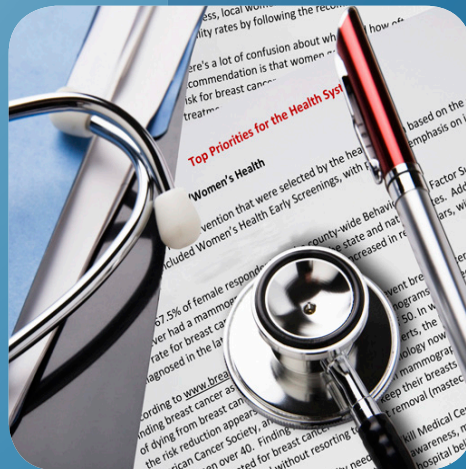# JEFFERSON
## REGIONAL MEDICAL CENTER

2012 Community Health Needs Assessment
# EXECUTIVE SUMMARY

# MESSAGE TO THE COMMUNITY

Jefferson Regional Medical Center is proud to present its 2012-2013 Community Health Needs Assessment (CHNA) Report. This report includes a comprehensive review and analysis of data regarding the health issues and needs of the individuals residing in the service region of Jefferson Regional. The overall service region encompasses the lower Monongahela Valley and South Hills regions of Allegheny County, the southwest corner of Westmoreland County and the northwest section and selected communities in the northwest corners of Fayette and Washington counties. The primary service region includes the communities (defined by zip code) of Pleasant Hills, Clairton/Jefferson Hills, West Mifflin, Brentwood, Homestead/Waterfront, Elizabeth, Belle Vernon, Bethel Park, South Park, Finleyville, Mount Oliver, McKeesport, Glassport, Monongahela, Liberty/Port Vue and Hazelwood.

This study was conducted to identify the health needs and issues of the region and to provide useful information to public health and health care providers, policy makers, collaborative groups, social service agencies, community groups and organizations, churches, businesses, and consumers who are interested in improving the health status of the community and region. The results enable the medical center, local health department and other providers to more strategically establish priorities, develop interventions and commit resources.

Improving the health of the community is the foundation of the mission of Jefferson Regional Medical Center and an important focus for everyone in the service region, individually and collectively. In addition to the education, patient care and program interventions provided through the medical center, we hope the information in this study will encourage additional activities and collaborative efforts to improve the health status of the community.

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# EXECUTIVE SUMMARY

The 2012-2013 Jefferson Regional Medical Center Community Health Needs Assessment was conducted to identify primary health issues, current health status and needs and to provide critical information to those in a position to make a positive impact on the health of the region's residents. The results enable community members to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

To assist with the CHNA , Jefferson Regional retained Strategy Solutions, Inc., a planning and research firm with the mission to create healthy communities, to facilitate the process and formed a Steering Committee.  Planning for the assessment began in late 2011, following best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association in their CHNA Toolkit.  The process was also designed to ensure that the report meets the requirements in the latest draft IRS 990 guidelines.  This Community Health Needs Assessment included a detailed examination of the following areas that became the chapters outlined in the study:

- Demographics and Socio-Economic Indicators
- Infectious Disease
- Access to Quality Health Care
- Mental Health & Substance Abuse
- Chronic Disease
- Physical Activity and Nutrition
- Healthy Environment
- Tobacco Use
- Healthy Mothers, Babies & Children
- Injury

Secondary data on disease incidence and mortality as well as behavioral risk factors were gathered from the PA Department of Health and the Centers for Disease Control as well as the Healthy People 2020 website for the hospital's total service area encompassing parts of Allegheny, Fayette, Washington and Westmoreland counties.  Aggregate utilization data was included from Jefferson Regional Medical Center patient records as well as the Pennsylvania Health Care Cost Containment Council.  Demographic data was collected from the Nielsen Claritas (www.claritas.com) demographic database as well as primary data collected specifically for this study were based on the primary service area, including a more focused geography including the communities of Pleasant Hills, Clairton/Jefferson Hills, West Mifflin, Brentwood, Homestead/Waterfront, Elizabeth, Belle Vernon, Bethel Park, South Park, Finleyville, Mount Oliver, McKeesport, Glassport, Monongahela, Liberty/Port Vue and Hazelwood.  A telephone survey of 400 respondents following the Behavioral Risk Factor Surveillance Survey (BRFSS) Methodology was conducted, along with nine Focus Groups and seven in-depth Stakeholder Interviews.

After review and analysis, the data suggested 39 distinct issues, needs and possible priority areas for intervention. After prioritization and discussion, the Steering Committee identified Women's Health as the top priority area for intervention and action planning. The Jefferson Regional Board of Directors approved the implementation strategy/ action plan on May 20, 2013.

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# METHODOLOGY

Jefferson Regional Medical Center formed a Steering Committee that consisted of medical center board members, community leaders and staff to guide this study. The Steering Committee met a total of nine times between April 2012 and January 2013 to provide guidance on the components of the Community Health Needs Assessment. Fundamental to the community health needs assessment was community support and engagement. This support and engagement came by way of participation of the Steering Committee as well as through a community survey of 400 residents, focus groups and interviews. Individuals and organizations engaged included those with special knowledge or expertise in public health, state, regional and local health-related agencies with current data and other information relevant to the needs of communities served by the hospital as well as leaders and representatives of medically underserved, low-income or minority populations and populations with chronic disease needs.

The CHNA process follows best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals. In addition, the Jefferson Regional CHNA process was supported by and meaningfully engaged a cross section of community leaders, agencies and organizations with the goal of working together to achieve healthier communities. This report provides an overview of the needs of the primary service area.

## Service Area Definition

At the time that this community health needs assessment process was conducted, the Internal Revenue Service (IRS) had not finalized its guidelines for Community Health Needs Assessments. Available information published by the IRS and American Hospital Association suggested that the service area selected for the study equal the geography from which 75% of the hospital discharges originate. This study was designed to collect disease incidence and prevalence data for the entire service territory, and to focus the primary data collection efforts (Behavioral Risk Factor Surveillance Survey, Focus Groups and Stakeholder Interviews) in the primary service area. The overall service area encompasses the lower Mon Valley and South Hills regions of Allegheny County, the southwest corner of Westmoreland County and the northwest sections of Fayette and Washington counties. The primary service area includes the communities of Pleasant Hills, Clairton/Jefferson Hills, Brentwood, Homestead/Waterfront, Elizabeth, Belle Vernon, Bethel Park, South Park, Finleyville, Mount Oliver, McKeesport, Glassport, Monongahela, Liberty/Port Vue and Hazelwood.

## Asset Inventory

Jefferson Regional identified the existing health care facilities and resources within the community. Information included in the asset inventory and map was extracted from the Jefferson Regional senior services and case management databases.

## Qualitative and Quantitative Data Collection

In an effort to examine health-related needs of the service area residents of the service area and to meet all known guidelines and requirements of the published IRS 990 standards, the consulting team employed both qualitative and quantitative data collection and analysis methods. The Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included.

The secondary data collection process included demographic and socioeconomic data obtained from Nielsen/Claritas and the US Census Bureau (www.census.gov), disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics, BRFSS data collected, the Centers for Disease Control, Healthy People 2020 goals (www.healthypeople.gov/2020), and the US Department of Agriculture. Selected inpatient and outpatient utilization data were obtained from Jefferson Regional Medical Center, the Pennsylvania Health Care Cost Containment Council and the County Health Rankings (www.countyhealthrankings.org).

The primary data collection process included a Behavioral Risk Factor Surveillance Survey following the data collection protocols and questions designed by the Centers for Disease Control with a representative sample of 400 Primary Service Area residents, conducted by Strategy Solutions, Inc. and Moore Research Services. Seven individual stakeholder interviews were conducted by members of the consulting team to gather a personal perspective from those who have insight into the health of a specific population group or issue, the community or the region, along with nine focus groups to gather information directly from various groups that represent a particular interest or area.

## Needs/Issues Prioritization Process

On September 25, 2012, the Steering Committee reviewed the primary and secondary data collected through the needs assessment process and discussed and identified key needs and issues present in the community. On October 10, 2012, the Steering Committee reviewed the needs and issues identified in the Community Needs Assessment Process and prioritized the issues in order to identify potential intervention strategies and an action plan. In preparation for the October 10 meeting, four criteria were identified for evaluation of issues: accountable entity, magnitude, variance against benchmarks and capacity to implement evidence based solutions. The participants completed the prioritization exercise using the OptionFinder audience response polling technology to quickly rate/rank the issues based on the various criteria.

## Action Planning Process

Following prioritization, Jefferson Regional staff met to discuss the identified priorities and possible intervention strategies and action plans. The top five priority need areas were discussed relative to the medical center's mission, current capabilities and focus areas. On November 5, the Steering Committee recommended the key focus for intervention action plans. The group consensus during that discussion was that "Access to Women's Health" would be the focus area for intervention.

Following concurrence of the Steering Committee, clinical and administrative leaders developed implementation strategies and an action plan along with time frame and budget associated with the activities. Needs identified by the CHNA that are not part of the implementation strategy are being addressed by existing community assets, necessary resources to meet these needs are lacking, or these needs fall outside of the Jefferson Regional areas of expertise.

## Review and Approval

The final implementation strategies and action plan were presented to and approved by the Jefferson Regional Board of Directors on May 20, 2013.

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# GENERAL FINDINGS

## Demographics

The population of the Jefferson Regional Service Area was estimated to be 269,289 in 2012.  During the past twenty years, the population has declined and is expected to continue to decline during the next five years by an additional 2.2%.  The population of the Jefferson Regional Service area is predominantly white, at more than 85% of the service area population.  The African-American population represents 10.8% of the service territory population, with the remainder made up of a combination of small populations of other races.  A significant percentage of the population is age 55 or older (31.5%).  A slight majority of residents are female (52.5%). The largest percentage of the service area population is married with spouse present (47%), although about a third of the population (30.7%) has never been married. The largest percentage of residents (39.6%) have graduated from high school (or have a GED).  The second largest percentage of the population of the service area (18.3%) has some college education but does not have a degree.

 The average household income in the service area is $54,344; the median household income is $42,896 and the estimated per-person income is $23,981. Although the largest percentage of the residents of the service area (19.2%) has incomes between $50,000 and $74,999, almost half of the population (41.3%) of the service area has incomes less than $35,000/year. Approximately 10% of the families of the service area and 7.6% of the families with children live in poverty.  African American households have the lowest household income at $25,061 as compared to White households at $45,600.  Asian/Pacific Islander households have the highest household income at $78,125.

A sizable portion (13.7%) of households do not own a vehicle.  Additionally, much of the service area is not served by public transportation.  More than a third of the residents (38%) are currently not in the labor force. Only about a quarter (24%) of the service area population travels less than 15 minutes per day to work.  The largest percentage of residents (32.6%) travels between 15 and 29 minutes to work.  The remainder (43.4%) travels more than a half hour to work.  Overall, the average travel time to work in minutes for the service area population is 30.2 minutes.

## Asset Inventory

The community assets and resources identified for the Jefferson Regional service area are organized into two categories:  Medical Services and Senior Care Services.  Many of the assets and resources are concentrated in the northern portion of the service area, and within the city of Pittsburgh.

## Service Area Key Findings

The results of the service area BRFSS and public health data analysis indicate that the region is comparable to state and national rates for many indicators. However, many rates have not met the Healthy People 2020 goals, including the percentage of adults with no health insurance, who did not see a doctor or get prescriptions in the past year due to cost, current smokers and the percentage of females receiving a pap test in the past 3 years. The rates of adult obesity are higher than the Commonwealth and national rates, as is the percentage of adults who have ever been told they have diabetes, diabetes mortality rates, and type 1 and 2 diabetes in children.  Breast cancer rates are increasing, are above the Commonwealth rate as well as the Healthy People 2020 goal.  Ovarian and prostate cancer rates are increasing along with other maternal/child health indicators including low birth weight babies, mothers on Medicaid and teen pregnancy rates in select portions of the service area.

The following tables provide a summary of the quantitative data:

# Key Findings

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Yellow signifies that some of the service area region(s) is better and some are worse than the comparison. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

The tables presented on the next few pages highlighting the key findings of the secondary data and Behavioral Risk Fator Survey.

| Behavior Risk | BRFSS Service Area 2012 | Allegheny 2008-10 | Westmoreland 2008-10 | Fayette, Greene, Washington 2008-10 | PA 2008-10 | US 2010 | HP 2020 Goal | PA Comp | US Comp | HP 2020 Comp |
|---|---|---|---|---|---|---|---|---|---|---|
| **ACCESS** | | | | | | | | | | |
| Reported Health Poor or Fair | 24.5% | 14.0% | 16.0% | 22.0% | 15.0% | 14.7% | | +/- | +/- | |
| Physical Health Not Good for 1+ Days in the Past Month | | 36.0% | 33.0% | 38.0% | 37.0% | | | +/- | | |
| Poor Physical or Mental Health Preventing Usual Activities 1+ Days in the Past Month | | 21.0% | 19.0% | 20.0% | 21.0% | | | +/- | | |
| No Health Insurance (Ages 18-64) | 9.3% | 12.0% | 13.0% | 15.0% | 13.0% | 17.8% | 0% | +/- | - | + |
| No Personal Health Care Provider | | 13.0% | 8.0% | | 11.0% | | 16.1% | +/- | | - |
| No Personal Health Care Provider (Age 18-44) | | 24.0% | 12.0% | 10.0% | 17.0% | | 16.1% | +/- | | +/- |
| Routine Check-up Within the Past 2 Years | 87.1% | 83.0% | 84.0% | 85.0% | 83.0% | | | +/- | | |
| Needed to See a Doctor But Could Not Due to Cost, Past Year | 9.3% | 10.0% | 7.0% | 10.0% | 11.0% | | 4.2% | - | | + |
| Percent who saw a dentist in past 12 months | 62.8% | | | | | | 90.0% | | | - |
| Percent of emergency room visits in past 12 months | 29.0% | | | | | | | | | |
| Percent Urgent Appointment with Doctor same day | 34.0% | | | | | | | | | |
| Percent Routine Appointment with Doctor Within a week | 61.6% | | | | | | | | | |
| Percent need prescription (s) but couldn't due to costs in past 12 months | 13.8% | | | | | | 2.8% | | | + |
| **CHRONIC DISEASE** | | | | | | | | | | |
| Percent of females who have had a mammogram < 2 years | 29.1% | | | | | | | | | |
| Percent of females who have had a Pap test in past 3 years | 38.5% | | | | | 81.5% | 93.0% | | - | |
| Percent of males who have ever had a PSA test (age 65+) | 74.0% | | | | | | | | | |
| Percent 65+ who have had sigmoidoscopy or colonoscopy | 62.0% | | | | | | | | | |
| Percent who had been told they have High Blood Pressure (age 65+) | 56.8% | | | | | | | | | |
| Percent last time Blood Pressure taken <12 Months (age 65+) | 91.0% | | | | | | | | | |
| Percent told by provider to Reduce Cholesterol (age 65+) | 39.2% | | | | | | | | | |
| Percent who have had blood cholesterol checked (age 65+) in last year | 86.5% | | | | | | | | | |
| Percent having" A One C" test in Past 12 months | 40.6% | | | | | | | | | |
| Adults Who Were Ever Told They Have Heart Disease- Age 35 and older | | 6.0% | 8.0% | 9.0% | 7.0% | 4.1% | | +/- | + | |
| Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older | | 6.0% | 8.0% | 10.0% | 6.0% | 4.2% | | +/- | + | |
| Adults Who Were Ever Told They Had a Stroke- Age 35 and older | | 3.0% | 5.0% | 4.0% | 4.0% | 2.7% | | +/- | + | |
| Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older | | 11.0% | 15.0% | 16.0% | 12.0% | | | +/- | | |
| Overweight (BMI 25-30) | | 35.0% | 41.0% | 36.0% | 36.0% | 36.2% | | +/- | +/- | |
| Obese (30-99.99) | | 28.0% | 28.0% | 30.0% | 28.0% | 27.5% | 30.5% | +/- | + | - |
| Percent of Overweight and Obese Adults | 65.5% | 63.0% | 69.0% | 66.0% | 64.0% | 63.5% | | +/- | +/- | |
| Adults Who Were Ever Told They Have Diabetes | 11.8% | 9.0% | 9.0% | 11.0% | 9.0% | 8.7% | | +/- | + | |
| **HEALTHY ENVIRONMENT** | | | | | | | | | | |
| Adults Who Have Ever Been Told They Have Asthma | 16.3% | 15.0% | 14.0% | 13.0% | 14.0% | 13.8% | | +/- | +/- | |
| Currently Have Asthma | | 9.0% | 10.0% | 10.0% | 10.0% | 9.1% | | -/= | +/- | |
| **INFECTIOUS DISEASE** | | | | | | | | | | |
| Received seasonal flu vaccine | 43.8% | | | | | | | | | |
| Adults Who Had a Pneumonia Vaccine, Age 65 and older | 59.5% | 77.0% | 76.0% | 68.0% | 70.0% | 68.8% | 90.0% | +/- | + | - |
| Ever Tested for HIV, Ages 18-64 | | 32.0% | 27.0% | 28.0% | 34.0% | | 18.9% | - | | + |
| **MENTAL HEALTH AND SUBSTANCE ABUSE** | | | | | | | | | | |
| Satisfied or Very Satisfied With Their Life | | 95.0% | 96.0% | 92.0% | 94.0% | | | | | |
| Never/Rarely Get the Social or Emotional Support They Need | | 7.0% | 9.0% | 10.0% | 8.0% | | | +/- | | |
| Mental Health Not Good 1+ Days in the Past Month | 45.2% | 34.0% | 33.0% | 37.0% | 34.0% | | | +/- | | |
| Percent currently taking medication or receiving treatment for a mental health condition | 14.8% | | | | | | | | | |
| Percent has a family member who has mental health needs not being met | 7.2% | | | | | | | | | |
| Percent who had at least one drink in past 30 days | 32.1% | | | | | 54.1% | | | - | |
| Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion) | | 19.0% | 14.0% | 19.0% | 17.0% | 17.1% | 24.4% | +/- | +/- | - |
| At Risk for Heavy Drinking (2 drinks for men, 1 for women daily) | | 6.0% | 4.0% | 4.0% | 5.0% | 5.0% | | +/- | +/- | |
| Reported Chronic Drinking (2 or more drinks daily for the past 30 days) | | 6.0% | 5.0% | 5.0% | 6.0% | 5.0% | | -/= | +/- | |
| Percent who drove at least 1 day in past 30 days while drinking | 2.8% | | | | | | | | | |

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Yellow signifies that some of the service area region(s) is better and some are worse than the comparison. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

| Behavior Risk | BRFSS Service Area | Allegheny | Westmoreland | Fayette, Greene, Washington | PA | US | HP 2020 | PA | US | HP 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2012 | 2008-10 | 2008-10 | 2008-10 | 2008-10 | 2010 | Goal | Comp | Comp | Comp |
| Percent who have been affected by the use of illegal drugs, prescription drugs, or alcohol | 4.0% | | | | | | | | | |
| Percent living with someone who used illegal street drugs or abused prescription medications | 3.8% | | | | | | | | | |
| Percent ever had intimate partner threaten physical violence | 9.3% | | | | | | | | | |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | | | | | | |
| Percent who eat fruits daily | 56.6% | | | | | | | | | |
| Percent who eat vegetables daily | 25.5% | | | | | | | | | |
| Percent who eat beans daily | 6.6% | | | | | | | | | |
| No Leisure Time/Physical Activity in the Past Month | 16.5% | 24.0% | 25.0% | 29.0% | 25.0% | 23.9% | 32.6% | +/- | + | - |
| Percent frequency of adding salt to food - most of the time | 16.5% | | | | | | | | | |
| TOBACCO USE | | | | | | | | | | |
| Adults Who Reported Never Being a Smoker | | 54.0% | 57.0% | 50.0% | 54.0% | 56.6% | | +/- | +/- | |
| Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily) | | 48.0% | 49.0% | 50.0% | 50.0% | | 80.0% | - | | - |
| Adults Who Reported Being a Current Smoker | 5.5% | 18.0% | 15.0% | 24.0% | 20.0% | 17.3% | 12.0% | +/- | +/- | + |
| Percent using smokeless tobacco on some days | 5.5% | | | | | | | | | |
| Adults Who Reported Being An Everyday Smoker | 23.5% | 13.0% | 12.0% | 20.0% | 15.0% | 12.4% | | +/- | +/- | |
| Adults Who Reported Being a Former Smoker | | 28.0% | 28.0% | 25.0% | 26.0% | 25.1% | | +/- | +/- | |
| Percent smokes 6-10 cigarettes per day | 31.0% | | | | | | | | | |
| Percent smokes 11-15 cigarettes per day | 8.6% | | | | | | | | | |
| Percent smokes 16+ cigarettes per day | 34.5% | | | | | | | | | |
| Percent who smoke cigarettes that want to quit | 69.0% | | | | | | | | | |
| Percent told they have COPD, Emphysema or Chronic Bronchitis | 12.5% | | | | | | | | | |
| UNINTENTIONAL INJURY | | | | | | | | | | |
| Percent have knowledge of Elder Abuse | 1.3% | | | | | | | | | |
| Percent of respondents who experienced a fall with in past 3 months | 22.0% | | | | | | | | | |
| Percent who always wear seatbelt | 80.0% | | | | 76.9% | 93.3% | | + | - | |
| ADDITIONAL INFORMATION | | | | | | | | | | |
| Percent who receive Health Information from Physician, Nurse, or other Health Care Professional | 57.0% | | | | | | | | | |
| Respondents who own 1 or more pets (Cat and/or Dog and other) | 57.0% | | | | | | | | | |

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Yellow signifies that some of the service area region(s) is better and some are worse than the comparison. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

| Public Health Data | Allegheny 2006 | 2007 | 2008 | 2009 | 2010 | Trend +/- | Fayette 2006 | 2007 | 2008 | 2009 | 2010 | Trend +/- | PA (the last year) Rate | US Rate | HP 2020 Goal | PA Comp | US Comp | HP Goal Comp |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | | | |
| Breast Cancer Rate per 100,000 | 70.3 | 72.8 | 79.0 | 76.1 | 73.2 | - | 60.7 | 60.9 | 57.9 | 54.9 | 70.8 | + | 71.5 | 121.9 | 41.0 | | | |
| Breast Cancer Mortality Rate per 100,000 | 14.1 | 14.3 | 14.4 | 16.1 | 12.0 | - | 14.5 | 17.5 | 13.8 | 13.8 | 15.0 | + | 13.1 | 22.2 | 20.6 | | | |
| Bronchus and Lung Cancer Rate per 100,000 | 73.2 | 81.6 | 79.7 | 76.8 | 73.6 | + | 69.2 | 85.7 | 88.3 | 85.1 | 75.0 | - | 69.1 | | | | | |
| Bronchus and Lung Cancer Mortality Rate per 100,000 | 56.8 | 57.7 | 54.5 | 53.4 | 52.2 | - | 50.4 | 70.6 | 60.6 | 57.9 | 63.0 | - | 48.7 | 45.5 | | | | |
| Colorectal Cancer Rate per 100,000 | 50.6 | 50.2 | 47.2 | 49.5 | 41.3 | - | 49.9 | 50.5 | 55.6 | 64.7 | 43.4 | - | 47.6 | 38.6 | | | | |
| Colorectal Cancer Mortality Rate per 100,000 | 20.2 | 19.6 | 19.1 | 17.0 | 15.9 | - | 14.2 | 17.5 | 19.8 | 25.8 | 18.4 | - | 17.0 | 16.9 | 14.5 | | | |
| Ovarian Cancer Rate per 100,000 | 14.2 | 12.6 | 13.7 | 12.2 | 13.9 | - | 11.5 | 14.3 | 9.3 | 9.9 | 14.5 | - | 13.3 | | | | | |
| Ovarian Cancer Mortality Rate per 100,000 | 10.4 | 10.8 | 8.5 | 8.3 | 9.2 | - | 9.6 | 9.9 | 11.7 | 12.1 | 11.0 | + | 8.1 | | | | | |
| Prostate Cancer Rate per 100,000 | 130.4 | 156.0 | 136.0 | 126.0 | 116.7 | - | 143.0 | 160.8 | 125.5 | 102.9 | 129.6 | + | 139.6 | | | | | |
| Prostate Cancer Mortality Rate per 100,000 | 25.5 | 24.2 | 22.2 | 20.3 | 19.9 | - | 14.1 | 22.2 | 16.1 | 23.4 | 27.7 | + | 21.2 | 21.9 | 21.2 | | | |
| Heart Disease Mortality Rate per 100,000 | 232.1 | 222.8 | 210.7 | 191.5 | 185.4 | - | 244.8 | 240.8 | 249.8 | 230.1 | 239.7 | - | 185.3 | 179.1 | | | | |
| Heart Attack Mortality Rate per 100,000 | 23.6 | 49.6 | 47.2 | 40.9 | 36.2 | - | 22.4 | 16.0 | 17.2 | 19.9 | 17.5 | - | 38.2 | | | | | |
| Coronary Heart Disease Mortality Rate per 100,000 | 170.0 | 162.7 | 156.4 | 140.4 | 135.4 | - | 175.9 | 182.4 | 185.6 | 174.9 | 176.0 | - | 123.0 | 113.6 | 100.8 | | | |
| Cardiovascular Mortality Rate per 100,000 | 294.9 | 284.8 | 268.2 | 243.1 | 236.4 | - | 318.7 | 309.9 | 306.8 | 311.1 | 298.9 | - | 237.6 | | | | | |
| Cerebrovascular Mortality Rate per 100,000 | 46.8 | 46.7 | 43.3 | 38.6 | 39.2 | - | 53.6 | 48.0 | 37.0 | 50.4 | 40.1 | + | 38.9 | 39.1 | 33.8 | | | |
| Diabetes Mortality Rate per 100,000 | 22.1 | 19.4 | 19.9 | 16.2 | 17.4 | - | 38.6 | 35.1 | 36.5 | 29.2 | 24.2 | - | 19.6 | 20.8 | 65.8 | | | |
| All Cancers Male, per 100,000 | 578.5 | 613.7 | 589.8 | 574.7 | 531.7 | + | 579.7 | 639.4 | 599.5 | 594.0 | 592.0 | + | 107.3 | | | | | |
| All Cancers Female, per 100,000 | 456.0 | 470.3 | 494.4 | 483.1 | 465.4 | + | 422.5 | 450.8 | 425.1 | 425.5 | 450.3 | + | 108.1 | | | | | |
| Type I Diabetes, Students | 0.31 | 0.30% | 0.29% | 0.32% | | - | 0.36 | 0.43% | 0.36% | 0.37% | | - | 0.30% | | | | | |
| Type II Diabetes, Students | 0.07 | 0.08% | 0.07% | 0.08% | | - | 0.03 | 0.50% | 0.05% | 0.50% | | - | 0.07% | | | | | |
| **HEALTHY MOTHERS, BABIES AND CHILDREN** | | | | | | | | | | | | | | | | | | |
| Prenatal Care First Trimester | 83.8% | 84.2% | 85.6% | 87.1% | 88.8% | + | 78.1% | 76.8% | 79.1% | 80.9% | 83.0% | + | 71.3% | 77.9% | | | | |
| Non-Smoking Mother During Pregnancy | 82.3% | 82.1% | 83.0% | 83.8% | 84.8% | + | 63.2% | 61.3% | 66.2% | 62.4% | 66.1% | + | 84.1% | 98.6% | | | | |
| Non-Smoking Mother 3 Months Prior to Pregnancy | 78.8% | 79.0% | 80.1% | 80.9% | 81.9% | + | 58.7% | 56.8% | 60.9% | 57.0% | 58.7% | + | 78.2% | | | | | |
| Low Birth-Weight Babies Born | 9.0% | 8.6% | 8.9% | 8.1% | 8.0% | - | 9.7% | 9.1% | 9.9% | 9.1% | 10.4% | + | 8.3% | 7.8% | | | | |
| Mothers Reporting WIC Assistance | 31.5% | 31.4% | 31.3% | 32.1% | 31.5% | + | 56.2% | 51.0% | 50.4% | 54.8% | 55.4% | + | 40.1% | | | | | |
| Mothers Reporting Medicaid Assistance | 32.1% | 32.6% | 33.6% | 32.0% | 22.9% | - | 57.3% | 56.0% | 54.3% | 59.3% | 57.6% | + | 32.7% | | | | | |
| Percent of Population Eligible for Medicaid | | | | 15.7% | 16.8% | | | | | 25.0% | 25.6% | | | | | | | |
| Breastfeeding | 61.9% | 62.9% | 64.0% | 68.5% | 68.4% | + | 41.9% | 43.3% | 45.3% | 45.1% | 47.3% | + | 70.0% | 81.9% | | | | |
| Teen Pregnancy Rate per 1,000, Ages 15-19 | 39.0 | 40.1 | 41.7 | 38.0 | 38.2 | - | 55.8 | 51.4 | 47.3 | 51.3 | 53.7 | + | 39.6 | 34.2 | 36.2 | | | |
| Teen Live Birth Outcomes, Ages 15-19 | 57.2% | 57.7% | 57.1% | 59.1% | 58.1% | + | 77.5% | 84.4% | 80.8% | 82.5% | 83.7% | + | 68.0% | | | | | |
| Infant Mortality Rate per 1,000 | 7.7 | 7.3 | 8.3 | 7.4 | 7.6 | - | | | 11.1 | 10.8 | 11.1% | + | 7.3 | 6.2 | 6.0 | | | |
| Overweight BMI, Grades K-6 | | | | | 17.4% | | | | | | | | 18.2% | | | | | |
| Obese BMI, Grades K-6 | | | | | 15.9% | | | | | | | | 24.3% | | | | | |
| Overweight BMI, Grades 7-12 | | | | | 17.5% | | | | | | | | 17.2% | | 15.7% | | | |
| Obese BMI, Grades 7-12 | | | | | 15.0% | | | | | | | | 24.8% | | 16.0% | | | |
| Students with Diagnosed ADHD | 3.9% | 3.90% | 4.02% | 4.32% | | + | 4.0% | 4.05% | 4.22% | 4.17% | | + | 5.23% | | | | | |
| **INFECTIOUS DISEASE** | | | | | | | | | | | | | | | | | | |
| Influenza and Pneumonia Mortality Rate per 100,000 | 17.6 | 18.4 | 17.8 | 16.9 | 17.3 | - | 18.1 | 10.0 | 10.1 | 10.0 | 7.9 | - | 13.4 | 16.2 | | | | |
| Chlamydia Rate per 100,000 | 401.3 | 401.3 | 428.2 | 403.4 | 412.1 | + | 186.2 | 144.5 | 203.5 | 240.3 | 342.7 | + | 374.1 | 426.0 | | | | |
| **MENTAL HEALTH AND SUBSTANCE ABUSE** | | | | | | | | | | | | | | | | | | |
| Mental & Behavioral Disorders Mortality Rate per 100,000 | 38.0 | 36.8 | 36.3 | 35.4 | 41.5 | + | 40.9 | 30.7 | 34.1 | 37.3 | 30.9 | - | 37.6 | | | | | |
| Drug-Induced Mortality Rate per 100,000 | 11.9 | 16.8 | 18.6 | 17.8 | 18.6 | + | 12.8 | 14.1 | 17.7 | 18.0 | 21.1 | + | 15.5 | 11.3 | | | | |
| **TOBACCO USE** | | | | | | | | | | | | | | | | | | |
| Emphysema Mortality Rate per 100,000 | 4.8 | 3.9 | 4.3 | 2.8 | 4.0 | - | | | 6.0 | | 5.2 | + | 3.0 | | | + | | |
| **INJURY** | | | | | | | | | | | | | | | | | | |
| Auto Accident Mortality Rate per 100,000 | 6.0 | 6.3 | 6.5 | 6.2 | 6.7 | - | 16.2 | 22.8 | 25.0 | 27.9 | 19.2 | + | 10.5 | 11.9 | 12.4 | | | |
| Suicide Mortality per 100,000 | 11.1 | 11.0 | 10.1 | 10.6 | 9.8 | - | 9.3 | 8.8 | 9.6 | 11.8 | 13.7 | - | 11.7 | 12.1 | 10.2 | | | |
| Fall Mortality Rate per 100,000 | 6.7 | 7.1 | 10.0 | 8.5 | 12.2 | - | 5.9 | | 8.9 | 10.0 | 8.9 | + | 8.3 | 8.1 | 7.0 | | | |
| Firearm Mortality Rate (Accidental, Suicide, Homicide) | 13.3 | 11.3 | 13.1 | 12.2 | 11.2 | - | | 7.7 | 7.2 | | 7.8 | - | 10.0 | 10.1 | 9.2 | | | |

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Yellow signifies that some of the service area region(s) is better and some are worse than the comparison. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

| Public Health Data | Washington 2006 | 2007 | 2008 | 2009 | 2010 | Trend +/- | Westmoreland 2006 | 2007 | 2008 | 2009 | 2010 | Trend +/- | PA (the last year) Rate | US Rate | HP 2020 Goal | PA Comp | US Comp | HP Goal Comp |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | | | |
| Breast Cancer Rate per 100,000 | 71.5 | 67.2 | 79.8 | 69.7 | 59.3 | + | 67.3 | 66.1 | 69.5 | 76.5 | 67.6 | + | 71.5 | 121.9 | 41.0 | | | |
| Breast Cancer Mortality Rate per 100,000 | 19.0 | 16.8 | 14.7 | 14.2 | 17.3 | - | 12.3 | 12.9 | 17.6 | 12.8 | 13.1 | + | 13.1 | 22.2 | 20.6 | | | |
| Bronchus and Lung Cancer Rate per 100,000 | 78.6 | 76.2 | 64.9 | 74.2 | 63.4 | - | 67.9 | 72.1 | 68.4 | 68.8 | 71.0 | - | | 69.1 | | | | |
| Bronchus and Lung Cancer Mortality Rate per 100,000 | 58.8 | 56.6 | 63.8 | 58.3 | 53.0 | + | 51.1 | 55.3 | 52.0 | 47.8 | 49.2 | - | | 48.7 | 45.5 | | | |
| Colorectal Cancer Rate per 100,000 | 51.7 | 58.0 | 49.7 | 50.5 | 50.6 | + | 53.8 | 56.2 | 49.1 | 51.5 | 43.8 | - | | 47.6 | 38.6 | | | |
| Colorectal Cancer Mortality Rate per 100,000 | 20.4 | 17.7 | 20.3 | 20.7 | 16.2 | + | 18.0 | 21.3 | 14.7 | 17.7 | 17.1 | - | 17.0 | 16.9 | 14.5 | | | |
| Ovarian Cancer Rate per 100,000 | 14.2 | 13.2 | 19.1 | 11.5 | 10.1 | + | 12.0 | 14.4 | 10.0 | 16.3 | 14.0 | - | | 13.3 | | | | |
| Ovarian Cancer Mortality Rate per 100,000 | 8.9 | 8.1 | 18.6 | 10.3 | 13.3 | + | 8.1 | 8.2 | 9.6 | 10.0 | 10.4 | - | | 8.1 | | | | |
| Prostate Cancer Rate per 100,000 | 148 | 151.7 | 171.6 | 127.2 | 17.8 | + | 157.3 | 152.9 | 124.0 | 128.7 | 22.8 | + | | 139.6 | | | | |
| Prostate Cancer Mortality Rate per 100,000 | 25.4 | 31.5 | 17.7 | 29.8 | 21.9 | - | 23.4 | 26.2 | 22.8 | 31.5 | 17.7 | - | 21.2 | 21.9 | 21.2 | | | |
| Heart Disease Mortality Rate per 100,000 | 217.6 | 214.1 | 203.8 | 189.0 | 172.3 | - | 233.8 | 221.6 | 216.6 | 206.7 | 185.6 | - | 185.3 | 179.1 | | | | |
| Heart Attack Mortality Rate per 100,000 | 25.4 | 40.9 | 38.5 | 32.4 | 27.4 | - | 24.0 | 64.7 | 58.6 | 54.8 | 53.9 | - | | 38.2 | | | | |
| Coronary Heart Disease Mortality Rate per 100,000 | 149.7 | 150.0 | 141.5 | 126.6 | 120.1 | - | 160.9 | 158.5 | 147.2 | 142.2 | 125.0 | - | 123.0 | 113.6 | 100.8 | | | |
| Cardiovascular Mortality Rate per 100,000 | 277.4 | 271.4 | 264.8 | 254.2 | 224.0 | - | 302.2 | 285.8 | 274.1 | 258.8 | 237.0 | - | | 237.6 | | | | |
| Cerebrovascular Mortality Rate per 100,000 | 41.2 | 45.7 | 46.0 | 47.3 | 33.5 | - | 46.7 | 45.4 | 41.3 | 36.5 | 40.2 | - | 38.9 | 39.1 | 33.8 | | | |
| Diabetes Mortality Rate per 100,000 | 29.8 | 29.2 | 35.8 | 23.8 | 32.8 | + | 23.1 | 25.9 | 23.1 | 23.5 | 23.5 | - | 19.6 | 20.8 | 65.8 | | | |
| All Cancers Male, per 100,000 | 610.8 | 596.4 | 614.4 | 567.6 | 509.5 | + | 608.3 | 594 | 530.2 | 573.3 | 514.1 | + | | 107.3 | | | | |
| All Cancers Female, per 100,000 | 455.8 | 465.9 | 481.6 | 443.3 | 420.2 | + | 446.0 | 430.6 | 450.1 | 450.6 | 451.1 | + | | 108.1 | | | | |
| Type I Diabetes, Students | 0.31 | 0.30 | 0.33 | 0.36% | | + | 0.29 | 0.31% | 0.30% | 0.33% | | + | 0.30% | | | | | |
| Type II Diabetes, Students | 0.05 | 0.06 | 0.04 | 0.08% | | = | 0.07 | 0.05% | 0.05% | 0.08% | | + | 0.07% | | | | | |
| **HEALTHY MOTHERS, BABIES AND CHILDREN** | | | | | | | | | | | | | | | | | | |
| Prenatal Care First Trimester | 78.8% | 77.0% | 78.7% | 80.9% | 82.7% | + | 82.0% | 80.5% | 81.2% | 83.1% | 86.1% | + | | 71.3% | 77.9% | | | |
| Non-Smoking Mother During Pregnancy | 76.2% | 76.2% | 75.4% | 78.4% | 77.4% | + | 78.0% | 77.3% | 78.7% | 78.8% | 79.1% | + | | 84.1% | 98.6% | | | |
| Non-Smoking Mother 3 Months Prior to Pregnancy | 69.8% | 71.5% | 70.8% | 74.0% | 73.4% | + | 71.1% | 71.0% | 72.7% | 72.4% | 73.8% | + | | 78.2% | | | | |
| Low Birth-Weight Babies Born | 7.4% | 7.1% | 7.6% | 7.3% | 8.5% | + | 7.4% | 7.5% | 7.2% | 7.8% | 8.0% | + | | 8.3% | 7.8% | | | |
| Mothers Reporting WIC Assistance | 37.8% | 37.0% | 37.3% | 35.8% | 36.1% | + | 35.2% | 34.5% | 35.4% | 35.9% | 35.2% | + | | 40.1% | | | | |
| Mothers Reporting Medicaid Assistance | 32.3% | 32.6% | 33.5% | 30.7% | 30.4% | - | 33.1% | 33.5% | 34.2% | 38.1% | 33.6% | + | | 32.7% | | | | |
| Percent of Population Eligible for Medicaid | | | | 14.6% | 15.0% | + | | 14.7% | 14.7% | 14.7% | 15.2% | + | | 17.9% | | | | |
| Breastfeeding | 55.9% | 58.6% | 58.2% | 62.7% | 60.9% | + | 59.4% | 60.1% | 61.6% | 63.3% | 66.0% | + | | 70.0% | 81.9% | | | |
| Teen Pregnancy Rate per 1,000, Ages 15-19 | 29.4 | 33.1 | 33.1 | 33.7 | 28.8 | - | 29.1 | 30.6 | 32.4 | 28.0 | 25.9 | - | | 39.6 | 36.2 | | | |
| Teen Live Birth Outcomes, Ages 15-19 | 74.3% | 76.0% | 75.5% | 70.4% | 73.2% | - | 67.1% | 69.3% | 70.5% | 69.6% | 64.5% | - | | 34.2 | | | | |
| Infant Mortality Rate per 1,000 | 6.2 | 7.1 | 6.4 | 7.7 | 7.2 | | 5.4 | 6.8 | 6.2 | 7.9 | 7.2 | | 7.3 | 6.2 | 6.0 | | | |
| Overweight BMI, Grades K-6 | | | | | 14.7% | | | | | | 16.7% | | | | | | | |
| Obese BMI, Grades K-6 | | | | | 16.6% | | | | | | 16.9% | | | | 15.7% | | | |
| Overweight BMI, Grades 7-12 | | | | | 14.8% | | | | | | 16.7% | | | | | | | |
| Obese BMI, Grades 7-12 | | | | | 18.2% | | | | | | 18.2% | | | | 16.0% | | | |
| Students with Diagnosed ADHD | 3.8% | 3.80% | 3.97% | 4.51% | | + | 3.5% | 4.13% | 3.95% | 4.36% | | + | | 5.23% | | | | |
| **INFECTIOUS DISEASE** | | | | | | | | | | | | | | | | | | |
| Influenza and Pneumonia Mortality Rate per 100,000 | 17.4 | 13.4 | 21.2 | 12.6 | 14.5 | + | 20.3 | 15.4 | 21.1 | 16.6 | 14.7 | + | 13.4 | 16.2 | | | | |
| Chlamydia Rate per 100,000 | 188.8 | 178.5 | 212.7 | 175.5 | 223.8 | + | 111.1 | 111.5 | 111.5 | 121.5 | 137.5 | + | 374.1 | 426.0 | | | | |
| **MENTAL HEALTH AND SUBSTANCE ABUSE** | | | | | | | | | | | | | | | | | | |
| Mental & Behavioral Disorders Mortality Rate per 100,000 | 28.5 | 29.8 | 37.6 | 35.3 | 34.0 | - | 34.3 | 33.3 | 40.1 | 36.4 | 36.4 | + | | 37.6 | | | | |
| Drug-Induced Mortality Rate per 100,000 | 10.1 | 11.6 | 10.9 | 9.1 | 22.9 | + | 14.6 | 15.6 | 16.4 | 18.8 | 19.7 | + | | 15.5 | 11.3 | | | |
| **TOBACCO USE** | | | | | | | | | | | | | | | | | | |
| Emphysema Mortality Rate per 100,000 | | | 4.7 | | | | 3.9 | 5.7 | 5.1 | 5.0 | 4.6 | - | | 3.0 | | | | |
| **INJURY** | | | | | | | | | | | | | | | | | | |
| Auto Accident Mortality Rate per 100,000 | 35.2 | 33.3 | 12.7 | 13.3 | 11.8 | - | 44.9 | 18.0 | 15.7 | 12.1 | 13.2 | - | 10.5 | 11.9 | 12.4 | | | |
| Suicide Mortality per 100,000 | 13.8 | 9.1 | 14.1 | 14.9 | 14.0 | + | 12.9 | 11.3 | 12.1 | 10.5 | 11.8 | + | 11.7 | 12.1 | 10.2 | | | |
| Fall Mortality Rate per 100,000 | 7.2 | 6.7 | 10.7 | 6.1 | 9.7 | + | 7.8 | 8.3 | 12.3 | 9.4 | 9.4 | + | 8.3 | 8.1 | 7.0 | | | |
| Firearm Mortality Rate (Accidental, Suicide, Homicide) | 9.1 | 7.9 | 10.4 | 11.8 | 7.5 | + | 10.5 | 7.3 | 7.3 | 8.0 | 8.6 | + | 10.0 | 10.1 | 9.2 | | | |

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The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HP 2020 goal). Yellow signifies that some of the service area region(s) is better and some are worse than the comparison. Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

| Public Health Data | Allegheny 2010 | 2011 | 2012 | Trend +/- | Fayette 2010 | 2011 | 2012 | Trend +/- | PA (the last year) Rate | US Rate | HP 2020 Goal | PA Comp | US Comp | HP Goal Comp |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACCESS | | | | | | | | | | | | | | |
| Mammogram Screenings | | 57.0% | 58.0% | + | | 60.0% | 61.0% | - | 67.0% | | 81.1% | | | |
| HEALTHY ENVIRONMENT | | | | | | | | | | | | | | |
| Unemployment Rates | 5.0% | 6.9% | 7.7% | + | 7.0% | 9.2% | 10.1% | + | 8.7% | 8.9% | | | | |
| High School Graduation Rates | 83.0% | 83.0% | 83.0% | = | 74.0% | 77.0% | 70.0% | - | 79.0% | | 82.4% | | | |
| Children Living in Poverty | 16.0% | 17.0% | 16.0% | + | 31.0% | 34.0% | 32.0% | + | 19.0% | | | | | |
| Children Living in Single Parent Homes | 8.0% | 33.0% | 33.0% | = | 9.0% | 37.0% | 37.0% | + | 32.0% | | | | | |
| Number of Air Pollution Ozone Days | 22 | 14 | 14 | - | 5 | 1 | 1 | - | 8 | | | | | |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | | | | | | | | | | |
| Fast Food Restaurants | | | 47.0% | | | | 48.0% | | 48.0% | | | | | |

| Public Health Data | Washington 2010 | 2011 | 2012 | Trend +/- | Westmoreland 2010 | 2011 | 2012 | Trend +/- | PA (the last year) Rate | US Rate | HP 2020 Goal | PA Comp | US Comp | HP Goal Comp |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACCESS | | | | | | | | | | | | | | |
| Mammogram Screenings | | 56.0% | 55.0% | - | | 60.0% | 59.0% | - | 67.0% | | 81.1% | | | |
| HEALTHY ENVIRONMENT | | | | | | | | | | | | | | |
| Unemployment Rates | 5.0% | 7.7% | 8.2% | + | 5.0% | 7.9% | 8.3% | + | 8.7% | 8.9% | | | | |
| High School Graduation Rates | 87.0% | 86.0% | 89.0% | + | 87.0% | 88.0% | 88.0% | + | 79.0% | | 82.4% | | | |
| Children Living in Poverty | 13.0% | 14.0% | 14.0% | + | 12.0% | 14.0% | 16.0% | + | 19.0% | | | | | |
| Children Living in Single Parent Homes | | 25.0% | 25.0% | = | | 25.0% | 25.0% | = | 32.0% | | | | | |
| Number of Air Pollution Ozone Days | 16 | 8 | 8 | - | 14 | 4 | 4 | - | 8 | | | | | |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | | | | | | | | | | |
| Fast Food Restaurants | | | 50.0% | | | | 48.0% | | 48.0% | | | | | |

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# Hospital Utilization Rates – Ambulatory Care Sensitive Conditions

The table below outlines the overall number of cases and inpatient utilization rates for specific ambulatory care sensitive conditions.  COPD, Heart Failure and Pneumonia have higher rates of inpatient admission.

| Inpatient Utilization | FISCAL YEAR CASE COUNT | | | | Utilization Rate (per 10,000) | | |
|---|---|---|---|---|---|---|---|
| DRG Type | 2010 | 2011 | 2012 | TOTAL | 2010 | 2011 | 2012 |
| Alcohol and Drug Abuse | 87 | 98 | 74 | 259 | 3.2 | 3.6 | 2.7 |
| Breast Cancer | 21 | 19 | 26 | 66 | 0.8 | 0.7 | 1.0 |
| Bronchitis & Asthma | 295 | 257 | 212 | 764 | 11.0 | 9.5 | 7.9 |
| Cancer | 48 | 41 | 47 | 136 | 1.8 | 1.5 | 1.7 |
| Heart Failure | 688 | 674 | 552 | 1,914 | 25.5 | 25.0 | 20.5 |
| COPD | 878 | 871 | 892 | 2,641 | 32.6 | 32.3 | 33.1 |
| Fractures | 50 | 34 | 50 | 134 | 1.9 | 1.3 | 1.9 |
| Hypertension | 46 | 40 | 48 | 134 | 1.7 | 1.5 | 1.8 |
| Pneumonia | 476 | 532 | 573 | 1,581 | 17.7 | 19.8 | 21.3 |
| Reproductive Disorders | 7 | 6 | 4 | 17 | 0.3 | 0.2 | 0.1 |

The table below outlines the overall number of Emergency Department cases for specific ambulatory care sensitive conditions.  These conditions should be managed outside of the acute care setting.  Diabetes, COPD, kidney/urinary tract infection, severe ear, nose and throat infections and gastroenteritis are conditions with high utilization.

| PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted) | FISCAL YEAR | | | YTD NOV |
|---|---|---|---|---|
| AVOIDABLE ILLNESSES | 2010 | 2011 | 2012 | 2013 |
| Congenital Syphilis [090] | 0 | 0 | 0 | 0 |
| Failure to thrive [783.41] | 4 | 2 | 4 | 2 |
| Dental Conditions [521-523, 525, 528] | 156 | 153 | 154 | 67 |
| Vaccine Preventable Conditions [032, 033, 037, 041.5, 045, 052.1, 052.9, 055-056, 070.0-070.3, 072, 320.2*, 320.3, 390, 391, 771.0] | 4 | 2 | 6 | 3 |
| Iron Deficiency Anemia [280.1, 280.8, 280.9] | 266 | 599 | 515 | 224 |
| Nutritional Deficiencies [260-262, 268.0, 268.1] | 1 | 1 | 2 | 5 |
| ACUTE CONDITIONS | 2010 | 2011 | 2012 | 2013 |
| Bacterial Pneumonia [481, 482.2, 482.3, 482.9, 483, 485, 486] | 432 | 480 | 571 | 368 |
| Cancer of the Cervix [180.0-180.1, 180.8-180.9] | 2 | 6 | 16 | 2 |
| Cellulitis [681, 682, 683, 686] | 2 | 10 | 15 | 4 |
| Gastroenteritis [558.9] | 552 | 589 | 553 | 159 |
| Hypoglycemia [251.2] | 24 | 52 | 33 | 19 |
| Kidney/Urinary Infection [590.0, 599.0, 599.9] | 1,571 | 2,416 | 2,431 | 1,115 |
| Pelvic Inflammatory Disease [614] | 0 | 0 | 0 | 0 |
| Severe Ear, Nose, & Throat Infections [382*, 462, 463, 465, 472.1] | 872 | 1,330 | 1,026 | 373 |
| Skin Grafts with Cellulitis {DRGs: 263 & 264} For 2008: {DRGs: 573, 574, 575} | 26 | 20 | 30 | 3 |

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| PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted) | FISCAL YEAR | | | YTD NOV |
|---|---|---|---|---|
| CHRONIC CONDITIONS | 2010 | 2011 | 2012 | 2013 |
| Angina [411.1, 411.8, 413] | 2 | 10 | 17 | 2 |
| Chronic Obstructive Pulmonary Disease [466.0*, 491, 492, 494, 496] | 2,319 | 2,416 | 2,486 | 1,200 |
| Congestive Heart Failure [402.01, 402.11, 402.91, 428, 518.4] | 2 | 3 | 5 | 1 |
| Diabetes with ketoacidosis or hyperosmolar coma or other coma [250.1-250.33] | 6 | 12 | 31 | 15 |
| Diabetes with other specified or unspecified complications [250.8-250.93] | 1,014 | 928 | 818 | 349 |
| Diabetes mellitus without mention of complications or unspecified hypoglycemia [250-250.04] | 4,159 | 9,323 | 10,266 | 4,284 |
| Hypertension [401.0, 401.9, 402.00, 402.10, 402.90] | 2,111 | 7,058 | 7,963 | 3,521 |
| Tuberculosis (Non-Pulmonary) [012-018] | 1 | 0 | 0 | 0 |
| TOTAL | 13,526 | 25,410 | 26,942 | 11,716 |

The table below outlines the overall number of Emergency Department cases for specific mental health diagnoses. These conditions should be managed outside of the acute care setting as well. Drug related conditions, anxiety and depression have the highest utilization.

| MENTAL HEALTH CASES by ICD9 | FISCAL YEAR | | | YTD NOV |
|---|---|---|---|---|
| DESCRIPTION | 2010 | 2011 | 2012 | |
| Dementia | 146 | 88 | 102 | 23 |
| Alcohol | 1,517 | 1,597 | 1,645 | 755 |
| Drug Related | 3,510 | 3,749 | 3,829 | 1,495 |
| Transient organic psychotic conditions | 93 | 80 | 104 | 47 |
| Other organic psychotic conditions (chronic) | 1,372 | 1,566 | 903 | 213 |
| Schizophrenia | 474 | 466 | 473 | 195 |
| Manic Disorders | 0 | 0 | 0 | 0 |
| Depression | 2,228 | 2,286 | 2,123 | 828 |
| Bipolar | 1,292 | 1,209 | 1,419 | 540 |
| Paranoia/Psychosis | 889 | 998 | 1,081 | 359 |
| Anxiety | 2,749 | 2,709 | 3,026 | 1,207 |
| Phobias | 39 | 35 | 20 | 10 |
| Personality Disorders | 275 | 252 | 278 | 85 |
| Sexual Deviations and Disorders | 2 | 1 | 0 | 0 |
| Psychogenic Disorders | 13 | 8 | 12 | 0 |
| Sleep Disorders | 4 | 0 | 2 | 0 |
| Eating Disorders | 9 | 8 | 10 | 4 |
| Stress Related | 58 | 70 | 83 | 30 |
| Adjustment Related | 144 | 187 | 221 | 122 |
| Conduct/Social Disturbances | 29 | 70 | 97 | 31 |
| Emotional Disorders (youth) | 0 | 1 | 0 | 0 |
| TOTAL | 14,843 | 15,380 | 15,428 | 5,944 |

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## Focus Groups

Focus group participants (both youth and adults; n=110) were asked to rate the health status of the community. Youth were more likely to rate the health status of the community as very good or excellent, whereas adults were more likely to rate the health status as fair or poor.

**Focus Groups Community Health Status Rating**
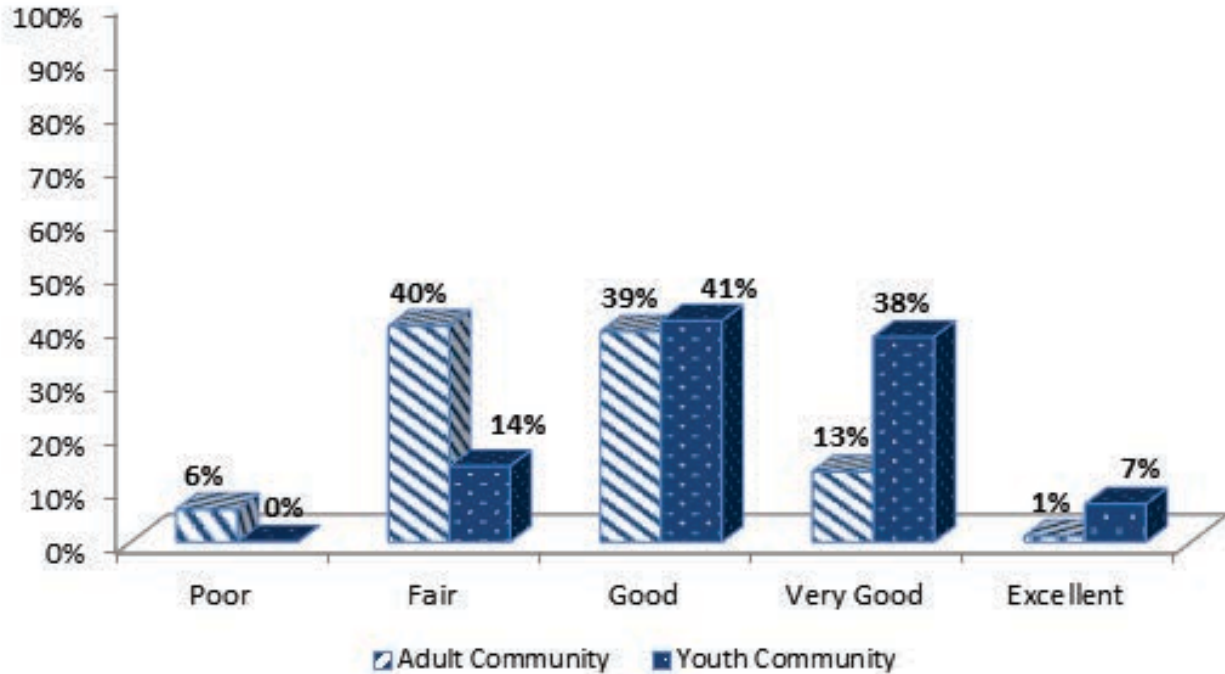


Those who rated the health status of the community as good or as very good expressed that they felt that there were many health care providers in the community who are easily accessible. There is also a sense that many members of the community are health conscious, even though the community is aging. There is a perception that people are paying more attention to nutrition and even young people are eating healthier.

Those who tended to rate the health status of the community as fair or poor cited that a lot of people in the community simply can't afford health care. Even if people have health insurance (which many do not), they often can't afford the out of pocket expenses and co-pays. Sometimes cultural barriers prevent people from accessing needed care. Transportation is also seen as an imporant issue in the area; most bus routes have been reduced or eliminated. There are parts of the Jefferson Regional service territory that do not have doctors or dentists in the area. Drugs, alcohol, mental health issues, tobacco use, high cancer rates and air quality problems were all identified as issues driving the perceived health status of the community. Youth participants in the focus group also were more likely than the adults to rate their personal health status as very good or excellent.

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## Focus Groups Personal Health Status Rating
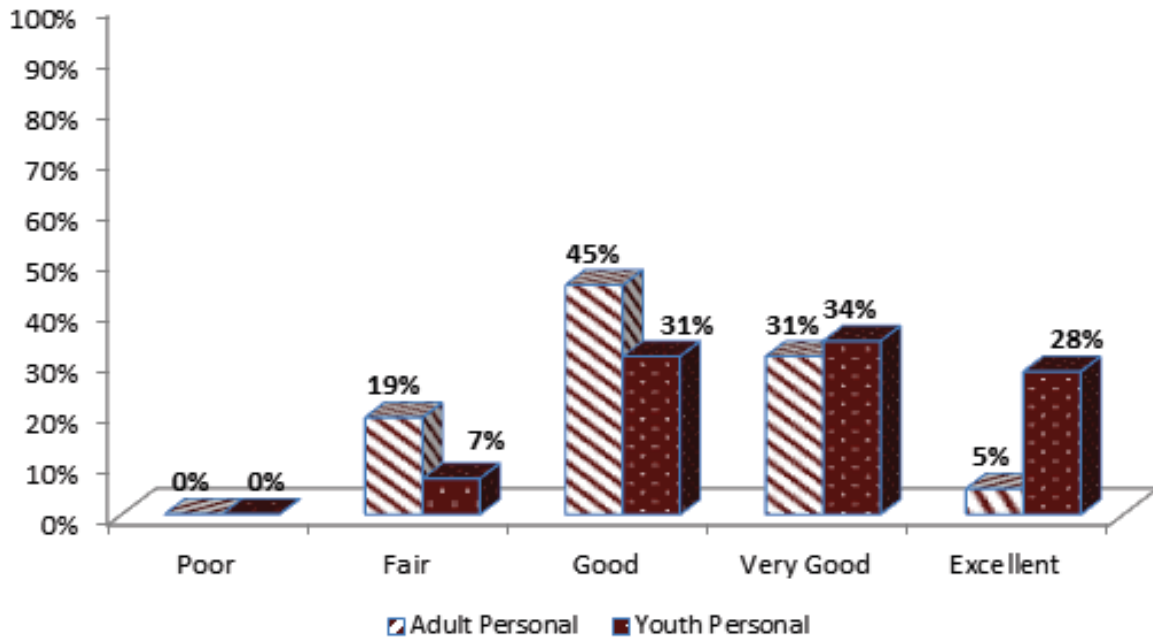


Focus group participants talked about the link between individual health status and the health of the community. When people care about their individual health, there is a domino effect and the health status of both the individual and community improve. There is also a perception that people in the Jefferson Hills area work together and should work together more to improve the health status of the community.

While most individuals tended to rate their personal health status higher than the community health status, some mentioned that individuals will forego health care if they do not have insurance and cannot afford it.

Focus group participants were also asked to rate the extent to which a list of community needs was a problem for them personally, in their local community and for Jefferson Regional's overall service territory. Items were rated on a 5 point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem. Most participants (both youth and adults) tended to rate problems in their local community as more serious than the extent to which those same items were a problem in the overall service area or in their individual family.

Highest rated problems identified across all groups are outlined below:

## Focus Groups
## Overall Community Issues/Problems

| Issue | Average Score |
|---|---|
| Transportation | 4.0 |
| Drug abuse | 3.8 |
| Employment/economic opportunities | 3.6 |
| Alcohol abuse | 3.5 |
| Obesity | 3.4 |
| Hypertension/high blood pressure | 3.4 |
| Tobacco use | 3.3 |
| Crime (other than domestic, elder or child) | 3.3 |
| Depression/mental health issues | 3.2 |
| Cancer (all except skin) | 3.2 |
| Cardiovascular disease and stroke | 3.2 |
| Affordable healthcare | 3.1 |

■ Average Score

After rating and ranking, participants discussed the items that they rated as higher priorities, identified those that they felt were the highest priority and discussed the reasons why they picked those items as the most serious problem areas.

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Exceptions are Access to Women's Health Care, arthritis, asthma and air/water quality (environmental), economic opportunities, blight and crime, which were identified by specific groups as one of their "top five" priority concerns.

In addition to the general list of community issues and problems that were rated by the adult groups, the youth group brainstormed and identified a list of problems and issues that they felt were particularly important to young people. Members of the youth group also rated these items higher than any of the other community health needs.

Stress was identified as the number one need by the youth group, associated with juggling jobs, sports, homework and a social life, and the pressure that is put on students by teachers who are perceived to have forgotten what it's like to be a teenager. Students who work have higher stress levels because of the additional expectations on them. Healthy eating is a problem because young people perceive they don't have time to eat healthy and the fruits and vegetables served in school lunches are not appetizing and most get thrown away. There is a perceived double standard where girls are judged differently than boys and youth are talking about sex at younger ages. Peer pressure is also perceived to be a problem at younger and younger ages.

## Focus Groups
## Overall Top Youth Issues/Problems

| Issue | Average Score |
|---|---|
| Stress (Youth) | 4.4 |
| Healthy eating (home cooked vs. fast food)… | 4.0 |
| Body Image (Youth) | 4.0 |
| Peer pressure (Youth) | 3.9 |
| Alcohol Abuse | 3.8 |
| Obesity (Youth) | 3.7 |
| Drug Abuse | 3.5 |
| Transportation | 3.5 |
| Teen Pregnancy | 3.4 |
| Seatbelt usage (Youth) | 3.2 |
| Prescription drug use (Youth) | 3.1 |
| Cyber bullying (Youth) | 2.9 |

■ Average Score
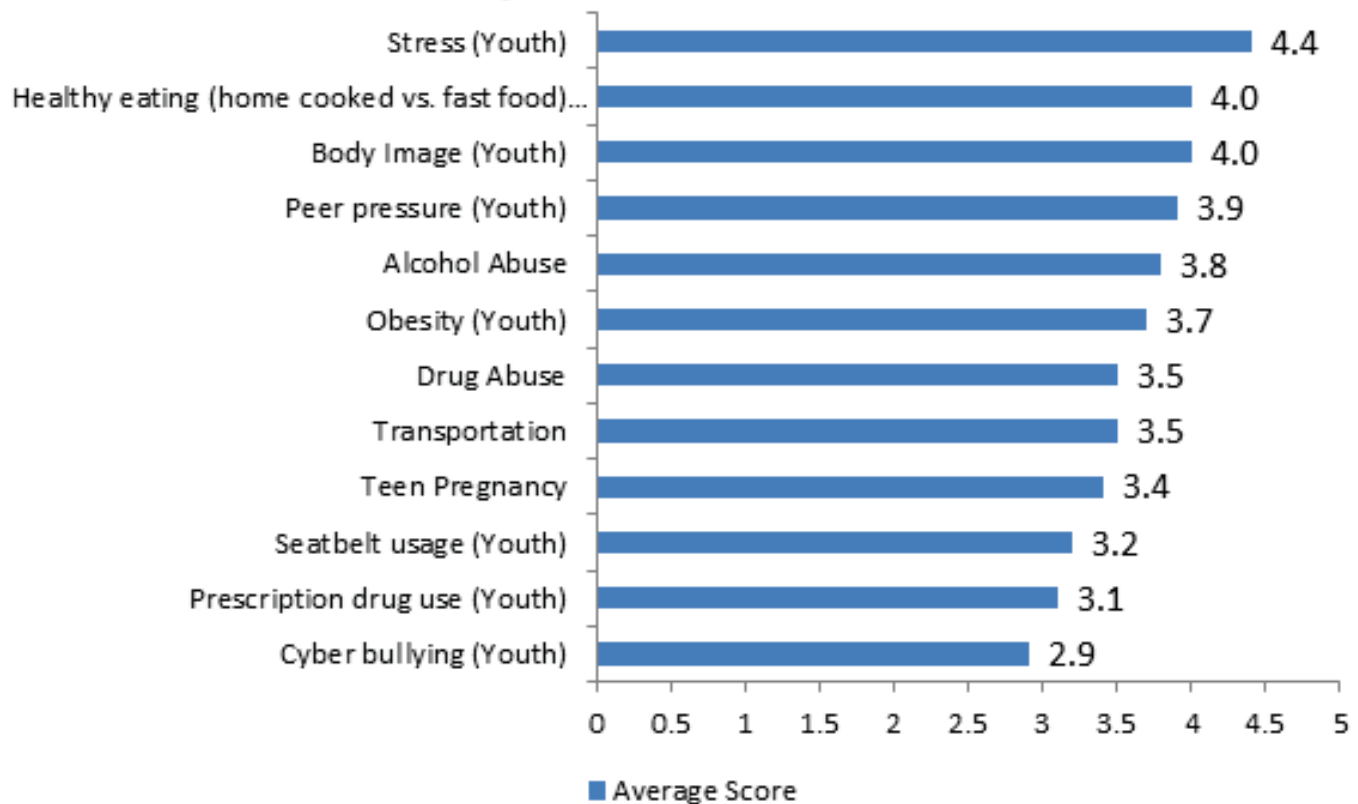
The qualitative findings from the focus group and stakeholder interviews follow.

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## Access

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone. Poverty, employment and affordability; education; transportation and location; communication; and quality and availability of providers all affect access. There is great concern in this community about access to healthcare and how it affects the overall quality of life and other health indicators.

### Focus Group Input

Transportation was mentioned as a serious problem by all of the focus groups. Lack of transportation limits access not only to medical care, but to employment and to healthy food. There is a perception that Access, a transportation system for elderly and disabled, is often late. There is a need for satellite clinics in the region and outreach through community organizations.

Affordability of healthcare is an issue; many people in the community lack health insurance and even those who have insurance have difficulty affording the co-pays. Availability of specialists is a problem in the service area, particularly in Homestead, where it was noted that you have to leave the community to get specialty services. Focus group participants also shared concerns regarding the quality of care available locally; the perception is that the care in some services was substandard. Focus group participants identified the need for OB/GYN, pediatrics/childrens care, physical therapy/rehab, dermatology and aging services.

Access to children's mental health services is also a problem. There is also not enough attention on primary care and prevention activities. Support for returning veterans is also a concern.

### Stakeholder Interview Input

The economy is directly related to healthcare access. Insurance costs are rising, and for the unemployed, coverage is largely unavailable. Jefferson Regional Medical Center treats all patients, regardless of coverage, although the lack of coverage creates access issues for many service area residents.

Medical misinformation, false notions and a lack of awareness form a barrier to healthcare access. There is a need for patient education through physicians, lectures and forums throughout the community. Lack of transportation was a particular access concern to stakeholders who were interviewed. Access to public transportation is challenging due to the hilly, sprawled-out terrain and private transportation is expensive. Jefferson Regional Medical Center has satellite locations to accommodate access.

Many service area residents are unaware of the services Jefferson Regional Medical Center provides and how to access services. Though the community needs better access to women's health, Jefferson Regional Medical Center provides quality specialists and medical services, as well as an urgent care facility adjacent to the Emergency Department.

There is a perception of fear and distrust in regard to community needs, and a sense of entitlement among the elderly. There is a perception that the elderly get access and attention that young people are not getting. The community needs general assistance across the board, not just for the elderly. The community should be seen as vulnerable and in need of access to education, basic needs, and preventative care.

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# Chronic Disease

Conditions that are long-lasting, with relapses, remissions and continued persistence can be categorized as chronic diseases.

### Focus Group Input

Focus group participants had a lot of discussion regarding chronic diseases, both as drivers of community health status as well as top problems in the community.  There is a very high cancer rate in the service area, and some participants noted that there is a particularly high cancer rate in the northern part of Baldwin.  The perception is that cancer is very prevalent in the community. Breast cancer is a concern for women.  Everybody knows someone who has cancer, and some expressed concern that the numbers are underreported.

The age of the population was mentioned as a factor contributing to the high incidence rates of chronic diseases, especially cardiovascular disease.  Hypertension is a problem in the community because a lot of people (even young ones) are not aware that they have it.  Some recognize that the high tobacco use rate in the community contributes to the cancer rate, although some noted that they feel genetics plays a role.  Arthritis was mentioned by one of the groups as a top priority; it is something that older people have to deal with.

### Stakeholder Interview Input

Stakeholders identified heart disease, lung disease, and cancer as chronic conditions that exist in the Jefferson Regional Medical Center service area. Some of these conditions are affected by environmental quality issues like poor air and water quality and tobacco use, which both contribute to diseases like asthma and Chronic Obstructive Pulmonary Condition (COPD). Comments documenting health concerns specifically driven by environmental factors such as air and water, or tobacco use, are further discussed in the sections titled Healthy Environment and Tobacco Use.

Heart, lung disease and diabetes were top issues listed by stakeholders. Nearly all discussions surrounding heart and lung disease were in relation to disease causes, including environmental factors, and preventative care education. Discussions surrounding diabetes were in relation to patient education and preventative care, physical activity and nutrition. Cancer was also listed by many interviewees as a concern. It was felt that local oncology resources, especially for rising gynecological cancer rates, can be improved. There is question among some community members whether or not environmental factors like air or water quality could also be playing a role in these chronic conditions.

Stakeholders mentioned that more emphasis should be placed on prevention and diabetes education, and improved services for cardiovascular, pulmonary care as well as cancer care.

# Healthy Environment

Environmental quality is a general term which can refer to varied characteristics of the natural environment such as air and water quality, pollution, noise, weather and the potential effects on physical and mental health caused by human activities. Environmental quality also refers to socioeconomic characteristics of a given community or area, including economic status, education, crime and geography.

### Focus Group Input

There was a lot of discussion regarding environmental issues, particularly in the focus groups held in Clairton and Homestead. Blight is a significant concern in parts of the service area. Crime is also a problem in a number of areas. Violence is an issue, particularly gun violence and there is a perception that crime was rated higher because of the violence that exists in the community. Gang violence related to drugs is increasing; dealing is a crime which is part of the problem. There is also a high drop-out rate in some school districts, which impacts the crime rate.

Environmental pollution was identified as one of the top priorities in several of the groups. The rivers are polluted because of the mills. While the rivers have become cleaner, there are areas, including Elizabeth, where river pollution is still a concern. The perception is that Liberty Boro has one of the highest rates of air pollution in the country. There is uneasiness with the Marcellus Shale drilling, because of lack of understanding of potential environmental impacts. Participants expressed concern that the environmental impact information would not be made public.

Participants also expressed the need for better employment opportunities, particularly since it is difficult to live and raise a family on a part-time job. Part-time jobs don't offer health care insurance, impacting access to care. Housing is also an issue in the region. Lack of appropriate housing sometimes impacts patient discharges. There is a need for affordable housing for adults and seniors.

### Stakeholder Interview Input

Some of the stakeholders interviewed discussed air and water quality as a possible detriment to the Jefferson Regional Medical Center service area. Crime and violence were also key concerns for the stakeholders. From steel mills to natural gas drilling, areas around Jefferson Regional Medical Center are affected by increased air and water pollution. Many stakeholders expressed concerns related to air quality and the environmental issues related to industrial plants and Marcellus Shale fracking.

There is a perception among stakeholders that local school districts are deficient with limited resources, and as a result, communities struggle to support quality education.

School faculty are overworked due to understaffing; services have been cut, and jobs have merged. Academic and social supports are lacking, especially with student needs not being met at home. It is perceived that Duquesne and Clairton are among the worst school districts in Pennsylvania.

Increased violence was a major concern among the stakeholders. Unemployment contributes to an increase in crime, and finding employment with a criminal background is very difficult. Violence is prevalent in the area and produces victims/emotional issues. When unemployment is high, people participate in the illegal economy. Most offenses stem from individuals "protecting their turf." After being released from prison, people need help reintegrating into the community—finding treatment options, housing, work, and other critical services.

## Healthy Mothers, Babies and Children

Improving the well-being of mothers, babies and children is a critical and necessary community health need identified for the Jefferson Regional Medical Center service area by focus group participants and stakeholders. The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The Healthy Mothers, Babies and Children section addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

Participants of the Youth focus group talked about youth who are having sex at a young age.. Risk behaviors at younger ages (especially in middle school) are a concern. Some participants in the adult focus groups expressed a need for mental health services for children. Teen pregnancy was mentioned as a high priority in several of the groups. Although teen pregnancy rates are dropping, the number of intact families are becoming less prevalent. The region has a great many single parent situations and "babies having babies." Students are dropping out of high school.

Focus group participants commented that there are not many services available for children. Children's Hospital is far, and there are not many satellite care locations. Some concerns were expressed specifically related to youth injury care. There is no youth sports medicine program locally, a concern due to the number of youth involved in sports.

### Stakeholder Interview Input

The list of specific needs identified by interviewees included focus on the need for local obstetrics and gynecological care, local pediatric care, and improved education for children of all ages. The service area has a high population of teen pregnancy in high schools. There is a need for better access to women's healthcare and pediatrics; there is a general lack of providers in the area and some access issues regarding money/insurance plans that are not accepted. Obstetrics and gynecology are top priorities for Jefferson Regional Medical Center.

# Infectious Disease

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

Infectious disease was not a major concern discussed in the focus groups or by stakeholders.

### Stakeholder Interview Input

Among concerns listed by stakeholders was proper diagnosis and care for infectious diseases. Sexually transmitted diseases and MRSA were mentioned as specific cases. These concerns included anecdotes about a misdiagnosed infection, an overlooked diagnosis of MRSA and an overlooked diagnosis of a sexually transmitted disease.

# Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." It is related to promotion of well-being, prevention of mental disorders, and treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, Substance Abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome-a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

### Focus Group Input

Mental health and drug and alcohol abuse issues received a great deal of discussion. Participants discussed the need for more mental health providers in the community. The stress of living in communities that are considered unsafe creates anxiety and depression that are a concern.

Drug abuse is a significant concern because it affects the entire community. What was once seen as a youth only problem is now impacting all ages. The group observed that people are self-medicating and abusing prescription drugs and participants tied this to joblessness and hopelessness that exist in the community. There is a perception that there is a lot of marijuana use in the community, particularly among young people. Drug and alcohol detox and rehabilitation programs are seen as a top priority in the community.

Marijuana and cocaine have long been issues but the police are now seeing a rise in drugs such as meth, heroin and prescription drugs. Even in the wealthier communities, drugs are a problem. Participants were also not aware of programs available in this area to address drug and alcohol use.

### Stakeholder Interview Input

Adequate care for those with mental illnesses is a great need. The population with mental health needs continues to grow with unemployment, violence, and returning veterans, and services must address these complex needs. The local community college has seen an increase in veterans who need mental health services. The college provides academic support for those with mental health issues, but does not have medical capabilities. Clairton needs mental health/drug and alcohol treatment services.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse contribute to costly social, physical, mental, and public health problems. Substance abuse alters behaviors and decision-making and has negative health consequences for communities. Many stakeholders discussed substance abuse as a major health need as well as a driving force of negative consequences on overall quality of life. Alcohol, abuse of prescription drugs and illegal drug abuse were listed as concerns.

## Physical Activity and Nutrition

### Focus Group Input

There was a great deal of discussion regarding physical activity and nutrition, especially related to obesity, which was identified as one of the top priority needs overall and in many of the individual groups. There is a perception that good nutrition comes with a person's level of education and economics. Compared to other areas in the region, the service area has easier access and more healthy choices. People are becoming more interested in nutrition and diet.

Access to healthy foods was discussed. There are areas of the service region that do not have grocery stores; many people buy food at the dollar store, where there are no healthy food options. The lack of recreation facilities is a problem. There are a few after school programs and youth need something to keep their interest, some observed.

### Stakeholder Interview Input

Physical activity and nutrition were listed as a top priority by nearly every stakeholder. Within this topic area, obesity and diabetes were specifically mentioned. Many see barriers to physical wellness linked to education, awareness, and lack of healthy options. Individuals' ability to understand how wellness and nutrition affect their overall health and how and where to seek help to change unhealthy behaviors is of high priority.

Stakeholders expressed concern that there is a lack of resources; there is no grocery store/farmer's market near Clairton and other areas. Transportation is a barrier to get to access healthy diet options. There is a need for health education: lifestyle choices, eating habits, exercise.

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# Tobacco Use

## Focus Group Input

While tobacco use on its own was not a topic of significant discussion, a number of participants noted the connection between tobacco use and cancer rates.  Participants noted there is a need for smoking cessation programs.

## Stakeholder Interview Input

Tobacco use remains an issue. Stakeholders expressed that there are still too many smokers; smoking cessation programs are needed.

# Unintentional/Intentional Injury

## Focus Group Input

Injury was discussed within the focus groups as it relates to crime and violence.  Focus group participants expressed concerns related to the increase in violent activities.

## Stakeholder Interview Input

One pressing concern stakeholders discussed was increased violence. With increased violence, both unintentional and intentional injuries occur and have both mental and physical consequences for the community.

# Conclusions

Overall findings from the data analysis and needs assessment discussions include:

## Access

- The  percentage of the population in the service region with no regular health care provider (between 8 and 13%) is better than the Healthy People 2020 goal.  However, almost a quarter of the population in Allegheny County age 18-44 (24%) does not have a regular health care provider. Additionally, almost one in four persons (24.5%) rate their personal health status as fair or poor.

- Although the service region rate suggests that only 9.3% do not currently have health insurance. The Healthy People 2020 goal is 0%.

- The percentage of people in the service area (77%) who have seen a doctor in the past 12 months is much lower than the Healthy People goal of 90%.

- The percentage of service area respondents who did not see a doctor when they needed to because of cost is 9.3%, more than double the Healthy People 2020 goal of 4.2%.

- The percentage of service area respondents who could not get a prescription that they needed due to cost in the last 12 months is 13.8%, much higher than the Healthy People 2020 goal of 2.8%.

- Focus group participants identified access to care as an area of high need. Lack of insurance coverage and economic challenges that make affording co-pays difficult even with health insurance coverage make access a continuing problem. The lack of providers makes access to mental health care a challenge.  Transportation was identified as the top priority issue in the service region. Additional OB/GYN providers are needed.

- Stakeholders identified the economy as directly related to healthcare access. Insurance costs are rising, and for the unemployed, coverage is largely unavailable. Medical misinformation, false notions and a lack of awareness form a barrier to healthcare access. There is a need for patient education through physicians, lectures and forums throughout the community. Lack of transportation was a particular access concern to stakeholders who were interviewed. The community is in need of access to education, basic needs, and preventative care.

- Between 15 and 25% of the service region population is eligible for Medicaid.  The Jefferson Regional Emergency Department utilization for ambulatory care sensitive conditions has been increasing during the past 3 years.

## Chronic Disease

- The percentage of women who have had a pap test in the past 3 years in the service area is only 38.5%, substantially lower than the Healthy People 2020 goal of 93%.

- The percentage of service area respondents who have been told that they have heart disease, diabetes, or had a heart attack is higher than the national rates.

- Compared to the Commonwealth, the service region has low rates for screenings that would identify early stage chronic diseases.

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- The service region has higher percentages of persons told by a health professional that they have diabetes (11.8%), heart disease and/or a heart attack (between 6 and 10 percent) compared to the Commonwealth.

- Many areas of the service region has a higher rate of persons told they have asthma (16.3%) compared to the Commonwealth (13.8%).

- Breast cancer incidence rates are lower in Fayette County than they are in the rest of the region, and have been declining during the past three years. Rates have been rising in other counties of the service area and across Pennsylvania overall.

- Colorectal cancer rates are increasing in Fayette County and are significantly higher than the state. Colorectal cancer mortality rates in the region have declined in most counties except for Fayette.

- Lung cancer incidence rates are significantly higher in Allegheny and Fayette counties than they are in other parts of the service territory. The lung cancer mortality rates have declined slightly during the past few years.

- Prostate cancer incidence rates have been declining in the service region during the past few years.  Prostate cancer mortality rates have been declining in all counties in the service region, except Fayette.

- Ovarian cancer incidence rates have been declining in all counties of the service region except Westmoreland, which has been increasing.  Ovarian cancer mortality rates have also been increasing in Fayette, Washington and Westmoreland Counties.

- Heart disease mortality rates have been declining during the past few years in every county of the service region except Fayette.

- Although the heart attack mortality rates have been declining in all counties of the service region, heart attack mortality rates are significantly higher in Westmoreland County than they are in the other counties in the service region and the overall Pennsylvania rate.

- Cardiovascular disease mortality rates have been declining in all counties of the service region during the past few years, except in Fayette, which has remained relatively stable. For three of the last four years, the Fayette County rate was significantly higher than the Commonwealth rate.

- Coronary heart disease mortality rates are significantly higher than the state rates in Allegheny and Fayette Counties for the last four years and in Westmoreland County in two of the last four years.  However, the rates in all counties and across the state are declining.  All rates are significantly higher than the Healthy People 2020 goal.

- Heart failure mortality rates are declining during the past four years across the Commonwealth of Pennsylvania, and in Allegheny and Washington Counties.  The rates are increasing during the last four years in Fayette and Westmoreland Counties.

- Diabetes mortality rates have been declining in most counties of the service area and across the state over the past few years.  However, the rates have been increasing in Washington County.  The rates in Allegheny County are significantly lower than the state during the past few years and higher in Fayette, Washington and Westmoreland.

- Emergency Department utilization for Diabetes and Hypertension related issues has been increasing during the last 3 years.

- Focus group participants identified the cancer rates as one the top priorities in the community and identified the aging population and lifestyle-related risk factors as contributors to the incidence and prevalence of chronic diseases in the area.

- Stakeholders interviewed identified heart disease, lung disease and cancer as key needs within the service area and suggested that oncology related resources need to be improved.  More emphasis should be placed on prevention and education.

## Healthy Environment

- Asthma hospitalization rates in Fayette County are one of the highest in the Commonwealth, although hospital inpatient utilization rates in the service region have declined during the past few years.

- Emergency Department utilization for Chronic Obstructive Pulmonary Disease (COPD) has increased during the last three years.

- Focus group participants had a great deal of discussion regarding environmental issues impacting health. Blight, housing, crime, gang and other violence, the economy and lack of jobs, and environmental pollution (both air and water quality) are all needs and issues. These issues impact health status because of the ability to access health insurance and medical care. The stress that the economy and violence places on people increases the need for mental health related services as well.

- Stakeholders discussed air and water quality concerns, problems within the public education system, violence, unemployment, and housing as critical issues. Those interviewed also identified the need to support formerly incarcerated persons, as it is difficult for persons with a criminal background to find employment.

## Healthy Mothers, Babies & Children

- The percentage of women who smoke during pregnancy is significantly higher in Fayette, Washington and Westmoreland Counties, although the rates have been decreasing slightly in all counties during the past few years.

- While the percentage of women who breastfeed has been increasing during the last few years in Pennsylvania overall and in Allegheny County, the percentages in Fayette and Washington have remained steady and have been decreasing in Westmoreland County. All four counties have rates that are significantly lower than the Commonwealth of Pennsylvania rates.

- The majority (94%) of the students in the Duquesne School District and 88% of the students in the Clairton City School Districts are eligible for free and reduced price lunches.

- Focus group participants, particularly youth, identified sexual activity and risk factors associated with it as key issues for young people in the area. Teenage pregnancy, the need for parenting support and education, and increased children's health services (especially mental health) were also identified as important needs.

- Stakeholders identified the need for local obstetric and gynecological care, local pediatric care and improved education for children of all ages to address issues of teen pregnancy and other risk behaviors. They also identified the need for better access to women's healthcare. In particular obstetrics/gynecology and pediatrics should be top priorities for Jefferson Regional Medical Center.

## Infectious Disease

- The percentage of people age 65 and over who have received a pneumonia vaccine in the service region (59.5%) is much lower than the Healthy People 2020 goal (90%).

- Among the concerns listed by stakeholders throughout the interview process was proper diagnosis and care for infectious diseases. Sexually transmitted diseases and MRSA were mentioned as specific cases. Concerns included anecdotes about a misdiagnosed infection, an overlooked diagnosis of MRSA and an overlooked diagnosis of a sexually transmitted disease.

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## Infectious Disease (continued)

- The chlamydia rates in Allegheny County are significantly higher than the Commonwealth rates for the past few years and although the rates in Fayette, Washington and Westmoreland are all significantly lower than the state rates for the same few years, the rates have been increasing.

- Emergency Department utilization for Bacterial Pneumonia and Ear, Nose and Throat infections have increased during the last 3 years.

## Mental Health and Substance Abuse

- The percentage of respondents in the service area this year (45.2%) that indicated that their mental health was not good one or more days in the last 30 is much higher than any of the individual county data from last year.

- The percentage of local survey respondents who indicated that they had one or more alcoholic beverages in the last 30 days (32.1%) is much lower than the national rate of 54.1%.

- Slightly more than 3% of the respondents to the local survey admitted that they have driven after drinking alcoholic beverages in the last 30 days. Between 4 and 6% of the service area population is at risk for heavy and/or chronic drinking.

- Mental and behavioral disorder mortality rates have risen during the last four years in all counties of the service region with the exception of Fayette.

- A sizable portion of the service area population (almost 15%) indicated that they were currently taking medicine and/or receiving treatment for a mental health condition. An additional 7.2% indicate that they have a family member whose mental health needs are not being met. Almost 4% admitted to living with a family member who is using/abusing illegal or prescription drugs.

- Focus group participants identified mental health and drug and alcohol abuse as high priority need areas. Participants discussed the need for more mental health providers in the community. Drug abuse is a significant concern. People are self-medicating and abusing prescription drugs and participants tied this to joblessness and hopelessness that exists in the community. There is a perception that there is heavy marijuana use in the community, particularly among young people. Drug and alcohol detox and rehabilitation programs are seen as a top priority in the community.

- It is perceived that marijuana and cocaine have long been available but recently there is a rise in drugs such as meth, heroin and prescription drugs. Awareness of programs to address drug and alcohol use is low.

- According to stakeholders, adequate care for those with mental illnesses is a great need in the communities. The population with mental health needs continues to grow with unemployment, violence, and returning veterans and services must address these complex needs. The local community college has seen an increase in veterans who need mental health services; the college provides academic support for those with mental health issues, but does not have medical capabilities. Clairton needs mental health/drug and alcohol treatment services.

- Emergency Department utilization for mental health related issues has increased during the past three years.

## Physical Activity and Nutrition

- More than a quarter of the service region population reports no physical activity within the past 30 days. Only slightly more than half of the service region population reports eating fresh fruits daily, and only about a quarter eat fresh vegetables daily.

- Between 22 and 33% of the service region population has limited access to grocery stores.

- The majority (approximately 2/3 or more) of the service region population is overweight or obese.

- There was a great deal of discussion within the focus groups regarding physical activity and nutrition, especially related to obesity, which was identified as one of the top needs overall and in many of the individual focus groups. Access to healthy foods is a critical issue because of the transportation issues and lack of grocery stores in different parts of the service area.

- Physical activity and nutrition-related issues were identified as a top priority by almost all stakeholders interviewed; many identified a lack of resources such as grocery stores, transportation and education as barriers to healthy lifestyle choices.

## Tobacco Use

- Almost a quarter of the service region population reports that they are current smokers, and an additional 5% indicate that they use smokeless tobacco on at least some days, although 69% of current smokers indicate that they would like to quit.

- 12% of the service area population has been told that they have COPD, Emphysema or Chronic Bronchitis. Inpatient utilization rates for these conditions in the service region are quite high (31.1 per 10,000) and increasing slightly during the past three years.

## Unintentional/Intentional Injury

- A small percentage (1.3%) of the service area population report knowledge of elder abuse.

- Almost one in four (22%) adults in the service area admit that they have fallen at least once in the last three months.

- The majority of the region's population (80%) report that they always use a seatbelt.

- Suicide mortality rates have risen during the past four years in every county of the service territory with the exception of Allegheny County.

- Homicide rates due to firearms are significantly higher in Allegheny County than the state rates, and the rate has increased during the past four years.

- Almost 10% of the respondents indicated that an intimate partner has threatened them with physical violence.

# Prioritization Process

At the end of the data presentation and discussion, a list of 39 needs, issues and potential priorities were identified.

| | |
|---|---|
| Access to Quality Health Services - Transportation to/from Medical Services | Social Environment - Violence |
| Access to Quality Health Services - Affordability of health care/insurance costs/copays | Healthy Mothers, Babies & Children - Tobacco Use During Pregnancy |
| Access to Quality Health Services - Perception of quality of local care | Healthy Mothers, Babies & Children - Low Birthweight Babies |
| Access to Quality Health Services - Availability of Broader Community Based Services | Healthy Mothers, Babies & Children - Breastfeeding |
| Access to Quality Health Services - Early Screening | Healthy Mothers, Babies & Children - Teen Pregnancy |
| Access to Quality Health Services - Eldercare | Healthy Mothers, Babies & Children - Lack of Children's Services/Youth Development |
| Access to Quality Health Services - Access to Women's Health/OB Services | Infectious Disease - Flu & Pneumonia |
| Access to Quality Health Services - Access to Mental Health Services | Infectious Disease - STDs |
| Chronic Disease -  Cardiovascular Disease (Heart Disease, Cholesterol, etc.) | Mental Health/Substance Abuse  - Alcohol & Drugs |
| Chronic Disease -  Hypertension | Mental Health/Substance Abuse  - Domestic Violence |
| Chronic Disease -  Cerebrovascular Disease (Stroke) | Mental Health/Substance Abuse - Lack of support systems for Veterans |
| Chronic Disease -  Diabetes | Mental Health/Substance Abuse - Stress Management |
| Chronic Disease -  Lung Cancer | Physical Activity/Nutrition:  Lack of Physical Activity |
| Chronic Disease -  Other Cancers | Physical Activity/Nutrition:  Eating Habits |
| Chronic Disease -  Obesity | Tobacco Use |
| Healthy Environment - air and water quality/Asthma/COPD related issues | Injury - Homicide due to firearms |
| Social Environment - availability and location of day care centers | Injury - Falls |
| Social Environment - Affordable Housing for Seniors | Injury - Seat Belt use |
| Social Environment - Crime | Injury - Suicide |
| Social Environment - Lack of Jobs/unemployment | |

During the prioritization process, the Steering Committee rated each of the issues that were identified in the data collection process on a 1 to 10 scale for each criterion using the OptionFinder audience response polling system.

## Prioritization Criteria

| Item | Definition | Scoring | | |
|---|---|---|---|---|
| | | Low (1) | Medium | High (10) |
| Accountable Entity | Extent to which the issue is an important priority to address in this action planning effort for either the health system or the community | This is an important priority for the community to address | This is important but is not for this action planning effort | This is an important priority for the hospital/health system to address |
| Magnitude of the problem | Degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue | Low numbers of people affected; no risk for epidemic | Moderate numbers/ % of people affected and/or moderate risk | High numbers/ % of people affected and/or risk for epidemic |
| Variance against benchmarks or goals | This would include variance with selected benchmarks, state standards or state data, Healthy People 2010 goals and/or other prevention agenda standard or state data | Local/regional rates meet or exceed the goal or standard | Local/regional rates are somewhat worse than the goal or standard | Local/regional rates are significantly worse than the goal or standard |
| Capacity (systems and resources) to  implement evidence -based solutions | This would include the capacity to and ease of implementing evidence-based solutions | There is little or no capacity (systems and resources) to implement evidence based solutions | Some capacity (system and resources) exist to implement evidence based solutions | There is solid capacity (system and resources) to implement evidence based solutions in this area |

The results of the ratings for the magnitude, variance and capacity criteria were added together and then sorted high to low.  Those items that had "high" total  scores on the 3 criteria as well as high averages scores on the Accountable Entity criterion (average score of 7 or higher) were identified as the highest priorities for the health system.

Those items that had high total scores on the three criteria and low average scores on the Accountable Entity criterion were identified as high priorities for the community.  The outcome of the rating process was a prioritized list.  The highest priorities are as follows:

## Prioritization Results

| Issue | Discussion/Rationale | Accountability Criterion | Magnitude of the problem Criterion | Variance against bench Criterion | Capacity Criterion | Combined |
|---|---|---|---|---|---|---|
| Access to Quality Health Services - Transportation to/from Medical Services | Overall lack of transportation - bus stop is at bottom of hill as opposed to stopping at the hospital, bus routes continue to be cut which limits access, people are not satisfied with current Access transportation noting long waits, having to call night before, etc. | 7.5 | 7.0 | 8.1 | 4.9 | 20.0 |
| Access to Quality Health Services - Availability of Broader Community Based | There are areas that are lacking providers (medical, dental, mental  health, etc.) suggesting need for additional satellite offices | 7.9 | 7.2 | 5.7 | 6.9 | 19.8 |
| Access to Quality Health Services - Access to Women's Health/OB Services | General lack of services in area | 8.1 | 6.6 | 6.1 | 6.9 | 19.6 |
| Access to Quality Health Services - Perception of quality of local care | Feeling for many in Pittsburgh area that UPMC is place to go for care - perception that we can't get anything good in our community | 8.6 | 6.9 | 4.7 | 7.8 | 19.4 |
| Access to Quality Health Services - Affordability of health care/insurance | Insurance is costly, many employers do not offer or people can't afford, many people make just enough that they do not qualify for assistance programs | 4.8 | 6.4 | 5.4 | 3.0 | 14.8 |
| Physical Activity/ Nutrition:  Lack of Physical Activity | Sedentary lifestyle and need for people to have more opportunities (especially affordable opportunities) for recreation - also need for education on what is available and importance of it | 4.8 | 6.4 | 4.9 | 3.4 | 14.7 |
| Healthy Environment - air and water quality/ Asthma/COPD related issues | Concerns over pollution related to industry, etc. in the area and the impact that has on health - sense that there are increased rates of asthma and COPD as result of historic impact of industry | 2.7 | 5.9 | 6.4 | 2.1 | 14.4 |

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## Implementation Strategies and Action Plan

The implementation strategies and action plan to address the priorities is designed to focus on increasing access to women's health services in Jefferson Regional Medical Center's service area. The hospital will expand women's health services in its service area, add access to pre- and post-natal care and obstetrical care in the service area, add additional women's subspecialists to the service area, expand office hours and services in the southern part of the service area and expand women's health services in the Clairton area.  It is expected that, over time, by increasing access to education and women's health services, various other health needs of women and families will be addressed, as women are the primary gatekeepers to health care for families. The following table outlines Jefferson Regional Medical Center's implementation strategies and action plan.

## Review and Approval

The 2013 Community Health Needs Assessment and Action Plan was presented and approved by the Jefferson Regional Medical Center's Board of Directors on May 20, 2013.

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*COMMUNITY ACTION PLAN  2013*

**GOAL 1:  Increase access to Women's Health Services in the Jefferson Regional Medical Center Service Area**

| | Objectives | Action Steps | Accountability / Organization Responsible for | Time Frame | Evaluation Metrics / Measures |
|---|---|---|---|---|---|
| A. | *Expand Women's Health Services in Jefferson Regional Medical service area* | • Add women's midlife gynecology specialist, three days per week<br>• Add women's behavioral health & other wellness programs<br>• Expand mammography services<br>• Add additional women's health specialists<br>• Support at least two women's health education events | Marcie Caplan/ Rosanne Saunders | 12/30/13 | Number of sessions, number of women served, events offered, physicians present. Develop baseline. |
| B. | *Add access to Pre & Post Natal Care Obstetrical Care in our service area* | • Appoint Site Director for Obstetrics at Jefferson Regional Medical Center<br>• Increase visibility and access to other obstetricians in the market<br>• Add additional obstetricians/gynecologists to the market<br>• Support at least two pregnancy related educational events in the market | Marcie Caplan/Rosanne Saunders/Debbi Linhart | 3/30/14 | Number of events held and attendance, number of women served. |
| C. | *Add additional Women's Subspecialists to Jefferson Regional service area* | Recruit the following specialists:<br>• Gynecology-Oncology<br>• Urology-Gynecologist<br>• Maternal Fetal Medicine/High Risk Obstetrician Specialist | Marcie Caplan/Debbi Linhart | 12/30/13 | Presence in the marketplace, number of women served. |
| D. | *Expand office hours & services in southern part of service area* | • Add more hours of gynecology services<br>• Increase awareness of women's services in the southern part of the service area. | Dr. Anthony Gentile/Marcie Caplan/Debbi Linhart | 6/30/14 | Number of women served. |
| E. | *Expand Women's Health Services in the Clairton area* | • Identify and implement Outreach Team<br>• Identify under-served population in the area<br>• Establish Gynecology presence in the Clairton area | Marcie Caplan/Debbi Linhart | 6/30/14 | Number of women served. |

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