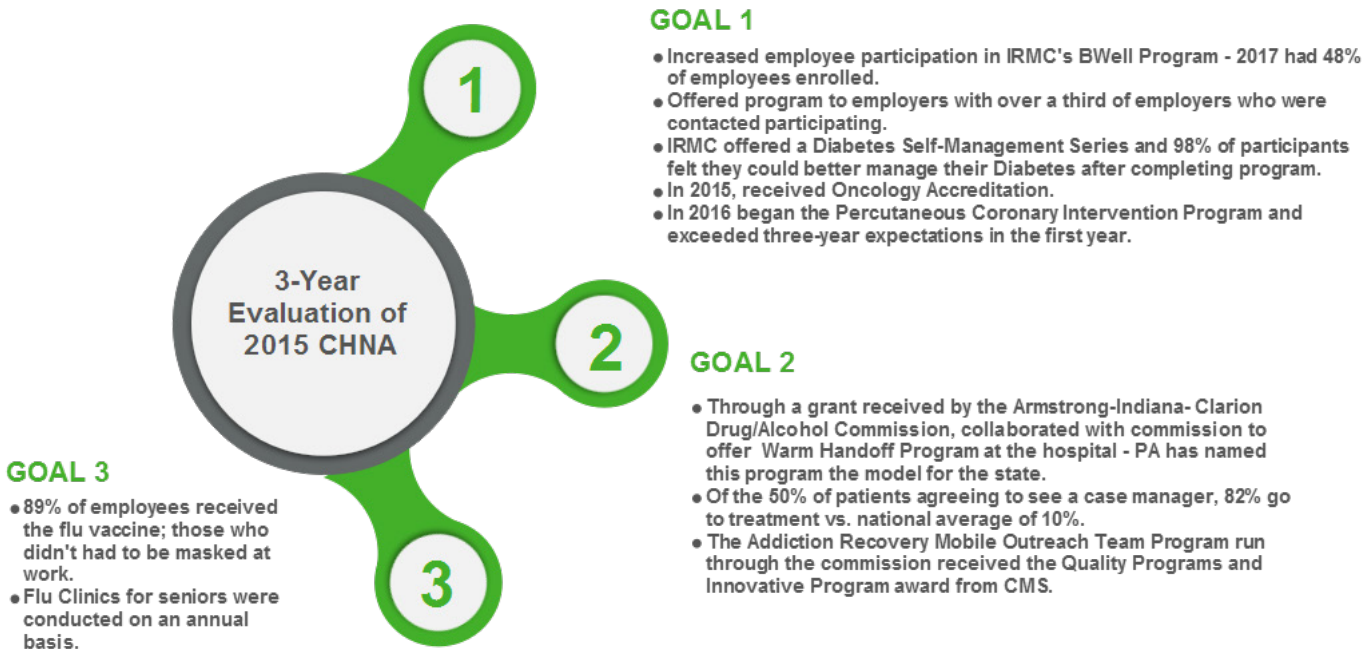
Table 4
IRMC Resource Listing

| | | |
|---|---|---|
| Behavioral Health Services | Imaging | Sleep Center |
| Cancer Care | Infusion Services | Spine & Pain Management |
| Cardiac & Vascular Services | Laboratory | Surgical Services |
| Chiropractic | Lifeline | Therapy |
| Community Health | Occupational Health | UrgiCare |
| Corporate Wellness | Orthopaedics | Varicose Vein Services |
| Diabetes & Nutrition Resources | Palliative Services | Women's Health & Family Programs |
| Emergency Services | Respiratory Care | Wound Center & Hyperbaric Medicine |
| Human Motion Institute | S & T Wellness Center | |

# EVALUATION OF 2015 CHNA

IRMC conducted an evaluation of the implementation strategies undertaken since the completion of their 2015 CHNA. Although the status for most county level indicators did not move substantially, it is clear that IRMC is working to improve the health of the community. Figure 6 below highlights the major accomplishments that the hospital made in each of the three goals that were outlined in their implementation strategy action plan.

Figure 6
IRMC Major Accomplishments




### Goal 1

Increase awareness of incidence of chronic diseases, specifically obesity, diabetes, high blood pressure/hypertension, breast and colon cancer, by educating the community.

### Goal 2

Decrease drug and alcohol use in Indiana County by collaborating with the Armstrong-Indiana-Clarion Drug & Alcohol Commission on prevention, education and intervention strategies.

### Goal 3

Increase awareness of incidence of Infectious Disease, specifically influenza, pneumonia, and Lyme disease, in Indiana County and improve infectious disease management.

In conjunction with the hospital's 2015 CHNA, IRMC developed a community health improvement plan to guide community benefit and population health improvement activities across hospital's service area. In support of the CHNA, IRMC created an implementation plan to outline the specific strategies, resources, and partners the hospital will employ to address the identified community health priorities of Chronic Disease, Substance Use, and Infectious Disease.

In reviewing the status of the priority area, IRMC reported the following:

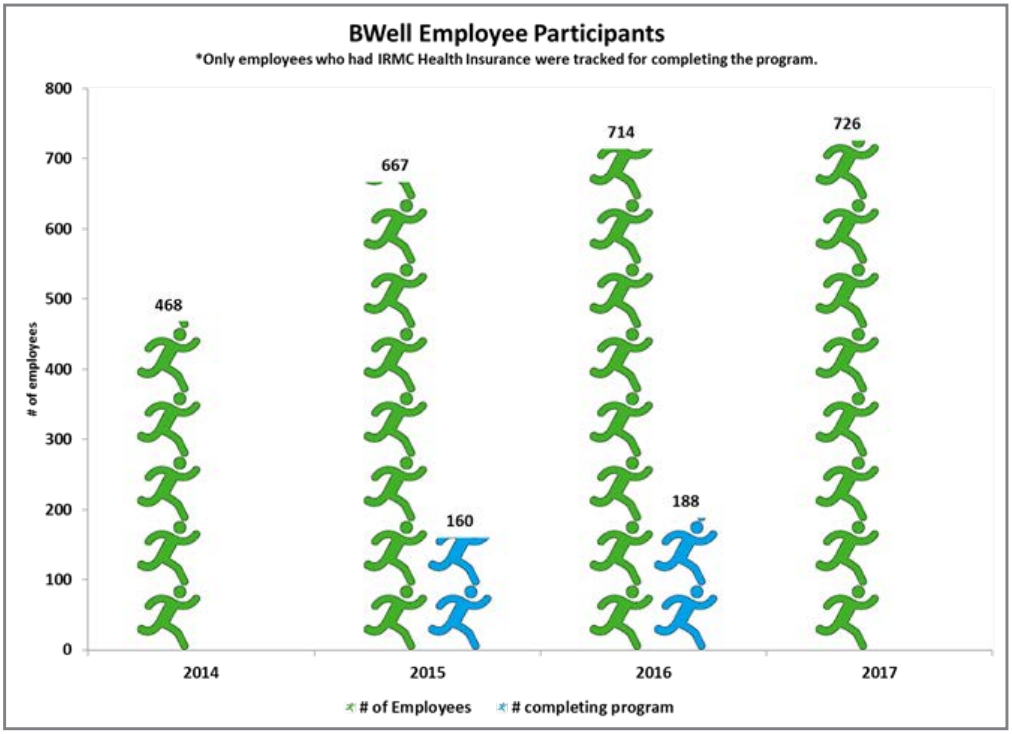
**Health Priority:** Chronic Disease

**Goal 1: Increase awareness of incidence of chronic diseases, specifically obesity, diabetes, high blood pressure/hypertension, breast and colon cancer, by educating the community**

In evaluating this priority area, IRMC reported that the following objectives of this priority area had been addressed or met:

**Continue to offer the Wellness Program to employees:** IRMC's BWell program is an incentive-based program to encourage hospital employees to live healthier lives. Since the program's inception in 2014, IRMC employee participation has steadily increased. Figure 7 illustrates the number of employees participating in the IRMC BWell Program.

Figure 7
BWell Employee Participants




It is important to note that the number of employees who completed the BWell employee wellness program are only those employees who have IRMC health insurance as Phase 2 of the program is only for those who are on the hospital's health plan. IRMC did conduct a survey, and most people who dropped out of the BWell program mentioned that they didn't have enough time to participate in the program.

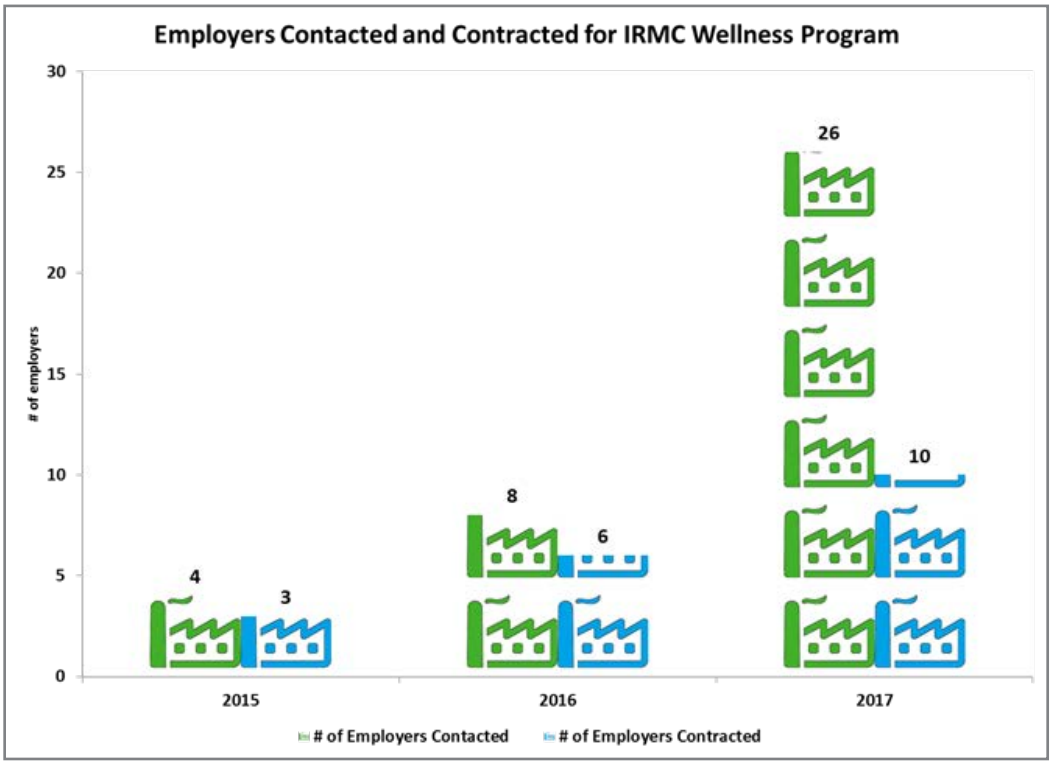
The BWell employee wellness program tracked pounds lost of participants. For 2015, no data was tracked due to staff changes in the program. Data was tracked for 2016 and 2017, although the 2017 numbers were not available at the time of this CHNA report as the program year ends on June 30, 2017. For 2016, 820.2 pounds were lost by all participants of the BWell program, which was an average of 4.36 pounds per employee. In 2016, 68 BWell participants had a reduction in their BMI, although exact numbers were not tracked. A Weigh Less Challenge took place in 2017 (from January to November). Mid-way through the program, 170 people weighed in and the highest weight lost was 13.1%. At the end of the program, 14 employees had lost at least 10% of their body weight. This challenge will again be offered in 2018. In 2015, IRMC began using a program called OneCommunity to track participants.

Not only was weight loss a focus of the BWell program, but offering education/inspirational activities to participants was as well. In 2015, nine (9) education and inspirational activities were offered; the program offered 11 of these activities in 2016; and in 2017, eight (8) education/inspirational activities have been offered thus far. A listing of the 2016 activities offered as part of the BWell program to employees is as follows:

- Functional Strength & Stretching
- Organized Walks (offered 2 times)
- Journey to Lean
- PNC Bank Brown Bag on Finances
- Diabetes Support Group – Food Prep Tips
- Mindfulness 4 Week Program (offered 2 times)
- Overcoming Stress Brown Bag
- Mindful or Mind Full? Brown Bag
- 4-7-8 Breathe – Relaxation Brown Bag
- Making & Sustaining Positive Change Brown Bag

**Promote corporate wellness program to local business and industry:** After IRMC began offering the BWell wellness program to employees, the hospital turned its attention to offering the program to local businesses and industries. Figure 8 shows the number of employers contacted and the number of employers who contracted for the program run by IRMC.

Figure 8
Employers Contacted and Contracted




Part of the employer wellness program offered by IRMC included developing individualized programs to offer a variety of activities. During the three years ending 2017, the following was offered to employers:

- Educational Encounters: 29 encounters through lunch and learns and health fairs (5 in 2015, 2 in 2016 and 22 in 2017).
- Health Coaching Sessions: 1,171 coaching sessions (241 in 2015, 615 in 2016, and 315 in 2017).
- Biometric Screenings: 2,131 biometric screenings (35 in 2015, 1,135 in 2016, and 961 in 2017).

**Increase education, awareness, and improve knowledge and health status of persons with diabetes:** IRMC hosted Diabetes Day for the three years ending 2017. During this outreach day, the hospital offered education, giveaways, and screenings. The screenings were the American Diabetes Association's paper screening tool as the hospital was unable to receive a CLIA waiver to perform the finger stick screening. In 2015, 198 people were screening for diabetes, 74 people were screened in 2016, and 62 people were screened for diabetes in 2017. The large number of people screened in 2015 was attributed a large display in the hospital's lobby promoting Diabetes Day and a giveaway. Due to staff change for 2016 and 2017, the event was not heavily advertised.

One of the action items under this objective was for IRMC to become a certified site for the Centers for Disease Control's (CDC) Diabetes Prevention Program. The hospital did not become a certified CDC site as IRMC didn't feel it could best serve the community with this program due to a reduction in staffing. The hospital continued to offer the American Diabetes Association's program, as IRMC remained an accredited site.

IRMC continued to offer the Diabetes Self-Management Series, which is a series of three (3) classes that covers managing diabetes. The goal of this program is to enable a person to manage their diabetes themselves on a day-to-day basis. The series includes an initial assessment, three classes, and then follow-up based on the person's needs. This program, which is a program offered by the American Diabetes Association, also requires that the person set behavior goals. Figure 9 shows how many people completed the program, as well as the percent of participants who felt that they were better able to handle their diabetes.

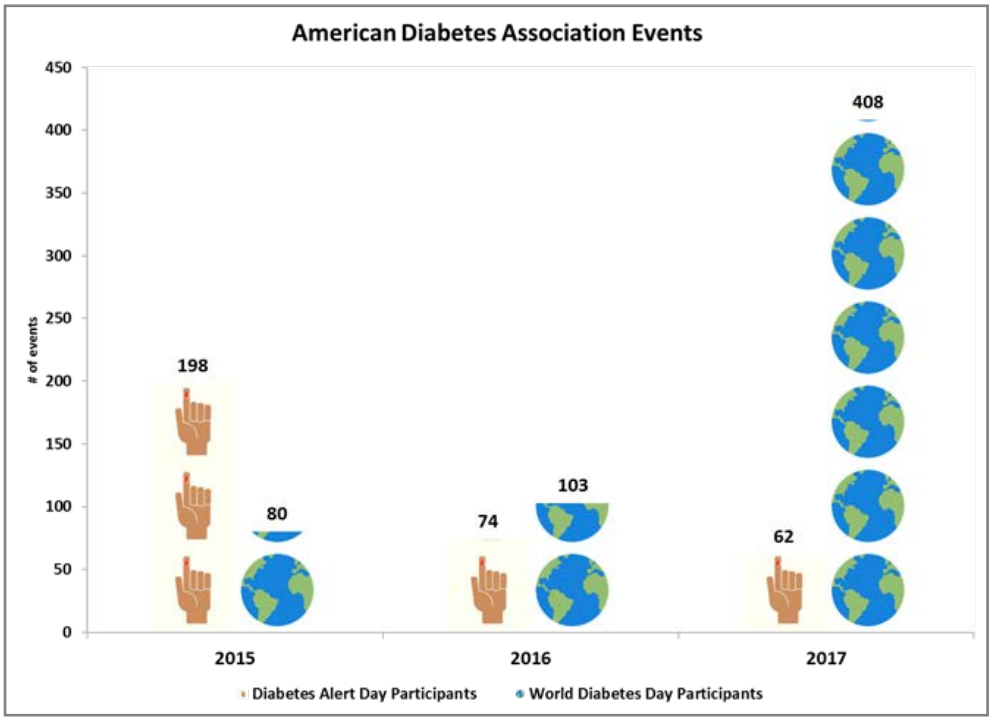
Figure 9
Diabetes Self-Management Series
Participants and % Able to Handle Diabetes after Completing Program


During the three years 2015-2017, IRMC continued to offer Medical Nutrition Therapy and nutritional counseling. This is a separate program where the patient meets with a dietician and reviews what they are currently doing and develops a meal plan to help manage Diabetes. In 2015, 153 patients participated in this program; in 2016, 123 patients participated, and for 2017, 137 patients participated in the Medical Nutrition Therapy and nutritional counseling.

One of the action items under this objective was to increase the number of patients with diabetes who follow standards of care. Unfortunately, this action item was not completed. IRMC attempted to incorporate foot exams during Diabetes classes, but participants were uncomfortable with this standard of care check being offered during class time and mentioned that their feet are checked by their PCP. Regarding eye exams, IRMC did not track this standard of care. At the end of the class, the participants received a letter reminding them to schedule an eye exam. A1C levels were tracked, with 82.9% of patients having their A1C levels checked in 2015, 87.9% in 2016, and 90.8% in 2017.

IRMC hosted two American Diabetes Association special events for the three years ending 2017, Diabetes Alert Day and World Diabetes Day. Figure 10 shows the number of participants for each of these events.

Figure 10
American Diabetes Association Events




**Improve outreach, screening, and care management of patients with breast cancer:** IRMC received Oncology Accreditation in 2015 which accreditation is renewable every three years. IRMC provided free or low cost mammograms annually to low income populations. For the three years ending 2017, the hospital gave out 254 vouchers – 248 vouchers for a mammogram and six (6) vouchers for an Ultrasound. Out of the 248 vouchers given out, 97.6% received a mammogram, with 16% (or 40 women) receiving another mammogram for additional testing, two women being diagnosed with cancer.

IRMC offered special screening events for women who have never had a mammogram. In 2015, the hospital offered four (4) special screenings with 104 women receiving mammograms. Of those screened, eight (8) women had additional testing with no cancer being found. For 2016, the hospital offered five (5) special mammogram screenings with 73 women receiving mammograms. Of those screened, three (3) women had additional testing with no cancer being found. For 2017, two (2) special events were offered by IRMC by mammogram screenings with 28 women receiving mammograms. Of those screened, three (3) women had additional testing with no cancer being found.

The hospital also offered educational outreach to targeted groups with six (6) girls night out and health fairs being offered for the three years ending 2017. Although two of the events (two (2) girls night out events) did not track participation, the other four (4) events had a total of 575 participants. IRMC also offered a breast cancer support group with 27 participants in 2015, 26 participants in 2016, and 24 participants in 2017.

**Improve outreach, screening, and care management of patients with colo-rectal cancer:** For the three years ending 2017, IRMC's Visiting Nurse Association (VNA) would visit patients at their home after surgery to attend to drains, answer questions and educate on colostomy care. On average, these visits occurred during the first 2-1/2 weeks that the patient was home. After care also included emotional support, complete assessment of a patient's health, home situation, social situation, and medication review. IRMC also offered free door-to-door van service to qualified patients for treatment and medical appointments. In 2015, 834 patients utilized the free van service, in 2016, 700 patients and in 2017, 495 patients utilized the van service.

**Improve outreach, screening, and care management of patients with cardiovascular disease:** During the three (3) years ending 2017, IRMC continued to outreach to the community through their mobile health lab, screenings, and education. Figure 11 shows the number of outreach events for the year, along with number of participants and those screened. IRMC's Community Services offered screenings and events through its Mobile Unit. Throughout each of the three years, the Mobile Unit would visit 18 locations and 14 community events. The mobile unit served as a first aid station at the community events. Figure 12 captures the number of events utilizing the Mobile Unit, along with people served. It is important to note that in the second half of 2017, the mobile unit driver retired and the position was not filled, which would explain the decline in mobile unit events and people served in 2017.

Figure 11
Cardiovascular Outreach Events, Participants, and Screenings

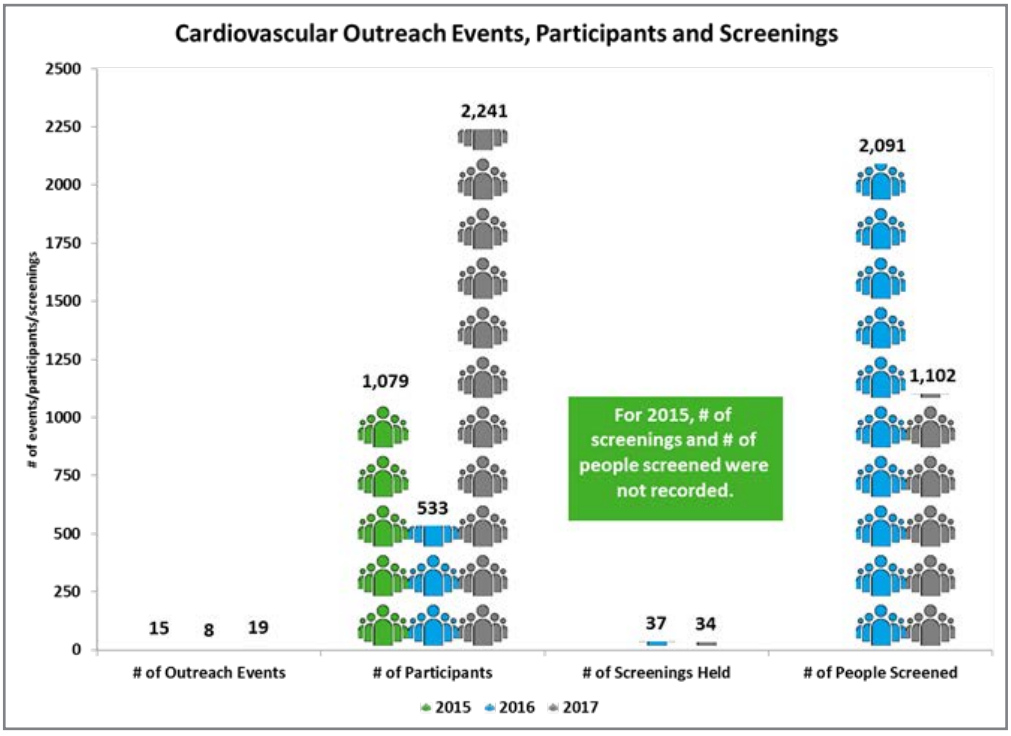
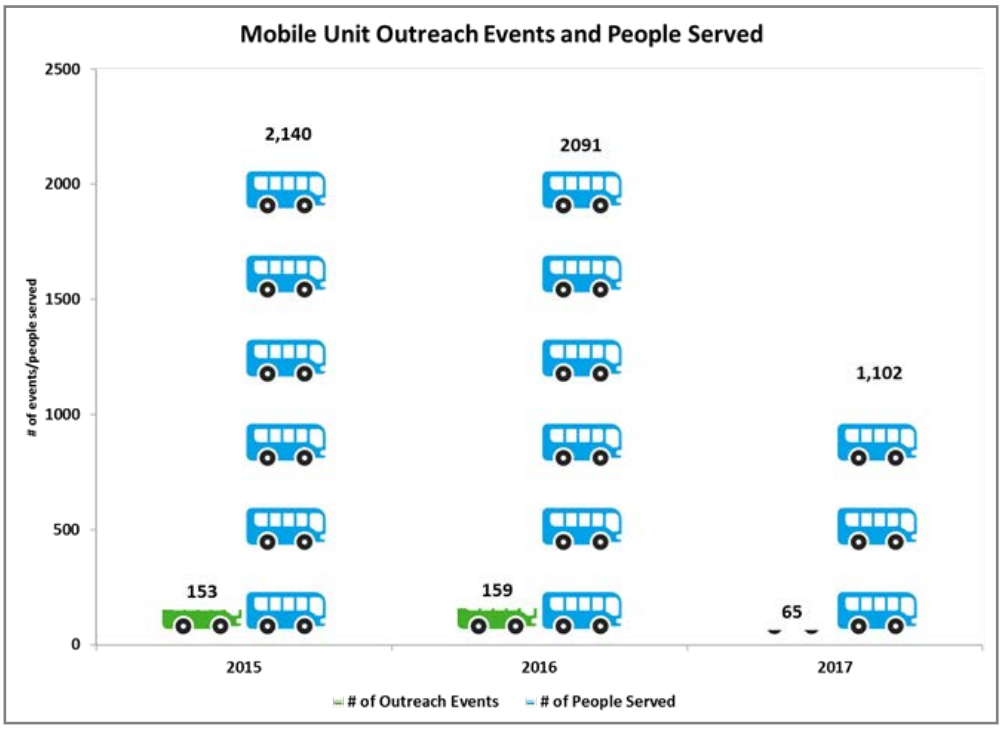


Figure 12
Mobile Unit Events and People Served




IRMC's VNA program will educate patients upon returning home after surgery on how to maintain their health, proper medication, health assessment, home evaluation, and when to call VNA and when to call their doctor. This service is especially important as a large number of patients served go to Pittsburgh for surgery and then go home for rehabilitation.

IRMC offered five (5) community stroke education events through the three (3) years ending 2017. These events included education on the signs and symptoms of stroke to different populations. A total of 219 people received education on stroke for four (4) out of the five (5) events (the first event in 2015 did not have a sign-in sheet to capture number of participants).

In November of 2016, IRMC started the Percutaneous Coronary Intervention (PCI) Program at the hospital. This program offers 24/7 call coverage for emergency Cath Lab procedures. The hospital offered this service because IRMC patients were going outside of the county to receive this procedure. The first year of operation, the PCI Program has exceeded IRMC's third year mark for patients and DX Cath patients, as seen in Table 5 below.

Table 5
PCI Year 1 Patients

| Patient Count | PCI Year 1 | PCI Year 3 Budget |
|---|---|---|
| PCI Patients | 190 | 166 |
| DX Cath Patients | 444 | 415 |
| Total All Caths | 459 | 581 |

**Health Priority:** Substance Use Disorder

**Goal 2: Decrease drug and alcohol use in Indiana County by collaborating with the Armstrong-Indiana-Clarion Drug & Alcohol Commission on prevention, education, and intervention strategies**

In evaluating this priority area, IRMC reported that the following objectives of this priority area had been addressed or met:

**Working with the Armstrong-Indiana-Clarion Drug & Alcohol Commission and the Indiana County Office of Planning/ Development to expand the Overdose Task Force and/or create an Indiana County Overdose Task Force:** In 2015 in collaboration with the Armstrong-Indiana-Clarion Drug & Alcohol Commission, IRMC was a member of the Addiction Recovery Mobile Outreach Team (ARMOT). Through this collaboration, a three-year grant was submitted to HRSA and received to implement a warm handoff program in the hospital. A case manager and certified recovery specialists are at the hospital and available for those patients struggling with alcohol and/or drug abuse and addiction. The PA Department of Drug and Alcohol calls the ARMOT/warm handoff program the model for the state and members of the ARMOT team have spoken nationally at conferences.

Tables 6 and 7 show the breakdown of program data for both ARMOT (covering all three counties of Armstrong, Indiana and Clarion) and Indiana County alone.

Table 6
ARMOT Program Data

| | 2015 | | 2016 | | 2017 | |
|---|---|---|---|---|---|---|
| Age Range | Referrals | Overdose Reported | Referrals | Overdose Reported | Referrals | Overdose Reported |
| 12-17 | 4 | 0 | 0 | 0 | 1 | 0 | 3 | 0 |
| 18-24 | 52 | 9 | 5 | 2 | 25 | 2 | 22 | 5 |
| 25-34 | 129 | 31 | 4 | 0 | 52 | 13 | 73 | 18 |
| 35-44 | 92 | 9 | 3 | 0 | 40 | 3 | 49 | 6 |
| 45-54 | 99 | 8 | 4 | 0 | 47 | 2 | 48 | 6 |
| 55-64 | 92 | 2 | 4 | 0 | 44 | 1 | 44 | 1 |
| 65+ | 16 | 1 | 1 | 0 | 3 | 0 | 12 | 1 |
| Totals | 484 | 60 | 21 | 2 | 212 | 21 | 251 | 37 |

Table 7
Indiana Program Data

| | 2015 | | 2016 | | 2017 | |
|---|---|---|---|---|---|---|
| Age Range | Referrals | Overdose Reported | Referrals | Overdose Reported | Referrals | Overdose Reported |
| 12-17 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 18-24 | 32 | 7 | 5 | 2 | 13 | 1 | 14 | 4 |
| 25-34 | 56 | 16 | 4 | 0 | 21 | 7 | 31 | 9 |
| 35-44 | 30 | 5 | 3 | 0 | 11 | 2 | 16 | 3 |
| 45-54 | 53 | 3 | 4 | 0 | 27 | 1 | 22 | 2 |
| 55-64 | 47 | 1 | 4 | 0 | 21 | 0 | 22 | 1 |
| 65+ | 13 | 1 | 1 | 0 | 1 | 0 | 11 | 1 |
| Totals - | 233 | 33 | 21 | 2 | 94 | 11 | 118 | 20 |

The ARMOT program reported the following outcomes:

**Indiana Program**

211 Referrals 160 Individuals
127 Screened 60.19% of total referrals were screened
85 Assessed 40.28% of total referrals were assessed
33 Discharged Prior to meeting with ARMOT
31 Refused
70 Went to Treatment 82.35% of those assessed went to treatment

| LOC Recommended | LOC Admitted to | |
|---|---|---|
| | | 64.29% of individuals entered the recommended LOC |
| 5 | 2 | IA |
| 0 | 1 | 1A Suboxone |
| 2 | 5 | 1B |
| 0 | 1 | IBSub |
| 0 | 2 | 2A |
| 0 | 0 | 3B |
| 33 | 29 | 3A |
| 17 | 9 | 3B |
| 9 | 5 | 3B Dual |
| 0 | 0 | 3B Reg |
| 1 | 0 | 3BDual |
| 2 | 2 | 3C |
| 9 | 6 | 4A |
| 0 | 0 | 4A Detox |
| 7 | 2 | 4B |
| 1 | 1 | 11 |
| 0 | 1 | 11.1 |
| 0 | 1 | IOP |
| 0 | 0 | MAT |

31 Reported Overdose
42 Completed Treatment 60.00%
32 Returned to ARMOT Program
68 Total Family Involvement
42 RSS Referrals Percent engaged in RSS 45.24%

Due to the success of the ARMOT program, it received the Quality Programs and Innovative Program Award from CMS. The success of the program is seen through the fact that of the 50% of people who were hospitalized and agreed to see a case manager, 82% agreed to go from the hospital to treatment, which is eight times higher than the nation (10%).

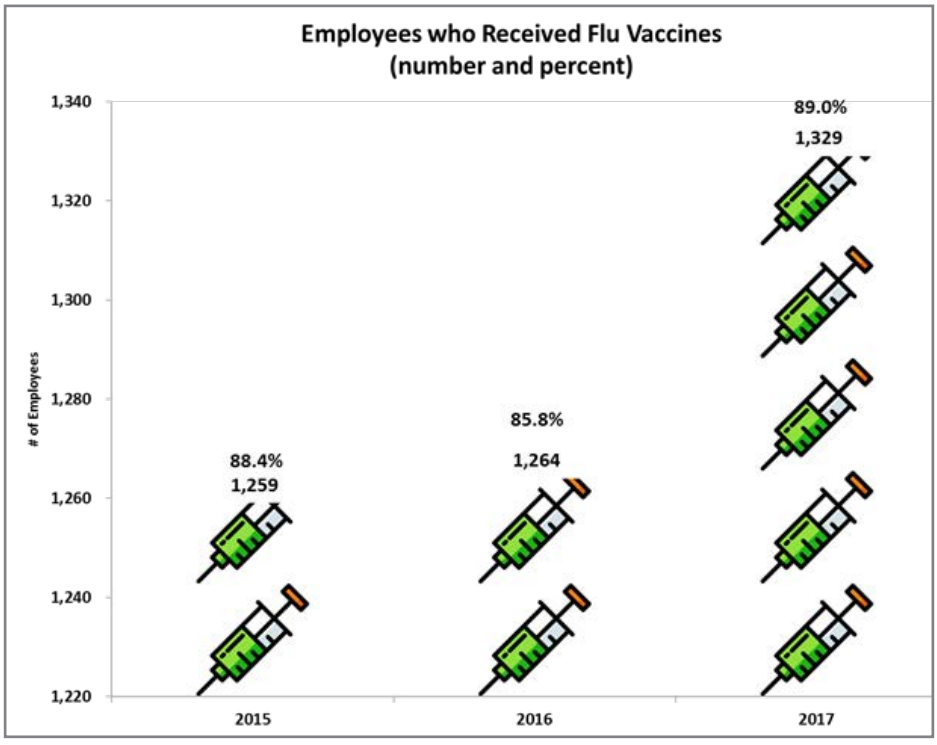
**Health Priority:** Infectious Disease

**Goal 3: Increase awareness of incidence of infectious disease, specifically influenza, pneumonia and Lyme disease, in Indiana County and improve infectious disease management**

In evaluating this priority area, IRMC reported that the following objectives of this priority area had been addressed or met:

**Increase education, awareness, and knowledge of influenza, pneumonia, and Lyme disease:** IRMC cut back on the number of flu clinics offered to the community as flu vaccines are widely available throughout the community. The hospital did conduct flu vaccine clinics for seniors throughout the county. The hospital conducted education to the senior community on high dose versus regular dose flu vaccines, shingles vaccine, tetanus booster, and obtaining the pneumonia vaccine through their PCP. During the vaccine education outreach events, the hospital also educated seniors on fall prevention. Figure 13 below shows the number of employees who received a flu vaccine for the three years ending 2017. IRMC adopted an employee policy in 2015 that if an employee does not receive a yearly flu vaccine, they must be masked.

Figure 13
Employees who Received Flu Vaccines (number and percent)



# HOSPITAL UTILIZATION RATES

As seen in Table 8 from 2015 through 2017, hospital ER discharges for ambulatory care sensitive conditions for IRMC increased for: failure to thrive, iron deficiency anemia, bacterial pneumonia, dehydration-volume depletion, asthma, congestive heart failure, diabetes with ketoacidosis or coma, diabetes with other complications, diabetes without complications or hypoglycemia, and hypertension.

For the same time period, hospital ER and/or inpatient discharges for mental health for IRMC, as seen in Table 9, increased for: adjustment-related, alcohol-related, anxiety, bipolar, conduct/social disturbances, Dementia, depression, drug-related, eating disorders, manic disorders, paranoia/psychosis, Schizophrenia, sleep disorders, and transient organic psychotic conditions. It is important to note that when CMS changed from ICD-9 codes to ICD-10 codes on October 1, 2015, some coding that was done by IRMC regarding ICD-9 codes did not match to the new ICD-10 codes. Therefore, some of the large increases in mental health diagnosis from 2015 to 2017 could be from coding differences rather than patients diagnosed.

Table 10 shows that from 2015 to 2017, hospital DRG conditions for IRMC increased for: hypertension, congestive heart failure, pneumonia, bronchitis/asthma in children younger than 18, fracture, and other DRGs.

Table 8
Ambulatory Care Sensitive Conditions – ER Only

| Ambulatory Care Sensitive Conditions - ER Only | | | |
|---|---|---|---|
| **Preventable Conditions** | **2015** | **2016** | **2017** |
| Failure to thrive | 0 | 2 | 0 |
| Dental Conditions | 574 | 624 | 350 |
| Vaccine Preventable Conditions | 5 | 1 | 3 |
| Iron Deficiency Anemia | 2 | 1 | 5 |
| **Acute Conditions** | **2015** | **2016** | **2017** |
| Bacterial Pneumonia | 62 | 200 | 214 |
| Cellulitis | 658 | 212 | 50 |
| Convulsions | 101 | 76 | 89 |
| Dehydration – Volume Depletion | 12 | 13 | 20 |
| Gastroenteritis | 265 | 49 | 60 |
| Hypoglycemia | 11 | 10 | 6 |
| Kidney/Urinary Infection | 696 | 353 | 280 |
| Pelvic Inflammatory Disease | 21 | 8 | 6 |
| Severe Ear, Nose, & Throat Infections | 1,312 | 539 | 543 |
| **Chronic Conditions** | **2015** | **2016** | **2017** |
| Angina | 39 | 32 | 24 |
| Asthma | 214 | 232 | 225 |
| COPD | 677 | 755 | 626 |
| Congestive Heart Failure | 6 | 58 | 68 |
| Diabetes with ketoacidosis or coma | 14 | 55 | 112 |
| Diabetes with other complications | 48 | 78 | 125 |
| Diabetes without complications or hypoglycemia | 55 | 58 | 92 |
| Grand Mal & Oth Epileptic Cond | 61 | 63 | 58 |
| Hypertension | 145 | 162 | 149 |

Table 9
Mental Health ICD-9 and ICD-10 Codes

| Mental Health ICD-9 and ICD-10 Codes | | | | | | |
|---|---|---|---|---|---|---|
| Code | 2015 ER | 2015 IN | 2016 ER | 2016 IN | 2017 ER | 2017 IN |
| Adjustment related | 9 | 3 | 21 | 5 | 19 | 2 |
| Alcohol Related | 40 | 32 | 63 | 16 | 68 | 14 |
| Anxiety | 34 | 2 | 232 | 5 | 301 | 4 |
| Bipolar | 4 | 20 | 30 | 40 | 29 | 64 |
| Conduct/Social Disturbances | 23 | 7 | 33 | 1 | 41 | 7 |
| Dementia | 0 | 1 | 3 | 9 | 4 | 8 |
| Depression | 185 | 65 | 221 | 60 | 297 | 71 |
| Drug Related | 13 | 2 | 43 | 2 | 52 | 0 |
| Eating Disorders | 0 | 0 | 0 | 0 | 1 | 0 |
| Emotional Disorders (Youth) | 28 | 0 | 27 | 0 | 21 | 0 |
| Manic Disorders | 0 | 0 | 2 | 1 | 1 | 0 |
| Mental Retardation | 1 | 0 | 0 | 0 | 0 | 0 |
| Other org psych conditions | 1 | 1 | 0 | 0 | 0 | 0 |
| Paranoia/Psychosis | 34 | 8 | 39 | 27 | 40 | 36 |
| Personality Disorders | 9 | 4 | 7 | 0 | 2 | 0 |
| Psychogenic Disorders | 8 | 0 | 4 | 0 | 4 | 0 |
| Schizophrenia | 8 | 36 | 18 | 24 | 18 | 28 |
| Sleep Disorders | 1 | 0 | 5 | 0 | 5 | 0 |
| Stress Related | 37 | 2 | 39 | 0 | 24 | 0 |
| Transient Organic Psychotic Conditions | 1 | 0 | 2 | 5 | 1 | 4 |

Table 10
Mental Health ICD-9 and ICD-10 Codes

| Diagnosis Related Groups | 2015 | 2016 | 2017 |
|---|---|---|---|
| 01. Hypertension | 15 | 23 | 18 |
| 02. CHF | 256 | 247 | 272 |
| 03. Breast Cancer | 8 | 5 | 1 |
| 04. Cancer | 26 | 21 | 21 |
| 05. Pneumonia | 174 | 219 | 198 |
| 06. Complications Baby | 41 | 37 | 41 |
| 07. Bronchitis/Asthma <18 | 15 | 15 | 16 |
| 08. Bronchitis/Asthma >=18 | 113 | 66 | 72 |
| 09. Alcohol/Drug Abuse | 63 | 35 | 26 |
| 10. COPD | 225 | 201 | 186 |
| 11. Fracture | 18 | 21 | 20 |
| 12. Behavioral Health | 301 | 274 | 271 |
| 13. No DRG | 3 | 1 | 1 |
| 14. Other DRG | 6,124 | 6,355 | 6,411 |

# HEALTH STATUS

# GENERAL FINDINGS

Measures of general health status provide information on the health of a population, especially through the monitoring of life expectancy, health life expectancy, years of potential life lost, physically and mentally unhealthy days, self-assessed health status, limitation of activity, and chronic disease prevention.

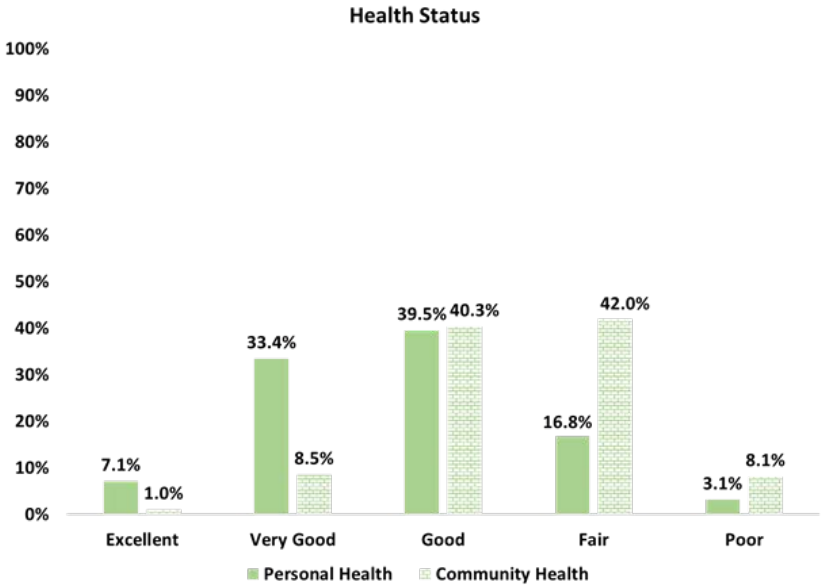
## WHERE WE ARE MAKING A DIFFERENCE

No needs were prevalent from the secondary data.

## WHERE THERE ARE OPPORTUNITIES

No needs were prevalent from the secondary data.

## WHAT THE COMMUNITY IS SAYING




Community survey respondents were more likely to rate their personal health as good, very good, or excellent (80.0%) than the overall community (49.8%).

# ACCESS TO QUALITY HEALTH SERVICES

# GENERAL FINDINGS

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, employment and affordability, education, transportation and location, community, and quality and availability of providers all affect access.

## WHERE WE ARE MAKING A DIFFERENCE

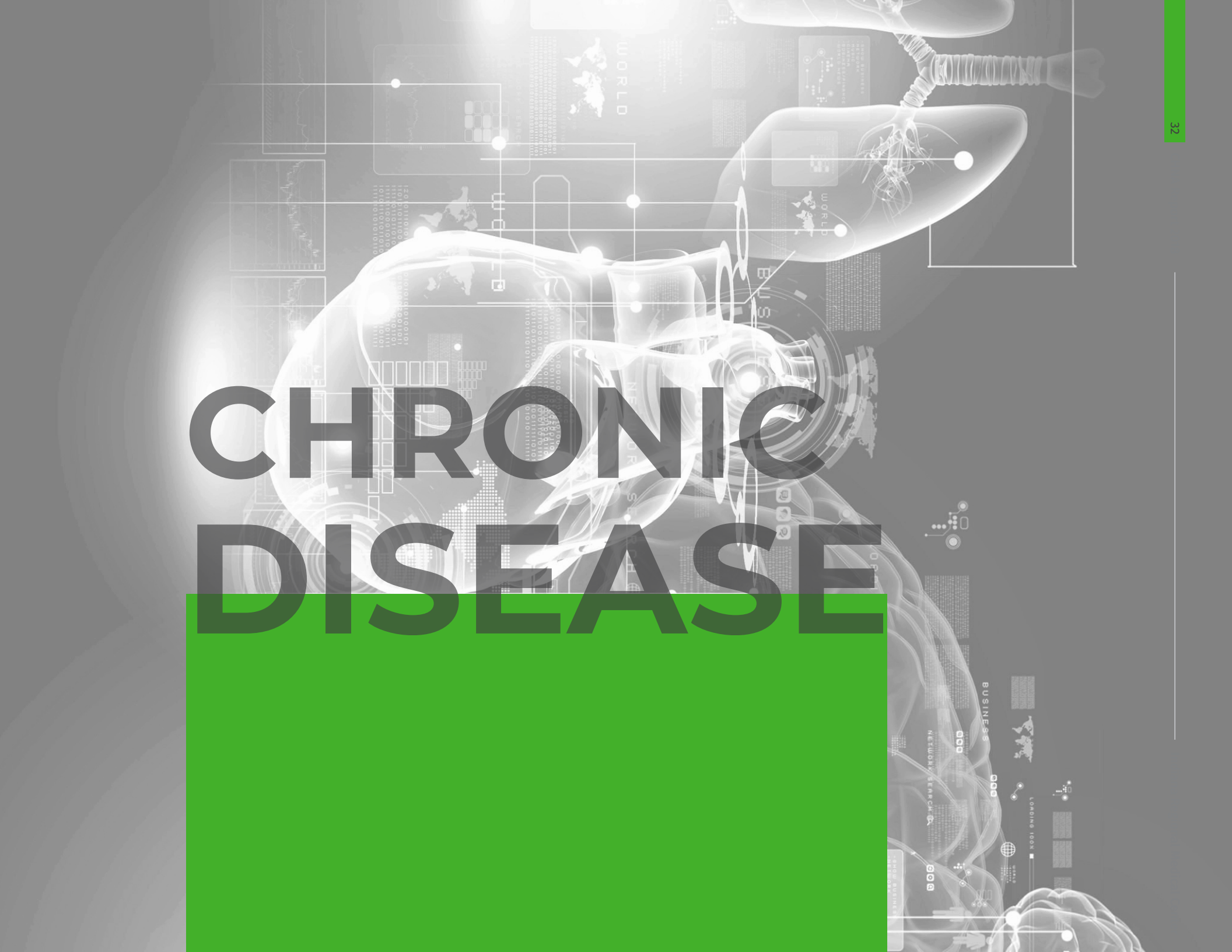
The percentage of residents who report that they needed to see a doctor but could not due to cost has been decreasing since 2011 for the combined counties of Indiana, Cambria, Somerset, and Armstrong. During the years 2014-2016 for the combined counties, 8.0% of adults did not see a doctor due to cost, which was lower when compared to the state (12.0%) and nation (12.1% in 2016). The percentage of adults (age 18-64) who report that they do not have health insurance has been slowly decreasing since 2011 for the combined counties, and for years 2014-2016, one in ten (10.0%) adults did not have health insurance which is just below the state (11.0%) and nation (11.9% in 2016). According to BRFSS data for the years 2011-2015, adults who reported health fair or poor was significantly higher than the state. There was a decrease in the number of adults reporting their health as fair or poor between 2013—2015 (23.0%) and 2014-2016 (19.0%), although the percentage is still higher in the combined counties compared to the state (17.0%) and nation (16.7% in 2016).

## WHERE THERE ARE OPPORTUNITIES

No needs were prevalent from the secondary data.

## WHAT THE COMMUNITY IS SAYING

The majority of community survey respondents (97.1%) have a primary health care provider and have had a routine checkup in the past year (81.2%). A few of the stakeholders identified the need for transportation to medical appointments, highlighting the challenges of a rural community. The specific need for transportation for seniors was identified as the public transportation system is complicated for seniors. It was also mentioned that there is a need for access to VA services for those who exceed income guidelines.



# CHRONIC DISEASE

# GENERAL FINDINGS

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as chronic diseases.

## WHERE WE ARE MAKING A DIFFERENCE

### Obesity and Overweight

The percentage of adults in the combined counties of Indiana, Cambria, Somerset, and Armstrong who are overweight was significantly higher compared to the state for years 2013-2015. This percentage decreased in the combined counties from 2013-2015 (72.0%) to 2014-2016 (69.0%), although is still higher than the state (65.0%) and nation (65.4% in 2016). The percentage of adults in the combined counties who are obese was significantly higher than the state from the combined years of 2011-2015. The percentage decreased between 2013-2015 (37.0%) and 2014-2016 (35.0%) although is still higher than the state (30.0%), nation (30.1%), and falls short of the Healthy People 2020 Goal (30.5%).

### Cancer

The Breast Cancer incidence rate per 100,000 in Indiana County had been increasing from 2011 (92.5) through 2014 (127.7) and in 2015, the rate decreased to 117.1. The Bronchus and Lung Cancer incidence rate per 100,000 in Indiana County has been decreasing since 2013 and in 2014 (47.4) and 2015 (41.6) was significantly lower when compared to the state (63.2) and lower than the nation (50.8). The Colorectal Cancer incidence rate decreased from 46.8 in 2014 to 43.8 in 2015, although is still higher than the state (41.9), nation (33.7 in 2014) and Healthy People 2020 Goal (39.9). Colorectal Cancer mortality also decreased in recent years (17.6 in 2015, 11.1 in 2016) and is lower than the state (14.7) and Healthy People 2020 Goal (14.5).

### Stroke

The Cerebrovascular Morality rate decreased from 39.6 in 2015 to 33.9 in 2016, which is lower than the state (36.8) and Healthy People 2020 Goal (34.8).

## WHERE THERE ARE OPPORTUNITIES

### Cancer

While data is not available for 2015, the late stage breast cancer rate increased from 2013 (47.5) to 2014 (53.8). Limited data is available for breast cancer mortality in Indiana County, but in 2015 (24.0) the rate was higher than the state (21.4), nation (20.5 in 2014) and Healthy People 2020 Goal (20.7). In 2015, the Bronchus and Lung Cancer mortality rate (24.6) was significantly lower compared to that state; however, the rate increased in 2016 (39.2). The rate in 2016 is comparable to the state (40.9). The Prostate Cancer incidence rate per 100,000 was significantly lower than the state in 2014 (64.0), but increased in 2015 (85.7). Although higher than the previous year, the 2015 rate is lower when compared to the state (104.4).

## Heart Disease

The Heart Disease Mortality rate increased from 159.7 in 2015 to 181.7 in 2016, and is higher than the state (175.8). The Heart Failure Mortality rate has been increasing since 2013 (15.4 to 21.5 in 2016), but is still below the state (23.9). The Coronary Heart Disease Mortality rate increased from 96.1 in 2015 to 117.7, in 2016 which is higher than the state (107.6) and Healthy People 2020 Goal (103.4). Cardiovascular Mortality also increased between 2015 (210.2) and 2016 (228.3) and is comparable to the state (225.8).

## Other Health Conditions

The Diabetes Mortality rate per 100,000 in Indiana County has been increasing since 2013 (19.4) and in 2016 (36.3) was significantly higher than the state (20.2) and also higher than the nation (21.0). The Lyme Disease incidence rate has been increasing in Indiana County since 2014 and for years 2011 through 2016 (262.8) has been significantly higher than the state (89.5).

# WHAT THE COMMUNITY IS SAYING

Diabetes, Cancer, and Cardiovascular Disease and Stroke were among the top identified community health needs on the community survey. One third of community survey respondents (32.1%) have been told they have high blood pressure, and one in ten (10.9) have diabetes. Several of the women age 40 and older on the community survey have had a mammogram within the past year (69.9%), while just over half (54.0%) of the woman age 21 and older have had a pap test within the past year. The majority of male community survey respondents age 65 and older have had a PSA test within the past year (80.9%).

Many of the community survey respondents have had their blood cholesterol checked in the past year (71.3%). Kidney disease was identified by a stakeholder as one of the top community health needs, indicating that dialysis care and transportation is limited.


HEALTH
ENVIRONMENT

# GENERAL FINDINGS

Environmental quality is a general term which can refer to varied characteristics of the natural environment such as air and water quality, pollution, noise, weather, and the potential effects on physical and mental health caused by human activities. Environmental quality also refers to socioeconomic characteristics of a given community or area, including economic status, education, crime and geography.

## WHERE WE ARE MAKING A DIFFERENCE

The Indiana County high school graduation rate for 2018 (94.4%) is higher than PA (85.4%) and the US (84.0% in 2016). The percentage of children living in single parent homes has remained steady in the county and in 2018 (22.7%) is lower than the state (33.8%) and the nation (35.0% in 2016).

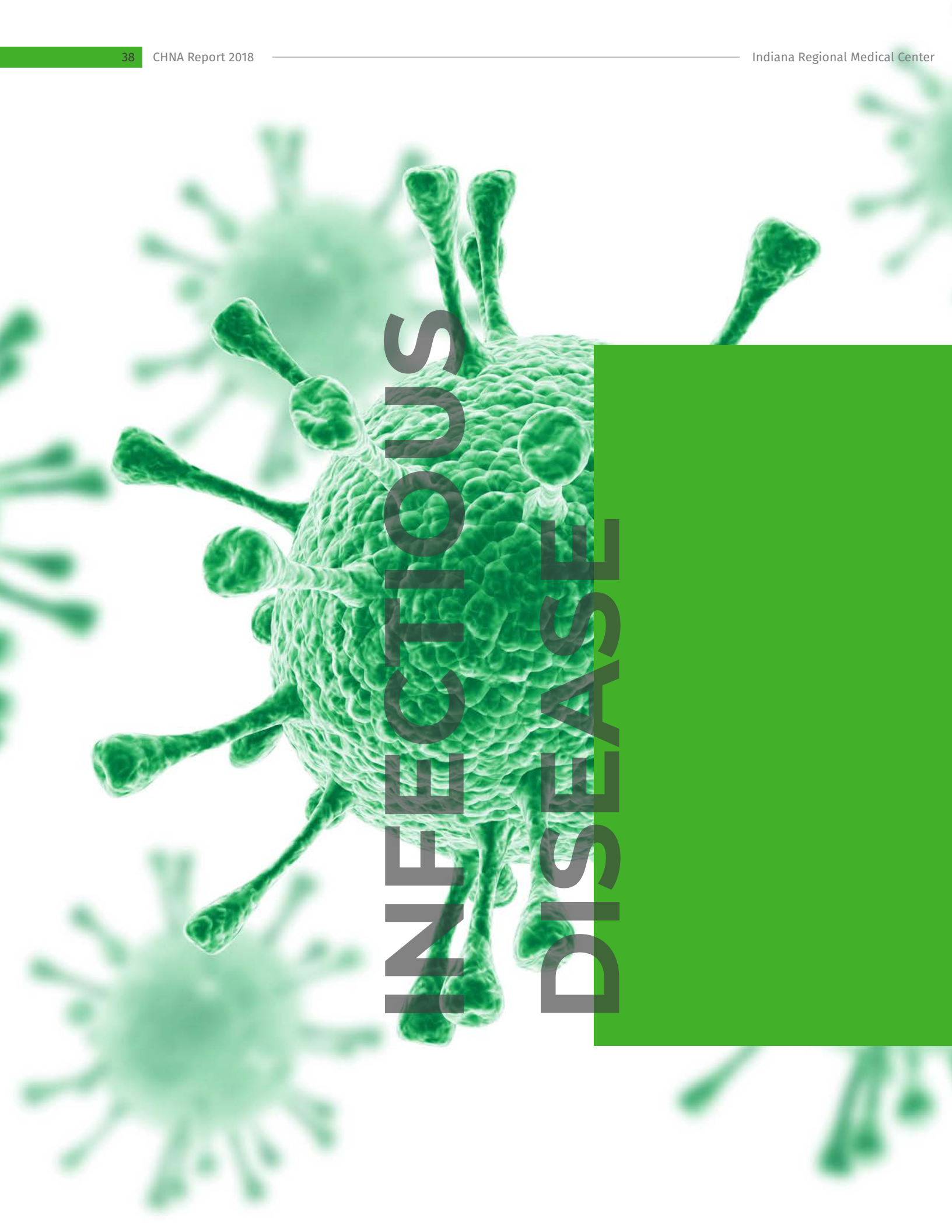
## WHERE THERE ARE OPPORTUNITIES

The percentage of children living in poverty in Indiana County has been increasing since 2015 (20.0%) and at 24.9% in 2018 is higher than the state (18.4%) and lower than the nation (41.0% in 2016).

The unemployment rate in Indiana County has been increasing since 2016 (5.9% to 7.3% in 2018) and is higher than the state (5.4%).

## WHAT THE COMMUNITY IS SAYING

A few of the stakeholders identified the lack of jobs as a problem in the community. They went on to note that there is a relationship between income and a family's ability to access affordable health care.



# INFECTIOUS DISEASE

# GENERAL FINDINGS

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped into 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).

## WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults age 65 and older who have had a pneumonia vaccine in the combined counties of Indiana, Cambria, Somerset, and Armstrong has slowly been increasing since 2012-2014. In 2014-2016, 75.0% of adults age 65 and older had a pneumonia vaccine which is higher than the state (72.0%) and nation (73.4% in 2016), but well below the Healthy People 2020 Goal of 90.0%.

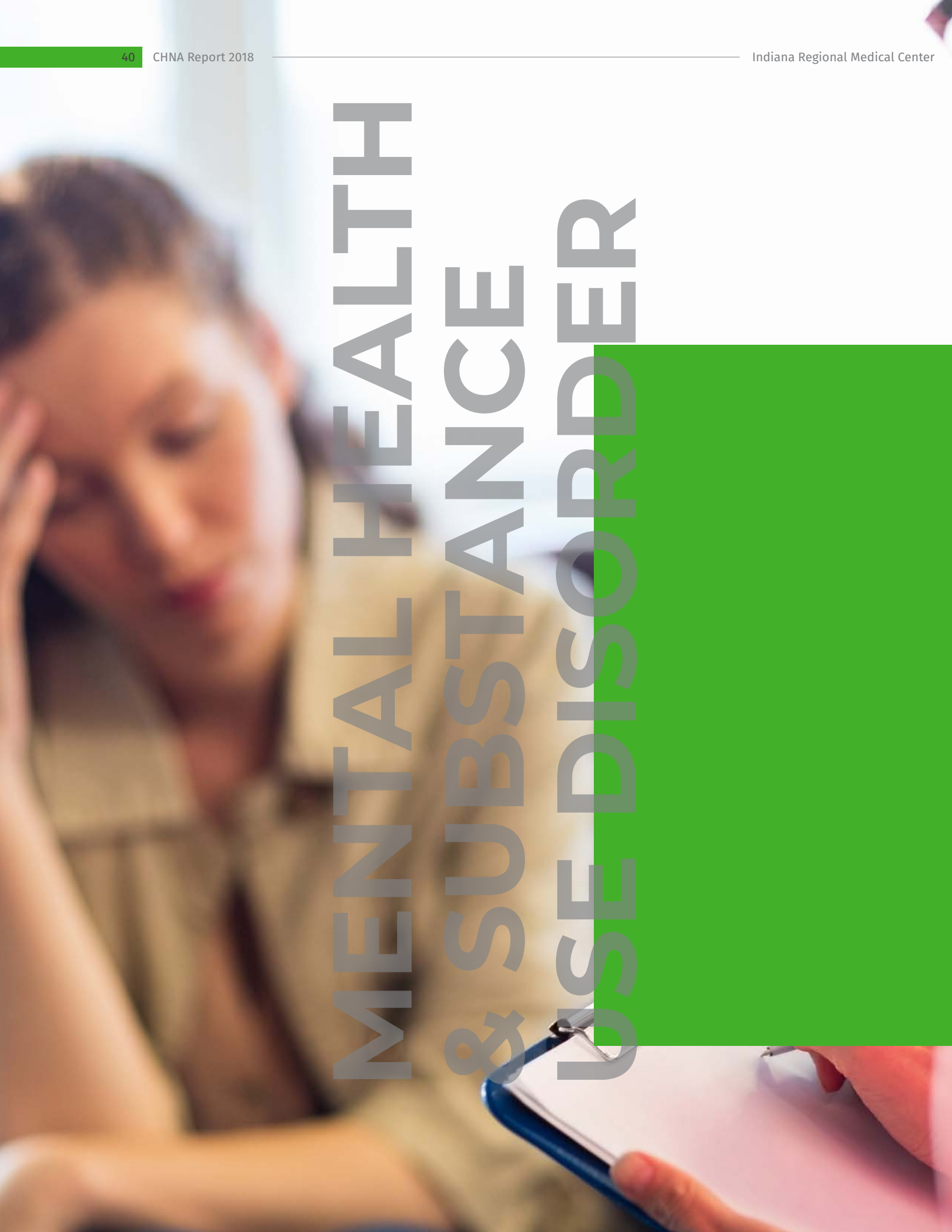
## WHERE THERE ARE OPPORTUNITIES

According to BRFSS data, the percentage of adults (age 18-64) in the combined counties ever tested for HIV is significantly lower than the state for all years 2011-2016. In 2016, 27.0% of adults had been tested compared to 39.0% in the state.

The Chlamydia rate for Indiana County for all six years 2011 (267.6) - 2016 (396.0) was significantly lower than the state, although the rate has been increasing since 2014. The Gonorrhea rate for all six years 2011 (28.0) - 2016 (40.5) was significantly lower than the state (114.3 in 2016), although the county rate has been increasing since 2014.

## WHAT THE COMMUNITY IS SAYING

Adult immunization was among the top identified community health needs on the community survey. One of the stakeholders identified the need for influenza immunizations as a top health need in the community.



# MENTAL HEALTH & SUBSTANCE USE DISORDER

# GENERAL FINDINGS

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." It is related to promotion of well-being, prevention of mental disorders, and 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. 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.

## WHERE WE ARE MAKING A DIFFERENCE

### Mental Health

According to the BRFSS data, the percentage of residents in the combined counties of Indiana, Cambria, Somerset, and Armstrong who reported that their mental health was not good one or more days in the past month, were lower in 2014-2016 (33.0%) when compared to Pennsylvania (37.0%).

According to County Health Rankings, one in three residents report getting insufficient sleep (34.6%), which is slightly lower when compared to the state (37.9%).

### Substance Use Disorder

According to the 2017 PAYS data, the percentage of students in Indiana County who report using alcohol decreased from 52.8% in 2015 to 43.4% in 2017, which is comparable to the state (43.3%). Student reported use of marijuana also decreased between 2015 (17.9%) and 2017 (14.4%), and in 2017 was lower than Pennsylvania (17.7%). The percentage of students in Indiana County who report using prescription narcotics also decreased from 2015 (7.7%) to 2017 (5.4%) and is comparable to the state (5.1%).

The Addiction Recovery Mobile Outreach Team (ARMOT) Program, which IRMC participates in, serves as a point of interception for individuals entering local hospital emergency services, psychiatric units, or inpatient physical healthcare units that may be in need of substance abuse services by identifying and linking individuals with services. Clients are referred to the ARMOT team by hospital staff, and a mobile case manager offers comprehensive care assessments for substance abuse treatment services, with referrals and linkages to treatment providers and support services. Certified Peer Recovery Specialists serve as part of the ARMOT team by providing peer-based recovery support services before, during, and after treatment to the patient and his/her family members.

## WHERE THERE ARE OPPORTUNITIES

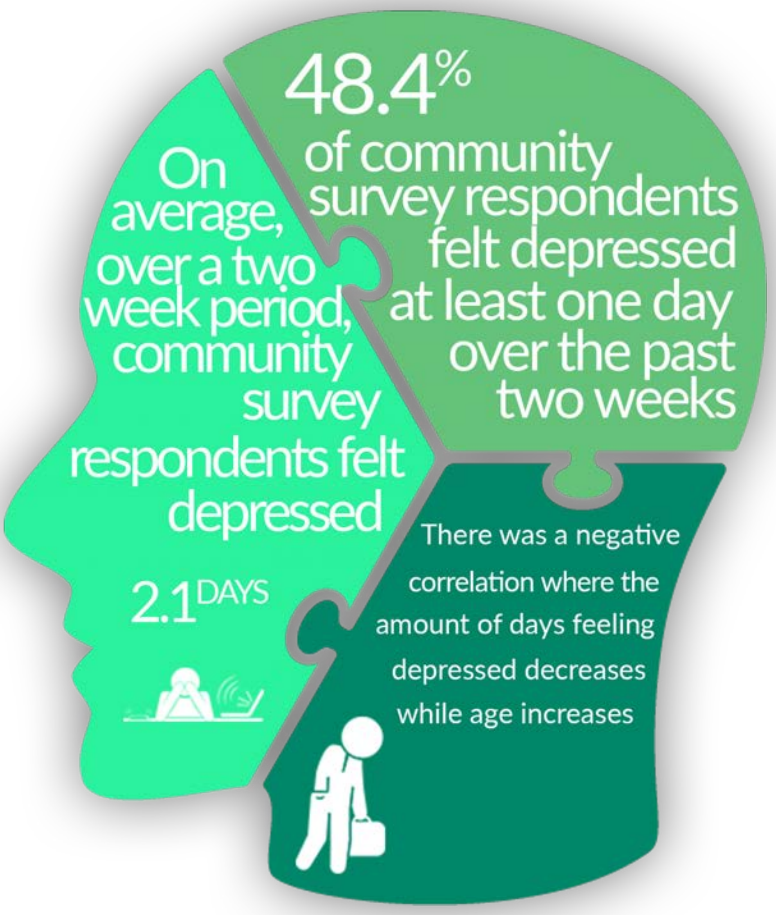
### Mental Health

The Mental and Behavioral Disorders Mortality Rate per 100,000 has been increasing since 2014, with rates significantly higher when compared to the state. For 2016 the rate in Indiana County was 78.4, compared to 42.7 in Pennsylvania.

### Substance Use Disorder

The Drug-Induced Mortality rate per 100,000 in Indiana County has been increasing since 2014 and in 2015 (47.4) and 2016 (60.1) was significantly higher when compared to the state (38.5 in 2016). Alcohol impaired driving deaths in Indiana County increased from 29.2% in 2017 to 40.0% in 2018, which is higher when compared to Pennsylvania (30.1%). When looking at the BRFSS data for 2014-2016, the percentage of adults who reported binge drinking in the combined counties of Indiana, Cambria, Somerset, and Armstrong (17.0%) exceeded the Healthy People 2020 Goal of 24.2%.

## WHAT THE COMMUNITY IS SAYING



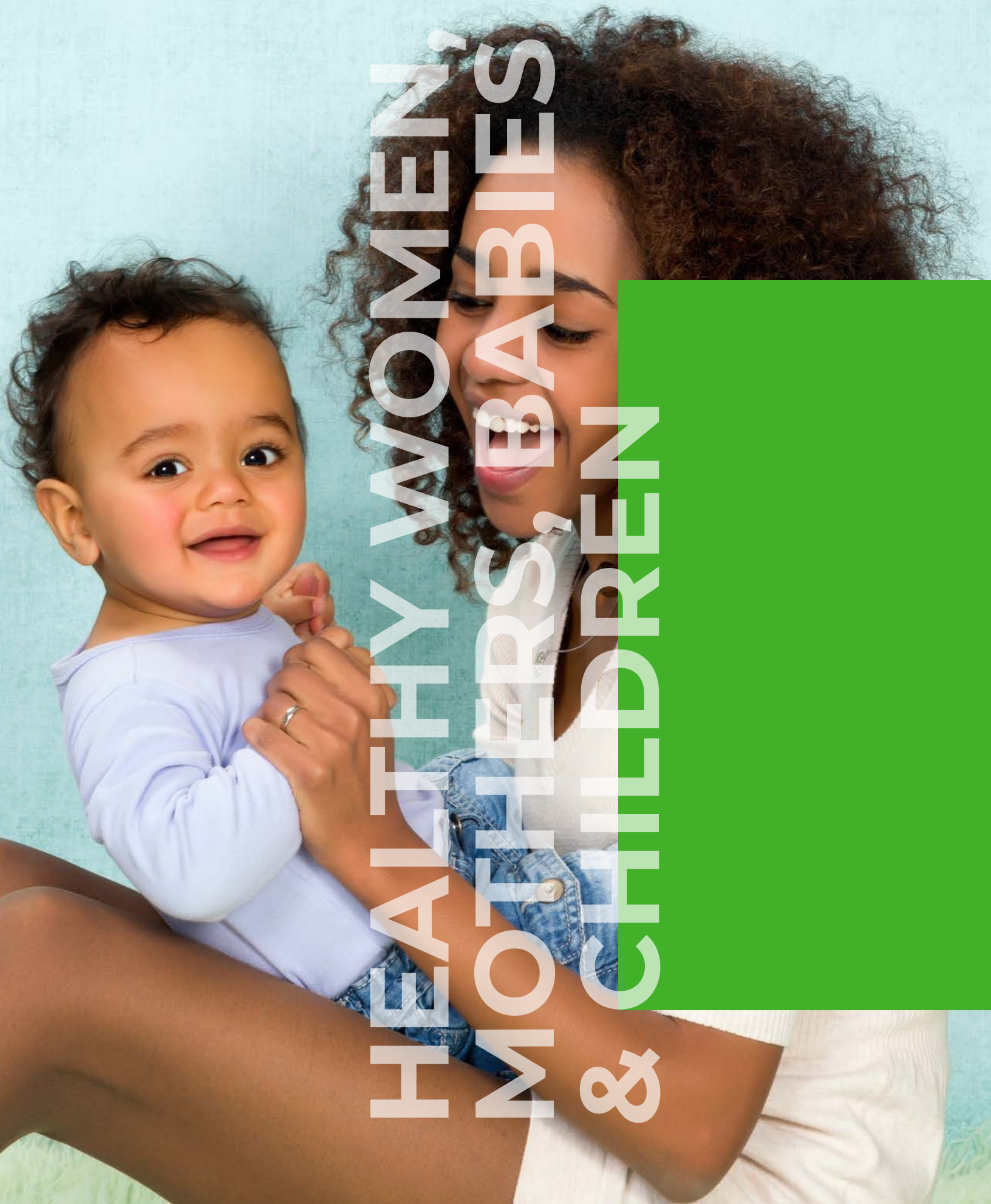

Many of the stakeholders identified drug use as a top community health need. They went on to note that prescription medication can lead to addiction as well as harder illegal drugs. It was also added that there is drug dependency among seniors in combination with mental health disorders. The availability and low cost of heroin were identified as factors contributing to the opioid epidemic.

Stakeholders also identified that there is a need for services for individuals with disabilities. They added that there is a need for awareness of what services are available, as well as training for law enforcement on how to interact with individuals with a disability.

Child and adolescent mental health services was also identified as a top community health need as was the need for an adult inpatient mental health unit. It was noted that there are no inpatient services within a 40-mile radius of Indiana, which results in referrals to a facility that is over an hour away.

Illegal Drug Use and Prescription Drug Abuse were the top 2 community problems identified on the community survey


TOP
TOP



# HEALTHY WOMEN, MOTHERS, BABIES & CHILDREN

# GENERAL FINDINGS

Improving the well-being of women, mothers, babies and children is a critical and necessary community health need identified for the IRMC service area. 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 Women, Mothers, Babies and Children section 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.

## WHERE WE ARE MAKING A DIFFERENCE

In 2016, Indiana County had a lower percentage of low birth weight babies (6.8%) compared to the state (8.2%) and met the Healthy People Goal 2020 of 7.8%.

Fewer mothers in Indiana County in 2016 reported receiving Medicaid Assistance (29.8%) when compared to Pennsylvania (32.9%).

The teenage pregnancy rate per 1,000 females age 15-17 in Indiana County has been decreasing since 2014, and in 2016 (7.7) was lower than the state (10.6) and met the Healthy People 2020 Goal of 36.2. The teenage pregnancy rate per 1,000 females age 18-19 has been significantly lower in Indiana County when compared to the state for years 2011 through 2016. In 2016, the rate (13.8) was well below the state (38.1) and exceeded the Healthy People 2020 Goal (104.6). In 2015, the percentage of teen live birth outcomes for females age 15-17 (92.3%) was well above the state (68.4%) for the same time period (data was not available for this age group in 2016). In 2016, for females age 18-19, a comparable percentage of teens had a live birth outcome (70.6%) compared to the state (71.8%).

## WHERE THERE ARE OPPORTUNITIES

The percentage of expectant mothers who receive prenatal care in their first trimester in Indiana County has been significantly lower when compared to the state for years 2011 through 2016. In 2016, the percentage of mothers receiving prenatal care in the county was 66.8%, which was lower than the state (73.8%) and below the Healthy People 2020 Goal (77.9%).

The percentage of non-smoking mothers during pregnancy in Indiana County has been significantly lower when compared to the state for years 2011 through 2016. In 2016, the percentage of non-smoking expectant mothers was 85.7% compared to 88.5% in Pennsylvania and fell below the Healthy People 2020 Goal of 98.6%. The percentage of non-smoking mothers 3 months prior to pregnancy in Indiana County has been significantly lower when compared to the state for years 2011 through 2016. In 2016, the percentage of expectant mothers who did not smoke 3 months prior to pregnancy was 80.4% compared to 84.3% in Pennsylvania.

The percentage of students grades K-6 who are considered obese based on BMI increased slightly between 2015 (18.9%) and 2016 (19.3%) and is higher when compared to Pennsylvania (16.7%) and the Healthy People 2020 Goal (15.7%). The percentage of students in grades 7-12 who are considered overweight in 2016 was higher in Indiana County (18.1%) when compared to the state (16.5%). Those students considered obese was also higher in the county (24.2%) than the state (19.1%) and was above the Healthy People 2020 Goal of 16.1%.

## WHAT THE COMMUNITY IS SAYING

A few of the stakeholders identified pediatric dental care as a top community health need. It was noted that pediatric dental care is not affordable and there are a limited number of providers, especially for children with medical assistance.

Parental education and involvement were also noted by a few stakeholders as needs in the community. They went on to note that parents often lack the motivation to seek the services that are available in the community.

# PHYSICAL ACTIVITY AND NUTRITION

# GENERAL FINDINGS

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.

## WHERE WE ARE MAKING A DIFFERENCE

Secondary data did not show any impact in the community.

## WHERE THERE ARE OPPORTUNITIES

According to BRFSS data, the percentage of adults who report no leisure time/physical activity in the past month for 2014-2016 (28.0%) is higher than the state (24.0% in 2016) and lower than HP 2020 goal (32.6%).

According to County Health Rankings, food insecurity for Indiana County in 2018 (13.9%) is comparable to the state (13.1%) and the nation (12.5% in 2016) and is higher than HP 2020 goal (6.0%). The percentage of county residents with limited access to healthy foods has increased from 4.0% for years 2013-2017 to 9.1% in 2018 and is twice as high when compared to the state (4.6%). The percentage of students receiving free or reduced lunch is on an upward trend increasing from 33.5% in 2013 to 47.6% in 2018 which is comparable to the state (48.2%).

## WHAT THE COMMUNITY IS SAYING

Obesity/Overweight and Childhood Obesity were among the top identified health problems on the community survey along with lack of exercise. One of the stakeholders identified obesity as a top community health problem noting that the weather limits the availability of free outdoor physical activity and fitness centers are costly to join.

# TOBACCO USE

# GENERAL FINDINGS

According to the Centers for Disease Control, Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

## WHERE WE ARE MAKING A DIFFERENCE

According to BRFSS data for the combined counties of Indiana, Cambria, Somerset, and Armstrong, female adults who reported being a former smoker increased between 2013-2015 (17.0%) and 2014-2016 (19.0%) but is still lower when compared to the state (23.0%).

When looking at the vaping data available for Indiana County from PAYS, fewer students report vaping in the past 30 days in 2017 (16.5%) than in 2015 (20.7%), and the percentage in 2017 is comparable to the state (16.3%). Regardless of the type of vaping, the percentage of students who report using decreased between 2015 and 2017.

## WHERE THERE ARE OPPORTUNITIES

According to BRFSS data for the years 2014-2016, adults who have quit smoking at least one day in the past year (daily) (50.0%) is lower than the state (53.0%) and falls well below the Healthy People 2020 Goal (80.0%). The percentage of adults who reported being a current smoker in 2014-2016 (20.0%) is comparable to the state (19.0%), but higher than the nation (17.0% in 2016) and Healthy People 2020 Goal (12.0%). The percentage of adults in the combined counties who reported being an everyday smoker for 2014-2016 (15.0%) is higher than the state (13.0%) and the nation (12.3% in 2016). The percentage of adults in the combined counties using chewing tobacco, snuff or snus somewhat or daily has been significantly higher for the years 2011-2013 (12.0%), 2012-2014 (12.0%), 2013-2015 (11.0%) and 2014-2016 (11.0%) than the state (4.0%) and are higher than the nation (3.9% in 2016) and Healthy People 2020 Goal (0.2%).

## WHAT THE COMMUNITY IS SAYING

Very few community survey respondents smoke (9.4%) and of those that do, one in five (19.6%) smoke a pack or more a day. One of the stakeholders identified smoking as a top community health need, noting that perhaps it is part of a learned culture.

# INJURY

# GENERAL FINDINGS

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.

## WHERE WE ARE MAKING A DIFFERENCE

The Fall Mortality rate per 100,000 decreased from 15.3 in 2015 to 9.5 in 2016, which was just above the state (8.8) and Healthy People 2020 Goal (7.2).

## WHERE THERE ARE OPPORTUNITIES

The Auto Accident Mortality rate per 100,000 was significantly higher in Indiana County in 2015 (19.4) and 2016 (24.0) when compared to the state (9.4 for 2016). The rate in the county has been increasing since 2014 and is higher than the nation (11.7 for 2015) and above the Healthy People 2020 Goal of 12.4.

## WHAT THE COMMUNITY IS SAYING

Stakeholders and community survey respondents did not comment on Injury.

# PRIORITIZATION

Table 11 illustrates the top identified community health needs and issues on the community survey, as well as those identified by the stakeholders. The top four health needs/issues were identified by community survey respondents and stakeholders: illegal drug use, prescription drug abuse, obesity and overweight, and alcohol abuse.

Table 11
Top Identified Health Needs/Issues

| Top Identified Health Needs/Issues | Community Survey (N=3,554) | Stakeholder Interviews (N=7) |
|---|---|---|
| Illegal Drug Use | X | X |
| Prescription Drug Abuse | X | X |
| Obesity & Overweight | X | X |
| Alcohol Abuse | X | X |
| Childhood Obesity | X | |
| Diabetes | X | |
| Cancer | X | |
| Cardiovascular Disease & Stroke | X | |
| Lack of Exercise | X | X |
| Tobacco Use | X | X |

Table 12 illustrates the areas of high need identified by the IUP community survey, that are not currently being managed in the community, which include: illegal drugs, prescription drugs, obesity, and childhood obesity.

Table 12
Areas of High Need not Being Met in the Community

| PROBLEM | MANAGED: HIGH | MANAGED: LOW |
|---|---|---|
| HIGH | | • Illegal Drugs<br>• Prescription Drug<br>• Obesity<br>• Childhood Obesity |
| LOW | • Childhood immunizations<br>• Adult Immunizations<br>• Prenatal Care<br>• Access to Health Screenings<br>• Women's Health Care | |

# TABLE 13

## PRIORITIZATION SELECTION CRITERIA

On May 16, 2018, the IRMC Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the hospital's local service territory. Kathy Roach, Community Health Improvement Project Manager 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 34 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. Table 13 identified the selection criteria.

| | | Scoring | | |
|---|---|---|---|---|
| **Item** | Definition | Low (1) | Medium (5) | High (10) |
| **Accountable Organization** | 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 an 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 oucomes 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 solutioins)** | 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 week after the meeting, Steering Committee members completed the prioritization exercise using the Survey Monkey Internet survey tool to rate each of the needs and issues on a one to ten scale by each of the selected criteria listed above. Table 14 illustrates the needs of the service area ranked by the IRMC Steering Committee. The top needs that were identified include cardiovascular disease (including heart disease and cholesterol), diabetes, cerebrovascular/stroke, overweight/obesity in adults and children, breast cancer, lung cancer, mental health and substance use disorder, prenatal care, mammogram screenings, and offering an inpatient mental health unit at IRMC for adults age 18-54.

Table 14

Prioritization Results

| | | | Hospital is 8.0 or above | | | |
|---|---|---|---|---|---|---|
| **Identified Need** | **Accountability** | **Magnitude** | **Impact** | **Capacity** | **Total** | **Ranking** |
| Chronic Disease: Cardiovascular Disease (heart disease, cholesterol, etc.) | 8.94 | 8.28 | 8.67 | 8.6 | 34.45 | 1 |
| Chronic Disease: Diabetes | 8.78 | 7.78 | 8.89 | 8.3 | 33.73 | 2 |
| Chronic Disease: Cerebrovascular/Stroke | 8.94 | 7.78 | 8.56 | 8.4 | 33.72 | 3 |
| Chronic Disease: Overweight/Obesity - Adults and Children | 7.33 | 8.28 | 9.06 | 7.8 | 32.49 | 4 |
| Chronic Disease: Breast Cancer | 8.17 | 7.00 | 7.67 | 8.6 | 31.40 | 5 |
| Chronic Disease: Lung Cancer | 8.28 | 6.29 | 8.00 | 8.5 | 31.07 | 6 |
| Mental Health/Substance Use Disorder: Substance Use Disorder (drugs/prescription/alcohol) | 6.39 | 8.83 | 9.22 | 6.6 | 31.00 | 7 |
| Healthy Mothers, Babies & Children: Prenatal Care | 7.00 | 6.83 | 8.56 | 8.5 | 30.89 | 8 |
| Chronic Disease: Access to Health Screenings - Mammograms | 8.00 | 6.72 | 7.39 | 8.5 | 30.61 | 9 |
| Mental Health/Substance Use Disorder: Offering an inpatient Mental Health unit at IRMC for adults age 18-54 | 8.44 | 8.83 | 8.94 | 4.2 | 30.43 | 10 |
| Chronic Disease: Colorectal Cancer | 8.22 | 5.94 | 7.67 | 8.4 | 30.22 | 11 |
| Healthy Mothers, Babies & Children: Women's Health | 7.59 | 6.35 | 7.88 | 8.3 | 30.10 | 12 |
| Chronic Disease: Prostate Cancer | 7.94 | 6.56 | 7.17 | 8.3 | 30.00 | 13 |
| Chronic Disease: Access to Health Screenings - Pap Testing | 7.83 | 6.44 | 7.28 | 8.4 | 29.99 | 14 |
| Chronic Disease: Access to Health Screenings - PSA Testing | 7.67 | 6.24 | 7.28 | 8.4 | 29.58 | 15 |
| Chronic Disease: Kidney Disease/Dialysis | 8.06 | 6.33 | 7.17 | 7.9 | 29.50 | 16 |
| Physical Activity/Nutrition: Increase Nutrition education and offerings to reduce overweight and obese children and adults | 6.18 | 7.39 | 8.50 | 7.3 | 29.35 | 17 |
| Tobacco Use: Tobacco/Tobacco Products/Vaping | 5.67 | 7.67 | 8.28 | 7.6 | 29.18 | 18 |
| Physical Activity/Nutrition: Increase Physical Activity education and offerings to reduce overweight and obese children and adults | 5.83 | 7.33 | 8.56 | 7.3 | 29.00 | 19 |
| Chronic Disease: Lyme Disease | 7.61 | 6.67 | 7.11 | 7.4 | 28.80 | 20 |
| Access to Quality Health Services: Under insured/no health insurance | 7.44 | 5.94 | 8.06 | 7.3 | 28.77 | 21 |
| Infectious Diseases: Child and Adult Immunizations | 6.56 | 5.59 | 7.64 | 8.5 | 28.26 | 22 |
| Healthy Mothers, Babies & Children: Parental Education and Involvement | 5.89 | 6.83 | 7.61 | 7.7 | 28.05 | 23 |

*(Table 14 continued)*

| Identified Need | Accountability | Magnitude | Impact | Capacity | Total | Ranking |
|---|---|---|---|---|---|---|
| | | | Hospital is 8.0 or above | | | |
| Mental Health/Substance Use Disorder: Increase education and coordination of Mental Health services that are available in schools and community | 5.11 | 8.33 | 8.50 | 6.1 | 28.00 | 24 |
| Tobacco Use: Education on Vaping/Jewels Risks | 5.67 | 7.39 | 7.72 | 7.2 | 28.00 | 25 |
| Access to Quality Health Services: Access to healthcare for vulnerable populations, i.e. low-income, immigrant, LGBTQ | 7.39 | 6.33 | 7.39 | 6.7 | 27.78 | 26 |
| Healthy Mothers, Babies & Children: Pediatric Dental Care | 6.28 | 6.83 | 7.94 | 5.3 | 26.33 | 27 |
| Social Determinants of Health: Relationship between low income and inability to access affordable care | 5.39 | 6.89 | 7.72 | 5.6 | 25.56 | 28 |
| Infectious Diseases: Sexually Transmitted Diseases - Chlamydia and Gonorrhea | 5.83 | 5.83 | 6.39 | 7.4 | 25.44 | 29 |
| Social Determinants of Health: Relationship between low income and hunger (inability to purchase or have access to healthy foods) | 4.39 | 6.89 | 7.67 | 5.5 | 24.45 | 30 |
| Access to VA services (for those exceeding income guidelines) | 5.89 | 5.50 | 6.56 | 6.2 | 24.12 | 31 |
| Access to Quality Health Services: Affordability of transportation | 4.78 | 5.50 | 7.17 | 5.6 | 23.01 | 32 |
| Access to Quality Health Services: Availability of transportation | 4.72 | 5.11 | 6.72 | 5.6 | 22.16 | 33 |
| Injury: Auto Accident Mortality | 4.00 | 5.33 | 6.17 | 5.3 | 20.83 | 34 |

The above significant needs will be addressed in IRMC's Implementation Strategy, which will be published under a separate cover and accessible to the public. The three areas that IRMC will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Chronic Disease
  - Cardiovascular Disease
  - Diabetes
  - Cerebrovascular Disease/Stroke
  - Overweight/Obesity
  - Breast and Lung Cancer
- Access to Health Screenings
- Mental Health and Substance Use Disorder

# REVIEW AND APPROVAL

This report serves to identify and assess the health needs of the community served by IRMC. This hospital's 2015 CHNA was approved on June 11, 2015, for its fiscal year ending on June 30, 2015. This schedule complied with federal tax law requirements set forth in Internal Revenue Code section 501(c) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code 501(c)(3).

Working within that schedule for its next three-year CHNA cycle, the IRMC CHNA Steering Committee began working on its 2018 CHNA with a target date of June 14, 2018 as its deadline for approval by its Board of Directors, with public posting by June 30, 2018. The IRMC Board of Directors approved the 2018 IRMC CHNA on June 14, 2018.

# APPENDIX A

## EXECUTIVE SUMMARY INDICATORS

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| | | Ind |
|---|---|---|
| **PA BEHAVIORAL RISK FACTORS SURVEILLANCE SURVEY** | 2011-2013 | 2008-10 |
| ACCESS | | |
| Reported Health Poor or Fair | 21.0% | 14.0% |
| Physical Health Not Good for 1+ Days in the Past Month | 40.0% | 36.0% |
| Poor Physical or Mental Health Preventing Usual Activities in the Past Month | 23.0% | 20.0% |
| No Health Insurance (ages 18-64) | 15.0% | 14.0% |
| No Personal Health Care Provider | 11.0% | 12.0% |
| Routine Check-up Within the Past 2 Years | 83.0% | 81.0% |
| Needed to See a Doctor But Could Not Due to Cost, Past Year | 12.0% | 10.0% |
| CHRONIC DISEASE | | |
| Ever Told They Have Heart Disease- Age 35 and older | 8.0% | 6.0% |
| Ever Told They Had a Heart Attack- Age 35 and Older | 8.0% | 7.0% |
| Ever Told They Had a Stroke- Age 35 and older | 3.0% | 3.0% |
| Ever Told They Had a Heart Attack, Heart Disease, or a Stroke-Age 35 and Older | 14.0% | |
| Ever Told They Had Kidney Disease, Not Including Kidney Stones, Bladder Infection or Incontinence | 3.0% | |
| Overweight (BMI 25+) | 68.0% | 38.0% |
| Obese (BMI 30+) | 36.0% | 25.0% |
| Adults Who Were Ever Told They Have Diabetes | 11.0% | |
| HEALTHY ENVIRONMENT | | |
| Adults Who Have Ever Been Told They Have Asthma | 12.0% | 11.0% |
| Adults Who Currently Have Asthma | 8.0% | 9.0% |
| INFECTIOUS DISEASE | | |
| Adults Who Had a Pneumonia Vaccine, Age 65 and older | 70.0% | 76.0% |
| Ever Tested for HIV, Ages 18-64 | 25.0% | 24.0% |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | |
| Mental Health Not Good 1+ Days in the Past Month | 34.0% | 30.0% |
| Adults Who Reported Binge Drinking (5 drinks for men, 4 for women) | 18.0% | 15.0% |
| At Risk for Heavy Drinking (2 drinks for men, 1 for women daily) | 6.0% | 4.0% |
| Reported Chronic Drinking (2 or more drinks daily for the past 30 days) | 7.0% | 4.0% |
| PHYSICAL ACTIVITY AND NUTRITION | | |
| No Leisure Time/Physical Activity in the Past Month | | 25.0% |
| No Leisure Time/Physical Activity in the Past Month: Education Level College | | 14.0% |
| TOBACCO USE | | |
| Adults Who Reported Never Being a Smoker | 53.0% | 59.0% |
| Adults Who Reported Being a Former Smoker | 25.0% | 24.0% |
| Adults Who Reported Being a Former Smoker (Female) | 19.0% | 21.0% |
| Adults Who Reported Being A Former Smoker (Male) | 31.0% | 26.0% |
| Currently using Chewing Tobacco, Snuff, or Snus, Somewhat or Everyday | 12.0% | NA |
| Adults Who Have Quit Smoking at Least 1 Day in the Past Year (daily) | 54.0% | 32.0% |
| Adults Who Reported Being a Current Smoker | 22.0% | 18.0% |
| Adults Who Reported Being An Everyday Smoker | 18.0% | 14.0% |

US BRFSS data comes from the BRFSS Survellance System CDC website in the prevalence and rends data tool (search was done for location all states, DC and Territories: https://www.cdc.gov/brfss/data_tools.htm

| iana, Cambria, Somerset, Armstrong | | | | PA | US | HP 2020 | Local | PA | US | HP 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2011-2013 | 2012-2014 | 2013-2015 | 2014-2016 | 2014-2016 | 2016 | Goal | Trend | Comp | Comp | Comp |
| | | | | | | | | | | |
| 15.0% | 21.0% | 23.0% | 19.0% | 17.0% | 16.7% | | - | + | + | |
| 37.0% | 40.0% | 39.0% | 40.0% | 37.0% | | | = | + | | |
| 20.0% | 23.0% | 23.0% | 24.0% | 23.0% | | | + | + | | |
| 14.0% | 13.0% | 11.0% | 10.0% | 11.0% | 11.9% | 0% | - | - | - | + |
| 11.0% | 11.0% | 13.0% | 14.0% | 14.0% | 21.8% | 16.1% | + | = | - | - |
| 82.0% | 83.0% | 82.0% | 85.0% | 85.0% | 83.6% | | + | = | + | |
| 12.0% | 11.0% | 9.0% | 8.0% | 12.0% | 12.1% | 4.2% | - | - | - | + |
| | | | | | | | | | | |
| 7.0% | 7.0% | 7.0% | 5.0% | 7.0% | 4.1% | | - | - | + | |
| 7.0% | 8.0% | 9.0% | 8.0% | 7.0% | 4.4% | | = | + | + | |
| 3.0% | 4.0% | 4.0% | 4.0% | 5.0% | 3.0% | | + | + | + | |
| | 14.0% | 16.0% | 14.0% | 13.0% | | | = | + | | |
| 3.0% | 3.0% | 3.0% | 2.0% | 3.0% | 2.8% | | - | - | - | |
| 39.0% | 69.0% | 72.0% | 69.0% | 65.0% | 65.4% | | + | + | + | |
| 27.0% | 37.0% | 37.0% | 35.0% | 30.0% | 30.1% | 30.5% | - | + | + | + |
| | 11.0% | 12.0% | 12.0% | 11.0% | 10.5% | | + | + | + | |
| | | | | | | | | | | |
| 13.0% | 12.0% | 12.0% | 13.0% | 15.0% | 14.0% | | + | - | - | |
| 9.0% | 8.0% | 7.0% | 8.0% | 10.0% | 9.1% | | = | - | - | |
| | | | | | | | | | | |
| 75.0% | 70.0% | 71.0% | 75.0% | 72.0% | 73.4% | 90.0% | + | + | + | - |
| 28.0% | 25.0% | 25.0% | 27.0% | 39.0% | | | + | - | | |
| | | | | | | | | | | |
| 32.0% | 35.0% | 34.0% | 33.0% | 37.0% | | | - | - | | |
| 14.0% | 18.0% | 16.0% | 17.0% | 18.0% | 16.9% | 24.2% | - | - | + | - |
| 5.0% | 6.0% | 5.0% | 4.0% | 6.0% | 6.5% | | - | - | - | |
| 6.0% | 7.0% | 5.0% | 5.0% | 6.0% | | | - | - | | |
| | | | | | | | | | | |
| | | 30.0% | 28.0% | 24.0% | | 32.6% | - | + | | - |
| | | 14.0% | 12.0% | 12.0% | | | - | = | | |
| | | | | | | | | | | |
| 56.0% | 55.0% | 56.0% | 57.0% | 55.0% | 57.2% | | + | + | - | |
| 23.0% | 23.0% | 23.0% | 24.0% | 26.0% | 24.9% | | - | - | - | |
| 21.0% | 17.0% | 17.0% | 19.0% | 23.0% | | | = | - | | |
| 26.0% | 29.0% | 29.0% | 29.0% | 28.0% | | | - | + | | |
| 6.0% | 12.0% | 11.0% | 11.0% | 4.0% | 3.9% | 0.2% | - | + | | + |
| 57.0% | 52.0% | 49.0% | 50.0% | 53.0% | | 80.0% | - | - | | - |
| 21.0% | 22.0% | 21.0% | 20.0% | 19.0% | 17.0% | 12.0% | - | + | | + |
| 15.0% | 17.0% | 16.0% | 15.0% | 13.0% | 12.3% | | - | + | | |

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| | | | Indi |
|---|---|---|---|
| **PUBLIC HEALTH DATA** | 2011 | 2012 | 2013 |
| CHRONIC DISEASE | | | |
| Breast Cancer Rate per 100,000 | 92.5 | 108.4 | 116.9 |
| Late Stage Breast Cancer Rate per 100,000 | 37.1 | ND | 47.5 |
| Breast Cancer Mortality Rate per 100,000 | 30.1 | ND | 21.0 |
| Bronchus and Lung Cancer Rate per 100,000 | 43.3 | 62.7 | 63.4 |
| Bronchus and Lung Cancer Mortality Rate per 100,000 | 38.5 | 32.2 | 41.0 |
| Colorectal Cancer Rate per 100,000 | 42.8 | 39.6 | 42.1 |
| Colorectal Cancer Mortality Rate per 100,000 | 24.2 | 14.1 | 13.5 |
| Ovarian Cancer Rate per 100,000 | ND | ND | ND |
| Ovarian Cancer Mortality Rate per 100,000 | ND | ND | ND |
| Prostate Cancer Rate per 100,000 | 116.1 | 91.7 | 101.6 |
| Prostate Cancer Mortality Rate per 100,000 | 24.5 | ND | ND |
| Heart Disease Mortality Rate per 100,000 | 160.1 | 185.2 | 153.5 |
| Heart Failure Mortality Rate per 100,000 | 13.1 | 22.4 | 15.4 |
| Coronary Heart Disease Mortality Rate per 100,000 | 104.6 | 113.8 | 105.4 |
| Cardiovascular Mortality Rate per 100,000 | 211.0 | 221.7 | 216.3 |
| Cerebrovascular Mortality Rate per 100,000 | 42.9 | 28.0 | 48.6 |
| Diabetes Mortality Rate per 100,000 | 27.4 | 24.2 | 19.4 |
| Type I Diabetes, Students (School Year End) | 0.35% | 0.34% | 0.32% |
| Type II Diabetes, Students (School Year End) | 0.09% | 0.08% | |
| Lyme Disease Rate per 100,000 | 91.8 | 112.2 | 239.3 |
| Alzheimer Mortality Rate per 100,000 | 23.4 | 16.5 | 18.9 |
| HEALTHY ENVIRONMENT | | | |
| Student Health Asthma (School Year End) | 9.5% | 10.1% | 8.8% |
| Number of Days Ozone Levels Over National Ambient Air Quality Standard | 7 | 16 | 5 |

2016-year for those rates
2015-year for those rates
2014-year for these rates

website source for US cancer data:https://gis.cdc.gov/grasp/USCS/DataViz.html
website source for US heart disease, stroke (change to filter by all indicators and select bar graph to get US rates too): https://nccd.cdc.gov/DHDSP_DTM/rdPage.aspx?rdReport=DHDSP_D
"US Alzheimer's Disease rate for year 2014:
https://www.cdc.gov/media/releases/2017/p0525-alzheimer-deaths.html"
https://www.kff.org/other/state-indicator/diabetes-death-rate-per-100000/?currentTimeframe=0&sortModel=%7B"colId":"Location","sort":"asc"%7D

| ana | | | Trend | PA (the last year) | US | HP 2020 | PA | **US** | HP Goal |
|---|---|---|---|---|---|---|---|---|---|
| 2014 | 2015 | 2016 | +/- | Rate | Rate | Goal | Comp | **Comp** | Comp |
| | | | | | | | | | |
| 127.7 | 117.1 | | + | 131.2 | 123.9 | | - | - | |
| 53.8 | ND | | + | 44.5 | | 42.2 | | | |
| ND | 24.0 | ND | - | 21.4 | 20.5 | 20.7 | + | + | |
| **47.4** | **41.6** | | - | 63.2 | 50.8 | | - | - | |
| 56.5 | **24.6** | 39.2 | + | 40.9 | 34.7 | 45.5 | - | - | |
| 46.8 | 43.8 | | + | 41.9 | 33.7 | 39.9 | + | + | |
| 13.8 | 17.6 | 11.1 | - | 14.7 | 11.9 | 14.5 | + | - | |
| ND | ND | | | 11.6 | 11.0 | | | | |
| ND | ND | ND | | 6.8 | 7.0 | | | | |
| **64.0** | 85.7 | | - | 104.4 | 95.5 | | - | - | |
| 27.1 | ND | ND | | 19.2 | 19.1 | 21.8 | + | | |
| 167.8 | 159.7 | 181.7 | + | 175.8 | 218.0 | | + | - | |
| 16.9 | 18.1 | 21.5 | + | 23.9 | 25.4 | | - | - | |
| 115.8 | 96.1 | 117.7 | + | 107.6 | 126.2 | 103.4 | + | - | |
| 218.3 | 210.2 | 228.3 | + | 225.8 | 285.6 | | + | - | |
| 37.7 | 39.6 | 33.9 | - | 36.8 | 47.8 | 34.8 | - | - | |
| 21.1 | 26.7 | **36.3** | + | 20.2 | 21.0 | | + | + | |
| | | | | 0.33% | | | + | | |
| | | | | 0.06% | | | + | | |
| **182.4** | **220.8** | **262.8** | + | 89.5 | | | + | | |
| 13.4 | 17.0 | 16.3 | - | 21.6 | 25.4 | | - | - | |
| | | | | | | | | | |
| 9.1% | 8.7% | 9.7% | + | 12.1% | | | - | | |
| 2 | 4 | 4 | - | | | | | | |

TM.ExploreByTopic&filter=area&islPriority=P3&islTopic=T4&islFilterby=1&go=GO

| PUBLIC HEALTH DATA | 2011 | 2012 | 2013 | 2014 |
|---|---|---|---|---|
| HEALTHY MOTHERS, BABIES AND CHILDREN | | | | |
| Prenatal Care First Trimester | 65.6% | 65.8% | 66.7% | 67.3% |
| Non-Smoking Mother During Pregnancy | 82.1% | 80.6% | 81.4% | 81.0% |
| Non-Smoking Mother 3 Months Prior to Pregnancy | 76.5% | 76.0% | 78.0% | 74.9% |
| Low Birth-Weight Babies Born | 5.6% | 6.1% | 7.3% | 8.2% |
| Mothers Reporting WIC Assistance | 40.5% | 37.9% | 32.6% | 35.5% |
| Mothers Reporting Medicaid Assistance | 36.1% | 36.4% | 28.2% | 30.1% |
| Breastfeeding | 74.8% | 75.2% | 77.5% | 79.3% |
| Teen Pregnancy Rate per 1,000 Ages 15-17 | 7.7 | 15.0 | 9.6 | 12.6 |
| Teen Pregnancy Rate per 1,000 Ages 18-19 | 21.5 | 20.9 | 21.5 | 19.0 |
| Teen Live Birth Outcomes, Ages 15-17 | ND | 90.9% | 92.9% | 82.4% |
| Teen Live Birth Outcomes, Ages 18-19 | 70.8% | 81.1% | 73.1% | 89.4% |
| Infant Mortality | ND | 13.3 | ND | ND |
| Overweight BMI, Grades K-6 (School Year End) | 18.2% | 17.0% | 24.0% | 16.6% |
| Obese BMI, Grades K-6 (School Year End) | 22.1% | 19.4% | 20.4% | 20.0% |
| Overweight BMI, Grades 7-12 (School Year End) | 14.9% | 17.1% | 22.6% | 18.2% |
| Obese BMI, Grades 7-12 (School Year End) | 19.7% | 21.7% | 20.8% | 28.5% |
| INFECTIOUS DISEASE | | | | |
| Influenza and Pneumonia Mortality Rate per 100,000 | 16.5 | 18.1 | 16.2 | 21.4 |
| Chlamydia Rate per 100,000 | 267.6 | 284.5 | 296.3 | 277.1 |
| Gonorrhea Rate per 100,000 | 28.0 | 44.2 | 49.0 | 25.1 |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | | | |
| Drug-Induced Mortality Rate per 100,000 | 30.9 | 24.8 | 21.4 | 17.5 |
| Mental & Behavioral Disorders Mortality Rate per 100,000 | 75.3 | 54.2 | 79.9 | 59.0 |
| INJURY | | | | |
| Auto Accident Mortality Rate per 100,000 | 11.8 | 20.0 | 17.3 | 14.0 |
| Suicide Mortality per 100,000 | 16.2 | 17.5 | 13.8 | 11.7 |
| Fall Mortality Rate per 100,000 | 14.2 | 8.2 | 10.3 | ND |
| Firearm Mortality Rate (Accidental, Suicide, Homicide) | ND | ND | 12.9 | ND |

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that
data is close in comparison. website source for US cancer data:https://gis.cdc.gov/grasp/USCS/DataViz.html | website source for US heart disease
aspx?rdReport=DHDSP_DTM.ExploreByTopic&filter=area&islPriority=P3&islTopic=T4&islFilterby=1&go=GO | "US Alzheimer's Disease rate for year 20
rate-per | 100000/?currentTimeframe=0&sortModel=%7B"colId":"Location","sort":"asc"%7D

| | | Trend | PA (the last year) | US | HP 2020 | PA | US | HP Goal |
|---|---|---|---|---|---|---|---|---|
| 2015 | 2016 | +/- | Rate | Rate | Goal | Comp | Comp | Comp |
| | | | | | | | | |
| 63.7% | 66.8% | + | 73.8% | | 77.9% | - | | - |
| 83.2% | 85.7% | + | 88.5% | | 98.6% | - | | - |
| 77.8% | 80.4% | + | 84.3% | | | - | | |
| 6.2% | 6.8% | + | 8.2% | | 7.8% | - | | - |
| 33.3% | 33.9% | - | 35.0% | | | - | | |
| 29.0% | 29.8% | - | 32.9% | | | - | | |
| 80.0% | 80.7% | + | 81.1% | | 81.9% | - | | - |
| 9.6 | 7.7 | + | 10.6 | | 36.2 | - | | - |
| 14.5 | 13.8 | - | 38.1 | | 104.6 | - | | - |
| 92.3% | ND | + | 67.4% | | | | | |
| 69.4% | 70.6% | - | 71.8% | | | - | | |
| ND | ND | | 6.1 | 5.8 | 6.0 | | | |
| 16.3% | 16.1% | - | 15.2% | | | + | | |
| 18.9% | 19.3% | - | 16.7% | | 15.7% | + | | + |
| 18.5% | 18.1% | + | 16.5% | | | + | | |
| 23.2% | 24.2% | + | 19.1% | | 16.1% | + | | + |
| | | | | | | | | |
| 17.0 | 11.4 | - | 13.7 | 13.5 | | - | - | |
| 302.4 | 396.0 | + | 445.4 | 497.3 | | - | - | |
| 25.3 | 40.5 | + | 114.3 | 145.8 | | - | - | |
| | | | | | | | | |
| 47.4 | 60.1 | + | 38.5 | | 11.3 | + | | + |
| 64.2 | 78.4 | + | 42.7 | 48.0 | | + | | |
| | | | | | | | | |
| 19.4 | 24.0 | + | 9.4 | 11.7 | 12.4 | + | | + |
| 12.9 | 12.9 | - | 14.6 | 13.7 | 10.2 | - | | + |
| 15.3 | 9.5 | - | 8.8 | 10.4 | 7.2 | + | | + |
| ND | ND | | 11.9 | 11.3 | 9.3 | | | |

| |
|---|
| 2017-year for these rates |
| 2016-year for those rates |
| 2015-year for those rates |
| 2013-year for those rates |

the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional
, stroke (change to filter by all indicators and select bar graph to get US rates too): https://nccd.cdc.gov/DHDSP_DTM/rdPage.
014: | https://www.cdc.gov/media/releases/2017/p0525-alzheimer-deaths.html | https://www.kff.org/other/state-indicator/diabetes-death-

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| COUNTY HEALTH RANKINGS | Indiana County | | | | |
|---|---|---|---|---|---|
| Other Indicators | 2011 | 2012 | 2013 | 2014 | 2015 |
| Access | | | | | |
| Mammogram Screenings | 64.2% | 65.7% | 63.2% | 61.4% | 59.0% |
| HEALTHY ENVIRONMENT | | | | | |
| Unemployment Rates | 7.5% | 8.2% | 7.4% | 7.8% | 7.3% |
| High School Graduation Rates | | | | 92.4% | 92.5% |
| Children Living in Poverty | 19.3% | 22.6% | 23.3% | 22.8% | 20.0% |
| Children Living in Single Parent Homes | 21.9% | 24.8% | 26.9% | 26.6% | 25.5% |
| Disconnected Youth | | | | | |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | |
| Frequent Physical Distress | | | | | |
| Food Insecurity | | | | 13.7% | 14.1% |
| Limited Acccess to Healthy Foods | | | 4.0% | 4.0% | 4.0% |
| Free or Reduced Lunch | | | 33.5% | 33.5% | 30.9% |
| Mental Health and Substance Abuse | | | | | |
| Frequent Mental Distress | | | | | |
| Mental Health Providers | | | | | 487:1 |
| Insufficient Sleep | | | | | |
| Excessive Drinking | 23.7% | 20.7% | 18.8% | 15.6% | 15.6% |
| Alcohol Impaired Driving Deaths | | | | 36.4% | 30.0% |
| | | | | | |

2016-year for those rates
2015-year for those rates

"US graduation rate year ending 2016 taken from: https://www.edweek.org/ew/section/multimedia/data-us-graduation-rates-by-state-and
remains-stubbornly-high-despite-important-progress" | "US children living in single parent homes:https://datacenter.kidscount.org/data/
measureofamerica.org/disconnected-youth/" | "US low birthweight babies:https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.
hunger-in-america/the-united-states/ | ""US Alcohol Impaired Driving:https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/81245

| | | | Trend | PA (the last year) | US | HP 2020 | PA | US | HP Goal |
|---|---|---|---|---|---|---|---|---|---|
| 2016 | 2017 | 2018 | +/- | Rate | Rate | Goal | Comp | Comp | Comp |
| | | | | | | | | | |
| 60.0% | 61.3% | 61.3% | - | 64.8% | | 81.1% | - | | - |
| | | | | | | | | | |
| 5.9% | 6.1% | 7.3% | - | 5.4% | | | + | | |
| 92.3% | 94.4% | 94.4% | + | 85.4% | 84.0% | | + | + | |
| 21.9% | 22.3% | 24.9% | + | 18.4% | 41.0% | | + | - | |
| 23.7% | 23.0% | 22.7% | + | 33.8% | 35.0% | | - | - | |
| | 11.1% | 11.1% | = | 12.8% | 11.7% | | - | - | |
| | | | | | | | | | |
| 11.5% | 11.3% | 11.9% | + | 11.9% | | | = | | |
| 14.3% | 13.5% | 13.9% | + | 13.1% | 12.5% | 6.0% | + | + | + |
| 4.0% | 4.0% | 9.1% | + | 4.6% | | | + | | |
| 34.7% | 46.3% | 47.6% | + | 48.2% | | | - | | |
| | | | | | | | | | |
| 12.3% | 11.8% | 12.9% | + | 13.0% | | | - | | |
| 441:1 | 397:1 | 350:1 | + | 559:1 | | | + | | |
| 35.9% | 35.9% | 34.6% | - | 37.9% | | | - | | |
| 18.1% | 20.1% | 21.9% | - | 20.5% | | | + | | |
| 29.6% | 29.2% | 40.0% | + | 30.1% | 28.0% | | + | + | |
| | | | | | | | | | |

d.html" | "US child poverty rate:https://www.mailman.columbia.edu/public-health-now/news/america%E2%80%99s-child-poverty-rate-
tables/107-children-in-single-parent-families-by#detailed/1/any/false/870/10,11,9,12,1,185,13/432,431" | "US disconnected youth:http://www.
.htm" | "US teen birth rate 15-19:https://www.cdc.gov/teenpregnancy/about/index.htm" | "US food insecurity:http://www.feedingamerica.org/
0"

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| PAYS DATA | | |
|---|---|---|
| MENTAL HEALTH AND SUBSTANCE ABUSE | 2009 | 2011 |
| Alcohol Child/Adolescent Lifetime Use | | |
| Grade 6 | 16.1% | 20.1% |
| Grade 8 | 52.4% | 37.1% |
| Grade 10 | 43.2% | 56.4% |
| Grade 12 | 57.1% | 65.7% |
| Overall | 40.1% | 45.3% |
| Marijuana Child/Adolescent Lifetime Use | | |
| Grade 6 | 1.6% | 0.4% |
| Grade 8 | 2.3% | 6.2% |
| Grade 10 | 18.2% | 18.7% |
| Grade 12 | 14.2% | 35.0% |
| Overall | 8.6% | 15.3% |
| % of Children/Adolescents Who Drove After Drinking | | |
| Grade 6 | 0.0% | 0.0% |
| Grade 8 | 0.0% | 1.5% |
| Grade 10 | 0.0% | 4.7% |
| Grade 12 | 2.2% | 12.4% |
| Overall | 0.5% | 4.7% |
| % of Children/Adolescents Who Drove After Using Marijuana | | |
| Grade 6 | 0.0% | 0.0% |
| Grade 8 | 0.0% | 1.1% |
| Grade 10 | 2.3% | 1.1% |
| Grade 12 | 4.3% | 9.8% |
| Overall | 1.6% | 3.0% |
| Pain Reliever (Prescription Narcotics) Child/Adolescent Lifetime Use | | |
| Grade 6 | 0.0% | 2.4% |
| Grade 8 | 0.0% | 2.6% |
| Grade 10 | 13.6% | 5.3% |
| Grade 12 | 10.2% | 14.0% |
| Overall | 6.6% | 6.0% |

| Indiana | | | Trend | PA | PA | US | US |
|---|---|---|---|---|---|---|---|
| 2013 | 2015 | 2017 | +/- | 2017 | Comp | 2017 | Comp |
| | | | | | | | |
| 13.9% | 26.1% | 17.5% | + | 16.8% | + | | |
| 40.2% | 39.7% | 31.5% | - | 33.0% | - | 23.1% | + |
| 59.4% | 60.1% | 54.7% | + | 53.0% | + | 42.2% | + |
| 71.4% | 65.8% | 69.2% | + | 69.2% | = | 61.5% | + |
| 48.2% | 52.8% | 43.4% | + | 43.3% | + | n/a | |
| | | | | | | | |
| 0.5% | 2.1% | 0.2% | - | 0.9% | - | n/a | |
| 6.2% | 6.3% | 4.3% | + | 8.4% | - | 13.5% | - |
| 22.6% | 20.9% | 18.9% | + | 22.4% | - | 30.7% | - |
| 32.4% | 29.6% | 34.7% | + | 38.1% | - | 45.0% | + |
| 16.4% | 17.9% | 14.4% | + | 17.7% | - | n/a | |
| | | | | | | | |
| 0.3% | 1.2% | 0.9% | + | 0.4% | + | n/a | |
| 0.6% | 1.0% | 1.2% | + | 1.1% | + | n/a | |
| 1.5% | 2.6% | 2.1% | + | 1.3% | + | n/a | |
| 10.6% | 5.6% | 8.5% | + | 5.5% | + | n/a | |
| 3.5% | 3.1% | 3.1% | + | 2.2% | + | n/a | |
| | | | | | | | |
| 0.3% | 1.8% | 0.9% | + | 0.3% | + | n/a | |
| 0.2% | 0.0% | 0.5% | + | 0.8% | - | n/a | |
| 2.3% | 2.6% | 1.9% | - | 1.7% | + | n/a | |
| 10.0% | 7.7% | 12.1% | + | 10.3% | + | n/a | |
| 3.4% | 3.8% | 3.7% | + | 3.5% | + | n/a | |
| | | | | | | | |
| 1.0% | 1.7% | 1.9% | - | 1.8% | + | n/a | |
| 4.4% | 3.8% | 2.3% | + | 3.9% | - | n/a | |
| 9.8% | 8.8% | 7.0% | - | 5.9% | + | n/a | |
| 12.4% | 12.0% | 10.8% | + | 8.8% | + | 6.8% | + |
| 7.3% | 7.7% | 5.4% | - | 5.1% | + | n/a | |

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| PAYS DATA | | |
|---|---|---|
| MENTAL HEALTH AND SUBSTANCE ABUSE | 2009 | 2011 |
| Vaping/e-cigarette (30-day use) | | |
| Grade 6 | | |
| Grade 8 | | |
| Grade 10 | | |
| Grade 12 | | |
| Overall | | |
| Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Just Flavoring | | |
| Grade 6 | | |
| Grade 8 | | |
| Grade 10 | | |
| Grade 12 | | |
| Overall | | |
| Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Nicotine | | |
| Grade 6 | | |
| Grade 8 | | |
| Grade 10 | | |
| Grade 12 | | |
| Overall | | |
| Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Marijuana or Hash Oil | | |
| Grade 6 | | |
| Grade 8 | | |
| Grade 10 | | |
| Grade 12 | | |
| Overall | | |
| Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Other Substance | | |
| Grade 6 | | |
| Grade 8 | | |
| Grade 10 | | |
| Grade 12 | | |
| Overall | | |
| Vaping Substances Used By Students Who Use Vaping Product in the Past Year-I don't Know | | |
| Grade 6 | | |

| Indiana | | | Trend | PA | PA | US | US |
|---|---|---|---|---|---|---|---|
| 2013 | 2015 | 2017 | +/- | Rate | Comp | Rate | Comp |
| | | | | | | | |
| n/a | 3.7% | 2.8% | + | 2.3% | + | n/a | |
| n/a | 16.3% | 10.1% | + | 10.9% | - | 6.6% | + |
| n/a | 28.5% | 23.2% | + | 21.9% | + | 13.1% | + |
| n/a | 23.0% | 29.3% | - | 29.3% | = | 16.6% | + |
| n/a | 20.7% | 16.5% | + | 16.3% | + | n/a | |
| | | | | | | | |
| n/a | 28.0% | 33.3% | - | 29.8% | + | | |
| n/a | 70.4% | 70.9% | - | 74.8% | - | | |
| n/a | 84.3% | 70.2% | + | 73.9% | - | | |
| n/a | 77.6% | 65.0% | + | 67.2% | - | | |
| n/a | 76.6% | 65.7% | + | 67.3% | - | | |
| | | | | | | | |
| n/a | 8.0% | 13.3% | - | 3.5% | + | | |
| n/a | 21.1% | 25.3% | - | 14.6% | + | | |
| n/a | 27.9% | 41.1% | - | 32.2% | + | | |
| n/a | 36.1% | 50.9% | - | 43.1% | + | | |
| n/a | 28.4% | 40.0% | - | 29.4% | + | | |
| | | | | | | | |
| n/a | 0.0% | 6.7% | - | 1.9% | + | | |
| n/a | 0.0% | 2.5% | - | 7.2% | - | | |
| n/a | 8.1% | 9.9% | - | 12.9% | - | | |
| n/a | 14.3% | 8.0% | + | 18.5% | - | | |
| n/a | 8.4% | 7.6% | + | 12.6% | - | | |
| | | | | | | | |
| n/a | 0.0% | 3.3% | - | 1.6% | + | | |
| n/a | 0.0% | 2.5% | - | 1.7% | + | | |
| n/a | 2.0% | 0.7% | + | 1.3% | - | | |
| n/a | 1.4% | 0.6% | + | 0.9% | - | | |
| n/a | 1.4% | 1.2% | + | 1.3% | - | | |
| | | | | | | | |
| n/a | 64.0% | 63.3% | + | 68.0% | - | | |

The color coding illustrates comparisons to the Healthy People 2020 goal or the 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 the regional data is close in comparison.

| Kids Count Data CHIP-Number of Children (0-18) enrolled by age group | # enrolled in CHIP | Indiana County Population | % of Indiana County on CHIP | # enrolled in CHIP | Indiana County Population | % of Indiana County on CHIP | # enrolled in CHIP | Indiana County Population |
|---|---|---|---|---|---|---|---|---|
| | 2011 | | | 2012 | | | 2013 | |
| Ages 0-4 | 193 | 4425 | 4.4% | 206 | 4403 | 4.7% | 189 | 4290 |
| Ages 5-11 | 574 | 6339 | 9.1% | 550 | 6331 | 8.7% | 498 | 6282 |
| Ages 12-18 | 644 | 8078 | 8.0% | 591 | 7414 | 8.0% | 590 | 7327 |
| Total | 1411 | 18842 | 7.5% | 1347 | 18148 | 7.4% | 1277 | 17899 |

| % of Indiana County on CHIP | # enrolled in CHIP | Indiana County Population | % of Indiana County on CHIP | # enrolled in CHIP | Indiana County Population | % of Indiana County on CHIP | # enrolled in CHIP | Indiana County Population | % of Indiana County on CHIP | Trend +/- |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2014 | | | 2015 | | | 2016 | | | |
| 4.4% | 161 | 4379 | 3.7% | 129 | 4262 | 3.0% | 156 | 4165 | 3.7% | - |
| 7.9% | 444 | 6139 | 7.2% | 347 | 6085 | 5.7% | 409 | 6014 | 6.8% | - |
| 8.1% | 508 | 7185 | 7.1% | 413 | 7134 | 5.8% | 467 | 7258 | 6.4% | - |
| 7.1% | 1113 | 17703 | 6.3% | 889 | 17481 | 5.1% | 1032 | 17437 | 5.9% | - |

# APPENDIX B

## IUP COMMUNITY SURVEY RESULTS

# 2018 Community Health Needs Assessment

IUP Small Business Institute (SBI)
Ryan Deasy
Rebecca Foley
Paula Herbert
Luise Von Agris

INDIANA REGIONAL MEDICAL CENTER

## Overview

- Objectives
- Methodology
- Methodology vs. 2015 Study
- Survey
- Response Table

## Overview *cont.*

- Results
  - Demographics
  - Vs. Indiana County Demographics
  - Alcohol, Tobacco, Depression
  - Personal Health
  - Community Health
  - Problems and Problem Management
- Summary

## Objectives

*Review 2015 Community Health Needs Assessment and Survey*

*Identify email databases with which to conduct online survey (Qualtrics)*

*Based on 2015 Assessment and Survey, revise 2018 Survey to foster high level of participation and reliability and validity with respect to the Survey*

*Administer survey, compile and analyze data, create PowerPoint Presentation and written report as foundation for 2018 Community Health Needs Assessment (which will be the task of IRMC and Consultant)*

## Methodology

- Discussed project with Mr. Mark Richards (IRMC)
- Reviewed 2015 CHNA (Report and Survey)
- Evaluated Survey in terms of length, redundancies, issues not related to IRMC ability to manage, ordering of demographics
- Reviewed redesigned survey with Mr. Mark Richards
- Transformed Microsoft Word version to Qualtrics (internet based survey system)
- Secured appropriate email databases and listserves (8 Groups)
  - IRMC Patients, IRMC Physicians Group Patients, IRMC Employees, IRMC CHNA Steering Committee, IRMC Steering Committee Consumers, Renda Broadcasting (Radio Listeners), IUP Faculty & Staff, IUP Students

## Methodology *Cont.*

- Duplicated survey for each of the target groups to ensure that the demographics would reflect distinct groups
- Created transmittal emails specifically for each group, launched in late March, and resent a week later
- Downloaded data to Microsoft Excel
- Evaluated data to remove "unusable" response (duration, repetition, incomplete data)
- Uploaded data to SPSS (Statistical Package for the Social Sciences)
- Conducted statistical analysis
  - Means, minimums, maximums, standard deviations, frequencies, correlations, intergroup analysis

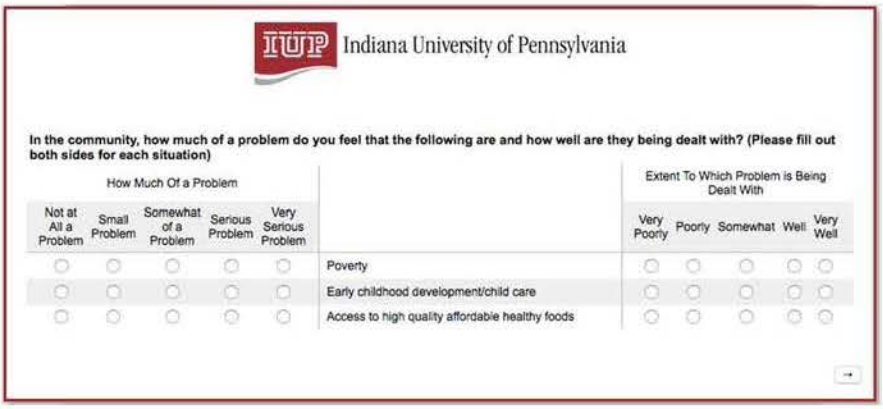
## Changes in Methodology

- Focused on extensive surveying rather than survey and focus groups
- Revised previous surveys (shortened, eliminated redundancies, moved demographics to end of survey)
- Retained high priority and community health points
- Utilized more email list databases
- Introduced two-sided scaling
- Introduced incentives

## Top Concerns in 2015 CHNA

1. Lyme Disease
2. Healthy Eating
3. Alcohol Abuse
4. Drug Abuse
5. Prescription Abuse
6. Preventative Care
7. Cancer- (Colorectal/Breast)
8. Coronary Artery Disease
9. Hypertension
10. Diabetes
11. Obesity

## Survey



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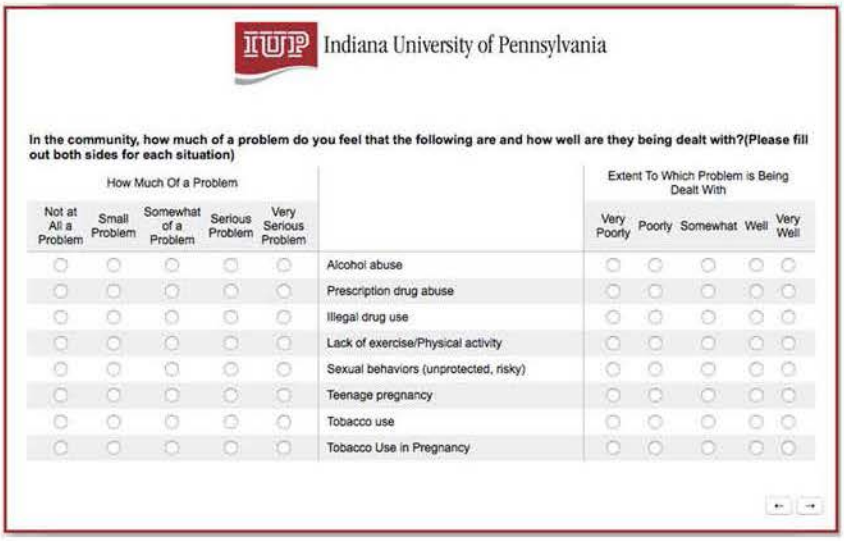
**In the community, how much of a problem do you feel that the following are and how well are they being dealt with? (Please fill out both sides for each situation)**

| How Much Of a Problem | | | | | | Extent To Which Problem is Being Dealt With | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Not at All a Problem | Small Problem | Somewhat of a Problem | Serious Problem | Very Serious Problem | | Very Poorly | Poorly | Somewhat | Well | Very Well |
| ○ | ○ | ○ | ○ | ○ | Poverty | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Early childhood development/child care | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to high quality affordable healthy foods | ○ | ○ | ○ | ○ | ○ |

→



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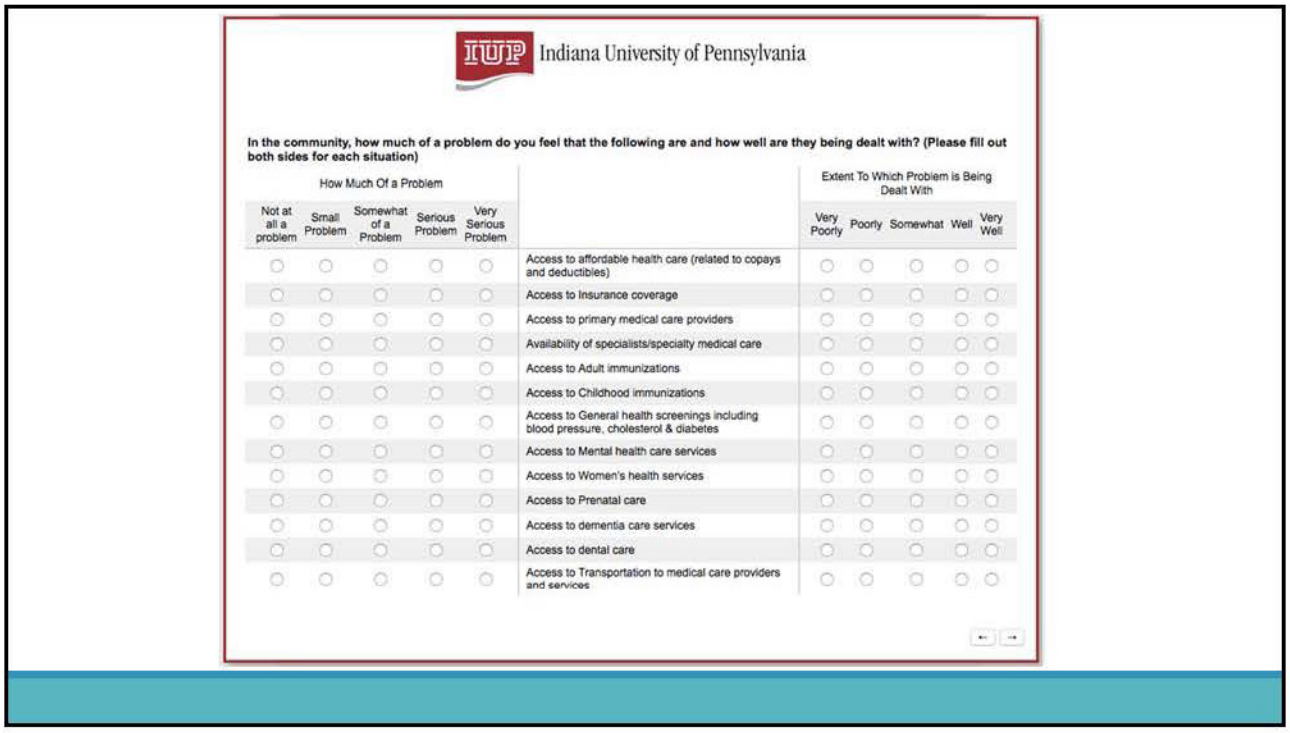
|---|---|---|---|---|---|---|---|---|---|---|
| Not at All a Problem | Small Problem | Somewhat of a Problem | Serious Problem | Very Serious Problem | | Very Poorly | Poorly | Somewhat | Well | Very Well |
| ○ | ○ | ○ | ○ | ○ | Alcohol abuse | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Prescription drug abuse | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Illegal drug use | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Lack of exercise/Physical activity | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Sexual behaviors (unprotected, risky) | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Teenage pregnancy | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Tobacco use | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Tobacco Use in Pregnancy | ○ | ○ | ○ | ○ | ○ |

← →



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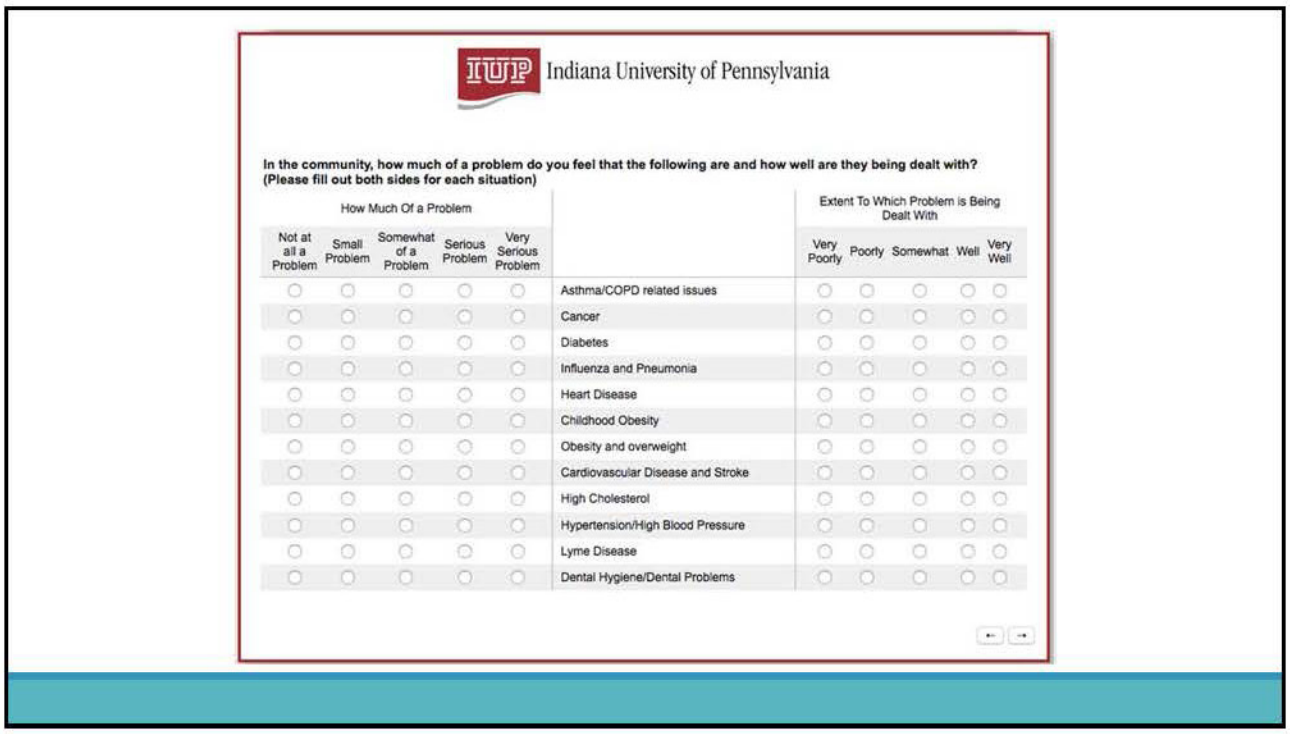
|---|---|---|---|---|---|---|---|---|---|---|
| Not at all a problem | Small Problem | Somewhat of a Problem | Serious Problem | Very Serious Problem | | Very Poorly | Poorly | Somewhat | Well | Very Well |
| ○ | ○ | ○ | ○ | ○ | Access to affordable health care (related to copays and deductibles) | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Insurance coverage | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to primary medical care providers | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Availability of specialists/specialty medical care | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Adult immunizations | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Childhood immunizations | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to General health screenings including blood pressure, cholesterol & diabetes | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Mental health care services | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Women's health services | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Prenatal care | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to dementia care services | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to dental care | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Access to Transportation to medical care providers and services | ○ | ○ | ○ | ○ | ○ |



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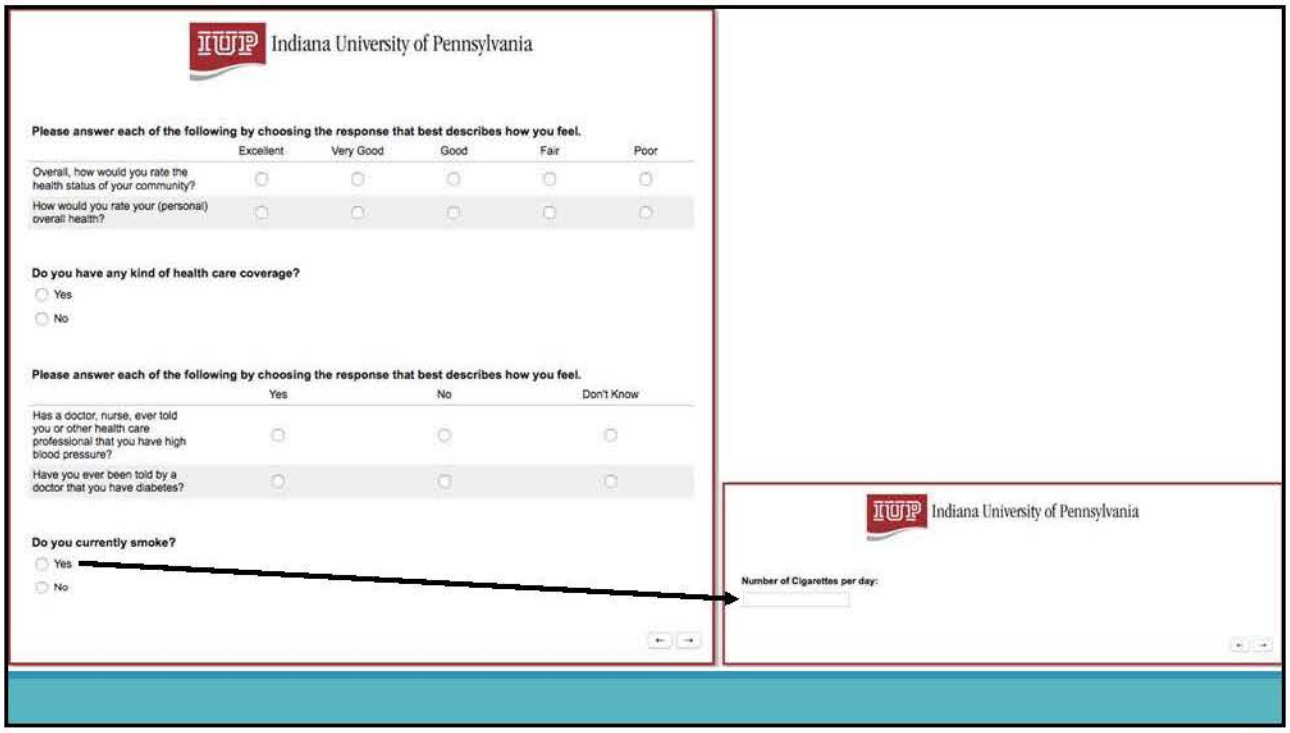
|---|---|---|---|---|---|---|---|---|---|---|
| Not at all a Problem | Small Problem | Somewhat of a Problem | Serious Problem | Very Serious Problem | | Very Poorly | Poorly | Somewhat | Well | Very Well |
| ○ | ○ | ○ | ○ | ○ | Asthma/COPD related issues | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Cancer | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Diabetes | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Influenza and Pneumonia | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Heart Disease | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Childhood Obesity | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Obesity and overweight | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Cardiovascular Disease and Stroke | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | High Cholesterol | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Hypertension/High Blood Pressure | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Lyme Disease | ○ | ○ | ○ | ○ | ○ |
| ○ | ○ | ○ | ○ | ○ | Dental Hygiene/Dental Problems | ○ | ○ | ○ | ○ | ○ |



Indiana University of Pennsylvania

**Please answer each of the following by choosing the response that best describes how you feel.**

| | Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|---|
| Overall, how would you rate the health status of your community? | ○ | ○ | ○ | ○ | ○ |
| How would you rate your (personal) overall health? | ○ | ○ | ○ | ○ | ○ |

**Do you have any kind of health care coverage?**

○ Yes
○ No

**Please answer each of the following by choosing the response that best describes how you feel.**

| | Yes | No | Don't Know |
|---|---|---|---|
| Has a doctor, nurse, ever told you or other health care professional that you have high blood pressure? | ○ | ○ | ○ |
| Have you ever been told by a doctor that you have diabetes? | ○ | ○ | ○ |

**Do you currently smoke?**

○ Yes
○ No

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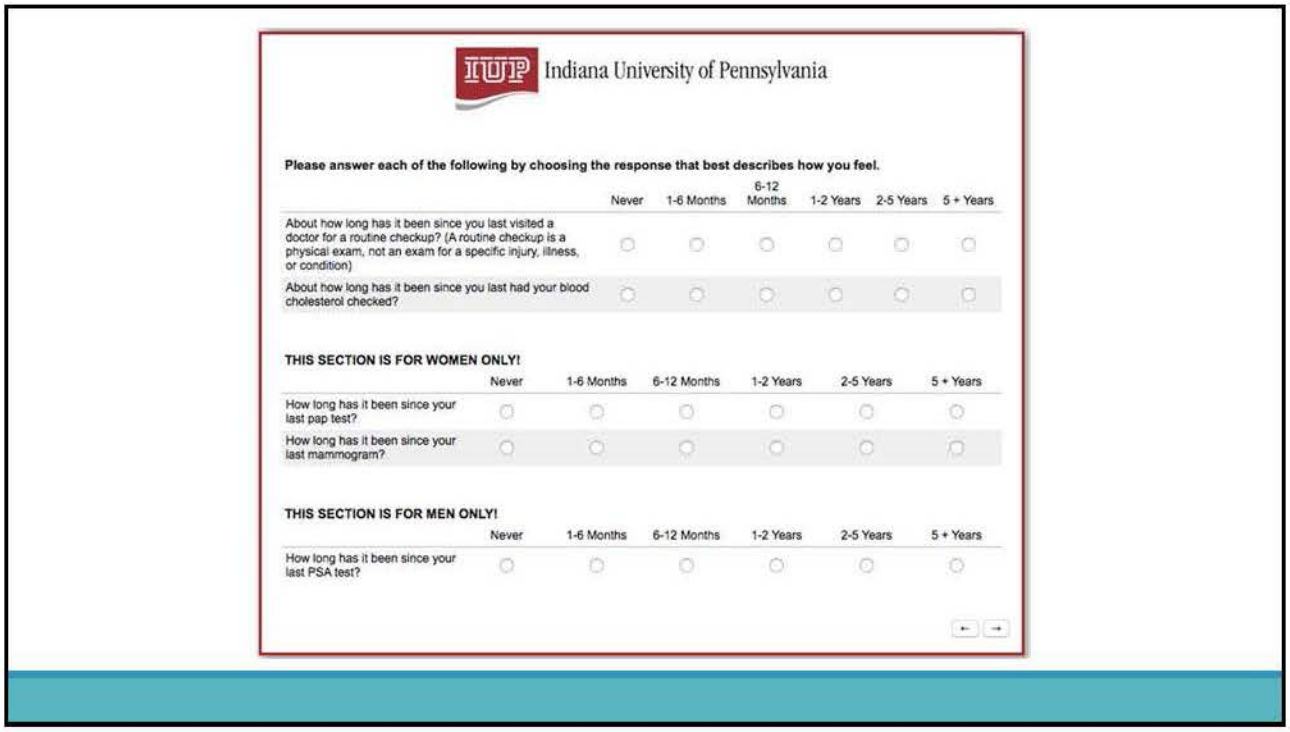
**Number of Cigarettes per day:**



Indiana University of Pennsylvania

**Please answer each of the following by choosing the response that best describes how you feel.**

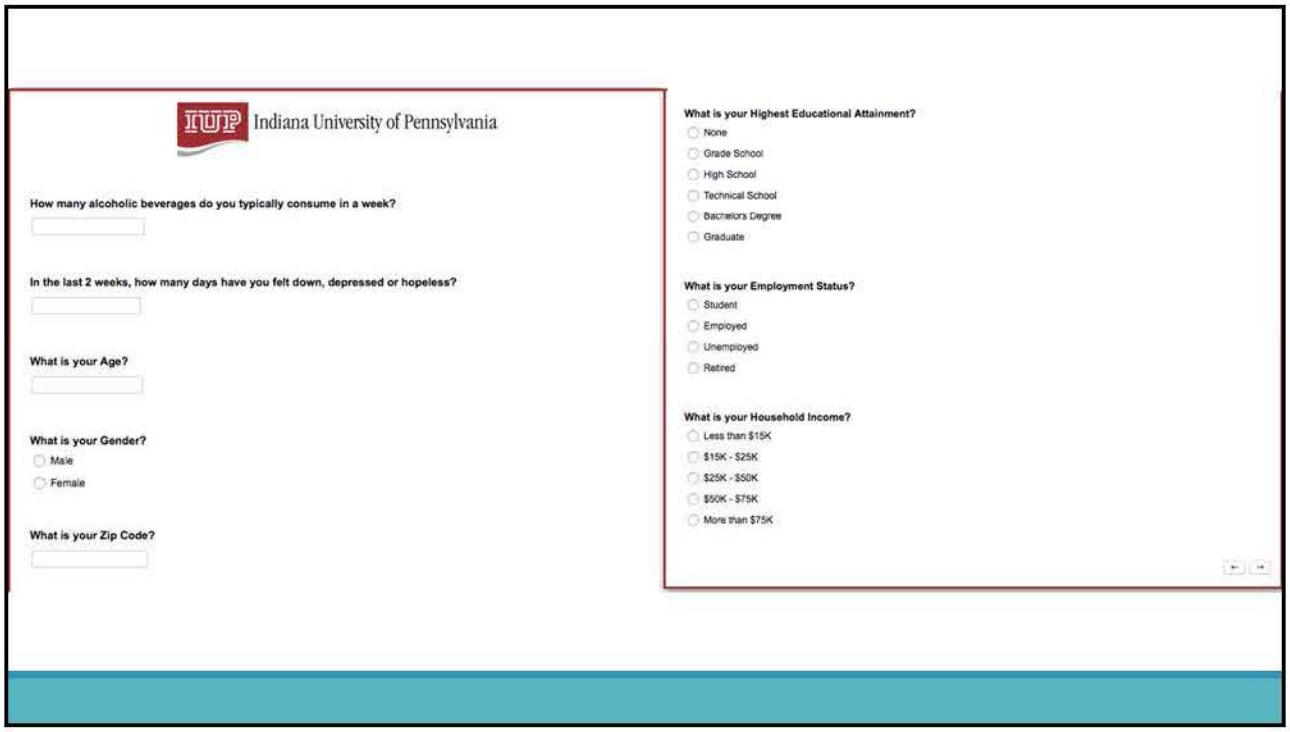
| | Never | 1-6 Months | 6-12 Months | 1-2 Years | 2-5 Years | 5 + Years |
|---|---|---|---|---|---|---|
| About how long has it been since you last visited a doctor for a routine checkup? (A routine checkup is a physical exam, not an exam for a specific injury, illness, or condition) | ○ | ○ | ○ | ○ | ○ | ○ |
| About how long has it been since you last had your blood cholesterol checked? | ○ | ○ | ○ | ○ | ○ | ○ |

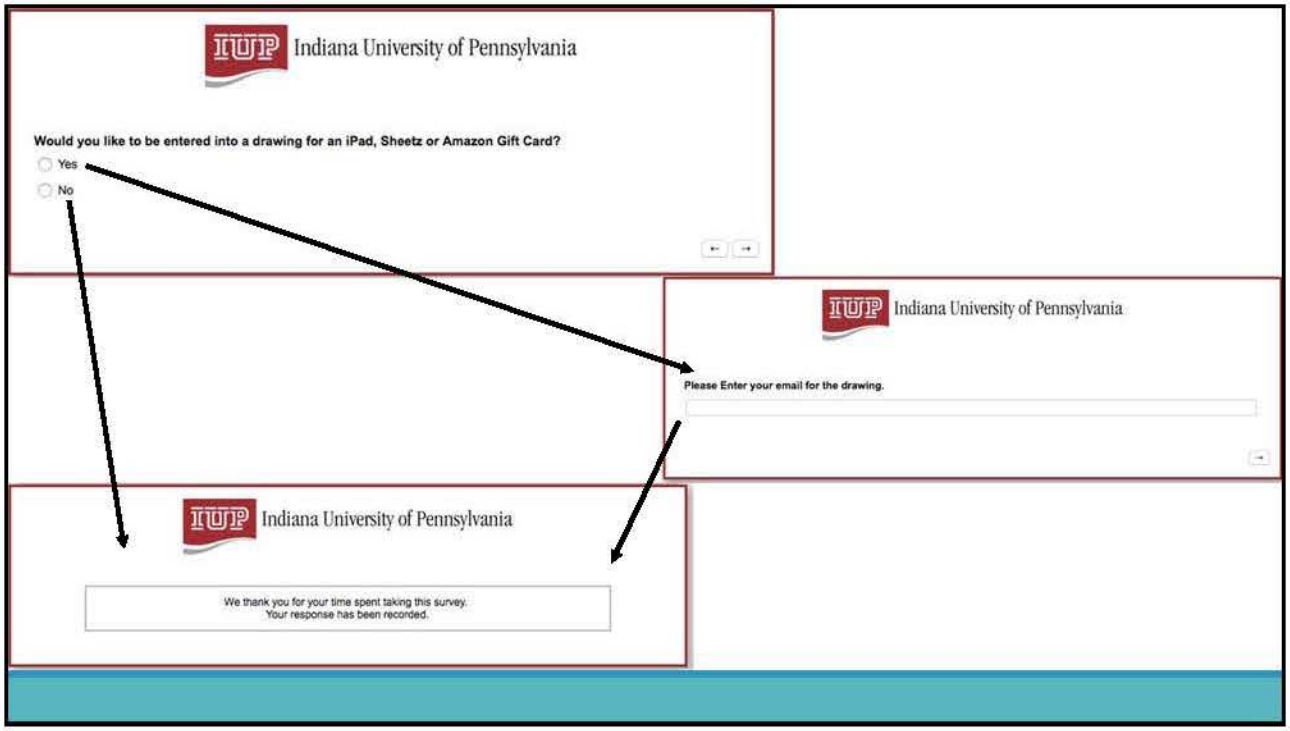
**THIS SECTION IS FOR WOMEN ONLY!**

| | Never | 1-6 Months | 6-12 Months | 1-2 Years | 2-5 Years | 5 + Years |
|---|---|---|---|---|---|---|
| How long has it been since your last pap test? | ○ | ○ | ○ | ○ | ○ | ○ |
| How long has it been since your last mammogram? | ○ | ○ | ○ | ○ | ○ | ○ |

**THIS SECTION IS FOR MEN ONLY!**

| | Never | 1-6 Months | 6-12 Months | 1-2 Years | 2-5 Years | 5 + Years |
|---|---|---|---|---|---|---|
| How long has it been since your last PSA test? | ○ | ○ | ○ | ○ | ○ | ○ |

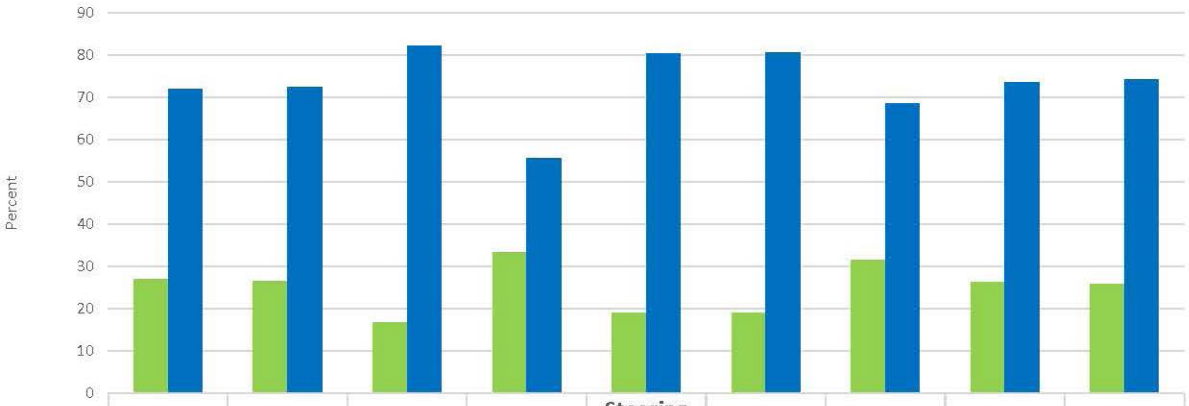

Indiana University of Pennsylvania
How many alcoholic beverages do you typically consume in a week?
In the last 2 weeks, how many days have you felt down, depressed or hopeless?
What is your Age?
What is your Gender?
Male
Female
What is your Zip Code?
What is your Highest Educational Attainment?
None
Grade School
High School
Technical School
Bachelors Degree
Graduate
What is your Employment Status?
Student
Employed
Unemployed
Retired
What is your Household Income?
Less than $15K
$15K - $25K
$25K - $50K
$50K - $75K
More than $75K


Indiana University of Pennsylvania
Would you like to be entered into a drawing for an iPad, Sheetz or Amazon Gift Card?
Yes
No
Indiana University of Pennsylvania
Please Enter your email for the drawing.
Indiana University of Pennsylvania
We thank you for your time spent taking this survey.
Your response has been recorded.

## Response Table

| Group | Sent | | Received | Gross Response Rate | Unusable | Usable | Usable Response Rate |
|---|---|---|---|---|---|---|---|
| IRMC Patients | 8029 | | 1003 | 12% | 39 | 964 | 12% |
| IRMC Physician Group | 7052 | | 805 | 11% | 137 | 668 | 10% |
| IRMC Employees | 1393 | | 165 | 12% | 3 | 162 | 12% |
| Steering Committee | 22 | | 10 | 45% | 1 | 9 | 41% |
| Steering Committee Consumers | N/A | | 165 | N/A | 3 | 162 | N/A |
| Renda | 1750 | | 254 | 15% | 43 | 211 | 12% |
| IUP Faculty | 722 | 1452 | 285 | 20% | 59 | 226 | 16% |
| IUP Staff | 730 | | | | | | |
| IUP Students | 10575 | | 1540 | 15% | 388 | 1152 | 11% |
| Total | 30273 | | 4227 | Average 19% | 673 | 3554 | Average 16% |

## Demographics: **Gender**

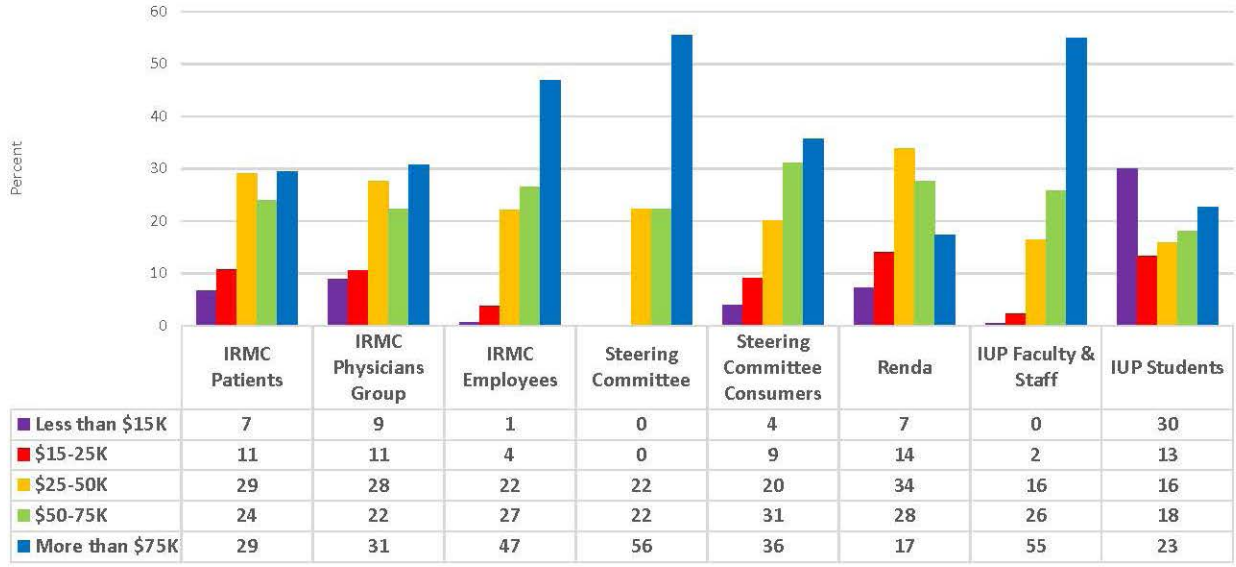



| | IRMC Patients | IRMC Phys Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students | Average |
|---|---|---|---|---|---|---|---|---|---|
| Male | 27 | 26 | 17 | 33 | 19 | 19 | 31 | 26 | 25.9 |
| Female | 72 | 72 | 82 | 56 | 80 | 81 | 69 | 73 | 74.1 |

## Demographics: **Zip Codes**

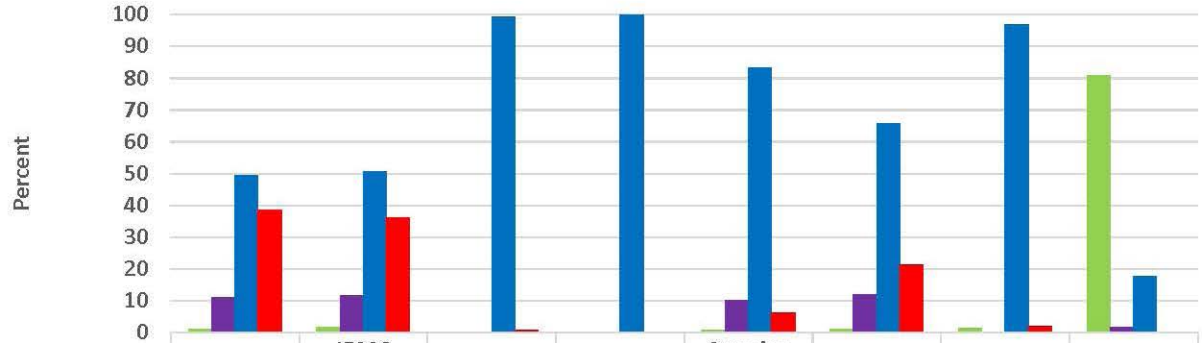
| Area | Zip Code | Frequency | Percent |
|---|---|---|---|
| **Indiana** | 15701 | 1419 | **41%** |
| Homer City | 15748 | 218 | 6% |
| Blairsville | 15717 | 132 | 4% |
| IUP | 15705 | 109 | 3% |
| Clymer | 15728 | 98 | 3% |
| Marion Center | 15759 | 67 | 2% |
| Shelocta | 15774 | 65 | 2% |
| | **Total** | **2108** | **61%** |

## Demographics: **Income**



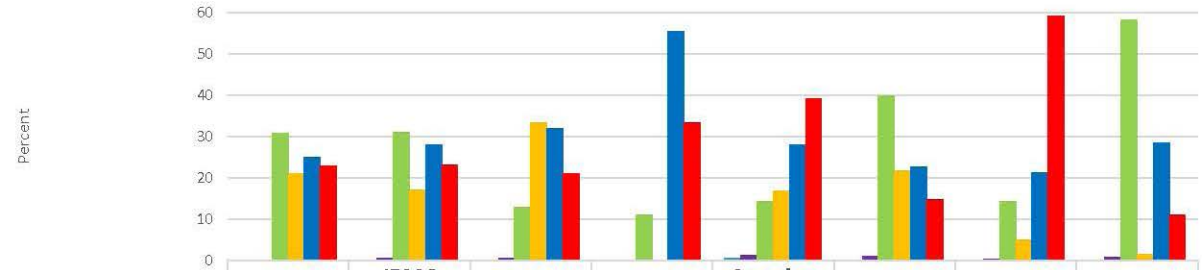

| | IRMC Patients | IRMC Physicians Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students |
|---|---|---|---|---|---|---|---|---|
| Less than $15K | 7 | 9 | 1 | 0 | 4 | 7 | 0 | 30 |
| $15-25K | 11 | 11 | 4 | 0 | 9 | 14 | 2 | 13 |
| $25-50K | 29 | 28 | 22 | 22 | 20 | 34 | 16 | 16 |
| $50-75K | 24 | 22 | 27 | 22 | 31 | 28 | 26 | 18 |
| More than $75K | 29 | 31 | 47 | 56 | 36 | 17 | 55 | 23 |

## Demographics: Employment




| | IRMC Patients | IRMC Physicians Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students |
|---|---|---|---|---|---|---|---|---|
| Student | 1 | 2 | 0 | 0 | 1 | 1 | 1 | 81 |
| Unemployed | 11 | 11 | 0 | 0 | 10 | 12 | 0 | 1 |
| Employed | 49 | 51 | 99 | 100 | 83 | 66 | 97 | 17 |
| Retired | 39 | 36 | 1 | 0 | 6 | 21 | 2 | 0 |

## Demographics: **Education**

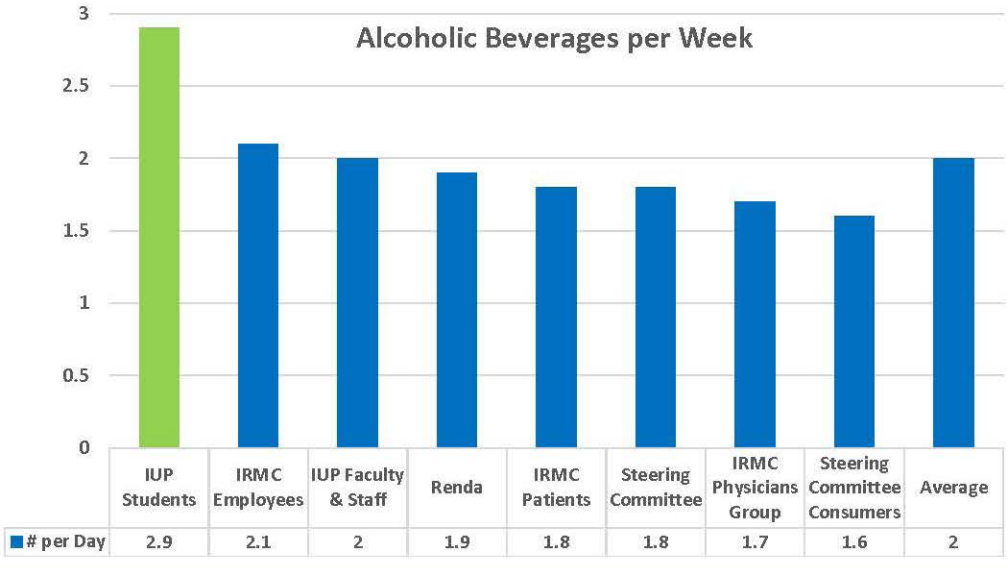



| | IRMC Patients | IRMC Physicians Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students |
|---|---|---|---|---|---|---|---|---|
| None | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Grade School | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 1 |
| High School | 31 | 31 | 13 | 11 | 14 | 40 | 14 | 58 |
| Technical School | 21 | 17 | 33 | 0 | 17 | 22 | 5 | 2 |
| Bachelor's Degree | 25 | 28 | 32 | 56 | 28 | 23 | 21 | 28 |
| Graduate Degree | 23 | 23 | 21 | 33 | 39 | 15 | 59 | 11 |

## Vs. Indiana County Demographics

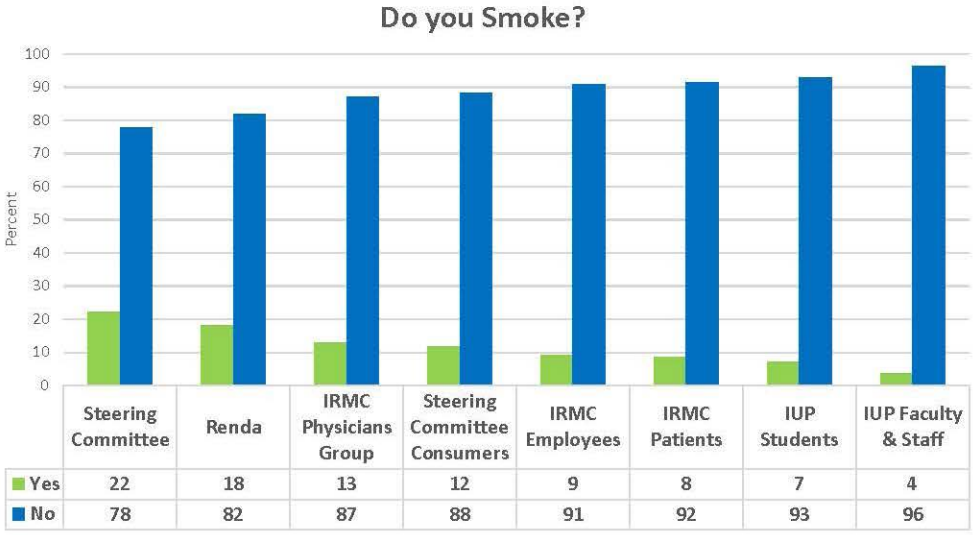
- Population estimate July 2017- **84,953**
- **50% Male, 50% Female**
- 23% are under age of 18
- 18.2% are 65 years and over
- Median Household Income 2012-2016: **$45,118**
- High School Education or higher 25+ years: 89%
- Bachelor's Degree or higher age 25+ years: 22.2%

## Alcohol




- **Students** are heaviest drinkers with almost 3 drinks/week
- **Average** amount of drinks/week is 2

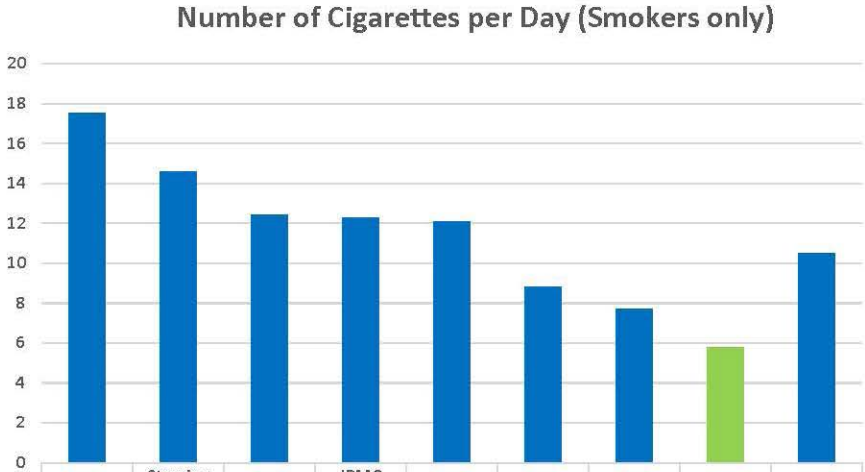
## Tobacco




| | Steering Committee | Renda | IRMC Physicians Group | Steering Committee Consumers | IRMC Employees | IRMC Patients | IUP Students | IUP Faculty & Staff |
|---|---|---|---|---|---|---|---|---|
| Yes | 22 | 18 | 13 | 12 | 9 | 8 | 7 | 4 |
| No | 78 | 82 | 87 | 88 | 91 | 92 | 93 | 96 |

- **IUP Faculty & Staff** have lowest percentage of smokers (4%)
- Only 7% of **IUP Students** are smokers

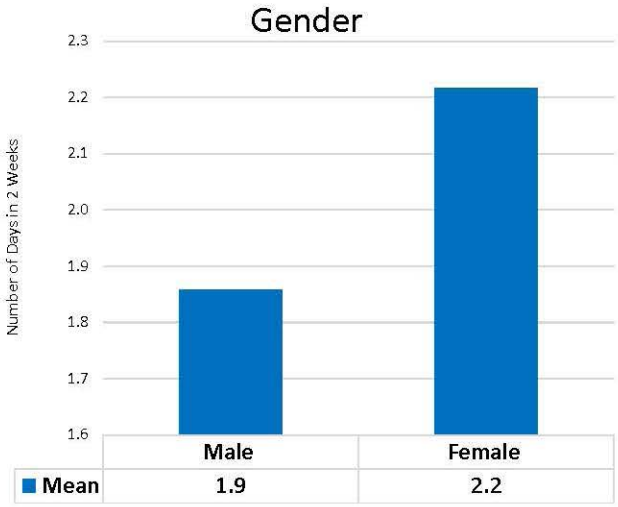
## Tobacco Cont.




| | Steering Committee | Steering Committee Consumers | IRMC Patients | IRMC Physicians Group | Renda | IUP Faculty & Staff | IRMC Employees | IUP Students | Average |
|---|---|---|---|---|---|---|---|---|---|
| Number per Day | 17.5 | 14.6 | 12.4 | 12.3 | 12.1 | 8.8 | 7.7 | 5.8 | 10.5 |

- Average amount of cigarettes per day is lowest for **students**

## Depressed: Gender/Age



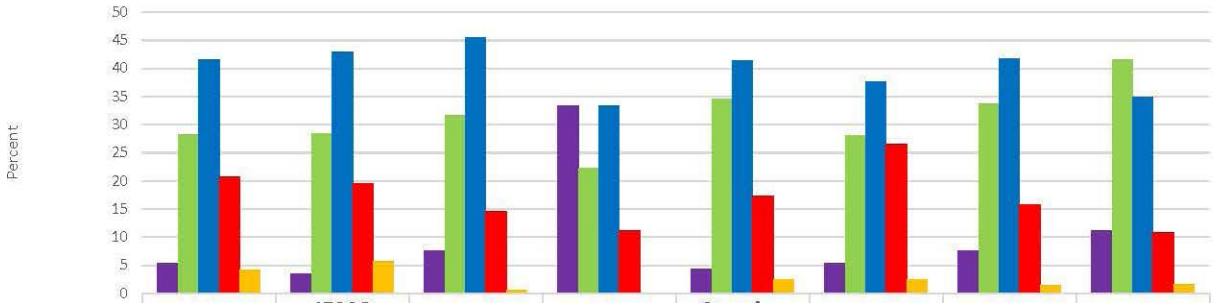

| | Male | Female |
|---|---|---|
| Mean | 1.9 | 2.2 |

- Overall Mean:
  **2.1** out of 14 days

### Age

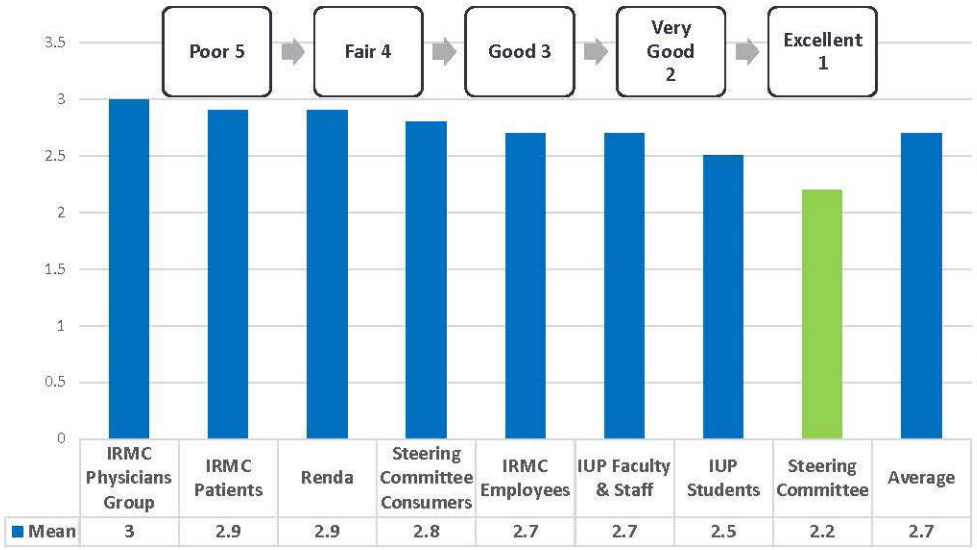
- Correlation between age and Depression
  - **Negative correlation: -.188**
  - Correlation significant at 0.01 level (2-tailed)
  - Amount of days feeling depressed decreases while age increases

## Personal Health




| | IRMC Patients | IRMC Physicians Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students |
|---|---|---|---|---|---|---|---|---|
| Excellent | 5 | 3 | 8 | 33 | 4 | 5 | 8 | 11 |
| Very Good | 28 | 28 | 32 | 22 | 35 | 28 | 34 | 42 |
| Good | 41 | 43 | 46 | 33 | 41 | 38 | 42 | 35 |
| Fair | 21 | 19 | 15 | 11 | 17 | 27 | 16 | 11 |
| Poor | 4 | 6 | 1 | 0 | 2 | 2 | 1 | 2 |

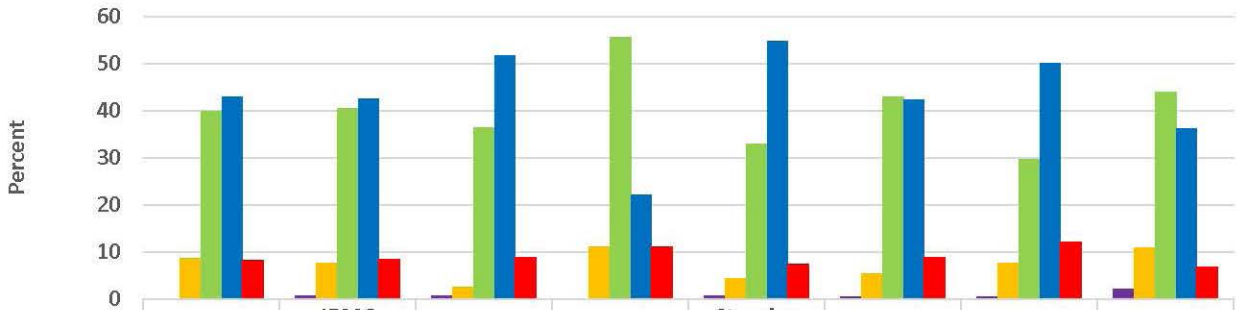
## Personal Health Cont.




| | IRMC Physicians Group | IRMC Patients | Renda | Steering Committee Consumers | IRMC Employees | IUP Faculty & Staff | IUP Students | Steering Committee | Average |
|---|---|---|---|---|---|---|---|---|---|
| Mean | 3 | 2.9 | 2.9 | 2.8 | 2.7 | 2.7 | 2.5 | 2.2 | 2.7 |

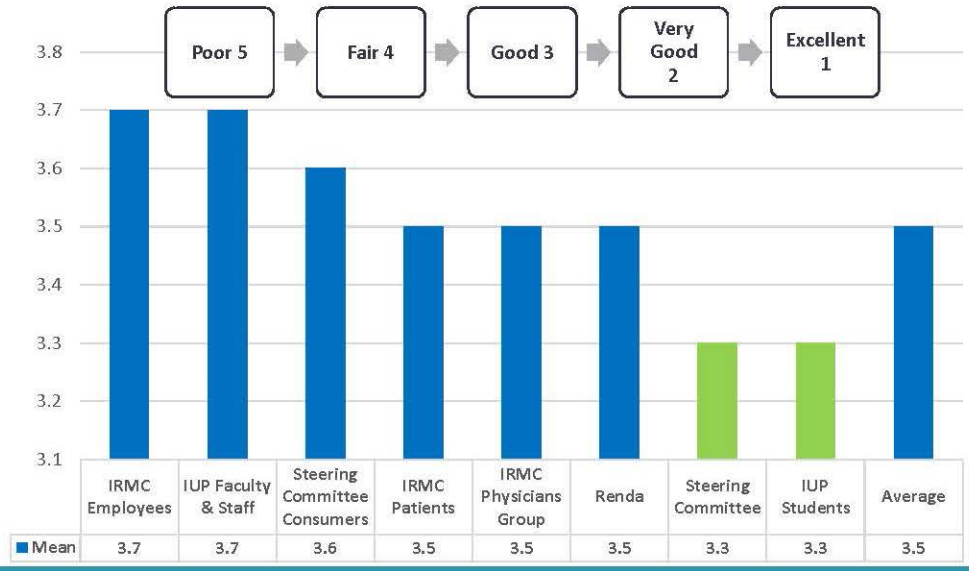
- **Steering Committee** view their personal health as very good
- **Overall perception** of personal heath is good

## Perception of Community Health




| | IRMC Patients | IRMC Physicians Group | IRMC Employees | Steering Committee | Steering Committee Consumers | Renda | IUP Faculty & Staff | IUP Students |
|---|---|---|---|---|---|---|---|---|
| Excellent | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 2 |
| Very Good | 9 | 8 | 3 | 11 | 4 | 5 | 8 | 11 |
| Good | 40 | 40 | 36 | 56 | 33 | 43 | 30 | 44 |
| Fair | 43 | 43 | 52 | 22 | 55 | 42 | 50 | 36 |
| Poor | 8 | 9 | 9 | 11 | 7 | 9 | 12 | 7 |

## Perception of **Community Health**




- Steering Committee and IUP Student perceive the overall community heath as **Good**
- Everybody else sees the overall community health as **Fair**

## Community Perception VS Personal Health


COMMUNITY PERCEPTION — PERSONAL HEALTH

**Average 3.5** → Fair 4 ← **Difference 0.8** → **Average 2.7** → Good 3

- Perception people have of overall community heath is significantly worse than how people rate their personal health

## Scaling

**How it is being Managed**

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Very Poorly | Poorly | Somewhat | Well | Very Well |

**How much of a Problem *(Same as 2015)***

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Not at all a Problem | Small Problem | Somewhat of a Problem | Serious Problem | Very Serious Problem |

## Social & Environmental Issues *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem | |
|---|---|---|---|
| How much of a problem: Early childhood development/child care | 3.0 | | |
| How is it being dealt with: Early childhood development/child care | 3.2 | 0.2 | |
| How much of a problem: Access to affordable healthy foods | 3.2 | | |
| How is it being dealt with: Access to affordable healthy foods | 2.8 | -0.4 | ★ |
| How much of a problem: Poverty | 3.5 | | |
| How is it being dealt with: Poverty | 2.7 | -0.8 | ★ |

★There was outlier in survey group(s) – typically Students

## Behaviors *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem |
|---|---|---|
| How much of a problem: **Teenage Pregnancy** | 3.2 | |
| How is it being dealt with: **Teenage Pregnancy** | 2.9 | -0.2 |
| How much of a problem: **Sexual Behaviors** | 3.4 | |
| How is it being dealt with: **Sexual Behaviors** | 2.8 | -0.6 |
| How much of a problem:**Tobacco Use in Pregnancy** | 3.4 | |
| How is it being dealt with: **Tobacco Use in Pregnancy** | 2.7 | -0.7 |
| How much of a problem: **Lack of Exercise** | 3.6 | |
| How is it being dealt with: **Lack of Exercise** | 2.7 | -0.9 |
| How much of a problem: **Tobacco Use** | 3.6 | |
| How is it being dealt with: **Tobacco Use** | 2.7 | -0.9 |
| How much of a problem: **Alcohol Abuse** | 3.9 | |
| How is it being dealt with: **Alcohol Abuse** | 2.6 | -1.3 |
| How much of a problem: **Prescription Drug Abuse** | 4.2 | |
| How is it being dealt with: **Prescription Drug Abuse** | 2.4 | -1.8 ★ |
| How much of a problem: **Illegal Drug Use** | 4.5 | |
| How is it being dealt with: **Illegal Drug Use** | 2.3 | -2.2 ★ |

## Access *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem |
|---|---|---|
| How much of a problem: **Childhood Immunization** | 2.1 | |
| How is it being dealt with: **Childhood Immunization** | 3.7 | 1.6 ★ |
| How much of a problem: **Adult Immunization** | 2.2 | |
| How is it being dealt with: **Adult Immunization** | 3.6 | 1.4 ★ |
| How much of a problem: **Health Screenings** | 2.4 | |
| How is it being dealt with: **Health Screenings** | 3.5 | 1.1 ★ |
| How much of a problem: **Access to Prenatal Care** | 2.4 | |
| How is it being dealt with: **Access to Prenatal Care** | 3.4 | 1.0 ★ |
| How much of a problem: **Access to Women's Health Care** | 2.5 | |
| How is it being dealt with: **Access to Women's Health Care** | 3.4 | 0.9 ★ |
| How much of a problem: **Primary Care Providers** | 2.9 | |
| How is it being dealt with: **Primary Care Providers** | 3.0 | 0.1 |
| How much of a problem: **Dental** | 2.8 | |
| How is it being dealt with: **Dental** | 2.9 | 0.1 |
| How much of a problem: **Access to Transportation** | 2.9 | |
| How is it being dealt with: **Access to Transportation** | 3.0 | 0.1 ★ |

## Access Cont. *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem |
|---|---|---|
| How much of a problem: **Availability to Specialists** | 3.0 | |
| How is it being dealt with: **Availability to Specialists** | 3.0 | 0.0 |
| How much of a problem: **Dementia** | 3.0 | |
| How is it being dealt with: **Dementia** | 2.9 | -0.1 |
| How much of a problem: **Mental Health** | 3.3 | |
| How is it being dealt with: **Mental Health** | 2.7 | -0.6 |
| How much of a problem: **Access to Insurance Coverage** | 2.4 | |
| How is it being dealt with: **Access to Insurance Coverage** | 3.4 | -0.7 |
| How much of a problem: **Affordable Health Care** | 2.5 | |
| How is it being dealt with: **Affordable Health Care** | 3.4 | -1.2 |

## Health Problems *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem |
|---|---|---|
| How much of a problem: **Asthma/COPD related issues** | 2.9 | |
| How is it being dealt with: **Asthma/COPD related issues** | 3.2 | 0.3 |
| How much of a problem: **Influenza** | 3.2 | |
| How is it being dealt with: **Influenza** | 3.3 | 0.1 |
| How much of a problem: **Heart Disease** | 3.5 | |
| How is it being dealt with: **Heart Disease** | 3.2 | -0.3 |
| How much of a problem: **Dental Hygiene/Dental Problems** | 3.2 | |
| How is it being dealt with: **Dental Hygiene/Dental Problems** | 2.9 | -0.3 |
| How much of a problem: **Hypertension/High Blood Pressure** | 3.5 | |
| How is it being dealt with: **Hypertension/High Blood Pressure** | 3.1 | -0.4 |
| How much of a problem: **High Cholesterol** | 3.5 | |
| How is it being dealt with: **High Cholesterol** | 3.0 | -0.5 |
| How much of a problem: **Lyme Disease** | 3.4 | |
| How is it being dealt with: **Lyme Disease** | 2.9 | -0.5 |
| How much of a problem: **Cardiovascular Disease and Stroke** | 3.6 | |
| How is it being dealt with: **Cardiovascular Disease and Stroke** | 3.1 | -0.5 |

## Health Problems Cont. *(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Managed Vs. Problem |
|---|---|---|
| How much of a problem: **Cancer** | 3.6 | -0.5 |
| How is it being dealt with: **Cancer** | 3.1 | |
| How much of a problem: **Diabetes** | 3.7 | -0.6 |
| How is it being dealt with: **Diabetes** | 3.1 | |
| How much of a problem: **Childhood Obesity** | 3.8 | -1.3 |
| How is it being dealt with: **Childhood Obesity** | 2.5 | |
| How much of a problem: **Obesity and Overweight** | 4.0 | -1.5 |
| How is it being dealt with: **Obesity and Overweight** | 2.5 | |

## Steering Committee: Social & Environmental Issues

*(Ordered by How Well Managed vs. Problem)*

| | Average Mean | Steering Committee Mean | Steering Committee Managed Vs. Problem | Average Managed Vs. Problem |
|---|---|---|---|---|
| How much of a problem: **Early childhood development/child care** | 3.0 | 3.0 | 0.4 | 0.2 |
| How is it being dealt with: **Early childhood development/child care** | 3.2 | 3.4 | | |
| How much of a problem: **Access to affordable healthy foods** | 3.2 | 3.0 | 0.2 ↔ | -0.4 |
| How is it being dealt with: **Access to affordable healthy foods** | 2.8 | 3.2 | | |
| How much of a problem: **Poverty** | 3.5 | 3.7 | -0.6 | -0.8 |
| How is it being dealt with: **Poverty** | 2.7 | 3.1 | | |

# Steering Committee: Behaviors

| | Average Mean | Steering Committee Mean | Steering Committee Managed Vs. Problem | Average Managed Vs. Problem |
|---|---|---|---|---|
| How much of a problem: **Teenage Pregnancy** | 3.1 | 2.9 | 0.5 | -0.2 |
| How is it being dealt with: **Teenage Pregnancy** | 2.9 | 3.4 | | |
| How much of a problem: **Sexual Behaviors** | 3.4 | 3.2 | -0.2 | -0.6 |
| How is it being dealt with: **Sexual Behaviors** | 2.8 | 3.0 | | |
| How much of a problem:**Tobacco Use in Pregnancy** | 3.4 | 2.9 | 0.4 | -0.7 |
| How is it being dealt with: **Tobacco Use in Pregnancy** | 2.7 | 3.3 | | |
| How much of a problem: **Lack of Exercise** | 3.6 | 3.8 | -1.0 | -0.9 |
| How is it being dealt with: **Lack of Exercise** | 2.7 | 2.8 | | |
| How much of a problem: **Tobacco Use** | 3.6 | 3.2 | 0.0 | -0.9 |
| How is it being dealt with: **Tobacco Use** | 2.7 | 3.2 | | |
| How much of a problem: **Alcohol Abuse** | 3.9 | 4.1 | -0.9 | -1.3 |
| How is it being dealt with: **Alcohol Abuse** | 2.6 | 3.2 | | |
| How much of a problem: **Prescription Drug Abuse** | 4.2 | 4.2 | -1.1 | -1.8 |
| How is it being dealt with: **Prescription Drug Abuse** | 2.4 | 3.1 | | |
| How much of a problem: **Illegal Drug Use** | 4.5 | 4.6 | -1.3 | -2.2 |
| How is it being dealt with: **Illegal Drug Use** | 2.3 | 3.3 | | |

# Steering Committee: Access

| | Average Mean | Steering Committee Mean | Steering Committee Managed Vs. Problem | Average Managed Vs. Problem |
|---|---|---|---|---|
| How much of a problem: **Childhood Immunization** | 2.1 | 2.0 | 2.0 | 1.6 |
| How is it being dealt with: **Childhood Immunization** | 3.7 | 4.0 | | |
| How much of a problem: **Adult Immunization** | 2.2 | 2.0 | 2.0 | 1.4 |
| How is it being dealt with: **Adult Immunization** | 3.6 | 4.0 | | |
| How much of a problem: **Health Screenings** | 2.4 | 2.3 | 1.3 | 1.1 |
| How is it being dealt with: **Health Screenings** | 3.5 | 3.6 | | |
| How much of a problem: **Access to Prenatal Care** | 2.4 | 2.3 | 1.1 | 1.0 |
| How is it being dealt with: **Access to Prenatal Care** | 3.4 | 3.4 | | |
| How much of a problem: **Access to Women's Health Care** | 2.5 | 3.4 | -0.5 | 0.9 |
| How is it being dealt with: **Access to Women's Health Care** | 3.4 | 2.9 | | |
| How much of a problem: **Primary Care Providers** | 2.9 | 2.9 | 0.2 | 0.1 |
| How is it being dealt with: **Primary Care Providers** | 3.0 | 3.1 | | |
| How much of a problem: **Dental** | 2.8 | 3.1 | -0.2 | 0.1 |
| How is it being dealt with: **Dental** | 2.9 | 2.9 | | |
| How much of a problem: **Access to Transportation** | 2.9 | 3.3 | -0.5 | 0.1 |
| How is it being dealt with: **Access to Transportation** | 3.0 | 2.8 | | |

# Steering Committee Access Cont.

| | Average Mean | Steering Committee Mean | Steering Committee Managed Vs. Problem | Average Managed Vs. Problem |
|---|---|---|---|---|
| How much of a problem: **Availability to Specialists** | 3.0 | 3.0 | 0.2 | 0.0 |
| How is it being dealt with: **Availability to Specialists** | 3.0 | 3.2 | | |
| How much of a problem: **Dementia** | 3.0 | 2.8 | 0.2 | -0.1 |
| How is it being dealt with: **Dementia** | 2.9 | 3.0 | | |
| How much of a problem: **Mental Health** | 3.3 | 3.4 | -0.5 | -0.6 |
| How is it being dealt with: **Mental Health** | 2.7 | 2.9 | | |
| How much of a problem: **Access to Insurance Coverage** | 3.4 | 3.3 | -0.3 | -0.7 |
| How is it being dealt with: **Access to Insurance Coverage** | 2.7 | 3.0 | | |
| How much of a problem: **Affordable Health Care** | 3.7 | 3.4 | -0.4 | -1.2 |
| How is it being dealt with: **Affordable Health Care** | 2.5 | 3.0 | | |

# Steering Committee: Health Problem

| | Average Mean | Steering Committee Mean | Steering Committee Managed Vs. Problem | Average Managed Vs. Problem |
|---|---|---|---|---|
| How much of a problem: **Asthma/COPD related issues** | 2.9 | 2.9 | 0.2 | 0.3 |
| How is it being dealt with: **Asthma/COPD related issues** | 3.2 | 3.1 | | |
| How much of a problem: **Influenza** | 3.2 | 3.3 | 0.2 | 0.1 |
| How is it being dealt with: **Influenza** | 3.3 | 3.3 | | |
| How much of a problem: **Heart Disease** | 3.5 | 3.8 | 0.5 | -0.3 |
| How is it being dealt with: **Heart Disease** | 3.2 | 3.2 | | |
| How much of a problem: **Dental Hygiene/Dental Problems** | 3.2 | 3.3 | -0.5 | -0.3 |
| How is it being dealt with: **Dental Hygiene/Dental Problems** | 2.9 | 2.8 | | |
| How much of a problem: **Hypertension/High Blood Pressure** | 3.5 | 3.4 | -0.2 | -0.4 |
| How is it being dealt with: **Hypertension/High Blood Pressure** | 3.1 | 3.2 | | |
| How much of a problem: **High Cholesterol** | 3.5 | 3.6 | -0.7 | -0.5 |
| How is it being dealt with: **High Cholesterol** | 3.0 | 2.9 | | |
| How much of a problem: **Lyme Disease** | 3.4 | 3.1 | -0.1 | -0.5 |
| How is it being dealt with: **Lyme Disease** | 2.9 | 3.0 | | |
| How much of a problem: **Cardiovascular Disease and Stroke** | 3.6 | 3.8 | -0.6 | -0.5 |
| How is it being dealt with: **Cardiovascular Disease and Stroke** | 3.1 | 3.2 | | |

# Steering Committee: Health Problems Cont.

| | Average Mean | Steering Committee Means | Steering Committee Managed Vs. Problem | Average Managed Vs Problem |
|---|---|---|---|---|
| How much of a problem: **Cancer** | 3.6 | 3.6 | -0.5 | -0.5 |
| How is it being dealt with: **Cancer** | 3.1 | 3.1 | | |
| How much of a problem: **Diabetes** | 3.7 | 3.8 | -0.7 | -0.6 |
| How is it being dealt with: **Diabetes** | 3.1 | 3.1 | | |
| How much of a problem: **Childhood Obesity** | 3.8 | 3.7 | -0.9 | -1.3 |
| How is it being dealt with: **Childhood Obesity** | 2.5 | 2.8 | | |
| How much of a problem: **Obesity and Overweight** | 4.0 | 3.9 | -1.1 | -1.5 |
| How is it being dealt with: **Obesity and Overweight** | 2.5 | 2.8 | | |

# *Highest* Ranked Problems

Based on results from survey, the community ranked the following as the *highest ranked problems:*

1. Problem with **Illegal Drugs** *4.5*
2. Problem with **Prescription Drug** *4.2*
3. Problem with **Obesity** *4.0*
4. Problem with **Alcohol** *3.9*
5. Problem with **Childhood Obesity** *3.8*
6. Problem with **Health care** *3.7*
7. Problem with **Diabetes** *3.7*
8. Problem with **Tobacco** *3.6*
9. Problem with **Cancer** *3.6*
10. Problem with **Exercise** *3.6*

## *Lowest* Ranked Problems

Based on results from survey, the community ranked the following as the ***lowest ranked problems:***

1. Problem with **Childhood immunizations** *2.1*
2. Problem with **Adult Immunizations** *2.2*
3. Problem with **Prenatal Care** *2.4*
4. Problem with **Access to Health Screenings** *2.4*
5. Problem with **Women's Health Care** *2.5*
6. Problem with **Dental** *2.8*
7. Problem with **Asthma** *2.9*
8. Problem with **Primary Medical Care** *2.9*
9. Problem with **Transportation** *2.9*
10. Problem with **Specialists** *3.0*

## *Well* Managed Problems

Based on survey conducted, the community said the following are ***managed well:***

1. Managed **Childhood Immunizations** *3.7*
2. Managed **Adult Immunizations** *3.6*
3. Managed **Health Screenings** *3.5*
4. Managed **Prenatal Care** *3.4*
5. Managed **Women's Health Care** *3.4*
6. Managed **Influenza Pneumonia** *3.3*
7. Managed **Asthma** *3.2*
8. Managed **Early Child Care** *3.2*
9. Managed **Heart Disease** *3.2*
10. Managed **Diabetes** *3.1*

# *Not* Well Managed Problems

Based on the survey conducted, the community said the following are ***not managed well***:

| | |
|---|---|
| 1. Managed **Illegal drug** | *2.3* |
| 2. Managed **Prescription Drugs** | *2.4* |
| 3. Managed **Obesity** | *2.5* |
| 4. Managed **Childhood Obesity** | *2.5* |
| 5. Managed **Affordable Health care Coverage** | *2.5* |
| 6. Managed **Alcohol** | *2.6* |
| 7. Managed **Tobacco** | *2.7* |
| 8. Managed **Poverty** | *2.7* |
| 9. Managed **Insurance** | *2.7* |
| 10. Managed **Exercise** | *2.7* |

# Problem Vs. Managed

**Highest Ranking Problem:**

1. Problem with **Illegal Drugs** *4.5*
2. Problem with **Prescription Drug** *4.2*
3. Problem with **Obesity** *4.0*
4. Problem with **Alcohol** *3.9*
5. Problem with **Childhood Obesity** *3.8*

**Not Managed Well**

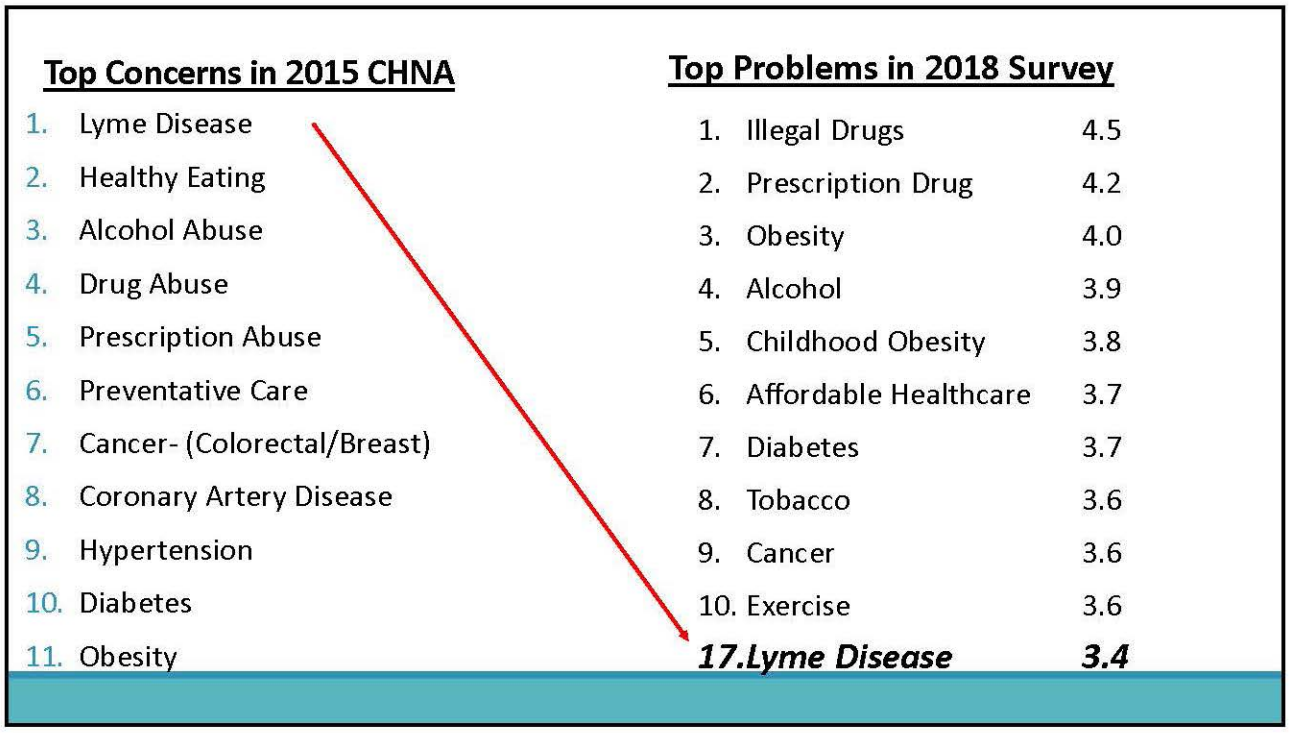
1. Managed **Illegal drug** *2.3*
2. Managed **Prescription Drugs** *2.4*
3. Managed **Obesity** *2.5*
4. Managed **Childhood Obesity** *2.5*
5. Managed **Affordable Health care Coverage** *2.5*

**Lowest Ranking Problem:**

1. Problem with **Childhood immunizations** *2.1*
2. Problem with **Adult Immunizations** *2.2*
3. Problem with **Prenatal Care** *2.4*
4. Problem with **Access to Health Screenings** *2.4*
5. Problem with **Women's Health Care** *2.5*

**Managed Well**

1. Managed **Childhood Immunizations** *3.7*
2. Managed **Adult Immunizations** *3.6*
3. Managed **Health Screenings** *3.5*
4. Managed **Prenatal Care** *3.4*
5. Managed **Women's Health Care** *3.4*




## Recommendations

- Rather *than emphasis on* "How Much Of a Problem," *consider the new dimension of "Extent To Which Problem is Being Dealt With"* and the combination of the two dimensions (*Managed minus Problem*)
- The focus of the CHNA should be on those issues for which IRMC has actual or potential impact
- Integrate Survey Results with Consultant's Research to complete the 2018 CHNA

*Continued on next slide*

## Summary & Conclusion

| PROBLEM | MANAGED: HIGH | MANAGED: LOW |
|---|---|---|
| HIGH | | • Illegal Drugs<br>• Prescription Drug<br>• Obesity<br>• Childhood Obesity |
| LOW | • Childhood immunizations<br>• Adult Immunizations<br>• Prenatal Care<br>• Access to Health Screenings<br>• Women's Health Care | |

## Recommendations Cont.

- For 2021:
  - Consider shortening survey (it is still too long) by eliminating additional issues that are:
    - Low Rated Problems and/or
    - Problems for which IRMC has minimal impact (actual or potential)
  - Expand the databases
  - Encourage participation of the Steering Committee and IRMC Employees – both of these groups had disappointing Response Rates
  - Plan for additional lead time (conduct survey in Fall 2020) to allow for conducting Focus Groups using the Survey Results as a framework – potential groups:
    - Steering Committee Members
    - Social Service Agency Executive Directors, Management
    - IUP Faculty & Staff, IUP Students
    - IRMC Physicians & Nurses
    - Home Health Agencies
    - General Public in Community
    - Elected Officials and appropriate Appointed Officials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