Community Health Needs Assessment
Fiscal Year Ending June 30, 2019

UNIONTOWN HOSPITAL

We Will Make a Healthy Difference in the Lives We Touch

BKD

CPAs & Advisors

Contents

Consultants' Report

Mrs. Barbara Weiss
Chief Financial Officer
Uniontown Hospital

On behalf of Uniontown Hospital (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated July 10, 2018. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that, we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 12, 2019

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 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 community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Uniontown Hospital's (Hospital) 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:

- ✓ An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital Board of Directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic, health statistics and health care resources.
- ✓ Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in tax year 2018. 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 community health needs assessment 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 community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,400 partners and employees in 34 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during Fiscal Year Ending June 30, 2019.

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

✓ An evaluation of the impact of actions taken to address the significant health needs identified in fiscal year June 30, 2016 community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.

✓ The "community" served by the Hospital was defined by utilizing inpatient and outpatient 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.

✓ Community input was provided through key informant interviews of 16 stakeholders. Results and findings are described in the Key Informant section of this report.

✓ Information gathered in the steps above 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 (how many people are affected by the issue), 2) the seriousness of the problem (what are the consequences of not addressing the issue), 3) the prevalence of common themes, 4) the alignment with Hospital's Resources.

✓ 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 Hospital

Uniontown Hospital is a 160 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 we touch

Uniontown 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.

…promote **teamwork** – such that patients receive compassionate, respectful care.

…maintain **competency** – such that patients receive quality care.

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

…demonstrate good **character** – such that patients receive safe and appropriate 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 other tertiary facilities to 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

Uniontown Hospital 2016 - 2018 Priorities	Goals
Healthy Behaviors	Work to improve the behaviors towards health care and lifestyle choices in the community
Social and Economic Factors	Continue to decrease the number of uninsured people in the community and those with limited insurance
Access to Health Services	Increase access to healthcare through availability of physicians and alternative healthcare locations

The implementation strategy for fiscal years ending June 30, 2017 through June 30, 2019, 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, the Hospital has either met their goals or is still in the process of meeting their goals for each strategy listed.

PRIORITY 1: Healthy Behaviors

Goal: Work to improve the behaviors towards health care and lifestyle choices in the community.

Through several strategies, Uniontown Hospital has implemented programs and activities to engage the community by encouraging and promoting healthy lifestyle choices. Tactics to achieve this goal included the following:

- The Hospital has developed an outpatient Cardiac Rehabilitation Program and continues to consider developing other related programs.

- In an effort to provide patients and their families with resources to help with difficult end of life decision making and to enhance communication, the Hospital has provided Palliative Care education and end of life training to all Social Workers. The Hospital has also implemented education for the Pastoral Care employees. In addition, a family section has been added to all ICU policies.

- The Hospital has developed a patient/family centered education model to include the patient's family in the patient's care. The Lay Caregiver Program was initiated so patients can name another person as their lay (substitute) caregiver to receive education on the patient's medical needs. The lay caregiver is included in the discharge planning process.

- The Education Department continues to investigate how our current patient education material vendor (Krames) can be better utilized in the organization and continues to review curriculum needs including offering alternative means in delivering patient education such as videos using hospital owned IPads. The Education Department has also embraced and revised the process for diabetic patient education in the organization. A formal referral process was developed to meet the needs of the patient as he/she is discharged to the appropriate post hospital setting.

- The Hospital, in partnership with the City of Uniontown and the Redevelopment Authority of Fayette County, coordinates the annual Storey Square Summer concert series in downtown Uniontown to integrate community health education with entertainment, reaching hundreds of area residents through this weekly event that includes information on various health topics as well as social engagement. The 12-week series provides opportunities for attendees to learn and discuss a variety of featured health topics and issues, including healthy lifestyle and food choices, heart health, and breast cancer screening and learning about opportunities for pain management through Interventional Radiology. The series draws an annual attendance of approximately 1,800 community members. Employees, clinicians and physicians attend these weekly outdoor gatherings to provide literature, answer questions and conduct limited free testing and screenings.

- The Hospital sponsored "Fayette County Wednesday Walks" which are held through the summer to promote healthy activity while learning about the history of various local communities.

- The Uniontown Hospital supports fundraising efforts for multiple community health focused non-profit organizations including The March of Dimes, The America Heart Association and The American Cancer Society. The Hospital has sponsored and supported multiple events including the Annual Heart Ball, the Fayette County Heart Walk, and the Relay for Life and the March for Babies.

- A Uniontown Hospital Representative visited the State Capitol along with the American Heart Association to advocate for Hands Only CPR. All Hospital employees received training in Hands Only CPR.

- The Hospital partners with Cornerstone Care to help facilitate outreach efforts within the community to find access to both health care coverage and financial assistance when applicable.

PRIORITY 2: Social and Economic Factors

Goal: Continue to decrease the number of uninsured people in the community and those with limited insurance.

Uniontown Hospital has continued to decrease the percentage of uninsured patients from the fiscal year ended June 30, 2015 to the fiscal year ended June 30, 2018 by approximately 40%. Steps to achieve this goal included the following:

- While construction in our Emergency Department is delayed, we are reviewing processes in the Emergency Department to identify opportunities to assist uninsured patients in seeking financial assistance/charity care at the time of service. These conversations can only be made at the time of discharge and we are looking at ways to do this without increasing the Emergency Department length of stay.

- The Hospital's Charity Care Program Policies were reviewed and updated to ensure compliance with applicable laws and regulations.

- The Hospital is providing on-site real time assistance to help our uninsured patients apply for Medical Assistance, Marketplace Health Plans and our own Charity Care Program. We submit the applications for our patients and provide assistance and guidance while navigating through the process. Tracking of statistics related to services provided by external resources has revealed the number of completed charity care applications has increased from 3,679 in fiscal 2017 to 4,509 in fiscal 2018. In addition, the Hospital has a close relationship with a vendor that assists with Medical Assistance applications. The Hospital meets quarterly with the vendor to review the service and its outcomes.

PRIORITY 3: Access to Health Services

Goal: Increase access to healthcare through availability of physicians and alternative healthcare locations.

- Fayette Physician Network has added five Primary Care Physicians and five Advanced Practice Providers to the community.

- Fayette Physician Network has added two new general surgeons and two new orthopedic surgeons. Additionally, a new urologist has joined the local urology group.

- We explored a few sites to expand our outpatient services centers into the Brownsville area, however no viable location was found. We will continue to explore other options for expanding convenient outpatient services in the county.

Summary of 2019 Needs Assessment Findings

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

Identified Community Health Needs

1. Heart Disease
2. Adult Obesity
3. Substance Abuse
4. Mental Health Providers
5. Primary Care Physicians
6. Physical Inactivity
7. Lack of Health Knowledge/Education

These identified community health needs are discussed in greater detail later in this report.

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, 2017, through June 30, 2018, management has identified Fayette County as the defined CHNA community. Fayette County represents nearly 92% 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			
07/01/2017 to 06/30/2018			
Zip Code	**City**	**Discharges**	**Percent Discharges**
Fayette County			
15401	Uniontown	3,637	40.6%
15425	Connellsville	504	5.6%
15478	Smithfield	390	4.4%
15417	Brownsville	326	3.6%
15461	Masontown	299	3.3%
15431	Dunbar	227	2.5%
15468	New Salem	220	2.5%
15445	Hopwood	202	2.3%
15436	Fairchance	195	2.2%
15456	Lemont Furnace	176	2.0%
15459	Markleysburg	173	1.9%
15458	Mcclellandtown	166	1.9%
15442	Grindstone	157	1.8%
15473	Perryopolis	128	1.4%
15437	Farmington	120	1.3%
15480	Smock	115	1.3%
15486	Vanderbilt	96	1.1%
15475	Republic	82	0.9%
	Other Fayette	1,010	11.3%
Total Fayette County		**8,223**	**91.9%**
All Other Counties		**727**	**8.1%**
Inpatient Discharges Total		**8,950**	**100.0%**
Source: Uniontown Hospital			

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community based on the identified zip codes includes Fayette County. The community health needs assessment utilizes this county with all or significant portions included in the community. The following map illustrates the Hospital's location and community by showing the shaded community, as well as discharges by zip code.

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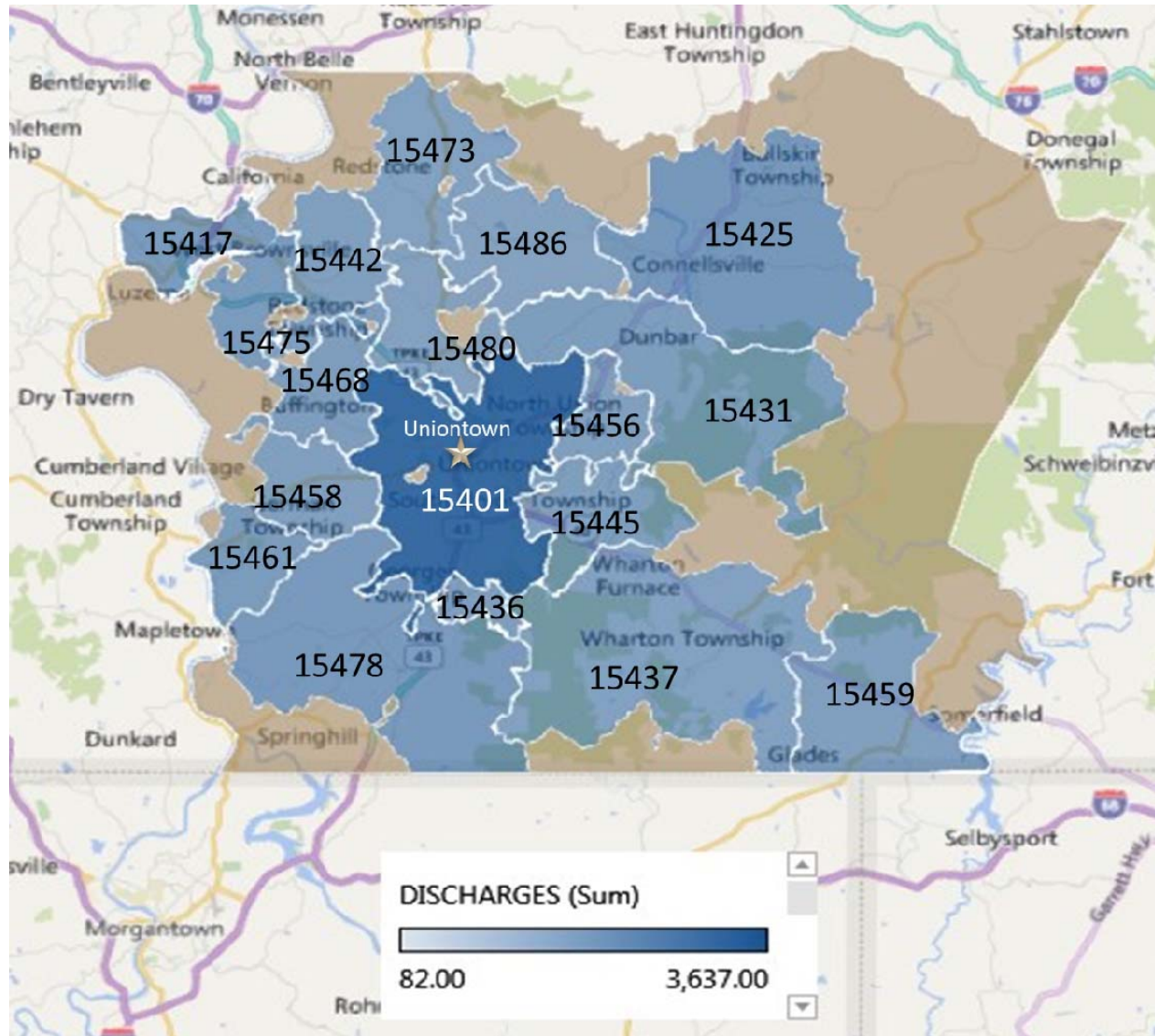
Community Population and Demographics

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 (as of 2016)				

Total Population		Population by Gender		
County	**Population**	**County**	**Male**	**Female**
Fayette County	134,229	Fayette County	66,241	67,988
Total Community	134,229	Total Community	66,241	67,988
Pennsylvania	12,783,977	Pennsylvania	6,255,042	6,528,935
United States	318,558,162	United States	156,765,322	161,792,840

Age Distribution					
Age Group	**Fayette County**	**% of Total**	**Pennsylvania**	**% of Total**	**United States**	**% of Total**
0 - 4	6,693	5.0%	714,598	5.6%	19,866,960	6.2%
5 - 19	22,209	16.5%	2,352,351	18.4%	62,429,445	19.6%
20 - 24	7,843	5.8%	867,182	6.8%	22,612,610	7.1%
25 - 34	15,170	11.3%	1,634,292	12.8%	43,397,907	13.6%
35 - 44	16,151	12.0%	1,515,459	11.9%	40,548,400	12.7%
45 - 54	19,398	14.5%	1,804,510	14.1%	43,460,466	13.6%
55 - 64	20,783	15.5%	1,762,338	13.8%	40,061,742	12.6%
65+	25,982	19.4%	2,133,247	16.7%	46,180,632	14.5%
Total	**134,229**	**100.0%**	**12,783,977**	**100.0%**	**318,558,162**	**100.0%**

County	White	Black	Asian	All Other	Total Non-Hispanic	Hispanic
Fayette County	123,837	5,340	230	3,437	132,844	1,385
Total Community	123,837	5,340	230	3,437	132,844	1,385
Percentage	92.26%	3.98%	0.17%	2.56%	98.97%	1.03%
Pennsylvania	9,934,801	1,353,424	398,900	253,688	11,940,813	843,164
Percentage	77.71%	10.59%	3.12%	1.98%	93.40%	6.60%
United States	197,362,672	39,098,319	16,425,317	10,472,747	263,359,055	55,199,107
% of Community	61.95%	12.27%	5.16%	3.29%	82.67%	17.33%

Source: US Census Bureau, American Community Survey. 2012-16.

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 illustrates different categories of race such as, white, black, Asian, and all other races. White non-Hispanics make up 92% 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 Urban/Rural Population				
County	**Urban Population**	**Rural Population**	**Percent Urban**	**Percent Rural**
Fayette County	71,175	65,431	52.1%	47.9%
Total Community	71,175	65,431	52.1%	47.9%
Pennsylvania	9,991,287	2,711,092	78.7%	21.3%
United States	249,253,271	59,492,267	80.7%	19.3%

Data Source: US Census Bureau, Decennial Census. 2010.

*Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data

## 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, employment rates, uninsured population, poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Pennsylvania and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the 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. Fayette County's per capita income is below both the state of Pennsylvania and the United States.

Exhibit 4 Uniontown Hospital Per Capita Income (In 2016 Inflation Adjusted USD)					
	Total Population		Aggregate Household Income ($)		Per Capita Income ($)
Fayette County	134,229	$	2,917,438,500	$	21,735
Total Community	134,229	$	2,917,438,500	$	21,735
Pennsylvania	12,783,977	$	373,312,398,700	$	29,202
United States	318,558,162	$	9,166,046,176,400	$	28,774
Source: US Census Bureau, American Community Survey. 2012-16.					

Per Capita Income ($)

- Pennsylvania (30,137)
- United States (29,829)
- Report Area (22,863)
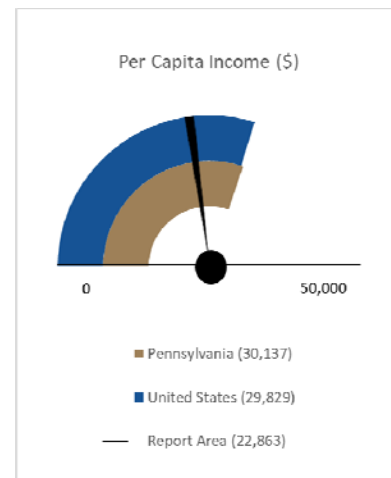
According to research of the CHNA community area, Fayette County is supported by major industries which include federal, state, and local government. *Exhibit 5* summarizes employment by major industry for Fayette County, while *Exhibit 6* shows the top 10 employers of the county.

Exhibit 5 Uniontown Hospital Employment by Major Industry 2017 Annual Average (In Thousands)				
Major Industries	**Fayette County**	**%**	**Pennsylvania %**	**United States %**
Government				
Federal Government	356	0.9%	1.7%	2.2%
State Government	1,681	4.3%	2.3%	3.6%
Local Government	3,891	9.9%	7.7%	10.8%
Goods-producing				
Natural resources and mining	1,032	2.6%	0.9%	1.5%
Construction	1,435	3.7%	4.3%	5.3%
Manufacturing	3,651	9.3%	9.7%	9.6%
Service-providing				
Trade, transportation and utilities	8,470	21.7%	19.2%	21.0%
Information	442	1.1%	1.4%	2.2%
Financial activities	940	2.4%	5.5%	6.2%
Professional and business services	2,835	7.2%	13.8%	15.7%
Education and health services	7,896	20.2%	20.3%	17.1%
Leisure and hospitality	5,316	13.6%	9.8%	1.2%
Other services	1,162	3.0%	3.4%	3.4%
Unclassified	-	0.0%	0.0%	0.2%
Total	39,107	100%	100%	100%

Source: U.S. Department of Labor, Bureau of Labor Statistics. 2017.

Exhibit 6 Uniontown Hospital Top 10 Employers by County
Fayette County
State Government
The Uniontown Hospital
Nemacolin Woodlands Inc
Wal-Mart Associates Inc
TeleTech Services Corporation
Connellsville Area School District
Fayette County
Fayette Resources Incororated
Albert Gallatin Area School District
Uniontown Area School District

Source: Pennsylvania: Department of Labor & Industry Center for Workforce Information & Analysis 2017

Unemployment Rate

Exhibit 7 presents the average annual resident unemployment rates from 2007 to 2016 for the county defined in the community, as well as the trend for Pennsylvania and the United States. *Exhibit 8* illustrates, that on average, the unemployment rates for the CHNA community are higher than both the State of Pennsylvania and the United States (U.S. rate was higher by .3 in 2009). Since hitting a rate of 10.7 in 2010, the CHNA community's unemployment rate has been on a stable decline as of 2016.

Exhibit 7 Uniontown Hospital Average Annual Unemployment Rate (%)										
	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Fayette County	5.7	6.6	9.0	10.7	10.1	9.9	9.6	7.9	7.5	8.1
Total Community	5.7	6.6	9.0	10.7	10.1	9.9	9.6	7.9	7.5	8.1
Pennsylvania	4.4	5.3	7.9	8.5	7.9	7.8	7.4	5.9	5.3	5.4
United States	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9

Data Source: US Department of Labor, Bureau of Labor Statistics

Exhibit 8

Average Annual Unemployment Rate 2007 - 2016
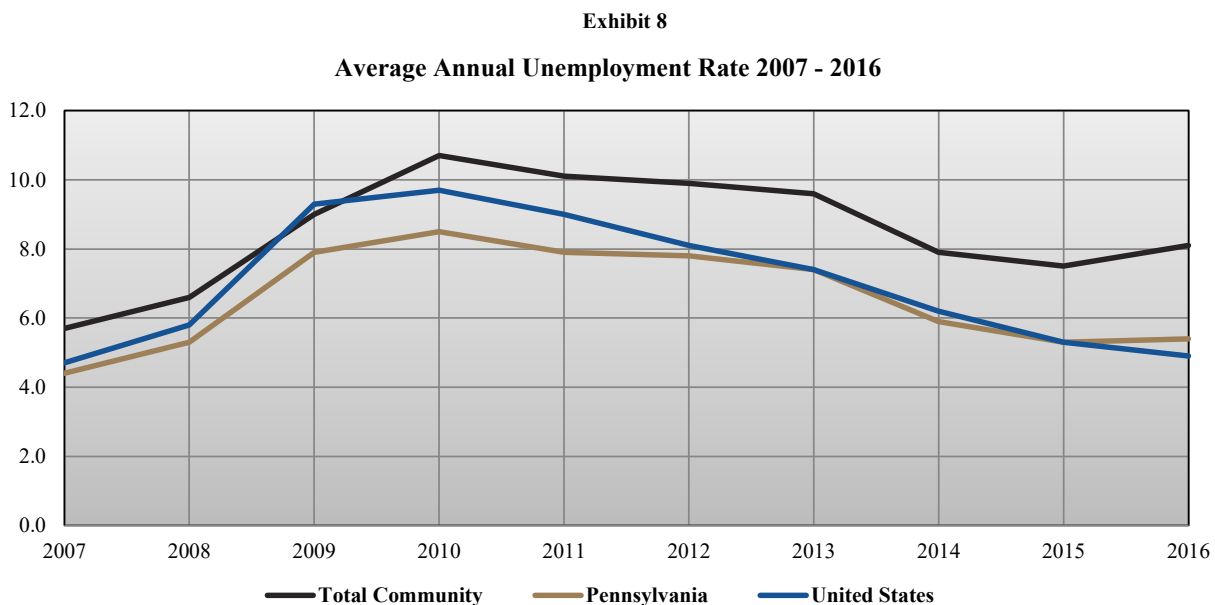
*Data Source: US Department of Labor, Bureau of Labor Statistics*

Poverty

Exhibit 9 presents the percentage of total population below 100% Federal Poverty Level (FPL) for the county in the CHNA community, Pennsylvania and the United States. Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

Percent Population in Poverty

0%   25%

■ Pennsylvania (13.3%)
■ United States (15.1%)
— Report Area (18.6%)

Exhibit 9		
Uniontown Hospital		
Population Below 100% Federal Poverty Level (FPL)		
Population (for Whom Poverty Status is Determined)	**Population below FPL**	**Percent in Poverty**
Fayette County 130,280	24,277	18.6%
Total Community 130,280	24,277	18.6%
Pennsylvania 12,369,671	1,647,762	13.3%
United States 310,629,645	46,932,225	15.1%
Source: US Census Bureau, American Community Survey. 2012-16.		
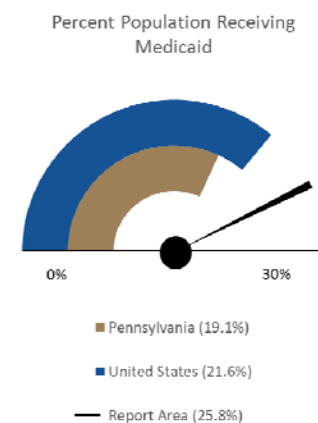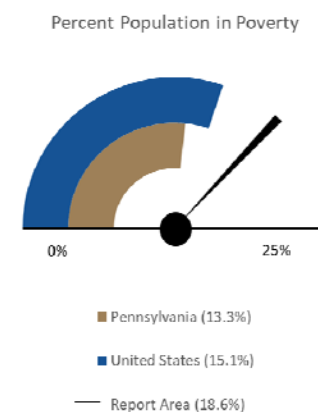
Uninsured

Exhibit 10 reports the percentage of the total civilian noninstitutionalized 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 contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Percent Population Receiving Medicaid

0%   30%

■ Pennsylvania (19.1%)
■ United States (21.6%)
— Report Area (25.8%)

Percent Uninsured Population

0%   25%

■ Pennsylvania (8%)
■ United States (11.7%)
— Report Area (7.6%)

Exhibit 10		
Uniontown Hospital		
Health Insurance Coverage Status		
Population (Civilian Noninstitutionalized)	**Total Uninsured**	**Percent Uninsured**
Fayette County 130,847	9,956	7.6%
Total Community 130,847	9,956	7.6%
Pennsylvania 12,579,598	1,000,216	8.0%
United States 313,576,137	36,700,246	11.7%
Source: US Census Bureau, American Community Survey. 2012-16.		
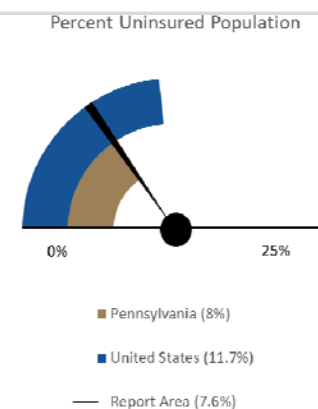
Medicaid

Exhibit 11 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 11* shows that the CHNA community ranks unfavorably compared to the state of Pennsylvania and the United States.

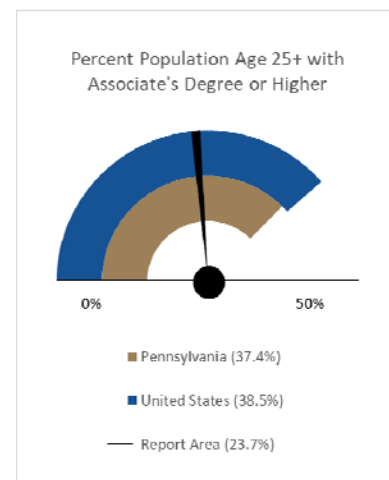|	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Total Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Exhibit 11 Uniontown Hospital Medicaid - Tested Public Coverage					
Fayette County	130,847	120,891	31,136	23.8%	25.8%
Total Community	130,847	120,891	31,136	23.8%	25.8%
Pennsylvania	12,579,598	11,579,382	2,216,468	17.6%	19.1%
United States	313,576,137	276,875,891	59,874,221	19.1%	21.6%

Source: US Census Bureau, American Community Survey. 2012-16.

Education

Exhibit 12 presents the population with an Associate's degree or higher in each county versus Pennsylvania and the United States. 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 12*, the percent of residents within the CHNA community obtaining an Associate's degree or higher is well below the state and national percentages.

	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
Exhibit 12 Uniontown Hospital Educational Attainment of Population Age 25 and Older			
Fayette County	97,484	23,094	23.7%
Total Community	97,484	23,094	23.7%
Pennsylvania	8,849,746	3,308,130	37.4%
United States	213,649,147	82,237,511	38.5%

Source: US Census Bureau, American Community Survey. 2012-16.

Percent Population Age 25+ with Associate's Degree or Higher

0%   50%

■ Pennsylvania (37.4%)
■ United States (38.5%)
— Report Area (23.7%)

Physical Environment of the Community

A community's health also is 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 13 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, 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 is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 13 Uniontown Hospital Grocery Store Access			
	Total Population	**Number of Establishments**	**Establishments Rate per 100,000**
Fayette County	134,229	28	20.9
Total Community	134,229	28	20.9
Pennsylvania	12,783,977	2,653	20.8
United States	318,558,162	65,399	20.5

Data Source: US Census Bureau, County Business Patterns Additional data analysis by CARES. 2016.

Grocery Stores, Rate (Per 100,000 Population)

- Pennsylvania (21)
- United States (21)
- Report Area (20)
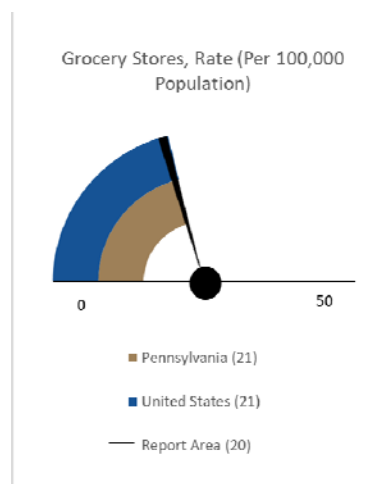
Food Access/Food Deserts

Exhibit 14 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 store. This is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 14 Uniontown Hospital Population with Low Food Access			
	Total Population	**Population with Low Food Access**	**Percent with Low Food Access**
Fayette County	134,229	24,533	18.3%
Total Community	134,229	24,533	18.3%
Pennsylvania	12,783,977	2,682,905	21.0%
United States	318,558,162	69,266,771	21.7%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

Percent with Low Food Access

- Pennsylvania (21.1%)
- United States (22.4%)
- Report Area (18%)
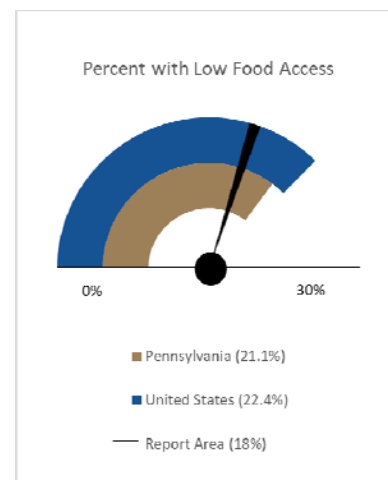
Recreation and Fitness Access

Exhibit 15 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. As noted in *Exhibit 15,* the CHNA community has fewer fitness establishments available to the residents than Pennsylvania and the United States.

| Exhibit 15 Uniontown Hospital Recreation and Fitness Facility Access			
	Total Population	**Number of Establishments**	**Establishments Rate per 100,000**
Fayette County	134,229	8	6.0
Total Community	134,229	8	6.0
Pennsylvania	12,783,977	1,450	11.3
United States	318,558,162	33,980	10.7
Data Source: US Census Bureau, County Business Patterns *Additional data analysis by CARES. 2016.*			

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

- Pennsylvania (11)
- United States (11)
- Report Area (6)
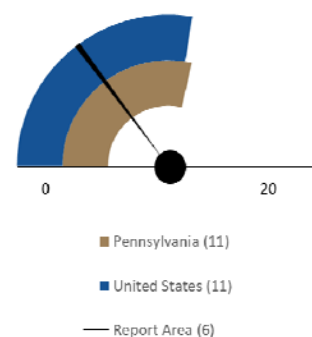
The trend graph below (*Exhibit 16*) shows the percent of adults who are physically inactive by year for the community and compared to the Commonwealth of Pennsylvania and the United States. Since 2004, the CHNA community has had a higher percentage of adults who are physically inactive compared to both the state of Pennsylvania and the United States. As of 2012, the stable trend is shown to have a downward sloping curve to possibly indicate a decrease in physical activity for the community.

Exhibit 16

Percent Adults Physically Inactive by Year, 2004 - 2013
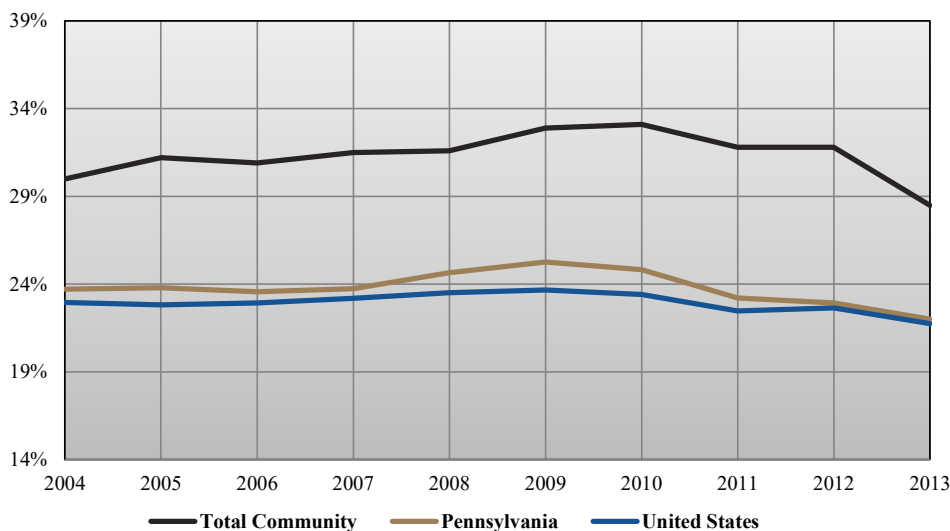
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

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 uninsurance, 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
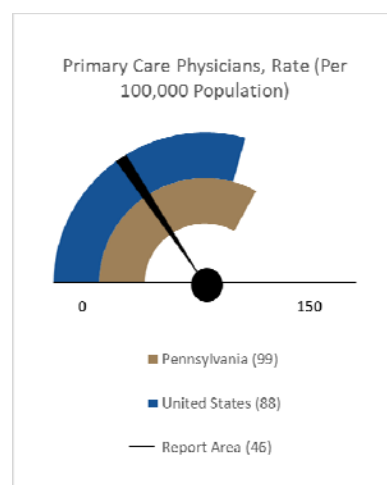
Exhibit 17 reports the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 17 Uniontown Hospital Access to Primary Care			
	Total Population 2014	**Primary Care Physicians 2014**	**Primary Care Physicians Rate per 100,000**
Fayette County	134,086	62	46.2
Total Community	134,086	62	46.2
Pennsylvania	12,787,209	12,643	98.9
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Primary Care Physicians, Rate (Per 100,000 Population)

0   150

■ Pennsylvania (99)

■ United States (88)

— Report Area (46)

Lack of a Consistent Source of Primary Care

Exhibit 18 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 18 Uniontown Hospital Lack of a Consistent Source of Primary Care			
	Survey Population Age 18 and Older	Total Adults without Regular Doctor	Percent without Regular Doctor
Fayette County	110,552	14,241	12.9%
Total Community	110,552	14,241	12.9%
Pennsylvania	9,777,605	1,244,908	12.7%
United States	236,884,668	52,290,932	22.1%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-2012.

Percent Adults without Regular Doctor

■ Pennsylvania (12.7%)
■ United States (22.1%)
— Report Area (12.9%)
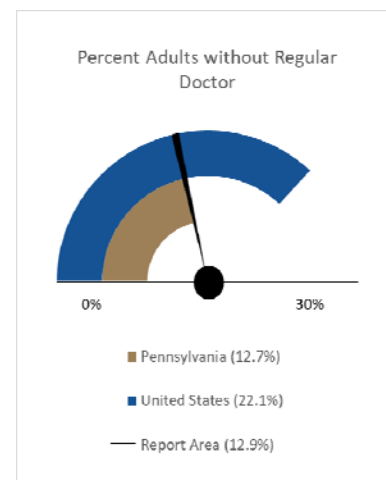
Population Living in a Health Professional Shortage Area

Exhibit 19 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 seen below, 100% of the residents within the CHNA community are living in a health professional shortage area.

Exhibit 19 Uniontown Hospital Population Living in a Health Professional Shortage Area (HPSA)			
	Total Population	Population Living in an HPSA	Percent Living in an HPSA
Fayette County	134,229	134,229	100.0%
Total Community	134,229	134,229	100.0%
Pennsylvania	12,783,977	4,832,343	37.8%
United States	318,558,162	105,442,752	33.1%

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016

Percent Adults Living in a HPSA

■ Pennsylvania (37.8%)
■ United States (33.1%)
— Report Area (100%)
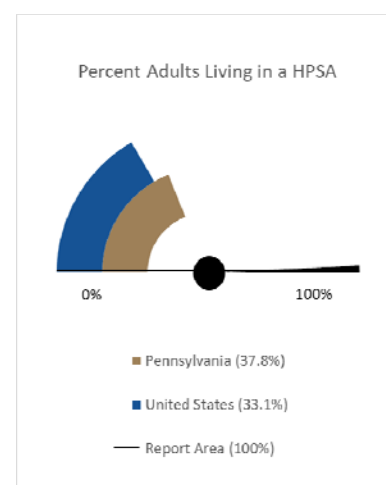
Preventable Hospital Events

Exhibit 20 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 pa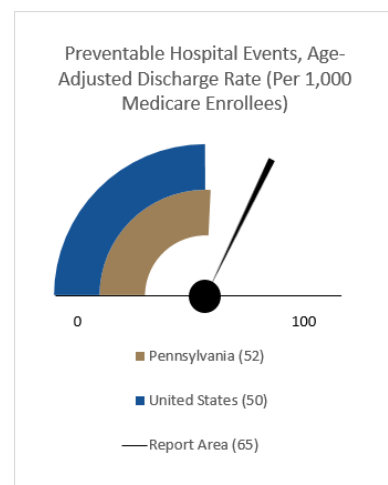tients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 20 Uniontown Hospital Preventable Hospital Events			
	Total Medicare Part A Enrollees	**ACS Conditions Hospital Discharges**	**ACS Conditions Discharges Rate**
Fayette County	10,008	646	64.5%
Total Community	10,008	646	64.5%
Pennsylvania	1,185,487	61,097	51.5%
United States	29,649,023	1,479,545	49.9%

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

- Pennsylvania (52)
- United States (50)
- Report Area (65)

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 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, who 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:

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. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Pennsylvania must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in the CHNA community, along with the state of Pennsylvania. 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

Exhibit 21 reflects the leading causes of death for Fayette county residents and compares the rates, per hundred thousand, to Pennsylvania average rates, per hundred thousand.

Exhibit 21

Uniontown Hospital

Selected Causes of Resident Deaths: Number and Crude Rate

(Crude rates per 100,000 population)

	Fayette County		Pennsylvania		United States	
	#	Rate	#	Rate	#	Rate
Heart Disease	466	346.9	31,353	245.2	614,348	192.7
Cancer	375	279.2	28,692	224.4	591,700	185.6
Lung Disease	106	79.3	6,422	50.2	147,101	46.1
Unintentional Injury	97	72.0	6,640	51.9	135,928	42.6
Stroke	84	62.7	6,576	51.4	133,103	41.7
Drug Poisoning	43	32.2	3,083	24.1	49,715	15.6
Suicide	26	19.2	1,817	14.2	42,826	13.4

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System.

Accessed via CDC WONDER. 2012-16.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that 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 community health needs assessment 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 (six measures)

  o Clinical care (five measures)

  o Social and economic (seven measures)

  o Physical environment (four 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 21,* the relative health status of the CHNA community 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.

	Fayette County 2015	Fayette County 2018	Increase/ Decrease	Pennsylvania 2018	Top US Performers 2018
Exhibit 21a Uniontown Hospital County Health Rankings - Health Outcomes					
*Mortality**	64	64	—		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,277	9,000	↓	6,900	5,300
*Morbidity**	64	66	↑		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	21%	15%	↓	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.8	4.0	↓	3.9	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	4.5	4.3	↓	4.3	3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)	9.5%	9.0%	↓	8.0%	6.0%

* Rank out of 67 Pennsylvania counties
Source: Countyhealthrankings.org

The above table shows the CHNA community's mortality and morbidity ranking per county. While Fayette County's morbidity declined in comparison to other counties, the community saw overall improvements to both mortality and morbidity from the 2015 CHNA.

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 the prior community health needs assessment to current year and challenges faced by each county in the Hospital's community. The improvements/challenges shown below in *Exhibit 22* were determined using a process of comparing the rankings of the 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 15% or 15 points, it was included in the chart below. See the *Appendix B* for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

UNIONTOWN HOSPITAL
We Will Make a Healthy Difference in the Lives We Touch

Exhibit 22 **Uniontown Hospital** **Fayette County Improvements and Challenges**	
Improvements	**Challenges**
Alcohol-impaired Driving Deaths - % of motor vehicle crash deaths with alcohol involvement decreased from 45% to 29%	Adult Obesity - percent increased from 37% to 39%
Uninsured Adults - percent decreased from 13% to 8%	Access to Exercise Opportunities - percent decreased from 67% to 43%
Primary Care Physicians - number of patients per one physician decreased from 2,609 to 2,230	Sexually Transmitted Infections - number raised from 204 to 322.2
Mental Health Providers - number of patients per one mental health provider decreased from 459 to 350	
Preventable Hospital Stays - number decrease from 78 to 65	

As can be seen from the summarized table above, there are numerous areas that have room for improvement; however, there are also significant improvements made within the county from the prior community health needs assessment.

The following exhibits show a more detailed view of certain health outcomes and factors for the CHNA community, Pennsylvania and the United States.

Diabetes (Adult)

Exhibit 23 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This 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 23 **Uniontown Hospital** **Population with Diagnosed Diabetes**			
	Survey Population Age 20 and Older	**Population with Diagnosed Diabetes**	**Percent with Diagnosed Diabetes**
Fayette County	105,333	16,748	15.9%
Total Community	105,333	16,748	15.9%
Pennsylvania	9,702,557	1,028,685	10.6%
United States	236,919,508	23,685,417	10.0%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

Percent Adults with Diagnosed Diabetes

- Pennsylvania (10.6%)
- United States (10%)
- Report Area (15.9%)
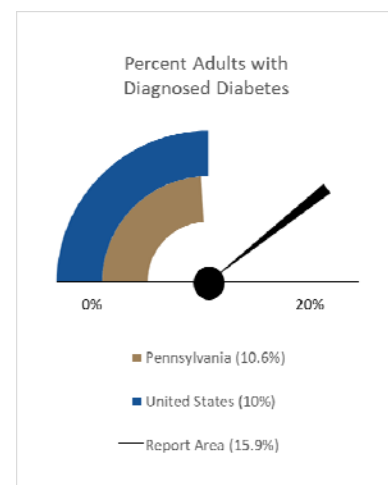
High Cholesterol (Adult)

Exhibit 24 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol. The CHNA community's percentage is higher than the state of Pennsylvania but not the United States.

Exhibit 24 Uniontown Hospital Population with High Cholesterol			
	Survey Population Age 18 and Older	**Population with High Cholesterol**	**Percent with High Cholesterol**
Fayette County	71,650	27,388	38.2%
Total Community	71,650	27,388	38.2%
Pennsylvania	7,669,036	2,906,160	37.9%
United States	180,861,326	69,662,357	38.5%

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

Percent Adults with High Cholesterol

- Pennsylvania (37.9%)
- United States (38.5%)
- Report Area (38.2%)
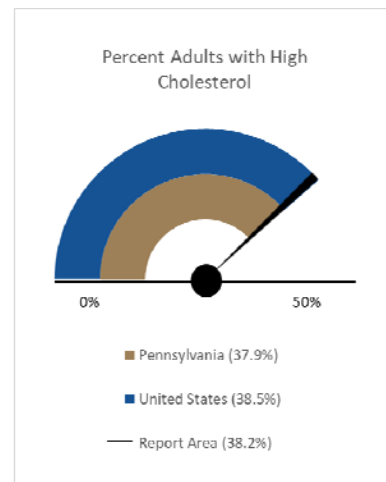
Heart Disease (Adult)

Exhibit 25 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks.

Exhibit 25 Uniontown Hospital Population with Heart Disease			
	Survey Population Age 18 and Older	**Population with Heart Disease**	**Percent with Heart Disease**
Fayette County	109,889	11,686	10.6%
Total Community	109,889	11,686	10.6%
Pennsylvania	9,757,195	500,791	5.1%
United States	236,406,904	10,407,185	4.4%

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

Percent Adults with Heart Disease

- Pennsylvania (5.1%)
- United States (4.4%)
- Report Area (10.6%)

High Blood Pressure (Adult)

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure. As noted below, the CHNA community's percentage was above the state of Pennsylvania but lower than the United States.

Exhibit 26 Uniontown Hospital Population with High Blood Pressure			
	Survey Population Age 18 and Older	**Population with High Blood Pressure**	**Percent with High Blood Pressure**
Fayette County	109,602	30,798	28.1%
Total Community	109,602	30,798	28.1%
Pennsylvania	9,857,384	2,681,208	27.2%
United States	232,556,016	65,476,522	28.2%

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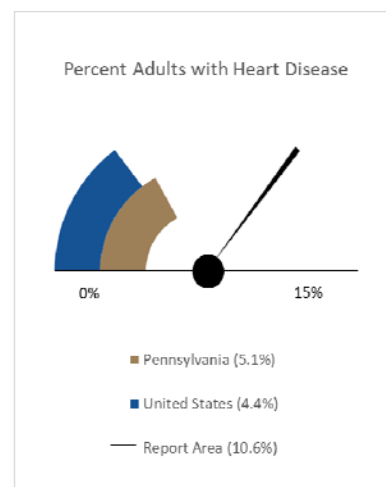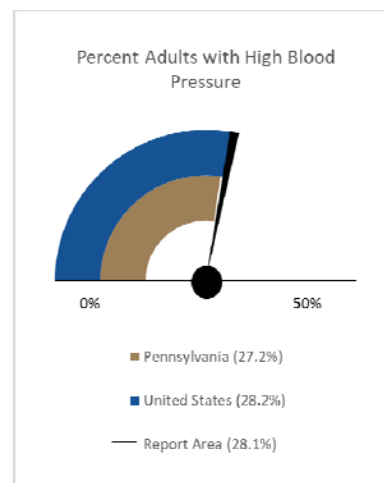

Percent Adults with High Blood Pressure

- Pennsylvania (27.2%)
- United States (28.2%)
- Report Area (28.1%)

Obesity

Exhibit 27 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA's community has a BMI percentage much higher than the state and national averages.

Exhibit 27 Uniontown Hospital Population with Obesity			
	Survey Population Age 20 and Older	**Population with BMI > 30.0 (Obese)**	**Percent with BMI > 30.0 (Obese)**
Fayette County	105,525	40,627	38.5%
Total Community	105,525	40,627	38.5%
Pennsylvania	9,696,134	2,844,376	29.3%
United States	234,188,203	64,884,915	27.7%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

Percent Adults with BMI > 30.0 (Obese)

- Pennsylvania (29.3%)
- United States (27.7%)
- Report Area (38.5%)

Poor Dental Health

Exhibit 28 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. As noted below, the CHNA community has a greater percentage adults with poor dental health than that of Pennsylvania and the United States.

Exhibit 28			
Uniontown Hospital			
Population with Poor Dental Health			
	Survey Population Age 18 and Older	**Population with Poor Dental Health**	**Percent with Poor Dental Health**
Fayette County	110,105	29,837	27.1%
Total Community	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.
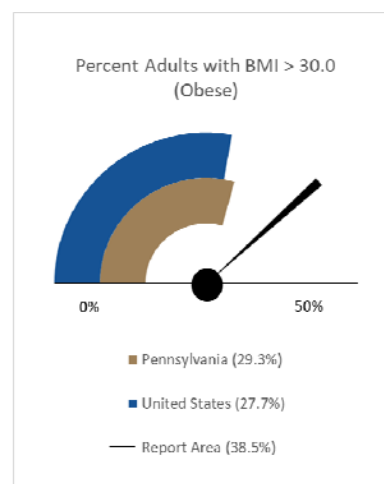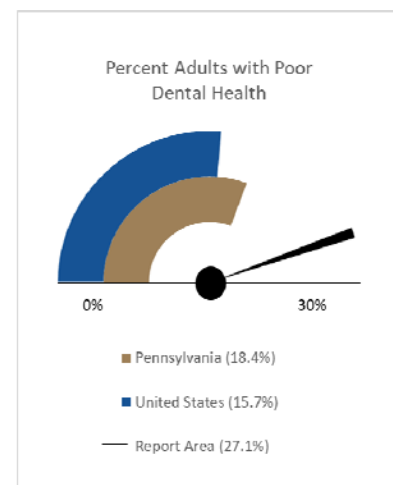

Percent Adults with Poor Dental Health

- Pennsylvania (18.4%)
- United States (15.7%)
- Report Area (27.1%)

Poor General Health

Exhibit 29 reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair or poor?" This indicator is relevant because it is a measure of general poor health status. The CHNA community has a greater percentage of adults with poor general health than that of the state of Pennsylvania and the United States.

Exhibit 29			
Uniontown Hospital			
Population with Poor General Health			
	Survey Population Age 18 and Older	**Population with Poor General Health**	**Percent with Poor General Health**
Fayette County	109,602	24,551	22.4%
Total Community	109,602	24,551	22.4%
Pennsylvania	9,857,384	1,518,037	15.4%
United States	232,556,016	37,766,703	16.2%

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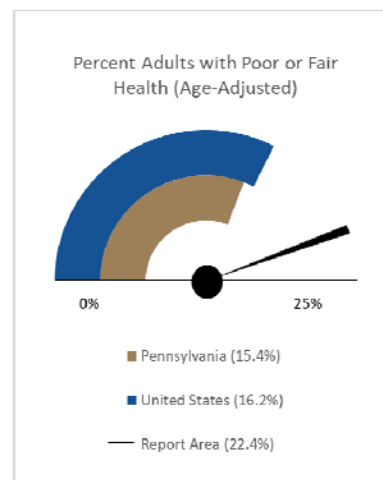

Percent Adults with Poor or Fair Health (Age-Adjusted)

- Pennsylvania (15.4%)
- United States (16.2%)
- Report Area (22.4%)

Low Birth Weight

Exhibit 30 reports the percentage of total births that are low birth weight (Under 2500g). This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

	Total Live Births	**Low Weight Births**	**Percent Low Weight Births**
Exhibit 30			
Uniontown Hospital			
Births with Low Birth Weight (under 2500g)			
Fayette County	9,933	944	9.5%
Total Community	9,933	944	9.5%
Pennsylvania	1,031,597	85,623	8.3%
United States	29,300,495	2,402,641	8.2%

Data Source: US Department of Health Human Services, Health Indicators Warehouse Centers for Disease Control and Prevention. Accessed via CDC WONDER. 2006-12

Percent Low Birth Weight Births

- Pennsylvania (8.3%)
- United States (8.2%)
- Report Area (9.5%)
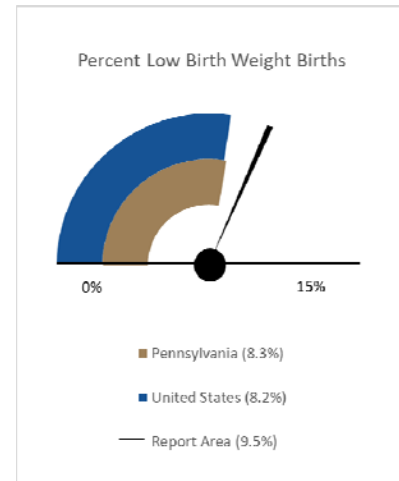
Key Informant Interviews

Interviewing key informants (community stakeholders) 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

Twelve key informants' interviews and four project steering committee interviews were conducted. Interviewees were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

A representative from the Hospital contacted all individuals nominated for interviewing. Their knowledge of the community and personal relationships with the interviewees added validity to the data collection process.

All interviews were conducted using a standard questionnaire. A copy of the interview is included in the Appendices. A summary of the opinions is reported without judging the truthfulness or accuracy of their remarks. Leaders provided comments on various issues, including:

- ✓ Health and quality of life for residents of the primary community

- ✓ Barriers to improving health and quality of life for residents of the primary community

- ✓ Opinions regarding the important health issues that affect Fayette County community residents and the types of services that are important for addressing these issues

- ✓ Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered to preserve confidentiality.

This technique does not provide a quantitative analysis of the leaders' opinions, but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Informant Profiles

Key informants from the community (see the Appendices for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local school system and community college
- Local city and county government
- Public health agencies
- Industry
- Medical providers

Key Informant Interview Results

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into five major categories for discussion:

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

2. Underserved populations and communities of need

3. Barriers

4. Most important health and quality of life issues

5. Feedback on prior CHNA identified needs

This section of the report summarizes what the key informants said without assessing the credibility of their comments. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements.

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

The key informants 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 informants were asked to provide support for their answers.

Twelve out of sixteen interviewees ranked the overall health and quality of life in Fayette County as a 5, 6, or 7 on a scale of 1 – 10, with 10 being perfect health. Three gave a rating of 3 or 4 and one gave a rating of 8.

Interviewees were asked whether the health and quality of life had improved, declined or stayed the same since the last assessment. Eight key informants noted that health and quality of life had stayed the same, six key informants noted improvement and two key informants noted decline. Those indicating that health and quality of life had stayed the same commonly noted that many of the same issues that existed three years ago are still prevalent. Those noting improvement cited improved transportation, increased economic activity, and increased health insurance coverage due to Medicaid expansion. Those noting declines cited increases in substance abuse, a lack of mental health providers, a lack of specialty medical services, and unhealthy behaviors.

2. Underserved populations and communities of need

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or qualify 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 interviewee was asked to consider the specific populations they serve or those with which they usually work.

Several interviewees identified persons living in poverty as underserved. Reasons were primarily related to their inability to access services and most importantly preventative services. They are also more likely to be uninsured or underinsured.

The elderly were identified almost as commonly as those living in poverty. Challenges facing the elderly include transportation, although several noted that has improved, and lack of assistance managing medications and planning for their care, and physician shortages.

Finally, children were also mentioned as underserved and referred to as the "unknown population" by one interviewee. Behavioral health needs were cited as a concern for children and also the populations already discussed. Obtaining the appropriate preventative care was also mentioned as a concern.

3. Barriers

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. There were a wide range of responses to this question. Several raised the "stigma" associated with seeking services for mental health needs and substance abuse issues. A shortage of physicians, including several specialties was a commonly cited barrier.

As was the case three years ago, interviewees were split on whether transportation is a barrier to accessing care. One interviewee noted that ambulances cannot meet the demand due to staffing concerns.

Several groups were identified as having a lower quality of life and health status, including the unemployed, low income and senior citizens with several key informants noting that the children of the community are underserved. Barriers such as transportation, income level, substance abuse and physician shortages were provided related to these groups.

The key informants were asked what could improve the health and quality of life in the area. There was a wide array of responses, including increasing the number of healthcare professionals, specifically behavioral health professionals and educational programs on smoking and substance abuse.

4. Most important health and quality of life issues

Key informants were asked to provide their opinions as to the most critical health and quality of life issues that Fayette County faces. The issues most commonly identified were:

- Substance abuse – drugs and alcohol
- Lack of mental health providers
- Shortage of physicians
- Obesity
- Smoking

5. Feedback on prior CHNA identified needs

Key informants 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:

- Lack of primary care physicians
- Lack of physician specialists
- Lack of preventative care
- Cardiology/heart disease
- Lack of mental health facilities
- Lifestyle choices
- Substance abuse

- Poor nutrition/access to healthy food options

- Adult smoking/tobacco use

- Obesity

- Uninsured/limited insurance

- Financial barriers/poverty/low socioeconomic

- Lack of health knowledge/education

- Children in poverty

- Children in single-parent households

It was nearly unanimous amongst the interviewees that these areas all continue to be critical needs.

Key Findings

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

- A lack of mental health providers was cited at an increasing rate over prior assessments.

- Substance abuse issues, including alcohol, opioids, and other drugs, continue to be an issue.

- Health behaviors such as smoking, nutrition, and physical activity continue to be areas for improvement.

- Physician shortages continue to create challenges in providing health care services to the residents of Fayette County.

- Individuals living in poverty, the children, and the elderly continue to face challenges in accessing the health care services that they need.

- Even though the status of health in the area was a mixed response, all key informants noted the Hospital as an asset to the communities. Several key informants mentioned the collaboration between the Hospital and other organizations is good, with a collaborative spirit on several community initiatives.

"The Hospital is a major employer for the area, supportive of educational activities, a good partner and a wonderful resource to the community."

"The culture around the Hospital is improving and shifting for the better"

"If it wasn't for Uniontown Hospital's charity care program, we would never be able to receive care"

"Hospital plays an important role in providing routine health care"

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See *Appendix D*), 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 in the community that have the highest need in the community are listed in *Exhibit 31*.

Zip Code	CNI Score*	Population	City	County
Exhibit 31				
Uniontown Hospital				
Zip Codes with Highest Community Need Index				
15442	3.6	2,519	Grindstone	Fayette
15461	3.6	4,424	Masontown	Fayette
15463	3.6	332	Merrittstown	Fayette
15401	3.4	31,698	Uniontown	Fayette
15417	3.4	9,794	Brownsville	Fayette
15433	3.4	966	East Millsboro	Fayette
15450	3.4	2,032	La Belle	Fayette
15410	3.2	893	Adah	Fayette
15425	3.2	18,962	Connellsville	Fayette
15445	3.2	2,908	Hopwood	Fayette
15459	3.2	1,948	Markleysburg	Fayette
15468	3.2	2,719	New Salem	Fayette

* Scale of 1 (Lowest Need) to 5 (Highest Need)
Source: Dignity Health Community Need Index

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 needs assessment must provide a prioritized description of the community health needs identified through the assessment, 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 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 Fayette 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 percent 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 four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need).

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:

    i. >15% of the community = 5

    ii. >10% and <15% = 4

    iii. >5% and <10% = 3

    iv. >0% and <5% = 2

    v. 0 = 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) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.

4) **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, as well as the Hospital's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

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

Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Alignment with Hospital's Strategic Plan	Total Score (out of possible 20)
Exhibit 32					
Uniontown Hospital					
Ranking of Community Health Needs					
Heart Disease	5	5	3	5	18
Adult Obesity	3	5	5	5	18
Substance Abuse	5	3	5	5	18
Mental Health Providers	1	5	5	5	16
Primary Care Physicians	5	3	3	5	16
Physical Inactivity	3	3	3	5	14
Lack of Health Knowledge/Education	3	1	5	5	14
Children in Poverty	4	3	5	0	12
Cancer	5	5	1	0	11
Lung Disease	5	5	1	0	11
Stroke	5	3	1	0	9
Dentists	4	3	1	0	8
Preventable Hospital Stays	5	2	1	0	8
Adult Smoking	2	3	3	0	8
Teen Birth Rate	5	1	1	0	7
Children in Single-Parent Households	3	3	1	0	7
Excessive Drinking	1	3	1	0	5
Alcohol-Impaired Driving Deaths	1	3	1	0	5
Sexually Transmitted Infections	1	2	1	0	4
Violent Crime Rate	1	1	1	0	3

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged a leadership team to review the most significant health needs reported on the prior needs assessment, as well as in *Exhibit 32* 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.

Based on the criteria outlined above, the health needs that scored 13 or more (out of a possible 20) were identified as a priority area that will be addressed through Uniontown Hospital's Implementation Strategy for fiscal year 2020 through 2022. These include:

- Heart Disease
- Adult Obesity
- Substance Abuse
- Mental Health Providers
- Primary Care Physicians
- Physical Inactivity
- Lack of Health Knowledge/Education

Health Care Resources

The availability of health 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 is 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 160 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 33* summarizes acute care hospital services available:

Exhibit 33 **Uniontown Hospital** **Summary of Acute Care Hospitals**		
Facility	Uniontown Hospital	Highlands Hospital
Address	500 West Berkeley Street Uniontown, PA 15401	401 East Murphy Avenue Connellsville, PA 15425
County	Fayette	Fayette
Miles from Uniontown, PA	0	11
Beds*	175	71
Facility Type	Acute and Specialty Care	Acute Care
* Includes subprovider beds, excludes skilled nursing facility beds *Source: US Hospital Finder - http://www.ushospitalfinder.com/*		

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Hospital's community. *Exhibit 34* provides a listing of community health centers within the Hospital's community.

Exhibit 34			
Uniontown Hospital			
Summary of Other Health Care Facilities			
Facility	**Address**	**County**	**Facility Type**
Connellsville Medical & Dental Center	208 S Arch St. Connellsville, PA 15425	Fayette	Community Health Center
Fairchance Office	93 N Morgantown St. Fairchance, PA 15436	Fayette	Community Health Center
Republic Doctor's Office	1006 Main St. Republic, PA 15475	Fayette	Community Health Center
Uniontown Family Doctors	86 McClellandtown Rd. Uniontown, PA 15401	Fayette	Community Health Center
Source: Pennsylvania Association of Community Health Centers: www.pachc.org			

Other facilities in the community include home health, hospice, adult day care, ambulatory surgery centers, rehabilitation agencies, Psychiatric residential treatment facilities and private duty nursing providers. A complete listing by county can be found at the Pennsylvania Department of Health at http://sais.health.pa.gov/commonpoc/publiccommonpoc/normalSearch.asp.

APPENDICES

Acknowledgements

The CHNA Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

Project Steering Committee

Special thanks to all of the following committee members for their time and commitment to this project:

Steven Handy, CEO
Barb Weiss, Executive Director, Finance; CFO
Betty Ann Rock, Executive Director, Nursing; CNO
Sandy Thorpe, Executive Director, Specialty Care Services
Mark Dillon, Executive Director, Clinical Operations / CCO
Christa Ebbert, Executive Director, Quality Experiences
Tricia Herman, Executive Director, Support Operations / CIO

Key Informants

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

Melissa Miner, Children Health Improvement Partnership/Senior Nursing Faculty – Penn State Fayette
Vickie Leone, Uniontown Hospital Board Member, Vice President, Fayette Home Care
Charles Machesky, Superintendent, Uniontown Area School District
James Stark, CEO, Fayette County Community Action Agency
Jamie Moore, Supervisor, Southwest PA Area Agency on Aging
Gina D'Auria, Fayette County Children and Youth
Charles Watson, Uniontown Hospital Past Chair of the Board
Robert Garrett, Uniontown Hospital Chair of the Board
Lisa Ferris, Administrator/CEO, Fayette County Behavior Health Administration
Melissa Ferris, Assistant Executive Director, Fayette County Drug & Alcohol Commission
Surabhi Gaur, MD, Chief Medical Officer
Richard Pish, MD, Medical Staff Chair, Medical Executive Committee

APPENDIX A

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2018
Community Details: Population & Demographics	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Community Details: Urban/Rural Population	U.S. Census Bureau, 2010 Census http://factfinder.census.gov	2010
Socioeconomic Characteristics: Income	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2017
Socioeconomic Characteristics: Top Employers by County	Pennsylvania: Department of Labor & Industry Center for Workforce Information & Analysis https://www.workstats.dli.pa.gov/Products/Top50/Pages/default.aspx	2017
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/	2018
Socioeconomic Characteristics: Poverty	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Socioeconomic Characteristics: Uninsured	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Socioeconomic Characteristics: Medicaid	Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/	2012 - 2016
Socioeconomic Characteristics: Education	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2012 - 2016
Physical Environment: Grocery Store Access	U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2015
Physical Environment: Recreation/Fitness Access	Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/	2016
Physical Environment: Physical Inactivity	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2013
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2014
Clinical Care: Lack of Source to Primary Care	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2011 - 2012
Clinical Care: Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2016
Critical Care: Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy http://www.communitycommons.org/	2014
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/	2012 - 2016
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2015 & 2018
Health Outcome Details	Community Commons http://www.communitycommons.org/	2006 - 2013
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2018
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2018
Health Care Resources: Hospitals Cost Reports	Cost Report Data https://www.costreportdata.com/	2018
Health Care Resources: Community Health Centers	Pennsylvania Association of Community Health Centers http://www.pachc.org	2018

APPENDIX B

ANALYSIS OF DATA

Uniontown Hospital
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death (2018)

	U.S. Crude Rates	Pennsylvania Crude Rates	(A) County Crude Rate	(B) 10% Increase of Pennsylvania Crude Rate	If County Rate is Greater Than 10% over Pennsylvania Rate, (A) > (B), then "Health Need"
Fayette County					
Heart Disease	194.2	49.3	346.9	54.2	Health Need
Cancer	185.3	52.8	279.2	58.1	Health Need
Ischaemic Heart Disease	115.3	28.3	222.3	31.1	Health Need
Lung Disease	47.0	7.9	79.3	8.7	Health Need
Stroke	42.2	52.3	62.7	57.5	Health Need

The crude rate is shown per 100,000 residents. Please refer to Exhibit 21 for more information

Uniontown Hospital
Analysis of CHNA Data
Analysis of Health Outcomes and Factors (2018)

	U.S. Crude Rates	Pennsylvania Crude Rates	(A) County Crude Rate	(B) 10% Increase of Pennsylvania Crude Rate	If County Rate is Greater Than 10% over Pennsylvania Rate, (A) > (B), then "Health Need"
Fayette County					
Adult Smoking	14.0%	18.0%	19.0%	19.8%	
Adult Obesity	26.0%	30.0%	39.0%	33.0%	Health Need
Food Environment Index^	8.6	8.2	7.3	7.4	Health Need
Physical Inactivity	20.0%	24.0%	32.0%	26.4%	Health Need
Access to Exercise Opportunities^	91.0%	68.0%	43.0%	61.2%	Health Need
Excessive Drinking	13.0%	21.0%	18.0%	23.1%	
Alcohol-Impaired Driving Deaths	13.0%	30.0%	29.0%	33.0%	
Sexually Transmitted Infections	145	418	322	460	
Teen Birth Rate	15	21	37	23	Health Need
Uninsured	6.0%	8.0%	8.0%	8.8%	
Primary Care Physicians	1030	1230	2230	1353	Health Need
Dentists	1280	1480	1660	1628	Health Need
Mental Health Providers	330	560	350	616	
Preventable Hospital Stays	35	52	65	57	Health Need
Diabetic Screen Rate^	91.0%	86.0%	85.0%	77.4%	
Mammography Screening^	71.0%	65.0%	58.0%	58.5%	Health Need
Children in Poverty	12%	18%	29%	20%	Health Need
Children in Single-Parent Households	20.0%	34.0%	40.0%	37.4%	Health Need
Violent Crime Rate	62	333	206	366	

^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

APPENDIX C

KEY INFORMANT INTERVIEW QUESTIONS

COMMUNITY HEALTH NEEDS ASSESSMENT (6/30/19 CHNA)
KEY INFORMANT INTERVIEW QUESTIONS
UPDATED 9/19/18

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 from experiences in this community.

UNIONTOWN HOSPITAL
We Will Make a Healthy Difference in the Lives We Touch

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?
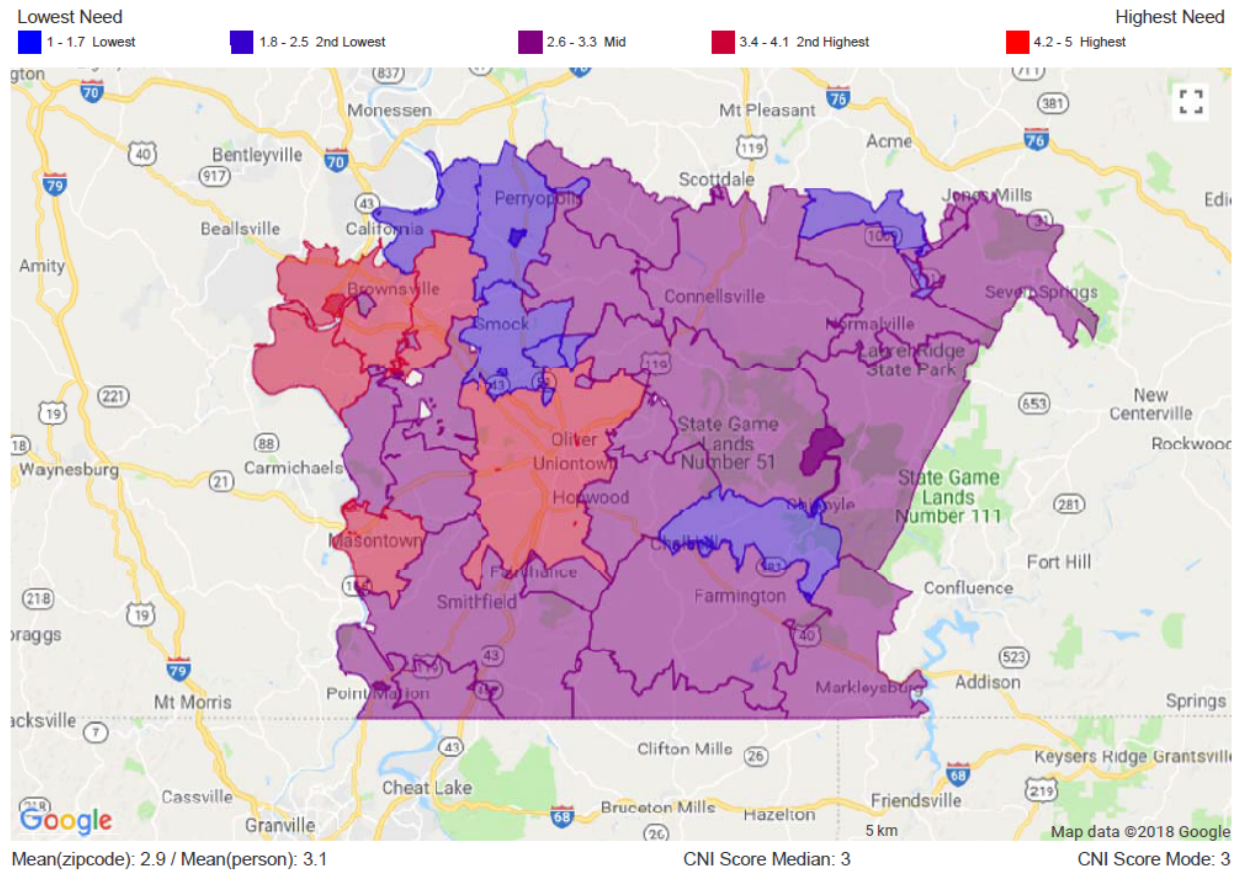
_____

_____

_____

_____

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 Chuck Bondarenka, Director, Contracting and Business Ethics at the Uniontown Hospital at (724) 430-5092.

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

APPENDIX D

DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS

(CNI) REPORT

Lowest Need | | | | Highest Need
1 - 1.7 Lowest | 1.8 - 2.5 2nd Lowest | 2.6 - 3.3 Mid | 3.4 - 4.1 2nd Highest | 4.2 - 5 Highest

Mean(zipcode): 2.9 / Mean(person): 3.1   CNI Score Median: 3   CNI Score Mode: 3

Zip Code	CNI Score	Population	City	County	State
15401	3.4	31698	Uniontown	Fayette	Pennsylvania
15410	3.2	893	Adah	Fayette	Pennsylvania
15413	3	459	Allison	Fayette	Pennsylvania
15417	3.4	9794	Brownsville	Fayette	Pennsylvania
15425	3.2	18962	Connellsville	Fayette	Pennsylvania
15428	2.6	1661	Dawson	Fayette	Pennsylvania
15431	2.6	4667	Dunbar	Fayette	Pennsylvania
15433	3.4	966	East Millsboro	Fayette	Pennsylvania
15436	3	2724	Fairchance	Fayette	Pennsylvania
15437	2.8	2625	Farmington	Fayette	Pennsylvania
15438	2.2	2666	Fayette City	Fayette	Pennsylvania
15440	2.8	255	Gibbon Glade	Fayette	Pennsylvania
15442	3.6	2519	Grindstone	Fayette	Pennsylvania
15444	3	278	Hiller	Fayette	Pennsylvania
15445	3.2	2908	Hopwood	Fayette	Pennsylvania
15446	2.2	123	Indian Head	Fayette	Pennsylvania
15450	3.4	2032	La Belle	Fayette	Pennsylvania
15451	3	1042	Lake Lynn	Fayette	Pennsylvania
15456	3	2762	Lemont Furnace	Fayette	Pennsylvania
15458	3	2723	Mc Clellandtown	Fayette	Pennsylvania
15459	3.2	1948	Markleysburg	Fayette	Pennsylvania
15461	3.6	4424	Masontown	Fayette	Pennsylvania
15462	3	231	Melcroft	Fayette	Pennsylvania
15463	3.6	332	Merrittstown	Fayette	Pennsylvania
15464	3	1364	Mill Run	Fayette	Pennsylvania
15468	3.2	2719	New Salem	Fayette	Pennsylvania
15469	2.8	2612	Normalville	Fayette	Pennsylvania
15470	2.2	1033	Ohiopyle	Fayette	Pennsylvania
15473	2.2	3968	Perryopolis	Fayette	Pennsylvania
15474	3	2062	Point Marion	Fayette	Pennsylvania
15475	2.8	244	Republic	Fayette	Pennsylvania
15478	2.8	6212	Smithfield	Fayette	Pennsylvania
15480	2.2	2019	Smock	Fayette	Pennsylvania
15482	2.4	359	Star Junction	Fayette	Pennsylvania
15486	2.6	2625	Vanderbilt	Fayette	Pennsylvania
15488	2.4	131	Waltersburg	Fayette	Pennsylvania
15490	2	671	White	Fayette	Pennsylvania
15622	2.6	1401	Champion	Fayette	Pennsylvania
15631	2.6	782	Everson	Fayette	Pennsylvania

APPENDIX E

COUNTY HEALTH RANKINGS

FAYETTE COUNTY
Uniontown Hospital
County Health Rankings - Health Factors

	Fayette County 2015	Fayette County 2018		Pennsylvania 2018	Top US Performers 2018
Health Behaviors*	**66**	**66**	—		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	25%	19%	↓	18%	14%
Adult obesity - Percent of adults that report a BMI >= 30	37%	39%	↑	30%	26%
Food environment index^ - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.3	↑	8.2	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	33%	32%	↓	24%	20%
Access to exercise opportunities^ - Percentage of population with adequate access to locations for physical activity	67%	43%	↓	68%	91%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	18%	18%	—	21%	13%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	45%	29%	↓	30%	13%
Sexually transmitted infections - Chlamydia rate per 100K population	204.0	322.2	↑	418.1	145.1
Teen births - female population, ages 15-19	42	37	↓	21	15
Clinical Care*	**56**	**47**	↓		
Uninsured adults - Percent of population under age 65 without health insurance	13%	8%	↓	8%	6%
Primary care physicians - Number of population for every one primary care physician	2,609	2,230	↓	1,230	1,030
Dentists - Number of population for every one dentist	1,731	1,660	↓	1,480	1,280
Mental health providers - Number of population for every one mental health provider	426	350	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	78	65	↓	52	35
Diabetic screening^ - Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	85%	↑	86%	91%
Mammography screening^ - Percent of female Medicare enrollees that receive mammography screening	60%	58%	↓	65%	71%
Social & Economic Factors*	**65**	**65**	—		
High school graduation^ - Percent of ninth grade cohort that graduates in 4 years	76%	79%	↑	85%	95%
Some college^ - Percent of adults aged 25-44 years with some post-secondary education	48%	47%	↓	64%	72%
Unemployment - Percent of population age 16+ unemployed but seeking work	8.5%	8.2%	↓	5.4%	3.2%
Children in poverty - Percent of children under age 18 in poverty	30%	29%	↓	18%	12%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	5.1	↑	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	36%	40%	↑	34%	20%
Social associations^ - Number of membership associations per 10,000 population	13.8	13.8	—	12.1	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	212	206	↓	333	62
Injury deaths - Number of deaths due to injury per 100,000 population	81	95	↑	76	55
Physical Environment*	**51**	**52**	↑		
Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	13.6	11.0	↓	10.4	6.7
Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year	Yes	Yes	—	N/A	N/A
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	12%	12%	—	15%	9%
Driving alone to work - Percentage of workforce that drives alone to work	84%	85%	↑	76%	72%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	33%	35%	↑	36%	15%

* Rank out of 67 Pennsylvania counties
^ Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.

Note: N/A Indicates Missing Data
Source: Countyhealthrankings.org