

Community Health Needs Assessment 2018 Final Report



for the defined communities of
Monongahela Valley Hospital
and
Washington Health System

As of 6-30-19
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Introduction

Qualifications

LRF Consulting, LLC, (LRF) was formed by Lee Rutledge-Falcione (the former executive director for Washington County Health Partners (WCHP)) after the dissolution of WCHP, to serve the needs of the hospitals that had contracted with WCHP to do five previous community health need assessments (CHNA), including the ones completed in 2012 and 2015 that were conducted following the Internal Revenue Service's (IRS) guidelines. The 2018 CHNA follows the same methodology that was used for the 2015 and 2012 CHNAs conducted by WCHP.

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 entity and Lee Rutledge-Falcione was hired as Executive Director 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 from 2002 to 2013, she conducted assessments, implementation and program plans, and program evaluations in ten counties in southwestern Pennsylvania (PA) (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 worked on CHAs in Nebraska, New York, Pennsylvania and South Carolina and 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 Strengths, Weaknesses, Opportunities, and Threats (SWOT) 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 expanded its BRFSS to allow for SHIP-affiliated, local community health initiatives (such as WCHP) to participate in an over-sampling project that 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 became the core function from which all other activities flowed and WCHP 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 IRS-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.

Both hospitals continued their collaboration to produce the 2015 CHNA with WCHP dated June 30, 2016. Following the loss of grant funding and unable to secure additional funds or grants, WCHP's board voted to dissolve in 2016 and ended staffed functions as of September 30, 2016.

Introduction

Collaborators and Community Definition

2018 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 LRF Consulting, LLC (LRF) to perform a joint Community Health Needs Assessment (CHNA) in a collaborative effort beginning in January 2017.

Community Definition

Representatives from the hospitals met with LRF 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 areas:

- 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

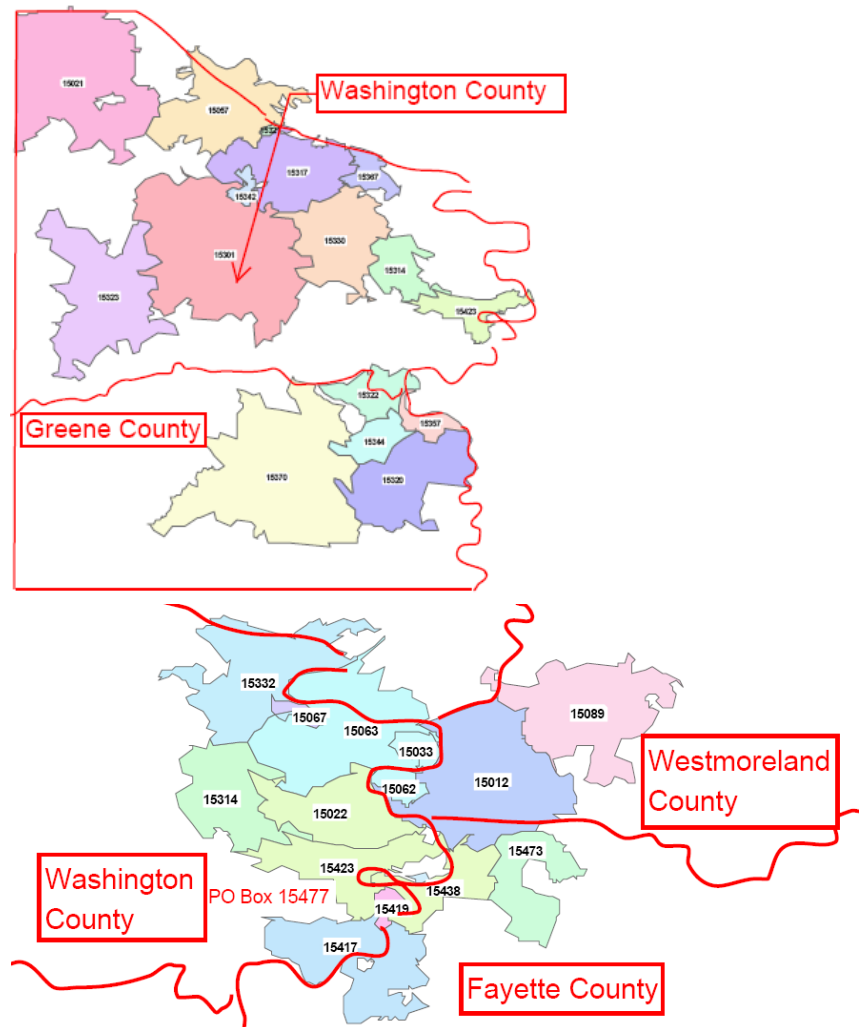


Figure 1: Community definition for 2018 joint Community Health Needs Assessment

The population covered by these 29 zip codes numbers 253,494 people according to the 2017 American Community Survey five-year (2013-2017) estimates. Comparatively, Washington County's 2017 American Community Survey five-year estimate population is 207,661.

According to the 2017 American Community Survey five-year (2013-2017) estimates, the demographics of these combined zip codes are no different than those of Washington County for:

- sex (males 49.3%+/-5.8% vs. 49%), respectively
- five-year age categories:
 - less than 5 years, 4.9%+/-1.2% vs. 5.1%+/-0.1%
 - 5-9 years, 5.5%+/-1.3% vs. 5.6%+/-0.2%
 - 10-14 years, 5.7%+/-1.3% vs. 5.6%+/-0.2%
 - 15-19 years, 6.4%+/-1.3% vs. 6.3%+/-0.1%
 - 20-24 years, 6.3%+/-1.5% vs. 6.0%+/-0.1%
 - 25-29 years, 5.2%+/-1.3% vs. 5.4%+/-0.1%
 - 30-34 years, 5.2%+/-1.2% vs. 5.4%+/-0.1%
 - 35-39 years, 5.9%+/-1.3% vs. 5.6%+/-0.3%
 - 40-44 years, 6.0%+/-1.3% vs. 6.0%+/-0.3%
 - 45-49 years, 6.8%+/-1.4% vs. 6.9%+/-0.1%
 - 50-54 years, 7.7%+/-1.4% vs. 7.6%+/-0.1%
 - 55-59 years, 8.0%+/-1.5% vs. 8.0%+/-0.3%
 - 60-64 years, 7.2%+/-1.4% vs. 7.5%+/-0.3%
 - 65-69 years, 6.4%+/-1.3% vs. 6.5%+/-0.2%
 - 70-74 years, 4.0%+/-1.0% vs. 4.1%+/-0.2%
 - 75-79 years, 3.3%+/-0.9% vs. 3.4%+/-0.2%
 - 80-84 years, 2.4%+/-0.7% vs. 2.4%+/-0.2%
 - 85 years and older, 3.0%+/-0.9% vs. 2.8%+/-0.2%
- race (African American 3.62%+/-1.38% vs. 3%+/-0.2%), respectively
- Latino ethnicity (1.6%+/-1.12% vs. 1.6%), respectively
- marital status (now married 51.6%+/-4.37% vs. 52.6%+/-0.8%), respectively
- highest educational attainment for high school graduate or GED for ages 25 years and older (38.41%+/-9.59% vs. 38.5%+/-0.8%), respectively
- income:
 - less than \$10,000, 5.9%+/-2.5% vs. 5.3%+/-0.3%, respectively
 - \$10,000 to \$14,999, 4.7%+/-2.1% vs. 4.6%+/-0.4%
 - \$15,000 to \$24,999, 10.0%+/-2.5% vs. 9.9%+/-0.5%
 - \$25,000 to \$34,999, 9.4%+/-2.6% vs. 9.4%+/-0.6%
 - \$35,000 to \$49,999, 13.2%+/-3.0% vs. 13.4%+/-0.6%
 - \$50,000 to \$74,999, 17.9%+/-3.2% vs. 17.7%+/-0.8%
 - \$75,000 to \$99,999, 12.9%+/-2.9% vs. 13.2%+/-0.6%
 - \$100,000 to \$149,999, 15.2%+/-2.8% vs. 15.4%+/-0.7%
 - \$150,000 to \$199,999, 5.7%+/-2.0% vs. 5.8%+/-0.5%
 - \$200,000 and over, 5.1%+/-2.1% vs. 5.4%+/-0.4%

Community Health Needs Assessment Process

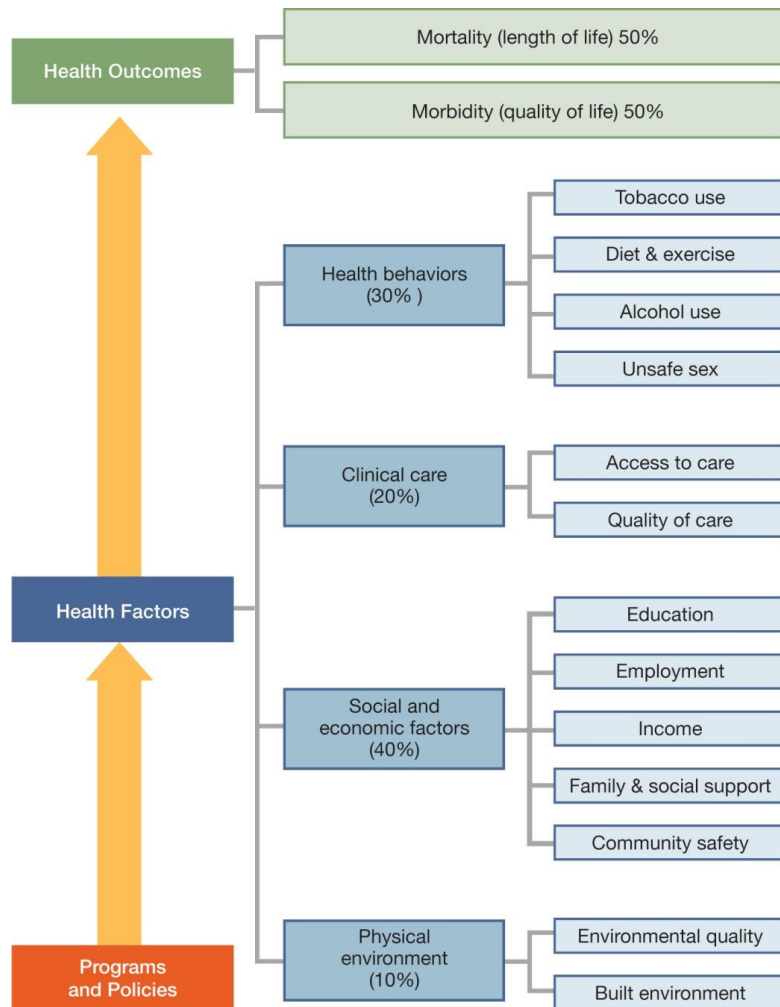
Logic Model and Methodology

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 2) as a basis to identify measures and select weights that reflect a community's health.

As in the 2012 and 2015 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' rank 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 2008/2009/2010/2011/2013 United States (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).



County Health Rankings model ©2010 UWPHI

Figure 2: County Health Rankings 2010 conceptual model and weights.

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 3) 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 (changed to social associations for 2018 CHNA); access to recreational facilities; violent crime rate; uninsured adults; high school graduation; some college; unemployment; children living in poverty; and single parent households.

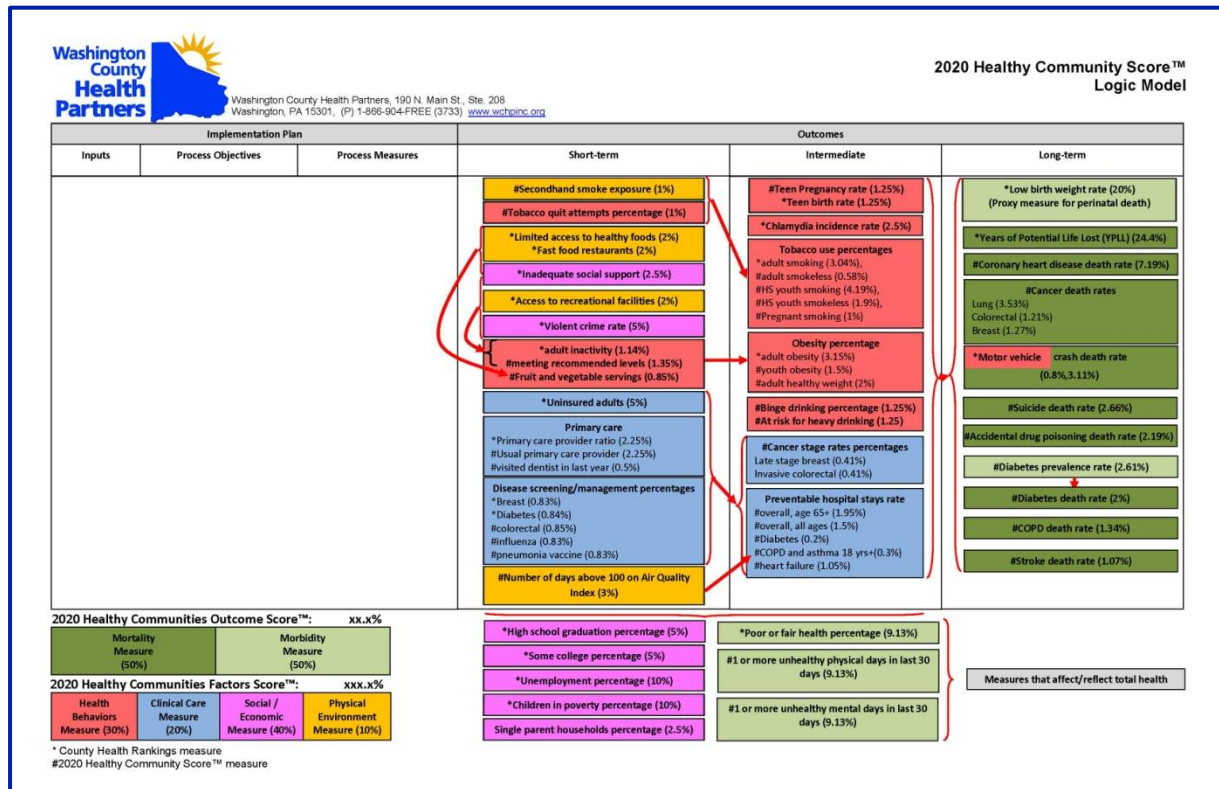


Figure 3: Washington County Health Partners 2020 Healthy Community Scores™ Logic Model.

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, Pennsylvania (PA) and Washington County WC)); 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 CHR 2010 measures’ modifications are:

1. premature death, i.e., Years of Potential Life Lost (YPLL) before age 75 years (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 death certificate 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);
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 and count only those primary care physicians engaged in direct patient care);
9. preventable hospital stays (weight reduced to add specific preventable hospital stay conditions and three data set changes from Dartmouth Atlas of Health Care (using Medicare claims data) to 1.) Agency for Healthcare Research and Quality (AHRQ) using all ages hospital discharge data for the US; 2.) Pennsylvania Health Care Cost Containment Council (PHC4) for PA data; and 3.) data from participating hospitals for the Hospital Defined Community (HDC));
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 (and weighted for 2018 CHNA) 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 heart 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 for the years 2007 to 2009 and calculating proportions. Poor or fair health, 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% (for the 2018 CHNA, fruit and vegetable servings were split into fruit intake and vegetable intake and the weight split evenly between them at 0.425% each)). The preventable hospital stays measure's weight was reduced to 1.95% for people aged 65 years or older based on the contribution of each of the new measures added: overall preventable hospitalization rate (1.5%); heart failure (1.05%); COPD and asthma for those ages 40 years and older (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

LRF collected quantitative secondary data for measures and included national, state and county geography levels when available. Due to the difficulty of locating sub-county level secondary data, Washington County data was used to represent the hospitals' defined communities. The rationale for this was based on the demographic comparison on page 8 of this report.

About ten years of 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, LRF calculated them using the WHATIS program version 4.61 contained in the

WinPepi statistical package version 11.65.¹ Specific source data and years for each measure are included in the results section.

Much of the secondary data used were primarily collected and analyzed by federal (e.g., Centers for Disease Control and Prevention (CDC), United States Census Bureau (USCB), etc.) entities and the Pennsylvania Department of Health (PA DOH). Much of the data originated from birth and death certificates, Behavioral Risk Factor Surveillance System (BRFSS) surveys and American Community Surveys (ACS). Table 1 indicated which entity collected the data, age-adjusted it and produced the confidence intervals (CI) and therefore, details input received from public health departments.

Table 1. Entity responsible for collecting, age adjusting and producing confidence intervals for secondary data used in CHNA.

Measure	Data Source	Geography	Who collected	Who age-adjusted	Who produced CI
YPLL	Death certificates	US PA WC	CDC CDC PA DOH	CDC CDC LRF	LRF LRF LRF
Death rates	Death certificates	US, PA, WC	CDC	CDC	CDC
Diabetes Prevalence	BRFSS	US PA WC			

In addition, LRF contacted PA DOH on February 4, 2019 to solicit BRFSS data not available on their website regarding fruit and vegetable intake as well as diabetes prevalence. After corresponding with the PA DOH contact, it was determined not to use the data to create comparison data for the 2015 CHNA combined fruit and vegetable consumption measure but to split it into separate measures for the 2018 CHNA. This was based on the fact that the raking weight was not included in the PA DOH data set and therefore comparable measures could not be constructed.

LRF also contacted the Healthcare Council of Western Pennsylvania on March 12, 2019 to discuss approaches other hospitals had taken to solicit input from the PA DOH and acquire contacts there since no specific contact information was listed on the PA DOH website.²

To construct the 2020 Healthy Communities™ measure score, LRF used WCHP's defined 100% range which was constructed by subtracting the HP2020 target/goal value (or a 10% improvement from the US' baseline score) from HP2020 baseline (or the US' baseline score) for each measure. This

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

² The Pennsylvania Department of Health was contacted via email on March 14, 2019 and again on April 29, 2019 for input on the 2018 CHNA. A response was received on June 11, 2019 and the Community Health Nurse Supervisor for the Southwest District was permitted to review and suggest additions to the external assets listed in Appendix A.

defines the baseline measure value as “0% healthy” and the target/goal measure value as “100% healthy.” Percentages between 0 and 100 reflect progress toward the HP2020/10% improvement target/goal. Anything under 0% is “unhealthy” and defined as a significant health need.

Percentages can go above 100% if the geography’s value is even better than the HP2020/10% improvement target/goal. This provides a benchmark to determine needs (i.e., everything below the baseline (negatively scored) is a significant health 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.

Primary Data and Community Input

Quantitative primary data were collected to refine the 2020 Healthy Community Scores™ for the hospitals’ defined community (HDC). The two major sources were hospital discharge data obtained from the hospitals for years 2016 to 2017 and an October 2018 mailed survey to the defined community with similar questions to the annual Behavioral Risk Factor Surveillance System (BRFSS) managed by the Centers for Disease Control and Prevention. 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 (CI) of 2.96% (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, a conservative estimate is that the report is 95% certain that the true result of the population is between $\pm 2.96\%$ of 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 ($\pm 0.59\%$ for a response at 1% to a $\pm 2.96\%$ CI for a 50% response).

6.1% of the mailed surveys from the randomly chosen sample of 7983 households from the hospital defined community (HDC) were undeliverable (typical is 10%). A 15.6% response was received (typical is 10%).

The mailed survey data were inputted into PASW® 17.0 and weighted by geography (zip code) and to the hospital defined community’s age and gender demographics to obtain representative data. The weights were derived from the 2017 American Community Survey (ACS) five-year (2013-2017) estimate data for the 29 zip codes in the HDC.

According to the 2017 ACS five-year estimate, the demographics of these combined zip codes are no different than those of the geographic, age and sex weighted survey data for:

- Latino ethnicity (1.6% \pm 1.12% vs. 1.2% \pm 0.65 %), respectively
- marital status (now married 51.6% \pm 4.37% vs. 50.9% \pm 2.96%), respectively; and
- poverty (9.6% \pm 0.13% vs. 11.7% \pm 2.1%), respectively.

The demographics of these combined zip codes are different than those of the weighted survey for race (African American 3.62%+/-1.38% vs. 0.9%+/-0.59%, respectively) and highest educational attainment of high school graduate or GED for ages 25 years and older (38.41%+/-9.59% vs. 23.5%+/-2.51%, respectively). This indicates the survey respondents under-represent African Americans and are more educated than the hospitals' defined community population. 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 contained 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 of this report. The survey also asked respondents to self-identify their race; number of adults and children in the household; household yearly income (which had responses based on the 2018 federal poverty guidelines); health insurance status; and whether or not they had a usual source of primary care. With this information, it was assured that input from low-income and medically underserved people was obtained. Low-income input was evidenced by the poverty estimate (derived from the answers to the number of household members and income questions) for the survey respondents being similar to the poverty estimate for the 2017 ACS five-year estimate data for the 29 zip codes in the HDC. Medically underserved people input also was obtained through the survey as 25.9% of the respondents cited health care issues (such as cost, access, insurance and wait times) as the most important issue in their community and the fact that only 85.1% (crude percentage) of the respondents reported having a usual source of primary care.

Hospital staff verified and updated internal assets and external assets, such as health care facilities and resources available to address needs, were updated and researched by LRF Consulting, LLC.³ These results are available in the Identified Health Resources and Assets section in Appendix A.

³ Materials were reviewed by Debbie Roytas (Executive Director of the Wilfred R. Cameron Wellness Center), Sue Alrutz (Director of Rehabilitation Services) and Lynn Watson (Director of Continuum of Care) with of Washington Health System (3-2019); a meeting was held with Lisa Hruby (Assistant VP of Nursing), Margaret Timko (Stroke Care Coordinator), Karen Pritts (Diabetes Education Manager) and Corrine Laboone (Director of Community Relations) of Monongahela Valley Hospital (3-28-19).

Community Health Needs Assessment Process

Data Sources, Limitations and Data Gaps

Many data sources were used in the Community Health Needs Assessment (CHNA) 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 System (BRFSS) surveys) have between collecting and analyzing the information and their release.

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 (HP) 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.

Some data measures have had their baselines and/or targets changed to reflect revisions to HP2020 or to data sets used to calculate the US baseline and 10% improvement goal. These include: poor or fair health (US 2010 baseline from 16.3% to 15.7% and 10% improvement from 14.7% to 14.2%); physically unhealthy days (US 2010 baseline from 36% to 35.3% and 10% improvement from 32.4% to 31.8%); mentally unhealthy days (US 2010 baseline from 34% to 34.5% and 10% improvement from 30.6% to 31.1%); adult smokeless tobacco use (HP2020 baseline from 2.3% to 2.2% and HP2020 goal from 0.3% to 0.2%); tobacco quit attempts (HP2020 baseline from 48.3% to 50.2%); binge drinking (replaced US 2010 baseline of 14.8% and 10% improvement goal of 13.3% with HP2020 baseline of 26.9% and HP2020 goal of 24.2%); adult obesity (HP2020 baseline from 34% to 33.9% and HP2020 goal from 30.6% to 30.5%); adults meeting recommended physical activity levels (US 2009 baseline from 49.1% to 43.5% and 10% improvement from 54% to 47.9%); mammography (HP2020 goal from 81.8% to 81.1%); influenza vaccine (HP2020 baseline from 67% to 66.6%); preventable hospital stays—overall (US 2008 baseline from 1984.7 to 1811 and 10% improvement from 1786.2 to 1629.9); preventable hospital stays—age 65 years and older (US 2008 baseline from 1238.5 to 6482.5 and 10% improvement from 1114.7 to 5834.3); preventable hospital stays—COPD and asthma in older adults (US 2008 baseline from 386.7 to 589.2 and 10% improvement from 348.1 to 530.2); preventable hospital stays—heart failure (US 2008 baseline from 548.6 to 397.2 and 10% improvement from 493.7 to 357.5); preventable hospital stays—diabetes (US 2008 baseline from 197 to 228.8 and 10% improvement from 177.3 to 205.9); late stage diagnosis breast cancer

(HP2020 baseline from 43.2% to 44.6% and HP2020 goal from 41% to 42.4%); invasive diagnosis colorectal cancer (HP2020 baseline from 45.4% to 47.1% and 10% improvement from 38.6% to 40%); high school graduation (HP2020 baseline from 82.4% to 87% and 10% improvement from 74.9% to 79%); single parent household (US 2010 baseline from 9.7% to 33.4% and 10% improvement from 8.7% to 30%).

Three measures had to be substantially changed due to a change in the availability of data. This subsequently required re-benchmarking of baselines and goals. The fruit and vegetable consumption measure was split into fruit intake and vegetable intake and each used the US 2013 baselines and 10% improvement goals (for fruit intake, 60.8% and 66.9%, respectively and for vegetable intake, 77.1% and 84.8%, respectively). The measure was further refined by changing from those who eat five or more a day combined, to those who eat one or more separately. The inadequate social support measure was changed from a percentage of adults who reported rarely or never receiving the support they need to the rate of social association groups per 100,000 population. US 2010 baseline (9.7) and 10% improvement goal (10.7) was used to benchmark these data. The air quality index (AQI) measure was weighed by the AQI value which required changing the benchmark of the HP2020 baseline and goal from 11 days to 28.1 weighted days and 10 days to 25.3 weighted days, respectively.

Another limitation in comparing year to year data for the 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 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 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). University of Wisconsin Population Health Institute (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™, LRF Consulting, LLC (LRF) used WCHP's defined 100% range for each data measure constructed from subtracting the HP2020 target/goal value (or a 10% improvement from the US' baseline score) from HP2020 baseline (or the US' baseline score) for each measure. This defines the baseline measure value as "0% healthy" and the target/goal measure value as "100% healthy." Percentages between 0 and 100 reflect progress toward the HP2020 target/goal. Anything under 0% is "unhealthy" and defined as a significant health need. 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 three 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 the Hospitals' Defined Community for 2012, 2015 and 2018.

		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%
	2018	-2.0%	-50.1%	-187.5%
2020 Healthy Communities Health Factors Score™	2012	49.3%	56.2%	202.0%
	2015	-172.3%	83.0	185.9%
	2018	160.3%	182.3%	273.4%

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 significant health 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. Figure 4 on the next page highlights the different sections of each measure's results page and can guide in the interpretation of the data.

How to Read Results Pages

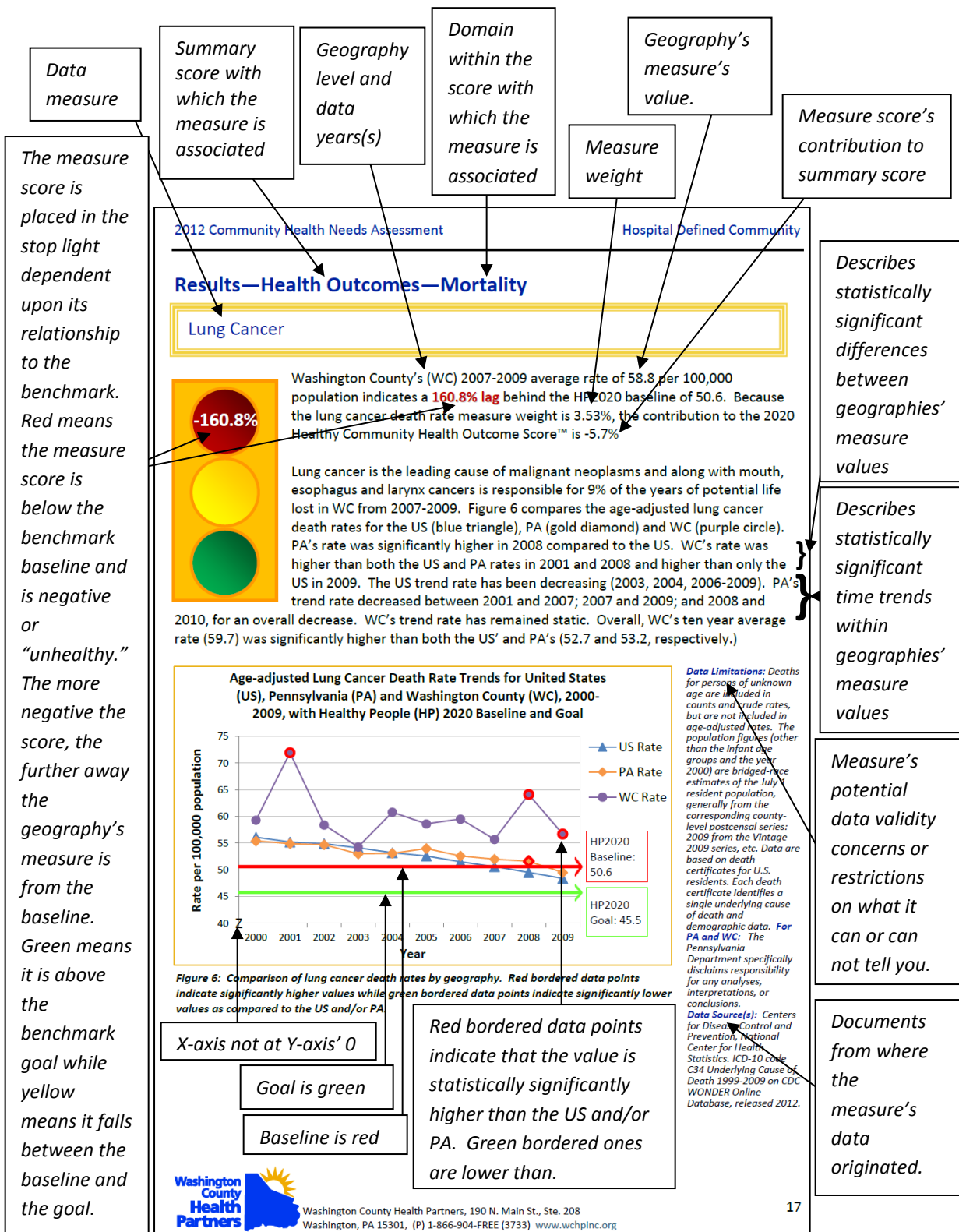
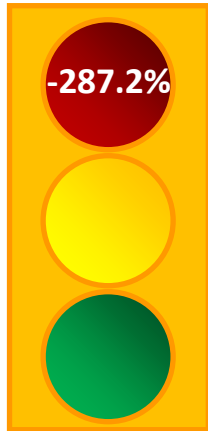


Figure 4: How to read result pages.

Results—Health Outcomes—Mortality

Years of Potential Life Lost (YPLL)



Washington County's (WC) 2015-2017 average rate of 7641.8 years per 100,000 population indicates a **287.2% lag** behind the US 2009 baseline of 6679.3.

Because the YPLL measure weight is 24.4%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -70.1%. This represents a **decline** from the 2015 score of -9.4%.

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 may have been prevented.ⁱ Figure 5 compares the age-adjusted YPLL rates for the United States (US, blue triangle), Pennsylvania (PA, gold diamond) and WC (purple circle). PA's rate was significantly higher than the US' from 2011 to 2013 and 2015 to 2017. WC's rate was significantly lower in 2007 compared to both PA and US. WC's rates were significantly higher than both the US' and PA's rates in 2010, 2013 and 2015 to 2017, but only higher than the US' in 2011. WC's rates were lower than PA's in 2012 and 2014. The trend for the US rate decreased in 2010 but increased from 2014 to 2016. PA's increased in 2015 and 2016. WC's rate trend has increased (2010, 2013, 2015 and 2017) and decreased (2011, 2012 and 2014), but overall shows an increase from 2007 to 2017. Overall, WC's ten-year average rates are significantly higher than PA's and the US' and PA's is higher than the US' (7309.4, 6896.6 and 6589.5, respectively).

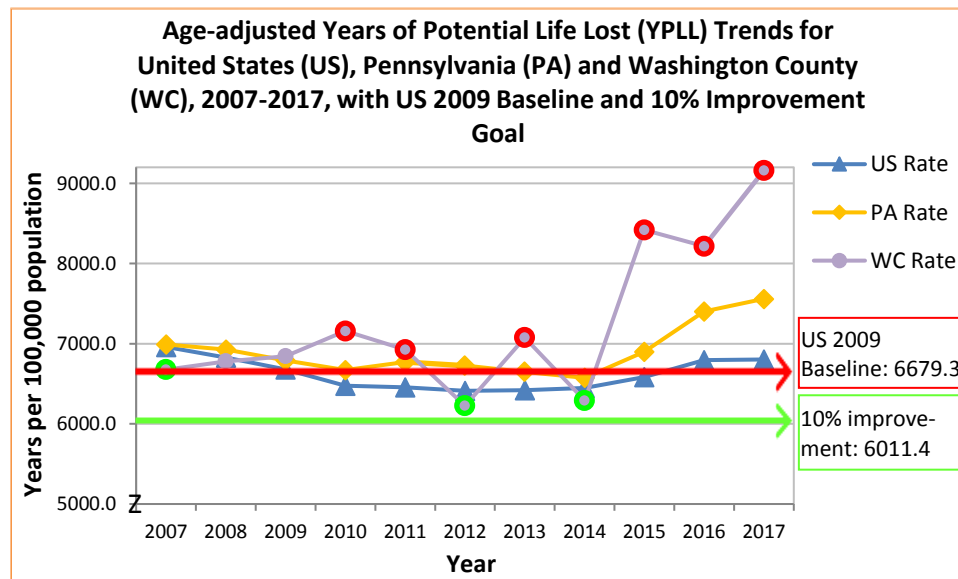


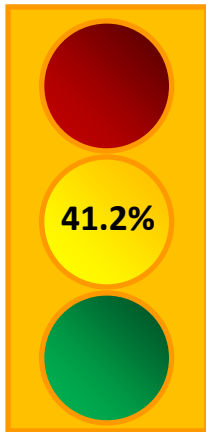
Figure 5: Comparison of YPLL rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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 WC:** "These data were provided by the Pennsylvania Department of Health. The 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]. Accessed 2-2019. Available from URL: <https://webappa.cdc.gov/sasweb/ncipc/ypll.html> **For WC:** LRF Consulting, LLC calculated and age-adjusted using death data from PA's Department of Health's Pennsylvania Certificates of Death via EDDIE, (ENTERPRISE DATA DISSEMINATION INFORMATICS EXCHANGE), accessed online 2-2019.

Lung Cancer



Washington County's (WC) 2015-2017 average rate of 48.45 per 100,000 population indicates a **41.2% progress** toward the HP2020 goal of 45.5. Because the lung cancer death rate measure weight is 3.53%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 1.5%. This represents an **improvement** from the 2015 score of -0.7%.

Lung cancer is the leading cause of malignant neoplasms and, along with mouth, esophagus and larynx cancers, is responsible for 8.7% of the deaths under age 75 in WC from 2014-2016. Figure 6 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 2017 compared to the US'. WC's rate was higher than both the US and PA rates 2008 and 2012, but only higher than the US' in 2015 to 2017. The US trend rate has been decreasing since 2007. PA's trend rate decreased between 2007 and 2010; and 2010 and 2013; 2013 to 2015 and 2016 to 2017, for an overall decrease. WC's trend rate decreased from 2008 to 2011 but has remained unchanged since then. Overall, there is no significant difference between WC's ten-year average rate and both PA's and the US' rates, but PA's rate was higher than the US' (52.1, 45.5, and 43.7, respectively).

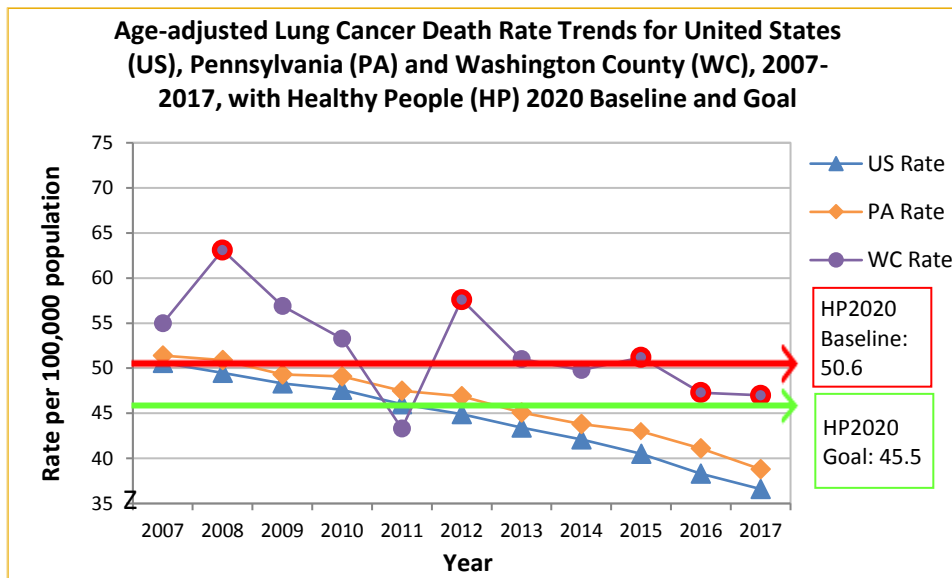


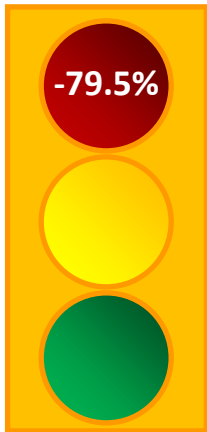
Figure 6: Comparison of lung cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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 1999-2017 on CDC WONDER Online Database, available at: <https://wonder.cdc.gov>, accessed 2-2019.

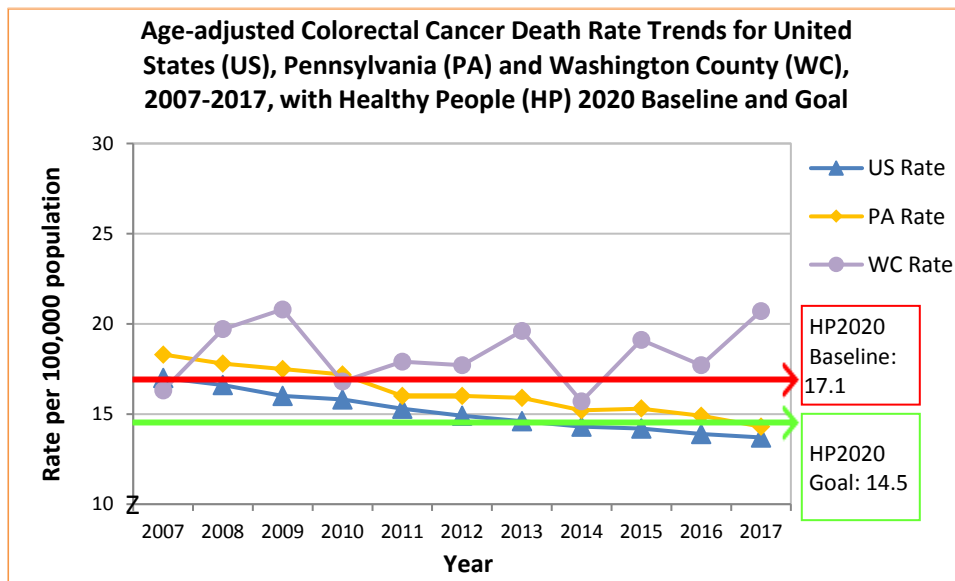
Colorectal Cancer



Washington County's (WC) 2015-2017 average rate of 17.5 per 100,000 population indicates a **79.5% 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 -1.0%. This represents a **decline** from the 2015 score of -50.0%.

Colorectal cancer is the second-leading cause of malignant neoplasms and it is responsible for 2.7% of the deaths under age 75 in WC from 2014-2016. Figure 7 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 2008 to 2016, except for 2010, 2013 and 2015. PA's trend decreased from 2008 to 2011 and from 2011 to 2017. 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, but PA's rate is higher than the US' (18.6, 16 and 14.9, respectively).

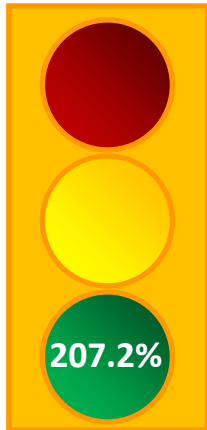


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for ICD-10 codes C18-C21, accessed 2-2019.

Figure 7: 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.

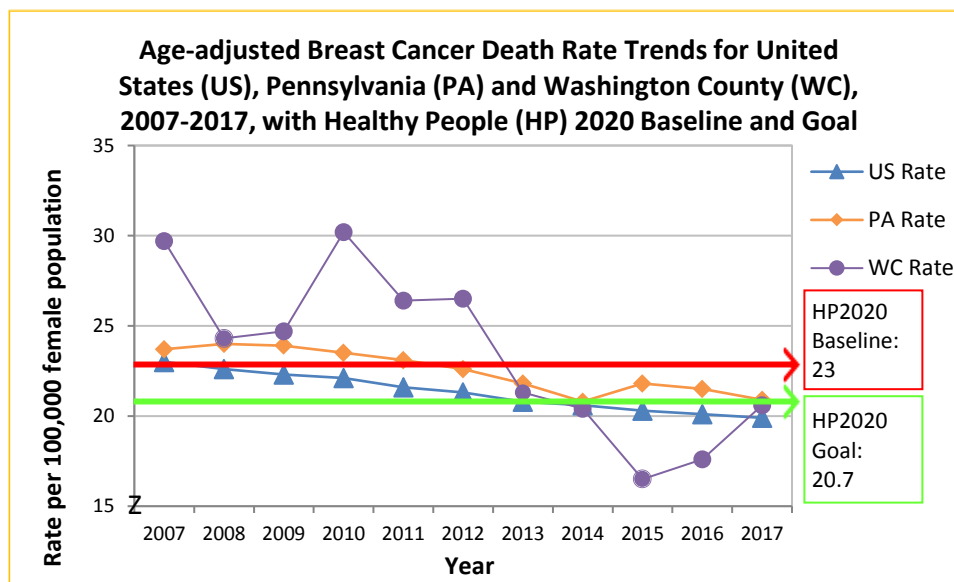
Breast Cancer



Washington County's (WC) 2015-2017 average rate of 18.2 per 100,000 population indicates it has met the HP2020 goal of 20.7 and **exceeded it by 207.2%**. Because the breast cancer death rate measure weight is 1.27%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 2.6%. This represents an **improvement** from the 2015 score of -75.4%

Breast cancer is the second-leading cause of malignant neoplasms in women and it is responsible for 1.6% of the deaths under age 75 in WC from 2014-2016.

Figure 8 compares the age-adjusted breast cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher in 2008 through 2011, and 2015 to 2016 compared to the US'. There were no differences between WC's rates and either the US' or PA's. The trend for the US rate has decreased four times: from 2007 to 2009; 2009 to 2013 and 2013 to 2015. While PA's trend decreased 2007 to 2014 and has maintained that decrease, WC's trend has remained static. Overall, there are no significant differences between WC's ten-year average rate and both PA's and the US' rates (22.9, 22.4 and 21.2, respectively).

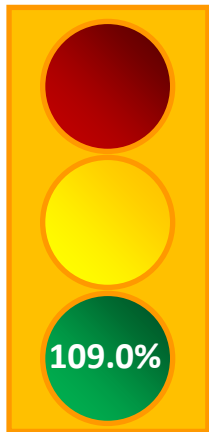


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for ICD-10 code C50, females only, accessed 2-2019.

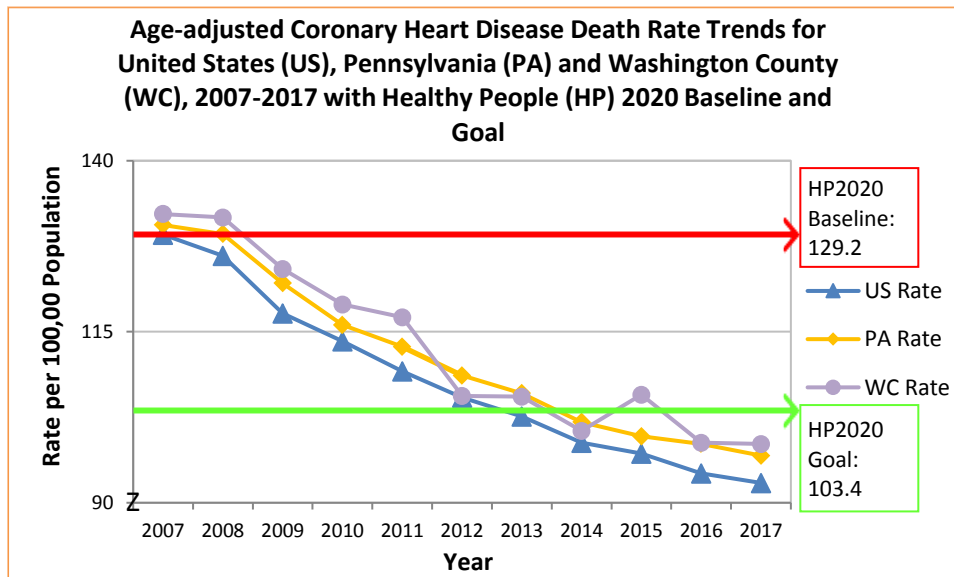
Figure 8: Comparison of breast cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Coronary Heart Disease



Washington County's (WC) 2015-2017 average rate of 101.1 per 100,000 population indicates it has met the HP2020 goal of 103.4 and **exceeded it by 109.0%**. Because the coronary heart disease death rate measure weight is 7.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 7.8%. This represents an **improvement** from the 2015 score of 66.7.

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 10% of the deaths under age 75 in WC from 2014-2016. Figure 9 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 in 2007 compared to the US. There were no differences in WC's rates compared to the US' and PA's. The rate trend for the US has decreased every year since 2007. PA's rates decreased in 2009, 2010, 2012, 2014 and from 2014 to 2017. WC's rate trend decreased from 2007 to 2012 and from 2012 to 2016. Overall, there are no significant differences between WC's ten-year average rate and both PA's and the US' rates, although PA's rate is higher than the US' (110.7, 109.2 and 105.8, respectively).

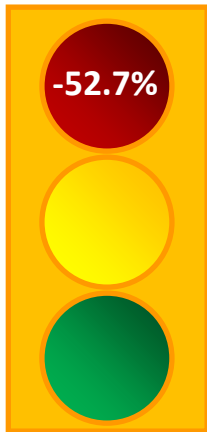


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for ICD-10 codes I20-I25, accessed 2-2019.

Figure 9: 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) 2015-2017 average rate of 77.9 per 100,000 population indicates a **52.7% 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 -1.1%. This represents an **improvement** from the 2015 score of -95.0%.

Diabetes is the seventh leading cause of death in the US and is responsible for 3.5% of the deaths under age 75 in WC from 2014-2016. Figure 10 compares the age-adjusted diabetes-related death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly lower in 2010, 2012, 2013 and 2015 to 2017 compared to the US'. WC's rates were significantly higher in 2008, 2010, 2012 to 2015 and 2017 than both PA's and the US'. The trend for the US rate has decreased in 2008, 2009, 2012 to 2014, but increased in 2015 and 2017. PA's decreased in 2010, 2012 and 2016. WC's rate trend decreased from 2008 to 2011 and from 2011 to 2016. Overall, WC's ten-year average rate (80.8) was significantly higher than both PA's and the US' (67.4 and 69.4, respectively) while PA's was lower than the US'.

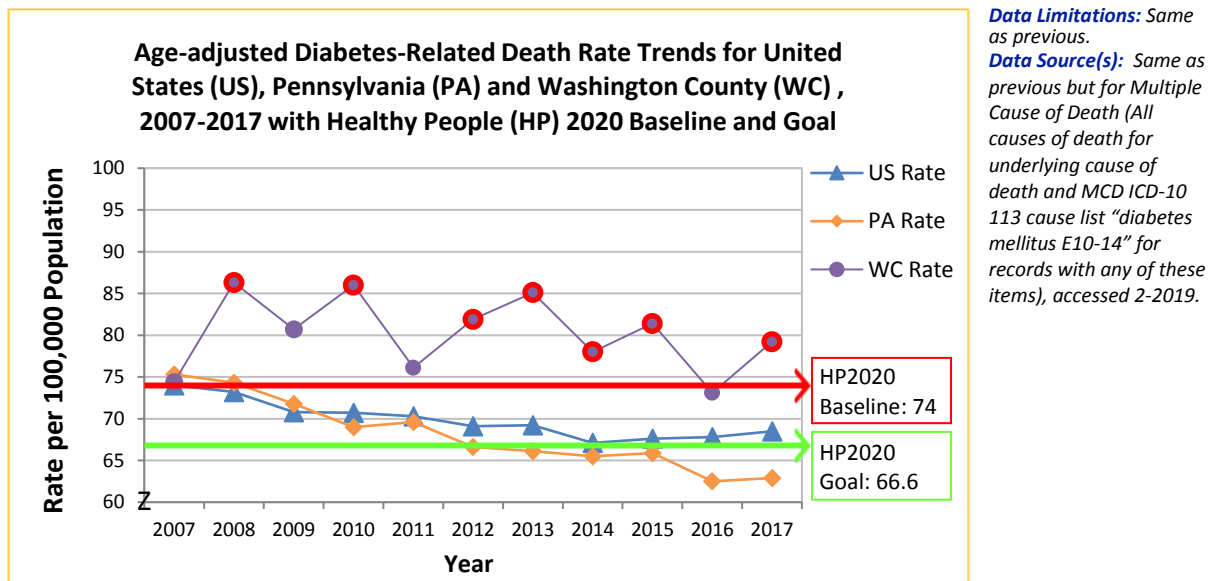
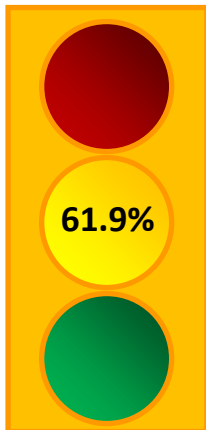


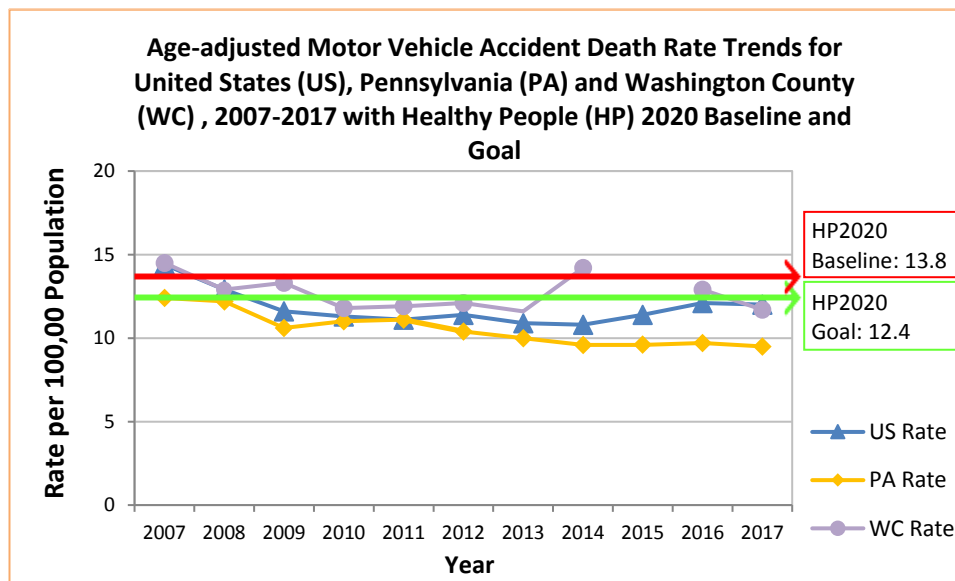
Figure 10: Comparison of diabetes-related death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Motor Vehicle Accident



Washington County's (WC) 2014-2017 average rate of 12.9 per 100,000 population indicates **69.1% progress** toward the HP2020 goal of 12.4. Because the motor vehicle accident death rate measure weight is 3.11%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 3.1%. This represents a **decline** from the 2015 score of 192.9%.

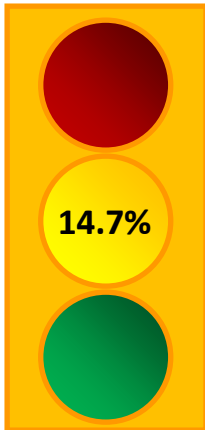
Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause and is responsible for 1.9% of the deaths under age 75 in WC from 2014-2016. Figure 11 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were 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 decreased in 2008, 2009, 2010 and 2013, but increased in 2015 and 2016. PA's rate trend declined in 2009. WC's rate trend has been static. Overall, WC's nine-year average rate (12.5) was no different than both PA's and the US' (10.4 and 11.6, respectively), although PA's was lower than the US'.



Data Limitations: Same as previous. Gaps in years of data are caused by too few deaths to calculate a reliable rate.
Data Source(s): Same as previous but for Underlying Cause of Death, UCD ICD-10 113 Cause List Motor Vehicle Accidents, accessed 2-2019.

Figure 11: 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.

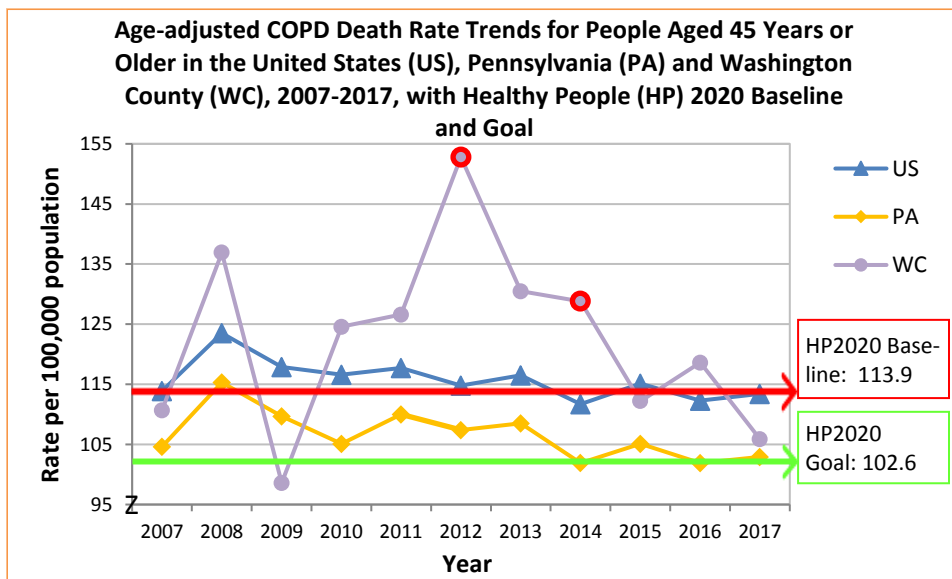
COPD



Washington County's (WC) 2015-2017 average rate of 112.2 per 100,000 population aged 45 years and older indicates **14.7% progress** toward the HP2020 goal of 102.6. Because the COPD death rate measure weight is 1.34%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.2%. This represents an **improvement** from the 2015 score of -201.2%.

COPD is responsible for 5% of the deaths under age 75 in WC from 2013-2016. Figure 12 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 higher than both the US' and PA's rate in 2012 but higher only than PA's rate in 2014. Although both the US' and PA's trends decreased and increased between 2007 and 2017, overall they remained static. WC's trend has remained static.

Overall, there were no differences between WC's ten-year average rate (123.6) and either PA's or the US' (106.8 and 116, respectively), although PA's rate was lower than the US'.

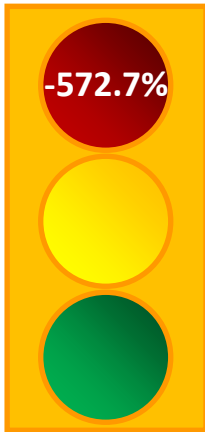


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for age 45 years and older and ICD-10 codes J40-J44, accessed 2-2019.

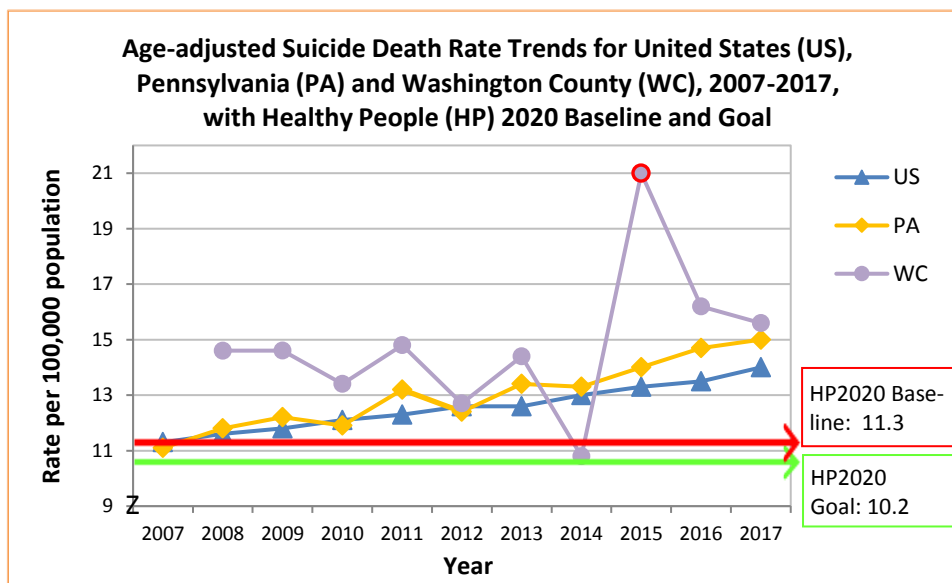
Figure 12: Comparison of COPD death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Suicide



Washington County's (WC) 2015-2017 average rate of 17.6 per 100,000 population indicates a **572.7% 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 -11.4%. This represents a **decline** from the 2015 score of -242.4%.

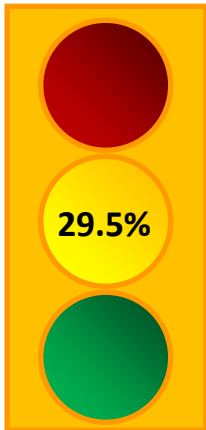
Suicide is responsible for 3.4% of the deaths under age 75 in WC from 2014-2016. Figure 13 compares the age-adjusted suicide death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC's rate was higher than both the US' and PA's in 2015; and PA's rates were higher than the US's rates in 2016 and 2017. The US trend increased in 2007, 2008, 2010, 2014, 2015 and 2017. PA's and WC's trends have remained static. There were no differences in WC's ten-year average rate (14.8) compared to PA's and the US' (13.2 and 12.7, respectively).



Data Limitations: Same as previous. Gaps in years of data are caused by too few deaths to calculate a reliable rate.
Data Source(s): Same as previous. MCD ICD-10 113 Cause List Intentional Self-Harm, accessed 2-2019.

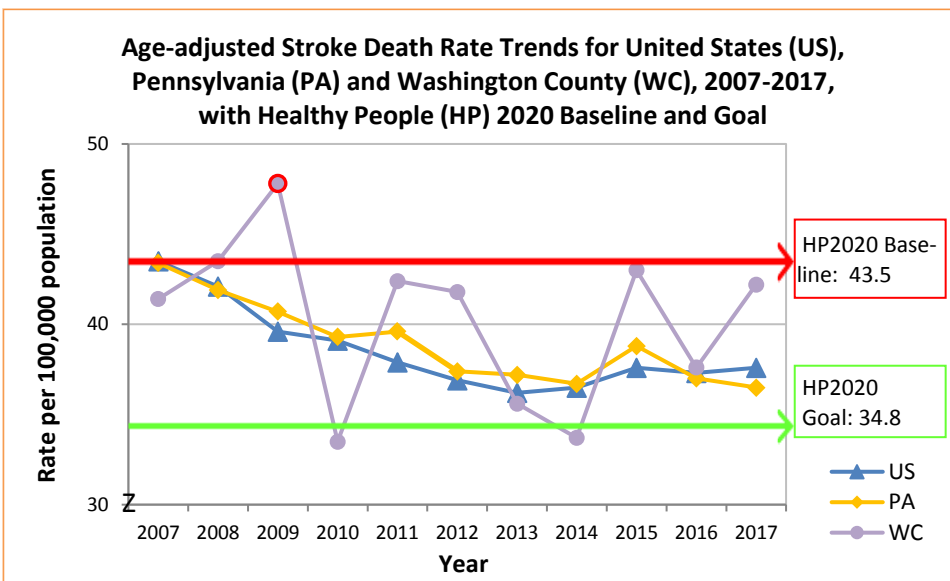
Figure 13: Comparison of suicide death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Stroke



Washington County's (WC) 2015-2017 average rate of 38.1 per 100,000 population indicates **29.5% 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 0.3%. This represents a **decline** from the 2015 score of 95.8%.

Stroke is responsible for 2.8% of the deaths under age 75 in WC from 2014-2016. Figure 14 compares the age-adjusted stroke death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher in 2011 and 2015 compared to the US'. WC's rate was higher than the US' in 2009. The US trend decreased every year except 2014, 2016 and 2017. PA's trend decreased in 2012, increased in 2015 and decreased from 2015 to 2017. WC's trend decreased in 2010 but remained static overall. Overall, WC's ten-year average rate (40.1) was no different than PA's or the US' (38.5 and 38.1, respectively).

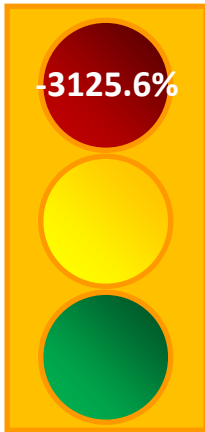


Data Limitations: Same as previous.

Data Source(s): Same as previous but for ICD-10 codes I60-I69, accessed 2-2019.

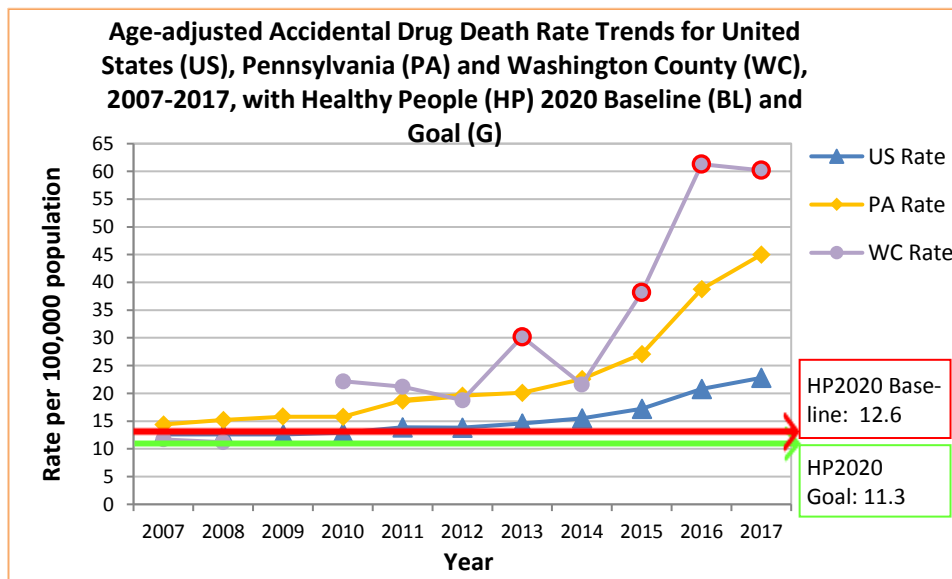
Figure 14: Comparison of stroke death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Accidental Drug Poisoning



Washington County's (WC) 2015-2017 average rate of 53.2 per 100,000 population indicates a **3125.6% 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 -68.5%. This represents a **decline** from the 2015 score of -830.8%.

Accidental drug poisoning is responsible for 14.1% of the deaths under age 75 in WC from 2014-2016. Figure 15 compares the age-adjusted accidental drug poisoning death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher in all years compared to the US'. WC's rates were higher than both the US' and PA's rates in 2013 and 2015-2017; and higher than the US' in 2010 and 2011. The US trend increased in all years except 2007 through 2009 and 2012. PA's trend increased in 2011 and in 2014 through 2017. WC's trend increased in 2010 and from 2010 to 2013 and 2013 to 2015 and in 2016. Overall, WC's nine-year average rate (35.6) was higher than both PA's and the US' (23.9 and 15.7, respectively) and PA's rate was higher than the US'.

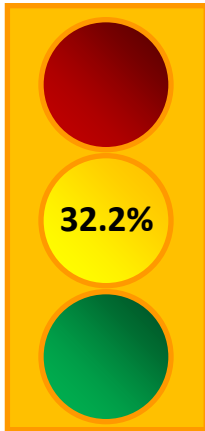


Data Limitations: Same as previous. Gaps in years of data are caused by too few deaths to calculate a reliable rate.
Data Source(s): Same as previous, but for UCD Drug/Alcohol Induced Causes, Drug-induced Causes, accessed 2-2019.

Figure 15: 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.

Results—Health Outcomes—Morbidity

Diabetes Prevalence



The hospital defined community's (HDC) 2018 age-adjusted percent of 8.4% indicates **32.2% progress** toward the 10% improvement goal of 7.8%. Because the diabetes prevalence measure weight is 2.61%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.8%. This represents an **improvement** from the 2015 score of -137.9%.

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.ⁱⁱ Figure 16 compares the age-adjusted diabetes prevalence percentages for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). The HDC's percentages were higher than all others in 2012 but only higher than PA's and the US' in 2015. There were no differences between WC's percentages and either PA's or the US'.

PA's percentage was significantly lower in 2009 and higher in 2014 compared to the US'. The trend for the HDC decreased. WC's and US' trends have been static. PA's trend decreased in 2011 and increased in 2010 and 2014.

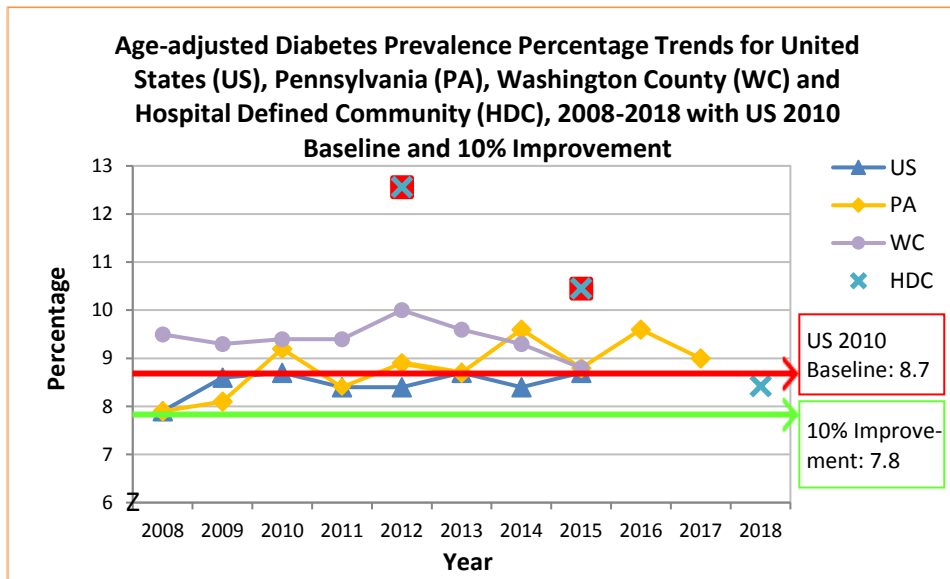
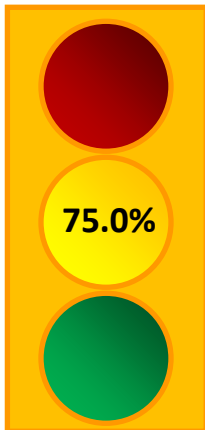


Figure 16: Comparison of percentage of people with diagnosed diabetes by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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 socio-economic groups, BRFSS may underestimate diabetes prevalence for these

subpopulations. **For WC:** 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 PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

Low Birth Weight



Washington County's (WC) 2017 percent of 7.9 indicates **75.0% progress** toward the HP2020 goal of 7.8%. Because the low birth weight measure weight is 20%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 15.0%. This represents a **decline** from the 2015 score of 450.0%.

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.ⁱⁱⁱ Figure 17 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 2009, 2010 and 2014 compared to the US'. WC's percentage was lower than both the US' and PA's in 2013 and 2016. The trend for the US decreased in 2010, 2012 and 2014, but has risen every year from 2015.

PA's trend decreased from 2009 in 2013 but increased from 2013 to 2017. WC's trend has been static.

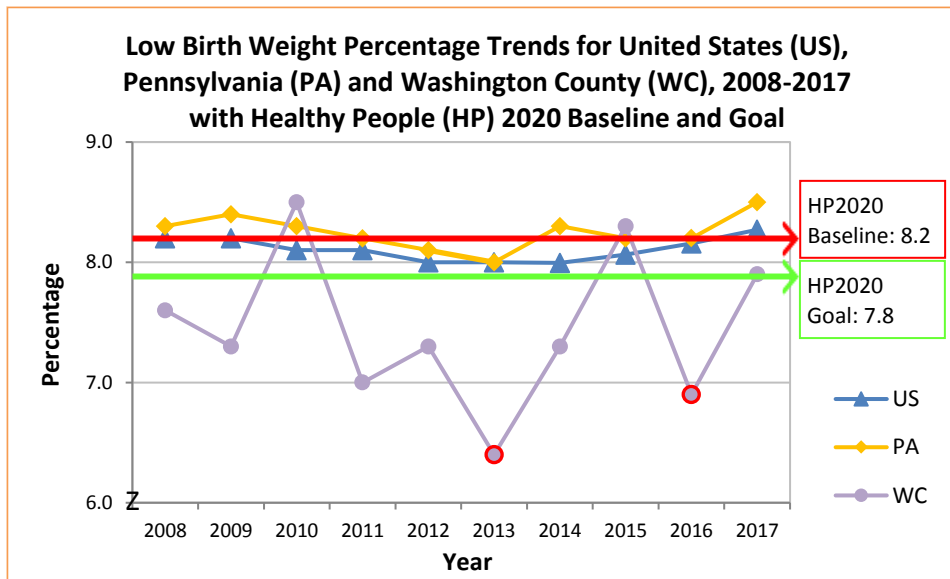


Figure 17: Comparison of low birth weight percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

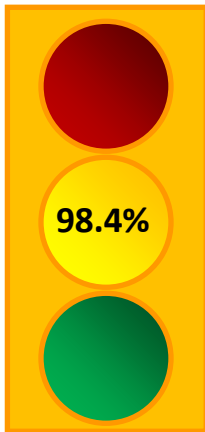
Data Limitations: Two different sources of data were compared and this may introduce comparability issues. However, since both data sets rely on birth certificate data, it is assumed this variation is not significant. US low birth weight percentage was calculated by dividing the number of live births weighing less than 2500 grams by the number of total live births. **For PA and WC:** "These data were provided by the 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.

Nativity public-use data on CDC WONDER (Wide-ranging Online Data for

Epidemiologic Research) Online Database, for years 2007-2017 accessed 2-2019. **For PA and WC:** Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, via EDDIE, (Enterprise Data Dissemination Informatics Exchange), accessed 2-2019.

Poor or Fair Health



The hospital defined community's (HDC) 2018 age-adjusted percent of 14.2% indicates **98.4% progress** toward the 2010 US goal of 14.2%. Because the poor or fair health measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 9.0%. This represents an **improvement** from the 2015 score of 61.3%.

Self-reported health status has been shown to be a very reliable measure of current health.^{iv} Figure 18 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) and HDC (aqua 'x'). PA's rate was significantly lower in all years compared to the US. HDC's percentage was higher than PA's but lower than the US' in 2015 and lower than both the US' and PA's in 2012. The trend for the US' percentage has increased. PA's trend has been static. HDC's trend increased in 2015 and decreased in 2018.

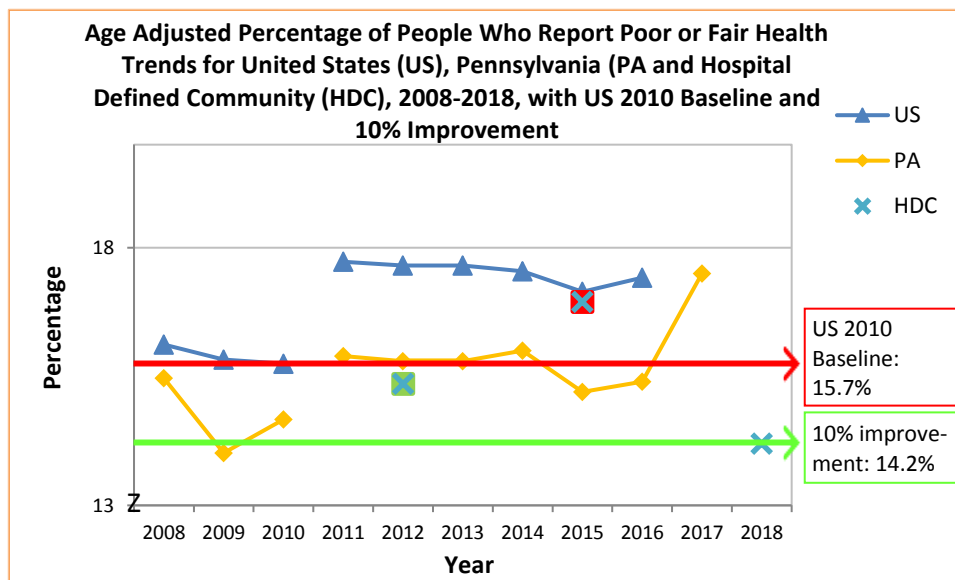
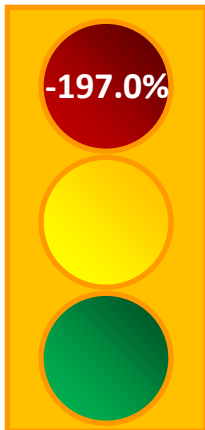


Figure 18: Comparison of percentage of people reporting poor or fair health by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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: BRFSS Web Enabled Analysis Tool (WEAT), available at, <https://nccd.cdc.gov/weat/index.html#/crossTabulation>, accessed 2-2019. **For PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

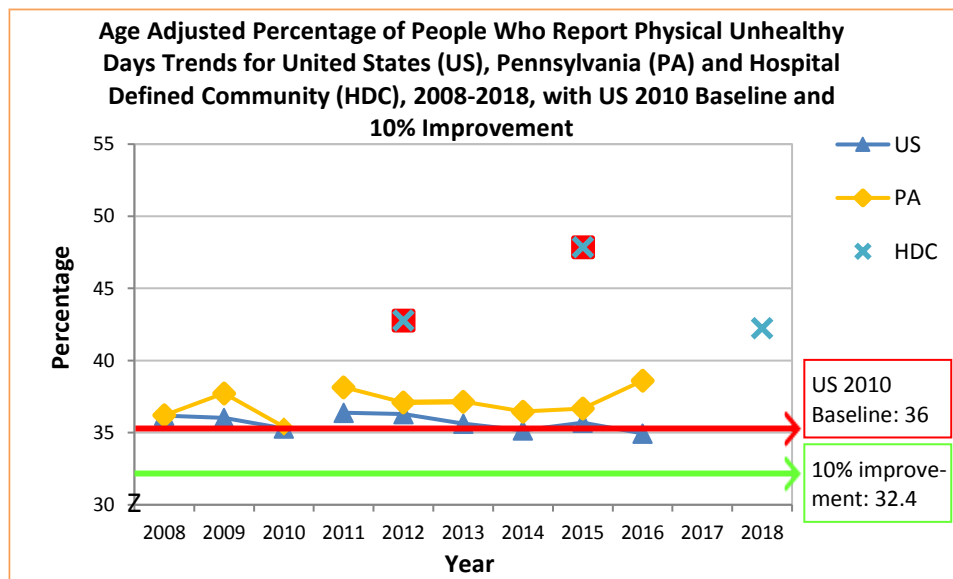
Data Limitations: Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people 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. Breaks in the trend line indicates a difference in survey data gathering and weighting to include both landline and cell

Physical Unhealthy Days



The hospital defined community's (HDC) 2018 age-adjusted percent of 42.2% indicates a **197.0% 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 -18.0%. This represents an **improvement** from the 2015 score of -288.9%.

People's reports of days when their physical health was not good are a reliable estimate of their recent health.^v Figure 19 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) and HDC (aqua 'x'). PA's percentages were significantly higher than the US' in all years except 2008 and 2010. HDC's percentages were all significantly higher than both the US' and PA's in comparable years. The trend for the US increased in 2011 and 2015 but decreased in 2010, 2013, 2014 and 2016 for an overall decrease. PA's trend increased in 2009, 2011 and 2016 and decreased in 2010, 2012 and 2014 for an overall increase. and HDC's trend increased in 2015 and decreased in 2018 for an overall decrease.

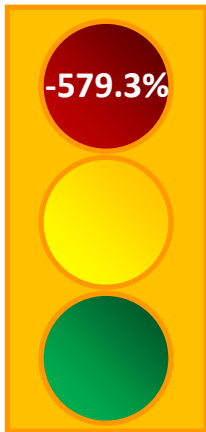


Data Limitations: Same as previous.

Data Source(s): Same as previous.

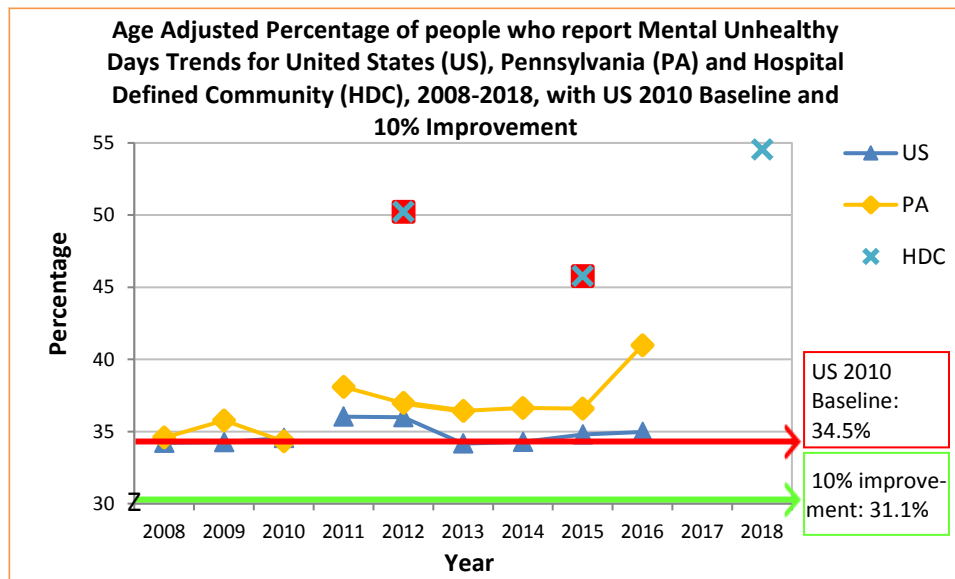
Figure 19: Comparison of percentage of people reporting one or more physically unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Mental Unhealthy Days



The hospital defined community's (HDC) 2018 age-adjusted percent of 54.6% indicates a **579.3% lag behind** the 2010 US baseline of 34.5%. Because the mental unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -52.9%. This represents an **improvement** from the 2015 score of -279.4%.

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.^{vi} Figure 20 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) and HDC (aqua 'x'). HDC's percentages were higher than both the US's and PA's in all comparable years. PA's percentages were higher than the US' in all years except in 2010. The trend for the US rate decreased in 2011 and increased in 2011 and 2015 for an overall increase. PA's trend decreased in 2010, 2012 and 2013, but increased in 2009, 2011 and 2016 for an overall increase. HDC's trend has increased.

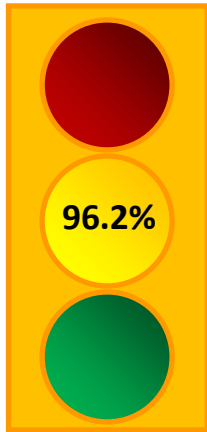


Data Limitations: Same as previous.

Data Source(s): Same as previous.

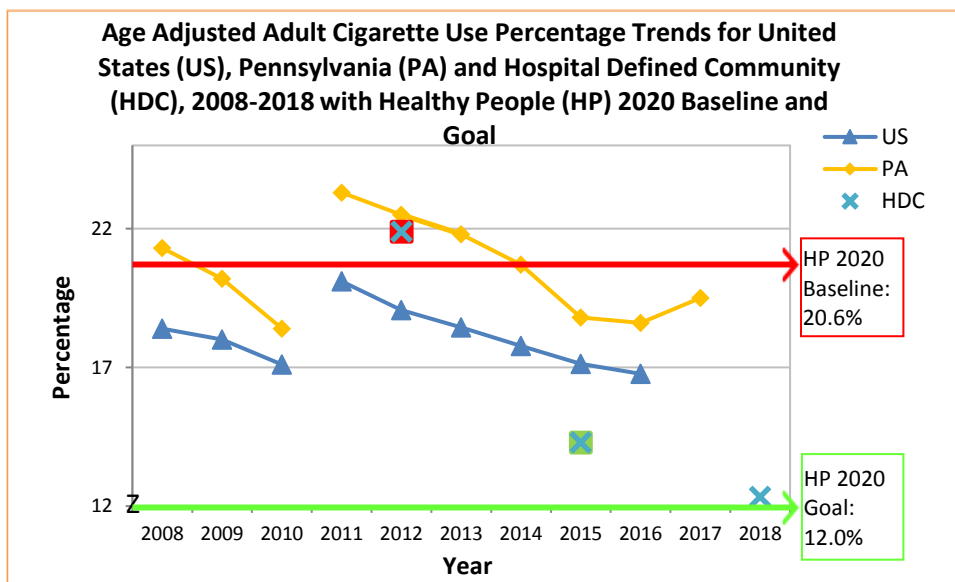
Figure 20: Comparison of percentage of people over the age of 18 reporting one or more mentally unhealthy days in the past 30 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Adult Smoking



The hospital defined community's (HDC) 2018 age-adjusted percent of 12.3% indicates a **96.2% 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 2.9%. This represents an **improvement** from the 2015 score of 74.4%.

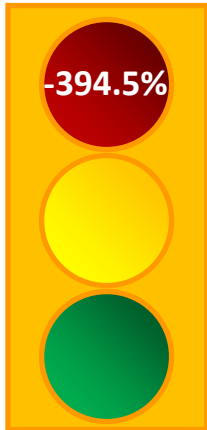
Each year approximately 443,000 premature deaths occur primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health factors.^{vii} Figure 21 compares the percentage of people over the age of 18 that currently smoke cigarettes (used tobacco every day or some days and primary form of use is cigarettes) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were significantly higher than the US' in all years. HDC's percentage was significantly higher than the US' in 2012 (but lower than PA's that year) but lower in 2015 for both the US' and PA's. The trends for the US and HDC have decreased every year since 2011. PA's trend decreased between 2011 to 2014.



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

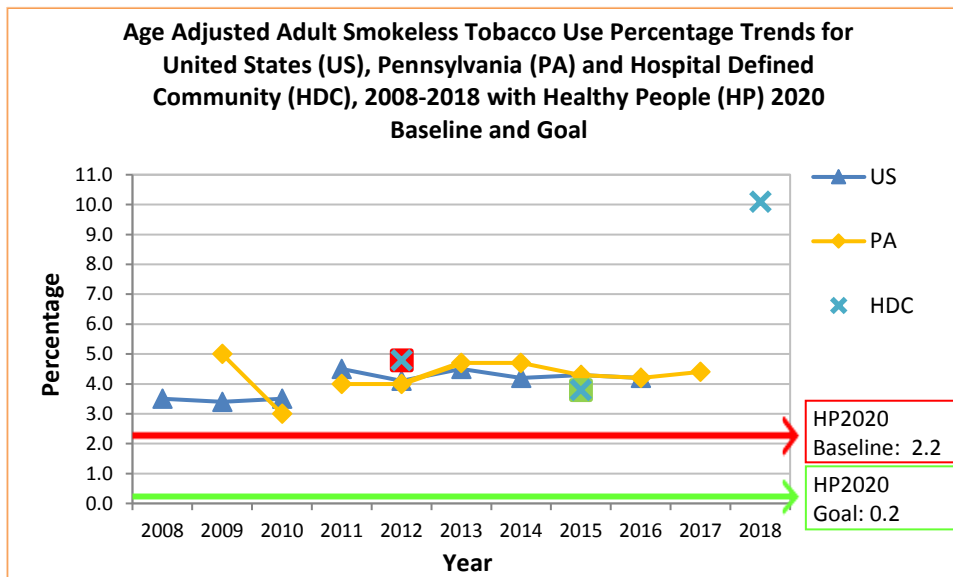
Figure 21: Comparison of adult cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Adult Smokeless Tobacco Use



The hospital defined community's (HDC) 2018 age-adjusted percent of 10.1% indicates a **394.5% lag** behind the HP2020 baseline of 2.2. Because the adult smokeless tobacco use measure weight is 0.58%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.3%. This represents a **decline** from the 2015 score of -90%.

Smokeless tobacco use is identified as a cause in multiple diseases including various cancers and cardiovascular disease.^{viii} Figure 22 compares the percentage of people over the age of 18 who currently use smokeless tobacco (used tobacco every day or some days and primary form of use is smokeless tobacco) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's percentages and the US' for all years. HDC's percentage was higher than only the US' in 2012, but higher than both the US' and PA's in 2015. was significantly lower in 2007 compared to the US and higher in 2009. The US' and PA's trends have been static. HDC's trend decreased in 2015 but increased sharply in 2018.

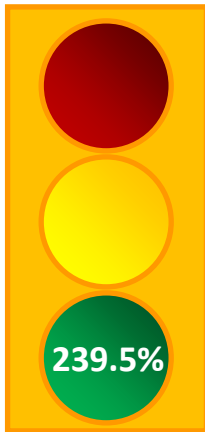


Data Limitations: Same as previous.

Data Source(s): For US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi>. Accessed 2-2019. For PA and HDC: Same as previous.

Figure 22: 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.

High School Student Smoking



Washington County's (WC) 2017 percent of 11.1% indicates it has met the HP2020 goal of 16% and **exceeded it by 239.5%**. Because the high school smoking measure weight is 4.19%, the contribution to the 2020 Healthy Community Health Factor Score™ is 10.0%. Although this score is not directly comparable to the 2015 score, since that score was based on state-level data, it does represent an **improvement** to the 2015 score of 25.7%.

More than 80% of adult tobacco users started before the age of 18.^{ix} Figure 23 compares the percentage of high school students who report smoking cigarettes on one or more days in the last 30 for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC's and PA's percentages were the same compared to the US'. The trend for the US decreased in 2015; PA's trend decreased in 2017; and WC's trend decreased in 2015.

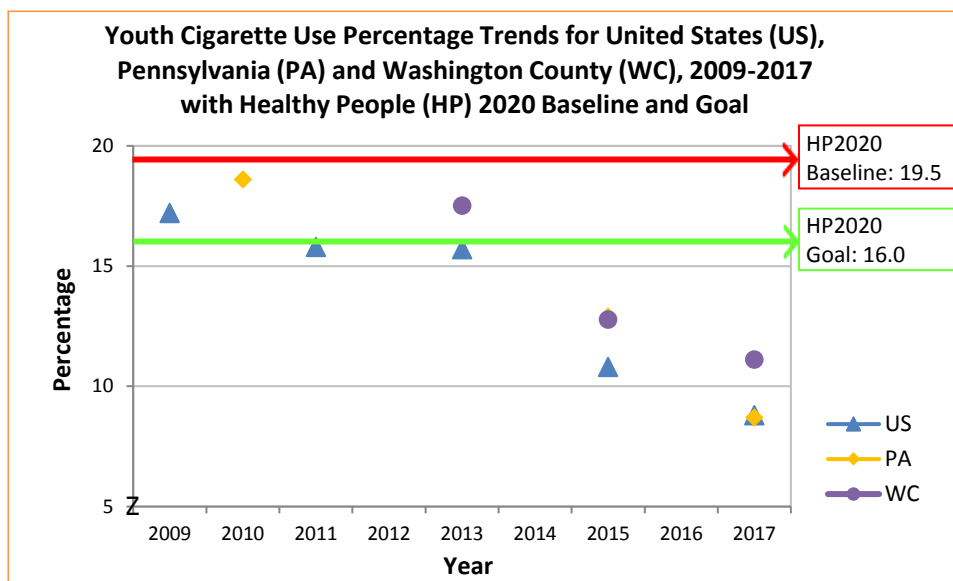
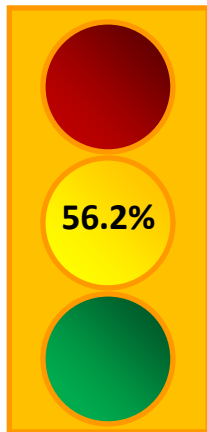


Figure 23: Comparison of high school student cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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. Pennsylvania Youth Survey (PAYS) data only surveys 10th and 12th grade, so that data was combined to produce the data compared to the YRBSS which surveys 9th, 10th, 11th and 12th grade.

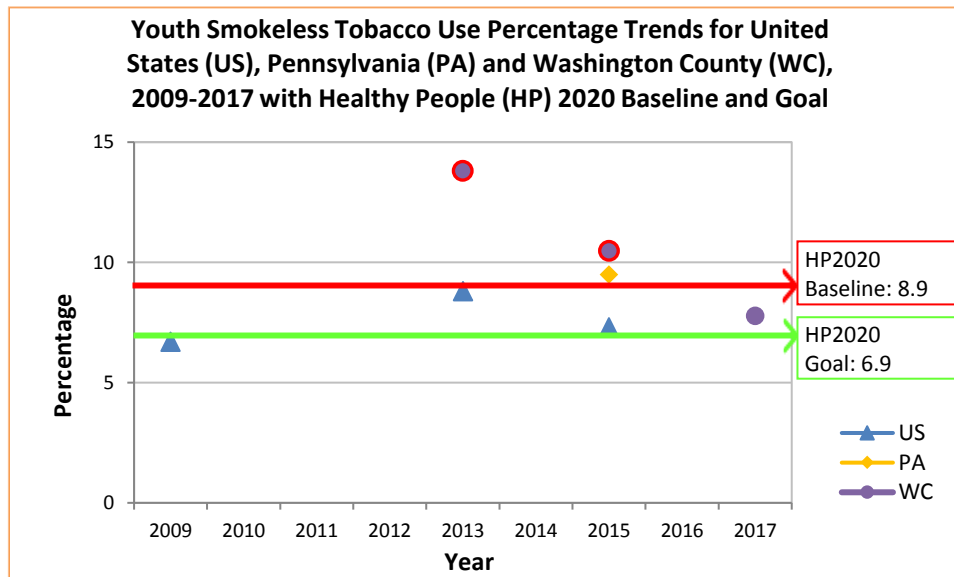
Data Source(s): For US and PA: Youth Risk Behavior Surveillance System (YRBSS); Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CDC/NCHHSTP), available at: <https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=5342>; accessed 2-2019. For WC: 'Pennsylvania Youth Survey,' or PAYS, is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency available at: <https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx>, accessed 2-2019.

High School Student Smokeless Tobacco Use



Washington County's (WC) 2017 of 7.8% indicates a **56.2% progress** toward the HP2020 goal of 6.9%. Because the high school smokeless tobacco use measure weight is 1.9%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%. Although this score is not directly comparable to the 2015 score, since that score was based on state-level data, it does represent an **improvement** to the 2015 score of 20.0%

More than 80% of adult tobacco users started before the age of 18.^x Figure 24 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), PA (gold diamond) and WC (purple circle). WC's percentages for 2013 and 2015 are higher than the US'. The trends for both the US' and PA's percentages have remained unchanged. WC's trend decreased in 2017.

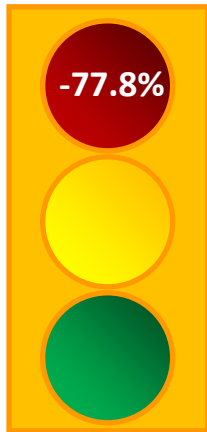


Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 24: 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.

Pregnant Women Smoking



Washington County's (WC) 2017 percentage of 82.6% indicates a **77.8% 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 -0.8%. This represents an **improvement** from the 2015 score of -115.6%.

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).^{xi} Figure 25 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' for all years. The trend for US has increased every year. PA's trend increased in 2015 and again from 2015 to 2017. WC's trend has remained unchanged.

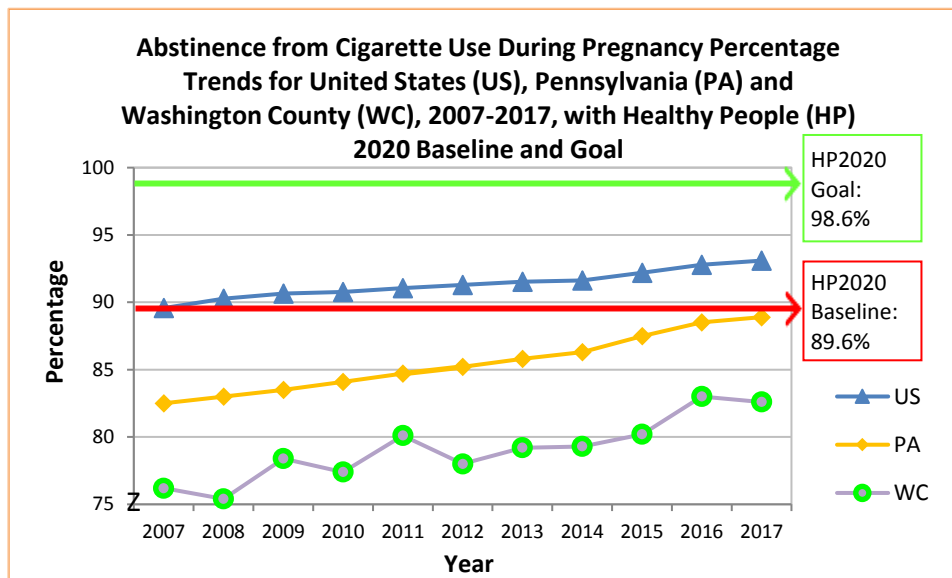
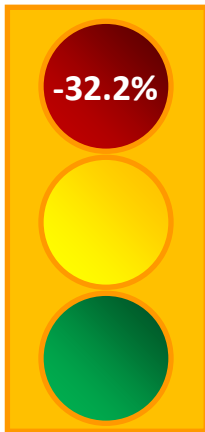


Figure 25: Comparison of pregnant women's use of cigarettes during pregnancy by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: Two different sources of data were compared and this may introduce comparability issues. However, since both data sets rely 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. "These data were provided by the 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 2007-2017 accessed 2-2019. **For PA and WC:** Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, accessed online 2-2019 via EDDIE, (Enterprise Data Dissemination Informatics Exchange), accessed online 2-2019.

Tobacco Quit Attempts



The hospital defined community's (HDC) 2018 age-adjusted percent of 40.7% indicates **32.2% 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 -0.3%. This represents an **improvement** from the 2015 score of -48.3%.

Among current US adult tobacco users, 68.8% report that they want to quit completely and make multiple attempts before they do so.^{xii} Figure 26 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) and HDC (aqua 'x'). PA's percentages were lower than the US' from 2009 to 2011 and 2014; they were higher in 2015 and 2016. HDC's percentages were lower than both the US' and PA's in 2012 and 2015. The trend for the US percentages increased in 2014 and decreased in 2016, for an overall static trend. PA's trend increased in 2012, 2014, 2015 but decreased in 2009 and 2016 for an overall static trend. HDC's trend decreased in 2015 but increased in 2018.

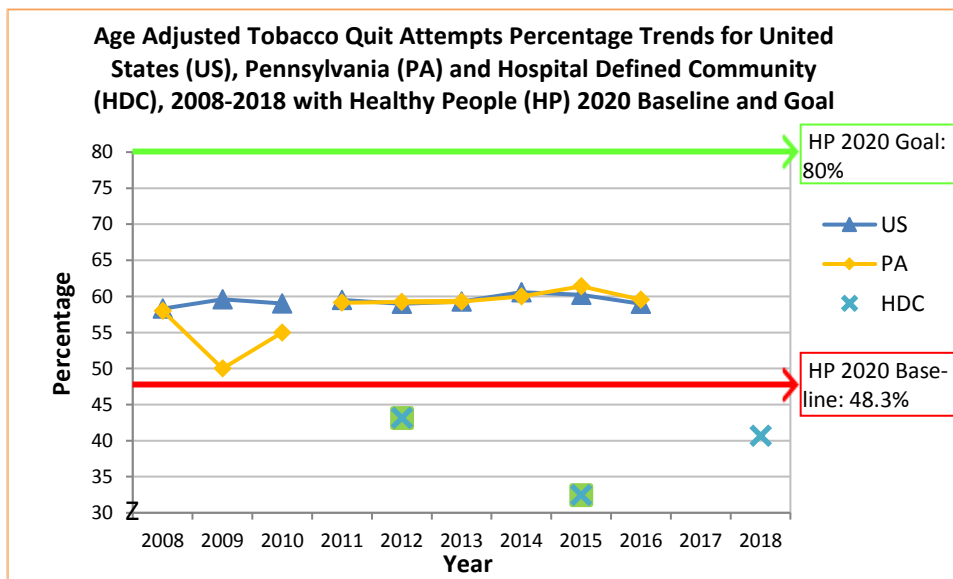
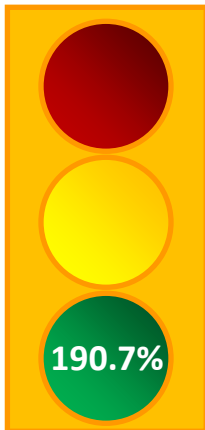


Figure 26: Comparison of percentage of tobacco users over the age of 18 reporting stopping tobacco use for one day or longer in an attempt to quit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower 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. Breaks in the trend line indicates a difference in survey data gathering and weighting

to include 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 and PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, <https://nccd.cdc.gov/weat/index.html#/crossTabulation>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

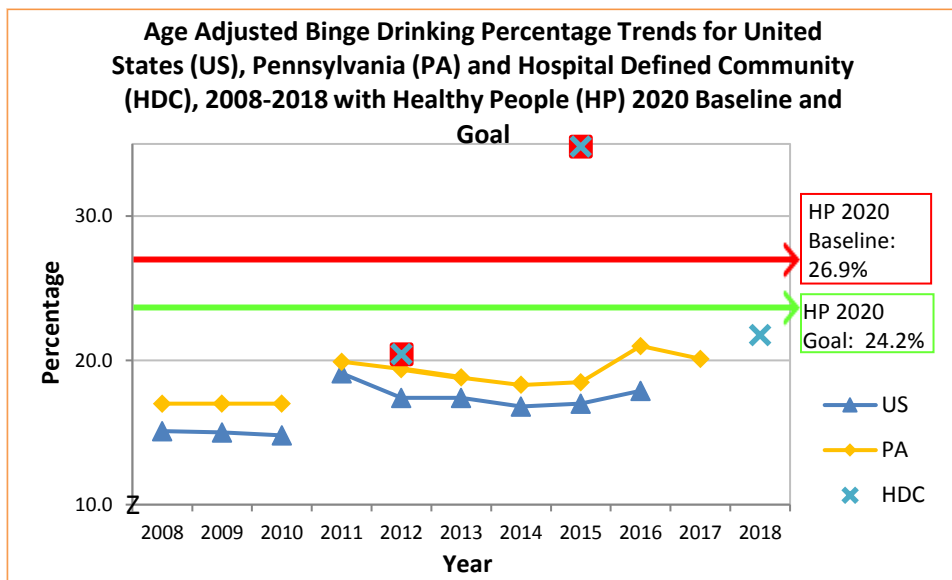
Binge Drinking



The hospital defined community's (HDC) 2018 age-adjusted percent of 21.8% indicates it has met the HP2020 goal of 24.2% and **exceeded it by 190.7%**. Because the binge drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.4%. Although this represents an **improvement** from the 2015 score of -797.3%, this most likely is a reflection of the HP 2020 baseline and goal replacing (which is much higher) the US 2010 baseline and 10% improvement goal.

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.^{xiii} Binge drinking is defined as four or more

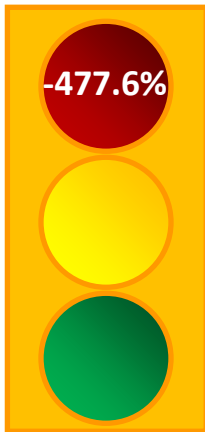
drinks at one time for females and five or more drinks at one time for males during the past 30 days. Figure 27 compares the percent of people over 18 years of age who report that they have engaged in binge drinking for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in 2008, 2009, 2010 and 2016. HDC's percentages was higher than the US' in 2012 and both the US's and PA's in 2015. The US' and PA's trends have been static. HDC's trend increased in 2015 and decreased in 2018.



Data Limitations: Same as previous. **Data Source(s):** For US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi>. Accessed 2-2019. For PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at: <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. For HDC: Same as previous.

Figure 27: 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.

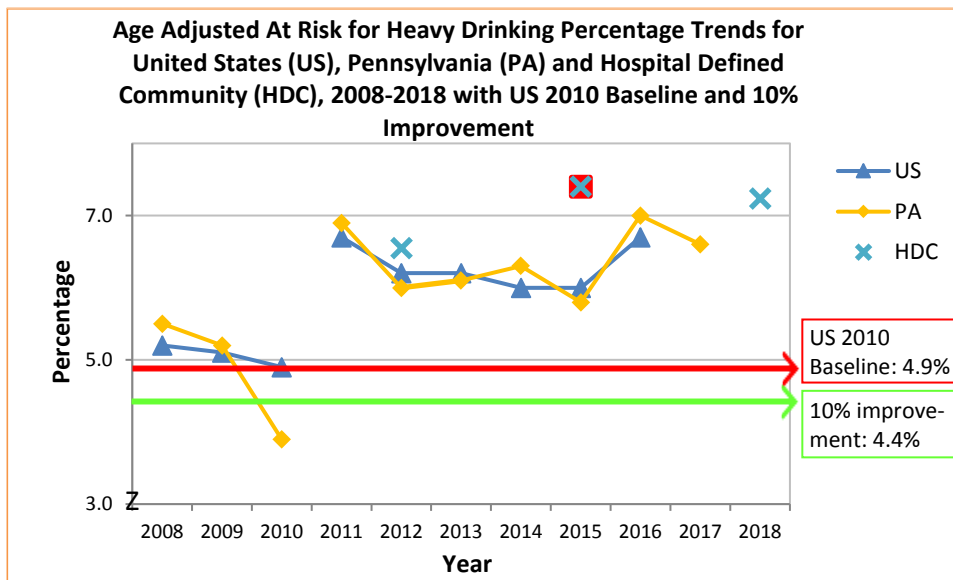
At Risk for Heavy Drinking



The hospital defined community's (HDC) 2018 age-adjusted percent of 8.3% indicates a **477.6% 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 -6.0%. This represents an **improvement** from the 2015 score of -693.9%.

Excessive drinking (defined as binge and heavy 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.^{xiv} At risk for heavy drinking is defined as an average of one or more drinks per day for females and an average of two or more drinks per day for males during the past 30 days. Figure 28

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) and HDC (aqua 'x'). PA's percentage was significantly lower than the US in 2010. HDC's percentage was higher than both the US's and PA's in 2015. The trend for both the US' and PA's percentages were static from 2011. HDC's trend increased in 2015.

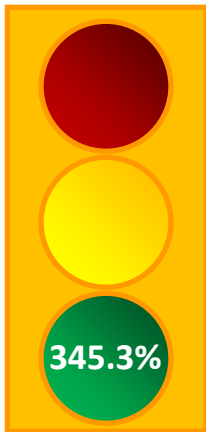


Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 28: 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.

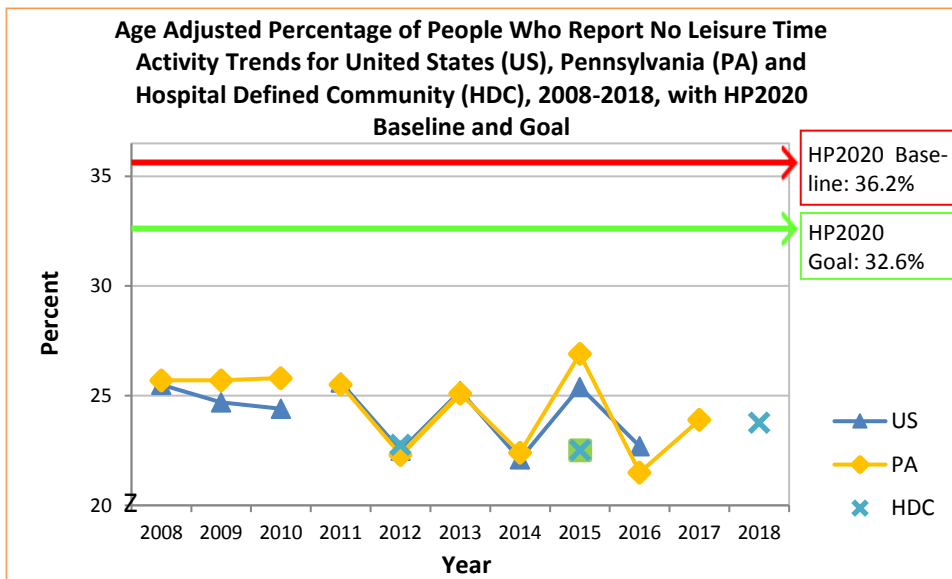
Adult Inactivity



The hospital defined community's (HDC) 2018 age-adjusted percent of 23.8% indicates that it has met the HP2020 goal of 32.6% and **exceeded it by 345.3%**. Because the adult inactivity measure weight is 1.14%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.9%. This represents a **decline** from the 2015 score of 377.8%.

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.^{xv} Figure 29 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 HDC (aqua 'x'). There were no differences between PA's percentages and the US' from 2011 to 2016.

HDC's percentages were lower than both the US' and PA's in 2015. The trends for both the US' and PA's percentages increased and decreased but remained static overall. HDC's trend increased in 2018.

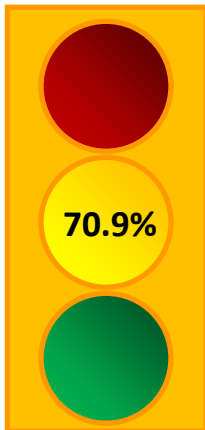


Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 29: 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.

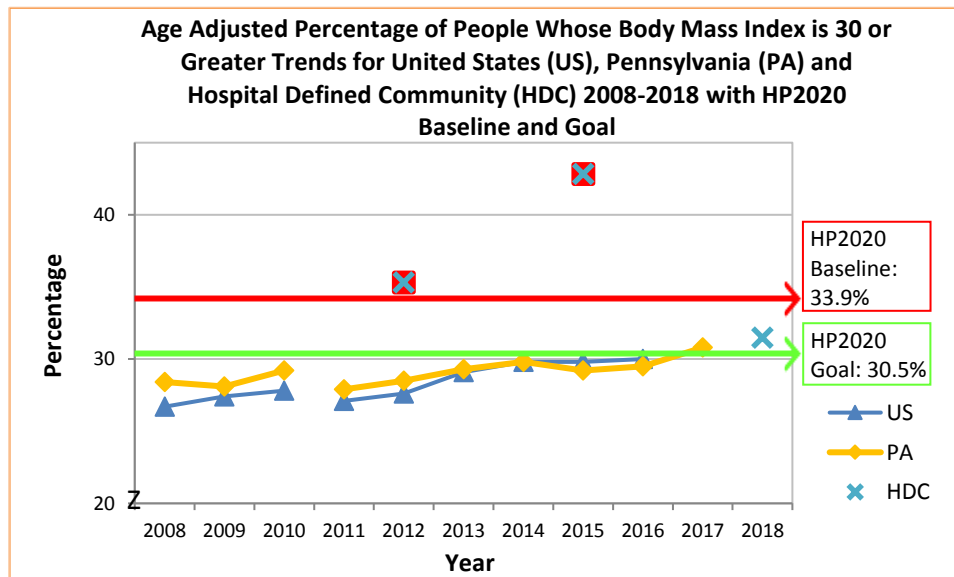
Adult Obesity



The hospital defined community's (HDC) 2018 age-adjusted percent of 31.5% indicates a **70.9% progress** toward the HP2020 goal of 30.5%. Because the adult obesity measure weight is 3.15%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.2%. This represents an **improvement** from the 2015 score of -94.1%.

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.^{xvi} Figure 30 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) and HDC (aqua 'x'). There were no differences between PA's percentages and the US'. HDC's percentages were higher than both the US' and PA's in all comparable years. The trends for

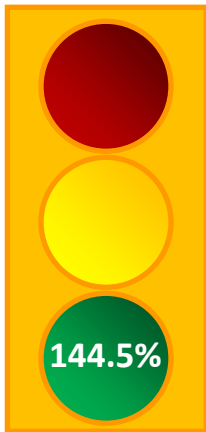
the US' and PA's percentages have been static. HDC's trend increased in 2015 and decreased in 2018 for an overall decrease.



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

Figure 30: 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.

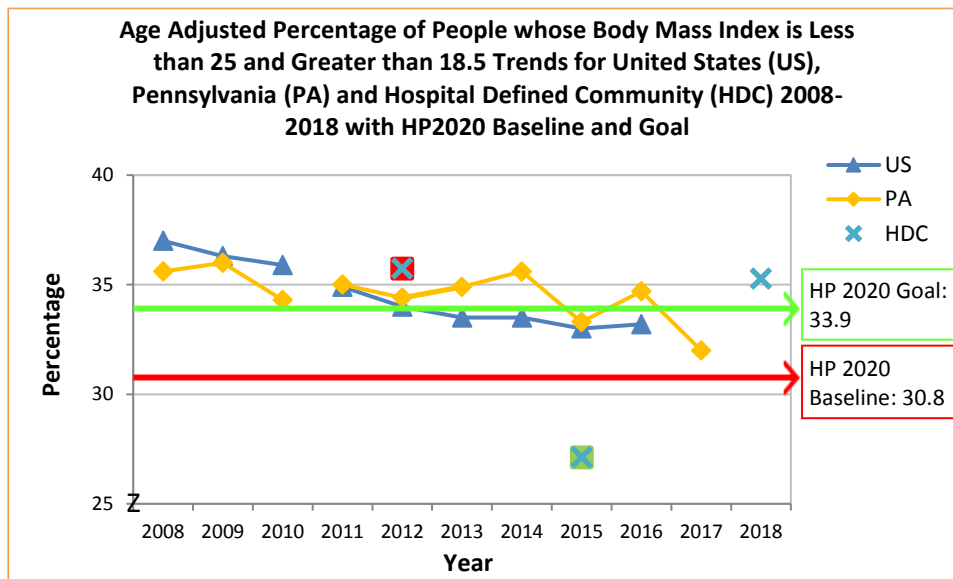
Adult Healthy Weight



The hospital defined community's (HDC) 2018 age-adjusted percent of 35.3% indicates that it has met the HP2020 goal of 33.9% and **exceeded it by 144.5%**. Because the adult healthy weight measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.9%. This represents a **decline** from the 2012 score of -45.2%.

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.^{xvii} Figure 31 compares the percent of people over 18 years of age whose body mass index is less than 25 and greater than 18.5 for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's and the US' percentages. HDC's percentages were higher than the US' in 2012 and lower than both PA's and the US' in 2015. The

trend for the US' percentages has been static. PA's trend decreased from 2011 to 2015, but was static overall. HDC's trend decreased in 2015 and increased in 2018 for an overall static result.

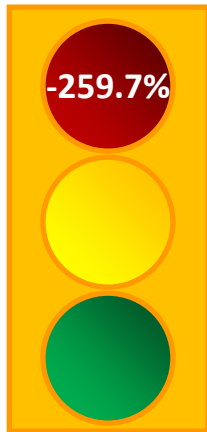


Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 31: 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 Intake



The hospital defined community's (HDC) 2018 age-adjusted percent of 45.0% indicates an **259.7% lag** behind the 2013 US baseline of 60.8%. Because the fruit intake measure weight is 0.425%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.1%. This represents a **decline** from the 2015 score of -84.4%. However, due to the 2018 HDC survey question being split from the single 2015 fruit and vegetable consumption measure to separate 2018 measures to give a more comparable measure, this may account for the decrease 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.^{xviii} Figure 32 compares the percentages of people over the age of 18 who eat one or more servings of fruits a day for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US' in 2013 and 2017. HDC's percentage was lower than both the US' and PA's in 2015. The trend for both the US's and PA's percentages has increased, while HDC's trend has decreased.

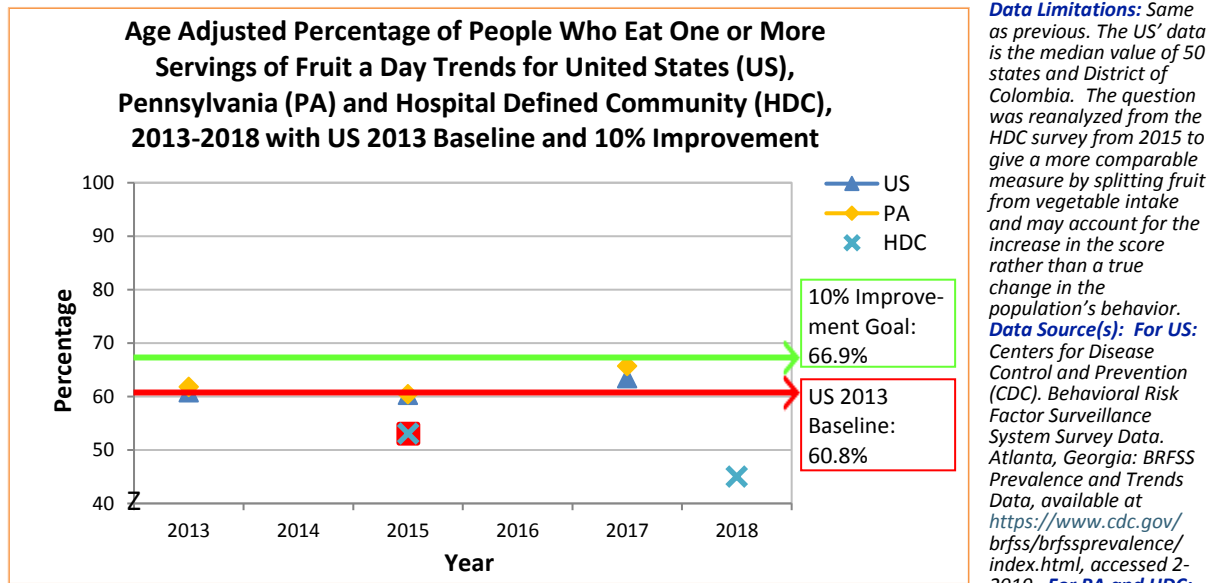
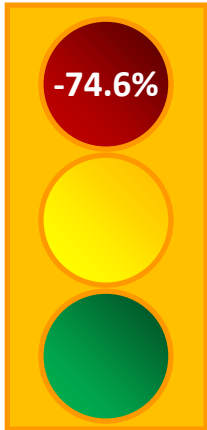


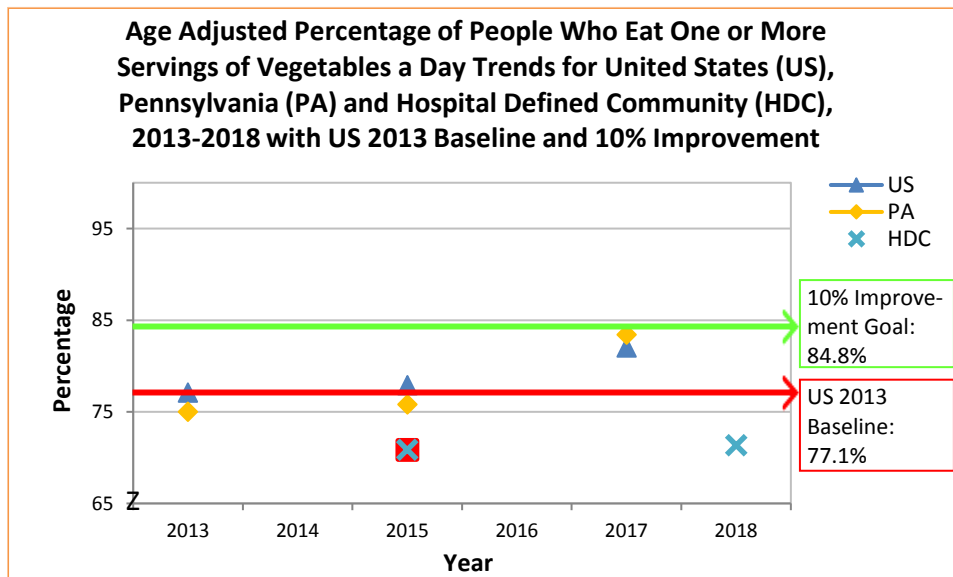
Figure 32: Comparison of people who eat one or more servings of fruit a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Vegetable Intake



The hospital defined community's (HDC) 2018 age-adjusted percent of 71.4% indicates an **74.6% lag** behind the 2013 US baseline of 77.1%. Because the fruit intake measure weight is 0.425%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%. This represents an **improvement** from the 2015 score of -84.4%. However, due to the 2018 HDC survey question being split from the single 2015 fruit and vegetable consumption measure to separate 2018 measures to give a more comparable measure, this may account for the decrease in the score rather than a true change in the population's behavior.

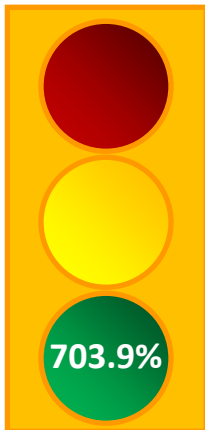
A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis.^{xix} Figure 33 compares the percentages of people over the age of 18 who eat one or more servings of vegetables a day for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2013 and 2015. HDC's percentages were lower than both the US' and PA's in 2015. The trends for the US', PA's and HDC's percentages have increased.



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

Figure 33: Comparison of people who eat one or more servings of 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.

Adults Meeting Recommended Physical Activity Levels



The hospital defined community's (HDC) 2018 age-adjusted percent of 74.1% indicates that it has met the HP 2020 goal of 47.9% and **exceeded it by 703.9%**. Because the meeting recommended physical activity levels measure weight is 1.4%, the contribution to the 2020 Healthy Community Health Factor Score™ is 9.5%. This represents an **improvement** from the 2015 score of 495.0%.

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.^{xx} Figure 34 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, or a comparable combination) for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There were no differences between PA's percentages and the US'. The US' trend increased in 2016. PA's trend was static. HDC's trend increased.

(gold diamond) and HDC (aqua 'x'). There were no differences between PA's percentages and the US'. The US' trend increased in 2016. PA's trend was static. HDC's trend increased.

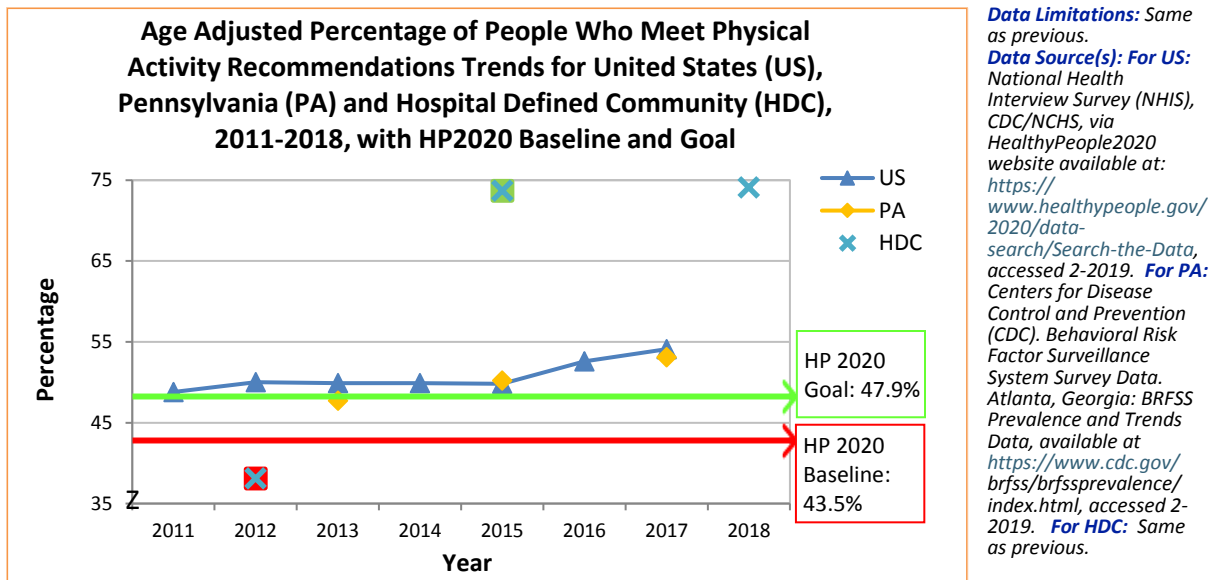
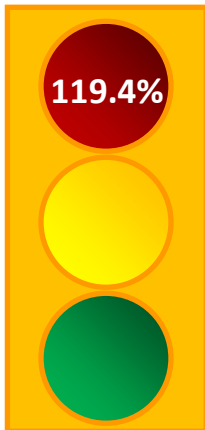


Figure 34: Comparison of percentage of people who meet physical activity recommendations by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Youth Obesity



Washington County's (WC) 2015-2016 percentage of 20.05% indicates a **119.4% 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 -1.8%. This represents a **decline** from the 2015 score of -40.0%.

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.^{xxi} Figure 35 compares the percent of enrolled public school students 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). WC's percentages were higher than PA's in 2011, 2012, 2015 and 2016. Both PA's and WC's percentages were significantly higher than the US' for all years. The trend for the US' percentages increased from 2009 to 2017. PA's trend increased in 2010 and every year from 2013 to 2016, while WC's increased in 2010 and between 2010 to 2015.

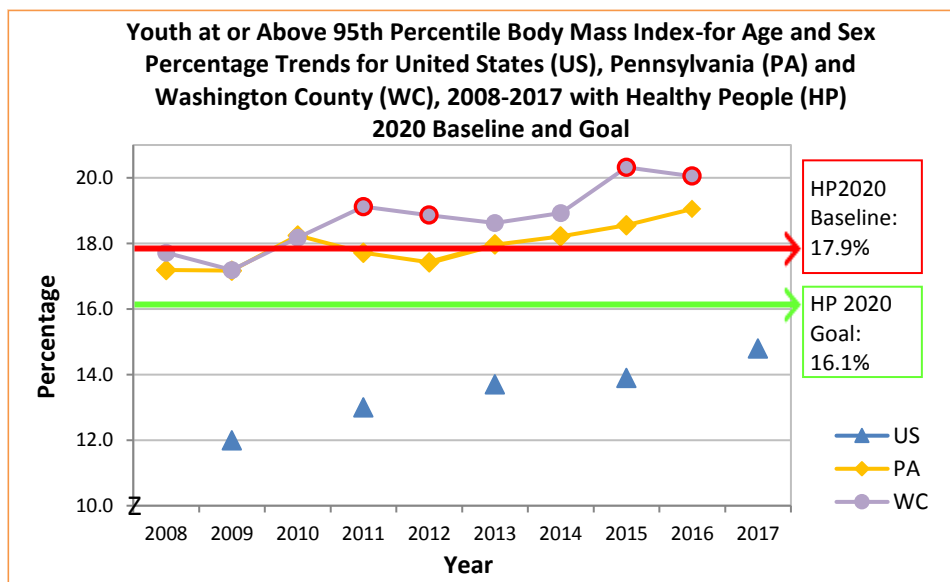


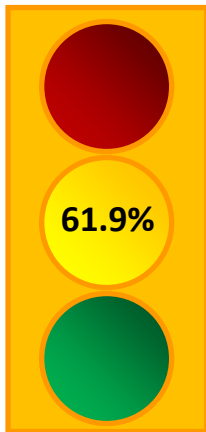
Figure 35: Comparison of percentage of youth obesity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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 (grades 9th -12th) while PA are from mandatory school growth screenings (grades 7th -12th). The HP 2020 baseline and goals rely on NHANES data.

Data Source(s): For US: Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed 2-2019. **For PA and WC:**

PA Department of Health, School Statistics, BMI Screening for age, available on line at: <https://www.health.pa.gov/topics/school/Pages/Statistics.aspx>, accessed 2-2019.

Motor Vehicle Accidents



Washington County's (WC) 2014-2017 average rate of 12.9 per 100,000 population indicates **61.9% progress** toward the HP2020 goal of 12.4. Because the motor vehicle accident death rate measure weight is 0.8%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.5%. This represents a **decline** from the 2015 score of 192.9%.

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause and is responsible for 1.9% of the deaths under age 75 in WC from 2014-2016. Figure 36 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were 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 decreased in 2008, 2009, 2010 and 2013, but increased in 2015 and 2016. PA's rate trend declined in 2009. WC's rate trend has been static. Overall, WC's nine-year average rate (12.5) was no different than both PA's and the US' (10.4 and 11.6, respectively), although PA's was lower than the US'.

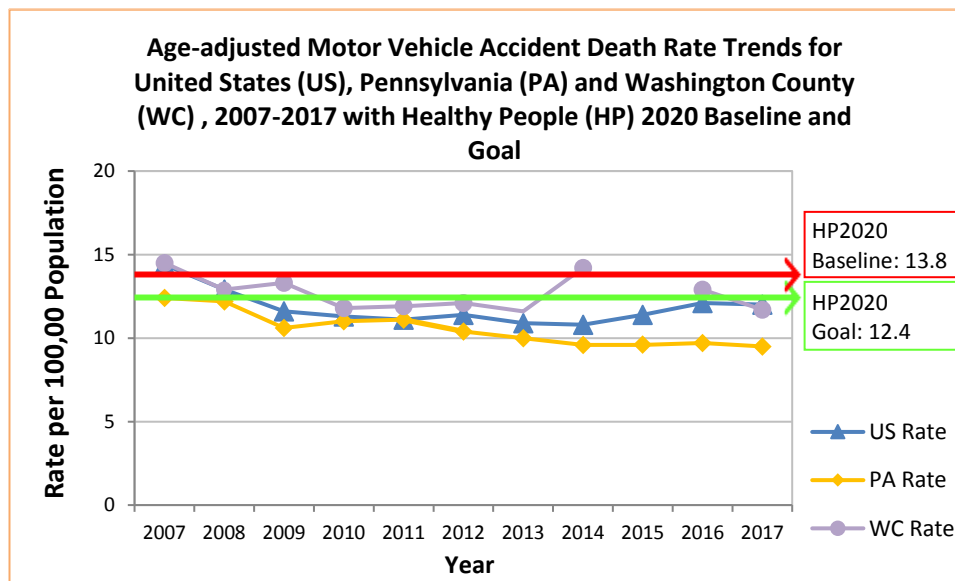
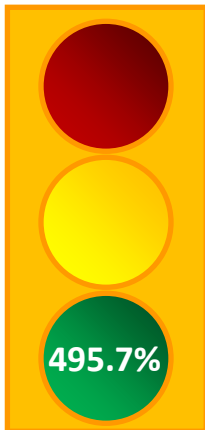


Figure 36: Comparison of motor vehicle accident death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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. Gaps in years of data are caused by too few deaths to calculate a reliable rate. **Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, UCD ICD-10 113 Cause List

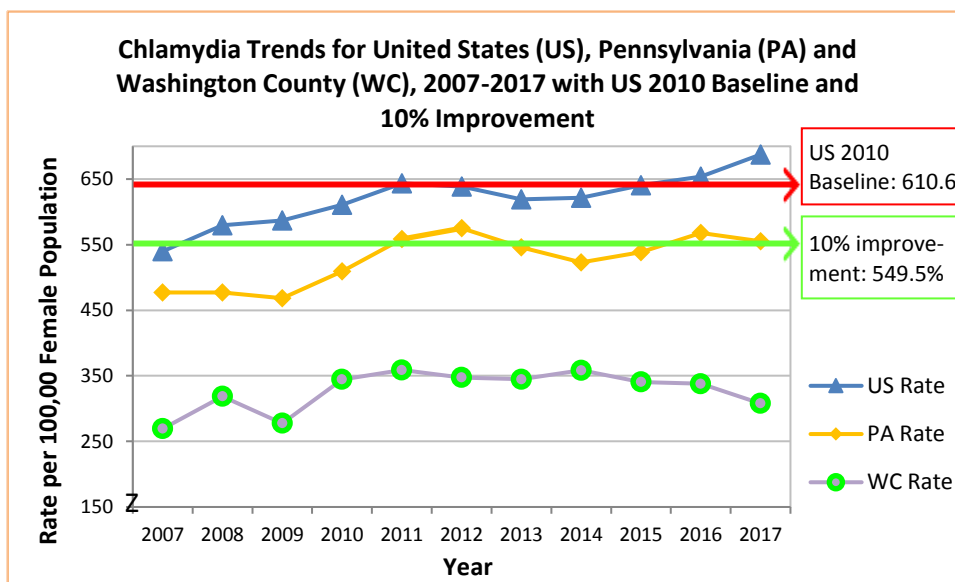
Motor Vehicle Accidents 1999-2017 on CDC WONDER Online Database, accessed 2-2019.

Chlamydia



Washington County's (WC) 2017 rate of 307.9 Chlamydia infections per 100,000 females indicates that it has met the 10% improvement of 549.5 and **exceeded it by 495.7%**. Because the Chlamydia measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 12.4%. This represents an **improvement** from the 2015 score of 435.3%.

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.^{xxii} Figure 37 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' rates increased every year. PA's rate trend increased in 2010, 2011, 2012, 2015 and 2016 and decreased in 2013, 2014 and 2017 for an overall increase. WC's trend rate has been static.



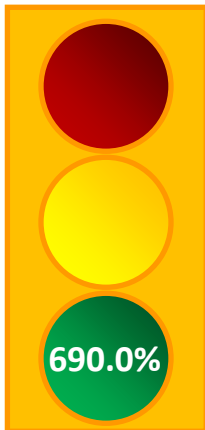
Data Limitations: Case report data are influenced by screening coverage and the use of several different types of diagnostic tests for chlamydial infection. Chlamydia positivity in women attending clinics is an estimate of prevalence; it is not true prevalence. Family planning and other clinic-based data reported to CDC may not be fully representative of the entire clinic population.
For WC: "These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions."

Data Source(s): For the US and PA: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, accessed 2-2019, available online

Figure 37: 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.

at <https://www.cdc.gov/std/stats17/tables/4.htm>. **For WC:** EDDIE, (Enterprise Data Dissemination Informatics Exchange), Pennsylvania Department of Health, Bureau of Communicable Diseases, accessed online 2-2019.

Teen Pregnancy Rate



Washington County's (WC) 2016 rate of 7.2 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 significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI) and 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, systemic infections, low birthweight, preterm delivery and severe neonatal conditions.^{xxiii} Figure 38 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, and WC's rate was lower than PA's in every year except 2009, 2013 and 2014. The trend for the US rate has decreased every year. PA's trend decreased in 2009, 2011 through 2014 and in 2016. WC's trend decreased in 2010.

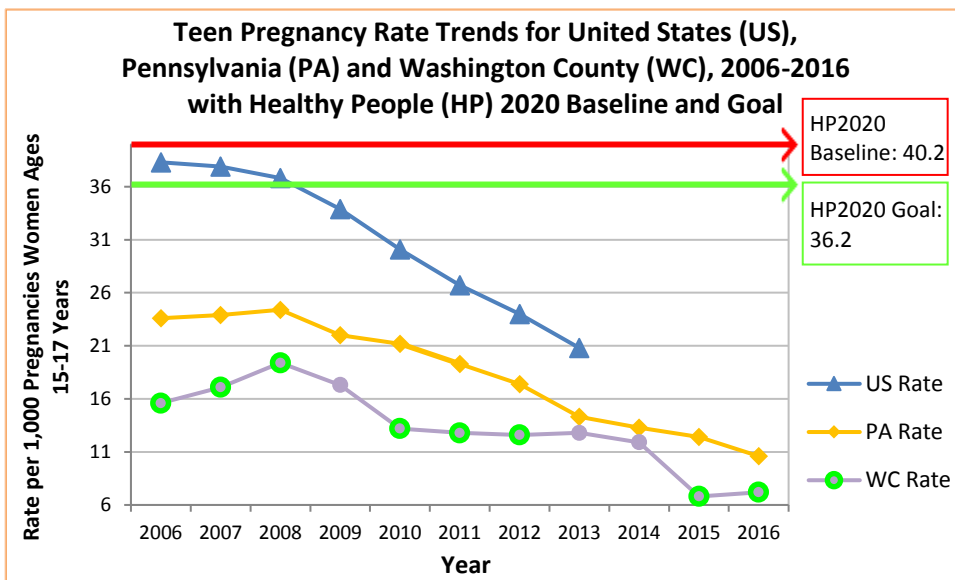
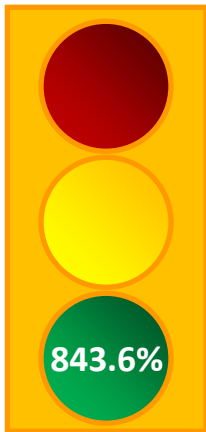


Figure 38: Comparison of teen pregnancy rates (ages 15-17 years) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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") or whether 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): For US: Kost, K, Maddow-Zimet, I, and Arpaia, A. *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity.*, available at: <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>, accessed 2-2019. For PA and WC: EDDIE, (Enterprise Data Dissemination Informatics Exchange), Pennsylvania Department of Health, Birth Certificate Data, accessed online 2-2019.

Teen Birth Rate



Washington County's (WC) 2017 rate of 3.3 per 1000 females aged 15-17 years old indicates it has met the 10% improvement goal of 19.0 and **exceeded it by 843.6%**. Because the teen birth rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 10.5%. This represents an **improvement** from the 2015 score of 549.8%.

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.^{xxiv} Figure 39 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). PA's rates were significantly lower than the US for all comparable years. WC's rate was lower than the US' rates for all years except 2013 and lower than PA's rates in 2007, 2010 and 2015. The trend for the US rate decreased every year. PA's trend decreased in 2009, 2011, 2014, 2016 and 2017. WC's trend decreased from 2007 to 2015.

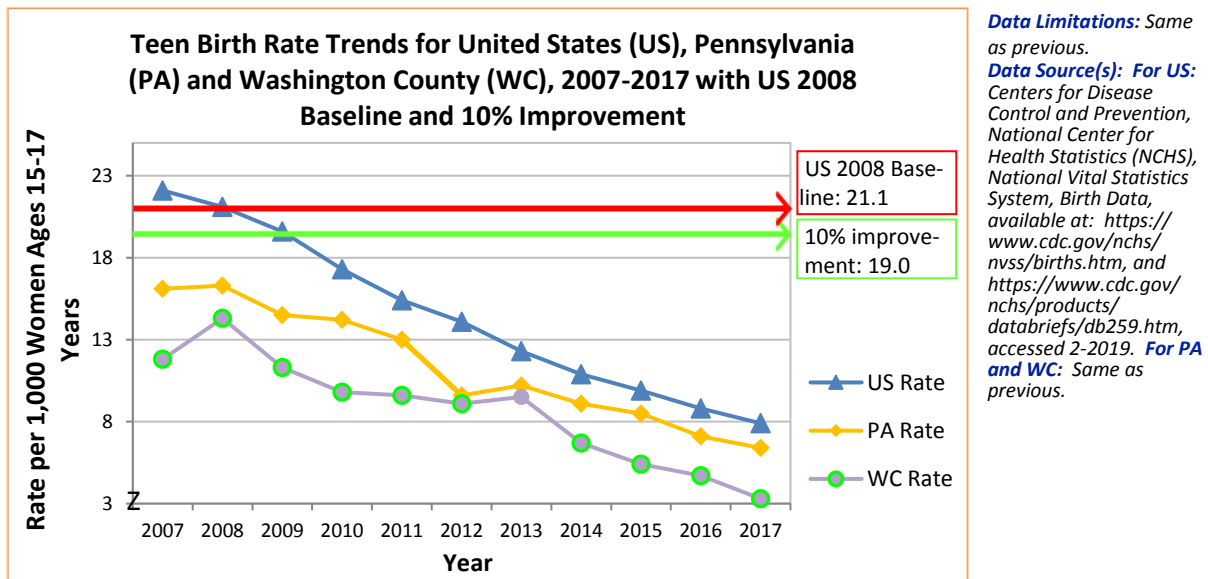
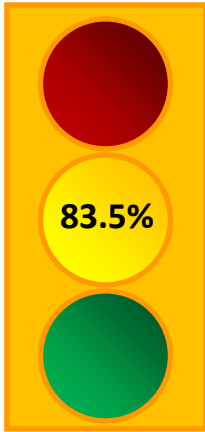


Figure 39: Comparison of teen birth rates (ages 15-17 years) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Results—Health Factors—Clinical Care

Adults with Health Insurance



The hospital defined community's (HDC) 2018 age-adjusted percent of 97.2 indicates **83.5% 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 4.2%. This represents a **decline** from the 2015 score of 89.3%.

Lack of health insurance coverage is a significant barrier to accessing needed health care.^{xv} Figure 40 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) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in all years except 2010. HDC's percentage was higher than both the US' and PA's in all comparable years. US' trend decreased in 2011 and 2012 and increased every year from 2013 to 2016 for an overall increase. PA's trend decreased in 2010 and increased in 2014 and from 2014 to 2016. HDC's trend has increased overall.

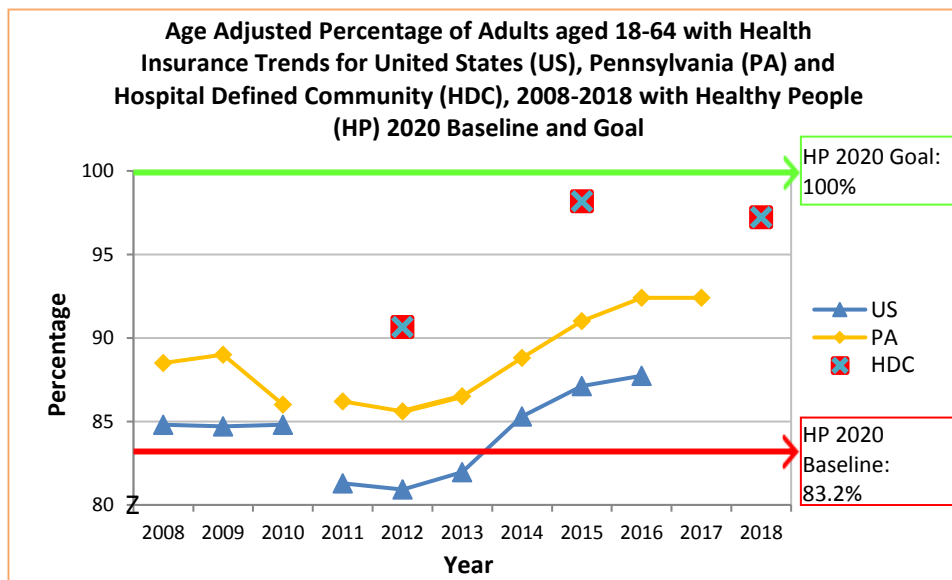
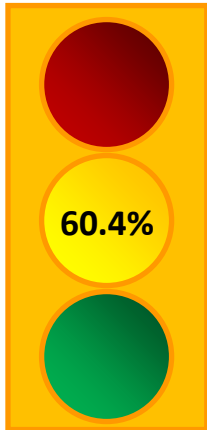


Figure 40: Comparison of uninsured adults by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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-

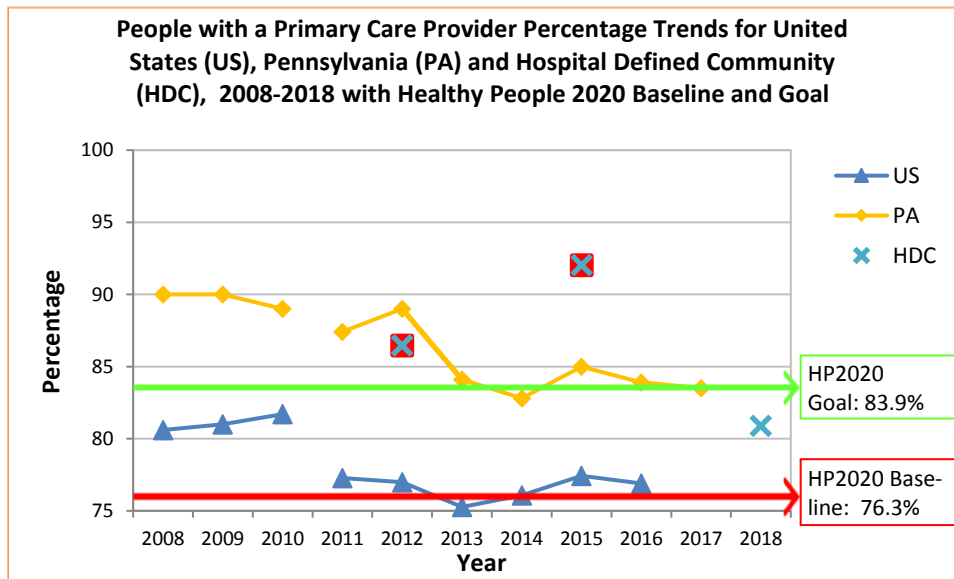
reported data. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, <https://nccd.cdc.gov/weat/index.html#/crossTabulation>, accessed 2-2019. **For PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

Usual Primary Care Provider



The hospital defined community's (HDC) 2018 age-adjusted percent of 80.9% indicates **60.4% progress toward** the HP 2020 goal of 83.9%. Because the usual primary care provider measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.5%. This represents a **decline** from the 2015 score of 198.7%.

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.^{xxvi} Figure 41 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) and HDC (aqua 'x'). PA's percentages were significantly higher in all years compared to the US'. HDC's percentage was significantly higher than the US', but lower than PA's in 2012. In 2015, HDC's percentage was significantly higher than both the US' and PA's. The US' trend decreased in 2011, 2013 and 2016 and increased in 2014 and 2015 for an overall decrease. PA's trend decreased in 2011 and 2013 and increased in 2012 for an overall decrease. HDC's trend have increased and decreased for an overall decrease.

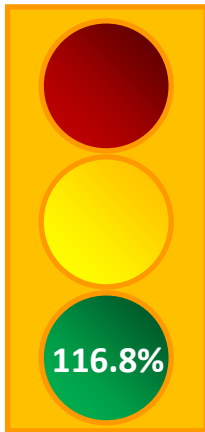


Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 41: 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.

Primary Care Physician Ratio



Washington County's (WC) 2014 ratio of 1416 to 1 indicates that it has met the Graham Center goal of 1500 to 1 and has **exceeded it by 116.8%**. 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 2015 score of 114.1%.

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.^{xxxvii} Figure 42

compares the population to direct care primary care physician ratio for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC's ratios are higher than the US' for all comparable years, but only higher than PA's for 2006, 2008 and 2010. PA's ratios are higher than the US' except in 2010. The trend for the US decreased in 2008, 2012 and 2014 and even with an increase in 2010, maintained an overall decrease. PA's ratios have increased in 2010 and 2014 and decreased in 2008, for an overall static trend. WC's trend was static.

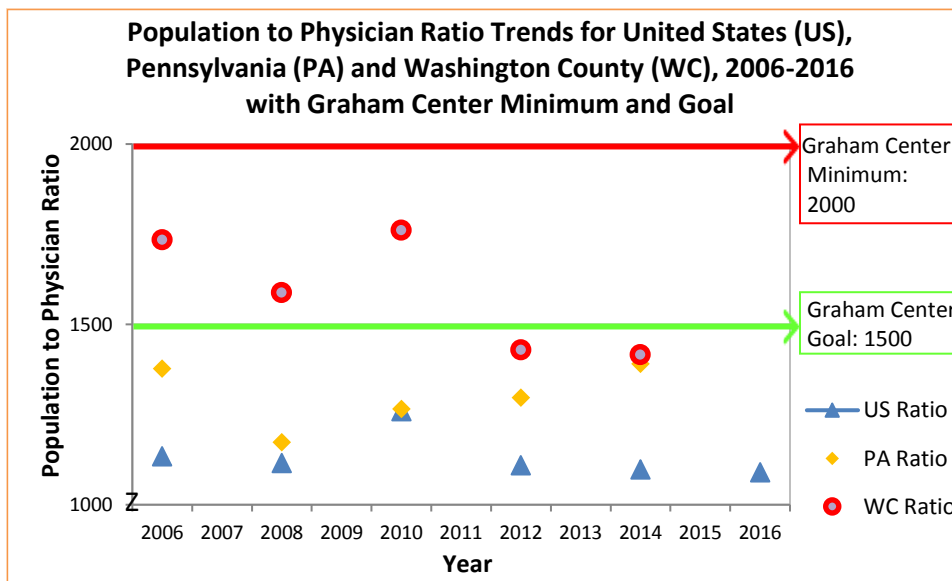
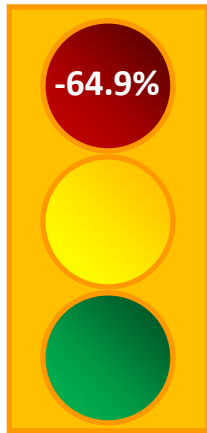


Figure 42: Comparison of primary care physician ratios by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: Two different sources of data were compared. The definition of primary care for both sources is different. 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

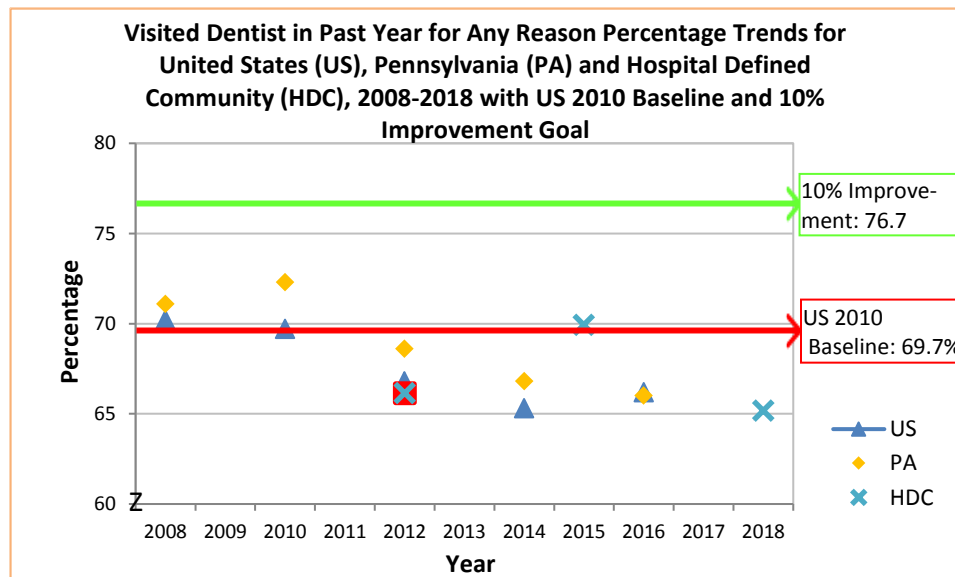
by the question not being used for that year's survey and/or the survey was not done that year. **Data Source(s): For US:** Association of American Medical Colleges, Center for Workforce Studies, The 2017 State Physician Workforce Data Book., available at: <https://store.aamc.org/2017-state-physician-workforce-data-report.html>, accessed 2-2019. **For PA and WC:** PA Department of Health, 2014 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, available at: <https://www.health.pa.gov/topics/Health-Planning/Pages/Reports.aspx>, accessed 2-2019.

Dental Visits



The hospital defined community's (HDC) 2018 age-adjusted percent of 65.2% indicates a **64.9% 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 -0.3%. This represents a **decline** from the 2015 score of -10.0%.

A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight.^{xxviii} Figure 43 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 higher than the US' in 2010, 2012 and 2014. HDC's percentage is lower than only PA's in 2012. Both trends for the US and PA decreased in 2012. HDC's trend increased in 2015 and decreased in 2018 for an overall decrease.

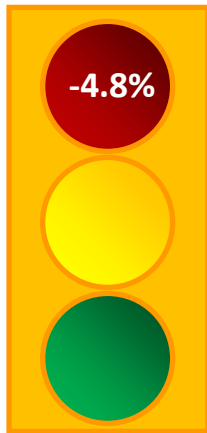


Data Limitations: Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations 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

Figure 43: 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.

and limited health knowledge can affect the quality of self-reported data. **For 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:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi>. **For PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

Mammography



The hospital defined community's (HDC) 2018 age-adjusted percent of 73.3% women aged 50 to 74 years who have had a mammogram in the past two years indicates a **4.8% 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 0.0%. This represents an **improvement** from the 2015 score of -20.3%. The measure was age-adjusted this year which may account for some of the differences in prior reports.

Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.^{xxix} Figure 44 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 percentages and the US' for comparable years. HDC's percentages were lower than PA's in 2012, but higher than the US' in 2015. The trend for US increased in 2012 and 2013 and between 2013 and 2016. PA's trend is static. HDC's trend decreased in both 2015 and 2018.

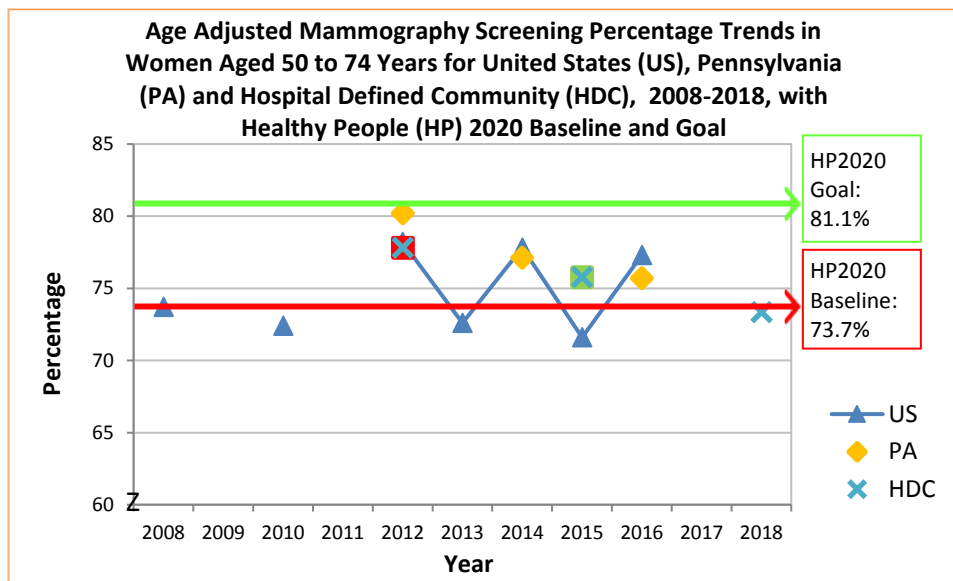
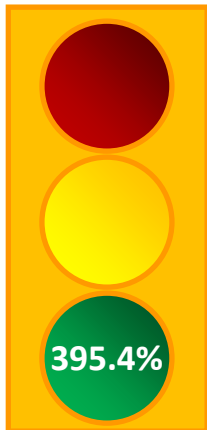


Figure 44: Comparison of women ages 50 to 74 years who have had a mammogram in the past two years by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: Same as previous. Two different sources of data were used for the US.
Data Source(s): Same as previous. **For US:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi> for odd years' data, accessed 2-2019. **For PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi>, accessed 2-2019. **For HDC:** <https://www.healthypeople.gov/2020/data-search/Search-the-Data>, for even years' data, accessed 2-2019.

System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: <https://nccd.cdc.gov/cdi>, accessed 2-2019.

Hemoglobin A1c Test



The hospital defined community's (HDC) 2018 age-adjusted percent of 90.3% indicates that it has met the HP2020 goal of 71.1% and has **exceeded it by 395.4%**. Because the Hemoglobin A1c (HbA1c) test measure weight is 0.84%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.3%. This represents a **decline** from the 2015 score of 424.6%.

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.^{xxx}

Figure 45 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 percentage was higher than the US's in 2010. HDC's percentage was higher than the US' in 2012 and higher than both the US' and PA's in 2015. The trends for both the US and PA have remained unchanged. HDC's trend increased in 2015.

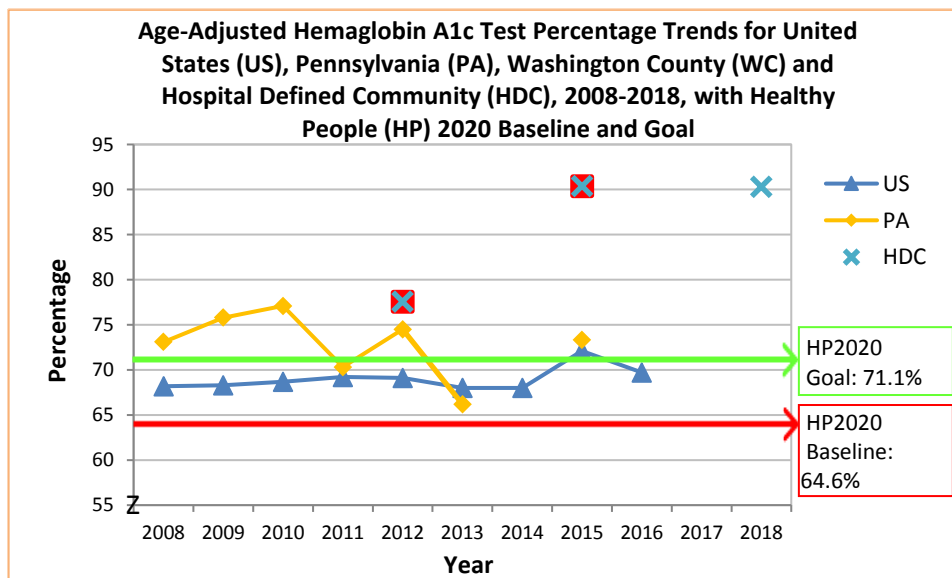


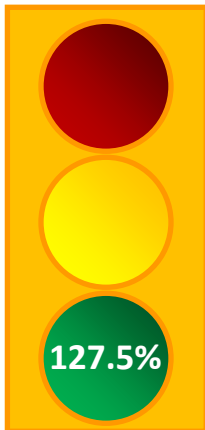
Figure 45: Comparison of people aged 18 and older with diabetes who have received two or more A1c tests in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: Same as previous. US data from National Diabetes Surveillance System is median while data from Chronic Disease Indicators is average, which accounts for a slight difference.

Data Source(s): For US and PA: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>, for even years' data, accessed 2-2019. For HDC: Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF

Consulting, LLC's 2018 Community Health Need Assessment.

Colorectal Cancer Screening



The hospital defined community's (HDC) 2018 age-adjusted percent of 75.6% of people aged 50 to 75 years indicates that it has met the HP2020 goal of 70.5% and **exceeded it by 127.5%**. Because the colorectal cancer screening measure weight is 0.85%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%. This represents a **decline** from the 2015 score of 260.3%, although the measure was changed in 2018 to reflect current guidelines, not just those who had ever received a colonoscopy. The measure was age-adjusted this year which may account for some of the differences in prior reports.

Colorectal cancer screening discovers polyps before they become cancer and identifies early cancers when the disease is at a more treatable stage.^{xxxi} Figure 46 compares the percentage of people between the ages of 50 to 75 years who have had a FOBT in the past year, or a FOBT in the past three years and a sigmoidoscopy in the past five years, or a colonoscopy in the past ten years for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). There are no differences between the US' and PA's percentages for any comparable year. HDC's percentage was higher than the US' in 2015. All three trends have increased.

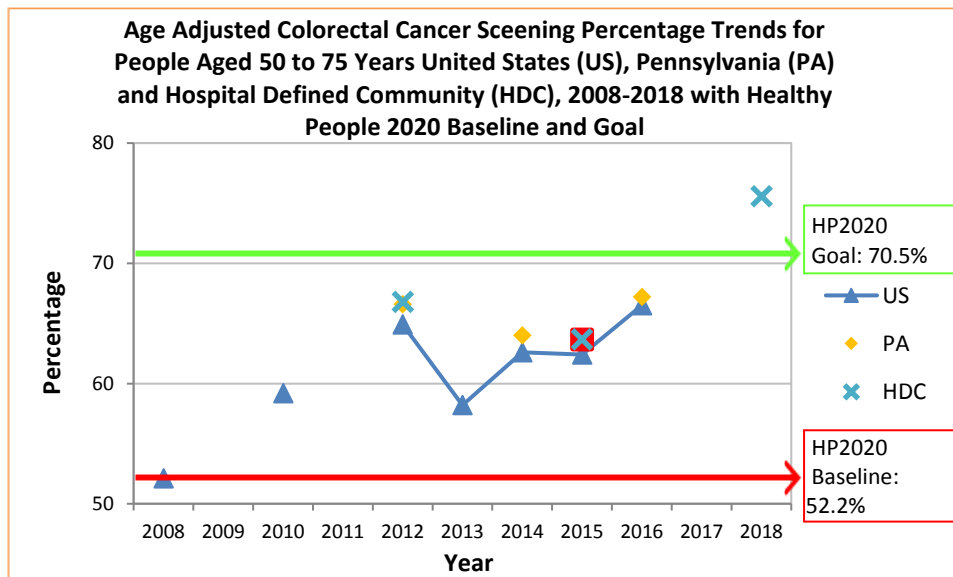
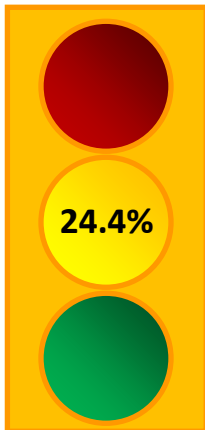


Figure 46: Comparison of people between the ages of 50 to 75 years who report having a FOBT in the past year or a FOBT in the past three years and a sigmoidoscopy in the past five years or a colonoscopy in the past ten years by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or 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 HDC:** HDC's data point was obtained via a mailed survey as

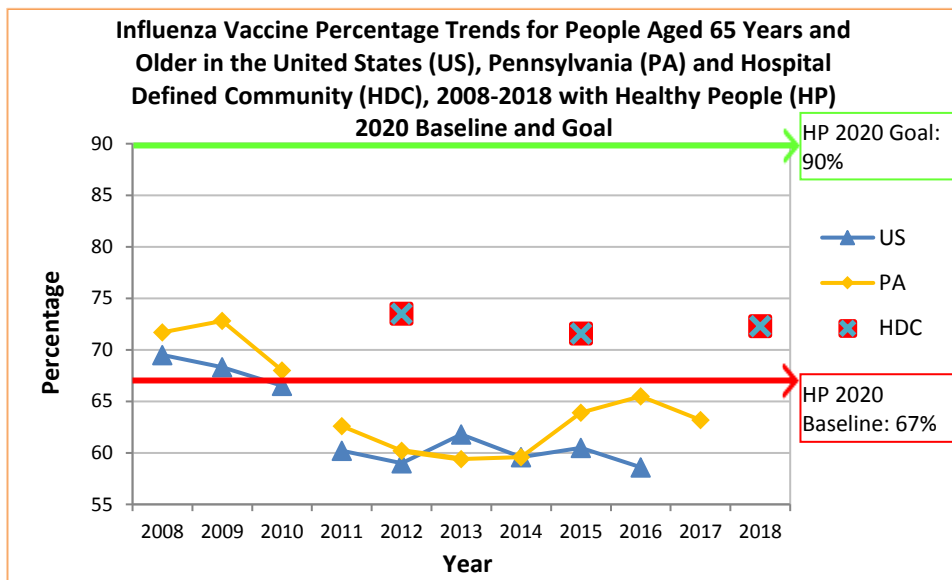
opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s):** **For US:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at <https://nccd.cdc.gov/weat/index.html#/crossTabulation>, accessed 2-2019. **For PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at <https://www.cdc.gov/brfss/brfssprevalence/index.html>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

Influenza Vaccine



The hospital defined community's (HDC) 2018 percent of 71.6 indicates **24.4% 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 an **improvement** from the 2015 score of 21.4%.

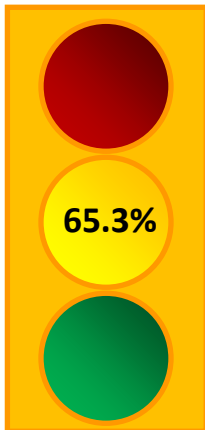
The influenza vaccine is 37% effective in preventing hospitalization and 52% to 79% effective in preventing death from the flu in the over 65 years of age group.^{xxxiii} Figure 47 compares the percentages of people aged 65 years and older who have received the influenza vaccine in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentage was significantly higher in 2009 and 2016 compared to the US'. HDC's percentages are higher than both the US' and PA's for all comparable years. The trends for both the US' and PA's percentages have decreased. HDC's trend remains static.



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

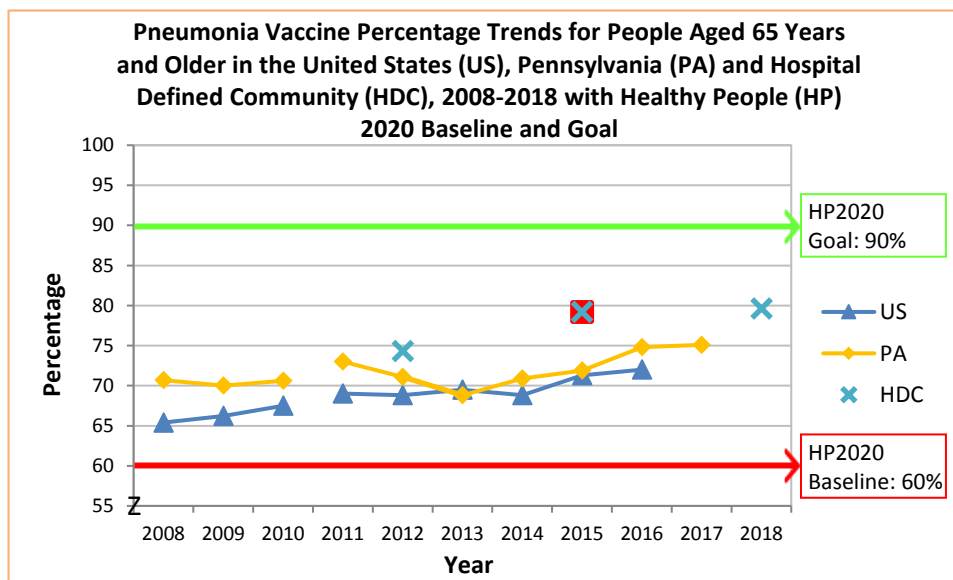
Figure 47: Comparison of percentage of people aged 65 and older who have received an influenza vaccine in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Pneumonia Vaccine



The hospital defined community's (HDC) 2018 percent of 79.6% indicates a **65.3% 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 2015 score of 64.0%.

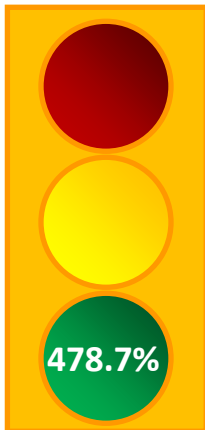
Pneumococcal vaccines protects between 50% to 85% against invasive disease due to specific strains of the *Streptococcus pneumoniae* bacteria.^{xxxiii} Figure 48 compares the percent people aged 65 years and older who have ever received a pneumonia vaccine for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's percentages were higher than the US's from 2008 to 2012. HDC's percentage was higher than the US' in 2015. The trends for the US', PA's and HDC's rates have been static.



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

Figure 48: Comparison of people aged 65 years 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 hospitals' defined community's (HDC) age-adjusted 2016-2017 average rate of 944 for overall preventable hospital stays per 100,000 defined communities population indicates that it has met the 2008 US 10% improvement goal of 1811 and **exceeded it by 478.7%**. Because the overall preventable hospital stays measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 7.2%. This represents a **decline** from the 2015 score of 526.9%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

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 12.7% of all stays in 2017.^{xxxiv} Figure 49 compares the rate of preventable admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). HDC's rate was significantly lower than both the US' and PA's in all comparable years. The trends for both the US' and PA's rate have decreased; the trend for HDC's rate has increased.

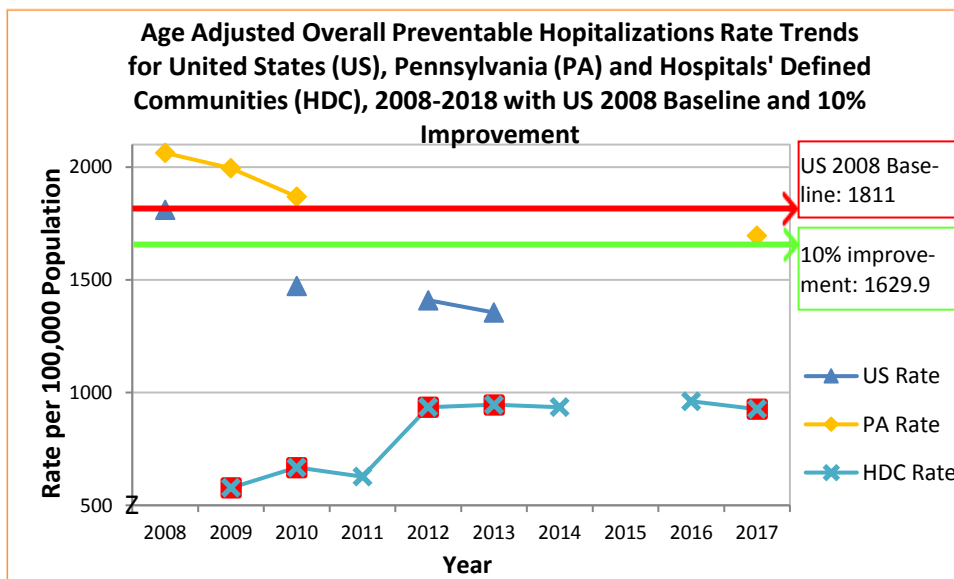


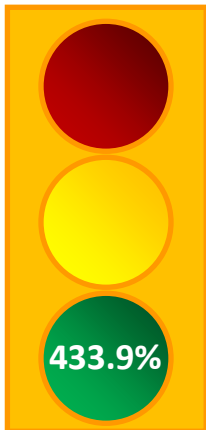
Figure 49: Comparison of overall preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: Gaps in years of data are caused by no report 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 percentage information. For the HDC, the gap in year 2015 reflects transition to ICD-10 codes in October and the inability to analyze a calendar year of data with mixed ICD-9 and ICD-10 codes with the WinQI Software.

Data Source(s): For the US: Agency for Healthcare Research and Quality, Benchmark Data Tables for the PQI available online at https://www.Qualityindicators.ahrq.gov/Modules/pqi_resources.aspx and <https://www.Qualityindicators.ahrq.gov/Archive/default.aspx#pqi>, accessed 2-2019.

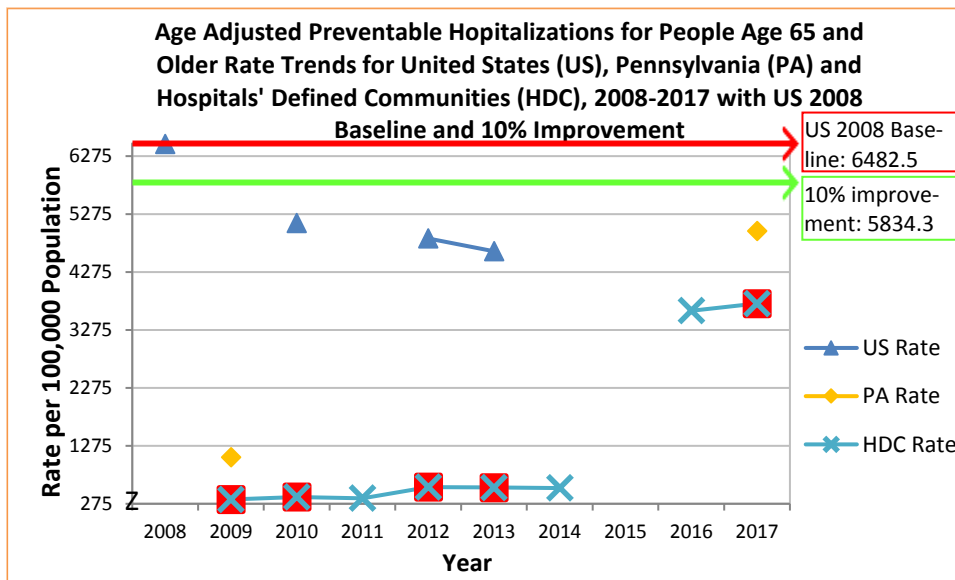
For PA: Pennsylvania Health Care Cost Containment Council: Potentially Preventable Hospitalizations in Pennsylvania 2010, June 2010; Pennsylvania Health Care Cost Containment Council, Chronic Health Care Conditions in Pennsylvania—A State of Health Care in PA Report, June 2010; and Research Brief Potentially Preventable Hospitalizations in PA, April 2018, revised May 2018. **For HDC:** For years 2009 to 2014, admission data provided by Monongahela Valley Hospital and Washington Health System and data analysis performed by Washington County Health Partners in PASW Statistics 17.0, version 17.0.2, 3-2016. For years 2016-2017, admission data provided by Monongahela Valley Hospital and Washington Health System (including Greene County hospital site) and data analysis performed by LRF Consulting, LLC in WinQI v2018.0.1 ICD-10-CM/PCS (non-risk adjusted), 2-2019.

Preventable Hospital Stays—Ages 65 Years and Older



The hospitals' defined community's (HDC) age-adjusted 2016-2017 rate of 554.8 for people aged 65 years and older preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 1114.7 and **exceeded it by 433.9%**. 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 8.5%. This represents a **decline** from the 2015 score of 552.0%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

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 64.0% of all preventable stays in 2017.^{xxxv} Figure 50 compares the rate of preventable admissions for people aged 65 and older for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). HDC's rate was significantly lower than both the US' and PA's rates for all comparable years. The trend for the US rate decreased, while PA's trend increased. HDC's trend increased.

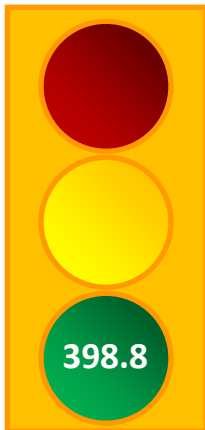


Data Limitations: Same as previous.

Data Source(s): Same as previous.

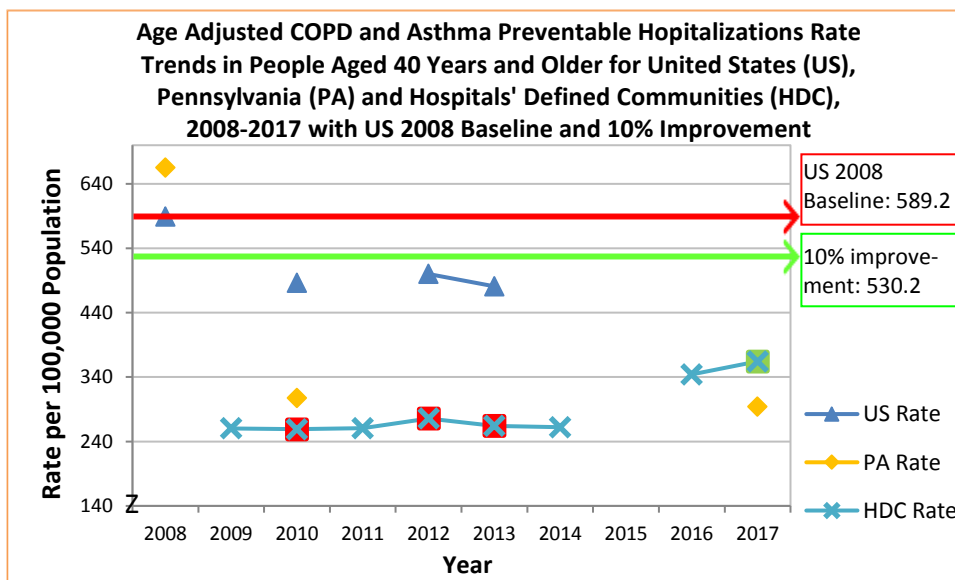
Figure 50: Comparison of people aged 65 years and older preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays—COPD and Asthma in Older Adults



The hospitals' defined community's (HDC) age-adjusted 2016-2017 average rate of 354.2 for Chronic Obstructive Pulmonary Disease (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 530.2 and **exceeded it by 398.8%**. Because the preventable hospital stays for COPD measure weight is 0.3%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.2%. This represents an **improvement** from the 2015 score of 308.6%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

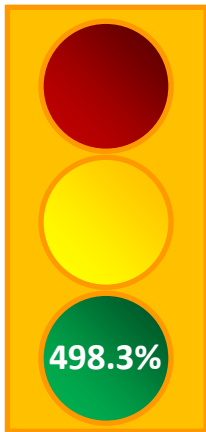
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for COPD and asthma in older adults (aged 40 years and older) in PA make up 22.0% of all preventable stays in 2017.^{xxxvi} Figure 51 compares the rate of preventable COPD and asthma admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's rate was statistically significantly higher than the US' rate in 2008 and lower in 2010. HDC's rate was lower than both the US' and PA's in 2010 and lower than the US' in 2012 and 2013. HDC's rate was higher than PA's in 2017. The trend for both the US' and PA's rate has decreased overall. HDC's trend has increased.



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

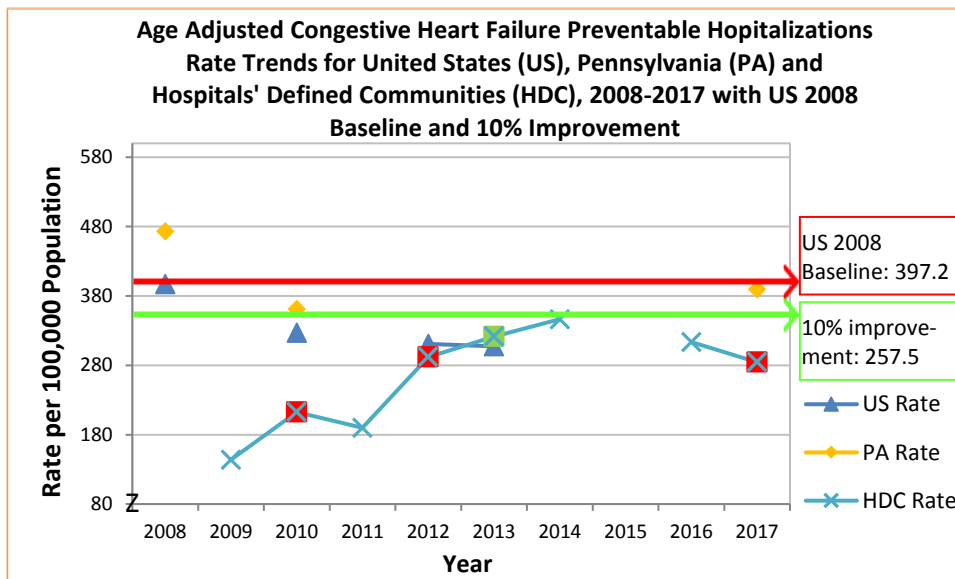
Figure 51: Comparison of COPD and adult asthma (age 40 years and older) preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays—Heart Failure



The hospitals' defined community's (HDC) age-adjusted 2016-2017 average rate of 199.3 for 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 498.3%**. Because the preventable hospital stays for heart failure measure weight is 1.05%, the contribution to the 2020 Healthy Community Health Factor Score™ is 5.2%. This represents an **improvement** from the 2015 score of 416.7%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

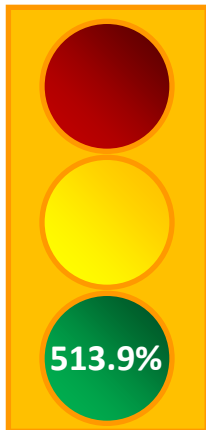
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for heart failure in PA make up 29.1% of all preventable stays in 2017.^{xxxvii} Figure 52 compares the rate of preventable congestive heart failure admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's rate was significantly higher than the US' in 2008 and 2010. HDC's rate was significantly lower than both the US' and PA's in 2010; lower than the US' in 2012 (but higher in 2013); and lower than PA's in 2017. The trend for both the US and PA has decreased. HDC's overall trend is increasing.



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

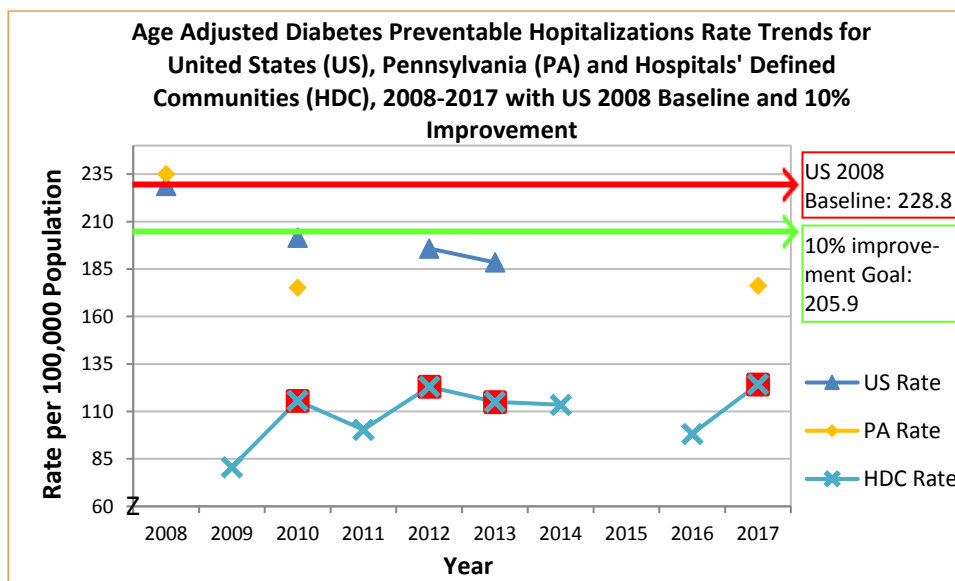
Figure 52: Comparison of congestive heart failure preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Preventable Hospital Stays--Diabetes



The hospitals' defined community's (HDC) age-adjusted 2016-2017 average rate of 111.2 for 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 513.9%**. Because the preventable hospital stays—diabetes measure weight is 0.2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.0%. This represents an **improvement** from the 2015 score of 405.3%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

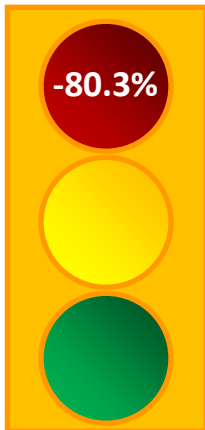
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. Preventable hospital stays for diabetes overall (uncontrolled diabetes, amputations, short and long term effects) in PA make up about 13.2% of all preventable stays in 2017.^{xxxviii} Figure 53 compares the rate of preventable asthma admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua 'x'). PA's rate was significantly higher in 2008 compared to the US. HDC's rate was lower than PA's in 2010 and 2017. HDC's rate was also lower than the US' in 2010, 2012 and 2013. The trend for the US rate has decreased overall. PA's rate trend declined from 2008 to 2017. HDC's trend is increasing.



Data Limitations: Same as previous. Combined diabetes hospitalization rates (short-term complications, long-term complications, uncontrolled and lower-extremity amputations) for the US in all years but 2013 may contain double counting and therefore higher rates.
Data Source(s): Same as previous.

Figure 53: 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.

Late Stage Diagnosis Breast Cancer



Washington County's (WC) 2014-2016 age-adjusted, three-year average rate of 46.4 per 100,000 females indicates an **80.3% lag** behind the HP 2020 baseline of 44.6. Because the late stage diagnosis breast 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 2015 score of -509.1%.

Study results indicated that women aged 50 years and older who were regularly screened with mammography had a 38% lower risk to be diagnosed with late-stage breast cancer cases.^{xxxix} Figure 54 compares the percent of late stage breast cancer diagnosis for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher than the US' in 2008, 2009, 2012, and 2014-2016. There were no differences between WC's rates and PA's. WC's rates were higher in 2008 and 2012 compared to the US'. The trend for the US rate is decreasing. PA's trend decreased in 2010 but is static overall. WC's trend has been static.

US rate is decreasing. PA's trend decreased in 2010 but is static overall. WC's trend has been static.

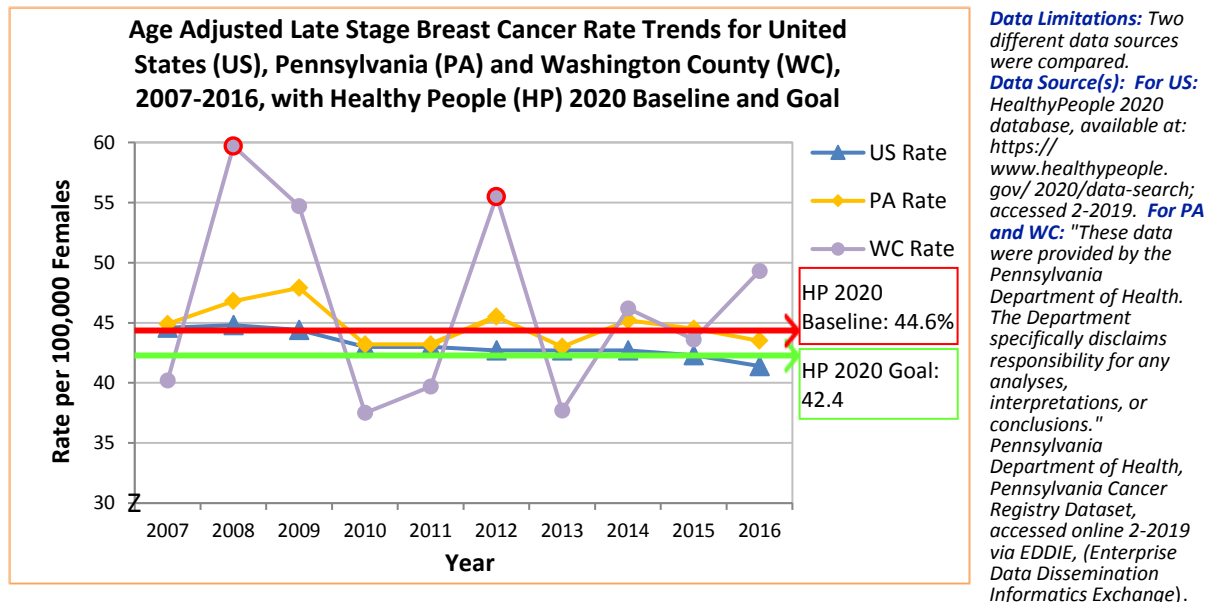
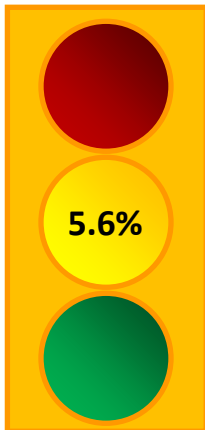


Figure 54: Comparison of percentage of late stage breast cancer diagnosis by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

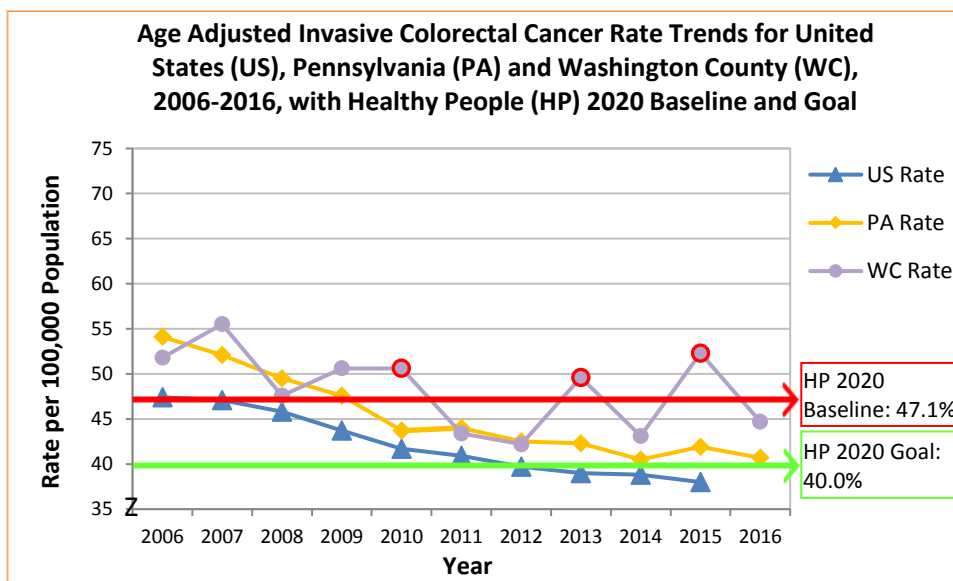
Invasive Diagnosis Colorectal Cancer



Washington County's (WC) 2014-2016 age-adjusted, three-year average rate of 46.7 per 100,000 population indicates a **5.6% progress toward** the HP2020 goal of 40. 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 a **decline** from the 2015 score of 67.1%.

Precancerous polyps (abnormal growths) can be present in the colon for years before invasive cancer develops and they may not cause any symptoms.^{xi} Figure 55 compares the rate of invasive stage colorectal cancer at diagnosis per 100,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were significantly higher than the US' for all years. WC's rates were higher than the US's for 2010, 2013 and 2015, but only higher than PA's in 2015. The trend for the US has been decreasing since 2008. PA's trend decreased in

2010. WC's trend has remained unchanged.



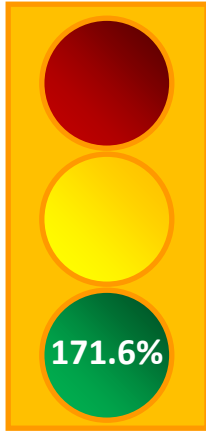
Data Limitations: Same as previous.

Data Source(s): Same as previous.

Figure 55: 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.

Results—Health Factors—Social/Economic

High School Graduation



Washington County's (WC) 2016-2017 percent of 92.7% indicates that it has met the HP 2020 goal of 87% and **exceeded it by 171.6%**. Because the high school graduation measure is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.6%. This represents an **improvement** from the 2015 score of 150.7%.

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.^{xli} Figure 56 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 both the US' and PA's. All three trends are increasing.

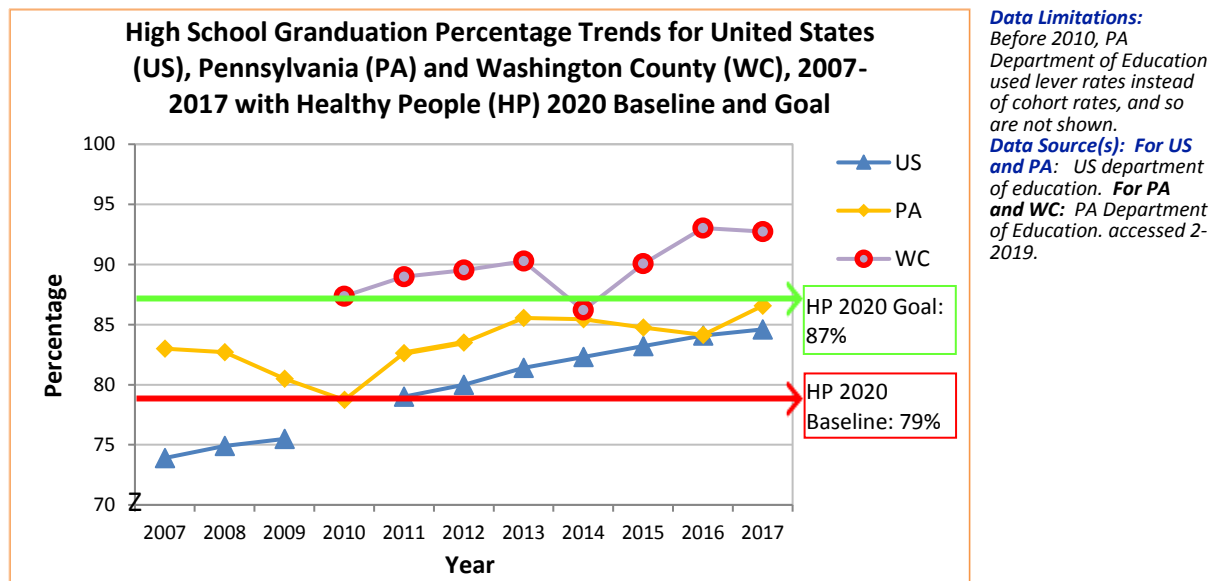
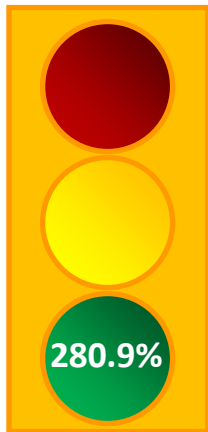


Figure 56: Comparison of high school graduation percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Some College



The hospital defined community's (HDC) 2018 percentage of 73.1% indicates that it has met the US 2010 10% improvement of 62.8% and **exceeded it by 280.9%**. Because the some college measure weight is 5.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 14.0%. This represents an **improvement** from the 2015 score of 260.9%.

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.^{xlii}

Figure 57 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 and 2015. The US', PA's and WC's trends are increasing. HDC's trend is static.

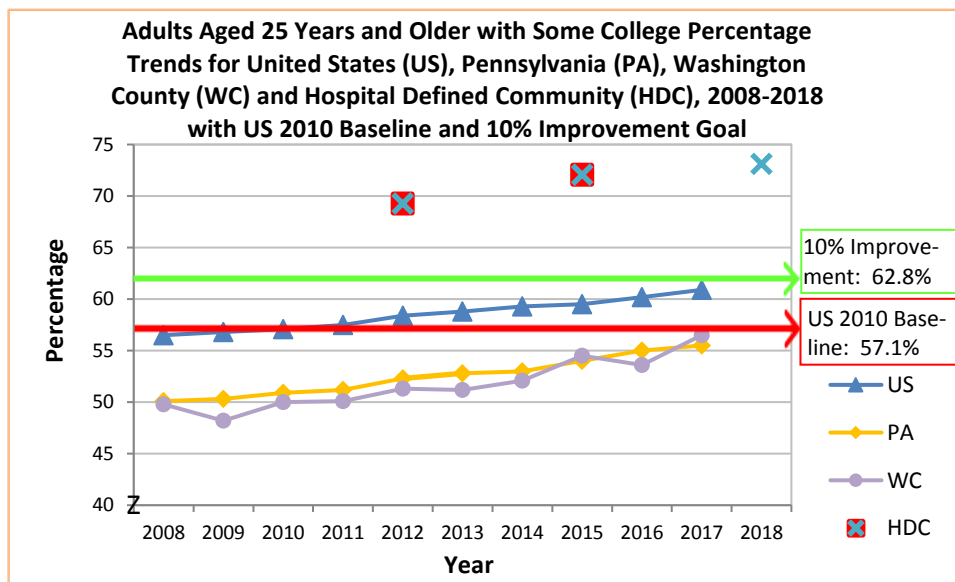


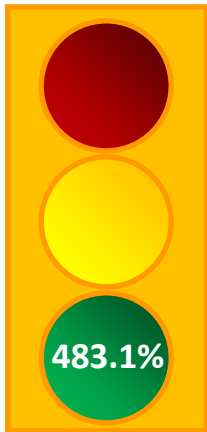
Figure 57: Comparison of adults aged 25 years and older with some college by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Limitations: For US, PA and WC:

American Community Surveys are used to create population estimates in between census years. **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://factfinder.census.gov>, accessed 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

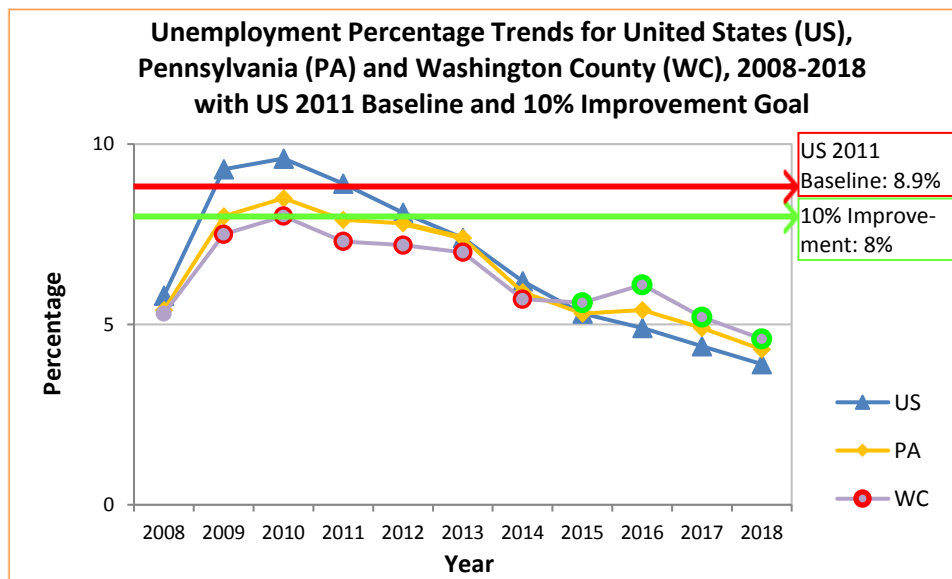
Unemployment



Washington County's (WC) 2018 percentage of 4.6% 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 48.3%. This represents an **improvement** from the 2015 score of 359.6%.

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.^{xliii} Figure 58 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). WC's percentages were lower than the US' and PA's in all years except in 2008 (same) and 2015 to 2018 (higher). The trends for the US, PA and WC have increased and decreased for an overall decrease from 2008 to 2018.



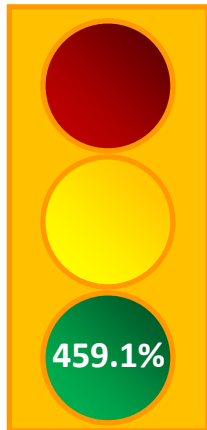
Data Limitations: The annual CPS estimates used to benchmark statewide labor force estimates are based on probability samples of households and are subject to both sampling and nonsampling errors. Although the present CPS sample is a State-based design, the sample size of the CPS is sufficient to produce 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: US Department of Labor, Bureau of Labor Statistics, Databases, Labor Force Statistics

Figure 58: 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.

from the Current Population Survey, <http://www.bls.gov/cps/tables.htm>, accessed 2-2019. For PA and WC: US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, Tables & Maps Created by BLS, available at <http://www.bls.gov/lau/#tables.htm>, accessed 2-2019.

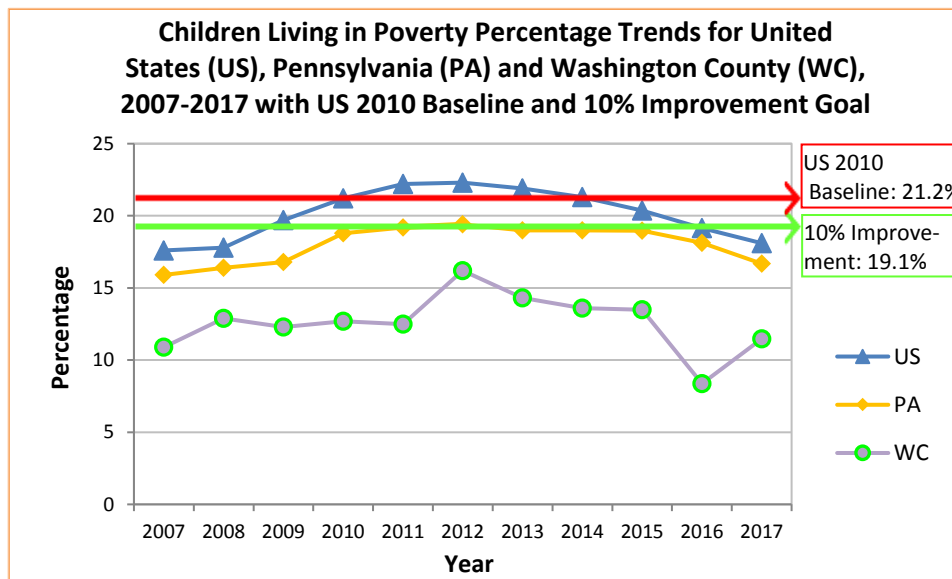
Children in Poverty



Washington County's (WC) 2017 percentage of 11.5% indicates that it has met the US 2010 baseline of 21.2% and **exceeded it by 459.1%**. Because the children living in poverty measure weight is 10%, the contribution to the 2020 Healthy Community Health Factor Score™ is 45.9%. This represents an **improvement** from the 2015 score of 358.5%.

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.^{xliv} Figure 59 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 for WC and overall unchanged for the US and PA.



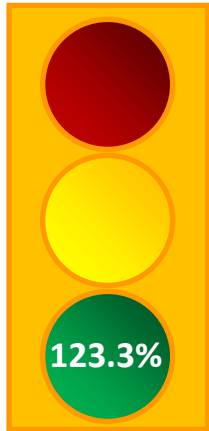
Data Limitations:

American Community Surveys are used to create population estimates in between census years.

Data Source(s): US Census Bureau, via American Fact Finder available at <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>, accessed 2-2019.

Figure 59: 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.

Single Parent Household

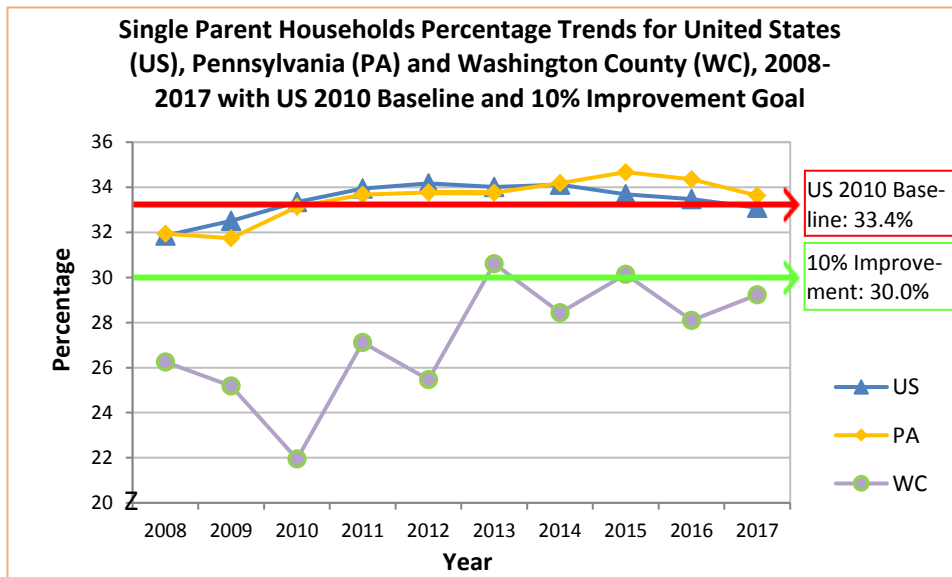


Washington County's (WC) 2017 percentage of 29.2% indicates that it has met the 2010 US 10% improvement goal of 30.0% and **exceeded it by 123.3%.**

Because the single parent household measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.1%. This represents a **decline** from the 2015 score of 207%.

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.^{xlv} Figure 60 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). WC's percentages were lower than both the US' and PA's for all years. 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.

increased and decreased for an overall decrease. WC's trend has increased and decreased for an overall increase.

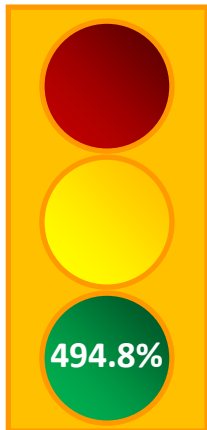


Data Limitations: Same as previous.

Data Source(s): Same as previous.

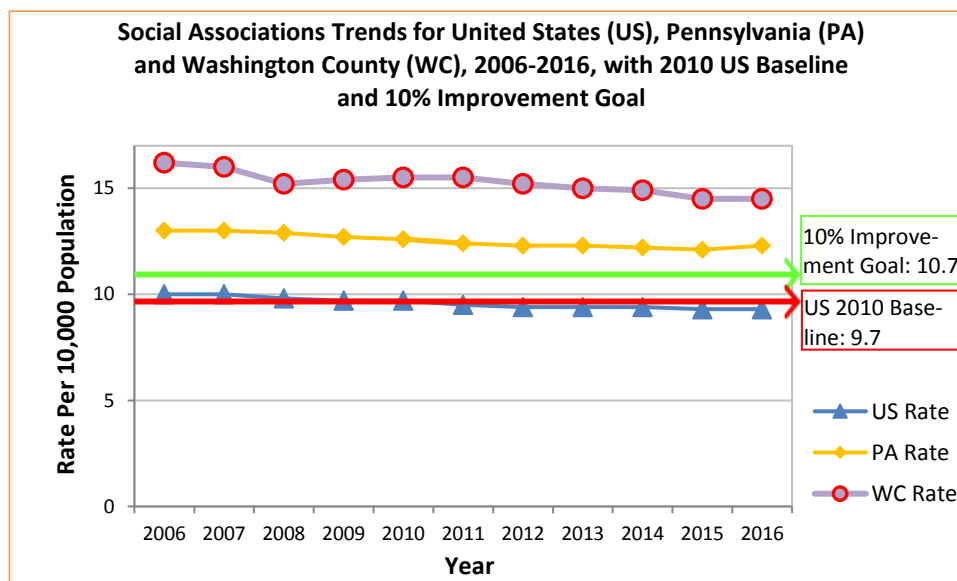
Figure 60: Comparison of single parent headed households by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Social Associations



Washington County's (WC) 2016 rate per 10,000 population of 14.5 indicates that it has met the 2010 US 10% improvement goal of 10.7 and **exceeded it by 494.8%**. Because the social associations measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 12.4%. This represents an **improvement** from the 2015 score of 100%, however this measure was changed from the 2015 measure of Inadequate Social Support and is not directly comparable.

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. A study that compared Behavioral Risk Factor Surveillance System (BRFSS) data on health status to questions from the General Social Survey found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group.^{xlvi} Figure 61 compares the rates of the number of membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations per 10,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rates were higher than the US' for all years and WC's rates were higher than both the US' and PA's for all years. The trends for the US, PA and WC have remained static.

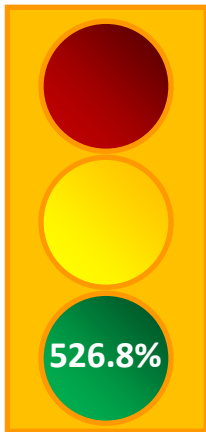


Data Limitations: American Community Surveys are used to create population estimates in between census years. Business codes are self-assigned.

Data Source(s): LRF Consulting, LLC calculated with data from US Census Bureau: 2006-2016 County Business Patterns: Geography Area Series: County Business Patterns, NAICS codes 813410, 713950, 713910, 713940, 711211, 813110, 813940, 813930, 813910 and 813920, via American Fact Finder available at <http://factfinder.census.gov>, accessed 2-2019.

Figure 61: Comparison of social association 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.

Violent Crime

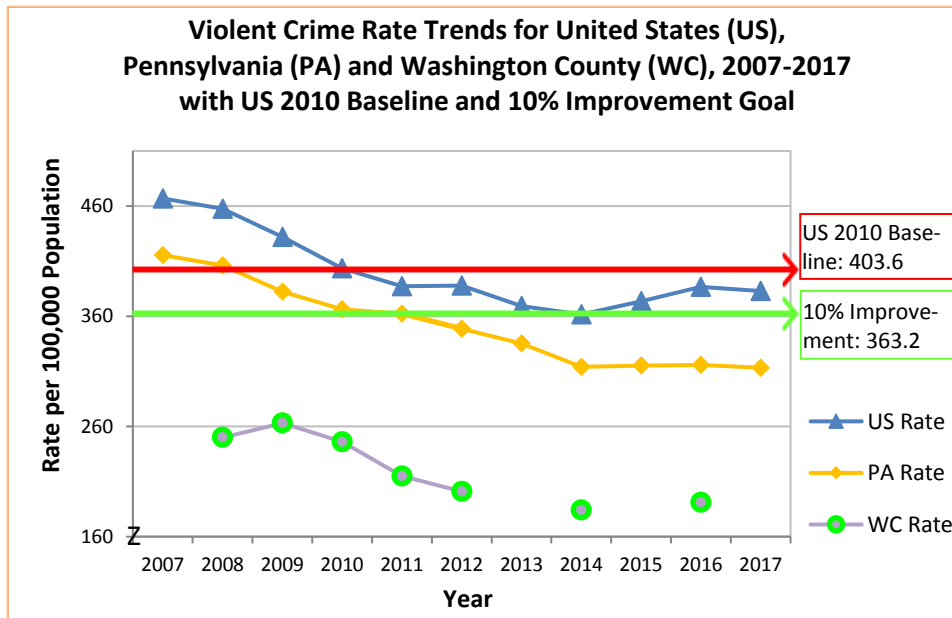


Washington County's (WC) 2016 rate of 191 per 100,000 population indicates that it has met the 2010 US 10% improvement goal of 363.2 and **exceeded it by 526.8%**. Because the violent crime measure weight is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 26.3%. This represents a **decline** from the 2015 score of 580.7%.

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. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses,

such as upper respiratory illness, and asthma in neighborhoods with high levels of violence.^{xlvii}

Figure 62 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.



Data Limitations: For US and PA: Not all states report all years to the FBI Uniform Reporting Database. **For WC:** Not all municipalities report all years to the FBI Uniform Reporting Database.

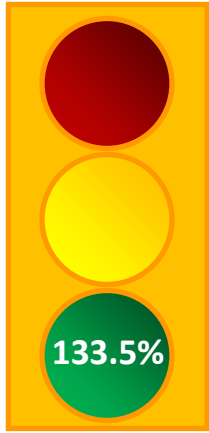
Data Source(s) for US and PA: Federal Bureau of Investigation, Uniform Crime Reports online UCR Data Tool, available at <https://www.fbi.gov/services/cjis/ucr>, accessed 3-2016. **Data Source(s) for WC:**

Uniform Crime Reporting Program Data: County-Level Detailed Arrest and Offense Data, United States, 2016. This dataset is maintained and distributed by the National Archive of Criminal Justice Data (NACJD), the criminal justice archive within ICPSR. Accessed 2-2019 at <https://www.icpsr.umich.edu>.

Figure 62: 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.

Results—Health Factors—Physical Environment

Secondhand Smoke Exposure



The hospital defined community's (HDC) 2018 age-adjusted percent of 89.7% indicates that it has met the HP 2020 goal of 87% and **exceeded it by 133.5%**.

Because the secondhand smoke exposure measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.3%. This represents an **improvement** from the 2015 score of 121.5%.

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 63 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'). PA was lower than the US in 2011 and 2007. HDC was higher than both US and PA in 2015. The trends for the US, PA and HDC are increasing.

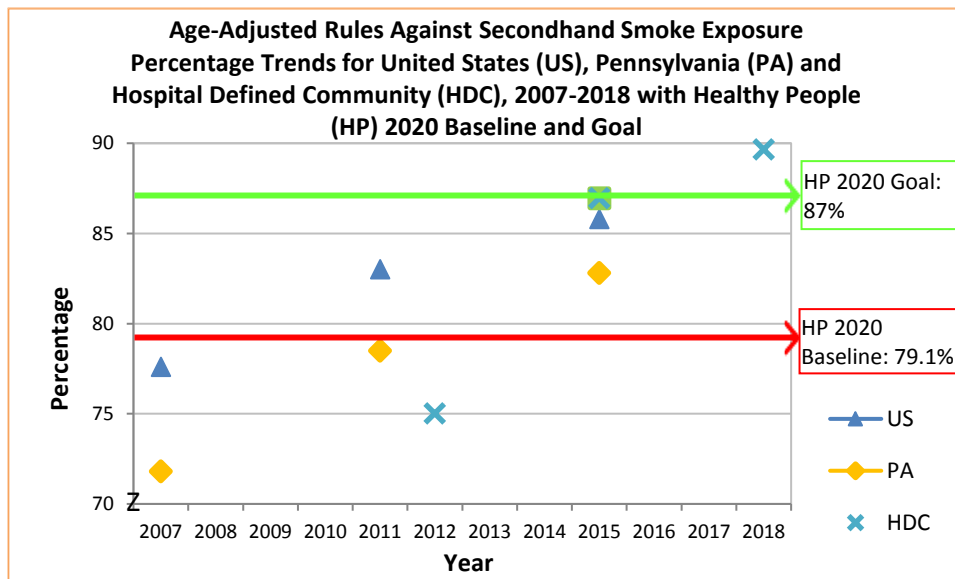
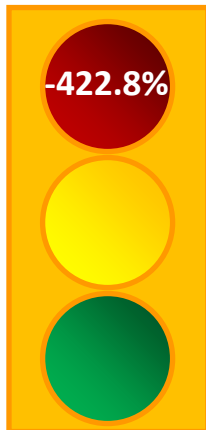


Figure 63: Comparison of secondhand smoke exposure by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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. Since the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) uses a sample 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 survey excludes people without a residential phone and people who are institutionalized. The 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

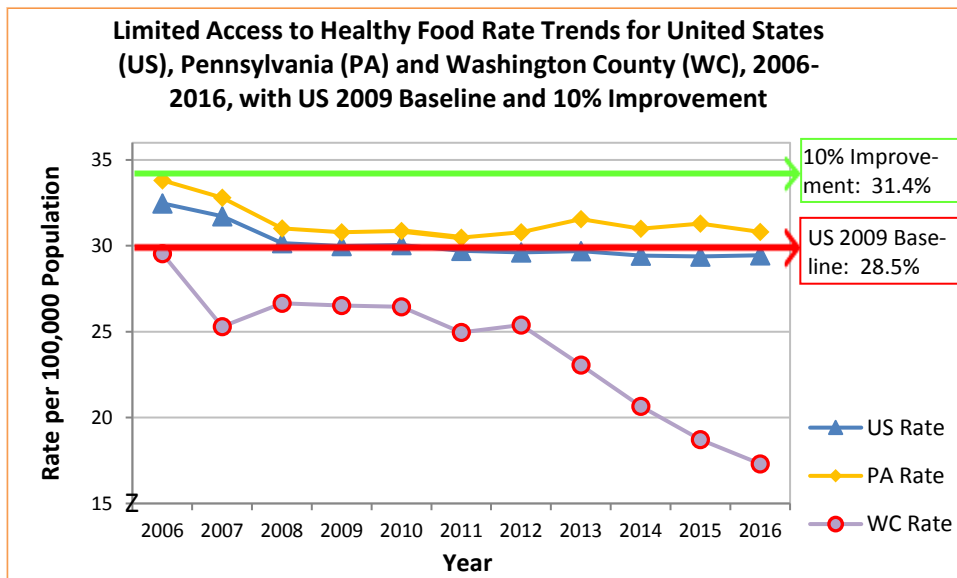
questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For HDC:** Data point was obtained via a mailed survey as opposed to a telephone survey for 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 2-2019. **For HDC:** Data from Washington County Health Partners' (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.

Limited Access to Healthy Foods



Washington County's (WC) 2016 rate of 17.3 indicates a **422.8% 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 -8.5%. This represents a **decline** from the 2015 score of -224.8%.

Studies have linked the food environment to consumption of healthy food and overall health outcomes.^{xlviii} Figure 64 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). WC's rates were significantly lower in all years compared to the US and PA. Both the US' and PA's trends are static while WC's trend is decreasing.



Data Limitations: American Community Surveys are used to create population estimates in between census years. Business codes are self-assigned.

Data Source(s): LRF Consulting, LLC calculated with data from US Census Bureau: 2006-2016 County Business Patterns: Geography Area Series: County Business Patterns, NAICS codes 44511, 4452 and 45291 via American Fact Finder available at <http://factfinder.census.gov>, accessed 2-2019.

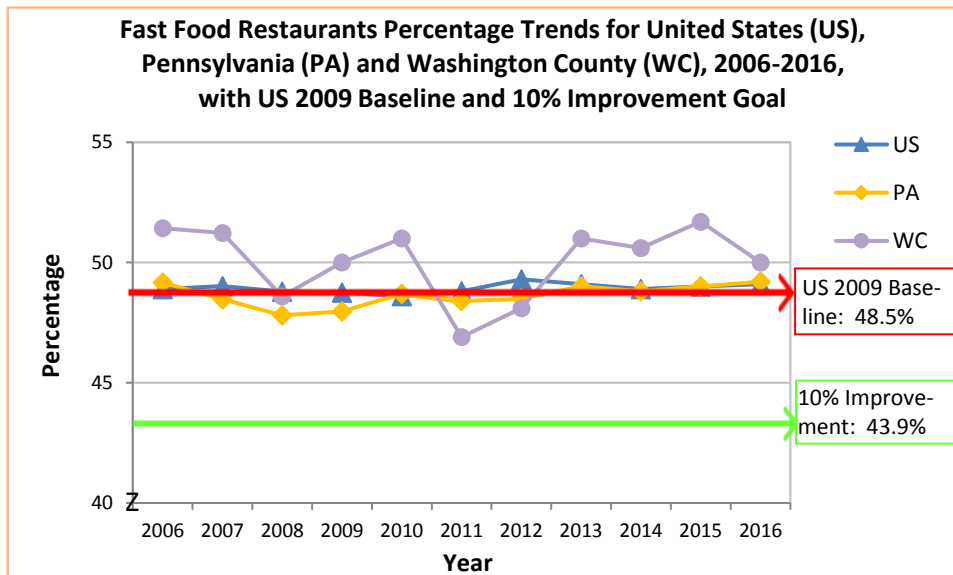
Figure 64: Comparison of limited access to healthy foods by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Fast Food Restaurants

-24.6%

Washington County's (WC) 2016 percentage of 50% indicates a **24.6% lag** behind the US 2009 baseline of 48.5%. Because the fast food restaurant measure weight is 2.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.5%. This represents a **decline** from the 2015 score of 37.5%.

Studies show an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community.^{xlix} Figure 65 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.

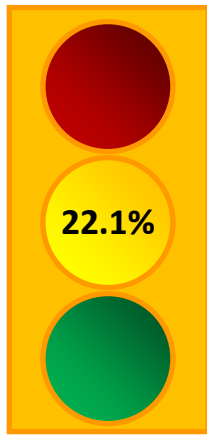


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for NAICS codes 722513 and 722511.

Figure 65: 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.

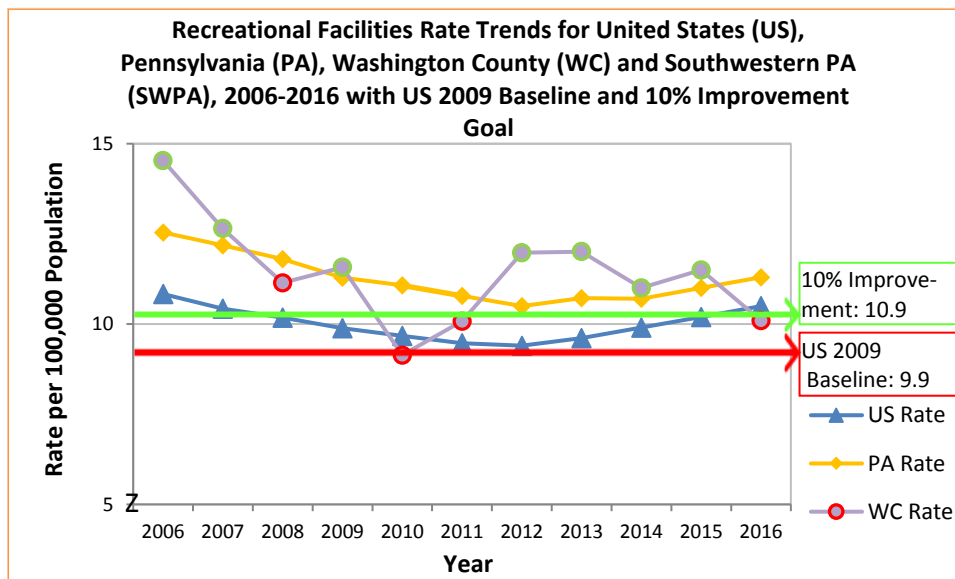
Access to Recreational Facilities



Washington County's (WC) 2016 rate of 10.1 per 100,000 population indicates a **22.1% progress toward** the US 2009 goal of 10.9. Because the access to recreational facilities measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.4%. This represents a **decline** from the 2015 score of 215.1%.

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.¹ Figure 66 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 higher than the US' for all years. WC's rates were higher than both the US' and PA's except for 2008 and 2011 (only higher than US') and 2010 and 2016 (lower than both US' and PA's). The trend for the US decreased from 2006 to 2012 and increased from 2013 to 2016. PA's trend decreased from 2006 to 2012 and increased from 2013 to 2016. WC's trend has risen and fallen for an overall decline.

WC's rates were higher than both the US' and PA's except for 2008 and 2011 (only higher than US') and 2010 and 2016 (lower than both US' and PA's). The trend for the US decreased from 2006 to 2012 and increased from 2013 to 2016. PA's trend decreased from 2006 to 2012 and increased from 2013 to 2016. WC's trend has risen and fallen for an overall decline.

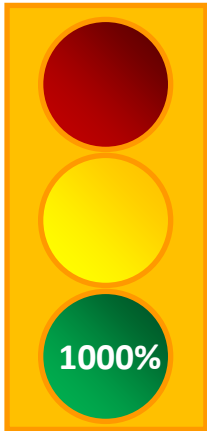


Data Limitations: Same as previous.

Data Source(s): Same as previous, but for NAICS code 713940.

Figure 66: 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.

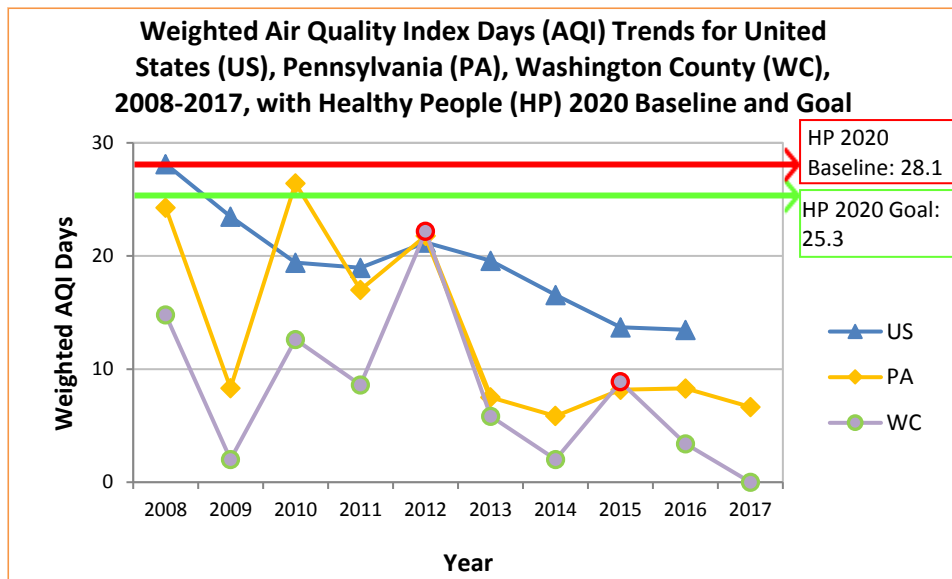
Air Quality Index Days



Washington County's (WC) 2017 number of 0 weighted Air Quality Index (AQI) days indicates that it has met the HP 2020 goal of 25.3 AQI weighted days and **exceeded it by 1000%**. Because the AQI days measure weight is 4.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 30%. This represents an **improvement** from the 2015 score of 500%.

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.^{li} Figure 67 compares the number of weighted AQI 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 weighted number of days are lower than the US for all years except 2010 and 2012. WC's weighted number of days is lower than both the US' and PA's for all years except 2012 and 2015.

All three trends appear to be decreasing.



Data Limitations: Air Quality Index Days are determined through analyzing data from sensors placed in limited geographic areas, so while reports are generated by county, they are only gathering data samples from limited sensors placed in the county. County data is used to aggregate data for states and the United States. Healthy People 2020 changed this measure from number of AQI days to weighted AQI days multiplied by the number of people affected to re-benchmark their baseline and goal in person days. For ease of use, this report is only using the weighted days measure. Weighted AQI days are calculated by dividing the AQI measure by 100 and summing them to gain the number of weighted days.

Data Source(s): United States Environmental

Protection Agency, Pre-Generated Data Files, available at https://aq5.epa.gov/aq5web/airdata/download_files.html#AQI, accessed 2-2019.

Figure 67: Comparison of Weighted 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.

Data Analysis

Identification of Significant Health Needs and Their 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 68) 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^{lii}:

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.

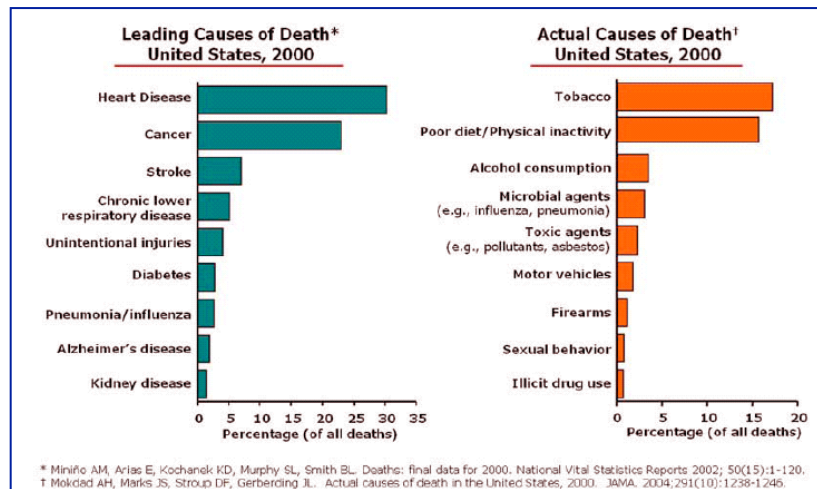


Figure 68: Comparison between classifying deaths by disease versus by root cause.

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 significant health needs are defined by a negative 2020 Healthy Communities Measure Score™ and include the following:


1. Years of Potential Life Lost
2. Colorectal cancer deaths
3. Diabetes deaths
4. Suicide
5. Accidental drug deaths
6. Unhealthy physical days
7. Unhealthy mental days
8. Adult smokeless tobacco use
9. Pregnant smoking
10. Tobacco quit attempts
11. At Risk for heavy drinking
12. Fruit intake
13. Vegetables intake
14. Youth obesity
15. Dental visits
16. Mammography
17. Late stage diagnosis breast cancer
18. Limited access to healthy foods
19. Fast food Restaurants

Table 2 illustrates the three levels of prevention and the data measures associated with them. Measures in bold are identified as significant health needs due to their negative 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 significant health need of the 2020 Healthy Community Outcome Score™ component for the 2018 CHNA.

Primary Prevention	Secondary Prevention	Tertiary Prevention	Death
<ul style="list-style-type: none"> • <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> • 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. • <u>Increase protective factors:</u> <ul style="list-style-type: none"> • Reduce access to lethal means; media reporting education 	<ul style="list-style-type: none"> • Screening for suicidal ideation • referral to treatment • follow up • Hotlines • emergency treatment 	<ul style="list-style-type: none"> • Medical treatment for sequelae 	Suicide
<ul style="list-style-type: none"> • <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> • Obesity and overweight; Physical inactivity; tobacco use; access to fast foods • <u>Increase protective factors:</u> <ul style="list-style-type: none"> • Healthy weight; Meeting physical activity recommendations; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities 	<ul style="list-style-type: none"> • Tobacco use quit attempts • Reduce high blood pressure 	<ul style="list-style-type: none"> • Prevalence rate • HBA1c test • Manage diabetes • Preventable hospital stays 	Diabetes death rate
<ul style="list-style-type: none"> • <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> • Obesity; binge and heavy drinking; access to fast foods; hormone replacement therapy; and radiation exposure • <u>Increase protective factors:</u> <ul style="list-style-type: none"> • Meeting physical activity recommendations; healthy weight; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities 	<ul style="list-style-type: none"> • Mammography • Stage of diagnosis 	<ul style="list-style-type: none"> • Medical treatment 	<ul style="list-style-type: none"> • Breast Cancer death rate

Table 2 (continued): Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified significant health need of the 2020 Healthy Community Outcome Score™ component for the 2018 CHNA.

			
<ul style="list-style-type: none"> • <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> • Obesity; binge and heavy drinking; tobacco use; access to fast foods • <u>Increase protective factors:</u> <ul style="list-style-type: none"> • Meeting physical activity recommendations; healthy weight; polyp removal; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities 	<ul style="list-style-type: none"> • Tobacco use quit attempts <ul style="list-style-type: none"> • Screening • Stage of diagnosis 	<ul style="list-style-type: none"> • Medical treatment 	<ul style="list-style-type: none"> • Colorectal cancer death rate
<ul style="list-style-type: none"> • <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> • Educate RX opioid users and their family/friends on overdose risks; sponsor take-back drives of unused medication • <u>Increase protective factors:</u> <ul style="list-style-type: none"> • Educate high risk populations (teens, former or current substance abusers) on overdose risks; education RX prescribers and pharmacies; Close down “pill mills” 	<ul style="list-style-type: none"> • Use of Medicine Assisted Treatment (MAT) • Harm reductions screening, brief intervention and referral to treatment in health care provider office • Prescribe Naloxone take home 	<ul style="list-style-type: none"> • Naloxone distribution programs to EMTs • Overdose education • Harm reductions screening, brief intervention and referral to treatment in ED • Prescribe Naloxone take home 	<ul style="list-style-type: none"> • Accidental drug death rate

Data Analysis

Discussion of Identified Significant Health Needs

Each identified significant health outcome's needs' measures have been analyzed with its related health factor data measures from secondary sources and/or as refined geographical results from the 2018 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 African Americans were under-represented in the mailed survey results and because whole population rates can disguise within population trends, steps were taken to analyze data for differences due to race. Unfortunately, due to the small number of African Americans located in both the hospitals' defined community (HDC), Washington County (WC) and even in the counties (Fayette, Greene and Westmoreland) containing the zip codes in the HDC (3.62%, 3% and 2.9%, as defined by the 2017 American Community Survey five-year estimates, respectively), limited information was obtained. Death rates were analyzed in one-, three-, five- and ten-year increments to achieve enough power to detect differences. These differences will be discussed under each identified significant health need.

In addition, since many of the health factor 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 health outcome. These health factor measures are discussed first, separately from the health outcomes.

Identified significant Health Factor Needs Affecting Multiple Health Outcomes

There are identified significant 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 and fast food; fruit intake, vegetable intake and youth obesity; heavy drinking; tobacco use (adult smokeless use, pregnant smoking and fewer quit attempts); and dental visits. Table 3 summarizes how these factors overlap with the outcomes.

Studies have linked the food environment to consumption of healthy food and overall health outcomes.^{liii} 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 2013 dollars of \$80.18 billion is based on the diet component of obesity.^{liv} The hospitals' defined community's (HDC) entire population is affected by this measure which, according to the 2017 American Community Survey five-year estimate, is 253,494 people.

HDC's measure score for youth obesity was -119.4%. 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.^{lv} Two proxy measures for obesity that address the two causes (diet and exercise) are fruit and vegetable serving per day intake and meeting physical activity recommendations. The HDC has a negative score for both the fruits and vegetable intake measures (-259.7% and -74.6%, respectively), while its meeting physical activity recommendations measure is a large positive (703.9%). The total cost of obesity to the US in 2013 dollars was \$160.37 billion (which can be divided between diet (\$80.18 billion) and exercise (\$80.18 billion)).^{lvi} A 2016 estimate of the number of Washington County students in grades 7-12 with obesity (greater than 95% Body Mass Index (BMI) for age and sex) was 2,449 students and more than 130,000 people for not eating one or more fruits per day and more than 70,000 people not eating one or more vegetables per day. According to the HDC survey, 16.4% of respondents indicated that obesity was the most important health issue in their community and another 7.6% indicated that maintaining one's health was the most important.

Table 3 Chart illustrating the relationship between multiple health factors and their effect on multiple health outcomes.

Health Factors Affecting Multiple Health Outcomes	Health Outcomes			
	Suicide	Diabetes	Colorectal cancer	Accidental Drug
Limited access to healthy foods, fast food		•	•	
Fruit intake, vegetable intake, youth obesity		•	•	
Heavy drinking	•		•	•
Tobacco use (adult smokeless tobacco use, pregnant smoking and fewer quit attempts)	•	•	•	•
Dental visits		?		

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.^{lvii} HDC has a large negative at risk for heavy drinking score (-477.6%). The estimated cost to the US in 2013 dollars was \$60.89 for heavy drinking.^{lviii} A 2018 estimate of the number of HDC residents who drink heavily is more than 132,250. According to the 2018 survey, 14.2% 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.^{lix} HDC's negative measure scores for adult smokeless tobacco use (-394.5%) and pregnant smoking (-77.8%) affect more than 20,000 people in the 2018 HDC and 330 pregnancies in the 2017 Washington County populations, respectively. When analyzed by race, African Americans in Washington County had an even more highly negative 2020 Healthy Community Score™ of -235.6% for pregnant smoking, meaning that they lag behind the Healthy People 2020 baseline of 89.6% abstaining from cigarette use during pregnancy with the 2013-2017 three-year rate of 68.4%. The estimated cost to the US in 2013 dollars was \$3.38^{lx} and \$5.7 billion,^{lxi} respectively. According to the 2018 survey, 1.0% of respondents indicated that tobacco use was the most important health issue in their community.

A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight.^{lxii} The negative score for annual dental visits for HDC is -64.8%. The estimated cost to the US in 2013 dollars was \$1.81 billion^{lxiii} and a 2018 estimate of the number of HDC residents who have not visited a dentist in the past year is more than 86,000 people. According to the 2018 survey, 1.0% of respondents indicated that dental and preventive care were the most important health issues in their community.

Even though Washington County scored positively on the breast cancer death rate (207.2%) and the trend decreased from the 2015 CHNA, mammography (-4.8%) and late stage breast cancer diagnosis (-80.3%) scores were still negative on the 2018 CHNA. 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.^{lxiv} Secondary prevention related measures for breast cancer include screening to detect cancers at an early stage of diagnosis (such as mammography). The negative score for breast cancer screening (-4.8%) and the negative score for late stage breast cancer diagnosis (-80.3%) seem to validate each other.

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

Suicide death rate

Washington County scored highly negatively for the suicide death rate (-572.7%), which accounts for 3.4% of premature deaths in 2014-2016 and the trend increased from the 2015 CHNA. The estimated cost to the US in 2013 dollars was \$58.4 billion^{lxv} and 64 of Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 3.9% of respondents indicated that mental health was the most important health issue in their community. However, when analyzed by race, African Americans in Fayette, Greene, Washington and Westmoreland Counties had a highly positive 2020 Healthy Community Score™ of 227.3%, meaning that they met

and exceeded the Healthy People 2020 goal of 10.2 deaths per 100,000 population through the 2008-2017 ten-year rate of 8.8 per 100,000.

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 (-52.7%), the trend has decreased from the 2015 CHNA and accounts for 3.5% of premature deaths in 2014-2016. When analyzed by race, African Americans in Washington County had a highly negative 2020 Healthy Community Score™ of -1129.7%, meaning that they lag behind the Healthy People 2020 baseline of 74 deaths per 100,000 population through the 2015-2017 three-year rate of 157.6 per 100,000. The estimated cost due to premature death to the US in 2013 dollars was \$18.8 billion^{lxvi} and 544 Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 2.2% 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.^{lxvii} Another measure of primary prevention is the prevalence of diabetes. The 2018 survey's age-adjusted percentage is not different from WC's 2015 percentage (8.4% CI 8.3-8.5 versus 8.8% CI 7-10.8).

Secondary prevention related measures for diabetes includes reducing high blood pressure and high cholesterol as well as increasing tobacco use quit attempts. In the 2018 survey, 71.7% (CI 61.9% to 79.2%) 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 64.9% (CI 56.9% to 72.7%) in the 2015 survey or the 74.8% (CI 60.3% to 85%) identified in the 2012 survey. In 2018, 95.5% had their cholesterol checked within the last year vs. 95.9% in 2015 and 97% in 2012. In the 2018 survey, 74.1% (CI 65% to 81.8%) 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 69.6% (CI 61.8% to 76.9%) in 2015 or 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 2018 A1C measure score was slightly less highly positive compared to the 2015 score (395.4% versus 424.6%) and there were no differences in the percentage of respondents with diabetes who met this measure (having two or more Hemoglobin A1C tests in the past year) in 2018 (83.9%, 75.3% to 90.3%) than in 2015 (86.2% (CI 80% to 91%) or 2012 (81% (CI 69.4% to 89.6%)).

Other information collected on the 2018 survey about the health behaviors of people with diabetes included: loss of feeling (neuropathy); 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 seen between the 2018, 2015 or 2012 survey values because the diabetic populations were small and the confidence intervals (CI) were large. Annual eye exams were higher in all three surveys than the HP 2020 goal of 58.7% (75.6%, 76.5% and 73%, respectively). Ever taken a diabetes management course results did not have enough power to determine if they were above the HP 2020 baseline (56.8%) or goal (62.5%) for the 2018 and 2015 surveys (55.3% (CI 45.2% to 64.5%), 58% (CI 50.2% to 65.6%), respectively) while the 2012 survey was either above the goal or in between the baseline and goal (72.6% (CI 60.5%-83.6%)).

Colorectal cancer death rate

Washington County scored negatively on the colorectal cancer death rate (-79.5%), the trend decreased from the 2015 CHNA and accounted for 2.7% of premature deaths in 2014-2016. When analyzed by race, African Americans in Fayette, Greene, Washington and Westmoreland Counties had a highly negative 2020 Healthy Community Score™ of -330.8%, meaning that they lag behind the Healthy People 2020 baseline of 17.1 deaths per 100,000 population through the 2008-2017 ten-year rate of 25.7 per 100,000. The estimated cost to the US in 2013 dollars was \$13.6 billion^{lxviii} and 335 Fayette, Greene and Washington County residents were diagnosed with invasive colorectal cancer in 2016 and 109 died in 2017. According to the 2018 survey, 8.7% 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.^{lxix} 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 2018 positive score for colorectal screening (127.5%) seems to be validated by the positive score for invasive colorectal cancer diagnosis (5.6%), 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 (-3125.6%), the trend increased from the 2015 CHNA and accounts for 14.1% of premature deaths in 2014-2016. The estimated cost to the US in 2013 dollars was \$49.3 billion^{lxx} and 242 Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 14.2% 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.

Data Analysis

Trends to Watch

While the following data measures were not negative and therefore not identified as significant health needs, their trends from the 2012 and 2015 CHNAs merit keeping an eye on their continued progress. Table 4 details the measure and its score from the last three CHNAs.

Table 4. Measures with 2020 Health Community Scores™ from 2012, 2015 and 2018 CHNAs.

Data Measure	2012 Score	2015 Score	2018 Score
COPD death rate	-18.7%	-201.2%	14.7%
Stroke death rate	-17.9%	98.8%	29.5%
Low birth weight rate	212.9%	450.0%	75.0%
Usual primary care provider	155.3%	198.7%	60.4%
Access to recreational facilities	171.1%	215.1%	22.1%

Gathering Input on 2015 CHNA

Several methods were used to solicit feedback from the community on the 2015 CHNA report and implementation plans for each Monongahela Valley Hospital (MVH) and Washington Health System (WHS). Both systems placed a way to communicate written feedback on their reports and plans on their respective websites. No comments have been received as of May 2019. In addition, four meetings were held to solicit feedback.

Monongahela Valley Hospital held a meeting on May 21, 2019 with 9 participants of their Patient and Family Advisory Council (PFAC). The group was given a presentation on the 2015 CHNA results, implementation plan and evaluation of impact and asked to provide written feedback on the information. The feedback form listed each of the needs from the 2015 CHNA and participants were able to comment upon and/or rate them on a scale of one to four with 1 being less important, 2 being somewhat important, 3 being important and 4 being very important. Results from ten returned forms are included in Table 5.

The feedback form also included a list of the seven 2017-2019 implementation plan goals and space to provide written comments on each. Implementation plan feedback for Monongahela Valley Hospital is included in Table 6.

Washington Health System held three meetings to solicit written feedback. Each group was given a presentation on the 2015 CHNA results, implementation plan and evaluation of impact and asked to provide written feedback on the information. The feedback form listed each of the needs from the 2015 CHNA and participants were able to comment upon and/or rate them on a scale of one to four with 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

1. The first meeting was held on May 13, 2019 with about twenty participants of the Waynesburg Rotary located in Greene County, PA. Results from four returned forms are included in Table 7.
2. The second meeting was on May 23, 2019 with seventeen attendees of their Patient and Family Centered Care Committee in Washington, PA. Results from thirteen returned forms are included in Table 9.
3. The third meeting was on May 28, 2019 with twenty-three members of their Physician Hospital Organization also in Washington, PA. Results from fifteen returned forms are included in Table 11.

The feedback form also included a list of the two 2017-2019 implementation plan goals and space to provide written comments on each. Implementation plan feedback for Washington Health System is included in Tables 8, 10 and 12 respectively for each group listed above.

Table 5. Results from 5-21-2019 PFAC meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2015 CHNA Health Needs	Ranking	Comments
Access to healthy food	2.8	Need more farmer's markets; Not hospital's job or in its financial capability
Accidental drug poisoning deaths	3.9	Need easier access to help; Growing concern—needs approached from every angle; Definite issue
Binge & heavy drinking	2.2	Difficult to handle from a medical position; a lot of resources are available
Breast cancer deaths, Late stage breast cancer, Mammography	3.7	Need free mammograms; We are doing this well; Public aware and walk-in mammography is great
COPD deaths	3.2	Need better area air quality; We are adding this through Community Care Network; Growing concern—caused in early stages of life (20-40 year olds); Many people in the valley are undiagnosed
Colorectal cancer deaths	3.2	Most people dread this screening
Coronary heart disease deaths	3.6	Leading killer in US—people need testing and monitored
Dental visits	2.2	Shows more than just dental health; Important, but it is up to the person to understand importance; Not a priority for most but necessary for general health
Diabetes deaths & Diabetes prevalence	3.3	None
Lung cancer deaths	3.6	Need more education and courses; Doctors are not sending patients for testing even though they know available
Adult obesity/healthy weight, fruits & vegetable consumption, youth obesity	3.9	Need to start young as obesity follows your whole life; Growing concern—all age groups and need education; Need more education in this area
*Stroke deaths (added by planning committee)	3.2	Strokes can be prevented
Suicide deaths	3.2	Bullying in cyberspace among youth; People need access to mental health professionals, and we have limited access in the community; Definite issue
Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)	3.2	Stop the young from ever starting; Education is important—few people attend the cessation classes; Need early education at elementary
Other (please specify)	Not rated	How to change public habits is a challenge almost beyond understanding; Mental health besides suicide—people need access to more professionals and medications

Table 6. Results from 5-21-2019 PFAC meeting comments on Monongahela Valley Hospital's (MVH) 2017-2019 CHNA implementation plan.

MVH 2017-2019 Implementation Goals	Comments
Goal #1: Lung Cancer Deaths — Monongahela Valley Hospital will provide the advanced diagnostic testing and opportunities for screening.	Would like to know the results of screening done—number of positives/negatives; Very important—if caught, may help someone to quit smoking
Goal #2: Breast Cancer Deaths and Late Stage Breast Cancer — Monongahela Valley Hospital will provide services and programs to encourage women to know their risks and to have their annual mammograms so that breast cancer can be detected at its earliest stages.	Screening, education and innovative and cutting-edge treatment so patients can stay in the valley; Walk-in mammograms are the best idea in a long time; Seem to be on the right model—see signs for walk-ins; It would be great to know results of screenings done locally (staging—is it caught earlier?) and let public know
Goal #3: Diabetes — Monongahela Valley Hospital will provide educational programming and screenings to help diagnose people with diabetes and help them manage their conditions.	None
Goal #4: Colorectal Cancer — Monongahela Valley Hospital makes an impact on this through screening.	Screenings are key; It would be great to know results of screenings done locally (staging—is it caught earlier?) and let public know; Very important
Goal #5: COPD Deaths — Monongahela Valley Hospital is introducing a major initiative to help people with chronic health problems, including COPD, understand and coordinate the care their physician has prescribed for them.	Many undiagnosed people in this area suffer with this—are we screening the general public?
Goal #6: Accidental Drug Poisoning Deaths — Monongahela Valley Hospital is addressing the drug abuse and drug poisoning epidemic in a variety of supporting roles.	A program for the employees that care for the patients—this will help with compassion fatigue and burnout and promote self-care. School programs are also important and need to be at the elementary level.; Need more staging (results of overdose) in our schools before it is a problem and start at younger levels.; Continue with schools—I have no idea how to reach people to continue to abuse and then pass it down to their children
Goal #7: Obesity, fruits and vegetable consumption— Monongahela Valley Hospital focuses on several services and programs related to this critical need.	None

Table 7. Results from 5-13-2019 Waynesburg Rotary meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2015 CHNA Health Needs	Ranking	Comments
Access to healthy food	3.3	None
Accidental drug poisoning deaths	2.5	None
Binge & heavy drinking	2.0	None
Breast cancer deaths, Late stage breast cancer, Mammography	2.8	None
COPD deaths	2.3	None
Colorectal cancer deaths	2.5	None
Coronary heart disease deaths	2.0	None
Dental visits	2.3	None
Diabetes deaths & Diabetes prevalence	2.3	None
Lung cancer deaths	2.5	None
Adult obesity/healthy weight, fruits & vegetable consumption, youth obesity	2.8	None
Suicide deaths	3.0	None
Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)	1.8	None
Other (please specify)	Not rated	None

Table 8. Results from 5-13-2019 Waynesburg Rotary meeting comments on Washington Health System's (WHS) 2017-2019 CHNA implementation plan.

WHS 2017-2019 Implementation Goals	Comments
Diabetes 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 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.	None
Breast Cancer Screening 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, 2019.	None

Table 9. Results from 5-23-2019 PFCC meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2015 CHNA Health Needs	Ranking	Comments
Access to healthy food	2.9	Related to myself—my family
Accidental drug poisoning deaths	3.0	None
Binge & heavy drinking	2.6	None
Breast cancer deaths, Late stage breast cancer, Mammography	3.4	None
COPD deaths	2.4	None
Colorectal cancer deaths	3.4	None
Coronary heart disease deaths	3.8	None
Dental visits	2.3	None
Diabetes deaths & Diabetes prevalence	3.4	None
Lung cancer deaths	2.9	None
Adult obesity/healthy weight, fruits & vegetable consumption, youth obesity	3.1	None
Suicide deaths	2.9	None
Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)	2.6	None
Other (please specify)	Not rated	Youth mental health

Table 10. Results from 5-23-2019 PFCC meeting comments on Washington Health System's (WHS) 2017-2019 CHNA implementation plan.

WHS 2017-2019 Implementation Goals	Comments
Diabetes 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 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.	Require newly diagnosed to have diabetic teaching and proper instruction on meter use and medication uses and side effects.; Wellness visit yearly; Make A1C value a routine vital for each doctor visit; Regular testing; 9% seems like a high cut-off; Goal wording is not layperson friendly
Breast Cancer Screening 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, 2019.	Encourage women who are aged 40 and older to receive mammogram every two years. Educate patients as to why it is important for mammograms and teach self-examination.; Screened yearly; To provide more opportunities for all to do screenings—with results right away for follow-up; Regular testing; Access to mammography services—location , available hours, before/after work hours, etc. ; Goal wording is not layperson friendly

Table 11. Results from 5-28-2019 PHO meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

2015 CHNA Health Needs	Ranking	Comments
Access to healthy food	2.6	Low income areas don't have access to healthy, inexpensive food items; Farming plots; It is always more expensive to eat healthy—our patients can't afford
Accidental drug poisoning deaths	2.8	None
Binge & heavy drinking	2.4	Relevant to oral cavity cancer
Breast cancer deaths, Late stage breast cancer, Mammography	2.7	None
COPD deaths	0.8	None
Colorectal cancer deaths	2.5	Screening expectations at well visits
Coronary heart disease deaths	0.8	None
Dental visits	2.1	Oral cavity issues; Make expectation at WCC; More providers who take MA patients
Diabetes deaths & Diabetes prevalence	2.4	None
Lung cancer deaths	0.8	None
Adult obesity/healthy weight, fruits & vegetable consumption, youth obesity	2.6	Education, making it affordable
Suicide deaths	2.6	Mental health access, seriousness of bullying—all ages; Reduce stigma
Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)	2.7	Relevant to oral cavity cancer; Address vaping (ex. Juul)
Other (please specify)	Not rated	Cervical cancer screenings/PAPs

Table 12. Results from 5-28-2019 PHO meeting comments on Washington Health System's (WHS) 2017-2019 CHNA implementation plan.

WHS 2017-2019 Implementation Goals	Comments
Diabetes 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 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.	I work in a FQHC and this is a goal for us every year and it is a struggle; Extremely important to provide resources, education and marketing of lifestyle changes; Education and quality metrics; Relevant and significant health issue in our market
Breast Cancer Screening 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, 2019.	Provide opportunity to obtain free or low-cost screening; Very hard to implement; Important—screening key to early detection

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:

1. Measure score;
2. Weight of measure score;
3. Measure trend (rising, declining or static);
4. Number of people affected in either the hospital defined community (HDC) in 2018 or Fayette, Greene and/or Washington Counties in 2016/2017;
5. Cost to the US in 2013 dollars; and
6. Perceived community importance (open-ended question on community mailed survey).

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

1. Accidental drug deaths
2. Colorectal cancer deaths
3. Dental visits
4. Diabetes deaths
5. Fast food and Access to healthy food
6. Fruit intake, Vegetable intake and Youth obesity
7. Heavy drinking
8. Mammography and Late stage breast cancer
9. Suicide deaths
10. Tobacco use (Adult smokeless tobacco use, Pregnant smoking and fewer tobacco quit attempts)

Monongahela Valley Hospital surveyed their Planning Committee members and asked them to rate each of the ten 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 and recommended for approval to their board at their June 2019 meeting:

1. Stroke (not identified as a need in the 2018 CHNA but added by the Planning Committee)
2. Diabetes
3. Breast cancer
4. Colorectal cancer

Washington Health System reviewed the ten needs and discussed them at their April 2019 Administrative Staff meeting and prioritized and recommended the following two needs to both their Long-range Planning Committee and Board of Trustees at their meetings in April 2019:

1. Accidental drug deaths
2. Colorectal cancer deaths

Evaluation of Action Impact on 2015 CHNA Prioritized Health Needs

Both Monongahela Valley Hospital (MVH) and Washington Health System (WHS) made progress on their respective Implementation plans from their 2015 CHNA prioritized health needs. Evaluation of impact on those needs are detailed below for each hospital system.

Monongahela Valley Hospital Evaluation

MVH's 2017-2019 implementation plan contained seven goals based on their prioritized health needs. Each of these goals along with their action steps, anticipated results and 2016-2018 data are shown in Tables 13 through 19.

Table 13. Goal #1: Lung Cancer Deaths — Monongahela Valley Hospital will provide the advanced diagnostic testing and opportunities for screening.

Action	Anticipated Result	2016-2018 Data
Use the Spin Thoracic Navigation system to access small lung lesions via multiple approaches.	Use of the system will enable MVH physicians to detect lung cancer faster and less invasively at its earliest stages leading to more positive outcomes.	Offered.
Offer free Lung Cancer Screening Education Programs.	Educate community members about the importance of early detection as well as recent advancements in early detection and treatments.	Three educational events were held. 84 participants with 49 screenings.
Maintain the Screening Center of Excellence designation from the Lung Cancer Alliance.	Helps the Hospital to adhere to its commitment to comply with comprehensive standards based on best practices developed by professional bodies for controlling screening quality, radiation dose and diagnostic procedures within an experienced, multi-disciplinary clinical setting.	Maintained.

Table 14. Goal #2: Breast Cancer Deaths and Late Stage Breast Cancer — Monongahela Valley Hospital will provide services and programs to encourage women to know their risks and to have their annual mammograms so that breast cancer can be detected at its earliest stages.

Action	Anticipated Result	2016-2018 Data
Perform a risk assessment before every woman has a screening mammogram.	Assess a woman's breast cancer risk at Stage Zero – before cancer has even been identified.	21,807 questionnaires completed.
Offer genetic testing to women who are identified to be at risk for developing breast cancer.	Provides a 25-gene panel of which the breast cancer genes, BRCA1 and 2, are included. Those who have BRCA mutations have a 50 to 85 percent chance of developing breast cancer. If the test indicates a woman carries the genes, preventative therapies can be examined to reduce her cancer risk.	4,272 patients met criteria for testing: 914 tested --63 positive --39 high-risk negative

Action	Anticipated Result	2016-2018 Data
Offer walk-in mammograms every weekday for women with and without a prescription.	Encourages women who may be overdue for a mammogram or who may never have had one to make an instant decision to get one, and makes it convenient for women to have this annual diagnostic screening.	3325 walk in mammograms done. 3250 mammograms without Rx done.
Offer free breast cancer education/ screening events.	Offers women an opportunity to learn about breast cancer and to have a screening.	Six educational events were held. 153 participants with 15 screenings.
Sponsor Mamm & Glamm an event where women can have mammograms with an afternoon of pampering.	Encourages women to have their screening mammograms in a comfortable setting on a Saturday when it could be more convenient for those who work full-time, plus the pamper helps to relax those who may be anxious about the screening.	Event held 4-29-17.
Maintain the Breast Imaging Center of Excellence designation.	The Breast Imaging Center of Excellence designation indicates that Monongahela Valley Hospital's patients receive the same high level of diagnostic imaging services as people who go to some of the country's most renowned health centers.	Maintained.
Continue to pass the Mammography Quality Standards Act (MQSA) Inspection.	Ensures the Hospital meets uniform quality standards to assure early breast cancer detection.	Passed.

Table 15. Goal #3: Diabetes — Monongahela Valley Hospital will provide educational programming and screenings to help diagnose people with diabetes and help them manage their conditions.

Action	Anticipated Result	2016-2018 Data
Staff the Center for Diabetes & Endocrinology.	Staff provides high-quality outpatient and inpatient diabetes management and education as well as diabetes prevention education. Staff coordinates diabetes education and care with other MVH services such as Clinical Nutrition, Human Services and the Center for Wound Management.	Staffed.
Maintain The Joint Commission Certification for Inpatient Diabetes Management.	By maintaining The Joint Commission's Certificate of Distinction for Inpatient Diabetes Care, MVH will fulfill specific education requirements and adhere to monitoring protocols that foster better outcomes across all inpatient settings.	Maintained. In 2017, 74% inpatients received diabetes skill education. 94% received correct tx for hypoglycemia and 90% re-check 15 minutes post tx. In 2018, percentages increased to 87%-91%; 90%-95%; and 89%-91% respectively.

Action	Anticipated Result	2016-2018 Data
Provide outpatient education programs tailored to individual needs.	Help people effectively manage their diabetes through group education classes, individual counseling, blood sugar monitoring, insulin and oral medication self-management, nutrition counseling, meal planning and exercise and stress management.	Offered 2 times per month, 3 days in a row. 29 participants in 2018. Support group offered 10 months.
Provide healthy eating and supermarket shopping tours.	Educate local residents about healthy eating so those with pre-diabetes or diabetes will make smart choices that help them control their diabetes.	Supermarket tour offered once. Participated in 9 farmers' markets in 2016, 6 in 2017 and 6 in 2018.
Provide general outpatient education classes, seminars, programming.	Assist people with diabetes in self-management training, understanding meal plans and understanding blood sugar readings so they can control their diabetes.	Held 20 educational sessions. Held 5 cohorts of CDC diabetes Prevention Program.

Table 16. Goal #4: Colorectal Cancer — Monongahela Valley Hospital makes an impact on this through screening.

Action	Anticipated Result	2016-2018 Data
Conduct free colorectal cancer screenings and distribute take home testing kits.	Educate the community about the signs and symptoms of colorectal cancer and provide testing for early diagnosis.	Three educational events with 74 participants and 27 screenings.

Table 17. Goal #5: COPD Deaths — Monongahela Valley Hospital is introducing a major initiative to help people with chronic health problems, including (Chronic Obstructive Pulmonary Disease) COPD, understand and coordinate the care their physician has prescribed for them.

Action	Anticipated Result	2016-2018 Data
Introduction of the Community Care Network.	Help patients receive the best health care possible through a comprehensive series of care coordination and educational strategies that support each physicians' care plans. Help ensure patients are following treatment plans and actually taking prescribed medications. Focus on eliminating missed appointments with PCPs and specialists. Provide in-home monitoring to help identify changes in symptoms earlier in order to reduce unnecessary readmissions.	Certified 9-2018.

Table 18. Goal #6: Accidental Drug Poisoning Deaths — Monongahela Valley Hospital is addressing the drug abuse and drug poisoning epidemic in a variety of supporting roles.

Action	Anticipated Result	2016-2018 Data
Narcan training.	Instruct first responders and educators how to recognize a drug overdose and the proper administration of the overdose antidote naloxone to save lives.	3-27-18 training held at Charleroi high school with 11 attending.
Partner with local law enforcement for Drug Take Back Day.	Keep prescription and illegal drugs off of the streets.	Participated in 4 take back drugs days as a collection site with Carroll Twp. Police. Collected a total of 55 boxes weighing 1,057 lbs.
Create substance abuse programming for the community and health care professionals.	Provide education about diversion behaviors, medicated assisted treatment and ways to prevent reoccurrences.	Held six education sessions—5 at the hospital, one at a local high school. One targeted physicians, one at schools and four for the community.
Support community anti-drug initiatives such as the Belle Vernon Area Reality Tour.	Educate children, teens and parents on the dangers of drugs to keep them from experimenting and a life of addiction.	Participated in the Belle Vernon Area Reality Tour.

Table 19. Goal #7: Obesity, fruits and vegetable consumption— Monongahela Valley Hospital focuses on several services and programs related to this critical need.

Action	Anticipated Result	2016-2018 Data
Offer a Weight Control and Wellness Program.	Develop weight loss plans for each participating individual that will lead to healthy eating and weight loss.	Offered.
Offer healthy cooking classes.	Teach people who want to control their weight, and their families, how to cook healthy meals.	Offered.
Participation in summer farmer's markets.	Provide samples of healthy foods made with fruits and vegetables and walk with participants from vendor to vendor to help them make wise fruit and vegetable choices.	Participated in 9 farmers' markets in 2016, 6 in 2017 and 6 in 2018.
Healthy Eating Classes and Supermarket Tours.	Educate local residents about healthy eating through the selection of fresh healthful products. Teach participants how to read a food label to maximize nutritional value. Lower blood pressure by decreasing sodium intake. Identify nutrition stumbling blocks.	Discontinued Healthy Eating Classes and Supermarket Tours in 7-2016 and have held 20 educational sessions instead at hospital (one at Mon Valley YMCA).
Maintain a bariatric surgery program.	Help people who have 100 pounds or more to lose weight which could lead to reduction or elimination of high blood pressure and diabetes medications and a higher quality of life.	Maintained.

Since the data in Tables 13 through 19 is only for MVH, it is helpful to look at the trend from the CHNAs to see the impact on Washington County (WC) and/or the Hospital Defined Community

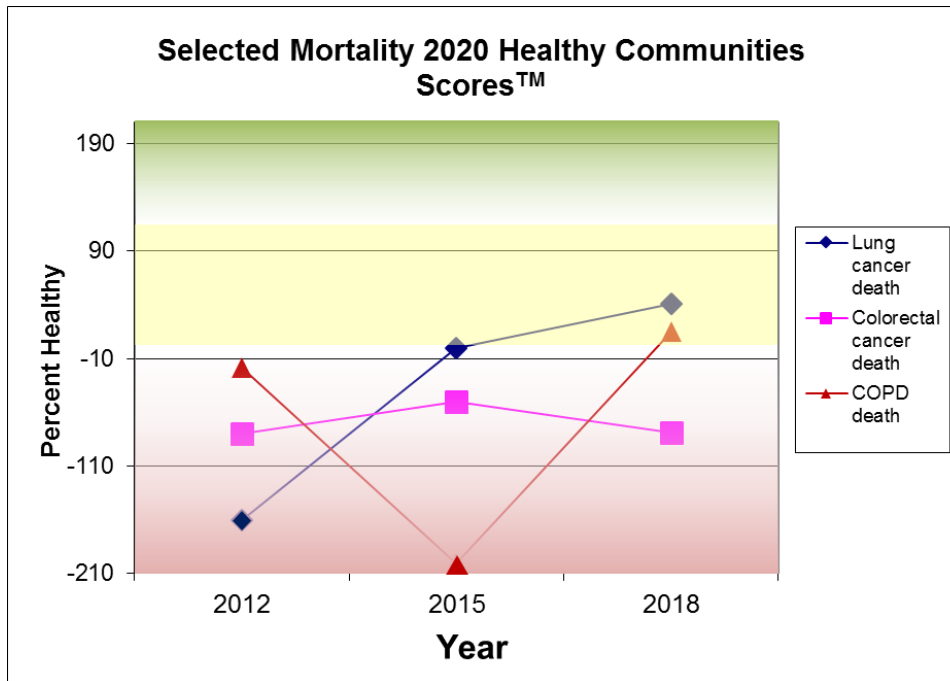


Figure 69: Three-year comparison between three Health Outcome 2020 Healthy Community Score™ mortality measures.

(HDC) as well. Figure 69 depicts the 2012 to 2018 trends for the Health Outcomes 2020 Healthy Community Scores™ for the mortality measures related to MVH's implementation plan goals one, four and five. Measures for breast cancer and diabetes (MVH goals two and three) will be

discussed separately in the Washington Health System evaluation section to avoid repetition.

Accidental drug poisoning deaths are not included because they would make the chart unreadable;

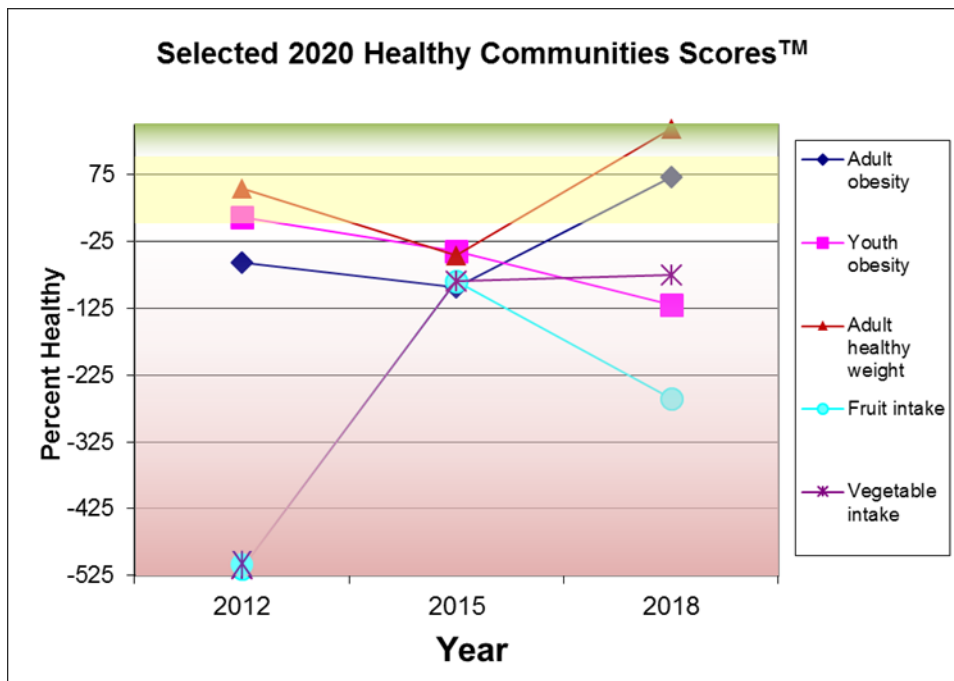


Figure 70: Three-year comparison between five Health Factors 2020 Healthy Community Score™ measures.

its trend started highly positive in 2012 at 169.2% and dramatically turned highly negative in both 2015 and 2018 (-830.8% and -3125.6%, respectively). While the Accidental drug poisoning (not shown on chart) and Colorectal cancer (pink square) 2020 Healthy Community

Scores™ declined, the Lung cancer (blue diamond) and COPD (red triangle) 2020 Healthy Community Scores™ improved. The Colorectal cancer remained negative for all three years (-80% in 2012, -50% in 2015 and -79.5 in 2018) and like the Accidental drug poisoning deaths, is still an identified health need. However, both Lung cancer and COPD are not identified health needs in 2018, with 2020 Healthy Community Scores™ of 41.2% and 14.7% respectively.

Figure 70 shows the 2012 to 2018 trends for the Health Factors 2020 Healthy Community Scores™ measures related to MVH's implementation plan goal seven. Youth obesity (pink square) declined over all three years (11.5% in 2012, -40% in 2015 and -119.4 in 2018), first becoming an identified health need in 2015, while Fruit intake (aqua circle) and Vegetable intake (purple asterisk) have been identified health needs since 2012 (-514.8% in 2012 and -84.4% in 2015; they were split into separate measures in 2018 which accounts for the separate scores of -259.7% and -74.6%, respectively). Adult obesity (blue diamond) and Adult healthy weight (red triangle) have shown improvement and are not identified health needs in 2018, with 2020 Healthy Community Scores™ of 70.9% and 144.5% respectively.

In program evaluation, it can be difficult to attribute effects to a wider population, but it can be said that the work that MVH is doing is certainly contributing to the improved outcomes seen in the 2020 Healthy Community Scores™.

Washington Health System Evaluation

The Washington Health System's (WHS) 2017-2019 implementation plan contained two goals based on their prioritized health needs. Each of these goals will be discussed separately. The first goal was

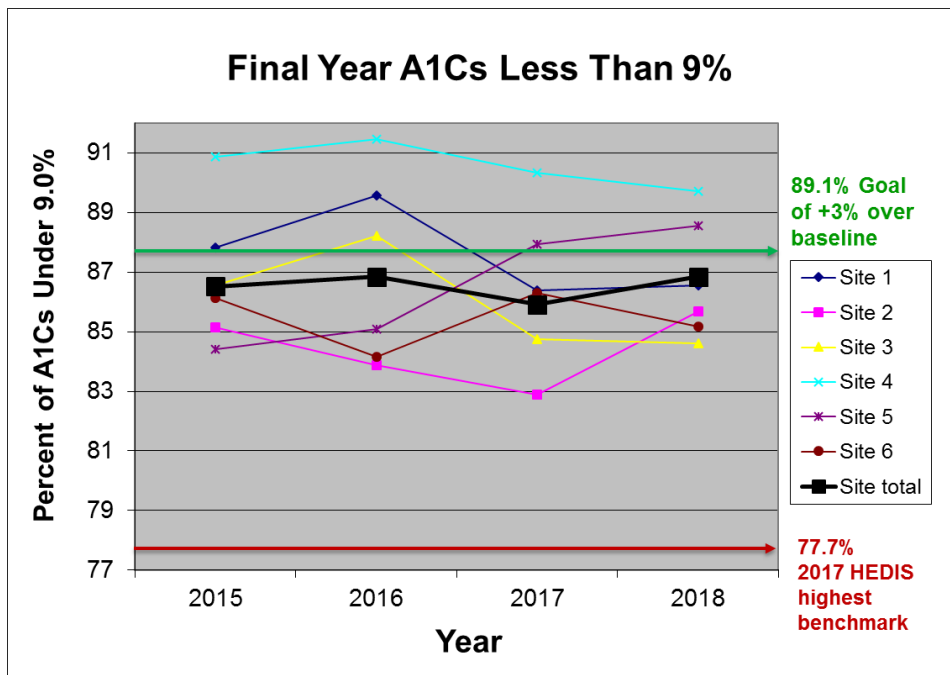


Figure 71: Four-year comparison between six different Washington Physician Hospital Group primary care practices' data for patients with diabetes' final year hemoglobin A1c values.

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 9% in the Washington Physician Hospital Group (WPHG) population by 3% as of June 30,

2019. Figure 71 depicts the four-year results of the goal. The year 2015 is considered the baseline for the data which come from the practices' electronic medical records (EMR). The baseline value was 86.5% which puts the goal at 89.1%. As of December 31, 2018, the average practice percentage is 86.8%. Although short of the June 30, 2019 goal of 89.1%, it is important to note that the 2017 Healthcare Effectiveness Data and Information Set (HEDIS) value is only 77.7% which seems to indicate that the Washington Health System is doing an excellent job and perhaps the goal was set too high.

Since the data for Figure 71 is only for the WPHG that services between 24,000 to almost 30,000 patients a year (of whom 11.3% to 12% are diagnosed with diabetes), it is helpful to look at the trend from the CHNAs to see the impact on Washington County (WC) and/or the Hospital Defined

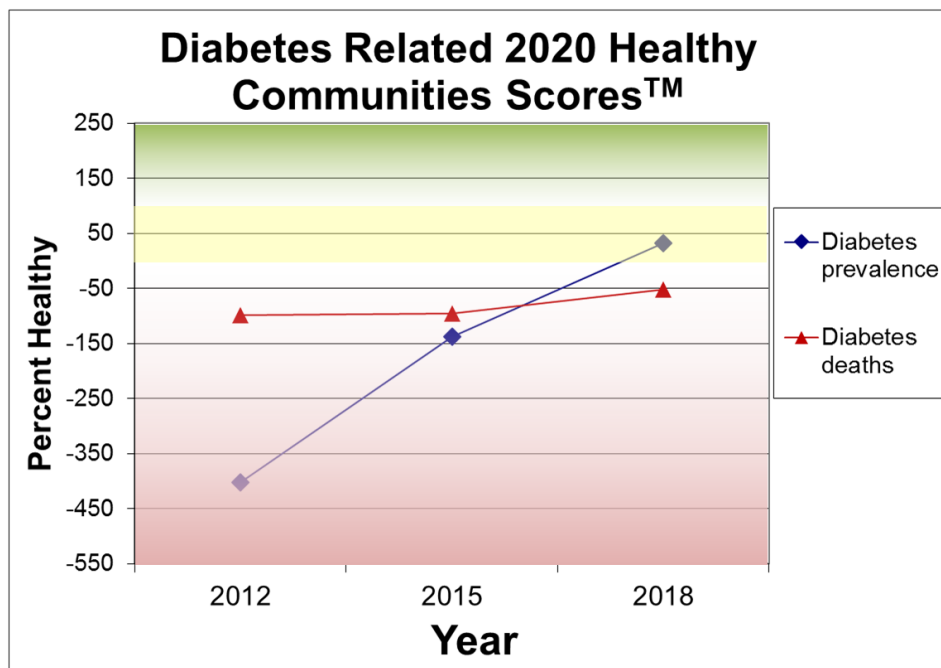


Figure 72: Three-year comparison between two diabetes-related 2020 Healthy Community Score™ measures.

Community (HDC) as well. Figure 72 depicts the 2012 to 2018 trends for the 2020 Healthy Community Scores™ for diabetes-related mortality and diabetes prevalence. The 2020 Healthy Community Scores™ for diabetes-related deaths are represented by the red triangles and have

decreased in negativity from -98.6% in 2012 to -95% in 2015 to -52.7% in 2018. The 2020 Healthy Community Scores™ for diabetes prevalence are represented by the blue diamonds and have decreased from being highly negative from -402.3% in 2012 to a less negative -137.9% in 2015 to a positive 32.2% which is showing progress toward the Healthy People 2020 goal-in 2018 and is no longer an identified health need. The mortality measure uses WC data which had an estimated total population of 208,716 in 2012 and 208,261 in 2015, while the prevalence of diabetes measure uses HDC data that had an estimated population of 18 years of age and older of 202,562 in 2015 and 20 years and older of 196,265 in 2017. Given that the crude diabetes prevalence percentages in the HDC were 12.1% in 2015 and 10.2% in 2018, there were an estimated 24,510 people with diabetes in 2015 and 20,019 in 2017. So, it is possible to conclude that the WPHG served about 15% of the people with diabetes population (almost 3000 patients in 2017 divided by about 20,000 diabetics in 2017).

The second goal was 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

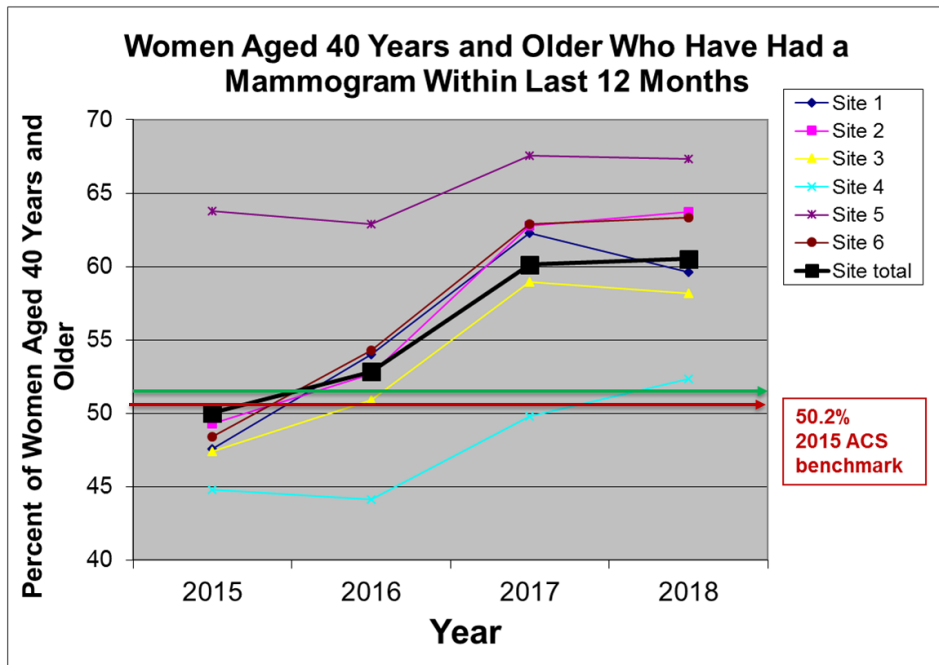


Figure 73: Four-year comparison between six different Washington Physician Hospital Group primary care practices' data for female patients aged 40 years and older who have had a mammogram in the past twelve months.

cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2019. Figure 73 illustrates the four-year results of the goal. The year 2015 is considered the baseline for the data which come from the practices' electronic medical records (EMR). The population age group and

frequency of the mammography was changed from the goal (aged 42-69 years and at least once in the past 24 months) to women aged 40 years and older and at least once in the past twelve months. The baseline value was 50% which puts the goal at 51.5%. As of December 31, 2018, the average practice percentage is 60.5% which is better than the June 30, 2019 goal of 51.5%. For comparison, the 2015 American Cancer Society data value is only 50.2% which seems to indicate that the Washington Health System is doing an excellent job and perhaps the goal was set too low.

Again, since the data for Figure 73 is only for the WPHG that services about 10,000 female patients aged 40 years and older a year, it is helpful to look at the trend from the CHNAs to see the impact on Washington County (WC) and/or the Hospital Defined Community (HDC) as well. Figure 74 depicts the 2012 to 2018 trends for the 2020 Healthy Community Scores™ for breast cancer-related measures. The 2020 Healthy Community Scores™ for breast cancer deaths are represented by the red triangles and have decreased from being highly negative from -152.2% in 2012 to a less negative -75.4% in 2015 to a highly positive 207.2% in 2018 and is no longer an identified health need. Late stage breast cancer (pink squares) scores have decreased in negativity from -522.7% in 2012 to -509.1% in 2015 to -80.4% in 2018. The 2020 Healthy Community Scores™ for mammography are represented by the blue diamonds and have decreased from being a positive 30.9% in 2012 and showing progress toward the Healthy People 2020 goal to a negative -20.3% in 2015 and becoming an identified health need, to a less negative -4.8% in 2018. The mortality measure uses WC data which had an estimated total population of 208,716 in 2012 and 208,261 in 2015, while the

mammography measure uses HDC data that had an estimated population of females aged between 50 and 74 years of age of 40,505 in 2015 and 43,016 in 2017. Using American Community Survey

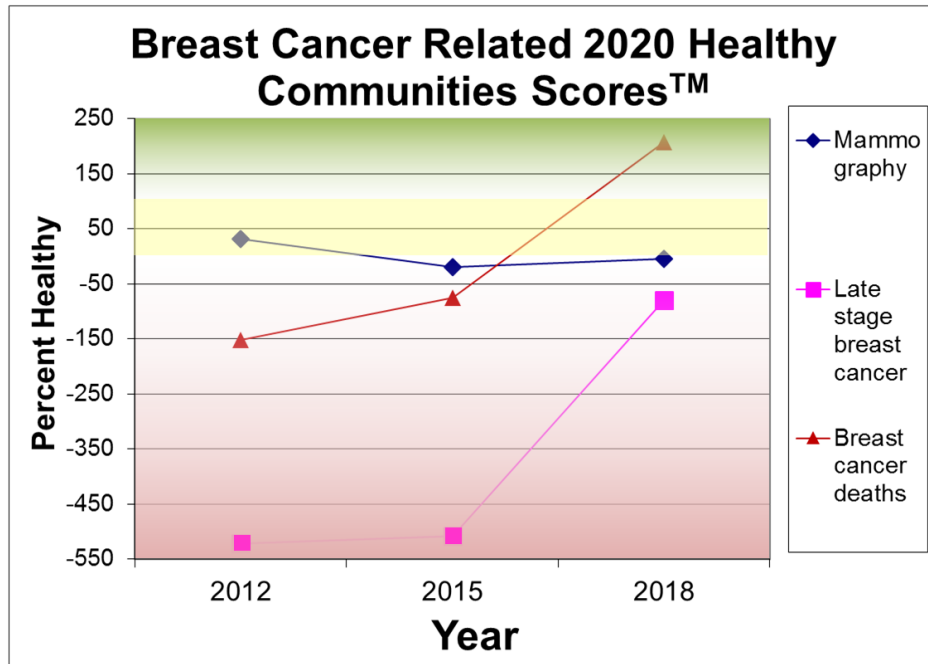


Figure 74: Three-year comparison between three breast cancer-related 2020 Healthy Community Score™ measures.

estimates, there are 72,886 females aged 40 years and older for 2015 and 72,620 in 2017, So, it is possible to conclude that the WPHG served about 8% of women aged 40 years and older (about 5800 patients in 2017 divided by about 72,600 women in 2017).

In program evaluation, it can

be difficult to attribute effects to a wider population, but it can be said that the work that WHS is doing in their WPHG is certainly contributing to the improved outcomes seen in the 2020 Healthy Community Scores™ for both diabetes-related and breast cancer related measures.

Endnotes

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Appendix A: Identified Health Care Resources and Assets

Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No annual dental visit	Access to healthy foods, access to fast foods	Accidental drug poisoning deaths	Stroke
Cardiac Rehabilitation		X		X							
Cardiac catheterization		X		X							
Living well through the seasons		X	X			X	X				
Free information on high cholesterol at Healthy Directions		X		X							X
AEDs for police and volunteer fire department		X		X						X	
CPR training		X		X						X	
CT, MRI, ECG, EEG, halter monitoring, echocardiogram, stress tests, Doppler, coronary angioplasty, Stenting, drug eluting stents		X	X	X	X		X				X
Nutrition therapy for hypertension and high blood cholesterol		X									X
Van transportation		X	X				X				
Monongahela Valley Hospital's Center for Fitness and Health (MON-VALE HealthPLEX)		X	X			X					
Education services	X	X	X	X	X	X	X	X	X	X	X
Blood pressure screening		X									X
Obesity disease state management program		X	X			?					
Community Care Network (CCN)											
Managing your diabetes 3 day education series		X		X							
Diabetes support group supermarket tour		X									
Healthy eating supermarket tours		X	X								
Advanced carbohydrate counting		X									
Diabetes disease state management program		X		X							

Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No annual dental visit	access to healthy foods, access to fast foods	Accidental drug poisoning deaths	Stroke
Charles L. and Rose Sweeney-Melenyzer Pavilion and Regional Cancer Center			X				X				
Cancer support group (monthly)			X				X				
Inpatient cancer care unit			X				X				
innovative technique to treat high-risk patients with early stage, non-small cell lung cancer.											
HealthPLEX Imaging (MON-VALE HealthPLEX)							X				
Breast cancer support group (monthly)							X				
Breast cancer luncheon, ed. & screening							X				
Lymphedema Therapy			?				?				
Women's care through the ages educational programs							X				
Endoscopy unit			X								
Stroke community education											X
Speech, occupational, physical and aquatic therapy											X
Advanced Certification for Primary Stroke Centers											X
Innovations in Medicine Series: Various topics twice per month	X	X	X	X	X	X	X	X	X	X	X
Pulmonary rehabilitation											
Behavioral health unit	X										
screenings for anxiety and depression	X										
Tobacco cessation classes	X	X	X	X							
High school Shadowing program											
Health care career speakers											
Care Transitions program											
Multiphasic Blood Analysis Screening		X									
Center for Wound Management		X									

Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No annual dental visit	access to healthy foods, access to fast foods	Accidental drug poisoning deaths	Stroke
Cancer tx talk --innovations			X				X				
Diabetes Support Group Holiday Dinner		X									
Understanding Your Meal Plan		X									
Understanding Your Blood Sugar Readings		X									
Understanding Your Diabetes Medications		X									
Diabetes Support Group		X									
Why Animals Don't Smoke				X							
Bone Density Screenings											
Adult CPR											
Infant CPR											
BLS Course											
First Aide Instructional Class											
Nutrition Counseling Bariatric Surgery		X		X							
Advanced Certification for Inpatient Diabetes Management-Joint Commission		X									
Nutrition Counseling specified by MD			X	X							
Nutritional education topics		X							X		
Bariatric Wellness Program		X									
Bariatric support group		X									
Weight and Wellness Program		X									
Colorectal cancer screenings			X								
Colorectal cancer support group			X								
Breast cancer genetic screenings							X				
Farmers market support									X		
Community, school, law enforcement education on overdose and Narcan										X	
Access to centers for excellence for drug and alcohol					X					X	

Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No annual dental visit	access to healthy foods, access to fast foods	Accidental drug poisoning deaths	Stroke
Arthritis Support Group (monthly)											
RSDS Support Group (monthly)											
Ostomy Support Group (monthly)			X								
Prostate Cancer Support Group (quarterly)											
Participate in drug and alcohol task force					X					X	
MAT (Medication assisted treatment)										X	
Reality Tour					X					X	
Offers walk-in and without prescription mammogram services							X				
Certification by the Joint Commission for Advanced Inpatient Diabetes Management		X									
Take back drugs day sponsor										X	

Table 21: Washington Health System--Internal Assets as of 2-27-2019

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No dental visit in past year	access to healthy foods, access to fast foods	Accidental drug poisoning deaths
Cardiac Rehabilitation						X				
cardiac catheterization										
Wellness program (Apollo)		X	X	X	X	X	X			
TWH Basic Life Support Community Training Center CPR training , instructor training and advanced training										
Nutrition counseling and medical nutrition therapy		X				X				
Wilfred R. Cameron Wellness Center		X	X	X		X			X	
Ruth York Morgan HELP Center	X	X	X	X	X	X	X			
Life Skills Series and review sessions		X								
Self blood Glucose monitoring, Insulin therapy/dose refinement, pump therapy, gestational diabetes, continuous glucose monitoring, need assessment		X								
Wound and Skin Healing center and Hyperbaric medicine (wounds)		X								
Diabetes education and management program		X								
Weight loss program		X	X			X				
Everyday habits and the prevention of cancer			X				X			
What's on your plate?		X	X				X			
Vegetarian grocery tour		X	X				X			
Cholesterol, RMR and A1c screenings		X								
Vegetarian cooking		X	X				X			
Meet the RD		X	X				X			
Yoga		X	X			X	X			
Fitness programs		X	X			X	X			
Eat well for life 1		X	X				X			
Personal nutrition counseling		X	X			X	X			
The center for orthopedic and neurosciences, stroke units, tPA										

Table 21: The Washington Hospital Internal Assets as of 2-27-2019 (continued)

Specific programs/services	Suicide deaths	Diabetes deaths	Colorectal cancer deaths	Adult smokeless tobacco use, pregnant smoking, tobacco quit attempts	Heavy drinking	Youth obesity, fruit intake, vegetable intake	Mammography, late stage breast cancer	No dental visit in past year	access to healthy foods, access to fast foods	Accidental drug poisoning deaths
Program to teach proper strength building, flex, condition and endurance for athletes						X				
Community education program						X				
UPMC and TWH Cancer Center			X				X			
Radiology/nuclear medicine department										
Lymphedema Therapy			?				?			
Women's center educational programs/screening							X			
Speech, occupational, physical and aquatic therapy										
Pulmonary rehabilitation										
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						
Clear the air	X	X	X	X						
Emergency room	X									
Greenbriar					X					
Drug/alcohol testing					X					
cancer care support group (monthly)			X				X			
Coping With Diabetes		X								
Free skiing clinic		X	X			X				
Breast patient navigator							X			
Diabetes academy for MAs		X								
School of Nursing	X	X	X	X	X	X	X			
Family Practice Residency Program	X	X	X	X	X	X	X			
Stroke support group										
Pulmonary Rehab										
CHD Education/skills program										
Diabetes Education Center		X								

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Health care facilities:

Part of this listing is as defined by PA DOH's registered health facilities which include: hospitals; federally qualified health centers; comprehensive outpatient rehabilitation; ambulatory surgical centers; intermediate care facilities; home health and home care agencies/registries; hospice; pediatric extended care; physical/speech therapists; end-stage renal disease (dialysis); nursing homes and personal care homes. Department of public welfare keeps a list of personal care homes. Other health care facilities were defined loosely as urgent care; medical supply companies; and pharmacies.

Hospitals

Advanced surgical hospital
100 TRICH DRIVE
WASHINGTON, PA 15301, (724)884-0710

Canonsburg General Hospital
100 MEDICAL BOULEVARD
CANONSBURG, PA 15317, (724)873-5838

EXCELA HEALTH FRICK HOSPITAL
508 SOUTH CHURCH STREET
MOUNT PLEASANT, PA 15666, (724)547-1500

EXCELA HEALTH LATROBE HOSPITAL
ONE MELLON WAY
LATROBE, PA 15650, (724)537-1000

EXCELA HEALTH WESTMORELAND HOSPITAL
532 WEST PITTSBURGH STREET
GREENSBURG, PA 15601, (724)832-4000

HIGHLANDS HOSPITAL
401 EAST MURPHY AVENUE
CONNELLSVILLE, PA 15425, (724)628-1500

Monongahela Valley Hospital
1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-1000

SELECT SPECIALTY HOSPITAL - LAUREL
HIGHLANDS, INC.
ONE MELLON WAY, 3rd FLOOR
LATROBE, PA 15650, (724)539-3704

SOUTHWOOD PSYCHIATRIC HOSPITAL - IDD/ADD
342 LINDEN CREEK ROAD
CANONSBURG, PA 15317, (412)206-2020

TORRANCE STATE HOSPITAL
STATE ROUTE 1014, PO BOX 111
TORRANCE, PA 15779, (724)459-8000

Washington Health System--Greene
350 BONAR AVENUE
WAYNESBURG, PA 15370, (724)627-2602

Washington Health System--Washington
155 WILSON AVENUE
WASHINGTON, PA 15301, (724)223-3007

UNIONTOWN HOSPITAL
500 WEST BERKELEY STREET
UNIONTOWN, PA 15401, (724)430-5080

Federally Qualified Health Centers

BOLIVAR MEDICAL CENTER
802 MCKINLEY STREET
BOLIVAR, PA 15923, (724)676-4700

CENTERVILLE CLINICS - CENTERVILLE
130 CALIFORNIA ROAD
BROWNSVILLE, PA 15417, (724)938-3554

CENTERVILLE CLINICS INC CHARLEROI
200 CHAMBER PLAZA
NORTH CHARLEROI, PA 15022, (724)483-5482

CENTERVILLE CLINICS
37 HIGHLAND AVENUE
WASHINGTON, PA 15301, (724)223-1067

CENTERVILLE CLINICS, INC. OF BENTLEYVILLE
100 WILSON ROAD
BENTLEYVILLE, PA 15314, (412)239-2390

CENTERVILLE CLINICS, INC., CALIFORNIA OFFICE
242 WOOD STREET
CALIFORNIA, PA 15419, (412)938-2225

CENTERVILLE CLINICS, INC. CARMICHAELS CLINIC
601 WEST GEORGE STREET
CARMICHAELS, PA 15320, (412)966-5081

CENTERVILLE CLINICS - CENTERVILLE
130 CALIFORNIA ROAD
BROWNSVILLE, PA 15417, (724)938-3554

CENTERVILLE CLINICS CONNELLSVILLE SITE
208 SOUTH ARCH STREET
CONNELLSVILLE, PA 15425, (724)632-6801

CENTERVILLE CLINICS, INC. FAIRCHANCE OFF
93 NORTH MORGANTOWN ROAD
FAIRCHANCE, PA 15436, (717)564-0900

CENTERVILLE CLINICS, INC. REPUBLIC OFFICE
BOX 786, MAIN STREET
REPUBLIC, PA 15475, (412)246-9434

CENTERVILLE CLINICS, INC. WAYNESBURG OFFICE
1162 SIXTH STREET
WAYNESBURG, PA 15370, (412)852-2777

CENTERVILLE CLINICS, INC., WAYNESBURG OFFICE
190 BONAR AVENUE
WAYNESBURG, PA 15370, (412)627-8156

COMMUNITY HEALTH CLINIC
943 FOURTH AVENUE
NEW KENSINGTON, PA 15068, (724)335-3334

CORNERSTONE CARE - PEDIATRIC ASSOC OF
WASHINGTON
400 JEFFERSON AVENUE
Washington, PA 15301, (724)943-3308

CORNERSTONE CARE - UNIONTOWN
140 NORTH BEESON BOULEVARD
UNIONTOWN, PA 15401, (724)439-1628

CORNERSTONE CARE VALLEY WOMEN'S HEALTH
800 PLAZA DRIVE SUITE 180
BELLE VERNON, PA 15012, (724)258-2229

CORNERSTONE CARE, INC.
7 GLASSWORKS ROAD
GREENSBORO, PA 15338, (412)943-3308

CORNERSTONE CARE, INC.
BOX 440 CHURCH STREET EXT.
GREENSBORO, PA 15338, (412)499-5187

CORNERSTONE CARE - VALLEY WOMEN'S HEALTH
1163 COUNTRY CLUB ROAD
MONONGAHELA, PA 15063, (724)258-2229

CORNERSTONE CARE INC.
120 LOCUST AVENUE EXTENSION
MOUNT MORRIS, PA 15349, (724)324-9001

CORNERSTONE CARE
501 WEST HIGH STREET
WAYNESBURG, PA 15370, (724)627-0729

CORNERSTONE CARE
236 ELM DRIVE SUITE 101
WAYNESBURG, PA 15370, (724)627-0926

COMM MED CNTR N W WASHINGTON CNTY, INC
RD #3 BOX 150
BURGETTSTOWN, PA 15021, (412)947-2255

LATROBE HEALTH CENTER
529 LLOYD AVENUE
LATROBE, PA 15650, (724)704-8886

MON VALLEY COMMUNITY HEALTH SERVICES
301 EAST DONNER AVENUE SUITE 101
MONESSEN, PA 15062, (724)684-9000

UNIONTOWN OFFICE
86 MCCCELLANDTOWN ROAD
UNIONTOWN, PA 15401, (724)632-6801

**Comprehensive outpatient
rehabilitation facility**
BETHLEN COMMUNITIES
135 KALASSAY DRIVE
LIGONIER, PA 15658, (724)238-2235

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

Ambulatory surgical center

20/20 SURGERY CENTER, LLC
516 PELLIS ROAD
GREENSBURG, PA 15601, (724)837-1043

AESTIQUE AMBULATORY SURGICAL CENTER, INC.
ONE AESTHETIC WAY
GREENSBURG, PA 15601, (724)832-7555

ALLEGHENY HEALTH NETWORK ENDOSCOPY
CENTER, WESTMORELAND
118 NATURE PARK ROAD, SUITE 200
GREENSBURG, PA 15601, (724)689-1080

DELMONT SURGERY CENTER, LLC
463 BRUSH RUN ROAD
GREENSBURG, PA 15601, (724)691-0354

ELITE SURGERY CENTER LLC
205 MARY HIGGINSON LANE LEVEL 2
UNIONTOWN, PA 15401, (412)780-3959

EXCELA HEALTH NORWIN MEDICAL COMMONS
8775 NORWIN AVENUE
NORTH HUNTINGDON, PA 15642, (724)861-6320

LAUREL SURGICAL CENTER
348 DONOHUE ROAD
GREENSBURG, PA 15601, (724)552-0068

MT. PLEASANT SURGERY CENTER
200 BESSEMER ROAD
MOUNT PLEASANT, PA 15666, (724)547-5432

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

SOUTHWESTERN ENDOSCOPY CENTER, LLC
300 SPRING CREEK LANE LOWER LEVEL
UNIONTOWN, PA 15401, (724)439-8906

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
80 LANDINGS DRIVE SUITE 101
WASHINGTON, PA 15301, (724)225-8800

**Home health and home care
agencies/registries**

Abby Health Care
287 Edison St
Uniontown, PA 15401, 724-439-2229
(724)439-0667, (724)439-2229

ACCESSABILITIES, INC.
2900 SEMINARY DRIVE, BUILDING B
GREENSBURG, PA 15601, (724)832-8272

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

AGAPE'S LOVE HOME CARE, LLC
60 CONNELLSVILLE STREET, SUITE C
UNIONTOWN, PA 15401, (724)434-8850

AGGIE HOME CARE, INC.
25 MAIN STREET SUITE 7
SMITHFIELD, PA 15478, (724)569-1889

AKVALLEY CARE CO
322 CHARLES AVENUE
NEW KENSINGTON, PA 15068, (724)448-4021

ALLE-KISKI CAREGIVERS, LLC
179 THORN STREET
APOLLO, PA 15613, (724)568-4251

AMADA SENIOR CARE OF GREATER PITTSBURGH
1781 ARONA ROAD SUITE 3B
NORTH HUNTINGDON, PA 15642, (412)874-2818

AMEDISYS HOME HEALTH OF PA
1368 MALL RUN ROAD, SUITE 628
UNIONTOWN, PA 15401, (724)438-6660

ANOVA HEALTH CARE SERVICES, INC.
280-C MCCLELLANDTOWN ROAD
UNIONTOWN, PA 15401, (724)434-1001

ARCADIA HOME CARE & STAFFING
4889 WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (724)519-8850

BETHLEN COMMUNITIES COMPANION CARE
PROGRAM
327 WEST VINCENT STREET
LIGONIER, PA 15658
(724)238-2170, (724)238-2613

BETTER IN HOME CARE, LLC
624 PALMER ROAD
ADAH, PA 15410, (724)570-2797

BRIDGES HOME CARE SERVICES, INC.
515 PLEASANT VALLEY ROAD FLOOR 2
TRAFFORD, PA 15085, (412)380-0711

CARING MISSION HOME CARE, LP
1500 WEST CHESTNUT STREET, SUITE 744,
Washington Crown Center
WASHINGTON, PA 15301, (724)222-9905

CARING MISSION HOME CARE, LP
650 MORGANTOWN ROAD, SUITE B
UNIONTOWN, PA 15401, (724)439-7656

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

COMMUNITY CARE, INC.
201 EAST PENNSYLVANIA AVENUE
NEW STANTON, PA 15672, (724)830-9918

CONCERNED CARE, INC.
10 LIBERTY LANE
MC DONALD, PA 15057, (724)941-7111

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

CARE AT HOME, INC.
1737 FREEPORT ROAD
ARNOLD, PA 15068, (724)339-1117

CAREGIVERS ON DEMAND, LLC.
125 TECHNOLOGY DRIVE, SUITE 103
CANONSBURG, PA 15317, (412)708-1096

CARE PLUS HOME HEALTH SERVICES, INC.
192 W CHESTNUT STREET
WASHINGTON, PA 15301, (724)225-2444

CARE PLUS HOME HEALTH SERVICES, INC.
192 W CHESTNUT STREET
WASHINGTON, PA 15301, (724)225-2444

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

CARING FROM THE HEART LLC
2586 APPLE DRIVE
APOLLO, PA 15613, (724)339-2078

CARTER HEALTHCARE
1020 TOWNE SQUARE DRIVE SUITE 1020-4
GREENSBURG, PA 15601, (724)863-5503

COMMUNITY RESOURCES FOR
INDEPENDENCE, INC.
6530 ROUTE 22, #300
SALEM TOWNSHIP, PA 15626, (814)838-7222

COMPASSIONATE HEARTS HOME CARE
201 E FAIRVIEW AVENUE, SUITE 101A
CONNELLSVILLE, PA 15425, (724)603-3858

COMPATI HOME HEALTHCARE, LLC
88 CENTER CHURCH ROAD, SUITE B
MCMURRAY, PA 15317, (888)311-2067

DALY CARE ASSOCIATION
88 CENTER CHURCH ROAD
MCMURRAY, PA 15317, (412)364-2262

DEDICATED NURSING ASSOCIATES, INC.
6536 ROUTE 22 WILLIAM PENN HIGHWAY
DELMONT, PA 15626, (877)857-7040

DON SERVICES, INC.
568 GALIFFA DRIVE
DONORA, PA 15033, (724)856-4137

EAGLE TREE APARTMENTS
2480 SOUTH GRANDE BOULEVARD
GREENSBURG, PA 15601, (724)830-4000

Excela Health Home Care and Hospice
501 WEST OTTERMAN STREET
GREENSBURG, PA 15601, (724)689-1800

FAMILY TIES HOMES CARE, INC.
201 CARMICHAELS PLAZA
CARMICHAELS, PA 15320, (724)319-2419

FAMILY TIES HOME & COMMUNITY
SUPPORTS, INC
201 CARMICHAELS PLAZA
CARMICHAELS, PA 15320, (724)852-1588

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

FIRSTLIGHT HOMECARE SOUTHWEST
PITTSBURGH
3244 WASHINGTON ROAD, SUITE 239
MCMURRAY, PA 15317, (724)941-4002

FREEDOM AT HOME LLC
112 BUTTERNUT COURT
EIGHTY FOUR, PA 15330, (412)835-4663

FREEDOM HOME CARE LLC
112 BUTTERNUT COURT
EIGHTY FOUR, PA 15330, (412)835-1200

FROM THE HEART COMPANION SERVICES
12801 ROUTE 30, LINCOLN HIGHWAY, SUITE #5
NORTH HUNTINGDON, PA 15642, (724)590-5139

FROM THE HEART LAUREL HIGHLANDS
COMPANION SERVICES, INC.
202 SOUTH PENNSYLVANIA AVENUE
GREENSBURG, PA 15601, (724)590-5139

FROM THE HEART TOO
12801 LINCOLN HIGHWAY, SUITE 5
NORTH HUNTINGDON, PA 15642, (610)668-9383

Gallagher Home Health Services
1370 WASHINGTON PIKE, SUITE 401
BRIDGEVILLE, PA 15017
412-279-7800, (412)279-2257

GLOBAL HOME HEALTH CARE, INC.
4212 OLD WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (724)733-0813

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

GUARDIAN ANGELS HOME CARE
385 SMITHFIELD HIGHHOUSE ROAD
SMITHFIELD, PA 15478, (724)569-1068

GUARDIAN HOME CARE SPECIALTIES
900 PORTER AVENUE
SCOTTDAL, PA 15683, (724)887-3041

GUIDING ANGELS
379 POSSUM HOLLOW ROAD
GREENSBURG, PA 15601, (724)989-4496

HAPPY AT HOME - IN HOME CARE INC.
375 VALLEY BROOK ROAD, SUITE 104
MCMURRAY, PA 15317, (724)782-0877

HARMONY HOME CARE
40 LINCOLN WAY SUITE 101
IRWIN, PA 15642
(724)871-7373, (724)765-0892

HARMONY HOMECARE
203 EAST MAIN STREET
LIGONIER, PA 15658, (724)590-5036

Heartland Home Health and Hospice
750 Holiday Dr, Foster Plaza 9, Ste. 110
Pittsburgh, PA 15220, 412-928-2126

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

HOMECARE.COM
193 WALNUT ROAD
MC DONALD, PA 15057, (703)887-2191

HOME INSTEAD SENIOR CARE
1111 LOWRY AVENUE
JEANNETTE, PA 15644, (724)374-5370

HOME INSTEAD SENIOR CARE
659 PITTSBURGH ROAD
UNIONTOWN, PA 15401, (724)438-3262

HOMELAND HOME CARE SERVICES LLC
866 4TH AVENUE
NEW KENSINGTON, PA 15068, (717)330-0259

HOMESTEAD UNLIMITED, INC.
128 INNOVATIVE LANE, BUILDING E, SUITE A
LATROBE, PA 15650, (724)537-7770

HOMEWELL SENIOR CARE - WESTMORELAND CO.
4 S 4TH STREET
YOUNGWOOD, PA 15697, (724)635-0767

INNER CIRCLE HOME CARE, LLC
75 EAST MAIDEN STREET, SUITE 200
WASHINGTON, PA 15301, (814)759-4362

Interim Health Care of Morgantown
1111 Van Voorhis Rd, 2nd fl ste 2
Morgantown, WV 26505, 304-598-8900

Interim of Pittsburgh
1789 S. Braddock Ave, Ste. 220
Pittsburgh, PA 15218, 412-436-2200

Interim Healthcare of SE OH
47445 National Road West, Ste 100
Saint Clairsville, OH 43950, 740-635-0045

INTERIM HEALTHCARE PERSONAL CARE AND
SUPPORT SERVICES OF UNI
1325 CONNELLSVILLE ROAD SUITE 24
LEMONT FURNACE, PA 15456, (724)430-1460

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

LA LA'S HOME CARE LLC
33 MARKET STREET
BROWNSVILLE, PA 15417, (724)785-4878

Landmark Home Health Care
209 13th St
Pittsburgh, PA 15215, (412)781-0700

LEAN ON ME HOME CARE, LLC
142 OLIPHANT ROAD
UNIONTOWN, PA 15401, (724)564-1200

LEEMOORE HOME CARE SERVICES
101 3RD STREET
CHARLEROI, PA 15022, (724)565-1849

LILY'S LOVING CARE LLC
338 DERRICK AVENUE
UNIONTOWN, PA 15401, (724)970-8238

Maxim HealthCare Services
1501 REEDSDALE STREET SUITE 2003
PITTSBURGH, PA 15233, 412-687-2838

MEDSTAFFERS
514 PELLIS ROAD SUITE 200
GREENSBURG, PA 15601, (724)953-0304

MERAKEY PENNSYLVANIA

- 531 SOUTH MAIN STREET
GREENSBURG, PA 15601, (215)836-3103
- 6 OLIVER ROAD SUITE 121
UNIONTOWN, PA 15401, (724)434-5440

MILLERS HOME HEALTH CARE
354 RONCO ROAD
MASONTOWN, PA 15461, (724)952-1021

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

Omni Home Care
CARNEGIE OFFICE PK BLDG 2,
600 N. BELL AVE STE 130
CARNEGIE, PA 15106, (412)276-5030

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

OSPTA @ HOME
4325 SR 51 N
BELLE VERNON, PA 15012, (724)483-4859

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

PENTO HOMECARE AGENCY
68 LEBANON AVENUE
UNIONTOWN, PA 15401, (724)322-1683

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

REDSTONE @ HOME
6 GARDEN CENTER DRIVE
GREENSBURG, PA 15601, (724)221-6040

RIGHT AT HOME OF THE SOUTH HILLS &
WASHINGTON COUNTY
3637 WASHINGTON ROAD SUITE 4
MCMURRAY, PA 15317, (724)350-8800

SIMMONS AGENCY
330 CHURCH ROAD
WEST LEISENRING, PA 15489, (724)562-9076

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

Superior Home Health and Staffing
500 NORTH LEWIS RUN ROAD SUITE 214
WEST MIFFLIN, PA 15122, 412-754-2600

SENIOR HELPERS
4000 HEMPFIELD PLAZA BOULEVARD, SUITE 918
GREENSBURG, PA 15601, (724)834-5720

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

SOLIDARITY HOME HEALTHCARE SERVICES, LLC
5 WEST HEMPFIELD PLAZA
IRWIN, PA 15642, (412)226-0020

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

ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG, PA 15601, (724)837-6070

STAY AT HOME OF WESTMORELAND
1008 FAULKNER WAY
GREENSBURG, PA 15601, (724)420-5648

SUNNY DAYS IN HOME CARE
88 CENTER CHURCH ROAD
MCMURRAY, PA 15317, (724)260-5186

TRANSITIONS HEALTHCARE

- 8850 BARNES LAKE RD
NORTH HUNTINGDON, PA 15642,
(724)864-7196
- 90 HUMBERT LANE
WASHINGTON, PA 15301, (724)228-4740

The Caring Mission
WASHINGTON CROWN CNTR,
1500 WEST CHESTNUT ST, Suite 744
WASHINGTON, PA 15301, 866-922-7464

THE HOMECARE COMPANY OF AMERICA, INC.
201 NORTH PITTSBURGH STREET FIRST FLOOR
CONNELLSVILLE, PA 15425, (724)261-3040

Tri-Care Home Care
1505 BROWNSTONE COURT
TARENTUM, PA 15084, 412-942-0888

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

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

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

TWIN OAKS HOME CARE, INC.
1193 NATIONAL PIKE EAST
HOPWOOD, PA 15445, (724)438-1936

UPMC/Jefferson Regional Home Health
300 Northpointe Circle, ste 201
Seven Fields, PA 16066, 888-860-2273

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

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

VISITING ANGELS OF MON VALLEY
820 SOUTH MAIN STREET
GREENSBURG, PA 15601, (724)216-0488

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

WESTARM HOMECARE
2757 LEECHBURG ROAD
LOWER BURRELL, PA 15068, (724)337-0420

WESTMORELAND COUNTY BLIND ASSOCIATION
911 SOUTH MAIN STREET
GREENSBURG, PA 15601, (724)837-1250

WESTMORELAND COUNTY HOMEMAKERS
4963 U.S. 30 SUITE #207
GREENSBURG, PA 15601, (724)221-6752

WORMACK, INC.
201 E. FAIRVIEW AVENUE
CONNELLSVILLE, PA 15425, (724)570-3556

YOUR COMFORTING CARE, LLC
160 WEST SOUTH STREET
UNIONTOWN, PA 15401, (724)430-2444

Hospice

AMEDISYS HOSPICE OF PA
1368 MALL RUN ROAD, SUITE 624
UNIONTOWN, PA 15401, (724)439-4440

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

BETHLEN COMMUNITIES HOSPICE
327 WEST VINCENT STREET
LIGONIER, PA 15658, (724)238-2613

BRIDGES HOSPICE, INC.
515 PLEASANT VALLEY ROAD FLOOR 2
TRAFFORD, PA 15085, (412)380-0711

CARELINE HEALTH GROUP, LLC
1225 S. MAIN STREET, SUITE 104
GREENSBURG, PA 15601, (724)205-6574

CONCORDIA HOSPICE OF WASHINGTON
10 LEET STREET
WASHINGTON, PA 15301, (724)250-4500

Excela Health Home Care and Hospice
501 West Otterman St
Greensburg, PA 15601, 724-689-1800

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

GALLAGHER HOSPICE, LLC
1370 WASHINGTON AVENUE, 401B
BRIDGEVILLE, PA 15017, (412)279-4255

Heartland Home Health and Hospice
750 Holiday Dr, Foster Plaza 9, Ste 110
Pittsburgh, PA 15220, 412-928-2126

HERITAGE HOSPICE, LLC
2400 LEECHBURG ROAD, SUITE 300
NEW KENSINGTON, PA 15068, (724)334-6600

MONARCH HOSPICE
2837 LEECHBURG ROAD
LOWER BURRELL, PA 15068, (724)335-1600

OSPTA HOME CARE AND HOSPICE
625 LINCOLN AVE PROFESSIONAL PLAZA, Ste 207
CHARLEROI, PA 15022, (866)483-4859

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

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

PROMISE HOSPICE, LLC
121 NORTH MAIN STREET SUITE 310
GREENSBURG, PA 15601, (724)515-5251

REDSTONE @ HOME
6 GARDEN CENTER DRIVE
GREENSBURG, PA 15601, (724)221-6040

Three Rivers Hospice
2500 MOSSIDE BOULEVARD
MONROEVILLE, PA 15146, (412)349-0760

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

ANOVA HOSPICE PALLIATIVE CARE SERVICES INC.
160 N CRAIG STREET SUITE 102
PITTSBURGH, PA 15213, (724)483-3812

Intermediate care facility

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

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

VALLEY COMMUNITY SERVICES BELLE VERNON
104 CARING LANE
BELLE VERNON, PA 15012, (724)929-8137

VALLEY COMMUNITY SERVICES MT PLEASANT
366 EAST MAIN STREET
MOUNT PLEASANT, PA 15666, (724)547-0408

VALLEY COMMUNITY SERVICES RUFFSDALE
127 WALTZ MILL ROAD
RUFFS DALE, PA 15679, (724)872-7461

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

EAST SUBURBAN SPORTS MEDICINE CENTER, LTD.
4115 WILLIAM PENN HIGHWAY
MURRYSVILLE, PA 15668, (724)327-7099

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

LAUREL HIGHLANDS HEALTH CENTER
318 UNITY PLAZA
LATROBE, PA 15650, (724)537-2340

NEW STEPS REHAB, INC.
13898 ROUTE 30
NORTH HUNTINGDON, PA 15642, (724)861-6001

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

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

THE REHAB CENTER OF SEWARD
238 INDIANA STREET
SEWARD, PA 15954, (814)446-5126

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

WESTARM THERAPY SERVICES
3160 KIPP AVENUE
LOWER BURRELL, PA 15068, (724)337-6522

Rural health clinics

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

Dialysis/End Stage Renal Disease

BMA OF LATROBE
121 WEST SECOND AVENUE
LATROBE, PA 15650, (724)537-9830

BMA OF MOUNT PLEASANT
208 CROSSROADS PLAZA, BOX 1040
MOUNT PLEASANT, PA 15666, (724)547-1939

BMA OF UNIONTOWN
360 WALMART DRIVE
UNIONTOWN, PA 15401, (724)438-7504

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

DIALYSIS CLINIC, INC. - JEANNETTE
6710 STATE ROUTE 30
JEANNETTE, PA 15644, (724)523-6386

DIALYSIS CLINIC, INC. - NEW KENSINGTON
722 FOURTH AVENUE
NEW KENSINGTON, PA 15068, (724)339-1772

DIALYSIS CLINIC, INC.
20 EAST MAIN STREET
MOUNT PLEASANT, PA 15666, (724)547-6511

FAYETTE COUNTY DIALYSIS
201 MARY HIGGINSON LANE SUITE A
UNIONTOWN, PA 15401, (724)437-9480

FRESENIUS MEDICAL CARE OF GREENE COUNTY
11 INDUSTRIAL PARK ROAD
CARMICHAELS, PA 15320, (724)966-9292

FRESENIUS MEDICAL CARE OF GREENSBURG
562 SHEARER ST., MEDICAL ARTS BLDG.
GREENSBURG, PA 15601, (724)832-8061

FRESENIUS MEDICAL CARE OF MURRYSVILLE
20 WESCO LANE
EXPORT, PA 15632, (724)325-5445

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

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

LIBERTY DIALYSIS - SOUTHPOINTE, LLC

- 1200 CORPORATE DRIVE
CANONSBURG, PA 15317, (724)745-5565
- 90 WEST CHESTNUT STREET
WASHINGTON, PA 15301, (724)228-7398

NEW KENSINGTON DIALYSIS
1 KENSINGTON SQUARE
NEW KENSINGTON, PA 15068, (724)339-6913

PENN TRAFFORD DIALYSIS
4044 ROUTE 130
IRWIN, PA 15642, (724)744-0713

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

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

WAYNESBURG DIALYSIS
248 ELM DRIVE
WAYNESBURG, PA 15370, (724)627-3997

Nursing homes

Andover Village Skilled Nursing and
Rehabilitation
486 S Main St,
Andover, OH 44003, 440-293-5416

BELAIR HEALTHCARE AND REHABILITATION CENTER
100 LITTLE ROAD
LOWER BURRELL PA 15068, (724)339-1071

BETHLEN HOME OF THE HUNGARIAN
REFORMED FEDERATION OF AMERICA
66 CAREY SCHOOL ROAD
LIGONIER PA 15658, (724)238-6711

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

CONCORDIA AT THE CEDARS
4326 Northern Pike, Ste 201
Monroeville, PA 15146, 412-380-9500

Country Meadows of South Hills of Pittsburgh
3570 Washington Pike
Bridgeville, PA 15017, 412-257-4581

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

GREENERY Center for Rehab and Nursing
2200 HILL CHURCH HOUSTON ROAD
CANONSBURG PA 15317, (724)745-8000

GREENSBURG CARE CENTER
119 INDUSTRIAL PARK ROAD
GREENSBURG PA 15601, (724)836-2480

GROVE AT LATROBE, THE
576 FRED ROGERS DRIVE
LATROBE PA 15650, (724)537-4441

GROVE AT NORTH HUNTINGDON, THE
249 MAUS DRIVE
NORTH HUNTINGDON PA 15642, (724)863-4374

HARMON HOUSE CARE CENTER
601 SOUTH CHURCH STREET
MOUNT PLEASANT PA 15666, (724)547-1890

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

HEMPFIELD MANOR
1118 WOODWARD DRIVE
GREENSBURG PA 15601, (724)836-4424

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

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

LOYALHANNA CARE CENTER
535 MCFARLAND ROAD
LATROBE PA 15650, (724)537-5500

NORTH STRABANE Rehabilitation and
Wellness Center
100 TANDEM VILLAGE ROAD
CANONSBURG PA 15317, (724)743-9000

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
- 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

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

MURRYSVILLE REHABILITATION AND
WELLNESS CENTER
3300 LOGANS FERRY ROAD
MURRYSVILLE PA 15668, (724)325-1500

OAK HILL HEALTHCARE AND REHABILITATION CENTER
827 GEORGES STATION ROAD
GREENSBURG PA 15601, (724)837-7100

PARAMOUNT NURSING AND REHABILITATION
AT PETERS TOWNSHIP
240 CEDAR HILL DRIVE
MCMURRAY PA 15317, (724)969-0505

PREMIER WASHINGTON REHABILITATION
AND NURSING CENTER
36 OLD HICKORY RIDGE ROAD
WASHINGTON PA 15301, (724)228-5010

QUALITY LIFE SERVICES

- 151 GOODVIEW DRIVE
APOLLO PA 15613, (724)727-3451
- 5253 National Pike, Markleysburg, PA
15459, 724-329-5545
- 252 Main St, Markleysburg, PA 15459,
724-329-4830

REDSTONE HIGHLANDS HEALTH CARE CTR
6 GARDEN CENTER DRIVE
GREENSBURG PA 15601, (724)832-8400

REHABILITATION & NURSING CENTER AT
GREATER PITTSBURGH, THE
890 WEATHERWOOD LANE
GREENSBURG PA 15601, (724)837-8076

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

SCOTTDALe HEALTHCARE AND
REHABILITATION CENTER
900 PORTER AVENUE
SCOTTDALe PA 15683, (724)887-0100

SOUTH HILLS REHABILITATION AND
WELLNESS CENTER
201 VILLAGE DRIVE
CANONSBURG PA 15317, (724)746-1300

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

ST. ANNE HOME
685 ANGELA DRIVE
GREENSBURG PA 15601, (724)837-6070

The Grove at Washington
1198 W WYLIE AVE
WASHINGTON PA 15301, (724)222-2148

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

TRANSITIONS HEALTHCARE

- 8850 BARNES LAKE ROAD, NORTH HUNTINGDON PA 15642, (724)864-7190
- 90 HUMBERT LANE, WASHINGTON, PA 15301, (724)228-4740

TWIN LAKES REHABILITATION AND HEALTHCARE CENTER
227 SAND HILL ROAD
GREENSBURG PA 15601, (724)237-4629

UNIONTOWN HEALTHCARE AND REHABILITATION CENTER
129 Franklin Ave
Uniontown, PA 15401, 724-439-5700

WAYNESBURG HEALTHCARE AND REHABILITATION CENTER
300 CENTER AVENUE
WAYNESBURG PA 15370, (724)852-2020

WESTMORELAND MANOR
2480 SOUTH GRANDE BOULEVARD
GREENSBURG PA 15601, (724)830-4010

WILLIAM PENN CARE CENTER
2020 ADER ROAD
JEANNETTE PA 15644, (724)327-3500

Adult Day Centers

ARC, Fayette County
80 Old New Salem Rd.
Uniontown, PA 15401, 724-438-9042
<http://www.arcfayette.org/>

Center in the Woods Adult Day Center
130 Woodland Court
Brownsville, PA 15417, (724) 938-3554
<http://www.centerinthewoods.org/>

Community LIFE @ Logans Ferry
125 Logans Ferry Rd., Ste. 2
Lower Burrell, PA 15068, 724-994-4740
<http://www.commlife.org>

Community Living Care, Inc. - SADLC
115 Vannear Ave., 1st Floor
Greensburg, PA 15601, 724-836-5779
<http://www.communitylivingcare.com>

Elizabeth Seton Adult Day Care
129 Depaul Center Rd.
Greensburg, PA 15601, 724-832-2810
<http://www.setoncenter.com>

Maplewood Adult Day Center
110 Daniel Dr., Ste. 15
Uniontown, PA 15401, 724-550-4060
<http://www.centerinthewoods.org>

Mt. Pleasant Senior Center
370 E. Main St.
Mount Pleasant, PA 15666, 724-613-5260
<http://www.passavant.org/pmhfos/services/>

Pathways of Southwestern Pennsylvania, OADLC
655 Jefferson Avenue
Washington, PA 15301, (724) 225-8145
<http://www.pathwaysswpa.org/>

Paula Teacher & Associates, Inc.
4000 Hemfield Plaza Blvd., Ste. 968
Greensburg, PA 15601, 724-836-2380

Premier Washington County Adult Day Center
36 Old Hickory Ridge Road
Washington, PA 15301, (724) 223-7184
<http://PremierWashington.com>

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

SeniorCARE

- 100 Evergreene Drive, Waynesburg, PA 15370, 724-852-2273 TTY: 711
- 2114 North Franklin Drive, Washington, PA 15301, 724-222-5433 TTY: 711
- 89 West Fayette Street, Uniontown, PA 15401, 724-434-5433 TTY: 711

The Arc of Westmoreland Adult Training Facility
316 Donohoe Rd
Greensburg, PA 15601, 724-837-8159
<http://www.achieva.info/custom>

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

YMCA of Greensburg Adult Training Facility
308 N. Pennsylvania Ave.
Greensburg, PA 15601, 724-836-8040
<http://www.greensburgymca.org>

Nursing Home Transition Team

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, (60+)
<http://www.swpa-aaa.org/>
Angela Minardi, (724)489-8082 ext. 4209,
aminardi@swpa-aaa.org
Mary Harri, (724)489-8082 ext. 4405,
mharris@swpa-aaa.org

TRIPIL <http://www.trpil.com/>
Kristina Christy, (724)223-5115 ext. 133,
kchristy@tripil.com
Jen Nestor, (724)223-5115 ext. 1402,
jennifer@tripil.com

Westmoreland county:
All Abilities, Inc. (<60)
<http://allabilitiesinc.org/>
Ashley Faylor, 724-420-5291 ext 6102,
afaylor@allabilitiesinc.org

Westmoreland Co AAA (60+)
<http://www.co.westmoreland.pa.us/397/Area-Agency-on-Aging>
724.830.4444, aaa@co.westmoreland.pa.us

Personal care homes

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

AMBER HOUSE AT HARMON HOUSE CARE CENTER
601 SOUTH CHURCH STREET
MT PLEASANT , PA - 15666, 7245471890

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

ARK MANOR
105 SANDRA DRIVE
DELMONT , PA - 15626, 7244686200

BARNES PLACE
2021 JAMES STREET
LATROBE , PA - 15650, 7245378005

BAYBERRY PLACE
101 LITTLE DRIVE
LOWER BURRELL , PA - 15068, 7243397626

BEECHWOOD COURT AT LAFAYETTE MANOR
145 LAFAYETTE MANOR ROAD
UNIONTOWN , PA - 15401, 7244346024

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

BROOKDALE LATROBE
500 BROWERS DRIVE
LATROBE , PA - 15650, 7245375255

BROOKDALE MURRYSVILLE
5300 OLD WILLIAM PENN HIGHWAY
EXPORT , PA - 15632, 7243273655

CAMBRIDGE CREEKSIDE
1275 LINCOLN AVENUE
CHARLEROI , PA - 15022, 8147300154

CAMBRIDGE HILLSIDE
400 FOURTH STREET
CHARLEROI , PA - 15022, 8147300145

CARMELLA S HOUSE
P O BOX 73 CEMETERY ROAD
CRABTREE , PA - 15624, 7248374811

CLOSE TO HOME
P O BOX 46 724 LINCOLN STREET
BOLIVAR , PA - 15923, 7246760405

CLOVERDALE PERSONAL CARE HOME
206 WESTWOOD AVENUE
MASONTOWN , PA - 15461, 7245830620

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

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

CREST PCH
211 CAROL DRIVE
NEW ALEXANDRIA , PA - 15670, 7246682242

DAVENPORT HALL
321 WASHINGTON AVENUE
CHARLEROI , PA - 15022, 7244837029

DAY S PERSONAL CARE HOME
18 NORMAN AVENUE
WASHINGTON , PA - 15301, 7242060885

DIVINE HEALING PCH
5 SOUTH SECOND STREET
MASONTOWN , PA - 15461, 7249521301

DUNLEVY MANOR
2218 ROUTE 88
DUNLEVY , PA - 15432, 7243265611

EASY LIVING COUNTRY ESTATES
ONE EASY LIVING DRIVE
HUNKER , PA - 15639, 7249251159

EICHER S FAMILY HOME CARE
704 CAMP ACHIEVEMENT ROAD
NORMALVILLE , PA - 15469, 7244553612

ELIZABETH SETON MEMORY CARE CENTER
129 DEPAUL CENTER ROAD
GREENSBURG , PA - 15601, 7248537948

FAIRFIELD PERSONAL CARE HOME
27 KYLE AVENUE
FAIRCHANCE , PA - 15436, 7245649794

GABLES MANOR
501 ALEXANDRIA STREET
LATROBE , PA - 15650, 7245373334

GENERATIONS ELDER CARE
165 DEARTH ROAD
UNIONTOWN , PA - 15401, 7242452922

GEORGE S PERSONAL CARE HOME
108 WATER STREET
NEW STANTON , PA - 15672, 7249259708

GOLDEN HEIGHTS PERSONAL CARE HOME
1015 PENNSYLVANIA AVENUE
IRWIN , PA - 15642, 7248636600

GOLDEN HEIGHTS PERSONAL CARE HOME
3522 ROUTE 130
IRWIN , PA - 15642, 7247443200

HALLSWORTH HOUSE
1575 GRAND BOULEVARD
MONESSEN , PA - 15062, 7246848170

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

HILLSIDE ESTATES SUITES
1526 INDEPENDENCE AVENUE
CONNELLSVILLE , PA - 15425, 7243664239

HILLSIDE MANR PERSONAL CARE HOME
177 OLIVER ROAD
UNIONTOWN , PA - 15401, 7244392273

HORIZON PERONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE , PA - 15436, 7245640352

JEAN MCVEY II
103 LINCOLN STREET
UNIONTOWN , PA - 15401, 7244373128

JO ELLA S PERSONAL CARE AND RESPITE CENTER
184 KENDI ROAD
MT PLEASANT , PA - 15666, 7248876337

JO ELLA S PERSONAL CARE AND RESPITE CENTER
200 SPRUCE STREET
SCOTTDALE , PA - 15683, 7248874295

KELLY S II PERSONAL CARE HOME
141 UNITY CEMETERY ROAD
LATROBE , PA - 15650, 7248045916

KELLY S PERSONAL CARE
140 GREENDALE DRIVE
GREENSBURG , PA - 15601, 7248507997

KING S PERSONAL CARE HOME
390 MOUNTAIN ROAD
UNIONTOWN , PA - 15401, 7245649788

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

LEAH S VICTORIAN COTTAGE I
511 PARK AVENUE
SCOTTDALE , PA - 15683, 7248873920

LIFE S PROMISE PERSONAL CARE HOME
2053 STATE ROUTE 711
LIGONIER , PA - 15658, 7243228814

LIGONIER GARDENS
2018 ROUTE 30 EAST
LIGONIER , PA - 15658, 7242383517

LINT S PERSONAL CARE HOME
697 VANDERBILT ROAD
CONNELLSVILLE , PA - 15425, 7246268112

LOGAN PLACE
180 CRAIGDELL ROAD
LOWER BURRELL , PA - 15068, 7243340529

LOYALHANNA HEALTH CARE ASSOCIATES
543 MCFARLAND ROAD
LATROBE , PA - 15650, 7245375500

LYTLE S PERSONAL CARE HOME LLC
4508 NATIONAL PIKE
MARKLEYSBURG , PA - 15459, 7243291020

MARQUIS GARDENS PLACE
660 CHERRY TREE LANE
UNIONTOWN , PA - 15401, 7244307258

MCVEY PERSONAL CARE HOME
235 NORTH GALLATIN AVENUE
UNIONTOWN , PA - 15401, 7244373235

M H A ENHANCED PERSONAL CARE HOME
200 SPRING STREET
BENTLEYVILLE , PA - 15314, 7242393775

MOLNAR S PERSONAL CARE HOME
258 PLUMMER ROAD
MCCLELLANDTOWN , PA - 15458, 7247373062

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

NATURE PARK COMMONS
132 NATURE PARK ROAD
GREENSBURG , PA - 15601, 7248370690

NEDROW RUTH PERSONAL CARE HOME
1583 STATE ROUTE 711
STAHLSTOWN , PA - 15687, 7245937650

NEWHAVEN COURT AT LINDWOOD
100 FREEDOM WAY
GREENSBURG , PA - 15601, 7248532502

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

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

PAULA TEACHER & ASSOCIATES
206 SAGERVILLE ROAD
HARRISON CITY , PA - 15636, 7242960296

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

PERONI PERSONAL CARE HOME
111 EASY STREET
UNIONTOWN , PA - 15401, 7244371880

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

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

PLEASANT RIDGE MATURE LIVING
981 PLEASANT HILL ROAD
LEECHBURG , PA - 15656, 7248450933

POINT MANOR PERSONAL CARE HOME
300 UNION STREET
POINT MARION , PA - 15474, 7247255533

QUALITY LIFE SERVICES APOLLO
153 GOODVIEW DRIVE
APOLLO , PA - 15613, 7247273102

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

REASTHEAVEN 1
45 SOUTH MT VERNON AVENUE
UNIONTOWN , PA - 15401, 7245504225

REASTHEAVEN 2
166 NORTH GALATIN AVENUE
UNIONTOWN , PA - 15401, 7244399411

REDSTONE HIGHLANDS
4 GARDEN CENTER DRIVE
GREENSBURG , PA - 15601, 7248328400

REDSTONE HIGHLANDS
12921 REDSTONE DRIVE
NORTH HUNTINGDON , PA - 15642, 7248645811

REDSTONE HIGHLANDS
4949 CLINE HOLLOW ROAD
MURRYSVILLE , PA - 15668, 7247339494

RIDGEVIEW RESIDENTIAL CARE
122 RIDGEVIEW STREET
YOUNGWOOD , PA - 15697, 7249250212

SINCLAIR PERSONAL CARE HOME LLC
148 HATFIELD ROAD
SMOCK , PA - 15480, 7242457200

SMIGOVSKY JENNIE PERSONAL CARE HOME
522 FIRST STREET P O BOX 129
ISABELLA , PA - 15447, 7247857762

SOUTH CONNELLSVILLE PERSONAL CARE HOME
1508 SOUTH PITTSBURGH STREET
CONNELLSVILLE , PA - 15425, 7246288559

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

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

STONE BROOK MANOR
P O BOX 606 507 ROWE ROAD
MANOR , PA - 15665, 7248630802

SUNNYLAND RETIREMENT HOME
1938 STATE ROUTE 130
GREENSBURG , PA - 15601, 7244237414

SUNNYLAND RETIREMENT HOME II
1963 RT 130
GREENSBURG , PA - 15601, 7244236114

SUNSET RIDGE PERSONAL CARE HOME
466 HIGH STREET
DERRY , PA - 15627, 7246943105

SUSAN S VICTORIAN COTTAGE
111 HYDRANGEA LANE
MT PLEASANT , PA - 15666, 7244238706

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

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

THE FAIDLEY HOUSE
1378 FOURTH STREET
MONONGAHELA , PA - 15063, 7243103674

THE NEIGHBORHOODS AT WALDEN S VIEW
7990 US ROUTE 30
NORTH HUNTINGDON , PA - 15642, 7248632600

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

TOUCHED BY AN ANGEL
789 MCKEAN AVENUE
DONORA , PA - 15033, 7248230769

TRANSITIONS HEALTHCARE WASHINGTON PA
90 HUMBERT LANE
WASHINGTON , PA - 15301, 7242285666

TROSIEK S PERSONAL CARE HOME
214 SECOND STREET
NEW SALEM , PA - 15468, 7242450203

UPTON S COUNTRY COMFORT
544 BUCHANAN ROAD
NORMALVILLE , PA - 15469, 7244551926

VICTORIA HOUSE I
751 TYROL BLVD
MONESSEN , PA - 15062, 7246846783

VICTORIA HOUSE III
1014 STATE ROAD
MONESSEN , PA - 15062, 7246846783

VILLA ANGELA AT ST ANNE HOME
685 ANGELA DRIVE
GREENSBURG , PA - 15601, 7248376070

WALDEN S VIEW AT NORTH HUNTINGDON
7990 US ROUTE 30
NORTH HUNTINGDON , PA - 15642, 7248632600

WALNUT RIDGE MEMORY CARE
711 ROUTE 119
GREENSBURG , PA - 15601, 7248345711

WHITEHEAD PERSONAL CARE HOME II
517 SOUTH 9TH STREET
YOUNGWOOD , PA - 15697, 7249256687

WILLIAM PENN CARE CENTER
1021 WALTON ROAD
JEANNETTE , PA - 15644, 7245193700

WOOD S PERSONAL CARE HOME
47 RIVER AVENUE
MASONTOWN , PA - 15461, 7249521013

WOODCREST SENIOR LIVING COMMUNITY
1 WOODCREST CIRCLE
SCOTTDAL , PA - 15683, 7248873773

Urgent care

Walgreens
99 Jefferson Ave
Washington PA 15301, 866-825-3227

MedExpress Urgent Care:
www.medexpress.com

- Belle Vernon: 860 Rostraver Rd
Belle Vernon, PA 15012, (724) 929-3278
- Canonsburg: 3840 Washington Road
McMurray, PA 15317, 724-941-3273
- Washington: 460 Washington Rd
Washington, PA 15301, (724) 225-3627

Children's Express Care at Washington Hospital
www.theurgentcarecenter.org
155 Wilson Ave
Washington, PA, 15301, (724) 579-1902

Clinics

Adagio Health@East Suburban OB/GYN Murrysville
4262 Old William Penn Highway
Murrysville, PA, 15668, 724-325-6020

Adagio Health@Excelsa Health Medical Group
OB/GYN Excelsa Square at Latrobe
100 Excelsa Health Drive, Suite 302
Latrobe, PA, 15650, 724-539-8593

Adagio Health@Excelsa Health OB/GYN
109 Crossroads Rd. Suite 202
Scottdale, PA, 15683, 724-887-6960

Adagio Health@Excelsa Health OB/GYN
870 Weatherwood Lane,
Greensburg, PA, 15601
Suite One, 724-850-3150; Suite Four, 724-691-0830

Adagio Health@Excelsa Health OB/GYN,
Norwin Norwin Excelsa Square
8775 Norwin Avenue, Suite D
North Huntingdon, PA, 15642, 724-863-2660

Adagio Health@Planned Parenthood
125 Nature Park Road
Greensburg, PA, 15601, 724-552-0352

Adagio Health@UPMC St. Margaret New
Kensington Family Health Center
301 Eleventh Street
New Kensington, PA, 15068, 724-334-3640

Adagio Health@Cornerstone Care,
Greensboro Family Planning
7 Glassworks Road
Greensboro, PA, 15338, 724-943-3308

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

Adagio Health@Cornerstone Care, Mt. Morris
The Primary Care Center of Mt. Morris
120 Locust Avenue Extension
Mt Morris, PA, 15349, 724-324-9001

Adagio Health@Cornerstone Care, Rogersville
Community Medical Center
140 Church Street, Suite 102
Rogersville, PA, 15359, 724-499-5188

Adagio Health@Cornerstone Care Washington
400 Jefferson Ave, Suite 4
Washington PA 15301, 724-228-1089

Adagio Health Uniontown
140 North Beeson Avenue, Suite 300
Uniontown, PA, 15401, 724-437-1582

CENTRAL OUTREACH WELLNESS CENTER
95 Leonard Avenue - Suite 203
Washington PA 15301
Phone: (724) 249-2517, Fax: (844) 389-1405

Washington City Mission Medical Clinic
84 W. Wheeling Street
Washington, PA 15301, (724) 222-8530

Medical supply companies

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

AdvaCare Home Services

- 200 Villani Dr, Ste 3009
Bridgeville, PA 15017, 412-249-9000
- 160 Pittsburgh St SUITE 10A
Uniontown, PA 15401, (724) 438-2950

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

Airgas
1640 Jefferson Ave
Washington, PA 15301, (724) 222-1730

American Homepatient
109 Crossroads Rd Ste 400
Scottdale, PA 15683, (724) 887-5495

Apothecare Pharmacy
173 Morgantown St
Uniontown, PA 15401, (724) 437-7801

[Apria Healthcare](http://www.apria.com), www.apria.com

- 701 Technology Dr Ste 250
Canonsburg, PA 15317-9529
(724) 873-0718, (724) 745-7581
- 1010 Franklin Dr Ste 4
Smock, PA 15480, (724) 425-1986

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

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

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

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

Bottled Gas Service
106 W Greene St
Carmichaels, PA 15320, (724) 966-7858

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

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

Delatorre Orthotics & Prosthetics Inc
382 W Chestnut St
Washington, PA 15301, (724) 225-1221

Dierken's Pharmacy
100 E Main St
Monongahela, PA 15063, (724) 258-5530

Eagle Physical Therapy
200 Lincoln Ave
Uniontown, PA 15401, (724) 439-6061

Enduracare Orthotic & Prosthetic
• 1900 Waterdam Plaza Dr Ste 100
Canonsburg, PA 15317, (724) 941-8821
• 110 Daniel Dr
Uniontown, PA 15401, (724) 438-7900

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

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

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

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

Hixenbaugh's Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828

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

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

Kuzy's Drug Store
808 Main St
Bentleyville, PA 15314, (724) 239-2211

Lanza Respiratory & Home Medical Equipment
214 Pittsburgh St
Uniontown, PA 15401, (724) 430-0880

Life 1st
Po Box 43
Monessen, PA 15062, (724) 326-4303

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

Lifeline Therapy
4000 Waterdam Plaza Dr Ste 260
Canonsburg, PA 15317, (724) 941-5340

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

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

Matheson Valley
10 3rd St
Charleroi, PA 15022, (724) 483-1235

McKnight Medical
11 Mckean Ave
Charleroi, PA 15022-1436, (724) 489-4011

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

Medical Monks, Inc.
2400 Ansys Dr
Canonsburg, PA 15317, (844) 859-9400

Medmart
2618 Memorial Blvd
Connellsville, PA 15425, (724) 628-7500

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

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

Monongahela Medical Supply Co
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

Olympus America Inc
71 McMurray Rd
Pittsburgh, PA 15241, (412) 831-2234

Praxair
435 Donner Ave
Monessen, PA 15062, (724) 684-4165

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

Providence Home Medical, LP
3909 Washington Rd Ste 318
Canonsburg, PA 15317. (866) 854-7436

[PRMS Inc](http://www.prms-inc.com) , www.prms-inc.com

470 Johnson Rd

Washington, PA 15301-8944, (724) 222-5852

Punxsy Medical Supply

- 524 Mckean Ave
Charleroi, PA 15022-1532, (724) 483-4014
- 622 Fallowfield Ave
Charleroi, PA 15022-1902, (724) 483-502250
- E Wylie Ave Ste 1
Washington, PA 15301-2059, (724) 229-2943

Qualicar Home Medical

453 Valleybrook Rd

Canonsburg, PA 15317-3371, (724) 260-0826

Rezk Medical

1295 Grand Blvd

Monessen, PA 15062, (724) 314-8247

Span & Taylor Drug Co

175 W Main St

Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy

619 Broad Ave

Belle Vernon, PA 15012, (724) 929-5445

Stat Oxygen Services

122 Clearview Dr

Mcmurray, PA 15317-3128, (724) 941-4035

Tom and Jerry's Home Medical Service

145 N 8th St

Connellsville, PA 15425, 724-628-8913

Union Orthotics & Prosthetics Co

159 Waterdam Rd Ste

240Canonsburg, PA 15317, (724) 941-4285

UPMC Home Medical Equipment

2310 Jane St, Ste 1300

Pittsburgh, PA 15203, 800-247-6333

Valley National Gases Inc

Route 40 E

Uniontown, PA 15401, (724) 430-0747

Walgreen's

99 Jefferson Ave

Washington, PA 15301, 724-228-3201

Washington Medical Equipment

1100 W Chestnut St

Washington, PA 15301, 724-470-0170

Pharmacies

Apothecare Pharmacy

- 280 Mcclellandtown Rd,
Uniontown, PA 15401, (724) 437-9911
- 173 Morgantown St,
Uniontown, PA 15401, (724) 437-7801
- 150 Walnut Hill Rd,
Uniontown, PA 15401, (724) 438-7455

Brownsville Family Pharmacy

25 Market St

Brownsville, PA 15417, (724) 785-7095

Curtis Pharmacy

- 38 Campbell Dr
Avella, PA 15312, (724) 587-3920
- 305 Main St,
Claysville, PA 15323, (724) 663-7707
- 869 Henderson Ave,
Washington, PA 15301, (724) 225-1592

CVS Pharmacy

- 975 Rostraver Rd
Belle Vernon, PA 15012, (724) 929-9155
- 3870 Washington Rd
Canonsburg, PA 15317, (724) 941-7680
- 1845 McClellandtown Rd,
Masontown, PA 15461, (724) 583-2080
- 175 W Beau St
Washington, PA, (724) 222-0470
- 3161 Mount Morris Rd,
Waynesburg, PA 15370, (724) 627-8108

Delta Care Rx

264 Smith Township State Rd Ste 5

Burgettstown, PA 15021, (724) 947-7269

Dierken's Pharmacy

100 E Main St

Monongahela, PA 15063, (724) 258-5530

Donora Union Pharmacy
601 McKean Ave
Donora, PA 15033, (724) 379-5630

Eighty Four Pharmacy
155 N Franklin St
Washington, PA 15301, (724) 229-4895

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

Gabler's Drug

- 8 Oliver St
Uniontown, PA 15401, (724) 437-8863
- 250 S Mount Vernon Ave,
Uniontown, PA 15401, (724) 437-9700

Giant Eagle

- 820 Rostraver Rd
Belle Vernon, PA 15012, (724) 930-7039
- 155 Wilson Rd,
Bentleyville, PA 15314, (724) 239-2300
- 2840 Washington Rd
Canonsburg, PA, (724) 942-2802
- 3339 Washington Rd
Canonsburg, PA, (724) 942-3415
- 4031 Washington Rd
Canonsburg, PA, (724) 941-0722
- 3701 State Route 88,
Finleyville, PA 15332, (724) 348-6229
- 200 Station St,
Mc Donald, PA 15057, (724) 926-2830
- 319 Gibson Ave
Monongahela, PA, (724) 348-4116
- 1002 Young Ave,
Monongahela, PA 15063, (724) 258-6288
- 1300 Country Club Rd,
Monongahela, PA 15063, (724) 258-5011
- 999 N Eighty Eight Rd
Rices Landing, PA, (724) 592-5565
- 3143 National Pike
Richeyville, PA, (724) 632-2122
- 300 Tri County Ln,
Rostraver Township, PA 15012, 724 929-6750
- 581 Pittsburgh Rd,
Uniontown, PA 15401, (724) 438-2570

Giant Eagle (continued)

- 104 E Wylie Ave
Washington, PA, (724) 228-8401
- 601 Meadowlands Blvd
Washington, PA, (724) 873-5100
- 331 Washington Rd,
Washington, PA, (724) 228-2865

Hixenbaugh's Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828

Hometown Pharmacy
4627 State Route 51 Ste 602
Rostraver Township, PA 15012, (724) 379-6000

Janosik's Pharmacy
122 6th St
Monessen, PA 15062, (724) 684-8600

Jeffrey's Drug Store Inc
1 N Central Ave
Canonsburg, PA 15317, (724) 745-6480

Kuzy's Drug Store
808 Main St
Bentleyville, PA 15314, (724) 239-2211

Mc Cracken Pharmacy
595 E High St
Waynesburg, PA 15370, (724) 627-5454

Mc Donald Pharmacy Inc
303 W Barr St
Mc Donald, PA 15057, (724) 926-2117

Medicine Mine
555 Route 88
Carmichaels, PA 15320, (724) 966-5237

Medicine Shoppe

- 808 Main St
Bentleyville, PA, (724) 239-3600
- 25 Market St
Brownsville, PA, (724) 785-7095
- 609 National Pike E
Brownsville, PA 15417, (724) 785-7900

Medicine Shoppe (continued)

- 66 W Pike St
Canonsburg, PA, (724) 745-6480
- 75 E Maiden St
Washington, PA, (724) 222-2796
- 400 Jefferson Ave Ste 2
Washington, PA, (724) 222-0900

Medicine Stop

609 National Pike E
Brownsville, PA 15417, (724) 785-7900

Medmart

2618 Memorial Blvd
Connellsville, PA 15425, (724) 628-7500

Monongahela Valley Hospital Pharmacy

1163 Country Club Rd
Monongahela, PA 15063, (724) 258-1231

Mt Morris Pharmacy

120 Locust Ave Ext
Mount Morris, PA 15349, (724) 324-5555

Nickman Drug

1878 McClellandtown Rd
Masontown, PA 15461, (724) 952-1040

Perry Drug Store

301 Independence St
Perryopolis, PA 15473, (724) 736-4422

Prescription Center Plus

- 4080 Washington Rd
Canonsburg, PA 15317, (724) 941-2522
- 1045 Route 519
Eighty Four, PA 15330, (724) 222-2512

Redstone Pharmacy

- 322 3rd St
California, PA 15419, (724) 938-2395
- 1009 Main St,
Masontown, PA 15461, (724) 246-8800

Rite Aid

- 175 Wilson Rd,
Bentleyville, PA 15314, (724) 239-3400

Rite Aid (continued)

- 1340 Main St
Burgettstown, PA 15021, (724) 947-4722
- 404 3rd St
California, PA, (724) 938-3515
- 25 E Pike St
Canonsburg, PA, (724) 745-4418
- 601 W Pike St,
Canonsburg, PA 15317, (724) 745-5016
- 4185 Washington Rd
Canonsburg, PA, (724) 942-9111
- 101 5th St
Charleroi, PA, (724) 489-9334
- 6039 National Pike
Grindstone, PA, (724) 785-4522
- 10 Donner Ave
Monessen, PA, (724) 684-0153
- 446 W Main St
Monongahela, PA, (724) 258-6161
- 843 Rostraver Rd
Rostraver Township, PA 15012, 724-929-8311
- 575 Morgantown Rd
Uniontown, PA, (724) 437-2140
- 1001 Jefferson Ave
Washington, PA, (724) 223-4971
- 1396 W Chestnut St
Washington, PA, (724) 228-0059
- 1440 E High St
Waynesburg, PA, (724) 627-9849
- 113 W Main St
West Newton, PA, (724) 872-6401

Rostraver Drug Store

520 Circle Dr
Rostraver Township, PA 15012, (724) 929-5533

Rx Plus

- 30 Delaware Ave,
Uniontown, PA 15401, (724) 438-4518
- 182 N Gallatin Ave
Uniontown, PA 15401, (724) 437-7774

Sollon Pharmacy

368 Euclid Ave Ste 1
Canonsburg, PA 15317, (724) 745-6700

Span & Taylor Drug Co
175 W Main St
Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy
619 Broad Ave
Belle Vernon, PA 15012, (724) 929-5445

Target - Pharmacy
335 Washington Rd
Washington, PA 15301, (724) 229-9306

Union Prescription Center
401 Donner Ave
Monessen, PA 15062, (724) 684-8350

Walgreens

- 100 Cavasina Dr
Canonsburg, PA 15317, (724) 873-8790
- 100 E McMurray Rd
Canonsburg, PA, (724) 949-1583
- 180 W Main St,
Uniontown, PA 15401, (724) 434-2704
- 99 Jefferson Ave
Washington, PA, (724) 228-3201

Walmart - Pharmacy

- Interstate 70 And State Rout
Belle Vernon, PA 15012, (724) 929-2437
- 134 Daniel Kendall Dr,
Brownsville, PA 15417, (724) 364-4106
- 355 Walmart Dr,
Uniontown, PA 15401, (724) 438-3335
- 405 Murtha Dr,
Waynesburg, PA 15370, (724) 627-3546

Washington Care Pharmacy
95 Leonard Ave
Washington, PA 15301, (724) 206-9432

Prescription Assistance:

- Catholic Charities (Fayette and Westmoreland Counties)
711 East Pittsburgh Street
Greensburg, PA 15601
724-837-1840

- Cornerstone care, 724-947-2255
- FamilyWize: www.familywize.org
(discount card)
- PA Patient Assistance Program
Clearinghouse (PA PAP)
PA Dept. of Aging
555 Walnut Street 5th FL
PO Box 8809
Harrisburg PA 17101
TEL: 800-955-0989
FAX: 888-656-2386
Email: aging@pa.gov
- Salvation Army (Greene County)
131 West First Street
WAYNESBURG
Telephone: 724-852-1479
Office Phone 724-852-1551

Local PA Department of Health

- Washington County Sate Health Center
167 North Main Street, Suite 100
Washington, PA. 15301
724-223-4540
724-233-4677 (fax)
- Monessen State Health Center
1 Wendell Ramey Lane, Suite 140
Monessen, PA 15062
724-684-2942
724-684-2933 (fax)
- Fayette County State Health Center
100 New Salem Road, Suite 102
Uniontown, PA. 15301
724-439-7400
724-439-2262 (fax)
- Greene County State Health Center
108 Green Plaza, Suite 2
Waynesburg, PA. 15370
724-627-3168
724-852-4448 (fax)

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, fruits and vegetables intake

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>

Private recreation:

Camp Agape

Outdoor ministry of the Evangelical Lutheran Church in America. Access to retreat and camping facilities is available to all. ACA Accredited.
72 Agape Road
Hickory, PA 15340, 724-356-2308

Four Seasons Resort

Family camping and ATV adventures including 300 campsites, motel, apartments, store, 35+ miles of ATV trails and an Olympic-sized pool.
3 Camp Resort Road
West Finley, PA 15377, 724-428-4407

Mineral Beach

Large pool in a family friendly environment.
6299 Route 88
Finleyville, PA 15332, 724-348-7246

Planet Bounce

2560 Washington Rd
Canonsburg, PA 15317, (724) 485-9474

Pine Cove Beach Club & RV Resort

Large sites, full hookups 30-50 amps and WiFi at site. Fishing ponds, million gallon pool with waterslides, playground, full concession and family oriented environment.
1495 Route 481
Charleroi, PA 15022

Printscape Arena at Southpointe

125,000 sq. ft. multi-purpose sports facility. Hosts a wide range of ice, turf, sporting programs and leagues, tournaments, summer camps and special events year round.
114 Southpointe Boulevard
Canonsburg, PA 15317, 724-745-6666

Southpointe Field House

The area's premier sports complex offering one of the largest indoor fields. Features 45,000 square feet of turf and a world class strength/speed training facility.
104 Cecil Henderson Road
Canonsburg, PA 15317, 724-747-4222

Sky Zone Trampoline Park
Indoor trampoline park featuring freestyle
bouncing, dodgeball and fitness programs.
281 Georgetown Road
Canonsburg, PA 15317, (724) 251-6100

Urban Assault
1217 Laurel Hill Rd, Mc Donald, PA 15057
(724) 926-9000

Health clubs:
9Round
3339 Washington Rd, Canonsburg, PA 15317
(724) 260-5693

30 and Out Fitness for Women
887 Henderson Ave, Washington, PA 15301
(724) 222-1992

Akt Fitness
55 Sugar Run Rd, Waynesburg, PA 15370
(724) 802-7980

Anytime Fitness

- 3961 Washington Rd, Canonsburg, PA 15317
(724) 942-0024
- 46 Old Mill Blvd, Washington, PA 15301
(724) 222-3100
- 156 Finley Rd, Rostraver Township, PA 15012
(724) 929-2100
- 55 Sugar Run Rd Ste 104, Waynesburg, PA 15370
(724) 998-9980

Arden Athletic Club
25 Seik Rd, Washington, PA 15301
(724) 228-7863

B G Gymnastics
480 Donner Ave, Monessen, PA 15062
(724) 684-5779

barre3
1800 Main St, Canonsburg, PA 15317
(724) 485-2265

Bb Fit
158 Finley Rd, Rostraver Township, PA 15012
(724) 929-2100

Belle Vernon Fitness Center
750 Rostraver Rd, Belle Vernon, PA 15012
(724) 243-3399

Body Systems Fitness Inc
106 W Lincoln Ave, Mc Donald, PA 15057
(724) 492-1386

Bodytech
114 Southpointe Blvd Ste 202
Canonsburg, PA 15317, (724) 873-7602

Brownson House
1415 Jefferson Ave, Washington, PA 15301
(724) 222-1440

C R D Pilates and Yoga
4000 Washington Rd, Canonsburg, PA 15317
(724) 941-2411

Center For Fitness & Health
800 Plaza Dr Ste 100, Rostraver Township, PA 15012
(724) 379-5100

Chosen For Him
161 E Pike St, Canonsburg, PA 15317
(724) 745-2254

CrossFit Invigorate

- 28 Mansfield Rd, Washington, PA 15301
(412) 522-4809
- 26 Mansfield Rd Building 3, Washington, PA 15301
(412) 979-8376
- 1019 Route 519Eighty Four, PA 15330
(724) 228-8855
- 2550 Washington Rd, Canonsburg, PA 15317
(724) 745-1010
- 3475 Washington Ave, Finleyville, PA 15332
(412) 389-1256

Curves

- 1100 Steubenville Pike Ste 3,
Burgettstown, PA 15021, (724) 947-5022
- 161 E Pike St Canonsburg, PA 15317
(724) 745-2254
- 3909 Washington Rd Ste 240
Canonsburg, PA 15317, (724) 942-9890

Curves (continued)

- 402 Washington St Bentleyville, PA 15314
(724) 239-6263
- 3249 Washington Pike Ste
1101 Bridgeville, PA 15017
(412) 257-1159
- 56 Gearing Rd Monongahela, PA 15063
(724) 239-6262
- 106 Collinsburg Rd West Newton, PA 15089
(724) 872-9559
- 110 Daniel Dr Ste 11 Uniontown, PA 15401
(724) 437-195
- 232A N Pittsburgh St Connellsville, PA 15425
(724) 620-2900
- 1600 E High St Waynesburg, PA 15370
(724) 852-4250

Fitness First

35 E Pike St, Canonsburg, PA 15317
(724) 745-2254

Daisytown Athletic Club

4 Daisytown Rd, Daisytown, PA 15427
(724) 938-8225

Elmhurst Swim Club

1 Wilmont Ave, Washington, PA 15301
(724) 222-9974

Endless Resolutions Gym Fitness

- 160 Zimmer Ln, Waynesburg, PA 15370
(724) 627-8816
- 21 S Morris St, Waynesburg, PA 15370
(724) 833-5600

EQT REC Center

400 Evergreene Dr, Waynesburg, PA 15370
(724) 627-2739

F A Fitness

209 5th St, Charleroi, PA 15022
(724) 565-5157

Falcan Gymnastic & Fitness

226 Nazareth Dr Rostraver Township, PA 15012
(724) 684-6260

Fithouse

3540 Washington Rd Ste 4 Canonsburg, PA 15317
(724) 941-4119

Fit Body Boot Camp

3351 Washington Rd Canonsburg, PA 15317
(724) 260-5140

Gym Dandys

345 Meadowlands Blvd Washington, PA 15301
(724) 745-5558

Health Club At South Pointe

1001 Corporate Dr Ste 110 Canonsburg, PA 15317
(724) 597-0014

Iron Factory Gym

595 Racetrack Rd, Washington, PA 15301
(724) 206-0878

Jazzercise

905 E McMurray Rd Venetia, PA 15367
(412) 257-3750

Keystone Anaerobic Exercise

235 W Church Ave, Masontown, PA 15461
(724) 583-9223

Le Moyne Multi-Cultural Cmnty

200 N Forrest Ave, Washington, PA 15301
(724) 228-0260

Lifestyle Fitness

102 Bittersweet Cir Venetia, PA 15367
(724) 941-7046

Naomi Athletic Club

RR 1 Fayette City, PA 15438, (724) 326-4190

Mav's Gym

522 Broad Ave Belle Vernon, PA 15012
(724) 929-3458

Mon Valley Fitness Center

- Po Box 567 Dunlevy, PA 15432
(724) 483-2438
- 1 Wendell Ramey Ln
Monessen, PA 15062, (724) 684-8365

Mon Valley YMCA
101 Taylor Run Rd
Monongahela, PA 15063, (724) 483-8077

Monessen Recreational Center
861 Donner Ave Monessen, PA 15062
(724) 314-8276

PLANET FITNESS

- 900 Wildflower Circle,
Washington, PA 15301, (724) 338-2430
- 760 Rostraver Road, Rostraver
Township, PA 15012, (724) 268-0900
- 605 Pittsburgh Rd, Uniontown, PA
15401, (724) 439-3201

Power Train Southpointe
104 Cecil Henderson Rd
Canonsburg, PA 15317, (724) 514-6178

Pride Cheer Gym
105 Springfield Dr Canonsburg, PA 15317
(724) 873-1232

Progressive Training
382 W Chestnut St Washington, PA 15301
(724) 228-9747

Raw Gym
780 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6110

Resolutions Gym
21 W South St Waynesburg, PA 15370
(724) 833-5600

Rices Landing Athletic Club
Sydney Ave, Rices Landing, PA 15357
(724) 592-5700

Sri Yantra Yoga Studios
Cherry Ave Houston, PA 15342
(724) 746-1327

Sonshine Fitness
3105 Washington Rd, Canonsburg, PA 15317
(724) 942-2348

Southhills Health and Wellness
4000 Washington Rd
Canonsburg, PA 15317, (724) 260-5337

South Hills Power Yoga
4145 Washington Rd
Canonsburg, PA 15317, (724) 260-0011

Step Four Fitness
950 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6006

STS Fitness, 3339 Washington Rd
Canonsburg, PA 15317, (724) 299-3994

Studio Current Yoga
1115 W Main St Monongahela, PA 15063
(724) 310-3080

The Bodytorium
122 Gallery Dr Canonsburg, PA 15317
(724) 941-7270

The Health Club at Southpointe
333 Technology Dr Canonsburg, PA 15317
(724) 597-001411.

The Hobe Sports Center
125 Long St Rices Landing, PA 15357
(724) 592-5500

The Little Gym of Pittsburgh-South Hills
3909 Washington Rd Ste 205
Canonsburg, PA 15317, (724) 941-0100

The Pilates Body

- 4000 Washington Rd
Canonsburg, PA 15317, (724) 941-2411
- 451 Valley Brook Rd Ste 203,
Canonsburg, PA 15317, (724) 941-2411

Tri State Fitness Service
106 Grandview Dr Canonsburg, PA 15317
(724) 731-0006

Vernon C Neal Sportsplex
200 Dunn Ave Washington, PA 15301
(724) 222-2522

Vitalix Fitness
31 E Chestnut St Washington, PA 15301
(724) 206-0531

Washington Health System Wilfred R.
Cameron Wellness Center
240 Wellness Way, Washington, PA 15301
724.225.WELL, <https://wrcameronwellness.org/>

Ymca
1 Ymca Ln Uniontown, PA 15401
(724) 438-2584

Yoga Ba Be Fitness
505 Valley Brook Rd
Canonsburg, PA 15317, (724) 941-2207

Community centers:

- Brownson House and The Vernon C. Neal Sportsplex
- Cecil Township Community center
- Chartiers Township Community Center
- Fayette county community center
- Finleyville community center
- LeMoyne Multi-Cultural center
- Lone Pine Community center
- Lone pine social hall
- Peters Township Community center
- Neuman Center, Washington
- Monessen Civic center
- Monessen Recreational Center
- MidWay Community center
- Mt. Pleasant community center.
- North Bethlehem Community Center
- Schooner Youth Center Inc, Monessen, PA 15062
- The rock student center, Canonsburg
- *Community centers:*

Community centers (continued):

- Washington County Community youth center, Canonsburg
- Waypoint Youth & Community Center, West Newton, PA 15089
- WWJD center, Waynesburg
- Venetia community center

Senior Citizen Community Centers:
Bentleyville Center
931 Main Street, Bentleyville, PA 15314
Phone: 724-239-5887

Beth Center Senior Center
Box 151, Station Street, Vestaburg, PA 15368
Phone: (724) 377-0000

Burgettstown Senior Center
116 Main Street, Burgettstown, PA 15021
Phone: 724-947-9524

Canonsburg Senior Center
30 East Pike Street, Canonsburg, PA 15317
Phone: 724-745-5443

Claysville Senior Center
105 Green Street, Box 64
Claysville, PA 15323 , Phone: 724-663-4202

Cross Creek Senior Center
28 Clark Avenue, Avella, PA 15312
Phone: 724-587-5755

McDonald/Cecil Senior Center
3599 Millers Run Road, Cecil, PA 15321
Phone: 724-743-1827

Thomas Campbell Center
850 Beech Street, Washington, PA 15301
Phone: 724-225-2290

Washington Senior Center
69 West Maiden Street, Washington, PA 15301
Phone: 724-222-8566

Brownfield Community Center
291 Banning Rd., Dawson, PA 15428
Phone: 724-529-2930

Brownsville Senior Center
302 Shaffner Ave., Brownsville, PA 15417
Phone: 724-785-6180
Website: www.crosskeyshumanservices.org

Bullskin Senior Citizens, Inc.
52 Medsger Rd., Connellsville, PA 15425
Phone: 724-887-0655

Center on the Hill, 100 Summit Rd., Belle Vernon, PA 15012, Phone: 724-930-8512

109 Railroad St., Point Marion, PA 15474
Phone: 724-725-3821

Connellsville Senior Center
100 E Fayette St., Connellsville, PA 15425
Phone: 724-626-1515

Republic Senior Center
36 Fairgarden St., Republic, PA 15475
Phone: 724-246-7740
Website: www.crosskeyshumanservices.org

Everson and Community Senior Citizens
Everson VFW 401 Shipley St., Everson, PA 15631
Phone: 724-887-9745

Smithfield Colonials
14 Water Street, Smithfield, PA 15478
Phone: 724-564-2934

FairChance Center in the Bank
67 West Church Street, Fairchance, PA 15436
Phone: 724-564-0638 or 724-437-6050 x2237
Website: <http://www.fccaa.org/>

Uniontown Adult Recreation Center
137 N Beeson Ave., Uniontown, PA 15401
Phone: 724-437-6050 Website: www.fccaa.org
Lower Burrell Manor
200 Sylvan Drive, Lower Burrell, PA 15068
Phone: 724-335-8597

Masontown Senior Center
22 S Main St., Masontown, PA 15461
Phone: 724-583-7822

Monessen Senior Center
1925 Grand Boulevard, Monessen, PA 15062
Phone: 724-684-6105 Website: www.lsswpa.org

Mountain Citizens Action Group, Inc.
39 Old Dinner Bell Rd., Farmington, PA 15437
Phone: 724-329-4260 Website: www.fccaa.org
Perryopolis Senior Center
403 Liberty St., Perryopolis, PA 15473
Phone: 724-736-2250

West Newton Senior Center
103 Main St., West Newton, PA 15089
Phone: 724-872-4976 Website: www.lsswpa.org

Point Marion Golden Pointers

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, Canonsburg Lake and Dam
- 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, Mingo Creek County 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

Trails:

McDonald Trail Station

Located at the intersection of the Panhandle and Montour Trails, the station is open April through October on weekends. It preserves and displays McDonald's history.

160 South McDonald Street

McDonald, PA 15057, 724-926-4617

<http://www.mcdonaldtrailstation.com/>

Northern Washington County

McDonald, PA 15057

724-228-6867

<http://www.mcdonaldtrailstation.com/panhandle-trail.php>

[Regional Trail Corporation](#)

111 Collinsburg Rd, West Newton, PA 15089

(724) 872-5586

Montour Trail Council

A multi-use, non-motorized recreational rail-trail spanning 23 miles in Washington County. Recognized as the "2017 Trail of the Year" by the Pennsylvania Department of Conservation and Natural Resources.

304 Hickman Street, Suite 3

Bridgeville, PA 15017, 412-257-3011

<https://montourtrail.org/>

West Beth Hiking Trail

Fairly difficult climb 0.82 miles. Starting elevation, 953 feet. Ending elevation, 1313 feet. Fishing pond. Spectacular view of historic mining town, Uniontown summit, Horne cemetery.

Jefferson Avenue

Marianna, PA 15345

Panhandle Trail

A beautiful, 29-mile recreational trail which connects Allegheny County, Washington County and Brooke County, WV.

[Youghiogheny River Trail](#)

111 W Main St West Newton, PA 15089

(724) 872-5586

Internet:

- American Heart Association: <https://www.heart.org/en/healthy-living/healthy-eating/losing-weight>
- Centers for Disease Control and Prevention: <http://www.cdc.gov/physicalactivity/strategies/community.html>
- Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition: <http://www.cdc.gov/nccdphp/dnpa>
- Explore Pennsylvania Trails: <http://trails.dcnr.pa.gov/>
- National Institutes of Health: <https://www.nih.gov/health-information/your-healthiest-self-wellness-toolkits>
- National Center on Physical Activity and Disability: <https://www.nchpad.org/>
- Walkworks: <https://www.health.pa.gov/topics/programs/WalkWorks/Pages/WalkWorks.aspx>
- Weight Control Information Network: www.niddk.nih.gov/health-information/communication-programs/win

Tobacco cessation assets (smokeless and pregnant)

Phone/Internet:

- 1-800-QUIT NOW (1-855-DEJELLO-YA)—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.
 - Online sign up: <https://pa.quitlogix.org/en-US/>
- Tobacco Free Southwest Pennsylvania: <https://www.tobaccofreesouthwest.org/>
 - “Healthy Choices, Healthy Children: Smoke Free Moms” is a new program emphasizing both support and financial rewards for women trying to quit. The new campaign, managed by Tobacco Free Southwest, a program of Adagio Health, is in addition to an existing program offered through the PA Free Quitline, a state Department of Health agency. The Quitline program offers women who register for the free coaching program to qualify for up to \$65, \$5 per telephone coaching session. While supplies last, Tobacco Free Southwest is offering an additional incentive, \$50 gift cards, to pregnant women who complete the smoking cessation program. The program is available in 10 Southwestern Pennsylvania counties, including Allegheny, Beaver, Westmoreland, Fayette, Somerset and Washington
- American Cancer Society: <https://www.cancer.org/healthy/stay-away-from-tobacco.html>
- American Lung Association: <https://www.lung.org/stop-smoking/>
- ChewFree.com website was developed as part of a research project funded by the National Institutes of Health to help people quit their use of chewing tobacco or snuff. Now the website is open to anyone wishing to quit their use of smokeless tobacco products.: 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: Become a part of the QuitNet community, and connect with smokers and ex-smokers on every part of the quit journey. You can even take QuitNet wherever you go with the free iOS app: www.quitnet.com
- The National Cancer Institute (NCI) created Smokefree.gov to help you or someone you care about quit smoking. Smokefree.gov is a part of the U.S. Department of Health and Human Services’ efforts to reduce smoking rates in the United States, particularly among certain populations.: www.smokefree.gov

Substance abuse assets (Heavy drinking and accidental drug poisoning)

Washington County Drug and Alcohol Commission,

- Main page: <https://wdacinc.org/>
- Treatment: <https://wdacinc.org/treatment/>
- Recovery meetings:
 - Alcoholics Anonymous:
 - <http://www.district14.info/>
 - <https://www.wpaarea60.org/meetings/>
 - <https://www.pghaa.org/meetings>
 - Narcotics Anonymous:
<http://www.crossroadsna.com/mobile/mtgsearch.php?pagename=mtgsearch>
- Family Support group meetings:
 - Nar-Anon Family Groups: <https://www.nar-anon.org/find-a-meeting/>
 - Al-anon Family Groups: <https://al-anon.org/al-anon-meetings/>
- Overdose information:
 - <https://wdacinc.org/overdose-information/>
 - <https://www.getnaloxonenow.org/>
- Drug collection sites: <https://wdacinc.org/prescription-drug-abuse/drug-disposal-sites/>

Local treatment facilities Detox:

Gateway Rehabilitation Center
100 Moffett Run Road
Aliquippa, PA 15001
412-766-8700, 800-472-1177

Transitions at Wilkinsburg
501 South Avenue
Wilkinsburg, PA 15221
412-241-5341, 888-694-9996

UPMC Mercy D&A Unit
One Quantum Suite 079.2
2 Hot Metal Street
Pittsburgh, PA 15203
412-232-7136

Crossroads Hall
414 West 5th Street
Erie, PA 16507
814-459-4775

Turning Point Chemical
Dependency
Hwy. 322 East, P.O. Box 1030
Franklin, PA 16323
814-437-1750, 888-272-8922

White Deer Run
P.O. Box 97
Devitt Camp Road
Allenwood, PA 17810
800-255-2335

Greenbriar Treatment Center
800 Manor Drive
Washington, PA 15301
724-225-9700, 800-637-4673

Twin Lakes Center
P.O. Box 909
Somerset, PA 15501
814-443-3639, 800-452-0218

Williamsburg Cove Forge
202 Cove Forge Road
Williamsburg, PA 16693
800-873-2131

Pyramid Healthcare
1894 Old Route 220 North
Duncansville, PA 16635
814-940-0407, 888-694-9996

Local treatment facilities Inpatient Rehabilitation Centers:

Conewago Place 424 Nye Road Hummelstown, PA 17036 717-533-0428 Fax-570-628-5838	Greenbriar Treatment Center 800 Manor Drive Washington, PA 15301 724-225-9700 800-637-4673 Fax- 724-225-9764	Sojourner House 5460 Penn Avenue Pittsburgh, PA 15206 412-441-7783 Fax-412-441-3409
Gateway Rehabilitation Center 100 Moffett Run Road Aliquippa, PA 15001 412-766-8700 800-427-1177 Fax-724-375-8815	Pyramid Healthcare 1894 Old Route 220 North Duncansville, PA 16635 814-940-0407 888-694-9996 Fax-814-940-0618	Turning Point Chemical Dependency Hwy. 322 East, P.O. Box 1030 Franklin, PA 16323 814-437-1750 888-272-8922 Fax-814-437-5393
Ellen Obrien Gaiser Addiction Center 165 Old Plank Road P.C. Box 2127, Butler, PA 16003 724-287-8205 724-287-6788	Belleville 3893 West Main Street Belleville, PA 17004 717-935-5400	Turning Point Freedom Center 853 Allegheny Blvd. Franklin, PA 16323 814-346-7142 Fax-814-346-7166
Family Links 8930 Frankstown Road Pittsburgh, PA 15235 412-924-0300	Transitions at Wilkinsburg 501 South Avenue Wilkinsburg, PA 15221 412-241-5341 888-694-9996 Fax-412-241-5394	Twin Lakes Center P.O. Box 909 Somerset, PA 15501 814-443-3639 800-452-0218 Fax-814-443-2737
Family Links (Whale's Tale) 843 Climax Street Pittsburgh, PA 15210 412-381-8230 Fax-412-488-0473	Ridgeview Adolescent 447 Gibsonia Road Gibsonia, PA 15044 724-443-3220 Fax-724-443-3771	White Deer Run P.O. Box 97 Devitt Camp Road Allenwood, PA 17810 800-255-2335 Fax-570-538-5822
Crossroads Hall 414 West 5th Street Erie, PA 16507 814-459-4775	Renewal Treatment Inc. 704 Second Avenue 6th Floor Pittsburgh, PA 15222 412-697-0110 Fax-412-967-1628	Williamsburg Cove Forge 202 Cove Forge Road Williamsburg, PA 16693 800-873-2131 Fax-570-538-5822

Local treatment facilities Halfway Houses:

Abstinent Living at the Turning Point~Female 199 North Main Street Washington, PA 15301 724-228-2203 Fax-724-228-2460	Gaudenzia Erie~Women and Children, Pregnant Women 414 West 5th Street Erie, PA 16507 814-459-4775	Tradition House~Female 830 6th Avenue Altoona, PA 16602 814-944-3210 Fax-814-942-1933
Abstinent Living at the Turning Point; Julie's House~Women with Children 14 West Walnut Street Washington, PA 15301 724-228-2203 Fax-724-228-2460	Daniel Snow~Male 3621 West 5th Street Erie, PA 16507 814-456-5758	New Directions~Male 538 Main Street Johnstown, PA 15901 Fax-814-536-1023
Another Way~Male 708 Nelson Road Farmington, PA 15437 724-329-7900 Fax-724-329-7905	Lighthouse for Women~Female 1633 Werich Avenue Washington, PA 15301 724-222-4753 Fax-724-222-4754	Renewal Center~Female 624 Broad Street Johnstown, PA 15901 814-539-0836 Fax-814-539-5385
Gate House for Men~Male 649 East Main Street Lititz, PA 17543 717-626-9524 Fax-717-627-8693	Lighthouse for Men~Male 1820 Washington Road Washington, PA 15301 724-531-6930 Fax-724-531-6931	
Gate House for Women~Female 465 West Main Street Mountville, PA 17554 717-285-2300 Fax-717-285-5978	Halfway Home of Lehigh Valley~Female 117-121 North Eighth Street Allentown, PA 18101 610-439-0218 Faz-610-439-8713	
Tom Rutter House~Male 100 Moffett Run Road Aliquippa, PA 15001 724-378-4461 724-375-7601	Highland House~Female 312 Highland Avenue New Castle, PA 16101 724-654-7760 Fax-724-654-9845	
Moffett House~Male P.O. Box 913 Beaver Falls, PA 15010 724-846-6145 Fax-724-846-4351	P.O.W.E.R~Female 7445 Church Street Pittsburgh, PA 15218 412-271-0500	

Local treatment facilities OutPatient:

Gateway South
375 Valley Brook Road Ste
102
McMurray, PA 15317
724-941-4126
Fax-724-941-4911

Greenbriar Outpatient
1840 Washington Road
Washington, PA 15301
724-916-0192
Fax-724-916-0242

SPHS
301 E. Donner Ave. Ste 102
Monessen, PA 15062
724-684-6489

SPHS C.A.R.E. Center
75 East Maiden Street
Washington, PA 15301
724-228-2200
800-281-7150

Turning Point II
90 West Chestnut Street
Suite 900
Washington, PA 15301
724-222-0112
Fax-724-222-5126

Wesley Spectrum Services
26 South Main Street
Washington, PA 15301
724-222-7500

White Deer Run
901 Westminster Drive
Williamsport, PA 17701
877-907-6237

Methadone Addiction
Specialist, Inc.
1023 Pittsburgh Street
Suite 101, Mountainview
Plaza
P.O. Box H
Uniontown, PA 15401
724-437-2776
Fax-724-437-2227

Recovery Houses in Washington County:

Male Houses:

- Gift of Life 724-255-6090
- The Lion House 724-531-4320
- The Murphy House 724-263-0848 or 412-225-9587
- Men's Oxford House Chartiers 412-539-7341 or 304-559-6967
- Men's Oxford House Hallam 724-912-8818 or 304-559-6967
- Providence House 724-531-5386 or 724-328-2943
- Serenity House 724- 914-1303 or 724-328-2943

Female Houses:

- The Hope House 724-328-0129
- The Donald McGuire House 724-228-2203
- The Joanne McGuire House 724-228-2203
- Resurrection House 724-531-8146
- Trinity House 724-914-8483
- Women's Oxford Forrest House 304-559-6967

Drug and Alcohol Program(DAP) Department of Human Services for Greene County, Pennsylvania

Contact Person(s): [Melissa Kirk](#), Drug & Alcohol Director

Fort Jackson Building, (3rd Floor), 19 South Washington Street, Waynesburg, PA 15370

Phone: 724-852-5276 / Toll-Free: 888-317-7106 / Fax: 724-852-5368

Office Hours: 8:30 a.m.—4:30 p.m., Monday—Friday

Fayette County Drug and Alcohol Commission, Inc.

100 New Salem Road, Suite 106, Uniontown, PA 15401

Office Phone Number: [724-438-3576](#), Toll Free: [800-856-3576](#), Toll free number answers 24 hours/day - 7 days/week

Washington & Jefferson College:

- health center: <https://www.washjeff.edu/gatewayhealth>
- health and counseling center: <https://www.washjeff.edu/student-health-and-counseling-center>

California University of Pennsylvania:

- health center: <https://www.calu.edu/student-life/health-wellness.aspx>

Waynesburg University:

- health center: <https://www.waynesburg.edu/campus-life/wellness>

PA Stop is designed to educate Pennsylvanians about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. We are working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers. Together, we can stop opiate addiction before it starts. It has developed free materials about opiate addiction for D&A professionals to download and distribute, as well as [information and resources](#) for anyone looking for [HELP](#).

- <http://pastop.org/>

The National Institute on Alcohol Abuse and Alcoholism at NIH has long been recognized as a national leader in research on harmful drinking among college students. NIAAA developed www.CollegeDrinkingPrevention.gov as a one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students, with online tools for parents, students, administrators and more.

- <http://www.collegedrinkingprevention.gov/>

Pennsylvania Department of Health's Opioid Crisis Page contains information on Pennsylvania's Opioid Data Dashboard, Prescription Drug Monitoring Program, Standing Order Prescription for Naloxone, Patient Non-Opioid Directive, Warm Handoff, Prescribing Guidelines and Continuing Education for Health Care Providers. It also has links for information for Individuals & Families, First Responders, Providers & Prescribers and Schools.

- <https://www.health.pa.gov/topics/disease/Opioids/Pages/Opioids.aspx>
- 1-800-662-HELP

Access to healthy food/fast food assets

Greater Washington County Food Bank, a non-profit organization, has been providing groceries and nutritional information/education to food insecure residents of Washington County.

- <https://www.gwcfb.org/>

Greater Washington County Food Bank Pantry Locations & Distribution Times:

Allenport Food Pantry

1850 Main Street
Allenport, PA 15412
Distribution: 3rd Wednesday
8:30am-11:00am

Avella Food Pantry

Avella Presbyterian Church
25 Campbell Street
Avella, PA 15312
Distribution: 4th Thursday, Winter: 4-5pm, Summer: 5-6pm

Beth Center Food Pantry

Richeyville Volunteer Fire Dept.
14 Firehall Road
Richeyville, PA 15358
Distribution: 1st Wednesday, 9:00am-10:30am

Burgettstown Food Pantry

Atlasburg
1616 Smith Twp State Road, Route 18
Atlasburg, PA 15004
Distribution: 4th Wednesday, 9:30am-11:00am

California Food Pantry

101 Wood Street
California, PA 15419
Distribution: Wednesday before the 3rd Saturday, 4-6pm

Canonsburg Food Pantry

Canonsburg UP Church
112 West Pike Street
Canonsburg, PA 15317
Distribution: 3rd Saturday, 9am-12pm

Canton Volunteer Food Pantry

2654 Jefferson Ave.
Washington, PA 15301
Distribution: 1st Friday 10:00am-12:00pm

Centerville Food Pantry

Centerville Borough Building
100 East End Road
Brownsville, PA 15417
Distribution: 3rd Saturday, 8:30am-11:30am

Charleroi Food Pantry

Holy Ghost Church
828 Meadow Avenue
Charleroi, PA 15022
Distribution: Tuesdays & Thursdays, 10am-12pm

Coal Center Food Pantry

Grace Methodist Church
420 California Drive
Coal Center, PA 15423
Distribution: 4th Saturday, 10am-Noon

Community Circle Food Pantry

69 West Pine Street
Washington, PA 15301
Distribution: Weekdays 9am-12pm.
Call 724-225-1540 for appointment.
Closed 1st Monday and Holidays.

Donora Food Pantry

Mon Valley Youth & Teen Center
160 Thompson Ave. (Corner of 2nd Street)
Donora, PA 15033
Distribution: 3rd Monday, 12:30-3pm

Greater Washington County Food Bank Pantry Locations & Distribution Times (continued):

Ellsworth / Bentleyville Food Pantry

First Presbyterian Church
812 Main Street
Bentleyville, PA 15314
Distribution: 3rd Thursday, 9:30-11am

Finleyville Food Pantry

First Presbyterian Church
3595 Washington Ave.
Finleyville, PA 15332
3rd Saturday, 9am-12:00pm

LeMoyne Food Pantry

LeMoyne Cultural Center
200 Forrest Ave.
Washington, PA 15301
Distribution: 2nd Saturday, 9-11am

Marianna Food Pantry

Marianna Fire Hall
84 Broad Street
Marianna, PA 15345
Distribution: 4th Thursday, 9am-11am

McDonald Food Pantry

McDonald Borough Building
151 School Street
McDonald, PA 15057
Distribution: 4th Wednesday, 8:00am-9:30am

McGuffey Food Pantry

4170 Route 40
Claysville, PA 15323
Distribution: 2nd Monday 11am-12pm & 5-7pm

Meadow Lands Food Pantry

300 Pike Street
Meadowlands, pa 15347
Distribution: 4th Saturday 9-11AM

Monongahela Food Pantry

1st United Methodist Church
430 W. Main St
Monongahela, PA 15063
Distribution: 3rd Thursday of the Month 11am-2pm & 4:30-6pm

Peters Township Pantry

Peace Lutheran Church
107 Carol Drive
McMurray, PA 15317
Distribution: 2nd Friday, 9:30-10:30am

Prosperity Food Pantry

Upper Ten Mile Presbyterian Church
14 Church Lane
Prosperity, PA 15329
Distribution: 1st Saturday, 9-11am

Tylerdale Food Pantry

Fourth Presbyterian Church
1000 Jefferson Avenue
Washington, PA 15301
Distribution: 3rd Saturday, 9-10am

West End Food Pantry

Broad Street Baptist Church
682 Broad Street
Washington, PA 15301
Distribution: 3rd Thursday 10am-12pm

Greater Washington County Food Bank Senior Housing Pantries (Must be a Resident):

Basetstown Manor

39 North Main Street
Washington, PA 15301

Bentley Towers

304 Washington Avenue
Bentleyville, PA 15314

Canon House

121 North Central Avenue
Canonsburg, PA 15317

Bellmead Apartments

815 South Main Street
Washington, PA 15301

Canon Apartments

One West College Street
Canonsburg, PA 15317

Crumrine Towers

100 South Franklin Street
Washington, PA 15301

**Greater Washington County Food Bank Senior Housing Pantries (Must be a Resident)
(continued):**

Donora Towers

685 Meldon Avenue
Donora, PA 15033

Liberty Towers

520 Liberty Street
California, PA 15419

Thomas Campbell

850 Beech Street
Washington, PA 15301

**Ellsworth Parkview
Apartments**

19 Main Street
Ellsworth, PA 15331

Monongahela Manor

401 West Main Street
Monongahela, PA 15063

Washington Arbors

154 North College Street
Washington, PA 15301

Haveloch Commons

105 Coal Street
McDonald, PA 15057

Nathan Goff Jr. Apartments

1 Middleland Avenue
Charleroi, PA 15022

Heritage House

140 West Pike Street
Canonsburg, PA 15317

The Oaks

200 Woodland Court
Brownsville, PA 15417

Greater Washington County Food Bank CSFP Distribution Sites (Must be a Resident):

Ahepa

156 Ahepa Drive
Canonsburg, PA 15317

Century Plaza

1880 W Chestnut Street
Washington, PA 15301

Crest Apartments

500 Crest Ave.
Charleroi, PA 15022

Bentleyville Apartments

507 Old West Road
Bentleyville, PA 15314

Char House

251 9th Street
Charleroi, PA 15220

Burgettstown Apartments

100 Highrise Way
Burgettstown, PA 15021

Claysville Apartments

103 Green Street
Claysville, PA 15323

Corner Cupboard Food Bank, Inc., is to feed hungry people by soliciting and judiciously distributing food and grocery products through a Greene county-wide network of food pantries and agencies, and to educate people about the nature of and solutions to the problems of hunger.

881 Rolling Meadows Road, Waynesburg, PA 15370, Phone: 724-627-9784, Fax: 724-627-7860

- <http://cornercupboard.org/>

Corner Cupboard Pantry Locations & Distribution Times:

Aleppo-Richhill-Morris-Gray Township Pantry
Graysville Fire Hall
3rd Wednesday, 1 p.m. – 3 p.m.

Cumberland Township Pantry
Carmichaels UM Fellowship Hall
3rd Thursday, 9 a.m. – 11 a.m.

Center Township Pantry
Rogersville Fire Hall
3rd Monday, 10 a.m. – 11 a.m.

Dunkard Township Pantry
Shannopin Civic Bldg., Bobtown
2nd Tuesday, 10 a.m. – 12 p.m.

Corner Cupboard Pantry Locations & Distribution Times (continued):

Franklin Township Pantry
Greene County Fairgrounds
4th Thursday, 9 a.m. – 11 a.m.

Springhill-Freeport Township Pantry
Springhill Twp. Bldg.
2nd Thursday, 9 a.m. – 11 a.m.

Jackson Township Pantry
Jackson Twp. Bldg., Holbrook
2nd Tuesday, 6 p.m. – 8 p.m.

Wayne Township Pantry
Wayne Twp. Bldg.
3rd Friday, 10 a.m. – 12 p.m.

Jefferson Morgan Township Pantry
Baptist Church, Jefferson
3rd Wednesday, 12 p.m. – 2 p.m.

Whiteley-Perry Township Pantry
Old Video Store, Mt. Morris
3rd Wednesday, 1 p.m. – 3 p.m.

Mon-Greene Township Pantry
Mapletown UM Church
3rd Monday, 10 a.m. – 12 p.m.

The Greene County Food Security Partnership is a collaborative task group comprised of individuals, organizations and businesses who want to help address issues of food insecurity in our community. We are working to increase access to public and private food assistance programs and to continue building broad community engagement in ending hunger.

- <http://greenefoodpartnership.org/>
- Greene County 2019 Produce to People Distribution dates
- Free food or meals are provided by various local organizations throughout the month to residents meeting their requirements. See our calendar of where and when these events occur.
- Free meals will be served at nine county locations to anyone aged 18 and under. No paperwork or income guidelines apply. Four sites even have free kids' day camps provided by Parks and Recreation! The number to call to register for the day camps is 724-852-5323.

The Salvation Army provides hot meals year-round for anyone in need at local Service & Worship Centers. Giant Eagle and The Salvation Army have also partnered up in **Round-Up for the Hungry** to provide needy families with fresh food.

60 East Maiden Street

WASHINGTON

Telephone: 724-225-5740

308 Schoonmaker Avenue

MONESSEN

Telephone: 724-684-4282

131 West First Street

WAYNESBURG

Telephone: 724-852-1479

Office Phone 724-852-1551 FAX

Washington Christian Outreach – Offers food, meals, clothing, and gifts. Needy or low-income persons can sign up for United Way Caring Tree, Shoes for Kids, Coats for Kid, or Thanksgiving and Christmas meals. Also operates soup kitchen (take out only) five days per week for the needy. 119 Highland Avenue, Washington, Pennsylvania 15301, dial (724) 222-0750

Tri-State SHARE – Provides quality, low cost food. Works with a network of non-profits and host organizations to provide a supplementary food package at about 50% off the retail price. Clients also need to agree to “give back” by performing two hours of community service. N. Versailles, PA based agency. Telephone (877) 686-0460

- **Great Food For All:** 724-223-8404

PA Food Security Partnership is a resource for food security in Pennsylvania. Find information on [food programs](#), [Pennsylvania's blueprint to end hunger](#), [data](#), [resources](#), and more.

- <http://dhs.pa.gov/ending-hunger/index.htm>

Fayette County Community Action Agency, Food Bank is Fayette County's designated warehouse for collection and storage of food for the needy

- <http://www.fccaa.org>

Fayette County Food Pantries Locations and Times:

Abundant Life Brownfield Rd PA 15486 3rd Tuesday 4-5 pm Brownfield/Hopwood/South Union	Connellsville Comm. Ministry Chip Old Burns Drugstore Crawford Ave PA 15425 First 3Tues & Thur 9-11:30 12:30-200 Connellsville
Albert Gallatin Service 700 R. Washington Street Masontown PA 15012 4th Thursday Working families Masontown Family	East Liberty 201 Across from Bank Vanderbilt PA 15486 2nd Thursday 10-12 Dawson/ Vanderbilt
Belle Vernon Apts. 500 Blind Lane, Belle Vernon PA 15012 4th Thursday 9:30 am Residents only	FCCAA Lora Thresher 119 North Beeson Blvd Uniontown PA 15401 Everyone
Berean 7th Day Searights & Butler Uniontown PA 15401 1st Tuesday 12:30-4 pm East End	Ft. Mason Fort Mason Village Masontown PA 15461 3rd Wednesday 9:30-11 am Residents only
Bethel Baptist 998 N. Gallatin Ave. Uniontown PA 15401 Last Friday of the month 3-5:00 North Union	Hopwood Free Meth. Hopwood/Coolspring RD Hopwood PA 15445 3rd Tuesday 11-1 pm Hopwood/ coolspring area
Calvary UM 34 Clark Street Uniontown PA 15401 2nd Sat. 9-10 am C'ville/Coolspring Street Upper East End	Hunter's Ridge 800 Hunters Ridge Brownsville PA 15417 3rd Friday 10 am Residents only
Calvin United Presbyterian 300 Spring Lane Brownsville PA 15468 4th Sat. 10-11:30 am Brownsville/ Hiller	Indian Creek Valley 982 Christian Center Indian Head PA 15446 1st & 2nd Wednesday 9am Normaleville
Caring People 448 Flat Rock Rd Markleysburg PA 15459 1st Thrusday 11am Markleyburg	Laurel Estates Mimi Pearl Street Uniontown PA 15401 3rd Thursday 2:30-4:30 Laurel Estaste/ Green Point Circle
Central Christian 23 S. Gallatin Avenue Uniontown PA 15401 NO NEW CLIENTS No REFEFFERALS	Leisenring Presby. Church Street Connellsville PA 15425 3rd Wednesday 8:30-10 am Leisenring/ West Leisenring
Christian Missionary Alliance Brownstone Road Fayette City PA 15438 3rd Friday 9am Fayette/Arnold City Washington Twp	Liberty Baptist 183 Oliver Road Uniontown PA 15401 3rd Friday 3:30- 6:30 pm
Confer Vista Confer Vista Drive Uniontown PA 15401 4 Tuesday 10:00am Residents only	Marshall Manor 112 E. Main Street, Uniontown PA 15401 2nd Thur.&2nd Friday 8-10 am Residents only

Masontown 1st. Presby. Church Street
Masontown PA 15461 2nd Wednesday 1-2pm
Masontown

McClellandtown Presby. Rt 21 & Springer Lane
McClellandtown PA 15458 1st Wednesday 10:30-
1 pm McClellandtown/Adah/Ronco

Meridian Point 112 Confer Vista Drive
Uniontown PA 15401 4th Tuesday Residents

Mt. Calvary Baptist Route 857 Fairchance PA
15436 2nd Sat. 7:30- 8:30am

Mt. Vernon Towers 177 W. Main St. Uniontown
PA 15401 2nd Friday 9:30-10:30 am Residents

Mulligan Manor 700 Second St., Apt. 118
Brownsville PA 15417 2nd Tuesday 10:30 -
12noon Residents only

New Salem Presbyterian 27 S. Mill Street New
Salem PA 15468 3rd Sat. 9-10 am New Salem/
Buffington/Footedale Republic

Oak Grove Ch. Of Christ 4723 Morgantown Road
Lake Lynn PA 15451 3rd Tuesday 9:30 - 10:30am
No REFERRALS

Oak Hill Baptist 100 Old Frame Rd Smithfield PA
15478 2nd Thursday 4:00 pm Smithfield/ New
Geneva

Outcrop 100 Mark Dr. Comm room Smithfield PA
15478 3rd Tuesday 10-11:30 am Residents only

Paradise U. Meth Rt. 982 Pleasantview RD
Bullskin PA 15666 2nd Friday 9:30-10:30 am
Bullskin/Scottdale/Everson Fayette Res

Perryopolis Mini. 203 Independent Rd
Perryopolis PA 15473 2nd Thursday 9-11 am
Perryopolis/ Wickhaven

Pleasantview Presby. 533 Royal Road Uniontown
PA 15401 3rd Sat. 10-11 am Mellan Twp/
Herbert/ Beir Hill

Pt. Marion UM 502 Morgantown Street Point
Marion PA 15451 2nd Tuesday 12-1pm Pt.
Marion/ LakeLynn/Smithfield

Rendu Services Sr. 453 Pechin Road Dunbar PA
15401 2nd Thursday 12 Dunbar/ Fair side

Salvation Army 32 West Fayette Street
Uniontown PA 15401 Monday 9-12 after the 1st
Friday Uniontown

Sansom Chapel 314 Nelson Road Farmington PA
15437 1st Thursday 9 am Farmington

Shilo Ch. Of God 55 Butler St. Uniontown PA
15401 1st Saturday 9:00 am East End

Snowden Terrace Sr. 431 Clover Street
Brownsville Pa 15417 4th Friday 9 Am Residents

South Hills Terr. 68 South Hills Terrace
Brownsville PA 15417 2nd Monday & Tuesday
9:30 Am Residents only

St. Paul's 67 N. Gallatin Ave. Uniontown PA
15401 2nd Tuesday 5:00-6:00 Pm Gallatin , Lin.
Lea.Lex.Wal. Mill Ave Walkers

St. Peter's 118 Church St. Brownsville PA 15417 3rd
Wednesday 11:00-12:30 PM Brownsville/ Hiller

Surrey Hill 701 Surrey Hill Drive Uniontown PA
15401 2nd Wednesday 10:00- 11:30 Am
Residents only

Village of Searights Community Room
Uniontown PA 15401 3rd Wednesday 11
Residents only

YWBA 624 Duck Hollow Rd. Uniontown PA 15401
4th Wednesday 11AM South Union, Uledi, Rt 21
Old New Salem Rd

Washington City Mission Samaritan Care Center allows people to shop for food when needed, up to twice per month. Meals are served daily out of our new Feed My Sheep Kitchen and Dining Hall, located at: 56 West Strawberry Avenue, Washington, PA 15301

- <https://www.citymission.org/>

Community Gardens:

Allison Park Elementary Community Garden
803 McGovern Rd, Houston, PA 15342

Highland ridge Neighborhood garden.
100 Forrest Avenue, Washington, PA 15301
Fred Fleet, 724-678-4225,
pres@highlandridgecdc.org

Monessen Community Garden

1614 Summit Ave., Monessen, PA 15062
Tami Ozegovich,
tozegovich@privateindustrycouncil.com

Saint Joan of Arc Church Community Garden
528 Trax Road, Finleyville, PA 15332
<https://mystjoan.org>

Farmers markets: <https://www.pameals.pa.gov/MealsPublic/FarmMarkets/MarketSearch.aspx>

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, Chess Park
Monongahela, PA 15063, 724-258-5905
Contact: Claudia Williams - Monongahela FM
Committee, Phone: (724) 258-7199
E-Mail: chris@victorenestea.com
<http://www.cityofmonongahela.com>
June – September; Friday, 3:00 pm-6:00pm

Main Street Farmers Market
139 S. Main st, Washington, PA 15301
Contact: Chris Gardner, (724) 222-6094
Main Street Farmers Market, Inc.
400 Cove Road, Washington PA 15301
412-392-2069, 412-296-0518
Thursdays, 3:30 - 6:30pm; May - October

Washington Farmers Market
Washington Crown Center Mall(Franklin Mall)
Washington, PA
Contact: Bush Farmers, (724) 663-7344
July – October, Monday, Wednesday, &
Friday, 5:30 p.m. - dark

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; Wednesdays, 2 - 5pm

The Original Farmers Market
Washington County, Pennsylvania
Contact: Francis Janoski
Route 50 W, Park Lane, McDonald, PA 15078
Phone: (724) 899-3438

Fencerow Farmers Market year-round
1604 East High Street in Waynesburg,
Pennsylvania, 724-833-5979
Thursday - Fridays, 1 - 7:30pm, Saturdays,
9am - 3pm

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.charleroi.pa.org
August – October, Thursday, 5 p.m. -9 p.m

Historic Downtown Uniontown Farmer's Market (724) 437-1750
13 East Main St, Uniontown, PA 15401
www.commercialcenterassociates.com,
Tara Rack , tara-cca@atlanticbbn.net

Bedners Farm and Greenhouse
315 Coleman Rd, McDonald, PA 15057

Brown's Orchard and Cider Co.
267 Southview Rd, McDonald, PA 15057

Cherry Valley Organics, 87 Number Three Hill Rd, Burgettstown, PA 15021

Kern Farms
434 Valley View Rd, Eighty Four, PA 15330

Krenzelak's Farm Market
85 McCormick Ln, Prosperity, PA 15329

Martins Lil Farm, 264 Letherman Bridge Rd, Scenery Hill, PA 15360

Matthews Farm And Greenhouse
116 Matthews Spur, Eighty Four, PA 15330

McDonald Trail Station Farmers Market
161 South McDonald St, McDonald, PA 15057

Over The Garden Gate
3228 Old National Rd, Richeyville, PA 15358

Peters Township Farmers Market
905 E McMurray Rd, Venetia, PA 15367

Simmons Farm Market
170 Simmons Rd, McMurray, PA 15317

Simmons Route 19 Market
2861 Washington Rd, McMurray, PA 15317

Stone Church Acres
318 Stone Church Rd., Finleyville, PA 15332

Taggart's Orchard
184 Wotring Rd, Washington, PA 15301

Tara Hill Orchard
273 Fort Cherry Rd, McDonald, PA 15057

The Spring House
1531 Route 136, Washington, PA 15301

Trax Farms
528 Trax Road, Finleyville, PA 15332

Baker's Farm
Route 119, University Dr, Connellsville, PA 15425

Belle Vernon Farmers Market
Route 906, Belle Vernon, PA 15012

Burnside Farm Market
136 Redstone Church Rd, Fayette City, PA 15438

Carolyn's Farm And Greenhouses
190 Tony Row Rd, Star Junction, PA 15482

Caruso Farm
114 Grandview Rd, Acme, PA 15610

Christner's Farm Market
800 Scottdale - Dawson Rd., Dawson, PA 15428

Connellsville Towers
120 East Peach St, Connellsville, PA 15425

Dudas Farm Inc.
157 Creek Road, Brownsville, PA 15417

Kreinbrook's Market
3856 Rt 31, Jones Mills, PA 15646

Kujawa Farm Market
294 Dawson Scottdale Rd, Dawson, PA 15428

Perryopolis Flea Market
Route 51 South, Perryopolis, PA 15473

Republic Food Enterprise Center
40 Legion Street, Republic, PA 15475

Chessie's Market, 2760 East Roy Furman Hwy,
Carmichaels, PA 15320

FOREVER GREENE HOUSE, 1937 W ROY
FURMAN HWY, WAYNESBURG, PA 15370

Little Greene Apples FS
610 Apple Hill Rd, Waynesburg, PA 15378

Amenity Farm & Greenhouse
2135 Mt Pleasant Rd, Greenburg, PA 15689

Chlebowski Organic Produce
909 Reservoir Street, Mt Pleasant, PA 15666

K & M Produce
803 Marko Farm Road, Irwin, PA 15642

Lynchfield Farmers Market
520 New Alexandria Rd, Greensburg, PA 15601

Morris Farm
110 Slebodnik Road, Irwin, PA 15642

New Stanton Westbound Turnpike FM Plaza
New Stanton, PA 15672

Pa Specialty Food
427 Frick Avenue, Scottdale, PA 15683

Palmers Farm
1266 Bailey Farm Rd, Greensburg, PA 15601

Route 66 Farm Stand
1476 Business Rte 66, Greensburg, PA 15601

ROYAL MEADOW FARM
726 GREENHILLS RD, IRWIN, PA 15642

Sand Hill Berries, 304 Deer Field Road, Mount
Pleasant, PA 15666

Schramm Farms And Orchard
1002 Blank Road, Jeannette, PA 15644

Simon's Orchard
7111 Route 819, Mount Pleasant, PA 15666

Teddy's Farm Market
8695 US Route 30, Irwin, PA 15642

Uschocks Farm Produce
314 Weavers Road, Greensburg, PA 15601

Wendel Springs Farm
337 Wendel Road, Irwin, PA 15637

General chronic diseases (cancer, diabetes, etc.) assets

- Self-management resource center: <https://www.selfmanagementresource.com/>
- Living a Healthy Life with Chronic Conditions, 4th Edition: Self-Management of Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema and Other Physical and Mental Health Conditions: <https://www.bullpub.com/living-a-healthy-life-with-chronic-conditions-4th-edition.html>
- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK): <https://www.niddk.nih.gov/health-information>
- American Cancer Society: www.cancer.org
- Our Club House: <https://www.ourclubhouse.org/>

Cancer Support Community
734 15th Street NW | Suite 300
Washington, DC 20005
Phone: 1-202-659-9709
Toll-free: 1-888-793-9355
Fax: 1-202-974-7999

Providing professional programs of emotional support, education and hope for people impacted by cancer at no charge so that no one faces cancer alone.: 1-888-793-9355,
<https://www.cancersupportcommunity.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.
<https://www.cancercare.org/>

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

Medical marijuana:

The Healing Center
799 West Chestnut Street
Washington, PA 15301
724-914-4944
<http://www.thehealingcenterusa.com/>

Maitri Medicinals - Uniontown
27-31 West Main Street
Uniontown, PA
724-550-4565
<https://www.maitrimedicinals.com/>

Assets for mammography and late stage breast cancer

Other needs identified that indirectly affect mammograms and late stage breast cancer include: heavy drinking; and access to healthy foods/fast foods. Please see these specific topics for a list of assets associated with them.

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

The HealthyWoman Program is a free breast and cervical cancer early detection program of the Pennsylvania Department of Health. It is funded by the Department of Health and through a grant the department receives from the Centers for Disease Control and Prevention. Free services for those meeting the eligibility standards include:

Clinical breast examination;

Mammogram;

Pap and HPV tests; and

Follow-up diagnostic tests for an abnormal screening result.

HealthyWoman hotline at 1-800-215-7494.

<https://www.health.pa.gov/topics/programs/Pages/HealthyWoman-Program.aspx>

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.

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.

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.breastcancerdeadline2020.org/breast-cancer-information/>)

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.

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

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)

Other needs identified that directly impact diabetes deaths are: tobacco use and access to healthy foods/fast foods. 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

Two Chatham Center, Suite 1520, 112 Washington Place, Pittsburgh, Pennsylvania, 15219,
pittsburgh@diabetes.org, 412-824-1181

Internet:

- **American Association of Diabetes Educators:** www.diabeteseducator.org
To help locate Certified Diabetes Educators and diabetes education programs in local areas.
<https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program>
- **PA State Website**
<https://www.health.pa.gov/topics/disease/Pages/Diabetes.aspx>
- Online diabetes coach (Novo-Nordisk)
<https://www.cornerstones4care.com/about-diabetes/making-your-care-plan-work/diabetes-health-coach.html>
- National Diabetes Education al Program: <https://www.niddk.nih.gov/health-information/communication-programs/ndep>
 - <https://www.niddk.nih.gov/health-information/professionals/clinical-tools-patient-education-outreach?cs=ndep>

Assets for suicide:

Local:

The Washington County Behavioral Health and Developmental Services (BHDS) has administrative oversight of Behavioral Health Services (Mental Health), Children and Adolescent Services, Early Intervention, and Intellectual Disabilities (formerly Mental Retardation) programs in the county. Operating under the Mental Health and Intellectual Disabilities Act of 1966, we administer a wide range of services including, but not limited to:

Emergency and Crisis Services

Washington County Crisis Line, 1 877-225-3567

<https://www.co.washington.pa.us/155/Behavioral-Health-Developmental-Services>

Fayette County Behavioral Health Administration

215 Jacob Murphy Lane

Uniontown, PA 15401

Phone: 724-430-1370

Fax: 724-430-1386

Emergency: 724-437-1003

<https://www.fayettecountypa.org/264/Behavioral-Health>

<http://fayette.pa.networkofcare.org/mh/>

<http://pa211sw.org/>

VBH-PA Toll-Free Member Telephone numbers

Greene 1-877-688-5973

TTY (hearing impaired) 1-877-615-8502 <https://www.vbh-pa.com/vbh-counties/greene-county/>

<https://s18637.pcdn.co/wp-content/uploads/sites/9/Greene-County-Provider-Directory.pdf>

Westmoreland County Behavioral Health and Substance Abuse Service System

Referral & Intake to Services: Westmoreland Case Management & Supports Inc.

1-800-353-6467

<https://www.co.westmoreland.pa.us/843/Behavioral-Health>

Internet:

Prevent Suicide PA

<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 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/>

Mindwise 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.
<https://www.mindwise.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. <https://www.samhsa.gov/programs>

Suicide: Finding Hope To battle the stigma of suicide, we offer comprehensive information about what 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/>

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. <https://www.activeminds.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/>

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/>

Riding the Waves is developmentally appropriate for 5th grade students and taught by elementary school counselors. Lessons address healthy emotional development, depression, and anxiety. This curriculum's overarching goal is to build the emotional skills within children to prevent suicide at it's earliest stages. <https://www.crisisconnections.org/get-training/schools/>

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/>

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.
<https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>
<https://www.nimh.nih.gov/health/topics/depression/index.shtml>

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.GLBTHelpCenter.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

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

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/>

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/>

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. 404-256-2919. <https://www.thelink.org/>

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/>

QPR Gatekeeper Training: *Three simple steps that can save a life.*

<https://qprinstitute.com/individual-training>

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 <https://qprinstitute.com/>

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) <http://www.sprc.org/resources-programs/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.

<https://www.samhsa.gov/prevention/suicide.aspx>

Assets for dental care

Centerville clinics

www.centervilleclinics.com

- Joseph A. Yablonski Memorial Clinic
1070 Old National Pike
Fredericktown, PA 15333
724-632-6801
- Republic Office
1006 Main St
Republic, PA 15475
724-246-9434
- The Charleroi Medical and Dental Center
200 Chamber Plaza
Charleroi, PA 15022
724-483-5482
- Connellsville Medical and Dental Office
208 S Arch St
Connellsville, PA 15425
724-626-2630
- Washington Family Doctors
37 Highland Ave
Washington, PA 15301-4401
724-223-1067

Cornerstone Care Dental Centers

www.cornerstonecare.com

Serves pediatric patients at Waynesburg and Washington locations. Also has Mobile Unit.

- Dental & Behavioral Health Center of Waynesburg
501 West High Street,
Waynesburg, PA 15370
724-852-1001
- Community Health Center of Greensboro
7 Glassworks Road
Greensboro, PA 15338
724-943-3308

- Community Health Center of Mount Morris
120 Locust Ave. Extension
Mt. Morris, PA 15349
724-324-9001
- Community medical and dental plaza,
1227 Smith Township State Road
Burgettstown, PA 15021-2828
724-947-2251
- Community Dental of Uniontown
140 N. Beeson Avenue Suite 400
Uniontown, PA 15401
724-439-8170

Donated dental Services, www.NFDH.org
412-243-4866

Washington Health System 2018 CHNA Joint Implementation Plan: Washington and Greene Campuses

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Overview

From February 2018 to June 2019, Washington Health System (WHS) engaged LRF Consulting, LLC (LRF) to complete their Community Health Needs Assessment (CHNA) for the Washington and 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: accidental drug deaths and colorectal 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: fruit intake and vegetable intake; tobacco quit attempts; smokeless tobacco use; at risk for heavy drinking; limited access to healthy foods. The rest of the identified health needs will not be addressed in this plan. Reasons why include:

1. Years of Potential Life Lost, Unhealthy physical and mental days—Since these are general measures of health, they are not specific enough to warrant action. That is the reason why specific death rates and other behavioral measures were adding to the model.
2. Diabetes deaths—this has been addressed for the past six years and the rates, although not in goal range, are in a decline.
3. Suicide—relative low priority assigned to need due to low number of deaths (even though rate is high).
4. Pregnant smoking—Not enough resources to address need along with the other two prioritized needs
5. Youth Obesity—Not enough resources to address need along with the other two prioritized needs
6. Dental visits—need is better addressed by community partners whose focus includes these services.
7. Mammography and Late stage breast cancer— these have been addressed for the past six years and the rates, although not in goal range, are in a decline. In addition, Breast cancer death rates are in goal range.
8. Fast food restaurants—lack of evidenced-based interventions to decrease access and lack of expertise/control to accomplish progress (measure was ratio between fast food restaurants versus full-service restaurants).

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 timeline
- 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

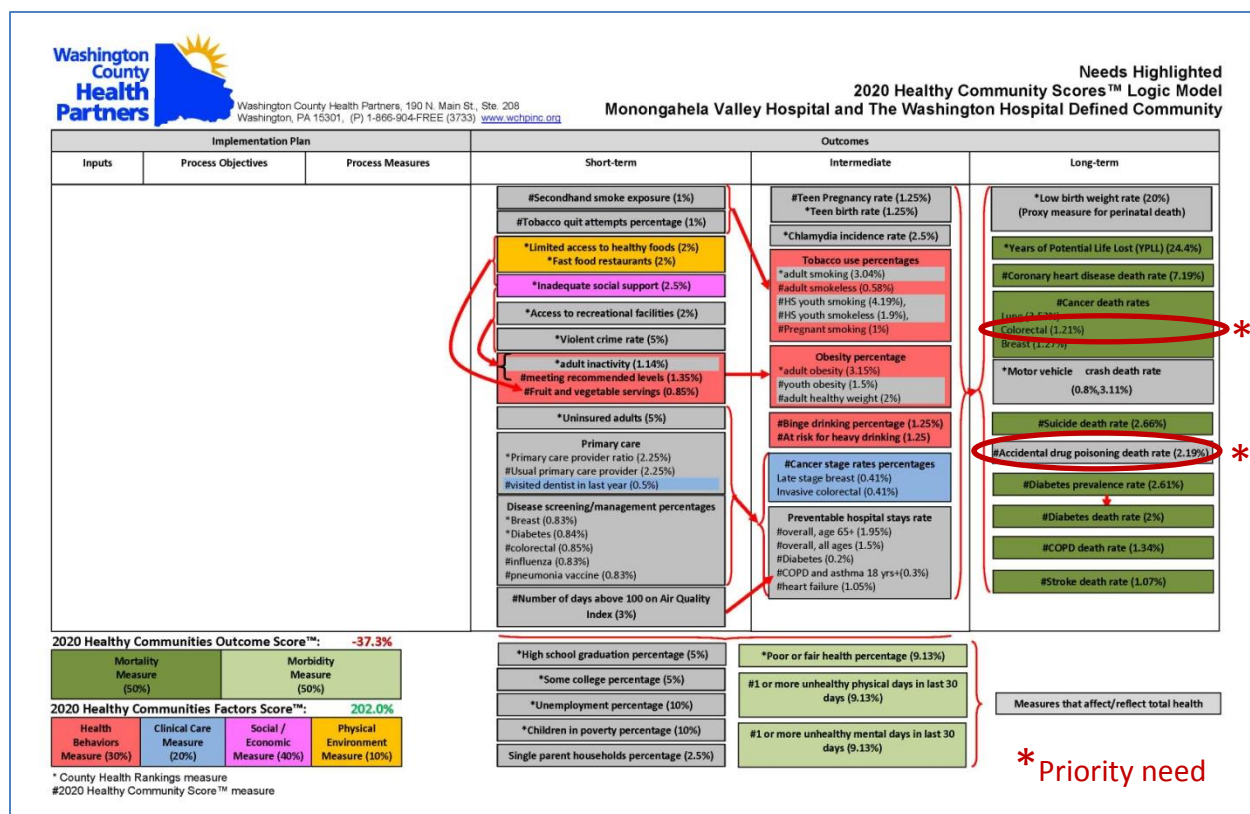


Figure 1. 2020 Healthy Community Logic Model™ with highlighted needs.

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
4. Community organizations such as:
 - a. Washington Physician Hospital Organization
 - b. Washington County Drug and Alcohol Commission (WDAC)
 - c. Greene County Human Services (GCHS)
 - d. American Cancer Society,

- e. Pharmacists
 - f. private physician practices
 - g. employers
 - h. health insurance plans
 - i. pharmaceutical companies
 - j. Federally Qualified Health Centers (FQHC)
 - k. faith community and community health workers
5. PA Department of Health representative
 6. people with diagnosed opiate addiction and their social supports
 7. people at risk of opiate addiction and their social supports
 8. people with colorectal cancer
 9. people between the ages of 50 to 75 years at risk of colorectal cancer
 10. Patient Family Center Care Advisors
 11. Health care affordability act mandates
 12. Evidenced-based interventions for opiate addiction and colorectal cancer
 13. 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 includes how and who will communicate the results. Since this is a joint implementation plan for both Washington Health System's (WHS) Washington (W) and Greene (G) Campuses, any differences in process activities, responsible party and/or timeline for completion will be highlighted by being preceded by the letter "W" for Washington and "G" for Greene. Otherwise, it will be assumed that they are identical

Goal #1: To reduce 2017 accidental drug death rate in Washington and Greene Counties combined (55.2 per 100,000 population, age-adjusted) by 25% (to 41.4 per 100,000 population, age-adjusted) as of June 30, 2021.

Process Objective 1: To continue to administer buprenorphine to appropriate emergency room patients by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify appropriate patients for buprenorphine administration	WHS ED personnel	On-going through 6-30-2021
2. Administer buprenorphine	WHS ED personnel	On-going through 6-30-2021
3. Refer patient to appropriate SCA	WHS personnel/SCA case manager	On-going through 6-30-2021

Process Objective 2: To continue to implement the “warm hand-off” of patients presenting with opiate addiction at WHS’s emergency departments (ED) through June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Educate ED personnel on Opioid clinical pathway usefulness	University of Pittsburgh School of Pharmacy	On-going through 6-30-2021
2. ED personnel to identify and refer patients with concern for opioid use disorder to embedded case manager single county authority (SCA) personnel for assistance in treatment enrollment.	WHS ED personnel and SCA embedded and on call case manager, and certified recovery specialist personnel	On-going through 6-30-2021
3. SCA personnel to assess referred patients and warm hand off to substance use disorder (SUD) treatment	SCA embedded and on call case manager	On-going through 6-30-2021
4. Notification of referred patients’ primary care doctors	WHS ED personnel	On-going through 6-30-2021
5. Patients who refuse warm hand off issued Naloxone medication/prescription	WHS ED personnel	On-going through 6-30-2021

Process Objective 3: To continue to offer a MAT clinic in the family physician residency program by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify appropriate patients for clinic	WHS family physician residency program	On-going through 6-30-2021
2. Enroll appropriate patients for clinic	WHS family physician residency program	On-going through 6-30-2021
3. Provide MAT for enrolled patients	WHS family physician residency program	On-going through 6-30-2021
4. Provide opportunity for family practice residents to be trained in MAT	WHS family physician residency program	On-going through 6-30-2021

Process Objective 4: To continue to monitor opioid prescriptions for all Washington Physician Group (WPG) patients by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Update as needed opioid prescribing guidelines issued in May 2018	Washington-Physician Hospital Group (WPHO) personnel	On-going through 6-30-2021
2. Check Prescription Drug Monitoring Program (PDMP) on all WPG patients with opioid prescriptions	WPG personnel	On-going through 6-30-2021
3. Provide feedback to medical provid-	WPG	Quarterly, On-going

ers on prescribing practices	staff/Population Health Staff	through 6-30-2021
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Process Objective 5: To continue to place a priority on identification and treatment of pregnant women with Substance Use Disorder (SUD) by June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Renovate existing facilities and expand current programming for pregnant women with SUD in Waynesburg, PA	Greenbriar treatment center	6-30-2021
2. W —Representation on Treatment subcommittee of Washington Drug and Alcohol Commission's (WDAC) Washington County Opioid Overdose Coalition (WCOOC)	W — Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —on going, 4 th Friday, monthly through 6-30-2021
3. W —WPG OB/Gyn to pursue additional grant funding to expand services	W — Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —on-going, 6-30-2021
4. W —WPG OB/gyn to screen all pregnant women for SUD	W — WHS Ob/Gyn Care staff	W —on-going, 6-30-2021
5. W —WPG OB/gyn to refer positively screened pregnant women for SUD treatment	W — WHS Ob/Gyn Care staff	W —on-going, 6-30-2021

Process Objective 6: To continue to participate on the appropriate SCA's Opioid Task Force through June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. W --Attend all WDAC WCOOC meetings G —Attend all Greene County Human Services Drug and Alcohol Programs' Opioid Task Force meetings	W —WPG designated personnel: Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California G —President, Washington Health System Greene	W —On-going, monthly, 4 th Friday G —On-going, monthly, 2 nd Monday
2. W —Participate on treatment subcommittee to improve the quality of care for pregnant women with SUD	W —WPG designated personnel: Director of Operations; Nurse Manager, WHS Ob/Gyn Care; Program Manager, Behavioral Health Services; Office Manager, WHS Family Medicine – California	W —On-going, Monthly, 4th Friday

Goal #2: To reduce 2017 colorectal cancer death rate in Washington and Greene Counties combined (19 per 100,000 population, age-adjusted) by 7.4% (to 17.6 per 100,000 population, age-adjusted) as of June 30, 2021.

Process Objective 1: To implement an evidenced-based intervention designed to increase the number and percentage of people aged 50-75 years who are screened with a test that fulfills current recommended treatment guidelines in the Washington Physician Group (WPG) population by 3% as of June 30, 2021.

Process Activities:	Responsible Party:	Timeline for completion:
1. Identify ways to collect and document compliant screenings existing prior to tracking in EMR	WHS IT	On-going, 6-30-2021
2. Place small media reminders on the back of all patient examination rooms that remind patients of various ways to be screened.	WPHO staff	12-31-2019
3. Assure that providers are aware of patient screening status at each wellness visit	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
4. Contact patients who have not been screened with a test that fulfills current recommended treatment guidelines least once for colorectal cancer in the past 12 months.	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
5. Offer to schedule patients for testing as appropriate	WPG and family practice residency staff	12-31-2019 12-31-2020 12-31-2021
6. Offer patients self-testing methods as appropriate	WPHO staff	12-31-2019 12-31-2020 12-31-2021
7. Provide feedback to providers and staff at least once a year on closing gap effort results	WPHO staff	3-31-2020 3-31-2021

Expected process outcomes and measurements

Figure 2 provides a framework for defining many of the Warm Hand-off measures for combating opioid addiction. Red arrows and boxes indicate additions to the generic map provided by the Pennsylvania Department of Health.

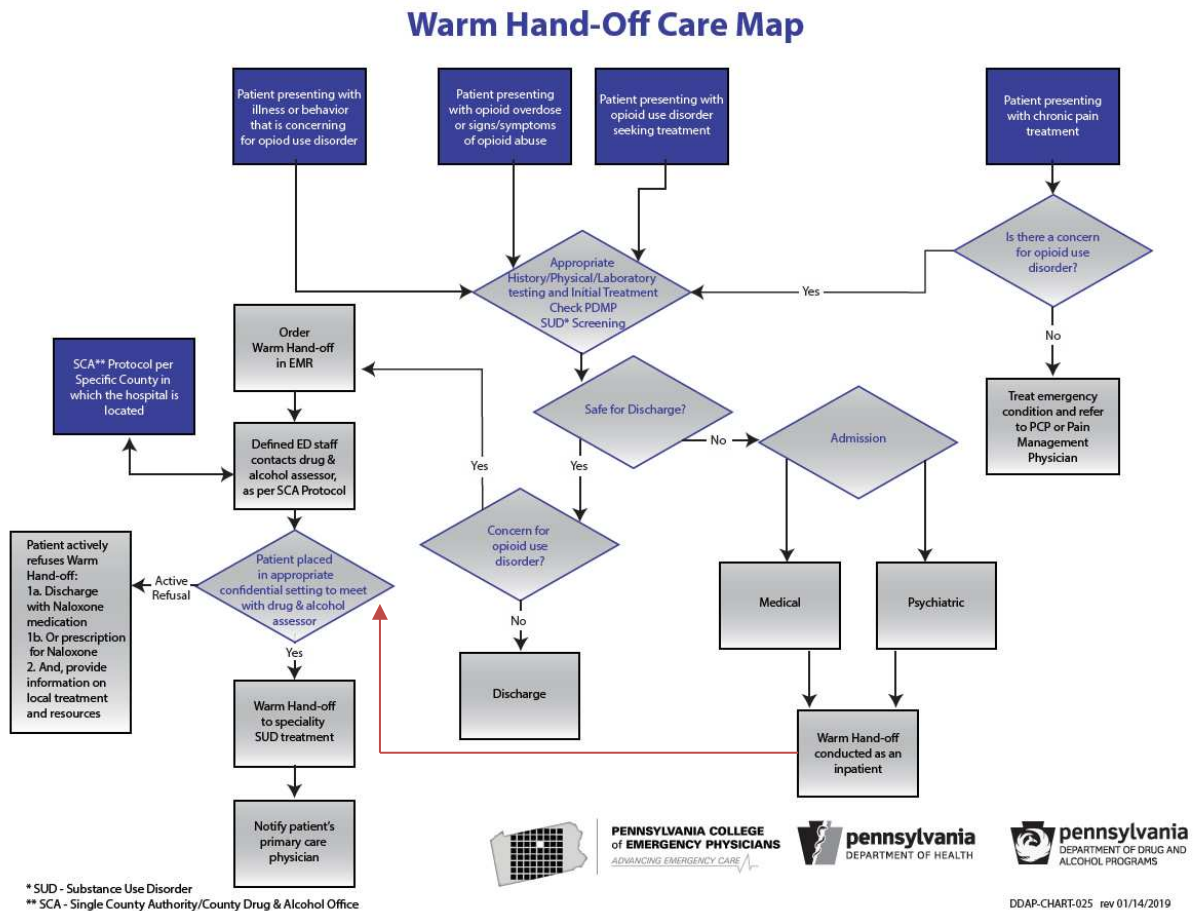


Figure 2. Warm Hand-off Care Map.

Figure 3 illustrates the colorectal cancer intervention population and where areas for policy change and intervention are located¹. It also provides a framework for defining many of the colorectal cancer screening process measures.

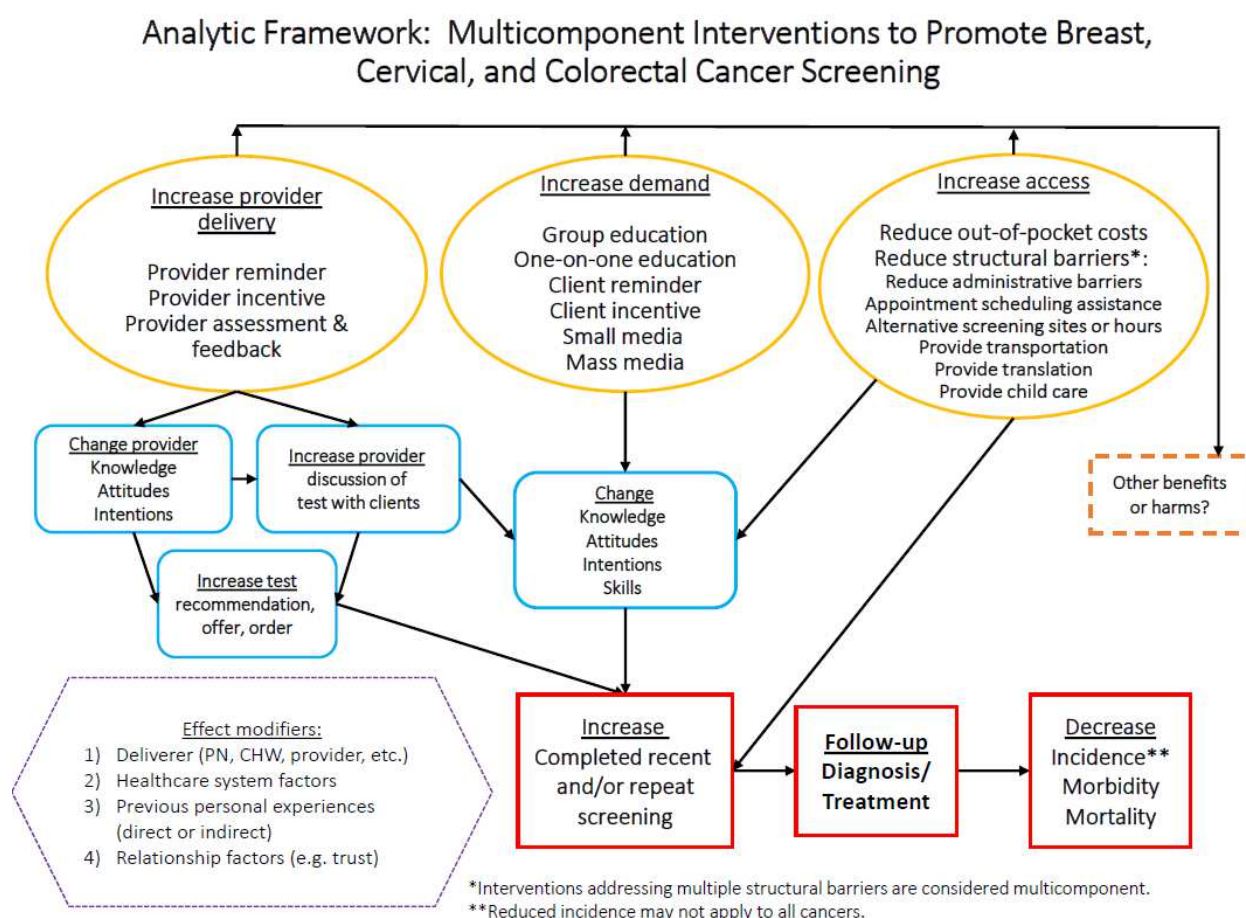


Figure 3. Analytic Framework for Colorectal Cancer Screening Promotion.

¹The Community Guide available online at <https://www.thecommunityguide.org/sites/default/files/assets/AF-multicomponent-cancer-screening.pdf>

Tables 1 and 2 present the recommended process measures for each priority health need (accidental drug deaths and colorectal 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.

Table 1: Recommended accidental drug death intervention process measures

Accidental drug deaths process measures	How collect- ed	Who collect	What data base	Who en- ters or extracts in- formation
1. Rate of accidental drug deaths	Death Certifi- cate	CDC	CDC WON- DER database of multiple cause of death, UCD— Drug/Alcohol induced caus- es, drug in- duced causes	LRF
2. Number of (#) emergency room de- partment (ED) patients identified with positive Substance Use Disorder (SUD) screen	Opioid Use Disorder (OUD) path- way documen- tation and/or ED overdose order set	ED staff	Sunrise	WHS ED IT
a. # administered buprenorphine to appropriate patients				
b. # referred to single county authori- ty (SCA);				
i. Of those referred, # seen by SCA:	W--SCA per- sonnel G—Director of Nursing	W--SCA person- nel G— Direc- tor of Nursing	W--SCA data- base G—Director of Nursing	W--SCA personnel G— Director of Nursing
1. W--# Seen in ED				
2. W--# Seen in BHU				
3. W--# Seen on other floor				
a. Of those seen by SCA,				
i. # referred to SUD tx				
ii. # primary care doctors notified	ED note	ED staff	Sunrise	WIN
c. # who refuse treatment and/or SCA referral	OUD path- way and/or ED overdose order set			WHS ED IT
i. # get Naloxone meds/RX				
3. Number of WHS family residency patients identified for MAT clinic	EMR	WHS family resi- dency staff	EMR	WHS IT
a. # enrolled				
b. # pregnant women				
c. # visits				

d. # dropped/dismissed				
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Table 1 (continued): Recommended accidental drug death intervention process measures

Accidental drug deaths process measures	How collected	Who collect	What data base	Who enters or extracts in-formation
4. Number of opioid prescriptions (Rx) for WPG patients	Rx orders	WPG staff	EMR	Population Health Staff
a. # prescriptions within WPHO guidelines	Chart review		PDMP/Hand tally	
b. # patients with opioid prescriptions checked in PDMP	Chart review		PDMP/Hand tally	
c. # feedback given to providers	Chart review		PDMP/Hand tally	
5. # pregnant women identified with SUD	Paper screener questionnaire	WHS WPG staff	EMR	WHS IT
a. # pregnant women referred to treatment for SUD				
6. Participate on SCAs Task Force/Coalition	W—WCOOC meeting minutes G—GCHS OTF meeting minutes	W—WDAC personnel G—GCHS personnel	W—WDAC personnel G—GCHS personnel	W—WDAC personnel G—GCHS personnel

Table 2: Recommended colorectal cancer intervention process measures

Colorectal cancer process measures	How collected	Who collect	What data-base	Who enters or extracts information
1. Rate of colorectal cancer deaths	Death Certificate	CDC	CDC WONDER ICD-10 C18-C21	LRF
2. Rate of invasive colorectal cancer	PA cancer registry	PA DOH	PA DOH EDDIE	LRF
3. Percentage of Hospital Defined Community residents who have been screened in the past 12 months for colorectal cancer by a recommended method and time frame (USPSTF)	CHNA	LRF	SPSS	LRF

Table 2 (continued): Recommended colorectal cancer intervention process measures

Colorectal cancer process measures	How collect- ed	Who collect	What data- base	Who enters or extracts infor- mation
4. Number/percent of active patients in 50-75 years age group in 8 WPG primary care practices	EMR	WHS WPG staff	EMR	WHS IT
5. Number/percent of active patients aged 50-75 years who have been screened for colorectal cancer by a recommended method and time frame (USPSTF) in 8 WPG primary care practices				
6. Number/percent of active patients aged 50-75 years who have NOT been screened for colorectal cancer by a recommended method and time frame (USPSTF) in 8 WPG primary care practices	Health Insurance claims	Health insur- ances	Health insur- ances	Health in- surances
a. Of those not screened, how many contacted	WPG staff	WPG staff	Hand Tally	WPG staff
i. Of those contacted, how many assisted with scheduling screening test				
ii. Of those contacted, how many sent screening kits	WPHO staff	WPHO staff	Hand tally	WPHO staff
iii. Feedback given to providers				
7. Number of small media placed on back of patient exam room doors				

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. Identifying who will perform the data analysis defines and clarifies roles. Table 3 provides a summary.

Table 3: Recommended data analyses

Analysis	Time periods	Why	Who analyses
W--2018 Calendar year baseline data compared with collected program data W—2019 Calendar year data for MAT clinic G—2019 Calendar year (SCA data only)	quarterly and annually	To identify if and when improvements are occurring	WHS
Comparisons between different intervention sites and/or health care providers and/or data collection methods (e.g., use of ED orders compared to opioid pathway data)	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