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

As of 6-30-19
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Introduction

Qualifications

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

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

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

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

During 1999 and 2000, the PA DOH launched the State Health Improvement Plan (SHIP), which replaced a centralized statewide health planning process with community-based planning to address health problems at the local level. PA DOH recognized WCHP as a SHIP-affiliated, local community health initiative responsible for community health assessment and planning (now known as Health Improvement Plan Partner (HIPP)). An evaluation of the program’s activities was undertaken during this same time period, and it was determined that a periodic assessment of the community’s health must be conducted; providers must work collaboratively to achieve measurable outcomes; and both staff and funding resources were needed to enable the task forces to accomplish their goals.
In September 2000, Washington County Health Partners was incorporated as a not-for-profit entity and Lee Rutledge-Falcione was hired as Executive Director 2001. Ms. Rutledge-Falcione holds a Master of Public Health from the University of Pittsburgh’s Graduate School of Public Health. Her Bachelor of Science degree is in Biology from Cornell University, in Ithaca, New York. She served on the Pennsylvania (PA) Department of Health’s State Health Improvement Plan Steering Committee (SHIP) and she has led the 2002, 2007 and 2012 community health assessments (CHA) for Washington County. As the former collaborative leader of southwestern PA’s Tobacco Free Program from 2002 to 2013, she conducted assessments, implementation and program plans, and program evaluations in ten counties in southwestern Pennsylvania (PA) (Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington and Westmoreland Counties). Prior to joining WCHP, Ms. Rutledge-Falcione was employed as an Evaluation Specialist by Pittsburgh-based consultant firm and as a Project Director by a national consultant on CHAs. She worked on CHAs in Nebraska, New York, Pennsylvania and South Carolina and presented at National, State and County conferences on the subject.

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

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

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

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

During 2004 and 2005, WCHP’s Executive Committee reviewed, discussed, and prioritized WCHP’s strategic plan goals and recommended them for review by the entire Board. WCHP’s Board approved the strategic plan in June 2006 and assigned each goal to a committee. Objective 1 under WCHP’s Goal 2 specifies that a health assessment for Washington County be completed at least every five years. In addition, the PA DOH expanded its BRFSS to allow for SHIP-affiliated, local community health initiatives (such as WCHP) to participate in an over-sampling project that would result in County level data for the survey. Although the cost of the project was $45,000, the PA DOH only asked for a local cash contribution of $15,000. This project allowed for the collection of current, primary data and access to the database to obtain detailed analysis on subpopulations for the year 2007. In addition, WCHP held focus groups and used these data as well as the survey data to assess the relevance of each task force, identify key areas of concern in Washington County’s health status, and develop new task forces to address these issues.

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

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

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

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

Collaborators and Community Definition

2018 Community Health Needs Assessment Collaborators

Community Definition
Representatives from the hospitals met with LRF to define the communities for their joint CHNA. Figure 1 illustrates the joint CHNA’s identified community which is comprised of the following zip codes/places in their service areas:

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

Figure 1: Community definition for 2018 joint Community Health Needs Assessment
The population covered by these 29 zip codes numbers 253,494 people according to the 2017 American Community Survey five-year (2013-2017) estimates. Comparatively, Washington County’s 2017 American Community Survey five-year estimate population is 207,661.

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

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

Logic Model and Methodology

Logic Model
The assessment committee decided to continue to use the 2012 County Health Rankings’ (created by Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute (UWPHI)) conceptual framework (see Figure 2) as a basis to identify measures and select weights that reflect a community’s health.

As in the 2012 and 2015 CHNA, it was determined to modify the County Health Rankings (CHR) measures and weights that have been researched and validated by creating the 2020 Healthy Community™ Scores instead of merely ranking the defined communities. The reasoning behind this decision was that, as UWPHI admits, rankings do not necessarily reflect statistically significant differences. In addition, a defined communities’ rank could change based on what other communities do, rather than on what it does to affect change in health status. The 2020 Healthy Community™ Scores measure the “percent healthy” of the defined community based on Healthy People 2020 (HP2020) baselines and targets/goals for measures. Where there is no HP2020 defined baseline and/or target, the 2008/2009/2010/2011/2013 United States (US) score is used for a baseline and a 10% improvement is defined as the target/goal. This provides a benchmark to determine needs (i.e., everything below the baseline is a need).

Figure 2: County Health Rankings 2010 conceptual model and weights.
Like the CHR, there are two separate 2020 Healthy Community Summary Scores™—one to measure health outcomes (mortality and morbidity) and the other to measure health factors (Health behaviors, clinical care, social/economic, physical environment). UWPHI believes that there are two separate sets of messages to convey with these two rankings. One set addresses how healthy a county currently is (outcomes) and the other addresses how healthy a county might be in the future based on the many factors that influence health (factors).

Washington County Health Partners (WCHP) created a 2020 Healthy Community™ Scores Logic Model (see Figure 3) that defined the measures used and their relationship to one another as well as their weight contribution to the summary scores. Some of the measures are the same as the CHR and use their data source and weights. These include: low birth rate; Chlamydia incidence; motor vehicle crash death rate; fast food restaurants; inadequate social support (changed to social associations for 2018 CHNA); access to recreational facilities; violent crime rate; uninsured adults; high school graduation; some college; unemployment; children living in poverty; and single parent households.

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

1. To enable the gathering of comparable data for different levels of geography (US, Pennsylvania (PA) and Washington County WC); and
2. To assure that each measure matched its Healthy People 2020 benchmark.
Each modification was made with care to ensure, to the greatest extent possible, that the data were matched so that “apples were compared to apples.” Modifications to the measures included the following: data source, data set, years included, method of collection, weight assigned, whether the measure was aggregated or split and definition of measure.

Details of the CHR 2010 measures’ modifications are:

1. **premature death**, i.e., Years of Potential Life Lost (YPLL) before age 75 years (weight reduced to add specific death rates; US and PA data from Web-based Injury Statistics Query and Reporting System (WISQARS) data set while the Washington County rate was constructed by WCHP with information from a PA death certificate data set);
2. **poor or fair health** (weight reduced to allow for new diabetes prevalence measure);
3. **poor physical health days** (data definition change from average number of days to percent with one or more days);
4. **poor mental health days** (same as previous);
5. **adult smoking** (weight reduced to allow for new related measures: youth tobacco use, pregnant smoking, tobacco quit attempts and adult smokeless tobacco use);
6. **adult obesity** (weight reduced to allow for new related measures: youth obesity and adult healthy weight);
7. **teen birth rate** (weight reduced to allow for new related measure of teen pregnancy and data set change from National Vital Statistics System to the Guttmacher Institute);
8. **primary care provider ratio** (used two different data sources and data definition change to exclude Obstetricians from primary care and count only those primary care physicians engaged in direct patient care);
9. **preventable hospital stays** (weight reduced to add specific preventable hospital stay conditions and three data set changes from Dartmouth Atlas of Health Care (using Medicare claims data) to 1.) Agency for Healthcare Research and Quality (AHRQ) using all ages hospital discharge data for the US; 2.) Pennsylvania Health Care Cost Containment Council (PHC4) for PA data; and 3.) data from participating hospitals for the Hospital Defined Community (HDC));
10. **hemoglobin A1C testing** (weight reduced to add new measures: colorectal cancer screening; invasive colorectal cancer diagnosis; late stage breast cancer diagnosis; and influenza and pneumonia vaccines);
11. **mammography** (same as previous);
12. **Excessive drinking** (split into binge drinking and at risk for heavy drinking to match HP2020 measures);
13. **particulate matter days** (aggregated in to new measure of number of days above 100 on the Air Quality Index (and weighted for 2018 CHNA) to match HP2020 measures); and
14. **ozone days** (same as previous)

New measures not included in the CHR have reduced related measures’ weights based on their contribution to the related measure. Premature death has been reduced from 50% to 24.4% to accommodate the addition of lung (3.53%), colorectal (1.21%) and female breast cancer deaths (1.27%); coronary heart disease deaths (7.19%); diabetes deaths (2%); accidental drug poisoning...
deaths (2.19%); COPD deaths (1.34%); suicides (2.66%); stroke deaths (1.07%) and the reassignment of part of the motor vehicle crash death rate (3.11%) from the health behaviors domain. Weights and specific death measures were determined by analyzing Washington County deaths under age 75 for the years 2007 to 2009 and calculating proportions. Poor or fair health, poor physical health days and poor mental health days have all been reduced from 10% each to 9.13% each to accommodate the addition of diabetes prevalence at 2.61% (based on research into the proportion of the measure that diabetes causes). Adult smoking has been reduced from 10% to 3.04% based on the contribution of each of the new measures added: adult smokeless tobacco use (0.58%); high school student smoking (4.19%); high school student smokeless tobacco use (1.9%); pregnant women smoking (0.13%); and tobacco quit attempts (0.16%). Pregnant women smoking and tobacco quit attempts rates were increased to 1% each by reducing and splitting the motor vehicle crash death rate weight between the health behaviors and premature death domains. Physical inactivity was reduced from 2.5% to 1.14% based on the contribution of the new measure of meeting recommended physical activity levels (1.35%). Adult obesity was reduced from 7.5% to 3.15% based on the contribution of each of the new measures added: youth obesity (1.5%); adult healthy weight (2%); and fruit and vegetable servings (0.85% (for the 2018 CHNA, fruit and vegetable servings were split into fruit intake and vegetable intake and the weight split evenly between them at 0.425% each)). The preventable hospital stays measure’s weight was reduced to 1.95% for people aged 65 years or older based on the contribution of each of the new measures added: overall preventable hospitalization rate (1.5%); heart failure (1.05%); COPD and asthma for those ages 40 years and older (0.3%); and diabetes (0.2%). Mammography and hemoglobin A1C testing were reduced from 2.5% to 0.83% and 0.84%, respectively, based on the contribution of each of the new measures added: colorectal cancer screening (0.85%); invasive colorectal cancer diagnosis (0.41%); late stage breast cancer diagnosis (0.41%); and influenza (0.83%) and pneumonia (0.83%) vaccines. Primary care physician ratio was lowered from 5% to 2.25% based on the contribution of the new measures: usual primary care provider (2.25%) and dental visits (0.5%). One percent from the combined air pollution measure’s weight (4%) was reassigned to secondhand smoke exposure (1%).

Methodology

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

About ten years of trend data were collected for each measure as available and confidence intervals were used to determine significant differences between data points. For data not published with confidence intervals, LRF calculated them using the WHATIS program version 4.61 contained in the
WinPepi statistical package version 11.65.1 Specific source data and years for each measure are included in the results section.

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

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Data Source</th>
<th>Geography</th>
<th>Who collected</th>
<th>Who age-adjusted</th>
<th>Who produced CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>YPLL</td>
<td>Death certificates</td>
<td>US, PA, WC</td>
<td>CDC</td>
<td>CDC</td>
<td>CDC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PA DOH</td>
<td>CDC</td>
<td>LRF</td>
</tr>
<tr>
<td>Death rates</td>
<td>Death certificates</td>
<td>US, PA, WC</td>
<td>CDC</td>
<td>CDC</td>
<td>CDC</td>
</tr>
<tr>
<td>Diabetes Prevalence</td>
<td>BRFSS</td>
<td>US, PA, WC</td>
<td></td>
<td>CDC</td>
<td>CDC</td>
</tr>
</tbody>
</table>

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

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

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

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2 The Pennsylvania Department of Health was contacted via email on March 14, 2019 and again on April 29, 2019 for input on the 2018 CHNA. A response was received on June 11, 2019 and the Community Health Nurse Supervisor for the Southwest District was permitted to review and suggest additions to the external assets listed in Appendix A.
defines the baseline measure value as “0% healthy” and the target/goal measure value as “100% healthy.” Percentages between 0 and 100 reflect progress toward the HP2020/10% improvement target/goal. Anything under 0% is “unhealthy” and defined as a significant health need. Percentages can go above 100% if the geography’s value is even better than the HP2020/10% improvement target/goal. This provides a benchmark to determine needs (i.e., everything below the baseline (negatively scored) is a significant health need). To get the measure’s contribution to the summary score, its percentage is multiplied by the weight assigned to it by the logic model.

**Primary Data and Community Input**

Quantitative primary data were collected to refine the 2020 Healthy Community Scores™ for the hospitals’ defined community (HDC). The two major sources were hospital discharge data obtained from the hospitals for years 2016 to 2017 and an October 2018 mailed survey to the defined community with similar questions to the annual Behavioral Risk Factor Surveillance System (BRFSS) managed by the Centers for Disease Control and Prevention. Because asking the entire population to respond to the survey would be cost-prohibitive, a randomly chosen sample was constructed with a confidence level of 95% (typical is 95%). This means if the population was sampled 100 times, 95% of the time the population result would be what is presented in this report on the sample data. An overall confidence interval (CI) of 2.96% (typical is 5%) for 50% was obtained and defines the range of where the population result actually lies. It is used to compare the results obtained at different times and/or geographies to determine whether or not differences in the different results are either significantly higher, lower or the same. Using these two concepts together, a conservative estimate is that the report is 95% certain that the true result of the population is between -/+ 2.96% of the reported value. Since the CI value is also determined by the number of respondents reporting and the sample result percentage, the value of the CI will vary from question to question (+/-0.59% for a response at 1% to a +/-2.96% CI for a 50% response).

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

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

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

- Latino ethnicity (1.6%+/-1.12% vs. 1.2%+/-0.65 %), respectively
- marital status (now married 51.6%+/-4.37% vs. 50.9%+/-2.96%), respectively; and
- poverty (9.6%+/-0.13% vs. 11.7%+/-2.1%), respectively.
The demographics of these combined zip codes are different than those of the weighted survey for race (African American 3.62%+/−1.38% vs. 0.9%+/−0.59%, respectively) and highest educational attainment of high school graduate or GED for ages 25 years and older (38.41%+/−9.59% vs. 23.5%+/−2.51%, respectively). This indicates the survey respondents under-represent African Americans and are more educated than the hospitals’ defined community population. From this dataset, frequencies and cross-tabulations were obtained to analyze the data. Data used to refine corresponding measures in the 2020 Healthy Community Scores™ were age-adjusted for comparability.

The mailed survey contained an open-ended question that asked respondents to indicate what health issue was most important in their community. This information was used in prioritization of health needs. For a further description, please see the Prioritization of Health Needs section of this report. The survey also asked respondents to self-identify their race; number of adults and children in the household; household yearly income (which had responses based on the 2018 federal poverty guidelines); health insurance status; and whether or not they had a usual source of primary care. With this information, it was assured that input from low-income and medically underserved people was obtained. Low-income input was evidenced by the poverty estimate (derived from the answers to the number of household members and income questions) for the survey respondents being similar to the poverty estimate for the 2017 ACS five-year estimate data for the 29 zip codes in the HDC. Medically underserved people input also was obtained through the survey as 25.9% of the respondents cited health care issues (such as cost, access, insurance and wait times) as the most important issue in their community and the fact that only 85.1% (crude percentage) of the respondents reported having a usual source of primary care.

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

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

Data Sources, Limitations and Data Gaps

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

In general, quantitative secondary data gaps are due to the lag time the national and/or state data sources (such as death certificate data or Behavior Risk Factor Surveillance System (BRFSS) surveys) have between collecting and analyzing the information and their release.

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

Some data measures have had their baselines and/or targets changed to reflect revisions to HP2020 or to data sets used to calculate the US baseline and 10% improvement goal. These include: poor or fair health (US 2010 baseline from 16.3% to 15.7% and 10% improvement from 14.7% to 14.2%); physically unhealthy days (US 2010 baseline from 36% to 35.3% and 10% improvement from 32.4% to 31.8%); mentally unhealthy days (US 2010 baseline from 34% to 34.5% and 10% improvement from 30.6% to 31.1%); adult smokeless tobacco use (HP2020 baseline from 2.3% to 2.2% and HP2020 goal from 0.3% to 0.2%); tobacco quit attempts (HP2020 baseline from 48.3% to 50.2%); binge drinking (replaced US 2010 baseline of 14.8% and 10% improvement goal of 13.3% with HP2020 baseline of 26.9% and HP2020 goal of 24.2%); adult obesity (HP2020 baseline from 34% to 33.9% and HP2020 goal from 30.6% to 30.5%); adults meeting recommended physical activity levels (US 2009 baseline from 49.1% to 43.5% and 10% improvement from 54% to 47.9%); mammography (HP2020 goal from 81.8% to 81.1%); influenza vaccine (HP2020 baseline from 67% to 66.6%); preventable hospital stays—overall (US 2008 baseline from 1984.7 to 1811 and 10% improvement from 1786.2 to 1629.9); preventable hospital stays—age 65 years and older (US 2008 baseline from 1238.5 to 6482.5 and 10% improvement from 1114.7 to 5834.3); preventable hospital stays—COPD and asthma in older adults (US 2008 baseline from 386.7 to 589.2 and 10% improvement from 348.1 to 530.2); preventable hospital stays—heart failure (US 2008 baseline from 548.6 to 397.2 and 10% improvement from 493.7 to 357.5); preventable hospital stays—diabetes (US 2008 baseline from 197 to 228.8 and 10% improvement from 177.3 to 205.9); late stage diagnosis breast cancer.
(HP2020 baseline from 43.2% to 44.6% and HP2020 goal from 41% to 42.4%); invasive diagnosis colorectal cancer (HP2020 baseline from 45.4% to 47.1% and 10% improvement from 38.6% to 40%); high school graduation (HP2020 baseline from 82.4% to 87% and 10% improvement from 74.9% to 79%); single parent household (US 2010 baseline from 9.7% to 33.4% and 10% improvement from 8.7% to 30%).

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

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

Summary Scores

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

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

Table 1: 2020 Healthy Communities Summary Scores™ for the United States of America, Commonwealth of Pennsylvania and the Hospitals’ Defined Community for 2012, 2015 and 2018.

<table>
<thead>
<tr>
<th></th>
<th>The United States of America (US)</th>
<th>Commonwealth of Pennsylvania (PA)</th>
<th>Hospital Defined Community (HDC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Healthy Communities Outcomes Score™</strong></td>
<td>2012  0.9%</td>
<td>-23.9%</td>
<td>-37.3%</td>
</tr>
<tr>
<td></td>
<td>2015  16.0%</td>
<td>2.4%</td>
<td>18.8%</td>
</tr>
<tr>
<td></td>
<td>2018  -2.0%</td>
<td>-50.1%</td>
<td>-187.5%</td>
</tr>
<tr>
<td><strong>2020 Healthy Communities Health Factors Score™</strong></td>
<td>2012  49.3%</td>
<td>56.2%</td>
<td>202.0%</td>
</tr>
<tr>
<td></td>
<td>2015  -172.3%</td>
<td>83.0</td>
<td>185.9%</td>
</tr>
<tr>
<td></td>
<td>2018  160.3%</td>
<td>182.3%</td>
<td>273.4%</td>
</tr>
</tbody>
</table>
Because each score is comprised of multiple data measures, it is helpful to compare each measurement score to pinpoint where intervention to increase the health status of the community is needed. For purposes of this assessment, negative measure scores were defined as identified significant health needs. The following section details each measure score for the hospitals’ defined community (HDC) or the lowest level of geography available and reliable (such as Washington County (WC)) and highlights trends and statistically significant differences between geographies. Figure 4 on the next page highlights the different sections of each measure’s results page and can guide in the interpretation of the data.
How to Read Results Pages

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.

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.

Documents from where the measure’s data originated.

Figure 4: How to read result pages.
Results—Health Outcomes—Mortality

Years of Potential Life Lost (YPLL)

Washington County’s (WC) 2015-2017 average rate of 7641.8 years per 100,000 population indicates a 287.2% lag behind the US 2009 baseline of 6679.3. Because the YPLL measure weight is 24.4%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -70.1%. This represents a decline from the 2015 score of -9.4%.

Age-adjusted YPLL-75 rates are commonly used to represent the frequency and distribution of premature deaths. Measuring premature mortality focuses attention on deaths that may have been prevented. Figure 5 compares the age-adjusted YPLL rates for the United States (US, blue triangle), Pennsylvania (PA, gold diamond) and WC (purple circle). PA’s rate was significantly higher than the US’ from 2011 to 2013 and 2015 to 2017. WC’s rate was significantly lower in 2007 compared to both PA and US. WC’s rates were significantly higher than both the US’ and PA’s rates in 2010, 2013 and 2015 to 2017, but only higher than the US’ in 2011. WC’s rates were lower than PA’s in 2012 and 2014. The trend for the US rate decreased in 2010 but increased from 2014 to 2016. PA’s increased in 2015 and 2016. WC’s rate trend has increased (2010, 2013, 2015 and 2017) and decreased (2011, 2012 and 2014), but overall shows an increase from 2007 to 2017. Overall, WC’s ten-year average rates are significantly higher than PA’s and the US’ and PA’s is higher than the US’ (7309.4, 6896.6 and 6589.5, respectively).

Data Limitations:
Deaths for persons of unknown age are included in counts and crude rates but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. For WC: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. For PA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed 2-2019. Available from URL: https://webappa.cdc.gov/sasweb/ncipc/yPLL.html

LRF Consulting, LLC
Lung Cancer

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

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

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.


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.
Colorectal Cancer

Washington County’s (WC) 2015-2017 average rate of 17.5 per 100,000 population indicates a 79.5% lag behind the HP2020 baseline of 17.1. Because the colorectal cancer death rate measure weight is 1.21%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.0%. This represents a decline from the 2015 score of -50.0%.

Colorectal cancer is the second-leading cause of malignant neoplasms and it is responsible for 2.7% of the deaths under age 75 in WC from 2014-2016. Figure 7 compares the age-adjusted colorectal cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rate was significantly higher in every year compared to the US except in 2011. There were no statistically significant differences between WC’s rates and either the US’ or PA’s. The trend for the US rate decreased every year from 2008 to 2016, except for 2010, 2013 and 2015. PA’s trend decreased from 2008 to 2011 and from 2011 to 2017. WC’s rate trend has been static. Overall, there is no significant difference between WC’s ten-year average rate and both PA’s and the US’ rates, but PA’s rate is higher than the US’ (18.6, 16 and 14.9, respectively).

**Data Limitations:** Same as previous.

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

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

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

Breast cancer is the second-leading cause of malignant neoplasms in women and it is responsible for 1.6% of the deaths under age 75 in WC from 2014-2016. Figure 8 compares the age-adjusted breast cancer death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates were significantly higher in 2008 through 2011, and 2015 to 2016 compared to the US’. There were no differences between WC’s rates and either the US’ or PA’s. The trend for the US rate has decreased four times: from 2007 to 2009; 2009 to 2013 and 2013 to 2015. While PA’s trend decreased 2007 to 2014 and has maintained that decrease, WC’s trend has remained static. Overall, there are no significant differences between WC’s ten-year average rate and both PA’s and the US’ rates (22.9, 22.4 and 21.2, respectively).

**Data Limitations:** Same as previous.

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

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

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

Diseases of the heart are the leading cause of death in the US with coronary heart disease as the most common type. It along with other heart disease related deaths is responsible for 10% of the deaths under age 75 in WC from 2014-2016. Figure 9 compares the age-adjusted coronary heart disease death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rate was significantly lower in 2007 compared to the US. There were no differences in WC’s rates compared to the US’ and PA’s. The rate trend for the US has decreased every year since 2007. PA’s rates decreased in 2009, 2010, 2012, 2014 and from 2014 to 2017. WC’s rate trend decreased from 2007 to 2012 and from 2012 to 2016. Overall, there are no significant differences between WC’s ten-year average rate and both PA’s and the US’ rates, although PA’s rate is higher than the US’ (110.7, 109.2 and 105.8, respectively).

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

Washington County’s (WC) 2015-2017 average rate of 77.9 per 100,000 population indicates a **52.7% lag** behind the HP2020 baseline of 74. Because the diabetes-related death rate measure weight is 2%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -1.1%. This represents an **improvement** from the 2015 score of -95.0%.

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

**Data Limitations:** Same as previous.

**Data Source(s):** Same as previous but for Multiple Cause of Death (All causes of death for underlying cause of death and MCD ICD-10 113 cause list “diabetes mellitus E10-14” for records with any of these items), accessed 2-2019.

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

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

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause and is responsible for 1.9% of the deaths under age 75 in WC from 2014-2016. Figure 11 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates were significantly lower in all years except 2008, 2010 and 2011 compared to the US’. WC’s rates were no different than PA’s or the US’. The trend for the US rate decreased in 2008, 2009, 2010 and 2013, but increased in 2015 and 2016. PA’s rate trend declined in 2009. WC’s rate trend has been static. Overall, WC’s nine-year average rate (12.5) was no different than both PA’s and the US’ (10.4 and 11.6, respectively), although PA’s was lower than the US’.

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

Data Source(s): Same as previous but for Underlying Cause of Death, UCD ICD-10 113 Cause List Motor Vehicle Accidents, accessed 2-2019.

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

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

COPD is responsible for 5% of the deaths under age 75 in WC from 2013-2016. Figure 12 compares the age-adjusted COPD death rates for those aged 45 years and older for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rate was significantly lower in all years compared to the US. WC’s rate was higher than both the US’ and PA’s rate in 2012 but higher only than PA’s rate in 2014. Although both the US’ and PA’s trends decreased and increased between 2007 and 2017, overall they remained static. WC’s trend has remained static. Overall, there were no differences between WC’s ten-year average rate (123.6) and either PA’s or the US’ (106.8 and 116, respectively), although PA’s rate was lower than the US’.

Data Limitations: Same as previous.

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

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

Washington County’s (WC) 2015-2017 average rate of 17.6 per 100,000 population indicates a 572.7% lag behind the HP2020 baseline of 11.3. Because the suicide death rate measure weight is 2.66%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -11.4%. This represents a decline from the 2015 score of -242.4%.

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

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

Data Source(s): Same as previous. MCD ICD-10 113 Cause List Intentional Self-Harm, accessed 2-2019.

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

Washington County’s (WC) 2015-2017 average rate of 38.1 per 100,000 population indicates 29.5% progress toward the HP2020 goal of 34.8. Because the stroke death rate measure weight is 1.07%, the contribution to the 2020 Healthy Community Health Outcome Score™ is 0.3%. This represents a decline from the 2015 score of 95.8%.

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

Data Limitations: Same as previous.
Data Source(s): Same as previous but for ICD-10 codes 160-169, accessed 2-2019.

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

Washington County’s (WC) 2015-2017 average rate of 53.2 per 100,000 population indicates a 312.5% lag behind the HP2020 baseline of 12.6. Because the accidental drug poisoning death rate measure weight is 2.19%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -68.5%. This represents a decline from the 2015 score of -830.8%.

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

**Age-adjusted Accidental Drug Death Rate Trends for United States (US), Pennsylvania (PA) and Washington County (WC), 2007-2017, with Healthy People (HP) 2020 Baseline (BL) and Goal (G)**

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

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

**Data Source(s):** Same as previous, but for UCD Drug/Alcohol Induced Causes, Drug-induced Causes, accessed 2-2019.
Results—Health Outcomes—Morbidity

Diabetes Prevalence

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

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the US and is a major cause of heart disease and stroke.ii Figure 16 compares the age-adjusted diabetes prevalence percentages for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua ‘x’). The HDC’s percentages were higher than all others in 2012 but only higher than PA’s and the US’ in 2015. There were no differences between WC’s percentages and either PA’s or the US’. PA’s percentage was significantly lower in 2009 and higher in 2014 compared to the US’. The trend for the HDC decreased. WC’s and US’ trends have been static. PA’s trend decreased in 2011 and increased in 2010 and 2014.

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 blocks in some southern states, and persons in lower socioeconomic groups typically have lower telephone coverage. Because diabetes is more common among race and ethnic minority groups and among lower socio-economic groups, BRFSS may underestimate diabetes prevalence for these subpopulations. For WC: County-level estimates were based on indirect model-dependent estimates. Bayesian multilevel modeling techniques were used to obtain these estimates. Multilevel Poisson regression models with random effects of demographic variables (age 20–44, 45–64, 65+, race; sex) at the county-level were developed. State was included as a county-level covariate. For 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 WC: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: http://www.cdc.gov/diabetes/data/ national.html, accessed 2-2019. For PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence/index.html, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Low Birth Weight

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

Low birth weight represents two factors: maternal exposure to health risks and an infant’s current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous. Figure 17 compares the percent of live births that weighed less than 2500 grams for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s percentages were significantly higher in 2009, 2010 and 2014 compared to the US’. WC’s percentage was lower than both the US’ and PA’s in 2013 and 2016. The trend for the US decreased in 2010, 2012 and 2014, but has risen every year from 2015.

PA’s trend decreased from 2009 in 2013 but increased from 2013 to 3017. WC’s trend has been static.

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 that weighed less than 2500 grams by the number of total live births. For PA and WC: “These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.”

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

Self-reported health status has been shown to be a very reliable measure of current health. Figure 18 compares the percent of people over 18 years of age who report either poor or fair health for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s rate was significantly lower in all years compared to the US. HDC’s percentage was higher than PA’s but lower than the US’ in 2015 and lower than both the US’ and PA’s in 2012. The trend for the US’ percentage has increased. PA’s trend has been static. HDC’s trend increased in 2015 and decreased in 2018.

Data Limitations: Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates a difference in survey data gathering and weighting to include both landline and cell line data collection. 

The hospital defined community’s (HDC) 2018 age-adjusted percent of 42.2% indicates a \(197.0\%\) lag behind toward the 2010 US baseline of 36%. Because the physical unhealthy days measure weight is 9.13%, the contribution to the 2020 Healthy Community Health Outcome Score™ is -18.0%. This represents an improvement from the 2015 score of -288.9%.

People’s reports of days when their physical health was not good are a reliable estimate of their recent health. Figure 19 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their physical health was not good for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages were significantly higher than the US’ in all years except 2008 and 2010. HDC’s percentages were all significantly higher than both the US’ and PA’s in comparable years. The trend for the US increased in 2011 and 2015 but decreased in 2010, 2013, 2014 and 2016 for an overall decrease. PA’s trend increased in 2009, 2011 and 2016 and decreased in 2010, 2012 and 2014 for an overall increase. and HDC’s trend increased in 2015 and decreased in 2018 for an overall decrease.

**Age Adjusted Percentage of People Who Report Physical Unhealthy Days Trends for United States (US), Pennsylvania (PA) and Hospital Defined Community (HDC), 2008-2018, with US 2010 Baseline and 10% Improvement**

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

**Data Limitations:** Same as previous.

**Data Source(s):** Same as previous.
Mental Unhealthy Days

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

Measuring the number of days when people report that their mental health was not good (i.e., poor mental health days), represent an important facet of health-related quality of life. Figure 20 compares the percent of people over 18 years of age who report that they have had one or more days during the last 30 when their mental health was not good for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). HDC’s percentages were higher than both the US’s and PA’s in all comparable years. PA’s percentages were higher than the US’ in all years except in 2010. The trend for the US rate decreased in 2011 and increased in 2011 and 2015 for an overall increase. PA’s trend decreased in 2010, 2012 and 2013, but increased in 2009, 2011 and 2016 for an overall increase. HDC’s trend has increased.

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

**Data Limitations:** Same as previous.

**Data Source(s):** Same as previous.
Adult Smoking

The hospital defined community’s (HDC) 2018 age-adjusted percent of 12.3% indicates a **96.2% progress** toward the HP 2020 goal of 12%. Because the adult smoking measure weight is 3.04%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.9%. This represents an **improvement** from the 2015 score of 74.4%.

Each year approximately 443,000 premature deaths occur primarily due to smoking. Cigarette smoking is identified as a cause in multiple diseases including various cancers, cardiovascular disease, respiratory conditions, low birth weight, and other adverse health factors.

Figure 21 compares the percentage of people over the age of 18 that currently smoke cigarettes (used tobacco every day or some days and primary form of use is cigarettes) for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages were significantly higher than the US’ in all years. HDC’s percentage was significantly higher than the US’ in 2012 (but lower than PA’s that year) but lower in 2015 for both the US’ and PA’s. The trends for the US and HDC have decreased every year since 2011. PA’s trend decreased between 2011 to 2014.

Figure 21: Comparison of adult cigarette use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
The hospital defined community’s (HDC) 2018 age-adjusted percent of 10.1% indicates a **394.5% lag** behind the HP2020 baseline of 2.2. Because the adult smokeless tobacco use measure weight is 0.58%, the contribution to the 2020 Healthy Community Health Factor Score™ is -2.3%. This represents a **decline** from the 2015 score of -90%.

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

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

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

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

Data Limitations: These data apply only to youth who attended middle school or high school. Among persons aged 15–17 years in the United States, approximately 5% were not enrolled in a high school program and had not completed high school in 2005 (http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007059). The questionnaire was offered only in English. Thus, comprehension might have been limited for students with English as a second language. Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. Pennsylvania Youth Survey (PAYS) data only surveys 10th and 12th grade, so that data was combined to produce the data compared to the YRBS which surveys 9th, 10th, 11th and 12th grade. Data Source(s): For US and PA: Youth Risk Behavior Surveillance System (YRBS); Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (CDC/NCHSSP), available at: https://www.healthypeople.gov/2020/data-search/Search-the-Data#objid=5342; accessed 2-2019. For WC: Pennsylvania Youth Survey, or PAYS, is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency available at: https://www.pccd.pa.gov/Juvenile-Justice/Pages/PAYS-County-Reports.aspx, accessed 2-2019.
High School Student Smokeless Tobacco Use

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

More than 80% of adult tobacco users started before the age of 18. Figure 24 compares the percentage of high school students who report using smokeless tobacco on one or more days in the last 30 for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC’s percentages for 2013 and 2015 are higher than the US’. The trends for both the US’ and PA’s percentages have remained unchanged. WC’s trend decreased in 2017.

Figure 24: Comparison of high school student smokeless tobacco use by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.

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

Washington County’s (WC) 2017 percentage of 82.6% indicates a **77.8% lag** behind the HP2020 baseline of 89.6%. Because the pregnant women smoking measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.8%. This represents an improvement from the 2015 score of -115.6%.

Smoking during pregnancy causes health problems for both mothers and babies, such as: pregnancy complications; premature birth; low-birth-weight infants; stillbirth; and sudden infant death syndrome (SIDS). Figure 25 compares the percentage of women who did not smoke cigarettes during their pregnancy for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA’s and WC’s percentages were significantly lower than the US’ for all years. The trend for US has increased every year. PA’s trend increased in 2015 and again from 2015 to 2017. WC’s trend has remained unchanged.

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

**Data Source(s):**
The hospital defined community’s (HDC) 2018 age-adjusted percent of 40.7% indicates a 32.2% lag behind the HP2020 baseline of 48.3%. Because the tobacco quit attempts measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%. This represents an improvement from the 2015 score of -48.3%.

Among current US adult tobacco users, 68.8% report that they want to quit completely and make multiple attempts before they do. Figure 26 compares the percent of tobacco users over 18 years of age who report that they quit tobacco use for one day or longer because they were trying to quit in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages were lower than the US’ from 2009 to 2011 and 2014; they were higher in 2015 and 2016. HDC’s percentages were lower than both the US’ and PA’s in 2012 and 2015. The trend for the US percentages increased in 2014 and decreased in 2016, for an overall static trend. PA’s trend increased in 2012, 2014, 2015 but decreased in 2009 and 2016 for an overall static trend. HDC’s trend decreased in 2015 but increased in 2018.

**Data Limitations:** Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. Breaks in the trend line indicates a difference in survey data gathering and weighting to include both landline and cell line data collection. For HDC: HDC’s data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Data Source(s): For US and PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at, https://nccd.cdc.gov/weat/index.html#crossTabulation, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Binge Drinking

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

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes: alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence and motor vehicle crashes." Binge drinking is defined as four or more drinks at one time for females and five or more drinks at one time for males during the past 30 days. Figure 27 compares the percent of people over 18 years of age who report that they have engaged in binge drinking for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentage was significantly higher than the US in 2008, 2009, 2010 and 2016. HDC’s percentages was higher than the US’ in 2012 and both the US’s and PA’s in 2015. The US’ and PA’s trends have been static. HDC’s trend increased in 2015 and decreased in 2018.


Figure 27: Comparison of percentage of people over the age of 18 reporting binge drinking in the past 30 days (5 or more drinks in one occasion for men and more than 4 for women) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
The hospital defined community’s (HDC) 2018 age-adjusted percent of 8.3% indicates a 477.6% lag behind the US 2010 baseline of 4.9%. Because the at risk for heavy drinking measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is -6.0%. This represents an improvement from the 2015 score of -693.9%.

Excessive drinking (defined as binge and heavy drinking) is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. At risk for heavy drinking is defined as an average of one or more drinks per day for females and an average of two or more drinks per day for males during the past 30 days.

Figure 28 compares the percent of people over 18 years of age who report that they have engaged in heavy drinking (defined as a monthly average of 2 or more drinks for men and 1 or more for women) for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentage was significantly lower than the US in 2010. HDC’s percentage was higher than both the US’s and PA’s in 2015. The trend for both the US’ and PA’s percentages were static from 2011. HDC’s trend increased in 2015.

**Data Limitations:** Same as previous.

**Data Source(s):** Same as previous.
Adult Inactivity

The hospital defined community’s (HDC) 2018 age-adjusted percent of 23.8% indicates that it has met the HP2020 goal of 32.6% and 
\textit{exceeded it by 34.3\%}.

Because the adult inactivity measure weight is 1.14%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.9%. This represents a \textit{decline} from the 2015 score of 377.8%.

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.\textsuperscript{xv} Figure 29 compares the percentage of people over the age of 18 who report they have no leisure time activity for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). There were no differences between PA’s percentages and the US’ from 2011 to 2016. HDC’s percentages were lower than both the US’ and PA’s in 2015. The trends for both the US’ and PA’s percentages increased and decreased but remained static overall. HDC’s trend increased in 2018.

\textit{Data Limitations: Same as previous.}
\textit{Data Source(s): Same as previous.}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{fig29.png}
\caption{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.}
\end{figure}
Adult Obesity

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

Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.\[^{xvi}\] Figure 30 compares the percent of people over the age of 18 whose body mass index is 30 or higher for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’.). There were no differences between PA’s percentages and the US’. HDC’s percentages were higher than both the US’ and PA’s in all comparable years. The trends for the US’ and PA’s percentages have been static. HDC’s trend increased in 2015 and decreased in 2018 for an overall decrease.

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Figure 30: Comparison of adult obesity percentages by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
The hospital defined community’s (HDC) 2018 age-adjusted percent of 35.3% indicates that it has met the HP2020 goal of 33.9% and exceeded it by 144.5%. Because the adult healthy weight measure weight is 2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.9%. This represents a decline from the 2012 score of -45.2%.

The health benefits of healthy weight include lowering the risk of heart disease; stroke; diabetes; high blood pressure; and cancers, including breast, colon, kidney, pancreas and esophagus. Figure 31 compares the percent of people over 18 years of age whose body mass index is less than 25 and greater than 18.5 for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). There were no differences between PA’s and the US’ percentages. HDC’s percentages were higher than the US’ in 2012 and lower than both PA’s and the US’ in 2015. The trend for the US’ percentages has been static. PA’s trend decreased from 2011 to 2015, but was static overall. HDC’s trend decreased in 2015 and increased in 2018 for an overall static result.

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

The hospital defined community’s (HDC) 2018 age-adjusted percent of 45.0% indicates an **259.7% lag** behind the 2013 US baseline of 60.8%. Because the fruit intake measure weight is 0.425%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.1%. This represents a **decline** from the 2015 score of -84.4%. However, due to the 2018 HDC survey question being split from the single 2015 fruit and vegetable consumption measure to separate 2018 measures to give a more comparable measure, this may account for the decrease in the score rather than a true change in the population’s behavior.

A diet rich in a variety of fruits and vegetables lowers the risk of heart disease and stroke. It can also lower blood pressure; protect against certain cancers (mouth, throat, voice box, esophagus, stomach, lung cancer and prostate); help prevent cataract and macular degeneration; and prevent constipation and diverticulitis.\textsuperscript{viii} Figure 32 compares the percentages of people over the age of 18 who eat one or more servings of fruits a day for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages were higher than the US’ in 2013 and 2017. HDC’s percentage was lower than both the US’ and PA’s in 2015. The trend for both the US’s and PA’s percentages has increased, while HDC’s trend has decreased.

![Figure 32: Comparison of people who eat one or more servings of fruit a day by geography.](image)

**Data Limitations:** Same as previous. The US’ data is the median value of 50 states and District of Columbia. The question was reanalyzed from the HDC survey from 2015 to give a more comparable measure by splitting fruit from vegetable intake and may account for the increase in the score rather than a true change in the population’s behavior.

**Data Source(s):**
- For PA and HDC: Same as previous.
Vegetable Intake

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

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

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

Figure 33: Comparison of people who eat one or more servings of vegetables a day by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
The hospital defined community’s (HDC) 2018 age-adjusted percent of 74.1% indicates that it has met the HP 2020 goal of 47.9% and exceeded it by 703.9%. Because the meeting recommended physical activity levels measure weight is 1.4%, the contribution to the 2020 Healthy Community Health Factor Score™ is 9.5%. This represents an improvement from the 2015 score of 495.0%.

Regular physical activity can prevent the development of cardiovascular disease, colon cancer, high blood pressure, diabetes and osteoporosis. Regular physical activity also helps treat a variety of common illnesses, including arthritis, diabetes and cardiovascular disease. Figure 34 compares the percentages of people over the age of 18 who meet the current physical activity guidelines (either 150 minutes a week of moderate physical activity or 75 minutes a week of vigorous physical activity, or a comparable combination) for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). There were no differences between PA’s percentages and the US’. The US’ trend increased in 2016. PA’s trend was static. HDC’s trend increased.

**Data Limitations:** 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

Washington County’s (WC) 2015-2016 percentage of 20.05% indicates a 119.4% lag behind the HP 2020 goal of 16.1%. Because the youth obesity measure weight is 1.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is -1.8%. This represents a decline from the 2015 score of -40.0%.

Obese youth are more likely to have risk factors for cardiovascular disease (such as high cholesterol or high blood pressure), development of diabetes, bone and joint problems, sleep apnea, and social and psychological problems. In addition, obese youth are likely to become obese adults. Figure 35 compares the percent of enrolled public school students whose body mass index for age and sex is at the 95th percentile or above for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC’s percentages were higher than PA’s in 2011, 2012, 2015 and 2016. Both PA’s and WC’s percentages were significantly higher than the US’ for all years. The trend for the US’ percentages increased from 2009 to 2017. PA’s trend increased in 2010 and every year from 2013 to 2016, while WC’s increased in 2010 and between 2010 to 2015.

Data Limitations: YRBS data are self-reported, and the extent of underreporting or over-reporting of behaviors cannot be determined; the data apply only to youth who attend school; when local parental permission procedures are observed in the school-based surveys, procedures are not consistent across sites; state-level data are not available for all 50 states. Two different data sources are used—US are from YRBS (grades 9th -12th) while PA are from mandatory school growth screenings (grades 7th -12th). The HP 2020 baseline and goals rely on NHANES data.

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

Unintentional injury is the fifth leading cause of death in the US with motor vehicle accidents as the leading cause and is responsible for 1.9% of the deaths under age 75 in WC from 2014-2016. Figure 36 compares the age-adjusted motor vehicle accident death rates for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates were significantly lower in all years except 2008, 2010 and 2011 compared to the US’. WC’s rates were no different than PA’s or the US’. The trend for the US rate decreased in 2008, 2009, 2010 and 2013, but increased in 2015 and 2016. PA’s rate trend declined in 2009. WC’s rate trend has been static. Overall, WC’s nine-year average rate (12.5) was no different than both PA’s and the US’ (10.4 and 11.6, respectively), although PA’s was lower than the US’.

**Data Limitations**: Deaths for persons of unknown age are included in counts and crude rates, but are not included in age-adjusted rates. The population figures (other than the infant age groups and the year 2000) are bridged-race estimates of the July 1 resident population, generally from the corresponding county-level postcensal series: 2009 from the Vintage 2009 series, etc. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. Gaps in years of data are caused by too few deaths to calculate a reliable rate. **Data Source(s)**: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death, UCD ICD-10 113 Cause List

**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.

Chlamydia

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

Chlamydia is the most common bacterial Sexually Transmitted Infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Figure 37 compares the rate per 100,000 female population of reported cases of Chlamydia for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA’s and WC’s rates were significantly lower than the US for all years, and WC’s rates were lower than PA’s for all years. The trend for the US’ rates increased every year. PA’s rate trend increased in 2010, 2011, 2012, 2015 and 2016 and decreased in 2013, 2014 and 2017 for an overall increase. WC’s trend has been static.

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

Teen Pregnancy Rate

Washington County’s (WC) 2016 rate of 7.2 per 1000 pregnancies for 15-17 year-olds indicates it has met the HP2020 goal of 36.2 and exceeded it by 690.0%.

Because the teen pregnancy rate measure weight is 1.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.6%. This represents an improvement from the 2012 score of 572.5%.

Teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI) and is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, systemic infections, low birthweight, preterm delivery and severe neonatal conditions. Figure 38 compares the pregnancy rate of females between ages 15 and 17 per 1,000 pregnancies for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA’s and WC’s rates were significantly lower than the US’ for all years, and WC’s rate was lower than PA’s in every year except 2009, 2013 and 2014. The trend for the US rate has decreased every year. PA’s trend decreased in 2009, 2011 through 2014 and in 2016. WC’s trend decreased in 2010.

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 years) by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
Teen Birth Rate

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

Teen mothers are more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality. Figure 39 compares the birth rate of females aged 15-17 years per 1,000 women ages 15-17 for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates were significantly lower than the US for all comparable years. WC’s rate was lower than the US’ rates for all years except 2013 and lower than PA’s rates in 2007, 2010 and 2015. The trend for the US rate decreased every year. PA’s trend decreased in 2009, 2011, 2014, 2016 and 2017. WC’s trend decreased from 2007 to 2015.

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

Data Limitations: Same as previous.

Results—Health Factors—Clinical Care

Adults with Health Insurance

The hospital defined community’s (HDC) 2018 age-adjusted percent of 97.2% indicates **83.5% progress toward** the HP 2020 goal of 100%. Because the adults with health insurance measure weight is 5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 4.2%. This represents a decline from the 2015 score of 89.3%.

Lack of health insurance coverage is a significant barrier to accessing needed health care. Figure 40 compares the percentage of people between the ages of 18 and 64 who currently have health insurance for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentage was significantly higher than the US in all years except 2010. HDC’s percentage was higher than both the US’ and PA’s in all comparable years. US’ trend decreased in 2011 and 2012 and increased every year from 2013 to 2016 for an overall increase. PA’s trend decreased in 2010 and increased in 2014 and from 2014 to 2016. HDC’s trend has increased overall.

Data Limitations: Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. For HDC: HDC’s data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Data Source(s): For US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Web Enabled Analysis Tool (WEAT), available at https://nccd.cdc.gov/weat/index.html#:crossTabulation, accessed 2-2019. For PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence/index.html, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Usual Primary Care Provider

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

Studies have found that patients who have a primary care provider are more likely to receive appropriate preventive services such as cancer screening and flu shots. Figure 41 compares the percentage of people over the age of 18 who currently have a primary care provider for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages were significantly higher in all years compared to the US’. HDC’s percentage was significantly higher than the US’, but lower than PA’s in 2012. In 2015, HDC’s percentage was significantly higher than both the US’ and PA’s. The US’ trend decreased in 2011, 2013 and 2016 and increased in 2014 and 2015 for an overall decrease. PA’s trend decreased in 2011 and 2013 and increased in 2012 for an overall decrease. HDC’s trend have increased and decreased for an overall decrease.

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.

Data Limitations: Same as previous.  
Data Source(s): Same as previous.
Washington County’s (WC) 2014 ratio of 1416 to 1 indicates that it has met the Graham Center goal of 1500 to 1 and has exceeded it by 116.8%. Because the primary care physician ratio measure weight is 2.25%, the contribution to the 2020 Healthy Community Health Factor Score™ is 2.6%. This represents an improvement from the 2015 score of 114.1%.

According to Robert Phillips, M.D., M.P.H., executive director of the Graham Center, family physicians can have a sizeable impact on reducing health care costs and hospitalization rates when the patient-to-physician ratio is 1,500-2,000 patients for every one primary care physician. In addition, said Phillips, the ability of primary care physicians to reduce health care costs and hospitalization rates is even greater when the patient-to-physician ratio is smaller. Figure 42 compares the population to direct care primary care physician ratio for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC’s ratios are higher than the US’ for all comparable years, but only higher than PA’s for 2006, 2008 and 2010. PA’s ratios are higher than the US’ except in 2010. The trend for the US decreased in 2008, 2012 and 2014 and even with an increase in 2010, maintained an overall decrease. PA’s ratios have increased in 2010 and 2014 and decreased in 2008, for an overall static trend. WC’s trend was static.

Data Limitations: Two different sources of data were compared. The definition of primary care for both sources is different. To gain comparable numbers by removing obstetrics/gynecology from the PA and WC data to leave only family medicine, internal medicine and pediatrics. For PA and WC: The surveys were conducted in conjunction with the biennial license renewal for physicians and physician assistants. It is important to note that physicians and physician assistants receiving their first license were not included in the survey and that bias may have been introduced by non-respondents. Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. Data Source(s): For US: Association of American Medical Colleges, Center for Workforce Studies, The 2017 State Physician Workforce Data Book, available at: https://store.aamc.org/2017-state-physician-workforce-data-book.html, accessed 2-2019. For PA and WC: PA Department of Health, 2014 Pulse of Pennsylvania’s Physician and Physician Assistant Workforce, available at: https://www.health.pa.gov/topics/Health-Planning/Pages/Reports.aspx, accessed 2-2019.
Dental Visits

The hospital defined community’s (HDC) 2018 age-adjusted percent of 65.2% indicates a 64.9% lag behind the HP2020 baseline of 69.7%. Because the dental visit measure weight is 0.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%. This represents a decline from the 2015 score of -10.0%.

A growing body of evidence has linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes, heart disease, and stroke. In pregnant women, poor oral health has also been associated with premature births and low birth weight. Figure 43 compares the percentage of people over the age of 18 who have visited the dentist for any reason in the past year for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentages are higher than the US’ in 2010, 2012 and 2014. HDC’s percentage is lower than only PA’s in 2012. Both trends for the US and PA decreased in 2012. HDC’s trend increased in 2015 and decreased in 2018 for an overall decrease.

Data Limitations: Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. Since BRFSS samples are kept small to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The BRFSS survey excludes people without a residential phone and people who are institutionalized. BRFSS data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. For HDC: Data was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Data Source(s): For US: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators. available at: https://nccd.cdc.gov/cdi. For PA: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: BRFSS Prevalence and Trends Data, available at https://www.cdc.gov/brfss/brfssprevalence/index.html, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Mammography

The hospital defined community’s (HDC) 2018 age-adjusted percent of 73.3% women aged 50 to 74 years who have had a mammogram in the past two years indicates a **4.8% lag** behind the HP2020 baseline of 73.7%. Because the mammography measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.0%. This represents an **improvement** from the 2015 score of -20.3%. The measure was age-adjusted this year which may account for some of the differences in prior reports.

Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.²² ix Figure 44 compares the percentage of women aged 50 to 74 years who have received a mammogram in the past two years for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). There were no differences between PA’s percentages and the US’ for comparable years. HDC’s percentages were lower than PA’s in 2012, but higher than the US’ in 2015. The trend for US increased in 2012 and 2013 and between 2013 and 2016. PA’s trend is static. HDC’s trend decreased in both 2015 and 2018.

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


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Data Limitations: Same as previous. Two different sources of data were used for the US.

**Hemoglobin A1c Test**

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

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

Figure 45 compares the percentages of adults (aged 18 years or older) with diabetes having two or more A1c tests in the last year for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA’s percentage was higher than the US’s in 2010. HDC’s percentage was higher than the US’ in 2012 and higher than both the US’ and PA’s in 2015. The trends for both the US and PA have remained unchanged. HDC’s trend increased in 2015.

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**Data Limitations:** Same as previous. US data from National Diabetes Surveillance System is median while data from Chronic Disease Indicators is average, which accounts for a slight difference. **Data Source(s):** For US and PA: Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available online at: https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html, for even years’ data, accessed 2-2019. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: Chronic Disease Indicators, available at: https://nccd.cdc.gov/cdi for odd years’ data, accessed 2-2019. For **HDC:** Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC's 2018 Community Health Need Assessment.
Colorectal Cancer Screening

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

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

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

The hospital defined community’s (HDC) 2018 percent of 71.6 indicates **24.4% progress toward** the HP 2020 goal of 90%. Because the influenza vaccine measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.2%. This represents an **improvement** from the 2015 score of 21.4%.

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

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

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

The hospital defined community’s (HDC) 2018 percent of 79.6% indicates a 65.3% progress toward the HP2020 goal of 90%. Because the pneumonia vaccine measure weight is 0.83%, the contribution to the 2020 Healthy Community Health Factor Score™ is 0.5%. This represents an improvement from the 2015 score of 64.0%.

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

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

Data Limitations: Same as previous.

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

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care. In 2010, preventable hospital stays in PA comprised 12.7\% of all stays in 2017.\textsuperscript{xiv} Figure 49 compares the rate of preventable admissions for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). HDC’s rate was significantly lower than both the US’ and PA’s in all comparable years. The trends for both the US’ and PA’s rate have decreased; the trend for HDC’s rate has increased.

Data Limitations: Gaps in years of data are caused by no report done that year. All rates were age-adjusted to the 2000 US standard population. For PA data, age-groups were artificially created from overall age group percentage information. For the HDC, the gap in year 2015 reflects transition to ICD-10 codes in October and the inability to analyze a calendar year of data with mixed ICD-9 and ICD-10 codes with the WinQI Software

Preventable Hospital Stays—Ages 65 Years and Older

The hospitals’ defined community’s (HDC) age-adjusted 2016-2017 rate of 554.8 for people aged 65 years and older preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 1114.7 and 

exceeded it by 433.9%. Because the preventable hospital stays for ages 65 years and older measure weight is 1.95%, the contribution to the 2020 Healthy Community Health Factor Score™ is 8.5%. This represents a decline from the 2015 score of 552.0%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

Hospitalization for diagnoses amenable to outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal and/or compliance issues with the patient. The measure may also represent the population’s tendency to overuse the hospital as a main source of care. Preventable hospital stays for people aged 65 and older in PA make up 64.0% of all preventable stays in 2017. Figure 50 compares the rate of preventable admissions for people aged 65 and older for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). HDC’s rate was significantly lower than both the US’ and PA’s rates for all comparable years. The trend for the US rate decreased, while PA’s trend increased. HDC’s trend increased.

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

Data Limitations: Same as previous.
Data Source(s): Same as previous.
Preventable Hospital Stays—COPD and Asthma in Older Adults

The hospitals’ defined community’s (HDC) age-adjusted 2016-2017 average rate of 354.2 for Chronic Obstructive Pulmonary Disease (COPD) and asthma in older adults preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 530.2 and exceeded it by 398.8%. Because the preventable hospital stays for COPD measure weight is 0.3%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.2%. This represents an improvement from the 2015 score of 308.6%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

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

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

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

The hospitals’ defined community’s (HDC) age-adjusted 2016-2017 average rate of 199.3 for heart failure preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 493.7 and exceeded it by 498.3%. Because the preventable hospital stays for heart failure measure weight is 1.05%, the contribution to the 2020 Healthy Community Health Factor Score™ is 5.2%. This represents an improvement from the 2015 score of 416.7%, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

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

Data Limitations: Same as previous.

Data Source(s): Same as previous.

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

The hospitals’ defined community’s (HDC) age-adjusted 2016-2017 average rate of 111.2 for diabetes preventable hospital stays per 100,000 defined communities population indicates that it has met the 10% improvement goal of 177.3 and exceeded it by 513.9%. Because the preventable hospital stays—diabetes measure weight is 0.2%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.0%. This represents an improvement from the 2015 score of 405.3, however the change from International Classification of Diseases (ICD)-9 codes to ICD-10 code in 2016 may account for some of the change in rates.

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

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

![Figure 53: Comparison of diabetes preventable hospitalization rates by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.](image)
Late Stage Diagnosis Breast Cancer

Washington County’s (WC) 2014-2016 age-adjusted, three-year average rate of 46.4 per 100,000 females indicates an 80.3% lag behind the HP 2020 baseline of 44.6. Because the late stage diagnosis breast cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%. This represents an improvement from the 2015 score of -509.1%.

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

Data Limitations: Two different data sources were compared. For US: HealthyPeople 2020 database, available at: https://www.healthypeople.gov/2020/data-search; accessed 2-2019. For PA and WC: “These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions.” Pennsylvania Department of Health, Pennsylvania Cancer Registry Dataset, accessed online 2-2019 via EDDIE, (Enterprise Data Dissemination Informatics Exchange).

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

Washington County’s (WC) 2014-2016 age-adjusted, three-year average rate of 46.7 per 100,000 population indicates a **5.6% progress toward** the HP2020 goal of 40. Because the invasive colorectal cancer measure weight is 0.41%, the contribution to the 2020 Healthy Community Health Factor Score™ is -0.3%. This represents a **decline** from the 2015 score of 67.1%.

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

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

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**Figure 55:** Comparison of invasive colorectal cancer by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
Results—Health Factors—Social/Economic

High School Graduation

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

The relationship between more education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles.\textsuperscript{x} Figure 56 compares the percentage of the 4 year cohorts who graduate from high school for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s percentages were significantly higher than the US’ for all years. WC’s percentages were significantly higher than both the US’ and PA’s. All three trends are increasing.

Data Limitations:
Before 2010, PA Department of Education used lever rates instead of cohort rates, and so are not shown.

Data Source(s):
For PA and WC: PA Department of Education. accessed 2-2019.

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

The relationship between higher education and improved health outcomes is well known; formal education correlates strongly with improved work and economic opportunities, reduced psychosocial stress and healthier lifestyles. Figure 57 compares the percentage of people aged 25 years and older who have some type of post-secondary training for the US (blue triangle), PA (gold diamond), WC (purple circle) and HDC (aqua ‘x’). Both PA’s and WC’s percentages were significantly lower in all years compared to the US’. WC’s percentages were lower than PA’s for all years except 2006 and 2008. HDC’s percentage was significantly higher than the US’, PA’s and WC’s in 2012 and 2015. The US’, PA’s and WC’s trends are increasing. HDC’s trend is static.

**Data Limitations:** For US, PA and WC: American Community Surveys are used to create population estimates in between census years. For HDC: HDC’s data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate.

**Data Source(s):** US Census Bureau, via American Fact Finder available at http://factfinder.census.gov, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Unemployment

Washington County’s (WC) 2018 percentage of 4.6% indicates that it has met the 2011 US 10% improvement goal of 8% and exceeded it by 359.6%. Because the unemployment measure weight is 10.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 48.3%. This represents an improvement from the 2015 score of 359.6%.

Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise and other health-related behaviors, which in turn can lead to increased risk for disease or mortality. Because employee-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care. Figure 58 compares the unemployment percentages among people age 16 and older who are seeking employment for the US (orange diamond), PA (gold diamond) and WC (purple circle). WC’s percentages were lower than the US’ and PA’s in all years except in 2008 (same) and 2015 to 2018 (higher). The trends for the US, PA and WC have increased and decreased for an overall decrease from 2008 to 2018.

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

Children in Poverty

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

Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. While negative health effects resulting from poverty are present at all ages, children in poverty are at risk for greater morbidity and mortality due to an increased danger of accidental injury and lack of health care access. Children’s risk of poor health and premature mortality may also be increased due to the poor educational achievement associated with poverty. The children in poverty measure is highly correlated with overall poverty rates.\textsuperscript{xliv} Figure 59 compares the percentage of children under the age of 18 who are living below the Federal Poverty Line for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA’s and WC’s percentages are lower than the US’ for all years and WC’s are lower than PA’s for all years. The trends for the US, PA and WC have increased and decreased for an overall increase for WC and overall unchanged for the US and PA.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure59.png}
\caption{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.}
\end{figure}

\textbf{Data Limitations:}
American Community Surveys are used to create population estimates in between census years.

\textbf{Data Source(s):}
Washington County’s (WC) 2017 percentage of 29.2% indicates that it has met the 2010 US 10% improvement goal of 30.0% and exceeded it by 123.3%. Because the single parent household measure weight is 2.5%, the contribution to the 2020 Healthy Community Health Factor Score™ is 3.1%. This represents a decline from the 2015 score of 207%.

Adults and children in single-parent households are at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use. 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). WC’s percentages were lower than both the US’ and PA’s for all years. The trends for the US and PA have increased and decreased for an overall decrease. WC’s trend has increased and decreased for an overall increase.

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

Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality. Furthermore, social support networks have been identified as powerful predictors of health behaviors, suggesting that individuals without a strong social network are less likely to participate in healthy lifestyle choices. A study that compared Behavioral Risk Factor Surveillance System (BRFSS) data on health status to questions from the General Social Survey found that people living in areas with high levels of social trust are less likely to rate their health status as fair or poor than people living in areas with low levels of social trust. Researchers have argued that social trust is enhanced when people belong to voluntary groups and organizations because people who belong to such groups tend to trust others who belong to the same group. Figure 61 compares the rates of the number of membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations per 10,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates were higher than the US’ for all years and WC’s rates were higher than both the US’ and PA’s for all years. The trends for the US, PA and WC have remained static.

**Data Limitations:** American Community Surveys are used to created population estimates in between census years. Business codes are self-assigned. **Data Sources:** LRF Consulting, LLC calculated with data from US Census Bureau: 2006-2016 County Business Patterns; Geography Area Series: County Business Patterns, NAICS codes 813410, 713950, 713940, 711211, 813110, 813940, 813930, 813910 and 813920, via American Fact Finder available at http://factfinder.census.gov, accessed 2-2019.
Violent Crime

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

High levels of violent crime compromise physical safety and psychological well-being. Crime rates can also deter residents from pursuing healthy behaviors such as exercising out-of-doors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence. Exposure to chronic stress also contributes to the increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence.\textsuperscript{56}

Figure 62 compares the violent crime rate for the US (blue triangle), PA (gold diamond) and WC (purple circle). Both PA’s and WC’s rates are lower than the US’. WC’s rates were lower than PA’s. The trends for the US, PA and WC have decreased and increased for an overall decrease.

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

Data Source(s) for US and PA: Federal Bureau of Investigations, Uniform Crime Reports online UCR Data Tool, available at https://www.fbi.gov/services/cjis/ucr, accessed 3-2016. Data Source(s) for WC: Uniform Crime Reporting Program Data: County-Level Detailed Arrest and Offense Data, United States, 2016. This dataset is maintained and distributed by the National Archive of Criminal Justice Data (NACJD), the criminal justice archive within ICPSR. Accessed 2-2019 at https://www.icpsr.umich.edu.

Figure 62: Comparison of violent crime rate by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
Results—Health Factors—Physical Environment

Secondhand Smoke Exposure

The hospital defined community’s (HDC) 2018 age-adjusted percent of 89.7% indicates that it has met the HP 2020 goal of 87% and exceeded it by 133.5%. Because the secondhand smoke exposure measure weight is 1%, the contribution to the 2020 Healthy Community Health Factor Score™ is 1.3%. This represents an improvement from the 2015 score of 121.5%.

The 2006 U.S. Surgeon General’s Report, “The Health Consequences of Involuntary Exposure to Tobacco Smoke,” concluded that there is no risk-free level of secondhand smoke, and the only way to protect people from the dangers of secondhand smoke is to eliminate the smoke exposure. Figure 63 compares the percentage of householders who do not allow cigarette smoke in their home for the US (blue triangle), PA (gold diamond) and HDC (aqua ‘x’). PA was lower than the US in 2011 and 2007. HDC was higher than both US and PA in 2015. The trends for the US, PA and HDC are increasing.

Data Limitations: All data are self-report. Gaps in years of data are caused by the question not being used for that year’s survey and/or the survey was not done that year. Since the Tobacco Use Supplement to the Current Population Survey (TUS-CPS) uses a sample to minimize survey costs, the variance of estimates increases and decrease the size of the difference between two subpopulations that can be detected through the survey responses. The survey excludes people without a residential phone and people who are institutionalized. The data are self-reported and reflect the perceptions of respondents. A disadvantage of self-report data is that respondents may have difficulty recalling events, understanding or interpreting questions, or responding truthfully to questions about socially unacceptable behaviors. Furthermore, cultural and language barriers and limited health knowledge can affect the quality of self-reported data. For HDC: Data point was obtained via a mailed survey as opposed to a telephone survey for the US and PA. Comparisons among different data sources are not always accurate. Data Source(s): For US and PA: TUS-CPS database. http://nccd.cdc.gov/STATESystem, accessed 2-2019. For HDC: Data from Washington County Health Partners’ (WCHP) 2012 and 2015 Community Health Need Assessments and LRF Consulting, LLC’s 2018 Community Health Need Assessment.
Limited Access to Healthy Foods

Washington County’s (WC) 2016 rate of 17.3 indicates a **422.8% lag** behind the US 2009 baseline of 28.5%. Because the limited access to healthy foods measure weight is 1.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is -8.5%. This represents a **decline** from the 2015 score of -224.8%.

Studies have linked the food environment to consumption of healthy food and overall health outcomes. Figure 64 compares the rate per 100,000 population of food retailers that are more likely to carry healthier foods (Supermarkets, other grocery stores (except convenience stores) and specialty food stores) for the US (blue triangle), PA (gold diamond) and WC (purple circle). WC’s rates were significantly lower in all years compared to the US and PA. Both the US’ and PA’s trends are static while WC’s trend is decreasing.

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

**Data Source(s):**

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

Studies show an increase in obesity and diabetes prevalence with increased access to fast food outlets in a community. Figure 65 compares the percent of restaurants that are classified as fast foods restaurants for the US (blue triangle), PA (gold diamond) and WC (purple circle). There were no differences between the percentages of the US, PA and WC. All three trends are static.

**Data Limitations:** Same as previous.

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

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**Figure 65:** Comparison of fast food restaurants percentage by geography. Red bordered data points indicate significantly higher values while green bordered data points indicate significantly lower values as compared to the US and/or PA.
Access to Recreational Facilities

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

The availability of recreational facilities can influence individuals’ and communities’ choices to engage in physical activity. Proximity to places with recreational opportunities is associated with higher physical activity levels, which in turn is associated with lower rates of adverse health outcomes associated with poor diet, lack of physical activity, and obesity. Figure 66 compares the rate of recreational facilities per 100,000 population for the US (blue triangle), PA (gold diamond) and WC (purple circle). PA’s rates are higher than the US’ for all years. WC’s rates were higher than both the US’ and PA’s except for 2008 and 2011 (only higher than US’) and 2010 and 2016 (lower than both US’ and PA’s). The trend for the US decreased from 2006 to 2012 and increased from 2013 to 2016. PA’s trend decreased from 2006 to 2012 and increased from 2013 to 2016. WC’s trend has risen and fallen for an overall decline.

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.

Data Limitations: Same as previous.
Data Source(s): Same as previous, but for NAICS code 713940.
Washington County’s (WC) 2017 number of 0 weighted Air Quality Index (AQI) days indicates that it has met the HP 2020 goal of 25.3 AQI weighted days and **exceeded it by 100%**. Because the AQI days measure weight is 4.0%, the contribution to the 2020 Healthy Community Health Factor Score™ is 30%. This represents an **improvement** from the 2015 score of 500%.

The relationship between elevated air pollution—particularly fine particulate matter and ozone—and compromised health has been well documented. The negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. Figure 67 compares the number of weighted AQI days that were above 100 for either fine particulate matter or ozone for the US (blue triangle), PA (gold diamond) and WC (purple circle). It appears that PA’s weighted number of days are lower than the US for all years except 2010 and 2012. WC’s weighted number of days is lower than both the US’ and PA’s for all years except 2012 and 2015. All three trends appear to be decreasing.

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

**Data Source(s):** United States Environmental Protection Agency, Pre-Generated Data Files, available at [https://aqs.epa.gov/aqsweb/airdata/download_files.html#AQI](https://aqs.epa.gov/aqsweb/airdata/download_files.html#AQI), accessed 2-2019.
Data Analysis

Identification of Significant Health Needs and Their Root Causes

As with any problem, in order to affect change, the conditions that are responsible for the problem need to be addressed. These conditions are called “root causes.” Epidemiology is the study of linking root causes to health issues. Many of the measures used in the 2020 Healthy Community Health Outcomes Score™ have an established researched-based pathway of risk and protective conditions that define this link (see Figure 68) and are represented on the 2020 Healthy Community Scores Logic Model™. Many of the conditions/measures underlie more than one health issue.

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

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

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

Tertiary prevention is defined as slowing or arresting disease progression and the attendant suffering and/or rehabilitation after it is clinically obvious and a diagnosis established. Examples include routine screening for and management of early renal, eye, and foot problems among diabetics; preventing recurrence of heart attack with anti-clotting medications; and physical modalities to regain function among stroke patients. For many common chronic illnesses, protocols to promote tertiary preventive interventions have been developed, often called "disease management." Disease treatments are not usually included, but the boundary with tertiary prevention is not always clear.
This three-level prevention paradigm will be used to analyze related measures data to provide an analysis of the identified health need except for the measures for Years of Potential Life Lost (YPLL), one or more unhealthy physical days and one or more unhealthy mental days. These are not included due to the fact that they are general measures of health not specific enough for program planning.

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

1. Years of Potential Life Lost
2. Colorectal cancer deaths
3. Diabetes deaths
4. Suicide
5. Accidental drug deaths
6. Unhealthy physical days
7. Unhealthy mental days
8. Adult smokeless tobacco use
9. Pregnant smoking
10. Tobacco quit attempts
11. At Risk for heavy drinking
12. Fruit intake
13. Vegetables intake
14. Youth obesity
15. Dental visits
16. Mammography
17. Late stage diagnosis breast cancer
18. Limited access to healthy foods
19. Fast food Restaurants
Table 2 illustrates the three levels of prevention and the data measures associated with them. Measures in bold are identified as significant health needs due to their negative 2020 Healthy Community Scores™. Only those measures that have been identified as needs will be discussed.

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

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce modifiable risks:</strong></td>
<td><strong>Screening for suicidal ideation</strong></td>
<td><strong>Medical treatment for sequelae</strong></td>
<td><strong>Suicide</strong></td>
</tr>
<tr>
<td>Untreated mood disorders; substance use (includes binge and heavy drinking and tobacco use); history of trauma or abuse; lack of social support and sense of isolation; lack of mental health care.</td>
<td>• Screening for suicidal ideation</td>
<td>• Medical treatment for sequelae</td>
<td><strong>Suicide</strong></td>
</tr>
<tr>
<td>Increase protective factors:</td>
<td>• referral to treatment</td>
<td>• Preventable hospital stays</td>
<td><strong>Diabetes death rate</strong></td>
</tr>
<tr>
<td>Reduce access to lethal means; media reporting education</td>
<td>• follow up</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reduce modifiable risks:</strong></td>
<td><strong>Tobacco use quit attempts</strong></td>
<td><strong>Prevalence rate</strong></td>
<td><strong>Diabetes death rate</strong></td>
</tr>
<tr>
<td>Obesity and overweight; Physical inactivity; tobacco use; access to fast foods</td>
<td>• Reduce high blood pressure</td>
<td>• HBA1c test</td>
<td><strong>Diabetes death rate</strong></td>
</tr>
<tr>
<td>Increase protective factors:</td>
<td>• Tobacco use quit attempts</td>
<td>• Manage diabetes</td>
<td><strong>Diabetes death rate</strong></td>
</tr>
<tr>
<td>Healthy weight; Meeting physical activity recommendations; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities</td>
<td>• Preventable hospital stays</td>
<td>• Preventable hospital stays</td>
<td><strong>Diabetes death rate</strong></td>
</tr>
<tr>
<td><strong>Reduce modifiable risks:</strong></td>
<td><strong>Mammography</strong></td>
<td><strong>Medical treatment</strong></td>
<td><strong>Breast Cancer death rate</strong></td>
</tr>
<tr>
<td>Obesity; binge and heavy drinking; access to fast foods; hormone replacement therapy; and radiation exposure</td>
<td>• Stage of diagnosis</td>
<td>• Medical treatment</td>
<td><strong>Breast Cancer death rate</strong></td>
</tr>
<tr>
<td>Increase protective factors:</td>
<td><strong>Mammography</strong></td>
<td><strong>Medical treatment</strong></td>
<td><strong>Breast Cancer death rate</strong></td>
</tr>
<tr>
<td>Meeting physical activity recommendations; healthy weight; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities</td>
<td>• Medical treatment</td>
<td>• Breast Cancer death rate</td>
<td><strong>Breast Cancer death rate</strong></td>
</tr>
</tbody>
</table>
Table 2 (continued): Relationship between primary, secondary and tertiary prevention and the data measures associated with each identified significant health need of the 2020 Healthy Community Outcome Score™ component for the 2018 CHNA.

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reduce modifiable risks:</strong></td>
<td><strong>Tobacco use quit attempts</strong></td>
<td><strong>Medical treatment</strong></td>
<td><strong>Colorectal cancer death rate</strong></td>
</tr>
<tr>
<td><strong>Obesity; binge and heavy drinking; tobacco use; access to fast foods</strong></td>
<td><strong>Screening</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Increase protective factors:</strong></td>
<td><strong>Stage of diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting physical activity recommendations; healthy weight; polyp removal; access to healthy foods; 1 or more fruit servings a day; 1 or more vegetable servings a day; access to recreation facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Discussion of Identified Significant Health Needs

Each identified significant health outcome’s needs’ measures have been analyzed with its related health factor data measures from secondary sources and/or as refined geographical results from the 2018 survey. While confirmation from more than one data source lends credibility to the result, it also enables a description of the issue and can “tell a story.”

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

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

Identified significant Health Factor Needs Affecting Multiple Health Outcomes

There are identified significant health factor need measures that affect multiple health outcomes’ primary prevention. To reduce repetitiveness, they are discussed together here rather than under each of the health outcomes they affect. These include: limited access to healthy foods and fast food; fruit intake, vegetable intake and youth obesity; heavy drinking; tobacco use (adult smokeless use, pregnant smoking and fewer quit attempts); and dental visits. Table 3 summarizes how these factors overlap with the outcomes.

Studies have linked the food environment to consumption of healthy food and overall health outcomes. Supermarkets, other grocery stores and specialty food stores are more likely to carry healthier foods than convenience stores. The estimated cost to the US in 2013 dollars of $80.18 billion is based on the diet component of obesity. The hospitals’ defined community’s (HDC) entire population is affected by this measure which, according to the 2017 American Community Survey five-year estimate, is 253,494 people.

HDC’s measure score for youth obesity was -119.4%. Obesity is usually caused by poor diet and lack of sufficient physical activity. It increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer (accounts for 12% of the incidence of breast cancers and 10% of
Community Health Needs Assessment

Hospital Defined Community

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

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

<table>
<thead>
<tr>
<th>Health Factors Affecting Multiple Health Outcomes</th>
<th>Suicide</th>
<th>Diabetes</th>
<th>Colorectal cancer</th>
<th>Accidental Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited access to healthy foods, fast food</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit intake, vegetable intake, youth obesity</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Heavy drinking</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Tobacco use (adult smokeless tobacco use, pregnant smoking and fewer quit attempts)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Dental visits</td>
<td></td>
<td>?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.\textsuperscript{lvii} HDC has a large negative at risk for heavy drinking score (-477.6%). The estimated cost to the US in 2013 dollars was $60.89 for heavy drinking.\textsuperscript{lviii} A 2018 estimate of the number of HDC residents who drink heavily is more than 132,250. According to the 2018 survey, 14.2% of respondents indicated that substance abuse was the most important health issue in their community.

Tobacco use (including smoking and smokeless use) is identified as a cause in multiple diseases including various cancers and cardiovascular disease. 85% of lung cancer and COPD deaths, 31.3%
of coronary heart disease deaths, 13% of stroke deaths, 12% of colorectal cancer deaths, 8.4% of suicides and 7.5% of diabetes deaths are attributable to tobacco use. HDC’s negative measure scores for adult smokeless tobacco use (-394.5%) and pregnant smoking (-77.8%) affect more than 20,000 people in the 2018 HDC and 330 pregnancies in the 2017 Washington County populations, respectively. When analyzed by race, African Americans in Washington County had an even more highly negative 2020 Healthy Community Score™ of -235.6% for pregnant smoking, meaning that they lag behind the Healthy People 2020 baseline of 89.6% abstaining from cigarette use during pregnancy with the 2013-2017 three-year rate of 68.4%. The estimated cost to the US in 2013 dollars was $3.38 billion and $5.7 billion, respectively. According to the 2018 survey, 1.0% of respondents indicated that tobacco use was the most important health issue in their community.

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

Even though Washington County scored positively on the breast cancer death rate (207.2%) and the trend decreased from the 2015 CHNA, mammography (-4.8%) and late stage breast cancer diagnosis (-80.3%) scores were still negative on the 2018 CHNA. Risk factors that can be modified for primary prevention include obesity (accounts for 12% of incidence and 10% of deaths); access to fast foods; binge and heavy drinking (accounts for 10% of deaths); hormone replacement therapy; and radiation exposure. Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or more servings of fruits and vegetables a day; and access to recreation facilities. Secondary prevention related measures for breast cancer include screening to detect cancers at an early stage of diagnosis (such as mammography). The negative score for breast cancer screening (-4.8%) and the negative score for late stage breast cancer diagnosis (-80.3%) seem to validate each other.

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

Suicide death rate
Washington County scored highly negatively for the suicide death rate (-572.7%), which accounts for 3.4% of premature deaths in 2014-2016 and the trend increased from the 2015 CHNA. The estimated cost to the US in 2013 dollars was $58.4 billion and 64 of Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 3.9% of respondents indicated that mental health was the most important health issue in their community. However, when analyzed by race, African Americans in Fayette, Greene, Washington and Westmoreland Counties had a highly positive 2020 Healthy Community Score™ of 227.3%, meaning that they met
and exceeded the Healthy People 2020 goal of 10.2 deaths per 100,000 population through the 2008-2017 ten-year rate of 8.8 per 100,000.

Modifiable risk factors for suicide include: untreated depression and other mood disorders, substance use; history of trauma or abuse; lack of social support and sense of isolation (e.g., bullying); and lack of health care. Protective factors include efforts to reduce access to lethal means and to educate the media on coverage of suicide. Since suicidal behavior is recognized as a continuum of thoughts and behaviors ranging from suicidal ideation to completed suicide, secondary prevention attempts to target intervention as the behavior is occurring, with the goal of minimizing any self-injury. Screening for suicidal ideation, referral to treatment, pharmacological interventions, psychological interventions, follow-up care, and hotlines are all examples of secondary prevention. Tertiary suicide prevention occurs in response to failed or completed suicides and attempts to minimize the impact and reduce the likelihood of subsequent self-injury and diminish suicide contagion (clusters of suicides in a geographical area that occur predominantly among teenagers and young adults). Effective intervention in a suicidal crisis and therapeutic treatment following suicidal behavior to prevent future attempts or to reduce the severity of an injury are examples of tertiary prevention. Counseling for those affected by a suicide completion and educating the media on responsible reporting are other examples. Local information on suicide and its related measures is difficult to gather. It is probably more beneficial to explore this topic in a focus group or through community interviews.

**Diabetes-related death rate**
Washington County scored negatively on the diabetes-related death rate (-52.7%), the trend has decreased from the 2015 CHNA and accounts for 3.5% of premature deaths in 2014-2016. When analyzed by race, African Americans in Washington County had a highly negative 2020 Healthy Community Score™ of -1129.7%, meaning that they lag behind the Healthy People 2020 baseline of 74 deaths per 100,000 population through the 2015-2017 three-year rate of 157.6 per 100,000. The estimated cost due to premature death to the US in 2013 dollars was $18.8 billion\(^{lxvi}\) and 544 Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 2.2% of respondents indicated that diabetes was the most important health issue in their community.

Risk factors that can be modified for primary prevention of diabetes-related diseases include: obesity and overweight (accounts for 80% of deaths); access to fast foods; physical inactivity; and tobacco use (accounts for 7.5% of deaths). Protective factors that can be increased include: healthy weight; meeting physical activity recommendations; access to healthy foods; consumption of five or more servings of fruits and vegetables a day; and access to recreation facilities.\(^{lvii}\) Another measure of primary prevention is the prevalence of diabetes. The 2018 survey's age-adjusted percentage is not different from WC's 2015 percentage (8.4% CI 8.3-8.5 versus 8.8% CI 7-10.8).

Secondary prevention related measures for diabetes includes reducing high blood pressure and high cholesterol as well as increasing tobacco use quit attempts. In the 2018 survey, 71.7% (CI 61.9% to 79.2%) of respondents with diabetes said they had been told by a health care provider that they had
high cholesterol, which is no different than the 64.9% (CI 56.9% to 72.7%) in the 2015 survey or the 74.8% (CI 60.3% to 85%) identified in the 2012 survey. In 2018, 95.5% had their cholesterol checked within the last year vs. 95.9% in 2015 and 97% in 2012. In the 2018 survey, 74.1% (CI 65% to 81.8%) of respondents with diabetes said they had been told by a health care provider that they had high blood pressure, which is no different than the 69.6% (CI 61.8% to 76.9%) in 2015 or the 59.9% (CI 45.9% to 73%) identified in the 2012 survey.

Tertiary prevention includes managing diabetes through medication, diet and exercise. Hemoglobin A1C tests reflect the degree of glycemic control the person has had over the past three months. HDC’s 2018 A1C measure score was slightly less highly positive compared to the 2015 score (395.4% versus 424.6%) and there were no differences in the percentage of respondents with diabetes who met this measure (having two or more Hemoglobin A1C tests in the past year) in 2018 (83.9%, 75.3% to 90.3%) than in 2015 (86.2% (CI 80% to 91%) or 2012 (81% (CI 69.4% to 89.6%)).

Other information collected on the 2018 survey about the health behaviors of people with diabetes included: loss of feeling (neuropathy); yearly eye exams; ever taken a management class; and seen a healthcare professional at least four times in the past year. There were no differences seen between the 2018, 2015 or 2012 survey values because the diabetic populations were small and the confidence intervals (CI) were large. Annual eye exams were higher in all three surveys than the HP 2020 goal of 58.7% (75.6%, 76.5% and 73%, respectively). Ever taken a diabetes management course results did not have enough power to determine if they were above the HP 2020 baseline (56.8%) or goal (62.5%) for the 2018 and 2015 surveys (55.3% (CI 45.2% to 64.5%), 58% (CI 50.2% to 65.6%), respectively) while the 2012 survey was either above the goal or in between the baseline and goal (72.6% (CI 60.5%-83.6%)).

**Colorectal cancer death rate**

Washington County scored negatively on the colorectal cancer death rate (-79.5%), the trend decreased from the 2015 CHNA and accounted for 2.7% of premature deaths in 2014-2016. When analyzed by race, African Americans in Fayette, Greene, Washington and Westmoreland Counties had a highly negative 2020 Healthy Community Score ™ of -330.8%, meaning that they lag behind the Healthy People 2020 baseline of 17.1 deaths per 100,000 population through the 2008-2017 ten-year rate of 25.7 per 100,000. The estimated cost to the US in 2013 dollars was $13.6 billion\textsuperscript{lviii} and 335 Fayette, Greene and Washington County residents were diagnosed with invasive colorectal cancer in 2016 and 109 died in 2017. According to the 2018 survey, 8.7% of respondents indicated that cancers were the most important health issues in their community.

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

Secondary prevention related measures for colorectal cancer include tobacco quit attempts and screening to detect pre-cancers or cancers at an early stage of diagnosis. HDC’s 2018 positive score for colorectal screening (127.5\%) seems to be validated by the positive score for invasive colorectal cancer diagnosis (5.6\%), meaning that increased timely screenings have resulted in a decrease in late-stage cancer diagnoses.

**Accidental drug death rate**

Washington County scored highly negatively on the accidental drug death rate (-3125.6\%), the trend increased from the 2015 CHNA and accounts for 14.1\% of premature deaths in 2014-2016. The estimated cost to the US in 2013 dollars was $49.3 billion\textsuperscript{lxx} and 242 Fayette, Greene and Washington County residents died in 2017. According to the 2018 survey, 14.2\% of respondents indicated that substance abuse was the most important health issue in their community.

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

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

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

Trends to Watch

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


<table>
<thead>
<tr>
<th>Data Measure</th>
<th>2012 Score</th>
<th>2015 Score</th>
<th>2018 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD death rate</td>
<td>-18.7%</td>
<td>-201.2%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Stroke death rate</td>
<td>-17.9%</td>
<td>98.8%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Low birth weight rate</td>
<td>212.9%</td>
<td>450.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Usual primary care provider</td>
<td>155.3%</td>
<td>198.7%</td>
<td>60.4%</td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>171.1%</td>
<td>215.1%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>
Gathering Input on 2015 CHNA

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

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

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

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

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

The feedback form also included a list of the two 2017-2019 implementation plan goals and space to provide written comments on each. Implementation plan feedback for Washington Health System is included in Tables 8, 10 and 12 respectively for each group listed above.
### Table 5. Results from 5-21-2019 PFAC meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

<table>
<thead>
<tr>
<th>2015 CHNA Health Needs</th>
<th>Ranking</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to healthy food</td>
<td>2.8</td>
<td>Need more farmer’s markets; Not hospital’s job or in its financial capability</td>
</tr>
<tr>
<td>Accidental drug poisoning deaths</td>
<td>3.9</td>
<td>Need easier access to help; Growing concern—all needs approached from every angle; Definite issue</td>
</tr>
<tr>
<td>Binge &amp; heavy drinking</td>
<td>2.2</td>
<td>Difficult to handle from a medical position; a lot of resources are available</td>
</tr>
<tr>
<td>Breast cancer deaths, Late stage breast cancer, Mammography</td>
<td>3.7</td>
<td>Need free mammograms; We are doing this well; Public aware and walk-in mammography is great</td>
</tr>
<tr>
<td>COPD deaths</td>
<td>3.2</td>
<td>Need better area air quality; We are adding this through Community Care Network; Growing concern—all caused in early stages of life (20-40 year olds); Many people in the valley are undiagnosed</td>
</tr>
<tr>
<td>Colorectal cancer deaths</td>
<td>3.2</td>
<td>Most people dread this screening</td>
</tr>
<tr>
<td>Coronary heart disease deaths</td>
<td>3.6</td>
<td>Leading killer in US—all need testing and monitored</td>
</tr>
<tr>
<td>Dental visits</td>
<td>2.2</td>
<td>Shows more than just dental health; Important, but it is up to the person to understand importance; Not a priority for most but necessary for general health</td>
</tr>
<tr>
<td>Diabetes deaths &amp; Diabetes prevalence</td>
<td>3.3</td>
<td>None</td>
</tr>
<tr>
<td>Lung cancer deaths</td>
<td>3.6</td>
<td>Need more education and courses; Doctors are not sending patients for testing even though they know available</td>
</tr>
<tr>
<td>Adult obesity/healthy weight, fruits &amp; vegetable consumption, youth obesity</td>
<td>3.9</td>
<td>Need to start young as obesity follows your whole life; Growing concern—all age groups and need education; Need more education in this area</td>
</tr>
<tr>
<td>*Stroke deaths (added by planning committee)</td>
<td>3.2</td>
<td>Strokes can be prevented</td>
</tr>
<tr>
<td>Suicide deaths</td>
<td>3.2</td>
<td>Bullying in cyberspace among youth; People need access to mental health professionals, and we have limited access in the community; Definite issue</td>
</tr>
<tr>
<td>Tobacco Use (Adult smokeless use, Pregnant smoking and fewer quit attempts)</td>
<td>3.2</td>
<td>Stop the young from ever starting; Education is important—few people attend the cessation classes; Need early education at elementary</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Not rated</td>
<td>How to change public habits is a challenge almost beyond understanding; Mental health besides suicide—all need access to more professionals and medications</td>
</tr>
</tbody>
</table>
Table 6. Results from 5-21-2019 PFAC meeting comments on Monongahela Valley Hospital’s (MVH) 2017-2019 CHNA implementation plan.

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

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

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

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

<table>
<thead>
<tr>
<th>WHS 2017-2019 Implementation Goals</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Goal #1: To continue the implementation of an evidenced-based intervention designed to increase the percentage of people with diabetes whose most recent Hemoglobin A1c test value is under 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>None</td>
</tr>
<tr>
<td>Breast Cancer Screening Goal #2: To implement an evidenced-based intervention designed to increase the number and percentage of women aged 42-69 years who are screened at least once for breast cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>None</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Hospital Defined Community

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

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

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

<table>
<thead>
<tr>
<th>WHS 2017-2019 Implementation Goals</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Goal #1: To continue the implementation of an evidenced-based intervention designed to increase the percentage of people with diabetes whose most recent Hemoglobin A1c test value is under 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>Require newly diagnosed to have diabetic teaching and proper instruction on meter use and medication uses and side effects.; Wellness visit yearly; Make A1C value a routine vital for each doctor visit; Regular testing; 9% seems like a high cut-off; Goal wording is not layperson friendly</td>
</tr>
<tr>
<td>Breast Cancer Screening Goal #2: To implement an evidenced-based intervention designed to increase the number and percentage of women aged 42-69 years who are screened at least once for breast cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>Encourage women who are aged 40 and older to receive mammogram every two years. Educate patients as to why it is important for mammograms and teach self-examination.; Screened yearly; To provide more opportunities for all to do screenings—with results right away for follow-up; Regular testing; Access to mammography services—location, available hours, before/after work hours, etc. ; Goal wording is not layperson friendly</td>
</tr>
</tbody>
</table>
Table 11. Results from 5-28-2019 PHO meeting ranking of 2015 CHNA identified health needs. Scale is 1 being less important, 2 being somewhat important, 3 being important and 4 being very important.

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

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

<table>
<thead>
<tr>
<th>WHS 2017-2019 Implementation Goals</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Goal #1: To continue the implementation of an evidenced-based intervention designed to increase the percentage of people with diabetes whose most recent Hemoglobin A1c test value is under 9% in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>I work in a FQHC and this is a goal for us every year and it is a struggle; Extremely important to provide resources, education and marketing of lifestyle changes; Education and quality metrics; Relevant and significant health issue in our market</td>
</tr>
<tr>
<td>Breast Cancer Screening Goal #2: To implement an evidenced-based intervention designed to increase the number and percentage of women aged 42-69 years who are screened at least once for breast cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2019.</td>
<td>Provide opportunity to obtain free or low-cost screening; Very hard to implement; Important—screening key to early detection</td>
</tr>
</tbody>
</table>
Prioritization of Identified Health Needs

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

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

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

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

Monongahela Valley Hospital surveyed their Planning Committee members and asked them to rate each of the ten on a Likert scale of one to four: with one being less important; two being somewhat important; three being important; and four being very important. The following areas were chosen as priorities and recommended for approval to their board at their June 2019 meeting:

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

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

1. Accidental drug deaths
2. Colorectal cancer deaths
Evaluation of Action Impact on 2015 CHNA Prioritized Health Needs

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

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

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

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

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Result</th>
<th>2016-2018 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a risk assessment before every woman has a screening mammogram.</td>
<td>Assess a woman’s breast cancer risk at Stage Zero – before cancer has even been identified.</td>
<td>21,807 questionnaires completed.</td>
</tr>
<tr>
<td>Offer genetic testing to women who are identified to be at risk for developing breast cancer.</td>
<td>Provides a 25-gene panel of which the breast cancer genes, BRCA1 and 2, are included. Those who have BRCA mutations have a 50 to 85 percent chance of developing breast cancer. If the test indicates a woman carries the genes, preventative therapies can be examined to reduce her cancer risk.</td>
<td>4,272 patients met criteria for testing: 914 tested --63 positive --39 high-risk negative</td>
</tr>
<tr>
<td>Action</td>
<td>Anticipated Result</td>
<td>2016-2018 Data</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Offer walk-in mammograms every weekday for women with and without a</td>
<td>Encourages women who may be overdue for a mammogram or who may never have had one</td>
<td>3325 walk in mammograms done. 3250 mammograms without Rx done.</td>
</tr>
<tr>
<td>prescription.</td>
<td>to make an instant decision to get one, and makes it convenient for women to have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>this annual diagnostic screening.</td>
<td></td>
</tr>
<tr>
<td>Offer free breast cancer education/ screening events.</td>
<td>Offers women an opportunity to learn about breast cancer and to have a screening.</td>
<td>Six educational events were held. 153 participants with 15 screenings.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor Mamm &amp; Glamm an event where women can have mammograms with</td>
<td>Encourages women to have their screening mammograms in a comfortable setting on a</td>
<td>Event held 4-29-17.</td>
</tr>
<tr>
<td>an afternoon of pampering.</td>
<td>Saturday when it could be more convenient for those who work full-time, plus the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>pamper helps to relax those who may be anxious about the screening.</td>
<td></td>
</tr>
<tr>
<td>Maintain the Breast Imaging Center of Excellence designation.</td>
<td>The Breast Imaging Center of Excellence designation indicates that Monongahela</td>
<td>Maintained.</td>
</tr>
<tr>
<td></td>
<td>Valley Hospital’s patients receive the same high level of diagnostic imaging services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>as people who go to some of the country’s most renowned health centers.</td>
<td></td>
</tr>
<tr>
<td>Continue to pass the Mammography Quality Standards Act (MQSA)</td>
<td>Ensures the Hospital meets uniform quality standards to assure early breast cancer</td>
<td>Passed.</td>
</tr>
<tr>
<td></td>
<td>detection.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Result</th>
<th>2016-2018 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff the Center for Diabetes &amp; Endocrinology.</td>
<td>Staff provides high-quality outpatient and inpatient diabetes management and education as well as diabetes prevention education. Staff coordinates diabetes education and care with other MVH services such as Clinical Nutrition, Human Services and the Center for Wound Management.</td>
<td>Staffed.</td>
</tr>
<tr>
<td>Maintain The Joint Commission Certification for Inpatient Diabetes</td>
<td>By maintaining The Joint Commission's Certificate of Distinction for Inpatient Diabetes Care, MVH will fulfill specific education requirements and adhere to monitoring protocols that foster better outcomes across all inpatient settings.</td>
<td>Maintained. In 2017, 74% inpatients received diabetes skill education. 94% received correct tx for hypoglycemia and 90% re-check 15 minutes post tx. In 2018, percentages increased to 87%-91%; 90%-95%; and 89%-91% respectively.</td>
</tr>
<tr>
<td>Management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Anticipated Result</td>
<td>2016-2018 Data</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Provide outpatient education programs tailored to individual needs.</td>
<td>Help people effectively manage their diabetes through group education classes, individual counseling, blood sugar monitoring, insulin and oral medication self-management, nutrition counseling, meal planning and exercise and stress management.</td>
<td>Offered 2 times per month, 3 days in a row. 29 participants in 2018. Support group offered 10 months.</td>
</tr>
<tr>
<td>Provide healthy eating and supermarket shopping tours.</td>
<td>Educate local residents about healthy eating so those with pre-diabetes or diabetes will make smart choices that help them control their diabetes.</td>
<td>Supermarket tour offered once. Participant in 9 farmers’ markets in 2016, 6 in 2017 and 6 in 2018.</td>
</tr>
<tr>
<td>Provide general outpatient education classes, seminars, programming.</td>
<td>Assist people with diabetes in self-management training, understanding meal plans and understanding blood sugar readings so they can control their diabetes.</td>
<td>Held 20 educational sessions. Held 5 cohorts of CDC diabetes Prevention Program.</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Result</th>
<th>2016-2018 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of the Community Care Network.</td>
<td>Help patients receive the best health care possible through a comprehensive series of care coordination and educational strategies that support each physicians’ care plans. Help ensure patients are following treatment plans and actually taking prescribed medications. Focus on eliminating missed appointments with PCPs and specialists. Provide in-home monitoring to help identify changes in symptoms earlier in order to reduce unnecessary readmissions.</td>
<td>Certified 9-2018.</td>
</tr>
</tbody>
</table>
Table 18. Goal #6: Accidental Drug Poisoning Deaths — Monongahela Valley Hospital is addressing the drug abuse and drug poisoning epidemic in a variety of supporting roles.

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

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Result</th>
<th>2016-2018 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer a Weight Control and Wellness Program.</td>
<td>Develop weight loss plans for each participating individual that will lead to healthy eating and weight loss.</td>
<td>Offered.</td>
</tr>
<tr>
<td>Offer healthy cooking classes.</td>
<td>Teach people who want to control their weight, and their families, how to cook healthy meals.</td>
<td>Offered.</td>
</tr>
<tr>
<td>Participation in summer farmer's markets.</td>
<td>Provide samples of healthy foods made with fruits and vegetables and walk with participants from vendor to vendor to help them make wise fruit and vegetable choices.</td>
<td>Participated in 9 farmers’ markets in 2016, 6 in 2017 and 6 in 2018.</td>
</tr>
<tr>
<td>Healthy Eating Classes and Supermarket Tours.</td>
<td>Educate local residents about healthy eating through the selection of fresh healthful products. Teach participants how to read a food label to maximize nutritional value. Lower blood pressure by decreasing sodium intake. Identify nutrition stumbling blocks.</td>
<td>Discontinued Healthy Eating Classes and Supermarket Tours in 7-2016 and have held 20 educational sessions instead at hospital (one at Mon Valley YMCA).</td>
</tr>
<tr>
<td>Maintain a bariatric surgery program.</td>
<td>Help people who have 100 pounds or more to lose weight which could lead to reduction or elimination of high blood pressure and diabetes medications and a higher quality of life.</td>
<td>Maintained.</td>
</tr>
</tbody>
</table>
Since the data in Tables 13 through 19 is only for MVH, it is helpful to look at the trend from the CHNAs to see the impact on Washington County (WC) and/or the Hospital Defined Community (HDC) as well. Figure 69 depicts the 2012 to 2018 trends for the Health Outcomes 2020 Healthy Community Scores™ for the mortality measures related to MVH’s implementation plan goals one, four and five. Measures for breast cancer and diabetes (MVH goals two and three) will be discussed separately in the Washington Health System evaluation section to avoid repetition. Accidental drug poisoning deaths are not included because they would make the chart unreadable; its trend started highly positive in 2012 at 169.2% and dramatically turned highly negative in both 2015 and 2018 (-830.8% and -3125.6%, respectively). While the Accidental drug poisoning (not shown on chart) and Colorectal cancer (pink square) 2020 Healthy Community
Scores™ declined, the Lung cancer (blue diamond) and COPD (red triangle) 2020 Healthy Community Scores™ improved. The Colorectal cancer remained negative for all three years (-80% in 2012, -50% in 2015 and -79.5 in 2018) and like the Accidental drug poisoning deaths, is still an identified health need. However, both Lung cancer and COPD are not identified health needs in 2018, with 2020 Healthy Community Scores™ of 41.2% and 14.7% respectively.

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

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

**Washington Health System Evaluation**
The Washington Health System’s (WHS) 2017-2019 implementation plan contained two goals based on their prioritized health needs. Each of these goals will be discussed separately. The first goal was to continue the implementation of an evidenced-based intervention designed to increase the percentage of people with diabetes whose most recent Hemoglobin A1c test value is under 9% in the Washington Physician Hospital Group (WPHG) population by 3% as of June 30,
Figure 71 depicts the four-year results of the goal. The year 2015 is considered the baseline for the data which come from the practices’ electronic medical records (EMR). The baseline value was 86.5% which puts the goal at 89.1%. As of December 31, 2018, the average practice percentage is 86.8%. Although short of the June 30, 2019 goal of 89.1%, it is important to note that the 2017 Healthcare Effectiveness Data and Information Set (HEDIS) value is only 77.7% which seems to indicate that the Washington Health System is doing an excellent job and perhaps the goal was set too high.

Since the data for Figure 71 is only for the WPHG that services between 24,000 to almost 30,000 patients a year (of whom 11.3% to 12% are diagnosed with diabetes), it is helpful to look at the trend from the CHNA to see the impact on Washington County (WC) and/or the Hospital Defined Community (HDC) as well. Figure 72 depicts the 2012 to 2018 trends for the 2020 Healthy Community Scores™ for diabetes-related mortality and diabetes prevalence. The 2020 Healthy Community Scores™ for diabetes-related deaths are represented by the red triangles and have decreased in negativity from -98.6% in 2012 to -95% in 2015 to -52.7% in 2018. The 2020 Healthy Community Scores™ for diabetes prevalence are represented by the blue diamonds and have decreased from being highly negative from -402.3% in 2012 to a less negative -137.9% in 2015 to a positive 32.2% which is showing progress toward the Healthy People 2020 goal in 2018 and is no longer an identified health need. The mortality measure uses WC data which had an estimated total population of 208,716 in 2012 and 208,261 in 2015, while the prevalence of diabetes measure uses HDC data that had an estimated population of 18 years of age and older of 202,562 in 2015 and 20 years and older of 196,265 in 2017. Given that the crude diabetes prevalence percentages in the HDC were 12.1% in 2015 and 10.2% in 2018, there were an estimated 24,510 people with diabetes in 2015 and 20,019 in 2017. So, it is possible to conclude that the WPHG served about 15% of the people with diabetes population (almost 3000 patients in 2017 divided by about 20,000 diabetics in 2017).
The second goal was to implement an evidenced-based intervention designed to increase the number and percentage of women aged 42-69 years who are screened at least once for breast cancer in the past 24 months in the Washington Physician Hospital Group population by 3% as of June 30, 2019. Figure 73 illustrates the four-year results of the goal. The year 2015 is considered the baseline for the data which come from the practices’ electronic medical records (EMR). The population age group and frequency of the mammography was changed from the goal (aged 42-69 years and at least once in the past 24 months) to women aged 40 years and older and at least once in the past twelve months. The baseline value was 50% which puts the goal at 51.5%. As of December 31, 2018, the average practice percentage is 60.5% which is better than the June 30, 2019 goal of 51.5%. For comparison, the 2015 American Cancer Society data value is only 50.2% which seems to indicate that the Washington Health System is doing an excellent job and perhaps the goal was set too low.

Again, since the data for Figure 73 is only for the WPHG that services about 10,000 female patients aged 40 years and older a year, it is helpful to look at the trend from the CHNAs to see the impact on Washington County (WC) and/or the Hospital Defined Community (HDC) as well. Figure 74 depicts the 2012 to 2018 trends for the 2020 Healthy Community Scores™ for breast cancer-related measures. The 2020 Healthy Community Scores™ for breast cancer deaths are represented by the red triangles and have decreased from being highly negative from -152.2% in 2012 to a less negative -75.4% in 2015 to a highly positive 207.2% in 2018 and is no longer an identified health need. Late stage breast cancer (pink squares) scores have decreased in negativity from -522.7% in 2012 to -509.1% in 2015 to -80.4% in 2018. The 2020 Healthy Community Scores™ for mammography are represented by the blue diamonds and have decreased from being a positive 30.9% in 2012 and showing progress toward the Healthy People 2020 goal to a negative -20.3% in 2015 and becoming an identified health need, to a less negative -4.8% in 2018. The mortality measure uses WC data which had an estimated total population of 208,716 in 2012 and 208,261 in 2015, while the
mammography measure uses HDC data that had an estimated population of females aged between 50 and 74 years of age of 40,505 in 2015 and 43,016 in 2017. Using American Community Survey estimates, there are 72,886 females aged 40 years and older for 2015 and 72,620 in 2017. So, it is possible to conclude that the WPHG served about 8% of women aged 40 years and older (about 5800 patients in 2017 divided by about 72,600 women in 2017).

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

Shenkin SD, Starr JM, Deary IJ. Birth weight and cognitive ability in childhood: A systematic review. Psychol Bull.130:989-1013.
\(^vi\) Ibid.


He FJ, Nowson CA, MacGregor GA. Increased consumption of fruit and vegetables is related to a reduced risk of coronary heart disease: meta-analysis of cohort studies. Journal of human hypertension. 2007 Sep;21(9):717.


Farvid MS, Chen WY, Michels KB, Cho E, Willett WC, Eliassen AH. Fruit and vegetable consumption in adolescence and early adulthood and risk of breast cancer: population based cohort study. BMJ. 2016 May 11;353:i2343.


Ibid.


Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/basic_info/screening/


Ibid.

Ibid.
Heidi D. Nelson, MD, MPH; Rochelle Fu, PhD; Amy Cantor, MD, MPH; Miranda Pappas, MA; Monica Daeges, BA; Linda Humphrey, MD, MPH. Effectiveness of Breast Cancer Screening: Systematic Review and Meta-analysis to Update the 2009 U.S. Preventive Services Task Force Recommendation. Ann Intern Med. 2016;164(4):244-255.

Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/basic_info/prevention.htm


Note that costs for obesity were divided in half (half for diet and half for physical activity) and adjusted with the Consumer Price Index (CPI (https://data.bls.gov/cgi-bin/cpicalc.pl)) to 2013 January US dollars.


Note that costs for obesity were divided in half (half for diet and half for physical activity) and adjusted with the Consumer Price Index (CPI (https://data.bls.gov/cgi-bin/cpicalc.pl)) to 2013 January US dollars.


https://www.cdc.gov/alcohol/data-stats.htm#economicCosts. Note that costs for heavy drinking were derived by multiplying excessing drinking costs by 23% (77% of costs caused by binge drinking) and adjusted with the Consumer Price Index (CPI (https://data.bls.gov/cgi-bin/cpicalc.pl)) to 2013 January US dollars.


Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm;
https://www.cdc.gov/cancer/breast/basic_info/prevention.htm


Curtis Florence, PhD; Thomas Simon, PhD; Tamara Haegerich, PhD; Feijun Luo, PhD; Chao Zhou, PhD. Morbidity and Mortality Weekly Report (MMWR). Estimated Lifetime Medical and Work-Loss Costs of Fatal Injuries — United States, 2013. October 2, 2015 / 64[38]:1074-1077. Note that the drug poisoning cost was derived by multiplying 38% of the total unintentional death costs.
## Appendix A: Identified Health Care Resources and Assets

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

<table>
<thead>
<tr>
<th>Specific programs/services</th>
<th>Suicide deaths</th>
<th>Diabetes deaths</th>
<th>Colorectal cancer deaths</th>
<th>Heavy drinking</th>
<th>Youth obesity, fruit intake, vegetable intake</th>
<th>Mammography, late stage breast cancer</th>
<th>No annual dental visit</th>
<th>Access to healthy foods, access to fast foods</th>
<th>Accidental drug poisoning deaths</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehabilitation</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac catheterization</td>
<td>X</td>
<td>X</td>
<td></td>
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Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)

| Specific programs/services | Suicide deaths | Diabetes deaths | Colorectal cancer deaths | Heavy drinking | Youth obesity, fruit intake, vegetable intake | Mammography, late stage breast cancer | No annual dental visit, access to healthy foods, access to fast foods | Accidental drug poisoning deaths | Stroke |
|----------------------------|----------------|-----------------|-------------------------|----------------|----------------------------------------------|----------------------------------------|-------------------------------------------------|-----------------------------------------------|
| Charles L. and Rose Sweeney-Melenyzer Pavilion and Regional Cancer Center | X              |                 |                         |                |                                              |                                        |                                                 |                                               |
| Cancer support group (monthly) | X              |                 |                         |                |                                              |                                        |                                                 |                                               |
| Inpatient cancer care unit | X              |                 |                         |                |                                              |                                        |                                                 |                                               |
| innovative technique to treat high-risk patients with early stage, non-small cell lung cancer. |                |                 |                         |                |                                              |                                        |                                                 |                                               |
| HealthPLEX Imaging (MON-VALE HealthPLEX) |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Breast cancer support group (monthly) |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Breast cancer luncheon, ed. & screening |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Lymphedema Therapy | ?              |                 |                         |                |                                              |                                        |                                                 | ?                                             |
| Women’s care through the ages educational programs |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Endoscopy unit | X              |                 |                         |                |                                              |                                        |                                                 |                                               |
| Stroke community education |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Speech, occupational, physical and aquatic therapy |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Advanced Certification for Primary Stroke Centers |                 |                 |                         |                |                                              |                                        |                                                 | X                                             |
| Innovations in Medicine Series: Various topics twice per month | X              | X               | X                       | X              | X                                            | X                                      | X                                               | X                                             |
| Pulmonary rehabilitation |                 |                 |                         |                |                                              |                                        | X                                               |                                               |
| Behavioral health unit | X              |                 |                         |                |                                              |                                        | X                                               |                                               |
| screenings for anxiety and depression |                 |                 |                         |                |                                              |                                        | X                                               |                                               |
| Tobacco cessation classes | X              | X               | X                       | X              |                                              |                                        | X                                               |                                               |
| High school Shadowing program |                 |                 |                         |                |                                              |                                        |                                                 |                                               |
| Health care career speakers |                 |                 |                         |                |                                              |                                        |                                                 |                                               |
| Care Transitions program |                 |                 |                         |                |                                              |                                        |                                                 |                                               |
| Multiphasic Blood Analysis Screening | X              |                 |                         |                |                                              |                                        |                                                  |                                               |
| Center for Wound Management | X              |                 |                         |                |                                              |                                        | X                                               |                                               |
Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)

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Table 20: Monongahela Valley Hospital Internal Assets as of 3-28-2019 (continued)
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<td>The center for orthopedic and neurosciences, stroke units, tPA</td>
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<th>Specific programs/services</th>
<th>Suicide deaths</th>
<th>Diabetes deaths</th>
<th>Colorectal cancer deaths</th>
<th>Heavy drinking</th>
<th>Youth obesity, fruit intake, vegetable intake</th>
<th>Mammography, late stage breast cancer</th>
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<td>Women’s center educational programs/screening</td>
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<td>Speech, occupational, physical and aquatic therapy</td>
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<td>Breast patient navigator</td>
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LRF Consulting, LLC

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

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

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

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

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

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

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

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

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

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

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

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

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

Federally Qualified Health Centers
BOLIVAR MEDICAL CENTER
802 MCKINLEY STREET
BOLIVAR, PA 15923, (724)676-4700

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

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

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

CENTERVILLE CLINICS, INC. OF BENTLEYVILLE
100 WILSON ROAD
BENTLEYVILLE, PA 15314, (412)239-2390
CENTERVILLE CLINICS, INC., CALIFORNIA OFFICE
242 WOOD STREET
CALIFORNIA, PA 15419, (412)938-2225

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Comprehensive outpatient rehabilitation facility
BETHLEN COMMUNITIES
135 KALASSAY DRIVE
LIGONIER, PA 15658, (724)238-2235
LIFELINE THERAPY
4000 WATERDAM PLAZA DRIVE, SUITE 260
MCMURRAY, PA 15317, (724)941-5340

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

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

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

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

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

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

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

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

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

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

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

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

TRI-STATE SURGERY CENTER, LLC
80 LANDINGS DRIVE SUITE 101
WASHINGTON, PA 15301, (724)225-8800

Home health and home care agencies/registries
Abby Health Care
287 Edison St
Uniontown, PA 15401, 724-439-2229
(724)439-0667, (724)439-2229

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

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

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

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

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

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

AMADA SENIOR CARE OF GREATER PITTSBURGH
1781 ARONA ROAD SUITE 3B
NORTH HUNTINGDON, PA 15642, (412)874-2818
AMEDISYS HOME HEALTH OF PA
1368 MALL RUN ROAD, SUITE 628
UNIONTOWN, PA 15401, (724)438-6660

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HARMONY HOMECARE
203 EAST MAIN STREET
LIGONIER, PA 15658, (724)590-5036
Heartland Home Health and Hospice
750 Holiday Dr, Foster Plaza 9, Ste. 110
Pittsburgh, PA 15220, 412-928-2126

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MILLERS HOME HEALTH CARE
354 RONCO ROAD
MASONTOWN, PA 15461, (724)952-1021
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>MON VALLEY CARE CENTER</td>
<td>200 STOOPS DRIVE, MONONGAHELA, PA 15063, (724)310-1111</td>
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</tr>
<tr>
<td>Omni Home Care</td>
<td>CARNEGIE OFFICE PK BLDG 2, 600 N. BELL AVE STE 130, CARNEGIE, PA 15106, (412)276-5030</td>
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<tr>
<td>OSPTA @ HOME</td>
<td>625 LINCOLN AVENUE EXT, SUITE 207, CHARLOERI, PA 15022, (724)483-4859</td>
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<td>OSPTA @ HOME</td>
<td>4325 SR 51 N, BELLE VERNON, PA 15012, (724)483-4859</td>
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<td>PARAMOUNT HOME HEALTH SERVICES</td>
<td>3025 WASHINGTON ROAD SUITE 301, MCMURRAY, PA 15317, (412)650-3107</td>
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<tr>
<td>PENTO HOMECARE AGENCY</td>
<td>68 LEBANON AVENUE, UNIONTOWN, PA 15401, (724)322-1683</td>
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<tr>
<td>Progressive Home Health</td>
<td>3950 Brodhead Rd, Monaca, PA 15061, 724-774-8245</td>
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<tr>
<td>REDSTONE @ HOME</td>
<td>6 GARDEN CENTER DRIVE, GREENSBURG, PA 15601, (724)221-6040</td>
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</tr>
<tr>
<td>RIGHT AT HOME OF THE SOUTH HILLS &amp;</td>
<td>3637 WASHINGTON ROAD SUITE 4, MCMURRAY, PA 15317, (724)350-8800</td>
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<tr>
<td>WASHINGTON COUNTY</td>
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<td>SIMMONS AGENCY</td>
<td>330 CHURCH ROAD, WEST LEISENRING, PA 15489, (724)562-9076</td>
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<td>SOUTHWESTERN HOME CARE</td>
<td>265 ELM DRIVE, SUITE 2, WAYNESBURG, PA 15370, (724)627-1900</td>
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<tr>
<td>Superior Home Health and Staffing</td>
<td>500 NORTH LEWIS RUN ROAD SUITE 214, WEST MIFFLIN, PA 15122, 412-754-2600</td>
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<tr>
<td>SENIOR HELPERS</td>
<td>4000 HEMPFIELD PLAZA BOULEVARD, SUITE 918, GREENSBURG, PA 15601, (724)834-5720</td>
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<tr>
<td>SENIORS HELPING SENIORS</td>
<td>3032 INVESTORS ROAD, WASHINGTON, PA 15301, (724)225-6462</td>
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<tr>
<td>SOLIDARITY HOME HEALTHCARE SERVICES, LLC</td>
<td>5 WHEST HEMPFIELD PLAZA, IRWIN, PA 15642, (412)226-0020</td>
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<tr>
<td>SPHS AGING SERVICES</td>
<td>301 CHAMBER PLAZA, CHARLOERI, PA 15022, (724)489-9100</td>
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<tr>
<td>ST. ANNE HOME</td>
<td>685 ANGELA DRIVE, GREENSBURG, PA 15601, (724)837-6070</td>
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<tr>
<td>STAY AT HOME OF WESTMORELAND</td>
<td>1008 FAULKNER WAY, GREENSBURG, PA 15601, (724)420-5648</td>
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<tr>
<td>SUNNY DAYS IN HOME CARE</td>
<td>88 CENTER CHURCH ROAD, MCMURRAY, PA 15317, (724)260-5186</td>
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<td>TRANSITIONS HEALTHCARE</td>
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<td>8850 BARNES LAKE RD, NORTH HUNTINGDON, PA 15642, (724)864-7196</td>
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<td>90 HUMBERT LANE, WASHINGTON, PA 15301, (724)228-4740</td>
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<td>The Caring Mission</td>
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<td>WASHINGTON CROWN CNTR, 1500 WEST CHESTNUT ST, Suite 744, WASHINGTON, PA 15301, 866-922-7464</td>
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<tr>
<td>THE HOMECARE COMPANY OF AMERICA, INC.</td>
<td>201 NORTH PITTSBURGH STREET FIRST FLOOR, CONNELLSVILLE, PA 15425, (724)261-3040</td>
<td></td>
</tr>
</tbody>
</table>
Tri-Care Home Care
1505 BROWNSTONE COURT
TARENTUM, PA 15084, 412-942-0888

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GALLAGHER HOSPICE, LLC
1370 WASHINGTON AVENUE, 401B
BRIDGEVILLE, PA 15017, (412)279-4255
Heartland Home Health and Hospice  
750 Holiday Dr, Foster Plaza 9, Ste 110  
Pittsburgh, PA 15220, 412-928-2126

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NEW STEPS REHAB, INC.  
13898 ROUTE 30  
NORTH HUNTINGDON, PA 15642, (724)861-6001
NOVACARE OUTPATIENT REHABILITATION
EAST, INC.
50 EAST WYLIE AVENUE
WASHINGTON, PA 15301, (724)229-7901

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

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

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

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

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

Dialysis/End Stage Renal Disease
BMA OF LATROBE
121 WEST SECOND AVENUE
LATROBE, PA 15650, (724)537-9830

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LIBERTY DIALYSIS - SOUTHPOINTE, LLC
• 1200 CORPORATE DRIVE
  CANONSBURG, PA 15317, (724)745-5565
• 90 WEST CHESTNUT STREET
  WASHINGTON, PA 15301, (724)228-7398
NEW KENSINGTON DIALYSIS  
1 KENSINGTON SQUARE  
NEW KENSINGTON, PA 15068, (724)339-6913  

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

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

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

WAYNESBURG DIALYSIS  
248 ELM DRIVE  
WAYNESBURG, PA 15370, (724)267-3997  

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LOYALHANNA CARE CENTER  
535 MCFARLAND ROAD  
LATROBE PA 15650, (724)537-5500
NORTH STRABANE Rehabilitation and Wellness Center
100 TANDEM VILLAGE ROAD
CANONSBURG PA 15317, (724)743-9000

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

MANORCARE HEALTH SERVICES Bethel Park
- 60 Highland Rd, Bethel Park, PA 15102, 412-831-6050
- 885 Macbeth Dr, Monroeville, PA 15146, 412-856-7071

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Grove at Washington
1198 W WYLIE AVE
WASHINGTON PA 15301, (724)222-2148
TOWNVIEW HEALTH AND REHABILITATION CTR
300 BARR STREET
CANONSBURG PA 15317, (724)746-5040

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SeniorCARE
- 100 Evergreenne Drive, Waynesburg, PA 15370, 724-852-2273 TTY: 711
- 2114 North Franklin Drive, Washington, PA 15301, 724-222-5433 TTY: 711
- 89 West Fayette Street, Uniontown, PA 15401, 724-434-5433 TTY: 711
The Arc of Westmoreland Adult Training Facility
316 Donohoe Rd
Greensburg, PA  15601, 724-837-8159
http://www.achieva.info/custom

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

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

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

Fayette, Washington and Greene counties
Southwestern PA AAA, (60+)
http://www.swpa-aaa.org/
Angela Minardi, (724)489-8082 ext. 4209, aminardi@swpa-aaa.org
Mary Harri, (724)489-8082 ext. 4405, mharris@swpa-aaa.org

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

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

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

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

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

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

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

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

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

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

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

BROOKDALE LATROBE
500 BROWERS DRIVE
LATROBE , PA - 15650, 724537525

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

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

CAMBRIDGE HILLSIDE
400 FOURTH STREET
CHARLOI , PA - 15022, 8147300145
CARMELLA S HOUSE
P O BOX 73 CEMETERY ROAD
CRABTREE , PA - 15624, 7248374811

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HORIZON PERSONAL CARE HOME INC
9 SOUTH MORGANTOWN STREET
FAIRCHANCE , PA - 15436, 7245640352
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<tr>
<th>Establishment Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tr>
<td>JEAN MCVEY II</td>
<td>103 LINCOLN STREET, UNIONTOWN, PA - 15401, 7244373128</td>
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<td>LOYALHANNA HEALTH CARE ASSOCIATES</td>
<td>543 MCFARLAND ROAD, LATROBE, PA - 15650, 7245375500</td>
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<td>JO ELLA S PERSONAL CARE AND RESPITE CENTER</td>
<td>184 KENDI ROAD, MT PLEASANT, PA - 15666, 7248876337</td>
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<tr>
<td>LYTLE S PERSONAL CARE HOME LLC</td>
<td>4508 NATIONAL PIKE, MARKLEYSBURG, PA - 15459, 7243291020</td>
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<tr>
<td>JO ELLA S PERSONAL CARE AND RESPITE CENTER</td>
<td>200 SPRUCE STREET, SCOTTDALE, PA - 15683, 7248874295</td>
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<td>MARQUIS GARDENS PLACE</td>
<td>660 CHERRY TREE LANE, UNIONTOWN, PA - 15401, 7244307258</td>
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<td>KELLY S II PERSONAL CARE HOME</td>
<td>141 UNIITY CEMETERY ROAD, LATROBE, PA - 15650, 7248045916</td>
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<td>MCVEY PERSONAL CARE HOME</td>
<td>235 NORTH GALLATIN AVENUE, UNIONTOWN, PA - 15401, 7244373235</td>
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<td>M H A ENHANCED PERSONAL CARE HOME</td>
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<td>KING S PERSONAL CARE HOME</td>
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<td>MOLNAR S PERSONAL CARE HOME</td>
<td>258 PLUMMER ROAD, MCCLELLANDTOWN, PA - 15458, 7247373062</td>
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<td>LASOSKY S PERSONAL CARE HOME INC</td>
<td>23 MAIN STREET, CLARKSVILLE, PA - 15322, 7243772680</td>
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<td>MON VALLEY CARE CENTER</td>
<td>200 STOOPS DRIVE, MONONGAHELA, PA - 15063, 7243101111</td>
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<td>LEAH S VICTORIAN COTTAGE I</td>
<td>511 PARK AVENUE, SCOTTDALE, PA - 15683, 7248873920</td>
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<td>NATURE PARK COMMONS</td>
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<td>LIFE S PROMISE PERSONAL CARE HOME</td>
<td>2053 STATE ROUTE 711, LIGONIER, PA - 15658, 7243228814</td>
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<td>NEDROW RUTH PERSONAL CARE HOME</td>
<td>1583 STATE ROUTE 711, STAHLSTOWN, PA - 15687, 7245937650</td>
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<td>LIGONIER GARDENS</td>
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<td>NEWHAVEN COURT AT LINDWOOD</td>
<td>100 FREEDOM WAY, GREENSBURG, PA - 15601, 7248532502</td>
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<td>LINT S PERSONAL CARE HOME</td>
<td>697 VANDERBILT ROAD, CONNELLSVILLE, PA - 15425, 7246268112</td>
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<td>NORTH STRABANE RETIREMENT VILLAGE</td>
<td>200 TANDEM VILLAGE ROAD, CANONSBURG, PA - 15317, 7247460600</td>
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<td>LOGAN PLACE</td>
<td>180 CRAIGDELL ROAD, LOWER BURRELL, PA - 15068, 7243340529</td>
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<td>PARAMOUNT SENIOR LIVING AT PETERS TOWNSHIP</td>
<td>240 CEDAR HILL DRIVE, MCMURRAY, PA - 15317, 7249691040</td>
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PAULA TEACHER & ASSOCIATES  
206 SAGERVILLE ROAD  
HARRISON CITY, PA - 15636, 7242960296

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUNSET RIDGE PERSONAL CARE HOME  
466 HIGH STREET  
DERRY, PA - 15627, 7246943105
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<td>SUSAN S VICTORIAN COTTAGE</td>
<td>111 HYDRANGEA LANE</td>
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<td>T L C ADULT CARE CENTER</td>
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<td>THE ADAMS HOUSE</td>
<td>314 FALLOWFIELD AVENUE</td>
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<td>THE NEIGHBORHOODS AT WALDEN S VIEW</td>
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<td>THE RESIDENCE AT HILLTOP</td>
<td>210 ROUTE 837</td>
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<td>TOUCHEO BY AN ANGEL</td>
<td>789 MCKEAN AVENUE</td>
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<td>90 HUMBERT LANE</td>
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<td>UPTON S COUNTRY COMFORT</td>
<td>544 BUCHANAN ROAD</td>
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<td>VICTORIA HOUSE I</td>
<td>751 TYROL BLVD</td>
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<td>VICTORIA HOUSE III</td>
<td>1014 STATE ROAD</td>
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<td>VILLA ANGELA AT ST ANNE HOME</td>
<td>685 ANGELA DRIVE</td>
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<td>WALDEN S VIEW AT NORTH HUNTINGDON</td>
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<td>WALNUT RIDGE MEMORY CARE</td>
<td>711 ROUTE 119</td>
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<td>WHITEHEAD PERSONAL CARE HOME II</td>
<td>517 SOUTH 9TH STREET</td>
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<td>WILLIAM PENN CARE CENTER</td>
<td>1021 WALTON ROAD</td>
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<td>WOOD S PERSONAL CARE HOME</td>
<td>47 RIVER AVENUE</td>
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<td>WOODCREST SENIOR LIVING COMMUNITY</td>
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<td>Urgent care</td>
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<tr>
<td>Walgreens</td>
<td>99 Jefferson Ave</td>
<td>866-825-3227</td>
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<tr>
<td>Washington PA 15301</td>
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<td>MedExpress Urgent Care:</td>
<td><a href="http://www.medexpress.com">www.medexpress.com</a></td>
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<tr>
<td>• Belle Vernon: 860 Rostraver Rd</td>
<td>(724) 929-3278</td>
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<tr>
<td>• Canonsburg: 3840 Washington Road</td>
<td>(724) 941-3273</td>
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<tr>
<td>• Washington: 460 Washington Rd</td>
<td>(724) 225-3627</td>
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<tr>
<td>Children's Express Care at Washington Hospital</td>
<td><a href="http://www.theurgentcarecenter.org">www.theurgentcarecenter.org</a></td>
<td>155 Wilson Ave</td>
</tr>
<tr>
<td>Washington, PA 15301</td>
<td>(724) 579-1902</td>
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Clinics
Adagio Health@East Suburban OB/GYN Murrysville
4262 Old William Penn Highway
Murrysville, PA, 15668, 724-325-6020

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

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

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

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

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

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

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

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

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

Adagio Health@Cornerstone Care, Rogersville
Community Medical Center
140 Church Street, Suite 102
Rogersville, PA, 15359, 724-499-5188

Adagio Health@Cornerstone Care Washington
400 Jefferson Ave, Suite 4
Washington PA 15301, 724-228-1089

Adagio Health Uniontown
140 North Beeson Avenue, Suite 300
Uniontown, PA, 15401, 724-437-1582

CENTRAL OUTREACH WELLNESS CENTER
95 Leonard Avenue - Suite 203
Washington PA 15301
Phone: (724) 249-2517, Fax: (844) 389-1405

Washington City Mission Medical Clinic
84 W. Wheeling Street
Washington, PA 15301, (724) 222-8530

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

AdvaCare Home Services
• 200 Villani Dr, Ste 3009
  Bridgeville, PA 15017, 412-249-9000
• 160 Pittsburgh St SUITE 10A
  Uniontown, PA 15401, (724) 438-2950

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

Airgas
1640 Jefferson Ave
Washington, PA 15301, (724) 222-1730

American Homepatient
109 Crossroads Rd Ste 400
Scottdale, PA 15683, (724) 887-5495

Apothecare Pharmacy
173 Morgantown St
Uniontown, PA 15401, (724) 437-7801
Apria Healthcare, www.apria.com
• 701 Technology Dr Ste 250
  Canonsburg, PA 15317-9529
  (724) 873-0718, (724) 745-7581
• 1010 Franklin Dr Ste 4
  Smock, PA 15480, (724) 425-1986

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

• 210 Wellness Way
  Washington, PA 15301, (724) 350-8683
• 3001 Waterdam Plaza Dr Ste 280
  Canonsburg, PA 15317-5415, (724) 942-1284

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

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

Bottled Gas Service
106 W Greene St
Carmichaels, PA 15320, (724) 966-7858

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

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

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

Delatorre Orthotics & Prosthetics Inc
382 W Chestnut St
Washington, PA 15301, (724) 225-1221

Dierken's Pharmacy
100 E Main St
Monongahela, PA 15063, (724) 258-5530

Eagle Physical Therapy
200 Lincoln Ave
Uniontown, PA 15401, (724) 439-6061

Enduracare Orthotic & Prosthetic
• 1900 Waterdam Plaza Dr Ste 100
  Canonsburg, PA 15317, (724) 941-8821
• 110 Daniel Dr
  Uniontown, PA 15401, (724) 438-7900

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

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

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

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

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

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

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

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

Hixenbaugh’s Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828
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<th>Name</th>
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<tr>
<td>Home Town Oxygen</td>
<td>4680 Old William Penn Hwy, Ste 200</td>
<td>Monroeville, PA 14146</td>
<td>866-951-0202</td>
</tr>
<tr>
<td>Klingensmith Health Care</td>
<td>935 Henderson Ave</td>
<td>Washington, PA 15301-6067</td>
<td>(724) 222-3984</td>
</tr>
<tr>
<td>Kuzy's Drug Store</td>
<td>808 Main St</td>
<td>Bentleyville, PA 15314</td>
<td>(724) 239-2211</td>
</tr>
<tr>
<td>Lanza Respiratory &amp; Home Medical Equipment</td>
<td>214 Pittsburgh St</td>
<td>Uniontown, PA 15401</td>
<td>(724) 430-0880</td>
</tr>
<tr>
<td>Life 1st</td>
<td>Po Box 43</td>
<td>Monessen, PA 15062</td>
<td>(724) 326-4303</td>
</tr>
<tr>
<td>Lifeline, St Clair Hospital</td>
<td>100 Bower Hill Rd</td>
<td>Pittsburgh, PA 15243</td>
<td>800-242-1306</td>
</tr>
<tr>
<td>Lifeline Therapy</td>
<td>4000 Waterdam Plaza Dr Ste 260</td>
<td>Canonsburg, PA 15317</td>
<td>(724) 941-5340</td>
</tr>
<tr>
<td>Life Response Llc</td>
<td>118 Craft Rd</td>
<td>Washington, PA 15301-3216</td>
<td>(724) 228-7233</td>
</tr>
<tr>
<td>Lincare</td>
<td>1295 Grand Blvd, Ste 105</td>
<td>Monessen, PA 15062</td>
<td>724-684-4494</td>
</tr>
<tr>
<td>Matheson Valley</td>
<td>10 3rd St</td>
<td>Charleroi, PA 15022</td>
<td>(724) 483-1235</td>
</tr>
<tr>
<td>McKnight Medical</td>
<td>11 Mckean Ave</td>
<td>Charleroi, PA 15022-1436</td>
<td>(724) 489-4011</td>
</tr>
<tr>
<td>Medcare Equipment Co</td>
<td>501 W Ottermans St</td>
<td>Greensburg, PA 15601</td>
<td>800-503-5554</td>
</tr>
<tr>
<td>Medi Home Health and Hospice</td>
<td>168 W Chestnut St, ste 19</td>
<td>Washington, PA 15301</td>
<td>866-273-6334</td>
</tr>
<tr>
<td>Medical Monks, Inc.</td>
<td>2400 Ansys Dr</td>
<td>Canonsburg, PA 15317</td>
<td>(844) 859-9400</td>
</tr>
<tr>
<td>Medmart</td>
<td>2618 Memorial Blvd</td>
<td>Connellsville, PA 15425</td>
<td>(724) 628-7500</td>
</tr>
<tr>
<td>Mercy Surgical Dressing Group Inc</td>
<td>1 W Pike St</td>
<td>Canonsburg, PA 15317-1380</td>
<td>(724) 873-3150</td>
</tr>
<tr>
<td>Miracle-Ear Center,miracle-ear-washingtonpa.com</td>
<td>11 West Maiden St</td>
<td>Washington, PA 15301</td>
<td>(724) 498-4265</td>
</tr>
<tr>
<td>Monongahela Medical Supply Co</td>
<td>1163 Country Club Dr</td>
<td>Monongahela, PA 15063</td>
<td>724-258-1408</td>
</tr>
<tr>
<td>Mosso’s Medical Supply Co</td>
<td>728 Summit Ridge Plaza</td>
<td>Mt. Pleasant, PA 15666</td>
<td>724-547-4900</td>
</tr>
<tr>
<td>Neighbor Care At Home</td>
<td>501 Parkway View Dr, Bld #5</td>
<td>Pittsburgh, PA 15205</td>
<td>412-490-0319</td>
</tr>
<tr>
<td>Olympus America Inc</td>
<td>71 Mcmurray Rd</td>
<td>Pittsburgh, PA 15241</td>
<td>(412) 831-2234</td>
</tr>
<tr>
<td>Praxair</td>
<td>435 Donner Ave</td>
<td>Monessen, PA 15062</td>
<td>724-684-4165</td>
</tr>
<tr>
<td>Progressive Mobility &amp; Medical</td>
<td><a href="http://www.progressivemobility.com">www.progressivemobility.com</a></td>
<td>Washington, PA 15301-9621</td>
<td>(724) 228-4568</td>
</tr>
<tr>
<td>Providence Home Medical, LP</td>
<td>3909 Washington Rd Ste 318</td>
<td>Canonsburg, PA 15317</td>
<td>(866) 854-7436</td>
</tr>
</tbody>
</table>
PRMS Inc, www.prms-inc.com
470 Johnson Rd
Washington, PA 15301-8944, (724) 222-5852

Punxsy Medical Supply
- 524 Mckeans Ave
  Charleroi, PA 15022-1532, (724) 483-4014
- 622 Fallowfield Ave
  Charleroi, PA 15022-1902, (724) 483-502250
- E Wylie Ave Ste 1
  Washington, PA 15301-2059, (724) 229-2943

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

Rezk Medical
1295 Grand Blvd
Monessen, PA 15062, (724) 314-8247

Span & Taylor Drug Co
175 W Main St
Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy
619 Broad Ave
Belle Vernon, PA 15012, (724) 929-5445

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

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

Union Orthotics & Prosthetics Co
159 Waterdam Rd Ste
240Canonsburg, PA 15317, (724) 941-4285

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

Valley National Gases Inc
Route 40 E
Uniontown, PA 15401, (724) 430-0747

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

Washington Medical Equipment
1100 W Chestnut St
Washington, PA 15301, 724-470-0170

Pharmacies
Apothecare Pharmacy
- 280 Mcclellandtown Rd,
  Uniontown, PA 15401, (724) 437-9911
- 173 Morgantown St,
  Uniontown, PA 15401, (724) 437-7801
- 150 Walnut Hill Rd,
  Uniontown, PA 15401, (724) 438-7455

Brownsville Family Pharmacy
25 Market St
Brownsville, PA 15417, (724) 785-7095

Curtis Pharmacy
- 38 Campbell Dr
  Avella, PA 15312, (724) 587-3920
- 305 Main St,
  Claysville, PA 15323, (724) 663-7707
- 869 Henderson Ave,
  Washington, PA 15301, (724) 225-1592

CVS Pharmacy
- 975 Rostraver Rd
  Belle Vernon, PA 15012, (724) 929-9155
- 3870 Washington Rd
  Canonsburg, PA 15317, (724) 941-7680
- 1845 McClellandtown Rd,
  Masontown, PA 15461, (724) 583-2080
- 175 W Beau St
  Washington, PA, (724) 222-0470
- 3161 Mount Morris Rd,
  Waynesburg, PA 15370, (724) 627-8108

Delta Care Rx
264 Smith Township State Rd Ste 5
Burgettstown, PA 15021, (724) 947-7269

Dierken’s Pharmacy
100 E Main St
Monongahela, PA 15063, (724) 258-5530
Donora Union Pharmacy
601 Mckean Ave
Donora, PA 15033, (724) 379-5630

Eighty Four Pharmacy
155 N Franklin St
Washington, PA 15301, (724) 229-4895

Famcare Prescription & Health Center
1429 Burgettstown Plz
Burgettstown, PA 15021, (724) 947-7000

Gabler's Drug
- 8 Oliver St
  Uniontown, PA 15401, (724) 437-8863
- 250 S Mount Vernon Ave,
  Uniontown, PA 15401, (724) 437-9700

Giant Eagle (continued)
- 104 E Wylie Ave
  Washington, PA, (724) 228-8401
- 601 Meadowlands Blvd
  Washington, PA, (724) 873-5100
- 331 Washington Rd,
  Washington, PA, (724) 228-2865

Hixenbaugh's Drug Store
304 Morgantown St
Uniontown, PA 15401, (724) 437-2828

Hometown Pharmacy
4627 State Route 51 Ste 602
Rostraver Township, PA 15012, (724) 379-6000

Janosik's Pharmacy
122 6th St
Monessen, PA 15062, (724) 684-8600

Jeffrey's Drug Store Inc
1 N Central Ave
Canonsburg, PA 15317, (724) 745-6480

Kuzy's Drug Store
808 Main St
Bentleyville, PA 15314, (724) 239-2211

Mc Cracken Pharmacy
595 E High St
Waynesburg, PA 15370, (724) 627-5454

Mc Donald Pharmacy Inc
303 W Barr St
Mc Donald, PA 15057, (724) 926-2117

Medicine Mine
555 Route 88
Carmichaels, PA 15320, (724) 966-5237

Medicine Shoppe
- 808 Main St
  Bentleyville, PA, (724) 239-3600
- 25 Market St
  Brownsville, PA, (724) 785-7095
- 609 National Pike
  Brownsville, PA 15417, (724) 785-7900
Medicine Shoppe (continued)
- 66 W Pike St
  Canonsburg, PA, (724) 745-6480
- 75 E Maiden St
  Washington, PA, (724) 222-2796
- 400 Jefferson Ave Ste 2
  Washington, PA, (724) 222-0900

Medicine Stop
609 National Pike E
Brownsville, PA 15417, (724) 785-7900

Medmart
2618 Memorial Blvd
Connellsville, PA 15425, (724) 628-7500

Monongahela Valley Hospital Pharmacy
1163 Country Club Rd
Monongahela, PA 15063, (724) 258-1231

Mt Morris Pharmacy
120 Locust Ave Ext
Mount Morris, PA 15349, (724) 324-5555

Perry Drug Store
301 Independence St
Perryopolis, PA 15473, (724) 736-4422

Prescription Center Plus
- 4080 Washington Rd
  Canonsburg, PA 15317, (724) 941-2522
- 1045 Route 519
  Eighty Four, PA 15330, (724) 222-2512

Redstone Pharmacy
- 322 3rd St
  California, PA 15419, (724) 938-2395
- 1009 Main St,
  Masontown, PA 15461, (724) 246-8800

Rite Aid
- 175 Wilson Rd,
  Bentleyville, PA 15314, (724) 239-3400

Rite Aid (continued)
- 1340 Main St
  Burgettstown, PA 15021, (724) 947-4722
- 404 3rd St
  California, PA, (724) 938-3515
- 25 E Pike St
  Canonsburg, PA, (724) 745-4418
- 601 W Pike St,
  Canonsburg, PA 15317, (724) 745-5016
- 4185 Washington Rd
  Canonsburg, PA, (724) 942-9111
- 101 5th St
  Charleroi, PA, (724) 489-9334
- 6039 National Pike
  Grindstone, PA, (724) 785-4522
- 10 Donner Ave
  Monessen, PA, (724) 684-0153
- 446 W Main St
  Monongahela, PA, (724) 258-6161
- 843 Rostraver Rd
  Rostraver Township, PA 15012, (724) 929-8311
- 575 Morgantown Rd
  Uniontown, PA, (724) 437-2140
- 1001 Jefferson Ave
  Washington, PA, (724) 223-4971
- 1396 W Chestnut St
  Washington, PA, (724) 228-0059
- 1440 E High St
  Waynesburg, PA, (724) 627-9849
- 113 W Main St
  West Newton, PA, (724) 872-6401

Rostraver Drug Store
520 Circle Dr
Rostraver Township, PA 15012, (724) 929-5533

Rx Plus
- 30 Delaware Ave,
  Uniontown, PA 15401, (724) 438-4518
- 182 N Gallatin Ave
  Uniontown, PA 15401, (724) 437-7774

Sollon Pharmacy
368 Euclid Ave Ste 1
Canonsburg, PA 15317, (724) 745-6700
Span & Taylor Drug Co
175 W Main St
Monongahela, PA 15063, (724) 258-4545

Standard Pharmacy
619 Broad Ave
Belle Vernon, PA 15012, (724) 929-5445

Target - Pharmacy
335 Washington Rd
Washington, PA 15301, (724) 229-9306

Union Prescription Center
401 Donner Ave
Monessen, PA 15062, (724) 684-8350

Walgreens
• 100 Cavasina Dr
  Canonsburg, PA 15317, (724) 873-8790
• 100 E Mcmurray Rd
  Canonsburg, PA, (724) 949-1583
• 180 W Main St,
  Uniontown, PA 15401, (724) 434-2704
• 99 Jefferson Ave
  Washington, PA, (724) 228-3201

Walmart - Pharmacy
• Interstate 70 And State Rout
  Belle Vernon, PA 15012, (724) 929-2437
• 134 Daniel Kendall Dr,
  Brownsville, PA 15417, (724) 364-4106
• 355 Walmart Dr,
  Uniontown, PA 15401, (724) 438-3335
• 405 Murtha Dr,
  Waynesburg, PA 15370, (724) 627-3546

Washington Care Pharmacy
95 Leonard Ave
Washington, PA 15301, (724) 206-9432

Prescription Assistance:
• Catholic Charities (Fayette and
  Westmoreland Counties)
  711 East Pittsburgh Street
  Greensburg, PA 15601
  724-837-1840
• Cornerstone care, 724-947-2255
• FamilyWize: www.familywise.org
  (discount card)
• PA Patient Assistance Program
  Clearinghouse (PA PAP)
  PA Dept. of Aging
  555 Walnut Street 5th FL
  PO Box 8809
  Harrisburg PA 17101
  TEL: 800-955-0989
  FAX: 888-656-2386
  Email: aging@pa.gov
• Salvation Army (Greene County)
  131 West First Street
  WAYNESBURG
  Telephone: 724-852-1479
  Office Phone 724-852-1551

Local PA Department of Health
• Washington County Sate Health Center
  167 North Main Street, Suite 100
  Washington, PA. 15301
  724-223-4540
  724-233-4677 (fax)
• Monessen State Health Center
  1 Wendell Ramey Lane, Suite 140
  Monessen, PA 15062
  724-684-2942
  724-684-2933 (fax)
• Fayette County State Health Center
  100 New Salem Road, Suite 102
  Uniontown, PA. 15301
  724-439-7400
  724-439-2262 (fax)
• Greene County State Health Center
  108 Green Plaza, Suite 2
  Waynesburg, PA. 15370
  724-627-3168
  724-852-4448 (fax)
Assets pertaining to multiple needs:
Community assets have also been catalogued by need area. Because assets may cross over need areas, they will only be listed once and then referenced under the other need area(s) they affect. The health factor needs that affect multiple health outcome needs will be discussed together here rather than under each of the health outcomes they affect to reduce repetitiveness. These include: obesity, consuming 5 fruits and vegetables per day, meeting physical activity recommendations; binge and heavy drinking; tobacco use; access to healthy foods; and access to fast foods. Both locally based assets and internet based assets are listed.

Obesity, fruits and vegetables intake
Internet:
• The Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report, produced by the National Heart, Lung, and Blood Institute in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. Topics addressed in the Clinical Guidelines include the health risks associated with overweight and obesity, as well as the assessment, treatment, and management of overweight and obese patients.
  http://www.nhlbi.nih.gov/guidelines/obesity/e_txtbk/index.htm

Private recreation:
Camp Agape
Outdoor ministry of the Evangelical Lutheran Church in America. Access to retreat and camping facilities is available to all. ACA Accredited.
72 Agape Road
Hickory, PA 15340, 724-356-2308

Four Seasons Resort
Family camping and ATV adventures including 300 campsites, motel, apartments, store, 35+ miles of ATV trails and an Olympic-sized pool.
3 Camp Resort Road
West Finley, PA 15377, 724-428-4407

Mineral Beach
Large pool in a family friendly environment.
6299 Route 88
Finleyville, PA 15332, 724-348-7246

Planet Bounce
2560 Washington Rd
Canonsburg, PA 15317, (724) 485-9474

Pine Cove Beach Club & RV Resort
Large sites, full hookups 30-50 amps and WiFi at site. Fishing ponds, million gallon pool with waterslides, playground, full concession and family oriented environment.
1495 Route 481
Charleroi, PA 15022

Printscape Arena at Southpointe
125,000 sq. ft. multi-purpose sports facility.
Hosts a wide range of ice, turf, sporting programs and leagues, tournaments, summer camps and special events year round.
114 Southpointe Boulevard
Canonsburg, PA 15317, 724-745-6666

Southpointe Field House
The area’s premier sports complex offering one of the largest indoor fields. Features 45,000 square feet of turf and a world class strength/speed training facility.
104 Cecil Henderson Road
Canonsburg, PA 15317, 724-747-4222
Sky Zone Trampoline Park
Indoor trampoline park featuring freestyle bouncing, dodgeball and fitness programs.
281 Georgetown Road
Canonsburg, PA 15317, (724) 251-6100

Urban Assault
1217 Laurel Hill Rd, Mc Donald, PA 15057
(724) 926-9000

Health clubs:
9Round
3339 Washington Rd, Canonsburg, PA 15317
(724) 260-5693

30 and Out Fitness for Women
887 Henderson Ave, Washington, PA 15301
(724) 222-1992

Akt Fitness
55 Sugar Run Rd, Waynesburg, PA 15370
(724) 802-7980

Anytime Fitness
• 3961 Washington Rd, Canonsburg, PA 15317
  (724) 942-0024
• 46 Old Mill Blvd, Washington, PA 15301
  (724) 222-3100
• 156 Finley Rd, Rostraver Township, PA 15012
  (724) 929-2100
• 55 Sugar Run Rd Ste 104, Waynesburg, PA 15370
  (724) 998-9980

Arden Athletic Club
25 Seik Rd, Washington, PA 15301
(724) 228-7863

B G Gymnastics
480 Donner Ave, Monessen, PA 15062
(724) 684-5779

barre3
1800 Main St, Canonsburg, PA 15317
(724) 485-2265

Bb Fit
158 Finley Rd, Rostraver Township, PA 15012
(724) 929-2100

Belle Vernon Fitness Center
750 Rostraver Rd, Belle Vernon, PA 15012
(724) 243-3399

Body Systems Fitness Inc
106 W Lincoln Ave, Mc Donald, PA 15057
(724) 492-1386

Bodytech
114 Southpointe Blvd Ste 202
Canonsburg, PA 15317, (724) 873-7602

Brownson House
1415 Jefferson Ave, Washington, PA 15301
(724) 222-1440

C R D Pilates and Yoga
4000 Washington Rd, Canonsburg, PA 15317
(724) 941-2411

Center For Fitness & Health
800 Plaza Dr Ste 100, Rostraver Township, PA 15012
(724) 379-5100

Chosen For Him
161 E Pike St, Canonsburg, PA 15317
(724) 745-2254

CrossFit Invigorate
• 28 Mansfield Rd, Washington, PA 15301
  (412) 522-4809
• 26 Mansfield Rd Building 3, Washington, PA 15301
  (412) 979-8376
• 1019 Route 519 Eighty Four, PA 15330
  (724) 228-8855
• 2550 Washington Rd, Canonsburg, PA 15317
  (724) 745-1010
• 3475 Washington Ave, Finleyville, PA 15332
  (412) 389-1256

Curves
• 1100 Steubenville Pike Ste 3, Burgettstown, PA 15021, (724) 947-5022
• 161 E Pike St Canonsburg, PA 15317
  (724) 745-2254
• 3909 Washington Rd Ste 240
  Canonsburg, PA 15317, (724) 942-9890
Curves (continued)
- 402 Washington St Bentleyville, PA 15314
  (724) 239-6263
- 3249 Washington Pike Ste
  1101 Bridgeville, PA 15017
  (412) 257-1159
- 56 Gearing Rd Monongahela, PA 15063
  (724) 239-6263
- 106 Collinsburg Rd West Newton, PA 15089
  (724) 872-9559
- 110 Daniel Dr Ste 11 Uniontown, PA 15401
  (724) 437-195
- 232A N Pittsburgh St Connellsville, PA 15425
  (724) 620-2900
- 1600 E High St Waynesburg, PA 15370
  (724) 852-4250

Fitness First
35 E Pike St, Canonsburg, PA 15317
(724) 745-2254

Daisytown Athletic Club
4 Daisytown Rd, Daisytown, PA 15427
(724) 938-8225

Elmhurst Swim Club
1 Wilmont Ave, Washington, PA 15301
(724) 222-9974

Endless Resolutions Gym Fitness
- 160 Zimmer Ln, Waynesburg, PA 15370
  (724) 627-8816
- 21 S Morris St, Waynesburg, PA 15370
  (724) 833-5600

EQT REC Center
400 Evergreene Dr, Waynesburg, PA 15370
(724) 627-2739

F A Fitness
209 5th St, Charleroi, PA 15022
(724) 565-5157

Falcan Gymnastic & Fitness
226 Nazareth Dr Rostraver Township, PA 15012
(724) 684-6260

Fithouse
3540 Washington Rd Ste 4 Canonsburg, PA 15317
(724) 941-4119

Fit Body Boot Camp
3351 Washington Rd Canonsburg, PA 15317
(724) 260-5140

Gym Dandys
345 Meadowlands Blvd Washington, PA 15301
(724) 745-5558

Health Club At South Pointe
1001 Corporate Dr Ste 110 Canonsburg, PA 15317
(724) 597-0014

Iron Factory Gym
595 Racetrack Rd, Washington, PA 15301
(724) 206-0878

Jazzercise
905 E McMurray Rd Venetia, PA 15367
(412) 257-3750

Keystone Anaerobic Exercise
235 W Church Ave, Masontown, PA 15461
(724) 583-9223

Le Moyne Multi-Cultural Cmnty
200 N Forrest Ave, Washington, PA 15301
(724) 228-0260

Lifestyle Fitness
102 Bittersweet Cir Venetia, PA 15367
(724) 941-7046

Naomi Athletic Club
RR 1 Fayette City, PA 15438, (724) 326-4190

Mav's Gym
522 Broad Ave Belle Vernon, PA 15012
(724) 929-3458

Mon Valley Fitness Center
- Po Box 567 Dunlevy, PA 15432
  (724) 483-2438
- 1 Wendell Ramey Ln
  Monessen, PA 15062, (724) 684-8365
Mon Valley YMCA
101 Taylor Run Rd
Monongahela, PA 15063, (724) 483-8077

Monessen Recreational Center
861 Donner Ave Monessen, PA 15062
(724) 314-8276

PLANET FITNESS
• 900 Wildflower Circle,
  Washington, PA 15301, (724) 338-2430
• 760 Rostraver Road, Rostraver
  Township, PA 15012, (724) 268-0900
• 605 Pittsburgh Rd, Uniontown, PA
  15401, (724) 439-3201

Power Train Southpointe
104 Cecil Henderson Rd
Canonsburg, PA 15317, (724) 514-6178

Pride Cheer Gym
105 Springfield Dr Canonsburg, PA 15317
(724) 873-1232

Progressive Training
382 W Chestnut St Washington, PA 15301
(724) 228-9747

Raw Gym
780 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6110

Resolutions Gym
21 W South St Waynesburg, PA 15370
(724) 833-5600

Rices Landing Athletic Club
Sydney Ave, Rices Landing, PA 15357
(724) 592-5700

Sri Yantra Yoga Studios
Cherry Ave Houston, PA 15342
(724) 746-1327

Sonshine Fitness
3105 Washington Rd, Canonsburg, PA 15317
(724) 942-2348

Southhills Health and Wellness
4000 Washington Rd
Canonsburg, PA 15317, (724) 260-5337

South Hills Power Yoga
4145 Washington Rd
Canonsburg, PA 15317, (724) 260-0011

Step Four Fitness
950 Rostraver Rd Belle Vernon, PA 15012
(724) 930-6006

STS Fitness, 3339 Washington Rd
Canonsburg, PA 15317, (724) 299-3994

Studio Current Yoga
1115 W Main St Monongahela, PA 15063
(724) 310-3080

The Bodytorium
122 Gallery Dr Canonsburg, PA 15317
(724) 941-7270

The Health Club at Southpointe
333 Technology Dr Canonsburg, PA 15317
(724) 597-001411.

The Hobe Sports Center
125 Long St Rices Landing, PA 15357
(724) 592-5500

The Little Gym of Pittsburgh-South Hills
3909 Washington Rd Ste 205
Canonsburg, PA 15317, (724) 941-0100

The Pilates Body
• 4000 Washington Rd
  Canonsburg, PA 15317, (724) 941-2411
• 451 Valley Brook Rd Ste 203,
  Canonsburg, PA 15317, (724) 941-2411

Tri State Fitness Service
106 Grandview Dr Canonsburg, PA 15317
(724) 731-0006

Vernon C Neal Sportsplex
200 Dunn Ave Washington, PA 15301
(724) 222-2522
Vitalix Fitness
31 E Chestnut St Washington, PA 15301
(724) 206-0531

Washington Health System Wilfred R.
Cameron Wellness Center
240 Wellness Way, Washington, PA 15301
724.225.WELL, https://wrcameronwellness.org/

Ymca
1 Ymca Ln Uniontown, PA 15401
(724) 438-2584

Yoga Ba Be Fitness
505 Valley Brook Rd
Canonsburg, PA 15317, (724) 941-2207

Community centers:
- Brownson House and The Vernon C. Neal Sportsplex
- Cecil Township Community center
- Chartiers Township Community Center
- Fayette county community center
- Finleyville community center
- LeMoyne Multi-Cultural center
- Lone Pine Community center
- Lone pine social hall
- Peters Township Community center
- Neuman Center, Washington
- Monessen Civic center
- Monessen Recreational Center
- MidWay Community center
- Mt. Pleasant community center.
- North Bethlehem Community Center
- Schooner Youth Center Inc, Monessen, PA 15062
- The rock student center, Canonsburg

Community centers (continued):
- Washington County Community youth center, Canonsburg
- Waypoint Youth & Community Center, West Newton, PA 15089
- WWJD center, Waynesburg
- Venetia community center

Senior Citizen Community Centers:
- Bentleyville Center
  931 Main Street, Bentleyville, PA 15314
  Phone: 724-239-5887
- Beth Center Senior Center
  Box 151, Station Street, Vestaburg, PA 15368
  Phone: (724) 377-0000
- Burgettstown Senior Center
  116 Main Street, Burgettstown, PA 15021
  Phone: 724-947-9524
- Canonsburg Senior Center
  30 East Pike Street, Canonsburg, PA 15317
  Phone: 724-745-5443
- Claysville Senior Center
  105 Green Street, Box 64
  Claysville, PA 15323 , Phone: 724-663-4202
- Cross Creek Senior Center
  28 Clark Avenue, Avella, PA 15312
  Phone: 724-587-5755
- McDonald/Cecil Senior Center
  3599 Millers Run Road, Cecil, PA 15321
  Phone: 724-743-1827
- Thomas Campbell Center
  850 Beech Street, Washington, PA 15301
  Phone: 724-225-2290
- Washington Senior Center
  69 West Maiden Street, Washington, PA 15301
  Phone: 724-222-8566
- Brownfield Community Center
  291 Banning Rd., Dawson, PA 15428
  Phone: 724-529-2930
- Brownsville Senior Center
  302 Shaffner Ave., Brownsville, PA 15417
  Phone: 724-785-6180
  Website: www.crosskeyshumanservices.org
- Bullskin Senior Citizens, Inc.
  52 Medsger Rd., Connellsville, PA 15425
  Phone: 724-887-0655
Center on the Hill, 100 Summit Rd., Belle Vernon, PA 15012, Phone: 724-930-8512

Connellsville Senior Center
100 E Fayette St., Connellsville, PA 15425
Phone: 724-626-1515

Everson and Community Senior Citizens
Everson VFW 401 Shipley St., Everson, PA 15631
Phone: 724-887-9745

FairChance Center in the Bank
67 West Church Street, Fairchance, PA 15436
Phone: 724-564-0638 or 724-437-6050 x2237
Website: http://www.fccaa.org/

Masontown Senior Center
22 S Main St., Masontown, PA 15461
Phone: 724-583-7822

Mountain Citizens Action Group, Inc.
39 Old Dinner Bell Rd., Farmington, PA 15437
Phone: 724-329-4260Website: www.fccaa.org

Perryopolis Senior Center
403 Liberty St., Perryopolis, PA 15473
Phone: 724-736-2250

Point Marion Golden Pointers

Parks:

- In Finleyville : Mingo Creek County, Union Twp Park, Union Twp recreational park
- In new eagle: New Eagle BF, Tubby Hall Riverfront Park
- In Washington: Washington Park, South Strabane township community park, South Franklin township community park, Allison park, Billy Bell Park, South Strabane, bull thistle (W&J), Driscoll park, Lakeview park, Streator Park, Brooks softball fields, North Franklin Township park, South Franklin Township park
- In Waynesburg: Washington Township, Rinehart Park, Emerald Ball Field, Manufacturers Field, Center Township park, Meadowlark park, lion’s park, Greene county fairgrounds, Crawford Field, College Field (2), Sunrise park, sunset park, Waynesburg park
- In Carmichaels: Cumberland Township park, Wana B park
- Pumpkin Run Park, Rices Landing
- In Jefferson: Mather Park, Center Township park
- In Burgettstown: Paris Ballfield, Langloth Ball Field, Burgettstown Community Park, Hanover Township Park, Smith Ball Field, Hillman State Park, Panhandle trail
- In Canonsburg/McMurray: Peterswood Park, Peters Lake Park, North Strabane Township park, Borland Ball Field, Canonsburg Township Pool and Park, Canonsburg playground, Canonsburg Town Park, Arrowhead trail, Rees Park, Canonsburg Lake and Dam
- In Hickory: Mt. Pleasant Township park, Viking ball fields

109 Railroad St., Point Marion, PA 15474
Phone: 724-725-3821

Republic Senior Center
36 Fairgarden St., Republic, PA 15475
Phone: 724-246-7740
Website: www.crosskeyshumanservices.org

Smithfield Colonials
14 Water Street, Smithfield, PA 15478
Phone: 724-564-2934

Uniontown Adult Recreation Center
137 N Beeson Ave., Uniontown, PA 15401
Phone: 724-437-6050Website: www.fccaa.org
Lower Burrell Manor
200 Sylvan Drive, Lower Burrell, PA 15068
Phone: 724-335-8597

Monessen Senior Center
1925 Grand Boulevard, Monessen, PA 15062
Phone: 724-684-6105Website: www.lsswpa.org

West Newton Senior Center
103 Main St., West Newton, PA 15089
Phone: 724-872-4976Website: www.lsswpa.org

LRF Consulting, LLC
• In Cecil: Southview ball field, Washington County fair grounds, Holy Rosary Park, Cecil Township Ball fields, Hendersonville Park, Montour trail
• In Houston: Arnold Park, Houston Ball Fields
• In Bentleyville: Borough of Cokeburg park, radio park, ellsworth community park, Bentleyville-Richardson ball fields
• In California: David Szalay Community park, Rotary Park, California Borough Park
• In eighty-four: 84 youth park, 84 lumber company park, Nottingham township park, Mingo Creek County park
• In Claysville: Buffalo township swimming pool and ball fields, Taylorstown Park, Sunset beach park and picnic, McGuffy Community Park, West Alexander Park
• In coal center: Elco BF, Stockdale BF, Allenport Park, Newell BF, Dunlevy Recreation Center
• In Monessen: Monessen City, 6th street 9th street, Columbus, Shawnee park
• In Perryopolis: Rowes Run BF, Jefferson Township BF, Star Junction BF, Perryopolis BF, AF, Park; Harry Sampey Park
• Court Street Park, West Newton
• In Belle Vernon: Cedar Creek, John DiVirgilio Sports Complex, Fairhope Ball Field and Athletic Field, Belle Vernon Athletic Field, North Belle Vernon Recreational Park (Graham street park), North Belle Vernon Athletic Field, Naomi Ball Field and Athletic field,
• In Brownsville: Vestaburg BF, Hiller BF, West Belle Vernon BF, Arnold BF, Allison Heights BF, Roadman Park
• In Donora: Palmer park, Annex field, Donner Veteran Memorial Park, Donner Park, Ken Griffey F, Donora war memorial park, cascade park
• In Charleroi: Charleroi Community Park, North Charleroi Recreation Park, Woodland Ave Park, Crest Ave Playground and Park, Fallowfield Twp Municipal park, Speers Community park
• In Monongahela: Mounds park, Chess park, Aquatorium, Diane Drive Recreational Park, Riverview park, Hill crest park, valley Ave Recreational park, Victory Hill RP, Carroll Twp Little league fields, Gallatin park
• In Clarksville: Ten Mile Creek County, Burson Park
Trails:

McDonald Trail Station
Located at the intersection of the Panhandle and Montour Trails, the station is open April through October on weekends. It preserves and displays McDonald’s history.
160 South McDonald Street
McDonald, PA 15057, 724-926-4617
http://www.mcdonaldtrailstation.com/

Montour Trail Council
A multi-use, non-motorized recreational rail-trail spanning 23 miles in Washington County. Recognized as the "2017 Trail of the Year" by the Pennsylvania Department of Conservation and Natural Resources.
304 Hickman Street, Suite 3
Bridgeville, PA 15017, 412-257-3011
https://montourtrail.org/

Panhandle Trail
A beautiful, 29-mile recreational trail which connects Allegheny County, Washington County and Brooke County, WV.

Northern Washington County
McDonald, PA 15057
724-228-6867
http://www.mcdonaldtrailstation.com/panhandle-trail.php

Regional Trail Corporation
111 Collinsburg Rd, West Newton, PA 15089
(724) 872-5586

West Beth Hiking Trail
Fairly difficult climb 0.82 miles. Starting elevation, 953 feet. Ending elevation, 1313 feet. Fishing pond. Spectacular view of historic mining town, Uniontown summit, Horne cemetery.
Jefferson Avenue
Marianna, PA 15345

Youghiogheny River Trail
111 W Main St
West Newton, PA 15089
(724) 872-5586

Internet:

- American Heart Association: https://www.heart.org/en/healthy-living/healthy-eating/losing-weight
- Centers for Disease Control and Prevention: http://www.cdc.gov/physicalactivity/strategies/community.html
- Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion Division of Nutrition: http://www.cdc.gov/nccdphp/dnpa
- National Institutes of Health: https://www.nih.gov/health-information/your-healthiest-self-wellness-toolkits
- National Center on Physical Activity and Disability: https://www.nchpad.org/
- Weight Control Information Network: www.niddk.nih.gov/health-information/communication-programs/win
Tobacco cessation assets (smokeless and pregnant)

Phone/Internet:
- 1-800-QUIT NOW (1-855-DEJELO-YA)—Pennsylvanians 14 years of age and or older who smoke or use chewing tobacco can call to receive free telephone counseling and 8 weeks of free nicotine patch, 24 hours a day, 7 days a week.
  - Online sign up: https://pa.quitlogix.org/en-US/
- Tobacco Free Southwest Pennsylvania: https://www.tobaccofreesouthwest.org/
  - “Healthy Choices, Healthy Children: Smoke Free Moms” is a new program emphasizing both support and financial rewards for women trying to quit. The new campaign, managed by Tobacco Free Southwest, a program of Adagio Health, is in addition to an existing program offered through the PA Free Quitline, a state Department of Health agency. The Quitline program offers women who register for the free coaching program to qualify for up to $65, $5 per telephone coaching session. While supplies last, Tobacco Free Southwest is offering an additional incentive, $50 gift cards, to pregnant women who complete the smoking cessation program. The program is available in 10 Southwestern Pennsylvania counties, including Allegheny, Beaver, Westmoreland, Fayette, Somerset and Washington
- American Cancer Society: https://www.cancer.org/healthy/stay-away-from-tobacco.html
- American Lung Association: https://www.lung.org/stop-smoking/
- ChewFree.com website was developed as part of a research project funded by the National Institutes of Health to help people quit their use of chewing tobacco or snuff. Now the website is open to anyone wishing to quit their use of smokeless tobacco products.: www.chewfree.com
- QuitNet: Become a part of the QuitNet community, and connect with smokers and ex-smokers on every part of the quit journey. You can even take QuitNet wherever you go with the free iOS app: www.quitnet.com
- The National Cancer Institute (NCI) created Smokefree.gov to help you or someone you care about quit smoking. Smokefree.gov is a part of the U.S. Department of Health and Human Services’ efforts to reduce smoking rates in the United States, particularly among certain populations.: www.smokefree.gov
Substance abuse assets (Heavy drinking and accidental drug poisoning)

Washington County Drug and Alcohol Commission,
- Main page: https://wdacinc.org/
- Treatment: https://wdacinc.org/treatment/
- Recovery meetings:
  - Alcoholics Anonymous:
    - https://www.wpaarea60.org/meetings/
    - https://www.pghaa.org/meetings
  - Narcotics Anonymous:
- Family Support group meetings:
  - Nar-Anon Family Groups: https://www.nar-anon.org/find-a-meeting/
  - Al-Anon Family Groups: https://al-anon.org/al-anon-meetings/
- Overdose information:
  - https://wdacinc.org/overdose-information/
  - https://www.getnaloxonenow.org/
- Drug collection sites: https://wdacinc.org/prescription-drug-abuse/drug-disposal-sites/

Local treatment facilities Detox:

Gateway Rehabilitation Center
100 Moffett Run Road
Aliquippa, PA 15001
412-766-8700, 800-472-1177

Transitions at Wilkinsburg
501 South Avenue
Wilkinsburg, PA 15221
412-241-5341, 888-694-9996

UPMC Mercy D&A Unit
One Quantum Suite 079.2
2 Hot Metal Street
Pittsburgh, PA 15203
412-232-7136

Crossroads Hall
414 West 5th Street
Erie, PA 16507
814-459-4775

Turning Point Chemical Dependency
Hwy. 322 East, P.O. Box 1030
Franklin, PA 16323
814-437-1750, 888-272-8922

White Deer Run
P.O. Box 97
Devitt Camp Road
Allenwood, PA 17810
800-255-2335

Greenbriar Treatment Center
800 Manor Drive
Washington, PA 15301
724-225-9700, 800-637-4673

Twin Lakes Center
P.O. Box 909
Somerset, PA 15501
814-443-3639, 800-452-0218

Williamsburg Cove Forge
202 Cove Forge Road
Williamsburg, PA 16693
800-873-2131

Pyramid Healthcare
1894 Old Route 220 North
Duncansville, PA 16635
814-940-0407, 888-694-9996
<table>
<thead>
<tr>
<th>Local treatment facilities</th>
<th>Inpatient Rehabilitation Centers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conewago Place</td>
<td>Greenbriar Treatment Center</td>
</tr>
<tr>
<td>424 Nye Road</td>
<td>800 Manor Drive</td>
</tr>
<tr>
<td>Hummelstown, PA 17036</td>
<td>Washington, PA 15301</td>
</tr>
<tr>
<td>717-533-0428</td>
<td>724-225-9700</td>
</tr>
<tr>
<td>Fax-570-628-5838</td>
<td>800-637-4673</td>
</tr>
<tr>
<td>Gateway Rehabilitation Center</td>
<td>Pyramid Healthcare</td>
</tr>
<tr>
<td>100 Moffett Run Road</td>
<td>1894 Old Route 220 North</td>
</tr>
<tr>
<td>Aliquippa, PA 15001</td>
<td>Duncansville, PA 16635</td>
</tr>
<tr>
<td>412-766-8700</td>
<td>814-940-0407</td>
</tr>
<tr>
<td>800-427-1177</td>
<td>888-694-9996</td>
</tr>
<tr>
<td>Fax-724-375-8815</td>
<td>Fax-814-940-0618</td>
</tr>
<tr>
<td>Ellen Obrien Gaiser Addiction Center</td>
<td>Belleville</td>
</tr>
<tr>
<td>165 Old Plank Road</td>
<td>3893 West Main Street</td>
</tr>
<tr>
<td>P.C. Box 2127, Butler, PA 16003</td>
<td>Belleville, PA 17004</td>
</tr>
<tr>
<td>724-287-8205</td>
<td>717-935-5400</td>
</tr>
<tr>
<td>724-287-6788</td>
<td>Transitions at Wilkinsburg</td>
</tr>
<tr>
<td>Family Links</td>
<td>501 South Avenue</td>
</tr>
<tr>
<td>8930 Frankstown Road</td>
<td>Wilkinsburg, PA 15221</td>
</tr>
<tr>
<td>Pittsburgh, PA 15235</td>
<td>412-241-5341</td>
</tr>
<tr>
<td>412-924-0300</td>
<td>888-694-9996</td>
</tr>
<tr>
<td>Fax-412-241-5394</td>
<td></td>
</tr>
<tr>
<td>Family Links (Whale’s Tale)</td>
<td>Ridgeview Adolescent</td>
</tr>
<tr>
<td>843 Climax Street</td>
<td>447 Gibsonia Road</td>
</tr>
<tr>
<td>Pittsburgh, PA 15210</td>
<td>Gibsonia, PA 15044</td>
</tr>
<tr>
<td>412-381-8230</td>
<td>724-443-3220</td>
</tr>
<tr>
<td>Fax-412-488-0473</td>
<td>Fax-724-443-3771</td>
</tr>
<tr>
<td>Crossroads Hall</td>
<td>Renewal Treatment Inc.</td>
</tr>
<tr>
<td>414 West 5th Street</td>
<td>704 Second Avenue</td>
</tr>
<tr>
<td>Erie, PA 16507</td>
<td>6th Floor</td>
</tr>
<tr>
<td>814-459-4775</td>
<td>Pittsburgh, PA 15222</td>
</tr>
<tr>
<td></td>
<td>412-697-0110</td>
</tr>
<tr>
<td></td>
<td>Fax-412-967-1628</td>
</tr>
<tr>
<td>Renewal Treatment Inc.</td>
<td></td>
</tr>
<tr>
<td>704 Second Avenue</td>
<td></td>
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<tr>
<td>6th Floor</td>
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<tr>
<td>Pittsburgh, PA 15222</td>
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<tr>
<td>412-697-0110</td>
<td></td>
</tr>
<tr>
<td>Fax-412-967-1628</td>
<td></td>
</tr>
<tr>
<td>Williamsburg Cove Forge</td>
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<tr>
<td>202 Cove Forge Road</td>
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<tr>
<td>Williamsburg, PA 16693</td>
<td></td>
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<tr>
<td>800-873-2131</td>
<td></td>
</tr>
<tr>
<td>Fax-570-538-5822</td>
<td></td>
</tr>
</tbody>
</table>
**Local treatment facilities** Halfway Houses:

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinent Living at the Turning Point~Female</td>
<td>199 North Main Street, Washington, PA 15301</td>
<td>724-228-2203</td>
<td>724-228-2460</td>
</tr>
<tr>
<td>Abstinent Living at the Turning Point; Julie's House~Women with Children</td>
<td>14 West Walnut Street, Washington, PA 15301</td>
<td>724-228-2203</td>
<td>724-228-2460</td>
</tr>
<tr>
<td>Another Way~Male</td>
<td>708 Nelson Road, Farmington, PA 15437</td>
<td>724-329-7900</td>
<td>724-329-7905</td>
</tr>
<tr>
<td>Gate House for Men~Male</td>
<td>649 East Main Street, Lititz, PA 17543</td>
<td>717-626-9524</td>
<td>717-627-8693</td>
</tr>
<tr>
<td>Gate House for Women~Female</td>
<td>465 West Main Street, Mountville, PA 17554</td>
<td>717-285-2300</td>
<td>717-285-5978</td>
</tr>
<tr>
<td>Tom Rutter House~Male</td>
<td>100 Moffett Run Road, Aliquippa, PA 15001</td>
<td>724-378-4461</td>
<td>724-375-7601</td>
</tr>
<tr>
<td>Moffett House~Male</td>
<td>P.O. Box 913, Beaver Falls, PA 15010</td>
<td>724-846-6145</td>
<td>724-846-4351</td>
</tr>
<tr>
<td>Gaudenzia Erie~Women and Children, Pregnant Women</td>
<td>414 West 5th Street, Erie, PA 16507</td>
<td>814-459-4775</td>
<td></td>
</tr>
<tr>
<td>Daniel Snow~Male</td>
<td>3621 West 5th Street, Erie, PA 16507</td>
<td>814-456-5758</td>
<td></td>
</tr>
<tr>
<td>Lighthouse for Women~Female</td>
<td>1633 Werich Avenue, Washington, PA 15301</td>
<td>724-222-4753</td>
<td>Fax-724-222-4754</td>
</tr>
<tr>
<td>Lighthouse for Men~Male</td>
<td>1820 Washington Road, Washington, PA 15301</td>
<td>724-531-6930</td>
<td>Fax-724-531-6931</td>
</tr>
<tr>
<td>Halfway Home of Lehigh Valley~Female</td>
<td>117-121 North Eighth Street, Allentown, PA 18101</td>
<td>610-439-0218</td>
<td>Fax-610-439-8713</td>
</tr>
<tr>
<td>Highland House~Female</td>
<td>312 Highland Avenue, New Castle, PA 16101</td>
<td>724-654-7760</td>
<td>Fax-724-654-9845</td>
</tr>
<tr>
<td>Renewal Center~Female</td>
<td>624 Broad Street, Johnstown, PA 15901</td>
<td>814-539-0836</td>
<td>Fax-814-539-5385</td>
</tr>
<tr>
<td>Tradition House~Female</td>
<td>830 6th Avenue, Altoona, PA 16602</td>
<td>814-944-3210</td>
<td>Fax-814-942-1933</td>
</tr>
<tr>
<td>New Directions~Male</td>
<td>538 Main Street, Johnstown, PA 15901</td>
<td>814-536-1023</td>
<td></td>
</tr>
<tr>
<td>P.O.W.E.R~Female</td>
<td>7445 Church Street, Pittsburgh, PA 15218</td>
<td>412-271-0500</td>
<td></td>
</tr>
</tbody>
</table>
Local treatment facilities OutPatient:

Gateway South  
375 Valley Brook Road Ste 102  
McMurray, PA 15317  
724-941-4126  
Fax-724-941-4911  
75 East Maiden Street  
White Deer Run  
Williamsport, PA 17701  
724-941-4126

Greenbriar Outpatient  
1840 Washington Road  
Washington, PA 15301  
724-916-0192  
Fax-724-916-0242  
90 West Chestnut Street  
1023 Pittsburgh Street  
Suite 90  
Suite 101, Mountainview Plaza  
724-916-0192

SPHS  
301 E. Donner Ave. Ste 102  
Monessen, PA 15062  
724-684-6489  
Wesley Spectrum Services  
Fax-724-437-2227  
26 South Main Street  
Uniontown, PA 15401  
724-222-7500

Recovery Houses in Washington County:  
Male Houses:  
▪ Gift of Life 724-255-6090  
▪ The Lion House 724-531-4320  
▪ The Murphy House 724-263-0848 or 412-225-9587  
▪ Men’s Oxford House Chartiers 412-539-7341 or 304-559-6967  
▪ Men’s Oxford House Hallam 724-912-8818 or 304-559-6967  
▪ Providence House 724-531-5386 or 724-328-2943  
▪ Serenity House 724-914-1303 or 724-328-2943  
Female Houses:  
▪ The Hope House 724-328-0129  
▪ The Donald McGuire House 724-228-2203  
▪ The Joanne McGuire House 724-228-2203  
▪ Resurrection House 724-531-8146  
▪ Trinity House 724-914-8483  
▪ Women’s Oxford Forrest House 304-559-6967

Drug and Alcohol Program(DAP) Department of Human Services for Greene County, Pennsylvania  
Contact Person(s): Melissa Kirk, Drug & Alcohol Director  
Fort Jackson Building, (3rd Floor), 19 South Washington Street, Waynesburg, PA 15370  
Phone: 724-852-5276 / Toll-Free: 888-317-7106 / Fax: 724-852-5368  
Office Hours: 8:30 a.m.—4:30 p.m., Monday—Friday  
Fayette County Drug and Alcohol Commission, Inc.  
100 New Salem Road, Suite 106, Uniontown, PA 15401  
Office Phone Number: 724-438-3576, Toll Free: 800-856-3576, Toll free number answers 24 hours/day - 7 days/week
Washington & Jefferson College:
- health center: https://www.washjeff.edu/gatewayhealth
- health and counseling center: https://www.washjeff.edu/student-health-and-counseling-center

California University of Pennsylvania:
- health center: https://www.calu.edu/student-life/health-wellness.aspx

Waynesburg University:
- health center: https://www.waynesburg.edu/campus-life/wellness

PA Stop is designed to educate Pennsylvanians about the risks of prescription painkiller and heroin use, the relationship between painkiller and heroin use, and what to do when you need help. We are working to prevent non-medical use of prescription painkillers and, in so doing, to break the connection between heroin and prescription painkillers. Together, we can stop opiate addiction before it starts. It has developed free materials about opiate addiction for D&A professionals to download and distribute, as well as information and resources for anyone looking for HELP.
- http://pastop.org/

The National Institute on Alcohol Abuse and Alcoholism at NIH has long been recognized as a national leader in research on harmful drinking among college students. NIAAA developed www.CollegeDrinkingPrevention.gov as a one-stop resource for comprehensive research-based information on issues related to alcohol abuse and binge drinking among college students, with online tools for parents, students, administrators and more.
- http://www.collegedrinkingprevention.gov/

- https://www.health.pa.gov/topics/disease/Opioids/Pages/Opioids.aspx
- 1-800-662-HELP
Access to healthy food/fast food assets

**Greater Washington County Food Bank**, a non-profit organization, has been providing groceries and nutritional information/education to food insecure residents of Washington County.

- [https://www.gwcfb.org/](https://www.gwcfb.org/)

**Greater Washington County Food Bank Pantry Locations & Distribution Times:**

<table>
<thead>
<tr>
<th>Pantry Name</th>
<th>Address</th>
<th>Distribution Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allenport Food Pantry</td>
<td>1850 Main Street, Allenport, PA 15412</td>
<td>3rd Wednesday, 8:30am-11:00am</td>
</tr>
<tr>
<td>Avella Food Pantry</td>
<td>Avella Presbyterian Church, 25 Campbell Street, Avella, PA 15312</td>
<td>4th Thursday, Winter: 4-5pm, Summer: 5-6pm</td>
</tr>
<tr>
<td>Beth Center Food Pantry</td>
<td>Richeyville Volunteer Fire Dept., 14 Firehall Road, Richeyville, PA 15358</td>
<td>1st Wednesday, 9:00am-10:30am</td>
</tr>
<tr>
<td>Burgettstown Food Pantry</td>
<td>Atlasburg, 1616 Smith Twp State Road, Route 18, Atlasburg, PA 15004</td>
<td>4th Wednesday, 9:30am-11:00am</td>
</tr>
<tr>
<td>California Food Pantry</td>
<td>101 Wood Street, California, PA 15419</td>
<td>Wednesday before the 3rd Saturday, 4-6pm</td>
</tr>
<tr>
<td>Canonsburg Food Pantry</td>
<td>Canonsburg UP Church, 112 West Pike Street, Canonsburg, PA 15317</td>
<td>3rd Saturday, 9am-12pm</td>
</tr>
<tr>
<td>Canton Volunteer Food Pantry</td>
<td>2654 Jefferson Ave, Washington, PA 15301</td>
<td>1st Friday, 10:00am-12:00pm</td>
</tr>
<tr>
<td>Centerville Food Pantry</td>
<td>Centerville Borough Building, 100 East End Road, Brownsville, PA 15417</td>
<td>3rd Saturday, 8:30am-11:30am</td>
</tr>
<tr>
<td>Charleroi Food Pantry</td>
<td>Holy Ghost Church, 828 Meadow Avenue, Charleroi, PA 15022</td>
<td>Tuesdays &amp; Thursdays, 10am-12pm</td>
</tr>
<tr>
<td>Coal Center Food Pantry</td>
<td>Grace Methodist Church, 420 California Drive, Coal Center, PA 15423</td>
<td>4th Saturday, 10am-Noon</td>
</tr>
<tr>
<td>Community Circle Food Pantry</td>
<td>69 West Pine Street, Washington, PA 15301</td>
<td>Weekdays 9am-12pm, Call 724-225-1540 for appointment, Closed 1st Monday and Holidays</td>
</tr>
<tr>
<td>Donora Food Pantry</td>
<td>Mon Valley Youth &amp; Teen Center, 160 Thompson Ave., Corner of 2nd Street, Donora, PA 15033</td>
<td>3rd Monday, 12:30-3pm</td>
</tr>
</tbody>
</table>
Greater Washington County Food Bank Pantry Locations & Distribution Times (continued):

**Ellsworth / Bentleyville Food Pantry**
First Presbyterian Church
812 Main Street
Bentleyville, PA 15314
Distribution: 3rd Thursday, 9:30-11am

**Finleyville Food Pantry**
First Presbyterian Church
3595 Washington Ave.
Finleyville, PA 15332
3rd Saturday, 9am-12:00pm

**LeMoyne Food Pantry**
LeMoyne Cultural Center
200 Forrest Ave.
Washington, PA 15301
Distribution: 2nd Saturday, 9-11am

**Marianna Food Pantry**
Marianna Fire Hall
84 Broad Street
Marianna, PA 15345
Distribution: 4th Thursday, 9am-11am

**McDonald Food Pantry**
McDonald Borough Building
151 School Street
McDonald, PA 15057
Distribution: 4th Wednesday, 8:00am-9:30am

**McGuffey Food Pantry**
4170 Route 40
Claysville, PA 15323
Distribution: 2nd Monday 11am-12pm & 5-7pm

**Meadow Lands Food Pantry**
300 Pike Street
Meadowlands, PA 15347
Distribution: 4th Saturday 9-11AM

**Monongahela Food Pantry**
1st United Methodist Church
430 W. Main St
Monongahela, PA 15063
Distribution: 3rd Thursday of the Month 11am-2pm & 4:30-6pm

**Peters Township Pantry**
Peace Lutheran Church
107 Carol Drive
McMurray, PA 15317
Distribution: 2nd Friday, 9:30-10:30am

**Prosperity Food Pantry**
Upper Ten Mile Presbyterian Church
14 Church Lane
Prosperity, PA 15329
Distribution: 1st Saturday, 9-11am

**Tylerdale Food Pantry**
Fourth Presbyterian Church
1000 Jefferson Avenue
Washington, PA 15301
Distribution: 3rd Saturday, 9-10am

**West End Food Pantry**
Broad Street Baptist Church
682 Broad Street
Washington, PA 15301
Distribution: 3rd Thursday 10am-12pm

Greater Washington County Food Bank Senior Housing Pantries (Must be a Resident):

**Bassettown Manor**
39 North Main Street
Washington, PA 15301

**Bentley Towers**
304 Washington Avenue
Bentleyville, PA 15314

**Canon House**
121 North Central Avenue
Canonsburg, PA 15317

**Bellmead Apartments**
815 South Main Street
Washington, PA 15301

**Canon Apartments**
One West College Street
Canonsburg, PA 15317

**Crumrine Towers**
100 South Franklin Street
Washington, PA 15301
Greater Washington County Food Bank Senior Housing Pantries (Must be a Resident) (continued):

<table>
<thead>
<tr>
<th>Pantry Name</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donora Towers</td>
<td>685 Meldon Avenue</td>
<td>Donora, PA 15033</td>
</tr>
<tr>
<td>Ellsworth Parkview Apartments</td>
<td>19 Main Street</td>
<td>Ellsworth, PA 15331</td>
</tr>
<tr>
<td>Haveloch Commons</td>
<td>105 Coal Street</td>
<td>McDonald, PA 15057</td>
</tr>
<tr>
<td>Heritage House</td>
<td>140 West Pike Street</td>
<td>Canonsburg, PA 15317</td>
</tr>
<tr>
<td>Liberty Towers</td>
<td>520 Liberty Street</td>
<td>California, PA 15419</td>
</tr>
<tr>
<td>Monongahela Manor</td>
<td>401 West Main Street</td>
<td>Monongahela, PA 15063</td>
</tr>
<tr>
<td>Nathan Goff Jr. Apartments</td>
<td>1 Middleland Avenue</td>
<td>Charleroi, PA 15022</td>
</tr>
<tr>
<td>The Oaks</td>
<td>200 Woodland Court</td>
<td>Brownsville, PA 15417</td>
</tr>
<tr>
<td>Thomas Campbell</td>
<td>850 Beech Street</td>
<td>Washington, PA 15301</td>
</tr>
</tbody>
</table>

Greater Washington County Food Bank CSFP Distribution Sites (Must be a Resident):

<table>
<thead>
<tr>
<th>Pantry Name</th>
<th>Address</th>
<th>City, State, Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahepa</td>
<td>156 Ahepa Drive</td>
<td>Canonsburg, PA 15317</td>
</tr>
<tr>
<td>Century Plaza</td>
<td>1880 W Chestnut Street</td>
<td>Washington, PA 15301</td>
</tr>
<tr>
<td>Bentleyville Apartments</td>
<td>507 Old West Road</td>
<td>Bentleyville, PA 15314</td>
</tr>
<tr>
<td>Char House</td>
<td>251 9th Street</td>
<td>Charleroi, PA 15220</td>
</tr>
<tr>
<td>Burgettstown Apartments</td>
<td>100 Highrise Way</td>
<td>Burgettstown, PA 15021</td>
</tr>
<tr>
<td>Claysville Apartments</td>
<td>103 Green Street</td>
<td>Claysville, PA 15323</td>
</tr>
</tbody>
</table>

Corner Cupboard Food Bank, Inc., is to feed hungry people by soliciting and judiciously distributing food and grocery products through a Greene county-wide network of food pantries and agencies, and to educate people about the nature of and solutions to the problems of hunger.

881 Rolling Meadows Road, Waynesburg, PA 15370, Phone: 724-627-9784, Fax: 724-627-7860
- [http://cornercupboard.org/](http://cornercupboard.org/)

Corner Cupboard Pantry Locations & Distribution Times:

- **Aleppo-Richhill-Morris-Gray Township Pantry**
  - Graysville Fire Hall
  - 3rd Wednesday, 1 p.m. – 3 p.m.
- **Center Township Pantry**
  - Rogersville Fire Hall
  - 3rd Monday, 10 a.m. – 11 a.m
- **Cumberland Township Pantry**
  - Carmichaels UM Fellowship Hall
  - 3rd Thursday, 9 a.m. – 11 a.m.
- **Dunkard Township Pantry**
  - Shannopin Civic Bldg., Bobtown
  - 2nd Tuesday, 10 a.m. – 12 p.m.
Corner Cupboard Pantry Locations & Distribution Times (continued):

Franklin Township Pantry  Springhill-Freeport Township Pantry
Greene County Fairgrounds  Springhill Twp. Bldg.
4th Thursday, 9 a.m. – 11 a.m.  2nd Thursday, 9 a.m. – 11 a.m.

Jackson Township Pantry  Wayne Township Pantry
2nd Tuesday, 6 p.m. – 8 p.m.  3rd Friday, 10 a.m. – 12 p.m.

Jefferson Morgan Township Pantry  Whiteley-Perry Township Pantry
Baptist Church, Jefferson  Old Video Store, Mt. Morris
3rd Wednesday, 12 p.m. – 2 p.m.  3rd Wednesday, 1 p.m. – 3 p.m.

Mon-Greene Township Pantry  
Mapletown UM Church  
3rd Monday, 10 a.m. – 12 p.m.

The Greene County Food Security Partnership is a collaborative task group comprised of individuals, organizations and businesses who want to help address issues of food insecurity in our community. We are working to increase access to public and private food assistance programs and to continue building broad community engagement in ending hunger.

- [http://greenefoodpartnership.org/](http://greenefoodpartnership.org/)
- Greene County 2019 Produce to People Distribution dates
- Free food or meals are provided by various local organizations throughout the month to residents meeting their requirements. See our calendar of where and when these events occur.
- Free meals will be served at nine county locations to anyone aged 18 and under. No paperwork or income guidelines apply. Four sites even have free kids' day camps provided by Parks and Recreation! The number to call to register for the day camps is 724-852-5323.

The Salvation Army provides hot meals year-round for anyone in need at local Service & Worship Centers. Giant Eagle and The Salvation Army have also partnered up in Round-Up for the Hungry to provide needy families with fresh food.

- **Washington Christian Outreach** – Offers food, meals, clothing, and gifts. Needy or low-income persons can sign up for United Way Caring Tree, Shoes for Kids, Coats for Kid, or Thanksgiving and Christmas meals. Also operates soup kitchen (take out only) five days per week for the needy. 119 Highland Avenue, Washington, Pennsylvania 15301, dial (724) 222-0750

- **Tri-State SHARE** – Provides quality, low cost food. Works with a network of non-profits and host organizations to provide a supplementary food package at about 50% off the retail price. Clients also need to agree to “give back” by performing two hours of community service. N. Versailles, PA based agency. Telephone (877) 686-0460

- [Great Food For All: 724-223-8404](http://greenefoodpartnership.org/)
PA Food Security Partnership is a resource for food security in Pennsylvania. Find information on food programs, Pennsylvania’s blueprint to end hunger, data, resources, and more.

- [http://dhs.pa.gov/ending-hunger/index.htm](http://dhs.pa.gov/ending-hunger/index.htm)

Fayette County Community Action Agency, Food Bank is Fayette County’s designated warehouse for collection and storage of food for the needy

- [http://www.fccaa.org](http://www.fccaa.org)

### Fayette County Food Pantries Locations and Times:

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Days/Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abundant Life</td>
<td>Brownfield Rd PA 15486</td>
<td>3rd Tuesday 4-5 pm</td>
<td>Masontown Family</td>
</tr>
<tr>
<td>Albert Gallatin Service</td>
<td>700 R. Washington Street Masontown PA 15012</td>
<td>4th Thursday Working families</td>
<td>Masontown Family</td>
</tr>
<tr>
<td>Belle Vernon Apts.</td>
<td>500 Blind Lane, Belle Vernon PA 15012</td>
<td>4th Thursday 9:30 am</td>
<td>Residents only</td>
</tr>
<tr>
<td>Berean 7th Day Searights &amp; Butler</td>
<td>Uniontown PA 15401</td>
<td>1st Tuesday 12:30-4 pm</td>
<td>East End</td>
</tr>
<tr>
<td>Bethel Baptist</td>
<td>998 N. Gallatin Ave. Uniontown PA 15401</td>
<td>Last Friday of the month 3-5:00</td>
<td>North Union</td>
</tr>
<tr>
<td>Calvary UM</td>
<td>34 Clark Street Uniontown PA 15401</td>
<td>2nd Sat. 9-10 am</td>
<td>Upper East End</td>
</tr>
<tr>
<td>Calvin United Presbyterian</td>
<td>300 Spring Lane Brownsville PA 15468</td>
<td>4th Sat. 10-11:30 am</td>
<td>Brownsville/ Hiller</td>
</tr>
<tr>
<td>Caring People</td>
<td>448 Flat Rock Rd Markleysburg PA 15459</td>
<td>1st Thursday 11am</td>
<td>Markleyburg</td>
</tr>
<tr>
<td>Central Christian</td>
<td>23 S. Gallatin Avenue Uniontown PA 15401</td>
<td>NO NEW CLIENTS No REFEREERALS</td>
<td></td>
</tr>
<tr>
<td>Christian Missionary Alliance</td>
<td>Brownstone Road Fayette City PA 15438</td>
<td>3rd Friday 9am</td>
<td>Fayette/Arnold City Washington Twp</td>
</tr>
<tr>
<td>Confer Vista</td>
<td>Confer Vista Drive Uniontown PA 15401</td>
<td>4 Tuesday 10:00am</td>
<td>Residents only</td>
</tr>
</tbody>
</table>
Masontown 1st. Presby. Church Street
Masontown PA 15461 2nd Wednesday 1-2pm
Masontown

McClellandtown Presby. Rt 21 & Springer Lane
McClellandtown PA 15458 1st Wednesday 10:30-1 pm McCellandtown/Adah/Ronco

Meridian Point 112 Confer Vista Drive
Uniontown PA 15401 4th Tuesday Residents

Mt. Calvary Baptist Route 857 Fairchance PA
15436 2nd Sat. 7:30-8:30am

Mt. Vernon Towers 177 W. Main St. Uniontown PA 15401 2nd Friday 9:30-10:30 am Residents

Mulligan Manor 700 Second St., Apt. 118
Brownsville PA 15417 2nd Tuesday 10:30-12noon Residents only

New Salem Presbyterian 27 S. Mill Street New Salem PA 15468 3rd Sat. 9-10 am New Salem/Buffington/Footedale/Republic

Oak Grove Ch. Of Christ 4723 Morgantown Road
Lake Lynn PA 15451 3rd Tuesday 9:30-10:30am
No REFEFFERALS

Oak Hill Baptist 100 Old Frame Rd Smithfield PA 15478 2nd Thursday 4:00 pm Smithfield/New Geneva

Outcrop 100 Mark Dr. Comm room Smithfield PA 15478 3rd Tuesday 10-11:30 am Residents only

Paradise U. Meth Rt. 982 Pleasantview Rd
Bullskin PA 15666 2nd Friday 9:30-10:30 am Bullskin/Scottdale/Everson Fayette Res

Perryopolis Mini. 203 Independent Rd
Perryopolis PA 15473 2nd Thursday 9-11 am Perryopolis/Wickhaven

Pleasantview Presby. 533 Royal Road Uniontown PA 15401 3rd Sat. 10-11 am Melan Twp/ Herbert/ Beir Hill

Pt. Marion UM 502 Morgantown Street Point Marion PA 15451 2nd Tuesday 12-1pm Pt. Marion/ LakeLynn/Smithfield

Rendu Services Sr. 453 Pechin Road Dunbar PA 15401 2nd Thursday 12 Dunbar/Fair side

Salvation Army 32 West Fayette Street
Uniontown PA 15401 Monday 9-12 after the 1st Friday Uniontown

Sansom Chapel 314 Nelson Road Farmington PA 15437 1st Thursday 9 am Farmington

Shilo Ch. Of God 55 Butler St. Uniontown PA 15401 1st Saturday 9:00 am East End

Snowden Terrace Sr. 431 Clover Street
Brownsville Pa 15417 4th Friday 9 Am Residents

South Hills Terr. 68 South Hills Terrace
Brownsville PA 15417 2nd Monday & Tuesday 9:30 Am Residents only

St. Paul's 67 N. Gallatin Ave. Uniontown PA 15401 2nd Tuesday 5:00-6:00 Pm Gallatin, Lin. Lea.Lex.Wal. Mill Ave Walkers

St. Peter's 118 Church St. Brownsville PA 15417 3rd Wednesday 11:00-12:30 PM Brownsville/Hiller

Surrey Hill 701 Surrey Hill Drive Uniontown PA 15401 2nd Wednesday 10:00-11:30 Am Residents only

Village of Searights Community Room
Uniontown PA 15401 3rd Wednesday 11 Residents only

YWBA 624 Duck Hollow Rd. Uniontown PA 15401 4th Wednesday 11AM South Union, Uledi, Rt 21 Old New Salem Rd
Washington City Mission  Samaritan Care Center allows people to shop for food when needed, up to twice per month. Meals are served daily out of our new Feed My Sheep Kitchen and Dining Hall, located at: 56 West Strawberry Avenue, Washington, PA 15301
  •  https://www.citymission.org/

Community Gardens:
Allison Park Elementary Community Garden
803 McGovern Rd, Houston, PA 15342

Highland ridge Neighborhood garden.
100 Forrest Avenue, Washington, PA 15301
Fred Fleet, 724-678-4225,
pres@highlandridgecdc.org

Monessen Community Garden
1614 Summit Ave., Monessen, PA 15062
Tami Ozegovich,
tozegovich@privateindustrycouncil.com

Saint Joan of Arc Church Community Garden
528 Trax Road, Finleyville, PA 15332
https://mystjoan.org

Farmers markets: https://www.pameals.pa.gov/MealsPublic/FarmMarkets/MarketSearch.aspx

Avella Farmers Market
Route 50 at the Fire Hall Parking Lot
Avella, PA 15312
Contact: Marcy Tudor, Phone: (724) 587-3763
Website: http://www.farmfreshavella.com
June – October; Sunday, 10:00 a.m. - 1:00 p.m

Waynesburg Farmers Market
90 W. High St., Waynesburg, PA 15370

Waynesburg Prosperous & Beautiful
P.O. Box 246, Waynesburg, PA 15370
724-627-7818
Contact: Barbara Wise
E-Mail: bwise@rjlg.com
American Legion parking lot on East Greene Street in Waynesburg, Pennsylvania
May – October, Wednesday, 10:00 a.m. - 2:00 p.m; Wednesdays, 2 - 5pm

The Original Farmers Market
Washington County, Pennsylvania
Contact: Francis Janoski
Route 50 W, Park Lane, McDonald, PA 15078
Phone: (724) 899-3438

Fencerow Farmers Market year-round
1604 East High Street in Waynesburg, Pennsylvania, 724-833-5979
Thursday - Fridays, 1 - 7:30pm, Saturdays, 9am - 3pm

WASHINGTON FARMERS MARKET
Washington Crown Center Mall(Franklin Mall)
Washington, PA
Contact: Bush Farmers, (724) 663-7344
July – October, Monday, Wednesday, & Friday, 5:30 p.m. - dark

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@mvrchamber.org 1 Chamber Plaza Charleroi, PA 15022 Contact: Chamber of Commerce Phone: (724) 483-3507 Website: www.charleroipa.org August – October, Thursday, 5 p.m. -9 p.m

Historic Downtown Uniontown Farmer’s Market (724) 437-1750 13 East Main St, Uniontown, PA 15401 www.commercialcenterassociates.com, Tara Rack, tara-cca@atlanticbbn.net

Bedners Farm and Greenhouse 315 Coleman Rd, McDonald, PA 15057

Brown’s Orchard and Cider Co. 267 Southview Rd, McDonald, PA 15057

Cherry Valley Organics, 87 Number Three Hill Rd, Burgettstown, PA 15021

Kern Farms 434 Valley View Rd, Eighty Four, PA 15330

Krenzelak’s Farm Market 85 McCormick Ln, Prosperity, PA 15329

Martins Lil Farm, 264 Letherman Bridge Rd, Scenery Hill, PA 15360

Matthews Farm And Greenhouse 116 Matthews Spur, Eighty Four, PA 15330

McDonald Trail Station Farmers Market 161 South McDonald St, McDonald, PA 15057

Over The Garden Gate 3228 Old National Rd, Richeyville, PA 15358

Peters Township Farmers Market 905 E McMurray Rd, Venetia, PA 15367

Simmons Farm Market 170 Simmons Rd, Mcmurray, PA 15317

Simmons Route 19 Market 2861 Washington Rd, Mcmurray, PA 15317

Stone Church Acres 318 Stone Church Rd., Finleyville, PA 15332

Taggart’s Orchard 184 Wotring Rd, Washington, PA 15301

Tara Hill Orchard 273 Fort Cherry Rd, Mcdonald, PA 15057

The Spring House 1531 Route 136, Washington, PA 15301

Trax Farms 528 Trax Road, Finleyville, PA 15332

Baker’s Farm Route 119, University Dr, Connellsville, PA 15425

Belle Vernon Farmers Market Route 906, Belle Vernon, PA 15012

Burnside Farm Market 136 Redstone Church Rd, Fayette City, PA 15438

Carolyn’s Farm And Greenhouses 190 Tony Row Rd, Star Junction, PA 15482

Caruso Farm 114 Grandview Rd, Acme, PA 15610

Christner’s Farm Market 800 Scottdale - Dawson Rd., Dawson, PA 15428

Connellsville Towers 120 East Peach St, Connellsville, PA 15425

Dudas Farm Inc. 157 Creek Road, Brownsville, PA 15417
Kreinbrook's Market
3856 Rt 31, Jones Mills, PA 15646

Kujawa Farm Market
294 Dawson Scottsdale Rd, Dawson, PA 15428

Perryopolis Flea Market
Route 51 South, Perryopolis, PA 15473

Republic Food Enterprise Center
40 Legion Street, Republic, PA 15475

Chessie's Market, 2760 East Roy Furman Hwy, Carmichaels, PA 15320

FOREVER GREENE HOUSE, 1937 W ROY
FURMAN HWY, WAYNESBURG, PA 15370

Little Greene Apples FS
610 Apple Hill Rd, Waynesburg, PA 15378

Amenity Farm & Greenhouse
2135 Mt Pleasant Rd, Greenburg, PA 15689

Chlebowski Organic Produce
909 Reservoir Street, Mt Pleasant, PA 15666

K & M Produce
803 Marko Farm Road, Irwin, PA 15642

Lynchfield Farmers Market
520 New Alexandria Rd, Greensburg, PA 15601

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Morris Farm
110 Slebodnik Road, Irwin, PA 15642

New Stanton Westbound Turnpike FM Plaza
New Stanton, PA 15672

Pa Specialty Food
427 Frick Avenue, Scottdale, PA 15683

Palmers Farm
1266 Bailey Farm Rd, Greensburg, PA 15601

Route 66 Farm Stand
1476 Business Rte 66, Greensburg, PA 15601

ROYAL MEADOW FARM
726 GREENHILLS RD, IRWIN, PA 15642

Sand Hill Berries, 304 Deer Field Road, Mount Pleasant, PA 15666

Schramm Farms And Orchard
1002 Blank Road, Jeannette, PA 15644

Simon's Orchard
7111 Route 819, Mount Pleasant, PA 15666

Teddy's Farm Market
8695 US Route 30, Irwin, PA 15642

Uschocks Farm Produce
314 Weavers Road, Greensburg, PA 15601

Wendel Springs Farm
337 Wendel Road, Irwin, PA 15637
General chronic diseases (cancer, diabetes, etc.) assets
- Self-management resource center: https://www.selfmanagementresource.com/
- American Cancer Society: www.cancer.org
- Our Club House: https://www.ourclubhouse.org/

Cancer Support Community
734 15th Street NW | Suite 300
Washington, DC 20005
Phone: 1-202-659-9709
Toll-free: 1-888-793-9355
Fax: 1-202-974-7999
Providing professional programs of emotional support, education and hope for people impacted by cancer at no charge so that no one faces cancer alone.: 1-888-793-9355, https://www.cancersupportcommunity.org/

CancerCare
22nd Floor
275 Seventh Avenue
New York, NY 10001
212-712-8400 (Administrative)
1-800-813-4673 (1-800-813-HOPE) (Responds to calls in English and Spanish)
info@cancercare.org
CancerCare provides free professional support for anyone affected by cancer. CancerCare programs include counseling and support groups, cancer education workshops, information on financial assistance, and practical help. Counseling is provided by oncology social workers and is available over the phone and face-to-face (available at offices in New York City, Long Island, New Jersey, and Connecticut). Support groups are offered online, via telephone, and in face-to-face groups. CancerCare also provides free publications, some in Spanish. Limited grants are available to eligible families for cancer-related costs like transportation and childcare. A section of the CancerCare Web site is available in Spanish.
https://www.cancercare.org/

Cancer Hope Network
Cancer Hope Network is a not-for-profit organization that provides free and confidential one-on-one support to cancer patients and their families. They provide that support by matching cancer patients and/or family members with trained volunteers who have undergone and recovered from a similar cancer experience. Through this matching process, they strive to provide support and hope, to help patients and family members look beyond the diagnosis, cope with treatment, and start living life to its fullest once again.
Phone: 877-HOPENET (467-3638)
Web site: www.cancerhopenetwork.org
**Medical marijuana:**
The Healing Center  
799 West Chestnut Street  
Washington, PA 15301  
724-914-4944  
http://www.thehealingcenterusa.com/

Maitri Medicinals - Uniontown  
27-31 West Main Street  
Uniontown, PA  
724-550-4565  
https://www.maitrimedicinals.com/

**Assets for mammography and late stage breast cancer**
Other needs identified that indirectly affect mammograms and late stage breast cancer include: heavy drinking; and access to healthy foods/fast foods. Please see these specific topics for a list of assets associated with them.

**PA Breast Cancer Coalition**
The PA Breast Cancer Coalition represents, supports and serves breast cancer survivors and their families in Pennsylvania through educational programming, legislative advocacy and unique outreach initiatives. The PBCC is a statewide non-profit organization that creates the hope of a brighter tomorrow by providing action and information to women with breast cancer today.  
Phone: 800-377-8828  
Web site: www.pabreastcancer.org

**Healthy Woman Program**
he HealthyWoman Program is a free breast and cervical cancer early detection program of the Pennsylvania Department of Health. It is funded by the Department of Health and through a grant the department receives from the Centers for Disease Control and Prevention. Free services for those meeting the eligibility standards include:  
Clinical breast examination;  
Mammogram;  
Pap and HPV tests; and  
Follow-up diagnostic tests for an abnormal screening result.  
HealthyWoman hotline at 1-800-215-7494.  
https://www.health.pa.gov/topics/programs/Pages/HealthyWoman-Program.aspx

**FORCE: Facing Our Risk of Cancer Empowered** (http://www.facingourrisk.org)
PMB #373  
16057 Tampa Palms Boulevard, West  
Tampa, FL 33647  
1-866-288-7475 (1-866-288-RISK) (Responds to calls in English only)  
info@facingourrisk.org  
FORCE: Facing our Risk of Cancer Empowered is a national nonprofit organization dedicated to improving the lives of individuals and families affected by hereditary breast and ovarian cancer. FORCE offers a toll-free, peer-support helpline staffed by volunteers who can discuss issues with callers, offer referrals to resources, or match callers with another peer counselor with similar experiences. FORCE also provides access to board-certified genetic counselors to answer general questions about genetics. Publications such as newsletters, brochures, and other print materials are available on the Web site.
Living Beyond Breast Cancer (http://www.lbcc.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@lbcc.org
Living Beyond Breast Cancer (LBCC) aims to empower all women affected by breast cancer to live as long as possible with the best quality of life. LBCC 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 LBCC 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. LBCC publishes Insight (quarterly educational newsletter), provides interactive message boards, and offers comprehensive guides, brochures, and transcripts and audio recordings of conferences. LBCC also offers education programs and services to help health care professionals counsel women affected by breast cancer. The LBCC Web site is available in Spanish.

National Breast and Cervical Cancer Early Detection Program (http://www.cdc.gov/cancer/nbcedp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov
The Centers for Disease Control and Prevention’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. The NBCCEDP provides screening support in all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian and Alaska Native organizations. Services provided include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal, and referrals to treatment. In 2000, Congress passed the Breast and Cervical Cancer Prevention and Treatment Act, which gives states the option to offer women in the NBCCEDP access to treatment through Medicaid. All 50 states and the District of Columbia have approved this Medicaid option. In 2001, with passage of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act, Congress explained that this option also applies to American Indians/Alaska Natives who are eligible for health services provided by the Indian Health Service or by a tribal organization. The NBCCEDP’s Web site provides detailed information about the program, contacts, and resource materials.
Find a Local NBCCEDP Program: (http://apps.nccd.cdc.gov/cancercontacts/nbcedp/contacts.asp)

National Breast Cancer Coalition (http://www.breastcancerdeadline2020.org/breast-cancer-information/)
Suite 1300
1101 17th Street, NW.
Washington, DC 20036
202-296-7477 (Responds to calls in English only)
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](http://www.cancer.org/Treatment/SupportProgramsServices/reach-to-recovery))

404-320-3333 (Responds to calls in English only)
1-800-227-2345 (1-800-ACS-2345) (Responds to calls in English and Spanish)
Reach to Recovery is an American Cancer Society (ACS) program designed to help both women and men cope with breast cancer. Trained volunteers support patients through face-to-face visits or by phone before, during, and after breast cancer treatment. Program services and activities vary depending on the location. To locate a Reach to Recovery program in your area call the toll-free number or search online at the link provided in the Additional Resources section.

**Sisters Network®, Inc.** ([http://www.sistersnetworkinc.org](http://www.sistersnetworkinc.org))

2922 Rosedale Street
Houston, TX 77004
713-781-0255 (Responds to calls in English only)
1-866-781-1808 (Responds to calls in English only)
infonet@sistersnetworkinc.org
Sisters Network® Inc. (SNI) is a national African American breast cancer survivorship organization that addresses the breast health needs of African American women through its affiliate chapters and partnerships with existing service providers. Sisters Network has a breast cancer assistance program (B-CAP) that provides assistance to women facing financial challenges after diagnosis. The program provides financial assistance for mammograms, copays, office visits, prescriptions, and medical-related lodging and transportation. An application form to apply for assistance may be obtained by calling or sending in a request via e-mail.

**Susan G. Komen for the Cure®** ([http://www.komen.org](http://www.komen.org))

Suite 250
5005 LBJ Freeway
Dallas, TX 75244
1-877-465-6636 (1-877 GO KOMEN) (Responds to calls in English and Spanish)
Susan G. Komen for the Cure® is a grassroots network of breast cancer survivors and activists working together to save lives, empower people, ensure quality care for all and energize science to find the cures. The 1-877 GO KOMEN helpline provides free, professional support services to anyone with breast health and breast cancer concerns, including breast cancer patients and their families. Susan G. Komen for the Cure has funded research grants and community-based outreach projects that focus on breast health education and breast cancer screening and treatment for the medically
underserved. Staff can respond to calls in Spanish, some publications are available in Spanish. A version of their Web site is available in Spanish.

"tlc" Tender Loving Care® (http://www.tlcdirect.org)
Post Office Box 395
Louisiana, MO 63353
1-800-850-9445 (Responds to calls in English and Spanish)
customerservice@tlccatalog.org
"tlc" Tender Loving Care is part of ACS Products, Inc., an affiliate of the American Cancer Society (ACS). It is a “magalog” (magazine/catalog) that combines helpful articles and information with products for women coping with cancer or any cancer treatment that causes hair loss. It allows women to order products for special needs that are sometimes difficult to find in the community. Products include wigs, hairpieces, breast forms, prostheses, bras, hats, turbans, swimwear, and helpful accessories at the lowest possible prices.

Young Survival Coalition (http://www.youngsurvival.org)
Suite 2235
61 Broadway
New York, NY 10006
646-257-3000 (Responds to calls in English only)
1-877-972-1011 (1-877-YSC-1011) (Responds to calls in English only)
info@youngsurvival.org
The Young Survival Coalition (YSC) focuses on issues unique to young women who are diagnosed with breast cancer. YSC works with survivors; caregivers; and the medical, research, advocacy, and legislative communities to improve the quality of life for women age 40 and under who have been diagnosed with breast cancer. YSC's affiliate network provides peer-support and networking opportunities for young women in all stages of the treatment and recovery cycle. The Coalition also hosts teleconferences, conferences, and retreats for young women newly diagnosed with breast cancer, women diagnosed with metastatic breast cancer, and community volunteers interested in leadership development. YSC offers a SurvivorLink program that matches young women facing breast cancer with a survivor who shared a similar diagnosis. YSC also produces educational materials. Some publications are available in Spanish. Additionally, Spanish-speaking volunteers are available to serve as survivor matches in its peer-support program.

Assets for colorectal cancer, invasive colorectal cancer

Colon Cancer Alliance (http://www.ccalliance.org)
Suite 1066
1025 Vermont Avenue, NW.
Washington, DC 20005
202-628-0123 (Responds to calls in English only); 1-877-422-2030 (Helpline) (Responds to calls in English only); 1-866-278-0392 (Clinical Trials Matching Service) (Responds to calls in English only)
info@ccalliance.org
The Colon Cancer Alliance (CCA) is a national patient advocacy organization dedicated increasing colorectal screening rates and survivorship. CCA provides patient support, offers educational resources, focuses on advocacy work for colon cancer patients and their families, and works with other organizations to increase research funding. CCA provides a Helpline and the CCA Buddy
Program, which matches survivors and caregivers with others in a similar situation for one-on-one support. CCA Chapters are available in some states.
Categories: Colorectal, Advocacy, Peer/Buddy Programs

Colorectal Cancer Control Program (http://www.cdc.gov/cancer/crccp)
Mail Stop K-64
4770 Buford Highway, NE.
Atlanta, GA 30341
1-800-232-4636 (1-800-CDC-INFO) (Responds to calls in English and Spanish)
cdcinfo@cdc.gov

The Centers for Disease Control and Prevention’s (CDC) Colorectal Cancer Control Program (CRCCP) provides funding to 22 states and 4 tribal organizations across the United States until 2014. The program provides colorectal cancer screening and follow-up care to low-income men and women age 50-64 who are underinsured or uninsured. When possible, screening services are integrated with other publicly funded health programs or clinics that serve underserved populations, such as CDC’s National Breast and Cervical Early Detection Program, CDC’s WISEWOMAN Program, and the Health Resources and Services Administration’s Health Centers. Another component of CDC’s CRCCP is to increase colorectal screening by using evidence-based strategies to promote screening. The 22 states and 4 tribal organizations that received funding are Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Iowa, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, New York, Oregon, Pennsylvania, South Dakota, Utah, Washington, Alaska Native Tribal Health Consortium, Arctic Slope Native Association Screening for Life Program, South Puget Intertribal Planning Agency, and Southcentral Foundation.
Contact a Colorectal Cancer Control Program (CRCCP): (http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=4)

Colorectal CareLine (http://www.colorectalcareline.org)
421 Butler Farm Road
Hampton, VA 23666
1-866-657-8634, option 1 (Responds to calls in English and Spanish)
CCL@patientadvocate.org

The Patient Advocate Foundation’s Colorectal CareLine is a patient/provider hotline designed to provide assistance to patients who have been diagnosed with colorectal cancer and are seeking education and access to care. The Colorectal CareLine is staffed by a team of clinical case managers with both nursing and social work backgrounds who provide individualized service to colorectal cancer patients, their caregivers, and providers who are seeking information and/or assistance. Staff can help with direct appeals assistance, referrals and linkage to educational resources, referrals to co-payment programs, referrals to local, state, and/or national resources for financial assistance, and case management services to uninsured patients.

Fight Colorectal Cancer (http://www.fightcolorectalcancer.org)
Suite 204
1414 Prince Street
Alexandria, VA 22314
703-548-1225 (Responds to call in English only); 1-877-427-2111 (1-877-4CRC-111) (Responds to calls in English only)
info@fightcolorectalcancer.org
Fight Colorectal Cancer works to bring political attention to the needs of colorectal cancer patients. The organization educates and supports patients and caregivers, pushes for changes in policy that will increase and improve research, and empowers survivors to raise their voices against the status quo. Answer Line is their toll-free service that responds to questions about colorectal cancer and provides information about clinical trials. An Advocate Toolbox is available that provides the materials to get involved with colorectal cancer advocacy in your local area. Free, regularly scheduled online Webinars are available for the patient community.

Lynch Syndrome International (http://www.lynchcancers.com)
Post Office Box 5456
Vacaville, CA 95688
707-689-5089 (Responds to calls in English only)
info@lynchcancers.org
Lynch Syndrome International (LSI) provides support for individuals afflicted with Lynch syndrome (a hereditary disorder that places a person at higher risk of developing colorectal cancer, endometrial cancer, and various other types of aggressive cancers), increases public awareness of the syndrome, educates members of the general public and health care professionals, and provides support for Lynch syndrome research endeavors. LSI is an all volunteer organization founded and governed by Lynch syndrome survivors, their families, and health care professionals who specialize in Lynch syndrome. The LSI Web site has comprehensive information on diagnosis, treatment, and follow-up issues for people with Lynch Syndrome.

**Assets for diabetes (deaths)**
Other needs identified that directly impact diabetes deaths are: tobacco use and access to healthy foods/fast foods. Please see these specific topics for a list of assets associated with them.

**local:**
**American Diabetes Association**
http://www.diabetes.org/in-my-community/
Local: American Diabetes Association-Pittsburgh
Two Chatham Center, Suite 1520, 112 Washington Place, Pittsburgh, Pennsylvania, 15219, pittsburgh@diabetes.org, 412-824-1181

**Internet:**
- **American Association of Diabetes Educators**: [www.diabeteseducator.org](http://www.diabeteseducator.org)
  To help locate Certified Diabetes Educators and diabetes education programs in local areas.
  https://www.diabeteseducator.org/living-with-diabetes/find-an-education-program
- **PA State Website**
  https://www.health.pa.gov/topics/disease/Pages/Diabetes.aspx
- Online diabetes coach (Novo-Nordisk)
- **National Diabetes Education Program**: [https://www.niddk.nih.gov/health-information/communication-programs/ndep](https://www.niddk.nih.gov/health-information/communication-programs/ndep)
Assets for suicide:

Local:
The Washington County Behavioral Health and Developmental Services (BHDS) has administrative oversight of Behavioral Health Services (Mental Health), Children and Adolescent Services, Early Intervention, and Intellectual Disabilities (formerly Mental Retardation) programs in the county. Operating under the Mental Health and Intellectual Disabilities Act of 1966, we administer a wide range of services including, but not limited to:

Emergency and Crisis Services
Washington County Crisis Line, 1 877-225-3567
https://www.co.washington.pa.us/155/Behavioral-Health-Developmental-Services

Fayette County Behavioral Health Administration
215 Jacob Murphy Lane
Uniontown, PA 15401
Phone: 724-430-1370
Fax: 724-430-1386
Emergency: 724-437-1003
https://www.fayettecountypa.org/264/Behavioral-Health
http://fayette.pa.networkofcare.org/mh/
http://pa211sw.org/

VBH-PA Toll-Free Member Telephone numbers
Greene 1-877-688-5973
TTY (hearing impaired) 1-877-615-8502
https://www.vbh-pa.com/vbh-counties/greene-county/

Westmoreland County Behavioral Health and Substance Abuse Service System
Referral & Intake to Services: Westmoreland Case Management & Supports Inc.
1-800-353-6467
https://www.co.westmoreland.pa.us/843/Behavioral-Health

Internet:
Prevent Suicide PA
http://www.preventsuicidepa.org/resources
Call 1-800-273-TALK or 1-800-SUICIDE (1-800-784-2433)

The National Suicide Prevention Lifeline, funded by the Federal Government. It provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest crisis center in their area. http://www.suicidepreventionlifeline.org/

Advancing Suicide Prevention is a new and provocative publication in the health policy/social services arena. This bimonthly magazine presents issues, trends and state-of-the-science on suicide prevention from diverse perspectives and for diverse audiences. http://www.advancingsp.org/

The American Association of Suicidology has a comprehensive listing of crisis centers as well as a national directory of support groups for survivors of suicide. http://www.suicidology.org/
American Foundation for Suicide Prevention is a national organization with information on suicide prevention programs and support for people who have lost a loved one to suicide. http://www.afsp.org/

LivingWorks Education Inc. LivingWorks has been helping communities become suicide-safer since 1983. Their programs are part of national, regional and organizational suicide prevention strategies around the world. Developed using Rothman’s Social R&D Model, their programs prepare community helpers to intervene and prevent suicide. These learning experiences are interactive, practical, regularly updated and customizable. Comprehensive, layered and integrated, there is a program for everyone who wants to help. http://www.livingworks.net/

The QPR Institute offers comprehensive suicide prevention training programs and educational and clinical materials for the general public, professionals, and institutions. Please also refer to our online training page for more information. http://www.qprinstitute.com/

Mindwise offers organizations the tools to provide screening and education for today’s most pressing mental health problems: depression, bipolar disorder, alcohol problems, generalized anxiety disorder and post traumatic stress disorder. They also offer suicide prevention programs across the lifecycle and programs that help government agencies address disaster mental health. https://www.mindwise.org/

Substance Abuse and Mental Health Services Administration (SAMHSA) The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA is gearing all of its resources -- programs, policies and grants -- toward that outcome. https://www.samhsa.gov/programs

Suicide: Finding Hope To battle the stigma of suicide, we offer comprehensive information about what suicide is, who it affects, and how we can help people find hope again. www.suicidefindinghope.com

The Suicide Prevention Resource Center (SPRC) supports suicide prevention with the best of science, skills and practice. The Center provides prevention support, training, and informational materials to strengthen suicide prevention networks and advance the National Strategy for Suicide Prevention. http://www.sprc.org/

National Support Groups
National Mental Health Consumers' Self-Help Clearinghouse connects people to self-help and advocacy resources and offer expertise to and about peer-run groups and organizations that serve people who have been diagnosed with mental illnesses. http://www.mhselfhelp.org/

Suicide Anonymous is based on the Twelve Steps of Alcoholics Anonymous. This is a program designed to help people with suicidal preoccupation and behavior. http://www.suicideanonymous.net/

Youth Suicide Prevention Resources
**Active Minds on Campus** is the nation's only peer-to-peer organization dedicated to the mental health of college students. The organization serves as "the young adult voice" in mental health advocacy on more than fifty college campuses nationwide. [https://www.activeminds.org/](https://www.activeminds.org/)

**The Jason Foundation, Inc** The mission of The Jason Foundation, Inc. is to help educate young people, parents, teachers, and others who work with young people about youth suicide. They offer programs, seminars and support materials to promote awareness and prevention. [http://www.jasonfoundation.com/](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/](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/](http://www.save.org/)

**Yellow Ribbon Suicide Prevention Program** is a community-based program that uses a universal public health approach, offering workshops and services for schools, community organizations and parents. [http://www.yellowribbon.org/](http://www.yellowribbon.org/)

**Riding the Waves** is developmentally appropriate for 5th grade students and taught by elementary school counselors. Lessons address healthy emotional development, depression, and anxiety. This curriculum’s overarching goal is to build the emotional skills within children to prevent suicide at its earliest stages. [https://www.crisisconnections.org/get-training/schools/](https://www.crisisconnections.org/get-training/schools/)

**The Youth Suicide Prevention School-Based Guide** is designed to provide accurate, user-friendly information. The Guide is not a program but a tool that provides a framework for schools to assess their existing or proposed suicide prevention efforts (through a series of checklists) and provides resources and information that school administrators can use to enhance or add to their existing program. [http://theguide.fmhi.usf.edu/](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/](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/](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/](http://www.amhca.org/)

**The American Psychiatric Association** is a medical specialty society recognized worldwide. Over 35,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and
substance-related disorders. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment. http://www.psych.org/

**American Psychological Association.** Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With 150,000 members, APA is the largest association of psychologists worldwide. http://www.apa.org/

**ClinicalTrials.gov** ClinicalTrials.gov is a registry of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health care professionals. http://clinicaltrials.gov/

**Depression and Bipolar Support Alliance (DBSA)** provides information and available resources including support groups for depression and bipolar disorder. http://www.dbsalliance.org/

**Families for Depression Awareness** This is a non-profit organization dedicated to helping families recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families and friends. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression. http://www.familyaware.org/

**The Glendon Association** is an organization whose mission is to save lives and enhance mental health by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships. They conduct research and share what they know through various workshops, publications, and educational documentaries. http://www.glendon.org/

**Mental Health America** (formerly known as the National Mental Health Association). MHA is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. http://www.nmha.org/

**National Alliance on Mental Illness (NAMI).** NAMI is the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. http://www.nami.org/.

**National Association of Cognitive-Behavioral Therapists.** The NACBT is the leading organization dedicated exclusively to supporting, promoting, teaching, and developing cognitive-behavioral therapy and those who practice it. http://www.nacbto.org/.

**National Institute of Mental Health's (NIMH) Outreach Partnership Program.**
https://www.nimh.nih.gov/health/topics/depression/index.shtml

**No Kidding, Me Too! Removing the Stigma from Mental Illness.** No Kidding, Me Too! is an organization whose purpose is to remove the stigma attached to brain dis-ease through education and the breaking down of societal barriers. Their goal is to empower those with brain dis-ease to
admit their illness, seek treatment, and become even greater members of society. http://www.nkm2.org/.

GLBTQ (Gay, Lesbian, Bisexual, Transgendered, Questioning) Resources
The Trevor Helpline This is a national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth. Calls are handled by highly trained counselors and are free and confidential. http://www.thetrevorproject.org/

The Attic (215-545-4331) is the largest lesbian, gay, bisexual, and transgendered youth center in the Philadelphia area. It provides a safe space for social activities and interaction for queer youth, as well as sexual education, counseling, support, psychological services, and crisis intervention. http://www.atticyouthcenter.org/index.php
Gay, Lesbian, Bisexual and Transgender (GLBT) National Hotline, a program of the www.GLBTNationalHelpCenter.org - Toll-free hotline: 1-888-843-4564

The Gay, Lesbian and Straight Education Network, or GLSEN, is working to ensure safe and effective schools for all students. Their website includes information about the Philadelphia Chapter. www.glsen.org

The Pennsylvania Youth Suicide Prevention Initiative and the Pennsylvania Adult/Older Adult Suicide Prevention Coalition are striving to raise awareness about suicide and its prevention so that fewer Pennsylvanians experience the pain and grief resulting from the suicide death of a loved one. To learn more about OMHSAS Initiatives, visit www.parecovery.org

Mental Health Association in Pennsylvania The Mental Health Association in Pennsylvania, which reflects the ethnic and cultural diversity of the Commonwealth, works on behalf of mental health through advocacy, education and public policy. http://www.mhap.org/

Pennsylvania Mental Health Consumers’ Association is a statewide membership organization representative of the individual and collective expression of people who have recovered or are recovering from mental illness. http://www.pmhca.org/

Survivor of Suicide Resources
Survivors of Suicide The purpose of Survivors of Suicide is to help those who have lost a loved one to suicide resolve their grief and pain in their own personal way. http://www.survivorsofsuicide.com/

The Link National Resource Center is a leading resource in the country for suicide prevention and aftercare. It is dedicated to reaching out to those whose lives have been impacted by suicide and connecting them to available resources. 404-256-2919. https://www.thelink.org/

The Dougy Center National Center for Grieving Children and Families is the first center in the United States to provide peer support groups for grieving children. http://www.dougy.org/
**Friends for Survival, Inc.** A National Outreach Program for Survivors of Suicide Loss
Friends for Survival, Inc. is an organization of people who have been affected by a death caused by suicide. They are dedicated to providing a variety of peer support services that comfort those in grief, encourage healing and growth, foster the development of skills to cope with a loss and educate the entire community regarding the impact of suicide. http://www.friendsforsurvival.org/

QPR Gatekeeper Training: *Three simple steps that can save a life.*
https://qprinstitute.com/individual-training
A "Gatekeeper" is someone in the position to recognize a crisis and the warning signs that someone may be contemplating suicide. Gatekeepers include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, fire fighters and many others who are strategically positioned to recognize and refer someone at risk of suicide.

QPR Online https://qprinstitute.com/
**QPR Online** is an online suicide prevention gatekeeper training hosted by actress and author, Carrie Fisher, and uses Web-based technology, compelling graphics, streamed video and interactive learning dynamics to teach:
After completing a post-course survey, evaluation and passing a 15-item quiz on QPR, a printable Certificate of Course Completion is available. To reinforce online QPR gatekeeper training, all self-paced learners receive an enriched program review (an e-version of the QPR booklet and option to print a wallet card) immediately after completing training. On request, a hard copy QPR booklets and card are available. Upon completion of training, learners also receive courtesy email reminders to review and recap their training experience at six weeks, at 46 weeks, and one more time just before their training account closes.

Applied Suicide Intervention Skills Training (ASIST) http://www.sprc.org/resources-programs/applied-suicide-intervention-skills-training-asist
**ASIST** is similar to QPR, but this training program offers more in-depth intervention tactics. The aim of **ASIST** is to teach caregivers the necessary skills to provide emergency psychological first aid in situations involving suicidal behavior. The emphasis of the **ASIST** workshop is on suicide first aid, on helping a person stay safe and seek further help. The program is conducted over two days. For a complete list of trainings and programs we offer, click HERE.

People trained in *suicide prevention* learn how to recognize the warning signs of a suicide crisis and how to offer hope and help someone, often saving their life. Click below to learn more about *suicide prevention training/presentations* for the following audiences:
Educational Institutions
Companies
Community Organizations
Additional Programs

**The Suicide Prevention Resource Center** (SPRC), has designed a summary of the different suicide prevention programs. Visit their website, www.sprc.org, to obtain these summaries.

Assets for dental care

Centerville clinics
www.centervilleclinics.com

- Joseph A. Yablonski Memorial Clinic
  1070 Old National Pike
  Fredericktown, PA 15333
  724-632-6801

- Republic Office
  1006 Main St
  Republic, PA 15475
  724-246-9434

- The Charleroi Medical and Dental Center
  200 Chamber Plaza
  Charleroi, PA 15022
  724-483-5482

- Connellsville Medical and Dental Office
  208 S Arch St
  Connellsville, PA 15425
  724-626-2630

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

Cornerstone Care Dental Centers
www.cornerstonecare.com
Serves pediatric patients at Waynesburg and Washington locations. Also has Mobile Unit.

- Dental & Behavioral Health Center of Waynesburg
  501 West High Street,
  Waynesburg, PA 15370
  724-852-1001

- Community Health Center of Greensboro
  7 Glassworks Road
  Greensboro, PA 15338
  724-943-3308

- Community Health Center of Mount Morris
  120 Locust Ave. Extension
  Mt. Morris, PA 15349
  724-324-9001

- Community medical and dental plaza,
  1227 Smith Township State Road
  Burgettstown, PA 15021-2828
  724-947-2251

- Community Dental of Uniontown
  140 N. Beeson Avenue Suite 400
  Uniontown, PA 15401
  724-439-8170

Donated dental Services, www.NFDH.org
412-243-4866