Washington County Health Partners

Community Health Needs Assessment
2015 Final Report

for the defined communities of

Monongahela Valley Hospital

and

Washington Health System

As of 6-30-16

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Introduction

Qualifications

Washington County Health Partners, Inc. (WCHP) originated in 1994 based on a county-wide health assessment that identified specific health issues. These health issues were identified through a mailed household survey, focus groups and review of available county health data. The survey was distributed to a randomly selected list of residents and consisted of lifestyle/behavioral questions, such as amount of exercise, type of nutrition, etc. The randomly selected list allowed its results to be generalized to represent the whole county.

These data were not available on the county level. The Pennsylvania Department of Health (PA DOH) does a similar annual survey (Behavioral Risk Factor Surveillance Survey, or BRFSS) by telephone that only provides state-level and geographic aggregate data. In addition, collection of current, primary data allowed WCHP control over the database to obtain detailed analysis on subpopulations through a statistical function known as cross tabulation. Local focus groups were completed to explore health needs and potential ways to address them.

WCHP's January 1996 report called for forming volunteer-led, collaborative task forces to address identified community health risks, including: access to care; mental illness/substance abuse (MISA); heart disease and stress; respiratory illness; and teenage pregnancy. More than 140 professionals and community residents volunteered to serve on the task forces and they presented action plans and began to implement activities in early 1997.

During 1999 and 2000, the PA DOH launched the State Health Improvement Plan (SHIP), which replaced a centralized statewide health planning process with community-based planning to address health problems at the local level. PA DOH recognized WCHP as a SHIP-affiliated, local community health initiative responsible for community health assessment and planning (now known as Health Improvement Plan Partner (HIPP)). An evaluation of the program's activities was undertaken during this same time period, and it was determined that a periodic assessment of the community's health must be conducted; providers must work collaboratively to achieve measurable outcomes; and both staff and funding resources were needed to enable the task forces to accomplish their goals.

In September 2000, Washington County Health Partners was incorporated as a not-for-profit and the current Executive Director was hired in 2001. Ms. Rutledge-Falcione holds a Master of Public Health from the University of Pittsburgh's Graduate School of Public Health. Her Bachelor of Science degree is in Biology from Cornell University, in Ithaca, New York. She served on the Pennsylvania (PA) Department of Health's State Health Improvement Plan Steering Committee (SHIP) and she has led the 2002, 2007 and 2012 community health assessments (CHA) for Washington County. As the former collaborative leader of southwestern PA's Tobacco Free Program, she has conducted assessments, implementation and program plans, and program evaluations in ten counties

(Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland Counties). Prior to joining WCHP, Ms. Rutledge-Falcione was employed as an Evaluation Specialist by Pittsburgh-based consultant firm and as a Project Director by a national consultant on CHAs. She has worked on CHAs in Nebraska, New York, Pennsylvania and South Carolina. She has presented at National, State and County conferences on the subject.

Similarly to the 1994 health assessment, a mailed household survey, focus groups and review of available county health data was done in 2002. Focus groups provided in-depth information from groups either not reached by or not adequately represented by the survey results. WCHP appointed nine Board members and two outside individuals to a new, special committee of the Board called the Reassessment Committee. The survey instrument had 150 questions in seven sections (Characteristics, General Health, Health Insurance, Health Care, Lifestyle, Health Promotion/Disease Prevention, and Children's Health) and achieved a response of 40.3%.

WCHP staff analyzed the data and presented significant findings and points of interest to the Reassessment Committee. The committee studied the results and compared them to the 2000 United States Census to find that although sex, race, income, and household size were similar, respondents tended to be older and more educated. In addition, the small number of minority participants precluded further analysis according to race. Because of this, focus groups with youth, low literacy and African American audiences were held to provide qualitative data.

The results from the survey and focus groups were divided by topic and reviewed by the appropriate task forces to create summaries. WCHP's Board considered all of the data during a retreat on September 25, 2003 to assess the relevance of each task force, identify key areas of concern in Washington County's health status, and develop new task forces to address these issues. Guided by members of Executive Service Corps of Western Pennsylvania, the Board completed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis for WCHP as a whole and for each of the task forces. Each task force was charged with reviewing and revising its SWOT analysis and creating its own strategic plan including development of a problem statement, goals and objectives, and action plans.

WCHP also used this retreat to assess each task force and create new ones to address emerging health issues identified by the assessment. It was determined that the Mental Illness/Substance Abuse Task Force had met its original goals and was retired. Three new task forces were created to address newly identified health issues: Minority Health, Nutrition, and Tobacco Free.

During 2004 and 2005, WCHP's Executive Committee reviewed, discussed, and prioritized WCHP's strategic plan goals and recommended them for review by the entire Board. WCHP's Board approved the strategic plan in June 2006 and assigned each goal to a committee. Objective 1 under WCHP's Goal 2 specifies that a health assessment for Washington County be completed at least every five years. In addition, the PA DOH has since expanded its BRFSS to allow for SHIP-affiliated, local community health initiatives (such as WCHP) to participate in an over-sampling project that

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would result in County level data for the survey. Although the cost of the project was $45,000, the PA DOH only asked for a local cash contribution of $15,000. This project allowed for the collection of current, primary data and access to the database to obtain detailed analysis on subpopulations for the year 2007. In addition, WCHP held focus groups and used these data as well as the survey data to assess the relevance of each task force, identify key areas of concern in Washington County's health status, and develop new task forces to address these issues.

The Board of Directors' two-part retreat in the fall of 2009 resulted in the creation of an Ad Hoc Committee to make recommendations for structural changes. At that time, WCHP supported seven Board committees and nine task forces/programs. To reduce strain on board and task force members, as well as staff, suggestions were made to: move the assessment and planning committee into the Community Health Assessment work group; combine advocacy with the communications committee; rename the campaign committee to development; and combine the finance and personnel committees.

WCHP's Community Health Assessment work group is the core function from which all other activities flow and WCHP has expanded beyond a survey of risk behaviors and focus groups to include: mortality (death); morbidity (disease); economic; demographic; local program and best practice data; compiling resource guides and referral networks; and completing community leader and service provider structured interviews.

Since WCHP was already planning a fourth Community Health Assessment for 2012, both Monongahela Valley Hospital and The Washington Hospital (now known as Washington Health System) contracted with WCHP to perform their mandated CHNA in a collaborative effort beginning in January 2012. Both hospitals had agreed that WCHP was uniquely positioned to provide a quality assessment and a collaborative format to address identified needs. Details on the joint 2012 CHNA are found in the published report dated 6-28-2013.

Introduction

Collaborators and Community Definition

2015 Community Health Needs Assessment Collaborators

Monongahela Valley Hospital (MVH) and Washington Health System (WHS: comprised of Washington Health System—Washington and Washington Health System—Greene) contracted with WCHP to perform a joint Community Health Needs Assessment (CHNA) in a collaborative effort beginning in January 2014.

Community Definition

Representatives from all hospitals met with WCHP to define the communities for their joint CHNA. Figure 1 illustrates the joint CHNA's identified community which is comprised of the following zip codes/places in their service area:

- 15012/Belle Vernon
- 15021/Burgettstown
- 15022/Charleroi
- 15033/Donora
- 15057/McDonald
- 15062/Monessen
- 15063/Monongahela
- 15067/New Eagle
- 15089/West Newton
- 15301/Washington
- 15314/Bentleyville
- 15317/Canonsburg-McMurray
- 15320/Carmichaels
- 15321/Cecil
- 15322/Clarksville
- 15323/Claysville
- 15330/Eighty-Four
- 15332/Finleyville
- 15342/Houston
- 15344/Jefferson
- 15357/Rice's Landing
- 15367/Venetia
- 15370/Waynesburg
- 15417/Brownsville
- 15419/California
- 15423/Coal Center
- 15438/Fayette City
- 15473/Perryopolis
- 15477/Roscoe

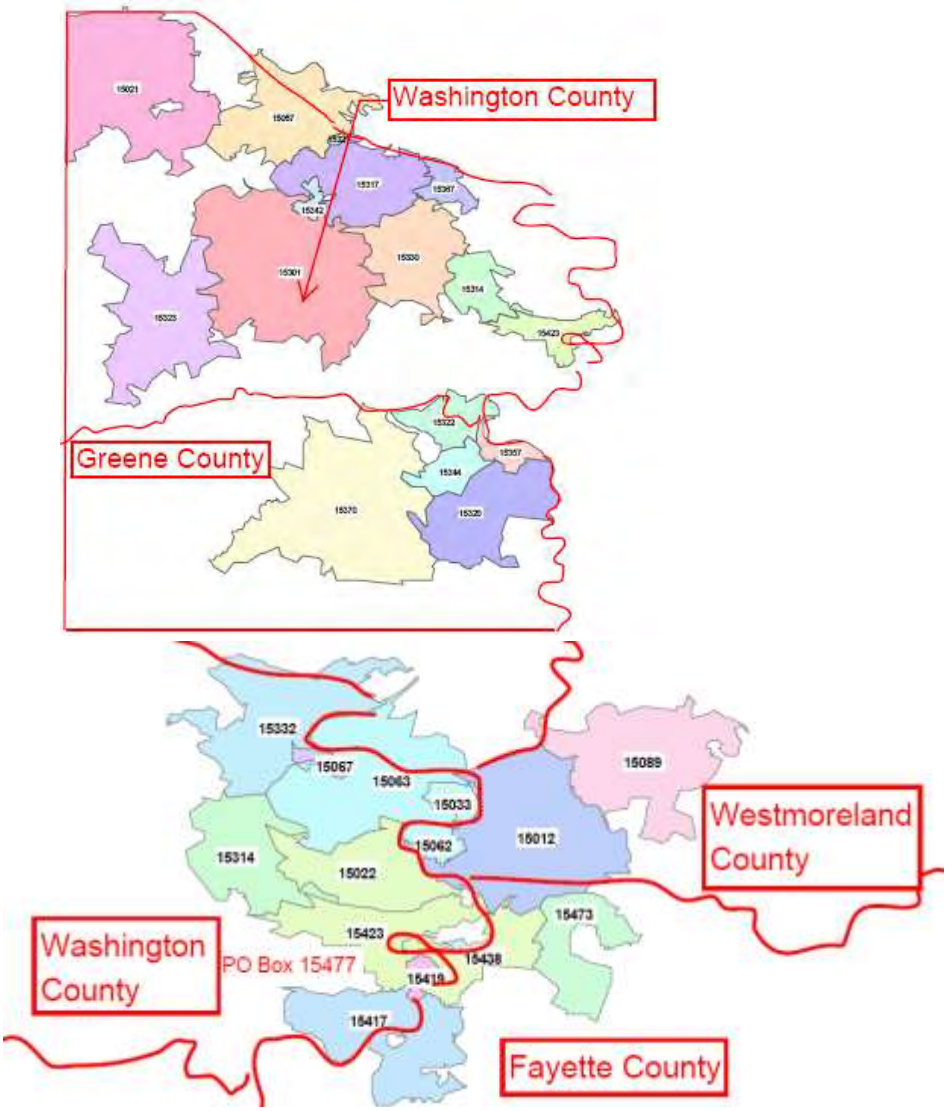

Figure 1: Community definition for 2015 joint Community Health Needs Assessment

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The population covered by these 29 zip codes is 249,908 according to five year (07-2011) average American Community Survey. Comparatively, Washington County's population is 207,451.

The demographics of these combined zip codes are no different than those of Washington County for sex (males 48.7% vs.48.6%+/-0.1), Latino ethnicity (1.2% vs. 1.1%), marital status (now married 52.5% vs. 53.2%+/-0.9) and educational attainment (ages 25 years and older, high school graduate 40.9% vs. 40.7%+/-0.7).

Comparative values for mean age (43.8 vs.43.3+/-0.2), race (African American 4.9% vs. 4.2%+/0.1%) and income (less than$10,000 7.3% vs. 6.3%+/-0.4) are different, but only slightly (if confidence intervals could be constructed for the combined zip codes, the values may be the same).

Community Health Needs Assessment Process

Logic Model and Methodology

Logic Model

The assessment committee decided to continue to use the 2012 County Health Rankings' (created by Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (UWPHI)) conceptual framework (see Figure) as a tool to identify measures and select weights that reflect a community's health.

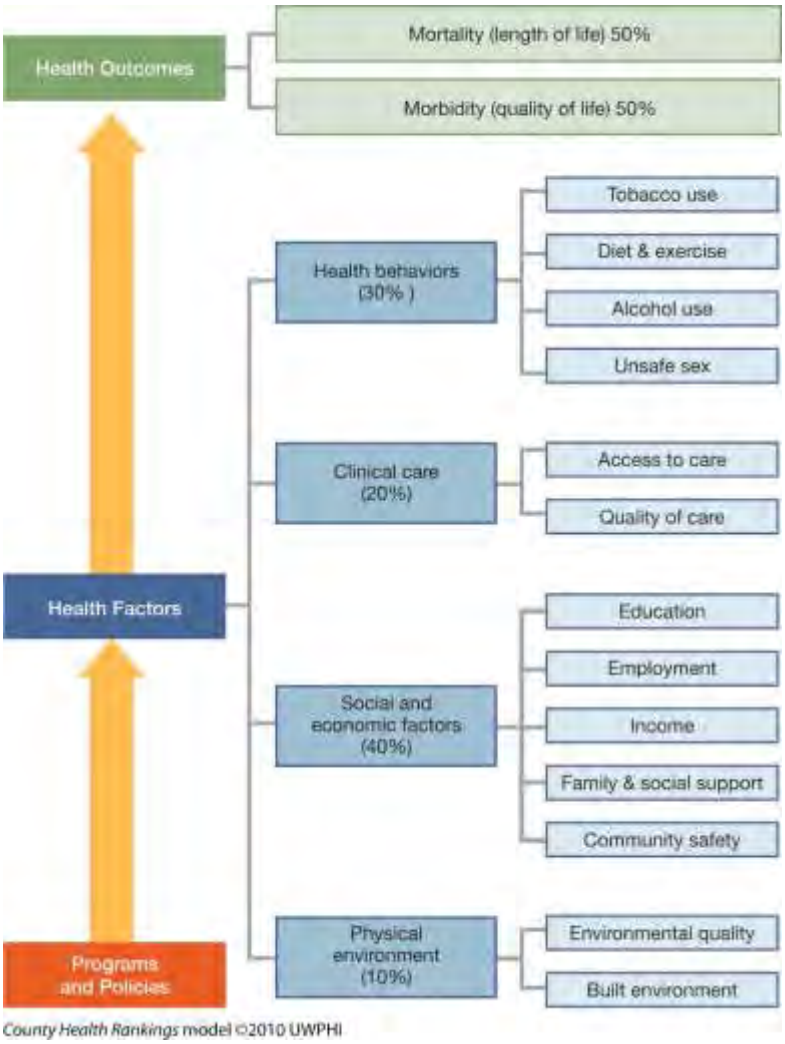

Figure 2: County Health Rankings conceptual model and weights.

As in the 2012 CHNA, it was determined to modify the County Health Rankings (CHR) measures and weights that have been researched and validated by creating the 2020 Healthy Community™ Scores instead of merely ranking the defined communities. The reasoning behind this decision was that, as UWPHI admits, rankings do not necessarily reflect statistically significant differences. In addition, a defined communities' 2rank could change based on what other communities do, rather than on what it does to affect change in health status. The 2020 Healthy Community™ Scores measure the "percent healthy" of the defined community based on Healthy People 2020 (HP2020) baselines and targets/goals for measures. Where there is no HP2020 defined baseline and/or target, the latest 2008/2009/2010 US score is used for a baseline and a 10% improvement is defined as the target/goal. This provides a benchmark to determine needs (i.e., everything below the baseline is a need).

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Like the CHR, there are two separate 2020 Healthy Community Summary Scores™--one to measure health outcomes (mortality and morbidity) and the other to measure health factors (Health behaviors, clinical care, social/economic, physical environment). UWPHI believes that there are two separate sets of messages to convey with these two rankings. One set addresses how healthy a county currently is (outcomes) and the other addresses how healthy a county might be in the future based on the many factors that influence health (factors).

Washington County Health Partners (WCHP) created a 2020 Healthy Community™ Scores Logic Model (see Figure) that defined the measures used and their relationship to one another as well as their weight contribution to the summary scores. Some of the measures are the same as the CHR and use their data source and weights. These include: low birth rate; Chlamydia incidence; motor vehicle crash death rate; fast food restaurants; inadequate social support; access to recreational facilities; violent crime rate; uninsured adults; high school graduation; some college; unemployment; children living in poverty; and single parent households.

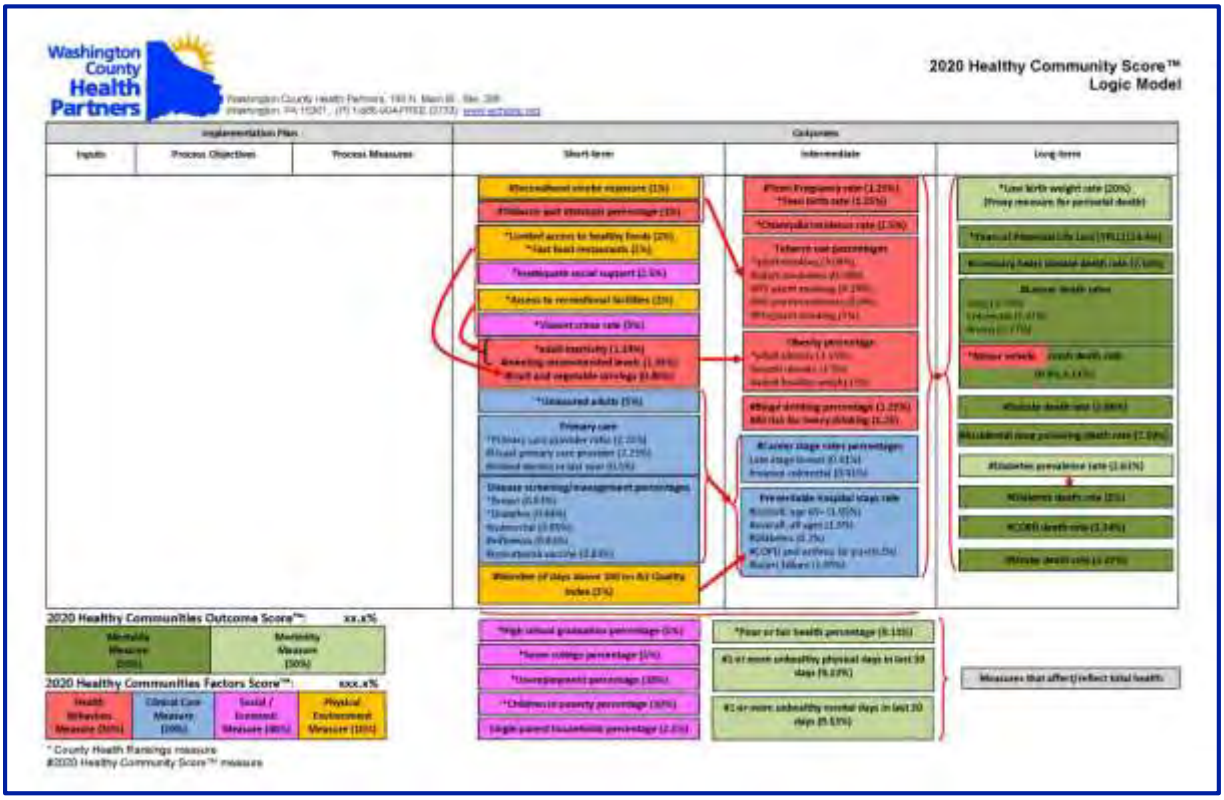

Figure 3: Washington County Health Partners 2020 Healthy Community Scores™ Logic Model.

The rest of the measures have been modified as described in the subsequent paragraphs for one of two reasons:

1. To enable the gathering of comparable data for different levels of geography (US, PA and Washington County); and
2. To assure that each measure matched its Healthy People 2020 benchmark.

Each modification was made with care to ensure, to the greatest extent possible, that the data were matched so that "apples were compared to apples." Modifications to the measures included the

following: data source, data set, years included, method of collection, weight assigned, whether the measure was aggregated or split and definition of measure.
Details of the measures' modifications are:

1. premature death (YPLL)(weight reduced to add specific death rates; US and PA data from *Web-based Injury Statistics Query and Reporting System (WISQARS)* data set while the Washington County rate was constructed by WCHP with information from a PA data set);
2. poor or fair health (weight reduced to allow for new diabetes prevalence measure);
3. poor physical health days (data definition change from average number of days to percent with one or more days; dataset change for county level data from national CDC BRFSS to PA BRFSS);
4. poor mental health days (same as previous);
5. adult smoking (weight reduced to allow for new related measures: youth tobacco use, pregnant smoking, tobacco quit attempts and adult smokeless tobacco use);
6. adult obesity (weight reduced to allow for new related measures: youth obesity and adult healthy weight);
7. teen birth rate (weight reduced to allow for new related measure of teen pregnancy and data set change from National Vital Statistics System to the Guttmacher Institute);
8. primary care provider ratio (used two different data sources and data definition change to exclude Obstetricians from primary care);
9. preventable hospital stays (weight reduced to add specific preventable hospital stay conditions and data set changes from Dartmouth Atlas of Health Care using Medicare claims data to Agency for Healthcare Research and Quality (AHRQ) using all ages hospital discharge data for the US and Pennsylvania Health Care Cost Containment Council (PHC4) for PA data;
10. hemoglobin A1C testing (weight reduced to add new measures: colorectal cancer screening; invasive colorectal cancer diagnosis; late stage breast cancer diagnosis; and influenza and pneumonia vaccines);
11. mammography (same as previous);
12. Excessive drinking (split into binge drinking and at risk for heavy drinking to match HP2020 measures);
13. particulate matter days (aggregated in to new measure of number of days above 100 on the Air Quality Index to match HP2020 measures); and
14. ozone days (same as previous)

New measures not included in the CHR have reduced related measures' weights based on their contribution to the related measure. Premature death has been reduced from 50% to 24.4% to accommodate the addition of lung (3.53%), colorectal (1.21%) and female breast cancer deaths (1.27%); coronary health disease deaths (7.19%); diabetes deaths (2%); accidental drug poisoning deaths (2.19%); COPD deaths (1.34%); suicides (2.66%); stroke deaths (1.07%) and the reassignment of part of the motor vehicle crash death rate (3.11%) from the health behaviors domain Weights and specific death measures were determined by analyzing Washington County deaths under age 75

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for the years 2007 to 2009 and calculating proportions. Poor or fair heath, poor physical health days and poor mental health days have all been reduced from 10% each to 9.13% each to accommodate the addition of diabetes prevalence at 2.61% (based on research into the proportion of the measure that diabetes causes). Adult smoking has been reduced from 10% to 3.04% based on the contribution of each of the new measures added: adult smokeless tobacco use (0.58%); high school student smoking (4.19%); high school student smokeless tobacco use (1.9%); pregnant women smoking (0.13%); and tobacco quit attempts (0.16%). Pregnant women smoking and tobacco quit attempts rates were increased to 1% each by reducing and splitting the motor vehicle crash death rate weight between the health behaviors and premature death domains. Physical inactivity was reduced from 2.5% to 1.14% based on the contribution of the new measure of meeting recommended physical activity levels (1.35%). Adult obesity was reduced from 7.5% to 3.15% based on the contribution of each of the new measures added: youth obesity (1.5%); adult healthy weight (2%); and fruit and vegetable servings (0.85%). The preventable hospital stays measure's weight was reduced to 1.95% for people 65 years or older based on the contribution of each of the new measures added: overall preventable hospitalization rate (1.5%); heart failure for people 65 years or older (1.05%); COPD (ages 40 and older) and asthma (ages 18-39) (0.3%); and diabetes (0.2%). Mammography and hemoglobin A1C testing were reduced from 2.5% to 0.83% and 0.84%, respectively, based on the contribution of each of the new measures added: colorectal cancer screening (0.85%); invasive colorectal cancer diagnosis (0.41%); late stage breast cancer diagnosis (0.41%); and influenza (0.83%) and pneumonia (0.83%) vaccines. Primary care physician ratio was lowered from 5% to 2.25% based on the contribution of the new measures: usual primary care provider (2.25%) and dental visits (0.5%). One percent from the combined air pollution measure's weight (4%) was reassigned to secondhand smoke exposure (1%).

Methodology

Secondary Data and Public Health Input

WCHP collected quantitative secondary data for measures and included national, state and county geography levels when available. Due to the difficultly of locating sub-county level secondary data, Washington County data was used to represent the hospitals' defined communities. Since not all data was available at the county level, the next highest level of data was used to represent Washington County. In most cases, an aggregate county area was used and included Fayette, Greene and Washington Counties. For 2010 BRFSS data, the aggregate level was larger and included the southwest corner of PA excluding Allegheny County (see Figure). In a few cases the state level had to be used (youth smoking and youth smokeless tobacco use).

Figure 4: Map of South West PA Counties.

Ten year (2004 to 2013) trend data were collected for each measure as available and confidence intervals were used to determine significant differences between data points. For data not published with confidence intervals WCHP calculated them using the WHATIS program version 4.57 contained in the WinPepi statistical package version 11.19.[1] Specific source data and years for each measure are included in the results section.

To construct the 2020 Healthy Communities™ measure score, WCHP defined a 100% range by subtracting the HP2020 target/goal value (or a 10% improvement from the US' baseline score for 2008/2009/2010) from HP2020 baseline (or the US' baseline score for 2008/2009/2010) for each measure. This defines the baseline measure value as "0% healthy" and the target/goal as "100% healthy." Percentages between 0 and 100 reflect progress toward the HP2020 target/goal. Anything under 0% is "unhealthy." Percentages can go above 100% if the geography's value is even better than the HP2020 target/goal. This provides a benchmark to determine needs (i.e., everything below the baseline (negatively scored) is a need). To get the measure's contribution to the summary score, its percentage is multiplied by the weight assigned to it by the logic model.

WCHP is recognized by the PA Department of Health (PA DOH) as a public health entity responsible for community health assessment and planning. The Executive Director holds a Master's in Public Health from the University of Pittsburgh.

Primary Data and Community Input

Quantitative primary data were collected to refine the 2020 Healthy Community Scores™ for the hospitals' defined community. The two major sources were hospital discharge data obtained from the hospitals for years 2012 to 2014 and an October 2015 mailed survey to the defined community with similar questions to the annual Behavioral Risk Factor Surveillance System managed by the Centers for Disease Control and Prevention and administered by the PA Department of Health. Because asking the entire population to respond to the survey would be cost-prohibitive, a randomly chosen sample was constructed with a confidence level of 95% (typical is 95%). This means if the population was sampled 100 times, 95% of the time the population result would be what is presented in this report on the sample data. An overall confidence interval of 3.3% (typical is 5%) for 50% was obtained and defines the range of where the population result actually lies. It is used to compare the results obtained at different times and/or geographies to determine whether or not differences in the different results are either significantly higher, lower or the same. Using these two concepts together, the report is 95% certain that the true result of the population is between -/+ 3.3% or the reported value. Since the CI value is also determined by the number of respondents reporting and the sample result percentage, the value of the CI will vary from question to question.

[1] *Abramson, J.H. WINPEPI updated: computer programs for epidemiologists, and their teaching potential. Epidemiologic Perspectives & Innovations 2011, 8:1.*

6.6% of the randomly chosen sample of 6500 households were undeliverable (typical is 10%). A 14.8% response was received (typical is 10%).

The mailed survey data were inputted into PASW® 17.0 and weighted by geography and to the defined community's age and gender demographics to obtain representative data. According to the 2010 US Census, the demographics of these combined zip codes are different than those of the weighted survey for race (African American 3.9% vs. 1.8%+/-0.9 %) and Latino ethnicity (1% vs. 2.5%+/-1.0). According to the five year (07-2011) average American Community Survey, there are differences in: marital status (now married 53.4% vs. 57.3%+/-3.3); educational attainment (ages 25 years and older, high school graduate 40.7% vs. 25.4%+/-2.9) that indicates the survey respondents are more educated than the hospitals' defined community population; and mean age (43.1 years vs. 49.9 years) indicating the survey respondents are older than the hospitals' defined community population. It should be noted that the survey was performed in 2015 and compared to 2010 census data, which may indicate a real demographic change. From this dataset, frequencies and cross-tabulations were obtained to analyze the data. Data used to refine corresponding measures in the 2020 Healthy Community Scores™ were age-adjusted for comparability.

The mailed survey provided an open-ended question that asked respondents to indicate what health issue was most important in their community. This information was used in prioritization of health needs. For a further description, please see the Prioritization of Health Needs section. The survey also asked respondents to self-identify their race; household yearly income; health insurance status; whether or not they had a usual source of primary care; and if they had been diagnosed with a number of chronic health diseases. With this information, it was assured that input from minority, low-income, medically underserved and chronic health disease burdened people was obtained.

Community interviews were used to verify and update health care facilities and resources available to address needs, as well as internal and external assets.[2] These results are available in the Identified Health Resources and Assets section in Appendix A.

[2] Meetings were held with Pam Cummings, Case Management Director of The Washington Hospital (12-4-12 and 2-14-13); Lisa Hruby (Assistant VP of Nursing), Christine Snyder (Stroke Care Coordinator), Karen Pritts (Diabetes Education Manager) and Corrine Laboone (Director of Community Relations) of Monongahela Valley Hospital (12-12-12).

Community Health Needs Assessment Process

Data Sources, Limitations and Data Gaps

Many data sources were used in the Community Health Needs Assessment process and are documented with each measure in the results section. All data have limitations. Limitations for each data source also are included in the results section. When there are data gaps, they are noted and explained under data limitations for the measure.

In general, quantitative secondary data gaps are due to the lag time the national and/or state data sources (such as death certificate data or behavior risk factor surveillance surveys) have between collecting and analyzing the information and their release (data from 2013, 2014 and 2015). These data will be included, when available, in subsequent community health needs assessments.

It is important to note that in 2013, death rates for 2007–2009 were revised using intercensal population estimates based on the 2000 and 2010 censuses instead of the postcensal estimates for the denominator to provide more accurate rates for the period. Thus, the original Healthy People 2020 baselines for death rates were revised and the targets were adjusted to reflect the revised baseline using the original target-setting method. Note that all mortality rates shown here for 2001–2009 (or any subset of those years) are based on intercensal population estimates and may differ from those previously published on the Internet or in print. In 2015, the denominator data source name was revised from Population Estimates to Bridged-Race Population Estimates for Census 2000 and 2010. The numerator data source, baseline estimate, target, and target-setting method remain unchanged.

Another limitation in comparing year to year data for the Pennsylvania BRFSS is that the 2011 survey marked the first year in which data were collected from both landline and cell phone respondents. To allow for the incorporation of cell phone data, a new weighting methodology called iterative proportional fitting or raking was implemented in 2011. These methodological changes will cause breaks in BRFSS trends, but they will also significantly improve the accuracy, coverage, validity, and representativeness of the Pennsylvania BRFSS. Therefore, measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years. This will be indicated on the results figure graphs with a "⁄" mark to denote a break in the trend line.

Results

Summary Scores

Like the County Health Rankings (CHR), there are two separate 2020 Healthy Community Summary Scores™--one to measure health outcomes (mortality and morbidity) and the other to measure health factors (Health behaviors, clinical care, social/economic, physical environment). UWPHI believes that there are two separate sets of messages to convey with these two rankings. One set addresses how healthy a county currently is (outcomes) and the other addresses how healthy a county might be in the future based on the many factors that influence health (factors).

As stated in the methodology section, each measure has been weighted to reflect its relative effect on health status. To construct the 2020 Healthy Communities Summary Scores™, WCHP defined a 100% range for each data measure from subtracting the HP2020 target/goal value (or a 10% improvement from the 2008/2009/2010 US' baseline score) from HP2020 baseline (or the US' 2008/2009/2010 baseline score) for each measure. This defines the baseline measure value as "0% healthy" and the target/goal as "100% healthy." Percentages between 0 and 100 reflect progress toward the HP2020 target/goal. Anything under 0% is "unhealthy." Percentages can go above 100% if the geography's value is even better than the HP2020 target/goal. To get each measure's contribution to the summary score, its percentage is multiplied by the weight assigned to it by the logic model. 2020 Healthy Community Summary Scores ™ were calculated for four geographies to allow for comparison as shown in Table 1.

Table 1: 2020 Healthy Communities Summary Scores™ for the United States of America, Commonwealth of Pennsylvania and Washington County and the Hospitals' Defined Community for 2012 and 2015.

		The United States of America (US)	Commonwealth of Pennsylvania (PA)	Hospital Defined Community (HDC)
2020 Healthy Communities Outcomes Score™	2012	0.9%	-23.9%	-37.3%
	2015	16.0%	2.4	18.8%
2020 Healthy Communities Health Factors Score™	2012	49.3%	56.2%	202.0%
	2015	-172.3%	83.0	185.9%

Because each score is comprised of multiple data measures, it is helpful to compare each measurement score to pinpoint where intervention to increase the health status of the community is needed. For purposes of this assessment, negative measure scores were defined as identified needs. The following section details each measure score for the hospitals' defined community (HDC) or the lowest level of geography available and reliable (such as Washington County (WC)) and highlights trends and statistically significant differences between geographies.

How to Read Results Pages

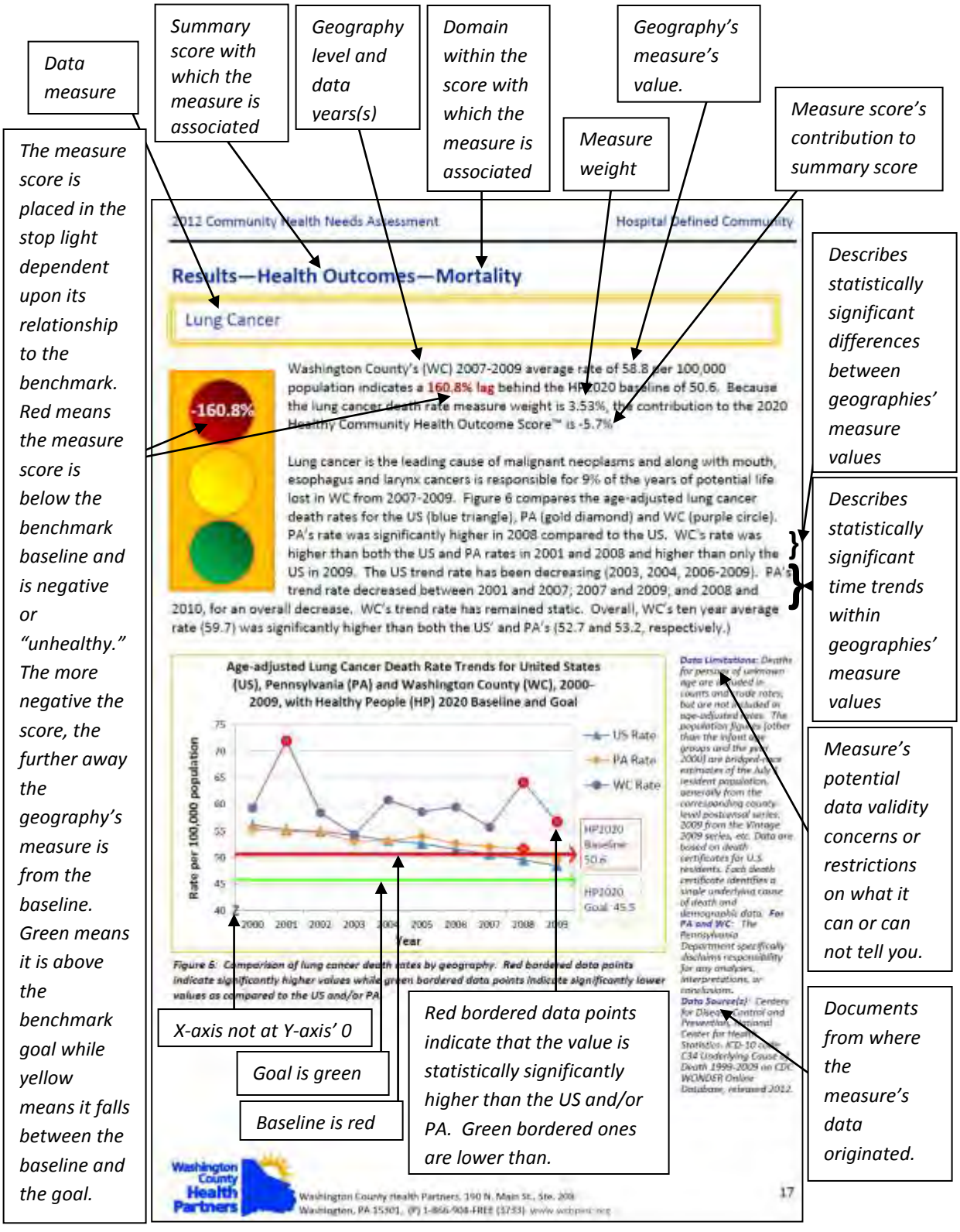

Figure 5: How to read result pages.

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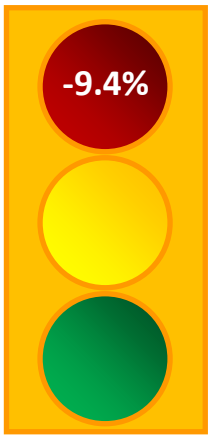
Results—Health Outcomes—Mortality

Years of Potential Life Lost (YPLL)



Washington County's (WC) 2011-2013 average rate of 6742.4 years per 100,000 population indicates a **9.4% lag** behind the 2009 baseline of 6679.3. Because the YPLL measure weight is 24.4%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -2.3%. This represents an **improvement** from the 2012 score of -21.6%

Age-adjusted YPLL-75 rates are commonly used to represent the frequency and distribution of premature deaths. Measuring premature mortality focuses attention on deaths that could have been prevented. Figure 2 compares the age-adjusted YPLL rates for the United States (US, blue triangle), Pennsylvania (PA, gold diamond) and WC (purple circle). There were no significant differences in rates between PA and the US from 2004 to 2010; PA was significantly higher than the US from 2011 to 2013. WC's rate was significantly lower in 2005-2007 compared to both PA and US. WC was significantly higher than the US in 2010, 2011 and 2013. The trend for the US rate decreased in 2010 and has maintained the decrease. PA's decreased in 2007 and has maintained that decrease. WC's rate trend has increased (2010 and 2013) and decreased (2011 and 2012), but overall shows an increase from 2005 to 2013. Overall, WC's, PA's and the US' nine year average rates showed no significant differences (6817.2, 6896.3, and 6718.4 respectively).

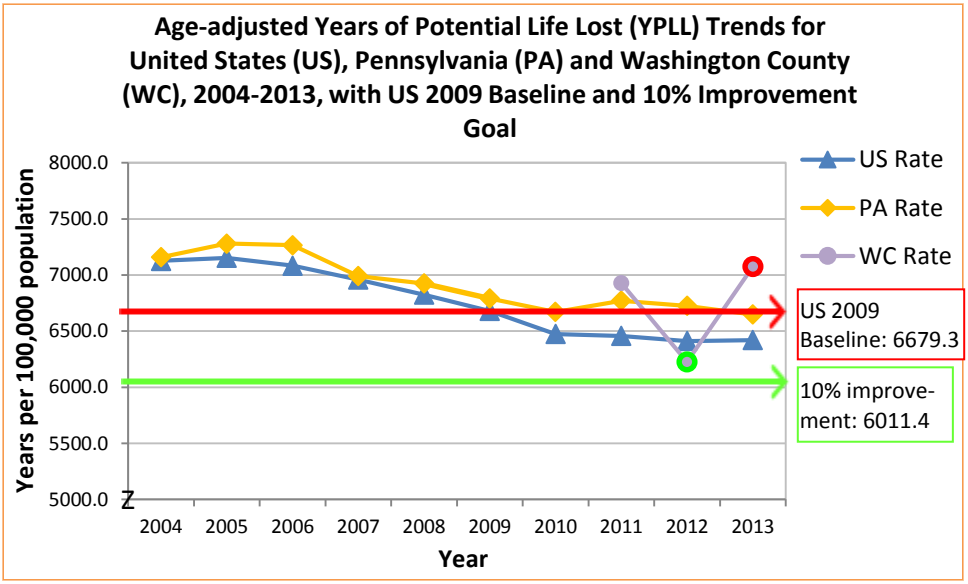
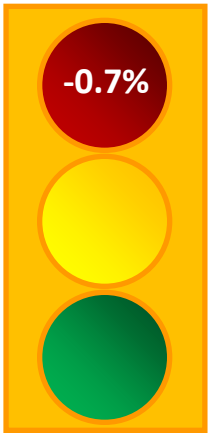


Figure 2: Comparison of YPLL rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data.* ***For PA and WC:*** *The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.*

Data Source(s): For US and PA: *Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2010 Jun 1]. Available from URL: www.cdc.gov/ncipc/wisqars* ***For PA and WC:*** *WCHP calculated and age-adjusted using death data from PA's Department of Health's Epidemiologic Query and Mapping System (EpiQMS) and population data as cited above. EpiQMS, is a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Certificates of Death., accessed online 5-2012 and EDDIE, 2016 (*ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), *accessed online 3-2016.*

Lung Cancer



Washington County's (WC) 2011-2013 average rate of 50.63 per 100,000 population indicates a **0.7% lag** behind the HP2020 baseline of 50.6. Because the lung cancer death rate measure weight is 3.53%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.0%. This represents an **improvement** from the 2012 score of -160.8%

Lung cancer is the leading cause of malignant neoplasms and along with mouth, esophagus and larynx cancers is responsible for 16.1% of the years of potential life lost in WC from 2011-2013. Figure 3 compares the age-adjusted lung cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in 2008 and 2010 through 2013 compared to the US. WC's rate was higher than both the US and PA rates 2008 and 2012. The US trend rate has been decreasing since 2004. PA's trend rate decreased between 2007 and 2010; and 2010 and 2013, for an overall decrease. WC's trend rate decreased in 2011 but has increased since then. Overall, WC's, PA's and the US' ten year average rates showed no significant differences (55.8, 50.0, and 48.8 respectively).

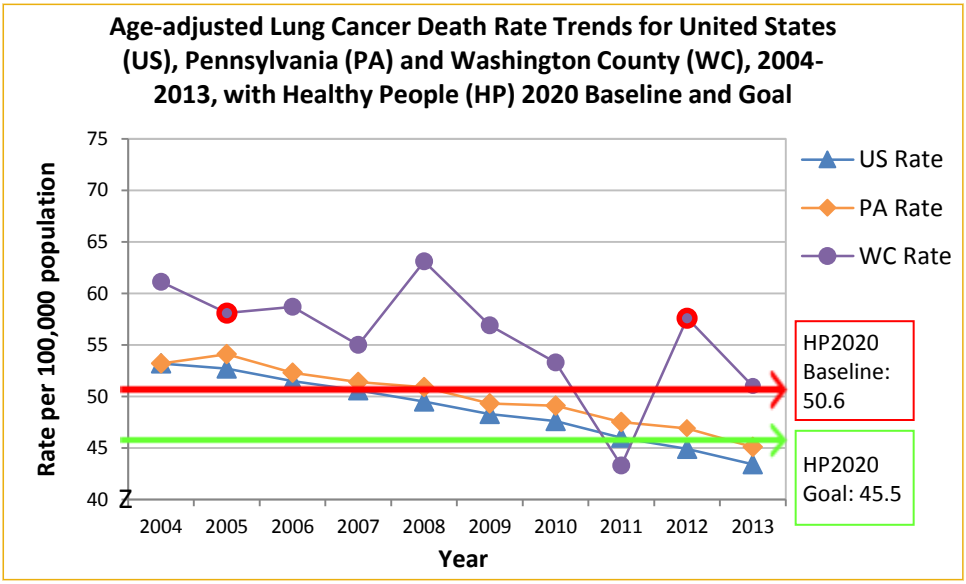
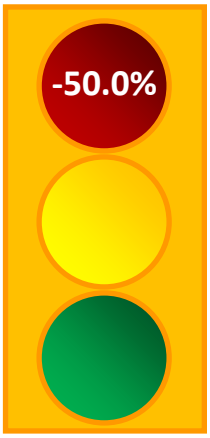


Figure 3: Comparison of lung cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data.*

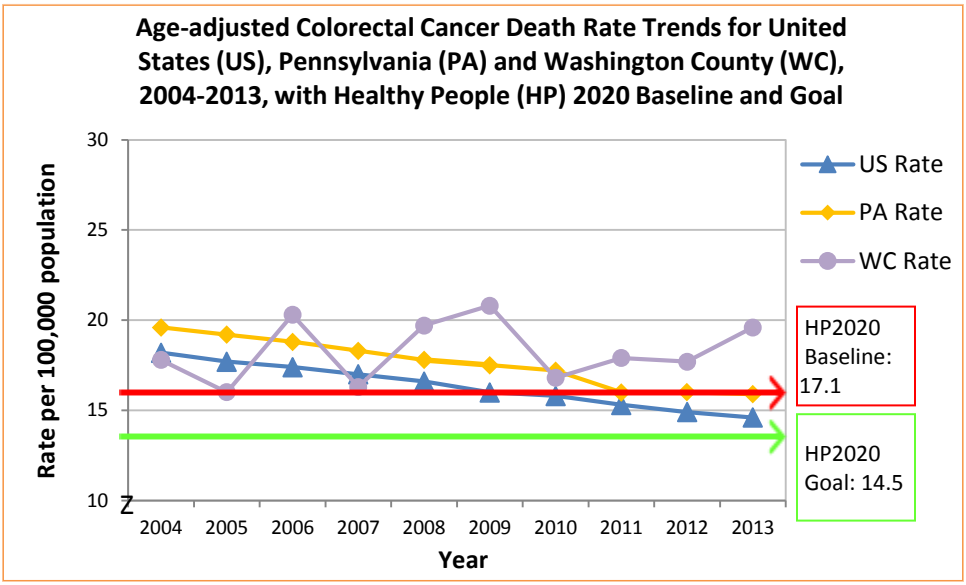
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 code C34 Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

Colorectal Cancer



Washington County's (WC) 2011-2013 average rate of 18.4 per 100,000 population indicates a **50.0% lag** behind the HP2020 baseline of 17.1. Because the colorectal cancer death rate measure weight is 1.21%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -0.6%. This represents an **improvement** from the 2012 score of -80.0%

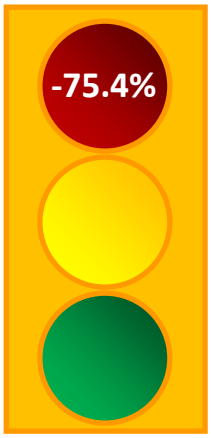
Colorectal cancer is the second-leading cause of malignant neoplasms and it is responsible for 4.1% of the years of potential life lost in WC from 2011-2013. Figure 4 compares the age-adjusted colorectal cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in every year compared to the US except in 2011. There were no statistically significant differences between WC's rates and either the US' or PA's. The trend for the US rate decreased every year from 2000 to 2012, except for 2006 and 2010. PA's trend decreased twice; once from 2004 to 2008 and another time from 2008 to 2011. WC's rate trend has been static. Overall, there is no significant difference between WC's ten year average rate and both PA's and the US' rates (18.3, 17.6 and 16.4, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous. ICD-10 code C18-C21*

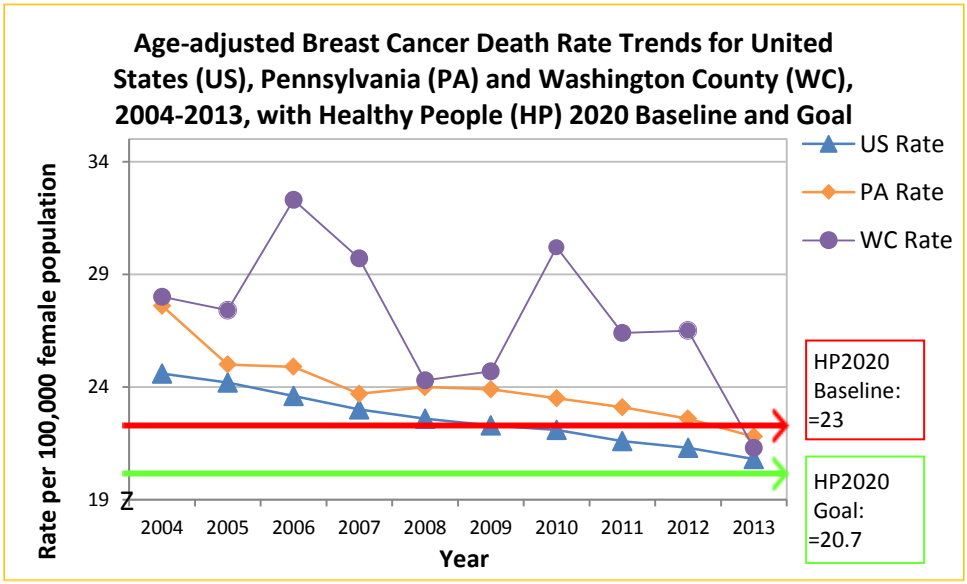
Figure 4: Comparison of colorectal cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Breast Cancer



Washington County's (WC)2011-2013 average rate of 24.7 per 100,000 population indicates a **75.4% lag** behind the HP2020 baseline of 23. Because the breast cancer death rate measure weight is 1.27%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.0%. This represents an **improvement** from the 2012 score of -152.2%.

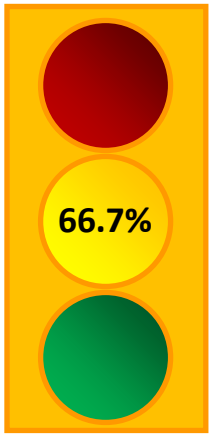
Breast cancer is the second-leading cause of malignant neoplasms in women and it is responsible for 5.3% of the years of potential life lost in WC from 2011-2013. Figure 5 compares the age-adjusted breast cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in 2004, 2008 through 2011 compared to the US. There were no differences between PA's and WC's rates. The trend for the US rate has decreased five times: from 2005 to 2006; 2006 to 2007; 2007 to 2009; 2009 to 2012 and 2012 to 2013. While PA's trend decreased twice from 2004 and 2005 and 2005 to 2012 and has maintained that decrease, WC's trend has remained static. Overall, there is no significant difference between WC's ten year average rate and both PA's and the US' rates (27.1, 24 and 22.6, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous. ICD-10 code C50, females only.*

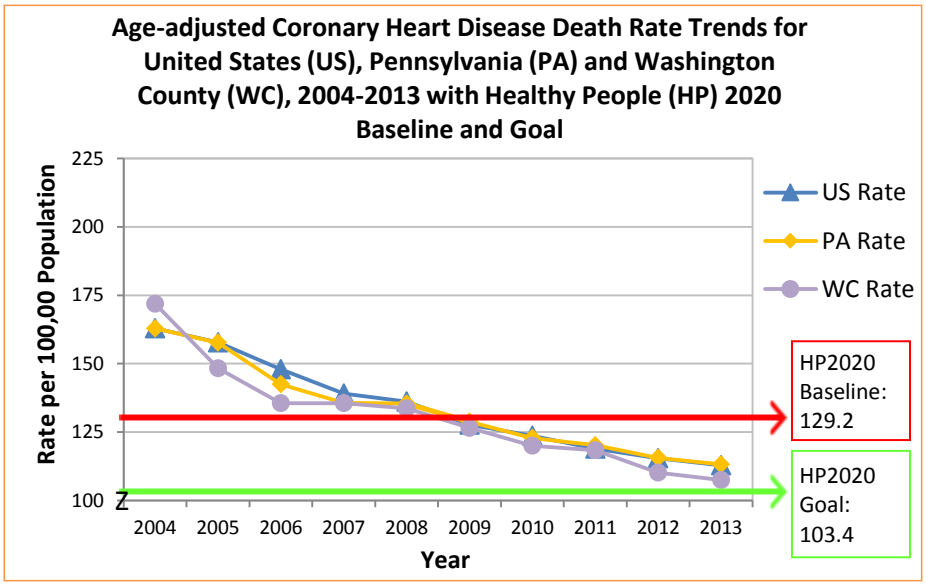
Figure 5: Comparison of breast cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Coronary Heart Disease



Washington County's (WC) 2011-2013 average rate of 112 per 100,000 population indicates a **66.7% progress** toward the HP2020 goal of 103.4. Because the coronary heart disease death rate measure weight is 7.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 4.8%. This represents an **improvement** from the 2012 score of -7.5%.

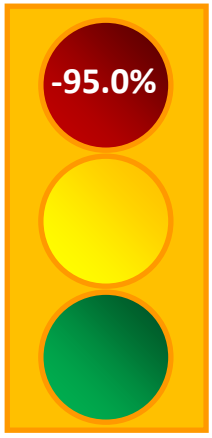
Diseases of the heart are the leading cause of death in the US with coronary heart disease as the most common type. It along with other heart disease related deaths is responsible for 17.9% of the years of potential life lost in WC from 2011-2013. Figure 6 compares the age-adjusted coronary heart disease death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower from 2006-2007 compared to the US. There were no differences in WC's rate compared to the US' and PA's. The rate trends for the US and PA have decreased from 2004 to 20013. WC's rate trend decreased two times, from 2004 to 2006 and from 2006 to 2012. Overall, there is no significant difference between WC's ten year average rate and both PA's and the US' rates (130.7, 133.5 and 134.2, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous. ICD-10 codes I11, I20-I25.*

Figure 6: Comparison of coronary heart disease death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Diabetes



Washington County's (WC) 2011-2013 average rate of 81.0 per 100,000 population indicates a **95.0% lag** behind the HP2020 baseline of 74. Because the diabetes-related death rate measure weight is 2%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.9%. This represents an **improvement** from the 2012 score of -98.6%.

Diabetes is the seventh leading cause of death in the US and is responsible for 4.4% of the years of potential life lost in WC from 2011-2013. Figure 7 compares the age-adjusted diabetes-related death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher from 2004 and 2006 and significantly lower in 2010, 2012 and 2013 compared to the US. WC's rates were significantly higher in 2008, 2010, 2012 and 2013 than both PA's and the US'. The trend for the US rate has decreased from 2006 to 2009 and 2011 to 2012. PA's has decreased four times: from 2004 to 2006; 2006 to 2008; 2008 to 2010; and 2010 to 2013. WC's rate trend has remained unchanged. Overall, WC's ten year average rate (81.7) was significantly higher than both PA's and the US' (72.9 and 72.5, respectively).

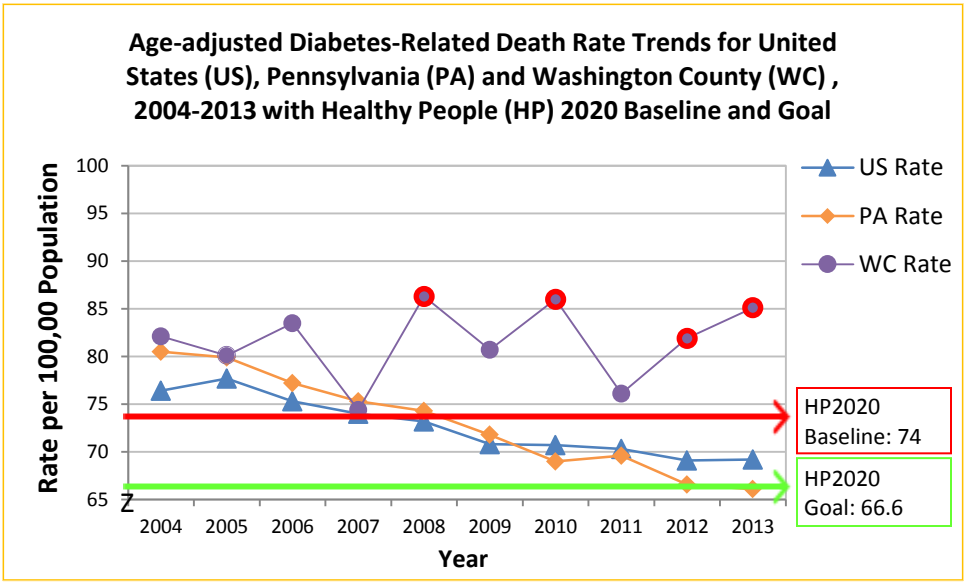
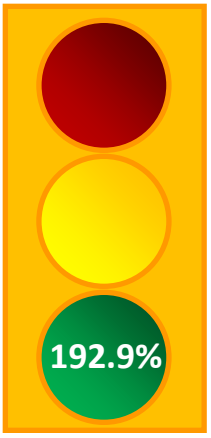


Figure 7: Comparison of diabetes-related death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

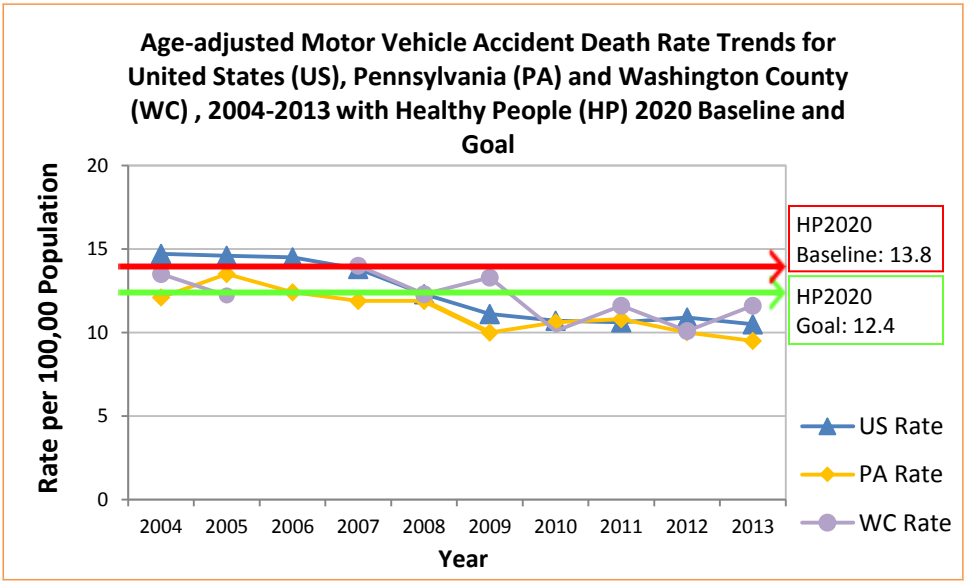
Data Limitations: *Same as previous.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death (All causes of death for underlying cause of death and MCD ICD-10 113 cause list "diabetes mellitus E10-14" for records with any of these items) 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

Motor Vehicle Accident



WC's 2011-2013 average rate of 11.1 per 100,000 population indicates it has met the HP2020 goal of 12.4 and **exceeded it by 192.9%**. Because the motor vehicle accident death rate measure weight is 3.11%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 6%. This represents an **improvement** from the 2012 score of 57.1%.

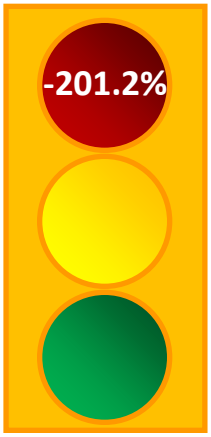
Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause and is responsible for 1.7% of the years of potential life lost in WC from 2011-2013. Figure 8 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years except 2008, 2010 and 2011 compared to the US. WC's rates were no different than PA's or the US'. The trend for the US rate has decreased since 2007, except for 2011 and 2012. After going up in 2005, PA's rate trend declined in 2007 and 2013. WC's rate trend has been static. Overall, WC's nine year average rate (12.1) was no different than both PA's and the US' (11.3 and 12.4, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2) 1999-2009 on CDC WONDER Online Database, accessed 3-2016.*

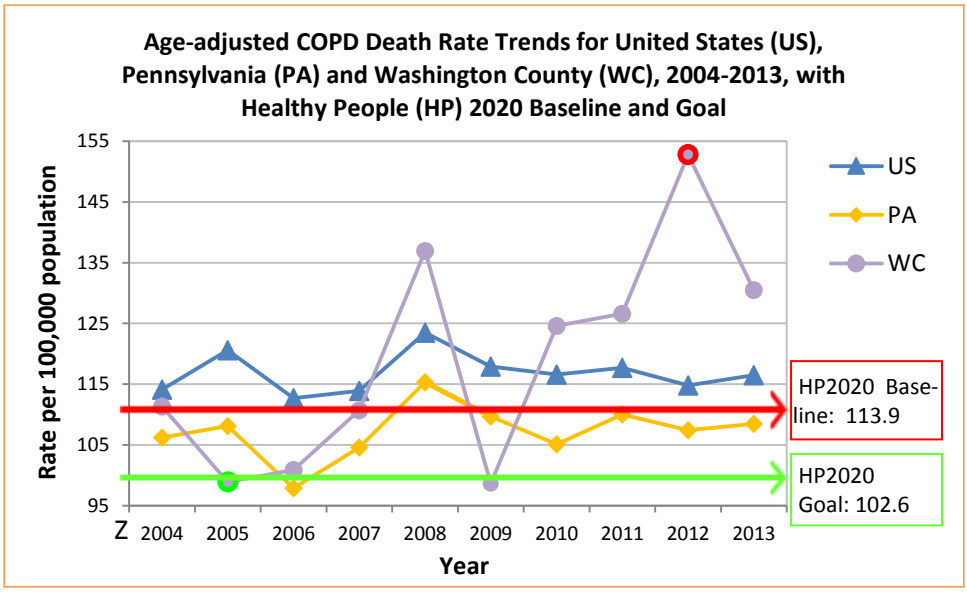
Figure 8: Comparison of motor vehicle accident death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

COPD



Washington County's (WC) 2011-2013 average rate of 136.6 per 100,000 population aged 45 years and older indicates a **201.2% lag** behind the HP2020 baseline of 113.9. Because the COPD death rate measure weight is 1.34%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -2.7%. This represents a **decline** from the 2012 score of -18.7%.

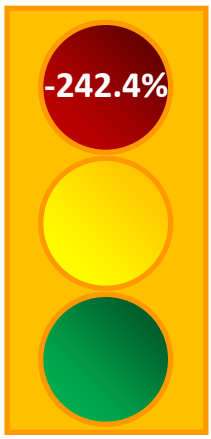
COPD is responsible for 8.9% of the years of potential life lost in WC from 2011-2013. Figure 9 compares the age-adjusted COPD death rates for those aged 45 years and older for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years compared to the US. WC's rate was lower than the US' rate in 2005 but higher than both PA's and the US' in 2012. The US trend increased and decreased between 2004 and 2013 for an overall increase. Although PA's trend decreased and increased between 2006 and 2009, overall it remained static. WC's trend has remained static. Overall, WC's ten year average rate (119.4) was significantly higher than PA's and the same as the US' (107.3 and 116.8, respectively.)



Data Limitations: *Same as previous.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. Age 45 years and older, ICD-10 codes J40-J44. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

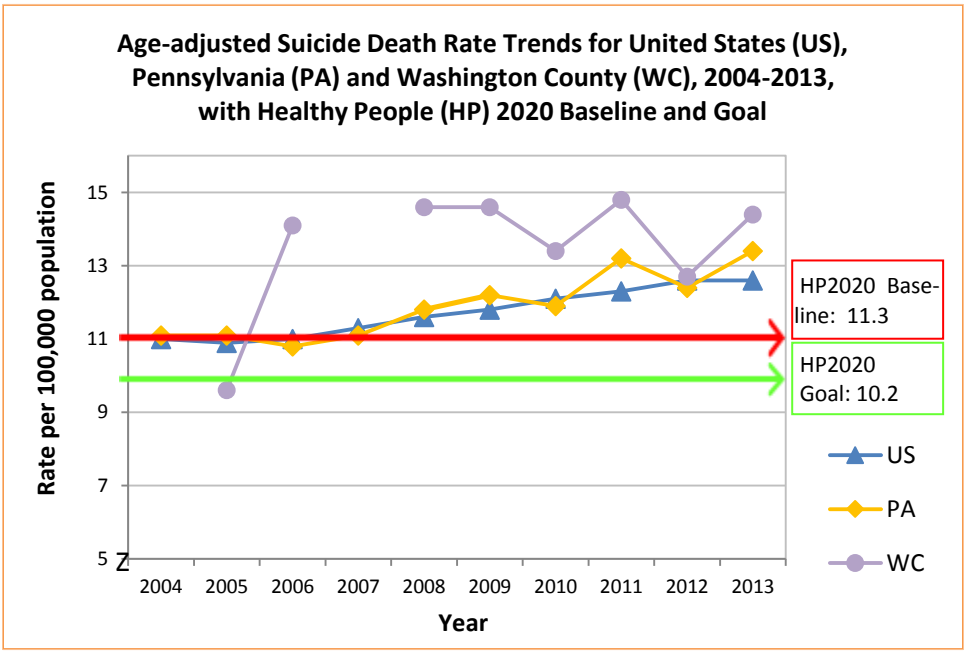
Figure 9: Comparison of COPD death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Suicide



Washington County's (WC) 2011-2013 average rate of 14 per 100,000 population indicates a **242.4% lag** behind the HP2020 baseline of 11.3. Because the suicide death rate measure weight is 2.66%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -6.5%. This represents a **decline** from the 2012 score of -154.6%.

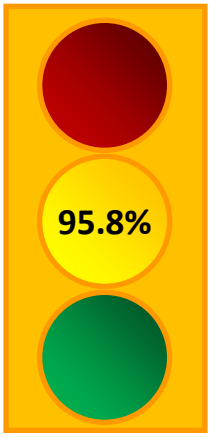
Suicide is responsible for 3.1% of the years of potential life lost in WC from 2011-2013. Figure 10 compares the age-adjusted suicide death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between the US', PA's and WC's rates. The US trend increased in 2007, 2008 and in 2010 for an overall increase. PA's and WC's trends have remained static. There were no differences in WC's eight year average rate (13.5) compared to PA's and the US' (11.9 and 11.7, respectively).



Data Limitations: *Same as previous. Gaps in years of data are caused by too small numbers of deaths to calculate a reliable rate.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes U03, X60-X84, Y870. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

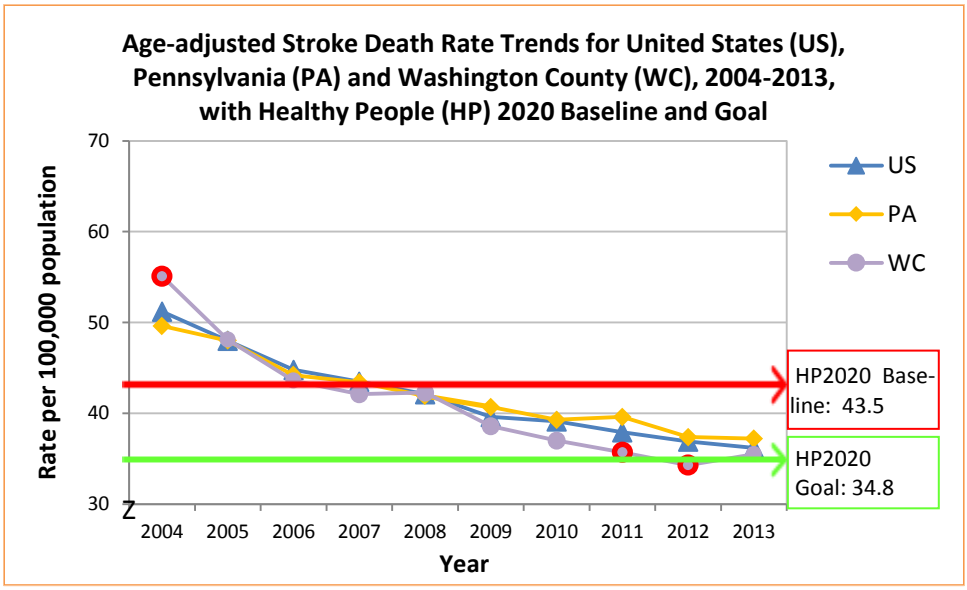
Figure 10: Comparison of suicide death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Stroke



Washington County's (WC) 2011-2013 average rate of 35.2 per 100,000 population indicates **95.8% progress** toward the HP2020 goal of 34.8. Because the stroke death rate measure weight is 1.07%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.1%. This represents an **improvement** from the 2012 score of -17.9%.

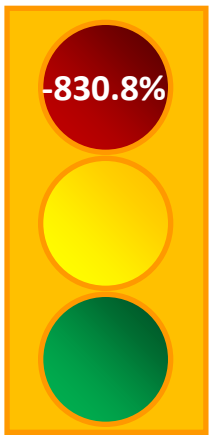
Stroke is responsible for 0.9% of the years of potential life lost in WC from 2011-2013. Figure 11 compares the age-adjusted stroke death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in 2004 but higher in 2011 compared to the US. WC's rate was higher than both PA's and the US' rates in 2004 but lower in 2011 and 2012. The US trend decreased every year between 2004 and 2013. PA's trend decreased in 2006 and 2012. WC's trend decreased in 2005, 2006 and 2009 for an overall decrease. Overall, WC's ten year average rate (41.2) was no different than PA's or the US' (42.1 and 41.9, respectively).



Data Limitations: *Same as previous.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes J40-J44. Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

Figure 11: Comparison of stroke death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Accidental Drug Poisoning



WC's 2011-2013 average rate of 23.4 per 100,000 population indicates an **830.8% lag** behind the HP2020 baseline of 12.6. Because the accidental drug poisoning death rate measure weight is 2.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -18.2%. This represents a **decline** from the 2012 score of 169.2%.

Accidental drug poisoning is responsible for 6.3% of the years of potential life lost in WC from 2011-2013. Figure 12 compares the age-adjusted accidental drug poisoning death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in all years compared to the US. WC's rates were higher than the US' rates in 2004, 2010, 2011 and 2013, and higher than PA in 2013. The US trend increased in 2005, 2006, 2010, 2011 and 2013. PA's trend increased in 2011. WC's trend increased in 2013. Overall, WC's nine year average rate (17.1) was no different than PA's and the US' (16.1 and 12.8, respectively).

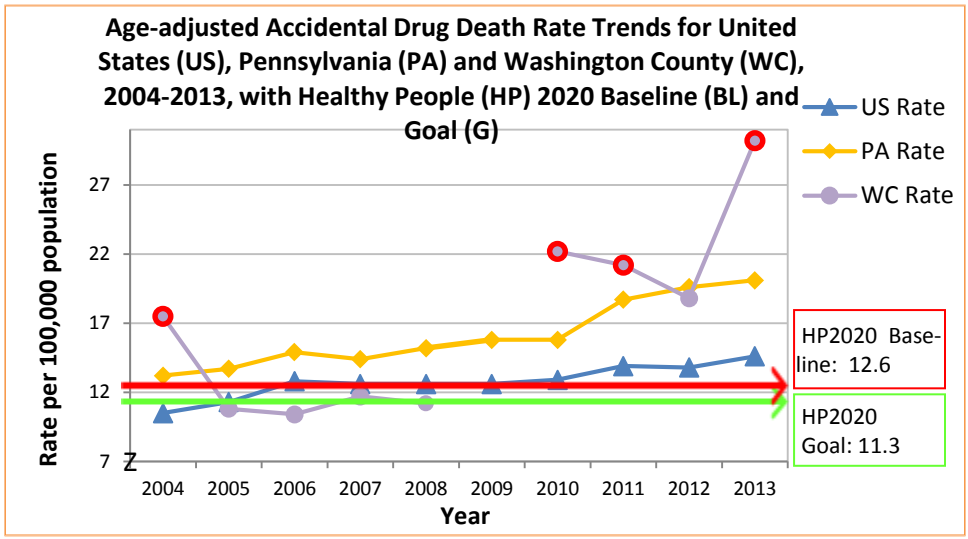
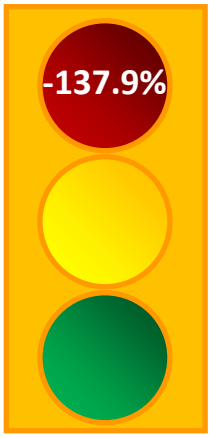


Figure 12: Comparison of accidental drug poisoning death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous.* ***Data Source(s):*** *Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codesD52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19. 0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, 62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-Y14 . Underlying Cause of Death 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

Results—Health Outcomes—Morbidity

Diabetes Prevalence



Hospital defined community's (HDC) 2015 age-adjusted percent of 9.9 indicates an **137.9% lag** behind the US 2010 baseline of 8.7%. Because the diabetes prevalence measure weight is 2.61%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -3.6%. This represents an **improvement** from the 2012 score of -402.3%.

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the US and is a major cause of heart disease and stroke. Figure 13 compares the age-adjusted diabetes prevalence percentages for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). PA's percentage was significantly lower in 2009 compared to the US. WC's percentages were significantly higher than both PA's and the US' from 2007 to 2013 (higher than the US' only in 2004). HDC was higher than the US in 2012. The trend for the US percentages is increasing. PA's percentage trend increased in 2008. WC's and HDC's percentage trends have been static.

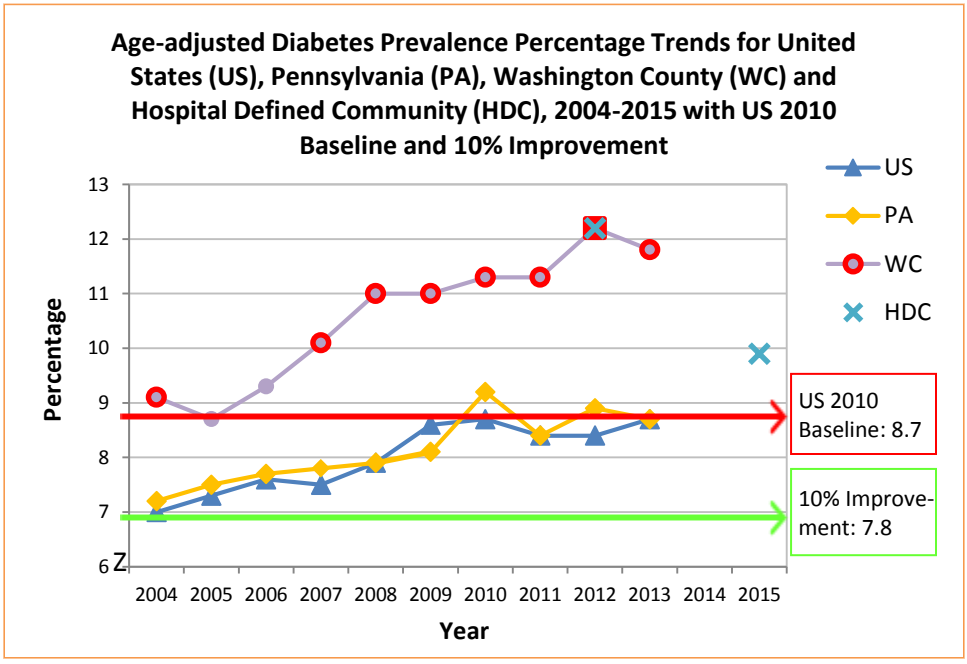


Figure 13: Comparison of percentage of people with diagnosed diabetes by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US and PA: *Ages 18 and older. The BRFSS underestimates the true prevalence of diabetes. About one-third of persons with diabetes do not know they have it. Because the BRFSS is a telephone survey, bias may be introduced because households without telephones are not included. Although telephone coverage is generally high, non-coverage may be high for certain population groups. For example, American Indians, rural blacks in some southern states, and persons in lower socioeconomic groups typically have lower telephone coverage. Because diabetes is more common among race and ethnic minority groups and among lower socioeconomic groups, BRFSS may underestimate diabetes prevalence for these subpopulations.* ***For WC:*** *Ages 20 years and older. County-level estimates were based on indirect model-dependent estimates. Bayesian multilevel modeling techniques were used to obtain these estimates. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65+; race; sex) at the county-level were developed. State was included as a county-level covariate.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.*
Data Source(s): *Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: http://www.cdc.gov/diabetes/data/national.html accessed 6-2016].* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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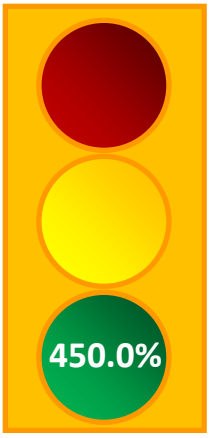
Low Birth Weight



WC's 2013 percent of 6.4 indicates that it has met the HP2020 goal of 7.8% and **exceeded it by 450.0%**. Because the low birth weight measure weight is 20%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 90.0%. This represents an **improvement** from the 2012 score of 212.9%.

Low birth weight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous. Figure 14 compares the percent of live births that weighed less than 2500 grams for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were significantly higher in 2004, 2006, 2007, 2009 and 2010 compared to the US. WC's percentage was lower than PA's in 2007 and 2013, but only lower than the US percentage in 2013. The trend for the US decreased in 2007, 2010 and 2012. PA's trend decreased from 2006 in 2011 and has maintained that decrease. WC's trend has been static.

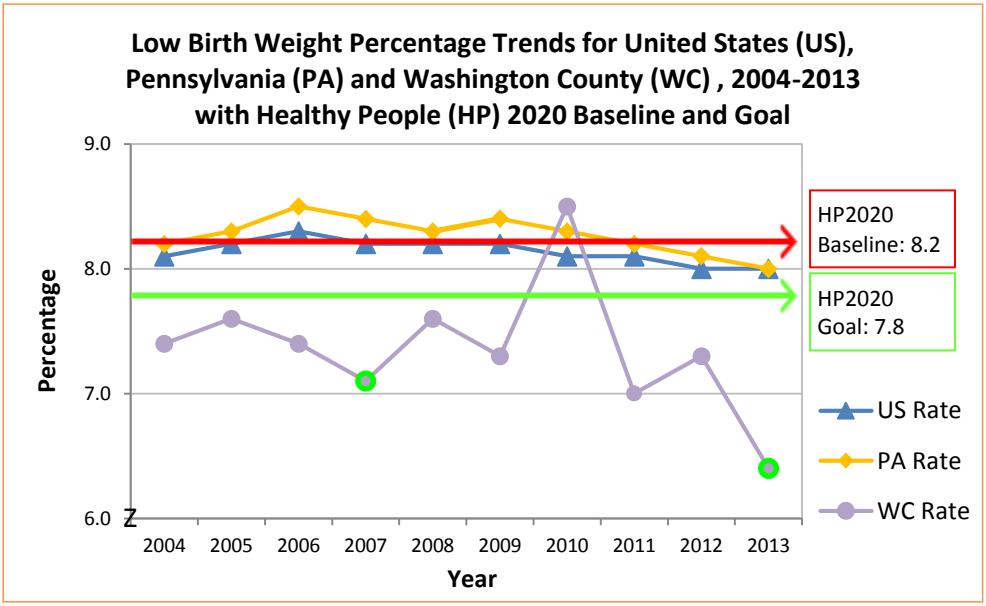
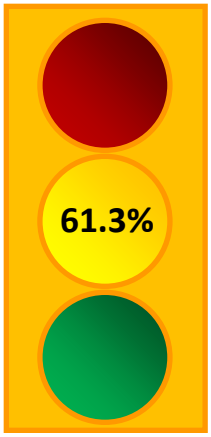


Figure 14: Comparison of low birth weight percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared and this may introduce comparability issues. However, since both data sets relay on birth certificate data, it is assumed this variation is not significant. US low birth weight percentage was calculated by dividing the number of live births weighing less than 2500 grams by the number of total live births.* ***For PA and WC:*** *Percentages of low birth weight were calculated by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.*
Data Source(s): For US: *Centers for Disease Control and Prevention, National Center for Health Statistics. Natality public-use data on CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) Online Database, for years 1995-2002 published November 2005, for years 2003-2006, and for years 2007-2014 accessed 3-2016.* ***For PA and WC:*** *EpiQMS - Epidemiologic Query and Mapping System a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, accessed online 3-2016.*

Poor or Fair Health



Hospital defined community's (HDC) 2015 age-adjusted percent of 15.3 indicates **95.8% progress** toward the 2010 US goal of 14.7%. Because the poor or fair health measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 5.6%. This represents an **improvement** from the 2012 score of -6.1%.

Self-reported health status has been shown to be a very reliable measure of current health. Figure 15 compares the percent of people over 18 years of age who report either poor or fair health for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's rate was significantly lower in all years compared to the US. Fayette, Greene and Washington (FGW) Counties' percentage was higher than PA's and the US' in 2008-2011. The trend for the US rate has increased in 2011. PA's, FGW's and HDC's trends have been static.

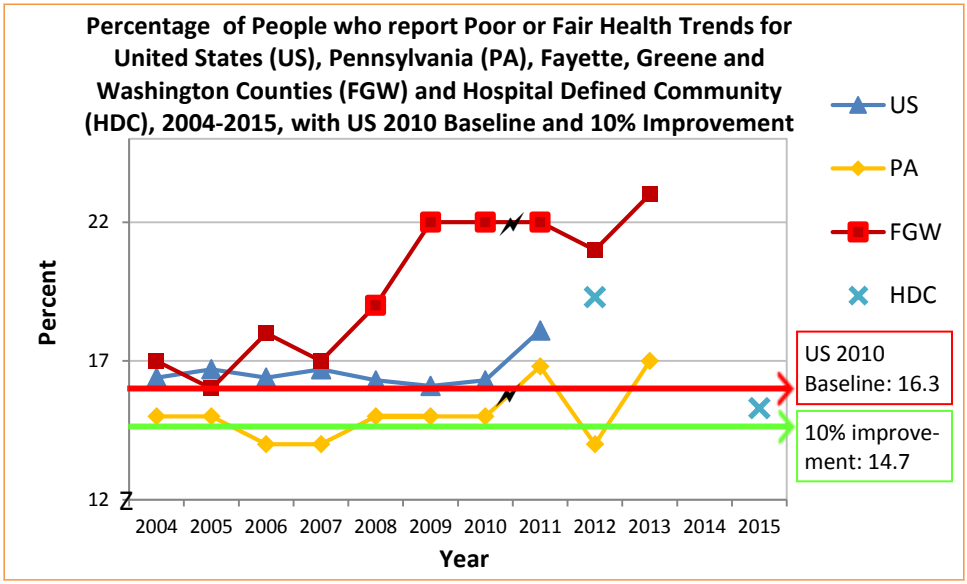


Figure 15: Comparison of percentage of people reporting poor or fair health by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For PA and FGW/WC/SWPA:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. A "⸗" marks a break in the trend line to indicate both landline and cell line data collection.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For PA, WC, FGW and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 3-2016. EDDIE, 2016 (ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), accessed online 6-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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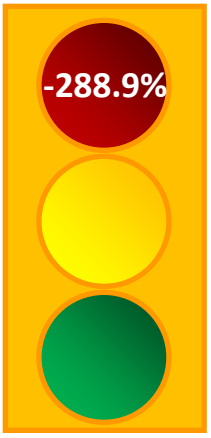
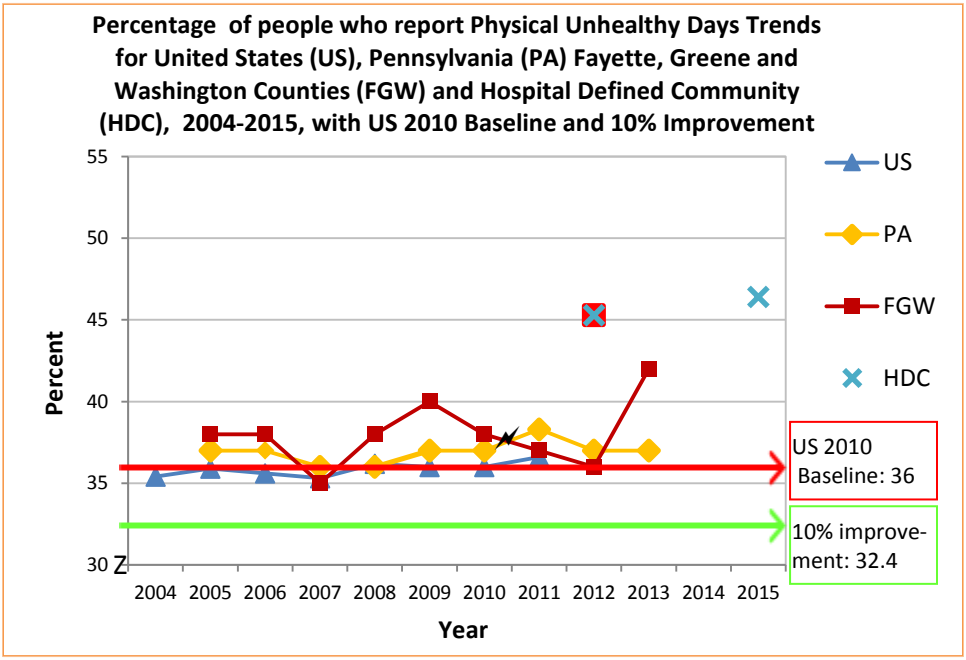
Physical Unhealthy Days



Hospital defined community's (HDC) 2015 age-adjusted percent of 46.4 indicates a **288.9% lag** behind toward the 2010 US baseline of 36%. Because the physical unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -26.4%. This represents a **decline** from the 2012 score of 258.3%.

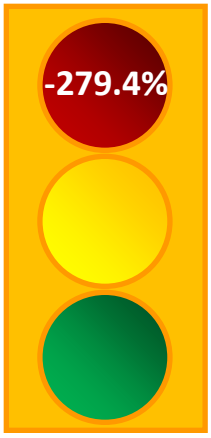
People's reports of days when their physical health was not good are a reliable estimate of their recent health. Figure 16 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their physical health was not good for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's rate was significantly higher than the US in 2006 and 2011. There were no differences between FGW's percentages and the US's or PA's. HDC's percentage in 2012 was significantly higher than FGW. The trend for the US rate increased in 2008 and has maintained that increase into 2011. PA's, FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

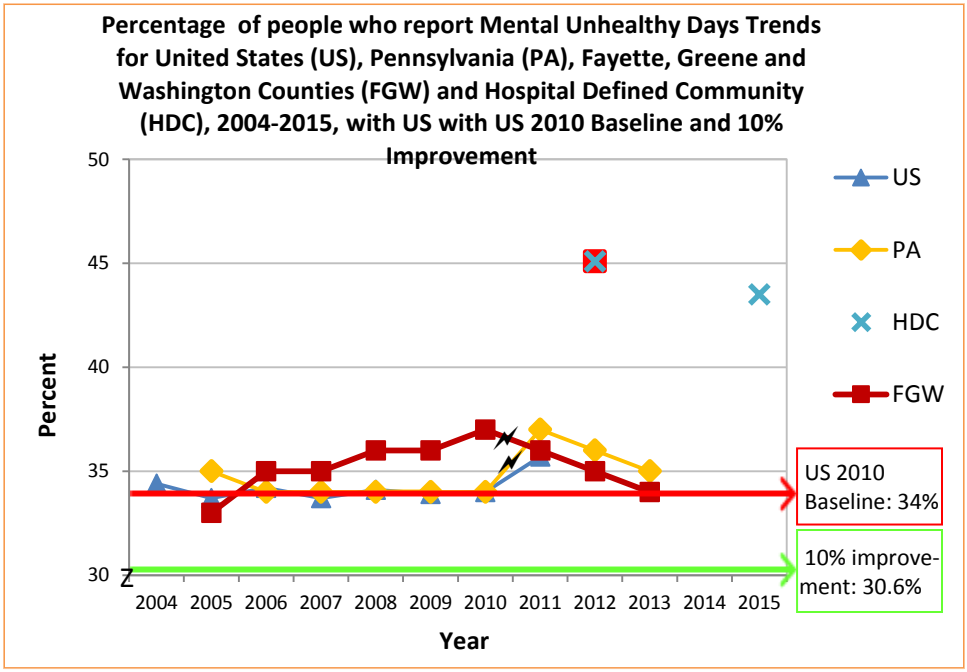
Figure 16: Comparison of percentage of people reporting one or more physically unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Mental Unhealthy Days



Hospital defined community's (HDC) 2015 age-adjusted percent of 43.5 indicates a **279.4% lag behind** the 2010 US baseline of 34.0%. Because the mental unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 25.5%. This represents an **improvement** from the 2012 score of -326.5%.

Measuring the number of days when people report that their mental health was not good (i.e., poor mental health days), represent an important facet of health-related quality of life. The County Health Rankings considers health-related quality of life to be an important health outcome. Figure 17 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their mental health was not good for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). There were no differences between FGW's percentages and the US's or PA's. HDC's percentage in 2012 is significantly higher than FGW. The trend for the US rate decreased in 2005 and increased in 2011. PA's trend increased in 2011, but did not maintain the increase. FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 17: Comparison of percentage of people over the age of 18 reporting one or more mentally unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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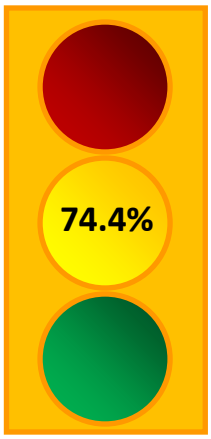
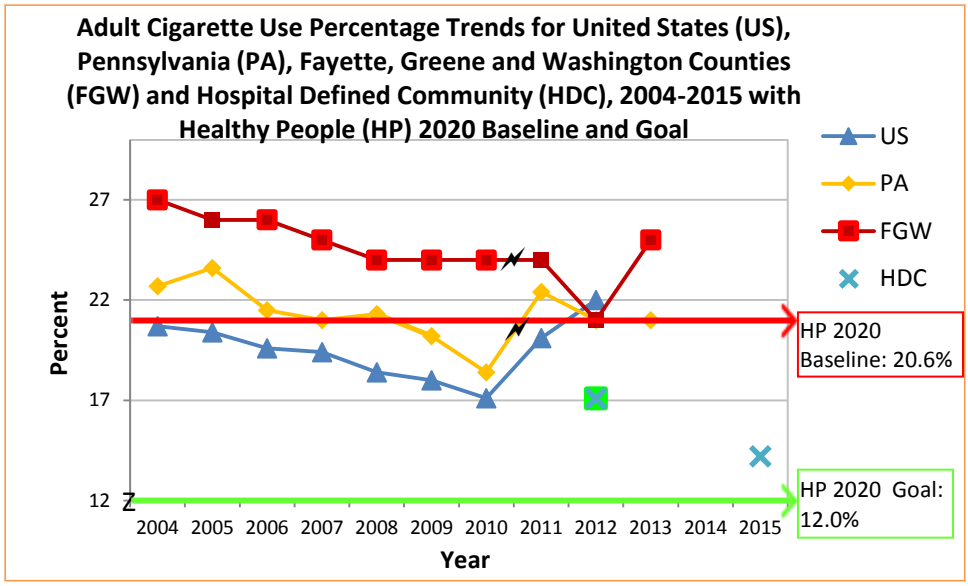
Adult Smoking



Hospital defined community's (HDC) 2015 age-adjusted percent of 14.2 indicates a **74.4% progress** toward the HP 2020 goal of 12%. Because the adult smoking measure weight is 3.04%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.0%. This represents an **improvement** from the 2012 score of 39.5%.

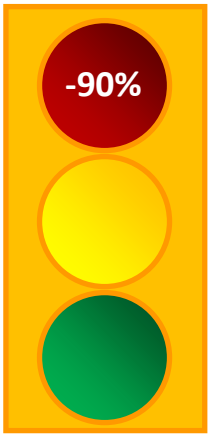
Each year approximately 443,000 premature deaths occur primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health Factors. Figure 18 compares the percentage of people over the age of 18 that currently smoke cigarettes for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in all years except 2007 and 2012. FGW's percentage was significantly higher in all years except 2005, 2011 and 2012 compared to the US (only higher than PS in 2010). The trend for the US decreased in 2006, 2008 and 2010, but increased in 2011 and 2012. PA's, FGW's and HDC's trends have remained unchanged.



Data Limitations: *Same as previous*
Data Source(s): *Same as previous*

Figure 18: Comparison of adult cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Adult Smokeless Tobacco Use



Hospital defined community's (HDC) 2015 age-adjusted percent of 4.1 indicates a **90% lag** behind the HP2020 baseline of 2.3. Because the adult smokeless tobacco use measure weight is 0.58%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.5%. This represents an **improvement** from the 2012 score of -120%.

Smokeless tobacco use is identified as a cause in multiple diseases including various cancers and cardiovascular disease. Figure 19 compares the percentage of people over the age of 18 who currently use smokeless tobacco for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'.) PA's percentage was significantly lower in 2007 compared to the US and higher in 2009. FGW's percentage was higher in 2013 that PA's. The US', PA's and HDC's trends have been static.

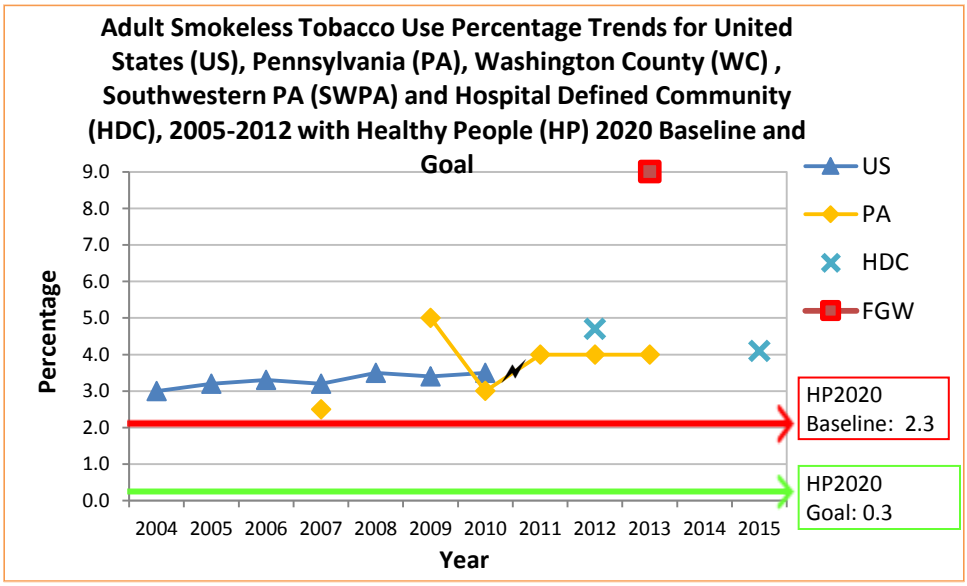


Figure 19: Comparison of adult smokeless tobacco use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. WC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Due to small size of respondents, US percentages are not reliable. Gaps in years of data are caused by the question not being used for that year's survey.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.*

Data Source(s): For US: *SAMHSA, Office of Applied Studies, Results from the 2010 National Survey on Drug Use and Health (NSDUH)* ***For PA:*** *Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at:* http://www.cdc.gov/tobacco/statesystem *for years 2002-2007. For years 2009 and 2010* ***For PA, WC and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 3-2016. EDDIE, 2016 (*ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE*), accessed online 6-2016. The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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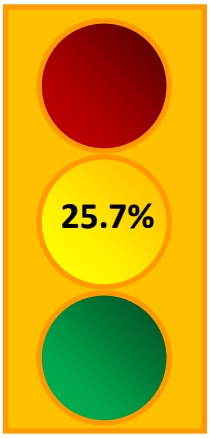
High School Student Smoking



PA's 2010 percent of 18.6 indicates a **25.7% progress** toward the HP2020 goal of 16%. Because the high school smoking measure weight is 4.19%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%. Due to no updated information available, this score is unchanged from 2012.

More than 80% of adult tobacco users started before the age of 18. Figure 20 compares the percentage of high school students who report smoking on one or more days in the last 30 for the US (blue triangle) and PA (gold diamond). PA's percentages are the same compared to the US. The trend for the US decreased from 2000 to 2002 and again from 2002 to 2009. PA's trend decreased two times, once from 2001 to 2002 and another from 2002 to 2006. There is no lower geographic level of data than the state.

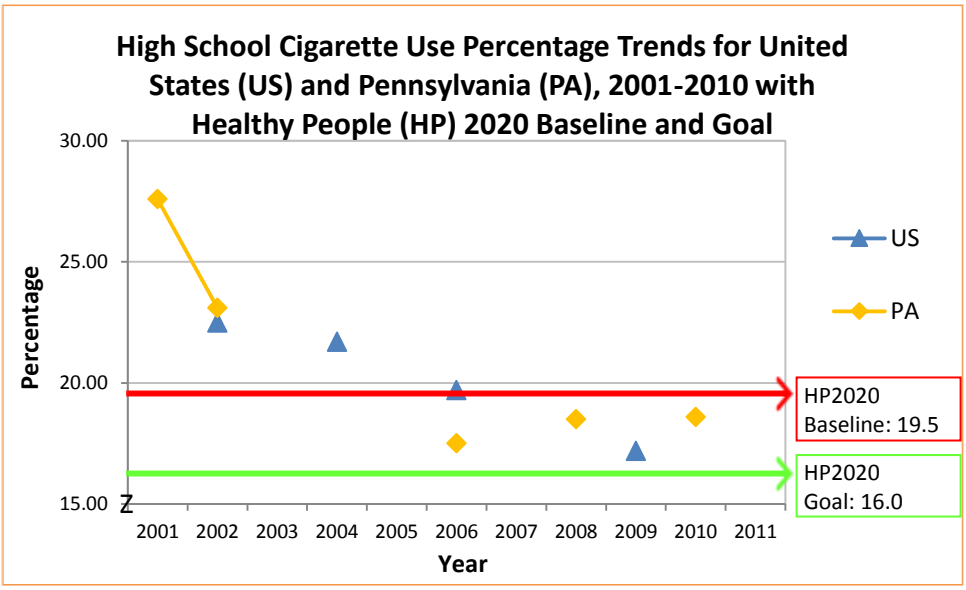
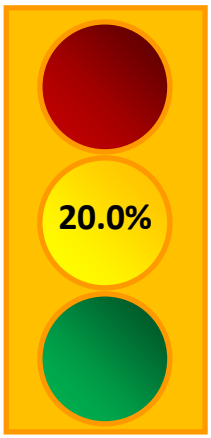


Figure 20: Comparison of high school student cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *These data apply only to youth who attended middle school or high school. Among persons aged 15–17 years in the United States, approximately 5% were not enrolled in a high school program and had not completed high school in 2005 (http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007059). The questionnaire was offered only in English. Thus, comprehension might have been limited for students with English as a second language. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year.*

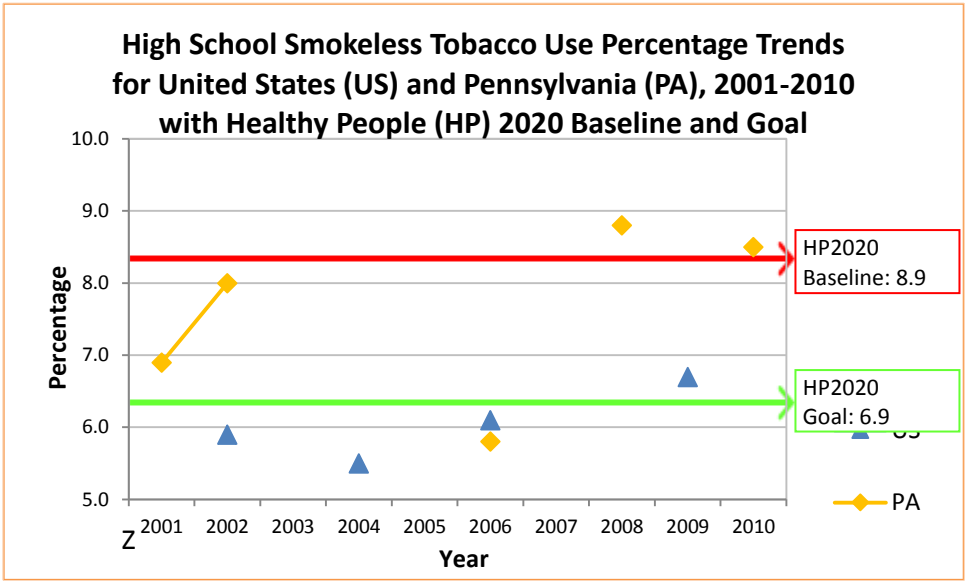
Data Source(s): *Preventing Tobacco Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. Centers for Disease Control and Prevention Tobacco Use Among Middle and High School Students --- United States, 2000—2009 Morbidity and Mortality Weekly Report, August 27, 2010 / 59(33);1063-1068. Centers for Disease Control and Prevention Youth Tobacco Surveillance — United States, 2001–2002. Surveillance Summaries, May 19, 2006. MMWR, 2006;55(No. SS-3).*

High School Student Smokeless Tobacco Use



PA's 2010 percent of 8.5 indicates a **20% progress** toward the HP2020 goal of 6.9%. Because the high school smoking measure weight is 1.9%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.4%. Due to no updated information available, this score is unchanged from 2012.

More than 80% of adult tobacco users started before the age of 18. Figure 21 compares the percentage of high school students who report using smokeless tobacco on one or more days in the last 30 for the US (blue triangle) and PA (gold diamond). There are no statistically significant differences between the US' and PA's percentages. The trend for both the US and PA have remained unchanged. There is no lower geographic level of data than the state.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 21: Comparison of high school student smokeless tobacco use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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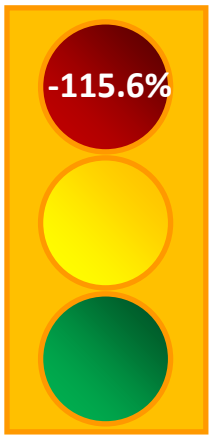
Pregnant Women Smoking



Washington County's (WC) 2013 percentage of 79.2 indicates a **115.6% lag** behind the HP2020 baseline of 89.6%. Because the pregnant women smoking measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.2%. This represents an **improvement** from the 2012 score of -166.7%.

Smoking during pregnancy causes health problems for both mothers and babies, such as: pregnancy complications; premature birth; low-birth-weight infants; stillbirth; and sudden infant death syndrome (SIDS). Figure 22 compares the percentage of women who did not smoke cigarettes during their pregnancy for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were significantly lower than the US' from 2004-2013. WC's percentages were lower than PA's from 2004 to 2013. The trend for US increased from 2004 to 2006, leveled off from 2006 to 2010 and has increased in 2011. PA's trend increased in 2010 and again in 2012. WC's trend has remained unchanged.

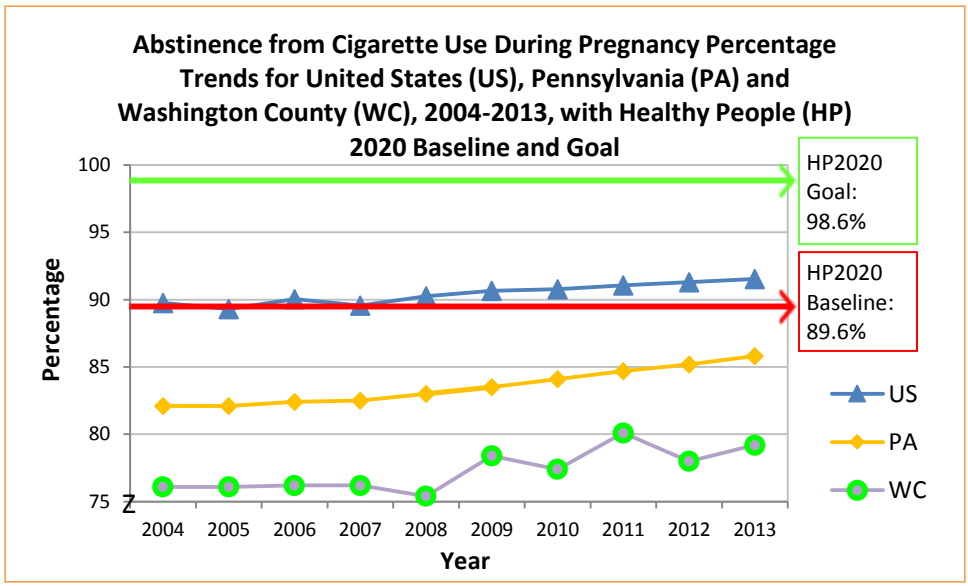


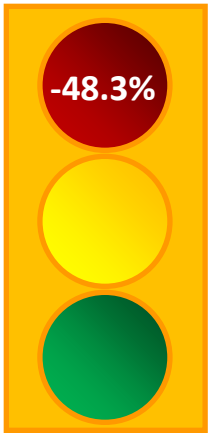
Figure 22: Comparison of pregnant women's use of cigarettes during pregnancy by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared and this may introduce comparability issues. However, since both data sets relay on birth certificate data, it is assumed this variation is not significant. US cigarette use during pregnancy percentage was calculated by dividing the number of live births whose mothers indicated that they had smoked during pregnancy by the number of total live births.* ***For PA and WC:*** *Percentages of non-smoking mother during pregnancy were calculated by the Bureau of Health Statistics and Research, Pennsylvania Department of Health.*

The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

Data Source(s): For US: *WCHP calculated with data from Centers for Disease Control and Prevention, National Center for Health Statistics. Natality public-use data on CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) Online Database, for years 1995-2002 published November 2005, for years 2003-2006 published March 2009, and for years 2007-2009 published March 2012.* ***For PA and WC:*** *EpiQMS - Epidemiologic Query and Mapping System a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, accessed online 3-2016.*

Tobacco Quit Attempts



Hospital defined community's (HDC) 2015 age-adjusted percent of 33.0 indicates **48.3% lag** behind the HP2020 baseline of 48.3%. Because the tobacco quit attempts measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.5%. This represents a **decline** from the 2012 score of 65.6%.

Among current U.S. adult tobacco users, 68.8% report that they want to quit completely and take an average of 6 attempts before they do so. Figure 23 compares the percent of tobacco users over 18 years of age who report that they quit tobacco use for one day or longer because they were trying to quit in the past year for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentages were lower than the US' from 2004 to 2006 and again in 2009 to 2011. FWG's percentage was significantly lower than the US in 2004 and 2005. The trend for the US rate increased from 2005 in 2007, and again in 2009, and has maintained that increase. PA's trend increased in 2007 but decreased in 2009 and maintained that decrease. FGW's trend has been static. HDC's trend has decreased.

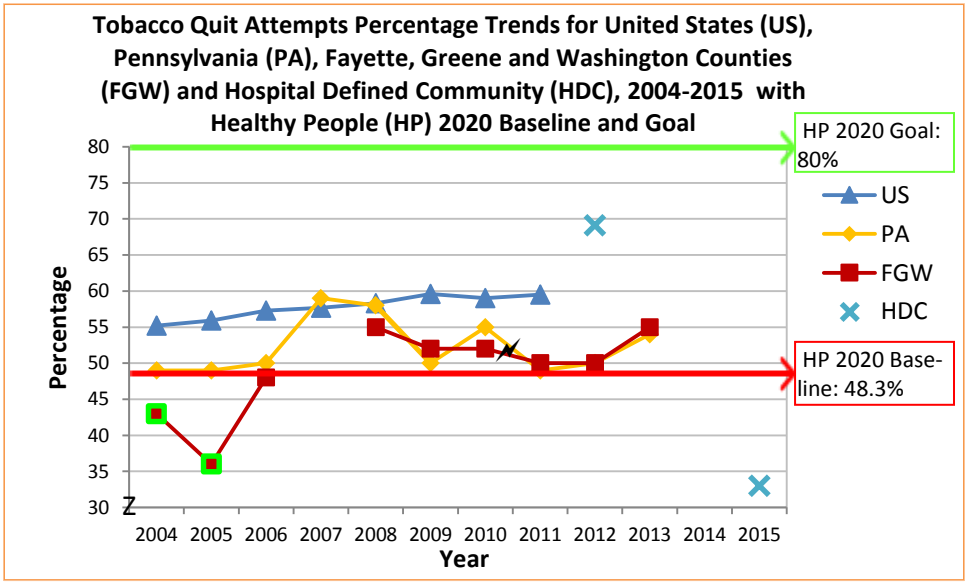


Figure 23: Comparison of percentage of tobacco users over the age of 18 reporting stopping tobacco use for one day or longer in an attempt to quit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For PA and WC:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.* ***For HDC:****HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For WC, FGW and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS., accessed online 3-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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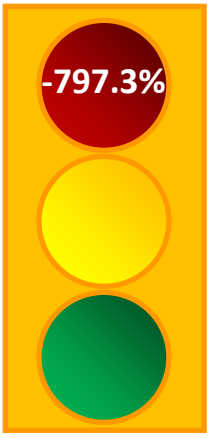
Binge Drinking



Hospital defined community's (HDC) 2015 age-adjusted percent of 26.6 indicates a **797.3% lag** behind the US 2009 baseline of 14.8%. Because the binge drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is -10.0%. This represents a **decline** from the 2012 score of -175.7%.

Excessive drinking is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes. Binge drinking is one type of excessive drinking. Figure 24 compares the percent of people over 18 years of age who report that they have engaged in binge drinking for the US (blue triangle), PA (gold diamond), FGW (maroon square) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in all years except 2006, 2007 and 2011. There were no differences between FGW's percentages and either the US's or PA's. The trend for the US percentage increased in 2006 and 2011 and decreased in 2012 and 2013 for an overall increase. PA's and FGW's trends have been static. HDC's trend has increased.

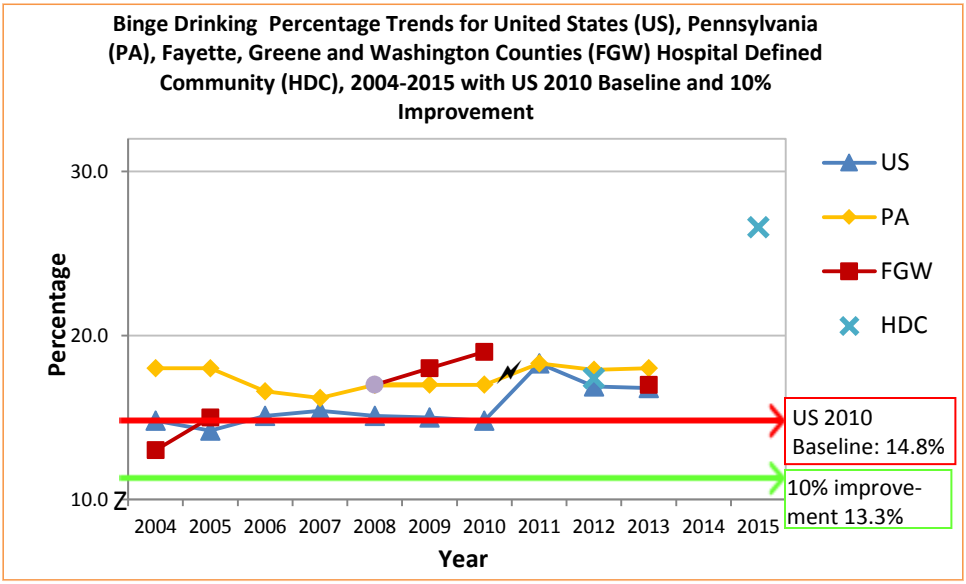
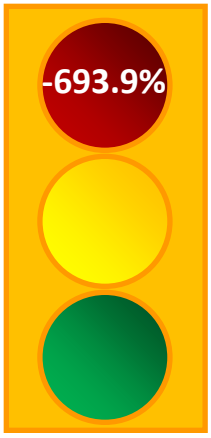


Figure 24: Comparison of percentage of people over the age of 18 reporting binge drinking in the past 30 days (5 or more drinks in one occasion for men and more than 4 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

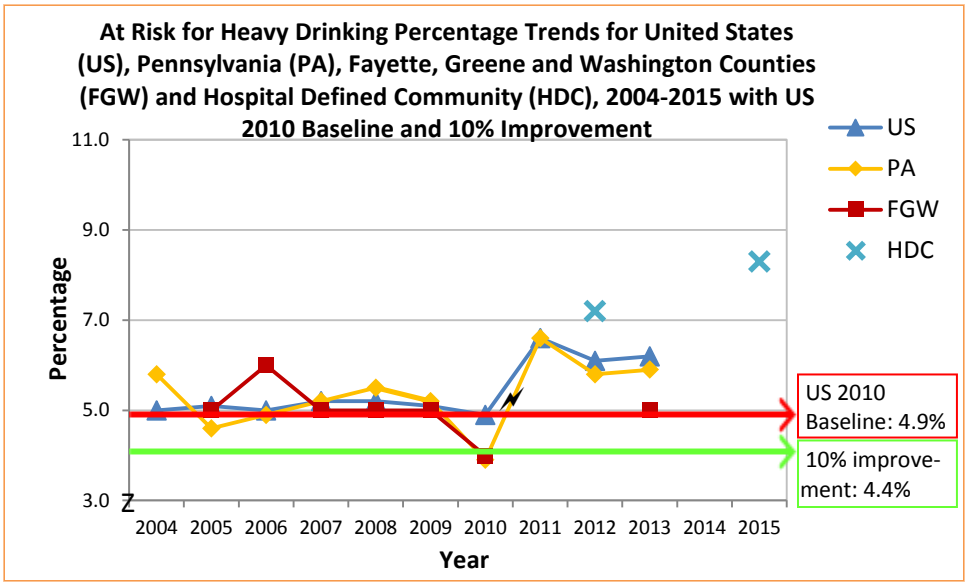
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For FGW/ WC/ SWPA:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results.* ***For WC and HDC:*** *Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For WC, FGW and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012. EDDIE, 2016 (*ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE*), accessed online 6-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

At Risk for Heavy Drinking



Hospital defined community's (HDC) 2015 age-adjusted percent of 8.3 indicates a **469.4% lag** behind the US 2010 baseline of 4.9%. Because the at risk for heavy drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is -8.7%. This represents a **decline** from the 2012 score of -469.4%.

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. At risk for heavy drinking is one type of excessive drinking. Figure 25 compares the percent of people over 18 years of age who report that they have engaged in heavy drinking (defined as a monthly average of 2 or more drinks for men and 1 or more for women) for the US (blue triangle), PA (gold diamond), FGW (maroon square) and HDC (aqua 'x'). PA's percentage was significantly lower than the US in 2010. There were no differences between FGW's percentages and the US's or PA's. The trend for the US increased in 2011. PA's trend decreased in 2010. FGW and HDC trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 25: Comparison of percentage of people over the age of 18 reporting heavy drinking in the past 30 days (average of more than 2 for men and more than 1 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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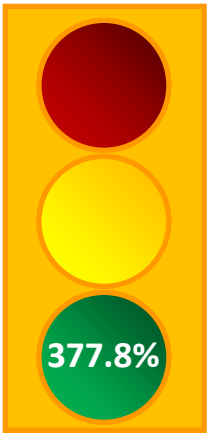
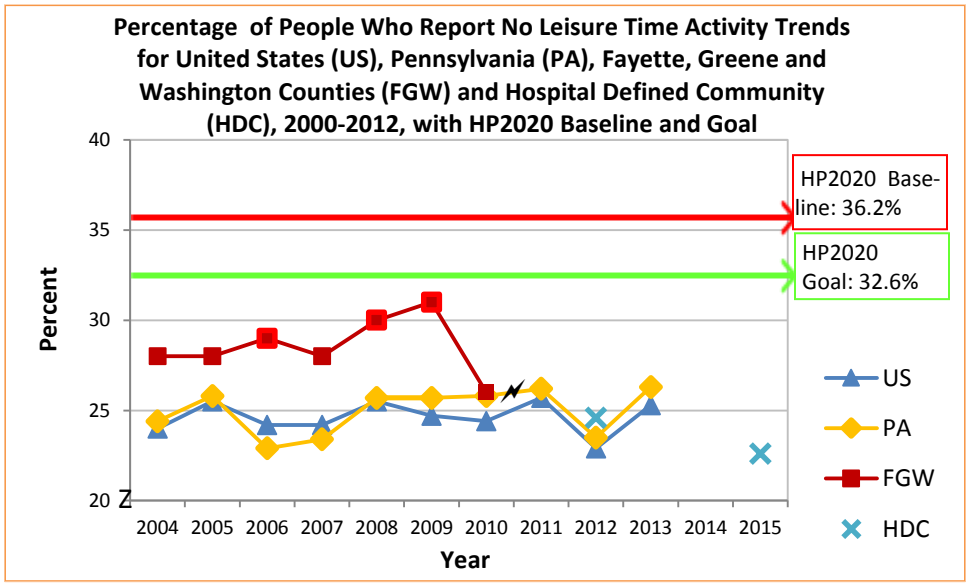
Adult Inactivity



Hospital defined community's (HDC) 2015 age-adjusted percent of 22.6 indicates that it has met the HP2020 goal of 32.6% and **exceeded it by 377.8%**. Because the adult inactivity measure weight is 1.14%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.3%. This represents an **improvement** from the 2012 score of 322.2%.

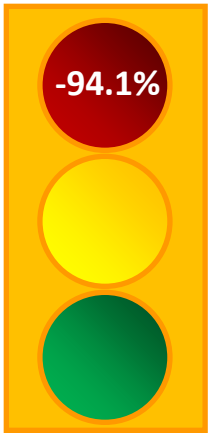
Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures of circulatory system diseases. Figure 26 compares the percentage of people over the age of 18 who report they have no leisure time activity for the US (blue triangle), PA (gold diamond) and Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentage was significantly higher than the US' in 2012. FGW's percentages were higher than the US in 2006, 2008 and 2009 and higher than PA's in 2006. The trend for the US increased in 2005, 2008, 2011 and 2013. After going down in 2006 and 2012, PA's trend increased in 2013. FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

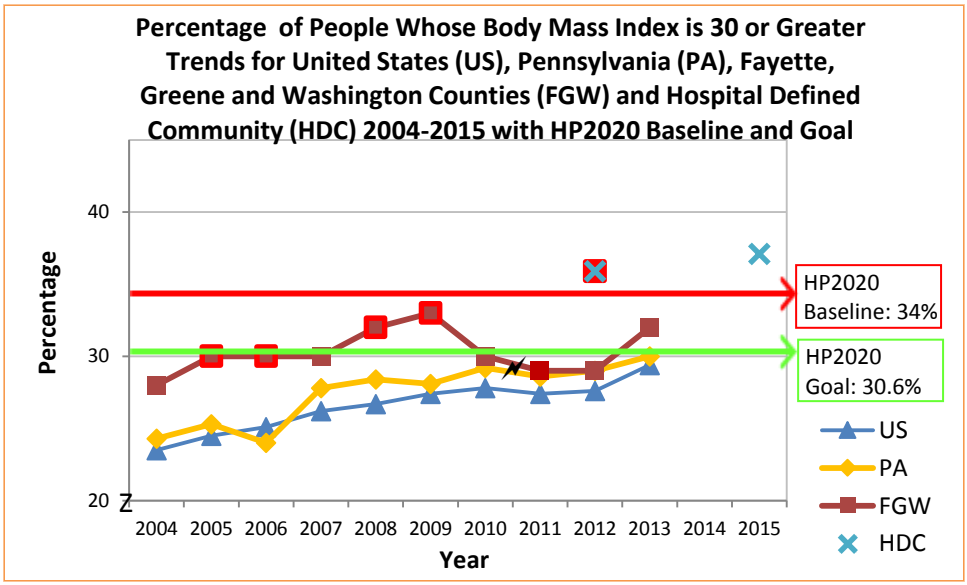
Figure 26: Comparison of people who report they have no leisure time activity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Adult Obesity



Hospital defined community's (HDC) 2015 age-adjusted percent of 37.1 indicates a **94.1 lag** behind the HP2020 baseline of 33.9%. Because the adult obesity measure weight is 3.15%, the contribution to the 2020 Healthy Community Health Factor Score™ is -3.0%. This represents a **decline** from the 2012 score of -55.9%.

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. Figure 27 compares the percent of people over the age of 18 whose body mass index is 30 or higher for the US (blue triangle), PA (gold diamond), FGW (maroon square) and HDC (aqua 'x'.) PA's percentage was significantly higher compared to the US in 2012. FGW's percentages were higher than PA's in 2006 and 2009 and higher than the US's in 2005, 2006 and 2009. The trend for the US increased in 2005 and 2013. PA's trend increased in 2007. FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 27: Comparison of adult obesity percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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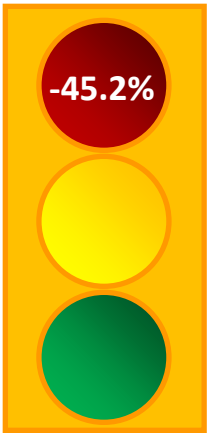
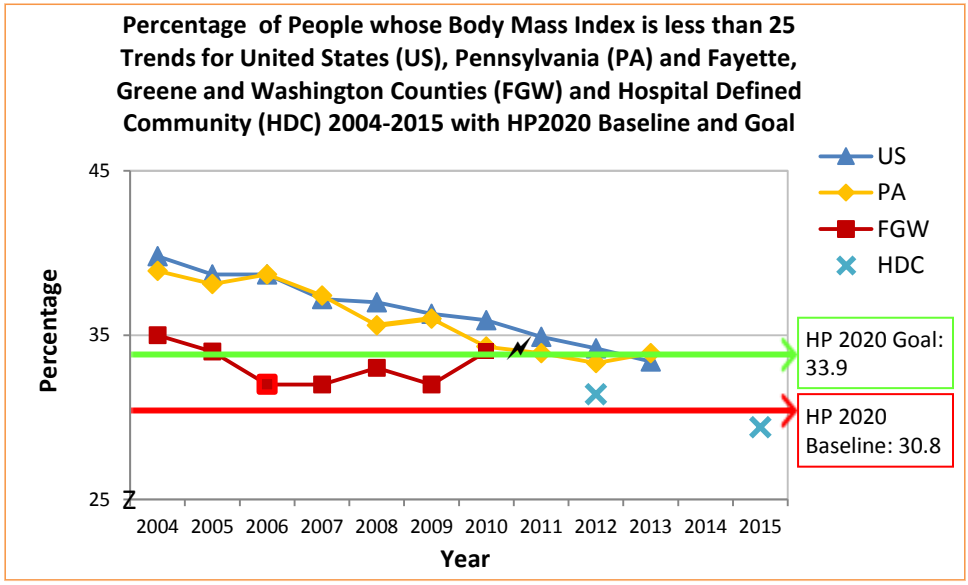
Adult Healthy Weight



Hospital defined community's (HDC) 2015 age-adjusted percent of 29.4 indicates a **45.2 lag** behind the HP2020 baseline of 30.8%. Because the adult healthy weight measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.9%. This represents a **decline** from the 2012 score of 54.8%.

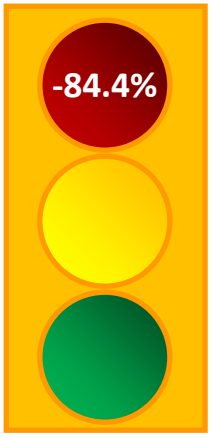
The health benefits of healthy weight include lowering the risk of heart disease; stroke; diabetes; high blood pressure; and cancers, including breast, colon, kidney, pancreas and esophagus. Figure 28 compares the percent of people over 18 years of age whose body mass index is less than 25 for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). There were no differences between PA's and the US' percentages. Fayette, Greene and Washington (FGW) Counties' percentage was lower than both PA and the US in 2006. The trend for the US rate decreased in 2005, 2007, 2009, 2011, 2012 and 2013. PA's trend decreased in 2008. FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

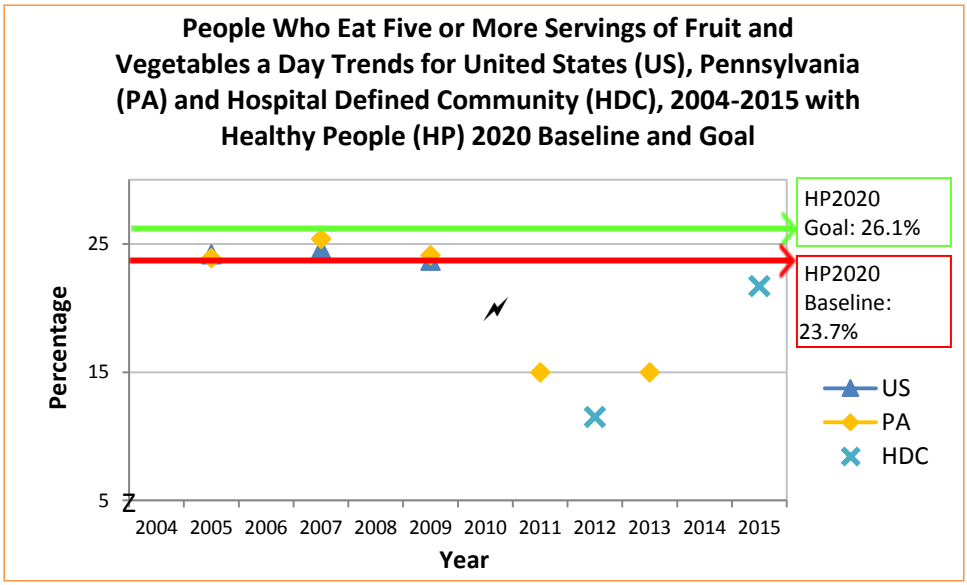
Figure 28: Comparison of percentage adult healthy weight by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Fruit and Vegetable Consumption



Hospital defined community's (HDC) 2015 age-adjusted percent of 21.7 indicates an **84.4% lag** behind the 2009 US baseline of 23.7%. Because the fruit and vegetable consumption measure weight is 0.85%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.7%. This represents an **improvement** from the 2012 score of 322.2%. However, due to the 2015 HDC survey question being expanded from the 2012 to give a more accurate measure, this may account for the increase in the score rather than a true change in the population's behavior.

A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis. Figure 29 compares the percentages of people over the age of 18 who eat five or more servings of fruits and vegetables a day for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between the US' or PA's percentages. The trend for the US rate has decreased in 2009, while PA's has remained unchanged. HDC's trend has increased.



Data Limitations: *Same as previous. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. The question was expanded from the HDC survey from 2012 to give a more accurate measure and may account for the increase in the score rather than a true change in the population's behavior.*
Data Source(s): *Same as previous.*

Figure 29: Comparison of people who eat five or more fruits and vegetables a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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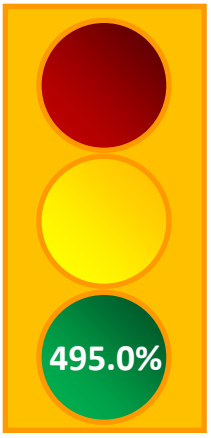
Adults Meeting Recommended Physical Activity Levels



Hospital defined community's (HDC) 2015 age-adjusted percent of 73.4 indicates that it has met the 2009 US goal of 54% and **exceeded it by 495.0%**. Because the meeting recommended physical activity levels measure weight is 1.4%, the contribution to the 2020 Healthy Community Health Factor Score™ is 6.7%. This represents an **improvement** from the 2012 score of -89.6%.

Regular physical activity can prevent the development of cardiovascular disease, colon cancer, high blood pressure, diabetes and osteoporosis. Regular physical activity also helps treat a variety of common illnesses, including arthritis, diabetes and cardiovascular disease. Figure 30 compares the percentages of people over the age of 18 who meet the current physical activity guidelines (either 150 minutes a week of moderate physical activity or 75 minutes a week of vigorous physical activity) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'X'). There were no differences between PA's percentage and the US'. PA and US trends are static. HDC trend increased.

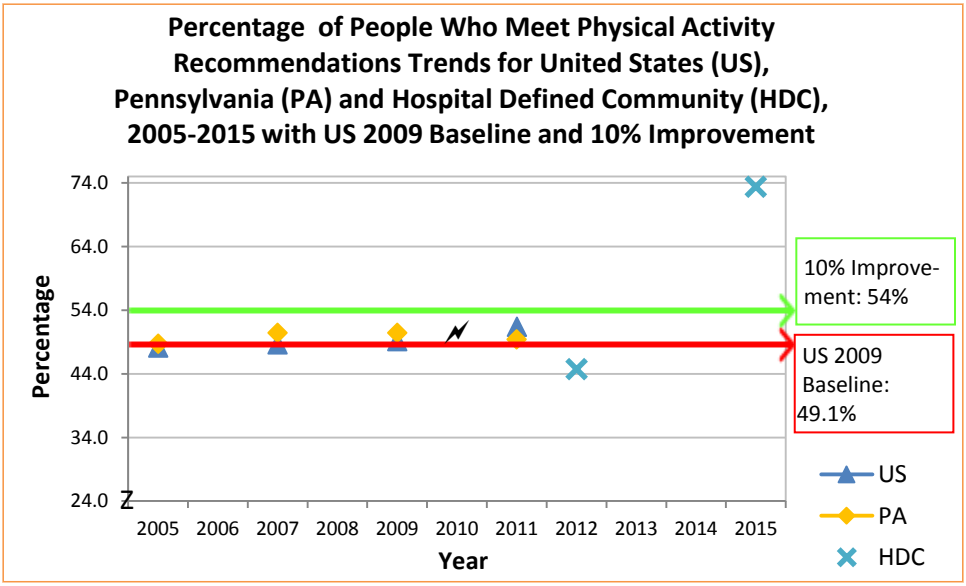
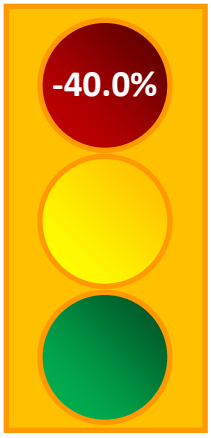


Figure 30: Comparison of percentage of people who meet physical activity recommendations by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Youth Obesity



WC's 2012-2013 percentage of 18.62 indicates a **40.0% lag** behind the HP 2020 goal of 16.1%. Because the youth obesity measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.6%. This represents a **decline** from the 2012 score of 11.5%.

Obese youth are more likely to have risk factors for cardiovascular disease (such as high cholesterol or high blood pressure), development of diabetes, bone and joint problems, sleep apnea, and social and psychological problems. In addition, obese youth are likely to become obese adults. Figure 31 compares the percent of enrolled public school students grade 9 to 12 whose body mass index for age and sex is at the 95th percentile or above for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were significantly higher than the US'. The trend for the US has been static. Both PA's trend has increased while WC's has decreased.

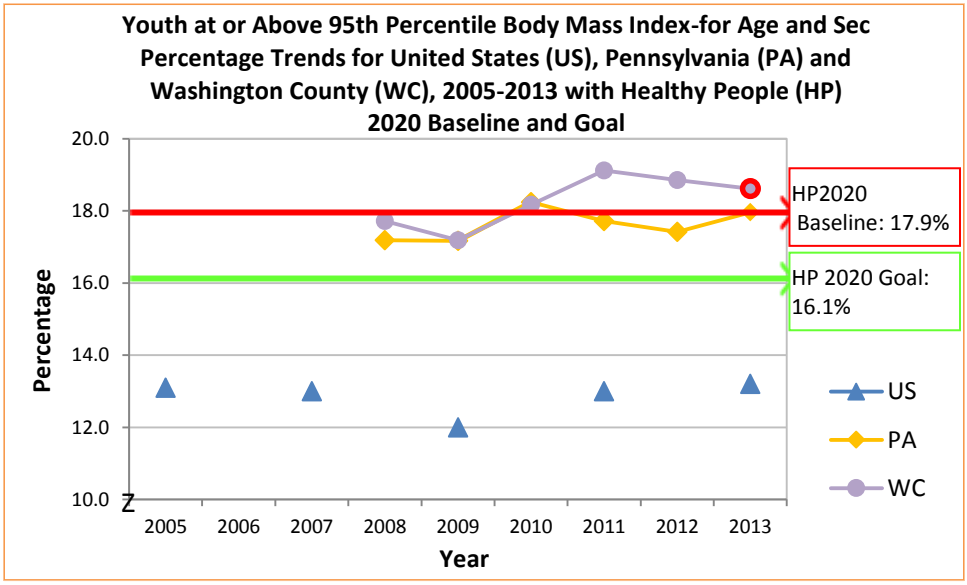
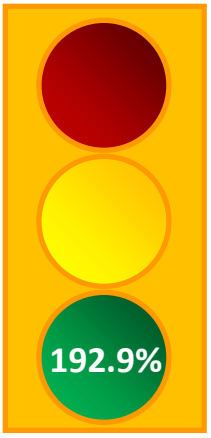


Figure 31: Comparison of percentage of youth obesity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: YRBS data are self-reported, and the extent of underreporting or over-reporting of behaviors cannot be determined; the data apply only to youth who attend school; when local parental permission procedures are observed in the school-based surveys, procedures are not consistent across sites; state-level data are not available for all 50 states. *Two different data sources are used—US are from YRBS while PA are from mandatory school growth screenings. The HP 2020 baseline and goals rely on NHANES data.*
Data Source(s): For US: *Centers for Disease Control and Prevention (CDC). 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://apps.nccd.cdc.gov/youthonline. Accessed on [3-2016].* ***For PA and WC:*** *PA Department of Health, School Statistics, BMI Screening for age, accessed [5-2012], available on line at http://www.portal.state.pa.us/portal/server.pt?open=514&objID=556724&mode=2. Accessed 3-2016.*

Motor Vehicle Accidents



WC's 2011-2013 average rate of 11.1 per 100,000 population indicates that it has met the HP2020 goal of 12.4 and **exceeded it by 192.9%**. Because the motor vehicle accident death rate measure weight is 0.8%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.5%. This represents an **improvement** from the 2012 score of 57.1%.

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause. Health risk behaviors that contribute to this include drinking alcohol and driving as well as not using seatbelt. Figure 32 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years except 2008, 2010 and 2011 compared to the US. WC's rates were no different than PA's or the US'. The trend for the US rate has decreased since 2007, except for 2011 and 2012. After going up in 2005, PA's rate trend declined in 2007 and 2013. WC's rate trend has been static. Overall, WC's nine year average rate (12.1) was no different than both PA's and the US' (11.3 and 12.4, respectively).

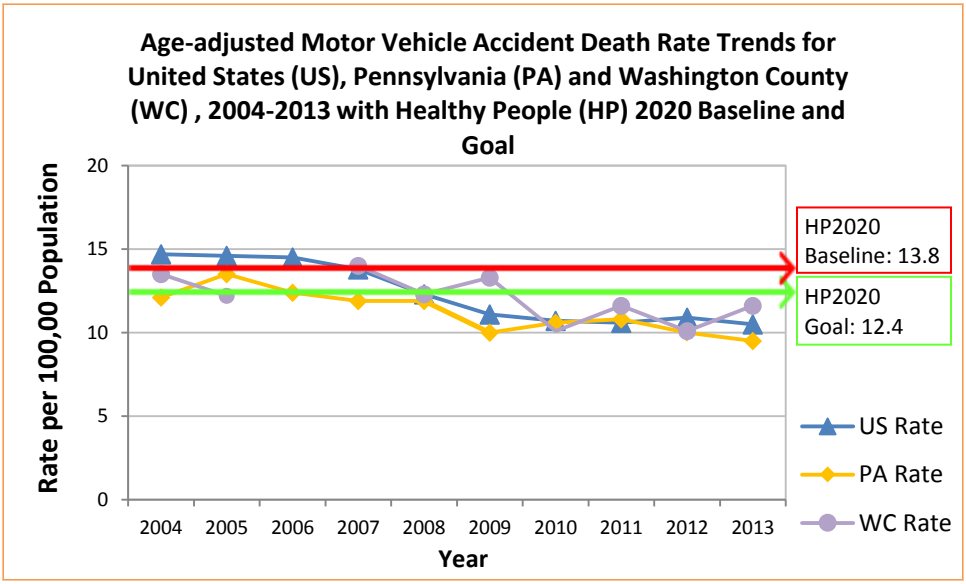
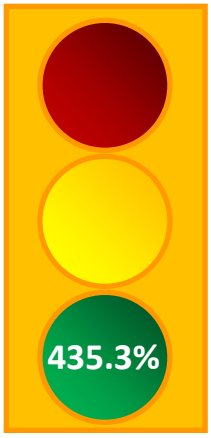


Figure 32: Comparison of motor vehicle accident death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data.*
Data Source(s): *Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2) 1999-2014 on CDC WONDER Online Database, accessed 3-2016.*

Chlamydia



WC's 2013 rate of 344.8 Chlamydia infections per 100,000 females indicates that it has met the 10% improvement of 549.5 and **exceeded it by 435.3%**. Because the Chlamydia measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 10.9%. This represents a **decline** from the 2012 score of 435.6%.

Chlamydia is the most common bacterial Sexually Transmitted Infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs in general are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. Figure 33 compares the rate per 100,000 female population of reported cases of Chlamydia for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates were significantly lower than the US for all years, and WC's rates were lower than PA's for all years. The trend for the US rate is increasing. PA's rate trend increased in 2006, 2007, 2011 and 2012 and decreased in 2012 and 2013. WC's trend rate has been static.

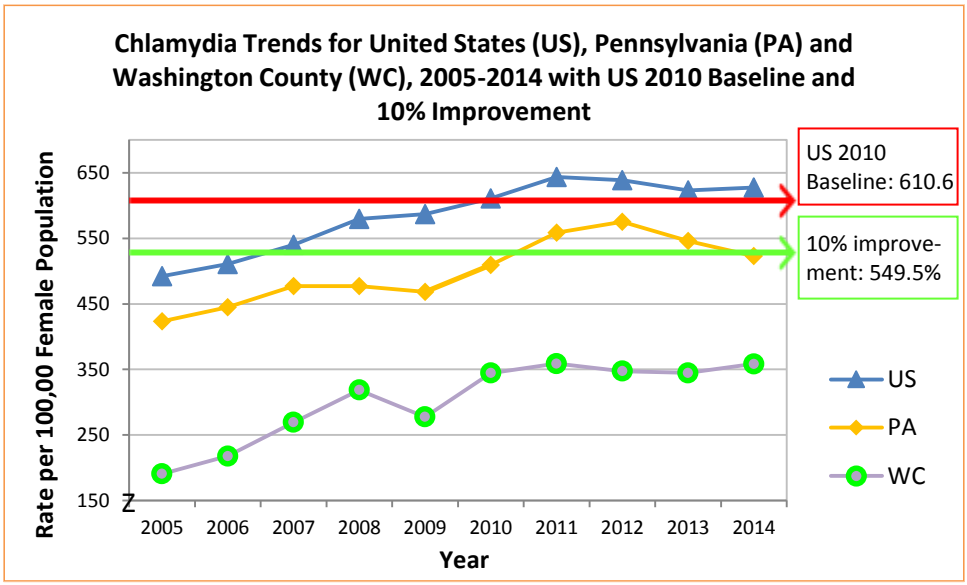
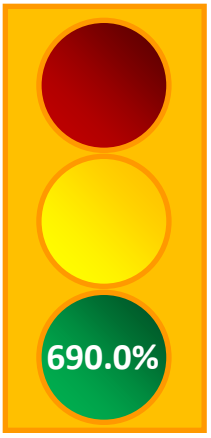


Figure 33: Comparison of Chlamydia rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Case report data are influenced by screening coverage and the use of several different types of diagnostic tests for chlamydial infection. Chlamydia positivity in women attending clinics is an estimate of prevalence; it is not true prevalence. Family planning and other clinic-based data reported to CDC may not be fully representative of the entire clinic population.*
Data Source(s): For the US: *Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, accessed [6-2016], available online at http://www.cdc.gov/std/Chlamydia2010/stateA.htm.* ***For PA and WC:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Department of Health, Bureau of Communicable Diseases, accessed online 5-2012. EDDIE, 2016 (*ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), *accessed online 6-2016.*

Teen Pregnancy Rate



WC's 2012 rate of 12.6 per 1000 pregnancies for 15-17 year olds indicates it has met the HP2020 goal of 36.2 and **exceeded it by 690.0%**. Because the teen pregnancy rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.6%. This represents an **improvement** from the 2012 score of 572.5%.

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Figure 34 compares the pregnancy rate of females between ages 15 and 17 per 1,000 pregnancies for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates were significantly lower than the US' for all years. WC's rate was lower than PA's in every year except 2009 and 2013. The trend for the US rate has decreased since 2006. PA's trend decreased in 2004, 2009, 2011, 2012 and 2013. WC's trend decreased in 2010.

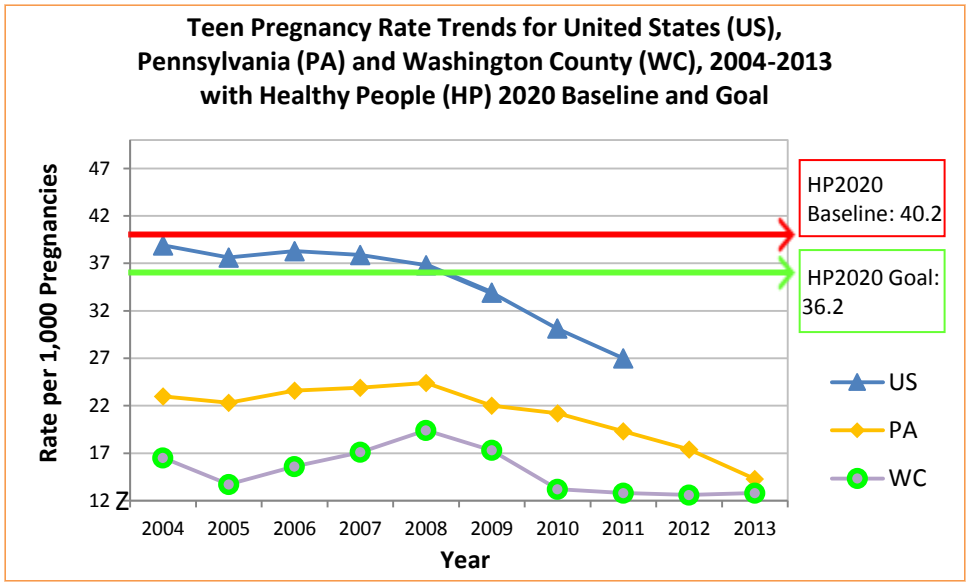
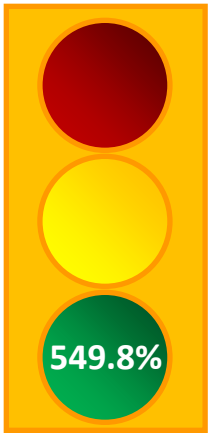


Figure 34: Comparison of teen pregnancy rates (ages 15-17) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *These data are not adjusted to reflect women's age at conception or the year in which she conceived. Second, unlike some other reports, this one includes estimated numbers and rates of pregnancies ending in miscarriage. Denominators are based on population estimates that are produced by the Census Bureau in collaboration with NCHS for July 1 of each year and revised periodically; hence, our rates may differ slightly from those published elsewhere, depending on which year the population estimates were made (the "vintage") orwhether the rates have been updated using the intercensal population estimates available after each national census. For the years 1980, 1990 and 2000, NCHS uses the April 1 census counts and we use the July 1 estimates.*

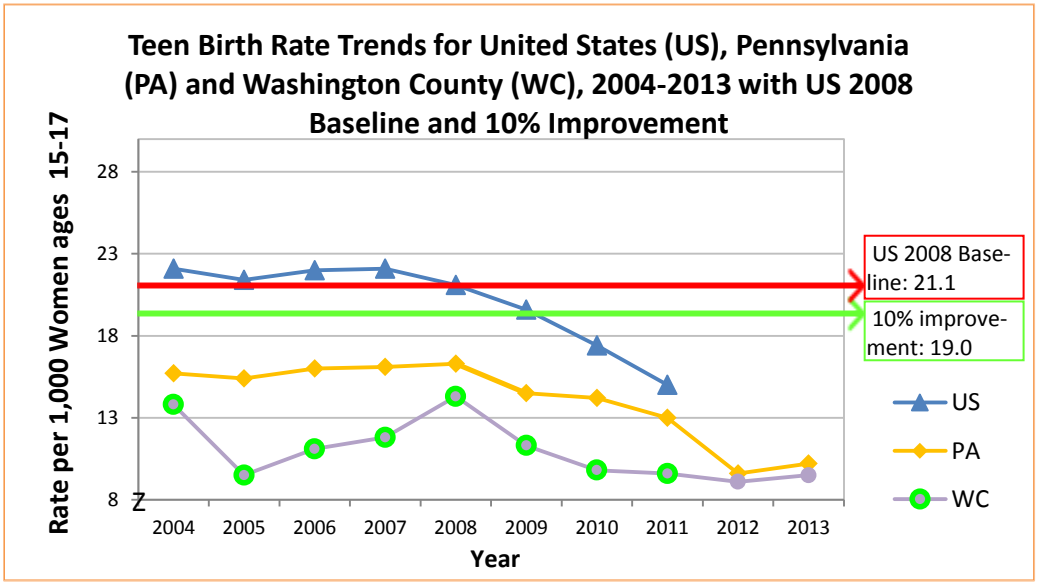
Data Source(s): *Kost K and Henshaw S, U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity, 2012,<http://www.guttmacher.org/pubs/USTPtrends08.pdf>. https://data.guttmacher.org/states/table?state=US&topics=209&dataset=data accessed 6-2016.*

Teen Birth Rate



WC's 2013 rate of 9.5 per 1000 females aged 15-17 years old indicates it has met the 10% improvement goal of 30.9 and **exceeded it by 549.8%**. Because the teen birth rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 6.9%. This represents an **improvement** from the 2012 score of 464.5%.

Teen mothers are more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality. Figure 35 compares the birth rate of females aged 15-17 years per 1,000 women ages 15-17 for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates were significantly lower than the US for all comparable years. WC's rate was lower than PA's in 2005, 2006, 2007 and 2010. The trend for the US rate decreased steadily from 2007 to 2011. PA's trend decreased in 2009 and 2011. WC's trend has been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 35: Comparison of teen birth rates (ages 15-17) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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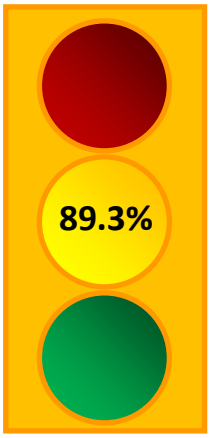
Results—Health Factors—Clinical Care

Adults with Health Insurance



Hospital defined community's (HDC) 2015 age-adjusted percent of 98.2. indicates 89.3% progress toward the HP 2020 goal of 100%. Because the adults with health insurance measure weight is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.5%. This represents an **improvement** from the 2012 score of 56%.

Lack of health insurance coverage is a significant barrier to accessing needed health care. Figure 36 compares the percentage of people between the ages of 18 and 64 who currently have health insurance for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in all years except 2010. FGW's percentage was significantly higher in 2011 compared to the US. FGW's percentages were the same as PA's except in 2006 when it was lower. HDC's percentage was higher than the US', PA's and FGW's in 2012. US' trend decreased beginning in 2011. PA's trend decreased in 2010. FGW trend has remained unchanged. HDC's trend increased.

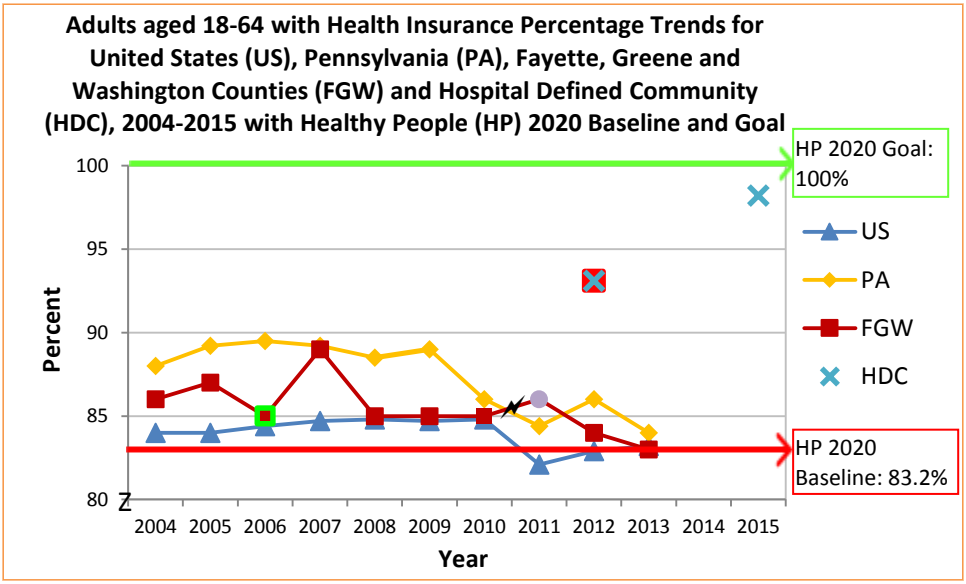
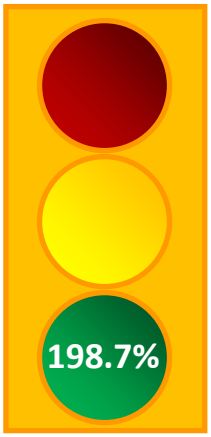


Figure 36: Comparison of uninsured adults by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

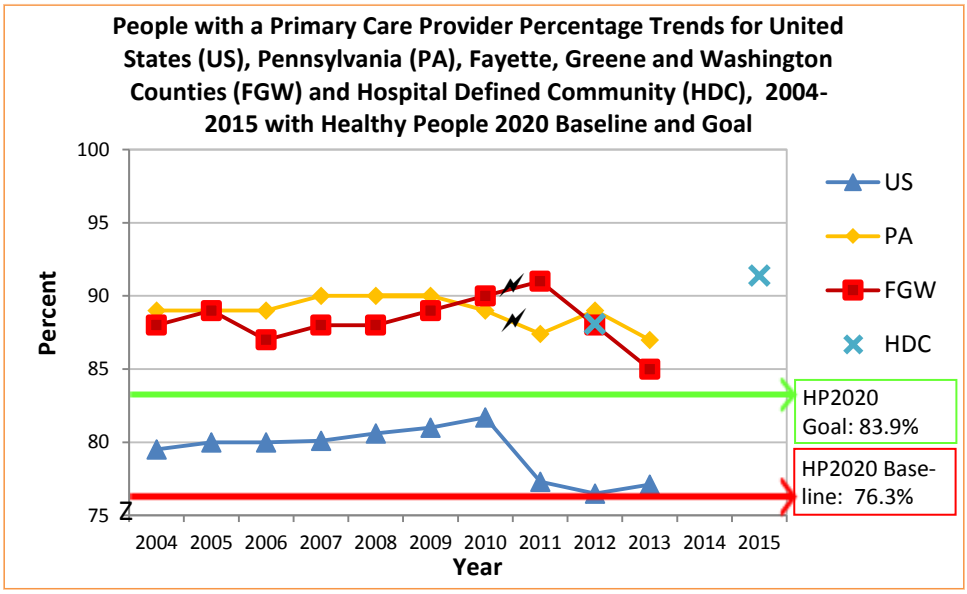
Data Limitations: *Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For PA (2000-2003) and FGW/WC/SWPA:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA (for years 2004-2010):*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For PA (years 2000-2003), WC, FGW and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012. EDDIE, 2016 (ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), accessed online 6-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

Usual Primary Care Provider



Hospital defined community's (HDC) 2015 age-adjusted percent of 91.4 indicates that it has met the HP2020 goal of 83.9% and has exceeded it by 198.7%. Because the usual primary care provider measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.5%. This represents an **improvement** from the 2012 score of 155.3%.

Studies have found that patients who have a primary care provider are more likely to receive appropriate preventive services such as cancer screening and flu shots. Figure 37 compares the percentage of people over the age of 18 who currently have a primary care provider for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). Both PA's and FGW's percentages were significantly higher in all years compared to the US. FGW's percentage was significantly higher than PA's in 2011. The US trend decreased in 2011 and 2012. PA's trend decreased in 2011 and 2013. FGW's and HDC's trends have remained static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 37: Comparison of people with a primary care provider by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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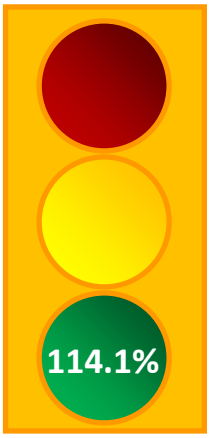
Primary Care Physician Ratio



WC's 2012 ratio of 1430 to 1 indicates that it has met the Graham Center goal of 1500 to 1 and has **exceeded it by 114.1%**. Because the primary care physician ratio measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.6%. This represents an **improvement** from the 2012 score of 52.2%.

According to Robert Phillips, M.D., M.P.H., executive director of the Graham Center, family physicians can have a sizeable impact on reducing health care costs and hospitalization rates when the patient-to-physician ratio is 1,500-2,000 patients for every one primary care physician. In addition, said Phillips, the ability of primary care physicians to reduce health care costs and hospitalization rates is even greater when the patient-to-physician ratio is smaller. Figure 38 compares the population to direct care primary care physician ratio for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's ratios are higher than the US and WC's is higher than PA's. The trend for the US decreased in 2008 and 2012. PA's trend has increased and decreased, for an overall decrease. WC's trend has decreased and increased, for an overall decrease.

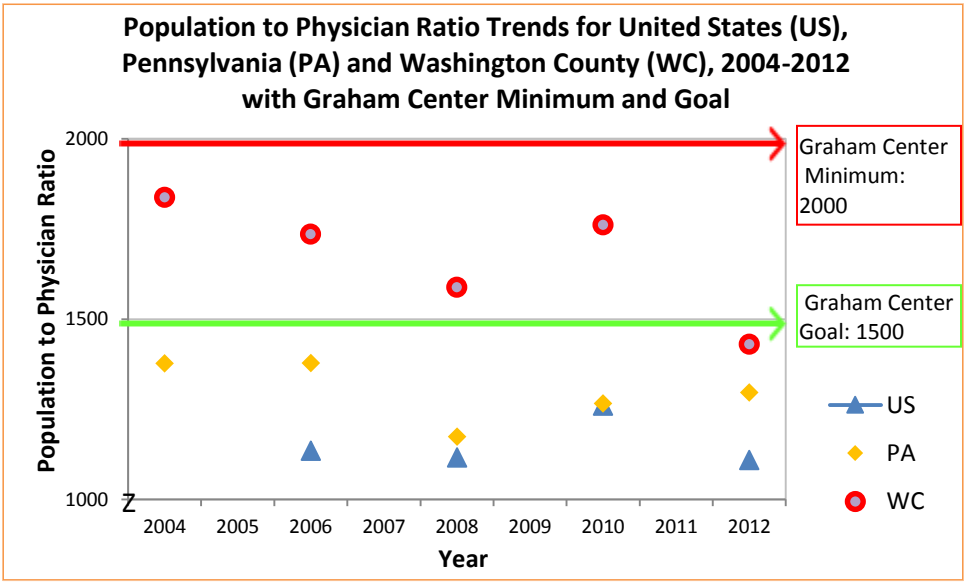
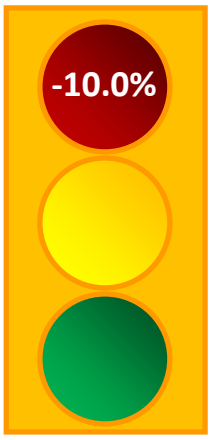


Figure 38: Comparison of primary care physician ratios by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different sources of data were compared. The definition of primary care for both sources is different. However, it is easy to gain comparable numbers by removing obstetrics/gynecology from the PA and WC data to leave only family medicine, internal medicine and pediatrics.* ***For PA and WC:*** *The surveys were conducted in conjunction with the biennial license renewal for physicians and physician assistants. It is important to note that physicians and physician assistants receiving their first license were not included in the survey and that bias may have been introduced by non-respondents. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year.*

Data Source(s): For US: *Association of American Medical Colleges, Center for Workforce Studies, The 2013 State Physician Workforce Data Book, November 2013.* ***For PA and WC:*** *PA Department of Health, 2010 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, June 2012; 2008 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, August 2009; 2006 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, December 2007; 2004 and 2012 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, February 2006.*

Dental Visits



Hospital defined community's (HDC) 2015 age-adjusted percent of 69.0 indicates a **10.0% lag** behind the HP2020 baseline of 69.7%. Because the dental visit measure weight is 0.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.1%. This represents an **improvement** from the 2012 score of -50.2%.

Basic dental care can prevent high-cost procedures, tooth decay and gum disease. Teeth that remain strong and last long can improve overall health. Figure 39 compares the percentage of people over the age of 18 who have visited the dentist for any reason in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'.) PA's percentages are the same as the US' except in 2010 and 2012 when it is higher. The trends for the US and PA decreased in 2012. HDC's trend was static.

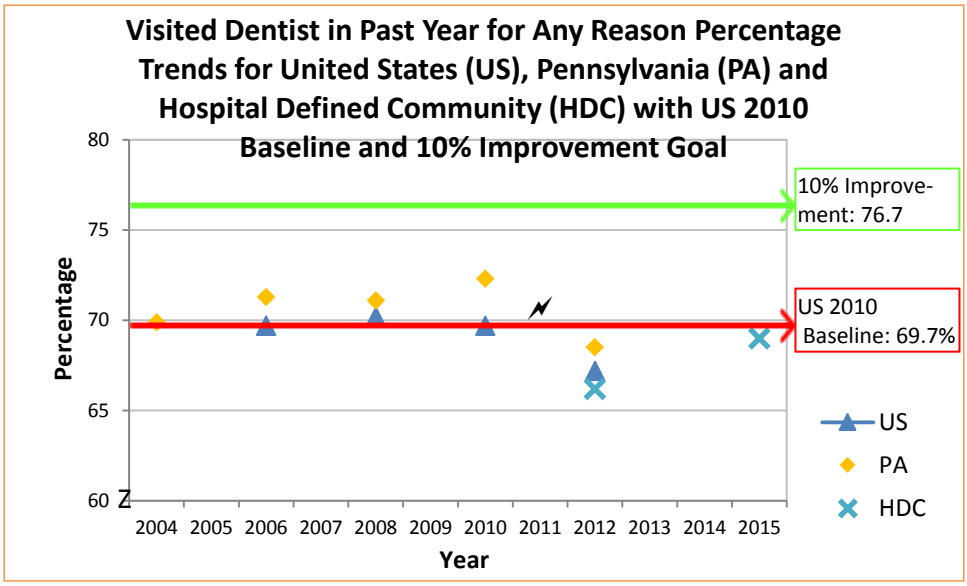


Figure 39: Comparison of dental care visit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For WC and HDC:*** *Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.*

Data Source(s): For US and PA: *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012.* ***For WC:*** *Unpublished data from WCHP's 2002 Community Health Assessment.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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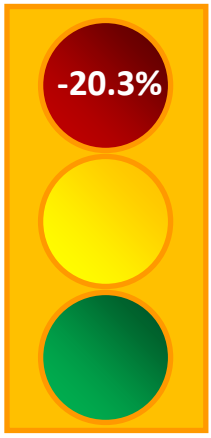
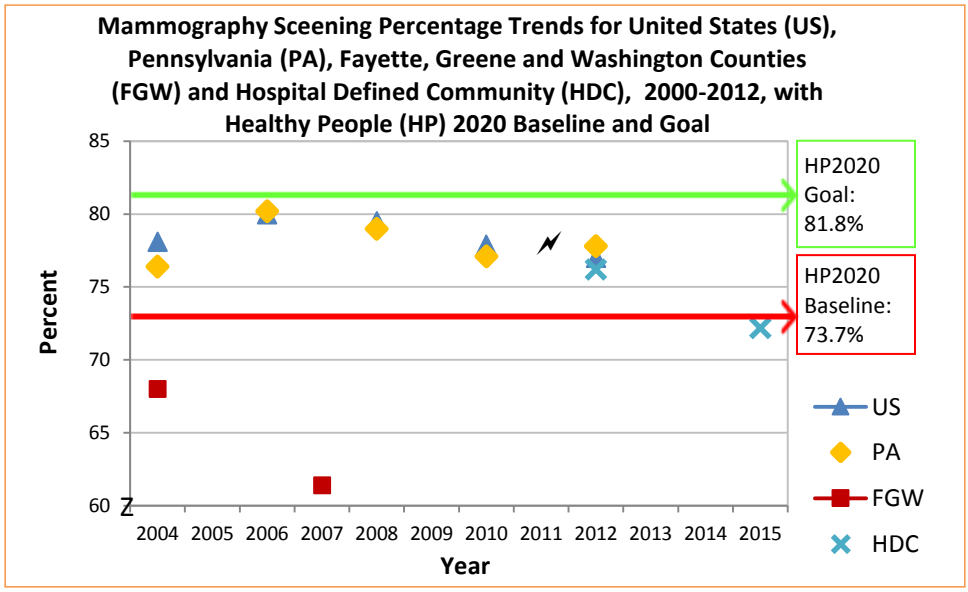
Mammography



Hospital defined community's (HDC) 2015 percent of 72.2 women aged 50 to 74 who have had a mammogram in the past two years indicates a **10.0% lag** behind the HP2020 baseline of 73.7%. Because the mammography measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.2%. This represents a **decline** from the 2012 score of 30.9%.

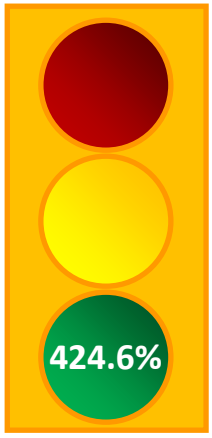
Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. Figure 40 compares the percentage of women aged 50 to 74 years who have received a mammogram in the past two years for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's and FGW's percentages and the US' for comparable years. The trend for US is decreasing. PA's, FGW's and HDC's trends have remained unchanged.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.* ***For WC:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012.*

Figure 40: Comparison of women ages 50 to 74 years who have had a mammogram in the past two years by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or

Hemoglobin A1c Test



Hospital defined community's (HDC) 2015 age-adjusted percent of 92.2 indicates that it has met the HP2020 goal of 71.1% and has exceeded it by 424.6%. Because the Hemoglobin A1c (HbA1c) test measure weight is 0.84%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.6%. This represents an **improvement** from the 2012 score of 90.8%.

Regular HbA1c screening among diabetic patients is considered the standard of care. The screening helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented. Figure 41 compares the percentages of adults (aged 18 years or older) with diabetes having two or more A1c tests in the last year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US's in 2004, 2005, 2008, 2009 and 2010. The trend for both the US and PA has remained unchanged. HDC's trend has increased.

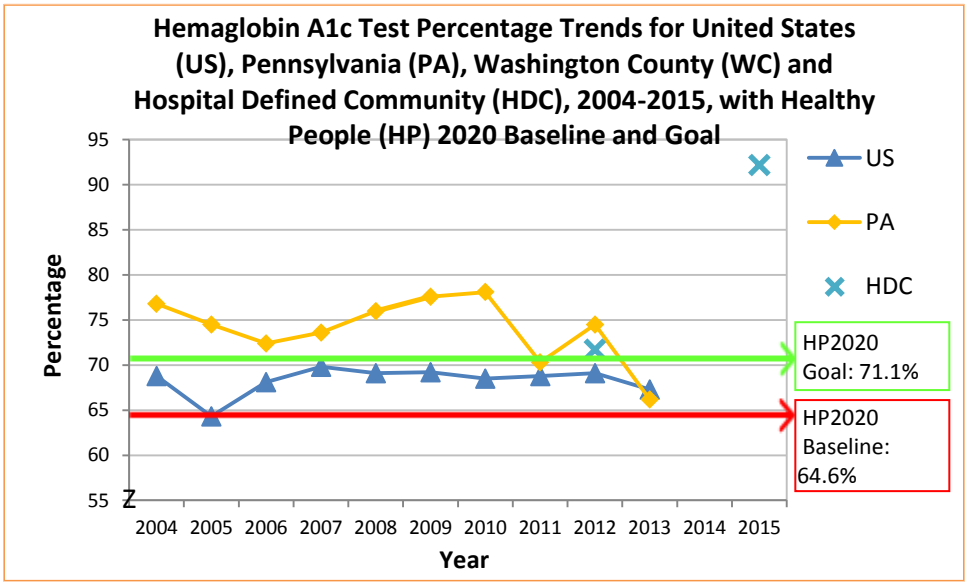


Figure 41: Comparison of people aged 18 and older with diabetes who have received two or more A1c tests in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous. Data available are for having two or more tests in the past year while the HP2020 baseline and goal is based on at least one test.*
Data Source(s): For US and PA: *Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: http://apps.nccd.cdc.gov /DDTSTRS/default.aspx. Retrieved [05/11/2012].* ***For WC:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., http://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html accessed 6-2016.*
For HDC: *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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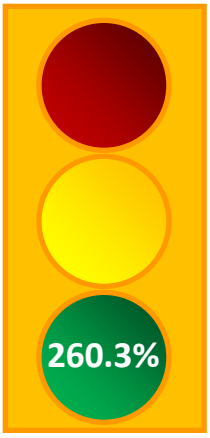
Colorectal Cancer Screening



Hospital defined community's (HDC) 2015 percent of 100 indicates that it has met the HP2020 goal of 70.5% and **exceeded it by 260.3%**. Because the colorectal cancer screening measure weight is 0.85%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.2%. This represents an **improvement** from the 2012 score of 114.1%.

Colorectal cancer screening discovers polyps before they become cancer and identifies early cancers when the disease is at a more treatable stage. Figure 42 compares the percentage of people over the age of 50 who have ever had a sigmoidoscopy or a colonoscopy for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentage was significantly higher than the US' in 2010 and 2012. The US', PA's and HDC's trends have increased.

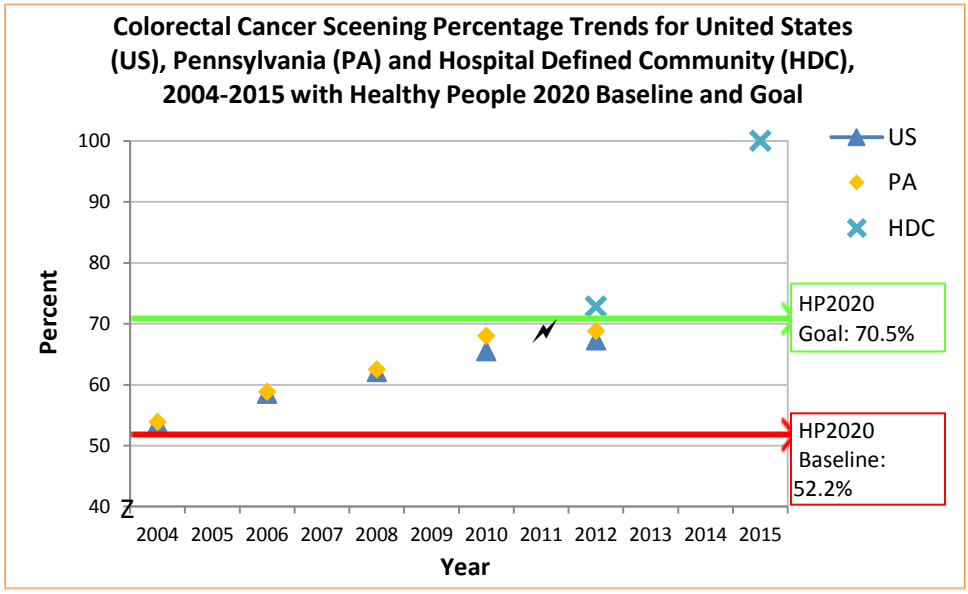
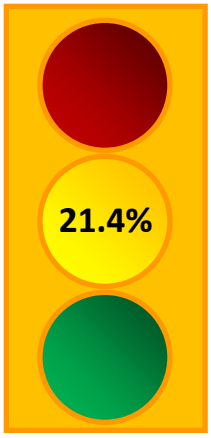


Figure 42: Comparison of people aged 50 and older who report ever having a sigmoidoscopy or colonoscopy by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

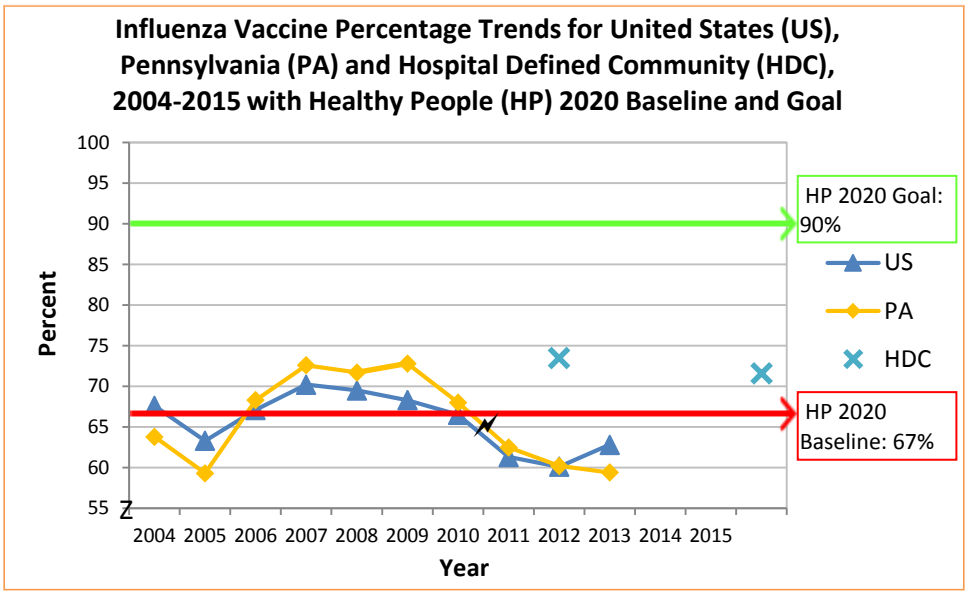
Data Limitations: *Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. Data available for ever had sigmoidoscopy or colonoscopy for ages 50 and older while the HP2020 baseline and goal is based on ages 50 to 75 having recommended screenings. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For FGW/WC/SWPA:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results.* ***For HDC:****HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For FGW, WC and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012. http://nccd.cdc.gov/BRFSSPrevalence accessed 6-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

Influenza Vaccine



Hospital defined community's (HDC) 2015 percent of 71.6 indicates **21.4% progress toward** the HP 2020 goal of 90%. Because the influenza vaccine measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.2%. This represents a **decline** from the 2012 score of 28.3%.

The influenza vaccine is thought to be 50 to 60% effective in preventing hospitalization and pneumonia and 80% effective in preventing death from the flu in the over 65 age group. Figure 43 compares the percentages of people aged 65 and older who have received the influenza vaccine in the past year for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentage was significantly lower in 2004, 2005 and 2013 and higher in 2009 compared to the US. The trend for the US decreased in 2005, 2009, 2010, 2011 and 2012 and increased in 2006, 2007 and 2013 for an overall decrease. PA's trend increased in 2006 and decreased in 2010 and 2011 for an overall decrease. HDC's trend remains static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 43: Comparison of percentage of people aged 65 and older who have received an influenza vaccine in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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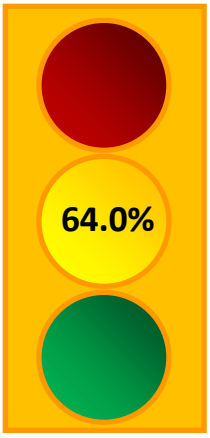
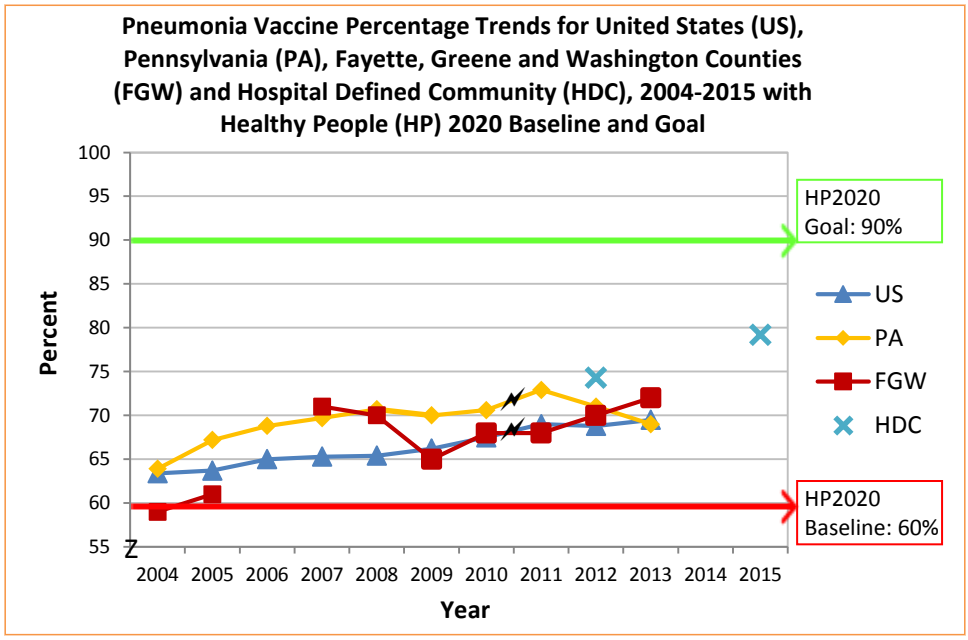
Pneumonia Vaccine



Hospital defined community's (HDC) 2015 percent of 79.2 indicates a **64.0% progress toward** the HP2020 goal of 90%. Because the pneumonia vaccine measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.5%. This represents an **improvement** from the 2012 score of 47.7%.

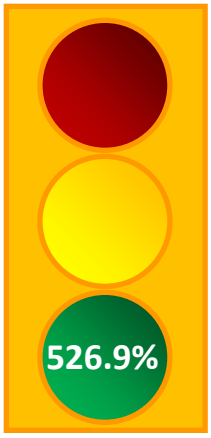
The pneumococcal vaccine prevents serious blood, brain and lung infections due to the *Streptococcus pneumoniae* bacteria. Figure 44 compares the percent people aged 65 and older who have ever received a pneumonia vaccine for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square) and HDC (aqua 'x'). PA's percentages were higher all years except 2004 and 2013 compared to the US'. There were no differences between FGW's percentages and the US' and PA's. The trend for the US increased in 2010, 2011 and 2013. PA's trend increased in 2007. FGW's and HDC's trends have been static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 44: Comparison of people aged 65 and older who have ever received a pneumonia vaccine by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays--Overall



The combined hospitals' (HDC) age-adjusted 2012-2014 average rate of 938.9 overall preventable hospital stays per 100,000 defined communities population indicates that it has met the 2008 US 10% improvement goal of 1786.2 and **exceeded it by 526.9%**. Because the overall preventable hospital stays measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.0%. This represents a **decline** from the 2012 score of 578.8%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. In 2010, preventable hospital stays in PA comprised 12.4% of all stays (for the two hospitals combined, it was significantly lower at 8.7%). *Figure 45* compares the rate of preventable admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). HDC's rate was significantly lower than PA's in 2010 and the US' in 2012. The trend for the US rate is decreasing. HDC's trend is increasing.

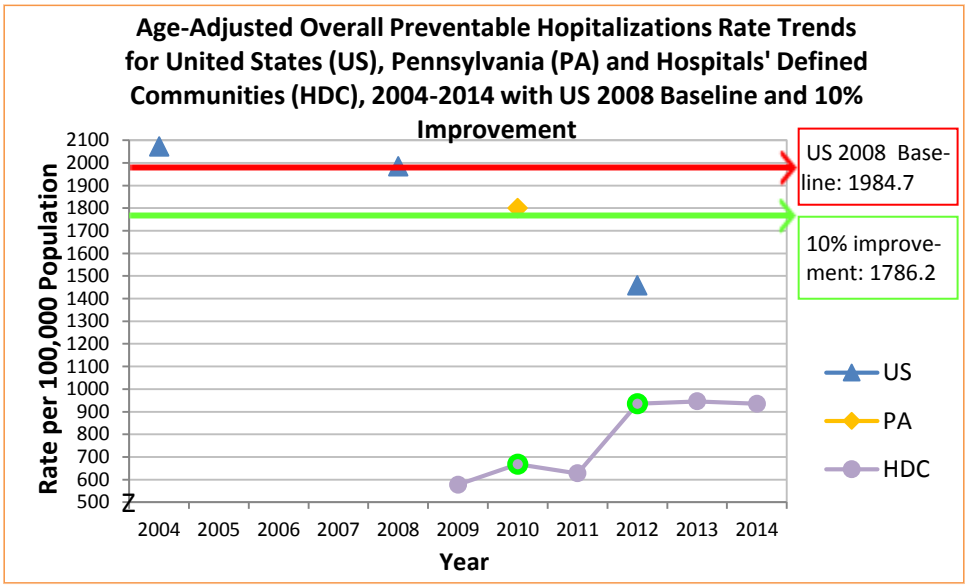


Figure 45: Comparison of overall preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

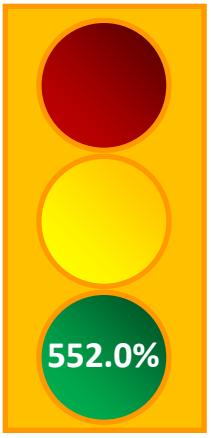
Data Limitations: *Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. All rates were age-adjusted to the 2000 US standard population. For PA data, age-groups were artificially created from overall age group information.*

Data Source(s): For the US: *Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Comparative Data for the PQI based on the 2008 Nationwide Inpatient Sample (NIS) Version 4.3,, available online at .*

http://hcupnet.ahrq.gov/HCUPnet.jsp?Id=5FA4FA9D2C4F7D26&Form=MAINSEL&JS=Y&Action=%3E%3ENext%3E%3E&_MAINSEL=AHRQ Quality Indicators and

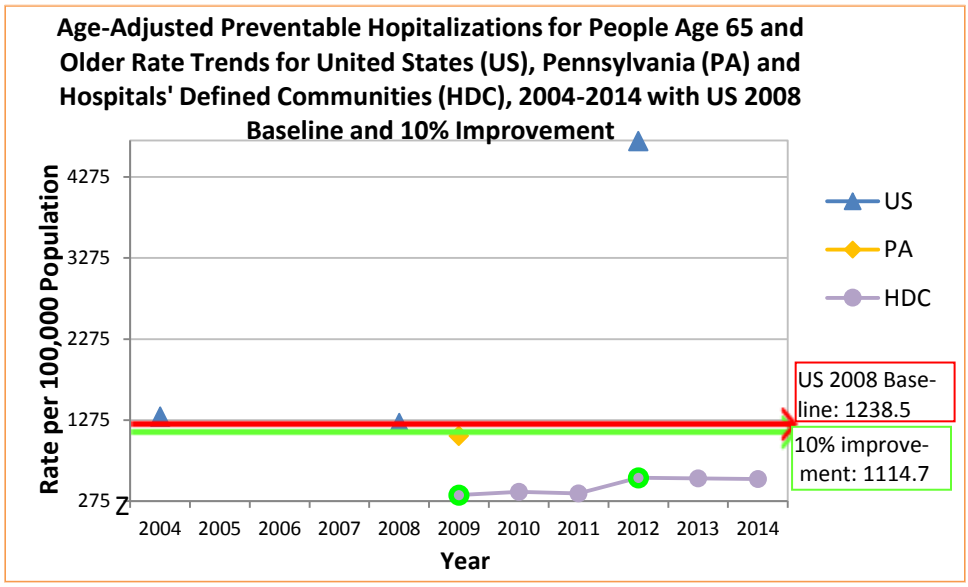
Prevention Quality Indicators (PQI) Comparative Data Version 3.1 (March 12, 2007), available online at http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V31/pqi_comparative_v31.pdf. *Data for 2012 from http://www.qualityindicators.ahrq.gov/Modules/pqi_resources.aspx* ***For PA:*** *Pennsylvania Health Care Cost Containment Council, Potentially Preventable Hospitalizations in Pennsylvania 2010, June 201 and Pennsylvania Health Care Cost Containment Council, Chronic Health Care Conditions in Pennsylvania—A State of Health Care in PA Report, June 2010.* ***For HDC:*** *Admission data provided by Monongahela Valley Hospital and Washington Health System for years 2009 to 2014. Data analysis in PASW Statistics 17.0, version 17.0.2, 3-2016.*

Preventable Hospital Stays—Ages 65 and older



HDC's age-adjusted three-year average rate of 554.8 age 65 and older preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 1114.7and **exceeded it by 552.0%**. Because the preventable hospital stays for ages 65 years and older measure weight is 1.95%, the contribution to the 2020 Healthy Community Health Factor Score™ is 11.0%. This represents a **decline** from the 2012 score of 600.1%.

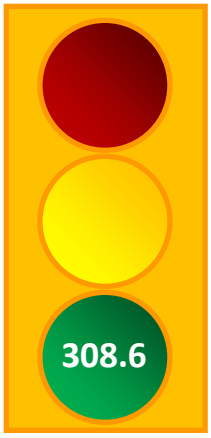
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for people aged 65 and older in PA make up 62.1% of all preventable stays (no different than the two hospitals combined at 63.1%). Figure 46 compares the rate of preventable admissions for people aged 65 and older for the US (blue triangle), PA (gold diamond) and HDC (purple circle). HDC's rate was significantly lower than PA's in 2009 and the US' in 2012. The trend for the US rate decreased in 2008 and increased in 2012. HDC's trend is increasing.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

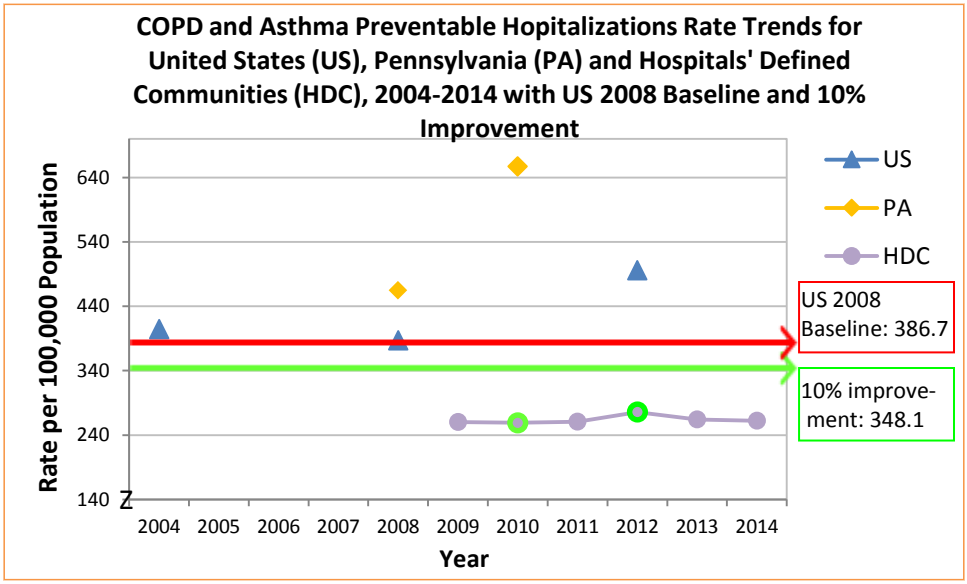
Figure 46: Comparison of people aged 65 and older preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays—COPD and Asthma in Older Adults



HDC's age-adjusted 2012-2014 average rate of 267.4 for COPD and asthma in older adults preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 348.1 and **exceeded it by 308.6%**. Because the preventable hospital stays for COPD measure weight is 0.3%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.9%. This represents an **improvement** from the 2012 score of 245.6%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for COPD ages 18 and older and asthma in older adults (age 40 and older) in PA make up 21.1% of all preventable stays (for the two hospitals combined, it was significantly higher at 28.8%). Figure 47 compares the rate of preventable COPD and asthma admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA's rate was statistically significantly higher than the US' rate in 2008. HDC's rate was lower than PA's in 2010 and lower than the US' in 2012. The trend for the US rate decreased in 2008 and increased in 2012. PA's trend increased from 2008 to 2010. HDC's trend is static.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 47: Comparison of COPD and adult asthma (age 40 and older) preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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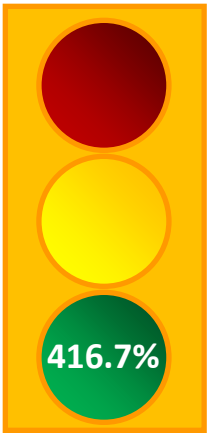
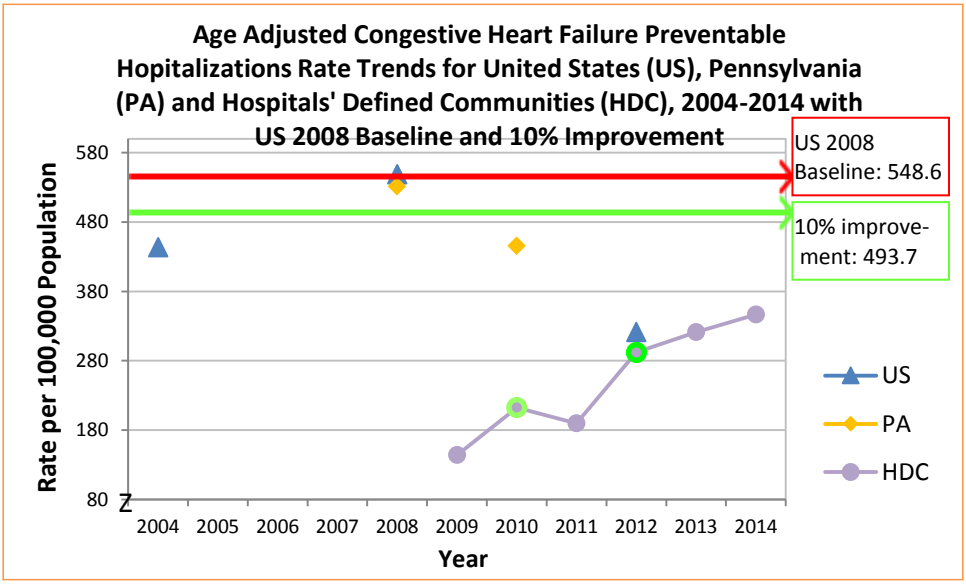
Preventable Hospital Stays—Heart Failure



HDC's age-adjusted 2012-2014 average rate of 320.0 heart failure preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 493.7 and **exceeded it by 416.7%**. Because the preventable hospital stays for heart failure measure weight is 1.05%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.0%. This represents a **decline** from the 2012 score of 633.5%.

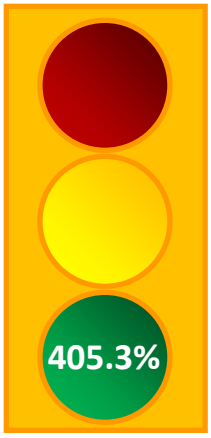
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for heart failure in PA make up 24.8% of all preventable stays (for the two hospitals combined, it was significantly higher at 28.3%). Figure 48 compares the rate of preventable congestive heart failure admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA's rate was significantly lower than the US' in 2008. HDC's rate was significantly lower than PA's in 2010 and lower than the US' in 2012. The trend for the US has increased in 2008 and decreased in 2012. HDC's overall trend is increasing.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

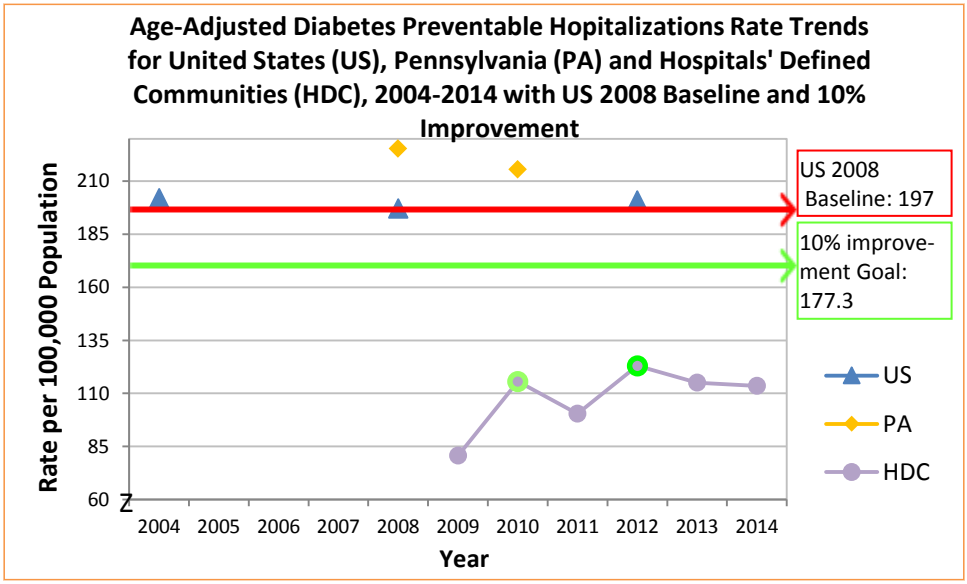
Figure 48: Comparison of congestive heart failure preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays--Diabetes



HDC's age-adjusted 2012-2014 average rate of 117.2 diabetes preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 177.3 and **exceeded it by 405.3%**. Because the preventable hospital stays—diabetes measure weight is 0.2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.2%. This represents an **improvement** from the 2012 score of 381.4%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for diabetes (uncontrolled diabetes, amputations, short and long term effects) in PA make up 12.4% of all preventable stays (for the two hospitals combined it was no different at 13.4%). Figure 49 compares the rate of preventable asthma admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA's rate was significantly higher in 2008 compared to the US. HDC's rate was lower than PA's in 2010 and lower than the US' in 2012. The trend for the US rate has decreased in 2008 and increased in 2012. PA's rate trend declined from 2008 to 2010. HDC's trend is increasing.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 49: Comparison of diabetes preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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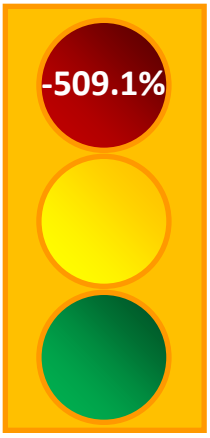
Late Stage Diagnosis Breast Cancer



Washington County's (WC) 2012 rate of 55.5 per 100,000 females indicates a **509.1% lag** behind the HP 2020 baseline of 44.3. Because the late stage diagnosis breast cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.1%. This represents an **improvement** from the 2012 score of -522.7%.

Study results indicated that not having had a screening mammogram for one to three years prior to diagnosis was associated with 52 percent of late-stage breast cancer cases. Figure 50 compares the percent of late stage breast cancer diagnosis for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentage was significantly lower than the US in 2000 and 2002, but higher in 2009. There were no differences between WC's percentages and PA's. WC's percentages were lower in 2002 and higher in 2008 compared to the US'. The trend for the US percentage decreased in 2002 and increased in 2005 for an overall increase. PA's trend decreased in 2002 but increased from 2002 to 2005. WC's trend has been static.

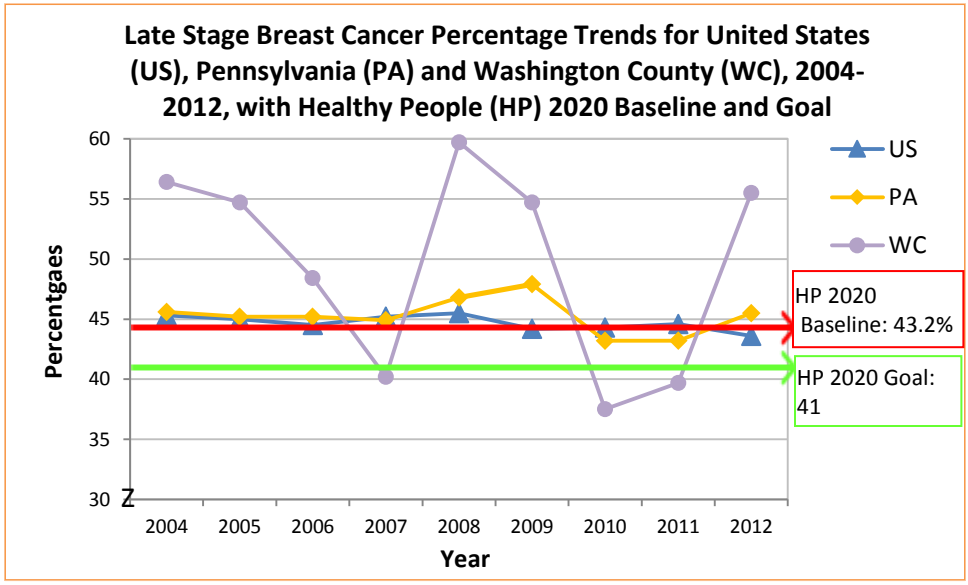
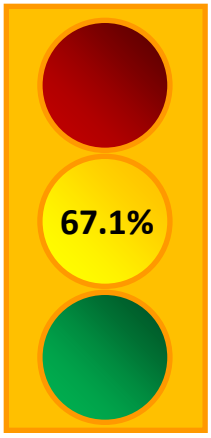


Figure 50: Comparison of percentage of late stage breast cancer diagnosis by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Two different data sources were compared.*
Data Source(s): For US: *Surveillance, Epidemiology, and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence - SEER 18 Regs Research Data +hurricane katrina impacted lousiana cases, , Nov 2011 Sub, vintage 2009 pops (2000-2009) <Katrina/Rita Population Adjustment> - Linked To County Attributes - Total U.S., 1969-2010 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, Surveillance Systems Branch, released April 2012, based on the November 2011 submission.* http://progressreport.cancer.gov/diagnosis/stage#field_most_recent_estimates *accessed 6-2016.*
For PA and WC: *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Cancer Registry Dataset, accessed online 5-2012. EDDIE, 2016 (*ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE*), accessed online 6-2016.*

Invasive Diagnosis Colorectal Cancer



Washington County's (WC) 2012 rate of 42.2 per 100,000 population indicates a **67.1% progress toward** the HP2020 goal of 39.9. Because the invasive colorectal cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.3%. This represents an **improvement** from the 2012 score of -76.5%.

Precancerous polyps (abnormal growths) can be present in the colon for years before invasive cancer develops and they may not cause any symptoms. Cancers detected by screening were more likely to be early stage (75 percent were stage I or II) than cancers that weren't detected by screening (51 percent were stage I or II) and are more treatable. Figure 51 compares the percent of invasive stage colorectal cancer at diagnosis for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were significantly higher than the US' for all years. There were no differences between WC's percentages and the US's or PA's. The trend for the US has been decreasing since 2008. PA's trend decreased in 2010. WC's trend has remained unchanged.

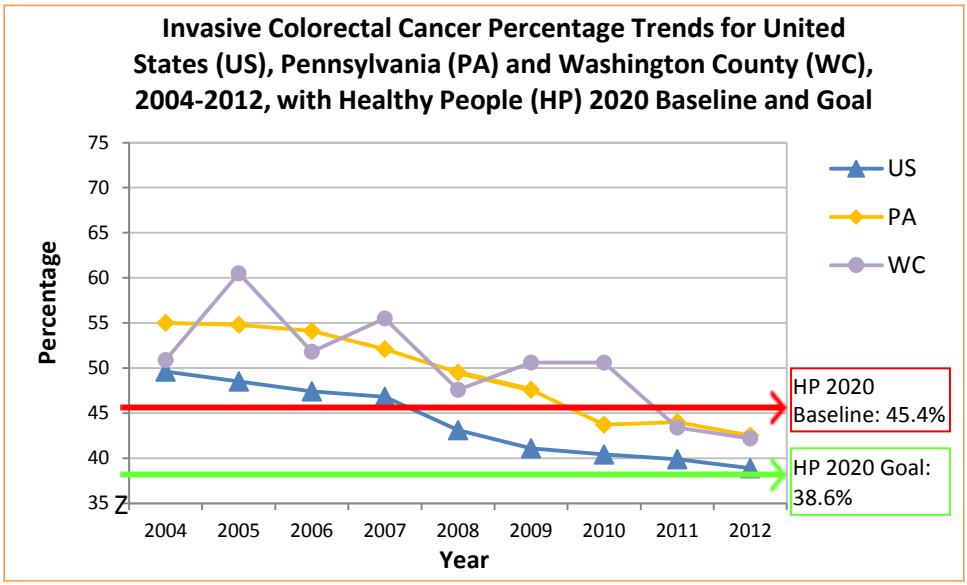


Figure 51: Comparison of invasive colorectal cancer by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6409a1.htm#Tab1 accessed 6-2016

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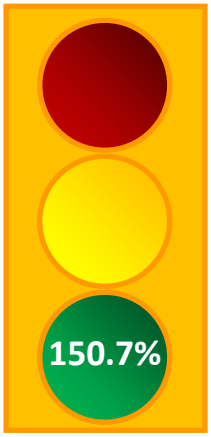
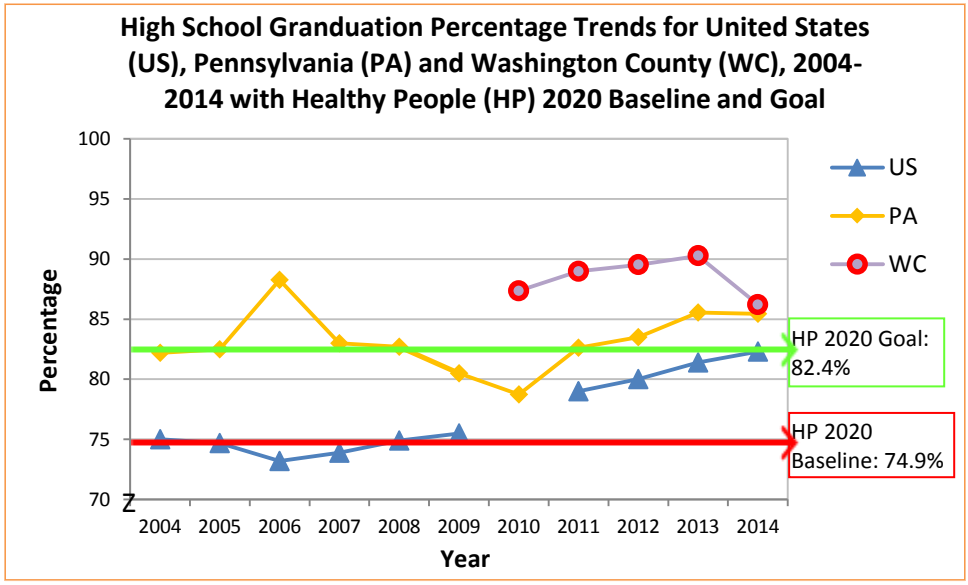
Results—Health Factors—Social/Economic

High School Graduation



WC's 2013-2014 percent of 86.2 indicates that it has met the HP 2020 goal of 82.4% and **exceeded it by 150.7%**. Because the high school graduation measure is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 7.5%. This represents a **decline** from the 2012 score of 166%.

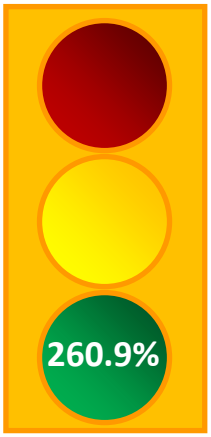
The relationship between more education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles. Figure 52 compares the percentage of the 4 year cohorts who graduate from high school for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were significantly higher than the US' for all years. WC's percentages were significantly higher than PA's. While the trend for the US is increasing, PA's and WC's trends are decreasing.



Data Limitations: *Data for PA and WC are preliminary cohort rates. Before 2010, PA Department of Education used lever rates instead of cohort rates.*
Data Source(s): For US and PA (years 2002 to 2014): *US department of education.* ***For PA and WC:*** *PA Department of Education. accessed 3-2016*

Figure 52: Comparison of high school graduation percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Some College



Hospital defined community's (HDC) 2015 age-adjusted percent of 72.0 indicates that it has met the US 2010 10% improvement of 62.8% and **exceeded it by 260.9%**. Because the some college measure weight is 5.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 13.1%. This represents an **improvement** from the 2012 score of 259.2%.

The relationship between higher education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles. Figure 53 compares the percentage of people aged 25 years and older who have some type of post-secondary training for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). Both PA's and WC's percentages were significantly lower in all years compared to the US'. WC's percentages were lower than PA's for all years except 2006 and 2008. HDC's percentage was significantly higher than the US', PA's and WC's in 2012. The US', PA's and WC's trends are increasing. HDC's trend is static.

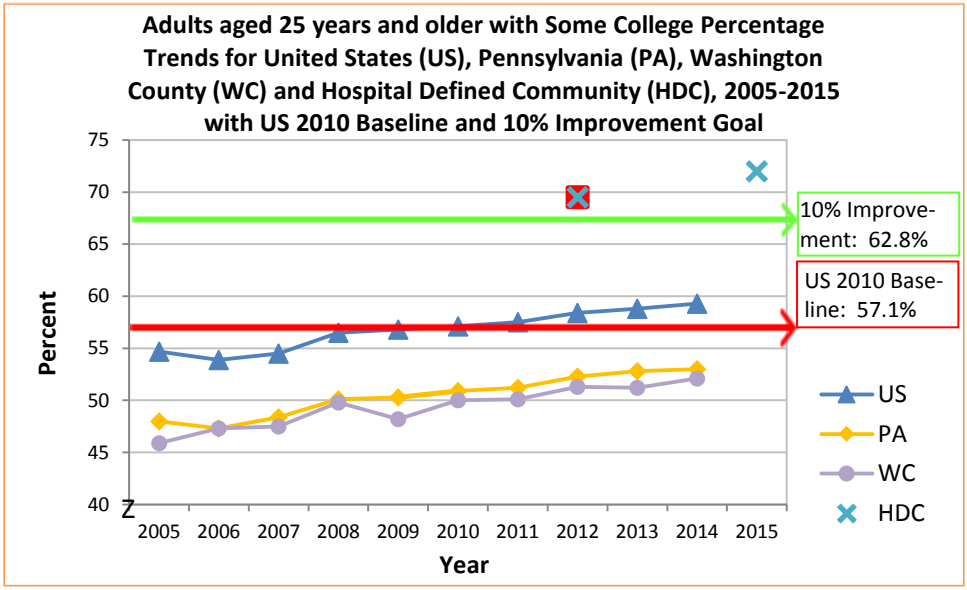


Figure 53: Comparison of people with some college by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US, PA and WC: *American Community Surveys are used to created population estimates in between census years. Gaps in years of data are caused by the archiving of data from 2001 to 2004.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.*
Data Source(s): *US Census Bureau, via American Fact Finder available at http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t, accessed 3-2016.*
For HDC: *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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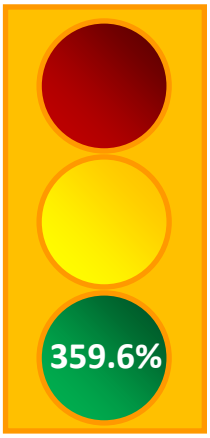
Unemployment



WC's 2014 percentage of 5.9 indicates that it has met the 2011 US 10% improvement goal of 8% and exceeded it by 359.6%. Because the unemployment measure weight is 10.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 36.0%. This represents an **improvement** from the 2012 score of 179.8%.

Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employee-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care. Figure 54 compares the unemployment percentages among people age 16 and older who are seeking employment for the US (orange diamond), PA (gold diamond) and WC (purple circle). PA's percentages are lower than the US' for all years except 2000 and 2001 when they were higher. WC's percentages were also higher than the US' in all years except in 2003 (same), 2007 (same) and 2008 to 2011 (lower). WC's percentages were higher than PA in all years except in 2008 (same) and 2009 to 2011 (lower). The trends for the US, PA and WC have increased and decreased for an overall increase from 2000 to 2011.

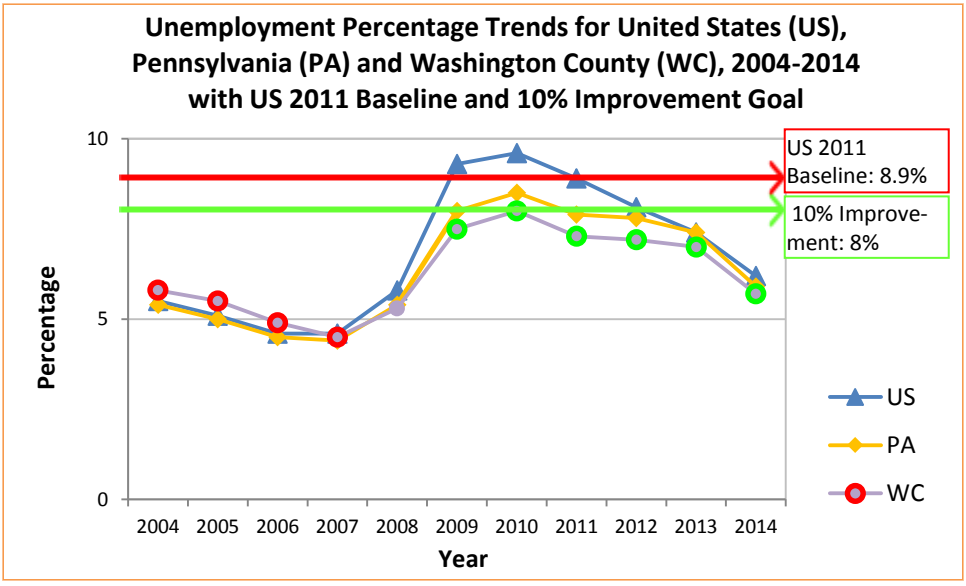
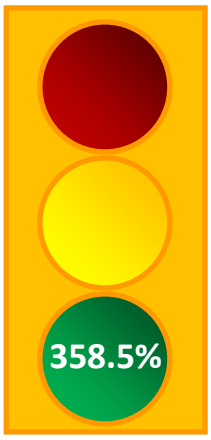


Figure 54: Comparison of unemployment percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *The annual CPS estimates used to benchmark statewide labor force estimates are based on probability samples of households and are subject to both sampling and nonsampling errors. Although the present CPS sample is a State-based design, the sample size of the CPS is sufficient to produce reliable monthly estimates at the national level only. The sample does not permit the production of reliable monthly estimates for the States. However, demographic, social, and economic detail is published annually for the census regions and divisions, all States and the District of Columbia, 50 large metropolitan areas, and selected central cities.*

Data Source(s): For US and PA: *US Department of Labor, Bureau of Labor Statistics, Databases, Tables & Calculators by Subject, http://www.bls.gov/data/#unemployment, accessed 5-2012 and 3-2016.* ***For WC:*** *US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics available at http://www.bls.gov/lau/data.htm, accessed 3-2016.*

Children in Poverty



WC's 2014 percent of 13.6 indicates that it has met the US 2010 baseline of 21.2% and exceeded it by 358.5%. Because the children living in poverty measure weight is 10%, the contribution to the 2020 Healthy Community Health Factor Score™ is 35.9%. This represents a **decline** from the 2012 score of 400.9%.

Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty are at risk for greater morbidity and mortality due to an increased danger of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly correlated with overall poverty rates. Figure 55 compares the percentage of children under the age of 18 who are living below the Federal Poverty Line for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages are lower than the US' for all years and WC's are lower than PA's for all years. The trends for the US, PA and WC have increased and decreased for an overall increase.

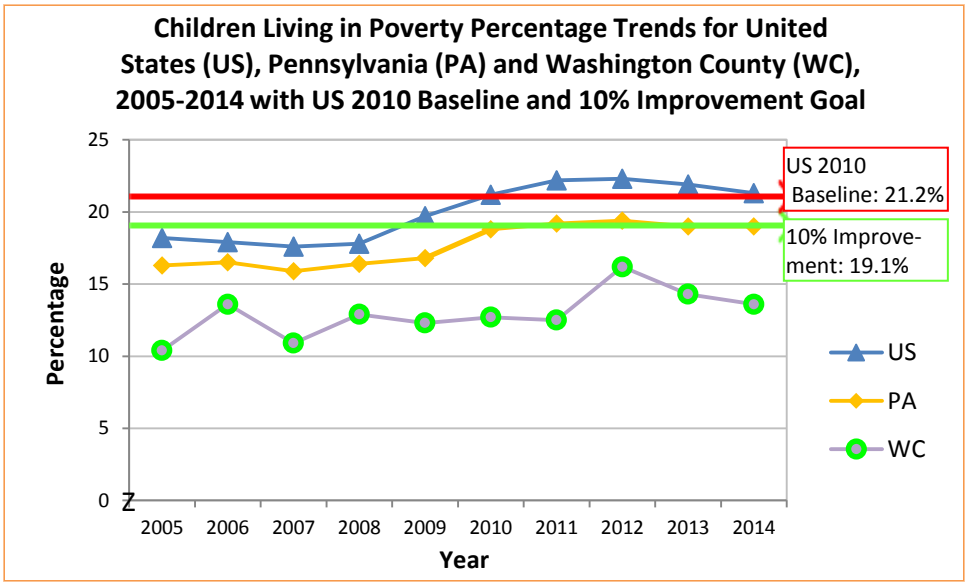


Figure 55: Comparison of children living in poverty by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *American Community Surveys are used to created population estimates in between census years. Gaps in years of data are caused by the archiving of data from 2001 to 2004.*
Data Source(s): *US Census Bureau, via American Fact Finder available at http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t, accessed 5-2012 and 3-2016.*

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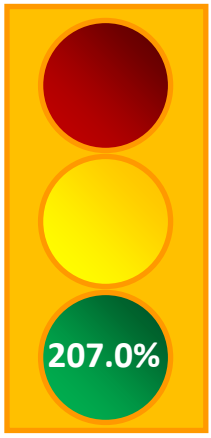
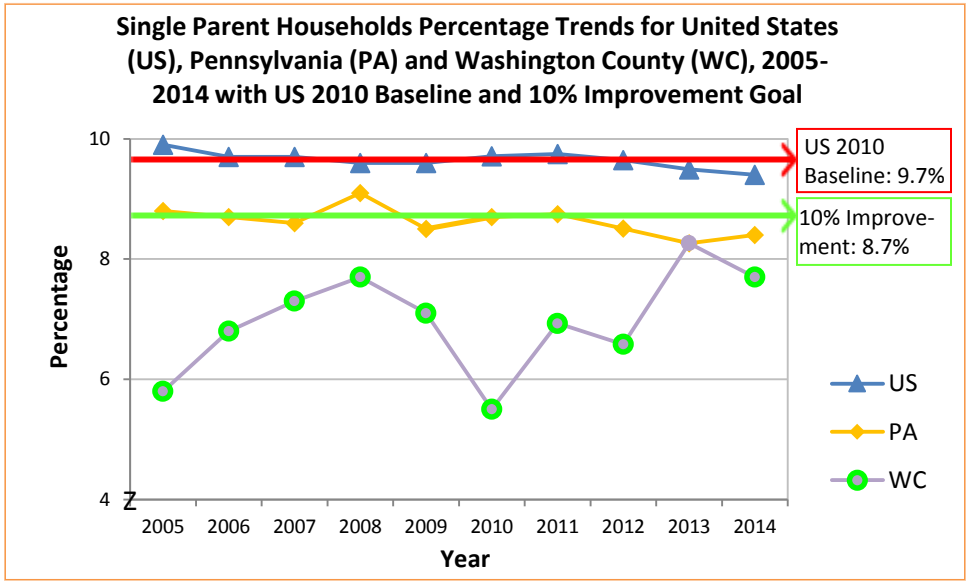
Single Parent Household



WC's 2014 percentage of 7.7 indicates that it has met the 2010 US 10% improvement goal of 8.7% and **exceeded it by 207.0%**. Because the single parent household measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 5.2%. This represents a **decline** from the 2012 score of 433%.

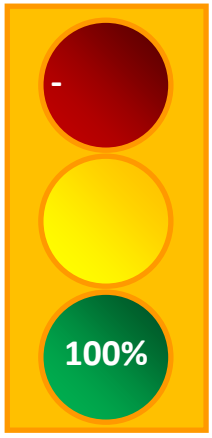
Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Figure 56 compares the percentage of children under the age of 18 who are living in households headed by a single parent for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were lower than the US' for all years. WC's percentages were lower than PA's for all years except 2013 when it was the same. The trends for the US and PA have increased and decreased for an overall decrease. WC's trend has increased and decreased for an overall increase.



Data Limitations: *Same as previous.*
Data Source(s) *Same as previous.*

Figure 56: Comparison of single parent headed households by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Inadequate Social Support



Hospital defined community's (HDC) 2015 age-adjusted percent of 9.7 indicates parity with the 2010 US 10% improvement goal of 9.7%. Because the inadequate social support measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.5%. This represents an **improvement** from the 2012 score of -92.6%.

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices. Figure 57 compares the percentages of adults (aged 18 years or older) who report that they rarely or never get the social support they need for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2008 and 2010 and higher in 2009. The trend for the US has decreased and increased for an overall increase. PA's, and HDC's trends have remained unchanged.

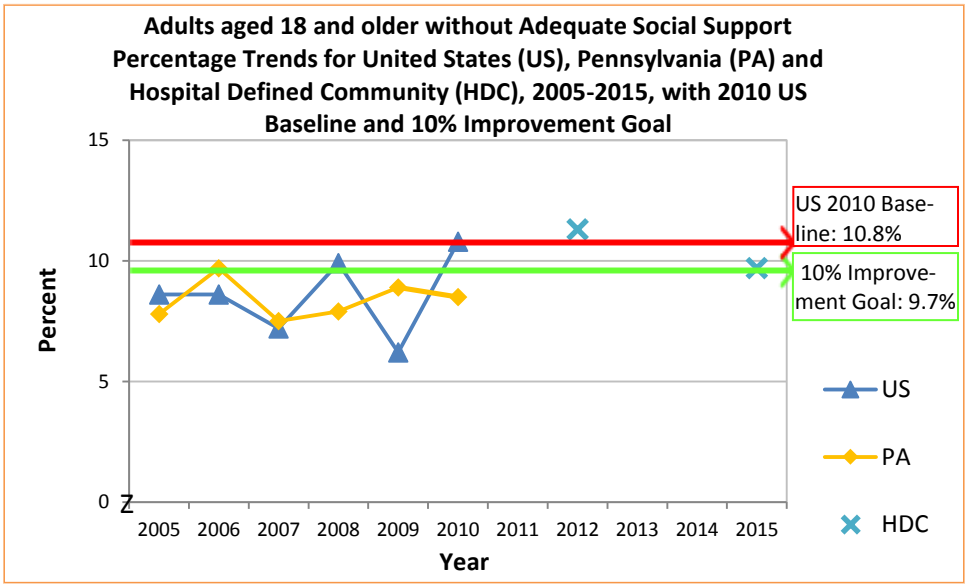


Figure 57: Comparison of people aged 18 and older without adequate social support by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *HP 2020 defines inadequate social support as sometimes, rarely or never getting the social support that they need. However, since PA Department of Health defines it as rarely or never, that is being used so comparable data can be obtained. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For FGW/WC/SWPA:*** *BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results.* ***For HDC:*** *HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA:*** *Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010].* ***For FGW, WC and SWPA:*** *EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)., accessed online 5-2012* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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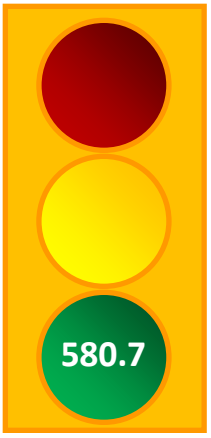
Violent Crime



WC's 2012 rate of 169.2 indicates that it has met the 2010 US 10% improvement goal of 363.2 and **exceeded it by 580.7%**. Because the violent crime measure weight is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 29.0%. This represents an **improvement** from the 2012 score of 575%. However, due to not all the same municipalities reporting from the 2010 data, this may account for the increase in the score rather than a true change in the population's behavior.

High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors such as exercising out-of-doors. Figure 58 compares the violent crime rate for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's rates are lower than the US'. WC's rates were lower than PA's. The trends for the US, PA and WC have decreased and increased for an overall decrease.

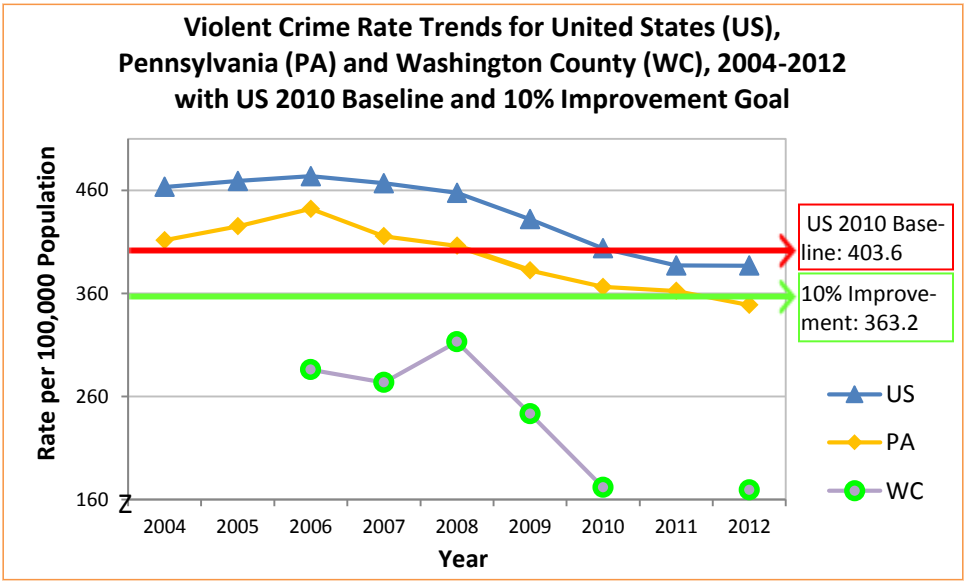
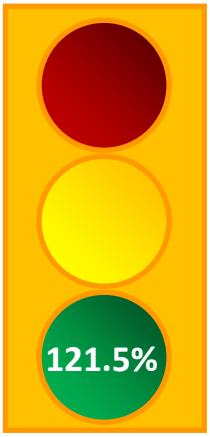


Figure 58: Comparison of violent crime rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US and PA: *Not all states report all years to the FBI Uniform Reporting Database.* ***For WC:*** *Rates were constructed by WCHP from municipalities within WC reporting. Not all municipalities report all years to the FBI Uniform Reporting Database.*
Data Source(s): *Federal Bureau of Investigations, Uniform Crime Reports online UCR Data Tool, available at http://www.ucrdatatool.gov/, accessed 3-2016.*

Results—Health Factors—Physical Environment

Secondhand Smoke Exposure



Hospital defined community's (HDC) 2015 age-adjusted percent of 88.7 indicates that it has met the HP 2020 goal of 87% and **exceeded it by 121.5%**. Because the secondhand smoke exposure measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.2%. This represents an **improvement** from the 2012 score of 32.9%.

The 2006 U.S. Surgeon General's Report, *"The Health Consequences of Involuntary Exposure to Tobacco Smoke,"* concluded that there is no risk-free level of secondhand smoke, and the only way to protect people from the dangers of secondhand smoke is to eliminate the smoke exposure. Figure 59 compares the percentage of householders who do not allow cigarette smoke in their home for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). No comparisons can be made due to non-overlapping years of data available. The trend for the US is increasing.

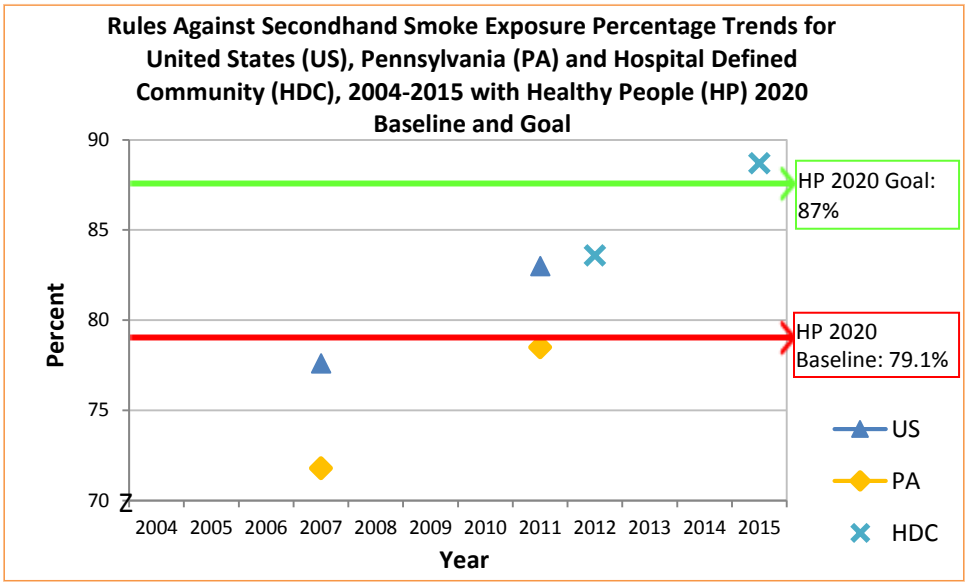


Figure 59: Comparison of secondhand smoke exposure by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: *All data are self report. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. There were minor changes in the wording of the TUS-CPS home smoking ban question after 2002. The 2003 and 2006 version of the question replaced 'in your home' with 'inside your home'. In addition, the new version also added an explanation of the meaning of word 'rule' (ie, 'rules' include any unwritten 'rules' and pertain to all people whether or not they reside in the home. A subset of the 2001-2002 TUS-CPS sample was followed longitudinally and re-interviewed in 2003 round, which may introduce repeated testing bias. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data.* ***For HDC:*** *Data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.* ***Data Source(s): For US and PA*** *TUS-CPS database.* ***http://nccd.cdc.gov/STATESystem*** *accessed 6-2016.* ***For HDC:*** *published data from WCHP's 2012 and 2015 Community Health Assessment.*

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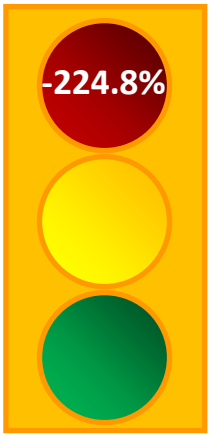
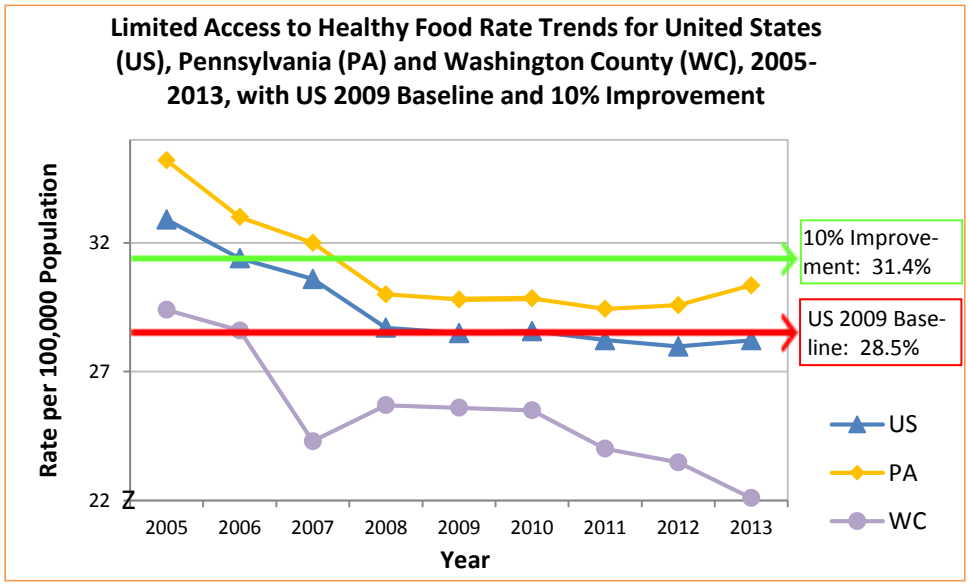
Limited Access to Healthy Foods



Washington County's (WC) 2013 rate of 22.1 indicates a **224.8% lag** behind the US 2009 baseline of 28.5%. Because the limited access to healthy foods measure weight is 1.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is -4.5%. This represents a **decline** from the 2012 score of -101.8%.

Studies have linked the food environment to consumption of healthy food and overall health outcomes[3]. Figure 60 compares the rate per 100,000 population of food retailers that are more likely to carry healthier foods (Supermarkets, other grocery stores (except convenience stores) and specialty food stores) for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentages were significantly higher in all years compared to the US. There were no differences between WC's percentages and either the US' or PA's. Both the US' and PA's trends are decreasing while WC's trend is decreasing.

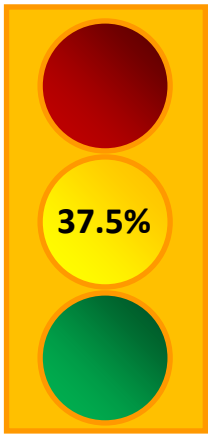


Data Limitations: *American Community Surveys are used to created population estimates in between census years. Business codes are self-assigned.*
Data Source(s): *WCHP calculated with data from US Census Bureau, CB0900A1: 2009 County Business Patterns: Geography Area Series: County Business Patterns, via American Fact Finder available at* http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t*, accessed 3-2016.*

Figure 60: ***Comparison of limited access to healthy foods by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.***

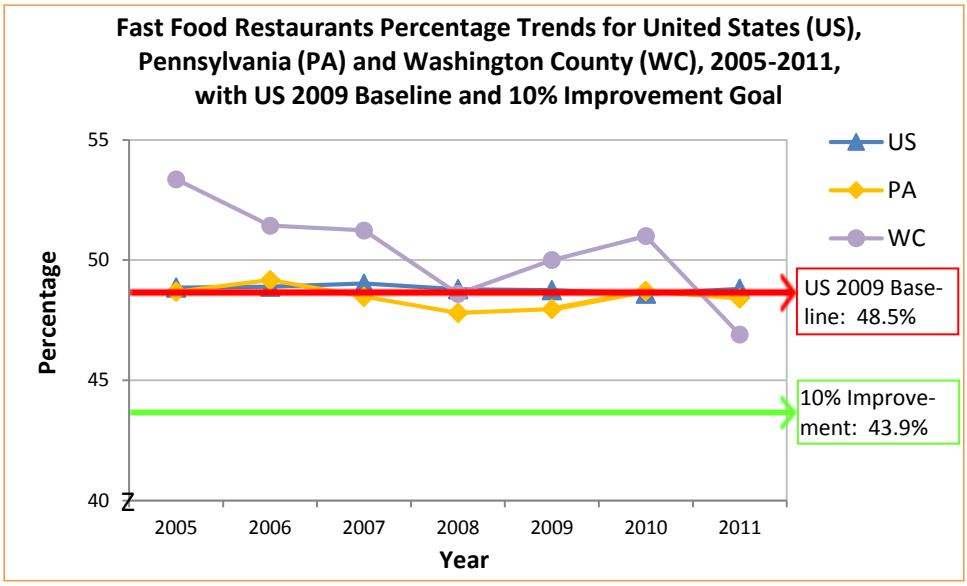
[3] *Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Environment Atlas.* http://www.ers.usda.gov/data-products/food-environment-atlas.aspx.

Fast Food Restaurants



Washington County's (WC) 2011 percentage of 46.9 indicates a **37.5% progress toward** the US 2009 goal of 43.9%. Because the fast food restaurant measure weight is 2.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.8%. This represents an **improvement** from the 2012 score of -256.4%.

Studies show an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community[4]. Figure 61 compares the percent of restaurants that are classified as fast foods restaurants for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between the percentages of the US, PA and WC. All three trends are static.

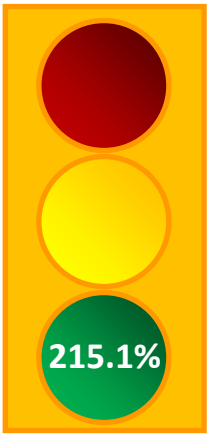


Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 61: Comparison of fast food restaurants percentage by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

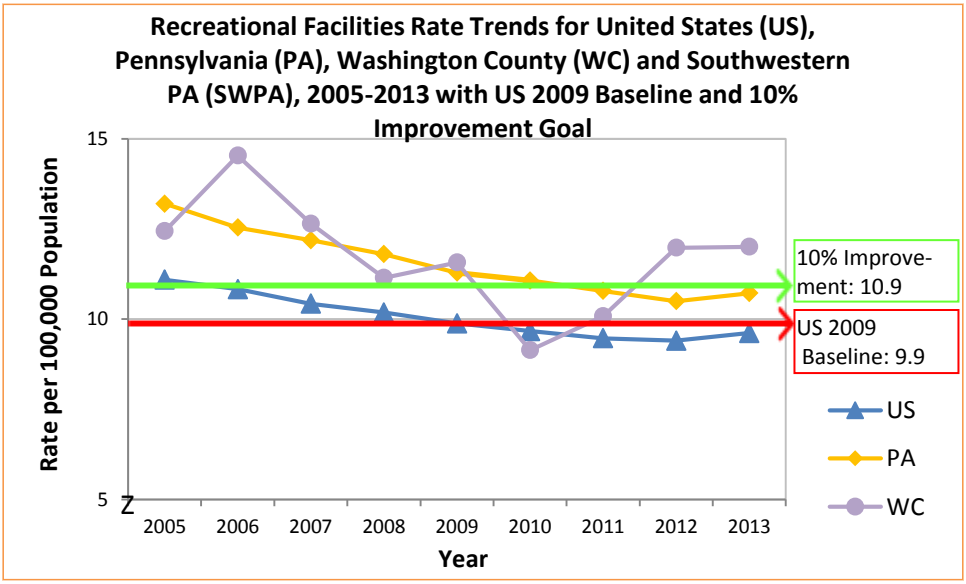
[4] *Gallagher, M., Examining the impact of food deserts on public health in Chicago. July 18, 2006. Self-published and available online at: http://www.marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesertReport-Full_.pdf.*

Access to Recreational Facilities



WC's 2013 rate of 12.0 per 100,000 population indicates that it has met the US 2009 goal of 10.9 and exceeded it by 215.1%. Because the access to recreational facilities measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.3%. This represents an **improvement** from the 2012 score of 171.1%.

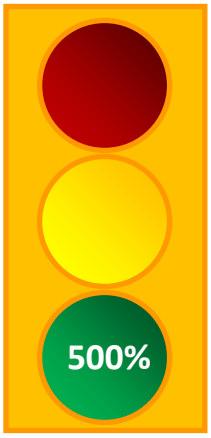
The availability of recreational facilities can influence individuals' and communities' choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity. Figure 62 compares the rate of recreational facilities per 100,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates are lower than the US' for all years while there are no differences between WC's and either the US' or PA's. The trend for the US decreased from 2006 to 2007 and from 2007 to 2009. PA's trend decreased from 2005 to 2009. WC's trend has remained unchanged.



Data Limitations: *Same as previous.*
Data Source(s): *Same as previous.*

Figure 62: Comparison of rates of recreational facilities per 100,000 population by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Air Quality Index Days



WC's 2014 number of 6 indicates that it has met the HP 2020 goal of 10 and **exceeded it by 500%**. Because the air quality index days measure weight is 4.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 15%. This represents a **decline** from the 2012 score of 1000%.

The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. Figure 63 compares the number of Air Quality Index Days that were above 100 for either fine particulate matter or ozone for the US (blue triangle), PA (gold diamond) and WC (purple circle). It appears that PA's average number of days above 100 are higher than both the US and WC for all years except 2009 when it is the same as the US'. WC's average number of days above 100 is lower than both the US' and PA's for all years. All three trends appear to be decreasing.

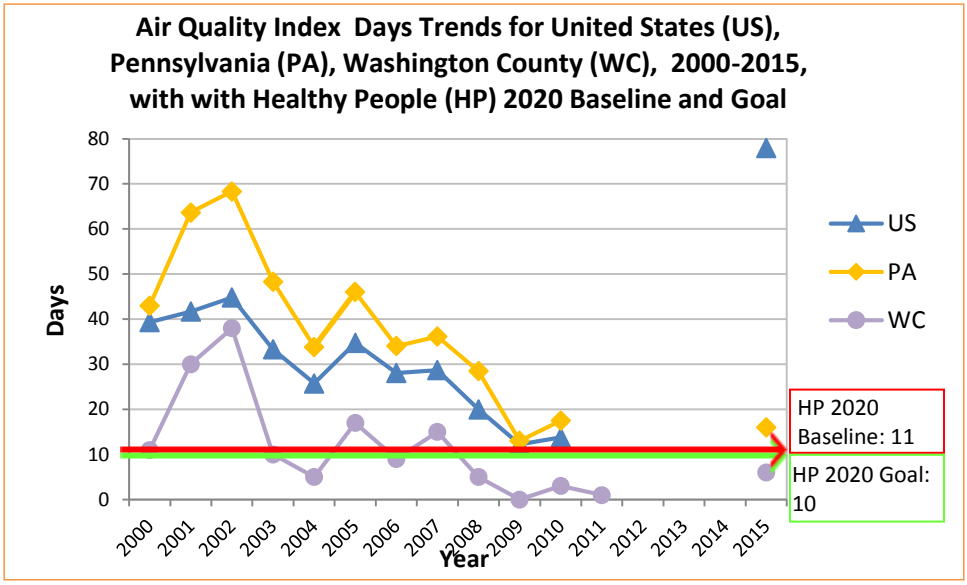


Figure 63: Comparison of Air Quality Index Days above 100 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Accessed 3-2016. ***For WC:*** *United States Environmental Protection Agency, Technology Transfer Network (TTN) Air Quality System (AQS), Data Mart, available on line at http://www.epa.gov/ttn/airs/aqsdatamart/index.htm, Accessed 5-2012*

Data Limitations: *Same as previous.*
Data Source(s) For US, PA and WC: *United States Environmental Protection Agency, Number of Days with Air Quality Index Values Greater than 100 at Trends Sites, 2000-2010, and All Sites in 2010, available at http://www.epa.gov/airtrends/aqi_info.html, accessed 7-2012. https://airnow.gov/index.cfm?action=airnow.mapsarchivecalendar*

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Data Analysis

Identification of Health Needs' Root Causes

As with any problem, in order to affect change, the conditions that are responsible for the problem need to be addressed. These conditions are called "root causes." Epidemiology is the study of linking root causes to health issues. Many of the measures used in the 2020 Healthy Community Health Outcomes Score™ have an established researched-based pathway of risk and protective conditions that define this link (see Figure 64) and are represented on the 2020 Healthy Community Scores Logic Model™. Many of the conditions/measures underlie more than one health issue.

One goal of public health is to prevent disease, disability and death and promote health on a population-based level. There are three recognized levels of this type of prevention[i]:

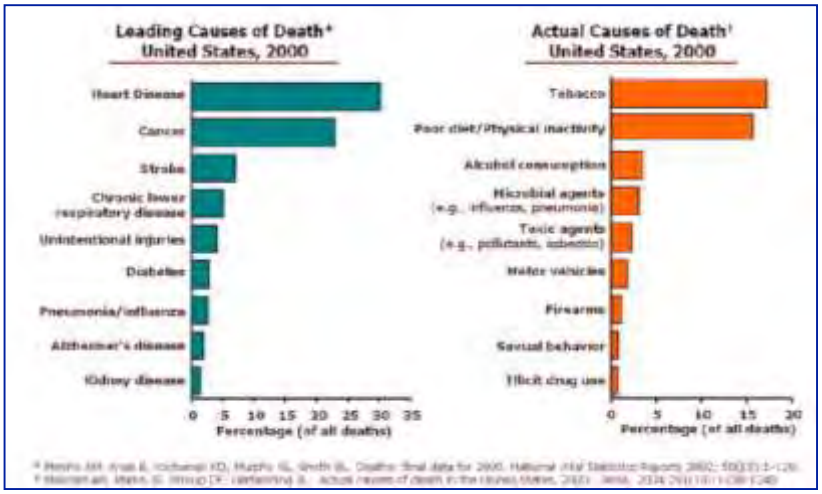


Figure 64: Comparison between classifying deaths by disease versus by root cause.

Primary prevention is defined as preventing the individual from ever developing the health issue. Examples of this include vaccines, eating a healthy diet and maintaining fitness through physical exercise.

Secondary prevention detects developed health issues in individuals, before noticeable symptoms develop, in an effort to diagnose the issue early with the goal of curing the disease and/or mitigating complications, limiting disability and preventing spread of the disease (if applicable). Examples include screening for colorectal cancer and sexually transmitted infections.

Tertiary prevention is defined as slowing or arresting disease progression and the attendant suffering and/or rehabilitation after it is clinically obvious and a diagnosis established. Examples include routine screening for and management of early renal, eye, and foot problems among diabetics; preventing recurrence of heart attack with anti-clotting medications; and physical modalities to regain function among stroke patients. For many common chronic illnesses, protocols to promote tertiary preventive interventions have been developed, often called "disease management." Disease treatments are not usually included, but the boundary with tertiary prevention is not always clear.

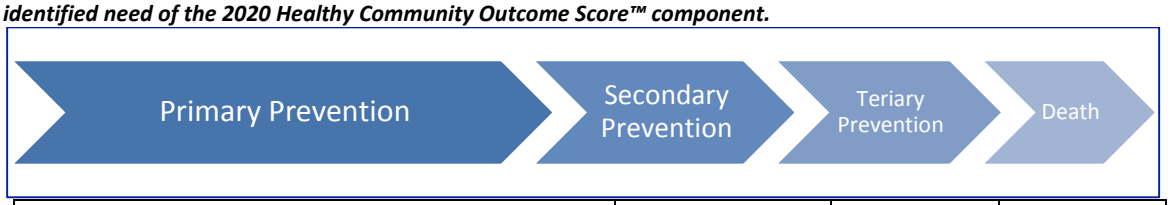
This three-level prevention paradigm will be used to analyze related measures data to provide an analysis of the identified health need except for the measures for Years of Potential Life Lost (YPLL), one or more unhealthy physical days and one or more unhealthy mental days. These are not included due to the fact that they are general measures of health not specific enough for program planning.

The identified health needs are defined by a negative measure score and include the following:

1. Years of Potential Life Lost
2. Lung cancer deaths
3. Suicide
4. Breast cancer deaths
5. Diabetes deaths
6. Colorectal cancer deaths
7. COPD deaths
8. Accidental drug deaths
9. Diabetes prevalence
10. Unhealthy physical days
11. Unhealthy mental days
12. Youth obesity
13. Adult obesity
14. Adult healthy weight
15. Tobacco quit attempts
16. Adult smokeless tobacco
17. Pregnant smoking
18. Binge drinking
19. Heavy drinking
20. Fruit and vegetables consumption
21. Mammography
22. Late stage breast cancer
23. Annual dental visit
24. Access to healthy foods

Table 2 illustrates the three levels of prevention and the data measures associated with them. Measures in bold are part of the 2020 Healthy Community Scores™. Only those measures that have been identified as needs will be discussed.

Table 2: Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified need of the 2020 Healthy Community Outcome Score™ component.



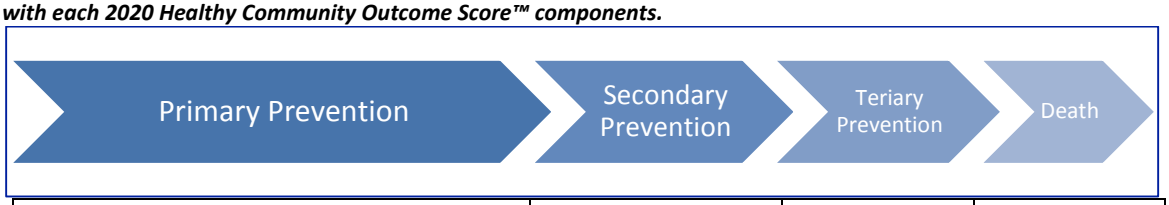
• Reduce modifiable risks:
  • **Tobacco use**; **exposure to secondhand smoke**
• Increase protective factors:
  • Reduce radon and workplace toxin exposures
	• **Tobacco use quit attempts**
	• Stage of diagnosis
		• Medical treat-ment	**Lung Cancer death rate**

• Reduce modifiable risks:
  • Untreated mood disorders; substance use (includes **binge and heavy drinking** and **tobacco use**); history of trauma or abuse; **lack of social support** and sense of isolation; lack of mental health care.
• Increase protective factors:
  • Reduce access to lethal means; media reporting education
	• Screening for suicidal ideation
	• referral to treatment
	• follow up
	• Hotlines
	• emergency treatment
		• Medical treat-ment for sequel-ae	**Suicide**

• Reduce modifiable risks:
  • **Obesity and overweight**; **Physical inactivity**; **tobacco use; access to fast foods**
• Increase protective factors:
  • **Healthy weight; Meeting physical activity recommendations; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities**
	• **Tobacco use quit attempts**
	• Reduce high blood pressure
		• **Prevalence rate**
		• **HBA1c test**
		• Manage diabetes
		• **Preventable hospital stays**
			Diabetes death rate

• Reduce modifiable risks: • **tobacco use; secondhand smoke; air pollution**	• **Tobacco use quit attempts** • **Influenza vaccine** • **Pneumonia vaccine**	• Symptom manage-ment through medicine	• **COPD death rate**

Continued Table 2: Relationship between primary, secondary and tertiary prevention and the data measures associated with each 2020 Healthy Community Outcome Score™ components.



• Reduce modifiable risks:
  • **Obesity**; **binge and heavy drinking**; **access to fast foods**; hormone replacement therapy; and radiation exposure
• Increase protective factors:
  • **Meeting physical activity recommendations; healthy weight; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities**
	• **Mammography**
	• **Stage of diagnosis**
		• Medical treatment	• **Breast Cancer death rate**

• Reduce modifiable risks:
  • **Obesity**; **binge and heavy drinking**; **tobacco use; access to fast foods**
• Increase protective factors:
  • **Meeting physical activity recommendations**; **healthy weight**; polyp removal**; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities**
	• **Tobacco use quit attempts**
	• **Sigmoidoscopy or colonoscopy**
	• **Stage of diagnosis**
		• Medical treatment	• **Colorectal cancer death rate**

• Reduce modifiable risks:
  • Educate RX opioid users and their family/friends on overdose risks; sponsor take-back drives of unused medication
• Increase protective factors:
  • Educate high risk populations (teens, former or current substance abusers) on overdose risks; education RX prescribers and pharmacies; Close down “pill mills”
	• Use of Medicine Assisted Treatment (MAT)
	• Harm reductions screening, brief intervention and referral to treatment in health care provider office
	• Prescribe Naloxone take home
		• Naloxone distribution programs to EMTs
		• Overdose education
		• Harm reductions screening, brief interventio n and referral to treatment in ED
		• Prescribe Naloxone take home
			• **Accidental drug death rate**

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Data Analysis

Discussion of Health Outcome Needs

Each health outcome's needs' measures have been analyzed with its related data measures from secondary sources (such as PA DOH) and/or as refined geographical results from the 2015 survey. While confirmation from more than one data source lends credibility to the result, it also enables a description of the issue and can "tell a story."

Since many of the outcomes measures are themselves inter-related, analyses of some measures of primary and secondary prevention are more efficiently discussed together, rather than repeating them with each outcome. These measures are discussed first, separately from the health outcomes.

Identified Health Factor Needs Affecting Multiple Health Outcomes

There are health factor need measures that affect multiple health outcomes' primary prevention. To reduce repetitiveness, they are discussed together here rather than under each of the health outcomes they affect. These include: limited access to healthy foods; adult obesity, consumption of five or more servings of fruits and vegetables youth obesity; binge and heavy drinking; tobacco use (adult smokeless use, pregnant smoking and fewer quit attempts); and dental visits. Table 3 summarizes how these measures overlap with the outcomes.

Table 3 Chart illustrating the relationship between multiple risk factors and their affect on multiple outcomes.

	Health Outcomes						
Health Factors Affecting Multiple Health Outcomes	Lung cancer	Suicide	Diabetes	COPD	Breast cancer	Colorectal cancer	Accidental Drug
Limited access to healthy foods			●		●	●	
Adult obesity / Adult healthy weight / Eat five or more servings of fruits and vegetables / Youth obesity			●		●	●	
Binge and heavy drinking		●			●	●	●
Tobacco use (adult smokeless tobacco use, pregnant smoking and fewer quit attempts)	●	●	●	●	●	●	●
Dental visits			?				

Studies have linked the food environment to consumption of healthy food and overall health outcomes.[5] Supermarkets, other grocery stores and specialty food stores are more likely to carry healthier foods than convenience stores. The estimated cost to the US in 2005 dollars of $43 billion is based on the diet component of obesity. Washington County's entire population is affected by this measure which, according to the 2010 US Census, is 207,820 people.

HDC's measure score for adult obesity was -94.1% and -40% for youth obesity. Obesity is usually caused by poor diet and lack of sufficient physical activity. It increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer (accounts for 12% of the incidence of breast cancers and 10% of colorectal), hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. Deaths attributable to obesity include 80% of diabetes, 59% of coronary heart disease, 15% of stroke, 11% of colorectal cancer and 10% of breast cancer. Two proxy measures for obesity that address the two causes (diet and exercise) are consumption of at least five servings of fruits and vegetables per day and meeting physical activity recommendations. The HDC has a negative score for fruits and vegetables consumption as (-84.4%), while its meeting physical activity recommendations measure is positive (495%). Interestingly, both of these measures are in fact, significantly higher percentages than in 2012: 21.7% (CI 19.7% to 23.9%) versus 11.4% (CI 8.7% to 14.8%) for fruits and vegetables; 73.4% (CI 70.8% to 75.9%) versus 44.7% (CI 39.4% to 50.2%) for those meeting physical activity recommendations. The total cost of obesity to the US in 2005 dollars was $129.9 billion (which can be divided between diet ($43 billion) and exercise ($86.9 billion)). A 2013 estimate of the number of Washington County residents with obesity was more than 61,000 people (with an additional 2,520 9th through 12th grade students) and more than 130,000 for not eating five or more fruits and vegetables per day. According to the HDC survey, 19.5% of respondents indicated that obesity was the most important health issue in their community and another 7.7% indicated that maintaining one's health was the most important.

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. It has also been attributable to the cause of 8% of suicides, 10% of breast and colorectal cancer deaths and 9% of stroke deaths. HDC has large negative excessive drinking measure scores (binge (-797.3%) and at risk for heavy drinking (-693.9%)). In fact, a significantly higher percentage of respondents who drank alcohol met the definition of the binge drinking measure than in 2012 (26.6% (CI 23.8% to 29.6%) versus 17.4% (CI 13% to 22.9%). The estimated cost to the US in 2005 dollars was $17.9 billion for binge drinking and $6 billion for heaving drinking. A 2013 estimate of the number of Washington County residents who binge drink was more than 44,500 people and for those who drink heavily, more than 13,800.

[5] *Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Environment Atlas.* http://www.ers.usda.gov/data-products/food-environment-atlas.aspx.

According to the 2015 survey, 12.1% of respondents indicated that substance abuse was the most important health issue in their community.

Tobacco use (including smoking and smokeless use) is identified as a cause in multiple diseases including various cancers and cardiovascular disease. 85% of lung cancer and COPD deaths, 31.3% of coronary heart disease deaths, 13% of stroke deaths, 12% of colorectal cancer deaths, 8.4% of suicides and 7.5% of diabetes deaths are attributable to tobacco use. HDC's negative measure scores for low adult smokeless tobacco use (-90%) and pregnant smoking (-115.6%) affect more than 6,600 and 400 people, respectively, as estimated for the 2013 Washington County population. The estimated cost to the US in 2005 dollars was $2.8 and $1.45 billion, respectively. According to the 2015 survey, 1.6% of respondents indicated that substance use was the most important health issue in their community.

Basic dental care can prevent high-cost procedures, tooth decay and gum disease. Teeth that remain strong and last long can improve overall health. The negative score for annual dental visits for HDC is -10%. Currently, there is insufficient evidence to link dental health to coronary heart disease, diabetes and stroke, but the amount of evidence is increasing.[ii] The estimated cost to the US in 2005 dollars was $0.4 billion and a 2013 estimate of the number of Washington County residents who have not visited a dentist in the past year is more than 52,000 people. According to the 2015 survey, 7.7% of respondents indicated that dental and preventive care were the most important health issues in their community.

Now, each health outcome need will be discussed in detail by level of prevention.

Lung cancer death rate

Washington County scored slightly negatively on the lung cancer death rate (-0.7%), the trend decreased from the 2012 CHNA and it accounts for 16.1% of premature death. The estimated cost to the US in 2005 dollars was $7.4 billion and 157 Washington County residents died in 2013 while another 203 are living with the disease. According to the 2015 survey, 13% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention of lung cancer include tobacco use and exposure to secondhand tobacco smoke (responsible for about 80%-90%) as well as radon (responsible for about 10%), other workplace toxins (asbestos, uranium and coke responsible for 9%-15%) and outdoor air pollution (1%-2%)[iii]. Washington County's negative score for the lung cancer death rate is most likely due to its adult smoking measure score (74.4%). Radon and workplace exposures in Washington County could be explored.

There are few secondary (tobacco quit attempts) and tertiary prevention techniques for lung cancer. Most cancers are detected at a late stage of disease and have low survival rates (16% at 5 years compared to 90% for breast, colon and prostate cancers)[iv].

Suicide death rate

Washington County scored highly negatively for the suicide death rate (-242.4%), which accounts for 3.1% of premature deaths in 2011-2013 and the trend increased from the 2012 CHNA. The estimated cost to the US in 2005 dollars was $2.3 billion and 157 of Washington County residents died in 2013 and the number who have suicidal ideation is more than 9,000 people. According to the 2015 survey, 0.7% of respondents indicated that mental health was the most important health issue in their community.

Modifiable risk factors for suicide include: untreated depression and other mood disorders, substance use; history of trauma or abuse; lack of social support and sense of isolation (e.g., bullying); and lack of health care. Protective factors include efforts to reduce access to lethal means and to educate the media on coverage of suicide.

Since suicidal behavior is recognized as a continuum of thoughts and behaviors ranging from suicidal ideation to completed suicide, secondary prevention attempts to target intervention as the behavior is occurring, with the goal of minimizing any self-injury. Screening for suicidal ideation, referral to treatment, pharmacological interventions, psychological interventions, follow-up care, and hotlines are all examples of secondary prevention.

Tertiary suicide prevention occurs in response to failed or completed suicides and attempts to minimize the impact and reduce the likelihood of subsequent self-injury and diminish suicide contagion (clusters of suicides in a geographical area that occur predominantly among teenagers and young adults). Effective intervention in a suicidal crisis and therapeutic treatment following suicidal behavior to prevent future attempts or to reduce the severity of an injury are examples of tertiary prevention. Counseling for those affected by a suicide completion and educating the media on responsible reporting are other examples.

Local information on suicide and its related measures is difficult to gather. It is probably more beneficial to explore this topic in a focus group or through community interviews.

Diabetes-related death rate

Washington County scored negatively on the diabetes-related death rate (-95%), the trend is static from the 2012 CHNA and accounts for 4.4% of premature deaths in 2011-2013. The estimated cost to the US in 2005 dollars was $35.8 billion and 269 Washington County residents died in 2013 while those living with the disease is estimated to be almost 18,000 people. According to the 2012 survey, 2.1% of respondents indicated that diabetes was the most important health issue in their community.

Risk factors that can be modified for primary prevention of diabetes-related diseases include: obesity and overweight (accounts for 80% of deaths); access to fast foods; physical inactivity; and tobacco use (accounts for 7.5% of deaths). Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or

more servings of fruits and vegetables a day; and access to recreation facilities. Another measure of primary prevention is the prevalence of diabetes. The 2015 survey's age-adjusted percentage is not different from WC's 2013 percentage (9.9% CI 9.3-12.5 versus 11.8% CI 8.7-15.3).

Secondary prevention related measures for diabetes includes reducing high blood pressure and high cholesterol as well as increasing tobacco use quit attempts.

In the 2015 survey, 64.9% (CI 56.9% to 72.7%) of respondents with diabetes said they had been told by a health care provider that they had high cholesterol, which is no different than the 74.8% (CI 60.3% to 85%) identified in the 2012 survey. In 2015, 95.9% had their cholesterol checked within the last year vs. 97% in 2012. In the 2015 survey, 69.6% (CI 61.8% to 76.9%) of respondents with diabetes said they had been told by a health care provider that they had high blood pressure, which is no different than the 59.9% (CI 45.9% to 73%) identified in the 2012 survey.

Tertiary prevention includes managing diabetes through medication, diet and exercise. Hemoglobin A1C tests reflect the degree of glycemic control the person has had over the past three months. HDC's 2015 A1C measure score was highly positive compared to the 2012 score (424.6% versus 90.8%) and in fact, a significantly higher percentage of respondents with diabetes met this measure than in 2012 (92.2% (CI 86.7% to 95.9%) versus 71.7% (CI 57.3% to 81.9%).

Other information collected on the 2015 survey about the health behaviors of people with diabetes included: loss of feeling; yearly eye exams; ever taken a management class; and seen a healthcare professional at least four times in the past year. There were no differences from the 2012 survey values which were below the recommended levels.

Chronic Obstructive Pulmonary Disease (COPD) death rate

Washington County scored highly negatively on the COPD death rate (-201.2), the trend increased from the 2012 CHNA and accounts for 8.9% of premature deaths in 2011-2013. The estimated cost to the US in 2005 dollars was $16.5 billion and a 143 Washington County residents died in 2013 and estimates of people living with the disease is almost 16,000. According to the 2015 survey, 1.6% of respondents indicated that "breathing issues" were the most important health issue in their community.

Primary prevention includes avoiding tobacco use, secondhand smoke and air pollution. Washington County's large positive score for Air Quality Days above 100 (500%) may be misleading in that the measure is based on the average of only three monitoring sites within the county: one in Washington, one in Hillman state forest (near Burgettstown) and one in Charleroi.

Secondary prevention includes tobacco use cessation and vaccines for influenza and pneumonia. HDC's yearly influenza and pneumonia vaccine measures scores (for those 65 years of age and older) are positive at 71.6% and 79.2%, respectively. Both scores indicate progress toward their HP2020 targets.

Tertiary prevention for COPD includes managing symptoms through the use of medications. No national, commonwealth or HDC information is available on medication use for COPD.

Uncontrolled or worsening symptoms are a major reason for hospital admissions. However, since HDC's potentially preventable COPD and asthma in older adults admission score is 308.6%, this does not seem to account for the high death rate.

Female breast cancer death rate

Washington County scored negatively on the breast cancer death rate (-75.4%), the trend decreased from the 2012 CHNA and accounted for 5.3% of premature deaths in 2011-2013. The estimated cost to the US in 2005 dollars was $14.6 billion and 35 Washington County resident women died in 2013 while 80 had late stage and 8,170 women ages 50 to 74 years did not receive a mammogram in the past two years. According to the 2015 survey, 13% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention include obesity (accounts for 12% of incidence and 10% of deaths); access to fast foods; binge and heavy drinking (accounts for 10% of deaths); hormone replacement therapy; and radiation exposure. Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or more servings of fruits and vegetables a day; and access to recreation facilities.

Secondary prevention related measures for breast cancer include screening to detect cancers at an early stage of diagnosis. The negative score for breast cancer screening (-20.3%) and the large negative score for late stage breast cancer diagnosis (-522.7%) seems to validate each other.

Colorectal cancer death rate

Washington County scored negatively on the colorectal cancer death rate (-50%), the trend decreased from the 2012 CHNA and accounted for 4.1% of premature deaths in 2011-2013. The estimated cost to the US in 2005 dollars was $7.8 billion and 139 Washington County residents were living with the disease in 2013 and 58 died. According to the 2012 survey, 13.0% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention include obesity (accounts for 10% of incidence and 11% of deaths); binge and heavy drinking (accounts for 10% of deaths); tobacco use (accounts for 12% of deaths); and access to fast foods. Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or more servings of fruits and vegetables a day; access to recreation facilities; and polyp removal. Since polyp removal is related to screening, it is discussed under secondary prevention below.

Secondary prevention related measures for colorectal cancer include tobacco quit attempts and screening to detect pre-cancers or cancers at an early stage of diagnosis. HDC's 2012 large positive score for colorectal screening (260.3%) seems to be validated by the positive score for invasive colorectal cancer diagnosis (67.1%), meaning that increased timely screenings have resulted in a decrease in late-stage cancer diagnoses.

Accidental drug death rate

Washington County scored highly negatively on the accidental drug death rate (-830.8%), the trend increased from the 2012 CHNA and accounts for 6.3% of premature deaths in 2011-2013. The estimated cost to the US in 2005 dollars was $107.44 billion and 58 Washington County residents died in 2013. According to the 2012 survey, 12.1% of respondents indicated that substance abuse was the most important health issue in their community.

Risk factors that can be modified for primary prevention include: education of prescription (RX) opioid users and their family/friends on overdose risks; sponsoring take-back drives of unused medication in community locations; educating high risk populations (teens, former or current substance abusers) on overdose risks; educating RX prescribers and pharmacies; and closing down "pill mills."

Secondary prevention measures include: using Medicine Assisted Treatment (MAT); implementing harm reduction screening, brief intervention and referral to treatment in health care provider offices; and RX prescribers additionally prescribing Naloxone as a take home precaution.

Tertiary prevention measures include: Naloxone distribution programs to emergency medical teams (EMT) and other community organizations in contact with potential overdose victims; overdose education in emergency departments (ED) after revival; implementing harm reduction screening, brief intervention and referral to treatment in ED; and ED prescribing Naloxone as a take home precaution.

Gathering Input on 2012 CHNA

A number of methods were used to solicit feedback from the community on the 2012 CHNA report and implementation plans for each Monongahela Valley Hospital and Washington Health System. Since the 2015 CHNA is the Washington Health System Green County campus' first CHNA, there was no feedback gathered on the 2012 one for it. Both systems placed a way to communicate written feedback on their reports and plans on their respective websites as of February 2015. No comments have been received as of May 2016.

Three meetings were held to solicit feedback. The first was held on May 21, 2015 with 9 participants of Washington Health Systems' Patient and Family Community Committee. As a group, before the presentation on the 2012 CHNA results and implementation plan, they were asked, "What is the most important health issue in your community?" to get an unbiased response. The following issues were named: Drugs (Heroin)/Mental Health Issues; Obesity; Diabetes; Increasing Elderly issues; Finances (HC cost) Medicare; Transportation; Co-occurring issues (substance abuse); Availability of services (Heart failure outpatients); Spectrum Schools (elderly); Support for end of life decisions. In addition, each of the needs from the CHNA were listed on a rating form for the participants to complete with 1 being less important, 2 being somewhat important, 3 being important and 4 being very important. Diabetes death and prevalence ranked number one with an average score of 3.9; coronary heart disease deaths and stroke deaths tied for second at 3.8; obesity, fruits and vegetable consumption and recommended physical activity was third at 3.7; lung cancer deaths was fourth at 3.6; tobacco Use (adult smokeless and pregnant smoking) and colorectal cancer deaths and invasive colorectal cancer were tied for fifth at 3.5; COPD deaths was sixth at 3.4; breast cancer deaths and late stage breast cancer and access to healthy foods and access to fast food tied for seventh at 3.3; binge and heavy drinking ranked eighth at 3.2; dental visits ranked ninth at 2.8; and suicide deaths ranked tenth at 2.7.

Implementation Plan Feedback for Washington Health System included:

- Incentives from insurance companies to do preventive things (gym membership, cash back for doing vaccines and annuals exams)
- More Wellness Center Workshops
- Target financially challenged people
- Provide written/mailer education to those not reached by patient portal
- Increase family involvement to increase awareness of treatments available
- Make healthy eating more affordable and accessible
- How to educate the grow diabetic population (those that do not have access to technology)
- Need to make breast cancer screening more easy to access
- Need motivational support
- Transportation
- Cost of co-pays and deductibles

- Diabetes is a disease that requires self-sacrifice and discipline – need help to manage the emotion

The second meeting was held November 4, 2015 and was WCHP's health Community Awards Luncheon. Forty participants were introduced to the needs identified in the 2012 CHNA and given an electronic copy on a flash drive. Seventeen written ranking forms were received from the attendees. Coronary heart disease deaths ranked number one with an average score of 3.6; colorectal cancer deaths and invasive colorectal cancer ranked second at 3.5; COPD deaths was third at 3.4; diabetes death and prevalence was fourth at 3.2; stroke deaths, access to healthy foods and access to fast food, and binge and heavy drinking were tied for fifth at 3.1; lung cancer deaths and tobacco Use (adult smokeless and pregnant smoking) were tied for sixth at 3; dental visits ranked seventh at 2.9; obesity, fruits and vegetable consumption, recommended physical activity ranked eighth at 2.8; suicide deaths ranked ninth at 2.7; and breast cancer deaths and late stage breast cancer ranked tenth at 2.6.

Implementation Plan Feedback included:

- Employers across the board should be distributing health education to their employees, not just health related facilities. Regular ongoing health education to all to assist in preventing all of the health conditions to progress into a full blown condition.
- Hard to judge health issues because all are important. Tried to compare importance – all seem worthy.
- Even those that are important are very important because they are preventative issues and need to be addressed.
- Needs for mental health support and addiction support inadequate in the area.

The third meeting was held on December 2, 2015 with 15 participants of Monongahela Valley Hospital's Physician Hospital Organization. Again, as a group, before the presentation on the 2012 CHNA results and implementation plan, they were asked, "What is the most important health issue in your community?" to get an unbiased response. The following issues were named: Mental Health; Food Disparity (fruits and veggies); Transportation; Drug Use; Elder Care; and Cost of medicines. No implementation plan feedback was provided. Although solicited multiple times, no ranking forms were received back from the attendees.

Prioritization of Identified Health Needs

Since each hospital is required to write a separate implementation strategy based on the identified health needs, they prioritized the needs separately. However, they agreed on the following criteria for prioritization:

1. Measure score;
2. Weight of measure score;
3. Measure trend (rising, declining or static);
4. Number of people affected in Washington County in 2013;
5. Cost to the US in 2005 dollars; and
6. Perceived community importance (from open-ended question on community mailed survey).

Each health system used a multi-step process to determine the prioritization. First, the twenty-six needs were collapsed into related health issues. This produced the following twelve need categories:

1. Diabetes deaths & Diabetes prevalence
2. COPD deaths
3. Accidental drug deaths
4. Tobacco Use (Adult smokeless, Pregnant smoking and fewer quit attempts)
5. Binge & heavy drinking
6. Suicide deaths
7. Mammography, Breast cancer deaths & Late stage breast cancer
8. Dental visits
9. Colorectal cancer deaths
10. Lung cancer deaths
11. Obesity (adult and youth), adult healthy weight, fruits & vegetable consumption
12. Access to healthy food

Monongahela Valley Hospital surveyed their board members and asked them to rate each of the twelve on a likert scale of one to four: with one being less important; two being somewhat important; three being important; and four being very important. The following areas were chosen as priorities:

1. Diabetes
2. Breast cancer
3. Colorectal cancer
4. Lung cancer
5. COPD
6. Obesity (adult and youth), adult healthy weight, fruits / vegetable consumption
7. Accidental drug deaths (as a supportive role)

Washington Health System reviewed the twelve needs and discussed them at an Administrative Staff meeting. They prioritized two needs:

1. Diabetes
2. Breast cancer.

These priorities were reviewed by the long-range planning committee and were recommended for approval to the board.

Endnotes

[i] Prevention of Disease - Secondary Prevention - Screening, Cancer, Women, and Health *http://www.libraryindex.com/pages/722/Prevention-Disease-[PRIMARY-SECONDARY-TERTIARY-PREVENTION].html#ixzz20zLrkKMW*

[ii] http://www.nidcr.nih.gov/DataStatistics/SurgeonGeneral/

[iii] *American Lung Association, Trends in Lung Cancer Morbidity and Mortality, April 2012.*

[iv] *American lung Association, Lung Cancer CT Screening for Early Detection factsheet, available at* http://www.lung.org/lung-disease/lung-cancer/lung-cancer-screening-guidelines/lung-cancer-one-pager.pdf*, April 23, 2012.*

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Appendix A: Indentified Health Care Resources and Assets

Table 1: Monongahela Valley Hospital Internal Assets as of 3-31-13

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless tobacco	Binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No annual dental visit	access to healthy foods, access to fast foods
Cardiac Rehabilitation	X										X				
cardiac catheterization	X														
The Dr. Dean Ornish Program for reversing heart disease	X														
Living well through the seasons	X			X	X	X		X			X	X	X		
Free information on high cholesterol at Healthy Directions	X							X							
Cholesterol screening at Healthy Directions	X							X							
AEDs for police and volunteer fire department	X														
CPR training	X														
ECG, holter monitoring, echocardiogram, stress tests, Doppler, coronary angioplasty, Stenting, drug eluting stents	X														
Nutrition therapy for hypertension and high blood cholesterol	X				X			X							
Van transportation	X	X		X	X	X	X	X				X	X		
Monongahela Valley Hospital's Center for Fitness and Health (MON-VALE HealthPLEX)	X			X	X	X		X			X				
Education center?	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Blood pressure screening	X				X			X							
Obesity disease state management program	X			X	X	X		X			?				
Primary Care Resource Center	X														
Online library	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Managing your diabetes 3 day education series	X				X			X	X						
Diabetes support group supermarket tour	X				X		X	X							
Healthy eating supermarket tours	X				X	X	X	X							
Advanced carbohydrate counting	X				X			X							
Diabetes disease state management program	X				X			X	X						
Charles L. and Rose Sweeney-Melenyzer Pavilion and Regional Cancer Center		X		X		X						X	X		

Table 1: Monongahela Valley Hospital Internal Assets as of 3-31-13 (continued)

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless tobacco	Binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No annual dental visit	access to healthy foods, access to fast foods
Cancer support group (monthly)		X		X		X						X	X		
Inpatient cancer care unit		X		X		X						X	X		
innovative technique to treat high-risk patients with early stage, non-small cell lung cancer.		X													
HealthPLEX Imaging (MON-VALE HealthPLEX)												X			
Breast cancer support group (monthly)				X								X			
Breast cancer luncheon, ed. & screening				X								X			
Lymphedema Therapy		?		?		?						?	?		
Women's center educational programs				X								X			
Endoscopy unit						X							X		
Stroke support group								X							
Speech, occupational, physical and aquatic therapy								X							
Advanced Certification for Primary Stroke Centers								X							
Innovations in Medicine Series: Innovations in COPD Surinder K. Aneja, MD							X								
Pulmonary rehabilitation							X								
Behavioral health unit			X												
Schizophrenia support group			X												
screenings for anxiety and depression			X												
What's in your child's backpack									X						
SmokeStoppers® classes	X	X	X		X	X	X	X	X				X		
SmokeStoppers® Support group	X	X	X		X	X	X	X	X				X		
Healthy Communities Shadowing program															
Health care career speakers															
Care Transitions program							X								
Multiphasic Blood Analysis Screening (chlo, diabetes, lung?	X				X		?	X							
Center for Wound Management					X										
Gold Start! Fit-Friendly Company	X			X	X	X		X			X				
Cancer tx talk --innovations		X		X		X						X	X		
Diabetes Support Group Holiday Dinner	X			?	X	?		X							
Understanding Your Meal Plan	X			?	X	?									
Understanding Your Blood Sugar Readings	X				X										

Table 1: Monongahela Valley Hospital Internal Assets as of 3-31-13 (continued)

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless tobacco	Binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No annual dental visit	access to healthy foods, access to fast foods
Understanding Your Diabetes Medications	X				X										
Diabetes Support Group	X				X										
Dr. Dean Ornish Program Support Group	X														
Innovations in Asthma															
Innovations in Infections Diseases					X										
Innovations in Wound Care															
Innovations in CTA															
Innovations in Prostate Health															
Innovations in Pain Management															
Innovations in Diabetes					X										
Innovations in Sleep Disorders															
Innovations in General Surgery															
Innovations in Stroke Telemedicine								X							
Innovations in Foot & Ankle Surgery															
Innovations in Thyroid Disorders															
Innovations in Dermatology															
Innovations in Arthitis															
Innovations in H1N1 Influenza															
Innovations in Urilogical Conditions															
Innovations in Breast Disease				X								X			
Innovations in Pediatric Development															
Innovations in Women's Health	X	X		X	X	X		X	X			X			X
Innovations in Sports Injuries											X				
Innovations in Chronic Kidney Disease															
Innovations in GERD															
Innovations in Eye Care															
Innovations in Low Back Pain															
Innovations in Cardiovascular Therapy	X														
Innovations in Fibromyalgia											X				
Innovations in Male Urinary Incontinence & Erectile Dysfunction															
Innovations in Diabetes Medications					X										
Innovations in Glaucoma															

Table 1: Monongahela Valley Hospital Internal Assets as of 3-31-13 (continued)

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless tobacco	Binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No annual dental visit	access to healthy foods, access to fast foods
Innovations in Wound Care HBOT					X										
Innovations in Diseases of the Mind			X												
Innovations in Kidney Function															
Innovations in The Hip & Knee															
Innovations in Male Urinary Incontinence															
Innovations in BPH															
Innovations in Peripheral Vascular Disease															
Innovations in Surgical Techniques															
Innovations in Cardiac Disease	X														
Innovations in Osteoarthritis of the Foot & Ankle															
Innovations in Rotator Cuff Disease															
Innovations in ENT Disease															
Innovations in Osteoporosis															
Innovations in Smoking Cessation									X						
Innovations in Female Urinary Incontinence															
Innovations in Palliative Care															
Innovations in Stroke Care								X							
Innovations in COPD & PCRC		X					X		X						
Innovations in Acid Reflux Disease															
Innovations in Seasonal Affective Disorder			X												
Innovations in Radiation Oncology		X		X		X		X							
Innovations in Atrial Fibrillation	X														
Innovations in Shoulder Pain															
Innovations in Diseases of the Eye															
Innovations in Neck Pain															
Why Animals Don't Smoke															
How to Read a Nutritional Label					X										X
Arthritis Support Group (monthly)															
RSDS Support Group (monthly)															
Ostomy Support Group (monthly)						X							X		
Prostate Cancer Support Group (monthly)															
Sibling Class															
Breastfeeding class															
Baby Care Classes															

Table 1: Monongahela Valley Hospital Internal Assets as of 3-31-13 (continued)

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless tobacco	binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No annual dental visit	access to healthy foods, access to fast foods
Bone Density Screenings															
Adult CPR															
Infant CPR															
BLS Course															
First Aide Instructional Class															
What's New in Womens Health	X	X		X	X		X	X	X	X	X	X			X
Nutrition Counseling Bariatric Surgery	X				X		X	X							
Advanced Certification for Inpatient Diabetes Management-Joint Commission					X										
Nutrition Building Blocks- Newprogram to begin 1/13	X				X		X								
Nutrition Counseling specified by MD	X					X	X	X							

Table 2: The Washington Hospital Internal Assets as of 3-31-13

Specific programs/services	Coronary Heart disease	Lung cancer deaths	Suicide deaths	Breast cancer deaths	Diabetes deaths	Colorectal cancer deaths	COPD deaths	Stroke deaths	Adult smokeless	binge and heavy drinking	Obesity, consuming 5 fruits and vegetables a day, meeting physical activity recommendations	late stage breast cancer	invasive colorectal cancer	No dental visit in past year	access to healthy foods, access to fast foods
Cardiac Rehabilitation	X										X				
cardiac catheterization	X														
Wellness program (Apollo)	X			X	X	X		X			X	X	X		
TWH Basic Life Support Community Training Center CPR training , instructor training and advanced training	X														
Nutrition counseling and medical nutrition therapy	X				X			X							
Wilfred R. Cameron Wellness Center	X			X	X	X		X			X				
Ruth York Morgan HELP Center	X	X	X	X	X	X	X	X	X	X	X	X	X		
Life Skills Series and review sessions	X				X			X							
Self blood Glucose monitoring, Insulin therapy/dose refinement, pump therapy, gestational diabetes, continuous glucose monitoring, need assessment	X				X			X							
Wound and Skin Healing center and Hyperbaric medicine (wounds)					X										
Diabetes education and management program	X				X			X							
Weight loss program	X			X	X	X		X							
Everyday habits and the prevention of cancer		X		X		X		X				X	X		
What's on your plate?	X			X	X	X		X				X	X		
Vegetarian grocery tour	X			X	X	X		X				X	X		
Cholesterol, RMR and A1c screenings	X				X			X							
Vegetarian cooking	X			X	X	X		X				X	X		
Meet the rd	X			X	X	X		X				X	X		
Yoga	X			X	X	X		X			X	X	X		
Fitness programs	X			X	X	X		X			X	X	X		
Eat well for life 1	X			X	X	X		X				X	X		
Personal nutrition counseling	X			X	X	X		X			X	X	X		
The center for orthopedic and neurosciences, stroke units, tPA								X							

Table 2: The Washington Hospital Internal Assets as of 3-31-13 (continued)

Program to teach proper strength building, flex, condition, endure--athletes	X										X				
Community education program	X										X				
UPMC and TWH Cancer Center		X		X		X						X	X		
Radiology/nuclear medicine department															
Lymphedema Therapy		?		?		?						?	?		
Women's center educational programs/screening				X								X			
Speech, occupational, physical and aquatic therapy								X							
Pulmonary rehabilitation							X								
Behavioral health unit			X												
Employee Assistance Program			X												
Loss, Grief and Adjustment Support group (6wk)			X												
Stay Quit tobacco cessation classes	X	X	X		X	X	X	X	X				X		
Clear the air	X	X	X		X	X	X	X	X				X		
Emergency room	X		X					X							
Greenbriar										X					
Drug/alcohol testing										X					
cancer care support group (monthly)		X		X		X						X	X		
Coping With Diabetes	X				X			X							
Free skiing clinic	X			X	X	X		X			X				
Breast patient navigator				X								X			
Diabetes academy for MAs					X										
School of Nursing	X	X	X	X	X	X	X	X	X	X	X	X	X		
Family Practice Residency Program	X	X	X	X	X	X	X	X	X	X	X	X	X		
Stroke support group								X							
Pulmonary Rehab							X								
CHD Education/skills program	X														
Diabetes Education Center					X										

Hospital Defined Community Health Care Resources and Asset Identification

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Health care facilities:

Part of this listing is as defined by PA DOH's registered health facilities which include: hospitals; comprehensive outpatient rehabilitation; ambulatory surgical centers; intermediate care facilities; home health; hospice; pediatric extended care; physical/speech therapists; rural health clinics; home care agencies/registries; dialysis; and nursing homes. Department of public welfare keeps a list of personal care homes. Other health care facilities were defined loosely as urgent care; health clinics; chiropractors; podiatrists, ophthalmologists/optometrist; other rehabilitation; pharmacies; and medical supply companies.

Hospitals

Canonsburg General Hospital
Monongahela Valley Hospital
St Clair hospital outpatient
Advanced surgical hospital
Southwest Regional Medical Center
The Washington Hospital

Comprehensive outpatient rehabilitation facility

LIFELINE THERAPY
4000 WATERDAM PLAZA DRIVE, SUITE 260
MCMURRAY, PA 15317, (724)941-5340

Ambulatory surgical center

PETERS TOWNSHIP SURGERY CENTER
160 GALLERY DRIVE #600
MCMURRAY, PA 15317, (972)763-3893

SOUTHWESTERN PENNSYLVANIA EYE SURGERY CTR
750 EAST BEAU STREET
WASHINGTON, PA 15301, (724)228-7477

SPARTAN HEALTH SURGICENTER
100 STOOPS DRIVE GROUND FLOOR
MONONGAHELA, PA 15063, (724)483-2760

TRI-STATE SURGERY CENTER, LLC
95 LEONARD AVENUE
WASHINGTON, PA 15301, (724)225-8800

Home health

Abby Health Care
287 Edison St
Uniontown, PA 15401, 724-439-2229

Adult and Pediatric Specialists
655 Rodi Rd, Ste 203
Pittsburgh, PA 15235, 412-371-0008

Advantage Home Health Services
5035 Clairton Blvd
Pittsburgh, PA 15236, 412-440-0142

Amedisys Home Care
275 Meadowlands Blvd
WASHINGTON, PA 15301, 800-753-2425

Amedisys Home Health of Morgantown
246 Cheat Rd, Ste 2
Morgantown, WV 26508, 304-296-9898

Anova Home Health and Hospice
1229 Silver Lane, Ste 201
Pittsbugh, PA 15136, 412-859-8801

Asericare Hospice and Home Care
201 Village Dr
Canonsburg, PA 15317, 800-570-5975

CELTIC HEALTHCARE OF WESTMORELAND
3367 PITTSBURGH RD SUITE 101
PERRYOPOLIS, PA 15473, (800)355-8894

Community Care, Inc.
1150 Washington Rd, ste 205
WASHINGTON, PA 15301, 724-225-6101

CARE PLUS HOME HEALTH SERVICES
1045 ROUTE 519, SUITE 3
EIGHTY FOUR, PA 15330, (724)225-2444

Carriage Inn Home Care
201 Luray Dr (PO Box 2615)
Wintersville, OH 43953, 740-264-8815

Country Meadows
3590 Washington Pike
Bridgeville, PA 15017, 412-257-2474

Excela Health Home Care and Hospice
134 Industrial Park Rd, Ste 1600
Greensburg, PA 15601, 724-689-1800

Family Home Health Services
125 N Franklin Dr, ste 3
WASHINGTON, PA 15301, 724-222-4488

Fayette Home Care and Hospice
110 Youngstown Rd
Lemont Furnace, PA 15456, 724-439-1610

FREEDOM HOME CARE LLC
112 BUTTERNUT COURT
EIGHTY FOUR, PA 15330, (412)721-0648

Gallagher Home Health Services
1100 Washington Ave, Ste 206
Carnegie, PA 15106, 412-279-7800

Health South Rehabs Hospitals of Pittsburgh
320 Guys Run Rd
Pittsburgh, PA 15238, 412-848-3779

Heartland Home Health and Hospice
750 Holiday Dr, Foster Plaza 9
Pittsburgh, PA 15220, 412-928-2126

Heritage Complete Home Care
1003 Franklin Ave
Toronto, OH 43964, 740-537-1175

HICKORY HOME HEALTH LLC
120 PERRY ROAD
BURGETTSTOWN, PA 15021, (724)356-2260

Interim Health Care of Morgantown
1111 Van Voorhis Rd
Morgantown, WV 26505, 304-598-8900

Interim of Pittsburgh
1789 S. Braddock Ave
Pittsburgh, PA 15218, 412-436-2200

Interim Healthcare of SE OH
253 N Lincoln St, Ste 200
Bridgeport, OH 43912, 740-635-0045

Interim Healthcare of Uniontown
1325 Connellsville Rd, Ste 24
Lemont Furnace, PA 15456, 724-430-1460

Intrepid USA Healthcare Services
3203 Pennsylvania Ave
Weirton, WV 26062, 304-723-9696

Klingensmith Clinical Care
1300 Alabama Ave, Ste 2
Natrona Heights, PA 15065, 800-272-3233

Landmark Home Health Care
209 13th St
Pittsburgh, PA 15215, 800-809-7930

Maxim HealthCare Services
425 N Craig St
Pittsburgh, PA 15213, 412-687-2838

Medi Home Health and Hospice
168 W Chestnut St, ste 19
WASHINGTON, PA 15301, 866-273-6334

Nursefinders of WPA
510 Main st
Carnegie, PA 15106, 412-429-5880

Omni Home Care
600 N Bell Av, Ste 130
Carnegie, PA 15106, 877-275-6664

OSPTA @ HOME
625 LINCOLN AVENUE EXT, SUITE 207
CHARLEROI, PA 15022, (724)483-4859

PARAMOUNT HOME HEALTH SERVICES
3025 WASHINGTON ROAD SUITE 301
MCMURRAY, PA 15317, (412)650-3107

Personal Touch Home Health Services
160 N Craig St
Pittsburgh, PA 15213, 412-681-1044

Progressive Home Health
3950 Brodhead Rd
Monaca, PA 15061, 724-774-8245

Renaissance Home Care
1145 Bower Hill Rd, Ste 201
Pittsburgh, PA 15243, 412-563-5055

SOUTHWESTERN HOME CARE
265 ELM DRIVE, SUITE 2
WAYNESBURG, PA 15370, (724)627-1900

Southwest Regional Medical Center Skilled nursing unit
350 Bonar Ave
Waynesburg, PA 15370, 724-627-2602

Superior Home Health and Staffing
4304 Walnut St, Ste 10
McKeesport, PA 15132, 412-754-2600

The Caring Mission HOME HEALTH LP
1046 JEFFERSON AVENUE
WASHINGTON, PA 15301, (724)222-9905

The Cedars of Monroeville
4326 Northern Pike, Ste 201
Monroeville, PA 15146, 412-380-9500

Tri-Care Home Care
801 McNeilly Rd, Unit1-B
Pittsburgh, PA 15226, 412-942-0888

Trinity Home Health
One Ross Park, Ste G07
Steubenville, OH 43952, 740-283-7501

UPMC/Jefferson Regional Home Health
300 Northpointe Circle
Seven Fields, PA 16066, 888-860-2273

VIAQUEST HOME HEALTH, LLC
612 PARK AVENUE
MONONGAHELA, PA 15063, (724)258-4070

Weirton Medical Center Home Health
601 Colliers way
Weirton, WV 26062, 304-797-6495

West Penn Allegheny Home Care
E Commons Prof. Bld,
Four Allegheny Ctr, Ste 600
Pittsburgh, PA 15212, 412-330-4211

Hospice

Amedisys Home Care
275 Meadowlands Blvd
WASHINGTON, PA 15301, 800-753-2425

Amedisys Home Health of Morgantown
246 Cheat Rd, Ste 2
Morgantown, WV 26508, 304-296-9898

Amedisys Hospice
2215 Hill Church Rd, Ste 1A
Canonsburg, PA 15317, 724-746-6581

Anova Home Health and Hospice
1229 Silver Lane, Ste 201
Pittsbugh, PA 15136, 412-859-8801

Asericare Hospice and Home Care
201 Village Dr
Canonsburg, PA 15317, 800-570-5975

Autumn Arbor Estates
1378 Fourth St
Monongahela, PA 15063, 724-258-8248

Cherry Tree Nursing Ctr
410 Terrace Dr
Uniontown, PA 15401, 724-438-6000

Excela Health Home Care and Hospice
134 Industrial Park Rd, Ste 1600
Greensburg, PA 15601, 724-689-1800

Fayette Home Care and Hospice
110 Youngstown Rd
Lemont Furnace, PA 15456, 724-439-1610

Gateway Hospice
625 Lincoln Ave, Ste 208
Charleroi, PA 15022, 877-878-2244

Heartland Home Health and Hospice
750 Holiday Dr, Foster Plaza 9
Pittsburgh, PA 15220, 412-928-2126

HOSPICE CARE OF THE WASHINGTON HOSPITAL
10 LEET STREET
WASHINGTON, PA 15301, (724)250-4500

Hospice Compassus
811 Washington Ave
Carnegie, PA 15106, 412-276-4700

Justine's PCH
741 Rt 88
Allenport, PA 15412, 724-938-3040

Kade Health and Rehabilitation Ctr
1198 W Wylie Ave
Washington, PA 15301, 724-222-2148

Meadowcrest Nursing Ctr
1200 Braun Rd
Bethel Park, PA 15120, 412-854-5500

Medi Home Health and Hospice
168 W Chestnut St, ste 19
WASHINGTON, PA 15301, 866-273-6334

Mount Macrina Manor
520 W Main St
Uniontown, PA 15401, 724-430-1102

Odyssey Hospice
190 Bilmar Dr, Ste 200
Pittsburgh, PA 15205, 412-920-5500

PARAMOUNT HOSPICE AND PALLIATIVE CARE
3025 WASHINGTON ROAD SUITE 201
MC MURRAY, PA 15317, (724)969-1021

Personal Touch Home Health Services
160 N Craig St
Pittsburgh, PA 15213, 412-681-1044

Progressive Home Health
3950 Brodhead Rd
Monaca, PA 15061, 724-774-8245

SOUTHERN CARE WASHINGTON
201 SOUTH JOHNSON ROAD, BLDG 1, SUITE 101
HOUSTON, PA 15342, (724)745-4247

Southmont
835 S Main St
Washington, PA 15301, 724-223-5700

The Cedars of Monroeville
4326 Northern Pike, Ste 201
Monroeville, PA 15146, 412-380-9500

Three Rivers Hospice
1195 Jacks Run Rd
N Versailles, PA 15137, 800-282-0306

VIAQUEST HOSPICE, LLC
610 PARK AVENUE
MONONGAHELA, PA 15063, (724)258-2580

ANOVA HOSPICE PALLIATIVE CARE SERVICES INC.
1580 BROAD AVE EXT SUITE 1
BELLE VERNON, PA 15012, (724)929-4712

CELTIC HOSPICE & PALLIATIVE CARE SERVICES OF WESTMORELAND LL
PERRY-O-PLAZA 3367 PITTSBURGH RD SUITE 101
PERRYOPOLIS, PA 15473, (724)612-4463

Intermediate care facility

DR GERTRUDE A BARBER CENTER FAWN VALLEY
111 FAWN VALLEY DRIVE
MC MURRAY, PA 15317, (724)942-4541

WASHINGTON GREENE LINDEN
1 LINDEN STREET
ELLSWORTH, PA 15331, (724)228-7716

WASHINGTON GREENE PARK
1305 PARK AVENUE
WASHINGTON, PA 15301, (724)223-8987

Pediatric extended care

YOUR CHILDS PLACE
289 NORTH AVENUE
WASHINGTON, PA 15301, (724)223-7801

Physical/Speech therapy

BRADLEY PHYSICAL THERAPY CLINIC, INC.
382 WEST CHESTNUT STREET
WASHINGTON, PA 15301, (724)228-2911

KEYSTONE REHABILITATION SYSTEMS - MCMURRAY
155 WATERDAM ROAD/SUITE 100
MCMURRAY, PA 15317, (724)941-2429

NOVACARE OUTPATIENT REHABILITATION EAST, INC.
50 EAST WYLIE AVENUE
WASHINGTON, PA 15301, (724)229-7901

SOUTHWEST REHABILITATION ASSOCIATES
440 WEST MAIN STREET
MONONGAHELA, PA 15063, (412)466-4050

THE PHYSICAL THERAPY INSTITUTE INC.
480 JOHNSON ROAD SUITE 303
WASHINGTON, PA 15301, (724)223-2061

VALLEY OUTPATIENT REHABILITATION
1027 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-6211

Rural health clinics

WPSO/MCDONALD FAMILY MEDICINE
8050 NOBLESTOWN ROAD SUITE 102
MC DONALD, PA 15057, (724)926-8001

WASHINGTON PHYSICIAN SERVICES
343 EAST ROY FURMAN HIGHWAY SUITE 105
WAYNESBURG, PA 15370, (724)627-8080

Home care agencies/registries

GRANNY NANNIES
200 WEST MAIN STREET
MONONGAHELA, PA 15063, (724)258-7207

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA, PA 15063, (724)310-1111

CARING MISSION HOME CARE, LP
1046 JEFFERSON AVENUE
WASHINGTON, PA 15301, (724)222-9905

COMMUNITY CARE INC.
1150 WASHINGTON ROAD SUITE 205
WASHINGTON, PA 15301, (724)830-9918

HUMBERT LANE NURSING & REHABILITATION CENTRE
90 HUMBERT LANE
WASHINGTON, PA 15301, (724)228-4740

PATHWAYS OF SOUTHWESTERN PENNSYLVANIA, INC.
655 JEFFERSON AVENUE
WASHINGTON, PA 15301, (724)225-8145

SENIORLIFE WASHINGTON, INC.
2114 NORTH FRANKLIN DRIVE
WASHINGTON, PA 15301, (724)222-5433

SENIORS HELPING SENIORS
3032 INVESTORS ROAD
WASHINGTON, PA 15301
(724)225-6462

SOUTHMONT OF PRESBYTERIAN SENIORCARE
835 SOUTH MAIN STREET
WASHINGTON, PA 15301, (724)223-5733

SPHS AGING SERVICES
301 CHAMBER PLAZA
CHARLEROI, PA 15022, (724)489-9100

STRABANE TRAILS VILLAGE
317 WELLNESS WAY
WASHINGTON, PA 15301, (724)225-4100

SUNNY DAYS IN HOME CARE
460 VALLEYBROOK ROAD
MCMURRAY, PA 15317, (412)260-5186

TOUCHING HEARTS AT HOME-SOUTH HILLS
501 VALLEYBROOK ROAD # 106
MC MURRAY, PA 15317, (724)941-8860

TRIPIL SERVICES
69 EAST BEAU STREET
WASHINGTON, PA 15301, (724)223-5115

VISITING ANGELS
332 WEST PIKE STREET
CANONSBURG, PA 15317, (724)745-6857

Dialysis

DIALYSIS CLINIC, INC.
280 NORTH AVENUE
WASHINGTON, PA 15301, (724)229-8834

DIALYSIS CLINIC, INC. - HILLPOINTE
131 HILLPOINTE DRIVE
CANONSBURG, PA 15317, (724)891-5044

Fresenices Carmichaels
105 CarmichaelsPlaza, Rt 21
Carmichaels, PA 724-966-9070

Fresenices Uniontown
100 Woodlawn Ave
Uniontown, PA 15401, 724-439-5397

Fresenices Redstone
127 Simpson rd
BROWNSVILLE, PA 15417, (724)785-7990

Fresenices Meadow Pt Plaza
470 Johnson Rd, Ste 101
WASHINGTON, PA 15301, (724)228-7222

FMC DIALYSIS SERVICES - DONORA
470 GALIFFA DRIVE
DONORA, PA 15033, (724)379-7650

FMC OF MON VALLEY, INC.
17 ARENTZEN BLVD, SUITE 105
CHARLEROI, PA 15022, (724)489-0850

Gambro Waynesburg
248 Elm Dr
Waynesburg, PA 15370, 724-627-3997

LIBERTY DIALYSIS - SOUTHPOINTE, LLC
1200 CORPORATE DRIVE
CANONSBURG, PA 15317, (724)745-5565

LIBERTY DIALYSIS - WASHINGTON LLC
90 WEST CHESTNUT STREET
WASHINGTON, PA 15301, (724)228-7398

OAK SPRINGS DIALYSIS
764 LOCUST AVENUE
WASHINGTON, PA 15301, (724)229-7377

Gambro PARIS DIALYSIS
32 STEUBENVILLE PIKE
PARIS, PA 15021, (724)729-3350

FMC OF REDSTONE
685B NATIONAL PIKE
BROWNSVILLE, PA 15417, (724)632-5800

DIALYSIS CLINIC, INC. - HILLPOINTE
131 HILLPOINTE DRIVE
CANONSBURG, PA 15317, (724)891-5044

LIBERTY DIALYSIS - SOUTHPOINTE, LLC
1200 CORPORATE DRIVE
CANONSBURG, PA 15317, (724)745-5565

Mon Valley Dialysis Clinic
1051 Country Club Rd
Monongahela, PA 15063, 724-258-9552

Southwestern Dialysis Clinic
764 Locust Ave
WASHINGTON, PA 15301, (724)228-1303

Nursing homes

Andover Village
OH, 440-293-5416

Cherry Tree Nursing Ctr
410 Terrace Dr
Uniontown, PA 15401, 724-438-6000

CONSULATE HEALTH CARE OF NORTH STRABANE*(Grandvue Senior Living Center)*
100 TANDEM VILLAGE ROAD
CANONSBURG PA 15317, (724)743-9000

Country Meadows
3590 Washington Pike
Bridgeville, PA 15017, 412-257-2474

Brightwood Ctr
840 Lee Rd
Follansbee, WV 26037, 304-527-1100

Friendship Village of South Hills
1290 Boyce Rd
Pittsburgh, PA 15241, 724-941-3100

GOLDEN LIVINGCENTER-SOUTH HILLS
201 VILLAGE DRIVE
CANONSBURG PA 15317, (724)746-1300

GOLDEN LIVINGCENTER Uniontown
129 Franklin Ave
Uniontown, PA 15401, 724-439-5700

GREENERY SPECIALTY CARE CENTER (OF CANONSBURG)
2200 HILL CHURCH HOUSTON ROAD
CANONSBURG PA 15317, (724)745-8000

HAVENCREST NURSING CENTER
1277 COUNTRY CLUB ROAD
MONONGAHELA PA 15063, (724)258-3000

Health South Rehabs Hospitals of Pittsburgh
320 Guys Run Rd
Pittsburgh, PA 15238, 412-848-3779

Henry Clay Villa
5253 National Pike
Markleysburg, PA 15459, 724-329-5545

HUMBERT LANE NURSING AND REHABILITATION CENTRE
90 HUMBERT LANE
WASHINGTON PA 15301, (724)228-4740

KADE HEALTH AND REHABILITATION CENTER
1198 W WYLIE AVE
WASHINGTON PA 15301, (724)222-2148

Lafayette Manor
147 Lafayette Manor Rd
Uniontown, PA 15401, 724-430-4848

Laural Ridge Ctr
75 Hickle St
Uniontown, PA 15401, 724-437-9871

MANORCARE HEALTH SERVICES-PETERS TOWNSHIP
113 WEST MCMURRAY ROAD
MCMURRAY PA 15317, (724)941-3080

MANORCARE HEALTH SERVICEs Bethel Park
60 Highland Rd
Bethel Park, PA 15102, 412-831-6050

MANORCARE HEALTH SERVICEs Monroeville
885 Macbeth Dr
Monroeville, PA 15146, 412-856-7071

MCMURRAY HILLS MANOR
249 WEST MCMURRAY ROAD
MCMURRAY PA 15317, (724)941-7150

Meadowcrest Nursing Ctr
1200 Braun Rd
Bethel Park, PA 15120, 412-854-5500

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA PA 15063, (724)310-1111

Monongahela Valley Hospital
1163 Country Club Dr
Monongahela, PA 15063, 724-258-1408

Mount Macrina Manor
520 W Main St
Uniontown, PA 15401, 724-430-1102

South Fayette Nursing Ctr
252 Main St
Markleysburg, PA 15459, 724-329-4830

SOUTHMONT OF PRESBYTERIAN SENIORCARE
835 SOUTH MAIN STREET
WASHINGTON PA 15301, (724)222-4300

Southwest Regional Medical Ctr Skilled Nursing Unit
350 Bonar Ave
Waynesburg, PA 15370, 724-627-2602

The Cedars of Monroeville
4326 Northern Pike, Ste 201
Monroeville, PA 15146, 412-380-9500

TOWNVIEW HEALTH AND REHABILITATION CENTER
300 BARR STREET
CANONSBURG PA 15317, (724)746-5040

WASHINGTON COUNTY HEALTH CENTER
36 OLD HICKORY RIDGE ROAD
WASHINGTON PA 15301, (724)228-5010

GOLDEN LIVINGCENTER-WAYNESBURG
300 CENTER AVENUE
WAYNESBURG PA 15370, (724)852-2020

ROLLING MEADOWS
107 CURRY ROAD
WAYNESBURG PA 15370, (724)627-3153

Adult Day Centers
Center in the Woods Adult Day Center
130 Woodland Court
Brownsville, PA 15417, (724) 938-3554

Pathways of Southwestern Pennsylvania, OADLC
655 Jefferson Avenue
Washington, PA 15301, (724) 225-8145

Quality Family Care
701 Highland Avenue
Canonsburg, PA 15317, (724) 746-5948

SeniorLIFE Washington
2114 North Franklin Drive
Washington, PA 15301, (724) 222-5433

Washington County Health Center ADC
36 Old Hickory Ridge Road
Washington, PA 15301, (724) 223-7184

Washington-Greene Alternative Residential Services, Inc. Adult Training Facility
(Primarily Serves the MR Population)
357 E. Maiden Street
Washington, PA 15301, (724) 228-3193

Eldercare
1505 Morris Street, Upper Level
Waynesburg, PA 15370, (724) 852-2012

SeniorCARE Green
55 Sugar Run Road, Suite 104
Waynesburg, PA 15370, (724) 852-2273

Nursing Home Transition Team

PA Office of Long Term Living
www.ltlinpa.org
Sharon Wilkes ra-nht@state.pa.us
717.346.0495
Jennifer Mikos c-jmikos@state.pa.us
717.346.9782

A collaborative effort using federal, state and local resources and partnerships moves people from nursing homes to the community.
Fayette, Washington and Greene counties
Southwestern PA AAA, Inc Amanda Butler (60+) 7244898082 x4 abutler@swpa-aaa.org
TRIPIL Michelle Shumar (<60) 7242235115 x1 mshumar@tripil.com
Westmoreland county:
Rivers Center for Independent Living (TRCBrIeLn)da Gressman (<60) 4123717700 x1 bgressman@trcil.org
Westmoreland Co AAA Sue Silvestri (60+) 724.830.4444
ssilvestri@co.westmorlenad.pa.us

Personal care homes

COUNTY HOME PERSONAL CARE
915 MAIN STREET
BENTLEYVILLE , PA - 15314, 7246692030

ADAMS PERSONAL CARE HOME
115 OLD NATIONAL PIKE
BROWNSVILLE , PA - 15417, 7247855258

Brownsville Personal Care
321 Front St
Brownsville, PA 15417-1936, (724) 785-5511

GREENSIDE MEADOWS
119 GREENSIDE AVENUE
CANONSBURG , PA - 15317, 7245146592

Manor Care-Peters Twp
113 W Mcmurray Rd
Canonsburg, PA 15317-2427, (724) 941-9882

Town View Health & Rehabilitation Center
www.townview.net
300 Barr St
Canonsburg, PA 15317-1558, (724) 746-5040

Always Best Care Senior Services
37 McMurray Rd, Ste LLS Bld 1
Pittsburgh, PA 15241, 412-835-2087

Beverly Healthcare-South Hills
201 Village Dr
Canonsburg, PA 15317-2368, (412) 344-9191

CONSULATE RETIREMENT VILLAGE OF NORTH STRABANE
200 TANDEM VILLAGE ROAD
CANONSBURG , PA - 15317, 7247460600

CONSULATE RETIREMENT VILLAGE OF NORTH STRABANE
100 TANDEM VILLAGE ROAD
CANONSBURG , PA - 15317, 7247439000

Evergreen Assisted Living
336 N Main St
Washington, PA 15301, 724-222-4227

PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP
240 CEDAR HILL DRIVE
MCMURRAY , PA - 15317, 7249691040

Residence
212 Randolph St
Carmichaels, PA 15320-1349, (724) 966-2545

Stewart's Personal Care Home I
300 N Market St
Carmichaels, PA 15320-1228, (724) 966-5276

PRECIOUS MOMENTS
212 RANDOLPH AVENUE
CARMICHAELS , PA - 15320, 7249665040

Jennie's Personal Care Home
522 1st St
Charleroi, PA 15022-1307, (724) 785-7762

THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI , PA - 15022, 7244837171

THE NEW DAWN THORPE S PERSONAL CARE
1275 LINCOLN AVENUE
CHARLEROI , PA - 15022, 7244835818

THE NEW DAWN THORPE S PERSONAL CARE
400 FOURTH STREET & OLIVE AVE
CHARLEROI , PA - 15022, 7244835818

DAVENPORT HALL
321 WASHINGTON AVENUE
CHARLEROI , PA - 15022, 7247973313

NEVAEH COVE
1039 FOURTH STREET EXTENSION
CHARLEROI , PA - 15022, 7244833850

ADVANCED PERSONAL CARE HOME
245 CENTER STREET PO BOX 5
CLARKSVILLE , PA - 15322, 7243770662

LASOSKY S PERSONAL CARE HOME INC
23 MAIN STREET
CLARKSVILLE , PA - 15322, 7243772680

Lafayette Manor
147 Lafayette Manor Rd
Uniontown, PA 15401, 724-430-4848

The Cedars of Monroeville
4326 Northern Pike, Ste 201
Monroeville, PA 15146, 412-380-9500

MAMA S HOUSE
142 ELM STREET
CLAYSVILLE , PA - 15323
Phone: 7246634284

Bethel Personal Care Home
119 Green St
Claysville, PA 15323-2385(map)
(724) 663-4404

BREESE REST HOME
281 TIMBER LAKE ROAD
CLAYSVILLE , PA - 15323, 7249483333

HIXENBAUGH S CONVALESCENT HOME
P O BOX 495 327 MAIN STREET
CLAYSVILLE , PA - 15323, 7246635911

HILLSVIEW PERSONAL CARE HOME
195 TIMBERLAKE ROAD
CLAYSVILLE , PA - 15323, 7246635464

Life Steps
1334 Nine 80 Rd
Cecil, PA 15321-1532, (724) 743-0448

MCKEAN MANOR
787 789 MCKEAN AVENUE
DONORA , PA - 15033, 7243798420

MILLER KENRIC MANOR
116 KENRIC AVENUE
DONORA , PA - 16033, 4129153512

COUNTRY CARE MANOR
205 COLDRENS ROAD
FAYETTE CITY , PA - 15438, 7243264909

PAULIN PERSONAL CARE HOME
119 WEST LINCOLN AVENUE
MCDONALD , PA - 15057, 7249263526

Hallsworth House
www.hallsworthhouse.com
1575 Grand Blvd
Monessen, PA 15062-2262, (724) 684-8170

Victoria House I
751 Tyrol Blvd
Monessen, PA 15062-2459, (724) 684-6783

Victoria House II
731 Tyrol Blvd
Monessen, PA 15062-2459, (724) 684-6783

Victoria House III
1014 State Rd
Monessen, PA 15062-2433, (724) 684-4288

AUTUMN ARBOR ESTATES INC
BLDG 4 1360 1 2 FOURTH STREET
MONONGAHELA , PA - 15063, 7242582470

THE RESIDENCE AT HILLTOP
210 ROUTE 837
MONONGAHELA , PA - 15063, 7242588940

MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA , PA - 15063, 7243101111

Coventry Care Inc
1277 Country Club Rd
Monongahela, PA 15063-1057,(724) 258-7070

Havencrest Nursing Center
www.havencrestskillednursing.com
1277 Country Club Rd
Monongahela, PA 15063-1057,(724) 258-3000

COMMUNITY TRANSITION CONNECTION ANNA S HOME
1360 1 2 FOURTH STREET BLDG 1
MONONGAHELA , PA - 15063, 7242582934

Life Steps
634 Chess St
Monongahela, PA 15063-2608,(724) 292-8142

Life Steps
503 Lincoln St
Monongahela, PA 15063-2201,(724) 258-7417

Life Steps
133 3rd Ave
New Eagle, PA 15067-1357 (724) 258-3356

Jefferson Senior Care Inc
14 Memorial Dr
Perryopolis, PA 15473-1000, (724) 736-8880

ANNALISA S A TOUCH OF HOME
414 PERRY ROAD
PERRYOPOLIS , PA - 15473, 7247364100

HANEY S PERSONAL CARE HOME
330 CARMICHAELS STREET
RICES LANDING , PA - 15357, 7245925449

Good Samaritan Personal Care Home
450 Crucible Rd
RICES LANDING , PA - 15357

PERSONAL CARE AT EVERGREEN
336 NORTH MAIN STREET
WASHINGTON , PA - 15301, 7242224227

SOUTHMINSTER PLACE
880 SOUTH MAIN STREET
WASHINGTON , PA - 15301, 7242235756

STANDISH S
158 CHESTNUT RIDGE ROAD
WASHINGTON , PA - 15301, 7242298801

HUMBERT LANE PERSONAL CARE HOME
90 HUMBERT LANE
WASHINGTON , PA - 15301, 7242285666

STRABANE WOODS OF WASHINGTON
319 WELLNESS WAY
WASHINGTON , PA - 15301, 7242259400

Seniorlife, www.seniorlifewashington.com
2114 N Franklin Dr
Washington, PA 15301-5891, (724) 222-5433

Strabane Trails Village
317 Wellness Way
Washington, PA 15301-9709, (724) 225-4100

HAWTHORNE WOODS ASSISTED LIVING
791 LOCUST AVENUE
WASHINGTON , PA - 15301, 7242221005

Woodlands Village Townhomes Retirement Community Clubhose
204 Village Ct
Washington, PA 15301-5275, (724) 222-7520

Life Steps Inc
1638 Amity Ridge Rd
Washington, PA 15301-6420, (724) 503-4729

DAY S PERSONAL CARE HOME
WASHINGTON , PA - 15301
42 PAUL STREET, 7242281349
446 NORTH MAIN STREET, 7242282475
270 ALLISON AVENUE, 7242225802
821 NORTH MAIN STREET, 4122781990
18 NORMAN AVENUE , 4122781990

Home Health Services Of Southwest Regional Medical Center, sw-rmc.com
295 Bonar Ave
Waynesburg, PA 15370-1605, (724) 627-2607

Rolling Meadows Nursing & Rehabilitation Facility, rollingmeadowsnursing.com
107 Curry Rd
Waynesburg, PA 15370-3415, (724) 627-3153

Senior Living, www.senior-living-assist.com

Senior Care Greene, seniorcaregreene.com
55 Sugar Run Rd Ste 104
Waynesburg, PA 15370-9644, (724) 852-2273

BRAUN S PERSONAL CARE HOME
324 SOUTH WASHINGTON STREET
WAYNESBURG , PA - 15370, 7246277141

EWING MANOR
590 JEFFERSON ROAD
WAYNESBURG , PA - 15370, 4122179026

RESPICENTER WEST
545 WEST HIGH STREET
WAYNESBURG , PA - 15370, 7248521300

PERSONAL CARE AT EVERGREEN
25 GLADE AVENUE
WAYNESBURG , PA - 15370, 7246274125

T L C ADULT CARE CENTER
9 RIO VISTA DRIVE
WEST NEWTON , PA - 15089, 7248723000

Urgent care

Walgreens (Washington,)
99 Jefferson Ave
Washington PA 15301

MedExpress Urgent Care
www.medexpress.com
460 Washington Rd
Washington, PA 15301-2765, (724) 225-3627

Urgent Care Center
www.theurgentcarecenter.org
3515 Washington Rd Ste 550
Canonsburg, PA 15317-3070, (724) 969-4321

MedExpress , www.medexpress.com
860 Rostraver Rd
Belle Vernon, PA 15012-1945,(724) 929-3278

Clinics

Adagio Health@Centerville Clinics, Carmichaels
601 West George Street
Carmichaels PA 15320, 724-966-5081

Adagio Health Washington
90 W. Chestnut Street, Suite 400
Washington PA 15301, 724-228-7113

Adagio Health@Centerville Clinics - California
1152 Wood Street
California PA 15419, 724-938-2122

Adagio Health@Centerville Clinics - Charleroi
501 McKean Avenue
Charleroi PA 15022, 724-483-5482

Adagio Health@Community Medical and Dental Plaza
1227 Smith Township State Road
Burgettstown PA 15021, 724-947-2255

Adagio Health@Mon Valley Community Health Services
301 East Donner Avenue, Suite 101
Monessen PA 15062, 724-684-8999

COMMUNITY DENTAL AND MEDICAL PLAZA
1227 Smith Township State Road (Route 18)
Burgettstown, PA 15021
724-947-2255 (Medical & Counseling)

WAYNESBURG DENTAL AND COUNSELING CENTER
501 West High Street
Waynesburg, PA 15370
724-852-1001 (Dental)
724-627-4309 (Counseling)

PEDIATRIC ASSOCIATES OF WASHINGTON
400 Jefferson Avenue
Washington, PA 15301, 724-228-7400

CENTRAL GREENE PEDIATRICS
236 Elm Drive
Waynesburg, PA 15370, 724-627-0926

MOBILE MEDICAL AND DENTAL UNIT
Call Cathi at 724-852-1001 x305 to schedule the mobile unit at a location near you

Bentleyville Family Practice Center
100 Wilson Road Bentleyville,PA
724-239-2390

California Family Practice
1152 Wood Street. California, PA 15419
724-938-2122

Carmichaels Clinic
601 W. George Street Carmichaels, PA 15320
724-966-5081

Charleroi Medical and Dental Office
200 Chamber Plaza. Charleroi, PA 15022
724-483-5482

Washington Family Doctors
37 Highland Ave, Washington, PA 15301-4401
724-223-1067

Waynesburg Office
1150 7th Street Waynesburg, PA 15370-1660
724-627-8243

Other rehabilitation

HealthSouth, www.healthsouth.com
351 W Beau St
Washington, PA 15301-4663, (724) 223-0300

Bradley Physical Therapy Clinic Inc.
www.physicaltherapywashingtonpa.com
382 W Chestnut St
Washington, PA 15301, (724) 350-8570
bradleypt.com
1001 Corporate Dr Ste 125
Canonsburg, PA 15317-8580, (724) 746-2782

Keystone Rehabilitation Systems
www.physiocorp.com
997 N Main St
Washington, PA 15301-2819, (724) 228-5656

Centers For Rehab Services-Peters Township
www.centers4rehab.com
2403 Washington Rd Ste 600
Canonsburg, PA 15317-5241, (724) 941-2240

Daniels Chiropractic & Rehabilitation Center
231 Main St
Claysville, PA 15323-2398, (724) 663-4255

Sundance Rehabilitation Corp
www.sundancerehab.com
90 Humbert Ln
Washington, PA 15301-6549, (724) 222-0348

Appropriate Physical Therapy Services LLC
appropriatept.com
153 E Pike St
Canonsburg, PA 15317-1765, (724) 745-5646

Town View Health & Rehabilitation Center
300 Barr St
Canonsburg, PA 15317-1558
Local: (724) 746-5040

Gobbie Chiropractic, www.gobbiechiro.com
224 E Mcmurray Rd
Mcmurray, PA 15317-2948, (724) 969-4242

NovaCare Rehabilitation, www.novacare.com
50 E Wylie Ave
Washington, PA 15301-2059, (724) 229-7901

Medical supply companies

AdvaCare Home Services
200 Villani Dr, Ste 3009
Bridgeville, PA 15017, 412-249-9000

Adult and Pediatric Specialists
655 Rodi Rd, Ste 203
Pittsburgh, PA 15235, 412-371-0008

Asericare Hospice and Home Care
201 Village Dr
Canonsburg, PA 15317, 800-570-5975

Choice Respiratory Care
657 Morganza Rd, Ste 101
Canonsburg, PA 15317, 866-404-7377

Critical Care Systems
3243 Old Frankstown Rd
Pittsburgh, PA 15239, 800-819-0862

ESMS Home Medical
400 Rodi Rd
Pittsburgh, PA 15235, 412-371-0661

HAR-KEL
1903 Mayview Rd
Bridgeville, PA 15017, 800-257-1830

HealthCare Solutions
946 Manifold Rd, Ste 101
Washington, PA 15301, 724-222-4292

Heritage Complete Home Care
1003 Franklin Ave
Toronto, OH 43964, 740-537-1175

Hill-Rom Home Care
13427 US Rt 422
Kittanning, PA 16201, 800-638-2546

Home Town Oxygen
4680 Old William Penn Hwy, Ste 200
Monroeville, PA 14146, 866-951-0202

Lifeline
St Clair Hospital
1000 Bower Hill Rd
Pittsburgh, PA 15243, 800-242-1306

Lincare
1295 Grand Blvd, Ste 105
Monessen, PA 15062, 724-684-4494

Medcare Equipment Co
501 W Otterman St
Greensburg, PA 15601, 800-503-5554

Medi Home Health and Hospice
168 W Chestnut St, ste 19
WASHINGTON, PA 15301, 866-273-6334

Monongahela Valley Hospital
1163 Country Club Dr
Monongahela, PA 15063, 724-258-1408

Mosso's Medical Supply Co
728 Summit Ridge Plaza
Mt. Pleasant, PA 15666, 724-547-4900
Neighbor Care At Home
501 Parkway View Dr, Bld #5
Pittsburgh, PA 15205, 412-490-0319

Progressive Mobility & Medical
www.progressivemobility.com
320 Cameron Rd
Washington, PA 15301-9621, (724) 228-4568

Tom and Jerry's Home Medical Service
145 N 8th St
Connellsville, PA 15425, 724-628-8913

UPMC Home Medical Equipment
2310 Jane St, Ste 1300
Pittsburgh, PA 15203, 800-247-6333

Walgreen's
99 Jefferson Ave
Washington, PA 15301, 724-228-3201

Washington Medical Equipment
1100 W Chestnut St
Washington, PA 15301, 724-222-2545

Audio-Logics Inc, www.audio-logics.com
210 Wellness Way
Washington, PA 15301, (724) 350-8683
3001 Waterdam Plaza Dr Ste 280
Canonsburg, PA 15317-5415, (724) 942-1284

Beltone, www.beltone.com
8 Hartley Hill Rd # 8
Washington, PA 15301-7144, (636) 239-1222

Family Care Medical Equipment Co
www.themedicalequipmentlocator.com
117 N Main St
Washington, PA 15301-4333, (724) 222-5354

Hanger Inc, hanger.com
853 Jefferson Ave
Washington, PA 15301-3870, (724) 228-3010

Klingensmith Health Care
935 Henderson Ave
Washington, PA 15301-6067, (724) 222-3984

Life Response Llc
118 Craft Rd
Washington, PA 15301-3216, (724) 228-7233

Miracle-Ear Center
miracle-ear-washingtonpa.com
11 West Maiden St
Washington, PA 15301, (724) 498-4265

PRMS Inc , www.prms-inc.com

470 Johnson Rd
Washington, PA 15301-8944, (724) 222-5852

Punxsy Medical Supply
50 E Wylie Ave Ste 1
Washington, PA 15301-2059, (724) 229-2943

Centimed Inc, www.centimedinc.com
511 Main St
Bentleyville, PA 15314-1536, (724) 239-4030

AAA Hospital Equipment Supplies
368 Euclid Ave
Canonsburg, PA 15317-1739, (724) 745-6700

Apria Healthcare, www.apria.com
701 Technology Dr Ste 250
Canonsburg, PA 15317-9529
(724) 873-0718, (724) 745-7581

Horizon Health Care
Mc Murray, PA, (724) 941-5804

Mercy Surgical Dressing Group Inc
1 W Pike St
Canonsburg, PA 15317-1380, (724) 873-3150

Choice Healthcare Supplies
www.choicerespiratorycare.com
657 Morganza Rd
Canonsburg, PA 15317-5712, (724) 745-9474

Barrier Free Living
Finleyville, PA, (724) 348-2300

McKnight Medical, mcknightmedical.com
11 Mckean Ave
Charleroi, PA 15022-1436, (724) 489-4011
Monongahela Medical Supply Co
1163 Country Club Rd Ste 104
Monongahela, PA 15063-1013,(724) 258-2273

Punxsy Medical Supply
524 Mckean Ave
Charleroi, PA 15022-1532, (724) 483-4014
622 Fallowfield Ave
Charleroi, PA 15022-1902, (724) 483-5022

Qualicar Home Medical
453 Valleybrook Rd
Canonsburg, PA 15317-3371, (724) 260-0826

Stat Oxygen Services
122 Clearview Dr
Mcmurray, PA 15317-3128, (724) 941-4035

Chiropractors

Advanced Physical Therapy Services
265 Elm Dr
Waynesburg, PA 15370-8275, (724) 627-0685
108 S Vine St
Carmichaels, PA 15320-1256, (724) 966-5767

Boar Physical Therapy, www.boarpt.com
1295 Grand Blvd, Ste 102
Monessen, PA 15062, (724) 268-0463
1645 Rostraver Rd
Belle Vernon, PA 15012-9655, (724) 929-7100

Centers For Rehab Services Belle Vernon
www.centers4rehab.com
440 Willowbrook Plz
Belle Vernon, PA 15012-4014, (724) 379-8187

Crossroad Chiropractic Clinic
www.crossroadschiro.com
Jefferson Court Plaza
156 W Chestnut St
Washington, PA 15301, (724) 223-0500

Washington Chiropractic Center Inc
382 W Chestnut St
Washington, PA 15301, (724) 225-1655

Hornickel Chiropractic Clinic
www.hornickelchiropractic.com
132 E Maiden St
Washington, PA 15301-6706, (724) 705-0406

Labuda, Sean DC
357 E Maiden St Suite 204
Washington, PA 15301-4119, (724) 222-2660

HealthSource / Keystone Family Chiropractic PLLC, www.healthsourceofwashington.com
1825 Washington Rd, Suite B
Washington, PA 15301, (724) 746-6840

Chiropractic Care Center
www.drduanemarasco.com
24 Wilson Ave
Washington, PA 15301-3335, (724) 223-9700

Crooks Kelly W Chiropractor, washchiro.com
382 W Chestnut St Ste 103
Washington, PA 15301-4642, (724) 225-1655
950 S Central Ave
Canonsburg, PA 15317-1489, (724) 745-7209

Annette Clemente Chiropractic
annetteclementechiro.com
1971 W Chestnut St
Washington, PA 15301-2639, (724) 222-5232

CEJ Chiropractic & Klinzing Massage Therapy
48 E Wheeling St
Washington, PA 15301-4804, (724) 225-1747

Clemente Chiropractic Clinic
829 Jefferson Ave
Washington, PA 15301-3822(map)
(724) 914-6325, (724) 223-8223

Johnson Family Chiropractic
www.johnsonfamilychiro.net
282 E Maiden St
Washington, PA 15301-4944, (724) 222-9355

Keefer Chiropractic Clinic
288 Old Hickory Ridge Rd
Washington, PA 15301-8618, (724) 228-7571

Keith C Winkleblech
www.paautoinjurycenter.com
893 Henderson Ave
Washington, PA 15301-1369, (724) 223-0590

Lucas Dr Andrew J, www.drandrewlucas.com
182 S Main St
Washington, PA 15301-4950, (724) 225-3077

Mckean Chiropractic Clinic LLC
14 E Chestnut St
Washington, PA 15301-6706
(724) 249-2107, (724) 249-2168

Physical Pain Management
1150 Washington Rd Ste 104
Washington, PA 15301-9683, (724) 225-7246

Scarton Chiropractic
www.scartonchiropractic.com
1385 Washington Rd Ste 100
Washington, PA 15301-9674, (724) 229-5584

Shriver Chiropractic LLC
382 W Chestnut St Ste 103
Washington, PA 15301-4642, (724) 228-1597

Thomforde-wood, Tara
1825 Washington Rd Ste B
Washington, PA 15301-8932, (724) 746-6840

Wano Chiropractic Weight Loss & Nutritional Centers Inc, www.wanowellness.com
193 W Beau St
Washington, PA 15301-4401, (724) 222-8322

Washington Chiropractic Center Inc
Washington, PA 15301, (724) 225-1655

Webb Dr And Associates
www.chirowebb.com
42 E Maiden St
Washington, PA 15301-4912, (724) 225-2225

Allegheny Advanced Chiropractic
www.drtodaro.com
4198 Washington Rd (Rt 19)
Mc Murray, PA 15317, (724) 942-7660
Family First Chiropractic
www.familyfirstchiro.net
3150 Washington Rd
Mc Murray, PA, (724) 941-9507

Berger Chiropractic Wellness Center Inc
www.bergerchirowellness.com
107 East McMurray Rd
Mc Murray, PA 15317-2927, (724) 969-1051

Gretz Ronald J chiropractor
Canonsburg, PA 15317, (724) 745-3525

Stein Jonathan Chiropractor
Canonsburg, PA 15317, (724) 745-3525

Anderson Chiropractic PC Dr Scott G
Anderson BS,DC CVCP
www.andersonchiropractic.us
3821 Washington Rd
McMurray, PA 15317, (724) 941-5805

Anderson Scott
drscottandersonchiropractic.com
206 E Mcmurray Rd
Mcmurray, PA 15317-2930, (724) 941-5805

Bond Chiropractic Health Center
www.chiropractorcanonsburg.com
1 S Jefferson Ave
Canonsburg, PA 15317-1555, (724) 745-3737

Burgman Chiropractic Clinic
www.burgmanchiropractic.com
4050 Washington Rd Ste 5c
Canonsburg, PA 15317-2557(map)
(724) 942-4793, (724) 260-6613

Canonsburg Chiropractic
Canonsburg, PA 15317, (724) 745-3525

Chiropracticcare
401 Euclid Ave
Canonsburg, PA 15317-2041, (724) 746-0300

Daniels Chiropractic & Rehabilitation Center
231 Main St
Claysville, PA 15323-2398, (724) 663-4255
Dicesaro Spine & Sport, www.dss-online.com
2510 Washington Rd
Canonsburg, PA 15317-5236, (724) 745-5116

Elliott Chiropractic Center
elliottchiropracticcenter.com
113 Cavasina Dr
Canonsburg, PA 15317-1784, (724) 745-1533

Gobbie Chiropractic, www.gobbiechiro.com
224 E Mcmurray Rd
Mcmurray, PA 15317-2948, (724) 969-4242

Klockworks Chiropractic
klockworkschiropractic.com
160 W Pike St
Canonsburg, PA 15317-1328, (724) 743-1050
4137 Washington Rd
Canonsburg, PA 15317-2563, (724) 942-2292

Lifestyle Health Group
lifestylefamilychiro.com
3909 Washington Rd
Canonsburg, PA 15317-2544, (724) 969-0800

Myers Family Chiropractic
3901 Washington Rd
Canonsburg, PA 15317-2500, (724) 942-3505

Orr Family Chiropractic
112 Galley Rd
Canonsburg, PA 15317-2352, (724) 745-3110

Skraitz Chiropractic
www.skraitzchiropractic.com
4160 Washington Rd
Canonsburg, PA 15317-2533, (724) 941-2100

Smith Family Chiropractic
26 N Central Ave
Canonsburg, PA 15317-1302, (724) 743-4949

Todaro Brad, drtodaro.com
4198 Washington Rd Ste 6
Canonsburg, PA 15317-2560, (724) 942-7660

Wellness Chiropractic Center Of Southpointe
The, southpointespa.com
1001 Corporate Dr
Canonsburg, PA 15317-8551
(724) 743-4500, (724) 745-3525

Western Pennsylvania Spine Institute
1900 Waterdam Plaza Dr Ste 3
Canonsburg, PA 15317-5445, (724) 731-0007

Westwood Spine And Joint Center
www.drwestwooddc.com
1200 Ashwood Dr Ste 1203
Canonsburg, PA 15317-4982, (724) 916-4174

Burnet Fam Chiropractic
www.burnettfamilychiropractic.com
3540 Washington Rd
Mcmurray, PA 15317-2957, (724) 941-0707

Center For Pain Relief
3402 Washington Rd Ste 200
Canonsburg, PA 15317-2964, (724) 942-5188

Cornerstone Care, www.cornerstonecare.com
1227 Smith Township State Rd
Burgettstown, PA 15021-2828,(724) 947-2255

Cecil Chiropractic & Rehabilitation
www.cecilchiropractic.com
3131 Millers Run Rd
Cecil, PA 15321-1209, (412) 220-1800

Pittsburgh Chiropractic & Wellness
3055 Washington Rd
McMurray, PA 15317, (724) 260-8607

Prough Chiropractic
3402 Washington Rd # 201
Canonsburg, PA 15317, (724) 260-8479

1st Stepp Family Chiropractic LLC
1008 National Pike W
Brownsville, PA 15417-9200, (724) 632-5959

Bentleyville Chiropractic Center
104 Johnston Rd
Bentleyville, PA 15314-1104, (724) 239-2225
Berkley Chiropractic Center
88 Center Church Rd
Mcmurray, PA 15317-3002, (724) 941-6202

Burgman Chiropractic
burgmanchiropractic.com
1230 W Main St
Monongahela, PA 15063-2830,(724) 258-3555

California Chiropractic Clinic
200 3rd St
California, PA 15419-1132, (724) 938-0420

Charleroi Chiropractic Pain & Wellness Center
gillottchiropractic.com
613 Fallowfield Ave
Charleroi, PA 15022-1981, (724) 483-4834

Chiropractic Center The
3528 Washington Ave
Finleyville, PA 15332-1328, (724) 348-0490

Chiropractic Stillwagon
767 Dry Run Rd
Monongahela, PA 15063-1226,(724) 258-6506

Donora Family Chiropractic Center
1000 Mckean Ave
Donora, PA 15033-1107, (724) 379-6882

Finleyville Chiropractic & Wellness Center
www.drwittman.com
3530 Marion Ave
Finleyville, PA 15332-1314, (724) 348-6446

Goodge James L Iii, randourchiropractic.com
105 W Ohara St
Mc Donald, PA 15057-1441, (724) 926-2131

Harbosky Paul J
612 Fallowfield Ave
Charleroi, PA 15022-1902, (724) 489-9744

Leadbitter Spine & Sports
104 Route 837
Monongahela, PA 15063-1034,(724) 258-9565

Lee M Goozdich DC
www.nationalpikechiropractic.com
565 National Pike W
Brownsville, PA 15417-9221, (724) 785-7633

Magone Chiropractic Office
100 Stoops Dr
Monongahela, PA 15063-3553,(724) 483-4745

Massucci Albert J

3528 Washington Ave
Finleyville, PA 15332-1328, (724) 348-0490

Mathers Sean
7 Patricia St
Charleroi, PA 15022-9439, (724) 483-3413

Mon City Chiropractic Clinic
burgmanchiropractic.com
1230 W Main St
Monongahela, PA 15063-2830,(724) 258-3555

Mon Valley Medical Services Inc
612 Fallowfield Ave
Charleroi, PA 15022-1902, (724) 489-9160

Nath Chiropractic Clinic
6101 State Route 88
Finleyville, PA 15332-1019, (724) 348-4225

National Pike Chiropractic
www.nationalpikechiropractic.com
565 National Pike W
Brownsville, PA 15417-9221, (724) 785-7633

Pisciottano Geno A
346 Buffalo Ridge Rd
Canonsburg, PA 15317-6610, (724) 743-4500

Pro Solutions Clinic, www.proadjusterclinic.us
3380 Washington Rd Ste 240
Canonsburg, PA 15317-3065, (724) 942-4444

Progressive Chiropractic Clinics
3380 Washington Rd Ste 240
Canonsburg, PA 15317-3065, (724) 260-5084
807 E Mcmurray Rd
Venetia, PA 15367-2003, (724) 260-5641
Randours Chirop , randourchiropractic.com
550 980 Rd
Mc Donald, PA 15057-2884, (724) 926-2809
105 W Ohara St
Mc Donald, PA 15057-1441, (724) 926-2131

Rupert Chiropractic Clinic
www.rupertchiropracticclinic.com
1001 Mckean Ave Ste A
Charleroi, PA 15022-2142, (724) 483-4242

Sala Kenneth
114 Sherborne Dr
Canonsburg, PA 15317-3188, (724) 941-8513

Southpointe Chiropractic & Fitness
www.southpointechiropractic.com
673 Morganza Rd
Canonsburg, PA 15317-5715, (724) 873-0700

Southwest
1000 Main St
Bentleyville, PA 15314-1175, (724) 239-0703

Teff Michelle Sister
131 Kenric Ave
Donora, PA 15033-1423, (724) 379-9101

Toomey Chiropractic Center
107 Pennsylvania Ave
Charleroi, PA 15022-1122, (724) 483-0898

Trotta Nicolina
314 W Main St
Monongahela, PA 15063-2410,(724) 258-5656

Washington Chiropractic Center-Fax
998 Main St Ste B
Bentleyville, PA 15314-1100, (724) 239-3866

Wittman Christine, drwittman.com
3530 Marion Ave
Finleyville, PA 15332-1314, (724) 348-6446

Wohar Stephen, drstevewohar.com
727 Route 481, (724) 258-3371
236 Chess St, (724) 258-3371
Monongahela, PA 15063-2447
Zdilla Family Chiropractic, www.zfchiro.com
540 Broad Ave Ste 1
Belle Vernon, PA 15012-1435, (724) 929-6777

Bond A R chiropractor
217 Cecil Sturgeon Rd
Mc Donald, PA 15057-2560, (724) 926-3862

Anden Chiropractic Clinic
www.andenchiropracticclinic.com

193 Finley Rd
Belle Vernon, PA 15012-3822, (724) 930-8060

Back In Action Chiropractic
35 N Porter St
Waynesburg, PA 15370-1427, (724) 852-1624

Biddle Robert
www.bellevernonchiropractic.com
830 Washington St
Belle Vernon, PA 15012-2808, (724) 929-6100

Brownsville Chiropractic Center
brownsvillepennsylvania.com
631b National Pike E
Brownsville, PA 15417-9603, (724) 785-5521

Carmichaels Chiropractic Center
401 W Greene St
Carmichaels, PA 15320-1603, (724) 966-5117

Clark Chiropractic Center
177 E High St
Waynesburg, PA 15370-1865, (724) 852-1777

Cole Chiropractic, cole-zusmer.com
155 Mount Pleasant Rd
West Newton, PA 15089-1839,(724) 872-7255

Cozart Jason, cozartchiro.com
1159 6th St
Waynesburg, PA 15370-1645, (724) 852-4222

Czyzewski Chiropractic Center &
Rehabilitation
200 N Market St
Carmichaels, PA 15320-1226, (724) 966-7277

Dragan Douglas W, www.draganchiro.com
1725 Grand Blvd
Monessen, PA 15062-2240, (724) 684-8810

Health Worx, healthworxcenter.com
1112 Fells Church Rd
Belle Vernon, PA 15012-4713, (724) 379-6160

Holliday Chiropractic Clinic
500 A Manown Professional Bldg
Belle Vernon, PA 15012-1501, (724) 929-8766

Hughes Frank Dr Tri-State Health Care
Associates, www.tristatewebb.com
20 Miller Ln
Waynesburg, PA 15370-8274, (724) 852-2727

Janson Kenneth G
www.drjansonchiropractor.com
3157 Mount Morris Rd Ste 101
Waynesburg, PA 15370-8155, (724) 627-9119

Jefferson Chiropractic
1412 Jefferson Rd
Jefferson, PA 15344-4159, (724) 883-3733

Klanchar Chiropractic Clinic
104a Liberty St
Perryopolis, PA 15473-5392, (724) 736-8353
1745 Rostraver Rd
Belle Vernon, PA 15012-4000, (724) 929-8353
9 Willow Links Dr
Belle Vernon, PA 15012-4334, (724) 872-7328

Mon Valley Chiropractics
www.scirottochiropractic.com
4678 State Route 51 S
Belle Vernon, PA 15012-4305, (724) 823-0076

Pavtis Chiropratic
1035 Broad Ave
Belle Vernon, PA 15012-1777, (724) 929-4250

Pennsylvania Chiropractic & Rehab Center
cozartchiro.com
1159 6th St
Waynesburg, PA 15370-1645, (724) 852-4222

Pettit L Randy
1412 Jefferson Rd
Jefferson, PA 15344-4159, (724) 883-3733

Sedlak Paulette MSDC
4313 State Route 51 N
Belle Vernon, PA 15012-3535, (724) 929-3102

Steel City Family Chiropractic

steelcitychiropractic.com
834 Rostraver Rd
Belle Vernon, PA 15012-1945, (724) 929-7090

Waynesburg Chiropractic Clinic
3157 Mount Morris Rd
Waynesburg, PA 15370-8155, (724) 627-9119

Webb Tri-State Health Care Associates
www.tristatewebb.com
20 Miller Ln
Waynesburg, PA 15370-8274, (724) 852-2727

Wohar John Linda
998 Donner Ave
Monessen, PA 15062-1001, (724) 684-4551

Woods Phillip P
35 N Porter St
Waynesburg, PA 15370-1427, (724) 852-1624

Farquhar Heath E chiropractor
1100 Fayette Ave
Belle Vernon, PA 15012-2304, (724) 929-6077

Simkovich Charles Chiropractor
RR 3
Belle Vernon, PA 15012-1501, (724) 929-5374

Podiatry

Grossman Adam D, www.podiatrist.doctors.at
27 E Maiden St
Washington, PA 15301-4941, (724) 222-5230

Hatfield Cynthia Dr Podiatrist
40 Wilson Ave
Washington, PA 15301-3335, (724) 222-8883

Penn Foot & Ankle Specialists
204 Wellness Way
Washington, PA 15301-9697, (724) 222-5635

Canonsburg Podiatry Associates
canonsburgpodiatry.org
111 S Central Ave
Canonsburg, PA 15317, (724) 338-8573

Family Foot Care, familyfootcare.info
111 S Central Ave
Canonsburg, PA 15317-1551, (724) 746-1870

Gallagher Kevin
www.mlgpodiatry.com
3901 Washington Rd
Mcmurray, PA 15317-2500(map)
(724) 941-4330

Mark H Hofbauer Dpm Facfas
227 Demar Blvd
Canonsburg, PA 15317-2270, (724) 745-6055

Pittsburgh Family Footcare, www.pffcpc.com
2001 Waterdam Plaza Dr Ste 207
Canonsburg, PA 15317-5416, (724) 941-9440

Gateway Foot Ankle
www.gatewayfootandankle.net
17 Arentzen Blvd
Charleroi, PA 15022-1085, (724) 489-1020

Hofbauer Mark H D P M
625 Lincoln Ave
North Charleroi, PA 15022-2451
(724) 483-4880

Kelly Jon A, drjonkelly.com
440 W Main St
Monongahela, PA 15063-2565,(724) 258-2711

Valley Ankle & Foot Center
www.anklefootcentersofpgh.com
614 Park Ave
Monongahela, PA 15063-1814,(724) 258-7555

Advanced Foot & Ankle
1115 Fayette Ave
Belle Vernon, PA 15012-2303, (724) 243-3630

Decarbo William Dr
1150 7th St
Waynesburg, PA 15370-1660, (724) 852-4036

Fayette Podiatry Associates

www.fayettepodiatry.com
631 National Pike E Apt A
Brownsville, PA 15417-9603, (724) 785-8060

Greene Podiatry Associates Inc
246 Elm Dr
Waynesburg, PA 15370-8269, (724) 852-2255

Hofbauer Mark
236 Elm Dr
Waynesburg, PA 15370-8265, (724) 852-4036

Izzo Louis, www.louisizzodpm.com
155 Mount Pleasant Rd
West Newton, PA 15089-1839,(724) 872-6615
Belle Vernon, PA , (724) 929-9400

Opthamology/Optometry

National Eye Care Project
PO Box 429098
San Francisco, CA, 94142
1-800-222-eyes (3937)
Age 65+ w-o access to a DO
Medical eye examinations and treatments

Crossroads Eye Care Associates
www.crossroadseyecare.com
4160 Washington Rd Ste 230
Mc Murray, PA 15317-2533(map)
(724) 941-1466

Caimano, Paul E. D.O.
2107 N Franklin Dr, Ste #1
Washington, PA 15301-5893, (724) 222-3937

Martinelli Eye & Laser Center
www.martinellieyecare.com
303 1st St
Charleroi, PA 15022-1427, (724) 483-3675
Regional Eye Associates, www.readocs.com
226 Elm Dr
Waynesburg, PA 15370-8269, (724) 627-6100

Southwestern Pa Eye & Surgery Center
750 E Beau St
Washington, PA 15301-6661
(800) 336-2020, (724) 228-9488

Washington Eye Center
2107 N Franklin Dr Ste 1
Washington, PA 15301-5868, (724) 222-3937

South Hills Eye Associates
southhillseyeassociates.com
189 E Pike St
Canonsburg, PA 15317-1765, (724) 745-6258

Miller Anna B MD Eye Care Center
www.seewell-lookgood.com
3402 Washington Rd Ste 303
Canonsburg, PA 15317-2964, (724) 941-2309
303 1st St
Charleroi, PA 15022-1427, (724) 483-3675

Eyeworks Optical
www.eyeworksopticalpa.com
47 North Main St Suite B
Washington, PA 15301-4333, (724) 825-4546
136 W Chestnut St
Washington, PA 15301-4423, (724) 225-4448

LensCrafters , lenscrafters.com
1500 West Chestnut Street Ste 638
Washington, PA 15301, (724) 228-5008
Doctors Of Optometry
www.doctorsofoptometry.net
1500 W Chestnut St
Washington, PA 15301-5864, (724) 228-7338

Dr. Richard A. Feldstein
www.feldsteinrichard.com
13 W Chestnut St
Washington, PA 15301, (724) 350-8706

Eyewear Ltd
11 W Chestnut St
Washington, PA 15301-4511, (724) 225-4414
Knorr-Peters Family Eye Care
visionsource-knorrpeterseyecare.com
51 E Wheeling St
Washington, PA 15301-4803, (724) 225-6050

Knox Optical Center
Washington Crown Ce
Washington, PA 15301-1530,(724) 228-1028

Lang Alvin S
182 Oak Hill Dr
Washington, PA 15301-3051, (724) 222-2459

Meyer Malcolm G Optmtrst
333 E Beau St
Washington, PA 15301-3639, (724) 225-5079

Pavlic Lynn OD
150 W Beau St
Washington, PA 15301-4425, (724) 225-4440

Sam's Club, www.samsclub.com
80 Trinity Point Dr
Washington, PA 15301-2974, (724) 229-5399

Scheib Frederick J
212 Wilson Ave
Washington, PA 15301-3339, (724) 223-0700

Sears Optical, www.searsoptical.com
1500 W Chestnut St Ste 700
Washington, PA 15301-5869, (724) 225-4679

Visionworks, www.visionworkseyewear.com
120 Trinity Point Dr
Washington, PA 15301-2916, (724) 222-2164

Walmart, www.walmart.com
30 Trinity Point Dr
Washington, PA 15301-2974, (724) 229-4020

B Doty Vision Care,www.bdotyvisioncare.com
112 Jones Dr
Mc Murray, PA 15317-0930, (724) 941-9420

OneVision Health & Wellness
www.onevisionwellness.com
2867 Washington Rd
Mc Murray, PA 15317-3266, (724) 941-3456

Crossroads Eye Care Associates
www.crossroadseyecare.com
4160 Washington Rd Ste 230
Mc Murray, PA 15317-2533, (724) 941-1466

Deconcilis Eye & Vision Center
950 S Central Ave Ste 1
Canonsburg, PA 15317-1489, (724) 745-2020

Everett & Hurite, www.everett-hurite.com
3001 Waterdam Plaza Dr
Canonsburg, PA 15317-5415, (724) 942-0737

Eye Candy Optical Center
www.southhillsmcmurrayoptical.com
3923 Washington Rd
McMurray, PA 15317, (412) 346-4331

Giant Eagle Optical
4057 Washington Rd
Canonsburg, PA 15317-2520, (724) 941-2620

Knorr-Peters Family Eye Care
4160 Washington Rd Ste 3
Mcmurray, PA 15317-2533, (724) 942-0620

Seraly Loretta G
1253 Mcewen Ave
Canonsburg, PA 15317-1989, (724) 746-5255

South Hills Eye Associates Ltd
southhillseyeassociates.com
189 E Pike St
Canonsburg, PA 15317-1765(map)
(724) 745-6258

Trapanotto Vincent
1000 Waterdam Plaza Dr Ste 220
Mcmurray, PA 15317-5427, (724) 942-8354

Cicchini Lori Ann
544 Center Church Rd
Canonsburg, PA 15317-3535, (724) 942-4581

Miller Anna B MD Eye Care Center
www.seewell-lookgood.com
3402 Washington Rd Ste 303
Canonsburg, PA 15317-2964, (724) 941-2309

Anderson Clayton M optometrist
701 Lincoln Ave
North Charleroi, PA 15022-2422
(724) 483-8055

Community Eyecare Associates
811 W Main St
Monongahela, PA 15063-2815,(724) 258-7695

Dr Kucher & Associates
1304 Main St
Burgettstown, PA 15021-1080,(724) 947-3011

Eye Gallery The
609 E Mcmurray Rd
Canonsburg, PA 15317-3419(map)
(724) 941-3930

Harrison Lonny W optometrist
118 Scarborough Ln
Canonsburg, PA 15317-3148, (724) 941-7683

Martinelli Eye & Laser Center
www.martinellieyecare.com
303 1st St
Charleroi, PA 15022-1427, (724) 483-3675

Mon Valley Vision Center
120 Main St
New Eagle, PA 15067-1151, (724) 258-3773

Pavlic Lynn OD
218 Lincoln Avenue Ext
Charleroi, PA 15022-3080, (724) 483-2777

Sobol Bernard H, www.laurelridgeeye.com
420 Fallowfield Ave
Charleroi, PA 15022-1502, (724) 489-9000

Thomas Penny Lightholder Optometrist
165 Maple Ln
Mcmurray, PA 15317-2683, (724) 941-5513

Today's Cosmetic Surgery & Laser Center
www.todayscosmeticsurgery.com
Monongahela, PA 15063, (724) 489-9688

Toohey George Optometrist
419 Fallowfield Ave
Charleroi, PA 15022-1503(map)
(724) 489-9600

Yonash Dennis P OD
1000 Main St Ste 2
Bentleyville, PA 15314-1176, (724) 239-2010

Alan David P OD
Grandview Hts
Rices Landing, PA 15357-1535,(724) 592-6243

Alan Eye Center
1159 Morris St
Waynesburg, PA 15370-8148, (724) 852-1212

Belle Vision Center, www.amcelcenter.com
710 Tri County Ln
Belle Vernon, PA 15012-1987, (724) 929-2229

Bellissimo Eye Care Assoc
Rostraver Square
Belle Vernon, PA 15012, (724) 929-2481
100 Sara Way
Belle Vernon, PA 15012-1963

Check Eye Group
531 Broad Ave Ste 1
Belle Vernon, PA 15012-1475, (724) 929-7737

Cicchini Lori Od
527 Broad Ave
Belle Vernon, PA 15012-1405, (724) 929-7737

Everett & Hurite Ophthalmic Association
www.everett-hurite.com
816 Finley Rd
Belle Vernon, PA 15012-3817(map)
(724) 929-5512

Ives Eyecare Center
visionsource-iveseyecare.com
145 N Water St
West Newton, PA 15089-1500,(724) 872-5621

Lizza Cathleen A
74 W High St
Waynesburg, PA 15370-1324, (724) 852-2200

Mendicino Michael A OD
800 Plaza Dr Ste 270
Belle Vernon, PA 15012-4020, (724) 823-0201

Regional Eye Associates, www.readocs.com
226 Elm Dr
Waynesburg, PA 15370-8269, (724) 627-6100

Rostraver Eye Care, rostravercentral.com
170 Finley Rd
Belle Vernon, PA 15012-3823, (724) 930-8250

Salvitti E Ronald Ophthalmologist
swpaeyecenter.com
343 E Roy Furman Hwy Ste 103
Waynesburg, PA 15370-8084, (724) 228-9488

Sears Optical, www.searsoptical.com
190 Greene Plz
Waynesburg, PA 15370-8142, (724) 627-8801

Swinker Margaret J Optometrist
111 Thornton Rd
Brownsville, PA 15417-9607, (724) 785-5656

Wal-Mart Optometrist, www.walmart.com
Belle Vernon, PA 15012-1501, (724) 929-2481

Pharmacies

- In Washington, Target, Giant Eagle, Walmart, Sam's club, Rite aid (2), CVS, Walgreens, Medicine shoppe, Curtis pharmacy, 84 pharmacy
- In canonsburg, Jefferys drug store, Riteaid (2), Walgreens, Sollon Pharmacy
- In mcmurray, Giant eagle, CVS, Eckerd, Prescription center plus, Kmart, Betz Pharmacy?
- In Bentleyville , Rite aid, Kuzy's pharmacy, Centimed?
- In Monongahela, Medicine shoppe, Rite aid, Span and Taylor drug store, Dierken's pharmacy, Giant eagle, leader pharmacy
- In Donora, Donora Union Pharmacy, leader pharmacy
- In Charleroi, 10th street pharmacy, rite aid, medved's pharmacy
- In Rices Landing, Giant eagle, dry tavern community pharmacy
- In California, Redstone Pharmacy, Rite aid, leader pharmacy
- In Monessen, Janosik's pharmacy, Union prescription pharmacy, rite aid, monvalley pharmacy
- In belle Vernon, Hometown pharmacy, Rostraver Pharmacy, CVS, rite aid, Standard pharmacy, walmart, giant eagle
- Perry drug store, Perryopolis
- Giant eagle, finelyville
- In Brownsville, Rite aid, Medicine Stop pharmacy
- In eighty-four, Prescription center plus, library pharmacy
- In Carmichaels, Gabler's drug store, Medicine Mine
- In Waynesburg, CVS, Walmart, Giant eagle, McCracken pharmacy, Walgreens, rite aid, health mart pharmacy
- In Burgettstown, rite aid, famcare pharmacy
- In Mcdonald, Giant eagle, McDonald Pharmacy
- Curtis pharmacy, Claysville
- Rite aid, west newton

Prescription Assistance:

- Cornerstone care
- PACE/PACE NET 1-800-225-7223

Assets pertaining to multiple needs:

Community assets have also been catalogued by need area. Because assets may cross over need areas, they will only be listed once and then referenced under the other need area(s) they affect. The health factor needs that affect multiple health outcome needs will be discussed together here rather than under each of the health outcomes they affect to reduce repetitiveness. These include: obesity, consuming 5 fruits and vegetables per day, meeting physical activity recommendations; binge and heavy drinking; tobacco use; access to healthy foods; and access to fast foods. Both locally based assets and internet based assets are listed.

Obesity, consuming 5 fruits and vegetables per day, meeting physical activity assets

Internet:

- *The Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, produced by the National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. Topics addressed in the *Clinical Guidelines* include the health risks associated with overweight and obesity, as well as the assessment, treatment, and management of overweight and obese patients.
  http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/index.htm
- *http://hp2010.nhlbihin.net/healthyeating/Default.aspx?AspxAutoDetectCookieSupport=1*
- *http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/hnp_resg.htm*
- *http://www.foodinsight.org/*

Private recreation:

- Southpointe ice-o-plex

Health clubs:

- In Canonsburg/McMurray (Alexander's Club; Anytime fitness, Body Tech at Southpointe, The bodytorium, Cannon Fitness, Center for Wellness at McMurray, Curves (2 sites), Health Club at Southpointe, Enhanced Fitness, Strive Fit Family Fitness, Angela's, Yoga Ba-De' Fitness Studio, Fine Lines, Pilates Body, Empire School of Cheer Dance, Roux Strength Training), studiofit
- In Washington (Gym Dandys, 30 and out for women, Curves, Pride Cheer Gym Tn, Veltri Fitness, Elmhurst swim club, Bradley Physical Therapy, Washington total fitness)
- Aries Athletic club, Ellsworth (Bentleyville area)
- Curves, Burgettstown,
- 84 Fitness, Eighty four
- Body Systems Fitness Inc , mc Donald, PA 15057
- Sri Yantra Yoga, LLC Houston, PA 15342
- In Belle Vernon (Chon's Karate, 160 Finley Rd, Belle Vernon, PA 15012 (724) 929-3822; Curves, 950 Rostraver Rd, Belle Vernon, PA 15012 (800) 615-7352; Falcon Gymnastics 226 Nazareth Dr Belle Vernon, PA (724) 684-6260; Center For Fitness & Health 800 Plaza Dr, Ste 100 Belle Vernon, PA (724) 379-5100 (724) 379-6396 (fax); Curves 158 Tri County Ln, Ste 5 Belle Vernon, PA (724) 930-6006; Mon Valley Fitness Center 107 Pennsylvania St Belle Vernon, PA (724) 483-2438)
- Naomi Athletic Club, RR 1, Fayette City, PA 15438 (724) 326-4190
- Rices Landing Athletic Club, SYDNEY Ave, Rices Landing, PA 15357 (724) 592-5700

- Bee Fit Again, 184 1st St, Clarksville, PA 15322 (724) 377-2029
- BG Gymnastics, Monessen
- Curves, 106 Collinsburg Rd, West Newton, PA 15089 (800) 615-7352
- CrossFit Invigorate, 2510 Washington Road Suite G, Canonsburg, PA 15317 (412) 522-4809
- In Monongahela, (Phi Pilates, 440 W Main St, Monongahela, PA 15063 (724) 258-2022; Mon Valley Ymca 101 Taylor Run Rd Monongahela, PA (724) 483-8077)
- MON Valley DEK Hockey 1 Chamber Plz Charleroi, PA (724) 483-1224
- Spin On Fitness Studio 1731 Gill Hall Rd Finleyville, PA (412) 651-1270

Community centers:

- The rock student center, canonsburg
- Neuman Center, Washington
- Brownson House and The Vernon C. Neal Sportsplex
- LeMoyne Multi-Cultural center
- Cecil Township Community center
- Lone Pine Community center
- Peters Township Community center
- WWJD center, Waynesburg
- Monessen Civic center
- MidWay Community center
- Mt. Pleasant community center.
- Lone pine social hall,
- Washington County Community youth center, canonsburg
- Venetia community center
- Finleyville community center
- Fayette county community center

Parks:

- In Finleyville : Mingo Creek County, Union Twp Park, Union Twp recreational park
- In new eagle: New Eagle BF, Tubby Hall Riverfront Park
- In Washington: Washington Park, South Strabane township community park, South Franklin township community park, Allison park, Billy Bell Park, South Strabane, bull thistle (W&J), Driscoll park, Lakeview park, Streator Park, Brooks softball fields, North Franklin Township park, South Franklin Township park
- In Waynesburg: Washington Township, Rinehart Park, Emerald Ball Field, Manufacturers Field, Center Township park, Meadowlark park, lion's park, Greene county fairgrounds, Crawford Field, College Field (2), Sunrise park, sunset park, Waynesburg park
- In Carmichaels: Cumberland Township park, Wana B park
- Pumpkin Run Park, Rices Landing
- In Jefferson: Mather Park, Center Township park
- In Burgettstown: Paris Ballfield, Langloth Ball Field, Burgettstown Community Park, Hanover Township Park, Smith Ball Field, Hillman State Park, Panhandle trail
- In Canonsburg/McMurray: Peterswood Park, Peters Lake Park, North Strabane Township park, Borland Ball Field, Canonsburg Township Pool and Park, Canonsburg playground, Canonsburg Town Park, Arrowhead trail, Rees Park
- In Hickory: Mt. Pleasant Township park, Viking ball fields

- In Cecil: Southview ball field, Washington County fair grounds, Holy Rosary Park, Cecil Township Ball fields, Hendersonville Park, Montour trail
- In Houston: Arnold Park, Houston Ball Fields
- In Bentleyville: Borough of Cokeburg park, radio park, ellsworth community park, Bentleyville-Richardson ball fields
- In California: David Szalay Community park, Rotary Park, California Borough Park
- In eighty-four: 84 youth park, 84 lumber company park, Nottingham township park
- In Claysville: Buffalo township swimming pool and ball fields, Taylorstown Park, Sunset beach park and picnic, McGuffy Community Park, West Alexander Park
- In McDonald: Midway Borough park, Sturgeon Park, Heritage Park, East End Park
- In coal center: Elco BF, Stockdale BF, Allenport Park, Newell BF, Dunlevy Recreation Center
- In Monessen: Monessen City, 6th street 9th street, Columbus, Shawnee park
- In Perryopolis: Rowes Run BF, Jefferson Township BF, Star Junction BF, Perryopolis BF, AF, Park; Harry Sampey Park
- Court Street Park, West Newton
- In Belle Vernon: Cedar Creek, John DiVirgillio Sports Complex, Fairhope Ball Field and Athletic Field, Belle Vernon Athletic Field, North Belle Vernon Recreational Park (Graham street park), North Belle Vernon Athletic Field, Naomi Ball Field and Athletic field,
- In Brownsville: Vestaburg BF, Hiller BF, West Belle Vernon BF, Arnold BF, Allison Heights BF, Roadman Park
- In Donora: Palmer park, Annex field, Donner Veteran Memorial Park, Donner Park, Ken Griffey F, Donora war memorial park, cascade park
- In Charleroi : Charleroi Community Park, North Charleroi Recreation Park, Woodland Ave Park, Crest Ave Playground and Park, Fallowfield Twp Municipal park, Speers Community park
- In Monongahela: Mounds park, Chess park, Aquatorium, Diane Drive Recreational Park, Riverview park, Hill crest park, valley Ave Recreational park, Victory Hill RP, Carroll Twp Little league fields, Gallatin park
- In Clarksville: Ten Mile Creek County, Burson Park

Internet:

- www.washingtonwalking.org
- walkworks
- Pennsylvania Hike for Health: www.dcnr.state.pa.us/info/hikeforhealth/index.htm
- National Center on Physical Activity and Disability http://www.ncpad.org/exercise/
- Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition and http://www.cdc.gov/nccdphp/dnpa
- Weight Control Information Network http://win.niddk.nih.gov/
- American Heart Association
- **http://www.cdc.gov/physicalactivity/strategies/community.html**

Tobacco cessation assets (smokeless and pregnant)

Local:

- Tobacco Free Washington program: (Get Free (financial aid for tobacco quit products), at Wilfred R. Cameron Wellness Center, worksite cessation programs, at Monongahela Valley Hospital)

Phone/Internet:

- 1-800-QUIT NOW—Pennsylvanians 14 years of age and or older who smoke or use chewing tobacco can call to receive free telephone counseling and 8 weeks of free nicotine patch, 24 hours a day, 7 days a week.
- DeterminedToQuit.com—is an online community that gives smokers tools to update and monitor their quit attempts; schedule messages to be delivered automatically to their cell phones to fend off potential lapses; and receive messages of encouragement from loved ones.
- American Lung Association—www.lungusa.org
- www.chewfree.com
- MyLastDip Web Program—www.MyLastDip.com presents information about the risks of smokeless tobacco use, provides research-proven, practical methods for quitting, and allows participants to set their own pace.
- QuitNet—www.quitnet.com
- www.smokefree.gov
- UPMC HealthyLifestyles—www.upmc.com Click on Health A-Z, then Patient Information Materials, then Smoking.

Binge and heavy drinking assets

Local:
Washington County Drug and Alcohol Commission
Washington&Jefferson's school health center
California University of Pennsylvania's school health center
Waynesburg University's school health center

Local treatment facilities:

ABSTINENT LIVING AT THE TURNING POINT AT WASHINGTON
14 WEST WALNUT STREET
WASHINGTON PA 15301, (724)228-2203
199 NORTH MAIN STREET
WASHINGTON PA 15301, (724)228-2203

GATEWAY SOUTH
375 VALLEYBROOK ROAD
MCMURRAY PA 15317, (724)941-4126

GREENBRIAR TREATMENT CENTER
1840 WASHINGTON ROAD
WASHINGTON PA 15301, (724)225-9700

GREENBRIAR TREATMENT CENTER
800 MANOR DRIVE
WASHINGTON PA 15301, (724)225-9700

THE CARE CENTER
75 EAST MAIDEN STREET, SUITE 100
WASHINGTON PA 15301, (724)228-2200

THE LIGHTHOUSE FOR MEN
1820 WASHINGTON ROAD
WASHINGTON PA 15301, (724)743-5747

THE LIGHTHOUSE FOR WOMEN OF GREENBRIAR TREATMENT CENTER
1633 WEIRICH AVENUE
WASHINGTON PA 15301, (724)222-4753

TURNING POINT II
MILLCRAFT CTR, STE 900
90 West Chestnut Street
WASHINGTON PA 15301, (724)222-0112

WESLEY SPECTRUM SERVICES
26 SOUTH MAIN STREET
WASHINGTON PA 15301, (724)222-7500

THE CARE CENTER DBA SPHS CARE CENTER
100 WEST SOUTH STREET
CARMICHAELS PA 15320, (724)228-2200

THE CARE CENTER DBA SPHS CARE CENTER
35 SOUTH WEST STREET
WAYNESBURG PA 15370, (724)627-6108

SPHS BEHAVIORAL HEALTH
301 EAST DONNER AVENUE, SUITE 102
MONESSEN PA 15062, (724)684-6489

POLARIS RENEWAL SERVICES, INC
3591 PITTSBURGH ROAD
PERRYOPOLIS PA 15473, (724)736-8390

Local AA groups:

Dunlevy UM Church, 1 Church St, Dunlevy, PA, No Smoking, Map This Location

- Monday OD…….8:30 PM…….X DUNLEVY SECOND CHANCE

St. Paul's Lutheran Church, 1317 Grand Blvd-Fellowship Hall, Monessen, PA, No Smoking, Map This Location

- MONESSEN TUESDAY NIGHT Daily Reflections Discussion Last Tues Speaker 0D/S…….8:00 PM…….X*

St. Paul's Episcopal Church, 130 W. Main Street, Monongahela, PA, No Smoking, Accessible, Map This Location

- Sunday MONONGAHELA HOW II Last Sun Speaker OD/S…….1:00 PM…….X
- FRIDAY NIGHT REFLECTIONS Open Discussion Daily Reflections 8pm

1st Presbyterian Church, 6th & Chess Streets, Monongahela, PA, No Smoking, Accessible , Map This Location

- MONONGAHELA SOBER ON SATURDAY CD…….10:00 AM…….X*
- 12 & 12

True Vine Anglican Church, 700 E Main St, MONONGAHELA, PA, No Smoking, Map This Location

- MONONGAHELA HOW II, Open Discussion 1:00 PM Sunday

Steps Inside Club, 1790 Morris Street, Waynesburg, PA, **Map This Location No Smoking**

- sun12:00 Noon - (CD) God As We/I Understand Him
- mon12:00 Noon (OD) Serenity AfterNoon Discussion Group
- wed8:00 PM - (CD) How We Feel Today Group
- wed12:00 Noon - (OD) Serenity As Bill Sees It Group
- 12:00 Noon - (CD) Thursday Grapevine Group
- Thursday at 12 (CD) Serenity AfterNoon Discussion Group
- fri8:00 PM - (CD) How We Feel Today Group
- sat12:00 (OD) Serenity AfterNoon Discussion Group

St. Anne's Catholic Church, 232 E. High Streets, Waynesburg, PA

- sat8:30 PM - (OS) Waynesburg Saturday Night

First Methodist. Church, Richhill & Franklin St. **112 N Richhill St, No Smoking, Accessible, Map This Location**

- **TUESDAY** 12:00 Noon Waynesburg (OD) Made It Til Noon Group
- fri12:00 Noon (OD) Made It Til Noon Group

St. George's Episcopal Church, 100 Bonar Ave., Waynesburg, PA

- Thurs 7:30 PM - (OD) 12 & 12 Group

Brownsville UM Ch, 412 2nd St, BROWNSVILLE, PA, no Smoking, Map This Location

- 5:00 PM Sunday Closed Chair's Choice

Gladden UP Church, 747 Miller Run Rd., Cecil, PA, Map This Location

- In The Heat of Recovery sun7:00 PM - Cecil (OD)

Upper Ten Mile UP Church, 14 Church Ln, Prosperity , PA, Map This Location

- sun8:00 PM - (OD) Prosperity Sunday Night Group

First Methodist Fellowship Hall, 101 West South Street, ? 104 W South St, Carmichaels , PA, Map This Location

- TUESDAY 7:30 PM - (OD) Carmichaels Big Book Study Group

Christian Center Church, Off RT 51 N, Past Get-go, 130 Charity Lane, Belle Vernon, PA, Map This Location, No Smoking, Accessible

- Tuesday BELLE VERNON WOMENS AA CONNECTION OD…….7:30 pm…….X

1st Methodist Church, State & Market Streets, Belle Vernon, PA, Map This Location
- Thursday BELLE VERNON NEWCOMERS BGBK Open Big Book Discussion 0D…….8:00 PM…….X*
- Wednesday BELLE VERNON NOONERS OD…….12:00 PM…….X*

300 Chamber Plaza, Old Montgomery Ward Bldg., CHARLEROI, PA, **Map This Location**
- OS…….8:00 PM…….X*

St. David's Episcopal Church, 945 E. McMurray Rd., McMurray, PA, Map This Location, No Smoking, Accessible
- SATURDAY 9:00 AM - (CD) The First 164 (Big Book) Group
- Thurs 8:30 PM - (CD& CB) Peter's Township 12 & 12 Group

Center Presbyterian Church, 255 Center Church Road, McMurray, PA, Map This Location, No Smoking
- FRIDAY 10:00 AM - (CD) Crossroads Group
- 6:30 PM - Tuesday night Big Book Meeting (OD)
- Thurs7:00 PM - (CD) McMurray Women's As Bill Sees It Group

St Benedict the Abbot Catholic Church, 120 Abington Dr at Friar Ln, McMurray, PA, No Smoking, Accessible
- wed12:00 Noon - (CD) McMurray Big Book Study Group

Star Junction Meth Ch, 108 Church St, **Map This Location,** Accessible
- 7:00 PM Friday PERRYOPOLIS FRIDAY NITERS Open Discussion

St. Thomas Episcopal Church, 139 North Jefferson Street, Canonsburg, PA, **No Smoking, Map This Location**
- Canonsburg Big Book Study Group wed7:30 PM - (CD) Canonsburg 12 step Open Discussion Group
- Thurs7:30 PM - (OBD) **H.O.W. GROUP** Thursday 12 & 12

First Baptist Church. 215 N. Central Ave., Canonsburg, PA, **Map This Location No Smoking**
- Fri 7:30 PM - As Bill Sees It Group (CD)

United Presbyterian Church, 112 West Pike St.**, Community Hall,** Canonsburg, PA,**Map This Location No Smoking**
- sat8:30 PM - (OS) Canonsburg Group

Chartiers Hill UP Church,Route 19 & Route 519, **2230 Washington Rd,** Canonsburg, PA, **Map This Location**, **No Smoking**
- mon8:30 PM (CD) Hill 12 & 12 Group

Fellowship Hall at Trinity Center, 119 Station St at Grant St, MCDONALD , PA, Map This Location No Smoking, Accessible
- 9:00 PM Friday Open Speaker

Jefferson Memorial Ave. Methodist Church, 160 Jefferson Ave, **Map This Location No Smoking**

- sun7:00 PM - Washington (CD) Washington Discussion Group

Sunlight Club, 234 E. Maiden Street, Washington, PA, **Map This Location, No Smoking, Accessible**

- 9:00 AM - (OD) Sunday Morning Early Bird Discussion
- 8:00 PM - (OD) Sunday Night With Bill W. Group
- mon12:00 Noon - (OD) Thank God I'm Sober Group
- mon7:00 PM (OD) Monday Beginner's Living Sober Group
- tues12:00 Noon - (OD)Thank God I'm Sober Group
- tues7:00 PM - (OD) Beginner's Big Book Study Group
- wed12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Wednesday Night Daily Reflections Group
- **thurs**12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Thursday Night 12 & 12 Group
- fri12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Friday Night Discussion
- sat12:00 Noon - (OD) Thank God I'm Sober Group

Church of the Covenant, 267 East Beau Street**3rd floor,** Washington, PA, **Map This Location Accessible**

- sat10:30 AM - (OD) Washington Renewal Group

Faith Presbyterian Church, 900 E. Beau St., Washington, PA, **Map This Location No Smoking**

- wed8:30 PM - (OS) Washington Group

Citizen's Library, 55 S. College Street, **Map This Location No Smoking**

- 7:00 PM Washington (C) Monday Night Beginner's Workshop

United Pres Ch, N 3rd St & E Main St, Social Hall, WEST NEWTON, PA Map This Location, No Smoking

- 8:00 PM WEST NEWTON FRIDAYS Open Discussion

Old True Value Store, 200 Atomic Avenue, WEST NEWTON, PA

- WEST NEWTON FRIDAYS,OD……8:00 PM…….X*

St. John's Episcopal Church, 10th & Thompson, DONORA, PA

- DONORA SATURDAY NIGHT SPECIAL Last Sat Speaker OD/S…….8:00 PM…….X

Internet:

- http://www.higheredcenter.org/environmental-management/intervention/early/research
- http://www.higheredcenter.org/services/training
- http://www.collegedrinkingprevention.gov/
- https://www.stopalcoholabuse.gov/communityfaithbased.aspx
- http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=binge drinking
- http://www.alcoholismresources.com/resources.html
- http://www.aa.org/pdf/products/p-49_BridgingTheGap.pdf
- http://www.wpaarea60.org/
- http://www.wpaarea60.org/district_45.html Mid-Mon Valley, Dunlevy, Bentleyville, Monessen, Monongehela, Charleroi, Fayette City, Donora, West Newton, Belle Vernon
- http://www.wpaarea60.org/Meeting_Lists/district_45.pdf
- http://www.wpaarea60.org/district_29.html Westmoreland/Fayette Counties, Lower Mon Valley: Uniontown, Connellsville, Brownsville, Hopwood, Masontown

- http://www.wpaarea60.org/Meeting_Lists/district_29.pdf
- http://www.wpaarea60.org/district_14.html Washington/Green Counties - Washington, Waynesburg, Canonsburg, Peter's Township, Carmichaels, McMurray, Venetia
- http://www.wpaarea60.org/Meeting_Lists/district_14.pdf
- http://www.wpaarea60.org/district_71.html Pittsburgh: South Hills, Bethel Park, South Park, Upper St. Clair
- http://www.pghaa.org/meetings.htm

Access to healthy food/fast food assets

Local:

- Local food banks
- Angel Food Ministries
- Washington City Mission

Highland ridge Neighborhood garden. For additional information please contact Rob Phillips at 724-228-6875 or rob.phillips@racw.net

Monessen Community Garden
1614 Summit Ave., Monessen, PA 15062
Est.: 2011
Community/Individual growing: Community/Youth Program
Contact Person: Tami Ozegovich
Contact Details: tozegovich@privateindustrycouncil.com

Farmers markets:

Avella Farmers Market
Route 50 at the Fire Hall Parking Lot
Avella, PA 15312
Contact: Marcy Tudor
Phone: (724) 587-3763
Website: http://www.farmfreshavella.com
June – October; Sunday, 10:00 a.m. - 1:00 p.m

Monongahela Farmers Market
142 West Main Street
724-258-5905
Chess Park - Main Street
Monongahela, PA 15063
Contact: Claudia Williams - Monongahela FM Committee
Phone: (724) 258-7199
E-Mail: chris@victorenestea.com
Website:
http://www.cityofmonongahela.com
June – September; Friday, 3:00 p.m. - 6:00 p.m

Main Street Farmers Market
139 S. Main at Wheeling
Washington, PA 15301
Contact: Chris Gardner
Phone: (724) 222-6094
Main Street Farmers Market, Inc.
400 Cove Road, Washington PA 15301
412-392-2069
email
412-296-0518
Thursdays, 3:30 - 6:30pm; May - October

Washington Farmers Market
Washington Crown Center Mall(Franklin Mall)
Washington, PA
Contact: Bush Farmers
Phone: (724) 663-7344
July - October
Monday, Wednesday, & Friday,
5:30 p.m. - dark

Jefferson ave alpine bowling lanes
fridays

Waynesburg Farmers Market
90 W. High St.
Waynesburg, PA 15370
Waynesburg Prosperous & Beautiful
P.O. Box 246
Waynesburg, PA 15370
724-627-7818
Contact: Barbara Wise
E-Mail: bwise@rjlg.com
American Legion parking lot on East Greene Street in Waynesburg, Pennsylvania
May - October
Wednesday, 10:00 a.m. - 2:00 p.m;
Wednedays, 2 - 5pm

Fencerow Farmers Market
1604 East High Street in Waynesburg,

Pennsylvania
724-833-5979
Thursday - Fridays, 1 - 7:30pm
Saturdays, 9am - 3pm
year-round

GREENSBORO FARMERS' FAIR AND MARKET
Darlene Urban Garrett
Elm Street Manager, Greensboro Borough
Marianne Hunnell
405 Front Street
P.O. Box 371
Greensboro, PA. 15338
724-943-3612 Office, 724-358-2004 FAX

May to October, The market will run on every Saturday from 9:00 AM until 1:00 PM.
The market can be found at the Greensboro Gazebo.

Charleroi Farmers Market, Market house
423 McKean Avenue
Charleroi, PA 15022, (724) 483-3070
Email: teamcharleroi at mvrchamber dot org
1 Chamber Plaza
Charleroi, PA 15022
Contact: Chamber of Commerce
Phone: (724) 483-3507
Website: www.charleroipa.org
August – October, Thursday, 5 p.m. -9 p.m

Grocery Stores:

- Shop 'n Save 125 W Beau St, Washington, PA 15301 » Map (724) 223-5493
- American Foods 1 Humbert Ln, Washington, PA 15301 » Map (724) 223-0820
- Foodland 840 Jefferson Ave, Washington, PA 15301 » Map (724) 222-0924
- Save-A-Lot NORTHGATE Plaza (460 Washington Rd), Washington, PA 15301 (724) 222-0763
- Town & Country Market-1969 Jefferson Ave, Washington, PA 15301 (724) 222-6050
- Interstate Foodland Inc RR 40, Washington, PA 15301 » Map (724) 228-7228
- Aldi 18 Trinity Point Dr, Washington, PA 15301 » Map (630) 879-8100
- Henderson Avenue Foodland 575 Henderson Ave, Washington, PA 15301 (724) 222-3760
- K B Fast Foods 402 Meadowlands Blvd, Washington, PA 15301 » Map (724) 745-6270
- Lone Pine Market 618 Lone Pine Rd, Washington, PA 15301 » Map (724) 267-3810
- Gabby Heights Meats-Groceries 1495 Park Ave, Washington, PA 15301 (724) 222-6760
- Giant Eagle 104 E Wylie Ave, Washington, PA 15301 » Map (724) 228-8401
- Giant Eagle 331 Washington Rd, Washington, PA 15301 » Map (724) 228-2865
- Spring House 1531 Route 136, Washington, PA 15301 » Map (724) 228-3339
- Shop 'n Save 2100 Washington Rd, Canonsburg, PA 15317 » Map (412) 276-5130
- Shop 'n Save 617 W Pike St # 1, Canonsburg, PA 15317 » Map (724) 745-2900
- Canon Food Locker 407 S Central Ave, Canonsburg, PA 15317 » Map (724) 745-7760
- Morgan's Food Inc 290 W College St, Canonsburg, PA 15317 » Map (724) 514-7782
- Morgans Foods 109 Cavasina Dr, Canonsburg, PA 15317 » Map (724) 745-1863
- Merante Brothers Market 604 W McMurray Rd, Canonsburg, PA 15317 (724) 743-5900
- Minteer's Market 211 Main St, Claysville, PA 15323 » Map (724) 663-5374
- Kehn's Korner Market 21 Main St, Hickory, PA 15340 » Map (724) 356-2517
- Price chopper Serving the Washington Area. (800) 666-7667
- The Amish Storehouse 5 State Route 2044, Bentleyville, PA 15314 » Map (724) 239-3002
- Rotellini's Market 506 5th St, Mc Donald, PA 15057 » Map (724) 947-9506
- IGA 1412 Main St, Burgettstown, PA 15021 » Map (724) 947-2723
- Vallina's Market 506 5th St, Langeloth, PA 15054 » Map (724) 947-9506
- Shop 'n Save 5001 Library Rd, Bethel Park, PA 15102 » Map (412) 831-7177
- Gabby Food Mart 2440 W Pike St, Houston, PA 15342 » Map (724) 745-0717
- P D S 12 84 Dr, Eighty Four, PA 15330 » Map (724) 222-7914

- Schwan's Sales Enterprises State Route 136, Eighty Four, PA 15330 » Map (724) 225-8881
- Shearers Foods Inc-Canonsburg 42 Swihart Rd, Canonsburg, PA 15317 » Map (724) 746-1162
- Giant Eagle 4007 Washington Rd, Canonsburg, PA 15317 » Map (724) 941-7220
- Mc Murray Dairy Bar 601 E McMurray Rd, Canonsburg, PA 15317 » Map (724) 941-8250
- In-N-Out Grocery Store 3369 Millers Run Rd, Cecil, PA 15321 » Map (724) 873-4622
- Giant Eagle 155 Wilson Rd, Bentleyville, PA 15314 » Map (724) 239-2300
- Trax Farms 528 Trax Rd, Finleyville, PA 15332 » Map (412) 835-3246
- Giant Eagle 3701 State Route 88, Finleyville, PA 15332 » Map (724) 348-6229
- Giant Eagle 200 Station St, Mc Donald, PA 15057 » Map (724) 926-2201
- Kauffman Family Market Place 1718 Smith Twp St Rd, Burgettstown, PA 15021 (724) 947-9682
- Cox Market 711 Route 481, Monongahela, PA 15063 » Map (724) 258-4900
- IGA 711 Route 481, Monongahela, PA 15063 » Map (724) 258-3322
- Giant Eagle 1300 Country Club Rd, Monongahela, PA 15063 » Map (724) 258-5011
- Charleroi Foodland 119 McKean Ave, Charleroi, PA 15022 » Map (724) 483-9500
- Stillitano's Italian Food 615 McKean Ave, Charleroi, PA 15022 » Map (724) 483-7006
- Save-A-Lot 110 McKean Ave, Charleroi, PA 15022 » Map (724) 489-9303
- Foodland 701 Donner Ave, Monessen, PA 15062 » Map (724) 684-6460
- D and S Market 379 Gallitin Rd, Belle Vernon, PA 15012 » Map (724) 379-6098
- Duritza's Market 735 Henry St, Belle Vernon, PA 15012 » Map (724) 929-6050
- Shop 'n Save 4627 State Route 51 N Ste 600, Belle Vernon, PA 15012 » Map (724) 379-9000
- Washington Shop & Save 735 Henry St, Belle Vernon, PA 15012 » Map (724) 929-4516
- Shop 'n Save 600 Willowbrook Plz, Belle Vernon, PA 15012 » Map (724) 379-9000
- Ricker's Market 244 Gilliespie Hollow Rd, Fayette City, PA 15438 » Map (724) 326-8330
- Hackney's Market 901 Old National Pike, Brownsville, PA 15417 » Map (724) 632-6868
- Save-A-Lot Rte 51, Perryopolis, PA 15473 » Map (724) 736-8333
- Save-A-Lot 3454 Pittsburgh Rd, Perryopolis, PA 15473 » Map (724) 736-8333
- Country Fresh Market 909 Old National Pike, Brownsville, PA 15417 » Map (724) 632-3200
- Blue Marsh Market 118 3rd St, Brownsville, PA 15417 » Map (610) 488-5470
- Bfs Foods RR 2, Waynesburg, PA 15370 » Map (724) 852-2130
- Belko Foods 206 W High St, Waynesburg, PA 15370 » Map (724) 627-6174
- Save-A-Lot 3161 Mount Morris Rd, Waynesburg, PA 15370 » Map (724) 627-7018
- Bfs Foods #42 1550 E High St, Waynesburg, PA 15370 » Map (724) 627-7085
- Bfs Foods #41 270 E Roy Furman Hwy, Waynesburg, PA 15370 » Map (724) 852-2130
- Seventy Seven Market 1004 Jefferson Rd, Waynesburg, PA 15370 » Map (724) 883-3678
- Bfs Foods #44 1796 Jefferson Rd, Jefferson, PA 15344 » Map (724) 883-2930
- Dayton Market RR 1, Clarksville, PA 15322 » Map (717) 647-2155
- Gabby's 560 Route 88, Carmichaels, PA 15320 » Map (724) 377-1635
- Hill Top Grocery 675 Nemacolin Rd, Carmichaels, PA 15320 » Map (724) 966-7248
- Luntskys Market and More 601 Low Hill Rd, Brownsville, PA 15417 » Map (724) 938-1307
- Jefferson Market GREEN St & Mulberry Aly, Jefferson, PA 15344 (724) 883-2154
- Giant Eagle 999 N Eighty Eight Rd, Rices Landing, PA 15357 » Map (724) 592-6057
- Walmart Supercenter 405 Murtha Dr, Waynesburg, PA 15370 » Map (724) 627-3496
- Walmart Supercenter 700 Broad Ave, Belle Vernon, PA 15012 » Map (724) 929-2481
- Walmart Supercenter 30 Trinity Point Dr, Washington, PA 15301 » Map (724) 229-4020
- Walmart Supercenter INTERSTATE 70 & Route 201, Belle Vernon, PA 15012 (724) 929-2437

- Walmart Supercenter 100 SARA WAY ROSTRAVER SQ , Belle Vernon, PA 15012 (724) 929-2438

Internet:
http://www.buylocalpa.org/southwest
http://www.care2.com/farmersmarket/search/state/PA

General chronic diseases (cancer, diabetes, etc.) assets

- http://patienteducation.stanford.edu/ (living a healthy life series) https://www.bullpub.com/catalog/living-a-healthy-life-with-chronic-conditions-canadian-edition-3rd-edition
- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) http://www2.niddk.nih.gov/HealthEducation/HealthNutrit
- American Cancer Society www.cancer.org
- http://www.gildasclubwesternpa.org/calendar.asp

The Wellness Community (TWC)
TWC is an international non-profit organization dedicated to providing support, education and hope for all people affected by cancer – at no cost.
Phone: 888-793-WELL (9355)
Web site: www.thewellnesscommunity.org

CancerCare
22nd Floor
275 Seventh Avenue
New York, NY 10001
212-712-8400 (Administrative)
1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)
info@cancercare.org
CancerCare provides free professional support for anyone affected by cancer. CancerCare programs include counseling and support groups, cancer education workshops, information on financial assistance, and practical help. Counseling is provided by oncology social workers and is available over the phone and face-to-face (available at offices in New York City, Long Island, New Jersey, and Connecticut). Support groups are offered online, via telephone, and in face-to-face groups. CancerCare also provides free publications, some in Spanish. Limited grants are available to eligible families for cancer-related costs like transportation and childcare. A section of the CancerCare Web site is available in Spanish.

Cancer Hope Network
Cancer Hope Network is a not-for-profit organization that provides free and confidential one-on-one support to cancer patients and their families. They provide that support by matching cancer patients and/or family members with trained volunteers who have undergone and recovered from a similar cancer experience. Through this matching process, they strive to provide support and hope, to help patients and family members look beyond the diagnosis, cope with treatment, and start living life to its fullest once again.
Phone: 877-HOPENET (467-3638)
Web site: www.cancerhopenetwork.org

Assets for breast cancer deaths and late stage breast cancer assets

Other needs identified that directly breast cancer deaths, mammograms and late stage breast cancer include: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

Y-ME National Breast Cancer Organization, Inc
Y–ME serves women with breast cancer and their families through their national hotline (available 24 hours a day), open-door groups, early detection workshops, and support programs.
Phone: 800-221-2141 (English); 800-986-9505 (Spanish)
Web site: www.y-me.org

PA Breast Cancer Coalition
The PA Breast Cancer Coalition represents, supports and serves breast cancer survivors and their families in Pennsylvania through educational programming, legislative advocacy and unique outreach initiatives. The PBCC is a statewide non-profit organization that creates the hope of a brighter tomorrow by providing action and information to women with breast cancer today.
Phone: 800-377-8828
Web site: www.pabreastcancer.org

Healthy Woman Program
This program provides free breast and cervical cancer screening and diagnostic services, including mammograms, clinical breast exams, pelvic exams, and Pap tests to qualifying women. To qualify you must be under age 64, have limited or no insurance, and have low to moderate income.
Phone: 800-215-7494
http://www.breastcancer.org/community/

AVONCares Program (http://www.cancercare.org)
212-712-4673 (Administrative) (Responds to calls in English and Spanish)
1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)
CancerCare, in partnership with the Avon Foundation, operates the AVONCares Program for Medically Underserved Women. This program provides financial assistance to low-income, under- and uninsured, underserved women throughout the country who need supportive services (transportation, childcare, or home care) related to the treatment of breast and gynecological cancers (cervical, endometrial, ovarian, uterine, vaginal, vulvar). To apply for funds from the AVONCares Program, download an application form online or contact CancerCare to receive the application.

FORCE: Facing Our Risk of Cancer Empowered (http://www.facingourrisk.org)
PMB #373
16057 Tampa Palms Boulevard, West
Tampa, FL 33647
1-866-288-7475 (1-866-288-RISK) (Responds to calls in English only)
info@facingourrisk.org
FORCE: Facing our Risk of Cancer Empowered is a national nonprofit organization dedicated to improving the lives of individuals and families affected by hereditary breast and ovarian cancer. FORCE offers a toll-free, peer-support helpline staffed by volunteers who can discuss issues with callers, offer referrals to resources, or match callers with another peer counselor with similar

experiences. FORCE also provides access to board-certified genetic counselors to answer general questions about genetics. Publications such as newsletters, brochures, and other print materials are available on the Web site.

Linking A.R.M.S. Program (http://www.cancercare.org)
212-712-4673 (Administrative) (Responds to calls in English and Spanish)
1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)
info@cancercare.org
CancerCare has partnered with Susan G. Komen for the Cure to create the Linking A.R.M.S. program. The program provides limited financial assistance for hormonal and oral chemotherapy, pain and antinausea medication, lymphedema supplies, and prostheses for women with breast cancer. A reimbursement grant is available and the amount of the grant is subject to availability. To apply for a reimbursement grant, download an application form online or contact CancerCare to receive the application.

Living Beyond Breast Cancer (http://www.lbbc.org)
Suite 224
354 West Lancaster Avenue
Haverford, PA 19041
484-708-1550 (Responds to calls in English only); 610-645-4567 (Responds to calls in English only)
1-888-753-5222 (1-888-753-LBBC) (Survivors' Helpline) (Responds to calls in English and Spanish)
mail@lbbc.org
Living Beyond Breast Cancer (LBBC) aims to empower all women affected by breast cancer to live as long as possible with the best quality of life. LBBC provides specialized programs and services for the newly diagnosed, young women, women with advanced breast cancer, women at high risk for developing the disease, and African American and Latina women. The LBBC Survivors' Helpline is a national, toll-free telephone service staffed by trained volunteers affected by breast cancer. Helpline volunteers offer guidance, information, and hope. Spanish-speaking helpline volunteers are available. LBBC publishes Insight (quarterly educational newsletter), provides interactive message boards, and offers comprehensive guides, brochures, and transcripts and audio recordings of conferences. LBBC also offers education programs and services to help health care professionals counsel women affected by breast cancer. The LBBC Web site is available in Spanish.

The Mautner Project (http://www.mautnerproject.org)
Suite 710
1875 Connecticut Avenue, NW.
Washington, DC 20009
202-332-5536 (Responds to calls in English only)
1-866-628-8637 (1-866-MAUTNER) (Responds to calls in English only)
info@mautnerproject.org
The Mautner Project is committed to improving the health of women who partner with women--including lesbian, bisexual, and transgender (LBT) individuals--through direct and support service, education, and advocacy. The Mautner Project offers phone and online support, nationwide community outreach, and health-related publications targeted for the LBT community. The Mautner Project provides in-person bereavement and smoking cessation support groups and online groups for survivors of serious illness, caregivers, and bereavement. Removing the Barriers® (RTB) is a training program designed to educate and bring awareness to health care providers about lesbian health care needs. The Spirit Health Education (S.H.E.) Circle® is a national health education program

focused on African American women who partner with women. The program uses the multidimensional influences of culture and sexuality. EDUcate is a new breast health program that focuses on the needs of low-income African American lesbian and bisexual women.

National Asian Women's Health Organization (http://www.nawho.org)
Suite 100
4900 Hopyard Road
Pleasanton, CA 94588
925-468-4120 (Responds to calls in English only)
info@nawho.org
The National Asian Women's Health Organization (NAWHO) serves as a powerful voice for the health of Asian American women and their families. NAWHO provides research and information about the health of Asian Americans to the public health field and provides health education to the Asian American community. NAWHO has designed and implemented national health promotion campaigns and programs on breast and cervical cancers, diabetes, HIV, immunizations, mental health, osteoporosis, reproductive health, sexual violence & intimate partner violence prevention, and tobacco control. Publications are available on their Web site or in hard copy. NAWHO developed a Breast and Cervical Cancer Cultural Competency Trainers Institute—a comprehensive train-the-trainer program designed to build a national pool of trainers specializing in Asian American women's health needs, breast and cervical cancers, and cultural competency issues. NAWHO offers a Resource Sharing Library to allow the sharing of resources, materials, and tools that assist people serving the Asian and Pacific Islander communities. Materials in the Resource Library are available in Cambodian, Chinese, English, Hmong, Japanese, Korean, Lao, Samoan, Tagalog, Thai, and Vietnamese.

National Breast and Cervical Cancer Early Detection Program (http://www.cdc.gov/cancer/nbccedp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov
The Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. The NBCCEDP provides screening support in all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian and Alaska Native organizations. Services provided include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal, and referrals to treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women in the NBCCEDP access to treatment through Medicaid. All 50 states and the District of Columbia have approved this Medicaid option. In 2001, with passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, Congress explained that this option also applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization. The NBCCEDP's Web site provides detailed information about the program, contacts, and resource materials.
Find a Local NBCCEDP Program: (http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp)

National Breast Cancer Coalition (http://www.stopbreastcancer.org)
Suite 1300
1101 17th Street, NW.
Washington, DC 20036
202-296-7477 (Responds to calls in English only)
1-800-622-2838 (Responds to calls in English only)
info@stopbreastcancer.org
The National Breast Cancer Coalition (NBCC) is the nation's largest breast cancer advocacy group. NBCC's sister organization, the National Breast Cancer Coalition Fund (NBCCF), empowers and trains NBCC members to take a leadership role beside legislative, scientific, and clinical decisionmakers. Once trained, these advocates represent NBCC as they influence public policies that impact breast cancer research, diagnosis, and treatment. NBCC is developing a patient-focused Web site that provides information on research, screening and risk, diagnosis and testing, treatment options, and quality of life. The NBCCF booklet, How to Get Good Care for Breast Cancer, contains essential messages about quality care and focuses on empowering patients to ask questions and learn about evidence-based care.

Reach to Recovery (http://www.cancer.org/Treatment/SupportProgramsServices/reach-to-recovery)
404-320-3333 (Responds to calls in English only)
1-800-227-2345 (1-800-ACS-2345) (Responds to calls in English and Spanish)
Reach to Recovery is an American Cancer Society (ACS) program designed to help both women and men cope with breast cancer. Trained volunteers support patients through face-to-face visits or by phone before, during, and after breast cancer treatment. Program services and activities vary depending on the location. To locate a Reach to Recovery program in your area call the toll-free number or search online at the link provided in the Additional Resources section.

Sisters Network®, Inc. (http://www.sistersnetworkinc.org)
2922 Rosedale Street
Houston, TX 77004
713-781-0255 (Responds to calls in English only)
1-866-781-1808 (Responds to calls in English only)
infonet@sistersnetworkinc.org
Sisters Network® Inc. (SNI) is a national African American breast cancer survivorship organization that addresses the breast health needs of African American women through its affiliate chapters and partnerships with existing service providers. Sisters Network has a breast cancer assistance program (B-CAP) that provides assistance to women facing financial challenges after diagnosis. The program provides financial assistance for mammograms, copays, office visits, prescriptions, and medical-related lodging and transportation. An application form to apply for assistance may be obtained by calling or sending in a request via e-mail.

Susan G. Komen for the Cure® (http://www.komen.org)
Suite 250
5005 LBJ Freeway
Dallas, TX 75244
1-877-465-6636 (1-877 GO KOMEN) (Responds to calls in English and Spanish)
Susan G. Komen for the Cure® is a grassroots network of breast cancer survivors and activists working together to save lives, empower people, ensure quality care for all and energize science to

find the cures. The 1-877 GO KOMEN helpline provides free, professional support services to anyone with breast health and breast cancer concerns, including breast cancer patients and their families. Susan G. Komen for the Cure has funded research grants and community-based outreach projects that focus on breast health education and breast cancer screening and treatment for the medically underserved. Staff can respond to calls in Spanish, some publications are available in Spanish. A version of their Web site is available in Spanish.

"tlc" Tender Loving Care® (http://www.tlcdirect.org)
Post Office Box 395
Louisiana, MO 63353
1-800-850-9445 (Responds to calls in English and Spanish)
customerservice@tlccatalog.org
"tlc" Tender Loving Care is part of ACS Products, Inc., an affiliate of the American Cancer Society (ACS). It is a “magalog” (magazine/catalog) that combines helpful articles and information with products for women coping with cancer or any cancer treatment that causes hair loss. It allows women to order products for special needs that are sometimes difficult to find in the community. Products include wigs, hairpieces, breast forms, prostheses, bras, hats, turbans, swimwear, and helpful accessories at the lowest possible prices.

Triple Negative Breast Cancer Helpline (http://www.tnbcfoundation.org/helpline.htm)
1-877-880-8622 (1-877-880-TNBC) (Responds to calls in English and Spanish)
TNBCHelpline@cancercare.org
The Triple Negative Breast Cancer (TNBC) Helpline offers free support services to patients and families coping with a diagnosis of triple negative breast cancer. The TNBC Helpline is staffed by experienced oncology social workers with specific knowledge of triple negative disease. The Helpline was launched by a partnership between the Triple Negative Breast Cancer Foundation and CancerCare, a national nonprofit that provides free counseling and education services to individuals and families affected by cancer. In addition to counseling, TNBC Helpline staff can assist callers with information on other services offered by CancerCare, such as helping patients apply for financial assistance, transportation, and other social services.

Young Survival Coalition (http://www.youngsurvival.org)
Suite 2235
61 Broadway
New York, NY 10006
646-257-3000 (Responds to calls in English only)
1-877-972-1011 (1-877-YSC-1011) (Responds to calls in English only)
info@youngsurvival.org
The Young Survival Coalition (YSC) focuses on issues unique to young women who are diagnosed with breast cancer. YSC works with survivors; caregivers; and the medical, research, advocacy, and legislative communities to improve the quality of life for women age 40 and under who have been diagnosed with breast cancer. YSC's affiliate network provides peer-support and networking opportunities for young women in all stages of the treatment and recovery cycle. The Coalition also hosts teleconferences, conferences, and retreats for young women newly diagnosed with breast cancer, women diagnosed with metastatic breast cancer, and community volunteers interested in leadership development. YSC offers a SurvivorLink program that matches young women facing breast cancer with a survivor who shared a similar diagnosis. YSC also produces educational

materials. Some publications are available in Spanish. Additionally, Spanish-speaking volunteers are available to serve as survivor matches in its peer-support program.

Assets for colorectal cancer, invasive colorectal cancer

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

Colon Cancer Alliance (http://www.ccalliance.org)
Suite 1066
1025 Vermont Avenue, NW.
Washington, DC 20005
202-628-0123 (Responds to calls in English only); 1-877-422-2030 (Helpline) (Responds to calls in English only); 1-866-278-0392 (Clinical Trials Matching Service) (Responds to calls in English only)
info@ccalliance.org
The Colon Cancer Alliance (CCA) is a national patient advocacy organization dedicated increasing colorectal screening rates and survivorship. CCA provides patient support, offers educational resources, focuses on advocacy work for colon cancer patients and their families, and works with other organizations to increase research funding. CCA provides a Helpline and the CCA Buddy Program, which matches survivors and caregivers with others in a similar situation for one-on-one support. CCA Chapters are available in some states.
Categories: Colorectal, Advocacy, Peer/Buddy Programs

Colorectal Cancer Control Program (http://www.cdc.gov/cancer/crccp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov
The Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP) provides funding to 22 states and 4 tribal organizations across the United States until 2014. The program provides colorectal cancer screening and follow-up care to low-income men and women age 50-64 who are underinsured or uninsured. When possible, screening services are integrated with other publicly funded health programs or clinics that serve underserved populations, such as CDC's National Breast and Cervical Early Detection Program, CDC's WISEWOMAN Program, and the Health Resources and Services Administration's Health Centers. Another component of CDC's CRCCP is to increase colorectal screening by using evidence-based strategies to promote screening. The 22 states and 4 tribal organizations that received funding are Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, South Dakota, Utah, Washington, Alaska Native Tribal Health Consortium, Arctic Slope Native Association Screening for Life Program, South Puget Intertribal Planning Agency, and Southcentral Foundation.
Contact a Colorectal Cancer Control Program (CRCCP):(http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=4)

Colorectal CareLine (http://www.colorectalcareline.org)
421 Butler Farm Road
Hampton, VA 23666
1-866-657-8634, option 1 (Responds to calls in English and Spanish)
CCL@patientadvocate.org

The Patient Advocate Foundation's Colorectal CareLine is a patient/provider hotline designed to provide assistance to patients who have been diagnosed with colorectal cancer and are seeking education and access to care. The Colorectal CareLine is staffed by a team of clinical case managers with both nursing and social work backgrounds who provide individualized service to colorectal cancer patients, their caregivers, and providers who are seeking information and/or assistance. Staff can help with direct appeals assistance, referrals and linkage to educational resources, referrals to co-payment programs, referrals to local, state, and/or national resources for financial assistance, and case management services to uninsured patients.

Fight Colorectal Cancer (http://www.fightcolorectalcancer.org)
Suite 204
1414 Prince Street
Alexandria, VA 22314
703-548-1225 (Responds to call in English only); 1-877-427-2111 (1-877-4CRC-111) (Responds to calls in English only)
info@fightcolorectalcancer.org
Fight Colorectal Cancer works to bring political attention to the needs of colorectal cancer patients. The organization educates and supports patients and caregivers, pushes for changes in policy that will increase and improve research, and empowers survivors to raise their voices against the status quo. Answer Line is their toll-free service that responds to questions about colorectal cancer and provides information about clinical trials. An Advocate Toolbox is available that provides the materials to get involved with colorectal cancer advocacy in your local area. Free, regularly scheduled online Webinars are available for the patient community.

Lynch Syndrome International (http://www.lynchcancers.com)
Post Office Box 5456
Vacaville, CA 95688
707-689-5089 (Responds to calls in English only)
info@lynchcancers.org
Lynch Syndrome International (LSI) provides support for individuals afflicted with Lynch syndrome (a hereditary disorder that places a person at higher risk of developing colorectal cancer, endometrial cancer, and various other types of aggressive cancers), increases public awareness of the syndrome, educates members of the general public and health care professionals, and provides support for Lynch syndrome research endeavors. LSI is an all volunteer organization founded and governed by Lynch syndrome survivors, their families, and health care professionals who specialize in Lynch syndrome. The LSI Web site has comprehensive information on diagnosis, treatment, and follow-up issues for people with Lynch Syndrome.

Assets for diabetes (deaths and prevalence)

Other needs identified that directly impact diabetes deaths and prevalence are: meeting physical activity recommendations (see page 28); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

local:

American Diabetes Association
http://www.diabetes.org/in-my-community/
Local: American Diabetes Association-Pittsburgh
Landmark Building, 100 W Station Square Dr, Suite 1900
Pgh., Pa 15219, 412-824-1181

American Diabetes Month®
November is American Diabetes Month, a time to communicate the seriousness of diabetes and the importance of diabetes prevention and control. Help us Stop Diabetes by hosting an event benefiting the American Diabetes Association or holding an educational session at your business.

Diabetes Awareness Day
Date selected in March to raise awareness of the risk for diabetes and prediabetes. Education and 'At Risk' screening available through the American Diabetes Association.

Annual Diabetes EXPO
David L. Lawrence Convention Center
This exciting fitness and lifestyle exhibition features displays, demonstrations, hands-on activities and the latest health updates. In addition, cooking demonstrations and sports tips are provided by local and national experts.
Contact Terri Seidman at tseidman@diabetes.org for more information.

The American Diabetes Association also provides a list of local recognized diabetes education programs.

Internet:

- **American Association of Diabetes Educators**
  www.diabeteseducator.org
  To help locate Certified Diabetes Educators and diabetes education programs in local areas.
- **PA State Website**
  http://www.portal.state.pa.us/portal/server.pt/community/diabetes/14160
- Online diabetes coach (Glaxo Smith Kline)
  http://www.healthcoach4me.com/en/index.html
- National Diabetes Education al Program
  - The Power to Control Diabetes is in Your Hands Community Outreach Kit
    http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=144
  - The Road to Health Toolkit
    http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=152
  - Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention
    http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=124

Assets for lung cancer

Another need identified that directly impacts lung cancer deaths is tobacco use (see page 32). Please see this specific topic for a list of assets associated with it.

Lung Cancer Alliance (http://www.lungcanceralliance.org/)
Suite 150
888 16th Street, NW.
Washington, DC 20006
202-463-2080 (Responds to calls in English only); 1-800-298-2436 (Lung Cancer Information Line) (Responds to calls in English and Spanish); 1-800-698-0931 (Clinical Trials Matching Service) (Responds to calls in English and Spanish)
info@lungcanceralliance.org
The Lung Cancer Alliance (LCA) is dedicated to providing support and advocacy for people living with or at risk for lung cancer. LCA programs include a Lung Cancer Information Line which provides support, information, and referrals for lung cancer patients, survivors, and their family and friends. The Phone Buddy Program is a peer-to-peer support program that matches survivors or their family members/caregivers with patients or caregivers who have gone through similar medical and social situations. LungLoveLink is a new online support community for people living with lung cancer as well as family members and caregivers. The Clinical Trials Matching Service is designed to help lung cancer patients and their families identify possible clinical trials. LCA also sponsors Lung Cancer Awareness Month, a national education and advocacy campaign; the quarterly newsletter Lung Cancer Alliance Times; and LCA Advocacy Action, where advocates can receive alerts to participate in or respond to important lung cancer issues.

American Lung association

Healthy Lungs PA

Assets for coronary heart disease

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); access to fast foods (see page 37); access to healthy foods (see page 37); and diabetes prevalence (see page 49). Please see these specific topics for a list of assets associated with them.

Healthy eating:

Internet:

- The National Institutes of Health Interactive Menu Planner http://hp2010.nhlbihin.net/menuplanner/menu.cgi
- Fruit & Veggies More Matters http://www.fruitsandveggiesmatter.gov
- U.S. Department of Health and Human Services
    - http://www.healthfinder.gov/prevention/
    - http://www.healthfinder.gov/HealthTools/
    - http://www.healthfinder.gov/HealthTools/activity.aspx
    - http://www.yourdiseaserisk.wustl.edu/
    - **http://www.choosemyplate.gov/**
- https://www.supertracker.usda.gov/default.aspx
- www.nutritiondata.com
- Food and Nutrition Information Center www.nal.usda.gov/fnic/
- http://extension.psu.edu/healthy-lifestyles
- Delicious Decisions http://www.deliciousdecisions.org

Assets for suicide:

Other needs identified that directly impact coronary heart disease deaths are: binge and heavy drinking (see page 31); and tobacco use (see page 32). Please see these specific topics for a list of assets associated with them.

Local:

Mental Health Assn-Washington ,140 Brownson Ave, Washington, PA (724) 225-1561

Wa Communities **Mental Health** ,378 W Chestnut St Ste 205, Washington, PA (724) 225-6940

Mental Health Association ,810 Main St, Bentleyville, PA (724) 239-3775

Mental Health Association EPC ,200 Spring St, Bentleyville, PA (724) 239-3727

Mental Health Association LTSR ,225 Spring St, Bentleyville, PA (724) 239-3989

Behavioral Dynamics Inc ,2111 N Franklin Dr, Washington, PA (724) 222-2265

Residential Recoveries ,58 W Maiden St, Washington, PA (724) 206-0439

Three Cities Service ,8 E Pine Ave, Washington, PA (724) 229-8813

Lennon Judi ,90 W Chestnut St Ste 600, Washington, PA (724) 225-0198

Aldelphoi Village ,150 W Beau St Ste 206, Washington, PA (724) 884-0151

Southwest Behavioral Care ,292 E Maiden St, Washington, PA (724) 222-2574

Mentor Clinical Care ,90 W Chestnut St, Washington, PA (412) 731-7455

Psychotheraphy Associates ,1200 Washington Rd, Washington, PA (724) 884-0466

Helm Emily ,1200 Washington Rd, Washington, PA (724) 884-0466

Smida Maryagnes ,75 E Maiden St Ste 103, Washington, PA (724) 554-2191

Washington Behavioral Health ,95 Leonard Ave, Washington, PA (724) 579-1075

Evelyn Ruschel Psychological ,5 Eastwood Ln, Washington, PA (724) 225-9495

Jenness Robert Lpc ,1385 Washington Rd, Washington, PA (724) 222-2605

Axiom Family Cou Service ,6 S Main St, Washington, PA (724) 503-4586

Chartiers **Mental Health** ,850 Baldwin St, Pittsburgh, PA (412) 344-7131

Chrysalis **Mental Health** ,36 Wabash St, Pittsburgh, PA (412) 875-6450

Residential Recovery Service ,910 E Maiden St, Washington, PA (724) 223-0427

Care Center ,75 E Maiden St Ste 100, Washington, PA (724) 228-2200

Washington Psychological Service ,87 E Maiden St # 31, Washington, PA (724) 222-8525

Crabtree Michael Ph.D. ,87 E Maiden St, Washington, PA (724) 222-8525

Urrea Oscar MD ,640 Jefferson Ave, Washington, PA (724) 222-6603

Pressley Ridge Schools ,2055 Jefferson Ave Ste 5, Washington, PA (724) 225-4400

Pillow Mary LCSW ,87 E Maiden St, Washington, PA (724) 222-8575

Psychiatric Care Systems ,640 Jefferson Ave, Washington, PA (724) 222-6603

Pecosh Counseling and Consulting ,2155 Park Ave Ste 250, Washington, PA (724) 249-2829

Ami Inc ,907 Jefferson Ave, Washington, PA (724) 228-5211

Mikhail Mona MD ,1385 Washington Rd Ste 102, Washington, PA (724) 222-2010

Comprehensive Counseling ,87 E Maiden St Ste 8, Washington, PA (724) 222-2188

Patel Manoj P MD ,300 Cameron Rd, Washington, PA (724) 222-5567

Family Behavioral Resources ,90 W Chestnut St Ste 110ll, Washington, PA (724) 229-0311

Chartiers **Mental Health** Center ,437 Railroad St, Bridgeville, PA (412) 221-3302

Catholic Charities Diocese ,331 S Main St, Washington, PA (724) 228-7722

Washington Family Center ,351 W Beau St Ste 203, Washington, PA (724) 229-7410

Horizon of Hope Counseling Center ,2121 W Pike St, Houston, PA (724) 873-4673

Crabtree Mary Ann ,4150 Washington Rd, MC Murray, PA (724) 941-1120

Elizabeth Rath Lcsw ,4160 Washington Rd Ste 204, Canonsburg, PA (724) 941-1940

Wilson Kay M ,4150 Washington Rd, MC Murray, PA (724) 941-5011

Cannonsburg Counseling Associates ,125 W Pike St, Canonsburg, PA (724) 745-7766

Neville Heidi S PHD ,242 E McMurray Rd, MC Murray, PA (724) 941-7075

Melcher Jan L PHD ,4150 Washington Rd, Canonsburg, PA (724) 941-6640

Janoski Thomas B PHD ,4150 Washington Rd Ste 4, MC Murray, PA (724) 941-6177

Zaharoff Avril D PHD ,4150 Washington Rd Ste 202, Canonsburg, PA (724) 941-6640

Residential Recovery Service ,201 S Johnson Rd, Houston, PA (724) 745-7535

Johnson Stewart ,4150 Washington Rd Ste 105, Mc Murray, PA (724) 941-1120

Counseling and Trauma Service ,8 Four Coins Dr, Canonsburg, PA (724) 746-3207

Kaylor Joan ,157 Waterdam Rd Ste 260, MC Murray, PA (724) 942-5477

GrassRoutes Counseling Services ,701 Schoonmaker Ave Ste 1000, Monessen, PA (724) 503-2156

South Hills Recovery Project ,850 Boyce Rd Ste 2, Bridgeville, PA (412) 564-5387

Baywood Consulting ,205 E Mcmurray Rd Ste 1, Mc Murray, PA (724) 941-2907

Alternative Behavior Concepts ,1312 Manor Dr, Pittsburgh, PA (412) 851-0252

WJS Psychological Associates ,613 Main St, Bentleyville, PA (724) 239-3077

Wallach Beth ,2809 Old Washington Rd, MC Murray, PA (724) 941-9138

Brennan James F ,3240 Washington Rd, Canonsburg, PA (724) 941-4498

Internet:
http://www.preventsuicidepa.org/resources
Call 1-800-273-TALK or 1-800-SUICIDE (1-800-784-2433)

The National Suicide Prevention Lifeline, funded by the Federal Government. It provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest crisis center in their area. http://www.suicidepreventionlifeline.org/

Advancing Suicide Prevention is a new and provocative publication in the health policy/social services arena. This bimonthly magazine presents issues, trends and state-of-the-science on suicide prevention from diverse perspectives and for diverse audiences. http://www.advancingsp.org/

The American Association of Suicidology has a comprehensive listing of crisis centers as well as a national directory of support groups for survivors of suicide. http://www.suicidology.org/

American Foundation for Suicide Prevention is a national organization with information on suicide prevention programs and support for people who have lost a loved one to suicide. http://www.afsp.org/

LivingWorks Education Inc. LivingWorks has been helping communities become suicide-safer since 1983. Their programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman's Social R&D Model, their programs prepare

community helpers to intervene and prevent suicide. These learning experiences are interactive, practical, regularly updated and customizable. Comprehensive, layered and integrated, there is a program for everyone who wants to help. http://www.livingworks.net/

The National Council for Suicide Prevention (NCSP) has a mission is to further effective suicide prevention through collaborative activities and information sharing in order to save lives. http://www.ncsp.org/

NOPCAS (National Organization for People of Color Against Suicide) is an organization founded by three African-American suicide survivors. Its goals are to bring suicide and depression awareness to minority communities that have historically been discounted from traditional awareness programs. http://www.nopcas.com/

Positive Aging Resource Center (PARC) was established in 2002 as part of the Targeted Capacity Expansion (TCE) initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the quality of mental health care and service delivery for older adults. PARC serves as a resource to older adults and caregivers, health and social service professionals, and policy makers. http://positiveaging.org/

The QPR Institute offers comprehensive suicide prevention training programs and educational and clinical materials for the general public, professionals, and institutions. Please also refer to our online training page for more information. http://www.qprinstitute.com/

Screening for Mental Health offers organizations the tools to provide screening and education for today's most pressing mental health problems: depression, bipolar disorder, alcohol problems, generalized anxiety disorder and post traumatic stress disorder. They also offer suicide prevention programs across the lifecycle and programs that help government agencies address disaster mental health. http://www.mentalhealthscreening.org/

Substance Abuse and Mental Health Services Administration (SAMHSA) The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources -- programs, policies and grants -- toward that outcome. http://samhsa.gov/index.aspx

Suicide: Finding Hope To battle the stigma of suicide, we offer comprehensive information aboutwhat suicide is, who it affects, and how we can help people find hope again. www.suicidefindinghope.com

The Suicide Prevention Resource Center (SPRC) supports suicide prevention with the best of science, skills and practice. The Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. http://www.sprc.org/

National Support Groups

National Mental Health Consumers' Self-Help Clearinghouse connects people to self-help and advocacy resources and offer expertise to and about peer-run groups and organizations that serve people who have been diagnosed with mental illnesses. http://www.mhselfhelp.org/

The Samaritans is a non-profit, non-religious, volunteer organization whose sole purpose is to provide support to those individuals and groups who are in crisis, have lost someone to suicide and/or are feeling suicidal. http://www.samaritansnyc.org/

Suicide Anonymous is based on the Twelve Steps of Alcoholics Anonymous. This is a program designed to help people with suicidal preoccupation and behavior.
http://www.suicideanonymous.net/

Youth Suicide Prevention Resources
Active Minds on Campus is the nation's only peer-to-peer organization dedicated to the mental health of college students. The organization serves as "the young adult voice" in mental health advocacy on more than fifty college campuses nationwide. activeminds.org

Columbia TeenScreen Program is a national mental health and suicide risk screening program for youth. The goal of the National TeenScreen Program is to make voluntary mental health check-ups available for all American teens. TeenScreen works by assisting communities throughout the nation with developing locally operated and sustained screening programs for youth.
http://www.teenscreen.org/

The Jason Foundation, Inc The mission of The Jason Foundation, Inc. is to help educate young people, parents, teachers, and others who work with young people about youth suicide. They offer programs, seminars and support materials to promote awareness and prevention.
http://www.jasonfoundation.com/

The Jed Foundation is a nonprofit public charity committed to reducing the youth suicide rate and improving the mental health safety net provided to college students nationwide.
http://www.jedfoundation.org/

Suicide Awareness Voices of Education (SAVE) SAVE's mission is to prevent suicide through public awareness and education, eliminate stigma and serve as a resource to those touched by suicide
http://www.save.org/

SOS (Signs of Suicide) Suicide Prevention Program for Secondary Schools is a nationally recognized, cost-effective program of suicide prevention and depression screening for secondary school students. SOS is the only school-based suicide prevention program that has been shown to reduce suicidality in a randomized, controlled study (March 2004, American Journal of Public Health) and it is the only school-based suicide prevention program to be selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) for its Registry of Effective Programs.
www.mentalhealthscreening.org/sos_highschool/index.htm

Yellow Ribbon Suicide Prevention Program is a community-based program that uses a universal public health approach, offering workshops and services for schools, community organizations and parents. http://www.yellowribbon.org/

Youth Suicide Prevention Program is the website for the Washington State Youth Suicide Prevention Program whose mission is to reduce teen suicide attempts and deaths in Washington State. Working toward that goal, we build public awareness, offer training, and support communities taking action.http://www.yspp.org/

The Youth Suicide Prevention School-Based Guide is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. http://theguide.fmhi.usf.edu/

Depression Resources

The American Association for Marriage and Family Therapy (AAMFT) is the professional association for the field of marriage and family therapy representing the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada and abroad. http://www.aamft.org/

The American Counseling Association is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. http://www.counseling.org/

American Counselors Mental Health Association The mission of the AMHCA is "To enhance the profession of mental health counseling through licensing, advocacy, education and professional development." http://www.amhca.org/

The American Psychiatric Association is a medical specialty society recognized worldwide. Over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. http://www.psych.org/

American Psychological Association. Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide. http://www.apa.org/

Association for Behavioral and Cognitive Therapies. Cognitive-Behavior Therapy (CBT) is psychotherapy based on modifying everyday thoughts and behviors. In CBT, the therapist and client work together to determine the goals for therapy, and how long to continue therapy. http://www.aabt.org/

ClinicalTrials.gov ClinicalTrials.gov is a registry of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health care professionals. http://clinicaltrials.gov/

Depression and Bipolar Support Alliance (DBSA) provides information and available resources including support groups for depression and bipolar disorder. http://www.dbsalliance.org/

Families for Depression Awareness This is a non-profit organization dedicated to helping families recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families and friends. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression. http://www.familyaware.org/

The Glendon Association is an organization whose mission is to save lives and enhance mental health by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships. They conduct research and share what they know through various workshops, publications, and educational documentaries. http://www.glendon.org/

Mental Health America (formerly known as the National Mental Health Association). MHA is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. http://www.nmha.org/

National Alliance on Mental Illness (NAMI). NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. http://www.nami.org/.

National Association of Cognitive-Behavioral Therapists. The NACBT is the leading organization dedicated exclusively to supporting, promoting, teaching, and developing cognitive-behavioral therapy and those who practice it. http://www.nacbt.org/.

National Institute of Mental Health's (NIMH) Outreach Partnership Program. The Outreach Partnership Program is a nationwide initiative of the NIMH's Office of Constituency Relations and Public Liaison (OCRPL) with support from the National Institute on Drug Abuse (NIDA) and in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA). The Program partners with national and state organizations to strengthen the public health impact of research by disseminating the latest scientific findings; informing the public about mental disorders, alcoholism, and drug addiction; and reducing the associated stigma and discrimination. The Program strives to increase public awareness about the important role of basic and clinical research in transforming the understanding and treatment of mental illnesses and addiction disorders, paving the way for prevention, recovery, and cure. The Program also provides NIMH with the opportunity to engage community organizations in a dialogue to help develop a national research agenda to improve America's mental health. http://www.nimh.nih.gov/health/outreach/partnership-program/index.shtml *Please see below for more information about NIMH.*

New Directions Delaware, Inc. New Directions is a support group for people with depression or bipolar disorder (manic depression) and for their families and friends. They are located in Wilmington, Delaware, and their members come from Delaware, New Jersey, Pennsylvania, and Maryland. http://www.newdirectionsdelaware.org/.

No Kidding, Me Too! Removing the Stigma from Mental Illness. No Kidding, Me Too! is an organization whose purpose is to remove the stigma attached to brain dis-ease through education and the breaking down of societal barriers. Their goal is to empower those with brain dis-ease to

admit their illness, seek treatment, and become even greater members of society. http://www.nkm2.org/.

GLBTQ (Gay, Lesbian, Bisexual, Transgendered, Questioning) Resources
The Trevor Helpline This is a national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential. http://www.thetrevorproject.org/

The Attic (215-545-4331) is the largest lesbian, gay, bisexual, and transgendered youth center in the Philadelphia area. It provides a safe space for social activities and interaction for queer youth, as well as sexual education, counseling, support, psychological services, and crisis intervention. http://www.atticyouthcenter.org/index.php

Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline, a program of the www.GLBTNationalHelpCenter.org - Toll-free hotline: 1-888-843-4564
Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline Youth Talkline,a program of the GLBT National Help Center - www.YouthTalkline.org - Toll-free hotline: 1-800-246-PRIDE (1-800-246-7743).

The Gay, Lesbian and Straight Education Network, or GLSEN, is working to ensure safe and effective schools for all students. Their website includes information about the Philadelphia Chapter. www.glsen.org

Pennsylvania Resources
Please view the PA County Task Forces map to the right or click here for a printable listing. If your county does not have a task force, contact AOASPC.

Office of Mental Health and Substance Abuse Services (OMHSAS)
The Advisory committee of the Office of Mental Health and Substance Abuse Services (OMHSAS) prioritized a state suicide prevention plan as one of the major goals for OMHSAS. A work group was formed and began to meet in July 2005. This prevention plan is a collaborative effort between those dedicated individuals from both the public and private sectors of our state. The Pennsylvania Youth Suicide Prevention Initiative and the Pennsylvania Adult/Older Adult Suicide Prevention Coalition are striving to raise awareness about suicide and its prevention so that fewer Pennsylvanians experience the pain and grief resulting from the suicide death of a loved one. To learn more about OMHSAS Initiatives, visit www.parecovery.org

Pennsylvania's Youth Suicide Prevention Initiative A statewide Pennsylvania Youth Suicide Prevention Advisory Workgroup with members from numerous stakeholder groups was formed in 2003 to provide input on the five-year action plan to the Youth Suicide Monitoring Committee, which ensures implementation of the action steps. Here is the link to view the five-year action plan: http://www.paspi.org/

Contact Greater Philadelphia is a non-profit, United Way agency that provides free, confidential and anonymous telephone helpline services to the residents of the Greater Philadelphia area, including Bucks, Chester, Delaware and Montgomery counties. They are staffed by volunteers who are trained in crisis intervention and active listening skills. http://www.contactgreaterphiladelphia.org/

Mental Health and Aging. The Mental Health and Aging Advocacy Project is a program of the Mental Health Association of Southeastern Pennsylvania (MHASP). (see below) http://www.mhaging.org/

Mental Health Association in Pennsylvania The Mental Health Association in Pennsylvania, which reflects the ethnic and cultural diversity of the Commonwealth, works on behalf of mental health through advocacy, education and public policy. http://www.mhapa.org/

Mental Health Association of Southeastern Pennsylvania works to improve services for and treatment of adults with serious mental illness and children and adolescents with emotional and behavioral disorders. http://www.mhasp.org/

Pennsylvania Behavioral Health and Aging Coalition. The mission of the Coaltion is to advocate expansion, improvement, and development of affordable, appropriate, and accessible behavioral health prevention and treatment services for older Pennsylvanians. www.olderpennsylvanians.org

Pennsylvania Mental Health Consumers' Association is a statewide membership organization representative of the individual and collective expression of people who have recovered or are recovering from mental illness. http://www.pmhca.org/

STAR-Center is a comprehensive research, treatment, and training center that provides individual assessment and treatment to teens who are experiencing depression and suicidality. It also provides community education services in regards to depression and suicidality to schools, social service agencies, churches and other organizations that request them. www.wpic.pitt.edu/research/star

Suicide Aftercare Association is a Philadelphia based nonprofit organization that performs suicide scene cleaning services free of charge to families in the Delaware Valley area. To learn more go to http://www.suicideaftercare.org/. Call 267-687-3928 for help.

Survivor of Suicide Resources
Survivors of Suicide The purpose of Survivors of Suicide is to help those who have lost a loved one to suicide resolve their grief and pain in their own personal way.
http://www.survivorsofsuicide.com/

The Link National Resource Center is a leading resource in the country for suicide prevention and aftercare. It is dedicated to reaching out to those whose lives have been impacted by suicide and connecting them to available resources. www.thelink.org/national_resource_center.htm

The Dougy Center National Center for Grieving Children and Families is the first center in the United States to provide peer support groups for grieving children. http://www.dougy.org/

Friends for Survival, Inc. A National Outreach Program for Survivors of Suicide Loss Friends for Survival, Inc. is an organization of people who have been affected by a death caused by suicide. They are dedicated to providing a variety of peer support services that comfort those in grief, encourage healing and growth, foster the development of skills to cope with a loss and educate the entire community regarding the impact of suicide. http://www.friendsforsurvival.org/

The Survivors of Suicide, Inc. website contains local meeting lists in the tri-state Delaware Valley area, and other helpful contacts and information for people who have lost a loved one to suicide. http://phillysos.tripod.com/

QPR Gatekeeper Training: *Three simple steps that can save a life.*
A **"Gatekeeper"** is someone in the position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, fire fighters and many others who are strategically positioned to recognize and refer someone at risk of suicide.

QPR *Online*
QPR *Online* is an online suicide prevention gatekeeper training hosted by actress and author, Carrie Fisher, and uses Web-based technology, compelling graphics, streamed video and interactive learning dynamics to teach:
After completing a post-course survey, evaluation and passing a 15-item quiz on QPR, a printable Certificate of Course Completion is available. To reinforce online QPR gatekeeper training, all self-paced learners receive an enriched program review (an e-version of the QPR booklet and option to print a wallet card) immediately after completing training. On request, a hard copy QPR booklets and card are available. Upon completion of training, learners also receive courtesy email reminders to review and recap their training experience at six weeks, at 46 weeks, and one more time just before their training account closes.

Applied Suicide Intervention Skills Training (ASIST)
ASIST is similar to QPR, but this training program offers more in-depth intervention tactics. The aim of **ASIST** is to teach caregivers the necessary skills to provide emergency psychological first aid in situations involving suicidal behavior. The emphasis of the **ASIST** workshop is on suicide first aid, on helping a person stay safe and seek further help. The program is conducted over two days. For a complete list of trainings and programs we offer, click **HERE.**

People trained in **suicide prevention** learn how to recognize the warning signs of a suicide crisis and how to offer hope and help someone, often saving their life. Click below to learn more about **suicide prevention training/presentations** for the following audiences:
Educational Institutions
Companies
Community Organizations
Additional Programs

The Suicide Prevention Resource Center (SPRC), has designed a summary of the different suicide prevention programs. Visit their website, www.sprc.org, to obtain these summaries.

WWW.MENTALHEALTHSCREENING.ORG/NDSD

http://dwp.samhsa.gov/ drug free workplace

http://www.samhsa.gov/prevention/

- **Suicide Prevention**
  - Facebook provides first-of-a-kind service to help prevent suicides - SAMHSA and the National Suicide Prevention Lifeline collaborate with Facebook to help those in crisis.
  - The National Suicide Prevention Lifeline - 1.800.273.TALK (8255) - a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
  - Suicide Prevention Resource Center - provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies.
  - National Action Alliance for Suicide Prevention - public/private partnership that catalyzes planning, implementation, and accountability for updating and advancing the National Strategy for Suicide Prevention.
  - Toolkit: Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities - Equips senior living staff with resources to promote mental health and prevent suicide and encourage active participation among residents.
  - Other Suicide Prevention Resources and New Publications

Assets for COPD deaths:

Another need identified that directly impacts COPD deaths is tobacco use (see page 32). Please see that specific topic for a list of assets associated with it.

Internet:

- American Lung association
- Healthy Lungs PA
- http://www.nhlbi.nih.gov/health/public/lung/copd/index.htm

http://www.copdfoundation.org/Resources.aspx

The *COPD Digest* is a free quarterly magazine dedicated to informing the diagnosed individual and their caregiver of the latest in COPD, including research news, advocacy initiatives, nutrition and healthy living, and program updates. To subscribe to the *COPD Digest,* call the Information Line at 1-866-316-COPD (2673) or read it for free at www.copddigest.org.

Lung Health Professional Magazine In March 2010, the COPDF launched *Lung Health Professional Magazine* (LHP),a new publication for primary care physicians, physician assistants, nurse practitioners, and other ancillary health care providers. To date, LHP reaches over 25,000 subscribers. In its issues, LHP not only discusses current news and practices on COPD but does so for all lung diseases. Experts from many backgrounds contribute professional articles. In every issue there are also case studies that offer the reader with an interactive component to the magazine.

COPD Big Fat Reference Guide® (BFRG) This comprehensive guide includes in-depth but easy-to-understand explanations of many areas that are part of a life living with COPD. You have nutrition and exercise tips, information on how to take your meds, ideas for communicating with your physician and family, an easy-to-follow break down of common medicines and therapies, as well as worksheets you can use to keep track of your health management. Access the BFRG online today and create your profile so you can bookmark your favorite pages, access printer-friendly versions, have unlimited access to all the content, and be part of the BFRG community. All this for free!

Slim Skinny Reference Guides® (SSRGs) If you ever had an unusual question about COPD, odds are we have an answer for it in our COPD Big Fat Reference Guide® (BFRG). If you don't have time to read the 400+ page guide, check out the smaller, direct to the point topical booklets below. The Slim Skinny Reference Guides® (SSRGs)cover 10 of the most popular topics in COPD care. This series will give you the basics to managing your COPD. The SSRGs are highly recommended educational materials for patient support groups and pulmonary rehabilitation centers as well. If you don't know where to start, start here!

Brochures: *The 1s, 2s and 3s of COPD*, *What is COPD?* and *The Impact of Smoking.*

Whitepapers

Here are publications on COPD that you can disseminate to your patients. Developed with the National Heart, Lung and Blood Institute, the *Are You At Risk?* and *Breathing Better with a COPD Diagnosis* are two guides that can give you the basics of a COPD diagnosis and where to find more information developed by the *Learn More Breathe Better* campaign.

COPD Resource Kit

One of the materials we developed with the National Heart, Lung and Blood Institute's *Learn More Breathe Better* campaign was the COPD Resource Kit. This box includes

copies of the LMBB materials, a CD, DVD and fact sheets to help you start an advocacy movement in your community. Best of all, this kit is free.

DRIVE4COPD:
DRIVE4COPD, a program of the COPD Foundation, is a landmark public health campaign working to help individuals recognize the signs and symptoms of COPD and take action to determine their risk. To date, more than 2.5 million Americans have assessed their risk for COPD through the DRIVE4COPD five-question risk screener.

COPD Digest:
The *COPD Diges*t is the first free internationally distributed magazine on COPD. Published quarterly, the *COPD Digest* offers practical advice, news and information on treatment and resources to COPD patients, healthcare providers, families, and caregivers. The *COPD Digest* features COPD patient success stories and consumer savvy information, along with legislative updates, and COPDF program updates. Over 250,000 individuals receive the COPD Digest in print and online.

COPD Research Registry and Bronchiectasis Research Consortium & Registry:
The COPDF created two registries with distinct purposes but both aiming an accelerating research in COPD therapies. The COPD Research Registry is becoming the largest database of COPD patients in history. Hosted by National Jewish Health in Denver, is collecting the necessary cohort of individuals with COPD to enroll in clinical trials and studies, including the NIH-funded $37 million COPDGene Study, in effort to accelerate the development of new medicines and procedures for COPD.

Lung Health Professional:
In March 2010, the COPDF launched *Lung Health Professional Magazine* (LHP), a publication for primary care physicians, physician assistants, nurse practitioners, and other ancillary health care providers. To date, LHP reaches over 25,000 subscribers. In its issues, experts from many backgrounds contribute professional articles on topics related to lung diseases as well as case studies for readers.
Educational Events:
The COPD Foundation has co-sponsored many patient education events, free to the public. These events included a series of lectures from leading COPD researchers and free educational materials, all designed to help educate attendees more about their COPD to improve their quality of life.
Pulmonary Education Program (PEP):
The COPD Foundation recognizes the challenges and costs confronting pulmonary rehabilitation programs in providing current, quality educational materials. Through PEP, the COPD Foundation offers free educational materials, ongoing support, resources, and tools for disease management to promote long-term benefits following graduation from pulmonary rehabilitation. In addition, PEP offers an opportunity to assist in Pulmonary Rehab outcomes and feedback. If you and your organization would like to participate in this exciting new program, please contact Scott Cerreta at (866)-731-2673 ext 443 or email scerreta@copdfoundation.org.
Mobile Spirometry Unit (MSU):
The MSU is the second program developed with the launch of the *Learn More, Breathe Better* campaign. Over 25,000 individuals have received free lung tests in health fairs, senior expos, and other events around the nation. There's more information about the MSU program and how you can find out if it'll be in your area soon.
NHLBI Learn More, Breathe Better Campaign:
The *Learn More, Breathe Better* Campaign was launched in 2008 with the purpose of spreading awareness of this underdiagnosed and underfunded disease. The COPD Foundation partnered with the NHLBI of the National Institutes of Health (NIH) to spread awareness of COPD by offering educational resources, such as the COPD Resource Kit, and programs such as the MSU and C.O.P.D. Information Line.
COPD Shuttle:
The *COPD Shuttle: Journey to the Center of the Lung*, is a 20-seat, state-of-the-art mobile motion simulator launched by the COPD Foundation in May 2010. The *COPD Shuttle* is designed to make viewers feel as if they are inside the body, offering a rare glimpse into the lungs, heightening their understanding of COPD, and providing a catalyst for thousands to seek assessment and treatment. The *Shuttle* is an excellent educational tool and due to its visibility easily finds a captive audience. When the *Shuttle* is present at a MSU event, it nearly doubles the amount of individuals who request to be screened by MSU staff.

Operation 435:
Looking for a way to make a difference in your community? Be part of the movement by signing up for Operation 435--the COPD community's leading grassroots advocacy group.
Pulmonary Rehabilitation Toolkit:
This toolkit has been developed by a broad based coalition that includes several key pulmonary societies. It is designed to give hospital based pulmonary rehabilitation programs detailed information regarding payment for pulmonary rehabilitation services under the fee--for--service program of Medicare.
Click here to download the PDF of the toolkit.

http://www.nhlbi.nih.gov/health/public/lung/copd/campaign-materials/

Here at COPD International, you will not be alone. This site has been organized and staffed by individuals who have been diagnosed with COPD, caregivers and other individuals interested in COPD. Designed to help you learn to control COPD instead of letting COPD control you, it's primary purpose is to provide a complete resource for COPD patients, caregivers and family, through interactive support and education.
Here you will find:

- Our **main Chat Room** is open to all 24 hours a day. People are coming and going all the time. Drop in and visit. It's a great source of support and information.
- Our four communities, each have a Chat Room, as well as a Message Board. Here you can find people with similar experiences -- COPD patients, caregivers, teenagers and kids facing the fears, issues and problems associated with dealing on a daily basis with COPD. If your community has no one there when you visit, please drop into the main Chat Room.
- Our **message boards** throughout the Web site are there for you to ask for and get help and guidance. Your experiences can help others there as well.
- Our **List servers**, which provide round the clock COPD information and support by e-mail.
- Our "**Quit Smoking Now**" Program (QSN) to help you kick the habit and provides the ongoing support needed to help you stay smoke-free for as long as you need.
- Guidance for your **exercise** needs.
- Our **"Keep in Touch" Program** (KIT) is a 3 part program which provides a place for those living alone to check in on a regular basis; a way for us to find those who we have lost contact with; and a pen pal program to encourage the creation of COPD related friendships around the world.
- Our **"Loving Thoughts" Program** provides a special message center for sending caring messages during tough times.
- Don't need a Loving Thoughts page but want to send a cheerful note or special anonymous greeting, **check out our Cheer Bear** program.
- Our "Welcome Wagon" Program, which is staffed by community members who are committed to supporting new arriving members by the sharing of information and providing Web site assistance and guidance.
- An ever-expanding reference area complete with a searchable Library. Included in the library are hundreds of articles on COPD and related subjects ranging from the **COPD Survival Guide** to the personal experiences of COPD patients and caregivers.
- The latest news, articles and information at our **COPD Info** blog.
- A manual and checklist with information and guidance for **starting a COPD support group** in your local community.
- A weekly emailed **newsletter** to keep you informed on our Web site developments and the latest COPD news.
- Down through the years, we have lost many of our friends and family to COPD. Some visited using only a nickname, while others remained totally unknown, preferring to read, learn and seek comfort in the knowledge that they were not alone. **The tribute area** is dedicated to all COPD Patients, known and unknown, who have gone on before us.

http://www.copd-international.com/

COPD MAIL LIST As mentioned, the mail list is available in two formats REGULAR or DIGEST. REGULAR is as-they-are-posted e-mail messages and DIGEST is compiled e-mail messages containing all the messages of the day. To keep files sizes acceptable for all ISPs, DIGEST is sent out in sections, two or three a day depending on the volume and size of mail. COPD list contains COPD posts and also accepts posts concerning most any subject that is in good taste and does not otherwise violate the restrictions set forth in our Policies. To subscribe to the COPD Mail List click here.

COPD-CAREGIVERS MAIL LIST - is a special list for the dedicated folks who find themselves in the position of being caregivers for a loved one with COPD. This List may be joined in conjunction with one of the three lists above or completely separate. (Note: This caregivers list is for caregivers only - not for patients.) Click here for more information and to subscribe to COPD-CAREGIVERS Mail List.

COPD FORUM - The COPD Forum is available from our web site and provides another means of communicating questions to others concerning COPD and related health matters. Many prefer this form of communicating, asking questions and sharing. You may visit the forum by clicking here.

COPD CHATROOM - Designated hosts are in the chatroom seven days a week at some 50 sessions. Most sessions are called COPD Open Chat which means that most any subject in good taste may be discussed except those expressly prohibited by our policies. Some sessions are Focused Chat where only COPD subjects may be discussed - no miscellaneous chatter. On occasion, there is a Topic Chat where only the subject topic may be discussed - no greetings nor miscellaneous chatter. Topic Chats frequently have guest speakers or special hosts to cover a particular subject concerning COPD or related health matters. The schedule is posted every Sunday for the entire week and located on our web site as the Chatroom Schedule and the links to the chatroom are contained on our site from the Chatroom Page.

COPD-Watch The COPD-Watch Program is a program that has been designed for those individuals who live alone or feel the need to otherwise have daily contact with other individuals who have COPD. Individuals are assigned to groups of 6-10 and there are very specific check in requirements in order to remain in the program. The program is not intended to provide information or support to others although it is often a side benefit. Individuals who join the program are required to provide information concerning themselves and an emergency contact that does not live with them in the event that they miss check in and the group can not establish that contact. The group leader then notifies management who has the information furnished and contact is attempted. In the event contact fails, the authorities are advised with a request to perform a health and welfare visit. Click here for more information and to submit a request to join the COPD-Watch Program.

SmokeNoMore PROGRAM - The SmokeNoMore Program was developed to provide the support network for those individuals who wish to stop smoking and prefer to receive their support from friends on the computer rather than (or in addition to) formal face-to-face gatherings. While the program was developed for use by individuals afflicted by Chronic Obstructive Pulmonary Disease (COPD) and sponsored by COPD-Support, Inc., the program is open to any individual who wants to trod the path to freedom from smoking. The role of the SmokeNoMore Program is to provide a daily contact with these individuals, broken down into small teams, and to offer support, encouragement, and information on how to access other resources. No magic bullets here, but for the individual who is ready to do the most

important thing that they can do in the fight to slow down the progressive nature of COPD, then this might just be the answer. Click here for more information and to submit a request to join the SmokeNoMore Program.

WEB LINKS PROGRAM - Volunteers spend a great deal of time searching web sites to provide a listing of premium sites providing information on COPD and related health matters. Our Links-Medical page also provides a search engine for searching the web, and a search engine for determining information on prescription drugs. Click here for the Links-Medical Page.

OTHER PROGRAMS - There are additional programs have been created and are administered by individual subscribers. Though not managed by COPD-Support, they are highly recommended. Examples are the TLC Msg Book, Let's Get Fit, and Smiles of Sunshine. We also have links to sites created and maintained by COPD friends - go to Links-Friends

http://copd.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=copd&cdn=health&tm=25&gps=104_173_955_559&f=20&tt=14&bt=0&bts=0&zu=http%3A//www.copd-support.com/

http://www.copd-awareness.org/default.asp

http://www.emphysema.net/bindex.asp

Carroll Township, PA, Better Breathers Support Group, Monongahela Valley Hospital, Carroll Township

Assets for stroke deaths:

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

http://www.monvalleyhospital.com/healthlibrary.asp
-MVH Health Library

http://www.strokeassociation.org
-About Stroke-Tells about different types of strokes and symptoms associated with them
-Life After Stroke-Gives specific a lot of information for both stroke survivors and their caretakers
-Stroke Connection Magazine-4 free issues a year

http://www.strokeassociation.org/STROKEORG/AboutStroke/Lets-Talk-About-Stroke-Patient-Information-Sheets_UCM_310731_Article.jsp
-Different information pamphlets for Let's Talk About Stroke

http://www.strokecenter.org/patients/
-Caregivers and Patient Resources

http://stroke.nih.gov/materials/needtoknow.htm
-Different downloadable resources

http://www.stroke.org/site/PageNavigator/HOME
-StrokeSmart Magazine
-Stroke Survivors and Caretaker resources

http://www.stroke.org/site/PageServer?pagename=hope
-Hope A Stroke Recovery Guide booklet to order or download pdf

Internet:
http://stroke.nih.gov/materials/ know stroke toolkit

www.strokeassociation.org

The National Stroke Association devotes all its resources to stroke. Supported by major pharmaceutical and medical device makers, it offers information and support to patients, caregivers, and medical professionals.
National Stroke Association http://www.stroke.org/

Worksites wellness score http://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf
http://www.cdc.gov/dhdsp/index.htm

http://millionhearts.hhs.gov/individuals.html?s_cid=millionhearts-003-bb

Assets for dental care

Donated dental Services
412-243-4866
NFDH.org

Local Federally qualified health centers:

Community medical and dental plaza,
www.cornerstonecare.com
1227 Smith Township State Road
Burgettstown, PA 15021-2828, 724-947-2251

WAYNESBURG DENTAL AND COUNSELING CENTER,
www.cornerstonecare.com
501 West High Street
Waynesburg, PA 15370, 724-852-1001

MOBILE MEDICAL AND DENTAL UNIT,
www.cornerstonecare.com
Call Cathi at 724-852-1001 x305 to schedule the mobile unit at a location near you

Centerville clinics, www.centervilleclinics.com
The Charleroi Medical and Dental Center
200 Chamber Plaza
Charleroi, PA 15022, 724-483-5482

Other dental care:

KATSUR DENTAL & ORTHODONTICS
460 Washington Rd,
Washington, PA 15301 (724) 223-0750

YOUNG AND SPECIAL DENTAL PC
2790 W. Chestnut
Washington, PA 15301 (724) 222-1970

Western Pennsylvania Oral & Maxillofacial Surgery PC, 125 N Franklin Dr, Washington, PA 15301 (724) 223-0579

Amos William E III Dmd, 150 W Beau St Ste 415, Washington, PA 15301 (724) 228-4560

Affordable dental centers of America
106 Trinity Point Dr, Washington, PA 15301 (724) 222-3332

Snee Dental Assoc, 1145 E Maiden St, Washington, PA 15301 » Map (724) 222-0380

Dietrich Thomas A DDS, 400 Jefferson Ave, Washington, PA 15301 (724) 228-4880

Meadow Dental Ctr, 2031 W Chestnut St, Washington, PA 15301 (724) 228-6684

Stacher Kim A DDS, 502 N Main St, Washington, PA 15301 (724) 225-1554

Aspen Dental, 391 Washington Rd, Washington, PA 15301 (724) 222-7400

Saeed Atif M D MD, 95 Leonard Ave, Washington, PA 15301 (724) 206-9149

Nawrocki Joseph S DDS, 90 E Maiden St, Washington, PA 15301 (724) 225-3022

Spatz Sherman DMD, 378 W Chestnut, 105 Washington, PA 15301 (724) 222-3422

Roman & Vaughan, 378 W Chestnut St # 101, Washington, PA 15301 (724) 228-4600

Stacher Kim A DDS, 150 W Beau St # 404, Washington, PA 15301 (724) 228-9810

Mc Cormick III William A DDS, 604 N Main St, Washington, PA 15301 (724) 225-5070

El-Attrache Reid Dds, 250 Oak Spring Rd, Washington, PA 15301 (724) 228-6624

Allison Stephen W DDS, 935 S Main St, Washington, PA 15301 (724) 225-5149

Walther Thomas R MD, 100 Trich Dr # 2, Washington, PA 15301 (724) 225-8657

Kostyal Larry DDS, Reihner John M DDS
125 N Franklin Dr # 5, Washington, PA 15301 (724) 222-2256

Green Tom DDS, 150 W Beau St # 207, Washington, PA 15301 (724) 223-0220

Assid Edwin E DDS, 620 N Main St, Washington, PA 15301 (724) 222-1063

Drewitz Thomas C DDS, 829 Jefferson Ave # 2, Washington, PA 15301 (724) 228-0950

Barry F. Bartusiak, DMD, 212 Wellness Way, Washington, PA 15301 (724) 225-3680

Falleroni Dental, 801 N Main St, Washington, PA 15301 (724) 222-1020

Good Orthodontics , 111 Washington St, Washington, PA 15301 (724) 225-1114

Center For Facial & Jaw Surgery, 201 Ridge Ave, Washington, PA 15301 (724) 225-2800

Specialty Periodontal Care, 2790 W Chestnut St, Washington, PA 15301 (724) 228-5800

Associates In Dentistry, 131 S College St Washington Pa, 15301, Washington, PA 15301 (724) 228-3142

Waterdam Dental Associates, 161 Waterdam Rd Apt 250, Canonsburg, PA 15317 (724) 942-3820

Hanna Harry G DDS, 4198 Washington Rd Ste 4, Canonsburg, PA 15317 (724) 942-4500

Mc Murray Dental Assoc, 4143 Washington Rd, Canonsburg, PA 15317 (724) 969-0987

Cartwright Gary DDS, 2000 Waterdam Plaza Dr # 120, Canonsburg, PA 15317 (724) 942-5130

Sulkowski William M Dds, 183 E Pike St, Canonsburg, PA 15317 (724) 745-0103

Meliton Henry R DMD, 111 Coachside Dr, Canonsburg, PA 15317 (724) 746-0335

Severyn Bradley J DDS, 801 W Pike St, Houston, PA 15342 (724) 745-8630

Pavelka Thomas G DDS, 30 Monongahela Pike, Eighty Four, PA 15330 (724) 229-4252

Family Dental Solutions, 120 S Main St, Houston, PA 15342 (724) 746-6860

Your Dental Place, 125 E Pike Street, Houston, PA 15342 (724) 745-1004

Evans Robert C DDS, 100 Houston Sq # 1A, Canonsburg, PA 15317 (724) 746-5330

Hanley John DDS, 1772 Route 519, Canonsburg, PA 15317 (724) 745-2151

Clopp Michael R DDS, 1227 Linden Vue Dr, Canonsburg, PA 15317 (724) 873-1759

Beamer Margaret A Dds, 155 McClelland Rd, Canonsburg, PA 15317 (724) 746-4010

Orthodontic Associates, 161 Waterdam Rd # 220, mc Murray, PA 15317 (724) 941-9170

Hartzell Nancy W, 1000 Waterdam Plaza Dr # 220, Canonsburg, PA 15317 (724) 941-7144

Stewart Charles E DDS, 2000 Waterdam Plaza Dr # 260, Canonsburg, PA 15317 (724) 942-1941

Hladio Family Dental Ctr, 2000 Waterdam Plaza Dr # 240, Canonsburg, PA 15317 (724) 941-6612

Radnor Leonard L DMD FAGD, 157 Waterdam Rd, Canonsburg, PA 15317 (724) 941-3570

Pasqual Associates, 3001 Waterdam Plaza Dr # 260, Canonsburg, PA 15317 (724) 942-3611

Bartusiak Robert DDS, 2000 Waterdam Plaza Dr # 280, Canonsburg, PA 15317 (724) 941-3090

Gentle Dentle, 673 Morganza Rd, Canonsburg, PA 15317 (724) 746-3360

Mertens Dental Assoc, 3805 Washington Rd, Canonsburg, PA 15317 (724) 941-4990

Feuer Jay DDS, 3035 Washington Rd, Canonsburg, PA 15317 (724) 941-2200

Bartusiak Barry F DDS, 3901 Washington Rd, Canonsburg, PA 15317 (724) 942-9400

Rudolph Brian A DDS, 807 E McMurray Rd, Venetia, PA 15367 (724) 941-9265

Stoupis Sherrie M DDS, 614 Main St, Bentleyville, PA 15314 (724) 239-3300

Stoffer Warren M DDS, 2585 Washington Rd, Pittsburgh, PA 15241 412) 854-9055

Little Melinda, 261 Main St, Claysville, PA 15323 (724) 663-7735

Southpointe Dentistry, 501 Corporate Dr # 220, Canonsburg, PA 15317 (724) 746-5020

Caske Donald E DMD, 119 W Chevalier Ct, Eighty Four, PA 15330 (724) 942-6447

George Jerome W DDS, 3307 Washington Rd, Canonsburg, PA 15317 (724) 941-4200

Gurecka Joseph L DMD, 180 Gallery Dr, Canonsburg, PA 15317 (724) 942-8982

Basile John A Dos, RR 50, Cecil, PA 15321 (724) 746-5222

Johns Martin G DDS, 113 Golfview Dr, Canonsburg, PA 15317 (724) 941-7406

McKnight Barry D DMD, 2867 Washington Rd, Canonsburg, PA 15317 (724) 941-7799

Joel S Rozen & Assoc, 147 Wilson Road, Bentleyville, PA 15314 (724) 239-3533

Mascio George DDS, Burgettstown, PA 15021 (724) 729-3660

Dyer Robert L DMD, 3909 Washington Rd, Canonsburg, PA 15317 (724) 941-4660

Gordon Stephney, 206 Cedarbrook Ct, Canonsburg, PA 15317 (724) 942-7767

Fabian Andrew J DDS, 494 Clubview Dr, Canonsburg, PA 15317 (724) 941-8512

Shields Douglas F DMD, 110 Hidden Valley Rd Ste 3, Canonsburg, PA 15317 (724) 941-1763

Dibartola Jr Wayne J DDS, 127 Marlboro Dr, Canonsburg, PA 15317 (724) 941-1841

Buzzatto Lauren C DMD, 113 Candlelite Dr, Canonsburg, PA 15317 (724) 941-6579

Buzzatto Mark H DDS, 115 Yorktown Rd, Canonsburg, PA 15317 (724) 942-4543

Schratz Walter W DMD, 505 Valley Brook Rd, Canonsburg, PA 15317 (724) 941-4455

Hnat Michael F DMD, 3055 Washington Rd, Canonsburg, PA 15317 (724) 942-5630

Pruce Dental, 608 E McMurray Rd, Canonsburg, PA 15317 (724) 942-1400

Giovannitti Jr Joseph A DDS, 198 Delaware Trl, Venetia, PA 15367 (724) 942-3228

Assid Edwin E DMD, 2867 Washington Rd, Canonsburg, PA 15317 (724) 941-9600

Family Dental Solutions, 1825 Washington Rd, Canonsburg, PA 15317 (724) 746-6860

Mayberry David J DDS, 3515 Washington Rd, Canonsburg, PA 15317 (412) 833-7888

Hartzell Nancy, 160 Gallery Dr, Canonsburg, PA 15317 (724) 942-2680

Lazzaro Anthony J DMD MSD, 3307 Washington Rd, Canonsburg, PA 15317 (724) 941-8378

Thomas Family Dental, 3506 Washington Ave, Finleyville, PA 15332 (724) 348-7681

John M Holovak, 1943 Smith Township State Rd, Burgettstown, PA 15021 (724) 947-5880

Maropis P S DDS, 104 Vian Ave, Burgettstown, PA 15021 (724) 947-5142

Shields Douglas F DDS, 330 S Main St, Burgettstown, PA 15021 (724) 947-5064

Porter Wayne L DDS, 5109 Hill St, Finleyville, PA 15332 **(724) 348-5581**

Dds Pc, 101 N McDonald St # 100, Mc Donald, PA 15057 **(724) 926-8555**

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Lardieri Dentistry, 8050 Noblestown Rd, Mc Donald, PA 15057 **(724) 926-0111**

Dentica, 330 Morganza Rd, Canonsburg, PA 15317 **(724) 916-0111**

McFarland & Burns Orthodontics, 4050 Washington Rd, Canonsburg, PA 15317 **(724) 941-2420**

Pediatric Dentistry South, 4000 Waterdam Plaza Dr # 140, Canonsburg, PA 15317 **(724) 942-4840**

Three Rivers Oral, 3515 Washington Rd, Canonsburg, PA 15317 **(724) 260-5184**

Severns Dentist & Orthodontics, 3155 Washington Rd, Canonsburg, PA 15317 **(724) 942-8300**

Krah Family Dentistry, 607 E McMurray Rd, Canonsburg, PA 15317 **(724) 941-2929**

Fishell Jr John O DDS, 628 E McMurray Rd, Canonsburg, PA 15317 **(724) 941-1819**

Sepic Orthodontics, 2867 Washington Rd, Canonsburg, PA 15317 **(724) 942-4229**

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Western Pa Special Care, 100 Stoops Dr, Monongahela, PA 15063 (724) 929-6063

Monview Family Medical Ctr, 447 W Main St # 1, Monongahela, PA 15063 (724) 258-2070

Ivill Paul W Dentist Office, 1117 W Main St, Monongahela, PA 15063 (724) 258-4710

Pittsburgh South Dentistry, 100 Alexander Ave., Monongahela, PA 15063 (724) 258-8215

New Valley Dental, 584 McKean Ave, Donora, PA 15033 (724) 379-8150

Family Dental Solutions, 584 McKean Ave, Donora, PA 15033 (724) 379-8742

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Tolner Dennis F DDS, 625 Lincoln Ave # 201, Charleroi, PA 15022 (724) 483-2020

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Persico Thomas M DMD, 15 Eastgate, Monessen, PA 15062 (724) 684-4020

Essey R Shawn DMD, 1501 Marion Ave, Monessen, PA 15062 (724) 684-3370

Check Jennifer DDS, 86 Craven Dr, Charleroi, PA 15022 (724) 312-6360

Connolly James J DDS, 514 Circle Dr, Belle Vernon, PA 15012 **(724) 929-4100**

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Shutty Walter F DDS, 303 S 6th St, West Newton, PA 15089 **(724) 872-4818**

Nova Dental Assoc, 501 Vine St, West Newton, PA 15089 **(724) 872-9522**

Hogan Edwin P DMD Office, 243 N 2nd St, West Newton, PA 15089 **(724) 872-4978**

Roberts Edward O DDS, 137 Fallowfield Ave, Charleroi, PA 15022 **(724) 483-4462**

Porter Wayne L DDS, 5109 Hill St, Finleyville, PA 15332 **(724) 348-5581**

Wells Edwin D DDS, 909 Broad Ave, Belle Vernon, PA 15012 (724) 929-8333

Ciarallo Robert DDS, 100 Pricedale Rd, Belle Vernon, PA 15012 (724) 929-4939

Edward L Barron PC, 1730 Rostraver Rd, Belle Vernon, PA 15012 (724) 929-5025

Gates Durwin L DDS, Tri County Plz, Belle Vernon, PA 15012 (724) 929-2254

Complete Dentalcare, 1108 Fayette Ave, Belle Vernon, PA 15012 (724) 929-3368

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1 Twilight Hollow Rd, Charleroi, PA 15022
(724) 483-3571

New Valley Dental, 1200 Ashwood Dr # 1202, Canonsburg, PA 15317 **(724) 746-3240**

Dolobach Bernard DDS, 416 Market St # 1, Brownsville, PA 15417 **(724) 785-8194**

Garofalo William R DDS, 399 Liberty St # 2, Perryopolis, PA 15473 **(724) 736-2550**

California Cosmetic-Fmly Dntl, 144 3rd St, California, PA 15419 **(724) 938-7101**

Howes Robert E Dentist, 358 Old National Pike, Brownsville, PA 15417 **(724) 785-8090**

Cessna Robert S DDS, 305 Liberty St, Perryopolis, PA 15473 **(724) 736-2300**

Patt Steven M DDS 119 Thornton Rd, Brownsville, PA 15417 **(724) 785-3410**

Family Dental Practice 110 Jefferson Rd, Waynesburg, PA 15370 (724) 627-8382

Steven J Pinelli & Assoc 232 Elm Dr, Waynesburg, PA 15370 (724) 852-2336

Toothman Dental Ctr 801 E Greene St, Waynesburg, PA 15370 (724) 627-5399

Hancheck Stephanie DDS, Shipe Bruce V DDS 1135 8th St, Waynesburg, PA 15370 (724) 852-1617

The Smile Place, 120 W High St, Waynesburg, PA 15370 (724) 852-1767

Wilt Rachel M DDS, 501 W High St, Waynesburg, PA 15370 (724) 627-4309

Burns Orthodontics, 157 E High St, Waynesburg, PA 15370 (724) 852-1802

Williams Evan T DDS, 415 W George St, Carmichaels, PA 15320 (724) 966-5791

Szarell David DDS, 108 N Market St # B, Carmichaels, PA 15320 (724) 966-2098

Victor W Lapkowicz Dmd Pc, 112 Rices Landing Rd, Rices Landing, PA 15357 (724) 592-6940

Ahlborn Charles P, 112 Lindella Dr, Brownsville, PA 15417 (724) 785-5519

Implementation Plan
Washington Hospital and WHS-Greene

Table of Contents

Overview

From January 2016 to March 2016, Washington Health System (WHS) engaged Washington County Health Partners (WCHP) to complete their Community Health Needs Assessment (CHNA) for the Washington Hospital and WHS-Greene facilities. During that process, a 2020 Healthy Community Logic Model™ was created to show logical linkages between health factor indicators and final outcomes. This implementation plan completes the logic model by providing the inputs and resources; process goals and objectives; and expected process measures (outcomes) for the two identified, prioritized health needs: diabetes and breast cancer (See Figure 1).

Since some of the identified needs are interrelated to the two priority ones, they will be addressed to a certain extent by addressing the latter. These include: adult obesity; fruit and vegetable consumption; meeting physical activity recommendations; tobacco use; and excessive drinking. The rest of the identified health needs will not be addressed in this plan. Reasons why include:

1. Lung cancer—lack of evidenced-based interventions to decrease mortality after it has been diagnosed.
2. Suicide—relative low priority assigned to need due to low number of deaths (even though rate is high).
3. Colorectal cancer/invasive colorectal cancer—Not enough resources to address need along with the other two prioritized needs
4. COPD—Not enough resources to address need along with the other two prioritized needs
5. Stroke—Not enough resources to address need along with the other two prioritized needs
6. Coronary heart disease—relatively low priority due to the death rate decreasing.
7. Dental visits—need is better addressed by community partners whose focus includes these services.
8. Access to health foods—lack of evidenced-based interventions to increase access and lack of expertise/control to accomplish progress (measure was ratio between grocery stores versus convenience stores).
9. Access to fast foods—lack of evidenced-based interventions to decrease access and lack of expertise/control to accomplish progress (measure was ratio between fast food restaurants stores non-fast food ones).

Public health looks at populations, and is not used to clinically manage individual patients. This plan is designed with formative evaluation, not summative. This means that the information measured is used to compare where the intervention population is in relation to a "standard;" to investigate reasons behind variation from the “standard;” and to continue to revise the plan and/or interventions based on quality improvement processes.

This plan will detail for each of the prioritized health needs:

- Inputs and resources
- Goals, process objectives and process activities with time line
- Expected process outcomes and measurements
- How each measure will be collected and by whom
- Into what database the collected information will be entered and who will enter
- How the information will be analyzed and who will perform the analysis
- How and who will communicate the results with timeline

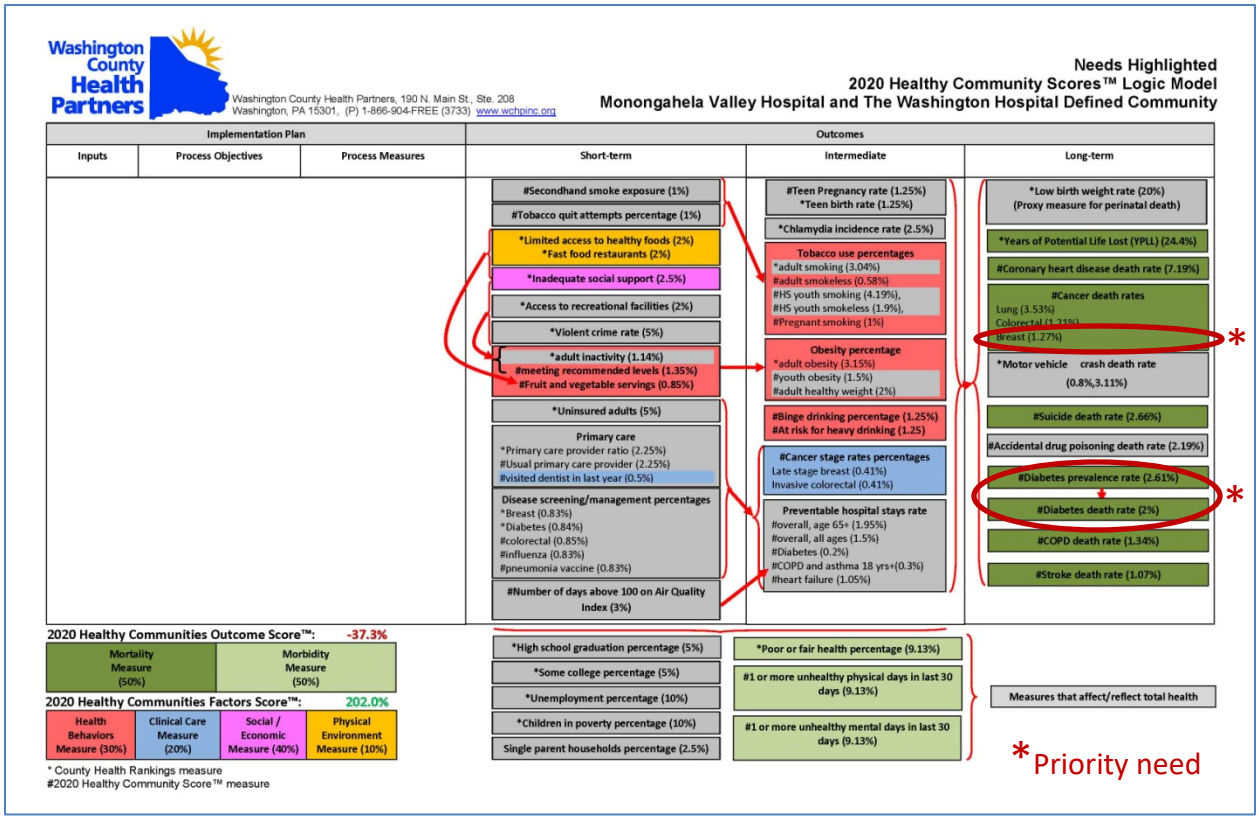

Figure 1. 2020 Healthy Community Logic Model™ with highlighted needs.

Inputs and resources

Inputs and resources are the raw materials that are needed to implement the plan. They are determined by the plan's goals and objectives and include: people; funding; and organizations.

Expected inputs include:

1. Funding from WHS to implement the plan
2. Funding from other entities to implement interventions
3. Appropriate WHS staff to work on the implementation of the plan, including:
   a. Stakeholders (in-patient and out-patient staff (Nurses (RN), Physicians (MD), Physician Assistants (PA), Certified Nurse Practitioners (CRNP), Outreach Coordinator, etc.)
   b. Database administrators for inpatient medical records and in/outpatient medical offices
   c. Diabetes care medical director, Diabetes educator managers and educators
   d. case managers
   e. dietitians
   f. Women's center director, Women's center medical director and Breast cancer RN navigator
4. Community organizations such as:
   a. Washington Physician Hospital Organization
   b. American Diabetes Association

c. American cancer society,
d. Pharmacists
e. private physician practices
f. employers
g. health insurance plans
h. pharmaceutical companies
i. Federally Qualified Health Centers (FQHC)
j. Healthy Women sites
k. faith community and community health workers

5. PA Department of Health representative
6. people with diagnosed diabetes and their social supports
7. people with diagnosed pre-diabetes and their social supports
8. people at risk of pre-diabetes/diabetes and their social supports
9. women with late stage breast cancer
10. women at risk of late stage breast cancer
11. Patient Family Center Care Advisors
12. Evaluation and implementation coordinator (WCHP)
13. Health care affordability act mandates
14. Evidenced-based interventions for diabetes and breast cancer
15. Community health assessment results

Goals, process objectives and process activities

Goals identify what is to be accomplished by the end of a specific time period while process objectives specify what is to be accomplished during mile posts within the goals' timeframes. Process activities map how the objectives will be achieved and are contained within the objective's time period. An important piece of the activities include how and who will communicate the results.

Goal #1: To continue the implementation of an evidenced-based intervention designed to increase the percentage of people with diabetes whose most recent Hemoglobin A1c test value is under a value to be determined in the Washington Physician Hospital Group population by 3% as of June 30, 2018.

Process Objective 1: To assess current priority diabetic interventions by January 31, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify work group members to represent all stakeholders (in-patient and out-patient staff (RNs, MDs, PAs, CRNPs, etc.), people with diabetes and their social supports, American diabetes association, pharmacists, case managers, private physician practices, diabetes educators, health insurance plans, pharmaceutical companies, FQHCs, faith community, dietitians, social workers, and community health	WHS	7-31-16

workers, etc.		

Process Objective 1: To assess current priority diabetic interventions by January 31, 2017. (cont.)

Process Activities:	Responsible Party:	Timeline for completion:
2. Convene work group to: respond to community health needs assessment results on diabetes; and indentify and prioritize current interventions on agreed criteria	WHS, WCHP and Work group	9-30-16
3. Determine which priority intervention(s) to assess	WHS	10-31-16
4. Assess priority intervention(s) for: evidenced-based structure; data collection method; and current database used. Gather baseline data (past three years) and identify gaps.	Evaluator with help from work group	12-31-16
5. Determine what Hemoglobin A1c value should be considered as "under control."	Work group	1-31-17
6. Compare priority intervention(s) structures to evidence-base and identify gaps	Evaluator (e.g. WCHP)	1-31-17

Process Objective 2: To design modifications of existing diabetic intervention(s) (or design new ones) to comply with evidenced-base by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Present baseline data, comparison and gaps in evidence-base for priority intervention(s) to work group	Evaluator (e.g. WCHP)	2-28-18
2. Create work group subcommittees for each priority intervention that include representation from the staff who will be implementing the intervention(s)	Evaluator (e.g. WCHP) and work group	3-31-18
3. Determine pilot sites for modification of existing priority intervention(s) (or design new ones) to close gaps.	Evaluator (e.g. WCHP) and work group subcommittees	4-30-18
4. Determine modifications (or new ones) needed and design intervention, data collection, analysis and reporting.	Evaluator (e.g. WCHP) and work group subcommittees	6-30-18

Process Objective 3: To monitor modified or new diabetic intervention(s) to check for correct implementation by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Modify existing data collection methods to incorporate needed measures as needed	Evaluator (e.g. WCHP) and work group subcommittee	8-31-17
2. Present collection methods to staff responsible for the program implementation and collect feedback for improvement	Evaluator (e.g. WCHP), staff and work group subcommittee	9-30-17
3. Modify existing database (or design new ones) to accept data on needed measures and/or to ex-	Evaluator (e.g. WCHP) and database administra-	10-31-17

tract/report the data already collected.	tor(s)	

Process Objective 3: To monitor modified or new diabetic interventions to check for correct implementation by June 30, 2017. (cont.)

Process Activities:	Responsible Party:	Timeline for completion:
4. Train data collectors on modified or new collection methods and modified or new databases.	Evaluator (e.g. WCHP), staff and work group subcommittee	1-31-18
5. Review quarterly data collected (or extracted) and reported to check for accuracy and completeness	Evaluator (e.g. WCHP)	4-30-18
6. Present quarterly data to staff responsible for the program implementation and collect feedback for improvement	Evaluator (e.g. WCHP) and staff	4-30-18
7. Present quarterly data to work group subcommittee and collect feedback for improvement	Evaluator (e.g. WCHP) and work group subcommittee	4-30-18
8. Make changes as necessary to data collection, input (or extraction) and reporting processes to optimize and correct deficiencies.	Evaluator and database administrator(s)	On-going from 1-31-17 to 6-30-18

Process Objective 4: To determine if modified or new diabetic intervention(s) are effecting positive change in indicators by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Review data collected (or extracted) from and reported to check data trends	Evaluator	7-31-17, 10-31-17, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)
2. Issue report for each quarter's data to staff responsible for the program implementation	Evaluator and staff	7-31-17, 10-31-18, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)
3. Make changes as necessary to data collection, input (or extraction) and reporting processes to optimize and correct deficiencies.	Evaluator staff and database administrator(s)	On-going from 7-31-17 to 6-30-18
4. Issue quarterly report to work group subcommittee	Evaluator and work group subcommittee	7-31-17, 10-31-17, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)
5. Issue annual report to work group	Evaluator staff and database administrator(s)	6-30-17

Goal #2: To implement an evidenced-based intervention designed to increase the number and percentage of women aged 42-69 years who are screened at least once for breast cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2017.

Process Objective 1: To assess current priority breast cancer interventions by January 31, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify work group members to represent all stakeholders (in-patient and out-patient staff (RNs, MDs, PAs, CRNPs, etc.), women at risk of late stage breast cancer, women with late stage breast cancer, Patient Family Center Care Advisors (PFCC), American cancer society, private physician practices, women/breast health care navigators, health insurance plans, FQHCs, faith community, pharmaceutical companies, and Healthy Women sites, etc.	WHS	7-31-17
2. Convene work group to: respond to community health needs assessment results on breast cancer; and indentify and prioritize current interventions on agreed criteria	WHS, Work group	9-30-17
3. Determine which priority intervention(s) to assess	WHS	10-31-17
4. Assess priority intervention(s) for: evidenced-based structure; data collection method; and current database used. Gather baseline data (past three years) and identify gaps.	Evaluator with help from work group	12-31-17
5. Compare priority intervention(s) structures to evidence-base and identify gaps	Evaluator	1-31-18

Process Objective 2: To design modifications of existing breast cancer intervention(s) (or design new ones) to comply with evidenced-base by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Present baseline data, comparison and gaps in evidence-base for priority intervention(s) to work group	Evaluator	2-28-18
2. Create work group subcommittees for each priority intervention that include representation from the staff who will be implementing the intervention(s)	Evaluator and work group	3-31-18
3. Determine pilot sites for modification of existing priority intervention(s) (or design new ones) to close gaps.	Evaluator and work group subcommittees	4-30-18
4. Determine modifications (or new ones) needed and design intervention, data collection, analysis and reporting.	Evaluator and work group subcommittees	6-30-18

Process Objective 3: To monitor modified or new breast cancer interventions to check for correct implementation by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Modify existing data collection methods to incorporate needed measures as needed	Evaluator and work group subcommittee	8-31-17
2. Present collection methods to staff responsible for the program implementation and collect feedback for improvement	Evaluator staff and work group subcommittee	9-30-17
3. Modify existing database (or design new ones) to accept data on needed measures and/or to extract/report the data already collected.	Evaluator and database administrator(s)	10-31-17
4. Train data collectors on modified or new collection methods and modified or new databases.	Evaluator staff and work group subcommittee	1-31-18
5. Review quarterly data collected (or extracted) and reported to check for accuracy and completeness	Evaluator	4-30-18
6. Present quarterly data to staff responsible for the program implementation and collect feedback for improvement	Evaluator and staff	5-30-18
7. Present quarterly data to work group subcommittee and collect feedback for improvement	Evaluator and work group subcommittee	5-30-18
8. Make changes as necessary to data collection, input (or extraction) and reporting processes to optimize and correct deficiencies.	Evaluator staff and database administrator(s)	On-going from 1-31-17 to 6-30-18

Process Objective 4: To determine if modified or new breast cancer intervention(s) are effecting positive change in indicators by June 30, 2017.

Process Activities:	Responsible Party:	Timeline for completion:
1. Review data collected (or extracted) from and reported to check data trends	Evaluator	7-31-17, 10-31-17, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)
2. Issue report for each quarter's data to staff responsible for the program implementation	Evaluator and staff	7-31-17, 10-31-17, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)

Process Objective 4: To determine if modified or new breast cancer intervention(s) are effecting positive change in indicators by June 30, 2017. (cont)

Process Activities:	Responsible Party:	Timeline for completion:
3. Make changes as necessary to data collection, input (or extraction) and reporting processes to optimize and correct deficiencies.	Evaluator staff and database administrator(s)	On-going from 7-31-17 to 6-30-18
4. Issue quarterly report to work group subcommittee	Evaluator and work group subcommittee	7-31-17, 10-31-17, 1-31-18, 4-30-18 (By the end of the next month after the quarter has ended for the prior quarter's data)
5. Issue annual report to work group	Evaluator staff and database administrator(s)	6-30-18

Expected process outcomes and measurements

Tables 1 and 2 present the recommended process measures for each priority health need (diabetes and breast cancer) that should be collected and analyzed before, during and after the priority interventions. It also identifies how the measure data are collected, who collects it, into what database it is put and who enters or extracts the data for reporting purposes.

Figure 2 illustrates the diabetic intervention population and where areas for policy change and intervention are located[1]. It also provides a framework for defining many of the diabetic process measures. Abbreviations used include:

- CHNA=Community health needs assessment
- WCHP=Washington County Health Partners
- PASW=Statistical database used by WCHP to store data
- WHS=The Washington Hospital
- EMR=electronic medical record
- HBCBS=Highmark Blue Cross Blue Shield

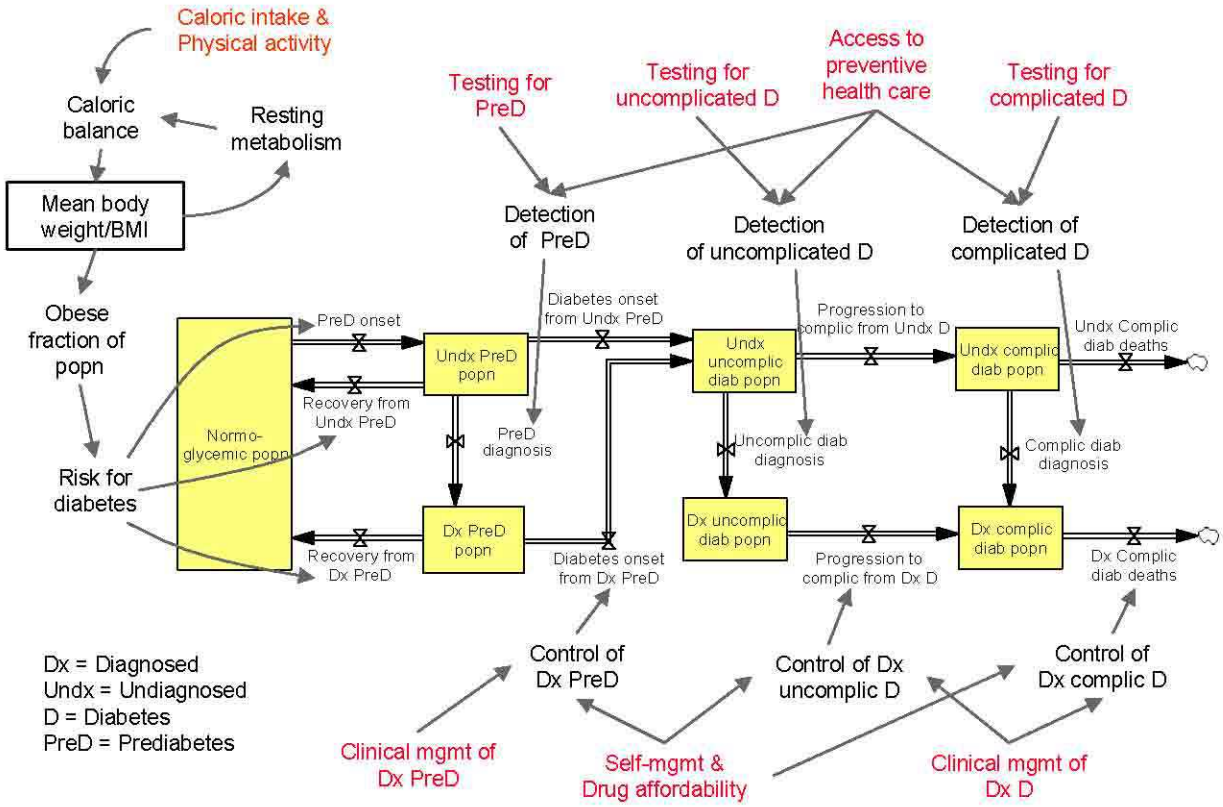

Figure 2. Diabetic population model.

[1] *Jones AP, Homer JB, Murphy DL, Essien JD, Milstein B, Seville DA. Understanding diabetes population dynamics through simulation modeling and experimentation. Am J Pub Health 2006;96(3):488-94. Available at: http://sustainer.org/pubs/Diabetes_System(ISDC04).pdf*

Table 1: Recommended diabetes intervention process measures

Diabetes process measures	How collected	Who collect	What data base	Who enters or extracts in-formation
1. Number/percent of people with diagnosed diabetes;	CHNA	WCHP	PASW	WCHP
2. Number/percent of people with diagnosed diabetes;	Historical inpatient, outpatient, professional encounters, pharmacy claims. ICD-9-CM, CPT, CPTII, HCPCS, Revenue codes, DRG, NDC	Health insurance plans	Health insurance plans' pay for performance	Health insurance plans
a. number/percent of those who have received health care provider visits:				
i. once				
ii. twice (to be added)				
b. number/percent of those who have received A1cs testing in the past 12 months;				
i. once				
c. number/percent who had a foot exam				
d. number/percent who have received an eye exam in the past 12 months				
e. number/percent screened for hyperlipidemia (LDL);				
f. number/percent who have received at least one pneumococcal vaccine; (? to be added)				
g. number/percent of those who have received A1cs testing in the past 12 months whose value was under a percentage to be determined	physician order/lab data results and meaningful use certification process	WHS/ physician office	Sunrise, Orchard, and/or EMRs	Health information exchange coordinator, WHS database administrator and/or physician office
h. number/percent who have been referred to /received formal diabetes education;	To be determined (TBD)	TBD	TBD	TBD
i. Number/percent/rate of diabetic-related possibly preventable hospitalizations	Hospital discharge data	WHS	Hospital discharge data	WHS database administrator

Figure 3 illustrates the comprehensive model for chronic disease prevention and control[2]. It also provides a framework for defining many of the breast cancer process measures.

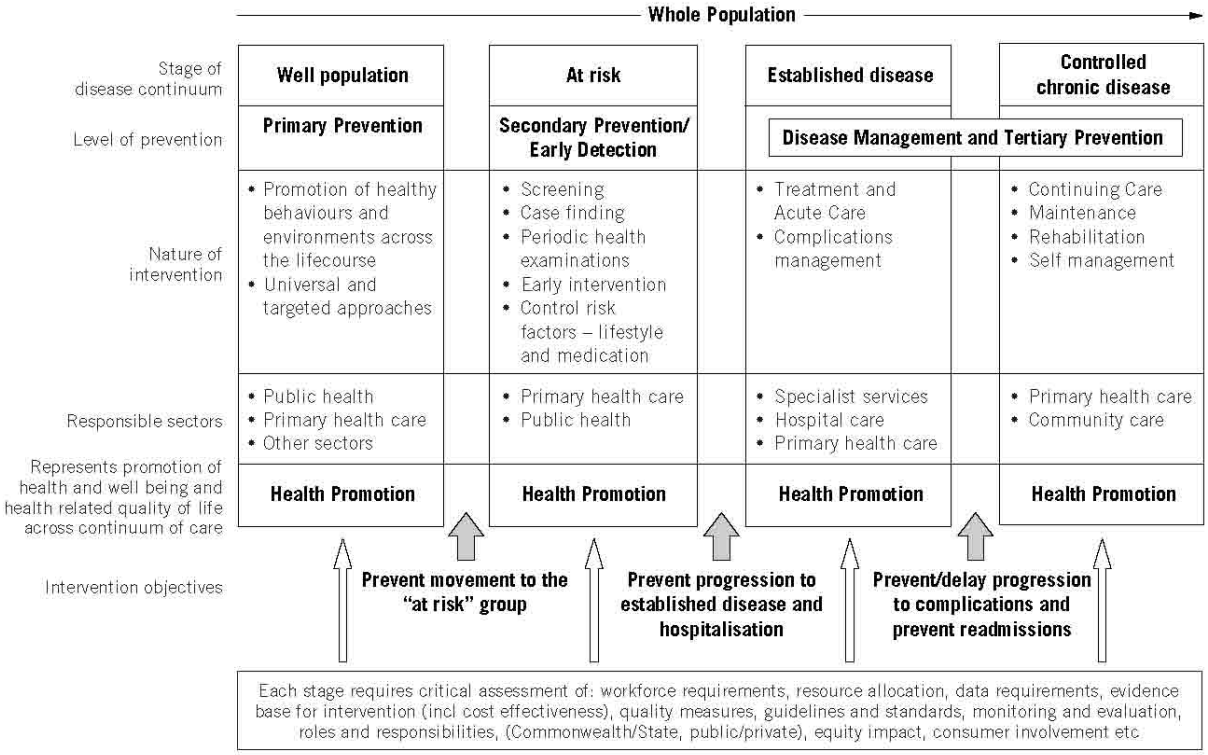

Figure 3. Comprehensive model for chronic disease prevention and control[2].

Table 2: Recommended breast cancer intervention process measures

Breast cancer process measures	How collect-ed	Who collect	What data-base	Who enters or extracts infor-mation
1. Number/percent of women by age group (18-39, 40-49, 42-69, 50-74 and 75+) in hospital defined community	WHS	WHS	PACW	WHS
2. Number/percent of women identified with certain known modifiable risk factors (obesity; excessive drinking; and/or physically inactive) by age group in hospital defined community				
3. Number/percent of women aged 50-74 years who have been screened in the past 24 months for breast cancer by mammography (USPSTF)				
4. Number/percent of women aged 42-69 years who have been screened in the past 24 months for breast cancer by mammography (HBCBS))				

[2] *National Public Health Partnership. Preventing Chronic Disease: A Strategic Framework. October 2001 available at: http://www.nphp.gov.au/publications/strategies/chrondis-bgpaper.pdf*

Table 2: Recommended breast cancer intervention process measures, continued

Breast cancer process measures	How collected	Who collect	What database	Who enters or extracts information
5. Number/percent of women by age group in WPHO's population	Historical inpatient, outpatient, professional encounters, pharmacy claims. ICD-9-CM, CPT, CPTII, HCPCS, Revenue codes, DRG, NDC. Number of healthy women vouchers redeemed	Health insurance plans WHS business office	Health insurance plans' pay for performance WHS billing	Health insurance plans WHS business office
6. Number/percent of women aged 42-69 years who have been screened in the past 24 months for breast cancer by mammography (HBCBS))				

Data Analysis

Specifying how the data will be analyzed is important to show why each piece of information is collected and how it will be used to improve and/or evaluate programs. Indentifying who will perform the data analysis defines and clarifies roles. Table 3 summarizes this for each priority's need.

Table 3: Recommended data analyses

Analysis	Time periods	Why	Who analyses
Baseline data compared with collected program data	quarterly and annually	To identify if and when improvements are occurring	WHS
Trends in measured lab values	quarterly and annually	To clarify whether or not clinical progress is being made	WHS
Comparisons between different intervention sites and/or health care providers	quarterly and annually	To provide feedback for improvement and/or encourage compliance	WHS
Population data compared with program data	Annually	To identify how much impact is being made	WHS