



Community Health Needs Assessment June 2024

Drug Awareness
ACMH supports the Drugs Kill Dreams® program through education of dangers and roadway signage campaigns

Technology
Linear Accelerator • Cardiac Imaging
Interventional Radiology • Diabetic Monitoring • Telemedicine

Early Detection
Low Dose CT for Lung Cancer
3D Mammography

ACMH: Towards a Healthier Tomorrow
IN ARMSTRONG COUNTY

Managing Diabetes
Education, knowledge and tools necessary to control blood sugar and avoid long-term complications

Local Outreach
9 Draw Stations • 8 Rural Health Centers & Primary Care Centers

Stroke Education
A Certified Primary Stroke Center with trained staff, resources and processes to address acute stroke

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INTRODUCTION AND BACKGROUND

A community health needs assessment (CHNA) was conducted between February and April 2024 on behalf of the Armstrong Center for Medicine and Health (ACMH) to identify the health and wellness needs of Armstrong County. A health needs assessment is defined as a systematic review of the unmet health needs facing a defined population, leading to prioritization of those needs and allocation of resources to accomplish those priorities. The population being reviewed in this assessment is all of Armstrong County, Pennsylvania, which ACMH considers to be its primary service area. The assessment will prove useful for identifying cross-sectional partnerships with other community organizations.

BACKGROUND AND PURPOSE

ACMH Hospital is a 501(c)(3), non-profit community hospital founded in 1898 that serves Armstrong County and surrounding areas.

Mission:

The hospital is committed to improving the emotional and physical health of its patients through superior clinical care and the compassionate management of illness and disability.

Vision

- We will be a leader in promoting responsible and healthy behaviors in our community.
- We will provide compassionate and exemplary inpatient and outpatient services for our patients.
- We will be an employer of choice by encouraging personal growth and recognizing both individual and team accomplishments.
- We will provide value to our medical community by providing innovative, cost-effective, and high-quality services for our medical providers and their patients.
- We will invest or partner in new products and services that will enhance accessibility to services and improve healthcare outcomes.
- We will provide a safe and secure environment for staff, patients, and visitors alike.

Awards and Distinctions

ACMH Hospital is known for excellence of quality care, having received awards repeatedly acknowledging its quality and safety.

Recent Awards and Distinctions:

- Healthgrades – 2023 Joint Replacement Excellence Award™ Recipient
- Healthgrades – 2022 Joint Replacement Excellence Award™ Recipient
- Healthgrades – Five-Star Designation for Gallbladder Removal Surgery

- Healthgrades – Five-Star Designation for Knee Replacement
- Blue Cross/Blue Shield – Blue Distinction Center+ for Hip and Knee Replacement Surgery
- Blue Cross/Blue Shield – Blue Distinction Center+ for Spine Surgery
- UPMC Health Plan Center of Excellence – Hip and Knee Surgery
- Platinum Award Recipient – 2023 HAP Donate Life Pennsylvania Hospital Challenge
- Titanium Award Recipient - 2022 HAP Donate Life Pennsylvania Hospital Challenge
- Titanium Award Recipient – 2021 HAP Donate Life Pennsylvania Hospital Challenge
- Best of the Best – Gold Award for Best Hospital – Leader Times Reader’s Choice (2021 – 2023)
- ACMH Skilled Nursing Unit was named one of the TOP 5 BEST NURSING HOMES IN THE PITTSBURGH REGION by U.S. News and World Report
- ACMH received a RECOGNITION CITATION in honor of the hospital’s 125th Anniversary – presented by PA State Senator Joe Pittman

NEEDS ASSESSMENT PROCESS

ACMH Hospital has undertaken this community health needs assessment to comply with the requirements of the Patient Protection and Affordable Care Act enacted March 2010. This act requires that all non-profit, tax exempt hospitals complete needs assessments and adopt an implementation strategy to meet those health needs every three years.

A needs-assessment steering committee was formed, consisting of ACMH leadership and staff members (see acknowledgements.) The purpose of the group was to guide and assist with this assessment, review the data and comments received, review the reports prepared, decide on a prioritization methodology to determine needs that would be addressed and needs that would not be addressed, and to make recommendations to the ACMH Board of Directors for adoption.

This community health needs assessment incorporates components of on-line data collected from government organizations and qualitative analyses of community health and wellness needs through interviews with stakeholders from the community who are knowledgeable about the community and its health needs (see acknowledgements.)

SUMMARY OF ACCOMPLISHED ACTIVITIES FROM CHNA OF 2021

There were no comments or questions received from the public regarding the ACMH Hospital 2021 CHNA.

Throughout the interviews with community stakeholders and ACMH personnel, it became clear that the COVID pandemic changed everything. ACMH Hospital suffered severe staffing shortages which still have not come back to normal levels. While the worst of the pandemic is over, and ACMH has survived as an independent community hospital, ACMH personnel have had to focus on recovery from the pandemic. Some of the strategic initiatives begun in 2021 were not able to be accomplished. In most cases, the work of community groups slowed and, at times, stopped progress altogether. ACMH Hospital, however, has found alternative ways to address the needs prioritized in 2021 as its resources have allowed.

OBESITY, FOOD INSECURITY, NUTRITIONAL DEFICIENCIES

While obesity, food insecurity, and nutritional deficiencies seem to be disparate in concept, the ACMH team understood that, in many ways, they were interrelated. Many of the rural areas of Armstrong County lacked ready access to healthy foods. Much food shopping has been done at “dollar” stores making it more difficult for residents to maintain healthy diets high in protein, low in carbohydrates, and fat.

Food Insecurity and Nutritional Deficiencies

ACMH Food Care Package Program

The goal of the Food Care Package program was to provide nutritious, well-balanced meals to patients in need, following discharge from the hospital, acknowledging that the period immediately following a hospital stay is challenging. Patients may not be well enough to cook or even shop for several days. The program provides a three-day supply of meals to help with the transition.

ACMH Food Workers pre-package meals and freeze them for this program. The easy to prepare meals include a variety of food types with specific options for cardiac and diabetic



Care Package PROGRAM

The mission of the program is to provide nutritious food to patients in need following their discharge from the hospital.

ACMH | Hospital

patients when applicable. Patients in need are identified upon intake and are provided with nine meals. The meals are packaged in reusable cloth bags that were donated by the ACMH Foundation. Additional funds for the program were obtained through a grant from the Margaret Patton Foundation.

Collaboration with community organizations/agencies to address food insecurity.

Food insecurity and nutritional deficiencies were addressed through a collaboration of community organizations that was formed in 2021. ACMH works with the Greater Pittsburgh Food Bank, the Armstrong County Community Action Program, the Salvation Army, the Armstrong School District, Grace Presbyterian Church food bank, the Area Agency on Aging, Helping All Victims in Need (HAVIN), the Richard G. Snyder YMCA, the American Heart Association, the Food Trust, Adagio, and other community partners to discuss, implement programs, and distribute healthy foods to members of the community. The goals of this collaboration are to fight food insecurity and increase access to healthier foods, emphasizing food for children during summer months, and improved access to food for seniors.

The increase in food prices was a concern to this group, especially the increase in prices of fresh fruit and vegetables. Several programs were implemented or coordinated through this collaboration. Food drives for families occur monthly. The Blessings in a Backpack program provides food for adolescents during the summer months. Community pantries were created by many of the human service organizations; some even providing recipes for preparation of the foods. The Hunter to Harvest program was implemented at Grace Presbyterian Church food bank to encourage hunters to donate excess venison to food banks. The venison was then processed, preserved, and distributed through its food bank program along with eggs and other food supplies.

Implementation of a Community Farm

The Community Farm was one of the programs that did not survive the COVID pandemic. While there was much enthusiasm for this partnership at the start, the necessary funding for supplies, equipment, and the construction of a pavilion shelter was diverted to address the needs caused by the pandemic. The coalition participants moved on to other projects.

As an alternative, the ACMH parking lot hosted a farmers' market during the summer to facilitate access to fresh produce for ACMH employees and visitors to the ACMH campus. In 2023, ACMH, the American Heart Association (AHA) and the Food Trust implemented a program called Food Bucks Rx. Offered in the offices of ACMH Primary Care Centers, patients were identified who suffered diets insufficient in healthy foods or who had diet-related chronic diseases. These patients were given vouchers to purchase fresh produce. The patients receive \$40-\$80 in

vouchers each month, depending on household size. Vouchers can only be used for the purchase of fresh produce. More than one hundred patients were identified during the year and expressed gratitude for the help to defer the excessive costs of healthy foods.



WEDNESDAY AT ACMH:

NEW!

AK F.I.S.H. (Frozen Individual Seafood Helpings)

Acreage Farms (Quality meat products)

Archer's Acres (Beautiful flower arrangements)

11:30am - 3:30pm

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Obesity and Related Health Conditions

The Choosing Health Program; to address healthy lifestyles and obesity.

The Choosing Health program was to be designed as a way for participants to have access to information prepared by William H. White, Ph.D. for developing a wellness plan and goals. This program also included education regarding understanding nutrition and nutritional needs, sleep, the effects of relationships on health, balancing work with other essential areas of life, core beliefs, purpose and spirituality and tracking progress. ACMH did not implement this program.

As an alternative, healthy living education from the American Heart Association is being provided to ACMH employees, as well as, to the overall community through the Richard G. Snyder YMCA. Cardiac Health, Stroke Awareness and Prevention, and Hands Only CPR were also promoted using flyers, classes, and billboards.

TOO MUCH CHOLESTEROL IN YOUR BLOOD INCREASES YOUR RISK.
GET TESTED TO LEARN YOUR TOTAL CHOLESTEROL, GOOD (HDL) AND BAD (LDL) CHOLESTEROL, AND TRIGLUCERIDES.

PHYSICAL INACTIVITY BOOSTS YOUR RISK EVEN IF YOU HAVE NO OTHER RISK FACTORS.
AIM FOR 2 1/2 HOURS OF MODERATE-INTENSITY AEROBIC ACTIVITY PER WEEK.

SMOKERS ARE UP TO 6 TIMES MORE LIKELY TO SUFFER HEART ATTACKS. DON'T SMOKE AND, IF YOU DO, QUIT.

ARE YOU AT RISK FOR HEART DISEASE?
Get the facts

THE HIGHER YOUR BODY MASS INDEX (BMI), THE HIGHER YOUR RISK FOR HEART DISEASE, ESPECIALLY AT BMI >30.
MAINTAIN A HEALTHY WEIGHT.

HIGH BLOOD PRESSURE GREATLY INCREASES YOUR RISK.
GET TESTED. REDUCE YOUR SODIUM INTAKE. STAY ACTIVE. MAINTAIN A HEALTHY WEIGHT.

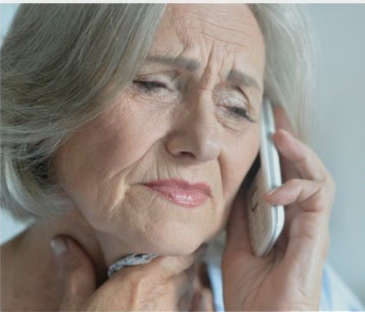
DIABETES. PUTS YOU AT INCREASED RISK FOR HEART DISEASE.
YOU CAN LOWER YOUR RISK BY KEEPING YOUR BLOOD GLUCOSE CLOSE TO THE RECOMMENDED TARGET NUMBERS.

HEART ATTACK



Treatment Starts in the Ambulance

Call 911 FIRST  Hospital



Don't Delay: Call 911

For Stroke and Heart Attack, Critical Treatment Starts in the Ambulance

Knowing the signs and symptoms of a stroke or heart attack can save your life, or the life of someone you love. When you recognize the symptoms, DON'T DELAY... Call 911.

Today, there are critical steps that the Emergency Medical Technicians (EMTs) can administer and begin on the way to ACMH Hospital. A patient's arrival is being prepared for - and critical information is being relayed between the Ambulance Service and the highly trained ACMH Emergency Department staff.

Driving to the Emergency Department yourself can waste valuable time that could be used to administer life saving treatments. With ACMH Hospital's Primary Stroke Center capabilities, and their award-winning Advanced Cardiac Care at your disposal... there is no need to delay. That's why it's so important to call 911 First.



CERTIFIED PRIMARY STROKE CENTER

The ACMH Primary Stroke Center offers 24/7 multidisciplinary care. This includes emergency medicine, laboratory, radiology, neurology consult and, if needed, continues through inpatient care and rehabilitation services. With state-of-the-art telemedicine video consulting, patients at the ACMH Primary Stroke Center have 24/7 access to the optimal stroke care.

ADVANCED CARDIAC CARE

The award-winning Cardiac Care program at ACMH has been recognized for outstanding care. Cardiac procedures being performed at ACMH enable heart specialists to unblock arteries and to prevent or treat heart damage through the

THIS MESSAGE BROUGHT TO YOU BY:



Stroke Is a
Brain Attack

STROKE

STROKE SYMPTOMS



SUDDEN
numbness or
weakness of
face, arm or leg,
especially on one
side of the body



SUDDEN
confusion,
trouble
speaking or
understanding



SUDDEN
trouble
seeing in one
or both eyes



SUDDEN
trouble walking,
dizziness, loss
of balance or
coordination



SUDDEN
severe
headache
with no
known cause

Act FAST and CALL 9-1-1 IMMEDIATELY

HANDS FOR HEARTS LEARN HANDS ONLY CPR

Two steps to save a life:



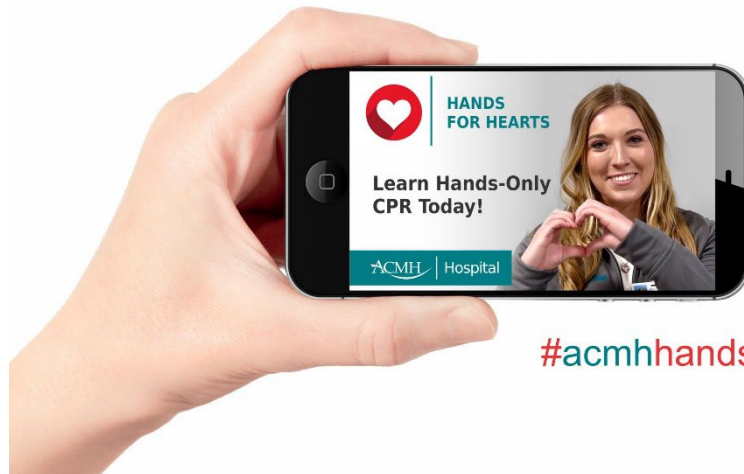
Call Right Away!



**Push Hard & Fast in
the Center of the Chest!**

ACMH has created a series of social media videos to help teach people the life-saving skill of Hands Only CPR.

Join the campaign by sharing the videos! Visit the ACMH Hospital YouTube page, or www.facebook.com/ACMHHospital to share the videos and hashtag with:



#acmhhandsforhearts

SPOT A STROKE

LEARN THE WARNING SIGNS AND ACT FAST



B

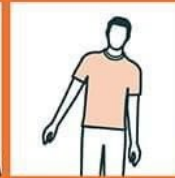
E

F

A

S

T



BALANCE

LOSS OF BALANCE,
HEADACHE
OR DIZZINESS

EYES

BLURRED VISION

FACE

ONE SIDE OF THE
FACE IS DROOPING

ARMS

ARM OR LEG
WEAKNESS

SPEECH

SPEECH DIFFICULTY

TIME

TIME TO CALL
FOR AMBULANCE
IMMEDIATELY



CALL 911 IMMEDIATELY

SUBSTANCE ABUSE

Addiction Recovery Mobile Outreach Team (ARMOT)

The ARMOT partnership between ACMH Hospital and the Armstrong-Indiana-Clarion Drug and Alcohol Commission continues, and is highly praised by community members. The Drug and Alcohol Commission pays the salaries of the case managers who provide the warm handoff, but the case managers work in ACMH hospital. Whenever an ER or inpatient is thought to have a substance abuse problem, the ARMOT case manager is notified and meets with the patient to help develop a recovery plan. Describing their services as a “tour-guide to the continuum of recovery services” ARMOT personnel attempt to transfer patients into treatment as quickly as possible. ARMOT personnel include certified recovery specialists, each of whom has experienced

long-term recovery themselves, and is well suited to help recovering addicts in all recovery needs, such as finding employment and housing, and finding the best-suited 12-step or faith-based programs and sponsors. Additionally, intent on eliminating the stigma associated with addiction, they provide counseling to medical and law enforcement personnel, helping them become non-judgmental, even when dealing with repeat offenders.

Armstrong County Veterans Treatment Court



This program has continued successfully. As a county-wide partnership, it offers highly structured substance abuse rehabilitation programs to Veterans in lieu of traditional incarceration. The partnership consists of the Armstrong County Court of Common Pleas, the District Attorney, Public Defender and Chief Probation Officer, the Armstrong-Indiana-Clarion Drug and Alcohol Commission, ACMH Foundation, the U.S. Department of Veterans Affairs, ARC Manor, ACMH emergency medicine, psychiatric physicians, and other stakeholders. The program graduates three to five program participants per year and ACMH participates in and supports graduation ceremonies.

SMART Choices - Adolescent Substance Abuse

SMART Choices stands for Substance Misuse and Referral to Treatment. A child's treatment provider uses the SMART Choices approach to identify adolescents who are using substances and provide those adolescents with the help they need. Starting as a partnership with UPMC Children's Hospital and Foundation and with UPMC Children's Community Pediatrics (CCP), SMART Choices has expanded to more than thirty areas, Armstrong County being one of them. SMART Choices provides children and families access to addiction experts in a nationally recognized, integrated primary care/behavioral health model. Smart Choices helps pediatricians and therapists develop skills to help children and families struggling with the use of drugs and alcohol, depression, or trauma. Though the pediatricians do not provide counseling for those conditions, they help the family find treatment providers and programs.

In Armstrong County, in addition to CCP, the Smart Choices program team includes the Family Counseling Center, Armstrong-Indiana-Clarion Drug and Alcohol Commission, ARC Manor

addiction recovery services and staff members from ACMH Hospital who have received the master's level training provided by UPMC, in performing motivational interviewing.

- SMART Choices collaborated with Armstrong Center for Medicine & Health and the Armstrong-Indiana-Clarion Drug & Alcohol Commission in June 2023 to provide a community health and wellness event for families. The event provided education on many topics including vaping, smoking cessation, and adolescent substance use.
- In July 2023, we launched a weekly parent support group using the evidence-based Invitation to Change Approach from the Center for Motivation & Change: Foundation for Change. The group welcomes parents and caregivers of adolescents, up to age 21, who are struggling with substance use issues. The group is offered in-person as well as virtually, which makes it accessible to parents living anywhere in Pennsylvania. Community outreach about the group has been conducted throughout various locations including schools, student assistance programs, and The Prevention Network.
- In November 2023, a nicotine cessation consultation program was made available for all CCP (UPMC Children's Community Pediatrics) patients currently using nicotine products. The consultation aims to address nicotine dependence by offering an in-depth look at the adolescent's nicotine use, as well as past attempts at quitting. Together, the medical provider and the patient explore the motivation to make changes now while determining preferences for support and the different options offered as aids for quitting.
 - **98** CCP providers received training on both Nicotine Replacement Therapy as well as medications for nicotine cessation during the consultation rollout training.
 - The CCP Connections newsletter, sent to all CCP employees, and the CCP Care Corner e-newsletter, sent to **168,296** families, also featured information about the nicotine cessation consultation program.
 - A Substance Use Education section has been added to the CCP website, to highlight the substance use support services available to families through SMART Choices. <https://www.childrenspeds.com/specialties-and-services/substance-use-education>
- SMART Choices has been an active participant in the UPMC Health Plan Adolescent Substance Use Workgroup, which began in the summer of 2023. The group meets monthly to work on expanding services for adolescent substance use. A sub-group formed and has been collecting information about prescribing buprenorphine in the pediatric primary care setting.
- SMART Choices continues to offer in-person and virtual family support appointments for families located in western Pennsylvania. Families can self-refer to SMART Choices Family Support by calling the TiPS line at 1-844-WPA-TIPS.

Medical Detoxification Inpatient Program

Prior to the COVID pandemic, ACMH Hospital opened a four-bed medical detoxification unit, classified as a Level 4A, meaning the patient must have medical complexity, a substance use disorder, and be in acute withdrawal. The medical oversight committee consisted of an ACMH hospitalist, an emergency department physician, and an anesthesiologist. Patients were admitted for alcohol-, opioid-, and benzo-related withdrawal, mostly from the ACMH emergency department. The American Society of Addiction Medicine assessment tool was used as it is the tool that has been adopted by the Commonwealth of Pennsylvania. Staffing consisted of one RN, a nurse's aide, a therapist, and members of a behavioral health assessment team. Physician and mid-level practitioners were on site and/or on call. ACMH staff worked with acute withdrawal patients to obtain post-discharge transportation to ensure compliance with post-discharge appointments.

The pandemic and nursing shortages forced the unit to shut down for periods of time; the unit continues to be closed at this time.

Drugs Kill Dreams® Program.

ACMH Hospital and Foundation continue to support the Drugs Kill Dreams Program. The program has long been an advocate for parents and caregivers, providing them with valuable resources and information regarding the latest information on addiction and abused substances.



Anti Vaping Campaign

ACMH Hospital provided outreach to educate the public regarding the dangers of addiction through vaping.



Think vaping is cool?
The risk of addiction is not.

ACMH | Hospital

Vaping is dangerous, addictive and full of unanswered questions.



The latest VAPE flavor:

ADDICTION



The truth about Vaping can take your breath away.

Learn about the danger to your lungs at www.acmh.org/vape

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Visit www.acmh.org/vape for more information

Narcan® at No Cost Campaign

The Armstrong-Indiana-Clarion Drug and Alcohol Commission created this program to provide Naloxone (Narcan®) to the community at no cost. ACMH Hospital participated in this campaign through outreach advertising of a drive through event on July 26, 2023.

NARCAN DRIVE THRU

-  July 26, 2023
-  1008 6th Ave
Ford City, PA 16226
-  2pm-5pm

WHAT IS NARCAN (NALOXONE)?

- A life saving medication that reverses the effects of an opioid overdose
- Fast acting
- Has been used by medical professionals by the 1970s

WHO SHOULD CARRY NARCAN?

- Anyone who knows someone who uses drugs
- If you know individuals who take prescription opiates
- If you have children or pets in a home where prescription opiates are present
- If you are a concerned citizen

WHAT WILL BE AVAILABLE?


- Narcan kit with two 4mg doses (nasal spray)
- Free fentanyl test strips also available
- Free training available upon request

 **FREE!**

 Recovery Capital
724-548-8334

 www.aicdac.org



YOU
NARCAN 
SAVE LIVES

MANAGEMENT OF CHRONIC DISEASE

Plans to manage chronic conditions were implemented through the Pennsylvania Rural Health Model. ACMH Hospital participates in the Model and annually develops plans to address the healthcare needs of its service area. The Model is a Pennsylvania Department of Health initiative and a value proposition in conjunction with the Center for Medicare & Medical Assistance (CMS). Currently there are eighteen participating rural hospitals throughout Pennsylvania in the initiative. Under this Model, CMS and other participating payers pay participating rural hospitals on a global budget—a fixed amount, set in advance – to cover all inpatient and hospital-based outpatient items and services. The hospitals redesign the delivery of care for their patients to improve the quality and meet the health needs of their local communities. The Model has helped the CHNA oversight committee recommend the priorities for the plan for 2024.

The Rural Health Model tests whether the predictable nature of global budgets will enable participating rural hospitals to invest in quality and preventive care and to tailor their services to better meet the needs of their local communities. Participating rural hospitals prepare Rural Hospital Transformation Plans, which must be approved by the Pennsylvania Department of Health and CMS. The Transformation Plans outline each hospital’s proposed care delivery transformation to invest in quality, to coordinate care with support and continuous feedback from stakeholders in the community and to tailor the services they provide to the needs of their local community.

The Commonwealth of Pennsylvania has committed to achieve targets related to population health outcomes and access under this Model and plans to tie financial incentives for participating rural hospitals to Pennsylvania’s performance on the following three goals:

1. Reducing rural health disparities through improved chronic disease management.
2. Increasing access to primary and specialty care, and
3. Decreasing deaths from substance use disorders and improve access to treatment for opioid abuse.

ACMH’s plans to improve the management of chronic conditions included:

- Collaboration with long term care facilities to reduce the rate of acute admissions and readmissions. This activity continues.
- Telemonitoring in the Kittanning Care Center for remote providers to monitor, diagnose and advise nursing staff personnel – thus keeping the patient at the facility if possible. This program was discontinued because of difficulties operating the equipment and the complexities of connectivity among healthcare providers caused by lack of broadband and the shortage of dedicated network personnel.

- The development of protocols with the Kittanning Care Center for the care of congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD) patients. These have been implemented.
- Remote monitoring in patient homes – Systems have only been implemented in the Northeast corner of Armstrong County in collaboration with the South Bethlehem Primary Care Center at this time. Glucometers, scales, and pulse oximeter systems are being used in conjunction with a third-party monitoring organization that analyzes the data and notifies caregivers and the physicians’ offices when necessary. Letters were sent to homebound patients with chronic diseases to encourage enrollment in the program.
- ACMH collaborates with Lutheran SeniorLife VNA to implement remote patient monitoring to prevent readmissions of CHF and COPD patients. Some areas of the county, however, lack broadband and/or have poor cellular service. These barriers have prevented the widespread implementation of this care.

Prevention of foot ulcers for diabetic patients

Diabetes is a prevalent disease in Armstrong County. Diabetic patients often suffer from secondary health issues such as diabetic foot ulcers. Diabetic foot ulcers develop after microvasculature changes, which occur secondary to diabetes, and may be worsened by other comorbidities. Diabetic foot ulcer patients have as much as a 56% greater chance of requiring a lower extremity amputation over the five years following the development of a diabetic foot ulcer (Musa et al., 2018). Incidences of diabetic foot ulcers have been shown to be decreased with the use of evidence-based guidelines for care in both inpatient and outpatient settings.

The implementation of such guidelines included staff education, diabetic foot exams, improved patient education instructions, and appropriate podiatry referrals. When implemented in conjunction with one another, they have had a positive impact. Such programs have reduced amputations by 49% - 85% (Baker, Apelqvist & Schaper, 2012). When a foot exam is performed, a patient’s sensation is evaluated using a monofilament. The result of that test combined with other tests can indicate an “as needed” or “ASAP” referral to a podiatrist.

ACMH received a startup grant from the Margaret Patton Foundation to acquire monofilament testing kits that are given free of charge to diabetic patients who have been deemed to be “at-risk” during their annual exams with their primary care physicians. Once trained in the use of the kits, patients can self-test between their episodes of primary care so that appropriate referrals can be made.

LIFE Armstrong County

LIFE Armstrong County is a partnership between ACMH and Lutheran SeniorLife. Lutheran SeniorLife provides senior living communities and care options for seniors that include community-based health, wellness, and social services in Western Pennsylvania. LIFE means Living Independence for the Elderly. LIFE Programs are innovative health plans that provide care and services that allow eligible seniors to live safely in their homes, 24-hours a day, seven days a week. LIFE Armstrong County helps low-income older adults who are nursing home eligible, but still living at home, by managing their complex medical, functional, and social needs. Participants have a full range of medical, social and rehabilitation services available to them including:

- Comprehensive medical care
- Adult day services on the ACMH campus
- Care support in their own home.
- Prescription coverage
- Meals
- Recreational programs
- Transportation to and from the LIFE Armstrong County

The LIFE Armstrong County participants receive much of their adult day services, medical care, rehabilitation and more at the LIFE Armstrong County Center located on the ACMH campus. LIFE drivers transport participants to and from the Center as well as to other scheduled medical appointments managed through the LIFE partnership. Each participant receives individualized care and personal attention. The staff strives to help them reach their highest levels of functioning, health, and well-being. A day at the LIFE Center may include seeing the doctor, receiving medications, exercising and activity programs, lunch with friends, physical therapy, and assistance with personal care.



ACMH Hospital participates in the LIFE program by developing programs to prevent falls and by helping discharged patients determine their eligibility for services under the LIFE Armstrong County program.

Falls Prevention

Falls can threaten the health and independence of older adults. In fact, one in four older adults reported falling – this is about thirty-six million falls. ACMH has created a web site for education in falls prevention and has hosted falls prevention events throughout the year.

Get the Facts on Falls!

- In 2020, 88 older adults died each day as a result of a fall totaling 32,000 that year
- Every second an older adult falls which results in 36 million falls each year
- 22.8% of those 65 and older living in PA experienced a fall in 2020
- It is predicted by 2030 there will be 7 fall deaths per hour
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture
- One in three people who lived independently before a hip fracture spend a year or more in a nursing home afterward
- 40% of hip fracture sufferers are unable to walk independently a year later
- 50% of those experiencing a hip fracture can no longer take care of everyday necessities, like getting dressed

I've Fallen! What do I do now?

Here are some suggestions for next steps after you fall...

- Call your primary care physician office and let them know you have fallen
- Schedule an assessment with the ACMH Center for Fall Prevention and Rehabilitation by calling 724-543-8145
- Review your medications for fall risks - talk to your doctor or pharmacist
- Have your eyes checked - Schedule an appointment with your optometrist
- Make your home safer - Visit www.acmh.org/fall-prevention for more information

When should I call an ambulance?

If all can lead to a significant injury or illness. After a fall, if you are concerned of any serious injury or illness, please do not delay and call 911.

Here are some signs and symptoms that may arise after a fall in which it is recommended to call 911 or contact EMS if you require rapid transport by EMS after a fall:

- Chest Pain
- Shortness of Breath/Respiratory Distress
- Headache
- Dizziness/Lightheadedness
- Ability to Ambulate
- Severe Pain
- Rapidly Growing or Unexplained Bruising
- Nausea/Vomiting
- Change in Sensation such as Numbness or Tingling

ACMH CENTER FOR Fall Prevention AND REHABILITATION
Call 724-543-8145 or visit: www.acmh.org/fall-prevention

Check for Safety

A Home Fall Prevention Checklist for Older Adults

ACMH REHAB SERVICES
Rehabilitation Services

STEAPI
The only fall prevention program in the region

ACMH Hospital

Supporting You Along the Way

ACMH REHAB SERVICES
Fall Prevention AND REHABILITATION
Call 724-543-8145 or visit: www.acmh.org/fall-prevention

FACT SHEET Medications Linked to Falls

Review medications with all patients 65 and older. Medication management can reduce interactions and side effects that may lead to falls.

STOP medications when possible.
SWITCH to safer alternatives.
REDUCE medications to the lowest effective dose.

Check for psychoactive medications, such as:

- Anticholinergics
- Sedatives
- Anesthetics
- Opioids
- "Sleeping Pills"
- "Mood Stabilizers"

Be cautious with over-the-counter medications, and herbal products. These include:

- Medications affecting blood pressure
- Muscle relaxants

Alert that include medication changes, and a significant side effect, redness or other changes. Monitor for dizziness, lightheadedness, or other changes. Monitor for dizziness, lightheadedness, or other changes. Monitor for dizziness, lightheadedness, or other changes.

Fall Prevention

WHAT YOU CAN DO TO PREVENT FALLS

- Talk with your healthcare provider about fall risks & prevention.** Do a routine "fall check" if you are 65 or older. Review your medications with your doctor. Ask your doctor about fall prevention. Review your home safety. Ask your doctor about fall prevention. Review your home safety. Ask your doctor about fall prevention.
- Exercise to improve your balance and strength.** Your doctor can refer you to a physical therapist or a fall prevention program. Exercise can help improve your balance and strength. Your doctor can refer you to a physical therapist or a fall prevention program.
- Have your eyes and feet checked.** Check your eyes with your eye doctor and schedule any eye exams. Check your feet with your podiatrist and schedule any foot exams. Check your eyes with your eye doctor and schedule any eye exams. Check your feet with your podiatrist and schedule any foot exams.
- Make your home safer.** Remove clutter from walkways. Use handrails on stairs. Use non-slip mats in the bathroom. Use a shower chair. Use a grab bar in the shower. Use a walker or cane if you need one. Use a stair lift if you need one. Use a ramp if you need one. Use a handrail on the stairs. Use a grab bar in the shower. Use a walker or cane if you need one. Use a stair lift if you need one. Use a ramp if you need one.

Important Facts on Falls

INSIDE THIS PACKET:
Learn how to prevent falls and get access to helpful resources.

Personal Medicines I

Name: _____ Emergency Contact Name and Phone: _____

Street Address: _____ Phone Number: _____

Name of Medicine	Dose/Directions	Medicine Taken For	Prescriber

Chronic Conditions or Diseases	Name of Medicine	Describe Reaction

For more information, visit www.acmh.org/fall-prevention

TRANSPORTATION FOR SENIORS

Many seniors miss important medical appointments due to transportation issues. ACMH had developed plans to work with Vantage® Healthcare Network to provide door-to-door non-emergency patient transportation in Armstrong County with wheelchair accessible vans and drivers experienced in assisting passengers with mobility issues and mobility aids. This option is no longer available, and transportation continues to be a barrier to care.

HOSPITAL-AT-HOME PROGRAM

A Hospital-at-Home program was planned to enable some patients who need acute-level care to receive care in their homes, rather than in a hospital. This care delivery model has been shown to reduce costs, improve outcomes and enhance the patient's experience. Launched by the Centers for Medicare & Medicaid Services, in 2020, the Acute Hospital Care at Home program was developed to plan for the flexibility to care for patients in their homes by enabling a planned "home admission" to replace or shorten an inpatient stay. This healthcare delivery model works best for conditions with well-defined treatment protocols, such as pneumonia, congestive heart failure, chronic obstructive pulmonary disease (COPD), diabetes, and cellulitis.

In 2021, ACMH had been working with a collaboration comprised of Highmark Health and Contessa Health Care, a Nashville-based organization, and a pioneer of Home Recovery Care, to implement a hospital-at-Home program for Highmark patients.

The implementation of this model was not successful.

MENTAL HEALTH

The ACMH 2021 plan to offer outpatient mental and behavioral health services was negatively impacted by the COVID pandemic. During COVID, some psychiatrists began providing remote services to patients and have remained with that remote model of care, exacerbating the shortage of psychiatrists available for in-person visits. While there is still interest in this program, implementation has not yet started.

THE RECRUITMENT OF HEALTH CARE WORKERS

Provider shortages continue to negatively impact the community. ACMH does its best to recruit physicians, nurses, social workers, and others into the community, but the shortage of health care professionals in rural communities is growing. Of increasing interest however is a collaboration with Duquesne University and Indiana University of Pennsylvania, both of which have plans for a

College of Osteopathic Medicine. Once implemented, ACMH Hospital would be interested in providing residency training at ACMH Hospital and its primary care facilities with the hope that some of the students would choose to practice in Armstrong County upon completion of their training.

WEBSITE TO PROMOTE HEALTH AND WELLNESS

Throughout the period various health and wellness postings have been made to the website as can be seen by the flyers and advertisements throughout this report. ACMH is still working on a comprehensive website that links to all these activities.

OTHER ACTIVITIES THAT HAVE TAKEN PLACE DURING THE PERIOD 2021-2023

Expansion/Renovation of the ACMH Cancer Center

Cancer treatment is on the rise due to earlier detection, improved diagnostic equipment and an aging population. ACMH Cancer Center offers the advanced technologies and experienced professionals needed for the early diagnosis of tumors and is proud to provides surgery, medication therapy, radiation therapy, immunotherapy, and bone marrow transplants to cure or stop the progression of cancer. It is the only comprehensive treatment facility within a 22-mile radius.

During the past three years, the Richard G. Laube Cancer of ACMH Hospital underwent a major expansion that modernized the oncology wing through renovation and new construction of over 16,000 sf. The upper floor, infusion therapy area was built out to accommodate additional infusion bays, of larger size, within a semi-private setting. The area has access to natural light and a direct connection with nursing staff and required support services. Capacity has nearly doubled, now having 18 semi-private treatment bays, plus 2 private rooms. The lower level of the facility, which was formerly shelled storage space, has been renovated to include 10 exam rooms, medical and support offices, clinical support areas and a spacious waiting room

LAUBE CANCER CENTER
OpenHouse

THE FUTURE OF CANCER CARE IN OUR REGION

Join us for an Open House event to tour the newly renovated and expanded Laube Cancer Center.

Light refreshments served

March 11, 2023
1:00pm - 2:00pm

Laube Cancer Center
One Nolte Drive
Kittanning, PA 16201

ACMH | Laube Cancer Care | AHN CANCER INSTITUTE

ACMH HOSPITAL CAMPUS | NOLTE DRIVE | KITTANNING, PA 16201 | www.acmh.org/cancer-center

to comfort patients and families during their visit. Site revisions included a new drop-off lane with a canopy entry and immediate access to the elevator for lower-level access.

ICU Telehealth

ACMH Hospital has partnered with Hicuity Health® to provide 24/7 intensivist support for ICU patients at ACMH. This partnership mitigates our rural provider shortage while, at the same time, further advances our capabilities.

A N N O U N C I N G :

An Added Level of Care for Our Patients: ACMH Announces 24/7 Tele-ICU Services



Critical care patients in our hospital will soon receive even more intensive care.

In an effort to further advance our capabilities while treating patients with ever-increasing treatment needs, we have partnered with Hicuity Health® to provide 24/7 intensivist support for ICU patients at ACMH.



Additional Outreach – Education and Prevention

ACMH has expanded educational opportunities through outreach to religious communities and other organizations to provide wellness services such as blood pressure assessments and a learning series on “Healthy Living” provided by the American Heart Association. ACMH personnel have attended health fairs, senior expos, high school programs, and met with business groups to provide education, most of which has been discussed earlier in this report. Some additional initiatives have been prenatal education (breastfeeding, newborn care, and safety, and preparing for birth and beyond), cancer screenings, and flu prevention. Additionally, ACMH primary care centers have initiated walk-in service for acute concerns.

The infographic is divided into three horizontal sections, each with a teal header bar and the PA Safe Sleep logo. The top section, 'Alone', features a circular image of a baby in a crib and lists rules: 'Adults should never share a bed with a baby', 'No Bumpers', 'No Stuffed Animals', and 'No Blankets'. The middle section, 'Back', features a circular image of a baby on their back and lists rules: 'Place your baby on their back to sleep', 'Put baby back to sleep after feeding', and 'Babies need awake tummy time every day with an adult'. The bottom section, 'Crib', features a circular image of a baby in a crib and lists rules: 'A baby should only sleep in a crib: no couches or chairs', 'No missing or broken pieces', and 'Only use a fitted sheet in the crib'. Each section includes a small explanatory text block and the 'Never forget the ABCs of Safe Sleep: Alone Back Crib' slogan.

Alone: A baby should sleep in the same room as an adult, but in their own crib, with nothing but a fitted sheet.

- Adults should never share a bed with a baby
- No Bumpers
- No Stuffed Animals
- No Blankets

Never forget the ABCs of Safe Sleep:
Alone **B**ack **C**rib

Back: A baby should be put to sleep on their back for naps and bedtime until they reach their first birthday.

- Place your baby on their back to sleep
- Put baby back to sleep after feeding
- Babies need awake tummy time every day with an adult

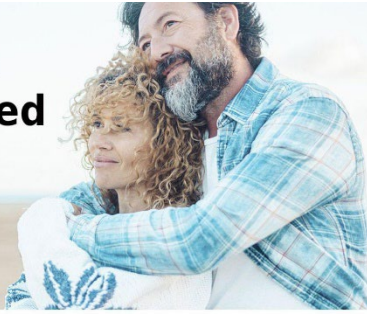
Never forget the ABCs of Safe Sleep:
Alone **B**ack **C**rib

Crib: Bedsharing is NOT safe. A baby should sleep in the same room as a guardian, but in their own crib, bassinet or play yard.

- A baby should only sleep in a crib: no couches or chairs
- No missing or broken pieces
- Only use a fitted sheet in the crib
- Don't let the room get too hot

Never forget the ABCs of Safe Sleep:
Alone **B**ack **C**rib

Catch up on recommended health screenings for free!



March 11, 2023
 Laube Cancer Center
 One Nolte Drive
 Kittanning, PA 16201

Registration is required.
 Call **724-543-8406**
 to register.

SCREENINGS TO INCLUDE:

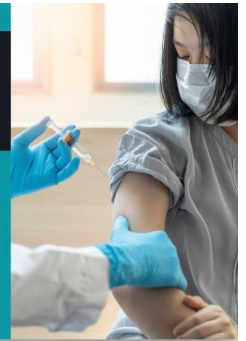
- **Breast Cancer** (ages 40+)
- **Skin Cancer** (ages 18+)
- **Prostate Cancer** (ages 45+)
- **Colorectal Cancer** (ages 45+)
- **Lung Cancer** (ages 50-80 with history of smoking)

ACMH | Laube Cancer Center



Flu Shots Available!

The influenza vaccine is now available at all ACMH Primary Care Centers. Please contact your preferred office prior to visiting.



Get a Dose of the Facts:

The CDC estimates that, from October 1, 2019 through April 4, 2020, there have been:

- 24,000 – 62,000 flu deaths
- 39,000,000 – 56,000,000 flu illnesses
- 18,000,000 – 26,000,000 flu medical visits
- 410,000 – 740,000 flu hospitalizations

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent flu. Below are steps you can take to protect yourself and others from flu and help stop the spread of germs:

- 1 Avoid close contact
- 2 Stay home when you are sick
- 3 Cover your mouth and nose
- 4 Clean your hands
- 5 Avoid touching your eyes, nose or mouth

ACMH | Hospital

One Nolte Drive | Kittanning, PA 16201 | acmh.org



LOCATIONS:
 ELDERTON
 KITTANNING
 RURAL VALLEY
 LEECHBURG
 SOUTH BETHLEHEM
 WEST HILLS

Walk-Ins Welcome!

No appointment necessary for acute concerns such as sore throat, ear pain, cough, rashes, urinary symptoms, etc. at all ACMH Primary Care Center locations. **Please schedule your visit when possible.**

ACMH | Primary Care Centers

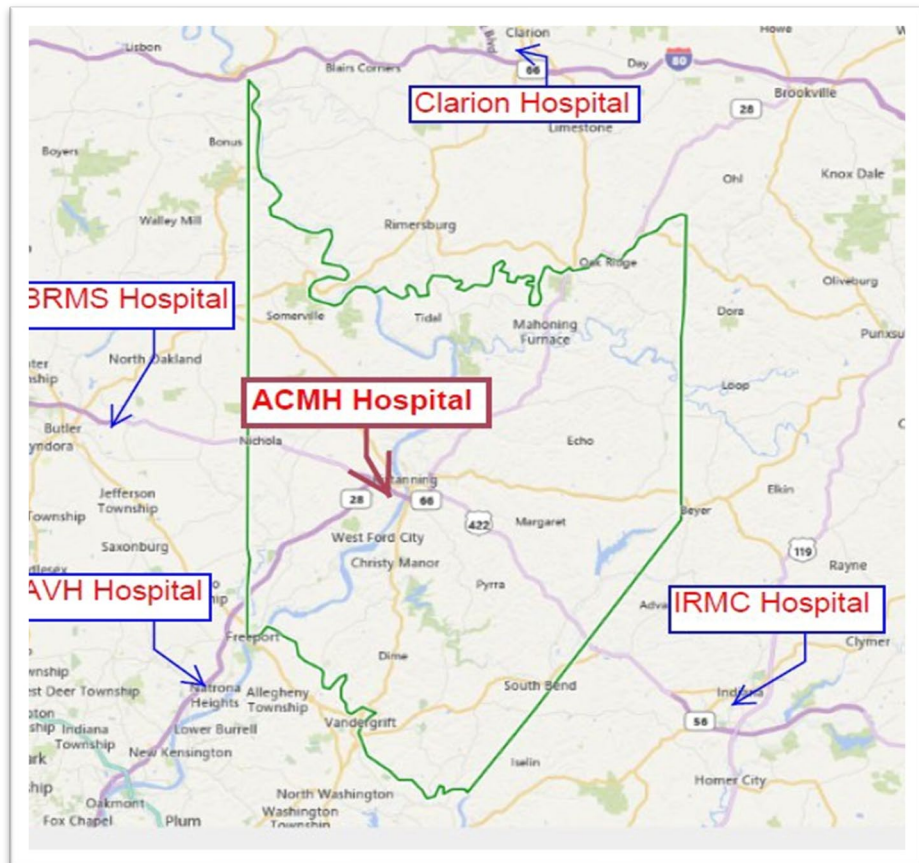
DEFINITION OF POPULATION SERVED

ACMH has defined its core population to be adults needing medical and psychiatric hospitalization and surgical services, adults and adolescents needing obstetric services, and all ages for primary care outpatient services from all of Armstrong County. While it is common for ACMH to see patients from the fringes of Butler, Clarion, Indiana, and Westmoreland counties, statistical data limits analyses to Armstrong County alone because public health and wellness data is only available at the county level.

Armstrong County is in the rural Appalachian region of Southwest Pennsylvania and comprises forty-five minor civil divisions, most of which are sparsely populated except for those within a 10-mile radius of ACMH Hospital.

Because of the hilly topology and seasonal climate changes of the region, few roadways are straight-lined. Many are costly to maintain and are difficult to traverse in poor weather conditions. Public transportation systems in the region are lacking in all but central Armstrong County.

Where patients go for emergency care and routine hospital inpatient and surgical services is driven somewhat by highway and transportation systems. A look at the highway systems in the Armstrong County region of Western Pennsylvania, and the options for hospital services, helps visualize where patients are likely to go for services.



Armstrong County is bordered by Butler County to the west, Indiana County to the east, Clarion County to the north and Westmoreland County to the South. As can be seen on the map, Butler, Clarion, and Indiana all have community hospitals that provide a similar type and level of service to that which ACMH Hospital provides.

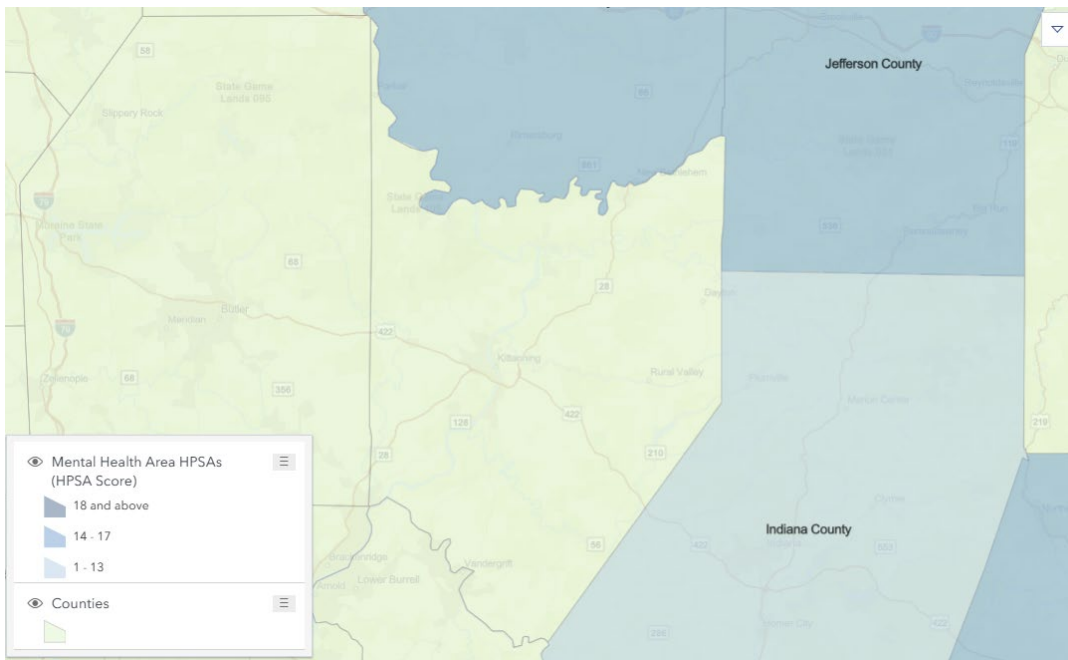
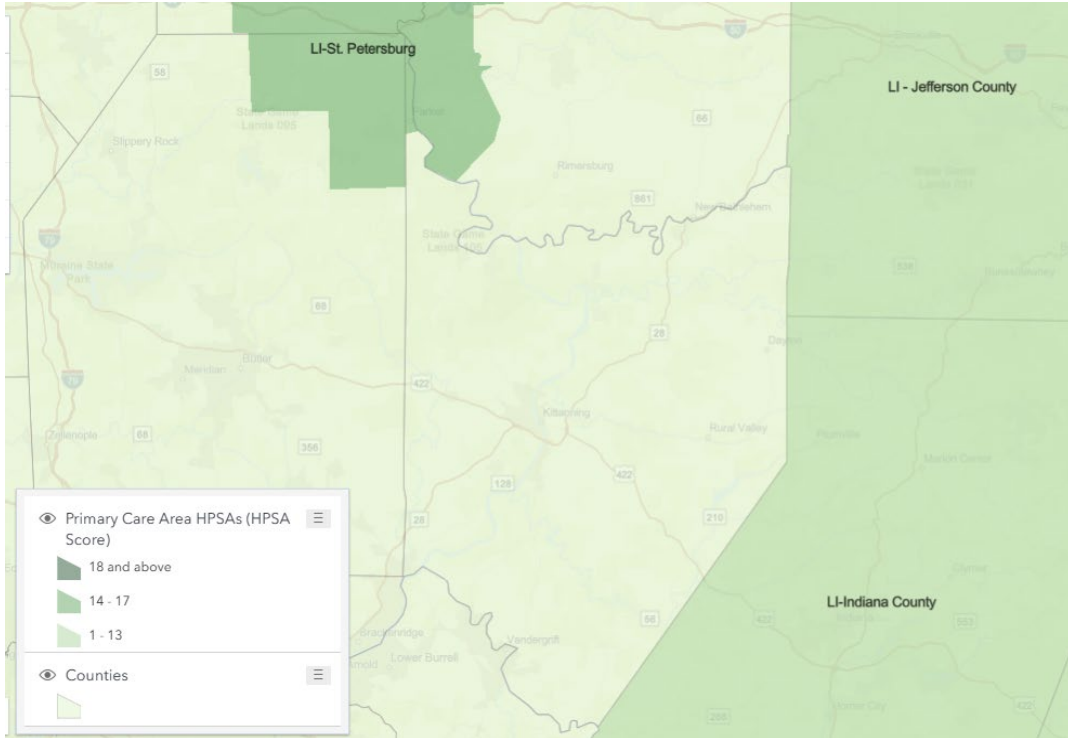
The major highway systems in Armstrong County are U.S. 422, State Highway 28, and State Highway 66. U.S. 422 connects Butler Regional Medical Center, ACMH Hospital, and Indiana Regional Medical Center. U.S. 28 is a major artery that connects the city of Pittsburgh to ACMH Hospital and then continues north as a rural highway, and when combined with U.S. route 66, reaches Clarion County. Route 66 south reaches Westmoreland County. Our assumption is that within a 10- to 15-mile radius, patients will most likely come to ACMH Hospital for services. Analysis of ACMH patient records supports this assumption.

Within the Pittsburgh Metropolitan Area, the University of Pittsburgh Medical Center (UPMC) network and the Allegheny Health Systems (AHN) network provide tertiary hospital services for all categories of adult disease and illness, psychiatric and behavioral health services, specialized surgical services, pediatric care, high-risk obstetric and neonatal care, and adolescent inpatient services. Pediatric patients are seen in the ACMH primary care centers but typically receive inpatient and surgical care at UPMC Children's Hospital of Pittsburgh.

Health Professional Shortage Area Designation - when the last CHNA was completed, many municipalities in Armstrong County were designated as Primary Care HPSAs, medically underserved areas (MUA), medically underserved populations (MUP) or both by the US Health Resources and Services Administration, (HRSA.) All of Armstrong County was a mental health care HPSA. HPSA and MUA/P scores come from data published by HRSA, Bureau of Health Workforce, Division of Policy, and Shortage Designation. Over the years, ACMH Hospital has opened Rural Health Care, Primary Care Centers throughout the county which mitigated those shortages and the HPSA shortage designations were withdrawn.

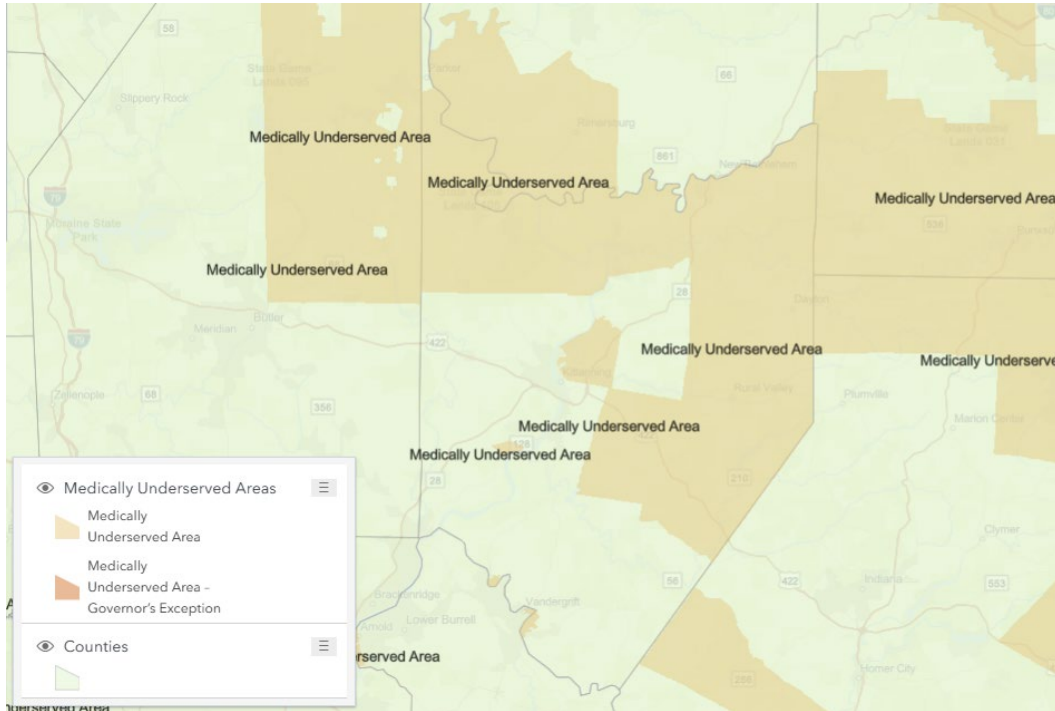
The maps on the next page show the current HPSA designations for primary medical care and for mental health care. Armstrong County previously held these designations. ACMH Hospital has recently applied to the Department of Health for reinstatement of HPSA designation for primary care and mental health services within Armstrong County.

HPSA MAPS



There are still regions of the county that are designated as MUA/P. These are areas that have been identified as having a shortage of health care services (MUA) or a shortage of services to special populations who face economic, linguistic, and/or cultural barriers to health care (MUP.) MUA's and MUP's are designated based on the above criteria, a high percentage of population over age 65 and/or a high infant mortality rate.

Armstrong County is adjacent to a metropolitan area (Allegheny County) with a population of more than 50,000 and, therefore, is classified as a metropolitan statistical area, a designation that enables ACMH Hospital to receive reimbursement from Medicare and Medical Assistance at higher rates than if it was classified as rural. Nevertheless, 64.9% of the population lives in a low-density population area.



HEALTHCARE RESOURCES IN ARMSTRONG COUNTY

ACMH HOSPITAL

ACMH is the largest healthcare organization in Armstrong County consisting of a 112-bed Community Hospital, surgeons and other specialists, and numerous primary care and specialist facilities throughout the county. ACMH employes nearly one thousand workers and is the largest employer in Armstrong County

The core range of inpatient services at ACMH Hospital is adult medical/surgical, intensive/cardiac care, oncology, skilled nursing, obstetrics/gynecology, and adult behavioral health. Surgical/procedural and other outpatient services include but are not limited to:

- emergency medicine
- percutaneous coronary intervention (PCI) (angioplasty and stents)
- wound care including hyperbaric wound treatment.
- concussion care
- pain management.
- general surgery including robotic surgery.
- orthopedic surgery
- podiatric surgery
- ear, nose, and throat treatment and surgery.
- treatment for lung and esophageal disorders
- low- to moderate-risk neurosurgery
- urology
- physical, occupational and speech therapy
- sleep services (including in-home)
- a full range of lab and imaging services
- diabetic and nutritional counseling
- rheumatology
- cardiopulmonary

The ACMH campus provides rental office space for specialists and clinicians not employed by ACMH to bring additional services to its patients. Additionally, ACMH has established itself as a Certified Primary Stroke Center on a regional basis. ACMH partners with Allegheny Health Network (AHN) to provide comprehensive medical and radiological oncology services both of which draw patients from outside of the Armstrong County service area. Our Community Health Needs Assessments have found that these core services are those that residents of our service area expect from ACMH Hospital.

ACMH has a two-track Emergency Department (ED). The Acute Care track has larger, private treatment rooms with privacy curtains, sliding glass doors and adequate space for all necessary equipment. The Express Care track more efficiently serves those patients who have less acute illnesses. With an expected time-to-treatment in the range of 20 minutes, Express Care patients have an overall length-of-stay significantly below the national average. The ED offers:

- Designated trauma exam room
- Twelve private exam rooms
- Three positive-pressure isolation rooms
- A specialized bariatric room

In 2023, ACMH Hospital completed an expansion and renovation to the Laube Cancer Center to increase the number of infusion bays and patient exam rooms to allow for more efficient delivery of cancer care.

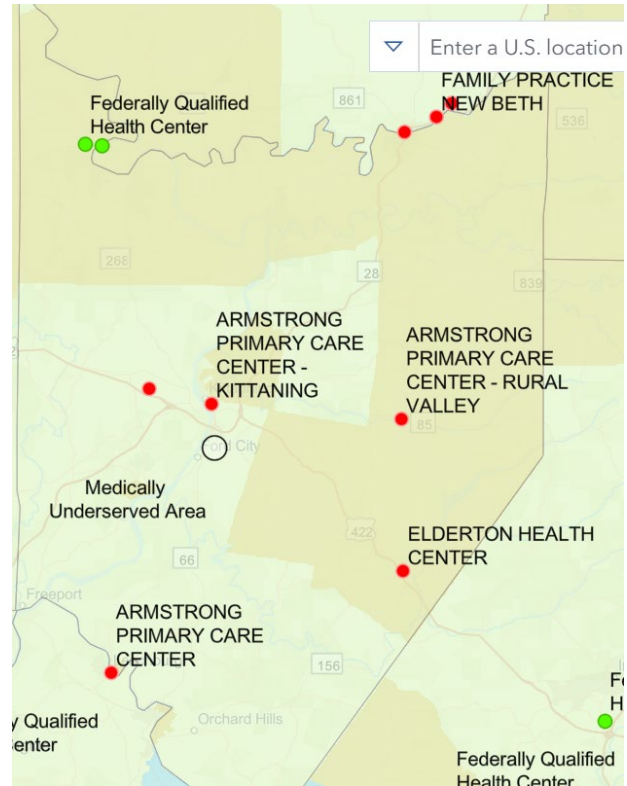
Since May 2007, STAT MedEvac, a medical transport helicopter, has been permanently based at ACMH Hospital. The base is staffed with an EMS Pilot, a Flight Nurse, and a Flight Paramedic. This allows ACMH Hospital and STAT MedEvac to provide an additional benefit toward addressing the overall healthcare needs of the community, while intimately linking our hospital to other major Pittsburgh hospitals.

ACMH PRIMARY CARE CENTERS

The ratio of population to primary care physicians in the community (2,320:1) is high compared to the Commonwealth ratio (1,260:1). Primary care physicians include practicing physicians (M.D.'s and D.O.'s) under the age of seventy-five who specialize in the general practice of medicine, family medicine, internal medicine, and pediatrics. This ratio has been trending negatively and indicates that there is a worsening shortage of primary care physicians in Armstrong County. ACMH has addressed this need by hiring physician extenders (nurse practitioners, physician assistants and other licensed practitioners) who are qualified to provide primary care services. These practitioners are not included in the ratios above. Nevertheless, ACMH continues to recruit M.D.'s and D.O.'s into the community.

Part of the population lives outside the most populous areas, Kittanning, and Ford City. Because of the county's rural nature—and a highway infrastructure in which roads often wind around hills and streams—it may take a patient 30 to 45 minutes to reach the nearest primary care physician or specialist. These remote areas lack systems of public transportation. To address this need, ACMH has established primary care centers in numerous remote areas of the county to reach these populations.

The map to the right shows how ACMH primary care centers are positioned to reach remote areas in the county.



The ratio of population to dentists in Armstrong County is 3,240:1, compared to the Commonwealth (1400:1.) All of Armstrong County is a dental HPSA.

The ratio of population to mental health providers in Armstrong County is 650:1, compared to the Commonwealth ratio (370:1.) Mental health specialists include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol dependency and/or substance abuse, and advanced practice nurses specializing in mental health.

OTHER COMMUNITY RESOURCES

ACMH is the largest healthcare provider in the county. The ACMH website provides information on physicians throughout the county by specialty of practice. ACMH also works with many of the health and human service organizations that play active roles in the physical, mental, and behavioral health of Armstrong County residents. Collaborations and partnerships often improve the health and wellbeing of the people in Armstrong County.

A Resource Directory for Armstrong County is attached to this report.

RESEARCH METHODS

PRIMARY DATA COLLECTION

Stakeholder (a key member of the community) interviews were conducted to gather the opinions and perceptions of persons who represent the broad interests of the Armstrong County residents, have experience working in public health or have strong knowledge of public health issues. During interviews, each participant was asked comprehensive questions regarding the health and wellness of Armstrong County residents and were asked to identify their perceived health needs of the community and factors affecting health. More than fifty individuals participated. Most worked within the fields of medical and/or social services. Other participants included representatives from the fields of education, community businesses, and recreation facilities. A full list of the stakeholders who participated can be found in the acknowledgement section of this report.

SECONDARY DATA COLLECTION

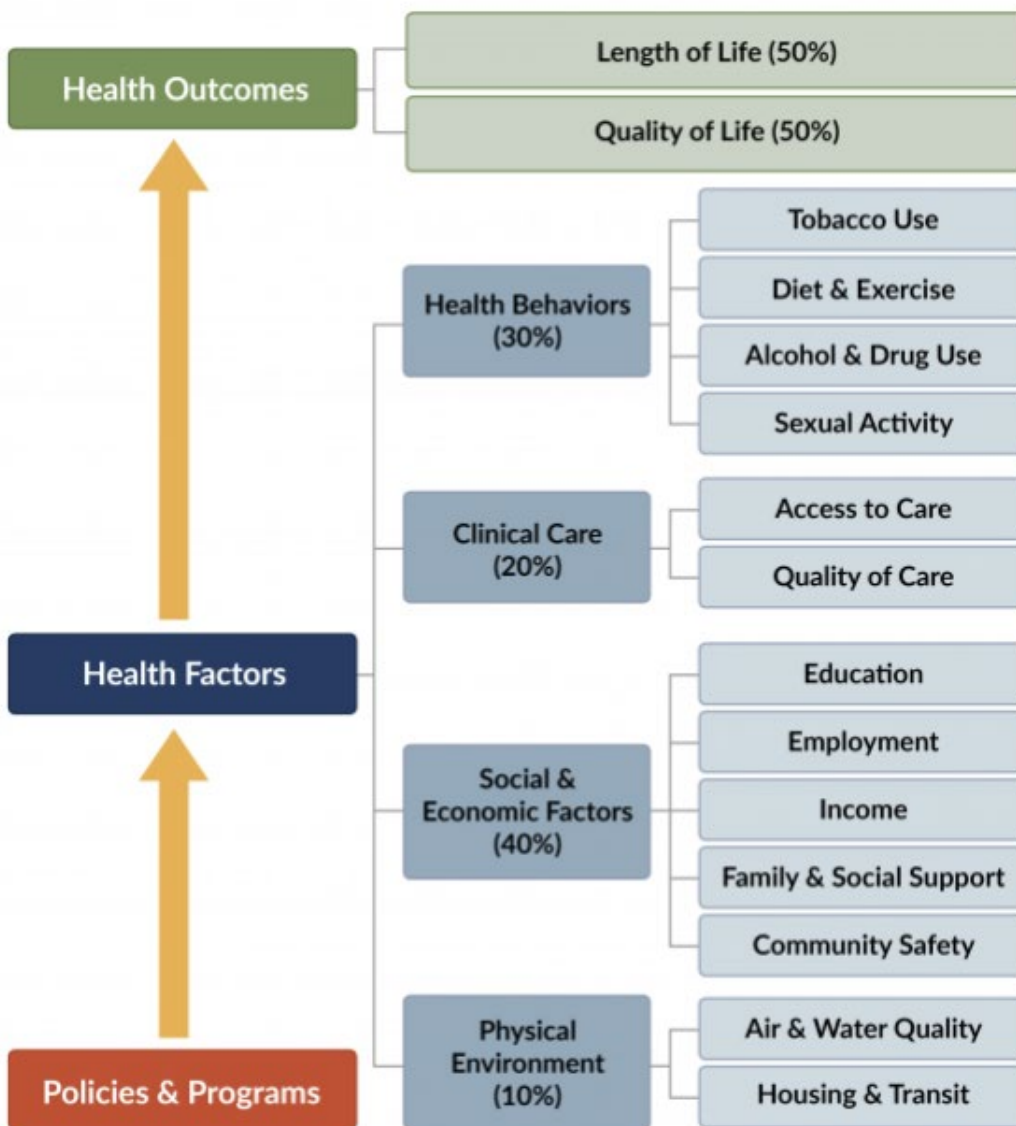
This assessment uses healthcare statistics that are collected and summarized by various government agencies. We have used data from the Pennsylvania Department of Health, the Health Resources and Services Administration (HRSA) Office of Disease Prevention and Health Promotion, and the Robert Wood Johnson Foundation together with The University of Wisconsin School of Population Health--County Health Rankings and Roadmaps. Collectively, these sources provide key health indicators, statistics, and trends pulled from a vast variety of sources.

To fully understand the mortality and chronic disease rates, we need standards by which they can be measured. We have used three standards: the average rates in the Commonwealth, the goals set by government agencies, and the comparison of Armstrong County to other counties in Pennsylvania and the United States. The goals we are using come from the HRSA Healthy People 2030 program, <https://health.gov/healthypeople>. The comparisons we used are those compiled by the Robert Wood Johnson Foundation County Health Rankings and Roadmaps. <https://www.countyhealthrankings.org>

STATISTICAL FINDINGS

The **County Health Rankings and Roadmaps** system evaluates counties by using both health outcomes and health factors. Health outcomes evaluate how long people live on average within a community and how much physical and mental health the people in the community experience, (quality of life). Health factors represent things that can be improved upon to live longer and healthier lives and are indicators of the future health of a community.

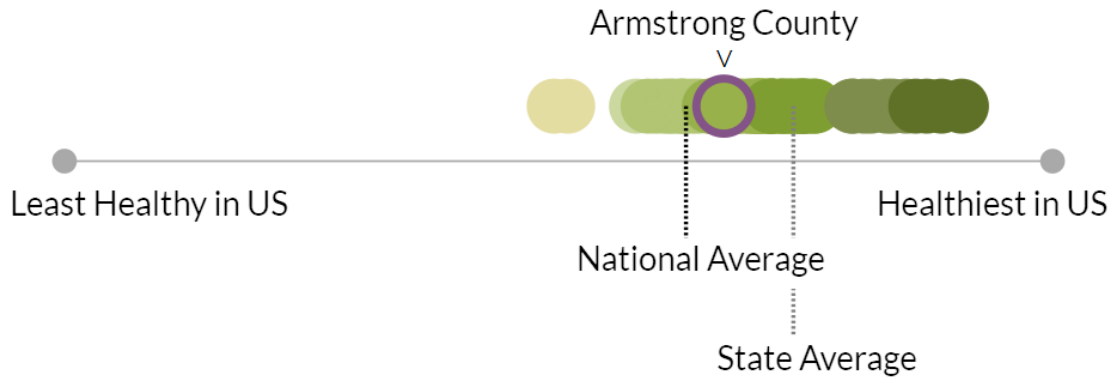
The following graphic shows the weight used for each subset of indicators that are used to define Health Outcomes and Health Factors.



County Health Rankings model © 2014 UWPHI

HEALTH OUTCOMES

Armstrong County Health Outcomes, comprised of **length of life** and **quality of life**, is worse than the average county in the Commonwealth but better than the average county in the US.

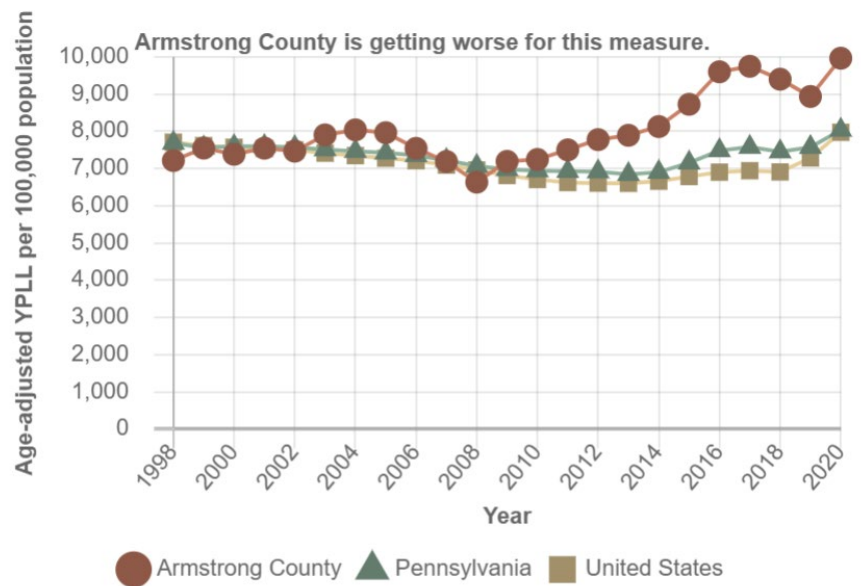


Length of Life

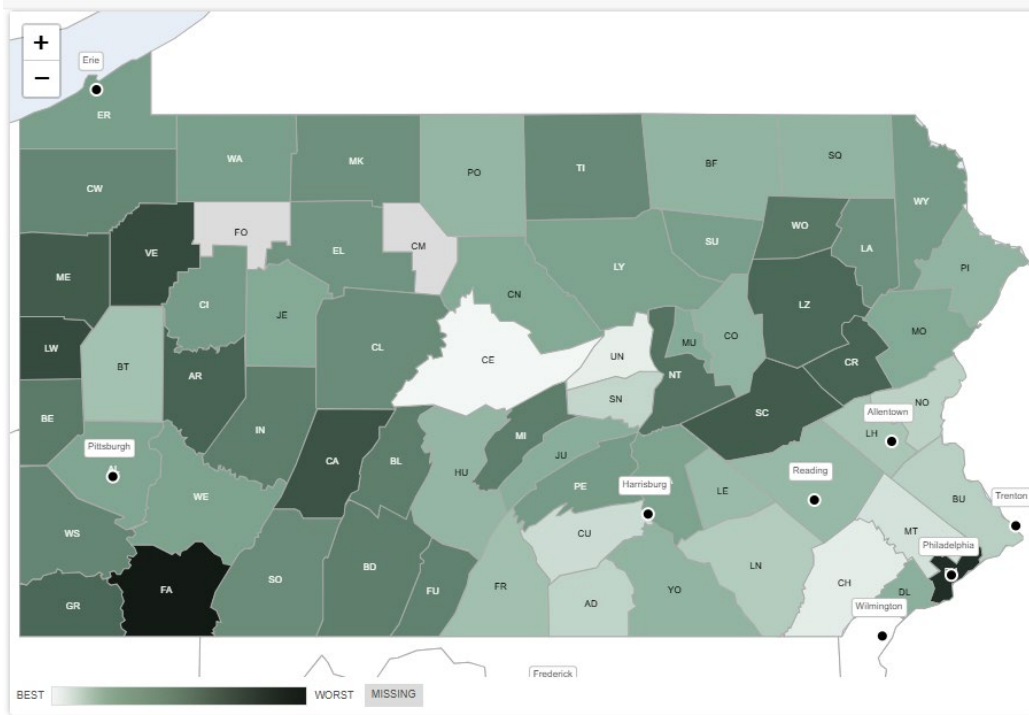
Length of life is evaluated by calculating premature death, or years of potential life lost before age 75 per 100,000 population (age adjusted.) The years of data used for this statistic are from 2019-2021. Armstrong County, at 10,000 per 100,000, is worse than both the Commonwealth and the US which are 8,000 per 100,000 and it is trending in a negative manner.

Note: Each year represents a 3-year average around the middle of the year (e.g., 2015 is the middle year of 2014-2016).

Premature Death in Armstrong County, PA
Years of Potential Life Lost (YPLL): county, state and national trends



The map below shows how Armstrong County (AR) compares to other counties in the commonwealth with respect to length of life. Darker colors are worse.



Leading Causes of Death

The leading causes of death under age 75 are presented as crude rates and are shown in the table to the right.

Leading Causes of Death under age 75 in Armstrong County

Leading Causes of Death Under Age 75	Deaths	Rate per 100,000
Malignant neoplasms	298	170.1
Diseases of heart	199	113.6
Accidents	136	77.7
COVID-19	121	69.1
Chronic lower respiratory diseases	64	36.5

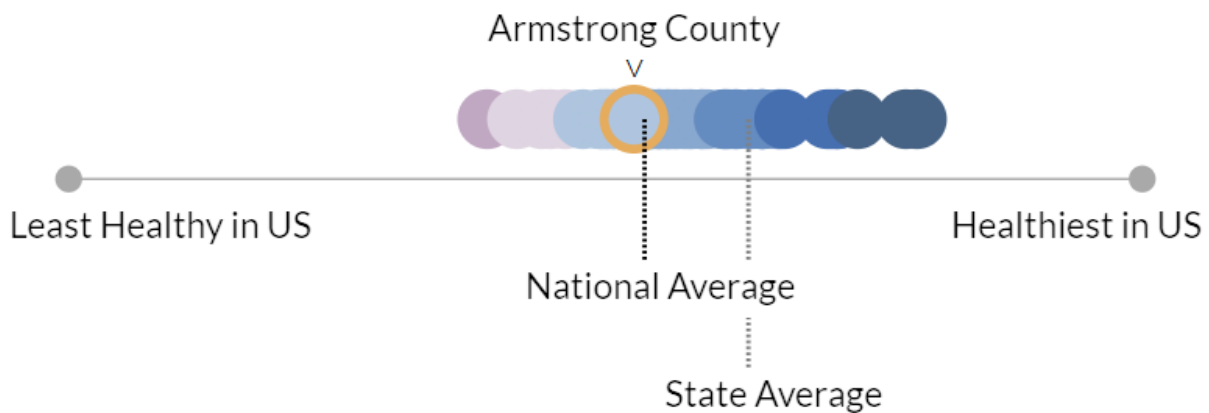
Source: [CDC WONDER](#). Leading causes of premature death are presented as crude rates (not age-adjusted). These crude rates show the true incidence of premature death within a county, but may not be suitable for comparison between counties because counties have different age structures.

Quality of Life

This measure includes four statistics. Three of the four statistics come from the Behavioral Risk Factor Surveillance System, (2021) a state-based random digit dial telephone survey that is conducted annually in all states and includes non-institutionalized populations over 18 years of age. The fourth indicator, low birth rate, comes from the National Center for Health Statistics – Natality File (2015-2022.)

Quality of Life	Armstrong County	Pennsylvania	United States
Poor or Fair Health	16%	15%	14%
Poor Physical Health Days	3.8	3.4	3.3
Poor Mental Health Days	5.1	4.7	4.8
Low Birthweight	7%	8%	8%

Armstrong County is faring worse than both the average county in Pennsylvania and the US for the quality-of-life indicator.





HEALTH FACTORS

County Health Rankings and Road Mappings health factors are grouped into four categories: health behaviors, clinical care, social and economic factors, and the physical environment. The following four charts show the indicators used in each category and how Armstrong County compares to the Commonwealth and to the United States. Trendlines are shown to the right of the indicator name when available. Trendlines in red are negative, green trendlines are positive, yellow indicates no trend.

Health Behaviors

As can be seen in the chart below, Armstrong County is worse than both the Commonwealth and the US for both the alcohol-impaired driving deaths indicator and the sexually transmitted infections indicator and is trending worse in both.

Health Factors			
Health Behaviors	Armstrong County	Pennsylvania	United States
Adult Smoking	20%	15%	15%
Adult Obesity	36%	33%	34%
Food Environment Index	8.3	8.5	7.7
Physical Inactivity	25%	23%	23%
Access to Exercise Opportunities	73%	86%	84%
Excessive Drinking	17%	19%	18%
Alcohol-Impaired Driving Deaths	 48%	25%	26%
Sexually Transmitted Infections	 152.1	409.8	495.5
Teen Births	16	13	17

Source: Smoking, obesity, physical inactivity, and excessive drinking indicators come from the Behavioral Risk Factor Surveillance System (2021).

The food environment index comes from the USDA Food Environment Atlas; Map the Meal Gap from Feeding America (2019 & 2021).

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity and comes from several combined sources; ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles (2020, 2022, and 2023).







Alcohol-impaired driving deaths is a percentage and comes from the Fatality Analysis Reporting System. Deaths are counted in the county of occurrence (2017 – 2021).

The sexually transmitted infections indicator is a rate and comes from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2021.)

Teen births is a rate and comes from the National Center for Health Statistics – Natality Files; Census Population Estimates Program (2016-2022.)

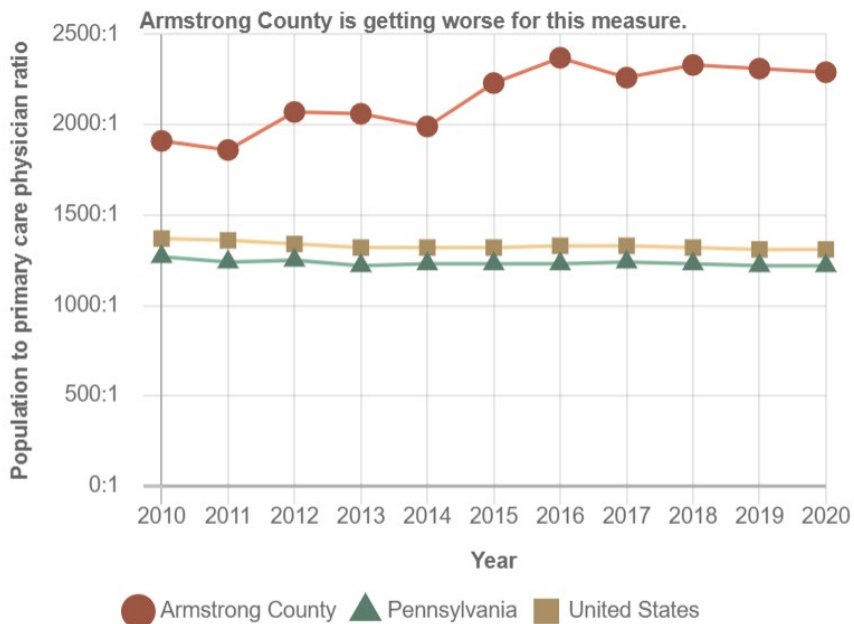
Clinical Care

In the **Clinical Care** category chart below, all trends are positive except for primary care providers to the population. Notice that Armstrong County is significantly worse in the dentist to population ratio but the trendline indicates improvement.



Clinical Care		Armstrong County	Pennsylvania	United States
Uninsured		6%	7%	10%
Primary Care Physicians		2,320:1	1,260:1	1,330:1
Dentists		3,240:1	1,400:1	1,360:1
Mental Health Providers		650:1	370:1	320:1
Preventable Hospital Stays		2,839	3,014	2,681
Mammography Screening		43%	47%	43%
Flu Vaccinations		41%	53%	46%

Source: The uninsured rate comes from the US Census Bureau's Small Area Health Insurance Estimates program. Primary care ratio of population to primary care physicians comes from combined resources through the Area Health Resource File/American Medical Association. The population to dentist ratio comes from the Area Health Resource File/National Provider Identifier Downloadable File. The preventable Hospital Stays, Mammography Screening, and Flu Vaccinations rates come from the CMS Mapping Medicare Disparities Tool.

Primary Care Physicians in Armstrong County, PA County, state and national trends



The following chart shows additional clinical care statistics that have been calculated but are not included in the calculation to determine the Quality-of-Life indicator.



Additional Clinical Care (not included in summary)	Armstrong County	Pennsylvania	United States
Uninsured Adults	 6%	7%	12%
Uninsured Children	 4%	4%	5%
Other Primary Care Providers	1,180:1	660:1	760:1

Source: The uninsured adults and children are from the US Census Bureau’s Small Area Health Insurance Estimates program.

The Other primary care providers indicator is from the CMS, National Provider Identification Registry.

Social and Economic Factors

The **Social and Economic Factors** chart below shows that the only trends that have been calculated are for unemployment and children in poverty and the yellow trendline indicates that there has been no real change from previous years.

Social & Economic Factors	Armstrong County	Pennsylvania	United States
High School Completion	92%	92%	89%
Some College	56%	67%	68%
Unemployment	 5.3%	4.4%	3.7%
Children in Poverty	 16%	15%	16%
Income Inequality	4.0	4.8	4.9
Children in Single-Parent Households	17%	25%	25%
Social Associations	19.2	11.8	9.1
Injury Deaths	124	96	80

High school completion, some college, and children in single-parent households are rates and come from the Census Data – American Community Survey, 5-year estimates (2018-2022.)

The unemployment rate is from the Bureau of Labor Statistics (2022.)


Children in poverty is a rate with the numerator from the Census Bureau, Small Area Income and Poverty Estimates (2022) and the denominator from the American Community Survey, 5-year estimates (2018-2022).

The Social Associations indicator measures the number of membership associations per 10,000 population and is from the Census, County Business Patterns (2021). Membership associations include civic, political, religious, labor, business, and professional organizations, and fitness centers.

Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile and comes from the American Community Survey, 5-year estimates (2018-2022.)

The Injury Deaths indicator measures the number of deaths due to injury per 100,000 population.

The following table shows additional social and economic factors that are not included when calculating the Quality-of-Life Indicator.

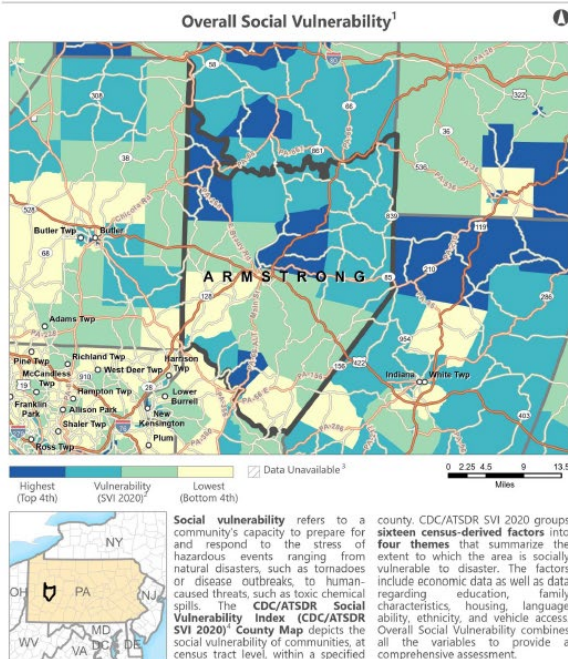
Additional Social & Economic Factors (not included in summary)	Armstrong County	Pennsylvania	United States
High School Graduation	91%	87%	86%
Disconnected Youth	6%	6%	7%
Reading Scores	3.2	3.1	3.1
Math Scores	3.3	3.1	3.0
School Segregation	0.06	0.31	0.24
School Funding Adequacy 	\$6,226	\$2,550	\$634
Gender Pay Gap	0.82	0.80	0.81
Median Household Income	\$57,600	\$71,800	\$74,800
Living Wage	\$43.55	\$50.09	
Children Eligible for Free or Reduced Price Lunch	65%	52%	51%
Residential Segregation - Black/White	73	72	63
Child Care Cost Burden	33%	31%	27%
Child Care Centers	4	5	7
Homicides	3	6	6
Suicides	20	14	14
Firearm Fatalities	14	13	13
Motor Vehicle Crash Deaths	12	9	12
Juvenile Arrests	8	10	
Voter Turnout	69.1%	70.7%	67.9%
Census Participation	65.8%		65.2%

Social Vulnerability

The social and economic factors can be used to estimate a measure of social vulnerability. Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and monetary loss in a disaster.

The charts below graphically display the social vulnerability index calculated for Armstrong County by the CDC/ATSDR for 2020. Social vulnerability is shown in five ways: overall, by socioeconomic status, by household characteristics, by race and ethnic minority status, and by housing type. /Transportation.

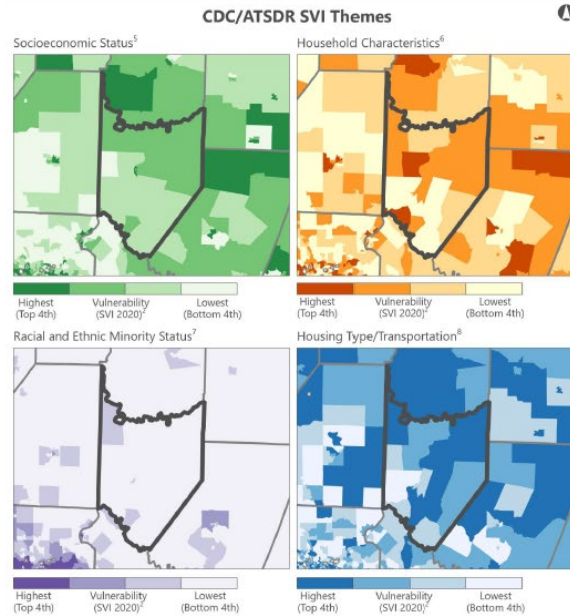
CDC/ATSDR Social Vulnerability Index 2020
ARMSTRONG COUNTY, PENNSYLVANIA



ATSDR Agency for Toxic Substances and Disease Registry

Geospatial Research, Analysis, and Reporting Services

CDC/ATSDR SVI 2020 – ARMSTRONG COUNTY, PENNSYLVANIA



Data Sources: CDC/ATSDR/GRASP, U.S. Census Bureau, Esri® StreetMap™ Premium.


Notes: ¹Overall Social Vulnerability: All 16 variables. ²Census tracts with 0 population. ³The CDC/ATSDR SVI combines percentile rankings of US Census American Community Survey (ACS) 2010-2020 variables, for the state, at the census tract level. ⁴Socioeconomic Status: Below 150% Poverty, Unemployed, Housing Costs Burden, No High School Diploma, No Health Insurance. ⁵Household Characteristics: Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single Parent Household, English Language Proficiency. ⁶Race/Ethnicity: Hispanic or Latino (of any race), Black and African American, Not Hispanic or Latino, American Indian and Alaska Native, Not Hispanic or Latino, Asian, Not Hispanic or Latino, Native Hawaiian and Other Pacific Islander, Not Hispanic or Latino, Two or More Races, Not Hispanic or Latino. ⁷Other Races: Not Hispanic or Latino. ⁸Housing Type/Transportation: Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters.

Projections: Pennsylvania Custom Lambert NAD83.

References: Flanagan, B.E., et al. A Social Vulnerability Index for Disaster Management. *Journal of Homeland Security and Emergency Management*, 2011, 8(1).

Physical Environment

The last category of indicators from County Health Rankings and Roadmaps has to do with the physical environment of the county.

Physical Environment	Armstrong County	Pennsylvania	United States	—
Air Pollution - Particulate Matter 	7.7	8.5	7.4	▼
Drinking Water Violations	Yes			▼
Severe Housing Problems	10%	14%	17%	▼
Driving Alone to Work	80%	71%	72%	▼
Long Commute - Driving Alone	45%	37%	36%	▼

Source: Air pollution – particulate matter is a density and is from the CDC’s National Environmental Public Health Tracking Network (2019.)

The drinking water violation is an indicator of the presence of at least one health-related drinking water violation (2022) as reported by the EPA Safe Drinking Water Information System.

Severe housing problems is the percentage of households with at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) from data provided by HUD Comprehensive Housing Affordability Strategy system (2016-2020).

The driving alone to work and the long commute – driving alone come from the American Community Survey, 5-year estimates (2018-2022).

HEALTHY PEOPLE 2030

Healthy People 2030 is a set of goals developed by the United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. It sets data-driven national objectives to improve health and well-being over the next decade. It provides more than 350 objectives, most of which measure progress toward a target over time. There are three types of objectives: Core, Developmental, and Research. Core Objectives are measurable targets for the decade and are associated with evidence-based interventions. Developmental Objectives are high-priority public health issues that are associated with evidence-based interventions but do not yet have reliable baseline data. Research Objectives represent public health issues with a high health or economic burden or significant disparities between population groups but are not yet associated with evidence-based interventions.

Healthy People 2030 has further developed a subset of 23 Core Leading Health Indicators (LHI). They are high-priority objectives intended to drive action toward improving health and well-being. Most address factors that impact major causes of death and disease.

The ACMH CHNA Steering Committee has developed programs that focus on the Healthy People 2030 objectives that are related to health and wellness and for which ACMH has the resources to address. Those objectives relate to health conditions and health behaviors.

- **Addiction:** While ACMH does not directly treat addiction, it contributes to the goal of individuals being referred to treatment for addiction through the ARMOT program and the goal of non-opioid pain management to prevent opioid use disorder.
- **Heart disease and stroke (LHI)** (the leading cause of death (heart disease) and the fifth leading cause of death, (stroke.) Both can also contribute to poor quality of life and disability. ACMH contributes to improvement of this measure by:
 - Educating the public to recognize the symptoms of a cardiovascular emergency and the importance of emergency treatment.
 - Helping our primary care providers increase the control of blood pressure in adults.
 - Reducing cholesterol in adults through dietary education, encouraging the increase in healthy physical activity, helping people quit smoking, and helping people in the management of their weight.
- **Arthritis:** This is a leading cause of disability and one that becomes more common in an aging population. ACMH contributes to reducing the proportion of adults with arthritis that limits their activities through physical rehabilitation and chronic pain management programs.
- **Infectious Diseases:** ACMH prevents and treats infectious diseases through:
 - Programs that encourage vaccinations.

- Early diagnosis and treatment of infectious diseases.
- Control of health care-associated infections.
- **Mental Health and Mental Disorders:** ACMH improves this measure through:
 - Mental health screenings during primary care visits.
 - The recruitment of mental health professionals.
 - Improving the quality of life for cancer survivors.
- **Cancer:** Cancer is the second leading cause of death in the US. ACMH addresses this measure by continuing to provide evidence-based cancer care and by providing evidence-based cancer screenings and prevention strategies.
- **Osteoporosis:** People with osteoporosis have weak bones which put them at risk for fractures that can lead to serious health problems; even death. ACMH addresses this measure through the provision of screening services and through falls prevention programs.
- **Chronic pain:** Chronic pain has been associated with anxiety and depression and can limit people's ability to work. ACMH addresses this measure through pain management programs and physical rehabilitation services.
- **Overweight and obesity:** Obesity is linked to type 2 diabetes, heart disease, stroke, and some cancers. ACMH addresses this measure through education regarding nutritious foods and programs that encourage physical activity.
- **Pregnancy and childbirth:** ACMH addresses this measure through programs that encourage pregnant women to receive early and adequate prenatal care, helping pregnant women abstain from alcohol and illicit drugs during pregnancy, helping pregnant women abstain from cigarette smoking or quit altogether, and by screening for postpartum depression.
- **Diabetes:** Diabetes is the seventh leading cause of death in the U.S. ACMH addresses this measure through early diagnosis by PCP's and by providing formal diabetes education.
- **Respiratory Disease:** ACMH addresses this measure through smoking prevention programs, encouraging pneumonia vaccinations in older adults, and by providing lung cancer screenings.
- **Health Care-Associated Infections:** ACMH continually addresses this measure through prevention (hand washing, masks, etc.), early detection and resolution, employee training, and improvements in antibiotic use.

Benchmarks: the Pennsylvania Department of Health has prioritized certain Healthy People 2030 goals. The chart below shows how Armstrong County compares to the Healthy People 2030 goals and how Armstrong County compares to the average for all Pennsylvania counties.

Pennsylvania Department of Health
Healthy People 2030 Goals
 Data for the period 2012 - 2016

Topic	Measure Description	Year	Goal Direction	Goal	Armstrong County	Average All Counties
Cancer	Age-adjusted cancer death rate per 100,000	2016-2020	less than or equal to	122.7	159.3	160.0
	Age-adjusted colorectal cancer death rate per 100,000	2016-2020	less than or equal to	8.9	15.6	14.3
	Age-adjusted female breast cancer death rate per 100,000 females	2016-2020	less than or equal to	15.3	15.8	19.7
	Age-adjusted lung cancer death rate per 100,000	2016-2020	less than or equal to	25.1	40.5	38.7
	Age-adjusted prostate cancer death rate per 100,000 males	2016-2020	less than or equal to	16.9	21.1	17.8
Family Planning	Reported pregnancy rate per 1,000 females aged 15 to 19	2016-2020	less than or equal to	31.4	20.8	19.1
Heart Disease and Stroke	Age-adjusted coronary heart disease death rate per 100,000	2016-2020	less than or equal to	71.1	100.6	104.9
	Age-adjusted stroke death rate per 100,000	2016-2020	less than or equal to	33.4	35.9	34.1
Food Safety	Laboratory-diagnosed Campylobacter incidence rate per 100,000	2019-2021	less than or equal to	10.6	33.3	28.1
	Laboratory-diagnosed Salmonella incidence rate per 100,000	2018-2020	less than or equal to	11.1	10.2	13.4
Injury and Violence Prevention	Age-adjusted death rate for drug overdoses involving any opioid per 100,000	2017-2019	less than or equal to	13.1	11.2	21.7
	Age-adjusted firearm-related death rate per 100,000	2016-2020	less than or equal to	10.7	14.4	12.0
	Age-adjusted homicide rate per 100,000	2016-2020	less than or equal to	5.5	3.4	4.9
	Age-adjusted motor vehicle crash-related death rate per 100,000	2016-2020	less than or equal to	10.1	10.9	12.6
	Age-adjusted unintentional injury death rate per 100,000	2016-2020	less than or equal to	43.2	90.5	63.5
	Nonfatal child abuse and neglect report rate per 1,000 under 18 years	2020	less than or equal to	8.7	20.0	15.6
Maternal, Infant, and Child Health	Child and adolescent death rate per 100,000 aged 1 to 19	2016-2020	less than or equal to	18.4	26.6	26.4
	Fetal mortality rate per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation	2016-2020	less than or equal to	5.7	7.3	6.1
	Infant mortality rate per 1,000 live births	2016-2020	less than or equal to	5.0	7.3	6.2
	Percent of females delivering a live birth who had a healthy weight prior to pregnancy	2020	greater than or equal to	47.1	35.2	38.5
	Percent of females giving birth who did not smoke during pregnancy	2016-2020	greater than or equal to	95.7	80.1	84.3
	Percent of live births which are preterm (less than 37 weeks gestation)	2018-2020	less than or equal to	9.4	9.2	9.4
	Percent of low-risk, no prior birth females giving birth by cesarean	2020	less than or equal to	23.6	27.1	26.6
	Percent of pregnant females who received early and adequate prenatal care	2020	greater than or equal to	80.5	77.3	72.6
Mental Health and Mental Disorders	Age-adjusted suicide rate per 100,000	2016-2020	less than or equal to	12.8	19.8	16.6
Oral Health	Percent of oral and pharyngeal cancers detected at the local stage	2015-2019	greater than or equal to	34.2	39.2	33.7
Substance Use	Age-adjusted cirrhosis death rate per 100,000	2016-2020	less than or equal to	10.9	10.0	9.3
	Age-adjusted drug overdose death rate per 100,000	2018-2020	less than or equal to	20.7	42.4	32.6
Tobacco Use	Percent of females who reported smoking in the first or second trimester that quit smoking by their third trimester	2020	greater than or equal to	24.4	13.6	20.3

SUMMARY OF INTERVIEWS WITH COMMUNITY STAKEHOLDERS

Purpose of Interviews: The interviews aimed to:

1. Identify unmet health needs in Armstrong County.
2. Identify barriers to care.
3. Identify underserved populations with unique needs.

Participants: ACMH met with select organizations and individuals who are knowledgeable in the health needs of Armstrong County residents:

- personnel from 12 community organizations
- 7 physicians
- 6 hospital clinical staff members

Note: The PA Department of Health was contacted. Their representative declined to be interviewed but directed us to their website which contained statistical information about the health and wellness conditions of Armstrong County residents. It was determined that the statistics were identical to those obtained through the County Health Rankings and Roadmaps report.

Key Findings:

Transportation Barriers: 70% of the participants in the interviews identified transportation as a significant barrier to health and wellness. Seniors, youth, and individuals requiring mental health or substance abuse rehabilitation services were considered the most impacted.

Challenges:

- Rural seniors face difficulties in accessing social activities.
- Youth miss extracurricular activities due to lack of transportation.
- Increased staffing requirements (social and healthcare workers) are needed to arrange transportation to and from healthcare appointments, especially when specialist services in the Pittsburgh area are needed.

Mental Health Concerns: 55% expressed significant concerns about mental health. They discussed:

- The increase in demand for services; with current delays for the first visit after intake, now as long as three months. Family Counseling Services is now providing mental health services to approximately 4,000 Armstrong County residents, including 600 school-aged individuals, reflecting a much higher demand than in previous years.

- The shortage of psychiatrists and licensed therapists. There is a noted shortage of psychiatrists in Armstrong County, and while the shortage of licensed therapists is not as severe, it remains a concern.
- The use of tele-health psychiatric services. Survey respondents generally viewed tele-health services as inferior to in-person care but acknowledged their value when combined with the services of a primary care provider managing the patient's mental health.

Economic Status: 45% of the participants identified economic status, including lack of insurance or inadequate coverage, as a significant barrier. They noted that the health status in this socio-economic group is deteriorating. Importantly, participants clarified that they were not referring to the very low-income populations with government benefits, but to families "living on the edge"—the "working poor." These families face rising out-of-pocket expenses, such as co-pays, deductibles, and co-insurance. Often, they are single-parent households that cannot afford childcare or cannot find childcare that is open past 6:00 p.m., limiting their ability to qualify for many full-time jobs. Additionally, these families lack resources to fall back on. If an injury prevents them from working, they have no income during that period.

Provider Shortages: 32% of participants reported that provider shortages are negatively impacting the health and wellness of residents. The most frequently mentioned shortages were psychiatrists, followed by primary care providers. Participants highlighted several consequences of these shortages. For instance, delays in accessing psychiatric care can exacerbate mental health issues, while a lack of primary care providers may delay preventative care.

Other provider shortages discussed were:

- Urologists
- Gastroenterologists
- Dentists
- Eyecare physicians
- Dermatologists
- Plastic surgeons
- Podiatrists (foot/ankle surgical care)

In addition to physician shortages, the nursing and other clinical staff shortages were acknowledged as significant concerns. Participants noted that providers in Armstrong County struggle to pay market rates for nurses and other clinical staff, further exacerbating the shortages.

Substance Abuse: 27% of participants identified substance abuse/dependency as a continuing concern, with a noted increase in methamphetamine use. This was corroborated by several local organizations, which have observed a rise in substance abuse cases since the pandemic began. While opioid use remains significant, the shift towards methamphetamine use was described as alarming.

Impact on Healthcare Facilities - Several providers have expressed the desire to restart the hospital acute withdrawal unit to better manage the increasing number of patients requiring detoxification. Interviewees emphasized the current strain on emergency departments and nursing units, where patients currently are detoxed.

Dual Diagnosis Challenges - Individuals with dual diagnoses present significant challenges for both primary care physicians managing mental health conditions and local facilities addressing substance abuse. Enhanced coordination and integrated care approaches were thought to be necessary to effectively support these individuals.

Prenatal Care Needs - The need for specialized prenatal care for women who abuse substances was discussed. Providing targeted support and resources for these women was stated as being crucial to ensure the health and safety of both the mothers and their unborn children.

Youth Substance Abuse - Youth substance abuse is a growing concern, with many teens regularly using marijuana. Alarmingly, some teens obtain marijuana from parents who hold medical marijuana cards, either through direct sharing or theft. This raises significant concerns about the regulation and safety of marijuana distribution. Limited control distribution centers, such as the only one in Armstrong County, exacerbate this issue, increasing the risk associated with street-purchased marijuana.

Methamphetamine Contamination - When methamphetamine is determined to have been manufactured in a home, children must be decontaminated before being placed into protective custody. Child Protective Services (CYS) has expressed a desire to use hospital decontamination facilities if possible.

Homelessness and Affordable Housing: 23% of participants identified homelessness and the lack of affordable housing as significant barriers to healthcare. Various organizations believe this issue is more severe than current statistics suggest, indicating an urgent need for more accurate data and targeted interventions.

Nature of Homelessness in Armstrong County - One participant described homelessness in Armstrong County as "couch surfing," where individuals and families stay with relatives or friends until they are no longer welcome, then move to another home. This transient lifestyle contributes to instability, the lack of accurate statistics, and complicates access to consistent healthcare.

Challenges in Emergency Housing - Emergency housing options in Armstrong County are extremely limited. The only available option, Stayleys Motel, imposes strict limits on the length of stay, making it inadequate for many individuals and families in need. This highlights the necessity for more robust and flexible emergency housing solutions.

Housing for Assault Victims - Finding housing for assault victims presents specific challenges. Renters often fear property damage from abusive spouses, which deters them from offering housing to these vulnerable individuals. Developing dedicated housing solutions for assault victims is crucial to ensure their safety and stability.

Shortage of Low-Income Housing - Long waiting lists for low-rent housing exist, underscoring the high demand and insufficient supply of housing options. This exacerbates the challenges faced by low-income families, working-poor families, and individuals in securing stable housing.

United Way 2.1.1 Findings - According to the United Way 2.1.1 service for Armstrong County, housing and shelter needs represent the second number of calls and email requests, slightly exceeded only by utility payment assistance. This data underscores the critical need for expanded housing support services in the community.

Healthcare Costs, Costs to Provide Healthcare, and Lack of Program Funding: 23% of participants identified rising costs to provide healthcare related services as significant barriers to care. This included concerns over the excessive cost of prescription drugs, particularly impacting seniors who reach the Medicare 'donut hole' phase. The financial burden of healthcare expenses limits access to, and provision of, necessary treatments and services.

Impact of Drug Costs on Seniors - Seniors reaching the Medicare 'donut hole' phase often struggle with the high cost of prescription drugs, which can lead to medication non-adherence and worsened health outcomes. This underscores the urgent need for affordable medication options and policy reforms to support elderly healthcare affordability.

Supply Chain Challenges for Providers - Healthcare providers face challenges due to supply chain expenses, which limit their operational capabilities and ability to efficiently deliver care. These logistical hurdles contribute to increased healthcare costs and may affect service availability for patients.

Issues with Insurance Reimbursement - Unfair insurance reimbursement practices further compound the financial challenges faced by healthcare providers. Inequitable reimbursement rates can jeopardize financial sustainability and compromise the quality of care provided to patients.

Limitations in Implementing Innovative Programs - Limited funds for health and human service programs restrict providers' capacities to implement innovative initiatives aimed at improving community health through preventive services. This funding shortfall hampers efforts to address healthcare disparities and meet the diverse needs of the community.

Obesity and Unhealthy Lifestyles: Obesity, along with the resulting diabetes and heart disease, has become a significant concern to the stakeholders interviewed. Several doctors have noted an increase in patients falling into the morbidly obese category. Constraints to the provision of care were noted.

Observations from Healthcare Professionals - Concern was expressed about the county's medical providers' limited capability to care for morbidly obese patients. While not all participants specifically discussed obesity, many highlighted the unhealthy lifestyles prevalent among the populations they serve.

Impact of COVID-19 on Physical Activity - Participants reported that a rising number of elderly individuals and adolescents are not participating in any physical activity. They believed that the COVID-19 pandemic affected this trend. They theorized that as the COVID-19 pandemic forced people to forgo many activities, leading to an increase in home leisure, (watching TV or using computers) that has persisted. This may be due to continued fear of exposure or simply because people have become accustomed to more sedentary lifestyles. Exacerbating this problem is the slow resuming of social activities with some not resuming at all.

Concerns About Youth - Those working with youth noted that young people now spend much of their social time on social network sites, lacking incentive to engage in physical activities. Although schools have made efforts to keep exercise rooms open after hours, many students

face transportation barriers. Additionally, the proximity to, and cost of exercise activities, remain significant obstacles for people of all ages.

Healthcare Education: Community physicians expressed a need for ongoing provider education about new hospital services. It was noted that, at one time, quarterly medical staff breakfast meetings at the hospital served this purpose, and there was interest in reviving such meetings.

Educational Needs for Providers, Healthcare Workers, and Caregivers:

- **Tick-Borne Illnesses:** Providers expressed a need for education to identify and diagnose the rising number of cases of anaplasmosis and other tick-borne diseases.
- **Palliative and Hospice Care:** Education for both providers and families on palliative care and hospice services is needed.
- **Domestic Violence Screening:** Healthcare workers need better training in how to ask specific questions to identify domestic violence cases.
- **Awareness of Community Resources:** Education is needed to inform healthcare workers about available community resources to better counsel patients.
- **Alzheimer's and Dementia:** Caregivers need training on managing Alzheimer's, dementia, and urinary tract infections (UTIs).
- **Respite Care:** Caregivers need information on the availability of respite care through the Area Agency on Aging's (AAA) "Options Program."
- **General Caregiver Training:** Education to improve overall caregiver knowledge and skills to reduce caregiver neglect.

Community-Wide Education Needs

- **Vaccine Hesitancy:** Unbiased education is needed to combat vaccine hesitancy, particularly for children.
- **Chronic Conditions:** Education on managing chronic conditions to empower patients to participate in their care.
- **Medication Oversight:** Ensuring mail-order medication recipients have proper oversight to avoid drug interactions.
- **Radon Testing:** Educating residents on testing for high radon levels in homes.

Food Insecurity: Despite the recent establishment of numerous food pantries and increased collaborations with food banks, survey participants expressed concerns over rising food prices. A notable food bank reported statistics showing that one in eight people face hunger. Before the COVID-19 pandemic, this food bank assisted 157 families. Currently, they support an average of 250 families. During a drive-through food distribution event amid the pandemic, they served 250

families and had to turn away 70 others due to depleted supplies. One survey respondent highlighted that some individuals must choose between buying food and paying rent, with elderly nutrition being a particular concern.

Observations made during housing inspection indicated that people take home healthy foods from food banks, which ends up rotting in refrigerators, while food stamps are used to purchase prepared meals from convenience stores. Reasons for this included a dislike for the foods and/or lack of knowledge of how to prepare the food. Some suggested that providing recipe cards alongside the food might help mitigate this issue.

Case workers: Many participants expressed a need for additional case workers to support families eligible for low-income housing and to assist with applications for Social Security (SS), Social Security Disability (SSD), Supplemental Security Income (SSI), and other public assistance (PA) benefits. In Rural Health Centers case workers play a crucial role in helping patients understand and apply for insurance, as well as identify other necessary resources. Enhanced case management has been shown to improve healthcare outcomes by ensuring that vulnerable populations receive the support they need.

The needs of Special Populations

Adolescents and Youth - The PAYS 2021 report revealed that 34.9% of students have engaged in gambling, a rate higher than the state average of 30.4%. Survey participants suggested that an increase in extracurricular activities for youth not involved in organized sports was needed. Despite the availability of school facilities, many students lack transportation for after-hour activities. One respondent, who handles truancy cases, emphasized the need for early interventions, noting frequent issues at the grade school level. Other comments suggested that there was an underutilization of the SMART Choices program. An inter-generational pilot program taking place at Freeport school district could serve as a model for addressing these concerns.

The Elderly: Elderly individuals, particularly those who are hard of hearing or living alone, face significant challenges such as isolation, poor nutrition, and a lack of engagement in their healthcare. Participants recommended increasing opportunities for socialization and exercise to enhance motivation and well-being. Additionally, there is a growing need for services to support people with dementia and Alzheimer's to continue living at home. Adult day care, respite care and changing the perception of 'Senior Centers' are also needed. An increase in bedsores

observed among elderly nursing home residents underscores the need for improved care standards.

LGBTQ: Several providers indicated that LGBTQ individuals are seeking services outside of Armstrong County. This suggests a gap in local healthcare provision. One survey participant stated that a targeted needs assessment be done to develop inclusive healthcare services. Establishing partnerships with LGBTQ advocacy groups could also help address these gaps.

Miscellaneous Comments:

Participants identified several miscellaneous healthcare barriers and needs:

- **Alternative Medicine:** There is a desire for alternative medicine options for pain and arthritis management.
- **Ambulance Services:** Variability in ambulance service management has led to unpredictable response times.
- **Broadband Access:** Broadband is still lacking in 10%-15% of the county, affecting the feasibility of virtual healthcare visits. Despite the high cost, the County plans to address this gap.
- **Drug Shortages:** Ongoing drug shortages pose a significant problem for healthcare providers and patients.
- **Employee Offered Wellness Programs:** One interviewee suggested that ACMH, as one of the largest employers in the county, introduce a wellness program for its employees to help identify and address many undiagnosed health issues and potentially incentivize other employers to implement similar programs.
- **Television Commercials and Self-Diagnosis:** Misleading commercials lead patients to self-diagnose or request inappropriate treatments, such as opting for at-home tests over recommended procedures like colonoscopies.
- **Child Welfare and Emergency Services:** Long ED waiting times for child transfers to UPMC Children's Hospital create logistical challenges for parents who must leave to pick up another child from school or keep a healthcare appointment. Coordination with CYS for assistance was recommended.
- **Regulatory Burden:** Health and human service providers explained that they are hindered by extensive regulations and paperwork, reducing the time available for direct patient care.
- **SCAM Awareness:** Providing information on recognizing and avoiding frauds.
- **Social Network Etiquette:** Training on appropriate social media use, particularly to address youth bullying.
- **Computer Skills for Seniors:** Training programs to improve seniors' computer literacy.

PRIORITIZATION METHODOLOGY AND SETTING OF PRIORITIES

The CHNA steering committee met on May 9, 2024, to prioritize community needs. The following criteria were used:

- The most common causes of premature death
- The most prevalent chronic disease conditions
- Recent trends in our mortality and chronic disease rates
- The comparison of Armstrong County statistics to benchmarks
- Comments received from community members, especially those with knowledge of public health.
- The ability of ACMH to impact outcomes.

NEEDS FOR WHICH PLANS WILL BE MADE

Based on the analysis of the statistics reviewed and the data collected through community stakeholders, the following have been identified as focus areas over the next three years.

- Social Determinants of Health
 - Housing
 - Food Insecurity
 - Transportation
 - EMS
- Substance Abuse
- Mental Health
- Health Behaviors
 - Prevention and Management of Chronic Disease
 - Tobacco Use
 - Diet and Exercise
- Provider Engagement
 - Healthcare Education
 - Provider Training
 - Provider Shortages

NEEDS FOR WHICH PLANS WILL NOT BE MADE

- Low-income levels – due to the inability for the organization to address.
- Healthcare cost – ACMH has little control over drug and supply costs. Financial assistance is offered to all patients who qualify.
- Broadband Internet– Armstrong County Government Officials continue to develop plans to provide broadband internet access to all residents in the county.

ACKNOWLEDGEMENTS

The ACMH Hospital Executive Team, the Board of Directors, and the Needs Assessment Steering Committee wish to thank the following organizations and individuals who provided input for this needs assessment.

Health and Human Service Organizations		
ARC Manor Addiction Recovery Center	724-548-7607	www.arcmanor.org
Armstrong, -Indiana Behavioral and Developmental Health Program	724-548-3451	www.aibdhp.org
Armstrong-Indiana-Clarion Drug and Alcohol Commission	724-354-2746	www.aicdac.org
Family Counseling Center of Armstrong County	724-543-2941	www.fccac.org
Grace Presbyterian Church Food Bank - Kay Owen	724-548-5609	www.gpckittg.org/outreach
Helping All Victims in Need (HAVIN)	724-543-1180	www.havinpa.org
Housing Authority of the County of Armstrong	724-548-7671	www.hacarmstrong.org
PA and Armstrong County Government		
Area Agency on Aging	724-548-3290	aaa@co.armstrong.pa.us
Armstrong County Commissioners	724-548-3215	chairman@co.armstrong.pa.us
Armstrong County Department of Veterans Affairs	724-548-3441	vetaffairs@co.armstrong.pa.us
Armstrong County Children, Youth and Family Services	724-548-3466	cyf@co.armstrong.pa.us
Magisterial District Justice District 1	724-463-7866	jgdecomo@co.armstrong.pa.us
Pennsylvania Department of Health		www.health.pa.gov
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Shelly Askew-Floyd, Manager of Behavioral Health Unit		www.acmh.org
Vicki White, Community Health Administrator		www.acmh.org

ACMH NEEDS ASSESSMENT STEERING COMMITTEE

ACMH Hospital CHNA 2024 Steering Committee
Nicole Geraci, ACMH President and CEO
Matthew Kociola, ACMH Vice President of Finance
Dana Mikos, ACMH Executive Director of Nursing
Anne Remaley, ACMH Vice President of Human Resources
Jeff Lasko, ACMH Executive Director of Clinical Services
Tim Lehner
Vicki White, Community Health Administrator
Kylie Lowry
Olivia Fusaro, Quality and Patient Experience Specialist
Rachel Verdi, ACMH Executive Director of Risk & Quality Management

AUTHOR CREDENTIALS

ACMH Hospital engaged the consulting services of Dianne Emminger to lead this assessment and prepare this report. Mrs. Emminger holds a master's in business administration from the University of Pittsburgh, Katz Graduate School of Business. Her Bachelor of Science degree is in Computer Science from Point Park University in Pittsburgh, PA. Mrs. Emminger formerly served as the ACMH Vice President of Information Services for over 20 years where she wrote grants, led strategic planning activities, and has authored all the ACMH Community Health Needs Assessment Reports since 2012.

Prior to her employment at ACMH Hospital, Mrs. Emminger served as Director of Information Services for Pennsylvania Engineering Corporation and the E.G. Smith Division of Cyclops Corporation. Her programming, analytic and quantitative methods education, and background make her well versed in the compilation and interpretation of statistics.

Mrs. Emminger lives in Armstrong County and has worked with and/or is known by members of nearly all health and human service organizations in Armstrong County. She has studied Armstrong County population statistics in many previous assignments. She is familiar with members of the medical community and hospital employees and, as such, knows where to find information.

COMMUNITY RESOURCES

Armstrong County Resource Directory		
Organization	Services Provided	Phone #
ADAGIO Health	Provides services in the areas of gynecology; family planning; breast and cervical cancer screening; STI prevention, testing and treatment; healthy relationship and sexual health education and nutrition counseling placing a special focus on caring for teens, the LGBTQIA+ community, low income individuals, and those without insurance or are underinsured (have high co-pays) in a judgement-free environment.	866-942-2778
ARC Manor (Addiction Recovery Center)	Provides inpatient and outpatient addiction recovery treatment, outreach services to families and other agencies, and 24 x 7 intervention services.	724-548-7607
Arc of Armstrong County	Services for individuals with intellectual and developmental disabilities	724-545-3426
Area Agency on Aging	Provides services to residents 60 years old and over, helping them remain active and independent in the community.	724-548-3290
Armstrong Care, Inc.	provides services to intellectually disabled adults by operating twelve group homes located in the Kittanning and Ford City areas.	724-763-1490
Armstrong County Community Action Partnership	Operates the Head Start program, delivers home meals to over 1500 residents per month, assists with finding shelter, provides employment application training services, such as training for interviews and resume preparation, and operates the Town and Country transit system.	724-548-3408
Armstrong county probation services	Offers education to those who have had an episode of DUI.	724-548-3491
Armstrong County Veterans' Treatment Court	Provides veterans with addiction, alternative programs to incarceration.	724-548-3491
Armstrong Indiana Behavioral and Developmental Health	Contracts with healthcare providers and supplies administrative oversight of mental health, intellectual disabilities, and early Intervention systems for Armstrong and Indiana Counties.	724-548-3451
Armstrong-Indiana-Clarion Drug and Alcohol Commission	Provides funding for inpatient detoxification services, rehabilitation programs, Veterans' Treatment Court, and miscellaneous other programs.	724-354-2746
Children's Advocacy Center (Kay's Cottage)	Responds to child abuse, educates communities, and advocates for better policy to make sure kids are protected and offenders are held accountable.	724-919-8711
CYS (Armstrong Children, Youth and Family Services)	Mitigate the problems of child abuse and neglect that can occur when parents are not able to properly care for their children.	724-548-3466
Evergreen Homes, Inc.	Provider of services to intellectually and physically challenged persons through the federally funded Waiver Program.	724-763-3125
Family Counseling Center of Armstrong County	Provides mental health and intellectual disability services	724-543-2941
HAVIN (Helping All Victims in Need)	Provides food, shelter, and protection for victims of domestic violence. This agency works closely with law enforcement and Commonwealth legislators to help identify needs for changes to the Pennsylvania Code of Regulations.	724-548-8888
Housing Authority of County of Armstrong	Provides decent, safe and affordable housing to lower-income citizens	724-548-7671
Lifesteps	Helps individuals and families with life's changing needs by developing programs and providing services which will improve quality of life	724-545-8289
Pennsylvania Office of Vocational Rehabilitation	Provides vocational rehabilitation services to help persons with disabilities prepare for, obtain, or maintain employment.	724-656-3070
Richard G. Snyder YMCA	Provider of exercise, recreational, and family services and offers programs to manage diabetes and prevent Parkinson's Disease	724-545-9622
Salvation Army	Caring for the poor, feeding the hungry and educating youth, emergency response	724-543-6622
Progressive Workshop of Armstrong County	Provides vocational rehabilitation services to people with disabilities with funding obtained through the Behavioral and Developmental Health Program of Armstrong and Indiana Counties, the Office of Developmental Programs Waivers and fee-for service funding.	724-548-5664
United Way of Armstrong County	Administers the 2-1-1 program, a directory through which residents can call, and/or go online to find community services that are available near their homes.	724-543-2610
UPMC Childrens Community Pediatrics	Child and adolescent healthcare	724-548-2283