BLAIR COUNTY PROFILE 6
Community Health Needs Assessment and Implementation Plan

Healthy Blair County Coalition – June 2025

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 two hospitals serving the Blair County Region, chose to conduct a joint community health needs assessment and subsequently, issue a joint implementation plan. In addition, Blair Planning has the responsibility to conduct all transportation planning, policymaking, and programming for the Altoona Metropolitan Statistical Area, which includes all of Blair County. Blair Planning chose to use this needs assessment for their purposes by incorporating additional questions as needed.

This report, ***Blair County Profile 6: 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 sixth 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, social 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 social determinants of health.

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 creation of the Coalition. We hope those individuals, new partners, and most of all the residents will join us in implementing programs and strategies that will improve the overall health of Blair County.

Sincerely,

Coleen A. Heim, M.S.
Consultant and Former Director, Healthy Blair County Coalition

Michelle Buttry, RN
Chief Operating Officer, Conemaugh Nason Medical Center

Michael Corso
President/Chief Executive Officer, UPMC Altoona

David W. McFarland, III
Director, Blair Planning

INTRODUCTORY COMMENTS

As described in this Community Health Needs Assessment (CHNA) Report the Health Blair County Coalition (HBCC) is a collaborative partnership of over 187 community organizations in Blair County, including our community hospitals: UPMC Altoona 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 two Blair County community hospitals: UPMC Altoona and Conemaugh Nason Medical Center. 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 19, 2025 meeting.

- Additionally, consistent with these proposed regulations (p. 20533) regarding Conemaugh Nason Medical Center - the Conemaugh Nason Medical Center Board of Trustees approved and adopted this joint CHNA Report including the Implementation Strategies, as outlined, at its June 19, 2025 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. Access to care is the area of focus for UPMC Altoona; however they will continue to take a leadership role in chronic disease prevention and promoting a healthy lifestyle (obesity, physical inactivity, and diabetes); and behavioral health (mental health needs).

- 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. Conemaugh Nason Medical Center plans to address the social drivers of health needs, including housing, food insecurity, and active living. In addition, education and community awareness will focus on obesity prevention, diabetes, increasing activity, especially for children, vaping/nicotine reduction, and suicide prevention.

- Consistent with the proposed regulations (p. 20529 – 30: Sec 3 a iii) UPMC Altoona and Conemaugh Nason Medical Center 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 and Conemaugh Nason Medical Center welcome public input and comments regarding the CHNA Report. Comments may be provided via the avenues described in the Report.

- Blair Planning has been an active and long-standing partner by serving on the HBCC Steering Committee, participating on several work groups/committees, assisting with the CHNA process, providing funding, etc. Blair Planning has the responsibility to conduct all transportation planning, policymaking, and programming for the Altoona Metropolitan Statistical Area, which includes all of Blair County. These responsibilities include the traditional focii of highways, bridges, and transit as well as an expanded look at trails, sidewalks, bicycles, pedestrians, pipelines, and even buggies. Since much of these expanded areas overlap with community health, a logical partnership with the Healthy Blair County Coalition in developing the triennial Community Health Needs Assessment – particularly the survey battery – was undertaken. This was simply a more prominent role in developing the Needs Assessment since Blair Planning has been with the Coalition for well over a decade. The results of the Needs Assessment will inform the Metropolitan Transportation Plan and in turn determine funding priorities for programs and projects over the next half decade. Blair Planning will also continue to use the Needs Assessment in informing its other undertakings such as development reviews, hazard mitigation planning, WalkWorks, student mentoring, and providing professional advice and support to the twenty-six municipal governments in the county.

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Executive Summary

The Healthy Blair County Coalition (HBCC) is a collaboration among community partners to conduct a comprehensive community health needs assessment. Its purpose is to identify community assets, identify targeted needs, and develop implementation plans 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 additional reports: Blair County Profile III: Community Health Needs Assessment and Implementation Plan (June 2016), Blair County Profile IV: Community Health Needs Assessment and Implementation Plan (June 2029) and Blair County Profile IV: Community Health Needs Assessment and Implementation Plan was adopted in June 2022.

Healthy Blair County Coalition

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

This community health needs assessment process was directed by the Steering Committee which includes UPMC Altoona, Conemaugh Nason Medical Center, and community partner organizations. The Steering Committee collaborated with a broader group of 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 2024 – September 2024).
- Solicit input from individuals and organizations that represent the broad interests of the community served by the hospitals (July 2024 – January 2025).
- 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 2025).

- Continue to implement programs and services to address identified needs (July 2024– present).
- Review accomplishments and measure the impact of selected programs and activities (July 2021 – June 2024).

There were six 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**
- **Food for Life Initiative**
- **Youth Connection Task Force**
- **Let's Move Blair County Committee**
- **Mental Health & Suicide Prevention Committee**
- **Alliance for Nicotine Free Communities**

In addition, HBCC was involved in the development of the Chamber of Commerce Workplace Wellness Committee and continued to support and participate in all programs and activities. It was 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, Youth Connection/Let's Move Into Kindness Facebook page, posters, meetings and conferences, newspaper, television, and radio.

The community health needs assessment and HBCC are primarily funded by UPMC Altoona. 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. Sponsorships and in-kind services (e.g. meeting rooms, printing, use of equipment, donations, and volunteer hours) were provided by many other organizations. Grants were received from Highmark, the Nason Foundation, Pennsylvania Link, 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 and Issues
- Community Challenges and Issues
- Household Challenges and Issues
- Involvement in Community Initiatives/Projects
- Awareness of Social Determinants of Health, Health Literacy, 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 eight areas: economics, education, 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 3010 households (approximately six percent) was drawn from the 49,173 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 and ten surveys were mailed in June 2024, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey or a QR code. There were 237 surveys returned for a response rate of 7.9%. 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 (66 completed). The household survey was also administered to clients/consumers by twelve other groups including the Altoona Area School District ELECT Program, Altoona Family Physicians, Blair County NAMI, Blair Senior Services, B4 Club Therapy, Center for Independent Living of South Central Pennsylvania, Conemaugh Nason Medical Center, Contact Altoona, Family Resource Center, Gloria Gates Care, Head Start, and Home Nursing Agency WIC Program (UPMC). A total of 453 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 756 surveys were returned: 237 from households, 66 from responses on the website, and 453 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 survey indicate that 72% of respondents felt that people in their neighborhood help each other out when they have a problem. And 59% gather together formally or informally to participate in activities. 70% feel welcome to participate in their community but only 49% feel they have an opportunity to affect how things happen. 85.9% 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 (67%), close to physicians and medical facilities (63%), family friendly/good place to raise kids (61%), and close to parks, recreation, and sports (60%). The worse things about living in Blair County were drug use/abuse (53%), roads and alleys in need of repair (44%), and youth with nothing to do (36%). These responses were similar to the 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 52 different **community issues**. A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the last five household surveys when health-related questions were added.

The following chart identifies the community issues for Blair County in each of the six 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	2024
Crime	Lack of jobs	Obesity	Alcohol and other Drugs	Overuse/addiction to cell phone, social media, internet, etc	Obesity
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity	Obesity	Overuse/addiction to cell phone, social media, internet, etc
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc	Alcohol and other Drugs	Alcohol and other Drugs
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving	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	Heart Disease
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes	Adults with mental health or emotional issues	Smoking, tobacco, and e-cigarettes/ vaping
					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	2024
Stress, anxiety, and depression	Being overweight	Being overweight	Stress, anxiety, and depression	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	Being overweight
Difficult to budget	Difficult to budget	Stress, anxiety, and depression	Children being bullied/harassed/ cyberbullied*	Children being bullied/harassed/ cyberbullied	Not enough money to meet daily needs
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	Children being bullied/harassed/ cyberbullied

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 49% of households reported that none of the items prevented them from getting health care. Over 94.4% had seen a primary care/family physician in the past year and 74% had seen a dentist in the past year. Most respondents knew how to find treatment for substance use (75%) and/or mental health treatment (77%). Over 68% 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

2012	2015	2018	2021	2024
Dental care	Dental care	Prescription drug assistance	Inpatient and outpatient mental health services for adults	Outpatient mental health services for adults
Services for low-income residents	Care for senior citizens	Dental care	Dental care	Inpatient and outpatient mental health services for children/adolescents
Prescription drug assistance	Services for low-income residents	Social and/or medical care for senior citizens	Outpatient mental health services for children	Dental care

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

2012	2015	2018	2021	2024
Obesity prevention	Alcohol and drug abuse prevention	Mental health/ depression/suicide prevention	Obesity prevention	Mental health/ depression/suicide prevention
Alcohol and drug abuse prevention	Obesity prevention	Obesity prevention	Mental health/ depression/suicide prevention	Obesity prevention
Tobacco prevention and cessation	Mental health/ depression/suicide prevention	Alcohol and drug abuse prevention	Violence prevention	Tobacco, nicotine, and vaping
			Tobacco, nicotine, and vaping	Alcohol and drug abuse prevention
			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 (53%). However, when asked what keeps them from increasing their physical activity, the top reason was the lack of motivation (31%) followed by current health/physical condition (31%).

Summary of the Community and Business Leaders Survey and Results

A survey was distributed to 210 community and business leaders in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, 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 community and business leaders survey and cover letter were emailed in June 2024. Sixty-five completed surveys were received, a 31% response rate.

Ninety-four 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. Eighty-eight percent believe our community is one that actively promotes positive relations among all people. When asked about addressing pressing social concerns, 83% responded positively.

Out of the responses for community strengths, leaders see mainly positive strengths including 82% perceive leaders as having mutual respect among all sectors of the community. And 80% believe our community is willing to invest or re-invest in itself to improve community outcomes.

Table 5: Priorities Identified by Community and Business Leaders in Blair County Community Needs Assessments

2007	2012	2015	2018	2021	2024
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income	Poverty/lack of adequate income	Adults with mental health/emotional issues	Alcohol and other drugs
Crime	Unemployment or underemployment	Unemployment or underemployment	Alcohol and other drugs	Obesity	Smoking, tobacco, and e-cigarettes/vaping
Lack of jobs	Poverty	Alcohol and other drugs	Obesity	Poverty/lack of adequate income	Adults with mental health/ emotional issues
Unemployment or underemployment	Lack of jobs	Obesity	Adults with mental health/emotional issues	Alcohol and other drugs	Obesity
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	Overuse/addiction to cell phone, social media, internet, etc
	Smoking and tobacco	Lack of jobs	Children with mental health/ emotional issues	Use/availability of alcohol and other drugs in schools	Poverty/lack of adequate income
		Adults with mental health/ emotional issues			Children with mental health/ emotional issues

Table 6: Greatest Gaps in Health Care Services Identified by Community & Business Leaders

2012	2015	2018	2021	2024
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	Outpatient mental health services for children/adolescents	Inpatient 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	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	Dental care
				Inpatient mental health services for adults

Table 7: Greatest Needs in Health Education and Prevention Identified by Community & Business Leaders

2012	2015	2018	2021	2024
Obesity prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide 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	Obesity prevention
Mental health/ depression/ suicide prevention	Mental health/ depression/ suicide prevention	Obesity prevention	Violence prevention (e.g. workplace, family, phyisical, sexual, etc.)	Violence prevention (e.g. workplace, family, phyisical, sexual, etc.)

Summary of Social 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 asked questions related to community challenges, access to health care, gaps, and prevention/education needs. A total of 142 social service providers were asked to participate with 70 responding, or 49%.

Eighty-six 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. Seventy-seven percent believe our community is one that actively promotes positive relations among all people and 64% say our community is one where pressing social concerns are addressed.

These social service providers perceive leaders as having mutual respect among all sectors of the community (70%). Regarding our community willing to invest or re-invest in itself to improve community outcomes, 77% believe that to be the case.

These social service providers stated that they were most involved in the following three community initiatives: information and referral (62%), health wellness/prevention (59%), and mental health services at 58%.

Over 50% utilized volunteers in providing services for their agency but over 36% are having difficulty recruiting volunteers. Seventy-seven percent of these organizations make an effort to purchase goods and services from local enterprises. Over 83% reach out to hire people who are trying to transition from public assistance to work, those who have a disability, economically challenged, or were formerly incarcerated.

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

2018	2021	2024
Poverty/lack of adequate income	Adults with mental health/emotional issues	Alcohol and other drugs
Alcohol and other drugs	Poverty/lack of adequate income	Poverty/lack of adequate income
Smoking, tobacco, and e-cigarettes	Unemployment/underemployment	Smoking, tobacco, and e-cigarettes/ vaping
Adults with mental health/emotional issues	Obesity	Adults with mental health/emotional issues
Family violence, abuse of children, adults, or the elderly	Alcohol and other drugs	Unemployment/underemployment
Unemployment/underemployment	Smoking, tobacco, and e-cigarettes/ vaping	Obesity/Diabetes
	Overuse/addiction to cell phone, social media, internet, etc	Children with mental health/emotional issues
	Children with mental health/emotional issues	Shortage of afforadble housing (under $100,000)

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

2012	2015	2018	2021	2024
Prescription drug assistance	Dental care	Out-patient mental health services for adults	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	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	In-patient mental health services for children/adolescents

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

2012	2015	2018	2021	2024
Obesity prevention	Obesity prevention	Mental health/ depression/ suicide 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	Obesity prevention
Alcohol and drug abuse prevention	Healthy lifestyles	Violence prevention	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. Seventeen surveys were returned from a variety of faith-based organizations.

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

2012	2015	2018	2021	2024
Alcohol and other drugs	Alcohol and other drugs	Poverty/lack of adequate income	Adults with mental health/ emotional issues	Adults with mental health/ emotional issues
Unemployment or underemployment	Poverty/lack of adequate income	Alcohol and other drugs	Alcohol and other drugs	Unemployment or underemployment
Poverty	Smoking and tobacco	Obesity	Smoking, tobacco, and e-cigarettes/vaping	Children with mental health/ emotional issues
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	Shortage of affordable housing (under $100,000)
Children with mental health/ emotional issues	Crime	Smoking, tobacco, and e-cigarettes	Obesity	Substandard housing
Smoking and tobacco	Unemployment or underemployment	Adults with mental health/ emotional issues	Bullying/harassment/ cyberbullying	Human trafficking
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	2024
Inpatient mental health services for adults	Outpatient mental health services for adults	Dental care	Dental care	Inpatient mental health services for adults
Services for low-income residents	Services for low-income residents	Outpatient mental health services for adults	Outpatient mental health services for adults	Dental care
Services for alcohol and other drug abuse	Ability to serve different languages/cultures	Family physician	Perscription drug assistance	Outpatient mental health services for adults
				Inpatient and outpatient mental health services for children/adolescents

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

2012	2015	2018	2021	2024
Mental health/ depression/ suicide prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide prevention	Obesity prevention	Mental health/ depression/ suicide prevention
Teen pregnancy	Mental health/ depression/ suicide prevention	Alcohol and drug abuse prevention	Mental health/ depression/ suicide prevention	Obesity prevention
Alcohol and drug abuse prevention	Obesity prevention	Violence prevention	Violence prevention	Health Literacy

Summary of Healthcare Provider Interviews

Interviews were conducted with 11 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, trends impacting patients/clients, long-term effects of COVID-19, and how technology changed how healthcare is provided.

Healthcare providers ranked nutrition education and obesity prevention (40%) as the top community health need followed by substance use, mental health, and access to care (30% each). Since the last needs assessment, over 80% of healthcare providers have seen an increase in these top concerns.

Services for the elderly was ranked as the highest need (40%) for a special population followed by mental health services especially for children/adolescents at 30%. Transportation and housing are also impacting the needs of patients/clients. Fifty-five percent stated that patients experienced mental health issues because of the COVID-19.

Lastly, there was a mixed response related to how technology changed how they are providing healthcare. Almost 56% stated positive benefits such as patients having greater access to care/medical records, healthcare providers are interacting more frequently with patients, it helps with difficult travel, and provides access to top care specialists. However, 45% feel it lacks human contact with patients, an increase in bad health care, and lack of access to records if there are internet issues.

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 (2021 – 2024) are summarized on pages 55-57 of this report. Implementation plans and intended outcomes (2024 – 2027) can be located on pages 57-58.

Strategy 2: Alcohol and Other Substance Abuse

Although there are many prevention, intervention, and treatment programs to address substance use within Blair County, it continues to adversely affect the quality of life for individuals and the community itself. In addition, 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 62. Accomplishments (2021– 2024) are summarized on page 62 of this report. Implementation plans and intended outcomes (2024 – 2027) can be located on page 63.

Strategy 3: Mental Health and Suicide Prevention

Data from the community health needs assessment clearly indicates that mental health issues are still a top concern and increasing among all age groups. The goals for this strategy are on page 67. Accomplishments (2021 – 2024) are summarized on pages 68-69 of this report. Implementation plans and intended outcomes (2024 – 2027) can be located on pages 69-70.

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 increase in the use of e-cigarettes/vaping and number of vape shops is concerning. The goals for this strategy are on page 73. Accomplishments (2021 – 2024) are summarized on pages 72-75 of this report. Future implementation plans and activities will be incorporated into the Substance Use & Physical Health Coalition.

Strategy 5: Food Insecurity and Poverty

The underlying causes of the many of the 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, which focuses mainly on food insecurity, are on page 77. Accomplishments (2021 – 2024) are summarized on pages 77-78 of this report. Implementation plans and intended outcomes (2024 – 2027) can be located on page 78-79.

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 personal costs and decrease the overall health and economic growth of our community. There is a need to provide pathways of opportunity for all children and youth. The goals for this strategy are on page 82. Accomplishments (2021 – 2024) are summarized on pages 83-84 of this report. Implementation plans and intended outcomes (2024 – 2027) can be located on page 84-85.

Tracking the Progress and Outcomes of all Strategies

Both UPMC Altoona and Conemaugh Nason Medical Center as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes as a result of the CHNA. In addition, each HBCC 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 leaders, social service providers, 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.

Our needs assessments confirm that Blair County has many assets, including community leaders, businesses, social 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.

We will continue to implement community interventions that result in the improvement of social, economic, and environmental factors. This is our sixth report, *Blair County Profile 6: Community Health Needs Assessment and Implementation Plan*.

UPMC Altoona and Conemaugh Nason Medical Center chose to collaborate with each other on the CHNA and each hospital Board of Directors approved this joint CHNA report. Penn Highlands Tyrone was not involved in this community health needs assessment cycle. Although UPMC Altoona and Conemaugh Nason Medical Center have additional initiatives and programs aimed at addressing the community health needs that were identified in this CHNA, they 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.

In addition, Blair Planning has the responsibility to conduct all transportation planning, policymaking, and programming for the Altoona Metropolitan Statistical Area, which includes all of Blair County. Since much of these expanded areas overlap with community health, Blair Planning chose to use this needs assessment for their purposes by incorporating additional questions as needed.

Individuals and organizations from Blair County will be invited to hear the results of this 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 2024 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, 2018, and 2021 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 participating 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
www.healthyblaircountycoalition.org

UPMC Altoona Administration
620 Howard Avenue
Altoona, PA 16601
814-800-6797

Conemaugh Nason Medical Center Administration
105 Nason Drive
Roaring Spring, PA 16673
814-224-2141 or 877-224-2141

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, during this needs assessment process two hospitals located in Blair County chose to collaborate not only with each other but with the existing partnership. UPMC Altoona and Conemaugh Nason Medical Center are active participants on the Healthy Blair County Coalition Steering Committee.

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 monthly and the following persons served as members during this community health needs assessment period:

Anna Marie Anna/Murray Fetzer, Penn Highlands Tyrone (hospital)
Dr. Donald Beckstead, Altoona Family Physicians (health care)
Laura Burke, Blair County Commissioner (government)
Billie Kochara, Healthy Blair County Coalition Director
Angel Dandrea, Blair Senior Services (social services)
Marty Dombrowski, Center for Independent Living of South Central PA (social services)
Donald DeLozier, U.S. Hotel (business)
Marcus Edwards/Pat Miller, Altoona-Blair County Development Corporation (economic development)
Brian Keagy/Sarah Palazzi/Jennifer Mitchell, Hollidaysburg Area School District (education)
Donna D. Gority, Former Blair County Commissioner (community volunteer)
Joseph Cox/Molly Wink/Jon Frank, Blair County Juvenile Probation
Natalie Toma/Chris Farell, Penn Highlands Community College
Lannette Fetzer, PA Office of Rural Health
Coleen A. Heim, Healthy Blair County Coalition Director
Lisa Hann, Family Services, Inc. (social services)
Michelle Buttry/Timothy Harclerode, Conemaugh Nason Medical Center (hospital)
Jessica Hample/Michael Corso/Kevin Hockenberry, UPMC Altoona (hospital)
Shawna Hoover, Operation Our Town (crime)
Tricia Johnson/James Hudack, Blair County Department of Social Services (mental health)

Melissa Gillin, Blair County Department of Social Services (housing)
Dr. Lauren Jacobson, Penn State Altoona (higher education)
Tracy Kelley, WIC Program (social services)
Jennifer Knisely, Altoona Area Public Library (library)
Sherri McGregor, Penn State Altoona
Wendy Melius, Center for Community Action (social services)
Karen Struble Myers (United Way of the Southern Alleghenies (social services)
Dr. Daniel Novak, UPMC Partnering for Dental Services (dental care)
Amy Marten-Shanafelt, Blair HealthChoices (behavioral health)
David McFarland, Blair Planning Office (county planning)
Mayor Matthew Pacifico, City of Altoona (government)
Amy Showalter/Sigrid Andrew/Clayton Rickens, James E. Van Zandt Medical Center (veterans/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)
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 represented by 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 during this needs assessment process. 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** was to enhance communication and coordination between drug/alcohol and healthcare and medical providers.

The **Food for Life Committee** was formed to specifically address 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. Although not specific to youth, the task force developed and will continue to promote a kindness initiative.

The **Let's Move Blair County Committee** implemented 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 & Suicide Prevention Committee** addresses unmet needs and is working toward establishing or advocating for programs and strategies that serve children and families more effectively. This includes creating an awareness of mental health, reducing the stigma of mental illness, and suicide prevention.

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.

In collaboration with the Healthy Blair County Coalition, the Blair County Chamber of Commerce created a **Workplace Wellness Committee**. The purpose was 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 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, Blair County Youth Connection/Let's Move Into Kindness Facebook page, Constant Contact newsletters, 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. Additional funding was provided by Conemaugh Nason Medical Center, Blair County Drug and Alcohol Partnerships, Blair HealthChoices, Blair Planning, Penn Highlands Healthcare, 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. Sponsorships and in-kind services (e.g. meeting rooms, printing, use of equipment, donations, and volunteer hours) were provided by many other organizations. Grants were received from Highmark, Nason Foundation, Pennsylvania Link, and the Thomas Jefferson University.

H. Geographic Area

Since the two 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 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 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 social service providers and faith-based organizations.
5. The CHNA survey was distributed to comunity and business leaders 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.
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. Twelve other agencies, including ones that serve income-eligible families and children and persons with disabilities conducted the CHNA household survey.

J. Sustainability and Changes to the Healthy Blair County Coalition

In 2024, the Healthy Blair County Coalition formally became part of the United Way of the Southern Alleghenies. A full-time Director was hired to continue the work of the Coalition as well as support related initiaves of the United Way. The existing HBCC Steering Committee will continue to oversee the community health needs assessment process, the implemenetation plans of the work groups/committtees, and provide direction/support to the new Director.

Section Two:
Methods

The Community Health Needs Assessment (CHNA) was conducted for three 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. Finally, the CHNA provides community partners with a needs assessment tool that can be used to support their activities and/or provide the necessary data for grants.

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

A. Method for Household Survey

A random sample of 3010 households (approximately six percent) was drawn from the 49,173 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 and ten surveys were mailed in June 2024, along with a cover letter and pre-paid return envelope. In addition, participants had the choice of completing the survey using survey monkey or a QR code. There were 237 surveys returned for a response rate of 7.9%. 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 (66 completed). The household survey was also administered to clients/consumers by twelve other groups including the Altoona Area School District ELECT Program, Altoona Family Physicians, Blair County NAMI, Blair Senior Services, B4 Club Therapy, Center for Independent Living of South Central Pennsylvania, Conemaugh Nason Medical Center, Contact Altoona, Family Resource Center, Gloria Gates Care, Head Start, and Home Nursing Agency WIC Program (UPMC). A total of 453 surveys were returned and analyzed but were kept separate from the random household survey. Therefore, a total of 756 surveys were returned: 237 from households, 66 from responses on the website, and 453 from the agencies mentioned above.

B. Method for Community and Business Leadership Survey

The purpose of this survey was to assess what community and business leaders believed to be the strengths, community challenges, and needs of Blair County, including health care. The survey was distributed to 210 community and business leaders in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, 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 community and business leaders survey and cover letter were emailed in June 2024. Sixty-five completed surveys were received, a 31% response rate.

Ninety-four percent of the respondents agreed that the community is one where leaders from business, labor, government, education, faith-based, neighborhood, non-profit, and all other sectors come together and work productively to address critical community issues. Eighty-eight percent believe our community is one that actively promotes positive relations among all people. When asked about addressing pressing social concerns, 83% responded positively.

Out of the responses for community strengths, leaders see positive strengths including 82% perceive leaders as having mutual respect among all sectors of the community. And 80% believe our community is willing to invest or re-invest in itself to improve community outcomes. There were questions related to social determinants of health, health equity, and health literacy.

C. Method for Social Service Provider Survey

The social service provider survey was helpful in learning about the community assets, programs, and services that are already in place to serve the community. Surveys were sent to a variety of groups to learn 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 asked questions related to community challenges, access to health care, gaps, and prevention/education needs. A total of 142 social service providers were asked to participate with 70 responding, or 49%. The sample was characterized by both large and small agencies with an equal range serving children, youth, adults, and senior citizens.

Eighty-six percent of the respondents agreed that the community is one where leaders from various sectors come together and work productively to address critical community issues. Seventy-seven percent believe our community is one that actively promotes positive relations among all people and 64% say our community is one where pressing social concerns are addressed.

These providers perceive leaders as having mutual respect among all sectors of the community (70%). Regarding our community willingness to invest or re-invest in itself to improve community outcomes, 77% believe that to be the case.

Social service providers stated that they were most involved in the following three community initiatives: information and referral (62%), health wellness/prevention (59%), and mental health services at 58%. Over 50% utilized volunteers in providing services for their agency but over 36% are having difficulty recruiting volunteers. Seventy-seven percent of these organizations make an effort to purchase goods and

services from local enterprises. Over 83% reach out to hire people who are trying to transition from public assistance to work, those who have a disability, economically challenged, or were formerly incarcerated.

D. Faith-Based Community Survey

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. They are familiar with the needs and challenges facing individuals, families, and community members. Over 65% of the congregations reported having a youth group. Seventeen surveys were returned from a variety of faith-based organizations.

E. Healthcare Provider Interviews

Interviews were conducted with 11 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, trends impacting patients/clients, long-term effects of COVID-19, and how technology changed how healthcare is provided.

Healthcare providers ranked nutrition education and obesity prevention (40%) as the top community health need followed by substance use, mental health, and access to care (30% each). Since the last needs assessment, over 80% of healthcare providers have seen an increase in these top concerns.

Services for the elderly was ranked as the highest need (40%) for a special population followed by mental health services especially for children/adolescents at 30%. Transportation and housing are also impacting the needs of patients/clients. Fifty-five percent stated that patients experienced mental health issues because of the COVID-19.

Lastly, there was a mixed response related to how technology changed how they are providing healthcare. Almost 56% stated positive benefits such as patients having greater access to care/medical records, healthcare providers are interacting more frequently with patients, it helps with difficult travel and provides access to top care specialists. However, 45% feel it lacks human contact with patients, an increase in bad health care, and lack of access to records if there are internet issues.

Table 14: Blair County Community Health Needs Assessment Survey Tracker

Surveys/Interviews	Survey Sent	Surveys Returned	Percentage
Household	3010	237	7.9%
Household (website)	N/A	66	N/A
Community and Business Leaders	210	85	31%
Social Service Provider	142	70	49%
Faith-Based	N/A	17	N/A
Household Surveys from Other Agencies: Altoona Area School District ELECT Program Altoona Family Physicians Blair County NAMI B4 Club Therapy Blair Senior Services Central for Independent Living Conemaugh Nason Medical Center CONTACT Altoona Family Resource Center Gloria Gates Care Head Start UPMC WIC Program	N/A	453	N/A
Healthcare Providers	N/A	11	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 3010 households (approximately six percent) was drawn from the 49,173 households so that each zip code was represented according to its percentage of total households in the county. The surveys were mailed in June 2024, 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 237 surveys returned for a response rate of 7.9%. Information about the household survey was publicized through 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 (66 completed). The household survey was also conducted with clients/consumers by twelve other groups. A total of 453 surveys were returned and analyzed but were kept separate from the random household survey.

Therefore, a total of 756 surveys were returned: 237 from households, 66 from responses on the website, and 453 from other participating organizations. As shown in Table 15, our random household survey (2024) was generally representative of Blair County.

Table 15: Comparisons of Blair County Demographics/Characteristics & Those Completing the Household Survey[1]

Characteristics	Blair County Population	Household Survey (2024)
Gender		
Male	49.5%	26.1%
Female	50.5%	68.5%
Other		0.4%
Race		
White or European American	94.8%	87.8%*
Black or African American	2.5%	0.8%
Hispanic/Latino	1.9%	0.0%
Asian or Pacific Islander	0.7%	0.0%
American Indian/Alaska native	0.2%	0.0%
Two or More races in Household	1.8%	0.4%

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

Income		
Less than $25,000		16.5%
$25,000 - $49,999	46.2%	21.8%
$50,000 - $99,999	30.7%	25.2%
$100,000 - $149,999	15.0%	15.2%
$150,000 or above	8.1%	9.2%
Household Type		
Married – couple/children under 18	15.7%	16.4%
Married – couple no children	31.1%	39.1%
Single parents with children under 18	8.7%	2.5 %
Single person	31.2%	23.5%
Other type of household	13.3%	16.4%
Public Assistance	17.2%	14.7%
Age		
21-39		10.1%
40-59		25.6%
60-98		54.2%
missing		10.2%
Veteran/Military Service	8.7%	14.7%

* Indicates that some did not complete this demographic question.

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 72% of respondents felt that people in their neighborhood help each other out when they have a problem. And 59% gather together formally or informally to participate in activities and 70% felt welcome in their community. However, 49% felt they have little or no opportunity to affect how things happen in their neighborhood. In the area of voting, 86% 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 (67%), close to physicians and medical facilities (63%), family friendly and a good place to raise kids (61% and close to parks, recreation, and sports (59%). The worse things about living in Blair County were drug use/abuse (57%), roads and alleys in need of repair (44%), and youth with nothing to do (36%). These responses were similar to the 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 52 different **community issues** in the categories shown in Figure 2.

Figure 1: Categories of Community Challenges and Issue

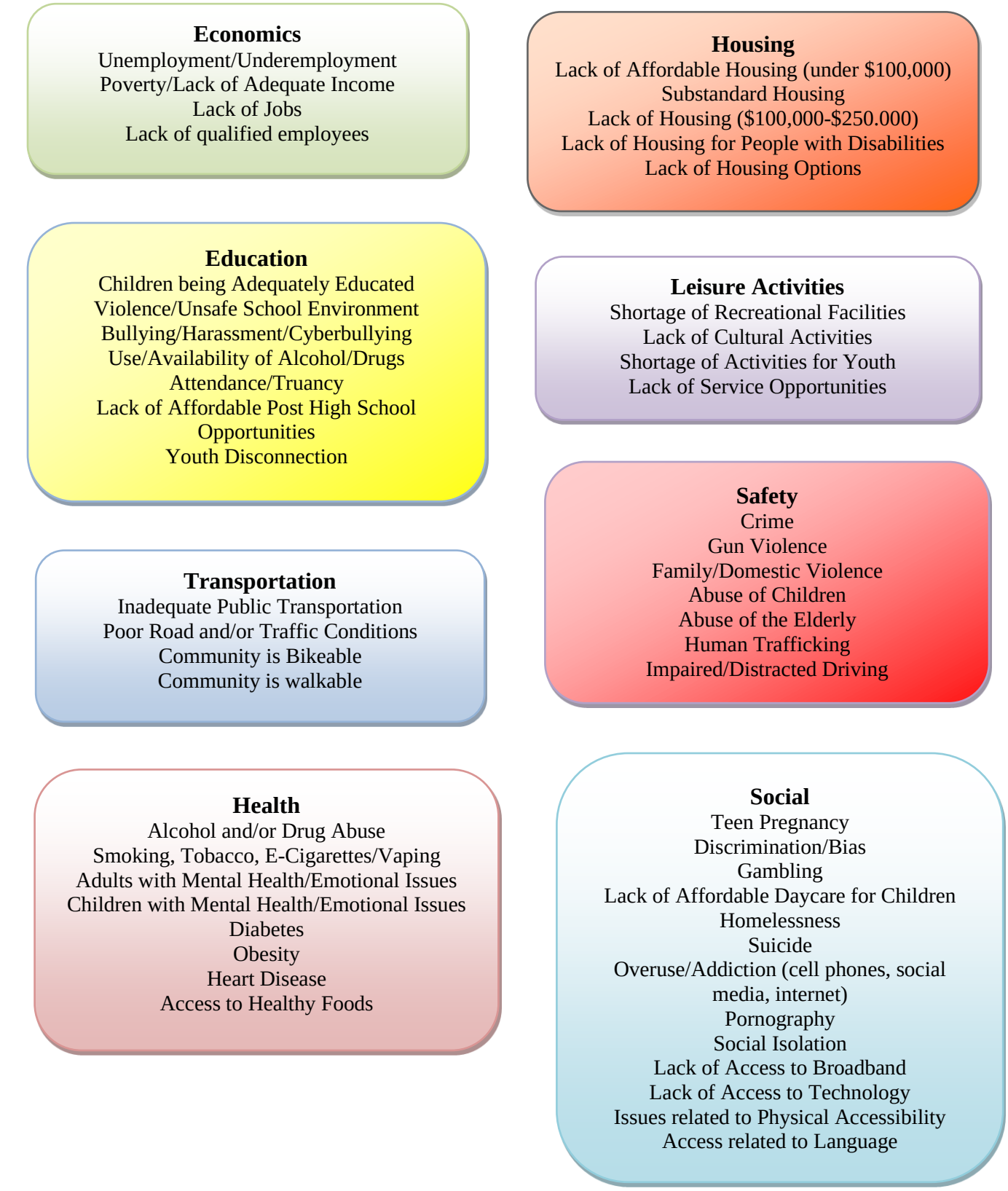


Table 16: Priorities Identified in Blair County Community Needs Assessments

2007	2012	2015	2018	2021	2024
Crime	Lack of jobs	Obesity	Alcohol and other Drugs	Overuse/addiction to cell phone, social media, internet, etc	Obesity
Alcohol and other drugs	Alcohol and other drugs	Alcohol and other drugs	Obesity	Obesity	Overuse/addiction to cell phone, social media, internet, etc
Unemployment or underemployment	Unemployment or underemployment	Lack of jobs	Overuse/addiction to cell phone, social media, internet, etc	Alcohol and other Drugs	Alcohol and other Drugs
Lack of jobs	Obesity	Poverty/lack of adequate income	Impaired/distracted driving	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	Heart Disease
Poverty	Crime	Smoking and tobacco	Smoking, tobacco, and e-cigarettes	Adults with mental health or emotional issues	Smoking, tobacco, and e-cigarettes/ vaping
					Adults with mental health or emotional issues

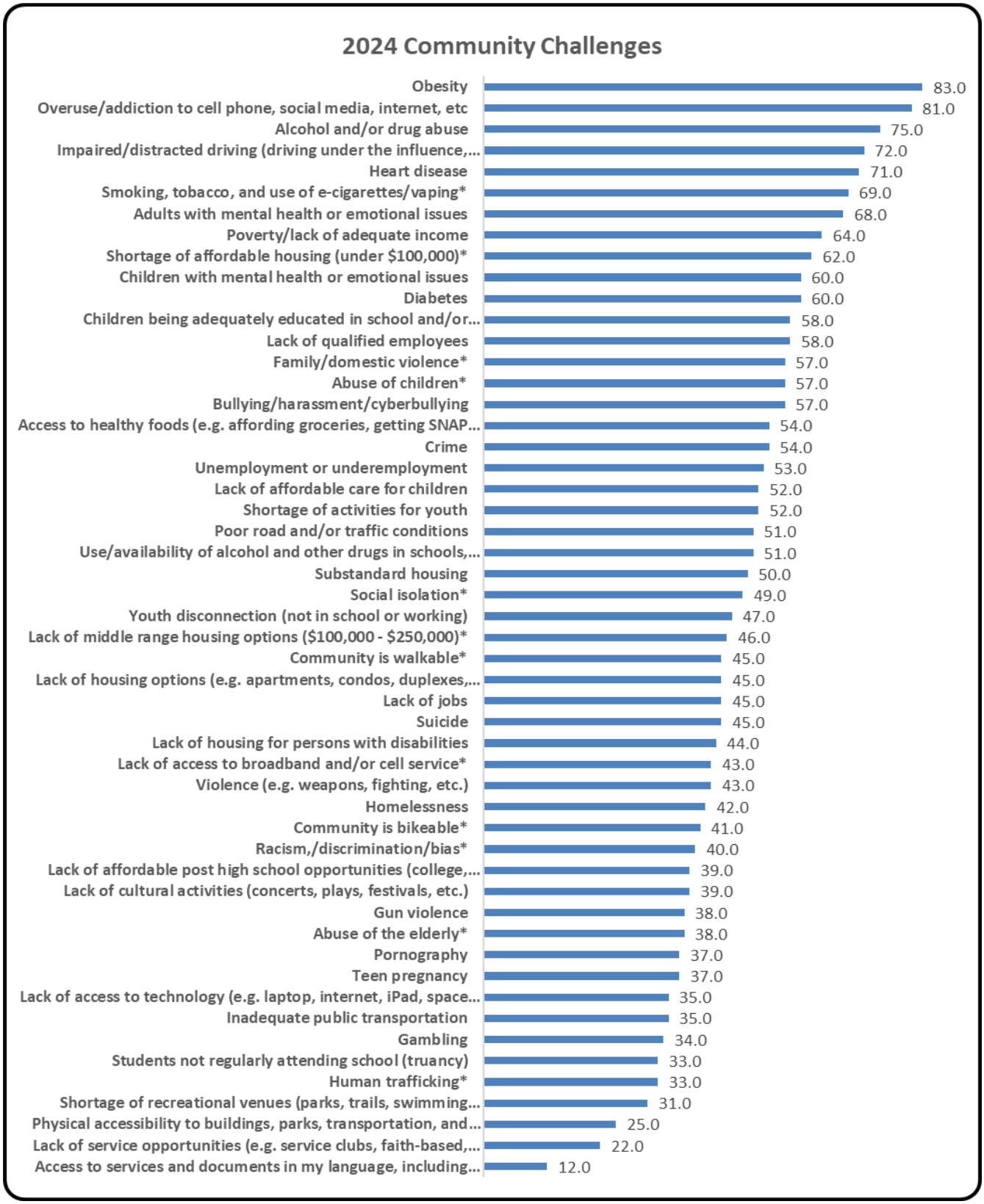
A comparison with the 2007 responses cannot be accurately made since the options changed for respondents in the 2012, 2015, 2018, 2021, and 2024 household surveys when health related questions were added.

As can be seen in Figure 2, 83% of respondents identified obesity as the top challenge followed by overuse/addiction to cell phone, social media, internet, etc.(81%) and drug and alcohol (75%).

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 consistent with the random survey with obesity (94%), alcohol and/or drug abuse (86%) addiction to cell phone/social media,/internet (83%)and poverty (83%) as their top community challenges.

The household survey was also administered to clients/consumers by twelve other organizations/agencies. Respondents in those surveys identified alcohol and/or drug abuse, obesity, poverty, shortage of affordable housing and/or lack of housing for persons with disabilities, mental health, bullying/ harassment, heart disease, smoking/tobacco/vaping, and students not regularly attending school/truancy affecting their particular population as well as addiction to cell phones/social media/internet.

Figure 2: COMMUNITY CHALLENGES (Ranked by percentage identified as major/moderate issue).



*Indicates new question or wording added to the survey in 2024.

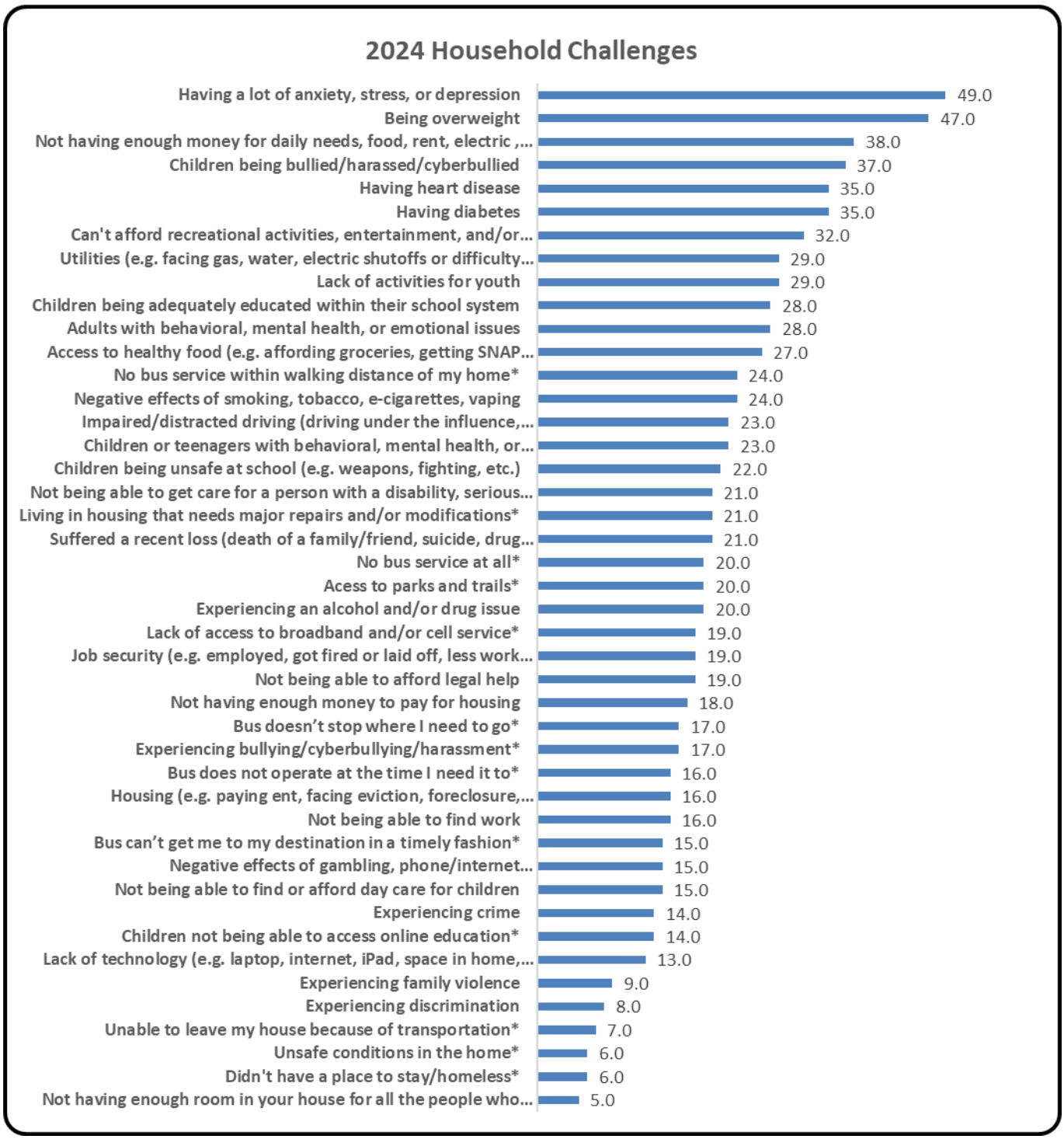
D. Household Challenges and Issues

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 3 indicates, 49% of respondents identified having anxiety, stress, or depression as the top challenge within their household followed by being overweight at 47%. The analysis based on geographic areas for the three hospitals yielded the similar results with having stress, anxiety, and depression and being overweight as the highest ranking issues within households. However, for the southern part of the county, transportation and/or bus service was their top household challenge (60%).

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

Figure 3: HOUSEHOLD CHALLENGES (Ranked by percentage identified as major/moderate issue).

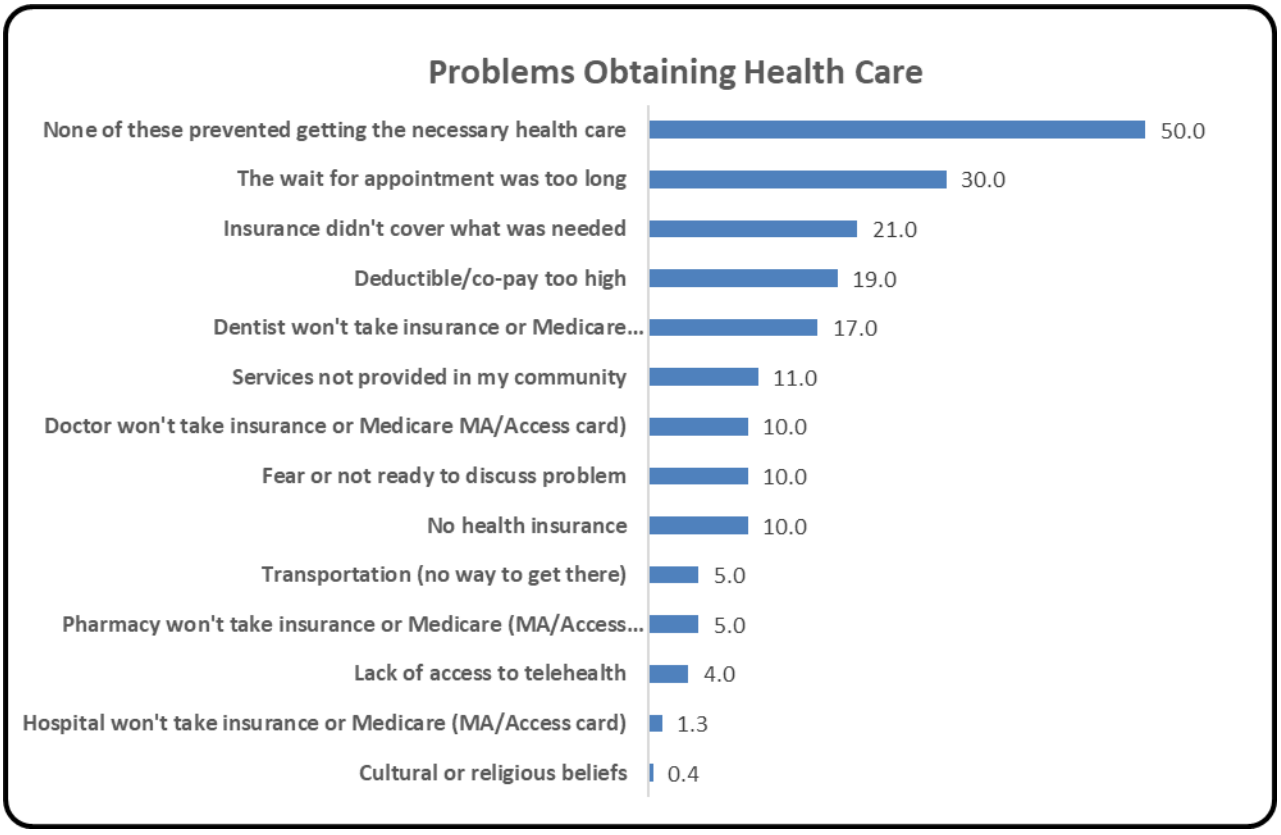


*Indicates new question or wording added to the survey in 2024

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.** Responses in Figure 4 indicate which problems prevented people from getting the necessary health care,

Figure 4: CHALLENGES & ISSUES FOR OBTAINING HEALTH CARE (Ranked by percentage identified as a major or moderate issue).



Overall, the results were similar across geographic areas. However, the wait for an appointment shared by respondents in one other organization was 73%. Residents were asked about their own experiences with the health care system. Table 17 summarizes their responses.

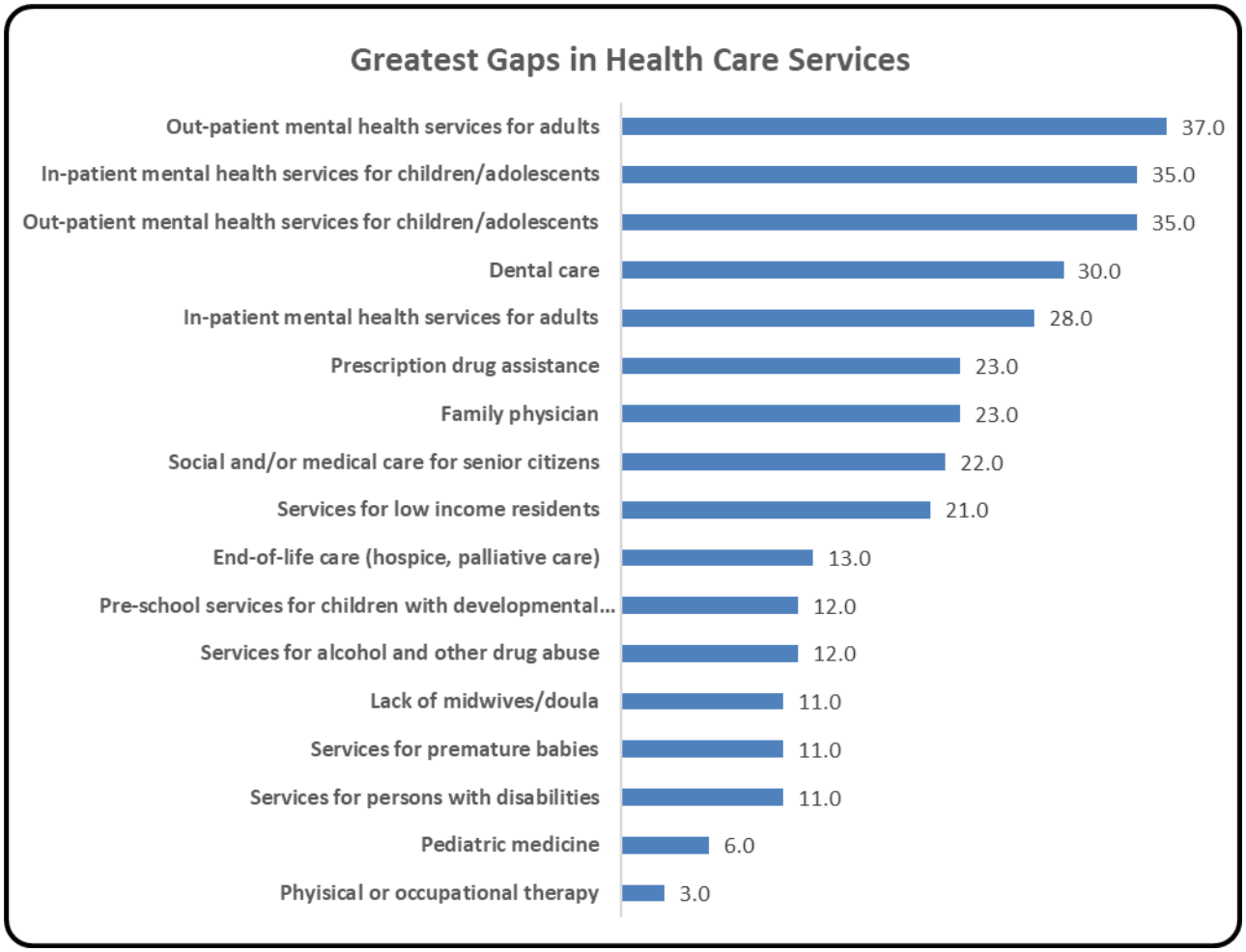
Table 17: Navigating the Healthcare System

	Yes	No	Sometimes
Have you seen a primary care/family physician in the past year?	94%	5%	.9%
Have you seen a dentist in the past year?	77%	20%	.4%
Do you know how to find treatment if you or someone you know needs help for an alcohol or substance use problem?	75%	11%	2%
Do you know how to find mental health treatment if you or someone you know needs help?	77%	11%	4%

Do you know how to find resources if you or someone you know needs help after experiencing trauma (e.g. significant life stressor)?	74%	13%	5%
When you need help are you able to navigate the healthcare system and community resources?	68%	12%	19%
Do you clearly understand what is going on with your healthcare?	75%	8%	17%
Do you feel like all of your medical care is well coordinated between different medical providers?	60%	20%	19%
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)?	28%	57%	11%
Have you ever missed a health care appointment (e.g. doctor appointment, test, physical therapy, etc.) due to lack of transportation?	12%	86%	2%

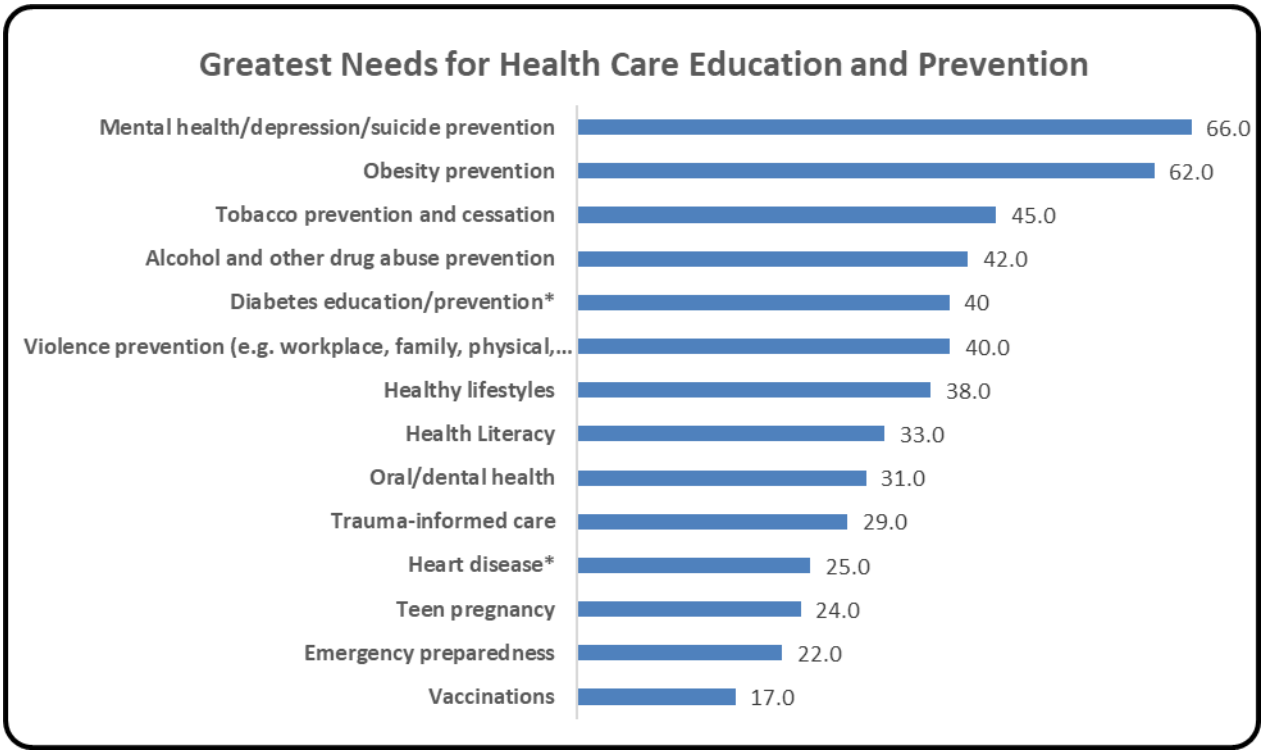
Residents were asked their opinions on the **greatest gaps in health care services** in Blair County. Overall, mental health services was the greatest gap for residents.

Figure 5: GREATEST GAPS IN HEATH CARE SERVICES (Ranked by percentage identified as a major or moderate issue).



When asked "What are the **greatest needs in health education and prevention services** in Blair County", mental health/depression/suicide (65.5%) and obesity prevention (62%) received the highest percentages. These were consistent across all subgroups.

Figure 6: Greatest Needs in Health Education and Prevention Services (Ranked by percentage identified as a major or moderate issue).



When asked whether respondents or their families registered in the SMART 911 system, 66% did not know what SMART 911 is. In addition, 80% were not familiar with the PA211 system.

Figures 7 and 8 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 7: Reasons for not Eating a Healthy Diet

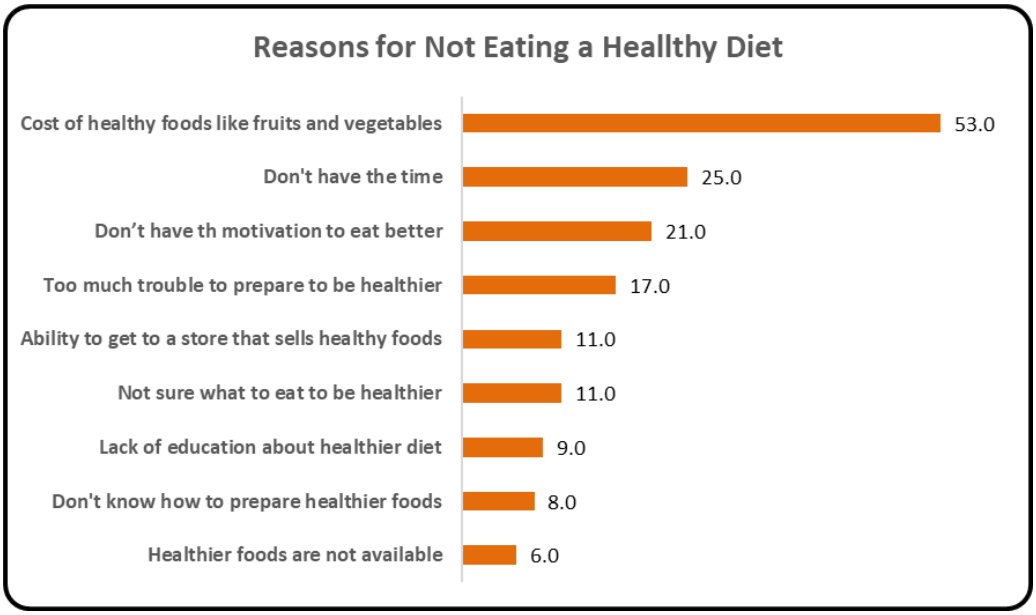
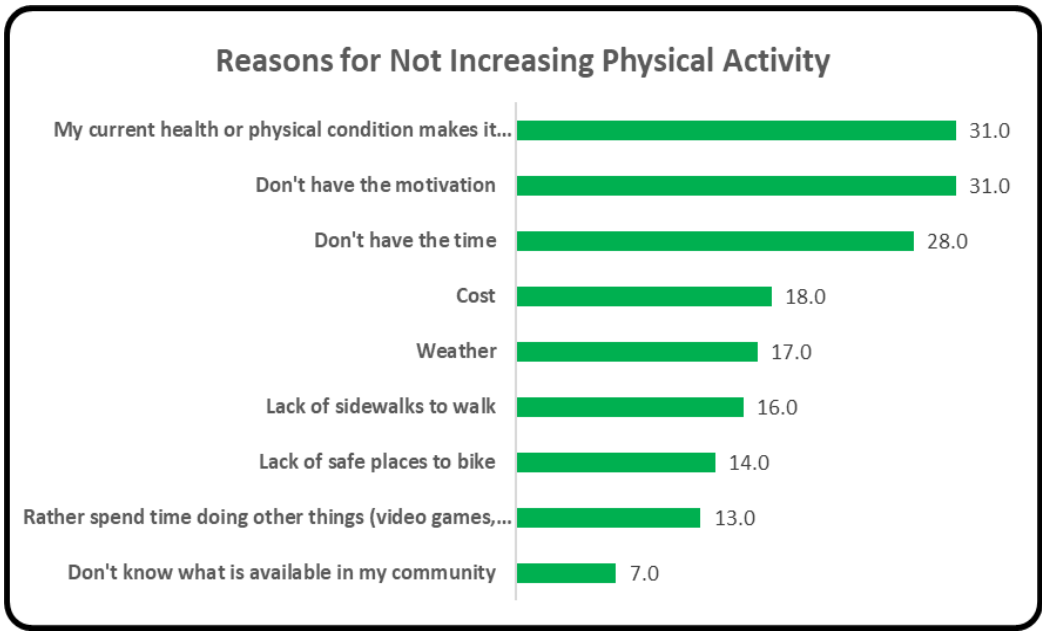


Figure 8: Reasons for not Increasing Physical Activity



Section Four:
Community and Business Leader Survey, Health Care Provider Interviews, Service Provider Survey, and Faith-Based Survey

A. Community and Business Leader Survey

A survey was distributed to 210 community and business leaders in Blair County (e.g. state, county, and local government officials, police chiefs, school superintendents, board presidents, hospital CEO's, media, 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 community and business leaders survey and cover letter were emailed in June 2024. Sixty-five completed surveys were received, a 31% response rate.

Community and Business Survey Highlights, Community Strengths, and Challenges:

- The Robert Wood Johnson County Health Rankings measure the health of nearly every county in all 50 states. Only 42% were aware of Blair County's rank. Over 74% were aware of social determinants of health. Health literacy is the ability to access, understand, appraise, and use information to make health choices and 75% were aware of that term. With regard to heath equity and how opportunities differ between neighborhoods or groups of people, over 51% felt that safe housing followed by access to transportation (40%) were very different.

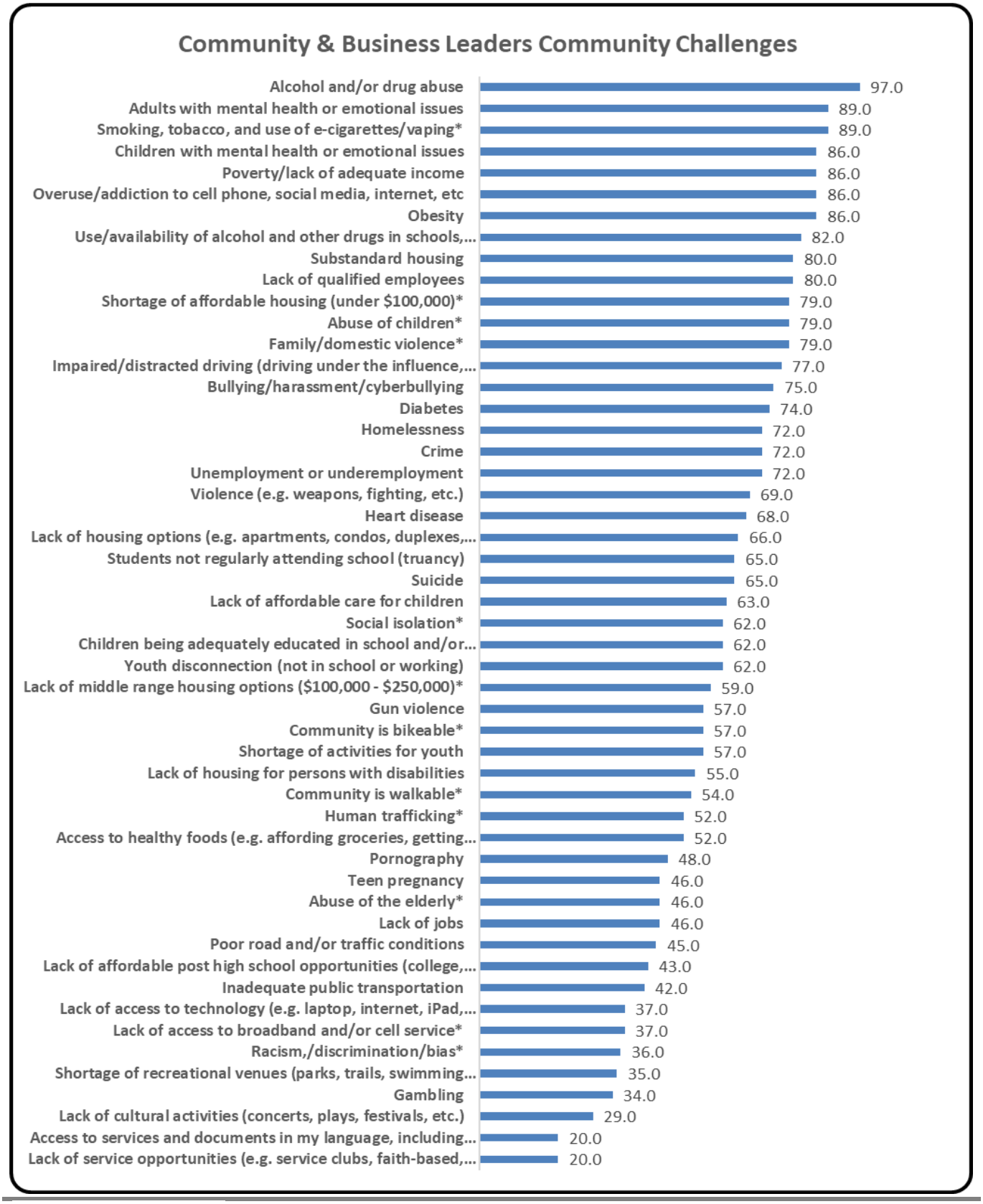
- Community and business leaders responses for the top reasons which prevented residents from getting the necessary health care were the similar as those from households (e.g. deductible/co-pay was too high and insurance didn't cover what was needed).

- Community and business leaders reported that mental health/depression/suicide prevention (85%) followed by obesity (68%) and violence prevention (65%) were the greatest needs regarding health education and prevention services. They listed both in-patient and out-patient mental health services for children and adults (54%-57%) as the greatest gap in health services in the county as well as dental care (53%).

- Over 65% of community and business leaders were aware of and/or participated in Healthy Blair County Coalition initiatives.

"Continue the amazing work that has been accomplished since the Healthy Blair County Coalition was created. Keep up the great work"

Figure 9: Community & Business Leaders Responses for Community Challenges



B. Health Care Provider Interviews

Interviews were conducted with 11 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, trends impacting patients/clients, long-term effects of COVID-19, and how technology changed how healthcare is provided.

Summary of Health Care Provider Interviews:

- When asked "What do you believe are the top community health needs", healthcare providers ranked nutrition education and obesity prevention (40%) as the top community health need followed by substance use, mental health, and access to care (30% each). Since the last needs assessment, over 80% of healthcare providers have seen an increase in these top concerns.

- When asked "What are the top needs related to special populations?" Services for the elderly was ranked as the highest need (40%) for a special population followed by mental health services especially for children/adolescents at 30%. Transportation and housing are impacting on the needs of patients/clients. Fifty-five percent stated that patients experienced mental health issues because of the COVID-19.

- Lastly, there was a mixed response related to how technology changed how they are providing healthcare. Almost 56% stated positive benefits such as patients having greater access to care/medical records, healthcare providers are interacting more frequently with patients, it helps with difficult travel and provides access to top care specialists. However, 45% feel it lacks human contact with patients, an increase in bad health care, and lack of access to records if there are internet issues.

C. Social Service Provider Survey

The social service provider survey was 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, access to health care, gaps, and prevention/education needs. A total of 142 social service providers were asked to participate with 70 responding, or 49%.

Figure 10: Social Service Provider Responses for Community Challenges

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

- Social service providers stated that they were most involved in the following three community initiatives: information and referral (62%), health wellness/prevention (59%), and mental health services at 58%.

- Over 50% utilized volunteers in providing services for their agency but over 36% are having difficulty recruiting volunteers. Seventy-seven percent of these organizations make an effort to purchase goods and services from local enterprises. Over 63% reach out to hire people who are trying to transition from public assistance to work, those who have a disability, economically challenged, or were formerly incarcerated.

- The Robert Wood Johnson County Health Rankings measure the health of nearly every county in all 50 states. Only 32% were aware of Blair County's rank. Over 90% were aware of the social determinants of health. Health literacy is the ability to access, understand, appraise, and use information to make health choices and 90% were aware of that term. With regard to heath equity and how opportunities differ between neighborhoods or groups of people, over 91% felt that safe housing followed by access to healthy foods (86)%) were very different. The response to safe housing was almost double from three years ago.

- Social service providers responses for the top reasons which prevented residents from getting the necessary health care were deductible/co-pay was too high (83%) and transportation (81%).

- Only 33% feel that there is collaboration among and/or between physical and behavioral health providers. Fifty percent (50%) did say sometimes there is collaboration.

- Social service providers reported that mental health/depression/suicide prevention (91%) 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 (63%-73%) as the greatest gap in health services in the county. Dental care was also high on the list at 60%.

- Over 71% of these providers were aware of and/or participated in Healthy Blair County Coalition initiatives.

"I love HBCC and all it stands for. Doing a great job"

D. Faith-Based 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. They are familiar with the needs and challenges facing individuals, families, and community members. Seventeen surveys were returned from a variety of faith-based organizations.

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

- The faith-based community provides a wide variety of services to both members of their congregations and to the community itself. Over 65% of the congregations reported having a youth group.

- The Robert Wood Johnson County Health Rankings measure the health of nearly every county in all 50 states. Only 24% were aware of Blair County's rank. Over 88% were aware of the social determinants of health. With regard to heath equity and how opportunities differ between neighborhoods or groups of people, 100% felt that safe housing followed by access to healthy foods (94)%) were very different.

- Faith-based responses for the top reasons which prevented residents from getting the necessary health care were no health insurance (82%) or it didn't cover what was needed (77%).

- Members of the faith-based community reported that mental health/depression/suicide prevention (88%) and obesity (82%) were the greatest needs regarding health education and prevention services. They listed both in-patient and out-patient mental health services for children and adults (71%-77%) as the greatest gap in health services in the county as well as dental care (71%).

- Only 41% of were aware of and/or participated in Healthy Blair County Coalition initiatives.

Figure 11: Faith-Based Responses for Community Challenges

Table 18: Community and Business Leader (CBL), Social Service Providers (SSP), and Faith-Based (FB) Responses for Community Strengths

Community Strength	Strongly/Somewhat Agree		
	CBL	SSP	FB
Leaders come together and work productively to address critical community issues.	94%	86%	88%
Our community actively promotes positive relations among people from all races, genders, ages, and cultures, including persons with disabilities.	88%	77%	59%
Our community is one where pressing social concerns are addressed.	83%	64%	41%
Our community actively promotes participation in the political process from all races, genders, ages, and cultures, including persons with disabilities.	68%	57%	55%
There exists a great deal of mutual respect among leaders from all sectors of the community.	82%	70%	75%
Our community is willing to invest or reinvest in itself to improve community outcomes.	80%	77%	69%

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 19: Demographic Data for Blair County[2]

Characteristics	Blair County	Pennsylvania
2023 Population Estimates	121,854	12,986,518
2019-2023 Veterans	8,493 (9.0%)	656,112 (5.9%)
2023 Persons with a Disability (under 65 years)	12.0%	10.2%
2023 Number of Households Estimates	50,548	5,235,339
2023 Average Household Size Estimates	2.33	2.40
2023 Population by Age Estimates		
Ages 0-17	20.3%	20.6%
Ages 18 - 64	58.6%	60.3%
Ages 65+	21.1%	19.1%
2023 Housing Ownership	71.7%	69%
2023 Median Value of Owner-Occupied Housing	$156,700	$240,500
2023 Median Gross Rent	$854	$1,162
2023 Households with a Computer	89%	92.9%
2023 Households with a Broadband Internet	84.7%	88.5%
2023 Median Household Income Estimates	$54,022	$63,627
2023 Per Capita Income	$57,782	$68,945
2024 Unemployment Rate[3]	3.4%	3.6%
Poverty Rate	14.4%	12.0%
Poverty Rate for Children Under 18	16.5%	15.7%
Persons without health insurance (under age 65)	6.3%	6.6%
Receiving Medical Assistance	27.0% (33,478)	23.0%
Receiving Supplemental Nutrition Assistance Program (SNAP)	19.0% (23,573)	15.5%
2025 CHIP Enrollment	1,623	168,314

[2] U.S. Census Bureau Quick Facts
[3] Pennsylvania Department of Labor and Industry

Receiving Medical Assistance (under Age 18)	12,193	1,152,255
Adults 65 and over Enrolled in PACE[4]	14.4% (3,795 people)	9%
2023 Population 25+ with High school Graduation	93.2%	91.9%
2023 Population 25+ with a Bachelor's Degree	24.1%	34.5%

*Methodology differences may exist between data sources.

Blair County Health Care Resources

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

Part of the nationally-recognized UPMC health care system, **UPMC Altoona** is a nonprofit community health care provider with a 390-bed acute-care teaching hospital, several state-of-the-art outpatient centers, a surgery center, and a large local network of health care providers covering over 20 different specialties, with locations across six Pennsylvania counties. UPMC Altoona offers access to the latest diagnostic procedures, evidence-based therapies, and leading-edge treatments and serves patients in a 20-county region.

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.

Conemaugh Nason Medical Center is a 45-bed hospital serving rural and suburban populations in Blair, Bedford, and Huntingdon Counties for over 121 years. Conemaugh Nason Medical Center is part of LifePoint Health® which owns and operates 60 community hospital campuses in 31states.
With a state-of-the art cardiac catheterization lab, Conemaugh Nason offers a range of inpatient and outpatient cardiac services close to home. The hospital provides 24/7 emergency care as an accredited chest pain center, and offers comprehensive outpatient, imaging, diagnostic, and specialty services

Penn Highlands Tyrone, formerly known as Tyrone Hospital, is a 25-bed community hospital that provides general medical and surgical care, three primary care physician offices, which included Tyrone Rural Health Center, Pinecroft Medical Center, and Houtzdale Rural Health Center. Its services includes emergency services, imaging, intensive care, heart services, rehabilitation services, and pulmonary rehabilitation. On November 4, 2020, Tyrone Hospital joined Penn Highlands Healthcare to expand its premier services available throughout more of Pennsylvania.

In addition, there is the **James E. Van Zandt Veteran's Medical Center** with 51 operating beds and five community-based outpatient clinics. In 2023, they served 25,988 veterans in their 14-county service area. The VA Altoona Medical Center is one of the leading teaching hospitals in the Veterans Integrated Service Network (VISN) 4 area partnering with eight colleges, universities, and training centers.

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

[4] PA Department of Aging (2022)

In Blair County, there are 28 physicians per 10,000 residents as compared to Pennsylvania at 41 per 10,000. There are 7.8 primary care physicians per 10,000 residents and 6.4 dentists per 10,000 residents, and 17 physician assistants per 10,000 residents.[5] Blair County is designates as a health professional shortage area for primary care physicians, dentists, and mental health professional.[6]

System of Care (SOC) is a national initiative under the Substance Abuse and Mental Health Services Administration with a focus on improving behavioral health outcomes for children and their families. Blair County SOC is a new initiative with a goal of uniting youth, families, providers, and system partners to create an environment where youth and family voice is at the center and all systems can partner to improve services and supports across the county.

[5] 2022-2023 U.S. Health and Human Services Administration (HRSA)
[6] 2024 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?

83% greatest community challenge (household survey)
94% greatest community challenge (website household survey)
47% greatest challenge in households
86% greatest community challenge (community & business leaders)
93% greatest community challenge (social service providers)
94% greatest community challenge (faith community)
40% greatest community health need (healthcare providers)

62% greatest education/prevention need by households
68% greatest education/prevention need (community & business leaders)
71% greatest education/prevention need (social service providers)
82% greatest education/prevention need (faith community)

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

The overall ranking for Blair County in the County Health Rankings Report has improved significantly as shown in Table 20.[7] 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. Beginning in 2024, counties were no longer given a numerical ranking.

Table 20: Blair County Health Rankings

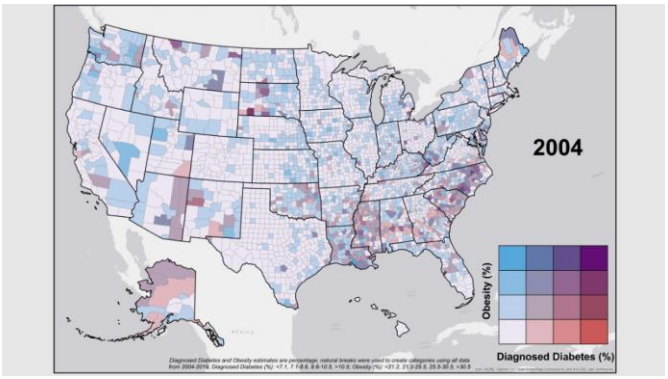
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024 2025
63	62	56	56	51	48	46	47	45	51	43	39	40	44	N/A

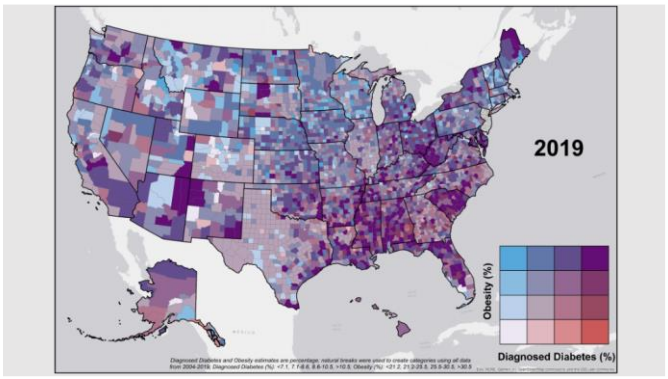
According to that same report, 36% of the adult population in Blair County is considered obese. This is in comparison to Pennsylvania at 33%. Obesity is often a result of poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, stroke, etc. In terms of potential life lost (YPLL) before age 75 per 100,000 population, the measure in Blair County is 10,100 as compared to Pennsylvania at 8,300. The report indicates the ranking

[7] 2025 County Health Rankings Report for Blair County

for physical inactivity among adults in Blair County is 25% compared with Pennsylvania at 21% and the national benchmark at 20%. It is important to state that 75% of residents in Blair County have access to exercise opportunities.[8]

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.[9] In Blair County, 34.7% of K-6 students and 38.9% of students in grades 7-12 are considered overweight or obese.[10] The Healthy People 2030 national health target is to reduce the proportion of children and adolescents with obesity is 15.5%.





The 2022 Blair County Health Profile Report indicates diseases of the heart as the major cause of death. The rate for Blair County is 220.4 (per 100,000) as opposed to Pennsylvania at a rate of 176.4 (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.

Progress and Accomplishments (2021 – 2024)	
Let's Move Blair County Committee	The Committee which adopted the national **Let's Move** Initiative continued 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 2,100 followers has been sharing tips for healthy eating and getting active, including posting events and activities. Visit us at facebook.com/healthyblaircountycoalition.

[8] 2025 County Health Rankings Report for Blair County
[9] Centers for Disease Control and Prevention
[10] Pennsylvania Department of Health. Bureau of Community Health Systems. Division of School Health
[11] Pennsylvania Department of Health. County Health Profile Report for Blair County (2022)

Active Living Brochure	In collaboration with the Blair County Planning Commission, an Active Living Brochure was developed and 45,000 copies distributed. It includes resources and locations of activities in Blair County.
Let's Move Blair County	The Committee sponsored the annual Let's Move Blair County Day in collaboration with Lakemont Park. This event includes a health fair, children & family wellness activities, fun games and the overall message about making healthier choices about eating and physical activity as well as promoting Let's Move Into Kindness. We collaborated with the Highmark Walk for a Healthy Community which raised $51,000 for local nonprofits that participated.
SparkBlair County Fit City Challenge	In the spring of 2022, Blair County ranked number 5 out of 92 cities across the country with 20 teams and 136 participants that logged 320,552 fitness minutes. In the fall 2022 challenge, Blair County finished number 4 out of 109 cities with 27 teams, 262 people, and 638,006 active minutes logged.
Active Living/Steps Challenge	In 2021, HBCC sponsored an eight-week Active Living/Steps Challenge with 362 participants that walked a total of 110,311,281 steps.
Chamber of Commerce's Workplace Wellness Committee	The Committee 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.
Blair Planning Commission	Blair Planning continues to keep Public Health and Safety as a priority and continues to support the action plan in the Blair County portion of Alleghenies Ahead, a joint six-county comprehensive plan. Due to COVID, WalkWorks activities were somewhat limited, but began a recovery in 2024. Further accomplishments include: • Implementation of their complete streets policy to encourage sidewalk and bicycle facility construction. • Active support for the development of a trail system and outdoor recreation in Antis Township. • Promotion of active and healthy lifestyles for inclusion in local comprehensive plans in Altoona and Hollidaysburg. • Promoting the Trail Town concept in Williamsburg. • Active participation in evaluating and ranking application to the Southern Alleghenies Planning & Development Commission's Greenways Mini-Grant Program. • Creation of a trail and outdoor recreation inventory for Blair County. • Conducted six presentations on public health including a radon awareness and mitigation program. • Participated in a variety of community events.
Collaboration with Partners	Our 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 the Southern Alleghenies is committed to maintaining the community trails and adding new locations as funding is available. The trails 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	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. Other annuals events include: Heart Walk, Relay for Life, Kid's Safety Day, Cancer Survivorship Picnic, Healthy

	Living Fair, Partnership with AMBUCS for blood screening, Making Strides, Happy Feet, and Let's Move Day. The City of Altoona and UPMC Altoona are partnering in support of Minutes Matter, a UPMC community initiative. Minutes Matter aims to inform and empower the people who live in Altoona and the surrounding communities with basic emergency information and education related to cardiac events, overdoses, uncontrolled bleeding, and mental health.
Penn Highlands Tyrone (formerly Tyrone Regional Health Network)	Professionals from Tyrone Hospital participated in a variety of community events where information and screenings were incorporated into event offerings. Events included but were not limited to the Healthy Blair County Coalition's Let's Move Day. 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. A health literacy presentation was developed and presentations were given to school and community participants to better understand patient self-care.
Conemaugh Nason medical Center	Conemaugh Nason Medical Center continues to meet the Social Drivers of Health Needs by focusing on community outreach initiatives (e.g. housing, food security, active living, etc.). Conemaugh Nason conducted preventive health presentations to senior centers and community events, including information on nutrition, exercise, heart attack care, Hands only CPR, tobacco cessation, stroke awareness, and participated in Let's Move Day. They also held several biannual food drives.
America250PA - Blair County Commission	HBCC is a member of the Commission and will take the leadership role in designing Road To 2026 activities focusing on health and wellness.

The Let's Move Blair County Committee has been renamed to the Get Active Blair County Committee

Implementation Plans For the Get Active Blair County Committee (2024-2027)			
Plan	**Intended Outcomes**	**Anticipated Impact**	**Community Partners**
Expand outreach into all areas of Blair County	Increase visibility in all parts of Blair County. Have walking activities and promote other forms of fitness (ex: kayaking) within the county.	Increase the number of people getting physically active within the county because of HBCC Brand Recognition.	• HBCC Committees • Blair Regional YMCA • Shoe Fly Store
Mental Health Awareness	To get residents out and active understanding that physical health depends largely on mental health.	Increase the number of residents utilizing free activities in the county to build a healthier mind.	• HBCC Mental Health Committee • Appalachian Shoe Company

Food Insecurity Plans	Develop healthier eating plans that directly impact a body's activity.	Help decrease heart disease, diabetes, and obesity.	• HBCC Committees
Vaping/Smoking	Help consumers understand that the harms of vaping/smoking on the body and how getting active can improve that.	Decrease the amount of smoking and vaping residents in the county.	• HBCC Committees • Blair Regional YMCA
Summer Olympics	Get work groups and family groups together for a fun activity yearly at Lakemont Park.	Increase activity among work groups and families building camaraderie.	• HBCC Committees • United Way of the Southern Alleghenies
Active Living Challenge	Increase the number of teams/participants enrolled in the Spring 2025 Active living Challenge compared to the Fall 2024 challenge. Also increase the overall active minutes reported throughout the challenge as compared to Fall of 2024.	Increase the physical activity level of Blair County residents through the Active Living Challenge. We should continue to see increases in active minutes every time the Challenge is run.	• Blair Regional YMCA • Value Drug • UPMC Altoona • Blair Planning

Section Seven:
Strategy 2: Alcohol and Other Substance Abuse

Findings and Documented Need

Although there are many prevention, intervention, and treatment programs to address alcohol and other drug use within Blair County, it continues to adversely affect the quality of life for individuals and the community itself.

What did everyone say about alcohol and other drugs?

75% greatest community challenge (household survey)
86% greatest community challenge (website household survey)
20% greatest challenge in households
97% greatest community challenge (community & business leaders)
96% greatest community challenge (social service providers)
94% greatest community challenge (faith community)
30% greatest community health need (healthcare providers)

41% greatest education/prevention need by households
57% greatest education/prevention need (community & business leaders)
59% greatest education/prevention need (social service providers)
41% greatest education/prevention need (faith community)

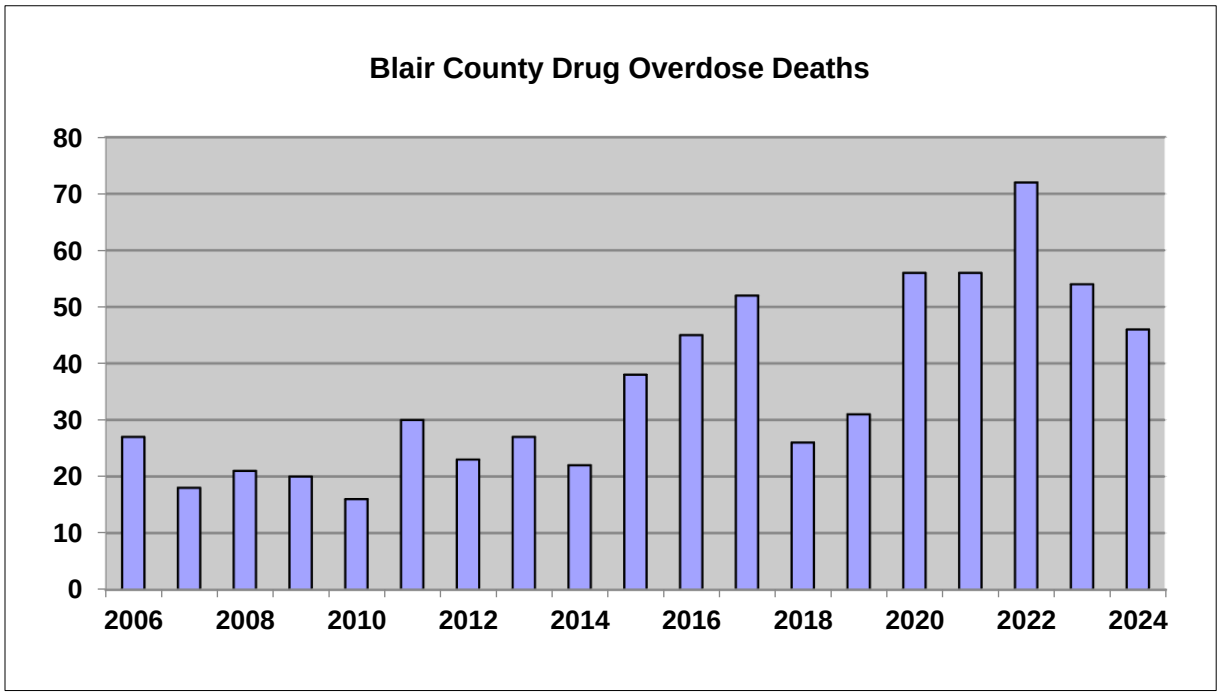
An analysis based on geographic areas indicated differences in where residents ranked alcohol and other drugs with the central part of the county ranking it in the top three challenges at 80%. It was ranked at 66% for the northern part of the county and 48% for the southern part. Responses from the twelve other organizations ranged from 59% - 100%. On a positive note, over 75% 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. In 2023-2024, BDAP assessed 1782 individuals. From 2021-2024, 2,184 individuals were engaged by a certified recovery specialist with 1,854 accepting services. 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.

The drugs of choice in the county for adults are opioids-fentanyl, alcohol, marijuana, and stimulants (methamphetamine). For adolescents, the drugs of choice are marijuana, alcohol, and opioids. In 2024, Medicaid data showed 2485 distinct members received services for substance use disorders and 1415 had an opioid use disorder (57%). One group of individuals who are underserved and less likely to receive an intervention is our older populations (less than 20% of those ages 50 and above or 32% 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.[12]

In 2023, there were 4,722 drug overdose deaths in Pennsylvania. Chart 1 shows the number of overdose deaths in the county. In the second quarter of 2024, there were 16,975 dispensations for opioids, 15,215 for benzodiazepines, 5,940 for buprenorphine, and 11,886 for stimulants in Blair County.[13]

Chart 1: Blair County Drug Overdose Deaths[14]



***** Blair County had an additional two probable overdose deaths from 2024 that were pending toxicology results as of the printing of the CHNA report.

Yearly drug overdose deaths have increased from 161 (1996 – 2006), to 248 (2007 – 2026) and now to 393 (2027 – 2024). Drug trends for the county include an increase in youth and adult vaping THC. Fentanyl is being laced into other products and in pill form. Xylazine is being introduced into the illicit drug supply. There has been an increase in psychiatric symptoms related to methamphetamine and marijuana use, along with more medical complications due to alcohol use. BDAP applied to be a Regional Entity to ensure the availability of NARCAN to partners and general communities. Since becoming a Regional Entity BDAP has increased the availability of Narcan from 384 boxes in 2023 to 1518 in 2024.[15]

[12] Blair HealthChoices
[13] Pennsylvania Office of Drug Surveillance and Misuse Prevention (2024)
[14] Blair County Coroner's Office
[15] Blair Drug and Alcohol Partnerships

In 2024, 9,443 members were served in behavioral health services (both mental health and substance use disorders) in Blair County. Of those members, 2,485 utilized substance use disorders services with a total expenditures of $5.079,086. Fifty-seven percent of the 2,485 members had a opioid use disorder. Total behavioral health expenditures during 2024 was $46,713,281.[16]

In 2023, 19% (437) of new criminal cases in Blair County were drug-related. There were 250 new juvenile delinquency cases pending in the Blair County Court System and 10% were drug related.[17]

Table 21: Blair County Drug/Alcohol Arrests (juveniles and adults)[18]

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* provides use history in the past 30 days, lifetime and onset of use. Trend data for Blair County is shown in Table 22.[19]

Table 22: Pennsylvania Youth Survey Results for Blair County (Percent of Lifetime Use for Students in Grade 12)

	2007	2009	2011	2013	2015	2017	2019	2021	Blair County 2023	State 2023
Alcohol	77.8	66.0	60.7	72.7	65.1	57.6	58.0	49.7	44.4	46.9
Marijuana	30.8	29.0	38.7	31.9	33.8	29.4	30.8	26.9	23.5	26.2
Inhalants	11.1	10.8	5.2	7.1	7.0	3.5	3.9	4.1	3.4	2.9
Cigarettes	47.7	47.5	49.3	40.9	37.2	31.1	23.7	9.5	8.4	6.1
Smokeless Tobacco	30.6	30.1	35.8	29.4	21.8	14.6	11.4	3.2	3.2	3.0
Vaping/E-Cigarettes (past 30 days-lifetime in 2023)	-	-	-	-	29.9	28.1	35.2	24.1	27.2	25.2
Narcotic Prescription Drug	-	-	12.3	12.7	12.1	7.1	7.1	3.3	2.0	2.9
Prescription Tranquilizers	-	-	2.6	6.1	6.1	4.0	3.5	1.5	0.7	1.1
Prescription Stimulants	-	-	7.4	9.4	10.6	8.4	4.5	2.5	1.6	2.4
Steroids	2.4	0.5	1.3	1.7	1.3	0.6	0.6	0.8	1.3	0.7
Cocaine/crack	6.9	2.9	2.6	3.1	2.5	2.8	1.5	1.2	1.1	0.7
Methamphetamines	0.6	0.8	0.4	2.1	0.7	0.5	0.5	1.0	0.7	0.3
Heroin	0.3	0.9	0.6	1.7	1.3	0.2	0.5	0.6	0.1	0.1
Hallucinogens	9.3	3.7	7.2	6.4	8.0	6.9	5.6	4.8	4.8	4.8
Ecstasy	2.7	2.2	2.0	1.7	1.7	1.0	1.4	1.7	1.1	0.9

[16] Blair HealthChoices
[17] Unified Judicial System of Pennsylvania (2023)
[18] PA State Police Uniform Crime Report
[19] Pennsylvania Youth Survey. 2007 - 2023 Blair County Survey.

Since 2007, Operation Our Town has raised over $5,600,000 and provided over $4,000,000 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 80 non-profit organizations, schools, and government agencies that have served 127,906 youth and families. In 2024, the majority of drug buys were for methamphetamine and heroin/fentanyl. In 2024, local police departments collected over 825 pounds of drugs through the Blair County Drug Collection Boxes located at four local police departments.[20]

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 (2021 – 2024)	
SBIRT (Screening Brief Intervention and Referral to Treatment)	SBIRT is a comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening. Since the initiation of the SBIRT: Empower 3 Clinic, Pregnancy Care Clinic (PCC), 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). Final outcomes of the SBIRT project and grants resulted in all three sites maintaining the screening, brief intervention and referral to treatment services. In addition, the AFP site and PCC site incorporated medicated assisted treatment as part of their care protocols. Gloria Gates Care (previously Empower3) continues to expand the SBIRT process in all new sites they open in various locations.[21]
Warm Handoff for Substance Abuse Disorders	In 2019, the Emergency Department Certified Recovery Specialist (CRS) program was developed with 24/7 warm handoff in all Blair County hospitals. BDAP is the central point of contact for referrals to SUD treatment and the Emergency Departments have access to their program 24/7. Since 2019, BDAP CRSs have been staffed in UPMC ED seven days a week. Due to the success of the project at UPMC, BDAP was included in a rural health grant to provide a CRS two days a week at Penn Highland Tyrone. In addition, Outreach CRSs are available to engage individuals at the Conemaugh Nason ED/Inpatient Units and the UPMC Inpatient Psychiatric Unit. In 2023-2024, the embedded CRS engaged a total of 543 individuals throughout the hospital systems and 206 individuals accepted treatment. In addition, 63 individuals were assessed through UPMC inpatient psychiatric unit.[22]

[20] Operation Our Town 2022 Annual Report
[21] Blair Drug and Alcohol Partnerships Annual Report
[22] Blair Drug and Alcohol Partnerships

Implementation Plans For The Substance Abuse & Physical Health Committee (2024-2027)			
Plan	**Intended Outcomes**	**Anticipated Impact**	**Community Partners**
Pregnant Women Screening	Increase knowledge & screening of pregnant women who use any type of substance on the dangers those substances would cause to an unborn baby.	Decrease the number of women who abuse substances and see an increase in the number of women seeking help for addiction issues.	• HBCC Committees • Blair Drug & Alcohol Partnerships • Lung Disease Foundation of Central PA • UPMC WIC Program
Expanding Outreach in Blair County	Make communities all across Blair County more aware of the programs and services available for substance abuse including nicotine.	Improve the knowledge base of the county and see an increase of people in rural areas utilizing services.	• HBCC Committees • Lung Disease Foundation of Central PA • Blair Drug & Alcohol Partnerships
Access to Care	Continue to improve access to primary care for those individuals with substance abuse disorders,	Improve both physical and behavioral health outcomes for those patients with substance abuse disorders.	• HBCC Committees • Blair Drug & Alcohol Partnerships • Local healthcare providers.
Education and Resources	Help to strengthen more tobacco-free policies.	Create tobacco-free environments.	• HBCC Committees • Lung Disease Foundation of Central PA • Blair Drug & Alcohol Partnerships
E-cigarettes and Vaping	Educate the community on the dangers of vaping and provide published materials as more research becomes available.	Decrease the number of adults and youth using e-cigarettes and vaping products.	• HBCC Committees • Lung Disease Foundation of Central PA • Blair Regional YMCA • Blair Drug & Alcohol Partnerships

Section Eight:
Strategy 3: Mental Health Needs

Findings and Documented Need

Data from the community health needs assessment clearly indicates that mental health issues are still a top concern and increasing among all age groups. There is a demand for more behavioral health providers in the schools and community.

What did everyone say about mental health?

68% greatest community challenge (household survey)
79% greatest community challenge (website household survey)
49% greatest challenge in households
89% greatest community challenge (community & business leaders)
94% greatest community challenge (social service providers)
100% greatest community challenge (faith community)
30% greatest community health need (healthcare providers)

66% greatest education/prevention need by households
85% greatest education/prevention need (community & business leaders)
91% greatest education/prevention need (social service providers)
88% greatest education/prevention need (faith community)

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

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 2024, 9,443 members were served in behavioral health services (both mental health and substance use disorders) in Blair County. Of those members, 2,485 utilized substance use disorders services with a total expenditures of $5.079,086. Fifty-seven percent of the 2,485 members had a opioid use disorder. Total behavioral health expenditures during 2024 was $46,713,281.[23]

Blair County residents have an average of 5.1 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 330:1 (lower than previous years when it was 400:1)

[23] Blair HealthChoices

as compared to Pennsylvania at 350:1.[24] In addition, Blair County is designated as a Health Professional Shortage Area for mental health care.[25]

Suicide is the eleventh-leading cause of death in the United States. It is the fourth-leading cause of death for adolescents ages 15-19 globally. One person every eleven minutes in the United States dies by suicide. In 2022, there were an estimated 3.6 million people who planned a suicide, 1.6 million suicide attempts and over 49,476 deaths by suicide. [26] Mental health and substance use disorders are the most significant risk factors for suicidal behaviors. Previous suicide attempts and a family history of suicide are also important risk factors. [27]

Table 23: Suicide Statistics in Blair County 2004-2024[28]

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of Suicides	14	27	14	21	22	20	24	30	24	17	23
Male	14	24	11	19	20	16	17	22	22	14	19
Female	0	3	3	2	2	4	7	8	2	3	4
Age											
0-15	0	0	0	1	0	0	0	0	0	0	0
16-25	1	4	5	5	4	6	2	4	3	3	5
26-35	2	7	2	2	2	1	6	3	2	5	5
36-45	2	3	1	4	3	3	2	6	4	2	0
46-55	1	4	4	3	6	4	0	8	5	2	5
55-65	4	4	0	3	3	3	9	7	0	1	4
66-75	0	2	0	1	3	1	2	1	3	2	1
75 and older	4	3	1	2	1	2	3	1	7	2	3

[24] 2025 County Health Rankings Report for Blair County
[25] Bureau of Health Planning. Department of Health
[26] Center for Disease Control (2024)
[27] American Association of Suicidology (2019)
[28] Blair County Coroner

In 2022, the HBCC Mental Health Committee updated 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.[29]

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.[30] 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, 37.9% of students in this county reported the death of a close friend or family member in the past twelve months, compared to 34.8% at the state level. Over 11% of students reported changing homes once or twice within the past 12 months, and 3.7% of students reported being away from parents or guardians because they were kicked out, ran away, or were abandoned.[31]

Table 24: Summary of Blair County Student Assistance Program Data[32]

School Year	Total Number of SAP Referrals	Number of Referrals for Suicide Ideation, Gestures, or Attempts	Number of Referrals for Suffered Recent Loss	Family Concern
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	

[29] UPMC Altoona
[30] Pennsylvania Department of Education. Student Assistance Program Data (1996-2024)
[31] Pennsylvania Youth Survey 2023 Blair County Survey.
[32] Pennsylvania Department of Education. Student Assistance Program Data (1996 – 2024)

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	332
2017 - 2018	2352	90	89	352
2018 - 2019	2224	70	77	393
2019 - 2020	2149	46	74	356
2020 - 2021	1716	49	-	335
2021 - 2022	2116	65	-	380
2022-2023	2456	69	-	406
2023-2024	2248	53	-	-

(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.

As shown in Table 25 below, 41.0% of students felt depressed or sad most days as compared to 30.1 % in 2011. Data from the 2023 Pennsylvania Youth Survey indicated that on average 30.2% of students felt so sad or hopeless most days that they stopped doing some usual activities. Over 17% of students seriously considered suicide in the past year with 14.2% made a plan on how they would attempt suicide. And 6.4% attempted suicide with 36.3% needing treatment for the suicide attempt.[33]

Table 25: Blair County Youth Reporting Symptoms of Depression (2023)[34]

	6th	8th	10th	12th	Overall
In the past year, felt depressed or sad most days	40.3%	37.2%	44.8%	41.8%	41.0%
Sometimes I think that life is not worth it	23.7%	23.1%	28.4%	28.5%	25.8%
At times I think I am no good at all	37.4%	34.1%	40.2%	39.6%	37.8%

Note: only students in grades 6, 8, 10, and 12 were surveyed as part of the Pennsylvania Youth Survey.

Goals: Mental Health & Suicide Prevention Committee

- Explore unmet needs and work toward establishing or advocating for 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.

[33] Pennsylvania Youth Survey. 2023 Blair County Survey
[34] Pennsylvania Youth Survey. 2023 Blair County Survey

Progress and Accomplishments (2021 – 2024)	
Addressing Gaps in Services for Children and Adolescents	The feasibility study for a child/adolescent in-patient mental health facility was completed and submitted to UPMC for consideration. 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).
Suicide Prevention	In collaboration with the Department of Social Services, Blair County was awarded a Garrett Lee Smith (GLS) grant to assess the need and develop a suicide prevention strategic plan. The Blair County Suicide Prevention Strategic Planning Committee as well as the Blair County Suicide Prevention Task Force (SPTF) became sub-committees under that HBCC Mental Health Committee. The Blair County GLS Suicide Prevention Strategic Plan included the following four goals: ✓ Develop awareness/infrastructure for comprehensive suicide prevention efforts. ✓ Promote and market suicide prevention training, events, and resources. ✓ Increase screening efforts/improve screening within organizations and build awareness of screening among community members. ✓ Improve reentry procedures and protocols (post care). HBCC received two PA National Strategies Suicide Prevention Mini-Grants and resource materials were developed (e.g., infographic, where to go for services flyer, suicide prevention and 988 promotional materials, etc.). A Suicide Prevention Summit was held in September 2023.
Student Assistance Program (SAP)	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 meetings were held with local school districts, agency providers, and PNSAS staff to encourage the fidelity of the SAP model and provide training/ networking opportunities.
Columbia Suicide Risk Assessment Tool **Columbia Protocol App**	The committee 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. From the beginning of the project, there have been 37 trainings with 1,039 participants but during this time period, there were 32 trainings conducted with 769 school and agency staff attending. Under the leadership of the Blair County Department of Social Services, the Columbia Protocol App was developed for Blair County and has now been distributed worldwide in conjunction with the developers of the program (PS Solutions).
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.

HEART of Blair County	In collaboration with the Blair County System of Care Initiative, developed a website which would include a list of trainings, training calendar, and training request form.

Implementation Plans for Mental Health Committee (2024-2027)			
Plan	**Intended Outcomes**	**Anticipated Impact**	**Community Partners**
Columbia Suicide Severity Rating Scale (C-SSRS)	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.	Conduct training using the updated materials/videos and promote the Columbia Protocol App.	• HBCC Mental Health Committee • Suicide Prevention Task Force • Behavioral Health Providers • PS Solutions • Dr. Kelly Posner
HEART Web App	Provide up-to-date resources and an events calendar.	Develop a Web App for HEART (Health, Education, Activities Resources, and Therapy) and form a sub-committee to meet quarterly about the site.	• Blair County System of Care • PS Solutions • HBCC Mental Health Committee
Communication Protocols	Improve service coordination, cooperation, and communications among and between service providers and school districts.	Update Communication Protocols between schools, the Crisis Center and/or UPMC Ed Evaluators, and inpatient facilities and distribute resources available for parents (e.g. When To Go Where in Blair County, PA Parent and Family Alliance, etc.).	• HBCC Mental Health Committee • Blair County Department of Social Services • Behavioral Health Providers • School Districts
Early Childhood Mental Health	Address mental health issues of young children, including support for parents and other organizations working on issues.	Gather data from providers on the needs and resources available and collaborate with the Infant Mental Health Community of Practice (IMH COP) Committee.	• County Leadership Team • Blair County IMH COP Committee • Child Advocates of Blair County
Children's Trauma-Informed Community	Increase awareness on the impact of trauma and improve quality of care for children and families and support train the trainers.	Conduct various trainings and implement trauma-informed behavioral health services and supports.	• Blair Health Choices • Community Care Behavioral Health • Blair Drug and Alcohol Partnerships
Social Media Impact on Mental Health	Increase awareness of the impact of social media use on mental health.	Provide training and distribute local, state, and national resources to parents,	• Child Advocacy Center

		schools, providers, and the community.	• HBCC Mental Health Sub-Committee • Blair County Providers
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).	Provide an opportunity for networking among providers to address concerns and share available resources.	• Blair County Department of Social Services • UPMC Western Behavioral Health of the Alleghenies • Blair County Behavioral Health Providers • Community Care Behavioral Health
Marketing	Increase awareness of mental health and suicide prevention in Blair County by promoting suicide prevention events, training, resources, etc.	Conduct and participate the following: Suicide Prevention Summits, Out Of The Darkness Walk, International Suicide Survivors Day, and promote the HEART web App.	• Suicide Prevention Task Force • HBCC Mental Health Committee
LOSS Team (Local Outreach to Suicide Survivors)	Provide support to suicide survivors and connection to resources.	Develop a trained LOSS Team that is available to go to the scene of a suicide and collaborate with the Blair County Coroner's Office to enhance suicide prevention efforts.	• Blair County Department of Social Services • HBCC Mental Health Committee • Suicide Prevention Task Force
Home Visitor Safety Training	Reduce the risk of harm to staff who are providing services in the home.	Sponsor training to include skill building in risk assessment, risk reduction, and exit strategies.	• HBCC Mental Health Committee • Blair County Department of Social Services • Child Advocates of Blair County
Community Conversations about Mental Health	Build awareness of mental health and mental illness to break down misperceptions of mental illness and promote recovery and healthy communities.	Update and provide training materials (script and PowerPoint) to help support roles of presenters talking about mental health in the community when conducting community conversations about mental health.	• HBCC Mental Health Committee
Food Insecurity	Develop programs around the long term effects of food insecurity on mental health. Build awareness of how and what you eat impacts how you think and feel.	Increase awareness and help the community in making better choices with food.	• HBCC Committees

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

Findings and Documented Need

Tobacco use in Blair County was highlighted as one of the areas that needed to be addressed in the County Health Rankings Report. According to that report, 20.0% 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%.[35] 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.[36] In addition, the increase in the use of e-cigarettes/vaping and number of vape shops is concerning for our community.

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

69% greatest community challenge (household survey)
82% greatest community challenge (website household survey)
24% greatest challenge in households
89% greatest community challenge (community & business leaders)
94% greatest community challenge (social service providers)
88% greatest community challenge (faith community)

45% greatest education/prevention need by households
48% greatest education/prevention need (community & business leaders)
43% greatest education/prevention need (social service providers)
41% greatest education/prevention need (faith community)

According to the 2022 Blair County Health Profile Report, cancer is the second leading cause of death in Blair County. The rate is 163.1 (per 100,000) which is comparable to Pennsylvania at a rate of 152.9 (per 100,000). The number of mothers in Blair County who report smoking during pregnancy was 16.2%.[37]

In 2024, e-cigarettes were the most commonly used tobacco product among middle and high school students with over 1.63 students currently using them. This includes 3.5% of middle school students and 7.8% of high school students. As of February 2020, there were 2,807 hospitalizations and 68 deaths due to use of these products. In 2021, it is estimated that 8.1 million adults were current e-cigarette users.[38]

In Blair County, 16.5% of students in grade 12 reported vaping/e-cigarette use in the last 30 days. Vaping substances used by those students ranged from flavoring (26.4%), nicotine (76.9%), marijuana or hash oil

[35] 2025 County Health Rankings Report for Blair County
[36] U.S. Department of Health and Human Services
[37] Pennsylvania Department of Health. County Health Profile Report for Blair County (2022)
[38] Centers for Disease Control. 2021 National Youth Tobacco Survey

(31.6%), and didn't know the substance (1.4%).[39] The use of nicotine and marijuana increased significantly from past 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.[40]

Blair Regional Y stated that in their education sessions they find the need to address vaping issues with students at a much younger age. "Starting at the junior high level is no longer effective. We need to start in elementary schools as early as 4th grade".

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, adults, and the community on the dangers of tobacco, nicotine, and e-cigarettes/vaping.

Progress and Accomplishments (2021 – 2024)	
State Tobacco Control Grant	The Lung Disease Foundation of Central Pennsylvania (LDF) is the Tobacco Control Service Provider for Blair County pursuant to a Grant funded by the Pennsylvania Department of Health through the American Lung Association. In collaboration with, and with the guidance of, the American Lung Association, LDF offers resources and programs related to tobacco control, including prevention, cessation, eliminating secondhand exposure, identifying and eliminating tobacco-related disparities, and advocacy through legislative visits. From July 2021 through June 2024, prevention efforts were undertaken by Program Specialists with the LDF providing a variety of resources and education presentations to schools, businesses, healthcare providers, social service agencies, communities organizations, etc. They also participated in health fairs/related community events; smoking cessation classes were offered and conducted with approximately 70 individuals quitting tobacco use; and advocacy visits were held with Legislators in the community. In 2023, they entered into a Memorandum of Understanding with the Blair Regional Y to assist with smoking cessation programs, awareness events, and other grant activities. The Freedom from Smoking classes are held throughout the year In reaching out to those who participate in the program within a 6-month period of ending the program, there is a high percentage of people reporting their follow up goal. Blair Regional Y also participated in various events as a vendor to educate and promote Freedom From Smoking, Multi Unit Housing initiative, Perils of Vaping in adults and youth, etc. Blair Drug and Alcohol Partnerships (BDAP) information dissemination includes vaping/nicotine information as well as evidence based curriculums in schools with lessons that include vaping/nicotine information. From 2021 to

[39] Pennsylvania Youth Survey. 2023 Blair County Survey
[40] National Center for Health Research

	2024, BDAP provided the Blair County community with 30 adult and 77 youth presentations that address tobacco issues and substance abuse. They participated in 74 tabling events and conducted 31 Vape Violator groups in local school districts.
Vaping/E-Cigarette Initiative	Staff from the Blair Regional Y visited over 2500 students in a both public and private school districts and held vaping/e-cigarette informational sessions and had students actively engaged in the perils of vaping. HBCC, the LDF, and Blair Drug and Alcohol Partnerships continued to offer the Training of Trainers vaping/e-cigarette curriculum for students and educators in the Blair County Community. A Vaping Training of Trainers was held in October 2021 in conjunction with the Chamber of Commerce. Program Specialists from the LDF have met with school administrators to provide education on the Vape Free School Initiative. InDEPTH programs were available as an alternative to suspension for students caught vaping, as well as NOT for those students wishing to quit. The HBCC, in collaboration with the LDF, held a "Vaping Summit: Dangers of Vaping Among Our Youth" on October 10, 2024, which included a presentation by Dr. George Zlupko outlining the risks and dangers associated with the youth vaping/e-cigarette epidemic, a presentation from Program Specialists outlining the resources available, and a brainstorming session with attendees. Over 30 individuals participated in the Summit, including teachers, administrators, hospital staff, police officers from both schools and the community, and mental health professionals.
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.

Note: The Alliance for Nicotine Free Communities implementation plans and activities will be incorporated into the Substance Use & Physical Health Coalition. It will no longer function as an independent committee.

Section Ten:
Strategy 5: Food Insecurity and 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 access to healthy foods?

54% greatest community challenge (household survey)
30% greatest community challenge (website household survey)
27% greatest challenge in households
52% greatest community challenge (community & business leaders)
87% greatest community challenge (social service providers)
77% greatest community challenge (faith community)
20% greatest community health need (healthcare providers)

In the needs assessment, over 38% of households reported that they didn't have enough money to meet daily needs/food and 28% reported access to healthy foods (e.g. affording groceries, getting SNAP benefits, or being close to a grocery store) as a household challenge. These numbers were significantly higher for respondents in other subgroups (other organizations that conducted the survey).

Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. Alternatively, multiple interventions have been shown to reduce food insecurity, including participation in food assistance programs and broader societal-level improvements in economic stability.

In Blair County, 13.3% (about 16,340 people), of the population are considered food insecure..[41]
All Central Pennsylvania Food Bank counties had major increases in food insecurity but for children in Blair County the increase went from 12.7% (2021) to 17.6% (4,340 children) in a one-year period.[42]

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, and other services.[43]

[41] Feed America. 2022
[42] Central Pennsylvania Food Bank (2022)
[43] Blair County Alliance for Business and Growth

ALICE is an acronym for Asset Limited Income Constrained Employed which means households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county. In Blair County, 28% of households (14,636) fall under this criteria.[44]

Table 26: Percent of Children Enrolled in Free and Reduced Lunch Programs (2024)[45]

School District	Percent of Children
Altoona Area	71.1%
Bellwood-Antis	38.0%
Bishop Guilfoyle High Schools	15.6
Claysburg-Kimmel	6319%
Hollidaysburg Area	34.5%
Spring Cove	44.3%
Tyrone Area	45.0%
Williamsburg Community	57.7%

Data from the 2023 Pennsylvania Youth Survey indicated that on average 23.1% of students were worried about running out of food before their family got money to buy more. Almost 13% reported they skipped a meal because their family didn't have money to buy food.[46] 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.[47]

In 2022 – 2023 the high school graduation rate for Blair County was lower at 86.6% as compared to 91.4% in 2016 - 2017. Those earning an associate or bachelor's degree is lower than the state average.[48] The percentage of unserved children eligible for publicly funded Pre-K in Blair County is 36.4%, which is lower than the state percentage of 53.9%. In 2023-2024, 61% of children ages 3 and 4 (1545 children) were not enrolled in high-quality Pre-K programs[49].

In 2022, child abuse and neglect reports indicate 566 reports of child abuse in Blair County with 47 being substantiated. The total substantiated reports per 1000 children is 1.9, which is slightly higher than the state rate at 1.8%. There were 34 suspected cases of repeat abuse. In addition, there were 2,304 reported concerns of general neglect that resulted in 465 validated.[50] There were 84 children in foster care in Blair County in 2022.[51] More than 90% of alleged perpetrators/perpetrators of child abuse are people the child(ren) know and trust. 50% of which are someone outside the family, but that the child(ren) still knows and trusts.[52]

[44] UnitedforAlice.org
[45] Pennsylvania Department of Education. Data and Statistics.
[46] Pennsylvania Youth Survey. 2023 Blair County Survey
[47] National Survey of Children's Health
[48] Pennsylvania Department of Education. Data and Statistics.
[49] PA Partnership for Children
[50] Pennsylvania Department of Human Services (2017)
[51] Pennsylvania Partnership for Children 2022
[52] Family Services, Inc.

Between 2022 and 2025, the Victim Services Program of Family Services, Inc. provided shelter for 76 additional individuals, totaling 673 nights of safe housing for those experiencing domestic abuse. The program also helped 94 survivors secure permanent housing after fleeing abusive situations. In support of Blair County victims and survivors, the program facilitated the filing of 1,187 protection orders, including Protection from Abuse Orders (PFA), Protection from Intimidation Orders (PFI), and Sexual Violence Protection Orders (SVPO). During this period, the Victim Services 24/7 Helpline responded to 1,739 calls, offering critical support to individuals facing domestic violence, sexual assault, child abuse, and human trafficking. Additionally, the program provided direct assistance to 59 survivors of human trafficking.[53]

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 2022 - 2024, there were 389 forensic interviews with 272 interviews for victims of sexual abuse and 117 interviews for victims of physical abuse. Of the 11 suspected cases of trafficking during this same period, only one was confirmed.[54]

Homelessness and affordable housing have continued to be a significant concern in the county. In 2017 - 2018, Blair Senior Services provided 975 consumers with 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. From July of 2023 - January 2025 The Family Services Family Shelter served 579 men, women and children. There has been a steady increase of individuals identifying as homeless and the average per month is around 235. 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 waitlist 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.[55]

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. Twenty-one percent (21%) of students are economically disadvantaged. Over 45% of children were below proficient in English Language Arts on the 3rd grade PSSA while 75% of 8th grade students were below proficient in math.[56]

Blair County's teen birth (less than 19 years of age) is 16.4 per 1,000 which is higher than the state rate at 12.3.[57] From 2021 – 2024, there were 154 births to young mothers under the age of 20 and Medicaid was the primary source of payment.[58]

[53] Family Services, Inc.
[54] Blair County Center for Child Justice
[55] Family Services, Inc.
[56] PA Partnership for Children 2022
[57] Pennsylvania Department of Health: Blair County Health Profile
[58] The Annie Casey Foundation: Kids Count Data Center

Data taken from the 2025 County Health Rankings Report indicate 7% of people ages 18-64 in Blair County are without health insurance, which is comparable to Pennsylvania.[59] 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.

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 2020 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 22.0% had three or more.[60]

Goals: Food For Life Committee

- Identify and address issues related to poverty in Blair County as well as 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 (2021 – 2024)	
Farm to Early Childhood Care & Education (ECE) Program.	The Healthy Blair County Coalition received a grant to participate in the Food Trust Farm to Early Child Care & Education (ECE) Program. A series of webinars and Zoom meetings were held with the priority to provide education/resources for experimental learning, parent and community engagement, and life-long health and wellness for children and families.
Altoona Family Physicians (AFP) Food Farmacy Program	With support from volunteers, fresh produce from the Monastery Gardens/Martins Grocery Store was distributed weekly to patients at Altoona Family Physicians and Partnering for Dental Services. A $5000 grant was received from the UPMC Foundation to purchase a refrigerator to house food donations and ingredients purchases. In addition, staff from Penn State Extension Office conducted cooking demonstrations at AFP, sharing resources, and hosting grocery tours. In addition, AFP received a Pennsylvania Academy of Family Physicians grant to establish a Food Farmacy Program (e.g. enrolling patients, providing education, hosting community cooking events in collaboration with Penn State Extension Office, food distribution, distributing copies of the community cookbook, etc.). The goal was to provide 30 households per month with healthy, easy-to-prepare food. Cooking demonstrations were held in a variety of settings, including Williamsburg Senior Center, Blair Senior Services, HOPE Drop-In Center, Roaring Spring Library, Center for Independent Living, and Child Safety Event.
Center for Independent Living of South Central PA (CILSCSPA)	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

[59] 2025 County Health Rankings Report for Blair County
[60] 2020 American Community Survey

	program was created to address nutritional insecurity, especially for individuals with disabilities. Each box of food that was delivered was an opportunity for CILSCPA to connect with individuals and help them to improve their immunity and wellness. At each delivery, individuals were provided with 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. This program continues to the tireless dedication of volunteers. Approximately 100 families receive nutritious food on their doorstep monthly. Another outcome of O5L was a collaboration with Altoona Family Physicians and the UPMC Altoona Dental Clinic. Fresh food (when available) was distributed at the Diabetes and Dental Clinics. Patients were offered 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. This program also helped to address social isolation because it allowed employees at CILSCPA 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. The individuals who benefited from this program included people with disabilities, especially those who identify as older adults and those who are economically underserved.
Community Cookbook	In collaboration with Altoona Family Physicians and Penn State Altoona, a cookbook was designed and distributed to patients and individuals with simple and healthy recipes. This cookbook reflects the food available in our community, including locally available food donations from surrounding farms and gardens.

Implementation Plans for the Food For Life Committee (2024-2027)			
Plan	**Intended Outcomes**	**Anticipated Impact**	**Community Partners**
Food Sustainability Days	Bring together partners and agencies within Blair County each year to continue conversations around Food Insecurity	Better partner agency communication within the county and the development of more programming.	• HBCC Committees • Central PA Food Bank • Blair Senior Services • AMTRAN • UPMC Altoona • Conemaugh Nason Medical Center
Speaker Series	Develop community events to help consumers with food insecurities. Examples include canning presentations, fishing days, cooking with shelf stable foods.	There will be an increase in clients utilizing Farmers Market benefits and taking advantage of free resources for self-sustaining.	• HBCC Committees • PSU Extension Office • PA Game Commission

Resource Guide	Develop an all-inclusive list of organizations in Blair County to assist with food insecurities to be available on HBCC website and within the community.	Decrease in duplicated efforts in the county and the an increase in client awareness of what is available to them.	• HBCC Committees • United Way of the Southern Alleghenies • Other Organizations Working with Food Instability.
Expand into Blair County	Work with all towns within Blair County to identify food insecurities and how HBCC can help address those.	Increase in awareness for residents who may be experiencing food insecurities.	• HBCC Committees • UPMC Altoona • Conemaugh Nason Medical Center
Mental Health Awareness	Work with the mental health committee on developing speaking topics and literature on what long term food insecurity has on mental health.	Increase awareness of the long term effects of food insecurity and development of healthy buying habits.	• HBCC Mental Health Committee
Vaping/Smoking	Address ways that vaping/smoking affects what we eat and how it makes foods taste, and what it does to bodies.	Decrease in the number of adults and youth smoking and vaping in the county.	• Youth Connections Task Force • Substance Abuse and Physical Health Coalition • Blair Drug & Alcohol Partnerships • Lung Disease Foundation of Central PA • Blair Regional YMCA
Youth Connections	Work with the Youth Connections group to develop activities for 0-18 year olds on healthy eating and cooking.	Increase education to youth on healthy eating and learning to garden.	• Youth Connections Task Force • Blair County Library Systems.

Section Eleven:
Strategy 7: Youth Connections & Let's Move Into Kindness Initiative

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. In 2023 as a result of bullying and harassment being identified as community and household challenge in the CHNA, the Youth Connection Task Force created a new initiative: Let's Move Into Kindness Blair County.

What did everyone say about bullying harassment and youth disconnection??

57% bullying greatest community challenge (household survey)
75% bullying greatest community challenge (website household survey)
37% bullying greatest challenge in households
75% bullying greatest community challenge (community & business leaders)
86% bullying greatest community challenge (social service providers)
81% bullying greatest community challenge (faith community)

47% youth disconnection (household survey)
62% youth disconnection (community & business leaders)
63% youth disconnection (social service providers)
87% youth disconnection (faith community)

52% shortage of activities for youth (household survey)
57% shortage of activities for youth (community & business leaders)
73% shortage of activities for youth (social service providers)
63% shortage of activities for youth (faith community)

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 2023 Pennsylvania Youth Survey that 32.0% experienced bullying in the past 12 months (compared to 26.2% of students at the state level). Over 8% of students stayed home from school because they were worried about being bullied.[61] Although not ranked as high as other issues, 57% of participants in the household survey considered bullying/ harassment/ cyberbullying a major/moderate issue with approximately 37% reported having children who were being bullied/harassed/cyberbullied. Responses generated from the HBCC website had bullying ranked as a community challenge at 75% and also 37% reported children being bullied. Responses on bullying

[61] Pennsylvania Youth Survey, 2023 Blair County Survey

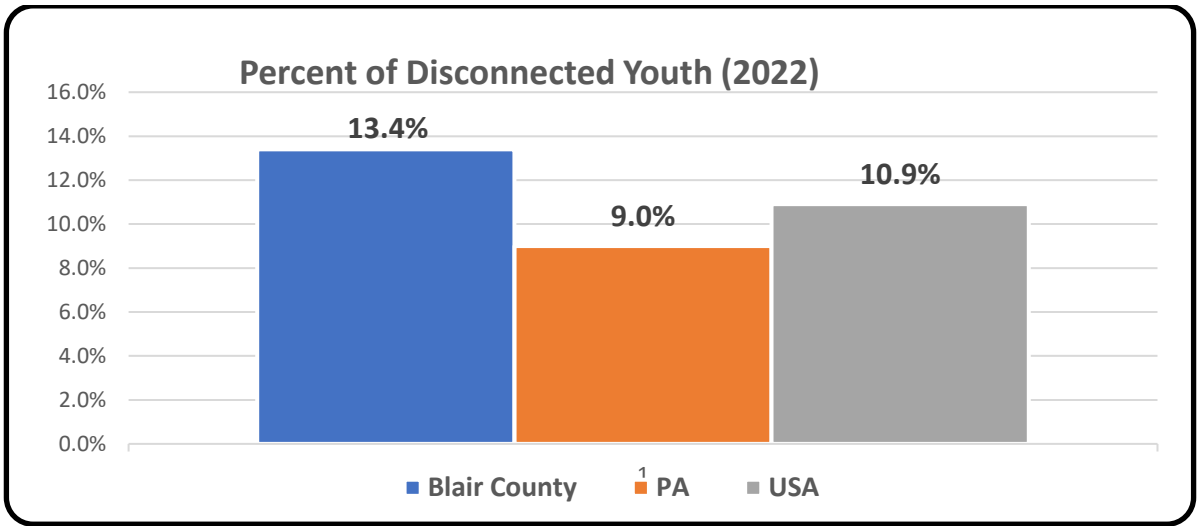
concerns from surveys conducted by other organizations ranged from 46% - 87% as a community challenge.

Based on the most recent Measure of America Report, 10.9% of youth and young adults ages 16-24 across the country are not in school or working. In Pennsylvania, that number was 9.0%. The youth disconnection rate tells us a lot about the opportunities available to teens and young adults from different racial and ethnic groups and in different parts of the country. Understanding who disconnected youth are, the challenges they face, and where they live is the first step to helping them. Doing so is critical for all of us. Society pays a price in terms of reduced competitiveness, lower tax revenues, and higher health, social services, and criminal justice costs, to name just a few. Disconnected young people are more than three times as likely to have a disability of some kind. 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.

The data in Chart 2 for Blair County indicates that over 1700 youth and young adults (13.4%) are disconnected from school, the workforce, and our community..[62] For the 2022 – 2023 school year, there were 402 children and youth experiencing homelessness.[63]

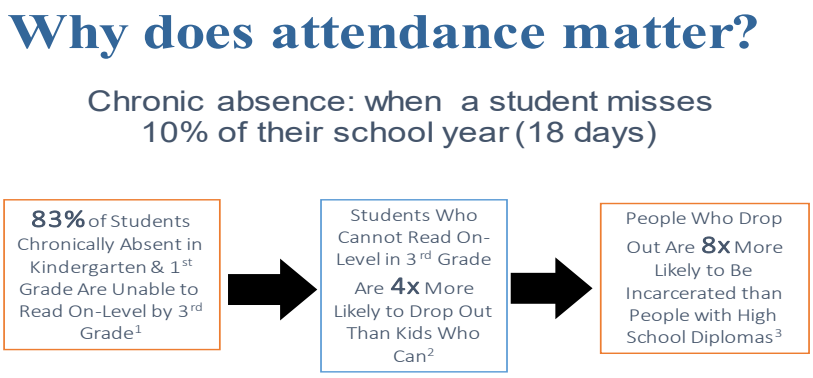
In 2023, there were 250 new juvenile delinquency cases pending in the Blair County Court System and 10% were drug related.[64] The number of delinquency allegations rose 8.7% from 2022 (346) to 2023 (376). In the county, there were 77 school-related delinquency allegations involving weapons and 13 were a weapon was used.[65]

Chart 2: Percent of Disconnected Youth



[62] Measure of America of the Social Science Research Council Attendance Works 2022
[63] Pennsylvania's Education for Children and Youth Experiencing Homelessness Program
[64] Unified Judicial System of Pennsylvania 2023
[65] Pennsylvania Juvenile Court Judges Commission 2023

The most recent federal data show that in the 2020 – 2021 school year, at least 14.7 million students nationwide were chronically absent. This means that chronic absence has almost doubled from more than 8 million students, pre-COVID 19, who were missing so many days of school that they were academically at risk. Children living in poverty are two to three times more likely to be chronically absent and students from communities of color as well as those with disabilities are also 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.[66]



In 2022, there are 291 people incarcerated in the Blair County Prison and 79 did not graduate from high school or obtain a GED (27%).[67] High school dropouts account for 75% of inmates in state prisons, 59% of federal prisons, and 69% in local jails. They are four times more likely to be unemployed[68] 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.[69]

YOUTH CONNECTION
It's our community's future.
AN INITIATIVE OF HEALTHY BLAIR COUNTY COALITION

Goals: Youth Connection Task Force

- Build 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/harassment/cyberbullying and support prevention efforts.

[66] Attendance Works
[67] Blair County Prison (2022)
[68] National Dropout Prevention Center (Harlow 2003)
[69] Northwestern University

Progress and Accomplishments (2021– 2024)	
Youth Connection Summit	A second Youth Connection Summit was held in November 2022 with 82 participants from school districts, social services agencies, law enforcement, and government attending.
School Attendance and Truancy	The School Attendance Sub-Committee met monthly to address the challenges associated with chronic absenteeism and truancy. Prior to COVID 19, there were many activities implemented including: a marketing plan to support and encourage school attendance; communications with the medical community on health and school attendance; enhancing 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; and the implementation of the Be There School Attendance Challenge and Be There Buddy mentoring Program. On January 31st and February 1st 2023, the BASICS Attendance Subcommittee of the Blair County Chamber of Commerce hosted a symposium to address the truancy and attendance issues affecting our community, businesses, and schools with 43 people attending. The sponsors of the symposium were The United Way of Blair County and the Healthy Blair County Coalition. The following were recommendations: • Create more awareness by developing presentations, public service announcements, and making personal connections with community members who can assist and make changes. • Re-implement the Be There Buddy Mentoring and Attendance Challenge Program. • Evaluate the BASICS Attendance Subcommittee meeting time and day to encourage more participation.
Be There School Attendance & Be There Buddy Mentoring Program	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). After a training was conducted for school and agency representatives and the following materials were developed and distributed, local school districts implemented the program: • Be There School Attendance Challenge Toolkit • 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)
Let's Move Into Kindness Blair County	Because bullying/cyberbullying was listed as a major concern on the CHNA, the Youth Connection Task Force held a series of focus groups with youth to obtain their perceptions of bullying and steps to address the problem. As a result of the last community health needs assessment, a new initiative Let's Move Into Kindness was launched at Let's Move Blair County Day in June 2023. The goal is to start a conversation about kindness and begin promoting the campaign, supporting others, and recruiting new partners. The following materials were developed and distributed:

	• A logo and hashtag. • A 30-day Kindness Calendar. • Created and sold Let's Move Into Kindness T-Shirts. • The Blair County Board of Commissioners signed a Kindness Proclamation on October 31, 2023. • Survey Monkey link to gather information on other "kindness" efforts in the county. • Develop and distribute kindness marketing materials, including "Kindness Yard Signs". 
TEAM Builders	The Center for Independent Living in South-Central PA (CILSCSPA) was chosen to adapt the Olweus Bullying Prevention Program as an out of school time program, TEAM Builders through 2024. This bullying prevention experience was 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 exercise. Afterward, certified staff offered a brief activity that promoted good citizenship, social and developmental growth, and skills to build relationships. Over 150 youth participated in the TEAM Builders Program. The overall health of the participants is notable. On the physical side, physicians and health care professionals stated at annual appointments that their "young patients are stronger and developing good habits". These young people 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".

Implementation Plans for the Youth Connection Task Force (2024-2027)			
Plan	**Intended Outcomes**	**Anticipated Impact**	**Community Partners**
Expand into all of Blair County	Understanding youth needs across the county and not just in Altoona.	Connecting youth across Blair County with all of the youth activities that are available.	• HBCC Committees and Coalition Members • School Districts • Community Organizations
Mental Health Awareness	Develop programs that help youth understand mental health & how to help peers with their struggles as well.	Decrease in the stigma around mental health in youth, and an increase in school reporting of those asking for help when needed.	• HBCC Committees • School Districts • Community Partners.

Build Awareness of Youth Connected Activities	Connect youth to the activities currently being offered and assure activities are being offered throughout Blair County.	Youth will be aware of activities happening in their communities that they are welcome to join/attend.	• Youth Connection Task Force • Blair County Library System • HBCC Coalition Members
Food Insecurity Plans	Address food insecurity and promote healthy eating habits in collaboration with community partners.	Increase youth knowledge about acquiring, preparing, and eating healthy foods	• Food for Life Committee • Youth Connection Task Force • HBCC Coalition Member • Community Partners
Vaping/Smoking	Decreasing number of youth vaping/smoking across Blair County.	Youth in Blair County are more informed about the dangers of vaping/smoking and PAYS data shows decrease in vaping/smoking statistics in youth	• Lung Disease Foundation of Central PA • Blair Drug and Alcohol Partnerships
Develop Youth Truancy Plans	Identify and establish relationships with students who are at risk of chronic absenteeism. Work with schools to implement in-school career meetings to provide students with opportunities when they graduate.	Decrease in chronic absenteeism. Raise student awareness about career options right out of high school.	• School Districts and Blair County Chamber of Commerce BASICS Committee • Youth Connection Task Force
Internet Security	Teach youth and their caregivers healthy and safe ways to use the internet.	Reduce instances of successful frauds, scams, cyberbullying, and other unsafe internet practices.	• Child Advocacy Center • Blair County Library System • Youth Connection Task Force
Let's Move Into Kindness Campaign	Continue the work to increase kindness across Blair County and to reduce instances of bullying.	Decrease incidents of bullying, increase active acts of kindness.	• HBCC and Coalition Members • School Districts • Community Members

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, and community partners:

1. The Steering Committee will provide each committee with a specific charge, including outlining goals and a general timeline based on IRS 990 requirements for the implementation of interventions.

2. Based on survey results and secondary indicator data, the HBCC Steering Committee recommended for the following committees to research, select, and implement programs/activities to address their strategy, including determining the target population, funding needed, outcome measures, and a timeline. In certain areas, the Committee will continue and/or expand current initiatives.

    - Get Active Blair County (formerly the Let's Move Blair County Committee)
    - Substance Use & Physical Health Coalition (will incorporate the Alliance for Nicotine Free Communities)
    - Mental Health Committee
    - Youth Connection Task Force
    - Food for Life Initiative
    - Social Media Awareness Ad Hoc Committee (note: will meet as needed to conduct educational awareness events or share resources)

3. Each of the hospitals as part of the Healthy Blair County Coalition will develop, measure, and monitor outcomes and impact as a result of the CHNA. Blair Planning will use the data as part of their responsibility to conduct all transportation planning, policymaking, and programming for the Altoona Metropolitan Statistical Area, which includes all of Blair County.

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, educational materials, and coordination of strategies to ensure successful implementation of the strategies, programs, and services.

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 or resources. They plan to commit the necessary staff, financial support, educational materials, and coordination of strategies to ensure successful implementation of the strategies, programs, and services.

Partnering with Other Organizations to Address Identified Needs

In addition to the above-identified health needs that will be specifically addressed by UPMC Altoona and Conemaugh Nason Medical Center, each of the 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 on Addressing Identified Needs and/or Developing Implementation Plans

Overuse/addiction to cell phone, social media, internet, etc. was again identified as a major/moderate challenge in all surveys conducted. This issue ranked second in the household survey (81%). An analysis based on geographic areas indicated that residents in central (81%) and southern Blair County (84%) responded that it was the highest ranked community challenge and the second highest for northern Blair County (74%). Those responding to the survey on our website ranked it at 83%. Responses form other organizations ranged from 61% - 89%. It was also a concern for community and business leaders (86%), service providers (86%), and the faith-based community (94%) as a major/moderate issue.

Over 16.4% of Blair County youth reported that they had inappropriate sexual contact through technology.[70] Blair County has the sixth highest number of human-trafficking cases in the state. Crime data compiled over the last five years indicate that 5% of human-trafficking cases in the state were prosecuted in Blair County (61 out of 366 filed in the Commonwealth since 2019).[71]

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, a Social media Awareness Ad Hoc Committee will be formed to provide education programs, distribute resources, and collaborate with other community partners also addressing this area.

[70] Pennsylvania Youth Survey. 2023 Blair County Survey
[71] Unified Judicial System of Pennsylvania

In 2023, in cooperation with the Blair County Library System, we hosted four "Fighting Fraud" Social Media Awareness events. The Pennsylvania Office of Attorney General conducted a presentation on how to protect yourself from the top ten scams, identity theft, romance scams, social media 101, and elder abuse. In addition, there were vendors who assist consumers that distributed resources.

Dental care continued to be identified as a significant gaps in health services on the CHNA. Although the HBCC no longer convenes a Dental Care Work Group, we will continue to promote oral health initiatives and support the work of UPMC Altoona's Partnership for a Healthy Community Dental Clinic. The clinic provides dental services for income-eligible children and adults.

Table 27: Number of Patients Receiving Services at UPMC Altoona Partnering for Dental Services[72]

Year	Number of Adult Patients Serviced	Number of Pediatric Patients Served
2023	5407	2492
2024	5207	2319

Another challenge was **impaired/distracted driving (driving under the influence, texting, road rage, etc.)** which ranked fourth with 72% 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 community & business leaders (77%), social service providers (82%), and the faith-based community (77%) as a major/moderate challenge. It was not a significant concern for those responding from other organizations.

In 2022, there were 3,308 fatal crashes (8% of all fatal crashes) and an estimated additional 289,310 people injured in motor vehicle traffic crashes involving distracted drivers on U.S. roadways. There were 621 nonoccupants (pedestrians, pedalcyclists, and others) killed in distraction-affected traffic crashes. Every day about 37 people in the US die in drunk-driving crashes. In 2022, 13,524 people died in alcohol-impaired driving traffic deaths.[73] In Blair County, 18% of motor vehicle crash deaths involved alcohol.[74]

[72] UPMC Altoona Partnering for a Healthy Community Dental Clinic
[73] National Highway Traffic Safety Administration
[74] 2025 County Health Rankings Report for Blair County

In 2023, there were 11,262 crashes involving a distracted driver in Pennsylvania, resulting in 65 fatalities and 409 suspected serious injuries.[75] Effective June 5, 2025, the law prohibits as a primary offense any driver from using an interactive mobile device (IMD) while driving a motor vehicle.

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

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[75] Pennsylvania Department of Transportation 2023

Section Thirteen:
Blair County Indicator Data

A component of the community health needs assessment process is to collect and analyze secondary data. This helps to determine if the statistics supported or did not support the perceptions of community stakeholders 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 and/or the links below. On the home page, there is a tab for Blair County Data which includes the following:

County Health Rankings Reports (2010 – 2025)
County Health Profiles (1998 – 2022)
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 2023 report, Blair County ranked 44 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. Beginning in 2024, rankings are no longer given but overall trends in the indicators are still available.

The University of Wisconsin Population Health Institute Model of Health shows how the community conditions - where we live, learn, work and play - affect our collective health and well-being. These conditions result from the ways in which societal rules, both written and unwritten, are used to determine which communities have access to the resources needed to thrive. People who hold more power shape the rules and how they are applied based on their values and beliefs.[76] The new model of health is included in Appendix B.

The Blair Planning Commission participated in a Comprehensive Plan for the Southern Alleghenies Region in 2018.[77] 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.

[76] University of Wisconsin Population Health Institute Model of Health
[77] Alleghenies Ahead: Comprehensive Plan for the Southern Alleghenies 2018

- Develop model land development regulations and public health policies.
- Market, 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.

In July 2024, The City of Altoona adopted their Comprehensive Plan, All Together Altoona[78]. The Action Plan included better public spaces designed with people in mind and promoting neighborhood health and stability. HBCC was an active member of the Committee that developed the plan.

[78] City of Altoona Comprehensive Plan: All Together Altoona July 2023

Section Fourteen:
Charge to the Community

Each community health needs assessment confirmed that Blair County has many assets, including community leaders, businesses, social service providers, community organizations and individuals. Those individuals who took time to complete the surveys and those who provided funding or 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.

Our goal has been 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 educate and motivate community leaders and citizens to use this information to understand the issues and to work collaboratively toward resolving them.

We have been utilizing the "collective impact" concept in which a highly structured collaborative effort can achieve a substantial impact on large scale social problems.[79]

Figure 12: Collective Impact Model

We have been successful because our community partners have embraced the components of collective impact which are a common agenda, shared measurements, mutually reinforcing activities, continuous communications, and backbone support.

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

This is our sixth 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 community partners in developing and assisting with Implementation Plans.

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 two participating hospital websites.

Appendices

Appendix A: Household Cover Letter and Survey

Appendix B: 2025 New Model of Health: County Health Rankings Model

Appendix C: Social Determinants of Health

Appendix A: Household Cover Letter and Survey

Dear Neighbor:

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. Everyone's feedback will help improve all aspects of a healthy Blair County (e.g. social, economic, physical, emotional, etc.). Your responses will be combined with others providing us with information on what 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, 2024.**

When you are completing this survey, please keep in mind:
Community refers to your municipality, township, borough, or city.
Household includes you and 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 or QR code 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/QSV82FR

If you have questions or need more information, please call Coleen Heim, Consultant for the Healthy Blair County Coalition (HBCC) at 814-317-5108 ext. 305.

The **Healthy Blair County Coalition** is a community partnership that was created to provide a comprehensive community health needs assessment. Its purpose is to share resources, engage local partnerships, and make a positive impact on the lives of people in Blair County. To learn more about HBCC, visit our website at www.healthyblaircountycoalition.org and like our Facebook page.

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 BOX IN EACH ROW	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).	❑1	❑2	❑3	❑4	❑5
1b. People and groups in your community help each other out when they have a problem.	❑1	❑2	❑3	❑4	❑5
1c. I feel welcome to participate in my community.	❑1	❑2	❑3	❑4	❑5
1d. I have an opportunity to affect how things happen in my community.	❑1	❑2	❑3	❑4	❑5

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

- ❑ Affordable housing
- ❑ Close to bus stops/lines
- ❑ Close to grocery stores/shopping
- ❑ Close to library/cultural activities
- ❑ Close to parks, recreation, and sports
- ❑ Close to physician and medical facilities
- ❑ Close to work
- ❑ Family friendly/good place to raise kids
- ❑ Friendly/respectful neighbors
- ❑ Good schools
- ❑ Low crime/safe place to live
- ❑ Near highway access
- ❑ Places of worship
- ❑ Quiet
- ❑ Sidewalks/places to walk
- ❑ Variety of food/drinking establishments
- ❑ Variety of people with different backgrounds
- ❑ Other _____

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

- ❑ Crime/not feeling safe
- ❑ Dirt, trash, and litter
- ❑ Drug use/abuse
- ❑ Far from grocery stores/shopping
- ❑ Far from the library/cultural activities
- ❑ Far from parks, recreation, and sports
- ❑ Far from physician and medical facilities
- ❑ Far from work
- ❑ Interactions with neighbors
- ❑ Issues with housing
- ❑ Lack of regional transportation
- ❑ Not enough police coverage
- ❑ Not enough activities in the neighborhood
- ❑ Racism, prejudice, hate, discrimination
- ❑ Roads/alleys in need of repairs
- ❑ Too many bars
- ❑ Too many fast food restaurants
- ❑ Too many smoking/vape shops
- ❑ Traffic/speeding cars and trucks
- ❑ Youth with nothing to do
- ❑ Other _____

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

❑$_1$ Yes ❑$_2$ No

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 BOX IN EACH ROW**

Community Issue ECONOMICS	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Unemployment or under-employment	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Poverty/lack of adequate income	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Lack of jobs	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Lack of qualified employees	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$

Community Issue EDUCATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Students not being adequately educated in school and/or prepared for life	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Violence (e.g. weapons, fighting, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Bullying/harassment/cyberbullying	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Use/availability of alcohol and other drugs in school, including nicotine and vaping	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Students not regularly attending school (truancy)	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Lack of affordable post high school opportunities (college, community college, technical school, etc.)	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Youth disconnection (not in school or working)	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$

Community Issue HEALTH	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Alcohol and/or drug abuse	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Smoking, tobacco, and use of e-cigarettes/ vaping	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Adults with mental illness or emotional issues	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$
Children with mental illness or emotional issues	❑$_1$	❑$_2$	❑$_3$	❑$_4$	❑$_5$

Diabetes	❑1	❑2	❑3	❑4	❑5
Obesity	❑1	❑2	❑3	❑4	❑5
Heart Disease	❑1	❑2	❑3	❑4	❑5
Access to healthy food (e.g. affording groceries, getting SNAP benefits, near a grocery store, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue HOUSING	**Not an Issue**	**Minor Issue**	**Moderate Issue**	**Major Issue**	**No Opinion/ Don't Know**
Lack of affordable housing (under $100,000)	❑1	❑2	❑3	❑4	❑5
Substandard housing	❑1	❑2	❑3	❑4	❑5
Lack of housing for people with disabilities	❑1	❑2	❑3	❑4	❑5
Lack of middle range housing options (e.g. $100,000 - $250,000)	❑1	❑2	❑3	❑4	❑5
Lack of housing options (e.g. apartments, condos duplexes, townhouses, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue LEISURE ACTIVITIES	**Not an Issue**	**Minor Issue**	**Moderate Issue**	**Major Issue**	**No Opinion/ Don't Know**
Shortage of recreational venues (parks, trails, swimming, etc.)	❑1	❑2	❑3	❑4	❑5
Lack of cultural activities (concerts, plays, festivals, etc.)	❑1	❑2	❑3	❑4	❑5
Shortage of activities for youth	❑1	❑2	❑3	❑4	❑5
Lack of service opportunities (e.g. service clubs, faith-based, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue SAFETY	**Not an Issue**	**Minor Issue**	**Moderate Issue**	**Major Issue**	**No Opinion/ Don't Know**
Crime	❑1	❑2	❑3	❑4	❑5
Gun violence	❑1	❑2	❑3	❑4	❑5
Family/domestic violence	❑1	❑2	❑3	❑4	❑5
Abuse of children	❑1	❑2	❑3	❑4	❑5
Abuse of the elderly	❑1	❑2	❑3	❑4	❑5
Human trafficking	❑1	❑2	❑3	❑4	❑5

Impaired/distracted driving (driving under the influence, texting, road rage, etc.)	❑1	❑2	❑3	❑4	❑5

Community Issue SOCIAL	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Teen pregnancy	❑1	❑2	❑3	❑4	❑5
Racism/discrimination/bias	❑1	❑2	❑3	❑4	❑5
Gambling	❑1	❑2	❑3	❑4	❑5
Lack of affordable daycare for children	❑1	❑2	❑3	❑4	❑5
Homelessness	❑1	❑2	❑3	❑4	❑5
Suicide	❑1	❑2	❑3	❑4	❑5
Overuse/addiction to cell phone, social media, internet, etc.	❑1	❑2	❑3	❑4	❑5
Pornography	❑1	❑2	❑3	❑4	❑5
Social isolation	❑1	❑2	❑3	❑4	❑5
Lack of access to broadband and/or cell service	❑1	❑2	❑3	❑4	❑5
Lack of access to technology (e.g. laptop, internet, iPad, space in home, etc.)	❑1	❑2	❑3	❑4	❑5
Physical accessibility to buildings, parks, transportation, and community facilities	❑1	❑2	❑3	❑4	❑5
Access to services and documents in my language, including ASL	❑1	❑2	❑3	❑4	❑5

Community Issue TRANSPORTATION	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Inadequate public transportation	❑1	❑2	❑3	❑4	❑5
Poor road and/or traffic conditions	❑1	❑2	❑3	❑4	❑5
Community is bikeable.	❑1	❑2	❑3	❑4	❑5
Community is walkable.	❑1	❑2	❑3	❑4	❑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 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 BOX 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.	❑1	❑2	❑3	❑4	❑5
Not being able to find work	❑1	❑2	❑3	❑4	❑5
Job security (e.g. employed, got fired or laid off, less work hours, less income, etc.)	❑1	❑2	❑3	❑4	❑5
Utilities (e.g. facing gas, water, or electric shutoffs or difficulty paying for them, etc.)	❑1	❑2	❑3	❑4	❑5
Access to healthy food (e.g. (e.g. affording groceries, getting SNAP benefits, close to a grocery store, etc.)	❑1	❑2	❑3	❑4	❑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	❑1	❑2	❑3	❑4	❑5
Children not being able to access online education	❑1	❑2	❑3	❑4	❑5
Children being unsafe at school (e.g. weapons, fighting, etc.)	❑1	❑2	❑3	❑4	❑5
Children being bullied/ harassed/cyberbullied	❑1	❑2	❑3	❑4	❑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	❑1	❑2	❑3	❑4	❑5
Experiencing an alcohol and/or drug issue	❑1	❑2	❑3	❑4	❑5
Negative effects of **s**moking, tobacco use, e-cigarette use, vaping	❑1	❑2	❑3	❑4	❑5
Adults with behavioral, mental health, or emotional issues	❑1	❑2	❑3	❑4	❑5
Children or teenagers with behavioral, mental health, or emotional issues	❑1	❑2	❑3	❑4	❑5

Being overweight	❑1	❑2	❑3	❑4	❑5
Having diabetes	❑1	❑2	❑3	❑4	❑5
Having heart disease	❑1	❑2	❑3	❑4	❑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	❑1	❑2	❑3	❑4	❑5
Lack of activities for youth	❑1	❑2	❑3	❑4	❑5
Access to parks and trails	❑1	❑2	❑3	❑4	❑5

Household Issue HOUSING	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Not having enough room in your house for all the people who live there	❑1	❑2	❑3	❑4	❑5
Living in housing that needs major repairs and/or modifications	❑1	❑2	❑3	❑4	❑5
Not having enough money to pay for housing	❑1	❑2	❑3	❑4	❑5
Housing (e.g. paying rent, facing eviction, foreclosure, maintenance, etc.)	❑1	❑2	❑3	❑4	❑5
Didn't have a place to stay/homeless	❑1	❑2	❑3	❑4	❑5

Household Issue SAFETY	Not an Issue	Minor Issue	Moderate Issue	Major Issue	No Opinion/ Don't Know
Experiencing crime	❑1	❑2	❑3	❑4	❑5
Experiencing family violence	❑1	❑2	❑3	❑4	❑5
Impaired/distracted driving (driving under the influence, texting, road rage, etc.)	❑1	❑2	❑3	❑4	❑5
Unsafe conditions in the home	❑1	❑2	❑3	❑4	❑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	❑1	❑2	❑3	❑4	❑5
Not being able to get care for a person with a disability or serious illness, or for an elder	❑1	❑2	❑3	❑4	❑5

Experiencing discrimination	❑1	❑2	❑3	❑4	❑5
Experiencing bullying/cyberbullying/ harassment	❑1	❑2	❑3	❑4	❑5
Suffered a recent loss (death of a family/friend, suicide, drug overdose, etc.)	❑1	❑2	❑3	❑4	❑5
Negative effects of gambling, phone/internet overuse/addiction, pornography, etc.)	❑1	❑2	❑3	❑4	❑5
Not being able to find or afford day care for children	❑1	❑2	❑3	❑4	❑5
Lack of access to broadband and/or cell service	❑1	❑2	❑3	❑4	❑5
Lack of access to technology (e.g. laptop, internet, iPad, space in home, etc.)	❑1	❑2	❑3	❑4	❑5

Household Issue TRANSPORTATION	**Not an Issue**	**Minor Issue**	**Moderate Issue**	**Major Issue**	**No Opinion/ Don't Know**
Unable to leave my house because of transportation	❑1	❑2	❑3	❑4	❑5
No bus service within walking distance of my home	❑1	❑2	❑3	❑4	❑5
No bus service at all	❑1	❑2	❑3	❑4	❑5
Bus doesn't stop where I need to go	❑1	❑2	❑3	❑4	❑5
Bus does not operate at the time I need it to	❑1	❑2	❑3	❑4	❑5
Bus can't get me to my destination in a timely fashion	❑1	❑2	❑3	❑4	❑5

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

C. HEALTHCARE CHALLENGES AND ISSUES

CHECK ONE BOX IN EACH ROW.	**Yes**	**No**	**Sometimes**	**Not Applicable**
1. Have you seen a primary care/family physician in the past year?	❑1	❑2	❑3	❑4
2. Have you seen a dentist in the past year?	❑1	❑2	❑3	❑4
3. Do you know how to find treatment if you or someone you know needs help for an alcohol or substance use problem?	❑1	❑2	❑3	❑4

4. Do you know how to find mental health treatment if you or someone you know needs help?	❑1	❑2	❑3	❑4
5. Do you know how to find resources if you or someone you know needs help after experiencing trauma (e.g. a significant life stressor)?	❑1	❑2	❑3	❑4
6. When you need help are you able to easily understand the healthcare system and community resources available?	❑1	❑2	❑3	❑4
7. Do you clearly understand what is going on with your healthcare?	❑1	❑2	❑3	❑4
8. Do you feel like all of your medical care is well coordinated between different medical providers?	❑1	❑2	❑3	❑4
9. 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)?	❑1	❑2	❑3	❑4
10. If you are 50 years of age or older, have you ever had a colorectal cancer screening?	❑1	❑2	❑3	❑4
11. Have you ever missed a health care appointment (e.g. doctor appointment, test, physical therapy, etc.) due to lack of transportation?	❑1	❑2	❑3	❑4

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

❑1 Yes ❑2 No

13. 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 Lack of access to telehealth
❑14 None of the above prevented getting the necessary health care

14. 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

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

❑1 Dental care
❑2 Social and/or medical care for senior citizens
❑3 Services for premature babies
❑9 Prescription drug assistance
❑10 Family physician
❑11 Services for low-income residents

- ❑4 End-of-life care (hospice, palliative care)
- ❑5 In-patient mental health services for adults
- ❑6 Out-patient mental health services for adults
- ❑7 In-patient mental health services for children/adolescents
- ❑8 Out-patient mental health services for children/adolescents
- ❑12 Services for alcohol and other drug abuse
- ❑13 Services for persons with disabilities
- ❑14 Lack of midwives/doula
- ❑15 Pre-school services for children with developmental delays
- ❑16 Pediatric medicine
- ❑17 Physical or occupational therapy
- ❑18 Other, please specify: _____

16. 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 Trauma-Informed care (helping individuals who experienced a significant life stressor)
- ❑15 Other, please specify: _____

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

❑1 Yes ❑2 No

18. 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
- ❑9 Ability to get to a store that sells healthy foods

19. 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

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

1. What is your postal Zip code? _____ 2. What is your city/boro/township? _____

3. Are you… ❑1 Male ❑2 Female ❑3 Other

4. Are you a veteran?

❑1 Yes ❑2 No

5. 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

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

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

❑1 Asian only
❑2 Black or African American
❑3 White or European American
❑4 Hispanic/Latino
❑5 Two or more races
❑6 Other race/ethnicity

8 . 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 Do not have access to transportation

9. 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

10. What type of health insurance do you have?

❑1 No insurance
❑2 UPMC
❑3 Aetna
❑4 Highmark (Blue Cross/Blue Shield)
❑5 Medicaid (Medical Assistance/Access)
❑6 Medicare
❑7 PeopleOne Health
❑8 Tricare/VA Health care
❑9 Geisinger
❑10 Other _____

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

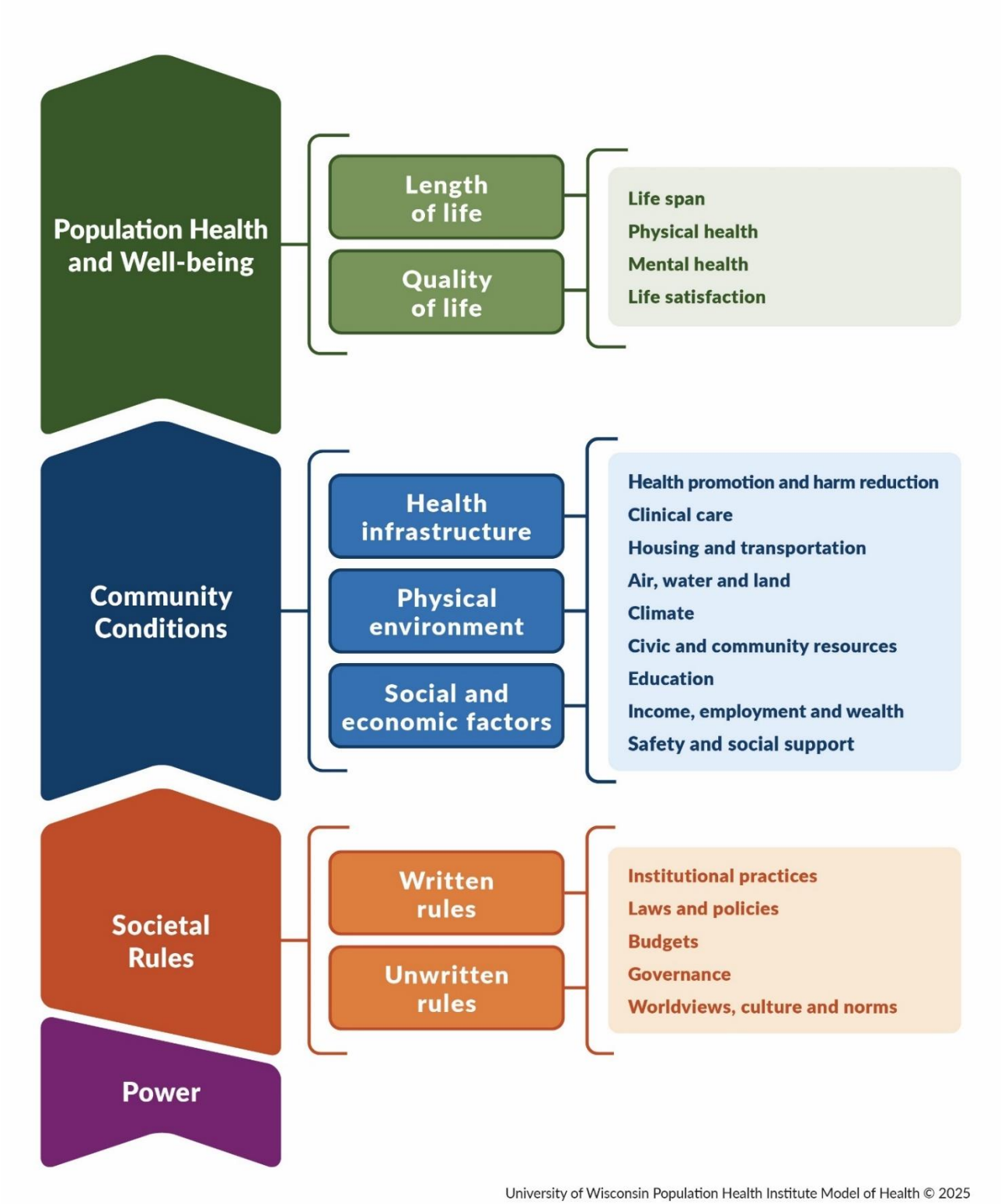
❑1 Large employer
❑2 Small employer (50 people or less)
❑3 Private (Marketplace/Obamacare)
❑4 Government (e.g. Medicaid, Medicare, Veterans)

12. 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: 2025 New Model of Health: County Health Rankings Model



Appendix C: Social Determinants of Health

Social drivers of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH refers to community-level factors. They are sometimes called "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.[80]

[80] Healthy People 2030, US Department of Health and Human Services