



UPMC | SOMERSET

Community Health Needs Assessment Community Health Strategic Plan

Somerset County

June 30, 2019

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Executive Summary

In Fiscal Year 2019, UPMC Somerset conducted a Community Health Needs Assessment (CHNA) in keeping with requirement in section 501(r) of the Internal Revenue Code. Previous CHNAs were conducted in Fiscal Year 2013 and 2016. The process of the CHNA has allowed UPMC Somerset to engage with members of the community to identify the most prevalent health needs in our service area.

UPMC Somerset is one of three hospitals in Somerset County and provides access to medical, surgical and rehabilitation care. Specialty services include cardiology, orthopedics, general surgery, pain management, gastroenterology, pulmonology, urology and women's health. UPMC Somerset also has a certified Primary Stroke Center.

Data Collection

The purpose of this process and report is to identify the most prevalent health issues in our community and determine programs and services to address these issues. This process also assists the hospital to better define the community which is being served.

Data for this assessment was collected from a variety of primary and secondary sources and incorporated both qualitative and quantitative data.

Steering Committee

A steering committee was formed to direct this process. Over the last 8 months, the steering committee met in person three times to discuss the Community Health Needs Assessment. To accommodate members' outside demands, additional actions were taken through email.

Primary Data Collection

Data was collected from a variety of community members and stakeholders through a series of surveys, key informant interviews and focus groups. Specific groups that were targeted include those individuals who work with priority populations (aging, uninsured, underinsured, low income, children), members of priority populations and those that serve many broad interests. Input was also collected from a community health nurse with the Pennsylvania Department of Health.

Secondary Data Collection

Secondary Data was collected from the following sources:

- Demographic and socioeconomic data was collected from the United States Census Bureau
- Pennsylvania Department of Health and the Pennsylvania Department of Vital Statistics
- County Health Rankings, which is provided by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute within the School of Medicine and Public Health.
- Pennsylvania Youth Survey (PAYS) 2018
- American Lung Association State of the Air Report
- Healthy People 2020, from the Office of Disease Prevention and Health Promotion
- Community Health Status Indicators, from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- Somerset County Hunger Profile, a publication of the Greater Pittsburgh Food Bank
- Pennsylvania Center for Workforce Information and Analysis
- Pennsylvania State Police

- Pennsylvania Department of Transportation
- Health Resources and Service Administration (HRSA)
- Pennsylvania State Data Center

Data was categorized as follows:

- Community Health Status
- Access
- Chronic Diseases
- Mental Health
- Drug/Alcohol Use
- Tobacco Use
- Overweight/Obesity
- Sexually Transmitted Infections
- Prenatal Behaviors
- Environment and Water Quality

Needs Identification

Once the data was presented, steering committee was asked to rate each area in terms of the magnitude of the problem in our community, the capacity for the hospital to address each issue and the responsibility of the hospital for addressing each issue. Through this process, the following needs were identified:



Background and Community Benefit

UPMC Somerset is a not for profit 111-bed community hospital located in Somerset Borough, Somerset County, Pennsylvania. In operation since 1921, Somerset Hospital became integrated into the UPMC health system, as UPMC Somerset on February 1, 2019. In 2017, the Somerset Hospital Board of Directors requested proposals to affiliate with a larger health care system that could enhance opportunities and access in its region. The Board's objectives for an affiliation were as follows:

1. To bring additional medical services to our community to prevent the need to travel for specialty care;
2. To address significant financial pressures that Somerset, like most small, rural hospitals, is facing;
3. To be supported and led by an innovative and transformational health care system that serves our constituents with groundbreaking and compassionate medical care;
4. To partner with an organization that will enhance the quality of health and life in our community.

UPMC Somerset is licensed through the Pennsylvania Department of Health and accredited with the Joint Commission. In 2017, UPMC Somerset became a certified Primary Stroke Center with the Joint Commission. UPMC Somerset also operates Somerset Health Services, which includes the outpatient offices of Somerset Family Practice, Somerset Gastroenterology, Somerset Orthopedics, Somerset Cardiology, Somerset Pulmonary Medicine, Somerset Pain Management, and Somerset Surgical Services. Somerset Health Services also offers women's health and urology through affiliations. UPMC Somerset also owns Twin Lakes Center for Drug and Alcohol Rehabilitation and In Touch Hospice.

UPMC Somerset, is one of the top three employers in Somerset County with approximately 850 employees, provides quality health care in a compassionate manner regardless of race, creed, sex, national origin, handicap, age or the patient's ability to pay. Although reimbursement for services rendered is critical to the operation and stability of Somerset Hospital, the hospital, under its written charity care policy, is committed to providing necessary health care services at no charge or at a reduced charge to patients. In fiscal year 2018, the hospital provided the following community benefits:

Charity Care	FY 2018
Bad Debt	\$ 2,908,236
Free Care	\$ 298,715
Contractual Allowances	\$ 176,983,680
TOTAL CHARITY CARE	\$ 180,190,631

Public Policies

Through signage posted in the Hospital's Information Center, Admissions Department, Emergency Room and Credit Office, the public is provided with the organization's policy of providing care regardless of

ability to pay. Information about the financial assistance policy is also located on the UPMC Somerset website.

UPMC Somerset generally designates services as "charity care" after billing. Based on an individual's ability to pay, Somerset Hospital offers payment plans and assists individuals in applying for the state's Medical Assistance Program. Self-pay patients are requested to provide partial pre-payment for services rendered by the Hospital. However, services by UPMC Somerset are provided without regard to an individual's ability to pay.

Community Service and Contributions

During the past year, UPMC Somerset has provided the following services and contributions to the community. The services are provided free of charge or at a nominal fee as indicated.

Community Health Education (free or minimal fees charged to cover direct costs)

CPR	49/year	40 hours
Babysitting Class	17/year	10 hours
Hip and Knee Pain Seminars	43/year	6 hours
Shoulder Seminar	15/year	1 hour
Diabetes Program	70/year	10 hours
Becoming a Woman	8/year	2 hours
Grocery Store Tour	11/year	4 hours
Total	212/year	73 hours

Support Groups (no charge)

Hospice Bereavement	49/year	12 hours
Sleep Apnea	98/year	10 hours
Parkinson's	40/year	12 hours
Transplant Support	4/year	2 hours
Diabetes Support Group	25/year	4 hours
Total	330/year	53 hours

Community Education Information Requests (no charge)

Phone/Mail requests	156/year	10 hours
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School Programs (no charge)

Second Grade tours	235/year	10 hours
Boys and Girls Club Tour	25/year	1 hours
Poison Prevention programs	500/year	8 hours
Shadow students	42 /year	288 hours
Junior Achievement Programs	64/year	46 hours
SASD School Health Fair	1200/year	16 hours
Rockwood Student Presentations	16/year	4 hours
Career Exploration	25/year	2 hours
Total	2351/year	379 hours

Health Fairs or Community Education Programs (no charge to the community)

Health Fairs/Screenings	1353/year	26 hours
Heart Month Seminar	30/year	4 hours
Stress Management	50/year	12 hours
School Handwashing Programs	40/year	2 hours

TOPS program	80/year	2 hours
Senior Center Programs	185/year	12 hours
Running Program	22/year	2 hours
Total	1,760/year	60 hours

Hospital Staff Contributions to Community Organizations

Somerset Rotary		8 hours/year
Somerset County Chamber of Commerce		24 hours/year
Somerset Exchange Club		47 hours/year
Redevelopment Authority		14 hours/year
Drug-Free Communities		45 hours/year
Junior Achievement Board of Directors		10 hours/year
Child Advocacy Investigative Committee		9 hours/year
Somerset Multidisciplinary Investigative Team		9 hours/year
Somerset County Child Death Review Board		4 hours/year

Other Contributions

"In Touch" Hospice

Through the hospital's In Touch Hospice Care Department, terminally ill patients and their families are provided clinical and emotional support. This service is supported through community contributions: Annual operating budget: \$1,322,057 in Fiscal Year 2018.

Social Work Services

Somerset Hospital' Social Work Services Department, with an operating budget in excess of \$142,705 in FY 2018, is responsible for meeting both inpatient and outpatient social needs including the placement of patients in an appropriate community setting upon discharge. The staff provides expertise to many community organizations.

Community Assets/Resources

Nursing Homes:

- Church of the Brethren Home, Windber
- Meadow View Nursing Center, Berlin
- Patriot Senior Choice, Somerset
- Siemon Lakeview Manor, Somerset
- Laurel View Village, Davidsville
- Golden Living Center, Meyersdale

Personal Care/Assisted Living:

- Deneane's Personal Care Home, Confluence
- Keren Miller, Confluence
- Katie's, Confluence
- Sage Karlyne, Confluence
- Laurel View Village, Davidsville
- Countryside Personal Care Home, Friedens
- Country Manor Living, Jerome
- Johnson's PCH, Meyersdale
- Rest Assured Living Center, Meyersdale
- Martins' Care Home, Inc., Rockwood
- Devine Inn, Inc., Salisbury
- Mallard House PCH, Inc., Somerset
- Patriot Street Manor, Somerset
- The Heritage at Siemon's Lakeview Manor Estates, Somerset
- Pettikoffer House, Windber
- Chrissy's Cozy Country Home, Confluence
- Comforts of Home, Confluence

Pharmacy:

- Berlin Pharmacy, Berlin
- Boswell Prescription, Boswell
- Boswell Pharmacy, Jennerstown
- CVS Pharmacy, Somerset
- Fb Thomas Drug Store, Meyersdale
- Findley's Pharmacy, Somerset
- Giant Eagle Pharmacy (2), Somerset
- Medicine Shoppe, Somerset
- Penn-Laurel Pharmacy, Central City
- Rite Aid, Windber

Pharmacies continued:

- Mainline Pharmacy, Somerset
- Township Pharmacy, Davidsville
- UPMC Somerset Outpatient Pharmacy

- Walmart, Somerset
- Yough Valley Pharmacy, Confluence

Senior Services:

- Allegheny Lutheran Social Ministries, Somerset
- Area Agency on Aging of Somerset County, Somerset
- Senior Daily Living Center, Somerset
- Senior Daily Living Center, Meyersdale

Youth Services:

- Boys and Girls Club of Somerset Co., Somerset
- Child Care Information Services of Somerset Co., Somerset
- Children and Youth Services of Somerset Co., Somerset
- Children's Aid Home Programs of Somerset Co., Inc. Somerset
- Somerset Co Head Start/PA Pre-K Counts Preschool Program, Somerset
- Somerset Co Juvenile Probation, Somerset

Family Services:

- Planned Parenthood, Somerset
- The Family Center, Salisbury
- Domestic Relations Section, Somerset
- Birthright, Somerset

Community Services:

- Community Connection at Somerset Hospital, Somerset
- Community Action Partnership, Somerset
- Easter Seal Society, Somerset
- Penn State Cooperative Extension, Somerset
- Salvation Army, Somerset
- Somerset Co. Chamber of Commerce, Somerset
- State Health Center, Somerset
- Somerset Tapestry of Health, Somerset
- Johnstown Free Medical Clinic, Somerset (Thursdays)

Employment Services:

- PA Careerlink, Somerset

Hospitals:

- UPMC Somerset, Somerset
- Chan Soon-Shiong Medical Center, Windber
- Conemaugh Meyersdale Medical Center, Meyersdale

Veterans Services:

- Department of Veterans Services, Somerset
- Veteran's Choice Program at UPMC Somerset, Somerset

Educational Services:

- Appalachia Intermediate Unit 8, Somerset
- Somerset Co. Literacy Council, Somerset
- Somerset Co. Technology Center, Somerset

Mental Health Services:

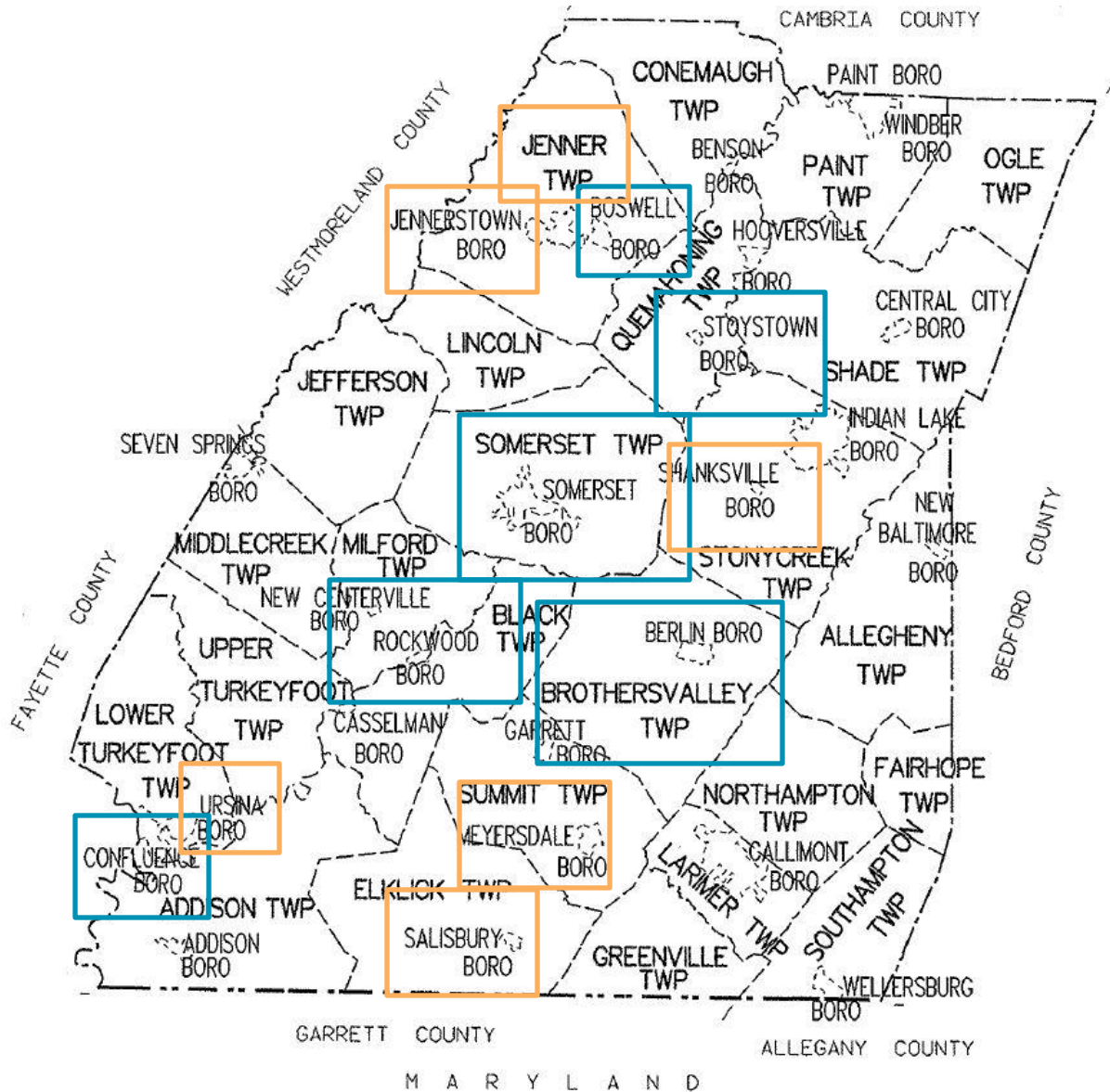
- Somerset Co. Counseling and Treatment Center, Somerset
- Somerset Hospital Behavioral Health Unit, Somerset
- Bedford-Somerset Mental Health/Mental Retardation, Somerset

Behavioral Services:

- Alternative Community Resources Program, Somerset
- Behavioral Health Services of Somerset and Bedford Counties, Inc., Somerset
- Children's Behavioral Health, Somerset
- Family Behavioral Resources, Somerset

Service Area Definition

The primary service area (the areas in which 50% of our admissions derive from) includes Somerset Borough, Berlin, Boswell, Confluence, Friedens, Rockwood and Stoystown. The secondary service area (the areas in which an additional 25% of our admissions derive from) includes Jennerstown, Jenners, Markleton, Meyersdale, Salisbury, Shanksville and Ursina.



Previous Community Health Needs Assessments

UPMC Somerset has completed two previous Community Health Needs Assessments. The most recent Community Health Needs Assessment (CHNA) was completed June 30, 2016, with the Action Plan being completed November 30, 2019. Through this process, priority areas were identified as Heart Disease, Diabetes, Cancer, Stroke, Mental Health Disorders/Access to Mental Health, and Illegal Drug Use/Prescription Drug Abuse. The first Community Health Needs Assessment (CHNA) was completed June 30, 2013. During this process, the top priority areas were identified as Heart Disease, Obesity, Childhood Obesity and Diabetes. The CHNA has been made widely available through the hospital's website and is also available in hard copy by request. No unsolicited feedback has been obtained from the community in relation to the Community Health Needs Assessment.

Some of the accomplishments over the last 3 years include:

Heart Disease

- An additional Cardiac Catheterization Lab was added to UPMC Somerset in 2017 to increase access to/update interventional cardiology services.
- Annual open house of cardiology services in 2016, 2017, 2018 to showcase services and to educate patients on common signs and symptoms of cardiac disease, offered both blood pressure screenings and body fat/BMI
- Offered bi-monthly CPR courses to the community, with over 225 people trained in CPR
- Continued accreditation of Cardiac Rehabilitation through the American Association of Cardiovascular and Pulmonary Rehabilitation

Diabetes

- Over 600 visits to the Diabetes Education Center, with 171 new visits and an average follow up rate of 61%.
- Participation in various community events including: Grocery Store Tours, Senior Expo, Farmer's Market, Elementary and High School Health Fair, Senior Center, Taking Off Pounds Sensibly, Berlin Lion's Club
- Quarterly Diabetes Support Group Meetings
- Pre-Diabetes screening offered to all employees

Tobacco Use

- All Respiratory Therapists received tobacco cessation education
- All inpatient smokers identified offered tobacco cessation counseling
- Continued referrals to the PA Quitline.
- Second grade students educated on the dangers of smoking
- Participation in several community events

Cancer

- Colorectal cancer screening kits offered annually, with approximately 50 kits given out per year
- Community talk on importance of colon cancer screening
- Participated in annual mammography day screening
- UPMC Somerset/Somerset Women's Health Center became enrolled in Healthy Woman PA to increase access to cancer screenings for uninsured/underinsured women
- Continued to develop low dose CT scan program

Stroke

- Became a certified primary stroke center in February 2017
- Participated in several community events, including two parades, to increase awareness of the signs and symptoms of stroke
- Every employee trained in the recognition of stroke
- Offered stroke risk assessments at several community events, including annual senior expo, reaching over 1,500 seniors
- Discussed strokes with over 200 children and 50 teachers

Mental Health Disorders/Access to Mental Health Caregivers

- Increased census of Behavioral Health Unit
- Specialized behavioral health care for geriatric population
- Dementia Live training
- Added community outreach coordinator
- Monthly classes with local homeless shelter on stress management

Illegal Drug Use/Prescription Drug Abuse

- Several community speaking engagements centered on pain management techniques
- Occupational therapy developed medication management program
- Pharmacist placed on inpatient floors to provide education
- Prevention education delivered in all 11 school districts through Twin Lakes Center
- Continued treatment offered through Twin Lakes Center
- We Will Recover created, which is a network of individuals living in recovery
- Addition of Certified Recovery Specialists to the staff of Twin Lakes Center
- Development of Warm Hand Off Program

Methodology

The purpose of this process and report is to identify the most prevalent health issues in our community and determine programs and services to address these issues. This process also assists the hospital to better define the community which is being served.

Data for this assessment was collected from a variety of primary and secondary sources and incorporated both qualitative and quantitative data.

Steering Committee:

A steering committee was formed to direct this process. The committee consisted of both internal employees and employees of organizations associated with our priority populations. This includes Twin Lakes Center for Drug and Alcohol Rehabilitation (UPMC affiliate), Somerset County Drug Free Communities, Children and Youth Services, Area Agency on Aging, Croyle-Nielsen Therapeutic Associates, Somerset Area School District, Somerset Chamber of Commerce and the Somerset County Single County Authority. A complete list of participants can be found in **Appendix A**. Our steering committee met three times over the last eight months, with additional actions conducted through email. Steering committee members were also asked to reconvene several times over the next three years so that progress on the action plan can be reported.

October 29, 2018

- Discussion of the roles and responsibilities of the steering committee
- Review of previous CHNAs
- Overview of data collection process

December 20, 2018

- Discussion on the primary data collection tools (reviewed both community and professional perception survey)
- Reviewed secondary data, primarily including Pennsylvania Department of Health Statistics

April 12, 2019

- Reviewed all primary data collected including community survey, key informant interviews and focus groups
- Discussion the process for identifying priority needs

Primary Data Collection:

Target audiences were identified at the first steering committee meeting. It was determined that UPMC Somerset should gather input from the community at large and then target specific audiences. A summary of all primary data collected can be found in **Appendix B**.

Community Survey:

A community survey was utilized to obtain input from a sample of our communities. The Steering Committee met to develop the survey tool. This tool was then inputted into Survey Monkey, which is a site that allows individuals to anonymously submit their results. Once the survey was complete on Survey Monkey, the Steering Committee was asked to review prior to the survey going live. The survey was also made available in hard copy so that individuals, who were unable to access a computer, were able to participate in the survey.

The survey went live in January 2019. The link to the survey was placed on UPMC Somerset's Facebook page, emailed out to all steering committee members, emailed to all hospital employees, emailed to local pastoral group and to those individuals who have signed up to receive email from UPMC Somerset. Additionally, an invitation to participate in the survey was mailed out to approximately 1,000 households in our primary service area. Also, an ad was placed in the Daily American, which is a local newspaper. The survey was also administered in person at several senior centers in the county. A total of 678 individuals completed the survey. Data received from the survey was analyzed by Survey Monkey.

Professional Perceptions Survey:

In an effort to determine the perceptions of those potentially working with priority populations, a survey was developed to gather input from those individuals. The survey was developed through survey monkey and distributed through the hospital and to employees of local service organizations. A total of 320 responses were received for this survey.

Six key informant interviews were conducted. The interviewees were selected based on their role in working with UPMC Somerset's priority populations and their knowledge of the community. This includes the aging community, those with physical and mental disabilities, economically disadvantaged, and those without health insurance.

Name	Organization	Role
James T. Yoder	Area Agency on Aging	Director
Amanda Webreck	Community Action Partnership	Homeless Assistance Case Manager
Joshua Boland	Somerset Economic Development Council	Executive Director
Ron Aldom	Somerset County Chamber of Commerce	Executive Director
Kirby Brugh	PA Department of Health	Community Health Nurse
Reverend J. Matthew Deal	St. Paul's United Church of Christ	Pastor

Interviewees were asked the following questions:

1. What is your name, your job title and the name of the organization that you work for?
2. What are some of the strengths in our community?
3. What are some weaknesses of our community?
4. When you think of the general health of our community, what do you think are the most prevalent health issues?
5. With the specific population you work with, what do you see as the most prevalent health issues?
6. When considering these health issues, what are some of the factors in our community that contribute to these issues?
7. When considering these health issues, what are some programs, initiatives or services that the hospital could offer that would address these issues?
8. Is there anything else you would like to add?

Focus Groups:

A total of four focus groups were conducted. One focus group was conducted with individuals receiving services from the Community Action Partnership of Somerset County. This focus group consisted of a mix of male and female adults of varying aging. Lunch was given to the individuals as an incentive for participation. The Focus Group lasted approximately 1 hour. Three additional focus groups were conducted at a local school, with 4th, 5th and 6th grade students. The participation of the students began as a school project and evolved into the students providing valuable input.

Focus Group Participants were asked the following questions:

1. Please introduce yourself with your name, age and one interesting fact about yourself.
2. What are some strengths of our community?
3. What are some weaknesses of our community?
4. When I say the word health, what is the first thing that comes to mind?
5. Would you say that our community is healthy?
6. What is the biggest health related problem in our community?
7. Do you think Somerset Hospital does a good job of meeting the health needs of the community?
8. How can the hospital better meet the health needs of the community?
9. Is there anything else you would like to mention?

Secondary Data Collection:

Secondary Data was collected from the following sources:

- Demographic and socioeconomic data was collected from the United States Census Bureau
- Pennsylvania State Data Center
- Pennsylvania Department of Health and the Pennsylvania Department of Vital Statistics
- County Health Rankings, which is provided by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute within the School of Medicine and Public Health.
- Pennsylvania Youth Survey (PAYS) 2018
- American Lung Association State of the Air Report

- Healthy People 2020, from the Office of Disease Prevention and Health Promotion
- Community Health Status Indicators, from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention
- Somerset County Hunger Profile, a publication of the Greater Pittsburgh Food Bank
- Pennsylvania Center for Workforce Information and Analysis
- Pennsylvania State Police
- Pennsylvania Department of Transportation
- Health Resources and Services Administration

A collection of the secondary data collected from the Department of Health Division of Health Informatics can be found in **Appendix C**.

Needs Prioritization

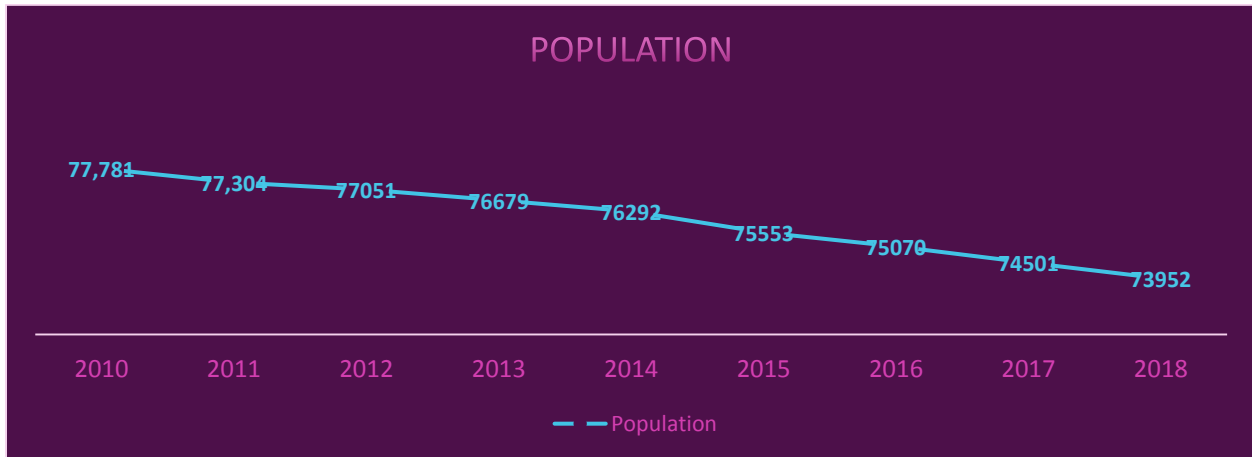
On April 12, 2019, the Steering Committee met to discuss the data that had been collected during this process. Participants were then asked to review the data. A survey created on Survey Monkey was then made available to the Steering Committee to prioritize the needs. Members of the committee were asked to rate the health issues based on:

- Severity of the Issue- Severity of the issue refers to the potential for the health issue to result in death, disability or impaired quality of life. It also refers to the prevalence of the problem in our community.
- Capacity to address issue- Capacity to address issue refers to the hospital's ability to either address the issue or partner with another organization in the community to address the issue.
- Accountability- Accountability refers to the extent the hospital is responsible for addressing health issue.

Fourteen members of the Steering Committee participated in this process.

Demographic Background

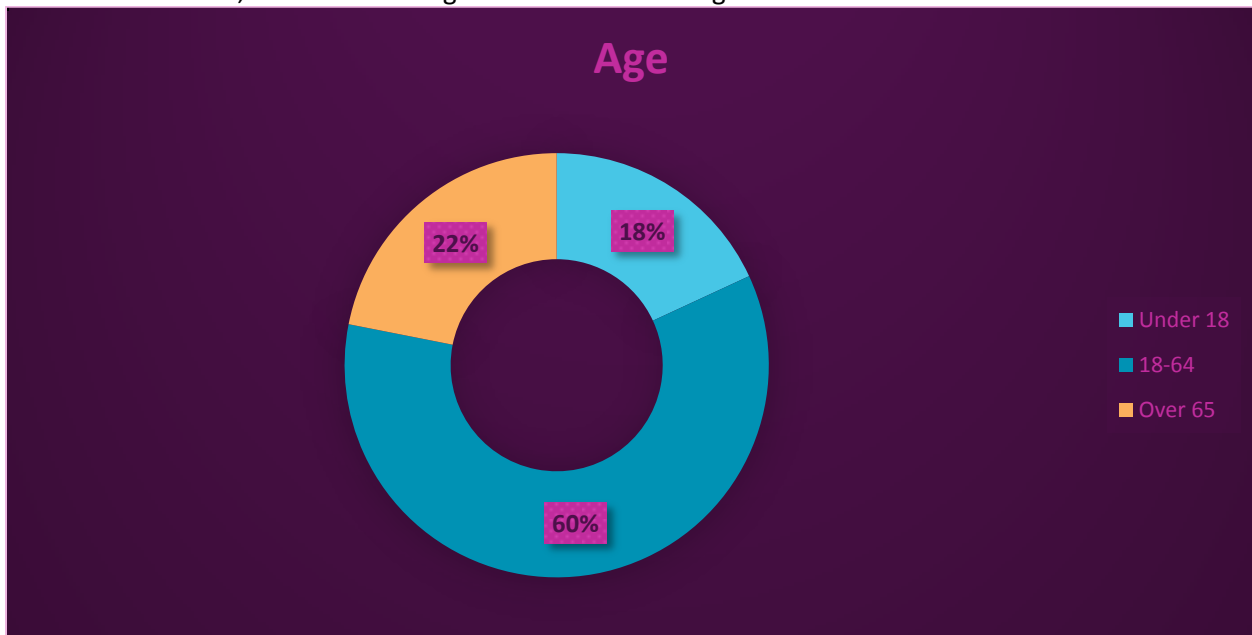
UPMC Somerset is situated in the center of Somerset Borough, which is located in rural Somerset County, Pennsylvania. According to the most recent Census update, the estimated population of Somerset County is 73,952, which is -4.7% from the 2010 census population of 77,737. The population density is 72.4 people per square mile.



Source: U.S. Census

Age and Sex

Somerset County has an aging population, with the median age being 45.9. Approximately 21.9% of the population is over the age of 65. According to the Pennsylvania State Data Center, 3.4% of the population is over the age of 85. 18.1% of the population is under the age of 18. There are slightly more males than females, with 52.1% being male and 47.9% being female.



Source: U.S. Census Quick Facts 2018

Social and Economic Population Demographics

	Somerset County	Pennsylvania	United States
Median Age	45.9	40.1	38.0
Median Household Income	\$46,132	\$56,951	\$57,652
% of People in Poverty	12.6	12.5	12.3
% of People with No High School Diploma (among those 25+)	12.2	10.1	12.7
% Unemployed (April 2019) (among those 16+ in the labor force)	4.2	3.8	3.6
% of disabled, under age of 65	10.9	9.6	8.7
% of persons without health insurance, Under age of 65	7.0	6.6	10.2
Racial Groups			
% White	95.6	82.1	76.6
% African-American	2.9	11.9	13.4
% other Race	1.5	6.0	10.0

Source: U.S. Census Quick Facts 2018

Socioeconomic Challenges

Compared to the Commonwealth of Pennsylvania and the United States, the residents of Somerset County experience:

- A higher median age
- A higher percentage of people in poverty
- A lower median household income
- A higher percentage of people under the age of 65 who are disabled
- A higher unemployment rate

Community Survey Demographics

24.62% of the population surveyed were over the age of 65. The majority of respondents were female. Most of the respondents were employed full time and the education attainment was much higher than the county average, with 35% of the respondents achieving at least a bachelor's degree. Household income was also much higher, with 67% of respondents having a household income of above \$50,000.

Professional Perception Survey Demographics

52% of respondents had a bachelor's degree or higher. The majority of people surveyed were between the ages of 18-64 at 97.99%. Most respondents were employed in healthcare, education and human services.

Data Analysis

Community Health Status

In general, the health status of residents in Somerset County is worse than those living in other counties in the state. The rates of those adults reporting their health as fair or poor, having poor physical health at least one day out of the last thirty, and those reporting being limited in activity due to poor physical or mental health are higher for residents of Indiana, Cambria, Somerset and Armstrong Counties compared to Pennsylvania. However, the percentage of adults reporting that their mental health as not good for at least one day out of the last thirty is lower than the state average.

The top ten causes of death in Somerset County are as follows: heart disease, cancer, accidents, chronic lower respiratory disorders, stroke, diabetes, Alzheimer's disease, nephritis/nephrosis, influenza/pneumonia, and septicemia. Each of these causes of death is higher in Somerset, than Pennsylvania, with the exception of cancer, chronic lower respiratory disease, stroke and influenza/pneumonia, which are similar to Pennsylvania. The mortality rate between 2012-2016 was 801.8 per 100,000.

For the past three fiscal years, the top 3 principal diagnoses upon admission are sepsis, non-ST elevation myocardial infarction and acute kidney failure.

When examining the results of the Community Survey, 44% of respondents reported their personal health as being very good or good. However, when considering the general health of Somerset County, most respondents view the health status as fair. 50% of professionals view the health of Somerset County as fair.

Access

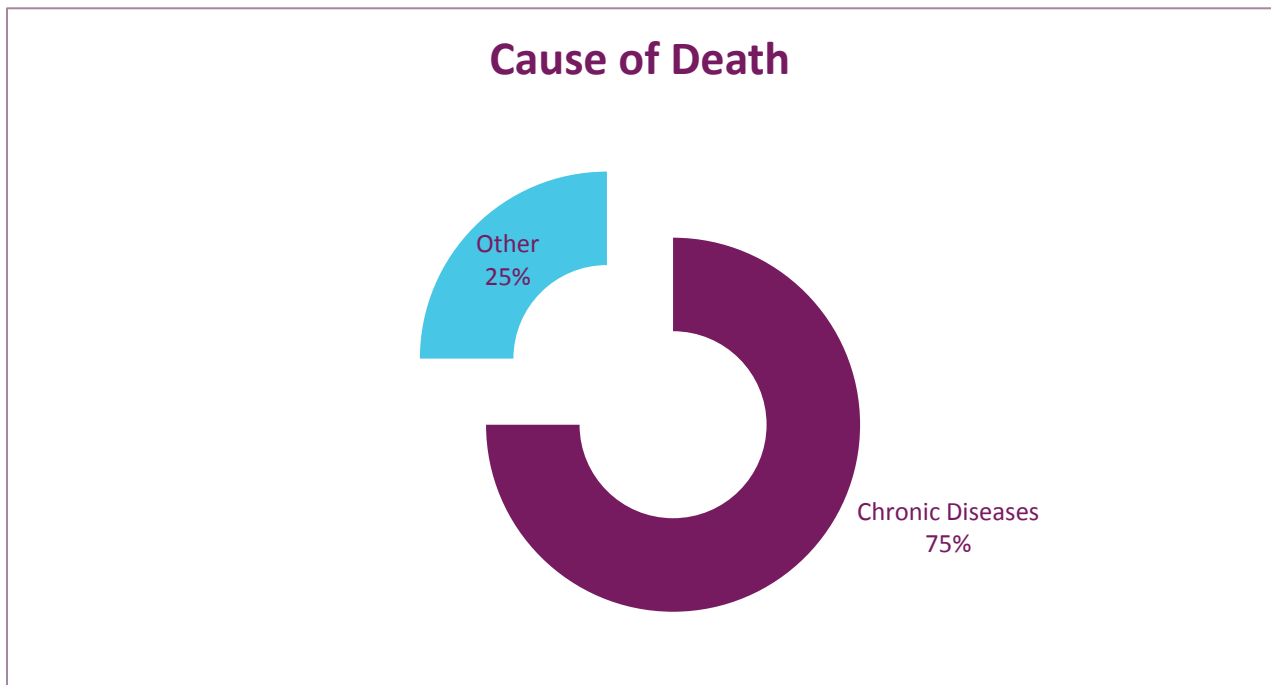
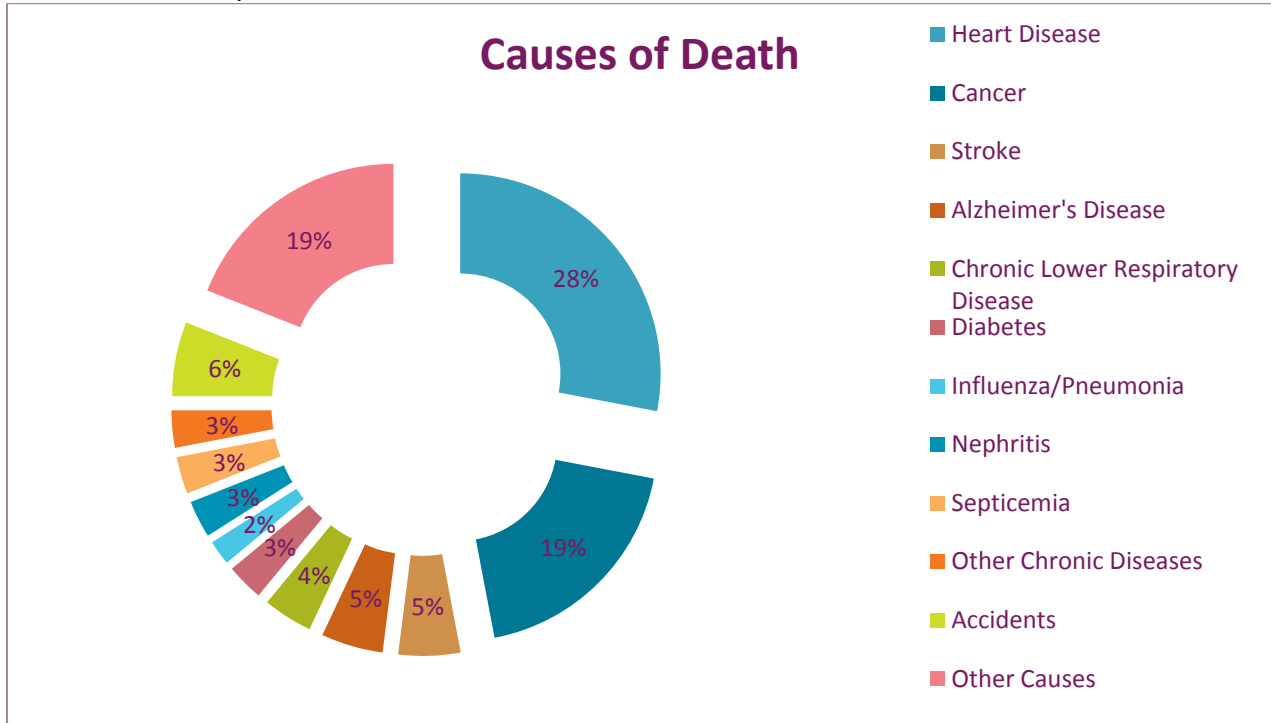
In general, healthcare access in Somerset County is satisfactory. Approximately, 7% of the population does not have health insurance. Only 13% of the population reported not having a primary care provider (PCP), compared to the state average of 14% not having a PCP. This is despite the fact that the ratio of people to healthcare providers, including primary care providers, dentists and mental health providers is much higher in Somerset County compared to the state (respectively 2,350:1, 2,330:1 and 1,010:1 vs. 1,230:1, 1,460:1 and 530:1 Pennsylvania state average). Also, the percentage of people reporting not receiving recommended health services due to cost is lower in Somerset County (10%) than the state (11%).

In regards to those who completed the community survey, the results were slightly higher compared to those received from the Department of Health data. Approximately 12% of those surveyed did not have health insurance. Of those that do have insurance, 48% have High Deductible Health Plans, which may be a barrier to receiving health care. 40% reported that their deductible was not affordable, 19% reported that their monthly premiums were unaffordable and 21% reported that their copays are unaffordable. 24% of those surveyed reported not receiving a recommended health service because of cost, which is higher than the county average. About 5% of those surveyed reported transportation being a barrier to receiving a recommended medical service.

Both the key informants and focus group participants reported transportation being a large issue in the access to health care and other resources in our community. The key informants feel that there are unique programs and services for our rural area and a lot of different avenues to disseminate information to the community. They do feel that there are not enough specialists in the county. Another issue noticed by the key informants is that people are still using the emergency department rather than their primary care provider. Also, there are a large number of people that use the internet for healthcare.

Chronic Diseases

Chronic disease is the leading cause of death in Somerset County. Of the top ten causes of death in Somerset County, seven are a result of a chronic disease. This is also the leading cause of death in Pennsylvania and the United States.



Heart Disease/Stroke

Heart Disease is the number one cause of death in Somerset County. Stroke is the fifth leading cause of death in Somerset County. 6% of the population in Somerset County has been diagnosed with Heart Disease. 9% of the population in Somerset County has been told that they have experienced a heart attack. The rates of Acute Myocardial Infarction (heart attack) mortalities are higher in Somerset County (four year average of 38.05 per 100,000) than Pennsylvania (33.25 per 100,000). The mortality rate for Coronary Heart Disease in Somerset County (four year average of 130 per 100,000) is higher than Pennsylvania (four year average of 112.25 per 100,000). This rate is also higher than the Healthy People 2020 goal of 100.8 per 100,000. The mortality rate for cardiovascular disease is slightly higher in Somerset County (four year average of 241.3 per 100,000) than Pennsylvania (four year average of 227.1 per 100,000). Over the four years, the mortality rates of acute myocardial infarction, coronary heart disease and cardiovascular disease have remained about the same.

In the community survey, 39.33% of the respondents reported being diagnosed with high blood pressure and 32.62% of the respondents reported being diagnosed with high cholesterol. 86.54% of respondents are being screened for high blood pressure on a recommended basis. 74.65% of respondents are being screened for high cholesterol on a recommended basis, which is an increase from the previous survey cycle.

4% of the population in Somerset County has had a stroke. The mortality rate in Somerset County (four year average of 35.23 per 100,000) is slightly lower than Pennsylvania (four year average of 37.23 per 100,000). However, this is higher than the Healthy People 2020 goal of 33.8 per 100,000.

Cancer

Breast Cancer: The Breast Cancer Incidence Rate in Somerset County (four year average of 52.9 per 100,000) is lower than that of the state (four year average of 70.3 per 100,000); however the rate is higher than the Healthy People 2020 goal of 41.0 per 100,000. The Breast Cancer Mortality Rate in Somerset County (two year average of 9.5 per 100,000) is slightly lower than the state (two year average of 11.85 per 100,000), but both are meeting the Healthy People 2020 goal of 20.6 per 100,000. In the Community Survey, 67.8% of the women surveyed reported receiving their annual recommended mammogram.

Bronchus and Lung Cancer: Both the four year average incidence rate and mortality rate of Bronchus and Lung Cancer is lower in Somerset County (49.1 per 100,000 incidence and 31.6 per 100,000 mortality) than the State of Pennsylvania (63.65 per 100,000 incidence and 44.5 per 100,000 mortality). Somerset County is also meeting the Healthy People 2020 goal for Bronchus and Lung Cancer Mortality, which is 45.5 per 100,000.

Colorectal Cancer: The Colorectal Cancer Incidence Rate in Somerset County (four year average of 44.3 per 100,000) is higher than that of the state (four year average of 41.8 per 100,000); the rate is also exceeding the Healthy People 2020 goal of 38.6 per 100,000. The Colorectal Mortality Rate in Somerset County (four year average of 17.4 per 100,000) is slightly higher than the state (four year average of 15.4 per 100,000), but exceeding the Healthy People 2020

goal of 14.5 per 100,000. In the Community Survey, only 56.8% are receiving their recommended colon cancer screening.

Prostate Cancer: The Prostate Incidence Rate in Somerset County (four year average of 98.0 per 100,000) is lower than that of the state (four year average of 99.8 per 100,000). Between 2012-2014, Prostate Cancer mortality in Somerset County was unavailable due to there being less than 10 cases. However in 2015, Prostate Cancer Mortality in Somerset County was 21.8 per 100,000, which is higher than the state and higher than the Healthy People 2020 goal. In the Community Survey, only 35% of men are receiving their recommended PSA screening.

Diabetes

Diabetes is the sixth leading cause of death in Somerset County. It can be difficult to identify the cause of death as diabetes because in many cases a complication of diabetes is listed as the cause of death. 13% of the population in Somerset County has been diagnosed with diabetes. The diabetes mortality rate in Somerset County (four year average of 36.1 per 100,000) is higher than Pennsylvania (four year average of 22.2 per 100,000); however, the mortality rate is meeting the Healthy People 2020 guideline of 65.8 per 100,000.

18.96% of community survey respondents reported being diagnosed with diabetes, pre-diabetes or gestational diabetes. 56.9% report receiving a blood glucose screening on a recommended basis.

Respiratory Illness

15% of the population in Somerset County has been diagnosed with Asthma and 8% currently have Asthma. This is slightly higher than the state average of 14% being diagnosed and less than the state average 10% currently having Asthma.

The mortality rate of pneumonia in Somerset County (four year average of 14.2 per 100,000) is slightly higher than Pennsylvania (four year average of 13.7 per 100,000). 79% of the eligible population in Somerset County has received the recommended pneumonia vaccination. This is the higher than the state rate of 74%.

Overweight/Obesity

The percentage of people who are overweight or obese in Somerset continues to be a problem. Overweight is defined as having a body mass index (bmi) greater than 25. Obesity is defined as having a body mass index greater than 30. 71% of the population in Somerset is overweight. 38% of the population in Somerset is classified as obese. This is greater than the state average, in which 66% of the population is overweight and 31% of the population is obese. Somerset County is also exceeding the Healthy People 2020 goal of 30.5% of the population being classified as obese.

Obesity, both in children and adults, was identified in the community survey, key informant interviews and focus group as a large health problem in our community. Suggested reasons for this include the lack of affordability of healthy food, lack of access to recreation, lack of time to exercise and lack of affordability of gyms.

Prenatal Behaviors

Mothers who receive prenatal care in their first trimester usually have better pregnancy outcomes. In 2017, 72.0% of pregnant women received prenatal care in the first trimester in Somerset County, which is lower than the state average, which is 72.7%. Somerset County is not meeting the Healthy People 2020 goal of 77.9%. When considering low birthweight babies, or those that are born weighing less than 5.5 lbs., about 7.3% of the babies born in Somerset County are of low birthweight, which is lower than the state average of 8.2% and also meets the Healthy People 2020 goal of 7.8%. In order to qualify for WIC, which is a program that provides nutrition for women, infants and children, a family's income must be at 185% of the federal poverty income guidelines. The percentage of women receiving WIC in Somerset County (35.8%) is higher than the percentage in the state (31.8%). The percentage of mothers receiving Medicaid is higher in Somerset County (38.8%) than Pennsylvania (33.6%). In order to qualify for Medicaid as a pregnant mother, the family income cannot exceed 215% of the federal poverty income guidelines. The birthrate of teens in Somerset County is 21.9 per 100,000, which is higher than the state average of 17.6 per 100,000.

When looking at the data for pregnant women not using tobacco during pregnancy, there is a lower percentage in Somerset County (81.1%) than Pennsylvania (87.4%).

Sexually Transmitted Infections

Rates of Sexually Transmitted Infections (STIs) in Somerset County remain lower than the state average. The most prevalent STI is Chlamydia with an average rate of 115.5 per 100,000. This is followed by Gonorrhea with an average rate of 16.9 per 100,000.

The incidence rate of HIV infection is 88 per 100,000 people in Somerset County, which is lower than Pennsylvania, which is 314 per 100,000 people. Approximately 1 out of every 6 people with HIV does not know they have the disease, which is why HIV testing is recommended. Only 28% of residents of Somerset County have been tested for HIV. This is less than the 41% of Pennsylvania residents that have been tested. The Healthy People 2020 goal is 73.6% of the population being tested for HIV.

Tobacco Use

Tobacco use is more prevalent in Somerset County than the state of Pennsylvania. 21% of the population in Somerset County currently smokes. 18% of the population in Pennsylvania smokes. The Healthy People 2020 goal is 12% of the population smoking. 16% of the population in Somerset County smoke on a daily basis. 24% of the population in Somerset County report being a former smoker. 56% of the population in Somerset County report never being a smoker. When looking at Pennsylvania, 13% report smoking on a daily basis, 26% report being a former smoker and 55% report never being a smoker.

Only 7.78% of community survey respondents report smoking cigarettes always or sometimes. 1.09% report smoking cigars sometimes. 2.7% report using chewing tobacco, snuff, or snus.

When looking at the youth that were surveyed in Somerset County, in 2017, 19.6% have smoked cigarettes, 13.8% have used smokeless tobacco and 15.7% have used vaping or an electronic cigarette. When looking at the results across Pennsylvania in 2017, 14.5% have

smoked cigarettes, 7.6% have used smokeless tobacco and 16.3% have used vaping or an electronic cigarette.

Drug/Alcohol Use

The drug induced mortality rate in Somerset County (four year average of 22.0 per 100,000 is slightly lower than the average drug induced mortality rate in Pennsylvania (four year average of 22.1 per 100,000). However, this has climbed over the last four years. This rate is also higher than the Healthy People 2020 goal of 11.3 per 100,000.

When looking at alcohol use, 5% of the population in Somerset County admits to chronic drinking and 4% of the population is at risk for heavy drinking.

When looking at the Community Survey, 74.96% of the respondents report never binge drinking, which is defined as 4 or more drinks in a sitting for women and 5 or more drinks in a sitting for men. 20.46% of respondents reported rarely binge drinking. 98.94% of respondents report never using illegal drugs.

When examining the Pennsylvania Youth Survey, the percentage reporting using the following drugs in Somerset County is close to the state average for all ages: narcotic prescriptions (Somerset 1.4%, Pennsylvania 1.3%), prescription tranquilizers (Somerset 1.4%, Pennsylvania 1.3%), prescription stimulants (Somerset .6%, Pennsylvania .8%), the use of over the counter drugs to get high (Somerset 1.5%, Pennsylvania 1.3%), hallucinogens (Somerset 2.4%, Pennsylvania 2.6%), ecstasy/molly (Somerset 1.6%, Pennsylvania 1.4%) and synthetic drugs (Somerset 1.5%, Pennsylvania 1.7%). The rate of usage in Somerset County is equal to or higher than Pennsylvania for the following drugs: heroin (Somerset 0.2%, Pennsylvania 0.1%), cocaine (Somerset 0.4%, Pennsylvania 0.3%), crack (Somerset 0.1%, Pennsylvania 0.1%), methamphetamines (Somerset 0.3%, Pennsylvania 0.1%) and performance enhancing drugs (Somerset 0.4%, Pennsylvania 0.3%).

Mental Health

The suicide mortality rate in Somerset County (four year average 17.0 per 100,000) is higher than the average rate for Pennsylvania (four year average rate of 13.1 per 100,000). The mortality rates for all mental and behavioral disorders is lower in Somerset County. About 19% of the population has been diagnosed with a depression disorder.

Looking at the Pennsylvania Youth Survey data from 2017 for Somerset County, approximately 12.7% of teens surveyed reported self-harming within the last year. Another 33.2% of the youth report feeling depressed most days out of the last 30 days. While this rate is lower than the state average, it has continued to increase since 2011. About 13.0% of the youth surveyed have considered suicide and another 8.2% admitted to attempting suicide. 2.5% required medical attention for their attempt.

Mental health issues were also brought up in the community survey, key informant interviews and focus group. Many in this community feel that mental health is the root of many of the problems in Somerset, including drug usage, poverty and poor physical health.

Crime

The type of crime with the highest incidence rate in Somerset County is property offenses followed by assaults and other alcohol crimes. Over the past two years, the number of sex related offenses, assaults, arsons, drug violations have increased. The number of robberies, property offenses and other alcohol crimes have decreased. The number of homicides has stayed the same. Additionally, in 2017, there were 297 reports of child abuse; 18 of which were substantiated.

Environment-Air and Water Quality

According to the 2018 State of the Air Report from the American Lung Association, Somerset County receives a letter grade of B for the number of annual high ozone days. This is an improvement from the 2016 report in which Somerset County was rated at a C. Somerset county does not monitor particle pollution.

Public water is supplied by the Quemahoning Dam and is purchased through the Cambria Somerset Authority. Over the past six years, there have been no violations in regards to the level of contaminants that are found in the water.

Needs Prioritization

Professional Perceptions

Survey respondents were asked to rate several health issues in the community based on how big of a problem they felt each was in our community.

The top ten very serious problems were ranked as following:

1. Illegal Drug Use (51.3% of survey respondents ranked this as a very serious problem)
2. Prescription Drug Abuse (43.5%)
3. Obesity and Overweight (32.41%)
4. Tobacco Use (30.10 %)
5. Alcohol Abuse (28.52%)
6. Lack of Exercise (27.24%)
7. Mental Health Disorders (24.14%)
8. Cancer (22.68%)
9. Diabetes (21.65%)
10. Hypertension (20.62%)

The issues listed below were listed as not being problems in our community:

1. Access to childhood immunizations (34.36% of survey respondents ranked this as not at all being a problem)
2. Access to emergency care services (34.14%)
3. Language barriers (29.90%)
4. Access to men's health screenings (27.93%)
5. Access to general health screenings (27.49%)
6. Access to adult immunizations (26.64%)
7. Access to women's health screenings (25.17%)
8. Quality of public education (24.40%)
9. Access to medical care providers (22.49%)
10. Recreational activities (18.56%)

Additionally, respondents were asked to list the top community health priority for Somerset County. The top ten responses are as follows:

1. Drug Abuse
2. Access
3. Health Care
4. Mental Health
5. Care
6. Drug
7. Affordable
8. Health
9. Obesity
10. Transportation

This word cloud depicts these answers, as well as others:

mental health services MEDICATIONS Illegal drug use Illegal drug healthy afford
diabetes Affordable healthcare community children lack Affordability
education Opioid Cancer wellness Obesity abuse
insurance costs Affordable prescription
mental health Somerset Drug abuse exercise
Access medical health care screenings care issues
Drug drug alcohol abuse Transportation Eating health women
services Substance Abuse drug use elderly need delivery people
lack specialists healthcare diet coverage public mental

Steering Committee

The steering committee was asked to consider all of the data, including the community's opinion of the top health priorities. Health issues presented were then rated on the severity of the issue, the capacity for the hospital to address the issue, and the degree to which the hospital is responsible for addressing the health issue (accountability). The ratings are as follows:

Health Issue	Magnitude of Problem	Capacity	Accountability	Total
Heart Disease	8.50	8.79	8.63	25.92
Diabetes	8.44	8.42	8.63	25.49
Cancer	8.39	8.32	8.53	25.24
Stroke	7.67	8.63	8.58	24.88
Mental Health Disorders	7.67	7.47	8.06	23.2
Prescription Drug Misuse/Abuse	8.17	7.37	7.56	23.1
Overweight/Obesity	8.44	7.42	7.17	23.03
Access to Mental Health Care Services	6.94	7.58	7.89	22.41
Access to Primary Care Physicians	5.89	8.05	8.47	22.41
Childhood Obesity	7.83	7.42	7.05	22.3
Illegal Drug Use	8.47	6.67	6.28	21.42
Tobacco Use	7.32	7.00	6.89	21.21
Asthma	5.83	7.53	7.39	20.75
Access to Affordable Health Insurance/Co-Pays/Deductibles	7.67	6.16	6.83	20.66
Access to Prenatal Care	4.56	7.58	8.53	20.67
Alcohol Use	7.79	6.42	6.11	20.32
Physical Activity	6.78	6.89	5.83	19.5
Tobacco Use in Pregnancy	5.37	6.68	7.37	19.42
Transportation to and from Medical Appointments	6.83	6.32	5.74	18.89
Nutrition/Access to Healthy Foods	6.81	6.11	5.61	18.53
Access to Dental Care	5.39	5.84	5.63	16.86
Teenage Pregnancy	4.74	6.00	6.11	16.85
Sexually Transmitted Infections/Risky Sexual Behaviors	4.39	5.68	5.94	16.01
Motor Vehicle Accidents/ Motor Vehicle Deaths/Seatbelt Usage	5.33	4.00	4.33	13.63
Unemployment Rates/Poverty	6.95	3.58	2.83	13.36
Crime/Violence	4.83	4.00	3.33	12.16
Adolescent Crime/Delinquency	4.59	4.11	3.39	12.09
Environmental Health-Air & Water Quality	3.50	3.42	3.06	9.98

Data from the professional input survey and the steering committee was presented to members of the Executive Management Group to further discuss the hospital's priority. Through this conversation, along with the data that was collected from both primary and secondary data sources, it was determined that UPMC Somerset should focus attention to Chronic Diseases, Behavioral Health and Access to Care.

Discussion

In many aspects, results from this data collection process are to be expected. Chronic disease continues to be present in the list of top ten causes of death nationwide. This is no different for Somerset County, especially with high rates of heart disease, hypertension, obesity and high cholesterol. It is a community expectation that the hospital offer services to treat these diagnoses, as well as programs to prevent these issues.

Results from this process continue to be similar to previous community health needs assessments, in which chronic diseases are ranked highest in magnitude of problem, the degree to which the hospital is responsible and the amount of capacity that the hospital has to address the issue. Mental health, drug abuse and prescription drug abuse/misuse continues to climb in the rankings.

The data collection process does have some flaws. From a primary data collection stance, there are inherently the potential for biases. While the surveys were mailed out to random households throughout the Primary Service Area of Somerset Hospital and Survey Monkey was set to completely anonymously collect the data, the majority of the surveys were completed through links provided in emails or Facebook, therefore decreasing the likelihood of a blind random collection of data. In order to collect as many responses as possible, the Survey Monkey program was set up to allow collection the survey to be completed twice on the same device. There is the potential for someone to have completed the survey multiple times. As far as the informant interviews and the focus group, there is the potential for results to be skewed based on personal and professional needs, rather than the general needs of our priority populations. With that being said, interviewees were selected from a wide variety of human service agencies to alleviate the potential for biases. The biggest issue in the secondary data collection process is finding data that is current. While this report is supposed to cover the past three years, data has not necessarily been updated yet to reflect this.

UPMC Somerset Is Addressing High Priority Health Issues:

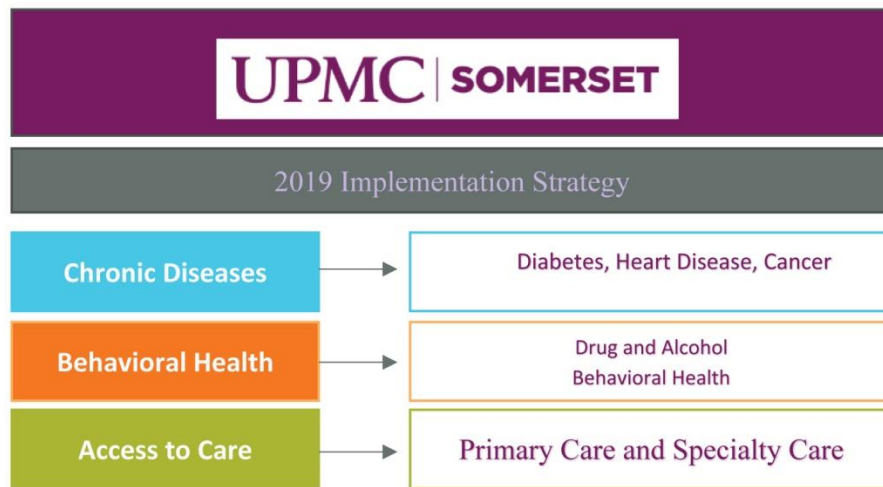
Adoption of the Implementation Plan

On June 17, 2019 UPMC Somerset’s Board of Directors adopted an implementation plan to address the significant health needs identified:

- **Chronic Disease Management**
- **Behavioral Health**
- **Access to Care and Navigating Resources**

UPMC Somerset Is Leveraging UPMC and Community Resources

By providing a comprehensive suite of programs, UPMC Somerset plays an important role in addressing the community health needs identified in the recent Community Health Needs Assessment. UPMC Somerset will support the priority areas with internal resources, through grants, and by strengthening collaborations with numerous community partners.



Addressing Chronic Disease Prevention and Management

UPMC Somerset will continue to address chronic disease prevention and management by offering education and high-quality treatment options for people impacted by chronic disease.

CHRONIC DISEASE MANAGEMENT			
	Diabetes	Heart Disease/Stroke	Cancer
Intended Actions	<ul style="list-style-type: none"> Continue to offer education programs through the Diabetes Education Center 	Continue to focus on the treatment of heart disease through cardiology service line and increase awareness about heart disease	Continue to promote importance of early detection for cancer
Programs	<ul style="list-style-type: none"> Individual and group education for individuals diagnosed with diabetes/pre-diabetes Diabetes support group for individuals with diabetes/pre-diabetes/gestational diabetes Participation in community events to bring awareness to diabetes Grocery Store Tours Education about diabetes prevention Develop a seminar/education series focusing on chronic disease prevention, especially those with high risk factors 	<ul style="list-style-type: none"> Continue to offer high quality interventional cardiology services Continue to focus on the promotion of the Primary Stroke Center Cardiac Rehabilitation for those who have experienced a cardiac event Participation in community events to educate on heart disease prevention through diet, exercise and stress management Blood pressure screenings CPR courses for the community Develop a seminar/education series focusing on chronic disease prevention, especially those with high risk factors 	<ul style="list-style-type: none"> Annual colorectal cancer screening Annual mammography screening day Community education on the signs and symptoms of cancer Develop a seminar/education series focusing on chronic disease prevention, especially those with high risk factors
Target Population	General community, individuals diagnosed with diabetes	General community, individuals with heart disease diagnosis	General community
Anticipated Impact Three-Year Goal	Increased awareness of the risk factors associated with diabetes and increased understanding of diabetes management for those who have been diagnosed.	Increased education on heart disease prevention and recognition, along with continued treatment	Bring awareness to the signs and symptoms of cancer and increase likelihood of early detection through screening programs
Planned Collaborations	Physician offices (both affiliated and non-affiliated), Senior Centers, local school districts, local grocery stores, human service agencies, churches	Physician offices (both affiliated and non-affiliated), Senior Centers, local school districts, local grocery stores, human service agencies, churches	Physician offices (both affiliated and non-affiliated), Senior Centers, local school districts, local grocery stores, human service agencies, churches

Addressing Behavioral Health

UPMC Somerset will continue to address behavioral health in the community. The hospital will also explore options for expanding services.

BEHAVIORAL HEALTH

	Drug Addiction and Substance Abuse	Access to Behavioral Health Services
Intended Actions	Continue to provide comprehensive drug and alcohol treatment services, while also focusing on prevention efforts, community awareness and stigma reduction.	Continue to provide comprehensive behavioral health services
Programs	<p>Community Conversations about Drug and Alcohol Use</p> <p>Comprehensive Warm Hand Off Program</p> <p>Continue training Somerset Health Service providers, as well as Emergency Room and Hospitalist providers in the use of SBIRT (Screening Brief Intervention and Referral to Treatment)</p> <p>Continue prevention efforts with adolescents and children in the schools, specifically with the Botvin Lifeskills Program and HALO-Healthy Alternatives for Little Ones)</p> <p>Development of Recovery to Work program</p>	<p>Community Conversations about Mental Health</p> <p>Discharge Care Coordination/Communication</p> <p>Use of WRAP (Wellness Recovery Action Plan) with patients</p> <p>Explore the integrated primary care provider tele-psych model</p> <p>Explore needs for traditional outpatient psychiatry setting</p> <p>Increase communication and education with local nursing homes</p> <p>Education and awareness for employees</p>
Target Population	General community, children and adolescents	General community
Anticipated Impact Three-Year Goal	Increase awareness of and access to drug and alcohol resources	Increase awareness of and access to behavioral service
Planned Collaborations	Somerset County Drug Free Communities (All eleven Somerset County Public Schools, Somerset County Technology Center, Single County Authority for Drug and Alcohol, United Way of the Laurel Highlands, Community Action Partnership, Somerset Borough Police, Children and Youth Services of Somerset County, PA National Guard, SCI Laurel Highlands, Fike, Cascio, Boose Law Firm, Children’s Aid Home, Boys and Girls Club of Somerset County, PA State Police, Somerset County Probation, Daily American, Somerset County Commissioners, Behavioral Health Services of Somerset and Bedford Counties, Somerset County District Attorney’s Office, Somerset Trust Company, The Learning Lamp, Somerset County Chamber of Commerce, St. Paul’s Presbyterian Church), DBHS Crisis, local police and EMS, local outpatient psychiatry programs, Somerset Family Practice, local nursing homes	

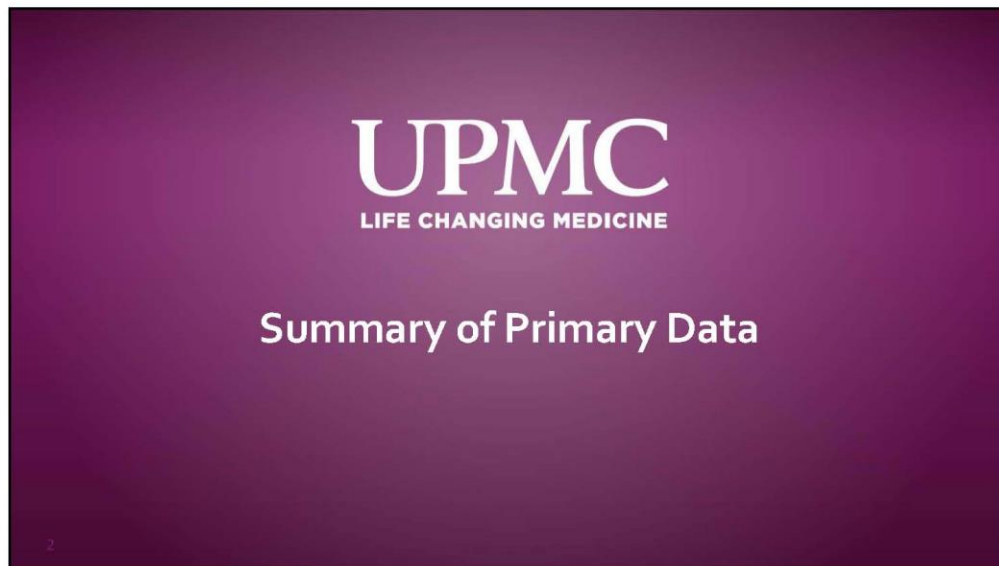
Addressing Access to Care and Navigating Resources

UPMC Somerset will continue to work to recruit additional primary care providers and specialists to Somerset County.

ACCESS TO CARE AND NAVIGATING RESOURCES	
	Primary Care and Specialty Care
Intended Actions	UPMC Somerset will continue to assess the need for primary care providers and specialty care and will focus efforts on recruiting additional providers.
Programs	<ul style="list-style-type: none"> • Recruitment of primary care providers and specialists • Assessing the need for primary care providers in remote areas • Expand primary care locations for better access • Develop telemedicine program, specifically Tele-Pulmonary, Tele-Infectious Diseases (ID), Tele-Stroke, Tele-Neurology, Tele-Psychiatry, Tele-Dermatology)
Target Population	General community, children and adolescents
Anticipated Impact Three-Year Goal	Additional primary care providers will be added to the network of physicians, which will increase access to primary care providers in Somerset County.
Planned Collaborations	Somerset Health Services, UPMC

Appendix A: Detailed Description of Steering Committee

Name	Organization	Role
Aimee Krause	UPMC Somerset	Clinical Nutrition Manager
Amber Cross	UPMC Somerset	Patient Care Liaison Veteran's Choice Navigator
Andy Rush	UPMC Somerset	President
Brooke McKenzie	Twin Lakes Center	Director
Craig Sprock	UPMC Somerset	Director, Finance
Daniel Sarmiento, MD	Somerset Surgical Services	Colorectal Surgeon
Douglas Walters	Children and Youth Services	Director
Emily Stutzman	UPMC Somerset	Nursing Educator
Erin Howsare	Single County Authority	Director
Jeanette Croner	UPMC Somerset	Director of Quality
James T. Yoder	Somerset Area Agency on Aging	Director
Jesper Nielsen	Croyle-Nielsen Therapeutics	CEO
Kenneth Marteney	UPMC Somerset	Director of Emergency Department
Kirby Brugh	PA Department of Health	Community Health
Krista Mathias	Somerset Area School District UPMC Somerset	Superintendent Board Chair
Rebecca Mull	Twin Lakes Center Drug Free Communities	Prevention Coordinator Director
Ron Aldom	Somerset Chamber of Commerce	Executive Director
Sarah Deist	UPMC Somerset	Director of Corporate Communications



Community Health Survey

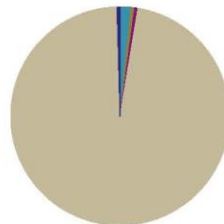
- 678 respondents
- 96% Completion Rate
- 4 minutes, average time of completion

What is your age?



UPMC
LIFE CHANGING MEDICINE

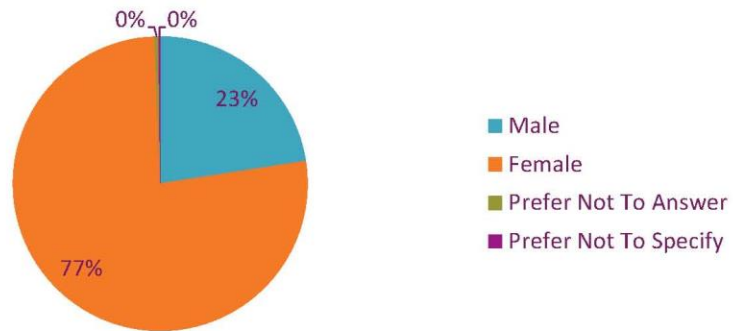
Which race/ethnicity best describes you?



- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White/Caucasian
- Multiple Ethnicity/Other

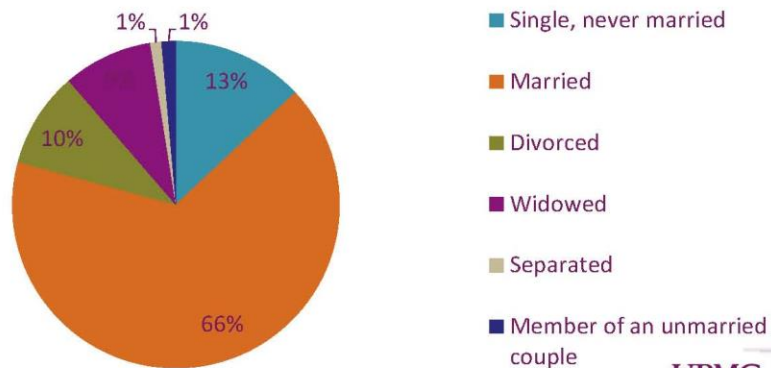
UPMC
LIFE CHANGING MEDICINE

What is your gender?



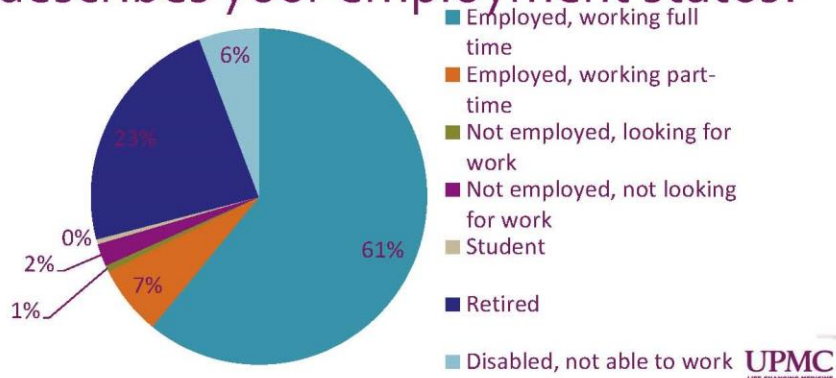
UPMC
LIFE CHANGING MEDICINE

What is your marital status?

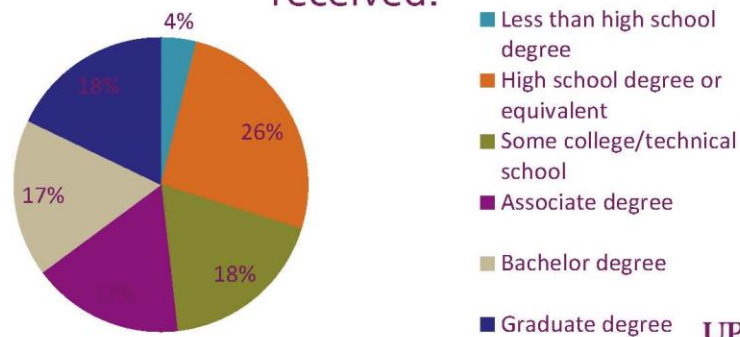


UPMC
LIFE CHANGING MEDICINE

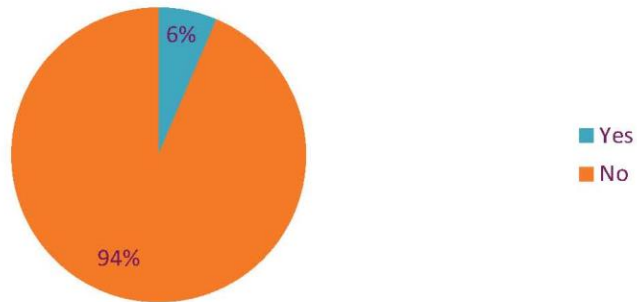
Which of the following categories best describes your employment status?



What is the highest level of school you have completed or the highest degree you have received?

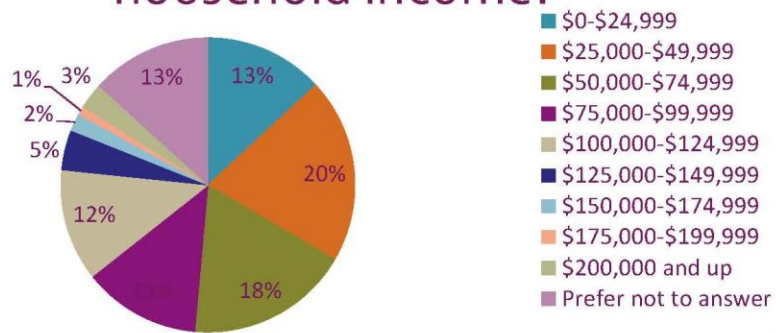


Are you a veteran?



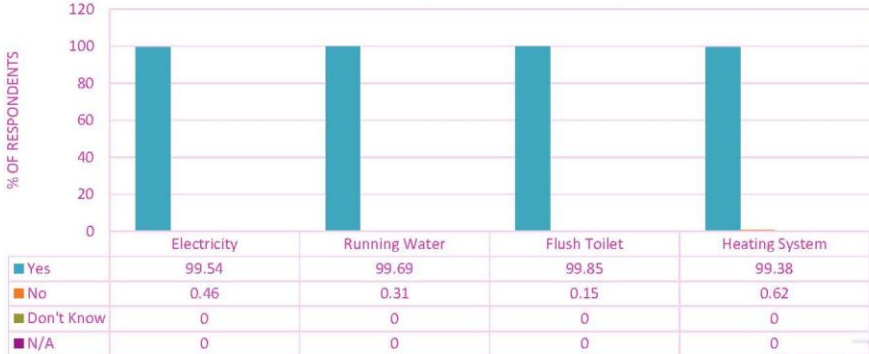
UPMC
LIFE CHANGING MEDICINE

What is your approximate average household income?

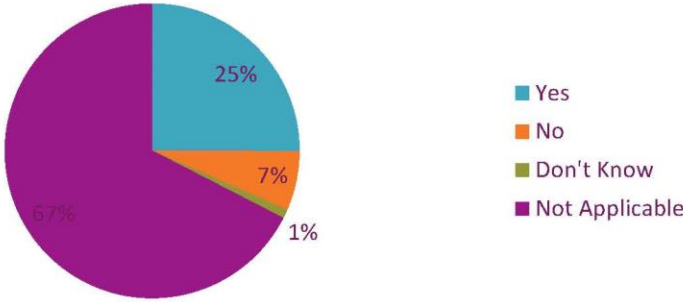


UPMC
LIFE CHANGING MEDICINE

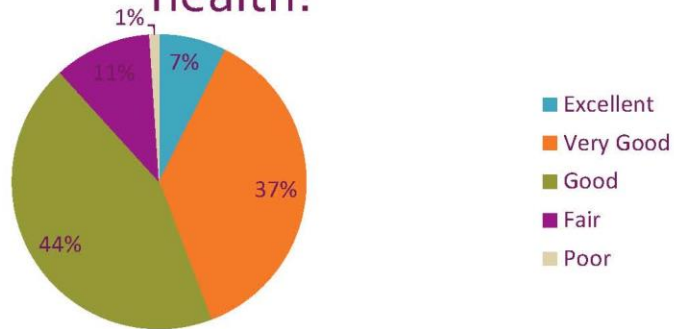
Does the place where you are currently residing have the following in working order?



Do you have access to affordable childcare?

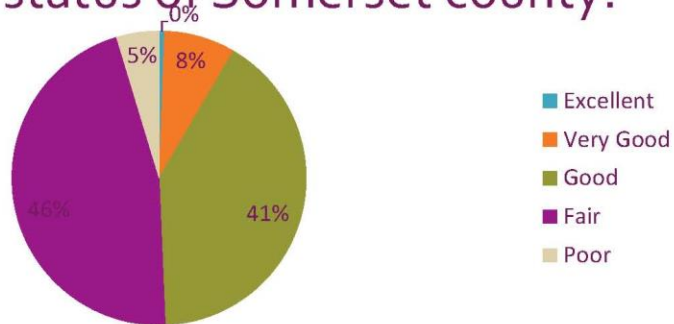


How would you rate your overall health?



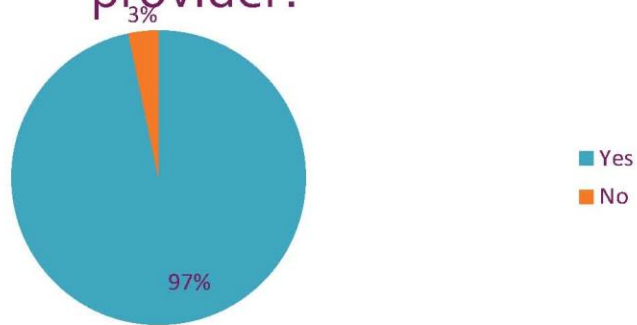
UPMC
LIFE CHANGING MEDICINE

Overall, how would you rate the health status of Somerset county?



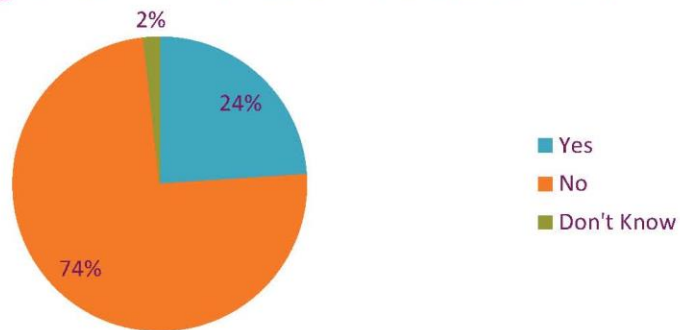
UPMC
LIFE CHANGING MEDICINE

Do you have a primary health care provider?



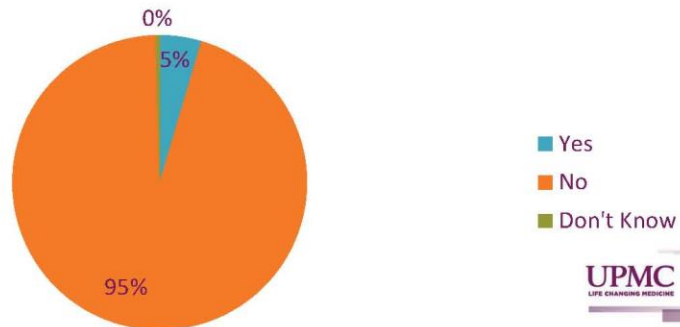
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In the past year, has cost prevented you from receiving a recommended medical service?

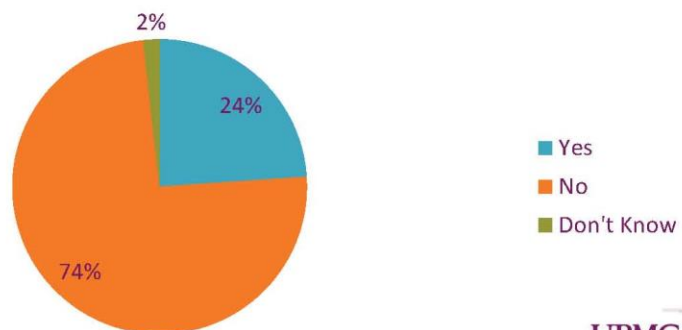


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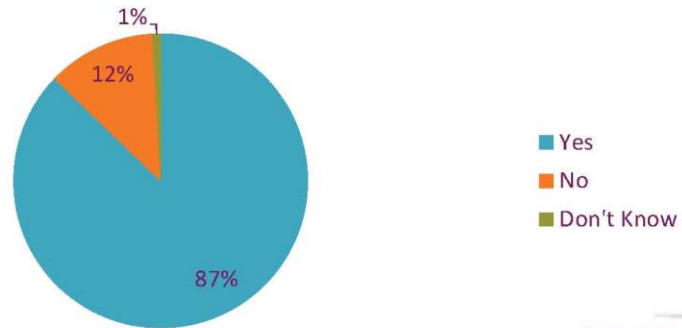
In the past year, has transportation prevented you from receiving a recommended service?



In the past year, has cost prevented you from receiving a recommended medical service?

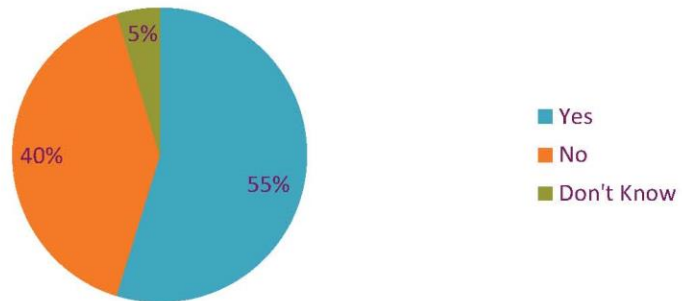


Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare or Medicaid (Medical Assistance)?



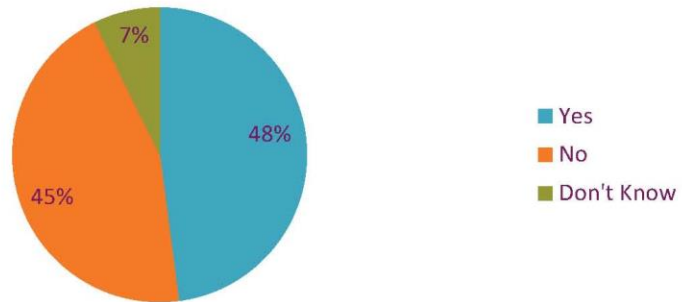
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Is the cost of your deductible affordable?



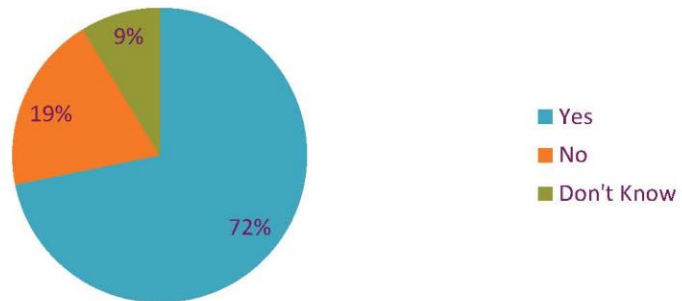
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Do you have a high deductible plan?



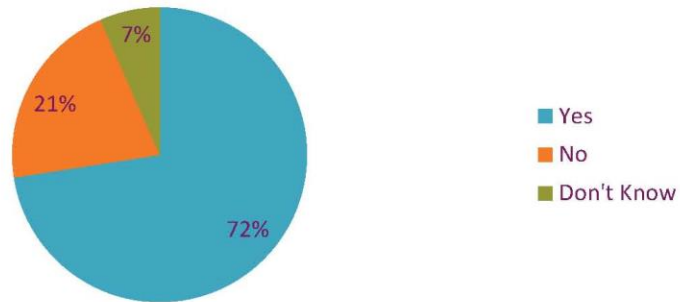
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Is the cost of your monthly premiums affordable?



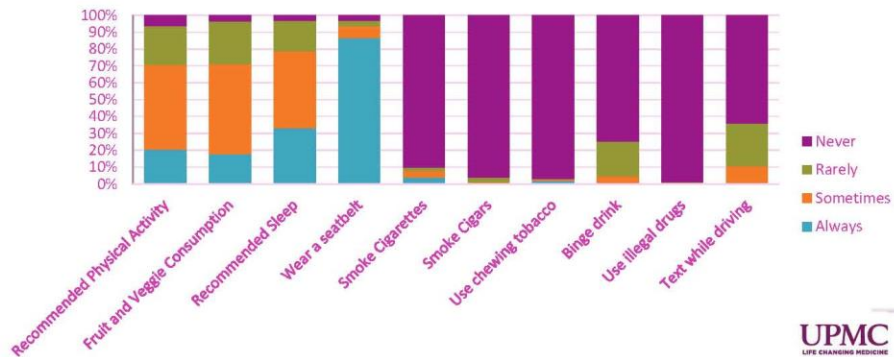
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Is the cost of your copays affordable?



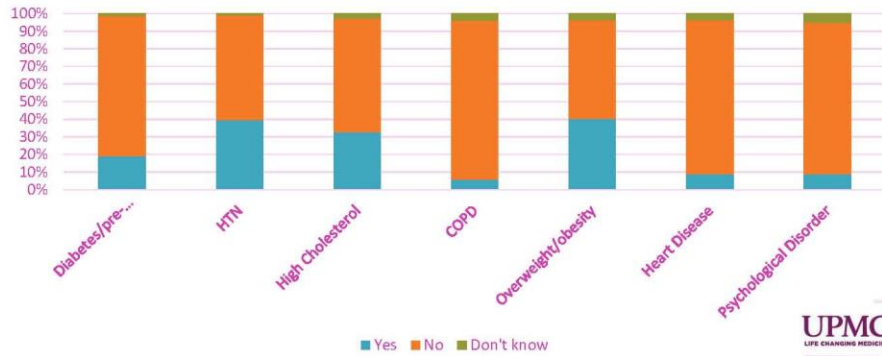
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How often do you engage in the following activities?

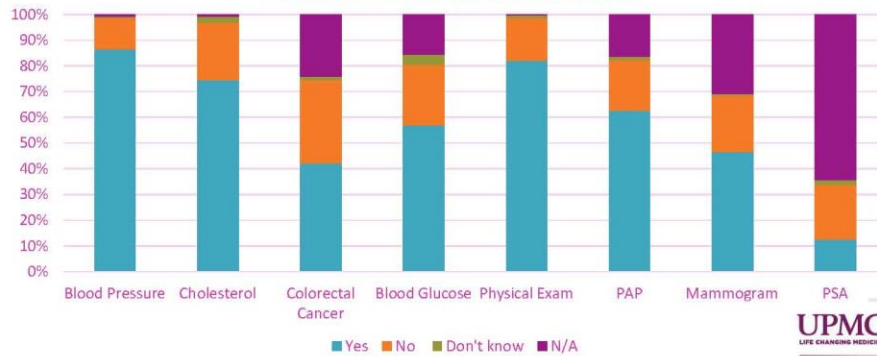


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Have you ever been told by a doctor, nurse, or other health care professional that you have any of the following conditions?



Do you receive the following tests/screenings/examinations on a recommended basis?

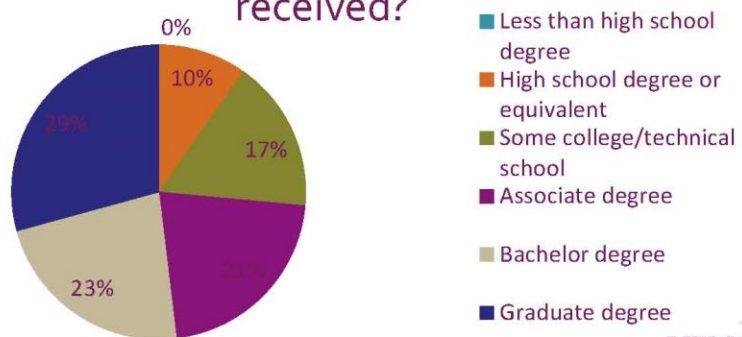


Professional Perceptions

- 320 respondents
- 90% completion rate
- 4 minute average time

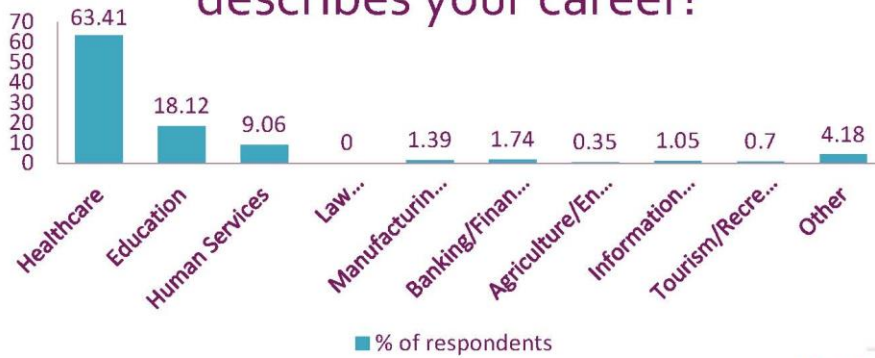
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What is the highest level of school you have completed or the highest degree you have received?

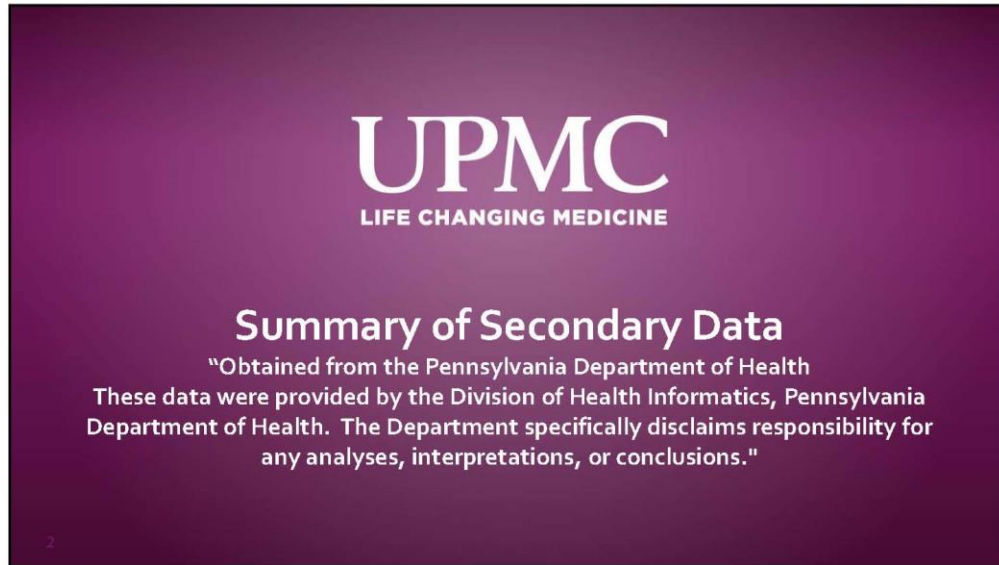


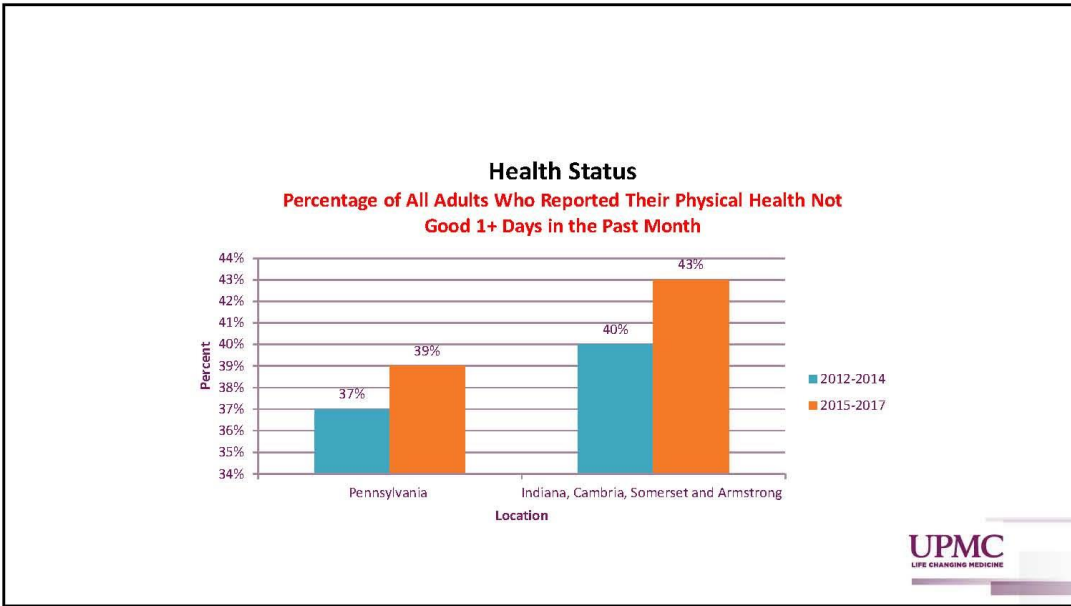
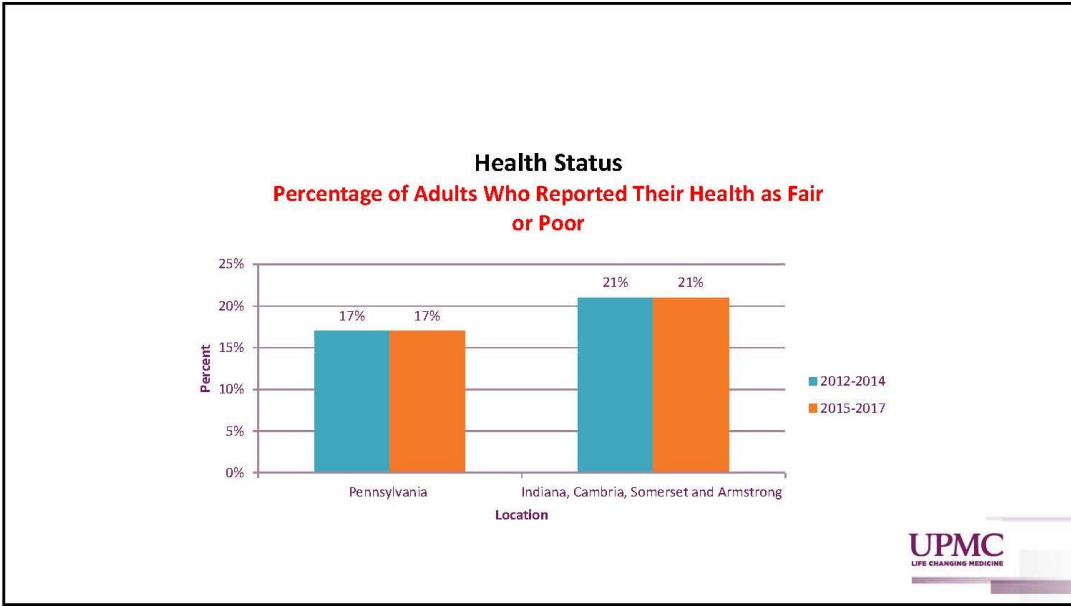
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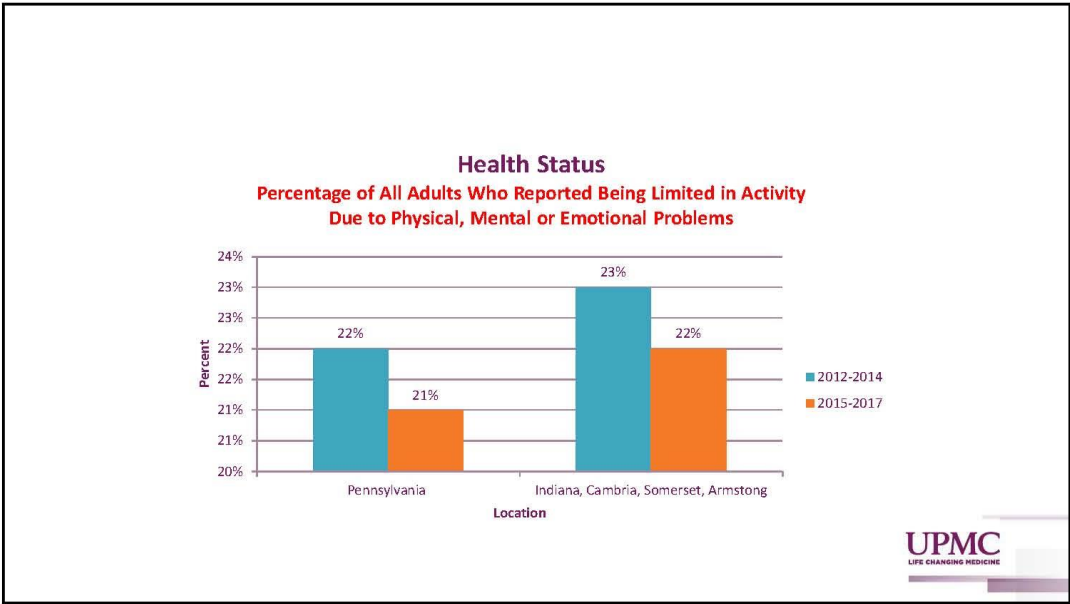
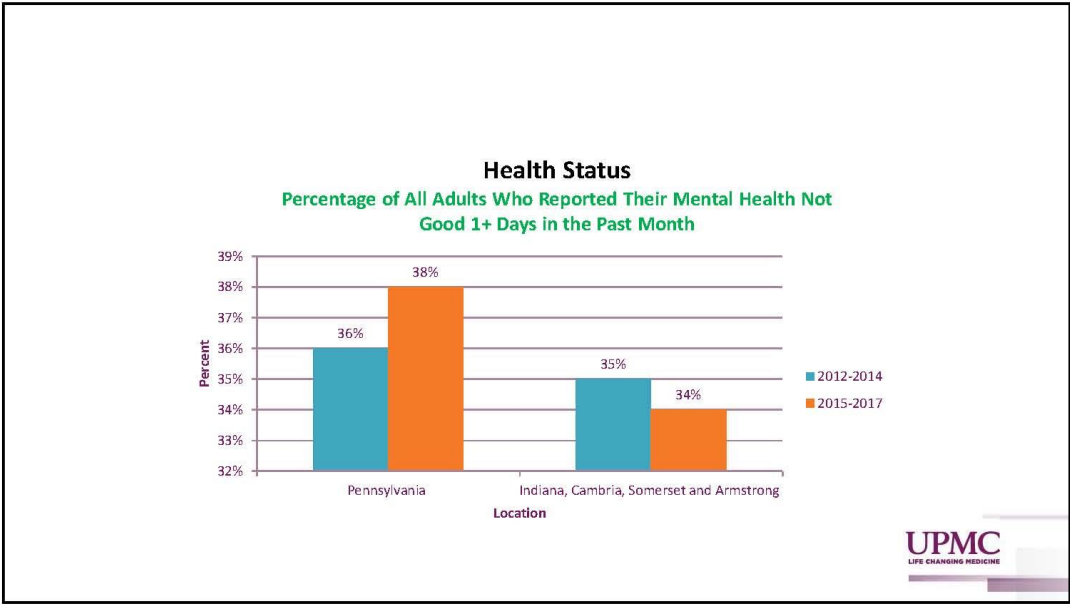
What area of employment best describes your career?

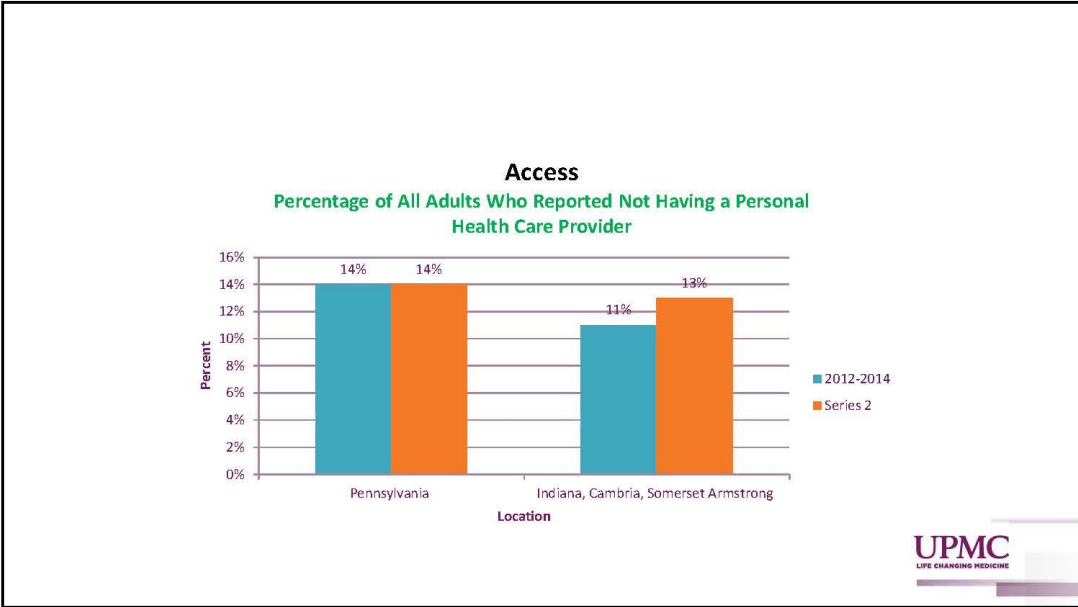
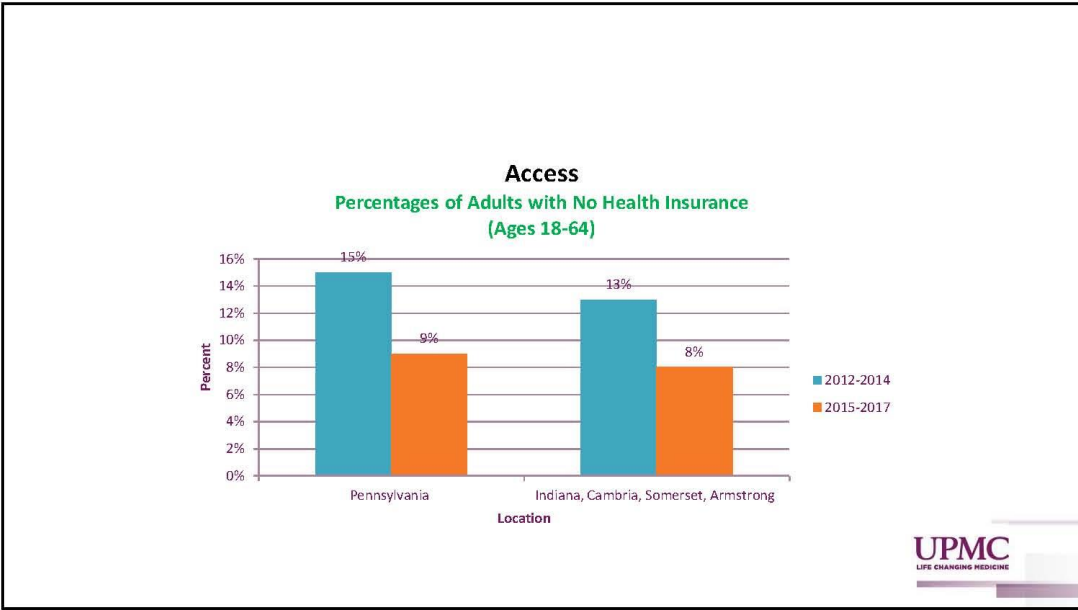


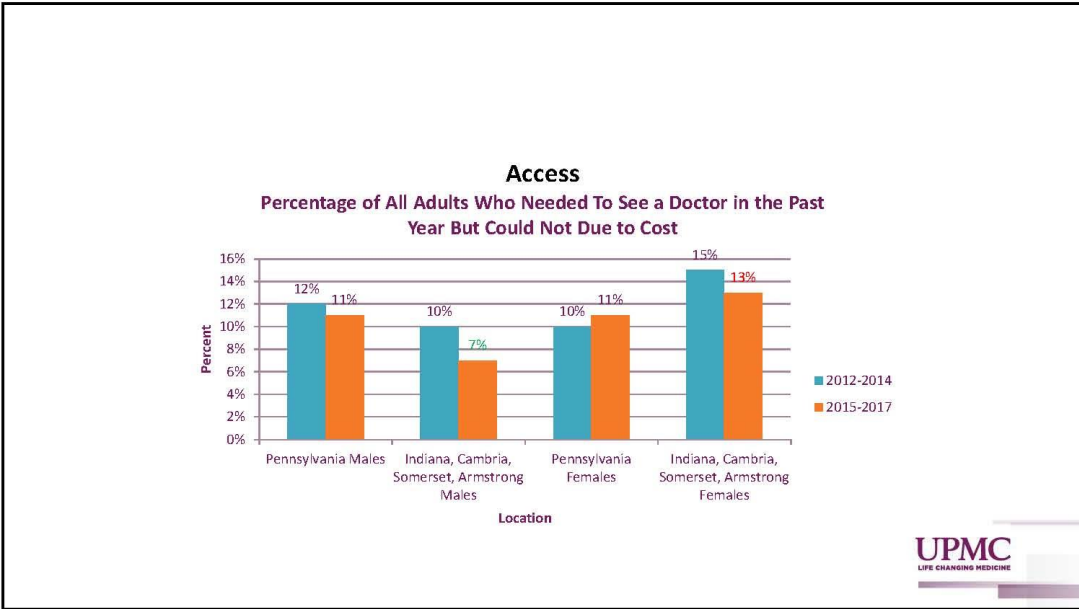
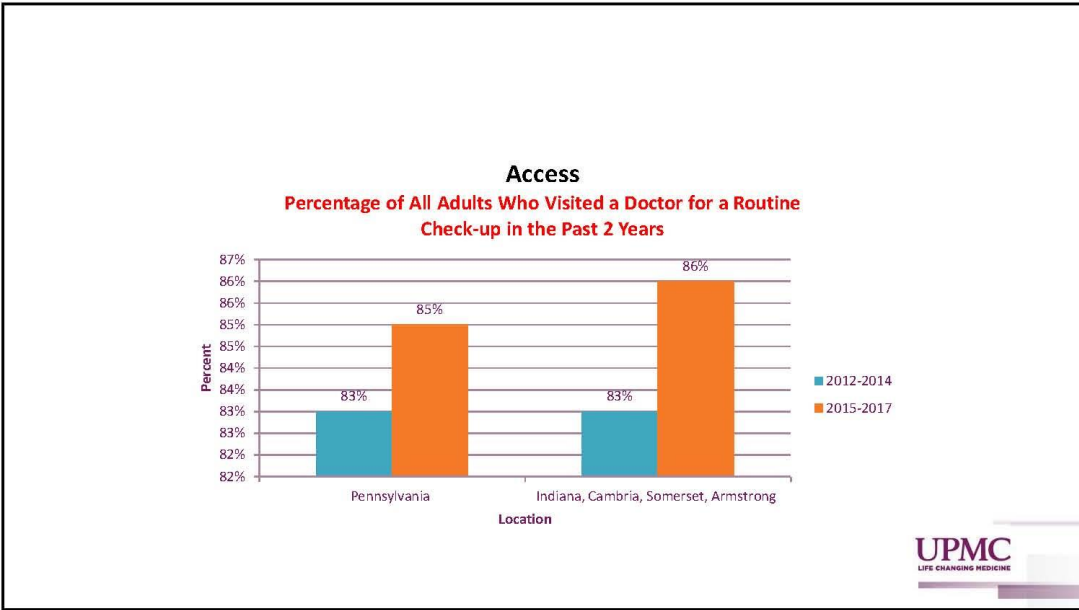
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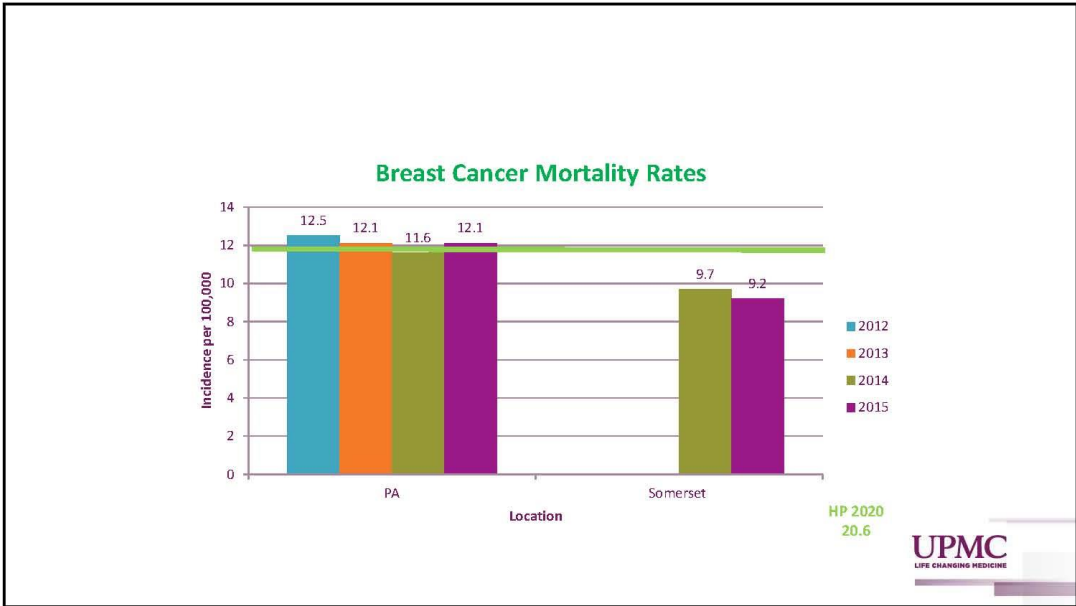
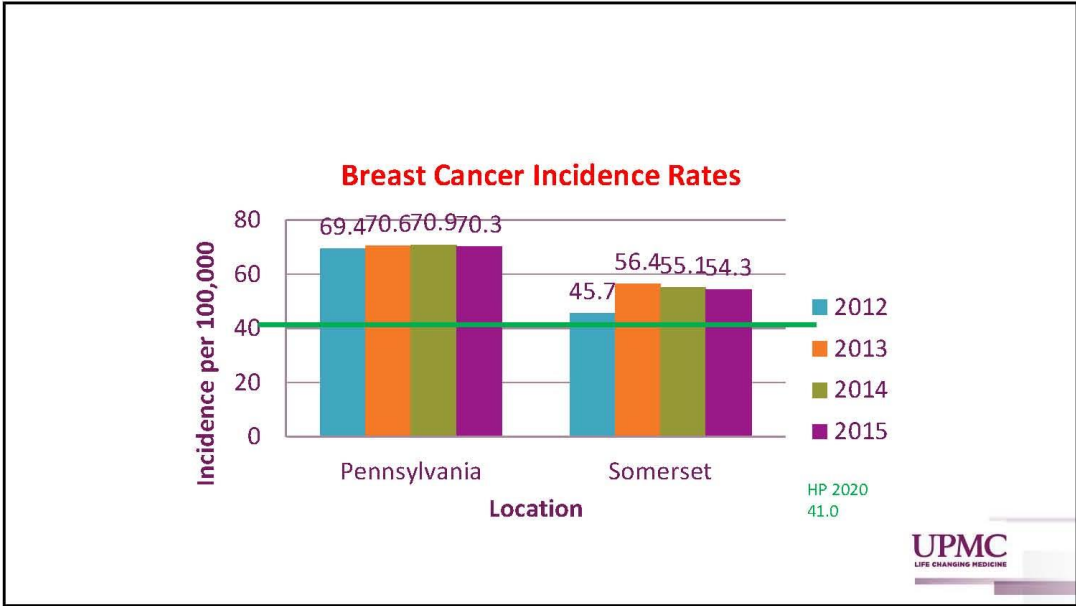








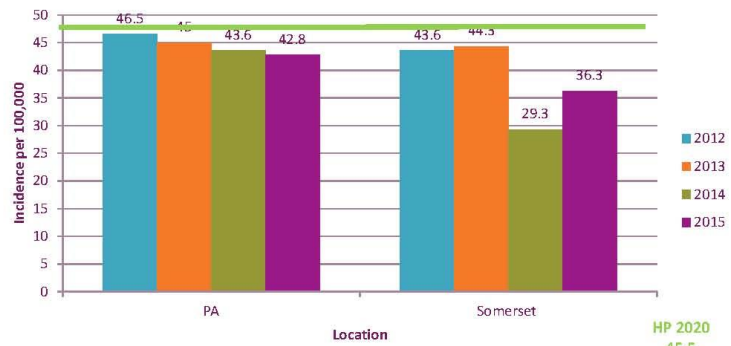


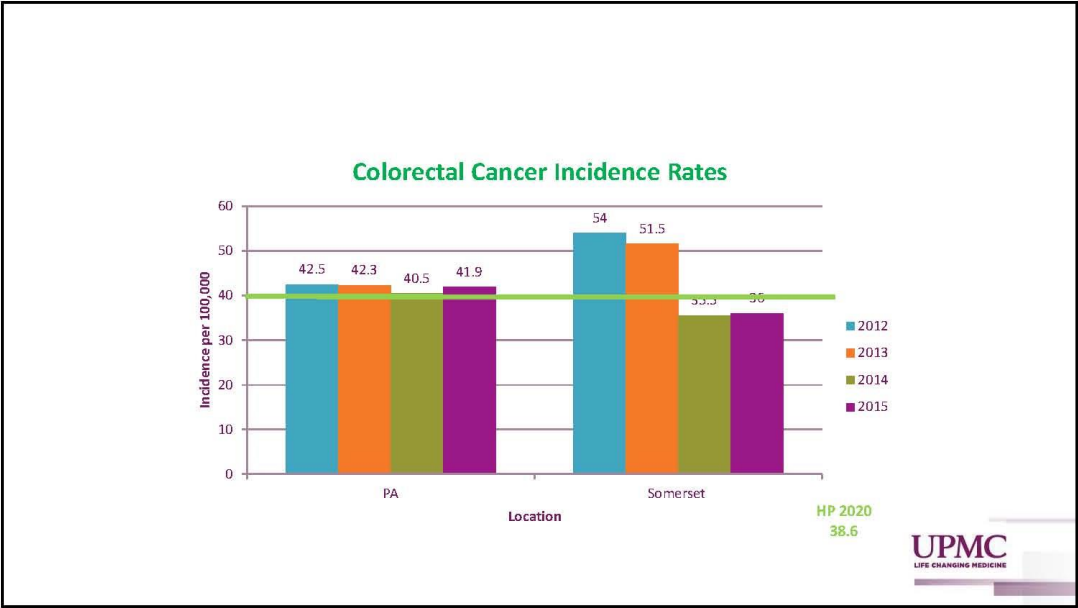


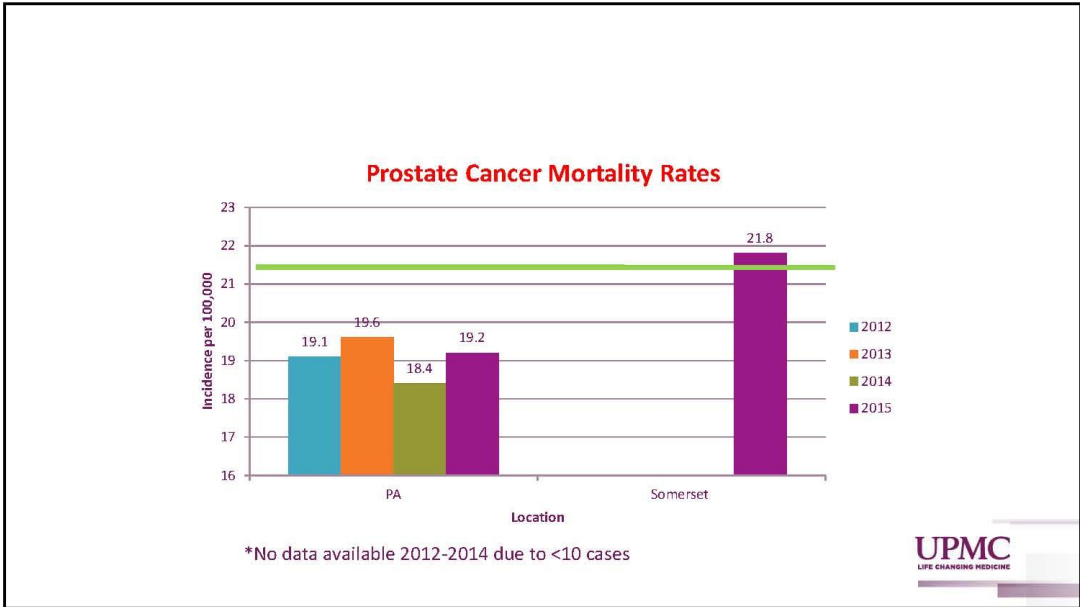
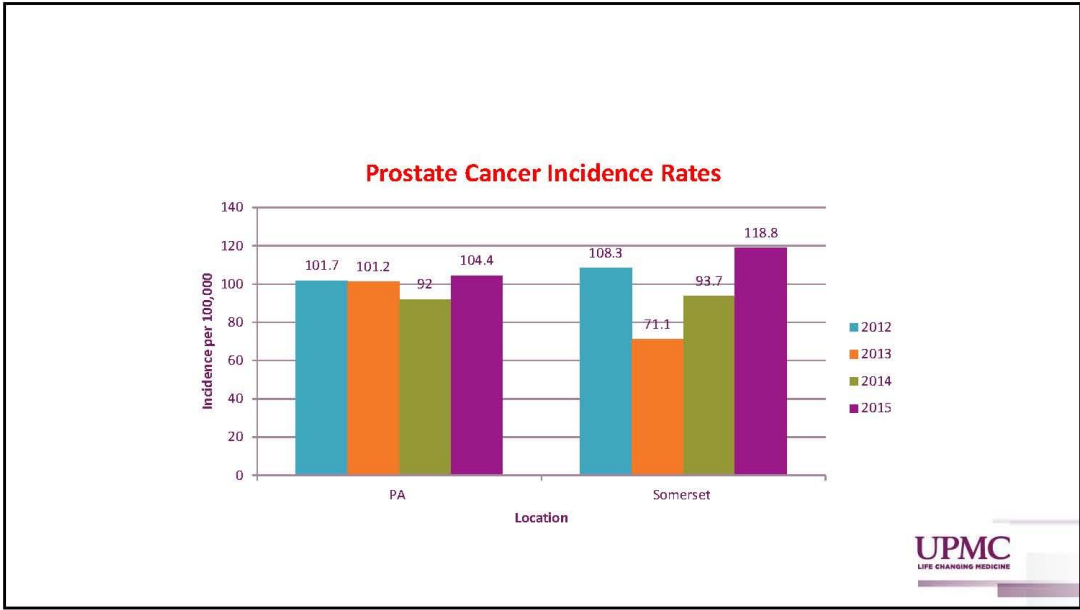
Bronchus and Lung Cancer Incidence Rates



Bronchus and Lung Cancer Mortality Rates



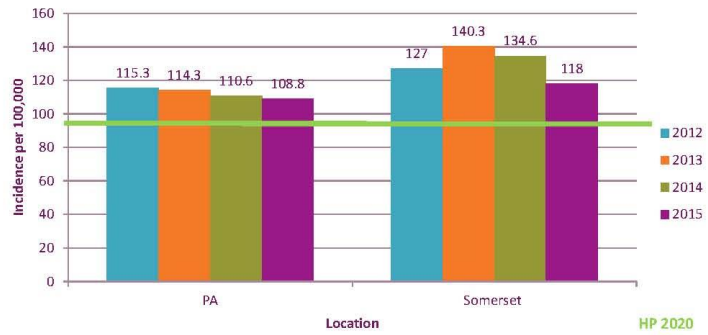




Acute Myocardial Infraction Mortality Rates

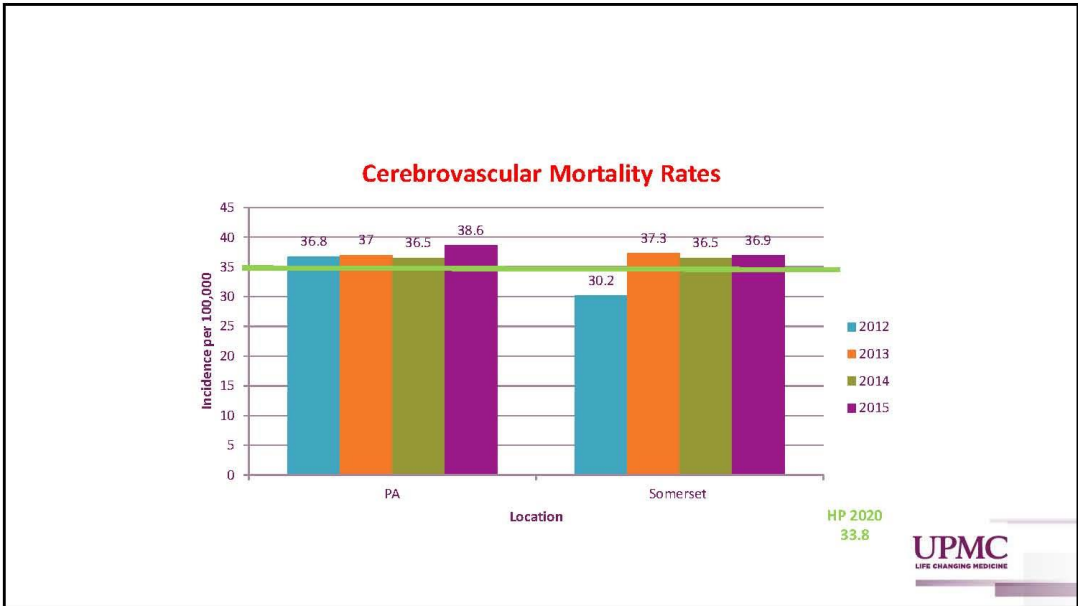
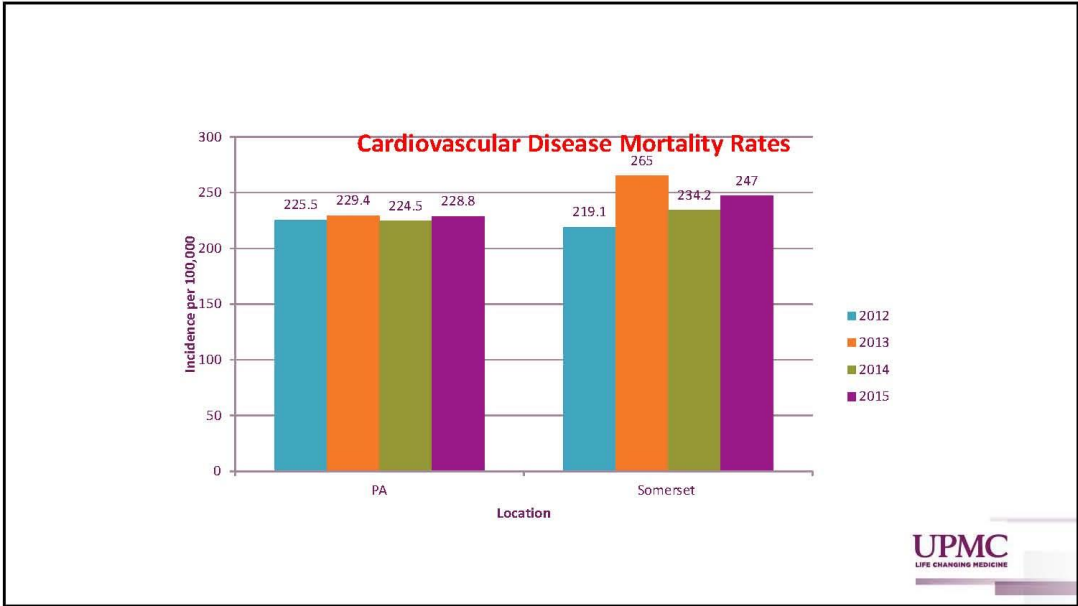


Coronary Heart Disease Mortality Rates



HP 2020
100.8

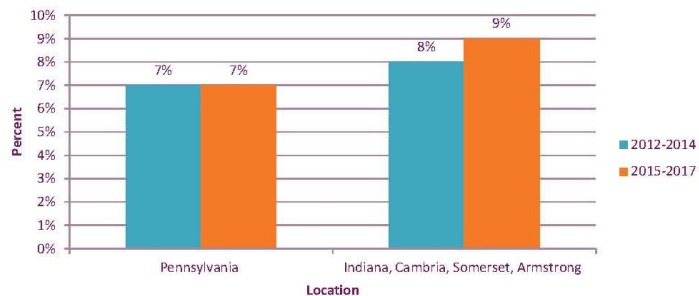




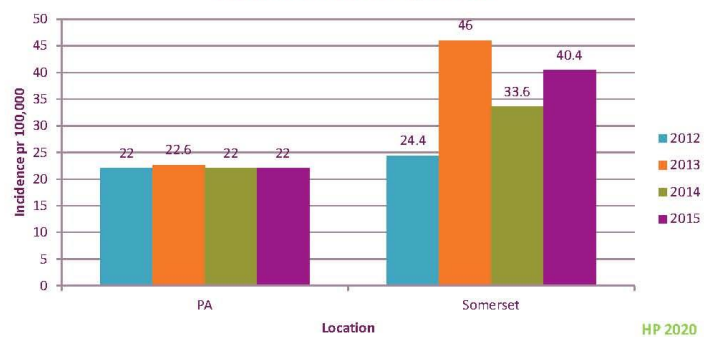
Percentage of All Adults Ever Told They Have Heart Disease



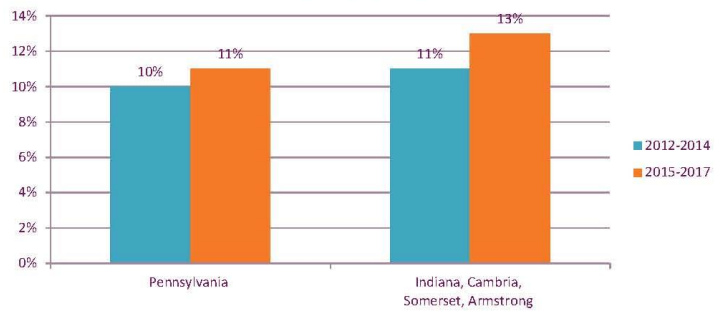
Percentage of Adults Who Have Been Told They Had a Heart Attack



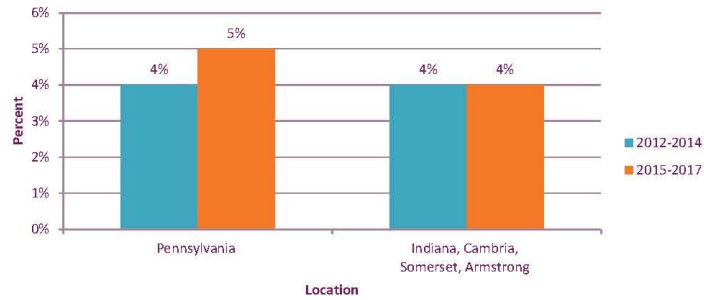
Diabetes Mortality Rates



Percentage of All Adults Who Have Been Told They Have Diabetes

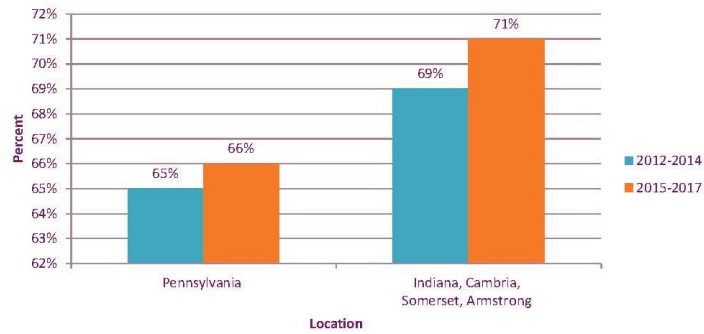


Percentage of Adults Who Have Been Told They Had a Stroke

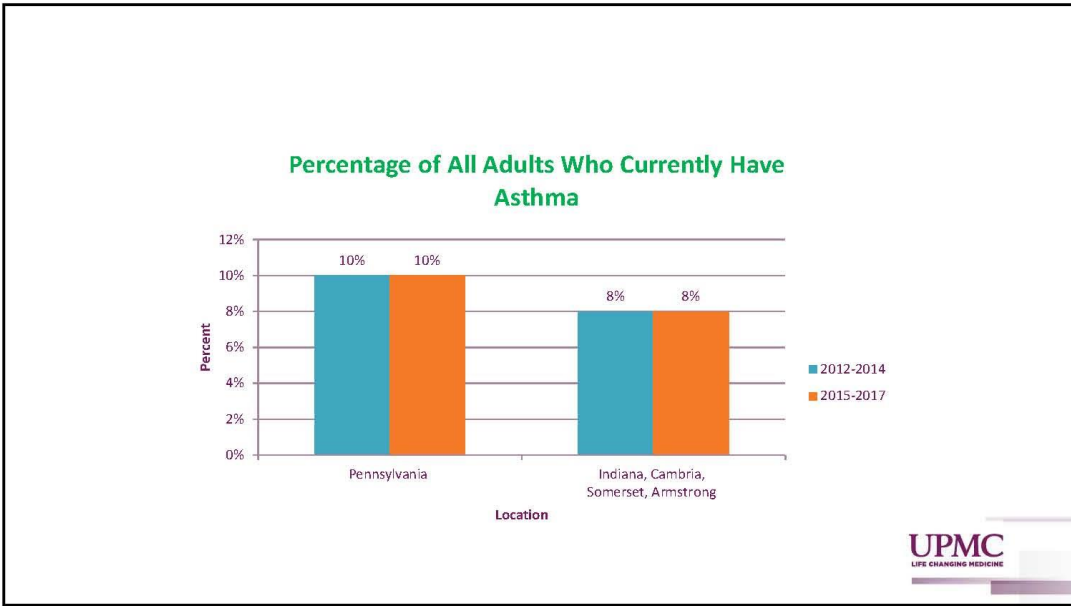
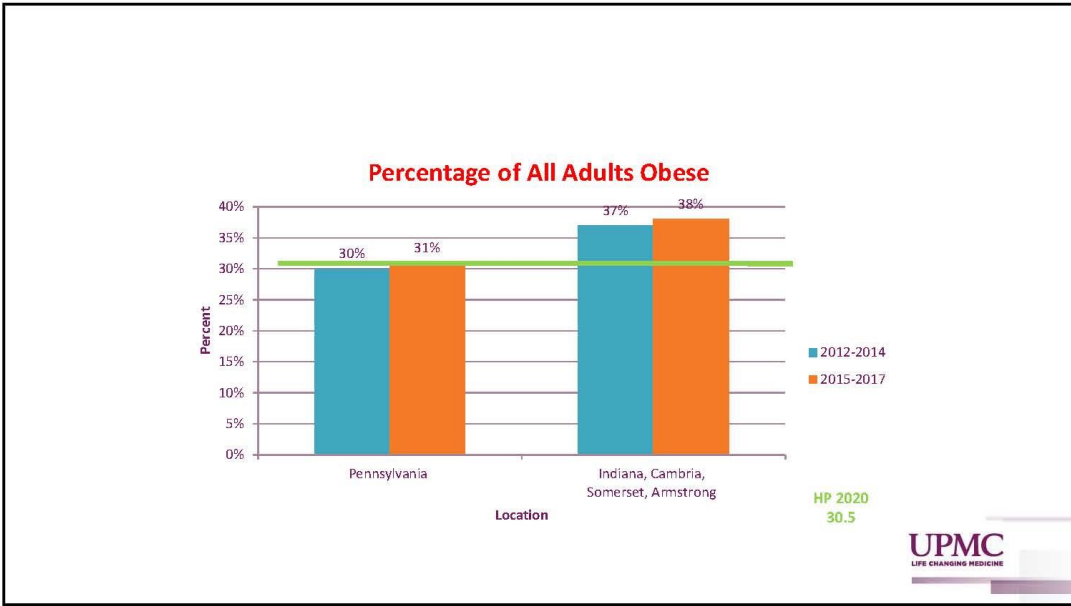


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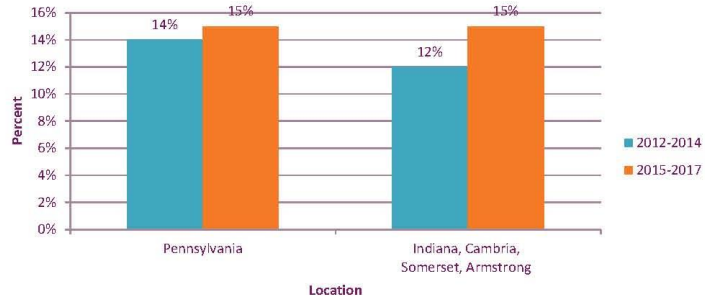
Percentage of All Adults Overweight



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Percentage of All Adults Who Were Ever Told They Have Asthma



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Percentage of Mothers Who Reported Not Smoking During Pregnancy



HP
2020
NO. 100

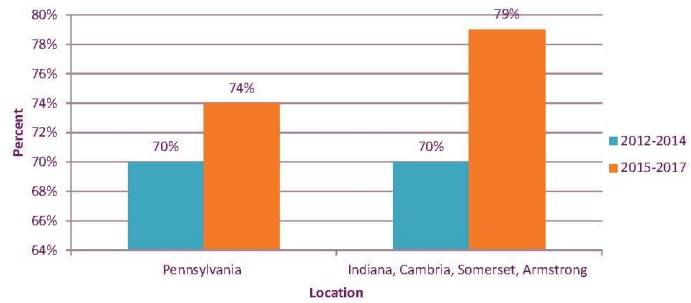
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Pneumonia Mortality Rates

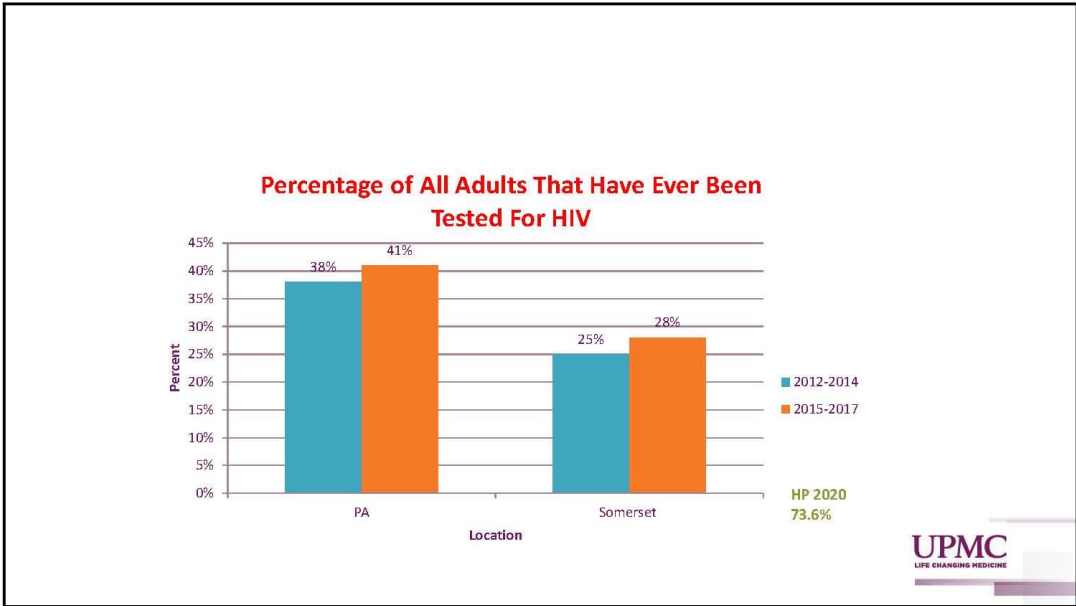
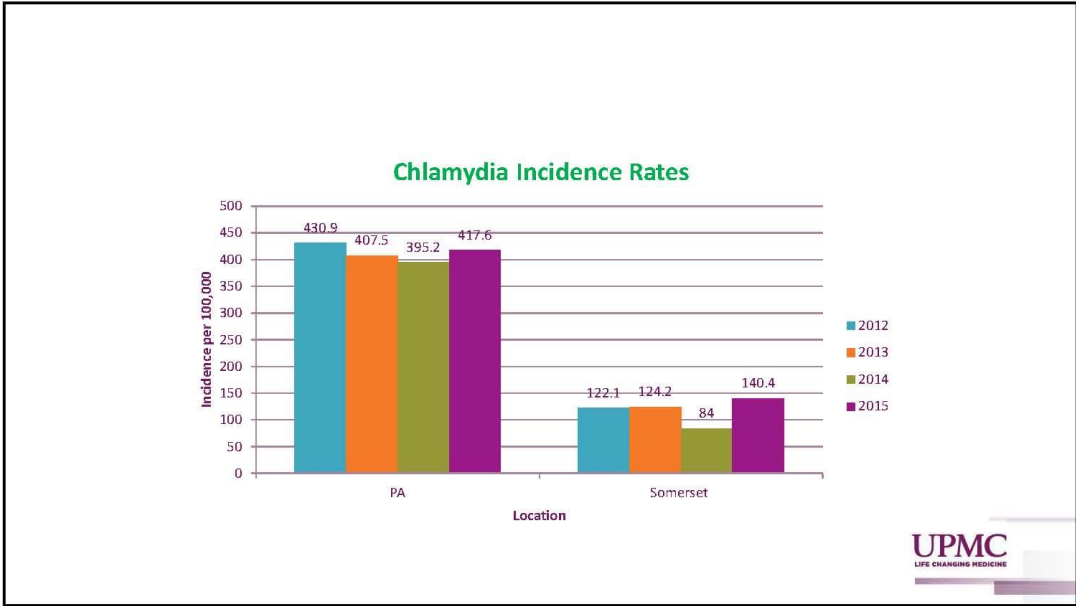


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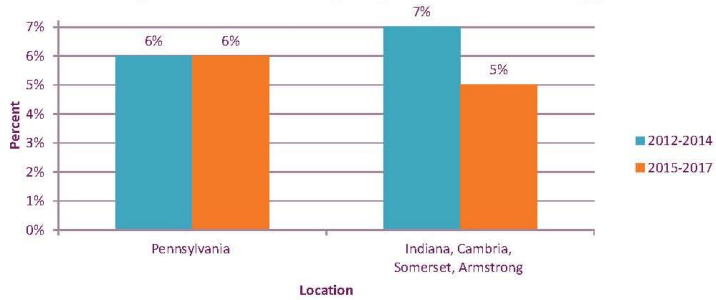
Percentage of Adults Who Had a Pneumonia Vaccine



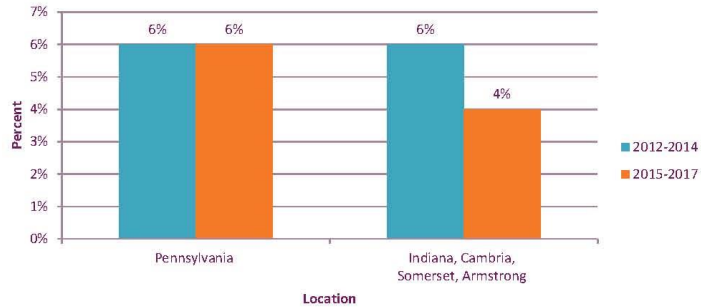
UPMC
LIFE CHANGING MEDICINE

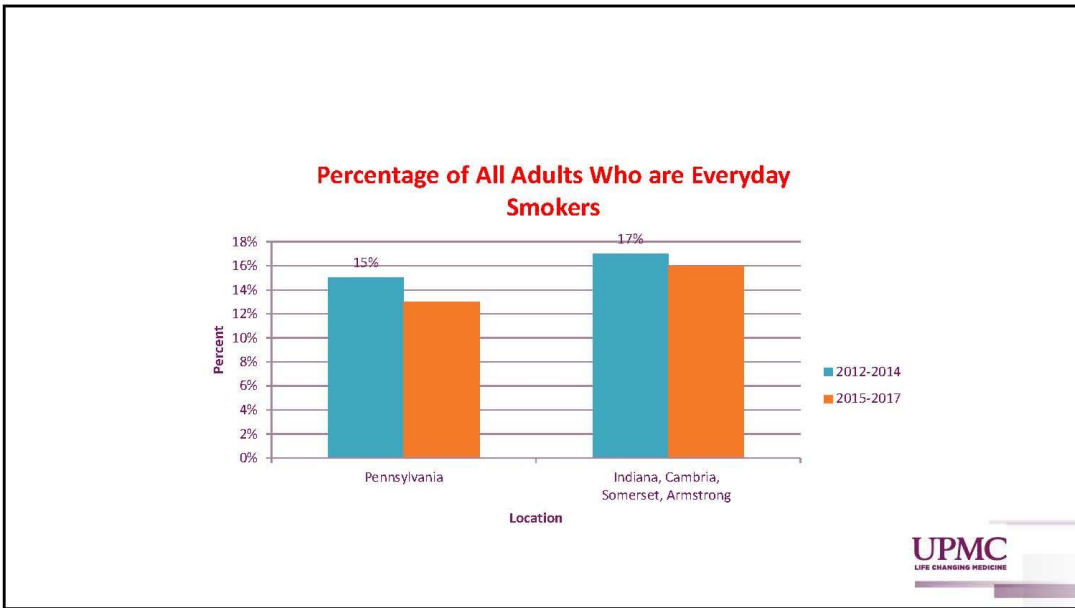
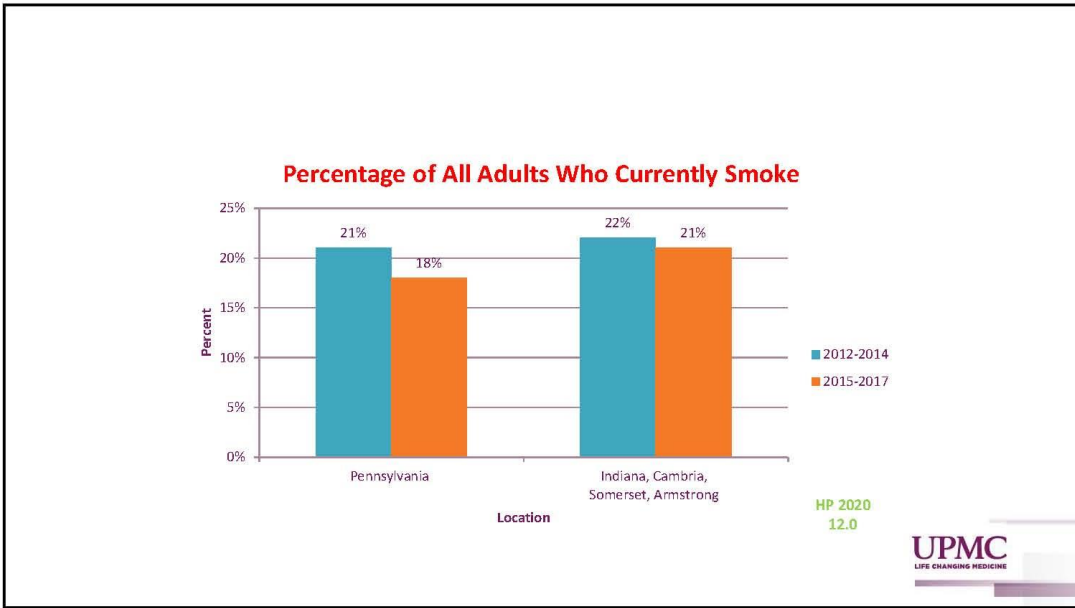


**Percentage of All Adults Who Reported Chronic Drinking
(2 or More Drinks a Day Everyday for the Past 30 Days)**

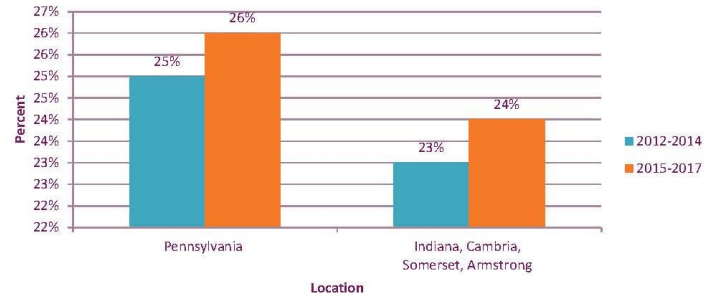


**Percentage of All Adults at Risk for Heavy Drinking
(2 Drinks for Men and 1 Drink for Women Daily)**

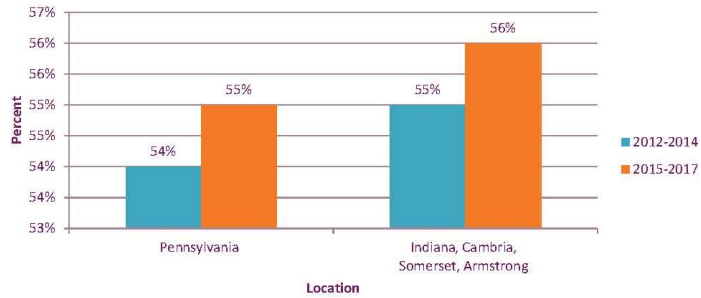


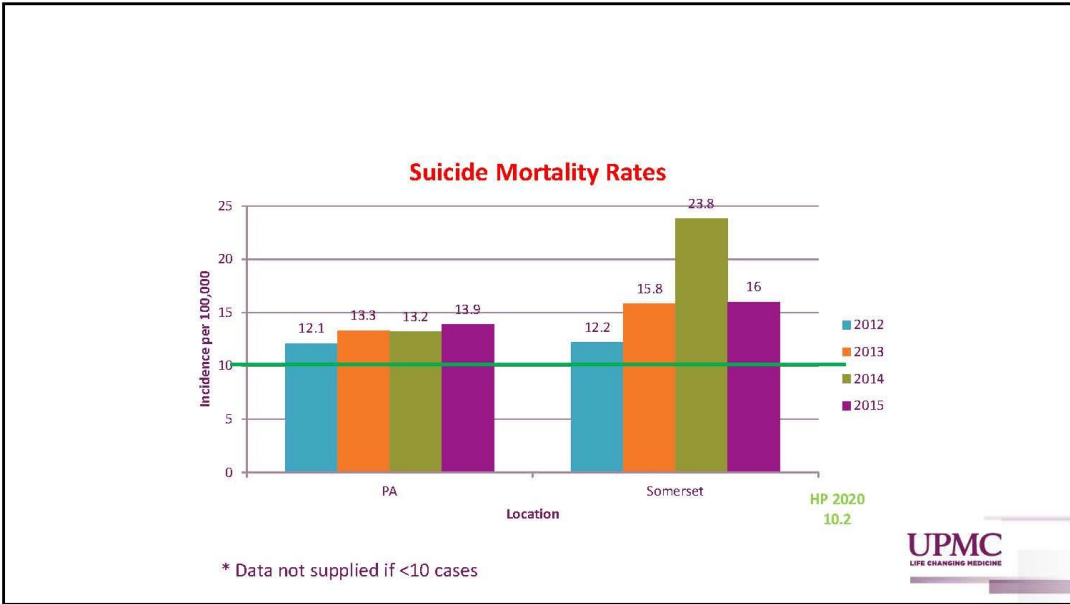
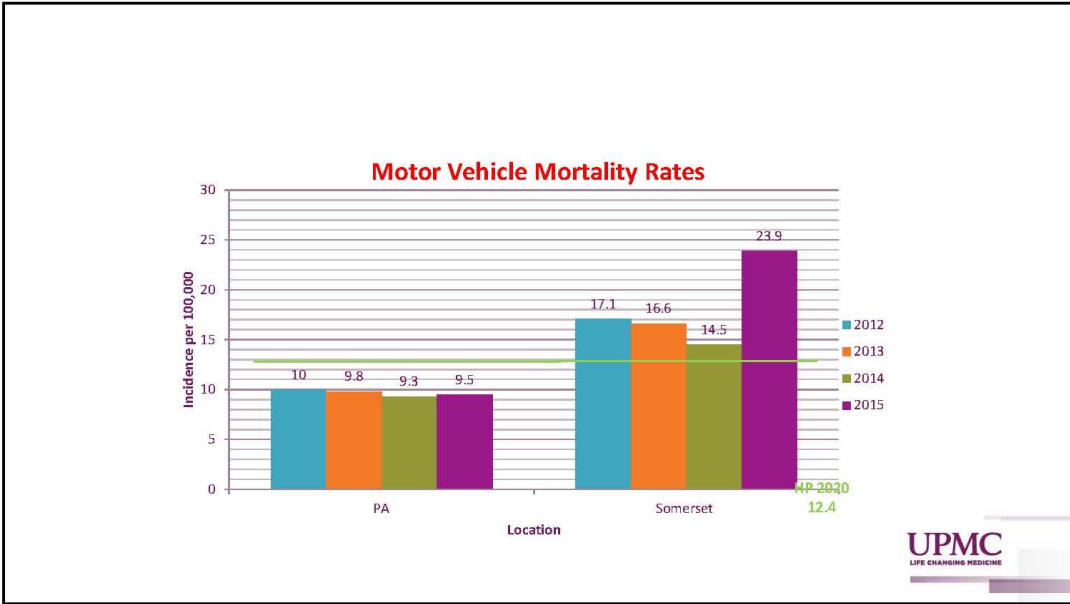


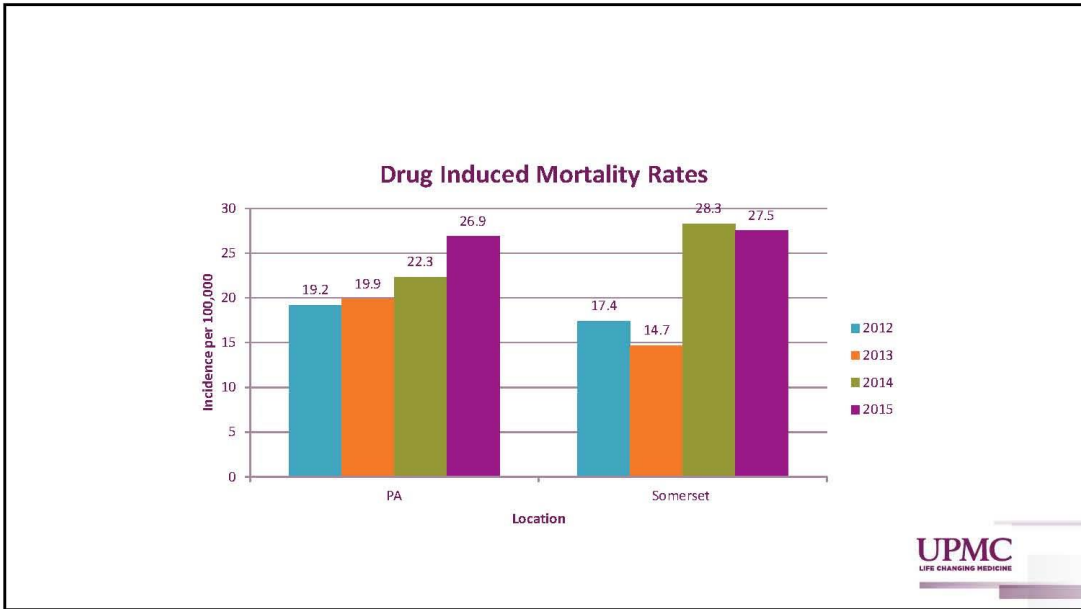
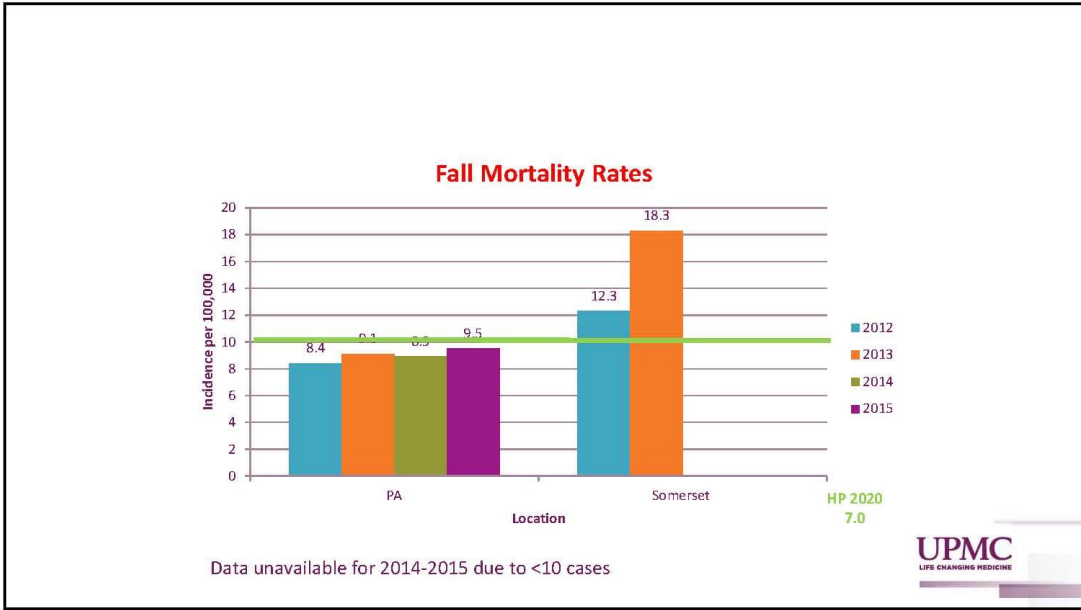
Percentage of All Adults Who Reported Being a Former Smoker



Percentage of All Adults Who Reported Never Being a Smoker







Mental and Behavioral Disorders Mortality Rates



Percentage That Have Ever Been Told They Have a Depressive Disorder (Including Major and Minor Depression)

