



Executive Summary: A Community Outreach and Program Evaluation of the Center for Population Health and Cambria-Somerset COVID-19 Task Force

This is an executive summary of a preliminary data collection report for a qualitative program evaluation of the Center for Population Health's (CPH) and the Cambria-Somerset COVID-19 Task Force's work. A current University of Pittsburgh School of Public Health graduate student is conducting this evaluation to assist CPH, the Task Force, and partners with aligning their strategic plans with community health priorities. The student's forthcoming Master of Public Health thesis (expected December 2023) will provide an in-depth description and thematic analysis of this evaluation.

Please note that this project is considered program evaluation, not research, and therefore the University of Pittsburgh Institutional Review Board declined to review. This project's findings are not generalizable to the entire populations of Cambria and Somerset Counties, and organizations should not use this information to draw conclusions about health status or general beliefs of those larger populations. Organizations seeking this information would need to conduct additional research/investigation.

Funding

Each participant who completed an entire listening session received a \$25 Giant Eagle gift card and a health kit. Funding for these items came from a grant that the Health Initiative for Rural Pennsylvania (HIRP) awarded to the Cambria-Somerset COVID-19 Task Force. The HIRP is an initiative of the Pennsylvania Office of Rural Health at Penn State University. The HIRP is funded by the U.S. Centers for Disease Control and Prevention and the Pennsylvania Department of Health.

Introduction

On behalf of CPH, a graduate student facilitator conducted a qualitative program evaluation of CPH's and the Cambria-Somerset COVID-19 Task Force's community health initiatives. Data collection occurred during June and July 2023.

CPH's and the Task Force's programming includes coalition-building regarding community health priorities, a series of community wellness and outreach events, COVID-19 vaccine clinics, COVID-19 resource provision, public COVID-19 communications, community health worker programs, and food systems coordination. The overall goal of this evaluation is to obtain community members' feedback on existing programs and public health outreach in Cambria and Somerset County. This will serve as a strategic planning tool for CPH and the Task Force. The evaluation builds upon the Community Health Needs Assessment (CHNA) that CPH conducted in 2022. The evaluation also created opportunities for community members to discuss other community health topics that the 2022 CHNA did not cover.

The evaluation aimed to answer the following questions:

- 1) How do the views expressed by adult residents of Cambria and Somerset Counties about community health priorities align with the 2022 Community Health Needs Assessment?

- 2) How do residents of Cambria and Somerset Counties perceive current public health program offerings as addressing community health priorities?
- 3) How do current residents of Cambria and Somerset Counties perceive COVID-19 among county health priorities?

Methods and Discussion Topics

The graduate student facilitator conducted 6 in-person listening sessions with 5-12 participants per session, including 46 participants in total. These sessions covered 6 different sites in Cambria County and Somerset County. These sites included Johnstown Housing Authority residential apartment complexes, a Somerset County residential apartment complex, and Somerset County senior centers.

In each session, the facilitator used Human-Centered Design methods to facilitate a group discussion about community health. Each group chose the discussion topic(s) from a list of the 2022 CHNA seven community health priorities.

The seven 2022 CHNA community health priorities were:

1. Mental/Behavioral Health
2. Access to Social Determinant of Health Needs/Healthcare (for clarity, renamed for the sessions as Access to Resources and Healthcare)
3. Obesity/Healthy Living
4. Substance Use
5. Socioeconomics/Job Training
6. Early Childhood
7. Violence/Abuse/Safety

Participants could also choose a different topic not listed by the CHNA.

Below are the topics that each group chose. Some groups' voting was split, so those groups' discussions covered multiple topics, to ensure everyone's thoughts were heard.

1. Session 1 (Cambria County): substance use, mental health, and access to resources and healthcare
2. Session 2 (Cambria County): substance use, mental health, and obesity and healthy living
3. Session 3 (Cambria County): obesity and healthy living
4. Session 4 (Somerset County): access to resources and healthcare, obesity and healthy living, and mental health
5. Session 5 (Somerset County): substance use, mental health, and obesity and healthy living
6. Session 6 (Somerset County): mental health and access to resources and healthcare

Following this, the facilitator engaged each group in a discussion of roses (existing supports or resources), thorns (existing problems or barriers), and buds (opportunities for growth) related to their community health topic(s) of choice. The facilitator asked participants to discuss how COVID-19 affected the community health factors we discussed. Lastly, the facilitator asked each participant to vote for a short-term priority and a long-term priority based on the discussion.

Observations

The topics chosen during the listening sessions covered mental health (5/6 sessions), obesity and healthy living (4/6 sessions), substance use (3/6 sessions), and access to resources and healthcare (3/6 sessions). No group chose a topic outside of the 2022 CHNA list. Each group described community health factors specific to their community's health. While the prompts asked about community health in Cambria County and Somerset County in general, responses tended to focus on topics specific to the listening session site's municipality. Based on this, these communities may benefit from a localized approach to community health outreach that focuses on municipalities.

Recommendations

Below, this report summarizes the major recommendations for action from these listening sessions. In addition, the graduate student facilitator's forthcoming thesis will provide further analysis of the different levels (i.e., individual, interpersonal, community, organizational, and society/policy) at which the various factors lie, to further evaluate current program offerings and guide strategic planning.

Major/Most Actionable Recommendations

- Continue outreach to the community regarding existing resources, using diverse forms of media (with an emphasis on print and word of mouth through trusted relationships).
- Create more opportunities for layperson education/training on substance use and mental health. This should include opportunities for people in recovery to share their experiences with others.
- Encourage/facilitate the growth of intergenerational community support systems and peer support/mentoring programs on mental health, substance use, and other topics chosen by the community.
- Implement a pre-crisis intervention program based on harm reduction for substance use, or better advertise an existing program.
- Increase availability of Narcan in remote areas of the counties and community members' awareness of where to access it.
- Create substance use/mental health support offices in remote areas.
- Offer more resources to offset the cost of food and other essential resources, such as gasoline and heating.
- Increase availability of healthy food in the community, perhaps through home/residential apartment complex delivery programs (to overcome transportation/mobility barriers).
- Create more onsite healthy living programming, e.g., exercise programs and classes on how to avoid health scams, for housing authority residents/seniors.
- Increase community use of the exercise equipment and classes available at senior centers.
- Improve or increase availability of inexpensive/free transportation options, especially for nonmedical, essential trips (e.g., for grocery shopping or to exercise at a gym, park, trail, or pool), with attention to rural areas.
- Increase in-home/onsite healthcare service options at residences.
- Continue to address COVID-19 and its effects. While groups did not identify COVID-19 as a main discussion topic, they described the pandemic's physical, mental, and socioeconomic effects on community health. Further investigation of these effects and community health needs related to COVID-19 may be necessary.