



 **Independence**  
HEALTH SYSTEM

WESTMORELAND  
AREA

**CFAR** Center  
For Applied  
Research  
University of Pittsburgh at Greensburg

# 2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

## **Message to the Community**

Independence Health is proud to present their 2023 - 2025 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicators, public health, socioeconomic, demographics and other qualitative and quantitative data from Westmoreland County. The report was developed with research collaboration from the Center for Applied Research (CFAR) at the University of Pittsburgh at Greensburg. This report provides findings at multiple levels of analyses. The data review and analysis determined the top priority needs and issues facing the community-at-large. This process ensured consistent data collection for Independence Health, operating Excelsior Health in Westmoreland County, following the current IRS 990 guidelines, a federal requirement for non-profit health organizations and hospitals. However, the primary purpose of this assessment was to identify the health needs and issues of Westmoreland County. In addition, the CHNA provides useful information for public health and health care providers, policy makers, business leaders, community groups, social services agencies, educational and religious institutions, and Westmoreland County residents who are interested in learning more about improving the health status of the community and region.

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

The complete 2023 – 2025 CHNA, including all data collection, methodology and proposed implementation plan will be reviewed and approved by the Independence Health Board of Trustees in November 2024.

## **Executive Summary**

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

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



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

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

## **Background**

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

The Center for Applied Research (CFAR) at the University of Pittsburgh, Greensburg has completed the last three CHNAs. With the support of CFAR, we have reviewed secondary data collected from public data sources and primary data collected through surveys, focus groups and interviews.

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

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

- Transportation
- Women’s Health

Further details on previous CHNAs and Implementation Plans are available on the Independence Health website under the community wellness tab.

## **2023-2025 CHNA Timeline and Process**

### **CHNA Timeline**

1. Infrastructure Development (August 2023)
  - a. Formalize work plan with tasks and timelines specified
  - b. Specify data parameters for secondary data collection
2. Refine Scope and Planning (August 2023)
  - a. Finalize primary data collection plan
    - i. Revised primary data tools
    - ii. Implement new data tools
  - b. Finalize secondary data collection plan
3. Implement Data Collection Plan (September—December 2023)
  - a. Schedule and conduct structured interviews, focus groups, and community surveys
  - b. Collect, process, and refine secondary data
4. Data Analysis Plan (January—March 2024)
  - a. Analyze primary and secondary data
  - b. Develop Findings Section for inclusion in Final Report
5. Develop Initial Report (April—June 2024)
  - a. Complete Initial Findings Report
  - b. Report approved by Independence Health Trustees and placed on Independence Website by June 15, 2024
  - c. Assist with the development of Implementation Plan
6. Develop and Complete the Independence Health CHNA Implementation Plan (July 2024—July 2025)
  - a. Assist Independence Health with implementing, measuring, and monitoring program and service activities as part of CHNA Implementation Plan
  - b. Assist with Continuous Quality Improvement (CQI) on the development of the next CHNA
  - c. Implementation Plan approved by Independence Health Trustees at October 2024 meeting and placed on Independence Health Website by November 15, 2024.

## **CHNA Data Collection**

### *Primary Data Collection*

During the CHNA period, data was collected through a series of key stakeholder interviews, community focus groups, and a community survey. Primary qualitative data collected for the CHNA includes 3 focus groups and 14 stakeholder interviews. These individual and group interviews were held with respondents to include a variety of Westmoreland County resident's interests and viewpoints based on opinions on community health issues. Questions posed during these sessions allowed us to gather detailed information on knowledge and perceptions on the strengths and weaknesses of community health as well as ways in which opportunities could be utilized, and threats avoided.

In addition to focus groups and interviews, an online community survey was used to gather information from employees and residents. Questions asked on the survey were designed to gather detailed information on knowledge and perceptions of community health in a similar design to the focus groups and interviews. Once these data were collected, data were sorted by theme and responses to questions were grouped into categories. Details on the data collection tools used for interview, focus group, or survey instruments are available upon request.

### *Secondary Data Collection*

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

## **Findings**

### *Highlights of Findings from Primary Data Sources*

#### Interviews and Focus Groups Analyses

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

What does a healthy community mean to you?

- Access to dental care
- Access to health care such as ENT, surgeries, cardio, therapy, ob/gyn (3)
- Access to food/food security (2)
- Access to preventative care regardless of income (3)
- Adequate resources to meet community needs (2)
- Children learning health habits (2)
- Green spaces
- Healthy diet and exercise
- Homeless shelters needed (2)
- Insurance issues
- Land banks with safe neighborhoods
- Mental health access and care
- Number of primary care physicians OR PCP
- Nutrition education (2)
- Transportation (2)
- Wellness visits (3)

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

- Access to healthcare (16)
- Behavioral health (3)
- Cardiovascular disease (3)
- Diabetes (3)
- Education (3)
- Finances to pay (2)
- Health food
- Mental health (10)
- Nurses needed
- Obesity (5)
- Physical activity needed
- Resources (6)
- Smoking
- Substance abuse (3)
- Transportation (9)
- Urologists needed

What issues are driving these community health needs?

- Depression rate going up (2)
- Drug problems (6)
- High inflation rates (3)
- Housing and food insecurities (4)
- Lack of access to gyms (2)
- Lack of access to healthcare (8)
- Lack of education of resources available (6)
- Lack of healthy food (5)
- Lack of infrastructure
- Lack of interest in prevention programs

- Lack of nurses and doctors (4)
- Low incomes
- Stigma against mental health (9)
- Tobacco use (4)
- Transportation (18)

What community health activities are currently underway?

- Collaborative outreach for opioid addiction (3)
- Conferences and outdoor events (2)
- Extended housing program
- Farmers markets (2)
- Flu clinics (2)
- Homeless shelters (3)
- Mall walkers (8)
- United Way programs (6)

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

- Better transportation services (8)
- Deal with poverty (4)
- Drug and alcohol treatment options have improved (3)
- Educate community on available options (10)
- Educate the elderly (8)
- Hire more nurses (6)
- Lack of public health services (7)
- Mental health resources (10)
- Selfcare classes (5)

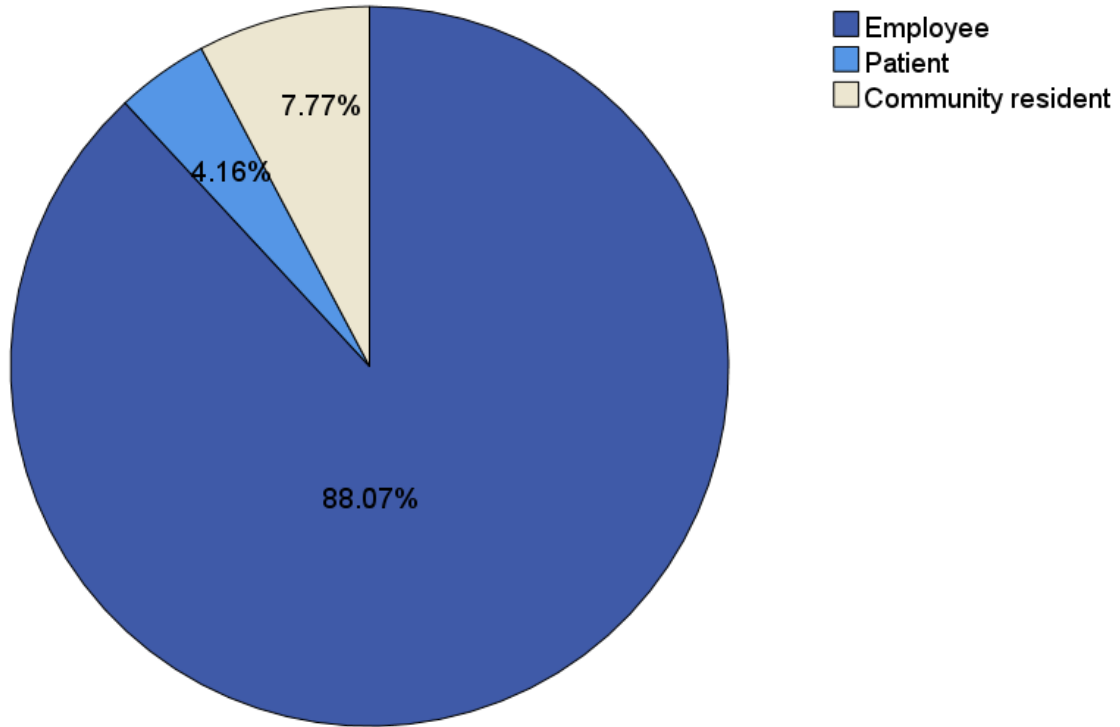
Are resources adequate to expand or sustain community health needs?

- Better access to internet/WIFI (3)
- In need of licensed staff such as nurses and doctors (5)
- More transportation options needed (17)
- Rural areas need more services (7)
- Too long of wait for appointments with specialists (6)

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

In addition to interviews and focus groups with key stakeholders and community residents, CFAR conducted a community online survey to learn the perceptions of residents toward community health concerns in the county. 1,249 respondents completed the survey with details on both questions posed and answers received indicated below. The graphics and tables below illustrate our survey findings.

**Independence Health Survey Results (2023)**  
***Relationship to Independence Health:***

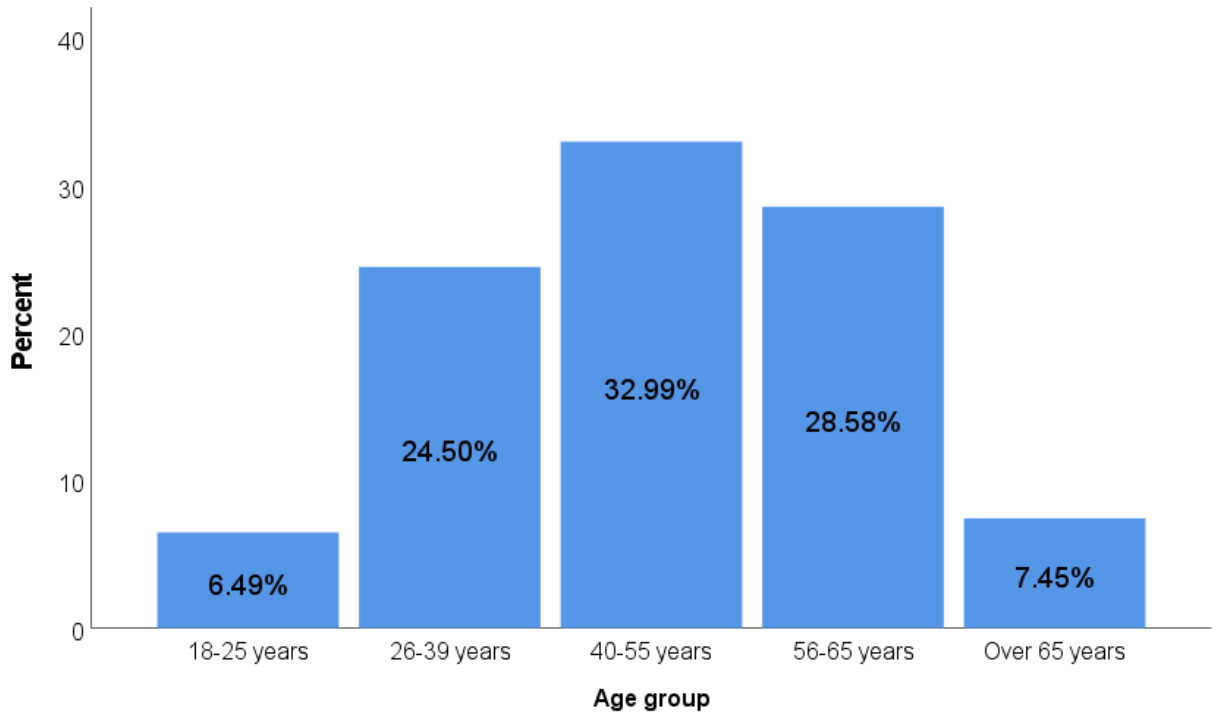


**Relationship to Independence Health Systems**

	Frequency	Percent	Valid Percent	Cumulative Percent
Employee	1100	88.1	88.1	88.1
Patient	52	4.2	4.2	92.2
Community resident	97	7.8	7.8	100.0
<b>Total</b>	<b>1249</b>	<b>100.0</b>	<b>100.0</b>	

***Age Demographics:***

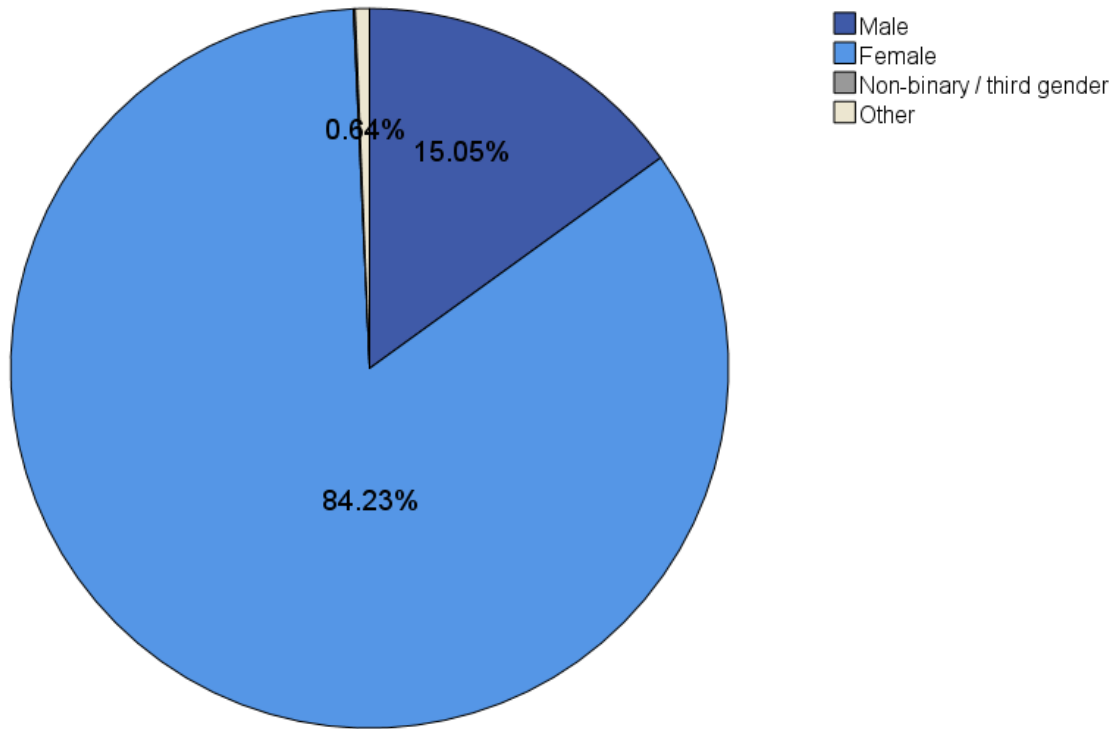




**Age groups**

	Frequency	Percent	Valid Percent	Cumulative Percent
18-25 years	81	6.5	6.5	6.5
26-39 years	306	24.5	24.5	31.0
40-55 years	412	33.0	33.0	64.0
56-65 years	357	28.6	28.6	92.6
Over 65 years	93	7.4	7.4	100.0
<b>Total</b>	<b>1249</b>	<b>100.0</b>	<b>100.0</b>	

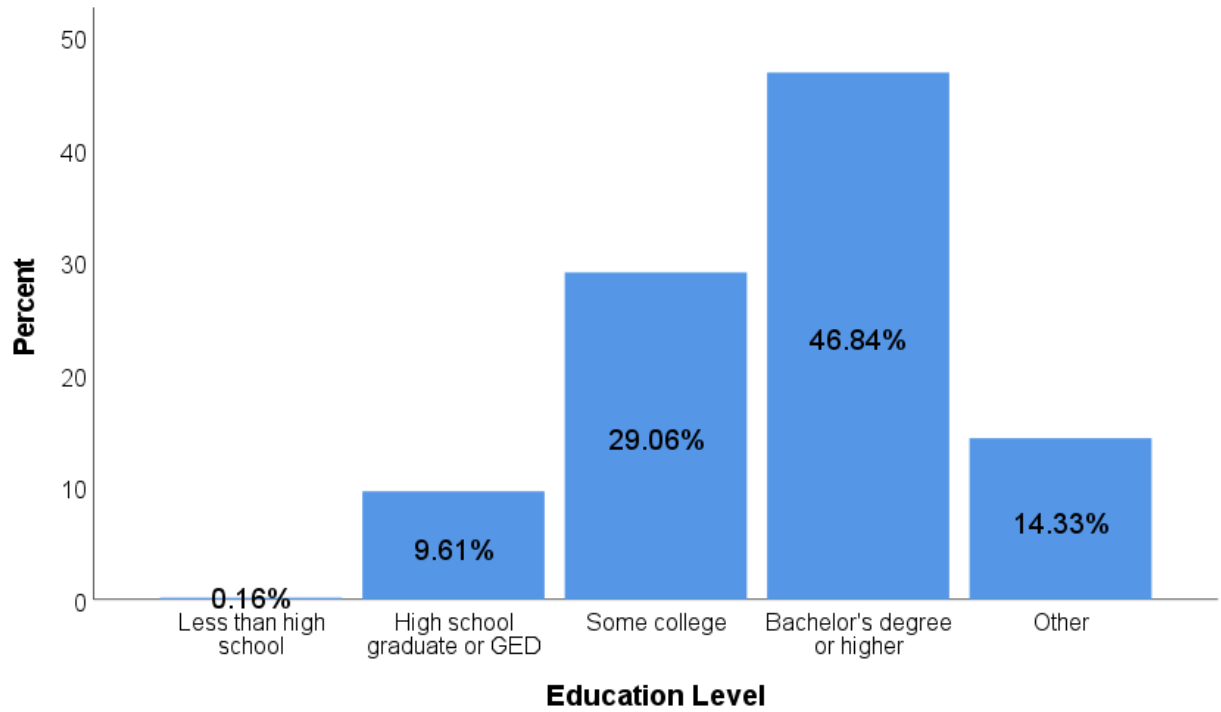
**Gender Identity:**



**Gender Identity**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Male</b>	<b>188</b>	<b>15.1</b>	<b>15.1</b>	<b>15.1</b>
<b>Female</b>	<b>1052</b>	<b>84.2</b>	<b>84.2</b>	<b>99.3</b>
<b>Non-binary / third gender</b>	<b>1</b>	<b>.1</b>	<b>.1</b>	<b>99.4</b>
<b>Other- Please list</b>	<b>8</b>	<b>.6</b>	<b>.6</b>	<b>100.0</b>
<b>Total</b>	<b>1249</b>	<b>100.0</b>	<b>100.0</b>	

***Degree Obtainment:***



### Highest education level completed

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Less than high school</b>	<b>2</b>	<b>.2</b>	<b>.2</b>	<b>.2</b>
<b>High school graduate or GED</b>	<b>120</b>	<b>9.6</b>	<b>9.6</b>	<b>9.8</b>
<b>Some college</b>	<b>363</b>	<b>29.1</b>	<b>29.1</b>	<b>38.8</b>
<b>Bachelor's degree or higher</b>	<b>585</b>	<b>46.8</b>	<b>46.8</b>	<b>85.7</b>
<b>Other- Please list</b>	<b>179</b>	<b>14.3</b>	<b>14.3</b>	<b>100.0</b>
<b>Total</b>	<b>1249</b>	<b>100.0</b>	<b>100.0</b>	

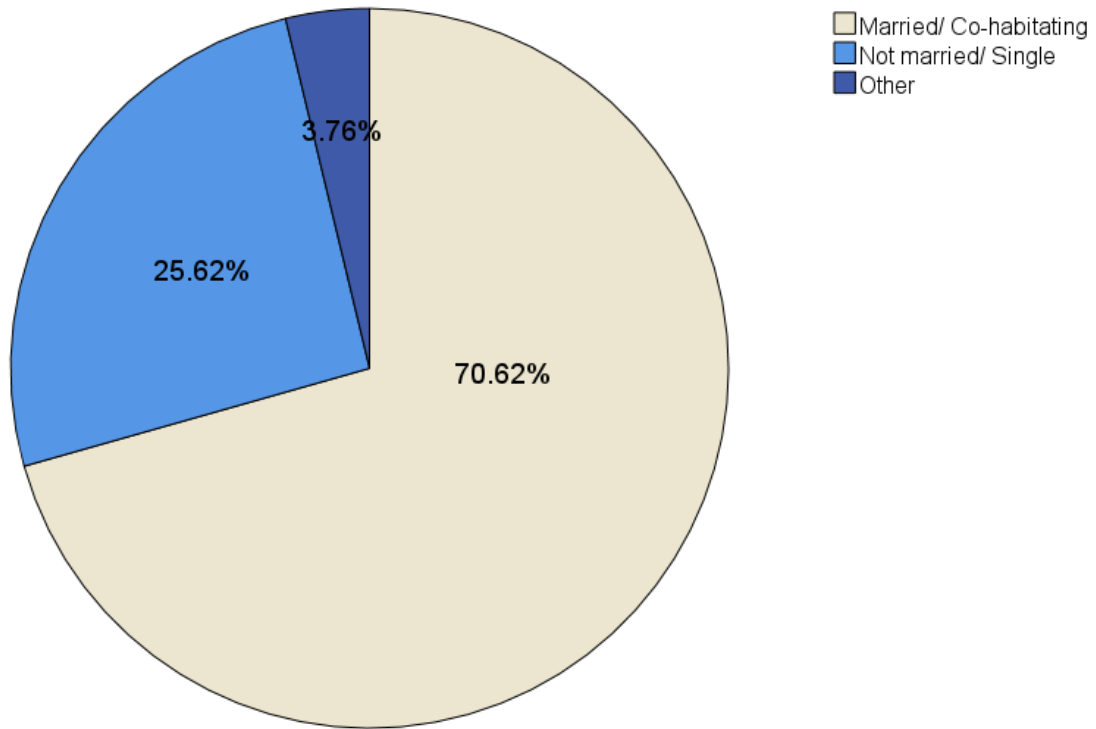
### *Racial Identity:*

**Racial and ethnic group(s)**

	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
<b>White</b>	<b>1209</b>	<b>96.1</b>	<b>96.1</b>	<b>96.1</b>
<b>Black or African American</b>	<b>20</b>	<b>1.6</b>	<b>1.6</b>	<b>97.7</b>
<b>American Indian or Alaska Native</b>	<b>1</b>	<b>0.1</b>	<b>0.1</b>	<b>97.8</b>
<b>Asian</b>	<b>11</b>	<b>0.9</b>	<b>0.9</b>	<b>98.6</b>
<b>Native Hawaiian or Pacific Islander</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>98.6</b>
<b>Hispanic</b>	<b>7</b>	<b>0.6</b>	<b>0.6</b>	<b>99.2</b>
<b>Other</b>	<b>10</b>	<b>0.8</b>	<b>0.8</b>	<b>100.0</b>
<b>Total</b>	<b>1258</b>			

**Others included American, Biracial, Hispanic and White, Irish / German / Austria, Mixed European, None of your business, Slovak German French Irish, and Some Germanic and Indigenous**

***Marital Status:***

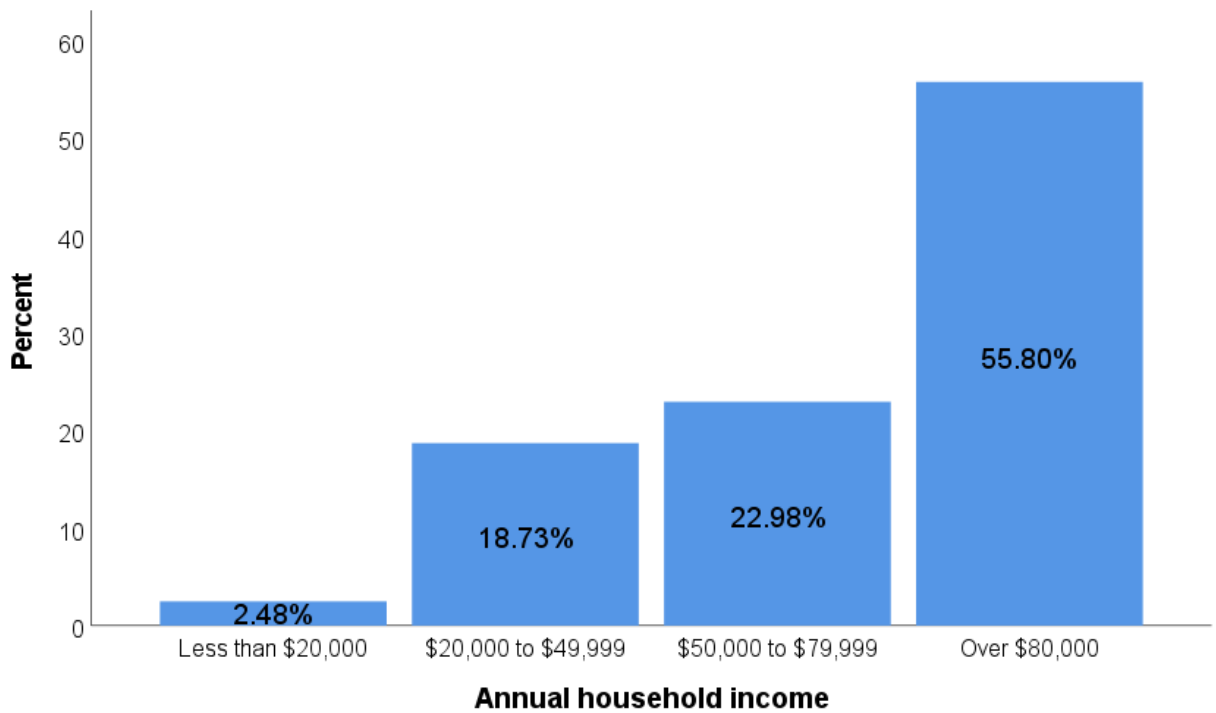


**Marital Status**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Married/ Co-habiting</b>	882	70.6	70.6	70.6
<b>Not married/ Single</b>	320	25.6	25.6	96.2
<b>Other</b>	47	3.8	3.8	100.0
<b>Total</b>	1249	100.0	100.0	

**Others included Divorced, Engaged, Live in partner, Married, NOYDB, Separated, Single not searching, and widow/(widower)**

***Annual Household Income:***

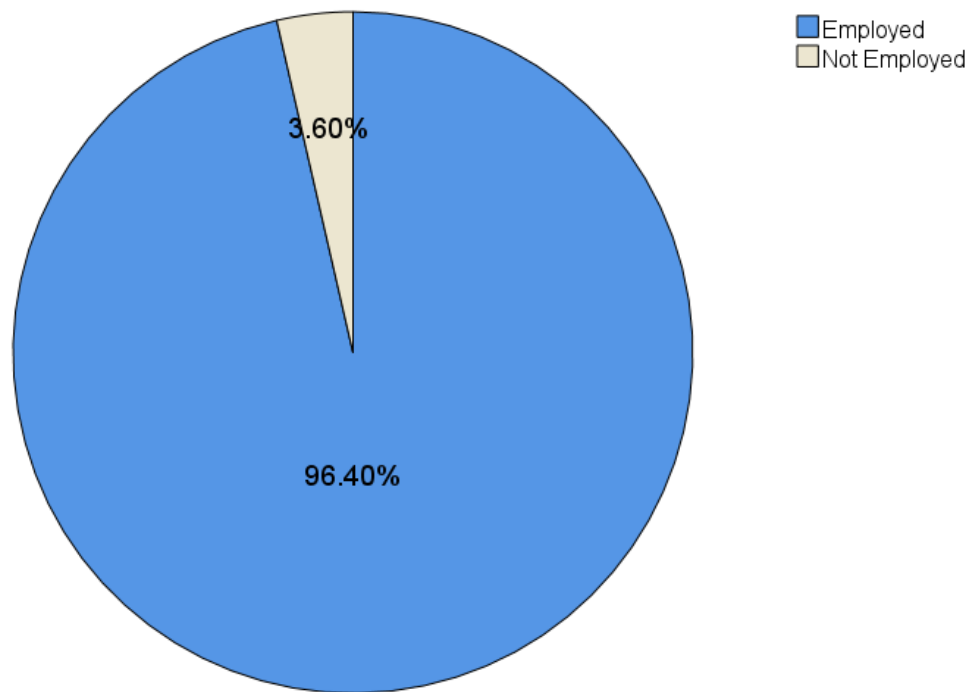


**Annual household income**

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than \$20,000	31	2.5	2.5	2.5
\$20,000 to \$49,999	234	18.7	18.7	21.2
\$50,000 to \$79,999	287	23.0	23.0	44.2
Over \$80,000	697	55.8	55.8	100.0
<b>Total</b>	<b>1249</b>	<b>100.0</b>	<b>100.0</b>	

***Employment Status:***





**Employment Status**

	Frequency	Percent	Valid Percent	Cumulative Percent
<b>Employed</b>	1204	96.4	96.4	96.4
<b>Not Employed</b>	45	3.6	3.6	100.0
<b>Total</b>	1249	100.0	100.0	

*Most important factor(s) for a "Healthy Community"?*

\* Respondents were allowed to select up to three

	Frequency	Percent Respondents
Access to health care (e.g. family doctor)	765	61.2
Access to food	565	45.2
Good jobs and healthy economy	529	42.4
Affordable housing	512	41.0
Low crime / safe neighborhoods	440	35.2
Healthy behaviors and lifestyles	308	24.7
Good schools	296	23.7
Strong family life	293	23.5
Good place to raise children	279	22.3
Clean environment	265	21.2
Religious or spiritual values	185	14.8
Low level of child abuse	151	12.1
Access to parks and recreation	150	12.0
Diversity and inclusion	99	7.9
Low infant deaths	97	7.8
Low adult death and disease rates	76	6.1
Arts and cultural events	59	4.7
Other	27	2.2

Other responses included Access to Healthy Food/Farmers Markets, Access to mental health resources and programs, Access to proper nutrition and healthy food not subsidized by the government, Equal rights, All of above, Better insurance coverage, Better senior care at facilities, Connectedness of Community members, Diverse community resources, Higher pay, Separation of church and state, Less access to automatic weapons, level parking lots at hospital entrance, On site child care, Pay increase, strong economy, and Strong friend relations and family ties.

***Most important health or safety problem(s) in our community***

**\* Respondents were allowed to select up to three**

	<b>Frequency</b>	<b>Percent Respondents</b>
<b>Drug Use/Abuse</b>	<b>643</b>	<b>51.5</b>
<b>Mental health problems</b>	<b>597</b>	<b>47.8</b>
<b>Care of elderly</b>	<b>415</b>	<b>33.2</b>
<b>Obesity related illness</b>	<b>302</b>	<b>24.2</b>
<b>Cancers</b>	<b>293</b>	<b>23.5</b>
<b>Heart disease and stroke</b>	<b>268</b>	<b>21.5</b>
<b>Child abuse / neglect</b>	<b>246</b>	<b>19.7</b>
<b>Aging problems (e.g. arthritis, hearing/vision, loss, etc.)</b>	<b>241</b>	<b>19.3</b>
<b>Diabetes</b>	<b>211</b>	<b>16.9</b>
<b>Suicide</b>	<b>199</b>	<b>15.9</b>
<b>Domestic violence</b>	<b>161</b>	<b>12.9</b>
<b>High blood pressure</b>	<b>135</b>	<b>10.8</b>
<b>Drug addicted infants</b>	<b>103</b>	<b>8.2</b>
<b>Respiratory / lung disease</b>	<b>73</b>	<b>5.8</b>
<b>Rape / sexual assault</b>	<b>69</b>	<b>5.5</b>
<b>Firearm-related injuries</b>	<b>67</b>	<b>5.4</b>
<b>Maternal health</b>	<b>60</b>	<b>4.8</b>
<b>Dental problems</b>	<b>51</b>	<b>4.1</b>
<b>Motor vehicle injuries</b>	<b>49</b>	<b>3.9</b>
<b>Teenage pregnancy</b>	<b>49</b>	<b>3.9</b>
<b>Homicide</b>	<b>40</b>	<b>3.2</b>
<b>Infectious diseases (e.g., hepatitis, TB, etc.)</b>	<b>40</b>	<b>3.2</b>
<b>Sexually Transmitted Diseases (STDs)</b>	<b>33</b>	<b>2.6</b>
<b>Infant death</b>	<b>32</b>	<b>2.6</b>
<b>COVID-19</b>	<b>30</b>	<b>2.4</b>
<b>HIV / AIDS</b>	<b>10</b>	<b>0.8</b>
<b>Other</b>	<b>15</b>	<b>1.2</b>

**Other responses included Better coverage for the cost of insurance and no co-pays, depression, drugs and alcohol, Elderly not able to afford hearing aids, dental and eye care, Health insurance plans, Infection- sepsis, Lack of opportunities for livable income, limited access to well-paying jobs and careers, healthcare prices, Police brutality of BIPOC individuals, Poor exercise habits, Poverty, Right wing extremism in school boards and in politics, and violence**

***Most important “risky behaviors” in our community***

**\* Respondents were allowed to select up to three**

	<b>Frequency</b>	<b>Percent Respondents</b>
<b>Drug abuse</b>	<b>800</b>	<b>64.1</b>
<b>Alcohol abuse</b>	<b>538</b>	<b>43.1</b>
<b>Being overweight</b>	<b>494</b>	<b>39.6</b>
<b>Poor eating habits</b>	<b>343</b>	<b>27.5</b>
<b>Bullying</b>	<b>292</b>	<b>23.4</b>
<b>Lack of exercise</b>	<b>270</b>	<b>21.6</b>
<b>Tobacco use</b>	<b>215</b>	<b>17.2</b>
<b>Intolerance of diversity</b>	<b>198</b>	<b>15.9</b>
<b>Unsafe firearm use</b>	<b>169</b>	<b>13.5</b>
<b>Harassment</b>	<b>116</b>	<b>9.3</b>
<b>Not getting “shots” to prevent disease (such as influenza, pneumonia, or COVID-19)</b>	<b>112</b>	<b>9.0</b>
<b>Gambling</b>	<b>90</b>	<b>7.2</b>
<b>Unsafe sex</b>	<b>86</b>	<b>6.9</b>
<b>Not using birth control</b>	<b>80</b>	<b>6.4</b>
<b>Dropping out of school</b>	<b>68</b>	<b>5.4</b>
<b>Not using seat belts / child safety seats</b>	<b>63</b>	<b>5.0</b>
<b>Other</b>	<b>17</b>	<b>1.4</b>

**Other responses included Drugs- needles, Family Instability, No risky behaviors, indifference to others, bring drug addict back but charge the elderly for medications, Local Municipality - Taxes, No father in the home, No mental health support, Not attending church., Lack of Parenting, Poor work/life balance, Side effects from Covid Shot, Uneducated people, Unemployment, Unsafe walking, and Untreated mental health disorders**

***Significant Barriers***

\* Respondents were allowed to select up to three

	Frequency	Percent Respondents
Affordable medications/ treatments	837	67.0
High cost of care	718	57.5
Inadequate or no insurance coverage	597	47.8
Transportation problems	256	20.5
Lack of availability of services	244	19.5
Unaware of services available	235	18.8
Fear (e.g. not ready to discuss health problem)	227	18.2
Lack of trust	195	15.6
Child care problems	179	14.3
Do not know how to find doctors	104	8.3
Must travel long distance	55	4.4
Language barrier	25	2.0
Other	44	3.5

Other responses included Availability of doctors, Bad experiences with bad doctors in the past, Cost, Difficulty in maintaining a relationship with a PCP, Doctors not listening or spending time with patients, Finding a doctor who actually cares, Getting an appointment in a timely manner, Hidden cost of care/confusing process, Healthcare availability, Ignorance, Inadequate health information, Inconvenience (Not accepting new patients), Insurance costs, Lack of education on exercise and healthy eating habits, Lack of knowledge on how to obtain any health care needs, Lack of medical knowledge and understanding, Lack on education on healthy food habits, Medicare not providing dental or vision care, No crisis walk in for mental health needs., No mental health support, Noncompliance, PCPs unwilling to address routine and ASAP situations, People not trusting the health care system because of how Covid-19 was managed, An agenda vs. good healthcare was the focus, and Pressures to take a shot without long term studies and lack of transparency when side effects are obvious

### *Areas for Improvement*

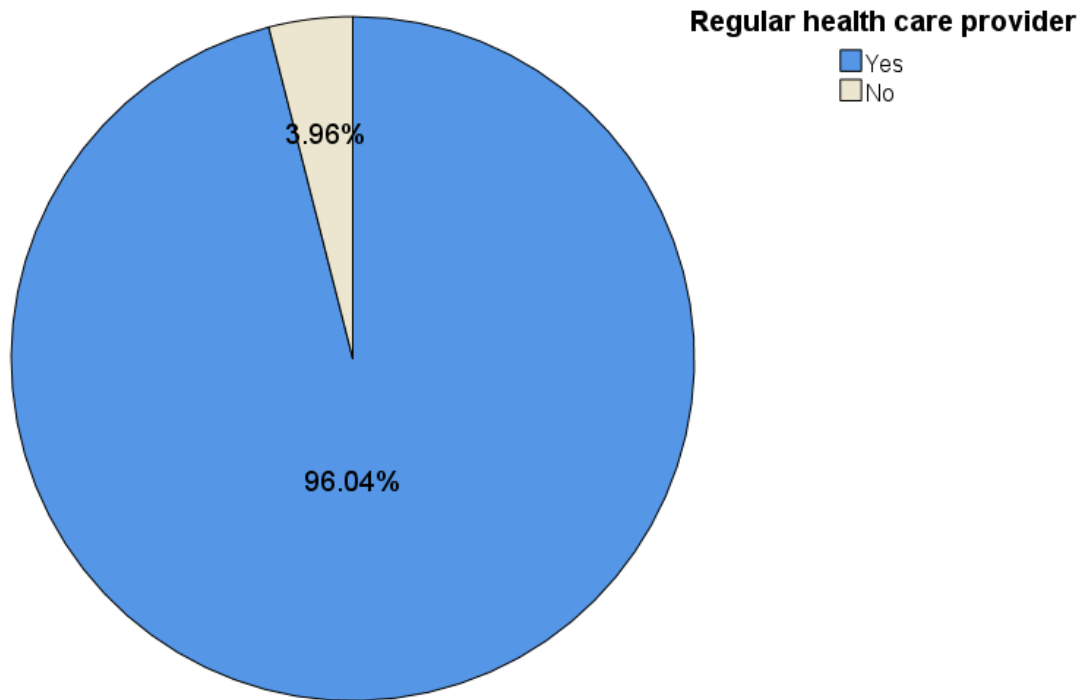
\* Respondents were allowed to select up to three

	Frequency	Percent Respondents
Free or affordable health screenings	543	43.5
Healthier food	305	24.4
Insurance coverage	561	44.9
Job opportunities	306	24.5
Mental health services	672	53.8
Recreation facilities	103	8.2
Safe places to walk/play	158	12.7
Specialty physicians	169	13.5
Substance abuse rehabilitation services	319	25.5
Transportation	253	20.3
Wellness services	285	22.8
Other	25	2.0

Other responses included a need to Increase affordable health care and the substance rehab services, Available appointments for routine care, Support of community programs, Education to the community on nutrition and healthy eating, Get off social media, Lower cost of medications and coverage, Increase preventative care measures, Increase Holistic health care offices, More honest medical professionals, Increase availability of immediate mental health, Insurance reform, Lower costs of healthier foods, Increase DV services, Better work environment/PAY, Increase number of physician practices with wider hours, Need for more physicians who treat patients properly, Increase support of churches, Universal healthcare, Increase wages, Expand ways to reach the community to let them know services are available

*Healthcare Provider:*



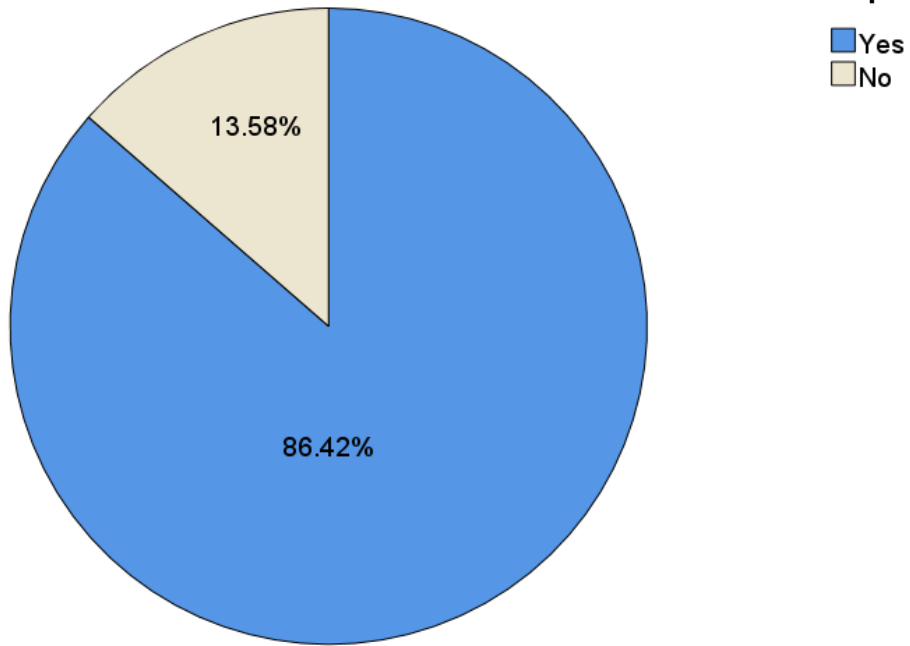


**Do you have a regular health care provider?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1018	81.5	96.0	96.0
No	42	3.4	4.0	100.0
<b>Total</b>	<b>1060</b>	<b>84.9</b>	<b>100.0</b>	
Missing	189	15.1		
<b>Total</b>	<b>1249</b>	<b>100.0</b>		

*Exercise:*

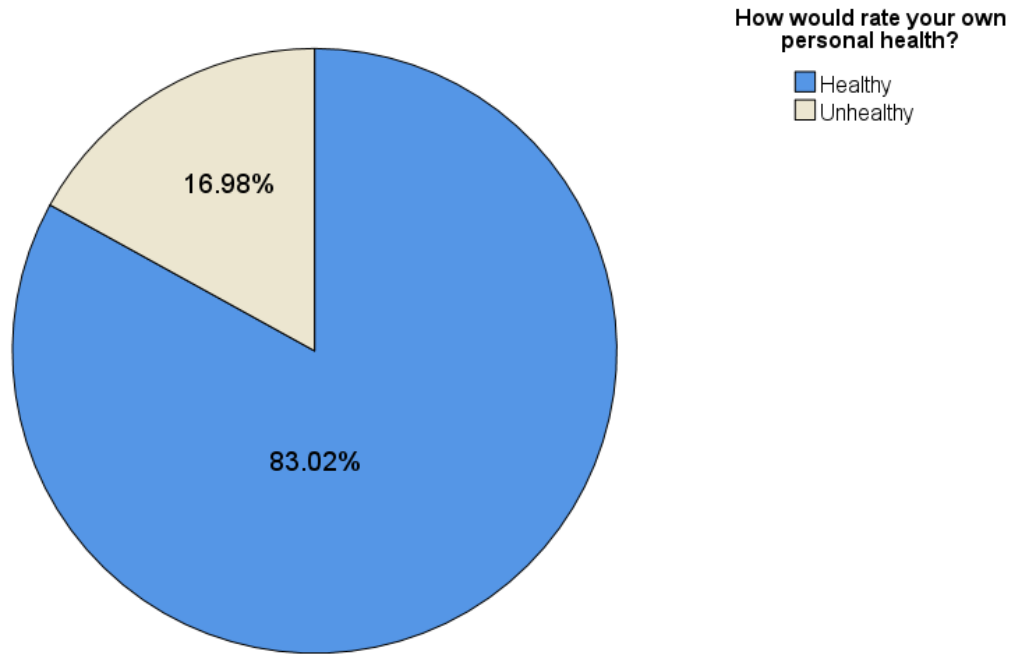
**Physical activities or exercise within past month**



**Participation in physical activities with previous month**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	916	73.3	86.4	86.4
No	144	11.5	13.6	100.0
<b>Total</b>	<b>1060</b>	<b>84.9</b>	<b>100.0</b>	
Missing	189	15.1		
<b>Total</b>	<b>1249</b>	<b>100.0</b>		

**Personal Health:**

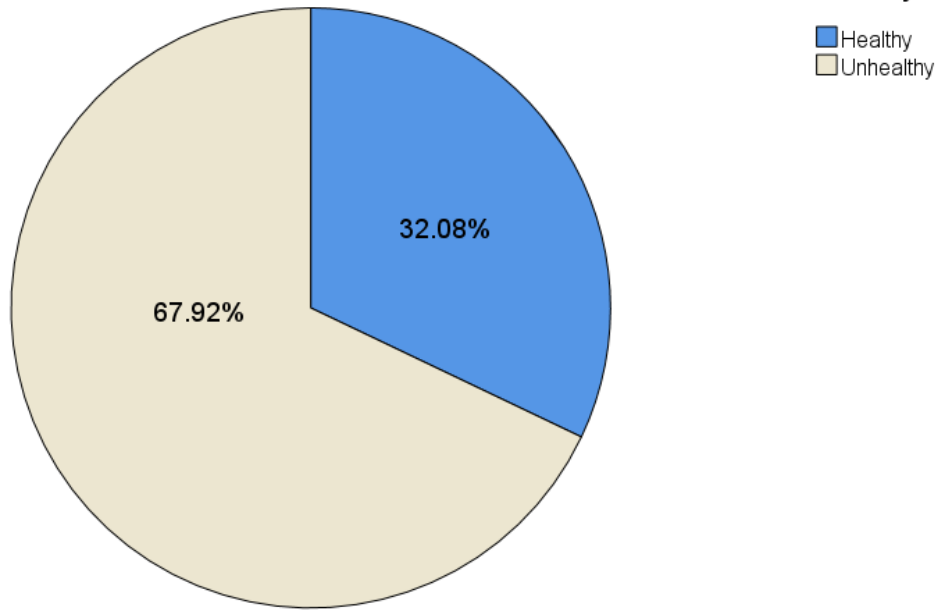


**Ratings on personal health**

	Frequency	Percent	Valid Percent	Cumulative Percent
Healthy	880	70.5	83.0	83.0
Unhealthy	180	14.4	17.0	100.0
Total	1060	84.9	100.0	
Missing	189	15.1		
Total	1249	100.0		

**Community Health:**

How would rate our community as a "Healthy Community?"



**Ratings on "Healthy Community?"**

		Frequency	Percent	Valid Percent	Cumulative Percent
	Healthy	340	27.2	32.1	32.1
	Unhealthy	720	57.6	67.9	100.0
	Total	1060	84.9	100.0	
Missing	System	189	15.1		
Total		1249	100.0		

## *Highlights of Findings from Secondary Data Sources*

### CHNA 2023-2025: Secondary Data Analysis

CFAR obtained secondary data source from multiple data sources including the PA Department of Health, Center for Disease Control and Prevention (CDC), and US Census Bureau on demographic, economic, health and social indicators in Westmoreland County for the most recent period each indicator, if available for analyses. The narrative below discusses ways in which these secondary data illuminate comparison of Westmoreland County with state and national level statistics.

#### **Access to Health Services:**

##### *Adults with Health Insurance:*

For adults with health insurance, Westmoreland County values are higher than state values, with 96.9% of adults having any type of health insurance coverage, placing Westmoreland County in the best 50% of all Pennsylvania and U.S. counties and higher coverage rates than PA values (94.7%). Of those with healthcare 51.2% percent are covered through an employer, 14.1% are in Medicaid, 17.6% are on Medicare, 12.9% are non-group insurance, and 1.0% are covered through military or VA plans. 51.3% of those covered identify as Male and 48.7% identify as female. These numbers are consistent to those seen over the past 10 years.

The primary care provider (practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics) patient to clinician ratios for Westmoreland County is 1,327 to 1, meaning primary care physicians see an average 1327 patients per year. This represents a 1.45% increase from previous years. The clinician ratios in Westmoreland County are slightly higher than PA values (1222 to 1) and neighboring urban counties like Allegheny County (887 to 1) but much lower than neighboring rural counties such as Fayette (3006 to 1).

#### **Diseases:**

##### *Cancer:*

In Westmoreland County, the age-adjusted cancer rate is 156.3 deaths per 100,000 population, which is similar to that of PA but showed a 4.2 % decrease over the past 3 years. Westmoreland county age-adjusted incident rates of cancer in males (405.1 per 100,000 population) and age-adjusted incident rates of cancer in females (379.2 per 100,000 population) were both lower than PA averages.

Breast cancer incidence in females were 110.2 per 100,000 population, lower than PA incidence. Lung cancer incidence was lower than PA averages (Males 53.2 per 100,000 population, Females 42.8 per 100,000 population). Prostate cancer incidence was lower than PA averages (78.4 per 100,000 population). Colorectal cancer incidences we similar to PA males but lower than PA Female averages (Males 39.1 per 100,000 and Females 29.2 per 100,000 population).

Corpus and Uterus cancer incidences (Females 30.5 per 100,000 population) are similar to PA. Melanoma of the Skin incidence rates in Westmoreland County (Males 16 per 100,000 population, Females 11.6 per 100,000 population) were lower than PA incidence rates. Non-Hodgkin Lymphoma incidence rates in Westmoreland County (Males 18.4 per 100,000 population, Females 13.8 per 100,000 population) were lower than PA incidence in Males and similar to PA incidence in Females. Urinary Bladder (Males 32.1 per 100,000 population, Females 8.9 per 100,000 population) are lower than PA incidence in males and similar to PA incidence in Females.

Overall cancer incidence, for the above outcomes, has decreased since the last CHNA report with many incidence rates lower than PA; however, there are many gender disparities with cancer at the county level and Healthy People 2030 (HP2030) 10-year targets for cancer deaths were not met (122.7 deaths per 100,000 population). Overall, there is a higher incident rate amongst males (405.1 per 100,000) than females (379.2 per 100,000 population). Cancer incidence in males is higher all reported cancers reported above. Screenings and other preventative measures may need to be increased targeting male populations.

#### *Diabetes:*

It is reported that 11% of adults over the age of 20 living in Westmoreland County have been told they have diabetes and 8.2 % have been clinically diagnosed. Westmoreland county has lower percentages compared to National values (10.4%).

The age-adjusted death rate due to diabetes from 2018-2022 in Westmoreland County (22.7 deaths per 100,000) was similar to PA during the same time period but has increased since the 2019-2021 CHNA report. The death rate due to diabetes is higher in males than females, as well as those 65 and older.

#### *Heart Disease & Stroke:*

Within Westmoreland County, heart disease was the contribution factor to death rates (185.7 deaths per 100,000) in 2022 which is higher than death rates in PA (176.4 deaths per 100,000). CHD was the leading cause of death within all heart disease categories (112.3 deaths per 100,000, PA rate of 106.2 deaths per 100,000 population) followed by stroke (32.7 deaths per 100,000, PA values of 36.3 deaths per 100,000 population). CHD rates within the county and PA are both significantly higher than Healthy People 2030 targets (71.1 deaths per 100,000 population).

Heart disease is prevalent amongst the Medicare population of Westmoreland County. The heart diseases age-adjusted hospitalization discharge rate was 910.5 per 100,000 population in 2022.

#### *Immunizations and Infectious Disease:*

For the 2023-24 respiratory season, Influenza (all types) prevalence in Westmoreland County is 1384.2 cases per 100,000 population with PA reporting a total of 433 Influenza-related deaths during this period and 2153 COVID-related deaths during this period.



Sexually transmitted diseases, chlamydia (215.8 cases per 100,000) and gonorrhea (48.2 cases per 100,000) have significantly lower incidence rates in the county compared to the state values (431.2 and 137.5 per 100,000, respectively). Lyme disease prevalence is higher in the county (47.9 cases per 100,000) compared to the state values (39.3 per 100,000). There was a decrease in Lyme disease incidence from prior reported values. The incidence rate of salmonella infection due to food safety in Westmoreland County is 11.4 cases per 100,000 population which is similar to PA state values (11.7 cases per 100,000) and shows a decrease since previous reports.

#### *Covid-19 vaccinations:*

The first confirmed case of COVID 19 in PA was on March 6, 2020. Weekly reporting of COVID-19 vaccinations through PA department of health ended on September 19, 2023. Based on reports 94,381 Males, 113,266 Females, and 2,300 unknown gendered individuals within Westmoreland County had been classified as Fully Covered based on vaccination records. This represents approximately 60% of Westmoreland County individuals to be fully vaccinated and 66.9% of individuals within the county with at least one vaccine dose.

#### *Respiratory Diseases:*

Asthma is a prevalent respiratory problem in the U.S. that is often exacerbated by poor environmental conditions. Between 2020-2022, 9.0% of adults in Westmoreland County reported that a health care provider told them that they had asthma which is slightly lower than state values (10.1%). COPD in Westmoreland County has an age adjusted prevalence of adults over the age of 18 years old of 6%.

#### *Mental Health & Mental Disorders:*

Suicide deaths are significantly higher in the male population than with the female population not meeting threshold for reporting within the county. In 2020, Westmoreland County had 48 suicide deaths (43 males and 5 females) which occurred at a rate of 13.6 suicide deaths per 100,000 people.

The 2023 percentage of PA adults experiencing symptoms of anxiety and or depressive disorders is 32.8%, which shows a slight decrease from previous reports.

#### *Maternal, Fetal, & Infant Health:*

In the maternal, fetal and infant health category, the percentage of babies born with low birth weight (less than 2,500 grams) in Westmoreland County between 2017-2021 is 7.9%. This value is lower than the state value of 8.5%.

In 2020, Excelsa Health Westmoreland Regional Hospital reported 1,149 births with 73.4% of new mothers reporting breastfeeding their new baby after delivery to the Pennsylvania Department of Health Bureau of Family Health Breastfeeding Awareness and Support Program. This is lower than the HP 2030 breastfeeding initiation goal of 81.9%.

The percentage of mothers who did not smoke during pregnancy in Westmoreland County from 2017-2021 was 86.6%. This did not meet the HP 2020 target value of 98.6% and is lower than both the PA and national percentages but shows a decrease in smoking since previous reports. The percentage of mothers who received early prenatal care (83.0%) was higher than both national and PA values.

#### *Women's Health:*

The expected life expectancy for women living in Westmoreland County is 81.1 years old. This is about the same as the PA value. Between 2016-2020 Westmoreland County Breast cancer incidence is 125.0 per 100,000 population and cervical cancer incidence is 6.9 cases per 100,000. Rising trends in both of these cancers are seen within PA.

#### *Adults with Disability:*

Of adults 18 and over in Westmoreland County, 14.9% report having a disability which is slightly higher than PA values (14.6%). Disabilities are seen more in adults. Primary disabilities include ambulatory difficulties (7.1%), cognitive difficulties (5.8%), hearing difficulties (4.4%), vision difficulties (1.8%), self-care difficulties (2.6%), and independent living difficulties (6.3%).

Alzheimer's disease age-adjusted death rate for Westmorland County is 19.7 per 100,000 population this value is lower than PA values (22 cases per 100,000). Rates of Alzheimer's disease and dementia are higher in those 65 and older with 9.6% of people aged 45 and older having subjective cognitive decline within the state.

#### *Weight Obesity:*

Obesity is continuing to be a concern in Westmoreland County. In 2022, 35.5% of adults over the age of 18 reported BMIs greater than or equal to 30. PAThe percentages of individuals in the county that are overweight and obese has increased significantly since the last report with 67% of individuals classified as overweight and 32% of individuals falling in the obese category. This trend is seen similarly across the state. The percent of individuals with BMI > 30 in Westmoreland County are higher than PA state values(33.1%).

#### *Substance Abuse:*

Lifestyle habits contribute to many disease outcomes. In 2022, Westmoreland County values show 22.8% of adults report excessive drinking and 20.5% of individuals report smoking, which is higher than PA (19.8% and 17.8% respectively). Drug abuse and its related problems are among society's most pervasive health and social concerns. Deaths due to drug use occur with both legal and illegal drugs as well as from medically prescribed drugs. There was an incidence of 37.7 deaths per 100,000 individuals due to drug overdoses. This is showing a decrease in the incidence of drug overdoses since 2020. Opioid overdoses within Westmoreland County (6.8

deaths per 100,000 people) were significantly lower than PA values (24.3 deaths per 100,000 people) and met HP 2030 goals of 13.1 deaths per 100,000 people.

#### *Wellness and Lifestyle:*

Life expectancies for both genders fall within the upper 50th percentile for the state averaging 77.9 years old which is slightly higher than the state value (77.5). PA females' life expectancy is greater than the males (81.1 v. 76.6 years, respectively).

#### **Non-Health Related Outcomes:**

##### *Prevention & Safety Falling:*

The falls age-adjusted hospitalization discharge rate for Westmoreland County in 2022 was 502.5 per 100,000 people. During the years 2016-2020, the age-adjusted death rate due to firearms in Westmoreland County is 11.3 deaths per 100,000.

##### *Motor Vehicle Collisions:*

Overall, in Westmoreland County there were 9.3 deaths per 100,000 people killed by motor vehicle collisions, which shows a decrease over time since 2019. This meets HP 2030 targets of 10.1 deaths per 100,000 people.

##### *Violent Crimes:*

Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault. Westmoreland County's violent crime rate was 169 crimes per 100,000 people has remained constant since in 2019. Violent crime has a negative effect on the community by reducing productivity, reducing property values and disrupting social services.

##### *Alcohol-Impaired Driving:*

In Westmoreland County, 33.3% of deaths resulting from motor vehicle crashes during 2022 involved alcohol-impaired driving, which was higher than the PA values (25.4%). The incidences decreased from 37.7% in the years 2008-2012 to 33.3% from 2021-2024.

##### *Child Abuse Rate:*

The number of incidents of abuse or neglect in most recent reports was 14.4 cases per 1,000 children in Westmoreland County. This looks at children younger than 18 years of age which may include multiple incidents of abuse per child victim during the time period and includes reported incidents of suspected child abuse through the Childline and Abuse Registry. It does not include General Protective Service reports which include less severe, general neglect reports. Westmoreland County falls above the PA value in child abuse rate for the same time period (12.4 cases per 1,000 children).

### *Food Insecurity Rate:*

The overall food insecurity value for Westmoreland County in 2022 was 10.4% was slightly lower than PA values (10.6%). This indicates the percentage of the population that experienced food insecurity at some point during the year. This is both an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues including major depression and is usually associated with poverty and unemployment.

### *Built Environment:*

Proximity to exercise opportunities is associated with increased physical activity and improved health outcomes. In 2022, the percentage of population with adequate access to locations for physical activity in Westmoreland County was 79.6% which was slightly higher than PA values (78.4%). Areas with high walkability indexes are more likely to be active. The average Walkability Index score for Westmoreland County is 7.7 with the most walkable areas being located in more urban areas. Within Westmoreland County 26.0% of individuals live within a half of mile of a park.

Access to grocery stores also may have correlations with health outcomes. The food environment index combines measures of food access: the percentage of the population that is low income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year to create a numeric score ranging from 0 (worst) to 10 (best). The Food Environment Index score in Westmoreland County is an 8.1 with 7.67% of individuals having limited access to healthy foods. The food environment index for Westmoreland County was slightly lower than PA value (8.4) but the percentage of individuals with limited access to healthy foods and grocery stores in Westmoreland County is significantly higher than PA values (4.59%).

## **Demographics:**

### *Population:*

Westmoreland County's population is 352,057 total individuals, showing a decrease of 0.5% since 2020. The average population per square mile is 342.6 individuals, which is higher than that of PA. The median age of those living in Westmoreland County is 47.4 years old. Westmoreland County has a lower percentage of persons under 18 years of age (17.7 %) and a lower percentage of persons less than 18 years of age (20.3%) than PA and higher proportion of the population over the age of 65 (24.5%). The county also has a veteran population (6.9%) that is slightly higher than PA populations (6.2%). It appears that Westmoreland County's population is becoming increasingly older with little residential mobility (5.1% movement within the county, 2.0% moving to Westmoreland County from PA, 1% moving in from a different state, and 0.1% moving to Westmoreland County from abroad).

### *Racial Demographics:*

Westmoreland County has a larger percentage of white persons alone (91.6%). Westmoreland County has a significantly smaller percentage of Black or African American persons alone (reporting only one race) at 2.6% as compared to Pennsylvania at 11.0%, a lower percentage of Asian populations (0.9%) as compared to PA (3.9%), and lower populations (4.3%) as compared to PA (6.0%) of individuals reporting more than one race. Additionally, Westmoreland County is 0.1% American Indian and Alaska Native alone, whereas, in PA, this group accounts for 0.2% of the population. The percent of racial minorities in Westmoreland County is noticeably smaller than in PA, which suggests that the county has a lack of diversity. Westmoreland County has a smaller percent Hispanic or Latino populations (1.6%) than the state (9.9%), it seems clear that Westmoreland County is disproportionately white.

### *Foreign-Born Persons:*

The percentage of foreign-born persons based on 2022 data for Westmoreland County was 1.8%, as compared to 7.5% in PA. Westmoreland County appears to have a lack of diversity, specifically in regard to foreign-born persons compared to the national average.

### *Households:*

Of the 167,776 Total Housing Units in Westmoreland County, 91.1% are occupied. The homeownership rate in Westmoreland County (79.3%) is larger than that in PA (69.1%). Housing values within Westmoreland County varied. The median housing value in Westmoreland County is \$162,300. For housing values, 18.2% of houses were valued under \$100,000, 33.9% of houses were valued between \$100,000-\$200,000, 41.6% of houses were valued between \$200,000-\$500,000, and 6.1% of homes were valued over \$500,000. Renters (12.1% of households) in Westmoreland County pay median gross rent of \$821 per month which is less than PA (\$1116). Westmoreland County consists of a lot of suburbs and rural areas.

The average household size for Westmoreland County is 2.75 persons per household. This is slightly lower than the PA value of 2.99 persons per household. Of these households, 51.7% are Married-couple family households, 16.9% Male householder, no spouse present, family households, and 24.9% Female householder, no spouse, family households.

### *Housing Affordability & Supply:*

Based on data from 2022, it was found that in Westmoreland County there is a shortage of affordable homes. Of all low-income families, seniors, and people with disabilities (those making less than \$25,440 per year) renting in Westmoreland County only about 50% have access to affordable rental homes. Racial disparities exist within the county with higher proportions of Black Latino renters paying more than 30% of income on housing than White renters.

### *Income:*

The overall median income of the county (2022) was \$69,454 which is slightly higher than PA values (\$63,463). The median income of families is \$93,262. Married couple family income medians are \$101,938 with non-family median incomes of \$39,277.

### *Poverty:*

In 2022, the percent individuals living at or below the poverty level in Westmoreland County is 9.6% which is lower than PA (11.8%). The percentage of children under the age of 18, living in poverty (13.5%) have higher poverty rates than other age categories (18-64 years (9.5%), Over 65 (7.1%). Of those living in poverty over the age of 18, Females between the ages of 55-64 have higher proportions than their Male counter parts for all age categories. The most common racial or ethnic group living below the poverty line in Westmoreland County, PA is White, followed by Black and Two Or More Races.

### *Education:*

In Westmoreland County, 96.6% of individuals over the age of 25 have a high school degree or higher. Of those over the age of 25, 34.3 % have a high school diploma or GED, 16.7% have some college, 12.9% have Associate degrees, 20.5% have Bachelor's degrees, and 12.2% have Graduate or professional degrees.

Racial disparities are observed for individuals 25 and older with at least a bachelor's degree. The percent of individuals with degrees are highest in the Asian population (55.3%) and lowest for those who identified as Black or African American (13.4%).

### *Mean Travel Time to Work:*

Mean travel time in Westmoreland County is 27.7 minutes, which is higher than both PA (26.4 mins) and national levels. The majority of individuals within the county commuted to work alone (77.3%), 13.6% reported working from home, 6.2% of individuals reported carpooling, 18% reported walking, and 0.4% reported taking public transportation.

## **Economic Outcomes:**

### *Unemployed Workers in Civilian Labor Force:*

In Westmoreland County, 58.9% of those ages 16 and older are in the civilian labor force. This value is lower than PA values (60.1%) and reflects similar values to the last report. The mean usual hours worked for workers in Westmoreland County is 38.4 hours which is similar to PA values. Average hours worked for Males (40.7 hours per week) is less than Females (35.8 hours per week).

*Businesses:*

In 2021, Westmoreland County consists of 8,356 employer establishments and 22,366 non-employer establishments. Westmoreland County employs about 120,700 individuals which represents an -7.5% decrease over previous years with the majority of individuals working in Health Care & Social Assistance, Manufacturing, and Retail.

*Households with Cash Public Assistance:*

In 2021, 43,019 people received SNAP benefits in Westmoreland County. Although a relatively small percent receives cash public assistance, 40.2% of students in Westmoreland County school districts are eligible for the free or reduced lunch program.

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