

BLAIR COUNTY PROFILE 5

Community Health Needs Assessment and Implementation Plan



Healthy Blair County Coalition – June 2022
www.healthyblaircountycoalition.org

Prepared for the Healthy Blair County Coalition by:

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The Healthy Blair County Coalition (HBCC) is a partnership of individuals and organizations working to promote the social, economic, emotional, and physical well-being of area residents. Their mission is to assess facets of a healthy Blair County by sharing resources, engaging local partnerships, and implementing strategies and programs to make a positive impact on the lives of the people in our community. The ultimate vision is a healthy Blair County. The Coalition, joined by the three hospitals serving the Blair County Region, chose to conduct a joint community health needs assessment and subsequently, issue a joint implementation plan.

This report, ***Blair County Profile 5: Community Health Needs Assessment and Implementation Plan*** describes our methods used while conducting the needs assessment, highlights the results of surveys and healthcare interviews, and summarizes community indicator data. This is the fifth needs assessment that has been conducted in Blair County since 2007. This report will highlight the accomplishments, outcomes, and strategies that will be implemented over the next three years. This process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals who are deeply committed to assuring the overall health and well-being of Blair County. Those individuals who took time to complete the household survey and those who dedicated many hours as members of the Healthy Blair County Coalition are some of what makes Blair County a great place to live. The results of this needs assessment indicate that we must continue to address not only specific health needs, but, whenever feasible, the underlying causes.

With the support and dedication of the individuals who served on the Steering Committee, work groups/committees, and Coalition, we have achieved many accomplishments since the last needs assessment. We will also address in this report the impact of COVID-19 on our community and the implementation of strategies. We hope those individuals, new partners, and most of all the residents of Blair County will join us in implementing programs and strategies that will improve the overall health of Blair County.

Sincerely,

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Healthy Blair County Coalition

Timothy Harclerode, FACHE
Chief Executive Officer, Conemaugh Nason Medical Center

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Chief Executive Officer, Penn Highlands Tyrone

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President/Chief Executive Officer, UPMC Altoona

INTRODUCTORY COMMENTS

As described in this Community Health Needs Assessment (CHNA) Report the Health Blair County Coalition (HBCC) is a collaborative partnership of over 161 community organizations in Blair County, including our community hospitals: UPMC Altoona, Penn Highlands Tyrone, and Conemaugh Nason Medical Center.

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

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

- All of the collaborating facilities may produce a joint CHNA report as long as all of the facilities define their community to be the same and conduct a joint CHNA process.
- This CHNA Report clearly identifies each hospital facility to which it applies.
- Additionally, consistent with these proposed regulations (p. 20533) regarding UPMC Altoona - the UPMC Altoona Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 16, 2022 meeting.
- Additionally, consistent with these proposed regulations (p. 20533) regarding Nason Hospital - the Conemaugh Nason Medical Center Board of Trustees approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 16, 2022 meeting.
- Additionally, consistent with these proposed regulations (p. 20533) regarding Penn Highlands Tyrone - the Penn Highlands Tyrone Board of Directors approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 20, 2022 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 overall identified priorities, and UPMC Altoona is taking a leadership role in meeting specifically three of these identified, priority needs: chronic disease prevention and promoting a healthy lifestyle (obesity, physical inactivity, and diabetes); substance use; and behavioral health (mental health needs). In addition, another priority for the hospital itself is access to care.
- As an active member of the Healthy Blair County Coalition, Conemaugh Nason Medical Center has actively participated in the needs assessment and prioritization of the identified community needs. Conemaugh Nason Medical Center, in collaboration with the Coalition, is actively participating in

implementing strategies to meet the overall identified priorities. Specifically, Conemaugh Nason Medical Center is taking a leadership role in promoting a heart healthy lifestyle through initiatives aimed at decreasing obesity, physical inactivity, and diabetes rates. The Medical Center also has other priorities that are important to their mission.

- As an active member of the Healthy Blair County Coalition, Penn Highlands Tyrone has actively participated in the needs assessment and prioritization of the identified community needs. Penn Highlands Tyrone, in collaboration with the Coalition, is actively participating in implementing strategies to meet the overall identified priorities. Penn Highlands Tyrone is taking a leadership role in chronic disease management, including diabetes and access to behavioral health care. In addition, two other priorities for the hospital itself are access to care and education for staff and patients regarding health literacy.
- Consistent with the proposed regulations (p. 20529 – 30: Sec 3 a iii) UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Network have made this CHNA Report “widely available to the public” by placing it on their respective websites, and by making a “hard copy” available to the public.
- The Healthy Blair County Coalition, UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone welcome public input and comments regarding the CHNA Report. Comments may be provided via the avenues described in the Report.

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Executive Summary

The Healthy Blair County Coalition (HBCC) is a collaboration among community partners to conduct a comprehensive and enduring community health needs assessment. Its purpose is to identify community assets, identify targeted needs, and develop an implementation plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. The outcome was the publication of two documents: Blair County Profile: Our Strengths, Challenges, and Issues (January 2009) and the Blair County Community Plan (March 2012). Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. In 2013, our community health needs assessment report entitled, Blair County Profile II: Community Health Needs Assessment was published. This was followed by the third report entitled, Blair County Profile III: Community Health Needs Assessment and Implementation Plan (June 2016). Blair County Profile IV: Community Health Needs Assessment and Implementation Plan was adopted in June 2019.



Our Mission: To assess facets of a healthy Blair County by sharing resources, engaging local partnerships, and implementing strategies and programs to make a positive impact on the lives of the people in our community.

Vision: A healthy Blair County community.

Organizational Structure and Funding

The community health needs assessment process was directed by a Steering Committee, including a consultant who was hired as the part-time Director of the Healthy Blair County Coalition. UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone are active participants on the HBCC Steering Committee. In addition, the Steering Committee collaborated with a broader group of 161 partners identified as the Healthy Blair County Coalition. Members of the Coalition included stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing an Implementation Plan.

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

- Conduct a comprehensive community health needs assessment to determine the overall health status of Blair County (July 2021 – September 2021).
- Solicit input from individuals and organizations that represent the broad interests of the community served by the hospitals (July 2021 – January 2022).

- ⊙ Present and publish the findings of the community health needs assessment in a report that outlines trends, creates a baseline for strategic planning decisions, highlights outcomes and accomplishments, and assists in developing an implementation plan (June 2022).
- ⊙ Continue to implement programs and services to address identified needs (July 2018 – present).
- ⊙ Review accomplishments and measure the impact of selected programs and activities (July 2018 – June 2021).

There were ten work groups and/or committees that met to develop goals and implement strategies to address the priorities identified in the needs assessment.

- ⊙ **Substance Use & Physical Health Coalition**
- ⊙ **Pathways of Opportunity Network**
- ⊙ **Food for Life Initiative**
- ⊙ **Youth Connection Task Force**
- ⊙ **School Attendance Task Force**
- ⊙ **Let's Move Blair County Committee**
- ⊙ **Mental Health Work Group**
- ⊙ **Alliance for Nicotine Free Communities**
- ⊙ **Dental Care Work Group**
- ⊙ **Blair County Farm to ECE Collaborative**

HBCC was involved in the development of the Chamber of Commerce Workplace Wellness Committee and continues to support and participate in all programs and activities. It is a committee of the Chamber of Commerce and not the Healthy Blair County Coalition.

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

The community health needs assessment and HBCC are primarily funded by UPMC Altoona and Penn Highlands Tyrone. Additional funding was provided by Conemaugh Nason Medical Center, Blair County Drug and Alcohol Partnerships, Blair HealthChoices, Blair Planning, and Blair County Human Services Block Grant. However, several other agencies contributed significantly to the project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, donation of services, and volunteer hours were provided by many other organizations. In addition, grants were received from the Robert Wood Johnson Foundation, The Food Trust, Highmark, and the Thomas Jefferson University.

Methods

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

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

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

- Neighborhood and Community Strengths
- Community Challenges and Issues
- Household Challenges and Issues
- Impact of COVID-19
- Involvement in Community Initiatives/Projects
- Awareness of Social Determinants of Health and Health Equity
- Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

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

Summary of the Household Survey and Results

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

A random sample of 3000 households (approximately six percent) was drawn from the 51,647 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in June 2021, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 248 surveys returned for a response rate of 8.3%. Information about the household survey was publicized through a press conference, television interview, newspaper and other media releases, social media, and hospital and agency newsletters to consumers.

A link to the household survey was available on the HBCC website so that any resident had an opportunity to complete the survey (100 completed). The household survey was also administered to clients/consumers by three other groups including the Center for Independent Living of South Central Pennsylvania, Blair County NAMI, and Home Nursing Agency WIC Program (UPMC). A total of 78 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 426 surveys were returned: 248 from households, 100 from responses on the website, and 78 from the agencies mentioned above.

The household survey asked recipients to state their level of agreement to 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 results in this survey indicate that 73% of respondents felt that people in their neighborhood help each other out when they have a problem. And 52.8% gather together formally or informally to participate in activities. About 23% felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 86.7% reported that they vote in most elections.

Residents felt that the best things about living in Blair County are related to being close to grocery stores/shopping (73%), near highway access (64%), close to parks, recreation, and sports (64%), friendly neighbors (60%), and close to physicians and medical facilities (59%). The worse things about living in Blair County were drug use/abuse (58%), roads and alleys in need of repair (48%), and youth with nothing to do (44%). These responses were the same as results from the last needs assessment.

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 43 different **community issues**. A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the last four household surveys when health-related questions were added.

The following chart identifies the community issues for Blair County in each of the five needs assessments (identified these as a major/moderate issue).

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

2007	2012	2015	2018	2021
Crime	Lack of jobs	Obesity	Alcohol and other Drugs	Overuse/addiction to cell phone, social media, internet, etc
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity	Obesity
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc	Alcohol and other Drugs
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving	Impaired/distracted driving
Lack of affordable medical care	Poverty	Unemployment or underemployment	Poverty/lack of adequate income	Smoking, tobacco, and e-cigarettes/vaping
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes	Adults with mental health or emotional issues

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

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

2007	2012	2015	2018	2021
Stress, anxiety, and depression	Being overweight	Being overweight	Stress, anxiety, and depression	Stress, anxiety, and depression
Not having enough money for medical needs	Stress, anxiety, and depression	Difficult to budget	Being overweight	Being overweight
Difficult to budget	Difficult to budget	Stress, anxiety, and depression	Children being bullied/harassed/cyberbullied*	Children being bullied/harassed/cyberbullied
Experiencing noise or pollution	Children being bullied/harassed	Not enough money to meet daily needs	Lack of activities for youth	Lack of activities for youth

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, “has of these problems ever prevented you or a

member of your family from getting the necessary health care”? High deductibles/co-pays, insurance not covering what was needed, and the wait for an appointment was too long at 21% were the top responses.

On a positive note, over 53% of households reported that none of the items prevented them from getting health care and were somewhat consistent across geographic areas. Ninety percent (91%) had seen a primary care/family physician in the past year and 72% had seen a dentist in the past year. Over 67% were able to understand the healthcare system and community resources available. Residents were asked their opinions on the **greatest gaps in health care services** and the **greatest needs in health education and prevention services** in Blair County.

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

2012	2015	2018	2021
Dental care	Dental care	Prescription drug assistance	Inpatient and outpatient mental health services for adults
Services for low-income residents	Care for senior citizens	Dental care	Dental care
Prescription drug assistance	Services for low-income residents	Social and/or medical care for senior citizens	Outpatient mental health services for children

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

2012	2015	2018	2021
Obesity prevention	Alcohol and drug abuse prevention	Mental health/depression/suicide prevention	Obesity prevention
Alcohol and drug abuse prevention	Obesity prevention	Obesity prevention	Mental health/depression/suicide prevention
Tobacco prevention and cessation	Mental health/depression/suicide prevention	Alcohol and drug abuse prevention	Violence prevention
			Tobacco, nicotine, and vaping
			Alcohol and drug abuse prevention

Blair County residents were asked what keeps them from eating a healthy diet and the cost of healthy foods like fruits and vegetables was the reason most given (43%). However, when asked what keeps them from increasing their physical activity, the top reason was that they do not have the time (39%) followed by the lack of motivation (34%).

The two most common responses on how COVID-19 impacted their families was an increase in stress, anxiety, social isolation or other mental health concerns (27%) and a delay in getting routine health care or scheduling necessary surgery (26%).

Summary of the Key Informant Survey and Results

A survey was distributed to 203 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, associations, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in June 2021. Fifty-six completed surveys were received, a 24% response rate.

Eight-nine percent (89.3%) of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues.

Out of the responses for community strengths, key informants see mainly positive strengths including 80.3% perceive leaders as having mutual respect among all sectors of the community.

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

2007	2012	2015	2018	2021
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income	Poverty/lack of adequate income	Adults with mental health/emotional issues
Crime	Unemployment or underemployment	Unemployment or underemployment	Alcohol and other drugs	Obesity
Lack of jobs	Poverty	Alcohol and other drugs	Obesity	Poverty/lack of adequate income
Unemployment or underemployment	Lack of jobs	Obesity	Adults with mental health/emotional issues	Alcohol and other drugs
Lack of affordable medical care	Children with mental health/emotional issues	Smoking and tobacco	Smoking, tobacco, and e-cigarettes	Smoking, tobacco, and e-cigarettes/vaping
	Smoking and tobacco	Lack of jobs	Children with mental health/emotional issues	Use/availability of alcohol and other drugs in schools
		Adults with mental health/emotional issues		

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

2012	2015	2018	2021
Outpatient mental health services for adults	Dental care	Outpatient mental health services for adults	Inpatient mental health services for adults
Outpatient mental health services for children/adolescents	Outpatient mental health services for children/adolescents	Inpatient mental health services for children/adolescents	Inpatient mental health services for children/adolescents
Prescription drug assistance	Inpatient mental health services for children/adolescents	Dental care	Outpatient mental health services for adults
Services for alcohol and other drug abuse	Services for low-income residents	Outpatient mental health services for children/adolescents	Outpatient mental health services for children/adolescents

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

2012	2015	2018	2021
Obesity prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide prevention	Mental health/ depression/ suicide prevention
Alcohol and drug abuse prevention	Obesity prevention	Alcohol and drug abuse prevention	Obesity prevention
Mental health/ depression/ suicide prevention	Mental health/ depression/ suicide prevention	Obesity prevention	Violence prevention (e.g. workplace, family, physical, sexual, etc.)

Summary of Service Provider Surveys

Surveys were sent to a variety of groups to learn more about the strengths and available community assets, programs, and services as well as their opinions on the challenges and needs of the community. The survey also asked questions related to community challenges, impact of COVID-19, access to health care, gaps, and prevention/education needs. A total of 171 service providers were asked to participate with 37 responding, or 22%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

Service providers stated that they were most involved in the following six community initiatives: health wellness/prevention (43%), employment opportunities for low income people (38%), information and referral (38%), financial assistance, education, and mental health services at 35%.

Over 64% utilized volunteers in providing services for their agency but 62% reported that they could use more volunteers. Over 81% of these organizations make an effort to purchase goods and services from local enterprises.

Table 8: Priorities Identified by Service Providers in Blair County Community Needs Assessments

2018	2021
Poverty/lack of adequate income	Adults with mental health/emotional issues
Alcohol and other drugs	Poverty/lack of adequate income
Smoking, tobacco, and e-cigarettes	Unemployment/underemployment
Adults with mental health/emotional issues	Obesity
Family violence, abuse of children, adults, or the elderly	Alcohol and other drugs
Unemployment/underemployment	Smoking, tobacco, and e-cigarettes/ vaping
	Overuse/addiction to cell phone, social media, internet, etc
	Children with mental health/emotional issues

Table 9: Greatest Gaps in Health Care Services Identified by Service Providers

2012	2015	2018	2021
Prescription drug assistance	Dental care	Out-patient mental health services for adults	Out-patient mental health services for adults
Dental care	Out-patient mental health services for adults	In-patient mental health services for children/adolescents	Out-patient mental health services for children/adolescents
Services for low-income residents	In-patient mental health services for children/adolescents	Dental care	In-patient mental health services for children/adolescents

Table 10: Greatest Needs in Health Education and Prevention Identified by Service Providers

2012	2015	2018	2021
Obesity prevention	Obesity prevention	Mental health/ depression/ suicide prevention	Mental health/ depression/ suicide prevention
Healthy lifestyles	Mental health/ depression/ suicide prevention	Alcohol and drug abuse prevention	Healthy lifestyles
Alcohol and drug abuse prevention	Healthy lifestyles	Violence prevention	Violence prevention

Summary of Faith-Based Provider Surveys

The faith community is an integral part of life in Blair County and many provide assistance and outreach to not only members of their congregations but to the community at large. Surveys were emailed to 94 faith-based organizations and 16 responded (17%).

Table 11: Priorities Identified by the Faith-Based in Blair County Community Needs Assessments

2012	2015	2018	2021
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income	Adults with mental health/emotional issues
Unemployment or underemployment	Poverty/lack of adequate income	Alcohol and other drugs	Alcohol and other drugs
Poverty	Smoking and tobacco	Obesity	Smoking, tobacco, and e-cigarettes/vaping
Lack of jobs	Adults with mental health/emotional issues	Impaired distracted driving (driving under the influence, texting, road rage)	Children with mental health/emotional issues
Children with mental health/emotional issues	Crime	Smoking, tobacco, and e-cigarettes	Obesity
Smoking and tobacco	Unemployment or underemployment	Adults with mental health/emotional issues	Bullying/harassment/cyberbullying
Obesity	Children with mental health/emotional issues	Family violence	Impaired/distracted driving
Adults with mental health/emotional issues	Family violence	Unemployment or underemployment	Unemployment or underemployment
			Suicide

Table 12: Greatest Gaps in Health Care Services Identified by the Faith-Based Community

2012	2015	2018	2021
Inpatient mental health services for adults	Outpatient mental health services for adults	Dental care	Dental care
Services for low-income residents	Services for low-income residents	Outpatient mental health services for adults	Outpatient mental health services for adults
Services for alcohol and other drug abuse	Ability to serve different languages/cultures	Family physician	Perscription drug assistance

Table 13: Greatest Needs in Health Education and Prevention Identified by the Faith-Based Community

2012	2015	2018	2021
Mental health/ depression/ suicide prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide prevention	Obesity prevention
Teen pregnancy	Mental health/ depression/ suicide prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide prevention
Alcohol and drug abuse prevention	Obesity prevention	Violence prevention	Violence prevention

Summary of Healthcare Provider Interviews

Interviews were conducted with 14 healthcare providers representing a variety of disciplines such as physicians, dentists, pharmacists, behavioral health, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs in our county, the needs related to special populations, programs and initiatives currently underway to address those needs, changes over the past three years, and the impact of COVID-19, etc.

Healthcare providers ranked mental health concerns and the need for more providers (57.1%) as the top community health needs followed by various issues related to access to care (50%). Since the last needs assessment, over 35% of healthcare providers have seen an increase in concerns related to substance use and access to primary care. Over 21% stated obesity and behavioral health issues have also increased.

Services for the elderly was ranked as the highest need (50%) for a special population followed by mental health services especially for children/adolescents at 43%. Fifty percent reported that staff shortages in all areas is impacting the needs of patients/clients followed by the lack of mental health providers (28.6%) especially for children/adolescents.

The impact of COVID-19 was mentioned as the biggest challenge which led to hospitals and medical facilities being over capacity, staff shortages, people delaying health care needs, lack of vaccine compliance, and increased mortality of patients. For young people that had to deal with the loss of family members, their education, and routine, they are still feeling anxiety and depression.

Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time. It is useful to answer whether research supports or does not support the perceptions of stakeholders and the general public as reflected in survey results. Data were obtained from federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Centers for Disease Control, County Health Ranking Report, Pennsylvania Office of Rural Health, etc.

Key Community Health Needs for Blair County

Strategy 1: Promoting a Healthy Lifestyle (Obesity, Diabetes, and Lack of Physical Activity)

The need to promote a healthier lifestyle for the residents of Blair County has remained an identified need since the first community health needs assessment. The goals for this strategy are on page 55. Accomplishments (2018 – 2021) are summarized on pages 56-58 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on pages 58-59.

Strategy 2: Alcohol and Other Substance Abuse

Although there are many proactive initiatives to address alcohol and other drugs within Blair County, it continues to adversely affect the quality of life for individuals and the community itself. In addition to the individual and population health risks, drug and alcohol use poses a significant toll on the utilization of the health care system and the economy. The goals for this strategy are on page 63. Accomplishments (2018 – 2021) are summarized on pages 63 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on page 64.

Strategy 3: Mental Health

Data from the community health needs assessment clearly indicates that mental health concerns are reflected across the population. The pandemic significantly impacted the mental health of individuals and more than ever, mental health concerns and services are a critical need (e.g. expansion of crisis services, the need for an inpatient facility for children/adolescents, access to more behavioral health providers, address workforce shortages, and additional psychiatrists, etc.). The goals for this strategy are on page 69. Accomplishments (2018 – 2021) are summarized on pages 69-70 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on pages 70-71.

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

Tobacco use in Blair County was highlighted as one of the areas that needed to be addressed in the County Health Rankings Report. In addition, the increased trend in the use of e-cigarettes/vaping has caused concern nationwide. The goals for this strategy are on page 73. Accomplishments (2018 – 2021) are summarized on pages 73-74 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on pages 74-75.

Strategy 5: Poverty

The underlying causes of the many of challenges identified in the needs assessment can be attributed to social determinants of health (e.g. job opportunities, poverty, lack of education, social and cultural issues, housing, transportation, etc.). The goals for this strategy are on page 80. Accomplishments (2018 – 2021) are summarized on pages 80-81 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on page 81.

Strategy 6: Youth Connections

Blair County was one of twelve counties from across the country to be chosen by the National Association of Counties (NACo) in partnership with the Robert Wood Johnson Foundation County Health Rankings & Roadmaps Programs to receive community coaching on efforts to reduce childhood poverty with an emphasis on youth connections. Financial insecurity, lack of social supports, limited transportation, mental health needs, substance abuse, and other barriers for youth cause enormous costs, decrease the overall health of our community and hinder economic growth. As a community, we need to provide pathways to opportunities for all children and youth. The goals for this strategy are on page 84. Accomplishments (2018 – 2021) are summarized on pages 84-85 of this report. Implementation plans and projected outcomes (2021 – 2024) can be located on page 86.

Tracking the Progress and Outcomes of all Strategies

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

Other Relevant Indicator Data

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

Conclusions

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

This needs assessment process confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the surveys and those who dedicated many hours as members of the Coalition Steering Committee and work groups are some of what makes Blair County a great place to live. Although the pandemic limited our ability to implement some of our programs and activities, our work groups/committees continued to meet remotely and adapted as needed to maintain communications and plan for future programs.

We will continue to implement community interventions that result in the improvement of social, economic, and environmental factors. This is our fifth report, *Blair County Profile 5: Community Health Needs Assessment and Implementation Plan*.

Each of the three hospitals chose to collaborate with each other on the CHNA and each hospital board approved this joint CHNA report. Although UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone 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 the strategies adopted by the Healthy Blair County Coalition Steering Committee.

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

How to Use and Obtain Copies of This Report

This report summarizes the 2021 community health needs assessment process adopted by the Healthy Blair County Coalition and utilized by the hospitals to satisfy the requirements of the Patient Protection and Affordable Care Act. A separate community health needs assessment may have been conducted for each hospital by their parent organization and information from those reports are referenced below.

The initial stages of this effort in Blair County began in 2007 and involved various types of surveys, collection of secondary indicator data, focus groups, and community meetings. Reference to the 2007, 2012, 2015, and 2018 needs assessments and comparisons of results and trends are included in this report. The Executive Summary on pages 10-23 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.

References for all sources of data are included at the end of each page. Finally, the report outlines the goals, accomplishments, and future plans for the implementation of strategies chosen by the Steering Committee and each hospital.

This report will be posted on the Healthy Blair County Coalition website as well as each hospital's website. Additionally a hard copy of the CHNA Report is available at each hospital's Administration Department for public inspection during normal business hours: Monday through Friday, 8:00 AM to 5:00 PM. Public input is invited and may be provided to:

Healthy Blair County Coalition

208 Hollidaysburg Plaza
Duncansville, PA 16635
info@healthyblaircountycoalition.org
www.healthyblaircountycoalition.org

UPMC Altoona Administration

620 Howard Avenue
Altoona, PA 16601
<https://www.upmc.com/about/community-commitment/community-health-needs-assessment>

Conemaugh Nason Medical Center Administration

105 Nason Drive
Roaring Spring, PA 16673
814-224-2141 or 877-224-2141

Penn Highlands Tyrone Administration

187 Hospital Drive
Tyrone, PA 16686
814-684-1255
<https://www.phhealthcare.org/health-wellness/community-health-needs-assessment>

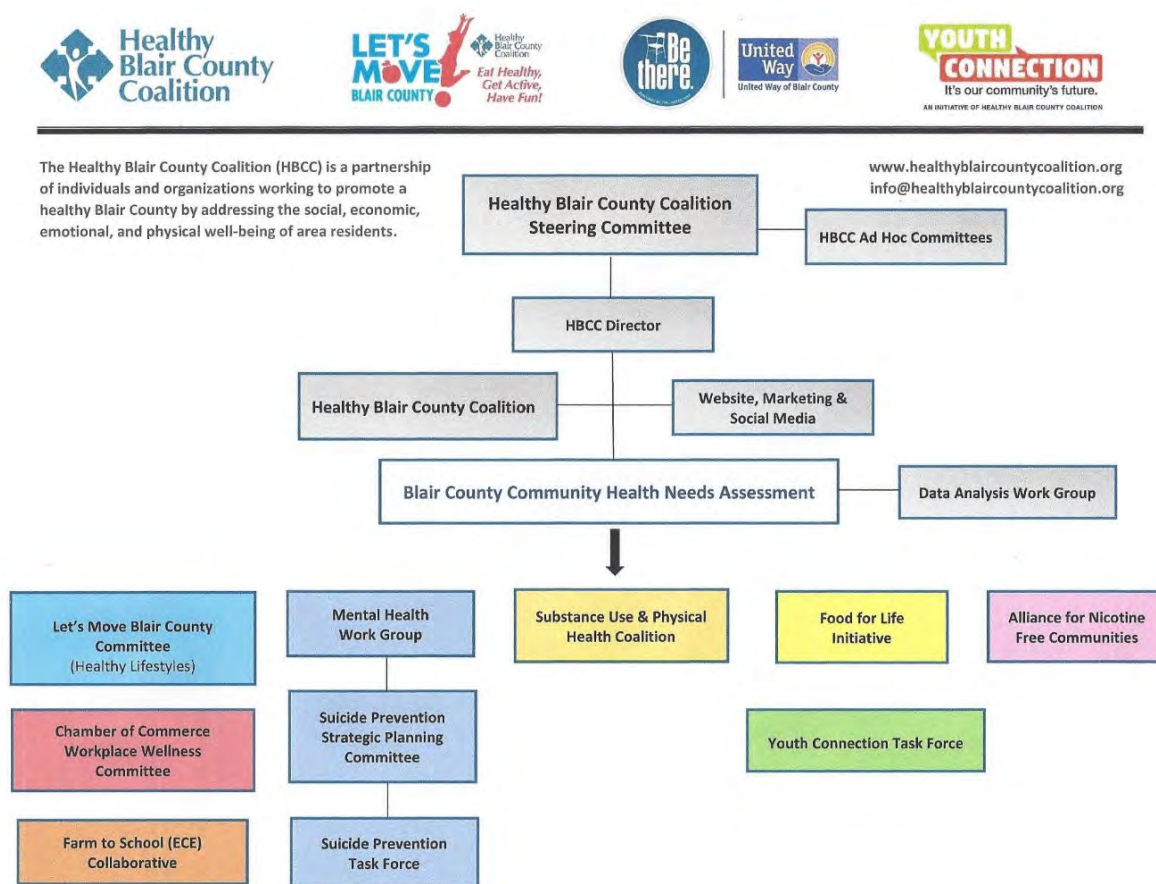
Section One:

Blair County Community Health Needs Assessment

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

The Healthy Blair County Coalition is a community partnership that was created to provide a comprehensive community health needs assessment. Its purpose is to identify community assets, identify targeted needs, and develop an action plan to fill those needs. In 2007, the United Way of Blair County and the Blair County Human Services Office invited organizations to collaborate on a community-wide needs assessment. Then as a result of the Patient Protection and Affordable Care Act Public Law 111-148 Section 501(r)(3) which requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy, the three hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone 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 monitoring of programs and interventions. This group meets bi-monthly and the following persons served as members during this community health needs assessment period:

Anna Marie Anna, Penn Highlands Tyrone (hospital)
Dr. Donald Beckstead, Altoona Family Physicians (health care)
Wendy Boyles, Conemaugh Nason Medical Center (hospital)
Laura Burke, Blair County Commissioner (government)
Marty Dombrowski, Center for Independent Living of South Central PA (social services)
Marcus Edwards, Altoona-Blair County Development Corporation (economic development)
Dr. Francine Endler/Jennifer Mitchell, Hollidaysburg Area School District (education)
Murray Fetzer, Penn Highlands Tyrone (hospital)
Donna D. Gority, Former, Blair County Commissioner (community volunteer)
Coleen A. Heim, Healthy Blair County Coalition Director
Lisa Hann, Family Services, Inc. (social services)
Timothy Harclerode, Conemaugh Nason Medical Center (hospital)
Kevin Hockenberry, UPMC Altoona (hospital)
Shawna Hoover, Operation Our Town (crime)
James Hudack, Blair County Department of Social Services (mental health)
Dr. Lauren Jacobson, Penn State Altoona (higher education)
Jean Johnstone, Catholic Charities, Inc. (social services)
Lannette Fetzer, PA Office of Rural Health (rural health)
Tracy Kelley, WIC Program (social services)
Amy Marten-Shanafelt, Blair HealthChoices (behavioral health)
David McFarland, Blair Planning Office (county planning)
Patrick Miller, Altoona-Blair County Development Corporation (economic development)
Mayor Matthew Pacifico, City of Altoona (government)
Clayton Rickens, James E. Van Zandt Medical Center (veterans and hospital)
Judy Rosser, Blair Drug and Alcohol Partnerships (social services)
Tom Shaffer, Penn State Altoona (higher education)
Sherri Stayer, Lung Disease Foundation of Central Pennsylvania (State Tobacco Control Provider)
Melanie Shildt/Matthew Uhler, United Way of Blair County (social services)
Bill Young, Sheetz, Inc. (business)

C. Healthy Blair County Coalition (HBCC)

The Steering Committee collaborated with a broader group of community stakeholders on whom the community decisions would have an impact, who had an interest in the effort, who represented diverse sectors of the community, and who were likely to be involved in developing and implementing strategies and activities. The Coalition is comprised of 161 community partners. They represent a diverse and valuable group of individuals and organizations which include the following: social services, government, planning, public health, education, hospitals, community foundations, healthcare providers/behavioral

health, businesses, economic and workforce development, criminal justice, libraries, drug and alcohol, health insurance/managed care, media, recreation, faith-based, etc.

D. Director of the Healthy Blair County Coalition

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

E. Work Groups and Committees

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

The purpose of the **Substance Use & Physical Health Coalition** is to enhance communication and coordination between drug/alcohol and healthcare and medical providers.

The **Pathways of Opportunity Network** was formed to develop a better understanding of poverty in Blair County and the extent to which agencies and programs provide resources and/or address poverty-related issues. Their mission also included increasing awareness of the impact of poverty on children and families. The Healthy Foods Sub-Committee specifically addressed issues related to food insecurity.

The **Youth Connection Task Force** is working to enhance collaboration and communications among organizations that can provide pathways of opportunity for youth and young adults.

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

The **Mental Health Work Group** is addressing unmet needs and working toward establishing or enhancing programs and strategies to serve children and families more effectively. This includes creating an awareness of mental health and reducing the stigma of mental illness. Their work will be enhanced with the development of a Suicide Prevention Strategic Planning Committee.

The **Alliance for Nicotine Free Communities** is supporting programs to reduce tobacco use (e.g. smoke-free workplaces, clean air ordinances, smoking cessation programs, etc.). Another mission is to educate individuals on the impact of nicotine and the use of e-cigarettes/vaping as well as provide resources to those individuals interested in quitting.

The **Farm to Early Child Care & Education (ECE) Collaborative** is tasked with strengthening Farm to ECE practices and policies in Blair County by implementing activities and connecting local resources to early childhood centers.

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

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

F. Data Entry

Staff from Human Development and Family Studies at Penn State Altoona were helpful 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 and HBCC are primarily funded by UPMC Altoona and Penn Highlands Tyrone. Additional funding was provided by Conemaugh Nason Medical Center, Blair County Drug and Alcohol Partnerships, Blair HealthChoices, Blair Planning, and Blair County Human Services Block Grant. However, several other agencies contributed significantly to the project including Penn State Altoona and the United Way of Blair County. In-kind services such as meeting rooms, printing, use of equipment, donation of services, and volunteer hours were provided by many other organizations. In addition, grants were received from the Robert Wood Johnson Foundation, The Food Trust, Highmark, and the Thomas Jefferson University.

H. Geographic Area

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

I. Input from the Community

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

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

HBCC website had an opportunity to be involved in the CHNA process by attending meetings, serving on work groups, administering the household survey with their clients/consumers, completing the surveys as appropriate for their organization, and providing secondary indicator data for analysis.

3. Residents of Blair County had an opportunity to complete a household survey.
4. CHNA surveys were also distributed to a variety of other community groups such as service providers and faith-based organizations.
5. A CHNA survey was distributed to key informants such as local, county, and state elected officials; school district leaders and board members; police chiefs; library presidents; media contacts; community foundations; public health entities, civic leaders; county planners; leaders of non-government funding sources; recreation commission; associations; etc. They had an opportunity to share their input and comment on community challenges as well as healthcare needs and gaps.
6. In order to obtain specific information on needs and gaps especially for certain populations within Blair County, interviews were conducted with a variety of healthcare providers, including physicians, dentists, pharmacists, behavioral health, and other agencies providing medical/behavioral health services.
7. Three other agencies, including ones that serve income-eligible families and children and persons with disabilities conducted the CHNA household survey.

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 support the overall validity of the community benefit strategy which will be used to demonstrate non-profit tax-exempt status. Another important reason is to determine whether challenges and trends have changed over the course of each needs assessment.

Each of the needs assessments are providing stakeholders as well as the community with increased knowledge of the current challenges and issues that affect residents of the county, our strengths and assets, and a better understanding of the healthcare needs. The community health needs assessment in Blair County focused on the following areas:

- Neighborhood and Community Strengths
- Community Challenges and Issues
- Household Challenges and Issues
- Impact of COVID-19
- Involvement in Community Initiatives/Projects
- Awareness of Social Determinants of Health and Health Equity
- Healthcare Challenges and Issues (e.g. access, gaps, prevention/education needs, etc.).

A. Method for Household Survey

A random sample of 3000 households (approximately six percent) was drawn from the 51,647 households in Blair County so that each zip code was represented according to its percentage of total households in the county. The services of Labor Specialties, Inc. (LSI) were utilized to obtain the database list. Three thousand surveys were mailed in June 2021, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. The household survey and cover letter are included as Appendix A.

There were 248 surveys returned for a response rate of 8.3%. Information about the household survey was publicized through a press conference, television interviews, newspaper and other media releases, social media, and hospital and agency newsletters to consumers.

A link to the household survey was available on the HBCC website so that any resident had an opportunity to complete the survey (100 completed). The household survey was also administered to clients/consumers by three other groups including UPMC Altoona WIC Program, the Center for Independent Living, and NAMI Blair County. A total of 78 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 426 surveys were returned: 248 from households, 100 from responses on the website, and 78 from the agencies mentioned above.

B. Method for Key Informant Survey

The purpose of this survey was to assess what community key informants believed to be the strengths, community challenges, and needs of Blair County, including health care. For the first time, there were questions related to social determinants of health and health equity. The survey was distributed to 203 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in June 2021. Fifty-six completed surveys were received, a 24% response rate.

C. Method for Service Provider Survey

The service provider survey was helpful in learning 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, prevention/education needs, social determinants of health, and health equity. An Excel spreadsheet distribution list of key service providers in the county was developed and then an email was sent in June 2021 asking participants to complete a survey on survey monkey. A total of 171 service providers were asked to participate with 37 responding, or 22%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

D. Faith-Based Community Survey

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. An Excel spreadsheet distribution list was developed and an email was sent in June 2021 asking the leadership of the congregation to complete a survey on survey monkey. Of the 94 faith-based organizations, 16 responded or 17%.

E. Healthcare Provider Interviews

Interviews were conducted with 14 healthcare providers representing a variety of disciplines such as physicians, dentists, pharmacists, behavioral health, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs in our county, the needs related to special populations, programs and initiatives currently underway to address those needs, changes over the past three years, and the impact of COVID-19, etc.

Table 14: Blair County Community Health Needs Assessment Survey Tracker

Surveys/Interviews	Survey Sent	Surveys Returned	Percentage
Household	3000	248	8.3%
Household (website)	N/A	100	N/A
Key Informant	203	56	24%
Service Provider	171	37	22%
Faith-Based	94	16	17%
Household Surveys from Other Agencies	N/A	78	N/A
Healthcare Providers	N/A	14	N/A

F. Collection and Analysis of Secondary Indicator Data

The purpose of collecting and analyzing secondary indicator data is to track changes and trends over time for a given population. It is useful as a mechanism to answer whether research supports or does not support the perceptions of stakeholders and the general public as reflected in survey results. Data were obtained from a variety of federal, state, and local sources, including but not limited to: U.S. Census, Center for Rural Pennsylvania, Pennsylvania Department of Education, Pennsylvania Department of Human Services, Pennsylvania Department of Health, Centers for Disease Control, County Health Ranking Report, Pennsylvania Office of Rural Health, etc.

G. Data Entry and Analysis

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

Section Three: Household Survey

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

The purpose of the household survey was to collect both subjective (opinion) and incidence data from people who live within Blair County. The household survey and cover letter are included as Appendix A.

A random sample of 3000 households (approximately six percent) was drawn from the 51,647 households so that each zip code was represented according to its percentage of total households in the county. The surveys were mailed in June 2021, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey. There were 248 surveys returned for a response rate of 8.3%. Information about the household survey was publicized through a press conference, television interviews, newspaper and other media releases, social media, and hospital and agency newsletters to consumers.

A link to the household survey was available on the HBCC website so that any resident had an opportunity to complete the survey (100 completed). The household survey was also administered to clients/consumers by three other groups including UPMC WIC Program, the Center for Independent Living, and Blair County NAMI. A total of 78 surveys were returned and analyzed but were kept separate from the random household survey.

Therefore, a total of 426 surveys were returned: 248 from households, 100 from responses on the website, and 78 from the agencies mentioned above. As shown in Table 15, our random household survey (2021) was generally representative of Blair County.

Table 15: Comparisons of Blair County Demographics/Characteristics & Those Completing the Household Survey¹

Characteristics	Blair County Population	Household Survey (2021)
Gender		
Male	49.0%	37.4%
Female	51.0%	62.1%
Other		0.4%
Race		
White or European American	95.6%	94.4%
Black or African American	2.0%	3.0%
Hispanic/Latino	1.3%	0.0%
Asian or Pacific Islander	0.7%	0.9%
American Indian/Alaska native	0.2%	0.0%
Two or More races in Household	1.5%	1.7%

¹ U.S Census Bureau (2020) and Blair County Household Survey (2021)

Income		
Less than \$25,000	23.0%	19.5%
\$25,000 - \$49,999	26.2%	27.6%
\$50,000 - \$99,999	31.1%	30.8%
\$100,000 - \$149,999	12.9%	13.6%
\$150,000 or above	6.7%	8.6%
Household Type		
Married – couple with own children	15.2%	21.6%
Married – couple without own children	30.9%	39.0%
Single parents with children under 18	9.1%	3.8 %
Single person	31.2%	24.2%
Other type of household	13.5%	11.4%

B. Neighborhood/Community Strengths

The household survey asked recipients to state their level of agreement to 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 results in this survey indicate that 73% of respondents felt that people in their neighborhood help each other out when they have a problem. And 52.8% gather together formally or informally to participate in activities. About 23% felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 86.7% reported that they vote in most elections.

“People, for the most part, are very generous. In my experience, the ones most in need are the ones most willing to help another. The community really works together to meet as many needs as possible.”

Residents felt that the best things about living in Blair County are related to being close to grocery stores/shopping (73%), near highway access (64%), close to parks, recreation, and sports (64%), friendly neighbors (60%), and close to physicians and medical facilities (59%). The worse things about living in Blair County were drug use/abuse (58%), roads and alleys in need of repair (48%), and youth with nothing to do (44%). These responses were the same as results from the last needs assessment.

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 43 different **community issues** in the categories shown in Figure 2.

Figure 2: Categories of Community Challenges and Issues

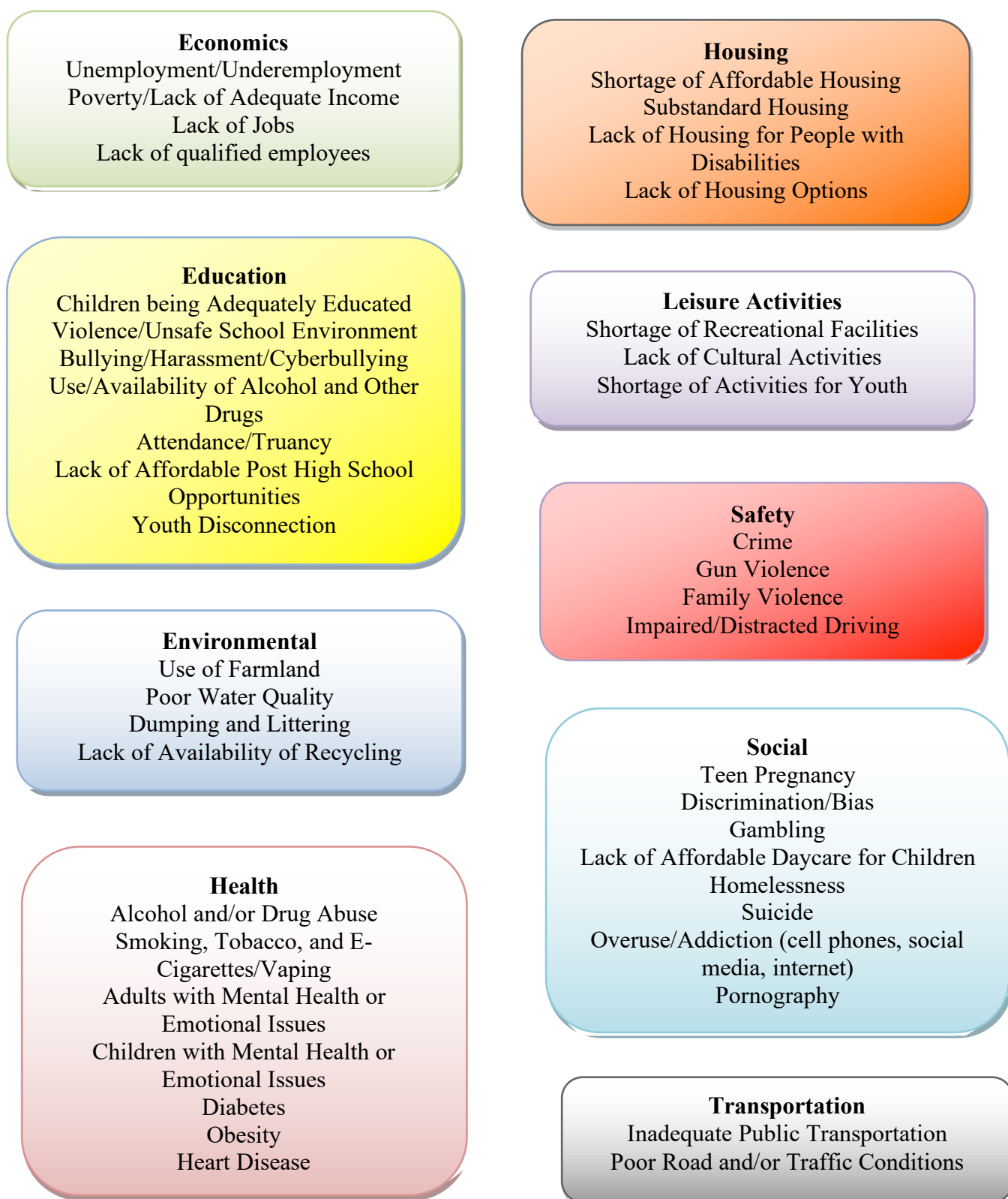


Table 16: Priorities Identified in Blair County Community Needs Assessments

2007	2012	2015	2018	2021
Crime	Lack of jobs	Obesity	Alcohol and other Drugs	Overuse/addiction to cell phone, social media, internet, etc
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity	Obesity
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc	Alcohol and other Drugs
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving*	Impaired/distracted driving
Lack of affordable medical care	Poverty	Unemployment or underemployment	Poverty/lack of adequate income	Smoking, tobacco, and e-cigarettes/vaping
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes	Adults with mental health or emotional issues

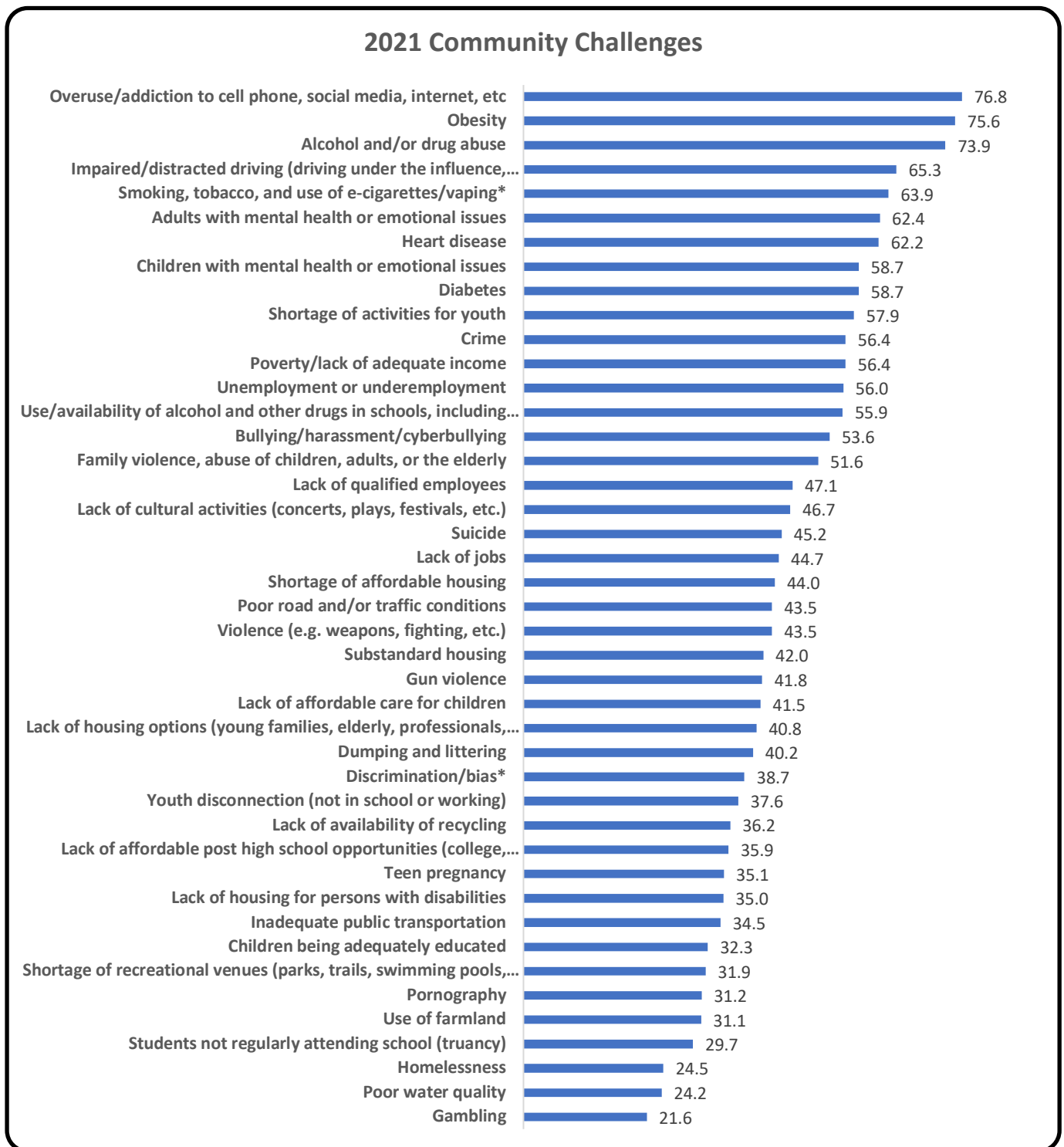
A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the 2012, 2015, 2018, and 2021 household surveys when health related questions were added.

As can be seen in Figure 3, 76.8% of respondents identified overuse/addiction to cell phone, social media, internet, etc. as the top challenge followed by obesity (75.6%) and drug and alcohol (73.9%).

The analysis based on geographic areas for the three hospitals yielded similar results with the random household survey responses. Any resident had an opportunity to complete the survey on our website and the responses were different from the random survey with alcohol and other drugs, obesity, adults with mental health issues, and bullying/harassment/cyberbullying as their top challenges (87%).

The household survey was also administered to clients/consumers by three other groups including the Center for Independent Living of South Central Pennsylvania, Blair County NAMI, and Home Nursing Agency WIC Program (UPMC). Respondents in those surveys identified poverty, housing, mental health, transportation, crime, and lack of affordable childcare as issues affecting their particular population.

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



*Indicates new question or wording added to the survey in 2021.

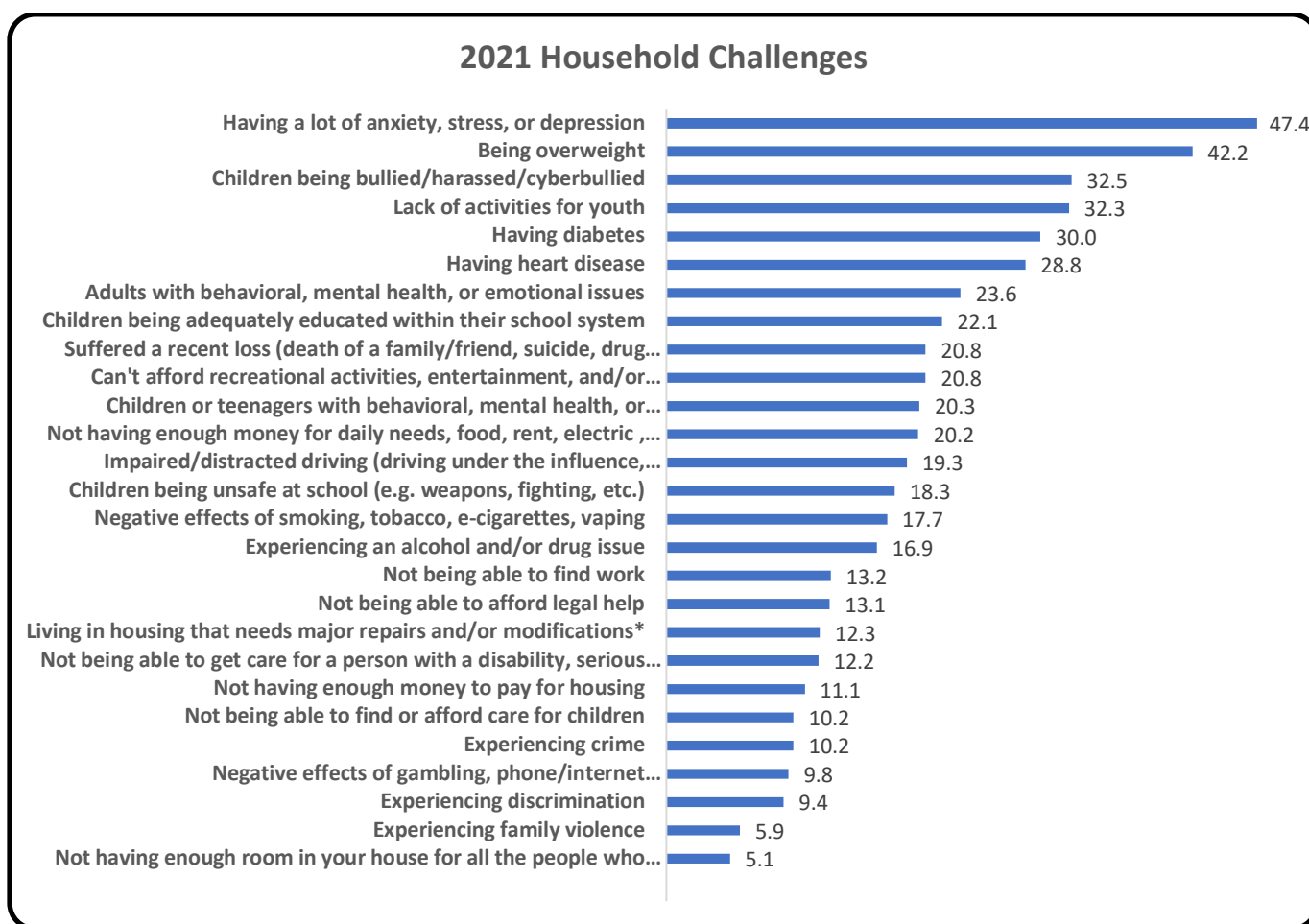
D. Household Challenges and Issues

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

As Figure 4 indicates, 47.4% of respondents identified having anxiety, stress, or depression as the top challenge within their household followed by being overweight at 42.2%. The analysis based on geographic areas for the three hospitals yielded the same results with having stress, anxiety, and depression and being overweight as the highest ranking issues within households.

Respondents in surveys conducted by other organizations agreed that having anxiety, stress, or depression was among the highest ranking challenge in their households. However, the lack of activities for youth and children being bullied/harassed/cyberbullied also ranked at the top of their concerns.

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



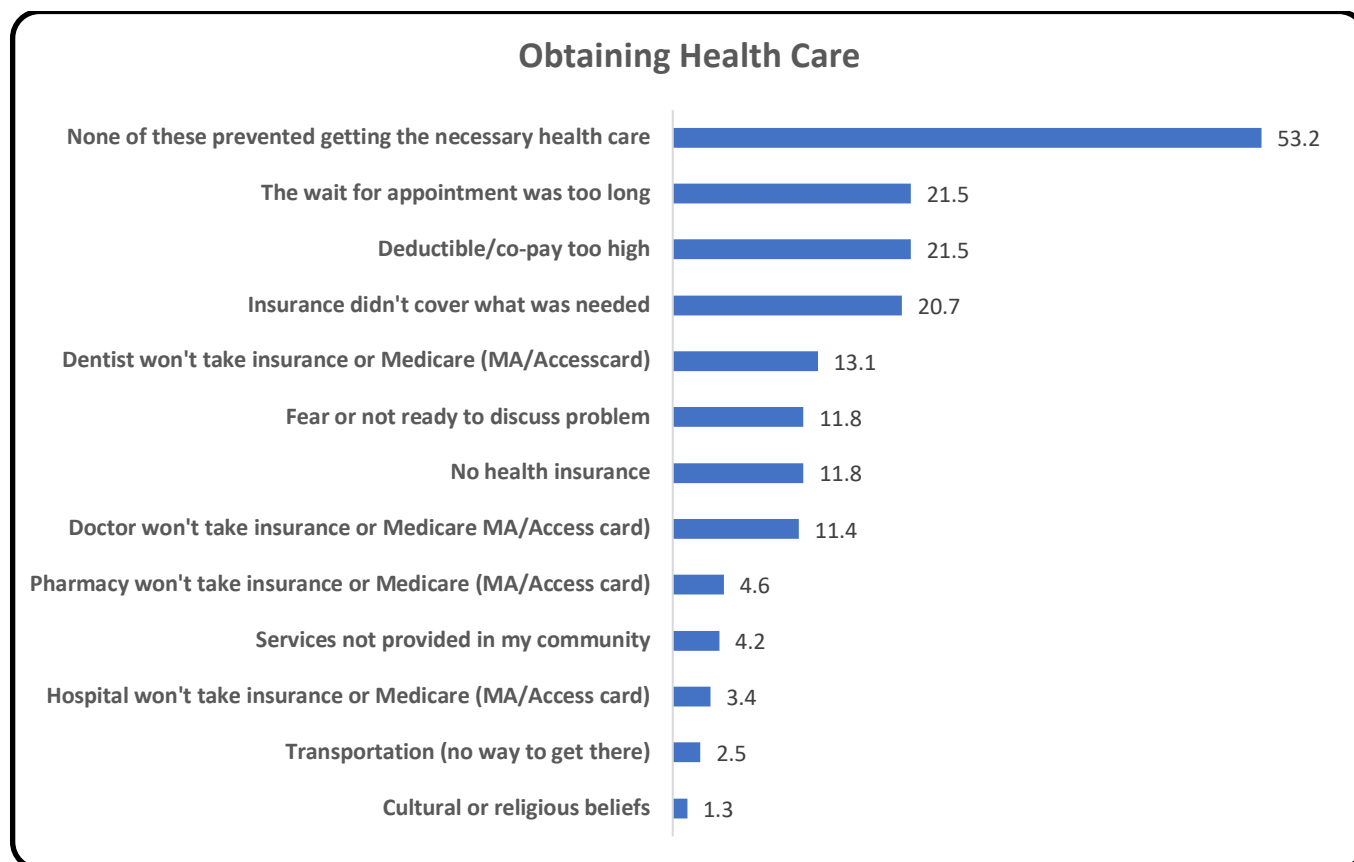
*Indicates new question or wording added to the survey in 2021.

E. Health Care Challenges and Issues

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

Responses in Figure 5 indicate which problems prevented people from getting the necessary health care,

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



Overall, between 43% - 58% of households reported that none of the items prevented them from getting health care as reflected across geographic areas. Those responding to the survey on our website reported having no insurance at 32%. Respondents in surveys conducted by other organizations indicated more that the doctor, pharmacy, and/or dentist would not take insurance or Medicaid.

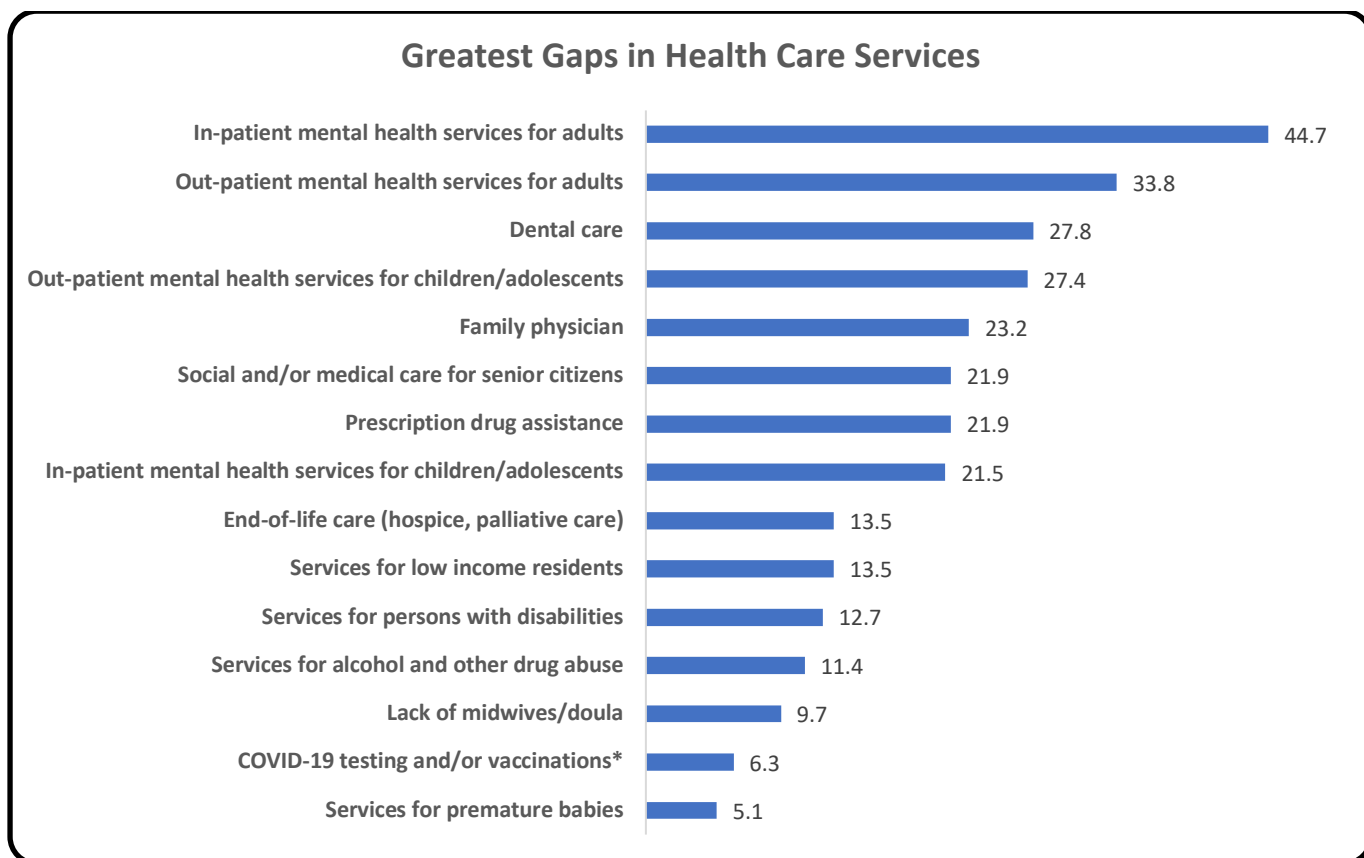
Residents about were asked their own experiences with the health care system. Table 17 summarizes their responses.

Table 17: Navigating the Healthcare System

	Yes	No	Sometimes
Do you know how to find treatment if you or someone you know needs help for an alcohol or substance use problem?	73.1%	10.9%	1.3%
When you need help are you able to navigate the healthcare system and community resources?	67.2%	12.8%	17.0%
Do you clearly understand what is going on with your healthcare?	76.5%	10.5%	12.2%
Do you feel like all of your medical care is well coordinated between different medical providers?	58.4%	18.5%	19.7%
Has the cost of any medical care you have received ever affected your ability to pay your household expenses (e.g. utility bills, food, rent)?	19.8%	70.9%	5.5%
Have you ever missed a health care appointment (e.g. doctor appointment, test, physical therapy, etc.) due to lack of transportation?	3.0%	96.2%	0.8%

Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Overall, mental health services was the greatest gap for residents.

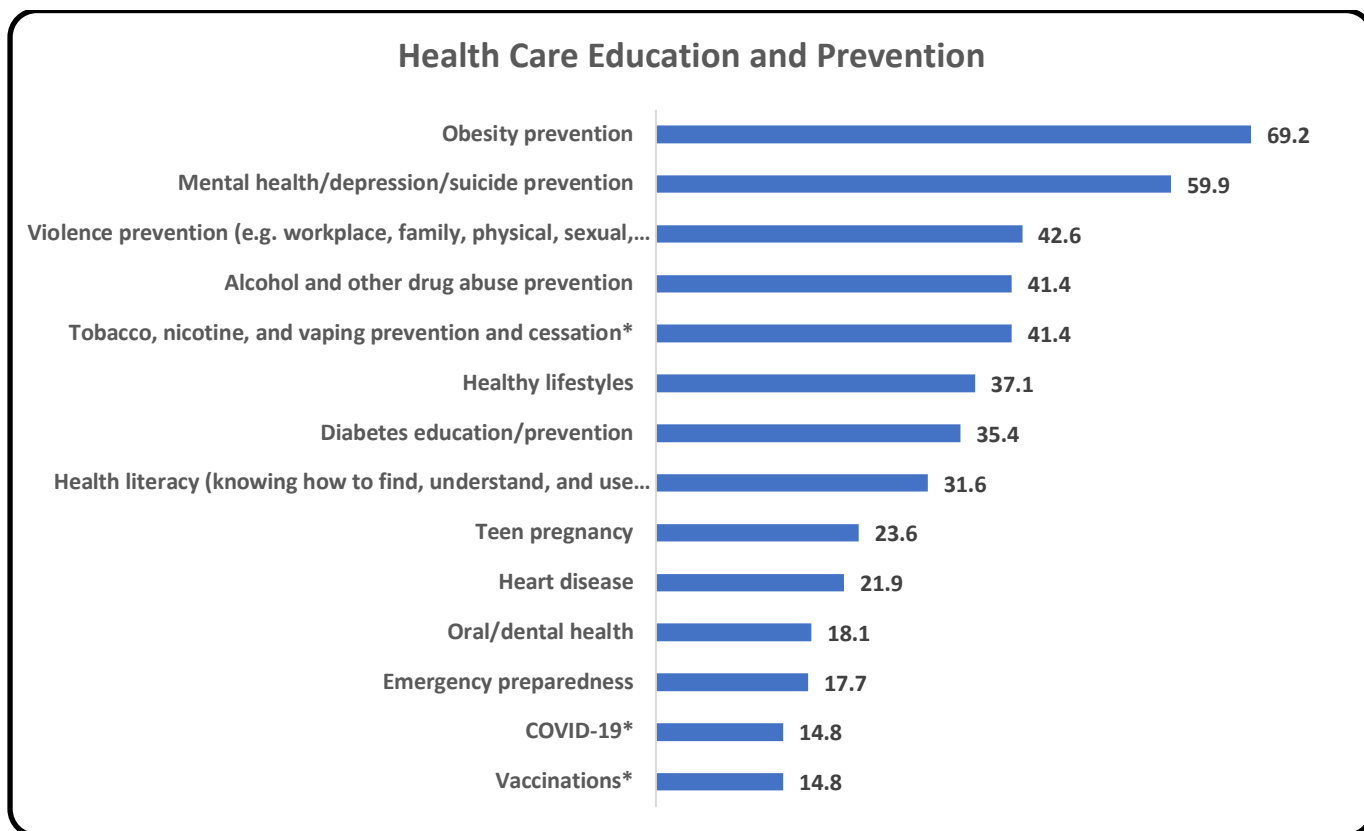
Figure 6: GREATEST GAPS IN HEATH CARE SERVICES (Ranked by percentage identified as a major or moderate issue).



*Indicates new question or wording added to the survey in 2021.

When asked “What are the **greatest needs in health education and prevention services** in Blair County”, obesity prevention (69.2%) and mental health/depression/suicide (59.9%) received the highest percentages. These were consistent across all subgroups.

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



*Indicates new question or wording added to the survey in 2021.

The two most common responses on how COVID-19 impacted their families was an increase in stress, anxiety, social isolation or other mental health concerns (27%) and a delay in getting routine health care or scheduling necessary surgery (26%).

When asked whether respondents or their families registered in the SMART 911 system, over 64.6% did not know what SMART 911 is. In addition, 86.9% were not familiar with the PA211 system.

Figures 8 and 9 show what Blair County residents said were what keeps them from eating a healthy diet and what keeps them from increasing their physical activity.

Figure 8: Reasons for not Eating a Healthy Diet

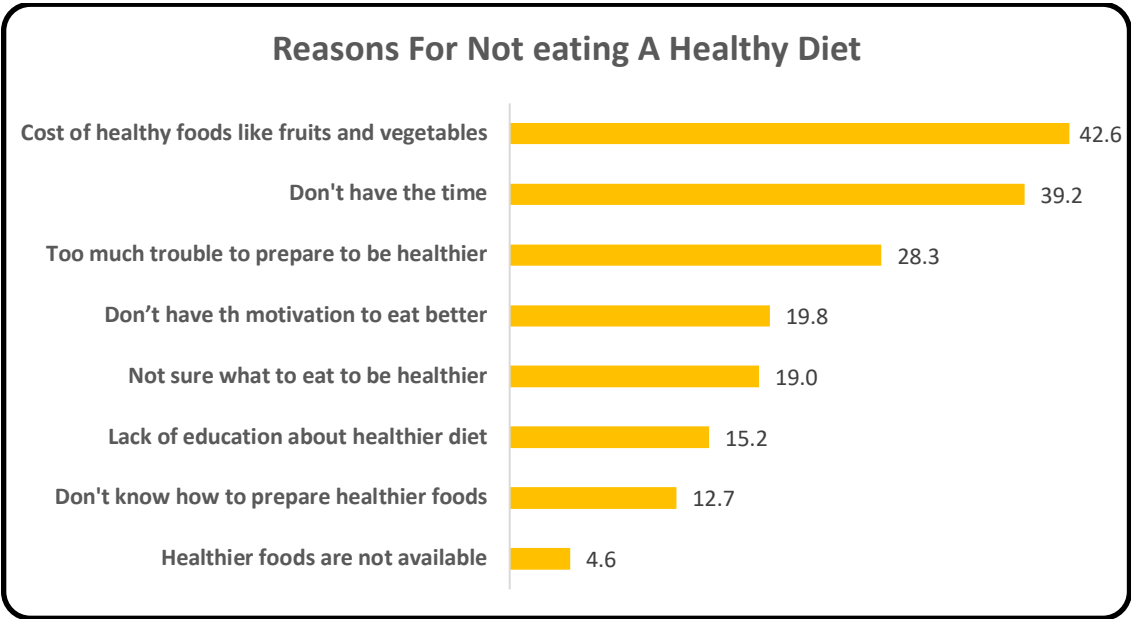


Figure 9: Reasons for not Increasing Physical Activity



Section Four:

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

A. Key Informant Survey

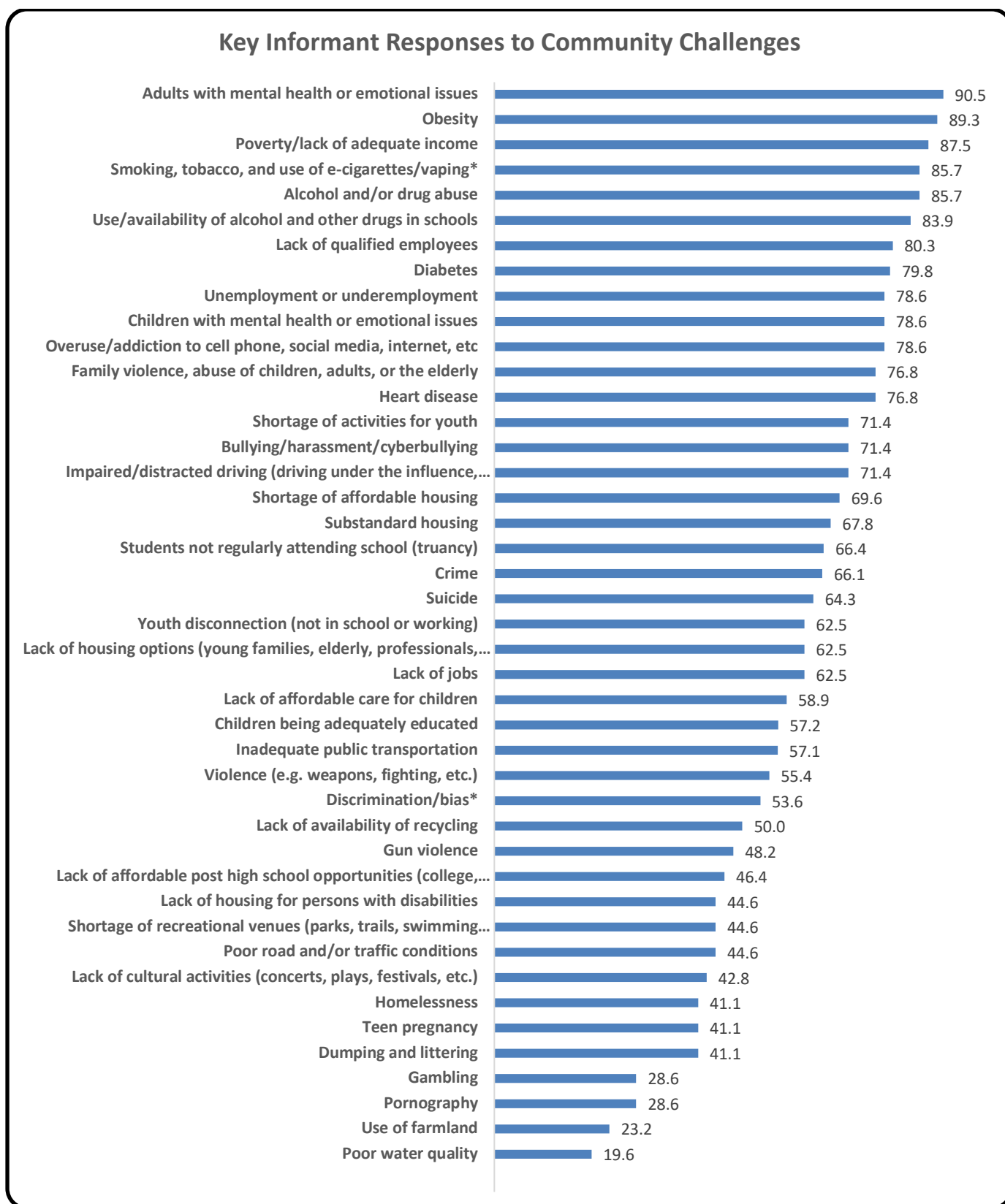
A survey was distributed to 203 key informants in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, human resource directors for major employers, executive directors of other groups such as the library, planning offices, associations, etc.) to obtain their input on strengths and issues that impact residents and neighborhoods. The key informant survey and cover letter were emailed in June 2021. Fifty-six completed surveys were received, a 24% response rate.

Out of the responses for community strengths, key informants see mainly positive strengths including 80.3% perceive leaders as having mutual respect among all sectors of the community.

Table 18: Key Informant Responses for Community Strengths

Community Strength	Strongly/Somewhat Agree
Leaders come together and work productively to address critical community issues.	89.3%
Our community actively promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.	69.6%
Our community is one where religious groups address pressing social concerns.	69.6%
Our community actively promotes participation in the political process from all races, genders, ages, and cultures, including persons with disabilities.	64.3%
There exists a great deal of mutual respect among leaders from all sectors of the community.	80.3%

Figure 10: Key Informant Responses for Community Challenges



Key Informant Survey Highlights, Community Strengths, and Challenges:

- When asked if you could focus on one issue, substance use and mental health tied for the most responses.
- They believe that COVID-19 has had the most negative impact on our community with regard to alcohol and other drugs (92.8%), economics (89.2%), and mental health/social isolation (87.5%), education of children (78.5%), and political climate (78.5%)..
- Over 71% were aware of social determinants of health. With regard to health equity and how opportunities differ between neighborhoods or groups of people, over 54% felt that safe housing and transportation were very different.
- Key informant responses for the top reasons which prevented residents from getting the necessary health care were the same as those from households (e.g. deductible/co-pay was too high and insurance didn't cover what was needed).
- Key informants reported that mental health/depression/suicide prevention (92.6%) followed by obesity (64.3%) and violence prevention (62.5%) were the greatest needs regarding health education and prevention services. They listed both in-patient and out-patient mental health services for adults and children (67%) as the greatest gap in health services in the county.
- Over 77% of key informants were aware of and/or participated in Healthy Blair County Coalition initiatives.

Table 19: Key Informant Responses to the Impact of COVID-19 Pandemic

	No Impact	Positive Impact	Negative Impact
Economic/unemployment/absenteeism by employees	11%	0%	89%
Education of children/youth/young adults	12%	9%	79%
Health care resources capacity, services, etc.	28%	28%	43%
Mental health and social isolation	7%	5%	88%
Housing/homelessness	37%	2%	61%
Childcare	28%	7%	64%
Alcohol and other drug use	5%	2%	93%
Access to healthy foods	46%	18%	36%
Broadband and internet access	42%	41%	16%
Crime	23%	5%	71%
Political climate	16%	5%	78%
Transportation	54%	13%	34%
Family relationships	7%	32%	61%
Work environment (e.g. remote, use of technology, etc.)	13%	59%	29%
Utilizing outdoor/recreation opportunities	16%	71%	13%

B. Health Care Provider Interviews

Interviews were conducted with 14 healthcare providers representing a variety of disciplines such as physicians, dentists, pharmacists, behavioral health, health clinics, and other agencies providing medical/behavioral health services. During the interview, participants were asked their opinions regarding healthcare needs in our county, the needs related to special populations, programs and initiatives currently underway to address those needs, changes over the past three years, and the impact of COVID-19, etc.

Summary of Health Care Provider Interviews:

- When asked “What do you believe are the top three community health needs”, healthcare providers ranked mental health concerns and the need for more providers (57.1%) as the top community health needs followed by various issues related to access to care (50%).
- Since the last needs assessment, over 35% of healthcare providers have seen an increase in concerns related to substance use and access to primary care. Over 21% stated obesity and behavioral health issues have also increased.
- When asked “What are the top needs related to special populations?” services for the elderly was ranked as the highest need (50%) for a special population followed by mental health services especially for children/adolescents at 43%.
- Fifty percent reported that staff shortages in all areas is impacting the needs of patients/clients the most followed by the lack of mental health providers (28.6%) especially for children/adolescents.
- The impact of COVID-19 was mentioned as the biggest challenge which led to hospitals and medical facilities being over capacity, staff shortages, people delaying health care needs, lack of vaccine compliance, and increased mortality of patients. For young people, that had to deal with the loss of family members, their education, and routine, they are still feeling anxiety and depression.

C. Service Provider Survey

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

The survey also asked questions related to community challenges, impact of COVID-19, access to health care, gaps, and prevention/education needs. A total of 171 service providers were asked to participate with 37 responding, or 22%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

Figure 11: Service Provider Responses for Community Challenges



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

- Service providers stated they were most involved in the following six community initiatives: health wellness/prevention (43%), employment opportunities for low income people (38%), information and referral (38%), and financial assistance, education, and mental health services at 35%.
- Over 64% utilized volunteers in providing services for their agency but 62% reported that they could use more volunteers. Over 81% of these organizations make an effort to purchase goods and services from local enterprises.
- When asked if you could focus on one issue, substance use, mental health, and the economy tied for the most responses.
- They believe that COVID-19 has had the most negative impact on our community with regard to alcohol and other drugs (97.3%), mental health/social isolation (84.6%), political climate (91.9%), and education of children (89.2%). Service providers did their best to continue services remotely as financial and emotional stressors for families and clients increased exponentially.
- Over 76% were aware of social determinants of health. With regard to health equity and how opportunities differ between neighborhoods or groups of people, they agreed with key leaders that safe housing and transportation were very different.
- Only 21.6% feel that there is collaboration among and/or between physical and behavioral health providers. Fifty-nine percent (59.4%) say sometimes.
- Transportation (81%) was the top reason which prevented residents from getting the necessary health care followed by no insurance, deductible/co-pay was too high, and insurance didn't cover what is needed.
- Service providers reported that mental health/depression/suicide prevention (86%) was the greatest need regarding health education and prevention services. They listed both in-patient and out-patient mental health services for adults and children (46% - 68%) as the greatest gap in health services in the county. Dental care was also high on the list at 48.6%.
- Over 65% of service providers were aware of and/or participated in Healthy Blair County Coalition initiatives.

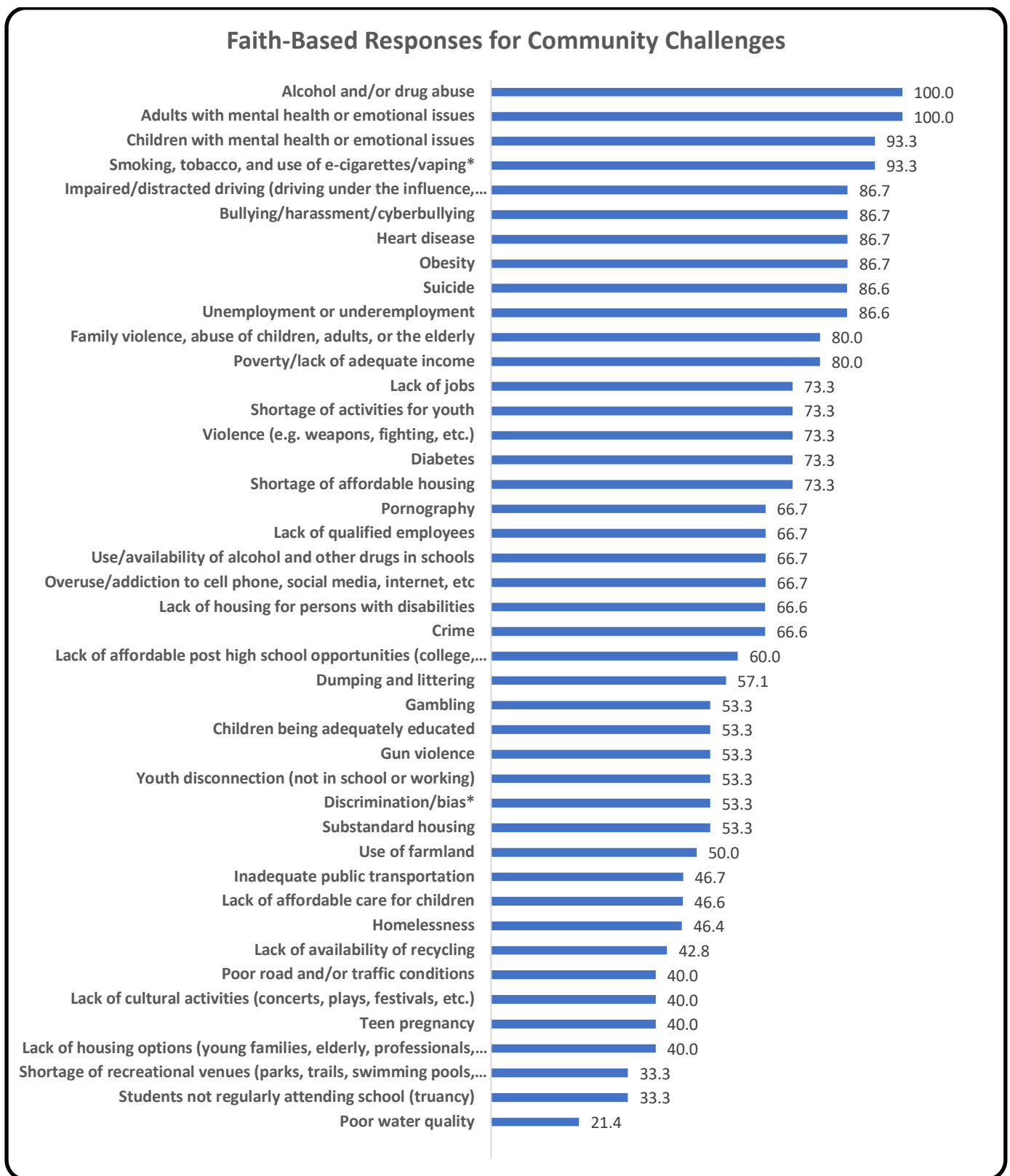
Table 20: Service Providers Responses to the Impact of COVID-19 Pandemic

	No Impact	Positive Impact	Negative Impact
Economic/unemployment/absenteeism by employees	8%	5%	86%
Education of children/youth/young adults	3%	8%	89%
Health care resources capacity, services, etc.	14%	27%	60%
Mental health and social isolation	0%	5%	95%
Housing/homelessness	17%	6%	78%
Childcare	14%	8%	77%
Alcohol and other drug use	0%	3%	97%
Access to healthy foods	32%	19%	49%
Broadband and internet access	31%	42%	28%
Crime	25%	6%	69%
Political climate	8%	0%	92%
Transportation	50%	8%	42%
Family relationships	8%	38%	54%
Work environment (e.g. remote, use of technology, etc.)	8%	51%	41%
Utilizing outdoor/recreation opportunities	11%	76%	13%

D. Faith-Based Surveys

The faith community is an integral part of life in Blair County and many organizations provide assistance and outreach to not only members of their congregations but to the community at large. They are familiar with the needs and challenges facing individuals, families, and community members. Surveys were emailed to 94 faith-based organizations and 16 responded (17%).

Figure 12: Faith-Based Responses for Community Challenges



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

- Ninety-three percent of the respondents agreed that the community is one where leaders from business, labor, government, education, religious, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues. They also believe that our community is one that promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.
- Ninety-two percent agreed that our community is one where religious groups address pressing social concerns.
- The faith-based community provides a wide variety of services to both members of their congregations and to the community itself.
- They believe that COVID-19 has had the most negative impact on our community with regard to economy (86.6%). Over 80% listed alcohol and other drugs, mental health/social isolation, and crime.
- Over 71% were aware of social determinants of health. With regard to health equity and how opportunities differ between neighborhoods or groups of people, they also agreed that safe housing and transportation were very different.
- Eight percent responded that deductible/co-pay was too high and insurance didn't cover what is needed were the top reasons which prevented residents from getting the necessary health care.
- They reported that obesity (86.6%) and mental health/depression/suicide prevention (73.3%) were the greatest needs regarding health education and prevention services. Dental care, out-patient mental health services for adults, and prescription drug assistance all at 46.6% as the greatest gaps in health services in the county.
- Fifty percent of the congregations reported having a youth group.
- Over 53% were aware of and/or participated in Healthy Blair County Coalition initiatives.

Section Five: Demographics of Blair County



Blair County is located in south-central Pennsylvania and covers a land area of 526 square miles. The County includes the City of Altoona, fifteen townships, and eight boroughs. It also includes a portion of another borough, which is split between Blair County and Cambria County.¹ Blair County sits at the heart of the I-99 Corridor and is the crossroads for Route 22 and I-99 covering all points north, south, east, and west. Blair County is the 43rd largest county and the 28th most populated county in the state of Pennsylvania out of 67 counties.

Table 21: Demographic Data for Blair County²

Characteristics	Blair County	Pennsylvania
2020 Population	122,822	13,002,700
2019 Veterans	9,111 (9.6%)	759,474 (7.2%)
2019 Persons with a Disability (all ages)	10.0%	14.4%
2020 Number of Households	51,647	5,053,106
2017 Average Household Size	2.30	2.45
2020 Population by Age		
Age <5	5.1%	5.5%
Ages <18	20.2%	20.8%
Ages 18+	79.6%	79.3%
Ages 65+	21.3%	18.7%
2019 Population by Marital Status		
Never married	28.4%	33.5%
Married, spouse present	48.7%	48.3%
Married, separated	2.5%	2.0%
Divorced	11.0%	9.7%
Widowed	8.08%	6.6%
2019 Housing Ownership	70.6%	69%
2019 Median Value of Owner-Occupied Housing	\$123,600	\$180,200
2019 Median Gross Rent	\$722	\$938
2019 Households with a Computer	84.8%	88%
2019 Households with a Broadband Internet	78.4%	81.5%
2020 Median Household Income	\$50,856	\$63,627
2020 Per Capita Income	\$29,336	\$34,352
2019 Unemployment Rate	4.4%	5.4%
2020 Unemployment Rate ³	17.7%	15.1%

² U.S. Census Bureau (2019-2020)

³ U.S. Bureau of Labor Statistics

2012 Unemployment Rate	5.4%	5.4%
2019 Population 25+ with High school Graduation	91.4%	90.5%
2019 Population 25+ with a Bachelor's Degree	23.1%	31.4%

Blair County Health Care Resources

There are three acute care hospitals in Blair County: UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone.

UPMC Altoona is a nonprofit, 375 bed acute care teaching hospital located in Blair County, Pennsylvania. In operation since 1886, the hospital became affiliated with UPMC in 2013 and now serves as its regional hub in central Pennsylvania. UPMC Altoona offers more than 200 years of health care experience, over 300 talented and highly recognized physicians, nearly 4,000 specialized and experienced caregivers, and 600 supportive volunteers. The health system serves more than 20 counties throughout Central Pennsylvania.

UPMC Altoona Partnership for a Healthy Community provides access to dental care for income-eligible children and adults. The mission of UPMC Altoona Partnership for a Healthy Community is to provide accessible, comprehensive, dental care to the community's economically disadvantaged, uninsured, and underinsured, enabling these patients to live healthier lives.

Since 1954, the Tyrone Hospital has been serving the surrounding communities with personalized healthcare. The hospital, now **Penn Highlands Tyrone**, has grown from serving a small number of individuals in Tyrone, to offering many services to surrounding communities in neighboring counties. Penn Highlands Tyrone is a twenty-five bed community hospital with three primary care physician offices which include Tyrone Rural Health Center, Pinecroft Medical Center and Houtzdale Rural Health Center. Its services include the Breast Cancer & Women's Health Institute, an orthopedic clinic, Company Healthcare, and the Tyrone Fitness and Wellness Center.

Conemaugh Nason Medical Center is a forty-five bed facility serving a suburban and rural area of Blair, Bedford, and Huntingdon Counties. Conemaugh Nason Medical Center is part of LifePoint Health®, a leading healthcare company dedicated to Making Communities Healthier®. LifePoint owns and operates 65 community hospitals, regional health systems, physician practices, outpatient centers, and post-acute facilities in 29 states.

In addition, there is the **James E. Van Zandt Veteran's Medical Center** with 51 operating beds and 973 employees. In 2020, they served 24,970 veterans in their 14-county service area.

There are other Freestanding Ambulatory Surgery Centers, Freestanding Imaging, Urgent Care, Physical Therapy Centers, long term care providers, twelve nursing homes, and nineteen assisted living facilities.

In Blair County, there are 118 primary care physicians (96.1 per 100,000 residents), 53 active dentists (43.2 per 100,000 residents), 15 pediatric physicians (12.2 per 100,000 residents), and 184 physician assistants (149.8 per 100,000 residents).⁴

⁴ 2019 U.S. Health and Human Services Administration (HRSA)

Section Six:

Strategy 1: Promote a Healthy Lifestyle

Findings and Documented Need

The need to promote a healthier lifestyle for the residents of Blair County remains an identified need in every community health needs assessment.



What did everyone say about obesity?

76% greatest community challenge (household survey)
 87% greatest community challenge (website household survey)
 42% greatest challenge in households
 89% greatest community challenge (key informants)
 92% greatest community challenge (service providers)
 87% greatest community challenge (faith community)
 28.5% greatest community health need (healthcare providers)

69% greatest education/prevention need by households
 64% greatest education/prevention need (key informants)
 62% greatest education/prevention need (service providers)
 87% greatest education/prevention need (faith community)

A further analysis based on geographic area (Northern, Central, and Southern Blair County) and the three organizations that conducted the survey with their clients indicated similar results.

The overall ranking for Blair County in the County Health Rankings Report has improved significantly as shown in Table 21.⁵ There are factors such as changes in indicators or indicator sources that affected the annual rank. Each county is encouraged to study individual indicators as opposed to the ranking from the previous year.

Table 22: Blair County Health Rankings

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
63	62	56	56	51	48	46	47	45	51	43	39

According to that same report, 32% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 31%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 8,000 as compared to Pennsylvania at 7,500. The report indicates the ranking for physical inactivity among adults in Blair County is 25% again comparing that with Pennsylvania at

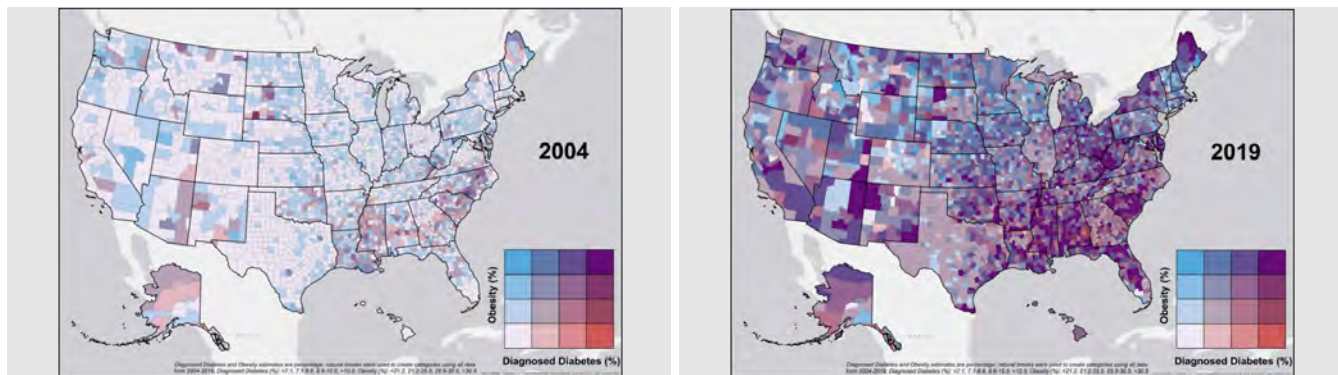
⁵ 2021 County Health Rankings Report for Blair County

22% and the national benchmark at 20%. It is important to state that 75% of residents in Blair County have access to exercise opportunities.⁶

According to the Center for Disease Control, obesity rates in Blair County increased from 25.3% to 36.3% from 2004 – 2019. Reports of physical inactivity increased from 26.9% to 29.7% while reported diagnoses of diabetes rose from 9.3% to 11.5%. The two maps below illustrate the increase across the nation in diagnosed diabetes and obesity estimates.⁷ In Blair County, 34.7% of K-6 students and 38.9% of students in grades 7-12 are considered overweight or obese.⁸ The Healthy People 2030 national health target is to reduce the proportion of children and adolescents with obesity is 15.5%.

Over 26% of the Blair County population live more than one mile (urban area) or ten miles (rural area) from the nearest supermarket.⁹ Food insecurity is an economic and social indicator of the health of a community. Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. In Blair County, 13% (about 16,000 people) of the population experienced food insecurity at some point during the year. The child food insecurity rate is even higher at 17.5%¹⁰

The 2019 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 206.3 (per 100,000) as opposed to Pennsylvania at a rate of 175.3 (per 100,000).¹¹



Goals: Let's Move Blair County

- Implement Programs/Activities to Address Obesity, Encourage Physical Activity, and Impact the Incidence of Diabetes
- Encourage the integration of health and wellness into every aspect of community life.
- Coordinate and collaborate with other agencies currently working on this effort.

⁶ 2021 County Health Rankings Report for Blair County

⁷ Centers for Disease Control and Prevention


⁸ Pennsylvania Department of Health. Bureau of Community Health Systems. Division of School Health

⁹ USDA Economic Research Service. 2019

¹⁰ Feed America. 2019

¹¹ Pennsylvania Department of Health. County Health Profile Report for Blair County (2019)

Progress and Accomplishments (2018 – 2021)

<p>Let's Move Blair County Committee</p> 	<p>The Committee which adopted the national Let's Move Initiative continues to provide and participate in educational and physical activities promoting the overall message of eating healthy, getting active, and having fun. The Facebook page which has 2,001 followers has been sharing tips for healthy eating and getting active, including posting events and activities. Visit us at facebook.com/healthyblaircountycoalition.</p>
<p>Active Living Brochure/Map</p>	<p>In collaboration with the South Hills School of Business & Technology, an interactive Active Living Brochure/Map was developed and 30,000 copies are being distributed. It includes resources and activities in Blair County.</p>
<p>Let's Move Blair County</p>	<p>The Committee sponsored an annual Let's Move Blair County Day in collaboration with the Altoona Curve Baseball Team and now Lakemont Park. This event includes a health fair, children and family wellness activities, Workplace Wellness Corporate Challenge winner presentations, fun games and the overall message about making healthier choices about food, nutrition, and physical activity.</p>
<p>Corporate Wellness Challenge</p>	<p>In 2014, Tyrone Regional Health Network (TRHN) and the Northern Blair County Recreation Center organized the Corporate Wellness Challenge. Our partners at Blair Regional YMCA, Conemaugh Nason Medical Center, Northern Blair County Recreation Center, Tyrone Regional Health Network, and UPMC Altoona expanded this into a countywide challenge. Area companies were invited to participate giving their employees an opportunity to work on weight loss to support good health. In 2018, there were 24 companies and 480 participants that lost a total of 4,948 pounds.</p>
<p>Active Living/Steps Challenge</p>	<p>From 2018 – 2021, we sponsored five eight-week Active Living/Steps Challenges for teams and individuals. In total, our community walked 514,840,143 million steps.</p>
<p>Chamber of Commerce's Workplace Wellness Committee</p>	<p>In collaboration with the Blair County Chamber of Commerce's Workplace Wellness Committee, a Workplace Wellness Toolkit was developed. The purpose was to assist businesses and organizations in assessing and implementing workplace wellness initiatives. The toolkit was distributed to 65 attendees attending a Wake Up To Wellness event.</p> <p>The Committee also hosted virtual monthly Chamber Chats with a presenter and discussion focusing on health and wellness topics. There were 15 Chamber Chats with a total of 286 participants.</p>
<p>Blair Planning Commission</p>	<p>Blair Planning has included Public Health and Safety as a priority and included an action plan in the 2018 Comprehensive Plan for Blair County. HBCC supported the efforts of the Blair Planning Commission to increase opportunities for physical activity by creating sixteen walking routes in twelve communities through a project called WalkWorks. In addition, the Blair Planning adopted a complete streets policy to encourage sidewalk and bicycle facility construction; supported the development of a trail system and outdoor recreation in Antis Township; is working with various trail groups to create a trail along the western county line; promoted the Trail Town concept in Williamsburg; conducted presentations on public health; is undertaking a radon</p>

	awareness and mitigation program through its hazard mitigation planning program; and participated in a variety of community events such as the Blair County Home, Garden, and Healthy Living Showcase, the Healthy Resolutions Expo and Healthy Blair County Coalition's Let's Move Day, etc.
Collaboration with Partners	Our three local hospitals as well as other community agencies provides classes/programs on healthier eating, physical activity, diabetes education, and stress reduction.
Born Learning Trails	The United Way of Blair County in collaboration with Penn State Altoona's Sheetz Fellows Program created two outdoor, interactive, early learning trails. The trail includes learning activities for adults to play with young children to help boost language and literacy development and to help caregivers support early learning.
UPMC Altoona	<p>UPMC Altoona continued with hosting the Diabetes Day at The Casino at Lakemont Park in November 2018 and 2019 with over 200 people attending in total.</p> <p>UPMC Altoona offered many free educational health events and continues to participate in activities sponsored through the UPMC Health Plan, including the National Senior Health and Fitness Day, Coffee Connection Wednesdays held at the Logan Valley Mall health plan kiosk and Check Your Fit First Fridays at the Logan Valley Mall monthly. During the continued pandemic, some classes have continued, but through a virtual platform.</p> <p>Regarding staff activities and events, UPMC offers incentives through Active and Fit Direct, as well as Take a Healthy Step Credits with questionnaires and activities to lower health plan deductibles paid out of pocket.</p>
Penn Highlands Tyrone (formerly Tyrone Regional Health Network)	<p>Professionals from TRHN/Tyrone Hospital participated in an assortment of community events where information and screenings were incorporated into event offerings. Events attended included but were not limited to the Healthy Blair County Coalition's Let's Move Day.</p> <p>The hospital continues to provide the Tyrone Fitness and Wellness Center. The Center offers adults a variety of exercise options to support good health. Community members continue to have access to walking trails located on the hospital campus.</p> <p>Penn Highlands Tyrone identified health literacy as an important area to address by training all staff and managers to understand the concept and how to provide information to patients to ensure compliance with health care regiments.</p>
Conemaugh Nason Medical Center	<p>Staff from Conemaugh Nason conducted on-site wellness programs for local businesses with over 100 employees participating. They attended local community events and offered blood pressure screenings, hands only CPR demonstrations, AED training, and Stop the bleed training programs for local schools, farmers, first responders, and the community.</p> <p>Conemaugh Nason also conducted Healthy Lifestyle outreach programs for area senior citizens and Diabetes Management Programs for community members.</p> <p>They provided sponsorships and donations to local food banks, Blue Knob Ski Patrol, Blair County Library systems, Nason Foundation, the United Way of Blair County, and Let's Move Blair County.</p>

Farm to ECE Collaborative	In 2020, Blair County was selected by The Food Trust to be a part of a Pennsylvania Farm to ECE Initiative. The Food Trust, in partnership with the Pennsylvania Head Start Association, was granted funding from the W.K. Kellogg Foundation to work across the state, with local advisory boards to explore ways to increase Farm to Early Care and Education (ECE) activities. Based on the input shared from the first community meeting, a needs assessment was distributed to ECE providers in Blair County. Subsequently, two meetings and a webinar were conducted with ECEs and community partners to provide ideas for program activities, resources, and mini-grants to support implementation. However, facility closures and staff shortages because of the pandemic impacted the implementation of this project on a countywide basis.
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Implementation Plans (2021 – 2024)			
Program	Intended Outcomes	Anticipated Impact	Lead Organizations
Let's Move Blair County	Promote obesity prevention, such as eating healthier and engaging in physical activity throughout the community.	Increase the number of children, parents, employees, and community members engaging in programs to encourage healthy eating, physical activity, and limiting screen time.	Healthy Blair County Coalition Conemaugh Nason Medical Center Penn Highlands Tyrone UPMC Altoona
SparkBlair County	Promote the SparkAmerica Fit City Challenge to encourage residents to attain their optimal state of health.	Increase the number of individuals, organizations, businesses, and employees engaging in programs to encourage healthy eating and becoming more physically active	Healthy Blair County Coalition
Active Living Steps Challenge	Develop and promote an Active Living Steps Challenge.	Encourage individuals and teams in Blair County to improve their physical health by documenting a total of 200,000,000 steps from September – November 2021.	Healthy Blair County Coalition
WalkWorks	Continue to promote and expand walking routes in communities throughout Blair County.	Increase social interaction among individuals using the WalkWorks routes.	Blair Planning Commission Healthy Blair County Coalition
Community Education Programs	Provide classes on healthier eating, physical activity, diabetes education, and stress reduction.	Increase the number of children, parents, employees, and community members engaging in programs to	Healthy Blair County Coalition Conemaugh Nason Medical Center Penn Highlands Tyrone

		encourage healthy eating and becoming more physically active.	UPMC Altoona
National Diabetes Day Health Fair	Host health fair and offer screenings, educational classes, and cooking demonstrations.	Increase diabetes education and awareness	UPMC Altoona
Tyrone Fitness and Wellness Center	Provide exercise classes, cardio equipment, treadmills, and other state-of-the-art fitness equipment.	Increase the number of community members engaging in activities to become more physically active.	Penn Highlands Tyrone
Penn State Altoona	Research and address food insecurity in Penn State communities.	Increase the use of the food pantry at Penn State Altoona	Penn State Altoona
Public Health and Safety	Market, promote, and preserve local trails, pedestrian routes/facilities and other recreational destinations/facilities.	Increase the use of trails and routes to improve the health of residents.	Blair Planning Commission
Health Literacy	Develop a health literacy presentation/curriculum to support better understanding for patient self-care.	Improve the capacity of individuals to obtain, process, and understand basic health information needed to make appropriate health decisions.	Penn Highlands Tyrone Healthy Blair County Coalition's AmeriCorps Member
Community Wellness Hospital Trail	Promote overall wellness in the Tyrone area community through educational signage along a walking trail.	Increase the use of the trail to improve the health of residents.	Penn State Altoona: Community-Based Studies Blair Planning Penn Highlands Tyrone

Section Seven:

Strategy 2: Alcohol and Other Substance Abuse

Findings and Documented Need

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



What did everyone say about alcohol and other drugs?

- 74% greatest community challenge (household survey)
- 89% greatest community challenge (website household survey)
- 17% greatest challenge in households
- 86% greatest community challenge (key informants)
- 92% greatest community challenge (service providers)
- 100% greatest community challenge (faith community)
- 35.7% greatest community health need (healthcare providers)
- 41% greatest education/prevention need by households
- 59% greatest education/prevention need (key informants)
- 59% greatest education/prevention need (service providers)

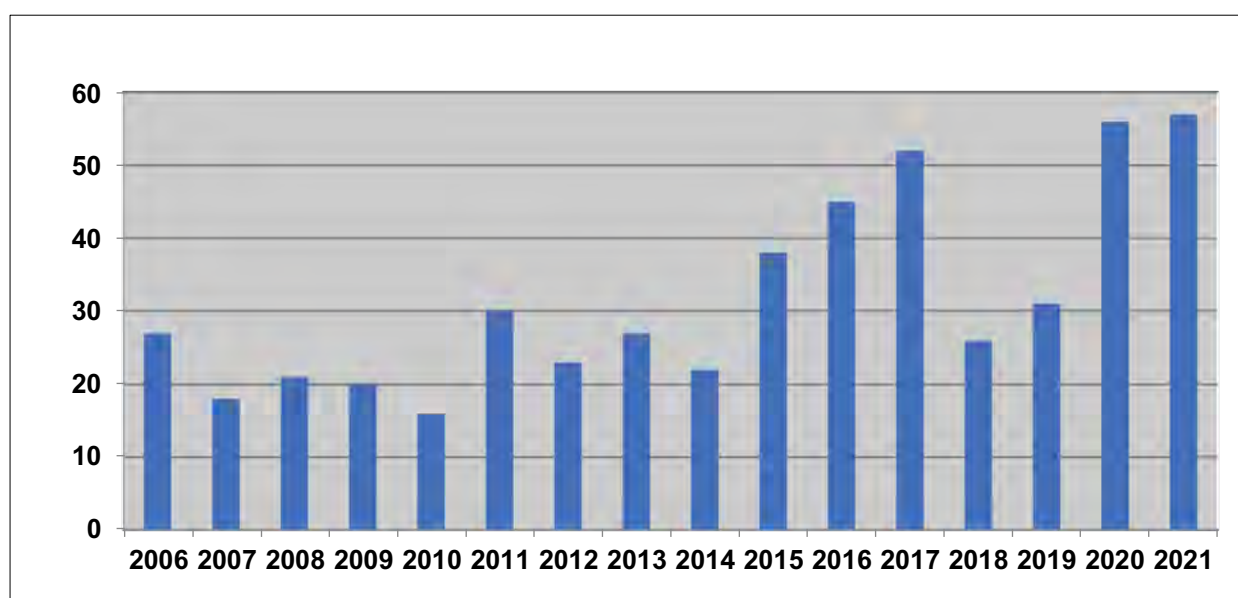
An analysis based on geographic areas indicated differences in where residents ranked alcohol and other drugs with the central part of the county ranking it the top challenge at 78%. Responses from the three other organizations ranged from 75% - 100%. On a positive note, over 73.1% of people in the household survey stated they would know how to find treatment if they or someone they knew needed help for an alcohol or substance abuse problem.

The Blair Drug and Alcohol Partnerships (BDAP) is the SCA (Single County Authority) for Blair County which is the agency designated by the Department of Drug and Alcohol Programs to plan, fund and administer drug and alcohol activities. BDAP operates a central point of contact to support and navigate individuals into treatment. In addition, BDAP has developed wrap around services of case management and recovery supports to address social determinates of health that impact early recovery for those they serve. Since July 2018, BDAP has assessed an average of 1800 individuals a year. They work with the local partners in our community to support overdose prevention, primary prevention through our schools and the communities and ongoing work that addresses stigma of substance use disorder and interventions needed to support and facilitate support to the individual and their families.

According to 2020 – 2021 data the drugs of choice in the county for adults are opioids, alcohol, amphetamines. For adolescents, the drugs of choice are cannabis, alcohol, and opioids. In 2019-2020, Medicaid data showed 2624 distinct members admitted for substance use disorders and 1687 admissions 64% had an opioid use disorder. One group of individuals who are underserved and less likely to receive an intervention is our older populations (less than 20% of admissions are age 44 and above). This is of concern because data shows they are at risk based on prescribing data and overdose data.

The state prescription drug data identified the population ages 44-70 as receiving the highest volume of opioid prescriptions for Blair County in the second quarter of 2021. In conjunction, the overdose data for Blair County shows 20+% of fatal overdoses are for persons over the age of 50.¹² In the second quarter of 2021, there were 22,587 dispensations for opioids, 17,491 for benzodiazepines, and 11,301 for stimulants in Blair County.¹³

Table 23: Blair County Drug Overdose Deaths¹⁴



Drug trends have changed in the last three years. Methamphetamine has increase due to the change in production of this substance. Super labs in Mexico are producing mass quantities that are widely distributed in the Commonwealth and Blair County. In the last 2 years, there has been an increase in clandestine produced fentanyl being cut into heroin, methamphetamine, and cocaine emerging on our streets.

In 2020, 9,097 members were served in behavioral health services (both mental health and substance use disorders) in Blair County. Of those members, 2,427 utilized substance use disorders services with a total expenditures of \$10,133,037. Fifty-five percent of the 2,477 members had a opioid use disorder. Total behavioral health expenditures during 2020 was \$35,276,985.¹⁵

¹² Blair Drug and Alcohol Partnerships

¹³ Pennsylvania Office of Drug Surveillance and Misuse Prevention

¹⁴ Blair County Coroner's Office

¹⁵ Blair HealthChoices

In 2020, 32.1% (766) of new criminal cases in Blair County were drug-related which was a 120% increase since 2011.¹⁶

Table 24: Blair County Drug/Alcohol Arrests (juveniles and adults)¹⁷

Offense	2018	019	2020	2021
Drug Abuse Violations	740	688	793	636
Driving Under The Influence	435	368	263	176
Liquor Law Violations	148	115	59	13
Drunkenness	186	174	99	114

The *Pennsylvania Youth Survey* data provides use history in the past 30 days, lifetime and onset of use. As shown in Table 22, Blair County has seen declines in the percentage of youth engaging in most drugs for lifetime use but an increase in vaping/e-cigarettes and marijuana.¹⁸

Table 25: Pennsylvania Youth Survey Results for Blair County (Percent of Lifetime Use for Students in Grade 12)

	2001	2003	2005	2007	2009	2011	2013	2015	2017	Blair County 2019	State 2019
Alcohol	86.6	82.2	82.0	77.8	66.0	60.7	72.7	65.1	57.6	58.0	63.0
Marijuana				30.8	29.0	38.7	31.9	33.8	29.4	30.8	37.5
Inhalants				11.1	10.8	5.2	7.1	7.0	3.5	3.9	4.7
Cigarettes	61.6	55.2	50.3	47.7	47.5	49.3	40.9	37.2	31.1	23.7	21.9
Smokeless Tobacco	0.4	28.5	27.7	30.6	30.1	35.8	29.4	21.8	14.6	11.4	11.8
Vaping/E-Cigarettes (past 30 days not lifetime)	-	-	-	-	-	-	-	29.9	28.1	35.2	33.1
Narcotic Prescription Drug	-	-	-	-	-	12.3	12.7	12.1	7.1	7.1	5.0
Prescription Tranquilizers	-	-	-	-	-	2.6	6.1	6.1	4.0	3.5	3.3
Prescription Stimulants	-	-	-	-	-	7.4	9.4	10.6	8.4	4.5	4.2
Steroids	3.3	1.3	1.1	2.4	0.5	1.3	1.7	1.3	0.6	0.6	0.9
Cocaine	7.4	6.4	5.6	6.9	2.9	2.6	3.1	2.5	2.8	1.5	2.1
Methamphetamines	6.6	5.0	3.9	0.6	0.8	0.4	2.1	0.7	0.5	0.5	0.4
Heroin	3.1	3.3	2.6	0.3	0.9	0.6	1.7	1.3	0.2	0.5	0.3
Hallucinogens	12.7	9.0	5.9	9.3	3.7	7.2	6.4	8.0	6.9	5.6	5.9
Ecstasy	11.1	5.4	3.3	2.7	2.2	2.0	1.7	1.7	1.0	1.4	2.1

¹⁶ Pennsylvania Judicial System

¹⁷ PA State Police Uniform Crime Report

¹⁸ Pennsylvania Youth Survey. 2001 - 2019 Blair County Survey.

Since 2007, Operation Our Town has raised over \$4,3000,000 and provided over \$3,800,000 in grant funding to support law enforcement, prevention, and treatment programs to combat crime and substance abuse in Blair County. They have awarded prevention grants to 70 non-profits and served over 104,000 youth and families. In 2021, the majority of drug buys were for heroin or methamphetamine, much of it laced with fentanyl. In 2021, local police departments collected over 1,494 pounds of drugs through the Blair County Drug Collection Boxes.¹⁹

Goals: Substance Use and Physical Health Coalition

- Enhance collaboration and communications between behavioral and physical health care providers.
- Continue the implementation of the evidenced-based SBIRT (Screening, Brief Intervention, and Referral to Treatment) which would include substance abuse as an area screened during routine healthcare.
- Continue to implement evidenced-based early intervention programs for those with substance use disorders.

Progress and Accomplishments (2018 – 2021)	
SBIRT (Screening Brief Intervention and Referral to Treatment)	<p>SBIRT is a comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening. Since initiation of the SBIRT: Empower 3 Clinic, Pregnancy Care Clinic, and Altoona Family Physicians (AFP) have conducted over 60,843, over 3,439 brief interventions, and 930 patients were referred to treatment (drug/alcohol and mental health). The grant ended in September 2021 but all facilities will expand and/or sustain the project.</p> <p>Seven pharmacies in Blair County have implemented the program. There have been 3,500 screenings and 40 brief interventions.</p> <p>BDAP received a federal grant to provide SBIRT training and Stigma Reduction/Addiction training to emergency responders. 78 EMS responders from AMED and Hollidaysburg and 63 police officers from Altoona and Logan Township were trained. So far, 2059 patients were screened by EMS, 255 brief interventions, and 42 referrals to specialized care were offered.²⁰</p>
Warm Handoff for Substance Abuse Disorders	<p>In 2019, the Emergency Department Certified Recovery Specialist (CRS) program was developed with 24/7 warm handoff in all Blair County hospitals. There were 736 individuals engaged at UPMC by the CRS, another 258 were engaged by the UPMC staff on days/times the CRS was not present for a total of 994 contacts. 300 clients attended their first treatment episode.</p>

¹⁹ Operation Our Town 2022 Annual Report

²⁰ Blair Drug and Alcohol Partnerships 2020 – 2021 Annual Report

Implementation Plans (2021 – 2024)

Program	Intended Outcomes	Anticipated Impact	Lead Organizations
SBIRT (Screening, Brief Intervention, and Referral to Treatment)	Improve the early identification of an evidence-based intervention on substance use disorders by the medical community, pharmacies, EMS, and law enforcement.	Reduce the impact of substance use disorders on the criminal justice system and community.	Blair Drug and Alcohol Partnerships Altoona Family Physicians PeopleOne Health Pregnancy Care Center
Warm Handoff for Substance Abuse Disorders	Improve the early identification and intervention of substance use disorders by the medical community.	Increase the number of individuals who have early access to treatment services	Blair Drug and Alcohol Partnerships Blair County Hospitals
Education and Training	Increase the knowledge base on the use of methamphetamine/fentanyl for the physical health care system.	Improve outcomes for those patients with substance use disorders	Blair Drug and Alcohol Partnerships
Access to Care	Improve access to primary care those individuals with substance use disorders.	Improve both physical and behavioral health outcomes for those patients with substance use disorders	Blair Drug and Alcohol Partnerships Healthcare Providers

Section Eight:

Strategy 3: Mental Health Needs

Findings and Documented Need

Perhaps in part attributed to the pandemic, data from the community health needs assessment clearly indicates that mental health concerns are reflected across all population.



What did everyone say about mental health?

62% greatest community challenge (household survey)
 87% greatest community challenge (website household survey)
 47% greatest challenge in households
 90% greatest community challenge (key informants)
 95% greatest community challenge (service providers)
 100% greatest community challenge (faith community)
 57.1% greatest community health need (healthcare providers)

60% greatest education/prevention need by households
 93% greatest education/prevention need (key informants)
 86% greatest education/prevention need (service providers)

Table 26: Household Responses to the Impact of COVID-19 Pandemic

Increase in depression, anxiety, social isolation, or other mental health concerns	Yes	No	Sometimes
Household Survey	27%	40%	26%
HBCC Website	58%	18%	22%
WIC	49%	20%	31%
NAMI	57%	14%	29%
Center for Independent Living	100%	0%	0%

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

As part of their interview, healthcare providers ranked mental health services as the top community health need (57.1%). Many believe that mental health services especially for children and adolescents is a critical need (e.g. the awareness of mental health/suicide, the need for an inpatient facility, access to more behavioral health providers, and additional psychiatrists, etc.).

In 2020, 9,097 members were served in behavioral health services (both mental health and substance use disorders) in Blair County. Of those members, 2,427 utilized substance use disorders services with a total expenditures of \$10,133,037. Fifty-five percent of the 2,477 members had a opioid use disorder. Total behavioral health expenditures during 2020 was \$35,276,985. In 2021, the number of members served increased to 9,385. There were 2,498 utilizing SUD services with 63.1% having an opioid use disorder. Total behavioral health expenditures for that year was \$32,473,154.²¹

Blair County residents have an average of 5.2 poor mental health days in the last 30 days which compares to the state at 4.7. The County Health Rankings Report looked at the ratio of the population to mental health providers. This measure represents the ratio of the county population to the number of mental health providers. For Blair County, that ratio was 400:1 as compared to Pennsylvania at 450:1.²² In addition, Blair County is designated as a Health Professional Shortage Area for mental health care.²³

Suicide is the tenth-leading cause of death in the United States. It is the fourth-leading cause of death for adolescents ages 15-19 globally. In 2019, there were an estimated 3.5 million people who planned a suicide, 1.4 million suicide attempts and 47,511 deaths by suicide. When someone dies by suicide, as with any cause of death, the loss is felt by many people and even people the deceased did not know.

Mental health and substance use disorders are the most significant risk factors for suicidal behaviors. In addition, environmental factors such as stressful life events and access to lethal means such as firearms or drugs may increase the risk of suicide. Previous suicide attempts and a family history of suicide are also important risk factors.²⁴ One person every eleven minutes in the United States dies by suicide. The national annual suicide rate is 13.9 per 100,000, 14.8 for Pennsylvania and 13.2 for Blair County.²⁵

Table 27: Suicide Statistics in Blair County 2004-2021²⁶

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of Suicides	25	20	17	20	16	15	14	16	13
Male	21	16	13	17	14	9	9	13	12
Female	4	4	4	3	3	6	5	3	1
Age									
0-15	0	0	0	0	0	1	0	0	0
16-25	4	1	0	5	3	2	4	2	1
26-35	3	2	1	3	2	2	2	2	3
36-45	5	4	7	8	6	6	3	1	3
46-55	7	2	2	3	2	2	1	7	1
55-65	3	6	4	1	2	1	4	1	4
66-75	2	1	1	0	1	1	0	3	0
75 and older	1	4	2	0	1	0	0	1	1
	2013	2014	2015	2016	2017	2018	2019	2020	2021

²¹ Blair HealthChoices

²² 2021 County Health Rankings Report for Blair County

²³ Bureau of Health Planning. Department of Health

²⁴ American Association of Suicidology (2019)

²⁵ Center for Disease Control (2019)

²⁶ Blair County Coroner

Number of Suicides	17	14	27	14	21	22	20	24	30
Male	15	14	24	11	19	20	16	17	22
Female	2	0	3	3	2	2	4	7	8
Age									
0-15	0	0	0	0	1	0	0	0	0
16-25	2	1	4	5	5	4	6	2	4
26-35	4	2	7	2	2	2	1	6	3
36-45	2	2	3	1	4	3	3	2	6
46-55	2	1	4	4	3	6	4	0	8
55-65	5	4	4	0	3	3	3	9	7
66-75	1	0	2	0	1	3	1	2	1
75 and older	1	4	3	1	2	1	2	3	1

In 2021, the HBCC Mental Health Work Group began gathering data to update the 2015 feasibility study to determine whether there was a need for a children/adolescent in-patient facility in Blair County. Between 2017 - 2019, 440 Blair County residents ages 0-18 received in-patient behavioral health care at UPMC Altoona. Another 465 individuals ages 0-18 received in-patient services in one of nine referral facilities located outside of Blair County.

A review of the Student Assistance Program (SAP) implementation in Blair County identified many strengths including the commitment by school districts, funding provided by both mental health and drug/alcohol administrators, willingness of providers to devote resources, and parent permission for SAP services. The number of referrals in the county has increased yearly as districts added elementary SAP teams.²⁷ However, the lack of credential staff, insurance issues, the lack of an in-patient facility in the county and/or available beds in other facilities, waiting lists, and the impact on workforce shortage were identified as weaknesses in our child/adolescent mental health services system.

The death of friends or family members, personal injury, moving homes, and worrying about having enough food are stressful events that can negatively affect a student's life. In Blair County, 41.9% of students in this county reported the death of a close friend or family member in the past twelve months, compared to 40.3% at the state level. 12.1% of students reported changing homes once or twice within the past 12 months, and 5.7% of students reported being away from parents or guardians because they were kicked out, ran away, or were abandoned.

²⁷ Pennsylvania Department of Education. Student Assistance Program Data (1996-2021)

Table 28: Summary of Blair County Student Assistance Program Data²⁸

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
2011-2012	1358	30	64
2012-2013	1368	33	55
2013-2014	1569	40	63
2014-2015	1647	37	64
2015 - 2016	1767	29	88
2016 - 2017	2050	60	89
2017 - 2018	2352	90	89
2018 - 2019	2224	70	77
2019 - 2020	2149	46	74
2020 - 2021	1716	49	-

(Student Assistance Programs have been established to identify and assist students who may be experiencing problems with school performance or behavior. These problems may be related to mental health concerns, or alcohol and other drug use. The decrease in the number of referrals is most likely due to school closures/remote learning because of the pandemic).

Table 29: Blair County Youth Reporting Symptoms of Depression (2019)²⁹

	6th	7th	8th	9th	10th	11th	12th	Overall
In the past year, felt depressed or sad most days	35.9%	-	37.8	-	44.7%	-	42.0%	40.0%
Sometimes I think that life is not worth it	19.7%	-	22.8%	-	28.6%	-	25.8%	24.2%
At times I think I am no good at all	33.2%	-	36.4%	-	41.4%	-	37.9%	37.2%
All in all, I am inclined to think that I am a failure	19.3%	-	24.2%	-	28.1%	-	25.0%	24.1%

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.

²⁸ Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2021)

²⁹ Pennsylvania Youth Survey. 2019 Blair County Survey

As shown in Table 29 above, 40.0% of students felt depressed or sad most days as compared to 30.1 % in 2011. Preliminary data from the 2021 Pennsylvania Youth Survey indicated that on average 30% of students felt so sad or hopeless most days for two weeks or more that they stopped doing some usual activities. Over 17% of students seriously considered suicide in the past year with 14.5% made a plan on how they would attempt suicide.³⁰

Bullying and harassment often lead to depression and suicide, especially among young people. Students in Blair County (grades 6, 8, 10, and 12) reported on the 2019 Pennsylvania Youth Survey that 27.3% experienced bullying in the past 12 months (compared to 25.1% of students at the state level).³¹ Although not ranked as high as other issues, 53.7% of participants in the household survey considered bullying/harassment/cyberbullying a major/moderate issue with approximately 33.9% reported having children who were being bullied/harassed/cyberbullied. This was the third highest concerns within their households. Responses generated from the HBCC website had bullying tied as their second highest ranked community challenge at 86.6% and 52.5% reported children being bullied. Responses on bullying concerns from surveys conducted by other organizations ranged from 64.6% - 88.9% as a community challenge. But, within their own households, responses ranged from 44.4% - 100%.

Goals: Mental Health Work Group

- Explore unmet needs and work toward establishing or enhancing programs and strategies to serve children and families more effectively.
- Develop a better understanding of the services available to identify, intervene, and provide treatment to children and adolescents within the county.
- Build awareness of mental health and mental illness in Blair County.
- Increase the capacity for residents and community members to identify whether someone is at-risk for suicide.

Progress and Accomplishments (2018 – 2021)	
Addressing Gaps in Services for Children and Adolescents	<p>Committee members began gathering data to update the feasibility study for a child/ adolescent in-patient mental health facility.</p> <p>Service providers continue to discuss short-term options for youth in lieu of in-patient and how to enhance communications between schools and UPMC Crisis Center based on confidentiality regulations (what information can be shared from crisis so schools know the status of the students who is returning to school).</p>
Student Assistance Program (SAP)	<p>A strategic planning session was held in 2020 and an annual review of data on the implementation of Student Assistance Programs in Blair County schools is conducted. School districts and the UPMC Altoona Foundation provide funding for staff from UPMC Western Behavioral Health of the Alleghenies to facilitate summer support groups for students identified by school SAP teams. Regular meeting were held with local school districts, agency providers, and PNSAS</p>

³⁰ Pennsylvania Youth Survey. 2021 Preliminary Blair County Survey Results

³¹ Pennsylvania Youth Survey, 2019 Blair County Survey

	staff to encourage the fidelity of the SAP model and provide training/networking opportunities. An analysis was done to explore the need and staffing for year round services.
Columbia Suicide Risk Assessment Tool	<p>The work group developed a training based on the Columbia-Suicide Assessment Tool. The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. During this time period, there were 5 trainings conducted with 240 school and agency staff attending.</p> <p>Under the leadership of the Blair County Department of Social Services, an app was developed for Blair County as well as nationwide in conjunction with the developers of the program. From April 2019 – March 2022, over 241 individuals accessed the Columbia protocol app.</p>
UPMC Altoona's Mobile Crisis Team	UPMC Altoona's Mobile Crisis Team provides on-site, face-to-face mental health services for individuals and families experiencing a mental health crisis. Over the last three years, the hospital has expanded the program to better meet the needs of its community.

Implementation Plans (2021 – 2024)

Program	Intended Outcomes	Anticipated Impact	Lead Organizations
Develop a Comprehensive Suicide Prevention Strategic Plan	Improve communications, coordination of suicide prevention practices and resource-sharing across systems.	Decrease suicide risk among all ages in Blair County.	Blair County Suicide Prevention Strategic Planning Committee Blair County Department of Social Services
Feasibility study for an inpatient behavioral health facility	Determine the demand and feasibility of establishing an inpatient behavioral health unit for children and adolescents.	Updated assessment of inpatient behavioral health needs in Blair County.	UPMC Altoona Healthy Blair County Coalition's Mental Health Work Group
Access to behavioral health services	Improve service coordination, cooperation, and communications among and between service providers and school districts.	Enhanced communications between mental health providers and local school districts in order to address the needs of children and adolescents in Blair County.	Healthy Blair County Coalition's Mental Health Work Group Blair County Department of Social Services UPMC Altoona Crisis Center Behavioral Health Providers
Community Conversations about Mental Health	Build awareness of mental health and mental illness.	Conduct community conversations about mental health to break down misperceptions of mental illness and promote recovery and healthy communities.	Healthy Blair County Coalition's Mental Health Work Group

Columbia Suicide Risk Assessment Tool	Increase screening efforts/improve screening protocols within organizations to provide a method to identify whether someone is at risk for suicide, assess the severity/immediacy of that risk, and gauge the level of support that the person needs.	Decrease suicide risk among all ages in Blair County.	Blair County Department of Social Services Healthy Blair County Coalition's Mental Health Work Group Suicide Prevention Strategic Planning Committee Behavioral Health Providers
Student Assistance Programs	Monitor the implementation of Student Assistance Programs	Assure that K-12 students are being identified, referred, and provided services as required by Act 211 and Chapter 12.	Blair County SAP Coordination Team
Summer SAP Support Groups	Increase access to summer support programs.	Provide support during the summer for students who were identified as having school performance and school behavior issues due to substance abuse and/or mental health concerns.	Blair County Student Assistance Programs Blair County Department of Social Services UPMC Western Behavioral Health of the Alleghenies
Develop services and address system issues to meet current service/program gaps.	Expand capacity for child psychiatry and tele-psychiatry Address issues related to insurance and lack of credentialed agency staff Improve reentry procedures and protocols (post care)	Decrease future re-admissions	Blair County Department of Social Services UPMC Western Behavioral Health of the Alleghenies Blair County Behavioral Health Providers
Marketing	Promote and market suicide prevention events, training, resources, etc.	Increase awareness of mental health and suicide prevention in Blair County.	Suicide Prevention Strategic Planning Committee Suicide Prevention Task Force

Section Nine:

Strategy 4: Smoking, Tobacco, and E-cigarettes/Vaping

Findings and Documented Need

According to the County Health Ranking Report, 18.0% of the adult population in Blair County currently smoke. The Healthy People 2030 national health target is to reduce the proportion of adults who smoke to 5.0%. This is an area designated for our county to address in the county health ranking report.³² More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.³³ Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions.



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

- 72% greatest community challenge (household survey)
- 81% greatest community challenge (website household survey)
- 17% greatest challenge in households
- 86% greatest community challenge (key informants)
- 92% greatest community challenge (service providers)
- 93% greatest community challenge (faith community)

- 41% greatest education/prevention need by households
- 48% greatest education/prevention need (key informants)
- 30% greatest education/prevention need (service providers)

According to the 2019 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 160.4 (per 100,000) which is comparable to Pennsylvania at a rate of 160.0 (per 100,000). The number of mothers in Blair County who report smoking during pregnancy was 19.6%.³⁴

E-cigarettes are now the most commonly used tobacco product among youth. In 2021, 2.06 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 2.8% of middle school students and 11.3% of high school students. Among youth who currently used e-cigarettes, 43.6% of high school students and 17.2% of middle school students reported using e-cigarettes on 20 or more of the past 30 days. Also among current users, more than 1 in 4 (27.6%) high school students and about 1 in 12 (8.3%) middle school students who used e-cigarettes used them daily. As of February 2020, there were 2,807 hospitalizations and 68 deaths due to use of these products. High rates of frequent and daily use

³² 2021 County Health Rankings Report for Blair County

³³ U.S. Department of Health and Human Services

³⁴ Pennsylvania Department of Health. County Health Profile Report for Blair County (2019)

suggests many teens have a strong dependence on nicotine. In 2018, it is estimated that 8.1 million adults were current e-cigarette users.³⁵

In Blair County, 35.2% of students in grade 12 reported vaping/e-cigarette use in the last 30 days (as compared to 28.1% just two years earlier). Vaping substances used by those students ranged from flavoring (43.1%), nicotine (69.7%), marijuana or hash oil (24.4%), and didn't know the substance (5.9%).³⁶ The use of nicotine and marijuana almost doubled from the previous two years. The amount of nicotine in one Juul pod is equivalent to a pack of cigarettes. Since teens often use multiple pods in one sitting, they can unknowingly become exposed to unsafe levels of nicotine.³⁷

Goals: Alliance for Nicotine Free Communities

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

Progress and Accomplishments (2018 – 2021)	
Healthy Resolutions Expo	A Healthy Resolutions Expo was conducted in order to provide education and encourage residents to sign-up and pledge to work on a healthy resolution. This went beyond the typical health fair by selecting vendors that would engage residents to learn about and commit to a healthy resolution such as getting more exercise, quitting tobacco use, drinking more water, eating healthier, scheduling important preventive health care checkups, etc. Over 100 residents signed pledge cards at the 2019 event.
State Tobacco Control Grant	<p>The Lung Disease Foundation of Central Pennsylvania is the tobacco control grant provider in Blair County. In collaboration with the American Lung Association of Pennsylvania, they offer resources and programs related to tobacco control. From July 2018 to June 2021, 24 smoking cessation classes were conducted with 126 smokers.</p> <p>Two Tobacco resistance Unit (TRU) groups were created and 15 students participated in a Day at the Capital to advocate for tobacco control programs.</p> <p>Staff from the Lung Disease Foundation provided a variety of resources and education presentations to schools, businesses, healthcare providers, social services agencies, community organizations, etc. They also participated in major health fairs and related community events.</p> <p>From 2018 to 2021, Blair County Drug and Alcohol Partnerships provided the Blair County community with 123 presentations that address tobacco issues and 106 individuals completed classes (multiple sessions) that included tobacco education.</p>

³⁵ Centers for Disease Control. 2021 National Youth Tobacco Survey

³⁶ Pennsylvania Youth Survey. 2017 Blair County Survey

³⁷ National Center for Health Research

Vaping/E-Cigarette Initiative	<p>Staff from the Lung Disease Foundation conducted 23 vaping/e-cigarette presentations to 653 students, parents, educators, healthcare providers, social services staff, community leaders, etc.</p> <p>HBCC, the Lung Disease Foundation, and Blair Drug and Alcohol Partnerships developed a Training of Trainers vaping/e-cigarette curriculum for students in grades 6-12. Two trainings were conducted for 17 school and agency personnel. The Lung Disease Foundation secured a grants from the Ronald McDonald Charity and the UPMC Altoona Foundation to purchase 30 vaping sensors to be installed in restrooms and locker rooms at the Hollidaysburg and Altoona Area School Districts.</p> <p>Staff from the Lung Disease Foundations are implementing the Vape Free School Initiative. Trained staff are conducting the InDepth Program which is an alternative to suspension for students caught vaping. They are also offering NOT for those students who want to quit.</p>
Every Smoker, Every Time	Staff from UPMC Partnering for Dental Services received training on integrating nicotine dependence treatment with oral health. The Lung Disease Foundation provided resources to address nicotine use with the dental patients and encouraged them to refer patients to smoking cessation classes.

Implementation Plans (2021 – 2024)			
Program	Intended Outcomes	Anticipated Impact	Lead Organizations
Education and Resources	Implement or strengthen tobacco-free policies	Create tobacco-free environments	Lung Disease Foundation of Central Pennsylvania
Smoking Cessations Programs	Increase the number of smoking cessation programs offered in Blair County.	Increase the number of individuals who participate in smoking cessation programs and commit to quitting.	Lung Disease Foundation of Central Pennsylvania
Promote the PA Free Quitline.	Increase the number of individuals who commit to quitting.	Increase the number of individuals who participate in smoking cessations programs and commit to quitting.	Lung Disease Foundation of Central Pennsylvania
TRU Groups	Educate young people about the dangers of tobacco and nicotine addiction and marketing/advertising tactics.	Increase the number of youth who are tobacco and nicotine free.	Lung Disease Foundation of Central Pennsylvania
E-cigarettes and Vaping	Educate the community about the dangers of e-cigarettes and vaping	<p>Decrease the number of youth and adults using e-cigarettes and vaping products.</p> <p>Decrease the number of pregnant women who use nicotine products.</p>	<p>Healthy Blair County Coalition's Alliance for Nicotine Free Communities</p> <p>Lung Disease Foundation of Central Pennsylvania</p> <p>Blair Drug and Alcohol Partnerships</p>

Vape Free Schools Initiative	Implement the InDepth Program to provide an alternative to school suspension for policy violations	Decrease the number of youth and adults using e-cigarettes and vaping products.	Lung Disease Foundation of Central Pennsylvania Local School Districts
Every Smoker, Every Time	Encourage dental providers to implement interventions and promote effective tobacco dependence treatments.	Increase the number of individuals who have early access to smoking cessation programs.	Lung Disease Foundation of Central Pennsylvania
Synar Coverage Study	Conduct annual inspections of tobacco outlets to determine whether outlets are selling tobacco products to individual under age 21.	Reduce the percentage of youth who purchase tobacco products at retail outlets.	Blair Drug and Alcohol Partnerships

Section Ten: Strategy 5: Poverty

Findings and Documented Need

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

What did everyone say about poverty?

56% greatest community challenge (household survey)
 84% greatest community challenge (website household survey)
 20% greatest challenge in households
 88% greatest community challenge (key informants)
 95% greatest community challenge (service providers)
 80% greatest community challenge (faith community)

27% gap in healthcare for low income persons (key informants)
 30% gap in healthcare for low income persons (service providers)
 26% gap in healthcare for low income persons (faith community)

Over 20% of households reported that they didn't have enough money to meet daily needs/food and it was as high as 52% in the subgroups (other organizations that conducted the survey).

Table 30: Economic and Social Data for Blair County³⁸

Characteristics	Blair County	Pennsylvania
2020 Median Household Income	\$50,856	\$61,744
2019 Per Capita Income	\$29,336	\$34,352
2019 Unemployment Rate	4.4%	5.4%
2020 Unemployment Rate	17.7%	15.1%
2021 Unemployment Rate ³⁹	5.4%	5.4%
Poverty Rate	13.7%	12.2%
Poverty Rate for Children Under 18	19%	17%
Receiving Medical Assistance	27.1% (35,278)	22.1%
Receiving Medical Assistance Under Age 21	11.3%	9.35%
Receiving Food Stamp Assistance	16.5% (20,550)	13.6%
Adults 65 and over Enrolled in PACE ⁴⁰	15.2% (3,811 people)	12% (256,219 people)

³⁸ U.S. Census Bureau 2020

³⁹ U.S. Bureau of Labor Statistics

⁴⁰ PA Department of Human Services

Without Health Insurance	5.1%	5.6%
Without Internet Subscription	17.7%	15.5%

The cost of living in Blair County is 87 (less than Pennsylvania at 96 and the U.S. average at 100). The reason Blair County's cost of living is less is due to the lower cost of housing as compared to the rest of the nation. However, Blair County has a higher cost of living when comparing groceries, utilities, transportation, clothing, and other services.⁴¹

Table 31: Percent of Children Enrolled in Free and Reduced Lunch Programs (2019 – 2020)⁴²

School District	Percent of Children
Altoona Area	61.1%
Bellwood-Antis	37.5%
Claysburg-Kimmel	63.9%
Hollidaysburg Area	38.2%
Spring Cove	42.2%
Tyrone Area	46.0%
Williamsburg Community	53.8%

Preliminary data from the 2021 Pennsylvania Youth Survey indicated that on average 22.5% of students were worried about running out of food before their family got money to buy more. Twelve percent reported they skipped a meal because their family didn't have money to buy food.⁴³

With regard to childhood obesity across the country, there are significant differences based on household income. In 2019 – 2020, obesity rates ranged from 8.6% among youth in the highest income group to 23.1% among youth in the lowest income group.⁴⁴

When reviewing education indicator data, the high school graduation rate for Blair County is 90% as compared to the state at 87%. However, those earning a bachelor's degree or higher is much less than the state at 31.4% compared to Blair County at 21.3%.⁴⁵ The percentage of unserved children eligible for publicly funded Pre-K in Blair County is 53% which is lower than the state percentage of 64%. In 2019-2020, 69% of children ages 3 and 4 (2010 children) were not enrolled in high-quality Pre-K programs⁴⁶.

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

⁴¹ Altoona Blair County Development Corporation

⁴² Pennsylvania Department of Education. Data and Statistics.

⁴³ Pennsylvania Youth Survey. 2021 Preliminary Blair County Surveys Results

⁴⁴ National Survey of Children's Health

⁴⁵ American Community Survey

⁴⁶ PA Partnership for Children

Table 32: SocioNeeds Index for Blair County Zip Codes⁴⁷

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

In 2019, child abuse and neglect reports indicate 605 reports of child abuse in Blair County with 75 being substantiated. The total substantiated reports per 1000 children is at 3.0% which is higher than the state percent at 1.8%. In addition, there 2,553 reported concerns of general neglect that resulted in 647 validated. In 2020, the number of child abuse and neglect reports decreased substantially with 490 reports of child abuse in Blair County with 91 being substantiated. However, there is a concern that the decrease probably reflects children not being in school because of the pandemic and remote learning. The number of general protective services for that year was 2,192 and 584 validated.⁴⁸ There were 133 children in foster care in Blair County in 2020.⁴⁹

The Center for Child Justice is Blair County’s Children’s Advocacy Center (CAC). The Center provides a child-friendly, neutral place for the forensic interview and forensic medical evaluation of child victims of abuse, neglect or exploitation. Use of a CAC reduces trauma to child victims by minimizing duplication of interviews and examinations and improves the ability of investigators to uncover facts and evidence. The CAC model is an internationally recognized, evidence-based practice. From 2018 - 2021, there were 530 forensic interviews with 319 interviews for victims of sexual abuse and 133 interviews for victims of physical abuse.⁵⁰

The Victim Services Program of Family Services, Inc. sheltered an additional 95 persons experiencing domestic abuse for a total of 1825 days and assisted 164 individuals fleeing domestic abuse with permanent housing. The program also assisted Blair County victims and survivors of abuse in filing 1,180 Protection Orders such as Protection From Abuse Orders(PFA), Protection from Intimidation Orders (PFI), and Sexually Violent Protection Orders (SVPO). The Victim Services 24/7 Helpline answered 2,446 hotline calls during that time, assisting people experiencing domestic abuse, sexual assault, or child abuse.⁵¹

⁴⁷ Conduent Healthy Communities Institute (2019)

⁴⁸ Pennsylvania Department of Human Services (2017)

⁴⁹ Pennsylvania Partnership for Children 2021

⁵⁰ Blair County Center for Child Justice

⁵¹ Family Services, Inc.

According to the 2016-2017 Reach and Risk Report, children in Blair County are at a moderate-high risk of school failure. When children experience risk factors such as living in economically stressed families, poor or no prenatal care for the mother, parents with low educational levels, abuse and neglect, and entering a poorly performing school system, they are more likely to enter school behind, and fail in school. Data shows that 29.7% of children under the age of five live in economically high-risk families. In addition, 12.8% of children in Blair County are born to young, single mothers. Over 39% children were below proficient in English and language arts on the 3rd grade PSSA while 49% were below proficient in math. This data indicates that 6,823 children in Blair County fall into this category.⁵²

Between 2015 – 2019, there were 379 teen births in Blair County (less than 19 years of age) and Medicaid was the principal source of payment for 66%⁵³

Data taken from the 2021 County Health Rankings Report indicate 7% of people ages 18-64 in Blair County are without health insurance which is comparable to Pennsylvania.⁵⁴ 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. In 2019, there were 1,973 children in the county receiving health coverage through the Children's Health Insurance Program (CHIP). In addition, 11,805 low-income children receiving health coverage through Medical Assistance (MA).⁵⁵ Eighteen percent of the Blair County population lives in a HRSA-designated Medically Underserved Area (MUA).⁵⁶

Homelessness and affordable housing have continued to be a significant concern in the county. In 2017-2018, Blair Senior Services provided 975 consumers emergency help through rental assistance, motel stays, and utility payments. Blair County Community Action assisted 162 households who were homeless or in danger of becoming homeless and Family Services served 177 individuals in their homeless shelter, turning away 366 due to lack of available beds. The Family Services Victim Services Program sheltered an additional 39 persons and assisted 15 with permanent housing. There has been an increase in rental opportunities in Blair County but not those that are affordable for low to moderate income households and the wait list for access to subsidized housing continues to be two years or longer. Employment in the area has increased but mostly in the service industry with jobs that provide no benefits or a livable wage for families.⁵⁷

Community resilience is the capacity of individuals and households to absorb and recover from the health, social, and economic impacts of a disaster such as the pandemic. Risk factors from the 2019 American Community Survey include: income to poverty ratio, communications barriers, disability, unemployment, no health insurance, age 65+, no vehicle access, no broadband internet access, etc. For Blair County, 39.1% of the population had no risk factors. However, 38.6% had one-two risk factors and 22.3% had three or more. This equates to over 73,500 residents.⁵⁸

⁵² Pennsylvania Office of Child Development and Early Learning Program Reach and Risk Report

⁵³ Pennsylvania Department of Health

⁵⁴ 2021 County Health Rankings Report for Blair County

⁵⁵ Pennsylvania Department of Public Welfare

⁵⁶ UPMC Altoona

⁵⁷ Family Services, Inc.

⁵⁸ 2019 American Community Survey

Goals: Pathways of Opportunity Network & Healthy Foods Sub-Committee

- Identify and address issues related to poverty in Blair County as well as provide training and increase awareness of the impact of poverty on children and families.
- Address food insecurity and promote eating healthy foods in collaboration with community partners.

Progress and Accomplishments (2018 – 2021)	
Poverty Simulations	A sub-committee sponsored a Poverty Simulation for 50 participants and volunteers.
Rural Impact County Challenge (housing)	HBCC was invited to apply for a second Rural Impact County Challenge in cooperation with the National Association of Counties (NACo) and Robert Wood Johnson's County Health Rankings and Roadmaps. We were one of twelve counties across the country chosen to focus on strategies to improve housing, the built environment, and health. The Blair County Team participated in several webinars and two on-site visits with a coach. This initiative provided an opportunity for networking with other communities on best practice for addressing housing needs.
Center for Independent Living of South Central PA (CILSCSPA)	<p>Operation Five Loaves (O5L) was a program started in April 2020 after a study showed a service gap in food security for individuals who did not have easy access to food distribution sites due to lack of transportation, physical limitations, or fear of leaving their homes due to the covid-19 pandemic. The program was created to address nutrition insecurity, especially for individuals with disabilities. Each box of food that was delivered was an opportunity for CILSCSPA to connect with individuals and help them to improve their immunity and wellness. At each delivery, individuals were provided food, recipes, and information about food safety. After a drop off, the individual could choose to provide his/her information, and a follow up was made to provide education on how to connect to local food pantries and food banks.</p> <p>Another outcome of O5L was a collaboration with Altoona Family Physicians and the UPMC Altoona Dental Clinic. Community volunteers distributed boxes of food at the Diabetes and Dental Clinics. Patients were offered these boxes filled with fresh produce. Opportunities were offered that included discussions about the effects of healthy food choices and good nutritional practices on patient's overall health.</p> <p>This program also helped to address social isolation because it allowed employees at CILSCSPA to connect with individuals receiving food and invited them to participate in other activities, such as weekly zoom calls featuring a variety of guests, educational topics and events designed to offer opportunities to engage with others in the community. Additionally, every individual participating in O5L received a wellness check twice a month, at minimum.</p> <p>The individuals who benefited from this program included people with disabilities, especially those who identify as older adults and those who are economically underserved. Over 400 Blair County families were served during this program.</p>

UPMC Altoona Partnership for Healthy Community Dental Clinic	<p>UPMC Altoona's Partnership for a Healthy Community which provides dental services for income-eligible children and adults: In 2019, there were 4,394 adult patients and 2,989 pediatric patients seen. In 2020, there were 2,939 adult patients and 1,680 pediatric patients seen. There was a 30-32% decrease in patients seen related to COVID-19. From April – October 2019, there were 3,725 adult patients and 1,925 pediatric patients seen.</p> <p>The dentist from UPMC Dental Clinic had conducted exams/fluoride varnishes at the largest Head Start Center which resulted in a 25% increase in screenings for that agency. However, strict COVID-19 protocols prohibited continuation of services.</p>
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Implementation Plans (2021 – 2024)			
Program	Intended Outcomes	Anticipated Impact	Lead Organizations
Food for Life Initiative*	Address food insecurity and promote eating healthy foods in collaboration with community partners.	Increase the number of individuals who have access to healthy foods.	Center for Independent Living in South-Central PA Altoona Family Physicians Partnering for Dental Services
Community Produce Cookbook	Provide individuals with simple and healthy recipes for the specific produce they are receiving	Increase knowledge of how to properly prepare and store produce, therefore increase vegetable consumption.	Penn State Altoona: Community-Based Studies Healthy Blair County Coalition St. Vincent de Paul Monastery Gardens
Nutrition Security of Backpack Program	Assess nutritional value of food provided to students through the backpack program and increase knowledge of more nutritious alternatives	Increase the nutritional quality of donated items	Penn State Altoona: Community-Based Studies
Patient Navigators	Provide patients with information on resources for social determinants of health such as food, housing and transportation	Increase patient knowledge of local resources so that they know where to go and who to contact for services they need.	Penn State Altoona: Community-Based Studies Altoona Family Physicians

* Was formerly called the Healthy Foods Sub-Committee

Section Eleven:

Strategy 7: Youth Connections

This strategy was developed when Blair County was one of twelve counties from across the country chosen by the National Association of Counties (NACo) in partnership with the Robert Wood Johnson Foundation County Health Rankings & Roadmaps Programs to receive community coaching on efforts to reduce childhood poverty with an emphasis on youth connections. A Rural Impact County Coaching Team was created (now called the Youth Connection Task Force).



What did everyone say about youth disconnections?

46% greatest community challenge (household survey)
66% greatest community challenge (website household survey)
63% greatest community challenge (key informants)
65% greatest community challenge (service providers)
53% greatest community challenge (faith community)

30% youth not attending school (household survey)
66% youth not attending school (key informants)
69% youth not attending school (service providers)
33% youth not attending school (faith community)

58% shortage of activities for youth (household survey)
71% shortage of activities for youth (key informants)
70% shortage of activities for youth (service providers)
73% shortage of activities for youth (faith community)

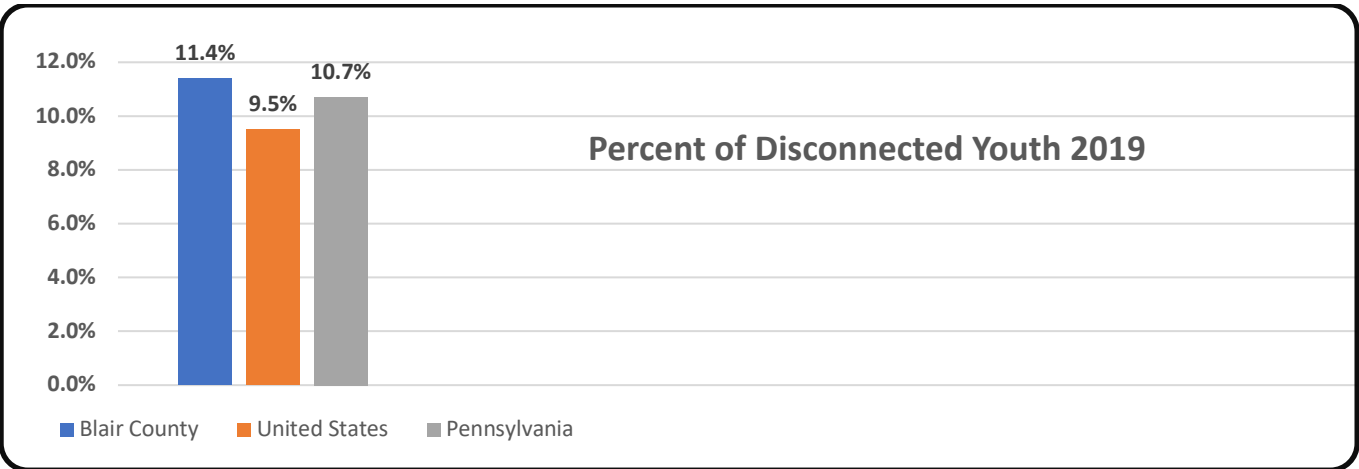
Based on the most recent Measure of America Report, 10.7% of youth and young adults ages 16-24 across the country are not in school or working. In Pennsylvania, that number was 9.5%. These young people are cut off from the people, institutions, and experiences that would otherwise help them develop the knowledge, skills, maturity, and sense of purpose required to live rewarding lives as adults. And the negative effects of youth disconnection affect the economy, social sector, criminal justice system, and the political landscape. Disconnected young people are more than three times as likely to have a disability of some kind.

The data for Blair County indicates that over 1400 youth and young adults (11.4%) are disconnected from school, the workforce, and our community. Overall, there was a decline in youth disconnection rates since 2015; however, it clear that the COVID-19 pandemic will erase these gains and cause the 2020 youth disconnection rate to spike even higher.⁵⁹ From 2018 – 2021, there were 243 runaways in Blair County.⁶⁰

⁵⁹ Measure of America of the Social Science Research Council Attendance Works

⁶⁰ Police Uniform Crime Reports

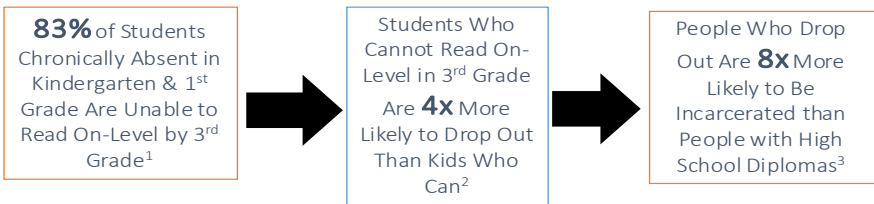
Chart 1: Percent of Disconnected Youth



Nationwide about 7.5 million students miss nearly a month of school each year and 7,000 students drop out every day in our country about 1.2 million a year. Students from communities of color as well as those with disabilities are disproportionately affected. This isn’t simply a matter of truancy or skipping school. Many of these absences, especially among our youngest students, are excused. Often absences are tied to health problems, such as asthma, diabetes, and oral and mental health issues. Other barriers including lack of a nearby school bus, a safe route to school or food insecurity make it difficult to go to school every day. This isn’t just a problem in high school, this starts as early as preschool and is very prevalent among kindergarten students.⁶¹

Why does attendance matter?

Chronic absence: when a student misses 10% of their school year (18 days)



Currently in the Blair County Prison, there are 291 people incarcerated and 79 did not graduate from high school or obtain a GED (27%). 130 individuals did complete their GED, 66 completed high school, and

⁶¹ Attendance Works

another 16 have additional education beyond high school⁶² High school dropouts account for 67% of inmates in state prisons and 56% of federal prisons.⁶³ A dropout will cost taxpayers \$292,000 over a lifetime due to the price tag associated with incarceration and other factors such as how much less they pay in taxes.⁶⁴

Goals: Youth Connection Task Force

- Build public awareness about the need to address truancy and chronic absenteeism by fostering partnerships across systems to improve school engagement and expand the use of best practices.
- Enhance collaboration and communications among organizations that can provide pathways of opportunity for youth and young adults.
- Understand the impact of bullying and support bullying prevention efforts.



Progress and Accomplishments (2018– 2021)	
Marketing and Awareness of Youth Disconnection	<p>The following materials were developed and distributed:</p> <ul style="list-style-type: none"> • An infographic • A series of eight podcasts • Youth Connection logo • Youth Connection brochure • The Blair County Youth Connection Facebook page which has 199 followers posts events and activities.
School Attendance and Truancy	<p>The School Attendance Task Force met monthly to address the challenges associated with chronic absenteeism and truancy. Accomplishments included the following:</p> <ul style="list-style-type: none"> • Developed a marketing plan to support and encourage school attendance. • Communicated with the medical community on health and school attendance, including the need to decrease unnecessary medical excuses. • Enhanced communications between School Districts, Blair County Children, Youth, and Families, and the Truancy Court by reviewing policies and procedures related to school attendance and truancy. • Supported and assisted in the implementation of the Be There School Attendance Challenge and Be There Buddy mentoring Program.
Be There School Attendance & Be There Buddy Mentoring Program	<p>In collaboration with the United Way of Blair County and the School Attendance Task Force, Blair County adapted the Be There Program (developed by the United Way of Southwestern Pennsylvania). A training was held for 65 school and agency representatives. The following materials were developed and distributed:</p> <ul style="list-style-type: none"> • Be There School Attendance Challenge Toolkit

⁶² Blair County Prison (2022)

⁶³ Public School Review

⁶⁴ Northwestern University

	<ul style="list-style-type: none"> • Be There Mentoring Program Toolkit • Be There posters with all Blair County school district logos • Be There videos (one for adults and one representing students in all Blair County school districts) • Student Pledge cards • Parent Tip cards • Two Healthcare Provider posters (one for families and one for providers)
Workforce Development	As a result of the Workforce Development Committee, several organizations were willing to commit funds to provide employment opportunities for at-risk students and several businesses provided co-op and/or job shadowing opportunities. As a result of the collaboration, youth and young adults have been connected with and/or obtained employment through CareerLink in the Tyrone Area School District, Altoona Area, and Teen Center.
Robert Wood Johnson Foundation Collaborative Learning Grant	<p>HBCC applied for and secured a \$20,000 Robert Wood Johnson Foundation grant to support replication of the Graduation Initiative (GI) Program. This program began by identifying students in the Tyrone Area School District who were at risk of dropping out but had potential if the school/community provided academic and/or behavioral support to them and their families. Building on the success of that program,, the Central Pennsylvania Graduation Initiative and Blair Family Solutions (mental health service provider), led efforts to replicate the program in the Altoona Area School District.</p> <p>Specific activities included training of the GI team, training staff, development of materials, direct funding to support youth involved in the program, and conducting a Youth Connection Summit for community leaders and stakeholders. With funding from the grant, a Standard Operating Procedures (SOP) document was developed for initiating, implementing, and monitoring the GI Program in other interested school districts.</p>
TEAM Builders	<p>The Center for Independent Living in South-Central PA (CILSCSPA) was one of six sites worldwide to adapt the Olweus Bullying Prevention Program as an out of school time program, TEAM Builders. This bullying prevention experience is a collaboration with Dorman's Sports Performance and CILSCPA. Participating Blair County youth meet in the gym and are offered time to physically work out and get some great exercise. Afterward, certified staff offer a brief activity that promotes good citizenship, social and developmental growth, and skills to build relationships.</p> <p>To date, over 80 youth have participated in the TEAM Builders Program. The overall health of the participants is notable. On the physical side, physicians and health care professionals have stated at annual appointments that their "young patients are stronger and developing good habits". These young people have also indicated that they feel "stronger and more confident" in their relationships with others. Guidance counselors have shared with staff that they "have noticed small changes with decision making and increased rates of positive actions".</p>

Implementation Plans (2021 – 2024)

Program	Intended Outcomes	Anticipated Impact	Lead Organizations
Youth Connection Summit 2	Obtain feedback from stakeholders regarding current challenging facing youth in our community.	Increase opportunities for youth	Healthy Blair County Coalition's Youth Connection Task Force
Be There Attendance Challenge & Be There Mentoring Program	Implement an attendance challenge in Blair County schools. Identify and establish positive and caring relationships with students who are at risk of being chronically absent.	Decrease in chronic absenteeism.	United Way of Blair County Healthy Blair County Coalition Youth Connection Task Force Blair County Chamber of Commerce BASIC Youth Attendance Committee School Districts
Resource Directory	Develop an up-to-date Resource Directory to enhance awareness of programs and services for children and youth.	Increase in access to programs and services.	Healthy Blair County Coalition's Youth Connection Task Force Local Interagency Coordinating Council (LICC)
Workforce Development	Enhance collaboration and communications among organizations that can provide pathways of opportunity for youth people	Increase the number of at-risk youth and young adults that have access to employment and/or career services.	CareerLink Blair County Chamber of Commerce BASIC Youth Attendance Committee
Bullying Prevention	Develop and conduct training and presentations for after-school and youth serving organizations to incorporate bullying prevention into their program.	Decrease incidents of bullying/harassment/cyber bullying among youth.	The Center for Independent Living in South-Central PA Healthy Blair County Coalition
TEAM Builders	Continue and/or expand the out of school time bullying prevention program.	Decrease incidents of bullying/harassment/cyber bullying among youth.	The Center for Independent Living in South-Central PA

Section Twelve: Implementation

Action Steps toward Implementation

The following action steps toward implementation of strategies will be taken by the Healthy Blair County Coalition, UPMC Altoona, Conemaugh Nason Medical Center, Penn Highlands Tyrone and community partners:

1. The Steering Committee will provide each work group or other entity with a specific charge, including outlining goals and general timeline based on IRS 990 requirements for the implementation of interventions.
2. Based on survey results and secondary indicator data, the following work groups will research, select, and implement programs/activities to address their strategy, including determining a target population, funding needed, and a timeline. In certain areas, the work group will continue and/or expand current initiatives.
 - Let's Move Blair County Committee
 - Substance Use & Physical Health Coalition
 - Mental Health Work Group
 - Alliance for Nicotine Free Communities
 - Youth Connection Task Force
 - Food for Life Initiative
 - Farm to ECE Collaborative
3. The work group will gather baseline data and select one or two outcome measurements that will be used to measure outcomes.
4. 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.

Resources and Support from Hospitals

UPMC Altoona is, and has been, an active member of the Healthy Blair County Coalition and will continue to provide financial support for the Coalition. In addition, representatives of UPMC Altoona have been members of the Steering Committee and various work groups/committees. UPMC Altoona has provided a variety of in-kind services such as meeting space, designing and printing of documents, printing of the household survey, marketing, etc. UPMC Altoona plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. Additionally, they will provide all the educational material that will be used for the programs.

Conemaugh Nason Medical Center is, and has been, an active member of the Healthy Blair County Coalition and various work groups/committees. As needed, Conemaugh Nason Medical Center has provided sponsorships for specific HBCC events plans. They plan to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. The hospital will provide all the educational materials that will be used for the programs.

Penn Highlands Tyrone is, and has been, an active member of the Healthy Blair County Coalition and will continue to provide financial support for the Coalition. In addition, representatives of Penn Highlands Tyrone have been members of the Steering Committee and various work groups/committees. The hospital plans to commit the necessary staff, financial support, staff time and coordination of strategies to ensure successful implementation of the strategies, programs, and services. They will provide all the educational materials that will be used for the programs.

Partnering with Other Organizations to Address Identified Needs

In addition to the above-identified health needs that will be specifically addressed by UPMC Altoona, Conemaugh Nason Medical Center, and Penn Highlands Tyrone, each of the three hospitals will as part of the Healthy Blair County Coalition work with other coalition members to address other identified needs. Those organizations are identified in the implementation plans under each strategy. Blair County is fortunate to have many other organizations that will continue to address challenges that are beyond the scope and resources of the Healthy Blair County Coalition and/or the hospitals.

Additional Comments or Implementation Plans

Since 2011, HBCC has maintained a **poverty work group** (Bridges Network and then the Pathways of Opportunity Network) to address poverty because it was identified as a significant community challenge in the CHNA. Over that time period, partnerships have been formed and many activities were conducted. Various community organizations are addressing issues related to poverty, including social determinants of health. Groups are meeting to address food insecurity, others are conducting poverty simulations, and there is a group looking specifically at a shelter for the homeless. Given all of the work these different groups are doing, the HBCC steering committee agreed that it is time to discontinue the Pathways of Opportunity Network.

Dental care was identified as one of the gaps in health services on the CHNA so a Dental Care Work Group was created in 2016. As a result of this work group, partnerships were formed that increased access to dental care especially for children. We will continue to promote oral health initiatives but the HBCC steering committee agreed that there isn't a need for an ongoing work group.

There were two challenges in this community health needs assessment that were identified as major/moderate challenges in all surveys conducted. The first is **overuse/addiction to cell phone, social media, internet, etc.** This issue ranked first in the household survey (76.8%). An analysis based on geographic

areas indicated that residents in northern and central Blair County also responded that it was a major/moderate issue with similar rankings and percent. Those responding to the survey on our website ranked it lower than other challenges but still at 81.4%. Responses from other organizations ranged from 68% - 89%. It was also a concern for key informants (78.8%), service providers (91.6%), and the faith-based community (86.7%) as a major/moderate issue.

When deciding how to prioritize our needs and strategies, we considered the extent of the problem, the capacity to address the problem, the ability to have a measurable impact, and existing interventions within our community. Based on those conditions, the HBCC Steering Committee determined that our ability to impact overuse/addiction to cell phone, social media, and internet would be limited. However, we can provide education programs to at least enhance the awareness of the dangers associated with overuse and misinformation. Therefore, we will explore options for community education programs in 2022.

The second challenge was **impaired/distracted driving (driving under the influence, texting, road rage, etc.)** which ranked fourth with 74% of respondents in the household survey identifying it as a major/moderate issue. An analysis based on geographic areas indicated that residents in northern, central, and southern Blair County also responded that it was a major/moderate issue with similar rankings and percent. Impaired/distracted driving (DUI, texting, road rage, etc.) was identified by key informants (71.4%), service providers (81.1%), and the faith-based community (86.7%) as a major/moderate challenge. It was not a significant concern for those responding from other organizations.

In 2020, there were 38,824 fatal crashes in the United States which was a 6.8 % increase from the previous year. The estimated number of people injured on our roadways 2.28 million. There were 3,142 fatal crashes that occurred on U.S. roadways in 2019 that involved distraction (9% of all fatal crashes). Nine percent of drivers 15 to 20 years old involved in fatal crashes were reported as distracted. This age group has the largest proportion of drivers who were distracted at the time of the fatal crashes. In 2019 there were 566 non-occupants (pedestrians, bicyclists, and others) killed in distraction-affected crashes. Almost eight percent of all drivers at any given time are using their phones while driving.⁶⁵

In 2019, there were 13,776 distracted driver crashes in Pennsylvania, resulting in 62 fatalities. Preliminary data for 2021 shows deaths increased by as much as ten percent.⁶⁶ In Pennsylvania all drivers are prohibited from texting while driving, which includes sending, reading or writing a text-based message or e-mail, and from wearing or using headphones or earphones while the car is in motion.

The HBCC Steering Committee discussed the Coalition's ability to impact this issue and decided that there are already national and state campaigns and resources to address driving under the influence, distracted driving, etc. Therefore, we will support those initiatives but will not establish a work group or specifically address this strategy

⁶⁵ National Highway Traffic Safety Administration

⁶⁶ Pennsylvania Department of Transportation 2017

Section Twelve: Blair County Indicator Data

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

County Health Rankings Reports (2010 – 2021)

County Health Profiles (1998 – 2019)

[PA Office of Rural Health Population Health Data for Blair County](#)

The Robert Wood Johnson Foundation County Health Rankings measures two types of health outcomes (mortality and morbidity). These outcomes are a result of a collection of health factors and health behaviors. The County Health Rankings are based on weighted scores of seven types of factors: health outcomes, quality of life, health factors, health behaviors, clinical care, social and economic, and physical environment. In the 2021 report, Blair County ranked 39 out of 67 counties (one being the healthiest and 67 being the unhealthiest county). Criteria may change slightly from year to year as some indicators are added or deleted, data sources may be different, and how another county does can affect another's ranking. Regardless of those factors, Blair County's health ranking impacts quality of life, outlook for families, demand for health care, and workforce and economic stability. A complete summary of County Health Rankings indicator trends for Blair County from 2010 – 2021 is included in Appendix C.

The Blair Planning Commission participated in a [Comprehensive Plan for the Southern Alleghenies Region in 2018](#).⁶⁷ The plan includes information, data, and priorities for broadband and cell phone, collaboration and coordination, agriculture, housing and blight, and public health and safety. Specific action items under public health and safety include:

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

⁶⁷ Alleghenies Ahead: Comprehensive Plan for the Southern Alleghenies 2018

Section Fifteen: Charge to the Community

This community health needs assessment confirmed that Blair County has many assets, including community leaders, businesses, service providers, community organizations and individuals. Those individuals who took time to complete the surveys 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 there are significant challenges, many of which are impacting the quality of life and health of our local community and the nation.

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

We will continue to utilize the “collective impact” concept as we move forward in which a highly structured collaborative effort can achieve a substantial impact on large scale social problems.⁶⁸

Figure 13: Collective Impact Model



The five conditions for collective impact are:

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

⁶⁸ Stanford Social Innovation Review: Channeling Change: Making Collective Impact Work 2012

This is our fifth community needs assessment and we will use the information contained in this report to continue the progress that has been made thus far. Individuals and organizations from Blair County will be invited to hear the results of the community health needs assessment and join the Healthy Blair County Coalition and the 161 community partners in developing and assisting with the Implementation Plan.

Once again, we thank everyone who was 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 the three participating hospital websites.

Appendices

Appendix A: Household Cover Letter and Survey

Appendix B: County Health Rankings Model

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

Appendix D: 2010 – 2021 Blair County Health Rankings

Appendix A: Household Cover Letter and Survey



Dear Neighbor:

As part of the effort to build a healthier community in Blair County, we are conducting a Household Survey in collaboration with our partners listed below to learn more about strengths and issues in neighborhoods and households. We believe your insights will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, emotional, etc.). The results of your survey as well as others will provide us with information on what you think is most important so our work groups can develop programs and activities that are most beneficial.

Your address has been randomly selected and there is no way to identify you or your household when the survey is returned. We would like an adult (18 years of age or older) in your household to complete this survey and return in the enclosed self-addressed stamped envelope as soon as possible, but no later than **July 15, 2021**.

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

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

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

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

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

<https://www.surveymonkey.com/r/SHXNQHR>

If you have questions or need more information, please call Coleen Heim, Director of the Healthy Blair County Coalition (HBCC) at 814-317-5108 ext. 305. To learn more about the HBCC, visit our website at www.healthyblaircountycoaliton.org or our Facebook page.

Sincerely,
Coleen Heim, Director
Healthy Blair County Coalition



UPMC Altoona



2021 Blair County Community Health Needs Assessment

Household Survey – Start Here

A. COMMUNITY STRENGTHS, CHALLENGES, AND ISSUES

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

CHECK ONE NUMBER IN EACH ROW.

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

2. What are the best things about where you live in Blair County? **CHECK ALL THAT APPLY.**

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

3. What are the worst things about where you live in Blair County? **CHECK ALL THAT APPLY.**

- | | |
|---|--|
| <input type="checkbox"/> ₁ Crime/not feeling safe | <input type="checkbox"/> ₁₁ Roads and/or alleys in need of repair |
| <input type="checkbox"/> ₂ Issues with housing | <input type="checkbox"/> ₁₂ Drug use/abuse |
| <input type="checkbox"/> ₃ Traffic/speeding cars and trucks | <input type="checkbox"/> ₁₃ Far from schools, stores, medical facilities, libraries, grocery stores |
| <input type="checkbox"/> ₄ Youth with nothing to do | <input type="checkbox"/> ₁₄ Too many bars |
| <input type="checkbox"/> ₅ No opportunity to volunteer | <input type="checkbox"/> ₁₅ Too many fast-food restaurants |
| <input type="checkbox"/> ₆ Dirt, trash, and litter | <input type="checkbox"/> ₁₆ Racism, prejudice, hate, discrimination |
| <input type="checkbox"/> ₇ Too many rental properties/changing renters | <input type="checkbox"/> ₁₇ Lack of regional public transportation |
| <input type="checkbox"/> ₈ Not enough police coverage | <input type="checkbox"/> ₁₈ Other _____ |
| <input type="checkbox"/> ₉ Not enough activities in neighborhood | |
| <input type="checkbox"/> ₁₀ Poor street lighting | |

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

- ☐₁ Yes ☐₂ No

5. I feel that I have an opportunity to affect how things happen in my community. **CHECK ONE.**

☐₁ Strongly agree ☐₂ Agree ☐₃ Neutral ☐₄ Disagree ☐₅ Strongly Disagree

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

CHECK ONE NUMBER IN EACH ROW.

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

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

Community Issue ENVIRONMENTAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Loss of farmland	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Poor water quality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Dumping and littering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Lack of availability of recycling	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
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Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Smoking, tobacco, and use of e-cigarettes/vaping	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Adults with mental illness or emotional issues	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Children with mental illness or emotional issues	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Diabetes	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Obesity	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Heart Disease	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Community Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of affordable housing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Substandard housing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Lack of housing for people with disabilities	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Lack of housing options (young families, elderly, professionals, downsizing, etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Community Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Shortage of recreational venues (parks, trails, swimming, etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Lack of cultural activities (concerts, plays, festivals, etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Shortage of activities for youth	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Community Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Crime	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
Gun violence	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

Family violence, abuse of children, adults, or the elderly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Impaired/distracted driving (driving under the influence, texting, road rage, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

Community Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Inadequate public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Poor road and/or traffic conditions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

B. HOUSEHOLD CHALLENGES AND ISSUES

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

CHECK ONE NUMBER IN EACH ROW.

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

Household Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Children not being adequately educated within their school system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Children being unsafe at school (e.g. weapons, fighting, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Children being bullied/ harassed/cyberbullied	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Experiencing an alcohol and/or drug issue	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Negative effects of smoking, tobacco use, e-cigarette use, vaping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Adults with behavioral, mental health, or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Children or teenagers with behavioral, mental health, or emotional issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Being overweight	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Having diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Having heart disease	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Household Issue LEISURE ACTIVITIES	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Can't afford recreational, entertainment, and or cultural activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Lack of activities for youth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Living in housing that needs major repairs and/or modifications	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Not having enough money to pay for housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

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

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

Has the COVID-19 pandemic made any of these more difficult for you or your immediate family?

CHECK ONE NUMBER IN EACH ROW.

	Yes	No	Sometimes	Not Applicable
1. Housing (e.g. paying rent, facing eviction, foreclosure, maintenance, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Job security (e.g. employed, got fired or laid off, less work to do than before, less income, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Transportation (e.g. getting places you need to go, riding public transit, carpooling, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Access to food (e.g. affording groceries, getting SNAP benefits, feeding family or loved ones, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Utilities (e.g. facing gas, water, or electric shutoffs or difficulty paying for them, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. Paying bills (e.g. medical or other).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Increase in depression, anxiety, social isolation, or other mental health concerns.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Education (e.g. negative effect on child(s) academics, school attendance, etc.).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Resources needed to work or for school (e.g. laptop, internet, iPad, space in home, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Difficulty getting a COVID test if wanted or needed it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Difficulty getting the COVID vaccine.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. When contacted by an official about exposure to COVID, are you willing to comply with reporting and quarantining (contact tracing)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Delayed getting routine health care or scheduling necessary tests/surgery.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

C. HEALTHCARE CHALLENGES AND ISSUES

CHECK ONE NUMBER IN EACH ROW.

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

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

- ☐₁ No health insurance
- ☐₂ Insurance didn't cover what I/we needed
- ☐₃ My/our deductible/co-pay was too high
- ☐₄ Doctor would not take insurance or Medicaid (MA/Access Card)
- ☐₅ Hospital would not take insurance or Medicaid (MA/Access Card)
- ☐₆ Pharmacy would not take insurance or Medicaid (MA/Access Card)
- ☐₇ Dentist would not take insurance or Medicaid (MA/Access Card)
- ☐₈ Transportation (no way to get there)
- ☐₉ Fear or not ready to face or discuss health problem
- ☐₁₀ The wait for an appointment was too long
- ☐₁₁ Services were not provided in my community
- ☐₁₂ Cultural or religious beliefs
- ☐₁₃ None of the above prevented getting the necessary health care

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

- ☐₁ Yes ☐₂ No ☐₃ Don't know what it is

25. Are you familiar with the 211 system? (www.pa211.org)

- ☐₁ Yes ☐₂ No

26. What are the greatest gaps in health care services for Blair County?

CHECK ALL THAT APPLY.

- | | |
|---|--|
| <input type="checkbox"/> ₁ Dental care | <input type="checkbox"/> ₉ Prescription drug assistance |
| <input type="checkbox"/> ₂ Social and/or medical care for senior citizens | <input type="checkbox"/> ₁₀ Family physician |
| <input type="checkbox"/> ₃ Services for premature babies | <input type="checkbox"/> ₁₁ Services for low-income residents |
| <input type="checkbox"/> ₄ End-of-life care (hospice, palliative care) | <input type="checkbox"/> ₁₂ Services for alcohol and other drug abuse |
| <input type="checkbox"/> ₅ In-patient mental health services for adults | <input type="checkbox"/> ₁₃ Services for persons with disabilities |
| <input type="checkbox"/> ₆ Out-patient mental health services for adults | <input type="checkbox"/> ₁₄ Lack of midwives/doula |
| <input type="checkbox"/> ₇ In-patient mental health services for children/adolescents | <input type="checkbox"/> ₁₅ COVID-19 testing and/or vaccinations |
| <input type="checkbox"/> ₈ Out-patient mental health services for children/adolescents | <input type="checkbox"/> ₁₆ Other, please specify: _____ |

27. What are the greatest needs regarding health education and prevention services in Blair County?

CHECK ALL THAT APPLY.

- ☐₁ Tobacco, nicotine, and vaping prevention and cessation
- ☐₂ Mental health/depression/suicide prevention
- ☐₃ Violence prevention (e.g. workplace, family, emotional, physical, sexual, etc.)
- ☐₄ Obesity prevention
- ☐₅ Diabetes education/prevention
- ☐₆ Oral/dental health
- ☐₇ Healthy lifestyles
- ☐₈ Health literacy (knowing how to find, understand, and use information and services to make informed health-related decisions)
- ☐₉ Alcohol and other drug abuse prevention
- ☐₁₀ Teen pregnancy
- ☐₁₁ Heart disease

- ☐₁₂ Emergency preparedness
- ☐₁₃ Vaccinations
- ☐₁₄ COVID-19
- ☐₁₅ Other, please specify: _____

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

- | | |
|---|---|
| <input type="checkbox"/> ₁ Family and friends | <input type="checkbox"/> ₉ Health department |
| <input type="checkbox"/> ₂ Doctor and/or other healthcare provider | <input type="checkbox"/> ₁₀ School |
| <input type="checkbox"/> ₃ Television/newspapers/magazines/newsletters | <input type="checkbox"/> ₁₁ Employer |
| <input type="checkbox"/> ₄ Pharmacist | <input type="checkbox"/> ₁₂ Places of worship |
| <input type="checkbox"/> ₅ Veteran's Health System | <input type="checkbox"/> ₁₃ Internet/social media |
| <input type="checkbox"/> ₆ Public library/books | <input type="checkbox"/> ₁₄ Health food stores/vendors |
| <input type="checkbox"/> ₇ Telephone helplines (PA 211, hospital physician referrals, etc.) | |
| <input type="checkbox"/> ₈ Holistic providers (e.g. massage, acupuncture, aroma therapy, etc.) | |

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

- ☐₁ Yes ☐₂ No

30. What keeps you from eating a healthy diet? **CHECK ALL THAT APPLY.**

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

31. What keeps you from increasing your physical activity? **CHECK ALL THAT APPLY.**

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

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

1. What is your postal Zip code? _____

2. Are you... ☐₁ Male ☐₂ Female ☐₃ Other

3. Are you a veteran?

☐₁ Yes ☐₂ No

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

- ☐₁ Married – couple with own children (under 18)
- ☐₂ Married – couple with no children
- ☐₃ Single parents (male/female, no spouse, with children under 18)
- ☐₄ Single person
- ☐₅ Other type of household

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

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

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

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

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

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

☐₁ Yes ☐₂ No

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

- | | |
|--|--|
| <input type="checkbox"/> ₁ No insurance | <input type="checkbox"/> ₆ Medicare |
| <input type="checkbox"/> ₂ UPMC | <input type="checkbox"/> ₇ Empower360 |
| <input type="checkbox"/> ₃ Aetna | <input type="checkbox"/> ₈ Tricare/VA |
| <input type="checkbox"/> ₄ Highmark (Blue Cross/Blue Shield) | <input type="checkbox"/> ₉ Geisinger |
| <input type="checkbox"/> ₅ Medicaid (Medical Assistance/Access) | <input type="checkbox"/> ₁₀ Other _____ |

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

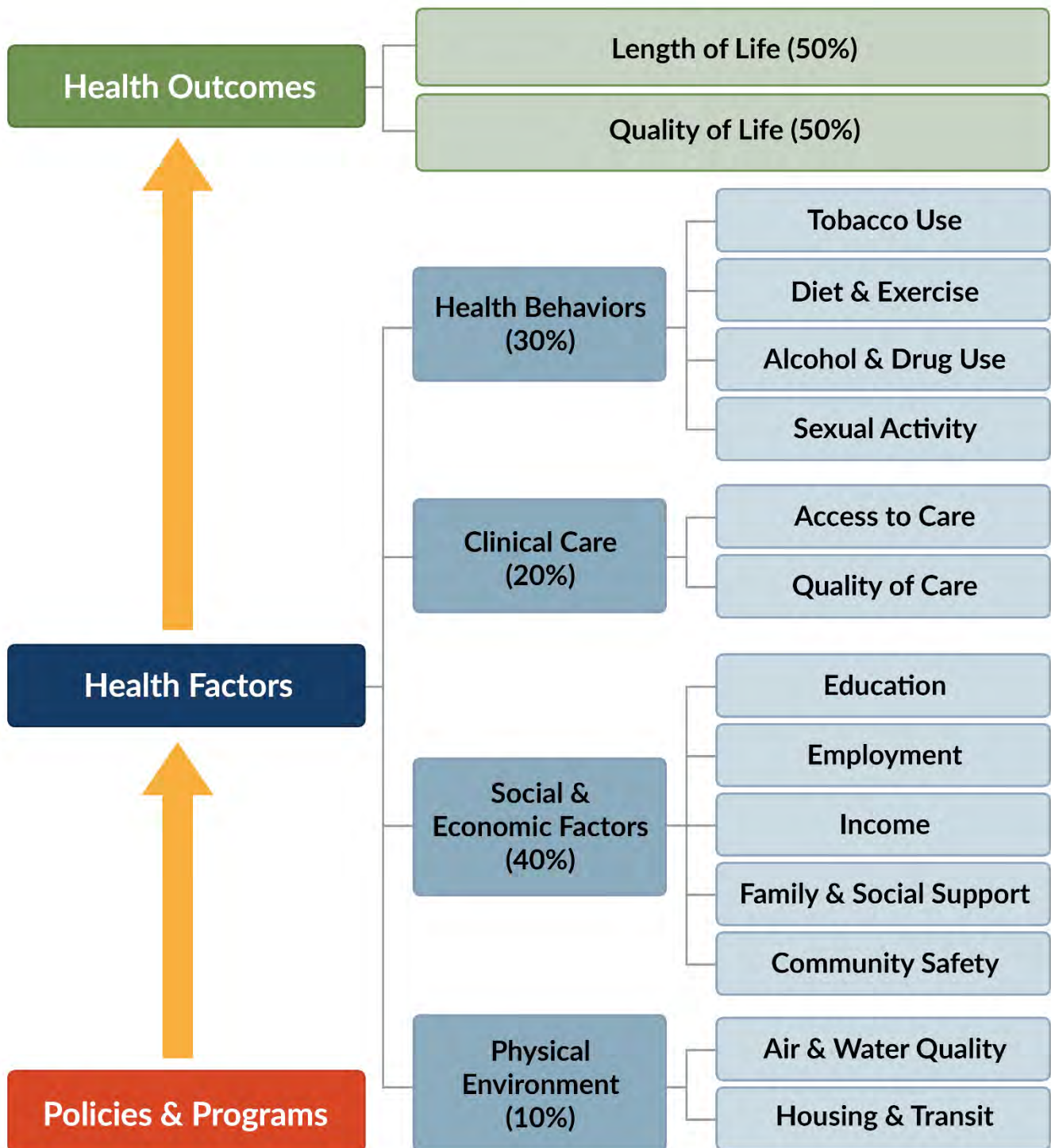
- ☐₁ Large employer
- ☐₂ Small employer (50 people or less)
- ☐₃ Private (Marketplace/Obamacare)
- ☐₄ Government (e.g. Medicaid, Medicare, Veterans)

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

- ☐₁ Less than \$25,000
- ☐₂ \$25,000 – \$49,999
- ☐₃ \$50,000 - \$99,999
- ☐₄ \$100,000 - \$149,999
- ☐₅ \$150,000 and higher

THANK YOU FOR HELPING OUR COMMUNITY BY COMPLETING THIS SURVEY!
Please visit our website at www.healthyblaircountycoalition.org and like our Facebook page

Appendix B: County Health Rankings Model



County Health Rankings model © 2014 UWPHI

Appendix C: Blair County Health Rankings 2010 - 2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Health Outcomes (Overall Ranking)	63	62	56	56	51	48	46	47	45	51	43	39
Length of life	65	60	52	47	47	42	47	43	46	53	46	
Premature death	8693	8350	7869	7387	7387	7182	7500	7400	7700	8700	8300	8000
Quality of Life	56	58	60	61	50	51	38	45	38	36	36	
Poor or fair health	20%	20%	21%	21%	20%	20%	15%	14%	15%	15%	16%	18%
Poor physical health days	5.1	5.1	5	4.9	4.2	4.2	3.7	3.6	3.8	3.8	4.1	4.2
Poor mental health days	3.8	3.9	4	4.2	3.7	3.7	4.1	4	4.1	4.1	4.5	5.2
Low birth weight	6.9%	6.9%	7.2%	7.2%	7.4%	7.4%	7%	7%	7%	7%	7%	7%
Health Factors	33	42	29	37	36	37	30	39	32	37	37	
Health Behaviors	51	61	42	46	49	47	51	62	48	40	40	
Adult smoking	23%	23%	22%	23%	23%	23%	20%	19%	17%	17%	19%	24%
Adult obesity	31%	34%	32%	32%	33%	33%	34%	33%	32%	30%	31%	32%
Food environment index					8.2	7.8	7.6	7.7	7.7	7.7	7.7	7.7
Physical inactivity		28%	31%	31%	31%	31%	29%	27%	25%	24%	26%	25%
Access to exercise opportunities					79%	76%	75%	75%	60%	73%	75%	75%
Excessive drinking	13%	12%	14%	13%	15%	15%	17%	17%	19%	19%	20%	21%
Motor-vehicle crash deaths	18%	17	17	15	15	13	13	14				
Alcohol-impaired driving deaths					33%	35%	32%	34%	32%	29%	23%	23%
Sexually transmitted infections	159	117	165	211	275	245	313	251	219	247	290	311
Teen births	36	36	36	33	33	33	32	31	28	27	24	23
Clinical Care	18	27	21	25	19	27	21	24	25	38	49	
Uninsured	10%	12%	12%	12%	11%	11%	11%	9%	6%	6%	6%	6%
Primary care physicians		1188 to 1	1188 to 1	1144 to 1	1155 to 1	1177 to 1	1190 to 1	1210 to 1	1160 to 1	1230 to 1	1190 to 1	1220 to 1
Dentists			2190 to 1	2117 to 1	1956 to 1	1885 to 1	1880 to 1	1820 to 1	1780 to 1	1670 to 1	1610 to 1	1620 to 1
Mental health providers		3229 to 1	3229 to 1	3736 to 1	639 to 1	491 to 1	460 to 1	490 to 1	480 to 1	470 to 1	420 to 1	400 to 1
Preventable hospital stays	80	73	70	68	71	69	58	54	60	5349	5953	5192
Diabetes monitoring	84%	83%	86%	86%	85%	86%	87%	84%	84%			
Mammography screening		58.60%	63.90%	59.50%	57%	55.90%	54%	57%	57%	37%	39%	41%
Flu Vaccinations										43%	43%	43%
Social & Economic Factors	45	34	24	30	30	28	29	28	29	25	26	
High school graduation	82%	84%	85%	88%	88%	88%	87%	88%	88%	90%	90%	90%
Some college		51.90%	52.70%	52.60%	52.60%	54.20%	53%	54%	55%	56%	57%	58%
Unemployment	5.0%	7.2%	7.7%	7.0%	7.2%	6.7%	5.6%	5.0%	5.3%	4.8%	4.2%	4.5%
Children in poverty	20%	21%	20%	22%	20%	24%	21%	23%	21%	19%	19%	22%
Income inequality						4.3	4.3	4.4	4.5	4.5	4.6	4.5
Inadequate social supports	24%	25%	25%	25%	25%							
Children in single-parent households		30%	31%	33%	33%	33%	33%	32%	33%	32%	34%	23%
Social associations						17.5	17.5	17.5	17.8	17.6	18.1	18.5
Violent crime	277	290	294	274	263	252	252	232	232	224	224	224
Injury deaths					71	70	70	75	80	85	84	88
Physical Environment	1	13	50	57	22	30	40	32	32	48	52	
Air pollution -ozone days	4	2	2									
Air pollution-particular matter	0	0	0	13.8	13.3	13.3	13.3	10.4	10.4	11.2	11.2	8.2
Drinking water violations					0	2%	yes	yes	yes	yes	yes	no
Severe housing problems					11%	12%	12%	12%	13%	13%	13%	14%
Driving alone to work		82%	82%	83%	83%	83%	83%	83%	83%	82%	83%	83%
Long commute - driving alone					18%	18%	18%	19%	19%	20%	20%	21%
Access to healthy foods	63%	67%	67%									
Access to recreational facilities		10	8	8								
Limited access to healthy foods			11%	6%	6%	6%	6%	6%				
Fast food restaurants			53%	54%								


Appendix D: Social Determinants of Health

Social determinants of health (SDOH) have an impact on people's health, well-being, and quality of life. This includes issues such as safe housing, transportation, discrimination, education, job opportunities, access to nutritious foods and physical activity opportunities, polluted air and water, etc.

SDOH contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity and even lowers life expectancy relative to people who do have access to healthy foods. Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners need to take action to improve the conditions in people's environments.⁶⁹



Social Determinants of Health
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 Healthy People 2030

⁶⁹ Healthy People 2030, US Department of Health and Human Services