

**Washington  
County  
Health  
Partners**



**Community Health Needs Assessment  
Final Report**

for the defined communities of

**Monongahela Valley Hospital**

and

**The Washington Hospital**

As of 6-28-13

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## Introduction

### Qualifications

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

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

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

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

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



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

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

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

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

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

During 2004 and 2005, WCHP's Executive Committee reviewed, discussed, and prioritized WCHP's strategic plan goals and recommended them for review by the entire Board. WCHP's Board approved the strategic plan in June 2006 and assigned each goal to a committee.

Objective 1 under WCHP's Goal 2 specifies that a health assessment for Washington County be completed at least every five years. In addition, the PA DOH has since expanded its BRFSS to allow

for SHIP-affiliated, local community health initiatives (such as WCHP) to participate in an over-sampling project that 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. In addition, WCHP held focus groups and used these data as well as the survey data to assess the relevance of each task force, identify key areas of concern in Washington County's health status, and develop new task forces to address these issues.

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

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

One program work group was created to compile outcome results from task forces' activities and work with the Community Health Assessment work group to set criteria for evaluating them. Those that met the criteria were organized into the Community Wellness Programs work groups that reflect categories in Healthy People (HP) 2020 and State Health Improvement Plan (SHIP) 2011-2015. These documents set goals to track progress toward improving health status. The work group has used the activities' outcome results in conjunction with WCHP staff to secure some funding. Currently, the Tobacco Free and E-Facts programs are funded.

New health issues are explicitly based on the data in the Community Health Assessment and chosen to be addressed according to set evaluation criteria. A Pilot/expansion project work group was formed to gather service providers and other stakeholders to dialogue about what resources exist regarding the new health issue. This work group was formed to make recommendations for: raising awareness of programs that already exist and are working well; improvement and/or expansion of existing programs that are working well; and/or creation of a collaborative pilot project to address the issue. The group has collaboratively written proposals in conjunction with WCHP staff to seek funding for recommendations, including health literacy and Community Transformation grants.

## Introduction

### Collaborators and Community Definition

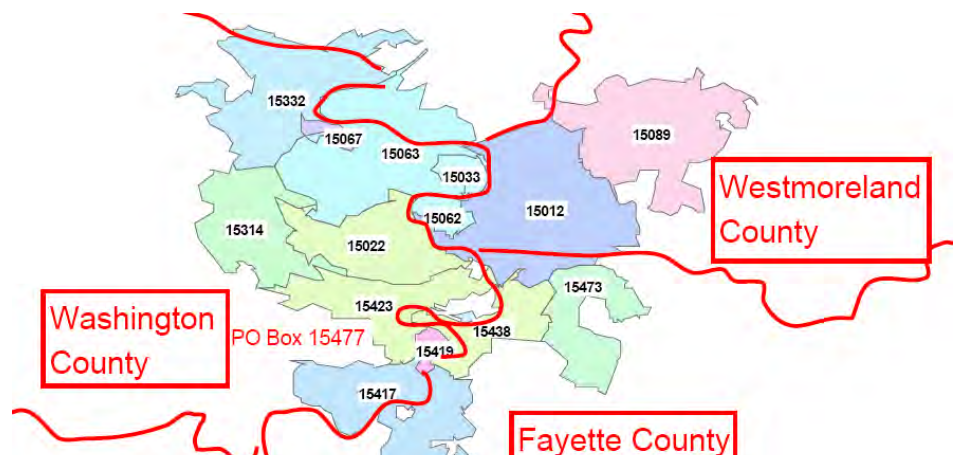
#### 2012 Community Health Needs Assessment Collaborators

Since Washington County Health Partners, Inc. was already planning a fourth Community Health Assessment for 2012, both Monongahela Valley Hospital and The Washington Hospital contracted with WCHP to perform their mandated Community Health Needs Assessment 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.

#### Community Definition

Representatives from both hospitals met with WCHP to define the communities for their Community Health Needs Assessment. Figure 1 illustrates Monongahela Valley Hospital's identified community which is comprised of the zip codes/places in their service area that produce 80% of their admissions:

- 15012/Belle Vernon
- 15022/Charleroi
- 15033/Donora
- 15062/Monessen
- 15063/Monongahela
- 15067/New Eagle
- 15089/West Newton
- 15314/Bentleyville
- 15332/Finleyville
- 15417/Brownsville
- 15419/California
- 15423/Coal Center
- 15438/Fayette City
- 15473/Perryopolis
- 15477/Roscoe



*Figure 1: Community definition for Community Health Needs Assessment for Monongahela Valley Hospital by Zip Code/Place.*

Figure 2 depicts The Washington Hospital's identified community which consists of the following zip codes/places from their primary and secondary service areas that produce 81% of their admissions:

- 15021/Burgettstown
- 15057/McDonald
- 15301/Washington
- 15317/Canonsburg-McMurray
- 15314/Bentleyville
- 15320/Carmichaels
- 15321/Cecil

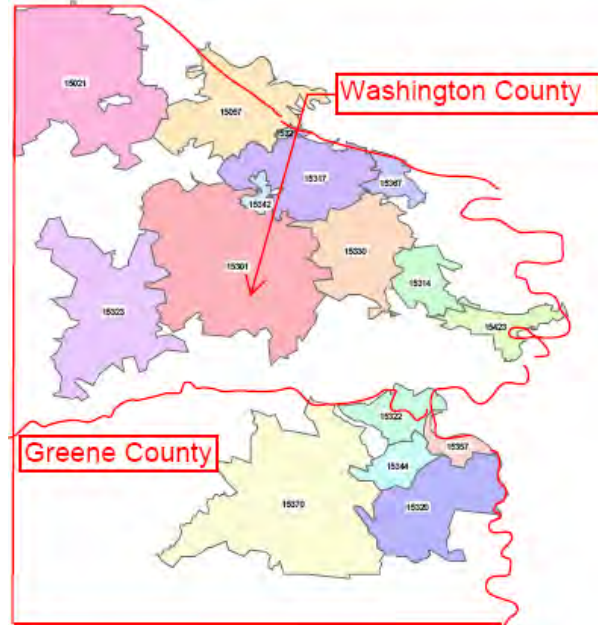


- 15322/Clarksville
- 15323/Claysville
- 15330/Eighty-Four
- 15342/Houston
- 15344/Jefferson
- 15357/Rice's Landing
- 15367/Venetia
- 15370/Waynesburg
- 15423/Coal Center

The population covered by these 29 zip codes is 251,319 according to the 2010 US Census. Comparatively, Washington County's population is 207,820.

According to the five year (07-2011) average American Community Survey, the demographics of these combined zip codes (excluding duplicates) are no different than those of Washington County for Latino ethnicity (1.2% vs. 1.1%), marital status (now married 52.5% vs. 53.2%+/-0.9) and educational attainment (ages 25 years and older, high school graduate 40.9% vs. 40.7%+/-0.7).

Comparative values for sex (males 45.7% vs. 48.6%+/-0.1), mean age (45.4 vs. 43.1+/-0.2), race (African American 5% vs. 4.2%+/-0.1) and income (less than \$10,000 7.3% vs. 6.3%+/-0.4) are different, but only slightly (if confidence intervals could be constructed for the combined zip codes, the values may be the same).



**Figure 2: Community definition for Community Health Needs Assessment for The Washington Hospital by Zip Code/Place.**

## Community Health Needs Assessment Process

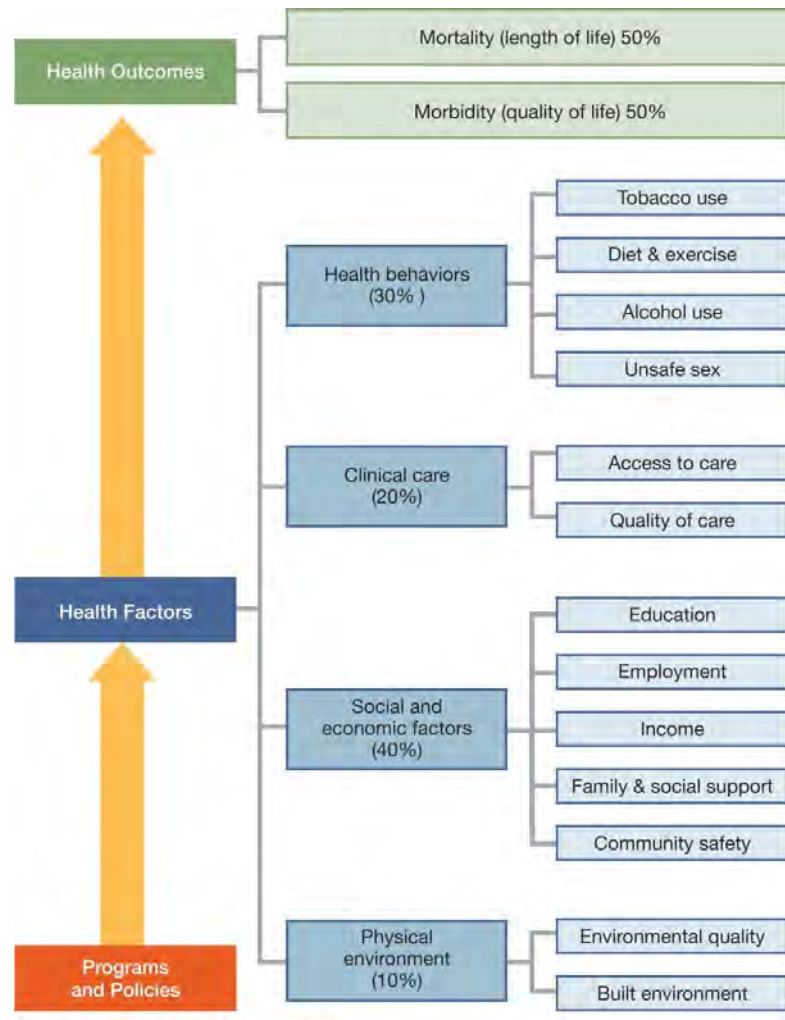
### Logic Model and Methodology

#### Logic Model

The assessment committee decided 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 3) as a tool to identify measures and select weights that reflect a community’s health.

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 latest 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 3: County Health Rankings 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 4) that defined the measures used and their relationship to one another as well as their weight contribution to the summary scores. Some of the measures are the same as the CHR and use their data source and weights. These include: low birth rate; Chlamydia incidence; motor vehicle crash death rate; fast food restaurants; inadequate social support; access to recreational facilities; violent crime rate; uninsured adults; high school graduation; some college; unemployment; children living in poverty; and single parent households.

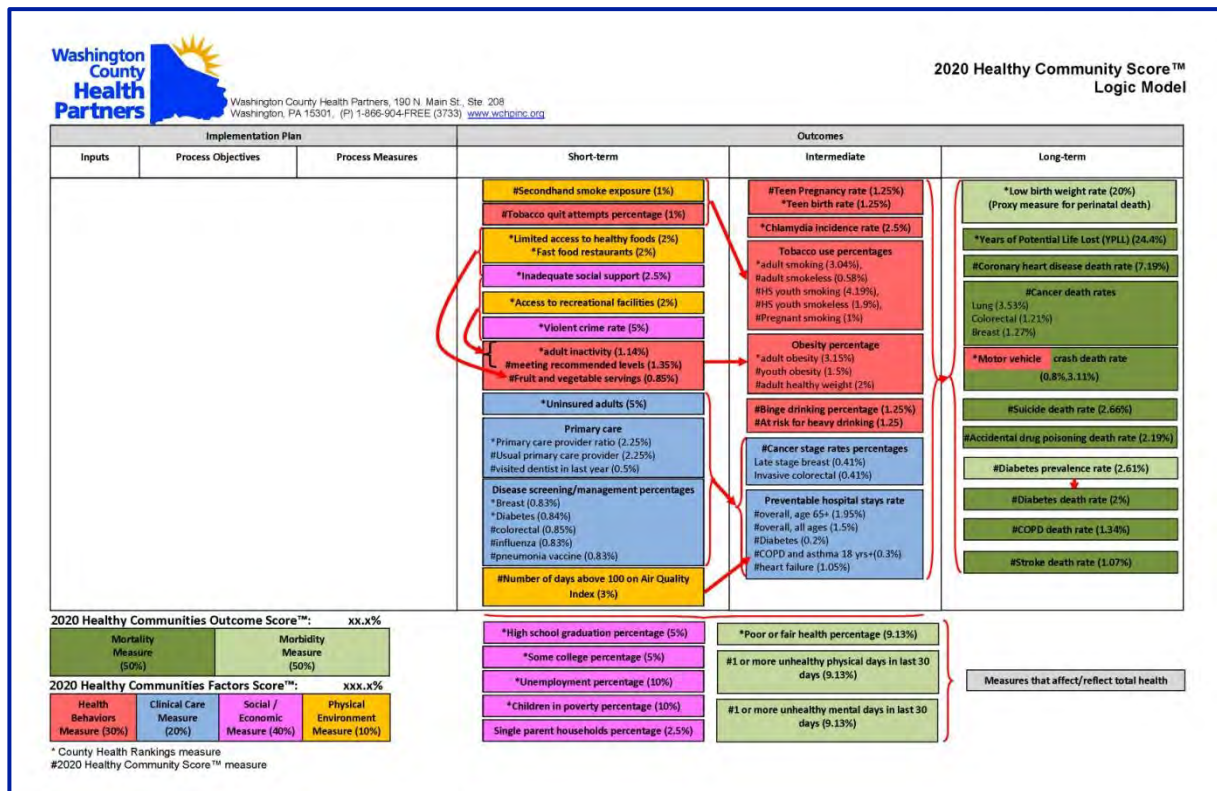


Figure 4: Washington County Health Partners 2020 Healthy Community Scores™ Logic Model.

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

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

Each modification was made with care to ensure, to the greatest extent possible, that the data were matched so that “apples were compared to apples.” Modifications to the measures included the following: data source, data set, years included, method of collection, weight assigned, whether the measure was aggregated or split and definition of measure.

Details of the measures' modifications are:

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

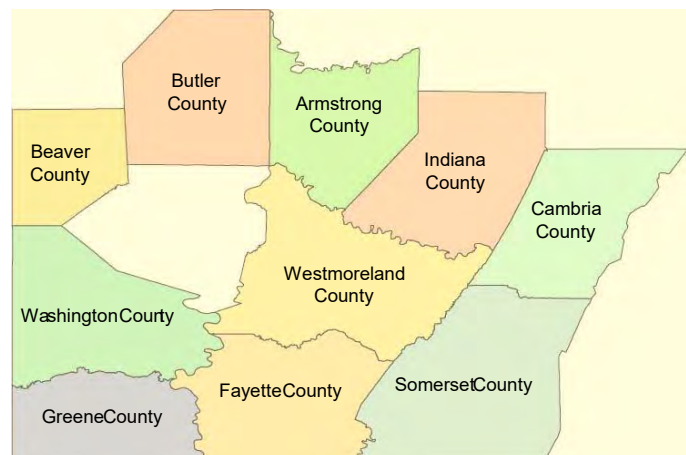
New measures not included in the CHR have reduced related measures' weights based on their contribution to the related measure. Premature death has been reduced from 50% to 24.4% to accommodate the addition of lung (3.53%), colorectal (1.21%) and female breast cancer deaths (1.27%); coronary heart disease 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%). The preventable hospital stays measure's weight was reduced to 1.95% for people 65 years or older based on the contribution of each of the new measures added: overall preventable hospitalization rate (1.5%); heart failure for people 65 years or older (1.05%); COPD (ages 40 and older) and asthma (ages 18-39) (0.3%); and diabetes (0.2%). Mammography and hemoglobin A1C testing were reduced from 2.5% to 0.83% and 0.84%, respectively, based on the contribution of each of the new measures added: colorectal cancer screening (0.85%); invasive colorectal cancer diagnosis (0.41%); late stage breast cancer diagnosis (0.41%); and influenza (0.83%) and pneumonia (0.83%) vaccines. Primary care physician ratio was lowered from 5% to 2.25% based on the contribution of the new measures: usual primary care provider (2.25%) and dental visits (0.5%). One percent from the combined air pollution measure's weight (4%) was reassigned to secondhand smoke exposure (1%).

## Methodology

### Secondary Data and Public Health Input

WCHP collected quantitative secondary data for measures and included national, state and county geography levels when available. Due to the difficulty of locating sub-county level secondary data, Washington County data was used to represent the hospitals' defined communities. Since not all data was available at the county level, the next highest level of data was used to represent Washington County. In most cases, an aggregate county area was used and included Fayette, Greene and Washington Counties. For 2010 BRFSS data, the aggregate level was larger and included the southwest corner of PA excluding Allegheny County (see Figure 5). In a few cases the state level had to be used (youth smoking and youth smokeless tobacco use).



**Figure 5: Map of South West PA Counties.**

Eleven year (2000 to 2010) trend data were collected for each measure as available and confidence intervals were used to determine significant differences between data points. For data not published

with confidence intervals WCHP calculated them using the WHATIS program version 4.57 contained in the WinPepi statistical package version 11.19.<sup>1</sup> Specific source data and years for each measure are included in the results section.

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

WCHP is recognized by the PA Department of Health (PA DOH) as a public health entity responsible for community health assessment and planning. The Executive Director holds a Master's in Public Health from the University of Pittsburgh. In addition, WCHP contacted PA DOH on numerous occasions via email and phone to ascertain if the department had any plans to systematically provide input into community health assessments.<sup>2</sup> WCHP was told that there were no plans.

#### Primary Data and Community Input

Quantitative primary data were collected to refine the 2020 Healthy Community Scores™ for the hospitals' defined community. The two major sources were hospital discharge data obtained from the hospitals for years 2009 to 2011 and an October 2012 mailed survey to the defined community with similar questions to the annual Behavioral Risk Factor Surveillance System managed by the Centers for Disease Control and Prevention and administered by the PA Department of Health. Because asking the entire population to respond to the survey would be cost-prohibitive, a randomly chosen sample was constructed with a confidence level of 95% (typical is 95%). This means if the population was sampled 100 times, 95% of the time the population result would be what is presented in this report on the sample data. An overall confidence interval of 4.5% (typical is 5%) for 50% was obtained and defines the range of where the population result actually lies. It is used to compare the results obtained at different times and/or geographies to determine whether or not differences in the different results are either significantly higher, lower or the same. Using these two concepts together, the report is 95% certain that the true result of the population is between -/+

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

<sup>2</sup> Email correspondence with Ms. Janet Bargh, Director, Division of Plan Development, Bureau of Health Planning, PA DOH on 9-14-12. Phone call with Ms. Katrina Kyle, Public Health Program Administrator, Division of Plan Development, Bureau of Health Planning, PA DOH on 11-7-12.

4.5% or the reported value. Since the CI value is also determined by the number of respondents reporting and the sample result percentage, the value of the CI will vary from question to question.

7.4% of the randomly chosen sample of 3200 households were undeliverable (typical is 10%). A 19.1% response was received (typical is 10%).

The mailed survey data were inputted into PASW® 17.0 and weighted by geography and to the defined community's age and gender demographics to obtain representative data. According to the 2010 US Census, the demographics of these combined zip codes (excluding duplicates) are no different than those of the weighted survey for race (African American 3.9% vs. 2.6%+/-1.8 %) and Latino ethnicity (1% vs. 1.2%+/-0.9). While according to the five year (07-2011) average American Community Survey, there is no difference in marital status (now married 53.4% vs. 57.6%+/-4.5), there is a difference in educational attainment (ages 25 years and older, high school graduate 28.7%+/-4.1 vs. 40.9%) that indicates the survey respondents 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 provided an open-ended question that asked respondents to indicate what health issue was most important in their community. This information was used in prioritization of health needs. For a further description, please see the Prioritization of Health Needs section. The survey also asked respondents to self-identify their race; household yearly income; health insurance status; whether or not they had a usual source of primary care; and if they had been diagnosed with a number of chronic health diseases. With this information, could assure that input from minority, low-income, medically underserved and chronic health disease burdened people.

In addition, community leader structured interviews were used to gather community input and qualitative primary data about identified "missing" populations' needs. These needs will be examined more in depth in subsequent community health needs assessments:

1. Since the survey only covered ages 18 and older and secondary data only covered three issues—smoking, smokeless tobacco use and obesity, more information was sought on the under age 18 population. The following needs were identified:<sup>3</sup>
  - education to develop social skills such as decision making, conflict resolution and refusal skills as well as resistance to drugs (especially marijuana) and alcohol
  - to help students gain ownership of themselves
  - to provide something constructive to do with the student's time that they are interested in (such as a centralized place to collect and describe community service opportunities)
2. Since the mailed survey was only sent to those with home addresses, the homeless population would have been excluded. The following needs were identified:<sup>4</sup>

<sup>3</sup> Interviews held on 1-28-13 with Ms. deRicci Horwatt, Program Director of Gateway VISION and on 3-26-13 with Dr. Mary Jo Podgurski, Executive Director of Academy of Adolescent health, both prevention program providers to many of the Washington County schools.

- Lack of affordable and safe housing (the influx of Marcellus Shale workers have driven rents up and it has gotten worse this past year--\$750 a month for a one bedroom apartment—for perspective, a woman with 2 children receives \$393 a month in support)
- Education to find and keep employment
- Transportation to employment
- Lack of “livable” wages
- Access to internet services
- Access to health care—specifically having the knowledge to even use the services available (although she also thought their needed to be more services as well)
- Eroding public resources (they have a wait list of about 150 households and the Governor ended single general assistance in August 2012 (\$200 a month).

Community interviews were also used to collect and verify and health care facilities and resources available to address needs, as well as internal and external assets which will be used in prioritizing needs.<sup>5</sup> These results are available in the Identified Health Resources and Assets section in Appendix A.

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<sup>4</sup> An interview was held on 2-4-13 with Jennifer Johnson, Coordinator of the Washington County Department of Human Services, Homeless Services and Housing Assistance Program.

<sup>5</sup> Meetings were held with Pam Cummings, Case Management Director of The Washington Hospital (12-4-12 and 2-14-13); Lisa Hruby (Assistant VP of Nursing), Christine Snyder (Stroke Care Coordinator), Karen Pritts (Diabetes Education Manager) and Corrine Laboone (Director of Community Relations) of Monongahela Valley Hospital (12-12-12).



## Community Health Needs Assessment Process

### Data Sources, Limitations and Data Gaps

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

In general, quantitative secondary data gaps are due to the lag time the national and/or state data sources (such as death certificate data or behavior risk factor surveillance surveys) have between collecting and analyzing the information and their release (data from 2010, 2011 and 2012). These data will be included, when available, in subsequent community health needs assessments.

## Results

### Summary Scores

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

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

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

	The United States of America	Commonwealth of Pennsylvania	Washington County, PA	Hospital Defined Community
2020 Healthy Communities Outcomes Score™	<b>0.9%</b>	<b>-23.9%</b>	<b>45.9%</b>	<b>-37.3%</b>
2020 Healthy Communities Health Factors Score™	<b>49.3%</b>	<b>56.2%</b>	<b>214.1%</b>	<b>198.5%</b>

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 indentified needs. The following section details each measure score for the hospitals' defined community (HDC) or the lowest level of geography available and reliable (such as Washington County (WC)) and highlights trends and statistically significant differences between geographies.

How to Read Results Pages

**Data measure**

The measure score is placed in the stop light dependent upon its relationship to the benchmark. Red means the measure score is below the benchmark baseline and is negative or "unhealthy." The more negative the score, the further away the geography's measure is from the baseline. Green means it is above the benchmark goal while yellow means it falls between the baseline and the goal.

**Summary score with which the measure is associated**

2012 Community Health Needs Assessment

**Geography level and data years(s)**

Hospital Defined Community

**Domain within the score with which the measure is associated**

Results—Health Outcomes—Mortality

**Geography's measure's value.**

Measure weight

**Measure score's contribution to summary score**

**Lung Cancer**

Washington County's (WC) 2007-2009 average rate of 58.8 per 100,000 population indicates a **160.8% lag** behind the HP2020 baseline of 50.6. Because the lung cancer death rate measure weight is 3.53%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -5.7%.

Lung cancer is the leading cause of malignant neoplasms and along with mouth, esophagus and larynx cancers is responsible for 9% of the years of potential life lost in WC from 2007-2009. 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 compared to the US. WC's rate was higher than both the US and PA rates in 2001 and 2008 and higher than only the US in 2009. The US trend rate has been decreasing (2003, 2004, 2006-2009). PA's trend rate decreased between 2001 and 2007; 2007 and 2009; and 2008 and 2010, for an overall decrease. WC's trend rate has remained static. Overall, WC's ten year average rate (59.7) was significantly higher than both the US' and PA's (52.7 and 53.2, respectively.)

Describes statistically significant differences between geographies' measure values

Describes statistically significant time trends within geographies' measure values

Measure's potential data validity concerns or restrictions on what it can or can not tell you.

**Age-adjusted Lung Cancer Death Rate Trends for United States (US), Pennsylvania (PA) and Washington County (WC), 2000-2009, with Healthy People (HP) 2020 Baseline and Goal**

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.

X-axis not at Y-axis' 0

Goal is green

Baseline is red

Red bordered data points indicate that the value is statistically significantly higher than the US and/or PA. Green bordered ones are lower than.

**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-age estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. For PA and WC: The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

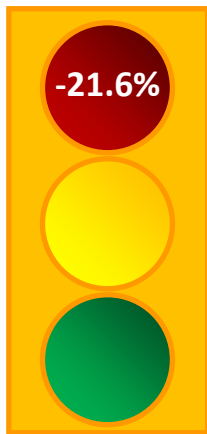
**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics, ICD-10 code C34 Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

Washington County Health Partners, 190 N. Main St., Ste. 208  
Washington, PA 15301, (P) 1-866-904-FREE (3733) www.wchpinc.org

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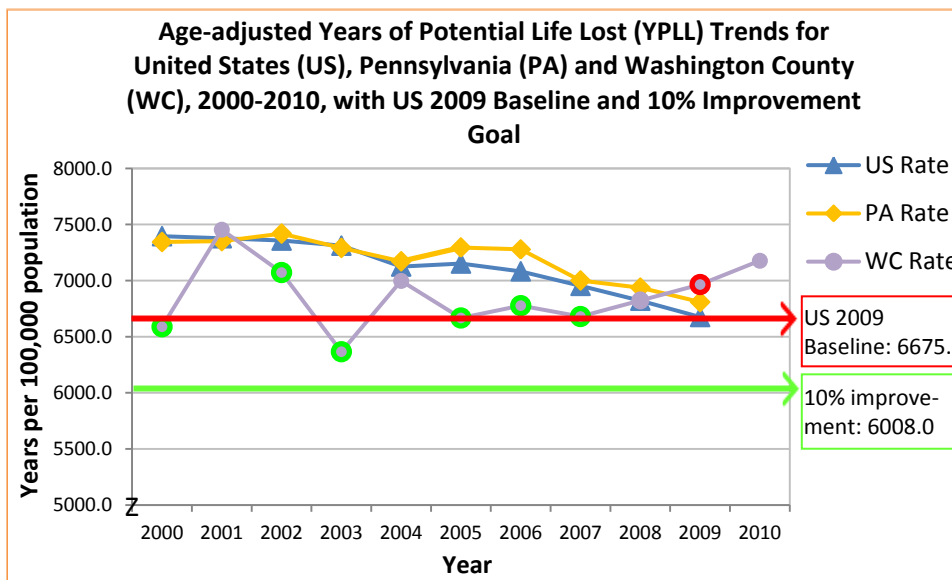
## Results—Health Outcomes—Mortality

### Years of Potential Life Lost (YPLL)



Washington County’s (WC) 2007-2009 average rate of 6820.0 years per 100,000 population indicates a **21.6% lag** behind the 2009 baseline of 6675.5. Because the YPLL measure weight is 24.4%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -5.3%.

Age-adjusted YPLL-75 rates are commonly used to represent the frequency and distribution of premature deaths. Measuring premature mortality focuses attention on deaths that could have been prevented. Figure 6 compares the age-adjusted YPLL rates for the United States (US, blue triangle), Pennsylvania (PA, gold diamond) and WC (purple circle). There were no significant differences in rates between PA and the US. WC’s rate was significantly lower in 2000, 2002, 2003 and 2005-2007 compared to both PA and US. It was significantly higher than the US in 2009. The trend for the US rate decreased from 2000 to 2004 and again from 2004 to 2008 and has maintained the decrease. PA’s decreased in 2007 and has maintained that decrease. WC’s rate trend has increased (2001, 2004 and 2010) and decreased (2002, 2003 and 2005), but overall shows an increase from 2000 to 2010. Overall, WC’s ten year average rate (6861.5) was significantly lower than both the US’ and PA’s rates (7141.7 and 7205.1, respectively and the US was lower than the PA rate.



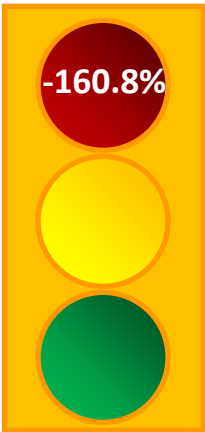
**Data Limitations:** Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding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

**Data Source(s):** **For US and PA:** Centers for Disease Control and

**Figure 6: 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.**

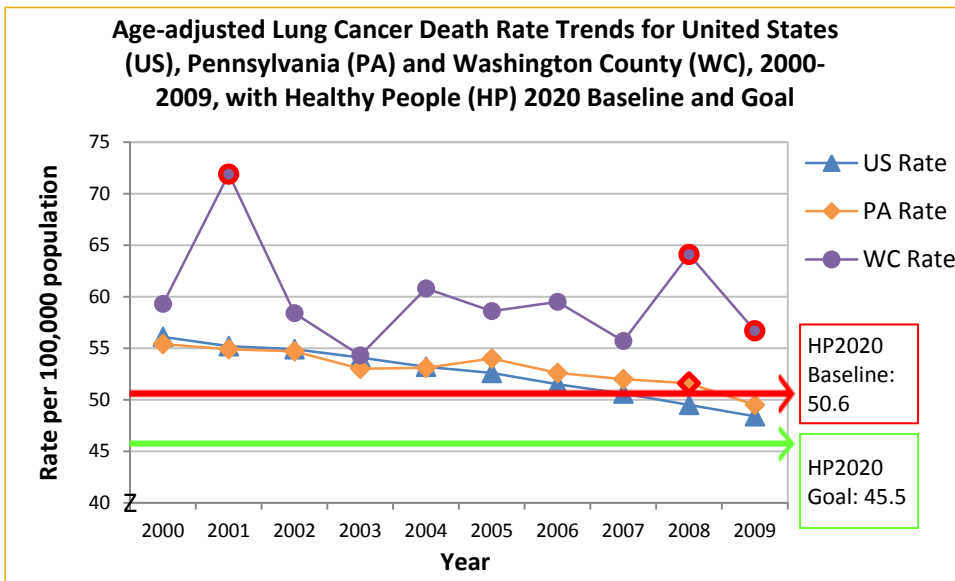
Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2010 Jun 1]. Available from URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars) **For PA and WC:** WCHP calculated and age-adjusted using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

# Lung Cancer



Washington County’s (WC) 2007-2009 average rate of 58.8 per 100,000 population indicates a **160.8% lag** behind the HP2020 baseline of 50.6. Because the lung cancer death rate measure weight is 3.53%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -5.7%

Lung cancer is the leading cause of malignant neoplasms and along with mouth, esophagus and larynx cancers is responsible for 9% of the years of potential life lost in WC from 2007-2009. Figure 7 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 compared to the US. WC’s rate was higher than both the US and PA rates in 2001 and 2008 and higher than only the US in 2009. The US trend rate has been decreasing (2003, 2004, 2006-2009). PA’s trend rate decreased between 2001 and 2007; 2007 and 2009; and 2008 and 2010, for an overall decrease. WC’s trend rate has remained static. Overall, WC’s ten year average rate (59.7) was significantly higher than both the US’ and PA’s (52.7 and 53.2, respectively.)



**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 1999-2009 on CDC WONDER Online Database, released 2012.

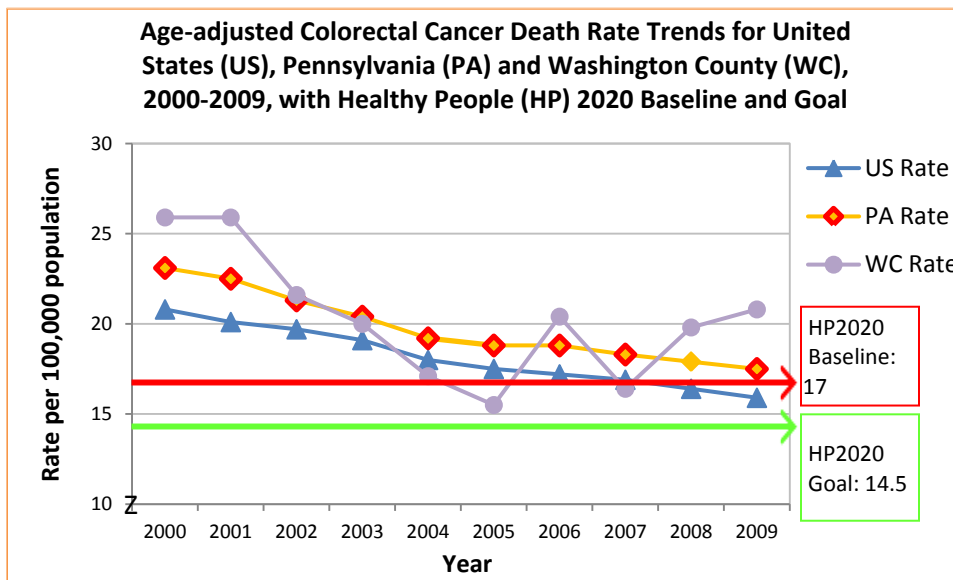
**Figure 7: Comparison of lung cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Colorectal Cancer

**-80.0%**

Washington County's (WC) 2007-2009 average rate of 19 per 100,000 population indicates an **80.0% lag** behind the HP2020 baseline of 17. Because the colorectal cancer death rate measure weight is 1.21%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.0%

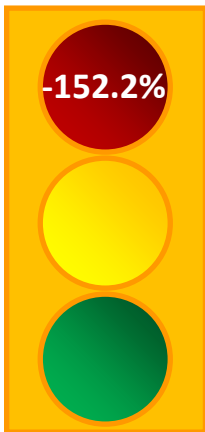
Colorectal cancer is the second-leading cause of malignant neoplasms and it is responsible for 2.4% of the years of potential life lost in WC from 2007-2009. Figure 8 compares the age-adjusted colorectal cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in every year compared to the US except in 2008. There were no statistically significant differences between WC's rates and either the US' or PA's. The trend for the US rate decreased every year from 2000 to 2009, except for 2006 and 2008. PA's trend decreased three times, once from 2000 to 2002, another from 2002 to 2004 and the third from 2004 to 2009. WC's rate trend has been static. Overall, both PA's and WC's ten year average rates (20.1 and 20.5, respectively) were significantly higher than the US' (18.3.)



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

**Figure 8: 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.**

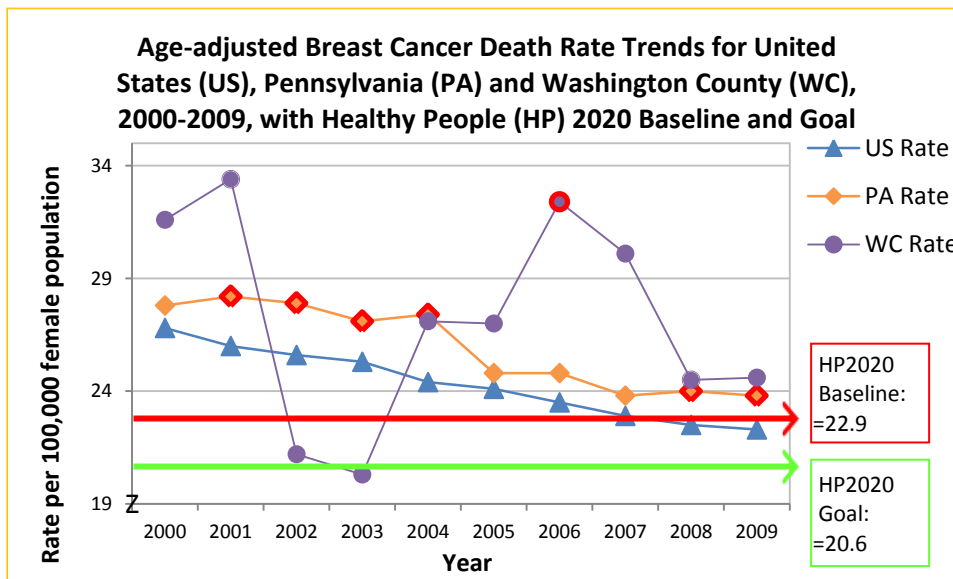
## Breast Cancer



Washington County's (WC) 2007-2009 average rate of 26.4 per 100,000 population indicates a **152.2% lag** behind the HP2020 baseline of 22.9. Because the breast cancer death rate measure weight is 1.27%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.9%

Breast cancer is the second-leading cause of malignant neoplasms in women and it is responsible for 2.6% of the years of potential life lost in WC from 2007-2009. Figure 9 compares the age-adjusted breast cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in 2001 to 2004, 2008 and 2009 compared to the US. There were no differences between PA's and WC's rates. However, WC was significantly higher than the US in 2006 (this is due to WC's wider confidence intervals due to smaller numbers.) The trend for the US rate has decreased five times: from 2000 to 2001; 2001 to 2003; 2003 to 2004; 2004 to 2006; and 2006 to 2008. While PA's trend decreased once between 2004 and 2005 and has maintained that decrease, WC's trend has remained static. Overall, both PA's and WC's ten year average rates (26.2 and 27.7, respectively) were significantly higher than the US' (24.5.)

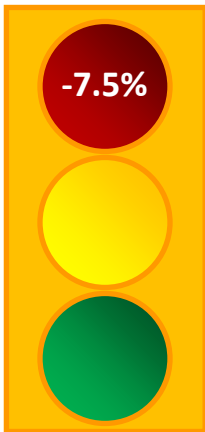
2001 to 2003; 2003 to 2004; 2004 to 2006; and 2006 to 2008. While PA's trend decreased once between 2004 and 2005 and has maintained that decrease, WC's trend has remained static. Overall, both PA's and WC's ten year average rates (26.2 and 27.7, respectively) were significantly higher than the US' (24.5.)



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

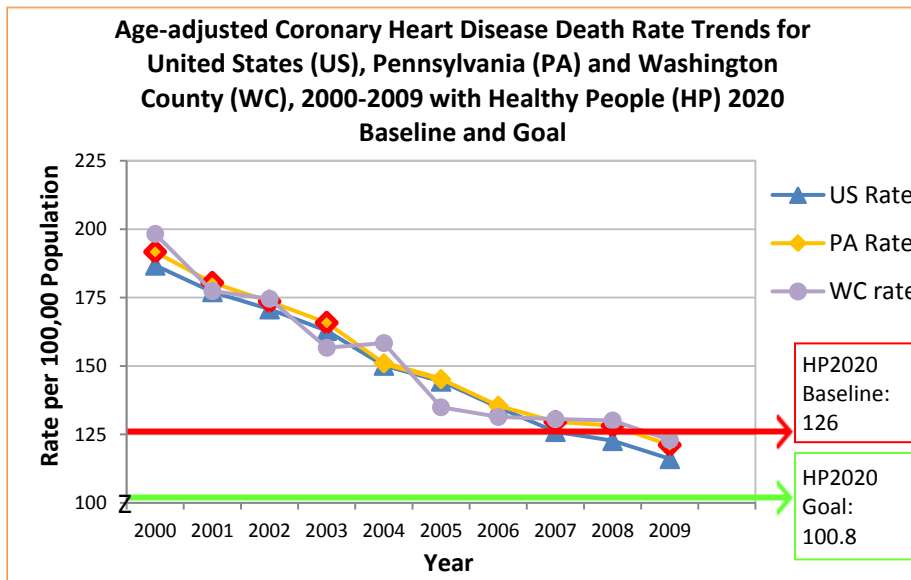
**Figure 9: Comparison of breast cancer death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Coronary Heart Disease



Washington County's (WC) 2007-2009 average rate of 127.9 per 100,000 population indicates a **7.5% lag** behind the HP2020 baseline of 126. Because the coronary heart disease death rate measure weight is 7.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -0.5%

Diseases of the heart are the leading cause of death in the US with coronary heart disease as the most common type. It along with other heart disease related deaths is responsible for 14.4% of the years of potential life lost in WC from 2007-2009. Figure 10 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 higher from 2000-2003 and from 2007-2009 compared to the US. There were no differences in WC's rate compared to the US' and PA's. The rate trends for the US and PA have decreased from 2000 to 2009. WC's rate trend decreased two times, from 2000 to 2003 and from 2000 to 2009. Overall, both PA's and WC's ten year average rates (155.6 and 156.2, respectively) were significantly higher than the US' (151.7.)



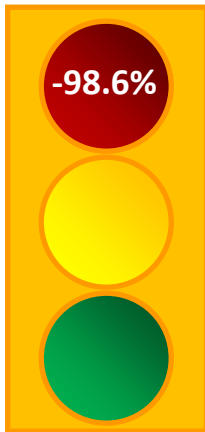
*Data Limitations:* Same as previous.

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

**Figure 10: 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.**



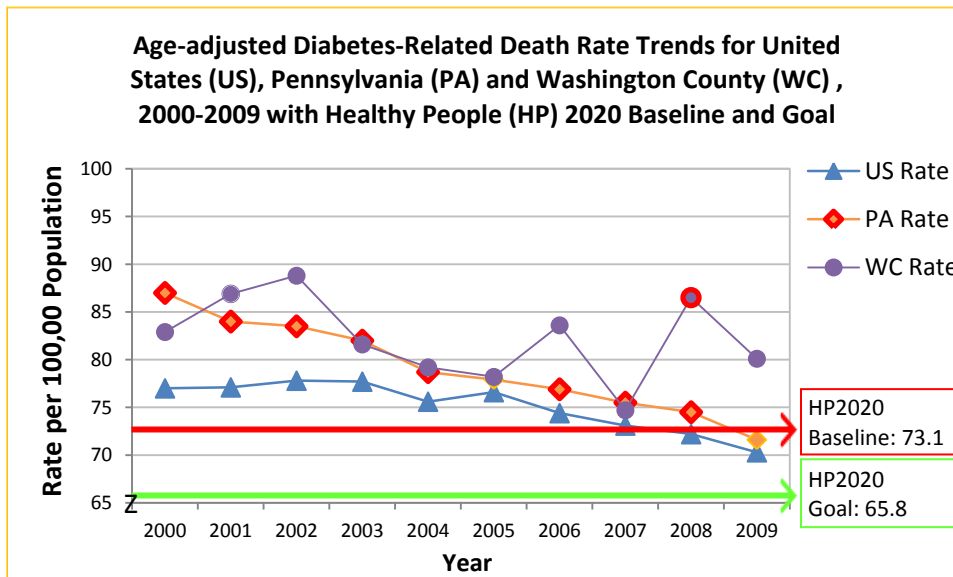
Diabetes



Washington County's (WC) 2007-2009 average rate of 80.3 per 100,000 population indicates a **98.6% lag** behind the HP2020 baseline of 73.1. Because the diabetes-related death rate measure weight is 2%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -2.0%

Diabetes is the seventh leading cause of death in the US and is responsible for 4% of the years of potential life lost in WC from 2007-2009. Figure 11 compares the age-adjusted diabetes-related death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in all years except 2005 and 2009 compared to the US. WC's rates are not different from either PA's or the US' except in 2008 when it was higher than both. The trend for the US rate has decreased since 2004, and PA's has decreased three times: from 2000 to 2004; 2004 to 2007; and 2007 to 2009. WC's rate trend has remained

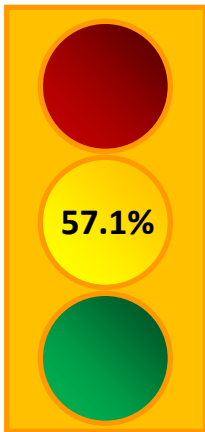
unchanged. Overall, both PA's and WC's ten year average rates (79.6 and 82.9, respectively) were significantly higher than the US' (75.2.)



**Data Limitations:** Same as previous.  
**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death (All causes of death for underlying cause of death and UCD ICD-10 113 cause list "diabetes mellitus E10-14" for multiple cause of death) 1999-2009 on CDC WONDER Online Database, released 2012.

Figure 11: 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.

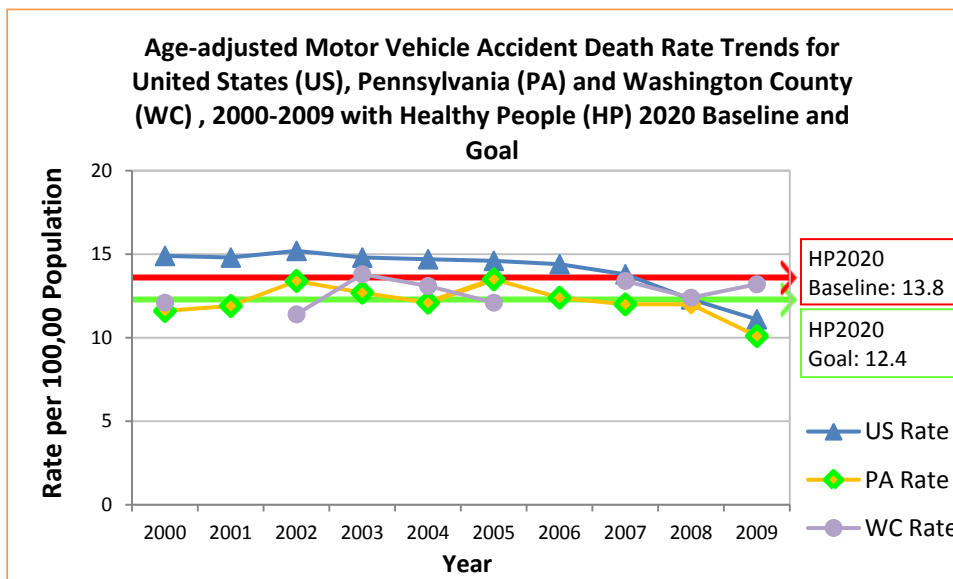
## Motor Vehicle Accident



WC's 2007-2009 average rate of 13 per 100,000 population indicates a **57.1% 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 1.8%

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause. Figure 12 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years except 2008 compared to the US. WC's rate was lower than the US in 2001 and 2006, but no data points are indicated due to small number unreliability. The trend for the US rate has decreased since 2006. After going up in 2002 and 2005, PA's rate trend declined from 2005 to 2007 and 2007 to 2009. WC's rate trend has been static.

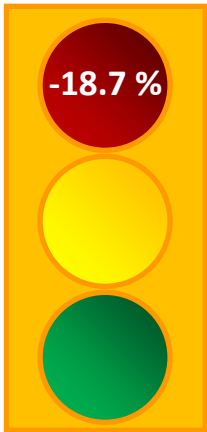
Overall, both PA's and WC's ten year average rates (12.2 and 11.9, respectively) were significantly lower than the US' (14.1.)



**Data Limitations:** Same as previous.  
**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2) 1999-2009 on CDC WONDER Online Database, released 2012.

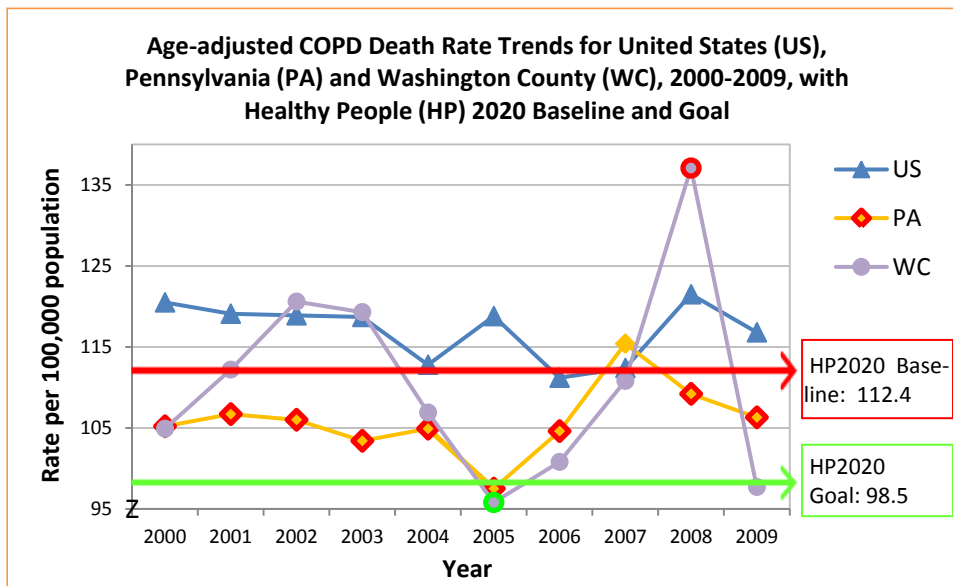
Figure 12: Comparison of motor vehicle accident death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

COPD



Washington County’s (WC) 2007-2009 average rate of 115 per 100,000 population aged 45 years and older indicates an **18.7% lag** behind the HP2020 baseline of 112.4. Because the COPD death rate measure weight is 1.34%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -0.3%

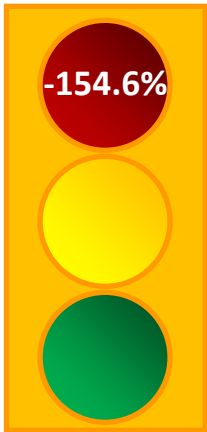
COPD is responsible for 2.7% of the years of potential life lost in WC from 2007-2009. Figure 13 compares the age-adjusted COPD death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rate was significantly lower in all years except 2007 compared to the US. WC’s rate was lower than the US’ and PA’s rate in 2005 but higher than PA’s in 2008. The US trend decreased and increased between 2003 and 2009 for an overall decrease. Although PA’s trend decreased and increased between 2004 and 2008, overall it remained static. WC’s trend has remained static. Overall, WC’s ten year average rate (110.2) was significantly lower than the US’ but not PA’s (117 and 109.7, respectively.)



**Data Limitations:** Same as previous.  
**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes J40-J44. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

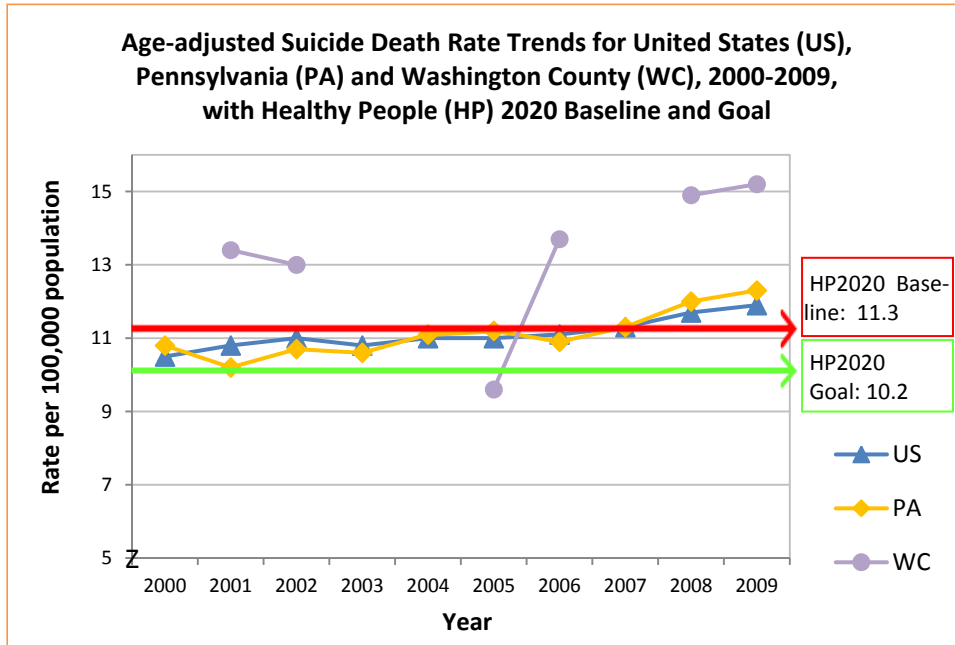
Figure 13: Comparison of COPD death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Suicide



Washington County’s (WC) 2007-2009 average rate of 13 per 100,000 population indicates an **154.6% 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 -4.1%

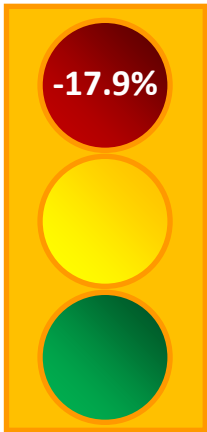
Suicide is responsible for 5.3% of the years of potential life lost in WC from 2007-2009. Figure 14 compares the age-adjusted suicide death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between the US’, PA’s and WC’s rates. The US trend increased between 2000 and 2001 and again in 2008 for an overall increase. Although PA’s trend increased between 2000 and 2009. WC’s trend has remained static. There were no differences in ten year average rates (US and PA at 11.1 and WC at 11.2).



**Data Limitations:** Same as previous.  
**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes U03, X60-X84, Y870. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

Figure 14: 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.

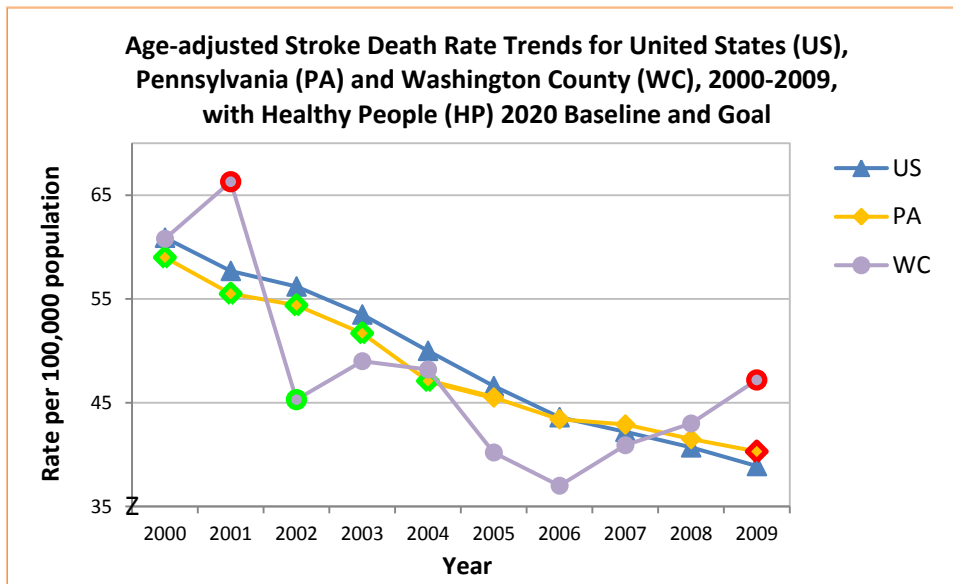
Stroke



Washington County’s (WC) 2007-2009 average rate of 43.7 per 100,000 population indicates an **17.9% lag** behind the HP2020 baseline of 42.2. Because the stroke death rate measure weight is 1.07%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -0.2%

Stroke is responsible for 2.1% of the years of potential life lost in WC from 2007-2009. Figure 15 compares the age-adjusted stroke death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rate was significantly lower from 2000 to 2004 and in 2009 compared to the US. WC’s rate was higher than PA’s rate in 2005 but lower than the US’ and PA’s in 2002. In 2009, WC was higher than the US but not PA. The US trend decreased every year between 2000 and 2009. PA’s trend decreased between 2000 to 2001; 2002 to 2004; 2004 to 2006; and 2006 to 2009. WC’s trend decreased in 2002 for an overall static trend.

Overall, PA’s ten year average rate (47.9) was significantly lower than the US’ (48.6). There were no differences between WC’s ten-year average (47.5) and either the US’ or PA’s.

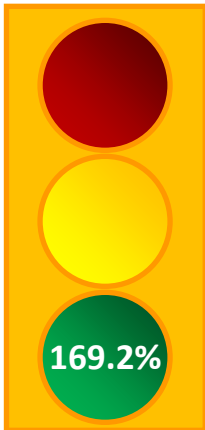


**Data Limitations:** Same as previous. Gaps in years of data are caused by too small numbers of deaths to calculate a reliable rate.

**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes J40-J44. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

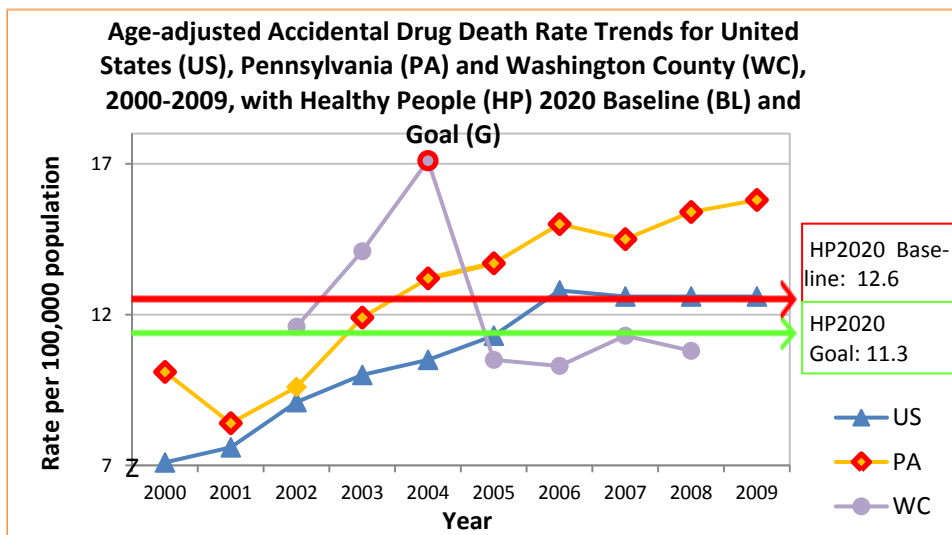
Figure 15: Comparison of stroke death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

## Accidental Drug Poisoning



WC's 2007-2009 average rate of 10.4 per 100,000 population indicates it has met the HP2020 target of 11.3 and **exceeded it by 169.2%**. Because the accidental drug poisoning death rate measure weight is 2.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 3.7%

Accidental drug poisoning is responsible for 4.4% of the years of potential life lost in WC from 2007-2009. Figure 16 compares the age-adjusted accidental drug poisoning death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly higher in all years except 2002 compared to the US. WC's rate was higher than both the US and PA rates in 2004 but lower than PA in 2009 (since the data point was unreliable, it could not be plotted on the graph). The US trend increased every year since 2001 and then leveled off in 2007. Although PA's trend decreased between 2000 and 2001, it rose every year until 2004 and then increased again in 2008, or an overall increase. WC's trend has remained static. Overall, WC's ten year average rate (11.1) was no different than the US' and PA's (10.7 and 12.8, respectively), even though PA's was higher than the US'.

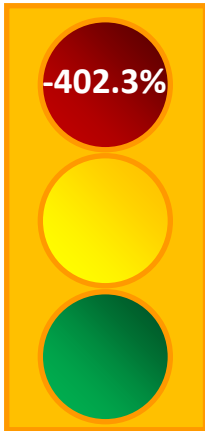


**Figure 16: Comparison of accidental drug poisoning death rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**Data Limitations:** Same as previous. **Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-10 codes D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-Y14. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

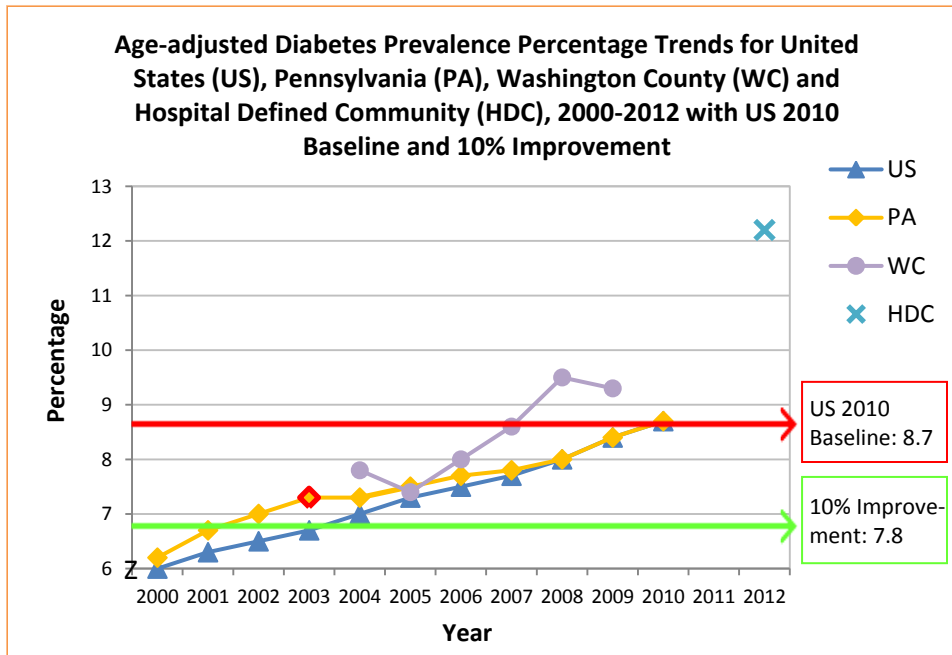
Results—Health Outcomes—Morbidity

Diabetes Prevalence



Hospital defined community's (HDC) 2012 age-adjusted percent of 12.2 indicates a **402.3% lag** behind the US 2010 baseline of 8.7%. Because the diabetes prevalence measure weight is 2.61%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.8%

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the US and is a major cause of heart disease and stroke. Figure 17 compares the age-adjusted diabetes prevalence percentages for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). PA's percentage was significantly higher in all years except 2008 and 2009 compared to the US. There were no differences between WC's percentage and either the US' or PA's percentages (this is due to WC's wider confidence intervals due to smaller numbers.) The trend for the US percent has increased every two years since 2000, except for 2010. PA's percentage trend increased in 2003 and 2009. WC's percentage trend has been static.



**Data Limitations: For US and PA:** Ages 18 and older. The BRFSS underestimates the true prevalence of diabetes. About one-third of persons with diabetes do not know they have it. Because the BRFSS is a telephone survey, bias may be introduced because households without telephones are not included. Although telephone coverage is generally high, non-coverage may be high for certain population groups. For example, American Indians, rural blacks in some southern states, and persons in lower socioeconomic groups typically have lower telephone coverage. Because diabetes is more common among race and ethnic minority groups and among lower socioeconomic groups, BRFSS may underestimate diabetes prevalence for these subpopulations. **For WC:** Ages 20 years and older. County-level estimates were based on indirect model-dependent

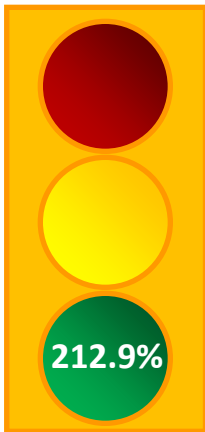
Figure 17: Comparison of percentage of people with diagnosed diabetes by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

estimates. Bayesian multilevel modeling techniques were used to obtain these estimates. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65+; race; sex) at the county-level were developed. State was included as a county-level covariate. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.

**Data Source(s):** Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>. Retrieved [05/11/2012]. **For HDC:** published data from WCHP's 2012 Community Health Assessment.



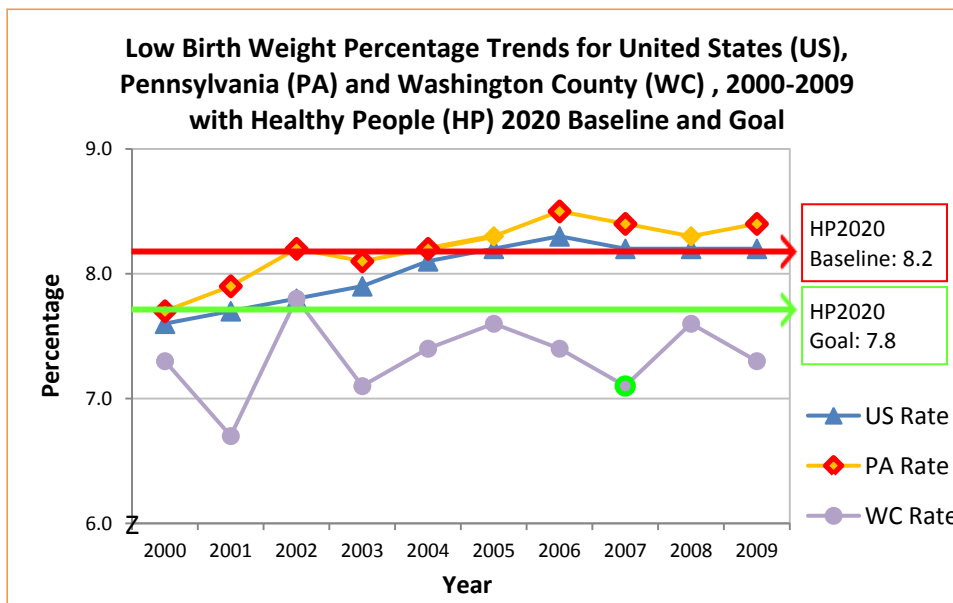
## Low Birth Weight



WC's 2007-2009 percent of 7.3 indicates that it has met the HP2020 goal of 7.8% and **exceeded it by 212.9%**. Because the low birth weight measure weight is 20%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 42.6%

Low birth weight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous. Figure 18 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 percentage was significantly higher in all years except 2005 and 2008 compared to the US. WC's percentage was lower than PA's in 2007, but showed no differences from the US percentages.

The trend for the US increased in 2006 and has maintained that increase. PA's trend increased in 2002 and 2006 and has maintained that increase. WC's trend has been static. Overall, WC's ten year average (7.3%) was significantly lower than both the US' and PA's percents (8.0% and 8.2%, respectively.)



**Figure 18: 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.**

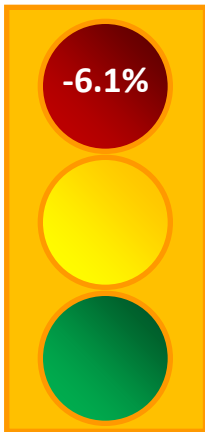
**Data Limitations:** Two different sources of data were compared and this may introduce comparability issues. However, since both data sets rely on birth certificate data, it is assumed this variation is not significant. US low birth weight percentage was calculated by dividing the number of live births weighing less than 2500 grams by the number of total live births. **For PA and WC:** Percentages of low birth weight were calculated by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

**Data Source(s): For US:** Centers for Disease Control and Prevention, National Center for Health Statistics. *Natality public-use data on CDC WONDER (Wide-ranging Online Data for*

*Epidemiologic Research) Online Database, for years 1995-2002 published November 2005, for years 2003-2006 published March 2009, and for years 2007-2009 published March 2012. For PA and WC: EpiQMS - Epidemiologic Query and Mapping System a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, accessed online 5-2012.*

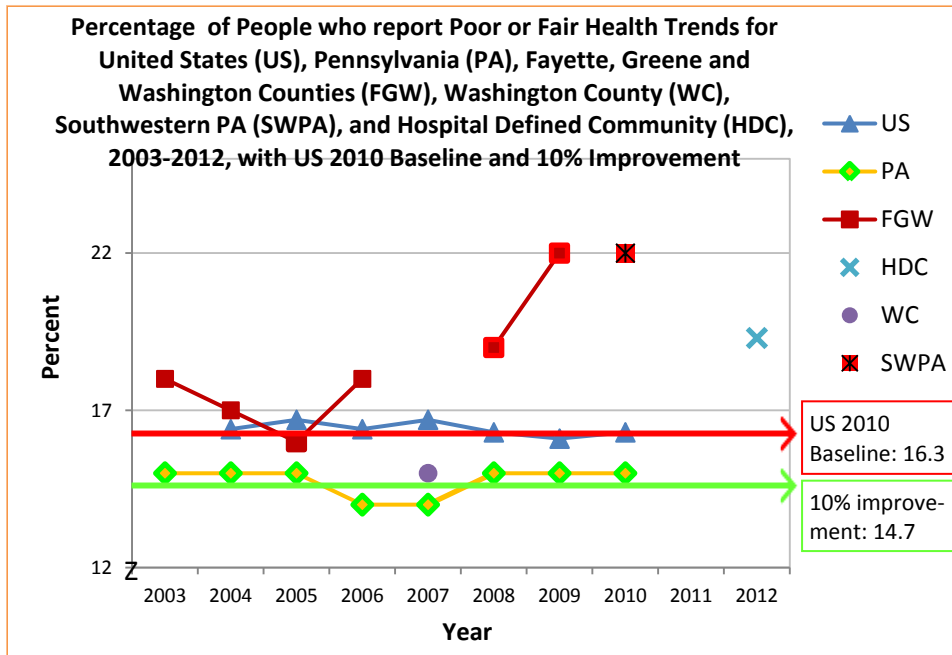


Poor or Fair Health



Hospital defined community's (HDC) 2012 age-adjusted percent of 16.4 indicates a **6.1% lag** behind the HP2020 baseline of 16.3%. Because the poor or fair health measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -0.6%.

Self-reported health status has been shown to be a very reliable measure of current health. Figure 19 compares the percent of people over 18 years of age who report either poor or fair health for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's rate was significantly lower in all years compared to the US. Fayette, Greene and Washington (FGW) Counties' percentage was higher than the US in 2009 and the Southwest PA health district's (Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland Counties) percentage was higher than the US in 2010. Both were higher than PA in the same years and also in 2008. However, the WC 2007 assessment data point shows no differences between the US or PA percentage. The trend for the US rate has decreased from 2007 to 2009. Both PA's and FGW's trends have been static.



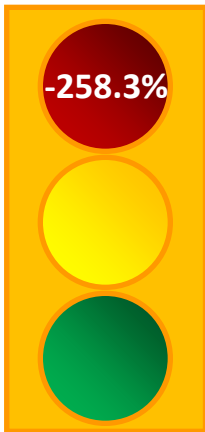
**Data Limitations:** Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For PA and FGW/WC/SWPA:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local

**Figure 19: 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.**

Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. **For PA, WC, FGW and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS., accessed online 5-2012. **For HDC:** published data from WCHP's 2012 Community Health Assessment.



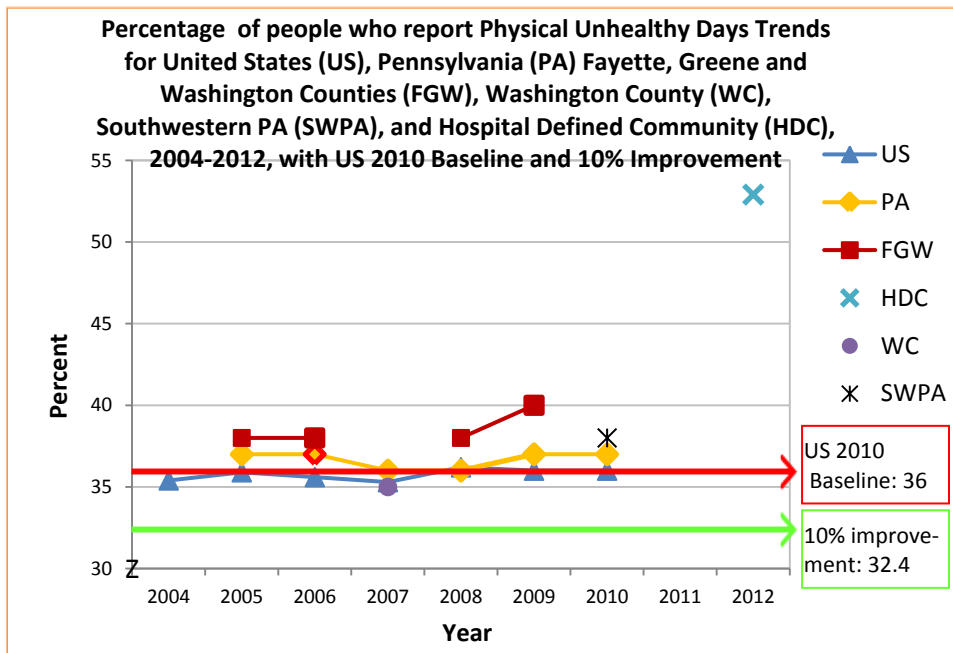
## Physical Unhealthy Days



Hospital defined community's (HDC) 2012 age-adjusted percent of 45.3 indicates a **258.3% lag** behind toward the HP2020 baseline of 36%. Because the physical unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -29.8%

People's reports of days when their physical health was not good are a reliable estimate of their recent health. 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 physical health was not good for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's rate was significantly higher than the US in 2006. There were no differences between FGW/WC/SWPA's percentages and the US's or PA's. The trend for the US rate increased in 2009 and has maintained that increase into 2010. Both PA's and FGW's trends have been static.

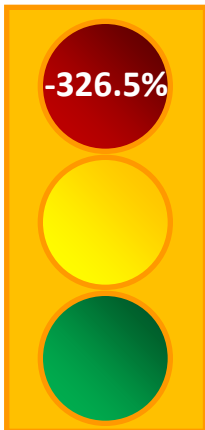
increased in 2009 and has maintained that increase into 2010. Both PA's and FGW's trends have been static.



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

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

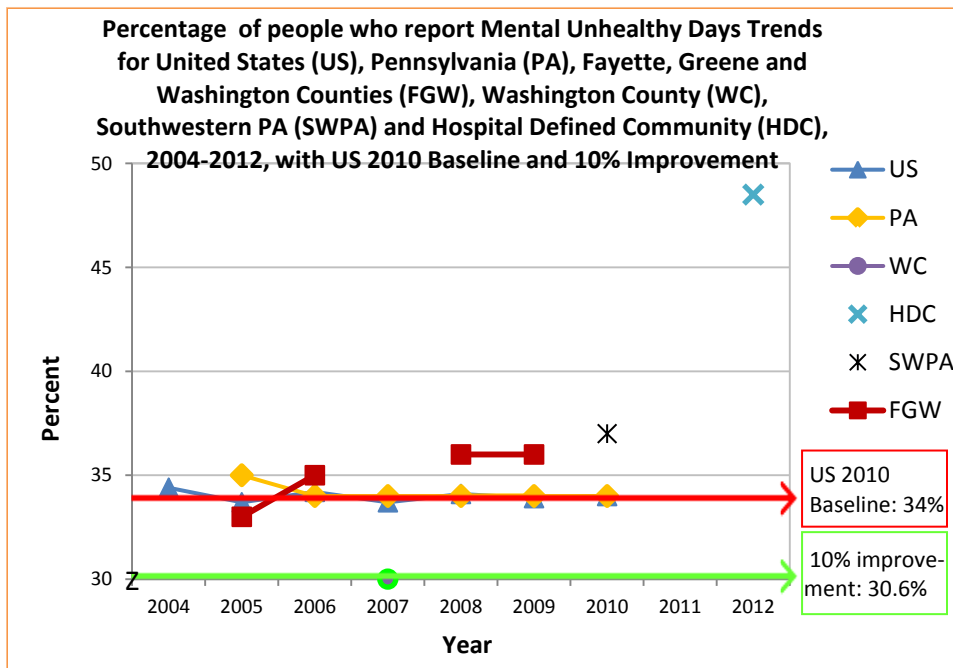
## Mental Unhealthy Days



Hospital defined community's (HDC) 2012 age-adjusted percent of 45.1 indicates a **326.5% lag behind** the HP2020 baseline of 30.6%. Because the mental unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 10.7%

Measuring the number of days when people report that their mental health was not good (i.e., poor mental health days), represent an important facet of health-related quality of life. The County Health Rankings considers health-related quality of life to be an important health outcome. Figure 21 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their mental health was not good for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x').

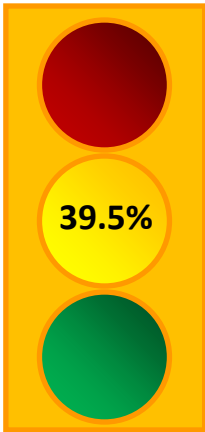
WC's percentage was significantly lower than the US in 2007. There were no differences between FGW/SWPA's percentages and the US's or PA's. The trend for the US rate decreased in 2005 and has maintained that decrease. Both PA's and FGW's trends have been static.



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

**Figure 21: 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.**

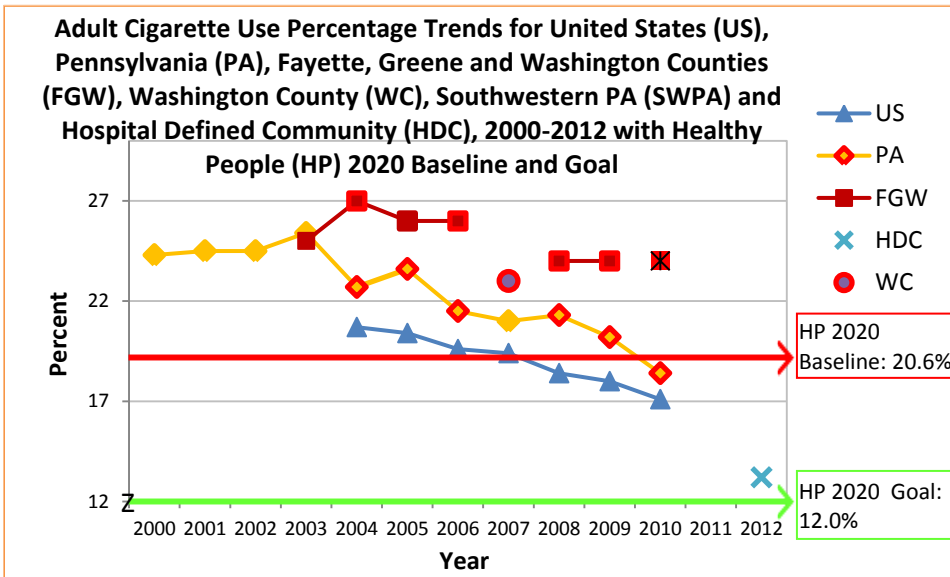
## Adult Smoking



Hospital defined community's (HDC) 2012 age-adjusted percent of 17.2 indicates a **39.5% 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 1.2%

Each year approximately 443,000 premature deaths occur primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health factors. Figure 22 compares the percentage of people over the age of 18 that currently smoke cigarettes for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in 2004, 2006 and 2008-2010. FGW's percentage was significantly higher in 2004 and 2006-2009 compared to the US. SWPA's in 2010 was higher. The trend for the US has decreased every other year since 2005. PA's trend decreased from 2003 to 2008 and again from 2008 to 2010. FGW's trend has remained unchanged.

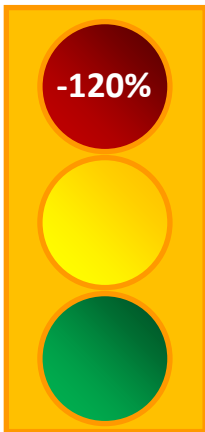
FGW's percentage was significantly higher in 2004 and 2006-2009 compared to the US. SWPA's in 2010 was higher. The trend for the US has decreased every other year since 2005. PA's trend decreased from 2003 to 2008 and again from 2008 to 2010. FGW's trend has remained unchanged.



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

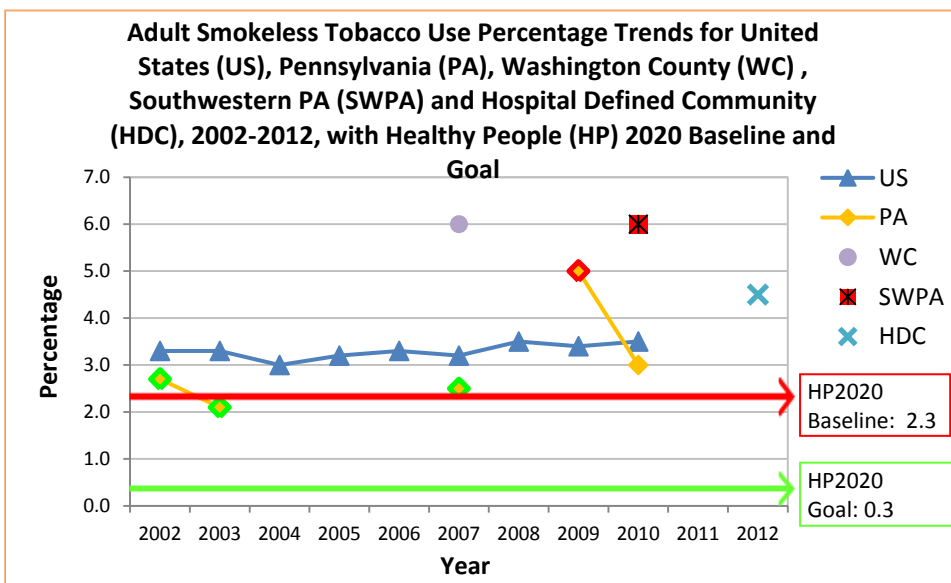
**Figure 22: Comparison of adult cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Adult Smokeless Tobacco Use



Hospital defined community's (HDC) 2012 age-adjusted percent of 4.7 indicates a **120% lag** behind the HP2020 baseline of 2.3. Because the adult smokeless tobacco use measure weight is 0.58%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.7%

Smokeless tobacco use is identified as a cause in multiple diseases including various cancers and cardiovascular disease. Figure 23 compares the percentage of people over the age of 18 who currently use smokeless tobacco for the US (blue triangle), PA (gold diamond), WC (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentage was significantly lower in 2002, 2003 and 2007 compared to the US. It was higher in 2009. WC's percentage was higher than the US and PA rates in 2007 and higher than the US in 2010. SWPA was also higher than the US in 2010. The US trend has been static while PA's rates increased from 2007 to 2009 and decreased from 2009 to 2010, for an overall static trend.



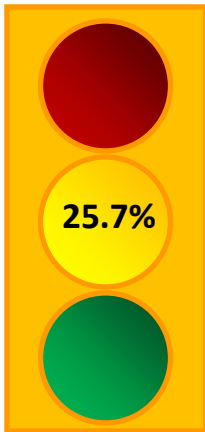
**Data Limitations:** Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. WC's data point was obtained via a mailed survey as

**Figure 23: 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.**

opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Due to small size of respondents, US percentages are not reliable. Gaps in years of data are caused by the question not being used for that year's survey. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.

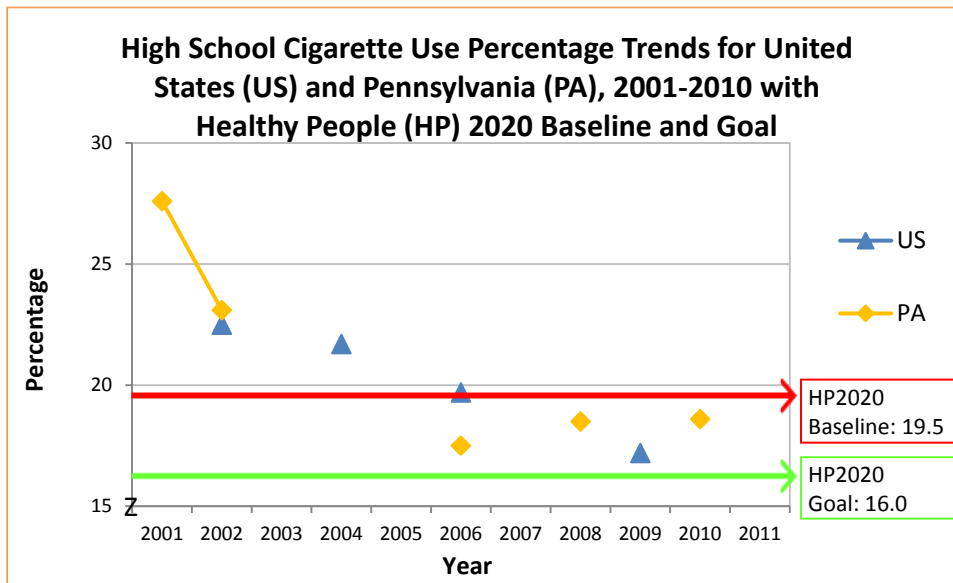
**Data Source(s):** **For US:** SAMHSA, Office of Applied Studies, Results from the 2010 National Survey on Drug Use and Health (NSDUH) **For PA:** Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem> for years 2002-2007. For years 2009 and 2010 **For PA, WC and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS., accessed online 5-2012. The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. **For HDC:** published data from WCHP's 2012 Community Health Assessment.

## High School Student Smoking



PA's 2010 percent of 18.6 indicates a **25.7% progress** toward the HP2020 goal of 16%. Because the high school smoking measure weight is 4.19%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%

More than 80% of adult tobacco users started before the age of 18. Figure 24 compares the percentage of high school students who report smoking on one or more days in the last 30 for the US (blue triangle) and PA (gold diamond). PA's percentages are the same compared to the US. The trend for the US decreased from 2000 to 2002 and again from 2002 to 2009. PA's trend decreased two times, once from 2001 to 2002 and another from 2002 to 2006. There is no lower geographic level of data than the state.



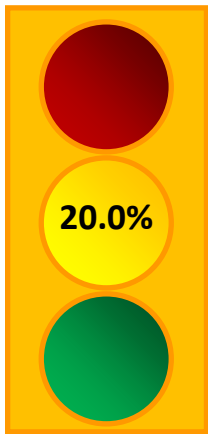
**Data Limitations:** These data apply only to youth who attended middle school or high school. Among persons aged 15–17 years in the United States, approximately 5% were not enrolled in a high school program and had not completed high school in 2005 (<http://nces.ed.gov/pubsearch/pubsearch/pubinfo.asp?pubid=2007059>).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

**Data Source(s):** Preventing Tobacco Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease

**Figure 24: 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.**

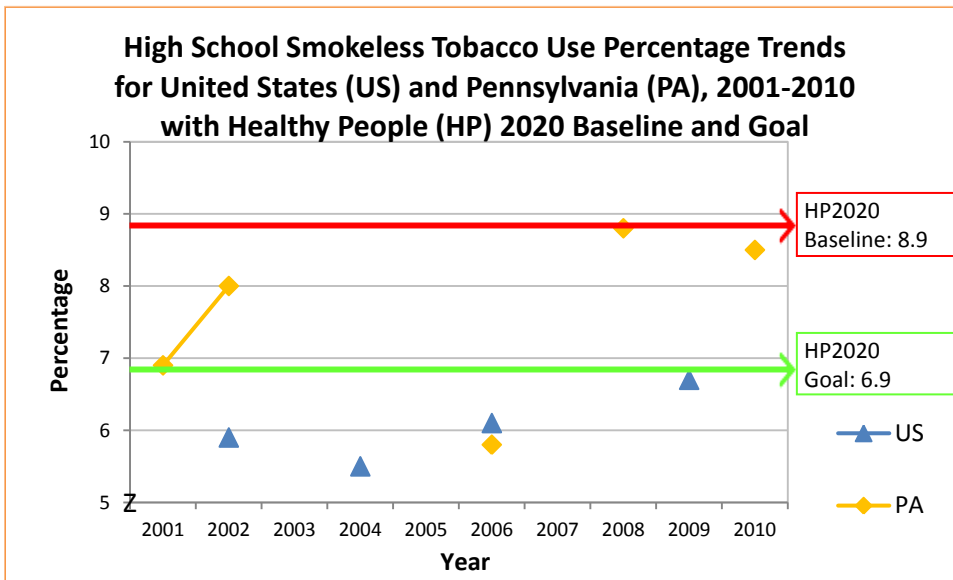
Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012. Centers for Disease Control and Prevention Tobacco Use Among Middle and High School Students --- United States, 2000–2009 Morbidity and Mortality Weekly Report, August 27, 2010 / 59(33);1063-1068. Centers for Disease Control and Prevention Youth Tobacco Surveillance — United States, 2001–2002. Surveillance Summaries, May 19, 2006. MMWR, 2006;55(No. SS-3).

## High School Student Smokeless Tobacco Use



PA's 2010 percent of 8.5 indicates a **20% progress** toward the HP2020 goal of 6.9%. Because the high school smoking measure weight is 1.9%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.4%.

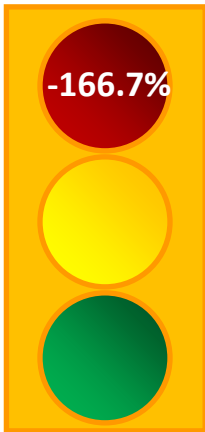
More than 80% of adult tobacco users started before the age of 18. Figure 25 compares the percentage of high school students who report using smokeless tobacco on one or more days in the last 30 for the US (blue triangle) and PA (gold diamond). There are no statistically significant differences between the US' and PA's percentages. The trend for both the US and PA have remained unchanged. There is no lower geographic level of data than the state.



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

**Figure 25: 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.**

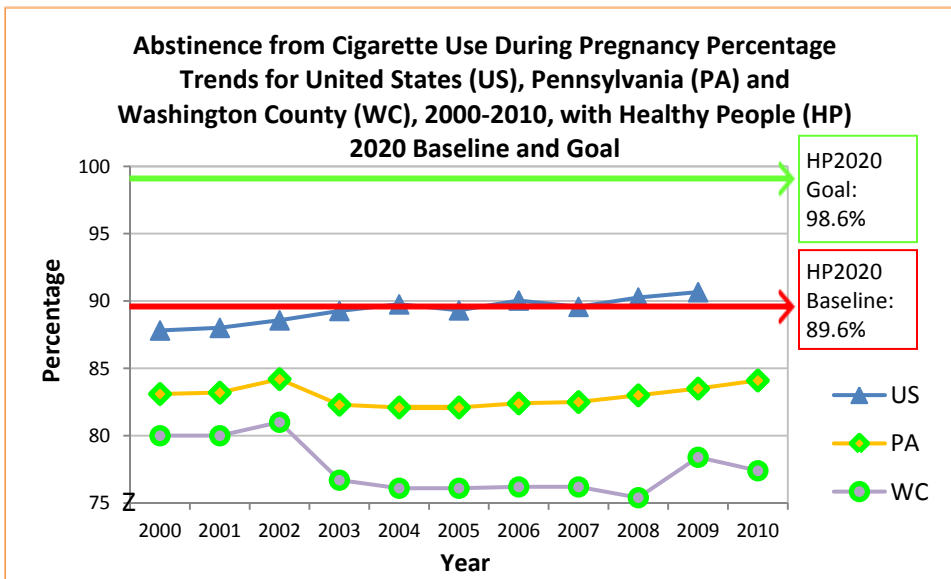
## Pregnant Women Smoking



Washington County's (WC) 2010 percentage of 77.4 indicates a **166.7% lag** behind the HP2020 baseline of 89.6%. Because the pregnant women smoking measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.7%

Smoking during pregnancy causes health problems for both mothers and babies, such as: pregnancy complications; premature birth; low-birth-weight infants; stillbirth; and sudden infant death syndrome (SIDS). Figure 26 compares the percentage of women who did not smoke cigarettes during their pregnancy for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were significantly lower than the US' from 2000-2009. WC's percentages were the same as PA's from 2000 to 2002, but were lower than PA's from 2003 to 2010. The trend for US increased from 2000 to 2006 and has leveled off from 2006 to 2009. PA's trend decreased from 2002 to 2003 then increased from 2003 to 2009. WC's trend has remained unchanged.

levelled off from 2006 to 2009. PA's trend decreased from 2002 to 2003 then increased from 2003 to 2009. WC's trend has remained unchanged.



**Figure 26: 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.**

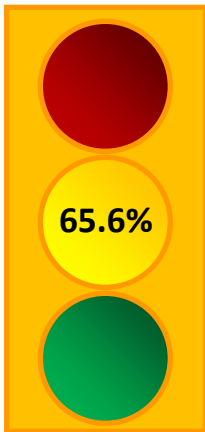
**Data Limitations:** Two different sources of data were compared and this may introduce comparability issues. However, since both data sets rely on birth certificate data, it is assumed this variation is not significant. US cigarette use during pregnancy percentage was calculated by dividing the number 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. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.

**Data Source(s):** For US: WCHP calculated with data from Centers for Disease Control and

Prevention, National Center for Health Statistics. Natality public-use data on CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) Online Database, for years 1995-2002 published November 2005, for years 2003-2006 published March 2009, and for years 2007-2009 published March 2012. **For PA and WC:** EpiQMS - Epidemiologic Query and Mapping System a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Birth Certificate Dataset, accessed online 5-2012.

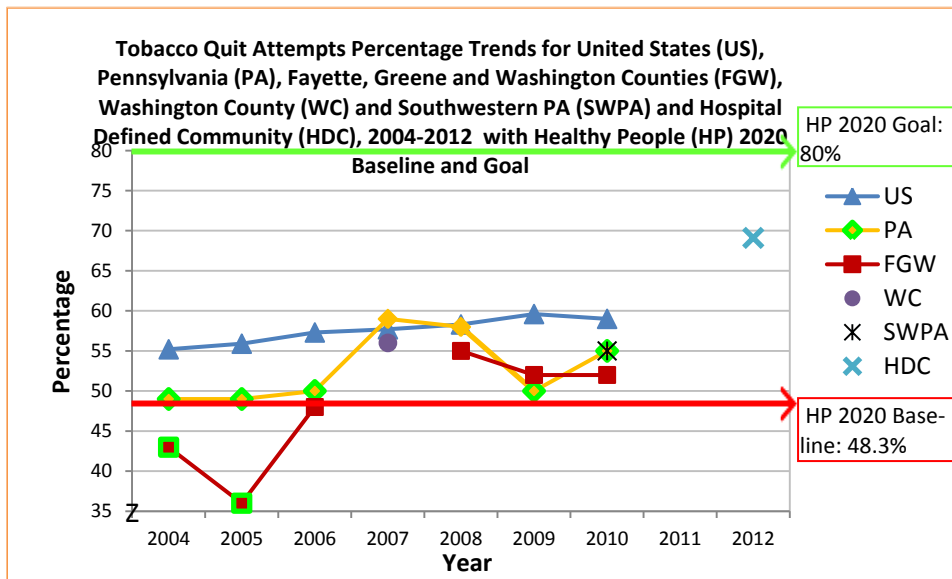


## Tobacco Quit Attempts



Hospital defined community's (HDC) 2012 age-adjusted percent of 69.1 indicates **65.6% progress** toward the HP 2020 goal of 80%. Because the tobacco quit attempts measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.7%

Among current U.S. adult tobacco users, 68.8% report that they want to quit completely and take an average of 6 attempts before they do so. Figure 27 compares the percent of tobacco users over 18 years of age who report that they quit tobacco use for one day or longer because they were trying to quit in the past year for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentages were lower than the US' from 2004 to 2006 and again in 2009 and 2010. FWG's percentage was significantly lower than the US in 2004 and 2005. There were no differences between WC's or FGW's percentages and PA's and no difference between WC's and the US'. The trend for the US rate increased in 2006 and has maintained that increase. Both PA's and FGW's trends have been static.

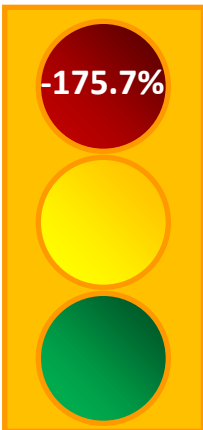


**Figure 27: Comparison of percentage of tobacco users over the age of 18 reporting stopping tobacco use for one day or longer in an attempt to quit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**Data Limitations:** Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For PA and WC:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002,

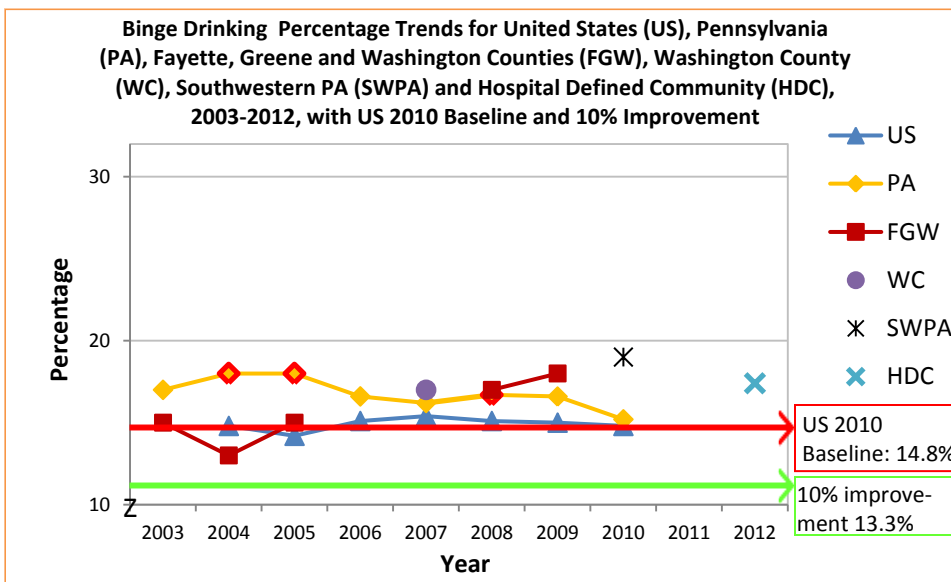
includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The Pennsylvania Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US and PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. **For WC, FGW and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS., accessed online 5-2012). **For HDC:** published data from WCHP's 2012 Community Health Assessment.

## Binge Drinking



Hospital defined community's (HDC) 2012 age-adjusted percent of 17.4 indicates a **175.7% lag** behind the US 2009 baseline of 14.8%. Because the binge drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.2%

Excessive drinking is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes. Binge drinking is one type of excessive drinking. Figure 28 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), WC (purple circle), FGW (maroon square), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentage was significantly higher than the US in 2004, 2005 and 2008. There were no differences between FGW/WC/SWPA's percentages and either the US's or PA's. The trend for the US percentage increased from 2005 to 2006 and decreased in 2010 for an overall no change. PA's trend decreased from 2005 to 2010. FGW's trend has been static.



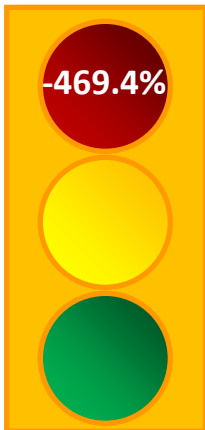
**Figure 28: Comparison of percentage of people over the age of 18 reporting binge drinking in the past 30 days (5 or more drinks in one occasion for men and more than 4 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**Data Limitations:** Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For FGW/ WC/ SWPA:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by

Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results. **For WC and HDC:** Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US and PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. **For WC, FGW and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 5-2012. **For HDC:** published data from WCHP's 2012 Community Health Assessment.

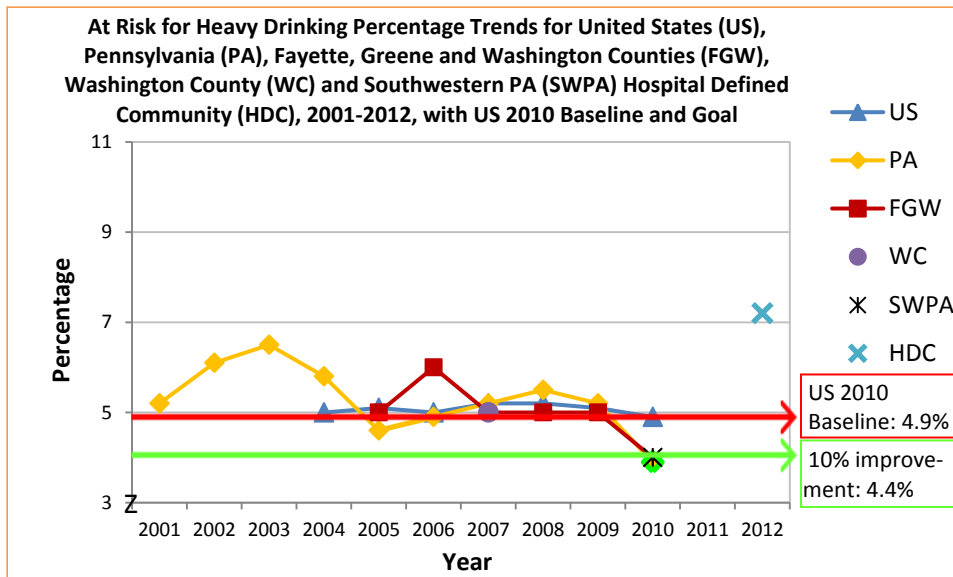


## At Risk for Heavy Drinking



Hospital defined community's (HDC) 2012 age-adjusted percent of 7.2 indicates a **469.4% lag** behind the US 2010 baseline of 4.9%. Because the at risk for heavy drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is -5.9%

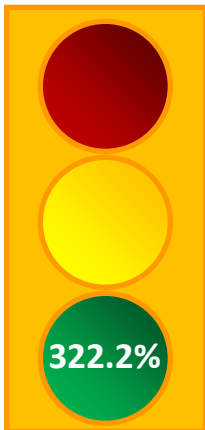
Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. At risk for heavy drinking is one type of excessive drinking. Figure 29 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), WC (purple circle), FGW (maroon square), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentage was significantly lower than the US in 2010. There were no differences between FGW/WC/SWPA's percentages and the US's or PA's. The trends for the US and FGW have been static. PA's trend decreased from 2003 to 2005, but overall remained static. The trends for the US and FGW have been static. PA's trend decreased from 2003 to 2005, but overall remained static.



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

**Figure 29: 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.**

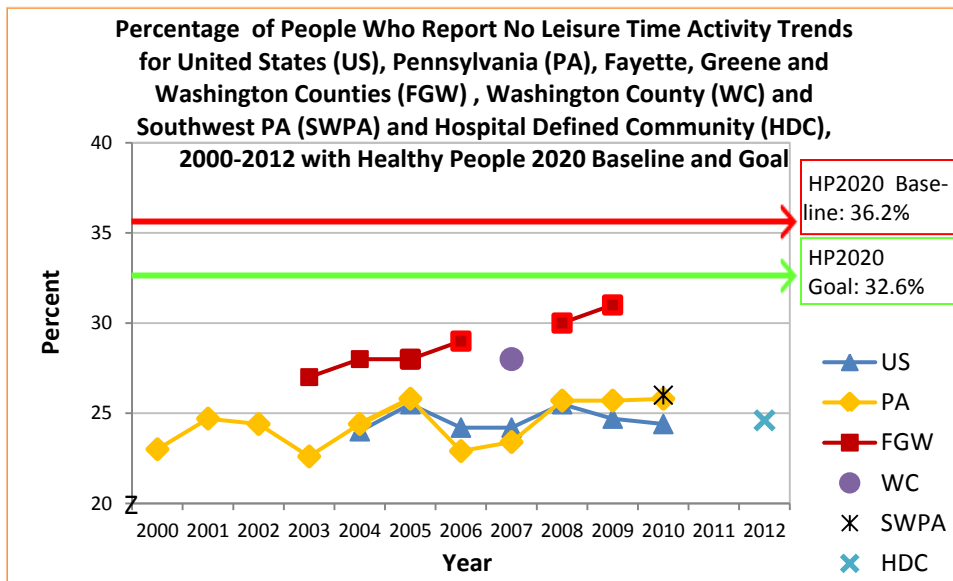
## Adult Inactivity



Hospital defined community's (HDC) 2012 age-adjusted percent of 24.6 indicates that it has met the HP2020 goal of 32.6% and **exceeded it by 322.2%**. Because the adult inactivity measure weight is 1.14%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.7%

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures of circulatory system diseases. Figure 30 compares the percentage of people over the age of 18 who report they have no leisure time activity for the US (blue triangle), PA (gold diamond) and Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). There were no

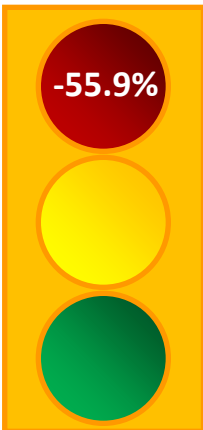
significant differences between the US' and PA's percentages. FGW's percentages were higher than the US in 2006, 2008 and 2009 and higher than PA's in 2006. After increasing in 2005 and 2008, the trend for the US decreased from 2005 to 2007 and again from 2008 to 2009 for an overall static trend. After going down in 2006, PA's trend increased from 2006 to 2009 for an overall slight increase in 2010. FGW's trend has been static.



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

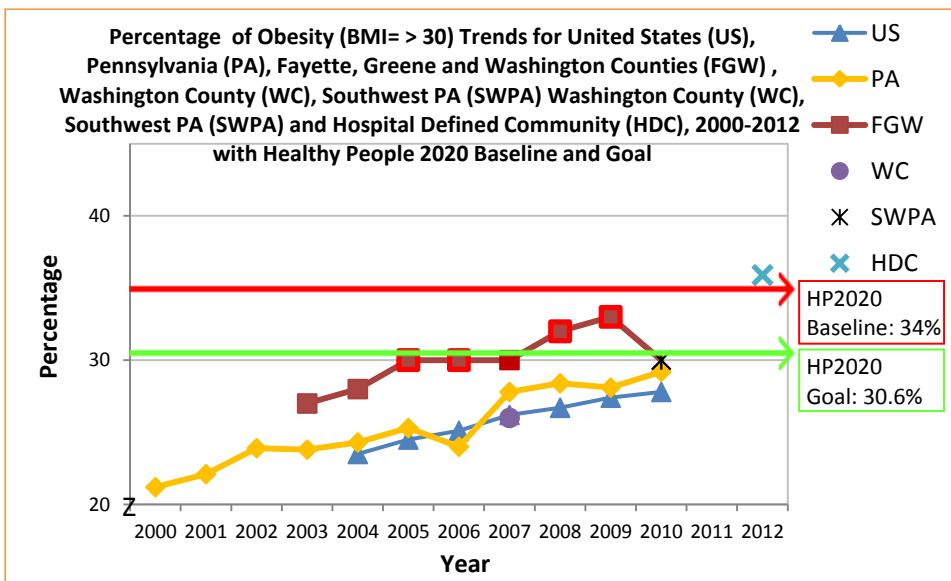
**Figure 30: Comparison of people who report they have no leisure time activity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Adult Obesity



Hospital defined community's (HDC) 2012 age-adjusted percent of 35.9 indicates a **55.9 lag** behind the HP2020 baseline of 34%. Because the adult obesity measure weight is 3.15%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.8%

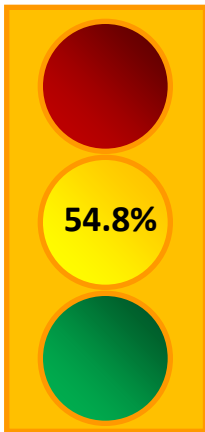
Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. Figure 31 compares the percent of people over the age of 18 whose body mass index is 30 or higher for the US (blue triangle), PA (gold diamond) WC (purple circle), FGW (maroon square), SWPA (black asterisk) and HDC (aqua 'x'). There were no differences between PA's percentage compared to the US. FGW's percentages were higher than PA's in 2006 and 2009. FGW's percentages were higher than the US's in 2005, 2006, 2008 and 2009. The trend for the US increased from 2004 to 2005; 2005 to 2007; and 2007 to 2009. PA's trend decreased from 2000 to 2002 and increased from 2002 to 2007. FGW's trend has been static.



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

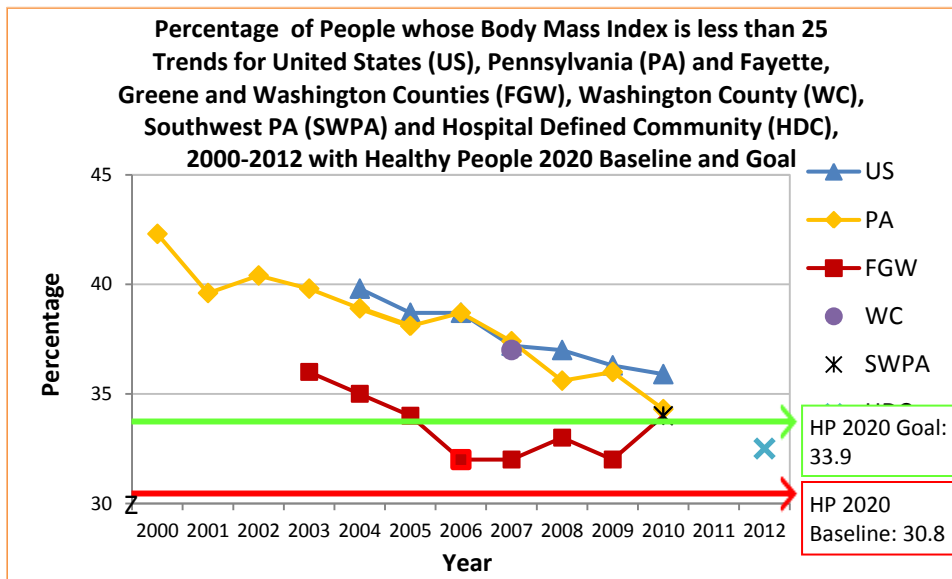
**Figure 31: Comparison of adult obesity percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Adult Healthy Weight



Hospital defined community's (HDC) 2012 age-adjusted percent of 32.5 indicates a **54.8% progress** toward the HP2020 goal of 33.9%. Because the adult healthy weight measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%

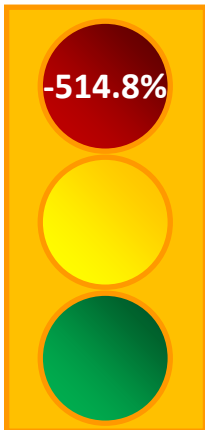
The health benefits of healthy weight include lowering the risk of heart disease; stroke; diabetes; high blood pressure; and cancers, including breast, colon, kidney, pancreas and esophagus. Figure 32 compares the percent of people over 18 years of age whose body mass index is less than 25 for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). There were no differences between PA's and the US' percentages. Fayette, Greene and Washington (FGW) Counties' percentage was lower than both PA and the US in 2006. The trend for the US rate decreased from 2004 to 2005; from 2005 to 2007 and from 2007 to 2009. PA's trend decreased two times: from 2002 to 2007 and from 2007 to 2010. FGW's trend has been static.



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

**Figure 32: Comparison of percentage adult healthy weight by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

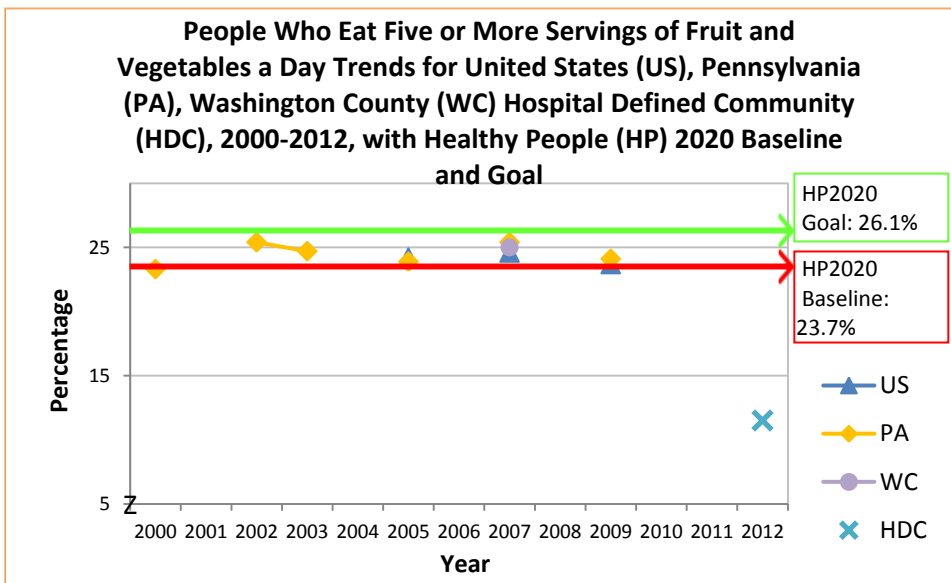
## Fruit and Vegetable Consumption



Hospital defined community's (HDC) 2012 age-adjusted percent of 11.5 indicates a **514.8% lag** behind the HP2020 baseline of 23.7%. Because the fruit and vegetable consumption measure weight is 0.85%, the contribution to the 2020 Healthy Community Health Factor Score™ is -4.4%

A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis. Figure 33 compares the percentages of people over the age of 18 who eat five or more servings of fruits and vegetables a day for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'x'). There were no differences between the US's, PA's or WC's percentages. The trend for the US rate has

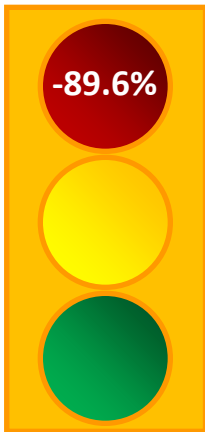
decreased in 2009, while PA's has remained unchanged.



**Data Limitations:** Same as previous. Gaps in years of data are caused by the question not being used for that year's survey and/or the survey was not done that year.  
**Data Source(s):** Same as previous.

**Figure 33: Comparison of people who eat five or more fruits and vegetables a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

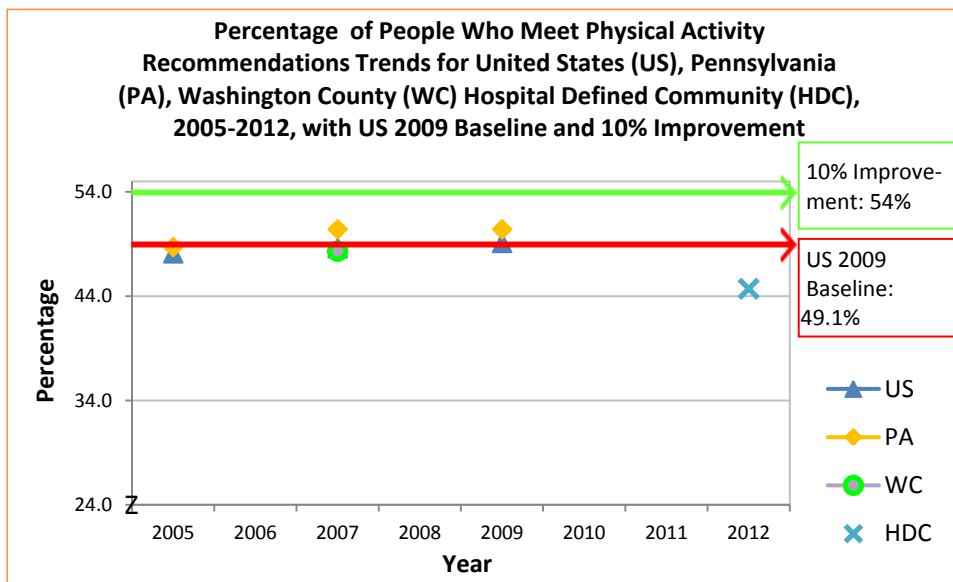
## Adults Meeting Recommended Physical Activity Levels



Hospital defined community's (HDC) 2012 age-adjusted percent of 44.7 indicates a **89.6% lag** behind the US 2010 baseline of 49.1%. Because the meeting recommended physical activity levels measure weight is 1.4%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.2%

Regular physical activity can prevent the development of cardiovascular disease, colon cancer, high blood pressure, diabetes and osteoporosis. Regular physical activity also helps treat a variety of common illnesses, including arthritis, diabetes and cardiovascular disease. Figure 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) for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua 'X'.) There were no differences between PA's percentage and the US'.

In 2007, WC's percent was significantly lower than PA's in 2007. All trends are static.

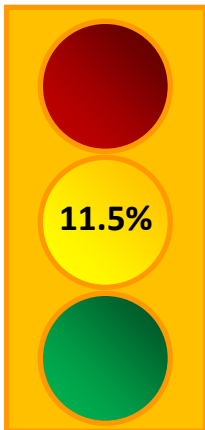


*Data Limitations:* Same as previous.  
*Data Source(s):* Same as previous.

**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.**



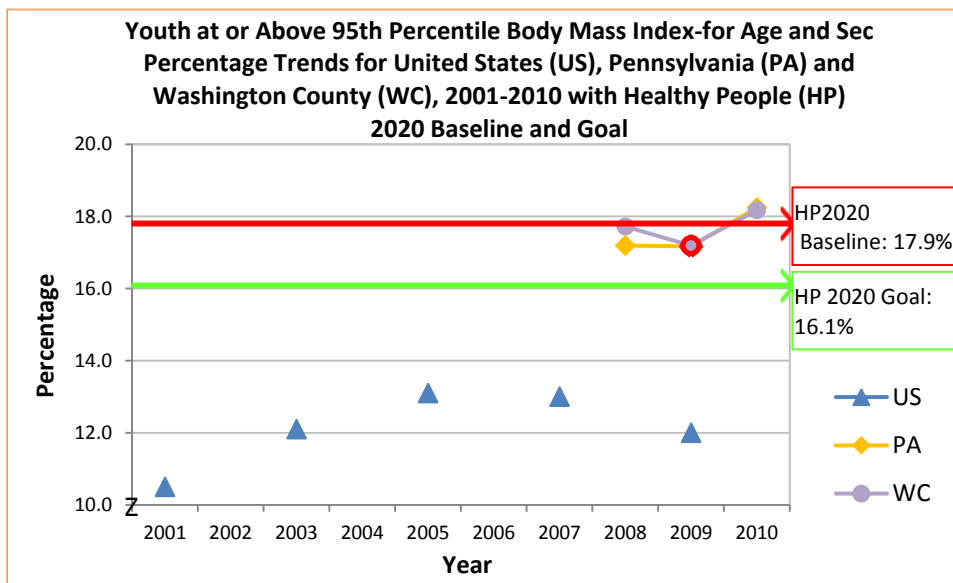
## Youth Obesity



WC's 2008-2010 percentage of 17.69 indicates an **11.5% progress** toward the HP 2020 goal of 16.1%. Because the youth obesity measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.2%

Obese youth are more likely to have risk factors for cardiovascular disease (such as high cholesterol or high blood pressure), development of diabetes, bone and joint problems, sleep apnea, and social and psychological problems. In addition, obese youth are likely to become obese adults. Figure 35 compares the percent of enrolled public school students grade 9 to 12 whose body mass index for age and sex is at the 95th percentile or above for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages were significantly higher than the US'. The trend for the US has been static. Both PA's and WC's trends have increased.

and WC's trends have increased.



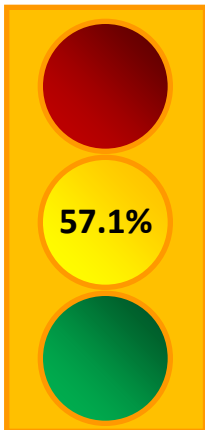
**Figure 35: Comparison of percentage of youth obesity by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**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 while PA are from mandatory school growth screenings. The HP 2020 baseline and goals rely on NHANES data.*

**Data Source(s):** **For US:** Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed on [5-2010]. **For PA and WC:** PA Department of

Health, School Statistics, BMI Screening for age, accessed [5-2012], available on line at <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=556724&mode=2>.

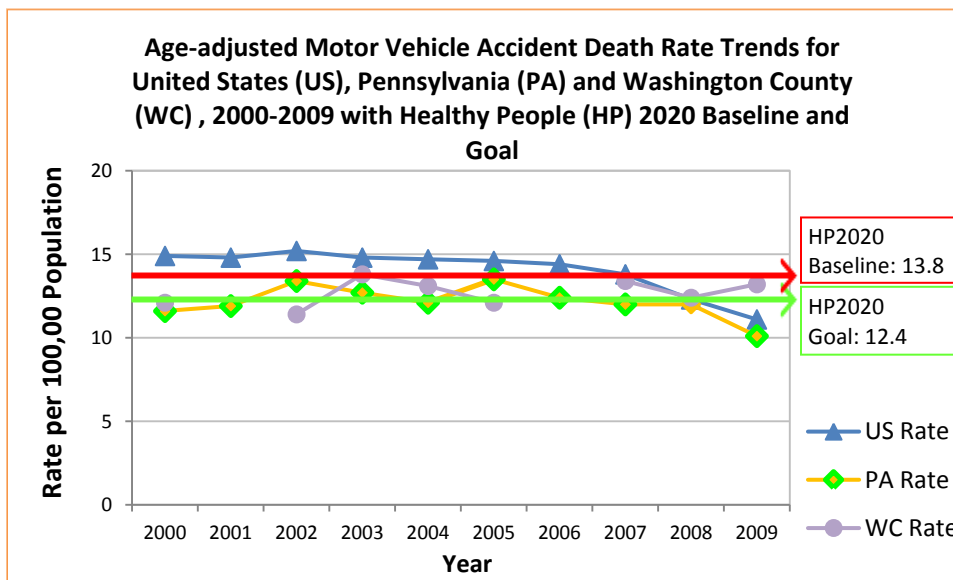
## Motor Vehicle Accidents



WC's 2007-2009 average rate of 13 per 100,000 population indicates a **57.1% 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 Factor Score™ is 0.5%

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause. Health risk behaviors that contribute to this include drinking alcohol and driving as well as not using seatbelt. Figure 36 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's rate was significantly lower in all years except 2008 compared to the US. WC's rate was lower than the US in 2001 and 2006, but no data points are indicated due to small number

unreliability. There were no differences between WC's and PA's rates. The trend for the US rate has decreased since 2006. After going up in 2002 and 2005, PA's rate trend declined from 2005 to 2007 and 2007 to 2009. WC's rate trend has been static. Overall, both PA's and WC's ten year average rates (12.2 and 11.9, respectively) were significantly lower than the US' (14.1.)



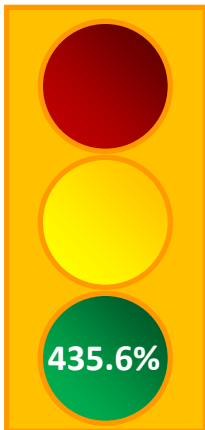
**Data Limitations:** Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding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

**Data Source(s):** Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death (ICD-10 codes V02-V04 (.1-.9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1,

**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.**

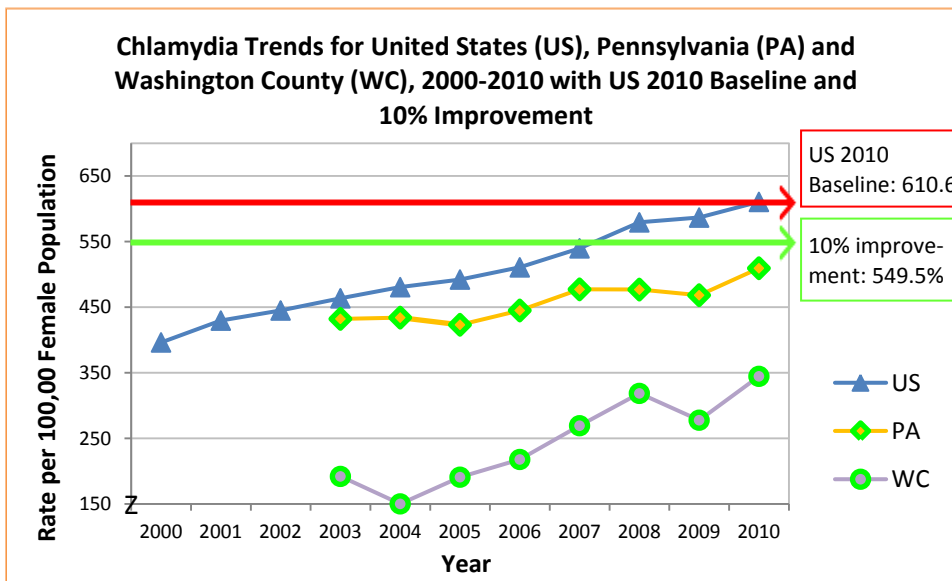
V83-V86 (.0-.3), V87 (.0-.8), V89.2) 1999-2009 on CDC WONDER Online Database, released 2012.

## Chlamydia



WC's 2010 rate of 344.6 Chlamydia infections per 100,000 females indicates that it has met the 10% improvement of 549.5 and **exceeded it by 435.6%**. Because the Chlamydia measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 10.9%

Chlamydia is the most common bacterial Sexually Transmitted Infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs in general are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death. Figure 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 rate is increasing. After decreasing from 2004 to 2005, PA's rate trend increased from 2005 to 2006; 2006 to 2007; and 2007 to 2010. WC's trend rate has been static.



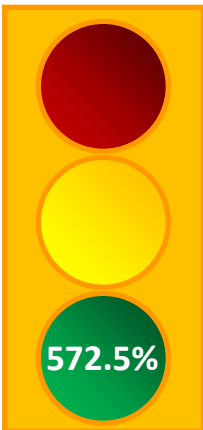
**Figure 37: Comparison of Chlamydia rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**Data Limitations:** Case report data are influenced by screening coverage and the use of several different types of diagnostic tests for chlamydial infection. Chlamydia positivity in women attending clinics is an estimate of prevalence; it is not true prevalence. Family planning and other clinic-based data reported to CDC may not be fully representative of the entire clinic population.

**Data Source(s):** For the US: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention, accessed [5-2012], available online at <http://www.cdc.gov/std/Chlamydia2010/stateA.htm>. For PA and WC: EpiQMS, Epidemiologic Query and Mapping System, a collaborative

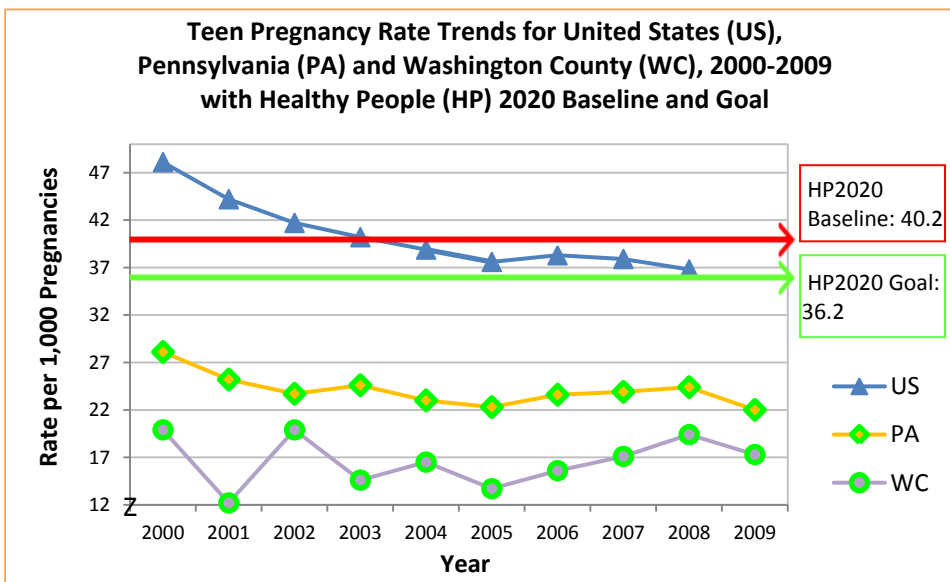
effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Department of Health, Bureau of Communicable Diseases, accessed online 5-2012.

## Teen Pregnancy Rate



WC's 2010 rate of 17.3 indicates it has met the HP2020 goal of 36.2 and **exceeded it by 572.5%**. Because the teen pregnancy rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 7.2%

Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. Figure 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. WC's rate was lower than PA's in every year except 2002 and 2010. The trend for the US rate has decreased since 2000. PA's trend decreased from 2000 to 2001; 2001 to 2002; 2002 to 2005; 2006 to 2009 with an increase from 2005 to 2006, for an overall decrease. WC's trend has remained unchanged.

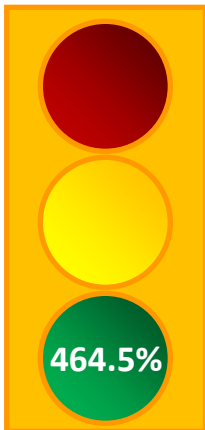


**Data Limitations:** These data are not adjusted to reflect women's age at conception or the year in which she conceived. Second, unlike some other reports, this one includes estimated numbers and rates of pregnancies ending in miscarriage. Denominators are based on population estimates that are produced 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.

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

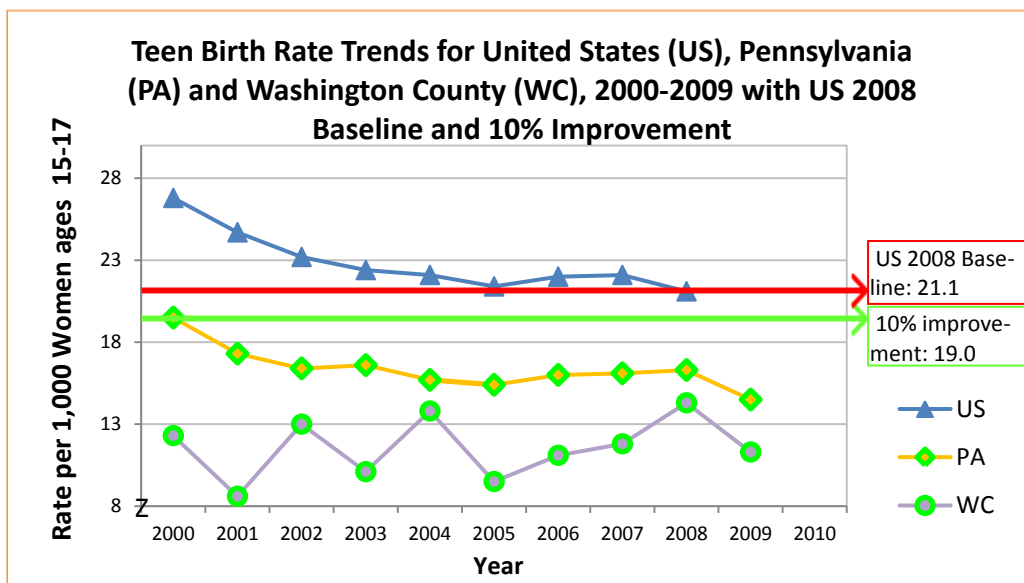
**Data Source(s):** Kost K and Henshaw S, U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity, 2012, <<http://www.guttmacher.org/pubs/USTPtrends08.pdf>>.

## Teen Birth Rate



WC's 2010 rate of 23.7 indicates it has met the 10% improvement goal of 30.9 and **exceeded it by 464.5%**. Because the teen birth rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 5.8%

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. 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). Both PA's and WC's rates were significantly lower than the US for all comparable years. WC's rate was lower than PA's in most years (2000, 2001, 2003, 2005, 2006 and 2007). Except for 2 years (2006 and 2007) the trend for the US rate decreased steadily from 2000 to 2008. PA's trend decreased from 2000 to 2001; 2001 to 2005; and 2005 to 2009. WC's trend has been static.

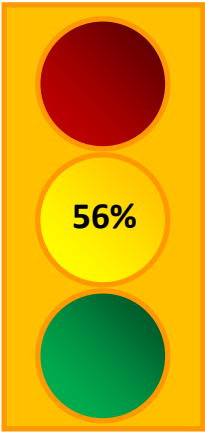


**Data Limitations:**  
Same as previous.  
**Data Source(s):**  
Same as previous.

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

Results—Health Factors—Clinical Care

Adults with Health Insurance



Hospital defined community’s (HDC) 2012 age-adjusted percent of 92.6 indicates **56% 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 2.1%.

Lack of health insurance coverage is a significant barrier to accessing needed health care. 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), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua ‘x’). PA’s percentage was significantly higher than the US in 2004, 2006 and 2008-2010. FGW’s percentage was significantly higher for all years except 2010 compared to the US. FGW/WC/SWPA’s percentages were the same as PA’s except FGW’s in 2006 which was lower. The trends for the US and FGW have remained unchanged. PA’s trend decreased from 2000 to 2008 and again from 2008 to 2010.

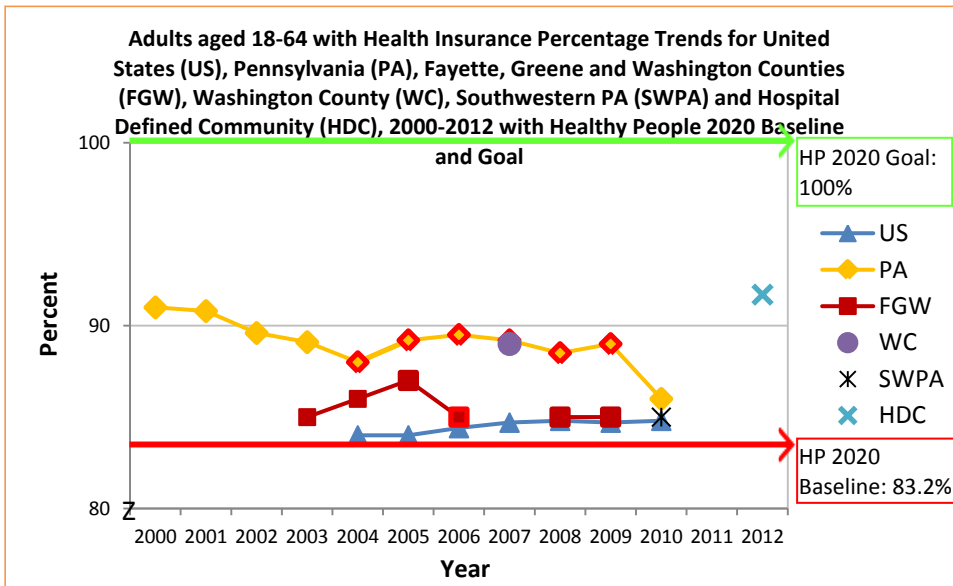
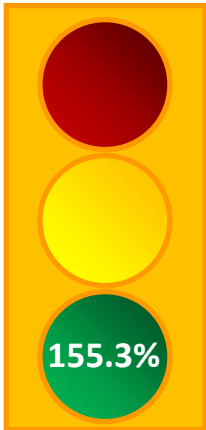


Figure 40: Comparison of uninsured adults by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

**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 PA (2000-2003) and

**FGW/WC/SWPA:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County’s true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA’s smallest level of geography that included Washington County was the Southwest PA, which included nine other counties’ results. **For HDC:** HDC’s data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US and PA (for years 2004-2010):** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. **For PA (years 2000-2003), WC, FGW and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 5-2012. **For HDC:** published data from WCHP’s 2012 Community Health Assessment.

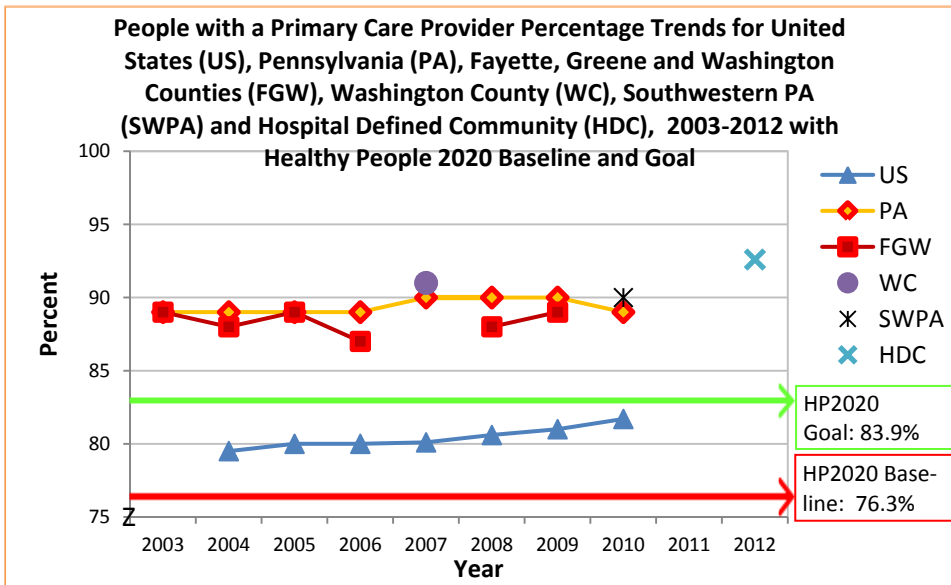
## Usual Primary Care Provider



Hospital defined community's (HDC) 2012 age-adjusted percent of 88.1 indicates that it has met the HP2020 goal of 83.9% and has **exceeded it by 155.3%**. Because the usual primary care provider measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.5%.

Studies have found that patients who have a primary care provider are more likely to receive appropriate preventive services such as cancer screening and flu shots. Figure 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), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). Both PA's and FGW/WC/SWPA's percentages were significantly higher in all years compared to the US. There were no differences between PA's and FGW/WC/SWPA's

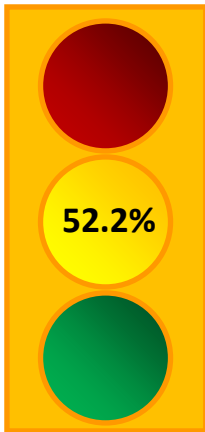
percentages. Both PA's and FGW's trends have remained static. The US trend decreased between from 2007 to 2010.



*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.**

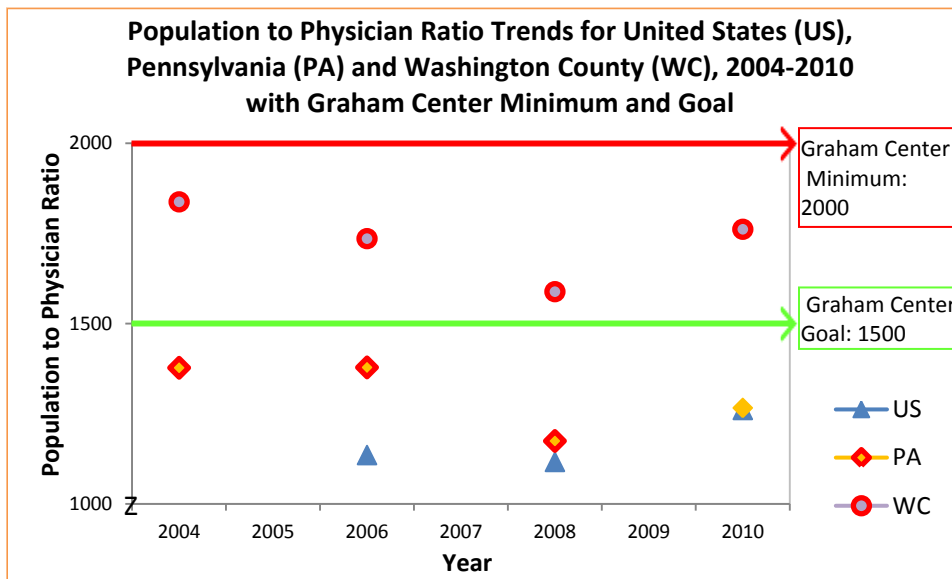
## Primary Care Physician Ratio



WC's 2010 ratio of 1761 to 1 indicates a **52.2% progress** toward the Graham Center goal of 1500 to 1. Because the primary care physician ratio measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.2%.

According to Robert Phillips, M.D., M.P.H., executive director of the Graham Center, family physicians can have a sizeable impact on reducing health care costs and hospitalization rates when the patient-to-physician ratio is 1,500-2,000 patients for every one primary care physician. In addition, said Phillips, the ability of primary care physicians to reduce health care costs and hospitalization rates is even greater when the patient-to-physician ratio is smaller. Figure 42 compares the population to direct care primary care physician ratio for the US (blue triangle), PA (gold diamond) and WC (purple circle).

Both PA's and WC's ratios are higher than the US and WC's is higher than PA's. The trend for the US decreased from 2006 to 2008 and increased from 2008 to 2010 for an overall increase. PA's trend has increased and decreased, for an overall decrease. WC's trend has decreased and increased, for an overall decrease.



**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.**

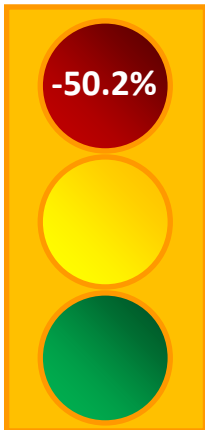
**Data Limitations:** Two different sources of data were compared. The definition of primary care for both sources is different. However, it is easy to gain comparable numbers by removing obstetrics/gynecology from the PA and WC data to leave only family medicine, internal medicine and pediatrics. **For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

by the question not being used for that year's survey and/or the survey was not done that year.

**Data Source(s):** For US: Association of American Medical Colleges, Center for Workforce Studies, The 2011 State Physician Workforce Data Book, November 2011. For PA and WC: PA Department of Health, 2010 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, June 2012; 2008 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, August 2009; 2006 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, December 2007; and 2004 Pulse of Pennsylvania's Physician and Physician Assistant Workforce, February 2006.

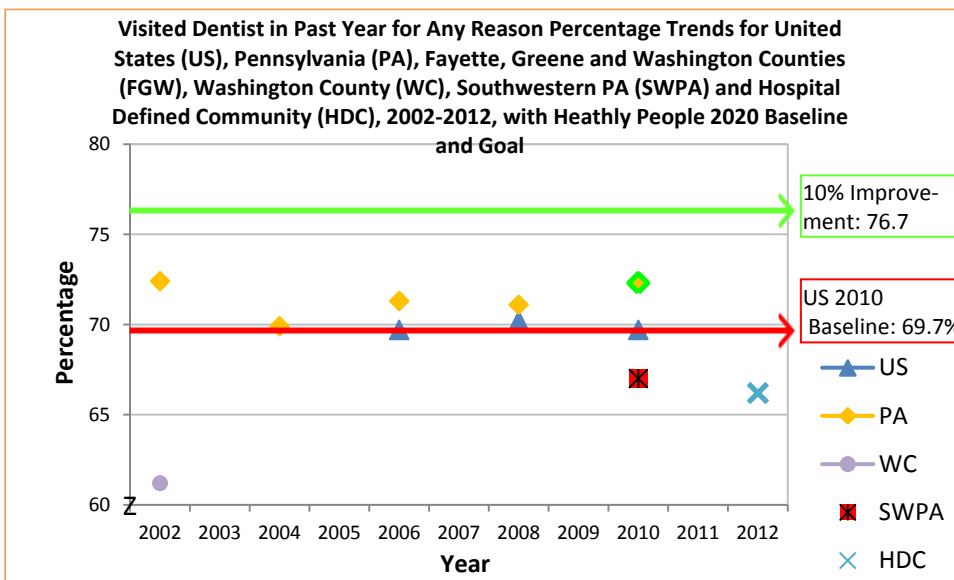


## Dental Visits



Hospital defined community's (HDC) 2012 age-adjusted percent of 66.2 indicates a **50.2% 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%.

Basic dental care can prevent high-cost procedures, tooth decay and gum disease. Teeth that remain strong and last long can improve overall health. Figure 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), WC (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentages are the same as the US' except in 2010 when it is higher. SWPA's in 2010 is lower than PA's, but not the US'. There is no difference between WC's percentage in 2002 as compared to PA's. The trend for the US has remained unchanged. PA's trend decreased in 2004, but overall remained static.



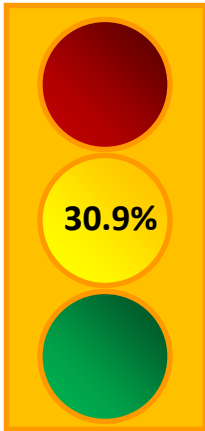
**Figure 43: Comparison of dental care visit in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

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

**WC and HDC:** Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.

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

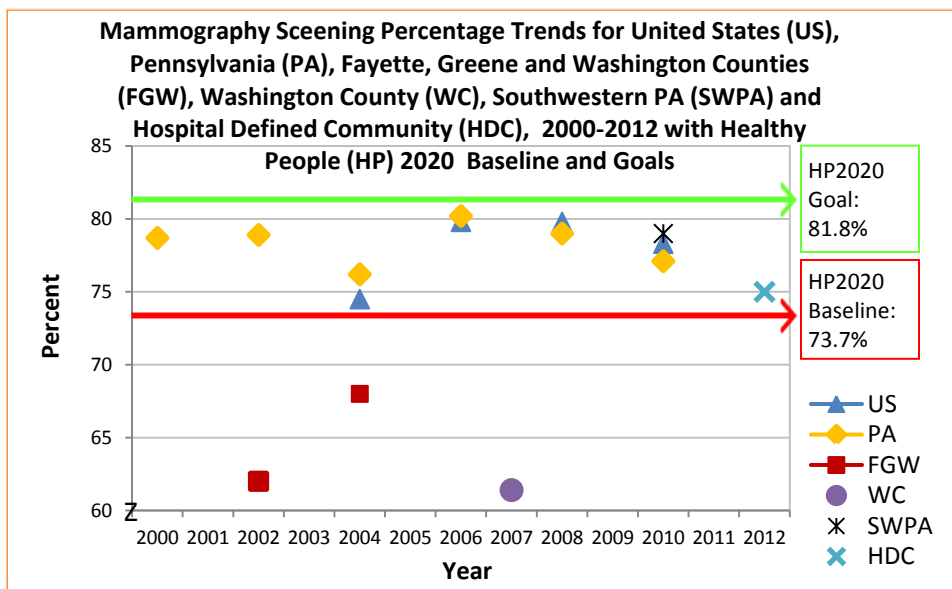
## Mammography



Hospital defined community's (HDC) 2012 percent of 76.2 indicates a **30.9% progress** toward the HP2020 goal of 81.8%. Because the mammography measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.3%.

Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. Figure 44 compares the percentage of women aged 50 Years and older who have received a mammogram in the past two years for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). There were no differences between PA's percentages and the US' for comparable years. FGW's was lower than the PA's in 2002. The trend for US increased and decreased for an overall increase from 2004 to 2010. Both PA's and FGW's trends have remained unchanged.

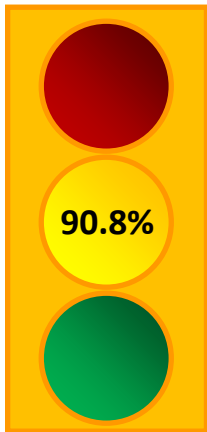
2004 to 2010. Both PA's and FGW's trends have remained unchanged.



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

**Figure 44: Comparison of women ages 50 years and older 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**

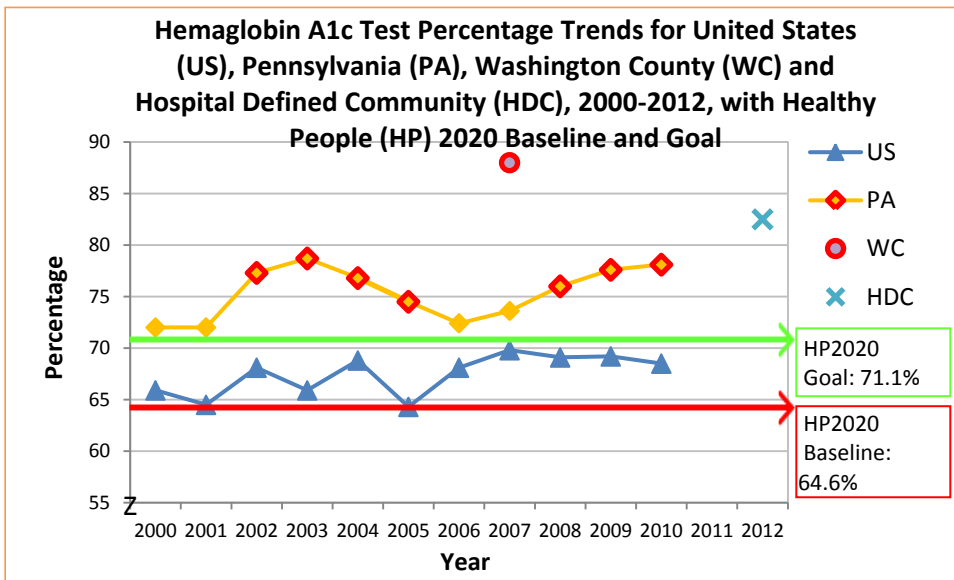
## Hemoglobin A1c Test



Hospital defined community’s (HDC) 2012 age-adjusted percent of 70.5 indicates a **90.8% progress** toward the HP2020 goal of 71.1%. Because the Hemoglobin A1c (HbA1c) test measure weight is 0.84%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.8%.

Regular HbA1c screening among diabetic patients is considered the standard of care. The screening helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented. Figure 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), WC (purple circle) and HDC (aqua ‘x’).

PA’s percentages were higher than the US’s in all years except 2000, 2001, 2006 and 2007. WC’s percentage was higher than both the US’ and PA’s in 2007. The trend for both the US and PA has remained unchanged.



**Data Limitations:** Same as previous. Data available are for having two or more tests in the past year while the HP2020 baseline and goal is based on at least one test.

**Data Source(s):** For US and PA: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at:

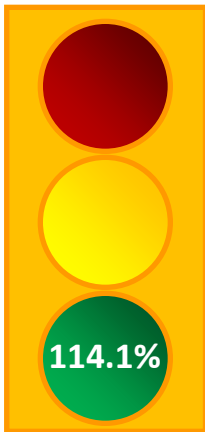
<http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>. Retrieved [05/11/2012].

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

For HDC: published data from WCHP’s 2012 Community Health Assessment.

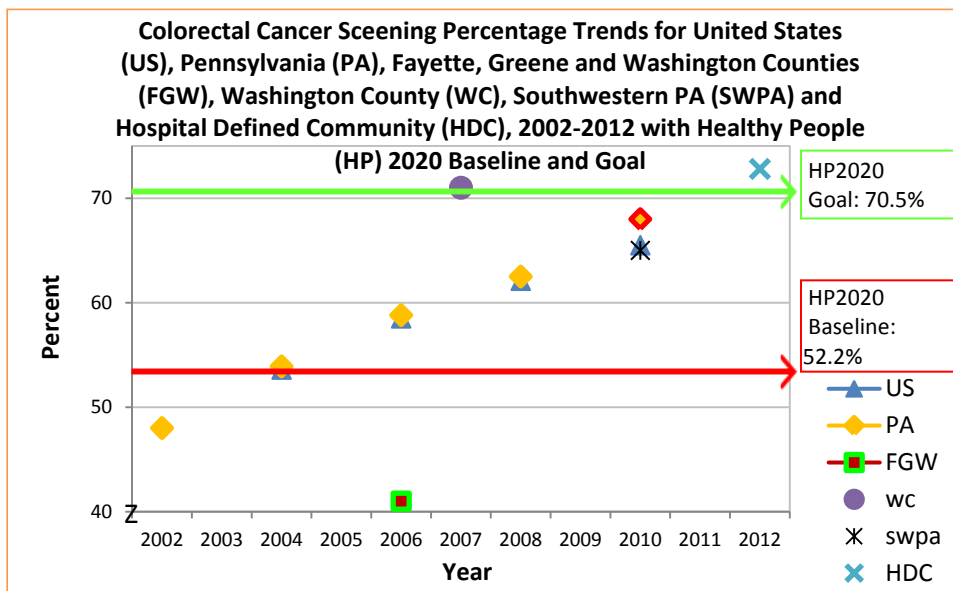
**Figure 45: Comparison of people aged 18 and older with diabetes who have received two or more A1c tests in the past year by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Colorectal Cancer Screening



Hospital defined community’s (HDC) 2012 percent of 72.8 indicates that it has met the HP2020 goal of 70.5% and **exceeded it by 114.1%**. Because the colorectal cancer screening measure weight is 0.85%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.0%.

Colorectal cancer screening discovers polyps before they become cancer and identifies early cancers when the disease is at a more treatable stage. Figure 46 compares the percentage of people over the age of 50 who have ever had a sigmoidoscopy or a colonoscopy for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua ‘x’). PA’s percentage was significantly higher than the US’ in 2010. FGW’s percentage was lower than both the US’ and PA’s in 2006. Both the US’ and PA’s trends have increased.

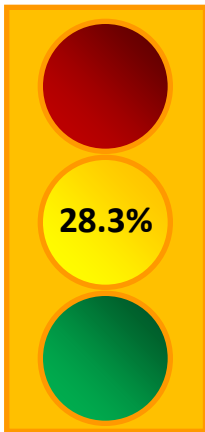


**Figure 46: Comparison of people aged 50 and older who report ever having a sigmoidoscopy or colonoscopy by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

**Data Limitations:** Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. Data available for ever had sigmoidoscopy or colonoscopy for ages 50 and older while the HP2020 baseline and goal is based on ages 50 to 75 having recommended screenings. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or

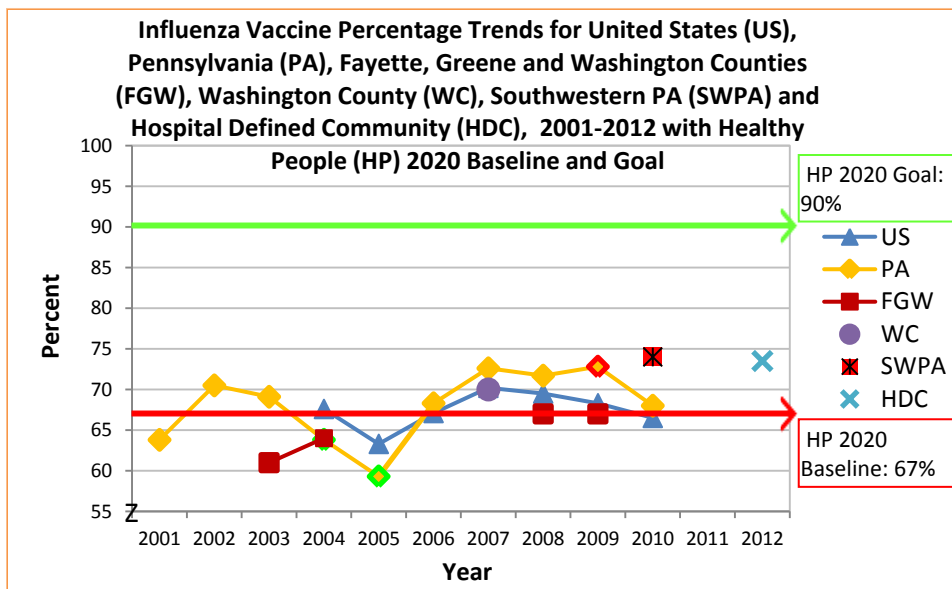
responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For FGW/WC/SWPA:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County’s true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA’s smallest level of geography that included Washington County was the Southwest PA, which included nine other counties’ results. **For HDC:** HDC’s data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s): For US and PA:** Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. **For FGW, WC and SWPA:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 5-2012. **For HDC:** published data from WCHP’s 2012 Community Health Assessment.

## Influenza Vaccine



Hospital defined community's (HDC) 2012 percent of 73.5 indicates **28.3% 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%.

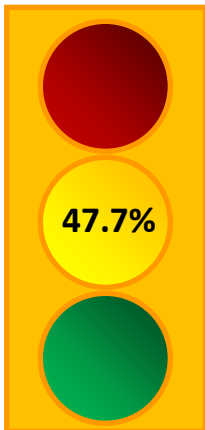
The influenza vaccine is thought to be 50 to 60% effective in preventing hospitalization and pneumonia and 80% effective in preventing death from the flu in the over 65 age group. Figure 47 compares the percentages of people aged 65 and older who have received the influenza vaccine in the past year for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentage was significantly lower in 2004 and 2005 and higher in 2009 compared to the US. SWPA was higher than the US in 2010. The trends for both the US and PA decreased and increased to remain unchanged from 2004 to 2010. FGW's trend increased from 2004 to 2007, but overall has remained unchanged from 2003 to 2010.



*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.**

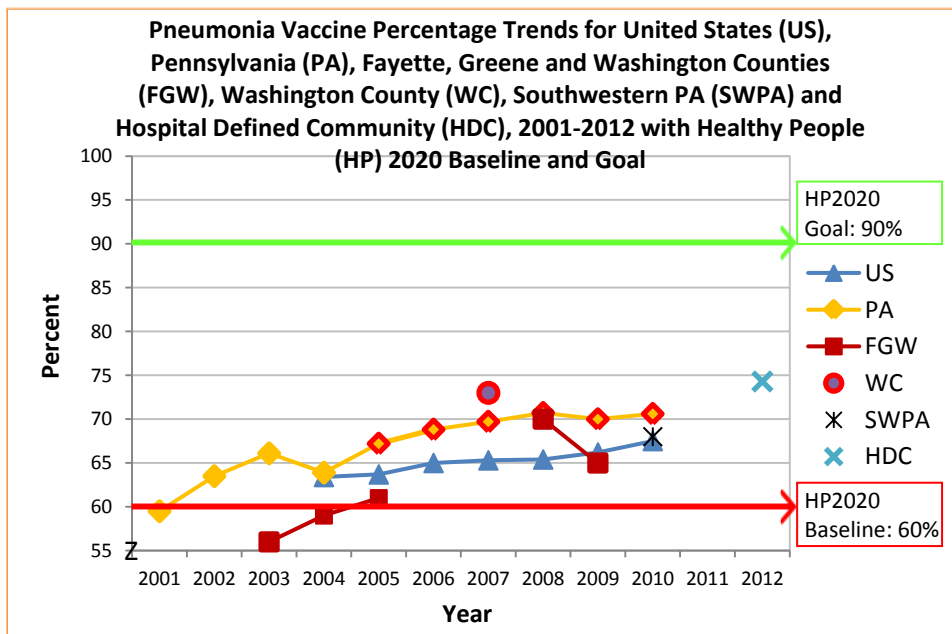
## Pneumonia Vaccine



Hospital defined community's (HDC) 2012 percent of 74.3 indicates a **47.7% 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 0.4%.

The pneumococcal vaccine prevents serious blood, brain and lung infections due to the *Streptococcus pneumoniae* bacteria. Figure 48 compares the percent people aged 65 and older who have ever received a pneumonia vaccine for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentages were higher from 2005 to 2010 compared to the US'. There were no differences between FGW/SWPA's percentages and the US' and PA's. WC was higher than the US in 2007. The trend for the US increased from 2004 to 2006; from 2006 to 2009; and from 2009 to 2010. Both PA's and FGW's trends have been static.

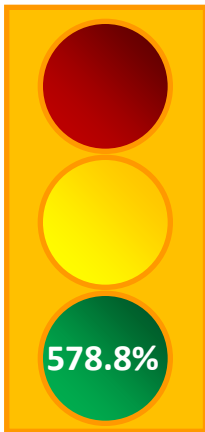
from 2004 to 2006; from 2006 to 2009; and from 2009 to 2010. Both PA's and FGW's trends have been static.



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

**Figure 48: Comparison of people aged 65 and older who have ever received a pneumonia vaccine by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

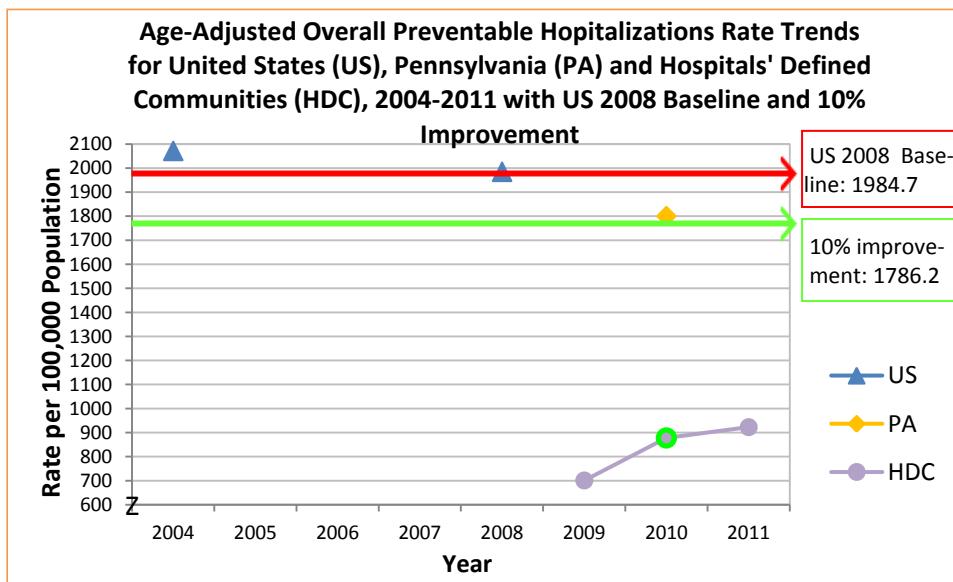
## Preventable Hospital Stays--Overall



The combined hospitals' (HDC) age-adjusted three-year average rate of 835.9 overall preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 1786.2 and **exceeded it by 578.8%**. Because the overall preventable hospital stays measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.7%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population's tendency to overuse the hospital as a main source of care. In 2010, preventable hospital stays in PA comprised 12.4% of all stays (for the two hospitals combined, it was significantly lower at 8.7%). *Figure 49* compares the rate of preventable admissions for the US (blue triangle), PA (gold diamond) and

HDC (purple circle). HDC's rate was significantly lower than PA's in 2010. The trend for the US rate is decreasing. HDC's trend is increasing.

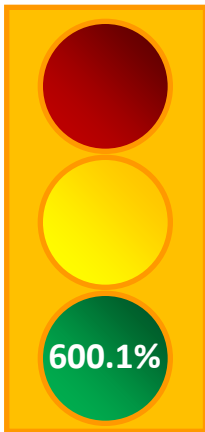


**Figure 49: Comparison of overall preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

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

**Data Source(s): For the US:** Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, Comparative Data for the PQI based on the 2008 Nationwide Inpatient Sample (NIS) Version 4.3., available online at . [2007\), available online at \[http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V31/pqi\\\_comparative\\\_v31.pdf\]\(http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V31/pqi\_comparative\_v31.pdf\). \*\*For PA:\*\* Pennsylvania Health Care Cost Containment Council, Potentially Preventable Hospitalizations in Pennsylvania 2010, June 2011 and Pennsylvania Health Care Cost Containment Council, Chronic Health Care Conditions in Pennsylvania—A State of Health Care in PA Report, June 2010. \*\*For HDC:\*\* Admission data provided by Monongahela Valley Hospital and The Washington Hospital for years 2009 to 2011. Data analysis in PASW Statistics 17.0, version 17.0.2, March 11, 2009.](http://hcupnet.ahrq.gov/Hcupnet.jsp?ld=5FA4FA9D2C4F7D26&Form=MAINSEL&JS=Y&Action=%3E%3ENext%3E%3E_MAINSEL=AHQ Quality Indicators and Prevention Quality Indicators (PQI) Comparative Data Version 3.1 (March 12,</a></p>
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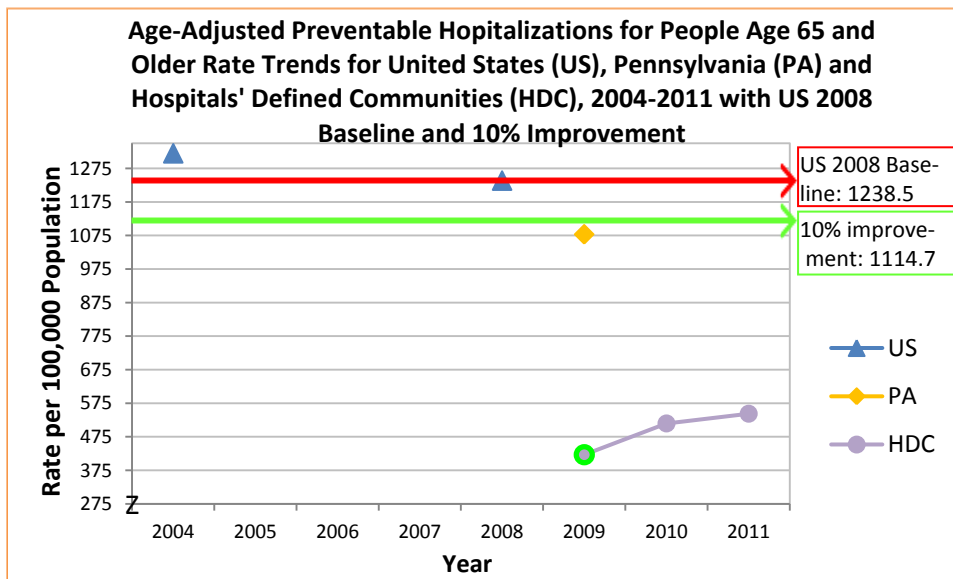
## Preventable Hospital Stays—Ages 65 and older



HDC’s age-adjusted three-year average rate of 495.2 age 65 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 600.1%**. Because the preventable hospital stays for ages 65 years and older measure weight is 1.95%, the contribution to the 2020 Healthy Community Health Factor Score™ is 11.7%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care. Preventable hospital stays for people aged 65 and older in PA make up 62.1% of all preventable stays (no different than the two hospitals combined at 63.1%).

Figure 50 compares the rate of preventable admissions for people aged 65 and older for the US (blue triangle), PA (gold diamond) and HDC (purple circle). HDC’s rate was significantly lower than PA’s in 2009. The trend for the US rate decreased from 2004 to 2008. HDC’s trend is increasing.

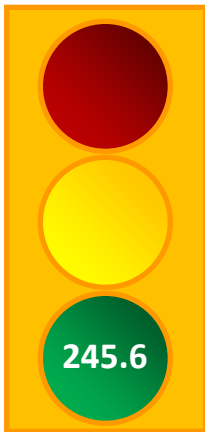


*Data Limitations:* Same as previous.  
*Data Source(s):* Same as previous.

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



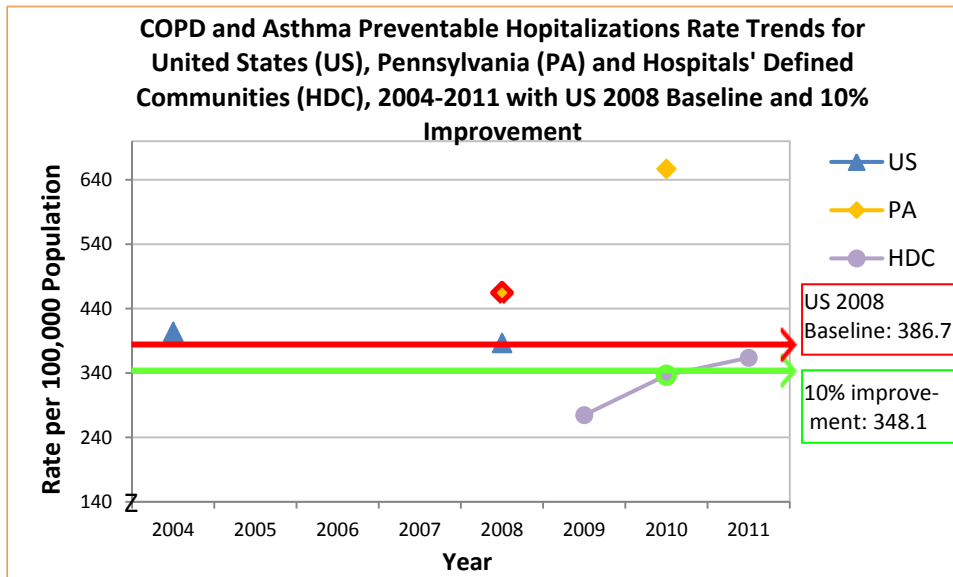
## Preventable Hospital Stays—COPD and Asthma in Older Adults



HDC’s age-adjusted three-year average rate of 291.7 for COPD and asthma in older adults preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 348.1 and **exceeded it by 245.6%**. Because the preventable hospital stays for COPD measure weight is 0.3%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.7%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care.

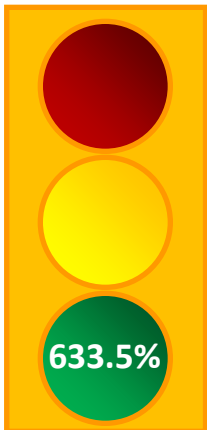
Preventable hospital stays for COPD ages 18 and older and asthma in older adults (age 40 and older) in PA make up 21.1% of all preventable stays (for the two hospitals combined, it was significantly higher at 28.8%). Figure 51 compares the rate of preventable COPD admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA’s rate was statistically significantly higher than the US’ rate in 2008. HDC’s rate was lower than PA’s in 2010. The trend for the US rate decreased from 2004 to 2008. PA’s trend increased from 2008 to 2010. HDC’s trend is increasing.



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

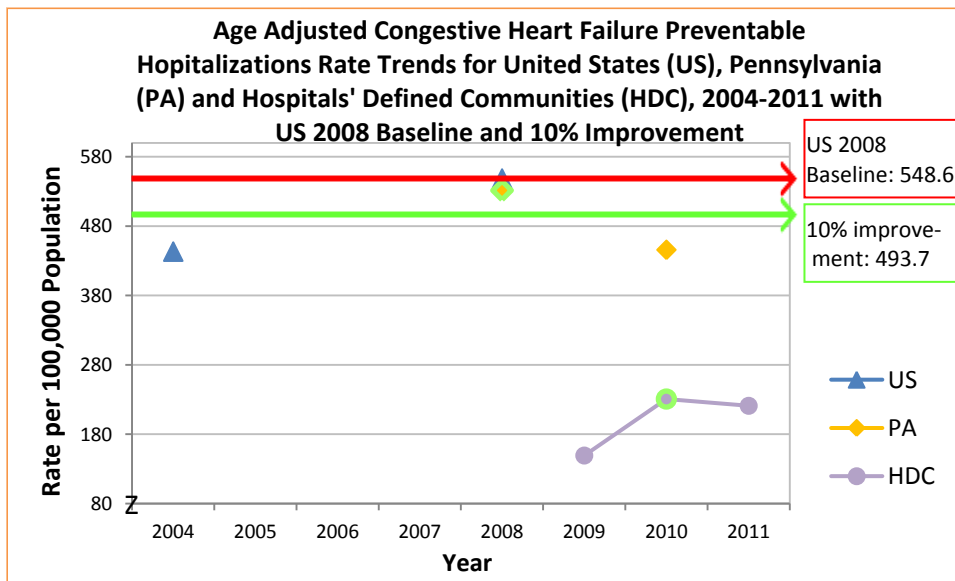
**Figure 51: Comparison of COPD and adult asthma (age 40 and older) preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

## Preventable Hospital Stays—Heart Failure



HDC’s age-adjusted three-year average rate of 201.1 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 633.5%**. Because the preventable hospital stays for heart failure measure weight is 1.05%, the contribution to the 2020 Healthy Community Health Factor Score™ is 6.7%

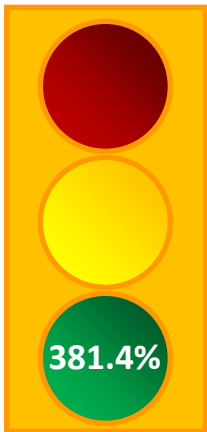
Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care. Preventable hospital stays for heart failure in PA make up 24.8% of all preventable stays (for the two hospitals combined, it was significantly higher at 28.3%). Figure 52 compares the rate of preventable congestive heart failure admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA’s rate was significantly lower than the US’ in 2008. HDC’s rate was significantly lower than PA’s in 2010. The trend for the US has increased from 2004 to 2008. 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.**

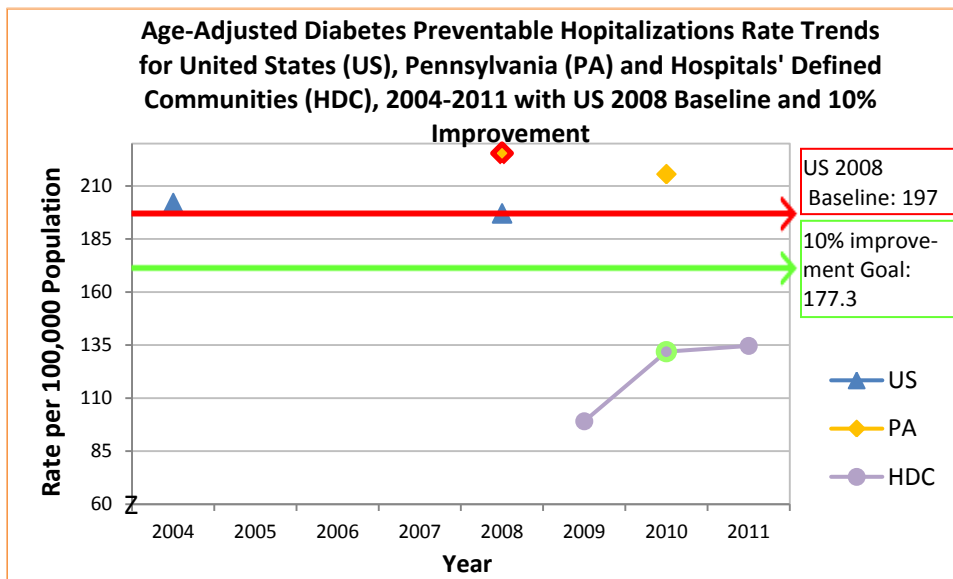
## Preventable Hospital Stays--Diabetes



HDC’s age-adjusted three-year average rate of 121.9 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 381.4%**. Because the preventable hospital stays—diabetes measure weight is 0.2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.8%.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care. Preventable hospital stays for diabetes (uncontrolled diabetes, amputations, short and long term effects) in PA make up 12.4% of all preventable stays (for the

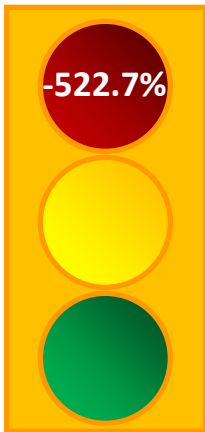
two hospitals combined it was no different at 13.4%). Figure 53 compares the rate of preventable asthma admissions for the US (blue triangle), PA (gold diamond) and HDC (purple circle). PA’s rate was significantly higher in 2008 compared to the US. HDC’s rate was lower than PA’s in 2010. The trend for the US rate has decreased from 2004 to 2008. PA’s rate trend declined from 2008 to 2010. HDC’s trend is increasing.



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

**Figure 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.**

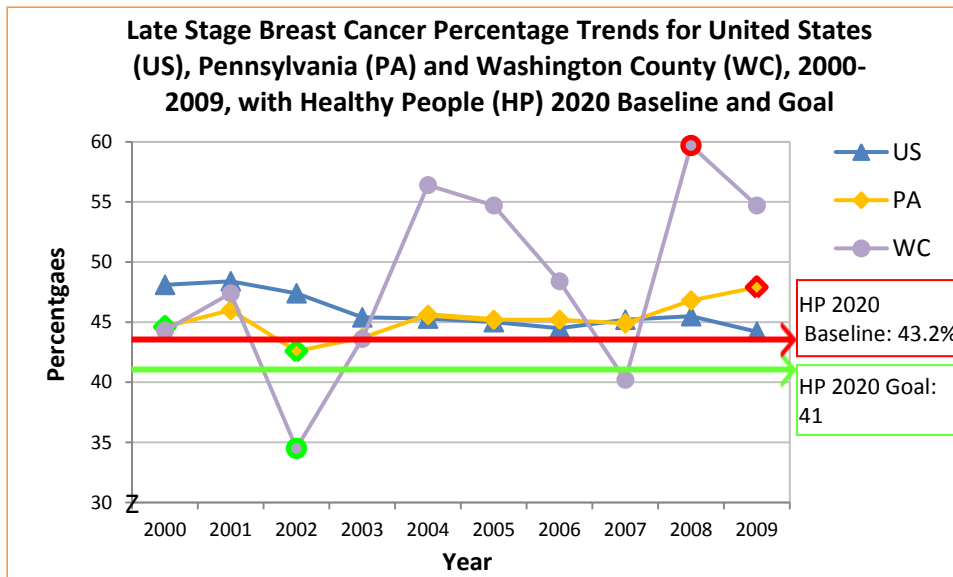
## Late Stage Diagnosis Breast Cancer



Washington County's (WC) 2007 percent of 54.7 indicates a **522.7% lag** behind the HP 2020 baseline of 43.2%. Because the late stage diagnosis breast cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.1%.

Study results indicated that not having had a screening mammogram for one to three years prior to diagnosis was associated with 52 percent of late-stage breast cancer cases. Figure 54 compares the percent of late stage breast cancer diagnosis for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA's percentage was significantly lower than the US in 2000 and 2002, but higher in 2009. There were no differences between WC's percentages and PA's. WC's percentages were lower in 2002 and higher in 2008 compared to the US'. The trend for the US percentage decreased in 2002 and increased in 2005 for an overall increase. PA's trend decreased in 2002 but increased from 2002 to 2005. WC's trend has been static.

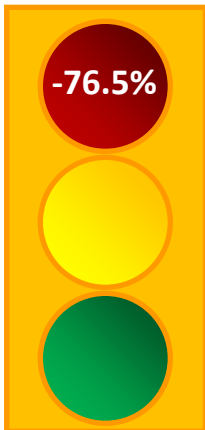
overall increase. PA's trend decreased in 2002 but increased from 2002 to 2005. WC's trend has been static.



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

**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.**

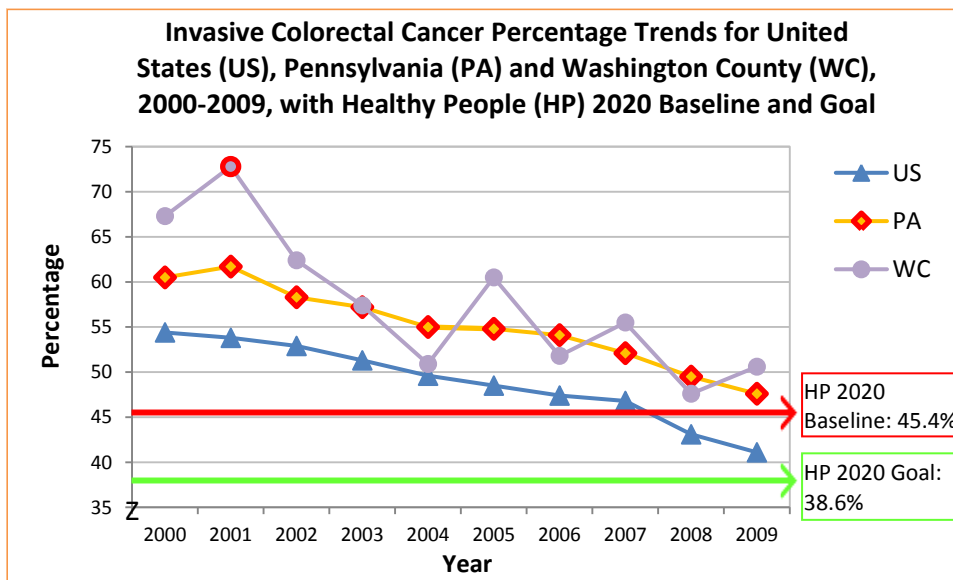
## Invasive Diagnosis Colorectal Cancer



Washington County’s (WC) 2009 percent of 50.6 indicates a **76.5% lag** behind the HP 2020 baseline of 45.4%. Because the invasive colorectal cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%.

Precancerous polyps (abnormal growths) can be present in the colon for years before invasive cancer develops and they may not cause any symptoms. Cancers detected by screening were more likely to be early stage (75 percent were stage I or II) than cancers that weren't detected by screening (51 percent were stage I or II) and are more treatable. Figure 55 compares the percent of invasive stage colorectal cancer at diagnosis for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s percentages were significantly higher than the US’ for all years. There were no differences between WC’s percentages and the US’s or PA’s,

except for 2001 when it was higher than the US. The trend for the US has been decreasing: from 2002 to 2004; 2004 to 2007; 2007 to 2008; and 2008 to 2009. PA’s trend decreased from 2000 to 2004 and again from 2004 to 2008. WC’s trend has remained unchanged.

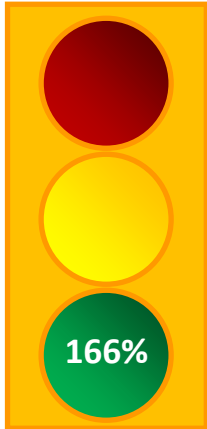


*Data Limitations:* Same as previous.  
*Data Source(s):* Same as previous.

**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.**

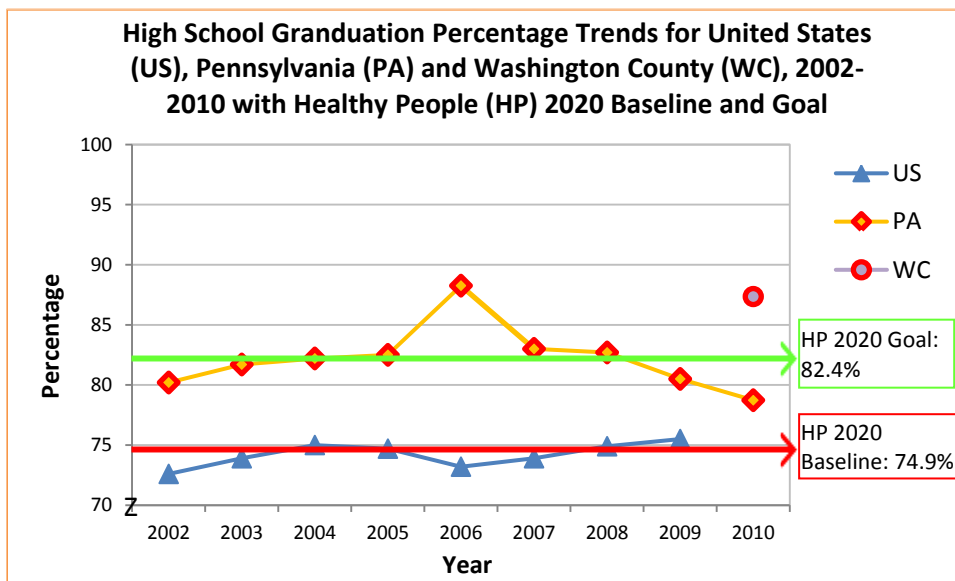
Results—Health Factors—Social/Economic

High School Graduation



WC’s 2010 percent of 87.35 indicates that it has met the HP 2020 goal of 82.4% and **exceeded it by 166%**. Because the high school graduation measure is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.3%.

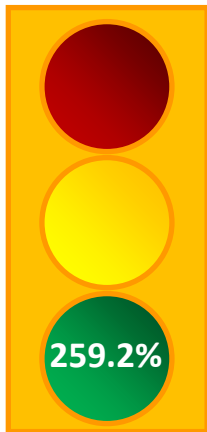
The relationship between more education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles. Figure 56 compares the percentage of the 4 year cohorts who graduate from high 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 2010 percentage was significantly higher than PA’s. While the trend for the US is increasing, PA’s trend is decreasing.



**Data Limitations:** Data for PA and WC are preliminary cohort rates. Before 2010, PA Department of Education used lever rates instead of cohort rates.  
**Data Source(s):** For US and PA (years 2002 to 2009): US department of education. For PA (2010 and WC): PA Department of Education, personal correspondence.

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.

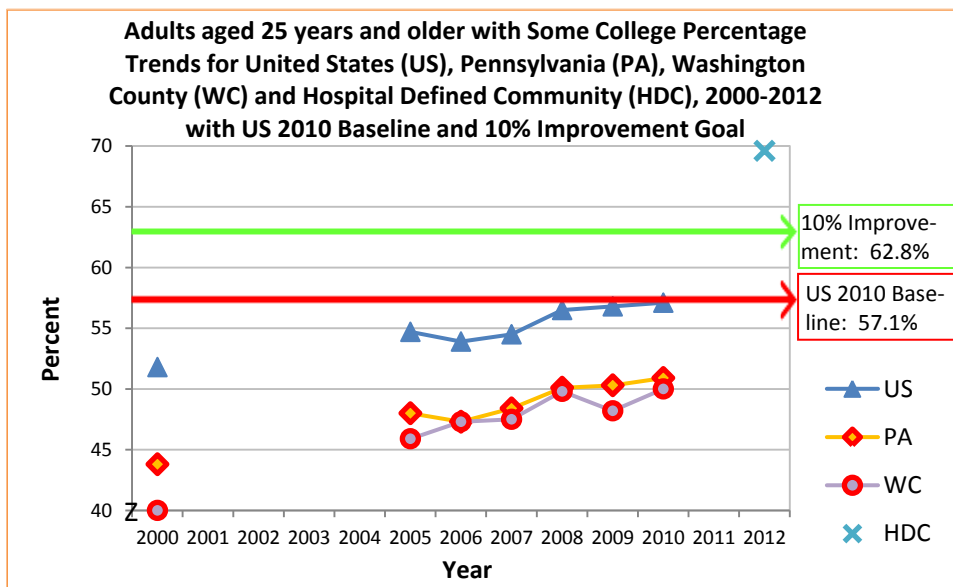
## Some College



Hospital defined community's (HDC) 2012 age-adjusted percent of 69.6 indicates that it has met the US 2010 10% improvement of 62.8% and **exceeded it by 259.2%**. Because the some college measure weight is 5.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 13%.

The relationship between higher education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles. Figure 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. The US', PA's and WC's trends are

increasing.

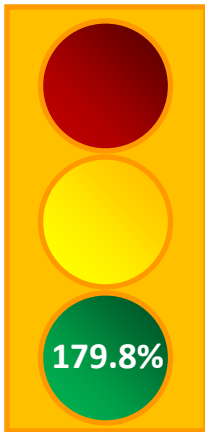


**Data Limitations:** For US, PA and WC: American Community Surveys are used to create population estimates in between census years. Gaps in years of data are caused by the archiving of data from 2001 to 2004. For HDC: HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.  
**Data Source(s):** US Census Bureau, via American Fact Finder available at

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

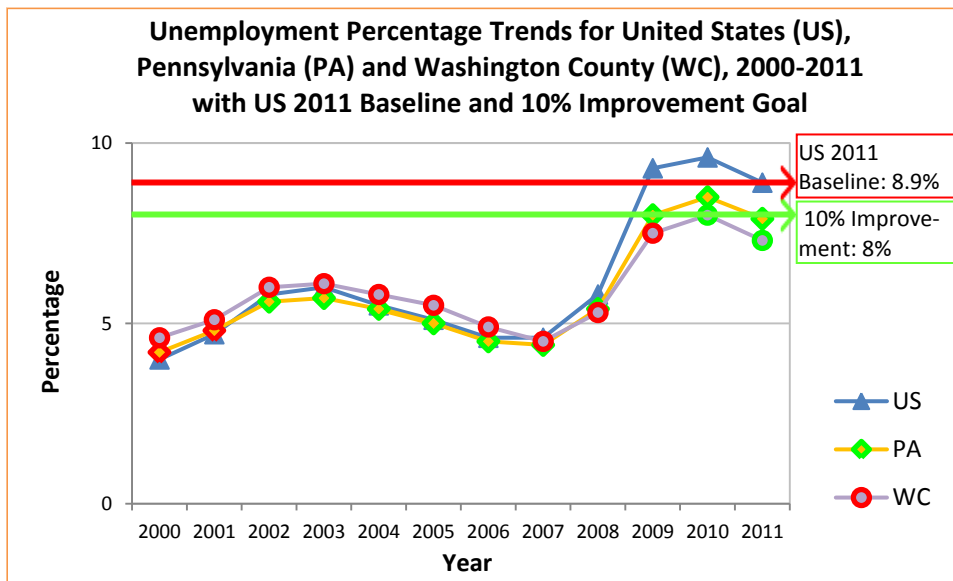
<http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>, accessed 5-2012.  
 For HDC: published data from WCHP's 2012 Community Health Assessment.

## Unemployment



WC's 2011 percentage of 7.3 to 1 indicates that it has met the 10% improvement goal of 8% and **exceeded it by 179.8%**. Because the unemployment measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.1%.

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



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

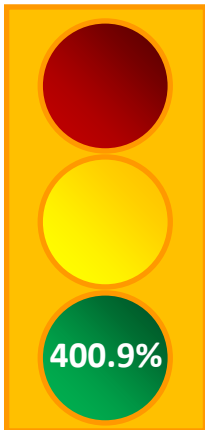
**Data Source(s):** For US and PA: US Department of Labor, Bureau of Labor Statistics, Databases,

**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.**

Tables & Calculators by Subject, <http://www.bls.gov/data/#unemployment>, accessed 5-2012. For WC: US Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics available at <http://www.bls.gov/lau/data.htm>, accessed 5-2012.



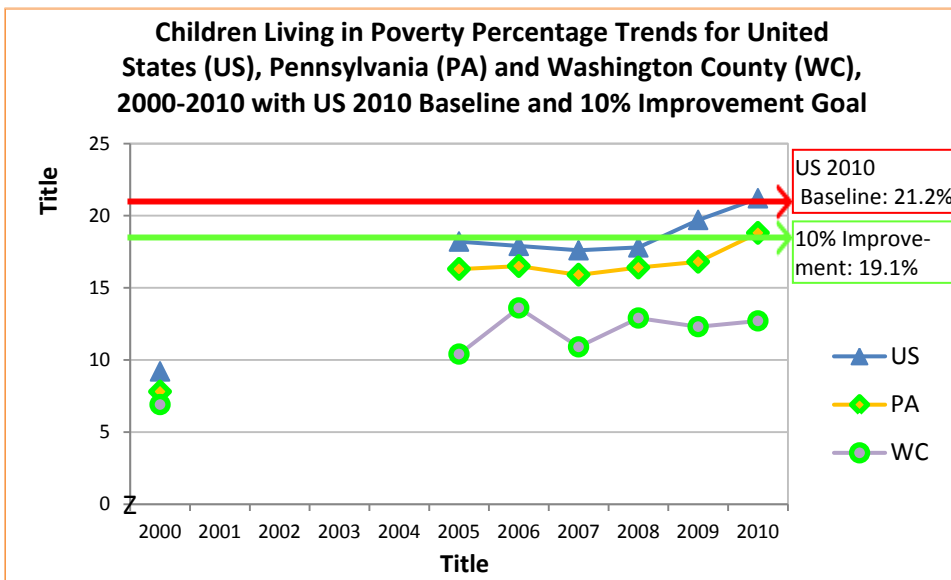
## Children in Poverty



WC's 2010 percent of 12.7 indicates that it has met the US 2010 baseline of 21.2% and **exceeded it by 400.9%**. Because the children living in poverty measure weight is 10%, the contribution to the 2020 Healthy Community Health Factor Score™ is 40.1%.

Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty are at risk for greater morbidity and mortality due to an increased danger of accidental injury and lack of health care access. Children's risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly

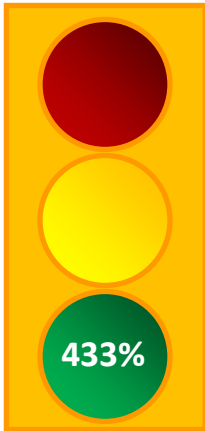
correlated with overall poverty rates. Figure 59 compares the percentage of children under the age of 18 who are living below the Federal Poverty Line for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA's and WC's percentages are lower than the US' for all years and WC's are lower than PA's for all years. The trends for the US, PA and WC have increased and decreased for an overall increase from 2000 to 2010.



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

**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.**

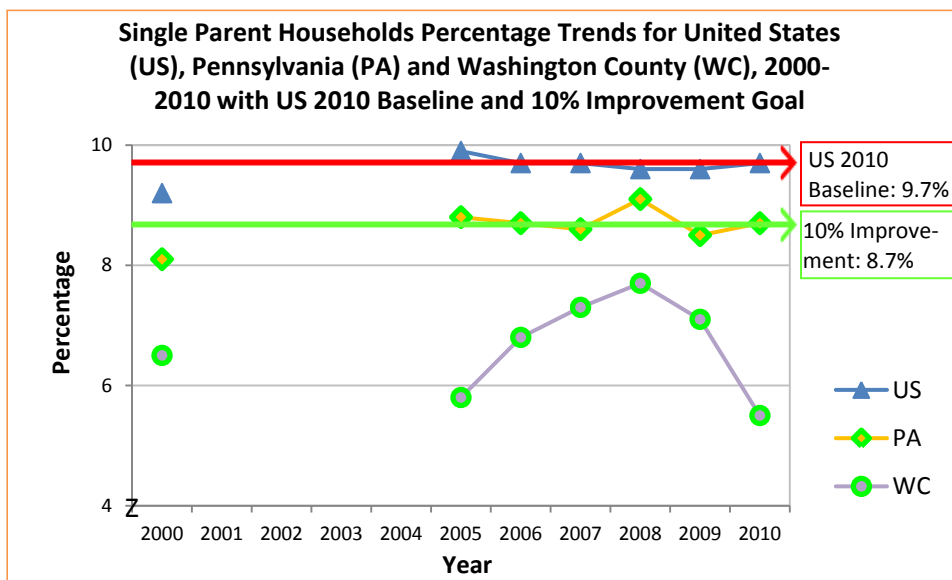
## Single Parent Household



WC's 2007 percentage of 4.4 indicates that it has met the 10% improvement goal of 8.7% and **exceeded it by 433%**. Because the single parent household measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 10.8%.

Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. Figure 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). Both PA's and WC's percentages were lower than the US' for all years. WC's percentages were lower than PA's for all years except 2000 when it was the same. The trends for the US, PA and WC have increased and decreased for an overall increase from 2000 to 2010.

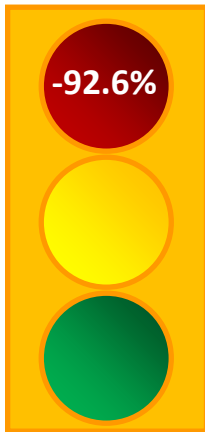
increased and decreased for an overall increase from 2000 to 2010.



*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.**

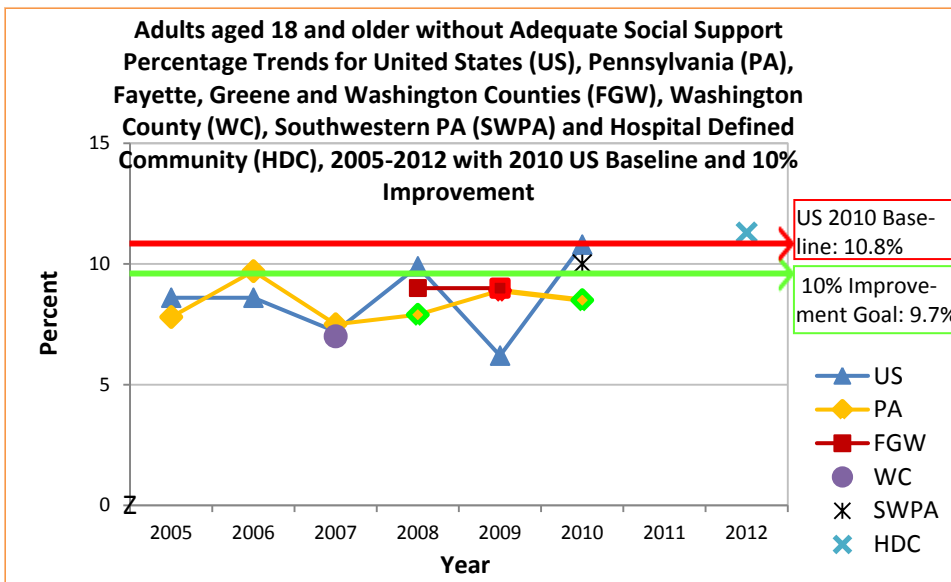
## Inadequate Social Support



Hospital defined community's (HDC) 2012 age-adjusted percent of 11.3 indicates a **92.6% lag** behind the 10% improvement goal of 9.7%. Because the inadequate social support measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.3%.

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices. Figure 61 compares the percentages of adults (aged 18 years or older) who report that they rarely or never get the social support they need for the US (blue triangle), PA (gold diamond), Fayette, Greene and Washington County (maroon square), Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2008 and 2010 and higher in 2009. FGW's percentage was higher than both the US' and PA's in 2009. The trend for the US has decreased and increased for an overall increase. Both PA's and FGW's trends have remained unchanged.

Washington County (purple circle), SWPA (black asterisk) and HDC (aqua 'x'). PA's percentages were lower than the US' in 2008 and 2010 and higher in 2009. FGW's percentage was higher than both the US' and PA's in 2009. The trend for the US has decreased and increased for an overall increase. Both PA's and FGW's trends have remained unchanged.

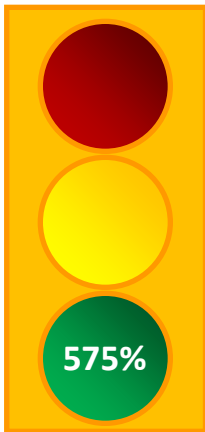


**Data Limitations:** HP 2020 defines inadequate social support as sometimes, rarely or never getting the social support that they need. However, since PA Department of Health defines it as rarely or never, that is being used so comparable data can be obtained. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and

**Figure 61: Comparison of people aged 18 and older without adequate social support by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

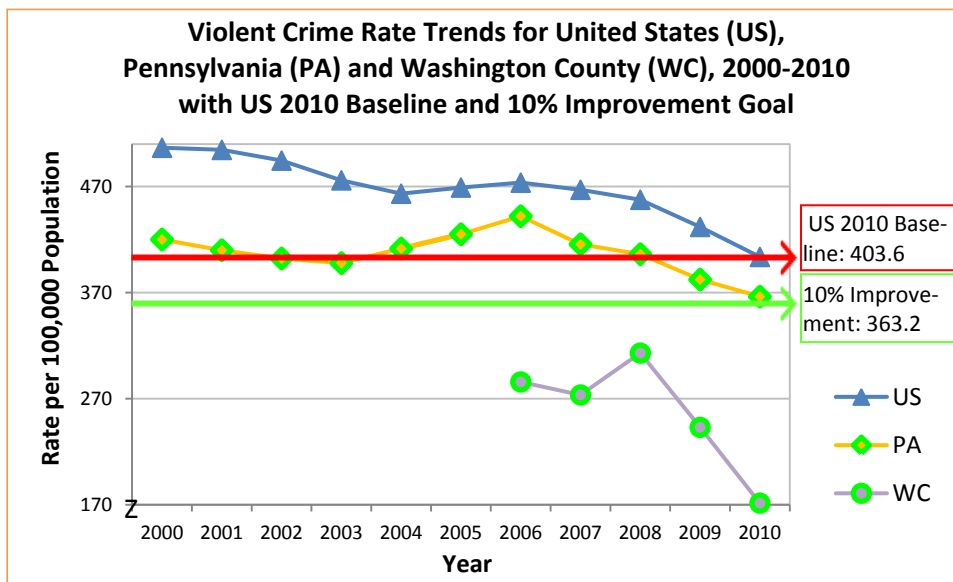
language barriers and limited health knowledge can affect the quality of self-reported data. **For FGW/WC/SWPA:** BRFSS data displayed in the Pennsylvania EpiQMS, starting in 2002, includes data gathered by Pennsylvania collecting samples of behavioral risk information for Local Health Partnerships at the county level. Due to the inclusion of these sample data, analysis of Pennsylvania BRFSS data presented by others may differ in sample sizes and have slightly different percent estimates and confidence bounds. The lowest level of geography that the EpiQMS system provides for is a three county composite of Fayette, Greene and Washington. Therefore, Washington County's true rate may be increased or decreased depending on the influence of the other counties. In 2010, PA's smallest level of geography that included Washington County was the Southwest PA, which included nine other counties' results. **For HDC:** HDC's data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. **Data Source(s):** For US and PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2004-2010]. For FGW, WC and SWPA: EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 5-2012 For HDC: published data from WCHP's 2012 Community Health Assessment.

## Violent Crime



WC's 2010 rate of 171.5 indicates that it has met the 10% improvement goal of 363.2 and **exceeded it by 575%**. Because the violent crime measure weight is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 28.8%.

High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors such as exercising out-of-doors. *Figure 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.* 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 from 2000 to 2010.

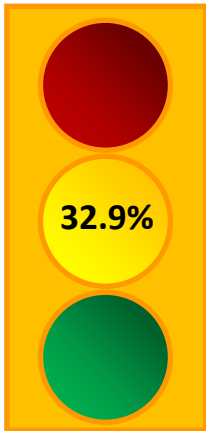


**Data Limitations: For US and PA:** Not all states report all years to the FBI Uniform Reporting Database. **For WC:** Rates were constructed by WCHP from municipalities within WC reporting. Not all municipalities report all years to the FBI Uniform Reporting Database. **Data Source(s):** Federal Bureau of Investigations, Uniform Crime Reports online UCR Data Tool, available at <http://www.ucrdatatool.gov/>, accessed 5-2012.

**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.**

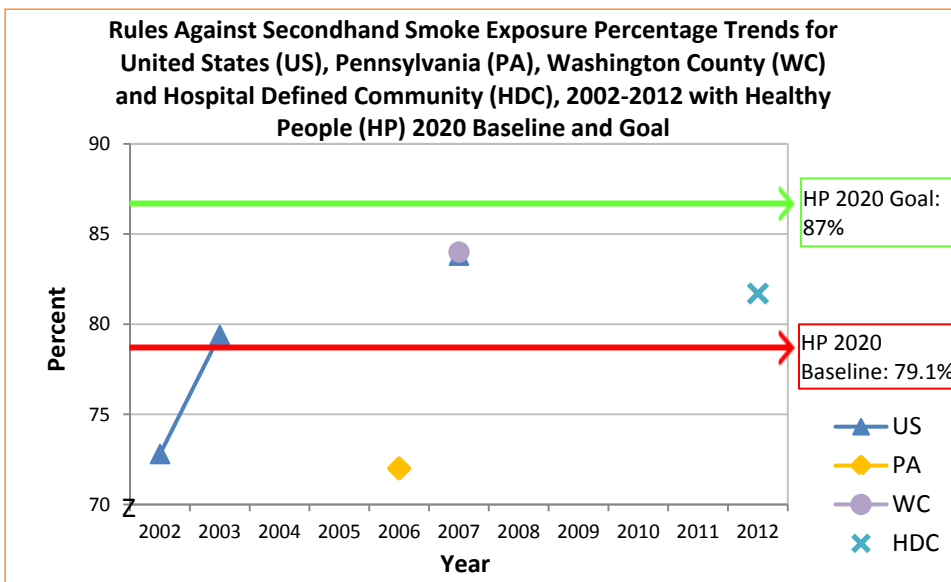
Results—Health Factors—Physical Environment

Secondhand Smoke Exposure



Hospital defined community’s (HDC) 2012 age-adjusted percent of 81.7 indicates a **32.9% progress towards** the HP 2020 goal of 87%. Because the secondhand smoke exposure measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.6%.

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), WC (purple circle) and HDC (aqua ‘x’). No comparisons can be made due to non-overlapping years of data available. The trend for the US is increasing.



**Data Limitations:** All data are self report. Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. There were minor changes in the wording of the TUS-CPS home smoking ban question after 2002. The 2003 and 2006 version of the question replaced ‘in your home’ with ‘inside your home’. In addition, the new version also added an explanation of the meaning of word ‘rule’ (ie, ‘rules’ include any unwritten ‘rules’ and pertain to all people whether or not they reside in the home. A subset of the 2001-2002 TUS-CPS sample was followed longitudinally and re-interviewed in 2003 round, which may introduce repeated testing bias. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference

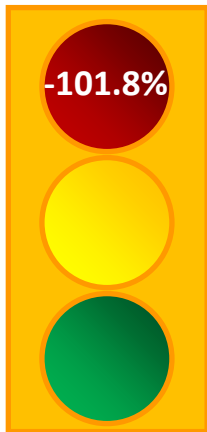
**Figure 63: Comparison of secondhand smoke exposure by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.**

between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. **For HDC:** Data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.

**Data Source(s):** **For US:** Zhang, X., et al., Trends in home smoking bans in the USA, 1995-2007: prevalence, discrepancies and disparities, Tobacco Control 2012;21:330e336. doi:10.1136/tc.2011.043802, Accepted 13 June 2011, Published Online First 3 August 2011, Downloaded from tobaccocontrol.bmj.com on June 7, 2012 - Published by group.bmj.com. **For PA** TUS-CPS database. **For WC:** EpiQMS, Epidemiologic Query and Mapping System, a collaborative effort between the Washington State Department of Health and the Pennsylvania Department of Health, Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS), accessed online 5-2012. **For HDC:** published data from WCHP’s 2012 Community Health Assessment.

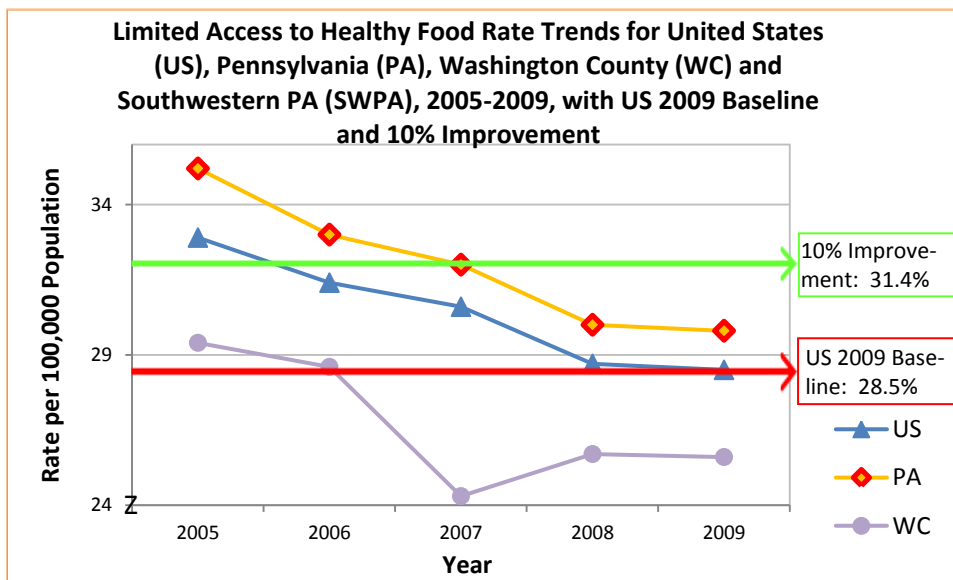


## Limited Access to Healthy Foods



Washington County’s (WC) 2009 rate of 25.6 indicates a **101.8% 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 -1.0%.

Studies have linked the food environment to consumption of healthy food and overall health outcomes<sup>6</sup>. 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). PA’s percentages were significantly higher in all years compared to the US. There were no differences between WC’s percentages and either the US’ or PA’s. Both the US’ and PA’s trends are decreasing while WC’s trend has remained unchanged.

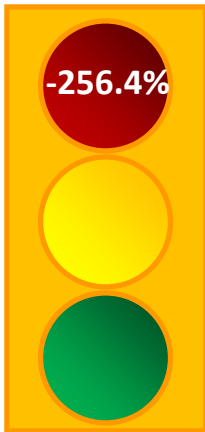


**Data Limitations:** American Community Surveys are used to create population estimates in between census years. Business codes are self-assigned.  
**Data Source(s):** WCHP calculated with data from US Census Bureau, CB0900A1: 2009 County Business Patterns: Geography Area Series: County Business Patterns, via American Fact Finder available at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresht=5-2012>.

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.

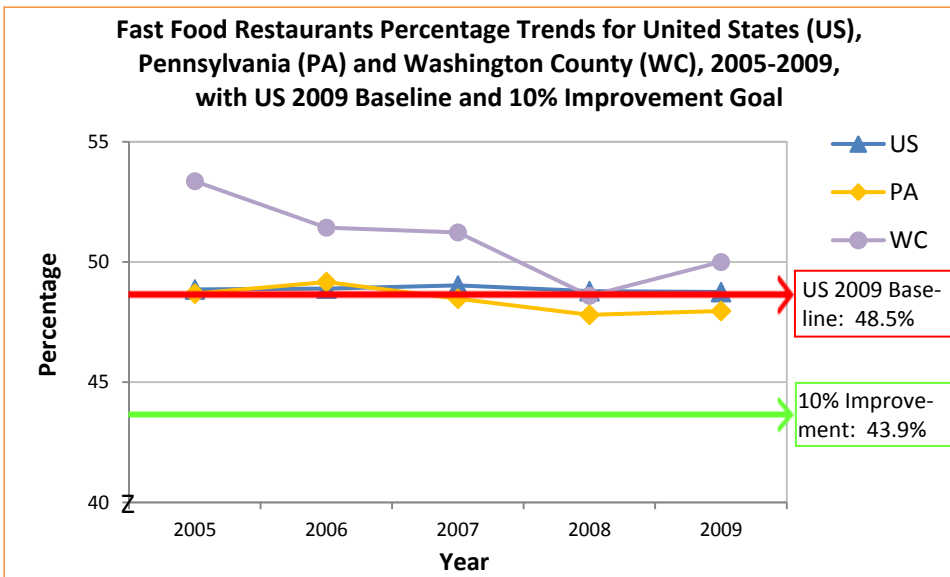
<sup>6</sup> Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Environment Atlas. <http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>.

## Fast Food Restaurants



Washington County’s (WC) 2009 percentage of 50 indicates a **256.4% 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%.

Studies show an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community<sup>7</sup>. 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.

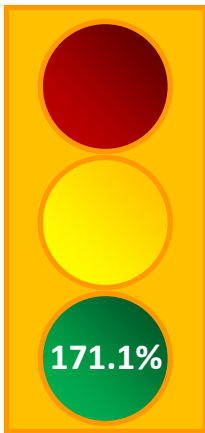


*Data Limitations:* Same as previous.  
*Data Source(s):* Same as previous.

**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.**

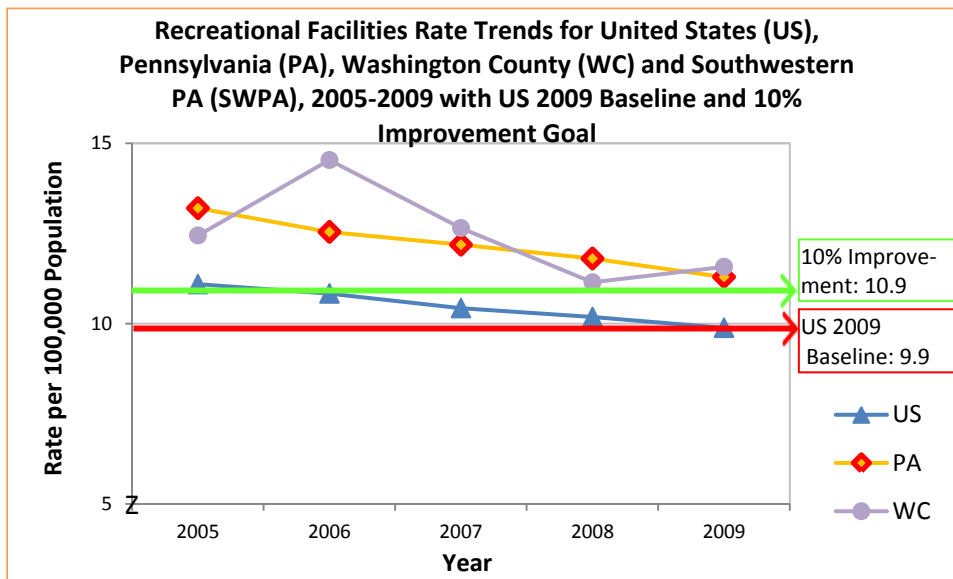
<sup>7</sup> Gallagher, M., *Examining the impact of food deserts on public health in Chicago*. July 18, 2006. Self-published and available online at: [http://www.marigallagher.com/site\\_media/dynamic/project\\_files/1\\_ChicagoFoodDesertReport-Full\\_.pdf](http://www.marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesertReport-Full_.pdf).

## Access to Recreational Facilities



WC's 2009 rate of 11.6 per 100,000 population indicates that it has met the US 2009 goal of 10.9 and **exceeded it by 171.1%**. Because the access to recreational facilities measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.4%.

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

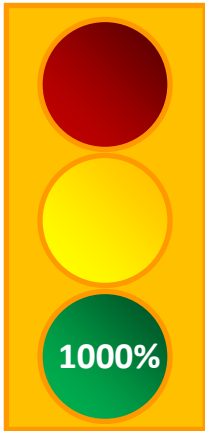


*Data Limitations:* Same as previous.  
*Data Source(s):* Same as previous.

**Figure 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.**



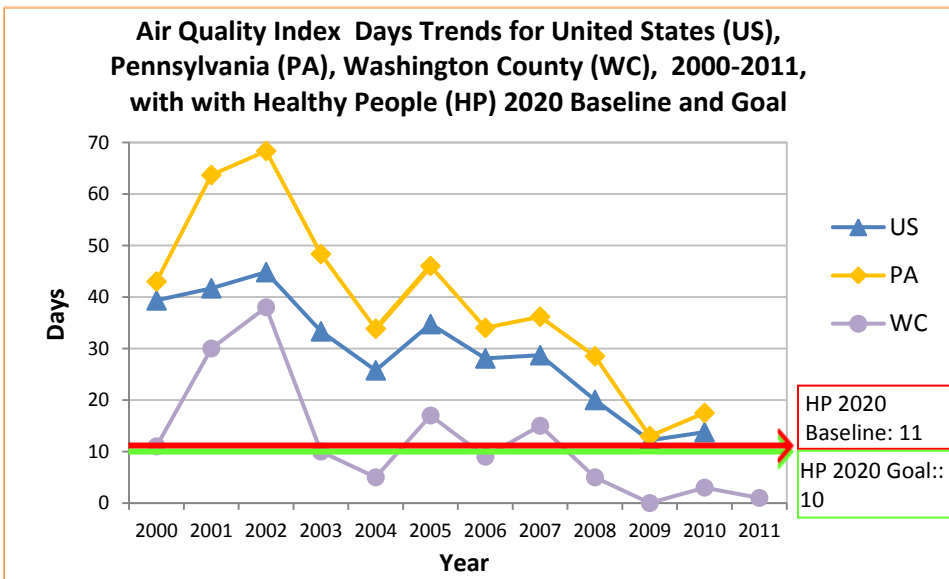
### Air Quality Index Days



WC's 2011 number of 1 indicates that it has met the HP 2020 goal of 10 and **exceeded it by 1000%**. Because the air quality index days measure weight is 4.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 40%.

The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. Figure 67 compares the number of Air Quality Index Days that were above 100 for either fine particulate matter or ozone for the US (blue triangle), PA (gold diamond) and WC (purple circle). It appears that PA's average number of days above 100 are higher than both the US and WC for all years except 2009 when it is the same as the US'. WC's average number of days above 100 are lower than both the US' and PA's for all years.

All three trends appear to be decreasing.



**Data Limitations:** Same as previous.  
**Data Source(s) For US and PA:** United States Environmental Protection Agency, Number of Days with Air Quality Index Values Greater than 100 at Trends Sites, 2000-2010, and All Sites in 2010, available at [http://www.epa.gov/airtrends/aqi\\_info.html](http://www.epa.gov/airtrends/aqi_info.html), accessed 7-2012. **For WC:** United States Environmental Protection Agency, Technology Transfer Network (TTN) Air Quality System (AQS), Data Mart, available on line at <http://www.epa.gov/ttn/airs/aqsdatamart/index.htm>, Accessed 5-2012

Figure 67: Comparison of Air Quality Index Days above 100 by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

Data Analysis

Identification of Health Needs' Root Causes

As with any problem, in order to affect change, the conditions that are responsible for the problem need to be addressed. These conditions are called “root causes.” Epidemiology is the study of linking root causes to health issues. Many of the measures used in the 2020 Healthy Community Health Outcomes Score™ have an established researched-based pathway of risk and protective conditions that define this link (see Figure 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<sup>i</sup>:

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

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

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

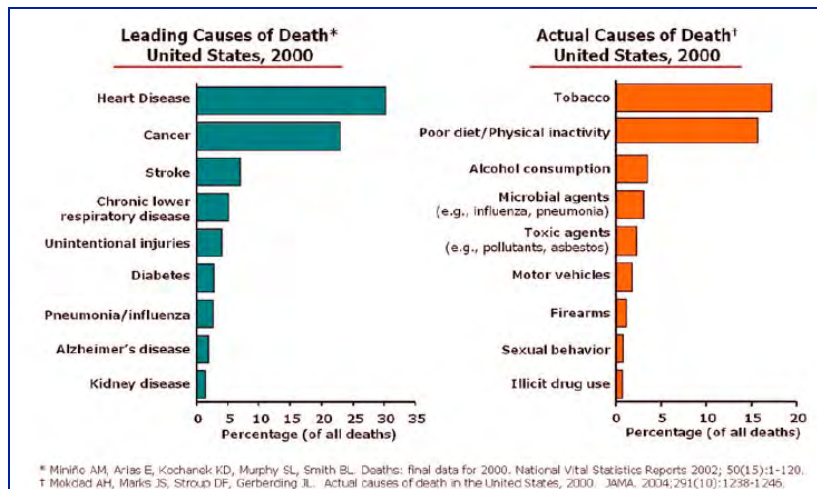


Figure 68: Comparison between classifying deaths by disease versus by root cause.

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), poor or fair health, one or more unhealthy physical days, one or more unhealthy mental days and inadequate social support. These are not included due to the fact that they are general measures of health not specific enough for program planning.

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

1. Years of Potential Life Lost
2. Lung Cancer Deaths
3. Suicide
4. Breast Cancer Deaths
5. Diabetes Deaths
6. Colorectal Cancer Deaths
7. COPD Deaths
8. Stroke Deaths
9. Coronary Heart Deaths
10. Diabetes prevalence
11. Unhealthy physical days
12. Unhealthy mental days
13. Poor / fair health
14. Adult obesity
15. Adult smokeless tobacco
16. Pregnant smoking
17. Binge drinking
18. Heavy drinking
19. Meet physical activity recommendations
20. Fruit and Vegetables consumption
21. late stage breast cancer
22. invasive colorectal cancer
23. Annual Dental visit
24. Inadequate social support
25. Access to healthy foods
26. Access to Fast food

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

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

Primary Prevention	Secondary Prevention	Tertiary Prevention	Death
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> <li>• <b>Obesity and overweight; exposure to secondhand smoke; binge and heavy drinking; Physical inactivity; tobacco use; access to fast foods</b></li> </ul> </li> <li>• <u>Increase protective factors:</u> <ul style="list-style-type: none"> <li>• <b>Healthy weight; Meeting physical activity recommendations; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts</b></li> <li>• Reduce high blood pressure high lipids and heart attack.</li> <li>• Manage diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• PCI for heart attack patients</li> <li>• <b>Hospital stays for CHF</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Coronary heart disease death rate</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> <li>• <b>Tobacco use; exposure to secondhand smoke</b></li> </ul> </li> <li>• <u>Increase protective factors:</u> <ul style="list-style-type: none"> <li>• Reduce radon and workplace toxin exposures</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts</b></li> <li>• Stage of diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Lung Cancer death rate</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> <li>• Untreated mood disorders; substance use (includes <b>binge and heavy drinking</b> and <b>tobacco use</b>); history of trauma or abuse; <b>lack of social support</b> and sense of isolation; lack of mental health care.</li> </ul> </li> <li>• <u>Increase protective factors:</u> <ul style="list-style-type: none"> <li>• Reduce access to lethal means; media reporting education</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Screening for suicidal ideation</li> <li>• referral to treatment</li> <li>• follow up</li> <li>• Hotlines</li> <li>• emergency treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Medical treatment for sequelae</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Suicide</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u> <ul style="list-style-type: none"> <li>• <b>Obesity and overweight; Physical inactivity; tobacco use; access to fast foods</b></li> </ul> </li> <li>• <u>Increase protective factors:</u> <ul style="list-style-type: none"> <li>• <b>Healthy weight; Meeting physical activity recommendations; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts</b></li> <li>• Reduce high blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Prevalence rate</b></li> <li>• <b>HBA1c test</b></li> <li>• Manage diabetes</li> <li>• <b>Preventable hospital stays</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Diabetes death rate</b></li> </ul>

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

Primary Prevention	Secondary Prevention	Tertiary Prevention	Death
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u></li> <li>• <b>tobacco use; secondhand smoke; air pollution</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts</b></li> <li>• <b>Influenza vaccine</b></li> <li>• <b>Pneumonia vaccine</b></li> </ul>	<ul style="list-style-type: none"> <li>• Symptom management through medicine</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COPD death rate</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u></li> <li>• <b>Obesity; binge and heavy drinking; access to fast foods; hormone replacement therapy; and radiation exposure</b></li> <li>• <u>Increase protective factors:</u></li> <li>• <b>Meeting physical activity recommendations; healthy weight; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mammography</b></li> <li>• <b>Stage of diagnosis</b></li> </ul>	<ul style="list-style-type: none"> <li>• Medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Breast Cancer death rate</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u></li> <li>• <b>Obesity; binge and heavy drinking; tobacco use; access to fast foods</b></li> <li>• <u>Increase protective factors:</u></li> <li>• <b>Meeting physical activity recommendations; healthy weight; polyp removal; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts</b></li> <li>• <b>Sigmoidoscopy or colonoscopy</b></li> <li>• <b>Stage of diagnosis</b></li> </ul>	<ul style="list-style-type: none"> <li>• Medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Colorectal cancer death rate</b></li> </ul>
<ul style="list-style-type: none"> <li>• <u>Reduce modifiable risks:</u></li> <li>• <b>Obesity and overweight; binge and heavy drinking; Physical inactivity; tobacco use; access to fast foods</b></li> <li>• <u>Increase protective factors:</u></li> <li>• <b>Healthy weight; Meeting physical activity recommendations; access to healthy foods; 5 or more fruit/vegetable servings a day; access to recreation facilities</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Tobacco use quit attempts exposure to secondhand smoke;</b></li> <li>• Reduce high blood pressure high lipids.</li> <li>• Manage diabetes</li> <li>• medication</li> </ul>	<ul style="list-style-type: none"> <li>• IV rt-PA within 3 hours</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Stroke death rate</b></li> </ul>

Data Analysis

Discussion of Health Outcome Needs

Each health outcome’s needs’ measures have been analyzed with its related data measures from secondary sources (such as PA DOH) and/or as refined geographical results from the 2012 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.” The data can also indicate where even more in-depth information is needed and can be gathered through focus groups and community interviews.

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

**Identified Health Factor Needs Affecting Multiple Health Outcomes**

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

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

Health Factors Affecting Multiple Health Outcomes	Coronary heart disease	Lung cancer	Suicide	Diabetes	COPD	Breast cancer	Colorectal cancer	Stroke
Limited access to healthy foods; access to fast foods	●			●		●	●	●
Adult obesity / Eat five or more servings of fruits and vegetables / Meeting physical activity recommendations	●			●		●	●	●
Binge and heavy drinking	●		●			●	●	●
Tobacco use (adult smokeless tobacco use and pregnant smoking)	●	●	●	●	●	●	●	●
Dental visits	?			?				?

Studies have linked the food environment to consumption of healthy food and overall health outcomes.<sup>8</sup> Supermarkets, other grocery stores and specialty food stores are more likely to carry healthier foods than convenience stores. Studies show an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community.<sup>9</sup> The negative scores for low access to healthy foods (-101.8) and low access to fast foods (-25.6), seem to be reflected in the Hospital Defined Community's (HDC) more negative obesity and diabetes prevalence scores as compared to Washington County's (-55.9% and -402.3% versus 235.3%-69%, respectively). The estimated cost to the US in 2005 dollars of \$43 billion is based on the diet component of obesity. Washington County's entire population is affected by these two measures which, according to the 2010 US Census, is 207,820 people.

HDC's measure score for obesity was -55.9%, which is more negative than Washington County's score of 235.3%. Obesity is usually caused by poor diet and lack of sufficient physical activity. It increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer (accounts for 12% of the incidence of breast cancers and 10% of colorectal), hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis. Deaths attributable to obesity include 80% of diabetes, 59% of coronary heart disease, 15% of stroke, 11% of colorectal cancer and 10% of breast cancer. Two proxy measures for obesity that address the two causes (diet and exercise) are consumption of at least five servings of fruits and vegetables per day and meeting physical activity recommendations. The HDC has more negative scores for these two measures as compared to Washington County (-514.8% and -89.6% versus 54.9% and -16.3%, respectively). The total cost of obesity to the US in 2005 dollars was \$129.9 billion (which can be divided between diet (\$43 billion) and exercise (\$86.9 billion)). A 2010 estimate of the number of Washington County residents with obesity was more than 74,000 people (almost 185,000 for not eating five or more fruits and vegetables per day and more than 118,000 people who do not get the recommended amount of exercise). According to the HDC survey, 17.7% of respondents indicated that obesity was the most important health issue in their community and another 5% indicated that maintaining one's health was the most important.

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. It has also been attributable to the cause of 8% of suicides, 10% of breast and colorectal cancer deaths and 9% of stroke deaths. HDC's large negative excessive drinking measure scores (binge (-175.7%) and at risk for heavy drinking (-469.4%)) are more negative than Washington County's (-148.6% and -20.4%, respectively). The estimated cost to the US in 2005 dollars was \$17.9 billion for binge drinking and \$6 billion for heaving drinking. A 2010

<sup>8</sup> *Economic Research Service (ERS), U.S. Department of Agriculture (USDA). Food Environment Atlas.*  
<http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>.

<sup>9</sup> *Gallagher, M., Examining the impact of food deserts on public health in Chicago. July 18, 2006. Self-published and available online at: [http://www.marigallagher.com/site\\_media/dynamic/project\\_files/1\\_ChicagoFoodDesertReport-Full\\_.pdf](http://www.marigallagher.com/site_media/dynamic/project_files/1_ChicagoFoodDesertReport-Full_.pdf).*

estimate of the number of Washington County residents who binge drink was more than 19,000 people and for those who drink heavily, more than 9,000. According to the 2012 survey, 2.2% of respondents indicated that alcohol was the most important health issue in their community.

Tobacco use (including smoking and smokeless use) is identified as a cause in multiple diseases including various cancers and cardiovascular disease. 85% of lung cancer and COPD deaths, 31.3% of coronary heart disease deaths, 13% of stroke deaths, 12% of colorectal cancer deaths, 8.4% of suicides and 7.5% of diabetes deaths are attributable to tobacco use. HDC's negative measure scores for low adult smokeless tobacco use (-90%) and pregnant smoking (-166.7%) affect more than 9,000 and 400 people, respectively, as estimated for the 2010 Washington County population. The estimated cost to the US in 2005 dollars was \$2.8 and \$1.45 billion, respectively. According to the 2012 survey, 1.4% of respondents indicated that tobacco use was the most important health issue in their community.

Basic dental care can prevent high-cost procedures, tooth decay and gum disease. Teeth that remain strong and last long can improve overall health. The large negative score for annual dental visits for HDC (-50.2%) is less negative than for WC (-121.9%). Currently, there is insufficient evidence to link dental health to coronary heart disease, diabetes and stroke, but the amount of evidence is increasing. The estimated cost to the US in 2005 dollars was \$0.4 billion and a 2010 estimate of the number of Washington County residents who have not visited a dentist in the past year is more than 71,000 people. According to the 2012 survey, 5.8% of respondents indicated that dental and preventive care were the most important health issues in their community.

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

### **Coronary heart disease death rate**

Although the trend is decreasing, Washington County (WC) scored negatively on the coronary heart disease death rate (-7.5%) and it (along with other heart diseases) accounts for 14.4% of premature death. The estimated cost to the US in 2005 dollars was \$68.7 billion and a 2009 estimate of the number of WC residents who are living with the disease is more than 22,000. According to the 2012 survey, 2% of respondents indicated that coronary heart disease was the most important health issue in their community. An estimate of 7.6% of the same respondents self-reported as being diagnosed with coronary heart disease.

Risk factors that can be modified for primary prevention of coronary heart disease include: obesity and overweight (account for 59% of deaths); exposure to secondhand smoke; binge and heavy drinking; physical inactivity; tobacco use (accounts for 31.3% of deaths); and access to fast foods (accounts for 24% 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.



Secondary prevention related measures for coronary heart disease include managing diabetes and reducing: heart attack incidence; high cholesterol; and high blood pressure. Managing diabetes will be discussed under the diabetes-related death rate (see page 46). While Fayette, Greene and Washington Counties' three-year average (2008-2010) had a higher percentage of residents aged 18 years and older who reported having had a heart attack (10% Confidence Interval (CI) 8-12) compared to PA (6% CI 6-7), the three-year average death rate from heart attacks for those in the 60-64 years age group in Washington County is lower than the rest of PA (EpiQMS). While this seems to suggest that effective intervention is being received, the effect of the other two counties on the incidence of heart attack could also be a reason. Given that the 2012 survey age-adjusted data indicate that 3.7% (CI 1.8-5.6) of the residents reported having a heart attack (significantly lower than PA and the three county aggregate values), it seems that it is the effect of the other two counties that account for the difference.

The 2012 survey found that 36.1% (CI 31.6-40.6) of HDC residents had been told they had high cholesterol, which was not different than WC's 2007 value (35% CI 32-39). Cholesterol monitoring and levels were gathered for those who self-identified as being diagnosed with high cholesterol on the 2012 survey. 85.5% reported having it checked in the past twelve months, as recommended. Only 15% knew their values for high density lipids (HDL), low density lipids (LDL) and triglyceride cholesterols (slightly more could recall their total cholesterol value (~20%)) but 69.6% claimed to know that it was either under control (61.5%) or not (8.1%). For the most part, HDL levels were in recommended ranges, with only 9.1% of females reporting values below 50mg/dl and only 2% of males reporting below 40mg/dl. Less than 40% of reported LDL levels were at or below normal (below 100mg/dl), while the remaining were distributed among nearly normal (100-129 mg/dl, 8.2%), borderline (130-159 mg/dl, 21.9%), high (160-189 mg/dl, 12.7%) and very high (190mg/dl or more, 21.1%). Almost 81% of the reported triglyceride levels were within recommended ranges (equal to or less than 150mg/dl) while 8.8% were borderline (150-199mg/dl), 5.3% were high (200-499) and 5.2% were very high (500+). Only 17.2% identified as having high total cholesterol levels (240mg/dl or more). For those identifying as diagnosed with coronary heart disease and high cholesterol, almost 96% were within normal ranges for triglycerides; 99% for total cholesterol; and 59% were on target for LDL (<70mg/dl). 93.1% of the males had HDL levels at or above 40mg/dl.

In the 2012 survey, 33.3% (CI 29.9-37.7) had been told they had high blood pressure which is not different than the 2007 WC value (31% CI 28-34.) However, less were taking medication for it (56.7%, CI 49-64.4) compared to WC 2007 (88%, CI 83-92), even though about the same percent thought it was under control (88.8%, CI 83.5-94.1 versus 96% (CI 91-98)<sup>ii</sup>. In addition, about 55% could not recall their blood pressure values. Data from a non-random sample of African Americans residents from 2006-2009 revealed that 52.9% had been diagnosed with high blood pressure, 82% were taking medication and, of the 66.7% who thought they had their blood pressure under control, 31% had high readings<sup>iii</sup>. Due to the low percentage of African American residents in Washington County, the coronary heart disease death rate could not be calculated for this population.

Tertiary prevention includes timely percutaneous intervention (PCI) for heart attack patients and preventable heart failure admissions. The combined hospitals' large positive score for preventable heart failure admissions (633.5%) suggests that patients with coronary heart disease are managing their disease well. In fact, the combined hospitals' 3.6 admissions per 1,000 of their defined communities' 65-74 year old population in 2009 (5.8 in 2010 and 4.7 in 2011) are well below the Healthy People 2020 (HP) goal of 8.8.<sup>iv</sup> This mirrors the results when compared to HP 2020's goals for the 75 to 84 year old population (HP 2020's goal is 20.2— combined hospitals' rate is 8.2 in 2009, 11.9 in 2010 and 12.0 in 2011) and the age 85 years and older population (HP 2020's goal is 38.6— combined hospitals' rate is 18.7 in 2009, 30.5 in 2010 and 27.1 in 2011). However, the overall trends are increasing.<sup>v</sup>

### Lung cancer death rate

Washington County scored negatively on the lung cancer death rate (-160.8%), the trend is static, and it accounts for 9% of premature death. The estimated cost to the US in 2005 dollars was \$7.4 billion and a 2009 estimate of the number of Washington County residents who are living with the disease is more than 1,500 people. According to the 2012 survey, 9.2% of respondents indicated that cancers were the most important health issues in their community.

Risk factors that can be modified for primary prevention of lung cancer include tobacco use and exposure to secondhand tobacco smoke (responsible for about 80%-90%) as well as radon (responsible for about 10%), other workplace toxins (asbestos, uranium and coke responsible for 9%-15%) and outdoor air pollution (1%-2%)<sup>vi</sup>. Washington County's large negative score for the lung cancer death rate is most likely due to its low adult smoking measure score (39.5%). Of the zip codes in hospitals' defined communities, the average pCi/L of radon in tested homes with basement readings is 4.7, which is above the EPA action level of 4.0.<sup>vii</sup> Workplace exposures in Washington County need to be explored.

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

### Suicide death rate

Washington County scored highly negatively for the suicide death rate (-154.6%), which accounts for 5.3% of premature deaths and the trend is static. The most common method used is some type of firearm (60%) followed by strangulation (21%) and gas (4%). The estimated cost to the US in 2005 dollars was \$2.3 billion and a 2009 estimate of the number of Washington County residents who have suicidal ideation is more than 9,400 people. According to the 2012 survey, 1.5% of respondents indicated that stress was the most important health issue in their community.

Modifiable risk factors for suicide include: untreated depression and other mood disorders, substance use; history of trauma or abuse; lack of social support and sense of isolation (e.g.,

bullying); and lack of health care. Protective factors include efforts to reduce access to lethal means and to educate the media on coverage of suicide.

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

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

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

### **Diabetes-related death rate**

Washington County scored negatively on the diabetes-related death rate (-98.6%), the trend is static and accounts for 4% of premature death. The estimated cost to the US in 2005 dollars was \$35.8 billion and a 2009 estimate of the number of Washington County residents who have diabetes is more than 27,800 people. According to the 2012 survey, 6.9% of respondents indicated that diabetes was the most important health issue in their community.

Risk factors that can be modified for primary prevention of diabetes-related diseases include: obesity and overweight (accounts for 80% of deaths); access to fast foods; physical inactivity; and tobacco use (accounts for 7.5% of deaths). Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or more servings of fruits and vegetables a day; and access to recreation facilities. Another measure of primary prevention is the prevalence of diabetes. The 2012 survey's age-adjusted percentage is not different from WC's (12.2% CI 8.9-15.5 versus 9.3% CI 7.7-11).

Secondary prevention related measures for diabetes includes reducing high blood pressure and tobacco use quit attempts. Data on high blood pressure, high cholesterol and heart attack incidence was previously discussed under coronary heart disease (see page 43).

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 A1C measure score was less positive compared to WC's on people having these tests two or

more times in the past year (90.8% versus 360%); and in fact, only 25% had it checked the recommended four or more times in the past year. However, being able to compare properly to the HP2020 goal of one per year would change HDC's measure score to highly positive (275.4%). The 2012 survey also provided data on the results of the tests, which indicated that between 60.6% and 74.6% were not under control, dependent upon which association's definition of control one used (60.6% according to the American Diabetic Association versus 74.6% according to the American Academy of Endocrinologists).

The higher rate of renal failure deaths in Washington County (especially in people under age 75 years) suggests that neither blood pressure nor glucose levels are being controlled in an optimum fashion. While Washington County scored moderately negatively on diabetes prevalence (-69%), HDC scored highly negatively (-402.3%). However, HDC scored highly positive on preventable diabetes hospital admissions (381.4%). Coupled with the negative score on diabetes-related death rate and the higher rate of renal failure deaths among people below age 75, this may suggest that people are not managing their diabetes well, but not to the point of them seeking hospitalization. Other information collected on the 2012 survey about the health behaviors of people with diabetes included: daily self-foot exams; yearly eye exams; ever taken a management class; and seen a healthcare professional at least four times in the past year. While each measure is below the recommended level, the 2012 survey values are lower than WC's 2007 values only for daily self foot exams and annual eye exams.

### **Chronic Obstructive Pulmonary Disease (COPD) death rate**

Washington County scored slightly negatively on the COPD death rate (-18.7), the trend is static and accounts for 2.7% of premature death. The estimated cost to the US in 2005 dollars was \$16.5 billion and a 2009 estimate of the number of Washington County residents who are living with the disease is more than 8,900 people. According to the 2012 survey, 1.8% of respondents indicated that "breathing" was the most important health issue in their community.

Primary prevention includes avoiding tobacco use, secondhand smoke and air pollution. Washington County's large positive score for Air Quality Days above 100 (1000%) may be misleading in that the measure is based on the average of only three monitoring sites within the county: one in Washington, one in Hillman state forest (near Burgettstown) and one in Charleroi.

Secondary prevention includes tobacco use cessation and vaccines for influenza and pneumonia. HDC's yearly influenza and pneumonia vaccine measures scores (for those 65 years of age and older) are positive at 73.5% and 74.3%, respectively. Both scores indicate progress toward their HP2020 targets.

Tertiary prevention for COPD includes managing symptoms through the use of medications. No national or commonwealth information is available on medication use for COPD. However, the 2012 survey included questions designed to gather this type of information and provides more insight into the issue. In fact, HDC's residents have an average of 9 exacerbations a year and 51.3% report not

having an inhaler to use during worsening COPD signs. While 64.6% do not have daily management medication, of the ones who do have it, only 77.2% took it for all 30 days.

Uncontrolled or worsening symptoms are a major reason for hospital admissions. HP2020 target for hospitalizations for people with COPD aged 45 years and older is 50.1 admissions per 10,000 population (baseline is 56). Using PA's Health Care Cost Containment Council's (PHC4) research that 77.2% of COPD admissions as being possibly preventable, a constructed rate (HDC's potentially preventable hospitalization rate divided by 77.2%) for HDC is 62 per 10,000 defined community population, which is higher than the HP2020 target of 50.1. However, since HDC's potentially preventable COPD and asthma in older adults admission score is 245.6%, the constructed rate may be too high.

### **Female breast cancer death rate**

Washington County scored negatively on the breast cancer death rate (-152.2%), the trend is static and accounts for 2.6% of premature death. The estimated cost to the US in 2005 dollars was \$14.6 billion and a 2009 estimate of the number of Washington County residents who are living with the disease is more than 6,500 women. According to the 2012 survey, 9.2% of respondents indicated that cancers were the most important health issues in their community.

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

Secondary prevention related measures for breast cancer include screening to detect cancers at an early stage of diagnosis. The positive score for breast cancer screening (30.9%) and the large negative score for late stage breast cancer diagnosis (-522.7%) suggests some disconnect between the two. One hypothesis is that the measure used for mammography may underestimate the problem since the measure for screening is based on whether or not women over the age of 50 years have received a mammogram in the past 2 years. This measure does not take into account women with high risk who are encouraged to begin screening at age 40. While older women are more likely to be diagnosed with late stage breast cancer, it would be interesting to look at breast cancer incidence by stage and age to determine if this was the case in Washington County. However, neither the Centers for Disease Control and Prevention's WONDER online database nor PA's cancer incidence database allow analysis of cancer stage by age, which would lend insight into the issue. A second hypothesis could be, as recent literature suggests, that mammography, while the best screening tool for breast cancer available, is not able to detect all early stage disease.<sup>ix</sup>

### Colorectal cancer death rate

Washington County scored negatively on the colorectal cancer death rate (-80%), the trend is static and accounts for 2.4% of premature deaths. The estimated cost to the US in 2005 dollars was \$7.8 billion and a 2009 estimate of the number of Washington County residents living with the disease is more than 2,700 people. According to the 2012 survey, 9.2% of respondents indicated that cancers were the most important health issues in their community.

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

Secondary prevention related measures for colorectal cancer include tobacco quit attempts and screening to detect pre-cancers or cancers at an early stage of diagnosis. HDC's 2012 large positive score for colorectal screening (114.1%) may be an artifact of the selection of the measure for screening rather than an accurate measure of recommended screening given the moderately negative score for invasive colorectal cancer diagnosis (-76.5%). In fact, the positive score for screening is based on whether or not people over the age of 50 years have ever had a sigmoidoscopy or colonoscopy. This measure does not take into account either other accepted forms of screening (such as fecal occult blood tests<sup>x</sup> (FOBT)), people at high risk or if the correct timing is being met in order to diagnose the cancer at an earlier stage. Recommended timing (although no consensus has been established) includes either yearly FOBT, a sigmoidoscopy every 5 years or a colonoscopy every 10 years.<sup>xi</sup> A further analysis of the 2012 survey data does not lend any clarification to the issue since when other forms of screening and correct timing is taken into account, the percentage of those screened rises from 72.8% to 94.1%.

### Stroke death rate

Washington County scored slightly negatively on the stroke death rate (-17.9%), the trend is static and accounts for 2.1% of premature deaths. The estimated cost to the US in 2005 dollars was \$26.8 billion and a 2009 estimate of the number of Washington County residents living with the sequelae is more than 6,600 people. According to the 2012 survey, 0.8% of respondents indicated that high blood pressure (the major cause of strokes) was the most important health issue in their community.

Risk factors that can be modified for primary prevention include refraining from tobacco use (accounts for 13% of deaths), reducing obesity and overweight (accounts for 15% of deaths), eating a low-fat diet high in fruits and vegetables, not heavily or binge drinking alcohol (could prevent 9% of deaths), exercising regularly and maintaining a normal body weight.

Secondary prevention measures include controlling hypertension and diabetes (could prevent 5% of deaths); quitting tobacco use and reducing exposure to environmental tobacco smoke; lowering total and low-density cholesterol and triglyceride levels and increasing high-density cholesterol; and anticoagulant (e.g., warfarin) or antiplatelet (e.g., aspirin, ticlopidine) therapy among patients with atrial fibrillation. Hypertension, high cholesterol and diabetes management were discussed previously (see pages 43 and 46).

Tertiary prevention measures include minimizing disability through administering acute reperfusion therapy within 3 hours from symptom onset and physical rehabilitation. MVH and TWH have both been accredited for their stroke care units.

## 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 criteria for prioritization. These four criterion were:

1. Perceived importance from Community Health Needs Assessment. A summary chart was prepared to be used to make an informed decision on perceived importance. Since a term as “importance” can be subject to interpretation, this summary chart contained the following additional information regarding the identified health needs: Measure score; Weight of measure score; Measure trend (rising, declining or static); Incidence (how many new people were diagnosed with disease or died of it in Washington County); Prevalence (how many people were diagnosed with the disease in Washington County); Cost to the US in 2005 dollars; and perceived community importance (from open-ended question on community mailed survey).
2. Internal assets available. Tables 1 and 2 in Appendix A.
3. External assets available. Appendix A, exclusive of Tables 1 and 2.
4. Availability of evidenced-based interventions to address health needs. Both the Guide to Community Prevention Services and the Guide to Clinical Preventive Services were used as resources to determine this.

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

1. Coronary heart disease deaths
2. Diabetes deaths & Diabetes prevalence
3. Stroke deaths
4. COPD deaths
5. Tobacco Use (Adult smokeless & Pregnant smoking)
6. Binge & heavy drinking
7. Suicide deaths
8. Breast cancer deaths & Late stage breast cancer
9. Dental visits
10. Colorectal cancer deaths & Invasive colorectal cancer
11. Lung cancer deaths
12. Obesity, fruits & vegetable consumption, recommended activity
13. Access to healthy & fast food

They surveyed their board members and asked them to rate each of the thirteen 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. They gathered a group of staff who had been instrumental in compiling the health care resources and assets for both internally to, and externally of, the hospital to rate each of the thirteen categories independently of the board and also according to a likert scale from one to four: with one being very many assets; two being many assets; three being some assets; and four being few assets. These ratings were averaged together with the board’s to come up with a



prioritized list. This method was used to determine greatest need as defined as: being identified as a need from the Community Health Needs Assessment and not having as many resources addressing it. In order of greatest need first, the prioritization was as follows:

1. Coronary heart disease deaths
2. Diabetes deaths & Diabetes prevalence
3. Stroke deaths
4. COPD deaths; Tobacco Use (Adult smokeless & Pregnant smoking); and Binge & heavy drinking
5. Suicide deaths
6. Breast cancer deaths & Late stage breast cancer
7. Dental visits
8. Colorectal cancer deaths & Invasive colorectal cancer
9. Lung cancer deaths
10. Obesity, fruits & vegetable consumption, recommended activity
11. Access to healthy & fast food

The board planning committee reviewed the ratings, agreed with the results and recommended approval to the board.

The Washington Hospital used the summary chart at an Administrative Staff meeting to decide on the top two needs—diabetes prevalence and breast cancer. They cited the following factors as influential in their choice in diabetes: The score was -402.3, one of the most negative scores, which indicated that the hospital defined community's measure was very much below the Healthy People 2020 baseline; the weight was 4.61%, which was relatively high (weights ranged from 24.4% to 0.2%); about 1,997 people in Washington County are newly diagnosed each year and 27,848 people are already living with the disease; an average of 33 people under the age of 75 years in Washington County die each year (the diabetes death score was -98.6); health care costs totaled \$145.1 billion in 2005 for US; 4.9% of the community survey respondents cited it as the most important health issue in their community; there are poor outcomes despite the many internal and external assets available; and that there were both community and clinical evidenced based interventions available.

For late stage breast cancer, they cited: the score was -522.7, also one of the most negative scores, which indicated that the hospital defined community's measure was very much below the Healthy People 2020 baseline; the weight was 1.68%, which was relatively high (weights ranged from 24.4% to 0.2%); about 237 women in Washington County are newly diagnosed each year and 6,522 are already living with the disease; an average of 72 women under the age of 75 years in Washington County die each year (the breast cancer death score was -152.2); health care costs totaled \$15.2 billion in 2005 for US; 9.8% of the community survey respondents cited it as the most important health issue in their community; there are poor outcomes despite the many internal and external assets available; and that there were both community and clinical evidenced based interventions available.

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

## Endnotes

- <sup>i</sup> Prevention of Disease - Secondary Prevention - Screening, Cancer, Women, and Health  
[http://www.libraryindex.com/pages/722/Prevention-Disease-\[PRIMARY-SECONDARY-TERTIARY-PREVENTION\].html#ixzz20zLrkKMW](http://www.libraryindex.com/pages/722/Prevention-Disease-[PRIMARY-SECONDARY-TERTIARY-PREVENTION].html#ixzz20zLrkKMW)
- <sup>ii</sup> PA Department of Health, 2007 Behavioral Health Risks of Washington County Adults.
- <sup>iii</sup> Washington County Health Partners, Health Ministry Initiative Final Report, submitted to the Highmark Foundation 2/15/2010.
- <sup>iv</sup> Calculated by dividing the preventable CHF admissions by 0.912 (the percentage of preventable admissions for heart failure across PA according to PAHC4), and dividing that product by the number of 65-74 year olds in Washington County in 2009 and multiplying by 1,000.
- <sup>v</sup> Data for 2011 cannot be calculated for 65-74 year olds and 75-84 year olds since the population estimates are not available yet. The US Census Bureau has a scheduled date of release for this information in May 2013.
- <sup>vi</sup> American Lung Association, Trends in Lung Cancer Morbidity and Mortality, April 2012.
- <sup>vii</sup> Data as supplied to the PA Department of Environmental Protection, Radon Division from the certified radon laboratory and testing community. All short-term test methods, dates from 1/1/1990 to 12/31/2011, house types; 2-story, 3-story, ranch, split level, bi-level, cape cod, raised ranch, and contemporary, Accessed online at:  
<http://www.depreportingservices.state.pa.us/ReportServer/Pages/ReportViewer.aspx?%2fRadon%2fRadonZip>
- <sup>viii</sup> American lung Association, Lung Cancer CT Screening for Early Detection factsheet, available at  
<http://www.lung.org/lung-disease/lung-cancer/lung-cancer-screening-guidelines/lung-cancer-one-pager.pdf>, April 23, 2012.
- <sup>ix</sup> Bleyer A, Welch HG. Effect of three decades of screening mammography on breast-cancer incidence. *N Engl J Med.* 2012 Nov 22;367(21):1998-2005. doi: 10.1056/NEJMoa1206809. Abstract available online at:  
<http://www.ncbi.nlm.nih.gov/pubmed/23171096>
- <sup>x</sup> For all populations, evidence is insufficient to assess the benefits and harms of screening with computerized tomography colonography (CTC) and fecal DNA testing. U.S. Preventive Services Task Force. Screening for Colorectal Cancer: Clinical Summary of U.S. Preventive Services Task Force Recommendation. AHRQ Publication No. 08-05124-EF-4, 10-08.  
<http://www.uspreventiveservicestaskforce.org/uspstf08/colocancer/colosum.htm>
- <sup>xi</sup> *Ibid.*

## Appendix A: Identified Health Care Resources and Assets

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

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

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

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

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

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

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

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

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

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

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

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



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

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

**Hospital Defined Community Health Care Resources and Asset Identification**

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## Health care facilities:

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

### Hospitals

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

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

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

### Comprehensive outpatient rehabilitation facility

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

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

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

### Ambulatory surgical center

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

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

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

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

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

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

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

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

### Home health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Weirton Medical Center Home Health  
601 Colliers way

Weirton, WV 26062, 304-797-6495

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

## **Hospice**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Pediatric extended care**

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

### **Physical/Speech therapy**

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

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

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

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

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

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

### **Rural health clinics**

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

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

### **Home care agencies/registries**

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

### **Dialysis**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Nursing homes**

Andover Village  
OH, 440-293-5416

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

*(Grandvue Senior Living Center)*  
CONSULATE HEALTH CARE OF NORTH  
STRABANE

100 TANDEM VILLAGE ROAD  
CANONSBURG PA 15317, (724)743-9000

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

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

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

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

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

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

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

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

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

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

KADE HEALTH AND REHABILITATION CENTER  
1198 W WYLIE AVE

WASHINGTON PA 15301, (724)222-2148

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Nursing Home Transition Team**

PA Office of Long Term Living  
[www.ltlinpa.org](http://www.ltlinpa.org)  
Sharon Wilkes [ra-nht@state.pa.us](mailto:ra-nht@state.pa.us)  
717.346.0495  
Jennifer Mikos [c-jmikos@state.pa.us](mailto:c-jmikos@state.pa.us)  
717.346.9782

A collaborative effort using federal, state and  
local resources and partnerships moves  
people from nursing homes to the  
community.

Fayette, Washington and Greene counties  
Southwestern PA AAA, Inc Amanda Butler  
(60+) 7244898082 x4 [abutler@swpa-aaa.org](mailto:abutler@swpa-aaa.org)  
TRIPIL Michelle Shumar (<60) 7242235115 x1  
[mshumar@tripil.com](mailto:mshumar@tripil.com)

Westmoreland county:  
Rivers Center for Independent Living  
(TRCBrlLn)da Gressman (<60) 4123717700  
x1 [bgressman@trcil.org](mailto:bgressman@trcil.org)

Westmoreland Co AAA Sue Silvestri (60+)  
724.830.4444  
[ssilvestri@co.westmorlenad.pa.us](mailto:ssilvestri@co.westmorlenad.pa.us)

### **Personal care homes**

**COUNTY HOME PERSONAL CARE**  
915 MAIN STREET

BENTLEYVILLE , PA - 15314, 7246692030

**ADAMS PERSONAL CARE HOME**

115 OLD NATIONAL PIKE  
BROWNSVILLE , PA - 15417, 7247855258

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

**GREENSIDE MEADOWS**

119 GREENSIDE AVENUE  
CANONSBURG , PA - 15317, 7245146592

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

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

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

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

**CONSULATE RETIREMENT VILLAGE OF NORTH STRABANE**

200 TANDEM VILLAGE ROAD  
CANONSBURG , PA - 15317, 7247460600

**CONSULATE RETIREMENT VILLAGE OF NORTH STRABANE**

100 TANDEM VILLAGE ROAD  
CANONSBURG , PA - 15317, 7247439000

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

**PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP**

240 CEDAR HILL DRIVE

MCMURRAY , PA - 15317, 7249691040

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

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

**PRECIOUS MOMENTS**

212 RANDOLPH AVENUE  
CARMICHAELS , PA - 15320, 7249665040

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

**THE ADAMS HOUSE**

314 FALLOWFIELD AVENUE  
CHARLEROI , PA - 15022, 7244837171

**THE NEW DAWN THORPE S PERSONAL CARE**

1275 LINCOLN AVENUE  
CHARLEROI , PA - 15022, 7244835818

**THE NEW DAWN THORPE S PERSONAL CARE**

400 FOURTH STREET & OLIVE AVE  
CHARLEROI , PA - 15022, 7244835818

**DAVENPORT HALL**

321 WASHINGTON AVENUE  
CHARLEROI , PA - 15022, 7247973313

**NEVAEH COVE**

1039 FOURTH STREET EXTENSION  
CHARLEROI , PA - 15022, 7244833850

**ADVANCED PERSONAL CARE HOME**

245 CENTER STREET PO BOX 5  
CLARKSVILLE , PA - 15322, 7243770662

**LASOSKY S PERSONAL CARE HOME INC**

23 MAIN STREET  
CLARKSVILLE , PA - 15322, 7243772680

Lafayette Manor  
147 Lafayette Manor Rd

Uniontown, PA 15401, 724-430-4848

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

**MAMA S HOUSE**

142 ELM STREET  
CLAYSVILLE , PA - 15323  
Phone: 7246634284

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

**BREESE REST HOME**

281 TIMBER LAKE ROAD  
CLAYSVILLE , PA - 15323, 7249483333

**HIXENBAUGH S CONVALESCENT HOME**

P O BOX 495 327 MAIN STREET  
CLAYSVILLE , PA - 15323, 7246635911

**HILLSVIEW PERSONAL CARE HOME**

195 TIMBERLAKE ROAD  
CLAYSVILLE , PA - 15323, 7246635464

Life Steps

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

**MCKEAN MANOR**

787 789 MCKEAN AVENUE  
DONORA , PA - 15033, 7243798420

**MILLER KENRIC MANOR**

116 KENRIC AVENUE  
DONORA , PA - 16033, 4129153512

**COUNTRY CARE MANOR**

205 COLDRENS ROAD  
FAYETTE CITY , PA - 15438, 7243264909

**PAULIN PERSONAL CARE HOME**

119 WEST LINCOLN AVENUE  
MCDONALD , PA - 15057, 7249263526

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

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

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

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

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

**THE RESIDENCE AT HILLTOP**

210 ROUTE 837  
MONONGAHELA , PA - 15063, 7242588940

**MON VALLEY CARE CENTER**

200 STOOPS DRIVE  
MONONGAHELA , PA - 15063, 7243101111

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

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

**COMMUNITY TRANSITION CONNECTION**

**ANNA S HOME**

1360 1 2 FOURTH STREET BLDG 1  
MONONGAHELA , PA - 15063, 7242582934

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

Life Steps

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

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

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

**ANNALISA S A TOUCH OF HOME**

414 PERRY ROAD  
PERRYOPOLIS , PA - 15473, 7247364100

**HANEY S PERSONAL CARE HOME**

330 CARMICHAELS STREET  
RICES LANDING , PA - 15357, 7245925449

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

**PERSONAL CARE AT EVERGREEN**

336 NORTH MAIN STREET  
WASHINGTON , PA - 15301, 7242224227

**SOUTHMINSTER PLACE**

880 SOUTH MAIN STREET  
WASHINGTON , PA - 15301, 7242235756

**STANDISH S**

158 CHESTNUT RIDGE ROAD  
WASHINGTON , PA - 15301, 7242298801

**HUMBERT LANE PERSONAL CARE HOME**

90 HUMBERT LANE  
WASHINGTON , PA - 15301, 7242285666

**STRABANE WOODS OF WASHINGTON**

319 WELLNESS WAY  
WASHINGTON , PA - 15301, 7242259400

Seniorlife, [www.seniorlifewashington.com](http://www.seniorlifewashington.com)

2114 N Franklin Dr  
Washington, PA 15301-5891, (724) 222-5433

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

**HAWTHORNE WOODS ASSISTED LIVING**

791 LOCUST AVENUE  
WASHINGTON , PA - 15301, 7242221005

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

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

**DAY S PERSONAL CARE HOME**

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

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

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

Senior Living, [www.senior-living-assist.com](http://www.senior-living-assist.com)

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

**BRAUN S PERSONAL CARE HOME**

324 SOUTH WASHINGTON STREET  
WAYNESBURG , PA - 15370, 7246277141

**EWING MANOR**

590 JEFFERSON ROAD

WAYNESBURG , PA - 15370, 4122179026

**RESPICENTER WEST**

545 WEST HIGH STREET  
WAYNESBURG , PA - 15370, 7248521300

**PERSONAL CARE AT EVERGREEN**

25 GLADE AVENUE  
WAYNESBURG , PA - 15370, 7246274125

**T L C ADULT CARE CENTER**

9 RIO VISTA DRIVE  
WEST NEWTON , PA - 15089, 7248723000

**Urgent care**

Walgreens (Washington, )  
99 Jefferson Ave  
Washington PA 15301

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

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

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

**Clinics**

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

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

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

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

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

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

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

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

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

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

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

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

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

Carmichaels Clinic  
601 W. George Street Carmichaels, PA 15320

724-966-5081

Charleroi Medical and Dental Office

200 Chamber Plaza. Charleroi, PA 15022  
724-483-5482

Washington Family Doctors

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

Waynesburg Office

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

**Other rehabilitation**

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

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

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

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

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

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

Appropriate Physical Therapy Services LLC  
[appropriatept.com](http://appropriatept.com)

153 E Pike St  
Canonsburg, PA 15317-1765, (724) 745-5646

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

Gobbie Chiropractic, [www.gobbiechiro.com](http://www.gobbiechiro.com)  
224 E McMurray Rd  
McMurray, PA 15317-2948, (724) 969-4242

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

**Medical supply companies**

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

Mosso's Medical Supply Co  
728 Summit Ridge Plaza  
Mt. Pleasant, PA 15666, 724-547-4900

Neighbor Care At Home  
501 Parkway View Dr, Bld #5  
Pittsburgh, PA 15205, 412-490-0319

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

Tom and Jerry's Home Medical Service

145 N 8<sup>th</sup> St  
Connellsville, PA 15425, 724-628-8913

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

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

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

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

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

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

Hanger Inc, [hanger.com](http://hanger.com)  
853 Jefferson Ave  
Washington, PA 15301-3870, (724) 228-3010

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

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

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

PRMS Inc , [www.prms-inc.com](http://www.prms-inc.com)

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

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

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

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

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

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

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

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

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

McKnight Medical, [mcknightmedical.com](http://mcknightmedical.com)  
11 Mckean Ave  
Charleroi, PA 15022-1436, (724) 489-4011

Monongahela Medical Supply Co  
1163 Country Club Rd Ste 104  
Monongahela, PA 15063-1013, (724) 258-2273

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

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

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

## Chiropractors

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

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

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

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

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

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

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

HealthSource / Keystone Family Chiropractic  
PLLC, [www.healthsourceofwashington.com](http://www.healthsourceofwashington.com)

1825 Washington Rd, Suite B  
Washington, PA 15301, (724) 746-6840

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

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

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

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

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

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

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

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

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

Mckean Chiropractic Clinic LLC

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

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

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

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

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

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

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

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

Allegheny Advanced Chiropractic  
www.drtoaro.com  
4198 Washington Rd (Rt 19)  
Mc Murray, PA 15317, (724) 942-7660

Family First Chiropractic  
www.familyfirstchiro.net  
3150 Washington Rd  
Mc Murray, PA, (724) 941-9507

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

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

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

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

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

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

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

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

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

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

Dicesaro Spine & Sport, www.dss-online.com  
2510 Washington Rd  
Canonsburg, PA 15317-5236, (724) 745-5116

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Bentleyville Chiropractic Center  
104 Johnston Rd  
Bentleyville, PA 15314-1104, (724) 239-2225

Berkley Chiropractic Center  
88 Center Church Rd  
Mcmurray, PA 15317-3002, (724) 941-6202

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

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

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

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

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

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

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

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

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

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

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

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

Massucci Albert J

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

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

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

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

Nath Chiropractic Clinic  
6101 State Route 88  
Finleyville, PA 15332-1019, (724) 348-4225

National Pike Chiropractic  
www.nationalpikechiropractic.com  
565 National Pike W  
Brownsville, PA 15417-9221, (724) 785-7633

Pisciottano Geno A  
346 Buffalo Ridge Rd  
Canonsburg, PA 15317-6610, (724) 743-4500

Pro Solutions Clinic, www.proadjusterclinic.us  
3380 Washington Rd Ste 240  
Canonsburg, PA 15317-3065, (724) 942-4444

Progressive Chiropractic Clinics  
3380 Washington Rd Ste 240  
Canonsburg, PA 15317-3065, (724) 260-5084  
807 E McMurray Rd  
Venetia, PA 15367-2003, (724) 260-5641

Randours Chirop , randourchiropractic.com  
550 980 Rd  
Mc Donald, PA 15057-2884, (724) 926-2809  
105 W Ohara St  
Mc Donald, PA 15057-1441, (724) 926-2131

Rupert Chiropractic Clinic  
www.rupertchiropracticclinic.com

1001 Mckean Ave Ste A  
Charleroi, PA 15022-2142, (724) 483-4242

Sala Kenneth  
114 Sherborne Dr  
Canonsburg, PA 15317-3188, (724) 941-8513

Southpointe Chiropractic & Fitness  
www.southpointechiropractic.com  
673 Morganza Rd  
Canonsburg, PA 15317-5715, (724) 873-0700

Southwest  
1000 Main St  
Bentleyville, PA 15314-1175, (724) 239-0703

Teff Michelle Sister  
131 Kenric Ave  
Donora, PA 15033-1423, (724) 379-9101

Toomey Chiropractic Center  
107 Pennsylvania Ave  
Charleroi, PA 15022-1122, (724) 483-0898

Trotta Nicolina  
314 W Main St  
Monongahela, PA 15063-2410, (724) 258-5656

Washington Chiropractic Center-Fax  
998 Main St Ste B  
Bentleyville, PA 15314-1100, (724) 239-3866

Wittman Christine, drwittman.com  
3530 Marion Ave  
Finleyville, PA 15332-1314, (724) 348-6446

Wohar Stephen, drstevewohar.com  
727 Route 481  
Monongahela, PA 15063-3420, (724) 258-3371  
236 Chess St  
Monongahela, PA 15063-2447, (724) 258-3371

Zdilla Family Chiropractic, www.zfchiro.com  
540 Broad Ave Ste 1  
Belle Vernon, PA 15012-1435, (724) 929-6777

Bond A R chiropractor

217 Cecil Sturgeon Rd  
Mc Donald, PA 15057-2560, (724) 926-3862

Anden Chiropractic Clinic  
www.andenchiropracticclinic.com  
193 Finley Rd  
Belle Vernon, PA 15012-3822, (724) 930-8060

Back In Action Chiropractic  
35 N Porter St  
Waynesburg, PA 15370-1427, (724) 852-1624

Biddle Robert  
www.belleversonchiropractic.com  
830 Washington St  
Belle Vernon, PA 15012-2808, (724) 929-6100

Brownsville Chiropractic Center  
brownsvillepennsylvania.com  
631b National Pike E  
Brownsville, PA 15417-9603, (724) 785-5521

Carmichaels Chiropractic Center  
401 W Greene St  
Carmichaels, PA 15320-1603, (724) 966-5117

Clark Chiropractic Center  
177 E High St  
Waynesburg, PA 15370-1865, (724) 852-1777

Cole Chiropractic, cole-zusmer.com  
155 Mount Pleasant Rd  
West Newton, PA 15089-1839, (724) 872-7255

Cozart Jason, cozartchiro.com  
1159 6th St  
Waynesburg, PA 15370-1645, (724) 852-4222

Czyzewski Chiropractic Center &  
Rehabilitation  
200 N Market St  
Carmichaels, PA 15320-1226, (724) 966-7277

Dragan Douglas W, www.draganchiro.com  
1725 Grand Blvd  
Monessen, PA 15062-2240, (724) 684-8810

Health Worx, healthworxcenter.com

1112 Fells Church Rd  
Belle Vernon, PA 15012-4713, (724) 379-6160

Holliday Chiropractic Clinic  
500 A Manown Professional Bldg  
Belle Vernon, PA 15012-1501, (724) 929-8766

Hughes Frank Dr Tri-State Health Care  
Associates, www.tristatewebb.com  
20 Miller Ln  
Waynesburg, PA 15370-8274, (724) 852-2727

Janson Kenneth G  
www.drjansonchiropractor.com  
3157 Mount Morris Rd Ste 101  
Waynesburg, PA 15370-8155, (724) 627-9119

Jefferson Chiropractic  
1412 Jefferson Rd  
Jefferson, PA 15344-4159, (724) 883-3733

Klanchar Chiropractic Clinic  
104a Liberty St  
Perryopolis, PA 15473-5392, (724) 736-8353  
1745 Rostraver Rd  
Belle Vernon, PA 15012-4000, (724) 929-8353  
9 Willow Links Dr  
Belle Vernon, PA 15012-4334, (724) 872-7328

Mon Valley Chiropractics  
www.scirottochiropractic.com  
4678 State Route 51 S  
Belle Vernon, PA 15012-4305, (724) 823-0076

Pavtis Chiropratic  
1035 Broad Ave  
Belle Vernon, PA 15012-1777, (724) 929-4250

Pennsylvania Chiropractic & Rehab Center  
cozartchiro.com  
1159 6th St  
Waynesburg, PA 15370-1645, (724) 852-4222

Pettit L Randy  
1412 Jefferson Rd  
Jefferson, PA 15344-4159, (724) 883-3733

Sedlak Paulette MSDC

4313 State Route 51 N  
Belle Vernon, PA 15012-3535, (724) 929-3102

Steel City Family Chiropractic  
steelcitychiropractic.com  
834 Rostraver Rd  
Belle Vernon, PA 15012-1945, (724) 929-7090

Waynesburg Chiropractic Clinic  
3157 Mount Morris Rd  
Waynesburg, PA 15370-8155, (724) 627-9119

Webb Tri-State Health Care Associates  
www.tristatewebb.com  
20 Miller Ln  
Waynesburg, PA 15370-8274, (724) 852-2727

Wohar John Linda  
998 Donner Ave  
Monessen, PA 15062-1001, (724) 684-4551

Woods Phillip P  
35 N Porter St  
Waynesburg, PA 15370-1427, (724) 852-1624

Farquhar Heath E chiropractor  
1100 Fayette Ave  
Belle Vernon, PA 15012-2304, (724) 929-6077

Simkovich Charles Chiropractor  
RR 3  
Belle Vernon, PA 15012-1501, (724) 929-5374

## **Podiatry**

Grossman Adam D, www.podiatrist.doctors.at  
27 E Maiden St  
Washington, PA 15301-4941, (724) 222-5230

Hatfield Cynthia Dr Podiatrist  
40 Wilson Ave  
Washington, PA 15301-3335, (724) 222-8883

Penn Foot & Ankle Specialists  
204 Wellness Way  
Washington, PA 15301-9697, (724) 222-5635

Canonsburg Podiatry Associates  
canonsburgpodiatry.org

111 S Central Ave  
Canonsburg, PA 15317, (724) 338-8573

Family Foot Care, familyfootcare.info  
111 S Central Ave  
Canonsburg, PA 15317-1551, (724) 746-1870

Gallagher Kevin  
www.mlgpodiatry.com  
3901 Washington Rd  
Mcmurray, PA 15317-2500(map)  
(724) 941-4330

Mark H Hofbauer Dpm Facfas  
227 Demar Blvd  
Canonsburg, PA 15317-2270, (724) 745-6055

Pittsburgh Family Footcare, www.pffcp.com  
2001 Waterdam Plaza Dr Ste 207  
Canonsburg, PA 15317-5416, (724) 941-9440

Gateway Foot Ankle  
www.gatewayfootandankle.net  
17 Arentzen Blvd  
Charleroi, PA 15022-1085, (724) 489-1020

Hofbauer Mark H D P M  
625 Lincoln Ave  
North Charleroi, PA 15022-2451  
(724) 483-4880

Kelly Jon A, drjonkelly.com  
440 W Main St  
Monongahela, PA 15063-2565,(724) 258-2711

Valley Ankle & Foot Center  
www.anklefootcentersofpgh.com  
614 Park Ave  
Monongahela, PA 15063-1814,(724) 258-7555

Advanced Foot & Ankle  
1115 Fayette Ave  
Belle Vernon, PA 15012-2303, (724) 243-3630

Decarbo William Dr  
1150 7th St  
Waynesburg, PA 15370-1660, (724) 852-4036



Fayette Podiatry Associates  
www.fayettepodiatry.com  
631 National Pike E Apt A  
Brownsville, PA 15417-9603, (724) 785-8060

Greene Podiatry Associates Inc  
246 Elm Dr  
Waynesburg, PA 15370-8269, (724) 852-2255

Hofbauer Mark  
236 Elm Dr  
Waynesburg, PA 15370-8265, (724) 852-4036

Izzo Louis, www.louisizzodpm.com  
155 Mount Pleasant Rd  
West Newton, PA 15089-1839,(724) 872-6615  
Belle Vernon, PA , (724) 929-9400

### **Ophthalmology/Optometry**

National Eye Care Project  
PO Box 429098  
San Francisco, CA, 94142  
1-800-222-eyes (3937)  
Age 65+ w-o access to a DO  
Medical eye examinations and treatments

Crossroads Eye Care Associates  
www.crossroadseyecare.com  
4160 Washington Rd Ste 230  
Mc Murray, PA 15317-2533(map)  
(724) 941-1466

Caimano, Paul E. D.O.  
2107 N Franklin Dr, Ste #1  
Washington, PA 15301-5893, (724) 222-3937

Martinelli Eye & Laser Center  
www.martinellieyecare.com  
303 1st St  
Charleroi, PA 15022-1427, (724) 483-3675

Regional Eye Associates, www.readocs.com  
226 Elm Dr  
Waynesburg, PA 15370-8269, (724) 627-6100

Southwestern Pa Eye & Surgery Center  
750 E Beau St  
Washington, PA 15301-6661

(800) 336-2020, (724) 228-9488

Washington Eye Center  
2107 N Franklin Dr Ste 1  
Washington, PA 15301-5868, (724) 222-3937

South Hills Eye Associates  
southhillseyeassociates.com  
189 E Pike St  
Canonsburg, PA 15317-1765, (724) 745-6258

Miller Anna B MD Eye Care Center  
www.seewell-lookgood.com  
3402 Washington Rd Ste 303  
Canonsburg, PA 15317-2964, (724) 941-2309  
303 1st St  
Charleroi, PA 15022-1427, (724) 483-3675

Eyeworks Optical  
www.eyeworksopticalpa.com  
47 North Main St Suite B  
Washington, PA 15301-4333, (724) 825-4546  
136 W Chestnut St  
Washington, PA 15301-4423, (724) 225-4448

LensCrafters , lenscrafters.com  
1500 West Chestnut Street Ste 638  
Washington, PA 15301, (724) 228-5008  
Doctors Of Optometry  
www.doctorsofoptometry.net  
1500 W Chestnut St  
Washington, PA 15301-5864, (724) 228-7338

Dr. Richard A. Feldstein  
www.feldsteinrichard.com  
13 W Chestnut St  
Washington, PA 15301, (724) 350-8706

Eyewear Ltd  
11 W Chestnut St  
Washington, PA 15301-4511, (724) 225-4414

Knorr-Peters Family Eye Care  
visionsource-knorrpeterseyecare.com  
51 E Wheeling St  
Washington, PA 15301-4803, (724) 225-6050

Knox Optical Center

Washington Crown Ce  
Washington, PA 15301-1530,(724) 228-1028

Lang Alvin S  
182 Oak Hill Dr  
Washington, PA 15301-3051, (724) 222-2459

Meyer Malcolm G Optmtrst  
333 E Beau St  
Washington, PA 15301-3639, (724) 225-5079

Pavlic Lynn OD  
150 W Beau St  
Washington, PA 15301-4425, (724) 225-4440

Sam's Club, www.samsclub.com  
80 Trinity Point Dr  
Washington, PA 15301-2974, (724) 229-5399

Scheib Frederick J  
212 Wilson Ave  
Washington, PA 15301-3339, (724) 223-0700

Sears Optical, www.searsoptical.com  
1500 W Chestnut St Ste 700  
Washington, PA 15301-5869, (724) 225-4679

Visionworks, www.visionworkseyewear.com  
120 Trinity Point Dr  
Washington, PA 15301-2916, (724) 222-2164

Walmart, www.walmart.com  
30 Trinity Point Dr  
Washington, PA 15301-2974, (724) 229-4020

B Doty Vision Care,www.bdotyvisioncare.com  
112 Jones Dr  
Mc Murray, PA 15317-0930, (724) 941-9420

OneVision Health & Wellness  
www.onevisionwellness.com  
2867 Washington Rd  
Mc Murray, PA 15317-3266, (724) 941-3456

Crossroads Eye Care Associates  
www.crossroadseyecare.com  
4160 Washington Rd Ste 230  
Mc Murray, PA 15317-2533, (724) 941-1466

Deconcilis Eye & Vision Center  
950 S Central Ave Ste 1  
Canonsburg, PA 15317-1489, (724) 745-2020

Everett & Hurite, www.everett-hurite.com  
3001 Waterdam Plaza Dr  
Canonsburg, PA 15317-5415, (724) 942-0737

Eye Candy Optical Center  
www.southhillsmcmurrayoptical.com  
3923 Washington Rd  
McMurray, PA 15317, (412) 346-4331

Giant Eagle Optical  
4057 Washington Rd  
Canonsburg, PA 15317-2520, (724) 941-2620

Knorr-Peters Family Eye Care  
4160 Washington Rd Ste 3  
Mcmurray, PA 15317-2533, (724) 942-0620

Seraly Loretta G  
1253 Mcewen Ave  
Canonsburg, PA 15317-1989, (724) 746-5255

South Hills Eye Associates Ltd  
southhillseyeassociates.com  
189 E Pike St  
Canonsburg, PA 15317-1765(map)  
(724) 745-6258

Trapanotto Vincent  
1000 Waterdam Plaza Dr Ste 220  
Mcmurray, PA 15317-5427, (724) 942-8354

Cicchini Lori Ann  
544 Center Church Rd  
Canonsburg, PA 15317-3535, (724) 942-4581

Miller Anna B MD Eye Care Center  
www.seewell-lookgood.com  
3402 Washington Rd Ste 303  
Canonsburg, PA 15317-2964, (724) 941-2309

Anderson Clayton M optometrist  
701 Lincoln Ave  
North Charleroi, PA 15022-2422

(724) 483-8055

Community Eyecare Associates  
811 W Main St  
Monongahela, PA 15063-2815, (724) 258-7695

Dr Kucher & Associates  
1304 Main St  
Burgettstown, PA 15021-1080, (724) 947-3011

Eye Gallery The  
609 E McMurray Rd  
Canonsburg, PA 15317-3419(map)  
(724) 941-3930

Harrison Lonny W optometrist  
118 Scarborough Ln  
Canonsburg, PA 15317-3148, (724) 941-7683

Martinelli Eye & Laser Center  
www.martinellieyecare.com  
303 1st St  
Charleroi, PA 15022-1427, (724) 483-3675

Mon Valley Vision Center  
120 Main St  
New Eagle, PA 15067-1151, (724) 258-3773

Pavlic Lynn OD  
218 Lincoln Avenue Ext  
Charleroi, PA 15022-3080, (724) 483-2777

Sobol Bernard H, www.laurelridgeeye.com  
420 Fallowfield Ave  
Charleroi, PA 15022-1502, (724) 489-9000

Thomas Penny Lightholder Optometrist  
165 Maple Ln  
McMurray, PA 15317-2683, (724) 941-5513

Today's Cosmetic Surgery & Laser Center  
www.todayscosmeticsurgery.com  
Monongahela, PA 15063, (724) 489-9688

Toohey George Optometrist  
419 Fallowfield Ave  
Charleroi, PA 15022-1503(map)  
(724) 489-9600

Yonash Dennis P OD  
1000 Main St Ste 2  
Bentleyville, PA 15314-1176, (724) 239-2010

Alan David P OD  
Grandview Hts  
Rices Landing, PA 15357-1535, (724) 592-6243

Alan Eye Center  
1159 Morris St  
Waynesburg, PA 15370-8148, (724) 852-1212

Belle Vision Center, www.amcelcenter.com  
710 Tri County Ln  
Belle Vernon, PA 15012-1987, (724) 929-2229

Bellissimo Eye Care Assoc  
Rostraver Square  
Belle Vernon, PA 15012, (724) 929-2481  
100 Sara Way  
Belle Vernon, PA 15012-1963

Check Eye Group  
531 Broad Ave Ste 1  
Belle Vernon, PA 15012-1475, (724) 929-7737

Cicchini Lori Od  
527 Broad Ave  
Belle Vernon, PA 15012-1405, (724) 929-7737

Everett & Hurite Ophthalmic Association  
www.everett-hurite.com  
816 Finley Rd  
Belle Vernon, PA 15012-3817(map)  
(724) 929-5512

Ives Eyecare Center  
visionsource-iveseyecare.com  
145 N Water St  
West Newton, PA 15089-1500, (724) 872-5621

Lizza Cathleen A  
74 W High St  
Waynesburg, PA 15370-1324, (724) 852-2200

Mendicino Michael A OD

800 Plaza Dr Ste 270  
Belle Vernon, PA 15012-4020, (724) 823-0201

343 E Roy Furman Hwy Ste 103  
Waynesburg, PA 15370-8084, (724) 228-9488

Regional Eye Associates, [www.readocs.com](http://www.readocs.com)  
226 Elm Dr  
Waynesburg, PA 15370-8269, (724) 627-6100

Sears Optical, [www.searsoptical.com](http://www.searsoptical.com)  
190 Greene Plz  
Waynesburg, PA 15370-8142, (724) 627-8801

Rostraver Eye Care, [rostravercentral.com](http://rostravercentral.com)  
170 Finley Rd  
Belle Vernon, PA 15012-3823, (724) 930-8250

Swinker Margaret J Optometrist  
111 Thornton Rd  
Brownsville, PA 15417-9607, (724) 785-5656

Salvitti E Ronald Ophthalmologist  
[swpaeyecenter.com](http://swpaeyecenter.com)

Wal-Mart Optometrist, [www.walmart.com](http://www.walmart.com)  
Belle Vernon, PA 15012-1501, (724) 929-2481

## Pharmacies

- In Washington, Target, Giant Eagle, Walmart, Sam's club, Rite aid (2), CVS, Walgreens, Medicine shoppe, Curtis pharmacy, 84 pharmacy
- In canonsburg, Jefferys drug store, Riteaid (2), Walgreens, Sollon Pharmacy
- In mcmurray, Giant eagle, CVS, Eckerd, Prescription center plus, Kmart, Betz Pharmacy?
- In Bentleyville , Rite aid, Kuzy's pharmacy, Centimed?
- In Monongahela, Medicine shoppe, Rite aid, Span and Taylor drug store, Dierken's pharmacy, Giant eagle, leader pharmacy
- In Donora, Donora Union Pharmacy, leader pharmacy
- In Charleroi, 10<sup>th</sup> street pharmacy, rite aid, medved's pharmacy
- In Rices Landing, Giant eagle, dry tavern community pharmacy
- In California, Redstone Pharmacy, Rite aid, leader pharmacy
- In Monessen, Janosik's pharmacy, Union prescription pharmacy, rite aid, monvalley pharmacy
- In belle Vernon, Hometown pharmacy, Rostraver Pharmacy, CVS, rite aid, Standard pharmacy, walmart, giant eagle
- Perry drug store, Perryopolis
- Giant eagle, finelyville
- In Brownsville, Rite aid, Medicine Stop pharmacy
- In eighty-four, Prescription center plus, library pharmacy
- In Carmichaels, Gabler's drug store, Medicine Mine
- In Waynesburg, CVS, Walmart, Giant eagle, McCracken pharmacy, Walgreens, rite aid, health mart pharmacy
- In Burgettstown, rite aid, famcare pharmacy
- In Mcdonald, Giant eagle, McDonald Pharmacy
- Curtis pharmacy, Claysville
- Rite aid, west newton

### Prescription Assistance:

- Cornerstone care
- PACE/PACE NET 1-800-225-7223

## **Assets pertaining to multiple needs:**

Community assets have also been catalogued by need area. Because assets may cross over need areas, they will only be listed once and then referenced under the other need area(s) they affect. The health factor needs that affect multiple health outcome needs will be discussed together here rather than under each of the health outcomes they affect to reduce repetitiveness. These include: obesity, consuming 5 fruits and vegetables per day, meeting physical activity recommendations; binge and heavy drinking; tobacco use; access to healthy foods; and access to fast foods. Both locally based assets and internet based assets are listed.

### **Obesity, consuming 5 fruits and vegetables per day, meeting physical activity assets**

#### *Internet:*

- *The Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report*, produced by the National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. Topics addressed in the *Clinical Guidelines* include the health risks associated with overweight and obesity, as well as the assessment, treatment, and management of overweight and obese patients.  
[http://www.nhlbi.nih.gov/guidelines/obesity/e\\_txtbk/index.htm](http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/index.htm)
- <http://hp2010.nhlbihin.net/healthyeating/Default.aspx?AspxAutoDetectCookieSupport=1>
- [http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt\\_n\\_pk/hnp\\_resg.htm](http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/hnp_resg.htm)
- <http://www.foodinsight.org/>

#### *Private recreation:*

- Southpointe ice-o-plex

#### *Health clubs:*

- In Canonsburg/McMurray (Alexander's Club; Anytime fitness, Body Tech at Southpointe, The bodytorium, Cannon Fitness, Center for Wellness at McMurray, Curves (2 sites), Health Club at Southpointe, Enhanced Fitness, Strive Fit Family Fitness, Angela's, Yoga Ba-De' Fitness Studio, Fine Lines, Pilates Body, Empire School of Cheer Dance, Roux Strength Training), studiofit
- In Washington (Gym Dandys, 30 and out for women, Curves, Pride Cheer Gym Tn, Veltri Fitness, Elmhurst swim club, Bradley Physical Therapy, Washington total fitness)
- Aries Athletic club, Ellsworth (Bentleyville area)
- Curves, Burgettstown,
- 84 Fitness, Eighty four
- Body Systems Fitness Inc , mc Donald, PA 15057
- Sri Yantra Yoga, LLC Houston, PA 15342
- In Belle Vernon (Chon's Karate, 160 Finley Rd, Belle Vernon, PA 15012 (724) 929-3822; Curves, 950 Rostraver Rd, Belle Vernon, PA 15012 (800) 615-7352; Falcon Gymnastics 226 Nazareth Dr Belle Vernon, PA (724) 684-6260; Center For Fitness & Health 800 Plaza Dr, Ste 100 Belle Vernon, PA (724) 379-5100 (724) 379-6396 (fax); Curves 158 Tri County Ln, Ste 5 Belle Vernon, PA (724) 930-6006; Mon Valley Fitness Center 107 Pennsylvania St Belle Vernon, PA (724) 483-2438)
- Naomi Athletic Club, RR 1, Fayette City, PA 15438 (724) 326-4190
- Rices Landing Athletic Club, SYDNEY Ave, Rices Landing, PA 15357 (724) 592-5700
- Bee Fit Again, 184 1st St, Clarksville, PA 15322 (724) 377-2029

- BG Gymnastics, Monessen
- Curves, 106 Collinsburg Rd, West Newton, PA 15089 (800) 615-7352
- CrossFit Invigorate, 2510 Washington Road Suite G, Canonsburg, PA 15317 (412) 522-4809
- In Monongahela, (Phi Pilates, 440 W Main St, Monongahela, PA 15063 (724) 258-2022; Mon Valley Ymca 101 Taylor Run Rd Monongahela, PA (724) 483-8077)
- MON Valley DEK Hockey 1 Chamber Plz Charleroi, PA (724) 483-1224
- Spin On Fitness Studio 1731 Gill Hall Rd Finleyville, PA (412) 651-1270

*Community centers:*

- The rock student center, canonsburg
- Neuman Center, Washington
- Brownson House and The Vernon C. Neal Sportsplex
- LeMoyne Multi-Cultural center
- Cecil Township Community center
- Lone Pine Community center
- Peters Township Community center
- WWJD center, Waynesburg
- Monessen Civic center
- MidWay Community center
- Mt. Pleasant community center.
- Lone pine social hall,
- Washington County Community youth center, canonsburg
- Venetia community center
- Finleyville community center
- Fayette county community center

*Parks:*

- In Finleyville : Mingo Creek County, Union Twp Park, Union Twp recreational park
- In new eagle: New Eagle BF, Tubby Hall Riverfront Park
- In Washington: Washington Park, South Strabane township community park, South Franklin township community park, Allison park, Billy Bell Park, South Strabane, bull thistle (W&J), Driscoll park, Lakeview park, Streater Park, Brooks softball fields, North Franklin Township park, South Franklin Township park
- In Waynesburg: Washington Township, Rinehart Park, Emerald Ball Field, Manufacturers Field, Center Township park, Meadowlark park, lion's park, Greene county fairgrounds, Crawford Field, College Field (2), Sunrise park, sunset park, Waynesburg park
- In Carmichaels: Cumberland Township park, Wana B park
- Pumpkin Run Park, Rices Landing
- In Jefferson: Mather Park, Center Township park
- In Burgettstown: Paris Ballfield, Langloth Ball Field, Burgettstown Community Park, Hanover Township Park, Smith Ball Field, Hillman State Park, Panhandle trail
- In Canonsburg/McMurray: Peterswood Park, Peters Lake Park, North Strabane Township park, Borland Ball Field, Canonsburg Township Pool and Park, Canonsburg playground, Canonsburg Town Park, Arrowhead trail, Rees Park
- In Hickory: Mt. Pleasant Township park, Viking ball fields

- In Cecil: Southview ball field, Washington County fair grounds, Holy Rosary Park, Cecil Township Ball fields, Hendersonville Park, Montour trail
- In Houston: Arnold Park, Houston Ball Fields
- In Bentleyville: Borough of Cokeburg park, radio park, ellsworth community park, Bentleyville-Richardson ball fields
- In California: David Szalay Community park, Rotary Park, California Borough Park
- In eighty-four: 84 youth park, 84 lumber company park, Nottingham township park
- In Claysville: Buffalo township swimming pool and ball fields, Taylorstown Park, Sunset beach park and picnic, McGuffy Community Park, West Alexander Park
- In McDonald: Midway Borough park, Sturgeon Park, Heritage Park, East End Park
- In coal center: Elco BF, Stockdale BF, Allenport Park, Newell BF, Dunlevy Recreation Center
- In Monessen: Monessen City, 6<sup>th</sup> street 9<sup>th</sup> street, Columbus, Shawnee park
- In Perryopolis: Rowes Run BF, Jefferson Township BF, Star Junction BF, Perryopolis BF, AF, Park; Harry Sampey Park
- Court Street Park, West Newton
- In Belle Vernon: Cedar Creek, John DiVirgillio Sports Complex, Fairhope Ball Field and Athletic Field, Belle Vernon Athletic Field, North Belle Vernon Recreational Park (Graham street park), North Belle Vernon Athletic Field, Naomi Ball Field and Athletic field,
- In Brownsville: Vestaburg BF, Hiller BF, West Belle Vernon BF, Arnold BF, Allison Heights BF, Roadman Park
- In Donora: Palmer park, Annex field, Donner Veteran Memorial Park, Donner Park, Ken Griffey F, Donora war memorial park, cascade park
- In Charleroi : Charleroi Community Park, North Charleroi Recreation Park, Woodland Ave Park, Crest Ave Playground and Park, Fallowfield Twp Municipal park, Speers Community park
- In Monongahela: Mounds park, Chess park, Aquatorium, Diane Drive Recreational Park, Riverview park, Hill crest park, valley Ave Recreational park, Victory Hill RP, Carroll Twp Little league fields, Gallatin park
- In Clarksville: Ten Mile Creek County, Burson Park

*Internet:*

- [www.washingtonwalking.org](http://www.washingtonwalking.org)
- [walkworks](http://www.walkworks.com)
- Pennsylvania Hike for Health: [www.dcnr.state.pa.us/info/hikeforhealth/index.htm](http://www.dcnr.state.pa.us/info/hikeforhealth/index.htm)
- National Center on Physical Activity and Disability <http://www.ncpad.org/exercise/>
- Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition and <http://www.cdc.gov/nccdphp/dnpa>
- Weight Control Information Network <http://win.niddk.nih.gov/>
- American Heart Association
- <http://www.cdc.gov/physicalactivity/strategies/community.html>

## **Tobacco cessation assets (smokeless and pregnant)**

### *Local:*

- Tobacco Free Washington program: (Get Free (financial aid for tobacco quit products), at Wilfred R. Cameron Wellness Center, worksite cessation programs, at Monongahela Valley Hospital)

### *Phone/Internet:*

- 1-800-QUIT NOW—Pennsylvanians 14 years of age and older who smoke or use chewing tobacco can call to receive free telephone counseling and 8 weeks of free nicotine patch, 24 hours a day, 7 days a week.
- DeterminedToQuit.com—is an online community that gives smokers tools to update and monitor their quit attempts; schedule messages to be delivered automatically to their cell phones to fend off potential lapses; and receive messages of encouragement from loved ones.
- American Lung Association—[www.lungusa.org](http://www.lungusa.org)
- [www.chewfree.com](http://www.chewfree.com)
- MyLastDip Web Program—[www.MyLastDip.com](http://www.MyLastDip.com) presents information about the risks of smokeless tobacco use, provides research-proven, practical methods for quitting, and allows participants to set their own pace.
- QuitNet—[www.quitnet.com](http://www.quitnet.com)
- [www.smokefree.gov](http://www.smokefree.gov)
- UPMC HealthyLifestyles—[www.upmc.com](http://www.upmc.com) Click on Health A-Z, then Patient Information Materials, then Smoking.



**Binge and heavy drinking assets**

Local:

Washington County Drug and Alcohol Commission  
Washington&Jefferson’s school health center  
California University of Pennsylvania’s school health center  
Waynesburg University’s school health center

*Local treatment facilities:*

**ABSTINENT LIVING AT THE TURNING POINT AT WASHINGTON**

14 WEST WALNUT STREET  
WASHINGTON PA 15301, (724)228-2203  
199 NORTH MAIN STREET  
WASHINGTON PA 15301, (724)228-2203

1633 WEIRICH AVENUE  
WASHINGTON PA 15301, (724)222-4753

**TURNING POINT II**

MILLCRAFT CTR, STE 900  
90 West Chestnut Street  
WASHINGTON PA 15301, (724)222-0112

**GATEWAY SOUTH**

375 VALLEYBROOK ROAD  
MCMURRAY PA 15317, (724)941-4126

**WESLEY SPECTRUM SERVICES**

26 SOUTH MAIN STREET  
WASHINGTON PA 15301, (724)222-7500

**GREENBRIAR TREATMENT CENTER**

1840 WASHINGTON ROAD  
WASHINGTON PA 15301, (724)225-9700

**THE CARE CENTER DBA SPHS CARE CENTER**

100 WEST SOUTH STREET  
CARMICHAELS PA 15320, (724)228-2200

**GREENBRIAR TREATMENT CENTER**

800 MANOR DRIVE  
WASHINGTON PA 15301, (724)225-9700

**THE CARE CENTER DBA SPHS CARE CENTER**

35 SOUTH WEST STREET  
WAYNESBURG PA 15370, (724)627-6108

**THE CARE CENTER**

75 EAST MAIDEN STREET, SUITE 100  
WASHINGTON PA 15301, (724)228-2200

**SPHS BEHAVIORAL HEALTH**

301 EAST DONNER AVENUE, SUITE 102  
MONESSEN PA 15062, (724)684-6489

**THE LIGHTHOUSE FOR MEN**

1820 WASHINGTON ROAD  
WASHINGTON PA 15301, (724)743-5747

**POLARIS RENEWAL SERVICES, INC**

3591 PITTSBURGH ROAD  
PERRYOPOLIS PA 15473, (724)736-8390

**THE LIGHTHOUSE FOR WOMEN OF GREENBRIAR TREATMENT CENTER**

*Local AA groups:*

Dunlevy UM Church, 1 Church St, Dunlevy, PA, No Smoking, Map This Location

- Monday OD.....8:30 PM.....X DUNLEVY SECOND CHANCE

St. Paul’s Lutheran Church, 1317 Grand Blvd-Fellowship Hall, Monessen, PA, No Smoking, Map This Location

- MONESSEN TUESDAY NIGHT Daily Reflections Discussion Last Tues Speaker OD/S.....8:00 PM.....X\*

St. Paul's Episcopal Church, 130 W. Main Street, Monongahela, PA, No Smoking, Accessible, Map This Location

- Sunday MONONGAHELA HOW II Last Sun Speaker OD/S.....1:00 PM.....X
- FRIDAY NIGHT REFLECTIONS Open Discussion Daily Reflections 8pm

1st Presbyterian Church, 6th & Chess Streets, Monongahela, PA, No Smoking, Accessible , Map This Location

- MONONGAHELA SOBER ON SATURDAY CD.....10:00 AM.....X\*
- **12 & 12**

True Vine Anglican Church, 700 E Main St, MONONGAHELA, PA, No Smoking, Map This Location

- MONONGAHELA HOW II, Open Discussion 1:00 PM Sunday

Steps Inside Club, 1790 Morris Street, Waynesburg, PA, **Map This Location No Smoking**

- sun12:00 Noon - (CD) God As We/I Understand Him
- mon12:00 Noon (OD) Serenity AfterNoon Discussion Group
- wed8:00 PM - (CD) How We Feel Today Group
- wed12:00 Noon - (OD) Serenity As Bill Sees It Group
- 12:00 Noon - (CD) Thursday Grapevine Group
- Thursday at 12 (CD) Serenity AfterNoon Discussion Group
- fri8:00 PM - (CD) How We Feel Today Group
- sat12:00 (OD) Serenity AfterNoon Discussion Group

St. Anne's Catholic Church, 232 E. High Streets, Waynesburg, PA

- sat8:30 PM - (OS) Waynesburg Saturday Night

First Methodist. Church, Richhill & Franklin St. **112 N Richhill St, No Smoking, Accessible, Map This Location**

- **TUESDAY** 12:00 Noon Waynesburg (OD) Made It Til Noon Group
- fri12:00 Noon (OD) Made It Til Noon Group

St. George's Episcopal Church, 100 Bonar Ave., Waynesburg, PA

- Thurs 7:30 PM - (OD) 12 & 12 Group

Brownsville UM Ch, 412 2nd St, BROWNSVILLE, PA, no Smoking, Map This Location

- 5:00 PM Sunday Closed Chair's Choice

Gladden UP Church, 747 Miller Run Rd., Cecil, PA, Map This Location

- In The Heat of Recovery sun7:00 PM - Cecil (OD)

Upper Ten Mile UP Church, 14 Church Ln, Prosperity , PA, Map This Location

- sun8:00 PM - (OD) Prosperity Sunday Night Group

First Methodist Fellowship Hall, 101 West South Street, ? 104 W South St, Carmichaels , PA, Map This Location

- TUESDAY 7:30 PM - (OD) Carmichaels Big Book Study Group

Christian Center Church, Off RT 51 N, Past Get-go, 130 Charity Lane, Belle Vernon, PA, Map This Location, No Smoking, Accessible

- Tuesday BELLE VERNON WOMENS AA CONNECTION OD.....7:30 pm.....X

1st Methodist Church, State & Market Streets, Belle Vernon, PA, [Map This Location](#)

- Thursday BELLE VERNON NEWCOMERS BGBK Open Big Book Discussion OD.....8:00 PM.....X\*
- Wednesday BELLE VERNON NOONERS OD.....12:00 PM.....X\*

300 Chamber Plaza, Old Montgomery Ward Bldg., CHARLEROI, PA, **Map This Location**

- OS.....8:00 PM.....X\*

St. David's Episcopal Church, 945 E. McMurray Rd., McMurray, PA, [Map This Location](#), No Smoking, Accessible

- SATURDAY 9:00 AM - (CD) The First 164 (Big Book) Group
- Thurs 8:30 PM - (CD& CB) Peter's Township 12 & 12 Group

Center Presbyterian Church, 255 Center Church Road, McMurray, PA, [Map This Location](#), No Smoking

- FRIDAY 10:00 AM - (CD) Crossroads Group
- 6:30 PM - Tuesday night Big Book Meeting (OD)
- Thurs7:00 PM - (CD) McMurray Women's As Bill Sees It Group

St Benedict the Abbot Catholic Church, 120 Abington Dr at Friar Ln, McMurray, PA, No Smoking, Accessible

- wed12:00 Noon - (CD) McMurray Big Book Study Group

Star Junction Meth Ch, 108 Church St, **Map This Location**, Accessible

- 7:00 PM Friday PERRYOPOLIS FRIDAY NITERS Open Discussion

St. Thomas Episcopal Church, 139 North Jefferson Street, Canonsburg, PA, **No Smoking, Map This Location**

- Canonsburg Big Book Study Group wed7:30 PM - (CD) Canonsburg 12 step Open Discussion Group
- **Thurs7:30 PM - (OBD) H.O.W. GROUP Thursday 12 & 12**

First Baptist Church. 215 N. Central Ave., Canonsburg, PA, **Map This Location No Smoking**

- Fri 7:30 PM - As Bill Sees It Group (CD)

United Presbyterian Church, 112 West Pike St., **Community Hall**, Canonsburg, PA, **Map This Location No Smoking**

- sat8:30 PM - (OS) Canonsburg Group

Chartiers Hill UP Church, Route 19 & Route 519, **2230 Washington Rd**, Canonsburg, PA, **Map This Location, No Smoking**

- mon8:30 PM (CD) Hill 12 & 12 Group

Fellowship Hall at Trinity Center, 119 Station St at Grant St, MCDONALD, PA, [Map This Location](#) No Smoking, Accessible

- 9:00 PM Friday Open Speaker

Jefferson Memorial Ave. Methodist Church, 160 Jefferson Ave, **Map This Location No Smoking**

- sun7:00 PM - Washington (CD) Washington Discussion Group

Sunlight Club, 234 E. Maiden Street, Washington, PA, **Map This Location, No Smoking, Accessible**

- 9:00 AM - (OD) Sunday Morning Early Bird Discussion
- 8:00 PM - (OD) Sunday Night With Bill W. Group
- mon12:00 Noon - (OD) Thank God I'm Sober Group
- mon7:00 PM (OD) Monday Beginner's Living Sober Group
- tues12:00 Noon - (OD)Thank God I'm Sober Group
- tues7:00 PM - (OD) Beginner's Big Book Study Group
- wed12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Wednesday Night Daily Reflections Group
- **thurs**12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Thursday Night 12 & 12 Group
- fri12:00 Noon - (OD) Thank God I'm Sober Group
- 7:00 PM - (OD) Friday Night Discussion
- sat12:00 Noon - (OD) Thank God I'm Sober Group

Church of the Covenant, 267 East Beau Street**3rd floor**, Washington, PA, **Map This Location Accessible**

- sat10:30 AM - (OD) Washington Renewal Group

Faith Presbyterian Church, 900 E. Beau St., Washington, PA, **Map This Location No Smoking**

- wed8:30 PM - (OS) Washington Group

Citizen's Library, 55 S. College Street, **Map This Location No Smoking**

- 7:00 PM Washington (C) Monday Night Beginner's Workshop

United Pres Ch, N 3rd St & E Main St, Social Hall, WEST NEWTON, PA Map This Location, No Smoking

- 8:00 PM WEST NEWTON FRIDAYS Open Discussion

Old True Value Store, 200 Atomic Avenue, WEST NEWTON, PA

- WEST NEWTON FRIDAYS,OD.....8:00 PM.....X\*

St. John's Episcopal Church, 10th & Thompson, DONORA, PA

- DONORA SATURDAY NIGHT SPECIAL Last Sat Speaker OD/S.....8:00 PM.....X

Internet:

- <http://www.higheredcenter.org/environmental-management/intervention/early/research>
- <http://www.higheredcenter.org/services/training>
- <http://www.collegedrinkingprevention.gov/>
- <https://www.stopalcoholabuse.gov/communityfaithbased.aspx>
- <http://www.nrepp.samhsa.gov/SearchResultsNew.aspx?s=b&q=binge drinking>
- <http://www.alcoholismresources.com/resources.html>
- [http://www.aa.org/pdf/products/p-49\\_BridgingTheGap.pdf](http://www.aa.org/pdf/products/p-49_BridgingTheGap.pdf)
- <http://www.wpaarea60.org/>
- [http://www.wpaarea60.org/district\\_45.html](http://www.wpaarea60.org/district_45.html) Mid-Mon Valley, Dunlevy, Bentleyville, Monessen, Monongehela, Charleroi, Fayette City, Donora, West Newton, Belle Vernon
- [http://www.wpaarea60.org/Meeting\\_Lists/district\\_45.pdf](http://www.wpaarea60.org/Meeting_Lists/district_45.pdf)
- [http://www.wpaarea60.org/district\\_29.html](http://www.wpaarea60.org/district_29.html) Westmoreland/Fayette Counties, Lower Mon Valley: Uniontown, Connellsville, Brownsville, Hopwood, Masontown

- [http://www.wpaarea60.org/Meeting\\_Lists/district\\_29.pdf](http://www.wpaarea60.org/Meeting_Lists/district_29.pdf)
- [http://www.wpaarea60.org/district\\_14.html](http://www.wpaarea60.org/district_14.html) Washington/Green Counties - Washington, Waynesburg, Canonsburg, Peter's Township, Carmichaels, McMurray, Venetia
- [http://www.wpaarea60.org/Meeting\\_Lists/district\\_14.pdf](http://www.wpaarea60.org/Meeting_Lists/district_14.pdf)
- [http://www.wpaarea60.org/district\\_71.html](http://www.wpaarea60.org/district_71.html) Pittsburgh: South Hills, Bethel Park, South Park, Upper St. Clair
- <http://www.pghaa.org/meetings.htm>

## Access to healthy food/fast food assets

### Local:

- Local food banks
- Angel Food Ministries
- Washington City Mission

Highland ridge Neighborhood garden. For additional information please contact Rob Phillips at 724-228-6875 or [rob.phillips@racw.net](mailto:rob.phillips@racw.net)

### Monessen Community Garden

1614 Summit Ave., Monessen, PA 15062

Est.: 2011

Community/Individual growing: Community/Youth Program

Contact Person: Tami Ozegovich

Contact Details: [tozegovich@privateindustrycouncil.com](mailto:tozegovich@privateindustrycouncil.com)

### Farmers markets:

Avella Farmers Market

Route 50 at the Fire Hall Parking Lot

Avella, PA 15312

Contact: Marcy Tudor

Phone: (724) 587-3763

Website: <http://www.farmfreshavella.com>

June – October; Sunday, 10:00 a.m. - 1:00 p.m

412-296-0518

Thursdays, 3:30 - 6:30pm; May - October

Monongahela Farmers Market

142 West Main Street

724-258-5905

Chess Park - Main Street

Monongahela, PA 15063

Contact: Claudia Williams - Monongahela FM Committee

Phone: (724) 258-7199

E-Mail: [chris@victorenestea.com](mailto:chris@victorenestea.com)

Website:

<http://www.cityofmonongahela.com>

June – September; Friday, 3:00 p.m. - 6:00 p.m

Washington Farmers Market

Washington Crown Center Mall(Franklin Mall)

Washington, PA

Contact: Bush Farmers

Phone: (724) 663-7344

July - October

Monday, Wednesday, & Friday,

5:30 p.m. - dark

Jefferson ave alpine bowling lanes  
fridays

Main Street Farmers Market

139 S. Main at Wheeling

Washington, PA 15301

Contact: Chris Gardner

Phone: (724) 222-6094

Main Street Farmers Market, Inc.

400 Cove Road, Washington PA 15301

412-392-2069

email

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](mailto: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

Fencerow Farmers Market

1604 East High Street in Waynesburg,

Pennsylvania  
724-833-5979  
Thursday - Fridays, 1 - 7:30pm  
Saturdays, 9am - 3pm  
year-round

GREENSBORO FARMERS' FAIR AND MARKET  
Darlene Urban Garrett  
Elm Street Manager, Greensboro Borough  
Marianne Hunnell  
405 Front Street  
P.O. Box 371  
Greensboro, PA. 15338  
724-943-3612 Office, 724-358-2004 FAX

May to October, The market will run on every Saturday from 9:00 AM until 1:00 PM.  
The market can be found at the Greensboro Gazebo.

Charleroi Farmers Market, Market house  
423 McKean Avenue  
Charleroi, PA 15022, (724) 483-3070  
Email: teamcharleroi at mvrchamber dot org  
1 Chamber Plaza  
Charleroi, PA 15022  
Contact: Chamber of Commerce  
Phone: (724) 483-3507  
Website: www.charleroi.pa.org  
August – October, Thursday, 5 p.m. -9 p.m

*Grocery Stores:*

- Shop 'n Save 125 W Beau St, Washington, PA 15301 » Map (724) 223-5493
- American Foods 1 Humbert Ln, Washington, PA 15301 » Map (724) 223-0820
- Foodland 840 Jefferson Ave, Washington, PA 15301 » Map (724) 222-0924
- Save-A-Lot NORTHGATE Plaza (460 Washington Rd), Washington, PA 15301 (724) 222-0763
- Town & Country Market-1969 Jefferson Ave, Washington, PA 15301 (724) 222-6050
- Interstate Foodland Inc RR 40, Washington, PA 15301 » Map (724) 228-7228
- Aldi 18 Trinity Point Dr, Washington, PA 15301 » Map (630) 879-8100
- Henderson Avenue Foodland 575 Henderson Ave, Washington, PA 15301 (724) 222-3760
- **K B Fast Foods 402 Meadowlands Blvd, Washington, PA 15301 » Map (724) 745-6270**
- Lone Pine Market 618 Lone Pine Rd, Washington, PA 15301 » Map (724) 267-3810
- Gabby Heights Meats-Groceries 1495 Park Ave, Washington, PA 15301 (724) 222-6760
- Giant Eagle 104 E Wylie Ave, Washington, PA 15301 » Map (724) 228-8401
- Giant Eagle 331 Washington Rd, Washington, PA 15301 » Map (724) 228-2865
- Spring House 1531 Route 136, Washington, PA 15301 » Map (724) 228-3339
- Shop 'n Save 2100 Washington Rd, Canonsburg, PA 15317 » Map (412) 276-5130
- Shop 'n Save 617 W Pike St # 1, Canonsburg, PA 15317 » Map (724) 745-2900
- Canon Food Locker 407 S Central Ave, Canonsburg, PA 15317 » Map (724) 745-7760
- Morgan's Food Inc 290 W College St, Canonsburg, PA 15317 » Map (724) 514-7782
- Morgans Foods 109 Cavasina Dr, Canonsburg, PA 15317 » Map (724) 745-1863
- Merante Brothers Market 604 W McMurray Rd, Canonsburg, PA 15317 (724) 743-5900
- Minter's Market 211 Main St, Claysville, PA 15323 » Map (724) 663-5374
- **Kehn's Korner Market 21 Main St, Hickory, PA 15340 » Map (724) 356-2517**
- Price chopper Serving the Washington Area. (800) 666-7667
- The Amish Storehouse 5 State Route 2044, Bentleyville, PA 15314 » Map (724) 239-3002
- Rotellini's Market 506 5th St, Mc Donald, PA 15057 » Map (724) 947-9506
- IGA 1412 Main St, Burgettstown, PA 15021 » Map (724) 947-2723
- Vallina's Market 506 5th St, Langeloth, PA 15054 » Map (724) 947-9506
- Shop 'n Save 5001 Library Rd, Bethel Park, PA 15102 » Map (412) 831-7177
- Gabby Food Mart 2440 W Pike St, Houston, PA 15342 » Map (724) 745-0717
- P D S 12 84 Dr, Eighty Four, PA 15330 » Map (724) 222-7914

- Schwan's Sales Enterprises State Route 136, Eighty Four, PA 15330 » Map (724) 225-8881
- Shearers Foods Inc-Canonsburg 42 Swihart Rd, Canonsburg, PA 15317 » Map (724) 746-1162
- Giant Eagle 4007 Washington Rd, Canonsburg, PA 15317 » Map (724) 941-7220
- Mc Murray Dairy Bar 601 E McMurray Rd, Canonsburg, PA 15317 » Map (724) 941-8250
- In-N-Out Grocery Store 3369 Millers Run Rd, Cecil, PA 15321 » Map (724) 873-4622
- Giant Eagle 155 Wilson Rd, Bentleyville, PA 15314 » Map (724) 239-2300
- Trax Farms 528 Trax Rd, Finleyville, PA 15332 » Map (412) 835-3246
- Giant Eagle 3701 State Route 88, Finleyville, PA 15332 » Map (724) 348-6229
- Giant Eagle 200 Station St, Mc Donald, PA 15057 » Map (724) 926-2201
- Kauffman Family Market Place 1718 Smith Twp St Rd, Burgettstown, PA 15021 (724) 947-9682
- Cox Market 711 Route 481, Monongahela, PA 15063 » Map (724) 258-4900
- IGA 711 Route 481, Monongahela, PA 15063 » Map (724) 258-3322
- Giant Eagle 1300 Country Club Rd, Monongahela, PA 15063 » Map (724) 258-5011
- Charleroi Foodland 119 McKean Ave, Charleroi, PA 15022 » Map (724) 483-9500
- Stillitano's Italian Food 615 McKean Ave, Charleroi, PA 15022 » Map (724) 483-7006
- Save-A-Lot 110 McKean Ave, Charleroi, PA 15022 » Map (724) 489-9303
- Foodland 701 Donner Ave, Monessen, PA 15062 » Map (724) 684-6460
- D and S Market 379 Gallitin Rd, Belle Vernon, PA 15012 » Map (724) 379-6098
- Duritza's Market 735 Henry St, Belle Vernon, PA 15012 » Map (724) 929-6050
- Shop 'n Save 4627 State Route 51 N Ste 600, Belle Vernon, PA 15012 » Map (724) 379-9000
- Washington Shop & Save 735 Henry St, Belle Vernon, PA 15012 » Map (724) 929-4516
- Shop 'n Save 600 Willowbrook Plz, Belle Vernon, PA 15012 » Map (724) 379-9000
- Ricker's Market 244 Gilliespie Hollow Rd, Fayette City, PA 15438 » Map (724) 326-8330
- Hackney's Market 901 Old National Pike, Brownsville, PA 15417 » Map (724) 632-6868
- Save-A-Lot Rte 51, Perryopolis, PA 15473 » Map (724) 736-8333
- Save-A-Lot 3454 Pittsburgh Rd, Perryopolis, PA 15473 » Map (724) 736-8333
- Country Fresh Market 909 Old National Pike, Brownsville, PA 15417 » Map (724) 632-3200
- Blue Marsh Market 118 3rd St, Brownsville, PA 15417 » Map (610) 488-5470
- Bfs Foods RR 2, Waynesburg, PA 15370 » Map (724) 852-2130
- Belko Foods 206 W High St, Waynesburg, PA 15370 » Map (724) 627-6174
- Save-A-Lot 3161 Mount Morris Rd, Waynesburg, PA 15370 » Map (724) 627-7018
- Bfs Foods #42 1550 E High St, Waynesburg, PA 15370 » Map (724) 627-7085
- Bfs Foods #41 270 E Roy Furman Hwy, Waynesburg, PA 15370 » Map (724) 852-2130
- Seventy Seven Market 1004 Jefferson Rd, Waynesburg, PA 15370 » Map (724) 883-3678
- Bfs Foods #44 1796 Jefferson Rd, Jefferson, PA 15344 » Map (724) 883-2930
- Dayton Market RR 1, Clarksville, PA 15322 » Map (717) 647-2155
- Gabby's 560 Route 88, Carmichaels, PA 15320 » Map (724) 377-1635
- Hill Top Grocery 675 Nemaacolin Rd, Carmichaels, PA 15320 » Map (724) 966-7248
- Luntskys Market and More 601 Low Hill Rd, Brownsville, PA 15417 » Map (724) 938-1307
- Jefferson Market GREEN St & Mulberry Aly, Jefferson, PA 15344 (724) 883-2154
- Giant Eagle 999 N Eighty Eight Rd, Rices Landing, PA 15357 » Map (724) 592-6057
- Walmart Supercenter 405 Murtha Dr, Waynesburg, PA 15370 » Map (724) 627-3496
- Walmart Supercenter 700 Broad Ave, Belle Vernon, PA 15012 » Map (724) 929-2481
- Walmart Supercenter 30 Trinity Point Dr, Washington, PA 15301 » Map (724) 229-4020
- Walmart Supercenter INTERSTATE 70 & Route 201, Belle Vernon, PA 15012 (724) 929-2437



- Walmart Supercenter 100 SARA WAY ROSTRAVER SQ , Belle Vernon, PA 15012 (724) 929-2438

*Internet:*

<http://www.buylocalpa.org/southwest>

<http://www.care2.com/farmersmarket/search/state/PA>

### **General chronic diseases (cancer, diabetes, etc.) assets**

- <http://patienteducation.stanford.edu/> (living a healthy life series)  
<https://www.bullpub.com/catalog/living-a-healthy-life-with-chronic-conditions-canadian-edition-3rd-edition>
- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)  
<http://www2.niddk.nih.gov/HealthEducation/HealthNutrit>
- American Cancer Society [www.cancer.org](http://www.cancer.org)
- <http://www.gildasclubwesternpa.org/calendar.asp>

### **The Wellness Community (TWC)**

TWC is an international non-profit organization dedicated to providing support, education and hope for all people affected by cancer – at no cost.

Phone: 888-793-WELL (9355)

Web site: [www.thewellnesscommunity.org](http://www.thewellnesscommunity.org)

### **CancerCare**

22nd Floor

275 Seventh Avenue

New York, NY 10001

212-712-8400 (Administrative)

1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)

[info@cancercare.org](mailto:info@cancercare.org)

CancerCare provides free professional support for anyone affected by cancer. CancerCare programs include counseling and support groups, cancer education workshops, information on financial assistance, and practical help. Counseling is provided by oncology social workers and is available over the phone and face-to-face (available at offices in New York City, Long Island, New Jersey, and Connecticut). Support groups are offered online, via telephone, and in face-to-face groups.

CancerCare also provides free publications, some in Spanish. Limited grants are available to eligible families for cancer-related costs like transportation and childcare. A section of the CancerCare Web site is available in Spanish.

### **Cancer Hope Network**

Cancer Hope Network is a not-for-profit organization that provides free and confidential one-on-one support to cancer patients and their families. They provide that support by matching cancer patients and/or family members with trained volunteers who have undergone and recovered from a similar cancer experience. Through this matching process, they strive to provide support and hope, to help patients and family members look beyond the diagnosis, cope with treatment, and start living life to its fullest once again.

Phone: 877-HOPENET (467-3638)

Web site: [www.cancerhopenetwork.org](http://www.cancerhopenetwork.org)

## **Assets for breast cancer deaths and late stage breast cancer assets**

Other needs identified that directly breast cancer deaths, mammograms and late stage breast cancer include: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

Y-ME National Breast Cancer Organization, Inc

Y–ME serves women with breast cancer and their families through their national hotline (available 24 hours a day), open-door groups, early detection workshops, and support programs.

Phone: 800-221-2141 (English); 800-986-9505 (Spanish)

Web site: [www.y-me.org](http://www.y-me.org)

PA Breast Cancer Coalition

The PA Breast Cancer Coalition represents, supports and serves breast cancer survivors and their families in Pennsylvania through educational programming, legislative advocacy and unique outreach initiatives. The PBCC is a statewide non-profit organization that creates the hope of a brighter tomorrow by providing action and information to women with breast cancer today.

Phone: 800-377-8828

Web site: [www.pabreastcancer.org](http://www.pabreastcancer.org)

Healthy Woman Program

This program provides free breast and cervical cancer screening and diagnostic services, including mammograms, clinical breast exams, pelvic exams, and Pap tests to qualifying women. To qualify you must be under age 64, have limited or no insurance, and have low to moderate income.

Phone: 800-215-7494

<http://www.breastcancer.org/community/>

**AVONCares Program** (<http://www.cancercare.org>)

212-712-4673 (Administrative) (Responds to calls in English and Spanish)

1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)

CancerCare, in partnership with the Avon Foundation, operates the AVONCares Program for Medically Underserved Women. This program provides financial assistance to low-income, under- and uninsured, underserved women throughout the country who need supportive services (transportation, childcare, or home care) related to the treatment of breast and gynecological cancers (cervical, endometrial, ovarian, uterine, vaginal, vulvar). To apply for funds from the AVONCares Program, download an application form online or contact CancerCare to receive the application.

**FORCE: Facing Our Risk of Cancer Empowered** (<http://www.facingourrisk.org>)

PMB #373

16057 Tampa Palms Boulevard, West

Tampa, FL 33647

1-866-288-7475 (1-866-288-RISK) (Responds to calls in English only)

[info@facingourrisk.org](mailto:info@facingourrisk.org)

FORCE: Facing our Risk of Cancer Empowered is a national nonprofit organization dedicated to improving the lives of individuals and families affected by hereditary breast and ovarian cancer. FORCE offers a toll-free, peer-support helpline staffed by volunteers who can discuss issues with callers, offer referrals to resources, or match callers with another peer counselor with similar

experiences. FORCE also provides access to board-certified genetic counselors to answer general questions about genetics. Publications such as newsletters, brochures, and other print materials are available on the Web site.

**Linking A.R.M.S. Program** (<http://www.cancercare.org>)

212-712-4673 (Administrative) (Responds to calls in English and Spanish)

1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)

[info@cancercare.org](mailto:info@cancercare.org)

CancerCare has partnered with Susan G. Komen for the Cure to create the Linking A.R.M.S. program. The program provides limited financial assistance for hormonal and oral chemotherapy, pain and anti-nausea medication, lymphedema supplies, and prostheses for women with breast cancer. A reimbursement grant is available and the amount of the grant is subject to availability. To apply for a reimbursement grant, download an application form online or contact CancerCare to receive the application.

**Living Beyond Breast Cancer** (<http://www.lbbc.org>)

Suite 224

354 West Lancaster Avenue

Haverford, PA 19041

484-708-1550 (Responds to calls in English only); 610-645-4567 (Responds to calls in English only)

1-888-753-5222 (1-888-753-LBBC) (Survivors' Helpline) (Responds to calls in English and Spanish)

[mail@lbbc.org](mailto:mail@lbbc.org)

Living Beyond Breast Cancer (LBBC) aims to empower all women affected by breast cancer to live as long as possible with the best quality of life. LBBC provides specialized programs and services for the newly diagnosed, young women, women with advanced breast cancer, women at high risk for developing the disease, and African American and Latina women. The LBBC Survivors' Helpline is a national, toll-free telephone service staffed by trained volunteers affected by breast cancer. Helpline volunteers offer guidance, information, and hope. Spanish-speaking helpline volunteers are available. LBBC publishes Insight (quarterly educational newsletter), provides interactive message boards, and offers comprehensive guides, brochures, and transcripts and audio recordings of conferences. LBBC also offers education programs and services to help health care professionals counsel women affected by breast cancer. The LBBC Web site is available in Spanish.

**The Mautner Project** (<http://www.mautnerproject.org>)

Suite 710

1875 Connecticut Avenue, NW.

Washington, DC 20009

202-332-5536 (Responds to calls in English only)

1-866-628-8637 (1-866-MAUTNER) (Responds to calls in English only)

[info@mautnerproject.org](mailto:info@mautnerproject.org)

The Mautner Project is committed to improving the health of women who partner with women--including lesbian, bisexual, and transgender (LBT) individuals--through direct and support service, education, and advocacy. The Mautner Project offers phone and online support, nationwide community outreach, and health-related publications targeted for the LBT community. The Mautner Project provides in-person bereavement and smoking cessation support groups and online groups for survivors of serious illness, caregivers, and bereavement. Removing the Barriers® (RTB) is a training program designed to educate and bring awareness to health care providers about lesbian health care needs. The Spirit Health Education (S.H.E.) Circle® is a national health education program

focused on African American women who partner with women. The program uses the multidimensional influences of culture and sexuality. EDUcate is a new breast health program that focuses on the needs of low-income African American lesbian and bisexual women.

**National Asian Women's Health Organization** (<http://www.nawho.org>)

Suite 100

4900 Hopyard Road

Pleasanton, CA 94588

925-468-4120 (Responds to calls in English only)

[info@nawho.org](mailto:info@nawho.org)

The National Asian Women's Health Organization (NAWHO) serves as a powerful voice for the health of Asian American women and their families. NAWHO provides research and information about the health of Asian Americans to the public health field and provides health education to the Asian American community. NAWHO has designed and implemented national health promotion campaigns and programs on breast and cervical cancers, diabetes, HIV, immunizations, mental health, osteoporosis, reproductive health, sexual violence & intimate partner violence prevention, and tobacco control. Publications are available on their Web site or in hard copy. NAWHO developed a Breast and Cervical Cancer Cultural Competency Trainers Institute—a comprehensive train-the-trainer program designed to build a national pool of trainers specializing in Asian American women's health needs, breast and cervical cancers, and cultural competency issues. NAWHO offers a Resource Sharing Library to allow the sharing of resources, materials, and tools that assist people serving the Asian and Pacific Islander communities. Materials in the Resource Library are available in Cambodian, Chinese, English, Hmong, Japanese, Korean, Lao, Samoan, Tagalog, Thai, and Vietnamese.

**National Breast and Cervical Cancer Early Detection Program** (<http://www.cdc.gov/cancer/nbccedp>)

Mail Stop K-64

4770 Buford Highway, NE.

Atlanta, GA 30341

1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)

[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

The Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. The NBCCEDP provides screening support in all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian and Alaska Native organizations. Services provided include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal, and referrals to treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women in the NBCCEDP access to treatment through Medicaid. All 50 states and the District of Columbia have approved this Medicaid option. In 2001, with passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, Congress explained that this option also applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization. The NBCCEDP's Web site provides detailed information about the program, contacts, and resource materials.

Find a Local NBCCEDP Program: (<http://apps.nccd.cdc.gov/cancercontacts/nbccedp/contacts.asp>)

**National Breast Cancer Coalition** (<http://www.stopbreastcancer.org>)

Suite 1300

1101 17th Street, NW.

Washington, DC 20036

202-296-7477 (Responds to calls in English only)

1-800-622-2838 (Responds to calls in English only)

[info@stopbreastcancer.org](mailto: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<sup>®</sup>, 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](mailto:infonet@sistersnetworkinc.org)

Sisters Network<sup>®</sup> 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<sup>®</sup>** (<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<sup>®</sup> 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](mailto:customerservice@tlccatalog.org)

"tlc" Tender Loving Care is part of ACS Products, Inc., an affiliate of the American Cancer Society (ACS). It is a "magalog" (magazine/catalog) that combines helpful articles and information with products for women coping with cancer or any cancer treatment that causes hair loss. It allows women to order products for special needs that are sometimes difficult to find in the community. Products include wigs, hairpieces, breast forms, prostheses, bras, hats, turbans, swimwear, and helpful accessories at the lowest possible prices.

**Triple Negative Breast Cancer Helpline** (<http://www.tnbcfoundation.org/helpline.htm>)

1-877-880-8622 (1-877-880-TNBC) (Responds to calls in English and Spanish)

[TNBCHelpline@cancerca.org](mailto:TNBCHelpline@cancerca.org)

The Triple Negative Breast Cancer (TNBC) Helpline offers free support services to patients and families coping with a diagnosis of triple negative breast cancer. The TNBC Helpline is staffed by experienced oncology social workers with specific knowledge of triple negative disease. The Helpline was launched by a partnership between the Triple Negative Breast Cancer Foundation and CancerCare, a national nonprofit that provides free counseling and education services to individuals and families affected by cancer. In addition to counseling, TNBC Helpline staff can assist callers with information on other services offered by CancerCare, such as helping patients apply for financial assistance, transportation, and other social services.

**Young Survival Coalition** (<http://www.youngsurvival.org>)

Suite 2235

61 Broadway

New York, NY 10006

646-257-3000 (Responds to calls in English only)

1-877-972-1011 (1-877-YSC-1011) (Responds to calls in English only)

[info@youngsurvival.org](mailto:info@youngsurvival.org)

The Young Survival Coalition (YSC) focuses on issues unique to young women who are diagnosed with breast cancer. YSC works with survivors; caregivers; and the medical, research, advocacy, and legislative communities to improve the quality of life for women age 40 and under who have been diagnosed with breast cancer. YSC's affiliate network provides peer-support and networking opportunities for young women in all stages of the treatment and recovery cycle. The Coalition also hosts teleconferences, conferences, and retreats for young women newly diagnosed with breast cancer, women diagnosed with metastatic breast cancer, and community volunteers interested in leadership development. YSC offers a SurvivorLink program that matches young women facing breast cancer with a survivor who shared a similar diagnosis. YSC also produces educational

materials. Some publications are available in Spanish. Additionally, Spanish-speaking volunteers are available to serve as survivor matches in its peer-support program.



## **Assets for colorectal cancer, invasive colorectal cancer**

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

Colon Cancer Alliance (<http://www.ccalliance.org>)

Suite 1066

1025 Vermont Avenue, NW.

Washington, DC 20005

202-628-0123 (Responds to calls in English only); 1-877-422-2030 (Helpline) (Responds to calls in English only); 1-866-278-0392 (Clinical Trials Matching Service) (Responds to calls in English only)  
[info@ccalliance.org](mailto: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](mailto: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/dccp\\_Programs/default.aspx?NPID=4](http://apps.nccd.cdc.gov/dccp_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](mailto: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.fightcolorectalcaner.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@fightcolorectalcaner.org](mailto:info@fightcolorectalcaner.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](mailto:info@lynchcancers.org)

Lynch Syndrome International (LSI) provides support for individuals afflicted with Lynch syndrome (a hereditary disorder that places a person at higher risk of developing colorectal cancer, endometrial cancer, and various other types of aggressive cancers), increases public awareness of the syndrome, educates members of the general public and health care professionals, and provides support for Lynch syndrome research endeavors. LSI is an all volunteer organization founded and governed by Lynch syndrome survivors, their families, and health care professionals who specialize in Lynch syndrome. The LSI Web site has comprehensive information on diagnosis, treatment, and follow-up issues for people with Lynch Syndrome.

## Assets for diabetes (deaths and prevalence)

Other needs identified that directly impact diabetes deaths and prevalence are: meeting physical activity recommendations (see page 28); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

### *local:*

#### **American Diabetes Association**

<http://www.diabetes.org/in-my-community/>

Local: American Diabetes Association-Pittsburgh

Landmark Building, 100 W Station Square Dr, Suite 1900

Pgh., Pa 15219, 412-824-1181

#### American Diabetes Month®

November is American Diabetes Month, a time to communicate the seriousness of diabetes and the importance of diabetes prevention and control. Help us Stop Diabetes by hosting an event benefiting the American Diabetes Association or holding an educational session at your business.

#### Diabetes Awareness Day

Date selected in March to raise awareness of the risk for diabetes and prediabetes. Education and 'At Risk' screening available through the American Diabetes Association.

#### Annual Diabetes EXPO

David L. Lawrence Convention Center

This exciting fitness and lifestyle exhibition features displays, demonstrations, hands-on activities and the latest health updates. In addition, cooking demonstrations and sports tips are provided by local and national experts.

Contact Terri Seidman at [tseidman@diabetes.org](mailto:tseidman@diabetes.org) for more information.

The American Diabetes Association also provides a list of local recognized diabetes education programs.

### *Internet:*

- **American Association of Diabetes Educators**  
[www.diabeteseducator.org](http://www.diabeteseducator.org)  
To help locate Certified Diabetes Educators and diabetes education programs in local areas.
- **PA State Website**  
<http://www.portal.state.pa.us/portal/server.pt/community/diabetes/14160>
- Online diabetes coach (Glaxo Smith Kline)  
<http://www.healthcoach4me.com/en/index.html>
- National Diabetes Education al Program
  - The Power to Control Diabetes is in Your Hands Community Outreach Kit  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=144>
  - The Road to Health Toolkit  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=152>
  - Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=124>



## **Assets for lung cancer**

Another need identified that directly impacts lung cancer deaths is tobacco use (see page 32). Please see this specific topic for a list of assets associated with it.

Lung Cancer Alliance (<http://www.lungcanceralliance.org/>)

Suite 150

888 16th Street, NW.

Washington, DC 20006

202-463-2080 (Responds to calls in English only); 1-800-298-2436 (Lung Cancer Information Line)

(Responds to calls in English and Spanish); 1-800-698-0931 (Clinical Trials Matching Service)

(Responds to calls in English and Spanish)

[info@lungcanceralliance.org](mailto:info@lungcanceralliance.org)

The Lung Cancer Alliance (LCA) is dedicated to providing support and advocacy for people living with or at risk for lung cancer. LCA programs include a Lung Cancer Information Line which provides support, information, and referrals for lung cancer patients, survivors, and their family and friends. The Phone Buddy Program is a peer-to-peer support program that matches survivors or their family members/caregivers with patients or caregivers who have gone through similar medical and social situations. LungLoveLink is a new online support community for people living with lung cancer as well as family members and caregivers. The Clinical Trials Matching Service is designed to help lung cancer patients and their families identify possible clinical trials. LCA also sponsors Lung Cancer Awareness Month, a national education and advocacy campaign; the quarterly newsletter Lung Cancer Alliance Times; and LCA Advocacy Action, where advocates can receive alerts to participate in or respond to important lung cancer issues.

American Lung association

Healthy Lungs PA

## Assets for coronary heart disease

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); access to fast foods (see page 37); access to healthy foods (see page 37); and diabetes prevalence (see page 49). Please see these specific topics for a list of assets associated with them.

### Healthy eating:

#### *Internet:*

- The National Institutes of Health Interactive Menu Planner  
<http://hp2010.nhlbihin.net/menuplanner/menu.cgi>
- Fruit & Veggies More Matters <http://www.fruitsandveggiesmatter.gov>
- U.S. Department of Health and Human Services
  - <http://www.healthfinder.gov/prevention/>
  - <http://www.healthfinder.gov/HealthTools/>
  - <http://www.healthfinder.gov/HealthTools/activity.aspx>
  - <http://www.yourdiseaserisk.wustl.edu/>
  - <http://www.choosemyplate.gov/>
- <https://www.supertracker.usda.gov/default.aspx>
- [www.nutritiondata.com](http://www.nutritiondata.com)
- Food and Nutrition Information Center [www.nal.usda.gov/fnic/](http://www.nal.usda.gov/fnic/)
- <http://extension.psu.edu/healthy-lifestyles>
- Delicious Decisions <http://www.deliciousdecisions.org>

## **Assets for suicide:**

Other needs identified that directly impact coronary heart disease deaths are: binge and heavy drinking (see page 31); and tobacco use (see page 32). Please see these specific topics for a list of assets associated with them.

### *Local:*

[Mental Health Assn-Washington](#) ,140 Brownson Ave, Washington, PA (724) 225-1561

[Wa Communities Mental Health](#) ,378 W Chestnut St Ste 205, Washington, PA (724) 225-6940

[Mental Health Association](#) ,810 Main St, Bentleyville, PA (724) 239-3775

[Mental Health Association EPC](#) ,200 Spring St, Bentleyville, PA (724) 239-3727

[Mental Health Association LTSR](#) ,225 Spring St, Bentleyville, PA (724) 239-3989

[Behavioral Dynamics Inc](#) ,2111 N Franklin Dr, Washington, PA (724) 222-2265

[Residential Recoveries](#) ,58 W Maiden St, Washington, PA (724) 206-0439

[Three Cities Service](#) ,8 E Pine Ave, Washington, PA (724) 229-8813

[Lennon Judi](#) ,90 W Chestnut St Ste 600, Washington, PA (724) 225-0198

[Adelphoi Village](#) ,150 W Beau St Ste 206, Washington, PA (724) 884-0151

[Southwest Behavioral Care](#) ,292 E Maiden St, Washington, PA (724) 222-2574

[Mentor Clinical Care](#) ,90 W Chestnut St, Washington, PA (412) 731-7455

[Psychotherapy Associates](#) ,1200 Washington Rd, Washington, PA (724) 884-0466

[Helm Emily](#) ,1200 Washington Rd, Washington, PA (724) 884-0466

[Smida Maryagnes](#) ,75 E Maiden St Ste 103, Washington, PA (724) 554-2191

[Washington Behavioral Health](#) ,95 Leonard Ave, Washington, PA (724) 579-1075

[Evelyn Ruschel Psychological](#) ,5 Eastwood Ln, Washington, PA (724) 225-9495

[Jeness Robert Lpc](#) ,1385 Washington Rd, Washington, PA (724) 222-2605

[Axiom Family Cou Service](#) ,6 S Main St, Washington, PA (724) 503-4586

[Chartiers Mental Health](#) ,850 Baldwin St, Pittsburgh, PA (412) 344-7131

[Chrysalis Mental Health](#) ,36 Wabash St, Pittsburgh, PA (412) 875-6450

[Residential Recovery Service](#) ,910 E Maiden St, Washington, PA (724) 223-0427

[Care Center](#) ,75 E Maiden St Ste 100, Washington, PA (724) 228-2200

[Washington Psychological Service](#) ,87 E Maiden St # 31, Washington, PA (724) 222-8525

[Crabtree Michael Ph.D.](#) ,87 E Maiden St, Washington, PA (724) 222-8525

[Urrea Oscar MD](#) ,640 Jefferson Ave, Washington, PA (724) 222-6603

[Pressley Ridge Schools](#) ,2055 Jefferson Ave Ste 5, Washington, PA (724) 225-4400

[Pillow Mary LCSW](#) ,87 E Maiden St, Washington, PA (724) 222-8575

[Psychiatric Care Systems](#) ,640 Jefferson Ave, Washington, PA (724) 222-6603

[Pecosh Counseling and Consulting](#) ,2155 Park Ave Ste 250, Washington, PA (724) 249-2829

[Ami Inc](#) ,907 Jefferson Ave, Washington, PA (724) 228-5211

[Mikhail Mona MD](#) ,1385 Washington Rd Ste 102, Washington, PA (724) 222-2010

[Comprehensive Counseling](#) ,87 E Maiden St Ste 8, Washington, PA (724) 222-2188

[Patel Manoj P MD](#) ,300 Cameron Rd, Washington, PA (724) 222-5567

[Family Behavioral Resources](#) ,90 W Chestnut St Ste 110ll, Washington, PA (724) 229-0311

[Chartiers Mental Health Center](#) ,437 Railroad St, Bridgeville, PA (412) 221-3302

[Catholic Charities Diocese](#) ,331 S Main St, Washington, PA (724) 228-7722

[Washington Family Center](#) ,351 W Beau St Ste 203, Washington, PA (724) 229-7410

[Horizon of Hope Counseling Center](#) ,2121 W Pike St, Houston, PA (724) 873-4673

[Crabtree Mary Ann](#) ,4150 Washington Rd, MC Murray, PA (724) 941-1120

[Elizabeth Rath Lcsw](#) ,4160 Washington Rd Ste 204, Canonsburg, PA (724) 941-1940

[Wilson Kay M](#) ,4150 Washington Rd, MC Murray, PA (724) 941-5011

[Cannonsburg Counseling Associates](#) ,125 W Pike St, Canonsburg, PA (724) 745-7766

[Neville Heidi S PHD](#) ,242 E McMurray Rd, MC Murray, PA (724) 941-7075

[Melcher Jan L PHD](#) ,4150 Washington Rd, Canonsburg, PA (724) 941-6640



[Janoski Thomas B PHD](#) ,4150 Washington Rd Ste 4, MC Murray, PA (724) 941-6177

[Zaharoff Avril D PHD](#) ,4150 Washington Rd Ste 202, Canonsburg, PA (724) 941-6640

[Residential Recovery Service](#) ,201 S Johnson Rd, Houston, PA (724) 745-7535

[Johnson Stewart](#) ,4150 Washington Rd Ste 105, Mc Murray, PA (724) 941-1120

[Counseling and Trauma Service](#) ,8 Four Coins Dr, Canonsburg, PA (724) 746-3207

[Kaylor Joan](#) ,157 Waterdam Rd Ste 260, MC Murray, PA (724) 942-5477

[GrassRoutes Counseling Services](#) ,701 Schoonmaker Ave Ste 1000, Monessen, PA (724) 503-2156

[South Hills Recovery Project](#) ,850 Boyce Rd Ste 2, Bridgeville, PA (412) 564-5387

[Baywood Consulting](#) ,205 E McMurray Rd Ste 1, Mc Murray, PA (724) 941-2907

[Alternative Behavior Concepts](#) ,1312 Manor Dr, Pittsburgh, PA (412) 851-0252

[WJS Psychological Associates](#) ,613 Main St, Bentleyville, PA (724) 239-3077

[Wallach Beth](#) ,2809 Old Washington Rd, MC Murray, PA (724) 941-9138

[Brennan James F](#) ,3240 Washington Rd, Canonsburg, PA (724) 941-4498

*Internet:*

<http://www.preventsuicidepa.org/resources>

Call 1-800-273-TALK or 1-800-SUICIDE (1-800-784-2433)

The National Suicide Prevention Lifeline, funded by the Federal Government. It provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest crisis center in their area. <http://www.suicidepreventionlifeline.org/>

**Advancing Suicide Prevention** is a new and provocative publication in the health policy/social services arena. This bimonthly magazine presents issues, trends and state-of-the-science on suicide prevention from diverse perspectives and for diverse audiences. <http://www.advancingsp.org/>

**The American Association of Suicidology** has a comprehensive listing of crisis centers as well as a national directory of support groups for survivors of suicide. <http://www.suicidology.org/>

**American Foundation for Suicide Prevention** is a national organization with information on suicide prevention programs and support for people who have lost a loved one to suicide. <http://www.afsp.org/>

**LivingWorks Education Inc.** LivingWorks has been helping communities become suicide-safer since 1983. Their programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman's Social R&D Model, their programs prepare

community helpers to intervene and prevent suicide. These learning experiences are interactive, practical, regularly updated and customizable. Comprehensive, layered and integrated, there is a program for everyone who wants to help. <http://www.livingworks.net/>

**The National Council for Suicide Prevention (NCSP)** has a mission is to further effective suicide prevention through collaborative activities and information sharing in order to save lives. <http://www.ncsp.org/>

**NOPCAS (National Organization for People of Color Against Suicide)** is an organization founded by three African-American suicide survivors. Its goals are to bring suicide and depression awareness to minority communities that have historically been discounted from traditional awareness programs. <http://www.nopcas.com/>

**Positive Aging Resource Center (PARC)** was established in 2002 as part of the Targeted Capacity Expansion (TCE) initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) to improve the quality of mental health care and service delivery for older adults. PARC serves as a resource to older adults and caregivers, health and social service professionals, and policy makers. <http://positiveaging.org/>

**The QPR Institute** offers comprehensive suicide prevention training programs and educational and clinical materials for the general public, professionals, and institutions. Please also refer to our online training page for more information. <http://www.qprinstitute.com/>

**Screening for Mental Health** offers organizations the tools to provide screening and education for today's most pressing mental health problems: depression, bipolar disorder, alcohol problems, generalized anxiety disorder and post traumatic stress disorder. They also offer suicide prevention programs across the lifecycle and programs that help government agencies address disaster mental health. <http://www.mentalhealthscreening.org/>

**Substance Abuse and Mental Health Services Administration (SAMHSA)** The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources -- programs, policies and grants -- toward that outcome. <http://samhsa.gov/index.aspx>

**Suicide: Finding Hope** To battle the stigma of suicide, we offer comprehensive information about what suicide is, who it affects, and how we can help people find hope again. [www.suicidefindinghope.com](http://www.suicidefindinghope.com)

**The Suicide Prevention Resource Center (SPRC)** supports suicide prevention with the best of science, skills and practice. The Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. <http://www.sprc.org/>

National Support Groups

**National Mental Health Consumers' Self-Help Clearinghouse** connects people to self-help and advocacy resources and offer expertise to and about peer-run groups and organizations that serve people who have been diagnosed with mental illnesses. <http://www.mhselfhelp.org/>

**The Samaritans** is a non-profit, non-religious, volunteer organization whose sole purpose is to provide support to those individuals and groups who are in crisis, have lost someone to suicide and/or are feeling suicidal. <http://www.samaritansnyc.org/>

**Suicide Anonymous** is based on the Twelve Steps of Alcoholics Anonymous. This is a program designed to help people with suicidal preoccupation and behavior. <http://www.suicideanonymous.net/>

Youth Suicide Prevention Resources

**Active Minds on Campus** is the nation's only peer-to-peer organization dedicated to the mental health of college students. The organization serves as "the young adult voice" in mental health advocacy on more than fifty college campuses nationwide. [activeminds.org](http://activeminds.org)

**Columbia TeenScreen Program** is a national mental health and suicide risk screening program for youth. The goal of the National TeenScreen Program is to make voluntary mental health check-ups available for all American teens. TeenScreen works by assisting communities throughout the nation with developing locally operated and sustained screening programs for youth. <http://www.teenscreen.org/>

**The Jason Foundation, Inc** The mission of The Jason Foundation, Inc. is to help educate young people, parents, teachers, and others who work with young people about youth suicide. They offer programs, seminars and support materials to promote awareness and prevention. <http://www.jasonfoundation.com/>

**The Jed Foundation** is a nonprofit public charity committed to reducing the youth suicide rate and improving the mental health safety net provided to college students nationwide. <http://www.jedfoundation.org/>

**Suicide Awareness Voices of Education (SAVE)** SAVE's mission is to prevent suicide through public awareness and education, eliminate stigma and serve as a resource to those touched by suicide <http://www.save.org/>

**SOS (Signs of Suicide) Suicide Prevention Program for Secondary Schools** is a nationally recognized, cost-effective program of suicide prevention and depression screening for secondary school students. SOS is the only school-based suicide prevention program that has been shown to reduce suicidality in a randomized, controlled study (March 2004, American Journal of Public Health) and it is the only school-based suicide prevention program to be selected by the Substance Abuse and Mental Health Services Administration (SAMHSA) for its Registry of Effective Programs. [www.mentalhealthscreening.org/sos\\_highschool/index.htm](http://www.mentalhealthscreening.org/sos_highschool/index.htm)

**Yellow Ribbon Suicide Prevention Program** is a community-based program that uses a universal public health approach, offering workshops and services for schools, community organizations and parents. <http://www.yellowribbon.org/>

**Youth Suicide Prevention Program** is the website for the Washington State Youth Suicide Prevention Program whose mission is to reduce teen suicide attempts and deaths in Washington State. Working toward that goal, we build public awareness, offer training, and support communities taking action. <http://www.yspp.org/>

**The Youth Suicide Prevention School-Based Guide** is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. <http://theguide.fmhi.usf.edu/>

Depression Resources

**The American Association for Marriage and Family Therapy (AAMFT)** is the professional association for the field of marriage and family therapy representing the professional interests of more than 23,000 marriage and family therapists throughout the United States, Canada and abroad. <http://www.aamft.org/>

**The American Counseling Association** is a not-for-profit, professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. <http://www.counseling.org/>

**American Counselors Mental Health Association** The mission of the AMHCA is "To enhance the profession of mental health counseling through licensing, advocacy, education and professional development." <http://www.amhca.org/>

**The American Psychiatric Association** is a medical specialty society recognized worldwide. Over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. <http://www.psych.org/>

**American Psychological Association.** Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide. <http://www.apa.org/>

**Association for Behavioral and Cognitive Therapies.** Cognitive-Behavior Therapy (CBT) is psychotherapy based on modifying everyday thoughts and behaviors. In CBT, the therapist and client work together to determine the goals for therapy, and how long to continue therapy. <http://www.aabt.org/>

**ClinicalTrials.gov** ClinicalTrials.gov is a registry of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health care professionals. <http://clinicaltrials.gov/>

**Depression and Bipolar Support Alliance (DBSA)** provides information and available resources including support groups for depression and bipolar disorder. <http://www.dbsalliance.org/>

**Families for Depression Awareness** This is a non-profit organization dedicated to helping families recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families and friends. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression. <http://www.familyaware.org/>

**The Glendon Association** is an organization whose mission is to save lives and enhance mental health by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships. They conduct research and share what they know through various workshops, publications, and educational documentaries. <http://www.glendon.org/>

**Mental Health America** (formerly known as the National Mental Health Association). MHA is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. <http://www.nmha.org/>

**National Alliance on Mental Illness (NAMI)**. NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. <http://www.nami.org/>.

**National Association of Cognitive-Behavioral Therapists**. The NACBT is the leading organization dedicated exclusively to supporting, promoting, teaching, and developing cognitive-behavioral therapy and those who practice it. <http://www.nacbt.org/>.

**National Institute of Mental Health's (NIMH) Outreach Partnership Program**. The Outreach Partnership Program is a nationwide initiative of the NIMH's Office of Constituency Relations and Public Liaison (OCRPL) with support from the National Institute on Drug Abuse (NIDA) and in cooperation with the Substance Abuse and Mental Health Services Administration (SAMHSA). The Program partners with national and state organizations to strengthen the public health impact of research by disseminating the latest scientific findings; informing the public about mental disorders, alcoholism, and drug addiction; and reducing the associated stigma and discrimination. The Program strives to increase public awareness about the important role of basic and clinical research in transforming the understanding and treatment of mental illnesses and addiction disorders, paving the way for prevention, recovery, and cure. The Program also provides NIMH with the opportunity to engage community organizations in a dialogue to help develop a national research agenda to improve America's mental health. <http://www.nimh.nih.gov/health/outreach/partnership-program/index.shtml> *Please see below for more information about NIMH.*

**New Directions Delaware, Inc.** New Directions is a support group for people with depression or bipolar disorder (manic depression) and for their families and friends. They are located in Wilmington, Delaware, and their members come from Delaware, New Jersey, Pennsylvania, and Maryland. <http://www.newdirectionsdelaware.org/>.

**No Kidding, Me Too! Removing the Stigma from Mental Illness**. No Kidding, Me Too! is an organization whose purpose is to remove the stigma attached to brain dis-ease through education and the breaking down of societal barriers. Their goal is to empower those with brain dis-ease to

admit their illness, seek treatment, and become even greater members of society.  
<http://www.nkm2.org/>.

GLBTQ (Gay, Lesbian, Bisexual, Transgendered, Questioning) Resources

**The Trevor Helpline** This is a national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential.  
<http://www.thetrevorproject.org/>

**The Attic** (215-545-4331) is the largest lesbian, gay, bisexual, and transgendered youth center in the Philadelphia area. It provides a safe space for social activities and interaction for queer youth, as well as sexual education, counseling, support, psychological services, and crisis intervention.  
<http://www.atticyouthcenter.org/index.php>

**Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline**, a program of the [www.GLBTHelpCenter.org](http://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](http://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](http://www.glsen.org)



Pennsylvania Resources

**Please view the PA County Task Forces map to the right or click here for a printable listing. If your county does not have a task force, contact AOASPC.**

**Office of Mental Health and Substance Abuse Services (OMHSAS)**

The Advisory committee of the Office of Mental Health and Substance Abuse Services (OMHSAS) prioritized a state suicide prevention plan as one of the major goals for OMHSAS. A work group was formed and began to meet in

July 2005. This prevention plan is a collaborative effort between those dedicated individuals from both the public and private sectors of our state. The Pennsylvania Youth Suicide Prevention Initiative and the Pennsylvania Adult/Older Adult Suicide Prevention Coalition are striving to raise awareness about suicide and its prevention so that fewer Pennsylvanians experience the pain and grief resulting from the suicide death of a loved one. To learn more about OMHSAS Initiatives, visit [www.parecovery.org](http://www.parecovery.org)

**Pennsylvania's Youth Suicide Prevention Initiative** A statewide Pennsylvania Youth Suicide Prevention Advisory Workgroup with members from numerous stakeholder groups was formed in 2003 to provide input on the five-year action plan to the Youth Suicide Monitoring Committee, which ensures implementation of the action steps. Here is the link to view the five-year action plan:  
<http://www.paspi.org/>

**Contact Greater Philadelphia** is a non-profit, United Way agency that provides free, confidential and anonymous telephone helpline services to the residents of the Greater Philadelphia area, including Bucks, Chester, Delaware and Montgomery counties. They are staffed by volunteers who are trained in crisis intervention and active listening skills. <http://www.contactgreaterphiladelphia.org/>

**Mental Health and Aging.** The Mental Health and Aging Advocacy Project is a program of the Mental Health Association of Southeastern Pennsylvania (MHASP). (see below)  
<http://www.mhaging.org/>

**Mental Health Association in Pennsylvania** The Mental Health Association in Pennsylvania, which reflects the ethnic and cultural diversity of the Commonwealth, works on behalf of mental health through advocacy, education and public policy. <http://www.mhapa.org/>

**Mental Health Association of Southeastern Pennsylvania** works to improve services for and treatment of adults with serious mental illness and children and adolescents with emotional and behavioral disorders. <http://www.mhasp.org/>

**Pennsylvania Behavioral Health and Aging Coalition.** The mission of the Coalition is to advocate expansion, improvement, and development of affordable, appropriate, and accessible behavioral health prevention and treatment services for older Pennsylvanians. [www.olderpennsylvanians.org](http://www.olderpennsylvanians.org)

**Pennsylvania Mental Health Consumers' Association** is a statewide membership organization representative of the individual and collective expression of people who have recovered or are recovering from mental illness. <http://www.pmhca.org/>

**STAR-Center** is a comprehensive research, treatment, and training center that provides individual assessment and treatment to teens who are experiencing depression and suicidality. It also provides community education services in regards to depression and suicidality to schools, social service agencies, churches and other organizations that request them. [www.wpic.pitt.edu/research/star](http://www.wpic.pitt.edu/research/star)

**Suicide Aftercare Association** is a Philadelphia based nonprofit organization that performs suicide scene cleaning services free of charge to families in the Delaware Valley area. To learn more go to <http://www.suicideaftercare.org/>. Call 267-687-3928 for help.

Survivor of Suicide Resources

**Survivors of Suicide** The purpose of Survivors of Suicide is to help those who have lost a loved one to suicide resolve their grief and pain in their own personal way.  
<http://www.survivorsofsuicide.com/>

**The Link National Resource Center** is a leading resource in the country for suicide prevention and aftercare. It is dedicated to reaching out to those whose lives have been impacted by suicide and connecting them to available resources. [www.thelink.org/national\\_resource\\_center.htm](http://www.thelink.org/national_resource_center.htm)

**The Dougy Center National Center for Grieving Children and Families** is the first center in the United States to provide peer support groups for grieving children. <http://www.dougy.org/>

**Friends for Survival, Inc.** A National Outreach Program for Survivors of Suicide Loss Friends for Survival, Inc. is an organization of people who have been affected by a death caused by suicide. They are dedicated to providing a variety of peer support services that comfort those in grief, encourage healing and growth, foster the development of skills to cope with a loss and educate the entire community regarding the impact of suicide. <http://www.friendsforsurvival.org/>

**The Survivors of Suicide, Inc.** website contains local meeting lists in the tri-state Delaware Valley area, and other helpful contacts and information for people who have lost a loved one to suicide. <http://phillysos.tripod.com/>

QPR Gatekeeper Training: *Three simple steps that can save a life.*

A "**Gatekeeper**" is someone in the position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, fire fighters and many others who are strategically positioned to recognize and refer someone at risk of suicide.

QPR *Online*

**QPR Online** is an online suicide prevention gatekeeper training hosted by actress and author, Carrie Fisher, and uses Web-based technology, compelling graphics, streamed video and interactive learning dynamics to teach:

After completing a post-course survey, evaluation and passing a 15-item quiz on QPR, a printable Certificate of Course Completion is available. To reinforce online QPR gatekeeper training, all self-paced learners receive an enriched program review (an e-version of the QPR booklet and option to print a wallet card) immediately after completing training. On request, a hard copy QPR booklets and card are available. Upon completion of training, learners also receive courtesy email reminders to review and recap their training experience at six weeks, at 46 weeks, and one more time just before their training account closes.

Applied Suicide Intervention Skills Training (ASIST)

**ASIST** is similar to QPR, but this training program offers more in-depth intervention tactics. The aim of **ASIST** is to teach caregivers the necessary skills to provide emergency psychological first aid in situations involving suicidal behavior. The emphasis of the **ASIST** workshop is on suicide first aid, on helping a person stay safe and seek further help. The program is conducted over two days. For a complete list of trainings and programs we offer, click [HERE](#).

People trained in **suicide prevention** learn how to recognize the warning signs of a suicide crisis and how to offer hope and help someone, often saving their life. Click below to learn more about **suicide prevention training/presentations** for the following audiences:

Educational Institutions

Companies

Community Organizations

Additional Programs

**The Suicide Prevention Resource Center (SPRC)**, has designed a summary of the different suicide prevention programs. Visit their website, [www.sprc.org](http://www.sprc.org), to obtain these summaries.




[WWW.MENTALHEALTHSCREENING.ORG/NDSD](http://WWW.MENTALHEALTHSCREENING.ORG/NDSD)



<http://dwp.samhsa.gov/> drug free workplace

<http://www.samhsa.gov/prevention/>

- **Suicide Prevention**

- Facebook provides first-of-a-kind service to help prevent suicides - SAMHSA and the National Suicide Prevention Lifeline collaborate with Facebook to help those in crisis.
- The National Suicide Prevention Lifeline - 1.800.273.TALK (8255)  a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
- Suicide Prevention Resource Center  provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies.
- National Action Alliance for Suicide Prevention  public/private partnership that catalyzes planning, implementation, and accountability for updating and advancing the National Strategy for Suicide Prevention.
- Toolkit: Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities - Equips senior living staff with resources to promote mental health and prevent suicide and encourage active participation among residents.
- Other Suicide Prevention Resources and New Publications

## Assets for COPD deaths:

Another need identified that directly impacts COPD deaths is tobacco use (see page 32). Please see that specific topic for a list of assets associated with it.

### Internet:

- American Lung association
- Healthy Lungs PA
- <http://www.nhlbi.nih.gov/health/public/lung/copd/index.htm>

<http://www.copdfoundation.org/Resources.aspx>

The **COPD Digest** is a free quarterly magazine dedicated to informing the diagnosed individual and their caregiver of the latest in COPD, including research news, advocacy initiatives, nutrition and healthy living, and program updates. To subscribe to the **COPD Digest**, call the Information Line at 1-866-316-COPD (2673) or read it for free at [www.copddigest.org](http://www.copddigest.org).

**Lung Health Professional Magazine** In March 2010, the COPDF launched **Lung Health Professional Magazine** (LHP), a new publication for primary care physicians, physician assistants, nurse practitioners, and other ancillary health care providers. To date, LHP reaches over 25,000 subscribers. In its issues, LHP not only discusses current news and practices on COPD but does so for all lung diseases. Experts from many backgrounds contribute professional articles. In every issue there are also case studies that offer the reader with an interactive component to the magazine.

**COPD Big Fat Reference Guide® (BFRG)** This comprehensive guide includes in-depth but easy-to-understand explanations of many areas that are part of a life living with COPD. You have nutrition and exercise tips, information on how to take your meds, ideas for communicating with your physician and family, an easy-to-follow break down of common medicines and therapies, as well as worksheets you can use to keep track of your health management. Access the BFRG online today and create your profile so you can bookmark your favorite pages, access printer-friendly versions, have unlimited access to all the content, and be part of the BFRG community. All this for free!

**Slim Skinny Reference Guides® (SSRGs)** If you ever had an unusual question about COPD, odds are we have an answer for it in our COPD Big Fat Reference Guide® (BFRG). If you don't have time to read the 400+ page guide, check out the smaller, direct to the point topical booklets below. The Slim Skinny Reference Guides® (SSRGs) cover 10 of the most popular topics in COPD care. This series will give you the basics to managing your COPD. The SSRGs are highly recommended educational materials for patient support groups and pulmonary rehabilitation centers as well. If you don't know where to start, start here!

**Brochures:** *The 1s, 2s and 3s of COPD*, *What is COPD?* and *The Impact of Smoking*.

### Whitepapers

Here are publications on COPD that you can disseminate to your patients. Developed with the National Heart, Lung and Blood Institute, the ***Are You At Risk?*** and ***Breathing Better with a COPD Diagnosis*** are two guides that can give you the basics of a COPD diagnosis and where to find more information developed by the ***Learn More Breathe Better*** campaign.

### COPD Resource Kit

One of the materials we developed with the National Heart, Lung and Blood Institute's ***Learn More Breathe Better*** campaign was the COPD Resource Kit. This box includes

copies of the LMBB materials, a CD, DVD and fact sheets to help you start an advocacy movement in your community. Best of all, this kit is free.

DRIVE4COPD:

DRIVE4COPD, a program of the COPD Foundation, is a landmark public health campaign working to help individuals recognize the signs and symptoms of COPD and take action to determine their risk. To date, more than 2.5 million Americans have assessed their risk for COPD through the DRIVE4COPD five-question risk screener.

COPD Digest:

The ***COPD Digest*** is the first free internationally distributed magazine on COPD. Published quarterly, the ***COPD Digest*** offers practical advice, news and information on treatment and resources to COPD patients, healthcare providers, families, and caregivers. The ***COPD Digest*** features COPD patient success stories and consumer savvy information, along with legislative updates, and COPDF program updates. Over 250,000 individuals receive the COPD Digest in print and online.

COPD Research Registry and Bronchiectasis Research Consortium & Registry:

The COPDF created two registries with distinct purposes but both aiming an accelerating research in COPD therapies. The COPD Research Registry is becoming the largest database of COPD patients in history. Hosted by National Jewish Health in Denver, is collecting the necessary cohort of individuals with COPD to enroll in clinical trials and studies, including the NIH-funded \$37 million **COPD Gene Study**, in effort to accelerate the development of new medicines and procedures for COPD.

Lung Health Professional:

In March 2010, the COPDF launched ***Lung Health Professional Magazine*** (LHP), a publication for primary care physicians, physician assistants, nurse practitioners, and other ancillary health care providers. To date, LHP reaches over 25,000 subscribers. In its issues, experts from many backgrounds contribute professional articles on topics related to lung diseases as well as case studies for readers.

Educational Events:

The COPD Foundation has co-sponsored many patient education events, free to the public. These events included a series of lectures from leading COPD researchers and free educational materials, all designed to help educate attendees more about their COPD to improve their quality of life.

Pulmonary Education Program (PEP):

The COPD Foundation recognizes the challenges and costs confronting pulmonary rehabilitation programs in providing current, quality educational materials. Through PEP, the COPD Foundation offers free educational materials, ongoing support, resources, and tools for disease management to promote long-term benefits following graduation from pulmonary rehabilitation. In addition, PEP offers an opportunity to assist in Pulmonary Rehab outcomes and feedback. If you and your organization would like to participate in this exciting new program, please contact Scott Cerreta at (866)-731-2673 ext 443 or email [scerreta@copdfoundation.org](mailto:scerreta@copdfoundation.org).

Mobile Spirometry Unit (MSU):

The MSU is the second program developed with the launch of the ***Learn More, Breathe Better*** campaign. Over 25,000 individuals have received free lung tests in health fairs, senior expos, and other events **around the nation. There's more information about the MSU program and how you can find out if it'll be in your area soon.**

NHLBI Learn More, Breathe Better Campaign:

The ***Learn More, Breathe Better*** Campaign was launched in 2008 with the purpose of spreading awareness of this underdiagnosed and underfunded disease. The COPD Foundation partnered with the NHLBI of the National Institutes of Health (NIH) to spread awareness of COPD by offering educational resources, such as the COPD Resource Kit, and programs such as the MSU and C.O.P.D. Information Line.

COPD Shuttle:

The ***COPD Shuttle: Journey to the Center of the Lung***, is a 20-seat, state-of-the-art mobile motion simulator launched by the COPD Foundation in May 2010. The ***COPD Shuttle*** is designed to make viewers feel as if they are inside the body, offering a rare glimpse into the lungs, heightening their understanding of COPD, and providing a catalyst for thousands to seek assessment and treatment. The ***Shuttle*** is an excellent educational tool and due to its visibility easily finds a captive audience. When the ***Shuttle*** is present at a MSU event, it nearly doubles the amount of individuals who request to be screened by MSU staff.

Operation 435:

Looking for a way to make a difference in your community? Be part of the movement by signing up for Operation 435--the COPD community's leading grassroots advocacy group.

Pulmonary Rehabilitation Toolkit:

This toolkit has been developed by a broad based coalition that includes several key pulmonary societies. It is designed to give hospital based pulmonary rehabilitation programs detailed information regarding payment for pulmonary rehabilitation services under the fee-for-service program of Medicare.

Click here to download the PDF of the toolkit.

<http://www.nhlbi.nih.gov/health/public/lung/copd/campaign-materials/>

**Here at COPD International, you will not be alone.** This site has been organized and staffed by individuals who have been diagnosed with COPD, caregivers and other individuals interested in COPD. Designed to help you learn to control COPD instead of letting COPD control you, it's primary purpose is to provide a complete resource for COPD patients, caregivers and family, through interactive support and education.

Here you will find:

- Our **main Chat Room** is open to all 24 hours a day. People are coming and going all the time. Drop in and visit. It's a great source of support and information.
- Our four communities, each have a Chat Room, as well as a Message Board. Here you can find people with similar experiences -- COPD patients, caregivers, teenagers and kids facing the fears, issues and problems associated with dealing on a daily basis with COPD. If your community has no one there when you visit, please drop into the main Chat Room.
- Our **message boards** throughout the Web site are there for you to ask for and get help and guidance. Your experiences can help others there as well.
- Our **List servers**, which provide round the clock COPD information and support by e-mail.
- Our "**Quit Smoking Now**" Program (QSN) to help you kick the habit and provides the ongoing support needed to help you stay smoke-free for as long as you need.
- Guidance for your **exercise** needs.
- Our "**Keep in Touch**" Program (KIT) is a 3 part program which provides a place for those living alone to check in on a regular basis; a way for us to find those who we have lost contact with; and a pen pal program to encourage the creation of COPD related friendships around the world.
- Our "**Loving Thoughts**" Program provides a special message center for sending caring messages during tough times.
- Don't need a Loving Thoughts page but want to send a cheerful note or special anonymous greeting, **check out our Cheer Bear** program.
- Our "Welcome Wagon" Program, which is staffed by community members who are committed to supporting new arriving members by the sharing of information and providing Web site assistance and guidance.
- An ever-expanding reference area complete with a searchable Library. Included in the library are hundreds of articles on COPD and related subjects ranging from the **COPD Survival Guide** to the personal experiences of COPD patients and caregivers.
- The latest news, articles and information at our **COPD Info** blog.
- A manual and checklist with information and guidance for **starting a COPD support group** in your local community.
- A weekly emailed **newsletter** to keep you informed on our Web site developments and the latest COPD news.
- Down through the years, we have lost many of our friends and family to COPD. Some visited using only a nickname, while others remained totally unknown, preferring to read, learn and seek comfort in the knowledge that they were not alone. **The tribute area** is dedicated to all COPD Patients, known and unknown, who have gone on before us.

<http://www.copd-international.com/>

## COPD SUPPORT PROGRAMS

**COPD MAIL LIST** As mentioned, the mail list is available in two formats REGULAR or DIGEST. REGULAR is as-they-are-posted e-mail messages and DIGEST is compiled e-mail messages containing all the messages of the day. To keep files sizes acceptable for all ISPs, DIGEST is sent out in sections, two or three a day depending on the volume and size of mail. COPD list contains COPD posts and also accepts posts concerning most any subject that is in good taste and does not otherwise violate the restrictions set forth in our Policies. To subscribe to the COPD Mail List [click here](#).

**COPD-CAREGIVERS MAIL LIST** - is a special list for the dedicated folks who find themselves in the position of being caregivers for a loved one with COPD. This List may be joined in conjunction with one of the three lists above or completely separate. (Note: This caregivers list is for caregivers only - not for patients.) [Click here](#) for more information and to subscribe to COPD-CAREGIVERS Mail List.

**COPD FORUM** - The COPD Forum is available from our web site and provides another means of communicating questions to others concerning COPD and related health matters. Many prefer this form of communicating, asking questions and sharing. You may visit the forum by [clicking here](#).

**COPD CHATROOM** - Designated hosts are in the chatroom seven days a week at some 50 sessions. Most sessions are called COPD Open Chat which means that most any subject in good taste may be discussed except those expressly prohibited by our policies. Some sessions are Focused Chat where only COPD subjects may be discussed - no miscellaneous chatter. On occasion, there is a Topic Chat where only the subject topic may be discussed - no greetings nor miscellaneous chatter. Topic Chats frequently have guest speakers or special hosts to cover a particular subject concerning COPD or related health matters. The schedule is posted every Sunday for the entire week and located on our web site as the [Chatroom Schedule](#) and the links to the chatroom are contained on our site from the [Chatroom Page](#).

**COPD-Watch** The COPD-Watch Program is a program that has been designed for those individuals who live alone or feel the need to otherwise have daily contact with other individuals who have COPD. Individuals are assigned to groups of 6-10 and there are very specific check in requirements in order to remain in the program. The program is not intended to provide information or support to others although it is often a side benefit. Individuals who join the program are required to provide information concerning themselves and an emergency contact that does not live with them in the event that they miss check in and the group can not establish that contact. The group leader then notifies management who has the information furnished and contact is attempted. In the event contact fails, the authorities are advised with a request to perform a health and welfare visit. [Click here](#) for more information and to submit a request to join the COPD-Watch Program.

**SmokeNoMore PROGRAM** - The SmokeNoMore Program was developed to provide the support network for those individuals who wish to stop smoking and prefer to receive their support from friends on the computer rather than (or in addition to) formal face-to-face gatherings. While the program was developed for use by individuals afflicted by Chronic Obstructive Pulmonary Disease (COPD) and sponsored by COPD-Support, Inc., the program is open to any individual who wants to trod the path to freedom from smoking. The role of the SmokeNoMore Program is to provide a daily contact with these individuals, broken down into small teams, and to offer support, encouragement, and information on how to access other resources. No magic bullets here, but for the individual who is ready to do the most

important thing that they can do in the fight to slow down the progressive nature of COPD, then this might just be the answer. [Click here](#) for more information and to submit a request to join the SmokeNoMore Program.

**WEB LINKS PROGRAM** - Volunteers spend a great deal of time searching web sites to provide a listing of premium sites providing information on COPD and related health matters. Our Links-Medical page also provides a search engine for searching the web, and a search engine for determining information on prescription drugs. [Click here](#) for the Links-Medical Page.

**OTHER PROGRAMS** - There are additional programs have been created and are administered by individual subscribers. Though not managed by COPD-Support, they are highly recommended. Examples are the TLC Msg Book, Let's Get Fit, and Smiles of Sunshine. We also have links to sites created and maintained by COPD friends - go to Links-Friends

[http://copd.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=copd&cdn=health&tm=25&gps=104\\_173\\_955\\_559&f=20&tt=14&bt=0&bts=0&zu=http%3A//www.copd-support.com/](http://copd.about.com/gi/o.htm?zi=1/XJ&zTi=1&sdn=copd&cdn=health&tm=25&gps=104_173_955_559&f=20&tt=14&bt=0&bts=0&zu=http%3A//www.copd-support.com/)

<http://www.copd-awareness.org/default.asp>

<http://www.emphysema.net/bindex.asp>

**Carroll Township, PA,** Better Breathers Support Group, Monongahela Valley Hospital, Carroll Township

## **Assets for stroke deaths:**

Other needs identified that directly impact coronary heart disease deaths are: meeting physical activity recommendations (see page 28); binge and heavy drinking (see page 31); tobacco use (see page 32); and access to healthy foods/fast foods (see page 37). Please see these specific topics for a list of assets associated with them.

<http://www.monvalleyhospital.com/healthlibrary.asp>

-MVH Health Library

<http://www.strokeassociation.org>

-About Stroke-Tells about different types of strokes and symptoms associated with them

-Life After Stroke-Gives specific a lot of information for both stroke survivors and their caretakers

-Stroke Connection Magazine-4 free issues a year

[http://www.strokeassociation.org/STROKEORG/AboutStroke/Lets-Talk-About-Stroke-Patient-Information-Sheets\\_UCM\\_310731\\_Article.jsp](http://www.strokeassociation.org/STROKEORG/AboutStroke/Lets-Talk-About-Stroke-Patient-Information-Sheets_UCM_310731_Article.jsp)

-Different information pamphlets for Let's Talk About Stroke

<http://www.strokecenter.org/patients/>

-Caregivers and Patient Resources

<http://stroke.nih.gov/materials/needtoknow.htm>

-Different downloadable resources

<http://www.stroke.org/site/PageNavigator/HOME>

-StrokeSmart Magazine

-Stroke Survivors and Caretaker resources

<http://www.stroke.org/site/PageServer?pagename=hope>

-Hope A Stroke Recovery Guide booklet to order or download pdf

*Internet:*

[http://stroke.nih.gov/materials/know\\_stroke\\_toolkit](http://stroke.nih.gov/materials/know_stroke_toolkit)

[www.strokeassociation.org](http://www.strokeassociation.org)

The National Stroke Association devotes all its resources to stroke. Supported by major pharmaceutical and medical device makers, it offers information and support to patients, caregivers, and medical professionals.

National Stroke Association <http://www.stroke.org/>

Worksites wellness score [http://www.cdc.gov/dhdsp/pubs/docs/HSC\\_Manual.pdf](http://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf)

<http://www.cdc.gov/dhdsp/index.htm>

[http://millionhearts.hhs.gov/individuals.html?s\\_cid=millionhearts-003-bb](http://millionhearts.hhs.gov/individuals.html?s_cid=millionhearts-003-bb)

## Assets for dental care

Donated dental Services  
412-243-4866  
NFDH.org

Local Federally qualified health centers:

Community medical and dental plaza,  
www.cornerstonecare.com  
1227 Smith Township State Road  
Burgettstown, PA 15021-2828, 724-947-2251

### **WAYNESBURG DENTAL AND COUNSELING CENTER,**

www.cornerstonecare.com  
501 West High Street  
Waynesburg, PA 15370, 724-852-1001

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

Centerville clinics, www.centervilleclinics.com  
The Charleroi Medical and Dental Center  
200 Chamber Plaza  
Charleroi, PA 15022, 724-483-5482

Other dental care:

KATSUR DENTAL & ORTHODONTICS  
460 Washington Rd,  
Washington, PA 15301 (724) 223-0750

YOUNG AND SPECIAL DENTAL PC  
2790 W. Chestnut  
Washington, PA 15301 (724) 222-1970

Western Pennsylvania Oral & Maxillofacial  
Surgery PC, 125 N Franklin Dr, Washington,  
PA 15301 (724) 223-0579

Amos William E III Dmd, 150 W Beau St Ste  
415, Washington, PA 15301 (724) 228-4560

Affordable dental centers of America  
106 Trinity Point Dr, Washington, PA 15301  
(724) 222-3332

Snee Dental Assoc, 1145 E Maiden St,  
Washington, PA 15301 » Map (724) 222-0380

Dietrich Thomas A DDS, 400 Jefferson Ave,  
Washington, PA 15301 (724) 228-4880

Meadow Dental Ctr, 2031 W Chestnut St,  
Washington, PA 15301 (724) 228-6684

Stacher Kim A DDS, 502 N Main St,  
Washington, PA 15301 (724) 225-1554

Aspen Dental, 391 Washington Rd,  
Washington, PA 15301 (724) 222-7400

Saeed Atif M D MD, 95 Leonard Ave,  
Washington, PA 15301 (724) 206-9149

Nawrocki Joseph S DDS, 90 E Maiden St,  
Washington, PA 15301 (724) 225-3022

Spatz Sherman DMD, 378 W Chestnut, 105  
Washington, PA 15301 (724) 222-3422

Roman & Vaughan, 378 W Chestnut St # 101,  
Washington, PA 15301 (724) 228-4600

Stacher Kim A DDS, 150 W Beau St # 404,  
Washington, PA 15301 (724) 228-9810

Mc Cormick III William A DDS, 604 N Main St,  
Washington, PA 15301 (724) 225-5070

El-Attrache Reid Dds, 250 Oak Spring Rd,  
Washington, PA 15301 (724) 228-6624

Allison Stephen W DDS, 935 S Main St,  
Washington, PA 15301 (724) 225-5149

Walther Thomas R MD, 100 Trich Dr # 2,  
Washington, PA 15301 (724) 225-8657

Kostyal Larry DDS, Reihner John M DDS  
125 N Franklin Dr # 5, Washington, PA 15301  
(724) 222-2256

Green Tom DDS, 150 W Beau St # 207,  
Washington, PA 15301 (724) 223-0220



Assid Edwin E DDS, 620 N Main St,  
Washington, PA 15301 (724) 222-1063

Drewitz Thomas C DDS, 829 Jefferson Ave # 2,  
Washington, PA 15301 (724) 228-0950

Barry F. Bartusiak, DMD, 212 Wellness Way,  
Washington, PA 15301 (724) 225-3680

Falleroni Dental, 801 N Main St, Washington,  
PA 15301 (724) 222-1020

Good Orthodontics , 111 Washington St,  
Washington, PA 15301 (724) 225-1114

Center For Facial & Jaw Surgery, 201 Ridge  
Ave, Washington, PA 15301 (724) 225-2800

Specialty Periodontal Care, 2790 W Chestnut  
St, Washington, PA 15301 (724) 228-5800

Associates In Dentistry, 131 S College St  
Washington Pa, 15301, Washington, PA  
15301 (724) 228-3142

Waterdam Dental Associates, 161 Waterdam  
Rd Apt 250, Canonsburg, PA 15317 (724) 942-  
3820

Hanna Harry G DDS, 4198 Washington Rd Ste  
4, Canonsburg, PA 15317 (724) 942-4500

Mc Murray Dental Assoc, 4143 Washington  
Rd, Canonsburg, PA 15317 (724) 969-0987

Cartwright Gary DDS, 2000 Waterdam Plaza  
Dr # 120, Canonsburg, PA 15317 (724) 942-  
5130

Sulkowski William M Dds, 183 E Pike St,  
Canonsburg, PA 15317 (724) 745-0103

Meliton Henry R DMD, 111 Coachside Dr,  
Canonsburg, PA 15317 (724) 746-0335

Severyn Bradley J DDS, 801 W Pike St,  
Houston, PA 15342 (724) 745-8630

Pavelka Thomas G DDS, 30 Monongahela  
Pike, Eighty Four, PA 15330 (724) 229-4252

Family Dental Solutions, 120 S Main St,  
Houston, PA 15342 (724) 746-6860

Your Dental Place, 125 E Pike Street, Houston,  
PA 15342 (724) 745-1004

Evans Robert C DDS, 100 Houston Sq # 1A,  
Canonsburg, PA 15317 (724) 746-5330

Hanley John DDS, 1772 Route 519,  
Canonsburg, PA 15317 (724) 745-2151

Clopp Michael R DDS, 1227 Linden Vue Dr,  
Canonsburg, PA 15317 (724) 873-1759

Beamer Margaret A Dds, 155 McClelland Rd,  
Canonsburg, PA 15317 (724) 746-4010

Orthodontic Associates, 161 Waterdam Rd #  
220, mc Murray, PA 15317 (724) 941-9170

Hartzell Nancy W, 1000 Waterdam Plaza Dr #  
220, Canonsburg, PA 15317 (724) 941-7144

Stewart Charles E DDS, 2000 Waterdam Plaza  
Dr # 260, Canonsburg, PA 15317 (724) 942-  
1941

Hladio Family Dental Ctr, 2000 Waterdam  
Plaza Dr # 240, Canonsburg, PA 15317 (724)  
941-6612

Radnor Leonard L DMD FAGD, 157 Waterdam  
Rd, Canonsburg, PA 15317 (724) 941-3570

Pasqual Associates, 3001 Waterdam Plaza Dr  
# 260, Canonsburg, PA 15317 (724) 942-3611

Bartusiak Robert DDS, 2000 Waterdam Plaza  
Dr # 280, Canonsburg, PA 15317 (724) 941-  
3090

Gentle Dentle, 673 Morganza Rd, Canonsburg,  
PA 15317 (724) 746-3360

Mertens Dental Assoc, 3805 Washington Rd,  
Canonsburg, PA 15317 (724) 941-4990

Feuer Jay DDS, 3035 Washington Rd,  
Canonsburg, PA 15317 (724) 941-2200

Bartusiak Barry F DDS, 3901 Washington Rd,  
Canonsburg, PA 15317 (724) 942-9400

Rudolph Brian A DDS, 807 E McMurray Rd,  
Venetia, PA 15367 (724) 941-9265

Stoupis Sherrie M DDS, 614 Main St,  
Bentleyville, PA 15314 (724) 239-3300

Stoffer Warren M DDS, 2585 Washington Rd,  
Pittsburgh, PA 15241 (412) 854-9055

Little Melinda, 261 Main St, Claysville, PA  
15323 (724) 663-7735

Southpointe Dentistry, 501 Corporate Dr #  
220, Canonsburg, PA 15317 (724) 746-5020

Caske Donald E DMD, 119 W Chevalier Ct,  
Eighty Four, PA 15330 (724) 942-6447

George Jerome W DDS, 3307 Washington Rd,  
Canonsburg, PA 15317 (724) 941-4200

Gurecka Joseph L DMD, 180 Gallery Dr,  
Canonsburg, PA 15317 (724) 942-8982

Basile John A Dos, RR 50, Cecil, PA 15321  
(724) 746-5222

Johns Martin G DDS, 113 Golfview Dr,  
Canonsburg, PA 15317 (724) 941-7406

McKnight Barry D DMD, 2867 Washington Rd,  
Canonsburg, PA 15317 (724) 941-7799

Joel S Rozen & Assoc, 147 Wilson Road,  
Bentleyville, PA 15314 (724) 239-3533

Mascio George DDS, Burgettstown, PA 15021  
(724) 729-3660

Dyer Robert L DMD, 3909 Washington Rd,  
Canonsburg, PA 15317 (724) 941-4660

Gordon Stephney, 206 Cedarbrook Ct,  
Canonsburg, PA 15317 (724) 942-7767

Fabian Andrew J DDS, 494 Clubview Dr,  
Canonsburg, PA 15317 (724) 941-8512

Shields Douglas F DMD, 110 Hidden Valley Rd  
Ste 3, Canonsburg, PA 15317 (724) 941-1763

Dibartola Jr Wayne J DDS, 127 Marlboro Dr,  
Canonsburg, PA 15317 (724) 941-1841

Buzzatto Lauren C DMD, 113 Candlelite Dr,  
Canonsburg, PA 15317 (724) 941-6579

Buzzatto Mark H DDS, 115 Yorktown Rd,  
Canonsburg, PA 15317 (724) 942-4543

Schratz Walter W DMD, 505 Valley Brook Rd,  
Canonsburg, PA 15317 (724) 941-4455

Hnat Michael F DMD, 3055 Washington Rd,  
Canonsburg, PA 15317 (724) 942-5630

Pruce Dental, 608 E McMurray Rd,  
Canonsburg, PA 15317 (724) 942-1400

Giovannitti Jr Joseph A DDS, 198 Delaware Trl,  
Venetia, PA 15367 (724) 942-3228

Assid Edwin E DMD, 2867 Washington Rd,  
Canonsburg, PA 15317 (724) 941-9600

Family Dental Solutions, 1825 Washington Rd,  
Canonsburg, PA 15317 (724) 746-6860

Mayberry David J DDS, 3515 Washington Rd,  
Canonsburg, PA 15317 (412) 833-7888

Hartzell Nancy, 160 Gallery Dr, Canonsburg,  
PA 15317 (724) 942-2680

Lazzaro Anthony J DMD MSD, 3307  
Washington Rd, Canonsburg, PA 15317 (724)  
941-8378

Thomas Family Dental, 3506 Washington Ave,  
Finleyville, PA 15332 (724) 348-7681

John M Holovak, 1943 Smith Township State  
Rd, Burgettstown, PA 15021 (724) 947-5880

Maropis P S DDS, 104 Vian Ave, Burgettstown,  
PA 15021 (724) 947-5142

Shields Douglas F DDS, 330 S Main St,  
Burgettstown, PA 15021 (724) 947-5064

Porter Wayne L DDS, 5109 Hill St, Finleyville,  
PA 15332 **(724) 348-5581**

Dds Pc, 101 N McDonald St # 100, Mc Donald,  
PA 15057 **(724) 926-8555**

Roberts Edward O DMD, 6108 Brownsville  
Road Ext, Finleyville, PA 15332 **(724) 348-  
4777**

Roop Robin A DMD, 1569 Smith Twp State Rd,  
Burgettstown, PA 15021 **(724) 947-9504**

Mastandrea C A DDS, 325 McMurray Rd,  
Pittsburgh, PA 15241 **(412) 835-0676**

Lardieri Dentistry, 8050 Noblestown Rd, Mc  
Donald, PA 15057 **(724) 926-0111**

Dentica, 330 Morganza Rd, Canonsburg, PA  
15317 **(724) 916-0111**

McFarland & Burns Orthodontics, 4050  
Washington Rd, Canonsburg, PA 15317 **(724)  
941-2420**

Pediatric Dentistry South, 4000 Waterdam  
Plaza Dr # 140, Canonsburg, PA 15317 **(724)  
942-4840**

Three Rivers Oral, 3515 Washington Rd,  
Canonsburg, PA 15317 **(724) 260-5184**

Severns Dentist & Orthodontics, 3155  
Washington Rd, Canonsburg, PA 15317 **(724)  
942-8300**

Krah Family Dentistry, 607 E McMurray Rd,  
Canonsburg, PA 15317 **(724) 941-2929**

Fishell Jr John O DDS, 628 E McMurray Rd,  
Canonsburg, PA 15317 **(724) 941-1819**

Sepic Orthodontics, 2867 Washington Rd,  
Canonsburg, PA 15317 **(724) 942-4229**

STELIOTES DENTAL MEDICAL SPA, 4249  
Washington Rd, Canonsburg, PA 15317

Mc Cracken Robert G DDS, 100 Stoops Dr #  
260, Monongahela, PA 15063 (724) 483-5000

Rodriguez Randall G DDS, 173 W Main St,  
Monongahela, PA 15063 (724) 258-4440

Western Pa Special Care, 100 Stoops Dr,  
Monongahela, PA 15063 (724) 929-6063

Monview Family Medical Ctr, 447 W Main St #  
1, Monongahela, PA 15063 (724) 258-2070

Ivill Paul W Dentist Office, 1117 W Main St,  
Monongahela, PA 15063 (724) 258-4710

Pittsburgh South Dentistry, 100 Alexander  
Ave., Monongahela, PA 15063 (724) 258-8215

New Valley Dental, 584 McKean Ave, Donora,  
PA 15033 (724) 379-8150

Family Dental Solutions, 584 McKean Ave,  
Donora, PA 15033 (724) 379-8742

Stewart Charles E DDS, 940 Fallowfield Ave,  
Charleroi, PA 15022 (724) 483-5630

Tolner Dennis F DDS, 625 Lincoln Ave # 201,  
Charleroi, PA 15022 (724) 483-2020

Fishell MDs John O DMD, 1043 Donner Ave,  
Monessen, PA 15062 (724) 314-3315

Persico Thomas M DMD, 15 Eastgate,  
Monessen, PA 15062 (724) 684-4020

Essey R Shawn DMD, 1501 Marion Ave,  
Monessen, PA 15062 (724) 684-3370

Check Jennifer DDS, 86 Craven Dr, Charleroi,  
PA 15022 (724) 312-6360

Connolly James J DDS, 514 Circle Dr, Belle  
Vernon, PA 15012 **(724) 929-4100**

Stoupis Sherrie M DDS  
614 Main St, Bentleyville, PA 15314 » **Map**  
**(724) 239-3300**

Brazon David J DDS  
401 Broad Ave, Belle Vernon, PA 15012 » **Map**  
**(724) 929-6890**

Aspen Dental, 100 Pricedale Rd, Belle Vernon,  
PA 15012 (724) 268-0326

Charletta John J DDS, 228 McKean Ave,  
Charleroi, PA 15022 **(724) 483-8079**

Caske Donald E DMD, 119 W Chevalier Ct,  
Eighty Four, PA 15330 **(724) 942-6447**

Gobbie Richard L DDS, RR 2, Belle Vernon, PA  
15012 **(724) 872-6427**

Shutty Walter F DDS, 303 S 6th St, West  
Newton, PA 15089 **(724) 872-4818**

Nova Dental Assoc, 501 Vine St, West  
Newton, PA 15089 **(724) 872-9522**

Hogan Edwin P DMD Office, 243 N 2nd St,  
West Newton, PA 15089 **(724) 872-4978**

Roberts Edward O DDS, 137 Fallowfield Ave,  
Charleroi, PA 15022 **(724) 483-4462**

Porter Wayne L DDS, 5109 Hill St, Finleyville,  
PA 15332 **(724) 348-5581**

Wells Edwin D DDS, 909 Broad Ave, Belle  
Vernon, PA 15012 (724) 929-8333

Ciarallo Robert DDS, 100 Pricedale Rd, Belle  
Vernon, PA 15012 (724) 929-4939

Edward L Barron PC, 1730 Rostraver Rd, Belle  
Vernon, PA 15012 (724) 929-5025

Gates Durwin L DDS, Tri County Plz, Belle  
Vernon, PA 15012 (724) 929-2254

Complete Dentalcare, 1108 Fayette Ave, Belle  
Vernon, PA 15012 (724) 929-3368

Scaramucci Family Dental, 413 Fallowfield Ave  
# A, Charleroi, PA 15022 **(724) 483-4396**

Roberts Edward O DMD, 6108 Brownsville  
Road Ext, Finleyville, PA 15332 **(724) 348-  
4777**

Schratz Walter W DDS, Perry Dennis A DDS  
1 Twilight Hollow Rd, Charleroi, PA 15022  
**(724) 483-3571**

New Valley Dental, 1200 Ashwood Dr # 1202,  
Canonsburg, PA 15317 **(724) 746-3240**

Dolobach Bernard DDS, 416 Market St # 1,  
Brownsville, PA 15417 **(724) 785-8194**

Garofalo William R DDS, 399 Liberty St # 2,  
Perryopolis, PA 15473 **(724) 736-2550**

California Cosmetic-Fmly Dntl, 144 3rd St,  
California, PA 15419 **(724) 938-7101**

Howes Robert E Dentist, 358 Old National  
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The Smile Place, 120 W High St, Waynesburg,  
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Wilt Rachel M DDS, 501 W High St,  
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Burns Orthodontics, 157 E High St,  
Waynesburg, PA 15370 (724) 852-1802

Williams Evan T DDS, 415 W George St,  
Carmichaels, PA 15320 (724) 966-5791

Szarell David DDS, 108 N Market St # B,  
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Victor W Lapkowicz Dmd Pc, 112 Rices  
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