BLAIR COUNTY PROFILE II
Community Health Needs Assessment

Healthy Blair County Coalition – September 2013
www.healthyblaircountycoalition.org

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UPMC Altoona

Disclaimer: At the beginning of the Blair County Community Health Needs Assessment process, the facility referred to as Altoona Regional Health System was one of three hospitals that collaborated on the project. After July 1, 2013 Altoona Regional Health System became UPMC Altoona.

The Healthy Blair County Coalition (HBCC) was formed as a collaborative partnership in order to understand, assess, and address the challenges and needs of the residents of the entire Blair County community. In that spirit, the Coalition, joined by all three hospitals serving the Blair County Region, chose to conduct a joint community healthy needs assessment and subsequently, issue a joint implementation plan.

This report, *Blair County Profile II: Community Health Needs Assessment* describes our methods used while conducting the survey, highlights the results of surveys, summarizes healthcare interviews, presents results from a youth focus group, and summarizes community indicator data. The matrix at the end of the report outlines the supporting data which led to the selection of the four priority areas which are described in detail in this report. This community health needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. But the results also indicate that we must address not only specific health needs, but as feasible, the underlying causes.

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

Without the support and dedication of the individuals who served on the Steering Committee, work groups, and Coalition, this community health needs assessment would have been difficult to complete. We hope those individuals, new partners, and most of all the residents of Blair County will join us in the implementation phase as we try to improve the overall health of Blair County.

Sincerely,

Judy Rosser, Healthy Blair County Coalition Chairperson
Blair Drug and Alcohol Partnerships

Garrett W. Hoover
President/CEO Nason Hospital

Stephen Gildea
CEO Tyrone Hospital

Jerry Murray
President/CEO UPMC Altoona

INTRODUCTORY COMMENTS

As described in this Community Health Needs Assessments (CHNA) Report the Health Blair County Coalition (HBCC) is a collaborative partnership of 48 community organizations in Blair County, including the three non-profit community hospitals: UPMC Altoona, Nason Hospital, and Tyrone Hospital.

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

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

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

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

- Additionally, consistent with these proposed regulations (p. 20533) regarding UPMC Altoona - the UPMC Altoona Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its September 19, 2013 meeting.

- Additionally, consistent with these proposed regulations (p. 20533) regarding Nason Hospital - the Nason Hospital Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its September 19, 2013 meeting.

- Additionally, consistent with these proposed regulations (p. 20533) regarding Tyrone Hospital - the Tyrone Hospital Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its September 16, 2013 meeting.

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

- As an active member of the Healthy Blair County Coalition, Nason Hospital has actively participated in the needs assessment and prioritization of the identified community needs. Nason Hospital, in collaboration with the Coalition, is actively participating in implementing strategies to meet the four

priority challenges identified. Nason Hospital is taking a leadership role in meeting specifically two of these identified, priority needs: promoting a healthy lifestyle (obesity, physical inactivity, and diabetes) and smoking/tobacco cessation in the Southern Blair County region.

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

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

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

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Healthy Blair County Coalition

Executive Summary

The Healthy Blair County Coalition (HBCC) is a community partnership collaboration with the intent of providing a comprehensive and enduring assessment of the needs and assets in our community. Its purpose is to identify community assets, identify targeted needs, and develop an implementation plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. The outcome was the publication of two documents: Blair County Profile: Our Strengths, Challenges, and Issues (January 2009) and the Blair County Community Plan (March 2012). Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the exiting partnership for the three year period (2012 – 2015).

Organizational Structure and Funding

The community health needs assessment process for FY 2012 – 2013 through FY 2014 – 2015 was directed by a Steering Committee, including a consultant who was hired as the part-time Director of the Healthy Blair County Coalition. UPMC Altoona (Altoona Regional Health System), Nason Hospital, and Tyrone Hospital are active participants on the HBCC Steering Committee. In addition, the Steering Committee collaborated with a broader group of local resource people, identified as the Healthy Blair County Coalition. Members of the Coalition included stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing an Implementation Plan. The CHNA took into account input from persons who represent the broad interests of the community served by each of the three hospitals.

The HBCC Steering Committee convened to meet the following objectives:

- Conduct a comprehensive community health needs assessment to determine the overall health status of Blair County (July 2012 – October 2012).

- Solicit input from individuals and organizations that represent the broad interests of the community served by the hospitals (July 2012 – October 2012).

- Present and publish the findings of the community health needs assessment (July 2013 – September 2013).

- Deliver a CHNA report that outlines trends, creates a baseline for strategic planning decisions, and assists in developing an implementation plan (July 2013 – December 2013).

- Implement programs and services to address identified needs (January 2014 – December 2014).

◉ Measure the impact of selected program and activities (January 2015 – June 2015).

Members of the Steering Committee and HBCC served on three workgroups. **The Data Analysis Work Group** reviewed all primary indicator data such as survey results and assisted in the collection and analysis of secondary indicator data.

As a result of the first needs assessment, a **Bridges Network** was formed to research model programs, develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues, and to develop a model to coordinate services such as emergency financial assistance in order to effectively use resources available within the county. This work group continues to meet on a bi-monthly basis and is one of the strategies still supported by the HBCC Steering Committee.

The **Public Relations/Marketing Work Group** was formed to provide awareness of the Healthy Blair County Coalition, inform residents and community members about the surveys and how to participate, share the results of the needs assessment and other data collections, including the strengths and assets of Blair County, and lastly to increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition.

The community health needs assessment process was primarily funded by the three county hospital including Altoona Regional Health System, Nason Hospital, and Tyrone Hospital. However, several other agencies contributed significantly to the project including Blair County Drug and Alcohol, Inc., Family Resource Center, Penn State Altoona, and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, and volunteer hours were provided by many other organizations.

Timeline and Phases

Phase	Time Frame	Primary Activity	Description
I	FY 2012-2013	Assessment/ Strategy Development	Conduct the community health needs assessment (CHNA) employing multiple input vehicles (surveys, focus groups, interviews, data collection, etc.).
II	FY 2013-2014 and FY 2014-2015	Implementation of Strategies	Form Work Groups to develop and implement strategies to address targeted, significant community health needs. Also, develop quantifiable metrics to be used to determine effectiveness of strategies.
III	FY 2014-2015	Measure Effectiveness of Strategies	Employ metrics to measure effectiveness of strategies. Conduct another CHNA.

Methods

The Community Health Needs Assessment (CHNA) was conducted from July 2012 – October 2012 for two primary reasons. The first as a result of the Affordable Care Act Section 501(r)(3) which requires a

hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA will also support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status; while, providing hospitals and other organizations with an essential understanding of the health of Blair County.

Another important reason was to determine whether challenges and issues had changed since the last comprehensive needs assessment was conducted in 2007. In Blair County, the community health needs assessment included a broad perspective of physical, social, emotional, and economic health issues.

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

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

The surveys, focus group, and data collection focused on ten areas: economics, education, environment, health, housing, leisure activity, safety, social, transportation and other.

Summary of the Household Survey and Results

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

The household survey which was used in the first needs assessment was revised to include specific healthcare related questions. The Steering Committee determined the scope and data collection method for the household survey. The survey and cover letter clarified definitions for "neighborhood," "community," and "household" and asked households to specify their municipality, borough, or city. The household survey and cover letter are included as Appendix A.

A random sample of 3000 households (approximately six percent) was drawn from the 47,756 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2012, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. The Public Relations/Marketing Work Group along with Coalition members publicized the household survey through television interviews, newspaper and other media releases, and hospital and agency newsletters to consumers.

There were 413 surveys returned for a response rate of 13.7%. All survey responses were entered into survey monkey and then exported into Excel which was used for analysis and graphic displays.

The household survey was also administered to clients/consumers by four other groups including Child Advocates for Blair County/Head Start Program, Family Resource Center, Altoona Regional Health System's Healthy Living Club program, and Home Nursing Agency. A total of 279 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 692 surveys were returned: 413 from households and 279 from the four groups mentioned above.

Both of the household surveys (2007 and 2012) asked recipients to state their level of agreement to six questions regarding **neighborhood/community strengths**. Respondents were asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community.

The results were similar in both surveys as 71% of respondents felt that people in their neighborhood trust each other and two-thirds agreed that people in their neighborhoods help each other out when they have a problem or in times of crisis. However, only slightly more than one-third gather together formally or informally to participate in activities.

With regard to volunteering, 38% say that they regularly volunteer in their community with helping a religious group receiving the most responses at 21.8%.

Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 67% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 78% reported that they vote in most elections.

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 31different **community issues**.

A comparison between 2007 and 2012 responses cannot be accurately made since the options changed somewhat for respondents in the 2012 household survey. There were more health related challenges as well as other emerging issues were added such as bullying and gambling. In 2007, the six priority community issues identified for Blair County were (50% or more of respondents identified these as a major/moderate issue): 1) crime; 2) alcohol and other drugs; 3) unemployment or underemployment; 4) lack of jobs; 5) lack of affordable medical care; and 6) poverty.

In 2012, nearly 73% of respondents identified lack of jobs as well as unemployment/underemployment as major issues. Alcohol and other drug abuse (71.3%) and obesity (70.5%) were the highest ranking health related issues.

A separate analysis on these same questions was conducted based on the geographic area for the three hospitals with similar results. For northern Blair County (Tyrone Hospital), lack of jobs, alcohol and other drugs, obesity, and unemployment/underemployment were ranked as the highest concerns in that order.

For central Blair County (Altoona Regional Health System), those same four issues were identified but in a different order (unemployment/underemployment, alcohol and other drugs, lacks of jobs, and obesity). Lastly, the results for southern Blair County (Nason Hospital) reflected the opinions of the other areas (obesity, lack of jobs, alcohol and other drugs, and unemployment/underemployment).

In the next section of the household survey, participants were asked whether any of the same type of issues had been a **challenge or an issue in their household**. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major issue, or No Opinion/ Don't Know. Thirty-eight percent (38.9%) of respondents identified being overweight as the top challenge within their household. Nearly 34% reported having anxiety, stress, or depression followed by economic concerns and children being bullied/harassed.

In 2007, the top household issue identified by the residents of Blair County was anxiety, stress, or depression followed by economic concerns.

The analysis based on geographic areas for the three hospitals once again yielded similar results with anxiety, stress, and depression, being overweight, and finding it difficult to budget as the highest ranking issues within households.

In order to obtain information from residents on **health care issues affecting themselves or members of their family**, the first question in this section asked "which of these problems ever prevented your or a member of your family from getting the necessary health care"? The type or lack of insurance was the greatest barrier which prevented people from getting health care. Responses were the same for subgroups including the responses from the agency clients/consumers; although at a much higher percentage (32.3% for no health insurance and 24.7% insurance didn't cover what was needed). The highest rated responses were the same regardless of geographic area and age of respondents.

Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Once again regardless of geographic area, age cohort, or other grouping, residents felt that the greatest gaps in health care were dental care, services for low-income residents, and prescription drug assistance.

One positive note is that over 93% of residents reported having a family physician and that is where most go for routine health care. However, those responding as part of other agencies administering the survey said that in addition to going to their physician, 25.1% use an emergency room for routine health care.

When asked "What are the **greatest gaps in health education and prevention services** in Blair County", obesity prevention received the highest percentage.

Four other agencies involved in the Healthy Blair County Coalition also conducted the household survey with their clients/consumers. Child Advocates of Blair County used the household survey with their Head Start parents as did the Family Resource Center. Altoona Regional Health System's Healthy Living Club program and another group involved with Home Nursing Agency also provided participants with an opportunity to take the survey. This was very beneficial in the overall need assessment process in that it provided results from a subgroup that perhaps was underrepresented in the Blair County survey data.

In comparing the two data sets (Blair County household survey and the other agencies survey), there is general agreement on the top community issues which are of lack of jobs (66.8%), unemployment/ underemployment (66.7%), and obesity (59.6%). Poverty issues ranked slightly above obesity at 60.9%.

The top household challenge for families/participants was also having anxiety, stress, or depression (43%) followed by financial stressors, including not being able to find work and not being able to afford entertainment or recreational activities.

Summary of the Key Informant Survey and Results

A survey was distributed to 78 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospitals CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighbor-hoods. The key informant survey and cover letter which were emailed in July 2012 (Appendix B). Thirty-nine completed surveys were received, a 50.0% response rate.

Eighty-seven percent (87.2%) of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productivity to address critical community issues.

Out of the responses for community strengths, key informants see mainly positive strengths including 71.8% perceive leaders as having mutual respect among all sectors of the community.

For community challenges across key informant responses (2012), alcohol/drug abuse, unemployment/ underemployment, poverty, and lack of jobs were ranked the highest among community issues. The same issues were of concern in the 2007 needs assessment except that crime was the second highest issue then at 78.9% but fell out of the top ranking with a response of 71.1% in 2012. A comparison between 2007 and 2012 responses cannot be accurately made since the response options changed somewhat for respondents in the 2012 key informant survey.

The percent of key informants who ranked alcohol and drug abuse and unemployment/underemployment as a major/moderate issue in Blair County was 92.3% in both 2007 and 2012.

The top three community challenges identified in the key informant survey were the same as in the household surveys. This was also true for the top reasons which prevented residents from getting the necessary health care (e.g. no insurance, insurance didn't cover what was needed, and deductible/co-pay was too high).

Key informants also agreed that obesity prevention and alcohol and other drug abuse were the greatest needs regarding health education and prevention services. Key informants believe that out-patient mental health services for adults and out-patient mental health services for children are the greatest gaps in health services in the county.

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Asset Mapping Surveys

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

A. Service Provider Survey

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. A total of 72 service providers were asked to participate with 30 responding, or 41.6%. The sample was characterized by both large and small agencies and the most significant agencies in the county participated.

Service providers stated that they were most involved in the following four community initiatives: health education/prevention (50%), supporting people with disabilities (50%), reducing poverty and/or working with people in poverty (43.3%), and promoting volunteering (43.3%).

Of those who responded, over 63% utilized volunteers in providing services for their agency; however, 70% reported that they could use more volunteers.

With regard to healthcare challenges, they also believe that lack of insurance (90%), insurance didn't cover what is needed (76.7%), and deductible/co-pay is too high (70%) are the main three reasons that prevent residents from getting the necessary health care.

Service providers also agree with key informants that prescription drug assistance (56.7%), dental care (50%), and services for low income residents (43.3%) are the three greatest gaps in health care in Blair County.

Lastly, service providers believe that both obesity and healthy lifestyles (66.7% each) are the greatest needs regarding health education and prevention services.

B. Associations Survey

The purpose of the association survey was to create awareness of the Healthy Blair County Coalition while learning how the citizens in the community are already engaged in the process of improving the quality of life. A total of 60 associations received the request with 12 responding (20.0% response rate).

Associations reported that they were most involved in the following four programs/services: promoting youth development (80%), promoting community networks (80%), promoting volunteering (60%), and promoting good health (60%).

With regard to healthcare challenges, they also believe that lack of insurance (83%), insurance

didn't cover what is needed (83%), and deductible/co-pay is too high (67%) are the main three reasons that prevent residents from getting the necessary health care. Those completing the survey believe that dental care (42%) and prescription drug assistance (42%) are the greatest gaps in health care services in the county.

Lastly, they believe that healthy lifestyles (75%), alcohol and other drug abuse prevention (67%) followed by obesity (58%) are the greatest needs regarding health education and prevention services.

C.   Faith-Based Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. Two different surveys were distributed to leaders within the faith-based community. In July 2012, information was distributed asking for the asset survey to be completed. The purpose of this survey was to learn about the programs and services that are offered through the faith-based community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. Of the 200 faith-based organizations, 27 responded or 13.5%.

It was also suggested that a survey similar to one sent to key informants should also be used to gather information from the faith-based community because that survey asked specifically about strengths, community challenges, and needs of Blair County, including health care. Eighteen faith-based key informant surveys were completed.

The survey results showed that faith communities are most involved in initiatives that are consistent with their mission. The most common services provided for members of their congregations were: Emergency financial assistance, youth development, and individual/family support. In addition, over 40% are involved in soup kitchens, food pantry, and/or providing free meals. Over 74% provided emergency financial assistance (for basic living material needs) for members of their congregations and 63% provided the same for the community-at-large. The faith community supports other community initiatives by providing volunteers and meeting space.

There were several community challenges that tied for receiving the most responses in the faith-based key informant survey. These included alcohol and other drugs, unemployment/ under-employment, poverty, lack of jobs, adults and children with mental or emotional issues, and obesity.

Results were also similar to other surveys that asked for the top reasons which prevented residents from getting the necessary health care (e.g. no insurance, insurance didn't cover what was needed, and deductible/co-pay was too high).

Members of the faith-based community reported that in-patient mental health services for adults, services for low-income, and services for alcohol and other drug abuse were the greatest gaps in health care services (41.0% each). They responded that mental health/depression/suicide prevention and teen pregnancy were the two greatest needs for health education and prevention services.

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D.   Labor Council Surveys

The purpose of the Labor Council survey was to gather information and develop a stronger understanding of the ways in which citizens and labor unions are engaged in the effort to support and strengthen the community. The Labor Council survey and cover letter was distributed in August 2012. A total of 17 surveys were sent with 11 returned or 64.7%.

The results of the surveys conducted showed the extent of charitable contributions and number of volunteer hours contributed by the union members in Blair County. Over 63% reported that union members with specific skills are made available to community groups to assist with projects. The labor unions are most involved in community initiatives and programs that prepare people for jobs, promote quality education, and promote volunteerism.

Over 81% provide information and education to its members on topics related to health, education, or other types of support.

E.   Business Survey

A survey was sent to the business community in cooperation with the Blair County Chamber of Commerce; however, the response rate was not significant enough to be included in the community health needs assessment results or this report.

F.   Healthcare Provider Interviews

Interviews were conducted with 24 healthcare providers representing a variety of disciplines such as physicians, dentist, school nurse, pharmacist, behavioral health, hospice, optometrist, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs, environmental factors driving or creating healthcare needs in our county, the needs related to special populations, and programs and initiatives currently underway to address the those needs.

Healthcare providers ranked obesity (40.9%) as the number one concern followed by mental health services (31.8%) and availability of primary care providers especially those willing to take patients with complex health needs or no health coverage (22.7%).

Forty-five percent (45.5%) of healthcare providers believe that lack of jobs and other economic factors was the greatest driving force. But they also stated that lack of motivation to be healthy and lifestyle choices are a contributing factor (40.0%) along with poor eating habits (22.7%).

Over 30% of respondents felt that significant mental health issues affected certain populations and there needs to be increased services for individuals who have both mental health and substance abuse issues. Addressing mental health needs of children both through the school and in the community was highlighted. Parenting support and education was the second highest response (20.0%) followed by combating obesity and encouraging more physical activity for children (15.0%).

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G.   Youth Focus Group

In order to gain input from youth regarding their perceptions of issues within Blair County, a focus group was conducted in February 2013 in cooperation with the Salvation Army. There were thirteen youth ages 12-20 with eight girls and five boys. Since this group was mostly from the Altoona area, their responses may not reflect the entire county but their input and participation were valuable in understanding their perceptions.

The youth participating in the focus group were asked to talk about strengths (what was good about Blair County). Their responses reflected access to activities commonly used by youth such as movie theatres, bowling alleys, restaurants, and the mall. They also believe that teens care about the community. However, they also felt that the lack of cultural activities followed by alcohol and other drug abuse and lack of recreational facilities were the top three concerns for Blair County.

For their specific population, the young people ranked teen pregnancy as the greatest concern with twelve out of thirteen ranking this number one following by obesity, shortage of recreational facilities, and bullying/harassment.

Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is also useful as a mechanism to answer whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. Members of the Data Analysis Work Group, along with the Director collected state and local secondary indicator data on demographics, economy, education, environment, health, housing, leisure activities, safety, social issues, and transportation. Data were obtained from a variety of federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Welfare, Pennsylvania Department of Health, Center for Disease Control, County Health Ranking Report, BRFSS, etc.

Demographic Highlights for Blair County

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

According to the 2010 data from the U.S. Census Bureau, the population of Blair County is 127,089. From 2000 to 2010 the population of Blair County decreased by 1.6% while Pennsylvania's population increased by 3.4%. Blair County's population projections suggest relatively flat growth. Blair County is fairly homogeneous with white persons representing 96% of the county's population. Women slightly outnumber men with 51.4% of the population being female and 48.6 % male.

In general, it is a county with a large older population without children. At the same time, Blair County is

losing younger professional adults with children. From 2000 to 2010, the 19 and under age cohort declined from approximately 33,500 to 29,900 (a decline of nearly 11 percent). The 20 to 64 year old working age population in Blair County remained virtually unchanged from 2000 - 2010. However, projections to 2030 show a slight to moderate decline. Lastly, the 64 and older age cohort grew 15.0% from 2000 – 2010. In the county, people 65 years and older represent 17.7% of the total adult population. That is the only population expected to continuing growing over the next few decades.

Blair County Health Care Resources

Hospitals

There are three acute care non-profit hospitals in Blair County: UPMC Altoona (380 licensed beds), Nason Hospital (45 licensed beds), and Tyrone Hospital (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and HealthSouth Rehabilitation Hospital.

Physicians

There are approximately 428 physicians (MD, DOs, and DPMs). Altoona Regional Partnership – Health Community Free Clinic and Primary Health Network: Altoona Community Health Center (FQHC) are serving specific populations within the county.

Other Facilities

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

Key Community Health Needs for Blair County

As a result of this community health needs assessment, the priority challenges and strategies identified for Blair County are:

- ◉ Promoting a Healthy Lifestyle (obesity, physical inactivity, and diabetes)
- ◉ Alcohol and Other Substance Abuse
- ◉ Mental Health Needs of Children/Adolescents
- ◉ Smoking and Tobacco

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

Strategy 1: Promoting a Healthy Lifestyle

As a result of the community health needs assessment, the first strategy chosen as a priority reflected the need to promote a healthier lifestyle for the residents of Blair County. Although concerns regarding lack of jobs and unemployment/underemployment were of the most concern for residents and the community at large, obesity and being overweight ranked among the highest of health-related concerns. This category also includes lack of physical activity and diabetes. Based on the 2012 CHNA household survey, 70.5% of respondents felt obesity was the greatest health-related community challenge while 38.9% reported being overweight as a problem within their household. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", obesity was ranked either number one or two in all household surveys and ranked in the top four of every other survey group.

As part of their interview, healthcare providers ranked obesity (40.9%) as the number one community health need. Their concern was for children in particular who experience poor diets and lack of physical exercise on a regular basis.

The results of the County Health Rankings Report for Blair County have not been positive overall. In 2013, Blair County ranked 56 out of 67 counties (67 being the lowest ranking). The trend has improved somewhat over the past four years since 2010 (ranked 63), 2011 (ranked 62), and 2012 (ranked 56). When reviewing more closely the health outcomes and health factors, we are ranked 46 for healthy behaviors but 25 for clinical care. For physical environment which includes both access to recreational facilities, daily fine particulate matter, fast-food restaurants, and limited access to healthy foods for low-income residents, the rank is 57.

According to that same report, 32% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 29.0% and the national benchmark at 25.0%. In Blair County, 31.0% of K-6 students and 33.0% of students in grades 7-12 are considered overweight or obese. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 7,387 as compared to Pennsylvania at 6,973.

Other data from the County Health Ranking Report indicates the percent of adults reporting fair or poor health is higher in Blair County (21.0%) than Pennsylvania at 14.0%. The number of physically unhealthy days reported in the past 30 days was 4.9% for Blair County as opposed to 3.5% for Pennsylvania. The report indicates the ranking for physical inactivity among adults in Blair County is 31.0% again comparing that with Pennsylvania at 26.0% and the national benchmark at 21.0%.

According to the Center for Disease Control, obesity rates in Blair County increase from 25.3% to 32.2% from 2005 – 2009. Reports of physical inactivity increased from 26.9% to 30.6% while reported diagnosis of diabetes rose from 9.3% to 10.6%.

The 2012 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 244.4 (per 100,000) as opposed to Pennsylvania at a rate of 194.0 (per 100,000).

Similar results for obesity, lack of physical activity, and diabetes were highlighted in the most recent Behavioral Risk Factor Surveillance System Report for Blair County (2009).

When reviewing the diagnosis-related group for in-patient admissions, the largest of the three hospitals, Altoona Regional Health System, indicated cardiovascular issues as the top reason for at least the last three years (2009 – 2012).

Implementation Strategy for Promoting a Healthy Lifestyle

As of the preparation of this report, the following has been determined by the HBCC Steering Committee, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation strategy for this community health need:

Goal(s):   Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes

Encourage the integration of health and wellness into every aspect of community life.

Coordinate and collaborate with all other agencies currently working on this effort.

Method: Create a work group consisting of individuals and agencies that will work collaboratively to bring together their knowledge, expertise, and resources.

Strategy 2: Alcohol and Other Substance Abuse

Although there have been many proactive initiatives to address alcohol and other drug within Blair County, it continues to adversely affected the quality of life for individuals and the community itself. It was ranked number one by 92.3% of key informants as a major/moderate issue. 100% of respondents to the faith-based key informant survey held the opinion that it was a major/moderate community challenge.

It was the second highest rated issue in the random household survey at 71.3% led only by the lack of jobs at 72.9%. Once again, an analysis based on geographic areas shown no difference in the extent that residents feel it is a community challenge.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", alcohol and other drugs was ranked in the top three in all household surveys

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and ranked in the top four of every other survey group.

The Blair Drug and Alcohol Partnerships is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund, and administer drug and alcohol activities in a county. The SCA provided the Data Analysis Work Group with prevalence data for our community which indicated that over 8,365 individuals have substance abuse issues. Some accessed services through the county public funded system but it is not known how many individuals had private insurance or self-paid for their care.

The prevalence data were compared to actual demand for treatment (SCA and Medical Assistant treatment data). The demand for treatment shows an increased rate of engagement in treatment within the county. This may be a result of having a significant opiate dependent population and concentrated efforts to provide access to treatment for adolescents. The opiate population (to include heroin and opiate synthetic prescription medication) has increased in the last ten years. Alcohol which is also a primary drug of choice has had a slight increase due to increase enforcement of driving under the influence laws. In addition, adolescent services have been provided within the school setting over the last seven years.

Of the subgroup of those persons ages 12 and over, the penetration rate for treatment is 29.0% in Blair County. This is 19% to 22% higher than the national percentage. Of the subgroup of those persons ages 12-17 the data for Blair County show a demand rate of 30.0%. These numbers are probably impacted by the SCA and school partnership that provides school based services.

Overall, the prevalence data show the increased of demand for services in Blair County (29.0%) over the last five years while the national estimated demand rates are .07% to10%. This penetration rate of persons treated is the foundation for the assumption that the demand rate is higher in the Blair County.

Opiates (heroin and opiate prescription medication) continue to be the primary drug of choice at time of admission for substance abuse treatment. The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. Blair County shows lower percentages of prevalence of use in most substances compared to state averages. In addition, over a five year period, Blair County has seen declines in the percentage of youth engaging in substance use in both the lifetime and last 30 days use in most substances (exception smokeless tobacco use). However, adolescents' primary drugs of choice are alcohol and cannabis.

In Blair County, there were over 464 arrests for driving under the influence in 2011.

Implementation Strategy for Alcohol and Other Substance Abuse

As of the preparation of this report, the following has been determined by the HBCC Steering Committee, Blair Drug and Alcohol Partnerships, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation strategy for this community health need:

Goal(s): Explore options for implementing the SBIRT (Screening, Brief Intervention and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Method: Blair Drug and Alcohol Partnerships will be the lead agency to work collaboratively with each of the three hospitals as well as other appropriate medical organization to provide training and resource materials to implement the program.

Strategy 3: Mental Health Needs of Children/Adolescents

Although this strategy will target children/adolescents, the data from the community health needs assessment clearly indicate that mental health concerns are reflected across the Blair County population. Thirty-four percent (34.9%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. That number increased to 43.7% for other survey participants such as those who are involved in the Head Start Program or Family Resource Center. Nearly 85% of key informants stated that children with mental illness or emotional issues was a major/moderate issue. All 100% of respondents to the faith-based key informant survey believe that children with mental illness or emotional issues was a major/moderate community challenge.

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

Healthcare providers ranked mental health services as the second most community health need (31.8%). Many believe that mental health services, including those integrated within the school system for children are a critical need.

In 2011 – 2012 fiscal year, over 6,341 residents of Blair County received mental health services through the Behavioral Health Managed Care provider with another 3,747 uninsured individuals also receiving care. This represents 112% and 98% of the national average for these groups respectively. Over the last five years, an average of $30,000,000 annually has been spent for mental health services in the county alone.

Blair County has the fifth most active crisis center in Pennsylvania for volume of patients served.

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population. The national annual suicide rate is 12 per 100,000 with the highest rate of completed suicides among the elderly. The rate in Blair County is higher at 15.6% for all age groups.

The number of Student Assistance Program referrals for suicide ideation, gesture, or attempt in Blair County for the 2010 – 2011 school year was 51 out of a total of 1,458 referrals. There were also 96 referrals for students who had suffered a recent loss. As indicated on the Pennsylvania Youth Survey, youth in Blair County also report symptoms of depression with 30.3% of students feeling depressed or sad most days.

Although Blair County hospitals and other mental health providers are constantly trying to improve access to mental health services, the County Health Rankings Report examined the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers, including child psychiatrists, psychiatrists and psychologists active in patient care in a given county. For Blair County, that ratio was 3736:1 as compared to Pennsylvania overall at 1789:1.

Implementation Strategy for Mental Health Needs of Children/Adolescents

As of the preparation of this report, the following has been determined by the HBCC Steering Committee, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation strategy for this community health need:

Goal(s):   Conduct a feasibility study for an adolescent in-patient facility located in Blair County.

                 Explore unmet needs of children/adolescents as related to mental health services.

Method: Although UPMC Altoona in particular identified this as a priority in their hospital strategic plan, both Nason Hospital and Tyrone Hospital acknowledge that this is a need and strategy that will benefit all of Blair County.

Strategy 4: Smoking/Tobacco (environmental strategy)

The last strategy chosen as a result of the community health needs assessment involves smoking and tobacco use. Based on the 2012 CHNA household survey, 60.7% of respondents felt smoking and tobacco use was a major/moderate concern. The results were similar for the survey conducted by the other four agencies at 59.4%. When asked about household challenges, 14.0% experienced negative effects of smoking and tobacco use. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results for Northern and Central Blair County in particular.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", tobacco prevention and cessation was ranked in the top four in all surveys administered to households except those conducted by other agencies.

According to the County Health Ranking Report for Blair County, 23.0% of the adult population in Blair County currently smoke every day or "most days" and has smoked at least 100 cigarettes in their lifetime. This is in comparison to Pennsylvania at 21.0%. Twenty-seven percent (27.3%) of mothers in Blair County report smoking during pregnancy. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions.

According to the 2012 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 201.4 (per 100,000) as compared to Pennsylvania at a rate of 183.8 (per 100,000).

Implementation Plan for Smoking/Tobacco (environmental strategy)

As of the preparation of this report, the following has been determined by the HBCC Steering Committee, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation strategy for this community health need:

Goal(s):   Explore options for implementing policies and programs that promote a smoke free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).

Method: Create a work group consisting of individuals and agencies that will work collaboratively to bring together their knowledge, expertise, and resources.

Tracking the Progress and Outcomes of all Strategies

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. As of the preparation of this report, the HBCC, UPMC Altoona, Nason Hospital, and Tyrone Hospital are finalizing plans with the Pennsylvania Office of Rural Health to fund a Healthy Communities Institute web-based information system which will provide quality community health assessment data, health indicator tracking, and mechanism for sharing the progress with stakeholders and the community itself.

Other Relevant Indicator Data

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, etc.). By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas.

A.   Highlights: Economy and Education Data

- Blair County is suffering from economic struggles and its residents expressed that in the household survey results. Taking into consideration all the surveys conducted, between 66.8% to 72.9% of people ranked lack of jobs as the greatest challenge for the county. Over one-quarter (26.5%) of residents in the household survey found it difficult to budget and over 40.3% of respondents (other agency household survey) were not able to afford recreational or entertainment activities.

- In the 2007 needs assessment, 77.0% of key informants agreed that unemployment/ under-employment was a major/moderate issue. In the 2012 community health needs assessment that number increased to 92.3%.

- The average per capita income for Blair County is $32,995 which is lower than that for Pennsylvania at $40,604. Estimated median household income and wages are also lower for Blair County. This is due in part to Blair County having more technical-service type jobs that tend to pay lower wages.

- The average unemployment rate in Blair County has ranged from 4.2% to 7.0% in the time period from 2000-2011 and is currently slightly less than the state's rate at 7.9%. In addition, there are over 7,312 persons with disabilities in Blair County who are either not employed or not in the labor force.

- The cost of living in Blair County is 88.3 (less than the U.S. average at100). This number is based on an index number which reflects price or quantity of goods compared with a standard or base. The base usually equals 100. Therefore, Blair County has a lower cost of living.

- In Blair County, the use of food stamps and medical assistance is higher than the state average with one in five people getting assistance. Fifteen percent of people are getting food stamps and 21.0% are receiving medical assistance. This reflects an increase in the numbers from the 2007 needs assessment which were at 12.0% and 20.0% respectively.

- The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 45.0% (2010) as compared to Pennsylvania at 39.1%.

- The 2010 estimated poverty rate in Blair County at 13.3% is almost equal to the Pennsylvania rate at 13.4%. However, the estimated poverty rate for children under 18 in Blair County is 19.6% which is higher than that of Pennsylvania at 18.9%.

- The number of clients receiving homeless assistance in Blair County was 2,442 in 2011.

- When reviewing education indicator data, the high school graduation rate for Blair County is 90.1% as compared to the state at 88.4%. However, those earning a bachelor's degree or higher is much less than the state at 27.1% compared to Blair County at 16.1%. The high school dropout rate for Blair County is 1.67% which is comparable to Pennsylvania is at 1.7%.

- The average adult literacy rate in Blair County is 13.0% (2003).

- According to the latest Reach and Risk Report, children in Blair County are at moderate-high risk of school failure. When children experience risk factors such as living in economically stressed families, poor or no pre-natal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. The more risk factors the child experiences, the greater his/her risk of school failure. This data indicates that 7,227 children in Blair County fall into this category.

B. **Highlights: Health Care Data**

- Survey participants were asked whether there were problems which prevented individuals and/or family members from getting the necessary health care. The response was the same no matter who completed the survey, their affiliation, or geographic area. The top three responses were almost always consistent: no health insurance, insurance didn't cover what was needed, or the deductible/co-pay was too high. In a few instances, some claimed that the doctor, dentist, or pharmacist won't take insurance or Medicaid. On a positive note, over 66.0% of households did

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not have a problem which prevented them from getting health care. This varied at 49.5% for those persons completing the survey who are income eligible for programs.

⦿ Another question on the survey asked, "What are the greatest gaps in health care services for Blair County?" Dental care (29.3%) received the most responses. According to a 2012 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 29.0% accepted Medicaid, 22.0% accepted Medicare, and 88.0% accepted private insurance. The percent of dentists accepting new patients decreased. The response to that same question from key informants, service providers, and other community groups differed in that in-patient and out-patient mental health services was most often their top selection followed by services for low income residents.

⦿ The five leading causes of death in Blair County are heart disease, cancer, stroke, chronic lower respiratory disease, and accidents. The death rate in Blair County (12.7 per 1000 residents) is higher than in the state (9.8 per 1000 residents). There is also a decrease in birth rate making Blair County an aging population.

⦿ According to the County Health Rankings Report, Blair County residents have limited access to healthy foods. In addition, 54% of all restaurants are fast-food establishments.

⦿ About 21.0% of the population in Blair County is eligible for medical assistance as compared to 17.0% for Pennsylvania. Approximately, 5,658 adults ages 65 and older are enrolled in Pennsylvania's prescription assistance program (PACE/PACENET).

⦿ Data taken from the 2012 County Health Rankings Report indicate 15.0% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania. Without health insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use. Fourteen percent (14%) of adults in Blair County could not see a doctor because of cost. Results from the 2012 Household Survey indicate that between 13.0% to 25.1% use a hospital emergency room for routine health care.

⦿ The percentage of uninsured children under 18 years old in Blair County was 4.7%. The percentage of children under age 19 with Medicaid coverage was 40.7%. The percentage of children under age 19 with CHIP coverage was 7.8%.

⦿ The teen birth rate for Blair County stands at 33 which is higher than for Pennsylvania at 29 (birth rate per 1,000 population). There were 135 teen births (ages 19 and under) in Blair County in 2010. Teen pregnancy was reported as a major/moderate issue by over 50.0% of households. It was the top rated concern for the youth as shared in the youth focus group.

C.   Highlights: Social and Community Safety Data

⦿ In the Blair County 2007 Household Survey, 70.4% of those responding ranked crime as the number one major/moderate community challenge. In the 2012 Household Survey, that number

dropped to 60.9%. Seventy-one percent of key informants felt that crime was a major/moderate issue which also dropped from their response in 2007 at 78.9%. There may be several reasons for this decrease including proactive crime prevention and aggressive enforcement efforts by state and local enforcement as well as support from community and business leaders. In addition, economic concerns and health-related questions being added to the survey could have altered the responses.

- Blair County's overall crime rate dropped 9.8% in 2012. There were 2094 Part 1 crimes at a rate of 2277 per 100,000 as compared to the state rate at 2586. There were 6134 Part 2 offenses at a rate of 4811 per 100,000 as compared to the state at 4689 per 100,000.

- Since 2007, over 2.5 million dollars has been raised through business, individuals, organizations, and federal grants to fund law enforcement, prevention, and treatments programs to combat crime and substance abuse in Blair County. The implementation of a variety of specialty courts has also had a positive impact.

- The motor crash death rate is higher in Blair County (15 per 100,000) than the Pennsylvania rate at 12 per 100,000.

- Although having unsafe schools was not listed as one of the top community challenges/issues in the household survey, the data verify that incidents are occurring in schools within Blair County at or near the same rate as reported by the state.

- Students in Blair County (grades 6, 8, 10, and 12) reported on the 2009 Pennsylvania Youth Survey that overall 46.6% had been teased, called names, or made fun of while 56.8% had other students telling lies or spreading false rumors. These results are slightly higher than those reported by students across the Commonwealth. Although not ranked as high as other issues, about 48.0% of participants in the household survey considered bullying a major/moderate issue with approximately 24% reported having children who were being bullied/harassed.

- The percentage of unserved children eligible for publically funded Pre-K in Blair County is 66.1% which is lower than the state percentage of 72.3%.

- There are 1,950 children in Blair County receiving in-home services through the child welfare system.

- The latest child abuse statistics (2012) indicate 405 reports of child abuse in Blair County with 51 being substantiated (12.6%). The total substantiated reports per 1000 children is at 1.9% which is higher than the state percent at 1.3%.

D.   Highlights: Miscellaneous Data

- Thirty-five percent of the population in Blair County lives within a half-mile of a park.

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Conclusions

Everyone involved in this endeavor, including the Steering Committee, hospitals, members of the Healthy

Blair County Coalition, healthcare providers, and participants is committed to strategies that create clearly recognizable improvement in the lives of Blair County residents. This can be accomplished by creating new partnerships and by joining existing collaborations to focus on results that create measurable impact on the four priority challenges and issues that were identified by survey results, interviews, the focus group, and supported by indicator data.

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

One of our goals is to promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them.

We take our next step by sponsoring a formal event releasing the *Blair County Profile II: Community Health Needs Assessment*. Each of the three hospitals chose to collaborate with each other on the CHNA and each hospital board approved this joint CHNA report. Although UPMC Altoona, Nason Hospital, and Tyrone Hospital may already have initiatives and programs aimed at addressing the community health needs that were identified in this CHNA, all three facilities have agreed to adopt a joint implementation plan as permitted by the IRS guidelines. Each hospital has chosen specific strategies that they as individual facilities will take a lead in implementing but each will also collaborate on the implementation of all four new strategies adopted by the Healthy Blair County Coalition Steering Committee.

Individuals and organizations from Blair County will be invited to hear the results of the community health needs assessment, receive a copy of the Executive Summary, and join the hospitals and Healthy Blair County Coalition in developing and assisting with the Implementation Plan. Work groups will be formed to address specific priority areas.

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

How to Use and Obtain Copies of This Report

This report summarizes the community health needs assessment process adopted by the Healthy Blair County Coalition and utilized by UPMC Altoona (Altoona Regional Health System), Nason Hospital, and Tyrone Hospital to satisfy the requirements of the Patient Protection and Affordable Care Act.

The initial stages of this effort in Blair County began in early 2007 and involved the collection of data from multiple sources, including several different types of surveys, public indicator data, focus groups, and community meetings. Reference to that needs assessment and comparison of results and trends for the community health needs assessment are included in this report. The Executive Summary on pages 10 - 30 provides a concise overview of the findings from all the data sources. For those who want more information on methods and findings within each data type, the body of the report provides more detail as outlined in the table of contents.

Readers are urged to keep track of which particular set of findings they are reviewing and systematically work through these different sources of information. References for all sources of data are included at the end of each page. Finally, the report outlines the preliminary plans for the implementation of the four strategies chosen by the Steering Committee and hospitals. A subsequent document will be prepared outlining in greater detail the implementation plan for the four chosen strategies and community resources available to address the need.

For those who want electronic access to the information contained in this report, please visit the website of the Healthy Blair County Coalition (www.healthyblaircountycoalition.org). If you have questions or would like more information on how to become involved, please contact any member of the Steering Committee or the Director of the Healthy Blair County Coalition at (814) 944-0884 ext. 305.

This report is also posted on each hospital's website.

UPMC Altoona (www.UPMCAltoona.org under the health library tab and then community health tab).

Nason Hospital (www.nasonhospital.org)

Tyrone Hospital (www.tyronehospital.org)

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

Public input is invited and may be provided to:

Healthy Blair County Coalition
5414 6th Avenue
Altoona, PA   16602
info@healthyblaircountycoalition.org

UPMC Altoona Administration
620 Howard Avenue
Altoona, PA   16601
info@altoonaregional.org
or by clicking on the public comment reply button

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

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

Section One:
Blair County Community Health Needs Assessment

A. Collaboration and Implementation of the Community Health Needs Assessment

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

Figure 1: Healthy Blair County Coalition Organizational Chart
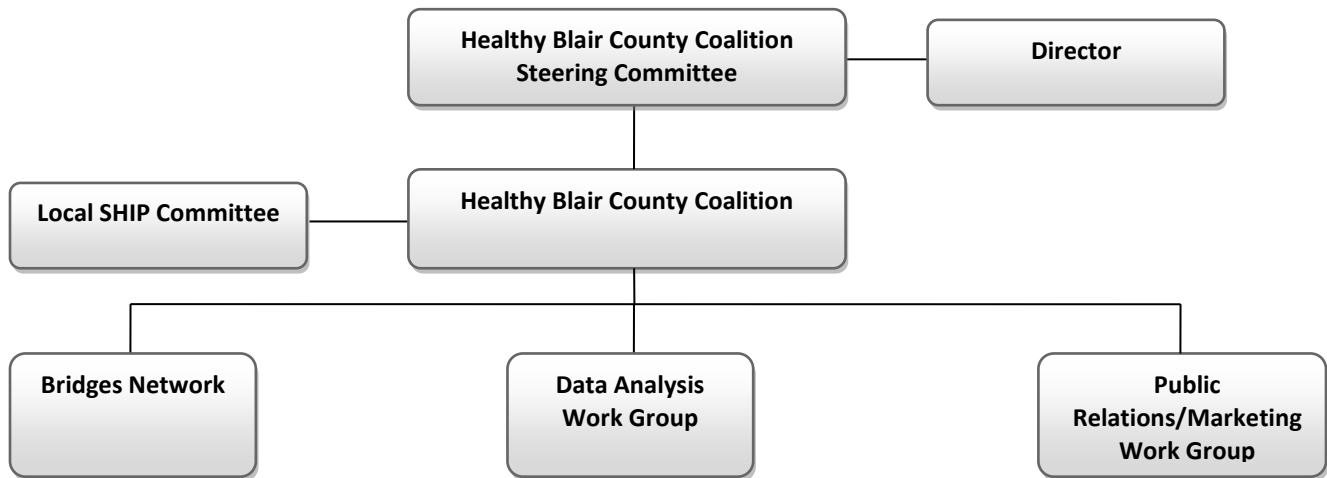
B. Healthy Blair County Coalition Steering Committee

The Steering Committee for the Healthy Blair County Coalition was responsible for directing the community health needs assessment, the development of the strategies to meet identified needs, and the tracking and monitoring of programs and interventions. This group meets at least monthly to oversee the needs assessment and to assure that the process was moving forward appropriately. The following persons serve as members and were involved in the community health needs assessment:

Robin Beck, United Way of Blair County (social services)
Patricia Burlingame, Altoona Area School District (education)
Cathy Crum, Blair County Department of Social Services (social services)
Donna D. Gority, Former, Blair County Commissioner (government)
Stephen Gildea, Tyrone Hospital (health care)
Coleen A. Heim, Healthy Blair County Coalition Director
Kevin Hockenberry, UPMC Altoona (health care planning)
Garrett Hoover, Nason Hospital (health care)
Shawna Hoover, Operation Our Town (crime)
James Hudack, Blair County Department of Social Services (mental health)
Lauren Jacobson, Penn State Altoona (higher education)
Amy Marten-Shanafelt, Blair HealthChoices (behavioral health)
Patrick Miller, Altoona Blair County Development Corporation (economic development)
Judy Rosser, Blair Drug and Alcohol Partnerships and Coalition Chairperson (social services)
Tim Salony, Blair County Library System (community member)
Tom Shaffer, Penn State Altoona (higher education)
Bill Young, Sheetz, Inc. (business)

C.   Healthy Blair County Coalition (HBCC)

The Steering Committee collaborated with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing the Implementation Plan later in the effort. A special thank you to every person and agency that supported the first and now this second community needs assessment. The HBCC is comprised of the following community partners:

Category	Members
Social Services/ Charities/Advocacy	Allegheny Lutheran Social Ministries; American Red Cross; Big Brothers/Big Sisters of Blair County; Blair County Children, Youth, and Family Services; Blair County Community Action Agency; Blair Senior Services; Catholic Charities, Inc.; Center for Independent Living; Child Advocates of Blair County/Teen Link Connection; Family resource Center; Family Services, Inc.; Operation our Town; Senior Life; and The ARC of Blair County.
City Government	Altoona Planning Commission
County Government	Blair County Commissioner (retired); Blair County Department of Social Services; and Blair County Planning Commission.
State Government	Pennsylvania Office of Attorney General.
Public Health	Pennsylvania Department of Health – State Health Center Altoona
City/County Groups	Blair County Health & Welfare Council; Central Pennsylvania Community Foundation; and United Way of Blair County.
Education	Altoona Area School District; Blair County Head Start; Penn State Altoona; and Penn State Cooperative Extension.
Hospital	Altoona Regional Health System (UPMC Altoona); Nason Hospital; Tyrone Hospital; and James E. Van Zandt Medical Center.
Healthcare Provider/ Behavioral Health	Altoona Regional Health System Behavioral Health; Blair Medical Associates; Family Behavioral Resources; Home Nursing Agency; and Lytle EAP Partners.

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Business	Altoona Blair County Development Corporation and Blair County Chamber of Commerce.
Criminal Justice	Blair County Juvenile Probation.
Library	Altoona Area Public Library and Blair County Libraries System.
Substance Abuse Prevention/Treatment	Blair Drug and Alcohol Partnerships and Pyramid Healthcare.
Health Insurance/ Managed Care	Blair Health Choices and Coventry Care.

D.   Director of the Healthy Blair County Coalition

A consultant was hired to assume the role of part-time Director. This person was responsible for the day-to-day administration of the community health needs assessment; scheduling and facilitating meetings; distributing the surveys; maintaining an expense report; attending briefings/webinars on the CHNA process, and preparing the final report. The Steering Committee, HBCC, and work groups were provided with meeting agendas and minutes. In addition, a Google Group was established for posting of all relevant needs assessment documents. A website was launched in October 2012.

E.   Work Groups

Members of the Coalition served on three workgroups.

Data Analysis Work Group - The Data Analysis Work Group reviewed all primary indicator data such as survey results and will assist in the collection and analysis of secondary indicator data for Blair County.

Bridges Network - As a result of the first needs assessment, a Poverty Work Group was formed to research model programs, develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues, and to develop a model to coordinate services such as emergency financial assistance in order to effectively use resources available within the county. This work group continues to meet on a bi-monthly basis and is one of the strategies still supported by the HBCC Steering Committee. Some of the activities of this work group include:

- Conduct the Bridges Out of Poverty Training.
- Plan a Poverty Simulation in Blair County.
- Explore options for developing a model to coordinate services such as emergency financial assistance in order to effectively use resources available within the county.
- Encourage and support programs aimed at financial literacy.
- Work with and/or expand programs that provide resources to students from low-income families at the elementary, secondary, and higher education levels, address concerns, and needed support.
- Work with various agencies to reduce tobacco use and second hand smoke exposure in low income families by implementing (FAN) Fresh Air Now-Smoke-free home and car campaign.

Public Relations/Marketing Work Group - This work group was formed to provide awareness of the Healthy Blair County Coalition, inform residents and community members about the surveys and how to participate, share the results of the needs assessment and other data collections, including the strengths and assets of Blair County, and lastly to increase collaboration and partnerships among all aspects of the community by providing an opportunity to participate in the Coalition.

F.   Data Entry

The Center for Community-Based Studies at Penn State Altoona was a valuable resource by providing the resources necessary for data entry and analysis. Data were entered using survey monkey then exported into Excel software for further analysis.

G.   Funding

The community health needs assessment process was primarily funded by the three county hospitals including Altoona Regional Health System, Nason Hospital, and Tyrone Hospital. However, several other agencies contributed significantly to the project including Blair Drug and Alcohol Partnerships, Family Resource Center, Penn State Altoona, and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, and volunteer hours were provided by many other organizations.

H.   Geographic Area

Since all three hospitals involved in the collaboration primarily serve the residents of Blair County, the Steering Committee with input from the hospitals determined that the scope of the community health needs assessment would be the geographic boundaries of Blair County. The following indicates the percent of each hospital's inpatient population served that is from Blair County: Altoona Regional Health System (68%), Nason Hospital (80%), and Tyrone Hospital (73%).

I.   Input from the Community

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

1. Each hospital has collaborated and obtained input from the Healthy Blair County Coalition Steering Committee. Their names, organizations, and entity they represent within the community are listed above in section B.

2. Members of the Healthy Blair County Coalition (the organizations involved are listed in the HBCC website) had an opportunity to be involved in the CHNA process by attending meetings, serving on work groups, administering the household survey with their clients/consumers, completing the surveys as appropriate for theri organization, and providing secondary indicator data for analysis.

3. Residents of Blair County had an opportunity to complete a household survey which included questions regarding neighborhood/community strengths, community concerns, issues within the household, and healthcare challenges and needs.

4. CHNA surveys were also distributed to a variety of other community groups such as service providers, associations, labor unions, businesses, faith-based organizations, and service providers.

5. A CHNA survey was distributed to key informants such as local, county, and state elected officials; school district leaders and board members; police chiefs; library presidents; media contacts; community foundations; public health entities, civic leaders; county planners; leaders of non-government funding sources; recreation commission; etc. They had an opportunity to share their input and comment on community challenges as well as healthcare needs and gaps.

6. In order to obtain specific information on needs and gaps especially for certain populations within Blair County, interviews were conducted with a variety of healthcare providers, including physicians, dentist, school nurse, pharmacist, behavioral health, hospice, optometrist, health clinics, and other agencies providing medical/behavioral health services.

7. Four other agencies, including one that serves income eligible families and children conducted the CHNA household survey.

8. Representatives from the local health department, Altoona Regional Health System, Nason Hospital, Tyrone Hospital as well as other agencies serving medically underserved populations, low-income persons and/or minority groups served on the Data Analysis Work Group and provided valuable health data and knowledge of local conditions and resources as part of the CHNA process.

9. Lastly, a focus group was conducted for youth in order to gain knowledge from their perspective on community challenges, especially those facing their age group.

Section Two:
Methods

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

That first needs assessment (2007) as well as this one (2012) will provide stakeholders as well as the community with increased knowledge of the current challenges and issues that affect residents of the county, our strengths and assets, and a better understanding of the healthcare needs. The community health needs assessment was enhanced by a mixed methodology which included both quantitative and qualitative community input (surveys, focus group, and interviews) as well as collection and analysis of incidence data through secondary research. The community health needs assessment in Blair County focused on the following areas:

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

A.   Method for Household Survey

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

The household survey which was used in the first needs assessment was revised to include specific healthcare related questions. The Steering Committee determined the scope and data collection method for the household survey. The survey and cover letter clarified definitions for "neighborhood," "community," and "household" and asked households to specify their municipality, borough, or city. The household survey and cover letter are included as Appendix A.

A random sample of 3000 households (approximately six percent) was drawn from the 47,756 households in Blair County so that each zip code was represented according to its percentage of total households in

the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in July 2012, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. The Public Relations/Marketing Work Group along with Coalition members publicized the household survey through television interviews, newspaper and other media releases, hospital and agency newsletters to consumers.

There were 413 surveys returned for a response rate of 13.7%. All survey responses were entered into survey monkey and then exported into Excel which was used for analysis and graphic displays.

The household survey was also administered to clients by four other groups including Child Advocates for Blair County/Head Start Program, Family Resource Center, Altoona Regional Health System's Healthy Living Club program, and Home Nursing Agency. A total of 279 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 692 surveys were returned: 413 from households and 279 from the four groups mentioned above.

B.   Method for Key Informant Survey

The purpose of this component was to assess what community key informants believed to be the strengths, community challenges, and needs of Blair County, including health care. Seventy-eight key informants were asked to complete a survey on survey monkey. Key informants were selected from local, county, and state elected officials; school district leaders and board members; police chiefs; library presidents; media contacts; community foundations; public health entities, civic leaders; county planners; leaders of non-government funding sources; recreation commission; etc.

The key informant survey and cover letter which were emailed in July 2012 are attached as Appendix B. Thirty-nine completed surveys were received, a 50.0% response rate.

C.   Method for Service Provider Survey

The purpose of the service provider survey was to learn about the community assets, programs, and services that are already in place to serve the community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. An Excel spreadsheet distribution list of key service providers in the county was developed and then an email was sent asking participants to complete a survey on survey monkey. In addition, agencies were reminded through the Blair County Health and Welfare Council to complete their surveys. A total of 72 service providers were asked to participate with 30 responding, or 41.6%. The sample was characterized by both large and small agencies and the most significant agencies in the county participated. The survey and cover letter are included in Appendix C.

D.   Method for Associations Survey

An association is a group of citizens working together for a common purpose or common interest. The purpose of the association survey was to create awareness of the Healthy Blair County Coalition while learning how the citizens in the community are already engaged in the process of improving the quality of life. An Excel spreadsheet distribution list of the major associations in Blair County was developed and an email was sent in July 2012 asking the leadership of the association to complete a survey on survey

monkey. A total of 60 associations received the request with 12 responding (20.0% response rate). The association survey and cover letter are included in Appendix D.

E.   Faith Community Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. Two different surveys were distributed to leaders within the faith-based community. In July 2012, information was distributed asking for the asset survey to be completed on survey monkey. The purpose of this survey was to learn about the programs and services that are offered through the faith-based community. The survey also asked questions related to access to health care, gaps, and prevention/education needs. Of the 200 faith-based organizations, 27 responded or 13.5%. The faith-based asset survey and cover letter used in Blair County are included in Appendix E.

It was also suggested that a survey similar to one sent to key informants should also be used to gather information from the faith-based community because that survey asked specifically about strengths, community challenges, and needs of Blair County, including health care. Eighteen faith-based key informant surveys were completed on survey monkey. The faith-based key informant survey and cover letter are included in Appendix F.

F.   Labor Council Survey

The purpose of the Labor Council survey was to gather information and develop a stronger understanding of the ways in which citizens and labor unions are engaged in this effort. The Labor Council survey and cover letter was distributed in August 2012 (Appendix G). A total of 17 surveys were sent with 11 returned or 64.7%.

G.   Business Survey

A survey was also sent to the business community in cooperation with the Blair County Chamber of Commerce; however, the response rate was not significant enough to be included in the needs assessment results or this report.

H.   Healthcare Provider Interviews

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

I.   Youth Focus Group

In order to gain input from youth regarding their perceptions of issues within Blair County, a focus group was conducted in February 2013 in cooperation with the Salvation Army. The facilitators developed materials, including an agenda, questions, and discussion points. The focus group lasted about an hour. There were thirteen youth ages 12-20 representing the Altoona area with eight girls and five boys.

Participants were asked to respond to the following:

- ⦿ What are the strengths/assets of living in our community (Blair County)?
- ⦿ Rank the top five issues for Blair County from issues consistent with those asked in the household survey.
- ⦿ Rank the top five concerns for youth living in Blair County.
- ⦿ What they think should or could be done to make Blair County a healthier place (physically, socially, mentally, and economically.

Information was recorded on their ranking of issues specific to Blair County and their population as well as participant comments and summary points.

Table 1: Blair County Community Health Needs Assessment Survey Tracker[1]

Surveys/Interviews	Surveys Sent	Surveys Returned	Percentage
Household	3000	413	13.7%
Key Informant	78	39	50.0%
Service Provider	72	30	41.6%
Association	60	12	20.0%
Faith-Based	200	25	13.5%
Labor Unions	17	11	64.7%
Household Survey from Other Agencies	N/A	279	N/A
Healthcare Providers	N/A	24	N/A

J.   Collection and Analysis of Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is also useful as to whether research supports or does not support the perceptions of key informants and the general public as reflected in survey results. Members of the Data Analysis Work Group, along with the Director collected state and local indicator data on demographics, economy, education, environment, health, housing, leisure activities, safety, social issues, and transportation. Data

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[1] Blair County Community Health Needs Assessment (2012)

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was obtained from a variety of federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Welfare, Pennsylvania Department of Health, County Health Ranking, Center for Disease Control, etc.

K.   Data Entry and Analysis

All survey responses were entered into survey monkey. With the assistance of Penn State Altoona, Center for Community-Based Studies, the results were exported from survey monkey into Excel which was used for analysis and graphic displays.

Section Three:
Household Survey

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

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

As shown in Table 2, our random household survey (2012) was generally representative of Blair County.

Table 2: Comparisons of Blair County Demographics/Characteristics & Those Completing the Household Survey[2]

Characteristics	Blair County Population	Household Survey (2012)
Gender[1]		
Male	48.6%	34.8%
Female	51.4%	65.2%
Race[2]		
White	96.2%	96.7%
Black or African American	1.8%	1.8%
Hispanic/Latino	1.0%	1.0%
All Others	1.9%	0.6%
Income[3]	$43,243	
Less than $10,000		3.1%
$10,000 - $19,999		15.5%
$20,000 - $34,999		21.6%
$35,000 - $49,999		17.3%
$50,000 - $74,999		19.8%
$75,000 - $99,000		10.7%
$100,000 or above		12.0%
Household[4]		
2 or more adults without children	31.3%	41.9%
2 or more adults with children	16.7%	20.3%
1 Adult with at least 1 child	8.8%	3.4%
1 Adult living alone	29.6%	20.8%
Adult(s) 65 years or older	13.5%	15.0%

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[2] U.S Census Bureau and Blair County Household Survey (2012)

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The household survey results show that the total sample demographics closely reflected the demographic characteristics of the county with regard to geographic location (Table 3).

Table 3: Response by Zip Code and Geographic Area[3]

Response by Zip Code	Blair County Mailings	Household Survey (2012)
Northern Blair County		
Tipton	0.33%	0
Tyrone	10.67%	7.7%
Bellwood	2.26%	1.5%
Total	**13.26%**	**9.2%**
Central Blair County		
Altoona – 16601	24.6%	24.5%
Altoona – 16602	21.9%	23.2%
Altoona – 16603	1.01%	0.0%
Hollidaysburg	12.02%	15.0%
Duncansville	9.67%	10.7%
Williamsburg	3.33%	2.2%
Total	**72.33%**	**75.6%**
Southern Blair County		
Claysburg	2.9%	0.7%
Newry	0.49%	0.0%
Roaring Spring	4.1%	3.6%
Martinsburg	4.4%	5.6%
Curryville	0.12%	0.0%
East Freedom	2.3%	1.0%
Sproul	0.15%	0.2%
Total	**14.41%**	**11.1%**

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[3] Labor Specialties, Inc. and Blair County Household Survey (2012)

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B. Neighborhood/Community Strengths

Both of the household surveys (2007 and 2012) asked recipients to state their level of agreement to six questions regarding neighborhood/community strengths. Respondents are asked to rate the level of agreement on a Likert-type scale (Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, and No Opinion/Don't Know). The household survey captured some of the perceptions that residents have about their neighborhood and/or community including how difficult it is to create and sustain a sense of community.

The results were similar in both surveys as 71% of respondents felt that people in their neighborhood trust each other and two thirds agreed that people in their neighborhoods help each other out when they have a problem or in times of crisis (Figure 2). However, only slightly more than one-third gather together formally or informally to participate in activities.

With regard to volunteering, 38% said that they regularly volunteer in their community with helping a religious group receiving the most responses at 21.8%.

Survey responses are mixed regarding the opportunity to affect how things happen in the neighborhood. More than 67% of respondents felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 78% reported that they vote in most elections.
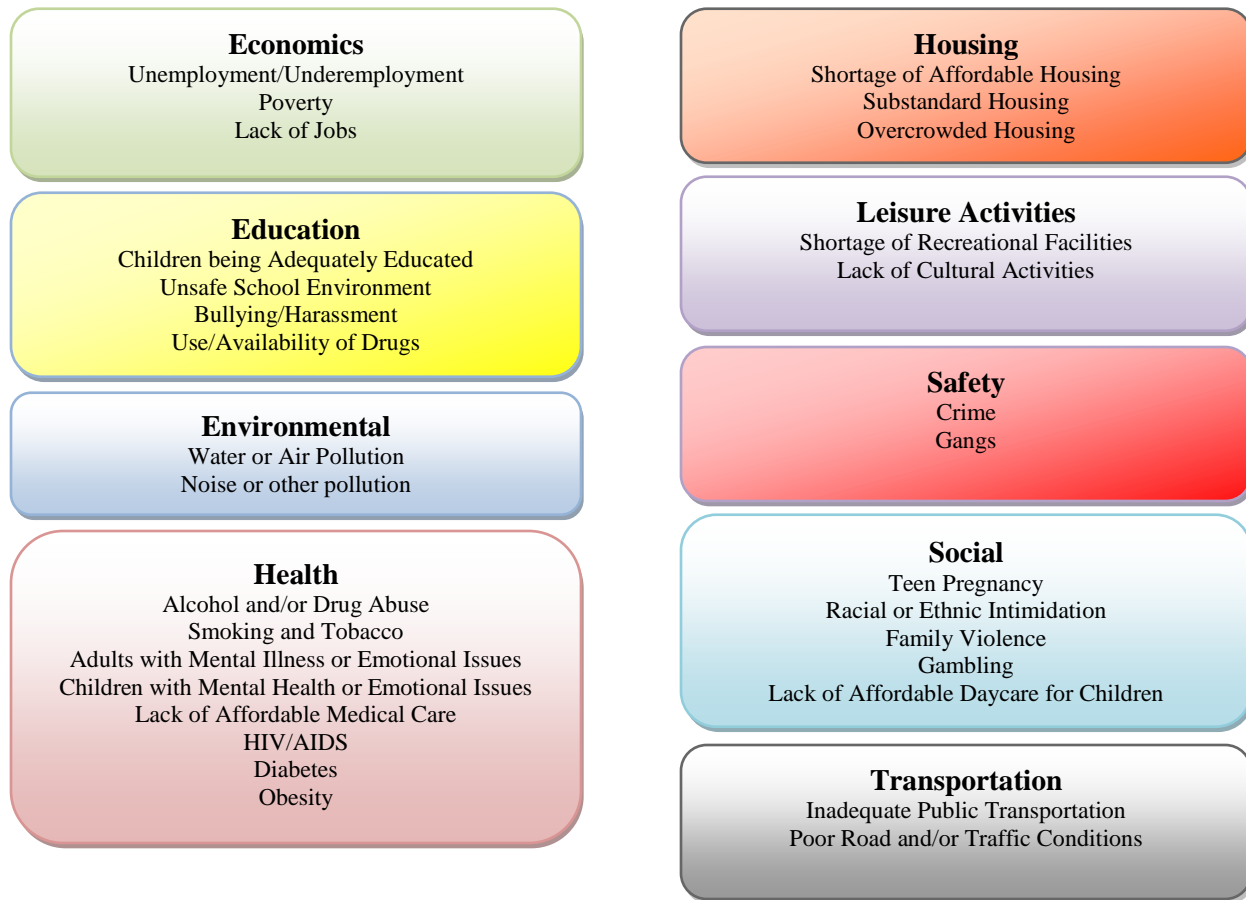
C. Community Challenges and Issues

The household survey asked participants to identify the level of concern (Not an Issue, Minor Issue, Moderate Issue, Major Issue, or No Opinion/Don't Know) regarding 31 different community issues in the categories shown in Figure 2.

A comparison between 2007 and 2012 responses cannot be accurately made since the options changed somewhat for respondents in the 2012 household survey. There were more health related challenges as well as other emerging issues were added such as bullying and gambling. In 2007, the six priority community issues identified for Blair County were (50% or more of respondents identified these as a major/moderate issue): 1) crime; 2) alcohol and other drugs; 3) unemployment or underemployment; 4) lack of jobs; 5) lack of affordable medical care; and 6) poverty.[4]
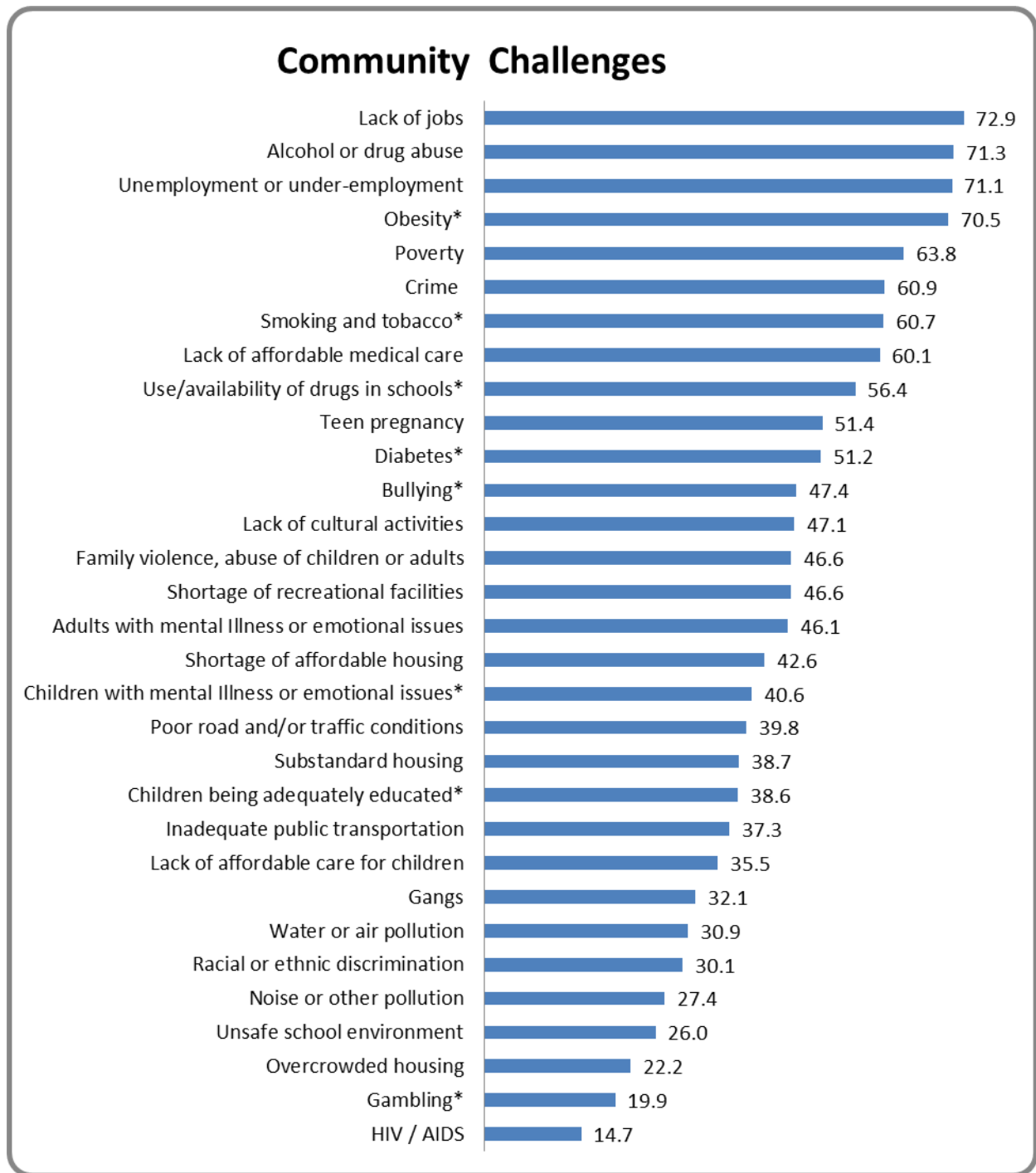
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[4]Blair County Needs Assessment (2007)

Figure 2: Categories of Community Challenges and Issues

Economics
Unemployment/Underemployment
Poverty
Lack of Jobs

Housing
Shortage of Affordable Housing
Substandard Housing
Overcrowded Housing

Education
Children being Adequately Educated
Unsafe School Environment
Bullying/Harassment
Use/Availability of Drugs

Leisure Activities
Shortage of Recreational Facilities
Lack of Cultural Activities

Environmental
Water or Air Pollution
Noise or other pollution

Safety
Crime
Gangs

Health
Alcohol and/or Drug Abuse
Smoking and Tobacco
Adults with Mental Illness or Emotional Issues
Children with Mental Health or Emotional Issues
Lack of Affordable Medical Care
HIV/AIDS
Diabetes
Obesity

Social
Teen Pregnancy
Racial or Ethnic Intimidation
Family Violence
Gambling
Lack of Affordable Daycare for Children

Transportation
Inadequate Public Transportation
Poor Road and/or Traffic Conditions

As can be seen on Figure 3, nearly 73% of respondents identified lack of jobs as well as unemployment/ underemployment as major issues. Alcohol and other drug abuse (71.3%) and obesity (70.5%) were the highest ranking health related issues.

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

Community Challenges

Challenge	Percentage
Lack of jobs	72.9
Alcohol or drug abuse	71.3
Unemployment or under-employment	71.1
Obesity*	70.5
Poverty	63.8
Crime	60.9
Smoking and tobacco*	60.7
Lack of affordable medical care	60.1
Use/availability of drugs in schools*	56.4
Teen pregnancy	51.4
Diabetes*	51.2
Bullying*	47.4
Lack of cultural activities	47.1
Family violence, abuse of children or adults	46.6
Shortage of recreational facilities	46.6
Adults with mental Illness or emotional issues	46.1
Shortage of affordable housing	42.6
Children with mental Illness or emotional issues*	40.6
Poor road and/or traffic conditions	39.8
Substandard housing	38.7
Children being adequately educated*	38.6
Inadequate public transportation	37.3
Lack of affordable care for children	35.5
Gangs	32.1
Water or air pollution	30.9
Racial or ethnic discrimination	30.1
Noise or other pollution	27.4
Unsafe school environment	26.0
Overcrowded housing	22.2
Gambling*	19.9
HIV / AIDS	14.7

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A separate analysis on these same questions was conducted based on geographic areas for the three hospitals with similar results. For northern Blair County (Tyrone Hospital), lacks of jobs, alcohol and other drugs, obesity, and unemployment/underemployment were ranked as the highest concerns in that order. For central Blair County (UPMC Altoona), those same four issues were identified but in a different order (unemployment/underemployment, alcohol and other drugs, lacks of jobs, and obesity). Lastly, the results for southern Blair County (Nason Hospital) reflected the opinions of the other areas (obesity, lack of jobs, alcohol and other drugs, and unemployment/underemployment).

Another subgroup analysis was performed based on age groupings (ages 54 and younger/ages 55 and older). The same four issues of identified in the previous paragraph were identified as community challenges.

D.   Household Challenges and Issues

In the next section of the household survey, participants were asked whether any of the same type of issues had been a challenge or an issue in their household. Respondents were asked to assess whether they found each area to be: Not an Issue, a Minor Issue, a Moderate Issue, a Major Issue, or No Opinion/Don't Know. As Figure 4 indicates, 38.9% of respondents identified being overweight as the top challenge within their household. Having anxiety, stress, or depression was mentioned by 34.9% followed by economic concerns and children being bullied/harassed.

In 2007, the top household issue identified by the residents of Blair County was also anxiety, stress, or depression followed by economic concerns.

The analysis based on geographic areas for the three hospitals once again yielded similar results with anxiety, stress, overweight, and finding it difficult to budget as the highest ranking issues within households.

The subgroup analysis based on age groupings (ages 54 and younger/ages 55 and older) indicated lack of jobs and obesity were of the highest concerns.

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

Household Challenges

Challenge	Percentage
Being overweight*	38.9
Having a lot of anxiety, stress, or depression	34.9
Finding it difficult to budget	26.5
Children being bullied/harassed*	23.7
Not having enough money for food	23.3
Not having enough money to meet my daily needs	23.1
Not being able to find work	23.1
Having diabetes*	23.0
Not being able to afford recreational activities	21.8
Not being able to afford entertainment activities	21.5
Children being adequately educated within their…	18.3
Experiencing noise or other pollution	17.0
Adults experiencing behavior, mental health, or…	16.2
Not being able to get care for a person with a…	16.0
Not being able to afford legal help	15.4
Children being unsafe at school	14.8
Negative effects of smoking/tobacco*	14.0
Children experiencing behavior, mental health, or…	13.9
Living in housing that needs major repairs	13.8
Not having enough money to pay for housing	13.3
Experiencing air or water pollution	12.3
Lack of transportation to get to work, get health…	10.4
Experiencing household crime	10.3
Not being able to find or afford care for children	9.7
Experiencing an alcohol and/or drug issue	9.6
Experiencing family violence*	8.3
Negative effects of gambling*	6.7
Not having enough room in your house for all the…	5.7
Experiencing racial or ethnic discrimination*	5.7
Experiencing household threats from gangs	4.2

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E.   Health Care Challenges and Issues

In order to obtain information from residents on health care issues affecting themselves or members of their family, the first question in this section asked "which of these problems ever prevented your or a member of your family from getting the necessary health care"? Figure 5 below indicates that the type or lack of insurance was the greatest barrier which prevented people from getting health care. Responses were the same for subgroups including the responses from agency clients/consumers; although at a much higher percentage (32.3% for no health insurance and 24.7% insurance didn't cover what was needed). The highest rated responses in the chart were the same regardless of geographic area and age of respondents.

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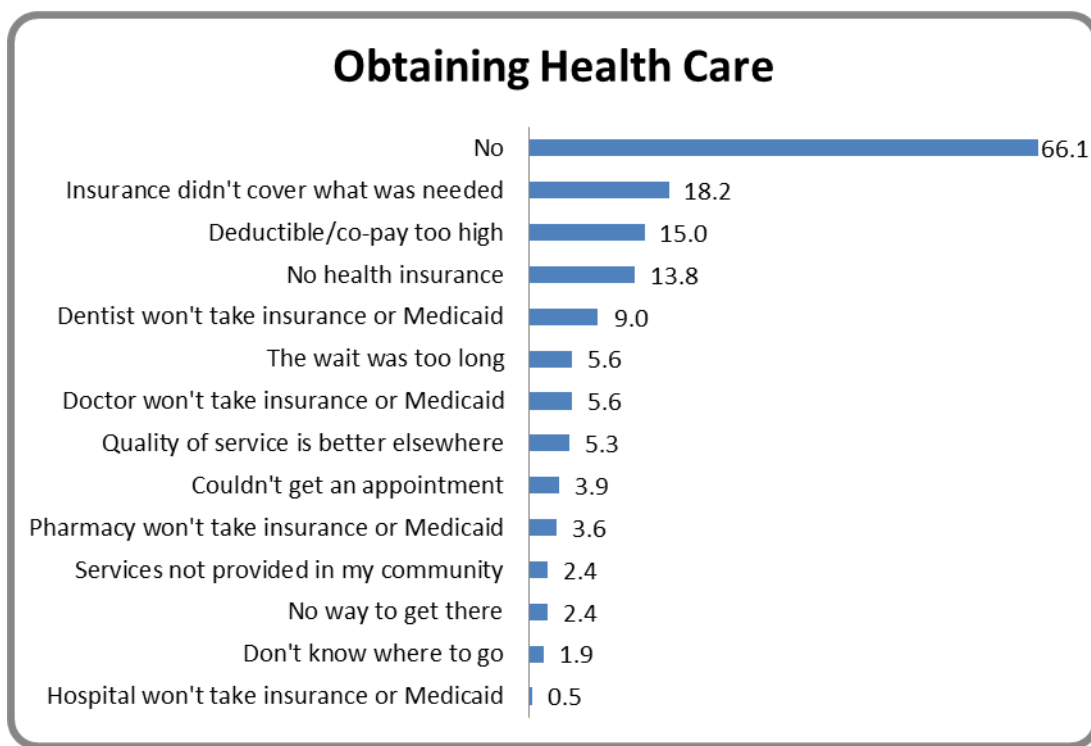
Obtaining Health Care

No	66.1
Insurance didn't cover what was needed	18.2
Deductible/co-pay too high	15.0
No health insurance	13.8
Dentist won't take insurance or Medicaid	9.0
The wait was too long	5.6
Doctor won't take insurance or Medicaid	5.6
Quality of service is better elsewhere	5.3
Couldn't get an appointment	3.9
Pharmacy won't take insurance or Medicaid	3.6
Services not provided in my community	2.4
No way to get there	2.4
Don't know where to go	1.9
Hospital won't take insurance or Medicaid	0.5

Residents were asked their opinions on the great gaps in health care services in Blair County. Once again regardless of geographic area, age cohort, or other grouping, residents felt that the greatest gaps in health care were dental care, services for low-income residents, and prescription drug assistance (Figure 6).

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

Greatest Gaps in Health Care Services in Blair County

Service	Percentage
Dental care	29.3
Services for low income residents	24.7
Prescription drug assistance	23.0
Care for senior citizens	19.6
Out-patient mental health services for adults	14.8
Services for persons with disabilities	11.6
In-patient mental health services for adults	11.4
Family physician	9.9
Out-patient mental health services for...	9.7
Services for alcohol and other drug abuse	7.7
In-patient mental health services for...	7.3
End-of-life care (hospice, palliative care)	6.1
Ability to serve different languages/cultures	5.6

One positive is that over 93% of all residents reported having a family physician and that is where most go for routine health care. However, those responding as part of other agencies administering the survey said that in addition to going to their physician, 25.1% use an emergency room for routine health care.

Figure 7: OBTAINING HEATH CARE SERVICES (Ranked by percentage identified as major or moderate issue).
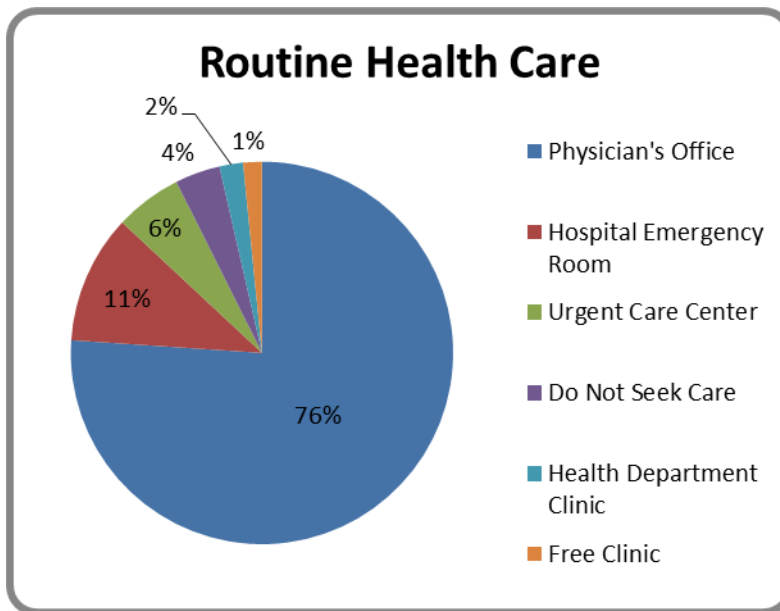
Routine Health Care

Category	Percentage
Physician's Office	76%
Hospital Emergency Room	11%
Urgent Care Center	6%
Do Not Seek Care	4%
Health Department Clinic	2%
Free Clinic	1%

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When asked "what are the greatest gaps in health education and prevention services in Blair County", Figure 7 clearly shows obesity prevention with the highest percentage.

Figure 8: Greatest Gaps in Health Education and Prevention Services (Ranked by percentage identified as major or moderate issue).
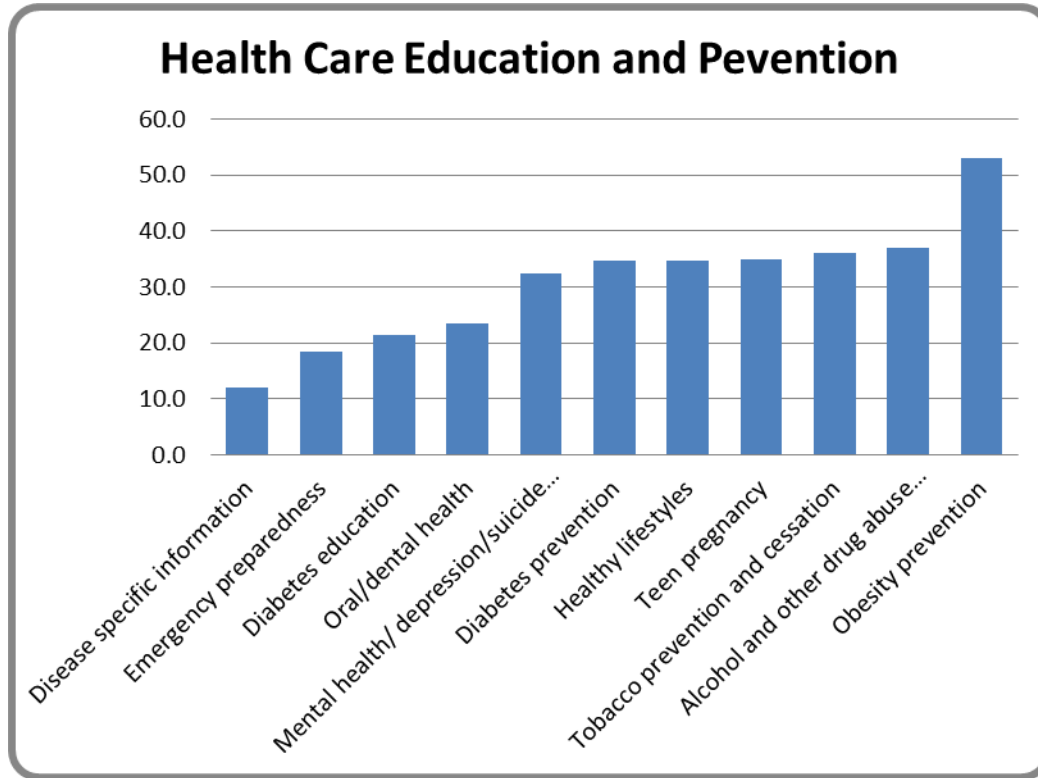
F.   Comparison with Surveys Conducted by other Agencies

Four other agencies involved in the Healthy Blair County Coalition also conducted the household survey with their clients/consumers. Child Advocates of Blair County used the household survey with their Head Start parents as did the Family Resource Center. Altoona Regional Health System's Healthy Living Club program and another group by Home Nursing Agency provided participants an opportunity to take the survey. It was very beneficial in the overall need assessment process in that it provided results from a subgroup that perhaps was underrepresented in the Blair County survey data.

- In comparing the two data sets (Blair County household survey and the other agencies survey), there is general agreement on the top community issues of lack of jobs (66.8%), unemployment/ underemployment (66.7%), and obesity (59.6%). Poverty (60.9%) issues ranked slightly above obesity.

- The top household challenge for families/participants was having anxiety, stress, or depression (43%) followed by financial stressors, including not being able to find work and not being able to afford entertainment or recreational activities.

Section Four:
Key Informant Survey & Health Care Provider Interviews

A.   Key Informant Survey

A survey was distributed to key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospitals CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact our residents and neighborhoods. Table 4 shows key informant survey responses for community strengths and Figure 7 lists community challenges. In addition, the majority agree that our community leaders share common goals to reduce alcohol and drug abuse (84.6%), reduce crime (92.3%), promote good health (71.1%), reduce poverty (56.5%), and address economic development (71.7%).

Table 4: Key Informant Responses for Community Strengths

Community Strength by %	Strongly/Somewhat Agree
Leaders come together and work productively to address critical community issues.	87.2%
Actively promotes positive relations among people from all races, genders, ages, and cultures.	74.4%
All religious groups come together to address pressing social concerns.	79.4%
Actively promotes participation in the political process from all races, genders, ages, and cultures, including persons with disabilities.	64.1%
There exists a great deal of mutual respect among leaders from all sectors of the community.	71.8%

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Figure 9: Key Informant Responses for Community Challenges

Key Informants - Community Challenges

Challenge	Value
Unemployment or under-employment	92.3
Alcohol or drug abuse	92.3
Poverty	89.8
Lack of jobs	89.7
Children with mental Illness or emotional issues*	84.6
Smoking and tobacco*	82.0
Use/availability of drugs in schools*	79.5
Obesity*	79.5
Adults with mental Illness or emotional issues	76.9
Family violence, abuse of children or adults	76.9
Diabetes*	74.3
Lack of affordable medical care	74.3
Shortage of affordable housing	71.8
Crime	71.1
Children being adequately educated*	61.5
Teen pregnancy	61.5
Substandard housing	60.5
Lack of affordable care for children	59.0
Lack of cultural activities	59.0
Shortage of recreational facilities	53.9
Gangs	52.7
Bullying/harassment*	51.2
Inadequate public transportation	48.7
Overcrowded housing	41.1
Racial or ethnic discrimination	36.9
Poor road and/or traffic conditions	35.9
Unsafe school environment	30.8
Gambling*	23.0
Water or air pollution	20.5
HIV / AIDS	12.9
Noise or other pollution	12.9

Key Informant Survey Highlights, Community Strengths, and Challenges:

◉ 87.2% of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productivity to address critical community issues.

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- On a moderate strength level, local key informants believe activities support community cohesion and diversity/inclusion.

- For community strengths, there was moderate agreement that participation in the political process was being promoted and that leaders shared common goals/vision.

- Out of the responses for community strengths, key informants see mainly positive strengths including 71.8% perceive leaders as having mutual respect among all sectors of the community.

- For community challenges across key informant responses (2012), alcohol/drug abuse, unemployment/underemployment, poverty, and lack of jobs were ranked the highest among community issues. The same issues were of concern in the 2007 needs assessment except that crime was the second highest issue then at 78.9% but fell out of the top ranking with a response of 71.1% in 2012. A comparison between 2007 and 2012 responses cannot be accurately made since the options changed somewhat for respondents in the 2012 key informant survey.

- The percentage of key informants who ranked alcohol and drug abuse and unemployment/underemployment as a major/moderate issues in Blair County was 92.3% in 2007 and 2012.

- The top three community challenges identified in the key informant survey were the same as in the household surveys. This was also true for the top reasons which prevented residents from getting the necessary health care (e.g. no insurance, insurance didn't cover what was needed, and deductible/co-pay was too high). Key informants also agreed that obesity prevention and alcohol and other drug abuse were the greatest needs regarding health education and prevention services.

- Key informants believe that out-patient mental health services for adults and out-patient mental health services for children are the greatest gaps in health services in the county.

Key leaders had an opportunity to provide additional comments on community challenges and resources in Blair County. The following quote made by a key informant has been stated one way or another by others throughout the needs assessment process.

"Our community is small enough that the opportunity is available to work collectively to improve resources through shared efforts; however, funding of such programs continues to be a challenge/issue".

B.   Health Care Provider Interviews

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

Summary of Health Care Provider Interviews:

◉ When asked "What do you believe are the top three community health needs", healthcare providers ranked obesity (40.9%) as the number one concern followed by mental health services (31.8%) and availability of primary care providers especially those willing to take patients with complex health needs or no health coverage (22.7%).

◉ Health care providers responded to the second question, "What environmental factors do you believe are driving or creating our community health needs" with 45.5% believing that lack of jobs and other economic factors was the greatest driving force. But they also stated that lack of motivation to be healthy and lifestyle choices are a contributing factor (40.0%) along with poor eating habits (22.7%).

◉ The third question focused on the needs related to special populations in our county (e.g. children, persons with disabilities, adults, medical assistance, etc.). The highest rated responses tended to focus on children. Over 30% of respondents felt that significant mental health issues affected certain populations and there needed to be increased services for individuals who have both mental health and substance abuse issues. Addressing mental health needs of children both through the school and in the community was highlighted. Parenting support and education was the second highest response (20.0%) followed by combating obesity and encouraging more physical activity for children (15.0%).

◉ Health care providers were able to highlight many programs and initiatives already underway in our community to address the needs mentioned above but reinforced the need for a county-wide coordinated effort in order to assess outcomes and demonstrate success.

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Section Five:
Community Asset Surveys

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

A.   Service Provider Survey

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

- Service providers stated that they were most involved in the following four community initiatives: health education/prevention (50%), supporting people with disabilities (50%), reducing poverty and/or working with people in poverty (43.3%), and promoting volunteering (43.3%).

- Of those who responded, over 63% utilize volunteers in providing services for their agency; however, 70% reported that they could use more volunteers.

- Over 93% make an effort to purchase goods and services from local enterprises.

- Over 66% tried to hire people who are transitioning from welfare to work, are disabled, or economically challenged.

- With regard to healthcare challenges, they also believe that lack of insurance (90%), insurance didn't cover what is needed (76.7%), and deductible/co-pay is too high (70%) are the main three reasons that prevent residents from getting the necessary health care.

- Service providers also agree with key informants that prescription drug assistance (56.7%), dental care (50%), and services for low income residents (43.3%) are the three greatest gaps in health care in Blair County.

- Lastly, service providers believe that both obesity and healthy lifestyles (66.7% each) are the greatest needs regarding health education and prevention services.

B.   Associations Survey

Association Survey Highlights, Community Initiatives/Projects, and Assets:

- Associations reported that they were most involved in the following four programs/services: promoting youth development (80%), promoting community networks (80%), promoting volunteering (60%), and promoting good health (60%).

- With regard to healthcare challenges, they also believe that lack of insurance (83%), insurance didn't cover what is needed (83%), and deductible/co-pay is too high (67%) are the main three reasons that prevent residents from getting the necessary health care.

- Those completing the survey believe that dental care (42%) and prescription drug assistance (42%) are the greatest gaps in health care services in the county.

- Lastly, they believe that healthy lifestyles (75%), alcohol and other drug abuse prevention (67%) followed by obesity (58%) are the greatest needs regarding health education and prevention services.

C.   Faith-Based Surveys

Because the faith community is an integral part of not only providing assistance and outreach to people but they also understand the strengths, community challenges, and needs of those that seek help. Therefore, two different surveys were distributed to leaders within the faith-based community.

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

- The survey shows that faith communities are most involved in initiatives that are consistent with their mission. The most common services for members of their congregations were: emergency financial assistance, youth development, and individual/family support. In addition, over 40% provide are involved in soup kitchens, food pantry, and/or providing free meals.

- Over 74% provided emergency financial assistance (for basic living material needs) for members of their congregations as well as 63% provided the same for the community-at-large.

- The faith community supports other community initiatives by providing volunteers and meeting space.

- Over 61% of the congregations reported having a youth group.

- There were several community challenges that tied for receiving the most responses in the faith-based key informant survey. These included alcohol and other drugs, unemployment/ under-employment, poverty, lack of jobs, adults and children with mental or emotional issues, and obesity.

- Results were also similar in other responses for the top reasons which prevented residents from getting the necessary health care (e.g. no insurance, insurance didn't cover what was needed, and deductible/co-pay was too high).

- Members of the faith-based community reported that in-patient mental health services for adults, services for low-income, and services for alcohol and other drug abuse were the greatest gaps in health care services (41.0% each).

- They responded that mental health/depression/suicide prevention and teen pregnancy were the two greatest needs for health education and prevention services.

D. Labor Council Surveys

- The results of the surveys conducted with labor unions showed the extent of charitable contributions and number of volunteer hours contributed by the union members in Blair County shown in Figure 10. Over 63% reported that union members with specific skills are made available to community groups to assist with projects.

Figure 10: NUMBER OF VOLUNTEER HOURS CONTRIBUTED BY LABOR UNIONS
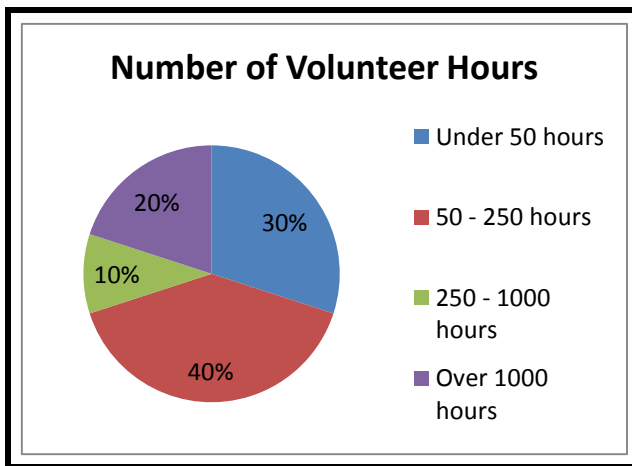
- Over 81% provide information and education to its members on topics related to health, education, or other types of support.

- The labor unions are most involved in community initiatives and programs that prepare people for jobs, promote quality education, and promote volunteerism.

E. Youth Focus Group

Because youth would not have had an opportunity to participate in completing a community health needs assessment survey, a focus group with a selected group of youth was conducted. Since this group was mostly from the Altoona area, their responses may not reflect the entire county but there input and participation were valuable in understanding their perceptions.

Youth Focus Group Highlights, Strengths, and Challenges

- For the first activity, each youth was asked to rank the top five concerns for Blair County from issues under the following categories: The results are shown in Table 5.

Table 5: Youth Focus Group Ranking of Concerns for Blair County

Issues	Number of Responses
Lack of cultural activities	13
Alcohol and drug use	12
Shortage of recreational facilities	12
Racial or ethnic discrimination	6
Teen pregnancy	5
HIV/AIDS	4
Substandard housing	3
Bullying/harassment	2
Unemployment/underemployment	2
Smoking/tobacco use	1
Lack of jobs	1
Poverty	1
Family violence	1
Overcrowded housing	1
Lack of affordable child care	1
Crime	0
Gangs	0
Obesity	0
Adults with mental illness or emotional problems	0
Inadequate public transportation	0
Use/availability of drugs in schools	0
Lack of affordable medical care	0
Shortage of affordable housing	0
Diabetes	0
Unsafe schools*	?
Children being adequately educated	0
Water or air pollution	0
Noise or other pollution	0
Gambling	0

*The unsafe schools option was inadvertently left off the list but was asked about during the comments section.

⦿ Next, participants were asked to talk about strengths (what was good about Blair County). Their responses reflected access to activities commonly used by youth such as movie theatres, bowling alleys, restaurants, and the mall. They also believe that teens care about the community.

⦿ For the next section, the young people were asked to rank the top concerns for youth in Blair County. Teen pregnancy received the highest number of response with twelve out of thirteen ranking this number one following by obesity (11 responses), shortage of recreational facilities (7 responses), and bullying/harassment (7 responses).

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- Some saw a future for themselves (e.g. college, nursing school, married with children, military, emergency services, National Guard) but others did not.

- Lastly, the youth were asked what they think should or could be done to make Blair County a healthier place (physically, socially, mentally, and economically). Some stated that there needs to be more healthy foods and less bars.

Section Six:
Demographics of Blair County

Blair County is located in south-central Pennsylvania and covers a land area of 526 square miles. The County includes the City of Altoona, fifteen townships, and eight boroughs. It also includes a portion of another borough, which is split between the Blair County and Cambria County.[5]

Blair County sits as the heart of the I-99 Corridor and is the crossroads for Route 22 and I-99 covering all points north, south, east and west.

According to the 2010 data from the U.S. Census Bureau, the population of Blair County is 127,089 (Table 6).[6]

From 2000 to 2010 the population of Blair County decreased by 1.6% while Pennsylvania's population increased by 3.4% (Table 6).[7] Blair County's population projections suggest relatively flat growth.[8]
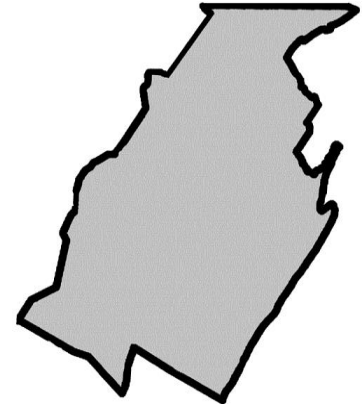
Blair County is fairly homogeneous with white persons representing 96% of the county's population (Table 7). Women slightly outnumber men according to U.S. Census data from 2006. At that time, 51.4% of the population was female and 48.6 % was male.[9]

Table 6: Population and Household Type

Indicator	Pennsylvania	Blair County
	Number	**Number**
Total Population (2010)	12,702,379	127,089
Percent Change 2000-2010	3.4%	-1.6%

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[5] Blair County Planning Commission 2007 Area wide Comprehensive Plan Report for Blair County
[6] U.S. Bureau Estimates (2010)
[7] The Center for Rural Pennsylvania County Profiles
[8] U.S. Census Bureau: Woods and Poole 4ward Planning (2011)
[9] U.S. Bureau Estimates (2010) Quick Facts for Blair County

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Table 7: Age Group and Race[10]

Population by Race (2010)	Pennsylvania	Blair County
White alone	81.9%	96.2%
Black	10.8%	1.7%
Other Race	1.6%	1.0%
Hispanic/Latino	5.7%	1.0%

In general, it is a county with a large older population without children. At the same time, Blair County is losing younger professional adults with children. From 2000 t0 2012, the 19 and under age cohort declined from approximately 33,500 to 29,900 (a decline of nearly 11 percent). The 20 to 64 year old working age population in Blair County remained virtually unchanged from 2000 - 2010. However, projections to 2030 show a slight to moderate decline. Lastly, the 64 and older age cohort grew 15.0% from 2000 – 2010.[11] In Blair County, people 65 years and older represent 17.7% of the total adult population. That is the only population expected to continuing growing over the next few decades.

Blair County Health Care Resources

Hospitals

There are three acute care non-profit hospitals in Blair County: UPMC Altoona (380 licensed beds), Nason Hospital (45 licensed beds), and Tyrone Hospital (25 licensed beds, critical access hospital). In addition, there is the James E. Van Zandt Veteran's Medical Center and HealthSouth Rehabilitation Hospital.

Physicians

There are approximately 428 physicians (MD, DOs, and DPMs). Altoona Regional Partnership – Health Community Free Clinic and Primary Health Network: Altoona Community Health Center (FQHC) are serving specific populations within the county.

Other Facilities

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

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[10] U.S. Census Bureau 2010 Estimates

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Table 8: Patients in Blair County[12]

Insurer	% County Population	Estimated Subscribers
Medicare	20.0%	25,418
Medicaid	20.3%	25,799
Uninsured	8.0%	10,235
Commercial & Managed Care	51.7%	65,637

[12] Data from Altoona Regional Health System

Section Seven:
Strategy 1 – Promote Healthy Lifestyle

Findings and Documented Need

As a result of the community health needs assessment, the first strategy chosen as a priority reflected the need to promote a healthier lifestyle for the residents of Blair County. Although concerns regarding lack of jobs and unemployment/underemployment were of the most concern for residents and the community at large, obesity and being overweight ranked among the highest of health-related concerns. This category also includes lack of physical activity and diabetes. Based on the 2012 CHNA household survey, 70.5% of respondents felt obesity was the greatest health-related community challenge while 38.9% reported being overweight as a problem within their household. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", obesity was ranked either number one or two in all household surveys and ranked in the top four of every other survey group.

As part of their interview, healthcare providers ranked obesity (40.9%) as the number one community health need. Their concern was for children in particular who experience poor diets and lack of physical exercise on a regular basis.

The results of the County Health Rankings Report for Blair County have not been positive overall. In 2013, Blair County ranked 56 out of 67 counties (67 being the worst).[13] The trend has improved somewhat over the past four years since 2010 (ranked 63), 2011 (ranked 62), and 2012 (ranked 56). When reviewing more closely the health outcomes and health factors, we are ranked 46 for healthy behaviors but 25 for clinical care. For physical environment which includes both access to recreational facilities, daily fine particulate matter, fast-food restaurants, and limited access to healthy foods for low-income residents, we rank 57.

According to that same report, 32% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 29.0% and the national benchmark at 25.0%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 7,387 as compared to Pennsylvania at 6,973. Other data from the County Health Ranking Report indicates the percent of adults reporting fair or poor health is higher in Blair County (21.0%) than Pennsylvania at 14.0%. The number of physically unhealthy days reported in the past 30 days was 4.9% for Blair County as opposed to 3.5 for Pennsylvania. The report indicates the ranking for physical inactivity among adults in Blair County is 31.0% again comparing that with Pennsylvania at 26.0% and the national benchmark at 21.0%.[14]

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[13] 2013 County Health Rankings Report for Blair County
[14] 2013 County Health Rankings Report for Blair County

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According to the Center for Disease Control, obesity rates in Blair County increase from 25.3% to 32.2% from 2005 – 2009. Reports of physical inactivity increased from 26.9% to 30.6% while reported diagnosis of diabetes rose from 9.3% to 10.6%.[15] In Blair County, 31.0% of K-6 students and 33.0% of students in grades 7-12 are considered overweight or obese.[16]

The 2012 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 244.4 (per 100,000) as opposed to Pennsylvania at a rate of 194.0 (per 100,000).[17]

Similar results for obesity, lack of physical activity, and diabetes were highlighted in the most recent Behavioral Risk Factor Surveillance System Report for Blair County (2009).[18]

When reviewing the diagnosis-related group for in-patient admissions, the largest of the three hospitals, Altoona Regional Health System, indicated cardiovascular issues as the top reason for at least the last three years (2009 – 2012).[19]

Implementation Plan for Promoting a Healthy Lifestyle

As of the preparation of this report, the following has been determined by the Steering Committee of the Healthy Blair County Coalition, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation plan for this strategy.

Goal(s):   Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes

Encourage the integration of health and wellness into every aspect of community life.

Coordinate and collaborate with all other agencies currently working on this effort.

More detail regarding the implementation plan is outlined in Section 12 of this report.

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[15] Center for Disease Control. Diabetes Data and Trends County Level Estimates
[16] Pennsylvania Department of Health. Bureau of Community Health Systems. Division of School Health
[17] Pennsylvania Department of Health. County Health Profile Report for Blair County (2012)
[18] Pennsylvania Department of Health. 2009 Behavioral Risks of Blair County Adults
[19] Data from Altoona Regional Health System

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Findings and Documented Need

Although there have been many proactive initiatives to address alcohol and other drug within Blair County, it continues to adversely affected the quality of life for individuals and the community itself. It was ranked number one by 92.3% of key informants as a major/moderate issue. 100% of respondents to the faith-based key informant survey held the opinion that it was a major/moderate community challenge.

It was the second highest rated issue in the random household survey at 71.3% led only by the lack of jobs at 72.9%. Once again, an analysis based on geographic areas shown no difference in the extent that residents feel it is a community challenge.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", alcohol and other drugs was ranked in the top three in all household surveys and ranked in the top four of every other survey group.

The Blair Drug and Alcohol Partnerships is the SCA (Single County Authority) for Blair County. The SCA is the agency designated by local authorities in a county (Blair County Commissioners) to plan, fund and administer drug and alcohol activities in a county. The SCA provided the Data Analysis Work Group with prevalence data for our community. The SCA provided demand information that indicated over 8365 individuals have substance abuse issues.[20] Some accessed services through the county public funded system but it is not known how many individuals had private insurance or self-paid for their care.

The prevalence data was compared to actual demand for treatment (SCA and Medical Assistant treatment data). The demand for treatment shows an increased rate of engagement in treatment within the county. This may be a result of having a significant opiate dependent population and concentrated efforts to provide access to treatment for adolescents. The opiate population (to include heroin and opiate synthetic prescription medication) has increased in the last 10 years.[21] Alcohol which is also a primary drug of choice has also had a slight increase due to increase enforcement of driving under the influence laws. Adolescent services continue to be provided within the school setting over the last seven years.

Of the subgroup of those persons ages 12 and over, the penetration rate for treatment is 29.0% in Blair County. This is 19-22% higher than the national percentage. Of the subgroup of those persons ages 12-17 the data for Blair County shows a demand rate of 30.0%. These numbers are probably impacted by the SCA's and school partnership by providing school based services. Overall, the prevalence data shows the increase of demand for services in Blair County (29.0%) over the last five years while the national estimated demand rates are .07%-.10%. This penetration rate of persons treated is the foundation for the assumption that the demand rate is higher in the Blair County.

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[20] Blair Drug and Alcohol Partnerships (2012 Needs Assessment)
[21] Blair Drug and Alcohol Partnerships (2012 Needs Assessment)

Opiates (heroin and opiate prescription medication) continue to be the primary drug of choice at time of admission for substance abuse treatment. The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. Blair County shows lower percentages of prevalence of use in most substances than state averages. In addition, over a five year period, Blair County has seen declines in the percentage of youth engaging in substance use in both the lifetime (Figure 11) and last 30 days use in most substances (exception smokeless tobacco use). However, adolescents' primary drugs of choice are alcohol and cannabis.[22]

Figure 11: PENNSYLVANIA YOUTH SURVEY RESULTS FOR BLAIR COUNTY
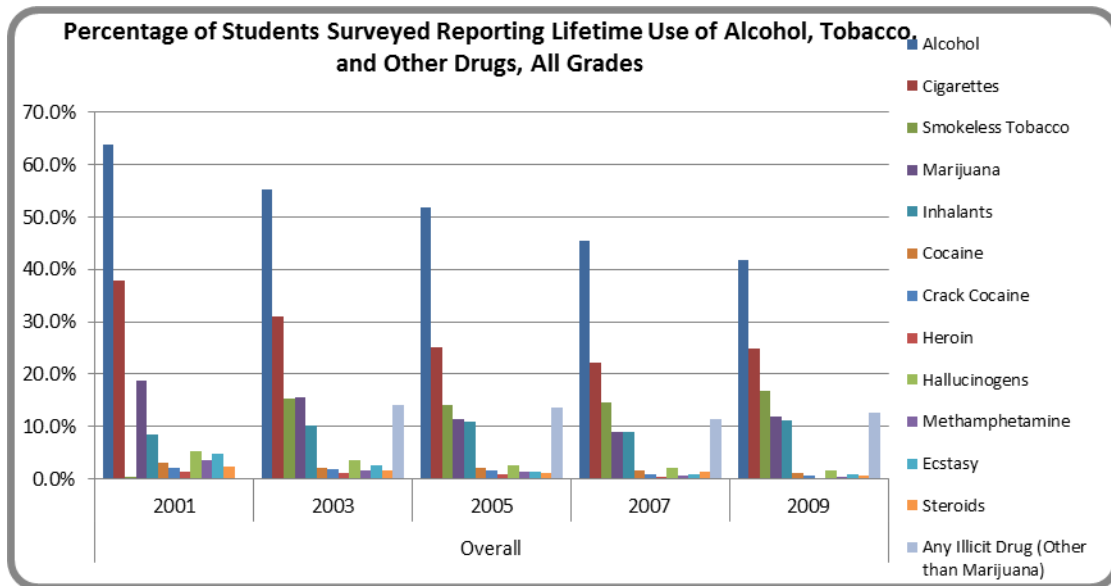
In Blair County, there were over 464 arrests for driving under the influence, 436 liquor law violations, and 395 for drunkenness (2011).[23] There were 931 criminal justice referrals to drug and alcohol treatment[24].

The number of drug overdoses have increased dramatically since 1996 (9 accidental, suicide, and undetermined) to 28 in 2011.[25] Increased prescription drug abuse, specifically, methadone, benzodiazepines and other opiate synthetic medication along with heroin are the primary drugs used in overdoses.

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[22] Pennsylvania Youth Survey. 2009 Blair County Survey.
[23] PA State Police. Uniform Crime Reports. http://ucr.psps.state.pa.us
[24] Blair Drug and Alcohol Partnerships (2012 Needs Assessment)
[25] Blair County Coroner

Implementation Plan for Alcohol and Other Substance Abuse

As of the preparation of this report, the following has been determined by the Steering Committee of the Healthy Blair County Coalition, Blair Drug and Alcohol Partnerships, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation plan for this strategy.

Goal(s): Explore options for implementing the SBIRT (Screening, Brief Intervention and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

More detail regarding the implementation plan is outlined in Section 12 of this report.

Section Nine:
Strategy 3 – Mental Health Needs of Children/Adolescents

Findings and Documented Need

Although this strategy will target children/adolescents, the data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. Thirty-four percent (34.9%) of respondents to the household survey reported having a lot of anxiety, stress, or depression. That number increased to 43.7% for other survey participants such as those who are involved in the Head Start Program or Family Resource Center. Eighty-four percent (84.6%) of key informants stated that children with mental illness or emotional issues was a major/moderate issue. 100% of respondents to the faith-based key informant survey believed that children with mental illness or emotional issues was a major/moderate community challenge.

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

As part of their interview, healthcare providers ranked mental health services as the second most community health need (31.8%). Many believe that mental health services, including those integrated within the school system for children are a critical need.

In 2011 – 2012 fiscal year, over 6,341 residents of Blair County received mental health services through the Behavioral Health Managed Care provider with another 3,747 unisured individuals also receiving care. This represents 112% and 98% of the national average for these groups respectively.[26] Over the last five years, an average of $30,000,000 annually has been spent for mental health services in the county alone.[27]

Blair County has the fifth most active crisis center in Pennsylvania for volume of patients served.[28]

Depression often is accompanied by co-occurring mental disorders (such as alcohol or substance abuse) and, if left untreated, can lead to higher rates of suicide. About 7 out of every 100 men and 1 out of every 100 women who have been diagnosed with depression at some time in their lifetime will go on to commit suicide. The risk of suicide in people with Major Depressive Disorder is about 20 times that of the general population.[29]

The national annual suicide rate is 12 per 100,000 with the highest rate of completed suicides among the elderly. The rate in Blair County is higher at 15.6% as indicated in Table 9.

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[26] Blair County Department of Social Services
[27] Blair Health Choices
[28] Blair County Department of Social Services
[29] American Association of Suicidology

Table 9: Suicide Statistics in Blair County 2002-2012[30]

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total Number of Suicides	18	16	25	20	17	20	16	15	14	16	13
Male	16	14	21	16	13	17	14	9	9	13	12
Female	2	2	4	4	4	3	3	6	5	3	1
AGE:											
0-15	0	0	0	0	0	0	0	1	0	0	0
16-25	2	3	4	1	0	5	3	2	4	2	1
26-35	3	0	3	2	1	3	2	2	2	2	3
36-45	3	3	5	4	7	8	6	6	3	1	3
46-55	3	5	7	2	2	3	2	2	1	7	1
56-65	1	1	3	6	4	1	2	1	4	1	4
66-75	2	2	2	1	1	0	1	1	0	3	0
75+	4	1	1	4	2	0	1	0	0	1	1

The number of Student Assistance Program referrals for suicide ideation, gesture, or attempt is summarized in Table 10. As indicated on the Pennsylvania Youth Survey, youth in Blair County also report symptoms of depression. As shown in Table 11, 30.3% of students felt depressed or sad most days.

[30] Blair County Coroner

Table 10: Summary of Blair County Student Assistance Program Data - Number of Referrals and Statistics Related to Suicide Ideation, Gesture, or Attempt[31]

School Year	Total Number of SAP Referrals	Number of Referrals for Suicide Ideation, Gestures, or Attempts	Number of Referrals for Suffered Recent Loss
1996-1997	1151	36	-
1997-1998	973	48	-
1998-1999	964	54	-
1999-2000	1023	65	-
2000-2001	1010	43	-
2001-2002	949	44	-
2002-2003	912	35	183
2003-2004	998	37	51
2004-2005	1055	34	73
2005-2006	1008	27	87
2006-2007	1018	19	69
2007-2008	1116	13	57
2008-2009	1206	14	106
2009-2010	1359	22	83
2010-2011	1478	51	96

(Student Assistance Programs have been established by law in all school districts to identify and assist students who may be experiencing problems with school performance or behavior. These problems may be related to mental health concerns, or alcohol and other drug use.).

Table 11: Blair County Youth Reporting Symptoms of Depression (2009)[32]

Percentage of Youth Reporting Symptoms of Depression, Blair County (2009)								
	6th	7th	8th	9th	10th	11th	12th	Overall
In the past year, felt depressed or sad most days	29.0	--	30.0	--	33.8	--	29.1	30.3
Sometimes I think that life is not worth it	20.4	--	19.8	--	22.5	--	18.0	20.2
At times I think I am no good at all	25.6	--	27.3	--	27.6	--	24.4	26.3
All in all, I am inclined to think that I am a failure	12.4	--	12.1	--	14.6	--	12.1	12.7

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

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[31] Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2011)
[32] Pennsylvania Youth Survey. 2009 Blair County Survey.

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Although Blair County hospitals and other mental health providers are constantly trying to improve access to mental health services, the County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers, including child psychiatrists, psychiatrists and psychologists active in patients care in a given county. For Blair County, that ratio was 3736:1 as compared to Pennsylvania at 1,789:1.[33]

Implementation Plan for Mental Health Needs of Children/Adolescents

As of the preparation of this report, the following has been determined by the Steering Committee of the Healthy Blair County Coalition, UPMC Altoona, Nason Hospital, and Tyrone Hospital as the implementation plan for this strategy.

Goal(s):   Conduct a feasibility study for an adolescent in-patient facility in Blair County.

Explore unmet needs of children/adolescents as related to mental health services.

More detail regarding the implementation plan is outlined in Section 12 of this report.

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[33] 2013 County Health Rankings Report for Blair County

Section Ten:
Strategy 4 – Smoking/Tobacco

Findings and Documented Need

The last strategy chosen as a result of the community health needs assessment involved smoking and tobacco use. Based on the 2012 CHNA household survey, 60.7% of respondents felt smoking and tobacco use was a major/moderate concern. The results were similar for the survey conducted by the other four agencies at 59.4%. Fourteen percent (14.0%) of households experienced negative effects of smoking and tobacco use. A further analysis based on geographic area (Northern, Central, and Southern Blair County) indicated similar results for Northern and Central Blair County in particular.

In responding to the question "What are the greatest needs regarding health education and prevention services in Blair County", tobacco prevention and cessation was ranked among the top four in all surveys (except those household surveys conducted by other agencies).

According to the County Health Ranking Report for Blair County, 23.0% of the adult population in Blair County currently smoke every day or "most days" and has smoked at least 100 cigarettes in their lifetime. This is in comparison to Pennsylvania at 21.0%. Each year approximately 443,000 premature deaths can be attributed to smoking.[34] Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions.

According to the 2012 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 201.4 (per 100,000) as compared to Pennsylvania at a rate of 183.8 (per 100,000).[35]

Twenty-three percent (27.3%) of mothers in Blair County report smoking during pregnancy.[36]

Implementation Plan for Smoking/Tobacco (environmental strategy)

Goal(s):   Explore options for implementing policies and programs that promote a smoke free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).

More detail regarding the implementation plan is outlined in Section 12 of this report.

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[34] 2013 County Health Rankings Report for Blair County
[35] Pennsylvania Department of Health. County Health Profile Report for Blair County (2012)
[36] Pennsylvania Department of Health. Health Statistics and Research.

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Section Eleven:
Other Relevant Indicator Data

The underlying causes of the many of challenges identified in the community health needs assessment can be attributed to other circumstances within a community (e.g. unemployment/underemployment, poverty, lack of education, social and cultural issues, etc.). By collecting and analyzing indicator data, the Data Analysis Work Group was able to review strengths and issues related to many other areas. The intent was also to determine if the statistics supported or did not support the perceptions of key informants and the general public.

A.   Highlights: Economy and Education Data

- Blair County is suffering from economic struggles and its residents expressed that in the household survey results. Taking into consideration all the surveys conducted, between 66.8% - 72.9% of respondents ranked lack of jobs as the greatest challenge for the county. Over 26.5% of residents in the household survey found it difficult to budget and over 40.3% of respondents (other agency household survey) were not able to afford recreational or entertainment activities.

- In the 2007 needs assessment, 77.0% of key informants agreed that unemployment/ under-employment was a major/moderate issue. In the 2012 community health needs assessment that number increased to 92.3%.[37]

- The average per capita income for Blair County is $32,995 which is lower than for Pennsylvania at $40,604. Estimated median household income and wages are also lower for Blair County.[38] This is due in part to Blair County having more technical-service type jobs that tend to pay lower wages.

- The average unemployment rate in Blair County has ranged from 4.2% to 7.0% in the time period from 2000-2011 and is currently slightly less than the state's rate at 7.9%.[39]

- There are over 7,312 persons with disabilities in Blair County who are either not employed or not in the labor force.[40]

- The cost of living in Blair County is 88.3 (less than the U.S. average at100).[41]

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[37] 2007 Blair County Household Survey
[38] U.S. Census Bureau 2010 Estimates
[39] U.S. Bureau of Labor Statistics
[40] U.S. Census Bureau 2010 Estimates
[41] http://www.city-data.com

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- In Blair County, the use of food stamps and medical assistance is higher than state average with one in five people getting assistance. Fifteen percent of people are getting food stamps and 21.0% are receiving medical assistance. This reflects an increase in the numbers from the 2007 needs assessment which were at 12.0% and 20.0% respectively.[42]

- The percentage of students who are enrolled in free/reduced school lunch programs in Blair County is 45.0% (2010) as compared to Pennsylvania at 39.1%.[43]

- The 2010 estimated poverty rate in Blair County at 13.3% is almost equal to the Pennsylvania at 13.4%. However, the estimated poverty rate for children under 18 in Blair County is 19.6% which is higher than that of Pennsylvania at 18.9%. Table 12 shows the percent of school enrollment from low-income families.

Table 12: Percent of School Enrollment from Low-Income Families[44]

School District	Percent of Children Enrolled from Low-Income Families
Altoona Area	59.3%
Bellwood-Antis	36.8%
Claysburg-Kimmel	56.8%
Hollidaysburg Area	27.6%
Spring Cove	40.0%
Tyrone Area	40.0%
Williamsburg Community	51.4%
Nonpublic Schools	11.6% - 44.6%

- The number of clients receiving homeless assistance in Blair County was 2,442 in 2011.[45]

- When reviewing education indicator data, the high school graduation rate for Blair County is 90.1% as compared to the state at 88.4%. However, those earning a bachelor's degree or higher is much less than the state at 27.1% compared to Blair County at 16.1%. The high school dropout rate for Blair County is 1.67% which is comparable to Pennsylvania is at 1.7%.[46]

- According to the latest Reach and Risk Report, children in Blair County are at moderate-high risk of school failure. When children experience risk factors such as living in economically stressed

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[42] The Center for Rural Pennsylvania County Profiles
[43] Pennsylvania Department of Education. Data and Statistics.
[44] Pennsylvania Department of Education. Data and Statistics.
[45] Blair County Homeless Assistance Program
[46] The Center for Rural Pennsylvania County Profiles

families, poor or no pre-natal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. The more risk factors the child experiences, the greater her risk of school failure. This data indicates that 7,227 children in Blair County fall into this category.[47]

B.   Highlights: Health Care Data

◉ In order to determine whether there were problems which prevented individuals and/or family members from getting the necessary health care that question was asked in all surveys. The response was the same no matter who completed the survey, their affiliation, or geographic area. The top three responses were almost always consistent: no health insurance, insurance didn't cover what was needed, or the deductible/co-pay was too high. In a few instances, some claimed that the doctor, dentist, or pharmacist won't take insurance or Medicaid. On a positive note, over 66.0% of households did not have a problem which prevented them from getting health care. This varied at 49.5% for those persons completing the survey who are income eligible for programs.

◉ Residents were asked their opinions on the great gaps in health care services in Blair County. Regardless of geographic area, age cohort, or other grouping, residents felt that the greatest gaps in health care were dental care, services for low-income residents, and prescription drug assistance. According to a 2012 report published by the Pennsylvania Department of Health, of the dentists that responded in Blair County, 29.0% accepted Medicaid, 22.0% accepted Medicare, and 88.0% accepted private insurance. The percent of dentists accepted new patients decreased.[48]

◉ The response to that question from key informants, service providers, and other community groups differed in that in-patient and out-patient mental health services was most often their top selection followed by services for low income residents.

◉ The five leading causes of death in Blair County are heart disease, cancer, stroke, chronic lower respiratory disease, and accidents. The death rate in Blair County (12.7 per 1000 residents) is higher than in the state (9.8 per 1000 residents).[49] There is also a decrease in birth rate making Blair County an aging population.

◉ According to the County Health Rankings Report, Blair County residents have limited access to healthy foods. In addition, 54% of all restaurants are fast-food establishments.[50]

◉ About 21.0% of the population in Blair County is eligible for medical assistance as compared to 17.0% for Pennsylvania. Approximately, 5,658 adults ages 65 and older are enrolled in Pennsylvania's prescription assistance program (PACE/PACENET).[51]

◉ Data taken from the 2012 County Health Rankings Report indicate 15.0% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania.[52] Without health

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[47]Pennsylvania Office of Child Development and Early Learning Program Reach and Risk Report. (www.ocdelresearch.org).

[48] Pennsylvania Department of Health. A Report on the 2011 Survey of Dentist and Dental Hygienist. November 2012.

[49] Pennsylvania Department of Health. County Health Profile Report for Blair County (2012)

[50] 2013 County Health Rankings Report for Blair County

[51] The Center for Rural Pennsylvania County Profiles

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insurance, people do not have the means to pay for office visits, diagnostic tests, or prescription medications. The result is often no treatment, overall poor health, or inappropriate emergency room use. Results from the 2012 Household Survey indicate that between 13.0% – 25.1% use a hospital emergency room for routine health care.

- The percentage of uninsured children under 18 years old in Blair County was 4.7%%. The percentage of children under age 19 with Medicaid coverage was 40.7%. The percentage of children under age 19 with CHIP coverage was 7.8%.[53]

- The teen birth rate for Blair County stands at 33 which is higher than for Pennsylvania at 29 (birth rate per 1,000 population). There were 135 teen births (ages 19 and under) in Blair County in 2010.[54] Teen pregnancy was reported as a major/moderate issue by over 50.0% of households. It was the top rated concern for the youth as shared in the youth focus group.

C.   Highlights: Social and Community Safety Data

- In the Blair County 2007 Household Survey, 70.4% of those responding ranked crime as the number one major/moderate community challenge. In the 2012 Household Survey, that number dropped to 60.9%. 71% of key informants felt that crime was a major/moderate issue which also dropped from their response in 2007 at 78.9%. There may be several reasons for this decrease including proactive crime prevention and aggressive enforcement efforts by state and local enforcement as well as support from community and business leaders. In addition, economic concerns and health-related questions being added to the survey could have altered the responses.

- Blair County's overall crime rate dropped 9.8% in 2012. There were 2094 Part 1 crimes at a rate of 2277 per 100,000 as compared to the state rate at 2586. There were 6134 Part 2 offenses at a rate of 4811 per 100,000 as compared to the state at 4689 per 100,000.[55]

- Since 2007, over 2.5 million dollars has been raised through business, individuals, organizations, and federal grants to fund law enforcement, prevention, and treatments programs to combat crime and substance abuse in Blair County. The implementation of a variety of specialty courts has also had a positive impact.[56]

- Although having unsafe schools was not listed as one of the top community challenges/issues in the household survey, the data verifies that incidents are occurring in schools within Blair County at or near the same rate as reported by the state. There were 407 incidents in Blair County schools reported to the Pennsylvania Department of Education with 217 involving law enforcement. There were 104 assaults, 9 threatening a school official/student, 5 terroristic threats, one bomb threat, 7 possession of a weapon, and 53 incident involving alcohol and/or drugs.[57]

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[52] 2013 County Health Rankings Report for Blair County
[53] www.papartnerships.org State of the Child County Profile (Blair 2013)
[54] Pennsylvania Department of Health
[55] Pennsylvania Uniform Crime Reporting System (http://www.paucrs.pa.gov).
[56] Operation Our Town
[57] Pennsylvania Department of Education. School Violence Report (2010-2011).

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- Students in Blair County (grades 6, 8, 10, and 12) reported on the 2009 Pennsylvania Youth Survey that overall 46.6% had been teased, called names, or made fun of while 56.8% had other students telling lies or spreading false rumors. These results are slightly higher than those reported by students across the Commonwealth. Although not ranked as high as other issues, about 48.0% of participants in the household survey considered bullying a major/moderate issue with approximately 24% reported having children who were being bullied/harassed.[58]

- The percentage of unserved children eligible for publically funded Pre-K in Blair County is 66.1% which is still lower than the state percentage of 72.3%.[59]

- There are 1,950 children in Blair County receiving in-home services through the child welfare system[60].

- The latest child abuse statistics (2012) indicate 405 reports of child abuse in Blair County with 51 being substantiated (12.6%). The total substantiated reports per 1000 children is at 1.9% which is higher than the state percent at 1.3%[61].

- With regard to family violence, there were 565 new cases of Protection from Abuse orders filed in 2011 in Blair County.[62]

## D.	Highlights: Miscellaneous Data

- Thirty-five percent of the population in Blair County lives within a half-mile of a park.[63]

- The Blair County Planning Commission completed an Area wide Comprehensive Plan Report for Blair County in 2007.[64] The plan includes extensive information and data related to land use, economic development, and overall quality of life for residents. The report outlines strengths and weaknesses in many areas which were not covered in this needs assessment.

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[58] Pennsylvania Youth Survey. 2009 Blair County Survey.
[59] www.papartnerships.org State of the Child County Profile (Blair 2013)
[60] www.papartnerships.org State of the Child County Profile (Blair 2013)
[61] Pennsylvania Department of Public Welfare
[62] Blair County PFA Office
[63] 2013 County Health Rankings Report for Blair County
[64] Blair County Planning Commission 2007. Area wide Comprehensive Plan Report for Blair County.

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Section Twelve:
Implementation Plan

Timeline

Year	Timeframe	Phase	Activities
1	July 2012 – June 2013	Assessment, Analysis, Strategy	• Conduct Community Health Needs Assessment (July – October 2012) • Perform Data Analysis (November 2012 – March 2013) • Determine Significant Health Care Needs (April 2013) • Prioritize Needs (May 2013) • Choose Needs to be Addressed (May 2013) • Develop Implementation Strategies (May – June 2013)
2	July 2013 – June 2014	Implementation of Strategies	• Publish and make publically available Community Health Needs Assessment Report and Implementation Strategies (July –September 2013) • Form Work Groups (September 2013) • Convene Work Groups (September – December 2013
3	July 2014 – June 2015	Measure Impact of Strategies	• Implementation of Strategies (January 2014 – December 2014) • Measure Impact of Strategies (January 2015) • Conduct another Community Health Needs Assessment and develop Implementation Strategies (February – June 2015)

Significant Health Care Needs Being Address by the Healthy Blair County Coalition

Strategy 1:   Obesity/Physical Activity/Diabetes

Goal(s):   Research, Select, and Implement One or More Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact Incidence of Diabetes

Encourage the integration of health and wellness into every aspect of community life.

Coordinate and collaborate with all other agencies currently working on this effort.

Lead Agencies: UPMC Altoona, Nason Hospital**,** Tyrone Hospital, and Sheetz, Inc.

Strategy 2:   **Alcohol and Other Substance Abuse**

Goal(s):   Explore options for implementing the SBIRT (Screening, Brief Intervention and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.

Lead Agency: Blair Drug and Alcohol Partnerships

Strategy 3:   **Mental Health Needs of Children/Adolescents**

Goal(s):   Conduct a feasibility study for an adolescent in-patient facility in Blair County.

Explore unmet needs of children/adolescents as related to mental health services.

Lead Agency: UPMC Altoona

Strategy 4:   **Smoking/Tobacco (Environmental Strategy)**

Goal(s):   Explore options for implementing policies and programs that promote a smoke free community (e.g. smoke-free workplaces, clean indoor ordinances, smoking cessation programs, etc.).

Lead Agency: Nason Hospital and Tyrone Hospital

Join the millions who are now living a wonderful smoke-free life!

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The following action steps toward implementation of strategies will be taken by the Healthy Blair County Coalition, UPMC Altoona, Nason Hospital, and Tyrone Hospital:

- ✓ The Steering Committee will provide each work group or other entity with a specific charge, including outlining goals.

- ✓ The Steering Committee will provide a general timeline based on IRS 990 requirements for the implementation of interventions.

- ✓ The work group will review and provide additional secondary indicator data as needed.

- ✓ The work group will research, select, and implement a program/activities to address their strategy, including a determining a target population costs and funding needed, and timeline for their tasks.

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

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

- ✓ The work group will need to assist the Public Relations/Marketing Work Group in promoting their programs/activities.

Tracking the Progress and Outcomes

Each of the three hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. The HBCC, UPMC Altoona, Nason Hospital, and Tyrone Hospital are finalizing plans with the Pennsylvania Office of Rural Health to fund a Healthy Communities Institute web-based information system which will provide quality community health assessment data, health indicator tracking, and mechanism for sharing the progress with stakeholders and the community itself.

Implementation Plan for UPMC Altoona

As an active member of the Healthy Blair County Coalition, UPMC Altoona will participate in meeting the above HBCC health care needs. In addition, UPMC Altoona will specifically address the following health care needs, take a lead role in facilitating the implementation plan, and actively pursue implementation strategies.

1. Promote a Healthy Lifestyle (including Obesity and Diabetes)
2. Mental Health Needs of Children/Adolescents

Describe anticipated impact of these actions:

The anticipated impact of the implementation strategy for **promoting a healthy lifestyle** (which includes obesity and diabetes) will be to provide education regarding healthy diets, the value of regular exercise,

food choices and meal preparation, how (and where) to purchase healthy foods, and how families can eat well balanced meals. The Work Group will research evidence based programs and implement one (or more) that have proven results in helping a community become healthier. Currently, Blair County ranks 56 out of 67 (score is such that 1 is the healthiest and 67 is the most unhealthy) Pennsylvania counties in the County Health Rankings & Roadmaps (2013). In many of the health outcomes which encompass a healthy lifestyle, (adult obesity, physical inactivity, access to recreational facilities, limited access to healthy food, fast food restaurants) Blair County scores lower than Pennsylvania and the national benchmark.

It is anticipated with successful implementation of an evidence based, proven, multi-generational, program aimed at increased exercise, improved eating habits, increased access to healthy foods, that residents of Blair County will enjoy a healthier, happier, (and longer) life.

For the second identified need dealing with the **mental health needs of children/adolescents**, UPMC Altoona will work in collaboration with the Healthy Blair County Coalition to convene a multi-disciplinary Work Group to research and evaluate the need for a child/adolescent inpatient psychiatric unit in Blair County. It is anticipated, that if the Work Group determines that there is a need for an inpatient child/adolescent psychiatric unit, the Work Group will also determine the most appropriate location for the unit. Additionally the Work Group will evaluate the need for additional child/adolescent behavioral health services in the community.

Describe the plan to evaluate impact:

For the first identified need of Promoting a Healthy Lifestyle, the Work Group will, as part of their implementation strategy, identify one or two metrics that will be used to establish a pre-implementation benchmark. The metric(s) will be quantifiable measures that will provide a reliable indication of current status. Following implementation of the targeted programs, the metric(s) will be used to indicate the success of the strategies.

When evaluating the need for an inpatient child/adolescent inpatient psychiatric unit and additional services, the evaluation measure will be whether or not a need/feasibility study was completed with recommendations.

Identify programs and resources the hospital plans to commit to address the need:

UPMC Altoona is, and has been, an active member of the Healthy Blair County Coalition for many years and has (and continues to) budget financial support for the Coalition. In addition to annual financial support of the Coalition, representatives of UPMC Altoona have been members of the Steering Committee, Data Analysis Work Group, and Health Care Work Group. The other two Blair County community hospitals: Nason Hospital and Tyrone Hospital have also been active members of the Coalition for many years and financially support the Coalition; as have many other community organizations.

In addition to active participation in the Coalition and financial support of the Coalition, UPMC Altoona (as well as Nason and Tyrone Hospitals) has provided in-kind services for many years such as: meeting

room space and printing of CHNA Reports. UPMC Altoona greatly values the HBCC and believes collectively we have made significant contributions to our community and have improved the lives of individuals living in our community.

In addressing the first need of promoting a healthy lifestyle, specifically targeting obesity and diabetes, UPMC Altoona plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. For example: Hospital staff to serve on the Work Group (i.e. Nutritionists, Physical Therapists, Exercise Physiologists, Community Educators, Diabetic Nurse Educators, and Physicians). It is anticipated that most of the Work Group meetings will occur during normal work days; however some community programs will be scheduled in the evenings and on weekends. The hospital will compensate hospital staff for their time spent in providing community programs. Additionally the UPMC Altoona will provide all the educational material that will be used for the programs. The hospital will consider underwriting at least a portion of the cost, if any, to implement an evidence-based, community healthy lifestyle program.

In addressing the need for an inpatient child/adolescent inpatient psychiatric unit and the need for additional services, UPMC Altoona will commit to convening a multi-disciplinary, community provider Work Group to evaluate these needs and issue a "finding" that will include specific recommendations.

Significant Health Care Needs Being Addressed by Nason Hospital

As an active member of the Healthy Blair County Coalition, Nason Hospital will participate in meeting the above HBCC health care needs. In addition, Nason Hospital will specifically address the following health care needs, take a lead role in facilitating the implementation plan, and actively pursue implementation strategies.

1. Promote a Healthy Lifestyle (including Obesity and Diabetes)
2. Promote a Tobacco-Free Lifestyle (including smoking and tobacco use cessation)

Describe anticipated impact of these actions:

It is anticipated that the impact of the implementation strategy for **promoting a healthy lifestyle** (which includes obesity and diabetes) will be to provide services and education that is useful to our target population in making healthy food choices and how these activities affect Blair County residents' overall well-being. Our target population will be school age children and county residents that are of working age. The Work Group will research evidence based programs and implement one (or more) that have proven benefits to help the community to become healthier. Diabetic Education programs will be implemented to area employers and monitored through lab and survey results. Nutrition and obesity programs on healthy choices will be delivered in area schools.

It is anticipated that with successful implementation of evidence based and proven programs, aimed at a variety of age groups, that residents of Blair County will make educated decisions on menu planning, increase physical fitness and be more responsive to healthy choices.

For the second identified need dealing with **promoting a tobacco free lifestyle**, Nason Hospital will

work in collaboration with Blair Drug and Alcohol Partnerships and area employers to provide access to evidence based and proven tobacco cessation programs. Nason Hospital will also assist area employers who are implementing "Smoke Free" work places and provide support with programming and follow up to ensure employers meet their "Smoke Free" work place goal.

Significant Health Care Needs Being Addressed by Tyrone Hospital

As an active member of the Healthy Blair County Coalition, Tyrone Hospital will participate in meeting the above HBCC health care needs. Having analyzed the information in the community health needs assessment, Tyrone Hospital, under the leadership of Steve Gildea, CEO, has developed its plan of action that will address the top three health issues:

1. Obesity and Promote a Healthy Lifestyle
2. Diabetes and Promote a Healthy Lifestyle
3. Address Smoking and Tobacco Use

Obesity and Healthy Lifestyles:

Tyrone Hospital is working with the community, investing in the creation of a new Tyrone Fitness and Wellness Center, located on the Tyrone Hospital Campus. This new fitness center opened in the summer of 2013. The fitness center will provide exercise classes, yoga, and provide access to cardio equipment, treadmills, stationary bikes, and many other state-of-the-art fitness equipment. A trainer will be on staff to assist community members as they use the equipment.

Wellness classes are also being offered to the community on various topics that are all aimed at educating the residents of the Northern Blair County area on better nutrition, exercise, and prevention. These classes will initially be held at the new Tyrone Fitness and Wellness Center, but over time, these classes will be held throughout the community and at local businesses.

A third aim of Tyrone Hospital's plan to improve the incidence of **obesity** is through working with local business and industry to improve the health of their employees and their families. Programs will be established with local businesses to extend wellness classes to the company's location and offer discount membership rates to the fitness center to the local businesses. The goal is to help improve the health of employs and their families.

These initiatives will all fall under a program that will be introduced in late 2013 called "The Tyrone Fitness Challenge." Through this effort, Tyrone Hospital will work with a partnership between Tyrone Hospital, Tyrone Area School District (TASD), Joshua House, and Northern Blair County Recreation Center.

The youth component of the program led by the Joshua House and TASD, focusing on youth up to 18 years old and will provide the foundation of a **healthy lifestyle** – fitness, exercise programs, a healthy diet, after school programs, and a 5K and 10K race program. The recreation and fitness component of the program, led by the Northern Blair County Recreation Center focuses on youth, ages 8 and up, and adults, and will focus on team sports, athletic training, spinning groups, and other fitness classes. Finally, the

adult fitness and wellness component of the program, led by The Tyrone Fitness and Wellness Center, will focus on adults age 20 and above and will focus on extending wellness classes, access to an RN Health Coach, and providing access to the new fitness center.

Diabetes:

Classes will be offered through the new Fitness and Wellness Center, and at locations throughout the community on ways to lower the incidence of **diabetes.** These classes will focus on proper nutrition and diet, exercise, and weightless to help the local communities learn how to prevent the onset of diabetes. A Certified RN Health Coach will be made available to assist in answering any questions related to a resident's effort to become healthier and take steps to prevent and control diabetes.

Smoking:

Through the new series of Wellness classes being offered in the new Tyrone Fitness and Wellness Center, Tyrone Hospital will continue to work with the offices of the Blair County Drug and Alcohol to bring **smoking cessation** classes to the residents of the Tyrone area. Efforts will be made to extend those classes out into the community and also conduct classes with local businesses through the programs to create a healthier workforce.

Challenges Identified and Coalition Members Addressing Each Challenge

In additional to the above identified, significant, health care needs that will be specifically addressed by UPMC Altoona, Nason Hospital, and Tyrone Hospital, each of the three hospitals will as part of the Healthy Blair County Coalition work with other coalition members to address other identified needs; however none will take a lead role.

The following chart lists the community and household challenges derived from input through the Household Survey. Survey respondents indicated what they believed to be challenges in Blair County as well as specific challenges within their households. The chart also indicates which needs are being addressed by the Healthy Blair County Coalition (HBCC) and by specific Coalition members as well as the needs not being specifically addressed by the HBCC or its hospital members and why.

#	Community/Household Challenges/Need	Need being specifically addressed	Reason why need is not being specifically addressed, as part of the Community Health Needs Assessment, by UPMC Altoona, Nason Hospital, and/or Tyrone Hospital
1	Lack of jobs	No	Other community organizations (e.g. Altoona Blair County Development Corporation, Chamber of Commerce, etc.) are addressing this need.
2	Alcohol or drug abuse	HBCC	As a HBCC member, UPMC Altoona, Nason Hospital, and Tyrone Hospital will collaborate with the Coalition to address this need but will not take a lead role. However this need is currently being addressed by other community organizations (e.g. Blair Drug and Alcohol Partnerships).
3	Unemployment or under employment	No	Other community organizations (e.g. Altoona Blair County Development Corporation, Chamber of Commerce, Career Link, etc.) are addressing this need.

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4	Obesity	HBCC UPMC Altoona Nason Hospital Tyrone Hospital	HBCC, UPMC Altoona, Nason Hospital, and Tyrone Hospital will specifically address this need as part of promoting a healthy life style which is part of its CHNA.
5	Poverty	HBCC	Other community organizations, including the HBCC through the Bridges Network are addressing this need.
6	Crime	No	This need is being addressed by other community organizations (e.g. Operation Our Town, Attorney General's Drug Task Force, local and state law enforcement, District Attorney).
7	Smoking and tobacco	HBCC Nason Hospital Tyrone Hospital	As a HBCC member, UPMC Altoona will work with the Coalition to address this need; but will not take a lead role.
8	Lack of affordable medical care and dental care and/or afford prescription medications	No	UPMC Altoona has already taken many steps, independent of the CHNA process to address provision of affordable medical care, including establishment of a free clinic. Nason Hospital participates in a free clinic in their primary service area.
9	Use/availability of drugs in schools	No	This need is currently being addressed by other community organizations (e.g. Blair Drug and Alcohol Partnerships, school districts, Student Assistance Programs, etc.).
10	Teen pregnancy	No	This need is being addressed by other community organizations (e.g. Teen Link).
11	Diabetes	HBCC UPMC Altoona Nason Hospital Tyrone Hospital	UPMC Altoona, Nason Hospital, and Tyrone Hospital will specifically address this need as part of promoting a healthy life style which is part of its CHNA
12	Bullying/school safety	No	This need is being addressed by other community organizations (e.g. School Districts).
13	Lack of cultural activities	No	This need is being addressed by other community organizations, including the Blair County Arts Foundation.
14	Family violence	No	This need is being addressed by other community organizations (e.g. Family Services, Inc.)
15	Shortage of recreational facilities	No	This need is being addressed by other community organizations (e.g. Central Blair Recreation and Park Commission, YMCA, etc.).
16	Adults – behavioral health needs, including anxiety, stress, and depression.	No	UPMC Altoona has been providing behavioral health services to the community for many years and has partnered with other community providers (i.e. Primary Health Network) to increase the availability and accessibility of services to residents of the community.
17	Shortage of affordable housing / unsafe housing	No	This need is being addressed by other community organizations (e.g. Improved Dwellings for Altoona, Inc., Altoona Housing Authority, Blair Co. Community Action, Blair Senior Services, etc.).
18	Children/adolescents – behavioral health needs	HBCC UPMC Altoona	UPMC Altoona will specifically address this need as part which is part of its CHNA.
19	Family financial issues/family budgeting	No	This need is being addressed by others in our community including the Bridges Network which is part of the HBCC (e.g. Blair County Community Action, Consumer Credit

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			Counseling Service, Family Intervention Services, etc.).
20	Noise, air, water pollution	No	This identified issue is being addressed by others in our community (e.g. EPA Region 3 and PA Environmental Protection Agency.
21	Public transportation	No	This need is being addressed by others in our community.
22	Affordable child care	No	This need is being addressed by others in our community (e.g. Child Advocates of Blair County, Child Care Information Service of Blair County, etc.).
23	Gambling – negative effects	No	This need is being addressed by the Blair Drug and Alcohol Partnerships.
24	Racial or ethnic discrimination	No	This need is being addressed by others in our community.
25	Services for individuals with disabilities, and end of life care	No	This need is being addressed by others in our community (e.g. Center for Independent Living, Blair County Association for Citizens with Learning Disabilities, Blair/Clearfield County Association for the Blind and Visually Impaired, The ARC of Blair County, Blair Senior Services, etc.).

Describe any planned collaboration between hospital and other facilities/organizations:

Strategy	Lead Agency(s) in the Implementation of Strategy	Collaborating on Implementation of the Strategy				Potential Work Groups Members/ Community Partners
		HBCC	UPMC Altoona	Nason Hospital	Tyrone Hospital	
Healthy Lifestyle	UPMC Altoona Nason Hospital Tyrone Hospital Sheetz, Inc.	X	X	X	X	Hospital Dieticians Occupational Health Staff School Nurse School Food Services ProCare Health & Fitness Senior Services Businesses Sheetz Health Coach Nutritionists Blair Conservation District Drug Store State Health Department Allegheny Ridge Rails to Trails Blair Rec Commission YMCA Morrison's Cove Park Nurse Practitioner
Mental Health Needs of Children and Adolescents	UPMC Altoona	X	X	X	X	Blair County Mental Health BHRS work group Children, Youth, & Families Home Nursing Agency Head Start Student Assistance Program

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					School SAP Team Member ARHS Behavioral Health Primary Health Network NAMI Juvenile Probation Coventry Cares Insurance Providers
Alcohol and Other Substance Abuse	Blair Drug and Alcohol Partnerships	X	X	X	X	Blair Medical Associates Mainline Medical Tyrone Medical Group Free Clinics Medical representative from each hospital
Smoking and Tobacco	Nason Hospital Tyrone Hospital	X	X			Businesses Restaurant Industry Representative BCDAP, Inc. Health Department Medical Community Health-Related Organizations Respiratory Disease Society Nurse Family Partnership American Lung Association State Health Department (Tobacco Control Staff) WIC
Poverty	Blair County Library System Blair Drug and Alcohol Partnerships	X				

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Section Thirteen:
Charge to the Community

This community health needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. But it is also apparent that there are significant challenges, many of which have become even more challenging with recent job losses and economic conditions that are impacting our local community and the nation.

One of our goals is to promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors. The County Health Rankings Model describes population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, work, and play (Appendix I). The challenge is to motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them. The ultimate goal of this process is to improve the quality of life for the residents of Blair County.

We also would like to utilize the "collective impact" concept as we move forward in which a highly structured collaborative effort can achieve substantial impact on large scale social problems.[65]

The five conditions for collective impact are:

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

We take our next step by sponsoring a formal event releasing the *Blair County Profile II: Community Health Needs Assessment*. Individuals and organizations from Blair County will be invited to hear the results of the community health needs assessment, receive a copy of the Executive Summary, and join the HBCC in developing and assisting with the Implementation Plan. Work groups will be formed to address specific priority areas identified in the CHNA. The Bridges Network will continue to meet and collaborate on issues related to poverty.

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

Figure 12: Priority Needs Identified for Blair County

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

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

UPMC Altoona (www.altoonaregional.org)
Nason Hospital (www.nasonhospital.com)
Tyrone Hospital (www.tyronehospital.org)

Appendices

Healthy Blair County Coalition

Dear Neighbor:

As part of the effort to build a better community in Blair County, we are conducting a Household Survey to learn more about strengths and issues in neighborhoods and households. We are contacting you because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, etc.).

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

We would like an adult (18 years of age or older) in your household to complete this survey and return it in the enclosed self-addressed stamped envelope as soon as possible, but no later than **August 24, 2012**.

When you are completing this survey:

Neighborhood means people who live near you (e.g. within a few blocks or down the street/road).

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

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

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

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

https://www.surveymonkey.com/s/WCHXNZY

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

Sincerely,

Judy Rosser, Chair
Healthy Blair County Coalition

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2012 Blair County Community Health Needs Assessment

Household Survey – **Start Here**

A. NEIGHBORHOOD STRENGTHS

Neighborhoods have strengths that help people make their neighborhood a better place to live. Here is a list of common strengths. For each one, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the strength exists in your neighborhood.
CHECK ONE NUMBER IN EACH ROW.

1. Neighborhood Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1a. People in your neighborhood gather together formally and informally (for example at picnics or meetings).	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
1b. People and groups in your neighborhood come together to help each other out when they have a problem.	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
1c. People in your neighborhood trust each other.	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$

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

❑$_1$ Yes   ❑$_2$ No

2a. If yes, for which of the following do you volunteer? **CHECK ALL THAT APPLY.**

❑$_1$ Children or youth activities
❑$_2$ Civic group (e.g. Rotary, Kiwanis, Lion's Club, Women's Club, etc.).
❑$_3$ Cultural group such as a music group or museum
❑$_4$ Environmental group
❑$_5$ Group that works with lower-income people, elders, or homeless people
❑$_6$ Hospital or health group
❑$_7$ Human services organization
❑$_8$ Neighborhood group such as a neighborhood association
❑$_9$ Political group or candidate
❑$_{10}$ Religious group
❑$_{11}$ School
❑$_{12}$ Sports group
❑$_{13}$ Other, please explain: _____

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

    ❏₁   Yes   ❏₂   No

4. How much opportunity do you have to affect how things happen in your neighborhood?
   CHECK ONE.

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

B. COMMUNITY CHALLENGES AND ISSUES

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please describe whether you believe it is not an issue, is a minor issue, is a moderate issue or is a major issue for people in your community.
CHECK ONE NUMBER IN EACH ROW.

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

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children being adequately educated	❏₁	❏₂	❏₃	❏₄	❏₅
Unsafe school environment	❏₁	❏₂	❏₃	❏₄	❏₅
Bullying/harassment	❏₁	❏₂	❏₃	❏₄	❏₅
Use/availability of drugs in school	❏₁	❏₂	❏₃	❏₄	❏₅

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Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Water or air pollution	❑1	❑2	❑3	❑4	❑5
Noise or other pollution	❑1	❑2	❑3	❑4	❑5

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	❑1	❑2	❑3	❑4	❑5
Smoking and tobacco	❑1	❑2	❑3	❑4	❑5
Adults with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Children with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Lack of affordable medical care	❑1	❑2	❑3	❑4	❑5
HIV/AIDS	❑1	❑2	❑3	❑4	❑5
Diabetes	❑1	❑2	❑3	❑4	❑5
Obesity	❑1	❑2	❑3	❑4	❑5

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

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of recreational facilities (swimming pools, etc.)	❑1	❑2	❑3	❑4	❑5
Lack of cultural activities (concerts, museums, etc.)	❑1	❑2	❑3	❑4	❑5

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Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Crime	❏1	❏2	❏3	❏4	❏5
Gangs	❏1	❏2	❏3	❏4	❏5

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Teen pregnancy	❏1	❏2	❏3	❏4	❏5
Racial or ethnic discrimination	❏1	❏2	❏3	❏4	❏5
Family violence, abuse of children, adults, or the elderly	❏1	❏2	❏3	❏4	❏5
Gambling	❏1	❏2	❏3	❏4	❏5
Lack of affordable daycare for children	❏1	❏2	❏3	❏4	❏5

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

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

C. HOUSEHOLD CHALLENGES AND ISSUES

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

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Household Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not having enough money for food	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Not having enough money to meet my daily needs	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Finding it difficult to budget	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Not being able to find work	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Household Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children being adequately educated within their school system	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Children being unsafe at school	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Children being bullied/harassed	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Household Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Experiencing water or air pollution	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Experiencing noise or other pollution	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Household Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Having a lot of anxiety, stress, or depression	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Experiencing an alcohol and/or drug issue	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Negative effects of smoking/ tobacco use	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Adults experiencing behavior, mental health, or emotional issues	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Children or teenagers experiencing behavior, mental health, or emotional issues	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

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Household Issue HEALTH (continued)	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Being overweight	❑1	❑2	❑3	❑4	❑5
Having diabetes	❑1	❑2	❑3	❑4	❑5

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

Household Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not being able to afford recreational activities	❑1	❑2	❑3	❑4	❑5
Not being able to afford entertainment activities	❑1	❑2	❑3	❑4	❑5

Household Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Experiencing crime	❑1	❑2	❑3	❑4	❑5
Experiencing threats from gangs	❑1	❑2	❑3	❑4	❑5

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not being able to afford legal help	❑1	❑2	❑3	❑4	❑5
Not being able to get care for a person with a disability or serious illness, or for an elder	❑1	❑2	❑3	❑4	❑5
Experiencing racial or ethnic discrimination	❑1	❑2	❑3	❑4	❑5

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	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/Don't Know
Experiencing family violence	❑1	❑2	❑3	❑4	❑5

Community Issue SOCIAL (continued)	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Negative effects of gambling	❑1	❑2	❑3	❑4	❑5
Not being able to find or afford day care for children	❑1	❑2	❑3	❑4	❑5

Household Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Lack of transportation to get to work, get healthcare, or obtain other basic needs	❑1	❑2	❑3	❑4	❑5

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

D. **HEALTHCARE CHALLENGES AND ISSUES**

1. Do you have a family physician? **CHECK ONE.**

    ❑1   Yes   ❑2   No

2. Where do you go for routine health care? **CHECK ALL THAT APPLY.**

    ❑1   Physician's Office
    ❑2   Hospital Emergency room
    ❑3   Health Department Clinic
    ❑4   Free Clinic
    ❑5   Urgent Care Center
    ❑6   Do Not Seek Care

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

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

❑8   Dentist would not take insurance or Medicaid (MA/Access Card)
❑9   No way to get there
❑10   Didn't know where to go
❑11   Couldn't get an appointment
❑12   The wait was too long
❑13   Services not provided in my community
❑14   Quality of service is better elsewhere

4. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

❑1   Dental care
❑2   Care for senior citizens
❑3   Ability to serve different languages/cultures
❑4   End-of-life care (hospice, palliative care)
❑5   In-patient mental health services for adults
❑6   Out-patient mental health services for adults
❑7   In-patient mental health services for children/adolescents
❑8   Out-patient mental health services for children/adolescents
❑9   Prescription drug assistance
❑10   Family physician
❑11   Services for low income residents
❑12   Services for alcohol and other drug abuse
❑13   Services for persons with disabilities
❑14   Other, please specify: _____

5. What are the greatest needs regarding health education and prevention services in Blair County? **CHECK ALL THAT APPLY.**

❑1   Tobacco prevention and cessation
❑2   Mental health/depression/suicide prevention
❑3   Disease specific information
❑4   Obesity prevention
❑5   Diabetes prevention
❑6   Oral/dental health
❑7   Healthy lifestyles
❑8   Alcohol and other drug abuse prevention
❑9   Diabetes education
❑10   Teen pregnancy
❑11   Emergency preparedness
❑12   Other, please specify: _____

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

    ❏1   Family and friends
    ❏2   Doctor/nurse/pharmacist
    ❏3   Television/newspapers/magazines/newsletters
    ❏4   Library/books
    ❏5   Telephone helpline
    ❏6   Health department
    ❏7   School
    ❏8   Internet/social media
    ❏9   Holistic providers/stores

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

1. What is your postal Zip code? _____

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

    ❏1   Two or more adults without children
    ❏2   Two or more adults with at least one child (age 17 or younger)
    ❏3   One adult with at least one child (age 17 or younger)
    ❏4   One adult living alone
    ❏5   Adult(s) 65 years of age or older

3. What is your age group? _____

4. Are you… **CHECK ONE.**

    ❏1   Male   ❏2   Female

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

    ❏1   American Indian/Alaska Native
    ❏2   Asian or Pacific Islander
    ❏3   Black or African American
    ❏4   White or European American
    ❏5   Hispanic/Latino
    ❏6   Other Please specify: _____

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

    ❏1   Yes   ❏2   No

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

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

**THANK YOU FOR HELPING OUR COMMUNITY
BY COMPLETING THIS SURVEY!**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

Healthy Blair County Coalition

Appendix B: Association Cover Letter and Survey

Healthy Blair County Coalition

Dear Association Leader:

As part of the effort to build a better community in Blair County, we are conducting a community health needs assessment. We are requesting your assistance in gathering information and developing a stronger understanding of the ways in which citizens and associations are engaged in this effort. Surveys are being sent to a variety of groups but we are asking for your help in completing the Association Survey. Your organization has been selected to participate in this project because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, etc.).

In 2007, the Blair County Human Services Office and the United Way invited other key community leaders to join and support an effort to conduct a countywide needs assessment. The purpose of the assessment was to identify community assets, identify targeted needs, and develop an action plan to fill those needs. The report, ***Blair County Profile: Our Strengths, Challenges, and Issues*** was the most complete analysis of crime, alcohol and other drug abuse, economic, and healthcare issues affecting County residents. After the initial assessment, the ***Blair County Community Plan*** was developed which included goals and strategies to address those challenges. As a result, the Healthy Blair County Coalition was created and is leading this effort.

Please go to the link below and complete the survey through the internet on survey monkey no later than **August 31, 2012**. Your individual responses will be kept confidential because we are not tracking who completed the survey. Only one person representing your association needs to complete the survey; however, if your organization has more than one group, each group should submit a survey (for example: a different survey from each neighborhood watch group). Your participation in this survey will help ensure that this is a successful effort.

https://www.surveymonkey.com/s/MNZD7QW

Thank you in advance for your support in making this a better community.

If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chair
Healthy Blair County Coalition

This project is funded or supported in part by the Altoona Regional Health System, Nason Hospital, Tyrone Hospital, Penn State Altoona, and the Blair County Drug and Alcohol Program, Inc.

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2012 Blair County Community Health Needs Assessment

Association Asset Survey – Start Here

A.   COMMUNITY INITIATIVES/PROJECTS

For each of the following community initiatives or projects, please indicate whether your organization is currently leading and/or participating in the effort. **CHECK ALL THAT APPLY.**

Community Initiative/Project	
Preparing people for jobs	❏₁
Increasing availability of and access to jobs	❏₁
Fostering entrepreneurship	❏₁
Promoting economic development	❏₁
Promoting community revitalization	❏₁
Reducing poverty and /or working with people in poverty	❏₁
Promoting quality education	❏₁
Promoting crime prevention	❏₁
Substance abuse prevention, intervention, and treatment	❏₁
Physical health education/prevention	❏₁
Mental health education/prevention	❏₁
Increasing affordable housing and home ownership	❏₁
Promoting youth development	❏₁
Increasing availability of recreation opportunities	❏₁
Promoting arts and culture	❏₁
Increasing neighborhood safety	❏₁
Fostering racial harmony	❏₁
Promoting volunteering	❏₁
Fostering community networks	❏₁
Connecting neighbors who need help with those who can help	❏₁
Promoting community gardens	❏₁
Improving access to transportation	❏₁
Beautifying community spaces	❏₁
Supporting people with disabilities	❏₁
Promoting emergency preparedness	❏₁

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B. HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
   CHECK ALL THAT APPLY.

   - ❑1   No health insurance
   - ❑2   Insurance didn't cover what is needed
   - ❑3   Deductible/co-pay is too high
   - ❑4   Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
   - ❑5   No way to get there
   - ❑6   Didn't know where to go
   - ❑7   Couldn't get an appointment
   - ❑8   The wait was too long
   - ❑9   Services not provided in my community
   - ❑10   Quality of service is better elsewhere

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

   - ❑1   Dental care
   - ❑2   Care for senior citizens
   - ❑3   Ability to serve different languages/cultures
   - ❑4   End-of-life care (hospice, palliative care)
   - ❑5   In-patient mental health services for adults
   - ❑6   Out-patient mental health services for adults
   - ❑7   In-patient mental health services for children/adolescents
   - ❑8   Out-patient mental health services for children/adolescents
   - ❑9   Prescription drug assistance
   - ❑10   Family physician
   - ❑11   Services for low income residents
   - ❑12   Services for alcohol and other drug abuse
   - ❑13   Services for persons with disabilities
   - ❑14   Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County?
   CHECK ALL THAT APPLY.

   - ❑1   Tobacco prevention and cessation
   - ❑2   Mental health/depression/suicide prevention
   - ❑3   Disease specific information
   - ❑4   Obesity prevention
   - ❑5   Diabetes prevention/education
   - ❑6   Oral/dental health
   - ❑7   Healthy lifestyles
   - ❑8   Alcohol and other drug abuse prevention
   - ❑9   Teen pregnancy
   - ❑10   Emergency preparedness

❑11   Other, please specify: _____

C.   <u>ASSOCIATION CHARACTERISTICS</u>

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of the survey participants as a whole.

1.   Geographic area served. **CHECK THE LARGEST AREA SERVED.**

   ❑1   Region
   ❑2   Blair County
   ❑3   City
   ❑4   Other municipality
   ❑5   Neighborhood
   ❑6   Northern Blair County
   ❑7   Southern Blair County
   ❑8   Altoona Area
   ❑9   Other, please specify _____.

2.   Please select the target population you serve. **CHECK ALL THAT APPLY.**

   ❑1   Children under 13 years old
   ❑2   Youth ages 13 – 19 years old
   ❑3   Adults
   ❑4   Adults 60 years and over

3.   Name of Organization (optional) _____

      Email (organization or individual - optional): _____

**THANK YOU FOR HELPING OUR COMMUNITY
BY COMPLETING THIS SURVEY!**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

Healthy
Blair County
Coalition

Appendix C: Key Informant Cover Letter and Survey

Healthy Blair County Coalition

Dear Community Leader:

As part of the effort to build a better community in Blair County, the Healthy Blair County Coalition is conducting a community health needs assessment. Surveys are being sent to a variety of groups but we are asking for your help in completing the Key Informant Survey to learn more about strengths and issues that impact our residents and neighborhoods. We are contacting you because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County.

Beginning in 2012, all hospitals are required by the Affordable Care Act to conduct a community health needs assessment and to develop an intervention plan to meet those community health needs. However, members of the Steering Committee view this as an opportunity to assess and hopefully impact all aspects of a "healthy Blair County" so we encourage participants from **all segments of the community** to participate. A healthy Blair County means impacting social, economic, emotional, and physical needs of residents and the community itself.

Please go to the link below and complete the survey through the internet on survey monkey no later than **August 31, 2012**. Your individual responses will be kept confidential because we are not tracking who completed the survey. However, your participation will help ensure that this is a successful effort and we also invite you to join the Healthy Blair County Coalition.

https://www.surveymonkey.com/s/SMMFGHT

Thank you in advance for your support in making this a better community.

If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chairperson
Healthy Blair County Coalition

This project is funded or supported in part by the Altoona Regional Health System, Nason Hospital, Tyrone Hospital, Penn State Altoona, and the Blair County Drug and Alcohol Program, Inc.

Healthy
Blair County
Coalition

2012 Blair County Community Health Needs Assessment

Key Informant Survey – Start Here

A. COMMUNITY STRENGTHS

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

1. Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1a. Our community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit and all other sectors come together and work productively to address critical community issues.	❑1	❑2	❑3	❑4	❑5
1b. Our community is one that actively promotes positive relations among people from all races, genders, ages, and cultures.	❑1	❑2	❑3	❑4	❑5
1c. Our community is one where all religious groups come together to address pressing social concerns.	❑1	❑2	❑3	❑4	❑5
1d. Our community is one that actively promotes participation in the political process from all races, genders, ages, cultures, including persons with disabilities.	❑1	❑2	❑3	❑4	❑5
1e. Our community is one in which there exists a great deal of mutual respect among leaders from all sectors of the community.	❑1	❑2	❑3	❑4	❑5

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1. Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1f. Our community is one where leaders from all sectors of the community share common goals and uphold a common vision for the following:					
• reducing alcohol/drug abuse	❏1	❏2	❏3	❏4	❏5
• reducing crime	❏1	❏2	❏3	❏4	❏5
• promoting good health	❏1	❏2	❏3	❏4	❏5
• reducing poverty	❏1	❏2	❏3	❏4	❏5
• addressing economic development	❏1	❏2	❏3	❏4	❏5

B. COMMUNITY CHALLENGES AND ISSUES

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please indicate whether you believe it is not an issue, is a minor issue, is a moderate issue or is a major issue for people in your community.
CHECK ONE NUMBER IN EACH ROW.

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

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children being adequately educated	❏1	❏2	❏3	❏4	❏5
Unsafe school environment	❏1	❏2	❏3	❏4	❏5
Bullying/harassment	❏1	❏2	❏3	❏4	❏5

Healthy Blair County Coalition

Use/availability of drugs in school					

Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Water or air pollution	❑1	❑2	❑3	❑4	❑5
Noise or other pollution	❑1	❑2	❑3	❑4	❑5

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	❑1	❑2	❑3	❑4	❑5
Smoking and tobacco	❑1	❑2	❑3	❑4	❑5
Adults with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Children with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Lack of affordable medical care	❑1	❑2	❑3	❑4	❑5
HIV/AIDS	❑1	❑2	❑3	❑4	❑5
Diabetes	❑1	❑2	❑3	❑4	❑5
Obesity	❑1	❑2	❑3	❑4	❑5

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

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of recreational facilities (swimming pools, etc.)	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Lack of cultural activities (concerts, museums, etc.)	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Crime	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Gangs	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Teen pregnancy	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Racial or ethnic discrimination	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Family violence, abuse of children, adults, or the elderly	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Negative effects of gambling	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Lack of affordable daycare for children	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

Community Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Inadequate public transportation	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$
Poor road and/or traffic conditions	$\square_1$	$\square_2$	$\square_3$	$\square_4$	$\square_5$

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

Healthy Blair County Coalition

C.   PRIORITIES

1. Which issue do you believe is the *most*
   serious in our community?   _____

2. Which issue do you believe is the *second*
   most serious?   _____

3. Which issue do you believe is the *third*
   most serious?   _____

D.   COMMENTS AND SUGGESTIONS

1. Please share briefly any comments you may have on community strengths, challenges, and issues.

_____

_____

_____

_____

_____

2. Please share briefly any suggestions you may have concerning how current community resources
    might be redesigned or redirected to be more effective.

_____

_____

_____

_____

_____

E. HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
   CHECK ALL THAT APPLY.

- ❑₁ No health insurance
- ❑₂ Insurance didn't cover what is needed
- ❑₃ Deductible/co-pay is too high
- ❑₄ Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
- ❑₅ No way to get there
- ❑₆ Didn't know where to go
- ❑₇ Couldn't get an appointment
- ❑₈ The wait was too long
- ❑₉ Services not provided in my community
- ❑₁₀ Quality of service is better elsewhere

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

- ❑₁ Dental care
- ❑₂ Care for senior citizens
- ❑₃ Ability to serve different languages/cultures
- ❑₄ End-of-life care (hospice, palliative care)
- ❑₅ In-patient mental health services for adults
- ❑₆ Out-patient mental health services for adults
- ❑₇ In-patient mental health services for children/adolescents
- ❑₈ Out-patient mental health services for children/adolescents
- ❑₉ Prescription drug assistance
- ❑₁₀ Family physician
- ❑₁₁ Services for low income residents
- ❑₁₂ Services for alcohol and other drug abuse
- ❑₁₃ Services for persons with disabilities
- ❑₁₄ Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County? **CHECK ALL THAT APPLY.**

- ❑₁ Tobacco prevention and cessation
- ❑₂ Mental health/depression/suicide prevention
- ❑₃ Disease specific information
- ❑₄ Obesity prevention
- ❑₅ Diabetes prevention/education
- ❑₆ Oral/dental health
- ❑₇ Healthy lifestyles
- ❑₈ Alcohol and other drug abuse prevention
- ❑₉ Teen pregnancy
- ❑₁₀ Emergency preparedness
- ❑₁₁ Other, please specify: _____

Healthy Blair County Coalition

F. KEY INFORMANT CHARTACTERISTICS

The following questions will be used solely for statistical purposes. Your answers will be combined all other responses to get a better understanding of the survey participants as a whole. We will not be identifying individuals or groups that returned surveys.

1. Which of the following categories describes your primary occupation? **CHECK ONE.**

- ❑$_1$ Civic group (e.g. Rotary, Kiwanis, Lion's Club, etc.)
- ❑$_2$ Mayor, township supervisor, board member, or city/borough manager
- ❑$_3$ Local, county, or state political representative
- ❑$_4$ Police department
- ❑$_5$ School administrator/school board member
- ❑$_6$ Media (newspaper, radio, television)
- ❑$_7$ Emergency services
- ❑$_8$ Library
- ❑$_9$ Human Resources Director
- ❑$_{10}$ Other task force/community organization
- ❑$_{11}$ Planning commission/economic development
- ❑$_{12}$ Other

2. Please select below any of the organizations with which you are actively involved. **CHECK ALL THAT APPLY.**

- ❑$_1$ Civic group (e.g. Rotary, Kiwanis, Lion's Club, Women's Club, etc.)
- ❑$_2$ Faith-based
- ❑$_3$ Nonprofit board of directors
- ❑$_4$ Educational organization
- ❑$_5$ Youth program
- ❑$_6$ Cultural
- ❑$_7$ Historical
- ❑$_8$ Emergency services
- ❑$_9$ Health/disease related
- ❑$_{10}$ Environmental
- ❑$_{11}$ Political organization
- ❑$_{12}$ Recreational
- ❑$_{13}$ Other

Healthy
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Coalition

Thank you for your time and comments.
We appreciate your willingness to share your views
about our community's strengths, challenges, and issues.

For more information, please visit our website at
www.healthyblaircountycoalition.org.

Appendix D: Service Provider Cover Letter and Survey

Healthy Blair County Coalition

Dear Service Provider:

As part of the effort to build a better community, we are conducting a community health needs assessment. Surveys are being sent to a variety of groups but we are asking for your help in completing the Service Provider Survey to learn more about the strengths and assets we have available. We are contacting you because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County. The needs assessment results will be made available to agencies to use for their own planning purposes.

In 2007, the Blair County Human Services Office and the United Way invited other key community leaders to join and support an effort to conduct a countywide needs assessment. The report, *Blair County Profile: Our Strengths, Challenges, and Issues* was the most complete analysis of crime, alcohol and other drug abuse, economic, and healthcare issues affecting County residents. After the initial assessment, the *Blair County Community Plan* was developed which included goals and strategies to address those challenges. As a result, the Healthy Blair County Coalition was created and is leading this effort.

Beginning in 2012, all hospitals are required by the Affordable Care Act to conduct a community health needs assessment and to develop an intervention plan to meet those community health needs. However, members of the Steering Committee view this as an opportunity to assess and hopefully impact all aspects of a "healthy Blair County" so we encourage participants from **all segments of the community** to participate. A healthy Blair County means impacting social, economic, emotional, and physical needs of residents and the community itself.

Please go to the link below and complete the survey through the internet on survey monkey no later than **August 31, 2012**. Be assured that the information gathered will be treated with complete confidentiality. Only one person representing your organization should complete the survey. Your participation in this survey will help ensure that this is a successful effort.
https://www.surveymonkey.com/s/RMCX3JQ

Thank you in advance for your support in making this a better community. If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chair
Healthy Blair County Coalition

This project is funded or supported in part by the Altoona Regional Health System, Nason Hospital, Tyrone Hospital, Penn State Altoona, and the Blair County Drug and Alcohol Program, Inc.

Healthy
Blair County
Coalition

2012 Blair County Community Health Needs Assessment

Service Provider Asset Survey – **Start Here**

A.   **COMMUNITY ASSETS**

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of community assets.

1. Number of paid employees and volunteers. **CHECK ONE.**

    ❏₁   Fewer than ten people
    ❏₂   11 – 50 people
    ❏₃   51 – 100 people
    ❏₄   101 – 250 people
    ❏₅   More than 250 people

2. Do you use volunteers in your organization? **CHECK ONE.**

    ❏₁   Yes   ❏₂   No

3. Could you use more volunteers? **CHECK ONE.**

    ❏₁   Yes   ❏₂   No

4. Does your organization make an effort to purchase goods and services from local enterprises?
    CHECK ONE.

    ❏₁   Yes   ❏₂   No

5. Does your organization reach out to hire people who are trying to transition from welfare to work, are disabled, or economically challenged? **CHECK ONE.**

    ❏₁   Yes   ❏₂   No

B.   **SERVICES AND PROGRAMS**

For each of the following services and programs, please check those that your organization offers.
CHECK ALL THAT APPLY.

Services and Programs	
Financial assistance and basic material needs (including shelter)	$\square_1$
Family economic self-reliance	$\square_1$
Employment opportunities for lower-income people	$\square_1$
Child care	$\square_1$
Housing for lower-income people	$\square_1$
Neighborhood revitalization	$\square_1$
Transportation	$\square_1$
Economic development	$\square_1$
Entrepreneurship	$\square_1$
Recreation	$\square_1$
Arts and culture	$\square_1$
Education	$\square_1$
Health wellness and prevention	$\square_1$
Emergency preparedness	$\square_1$
Alcohol and other drug prevention, intervention, and treatment	$\square_1$
Family violence	$\square_1$
Nutrition counseling	$\square_1$
Teen pregnancy	$\square_1$
Family planning	$\square_1$
Physical health services	$\square_1$
Mental health services	$\square_1$
Home health services	$\square_1$
Homemaker or chore services	$\square_1$
Congregate or home-delivered meals	$\square_1$
Respite care for people with physical disabilities	$\square_1$
Respite care for people who are cognitively or emotionally impaired	$\square_1$
Adult day care for people who are cognitively or emotionally impaired	$\square_1$
Adult day care for people with physical disabilities	$\square_1$
Crime and/or delinquency prevention	$\square_1$
Youth development	$\square_1$
Strengthening families	$\square_1$
Legal services	$\square_1$
Planning and coordinating services	$\square_1$
Information and referral	$\square_1$
Community organizing	$\square_1$

C.   COMMUNITY INITIATIVES/PROJECTS

For each of the following community initiatives or projects, please indicate whether your organization is currently leading and/or participating in the effort. **CHECK ALL THAT APPLY.**

Healthy
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Community Initiative/Project	
Preparing people for jobs	$\square_1$
Increasing availability of and access to jobs	$\square_1$
Fostering entrepreneurship	$\square_1$
Promoting economic development	$\square_1$
Promoting community revitalization	$\square_1$
Reducing poverty and /or working with people in poverty	$\square_1$
Promoting quality education	$\square_1$
Promoting crime prevention	$\square_1$
Substance abuse prevention, intervention, and treatment	$\square_1$
Health education/prevention	$\square_1$
Increasing affordable housing and home ownership	$\square_1$
Promoting youth development	$\square_1$
Increasing availability of recreation opportunities	$\square_1$
Promoting arts and culture	$\square_1$
Increasing neighborhood safety	$\square_1$
Fostering racial harmony	$\square_1$
Promoting volunteering	$\square_1$
Fostering community networks	$\square_1$
Connecting neighbors who need help with those who can help	$\square_1$
Promoting community gardens	$\square_1$
Improving access to transportation	$\square_1$
Beautifying community spaces	$\square_1$
Supporting people with disabilities	$\square_1$
Promoting emergency preparedness	$\square_1$

D. HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
   CHECK ALL THAT APPLY.

   $\square_1$ No health insurance
   $\square_2$ Insurance didn't cover what is needed
   $\square_3$ Deductible/co-pay is too high
   $\square_4$ Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
   $\square_5$ No way to get there
   $\square_6$ Didn't know where to go
   $\square_7$ Couldn't get an appointment
   $\square_8$ The wait was too long
   $\square_9$ Services not provided in my community
   $\square_{10}$ Quality of service is better elsewhere

Healthy Blair County Coalition

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

- ❏1 Dental care
- ❏2 Care for senior citizens
- ❏3 Ability to serve different languages/cultures
- ❏4 End-of-life care (hospice, palliative care)
- ❏5 In-patient mental health services for adults
- ❏6 Out-patient mental health services for adults
- ❏7 In-patient mental health services for children/adolescents
- ❏8 Out-patient mental health services for children/adolescents
- ❏9 Prescription drug assistance
- ❏10 Family physician
- ❏11 Services for low income residents
- ❏12 Services for alcohol and other drug abuse
- ❏13 Services for persons with disabilities
- ❏14 Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County?
CHECK ALL THAT APPLY.

- ❏1 Tobacco prevention and cessation
- ❏2 Mental health/depression/suicide prevention
- ❏3 Disease specific information
- ❏4 Obesity prevention
- ❏5 Diabetes prevention/education
- ❏6 Oral/dental health
- ❏7 Healthy lifestyles
- ❏8 Alcohol and other drug abuse prevention
- ❏9 Teen pregnancy
- ❏10 Emergency preparedness
- ❏11 Other, please specify: _____

E.   SERVICE PROVIDER CHARACTERISTICS

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of the survey participants as a whole.

1. Which of the following categories describes your organization? **CHECK ONE.**

- ❏1 Private, not-for-profit corporation
- ❏2 Private, for profit corporation
- ❏3 Federal government agency
- ❏4 State government agency

Healthy Blair County Coalition

☐5   City government agency
☐6   County government agency
☐7   Unincorporated consortium of numerous groups
☐8   Unincorporated organization
☐9   Other

2. Geographic area served. **CHECK THE LARGEST AREA SERVED.**

☐1   Region
☐2   Blair County
☐3   City
☐4   Other municipality
☐5   Neighborhood
☐6   Northern Blair County
☐7   Southern Blair County
☐8   Altoona Area
☐9   Other, please specify _____.

3. Please select the target population you serve. **CHECK ALL THAT APPLY.**

☐1   Children under 13 years old
☐2   Youth ages 13 – 19 years old
☐3   Adults
☐4   Adults 60 years and over

4.   Name of Organization: _____

     Email (organization or individual): _____

Thank you for your time and comments.

**We appreciate your willingness to share your views
about our community's strengths, challenges, and issues.**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

Healthy Blair County Coalition

Dear Faith-Based Community Member:

As part of the effort to build a better community in Blair County, we are conducting a community health needs assessment. We are requesting your assistance in gathering information and developing a stronger understanding of the ways in which members of the faith-based community are engaged in this effort. Surveys are being sent to a variety of groups but we are asking for your help in completing the Faith-Based Survey. As the leader of your congregation, you have been selected to participate in this project because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, etc.).

In 2007, the Blair County Human Services Office and the United Way invited other key community leaders to join and support an effort to conduct a countywide needs assessment. The purpose of the assessment was to identify community assets, identify targeted needs, and develop an action plan to fill those needs. The report, ***Blair County Profile: Our Strengths, Challenges, and Issues*** was the most complete analysis of crime, alcohol and other drug abuse, economic, and healthcare issues affecting County residents. After the initial assessment, the ***Blair County Community Plan*** was developed which included goals and strategies to address those challenges. As a result, the Healthy Blair County Coalition was created and is leading this effort.

Please return the survey in the enclosed self-addressed stamped envelope as soon as possible, but no later than **August 24, 2012**. Instead of mailing the survey back, you may go to the link below and complete the survey on the internet through survey monkey. Your individual responses will be kept confidential because we are not tracking who completed the survey. However, your participation will help ensure that this is a successful effort.

https://www.surveymonkey.com/s/MCB7HQF

Thank you in advance for your support in making this a better community.

If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chairperson
Healthy Blair County Coalition

**Healthy
Blair County
Coalition**

2012 Blair County Community Health Needs Assessment

Faith-Based Asset Survey – **Start Here**

A.   SERVICES AND PROGRAMS

Please indicate the ways through which your congregation provides services and programs to your members and the community-at-large in the following areas. **CHECK YES TO ALL THAT APPLY.**

Services and Programs	Provide to your members?	Provide to the community-at-large?	Provide meeting space?	Provide Volunteers?
Emergency financial assistance (for basic living needs)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Family budgeting skills	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Infant/child care	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Transportation	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Recreation (dances, exercise classes, organized games, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Education (tutoring, classes in computer skills, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Health wellness and prevention (blood pressure screenings, cholesterol testing, classes on first aid and treating diseases, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Alcohol and other drug prevention, intervention, and treatment	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Family violence (counseling or providing services to victims, classes on detecting domestic violence, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Pregnancy (teen mothers, adoption services, services to pregnant and parenting women/families, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Physical health services (parish nurse programs, home visits to the sick and aged, family planning, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Individual/Family Support (suicide, divorce, parenting, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$
Homemaker or chore services (personal care, lawn care, cleaning)	❑$_1$	❑$_2$	❑$_3$	❑$_4$

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Services and Programs	Provide to your members?	Provide to the community-at-large?	Provide meeting space?	Provide Volunteers?
Congregate or home-delivered meals	❑1	❑2	❑3	❑4
Respite care (for children and adults who are physically or emotionally impaired)	❑1	❑2	❑3	❑4
Ministering to the incarcerated (and their families)	❑1	❑2	❑3	❑4
Crime and/or delinquency prevention activities	❑1	❑2	❑3	❑4
Youth development (classes, clubs, activities, etc.)	❑1	❑2	❑3	❑4
Food pantry, soup kitchen, free meals	❑1	❑2	❑3	❑4
Clothing give-aways	❑1	❑2	❑3	❑4
Information and referral	❑1	❑2	❑3	❑4
Legal services	❑1	❑2	❑3	❑4
Other – please list	❑1	❑2	❑3	❑4

B. HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
CHECK ALL THAT APPLY.

    ❑1   No health insurance
    ❑2   Insurance didn't cover what is needed
    ❑3   Deductible/co-pay is too high
    ❑4   Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
    ❑5   No way to get there
    ❑6   Didn't know where to go
    ❑7   Couldn't get an appointment
    ❑8   The wait was too long
    ❑9   Services not provided in my community
    ❑10   Quality of service is better elsewhere

Healthy Blair County Coalition

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

  - ❏1　Dental care
  - ❏2　Care for senior citizens
  - ❏3　Ability to serve different languages/cultures
  - ❏4　End-of-life care (hospice, palliative care)
  - ❏5　In-patient mental health services for adults
  - ❏6　Out-patient mental health services for adults
  - ❏7　In-patient mental health services for children/adolescents
  - ❏8　Out-patient mental health services for children/adolescents
  - ❏9　Prescription drug assistance
  - ❏10　Family physician
  - ❏11　Services for low income residents
  - ❏12　Services for alcohol and other drug abuse
  - ❏13　Services for persons with disabilities
  - ❏14　Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County?
   CHECK ALL THAT APPLY.

  - ❏1　Tobacco prevention and cessation
  - ❏2　Mental health/depression/suicide prevention
  - ❏3　Disease specific information
  - ❏4　Obesity prevention
  - ❏5　Diabetes prevention/education
  - ❏6　Oral/dental health
  - ❏7　Healthy lifestyles
  - ❏8　Alcohol and other drug abuse prevention
  - ❏9　Teen pregnancy
  - ❏10　Emergency preparedness
  - ❏11　Other, please specify: _____

C.　FAITH-BASED CHARTACTERISTICS

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of the survey participants as a whole.

1. Please approximate the number of children under 13 years old in your congregations.
   CHECK ONE.

  - ❏1　under 50
  - ❏2　50 - 100
  - ❏3　over 100

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2. Please approximate the number of youth ages 13 - 19 years old in your congregations. **CHECK ONE.**

     ❑$_1$ under 50
     ❑$_2$ 50 - 100
     ❑$_3$ over 100

3. Please approximate the number of adults ages 20 – 65 years old in your congregations. **CHECK ONE.**

     ❑$_1$ under 50
     ❑$_2$ 50 - 100
     ❑$_3$ over 100

4. Please approximate the number of adults over 65 years old in your congregations. **CHECK ONE.**

     ❑$_1$ under 50
     ❑$_2$ 50 - 100
     ❑$_3$ over 100

5. Does your congregation have a youth group? **CHECK ONE.**

     ❑$_1$ Yes   ❑$_2$ No

**THANK YOU FOR HELPING OUR COMMUNITY
BY COMPLETING THIS SURVEY!**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

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Appendix F: Faith-Based Cover Letter and Key Informant Survey

Healthy Blair County Coalition

Dear Community Leader:

As part of the effort to build a better community in Blair County, the Healthy Blair County Coalition is conducting a community health needs assessment. Surveys are being sent to a variety of groups but we are asking for your help in completing the Faith-Based Key Informant Survey to learn more about strengths and issues that impact our residents and neighborhoods. We are contacting you because we highly value your opinion, and we believe your experiences in working to provide assistance as a member of the faith community will help us better understand the challenges facing our community.

Beginning in 2012, all hospitals are required by the Affordable Care Act to conduct a community health needs assessment and to develop an intervention plan to meet those community health needs. However, members of the Steering Committee view this as an opportunity to assess and hopefully impact all aspects of a "healthy Blair County" so we encourage participants from **all segments of the community** to participate. A healthy Blair County means impacting social, economic, emotional, and physical needs of residents and the community itself.

Please go to the link below and complete the survey through the internet on survey monkey no later than **October 15, 2012**. Your individual responses will be kept confidential because we are not tracking who completed the survey. However, your participation will help ensure that this is a successful effort and we also invite you to join the Healthy Blair County Coalition.

https://www.surveymonkey.com/s/MFXFB2R

Thank you in advance for your support in making this a better community.

If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chairperson
Healthy Blair County Coalition

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Coalition

2012 Blair County Community Health Needs Assessment

Faith-Based Key Informant Survey – Start Here

A. COMMUNITY STRENGTHS

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

1. Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1a. Our community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit and all other sectors come together and work productively to address critical community issues.	❏1	❏2	❏3	❏4	❏5
1b. Our community is one that actively promotes positive relations among people from all races, genders, ages, and cultures.	❏1	❏2	❏3	❏4	❏5
1c. Our community is one where all religious groups come together to address pressing social concerns.	❏1	❏2	❏3	❏4	❏5
1d. Our community is one that actively promotes participation in the political process from all races, genders, ages, cultures, including persons with disabilities.	❏1	❏2	❏3	❏4	❏5
1e. Our community is one in which there exists a great deal of mutual respect among leaders from all sectors of the community.	❏1	❏2	❏3	❏4	❏5

Healthy Blair County Coalition

1. Community Strength	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No Opinion/ Don't Know
1f. Our community is one where leaders from all sectors of the community share common goals and uphold a common vision for the following:					
• reducing alcohol/drug abuse	❏1	❏2	❏3	❏4	❏5
• reducing crime	❏1	❏2	❏3	❏4	❏5
• promoting good health	❏1	❏2	❏3	❏4	❏5
• reducing poverty	❏1	❏2	❏3	❏4	❏5
• addressing economic development	❏1	❏2	❏3	❏4	❏5

B. COMMUNITY CHALLENGES AND ISSUES

People experience challenges and issues sometimes in the community where they live. Here is a list of common issues. For each one, please indicate whether you believe it is not an issue, is a minor issue, is a moderate issue or is a major issue for people in your community.
CHECK ONE NUMBER IN EACH ROW.

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

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children being adequately educated	❏1	❏2	❏3	❏4	❏5
Unsafe school environment	❏1	❏2	❏3	❏4	❏5
Bullying/harassment	❏1	❏2	❏3	❏4	❏5

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Use/availability of drugs in school					

Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Water or air pollution	❑1	❑2	❑3	❑4	❑5
Noise or other pollution	❑1	❑2	❑3	❑4	❑5

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	❑1	❑2	❑3	❑4	❑5
Smoking and tobacco	❑1	❑2	❑3	❑4	❑5
Adults with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Children with mental illness or emotional issues	❑1	❑2	❑3	❑4	❑5
Lack of affordable medical care	❑1	❑2	❑3	❑4	❑5
HIV/AIDS	❑1	❑2	❑3	❑4	❑5
Diabetes	❑1	❑2	❑3	❑4	❑5
Obesity	❑1	❑2	❑3	❑4	❑5

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

Healthy Blair County Coalition

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of recreational facilities (swimming pools, etc.)	❑1	❑2	❑3	❑4	❑5
Lack of cultural activities (concerts, museums, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Crime	❑1	❑2	❑3	❑4	❑5
Gangs	❑1	❑2	❑3	❑4	❑5

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Teen pregnancy	❑1	❑2	❑3	❑4	❑5
Racial or ethnic discrimination	❑1	❑2	❑3	❑4	❑5
Family violence, abuse of children, adults, or the elderly	❑1	❑2	❑3	❑4	❑5
Negative effects of gambling	❑1	❑2	❑3	❑4	❑5
Lack of affordable daycare for children	❑1	❑2	❑3	❑4	❑5

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

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

Healthy Blair County Coalition

C.   PRIORITIES

4. Which issue do you believe is the *most*
   serious in our community?   _____

5. Which issue do you believe is the *second*
   most serious?   _____

6. Which issue do you believe is the *third*
   most serious?   _____

D.   COMMENTS AND SUGGESTIONS

2. Please share briefly any comments you may have on community strengths, challenges, and issues.

_____

_____

_____

_____

_____

3. Please share briefly any suggestions you may have concerning how current community resources
    might be redesigned or redirected to be more effective.

_____

_____

_____

_____

_____

E.   HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
   CHECK ALL THAT APPLY.

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❑1   No health insurance
❑2   Insurance didn't cover what is needed
❑3   Deductible/co-pay is too high
❑4   Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
❑5   No way to get there
❑6   Didn't know where to go
❑7   Couldn't get an appointment
❑8   The wait was too long
❑9   Services not provided in my community
❑10   Quality of service is better elsewhere

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

❑1   Dental care
❑2   Care for senior citizens
❑3   Ability to serve different languages/cultures
❑4   End-of-life care (hospice, palliative care)
❑5   In-patient mental health services for adults
❑6   Out-patient mental health services for adults
❑7   In-patient mental health services for children/adolescents
❑8   Out-patient mental health services for children/adolescents
❑9   Prescription drug assistance
❑10   Family physician
❑11   Services for low income residents
❑12   Services for alcohol and other drug abuse
❑13   Services for persons with disabilities
❑14   Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County? **CHECK ALL THAT APPLY.**

❑1   Tobacco prevention and cessation
❑2   Mental health/depression/suicide prevention
❑3   Disease specific information
❑4   Obesity prevention
❑5   Diabetes prevention/education
❑6   Oral/dental health
❑7   Healthy lifestyles
❑8   Alcohol and other drug abuse prevention
❑9   Teen pregnancy
❑10   Emergency preparedness
❑11   Other, please specify: _____

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Thank you for your time and comments.
We appreciate your willingness to share your views
about our community's strengths, challenges, and issues.

For more information, please visit our website at
www.healthyblaircountycoalition.org.

Appendix G: Labor Council Cover Letter and Survey

Healthy Blair County Coalition

Dear Labor Union Leader:

As part of the effort to build a better community in Blair County, we are conducting a community health needs assessment. We are requesting your assistance in gathering information and developing a stronger understanding of the ways in which citizens and labor unions are engaged in this effort. Surveys are being sent to a variety of groups but we are asking for your help in completing the Labor Asset Survey. As the leader of your union, you have been selected to participate in this project because we highly value your opinion, and we believe your insights will help improve all aspects of a healthy Blair County.

Beginning in 2012, all hospitals are required by the Affordable Care Act to conduct a community health needs assessment and to develop an intervention plan to meet those community health needs. However, members of the Steering Committee view this as an opportunity to assess and hopefully impact all aspects of a "healthy Blair County" so we encourage participants from all segments of the community to participate. A healthy Blair County means impacting social, economic, emotional, and physical needs of residents and the community itself.

Please return the survey to Penn State Altoona, Center for Community Based Studies, 3000 Ivyside Park, Altoona, PA 16601-9951 as soon as possible, but no later than **August 31, 2012**. Instead of mailing the survey back, you may go to the link below and complete the survey on the internet through survey monkey. Only one person representing your labor union needs to complete the survey; however, if your organization has more than one group, each group should submit a survey.

Your individual responses will be kept confidential because we are not tracking who completed the survey. However, your participation will help ensure that this is a successful effort.

https://www.surveymonkey.com/s/QYVSMWZ

Thank you in advance for your support in making this a better community.

If you have questions about this survey, please call Coleen Heim, Director of the Healthy Blair County Coalition at 944-0884 ext. 305. For more information on the coalition or how to become involved, please visit our website at www.healthyblaircountycoalition.org.

Sincerely,

Judy Rosser, Chairperson
Healthy Blair County Coalition

This project is funded or supported in part by the Altoona Regional Health System, Nason Hospital, Tyrone Hospital, Penn State Altoona, and the Blair County Drug and Alcohol Program, Inc.

2012 Blair County Community Health Needs Assessment

Labor Asset Survey – **Start Here**

A.   **COMMUNITY ASSETS**

The following questions will be used solely for statistical purposes. Your answers will be combined with all other responses to get a better understanding of community assets and the contributions made by various organizations and businesses.

1. Approximately how many union members do you have in Blair County. **CHECK ONE.**

    ❑₁   Fewer than fifty people
    ❑₂   51 – 250 people
    ❑₃   More than 250 people

2. Did your union provide charitable contributions within Blair County last year?
   CHECK ONE.

    ❑₁   Under $1000
    ❑₂ $1000 - $10,000
    ❑₃ $10,000 - $50,000
    ❑₄ $50,000 - $100,000
    ❑₅   Over $100,000

3. Approximate number of volunteer hours contributed by the union members within Blair County last year? **CHECK ONE.**

    ❑₁   Under 50 hours
    ❑₂   50 – 250 hours
    ❑₃   250 – 1000 hours
    ❑₄   Over 1000 hours

4. Does your union offer services to its members such as information and education, for example, on health issues, peer counseling, food pantry, or general education diploma (GED) programs?
   CHECK ONE.

    ❑₁   Yes   ❑₂   No

5. Are union members with specific skills made available to help community groups, for example, an electrician who helps a community-based group develop a plan for upgrading its building's electrical system? **CHECK ONE.**

    ❑₁   Yes   ❑₂   No

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6. Does your union place emphasis on purchasing goods/services from local companies? **CHECK ONE.**

    ❑₁   Yes   ❑₂   No

7. Does your union reach out to hire people who are trying to transition from welfare to work, are disabled, or economically challenged? **CHECK ONE.**

    ❑₁   Yes   ❑₂   No

B. COMMUNITY INITIATIVES/PROJECTS

For each of the following community initiatives or projects, please indicate whether your union members are currently leading and/or participating in the effort. **CHECK ALL THAT APPLY.**

Community Initiative/Project	
Preparing people for jobs	❑₁
Increasing availability of and access to jobs	❑₁
Fostering entrepreneurship	❑₁
Promoting economic development	❑₁
Promoting community revitalization	❑₁
Reducing poverty and /or working with people in poverty	❑₁
Promoting quality education	❑₁
Promoting crime prevention	❑₁
Substance abuse prevention, intervention, and treatment	❑₁
Supporting employee drug testing	❑₁
Physical health education/prevention	❑₁
Mental health education/prevention	❑₁
Increasing affordable housing and home ownership	❑₁
Promoting youth development	❑₁
Increasing availability of recreation opportunities	❑₁
Promoting arts and culture	❑₁
Increasing neighborhood safety	❑₁
Fostering racial harmony	❑₁
Promoting volunteering	❑₁
Fostering community networks	❑₁
Connecting neighbors who need help with those who can help	❑₁
Promoting community gardens	❑₁
Improving access to transportation	❑₁
Beautifying community spaces	❑₁
Supporting people with disabilities	❑₁
Promoting emergency preparedness	❑₁

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C. HEALTHCARE CHALLENGES AND ISSUES

1. Which of these problems do you believe prevent residents from getting the necessary health care?
    CHECK ALL THAT APPLY.

    - ❑1 No health insurance
    - ❑2 Insurance didn't cover what is needed
    - ❑3 Deductible/co-pay is too high
    - ❑4 Doctor/hospital/pharmacy/dentist won't take insurance or Medicaid (MA/Access Card)
    - ❑5 No way to get there
    - ❑6 Didn't know where to go
    - ❑7 Couldn't get an appointment
    - ❑8 The wait was too long
    - ❑9 Services not provided in my community
    - ❑10 Quality of service is better elsewhere

2. What are the greatest gaps in health care services for Blair County? **CHECK ALL THAT APPLY.**

    - ❑1 Dental care
    - ❑2 Care for senior citizens
    - ❑3 Ability to serve different languages/cultures
    - ❑4 End-of-life care (hospice, palliative care)
    - ❑5 In-patient mental health services for adults
    - ❑6 Out-patient mental health services for adults
    - ❑7 In-patient mental health services for children/adolescents
    - ❑8 Out-patient mental health services for children/adolescents
    - ❑9 Prescription drug assistance
    - ❑10 Family physician
    - ❑11 Services for low income residents
    - ❑12 Services for alcohol and other drug abuse
    - ❑13 Services for persons with disabilities
    - ❑14 Other, please specify: _____

3. What are the greatest needs regarding health education and prevention services in Blair County?
    CHECK ALL THAT APPLY.

    - ❑1 Tobacco prevention and cessation
    - ❑2 Mental health/depression/suicide prevention
    - ❑3 Disease specific information
    - ❑4 Obesity prevention
    - ❑5 Diabetes prevention/education
    - ❑6 Oral/dental health
    - ❑7 Healthy lifestyles

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❑8   Alcohol and other drug abuse prevention
❑9   Teen pregnancy
❑10   Emergency preparedness
❑11   Other, please specify: _____

**THANK YOU FOR HELPING OUR COMMUNITY
BY COMPLETING THIS SURVEY!**

**For more information, please visit our website at
www.healthyblaircountycoalition.org.**

Appendix H: Healthcare Provider Interview Format

Format and Questions for the Interview of Healthcare Providers

Introductions
State name, who you work for, but today you are calling on behalf of the Healthy Blair County Coalition. The purpose of my call is to ask whether you would be willing to speak with me as part of a community health needs assessment. The needs assessment process is being directed by a Steering Committee, including representatives from all three hospitals in Blair County. This project actually began back in 2007 with the first community-wide needs assessment. However, beginning in 2012, all hospitals are required by the Affordable Care Act to conduct a community health needs assessment and to develop an intervention plan to meet those community health needs. We are conducting a variety of surveys with residents and organizations in Blair County in order to obtain information that hopefully will impact social, economic, and physical well-being. As a healthcare provider, we value your opinion, and thought that conducting a telephone interview would be the best way to gather your input. This interview should not take more than 15 minutes. I will be writing down your responses but your name and comments will not published and will only be incorporated into a database with responses from all other healthcare providers. Do you have any questions before I begin?

Question 1 – What do you believe are the top three community health needs?
1.   2.   3.

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Question 2 – What environmental factors do you believe are driving or creating our community health needs?

Question 3 – What are the top needs related to special populations (e.g. children, elderly, persons with disabilities, adults, medical assistance, etc.)?

Question 4 – Are there any programs or initiatives underway to address any of these needs that we should be aware of?

Question 5 – Do you have any advice for the Steering Committee or the hospitals as they conduct the needs assessment and develop an intervention plan to address the identified needs?

Wrap-Up

I really appreciate your comments and the time you spent in answering these questions. Would you like to receive additional information on the Healthy Blair County Coalition or the results of the needs assessment?

Appendix I: County Health Rankings Model

County Health Rankings model ©2012 UWPHI

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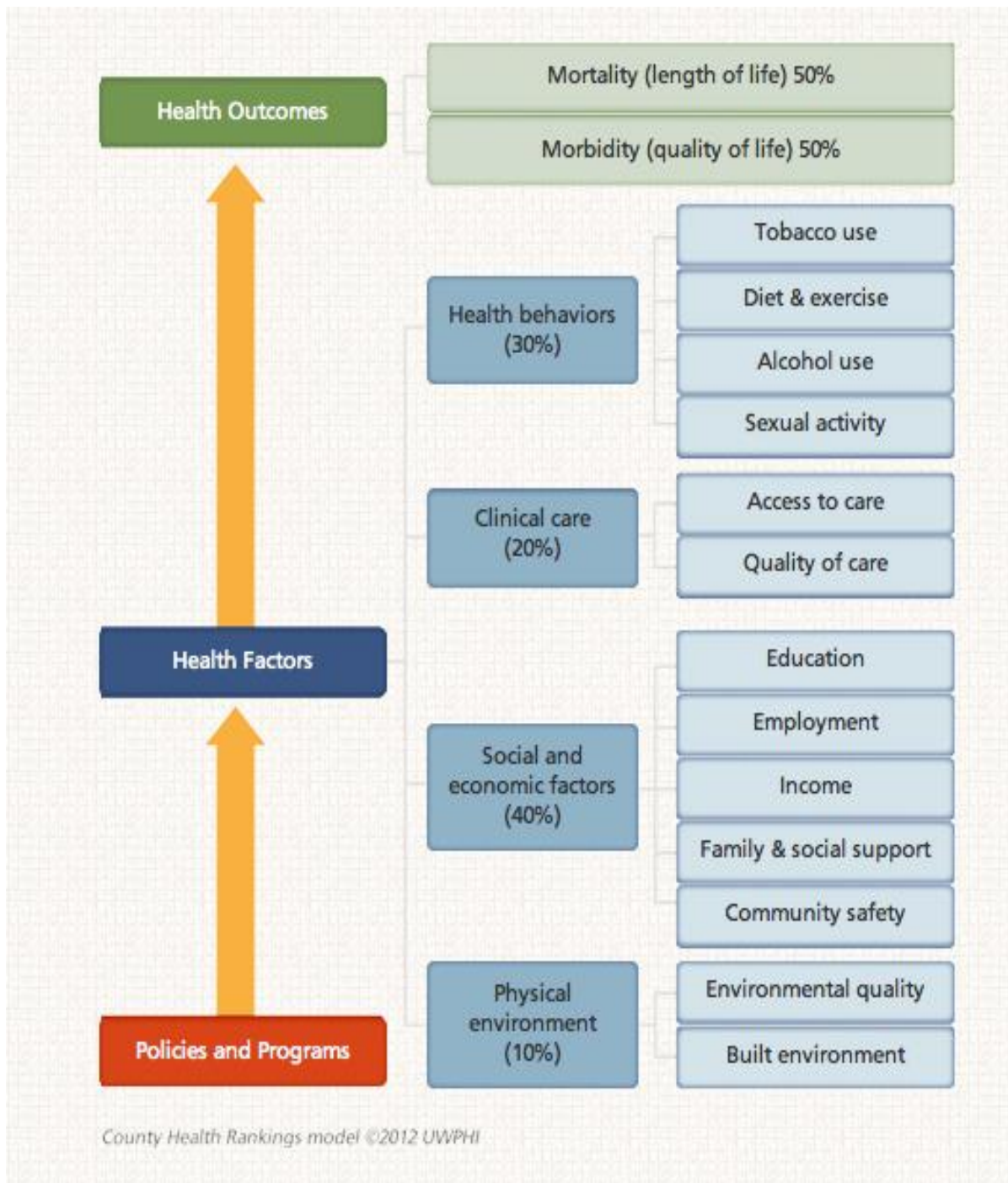
Appendix J: Matrix of Priority Issues and Supporting Data/Survey Results

Priority Issues	Surveys Results and Indicator Data
Alcohol and other drugs	• Ranked #2 community challenge on household survey (71.3%) • Ranked #6 community challenge on Other Agencies Household survey (56.2%) • Ranked #1 community challenge on key informant survey (92.3%) • Ranked #2 greatest need regarding health education/prevention on household survey (37.0%) • Ranked #2 greatest need regarding health education/prevention by key informants (69.2%) and associations (66.7%) • PA Youth Survey • Blair County Drug and Alcohol Program, Inc. 2012 Needs Assessment
Obesity	• Ranked #4 community challenge on household survey (70.5%) • Ranked #1 household challenge on household survey (38.9%) • Ranked #4 community challenge on Other Agencies Household survey (59.6%) • Ranked #1 greatest need regarding health education/prevention on household survey (53.0%) • Ranked #7 community challenge on key informant survey (79.5%) • Ranked #1 by healthcare providers as the top community health need (40.9%) • 2013 County Health Ranking Report • 2012 Blair County Health Profile
Children with Mental Health Issues	• Ranked #18 household challenge on household survey (40.6%) • Ranked #18 community challenge on Other Agencies Household survey (38.3%) • Ranked #5 community challenge on key informant survey (84.6%) • Ranked #2 by healthcare providers as a community health care need (31.8%)* • Ranked #1 greatest need regarding health education/prevention by the faith-based community (76.5%) • Suicide Statistics for Blair County • Summary of Student Assistance Program Data • Percent of Youth Reporting Symptoms of Depression • Blair County Mental Health Data
Smoking and Tobacco	• Ranked #7 community challenge on household survey (60.7%) • Ranked #5 community challenge on Other Agencies Household survey (59.4%) • Ranked #3 greatest need regarding health education/prevention on household survey (36.1%) • Ranked #6 community challenge on key informant survey (82.0%) • 2013 County Health Ranking Report

• Results included mental health issues of children but also other populations within Blair County.

Healthy Blair County Coalition

Appendix K: Matrix of Identified Needs by Source

Community/Household Challenges/Need	Household Survey: Community Challenges (P. 47)	Household survey: Household Challenges (p. 49)	Community Asset Survey	Key Informant Community Challenges (p. 54)	Healthcare Provider Interviews: Community Needs (p. 56)	Faith Based Survey (p. 58)	Youth Focus Groups (p. 59)
Lack of Jobs	1	7	1	4	B1	Priority	11
Alcohol/Drug Abuse	2		6	2		Priority	2
Unemployment/Under employment	3		2	1		Priority	9
Obesity	4	1	4	8	A1	Priority	
Poverty	5		3	3			12
Crime	6			14			
Smoking/Tobacco	7	17	5	6			10
Lack Afford Medical Care/Providers	8		7	12, 18	A3		
Drugs in Schools	9			7			
Teen Pregnancy	10			16			5
Diabetes	11	8		11			
Bullying/Safe Schools	12	4					8
Lack Cultural Activities	13			19			1
Family Violence	14			10			13
Shortage Recreational Facilities	15			20			3
Adults – Behavioral Health	16	2, 13		9	A2	Priority	
Shortage Afford Housing	17			13, 17			
Children Behavioral Health	18	18	18	5	A2, C1	Priority	
Poor Road Conditions	19						
Substandard Housing	20	19					7, 14
Difficult to Budget		3, 5,6, 9, 10, 14, 15					
Children - Education		11		15			
Pollution		12					
Care for Persons with Disabilities		14					
Lack of Motivation for Healthy Lifestyle					B2		
Discrimination							4
HIV/AIDS							6
Lack of Affordable Child Care							15