



COMMUNITY HEALTH NEEDS ASSESSMENT 2018

PROVIDING HEALTH CARE TO
THE COMMUNITY IN A COMPETENT,
NURTURING, AND HEALING ENVIRONMENT

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Highlands Hospital is committed to providing health care to the community in a competent, nurturing, and healing environment. Our staff gives support in times of crisis, and provides the resources necessary to promote a healthy lifestyle.

We promote teamwork and ethical behavior, recognizing the contributions of our employees and challenging them to achieve the highest levels of customer service, quality, and productivity.



2018

Highlands Hospital
Community Health Needs Assessment



CONTENT CHINA REPORT

04.	INTRODUCTION
07.	EXECUTIVE SUMMARY
10.	METHODOLOGY
12.	DEMOGRAPHICS
14.	ASSET RESOURCE LISTING
16.	EVALUATION
26.	HOSPITAL UTILIZATION ANALYSIS
28.	GENERAL FINDINGS <ul style="list-style-type: none">• Health Status• Access to Quality Healthcare• Chronic Disease• Healthy Environment• Infectious Disease• Mental Health and Substance Abuse• Intellectual and Physical Disabilities• Healthy Women, Mothers, Babies and Children• Physical Activity and Nutrition• Tobacco Use
56.	PRIORITIZATION
59.	APPENDIX A: EXECUTIVE SUMMARY INDICATORS

WELCOME TO OUR COMMUNITY HEALTH NEEDS ASSESSMENT

**PROVIDING HEALTH CARE TO THE COMMUNITY IN A
COMPETENT, NURTURING, AND HEALING ENVIRONMENT**



THANK YOU BEING A PART OF OUR COMMUNITY.

Highlands Hospital is proud to present its 2018 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 Highlands Hospital. The overall service region encompasses Fayette County, along with two towns (Mount Pleasant and Scottdale) in Westmoreland County. The primary service region includes the communities (defined by zip code) of Acme, Brownsville, Champion, Connellsville, Dawson, Dickerson Run, Dunbar, Everson, Indian Head, Leisenring, Lemont Furnace, Mill Run, Mount Braddock, Mount Pleasant, Normalville, Ohiopyle, Perryopolis, Scottdale, Smock, Star Junction, Uniontown, Vanderbilt, and White.

This CHNA 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 hospital, 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 Highlands Hospital, 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 CHNA will encourage additional activities and collaborative efforts to improve the health status of the community.



John Andursky
Acting CEO/President and CFO

WELCOME INTRODUCTION FROM OUR PRESIDENT:

Small rural community hospitals are invaluable assets to the communities they serve. Highlands Hospital continues to identify opportunities to remain viable and provide quality patient care.

Highlands Hospital is recognized as being one of the longest running inpatient behavioral health programs in the Laurel Highlands Region, and continues to evolve to better meet the total needs of each patient. In addition, the hospital is focusing our efforts to serve as a provider of wellness, prevention, and care for the greater Connellsville region. Our approach

is to make the former Zachariah Connell School be a Center for Health Impact and the hub of community health. Some of our initiatives will focus on Women's and Family Health and Wellness, Aging Well, and Pain Management, as well as becoming a health care destination point for Autism, Stress Management and Behavioral Health Services.

We value the community health needs reporting requirement as an important tool to provide intense focus on the needs of the communities that we serve and to demonstrate the depth of our commitment to address those needs for our patients and the community.



JOHN S. ANDURSKY

✓ *John Andursky became Acting CEO/President of Highlands Hospital in February 2018. He remains CFO of the hospital.*

✓ *John Andursky, MBA and CPA, has been employed in hospital finance for more than 20 years.*



HIGHLANDS HOSPITAL

Highlands Hospital is an independent and locally managed 64 bed hospital in the picturesque Laurel Highlands of Southwestern Pennsylvania. The hospital is committed to providing health care to the community in a competent, nurturing, and healing environment. Their staff gives support in times of crisis and connects patients with the resources necessary to lead a healthy life. Approximately 400 exceptional caregivers and staff provide emergent, in-patient, and ambulatory care to the Fayette County region. At Highlands, they recognize that every patient has a unique set of needs and concerns, and that they aren't only diagnosticians, but also sources of support and hope. Highlands is dedicated to providing state-of-the-art facilities for residents in Fayette County, and in finding innovative ways to offer our community optimum health care.

THANK YOU

We offer special thanks to the representatives of the CHNA Steering Committee and to the 345 citizens and stakeholder participants of the interviews, community surveys, and focus groups who generously gave their time and input to provide insight and guidance to the process. Steering Committee members are listed in Table 1 below.

Table 1
Steering Committee Members

Steering Committee Member	Title at Highlands Hospital
John Andursky	Acting CEO/President and CFO
Angela Danko	Administrative Services Coordinator
Bridgette Lowry	Director of Diabetes Center
Heidi McClain	Director of Dietary
Jordan Morran	Director of Autism Services
Anna Reed-Strawn	President of Auxiliary
Christine Richey	Director of Nursing
Deanna Sherbondy	Board of Trustees Member
Stephanie Welc	Certified Recovery Specialist-Center of Excellence for Opioid Use Disorder

EXECUTIVE SUMMARY

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community. The CHNA process also promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population health. The CHNA process supports the commitment of a diverse group of community agencies and organizations working together to achieve a healthy community.

Facilitated by Strategy Solutions, Inc., a planning and research firm with its mission to create healthy communities, this CHNA follows best practices as outlined by the Association for 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 that was published in December 2014. The process has taken into account input from those who represent the broad interests of the communities served by Highlands Hospital, including those with knowledge of public health, the medically underserved, and populations with chronic disease.

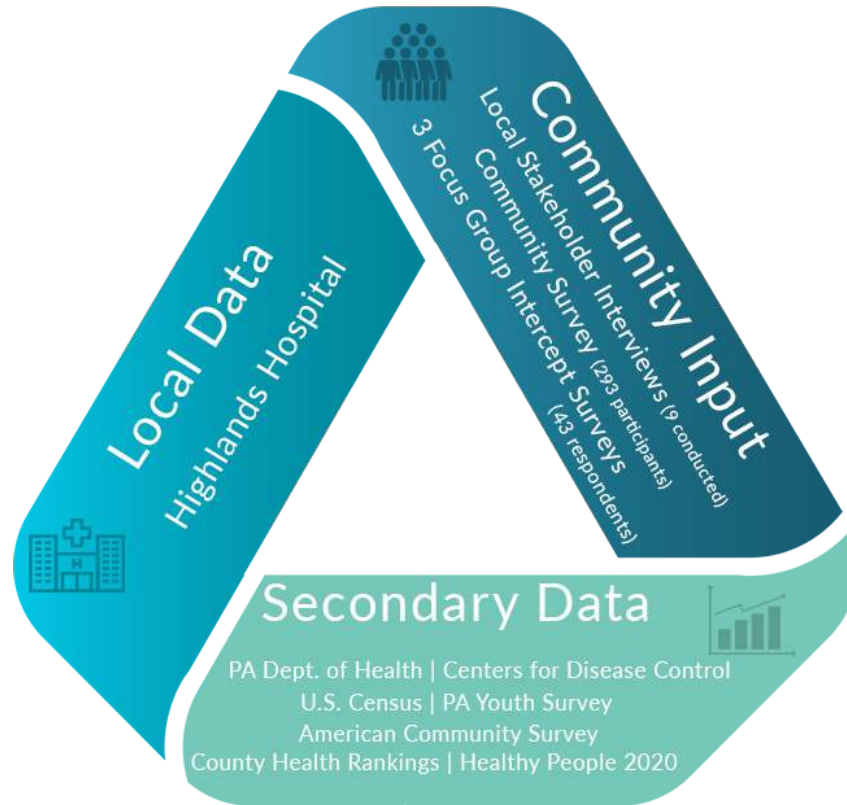
The 2018 Highlands Hospital CHNA was conducted to identify primary health issues, current health status and needs to provide critical information to those in a position to make a positive impact on the health of the region’s residents. The results enable community members to more strategically establish priorities, develop interventions, and direct resources to improve the health of people living in the community. This CHNA includes a detailed examination of the following areas as seen in Figure 1 below.

Figure 1
CHNA Topic Areas



To support this assessment, data from numerous qualitative and quantitative sources were used to validate the findings, using a method called triangulation outlined in Figure 2.

Figure 2
Data Triangulation



Secondary data on disease incidence and mortality, as well as behavioral risk factors were gathered from the Pennsylvania Department of Health and the Centers for Disease Control, as well as Healthy People 2020, County Health Rankings, US Census, American Community Survey, and the 2017 PA Youth Survey. Aggregate utilization data was included from Highlands Hospital patient records.

Demographic data was collected from Environics Analytics-Claritas. Primary data collected specifically for this study were based on the primary service area including the communities of Acme, Brownsville, Champion, Connellsville, Dawson, Dickerson Run, Dunbar, Everson, Indian Head, Leisenring, Lemont Furnace, Mill Run, Mount Braddock, Normalville, Ohiopyle, Perryopolis, Smock, Star Junction, Uniontown, Vanderbilt, and White in Fayette County, and Mount Pleasant and Scottdale in Westmoreland County. Highlands Hospital collected a total of 293 community surveys, conducted three (3) focus group intercept surveys, and nine (9) stakeholder interviews.

After review and analysis, the data suggested 29 distinct issues, needs and possible priority areas for intervention. After prioritization and discussion, the steering committee identified 29 needs as the top priorities for intervention and action planning. The Highlands Hospital Board of Trustees approved the hospital's CHNA on May 30, 2018.

BACKGROUND AND ACCOMPLISHMENTS

Highlands Hospital is a non-profit, community-based hospital dedicated to providing excellence in personalized, quality healthcare services through innovation, research, and education in response to community needs. Highlands Hospital's commitment to the community is evident through their various initiatives and partnerships. Below is a timeline of hospital accomplishments.

2009



In conjunction with research partner Conemaugh Hospital, participated in a 3-year, \$6 million Department of Defense project to assess awareness of combat stress and barriers to health care within the local National Guard and Reserve population.

2010



Entered into a consulting agreement with Cleveland Clinic Autism Development Solutions to collaborate in the development of the Highlands Hospital Center for Autism.

2010



Opened a Diabetes Center that is approved by the American Diabetes Association. The center offers a comprehensive approach to diabetes education, including ongoing management and treatment support.

2013



Entered into a partnership with East Suburban Obstetrical & Gynecological Associates to offer gynecological outpatient services, inpatient consults and perform gynecological procedures.

2014



Highlands Hospital Regional Center for Autism announced that it is the first licensed site of Cleveland Clinic Children's Center for Autism in the United States.

2016



Highlands Hospital is one of four hospitals (Anne Arundel Medical Center, Walter Reed, and the Chan Soon-Shiong Institute for Molecular Medicine at Windber) in the nation partnering with the Clinical Breast Care Project, a repository of more than 100,000 donated tissue samples for the study of breast cancer.

2017



Recognized by Governor Tom Wolf as a Center for Excellence for the treatment of opioid-related substance use disorders.

Partnered with West Virginia University Medicine to offer advanced heart and vascular care.

2017



Awarded \$1 million in Redevelopment Assistance Capital Program; will be utilized create a Center of Health Impact, expanding the Highlands Hospital Regional Center for Autism and will also house a Women's Center of Excellence, and a new Blended Model of Care for health improvement.

METHODOLOGY

To guide this assessment, Highlands Hospital's leadership team formed a Steering Committee that consisted of hospital leaders who represented the broad interests of their local region. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-income persons, minority groups, and those with chronic disease needs, and internal program managers. The Highlands Hospital Steering Committee met two times between February 2018 and May 2018 to provide guidance on the various components of the CHNA.

Consistent with IRS guidelines at the time of data collection, Highlands Hospital defined its primary service area as Fayette County, along with two towns (Mount Pleasant and Scottdale) in Westmoreland County. The primary service region includes the communities (defined by zip code) of Acme, Brownsville, Champion, Connellsville, Dawson, Dickerson Run, Dunbar, Everson, Indian Head, Leisenring, Lemont Furnace, Mill Run, Mount Braddock, Mount Pleasant, Normalville, Ohiopyle, Perryopolis, Scottdale, Smock, Star Junction, Uniontown, Vanderbilt, and White.

Intercept Surveys

The CHNA leadership at Highlands Hospital identified groups that would be appropriate to conduct intercept surveys. Some were completed as one-on-one conversations while others were filled out by the respondents and turned in. Strategy Solutions, Inc. worked with Highlands Hospital to develop the intercept survey questionnaire and create an online data collection tool. Highlands Hospital staff scheduled and conducted the intercept surveys. A total of three groups were given the intercept survey, as seen in Table 2, with a total of 43 individuals participating.

Table 2
Intercept Surveys

Population/Location	# of Intercept Surveys	Date
IM Well	22	Feb-18
FOCUS	12	Mar-18
BH Outpatient Center	9	Mar-18
Total	43	

The intercept surveys were designed to capture the following information:

- Rate personal health and indicate reasons for rating
- Identify health related problems or concerns the individual and/or family member is experiencing
- Explore any barriers to health care
- Determine any additional barriers (social determinants of health)
- Identify gaps in current services and what other services are needed in the community
- Indicate services currently being utilized

Stakeholder Interviews

The CHNA leadership at Highlands Hospital identified key community stakeholders to participate in a one-on-one stakeholder interview. Strategy Solutions, Inc. developed the Stakeholder Interview Guide and created an online data collection tool. Highlands Hospital staff scheduled and conducted the interviews and entered the data into the online collection tool. As shown in Table 3, a total of nine stakeholder interviews were completed.

Table 3
Stakeholder Interviews

Date	Name	Organization	Representing
March 6, 2018	Tabitha Horvath	Highlands Hospital	Physical Wellness/Fitness
April 3, 2018	Brian Boshinsky	Rite Aid Pharmacy	Pharmacy
April 5, 2018	Raymond Wormack		Social Services and Drug and Alcohol
April 11, 2018	Deb Chaney		Parent of Child with Autism
April 11, 2018	Barry Craig		Community Ministries
April 12, 2018	Cathy Kumor		Community Health/Wellness
April 12, 2018	Mary Sampey	Connellsville Catholic Churches	Faith-Based Ministries
April 25, 2018	Tracy Lahew	PA Department of Health	Community Health
April 26, 2018	Bob Topper, Sr.	Fayette EMS	EMS

The stakeholder interviews were designed to capture the following information:

- Top community health needs
- Environmental factors driving the needs
- Needs and factors specific to target populations
- Efforts currently underway to address needs
- Advice for the Steering Committee(s)

Community Survey

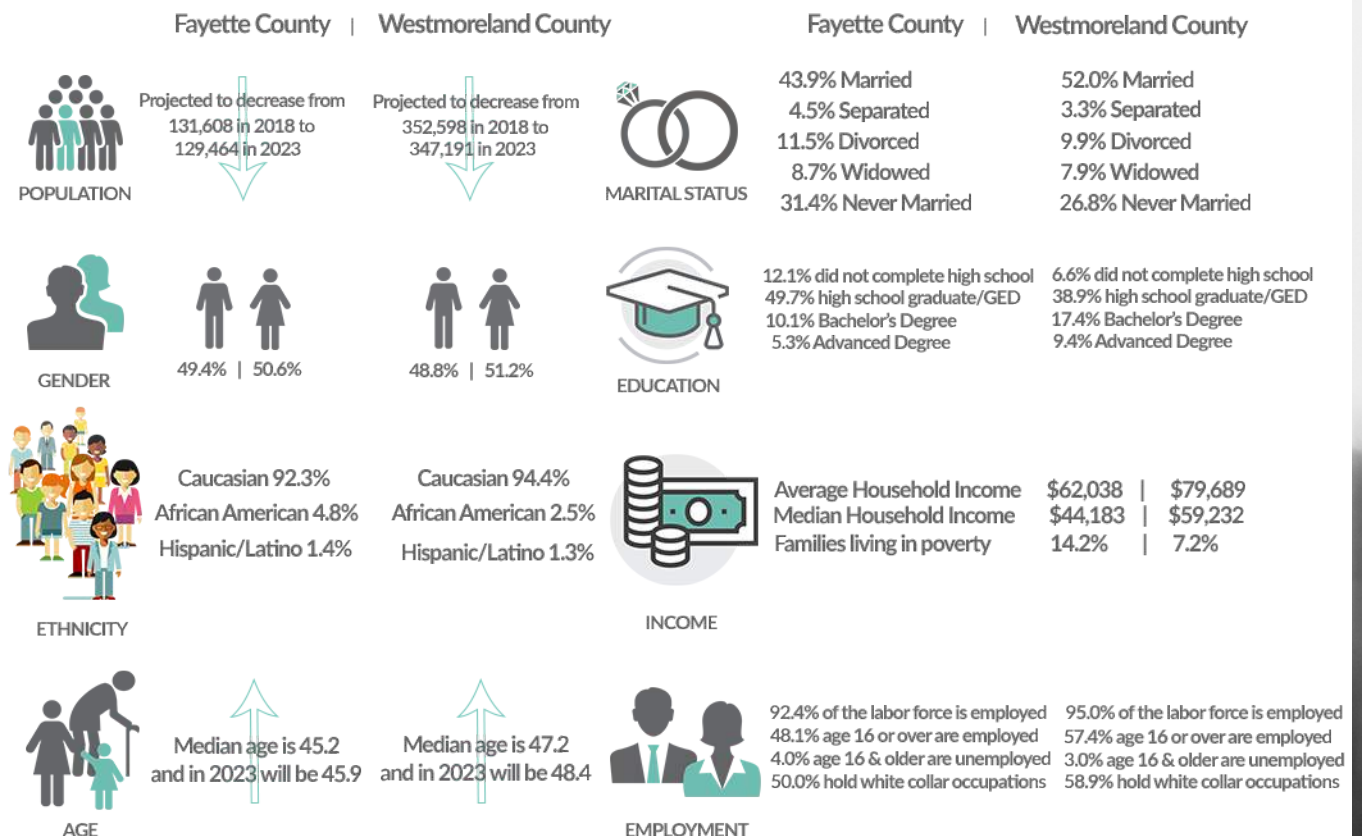
The CHNA leadership at Highlands Hospital reviewed the community survey used in the previous Community Health Needs Assessment and determined that the questions were still relevant. Strategy Solutions, Inc. created an online and paper version of the community survey. Strategy Solutions developed a unique weblink that was shared with the Highlands CHNA leadership and then distributed to the community at large. The survey link went “live” on February 20, 2018 and remained open until May 1, 2018. A total of 293 surveys were completed and included in the analysis.



DEMOGRAPHICS

The population in both Fayette and Westmoreland counties has been decreasing and is projected to continue to decrease into 2023. The counties are predominately Caucasian and there is a comparable number of males and females. The median age is slightly higher in Westmoreland County (47.2 vs. 45.2) and is projected to increase in both counties indicating the population is aging. Approximately half of the population in either county is married while one in ten are divorced. Around one in four residents (26.8%) in Westmoreland County have a college degree, while only 15.4% of those in Fayette County are college graduates. The average household income is over \$17,000 higher in Westmoreland County compared to Fayette County. Most of the labor force in both counties is employed, with approximately half of those employed holding white collar occupations. Figure 3 below shows the demographics breakdown for Fayette and Westmoreland counties.

Figure 3
Highlands Hospital
Demographics



PRIMARY SERVICE AREA

Highlands Hospital’s primary service area covers the counties of Fayette and Westmoreland. The primary service area map depicting the zip codes serviced by the hospital is shown in Figure 4 below, as well as noted in Table 4 - Cities Served.

Figure 4
Primary Service Area

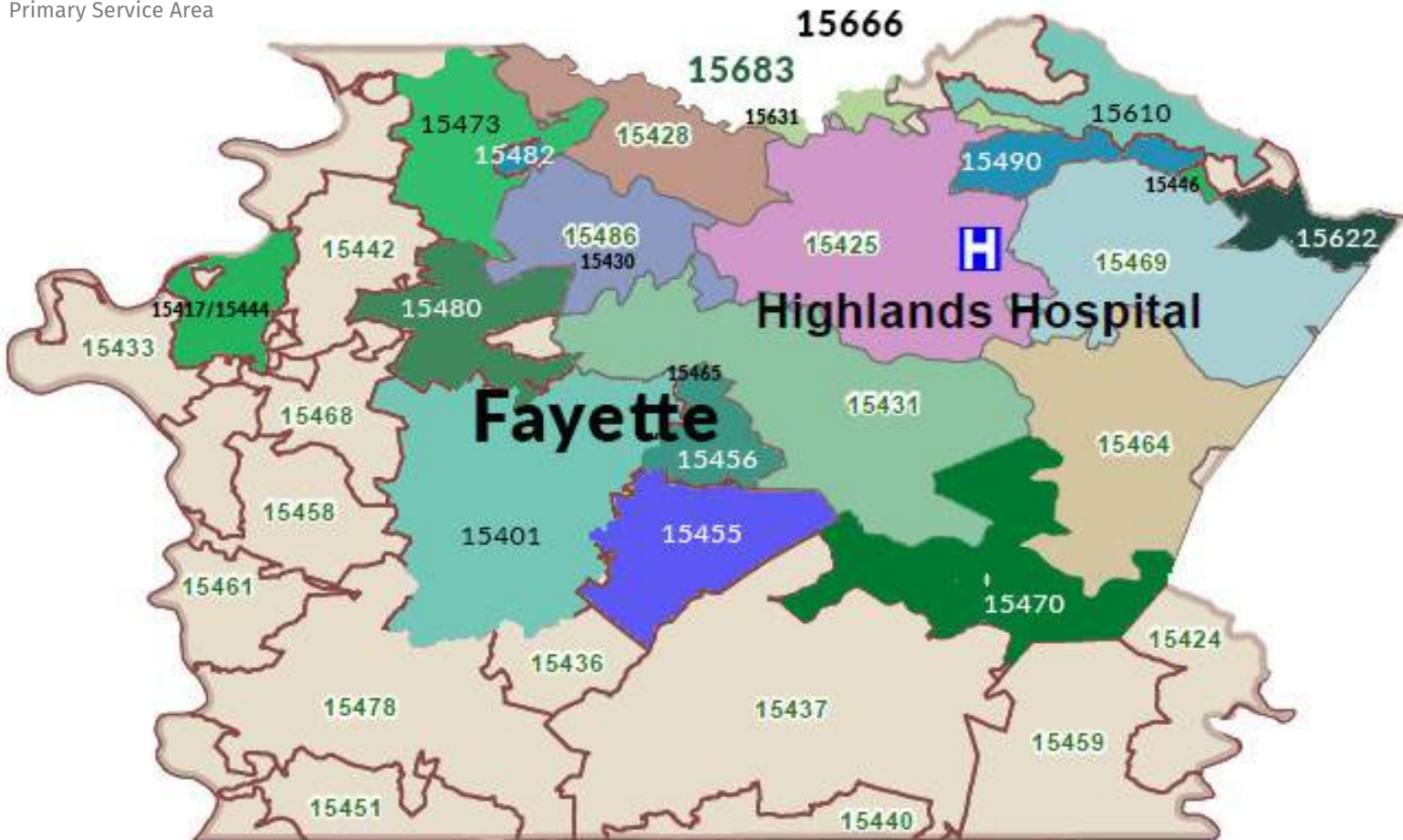


Table 4
Cities Served

City	Zip Code(s)	County	City	Zip Code(s)	County
Acme	15610	Fayette	Mount Braddock	15465	Fayette
Brownsville	15417, 15444	Fayette	Mount Pleasant	15666	Westmoreland
Champion	15622	Fayette	Normalville	15469	Fayette
Connellsville	15425	Fayette	Ohiopyle	15470	Fayette
Dawson	15428	Fayette	Perryopolis	15473	Fayette
Dickerson Run	15430, 15486	Fayette	Scottdale	15683	Westmoreland
Dunbar	15431	Fayette	Smock	15480	Fayette
Everson	15631	Fayette	Star Junction	15482	Fayette
Indian Head	15446	Fayette	Uniontown	15401	Fayette
Leisenring	15455, 15486	Fayette	Vanderbilt	15486	Fayette
Lemont Furnace	15456	Fayette	White	15490	Fayette
Mill Run	15464	Fayette			

COMMUNITY AND HOSPITAL RESOURCES

Resources that are available in Highlands Hospital’s service area to respond to the significant health needs of the community can be found in the United Way’s PA 2-1-1 Southwest. The PA 2-1-1 Southwest is part of the national 2-1-1 Call Centers initiative that seeks to provide an easy-to-remember telephone number and web resource for finding health and human services– for everyday needs and in crisis situations. Residents can search the United Way’s vast database of services and providers to find the help they need. The Southwest Region includes Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Mercer, Washington and Westmoreland Counties. Figure 5 below shows the number of resources available in Fayette County (F) and Westmoreland County (W) per service category. For a complete listing of available services, please visit <http://pa211sw.org/>. Table 5 lists the resources that the hospital provides to the residents of Fayette and Westmoreland Counties.

Figure 5
PA 2-1-1 Southwest Service Category Breakdown by Fayette and Westmoreland Counties



Table 5
Highlands Hospital Resource Listing

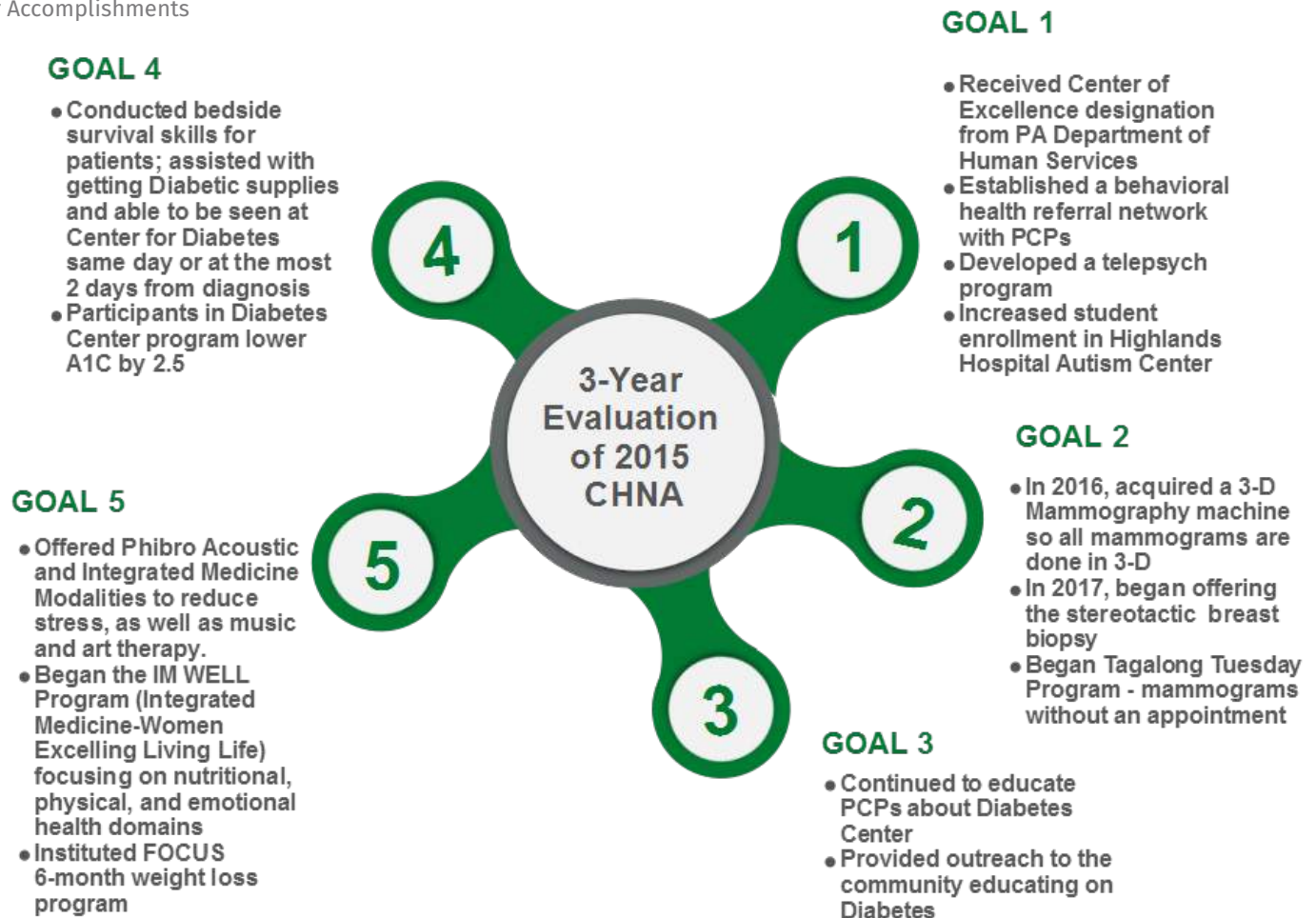
Autism Services	Imaging Services	Respiratory Therapy
Behavioral Health	Internal Medicine	Same Day Surgeries
Cardiology	OB/GYN and Pre-Natal Care	
Community Resources Education	Orthopedics	Social Worker – Patient Advocate
Diabetes	Pediatric Care	Substance Abuse Services
Dietician/Nutritional Counseling	Physical Therapy	Trauma Services - ER
Dialysis	Podiatry	Wellness Center
Hospice Care	Psychiatry	



EVALUATION OF 2015 CHNA

Highlands Hospital conducted an evaluation of the implementation strategies undertaken since the completion of their 2015 CHNA. Although the status for most county level indicators did not move substantially, it is clear that Highlands Hospital is working to improve the health of the community. Figure 6 below highlights the major accomplishments that the hospital made in each of the five goals that were outlined in their implementation strategy action plan.

Figure 6
Highlands Hospital
Major Accomplishments



Goal 1

Increase access to behavioral health services that focus on the whole person

Goal 2

Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer

Goal 3

Decrease preventable chronic disease such as Diabetes by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors

Goal 4

Improve management and outcomes for patients diagnosed with Diabetes

Goal 5

Reduce morbidity and mortality by improving the health and quality of life of women and their families, especially in vulnerable communities

In conjunction with the hospital's 2015 CHNA, Highlands Hospital collaborated with Allegheny Health Network on the CHNA and the development of a system-wide community health improvement plan to guide community benefit and population health improvement activities across the Allegheny Health Network and Highlands Hospital's service area. Highlands Hospital participated as a non-member facility in order to help fill gaps in service-lines through access to resources available in the Allegheny Health Network system.

In support of the system plan, Highlands Hospital created an implementation plan to outline the specific strategies, resources, and partners the hospital will employ to address the identified community health priorities of Behavioral Health, Cancer, Chronic Disease, and Maternal and Child Health. Highlands Hospital's identified priorities are slightly different than the system's identified priorities (based upon community data). Highlands Hospital's focus was on Behavioral Health (including Autism and PTSD), Diabetes, and Women's Health (including senior care).

In reviewing the status of the priority area, Highlands Hospital reported the following:

Health Priority: Mental Health

Target Populations: Minority Groups, Veterans, Low Income, Women

Goal 1: Increase access to behavioral health services that focus on the whole person

In evaluating this priority area, Highlands Hospital reported that the following objectives of this priority area had been addressed or met:

Increase utilization of outpatient behavioral services, particularly for the most vulnerable populations, by increasing access to the recently established outpatient community behavioral health clinic and developing a tele-psychiatry program to increase access to behavioral health services in atypical environments: Highlands Hospital's main referral source for their outpatient behavioral services came from the inpatient unit at the hospital over the last three years. The hospital participated in a wellness outreach program that targeted women in the community, one of the identified target populations for this goal. Highlands Hospital established a referral network with five personal care physicians (PCPs) in Connellsville as the PCPs were a referral population to the outpatient behavioral health clinic that was missing.

Highlands Hospital and Washington & Jefferson College created a partnership to join their medical and academic resources to bring PTSD Speaks Out! to Southwestern Pennsylvania. The hospital continued to offer veterans and other sufferers of traumatic stress disorders a culture of compassion, kindness, and gentle holistic healing techniques. The hospital's practice of Complementary and Alternative Medicine (CAM) continued to be part of an international group of medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine. Integrative medicine combines treatments from conventional medicine and CAM for which there is evidence of safety and effectiveness. Based on the body's innate ability to heal itself, the focus of such therapies is on the whole person - physical, emotional, social, and spiritual. Prevention of illness, like stress disorders and other mental health problems, and the ongoing promotion of a healthy lifestyle are its primary objectives. By combining Highland Hospital's expertise and success utilizing CAM with the rigors of scientific research at the nation's oldest 4-year coed liberal arts college, the hospital continued to offer a network of support, hope and effective treatment for those suffering from PTSD.

Highlands Hospital developed a tele-psychiatry program during 2017 and received approval from the Office of Mental Health and Substance Abuse Services to begin the program. In November 2017, 30 patients were served when the telepsychiatry program began. Since this a new offering of the hospital, metrics and data tracking will be established during this 2018 CHNA cycle.

Increase knowledge and skills of all staff and community members around behavioral health, including expanding Autism services in alliance with Cleveland Clinic Children's Center for Autism and increase awareness and utilization of the Diagnostic Center: Educational outreach regarding behavioral health was conducted both with hospital staff and the community, especially concerning the inpatient population. Highlands Hospital also educated the community, including hospital staff, on their IM WELL (Integrative Medicine – Women Excelling Living Life, discussed in detail in Goal 5) and Center for Excellence (discussed below) programs.

Highlands Hospital's Autism Diagnostic Center was discontinued in early 2016 due to the hospital switching to a valuebased payment model, which was in conflict with Cleveland Clinic's way of billing. Therefore, Cleveland Clinic no longer would reimburse for the Autism Diagnostic Center.

Over the last three years, Highlands Hospital's Autism Center, which is a licensed site of the Cleveland Clinic, has been able to support nine additional students to provide them with daily ADA programming as part of their year-round school program, which brings enrollment to 18 students. Since there is always a waiting list for students to attend the Autism Center's school, renovations began to expand the school size to be able to enroll up to 70 students. The renovations are scheduled to be done for the Fall 2018 semester.

During 2017, Highlands Hospital also applied for licensure to provide in-home services for those with Autism. The hospital is currently waiting for Fayette County to approve the license. Once approval is received, this program will serve those children age 5-21.

Increase the number of healthcare providers integrating behavioral health and physical health by establishing and sustaining alliance partnerships with significant health and wellness organizations to create a new model of care: For the three years ending June 2017, Highlands Hospital created new protocols due to the hospital changing to a blended care model. The behavioral health outpatient unit staff has been trained on the blended care model and strategies.

Center of Excellence: The Highlands Hospital Opioid Center of Excellence (COE), which began in February 2017, is one of 45 state-wide Pennsylvania Department of Human Services grant funded programs to address the Opioid crisis. The Hub and Spoke program model assures that Highlands Hospital (as the Hub) is working within the community to link individuals with community services and treatment programs (the Spokes). COE staff includes: Certified Recovery Specialists - individuals who are in recovery and who have been state trained and certified to provide recovery support in the hospital and in the community; and Case Managers who link individuals with community treatment and services such as housing (emergency and long-term), food pantries, primary care physicians, mental health providers, and drug and alcohol treatment providers. The Highlands Hospital COE has been approved to receive grant funding to operate for a second year (2018). The hospital has implemented an Emergency Department Warm Hand-Off Program which is a state-wide initiative where the COE staff is called to the emergency department when a patient presents with a substance use disorder and COE staff works with the patient to facilitate the patient's transfer to an inpatient detox or rehab facility. There is a weekly open Narcotics Anonymous meeting at Highlands Hospital and a weekly Yoga 12 Step Recovery program offered at the Highlands Hospital Wellness Center. Figure 7 includes information on the COE from the Pennsylvania Department of Human Services.

Figure 7
Pennsylvania Department of Human Services COE



The COE staff also provides recovery support on the Highlands Hospital Inpatient Behavioral Health Unit and the Medical/Surgical unit. The COE works directly with patients and helps facilitate inpatient or outpatient drug and alcohol treatment and services.

Community Partnerships include:

- Fayette County Overdose Taskforce
- Fayette County Drug & Alcohol Commission;
- Westmoreland Overdose Taskforce;
- Fayette EMS;
- Catholic Charities;
- Fayette County Children & Youth Services;
- Fayette County Diversionary Courts;
- Fayette County Adult Probation

Health Priority: Cancer

Target Populations: Women, Minority Groups, Low Income, Seniors

Goal 2: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer

In evaluating this priority area, Highlands Hospital reported that the following objectives of this priority area had been addressed or met:

Increase the percentage of adults who receive timely, age-appropriate cancer screenings based on the most recent guidelines by partnering with Adagio Health to implement the Susan G. Komen Mammogram Voucher Program and increasing education and awareness: Highlands Hospital has a system for reminding women when it is time for their annual mammogram. The hospital utilizes a letter system to send to women when it is time for their mammogram. A letter is also sent to the patient with the results of their screening. If a problem is detected, a Radiologist will immediately speak with the patient before they even leave the hospital in case additional pictures are needed. If an ultrasound is needed, the Radiologist will call the patient’s PCP to obtain an order for an ultrasound. The ultrasound is completed and the Radiologist will give the patient a preliminary reading while they are still at the hospital. The Radiologist will also phone the PCP with an update. The next step would be for the patient’s PCP to order a biopsy.

Table 6 shows the number of patients by stage who were diagnosed with cancer for the three years ending 2017.

Table 6
Patients Diagnosed with Cancer by Stage

Stage Cancer Discovered (BIRAD Classification)							
YEAR	0	1	2	3	4	5	TOTAL MAMMOGRAMS
2015	190	147	1342	95	34	3	1,811
2016	175	92	1364	111	23	0	1,765
2017	227	76	1527	131	30	0	1,991

In 2016, Highlands Hospital purchased and began offering 3-D mammographies. As of 2016, all mammograms are conducted using the 3-D mammography machine. In 2017, the hospital began offering stereotactic breast biopsies. The time frame from mammogram to stereotactic breast biopsy is three to seven days.

To target the low-income population, the hospital began the Tag-Along Tuesday campaign where a woman can bring a friend and they both can come to Highlands Hospital on Tuesdays to have a mammogram done without an appointment, which testing would be covered with the Susan G. Komen Mammogram Voucher Program. These vouchers are given to the PCPs to hand out to their patients.

Work collaboratively with Allegheny Health Network to reduce the incidence rate for the top four most commonly diagnosed cancers: prostate (male), lung and bronchus, colon and rectum, and breast (female) and the overall cancer mortality rate by promoting healthy lifestyle behaviors related to tobacco use and diet and exercise: Although the collaboration with Allegheny Health Network never came to fruition, during 2017, Highlands Hospital was selected as one of a handful of organizations nationally that will be participating in the Clinical Breast Care Project of the Department of Defense based at Walter Reed National Military Medical Center at Bethesda. The goal of this collaboration is to identify markers that may enable early breast cancer detection, monitoring, and prediction through less invasive procedures.

As a member of this select group of organizations, which includes Anne Arundel Medical Center in Annapolis, Maryland, Walter Reed, and the Chan Soon Shiong Institute for Molecular Medicine at Windber, Highlands Hospital will be participating in breast cancer risk studies looking at diagnostics, management, and molecular mechanisms associated with the onset, progression, and severity of breast cancer.

Beginning in 2018, participants in this effort will be providing anonymous blood samples that will correlate with patient risk factors. Since this program is based on prevention, screening, diagnosis, treatment, and management of breast cancer, it provides the necessary framework for an integrated approach to treatment which will positively impact future management of breast cancer. Participants in this program are literally “Paying it forward” as their contribution of small samples of blood may lead to cures and early detection of breast cancer for future generations. Participation in this program will also help to keep Highlands Hospital on the leading edge of breast care treatments.

Beginning in 2017, the hospital’s Physician Liaison began an outreach program to the PCPs to educate them on the lowdose CT scans used for lung cancer screenings that Highlands Hospital offers the community.

Provide health screenings and education to high-risk populations: It was determined through the course of this evaluation that this objective is duplicative to the objective above regarding “increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines.”

Focus on providing the support and tools women need to achieve optimal health by concentrating on three domains of health: nutritional, physical, and psychological: Highlands Hospital refers those women diagnosed with cancer to participate in the IM WELL program. This program, sponsored in part by the Highmark Foundation, focuses on the nutritional, physical and psychological needs of women, especially those going through breast cancer treatment. More information regarding the IM WELL program can be found under Goal 5 below.

Health Priority: Chronic Disease - Diabetes**Target Populations: Minority Groups, Individuals with Behavioral Health or Substance Abuse Comorbidity, Low Income Individuals and Families, Senior Population, Pre-Diabetes****Goal 3: Decrease preventable chronic disease such as Diabetes by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors**

In evaluating this priority area, Highlands Hospital reported that the following objectives of this priority area had been addressed or met:

Increase primary care provider (PCP) recommendations for preventative screenings per risk and age guidelines: This objective was not addressed during the three years covered by this evaluation due to staffing changes.

Provide health screenings and education to high-risk populations: Since the population served by Highlands Hospital is highly low-income, all health screenings and education done at the hospital's Diabetes Center and in the community is targeted to high-risk populations.

Partner with community organizations to promote healthy lifestyles: Highlands Hospital has partnered with the City of Connellsville regarding promoting the local walking trails and Rendu Services where the Director of the Diabetes Center spoke monthly to their clients regarding diabetes, and how to incorporate healthy lifestyle changes through proper nutrition and physical activity.

Increase access to services provided at Highlands Hospital's Diabetes Center: Education by the Diabetes Center staff to local PCP offices was ongoing during this evaluation period.

Health Priority: Chronic Disease - Diabetes**Target Populations: Minority Groups, Individuals with Behavioral Health or Substance Abuse Comorbidity, Low Income Individuals and Families, Senior Population, Pre-Diabetics****Goal 4: Improve management and outcomes for patients diagnosed with Diabetes**

In evaluating this priority area, Highlands Hospital reported that the following objectives of this priority area had been addressed or met:

Reduce hospital 30-day readmissions rates for Diabetes: The Director of Dietary consults at the hospital for patients newly diagnosed with Diabetes and is able to refer them to the Diabetes Center either the same day or at most 2-3 days after diagnosis. While visiting the newly diagnosed inpatients, bedside survival skills are being taught to reduce readmission rates.

Highlands Hospital instituted a Diabetes Class for those patients being seen at the Diabetes Center and participating in educational classes. They also instituted a program evaluation to measure the knowledge obtained through these classes. Evaluation outcomes for the years 2015, 2016, and 2017 are below:

- 94 participants
- 100% of participants said they learned something new to help care for their Diabetes.
- 99% of participants said they had a better understanding of how to control their blood sugar and would recommend the classes to others.
- 99% of participants thought that the importance of balancing food, exercise, and medication to control their blood sugar was clearly taught.
- Those who participated in the Diabetes Center's classes saw an average drop in their A1C level by 2.5 points.

General comments received from participants of the Diabetes Center educational classes included:

- Class is very knowledgeable. Helped me learn to eat right. Gave me a better quality of life. Instructors were excellent
- Anyone with Diabetes should be referred to this class. It was very informative and I totally enjoyed all the information presented. All information was presented in a way that it will be easy to remember to apply it to private life. With each class you learn more.
- I have learned more in the last three weeks than in 10 years. Someone took the time to talk to me.
- I learned so much in this class! I wish I would have been able to take this class when I was first diagnosed 10+ years ago. I highly doubt I would have ended up having a heart attack at 32.

Partner with PCP offices for education awareness and referrals to outpatient Diabetes Clinic: This objective is duplicative to Goal 3's objective regarding "increase access to services provided by Highlands Hospital's Diabetic Center."

Partner with community organizations to promote healthy lifestyles: This objective is duplicative to Goal 3's objective "partner with community organizations to promote healthy lifestyles."

Health Priority: Maternal and Child Health – Women's Health

Target Populations: Minority Racial Groups, especially Black or Hispanic Women, Low Income Families and Single Mothers, Women with Behavioral Health or Substance Abuse Condition, WIC, All Women with Health Issues

Goal 5: Reduce morbidity and mortality by improving the health and quality of life of women and their families, especially in vulnerable communities

In evaluating this priority area, Highlands Hospital reported that the following objectives of this priority area had been addressed or met:

Increase access to pre-natal care by collaborating with AHN OB/GYN physicians: This collaboration between Highlands Hospital and Allegheny Health Network did not happen as Highlands Hospital was still in an agreement with East Suburban Obstetrical & Gynecological Associates. During the three years ending 2017, Highlands Hospital is in the final stages of construction on a Women's Center that will offer OB/GYN as one of its service offerings.

Increase access to and utilization of preventative and well care services through the IM WELL Program: Beginning in 2015, Highlands Hospital offered the IM WELL (Integrated Medicine – Women Excelling Living Live) Program. This program was sponsored in part by the Highmark Foundation and focuses on three domains of health: nutritional, physical, and emotional. The hospital ran four cohorts with 14 classes per cohort that focused not only on the three domains, but also offered a drumming program, a grocery store tour, and education on how to read labels. The program sent out weekly positive reinforcement messages to participants.

At the end each cohort, the hospital conducted an evaluation of the program. Evaluation results are as follows:

- 149 participants signed up for the IM WELL program; 78 participants completed the program which is a 52% retention rate.
- 100% of participants said they learned something new to improve their quality of life.
- 97% of participants said they had a better understanding of how to apply integrative medicine techniques to decrease stress. 100% of participants would recommend the IM WELL Program to others.
- 98% of participants mentioned they thought the importance of drinking water, eating fruits and vegetables daily, and limiting processed foods was taught clearly.
- 97% of participants mentioned that the exercise segment gave them the tools to assist with weight loss and fitness goals.

General comments received from participants of the IM WELL Cohorts included:

- More frequent classes and weekly weigh-ins to keep motivated.
- Less paperwork and more accountability for our actions.
- Found the breathing exercises, drumming program and sleep tapes to be very beneficial and helpful.
- Would like to see the grocery store happen earlier in the program so that we can apply what we learned to our shopping and eating habits for the remainder of the program.
- Expense of gym membership was a huge selling point for joining the program.

Open a Women's Center that focuses on physical health, emotional health, and nutritional well-being in one location: The Women's Center is slated to open in 2019 due to a delay in grant funding.

Coordinate care and referrals to community resources through IM WELL Program: Protocols were created for referrals from the IM WELL Program to other Highlands Hospital programs or services. Referrals that were requested from various IM WELL participants were for Behavioral Health and the Diabetes Center. Per the protocol, follow-ups were conducted to ensure that the referral appointments were made and kept.

An outcome of the IM WELL program was to create FOCUS, a six-month strictly weight loss program that was developed and implemented in 2017. The FOCUS Program consists of two phases – Phase One was 10 classes focusing on nutrition and exercise, along with weekly weigh-ins; and Phase Two was weigh-ins only for 14 weeks. Participants of the program are given a pass for seven free visits to the Wellness Center. Through the FOCUS Program, the Wellness Center obtained five new memberships. Table 7 shows the results from Phase One of the first FOCUS Program offering. Table 8 is the breakdown on the three participants who met their goals.



Table 7
Results from Phase One of the FOCUS Program

	FOCUS 1.0	FOCUS 2.0 *results as of end of Phase 1*
Time	Sept 17-March 18	March 18-June 18
# participants	13 (11 completed)	20
# Men/# Women	13 women	20 women
Average starting weight	218#	205#
Average 7% goal weight amount	15#	14#
Total weight loss	107# (at completion)	217# (end of phase 1)
Average weight loss	15.3# (at completion)	11# (end of phase 1)
# who met goal	3 met, these 3 maintained	8 met goal weight so far
Average Attendance	19 out of 25 sessions	(will be determined at program completion)
PROFIT	\$500	\$500 with up to \$800 additional (depending on what is paid out for meeting/maintaining goal weights between now and the end of the program)

Table 8
Results of Participants who Met Their Goals in Phase One of the FOCUS Program

Participant	Starting weight	Ending weight	Weight loss	% weight loss	Starting BMI	Ending BMI
A	215.2	197.6	17.6	8.2%	38.1	35
B	251.4	215.0	36.4	14.5%	40.6	34.7
C	190	171.8	18.2	9.6%	34.8	31.4

The hospital has also partnered with community collaborations like Wednesday Walk Works with the Fayette Cultural Trust to incorporate a trail around the hospital perimeter that is opened to the community. Highlands Hospital is also working on more trails for around the hospital. Wednesday Walk Works began in the summer of 2017 and had 60 participants over the last six months of 2017. The Wellness Center offers a Yoga 12-Step Recovery in conjunction with the hospital's Center of Excellence.



HOSPITAL UTILIZATION RATES

As seen in Table 9 from 2015 through 2017, hospital inpatient discharges for ambulatory care sensitive conditions for Highlands Hospital increased for: failure to thrive, convulsions, dehydration, gastroenteritis, kidney/urinary infection, severe ENT infections, angina, asthma, COPD, Diabetes with ketoacidosis, Grand Mal and other Epileptic, and hypertension.

For the same time period, hospital ER and/or inpatient discharges for mental health for Highlands Hospital, as seen in Table 10, increased for: Dementia, Schizophrenia, manic disorders, depressions, anxiety, phobias, adjustment related, conduct/social disturbances, and mental retardation.

Table 11 shows that from 2015 to 2017, hospital DRG conditions for Highlands Hospital increased for: hypertension, bronchitis/Asthma and COPD.

Table 9
Ambulatory Care Sensitive Conditions, ER Only

Ambulatory Care Sensitive Conditions - ER Only			
Preventable Conditions	2015	2016	2017
Failure to Thrive	0	0	1
Dental Conditions	28	14	9
Iron Deficiency Anemias	2	0	1
Nutritional Deficiencies	0	0	1
Acute Conditions	2015	2016	2017
Bacterial Pneumonia	1	0	0
Cellulitis	200	265	155
Convulsions	15	9	16
Dehydration	7	7	10
Gastroenteritis	2	25	24
Hypoglycemia	1	6	3
Kidney/Urinary Infection	88	213	167
Severe ENT Infections	177	218	206
Chronic Conditions	2015	2016	2017
Angina	3	13	11
Asthma	62	78	96
COPD	86	272	155
CHF	44	36	27
Diabetes with ketoacidosis	32	52	46
Diabetes with other conditions	2	4	3
Diabetes without other conditions	3	0	0
Grand Mal and other Epileptic	10	35	37
Hypertension	42	45	62

Table 10
Mental Health ICD-9 and ICD-10 Codes

Mental Health ICD-9 and ICD-10 Codes						
Code	2015 ER	2015 IN	2016 ER	2016 IN	2017 ER	2017 IN
Dementia	13	15	10	18	17	11
Alcohol Related	26	1	19	1	16	1
Drug Related	17	4	12	1	12	2
Schizophrenia	7	83	4	73	8	62
Manic Disorder	0	0	0	3	1	0
Depressions	37	68	118	374	123	356
Bi Polar	4	200	1	181	3	178
Paranoia Psychosis	4	35	0	32	1	35
Anxiety	33	10	38	22	62	46
Phobias	0	0	0	0	0	2
Personality Disorders	7	0	0	0	2	0
Sexual Deviations	1	0	0	0	0	0
Psychogenic Disorders	1	0	0	0	0	0
Eating Disorders	1	0	0	0	0	0
Stress Related	3	0	1	0	1	0
Adjustment Related	1	82	1	87	2	102
Conduct/Social Disturbances	6	10	15	3	22	2
Emotional- Youth	2	0	0	0	0	0
Mental Retardation	0	1	0	0	2	0

Table 11
Diagnosis Related Groups

Diagnosis Related Groups	2015	2016	2017
Hypertension	3	3	5
CHF	83	65	28
Breast Cancer	1	0	0
Cancer	0	1	0
Pneumonia	94	64	41
Complications Baby	0	0	0
Bronchitis/Asthma	14	12	17
Alcohol/Drug Abuse	1	4	0
COPD	75	66	112
Fracture	4	4	1
Behavioral Health	22	4	2



HEALTH STATUS

GENERAL FINDINGS



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults in Westmoreland County who report their health as fair or poor has remained consistent at 15.0% from 2013-2016 and is just below the state (17.0%) and nation (16.7%).



WHERE THERE ARE OPPORTUNITIES

The percentage of adults in the combined counties of Fayette, Greene and Washington who reported their health as poor or fair was significantly higher when compared to the state for years 2011-2015. In 2014-2016 that percentage decreased from 23.0% (2013-2015) to 21.0%, although is higher than the state (17.0%) and nation (16.7%).



WHAT THE COMMUNITY IS SAYING



Over one in four (27.2%) focus group participants and 11.6% of community survey respondents rated their personal health as “fair or poor”. While over half (57.5%) rated the overall health of the community as “fair or poor”. Many focus group participants report experiencing diabetes, high blood pressure, depression and thyroid problems.



ACCESS TO QUALITY HEALTH SERVICES

GENERAL FINDINGS

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone in the community.



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults in the combined counties of Fayette, Greene and Washington who do not have health insurance has been decreasing since 2011-2013 (17.0%) and at 11.0% in 2014-2016 is comparable to the state (11.0%) and nation (11.9%) although still above the Healthy People 2020 Goal (0.0%). The same is true for Westmoreland County decreasing from 12.0% in 2013-2015 to 7.0% in 2014-2016, which is lower when compared to both the state and nation.



WHERE THERE ARE OPPORTUNITIES

The percentage of adults in the combined counties of Fayette, Greene and Washington who do not have a personal health care provider has slowly been increasing since 2011-2013 (15.0%) and at 17.0% (2014-2016) is higher than the state (14.0%), lower than the nation (21.8%) and falls just short of the Healthy People 2020 Goal (16.1%). Those without a personal health care provider in Westmoreland County has also been increasing slowly 12.0% in 2011-2013 to 14.0% in 2014-2016.

For 2014-2016, the percentage of adults not seeing the doctor due to costs in the Fayette/Greene/Washington County cluster (12.0%) and Westmoreland County (11.0%) is higher than the HP goal of 4.2% but comparable to the PA (12.0%) and US (12.1%) rates.



WHAT THE COMMUNITY IS SAYING

The majority of community survey respondents have a regular health care provider (93.1%) and have health insurance (93.5%). Most (71.5%) have had a routine checkup in the past year. Those who do not have a regular health care provider report lack of insurance, overall cost, and limited availability of providers as reasons they do not have a regular health care provider. The need for affordable health care and/or free clinics was the top identified community health resources needed in the community by community survey respondents.

Stakeholders report that there are several people without health insurance and there are few places they can go to receive care. Focus group participants expressed a need for transportation, cancer treatment, specialists, and senior care. The cost of care and prescription medication was reported as a barrier some of the focus group participants are experiencing.

A hand in a white lab coat sleeve points to a chest X-ray film. The X-ray shows the lungs and ribcage. The text 'CHRONIC DISEASE' is overlaid on the image, with 'CHRONIC' on the left and 'DISEASE' on the right, separated by a vertical teal bar.

CHRONIC DISEASE

GENERAL FINDINGS

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as chronic diseases.



WHERE WE ARE MAKING A DIFFERENCE

Cancer

Westmoreland County's Breast Cancer incidence rate has been decreasing since 2013 (140.5) and in 2015 (130.5) is just below the state (131.2). The Breast Cancer mortality rate per 100,000 in Westmoreland County decreased from 23.5 in 2015 to 21.7 in 2016 and is above the state (21.4) and Healthy People 2020 Goal (20.7). The latest Breast Cancer mortality rate for the nation is for 2014 (20.5) at which time Fayette County (18.8) was lower than the nation and Westmoreland County (20.0) was comparable.

The Bronchus and Lung Cancer incidence rate decreased in Westmoreland County from 67.9 in 2013 to 63.7 in 2014, although it is still higher when compared to the state (63.2) and nation (50.8). For Westmoreland County, the Bronchus and Lung Cancer mortality rate was significantly higher in 2011 (55.1) than the state but has steadily been decreasing ever since.

Colorectal Cancer mortality in Fayette County has been decreasing since 2014 (19.9) and at 15.0 in 2016 is comparable to the state (14.7) and Healthy People 2020 Goal (14.5). The Ovarian Cancer mortality rate in Fayette County has been decreasing since 2014 (12.2), but at 8.4 in 2016 is still higher than the state (6.8). The Prostate Cancer incidence rate in Fayette County has been significantly lower when compared to the state (92.0 for 2014) for years 2012 (75.3), 2013 (56.6) and 2014 (62.8) and is lower than the nation (95.5). Westmoreland County also had a Prostate Cancer incidence rate significantly lower than the state for years 2011 and 2012, and the most recent rate (86.0 in 2014) is below both the state and nation.

Heart

The Cerebrovascular Mortality rate in Fayette County decreased from 44.3 in 2015 to 30.8 in 2016 and was below the state (36.8) and Healthy People 2020 Goal (34.8). The rate in Westmoreland County also decreased from 2015 (35.4) to 2016 (33.4). The percentage of adults age 35 and older who were ever told they have heart disease in the combined counties for Fayette, Greene and Washington has been decreasing since 2011-2013 although at 8.0% in 2014-2016 is just above the state (7.0%) and twice as high as the nation (4.1%). This percentage has also been decreasing in Westmoreland County and in 2014-2016 at 6.0% is just below the state but above the nation. The percentage of adults age 35 and older in Westmoreland County who have ever been told they had a heart attack has been decreasing since 2012-2014 and at 5.0% in 2014-2016 is lower than the state (7.0%) and just above the nation (4.4%).

Other Conditions

The Diabetes Mortality rate per 100,000 in Fayette County has fluctuated over the past several years but decreased between 2015 (28.6) and 2016 (26.3), although the rate is still higher compared to the state (20.2).



WHERE THERE ARE OPPORTUNITIES

Cancer

In 2018, just over half of the women in Fayette (58.1%) and Westmoreland (55.5%) counties had a mammogram screening which has remained fairly consistent over the past several years. Both counties are lower when compared to Pennsylvania (64.8%) and are well below the Healthy People 2020 Goal (81.1%). The Breast Cancer incidence rate has steadily been increasing in Fayette County since 2011 (114.0) and in 2015 (136.1) is higher than the state (131.2). National data is available for 2014 and both Fayette (128.2) and Westmoreland (139.6) had a higher Breast Cancer incidence rate than the nation (123.9). The late stage female Breast Cancer rate for Fayette County has increased over the last three years, from 37.8 in 2013 to 53.6 in 2015 and is above the state rate of 44.5 and the Healthy People 2020 Goal of 42.2. For Westmoreland County, late stage female breast cancer rate fluctuated over the same time period, from 45.4 in 2013 to 44.5 in 2015 and is comparable to the state and just above the Healthy People 2020 Goal. The Breast Cancer mortality rate per 100,000 in Fayette County increased from 18.4 in 2015 to 29.2 in 2016 and is above the state (21.4) and Healthy People 2020 Goal (20.7).

The Bronchus and Lung Cancer incidence rate increased in Fayette County from 64.3 in 2013 to 71.2 in 2014, which is higher than the state (63.2) and nation (50.8). In Fayette County, the Bronchus and Lung Cancer mortality rate was significantly higher for the years 2012 (67.1), 2013 (59.6), and 2016 (55.4) compared to the state (40.9 in 2016) and higher than the Healthy People 2020 Goal (45.5).

The Colorectal Cancer incidence rate in Fayette County increased from 2013 (43.2) to 2014 (53.6) and in 2014 was significantly higher when compared to the state (40.5) and higher than the nation (33.7) and Healthy People 2020 Goal (39.9). Colorectal Cancer mortality in Westmoreland County has been increasing since 2014 (14.9) and at 16.6 in 2016 is higher than the state (14.7) and Healthy People 2020 Goal (14.5).

The Ovarian Cancer incidence rate per 100,000 in Westmoreland County increased from 9.0 in 2013 to 14.5 in 2014 and was higher than the state (12.0) and nation (11.0). The Ovarian Cancer mortality rate in Westmoreland County increased between 2015 (7.3) and 2016 (10.9) and is higher than the state (6.8). The Prostate Cancer mortality rate in Fayette County increased from 14.2 in 2015 to 17.9 in 2016, although is below the state (19.2).

Heart

The Heart Disease mortality rate per 100,000 in Fayette County has been significantly higher than the state (175.8 for 2016) for years 2011 through 2016 (219.4). In Westmoreland County the Heart Disease mortality rate increased from 176.8 in 2015 to 184.2 in 2016, which is higher than the state. The Heart Failure mortality rate in Westmoreland County increased from 19.6 in 2015 to 23.8 in 2016, which was comparable to the state (23.9). In Fayette County from 2011 to 2016 (143.1), the Coronary Heart Disease mortality rate has been significantly higher than the state (107.6 in 2016) and is higher than the Healthy People 2020 Goal (103.4). The rate in Westmoreland County increased from 2015 (110.7) to 2016 (115.4), which is also above the state and Healthy People 2020 Goal. The Cardiovascular Mortality rate in Fayette County was significantly higher when compared to the state (225.8 for 2016) for years 2011 through 2016 (273.5). Cardiovascular Mortality in Westmoreland County has been increasing since 2014 and in 2016 (232.0) is higher than the state.

Other Conditions

The Diabetes Mortality rate per 100,000 in Westmoreland County has fluctuated over the past several years and was significantly lower when compared to the state in 2015, although the rate increased to 20.3 in 2016, which was comparable to the state (20.2). The percentage of adults in the combined counties of Fayette, Greene and Washington who are overweight increased from 2013-2015 (66.0%) and 2014-2016 (71.0%), which is significantly higher when compared to the state (65.0%). The percentage of adults considered obese in these combined counties was also significantly higher compared to the state for years 2013-2015 (36.0%) and 2014-2016 (39.0%).



WHAT THE COMMUNITY IS SAYING

One in four (27.1%) community survey respondents have been told they have high blood pressure. Several of the focus group participants report currently having high blood pressure. Just under one in ten (8.6%) community survey respondents have been told they have diabetes. A few of the stakeholders noted that there is a high prevalence of diabetes and heart related conditions.

Most (73.0%) of the community survey respondents over the age of 55 have had a sigmoidoscopy or colonoscopy. Many (62.6%) of the female community survey respondents over the age of 45 have had a mammogram in the past year. Less than half (41.0%) of the females who completed the community survey have had a pap test in the past year. The majority (87.5%) of males age 65 and over who completed the community survey have had a PSA test in the past year.





HEALTHY ENVIRONMENT



GENERAL FINDINGS

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise, and weather, as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socio-economic characteristics of a given community or area, including economic status, education, crime and geographic information.



WHERE WE ARE MAKING A DIFFERENCE

A higher percentage of students in Westmoreland County graduated high school in 2018 (90.6%) than the state (85.4%), and nation (84.0% in 2016). The percentage of children living in poverty in Fayette County decreased between 2017 (31.2%) and 2018 (28.6%) as did the percentage on Westmoreland County (15.5% to 14.1%) although Fayette County is still higher than the state (18.4%).



WHERE THERE ARE OPPORTUNITIES

The percentage of students who graduated high school in Fayette County for 2018 (79.4%) was lower than the state (85.4%) and nation (84.0% in 2016). The unemployment rate in Fayette County increased between 2017 (7.2%) and 2018 (8.2%) and in 2018 was higher than the state (5.4%). The percentage of children living in single parent homes in Fayette County in 2018 (39.6%) is higher when compared to the state (33.8%) as is the percentage of disconnected youth (21.1% in Fayette and 12.8% in PA).



WHAT THE COMMUNITY IS SAYING

One third (34.5%) of the community survey respondents are affected by lack of safe roads and sidewalks. A few of the stakeholders cited air pollution as an environmental factor impacting the health of the community. Generational poverty and the overall culture of the community were also listed by stakeholders as factors impacting health. Overall financial challenges and the lack of employment opportunities were listed as a concern focus group participants currently have.



INFECTIOUS DISEASE



GENERAL FINDINGS

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these 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).



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults age 65 and older who have had a pneumonia vaccine in the combined counties of Fayette, Greene and Washington increased from 70.0% in 2013-2015 to 73.0% in 2014-2016, which is comparable to the state (72.0). The Influenza Mortality rate per 100,00 in Westmoreland County has been decreasing since 2013 although at 14.4 in 2016 (14.4) is still slightly higher than the state (13.7). The Chlamydia rate per 100,000 for years 2011-2016 has been significantly lower when compared to the state for both Fayette and Westmoreland counties.



WHERE THERE ARE OPPORTUNITIES

Since 2011-2013, a significantly lower percentage of adults age 18- 64 in the combined counties of Fayette, Greene and Washington (31.0% in 2014-2016) as well as Westmoreland County (23.0% in 2014-2016) have been tested for HIV compared to the state (39.0%). The Influenza Mortality rate per 100,00 in Fayette County has been increasing since 2013 and in 2016 (16.3) is higher than the state (13.7).



WHAT THE COMMUNITY IS SAYING

No data available for community Input.

MENTAL HEALTH & SUBSTANCE ABUSE



GENERAL FINDINGS

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". Mental health is related to the promotion of well-being, the prevention of mental disorders, and the 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.



WHERE WE ARE MAKING A DIFFERENCE

The Mental and Behavioral Disorders mortality rate per 100,000 in Fayette County decreased from 44.4 in 2015 to 27.0 in 2016, which was significantly lower when compared to the state (42.7). Although Westmoreland County was significantly higher than the state in 2015 (49.1) the rate did decrease to 46.0 in 2016.

The percentage of alcohol impaired driving deaths in Fayette County has been decreasing since 2014, while the percentage of deaths in Westmoreland County decreased between 2017 and 2018, only Fayette County (28.6) was lower than the state (30.1) for 2018. According to the PAYS data the percentage of students who report using alcohol has been decreasing in Fayette County since 2013 and in Westmoreland County since 2015. The percentage of students who report using marijuana or prescription narcotics also decreased in both counties between 2013 and 2015.

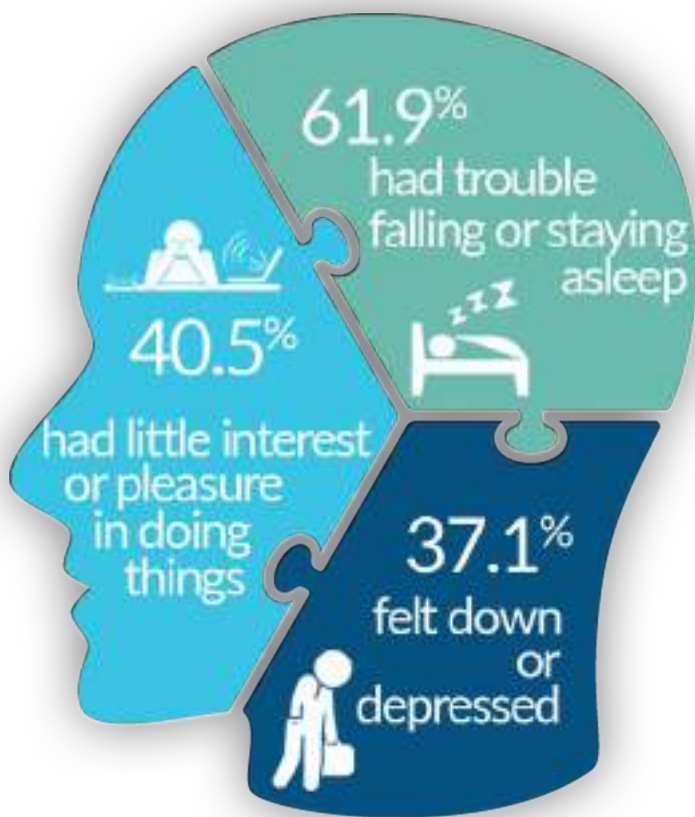


WHERE THERE ARE OPPORTUNITIES

The Drug Induced Mortality Rate per 100,000 for Fayette County has been increasing since 2012 and in 2014-2016 the rate was significantly higher than the state. The rate in Westmoreland County has also been increasing since 2013 and has been significantly higher compared to the state for years 2012-2016. The percentage of adults who report excessive drinking in Fayette County has slowly been increasing since 2016 while the percentage of adults in Westmoreland County has been increasing since 2015. According to the PAYS data, the percentage of students who report using marijuana or hash oil with their vaping product increased between 2015 and 2017 for youth in both Fayette (6.6%, 8.0%) and Westmoreland (5.4%, 9.1%) counties.



WHAT THE COMMUNITY IS SAYING



Mental health and substance abuse were the top two identified health needs by the stakeholders interviewed. Several indicated that there is a need for additional funding to help support mental health and substance abuse programs and services. Many stakeholders shared that they think prescription medication is being over prescribed adding to the level of addiction in the community.

19.2% of females and 38.6% of males report having binge drank in the past month.

Drugs were mentioned 251 times by community survey respondents as the top factor impacting the health of the community

CENTER OF EXCELLENCE

The Highlands Hospital Opioid Center of Excellence (COE), which began in February 2017, is one of 45 state-wide Pennsylvania Department of Human Services grant funded programs to address the Opioid crisis. The Hub and Spoke program model assures that Highlands Hospital (as the Hub) is working within the community to link individuals with community services and treatment programs (the Spokes).





INTELLECTUAL AND PHYSICAL DISABILITIES

GENERAL FINDINGS

Individuals with disabilities represent 18.7% (about 56.7 million people) of the U.S. population. Disability is part of human existence, occurring at any point in life, with conditions ranging from mild to severe even among those with the same diagnosis. A diagnosis of impairment or disabling condition does not define individuals, their talents and abilities, or health behaviors and health status. Consistent with the World Health Organization's (WHO) model of social determinants of health, Healthy People 2020 recognizes that what defines individuals with disabilities, their abilities, and their health outcomes more often depends on their community, including social and environmental circumstances. To be healthy, all individuals with or without disabilities must have opportunities to take part in meaningful daily activities that add to their growth, development, fulfillment, and community contribution. Meeting disability and health objectives will require that all public health programs develop and implement ways to include individuals with disabilities in program activities.



WHERE WE ARE MAKING A DIFFERENCE

For the Intermediate Unit county cluster of Fayette, Greene, and Washington, the number of school-age children (age 3 to 21) with an intellectual disability (mental retardation) has been decreasing for the years 2011 (1,087) to 2017 (767). Also decreasing for the same time period in the Fayette, Greene, and Washington county cluster were speech or language impairment (1,775 in 2011 to 1,565 in 2017), visual impairment including blindness (52 in 2011 to 42 in 2017), emotional disturbance (881 in 2011 to 842 in 2017), specific learning disability (3,628 in 2011 to 3,338 in 2017), and multiple disabilities (84 in 2011 to 73 in 2017). When looking at the Intermediate Unit for Westmoreland County, the number of school-age children with an intellectual disability (mental retardation) has been decreasing for the years 2011 (532) to 2017 (453). Also decreasing for the same time period in Westmoreland County was speech or language impairment (1,351 in 2011 to 1,266 in 2017), orthopedic impairment (40 in 2011 to 30 in 2017), and specific learning disability (2,910 in 2011 to 2,260 in 2017). The number of children receiving early intervention services in Westmoreland County has been decreasing, from 2,408 in the 2011-2012 school year to 2,321 in the 2016-2017 school year.



WHERE THERE ARE OPPORTUNITIES

The number of school-age children (age 3 to 21) in the Intermediate Unit county cluster of Fayette, Greene and Washington receiving services for other health impairment and Autism have been increasing from 2011 to 2017, with other health impairment increasing from 534 in 2011 to 969 in 2017, and Autism increasing from 500 in 2011 to 793 in 2017. When looking at the Intermediate Unit for Westmoreland County, the number of school age children with a hearing impairment including deafness has been increasing for the years 2011 (76) to 2017 (89). Also increasing over the same time period in Westmoreland County was visual impairment including blindness (38 in 2011 to 47 in 2017), emotional disturbance (493 in 2011 to 532 in 2017), other health impairment (706 in 2011 to 1,102 in 2017), multiple disabilities (63 in 2011 to 92 in 2017), and Autism (489 in 2011 to 673 in 2017). The number of children receiving early intervention services in Fayette County has been increase, from 773 in the 2011-2012 school year to 989 in the 2016-2017 school year.



WHAT THE COMMUNITY IS SAYING

Stakeholders, focus group participants and community survey respondents did not comment on Intellectual and Physical Disabilities.



HEALTHY WOMEN, MOTHERS, INFANTS & CHILDREN

GENERAL FINDINGS

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 topic area 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.



WHERE WE ARE MAKING A DIFFERENCE

The percentage of mothers in Fayette and Westmoreland counties accessing prenatal care during the first trimester was significantly higher than the state for the six years 2011-2016 and for 2016 are above the state and Healthy People 2020 Goal. Babies born with a low birth weight in Westmoreland County for the years 2013 (6.0%), 2015 (6.4%) and 2016 (7.2%) are significantly lower than the state (8.2%) and is slightly lower than the HP goal (7.8%).

The percentage of mothers reporting WIC assistance in Westmoreland County (27.2% in 2016) has been significantly lower than the state (35.0% in 2016) from 2011 to 2016. In Westmoreland County for the years 2013 (30.5%) and 2016 (30.2%), the percentage of mothers reporting Medicaid assistance was significantly lower than the state (32.9% in 2016).

Westmoreland County's teen pregnancy rate for the last six years ending 2016 were significantly lower than the state and Healthy People 2020 Goal. The teen pregnancy rate for teens age 18-19 in Westmoreland County (30.3 in 2016) for the six years ending 2016 were significantly lower than the state (38.1 in 2016) and Healthy People 2020 Goal (104.6).

The infant mortality rate in Fayette County has been decreasing since 2014 (10.0) although in 2016 (7.4) is still higher than the state (6.1).



WHERE THERE ARE OPPORTUNITIES

The percentage of non-smoking mothers during pregnancy in Fayette and Westmoreland counties has been significantly lower than the state for years 2011 through 2016 and fall short of the Healthy People 2020 Goal. The percentage of non-smoking mothers three months prior to pregnancy is also significantly lower than the state for the six years 2011-2016 for both Fayette and Westmoreland counties.

The infant mortality rate in Westmoreland County increased from 3.2 in 2015 to 6.0 in 2016, which is comparable to the state. The 2016 percentage of low birth weight babies for Fayette County (9.7%) is higher than the state (8.2%). The percentage of mothers who breastfeed is significantly lower than the state for the six years 2011-2016 for both Fayette and Westmoreland counties, and are lower than the Healthy People Goal.

The percentage of mothers reporting WIC assistance in Fayette County (40.0% in 2016) for the last six years ending 2016 has been significantly higher than the state (35.0% in 2016), although the percentage has been decreasing slightly. The percentage of mothers reporting Medicaid assistance in Fayette County for the six years ending 2016 is significantly higher than the state (52.2% and 32.9% in 2016, respectively).





The teen pregnancy rate for teens age 15-17 in Fayette County for the years 2013 (19.9), 2015 (22.7), and 2016 (16.1) was significantly higher than the state (10.6 in 2016) and the 2016 rate is lower than the Healthy People 2020 Goal (36.2). The teen pregnancy rate for teens age 18-19 in Fayette County (64.3 in 2016) for the six years ending 2016 were significantly higher than the state rate (38.1 in 2016), but lower than the Healthy People 2020 Goal (104.6).

In 2016, the percentage of students grade K-6 who are obese in Fayette (21.0%) and Westmoreland (17.8%) counties is higher than the state (16.7%). The percentage of students grade 7-12 who are overweight in Fayette (17.8%) and Westmoreland (18.8%) counties is higher than the state (16.5%). A higher percentage of students in grades 7-12 in Fayette (26.0%) and Westmoreland (19.7%) are obese when compared to the state (19.1%).



WHAT THE COMMUNITY IS SAYING

When asked to indicate additional services needed in the community a few of the community survey respondents highlighted the need for a women's center offering programs and services specific to the needs of women in the community. Several stakeholders cited the lack of parental involvement and the breakdown of families as key factors influencing the health of the community. Teen pregnancy and lack of education on healthy relationships and safe practices were also identified as community needs. A few of the focus group participants are currently receiving treatment for breast cancer which they noted is provided outside of the community and has added an additional burden to the family with transportation and the overall cost of care.

CENTER FOR HEALTH IMPACT

Opening in 2018, Highlands Hospital will be opening a Center for Health Impact with initiatives focusing on Women's and Family Health & Wellness, Aging Well, and Pain Management, as well as becoming a health care destination point for Autism, Stress Management and Behavioral Health Services.



PHYSICAL ACTIVITY AND NUTRITION

GENERAL FINDINGS

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.



WHERE WE ARE MAKING A DIFFERENCE

In Westmoreland County the percentage of people experiencing food insecurity in 2018 (11.2%) was lower than the state (13.1%) but higher than the Healthy People 2020 Goal (6.0%). In 2016, the county percent (12.2%) was comparable to the nation (12.5%).



WHERE THERE ARE OPPORTUNITIES

In 2018, the percentage of adults experiencing food insecurity in Fayette County (15.3%) was higher than the state (13.1%) and the HP goal (6.0%). The last year national data is available is 2016 (12.5%) and Fayette County at 15.4% had a higher percentage experiencing food insecurity. For those adults having limited access to healthy foods in 2018, Fayette County (7.9%) and Westmoreland County (7.8%) were higher than the state (4.6%).

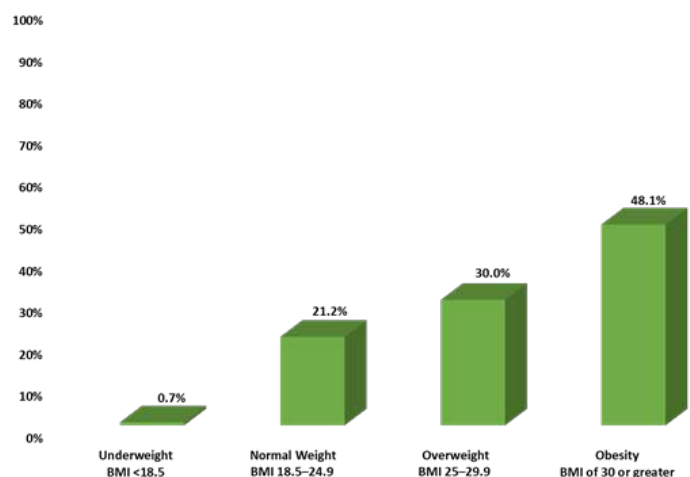
The percentage of students in Fayette County receiving free or reduced lunch increased from 58.0% in 2017 to 77.7% in 2018, which was twice as high as the state (48.2%). The number of students receiving free or reduced lunch in Westmoreland County has been slowly increasing since 2014, and in 2018 (37.4%) is lower than the state (48.2%).



WHAT THE COMMUNITY IS SAYING

Obesity was one of the top community health problems identified by community health problems identified by community survey respondents. The need for wellness centers and access to healthy foods were identified as community needs, with 29.6% being impacted by the lack of recreational opportunities. Very few community survey respondents consume the recommended serving of fruits (7.2%) or vegetables (8.5%) per day.

Community Survey Respondent By BMI



Just under half (44.8%) of the community survey respondents are affected by lack of exercise/physical activity. A few stakeholders do not think there are enough opportunities for physical activity and recreation in the community. They also note that there are not enough insurance reimbursements for health and wellness. A few noted obesity as a key issue in the community.



TOBACCO USE

GENERAL FINDINGS

Tobacco Use is an important public health indicator as it relates to a number of chronic disease issues and conditions.



WHERE WE ARE MAKING A DIFFERENCE

The percentage of adults who have quit smoking at least one day in the past year in Westmoreland County has been increasing since 2011-2013 and at 55.0% in 2014-2016 is comparable to the state. According to the 2017 PAYS data the percentage of students who vape/use e-cigarettes decreased in Fayette (20.0%, 16.3%) and Westmoreland (20.2%, 16.0%) counties from 2015 to 2017.



WHERE THERE ARE OPPORTUNITIES

The percentage of adults who have quit smoking at least one day in the past year decreased from 50.0% in 2013-2015 for the combined counties of Fayette, Greene and Washington to 42.0% in 2016. The percentage of adults who reported being a current smoker for the Fayette/Greene/Washington County cluster in 2013-2015 (25.0%) and 2014-2016 (24.0%) was significantly higher than the state (19.0% in 2014-2016) and were higher than the nation (17.0%) and the Healthy People Goal (12.0%). In comparison, for the same time period, Westmoreland County's percentage stayed the same at 19.0%, which is comparable to the state. The percentage of adults who reported being an everyday smoker for the Fayette/Greene/Washington County cluster in 2013-2015 (20.0%) and 2014-2016 (18.0%) was significantly higher than the state (13.0% 2014-2016) and were higher than the nation (12.3%), while the 2014-2016 Westmoreland County percentage (13.0%) was equal to PA. The percentage of students who use a nicotine vaping product increased between 2015 and 2017 for both Fayette (22.2%, 24.5%) and Westmoreland (18.3%, 29.0%) counties. The Emphysema mortality rate per 100,000 in Westmoreland County in 2015 (4.6) was significantly higher than the state, the rate decreased in 2016 (3.0) but is still higher than the state (1.7). No data was reported for Fayette County.



WHAT THE COMMUNITY IS SAYING

Very few community survey respondents currently smoke (15.4%) or use some form of chewing tobacco (5.1%). A small number of community respondents identified smoking as one of the top health problems in the community.



INJURY

GENERAL FINDINGS

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals.



WHERE WE ARE MAKING A DIFFERENCE

The Auto Accident mortality rate per 100,000 in Fayette County in 2015 (20.3) was significantly higher when compared to the state but in 2016 decreased to 13.3 (although still higher than the state, 9.4). The Fall mortality rate in Fayette County in 2016 (7.4) was lower than the state (8.8).



WHERE THERE ARE OPPORTUNITIES

The Suicide mortality rate for Westmoreland County in 2016 (19.1) was significantly higher than the state rate (14.6) and the Healthy People 2020 Goal (10.2). Fayette County's 2016 Suicide mortality rate was (20.2), which was higher than the state and Healthy People Goal. 2015 is the last year Suicide mortality data is available for the nation (13.7) and both Fayette (19.4) and Westmoreland (14.0) counties were higher.

For the six years ending 2016, the Fall mortality rate for Westmoreland County was significantly higher than the state rate (8.8 in 2016) with the 2016 Westmoreland County rate at 13.5, which is also higher than the Healthy People 2020 Goal (7.2). The Firearm mortality rate in Fayette County has been increasing since 2014 and at 17.2 in 2016 was higher than the state (11.9) and Healthy People 2020 Goal (9.3). For Westmoreland County this rate increased from 10.4 in 2015 to 15.5 in 2016 which is also higher compared to the state.



WHAT THE COMMUNITY IS SAYING

Stakeholders, focus group participants and community survey respondents did not comment on Injury.

PRIORITIZATION

As a result of the primary and secondary data analysis, the consulting team identified 29 distinct community needs and issues that demonstrated disparity, negative trend or gap between the local/regional data and the state, national, or healthy people goal and/or that qualitative information suggested that it was a growing need in the community. At their meeting on May 10, 2018, the Highlands Hospital Steering Committee agreed with the list of potential needs, participated in prioritizing the needs via a SurveyMonkey survey based on the selected criteria, and met again to discuss the prioritization results. Table 12 identified the selection criteria.

Table 12
Prioritization Selection Criteria

Item	Definition	Scoring		
		Low (1)	Medium (5)	High (10)
Accountable Organization	The 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 health system(s)
Magnitude of the Problem	The 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 an epidemic	Moderate numbers/% of people affected and/or moderate risk	High numbers/% of people affected and/or risk for epidemic
Impact on Other Health Outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
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

Members of the Highlands Hospital CHNA Work Group met on May 22, 2018 to review the final priorities selected by the Highlands Hospital Steering Committee. Using the methodology of looking at the four prioritization criteria of (i) accountable role of the hospital, (ii) magnitude of the problem, (iii) impact on other health outcomes and (iv) capacity (systems and resources) the Highlands Hospital Steering Committee rank-ordered the 29 health needs as seen in Table 13.

TABLE 13

PRIORITIZATION SURVEY SORTED BY TOTAL

Identified Need	Accountability	Magnitude	Hospital is 8.0 or above			
			Impact	Capacity	Total	Ranking
Mental Health/Substance Abuse: Drug Abuse/Drug-Induced Mortality	9.38	9.50	9.63	9.13	37.64	1
Chronic Disease: Diabetes	9.63	8.88	9.13	9.63	37.27	2
Mental Health/Substance Abuse: Alcohol Abuse	9.25	9.38	9.50	9.00	37.13	3
Mental Health/Substance Abuse: Mental Health/Telepsychiatry	9.38	8.63	9.00	9.50	36.51	4
Healthy Mothers, Babies & Children: IU Disability: Autism	9.13	8.25	9.00	9.75	36.13	5
Chronic Disease: Overweight/Obesity	8.63	8.25	9.25	9.38	35.51	6
Mental Health/Substance Abuse: Prescription Drug Misuse/Abuse	7.88	9.13	9.00	9.00	35.01	7
Chronic Disease: Cardiovascular Disease (heart disease, cholesterol, etc.)	8.88	7.25	9.13	9.50	34.76	8
Physical Activity/Nutrition: Eating Habits/Access to Healthy Foods	8.13	7.88	8.75	9.13	33.89	9
Healthy Mothers, Babies & Children: Need for a Women's Center	9.13	7.38	8.75	8.13	33.39	10
Access to Quality Health Services: Access to primary care services/availability of providers	9.00	6.75	8.13	9.13	33.01	11
Physical Activity/Nutrition: Lack of Exercise/Physical Activity	8.13	7.50	8.25	9.13	33.01	12
Chronic Disease: Women's Health Screening - Pap Test/Mammograms	9.13	6.63	8.25	8.63	32.64	13
Access to Quality Health Services: Access to Specialists	9.38	7.25	8.38	6.63	31.64	14
Chronic Disease: Breast Cancer	8.63	6.50	8.00	6.88	30.01	15
Injury: Suicide	6.50	6.25	7.71	9.50	29.96	16
Tobacco Use: Smoking	6.38	7.88	8.75	6.25	29.26	17
Chronic Disease: Colorectal Cancer	8.50	5.75	7.13	7.13	28.51	18
Chronic Disease: Lung Cancer - low dose CT scan screening	8.00	6.25	7.13	7.00	28.38	19
Tobacco Use: Smokeless Tobacco	6.38	6.63	8.00	6.25	27.26	20
Healthy Mothers, Babies & Children: Prenatal Care	7.75	6.00	8.13	4.50	26.38	21
Healthy Mothers, Babies & Children: Children receiving Early Intervention Services	7.00	7.13	7.75	4.38	26.26	22
Physical Activity/Nutrition: Lack of opportunities for physical activity/recreation in the community	4.13	5.00	6.13	8.75	24.01	23
Injury: Falls	7.50	4.50	5.75	5.50	23.25	24
Healthy Mothers, Babies & Children: Lack of parental involvement/breakdown of families	5.13	6.88	6.38	4.50	22.89	25
Physical Activity/Nutrition: Lack of insurance reimbursement for health and wellness	5.50	6.13	4.88	5.50	22.01	26
Healthy Mothers, Babies & Children: Mothers Reporting WIC/Medicaid Assistance	5.00	6.63	6.50	3.75	21.88	27
Healthy Mothers, Babies & Children: Teen Pregnancy	5.00	5.75	7.63	3.38	21.76	28
Healthy Mothers, Babies & Children: Lack of education on healthy relationships/safe practices	4.50	6.13	7.50	3.63	21.76	29



The above significant needs will be addressed in Highlands Hospital's Implementation Strategy, which will be published under a separate cover and accessible to the public. The four areas that Highlands Hospital will be focusing on over the next three years through the Implementation Strategy Action Plan are:

- Mental Health and Substance Abuse
- Chronic Disease
- Women and Children's Health
- Access to Care

REVIEW AND APPROVAL

This report serves to identify and assess the health needs of the community served by Highlands Hospital. This hospital's 2015 CHNA was approved on December 2, 2018, for its fiscal year ending on June 30, 2018, as the hospital was included in Allegheny Health Network's 2015 CHNA. This schedule complied with federal tax law requirements set forth in Internal Revenue Code section 501(c) and to satisfy the requirements set forth in IRS Notice 2011-52 and the Affordable Care Act for hospital facilities owned and operated by an organization described in Code 501(c)(3).

Working within that schedule for its next three-year CHNA cycle, the Highlands Hospital CHNA Steering Committee began working on its 2018 CHNA with a target date of May 30, 2018, as its deadline for approval by its Board of Trustees, with public posting by June 30, 2018. Highlands Hospital's Board of Trustees approved the 2018 CHNA on May 30, 2018.

APPENDIX A

EXECUTIVE SUMMARY INDICATORS

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.

	Fayette, Greene, Washington 2011-2013	Fayette, Greene, Washington 2012-2014	Fayette, Greene, Washington 2013-2015
Behavior Risk			
ACCESS			
Reported Health Poor or Fair	23.0%	22.0%	23.0%
Physical Health Not Good for 1+ Days in the Past Month	42.0%	42.0%	42.0%
Poor Physical or Mental Health Preventing Usual Activities 1+ Days in the Past Month	24.0%	23.0%	23.0%
No Health Insurance (Ages 18-64)	17.0%	16.0%	14.0%
No Personal Health Care Provider	15.0%	16.0%	16.0%
No Personal Health Care Provider (Age 18-44)	27.0%	28.0%	31.0%
Routine Check-up Within the Past 2 Years	83.0%	83.0%	83.0%
Needed to See a Doctor But Could Not Due to Cost, Past Year	13.0%	13.0%	13.0%
CHRONIC DISEASE			
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	11.0%	10.0%	9.0%
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	9.0%	8.0%	7.0%
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	6.0%	6.0%	6.0%
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	17.0%	16.0%	16.0%
Overweight (BMI 25+)	67.0%	67.0%	66.0%
Obese (BMI 30+)	32.0%	33.0%	36.0%
Adults Who Were Ever Told They Have Diabetes	14.0%	15.0%	14.0%
HEALTHY ENVIRONMENT			
Adults Who Have Ever Been Told They Have Asthma	12.0%	15.0%	15.0%
Currently Have Asthma	9.0%	11.0%	10.0%
INFECTIOUS DISEASE			
Adults Who Had a Pneumonia Vaccine, Age 65 and older	72.0%	72.0%	70.0%
Ever Tested for HIV, Ages 18-64	31.0%	30.0%	30.0%
MENTAL HEALTH AND SUBSTANCE ABUSE			
Mental Health Not Good 1+ Days in the Past Month	34.0%	35.0%	36.0%
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	17.0%	18.0%	17.0%
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	5.0%	5.0%	6.0%
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	5.0%	5.0%	6.0%
PHYSICAL ACTIVITY AND NUTRITION			
No Leisure Time/Physical Activity in the Past Month	ND	ND	29.0%
TOBACCO USE			
Adults Who Reported Never Being a Smoker	51.0%	51.0%	50.0%
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily)	55.0%	53.0%	50.0%
Adults Who Reported Being a Current Smoker	25.0%	25.0%	25.0%
Adults Who Reported Being An Everyday Smoker	19.0%	19.0%	20.0%

Data Information and Source: ND = Not displayed if sample is considered statistically unreliable.

Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). In 2011, the BRFSS added numbers from a cell phone sample to the sample of landline telephone numbers. "raking," or "raking," was also introduced. Therefore, single-year measures should be re-benchmarked at the 2011 estimate values, and not compared to BRFSS estimates from previous years.

Note: The same approach should also be applied to the 3-year summary estimates beginning in 2011-2013. Three-year summary periods should be re-benchmarked based on landline sample only, and can only be compared to previous three-year summary periods.

Note: Unknowns excluded in calculations. A percent that appears in red for a region denotes a significantly higher value compared to the state's corresponding percent.

For EDDIE data: Disclaimer: If you use any of the data provided, please include the following statement in any publication or release: "These data were provided by the US BRFSS data comes from the BRFSS Surveillance System CDC website in the prevalence and trends data tool (search was done for location all states, DC and Territories).
https://www.cdc.gov/brfss/data_tools.htm

Fayette, Greene, Washington	Trend +/-	Westmoreland	Westmoreland	Westmoreland	Westmoreland	Trend +/-	PA	US	HP 2020	PA	US	HP 2020
2014-2016		2011-2013	2012-2014	2013-2015	2014-2016		2014-2016	2016	Goal	Comp	Comp	Comp
21.0%	-	16.0%	17.0%	15.0%	15.0%	-	17.0%	16.7%		+/-	+/-	
41.0%	-	35.0%	35.0%	36.0%	35.0%	=	37.0%			+		
24.0%	=	19.0%	19.0%	19.0%	19.0%	=	23.0%			+/-		
11.0%	-	12.0%	11.0%	10.0%	7.0%	-	11.0%	11.9%	0%	=-/		
17.0%	+	12.0%	13.0%	13.0%	14.0%	+	14.0%	21.8%	16.1%	+/-	-	+/-
29.0%	+	23.0%	24.0%	24.0%	25.0%	+	25.0%			=-/		
83.0%	=	84.0%	84.0%	83.0%	83.0%	-	85.0%	83.6%		-		
12.0%	-	11.0%	10.0%	10.0%	11.0%	=	12.0%	12.1%	4.2%	=-/	-	+
8.0%	-	7.0%	7.0%	5.0%	6.0%	-	7.0%	4.1%		+/-	+	
8.0%	-	8.0%	8.0%	6.0%	5.0%	-	7.0%	4.4%		+/-	+	
4.0%	-	3.0%	4.0%	3.0%	4.0%	+	5.0%	3.0%		-		
14.0%	-	13.0%	14.0%	11.0%	13.0%	=	13.0%			+/=		
71.0%	+	66.0%	68.0%	69.0%	67.0%	+	65.0%	65.4%		+	+	
39.0%	+	28.0%	31.0%	34.0%	32.0%	+	30.0%	30.1%	30.5%	+	+	+
12.0%	-	12.0%	13.0%	13.0%	13.0%	+	11.0%	10.5%		+		
16.0%	+	11.0%	12.0%	11.0%	12.0%	+	15.0%	14.0%		+/-	+/-	
10.0%	+	8.0%	8.0%	8.0%	8.0%	=	10.0%	9.1%		=-/	+/-	
73.0%	+	72.0%	72.0%	74.0%	74.0%	+	72.0%	73.4%	90.0%	+	-/+	
31.0%	=	25.0%	26.0%	25.0%	23.0%	-	39.0%			-		
36.0%	+	34.0%	34.0%	34.0%	34.0%	=	37.0%			-		
18.0%	+	18.0%	17.0%	17.0%	17.0%	-	18.0%	16.9%	24.2%	=-/	+	-
6.0%	+	5.0%	6.0%	6.0%	6.0%	+	6.0%	6.5%		=		
6.0%	+	6.0%	6.0%	7.0%	6.0%	=	6.0%			=		
27.0%	-	ND	ND	27.0%	24.0%	-	24.0%		32.6%	+/=		-
52.0%	+	52.0%	51.0%	52.0%	55.0%	+	55.0%	57.2%		=-/	-	
42.0%	-	45.0%	47.0%	ND	55.0%	+	53.0%		80.0%	=/+		-
24.0%	-	20.0%	20.0%	20.0%	19.0%	-	19.0%	17.0%	12.0%	+/=		+
18.0%	-	16.0%	16.0%	14.0%	13.0%	-	13.0%	12.3%		+/=		

telephones. This remedied a gap in coverage that had developed as people switched to cell phones. A new weighting methodology called "iterative proportional" estimates from previous years.

ed at the 2011-2013 estimate values due to the inclusion of cell phones and the new weighting methodology. Three-year summary periods up to 2010-2012 are

percent. A percent in blue denotes a significantly lower value.

by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions"

itories:

	Fayette					Trend
Public Health Data	2012	2013	2014	2015	2016	+/-
CHRONIC DISEASE						
Breast Cancer Rate per 100,000	118.0	120.7	128.2	136.1		+
Late Stage Female Breast Cancer Rate per 100,000	42.1	37.8	51.9	53.6		+
Breast Cancer Mortality Rate per 100,000	32.3	22.3	18.8	18.4	29.2	-
Bronchus and Lung Cancer Rate per 100,000	71.3	64.3	71.2			-
Bronchus and Lung Cancer Mortality Rate per 100,000	67.1	59.6	45.0	47.6	55.4	-
Colorectal Cancer Rate per 100,000	50.1	43.2	53.6			+
Colorectal Cancer Mortality Rate per 100,000	21.0	17.6	19.9	15.6	15.0	-
Ovarian Cancer Rate per 100,000	17.8	ND	ND			
Ovarian Cancer Mortality Rate per 100,000	13.4	ND	12.2	9.4	8.4	-
Prostate Cancer Rate per 100,000	75.3	56.6	62.8			-
Prostate Cancer Mortality Rate per 100,000	17.3	ND	16.9	14.2	17.9	-
Heart Disease Mortality Rate per 100,000	211.2	223.9	214.0	207.1	219.4	-
Heart Failure Mortality Rate per 100,000	12.6	20.2	21.7	27.2	25.7	+
Coronary Heart Disease Mortality Rate per 100,000	160.4	164.7	149.8	129.6	143.1	-
Cardiovascular Mortality Rate per 100,000	269.7	286.5	276.6	278.8	273.5	-
Cerebrovascular Mortality Rate per 100,000	38.8	40.9	38.0	44.3	30.8	-
Diabetes Mortality Rate per 100,000	31.6	29.5	26.5	28.6	26.3	+
All Cancers Male, per 100,000	509.2	463.2	510.5			-
All Cancers Female, per 100,000	447.3	439.1	497.4			+
Type I Diabetes, Students (School Year End)	0.30%	0.27%				-
Type II Diabetes, Students (School Year End)	0.05%					=
HEALTHY WOMEN, MOTHERS, BABIES AND CHILDREN						
Prenatal Care First Trimester	80.9%	80.9%	79.7%	82.5%	79.9%	-
Non-Smoking Mother During Pregnancy	65.8%	68.1%	67.0%	70.7%	72.6%	+
Non-Smoking Mother 3 Months Prior to Pregnancy	61.0%	61.5%	61.3%	65.4%	67.6%	+
Low Birth-Weight Babies Born	9.3%	8.6%	8.8%	8.7%	9.7%	+
Mothers Reporting WIC Assistance	50.7%	50.8%	45.9%	45.7%	40.0%	-
Mothers Reporting Medicaid Assistance	56.0%	59.8%	55.2%	52.2%	52.2%	-
Breastfeeding	52.1%	51.9%	55.3%	58.9%	63.3%	+
Teen Pregnancy Rate per 1,000, Ages 15-17	21.9	19.9	16.2	22.7	16.1	-
Teen Pregnancy Rate per 1,000, Ages 18-19	82.3	72.5	83.6	68.7	64.3	-
Teen Live Birth Outcomes, Ages 15-17	82.4	82.6	86.5	80.4	82.9	+
Teen Live Birth Outcomes, Ages 18-19	77.1	90.3	84.5	84.4	85.4	-
Infant Mortality Rate per 1,000	ND	ND	10.0	7.6	7.4	-
Overweight BMI, Grades K-6 (School Year End)	16.1%	24.3%	15.8%	14.3%	15.9%	-
Obese BMI, Grades K-6 (School Year End)	21.4%	23.3%	22.0%	22.0%	21.0%	-
Overweight BMI, Grades 7-12 (School Year End)	17.1%	30.5%	16.4%	16.6%	17.8%	-
Obese BMI, Grades 7-12 (School Year End)	21.9%	24.0%	25.6%	24.9%	26.0%	-

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison. Data Source: These data were provided by the Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions. web get US rates too): https://nccd.cdc.gov/DHDSP_DTM/rdPage.aspx?rdReport=DHDSP_DTM.ExploreByTopic&filter=area&isPriority=P3&isTopic=T4&isFilterby=1&go=GO | US teen pregnancy rate | US Influenza/Pneumonia mortality: https://www.cdc.gov/nchs/pressroom/sosmap/flu_pneumonia_mortality/flu_pneumonia.htm | US Chlamydia rates: https://www.cdc.gov/std/stats16/chlamydia_mortality.html | US Emphysema mortality rates: <https://www.cdc.gov/nchs/fastats/copd.html> | US auto accident mortality rates: <https://www.cdc.gov/nchs/fastats/accidental-injury.html> | US suicide mortality rates: <https://www.cdc.gov/nchs/fastats/injury.html>

Westmoreland			Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
2014	2015	2016	+/-	Rate	Rate	Goal	Comp	Comp	Comp
139.6	130.5		+	131.2	123.9		+/-		
42.2	44.5		+	44.5		42.2	+/=		+
20.0	23.5	21.7	-	21.4	20.5	20.7	+	+	+
63.7			-	63.2	50.8		+		
43.7	39.5	37.0	-	40.9	34.7	45.5	+/-	+	+/-
41.0			-	40.5	33.7	39.9	+	+	+
14.9	16.0	16.6	-	14.7	11.9	14.5	+	+	+
14.5			-	12.0	11.0		+	+	
9.4	7.3	10.9	+	6.8	7.0		+	+	
86.0			-	92.0	95.5		-	-	
22.8	19.8	14.7	+	19.2	19.1	21.8	-	-	+
179.7	176.8	184.2	+	175.8	218.0		+	+/-	
19.6	19.6	23.8	+	23.9	25.4		+/-	+/-	
118.3	110.7	115.4	-	107.6	126.2	103.4	+	+/-	+
224.6	225.9	232.0	+	225.8	285.6		+	+	
34.2	35.4	33.4	-	36.8	47.8	34.8	-	-	-
21.9	18.4	20.3	-	20.2	21.0		+/-	+/-	
518.4			-	509.7	472.3		-/+	+	
499.1			+	459.2	413.6		+	+	
				0.33%					
				0.06%					
83.8%	81.0%	81.3%	-	73.8%		77.9%	+		+
81.7%	82.6%	84.3%	+	88.5%		98.6%	-		-
77.0%	78.0%	80.1%	+	84.3%			-		
8.0%	6.4%	7.2%	-	8.2%		7.8%	+/-		+/-
30.1%	28.8%	27.2%	-	35.0%			+/-		
32.1%	31.7%	30.2%	-	32.9%			+/-		
72.2%	73.4%	75.0%	+	81.1%		81.9%	-		-
8.0	8.0	4.1	-	10.6		36.2	+/-		-
35.7	32.0	30.3	-	38.1		104.6	+/-		+
79.6	70.8	79.2	+	67.4			+		
76.8	81.0	76.7	+	71.8			+		
6.8	3.2	6.0	+	6.1	5.8	6.0	+/-	+	+/=
15.0%	15.7%	15.4%	-	15.2%			+		
16.8%	17.2%	17.8%	+	16.7%		15.7%	+		+
16.8%	16.0%	18.8%	+	16.5%			+		
18.0%	19.3%	19.7%	+	19.1%		16.1%	+		+

Red and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.
 Website source for US cancer data: <https://gis.cdc.gov/grasp/USCS/DataViz.html> | website source for US heart disease, stroke (change to filter by all indicators and select bar graph to
 : <https://www.cdc.gov/teenpregnancy/about/index.htm> | US infant mortality rate per 1000: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>
 malaria.html | US mental and behavioral disorders mortality rate: <https://www.healthsystemtracker.org/chart/u-s-relatively-high-mortality-rate-mental-behavioral-disorders/> | US
 rates: <https://www.cdc.gov/nchs/fastats/suicide.html> | US fall mortality rates: <https://www.cdc.gov/nchs/fastats/accidental-injury.html> | US Firearm mortality: <https://www.cdc.gov/>

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.

	Fayette					
	2011	2012	2013	2014	2015	2016
Public Health Data						
INFECTIOUS DISEASE						
Influenza and Pneumonia Mortality Rate per 100,000	19.7	15.9	10.6	12.6	14.1	16.3
Chlamydia Rate per 100,000	240.3	204.2	223.7	194.7	323.3	296.1
MENTAL HEALTH AND SUBSTANCE ABUSE						
Mental & Behavioral Disorders Mortality Rate per 100,000	39.7	34.1	43.3	38.1	44.4	27.0
Drug-Induced Mortality Rate per 100,000	33.5	12.3	28.9	34.1	37.9	60.3
TOBACCO USE						
Emphysema Mortality Rate per 100,000	ND	ND	ND	ND	ND	ND
INJURY						
Auto Accident Mortality Rate per 100,000	26.5	16.7	11.5	15.9	20.3	13.3
Suicide Mortality per 100,000	13.5	10.6	20.1	18.7	19.4	20.2
Fall Mortality Rate per 100,000	7.6	7.5	9.9	8.8	7.3	7.4
Firearm Mortality Rate (Accidental, Suicide, Homicide)	8.8	9.3	16.8	10.5	15.0	17.2
2017-year for these rates						
2016-year for those rates						
2015-year for those rates						
2014-year for these rates						
2013-year for those rates						

Trend +/-	Westmoreland						Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2011	2012	2013	2014	2015	2016							
-	15.6	13.1	17.0	15.2	15.1	14.4	-	13.7	13.5		-	-	
-	188.8	216.0	188.7	199.8	220.1	214.1	-	445.4	497.3		-	-	
-	45.1	42.1	54.0	45.7	49.1	46.0	+	42.7	48.0		-/+	-/+	
-	20.4	30.6	29.5	31.4	45.0	66.8	-	38.5		11.3	-		-
	3.6	3.7	3.4	2.5	4.6	3.0	-	1.7	2.3		+	+	
-	12.0	14.0	8.6	10.6	13.0	12.1	=	9.4	11.7	12.4	-	-	+/-
-	13.2	9.9	13.9	17.4	14.0	19.1	-	14.6	13.7	10.2	-	-	-
=	13.6	12.9	12.9	13.1	15.5	13.5	=	8.8	10.4	7.2	-/+	-/+	-
-	9.8	6.4	10.4	11.7	10.4	15.5	-	11.9	11.3	9.3	-	+/-	-

7B"" cold"" Location"" sort"" asc"" %7D" | website source for US cancer data: <https://gis.cdc.gov/grasp/USCS/DataViz.html> | website dPage.aspx?rdReport=DHDSP_DTM.ExploreByTopic&filter=area&isIPriority=P3&isITopic=T4&isIFilterby=1&go=Go | "US Alzheimer's Disease rate

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.

County Health Rankings Data	Fayette							
	2011	2012	2013	2014	2015	2016	2017	2018
ACCESS								
Mammogram Screenings	59.6%	60.7%	59.1%	58.4%	60.0%	59.0%	58.1%	58.1%
HEALTHY ENVIRONMENT								
Unemployment Rates	9.2%	10.1%	9.3%	9.3%	8.5%	7.6%	7.2%	8.2%
High School Graduation Rates				72.0%	75.8%	79.1%	79.4%	79.4%
Children Living in Poverty	33.9%	31.7%	31.6%	26.8%	30.4%	30.7%	31.2%	28.6%
Children Living in Single Parent Homes	37.1%	37.4%	37.7%	37.0%	36.0%	38.0%	39.5%	39.6%
Disconnected Youth							21.1%	21.1%
HEALTHY WOMEN, MOTHERS, BABIES & CHILDREN								
Low Birthweight	9.1%	9.3%	9.6%	9.7%	9.5%	9.3%	9.3%	9.2%
Teen Birth Rate (Births per 1,000 females ages 15-19)	47.3	46.4	43.9	43.5	41.7	40.5	39.4	36.8
PHYSICAL ACTIVITY AND NUTRITION								
Frequent Physical Distress						12.3%	11.6%	12.4%
Food Insecurity				14.9%	15.1%	15.4%	15.2%	15.3%
Limited Access to Healthy Food			7.2%	7.2%	7.2%	7.2%	7.2%	7.9%
Free or Reduced Lunch		43.8%	46.3%	46.3%	49.1%	ND	58.0%	77.7%
Mental Health and Substance Abuse								
Frequent Mental Distress						13.0%	12.2%	13.0%
Mental Health Providers					459:1	441:1	391:1	349:1
Insufficient Sleep						38.6%	38.6%	39.8%
Excessive Drinking	17.4%	17.5%	16.9%	17.6%	17.6%	16.3%	17.3%	17.6%
Alcohol Impaired Driving Deaths				48.8%	45.3%	38.6%	34.5%	28.6%

- 2017-year for these rates
- 2016-year for those rates
- 2015-year for those rates
- 2014-year for these rates
- 2013-year for those rates

“US graduation rate year ending 2016 taken from: <https://www.edweek.org/ew/section/multimedia/data-us-graduation-rates-by-state-and-remains-stubbornly-high-despite-important-progress/> | “US children living in single parent homes:<https://datacenter.kidscount.org/data/measureofamerica.org/disconnected-youth/>” | “US low birthweight babies:https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw-hunger-in-america/the-united-states/” | “US Alcohol Impaired Driving:<https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812450>”

Trend +/-	Westmoreland								Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2011	2012	2013	2014	2015	2016	2017	2018							
-	60.0%	58.8%	55.9%	51.3%	50.6%	54.0%	55.5%	55.5%	-	64.8%		81.1%	-		-
-	7.9%	8.3%	7.4%	7.4%	6.9%	5.7%	5.2%	5.9%	-	5.4%			+		
+	88.0%	87.9%	92.5%	92.7%	93.3%	91.8%	90.6%	90.6%	+	85.4%	84.0%		-/+	-/+	
-	13.9%	15.7%	15.4%	16.9%	15.9%	13.6%	15.5%	14.1%	+	18.4%	41.0%		+/-	-	
+	24.7%	25.4%	27.6%	29.4%	29.1%	29.4%	29.2%	28.2%	+	33.8%	35.0%		+/-	+/-	
=							10.9%	10.9%	=	12.8%	11.7%		+/-	-	
-	7.2%	7.3%	7.5%	7.7%	7.7%	7.5%	7.6%	7.3%	=	8.2%	8.2%	7.8%	+/-	+/-	+/-
-	19.9	20.5	19.6	19.2	18.8	18.3	17.4	15.0	-	21.4	22.3		+/-	+/-	
=						10.4%	9.5%	10.1%	-	11.9%			+/-		
+				11.1%	11.7%	12.2%	11.6%	11.2%	=	13.1%	12.5%	6.0%	+/-	+/-	-
+		14.2%	7.4%	7.4%	7.4%	7.4%	7.4%	7.8%	-	4.6%			-		
		20.7%	23.7%	23.7%	24.5%	26.6%	35.9%	37.4%	-	48.2%			+/-		
=						11.3%	10.6%	11.2%	=	13.0%			=+		
+	3858:1	3858:1	3763:1		904:1	847:1	792:1	747:1	+	559:1			+/-		
+						38.7%	38.7%	35.5%	-	37.9%			+/-		
=	17.2%	16.6%	16.0%	16.2%	16.2%	16.9%	17.9%	20.3%	+	20.5%			-		
-				37.7%	36.7%	35.2%	36.7%	35.6%	-	30.1%	28.0%		-/+	-	

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IU Disability Data	Intermediate Unit 1-Fayette, Greene, and Washington Counties (By School Year End)							Trend
	2011	2012	2013	2014	2015	2016	2017	+/-
INTELLECTUAL AND PHYSICAL DISABILITIES								
Intellectual Disability (Mental Retardation)	1,087	999	925	852	802	799	767	-
Hearing Impairment Including Deafness	74	76	81	77	82	76	73	-
Speech or Language Impairment	1,775	1,751	1,706	1,752	1,624	1,582	1,565	-
Visual Impairment Including Blindness	52	54	55	48	43	46	42	-
Emotional Disturbance	881	856	785	775	832	840	842	-
Orthopedic Impairment	*	23	23	22	25	24	24	+
Other Health Impairment	534	638	706	752	834	918	969	+
Specific Learning Disability	3,628	3,509	3,433	3,361	3,344	3,367	3,338	-
Deaf-Blindness	*	*	*	*	*	*	*	
Multiple Disabilities	84	85	80	78	76	77	73	-
Autism	500	564	642	680	727	765	793	+
Traumatic Brain Injury	27	*	*	*	*	*	*	

All data is taken from the Special Education Statistical Summary reports taken from Table 1 Special Education Enrollments: By Eligible Exception. Improper statistical comparisons due to small group sizes (n=10 or less), and/or to protect the confidentiality of those students with disabilities

Westmoreland Intermediate Unit 7-Westmoreland County (By School Year End)							Trend	PA (the las	US	HP 2020	PA	US	HP Goal
2011	2012	2013	2014	2015	2016	2017	+/-	Rate	Rate	Goal	Comp	Comp	Comp
532	494	469	454	470	447	453	-						
76	80	78	86	93	92	89	+						
1,351	1,381	1,349	1,306	1,325	1,268	1,266	-						
38	38	40	38	44	43	47	+						
493	455	478	478	511	507	532	+						
40	38	37	38	37	33	30	-						
706	773	885	907	997	1,021	1,102	+						
2,910	2,818	2,729	2,673	2,655	2,619	2,260	-						
*	*	*	*	*	*	*							
63	66	106	98	100	97	92	+						
489	558	596	611	631	623	673	+						
*	*	*	*	*	*	*							

ality and is for School Age | Where this symbol (*) appears, the PDE is not displaying these data on this report to guard against who comprise this category.

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.

	Fayette						Trend
Kids Count Data	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	+/-
Number of Children Receiving Early Intervention Services	773	921	931	900	922	989	+

Early Intervention Data note Definitions: The number of children (birth until school enrollment) receiving early intervention (EI) services. EI Infant-Toddler EI (Birth-2yr) and Preschool EI (3-5yr).

Data Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning.

Footnotes: Children who transition from Infant-Toddler EI to Preschool EI during the fiscal year may be counted twice.

Westmoreland						Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	+/-	Rate	Rate	Goal	Comp	Comp	Comp
2,408	2,528	2,535	2,500	2,379	2,321	-	94,306			-		

is designed to assist children with developmental delays or disabilities before they enter school. The number is the sum of children in

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PAYS	Fayette			
	2011	2013	2015	2017
MENTAL HEALTH AND SUBSTANCE ABUSE				
Alcohol Child/Adolescent Lifetime Use				
Grade 6	19.6%	13.5%	19.1%	21.0%
Grade 8	49.0%	44.0%	38.8%	43.3%
Grade 10	57.2%	70.0%	67.7%	57.1%
Grade 12	62.9%	77.6%	75.4%	71.3%
Overall	45.9%	49.2%	48.4%	46.4%
Marijuana Child/Adolescent Lifetime Use				
Grade 6	1.3%	1.2%	3.3%	2.8%
Grade 8	16.9%	10.8%	9.7%	11.8%
Grade 10	19.3%	26.4%	28.6%	21.3%
Grade 12	35.0%	35.9%	39.6%	37.8%
Overall	16.7%	17.4%	18.9%	17.2%
% of Children/Adolescents Who Drove After Drinking				
Grade 6	0.6%	0.5%	1.3%	1.2%
Grade 8	2.8%	1.4%	1.5%	1.2%
Grade 10	3.3%	3.3%	2.2%	2.5%
Grade 12	11.1%	8.4%	7.7%	6.9%
Overall	3.9%	3.1%	3.0%	2.8%
% of Children/Adolescents Who Drove After Using Marijuana				
Grade 6	0.0%	0.2%	1.2%	0.4%
Grade 8	3.0%	0.6%	1.5%	1.4%
Grade 10	2.9%	2.6%	3.3%	2.4%
Grade 12	10.5%	7.3%	11.4%	9.2%
Overall	3.6%	2.4%	4.1%	3.1%
Pain Reliever (Prescription Narcotics) Child/Adolescent Lifetime Use				
Grade 6	1.1%	2.7%	2.2%	2.4%
Grade 8	3.5%	7.2%	5.6%	6.8%
Grade 10	6.6%	10.1%	11.5%	4.2%
Grade 12	9.8%	13.9%	14.6%	8.6%
Overall	4.9%	8.1%	8.1%	5.4%

Trend	Westmoreland				Trend	PA	US	PA	US
+/-	2011	2013	2015	2017	+/-	2017	2017	Comp	Comp
+	12.8%	7.8%	18.9%	14.0%	+	16.8%		+/-	
-	34.9%	37.4%	32.3%	32.1%	-	33.0%	23.1%	+/-	+
=	57.6%	64.3%	53.1%	48.9%	-	53.0%	42.2%	+	+
+	70.9%	82.9%	70.2%	64.6%	-	69.2%	61.5%	+	+
+	36.4%	44.9%	45.2%	39.9%	+	43.3%		+/-	
+	0.9%	0.2%	1.5%	0.7%	-	0.9%		+/-	
-	8.1%	6.9%	5.7%	6.7%	-	8.4%	13.5%	+/-	-
+	25.2%	29.6%	18.9%	17.7%	-	22.4%	30.7%	-	-
+	43.7%	37.5%	37.0%	32.3%	-	38.1%	45.0%	-	-
+	13.8%	16.6%	16.4%	14.0%	+	17.7%		-	
+	0.5%	0.5%	0.3%	0.0%	-	0.4%		+/-	
-	0.5%	0.2%	0.8%	0.9%	+	1.1%		=/-	
-	2.5%	1.0%	1.2%	1.7%	-	1.3%		+	
-	11.6%	8.3%	5.4%	5.3%	-	5.5%		+/-	
-	2.4%	1.6%	1.9%	1.9%	-	2.2%		+/-	
+	0.0%	0.7%	0.3%	0.3%	+	0.3%		=	
-	0.0%	0.4%	0.2%	0.7%	+	0.8%		+/=	
-	1.7%	2.1%	2.9%	1.5%	-	1.7%		+/-	
-	14.9%	7.5%	9.4%	6.7%	-	10.3%		-	
-	2.5%	2.0%	3.2%	2.1%	-	3.5%		-	
+	1.4%	2.3%	4.2%	1.9%	+	1.8%		'+/=	
+	5.6%	5.5%	3.4%	3.3%	-	3.9%		+/-	
-	6.8%	10.5%	6.1%	4.4%	-	5.9%		-	
-	17.2%	15.2%	11.8%	8.1%	-	8.8%	6.8%	-	+
+	6.0%	7.6%	6.3%	4.3%	+	5.1%		+/-	

The color coding illustrates comparisons to the Healthy People 2020 goal or the the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that the regional data is close in comparison.

PAYS	Fayette				Trend
	2011	2013	2015	2017	+/-
MENTAL HEALTH AND SUBSTANCE ABUSE					
Vaping/e-cigarette (30-day use)					
Grade 6	n/a	n/a	4.7%	5.1%	+
Grade 8	n/a	n/a	15.3%	14.2%	-
Grade 10	n/a	n/a	32.2%	21.5%	-
Grade 12	n/a	n/a	31.2%	27.8%	-
Overall	n/a	n/a	20.0%	16.3%	-
Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Just Flavoring					
Grade 6	n/a	n/a	41.4%	43.8%	+
Grade 8	n/a	n/a	73.0%	79.6%	+
Grade 10	n/a	n/a	85.8%	76.3%	-
Grade 12	n/a	n/a	75.4%	69.6%	-
Overall	n/a	n/a	74.8%	70.2%	-
Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Nicotine					
Grade 6	n/a	n/a	3.4%	7.4%	+
Grade 8	n/a	n/a	13.7%	18.4%	+
Grade 10	n/a	n/a	25.3%	27.3%	+
Grade 12	n/a	n/a	31.9%	34.2%	+
Overall	n/a	n/a	22.2%	24.5%	+
Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Marijuana or Hash Oil					
Grade 6	n/a	n/a	1.7%	0.0%	-
Grade 8	n/a	n/a	3.7%	9.0%	+
Grade 10	n/a	n/a	8.4%	9.0%	+
Grade 12	n/a	n/a	8.2%	9.9%	+
Overall	n/a	n/a	6.6%	8.0%	+
Vaping Substances Used By Students Who Use Vaping Product in the Past Year-Other Substance					
Grade 6	n/a	n/a	0.0%	2.5%	+
Grade 8	n/a	n/a	0.8%	0.5%	-
Grade 10	n/a	n/a	1.8%	0.8%	-
Grade 12	n/a	n/a	0.9%	0.0%	-
Overall	n/a	n/a	1.1%	0.7%	-
Vaping Substances Used By Students Who Use Vaping Product in the Past Year-I don't Know					
Grade 6	n/a	n/a	58.6%	50.4%	-
Grade 8	n/a	n/a	22.0%	15.4%	-
Grade 10	n/a	n/a	4.0%	6.9%	+
Grade 12	n/a	n/a	8.2%	6.1%	-
Overall	n/a	n/a	15.4%	15.1%	-

Westmoreland				Trend	PA	US	PA	US
2011	2013	2015	2017	+/-			Comp	Comp
n/a	n/a	3.9%	2.0%	-	2.3%		+/-	
n/a	n/a	14.4%	10.0%	-	10.9%	6.6%	+/-	+
n/a	n/a	23.9%	22.9%	-	21.9%	13.1%	-/+	+
n/a	n/a	34.2%	28.3%	-	29.3%	16.6%	-	+
n/a	n/a	20.2%	16.0%	-	16.3%		=/-	
n/a	n/a	36.8%	32.0%	-	29.8%		+	
n/a	n/a	85.2%	85.7%	+	74.8%		+	
n/a	n/a	81.3%	75.9%	-	73.9%		+	
n/a	n/a	77.2%	72.9%	-	67.2%		+	
n/a	n/a	77.0%	73.4%	-	67.3%		+	
n/a	n/a	1.8%	4.0%	+	3.5%		+	
n/a	n/a	8.7%	15.9%	+	14.6%		+	
n/a	n/a	17.5%	33.0%	+	32.2%		-/+	
n/a	n/a	29.1%	36.7%	+	43.1%		-	
n/a	n/a	18.3%	29.0%	+	29.4%		-	
n/a	n/a	1.8%	0.0%	-	1.9%		-	
n/a	n/a	2.7%	4.9%	+	7.2%		+/-	
n/a	n/a	6.3%	9.6%	+	12.9%		-	
n/a	n/a	7.2%	12.7%	+	18.5%		-	
n/a	n/a	5.4%	9.1%	+	12.6%		-	
n/a	n/a	1.8%	2.7%	+	1.6%		+	
n/a	n/a	2.7%	2.2%	-	1.7%		-/+	
n/a	n/a	0.8%	1.0%	+	1.3%		-	
n/a	n/a	0.8%	1.2%	+	0.9%		-/+	
n/a	n/a	1.3%	1.4%	=	1.3%		-/=	
n/a	n/a	63.2%	64.0%	+	68.0%		-	
n/a	n/a	16.1%	10.4%	-	19.0%		-	
n/a	n/a	11.3%	7.7%	-	8.7%		-	
n/a	n/a	4.6%	7.2%	+	6.3%		-/+	
n/a	n/a	14.3%	12.3%	-	16.0%		-	



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