



2021-2023 Community Health Needs Assessment



Message to the Community

Excelsa Health is proud to present their 2021 - 2023 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographics and other qualitative and quantitative data from Westmoreland County. The report was developed with research collaboration from the Center for Applied Research (CFAR) at the University of Pittsburgh at Greensburg. This report provides findings at multiple levels of analyses. The data review and analysis determined the top priority needs and issues facing the community-at-large. This process ensured consistent data collection for Excelsa Health following the current IRS 990 guidelines, a federal requirement for non-profit health organizations and hospitals. However, the primary purpose of this assessment was to identify the health needs and issues of Westmoreland County. In addition, the CHNA provides useful information for public health and health care providers, policy makers, business leaders, community groups, social services agencies, educational and religious institutions, and Westmoreland County residents who are interested in learning more about improving the health status of the community and region.

Improving the health and well-being of the community and region is a top priority of Excelsa Health and other stakeholders. Providing education on health care, improving patient care and implementing program improvements are ways in which Excelsa Health is working toward providing community resources in efforts to strengthen community health.

The complete 2021 – 2023 CHNA, including all data collection, methodology and proposed implementation plan will be reviewed and approved by the Excelsa Health Board of Trustees in October 2022.

Executive Summary

This report provides findings of the Community Health Needs Assessment at multiple levels of analyses. Data was collected and analyzed from primary data sources such as: structured interviews with stakeholders, focus groups with demographically representative community members, and a survey given to Excelsa Health employees and community residents. Secondary data sources were collected and analyzed using data sources from the PA Department of Health, Center for Disease Control and Prevention (CDC), and US Census Bureau for the analyses of demographic, economic, health, and social variables relevant to the CHNA in Westmoreland County conducted by CFAR. The CHNA process then included a data review with the CHNA Steering Committee followed by developing a detailed implementation plan. This plan was then crafted to allow for the implementation of best practices toward issues most concerning Excelsa Health in their service of Westmoreland County.

This CHNA allows Excelsa Health to meet the requirements of the IRS 990, a federal requirement for non-profit health organizations and hospitals. However, the main purpose of the CHNA is to identify the health strengths and weaknesses of Westmoreland County to

determine opportunities and threats, which may impact developing and enacting an implementation plan. The CHNA also provides business leaders, community groups, public health and health care providers, educational and religious institutions, policy makers and social service agencies, and Westmoreland County residents with detailed information to allow for improving community health. Developing an implementation plan will further permit these stakeholders to work toward health care outcomes based on strategic decision making.

For Excela Health and other stakeholders in Westmoreland County, improving the health of the community remains an important priority. Providing education on health care, improving patient care, and implementing program improvements are ways in which Excela Health is working toward providing community resources in efforts to strengthen community health.

Background

In December of 2014, the IRS issued final regulations providing guidance regarding the requirements for charitable hospitals added by the Patient Protection and Affordable Care Act of 2010. The requirements include the completion and implementation of a Community Health Needs Assessment (CHNA). The initial CHNA for Excela Health was approved by the Board in May 2013 and focused on the Community Health concern of Obesity which has been linked to Diabetes, Hypertension and Coronary Heart Disease. To address this Community Health concern, Excela Health entered into partnerships with our Excela Health Medical Group Physicians, Regional Employers, School Districts and Community -based organizations. These partnerships focused on primary physician support of lifestyle changes, healthy eating, and improved access to exercise and fitness support. Improvements have been measured and these initiatives will continue.

Excela Health worked with the Center for Applied Research (CFAR) at the University of Pittsburgh, Greensburg to complete the last two CHNAs, which included the time periods from 2016-2019, and 2019-2021. With the support of CFAR, we have reviewed secondary data collected through our partnership with the Healthy Communities Institute and primary data collected through surveys, focus groups and interviews. As a result of these findings and input from our diverse and very knowledgeable Community Health Steering Committee, in May 2016, the Excela Health Board of Trustees approved that the next CHNA focus on three Community Health Issues as priorities:

- 1) Build on our present community partnership initiatives and continue our focus on reducing “Obesity” and the negative impacts of Diabetes, Hypertension and Coronary Heart Disease. Implementation Initiates will include continued partnerships with our Excela Health Medical Group with a focus on prevention and medical management of Diabetes. It will also include continued Partnerships with Regional Employers to provide wellness services, School Districts to support Project Fit America Programs and Regional YMCA ‘s to expand the Diabetes Prevention Programs and continued outreach programs such as Mall Walkers.

- 2) Add a focus on “Substance Abuse”. Implementation Initiatives will include Partnerships with Westmoreland County and the Drug Task Force and efforts from our Excela Health Medical Group and professional staff regarding developed guidelines and education for our physicians to follow and to support their medical decision in the hope of reducing the prescribing of these medications.
- 3) Add a focus on Women’s Health primarily related to reducing the” Incidence of Breast Cancer”. These Implementation Initiatives will include documentation and measurement of many of the initiatives presently under way through Excela Health to improve access to the diagnoses and treatment of this health concern.

This 2016-2019 and 2019-2021 CHNAs included detailed data collection, analysis, and evaluation of the following relevant community health areas:

- Access to Quality Health Care
- Chronic Disease
- Demographic and Socio-Economic Indicators
- Environmental Concerns and Constraints
- Infectious Disease
- Injury
- Mental Health
- Nutrition
- Older Adults and Aging
- Physical Activity and Nutrition
- Substance Use and Abuse
- Transportation
- Women’s Health

Further details on the 2016-2019 and the 2019-2021 Excela Health CHNA and Implementation Plan are available on the Excela Health website under the community wellness tab.

For the 2019-2021, Excela Health again partnered with CFAR to conduct the collection and analysis of primary and secondary data sources. These data sources included interviews with primary stakeholders, focus groups with community representative groups, and a community online survey. Secondary data sources from HCI Conduent and from various state data sources were used to calibrate the relationship between Westmoreland County, State of Pennsylvania, and the US on key demographic, economic, health, and social data points. In 2019, Excela Health launched their third CHNA implementation plan, using the data submitted through employee and public surveys and the secondary statistics analysis compiled by University of Pittsburgh’s Center for Applied Research. The implementation plan spans a three-year period in which Excela Health and their strategic community partners identify and address socioeconomic and health and wellness issues affecting residents of Westmoreland County. By targeting specific issues, the CHNA steering committee is better equipped to evaluate their organizational and community resources,

align those resources with the county’s strategic goals and apply those resources in the form of educational and preventative programs and initiatives.

After reviewing the primary and secondary data results and identifying and prioritizing the three most prevalent issues in Westmoreland County, the CHNA steering committee prepared the implementation action plan for 2019-2021. The top three issues that were selected were as follows: Opioid/Substance Abuse, Obesity and Prevention and Wellness.

The 2019-2021 implementation plan included detailed goals and outcomes for each of the elected key priorities. **Due to the Coronavirus pandemic that hit the United States in March 2020, community outreach efforts became restricted and challenging.** Excela Health continued to look for opportunities to creatively promote and offer public health education, information and access to Westmoreland County residents, in conjunction with Excela Health service lines and community organizations and agencies, to achieve the 2019-2021 priorities set forth in the previous report.

2021-2023 CHNA Timeline and Process

CHNA Timeline

Infrastructure Development (May—June 2021)

- Formalize work plan with Excela Health (EH), tasks and timelines specified
- Reconsider Steering Committee Members for community representation
- Specify data parameters for secondary data collection

Refine Scope and Planning (June—August 2021)

- Finalize primary data collection plan
- Revised primary data tools
- Implement new data tools
- Finalize secondary data collection plan

Implement Data Collection Plan (September—December 2021)

- Present Data Collection Plan to Steering Committee for feedback
- Schedule and conduct interviews, focus groups, and community survey
- Collect, process, and refine secondary data

Data Analysis Plan (January—March 2022)

- Analyze primary and secondary data
- Develop Findings Section for inclusion in Final Report
- Deliver Data Findings to Steering Committee for feedback and the prioritization of SWOT community health needs

Develop Final Report (April—June 2022)

- Complete Final Report
- Deliver presentation to Steering Committee
- Report approved by EH Trustees and placed on EH Website by June 30, 2022.

Assist with the development/refinement of Community Action Plan

Implement and monitor the Community Action Plan (July 2022—April 2023)

Assist EH with implementing, measuring, and monitoring program and service activities

Assist with Continuous Quality Improvement (CQI) on the development of the next CHNA

Implementation Plan approved by EH Trustees at October 2022 meeting and placed on EH Website by November 15, 2022.

CHNA Data Collection

Primary Data Collection

During the CHNA period, data was collected through a series of key stakeholder interviews, community focus groups, and a community survey. Primary qualitative data collected for the CHNA includes 8 focus groups and 21 stakeholder interviews. These individual and group interviews were held with respondents to include a variety of Westmoreland County resident's interests and viewpoints based on opinions on community health issues. Questions posed during these sessions allowed us to gather detailed information on knowledge and perceptions on the strengths and weaknesses of community health as well as ways in which opportunities could be utilized, and threats avoided.

In addition to focus groups and interviews, an online community survey was used to gather information from residents. Questions asked on the survey were designed to gather detailed information on knowledge and perceptions of community health in a similar design to the focus groups and interviews. Once these data were collected, data were sorted by theme and responses to questions were grouped into categories. This allowed for the content analysis of data, which was then presented to the CHNA Steering Committee for comment and feedback, and then used to further assist with the development of an implementation plan. Details on the data collection tools used for interview, focus group, or survey instruments are available upon request.

Secondary Data Collection

Using secondary data obtained through various sources such as the CDC, State Departments of Education and Health, as well as the US Census Bureau, CFAR analyzed and interpreted county level data in several key areas relevant to community health indicators. These areas of interest included access to health services, rates and details on diseases, non-health outcomes, demographic details, and economic outcomes. The purpose of the use of secondary data was to allow for a comparison of Westmoreland County with both the state and nation on key indicators. Details on the methodology or data instruments are available upon request.

Findings

Highlights of Findings from Primary Data Sources

Interviews and Focus Groups Analyses

CFAR conducted interviews and focus groups of key stakeholders and community members. The questions asked during these interviews and focus groups are provided below. Following each question underlined below, the pooled key concepts and ideas from individual interviews and focus groups are detailed. The numbers to the right of the response in parenthesis is the number of times a concept or indicator was mentioned during an interview or focus group.

What does a healthy community mean to you?

- Access to dental care
- Access to healthcare (4)
- Access to housing, food, transportation, and mental healthcare (15)
- Adequate medical staffing
- Confidence in health care systems (3)
- Doctors understanding different ethnic backgrounds
- Enough resources for everyone (6)
- Federal Infrastructure bill
- Good schools (2)
- Healthy and happy (2)
- Home health (2)
- Invest in jobs
- People living their best life
- Preventative care
- Safe neighborhoods (3)
- Taking care of each other (2)
- Top equipment to diagnose faster
- Workforce developments

What would you identify as the top three community health needs?

- Access to healthcare (10)
- Adequate nutrition
- Cancer
- Chronic disease management
- Covid (4)
- Diabetes (8)
- Diversity and inclusion on race, ethnicity, and gender
- Elderly or aging population (2)
- Health care literacy
- Heart disease

- Housing
- Jobs
- Mental Health Facilities (8)
- More diversity on health boards so all represented well
- More doctors and nurses in facilities (2)
- Obesity (10)
- Safe and affordable housing
- Strokes
- Suicide
- Support for drug and alcohol abuse (8)
- Telehealth (3)
- Transitional care coordination
- Transportation (12)
- Vaccinations for Covid (2)

What issues are driving these community health needs?

- Covid impact on mental health and obesity (6)
- Depression rate going up
- Drug problems (2)
- Elderly not having access to healthcare options
- High inflation rates
- Housing and food insecurities
- Lack of access to gyms (3)
- Lack of access to healthcare (4)
- Lack of access to vaccinations (3)
- Lack of education of resources available (5)
- Lack of healthy food (3)
- Lack of infrastructure
- Lack of interest in prevention programs
- Lack of internet access
- Lack of nurses and doctors (3)
- Low incomes
- Obesity link to diabetes
- Senior home care
- Stigma against different races and genders
- Stigma against mental health (6)
- Stigma against sobriety
- Tobacco use
- Transportation (11)

What community health activities are currently underway?

- Collaborative outreach for opioid addiction
- Conferences and outdoor events
- EH leading in services offered (5)

- Exercise in community parks
- Extended housing program
- Farmers markets
- Flu and Covid clinics (4)
- Golden Hour: How to Recognize a Stroke
- Homeless shelters
- Mall walkers (3)
- NA/AA groups
- Silver sneakers program
- United Way programs (3)
- Youth coalitions

What else needs to be done with respect to community health?

- Better medical equipment (2)
- Better transportation services (5)
- Deal with poverty
- Drug and alcohol treatment options
- Educate community on available options (7)
- Educate doctors and nurses more about community
- Educate the elderly (6)
- Funding (2)
- Hire more nurses (4)
- Lack of public health services (5)
- Mental health resources (4)
- More rehabilitation services
- Screening for obesity
- Screening for tobacco use
- Selfcare classes (2)
- Work more with churches

Are resources adequate to expand or sustain community health needs?

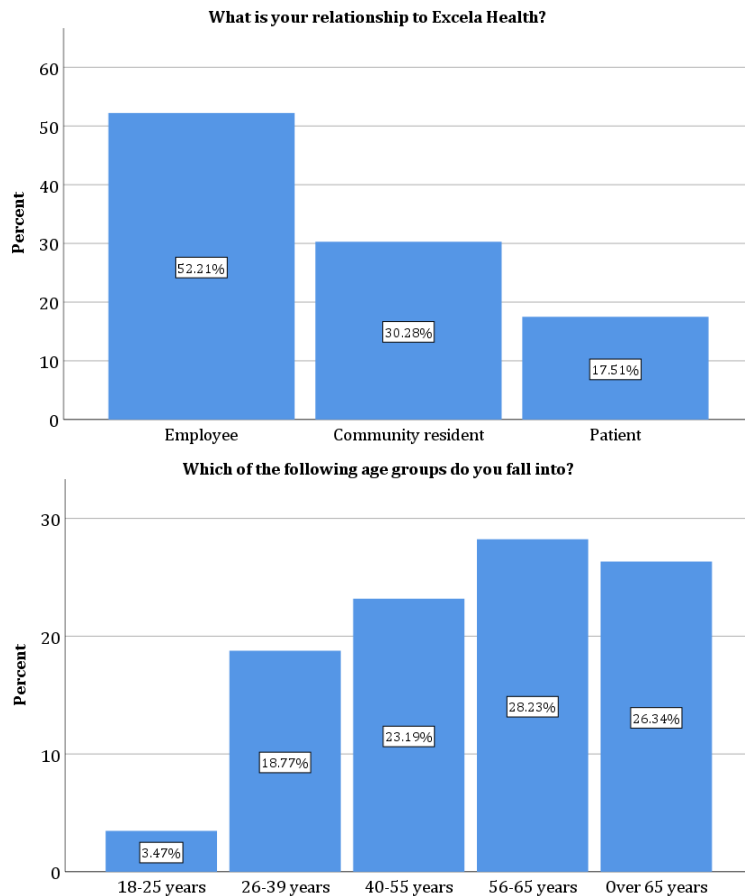
- Better access to internet
- Hearing and vision services needed
- If the hospital system thinks outside itself and connects with community (4)
- In need of licensed staff such as nurses and doctors
- More education on options needed
- More transportation options needed (5)
- No (3)
- Rural areas need more services (5)
- Too long of wait for appointments with specialists (3)

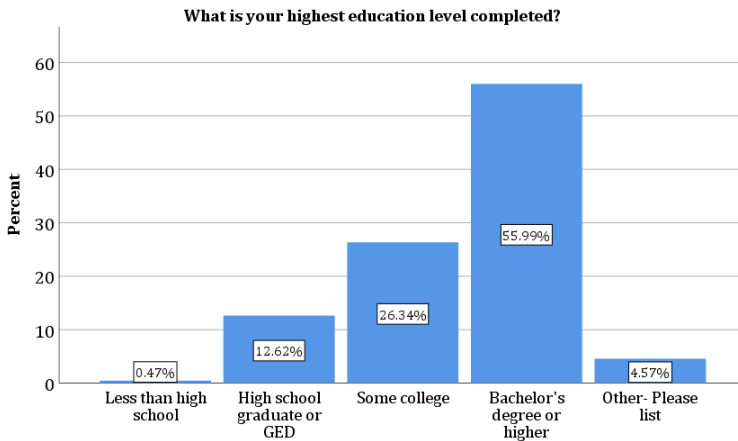
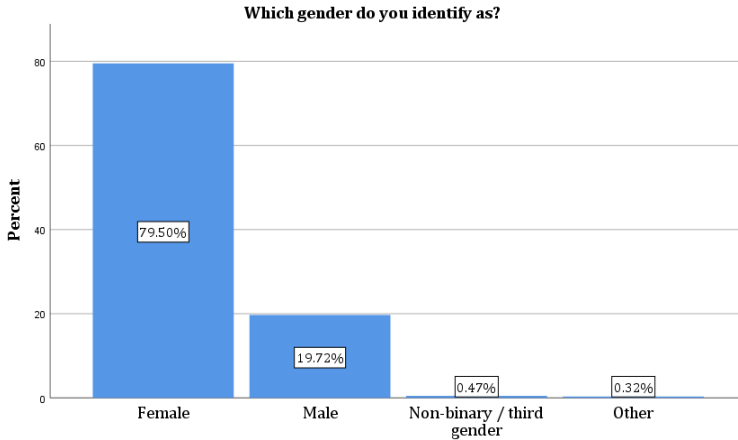
The responses to the interviews and focus groups show the opinions of respondents on questions related to community health activities, needs, and resources in Westmoreland County as part of the Excelsa Health CHNA. The themes identified allowed us to better understand the perceptions of key stakeholders and community focus group participants on issues of community health.

Excelsa Health’s Community Health Survey Results:

Excelsa Health’s Community Health Survey 2021-2023 was created in Qualtrics and administered digitally using a survey link. This survey aimed to gain demographical information, opinions on health, and information on personal and community health. Results of survey responses (N=634) can be seen in the following figures and tables.

Survey Demographic Results:



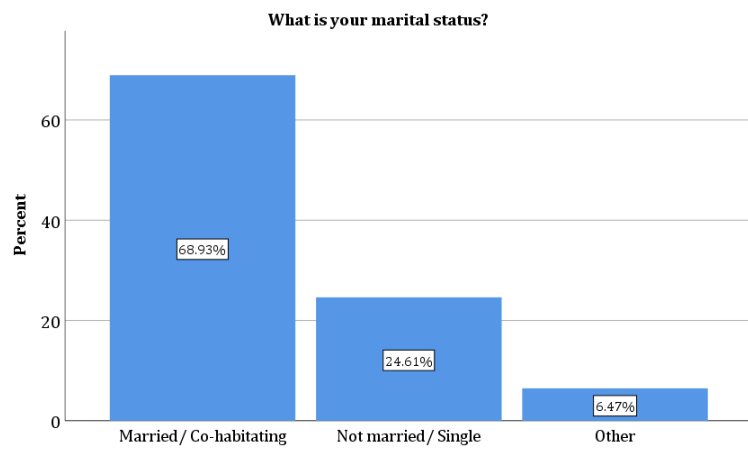
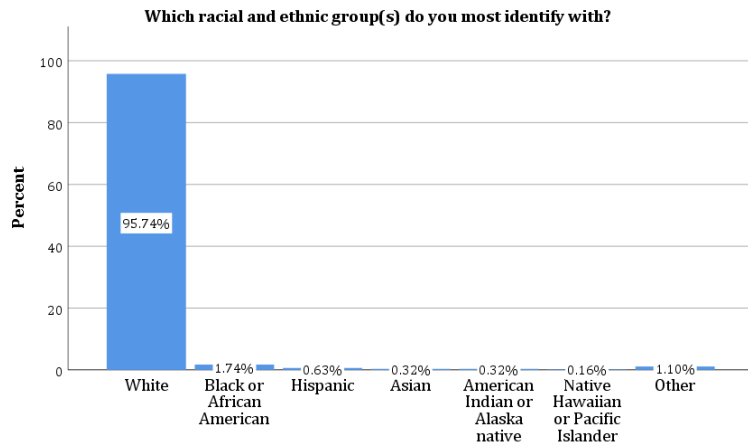


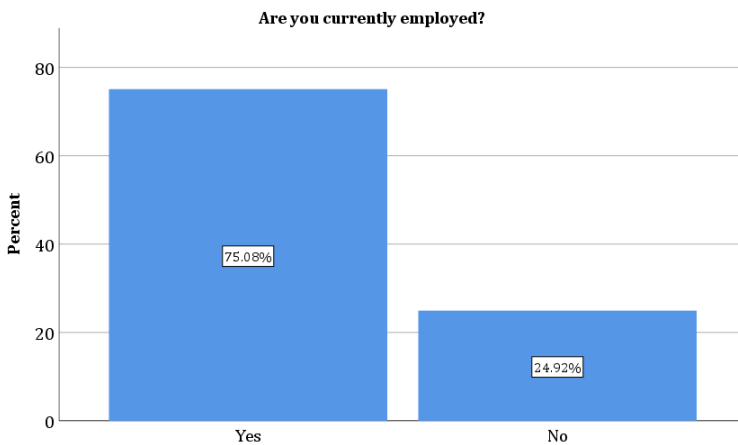
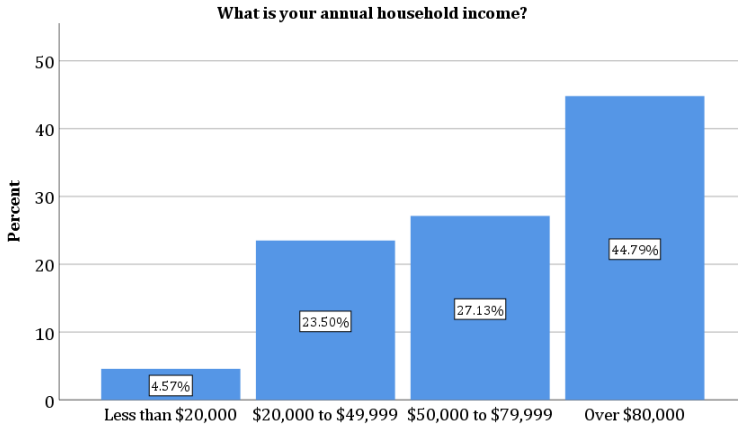
Relationship to Excelsa Health: The majority of individuals (52.2%) who completed the survey reported they are an employee of Excelsa Health, 30.3% are community residents, and 17.5% are patients within the Excelsa Health system.

Age distributions: All individuals who completed the survey were adults over the age of 18. The age range demographic in the lowest frequency were those who were between the ages of 18-25 years old (3.5%) and the highest age range demographic of responses were individuals between the ages of 56-65 years old (28.2%). Over half of survey responses were from individuals over the age of 55 (54.6%).

Gender identity: The majority of survey participants identify as female (79.5%), 19.7% identified as male, 0.5% identified as non-binary or third gender, and one individual (0.3%) responded as other and listed “Neither of the above”.

Education distributions: The majority of survey participants (56%) had indicated receiving or recoded to show achievement of a bachelor’s degree or higher based on degrees indicated on subsequent questions, 26.3% of participants indicated completion of some college, 12.6% were high school graduates or obtained a GED, with only 0.5% of individuals not completing high school. 4.6% of participants selected other and listed obtainment of Associate Degrees, completion of 2-year certificate programs, school/trade school graduate, technical school completion, RN obtainment, and Junior College attendance.





Racial distributions: The majority of survey participants identified as White (95.7%). 1.74% of survey participants identified as Black or African American. The remaining racial categories made up less than 1% of the survey population, Hispanic (0.6%), Asian (0.3%), American Indian (0.3%), Native Hawaiian or PI (0.2%). 1.1% of individuals reported “other” as their racial identity and listed American, Mulatto, Multiple races, Slavic, or Prefer to not answer as the ethnic group that they most identified as.

Marital Status: The majority of survey participants are married or co-habituating (68.9%), 24.6% of participants are not married or single, and 6.5% of participants selected “Other” listing being widowed/a widower, divorced, divorced and cohabitating, separated, and separated-pending divorce as marital status.

Household income: The majority of survey participants reported household incomes over \$80,000 (44.8%), 27.1% of household incomes were between \$50,000-79,999, 23.5% reported incomes between \$20,000-49,999, and 4.6% reported incomes less than \$20,000.

Employment: The majority of survey participants reported being employed (75.1%) with 24.8% reporting being unemployed.

Distribution of Zip-Codes:

Zip Code	Frequency	Percent	Cumulative Percent
15601	207	32.6	32.6
15650	97	15.3	47.9
15642	57	9	56.9
15666	42	6.6	63.6
15644	33	5.2	68.8
15683	22	3.5	72.2
15672	13	2.1	74.3
15627	12	1.9	76.2
15658	10	1.6	77.8
15697	10	1.6	79.3
15626	7	1.1	80.4
15636	7	1.1	81.5
Other: Zip Codes listed with < 1% Respondents	117	18.4	100

Almost 70% of survey participants (68.8%) reported zip codes of 15601 (Greensburg, PA, 32.6%), 15650 (Latrobe, PA 15.3%), 15642 (Irwin, PA, 9%), 15666 (Mount Pleasant, PA, 6.6%), and 15644 (Jeannette, PA, 5.2%). The table above shows percent participants in zip-codes that appeared in survey data over 1%.

Opinions on Health Results:

The following questions, participants were asked opinion on important factors for a “Healthy Community”, most important health or safety problem(s) in the community, most important “risky behavior(s)” in the community, healthcare barriers in the community, and areas which need improvement within the community. Participants were allowed to select up to three items for each. The tables below tabulate number of participants who selected each outcome in descending order, with items of most priority of survey responses listed first.

Factors for a “Healthy Community”:

Topic	Responses	Percent
Access to health care (e.g. family doctor)	433	68.30
Good jobs and healthy economy	292	46.06
Access to food	261	41.17
Affordable housing	205	32.33
Low crime / safe neighborhoods	187	29.50
Healthy behaviors and lifestyles	170	26.81
Strong family life	140	22.08
Good schools	132	20.82

Clean environment	126	19.87
Good place to raise children	108	17.03
Religious or spiritual values	88	13.88
Access to parks and recreation	67	10.57
Low level of child abuse	54	8.52
Diversity and inclusion	51	8.04
Low adult death and disease rates	46	7.26
Arts and cultural events	32	5.05
Low infant deaths	32	5.05
Other	11	1.74

As seen above, 68.30% of participants listed “Access to health care (e.g. family doctor)” as one of their top three factors for a healthy community. Good jobs and healthy economy was the second most selected factor, with 46.1% of participants selecting this factor in their top three, followed by Access to food, with 41.2% of participants including this factor in their top three selections.

Needed to improve the health:

	Responses	Percent
Mental health services	317	50.0
Free or affordable health screenings	303	47.8
Insurance coverage	273	43.1
Substance abuse rehabilitation services	186	29.3
Wellness services	166	26.2
Job opportunities	148	23.3
Transportation	128	20.2
Healthier food	119	18.8
Specialty physicians	84	13.2
Safe places to walk/play	71	11.2
Recreation facilities	43	6.8
Other	18	2.8

50.0% of participants indicated a need for improvement of mental health services, 47.8% selected a need for free or affordable health screenings, and 43.1% indicated a need for improvement of insurance coverage within the community.

Important health or safety problems:

Topic	Responses	Percent
Drug Use/Abuse	335	52.8
Mental health problems	246	38.8
Care of elderly	241	38.0
COVID-19	193	30.4
Aging problems (e.g. arthritis, hearing/vision, loss, etc.)	158	24.9
Obesity related illness	154	24.3

Cancers	142	22.4
Heart disease and stroke	108	17.0
Child abuse / neglect	101	15.9
Diabetes	89	14.0
Domestic violence	68	10.7
Suicide	51	8.0
High blood pressure	48	7.6
Drug addicted infants	35	5.5
Rape / sexual assault	26	4.1
Dental problems	25	3.9
Firearm-related injuries	20	3.2
Infectious diseases (e.g., hepatitis, TB, etc.)	20	3.2
Respiratory / lung disease	20	3.2
Homicide	19	3.0
Maternal health	18	2.8
Teenage pregnancy	18	2.8
Motor vehicle injuries	17	2.7
Sexually Transmitted Diseases (STDs)	12	1.9
Infant death	10	1.6
HIV / AIDS	7	1.1
Other	9	1.4

As seen above, 52.8% of participants listed “Drug use/ abuse” as one of their top three health and safety problems for the community. Mental health problems were the second most selected problem, with 38.8% of participants selecting this problem in their top three, followed by Care of elderly, with 38% of participants including this factor in their top three selections for problems in the community.

Important “risky behaviors”:

	Responses	Percent
Drug abuse	437	68.9
Being overweight	285	45.0
Alcohol abuse	273	43.1
Not getting “shots” to prevent disease (such as influenza, pneumonia, or COVID-19)	177	27.9
Poor eating habits	158	24.9
Bullying	121	19.1
Lack of exercise	113	17.8
Intolerance of diversity	108	17.0
Tobacco use	81	12.8
Unsafe firearm use	56	8.8
Dropping out of school	32	5.0
Harassment	32	5.0

Gambling	28	4.4
Not using birth control	26	4.1
Not using seat belts / child safety seats	24	3.8
Unsafe sex	24	3.8
Other	8	1.3

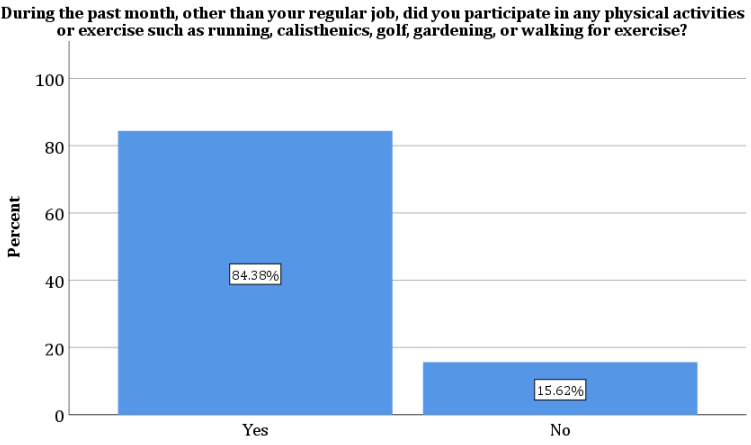
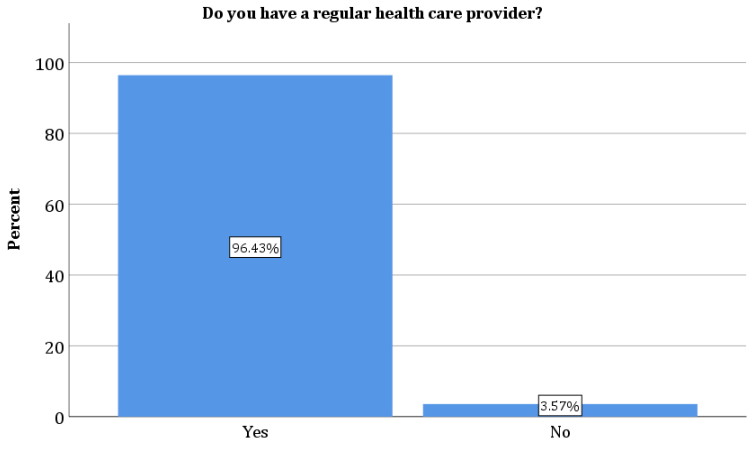
As seen above, 68.9% of participants listed “Drug abuse” as one of their top risky behaviors within the community. Being overweight was the second most selected risky behavior, with 45% of participants selecting this problem in their top three, followed by Alcohol abuse, with 43.1% of participants including this behavior in their top three selections.

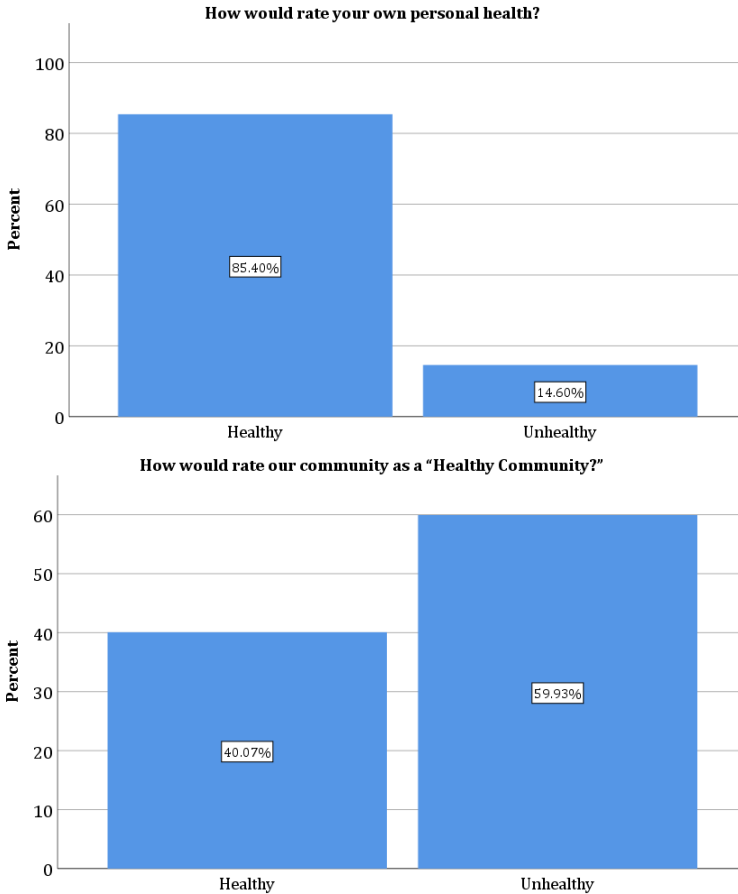
Healthcare barriers:

	Responses	Percent
Affordable medications/ treatments	444	70.0
High cost of care	348	54.9
Inadequate or no insurance coverage	300	47.3
Unaware of services available	146	23.0
Fear (e.g. not ready to discuss health problem)	130	20.5
Transportation problems	125	19.7
Lack of trust	112	17.7
Lack of availability of services	84	13.2
Child care problems	74	11.7
Do not know how to find doctors	49	7.7
Must travel long distance	19	3.0
Language barrier	6	0.9
Other	17	2.7

The top healthcare barriers, based on survey responses responding to financial burdens. 70% of survey participants selected Affordable medications and treatments as one of their most important barriers when seeking healthcare. 54.9% of participants selected High cost of care as an important barrier, and 47.3% selected Inadequate or no insurance coverage.

Personal and Community Health:





Health care providers: 96.5% of survey participants reported having a regular healthcare provider.

Physical activity: 84.4% of survey participants reported participating in physical activities within the past month.

Ratings on personal health: 84.4% of survey participants reported their own personal health as "Healthy".

Ratings on community health: 59.9% of survey participants reported the community as "Unhealthy".

While the majority (84.4%) of individuals indicated being healthy, 59.9% had identified the community as being unhealthy.

Highlights of Findings from Secondary Data Sources

Excela Health CHNA 2021-2023: Secondary Data Analysis

CFAR obtained secondary data source from multiple data sources including the PA Department of Health, Center for Disease Control and Prevention (CDC), and US Census Bureau on demographic, economic, health and social indicators in Westmoreland County for the most

recent period each indicator, if available for analyses. The narrative below discusses ways in which these secondary data illuminate comparison of Westmoreland County with state and national level statistics.

Access to Health Services:

Adults with Health Insurance:

In regard to adults with health insurance, Westmoreland County values are higher than state values, with 95.9% of adults having any type of health insurance coverage, placing Westmoreland County in the best 50% of all Pennsylvania and US counties and shows an overall 1.2% improvement from previously reported values. Of those with healthcare, 52% percent are covered through an employer, 13.6% are in Medicaid, 18.8% are in Medicare, 10.8% are non-group insurance, and 0.7% are covered through then military or VA.

The primary care provider (practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics) patient to clinician ratios for Westmoreland County is 1,308 to 1, meaning primary care physicians see an average 1308 patients per year. This represents a 1.24% increase from previous years.

Diseases:

Cancer:

In Westmoreland County, the age-adjusted cancer rate is 163.2 deaths per 100,000 population, which is similar to that of PA, but showed a 5.3% decrease over the past 3 years.

Westmoreland county age-adjusted incident rates of cancer in males (483.7 per 100,000 population) were lower than that of PA and age-adjusted incident rates of cancer in females (467.3 per 100,000 population) were higher than PA averages.

Breast cancer incidence in females were 139.8 per 100,000 population, slightly higher than PA incidence. Lung cancer incidence was similar to PA averages (Males 68.3 per 100,000 population, Females 56.2 per 100,000 population). Prostate cancer incidence was lower than PA averages (91.4 per 100,000 population). Colorectal cancer incidences were similar to PA averages for both genders (Males 47.2 per 100,000 and Females 33.4 per 100,000 population). There are many gender and racial disparities with cancer at the county level. Overall, there is a higher incident rate amongst males (483.7 cases per 100,000) than females (467.3 cases per 100,000). Cancer incidence in males are higher for colon rectum cancers, kidney renal pelvis cancers, lung, skin, Non-Hodgkin's lymphoma, and bladder cancers. Screenings and other preventative measures may need increased in certain populations.

Diabetes:

It is reported that 11% of adults over the age of 20 living in Westmoreland County have been told they have diabetes and 9% have been clinically diagnosed. The percent of males with a diagnosis of diabetes (8.8%) is higher than that of females (7.4%) within the county.

Westmoreland county has lower percentages compared to PA values (11.4%). Racial disparities are also seen within the PA population, but was not available at the county level, with those who identify as Black having the highest incidence of diabetes (15.1%), followed by Hispanics (14.1%), and Whites (8.6%).

The age-adjusted death rate due to diabetes from 2015-2019 in Westmoreland County (19.3 deaths per 100,000). The death rate due to diabetes is higher in males than females, as well as those 65 and older.

Heart Disease & Stroke:

Within Westmoreland County, heart disease was the contribution factor to death rates (220.9 deaths per 100,000) in 2018. CHD was the leading cause of death within all heart disease categories (100.1 deaths per 100,000) followed by stroke (64.1 deaths per 100,000), and heart attacks (50.5 deaths per 100,000). Males have a significantly higher risk of death due to CHD (220.9 deaths per 100,000) over females (177.6 deaths per 100,000) in the population. CHD is similar in Westmoreland County than the average in PA but stroke deaths are lower than the PA averages.

Heart disease is prevalent amongst the Medicare population of Westmoreland County. The age-adjusted hospitalization rate due to heart disease is 70.4 per 1000 which is significantly higher than the PA value (67.3 per 1000) as well as the national value (60.5 per 1000).

Immunizations and Infectious Disease:

Age-adjusted death rates (17.0 deaths per 100,000) due to influenza and pneumonia for Westmoreland County are above PA and national values.

Sexually transmitted diseases, chlamydia (214.3 cases per 100,000) and gonorrhea (41.1 cases per 100,000) have significantly lower incidence rates in the county compared to the state and national values.

Lyme disease is significantly higher in the county (136.7 cases per 100,000) compared to the state and national values. There was a decrease in Lyme disease incidence from prior reported values.

The incidence rate of salmonella infection due to food safety in Westmoreland County is 13.2 cases per 100,000 population which is similar to PA state values.

Covid-19 vaccinations:

The first confirmed case of COVID 19 in PA was on March 6, 2020. To date, there have been 1,464,264 cumulative cases and 29,814 deaths in the state. Westmoreland county has had a total of 79,190 reported cases and 1,347 reported deaths. Currently 58.7% of Westmoreland County is fully vaccinated and 67.0% is partially vaccinated against the virus. The full vaccination rate is less than both PA (67.2%) national values (65.4%).

Respiratory Diseases:

Asthma is a prevalent respiratory problem in the U.S. that is often exacerbated by poor environmental conditions. During 2019, 8.0% of adults in Westmoreland County reported that a health care provider told them that they had asthma which is similar to state values.

Hospitalizations due to COPD in Westmoreland County were similar to PA values 143.4 hospitalization per 100,000 population.

Mental Health & Mental Disorders:

Reported deaths of despair in Westmoreland County, due to drugs, alcohol, and suicide, are 73.98 deaths per 100,00 people.

In Westmoreland County, age-adjusted rates due to suicide in 2018 were 19.6 deaths per 100,000. This is higher than both state (14.9 per 100,000) and national rates (14.2 per 100,000). Suicide deaths are significantly higher in the male population (30.4 per 100,000 population) with

the female population not meeting threshold for reporting within the county. The majority of suicides within the county are white males under the age of 64.

The 2021 percentage of PA adults experiencing symptoms of anxiety and or depressive disorders is 33.8%, many individuals expressed having symptoms prior to the 2019 COVID pandemic.

Maternal, Fetal, & Infant Health:

In the maternal, fetal and infant health category, the percentage of babies born with low birth weight (less than 2,500 grams) in Westmoreland County in 2018 is 7.3%. This value is lower than the state value of 8.3%.

The percentage of PA mothers who delivered within the Excelsa Health system who breastfed their new baby after delivery is 82.1%. Racial discrepancies are observed with the state with 90.9% of those who identify as Asian or PI, 83.3% of those who identify as White, 81.7% those who identify as Hispanic, and 76.5% those who identify as Black reporting breast feeding. This has met the HP 2020 breastfeeding initiation goal of 81.9%.

The percent of mothers who did not smoke during pregnancy in Westmoreland County in 2019 was 84.5%. This did not meet the HP 2020 target value of 98.6% and is lower than both the PA and national percentages.

The percent of mothers who received early prenatal care (82.9 %) higher than both national and PA values.

Women's Health:

The expected life expectancy for women living in Westmoreland County is 81.1 years old. This is about the same as the PA value and slightly lower than the national value. Breast (139.8 cases per 100,000) and cervical (7.3 cases per 100,000) cancer incidence rates are higher for women in Westmoreland County than PA and national values.

Adults with Disability:

Of adults 18 and over in Westmoreland County, 15.6% report having a disability which higher than state values (14%). Disabilities are seen more in adults. Primary disabilities include ambulatory difficulties, cognitive difficulties, hearing difficulties, vision difficulties, self-care difficulties, and independent living difficulties.

Alzheimer's disease age-adjusted death rate for Westmorland County is 19.3 per 100,000 population. Rates of Alzheimer's disease and dementia are higher in those 65 and older with 9.6% of people aged 45 and older having subjective cognitive decline within the state.

Weight Obesity:

Obesity is continuing to be a concern in Westmoreland County. The percentages of individuals in the county that are overweight is 30.4% with 29.8% of individuals falling in the obese category, this is slightly higher than PA value.

Substance Abuse:

Lifestyle habits contribute to many disease outcomes. In 2018, PA values show 17.1% of adults report binge drinking. About 19.5% of individuals report smoking, which is larger than PA (17.0%) and national values.

Drug abuse and its related problems are among society's most pervasive health and social concerns. Deaths due to drug use occur with both legal and illegal drugs as well as from medically prescribed drugs. There were 97 confirmed overdose deaths, and 23 suspected deaths awaiting toxicology, due to drug use in Westmoreland County in 2021. A gender disparity exists death rate is higher in males (73 deaths) than females (24 deaths) with males having a higher rate for all age groups. The majority of toxicology reports identified multiple substances in the decedent's toxicology.

Wellness and Lifestyle:

In PA, 10.8% of individuals express frequent physical distress, 14.2% express frequent mental distress, and 35.5% of adults indicate insufficient sleep.

Life expectancies for both genders fall within the upper 50th percentile for the state averaging 77.6 years old which is slightly higher than the state value (77.5). PA females' life expectancy is greater than the males (81.1 v. 76.6 years). Both values fall slightly below the national value.

Non-Health Related Outcomes:

Prevention & Safety Falling:

The age-adjusted hospitalization rate due to falls in Westmoreland County during the measurement period from 2019 is 454.8 per 100,000 people which is similar to PA values. In 2019, the age-adjusted death rate due to firearms in Westmoreland County is 10.3 deaths per 100,000.

Motor Vehicle Collisions:

Overall, there were 10.1 per 100,000 people killed by motor vehicle collisions between 2019-2021, which shows a decrease over previous years reported. This may partially due to Westmoreland counties lower commute times to work as well as impact of COVID 19 work and travel restrictions.

Violent Crimes:

Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault. Westmoreland County's violent crime rate was 169 crimes per 100,000 people in 2019-2021.

Violent crime has a negative effect on the community by reducing productivity, reducing property values and disrupting social services. Westmoreland County's violent crime rate is below the U.S. average and is much lower than the surrounding counties of Allegheny (395 crimes per 100,000) and Indiana (284 crimes per 100,000).

Alcohol-Impaired Driving:

About 34.8% of all of Westmoreland County's deaths resulting from motor vehicle crashes during the years of 2019-2021 involved alcohol-impaired driving, which was higher than the PA and national values. Which coincides with the subtle but steady decrease in alcohol- impaired

driving deaths in Westmoreland County found in the previous report. The incidences decreased from 37.7% in the year's 2008-2012 to 34.8% from 2019-2021.

Child Abuse Rate:

The number of incidents of abuse or neglect is 17 cases per 1,000 children in Westmoreland County. This looks at children younger than 18 years of age which may include multiple incidents of abuse per child victim during the time period and includes reported incidents of suspected child abuse through the Childline and Abuse Registry. It does not include General Protective Service reports which include less severe, general neglect reports. This is a significant increase from previously reported values of 12.3 cases per 1,000 children. Westmoreland County falls above the PA value in child abuse rate for 2018 (16).

Food Insecurity Rate:

The overall food insecurity value for the county is 10.4%. 9,080 children within the county are food insecure (13.9%) with 66% living in households with incomes below 185% FPL. This indicates the percentage of the population that experienced food insecurity at some point during the year. This is both an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues including major depression and is usually associated with poverty and unemployment.

Built Environment:

Proximity to exercise opportunities is associated with increased physical activity and improved health outcomes. Areas with high walkability indexes are more likely to be active. Walkability indexes vary (2.8-17.8) within Westmoreland County with the most walkable areas being located in more urban areas. Over 50% of individuals in Westmoreland County live within walking distance of a park or recreational facility. This is expectantly lower to that of PA and national values due to the rural nature of the area.

Access to grocery stores also may have correlations with health outcomes. The food environment index combines measures of food access: the percentage of the population that is low income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year to create a numeric score ranging from 0 (worst) to 10 (best). The Food Environment Index score in Westmoreland County is an 8.2 with 8% of individuals having limited access to healthy foods, this is slightly lower than PA value (8.4), which falls in the 90th percent of all states nationally.

Demographics:

Population:

Westmoreland County's population is 348,899 total individuals, an overall decrease withing the last 10 years. Westmoreland County has a lower percentage of persons under five years of age (4.5%) and a lower percentage of persons less than 18 years of age (18.5%) than PA and national values but a higher proportion of the population over the age of 65 (22.1%). The county also has a veteran population (9.0%) that is higher than both PA and national values. It appears that Westmoreland County's population is becoming increasingly older with little residential mobility

(5.2% movement within the county, 2.5% moving to Westmoreland County from PA, 1% moving in from a different state, and 0.1% moving to Westmoreland County from abroad).

Racial Demographics:

Westmoreland County has a larger percentage of white persons alone, including Hispanics and Latinos, at 91.5%. Westmoreland County has a significantly smaller percentage of Black or African American persons alone (reporting only one race) at 2.6% as compared to Pennsylvania at 11.9% and a significantly lower percentage of Asian populations (1.0%) as compared to PA (3.6% and 7.3%, respectively). Additionally, Westmoreland County is 0.1% American Indian and Alaska Native alone, whereas, in PA, this group accounts for 0.4% of the population. The percent of racial minorities in Westmoreland County is noticeably smaller than in PA, which suggests that the county has a lack of diversity. Considering that Westmoreland County has an even smaller percent than PA of whites alone, not Hispanic or Latino, it seems even clearer that Westmoreland County is disproportionately white.

Foreign-Born Persons:

The percentage of foreign-born persons from 2011 to 2015 in Westmoreland County was 1.5%, as compared to 6.3% in PA. Westmoreland County appears to have a lack of diversity, specifically in regard to foreign-born persons compared to the national average.

Households:

The homeownership rate in Westmoreland County (74.8%) is larger than that in PA (68.4%) and nationally with median house values of \$160,800. Westmoreland County has a lot of suburbs and rural areas, and the totality of PA includes many cities where people are more likely to rent. The average household size for Westmoreland County is 2.8 persons per household; this is slightly lower than the PA value of 3.02 persons, respectively, but has remained consistent over the past 10 years.

Housing Affordability & Supply:

In Westmoreland County 51 affordable and available rental homes are available for every 1000 individuals in low-income households in 2020. These low-income households spend 30% or more of their household income on rent. Of those in the low-income category, 49% of individuals are severely cost burdened (>50% of income) and 20% are burdened (>30% of income).

Income:

The overall median income of the county is \$59,073 which is lower than PA (\$63,463) and national values (\$67,521). Married couple family income medians are \$87,327 with non-family median incomes of \$31,599.

Poverty:

In 2020, the percent individuals living at or below the poverty level in Westmoreland County is 9.3% which is lower than state (10.9%) and national (11.9%) values. The percentage of children under the age of 18 have higher rates than other age categories (13.5%). Of those living in poverty over the age of 18, Females have higher proportions than their Male counter parts for all age categories. Census data indicates that 29,969 individuals who identify as White live in

poverty, 2,357 individuals who identify as Black live in poverty, and 1,639 individuals who identify as Two or More races live in poverty within Westmoreland County.

Education:

In Westmoreland County, 94.4% of individuals over the age of 25 have a high school degree or higher. This is higher than both state and national averages. About 29.3 % of individuals living in Westmoreland County obtain a bachelor's degree or higher which is lower than state values (32.3%). Individuals 65 and older have the lowest percentage of bachelor's degree or higher attainment (12.4%). The age breakdown is as follows: 45-64 (18%), 35-44 (25%), and 25-34 (27%). Racial disparities are observed for individuals 25 and older with at least a bachelor's degree. The percent of individuals with degrees are highest in the Asian population (62%) and lowest for those who identified as Hispanic or Latino (25.7%), American Indian (21%), Black or African American (15%), or Native Hawaiian (0%).

Mean Travel Time to Work:

Mean travel time in Westmoreland County is 28.0 minutes, which is lower than both PA (27.8 mins) and national levels. Males have a significantly longer average commute (28.4 minutes) than females (24.0 minutes). The majority of individuals within the county commuted to work alone (81.8%), 7.1% of individuals reported carpooling, and 5.4% reported working from home. The percent of individuals driving alone and working from home is much higher than PA values (67.8%, 3.2% respectively).

Economic Outcomes:

Unemployed Workers in Civilian Labor Force:

In Westmoreland County, 58.5% of those ages 16 and older are in the civilian labor force. This value is lower than PA values (60%) and reflects a total employment decrease of 2.4% from 2019 values.

Businesses:

In 2019, Westmoreland County consists of 8,439 employer establishments and 21,831 non-employer establishments. Westmoreland County employs about 171,000 individuals with then majority working in Health Care and Social assistance (29,093), Manufacturing (24,317), and Retail (19,913).

Households with Cash Public Assistance:

In July of 2019, 40,227 people of the total 348,899 population received SNAP benefits in Westmoreland County. Data indicates an increase in households receiving public assistance between 2014-2018. Although a relatively small percent receives cash public assistance, 36.9% of students in Westmoreland County are eligible for the free or reduced lunch program. This value is significantly lower than PA (53.7%) and national values and varies by school district within the county.

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