Community Health Needs Assessment 2016

UNIONTOWN HOSPITAL

We Will Make a Healthy Difference in the Lives We Touch

BKD LLP
CPAs & Advisors

Contents

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

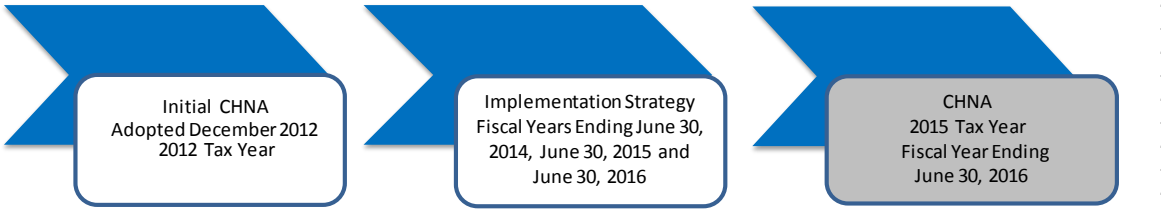
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Uniontown Hospital's (Hospital or Uniontown) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ A comprehensive evaluation of the implementation strategy for fiscal years ending June 30, 2014 through June 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and Hospital data.
- ✓ Obtaining community input through:
  - o Interviews with key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2015. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from October 2015 to February 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in *Community Served by the Hospital*.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Statistics regarding physician need were gathered and reported to help prioritize significant physician specialties need by the community.
- Community input was provided through key stakeholder interviews of 15 stakeholders and a community health survey. Results and findings are described in the *Key Stakeholder Interviews* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes, 5) how important the issue is to the community and 6) how the issue aligns with the Hospital's strategic plan.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized, taking into account the perceived degree of influence the Hospital has to impact the need and the health needs' impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

Uniontown Hospital is a 175 acute bed full-service hospital located in Uniontown, Pennsylvania.

Uniontown Hospital is a compassionate, dedicated community hospital providing a full range of medical care to residents of Fayette County and the surrounding areas for more than a century. Health care services provided at the hospital include an award-winning Cardiology Department and catheterization lab, an award-winning Stroke Center, a state-of-the-art Wound Healing Center, and the Family Beginnings Birthing Center. In addition, the Hospital achieved a top performer status by The Joint Commission.

Mission Statement

We will make a healthy difference in the lives that we touch. The hospital is committed to living this mission statement. This is done by maintaining five core competencies known as the "Wills" of the hospital workforce.

I will:

…provide excellent customer service – such that Uniontown Hospital is a place that patients want to come for care.

…do my part to promote teamwork – such that patients receive compassionate, respectful care.

…be good at what I do by maintaining competency – such that patients receive quality care.

…act with high ethical standards while assuring productivity – such that patients receive timely care.

…follow the rules to ensure compliance – such that patients receive safe care.

Vision Statement

We will fulfill our mission by…

- Delivering quality service and creating a caring place where patients want to come, employees want to work & practitioners want to provide care.
- Holding each other accountable to the five "I Will's" of providing excellent customer service, promoting teamwork, maintaining competency, assuring productivity, & ensuring compliance.
- Building strong relationships with UPMC & others that provide complimentary services.
- Providing charitable services to our community in need.

We will do this, all the while, being mindful of our financial & regulatory responsibilities.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending June 30, 2014 through June 30, 2016, focused on three strategies to address identified health needs. Action plans for each of the strategies are summarized below. Based on the Hospital's evaluation for the fiscal year ended June 30, 2015, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

Priority 1: Increase patient population that has some form of health insurance

Goal: Expand health insurance coverage of eligible patient population.

Through several different strategies, Uniontown Hospital decreased the percent of uninsured patients from the fiscal year ended June 30, 2013 to the fiscal year ended June 30, 2015 by approximately 37%. Tactics to achieve this goal included the following:

- Outsourced the Financial Care Services department to create a higher level of and more timely patient interaction. This service includes working with the patients to complete all charity care applications and financial assessments.
- Implemented opportunities to proactively interact with self-pay patients while in the Emergency Department in order to help them determine eligibility for insurance options.
- Redesigned the Hospital's Charity Care Program to meet the new healthcare coverage environment and IRS regulations.
- Partnered with local FQHCs to provide resources for self-pay patients to apply for affordable health care plans during open enrollment.

Priority 2: More appropriately use available healthcare resources

Goal: Increase the appropriate use of available healthcare resources increasing the use of affordable primary care clinics and FQHCs; whereby reducing the use of the Emergency departments for non-emergent and/or ongoing primary care purposes.

Uniontown Hospital decreased the percentage of non-emergent patients seen in the Emergency Department through several different strategies. Non-emergent patients decreased by 11% from FY 13 to FY 14 and 14% FY 14 to FY 15.

- Partnered with several FQHCs and a community sponsored uninsured clinic to provide resources for self-pay patients to seek affordable healthcare.
- Provided patients with opportunities to partner with resources available to help them navigate the Affordable Healthcare Market Place and determine their eligibility for medical assistance.

- Designed a hand out to give to patients at the end of their Emergency department visit listing healthcare reasons to visit an Emergency department. The handout also includes multiple sources for non-urgent care outside of the Emergency department including physician offices.

- Worked with several physician groups and health plans on a Medical Home model. In this model, Case Managers are present in physician offices and the health plans to work to close the gaps in care and provide patients with support and referrals for a vast number of services.

- Another goal of the Medical Home model is to have patients seen within three days of discharge from acute care hospitals. Uniontown's Social Work staff proactively calls the physician practices to secure follow-up appointments within this time frame which is mutually beneficial to the patient, the health plan, and the physician practice.

- Established a Home Line which is a dedicated line for callers who are seeking help in locating a Primary Care physician.

Priority 3: More coordinated approach to D & A issues with pregnant women who have chemical dependencies

Goal: To improve the health and birth outcomes for women with chemical dependencies.

Uniontown Hospital Family Beginnings Birth Center (FBBC) employees have addressed the above priority as follows:

- Employees participated in a Drug/Alcohol Task Force as well as a county program called "Communities That Care" to address the above issues.

- Added Subutex testing to urine drug screening as this is a widely used rehabilitative medicine for drug addicted pregnant women.

- Initiated a laboratory test called CORDSTAT where a portion of the umbilical cord at birth is tested for 13 drugs and alcohol. When a positive result is received the pediatrician's office is notified.

- Met with several agencies regarding the best care of dependent pregnant women and continually networking nationally regarding prevalence and best evidence-based treatment.

- Care of the newborn withdrawing policy was changed to increase mother baby interaction and education. Involvement of the parents better prepares them for a difficult baby once discharged and enhances bonding.

- The Hospital's Pediatric medical staff determined that mothers taking prescribed rehabilitative drugs may breastfeed but marijuana and other illegal substances are not recommended, in accordance with American Academy of Pediatrics policies.

- Investigating the national trend of initial treatment for Neonatal Abstinence Syndrome to be performed in the newborn nursery versus transfer to tertiary care. Decision to transfer then, if initial treatment not effective.

Summary of Findings – 2015 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 26*. These needs have been prioritized based on information gathered through the CHNA.

Access to Health Services

- Lack of Primary Care Physicians
- Lack of Physician Specialties
- Lack of Preventative Care
- Cardiology/Heart Disease
- Lack of Mental Health Facilities

Healthy Behaviors

- Lifestyle Choices
- Substance Abuse
- Poor Nutrition/Access to Healthy Food Options
- Adult Smoking/Tobacco Use
- Obesity

Social & Economic Factors

- Uninsured/Limited Insurance
- Financial Barriers/Poverty/Low Socioeconomic
- Lack of Health Knowledge/Education
- Children in Poverty
- Children in Single-Parent Households

In addition to the above identified health needs, one significant need not addressed as part of this CHNA is the need for the Hospital to remain financially viable. Community hospital are closing across the state and if the Uniontown Hospital were to close due to the challenges in the healthcare industry, the community would be losing their best health resource. It would be devastating to the community from both a health needs standpoint as well as economically. It is extremely important for Hospital leadership to take great care in planning out the operations and finances of the Hospital so that it remains a viable entity for many years into the future.

The Hospital's next steps include developing an implantation strategy to address these priority areas.

Community Served by the Hospital

The Hospital is located in Uniontown, Pennsylvania, in Fayette County just off of U.S. 119. It is located an hour and a half south of Pittsburgh, Pennsylvania.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from July 1, 2014, through June 30, 2015, management has identified Fayette County as the defined CHNA community. Fayette County represents nearly 94% of the inpatient discharges as reflected in *Exhibit 1* below. The CHNA will utilize data and input from this county to analyze health needs for the community.

Exhibit 1
Uniontown Hospital
Summary of Inpatient Discharges by Zip Code
7/1/2014 - 6/30/2015

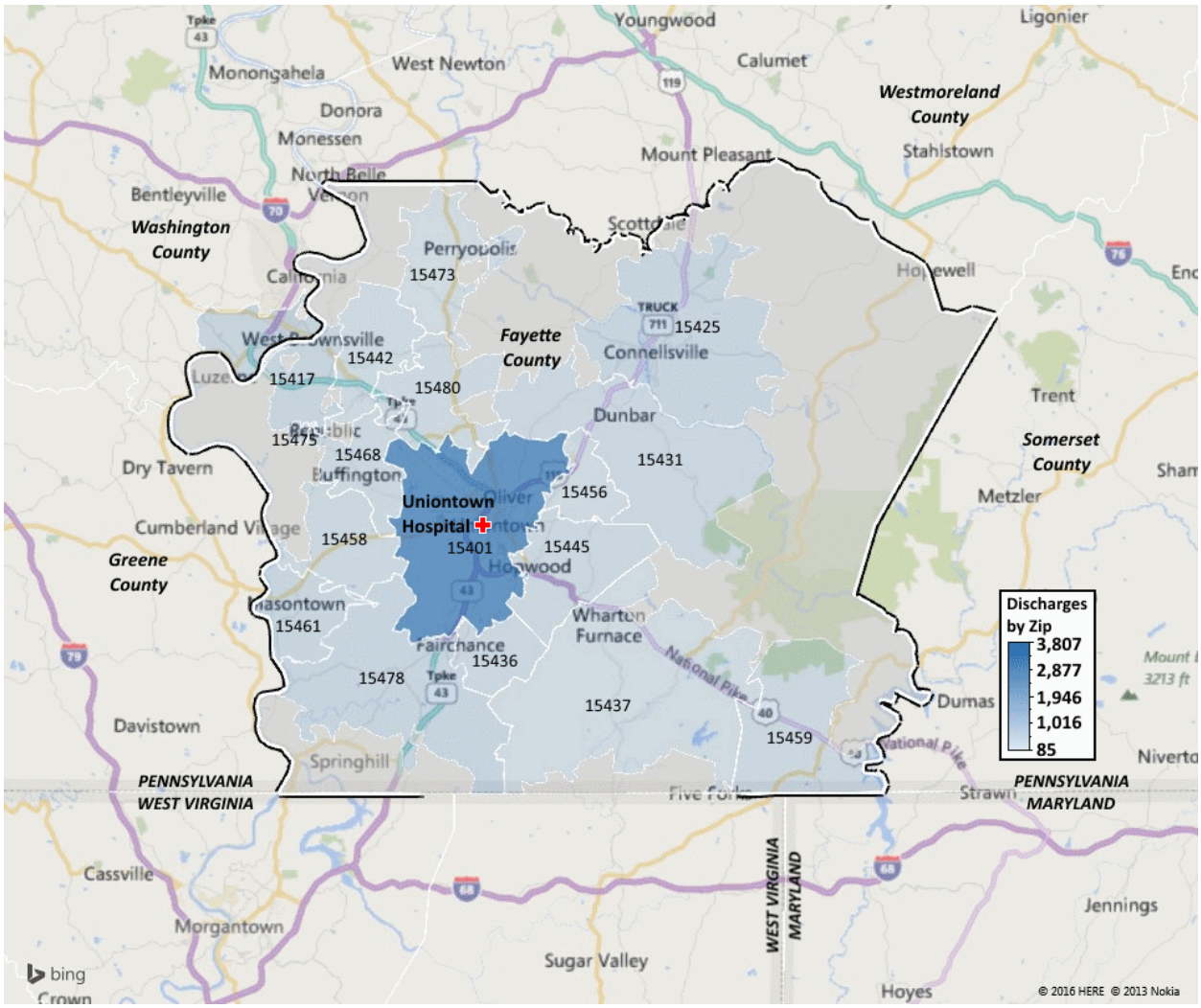
Zip Code	City	Discharges	Percent of Total Discharges
Fayette County:			
15401	Uniontown	3,807	40.6%
15425	Connellsville	435	4.6%
15478	Smithfield	431	4.6%
15417	Brownsville	406	4.3%
15461	Masontown	358	3.8%
15431	Dunbar	249	2.7%
15436	Fairchance	241	2.6%
15445	Hopwood	205	2.2%
15468	New Salem	204	2.2%
15458	McClellandtown	191	2.0%
15459	Markleysburg	189	2.0%
15480	Smock	155	1.7%
15456	Lemont Furnace	154	1.6%
15442	Grindstone	135	1.4%
15475	Republic	133	1.4%
15473	Perryopolis	106	1.1%
15437	Farmington	85	0.9%
Other Fayette		1,313	14.0%
	Total Fayette	8,797	93.7%
	Total Other Discharges	591	6.3%
	Total	9,388	100.0%

Source: Uniontown Hospital

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital's community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, and race/ethnicity.

Exhibit 2
Demographic Snapshot
Uniontown Hospital

DEMOGRAPHIC CHARACTERISTICS

	Total Population		Fayette
Fayette County	136,145	**Total Male Population**	66,962
Pennsylvania	12,731,381	**Total Female Population**	69,183
United States	311,536,591		

POPULATION DISTRIBUTION

	Age Distribution					
Age Group	**Fayette**	**Percent of Total Community**	**Pennsylvania**	**Percent of Total PA**	**United States**	**Percent of Total US**
0 - 4	6,719	4.94%	722,978	5.68%	20,052,112	6.44%
5 - 17	20,477	15.04%	2,037,402	16.00%	53,825,364	17.28%
18 - 24	10,644	7.82%	1,258,239	9.88%	31,071,264	9.97%
25 - 34	15,112	11.10%	1,550,943	12.18%	41,711,276	13.39%
35 - 44	17,352	12.75%	1,583,055	12.43%	40,874,160	13.12%
45 - 54	20,668	15.18%	1,902,598	14.94%	44,506,268	14.29%
55 - 64	20,258	14.88%	1,671,365	13.13%	37,645,104	12.08%
65+	24,915	18.30%	2,004,801	15.75%	41,851,043	13.43%
Total	**136,145**	**100%**	**12,731,381**	**100%**	**311,536,591**	**100%**

RACE/ETHNICITY

	Race/Ethnicity Distribution					
Race/Ethnicity	**Fayette County**	**Percent of Total Community**	**Pennsylvania**	**Percent of Total PA**	**United States**	**Percent of United States**
White	126,222	92.71%	10,057,586	79.00%	197,050,416	63.25%
Hispanic	1,181	0.87%	753,701	5.92%	51,786,592	16.62%
Black	5,631	4.14%	1,333,222	10.47%	38,094,000	12.23%
Asian and Pacific	486	0.36%	363,525	2.86%	15,550,057	4.99%
All Others	2,625	1.93%	223,347	1.75%	9,055,526	2.91%
Total	**136,145**	**100%**	**12,731,381**	**100%**	**311,536,591**	**100%**

Source: Community Commons (ACS 2008-2012 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. White non-Hispanics make up nearly 93% of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation, although not a high need, may be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3
Uniontown Hospital
Rural/Urban Population

County	Percent Urban	Percent Rural
Fayette	52.10%	47.90%
PENNSYLVANIA	78.66%	21.34%
UNITED STATES	80.89%	19.11%

Source: Community Commons

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community as well as the city of Uniontown (zip code 15401), which represents over 40% of inpatient discharges. These standard measures will be used to compare the socioeconomic status of the community to the state of Pennsylvania and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Both Fayette County and the city of Uniontown's per capita income are below the state of Pennsylvania and the United States.

Exhibit 4
Uniontown Hospital
Per Capita Income

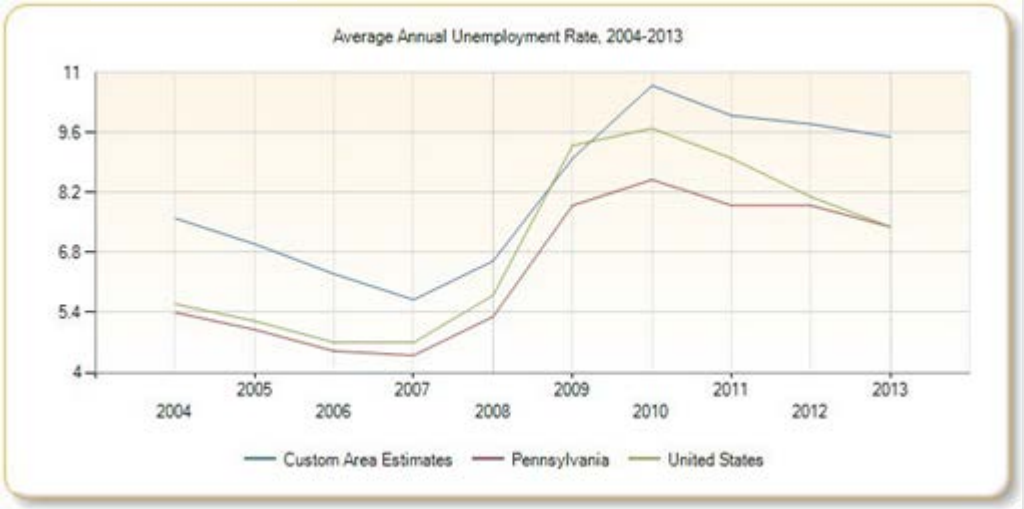
	Total Population	Total Income ($)	Per Capita Income ($)
15401- Uniontown	32,012	$ 742,566,931	$ 23,197
Fayette County	136,145	$ 2,843,298,304	$ 20,844
PENNSYLVANIA	12,731,381	$ 362,870,734,848	$ 28,502
UNITED STATES	311,536,608	$ 8,771,308,355,584	$ 28,154

Source: Community Commons

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2004 to 2013 for the community defined as the community, as well as the trend for Pennsylvania and the United States. On average, the unemployment rates for Uniontown are higher than both the state of Pennsylvania and the United States (US rate was higher by 0.3 in 2009). Since hitting a high rate of 10.7 in 2010, Uniontown's unemployment rate has declined down to 9.5 by 2013.

Exhibit 5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - May. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Fayette County's poverty rate, along with Uniontown, is higher than the state and national poverty rates.

Exhibit 6	Total Population	Population in Poverty	Percent Population in Poverty
15401 - Uniontown	31,093	6,326	**20.35%**
Fayette County, PA	132,147	24,260	**18.36%**
Pennsylvania	12,318,805	1,638,820	13.30%
United States	303,692,064	46,663,432	15.37%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

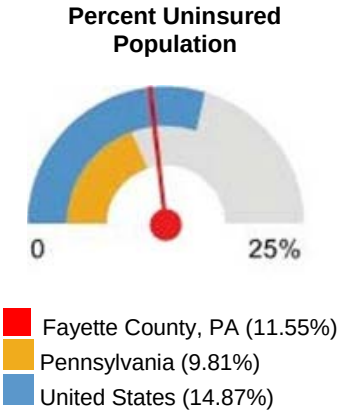
Note: Total population for poverty status was determined at the household level.

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Just over 15,000 persons are uninsured in the CHNA community.

Exhibit 7	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
15401 - Uniontown	31,214	3,449	**11.05%**
Fayette County, PA	132,966	15,353	**11.55%**
Pennsylvania	12,525,314	1,229,005	9.81%
United States	306,448,480	45,569,668	14.87%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

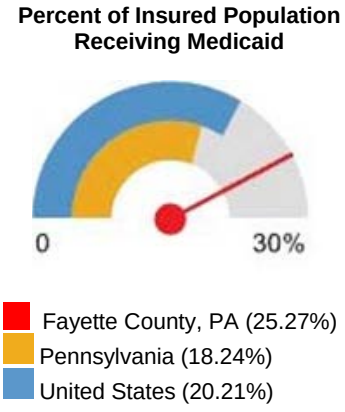


Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows both Fayette County and Uniontown rank unfavorably compared to the state of Pennsylvania and the United States.

Exhibit 8	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
15401 - Uniontown	31,214	27,765	7,813	**28.14%**
Fayette County, PA	132,966	117,613	29,716	**25.27%**
Pennsylvania	12,525,314	11,296,309	2,060,660	18.24%
United States	306,448,480	260,878,816	52,714,280	20.21%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract

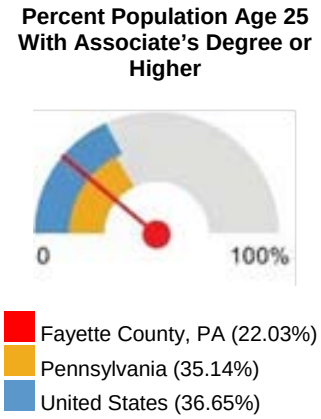


Education

Exhibit 9 presents the population with an Associate's degree or higher in each county versus Pennsylvania and the United States.

Exhibit 9	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
15401 - Uniontown	23,347	5,889	**25.22%**
Fayette County, PA	98,305	21,652	**22.03%**
Pennsylvania	8,712,762	3,061,272	35.14%
United States	206,587,856	75,718,936	36.65%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source geography: Tract



Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is well below the state and national percentages.

Physical Environment of the Community

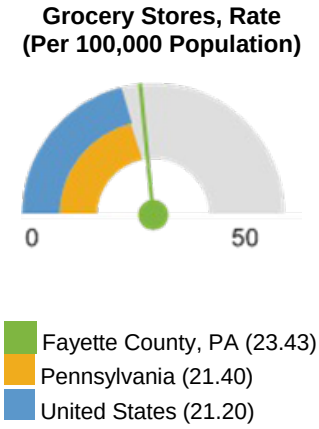
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
15401 - Uniontown	32,288	7	**21.67**
Fayette County, PA	136,606	32	**23.43**
Pennsylvania	12,702,379	2,716	21.40
United States	312,732,537	66,286	21.20

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013.
Source geography: County



Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
15401 - Uniontown	32,288	1,768	**5.48%**
Fayette County, PA	136,606	20,321	**14.88%**
Pennsylvania	12,702,379	2,824,508	22.24%
United States	308,745,538	72,905,540	23.61%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Percent Population With Low Food Access

Fayette County, PA (14.88%)
Pennsylvania (22.24%)
United States (23.61%)

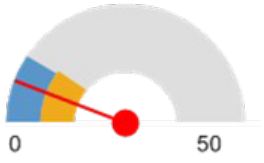
Recreation and Fitness Facility Access

This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that Fayette County has fewer fitness establishments available to the residents than Pennsylvania and the United States.

Exhibit 12	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
15401 - Uniontown	32,288	1	**3.10**
Fayette County, PA	136,606	8	**5.86**
Pennsylvania	12,702,379	1,369	10.80
United States	312,732,537	30,393	9.72

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County

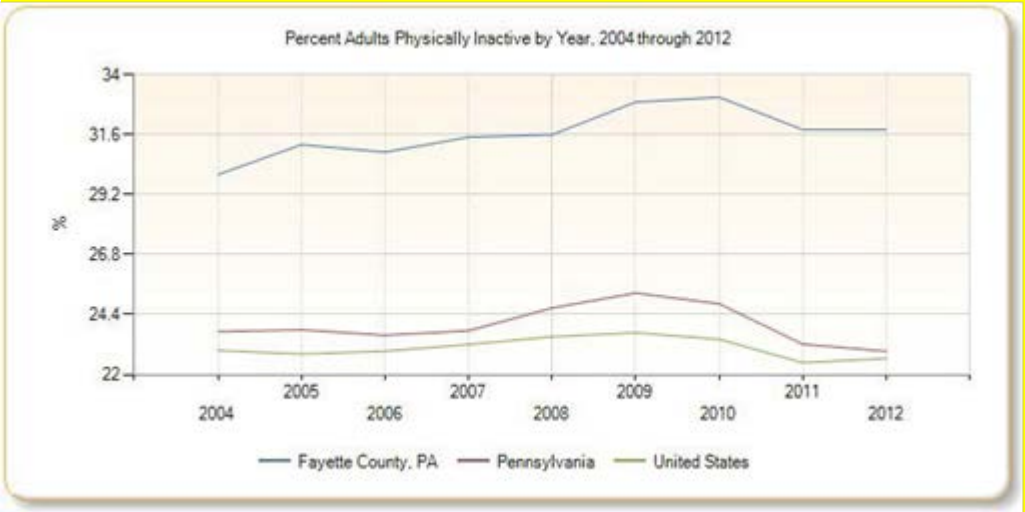
Recreation and Fitness Facilities, Rate (Per 100,000 Population)



Fayette County, PA (5.86)
Pennsylvania (10.80)
United States (9.72)

The trend graph below (*Exhibit 13)* shows the percentage of adults who are physically inactive by year for the community and compared to Pennsylvania and the United States. Since 2004, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Pennsylvania and the United States. Although the trend has decreased slightly since 2010, the percentage of adults physically inactive within the community is significantly higher than both the state of Pennsylvania and the United States.

Exhibit 13



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 14	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
15401 - Uniontown	32,064	12	**38.3**
Fayette County, PA	135,660	52	**38.3**
Pennsylvania	12,763,536	10,217	80.0
United States	313,914,040	233,862	74.5

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Lack of a Consistent Source of Primary Care

Exhibit 15 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits. *Exhibit 29* discusses specialist needs within the community.

Exhibit 15	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Fayette County, PA	110,552	14,241	**12.88%**
Pennsylvania	9,777,605	1,244,908	12.73%
United States	236,884,668	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 16* below shows, 7% of the residents within the CHNA community are living in a health professional shortage area.

Exhibit 16	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Fayette County, PA	136,606	9,927	**7.27%**
Pennsylvania	12,702,379	1,072,764	8.45%
United States	308,745,538	105,203,742	34.07%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. March 2015. Source geography: HPSA

Preventable Hospital Events

Exhibit 17 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 17	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Fayette County, PA	10,051	788	**78.4**
Pennsylvania	1,158,720	72,543	62.6
United States	58,209,898	3,448,111	59.2

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County

Health Status of the Community

This section of the assessment reviews the health status of Fayette County residents. As in the previous section, comparisons are provided with the state of Pennsylvania and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes

Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 18 reflects the leading causes of death for the community and compares the rates to the state of Pennsylvania and the United States.

Exhibit 18
Uniontown Hospital
Selected Causes of Resident Deaths: Crude Rate

	Fayette County	Pennsylvania	United States
Cancer	289.70	226.60	185.40
Heart Disease	347.97	248.81	192.95
Lung Disease	75.79	51.10	45.66
Stroke	68.00	52.70	41.40
Unintentional Injury	64.78	47.35	40.05
Motor Vehicle Accident	18.70	10.60	11.00

Source: Community Commons

The table above shows leading causes of death within Fayette County as compared to the state of Pennsylvania and also to the United States. The crude rate is shown per 100,000 residents. The rates highlighted in yellow represent the county and corresponding leading cause of death that is greater than the state and national rates. As the table indicates, all of the leading causes of death in Fayette County above are greater than the rate in Pennsylvania and the United States.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ✓ Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ✓ Health factors – rankings are based on weighted scores of four types of factors:
  - o Health behaviors (nine measures)
  - o Clinical care (seven measures)
  - o Social and economic (nine measures)
  - o Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibit 19*, the relative health status of Fayette County will be compared to the state of Pennsylvania as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior CHNA and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Exhibit 19
Uniontown Hospital
County Health Rankings - Health Outcomes (2015)

	Fayette County 2012	Fayette County 2015	Change	Pennsylvania 2015	Top U.S. Performers 2015
Mortality	57	64	↑		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,126	9,277	↑	6,926	5,200
Morbidity	64	64			
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	21%	21%		14%	10%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.5	4.8	↑	3.5	2.5
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.7	4.5	↓	3.6	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	9.3%	9.5%	↑	8.3%	5.9%

* Rank out of 67 Pennsylvania counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

The above tables show Fayette County's overall mortality ranking has declined from the prior CHNA and the overall morbidity outcome ranking has remained the same.

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from 2012 to current year and challenges faced by each county in the Hospital's community. The improvements /challenges shown in *Exhibits 20* were determined using a process of comparing the rankings of each county's health outcomes in the current year to the rankings in the prior CHNA. If the current year rankings showed an improvement or decline of 3% or three points, they were included in the charts on the next page. Please refer to *Appendix D* for the full list of health factor findings and comparisons between prior CHNA information reported and current year information.

Exhibit 20

Fayette County

Improvements	Challenges
Preventable Hospital Stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased from 98 to 78	Primary Care Physicians – Ratio of population to primary care providers increased from 2,274:1 to 2,609:1
Teen Birth Rate – Number of births per 1,000 female population decreased from 46 to 42	Sexually Transmitted Infections – Chlamydia rate per 100,000 population increased from 143 to 204
Violent Crime Rate – Rate per 100,000 population decreased from 266 to 212	
Diabetic Screening – Percent of diabetic Medicare enrollees that receive HbA1c screening increased from 80% to 83%	
High School Graduation – Percent of ninth grade cohort that graduates in four years increased from 70% to 76%	

As can be seen from the summarized table above, there are a few areas of the community that have needs and room for improvement; however, there are also significant improvements made within Fayette County from the prior report.

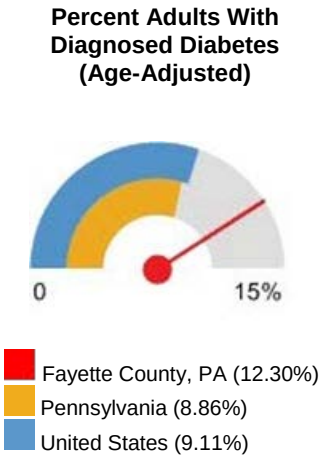
The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Fayette County and the community as a whole are compared to the state of Pennsylvania and also the United States.

Diabetes (Adult)

Exhibit 21 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 21	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Fayette County, PA	105,669	15,639	14.8	**12.30%**
Pennsylvania	9,649,568	984,651	10.2	8.86%
United States	234,058,710	23,059,940	9.85	9.11%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

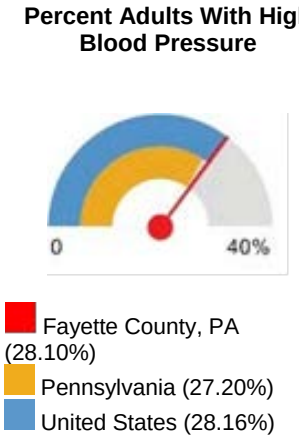


High Blood Pressure (Adult)

Per *Exhibit 22* below, 30,798 or 28.1% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is higher than the percentage of Pennsylvania but slightly lower than the United States percentage.

Exhibit 22	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Fayette County, PA	109,602	30,798	**28.10%**
Pennsylvania	9,857,384	2,681,208	27.20%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County



Obesity

Of adults aged 20 and older, 36% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Fayette County has a BMI percentage much higher than the state and national rates.

Exhibit 23	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Fayette County, PA	105,936	38,349	**36.00%**
Pennsylvania	9,654,554	2,782,229	28.40%
United States	231,417,834	63,336,403	27.14%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2012. Source geography: County

Percent Adults With BMI > 30.0 (Obese)

Fayette County, PA (36.00%)
Pennsylvania (28.40%)
United States (27.14%)

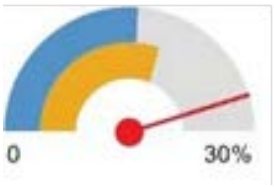
Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows the total CHNA community has a greater percentage of adults with poor dental health than that of Pennsylvania and the United States.

Exhibit 24	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Fayette County, PA	110,105	29,837	**27.1%**
Pennsylvania	9,857,384	1,814,547	18.4%
United States	235,375,690	36,842,620	15.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES 2006-10. Source geography: County

Percent Adults With Poor Dental Health



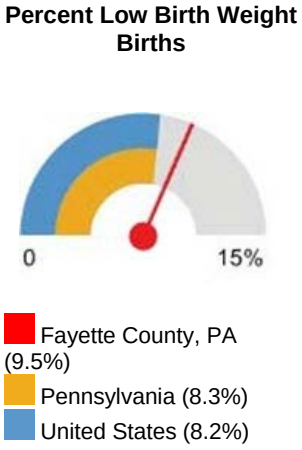
Fayette County, PA (27.1%)
Pennsylvania (14.69%)
United States (15.65%)

Low Birth Weight

Exhibit 25 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 25	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Fayette County, PA	9,933	944	**9.5%**
Pennsylvania	1,031,597	85,623	8.3%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12. Source geography: County



Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 15 key stakeholders. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Interview data was initially recorded in narrative form asking participants a series of 12 questions. Please refer to *Appendix E* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix E* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Uniontown Hospital
- ✓ Social service agencies
- ✓ Local school systems
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Community centers

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into five major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in Fayette County. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Sixty-seven percent (10 out of 15) of the key stakeholders ranked the health and quality of life in their county as a 4, 5 or 6 on a scale of 1-10 with 10 being perfect health. The remaining five stakeholders rated the health and quality of life as a 7. Stakeholders noted that unhealthy habits such as smoking, substance abuse and lack of preventative care contribute to poor health in the community.

When asked whether the health and quality of life had improved, declined or stayed the same, six out of 15 stakeholders responded they felt the health and quality of life had stayed the same over the last few years. Five of the 15 stakeholders expressed they thought the health and quality of life had improved over the last three years and four felt like the health and quality of life had declined in the past few years. When asked why they thought the health and quality of life had improved, key stakeholders noted that there has been more of a push for healthy behaviors within the community; in schools, through the YMCA and within social service groups. Some stakeholders made the comment that people are starting to take better care of themselves and have a healthy outlook on their behaviors. They also attributed the improvement to a growing economic atmosphere.

Stakeholders who felt health and quality of life had declined stated access to primary care is still an issue and many people are not following up with preventative care. They also noted that tobacco and drug use was growing and obesity is still a health need that needs to be addressed.

Lack of mental health services in the community was also attributed to negatively impacting the health and quality of life in the community.

"There is more of a push in the community for healthy behaviors."

"People are not following up on their health with preventative care."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

Almost all of the key stakeholders identified persons living with low-incomes or in poverty as most likely to be underserved. Reasons for this are due to lack of access to services and a lack of financial resources, which prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured.

The elderly/aging were also identified as a population that is faced with challenges accessing care due to transportation limitations (specifically in rural and outlying areas), lack of education or understanding on how to access services and fixed incomes.

Lastly, key stakeholder noted children are also an underserved population within the community. Some children do not have a structured family life which can lead to not attaining the proper preventative care or services.

Stakeholders had positive things to say about the Hospital's focus on community health and wellness. They feel that community involvement and continuing to address the needs within the community should continue to be the focus of the Hospital. Some key stakeholders mentioned there are still some people that are not aware of the financial assistance the Hospital could provide and believe outreach should remain a priority. Family Fun Fest was mentioned as a summertime event that helps raise awareness of resources and services available in the community.

"The elderly don't understand [how to access services] and need help."

"Transportation still has challenges, particularly for families and those living in outlying areas."

"Uniontown Hospital is a vital part of the community."

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders indicated that education and preventative health knowledge are barriers to health. Individuals do not have the knowledge or mindset on how to get a health care provider and don't know where to go to receive the proper services. Some stakeholders mentioned it can take months to get an appointment to see a primary care physician and therefore individuals utilize the emergency department for their health care needs. Education on healthy lifestyles is important to help individuals understand health and take an active role in bettering their life.

It was also noted that drugs are a priority over health care for persons dealing with substance abuse. Lifestyle choices are seen as a barrier and education and resources can play a part in helping individuals understand the ramifications of their choices on their health.

The key stakeholders were split on whether transportation continues to be a barrier to health care and access to services. Many noted the transportation has gotten better within the last three years and the FACT (Fayette Area Coordinated Transportation) bus service has helped, but the service is still difficult to use and does not reach to those populations living in rural and outlying areas.

"Transportation has improved but it still has its challenges."

"The access to services is there but medical literacy needs to be improved."

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues the county faces. The issues identified most frequently were:

- Substance abuse – drugs and alcohol
- Obesity
- Smoking

It was also noted that cardiovascular diseases, diabetes, cancer and access to primary care and mental health services are health conditions/resources that impact the community.

The key stakeholders were also asked to provide suggestion on what should be done to address the most critical issues. Responses included:

- More education and awareness regarding resources and preventive programs; particularly in schools and youth programs.
- Collaboration of health systems and social services.
- Continue expansion of programs and services, including hours and locations of clinics.
- Increase access to primary care and specialists, including mental health providers.
- Care coordination/follow-up communication with discharged patients.

5. *Feedback on prior CHNA identified needs*

Key stakeholders were asked questions in an effort to evaluate whether the Hospital's prior identified needs are still perceived as being an issue within the community. The prior CHNA identified the following as the top priorities:

- Improving access to affordable health insurance coverage
- Improve access to affordable health care providers
- Improving health outcomes for pregnant mothers for chemical dependency.

Stakeholders feel these priorities continue to be issues but have seen an improvements within the last three years. Many noted they were aware of increased testing of pregnant mothers and an increased in the services available for dependent mothers. Some key stakeholders said improving health outcomes for dependent pregnant mothers should be expanded to include all those who have a chemical dependency.

"The services are available; we just need to get people to them."

"The hospital makes everyone feel welcome and is trying to be the health leader."

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Education was a recurring theme throughout the interviews. Education on health issues, preventative care and nutritional information is needed.
- Many people are considered to be living within the lower socioeconomic bracket and don't have the education or awareness on making healthy lifestyle choices.
- Although many of the interviewees thought transportation had improved over the past three years, it continues to be an issue for those living in rural areas of the community.
- Health behaviors such as smoking and nutrition continue to be areas of improvement.
- Substance abuse and obesity are seen as the most critical health issues in the community due to the overall negative impact it has on one's health.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Hospital's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community with a CNI of 3.6 are 15468 (New Salem), 15463 (Merrittstown), 15461 (Masontown) and 15417 (Brownsville). The city of Uniontown (15401) was not far behind these, coming in with a CNI of 3.4.

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured/Working Poor Population
  - Access to primary care physicians
  - Lack of healthy lifestyle and health nutrition education
  - High cost of health care prevents needs from being met
- Elderly
  - Transportation
  - Lack of health knowledge regarding how to navigate and access services
- Youth
  - Lack of health nutrition and behavior education
  - Lack of preventative care

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for Fayette County within the Hospital's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: > 25% of the community = 5; >15% and <25% = 4; >10% and <15% = 3; >5% and <10% = 2 and <5% = 1.
2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.
6) **Alignment with Hospital strategic plan.** The rating for this factor was determined by whether or not the need fits within the Hospital's strategic plan. If so, a rating of five was given to the need, otherwise a zero was listed.

Each need was ranked based on the six prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 26
Uniontown Hospital
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	How Does the Need Align With Hospital Strategic Plan?	Total Score *
ACCESS TO HEALTH SERVICES:							
Lack of Primary Care Physicians	4	3	4	4	3	5	**23**
Lack of Physician Specialists	4	3	4	4	3	5	**23**
Lack of Preventative Care	3	3	5	4	1	5	**21**
Cardiology/Heart Disease	4	5	-	3	2	5	**19**
Lack of Mental Health Services	3	3	-	4	2	-	**12**
Transportation in Rural Areas	3	1	3	3	2	-	**12**
Cancer	3	4	-	2	1	-	**10**
Lung Disease	3	4	-	1	1	-	**9**
Stroke	3	3	-	1	1	-	**8**
Preventable Hospital Stays	2	3	-	1	2	-	**8**
Unintentional Injury	1	1	-	1	1	-	**4**
HEALTHY BEHAVIORS:							
Healthy Behaviors/Lifestyle Choices	5	4	4	5	3	5	**26**
Substance Abuse	4	5	3	5	3	-	**20**
Poor Nutrition/Limited Access to Healthy Food Options	4	4	4	4	3	-	**19**
Adult Smoking/Tobacco Use	4	5	-	4	4	-	**17**
Obesity	4	4	-	3	4	-	**15**
Excess Drinking/Motor Vehicle Accidents	3	3	-	3	3	-	**12**
Physical Inactivity	2	3	-	1	2	-	**8**
Sexually Transmitted Infections	1	1	-	1	1	-	**4**
Suicide	1	1	-	1	1	-	**4**
Teen Birth Rate	1	1	-	1	1	-	**4**
SOCIAL & ECONOMIC FACTORS:							
Uninsured/Limited Insurance	4	3	4	5	4	5	**25**
Financial Barriers/Poverty/Low Socioeconomic	4	3	5	4	3	-	**19**
Lack of Health Knowledge/Education	5	3	4	4	2	-	**18**
Children in Poverty	3	3	5	3	2	-	**16**
Children in Single-Parent Households	2	2	-	1	1	-	**6**
Violent Crime Rate	1	1	-	1	1	-	**4**

*Highest potential score = 30

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a Hospital leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 26,* using the following criteria:

- ✓ Current area of Hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Healthy Behaviors/Lifestyle Choices
- Uninsured/Limited Insurance
- Lack of Primary Care Physicians
- Lack of Physician Specialists
- Lack of Preventative Care

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Hospital has 175 acute beds and is one of two hospital facilities located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 27 summarizes hospitals available to the residents of Fayette County. The facilities with an asterisk (*) next to their name in the table below are not located in the CHNA community; however, they represent hospital facilities that are within 25 miles of Uniontown, Pennsylvania.

Exhibit 27
Uniontown Hospital
Summary of Area Hospitals and Health Centers

Hospital	Address	County
Highlands Hospital	401 East Murphy Avenue, Connellsville, PA 15425	Fayette
* Excela Frick Hospital	508 South Church Street, Mount Pleasant, PA 15666	Westmoreland
* Monongalia General Hospital	1200 J D Anderson Drive, Morgantown, WV 26505	Monongalia
* HealthSouth Mountain View Hospital	1160 Van Voorhis Road, Morgantown, WV 26505	Monongalia
* West Virginia University Hospital	Medical Center Drive, Morgantown, WV 26506	Monongalia
* Monongahela Valley Hospital	1163 Country Club Rd. Rt 88, Monongahela, PA 15063	Washington
* Washington Health System Greene	350 Bonar Avenue, Waynesburg, PA 15370	Greene

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Hospital's community. Because there are no community health centers and rural health clinics within Fayette County, *Exhibit 28* provides a listing of community health centers and rural health clinics in the surrounding counties.

Exhibit 28
Uniontown Hospital
Summary of Other Health Care Facilities

Facility	Facility Type	Address	County
Washington Physicians Services	Rural Health Clinic	343 East Roy Furman Highway, Suite 105, Waynesburg, PA 15370	Greene
Conemaugh Health Initiatives Rural Health Clinic	Rural Health Clinic	1611 W Pitt Street, Jennerstown, PA 15935	Somerset
Conemaugh Health Initiatives Rural Health Clinic	Rural Health Clinic	207 Woodstown Highway, Hollsopple, PA 15935	Somerset
Family Health Care Meyersdale RHC	Rural Health Clinic	7160 Mason Dixon Highway, Meyersdale, PA 15552	Somerset
Family Health Care Salisbury RHC	Rural Health Clinic	231 Ord Street, Salisbury, PA 15558	Somerset
Highlands Family Medicine Rural Health Clinic	Rural Health Clinic	4324 Glades Pike, Somerset, PA 15501	Somerset
Medical Associates of Boswell	Rural Health Clinic	136 Pine Street Box 340, Stoystown, PA 15563	Somerset
Medical Associates of Boswell	Rural Health Clinic	430 Stonycreek Street, Boswell, PA 15531	Somerset
Nathan Thomas Practice	Rural Health Clinic	312 Industrial Park Road, Meyersdale, PA 15552	Somerset

Sou CMS.gov, Health Resources & Services Administration (HRSA)

Physicians

The Hospital regularly monitors physician supply and demand. The key informant interviews indicated the need for specialists in certain areas. In addition to the interviews, *Exhibit 29* supports physician shortages in the following areas based on the Hospital's evaluation of physician needs within the community:

- Psychiatrists/Psychologists
- Pulmonologists
- Cardiologists
- Family Practice/Internal Medicine
- General Surgery
- Neurology
- OB/GYN
- Orthopedics
- Neurosurgery
- Pediatrics
- Urology

Exhibit 29 PHYSICIAN SPECIALTY	GMENAC	GOOD MAN	HICKS & GLENN	SOLUCIENT	PSR	AVERAGE NEED FOR FAYETTE COUNTY	UH MEDICAL STAFF (1)(2)	OVERAGE/ (SHORTAGE)	
Cardiology	3.2	3.6	2.6	4.2	3.2	4.6	5.0	0.4	
Dermatology	2.9	1.4	2.1	3.1	n/a	3.2	4.0	0.8	a
Endocrinology	0.8	n/a	n/a	n/a	0.8	1.1	0.0	**(1.1)**	
Family Practice	25.2	n/a	16.2	22.5	25.2	30.2	17.5	**(12.7)**	
Internal Medicine	28.8	n/a	11.3	19.0	28.9	29.8	15.0	**(14.8)**	
Gastroenterology	2.7	1.3	n/a	3.5	2.7	3.5	4.5	1.0	
General Surgery	9.7	9.7	4.1	6.0	9.6	10.6	4.3	**(6.4)**	
Hematology/Oncology	3.7	1.2	n/a	1.1	3.7	3.3	3.0	**(0.3)**	
Infectious Diseases	0.9	n/a	n/a	n/a	n/a	1.2	1.0	**(0.2)**	
Psychiatry	15.9	7.2	3.9	5.7	n/a	11.1	0.0	**(11.1)**	b
Pulmonologist	1.5	1.4	n/a	1.36	1.5	1.9	1.0	**(0.9)**	
Nephrology	1.1	n/a	n/a	0.7	1.1	1.3	8.0	6.7	c
Neurology	2.3	2.1	1.4	1.8	2.3	2.7	1.0	**(1.7)**	d
Neurosurgery	1.1	0.7	0.0	0.0	1.1	1.3	0.0	**(1.3)**	
OB/GYN	9.9	8.4	8.0	10.2	9.9	12.6	7.0	**(5.6)**	e
Ophthalmology	4.8	3.5	3.2	4.7	4.9	5.7	2.0	**(3.7)**	
Orthopedic Surgery	6.2	5.9	4.2	6.1	6.2	7.8	4.0	**(3.8)**	
Otolaryngology	n/a	n/a	n/a	n/a	3.4	4.6	2.0	**(2.6)**	
Pediatrics	12.8	n/a	7.6	13.9	12.7	15.9	5.5	**(10.4)**	
Physical Medicine/Rehab	n/a	n/a	n/a	n/a	1.3	1.8	1.3	**(0.5)**	
Plastic Surgery	1.1	1.1	2.3	2.2	n/a	2.3	0.0	**(2.3)**	
Rheumatology	0.7	0.4	n/a	1.3	0.7	1.2	0.0	**(1.2)**	
Thoracic Surgery	n/a	n/a	n/a	n/a	0.8	1.1	0.0	**(1.1)**	
Urology	3.2	2.6	1.9	2.9	3.2	3.7	2.0	**(1.7)**	

Notes:

(1) For purposes of this analysis, does not include physicians at a small hospital on the edge of the county which is not material to the overall physician count.

(2) Includes only full time physician equivalents.

a. Only two of four have clinical privileges at the Hospital.

b. This specialty is covered by another small hospital in the county.

c. These eight physicians also provide coverage outside the county.

d. Reflects two part time physicians.

e. Two of the seven provide GYN services only.

Sources: Merritt Hawkins "Review of Physician to Population Ratios", Practice Support Resources "Population per Physician Ratios by Specialty" and Uniontown Hospital Medical Staff Directory by Specialty.

Health Departments

The Hospital's CHNA community has a Pennsylvania Department of Health branch located at the Fayette County Health Center.

The Fayette County Health Center has several agencies providing services at the center, including the Chestnut Ridge Counseling Service, Fayette County Drug & Alcohol Commission, and the Pennsylvania Department of Health.

APPENDICES

APPENDIX A

ANALYSIS OF DATA

Uniontown Hospital
Analysis of CHNA Data

Analysis of Health Status-Leading Causes of Death

	U.S. Crude Death Rates	(A) 10% of U.S. Crude Death Rate	County Rate	(B) County Rate Less U.S. Adjusted	If (B)>(A), then "Health Need"
Fayette County:					
Cancer	185.40	18.54	289.70	104.30	Health Need
Heart Disease	192.95	19.30	347.97	155.02	Health Need
Lung Disease	45.66	4.57	75.79	30.13	Health Need
Stroke	41.40	4.14	68.00	26.60	Health Need
Unintentional Injury	40.05	4.01	64.78	24.73	Health Need
Motor Vehicle Accident	11.00	1.10	18.70	7.70	Health Need

*** The crude rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Fayette County:					
Adult Smoking	14.0%	4.2%	25.0%	11.0%	Health Need
Adult Obesity	25.0%	7.5%	37.0%	12.0%	Health Need
Food Environment Index	8.4	3	7.1	-1.3	
Physical Inactivity	20.0%	6.0%	33.0%	13.0%	Health Need
Access to Exercise Opportunities	92.0%	27.6%	67.0%	-25.0%	
Excessive Drinking	10.0%	3.0%	18.0%	8.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	45.0%	31%	Health Need
Sexually Transmitted Infections	138	41	204	66	Health Need
Teen Birth Rate	20	6	42	22	Health Need
Uninsured	11.0%	3.3%	13.0%	2.0%	
Primary Care Physicians	1,045	314	2,609	1564	Health Need
Dentists	1,377	413	1,731	354	
Mental Health Providers	386	116	426	40	
Preventable Hospital Stays	41	12	78	37	Health Need
Diabetic Screen Rate	90.0%	27.0%	83.0%	7.0%	
Mammography Screening	70.7%	21.2%	60.0%	10.7%	
Violent Crime Rate	59	18	212	153	Health Need
Children in Poverty	13.0%	3.9%	30.0%	17.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	36.0%	16.0%	Health Need

Analysis of Primary Data - Key Stakeholder Interviews

Povery/Low Socioeconomic
Lack of Health Knowledge/Education
Healthy Behaviors/Lifestyle Choices
Lack of Mental Health Services/Providers
Obesity
Poor Nutrition
Transportation in Rural Areas
Uninsured
Lack of Primary Care Physicians
Smoking
Substance Abuse

Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

Population	Issues
Uninsured/Working Poor Population	Access to primary care physicians Healthy lifestyle and health nutrition education High cost of health care prevents needs from being met
Elderly	Transportation Lack of health knowledge regarding how to access services
Youth	Lack of health nutrition and behavior education Lack of preventative care

APPENDIX B

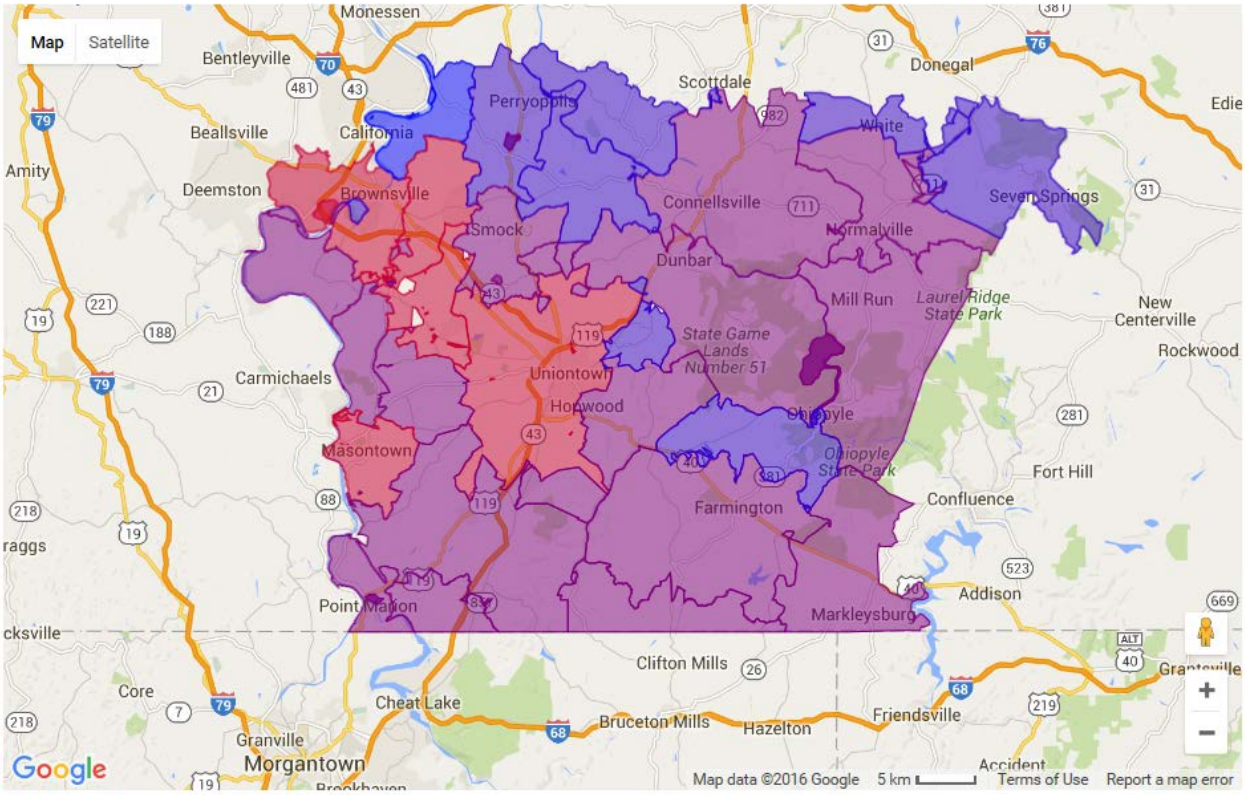
SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Population Estimates	The Nielson Company	2015
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2009 - 2013
Uninsured Status	Community Commons via US Census Bureau, Small area Helath Insurance Estimates http://www.communitycommons.org/	2009 - 2013
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Physical Environment - Grocery Store Access	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment - Phsyically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2007 - 2011
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2015 & 2006 - 2012
Health Care Resources	Community Commons, CMS.gov, HRSA	
Physician Specialists	Merritt Hawkins "Review of Physician to Population Ratios", Practice Support Resources "Population per Physician Ratios by Spe-cialty" and Uniontown Hospital Medical Staff Directory by Specialty.	

APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT



Mean(zipcode): 2.8 / Mean(person): 3 CNI Score Median: 2.8 CNI Score Mode: 2.8

http://cni.chw-interactive.org

Zip Code	CNI Score	Population	City	County	State
15401	3.4	32056	Uniontown	Fayette	Pennsylvania
15410	2.8	885	Adah	Fayette	Pennsylvania
15413	2.6	465	Allison	Fayette	Pennsylvania
15417	3.6	10005	Brownsville	Fayette	Pennsylvania
15425	2.8	19112	Connellsville	Fayette	Pennsylvania
15428	2.4	1768	Dawson	Fayette	Pennsylvania
15431	2.6	4795	Dunbar	Fayette	Pennsylvania
15433	3.2	971	East Millsboro	Fayette	Pennsylvania
15436	3.2	2857	Fairchance	Fayette	Pennsylvania
15437	2.8	2791	Farmington	Fayette	Pennsylvania
15438	1.6	2487	Fayette City	Fayette	Pennsylvania
15440	2.8	258	Gibbon Glade	Fayette	Pennsylvania
15442	3.4	2539	Grindstone	Fayette	Pennsylvania
15444	2.4	289	Hiller	Fayette	Pennsylvania
15445	3.2	2952	Hopwood	Fayette	Pennsylvania
15446	3	127	Indian Head	Fayette	Pennsylvania
15450	3.2	2005	La Belle	Fayette	Pennsylvania
15451	2.8	1011	Lake Lynn	Fayette	Pennsylvania
15456	2.4	2812	Lemont Furnace	Fayette	Pennsylvania
15458	3	2736	Mc Clellandtown	Fayette	Pennsylvania
15459	2.8	1885	Markleysburg	Fayette	Pennsylvania
15461	3.6	4537	Masontown	Fayette	Pennsylvania
15462	1.8	414	Melcroft	Fayette	Pennsylvania
15463	3.6	340	Merrittstown	Fayette	Pennsylvania
15464	2.8	1392	Mill Run	Fayette	Pennsylvania
15468	3.6	2725	New Salem	Fayette	Pennsylvania
15469	2.6	2861	Normalville	Fayette	Pennsylvania
15470	2.2	918	Ohiopyle	Fayette	Pennsylvania
15473	2.4	3924	Perryopolis	Fayette	Pennsylvania
15474	3.2	2041	Point Marion	Fayette	Pennsylvania
15475	2.8	248	Republic	Fayette	Pennsylvania
15478	3	6420	Smithfield	Fayette	Pennsylvania
15480	2.8	2069	Smock	Fayette	Pennsylvania
15482	3	404	Star Junction	Fayette	Pennsylvania
15486	2.4	2738	Vanderbilt	Fayette	Pennsylvania
15488	2.8	137	Waltersburg	Fayette	Pennsylvania
15490	2	656	White	Fayette	Pennsylvania
15622	1.8	1181	Champion	Fayette	Pennsylvania
15631	2.4	519	Everson	Fayette	Pennsylvania

http://cni.chw-interactive.org

APPENDIX D

COUNTY HEALTH RANKINGS

Uniontown Hospital
County Health Rankings - Health Factors (2015)

	Fayette County 2012	Fayette County 2015	Change	Pennsylvania 2015	Top US Performers 2015**
Health Behaviors	**66**	**66**			
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	26%	25%	↓	20%	14%
Adult obesity - Percent of adults that report a BMI >= 30	35%	37%	↑	29%	25%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	7.1		7.7	8.4
Physical inactivity - Percentage of adults age 20 and over reporting no leisure-time physical activity	34%	33%	↓	24%	20%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity	N/A	67%		85%	92%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	18%	18%		17%	10%
Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement	N/A	45%		34%	14%
Sexually transmitted infections - Chlamydia rate per 100K population	143	204	↑	431	138
Teen birth rate - Per 1,000 female population, ages 15-19	46	42	↓	28	20
Clinical Care	**66**	**56**	**↓**		
Uninsured adults - Percent of population under age 65 without health insurance	14%	13%	↓	12%	11%
Primary care physicians - Ratio of population to primary care physicians	2,274:1	2,609:1	↑	1,249:1	1.045:1
Dentists - Ratio of population to dentists	N/A	1,731:1		1,600:1	1.377:1
Mental health providers - Ratio of population to mental health providers	N/A	426:1		623:1	386:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	98	78	↓	63	41
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	80%	83%	↑	86%	90%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	60.7%	60.0%	↓	63.4%	70.7%
Social and Economic Factors	**66**	**65**	**↓**		
High school graduation - Percent of ninth grade cohort that graduates in four years	70%	76%	↑	85%	N/A
Some college - Percent of adults aged 25-44 years with some post-secondary education	45.0%	47.6%	↑	61.9%	71.0%
Unemployment - Percentage of population ages 16 and older unemployed but seeking work	10.1%	8.5%	↓	7.4%	4.0%
Children in poverty - Percent of children under age 18 in poverty	32%	30%	↓	19%	13%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	4.5		4.7	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	37%	36%	↓	33%	20%
Social associations - Number of membership associations per 10,000 population	N/A	13.8		12.3	22.0
Violent crime rate - Violent crime rate per 100,000 population	266	212	↓	357	59
Injury deaths - Number of deaths due to injury per 100,000	N/A	81		66	50
Physical Environment	**62**	**51**	**↓**		
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	-	13.6	↑	12.9	9.5
Drinking water violations - Percentage of population potentially exposed to water exceeding a violation limit during the past year	N/A	3%		8%	0%
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	12%		15%	9%
Driving alone to work - Percentage of the workforce that drive alone to work	N/A	84%		77%	71%
Long commute driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	33%		34%	15%

* Rank out of 67 Pennsylvania counties
** 90th percentile, i.e., only 10% are better
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

APPENDIX E

KEY STAKEHOLDER INTERVIEW PROTOCOL

& ACKNOWLEDGEMENTS

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) – 6/30/16
KEY INFORMANT INTERVIEW QUESTIONS
UPDATED 10/23/15

Good Morning/Afternoon. My name is _____, from BKD. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 45 minutes although once we get into the interview it may take a little longer.

Uniontown Hospital has retained BKD, an external audit and consulting firm, to assist in conducting a Community Health Needs Assessment. As you know, the Uniontown Hospital is committed to making a healthy difference is the lives of the members of our community. While the Community Health Needs Assessment is an IRS requirement, the Uniontown Hospital is first and foremost committed to identifying and addressing the top healthcare needs in Fayette County.

The first phase of a Community Health Needs Assessment includes interviewing key informants in the healthcare community who represent the broad interest of the community, populations of need, or persons with specialized knowledge in public health. You have been identified as such as person and we again greatly appreciate you taking a few minutes of your time to help the Uniontown Hospital identify and address the top healthcare needs of the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept confidential.

Name: _____

Organization/Title: _____

 # Of years living in the community: _____

# of years in current position: _____

E-mail address: _____

To get us started, can you tell me briefly about the work that you and your organization do in the community?

_____

_____

_____

_____

Thank you. Next I'll be asking you a series of questions about health and quality of life in Fayette County. As you consider these questions, keep in mind the broad definition of "health" adopted by the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity", while sharing in local perspectives you have from your current position and rom experiences in this community.

1.) Rank the overall health and quality of life in Fayette County from 1-10 compared to what you would think of as a "10" or perfect health:

_____

_____

2.) Has health and quality of life in the county improved, stayed the same, or declined the past few years? Why?

_____

_____

3.) Are there people or groups of people in Fayette County that are particularly vulnerable or where the health or quality of life may not be as good as others? If so, which people and why?

_____

_____

4.) What are the barriers to health and quality of life issues in Fayette County?

_____

_____

5.) What are the most critical health and quality of life issues in Fayette County?

_____

_____

6.) What needs to be done to address these issues?

_____

_____

7.) In your opinion, what else will improve the health and quality of life in Fayette County?

_____

_____

8.) What is your assessment of the health resources available to the community?

_____

_____

9.) Are there any health services that are not offered locally that are needed services in the community?

_____

_____

10.) Our last Community Health Needs Assessment identified: 1.) Improving access to affordable health insurance coverage, 2.) Improve access to affordable healthcare providers, and 3.) Improving health outcomes for pregnant mothers for chemical dependency, as the top priorities. Do you believe these needs are still an issue?

_____

_____

11.) Do you have any particular comments on the Uniontown Hospital as it relates to servicing the health and quality of life needs of the community?

_____

_____

12.) Is there anyone else that you feel we should be interviewing as part of this Community Health Needs Assessment, and if so, whom?

_____

_____

Thank you so much for sharing your concerns and perspectives on the health needs in our community. The information you have provided will contribute to develop a better understanding

about factors impacting health and quality of life in Fayette County. Before we conclude the interview,

Is there anything else you would like to add?

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As a reminder, summary results will be made available by Uniontown Hospital and used to develop a community-wide health improvement plan (also known as a Community Health Needs Assessment). Should you have any questions, please feel free to contact Barb Weiss, Executive Director/CFO at the Uniontown Hospital at (724)430-5222.

Thanks again for your time. It's been a pleasure to meet you.

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Darlene Centofanti, Past Director, Fayette County Department of Public Welfare

Gina D'Auria, Administrator, Fayette County Children and Youth

Nancy Decker, President/CEO, Laurel Business & Technology

Lisa Ferris, CEO, Fayette County Behavioral Health Administration

Melissa Ferris, Assistant Executive Director, Fayette County Drug & Alcohol Commission

Dr. Jeffrey Frye, Medical Director, Uniontown Hospital

Dr. Larry Glad, Medical Director, UPMC

Jana Kyle, Executive Director, Fayette County Drug & Alcohol Commission

Melissa Minor, Board Member, Children Health Improvement Partnership

Dr. Richard Pish, President, Medical Executive Committee

Gwendolyn Ridgley, Supervisor, Southwestern Area Agency on Aging

Jim Stark, Executive Director, Fayette County Community Action Agency

Dana Valente, Manager, Fayette County Department of Public Welfare

Jesse T. Wallace, III, Superintendent, Laurel Highlands School District

Chuck Watson, Managing Partner, Watson, Mundoff, Brooks & Sepic, LLP