

*Community Health Needs Assessment
June 30, 2016*

UPMC Jameson



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Consultants' Report

Mr. James Aubel
Chief Financial Officer
UPMC Jameson
New Castle, Pennsylvania

On behalf of UPMC Jameson (the "Health System"), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated April 19, 2016. The purpose of our engagement was to assist the Health System in meeting the requirements of Internal Revenue Code §501(r)(3). We relied on the guidance contained in IRS Notice 2011-52 when preparing your report. We also relied on certain information provided by the Health System, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Health System 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 Health System, 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 23, 2016

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations 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 UPMC Jameson's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that UPMC Jameson (the "Health System") may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the Implementation Strategy for needs assessment completed in July 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, 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 fiscal year 2016, tax year 2015. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

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

The Health System 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 from January 2016 through May 2016.

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

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Health System's current strategies and programs.
- ✓ The "community" served by the Health System was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Health System.
- ✓ 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. 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, 2) the seriousness of the problem, 3) impact of the issues on vulnerable populations, 4) the prevalence of common themes, 5) how important the issue is to the community and 6) how the issue aligns with the Health System's strategic plan.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

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

General Description of the Health System

Located in the city of New Castle, Pennsylvania, UPMC Jameson has an over ninety-year history of serving the community of Lawrence County and surrounding areas. On May 1, 2016, Jameson Health System (Jameson) merged into the University of Pittsburgh Medical Center (UPMC) network. The merger brings to Jameson the outstanding clinical, education and technological resources of UPMC.

UPMC Jameson (Health System) has a 236-bed, not-for-profit hospital that is served by over 220 physicians offering a broad spectrum of specialized services representing over 40 medical specialties. The Health System also offers a wide range of health services at its specialty care centers and community health centers.

Evaluation of Prior Needs Identified and Actions Taken

Priorities	Actions
Physicians and Specialists	1. To provide access to healthcare providers through physician recruitment and retention.
Drug and Alcohol Abuse	1. To reduce drug and alcohol abuse in adults and adolescents. 2. To provide education and health information on the effects of drug and alcohol use.
Mental and Behavioral Health	1. To provide additional mental and behavioral health resources and education to the community.
Obesity and Nutrition	1. To provide additional health information and education about individual health needs to the community in a more proactive and preventive manner.
Tobacco Use	1. To reduce tobacco use in adults and adolescents and reduce nonsmokers' exposure to environmental tobacco smoke. 2. To provide additional health information on the effects of tobacco use.

The Health System made progress in each of the priority areas during the last three years. Initiatives for each priority area are summarized below.

Physicians and Specialists

Goal: UPMC Jameson is developing a physician needs assessment to provide the community increased access to primary care and specialist physicians through recruitment effort and strategic alliances and increased technology use.

Strategy: UPMC Jameson is increasing recruitment efforts for many physician specialists along with efforts to staff clinics with specialist from the UPMC System.

Recent Efforts:

- UPMC Jameson has increased the availability of specialist physicians identified in our strategic plan through recruitment and affiliation with UPMC. UPMC Jameson was able to recruit two orthopedic surgeons and increase the availability of pulmonary critical services and UPMC provided the services of two new cardiologists, which has more than doubled the cardiology service provided to patients at UPMC Jameson. These patients would have previously had to travel to other facilities to receive these services.
- UPMC through the merger has provided UPMC Jameson the capabilities to attract and sign new physicians that will service the primary care population, which was underserved in the strategic analysis we had done.
- UPMC Jameson has begun an intensive physician recruitment program to meet the needs of the community.

Drug and Alcohol Abuse/Mental and Behavioral Health

Goal: Provide better education to the population on the effects of drug and alcohol abuse along with the redesign and reengineering of the behavioral health programs to better serve the population and provide services that are more comprehensive.

Strategy: UPMC Jameson is using the hospital as the “hub” and the resources of UPMC Western Psychiatric Institute and Clinic (WPIC) to coordinate and modernize the services and education within the service area in conjunction with Lawrence County and other Social Service agencies.

To achieve this goal, UPMC Jameson has been evaluating its present services in light of the growing need within the community and the availability of resources to improve the access. UPMC Jameson is drawing on the expertise of WPIC to evaluate and redesign our present services to modernize the service and provide the most comprehensive service possible to our population.

In conjunction with Lawrence County, we have seen another spike in drug and alcohol cases within the community and our psychiatric services. Alcohol is present in 33% of our cases, while heroin and other opiates are seen in 34%.

Recent Efforts:

- UPMC Jameson has continued to work with the District Attorney's Office and County officials in the Children and Youth Services to engage the youth of the community, as well as intervene early with youthful offenders to provide the education and counseling necessary to encourage new behavioral patterns. This also includes providing early childhood education along with referrals to solid, safe and engaged adults; creating secure attachments for infants and toddlers while helping young parents break general vulnerabilities.
- UPMC Jameson evaluated the current needs of our facility in Lawrence County in regards to providing a more comprehensive service in a partnership with area facilities and larger providers.
- UPMC Jameson has added a mental health technician in the emergency room to provide quicker intervention and a more comprehensive service evaluation. UPMC Jameson is exploring with the county, the addition of a crisis hotline service if funding can be achieved.
- UPMC Jameson has used a more comprehensive screening process involving medical, as well as psychiatric services in relation to the 23% increase in drug and alcohol visits in the emergency room, which was putting a strain on staff and resources.
- UPMC Jameson has initiated and overseen town hall meetings addressing the drug and alcohol epidemic within the community. The meetings were very highly attended as the epidemic is having effects throughout the community.
- UPMC Jameson has implemented with the county a warm-hand off program. This program placed an SCA Case Management Specialist at both of our campuses, which will allow individuals in need of drug and alcohol treatment to be assessed immediately and referred to treatment when the individual is most vulnerable. This program was started in 2015 and the Case Management Specialists have had 40 referrals, resulting in 31 assessments and 27 referrals for treatment.
- In conjunction with the District Attorney's office in 2016, UPMC Jameson began development of a website for the Lawrence County Recovery Coalition.
- UPMC Jameson has continued to work with the local treatment courts to develop more programs that divert persons with mental health challenges and substance abuse disorders from jail.

Obesity and Nutrition

Goal: Provide guidance and education to promote healthy eating and encourage healthy living in both children and adults.

Strategy: UPMC Jameson is striving to increase awareness of healthy alternatives including nutritional and health exercise programs and alternatives to advance the overall health of the Community.

Recent Efforts:

- In conjunction with the Children’s Advocacy Center (CAC), UPMC Jameson has developed an alternative to help families develop better lifestyle habits including nutritional assistance. We have accomplished this through programs such as Parents as Teachers, Early Head Start and work within the schools and other County Agencies.
- UPMC Jameson identified, during its initial community interviews, that the Meals on Wheels program was limiting its capacity due to the ability to meet meal preparation needs. In order to expand the service, UPMC Jameson has assumed that responsibility and has taken over the preparation of all meals for the service. This capacity allowed the service to expand and since UPMC Jameson took over we have seen a 39% increase in the meals provided to the Community. UPMC Jameson was also able to add a program to advise the clientele on healthy eating and other life style changes. That program has been very popular and has grown to other community organizations such as Challenges and church groups within the Community.
- UPMC Jameson has also developed “Jameson MyPath” a program that uses a free downloadable APP for nutritional assessment and feedback for participants within the community. The APP, in addition to providing a resource to track diet and exercise, also provides access to caloric information and a registered dietician within the education department for advice and support. Since the inception in January 2015, 779 participants have used the program.

Tobacco Use

Goal: Reduce tobacco (all products) use in the adult and adolescent population through education and community awareness.

Strategy: UPMC Jameson, using educational sessions and in conjunction with community resources, is working to reduce the acceptance and use of tobacco products within our community.

Recent Efforts:

- Jameson has instituted a smoke free campus enforcing the policy on all patients, employees and visitors.
- Tobacco cessation classes are offered to all employees and family members at no cost.
- Free six session programs on smoking cessation are offered to the Community. To date over 50 persons have attended the classes with new classes still being scheduled.
- C.O.P.D and Asthma classes are offered in the community. These classes address smoking and its effects on this diagnosis along with providing cessation assistance.

- School programs are offered at five local schools districts accentuating the risks of tobacco use in any form.
- UPMC Jameson is providing stop smoking information to all patients during their stay and at discharge. Any interested patients or families are referred to classes and those in specific diagnosis, such as COPD, are urged to make the commitment to attend classes or get further counseling.
- UPMC Jameson is developing an increase availability of service within our lung clinic to provide another resource to the community.

Summary of Findings and Needs in Current Year Assessment

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

Identified Community Health Needs

- 1) Drug and Alcohol Abuse
- 2) Primary Care Physicians and Specialists
- 3) Adult Obesity and Nutrition
- 4) Mental and Behavioral Health
- 5) Heart Disease

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

Community Served by the Health System

The Health System located in Lawrence County, Pennsylvania. It is approximately 55 miles north of Pittsburgh, Pennsylvania, and approximately 20 miles southeast of Youngstown, Ohio, and is accessible by interstate and other secondary roads.

Defined Community

A Community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers. The utilization of Health System services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from January 1, 2015, through December 31, 2015, management has identified the Community to include the corresponding county for the zip codes listed in *Exhibit 1* (Community).

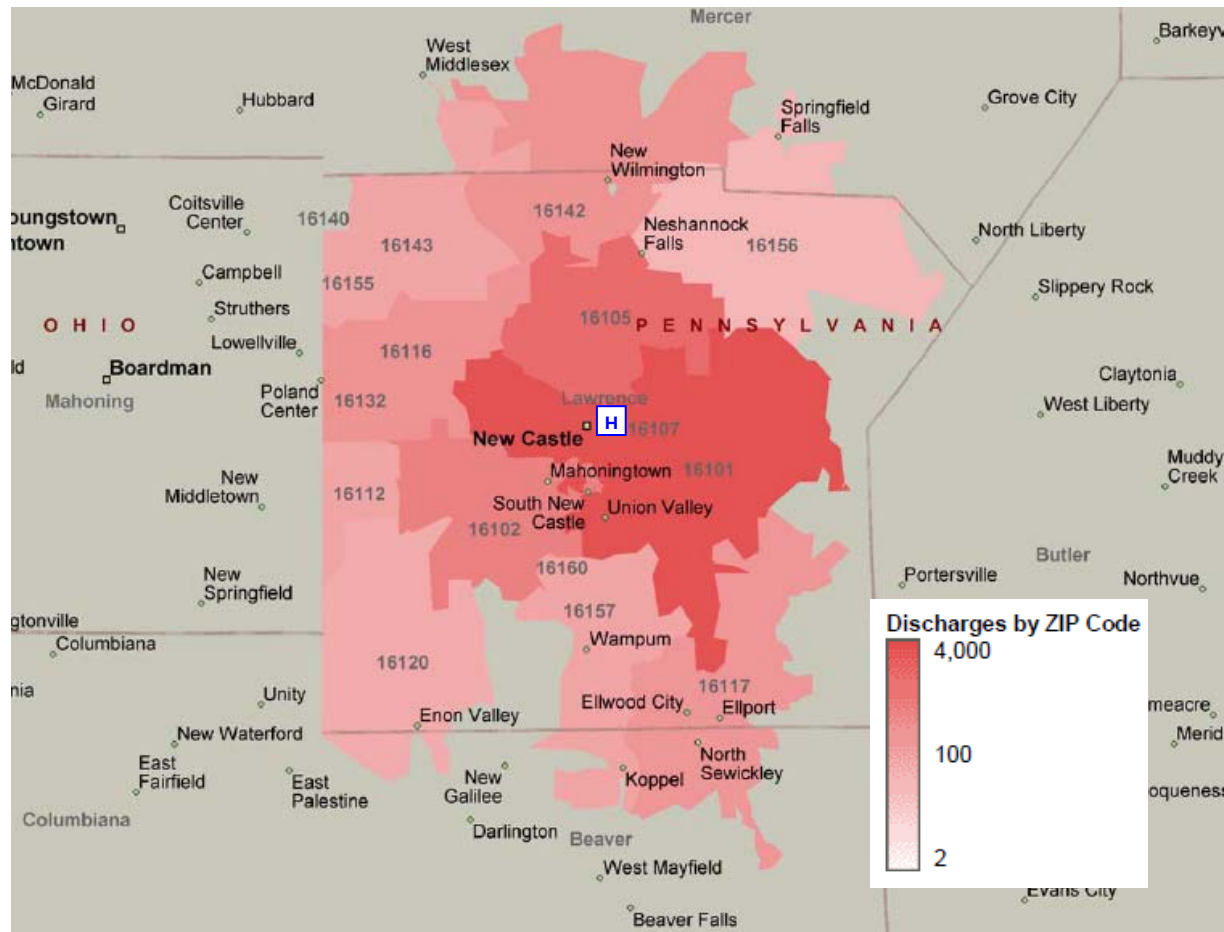
Exhibit 1a			
UPMC Jameson			
Summary of Inpatient Discharges by Zip Code			
01/01/2015 to 12/31/2015			
Zip Code	City	Discharges	Percent Discharges
Lawrence County			
16101	New Castle	3,686	53.5%
16105	New Castle	1,190	17.3%
16102	New Castle	452	6.6%
16142	New Wilmington	223	3.2%
16116	Edinburg	200	2.9%
16117	Ellwood City	176	2.6%
16160	West Pittsburg	112	1.6%
16157	Wampum	102	1.5%
16112	Bessemer	90	1.3%
16143	Pulaski	77	1.1%
16120	Enon Valley	70	1.0%
16156	Volant	48	0.7%
16103	New Castle	30	0.4%
16132	Hillsville	21	0.3%
16107	New Castle	17	0.2%
16140	New Bedford	10	0.1%
16155	Villa Maria	2	0.0%
Total Lawrence County		6,506	94.5%
All Other Counties		378	5.5%
Inpatient Discharges Total		6,884	100.0%
<i>Source: UPMC Jameson</i>			

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community based on the identified zip codes includes Lawrence County (Community). The community health needs assessment will utilize this county with all or significant portions included in the community. The following map illustrates the zip codes in the Health System’s Community shaded by the number of discharges.

UPMC Jameson Community



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the American Community Survey 2010-2014 five-year estimates. *Exhibit 2* below shows the total population of the Community. It also provides the breakout of the Community between male and female population, age, race/ethnicity and Hispanic population.

Exhibit 2 Demographic Snapshot UPMC Jameson Community						
DEMOGRAPHIC CHARACTERISTICS (as of 2014)						
Total Population			Population by Gender			
County	Population		County	Male	Female	
Lawrence County	89,859		Lawrence County	43,351	46,508	
Pennsylvania	12,758,729		Pennsylvania	6,230,805	6,527,924	
United States	314,107,083		United States	154,515,158	159,591,925	
Age Distribution						
Age Group	Lawrence County	% of Total	Pennsylvania	% of Total	United States	% of Total
0 - 4	4,751	5.3%	719,941	5.7%	19,973,712	6.4%
5 - 17	13,936	15.5%	2,020,279	15.8%	53,803,945	17.1%
18 - 24	7,452	8.3%	1,253,769	9.8%	31,273,296	10.0%
25 - 34	9,382	10.4%	1,579,903	12.4%	42,310,184	13.4%
35 - 44	10,410	11.6%	1,557,718	12.2%	40,723,040	13.0%
45 - 54	13,152	14.7%	1,875,240	14.7%	44,248,185	14.1%
55 - 64	13,411	14.9%	1,710,321	13.4%	38,596,760	12.3%
65+	17,365	19.3%	2,041,558	16.0%	43,177,961	13.7%
Total	89,859	100.0%	12,758,729	100.0%	314,107,083	100.0%
Race						
County	White	Black	Asian	All Other	Total	
Lawrence County	83,876	3,662	302	2,019	89,859	
Percentage	93.34%	4.08%	0.34%	2.25%	100.00%	
Pennsylvania	10,449,680	1,395,718	377,735	535,596	12,758,729	
Percentage	81.90%	10.94%	2.96%	4.20%	100.00%	
United States	231,849,712	39,564,784	15,710,659	26,981,927	314,107,082	
% of Community	73.81%	12.60%	5.00%	8.59%	100.00%	

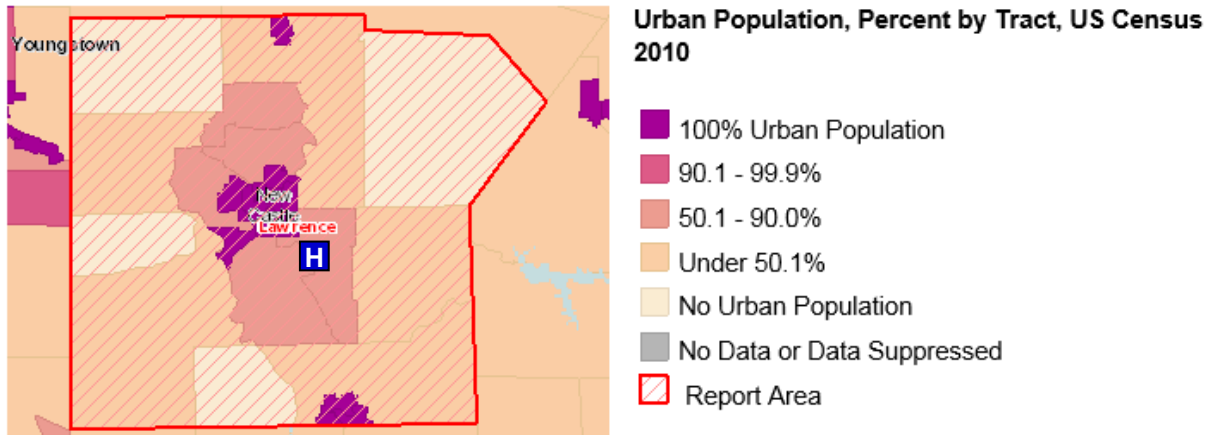
Source: Community Commons (ACS 2010-2014 5 year estimates data sets)

The age category that utilizes health care services the most, 65 years and over, is an estimated 19.3% percent of the population in the Community. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups. While the relative age of the community population can influence community health needs, so can the race of a population. The population of the Community by race illustrates different categories such as, white, black, Asian and other.

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 helps to understand how access to care can be limited.

Exhibit 3 UPMC Jameson Community Urban/Rural Population				
County	Urban Population	Rural Population	Percent	
			Urban	Percent Rural
Lawrence County	54,375	36,733	59.7%	40.3%
Pennsylvania	9,991,287	2,711,092	78.7%	21.3%
United States	252,746,527	59,724,800	80.9%	19.1%

Source: Community Commons (US Census Bureau, Decennial Census, 2010).



Socioeconomic Characteristics of the Community

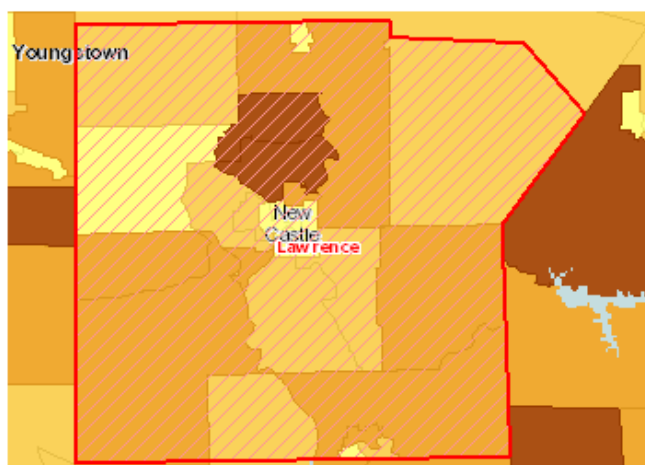
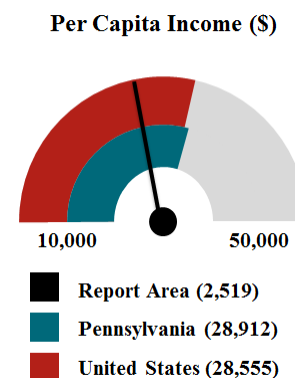
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are 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 the State of 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. Lawrence County does not have a per capita income that is above the State of Pennsylvania and the United States.

Exhibit 4 UPMC Jameson Community Per Capita Income (In 2014 Inflation Adjusted USD)			
	Total Population	Total Income (\$)	Per Capita Income (\$)
Lawrence County	89,859	\$ 2,113,424,896	\$ 23,519
Pennsylvania	12,758,729	\$ 368,884,285,440	\$ 28,912
United States	314,107,083	\$ 8,969,237,037,056	\$ 28,555

Source: Community Commons (US Census Bureau, American Community Survey, 2010-2014).



Per Capita Income by Tract, ACS 2010-14

- Over 30,000
- 25,001 - 30,000
- 20,001 - 25,000
- Under 20,001
- No Data or Data Suppressed
- Report Area

According to research of the community area, Lawrence County is supported by major industries including local federal, state and local government. *Exhibit 5* summarizes employment by major industry for Lawrence County.

Exhibit 5						
UPMC Jameson Community						
Employment by Major Industry						
2014 Annual Average						
Lawrence County						
Major Industries	County	%	Pennsylvania	%	United States	%
Government						
Federal Government	206	0.7%	95,522	1.7%	2,729,603	2.0%
State Government	375	1.3%	133,862	2.4%	4,545,441	3.3%
Local Government	3,048	10.3%	453,639	8.0%	13,769,879	10.1%
Goods-producing						
Natural resources and mining	180	0.6%	60,874	1.1%	2,073,041	1.5%
Construction	1,859	6.3%	231,085	4.1%	6,108,673	4.5%
Manufacturing	3,738	12.7%	567,179	10.0%	12,156,537	8.9%
Service-providing						
Trade, transportation and utilities	5,372	18.2%	1,098,886	19.5%	26,099,969	19.2%
Information	371	1.2%	85,183	1.5%	2,732,191	2.0%
Financial activities	1,380	4.7%	315,822	5.6%	7,674,037	5.6%
Professional and business services	2,895	9.8%	760,903	13.5%	19,074,275	14.0%
Education and health services	6,458	21.9%	1,113,041	19.7%	20,573,137	15.1%
Leisure and hospitality	2,615	8.9%	537,543	9.5%	14,626,556	10.7%
Other services	1,004	3.4%	190,903	3.4%	4,235,390	3.1%
Total	29,501	100.0%	5,644,442	100.0%	136,398,729	100.0%

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

Exhibit 6		
UPMC Jameson Community		
Top 12 Employers		
Lawrence County	City	Employees
UPMC Jameson	New Castle	1,200
Liberty Mutual	New Castle	600
Walmart Supercenter	New Castle	469
Westminster College	New Wilmington	450
Ellwood City Hospital	Ellwood City	425
Ellwood City Forge	Ellwood City	300
Mohawk Area School District	Bessemer	300
Express Mail	New Castle	300
Youth Developmental Center	New Castle	270
Satellites Today	New Castle	265
Flowline Division-Ezeflow USA	New Castle	250
Dairy Farmers of America	New Wilmington	250

Source: Pennsylvania Department of Labor & Industry

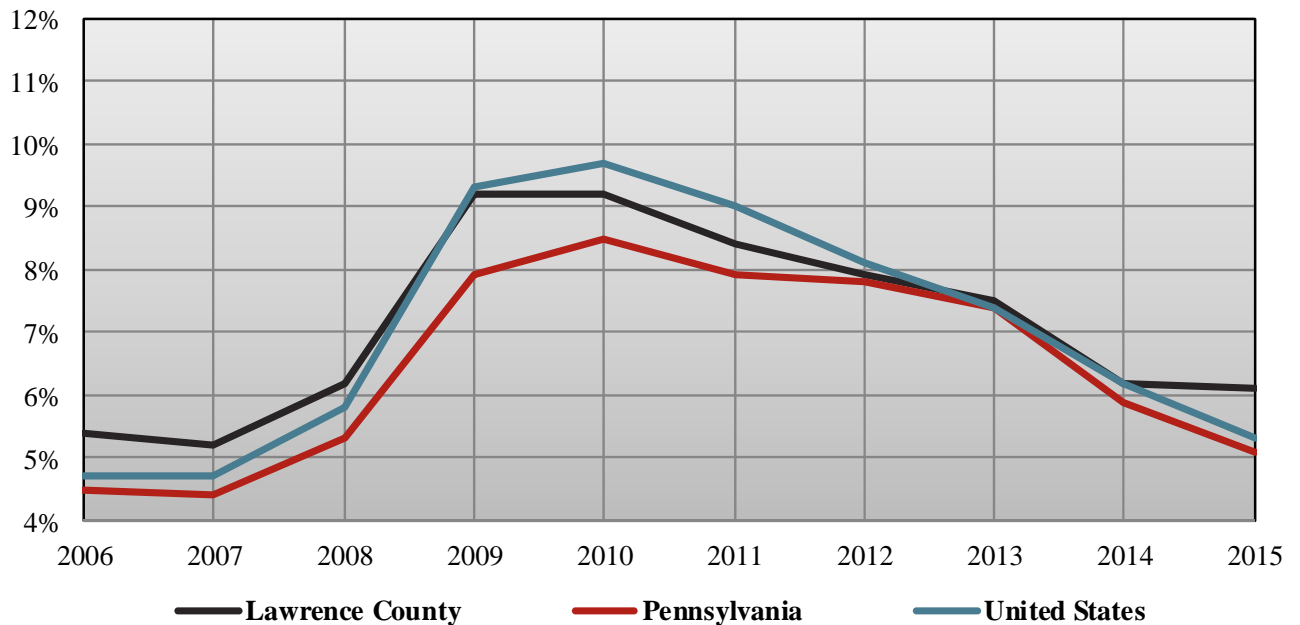
Unemployment Rate

Exhibit 7 presents the average annual resident unemployment rates for Lawrence County, Pennsylvania, and the United States. Exhibit 8 illustrates that unemployment rates for the Community had risen from 2006 through 2010, and declined in recent years, which was consistent with Pennsylvania and the United States. The unemployment rate for the Community has consistent exceeded the State of Pennsylvania rate.

Exhibit 7										
UPMC Jameson Community										
Average Annual Unemployment Rate										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Lawrence County	5.4%	5.2%	6.2%	9.2%	9.2%	8.4%	7.9%	7.5%	6.2%	6.1%
Pennsylvania	4.5%	4.4%	5.3%	7.9%	8.5%	7.9%	7.8%	7.4%	5.9%	5.1%
United States	4.7%	4.7%	5.8%	9.3%	9.7%	9.0%	8.1%	7.4%	6.2%	5.3%

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

Exhibit 8
Average Annual Unemployment Rate 2006 - 2015



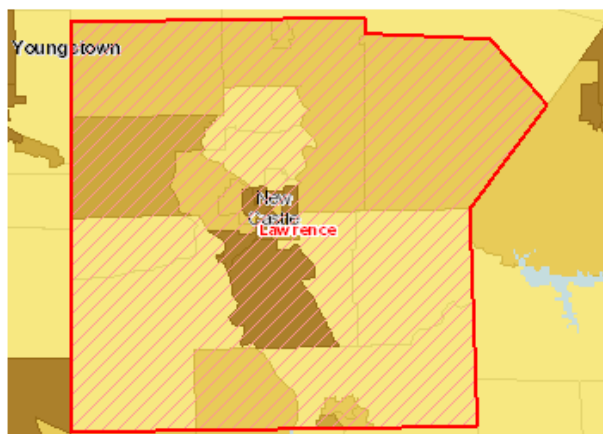
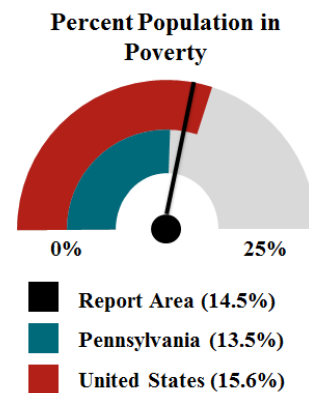
Poverty

Exhibit 9 presents the percentage of total population below 100% FPL (Federal Poverty Level) for the 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 status.

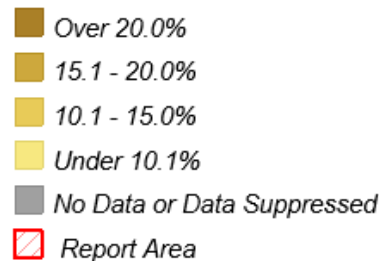
Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community’s medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics’ 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.

Exhibit 9 UPMC Jameson Community Population Below 100% FPL (Federal Poverty Line)			
	Total Population	Population below FPL	Percent in Poverty
Lawrence County	87,472	12,660	14.5%
Pennsylvania	12,346,333	1,667,858	13.5%
United States	306,226,400	47,755,608	15.6%

Source: Community Commons (US Census Bureau, American Community Survey, 2010-2014).



Population Below the Poverty Level, Percent by Tract, ACS 2010-14

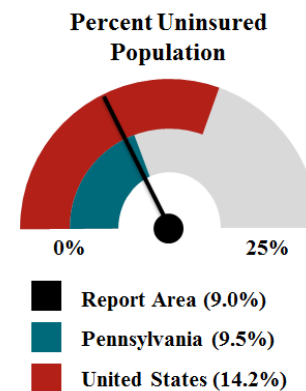


Uninsured

Exhibit 10 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for the Community, Pennsylvania and the United States. 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.

Exhibit 10 UPMC Jameson Community Health Insurance Coverage Status by Age			
	Total Population	Total Uninsured	Percent Insured
Lawrence County	88,781	8,013	9.0%
Pennsylvania	12,553,967	1,195,810	9.5%
United States	309,082,272	43,878,140	14.2%

Source: Community Commons (US Census Bureau, American Community Survey, 2010-2014).

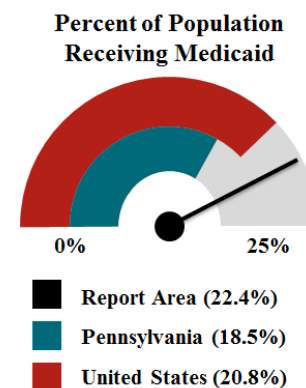


Medicaid

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 UPMC Jameson Community Population Receiving Medicaid					
	Total Population	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Total Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Lawrence County	88,781	80,768	18,053	20.3%	22.4%
Pennsylvania	12,553,967	11,358,157	2,099,544	16.7%	18.5%
United States	309,082,272	265,204,128	55,035,660	17.8%	20.8%

Source: Community Commons (US Census Bureau, American Community Survey, 2010-2014).



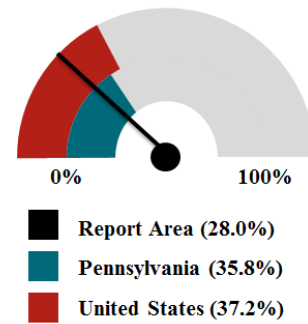
Education

Exhibit 12 presents educational attainment with an Associate’s level degree or higher for the Community, Pennsylvania and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

Exhibit 12 UPMC Jameson Community Educational Attainment of Population Age 25 and Older			
	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
Lawrence County	63,720	17,867	28.0%
Pennsylvania	8,764,740	3,140,051	35.8%
United States	209,056,128	77,786,232	37.2%

Source: Community Commons (US Census Bureau, American Community Survey, 2010-2014).

Percent Population Age 25+ with Associate’s Degree or higher



Physical Environment of the Community

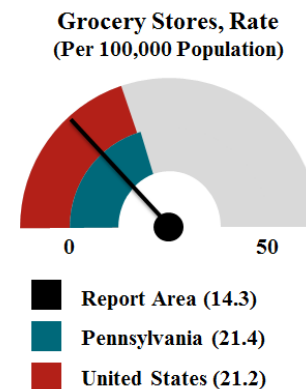
A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned 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 UPMC Jameson Community Grocery Store Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Lawrence County	91,108	13	14.3
Pennsylvania	12,702,379	2,716	21.4
United States	312,732,537	66,286	21.2

Data Source: Community Commons (US Census Bureau, County Business Patterns, Additional data analysis by CARES. 2013).

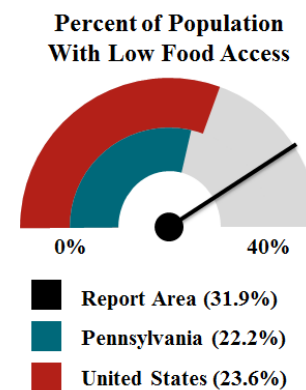


Food Access/Food Deserts

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 UPMC Jameson Community Population with Low Food Access			
	Total Population	Population with Low Food Access	Percent with Low Food Access
Lawrence County	91,108	29,015	31.9%
Pennsylvania	12,702,379	2,824,508	22.2%
United States	308,745,538	72,905,540	23.6%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010).

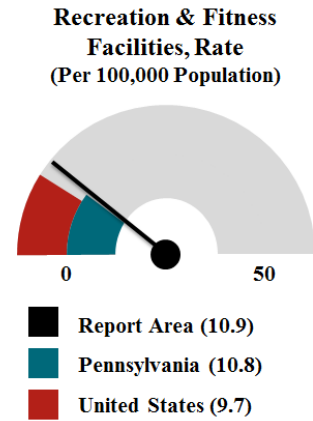


Recreation and Fitness Access

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.

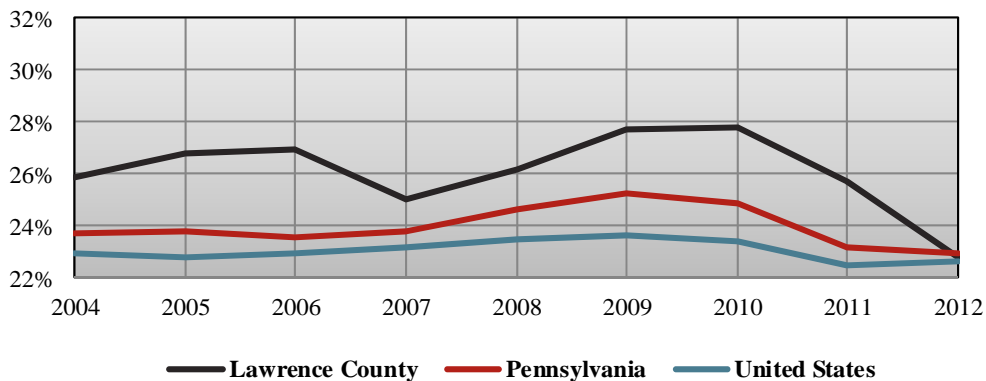
Exhibit 15 UPMC Jameson Community Recreation and Fitness Facility Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Lawrence County	91,108	10	10.9
Pennsylvania	12,702,379	1,369	10.8
United States	312,732,537	30,393	9.7

Data Source: Community Commons (US Census Bureau, County Business Patterns, Additional data analysis by CARES, 2013).



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 Community has had a similar percentage of adults who are physically inactive compared to Pennsylvania, and a higher percentage of adults than the United States. The trend has been decreasing over the years to become in line with the rest of the United States.

Exhibit 16
Percent Adults Physically Inactive by Year, 2004 - 2012



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 un-insurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

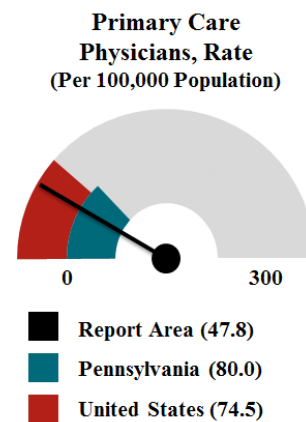
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program 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 sub-specialties within the listed specialties are excluded. This is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 17 UPMC Jameson Community Access to Primary Care			
	Total Population 2012	Primary Care Physicians 2012	Primary Care Physicians Rate per 100,000
Lawrence County	89,871	43	47.8
Pennsylvania	12,763,536	10,217	80.0
United States	313,914,040	233,862	74.5

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012).

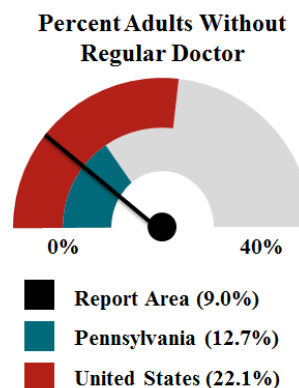


Lack of a Consistent Source of Primary Care

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 is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 18 UPMC Jameson Community Lack of a Consistent Source of Primary Care			
	Survey Population Age 18 and Older	Total Adults without Regular Doctor	Percent Without Regular Doctor
Lawrence County	55,895	5,037	9.0%
Pennsylvania	9,777,605	1,244,908	12.7%
United States	236,884,668	52,290,932	22.1%

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

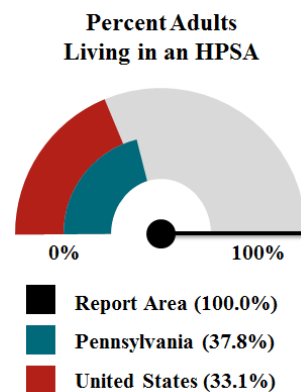


Population Living in a Health Professional Shortage Area

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 is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 19 UPMC Jameson Community Population Living in a Health Professional Shortage Area (HPSA)			
	Total Population	Population Living in an HPSA	Percent Living in an HPSA
Lawrence County	91,108	91,108	100.0%
Pennsylvania	12,702,379	4,806,927	37.8%
United States	308,745,538	102,289,607	33.1%

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



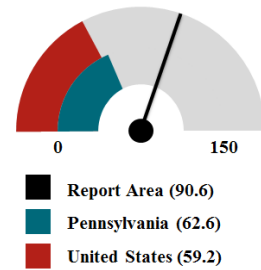
Preventable Hospital Events

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

Exhibit 20 UPMC Jameson Community Preventable Hospital Events			
	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Conditions Hospital Discharges	Ambulatory Care Sensitive Conditions Discharges Rate
Lawrence County	6,898	624	90.6
Pennsylvania	1,158,720	72,543	62.6
United States	58,209,898	3,448,111	59.2

Data Source: Community Commons (Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012).

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



Health Status of the Community

This section of the assessment reviews the health status of the Community with comparisons to the State of Pennsylvania. 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 Health System 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 2010*, 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 percent 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:

<i>Lifestyle</i>	<i>Primary Disease Factor</i>
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Drug and alcohol 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

Lifestyle	Primary Disease Factor
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Drug and alcohol 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 in death in the 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 the Community, and compares the rates, to the State of Pennsylvania average rates, per hundred thousand.

Exhibit 21 UPMC Jameson Community Selected Causes of Resident Deaths: Number and Crude Rate (Crude rates per 100,000 population)						
	Lawrence County		Pennsylvania		United States	
	Number	Rate	Number	Rate	Number	Rate
Heart Disease	284	314.2	31,674	248.8	600,899	193.0
Cancer	255	282.2	28,850	226.6	577,313	185.4
Ischaemic Heart Disease	182	201.2	19,363	152.1	376,572	120.9
Lung Disease	61	67.0	6,505	51.1	142,214	45.7
Stroke	56	62.4	6,704	52.7	128,955	41.4
Unintentional Injury	53	58.6	6,027	47.4	124,733	40.1
Suicide	13	14.2	1,678	13.2	39,308	12.6
Motor Vehicle Accident	12	13.0	1,346	10.6	34,139	11.0

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2009-13).

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:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - 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 part of the analysis of the needs assessment for the community, the relative health status of Lawrence County will be compared to the state of Pennsylvania as well as to a national benchmark as seen in *Exhibits 22 and 22a*. The current year information is compared to the health outcomes reported on the prior community health needs assessment 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.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The following tables show changes in Lawrence County's mortality and morbidity outcomes have mostly decreased from the prior community health needs assessment.

Exhibit 22 UPMC Jameson Community County Health Rankings - Health Outcomes					
	Lawrence County 2013	Lawrence County 2016	Increase/ Decrease	PA 2016	Top US Performers 2016
Length of Life*	52	59	↑		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,600	8,100	↑	6,900	5,200
Quality of Life*	62	64	↑		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	16.0%	14.0%	↓	16.0%	12.0%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.7	3.8	↓	3.8	2.9
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (Age Adjusted)	3.5	4.1	↑	4.1	2.8
Low birth weight - Percent of live births with low birth weight (<2500 grams)	8.9%	9.0%	↑	8.0%	6.0%
* Rank out of 67 Pennsylvania counties Note: N/A Indicates Missing Data Source: Countyhealthrankings.org					

Exhibit 22a UPMC Jameson Community Additional Health Indicators				
Characteristics	Lawrence County	Pennsylvania	United States	Health People 2020
Morbidity				
Diabetes (%)	12.0%	10.0%	8.7%	N/A
Mental Health (%) (Mental health not good in past month)	34.0%	35.0%	N/A	N/A
Health Behaviors				
Adult Obesity (%)	35.0%	30.0%	29.4%	30.5%
Excessive Alcohol Use (%)	15.0%	17.0%	16.8%	24.4%
Current Tobacco Use (%)	24.0%	21.0%	19.0%	12.0%
Clinical Care				
Pneumonia Vaccinations, 65+ (%)	74.0%	69.0%	69.5%	90.0%
Source: County and State - Pennsylvania Department of Health, Behavioral Risk Factor Surveillance Survey United States - Centers for Disease Control and Prevention Healthy People, 2020				

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 Health System’s community. The improvements/challenges shown below in Exhibits 23 were determined using a process of comparing the rankings of Lawrence County’s health outcomes in the current year to the rankings in the prior community health needs assessment. If the current year rankings showed an improvement or decline of four percent or four points, they were included in the charts below. Please refer to the Appendix for the full list of health factor findings and comparisons between the prior community health needs assessment information and current year information.

Exhibit 23	
UPMC Jameson Community	
Lawrence County Improvements and Challenges	
Improvements	Challenges
Adult Smoking - percent decreased from 24% to 19%	Adult Obesity - percent increased from 30% to 33%
Physical Inactivity - percent decreased from 29% to 25%	Excessive Drinking - percent increased from 13% to 17%
Uninsured Adults - percent decreased from 13% to 11%	Sexually Transmitted Infections - rate increased from 276 to 300 per 100,000 population
Primary Care Physicians - ratio of population to primary care physicians decreased from 2,116:1 to 2,030:1	Diabetic Screenings - percent decreased from 62% to 57%
Dentists - ratio of population to dentists decreased from 2,068:1 to 1,890:1	Children in single-parent households - percent increased from 32% to 37%
Preventable Hospital Stays - number decreased from 95 to 78	Violent Crime Rate - rate increased from 403 to 454 per 100,000 population
Mammography Screenings - percent increased from 81% to 85%	
High School Graduation - percent increased from 91% to 92%	
Some College - percent increased from 54% to 59%	
Unemployment - percent decreased from 8.5% to 6.2%	
Children in Poverty - percent decreased from 25% to 21%	
Income Inequality - ratio of household incomes in 80th percentile to 20th percentile decreased from 18.0 to 4.6 decreased from 25% to 21%	

As can be seen from the summarized tables above, there are numerous areas of the Community that have room for improvement when compared to the state statistics. However, there are also significant improvements made within each county from the prior community health needs assessment.

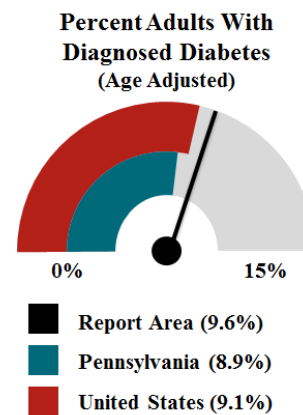
The following exhibits show a more detailed view of certain health outcomes and factors for the Community, Pennsylvania and the United States.

Diabetes (Adult)

Exhibit 24 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 24			
UPMC Jameson Community			
Population with Diagnosed Diabetes			
	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Lawrence County	68,822	8,121	9.6%
Pennsylvania	9,649,568	984,651	8.9%
United States	234,058,710	23,059,940	9.1%

* Age-adjusted Rate
 Data Source: Community Commons (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012).

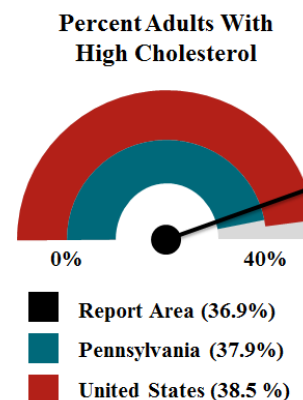


High Cholesterol (Adult)

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 had high blood cholesterol.

Exhibit 25			
UPMC Jameson Community			
Population with High Cholesterol			
	Survey Population Age 18 and Older	Population with High Cholesterol	Percent with High Cholesterol
Lawrence County	41,266	15,208	36.9%
Pennsylvania	7,669,036	2,906,160	37.9%
United States	180,861,326	69,662,357	38.5%

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

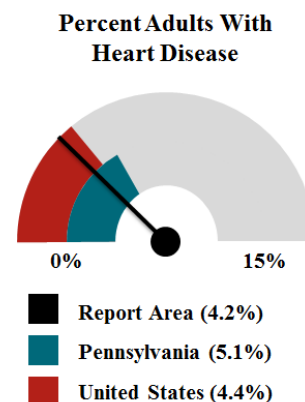


Heart Disease (Adult)

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 have coronary heart disease or angina. This 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 26 UPMC Jameson Community Population with Heart Disease			
	Survey Population Age 18 and Older	Population with Heart Disease	Percent with Heart Disease
Lawrence County	55,476	2,324	4.2%
Pennsylvania	9,757,195	500,791	5.1%
United States	236,406,904	10,407,185	4.4%

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

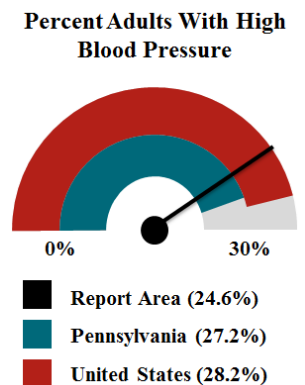


High Blood Pressure (Adult)

Exhibit 27 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.

Exhibit 27 UPMC Jameson Community Population with High Blood Pressure			
	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Lawrence County	71,781	17,658	24.6%
Pennsylvania	9,857,384	2,681,208	27.2%
United States	232,556,016	65,476,522	28.2%

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

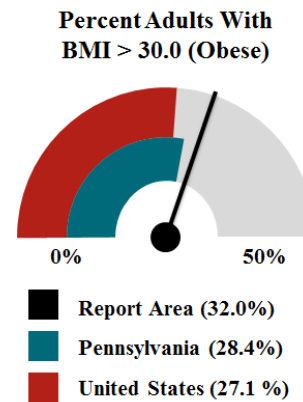


Obesity

Exhibit 28 reports the percentage of adults aged 20 and older 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.

Exhibit 28 UPMC Jameson Community Population with Obesity			
	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent with BMI > 30.0 (Obese)
Lawrence County	68,738	22,340	32.0%
Pennsylvania	9,654,554	2,782,229	28.4%
United States	231,417,834	63,336,403	27.1%

Data Source: Community Commons (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012).

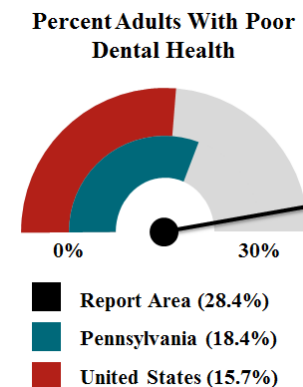


Poor Dental Health

Exhibit 29 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 is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Exhibit 29 UPMC Jameson Community Population with Poor Dental Health			
	Survey Population Age 18 and Older	Population with Poor Dental Health	Percent with Poor Dental Health
Lawrence County	71,732	20,357	28.4%
Pennsylvania	9,857,384	1,814,547	18.4%
United States	235,375,690	36,842,620	15.7%

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

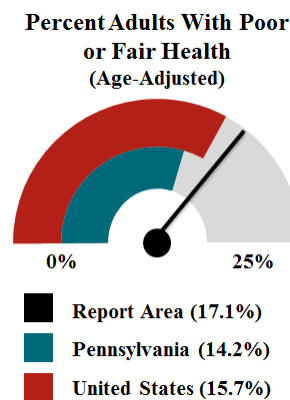


Poor General Health

Exhibit 30 reports the percentage of adults aged 18 and older 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 is relevant because it is a measure of general poor health status.

Exhibit 30 UPMC Jameson Community Population with Poor General Health			
	Survey Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
Lawrence County	71,781	14,356	17.1%
Pennsylvania	9,857,384	1,518,037	14.2%
United States	232,556,016	37,766,703	15.7%

* Age-adjusted Rate
 Data Source: Community Commons (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse. 2006-12).

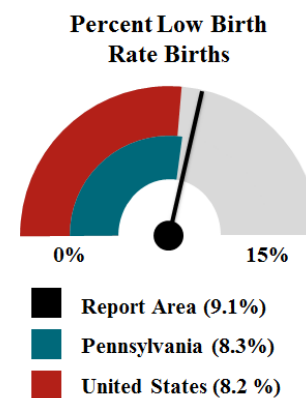


Low Birth Weight

Exhibit 31 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.

Exhibit 31 UPMC Jameson Community Births with Low Birth Weight (under 2500g)			
	Total Live Births	Low Weight Births	Percent Low Weight Births
Lawrence County	6,783	617	9.1%
Pennsylvania	1,031,597	85,623	8.3%
United States	29,300,495	2,402,641	8.2%

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12).



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

Interviews with 11 key informants were conducted in May 2016. 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 Health System contacted all individuals nominated for interviewing. Her knowledge of the community, and the personal relationships she held with the potential interviewees added validity to the data collection process. If the respective key informant agreed to an interview, an interview time and place was scheduled.

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

- ✓ 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 the residents within the Community
- ✓ 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 slightly 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:

- ✓ UPMC Jameson
- ✓ Social service agencies
- ✓ Local county government
- ✓ Public health agencies
- ✓ Other medical providers

Key Informant Interview Results

The interview questions for each key informant were identical. The questions on the interview instrument are grouped into four 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

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

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 their respective 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.

Based on a scale from one to ten, informants were asked to rate the overall health of the Community. The scores ranged from four to eight, with an average score of six.

When asked whether the health and quality of life had improved, declined or stayed the same, eight of the twelve informants stated it had improved or stayed about the same. The other respondents indicated it was worse.

Overall, key informants value the Health System and its new affiliation with UPMC's impact on community health.

“Glad to have UPMC in the community.”

“Good direction now with UPMC and additional resources.”

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 quality of life may not be as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. We asked the key informants to consider the specific populations they serve or those with which they usually work.

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

The elderly/aging were also identified as a population that is faced with challenges accessing care due to transportation limitations and fixed incomes. A high concentration in a population of elderly people contributes to the rise in health care costs. This in turn causes economic strain for the Community, and especially the elderly that need the increased care.

Lastly, key informants noted individuals with drug and alcohol abuse issues and with mental health issues are also an underserved population within the Community. These issues lead to housing issues with many become homeless.

3. Barriers

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants include lack of education and preventative health knowledge, lack of access to primary care providers, unemployment and financial difficulties

Lack of education and preventative health knowledge are barriers because individuals do not have the knowledge or mindset on how to get a health care provider and do not know where to receive proper services. Unemployment and financial difficulties can also contribute to obtaining health services.

4. Most Important Health and Quality of Life Issues

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the county. Again, there was a wide array of responses. The issues commonly identified were:

- Poverty
- Access to care
- Substance abuse
- Mental health issues
- Obesity

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

- Collaboration of health system and social services to address issues.
- Economic stimulus for the Health System and agencies to expand services.
- Increase access to primary care providers and specialists, including mental health providers.
- More education and awareness regarding resources and preventive programs.

5. Feedback on Prior CHNA Identified Needs

Although comments were not provided in writing, key informants were asked questions during the interview process in an effort to evaluate whether the Health System's prior identified needs are still perceived as being an issue within the community. The prior CHNA identified the following as the top priorities:

- Physicians and specialists
- Substance abuse (drugs and alcohol)
- Mental and behavioral health
- Obesity and nutrition
- Tobacco use

Stakeholders feel these priorities continue to be issues but have seen improvements in tobacco use. Substance abuse is still a major issue. Many are hoping with the health systems new affiliation with UPMC will bring more specialists to the area.

Key Findings

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

- Education was a recurring theme throughout the interviews. Education on health issues, preventative care and nutritional information is needed.
- Many people are considered to be living within the lower socioeconomic bracket and do not have the education or awareness on making healthy lifestyle choices.
- It is seen by the Community that a high population of people over age 65 is an issue for the overall health and quality of life for the Community.
- Substance abuse and mental health issues are seen as critical health issues in the community due to the overall negative impact it has on one's health.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (See Appendices), the Health System'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 32*.

Exhibit 32				
UPMC Jameson Community				
Zip Codes with Highest Community Need Index				
Zip Code	CNI Score*	Population	City	County
16101	3.4	33,050	New Castle	Lawrence
16102	2.8	5,314	New Castle	Lawrence
16116	2.4	3,111	Edinburg	Lawrence
16117	2.4	16,460	Ellwood City	Lawrence
16141	2.4	1,823	New Galilee	Lawrence
16156	2.4	3,253	Volant	Lawrence
16157	2.4	4,763	Wampum	Lawrence
16105	2.2	15,073	New Castle	Lawrence
16142	2.2	6,105	New Wilmington	Lawrence
16143	2.0	3,011	Pulaski	Lawrence
16112	1.8	1,507	Bessemer	Lawrence
16120	1.8	2,511	Enon Valley	Lawrence

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

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

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

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Health System; 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 Community Health Needs Assessment must provide a prioritized description of the community health needs identified through the CHNA, and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Health System 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 and death rates for the 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 Health System.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the Health System 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 five factors. Each factor received a score between 0 and 5.

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

Each need was ranked based on the six prioritization metrics. Exhibit 33 summarizes the list of needs that were identified:

Exhibit 33							
Jameson Health System							
Prioritization of Health Needs							
Health Problem	How Many People Are Affected By The Issue?	What Are The Consequences Of Not Addressing This Problem?	What Is The Impact On The Vulnerable Population?	How Important Is It To The Community?	How Many Sources Identified The Need?	How Does It Align With The Hospital Strategic Plan?	Total Score*
Drug and Alcohol Abuse	4	4	4	5	4	5	26
Primary Care Physicians & Specialists	5	3	4	5	3	5	25
Adult Obesity	5	4	4	4	3	5	25
Mental Health	4	2	4	5	3	5	23
Heart Disease	5	5	2	2	2	5	21
Children in Poverty	2	3	5	5	3	0	18
Uninsured Adults	3	2	4	4	3	0	16
Preventable Hospital Stays	5	2	5	2	2	0	16
Adult Smoking	4	3	4	3	2	0	16
Cancer	4	5	2	2	2	0	15
Lung Disease	5	4	2	2	2	0	15
Physical Inactivity	5	3	3	2	2	0	15
Stroke	4	4	2	2	2	0	14
Alcohol-Impaired Driving Deaths	5	3	3	2	1	0	14
Dentists	4	2	3	3	2	0	14
Violent Crime Rate	5	1	3	3	2	0	14
Mammography Screening	5	1	3	2	2	0	13
Children in Single-Parent Households	5	2	3	2	1	0	13
Lack of Health Knowledge/Education	1	1	4	5	2	0	13
Food Environment Index	3	1	4	2	2	0	12
Access to Exercise Opportunities	4	1	3	2	2	0	12
Diabetic Screen Rate	4	2	3	2	1	0	12
Teen Birth Rate	3	1	2	2	2	0	10
Sexually Transmitted Infections	1	2	2	2	2	0	9

*Highest potential score = 30

Management's Prioritization Process

For the health needs prioritization process, the Health System engaged a leadership team to review the most significant health needs reported in the prior CHNA as well as in *Exhibit 33* using the following criteria:

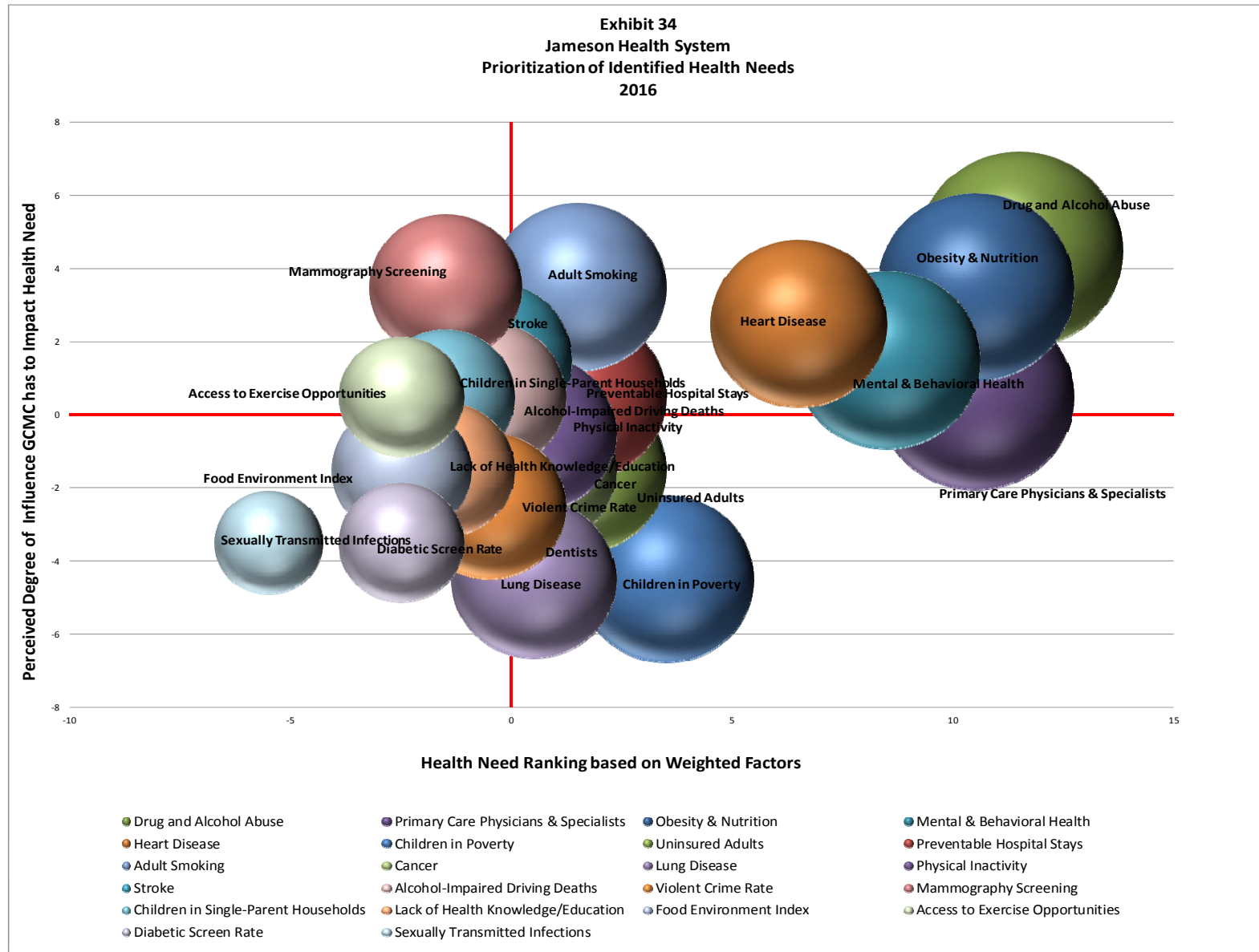
- 1) Current areas of focus for the Health System.
- 2) Established relationships with community partners to address the health need.
- 3) Organizational capacity and existing infrastructure to address the health need.

Health needs were then prioritized and charted on *Exhibit 34* taking into account their overall ranking, the degree to which the Health System can influence long-term change and the identified health needs impact on overall health.

Utilizing the statistical median (12) as the horizontal axis, the weighted-average ranking was plotted on *Exhibit 34*. Next, each identified health was assigned a value between 1 and 12 representing the perceived degree of influence the Health System has on impacting health outcomes related to the identified health need. Utilizing the statistical median (6) as the vertical axis, this value was charted.

Lastly, each health need was evaluated and assigned a rating between 1 and 12 regarding the health needs impact on overall health. Those health needs receiving the highest rating are represented by the largest spheres. Health needs with a ranking of 21 or above were deemed to be priority areas.

The graphical representation included on *Exhibit 34* is intended to aid in identifying health priorities for the organization. By addressing those needs in the upper right quadrant, overall community health will likely improve as these needs have the greatest impact on overall health and the Health System is more likely to influence a positive impact on these needs. Additionally, the largest circles represent the most significant health needs of the community.



Needs Reviewed by Management:

Needs in Order of Ranking - 2012 Tax Year	Needs in Order of Ranking - 2015 Tax Year
Physicians and Specialists	Drug and Alcohol Abuse
Drug and Alcohol Abuse	Primary Care Physicians and Specialists
Mental and Behavioral Health	Adult Obesity and Nutrition
Obesity and Nutrition	Mental and Behavioral Health
Tobacco Use	Heart Disease

Based on the criteria outlined above, the leadership team has identified the following priority areas that will be addressed through UPMC Jameson's Implementation Strategy for fiscal year 2017-2019:

- 1) Drug and Alcohol Abuse
- 2) Primary Care Physicians and Specialists
- 3) Adult Obesity and Nutrition
- 4) Mental and Behavioral Health
- 5) Heart Disease

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. This section addresses the availability of health care resources to the residents in the Community.

Hospitals and Health Centers

The Health System has 194 beds and is one of two acute care hospitals located in the county. Residents of the Community also take advantage of services provided by hospitals in neighboring counties.

Exhibit 35 summarizes acute care hospital services available in Lawrence County:

Exhibit 35 UPMC Jameson Community Summary of Acute Care Hospitals					
Facility	Address	County	Miles from New Castle, PA	Beds*	Facility Type
UPMC Jameson	1211 Wilmington Avenue, New Castle, PA 16105	Lawrence	0.0	194	Short Term/Acute Care
Ellwood City Hospital	724 Pershing Street, Ellwood City, PA 16117	Lawrence	13.0	52	Short Term/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 Health System's Community. *Exhibit 36* provides a listing of community health centers:

Other facilities in the Community include rural health clinics, home health, hospice, adult day care, ambulatory surgery centers, rehabilitation agencies, psychiatric residential treatment facilities and private duty nursing providers.

Exhibit 36 UPMC Jameson Community Summary of Other Health Care Facilities			
Facility	Address	County	Facility Type
Jameson Shenango Community Health Center	2655 Ellwood Road, New Castle, PA 16101	Lawrence	Community Health Center
Jameson Mohawk Community Health Center	341 Mohawk Road, New Castle, PA 16102	Lawrence	Community Health Center
Jameson New Wilmington Community Health Center	138 Market Street, New Wilmington, PA 16142	Lawrence	Community Health Center
New Castle Primary Care	1112 S Mill Street, New Castle, PA 16101	Lawrence	Community Health Center
PHN Wellness	1000 S Mercer Street, New Castle, PA 16101	Lawrence	Community Health Center
New Castle Dental Center & Fox Chase Health Center	2807 Wilmington Road, New Castle, PA 16105	Lawrence	Community Health Center

* Primary Health Network
Source: Health Resources and Services Administration - <http://findahealthcenter.hrsa.gov/#>

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.

Key Informants

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

Doug Danko, *CEO/President, UPMC Jameson*

Gayle Young, *Executive Director, United Way of Lawrence County*

Joe Venasco, *Administrator, Lawrence County Mental Health Development Services MH/MR Programs*

Drew Pierce, *CEO, Primary Health Network (FQHC)*

Dr. Jerzy Magda, *Medical Staff President, UPMC Jameson*

Dominic Motto, *Presiding Judge, Lawrence County*

Amy McKinney, *Lawrence County Planning*

Dr. Mark Matta, *Lawrence County Psychiatrist*

Charlene Verdi, *Community Education Director, UPMC Jameson*

Dan Vogler, *Lawrence County Commissioner*

Dr. Dennis Nebel, *Executive Director, Human Services Center*

Jodie Jones, *Community Health Nurse Supervisor, Pennsylvania Department of Health (covers Lawrence County)*

SOURCES

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2015
Community Details: Population & Demographics	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Community Details: Urban/Rural Population	Community Commons via US Census Bureau http://www.communitycommons.org/	2010
Socioeconomic Characteristics: Income	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Socioeconomic Characteristics: Employment by Major Industry	US Department of Labor , Bureau of Labor Statistics http://www.bls.gov/cew/datatoc.htm	2014
Socioeconomic Characteristics: Top Employers by County	PA Site Search http://www.pasitesearch.com/topEmp.aspx	2016
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2006 - 2015
Socioeconomic Characteristics: Poverty	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Socioeconomic Characteristics: Uninsured	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Socioeconomic Characteristics: Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Socioeconomic Characteristics: Education	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Physical Environment: Grocery Store Access	Community Commons via US Census Bureau http://www.communitycommons.org/	2013
Physical Environment: Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment: Recreation/Fitness Access	Community Commons via U.S. Census Bureau, County Business Patterns http://www.communitycommons.org/	2013
Physical Environment: Physical Inactivity	Community Commons via Centers for Disease Control & Prevention http://www.communitycommons.org/	2012
Clinical Care: Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2012
Clinical Care: Lack of 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/	2012
Leading Causes of Death	Community Commons via Centers for Disease Control and Prevention http://www.communitycommons.org/	2009 - 2013
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/	2013 & 2016
Health Outcomes and Factors: County and State	PA Department of Health, Behavioral Risk Factor Surveillance Survey http://www.statistics.health.pa.gov/HealthStatistics/BehavioralStatistics/	2011 - 2013
Health Outcomes and Factors: United States	Centers for Disease Control and Prevention http://www.cdc.gov/	2013
Health Outcomes and Factors: Benchmarks	Healthy People, 2020 https://www.healthypeople.gov/	2010
Health Outcome Details	Community Commons http://www.communitycommons.org/	2006 - 2012

DATA TYPE	SOURCE	YEAR(S)
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2016
Health Care Resources: Hospitals Cost Reports	Cost Report Data https://www.costreportdata.com/	2015
Health Care Resources: Community Health Centers	Health Resources and Services Administration http://findahealthcenter.hrsa.gov/#	2016
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2016

In addition to the following sources, local and state public health department input and data were obtained and utilized in this community health needs assessment. UPMC Jameson relied on publicly available Pennsylvania Department of Health reports to understand the health needs of the community.

ANALYSIS OF DATA

Jameson Health System Community Analysis of CHNA Data Analysis of Health Status-Leading Causes of Death (2016)					
	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"
Lawrence County					
Heart Disease	193.0	248.8	314.2	273.7	Health Need
Cancer	185.4	226.6	282.2	249.3	Health Need
Ischaemic Heart Disease	120.9	152.1	201.2	167.3	Health Need
Lung Disease	45.7	51.1	67.0	56.2	Health Need
Stroke	41.4	52.7	62.4	58.0	Health Need

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

Analysis of Health Outcomes and Factors (2016)					
	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"
Lawrence County					
Adult Smoking	14.0%	20.0%	19.0%	22.0%	
Adult Obesity	25.0%	29.0%	33.0%	31.9%	Health Need
Food Environment Index	8.4	7.7	6.8	8.5	
Physical Inactivity	20.0%	24.0%	25.0%	26.4%	
Access to Exercise Opportunities	92.0%	85.0%	77.0%	93.5%	
Excessive Drinking	10.0%	18.0%	17.0%	19.8%	
Alcohol-Impaired Driving Deaths	14.0%	33.0%	27.0%	36.3%	
Sexually Transmitted Infections	138	408	300	449	
Teen Birth Rate	20	27	31	30	Health Need
Uninsured	11.0%	12.0%	11.0%	13.2%	
Primary Care Physicians	1045	1220	2030	1342	Health Need
Dentists	1377	1550	1890	1705	Health Need
Mental Health Providers	386	580	940	638	Health Need
Preventable Hospital Stays	41	57	78	63	Health Need
Diabetic Screen Rate	90.0%	86.0%	85.0%	77.4%	
Mammography Screening	70.7%	64.0%	57.0%	57.6%	Health Need
Children in Poverty	13%	19%	21%	21%	Health Need
Children in Single-Parent Households	20.0%	33.0%	37.0%	36.3%	Health Need
Violent Crime Rate	59	357	454	393	Health Need

The crude rate is shown per 100,000 residents. Please refer to the County Health Rankings in the Appendix for more information.

KEY INFORMANT INTERVIEW PROTOCOL

**COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
KEY INFORMANT INTERVIEW QUESTIONS**

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

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

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 a person and we again greatly appreciate you taking a few minutes of your time to help the Medical Center 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 will be asking you a series of questions about health and quality of life in Lawrence 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.

1.) Rank the overall health and quality of life in Lawrence 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 Lawrence 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 Lawrence County?

5.) What are the most critical health and quality of life issues in Lawrence 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 Lawrence 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 several needs: physicians & specialists, drug & alcohol abuse, mental & behavioral health, obesity & nutrition, and tobacco use. Do you believe these needs are still an issue?

11.) Do you have any particular comments on the Medical Center 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?

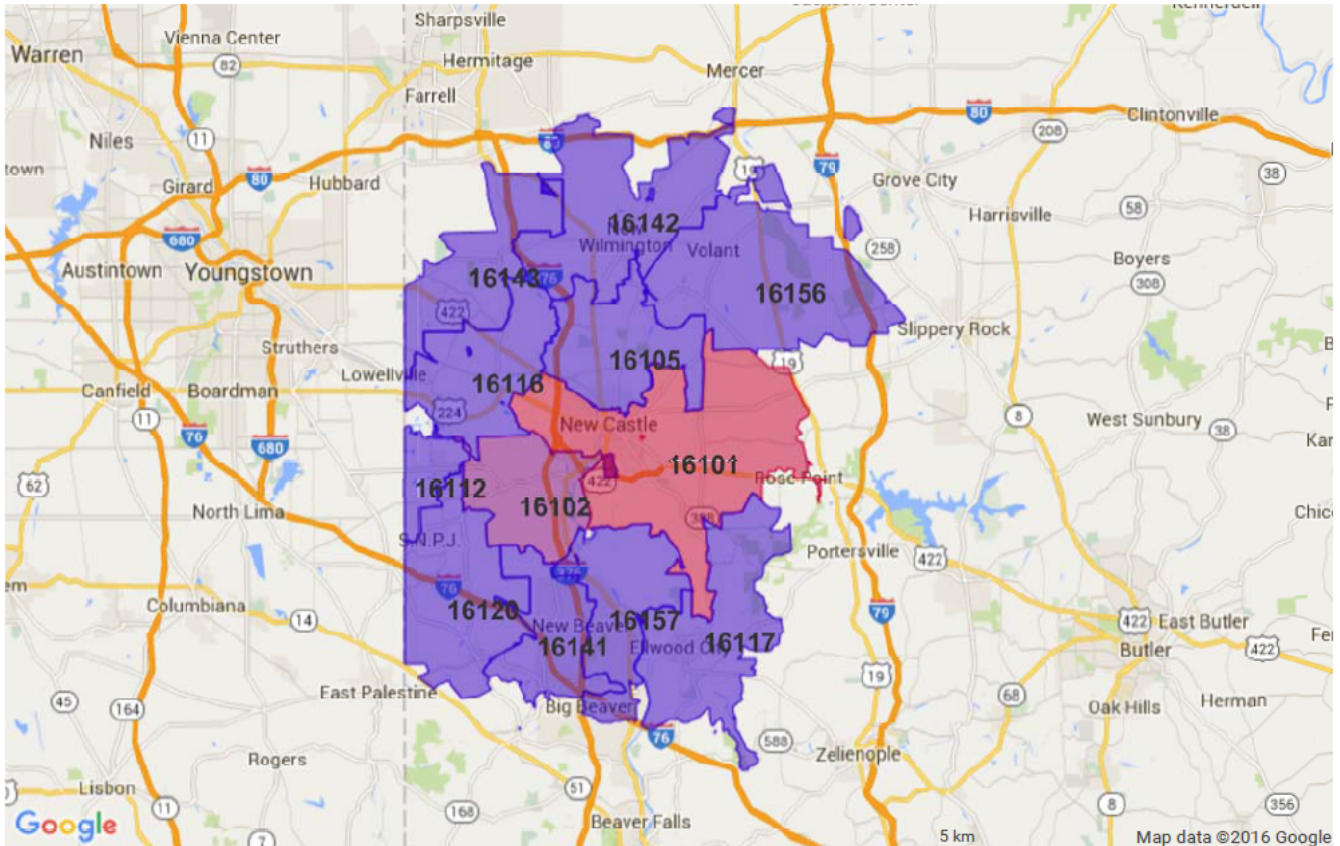
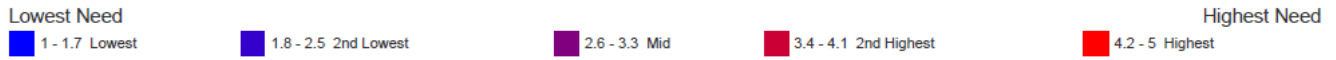
Thank you so much for sharing your concerns and perspectives on the health needs in our community. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Lawrence County. Before we conclude the interview,

Is there anything else you would like to add?

As a reminder, summary results will be made available by the Medical Center and used to develop a community-wide health improvement plan (also known as a Community Health Needs Assessment).

DIGNITY HEALTH COMMUNITITH HEALTH NEED INDEX REPORTS

Lawrence County



Mean(zipcode): 2.3 / Mean(person): 2.7

CNI Score Median: 2.4

CNI Score Mode: 2.4

COUNTY HEALTH RANKINGS

Lawrence County UPMC Jameson Community County Health Rankings - Health Factors					
	Lawrence County 2013	Lawrence County 2016		PA 2016	Top US Performers 2016
Health Behaviors*	35	37	↑		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	24.0%	19.0%	↓	20.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	30.0%	33.0%	↑	29.0%	25.0%
Food environment index[^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	N/A	6.8	—	7.7	8.3
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	29.0%	25.0%	↓	24.0%	20.0%
Access to exercise opportunities[^] - Percentage of population with adequate access to locations for physical activity	N/A	77.0%	—	85.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	13.0%	17.0%	↑	18.0%	12.0%
Alcohol-impaired driving deaths - % of motor vehicle crash deaths with alcohol involvement	N/A	27.0%	—	33.0%	14.0%
Sexually transmitted infections - Chlamydia rate per 100K population	276.0	300.4	↑	407.8	134.1
Teen births - female population, ages 15-19	31.0	31.0	—	27.0	19.0
Clinical Care*	57	54	↓		
Uninsured adults - Percent of population under age 65 without health insurance	13.0%	11.0%	↓	12.0%	11.0%
Primary care physicians - Number of population for every one primary care physician	2,116.0	2,030.0	↓	1,220.0	1,040.0
Dentists - Number of population for every one dentist	2,068.0	1,890.0	↓	1,550.0	1,340.0
Mental health providers - Number of population for every one mental health provider	N/A	940.0	—	580.0	370.0
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	95.0	78.0	↓	57.0	38.0
Diabetic screening[^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	81.0%	85.0%	↑	86.0%	90.0%
Mammography screening[^] - Percent of female Medicare enrollees that receive mammography screening	62.2%	57.0%	↓	64.0%	71.0%
Social & Economic Factors*	51	38	↓		
High school graduation[^] - Percent of ninth grade cohort that graduates in 4 years	91.0%	92.0%	↑	86.0%	93.0%
Some college[^] - Percent of adults aged 25-44 years with some post-secondary education	54.1%	59.0%	↑	62.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	8.5%	6.2%	↓	5.8%	3.5%
Children in poverty - Percent of children under age 18 in poverty	25.0%	21.0%	↓	19.0%	13.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	18.0	4.6	↓	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	32.0%	37.0%	↑	33.0%	21.0%
Social associations[^] - Number of membership associations per 10,000 population	N/A	17.8	—	12.3	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	403.0	454.0	↑	357.0	59.0
Injury deaths - Number of deaths due to injury per 100,000 population	N/A	78.0	—	67.0	51.0
Physical Environment*	59	67	↑		
Air pollution-particulate matter days -Average daily measure of fine particulate matter in micrograms per cubic meter	14.5	14.1	↓	12.9	9.5
Drinking Water Violations - Percentage of population exposed to water exceeding a violation limit during the past year	No	Yes	↑	N/A	No
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	14.0%	—	15.0%	9.0%
Driving alone to work - Percentage of workforce that drives alone to work	N/A	85.0%	—	77.0%	71.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	N/A	29.0%	—	35.0%	15.0%
Note: N/A Indicates Missing Data					
* Rank out of 67 Pennsylvania counties					
[^] Opposite Indicator signifying that an increase is a positive outcome and a decrease is a negative.					
Source: Countyhealthrankings.org					

UPMC Jameson

*Community Health Needs
Implementation Strategy
September 2016*

Introduction

UPMC Jameson (Health System) has a 236-bed, not-for-profit hospital that is located in New Castle, PA. The Health System has an over ninety-year history of serving the community of Lawrence County and surrounding areas.

The Health System is served by over 220 physicians offering a broad spectrum of specialized services representing over 40 medical specialties. The Health System also offers a wide range of health services at its specialty care centers and community health centers.

Identifying Health Needs

A community health needs assessment was conducted from January 2016 through May 2016. Community input was provided through 12 key stakeholder interviews, including representatives from:

- ✓ UPMC Jameson
- ✓ Social service agencies
- ✓ Local county government
- ✓ Public health agencies
- ✓ Other medical providers

Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various publicly available data sources. 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 and other publicly available health data sources.

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

- Mental and Behavioral Health
- Drug and Alcohol Abuse
- Physicians and Specialists
- Obesity and Nutrition
- Heart Disease

The identified health needs were reviewed by the Health System management and priority areas, included in the table below, were determined based on their assessment of the qualitative and quantitative data. Identified needs were prioritized based on the following criteria:

- 1) How many people are affected by the issue or size of the issue?
- 2) What are the consequences of not addressing this problem?
- 3) The impact of the problem on vulnerable populations.
- 4) How important the problem is to the community.
- 5) Prevalence of common themes.
- 6) Alignment with the Health System’s strategic plan.

Priority	Corresponding Identified Health Need
Mental and Behavioral Health Drug and Alcohol Abuse	Improve the care of individuals with behavioral health conditions, especially drug and alcohol abuse. Improve access to mental and behavioral health care services and provide education and treatment for drug and alcohol problems
Physicians and Specialists	Improve access to primary care physicians and specialists
Obesity and Nutrition	Provide guidance and education to promote healthy eating, and encourage healthy living in both adults and children
Heart Disease	Develop programs to educate the community and improve prevention, management, and treatment of heart disease

Implementation Plan

Identified Need: Mental and Behavioral Health Including Drug and Alcohol Abuse

Key Objective (Anticipated Impact): The goal of the effort will be to improve the care of individuals living in Lawrence County with behavioral health conditions, especially drug and alcohol abuse. Additionally, by working collaboratively with community organizations, UPMC Jameson will improve access to mental and behavioral health care services and will educate and treat drug and alcohol problems within the community.

Strategy (Intended Actions): UPMC Jameson will conduct a study with the assistance and resources of Western Psychiatric Institute and Clinic (WPIC), and will evaluate and redesign the behavioral health programs being offered in Lawrence County.

Strategies will include assessing access to behavioral and mental health services, collaborating with the County and other local agencies, and working with WPIC to evaluate alternatives. The ability to leverage the system-wide resources and experience of UPMC will provide a wealth of knowledge and abilities that have been unavailable to the UPMC Jameson communities in any previous planning and program development.

Activities:

- In conjunction with WPIC, conduct a study to determine the needs and requirements for residents of Lawrence County.
- Evaluate current resources provided by local agencies, physicians, other Healthcare providers, and evaluate the needs in relation to current trends in care of this vulnerable population.
- Explore expansion of outpatient care with new services and added tools in the emergency room and primary care setting.
- Continue to meet with physicians, providers, schools, and community representatives to discuss current findings and alternatives.
- Continue to evaluate and expand outpatient treatment alternatives for the community.

Next Steps: Once the studies have been completed and a new plan and direction have been developed and adopted by the Board, the groups will meet with key stakeholders to evaluate an implementation plan and timeline that will provide all involved with required information.

Planned Collaborations: Western Psychiatric Clinic of UPMC, Lawrence County and other community agencies

Implementation Plan

Identified Need: Primary Care Physicians and Specialists

Key Objective (Anticipated Impact): Improve access to primary care physicians and specialists for Lawrence County residents by evaluating the current physician complement and developing a plan to recruit as needed.

Strategy (Intended Actions): In conjunction with UPMC complete a physician man power study of Lawrence and Mercer Counties to evaluate health care needs in relation to the current physician availability and regionalization plans.

Activities:

- Complete an assessment of physician need in Lawrence and Mercer Counties, including physician man power analysis, evaluation of current and future services to be provided within Lawrence and Mercer Counties, and assessment of population trends in the area in relation to out migration.
- Continue to explore opportunities to improve access, such as expanding hospitalist services and specialty clinics, enhancing residency programs to assist with physician recruitment and retention, and assessing the use of advanced practitioners to assist physicians and help meet patient needs.

All of these efforts will continue to involve retention of the current Medical Staff. In addition information technology will be enhanced, leveraging the resources and clinical abilities of the UPMC System, and ultimately improving UPMC Jameson's ability to provide access to care.

Next Steps: Once an assessment is completed, which includes physician man power analysis, a plan will be developed to recruit new physicians and retain the current medical staff to provide service to residents.

Planned Collaborations: UPMC System

Implementation Plan

Identified Need: Adult Obesity and Nutrition

Key Objective (Anticipated Impact): Provide guidance and education to promote healthy eating and encourage healthy living in both adults and children residing in Lawrence County.

Strategy (Intended Actions): Increase awareness within the community of healthy lifestyles including healthy eating and exercise to improve the overall health of the community.

Activities:

- Continue to work with community organizations as well as schools and religious groups to provide information, education, and assistance in community outreach to develop healthy alternatives.
- Continue to support and develop programs such as Meals on Wheels and Challenges to ensure they are reaching as much of the need as possible within the community.
- Work with the schools to bring healthy alternatives to students at a younger age to promote better health in adulthood.
- Continue to promote “Jameson MY Path” and use other technological advances as tools for promoting healthy living.

Next Steps: Continue to evaluate progress in the Community and enhance and develop current programs and education to enhance education, food alternatives, exercise, and healthy living on a long term basis.

Planned Collaborations: community organizations, schools, religious groups, Meals on Wheels

Implementation Plan

Identified Need: Heart Disease

Key Objective (Anticipated Impact): With Heart Disease identified as the leading cause of death within the UPMC Jameson Community, the key objective is to develop a program to educate the community and improve prevention, management, and treatment of heart disease.

Strategy (Intended Actions): Given UPMC's experience in treating heart disease, UPMC Jameson will develop a Heart and Vascular Institute to improve the prevention and management of heart disease, using evidence-based clinical treatments and protocols already used at other UPMC hospitals.

Activities:

- Evaluate and establish a plan to open a Heart and Vascular Institute at UPMC Jameson.
- Upgrade and enhance current technology at UPMC Jameson to include new Cath lab and other diagnostic equipment, and coordinate clinical advancements in thoracic and vascular care at UPMC Jameson.
- Improve access to specialty physicians at UPMC Jameson to provide timely clinical interventions and decrease the need to travel out of the Community.
- Continue community involvement with resource groups for adults and children to increase awareness of heart disease and healthy alternatives to combat the disease.
- Provide additional training and education to staff to increase their ability to educate and treat patients on heart disease prevention, especially signs and risks of heart disease.

Next Steps: Complete the analysis and planning steps to establish the Heart and Vascular Institute at UPMC Jameson, and promote heart disease prevention and management throughout the community.

Planned Collaborations: UPMC Heart and Vascular Institute, community organizations