



MOUNT NITTANY[®] HEALTH

2016 Community Health Needs Assessment



Candor. Insight. Results.

Table of Contents

About Mount Nittany Health	2
Our Commitment to Community Health	3
Executive Summary	4
The Mount Nittany Medical Center CHNA Process	4
Identified Priority Needs	5
Mount Nittany Medical Center Service Area at a Glance	7
Overview of Research Findings Related to Prioritized Health Needs	9
Community Health Implementation Plan	16
Board Approval and Dissemination	16
Centre County Demographic Analysis	17
Centre County Public Health Analysis	23
Mount Nittany Medical Center Utilization Data Analysis	58
Key Informant Survey	66
Focus Group Results	73
Partner Forum Results	78
Evaluation of Community Health Impact from 2013 CHNA Implementation Plan	83
Appendices	89
Appendix A: Secondary Data References	89
Appendix B: Key Informants	90
Appendix C: Partner Forum Attendees	93

About Mount Nittany Health

Mount Nittany Health, based in State College, Pennsylvania, provides primary, specialized, emergency, and surgical care to the residents of Central Pennsylvania. Originally established as a community hospital, we've grown exponentially to add the care our community needs, where they need it. Integrated as a multi-branch organization in 2011, Mount Nittany Health is the parent organization for:

- > Mount Nittany Medical Center, a 260-bed acute-care facility offering medical, surgical, diagnostic and community services.
- > Mount Nittany Physician Group, a group of more than 120 healthcare providers, across more than 20 specialties in 15 convenient locations.
- > Mount Nittany Health Foundation, the fundraising entity for Mount Nittany Health developments.
- > Children's Advocacy Center of Centre County, providing a community-based, child-focused center that facilitates a compassionate, multi-disciplinary approach to the prevention, identification, intervention and treatment of child abuse.

We are committed to improving both the quality and availability of healthcare in our region—by expanding and improving our facilities, recruiting the best physicians in the area and adding services our patients need.

One of the region's top places to work, Mount Nittany Health employs about 2,300 skilled healthcare professionals and support staff, with more than 220 credentialed physicians in more than 40 specialties and sub-specialties practicing at our facilities. Volunteers contribute more than 68,000 hours of service each year.

Mission Statement

We are here to make people healthier.

Alliances with Patients

- > We will treat all patients with dignity and respect, and we will accommodate individual responses to the stress of illness.
- > We fully support the principles of Patient Rights and Responsibilities.
- > We commit to a service excellence philosophy that strives to meet or exceed patient expectations.
- > All patients receive a uniform standard of care throughout all of our facilities, regardless of social, cultural, financial, religious, racial, gender or sexual orientation factors.
- > Our medical staff works to ensure that patients receive only appropriate and effective tests, procedures and treatments.

Our Commitment to Community Health

As a trusted local healthcare leader, Mount Nittany Medical Center is committed to understanding and addressing the most pressing health and wellness concerns for our community. In order to do that, a Community Health Needs Assessment (CHNA) is completed by Mount Nittany Medical Center every three years. Our last CHNA (completed in 2013) led to investment in a community health and outreach department, continuing medical education sessions, community sponsorships, and health/wellness promotions, and convening Centre Moves, a cross sector community coalition dedicated to encouraging residents to be more physically active and eat healthier.

Building on this momentum, Mount Nittany Medical Center, in conjunction with Centre Foundation, Centre County United Way, and Centre County Partnership for Community Health, conducted a CHNA from July 2015 to June 2016. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. It will once again be used as a tool for informing strategy, funding, and action plans for improving the health of our community.

We examined a variety of household and health statistics to create a full picture of the health and social determinants across Centre County. The findings help ensure that our initiatives, activities and partnerships meet the needs of our communities.

After thorough analysis, the following health issues were identified as priorities for our communities:

- > Behavioral Health
- > Substance Abuse
- > Chronic Disease

To address these health priorities, we developed a plan for community health improvement that details strategies to collaborate with our local community partners.

The following report details findings from our study of Centre County. In addition to local health statistics and socio-economic measures, we invited input from community leaders and residents to help us better understand community members' perceptions regarding their health and the barriers they face in staying healthy.

Executive Summary

The Mount Nittany Medical Center CHNA Process

Research Methodology

The 2016 Mount Nittany Medical Center CHNA was conducted between July 2015 and June 2016. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across Centre County. Primary research methods sought to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods sought to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

- > A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix A.
- > An analysis of hospital discharge data to determine how consumers are accessing care and where gaps in service exist.
- > A Key Informant Survey with 94 community representatives to solicit feedback on community health priorities, underserved populations, and partnership opportunities. A list of key informants and their respective organization is included in Appendix B.
- > Three Focus Groups with 29 health care consumers, addressing mental health, substance abuse, chronic disease, and access to care.
- > A Partner Forum with 42 community representatives to identify community health priorities and facilitate population health strategy collaboration based on input regarding community assets, gaps in services, and partnership opportunities. A list of partners is included in Appendix C.

Leadership

The 2016 CHNA was conducted in partnership with Centre Foundation, Centre County United Way, and Centre County Partnership for Community Health. The mission of these organizations aligns with the goals of the CHNA to build engaged and healthy communities and enhance quality of life through collaborative relationships. To that end, the CHNA process concentrated on opportunities to collectively assess and impact the health of Centre County.

The 2016 CHNA was overseen by a Steering Committee of representatives from Mount Nittany Medical Center and its partners:

- > Natalie Corman, Human Services Administrator/Deputy County Administrator
- > *Centre County Partnership for Community Health*
- > *Tammy Gentzel, Executive Director, Centre County United Way*
- > *Maureen Karstetter, VP Marketing/Communications and Community Outreach, Mount Nittany Health*
- > *Molly Kunkle, Executive Director, Centre Foundation*
- > *Jeannine Lozier, Community Outreach Coordinator, Mount Nittany Health*
- > *Nichole Monica, Communications and Media Relations Director, Mount Nittany Health*

Research Partner

Mount Nittany Medical Center’s research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly’s expertise ensured the validity of the research and assisted in developing a long-term action plan to address the highest health needs across Centre County.

Identified Priority Needs

Process

As part of the 2016 CHNA, Mount Nittany Health invited local health and human service providers and other community-based organizations to participate in a partner forum to review research results from the CHNA and provide feedback on community health priorities. The following table shows priorities from the 2013 CHNA compared to findings for each research initiative in the 2016 CHNA. Priorities are listed in alphabetical order.

2013 CHNA Priorities	2016 CHNA Research			
	Public Health Data	Hospital Discharge Data	Key Informant Responses	Focus Group Insights
Access (Transportation & Providers)	Access to Care	Access to Care	Diabetes	Access to Care
Healthy Aging	Diabetes	Behavioral Health Comorbidities	Healthy Weight Management	Care Coordination
Mental Health/ Substance Abuse	Mental Health	Mental Health	Heart Disease	Mental Health Education
Obesity/Diabetes	Overweight/ Obesity	Substance Abuse	Mental Health	Substance Abuse
Oral Health	Substance Abuse		Substance Abuse	

Following an overview of the CHNA research, the audience was asked to consider the following criteria to determine community health priorities:

- > Severity of the issue: Disease rates in comparison to state/national benchmarks
- > Scope of the issue: Disease prevalence and number of individuals impacted
- > Health disparities among racial and ethnic minorities
- > Cost of the issue to the community (e.g. dollars, time, social costs)
- > Ability to impact the issue based on existing programs, resources, and expertise
- > Community perception of the issue's importance
- > Readiness of the community to recognize and address the issue

Based on these criteria, the partner forum attendees identified the following areas as priority health needs in the community:

- > Access to Care
- > Chronic Disease
- > Behavioral Health
- > Oral Health
- > Substance Abuse

Leadership at Mount Nittany Health reviewed recommendations from the partner forum in conjunction with research findings, resources, as well as the scope and severity of the issues. From this review, Mount Nittany Health will address the following priority health needs as part of its 2016-2019 Community Health Implementation Plan:

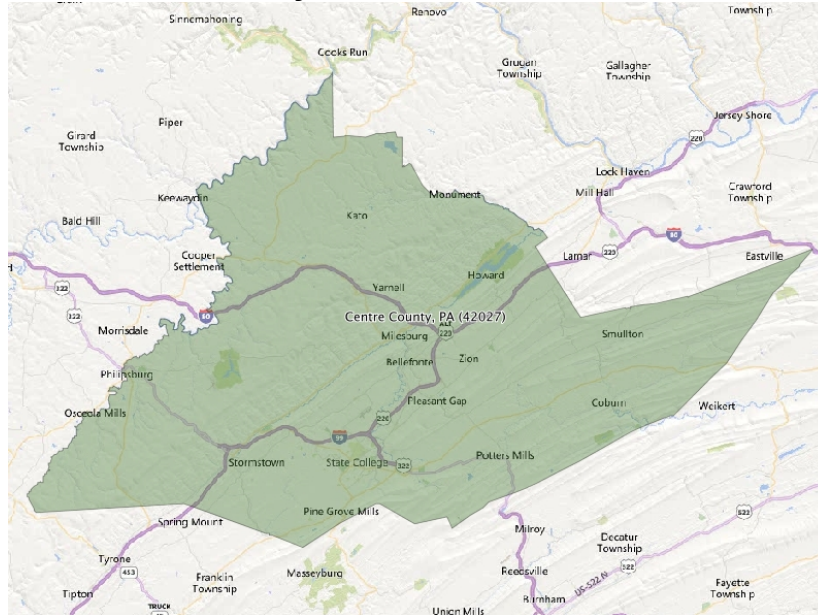
- > Behavioral Health
- > Substance Abuse
- > Chronic Disease

Access to care is an implementation strategy across all identified priority areas, and Mount Nittany Health will target access issues accordingly.

Mount Nittany Medical Center's Service Area at a Glance

Mount Nittany Medical Center serves a population of 155,032 residents across Centre County, Pennsylvania. The population increased 14.2% from the 2000 Census.

Mount Nittany Medical Center Service Area



Several communities served by Mount Nittany Medical Center are designated Medically Underserved Areas, determined by the U.S. Department of Health and Human Services Health Resources and Services Administration as having too few primary care providers, high infant mortality, high poverty, or a high elderly population. These communities include:

- > Boggs Service Area (Boggs Township; Burnside Township; Snow Shoe Borough; Snow Shoe Township)
- > Curtin Service Area (Curtin Township; Marion Township; Liberty Township; Walker Township)
- > Millheim Borough
- > State College Borough
- > Union Township

In addition, the following geographies/populations are designated Health Professional Shortage Areas (HPSA) for either primary care or dental care:

- > Low-income residents in Philipsburg (primary care)
- > Snow Shoe (primary care)
- > Low-income residents across Centre County (dental care)

The Centre County population is primarily White with less than 11% of residents identifying as another race and less than 3% of residents identifying as Hispanic or Latino. The median age of Centre County (29.8) is lower than the state and national medians (40.4 and 37.4 years respectively), but increased from the 2013 CHNA (28.7).

2011-2013 Population by Race/Ethnicity & Median Age

	Centre County
White	89.2%
Black or African American	3.3%
Asian	5.3%
Hispanic or Latino (of any race)	2.6%
Median Age	29.8

Source: United States Census, 2011-2013

Centre County represents a diverse socioeconomic environment. The zip codes outlined in the table below have worse socioeconomic measures when compared to the county's overall measures. Note: poverty rates in zip codes 16801 and 16803 may be influenced by students attending the Pennsylvania State University, and poverty and education rates in 16832, 16820, 16882, and 16872 may be influenced by Amish populations residing in these zip codes.

Socioeconomic Indicators by County Zip Code

	Individuals in Poverty	Unemployment	Individuals with Less than a High School Diploma
16801 State College	35.8%	4.3%	3.9%
16803 State College	26.0%	4.8%	4.6%
16832 Coburn	22.9%	5.4%	20.2%
16820 Aaronsburg	21.4%	4.8%	15.7%
16835 Fleming	19.3%	16.7%	9.4%
16882 Woodward	19.2%	7.3%	20.8%
16666 Osceola Mills	17.0%	13.3%	13.9%
16853 Milesburg	15.8%	18.0%	8.1%
16866 Philipsburg	15.5%	11.7%	12.6%
16872 Rebersburg	15.0%	7.5%	20.9%
16852 Madisonburg	11.2%	3.7%	22.8%
16859 Moshannon	9.2%	11.7%	10.9%
16822 Beech Creek	7.9%	11.9%	15.7%
16826 Blanchard	5.8%	9.3%	22.6%
16854 Millheim	5.1%	14.6%	9.5%
Centre County	20.9%	6.7%	7.4%

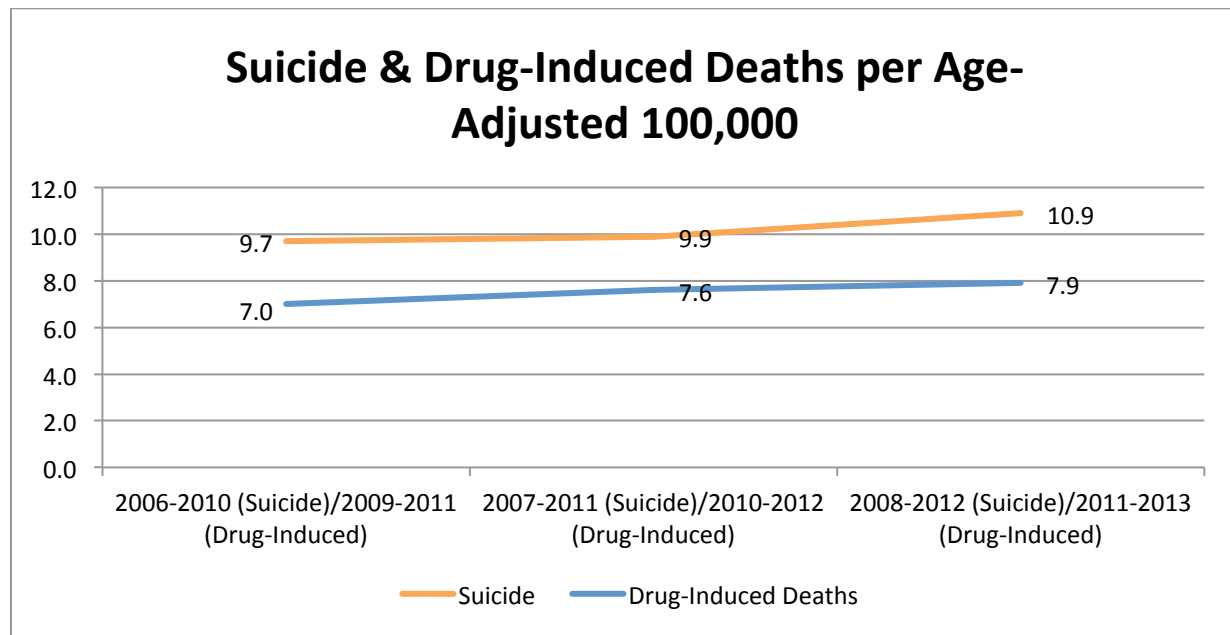
Source: United States Census, 2009-2013

Red highlight indicates more than 2% points higher than the county

Overview of Research Findings Related to Prioritized Health Needs

Behavioral Health

Mental health and substance abuse were recognized by key informants and partner forum participants as two of the top health conditions affecting residents. In Centre County, both the suicide rate and the drug-induced death rate increased over the last two reporting cycles by approximately one point. During the most recent reporting cycle, 75 suicides and 33 drug-induced deaths occurred. The suicide rate now exceeds the Healthy People 2020 goal (10.2 per 100,000).

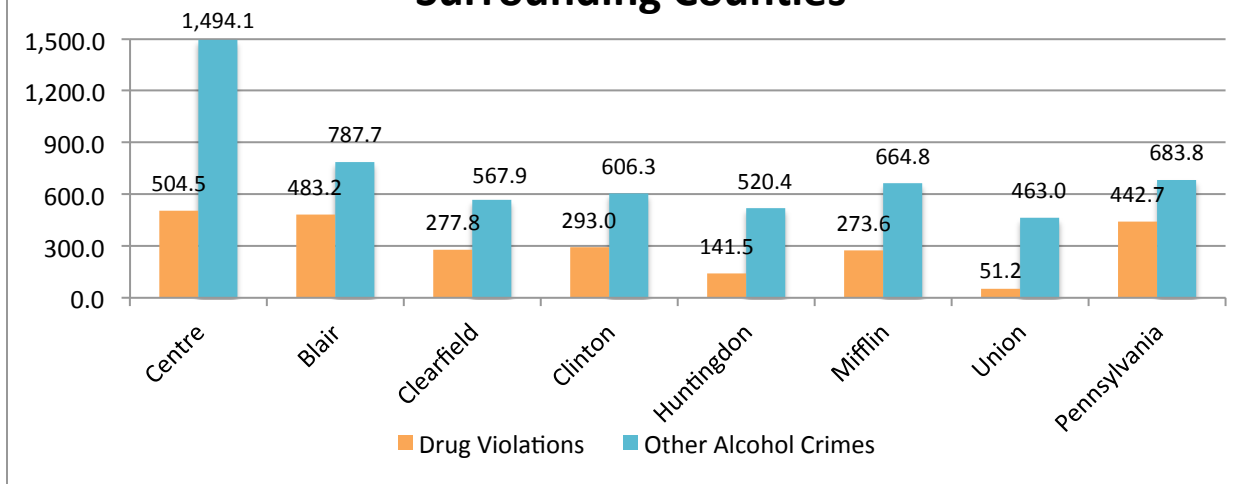


Source: Centers for Disease Control and Prevention; Healthy People 2020; & PA Department of Health

Emergency Medical Services (EMS) and law enforcement agencies report higher incidence of substance abuse in Centre County. In 2014, Centre LifeLink EMS (serving State College and Centre Region areas of the county) responded to over 240 overdose-related calls. Bellefonte EMS (covering Bellefonte, Milesburg, Unionville, and Howard areas) and Penns Valley EMS responded to a combined 86 overdose-related calls.

Crime rates related to alcohol and drug violations are highest in Centre County compared to surrounding counties and the state. According to focus group participants, the most commonly abused drugs in the county are synthetic marijuana (K2), prescription pills, and heroin. Heroin use, in many cases, is a progression from prescription pill abuse.

Selected Crime Statistics in Centre County and Surrounding Counties



Source: Pennsylvania Uniform Crime Reporting System, 2013

The Pennsylvania State University (PSU) is located in State College. According to *The Partnership - Campus and Community United Against Dangerous Drinking* and *Penn State Student Affairs*, the percentage of PSU students who report drinking on the weekends is declining, as is the average number of drinks consumed in one night. However, the blood alcohol content among students seen at Mount Nittany Medical Center is increasing and the percentage of students reporting heavy drinking rose to the highest value in five years (7.5%).

The *Pennsylvania Youth Survey* (PAYS) is conducted every other year to measure middle school and high school student knowledge, attitudes, and behaviors towards substance use. The most recent report found increases in the percentage of 10th and 12th grade students who report feeling depressed or sad on most days and who report using marijuana and heroin.

Depression and Substance Use among 10th and 12th Grade Students

	10 th Grade Students		12 th Grade Students	
	2009	2013	2009	2013
Depressed or Sad Most Days in the Past Year	27.1%	33.5%	27.7%	31.1%
Marijuana Use in the Past 30 Days	9.4%	11.4%	17.6%	20.4%
Heroin Use in the Past 30 Days	0.1%	0.8%	1.6%	1.7%

Source: Pennsylvania Commission on Crime and Delinquency 2009-2013

Older adults in Centre County are also more likely to experience depression. The percentage of Centre County Medicare Beneficiaries 65 years or over with a depression diagnosis (14.9%) is higher when compared to the state (13.4%) and the nation (12.7%). Partner forum participants identified the need for social support groups, particularly in publicly funded housing units, and expanded public transportation options to eliminate isolation among this population.

Approximately 4% of all emergency department visits at Mount Nittany Medical Center in 2014 were a result of mental health or substance abuse. Substance abuse, including alcohol and drug abuse, disproportionately affects residents in certain age groups. Seventy percent of alcohol abuse diagnoses occurred among patients age 18 to 24, while 57% of drug abuse cases occurred among patients age 25 years and over.

Substance Abuse in the Emergency Department by Patient Age

	Alcohol Abuse	Drug Abuse
	% of Total Cases	% of Total Cases
Under 18 years	2.9%	3.3%
18 – 24 years	70.0%	39.6%
25 – 34 years	9.7%	23.1%
35 – 44 years	5.5%	12.1%
45 – 54 years	7.0%	12.1%
55 years or over	4.9%	9.9%

Community representatives across all research components identified a lack of services within the community to adequately address behavioral health issues, including:

- > Case management services for high-risk patients (e.g. individuals with co-occurring disorders)
- > Counseling/Psychology services, particularly for substance abuse
- > Detox/Rehabilitation clinics
- > Inpatient beds for adults and children
- > Partial hospitalization programs
- > Psychiatrists
- > Suboxone clinics
- > Transitional housing (post-rehab)

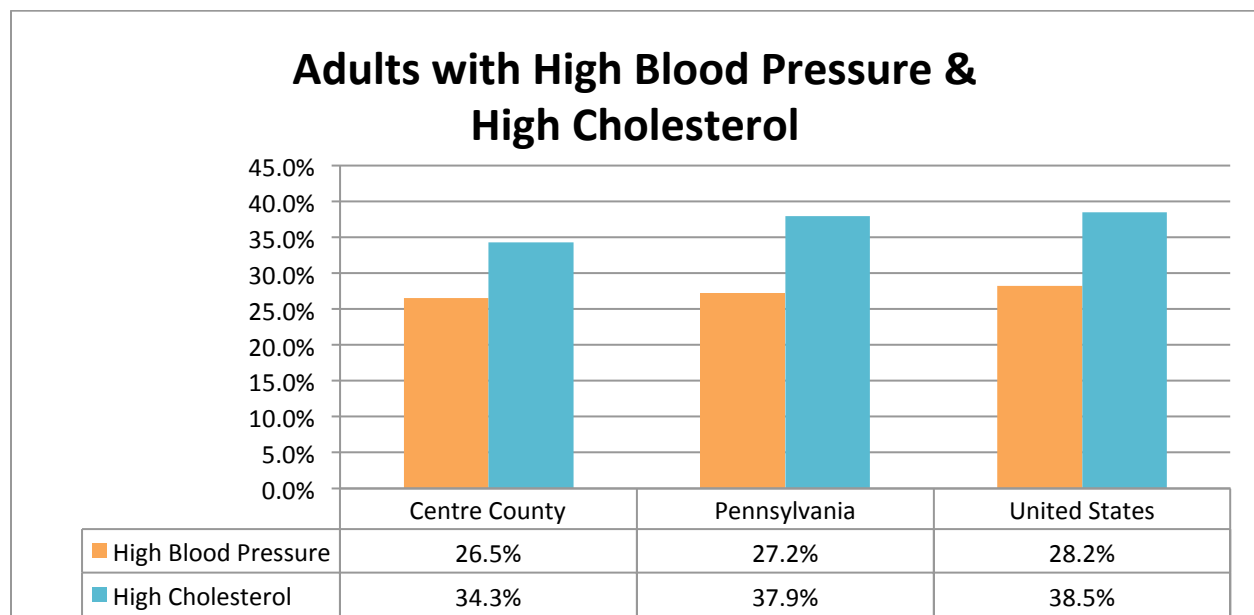
Community representatives recognized cost/insurance and navigating the mental health care system as barriers to accessing services that are available within the community. Cost and insurance are considered the primary determinants for accessing timely and adequate services. Participants shared experiences of either receiving immediate care or being rejected from more than 10 locations based on their insurance coverage.

Representatives also recognized the need to address behavioral health stigma, particularly related to drug abuse, within the community. Focus group participants stated that alcohol abuse is talked about in a limited capacity, but drug abuse is “swept under the rug.” They shared that stigma stems primarily from a lack of community education regarding mental health diagnoses and signs and symptoms of substance abuse.

Chronic Disease

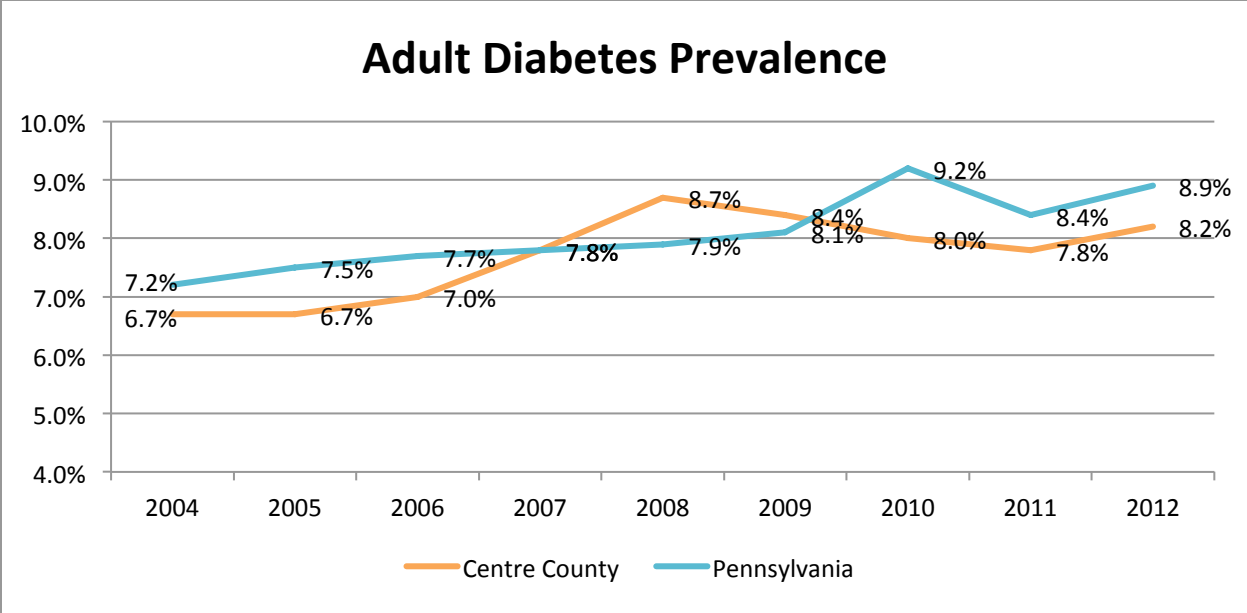
Heart disease and diabetes were recognized by key informants as two of the top health conditions affecting residents. The heart disease death rate decreased approximately 80 points from 2003, but it is still the leading cause of death in Centre County. The current death rate of 170.4 per 100,000 is on par with the nation (169.8 per 100,000).

Heart disease is impacted by high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Approximately 27% of adults in Centre County have high blood pressure and 34% have high cholesterol. The percentages are lower than the state and the nation, but account for one-quarter to one-third of adults.



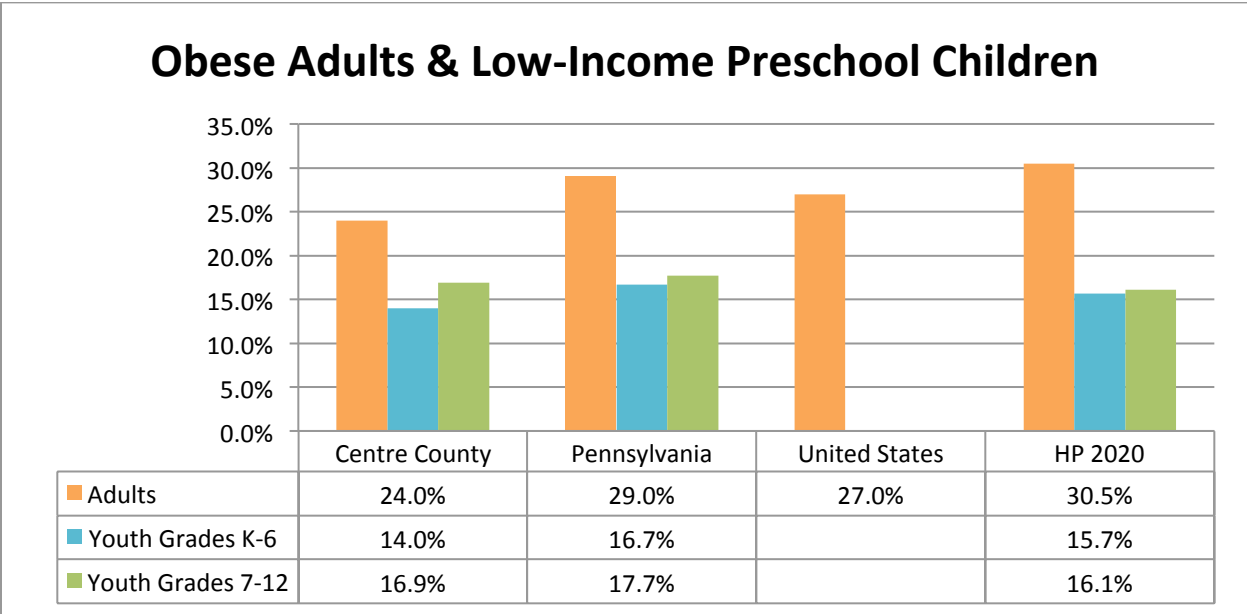
Source: Centers for Disease Control and Prevention, 2011-2012

Diabetes prevalence has been increasing among adults since 2005. The current prevalence rate of 8.2% represents an overall increase of 1.5 points. The diabetes death rate in Centre County (13.5 per 100,000) is lower than the state (22.6 per 100,000) and the nation (21.2 per 100,000).



Source: Centers for Disease Control and Prevention, 2004-2012
 *A change in methods occurred in 2011 that may affect the validity of comparisons to past years

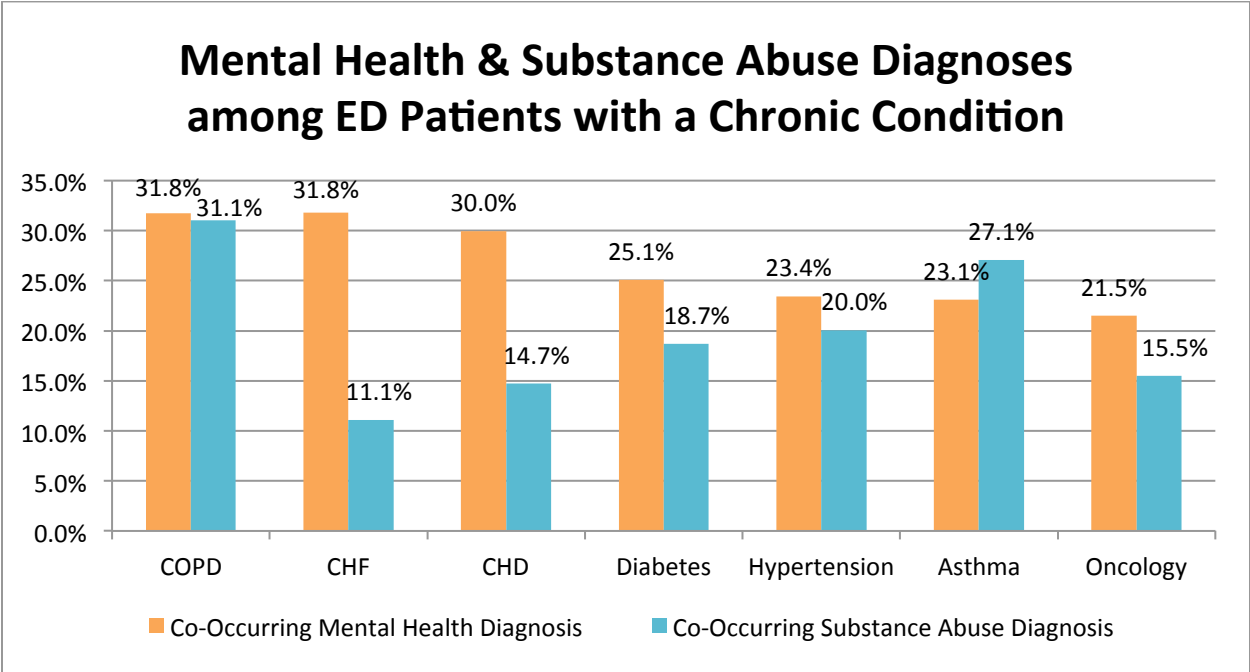
The prevalence of chronic disease is impacted by a number of risk factors, including healthy weight management. The percentage of obese adults in Centre County (24%) decreased 3 points from the 2013 CHNA and meets the Healthy People 2020 goal (30.5%), but still accounts for one-quarter of the population. Among youth, approximately 14% of students in grades kindergarten through 6th and 16.9% of youth in grades 7th through 12th are obese.



Source: County Health Rankings, 2011; Healthy People 2020; & PA Department of Health, 2010-201
 *Youth obesity data is not available for the United States

Focus group participants with a chronic disease shared that they encounter barriers, particularly related to out-of-pocket expenses, when managing their conditions. Participants shared that they will not fill prescriptions and/or will skip doses if their medications are not covered by insurance or they cannot afford the copay. They will also opt out of procedures, particularly for dental care.

Chronic diseases can be also more difficult to manage if a patient concurrently has a mental health and/or substance abuse diagnosis. Patients with co-occurring disorders are more likely to experience adverse health outcomes and require emergent care. An analysis of Mount Nittany Medical Center’s utilization data found that approximately 10% to 30% of emergency department patients with a chronic disease have a co-occurring behavioral health diagnosis. Patients with chronic obstructive pulmonary disorder (COPD) are the most likely to have co-occurring disorders.



Focus group and partner forum participants recognized the need for greater care coordination and communication among providers to improve chronic disease management. One participant provided the example, “A patient might be seeing five specialists and they’re all prescribing something different, but they’re not talking to each other.” Other participants recognized that behavioral health patients are at higher risk for not managing their conditions and shared the need to “bridge the gap” between primary care and behavioral health providers.

Input from Community Representatives

Community engagement and feedback were an integral part of the CHNA process. Public health experts, health care professionals, and representatives of underserved populations shared knowledge and expertise about community health issues as part of the key informant interviews and partner forum. Health care consumers, including medically underserved individuals and chronically-ill patients, were included in the focus groups. A list of community representatives is included in Appendices B and C.

The following tables summarize the top health conditions in the community and contributing factors, according to key informants. The findings are consistent with secondary data indicators and results from the partner forum.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	22.1%	57
2	Overweight/Obesity	15.9%	41
3	Mental Health	14.3%	37
4	Heart Disease	12.4%	32
5	Substance Abuse	8.9%	23

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of physical activity	16.7%	41
2	Other	12.2%	30
3	Lack of good nutrition	11.8%	29
4	Inability to afford care	10.6%	26
5	Stress	10.6%	26

Partner forum participants agreed that populations within the community are at higher risk for not accessing services or receiving necessary interventions. These populations include:

- > Amish populations
- > Children/Teenagers in need of mental health services
- > Homeless populations
- > Immigrant populations
- > Older adults, particularly older adults without transportation
- > Poor/Low-income residents
- > Residents with co-occurring mental and physical disorders
- > Rural (10 minutes outside of State College) Centre County residents
- > Uninsured/Underinsured residents

Community representatives, including health professionals and health care consumers, identified a lack of community resource education and transportation as key barriers to accessing health services. Residents and health professionals were recognized as being unaware of community resources, inhibiting early and adequate services and referrals between direct service providers (e.g. primary care providers, hospitalists, etc.) and support and social services (e.g. counseling services, hospice, etc.).

Public transportation services are concentrated in the Centre Region with limited service to outlying areas. Community representatives identified the need for expanded transportation options both between medical facilities and from rural parts of the county. They recommended partnering with the Centre Area Transportation Authority (CATA), Emergency Medical Services, and Uber to address transportation needs.

Community Health Implementation Plan

Mount Nittany Medical Center will develop a Community Health Implementation Plan to guide community benefit and population health improvement activities across Centre County. The plan will build upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the county's most pressing community health needs. The full implementation plan, including strategies, will be available at mountnittany.org/HealthNeeds in late September 2016.

Board Approval and Dissemination

The CHNA Final Report was reviewed and adopted by the Mount Nittany Medical Center Board of Trustees on June 20, 2016. The Implementation Plan will be adopted by the Board of Trustees in September 2016. The Final Report is available on the medical center's website, mountnittany.org/HealthNeeds. The Implementation Plan will be available on the website following adoption by the Board.

Centre County Demographic Analysis

The following section outlines key demographic indicators related to the social determinants of health within Centre County. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Demographic data are provided by the U.S. Census Bureau. County-level data are reported for 2011-2013 and zip code-level data are reported for 2009-2013.

Population Overview

The Centre County population is primarily White; less than 11% of residents identify as another race and less than 3% of residents identifying as Hispanic or Latino.

2011-2013 Population by Race/Ethnicity

	Centre County
White	89.2%
Black or African American	3.3%
American Indian and Alaska Native	0.2%
Asian	5.3%
Native Hawaiian and Other Pacific Islander	0.0%
Some Other Race	0.3%
Two or More Races	1.6%
Hispanic or Latino (of any race)	2.6%

The median age of Centre County (29.8) is lower than both Pennsylvania (40.4) and the United States (37.4), but increased from the 2013 CHNA (28.7). The percentage of residents age 65 years or older also increased from 11% to 12%. The median age is influenced by the higher percentage of residents between the ages of 15 to 19 years and 20 to 24 years. The Pennsylvania State University is located in Centre County and enrolls approximately 46,000 students in these age groups.

The primary languages spoken in the county mimic racial and ethnic characteristics. Approximately 91% of residents speak English and 1.4% speak Spanish as their primary language. Another 3.7% of residents speak an Indo-European language.

The percentage of disabled non-institutionalized residents in Centre County (9.5%) is lower than both Pennsylvania (13.4%) and the nation (12.3%). The population 65 years or over is the most likely to have a disability (32.2%), but the percentage is lower than state and national comparisons (34.8% and 36.3% respectively).

Housing Overview

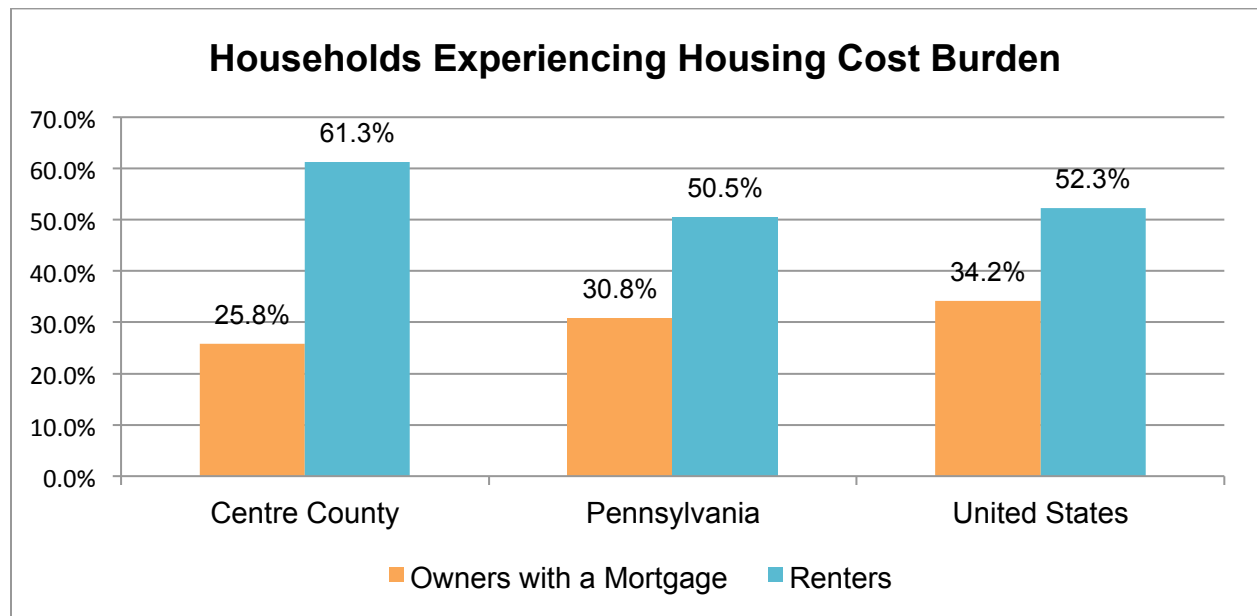
Centre County has a total of 63,823 housing units. Among occupied housing units, 60.1% are owner-occupied and 39.9% are renter-occupied. The median home value for owner-occupied units is higher than both Pennsylvania and the nation.

Households that spend more than 30% of their income on housing are considered to experience housing cost burden. Fewer Centre County home owners experience housing cost burden compared to Pennsylvania and the nation. The percentage has remained relatively stable, fluctuating between 25.5% and 26.8%.

Centre County renters are more likely to experience housing cost burden (61.3%) when compared to both the state (50.5%) and the nation (52.3%). The percentage increased 7.3 points from 2008 to 2010. Housing cost burden among renters in Centre County, particularly State College, may be driven by college students.

2011-2013 Housing Costs

	Centre County
Median owner-occupied home value	\$191,400
Median monthly cost with a mortgage	\$1,422
Median monthly cost without a mortgage	\$473
Median rent	\$876



Finance and Occupation

The median household income in Centre County is \$50,633; however, income varies notably by race and ethnicity. The median income among minority racial and ethnic groups is approximately \$18,000 to \$21,000 less compared to Whites.

2011-2013 Population by Median Household Income

	Centre County
White	\$52,560
Black or African American	\$31,090
Asian	\$31,087
Hispanic or Latino	\$34,167
Total Population	\$50,633

The percentages of families and families with children living in poverty increased over the past three reporting cycles by 1.5 points and 2.8 points respectively, but remain lower than the state and the nation. The percentage of female-headed households with children living in poverty is 38.9%; however, these households only account for 3.8% of all family households and the percentage is lower than the state and the nation.

The percentage of individuals living in poverty is higher than both the state and the nation. The percentage remained stable over the past three reporting cycles and is largely driven by residents age 18 to 64 years and minority racial and ethnic groups.

The percentage of residents relying of food stamp/SNAP benefits and cash public assistance is lower than the state and the nation. However, residents who need these services may not be obtaining them as only 47.5% of households in poverty currently receive food stamp/SNAP benefits.

2011-2013 Population by Poverty Status and Receipt of Federal Assistance

	Centre County	Pennsylvania	United States
All families	7.5%	9.4%	11.7%
With children under 18 years	12.6%	16.2%	18.6%
Female householder, no husband	31.5%	29.4%	31.3%
With children under 18 years	38.9%	40.6%	41.1%
All people	20.9%	13.7%	15.9%
Under 18 years	15.1%	19.5%	22.4%
18 to 64 years	25.0%	13.1%	14.8%
65 years and over	6.4%	8.3%	9.5%
Food Stamp/SNAP Benefits Recipients	6.7%	12.8%	13.4%
Cash Public Assistance Recipients	1.7%	3.6%	2.9%

Centre County Racial/Ethnic Groups with Higher Poverty Percentages:

- Black or African America: 40.3%
- Asian: 35.9%
- Hispanic or Latino: 30.9%

According to the Bureau of Labor Services, the 2014 Centre County unemployment rate was 4.1% and 2.1 points lower than the national rate. The majority of residents in the workforce are private wage and salary workers (76.7%). Residents are most likely to work in educational services and health care and social assistance (37.6%) and retail trade (10.5%).

Education

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. In Centre County, the percentage of residents with at least a bachelor's degree (40.8%) is higher than both Pennsylvania and the nation (27.9% and 29.1% respectively). However, Black/African American residents have notably lower educational attainment. Nearly 16% have less than a high school diploma and 28.5% have a bachelor's degree or higher.

2015 Population by Educational Attainment (Residents 25 Years or Over)

	Overall Centre County Percentage	Black/African American Percentage
Less than a high school diploma	7.4%	15.6%
High school graduate	32.0%	33.6%
Some college or associate's degree	19.8%	22.3%
Bachelor's degree or higher	40.8%	28.5%

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as a whole, it is valuable to view demographics at the zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across Centre County to identify potential health disparities and aid Mount Nittany Medical Center in targeting community health improvement efforts to high risk populations.

Social Determinants of Health Indicators by Zip Code

	Black/ African American	Hispanic/ Latino	English Speaking	Owners w/ Housing Cost Burden*	Renters w/ Housing Cost Burden	People in Poverty	Food Stamp/ SNAP Benefits	Less than HS Diploma
16666 Osceola Mills	0.1%	0.3%	98.6%	26.7%	26.4%	17%	13.3%	13.9%
16677 Sandy Ridge	0.0%	0.0%	100%	47.4%	0.0%	0.0%	0.0%	22.2%
16686 Tyrone	0.6%	1.0%	97.7%	23.8%	45.3%	9.9%	13.1%	7.3%
16801 State College	2.9%	2.8%	87.7%	21.3%	65.5%	35.8%	4.3%	3.9%
16802 State College	5.9%	5.9%	90.4%	0.0%	0.0%	N/A	N/A	0.0%
16803 State College	5.2%	3.4%	81.3%	22.7%	60.5%	26.0%	4.8%	4.6%
16820 Aaronsburg	0.0%	0.2%	81.5%	37.9%	48.2%	21.4%	4.8%	15.7%
16822 Beech Creek	0.6%	1.4%	97.9%	17.9%	36.7%	7.9%	11.9%	15.7%
16823 Bellefonte	5.6%	2.3%	96.4%	28.3%	45.8%	10.7%	9.9%	9.4%
16826 Blanchard	0.0%	0.0%	100%	28.8%	60.5%	5.8%	9.3%	22.6%
16827 Boalsburg	0.5%	2.4%	89.1%	31.7%	48.3%	11.6%	9.2%	3.5%
16828 Centre Hall	0.1%	0.4%	95.1%	30.2%	44.8%	11.4%	8.3%	11.5%
16829 Clarence	0.0%	0.3%	96.9%	23.5%	14.3%	11.1%	3.6%	11.6%
16832 Coburn	0.0%	0.0%	84.7%	14.7%	0.0%	22.9%	5.4%	20.2%
16835 Fleming	0.0%	0.0%	100%	11.1%	39.2%	19.3%	16.7%	9.4%
16841 Howard	0.1%	2.5%	92.7%	27.7%	46.2%	7.3%	5.3%	13.1%
16844 Julian	0.2%	0.1%	98.0%	32.4%	33.9%	8.0%	5.6%	5.9%
16845 Karthause	12.2%	5.0%	94.7%	33.8%	33.3%	6.9%	7.7%	15.3%
16851 Lemont	0.0%	0.0%	87.8%	8.7%	0.0%	6.1%	0.0%	9.4%
16852 Madisonburg	0.0%	2.6%	70.2%	10.8%	52.9%	11.2%	3.7%	22.8%
16853 Milesburg	5.8%	0.0%	100%	40.7%	53.0%	15.8%	18%	8.1%
Centre County	3.3%	2.6%	90.7%	25.8%	61.3%	20.9%	6.7%	7.4%

Source: United States Census, 2011-2013

*Includes home owners with a current mortgage

Color Coding Guide
0-2% points higher than Centre County Exception: English Speaking cells are 0- 2% points lower than Centre County and Renters with Housing Cost Burden cells are within 2% points of Centre County
More than 2% points higher than Centre County Exception: English Speaking cells are more than 2% points lower than Centre County

Social Determinants of Health Indicators by Zip Code (cont'd)

	Black/ African American	Hispanic/ Latino	English Speaking	Owners w/ Housing Cost Burden*	Renters w/ Housing Cost Burden	People in Poverty	Food Stamp/ SNAP Benefits	Less than HS Diploma
16854 Millheim	0.0%	0.0%	97.9%	46.2%	42.6%	5.1%	14.6%	9.5%
16859 Moshannon	0.0%	0.0%	99.0%	25.0%	100%** (n=13)	9.2%	11.7%	10.9%
16860 Munson	0.0%	0.0%	97.8%	3.5%	0.0%	1.8%	4.5%	2.9%
16865 Furnace	1.9%	2.9%	97.5%	14.5%	45.9%	3.4%	0.8%	3.8%
16866 Philipsburg	2.4%	7.6%	89.9%	29.4%	42.6%	15.5%	11.7%	12.6%
16868 Pine Grove Mills	0.0%	0.0%	100%	0.0%	0.0%	0.0%	0.0%	0.0%
16870 Port Matilda	0.4%	0.8%	95.2%	21.0%	41.5%	3.4%	4.0%	2.7%
16872 Rebersburg	0.0%	0.0%	77.6%	47.1%	42.5%	15.0%	7.5%	20.9%
16874 Snow Shoe	0.0%	0.3%	98.4%	22.6%	27.0%	10.4%	4.8%	12.1%
16875 Spring Mills	0.4%	1.9%	95.5%	30.3%	42.0%	11.4%	3.6%	10.5%
16877 Warriors Mark	0.4%	0.0%	98.7%	32.5%	23.9%	4.9%	2.9%	5.1%
16882 Woodward	0.0%	0.0%	79.3%	54.6%	100%** (n=4)	19.2%	7.3%	20.8%
Centre County	3.3%	2.6%	90.7%	25.8%	61.3%	20.9%	6.7%	7.4%

Source: United States Census, 2011-2013

*Includes home owners with a current mortgage

**Cells are not highlighted due to low counts

Color Coding Guide
0-2% points higher than Centre County Exception: English Speaking cells are 0- 2% points lower than Centre County and Renters with Housing Cost Burden cells are within 2% points of Centre County
More than 2% points higher than Centre County Exception: English Speaking cells are more than 2% points lower than Centre County

Centre County Public Health Analysis

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, Pennsylvania Department of Health, and the Centers for Disease Control and Prevention (CDC). Several supplemental sources provided by community organizations are also referenced. A full listing of all public health data sources can be found in Appendix A.

County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

(For Evaluation of Impact see page 83)

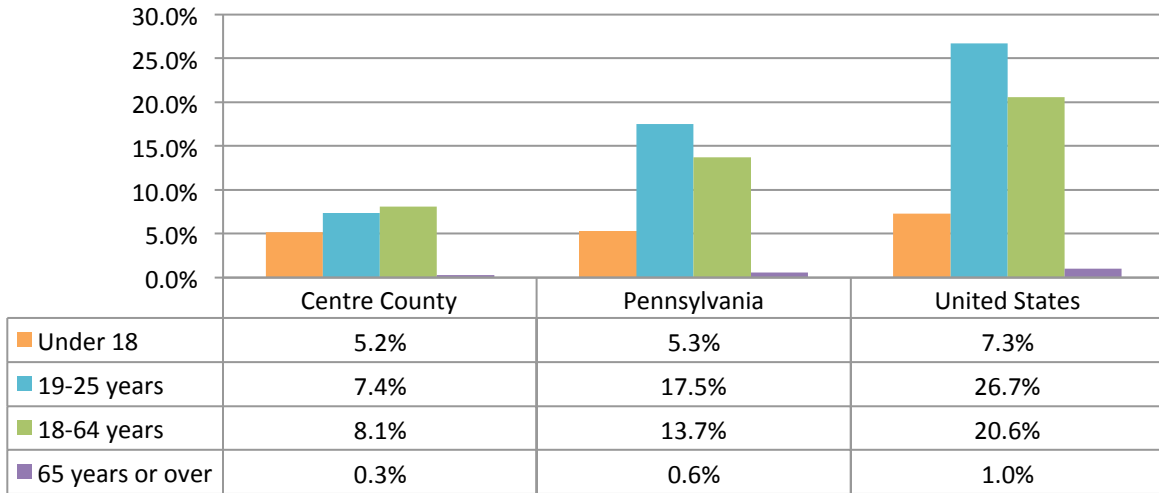
Health Insurance

According to the 2016 County Health Rankings, Centre County ranks 7th among the 67 Pennsylvania counties for clinical care. The ranking is based on a number of indicators, including health insurance coverage and access to providers.

Centre County has a higher health insurance coverage rate (93.2%) compared to the state (90.2%) and the nation (85.2%), but it does not meet the Healthy People 2020 goal of having 100% of residents insured. The rate increased by 0.8 points from the last reporting cycle (2010-2012). Higher insurance rates are present in all age groups compared to the state and the nation, particularly young adults ages 19 to 25 and adults ages 18 to 64.

Centre County health insurance coverage increased and is higher than both the state and the nation

Population without Health Insurance Coverage



Source: United States Census Bureau, 2011-2013

Centre County has higher insurance rates, but disparities exist among certain populations and geographies. The uninsured rate among Hispanic/Latino residents (10.9%) is 4 points higher than the overall rate. The zip codes listed below also have higher uninsured rates. Note: rates in 16882 (Woodward), 16872 (Rebersburg), 16832 (Coburn), and 16820 (Aaronsburg) may be influenced by Amish residents.

- Zip code 16882 (Woodward): 44.7%
- Zip code 16853 (Milesburg): 32.7%
- Zip code 16872 (Rebersburg): 30.8%
- Zip code 16832 (Coburn): 27.7%
- Zip code 16820 (Aaronsburg): 23.3%
- Zip code 16852 (Madisonburg): 22.7%
- Zip code 16868 (Pine Grove Mills): 15.8%
- Zip code 16666 (Osceola Mills): 11.3%

Provider Access

Centre County provider rates increased from the 2013 CHNA for primary care, dental care, and mental health care, but rates for primary care and dental care remain lower than the state. Despite having fewer primary care providers, adults in Centre County are just as likely or more likely to have a regular doctor compared to the state and the nation.

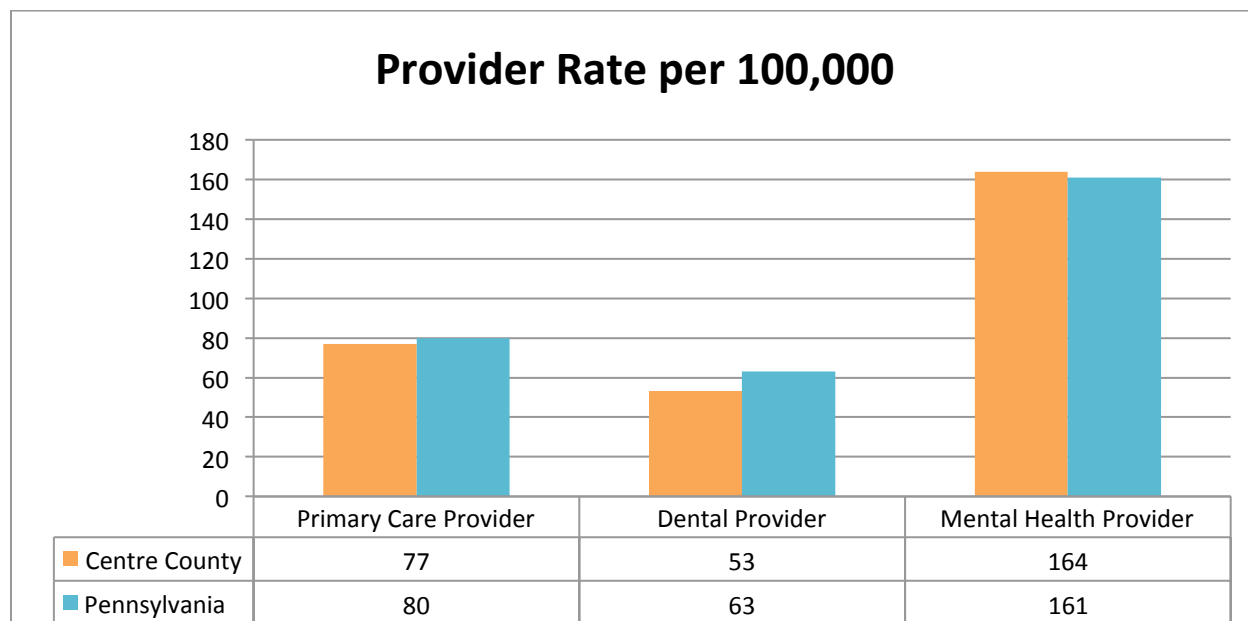
Primary care and dental provider rates increased from the 2013 CHNA, but are still lower than the state

Similarly, despite having fewer dental providers, a higher percentage of Centre County adults visited a dental facility within the past year and only 12% of adults in Centre

County have poor dental health compared to 18.4% across the state and 15.7% across the nation.

Despite lower provider rates, adults are just as likely or more likely to have a regular doctor and receive timely dental exams

Out-of-pocket costs associated with health care deductibles, copays, prescriptions and other costs can also inhibit residents from accessing care when they need it. Six percent of adults in Centre County reported that they could not afford care when they needed it.



Source: County Health Rankings, 2012, 2013 & 2014

Provider Rate Comparison to 2013 CHNA

	Current Provider Rates per 100,000	2013 CHNA Provider Rates per 100,000
Primary care provider rate	77	69
Dental provider rate	53	50
Mental health provider rate	164	125

Source: County Health Rankings, 2011, 2012, 2013 & 2014

Provider Access Barriers

	Population without a Regular Doctor	Population without a Recent Dental Exam	Population Unable to Afford Care
Centre County	12.7%	25.9%	6.0%
Pennsylvania	12.7%	28.5%	10.5%
United States	22.1%	30.2%	NA

Source: Centers for Disease Control and Prevention, 2011-2012, 2006-2010, & 2006-2012

The 2013 CHNA identified that most health care providers are clustered in the areas of State College, Bellefonte, and Philipsburg. The following geographies/populations are considered federally designated Health Professional Shortage Areas (HPSA):

- Low-income residents in Philipsburg (primary care)
- Snow Shoe (primary care)
- Low-income residents in Centre County (dental care)

Many communities are federally designated HPSAs and/or MUAs

In addition, the following areas are designated as Medically Underserved Areas (MUA):

- Boggs Service Area (Boggs Township; Burnside Township; Snow Shoe Borough; Snow Shoe Township)
- Curtin Service Area (Curtin Township; Marion Township; Liberty Township; Walker Township)
- Millheim Borough
- State College Borough
- Union Township

Mountaintop Area Medical Center, a federally qualified health center, is located in the northernmost part of Centre County. The center provides primary dental care and limited mental health services to anyone, regardless of their ability to pay. The patient population is primarily from Snow Shoe. Mountaintop Area Medical Center's location renders it somewhat unreachable for many people who live elsewhere in the county.

Centre Volunteers in Medicine (CVIM) provides primary medical and dental care to Centre County residents who pass a means test and are ineligible for public assistance. The clinic added new physicians and is now able to see primary care patients fairly quickly, but the dental services waiting list still exceeds 2,000 individuals.

The CVIM dental services waiting list exceeds 2,000 people

Transportation

The 2013 CHNA found that public transportation is available, but it can be challenging to access for certain geographic areas and populations. The following excerpt is taken from the 2013 CHNA: "Public transportation is available from the Centre Area Transportation Authority (CATA) throughout the Centre Region, with very limited service to Spring Township and Philipsburg. CATARIDE is available for seniors over 65 years old and for those with physical and/or cognitive disabilities that prevent their use of the standard bus system. CATARIDE services are not free, but are provided at reduced fares. A limitation of this service is that it must be arranged in advance, with no same-day service available."

Centre County Transportation, the Medical Assistance Transportation Program, provides specific transportation services to qualified residents. The Centre County Office of Aging also maintains a list of transportation options and arranges transportation for income-eligible individuals. However, hours of availability and convenience of services may not be ideal for many individuals.

Overall Health Status

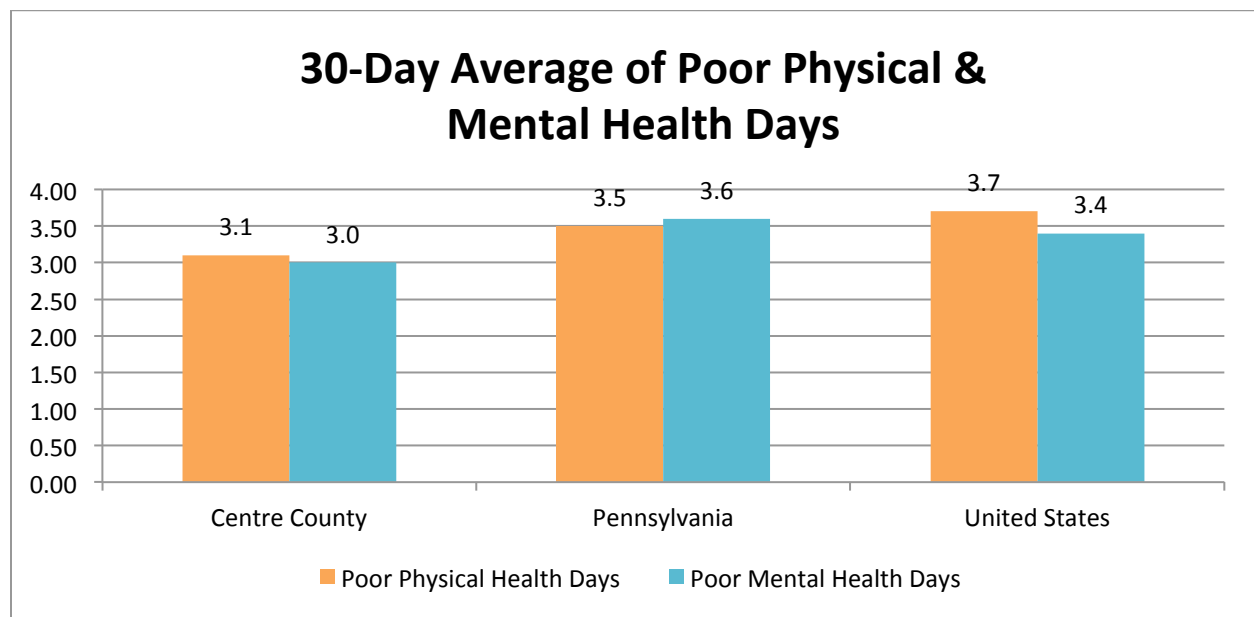
Centre County ranks 4th among all 67 Pennsylvania counties for health outcomes. Health outcomes are measured in relation to length of life and quality of life. The ranking is consistent with the 2013 CHNA ranking (3rd).

Centre County has a lower premature death rate (4,321 per 100,000) than the top 10% of counties in the nation (5,200 per 100,000) and matches the top 10% of counties in the nation for self-reported health status. Ninety percent of adults report having “good” or better health. The state average is 86%.

Centre County has a lower premature death rate than the top 10% of counties in the nation

The average number of poor mental health days decreased from the 2013 CHNA

Centre County adults report a lower average of poor physical and mental health days than the state and the nation. The average number of poor mental health days decreased from the 2013 CHNA by 0.3 days.



Source: County Health Rankings, 2006-2012

Health Behaviors

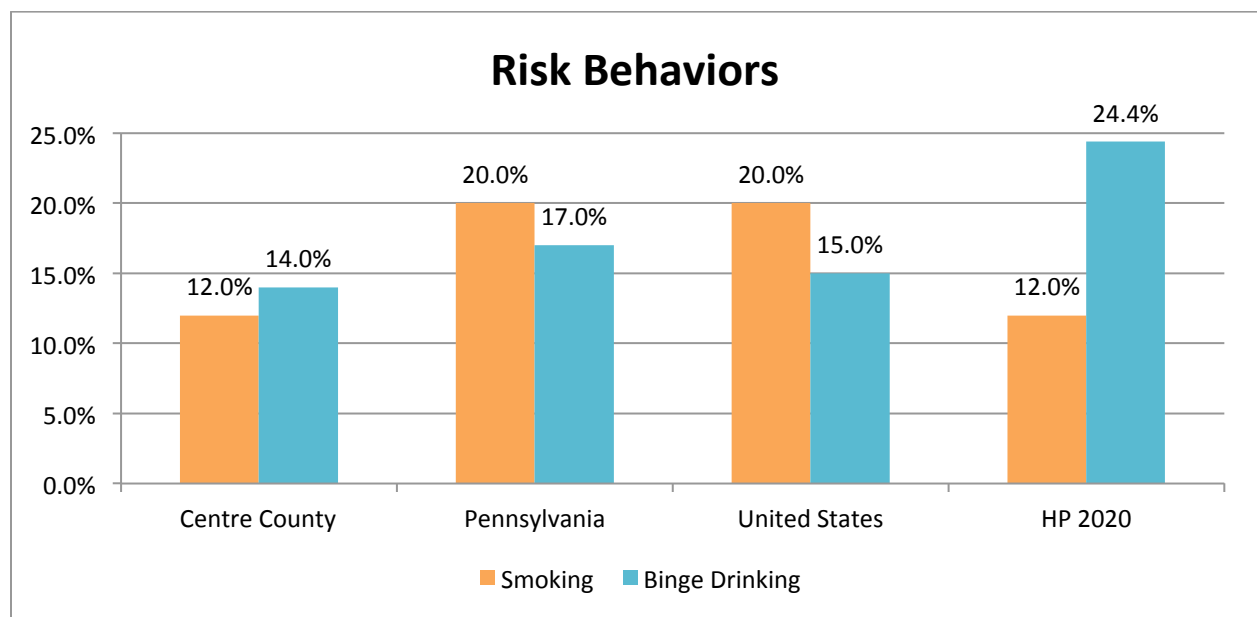
(For Evaluation of Impact see page 83)

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to Pennsylvania and national averages and Healthy People 2020 goals.

Risk Behaviors

Centre County adults are less likely to smoke and binge drink when compared to Pennsylvania and the nation. The percentage of adult smokers in Centre County (12%) meets the Healthy People 2020 goal and decreased 3 points from the last report (2005-2011). The percentage of binge drinkers in Centre County (14%) also meets the Healthy People 2020 goal, but did not change from the last report.

The percentage of adult smokers in Centre County (12%) decreased by 3 points and meets the HP 2020 goal



Source: County Health Rankings, 2006-2012 & Healthy People 2020

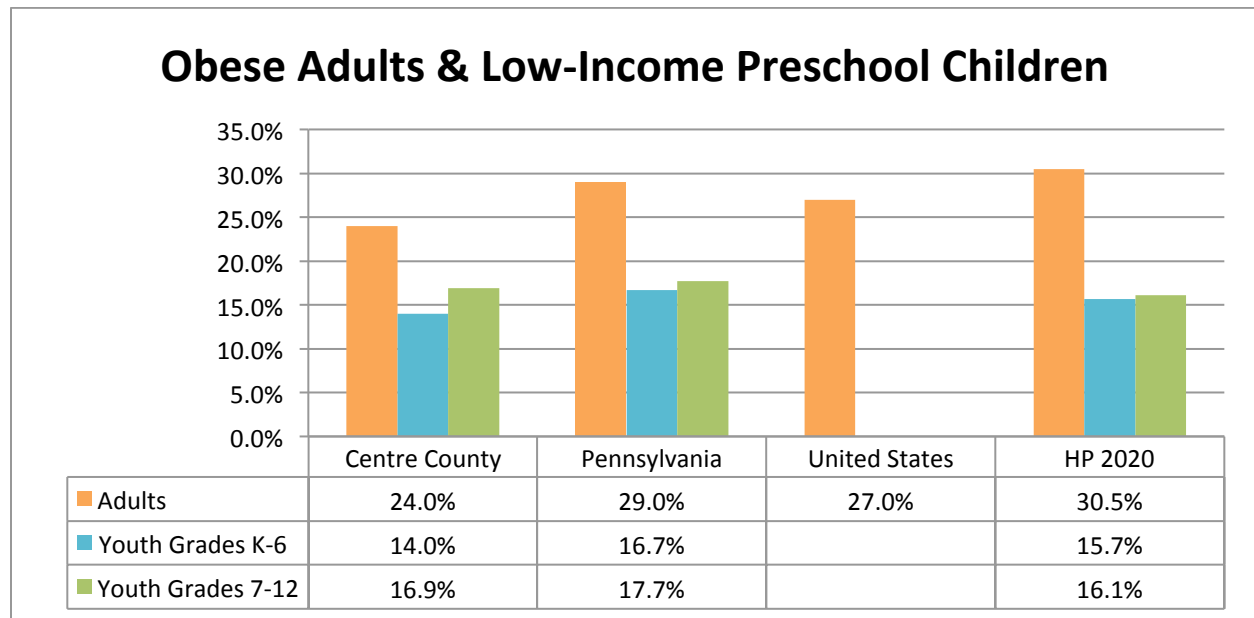
Overweight/Obesity

The percentage of obese adults and children is a national epidemic. In Centre County, the percentage of obese adults (24%) decreased 3 points from the 2013 CHNA. The percentage is now lower than the value for the top 10% of counties in the nation (25%) and meets the

The percentage of obese Centre County adults (24%) decreased from the 2013 CHNA (27%) and meets the HP 2020 goal (30.5%)

Healthy People 2020 goal (30.5%). However, despite primarily positive findings, the percentage still accounts for nearly one-quarter of the population.

Obesity is measured among youth as part of school health assessments. In Centre County, during the 2010-2011 school year, 14% of youth in grades kindergarten through 6th and 16.9% of youth in grades 7th through 12th were obese. Both percentages either meet or are within reach of Healthy People 2020 goals for comparable age groups (ages 6 to 11 years and ages 12 to 19 years).



Source: County Health Rankings, 2011; Healthy People 2020; & PA Department of Health, 2010-2011
 *Youth obesity data is not available for the United States

Lack of access to healthy food and physical inactivity can contribute to obesity rates. The Centre County food environment index (7.7) matches the state index and exceeds the national index (7.4). The index is based on a score of 0 (worst) to 10 (best) and measures factors contributing to a healthy food environment.

The food insecurity rate for all Centre County residents increased from 14.5% to 14.9%

Despite having a primarily positive food environment, 14.9% (n=22,940) of all residents and 19% (n=4,630) of children in Centre County were food insecure in 2013. Food security refers to having a consistent source of sufficient and affordable nutritious food. The overall food insecurity rate increased from 14.5%.

Percentage of Food Insecure Residents

	All Residents	Children
Centre County	14.9%	19.0%
Pennsylvania	14.2%	20.4%

United States	15.1%	23.7%
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Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Centre County fast food restaurant and grocery store rates are lower than state and national comparisons. The rate of grocery stores is of concern, particularly in low-income and rural neighborhoods.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Centre County	62.3	11.7
Pennsylvania	70.0	21.4
United States	72.7	21.2

Source: United States Census Bureau, 2013

Food pantry services were assessed across Centre County to depict food insecurity. The counts presented in the table below represent unique individuals seeking food, not the number of visits to each pantry.

Overall food pantry services declined steadily between 2011 and 2013, but increased again in 2014. The food pantry locations in Bellefonte and Snow Shoe saw the greatest increases in need between 2013 and 2014. The State College food pantry is the only location to show a continual steady decline in the need for services.

The need for food pantry services increased in 2014, particularly in the areas of Bellefonte and Snow Shoe

Centre County Food Pantry Services

Food Pantry Location	Jan-Dec 2011	Jan-Dec 2012	Jan-Dec 2013	Jan-Dec 2014
Bellefonte	1,615	1,578	1,571	2,283
Centre Hall	217	194	255	214
Howard	492	576	317	286
Housing Transition	49	30	54	38
Snow Shoe	194	194	182	250
State College	2,154	1,940	1,725	1,613
Philipsburg	469	400	640	539
Millheim	213	205	209	172
Total	5,403	5,117	4,953	5,395

Source: Central Pennsylvania Community Action, 2011-2014

Eighteen percent of adults in Centre County are physically inactive compared to 24% across the state and 23% across the nation. Related, more residents in Centre County

have access to exercise opportunities (88%) when compared to the state and the nation (85%). The percentage of inactive adults decreased from the 2013 CHNA finding of 20%.

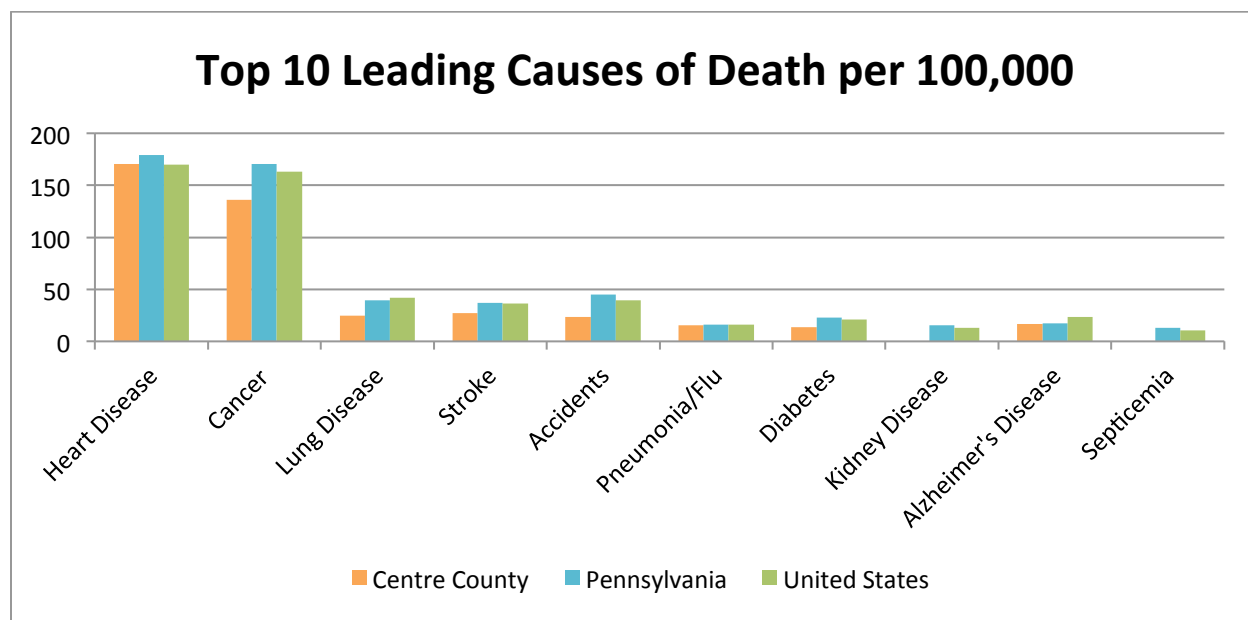
Mortality & Morbidity

Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The 2013 all cause age-adjusted death rate in Centre County (579.3 per 100,000) is lower than both the state (761.3 per 100,000) and the nation (731.9 per 100,000).

The following graph compares the 10 leading causes of death in Centre County, as identified in the 2013 CHNA, to state and national benchmarks. Centre County has lower death rates for all causes. Rates for kidney disease and septicemia are excluded due to low death counts (19 and 17 respectively).

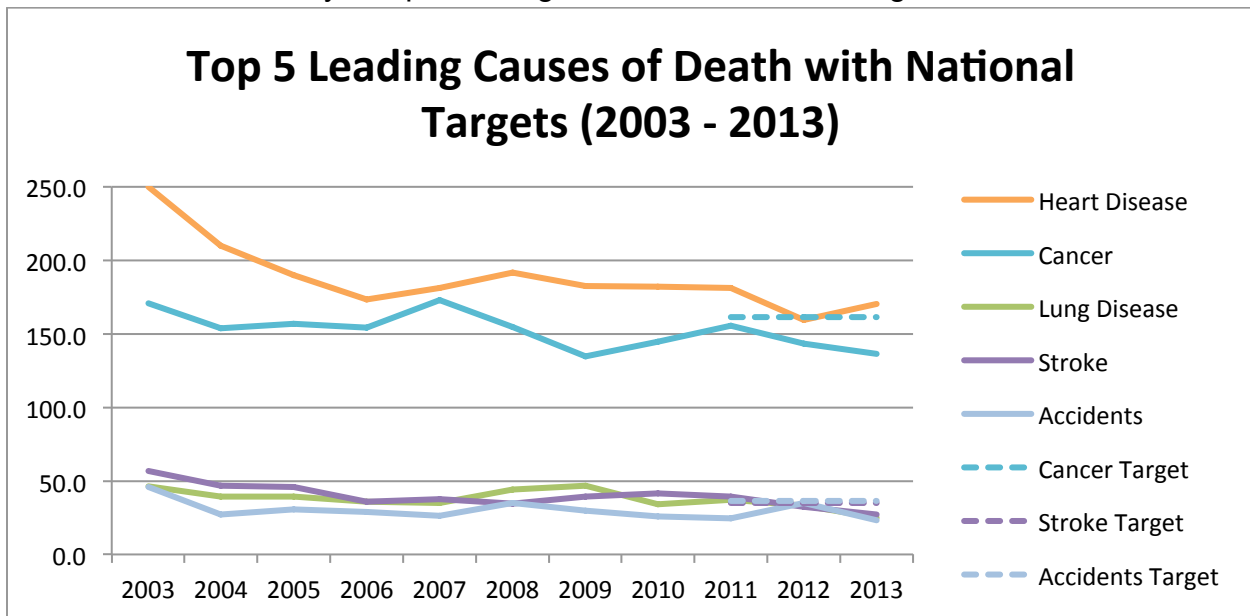
Centre County has lower rates of death for all top 10 causes when compared to Pennsylvania and the nation. Death rates for the top 5 causes have declined over the past decade.



Source: Centers for Disease Control and Prevention, 2013

The top five causes of death in the county, in order by rate, are heart disease, cancer, stroke, chronic lower respiratory disease, and accidents or unintentional injuries. The following graph illustrates ten-year trends for each cause of death with Healthy People 2020 goals identified as applicable. Death rates for all top five causes decreased in

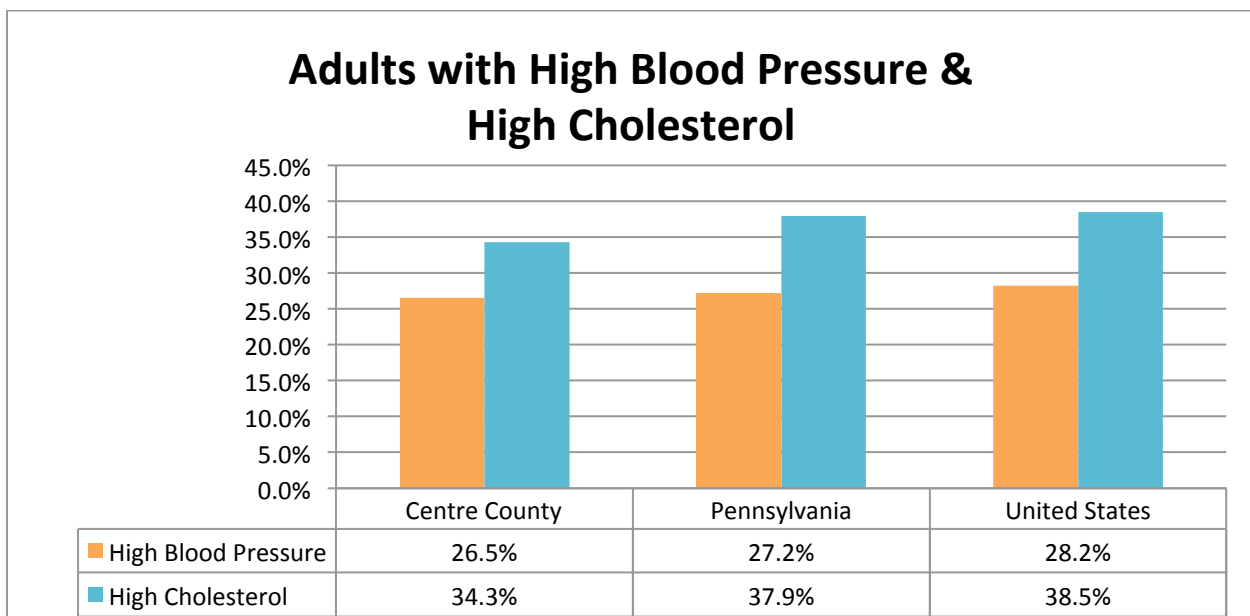
Centre County over the past 10 years. Current death rates for cancer, stroke, and accidents meet Healthy People 2020 goals, referred to as “Targets.”



Source: Centers for Disease Control and Prevention, 2003-2013 & Healthy People 2020

Heart Disease

Heart disease is the leading cause of death in the nation. It is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Centre County has a lower percentage of adults with high blood pressure (26.5%) and high cholesterol (34.3%) compared to the state and the nation.



Source: Centers for Disease Control and Prevention, 2011-2012

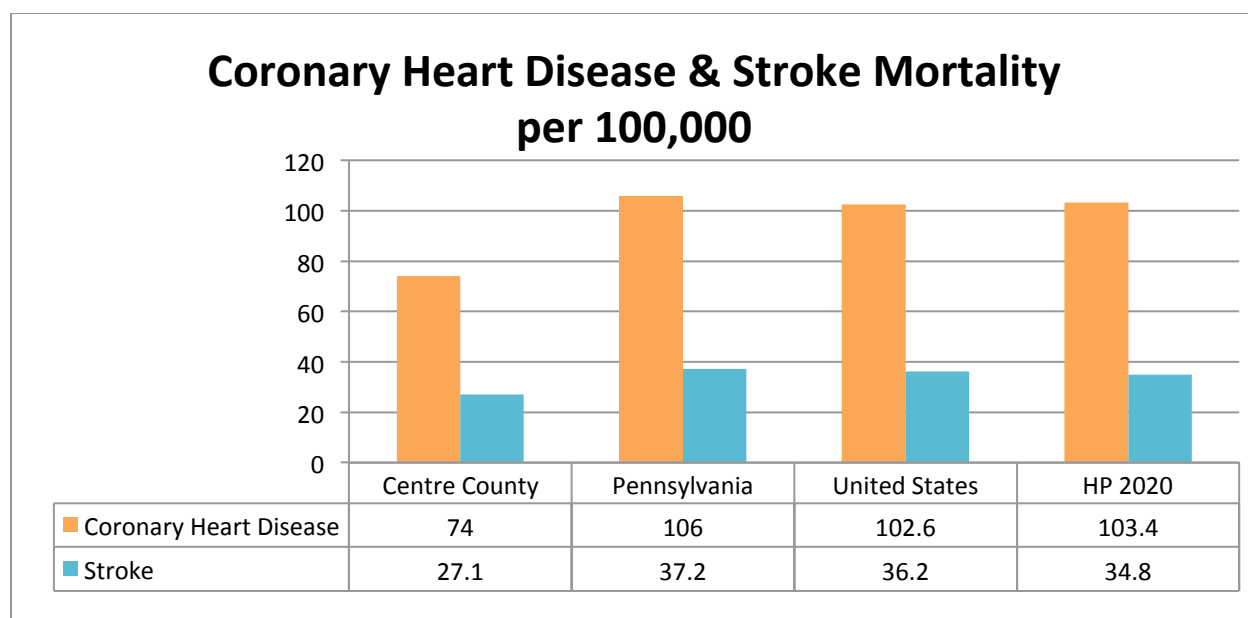
The 2013 heart disease death rate in Centre County (170.4 per 100,000) is lower than the state (179 per 100,000) and equal to the nation (169.8 per 100,000). The rate decreased approximately 80 points from 2003.

The heart disease death rate decreased 80 points from 2003

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. The coronary heart disease death rate in Centre County is lower than both the state and the nation and meets the Healthy People 2020 goal.

Centre County coronary heart disease and stroke mortality rates meet HP 2020 goals

Several types of heart disease, including coronary heart disease, are risk factors for stroke. The stroke death rate in Centre County is lower than the state and the nation and meets the Healthy People 2020 goal.



Source: Centers for Disease Control and Prevention, 2013 & Healthy People 2020

Cancer

Cancer is the second leading cause of death in the nation. Presented below are overall incidence and death rates and rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male).

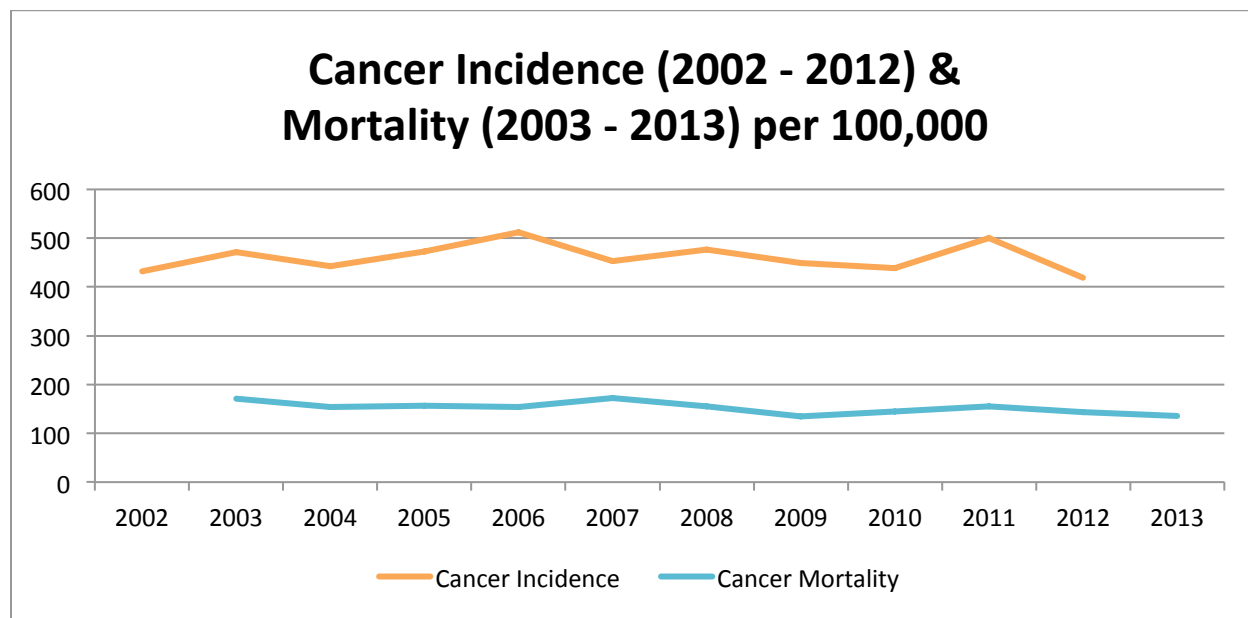
Overall Cancer Incidence & Mortality

The Centre County overall cancer incidence rate (418.8 per 100,000) is lower than the nation (440.3

Overall cancer incidence is lower than the state and the nation; overall cancer mortality declined over the past 10 years and meets the HP 2020 goal

per 100,000) and significantly lower than the state (476.1 per 100,000). The rate has remained variable over the last 10 years; the current rate is equivalent to the 2002 rate.

The Centre County overall cancer mortality rate (136.2 per 100,000) declined over the last 10 years and meets the Healthy People 2020 goal (161.4 per 100,000). It is also lower than the state (170.6 per 100,000) and the nation (163.2 per 100,000).



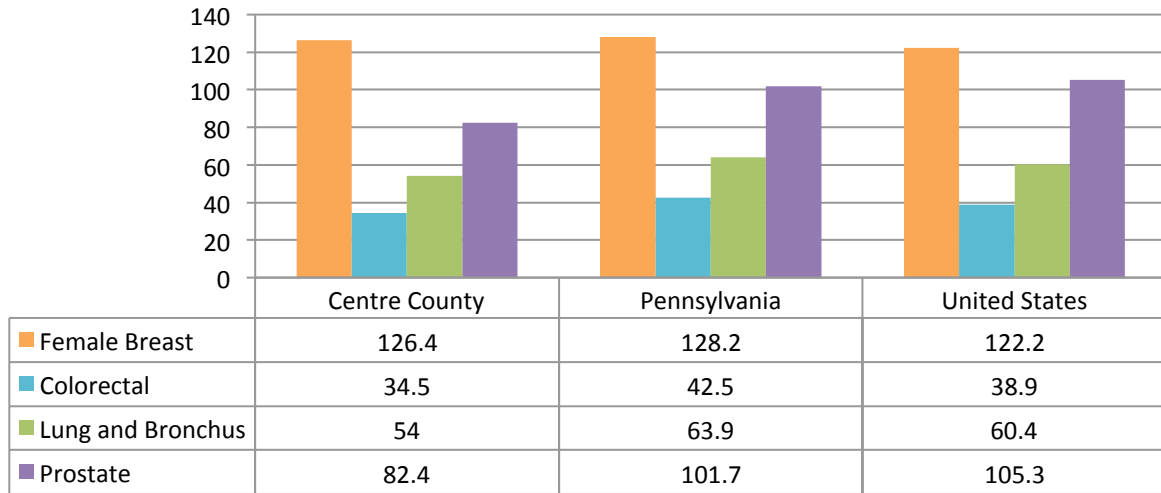
Source: Centers for Disease Control and Prevention, 2003-2013 & PA Department of Health, 2002-2012

Incidence Rates by Cancer Type

Centre County has lower incidence rates for colorectal, lung and bronchus, and prostate cancer when compared to Pennsylvania and the nation. The female breast cancer incidence rate is lower than the state, but higher than the nation. Colorectal cancer incidence declined 10.3 points from 2009. All other rates have remained variable.

Centre County has lower incidence rates for colorectal, lung and bronchus, and prostate cancer compared to the state and the nation

Cancer Incidence per 100,000

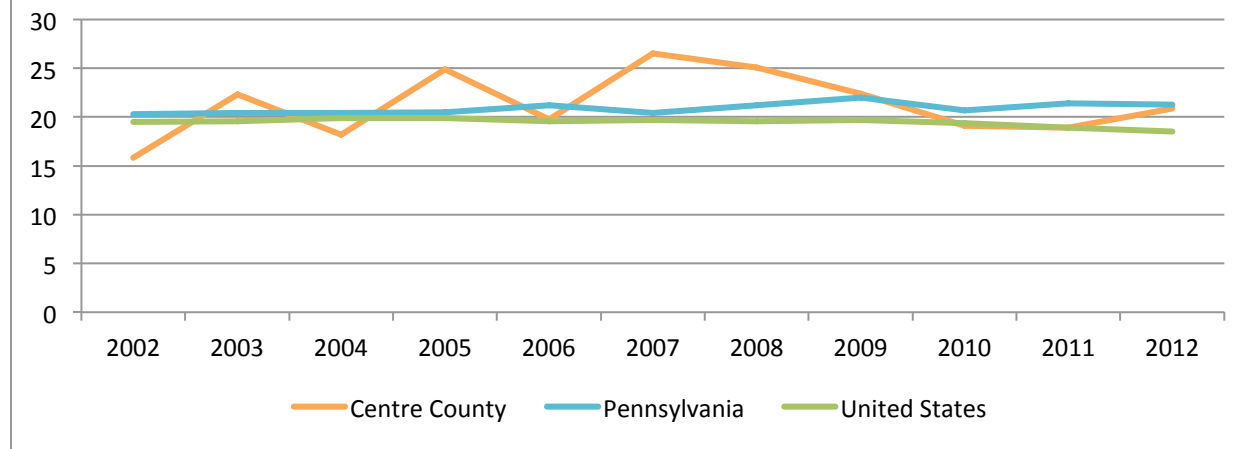


Source: Centers for Disease Control and Prevention, 2012 & PA Department of Health, 2012

The 2013 CHNA identified non-Hodgkin lymphoma and melanoma as areas of concern in Centre County. Incidence rates for both cancer types exceeded national averages and increased between 2007 and 2009. Since the last CHNA, incidence rates for non-Hodgkin lymphoma have declined, and are lower than the state and equivalent to the nation.

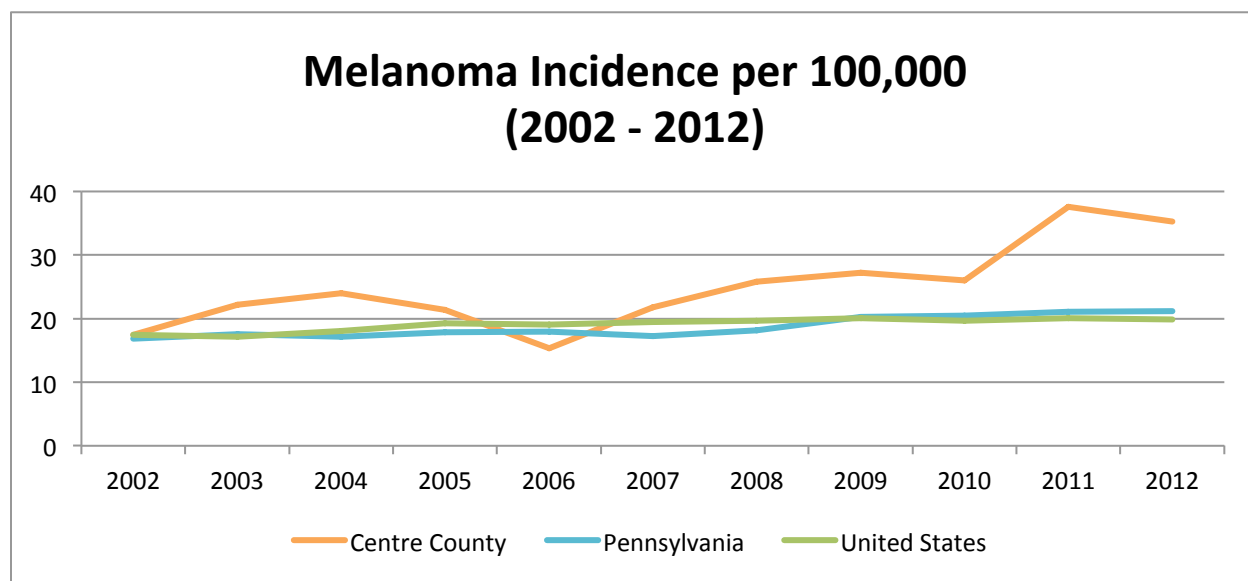
Melanoma incidence continued to rise from the 2013 CHNA

Non-Hodgkin Lymphoma Incidence per 100,000 (2002 - 2012)



Source: Centers for Disease Control and Prevention, 2002-2012 & PA Department of Health, 2002-2012

Incidence rates for melanoma continued to increase after the 2013 CHNA; rates for 2011 and 2012 (37.6 per 100,000 and 35.3 per 100,000 respectively) are significantly higher than the state.



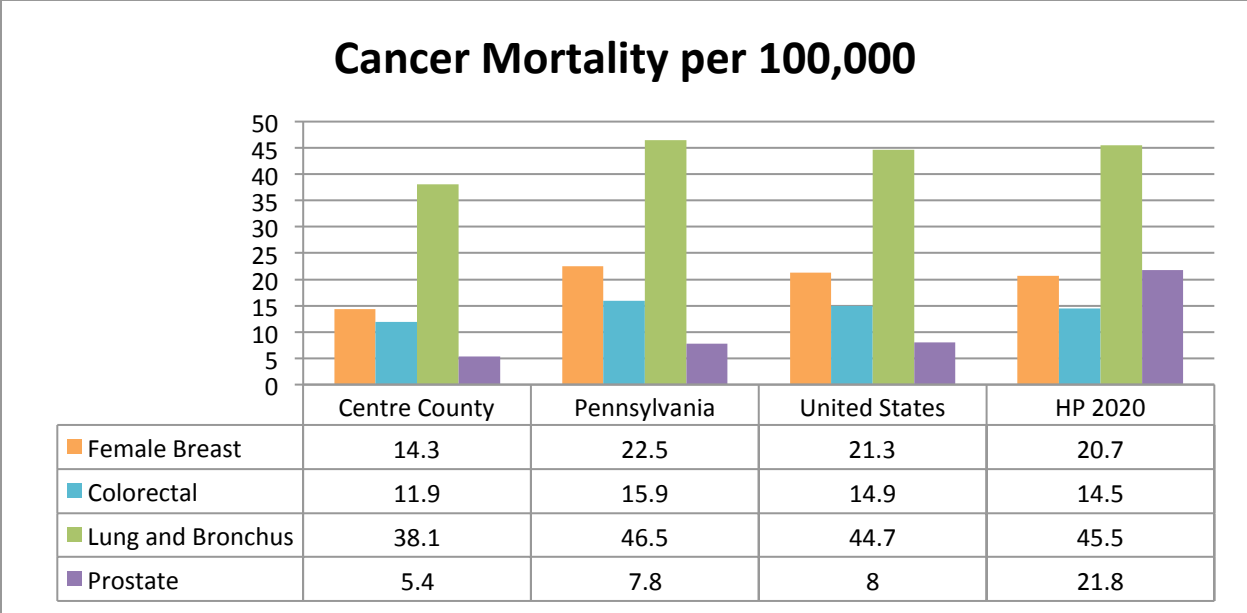
Source: Centers for Disease Control and Prevention, 2002-2012 & PA Department of Health, 2002-2012

Mortality Rates by Cancer Type

Two hundred and eight cancer deaths occurred in Centre County in 2013. As a result, death counts by cancer type are low and rates are unreliable. Three years (2011 to 2013) of cancer death data were combined to produce the rates in the following graph.

Centre County has lower death rates for all cancer types when compared to the state and the nation. In addition, all reported death rates meet Healthy People 2020 goals.

Centre County mortality rates for female breast, colorectal, lung and bronchus, and prostate cancer meet HP 2020 goals



Source: Centers for Disease Control and Prevention, 2011-2013 & Healthy People 2020

Cancer Screenings

Cancer screenings are essential for early diagnosis and preventing mortality. Colorectal cancer screenings are recommended for adults age 50 years or over. In Centre County, adults in this age group are more likely to receive the screening when compared to the state and the nation.

Mammograms are recommended for women to detect breast cancer. The reported indicator illustrates the percentage of female Medicare Enrollees ages 67 to 69 that had a mammogram in the past two years. Approximately 73% of women in Centre County had a mammogram compared to approximately 63% across the state and the nation. The percentage increased slightly from 2011 (72.1%), but declined from 2010 (76.4%).

Pap tests are recommended for women age 18 years or over. In Centre County, women in this age group are just as likely to receive the screening when compared to the state and the nation.

Cancer Screenings

	Colorectal Cancer Screening	Mammogram in Past Two Years	Pap Test in Past Three Years
Centre County	63.7%	72.7%	78.4%
Pennsylvania	62.1%	63.4%	78.8%
United States	61.3%	63.0%	78.5%

Source: Centers for Disease Control and Prevention, 2006-2012 & Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma. The death rate due to CLRD in Centre County (24.9 per 100,000) is lower than both the state (39.3 per 100,000) and the nation (42.1 per 100,000). The rate has generally been on the decline since 2003.

The Centre County CLRD death rate is 17 points lower than the national rate

Asthma prevalence is also lower in Centre County compared to state and national benchmarks. Adult asthma prevalence (14%) is approximately 0.8 points lower than the state and 0.6 points lower than the nation. Asthma prevalence among students enrolled for the 2012-2013 school year (9.8%) is higher than the Northcentral district average (8.9%), but lower than the state average (12.2%).

The age-adjusted rate of inpatient hospitalizations with asthma as the primary discharge diagnosis (6.1 per 10,000) is lower in Centre County compared to other counties in the state. The highest hospitalization rate in the state is in Philadelphia County (46.7 per 10,000) and the lowest rate in the state is in Union County (3.4 per 10,000).

Centre County has one of the lowest rates in the state for inpatient hospitalizations due to asthma

Smoking cigarettes contributes to the onset of chronic lower respiratory disease. The percentage of adult smokers in Centre County (12%) declined from the 2013 CHNA report and meets the Healthy People 2020 goal.

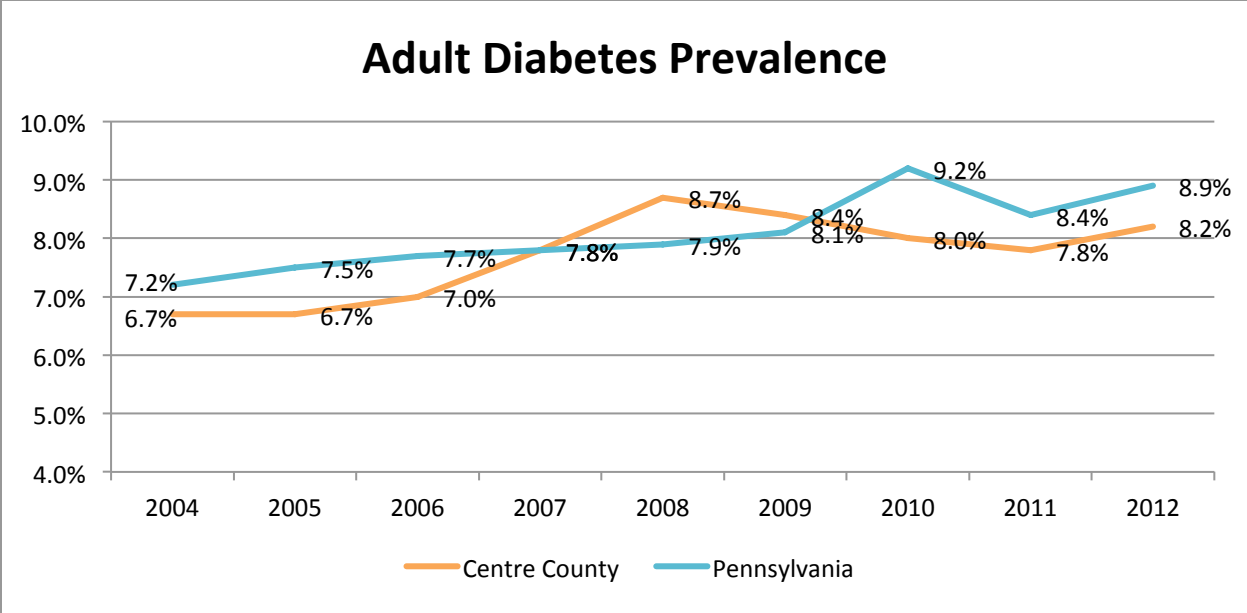
Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise.

Fewer adults in Centre County have a diabetes diagnosis (8.2%) compared to the state (8.9%); however, the percentage has been on the rise since 2005. The prevalence of diabetes increased 1.5 points from 2005.

Diabetes prevalence has been increasing in Centre County since 2005

The diabetes mortality rate in Centre County is lower than the state and the nation. Comparison rates are not available for the prior four years due to low death counts; the most recent comparison (2008) is 4.1 points higher than the current rate.



Source: Centers for Disease Control and Prevention, 2004-2012
 *A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Diabetes Mortality

	Diabetes Mortality per Age-Adjusted 100,000
Centre County	13.5
Pennsylvania	22.6
United States	21.2

Source: Centers for Disease Control and Prevention, 2013

Among students enrolled in Centre County during the 2012-2013 school year, 0.4% (52 students) had a Type I diabetes diagnosis and 0.1% (8 students) had a Type II diabetes diagnosis. The percentages are equal to the Northcentral district and the state.

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. In Centre County, 88.4% of Medicare enrollees with diabetes received a hA1c test in the past year, which is higher than both the state (85.8%) and the nation (84.6%). The percentage has been increasing since 2010 (86.1%).

Notifiable Diseases

Notifiable diseases are diseases that require regular and timely updates to prevent future cases. During the 2013 CHNA, 14 notifiable diseases were identified for tracking. Of those 14 diseases, the following did not have enough reoccurring events to produce a reliable rate: Hepatitis A, Hepatitis B, Measles, Meningococcal disease, Shigellosis, Syphilis, and Tuberculosis. Data for the remaining notifiable diseases are shown in the following tables and graphs.

Notifiable Diseases Other than STIs

The following table depicts Centre County rates for notifiable diseases other than sexually transmitted illnesses. The rates are compared to the state and 2013 CHNA. Centre County rates highlighted in red are significantly higher than the state.

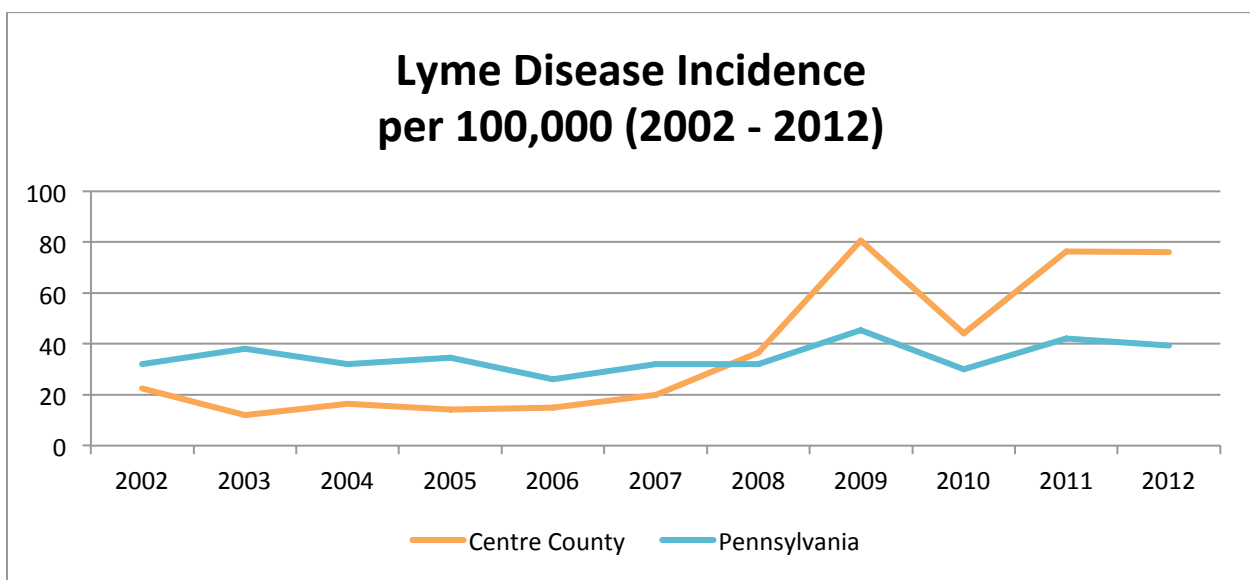
Notifiable Diseases Other than Sexually Transmitted Illnesses

	Centre County Rate per 100,000 (2012)	Pennsylvania Rate per 100,000 (2012)	2013 CHNA Rate per 100,000 (2010)
Salmonellosis	11.0	13.3	12.3
Giardiasis	7.7	5.2	NA (n=5)
Lyme Disease	76.0	39.4	44.2
Campylobacteriosis	26.4	11.5	32.5

Source: PA Department of Health, 2012

Lyme disease incidence in Centre County started to rise in 2008 with a rate of 36.6 per 100,000. The rate continued to rise between 2009 and 2012 and is significantly higher than the state rate for all four years.

Lyme disease incidence has been significantly higher than the state for the past four years



Source: PA Department of Health, 2002-2012

Campylobacteriosis is the second most common form of food poisoning and is often transmitted through uncooked poultry or animal feces. The incidence of campylobacteriosis in Centre County has been significantly higher than the state for the last 13 years and exceeds the Healthy People 2020 goal by 17.9 points. However, the current rate represents a sharp decrease from rates in 2011 (38.1 per 100,000) and 2010 (32.5 per 100,000).

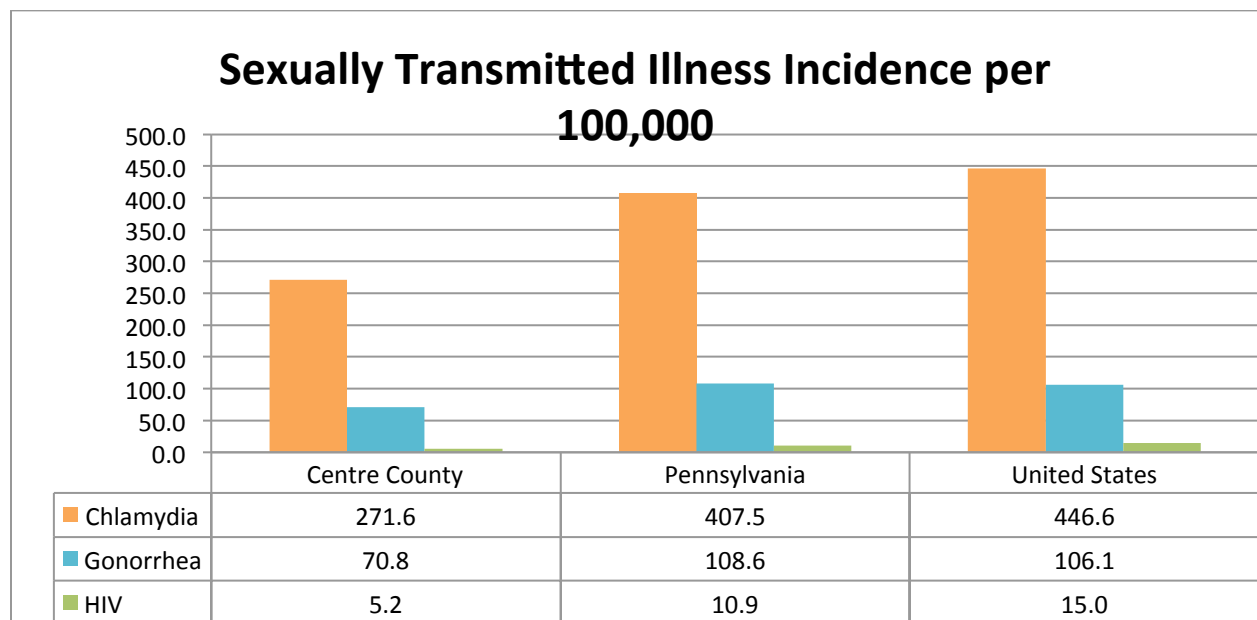
Campylobacteriosis incidence has been significantly higher than the state for the past 13 years

Sexually Transmitted Illnesses (STIs)

Centre County has lower incidence rates for all reported STIs in comparison to the state and the nation; rates for chlamydia and gonorrhea are significantly lower than the state.

The incidence of chlamydia and gonorrhea in Centre County is significantly lower than the state, but increasing

However, chlamydia and gonorrhea rates have been increasing. The chlamydia rate increased 112 points from 2008. The gonorrhea rate increased 54 points from 2011.



Source: PA Department of Health, 2013

Hepatitis C

Hepatitis C is a blood-borne virus that affects the liver and can potentially lead to long-term health issues or even death. According to the Pennsylvania Department of Health, approximately 70% of Hepatitis C cases occur among the baby boomer population as a result of contaminated blood supplies. Widespread screening of blood supplies did not occur until 1992. Another 20% of cases occur among the population under 35 years of age, and approximately 70% of these cases are due to intravenous drug use.

Across the United States, there was a 50% increase in Hepatitis C cases between 2007 and 2012. Incidence in Pennsylvania decreased between 2008 and 2011, but increased between 2012 and 2014, primarily in the 15 to 35 year old age group. In Centre County, the approximate Hepatitis C reporting rate increased from 0-50 per 100,000 in 2007 to 19-50 per 100,000 in 2014. Reporting rates are utilized when the total number of cases cannot be identified due to under-reporting.

Hepatitis C incidence and injection drug use are highly correlated; both are increasing in Centre County

Hepatitis C Cases by Year in Centre County

	2004	2005	2006	2007	2008	2009	2011	2012	2013	2014
Hepatitis C	67	72	86	54	50	71	69	51	60	67

Source: PA Department of Health, 2004-2014

The number of treatment admissions for injection drug use also increased in Centre County from an estimated 0-85 cases in 2007 to 86-230 cases in 2014. Hepatitis C and injection drug use are highly correlated.

Mental Health & Substance Abuse

(For Evaluation of Impact see page 83)

Mental Health

The average number of poor mental health days reported among Centre County adults over a 30-day period (3.0) is lower than the state (3.6 days) and the nation (3.4 days) and decreased from the 2013 CHNA.

Despite reporting fewer poor mental health days, the suicide rate in Centre County is increasing and surpasses the Healthy People 2020 goal. The current (2008-2012) rate represents 75 suicides and a 1.2 point increase from the 2006-2010 reporting cycle/2013 CHNA.

Centre County reports fewer poor mental health days, but the suicide rate is increasing

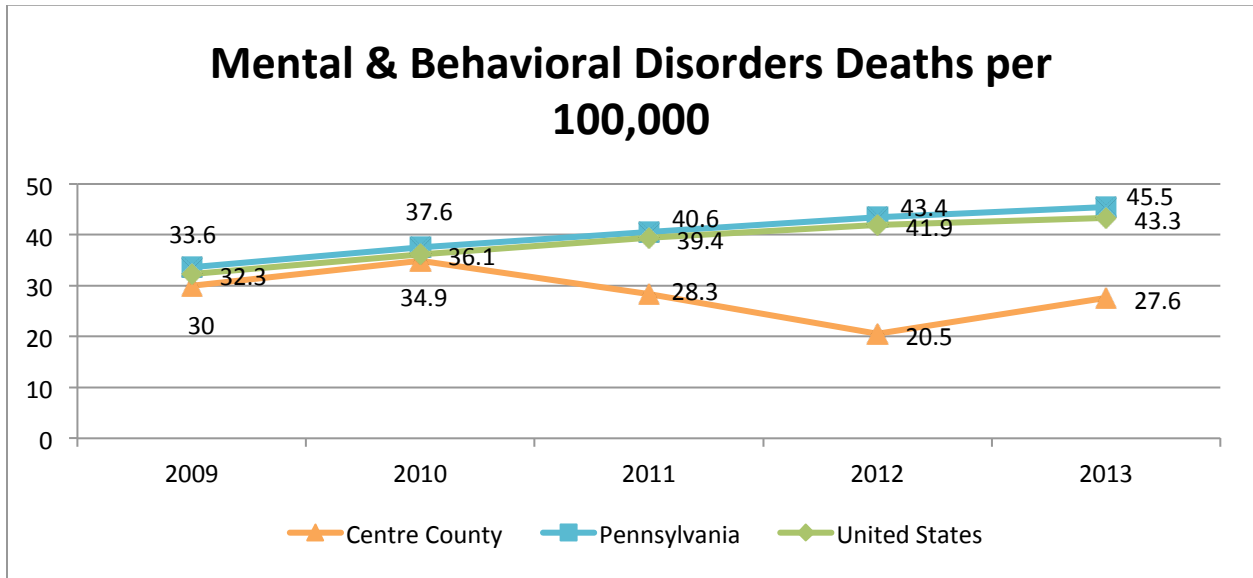
Mental Health Measures

	Poor Mental Health Days	Suicide per 100,000	Mental Health Provider Rate per 100,000
Centre County	3.0	10.9	164
Pennsylvania	3.6	12.1	161
United States	3.4	12.1	N/A

HP 2020	N/A	10.2	N/A
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Source: Centers for Disease Control and Prevention, 2008-2012; County Health Rankings, 2006-2012 & 2014; Healthy People 2020; & PA Department of Health, 2008-2012

The mortality rate due to mental and behavioral disorders has been increasing in both Pennsylvania and the nation. However, the mortality rate in Centre County has declined and remains lower than both the state and the nation.



Source: Centers for Disease Control and Prevention, 2009-2013

Substance Abuse

Substance abuse includes both alcohol and drug abuse. In Centre County, indicators for binge drinking, deaths due to alcohol-impaired driving, and drug-induced deaths are lower than the state, the nation, and Healthy People 2020 goals.

The drug induced death rate increased approximately 1 point from 2009-2011 to 2011-2013

The drug-induced death rate represents a three year (2011-2013) average due to unreliable year-to-year rates. The total number of drug-induced deaths from 2011 to 2013 was 33. The associated rate increased from both 2010-2012 (7.6 per 100,000) and 2009-2011 (7 per 100,000).

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug-Induced Deaths per 100,000
Centre County	14.0%	29%	7.9
Pennsylvania	17.0%	34%	19.5
United States	15.0%	31%	14.1
HP 2020	24.4%	N/A	N/A

Source: Centers for Disease Control and Prevention, 2011-2013; County Health Rankings, 2006-2012 & 2009-2013; & Healthy People 2020

Heroin and other opiate use is a growing concern in Centre County. A review of coroner's reports by the Single County Authority for Centre County found that an increasing number of individuals are dying each year from multi-drug toxicity. There were 3 deaths in 2012, 7 deaths in 2013, and 18 deaths in 2014. Eleven of the deaths in 2014 occurred among residents ages 34 to 58. A larger number of deaths among the older age group indicates that the heroin/opioid issue is not just affecting college students, but permanent Centre County residents.

Multi-drug toxicity deaths increased from 3 in 2012 to 7 in 2013 to 18 in 2014

Emergency Medical Services (EMS) also report higher need related to drug overdose. In 2014 Centre LifeLink (serving State College and Centre Region areas of the county) responded to over 240 overdose-related calls. Eighteen of the calls required the administration of Naloxone, indicating opiate overdose.

Bellefonte EMS (covering Bellefonte, Milesburg, Unionville, and Howard areas) and Penns Valley EMS reported a combined 86 overdose/poisoning-related calls in 2014. The finding indicates that rural areas are managing an equal number of overdose/crisis situations as urban areas, based on population density.

EMS responded to a similar rate of overdose-related calls in rural and urban areas of the county

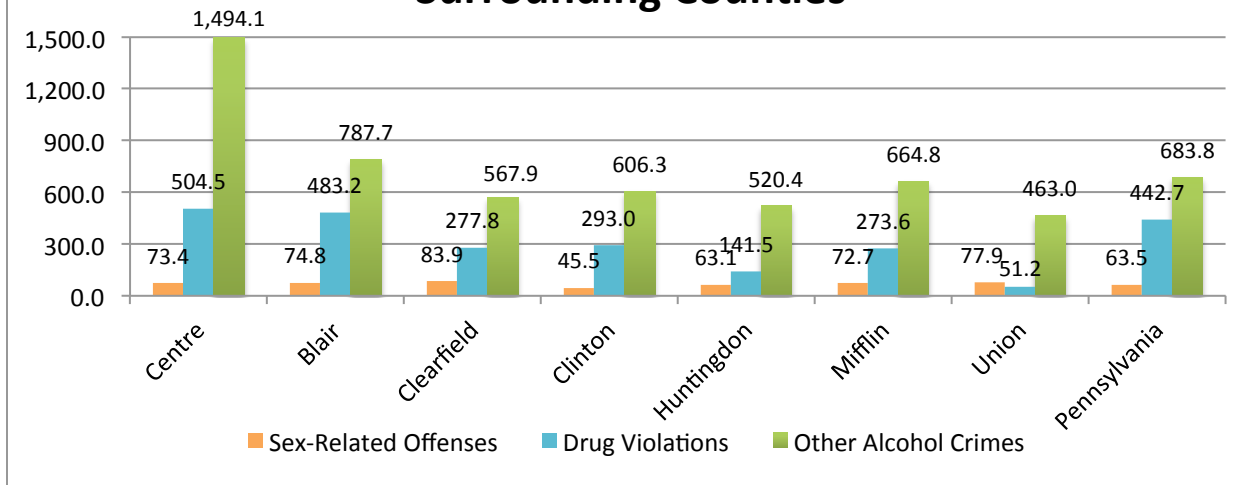
Centre County had 616 drug and alcohol treatment admissions to state-supported facilities between July 2011 and June 2012. The admissions represented 516 clients; 14.3% of clients were admitted more than once. Among the 516 clients, 58.3% were admitted for alcohol abuse and 39.5% were admitted for drug abuse.

Crime

The 2013 CHNA compared 2012 crime rates for sex-related offenses, drug violations, and other alcohol crimes between Centre County and six surrounding counties. The CHNA found that Centre County's alcohol-related crime rate was higher than that of surrounding counties, drug violations were second only to Blair County, and sex-related offenses were the second lowest among all counties. Crime rates for all three offenses decreased in Centre County from 2012 to 2013. However, the alcohol- and drug-related crime rates are now the highest among surrounding counties and exceed the state.

Crimes related to drugs and alcohol decreased from 2012 to 2013, but crime rates are the highest among surrounding counties and exceed the state

Selected Crime Statistics in Centre County and Surrounding Counties

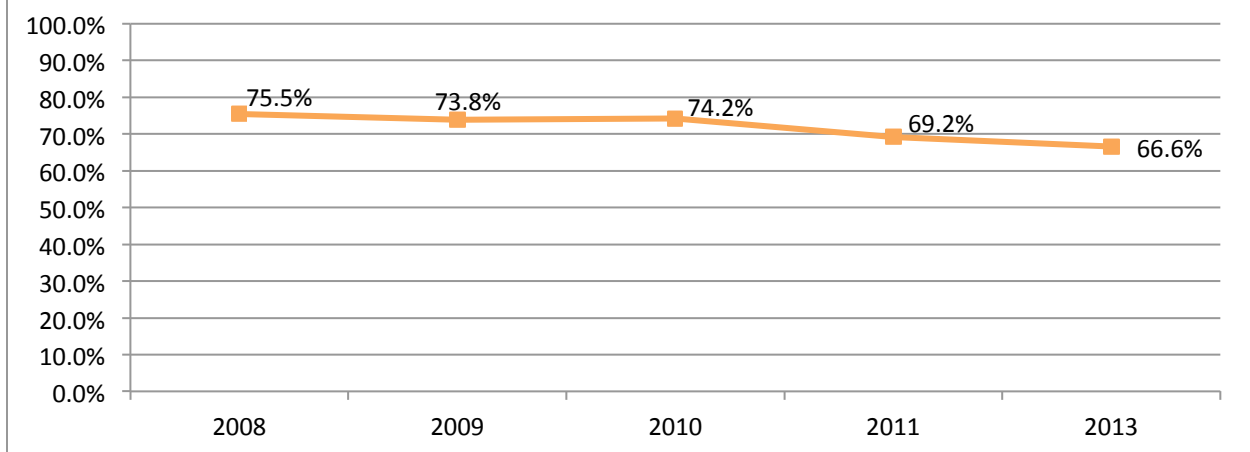


Source: Pennsylvania Uniform Crime Reporting System, 2013

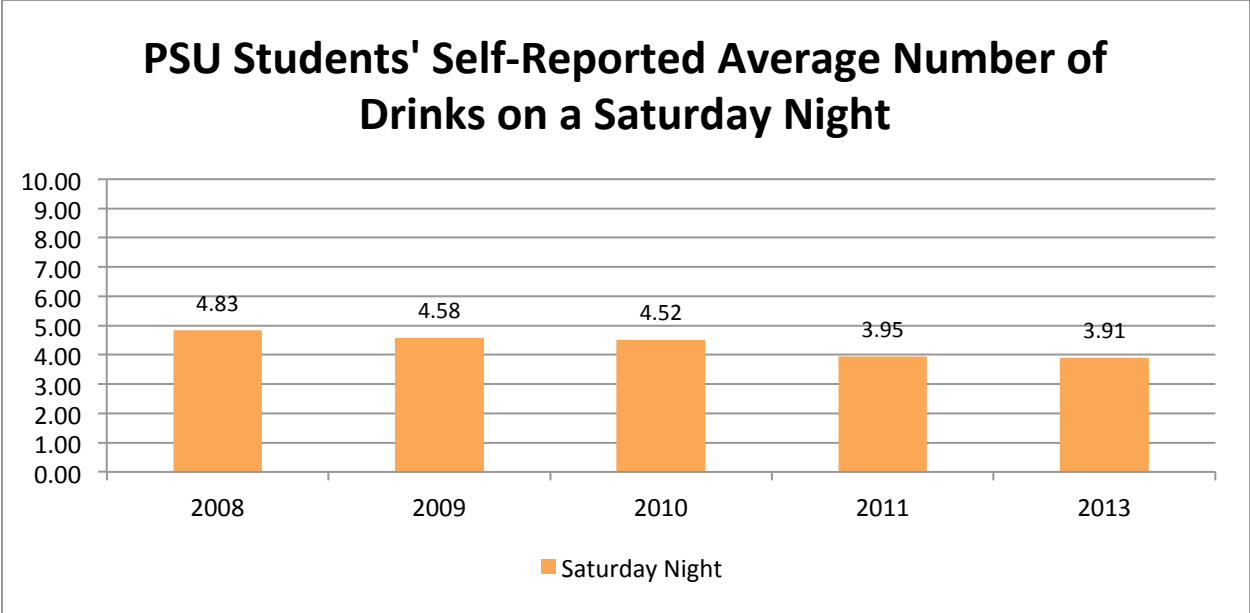
Pennsylvania State University Students

The Pennsylvania State University (PSU) is located in Centre County; the following graphs depict alcohol use among this population. The percentage of PSU students who report drinking on the weekends is declining, as is the average number of drinks consumed in one night. However, the blood alcohol content (BAC) among students seen at Mount Nittany Medical Center is increasing and the percentage of students reporting heavy drinking rose to the highest value in five years (7.5%).

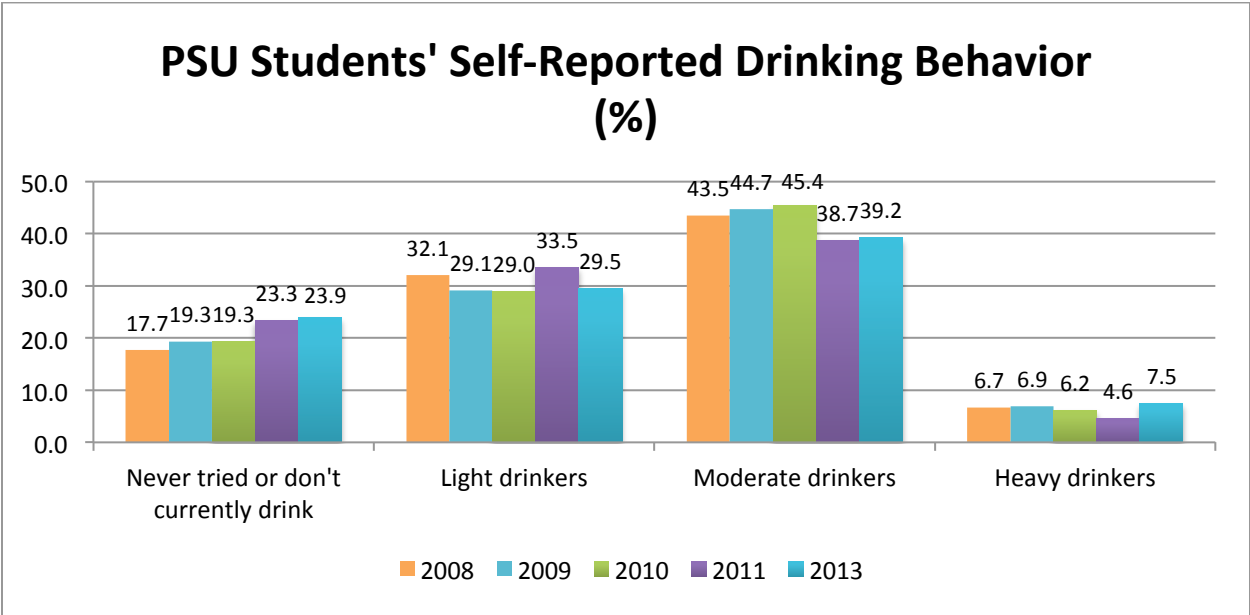
Alcohol Use on Friday and Saturday Nights: Percent of PSU Students Who are Drinking



Source: The Partnership - Campus and Community United Against Dangerous Drinking, 2008-2011 & Penn State Pulse Student Affairs, 2013

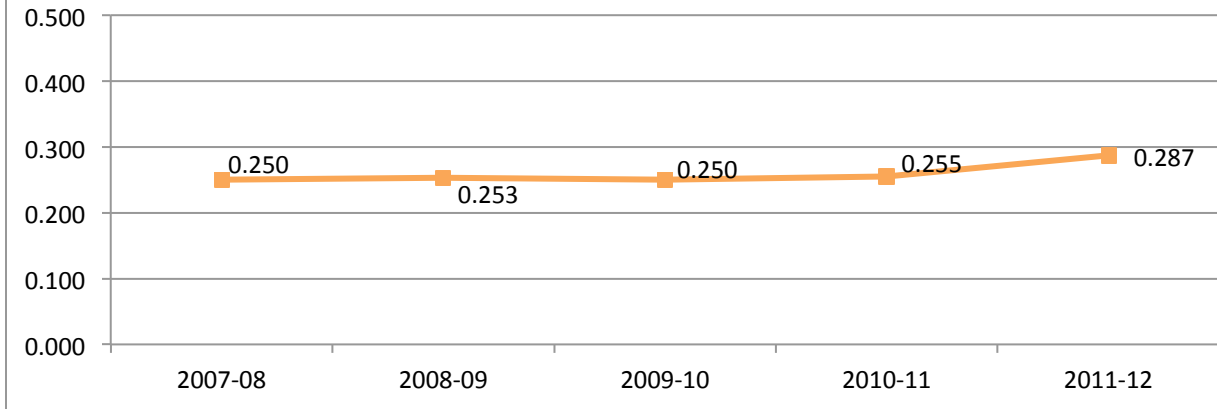


Source: The Partnership - Campus and Community United Against Dangerous Drinking, 2008-2011 & Penn State Pulse Student Affairs, 2013



Source: The Partnership - Campus and Community United Against Dangerous Drinking, 2008-2011 & Penn State Pulse Student Affairs, 2013

Average Blood Alcohol Content (BAC) Levels for PSU Students' Alcohol-Related Visits to MNMC



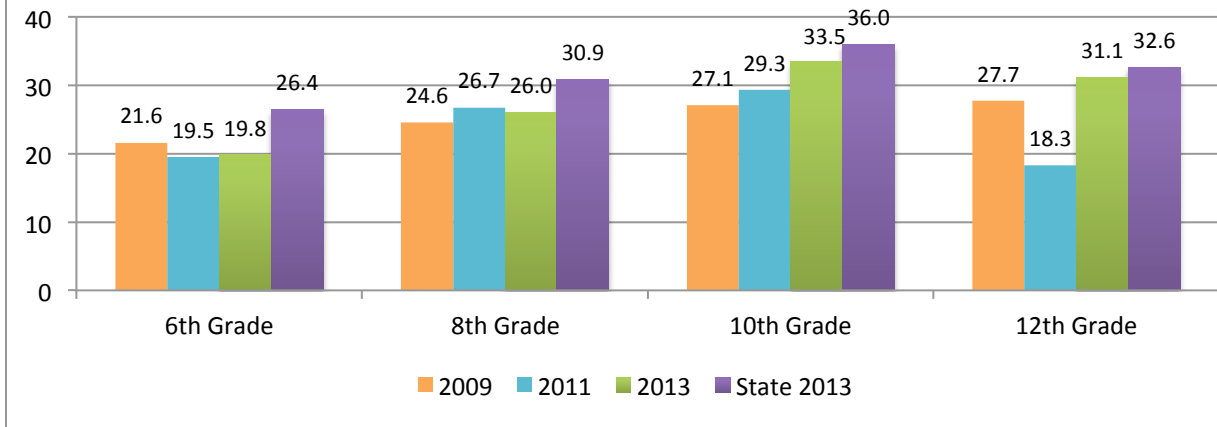
Source: The Partnership - Campus and Community United Against Dangerous Drinking, 2007-2012

Youth

Youth who consistently feel depressed or sad may be at risk for committing suicide. The following graph depicts the percentage of students in grades 6th through 12th who felt depressed or sad on most days during the past year. The percentage among students in grades 6th and 8th either decreased or remained stable from 2009 to 2013. However, the percentage among students in 10th and 12th increased; the percentage among 12th graders increased 12.8 points from 2011 to 2013.

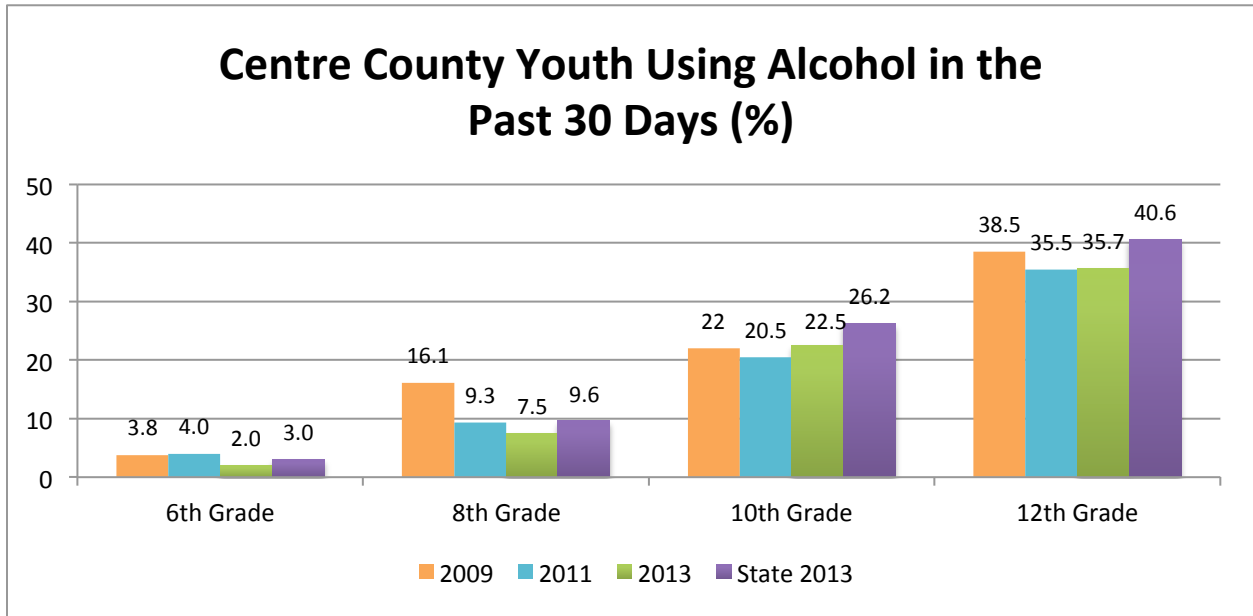
The percentage of 10th and 12th graders who report feeling sad or depressed is increasing

Centre County Youth who Felt Depressed or Sad Most Days in the Past Year (%)



Source: Pennsylvania Commission on Crime and Delinquency, 2009-2013

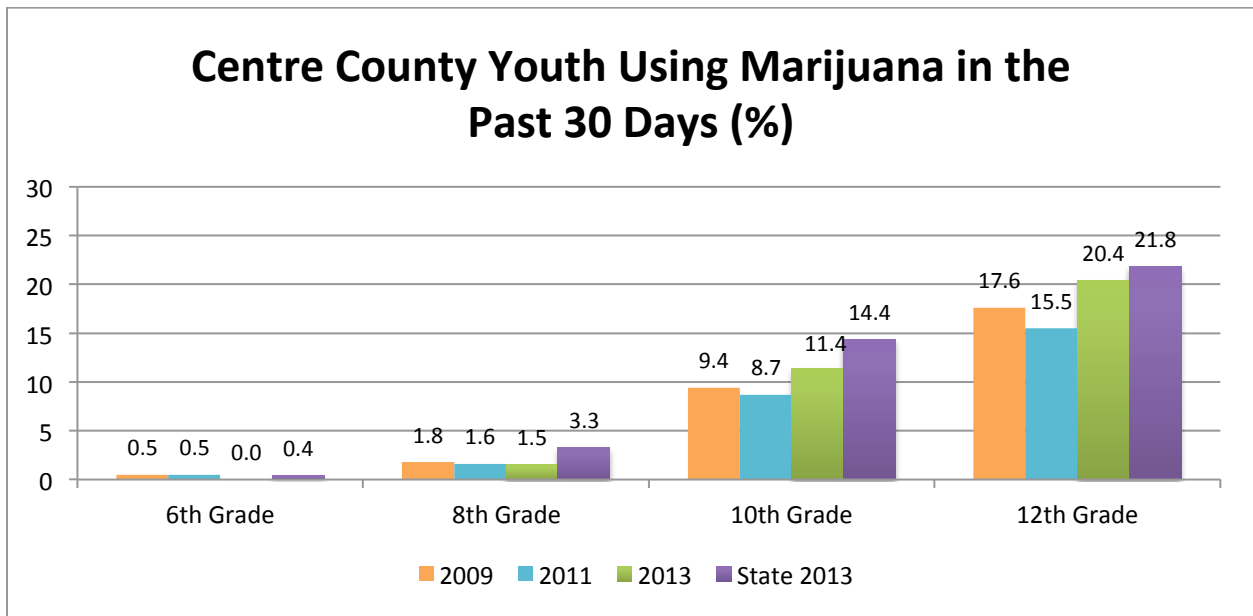
Alcohol and drug use among youth in grades 6th through 12th was also measured over a five year period. The percentage of youth who are using alcohol decreased or remained stable across all grades; current percentages are lower than the state.



Source: Pennsylvania Commission on Crime and Delinquency, 2009-2013

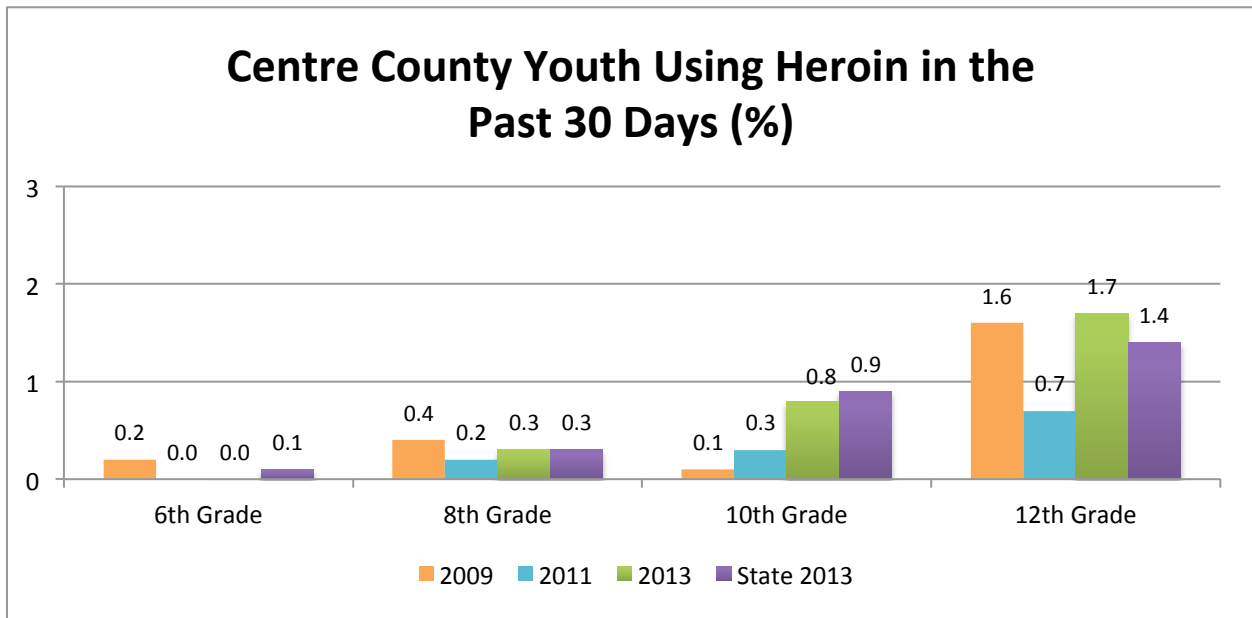
Marijuana use decreased among students in grades 6th and 8th, but increased among students in grades 10th and 12th. All percentages are below state averages.

The percentage of 10th and 12th graders using marijuana and heroin is increasing



Source: Pennsylvania Commission on Crime and Delinquency, 2009-2013

Heroin use among Centre County youth in grades 6th and 8th is lower than or equivalent to state averages, but the percentage among 10th graders steadily increased and the percentage among 12th graders currently surpasses the state average.



Source: Pennsylvania Commission on Crime and Delinquency, 2009-2013

Centre County Can Help

Centre County Can Help, operated by The Meadows Psychiatric Center/Universal Community Behavioral Health, provides mental health crisis intervention, supportive counseling, referrals, and mental health and drug and alcohol education. In 2015, Centre County Can Help served 7,720 cases (not unique clients). The number of cases served by the organization declined between 2012 and 2013, but is increasing again.

The following table defines case volume by year and how services were accessed (telephone, mobile unit, walk-in). The majority of cases were served via telephone, but the need for mobile services increased. Of the total mobile/walk-in cases (1,520), 13.6% were Pennsylvania State University students.

Centre County Can Help Total Case Volume by Year and Service Access Point

	Telephone Case Volume	Mobile Unit Case Volume	Walk-In Case Volume	Total Case Volume
2010	83.6%	14.9%	1.6%	7,628
2011	84.2%	14.3%	1.5%	8,354
2012	83.2%	15.4%	1.5%	8,810
2013	81.9%	16.1%	2.0%	6,722
2014	77.8%	20.8%	1.4%	7,301
2015	80.3%	18.4%	1.3%	7,720

The following table represents the age breakdown of individuals accessing Can Help mobile and walk-in services. The majority of individuals accessing these services are between the ages of 18 and 59 years; however, approximately half of walk-in service patients (46.7%) are under the age of 18.

Centre County Can Help Mobile and Walk-In Service Utilization by Age

	Mobile Unit	Walk-In
5 years or younger	0.2%	3.3%
6-13 years	9.6%	21.1%
14-17 years	18.5%	22.2%
18-59 years	62.0%	48.9%
60 years or over	9.7%	4.4%

The following table depicts whether clients seen via mobile and walk-in services were admitted for inpatient services or deflected for outpatient services. Outpatient services include shelter, partial hospitalization, psychiatric rehabilitation, family care, etc. The majority of clients received outpatient services.

Centre County Can Help Mobile and Walk-In Services: Inpatient versus Outpatient

	Mobile Unit	Walk-In
Inpatient Admits	33.3%	44.9%
Outpatient/Deflections	66.7%	55.1%

Maternal and Child Health

A total of 1,239 births occurred in Centre County in 2013, 87% were to White mothers. Of the total births, 26 or 2.1% were to mothers 19 years or younger. The teen birth percentage decreased from 2012 (4%) and 2011 (2.9%). In addition, fewer births in 2013 were to mothers under 18 years (n=1) compared to 2012 (n=11) and 2011 (n=8).

2013 Births by Race and Ethnicity

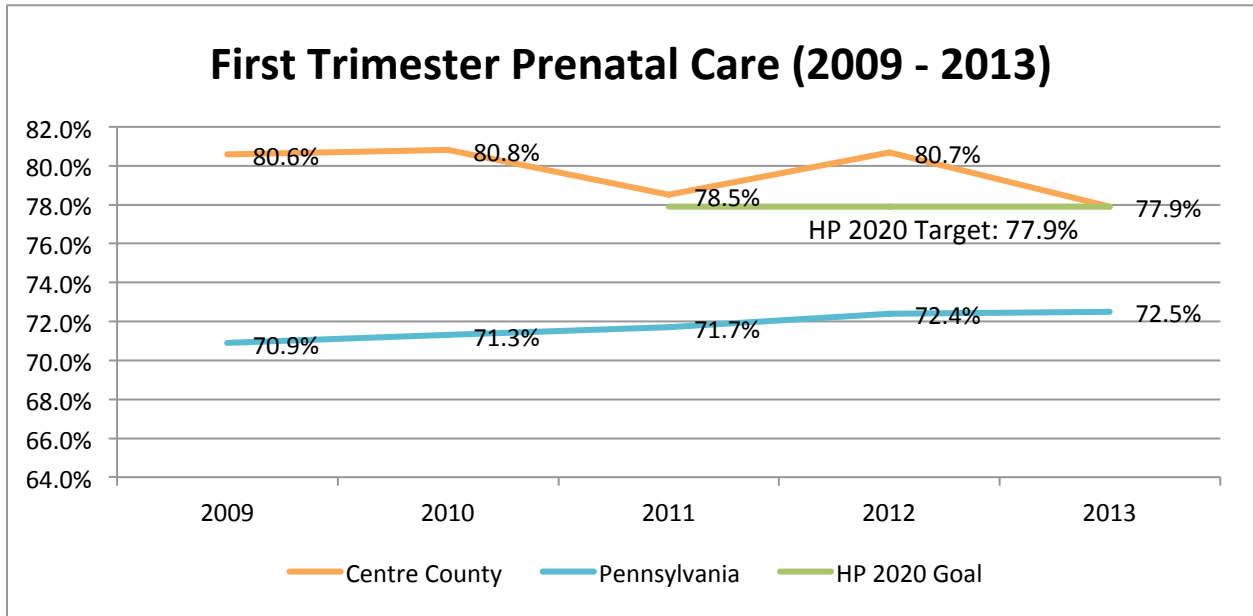
Total Births	Whites Births	Black/African American Births	Hispanic/ Latino Births
1,239	1,078	13	24

Source: PA Department of Health, 2013

The percentage of all mothers receiving first trimester prenatal care meets the HP 2020 goal, but percentages are lower among Blacks/African Americans and Hispanics/Latinas

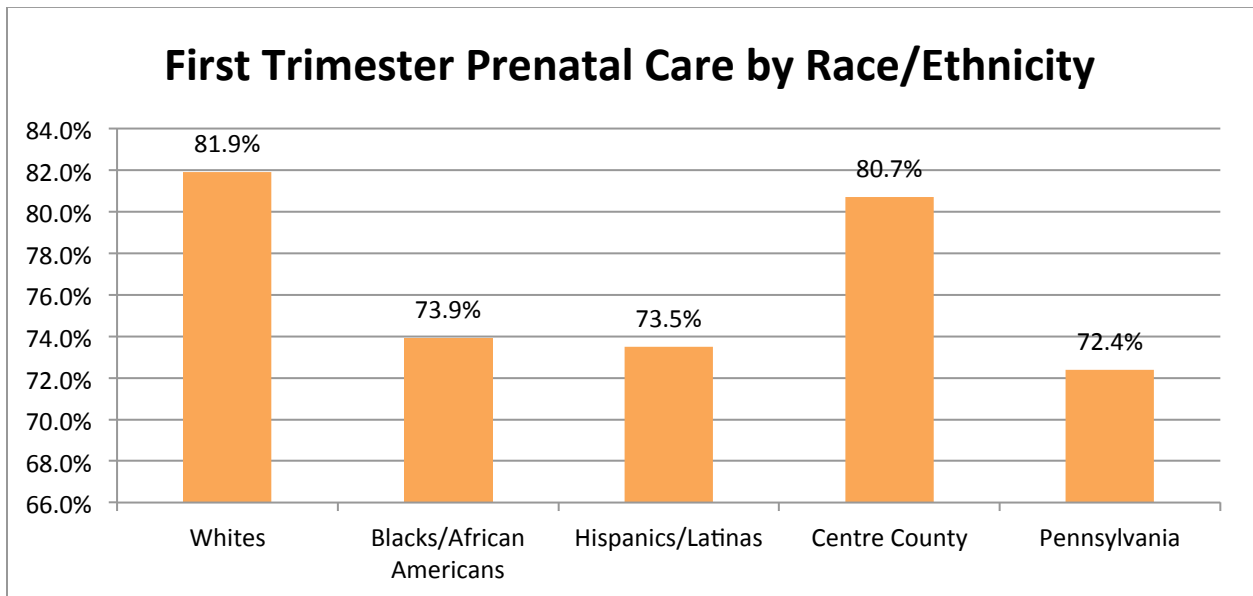
Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. In 2013, 77.9% of Centre County mothers received prenatal care in the first trimester and only 1% (12 mothers) did not receive any care.

The percentage of mothers receiving first trimester prenatal care is higher than the state and meets the Healthy People 2020 goal. The rate has remained variable in recent years and is lower than it was in 2009.



Source: PA Department of Health, 2009-2013

Prenatal care data by race and ethnicity is reported for 2012. The percentage of Black/African American and Hispanic/Latina mothers receiving first trimester prenatal care is approximately 8 points lower than the percentage among White mothers and does not meet the Healthy People 2020 goal.



Source: PA Department of Health, 2012

The following municipalities in Centre County also do not meet the Healthy People 2020 for mothers receiving first trimester care.

First Trimester Prenatal Care by Municipality

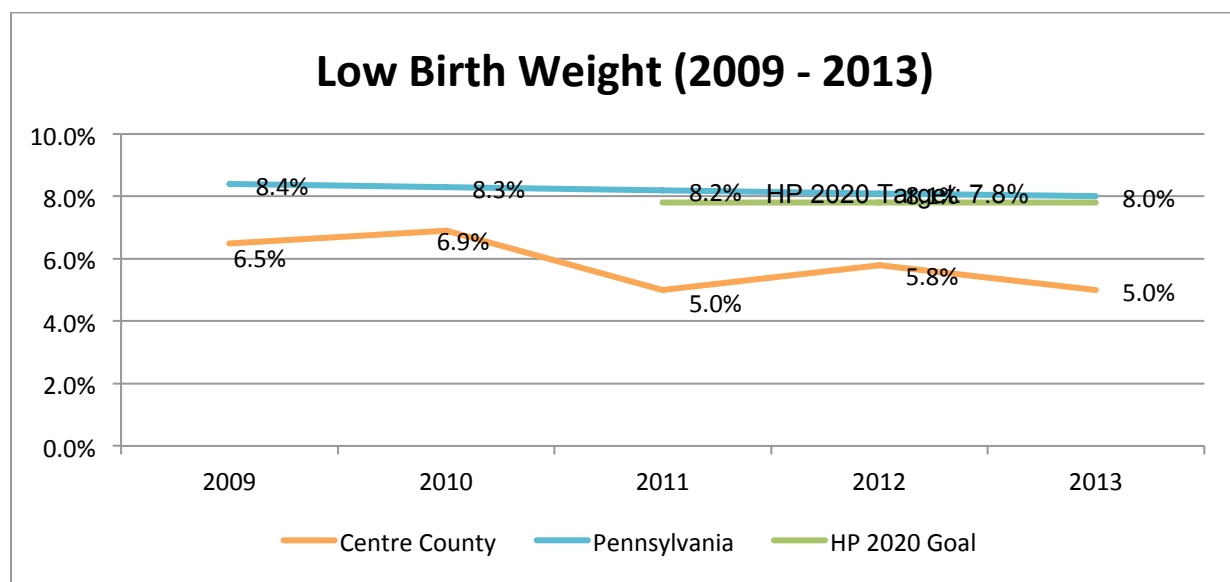
	Mothers Receiving First Trimester Prenatal Care
Haines Township	25.4%
Miles Township	31.9%
Marion Township	61.2%
Penn Township	64.3%
Gregg Township	66.7%
Curtin Township	73.1%
Howard Borough	75.0%
Rush Township	77.4%

Source: PA Department of Health, 2009-2013

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The average percent of infants born with low birth weight across Pennsylvania and the nation is 8%.

The percentage of low birth weight babies in Centre County (5%) is lower than the state and the nation, meets the Healthy People 2020 goal of 7.8%, and has been decreasing since 2010. Racial and ethnic data is limited to Whites. The 2012 White low birth weight percentage was 5.7%.

The percentage of low birth weight babies (5%) meets the HP 2020 goal and has been decreasing since 2009



Source: PA Department of Health, 2009-2013

The following municipalities in Centre County do not meet the Healthy People 2020 goal for low birth weight babies.

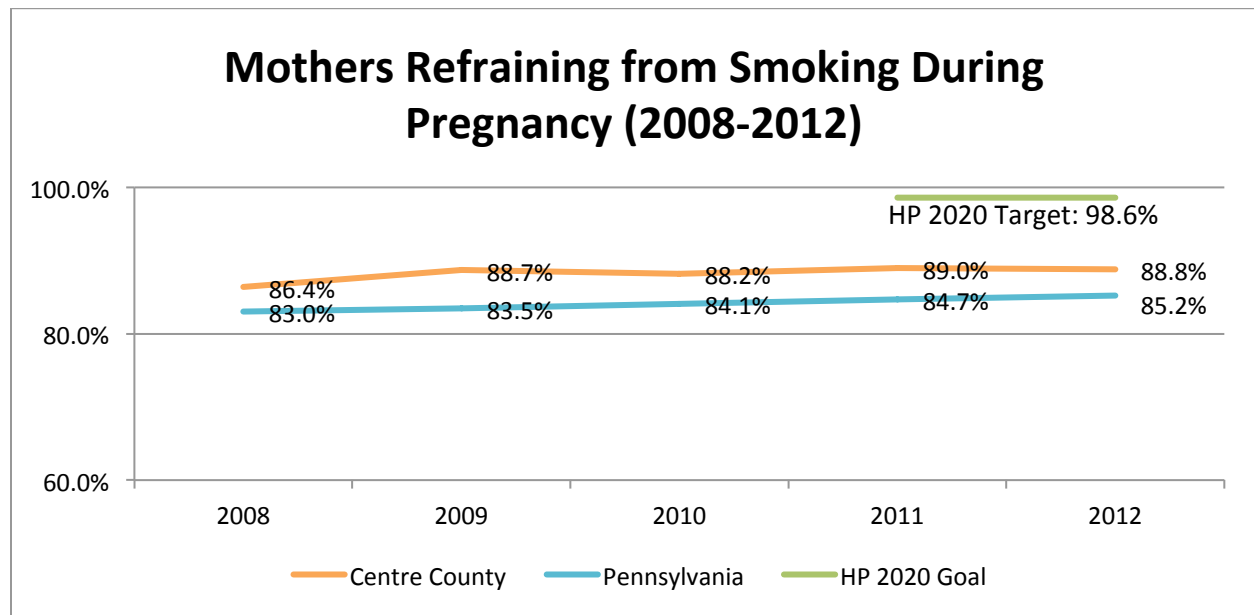
Low Birth Weight by Municipality

	Low Birth Weight Percentage
Port Matilda Borough	15.6%
Snow Shoe Borough	12.5%
Centre Hall Borough	12.3%
Howard Township	10.9%
Howard Borough	10.7%
Snow Shoe Township	10.6%
Huston Township	10.4%
Taylor Township	9.4%
Boggs Township	8.5%
Marion Township	8.3%
State College Borough	7.9%

Source: PA Department of Health, 2009-2013

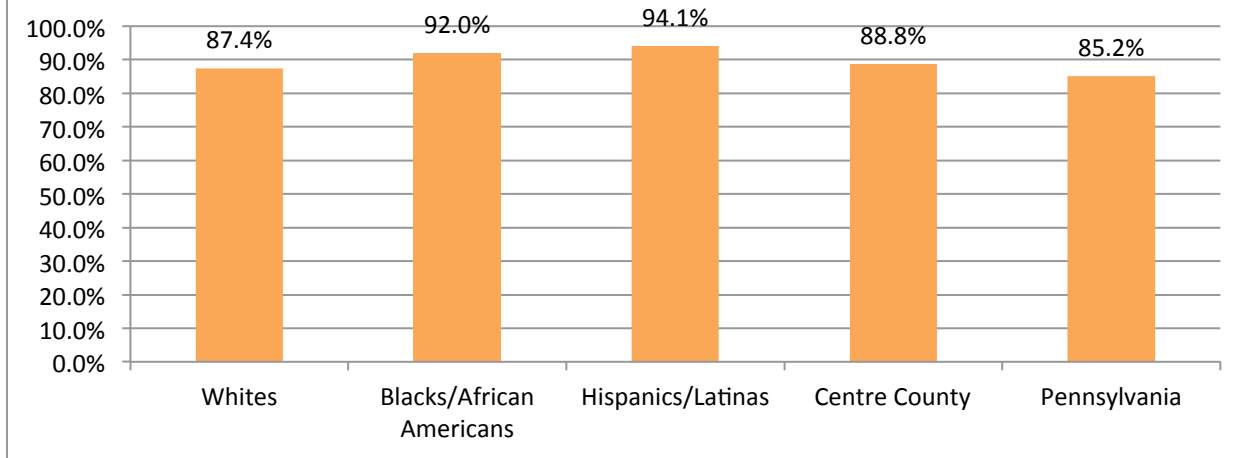
The percentage of mothers in Centre County who smoke during pregnancy (11.2%) is significantly lower than the state (14.8%) and has been declining since 2008, but does not meet the Healthy People 2020 goal (1.4%). Smoking rates during pregnancy are highest among Whites in (12.6%).

The percentage of mothers who smoke during pregnancy is significantly lower than the state, but does not meet the HP 2020 goal. White mothers are the most likely to smoke during pregnancy.



Source: PA Department of Health, 2008-2012

Mothers Refraining from Smoking During Pregnancy by Race/Ethnicity

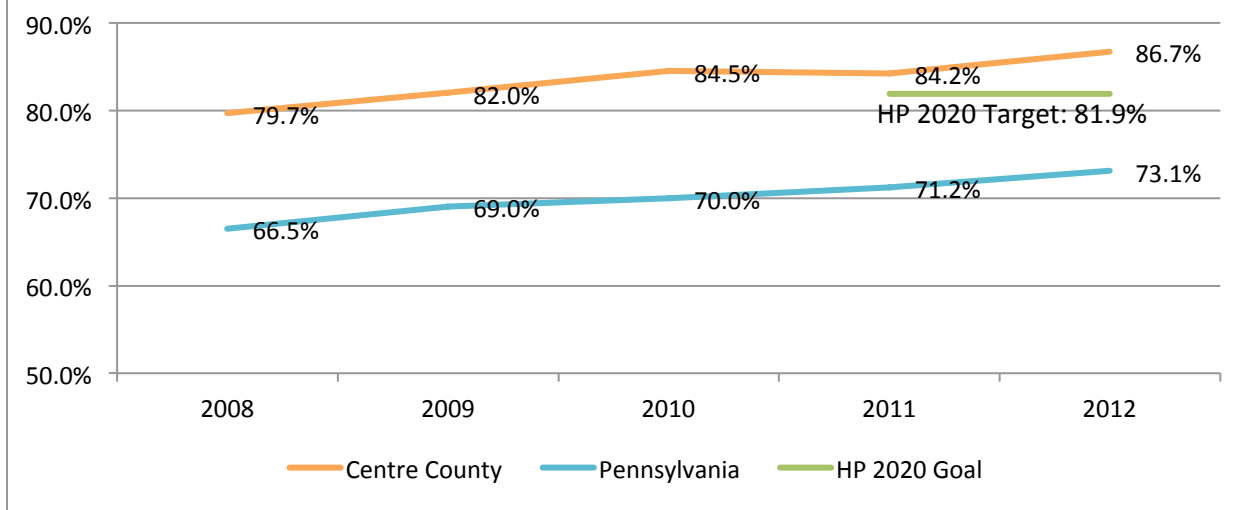


Source: PA Department of Health, 2012

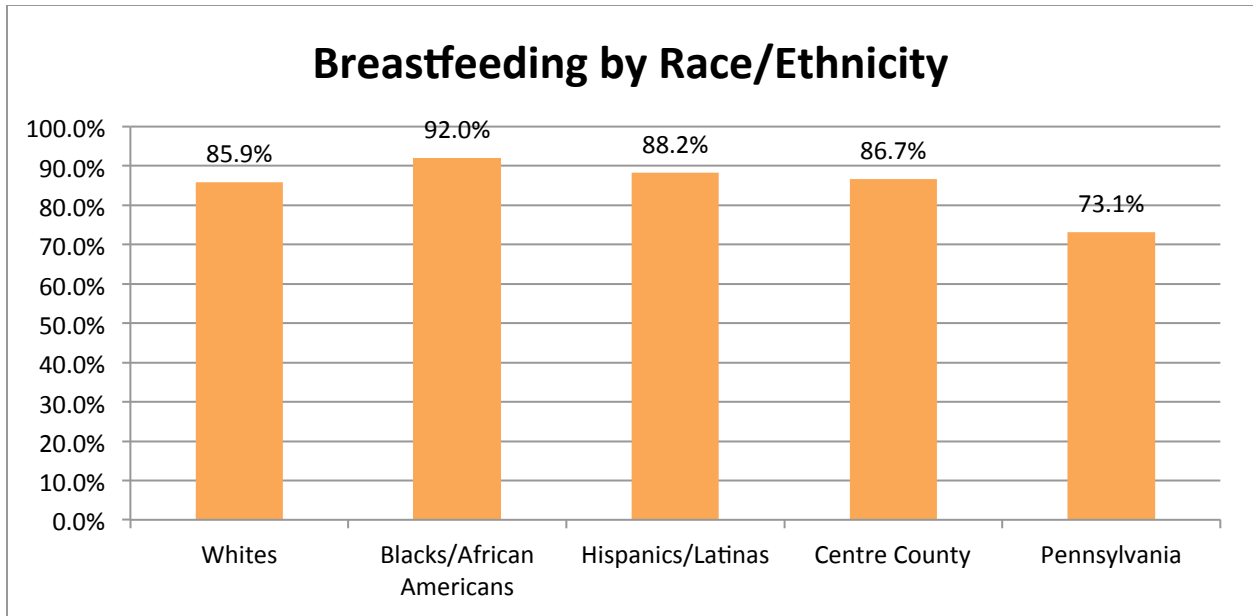
The percentage of mothers in Centre County who breastfeed (86.7%) is significantly higher than the state (73.1%), meets the Healthy People 2020 goal (81.9%), and has been increasing since 2008. Breastfeeding rates among all racial and ethnic groups meet the Healthy People 2020 goal.

The percentage of Centre County mothers (all races/ethnicities) who breastfeed is significantly higher than the state and meets the HP 2020 goal

Breastfeeding (2008-2012)



Source: PA Department of Health, 2008-2012



Source: PA Department of Health, 2012

The infant mortality is uncalculated in Centre County due to a small number of infant deaths. During the most recent three years of reporting (2010-2012), 20 infant deaths occurred. The overall infant mortality rate for Pennsylvania in 2012 was 7 per 100,000.

Senior Health

(For Evaluation of Impact see page 83)

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease and disability. The following table notes the percentage of Medicare Beneficiaries age 65 years or over who have been diagnosed with a chronic condition.

The percentage of Centre County Medicare Beneficiaries 65 years or over with a chronic condition is equivalent to or below state and national percentages, with the exception of asthma (6.5%) and depression (14.9%).

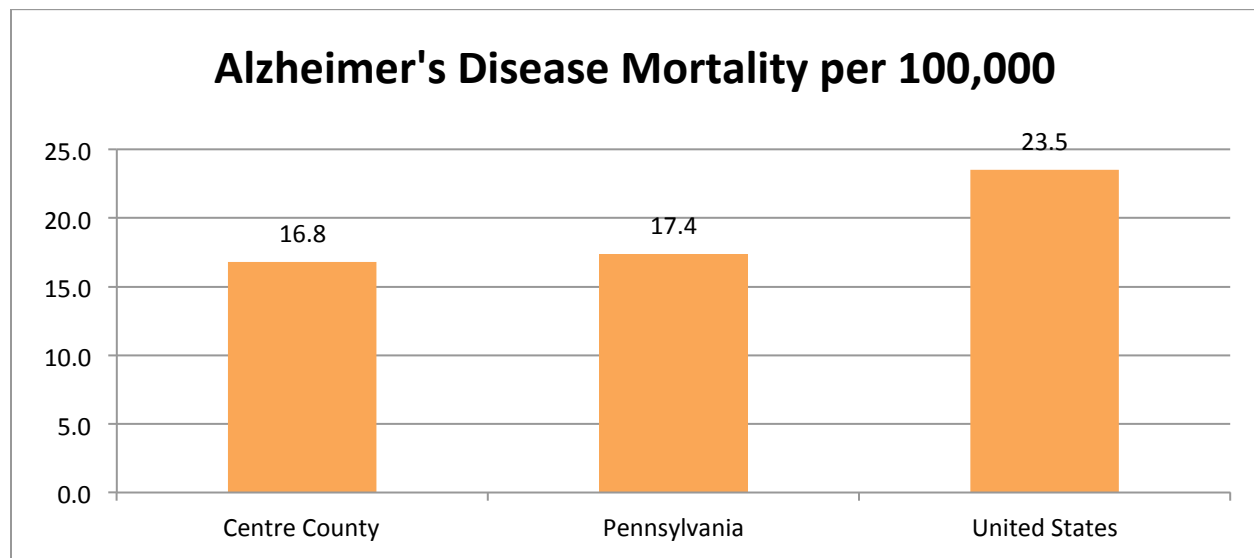
Medicare Beneficiaries in Centre County are less likely to have a chronic condition diagnosis compared to the state and the nation with two exceptions: asthma and depression

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Centre County	Pennsylvania	United States
Alzheimer's Disease	11.0%	12.2%	11.4%
Asthma	6.5%	4.2%	4.3%
Cancer	9.9%	10.1%	9.1%
Depression	14.9%	13.4%	12.7%
Diabetes	26.9%	27.5%	27.4%
Hypertension	59.0%	62.3%	59.1%
High Cholesterol	51.9%	52.9%	48.0%
Coronary Heart Disease	28.4%	33.2%	31.1%
Stroke	3.6%	4.9%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

Eleven percent of Medicare Beneficiaries 65 years or over in Centre County have Alzheimer's disease. The age-adjusted death rate due to Alzheimer's disease among all Centre County residents is lower when compared to both the state and the nation.



Source: Centers for Disease Control and Prevention, 2013

Older adults are more prone to accidental falls and resulting hip fractures. During the last CHNA, females age 65 years or over in Centre County were hospitalized for hip fractures at a rate of 924.1 per 100,000. The rate exceeded the state and the Healthy People 2020 goal. The current rate of 804.2 per 100,000 is also higher than the state (760.0

The rate of hip fractures due to falls among females age 65 years or over exceeds the state and the HP 2020 goal

per 100,000) and the Healthy People 2020 goal (741.2 per 100,000); however, it represents a decrease over the past five reporting cycles.

The rate of Centre County males age 65 years or over who are hospitalized for hip fractures (405 per 100,000) is lower than the state (431.1 per 100,000) and meets the Healthy People 2020 goal (418.4 per 100,000).

Centre County has six nursing homes and 706 licensed/approved beds. All of the nursing homes and beds are certified-Medicare, but only three nursing homes and 517 beds are certified-Medicaid. The rate of licensed/approved beds is 38.3 per 1,000 population age 65 years or over. The average occupancy rate is 88.2 and the average semi-private daily room rate is \$234.

Centre County Nursing Home Availability

	Total	Certified-Medicare	Certified- Medicaid
Nursing Homes	6	6	3
Licensed Approved Beds	706	706	517

Source: PA Department of Health, 2012

Mount Nittany Medical Center Utilization Data Analysis

Background

Mount Nittany Medical Center discharge data related to chronic diseases and behavioral health was analyzed across the emergency room, outpatient, and inpatient settings to determine usage trends related to key community health needs. The data were correlated with public health statistics and socio-economic measures to determine if there were utilization patterns among high risk populations and to improve outcomes for patients.

The claims data was provided by Mount Nittany Medical Center and all analyses were performed by Baker Tilly. All data represents fiscal year 2014.

Inpatient Cases FY2014	Outpatient Cases FY2014	Emergency Visits FY 2014
13,791	226,066	52,401

The hospital utilization data was considered in conjunction with demographic data to more fully understand the needs of Centre County. It is important to consider public health data with the hospital utilization data as in a given year much of the population will not have contact with any of the hospital’s departments. Therefore, their health concerns are not measured by health provider utilization data.

An analysis of self-reported health status among patients is also included. The analysis was provided by Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted in 2013, 2014, and 2015.

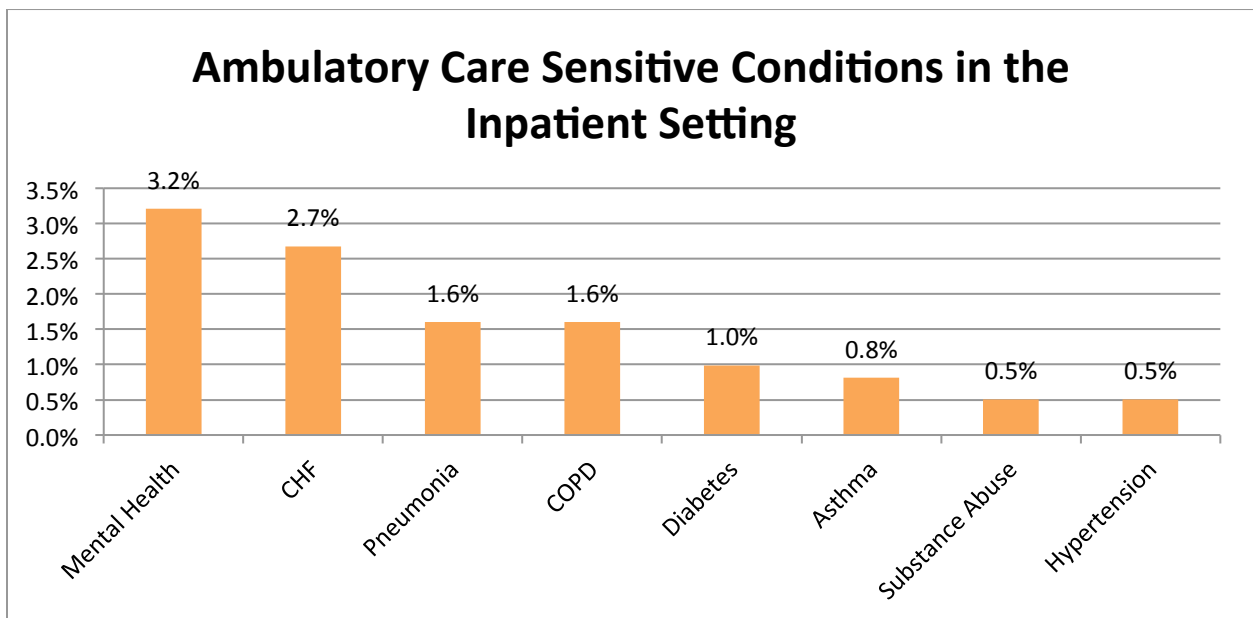
Ambulatory Care Sensitive Conditions

Inpatient Setting

Ambulatory care is care provided on an outpatient basis and includes diagnosis, observation, consultation, treatment, intervention, and rehabilitation services.

Ambulatory care sensitive conditions are conditions that if effectively treated in the outpatient setting, should not be the primary reason for admission to the hospital. The following graphs illustrate the prevalence of ambulatory care sensitive conditions in both the inpatient setting and emergency department.

The prevalence of ambulatory care sensitive conditions in the inpatient setting is less than 2% for all conditions, except mental health and chronic heart failure (CHF). Mental health and CHF account for approximately 6% of all admissions or 811 cases.

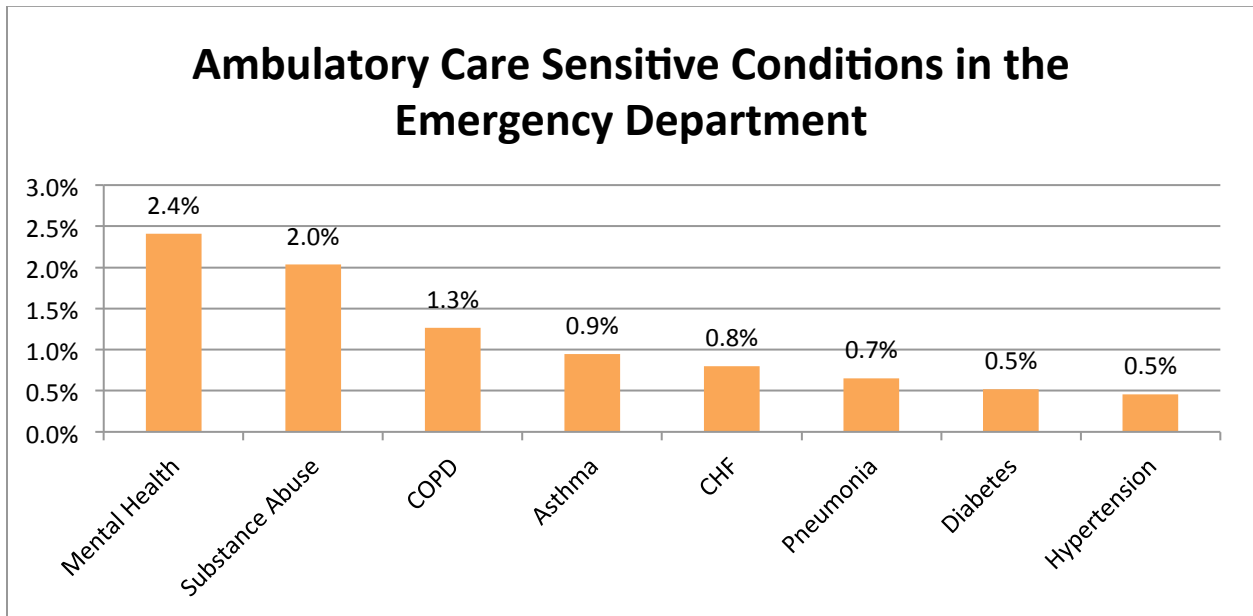


Ambulatory Care Sensitive Conditions in the Inpatient Setting (Counts)

	Count
Mental Health	422
Chronic Heart Failure (CHF)	369
Pneumonia (Adults 50 years or over)	227
Chronic Obstructive Pulmonary Disorder (COPD)	222
Diabetes	136
Asthma	112
Substance Abuse	70
Hypertension	68

Emergency Department

The prevalence of ambulatory care sensitive conditions in the emergency department is also relatively low compared to the total number of visits (52,401); however, collectively, they account for 9% of all emergency department visits. Mental health/substance abuse conditions account for 4.4% or 2,327 of all visits.



Ambulatory Care Sensitive Conditions in the Emergency Department (Counts)

	Count
Mental Health	1,262
Substance Abuse	1,065
Chronic Obstructive Pulmonary Disorder (COPD)	662
Asthma	494
Chronic Heart Failure (CHF)	398
Pneumonia (Adults 50 years or over)	341
Diabetes	270
Hypertension	239

Substance abuse includes both alcohol and drug abuse. The following table illustrates drug and alcohol case counts in the emergency department by patient age. The majority of alcohol abuse (70%) occurs among patients age 18 to 24 years. The majority of drug abuse (57.1%) occurs among patients age 25 years or over; nearly one-quarter of drug abuse cases occur among patients age 25 to 34 years.

Substance Abuse in the Emergency Department by Patient Age

	Alcohol Abuse		Drug Abuse	
	# of Cases	% of Total	# of Cases	% of Total
Under 18 years	28	2.9%	3	3.3%
18 – 24 years	682	70.0%	36	39.6%
25 – 34 years	94	9.7%	21	23.1%
35 – 44 years	54	5.5%	11	12.1%
45 – 54 years	68	7.0%	11	12.1%
55 years or over	48	4.9%	9	9.9%
Total Cases	974		91	

Chronic Condition Prevalence

The Agency for Healthcare Research and Quality (AHRQ) is a federal agency committed to improving the safety and quality of the health care system. According to AHRQ, approximately 45% of all Americans have a chronic condition and more than 66% of all deaths are due to one or more of the most common chronic conditions. These conditions include, but are not limited to, breathing conditions such as asthma and COPD, mental health and substance abuse conditions, cancer, CHF, coronary heart disease (CHD), diabetes, and hypertension.

The following table examines the top originating zip codes for inpatient and outpatient cases with a chronic condition. More than half of inpatient and outpatient cases with a chronic condition are driven by residents who live in three zip codes. Note that these zip codes account for a majority of the primary service area and the hospital is located within zip code 16803, which will influence prevalence rates.

Zip Codes Accounting for 50% or More of Chronic Condition Prevalence across Inpatient and Outpatient Settings

Zip Code	Asthma	Mental Health	Cancer	CHF	CHD	COPD	Diabetes	Hyper-tension	Substance Abuse
16823 Bellefonte	28.9%	25.9%	22.5%	27.6%	27.6%	29.2%	28.8%	27.3%	30.2%
16801 State College	19.4%	25.8%	22.4%	26.1%	20.2%	19.0%	17.8%	18.5%	17.0%
16803 State College	10.9%	--	13.8%	--	9.8%	8.1%	9.3%	10.1%	9.2%

Recognizing the relationship between social determinants of health and health status, the following table displays socioeconomic measures for the Mount Nittany Medical Center zip codes accounting for 50% or more of chronic condition prevalence. Higher poverty in zip codes 16801 and 16803 may be due to the Pennsylvania State University student population.

Social Determinants of Health by Zip Code

	Black/ African American	Hispanic/ Latino	English Speaking	Owners w/ Housing Cost Burden*	Renters w/ Housing Cost Burden	People in Poverty	Food Stamp/ SNAP Benefits	Less than HS Diploma
16801 State College	2.9%	2.8%	87.7%	21.3%	65.5%	35.8%	4.3%	3.9%
16803 State College	5.2%	3.4%	81.3%	22.7%	60.5%	26.0%	4.8%	4.6%
16823 Bellefonte	5.6%	2.3%	96.4%	28.3%	45.8%	10.7%	9.9%	9.4%
Centre County	3.3%	2.6%	90.7%	25.8%	61.3%	20.9%	6.7%	7.4%

Source: United States Census, 2011-2013

*Includes home owners with a current mortgage

Color Coding Guide
0-2% points higher than Centre County average Exception: English Speaking cells are 0- 2% points lower than Centre County average and Renters with Housing Cost Burden cells are within 2% points of the Centre County average
More than 2% points higher than Centre County average Exception: English Speaking cells are more than 2% points lower than Centre County average

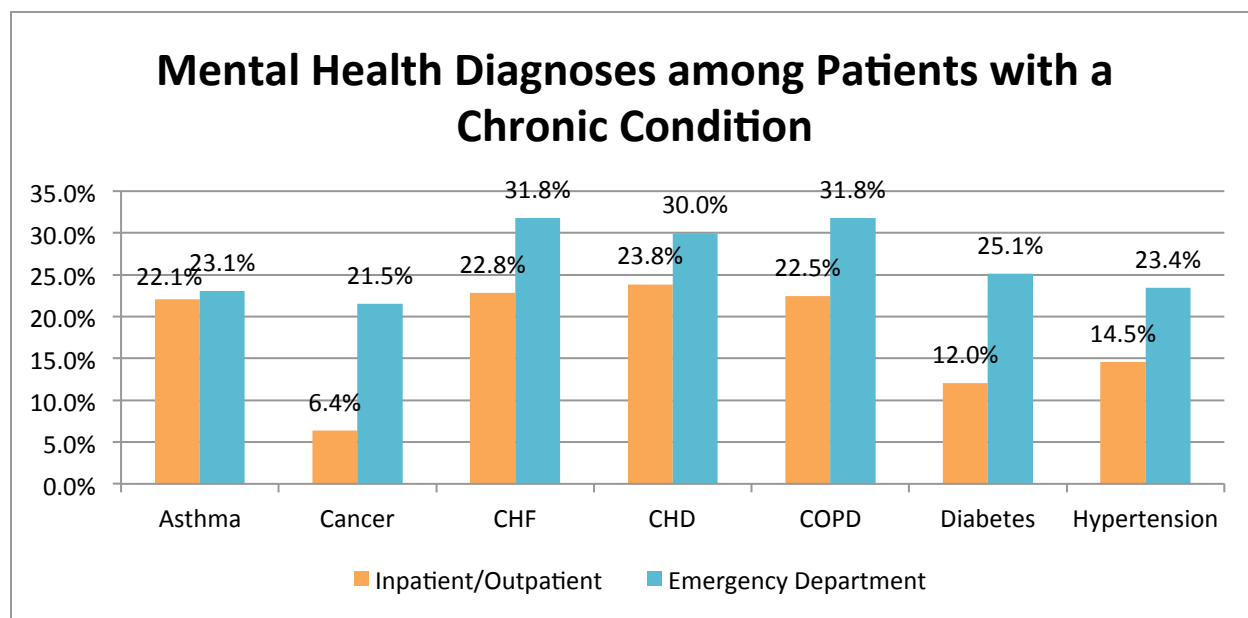
Mental Health/Substance Abuse Medical Comorbidities

Chronic conditions can be more difficult to manage if a patient concurrently has a mental health and/or substance abuse diagnosis. The following section examines the prevalence of mental health and substance abuse diagnoses among patients seen at the hospital with one or more of the most common chronic diseases. Note: chronic condition and behavioral health prevalence includes all patients with one or more of these conditions noted on their claim; the condition may not be the primary reason for the visit.

Mental Health Comorbidities

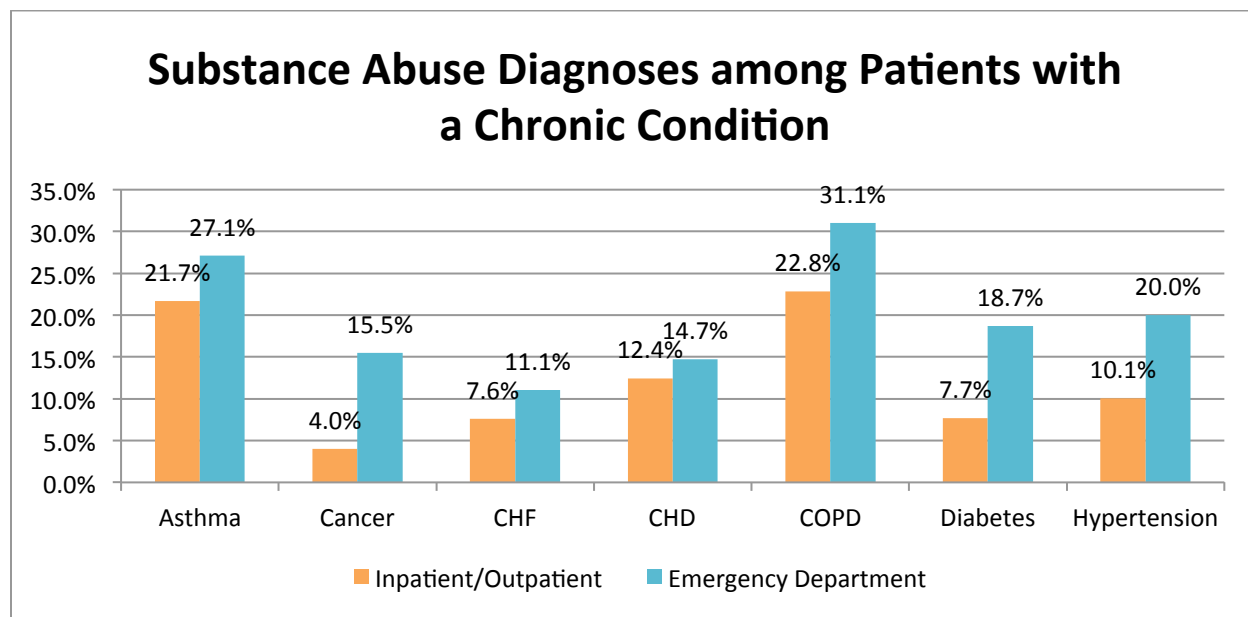
Patients seen in the emergency department for a chronic condition are more likely to have a mental health comorbidity than patients seen in the inpatient/outpatient setting with a chronic condition. In the emergency department, patients with CHF, CHD, and COPD are among the most likely to have a mental health comorbidity (approximately 30% to 32% of patients). In the inpatient/outpatient setting, patients with asthma, CHF,

CHD, and COPD are among the most likely to have a mental health comorbidity (approximately 22% to 24% of patients).



Substance Abuse Comorbidities

Patients seen in the emergency department for a chronic condition are also more likely to have a substance abuse comorbidity than patients seen in the inpatient/outpatient setting with a chronic condition. In both the emergency department and inpatient/outpatient setting, patients with asthma and COPD are among the most likely to have a substance abuse comorbidity (approximately 22% to 31% of patients).



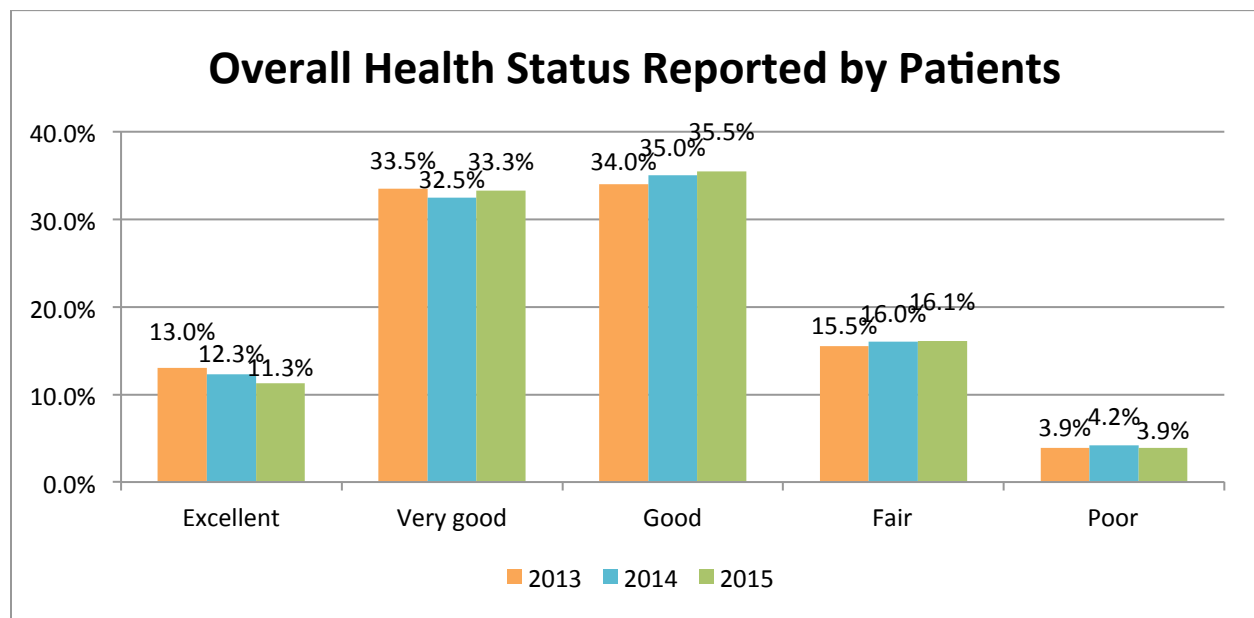
Emergency Department Utilization

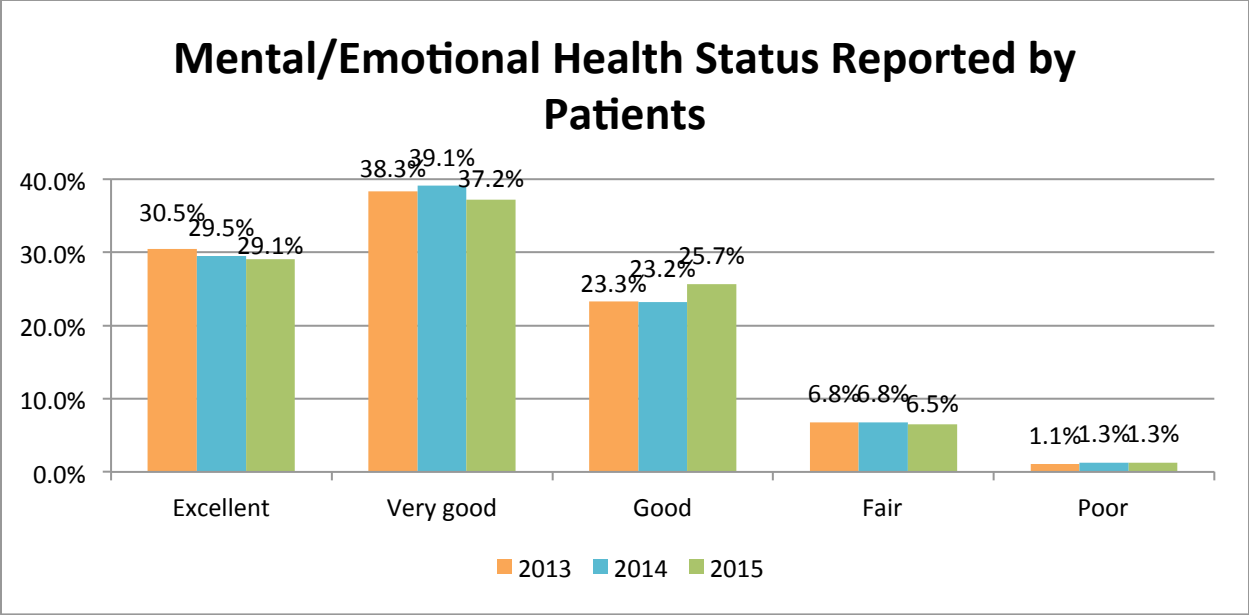
Mount Nittany Medical Center had 52,401 visits to its emergency department in 2014. The total emergency department visits represent 38,989 unique patients based on 90-day rates. Among unique patients, 78.9% visited the emergency department once and 21.1% or 8,240 patients visited at least one additional time within 90 days of their first visit. Patients who visited the emergency department more than once accounted for 21,652 or 41.3% of total visits; 67.8% of these patients visited the emergency department twice, 19% visited the emergency department three times, and 13.3% visited the emergency department four or more times within 90 days.

The most prevalent diagnoses among emergency department frequent utilizers are considered non-emergent conditions. Non-emergent conditions are conditions that should be treated in the primary care setting. The prevalence of these conditions in the emergency department suggests that patients either do not have access to a primary care provider or are not utilizing their primary care provider(s) appropriately.

Self-Reported Health Status

The percentage of patients reporting “excellent” overall health status decreased from 2013 to 2015 by 1.7%, while the percentage of patient reporting “good” or “fair” overall health status increased by 2.1%. The percentage of patients reporting “excellent” or “very good” mental/emotional health status also decreased from 2013 to 2015 by 2.5%, while the percentage of patients reporting “good” mental/emotional health status increased by 2.4%.





Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) occurs when babies experience addiction and withdrawal symptoms as a result of being exposed to drugs in the mother’s womb. Neonatal abstinence syndrome is typically caused by exposure to opiate drugs, but may also be caused by antidepressants and sleeping pills. Opiate drugs are pain relievers and include both prescribed drugs (codeine, morphine, etc.) and illegal drugs (heroin).

Neonatal abstinence syndrome can lead to a number of infant health concerns, including low birth weight, breathing and feeding issues, seizures, and birth defects. In 2014, nine infants at Mount Nittany Medical Center were diagnosed with NAS. However, the diagnosis was not made at the time of birth and therefore cannot be calculated as a percentage of the total 1,392 births that occurred in 2014. The infants may have been born at a different hospital, but diagnosed at Mount Nittany Medical Center.

Key Informant Survey

Background

A Key Informant Survey was conducted with 94 community representatives to solicit information about health needs and disparities in Centre County. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers, barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

A list of organizations represented by the key informants is included in Appendix B. Populations served by the represented organizations, as identified by the participants, included:

Populations Served by Key Informants

Population	Percent of Key Informants	Number of Key Informants
Seniors/Elderly	60.6%	43
Low income/Poor	56.3%	40
Children/Youth	47.9%	34
Families	47.9%	34
Women	43.7%	31
Uninsured/Underinsured	42.3%	30
Disabled	40.8%	29
Men	40.8%	29
Other	25.4%	18
Homeless	23.9%	17
Black/African American	15.5%	11
Hispanic/Latino	15.5%	11
American Indian/Alaska Native	14.1%	10
Asian/Pacific Islander	14.1%	10
Immigrant/Refugee	12.7%	9

More than half of key informants serve seniors/elderly and low income/poor individuals and families. “Other” populations served by key informants included all residents and mental health patients.

Survey Findings

The following tables show the rank order of health conditions and contributing factors affecting residents as indicated by Key Informants.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	22.1%	57
2	Overweight/Obesity	15.9%	41
3	Mental Health	14.3%	37
4	Heart Disease	12.4%	32
5	Substance Abuse	8.9%	23
6	Cancer	6.2%	16
7	Other	5.4%	14
8	COPD	4.3%	11
9	Hypertension	3.9%	10
10	Disability	3.5%	9
11	Alzheimer's Disease/ Dementia	2.3%	6
12	Asthma	0.8%	2

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of physical activity	16.7%	41
2	Other	12.2%	30
3	Lack of good nutrition	11.8%	29
4	Inability to afford care	10.6%	26
5	Stress	10.6%	26
6	Lack of health providers available	9.4%	23
7	Drug/Alcohol Abuse	9.0%	22
8	Lack of preventative care/screenings	5.7%	14
9	Lack of transportation to access health services	4.5%	11
10	Limited office hours for health providers	3.7%	9
11	Tobacco use	2.9%	7
12	Lack of health insurance	2.4%	6
13	Crime/Violence	0.4%	1

“Other” health conditions cited by key informants included oral health, mental health, and nutrition. Key informants referenced tooth loss and poor tooth and denture health

among seniors. They also referenced the prevalence of anxiety and depression among residents, and a lack of integrative health care to holistically treat patients.

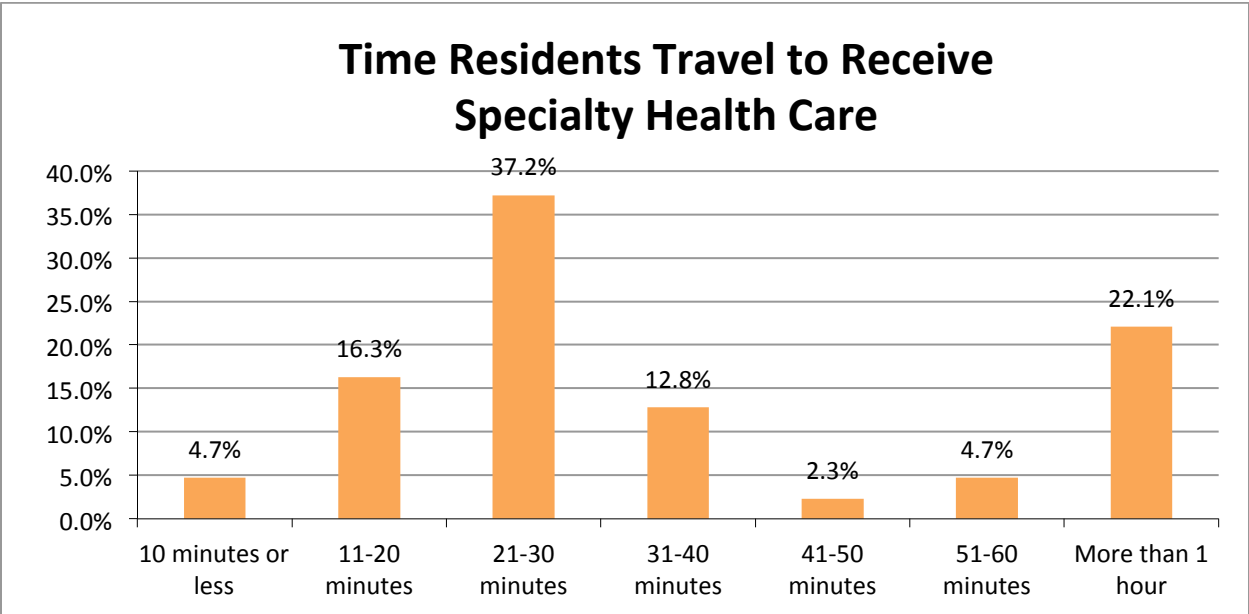
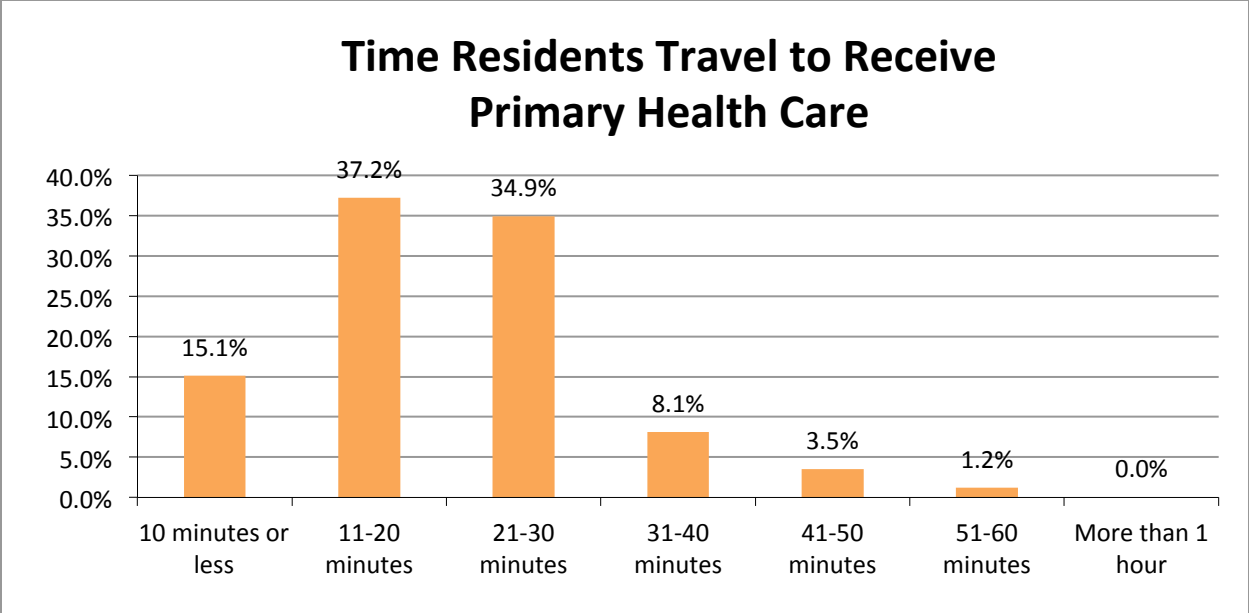
Key informants saw lack of physical activity and good nutrition as two of the most common factors contributing to the health conditions affecting residents. “Other” contributing factors identified by key informants primarily addressed behavioral health conditions in the community and included a lack of mental health services, a lack of support networks to enforce coping strategies, and a broken/complicated system for accessing services. Additional contributing factors included health literacy, genetics, lifestyle choices, a lack of knowledge regarding healthy behaviors, disease pathology, limited community services, and a lack of care coordination/shared decision making among patients and providers.

Travel time to primary and specialty care providers was assessed to gather perception on access to care within Centre County. Generally, respondents thought residents had less travel time to reach primary care providers than specialty care. Approximately 42% of key informant reported that specialty care is more than 30 minutes away from residents.

Key informants who reported that specialty care is more than 30 minutes away from residents were asked to identify the services that are not available within the community. The services identified included:

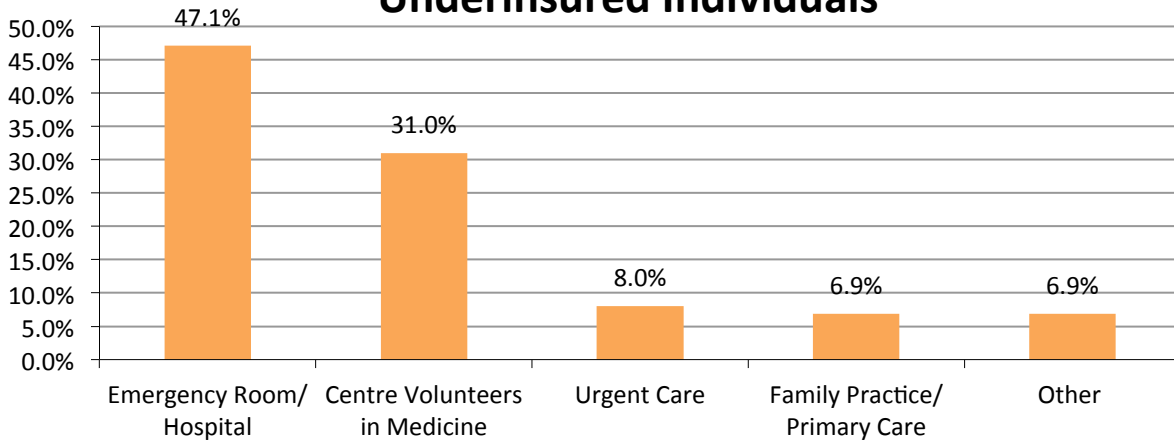
- Behavioral health (psychologists, psychiatrists)
- Cancer specialty care
- Major trauma center
- Midwifery services
- Oral surgery for uninsured/underinsured
- Pediatric specialty care
- Pulmonary care
- Surgical subspecialties (cardiothoracic, orthopedic, pediatric, etc.)

Key informants stated that even when providers are available within the area, insurance coverage limits which providers are accessible to residents. In addition, key informants stated that many specialty services are located within State College and are more difficult for residents living in rural parts of the county to access.



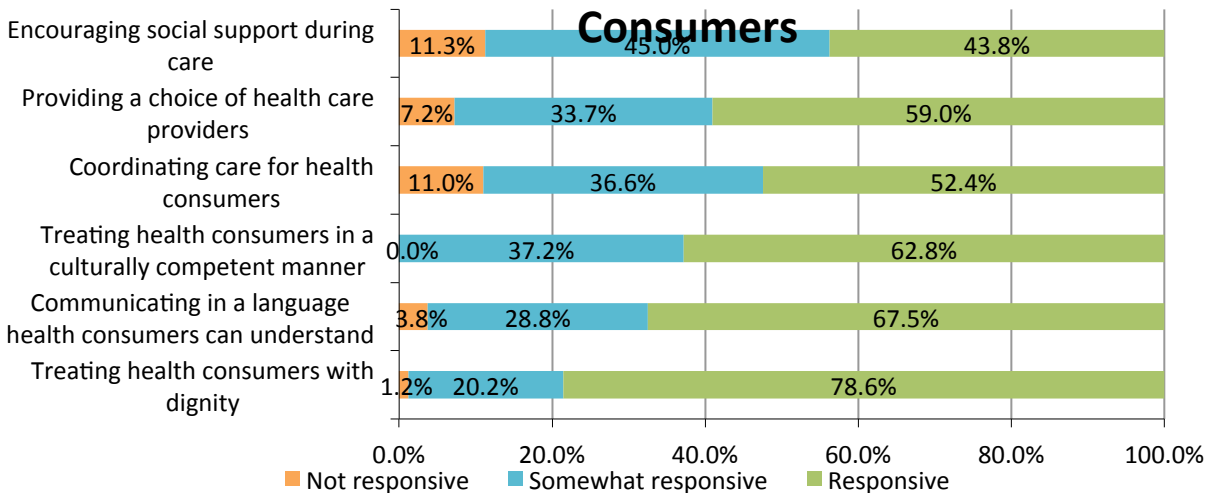
Key informants reported that the hospital emergency room is the primary point of care for uninsured and underinsured individuals (47.1%). The Centre Volunteers in Medicine facility was seen as the next most common point of care (31%). Informants who identified “other” locations were generally unsure of where uninsured/underinsured individuals seek care. One respondent identified any providers accepting Medical Assistance.

Primary Point of Care for Uninsured and Underinsured Individuals



Respondents were asked about Mount Nittany Medical Center’s responsiveness to the non-medical needs of consumers. Key informants felt Mount Nittany Medical Center is either “somewhat responsive” or “responsive” to all non-medical needs. “Treating health consumers with dignity” and “Communicating in a language health consumers can understand” were recognized as areas where Mount Nittany Medical Center was most responsive.

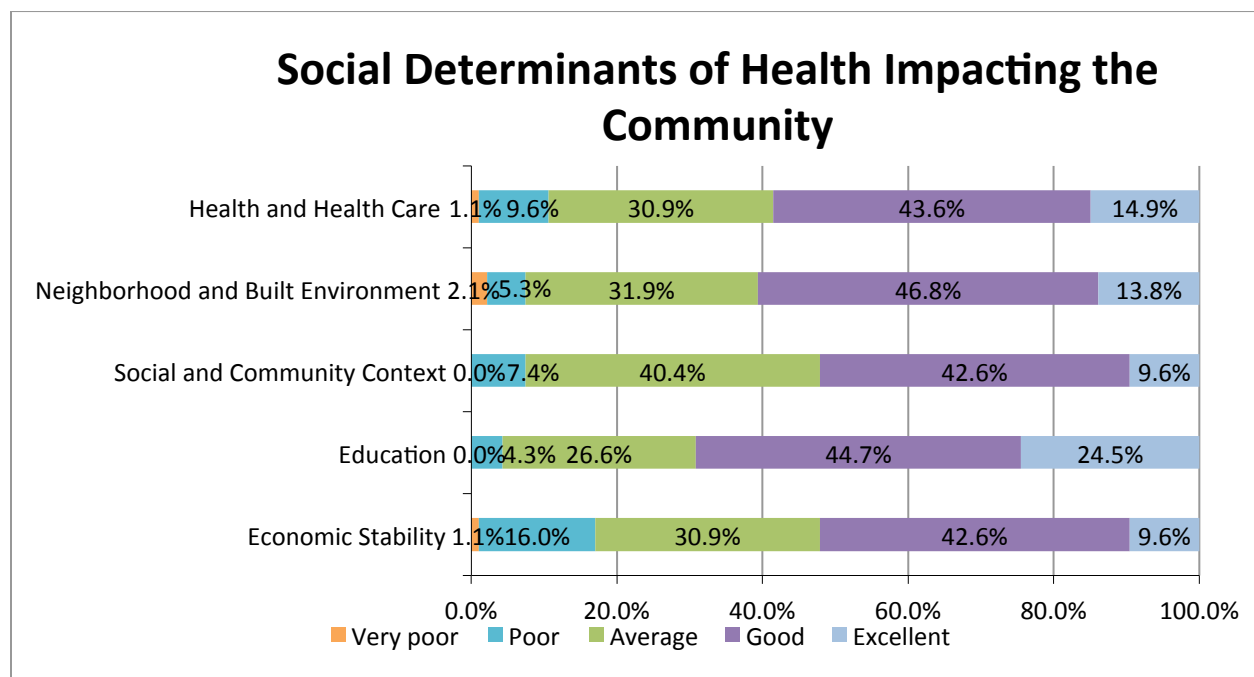
Responsiveness of Mount Nittany Medical Center in Addressing Non-Medical Needs of Consumers



Key informants were also asked to rate social determinants of health in Centre County. The majority of key informants rated the factors “average” or “good.” Education was rated the highest, while economic stability was rated the lowest.

Many key informants referenced the difference in socioeconomic opportunity between State College and outlying towns. Social determinants are perceived to be better for residents living in State College. One key informant stated, “What I believe is unique to our community is that there is a big divide as you navigate outside of State College between those factors contributing positively (those in and around State College) vs. negatively (those who live 20 miles or more outside of State College).”

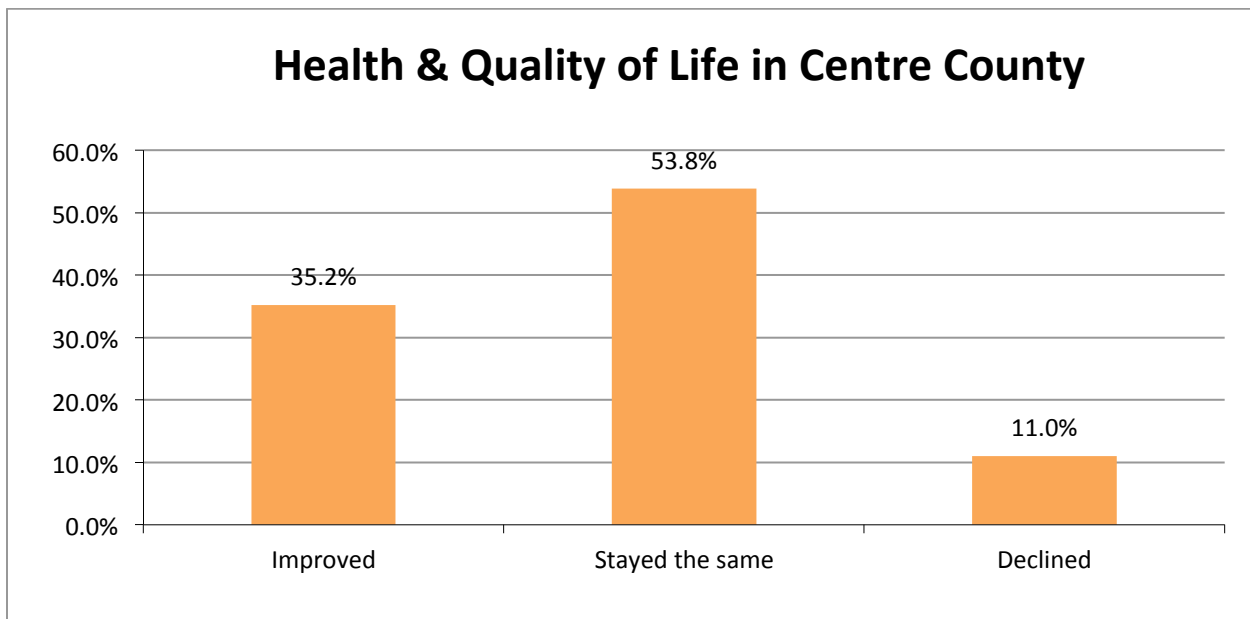
Key informants also recognized issues related to affordable housing and transportation. One informant stated that he/she lives in a rural area and while services are available, transportation and isolation are a “big problem.” Another informant identified a lack of subsidized housing.



Key informants were asked if health and quality of life in Centre County has improved, stayed the same, or declined over the past few years. More than half of informants felt health and quality of life has stayed the same. Informants stated that State College has remained a stable and “status-quo” community, largely unaffected by nationwide economic down-turn. Other informants stated that the same issues (e.g. the health status of State College versus outlying towns, access to mental health services, substance abuse, etc.) continue to affect residents.

Among informants who felt health and quality of life improved, many referenced greater access to health care services and providers and more resources to support healthy lifestyles. One informant stated, “I think access to more health care options, as well as other holistic type health care options, has had an impact. Greater overall focus nationwide on healthy lifestyles. With more access to recreational opportunities in our Township, we feel this will continue to increase.”

Among informants who felt health and quality of life declined, many referenced an increase in mental health issues and a lack of mental health prevention and treatment options. One informant stated, “We are seeing more clients with more serious issues. When a client has a serious issue, like mental health or substance abuse, there are no beds available or counselors available. Prevention services to try to address these issues at young ages before they become issues are not funded at adequate levels.” Informants also referenced increased stress and pressure to obtain living wages.



Lastly, key informants were asked to provide open-ended feedback regarding additional community health needs. The responses varied in focus and included:

- Affordable in-home and assisted living care;
- Decreased stigma related to certain conditions, services, and treatments to improve access to care;
- End-of-life planning and education;
- Mental health and substance abuse among inmates;
- Social support for immigrants/international populations

Focus Group Results

Overview of Research Methodology

Three focus groups with community residents in Centre County were held to solicit feedback to better understand health behaviors, barriers to achieving optimal health, and community health resources. Participants were recruited through publicity using local community organizations. Participants were given a \$50 gift card in exchange for their time and insight.

The discussion guides were developed in consultation with Mount Nittany Medical Center and were used to facilitate discussion on the following topics:

- > Access to Care/Chronic Conditions
- > Mental Health
- > Substance Abuse

Access to Care/Chronic Conditions Focus Group

March 15, 2016, 12-2 pm

State College Family YMCA, 677 W Whitehall Road, State College, PA 16801

Attendees: 12 community members with chronic conditions and/or serving as caregivers

Summary of Findings

Participants manage a multitude of chronic conditions, including lupus, COPD, diabetes, and multiple sclerosis. Chronic conditions have impacted their ability to maintain employment, lifestyle choices, and relationships with both coworkers and providers. Many participants indicated that they have an “invisible illness” that makes it difficult for coworkers and providers to comprehend that they are sick. One participant stated, “You’re constantly having to put on an act to hide how sick you really are.” Another participant stated, “I have difficulty finding doctors who can provide reasonable health care to help me manage what’s going on because I look fine.”

Participants shared experiences in accessing care from the primary health systems in the area (Mount Nittany Health, Penn State Hershey, and Geisinger). Experiences were unique to each participant and lacked consistency. As one participant stated, “It’s really random for me which doctor I like. It’s not that I’ll say only Hershey or only Geisinger.” Feedback specific to MNH offered areas of improvement related to better care coordination among hospitalists. Participants stated that when patients see multiple providers, there is a disconnect in both quality of care and communication to the patient

and their family members. Participants recommended social workers be assigned to patients and caregivers to serve as advocates in the medical system.

Participants shared that Centre County is a resource rich area, but residents still encounter barriers in managing their chronic conditions. Out-of-pocket expenses related to insurance coverage and copays are seen as primary barriers. Participants will not fill prescriptions and/or will skip doses if their medications are not covered by insurance or they cannot afford the copay. Participants will also opt out of procedures, particularly for dental care. Participants shared that in their experience, good providers make sure prescribed medications are covered by insurance and good pharmacists offer alternatives if medications are not covered by insurance.

Medication management and communication is another barrier to managing chronic conditions. One participant stated, "A patient might be seeing five specialists and they're all prescribing something different, but they're not talking to each other." Another participant stated that he does not take all of the medications prescribed to him because he believes in a holistic approach to care. He does not communicate his beliefs or actions to his providers.

Many of the participants and/or their clients are managing co-occurring mental health conditions. The participants stated that mental health services in the county are "severely overwhelmed." One participant stated, "Across the board for everyone, there are not a lot of providers." Participants specifically identified psychiatrists as lacking in the community, particularly psychiatrists who both counsel and prescribe.

Participants shared that most medical services are centered in State College and transportation is an issue for residents living in outlying towns. One participant stated, "To get into town for the doctors, it is a process. There are not enough outposts. There's no larger picture. All hail State College, you come to me." Another participant stated, "I'm three miles from State College, in Boalsburg. It would take me an hour and a half to get anywhere in State College. I would have to switch three buses." Participants identified the Mount Nittany Health van for cancer patients and Centre Ride as transportation options, but recognized that they have limitations in what populations and geographies they serve. Participants stated that a similar service to Centre Ride needs to be available to all residents in the county to improve access to medical care.

Mental Health Focus Group

March 14, 2016, 12-2 pm

Opportunity Centre Clubhouse, 2603 East College Avenue, State College, PA 16801

Attendees: 9 mental health consumers/providers

Summary of Findings

Mental health awareness is increasing in the community, but stigma continues to be an issue for current consumers and individuals in need of services. Participants shared that stigma stems primarily from a lack of community education. One participant was asked “How did you get it? Did you get it from somebody?” Other participants stated that mental health consumers are thought to have sinned or “asked for it.”

Participants perceive that individuals being treated for multiple conditions or complex conditions, like schizophrenia and bipolar, are more stigmatized. One participant stated, “If I was just on an antidepressant, I wouldn’t feel so bad because that’s more acceptable nowadays, but I’m on eight different medications. I’m not going to tell people all the medications and diagnoses.”

Participants shared that mental health stigma and a lack of mental health education have caused community members to fear accessing services and/or not recognize the symptoms of a condition. They recommended a public awareness media campaign to address both mental health and substance abuse.

Participants identified a number of mental health resources available within the community, including the Can Help Crisis Line and mental health facilities. The Can Help Crisis Line is seen as a compassionate, timely, and competent service. It is often the first point of contact for individuals experiencing crisis. Among mental health facilities, participants generally prefer Dubois Hospital for its comfortable atmosphere, seclusion from the main hospital, and patient structure based on acuity levels.

Participants stated that while there are a number of mental health resources available in the community, there are missing or lacking resources, particularly psychiatrists and inpatient psychiatric beds. Participants agreed that psychiatrists do not stay in the community for very long (an average of two years) and that there is a lack of psychiatrists specializing in children/adolescents. One participant stated, “The wait list is so long. If I hadn’t begged the psychiatrist to see my son, he’d still be waiting.”

Inpatient psychiatric beds are limited for both adults and children, patients may travel as far as Pittsburgh or Philadelphia for an available bed. Participants stated that due to capacity issues, they do not have a choice in where they receive inpatient services. One

participant stated, “You take whatever you can get and it could be in Erie, Dubois, or Pittsburgh.”

Participants primarily referenced health insurance when asked what has made it easy or hard for them to get the mental health services they need. They stated that ACCESS insurance is the only way to access most of the services in the county. One participant stated, “If you don’t have an ACCESS card, you don’t have nothing. Even with private insurance, the better psychiatrists and counselors don’t take it anymore.”

ACCESS is considered the best insurance option for accessing mental health services by participants, but there is stigma regarding the program. One respondent shared that her friends utilize the program, but would not talk to her for fear of stigma. Other participants shared that they were shamed by providers for having an ACCESS card. One participant stated, “As long as I was on state employee insurance, that was fine and they (providers) were nice to me. As soon as it turned to Access, they were rude.”

Participants also shared their struggles in navigating the mental health care system. One participant shared that the system is convoluted, requiring information sharing among multiple people and agencies and approval from multiple levels within the system. Other respondents shared that they have to go through Centre County mental health offices for all of their services, which requires multiple referrals between agencies.

Substance Abuse Focus Group

March 14, 2016, 5-7 pm

Nittany Mall Community Room, 2901 East College Avenue, State College, PA 16801

Attendees: 8 substance abuse consumers/family members

Summary of Findings

Substance abuse is an important issue in the community, affecting residents of all ages. The most commonly abused substances according to participants are alcohol, synthetic marijuana (K2), prescription pills, and heroin. Participants stated that K2 is most common among youth and prisoners due to difficulty in detecting it. In contrast, prescription drug abuse affects residents of all ages as a result of two overarching issues, the overprescribing of pain medication and abuse of the medical system. Prescription drug abuse can ultimately lead to heroin use. One participant stated, “I don’t know anybody who’s using heroin, who didn’t start with prescription pills.”

Participants stated that alcohol abuse is talked about in a limited capacity, but drug abuse is “swept under the rug” due to stigma. Conversations related to alcohol abuse are limited to university students and high profile events like State Patty’s Day; it is not talked about as a community-wide issue. Participants shared that conversations are undermined by a culture of alcohol acceptance.

Participant identified a number of substance abuse resources in the community, but stressed the role that Alcoholics Anonymous (AA) plays in individual recovery. Nearly all participants attend local AA meetings. One participant stated it is the only service that addresses the physical, mental, emotional, and spiritual components of recovery. State College has three or more free AA meetings per day; rural parts of the county have approximately one meeting per day. Local AA leadership is working to establish the need for bilingual services and create a pool of translators to attend meetings.

Despite sharing a number of available resources within the community, participants stated that there are missing or lacking resources, primarily psychiatrists, counselors specializing in drug and alcohol abuse, detox/rehabilitation inpatient clinics, and supportive/transitional housing. According to participants, the typical wait time for counselors in Centre County is four to six weeks and “psychiatrists are even harder.” Inpatient clinics and supportive/transitional housing are not available in Centre County and inpatient clinics in surrounding areas are overwhelmed with patients.

Participants identified cost/insurance, lack of information among providers, and lack of provider training as barriers to accessing services. Cost and insurance are considered the primary determinants for accessing timely and adequate services. Participants shared experiences of either receiving immediate care or being rejected from more than 10 locations based on their insurance. In regard to provider information and training, participants stated that providers are generally unaware of resources within the community and lack awareness of the full implications of treating individuals with substance abuse. Participants shared that providers need to be aware that even non-addictive medications and procedures, like having blood drawn, can lead to relapse.

Participants provided two recommendations to improve the delivery of substance abuse services in the community. One of the recommendations is to open the Centre County Drug and Alcohol Council to individuals recovering from substance abuse, in order to bridge the gap between providers and consumers. One participant shared that the council is missing the mark by not including the addict perspective in their process. The participant stated, “Contrastingly, almost every treatment facility/rehab facility is run by recovering people and you don’t have that disconnect.”

Partner Forum Results

Background

As part of the 2016 CHNA, Mount Nittany Health invited local health and human service providers and other community-based organizations to participate in a partner forum to review research results from the CHNA and provide feedback on community health priorities. A list of participants (42) and their organizations is included in Appendix C.

Following an overview of the CHNA research, the audience was asked to consider the following criteria to determine community health priorities:

- > Severity of the issue: Disease rates in comparison to state/national benchmarks
- > Scope of the issue: Disease prevalence and number of individuals impacted
- > Health disparities among racial and ethnic minorities
- > Cost of the issue to the community (e.g. dollars, time, social costs)
- > Ability to impact the issue based on existing programs, resources, and expertise
- > Community perception of the issue's importance
- > Readiness of the community to recognize and address the issue

The partner forum attendees identified the following areas as health needs in the community and small group discussion ensued to better understand gaps in services, disparities, and community assets to address the issues.

- > Access to Care
- > Chronic Disease
- > Behavioral Health
- > Oral Health
- > Substance Abuse

An overview of the participants' discussion and the identified community assets, grouped by priority area, follows.

Summary of Findings

Barriers to Accessing Existing Services

Partners identified the following barriers to accessing health services in the community:

- > Cultural barriers/family values and norms that inhibit preventative measures
- > Inability to afford post-hospital discharge care for disease management
- > Lack of care coordination between providers. Care coordination needs to be improved for all patients, but particularly patients with higher readmission rates due to CHF and COPD and behavioral health patients. Partners shared the need to “bridge the gap” between primary care and behavioral health providers.
- > Lack of community resource education among hospitalists and residents. Hospitalists lack awareness of available resources within the community to provide referrals. Partners shared that resource education among hospitalists needs to be on-going to address high turnover rates among providers. In regard to community residents, one participant stated, “Most of the services discussed, you only know about them if and when you need them.”
- > Lack of free/reduced cost oral health services (limited providers and funding) and dental providers accepting Medical Assistance
- > Lack of mental health inpatient beds for adults and children. The need for mental health care treatment is increasing, but inpatient beds are limited. The Meadows is the only facility with inpatient beds for children (ages 8 to 17).
- > Lack of mental health/substance abuse services: counseling/psychiatry services; detox/rehabilitation facilities; transitional housing; suboxone clinics
- > Lack of transportation between medical facilities and from rural communities to State College. Partners shared that insurance coverage for transportation between facilities is primarily limited to critical care and tertiary care. There is a need for additional transportation services, particularly for mental health facilities. One partner stated that her organization budgeted \$5,000 for the transportation of 201 patients (voluntary mental health admits) last year and spent \$27,000. In addition, partners shared that older adults travel to the Emergency Department from as far away as Clearfield and then have no way to return home. They lack private transportation and the funds for taxi services.
- > Stigma around receiving mental health and substance abuse services

Underserved or Most At-Risk Populations

The partners agreed that populations within the community are at higher risk for not accessing services or receiving necessary interventions. These populations include:

- > Amish populations
- > Children of first time parents (oral health education)
- > Children/Teenagers in need of mental health services
- > Homeless populations
- > Immigrant populations
- > Medicare insured individuals without dental coverage
- > Older adults, particularly older adults without transportation
- > Poor/Low-income residents
- > Residents with co-occurring disorders (mental and physical)
- > Rural (10 minutes outside of State College) Centre County residents
- > Uninsured/Underinsured residents

Needed Resources to Eliminate Health Disparities

Partners identified a number of resources needed in the community to eliminate disparities among certain communities and populations:

- > Additional transportation services, similar to the Mount Nittany Health van provided for cancer patients
- > An annual meeting among hospitalists and community services to address the process for care transition
- > Bariatric Transport Services. Bellefonte is the only EMS unit in Centre County designated for bariatric transport. Many of the patients utilizing this service have Medical Assistance, which offers limited reimbursement. There is a need for additional funding and manpower to make this service more widely available throughout the county.
- > Case management for homeless individuals, particularly individuals with long-term mental disabilities, and individuals with co-occurring conditions
- > Community health/resource education and literacy (nutrition, exercise, preventative services, oral health), particularly in rural areas of the county
- > Grant funding for ambulance medical transportation or the expansion of CATA services in rural communities
- > Onsite Emergency Department screening and small procedures dental unit

- > Partial hospitalization programs for mental health care
- > Recruitment/Retention plan to attract and retain mental health providers
- > Social support groups in publicly funded housing units for older adults/seniors

Community Assets/Potential Partners by Priority Health Need

Access to Care:

- > Case Management Department at Mount Nittany Medical Center
- > Centre County Mental Health/Intellectual Disabilities/Early Intervention & Drug and Alcohol
- > Foxdale Village
- > Hospice Providers

Chronic Conditions:

- > CATA
- > Centre Moves
- > Centre Volunteers in Medicine
- > Food Pantries
- > Geisinger Health System
- > Meals on Wheels
- > Mount Nittany Medical Center
- > Parks and Recreation Commission
- > Penn State University
- > Senior Centers
- > Uber
- > YMCA (Bellefonte, Philipsburg, Penns Valley, State College)

Mental Health:

- > American Foundation for Suicide Prevention
- > Centre County Can Help Crisis Line
- > Centre County Office of Transportation
- > Children's Advocacy Center
- > Community Help Center
- > Community Safety Net
- > Counseling & Psychological Services for Penn State Students
- > Counseling Services
- > County Case Management Services
- > Family/Emergency Room Physicians
- > Hearts for the Homeless
- > Hearts Program – State College Area School District (only K-5)
- > Media

- > Nurse Practitioners/Physician Assistants
- > Out of the Cold for Homeless
- > Outpatient Services
- > Penn State Psychological Clinic
- > Psychiatrists
- > Strawberry Fields

Oral Health:

- > Centre Volunteers in Medicine
- > Dental Providers
- > Dental Task Force
- > Give Kids a Smile
- > Home Health Agencies
- > Mid-State Literacy Council
- > Mount Nittany Medical Center Emergency Department
- > Low-Income Housing Providers
- > Parent Groups (Boy/Girl Scouts and PTA)
- > Pediatric Dental Clinic
- > Pennsylvania Department of Public Health
- > School-Based Programs (Bald Eagle Area and State High Schools)
- > State College Water Authority

Substance Abuse:

- > Al-Anon Family Groups
- > Alcoholics Anonymous
- > Centre County Human Services Block Grant Plan
- > Centre County Mental Health/Intellectual Disabilities/Early Intervention & Drug and Alcohol
- > Centre County Youth Service Bureau
- > Clear Concepts Counseling
- > Communities That Care Coalition of Centre County
- > Crossroads Counseling, Inc.
- > Mount Nittany Medical Center
- > Penn State University
- > Private Providers
- > St. Joseph Institute for Addiction
- > Student Assistance Programs
- > Quest Services
- > Youth-Aid Panel
- > Youthful Offenders Program

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

Background

In 2013, Mount Nittany Medical Center completed a community health needs assessment and developed a supporting 3-year implementation plan to identify, plan, and initiate meaningful tactics to support our mission of making people healthier. Health priorities included access to healthcare, healthy aging, mental health, obesity/diabetes, oral health, and substance abuse. Although the areas of priority are not unique to Centre County, the strategies and tactics used to promote positive change are unique to the resources, people, community groups, and culture of Centre County. In some priority areas, such as diabetes/obesity, Mount Nittany Medical Center took the lead to develop a network of people and organizations with a common goal, and in other areas, such as oral health, Mount Nittany Medical Center supported the work of those individuals and organizations that are better established to identify and work toward positive efforts.

2013 CHNA Implementation Plan & Evaluation of Impact

In order to address the identified priority health needs, Mount Nittany Medical Center staff developed the following strategies and actions as a guide to achieve our goals.

Access (Provider Availability)

Because the national benchmark ratio of primary care physicians to patients is 631 patients to 1 provider, and the ratio in Centre County is 1,286 providers to 1 patient; and because Mount Nittany Medical Center recognizes the need to increase access points to primary care providers for patients within our service area to meet the high demand for preventive services, we will:

1. Expand the number of primary care facilities in the region to meet the increasing demand for family medicine in an area lacking primary care providers.
2. Provide free screenings to the community.
3. Implement Mount Nittany Health patient portal to enhance patient engagement and access.
4. Expand primary care hours of operation in Mount Nittany Physician Group.
5. Implement Family Medicine Residency at Mount Nittany Medical Center.
6. Collaborate with Penn State University regional campus leadership to expand the number of medical student rotations at Mount Nittany Medical Center.

Evaluation of Impact:

- Created visiting specialty clinics within primary care offices in Mifflin County and Penns Valley to expand health care access.
- Launched the Penn State Health Family & Community Residency at Mount Nittany Health and expanded the number of State College-based medical students from six in 2013 to 48 in 2015.
- Provided a range of free community health screenings, such as blood pressure, blood sugar, and hearing via Hunters' Health, Emergency Responders Wellness Day, World Diabetes Day, Super Fair, and Boalsburg Farmer's Market.
- Ten primary care providers were added to the region and primary care access was expanded by offering Saturday office hours at select locations.

Access (Transportation)

Because securing affordable, reliable and convenient transportation to health care providers can be challenging, Mount Nittany Medical Center supports alternative methods of transportation for individuals seeking health care who lack access to public and private transportation and will:

1. Fund and support the American Cancer Society vehicle.
2. Provide taxi vouchers offered to patients when one is unable to obtain transportation home upon a hospital visit to continue a healthy recovery.
3. Provide access for cancer patients to doctor appointments and treatments with Mount Nittany Health's van for cancer patients.
4. Expand local outlets for care, including surgical, critical care and cancer services to reduce the burden of traveling out of town for care.
5. Explore the development of multidisciplinary care clinics to reduce the need for multiple visits and travel.

Evaluation of Impact:

- Offered taxi vouchers to patients when they were unable to obtain transportation home from the hospital.
- Provided financial support to the 2-1-1 information and referral system.
- Provided funding for the American Cancer Society vehicle which is available at no charge to patients and families to assist with transportation needs for cancer patients.
- Provided the Mount Nittany Health van for cancer patients to provide access to physician appointments and treatments.

Healthy Aging

Because Centre County agency officials expressed strong interest in enhancing health education efforts to seniors, and because chronic diseases are the most costly illnesses

to treat over time and directly contribute to a decline in functionality and the inability for seniors to live independently, we will:

1. Offer free testing, vaccinations, and rewards for staying active.
2. Provide current health information in the media to inform seniors and their families on how to maintain a healthy and safe environment at home.
3. Expand the Transitions of Care nurse program to ensure optimal care for the patient when moving from inpatient to post-acute and ambulatory settings.

Evaluation of Impact:

- Conducted eight Emergency Medical Services stroke education programs.
- Offered free community health talks and/or screenings related to healthy aging. Topics included aging and hearing, orthopedics health and home safety/fall prevention, stroke risk and assessment, and stories of hearing loss.
- Offered free evidence-based Chronic Disease Management Program.
- Printed and mailed a quarterly magazine with health and wellness information to every resident in Centre and Mifflin Counties and distributed healthy aging materials at Mifflin-Juniata 30th Annual Seniors Games and Huntingdon County's senior health fair.
- Provided education to the public by publishing articles and appearing on radio and television programs, addressing hearing loss, stroke survival and awareness, healthy bones, and incontinence.
- Sponsored the Healthy Aging Lecture Series in collaboration with the Penn State Center for Healthy Aging, the Osher Lifelong Learning Institute at Penn State, Foxdale Village, and the Village at Penn State.
- Sponsored WPSU's airing of "Caring for Mom and Dad," a documentary about caregiving, followed by Conversations Live with local experts taking viewer questions about emotional, health, and financial challenges.

Mental Health

Because an estimated 20 percent of American adults live with a mental illness, Mount Nittany Medical Center will:

1. Provide expert knowledge and education on mental health topics in the local media that will be available to the community.
2. Provide an internal focus on staff education and awareness on mental health issues to reduce the stigma.
3. Support suicide prevention through sponsorship and service.

Evaluation of Impact:

- Coordinated International Survivors of Suicide Day events for the public.
- Member of the Crisis Information Team to coordinate strategies, policies, and best practices to assist in transfers of people with mental illness from police custody to other entities.
- Member of the Mental Health Committee; activities include First Friday/Stop Watch Art Installation project, Candlelight Vigil, and Mental Health Matters Stomper “Voice” Art Installation.
- Provided a free screening of “Call Me Crazy” in support of Mental Health Awareness Week, including a panel discussion with mental health experts.
- Supported education and training to Centre County Health and Human Services organization on the resources, services, and best practices for individuals and families who live with mental illness.
- Provided space and promotional assistance for American Foundation for Suicide Prevention support group.
- Published articles addressing mental health awareness, reaching 18,000+ Centre County residents and 15,000+ Penn State students.
- Sponsored the annual “Out of the Darkness” suicide prevention walk.

Obesity/Diabetes

Because the rate of Centre County children in kindergarten through grades 12 who are obese is nearly double the national benchmark, and because Centre County adults’ obesity rates exceed the national benchmark, Mount Nittany Medical Center will:

1. Encourage healthy lifestyles in pediatrics and school aged children.
2. Expand prevention and education programs to encourage healthy lifestyles for adults.

Evaluation of Impact:

- Created a community-based obesity/diabetes collaboration work group.
- Cross-promoted One on One’s Nutrition Habit Challenge and the Pennsylvania State Association for Health, Physical Education, Recreation and Dance (PSAHPERD).
- Hosted Family Health Fest, a onetime event providing free health screenings and education.
- Participated in the first Centre County Council of Human Services Super Fair, providing health and wellness activities.
- Promoted National Diabetes Month through social media messaging, the Blue Light monument challenge, and co-coordinating annual proclamations of World Diabetes Day by the Centre County Commissioners.

- Provided a series of free diabetes education programs and support groups. Programs included “Life with Diabetes,” “Healthy Weight for Life,” and “Dining with Diabetes.” Support groups were coordinated by a Certified Diabetes Educator with focus on seniors, the general public, and weight loss.
- Provided diabetes and nutrition education to the public by publishing articles and appearing on radio and television programs.
- Provided free EKG, A1c, and total cholesterol testing for emergency responders.
- Provided health education through the annual Healthy Homeruns program in collaboration with State College Spikes.
- Provided monthly health and wellness content via Mount Nittany Physician Group pediatrics e-newsletter.
- Sponsored Sign-up Sunday, an annual event enabling community members to sign up for different programs and leagues, and provided health and wellness activities for children.
- Sponsored the “Eat Well, Play Well” exhibit at Discovery Space.

Oral Health

Because Centre County is a federally designated Health Professional Shortage Area for dental providers, and because patients are waiting approximately six months to see a provider, Mount Nittany Medical Center will:

1. Ensure Mount Nittany Medical Center’s diabetes educator provides free screenings for diabetes patients at Centre Volunteers in Medicine, including foot and dental checks, in addition to providing education and supplies during Diabetes Month.
2. Participate in the ongoing Brown Bag Lunch Series to gain insights and decide on appropriate plans for execution.
3. Provide free dental supplies to the public at nutrition education programs.

Evaluation of Impact:

- Co-sponsored Diabetes Day with Centre Volunteers in Medicine, providing free foot/blood sugar checks, dental screenings, and education and supplies.
- Participated in six Brown Bag Lunch Series.
- Established the Dental Task Force, a community-based collaboration focused on prevention and education programs.

Substance Abuse

Because drug and alcohol use among high school students continues to rise and substance abuse is a problem among adults in the region, Mount Nittany Medical Center will:

1. Educate students in local area school districts on the consequences of substance abuse.
2. Educate Penn State University students through articles in The Daily Collegian and social media outlets.

Evaluation of Impact:

- Provided alcohol and drug abuse education to the public by publishing articles and appearing on television programs.
- Sponsored alcohol-free prom activities for high school students.

2016 CHNA Implementation Plan

Mount Nittany Medical Center will develop a 2016 Implementation Plan to guide community benefit and population health improvement activities across Centre County during the next three year cycle (2016-2019). The plan will build upon the 2013 Implementation Plan, while recognizing new health needs and a changing health care delivery environment, to address the county's most pressing community health needs. The Implementation Plan will address the 2016 CHNA identified health needs: Chronic Disease, Behavioral Health, and Substance Abuse.

The CHNA Final Report was reviewed and adopted by the Mount Nittany Medical Center Board of Trustees on June 20, 2016. The Implementation Plan will be adopted by the Board of Trustees in September 2016. The Final Report is available on the medical center's website, mountnittany.org/HealthNeeds. The Implementation Plan will be available on the website following adoption by the Board.

Appendix A: Secondary Data References

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Appendix B: Key Informants

A key informant survey was conducted with 94 community representatives. The organizations represented by key informants, and their respective role/title, included:

Key Informant Organization	Key Informant Title/Role
Aetna Better Health	Community Development Coordinator
Alpha Fire Company	Fire Director/Chief of Department
Bob Perks Cancer Assistance Fund	Founder
Burnside Township	Secretary/Treasurer
Catholic Charities, Inc. of the Diocese of Altoona-Johnstown	Executive Director
Center for Healthy Aging (PSU)	Research and Outreach
Centre Volunteers in Medicine	Executive Director
Centre Volunteers in Medicine	Volunteer dentist
Centre County Drug and Alcohol	Program Administrator
Centre County Mental Health	Assistant Administrator for Mental Health Services
Centre County Office of Adult Services	Director
Centre County Office of Aging	Administrative Officer
Centre County Office of Aging	Care Management/Assessor
Centre County United Way	Executive Director
Centre County Youth Service Bureau	Director of Prevention Services
Centre County Youth Service Bureau	Division Director
Centre Crest	Admissions Director
Centre Hall Library	Branch Manager
Children's Advocacy Center of Centre County	Executive Director
Community Help Center	Executive Director
Counseling and Psychological Services--- Penn State	Senior Director
Crisis Intervention Team (CIT)	CIT Coordinator
Epworth Healthcare & Rehabilitation Center	Executive Director
FaithCentre	Exec. Director
Geisinger Health System	Operations Manager
Gregg Township	Secretary/Treasurer
Halfmoon Township	Manager
Howard Volunteer Fire Co.	President
Individual	Volunteer
Mid-State Literacy Council, Inc.	Executive Director
Mount Nittany Health	Physician
Mount Nittany Health	Director, Human Resources
Mount Nittany Health	Emergency Department Medical Director
Mount Nittany Health	Vice President for Quality
Mount Nittany Health	Project Management Office Coordinator
Mount Nittany Health	RN
Mount Nittany Health	Communications Manager
Mount Nittany Health	Outreach Coordinator
Mount Nittany Health	Director of Physician Recruitment

Key Informant Organization	Key Informant Title/Role
Mount Nittany Health	Supervisor
Mount Nittany Health	Director Service Excellence
Mount Nittany Health	Administrative Director
Mount Nittany Health	Corporate Compliance Officer
Mount Nittany Health	Director, Marketing & Communications
Mount Nittany Health System	Director, System Decision Support
Mount Nittany Health System	R.N.
Mount Nittany Medical Center	Executive Team
Mount Nittany Medical Center	Physician
Mount Nittany Medical Center	Supervisor
Mount Nittany Medical Center	Director
Mount Nittany Medical Center	Physician
Mount Nittany Medical Center	RN
Mount Nittany Medical Center	Physician
Mount Nittany Medical Center	Manager
Mount Nittany Medical Center	Manager
Mount Nittany Medical Center	Director of Risk Management and Privacy Officer
Mount Nittany Medical Center	RN Administrative Director
Mount Nittany Medical Center	Director
Mount Nittany Medical Center	Director of Education
Mount Nittany Medical Center	Director, Infection Prevention & Control and IV Team
Mount Nittany Medical Center	Quality Assessment Nurse
Mount Nittany Medical Center	Certified Orthodontist
Mount Nittany Medical Center	Radiology Supervisor
Mount Nittany Medical Center	Director of Quality
Mount Nittany Medical Center	Clinical Coordinator
Mount Nittany Medical Center	Medical Librarian
Mount Nittany Medical Center	BSN,RN clinical supervisor
Mount Nittany Medical Center	Medical Director
Mount Nittany Medical Center	RN, Director
Mount Nittany Medical Center	Patient Navigation
Mount Nittany Medical Center	Practice Advancement Specialist
Mount Nittany Medical Group	Physician
Mount Nittany Physician Group	Provider
Mount Nittany Physician Group	Physician
Mount Nittany Physician Group	Practice Manager
Mount Nittany Physician Group	Practice Manager
Mount Nittany Physician Group	Chief Operating Officer
Mount Nittany Physician Group	Director of Operations, Primary Care
Mount Nittany Surgical Center	RN
Mount Nittany Surgical Center	Interim Director
Office of Aging	Care Manager
Patton Township	Township Manager
Patton Township	Supervisor
Penn State Hershey	physician
Penns Valley Senior Center	Senior Center Manager

Key Informant Organization	Key Informant Title/Role
Pennsylvania State University	Physician
Shaner Operating Corporation	Corporate Benefits Manager
Skills of Central PA	CEO
Snow Shoe Borough	Secretary/Treasurer
State College Food Bank	Executive Director
UCBH/Centre County Can Help	Mobile Crisis Coordinator
YMCA of Centre County	CEO
YMCA of Centre County Moshannon Valley Branch	Branch Director

Appendix C: Partner Forum Attendees

A partner forum was conducted with 42 community representatives. The representatives, and their organization, included:

Community Representative	Organization
Kylee Ammerman	Mount Nittany Health (Surgery Center)
Meg Clouser	Foxdale Village
Deanna Caldwood	Foxdale Village
Natalie Corman	Centre County Government - Deputy Administrator
Angelique Cygan	Mount Nittany Health (Cancer Program)
Brenda Dahlberg	Juniper Village at Brookline
Dr. Frank Dankanich	Dental Task Force of Centre County
Susan Denninger	
Natalie Depto-Vesey	Home Nursing Agency
Nathan Elliott	Mount Nittany Health (Decision Support)
Naomi Engelken	Centre County YMCA
Aileen Galley	Mount Nittany Health (Cancer Program)
Rich Gadsby	Strawberry Fields
Misty Garvin	Food Bank
Tammy Gentzel	Centre County United Way
Jacqueline Hahn	Mount Nittany Health
Matt Hardy	Mount Nittany Health (Foundation)
Michelle Henry	Centre County Office of Mental Health
Anissa Ilie	Juniper Village at Brookline
Deanna Johnston	Mount Nittany Health
Maureen Karstetter	Mount Nittany Health
Rich Kelley	Mount Nittany Health (EMS)
Katie Kensinger	Home Nursing Agency
Tina Kephart	Mount Nittany Health (3South)
Misty Knapp	Mount Nittany Health (ER)
Molly Kunkel	Centre Foundation
Danielle Lidgett	Mount Nittany Health (ER)
Jeannine Lozier	Mount Nittany Health
Denise McCann	Communities that Care - Centre County
Tom McDermott	Centre County Government - MHID
Nichole Monica	Mount Nittany Health
Nancy Mutch	Mount Nittany Health (ER)
Carol Pioli	State College Area Food Bank
Shannon Quick	CAN HELP Director (Meadows)
Melanie Rosella	Mount Nittany Health (ER)
Faith Ryan	Aetna Better Health
Kirk Saylor	Mount Nittany Health (Information Services)
Bonnie Tatterson	Community Help Center
Kristina Taylor Porter	Mount Nittany Health (CAC)
Wayne Thompson	Mount Nittany Health
Cheryl White	Centre Volunteers in Medicine
Amy Wilson	Mid State Literacy Counsel