



Lawrence County, PA Community Health Needs Assessment

June 2013



This Published Data Report is a collaborative project sponsored by:

Jameson Health System
and
The Ellwood City Hospital

Compiled by:

Carbis Walker LLP

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Message to the Community

We are pleased to present this report of Lawrence County, Pennsylvania - a collection and analyses of data regarding health issues and needs. This study was conducted from July through December 2012 to identify health issues of primary significance in the areas served by Jameson Health System and The Ellwood City Hospital in accordance with Internal Revenue Service guidance pursuant to the Patient Protection and Affordable Care Act of 2010.

We understand that a Community Health Needs Assessment (CHNA) is required to meet current government regulation. This assessment is intended to fulfill this purpose and to serve as a foundation for developing an implementation strategy to address the identified needs that the hospitals determine they are able to meet.

The health of our communities is, and must continue to be, an issue of concern and action for all of us. The information in this CHNA will encourage collaboration in identifying and establishing goals to address the complex health needs of our communities. The results enable all of us to more strategically establish priorities, improve interventions, and dedicate resources to improve the health of our communities and the region.



Acknowledgements

We wish to thank the individuals who advised us in completing the project and report. They include:

The Lawrence County CHNA Steering Committee:

Jameson Health System

- Douglas Danko, FACHE (President/Chief Executive Officer)
- James Aubel (Chief Financial Officer)

The Ellwood City Hospital

- Raymond J. Beck (Former President/Chief Executive Officer)
- Christopher M. Little, CPA, MBA, FHFMA (Vice President/Chief Financial Officer)
- Carolyn Izzo (Interim President/Chief Operating Officer)

Lawrence County Human Services Center

- Dennis W. Nebel, Psy.D.



Methodology

A Community Health Needs Assessment (CHNA) was facilitated on behalf of The Ellwood City Hospital and Jameson Health System to identify community health needs in the Lawrence County Community as required by the Patient Protection and Affordable Care Act (PPACA). The comprehensive process included a combination of community feedback, hospital staff representation, contributing social agency leaders and governmental officials, and selected primary and secondary sources of data to distinguish areas for improvement. The primary interview data included opinions from persons who represent the broad interests of the community served by the hospitals and included those with special knowledge and expertise of public health issues. Conventional health guides as well as demographic, economic, social, and environmental factors were evaluated. The data was utilized to address the identified health needs of the service area, to help set priorities, and to provide recommendations to the hospitals on ways to meet the community health needs.

Consultants from Carbis Walker LLP were engaged to facilitate the assessment. They completed the analyses, conducted the interviews, and developed the conclusions and observations included in this assessment. Hospital executive staff provided direction and coordination, identified data sources, and facilitated arrangement of interviews and other meetings. A total of 34 persons were interviewed.

All data originated from public sources, and all sources are footnoted or otherwise acknowledged in the body of this report. Other input came from persons interviewed. The comments made during interviews have not been ascribed to an individual.

An initial meeting was facilitated by Carbis Walker consisting of leadership of both hospitals in which a plan was developed and a steering committee identified. Carbis Walker then held a series of interviews of community members, stakeholders, and hospital staff as well as collected secondary data and reviewed existing health information. The information was compiled and our steering committee met to analyze the data and identify strengths and areas for improvement within the community. The top community health needs were identified and prioritized at a CHNA Steering Committee meeting on February 12, 2013. The final CHNA report was prepared that summarizes and prioritizes the top community health needs.



Data

LAWRENCE COUNTY

Lawrence County was created on March 20, 1849, from parts of Beaver and Mercer counties. It was named for the USS Lawrence, Oliver Hazard Perry's original flagship at the Battle of Lake Erie during the War of 1812. New Castle is the county seat and was chartered as a city in 1869.

The county has a total area of 363 square miles, of which 360 square miles are land and 3 square miles are water. Lawrence County sits adjacent to Mercer, Butler, and Beaver counties and also borders the State of Ohio to its west. The county sits 50 miles north of Pittsburgh and offers direct access to Interstates 80, 79, 76, and 376.

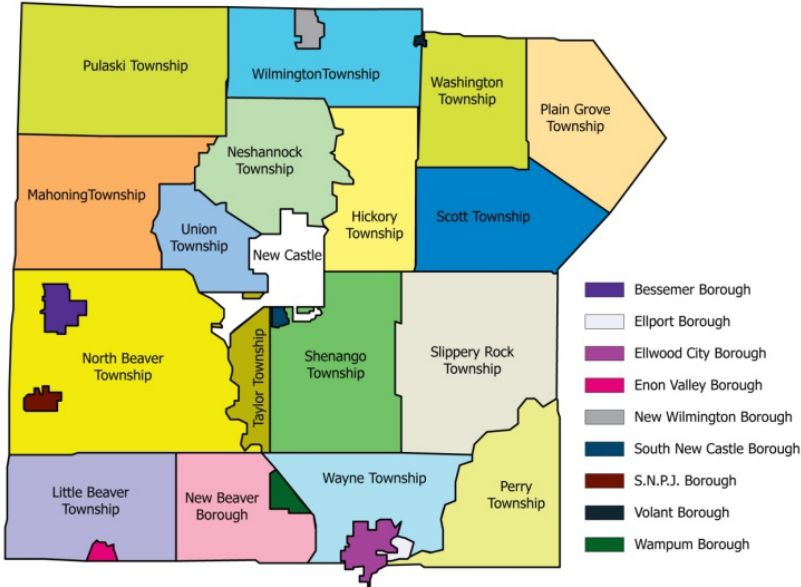
There are four types of incorporated municipalities: cities, boroughs, townships, and towns. The following city, boroughs, and townships are located in Lawrence County:

City: New Castle

Boroughs: Bessemer, Ellport, Ellwood City, Enon Valley, New Beaver, New Wilmington, S.N.P.J., South New Castle, Volant, and Wampum

Townships: Hickory, Little Beaver, Mahoning, Neshannock, North Beaver, Perry, Plain Grove, Pulaski, Scott, Shenango, Slippery Rock, Taylor, Union, Washington, Wayne, and Wilmington

Lawrence County, Pennsylvania Municipal Boundaries



Source: Based on data Prepared by the Lawrence County Planning Department July 2008

Many factors combine together to affect the health of individuals and communities. The health of a community is determined largely by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education level, access and use of health care services, and individual characteristics and behaviors have a considerable impact on health.



Data

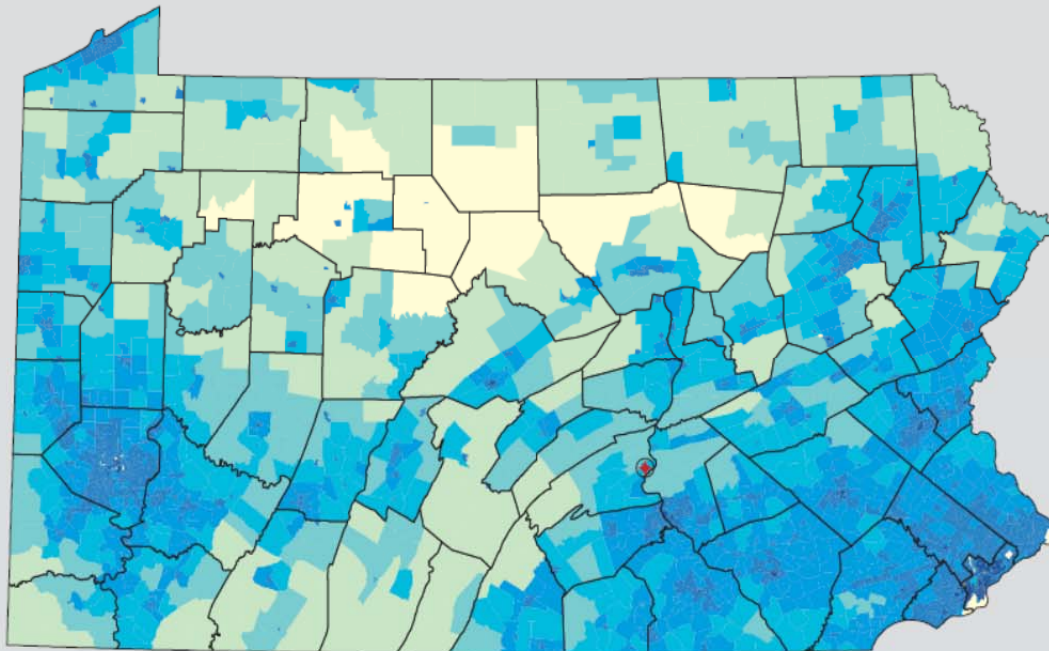
Demographic Profile

Current population demographics and fluctuations in demographic structures demonstrate important factors in determining the types of health and social services needed by communities.

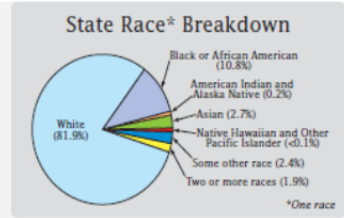
State Profile

2010 Census: Pennsylvania Profile

Population Density by Census Tract

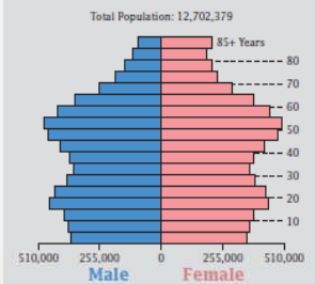


Pennsylvania Population 1970 to 2010	
2010	12,702,379
2000	12,281,054
1990	11,881,643
1980	11,863,895
1970	11,793,909



Hispanic or Latino (of any race) makes up 5.7% of the state population.

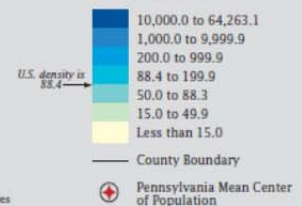
Population by Sex and Age



Housing Tenure



People per Square Mile by Census Tract





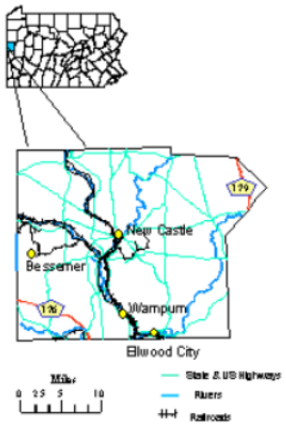
Data

Demographic Profile (Continued)

County Profile

Lawrence County Profile

January 2013



Population ¹	County	Pennsylvania
Total Population	90,535	12,742,886
Male	43,601	6,214,562
Female	46,934	6,528,324
Population by Race		
White	93.9%	83.8%
Black	4.0%	11.3%
Other	2.2%	4.9%
Hispanic Origin (all races)	1.1%	5.9%
Population by Age		
Ages 0-14	15,389	2,257,025
Ages 15-19	6,030	886,367
Ages 20-34	14,442	2,431,172
Ages 35-49	16,813	2,502,867
Ages 50-64	20,802	2,683,890
Ages 65 and Older	17,059	1,981,565

¹ U.S. Census Bureau - 2011 Census

Overview ¹	
Land Area in Square Miles	358.2
Persons per Square Mile	252.8
Urban Population Percent	59.7%
Rural Population Percent	40.3%
Urban Area Percent	9.5%
Rural Area Percent	90.6%

¹ U.S. Census Bureau - 2010 Census

Labor Force ¹	County	Pennsylvania
Civilian Labor Force	43,700	6,559,000
Employed	40,000	6,042,000
Unemployed	3,700	517,000
Unemployment Rate	8.4%	7.9%

¹ Preliminary December 2012 - Seasonally Adjusted

Income	County	Pennsylvania
Per Capita Personal Income ¹	\$33,475	\$42,291
Total Personal Income (in thousands) ¹	\$3,030,634	\$538,908,724
Median Household Income (2011 dollars) ²	\$43,821	\$51,651
Median Family Income (2011 dollars) ²	\$53,800	\$65,105

¹ Bureau of Economic Analysis - 2011
² U.S. Census Bureau - 2007-2011 American Community Survey



Major Employers ¹	Industry Sector
JAMESON MEMORIAL HOSPITAL	Health Care and Social Assistance
NEW CASTLE AREA SCHOOL DISTRICT	Educational Services
WESTMINSTER COLLEGE	Educational Services
COUNTY OF LAWRENCE	Public Administration
ELLWOOD CITY HOSPITAL	Health Care and Social Assistance
THE TAMARKIN COMPANY	Retail Trade
WAL-MART ASSOCIATES INC	Retail Trade
CENNIAL CO INC	Accommodation and Food Services
LIBERTY MUTUAL INS CO	Finance and Insurance
INFOCISION INC	Admin/Support, Waste Mgmt/Remediation Svcs

¹ 1st Quarter 2012

Center for Workforce Information & Analysis
 651 Boas Street
 Room 220
 Harrisburg, PA 17121-0001
 877-4WF-DATA
 www.paworkstats.pa.gov

Source: Center for Workforce Information & Analysis unless otherwise noted

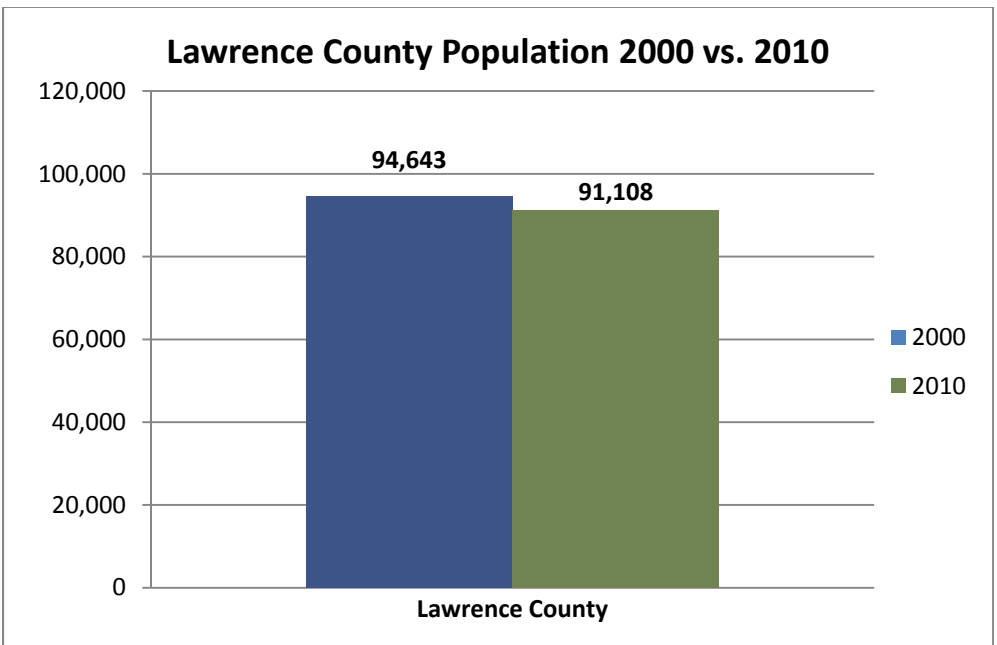


Data

Demographic Profile (Continued)

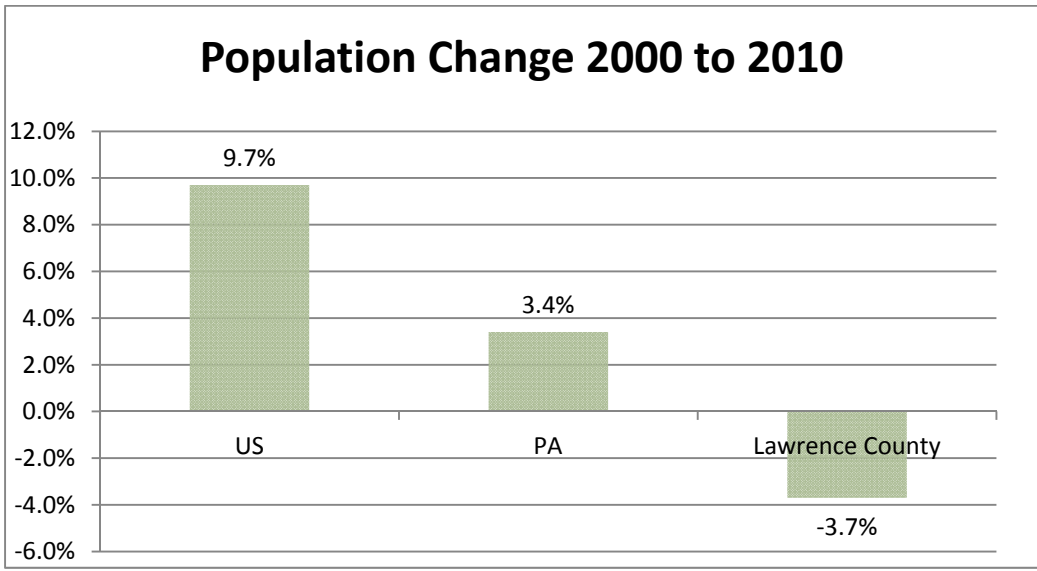
County Profile (continued)

According to Lawrence County 2010 Census data results, the population of the area was approximately 91,108. From 2000 to 2010, population decreased by 3.7% (from 94,643 to 91,108).



Source: 2010 Census from the U.S. Census Bureau

During the 10-year period, the U.S. population increased by 9.7% and Pennsylvania’s population increased by 3.4%. This is a significant variance from the decline in Lawrence County’s population of 3.7%. The declining population may have an adverse impact on the economy of the community.



Source: 2010 Census from the U.S. Census Bureau



Data

Demographic Profile (Continued)

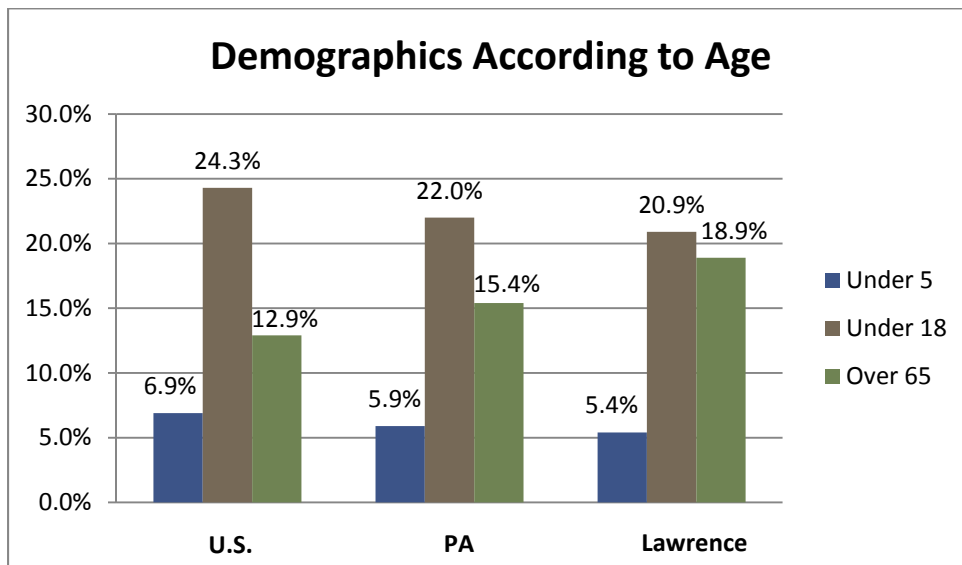
Race & Ethnicity

Race and ethnicity movements in Lawrence County vary greatly from Pennsylvania and the U.S. The following table from the 2010 U.S. census shows a comparative distribution:

Demographic	Lawrence County	Pennsylvania	United States
African American	3.6%	10.8%	12.6%
American Indian / Alaskan Native	.1%	.2%	0.9%
Asian	.4%	2.7%	4.8%
Native Hawaiian / Pacific Islander	-	-	0.2%
White	94%	81.9%	72.4%
Some other race alone	.3%	2.4%	6.2%
Two or more races	1.5%	1.9%	2.9%
Other Population Measures:			
Persons of Hispanic or Latino Origin	1.1%	5.7%	16.3%
Percent Change 2000 to 2010	-	-	43.3%
Not Hispanic or Latino	-	-	83.7%
Percent Change 2000 to 2010	-	-	4.9%

Age

Significant distinctions exist when analyzing age demographics in the population. Individuals under 5 and under 18 are proportionately smaller in Lawrence County when compared to Pennsylvania and the U.S. The number of people age 65+ is larger in Lawrence County when compared to Pennsylvania and the U.S. Characteristics of an area with a higher proportion of persons 65+ include increase in medical needs, higher use of health care services, higher death rate, a higher number of 65+ in the workforce, and more retirees with fixed incomes.



Source: 2010 Census from the U.S. Census Bureau



Data

Demographic Profile (Continued)

Age (continued)

People age 65 and older currently make up 12.9% of the population of the United States. This group accounts for the following percentages relative to health care services:

- 26 percent of physician office visits
- 35 percent of hospital stays
- 34 percent of prescriptions
- 38 percent of emergency medical responses
- 90 percent of nursing home use

In addition to a large group age 65+, the life expectancy rate of Americans is higher than ever before. The percentage of this population will likely increase further, as will their medical needs.

Gender

Understanding a population's gender composition enables identity of changing trends and highlights future social and economic challenges. Lawrence County has a similar composition of males and females within the population.

Lawrence County:

Males	43,914	(48.2%)
Females	47,194	(51.8%)

Pennsylvania:

Males	6,198,761	(48.8%)
Females	6,503,618	(51.2%)

United States:

Males	151,902,805	(49.2%)
Females	156,842,733	(50.8%)



Data

Economic Profile

Economic and social uncertainty are often linked with poor health. Unemployment, poverty, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Families need a network of support and a safe community to thrive. Safeguarding access to social and economic resources provides a foundation for a healthy community.

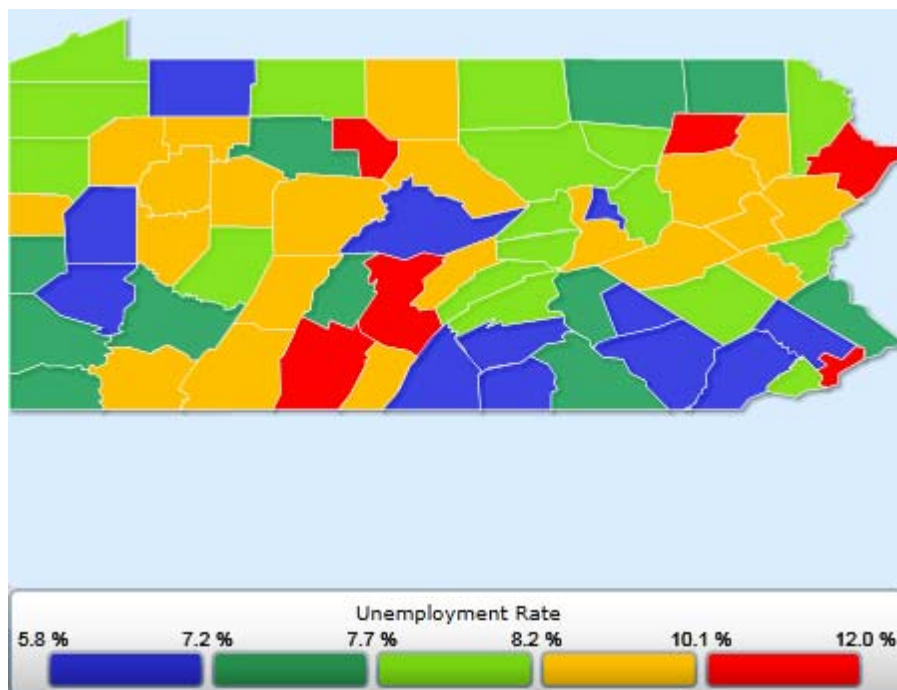
Unemployment

Many studies show that employment correlates positively with health and that healthy people get and keep jobs more than unhealthy people do. Employment measures convey information on a community's overall economic situation and provide suggestions about the percentage of the population that may be at risk for various health concerns associated with unemployment. Unemployment rates show the percentage of the population that is unemployed and actively seeking employment and willing to work. Comparative unemployment rates are as follows:

Area	December 2011	December 2012	Net Change
Lawrence	8.0	8.3	0.3
PA	7.3	7.9	0.6
U.S.	8.3	7.6	(0.7)

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

Comparative unemployment rates for counties within Pennsylvania are shown below:



Source: Pennsylvania Center for Workforce Information and Analysis, December 2012

Notably, the Lawrence County rate is greater than the Pennsylvania rate.

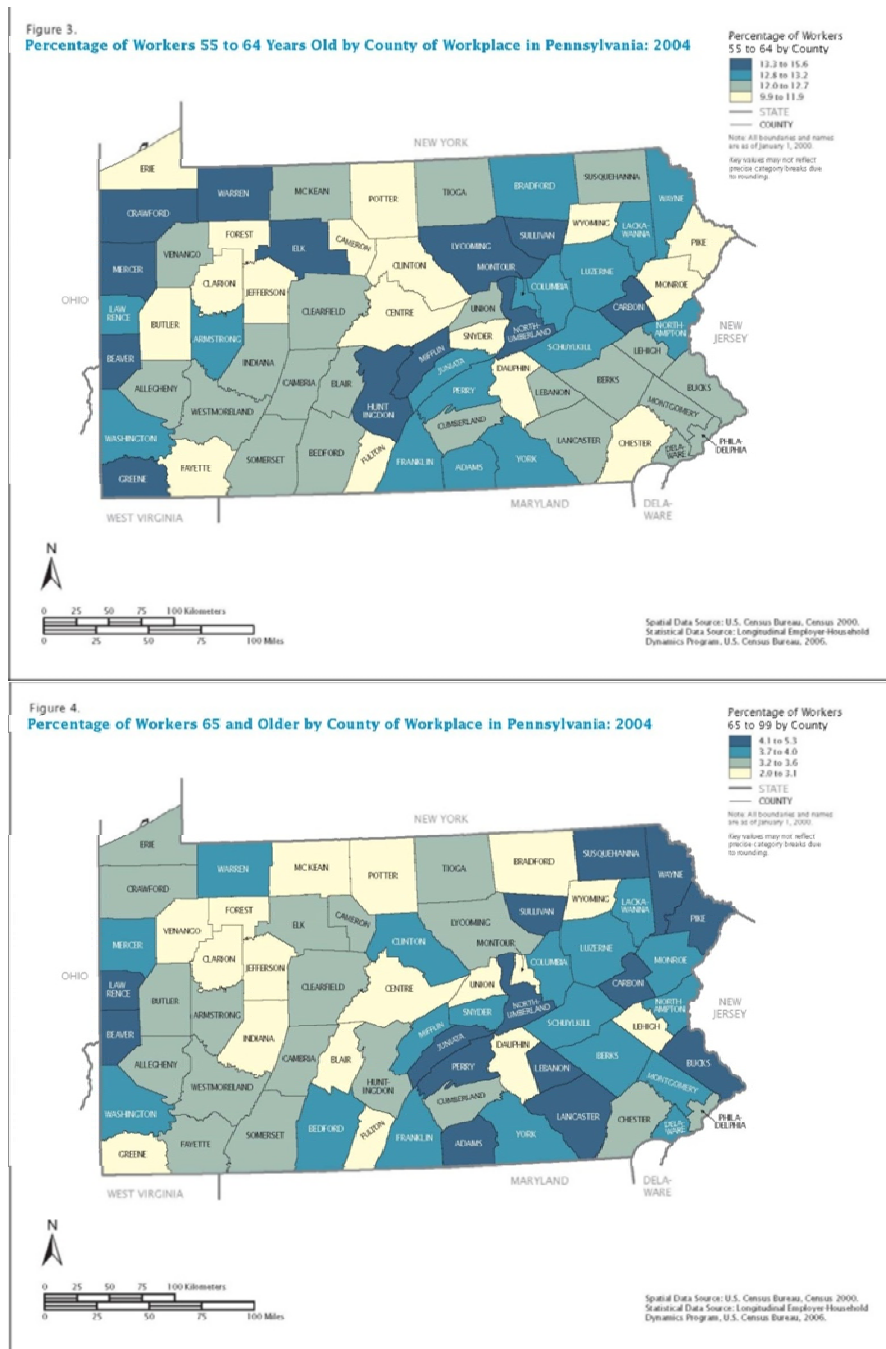


Data

Economic Profile (Continued)

Workforce

The workforce in Lawrence County has among the highest percentages of individuals (12.8 to 13.2%) between the ages of 55 and 64 and ages 65 and older (4.1 to 5.3%) in the state. An outcome of this is a high number of individuals reaching retirement age.



Source: Pennsylvania Center for Workforce Information and Analysis from U.S. Census Bureau issued October 2008



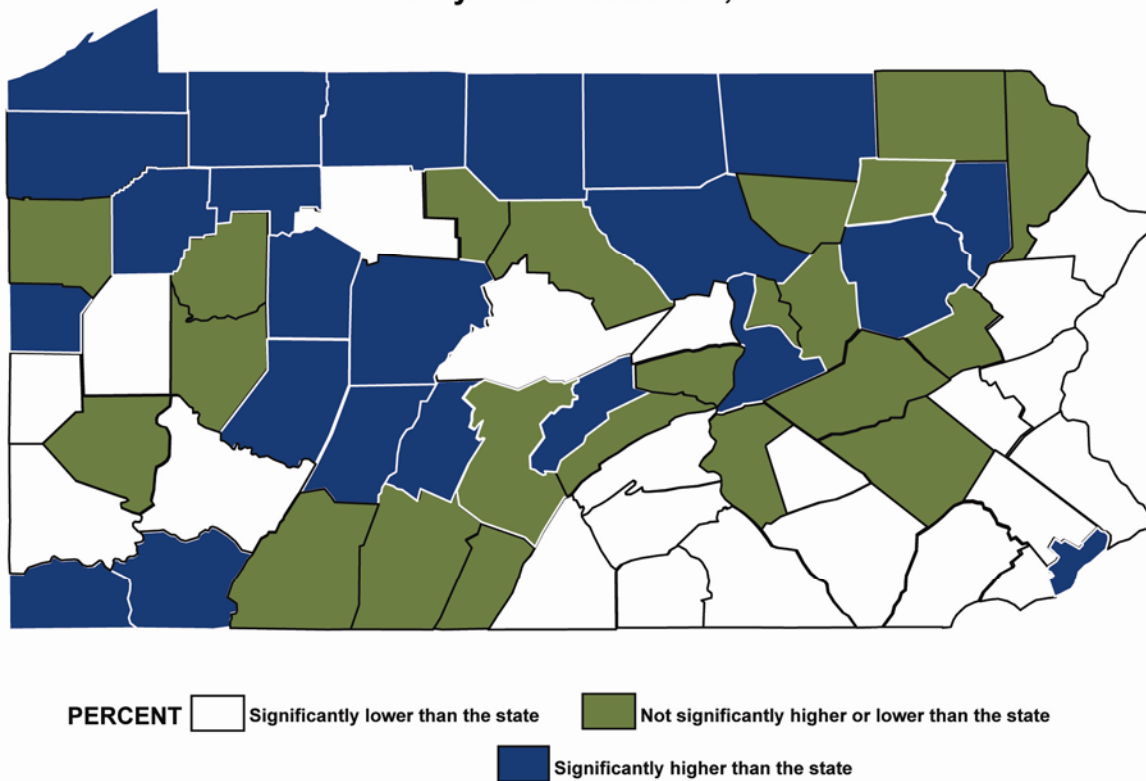
Data

Economic Profile (Continued)

Poverty Level

Poverty affects many facets of a child's life, including living conditions, nutrition, and access to health care. Low-income children, youth, and their families are inexplicably affected by health challenges which can weaken the ability of children and youth to succeed in school and often puts them at risk of involvement with child welfare and juvenile justice agencies. The percent of children under 18 living below poverty level in Lawrence County is significantly higher than Pennsylvania.

**Percent of Children Under 18 Living Below Poverty Level
Pennsylvania Residents, 2007**



Note: Significance is determined by calculating county μ values. The calculations were not performed for counties that had less than 10 events. Rates for counties with less than 10 events are considered unreliable.

Source: Pennsylvania Department of Health - Health Status Indicators

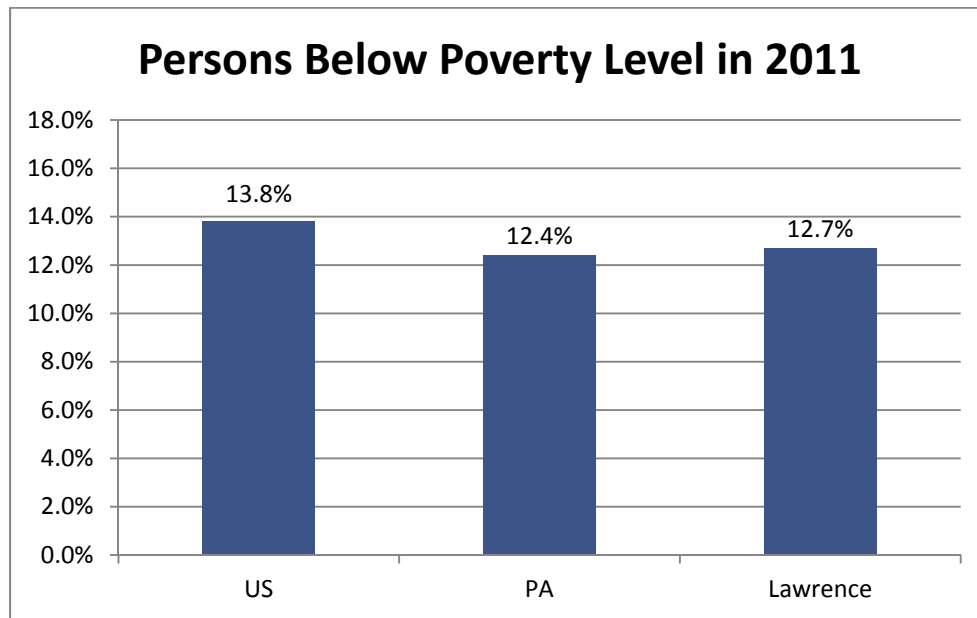


Data

Economic Profile (Continued)

Poverty Level (continued)

In 2011, 12.7% of Lawrence County's population was below the poverty threshold set by the federal government. Persons below the poverty level in Lawrence County were greater than the state of Pennsylvania, but fewer than the United States.



Source: U.S. Bureau of Labor Statistics

According to the Lawrence County Health Profile 2007 and 2012, the number of individuals eligible for Medical Assistance increased from 18.9% to 19.9% in a five-year period. For 2012, Lawrence County's population eligible for Medical Assistance was almost 3% higher than the Pennsylvania state average.



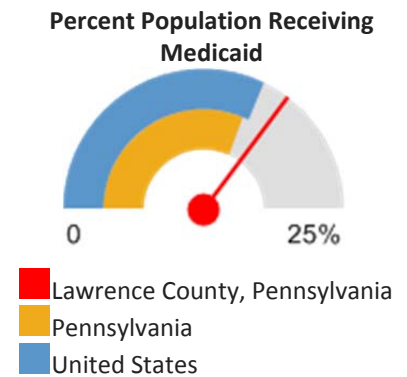
Data

Economic Profile (Continued)

Poverty Level (continued)

Population Receiving Medicaid: This indicator reports the percentage of the population that is enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. The percent of the Lawrence County population receiving Medicaid is higher than both Pennsylvania and United States.

Report Area	Population (for Whom Insurance Status is Determined)	Population Receiving Medicaid	Percent Population Receiving Medicaid
Lawrence County, Pennsylvania	91,386	15,940	17.44%
Pennsylvania	12,453,995	1,966,643	15.79%
United States	301,501,760	48,541,096	16.10%



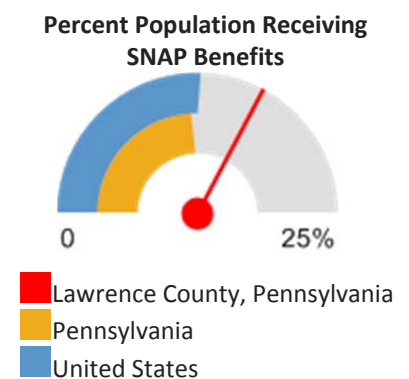
Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates](#)

Source Geography: PUMA

Supplemental Nutrition Assistance Program (SNAP) Recipients: The table below reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits from the months of July 2008 to July 2009. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. The percent of the Lawrence County population receiving SNAP benefits is significantly higher than Pennsylvania and the United States.

Report Area	Total Estimated Population, 2009	Total Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Lawrence County, Pennsylvania	90,160	14,811	16.43%
Pennsylvania	12,604,767	1,521,979	12.07%
United States	307,006,550	38,701,176	12.61%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, Small Area Income and Poverty Estimates \(SAIPE\), 2009](#)

Source Geography: County



Data

Education Profile

There is a positive correlation between education and health. Studies suggest that better educated individuals have more positive health outcomes.

Education Levels in Lawrence County, PA

Dropout Rates	Lawrence County	Pennsylvania
Number of Students Enrolled Grades 7-12 (2010-11)	6,415	835,780
Male Dropouts	36	6,053
Female Dropouts	22	4,429
Total Dropouts	58	10,482
Dropout Rate	0.9%	1.25%

Source: PA Department of Education

	Lawrence County	Pennsylvania
High school graduate or higher, percent of persons age 25+, 2007-2011	87.5%	87.9%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	19.0%	26.7%

Source: 2010 Census from the U.S. Census Bureau

Notably, the dropout rate for Lawrence County is less than the dropout rate for Pennsylvania. However, the percentage of individuals attaining bachelor's degree or higher for Lawrence County is significantly less than Pennsylvania.

Lack of educational achievement as well as other social & economic factors affect access to care and a community's ability to engage in healthy behaviors.



Data

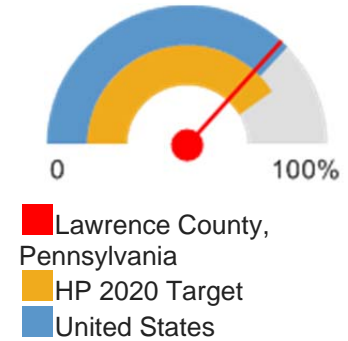
Education Profile (Continued)

High School Graduation Rate

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Lawrence County, Pennsylvania	1,182	866	73.27%
Pennsylvania	162,243	130,658	80.53%
United States	4,024,345	3,039,015	75.52%

On-Time Graduation Rate



Source: [The University of Wisconsin, Population Health Institute, County Health Rankings, 2012](#) and the [U.S. Department of Education, National Center for Education Statistics \(NCES\), Common Core of Data, Public School Universe Survey Data, 2005-06, 2006-07 and 2007-08](#)

Source Geography: County

There is a significant disparity between the on-time graduation rate for Lawrence County and the on-time graduation rate for the State of Pennsylvania.



Data

Health Profile

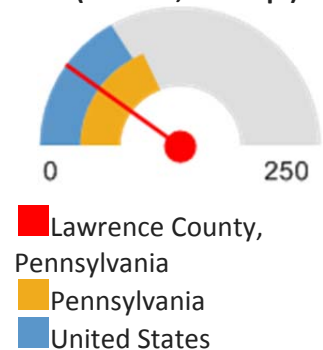
Access to Care for Lawrence County, PA

A lack of access to care within the community presents obstacles to good health. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if individuals within the community 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: This indicator reports the number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population	Total Primary Care Providers	Primary Care Provider Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,108	45	49.30
Pennsylvania	12,702,379	12,188	95.90
United States	312,471,327	264,897	84.70

Primary Care Provider Rate (Per 100,000 Pop.)



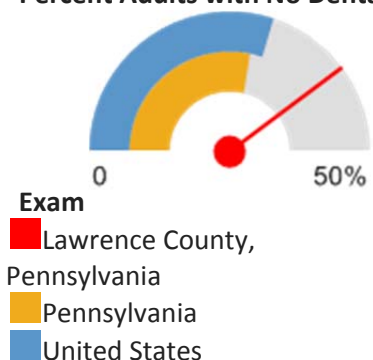
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Health Resources and Services Administration Area Resource File, 2011](#) Source Geography: County

Dental Care Utilization (Adult): This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. Engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18)	Number Adults with No Dental Exam	Percent Adults with No Dental Exam
Lawrence County, Pennsylvania	71,732	28,427	39.63%
Pennsylvania	9,791,063	2,785,557	28.45%
United States	232,747,222	70,151,189	30.14%

Percent Adults with No Dental Exam



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Source Geography: County



Data

Health Profile (Continued)

Access to Care for Lawrence County, PA (continued)

Federally Qualified Health Centers: FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. There are two FQHCs with a presence in Lawrence County: Primary Health Network and Children's Advocacy Center of Lawrence County, Inc.

Report Area	Number of Federally Qualified Health Centers
Lawrence County, Pennsylvania	2
Pennsylvania	203
United States	5,459

Note: No breakout data available.

Data Source: [U.S. Health Resources and Services Administration, Centers for Medicare & Medicaid Services, Provider of Service File, 2011](#)

Source Geography: Address

Lack of a Consistent Source of Primary Care: This indicator 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. Access to regular primary care is important to preventing major health issues and emergency department visits.

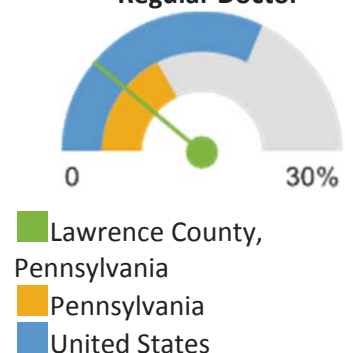
Report Area	Total Population (Age 18 and Older)	Number Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Lawrence County, Pennsylvania	71,732	4,791	6.68%
Pennsylvania	9,791,063	1,049,602	10.72%
United States	232,747,222	44,961,851	19.32%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Source Geography: County

Percent Adults Without Any Regular Doctor





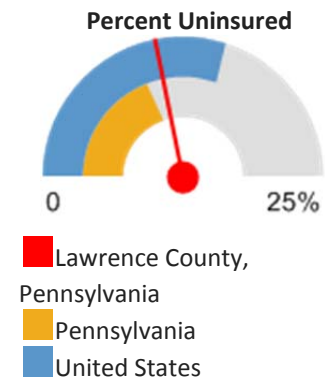
Data

Health Profile (Continued)

Access to Care for Lawrence County, PA (continued)

Uninsured Population: The lack of health insurance is considered a *key driver* of health status. The representation below reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contributes to poor health status. Lawrence County percent of uninsured is higher than the Pennsylvania average.

Report Area	Total Population (For Whom Insurance Status is Determined)	Number Uninsured	Percent Uninsured
Lawrence County, Pennsylvania	90,233	9,835	10.90%
Pennsylvania	12,453,995	1,204,704	9.67%
United States	301,501,760	45,368,296	15.05%



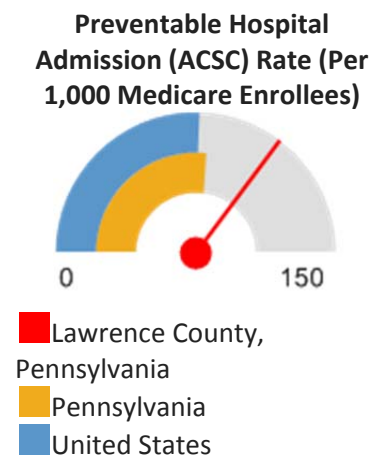
Note: This indicator is compared with the state average.

Data Source: [U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates](#)

Source Geography: PUMA

Preventable Hospital Events: The table below reports the discharge rate (per 1,000 hospital admissions) for conditions that are ambulatory care sensitive (those admissions which could have been prevented if adequate primary care resources were available and accessed by those patients). 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.

Report Area	Total Medicare Enrollees (Age 65-75)	Preventable Hospital Admissions (ACSCs)	Preventable Hospital Admission (ACSC) Rate (Per 1,000 Medicare Enrollees)
Lawrence County, Pennsylvania	9,127	962	105.40
Pennsylvania	1,168,197	93,966	80.44
United States	53,239,865	4,053,740	76.14



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007](#)

Source Geography: County



Data

Health Profile (Continued)

Access to Care for Lawrence County, PA (continued)

The Federal government identifies the exposure of populations with limited access to health care professionals. Certain designations have been created to distinguish health care shortage areas and provide improvement in patient service reimbursement and other incentive payment programs.

HPSA and MUA/P Designations

- **Health Professional Shortage Area (HPSA)** - HPSAs are defined service areas that demonstrate a critical shortage of primary care physicians, dentists, or mental health providers. An HPSA can be a distinct geographic area (such as a county or grouping of census tracts, townships or boroughs), a specific population group within a defined geographic area (such as the population under 200 percent of poverty), or a specific public or non-profit facility (such as a prison).
- **Medically Underserved Area (MUA) or Medically Underserved Population (MUP)** - MUA/Ps identify areas or populations with a shortage of health care services. Documentation of shortages include several factors, in addition to the availability of health care providers. These factors include infant mortality rate, poverty rate, and percentage of population aged 65 or over.

HPSAs may be designated as having a shortage of primary medical care, dental, or mental health providers:

Primary Care HPSAs

There are currently approximately 5,900 designated Primary Care HPSAs. Primary Care HPSAs are based on physician to population ratios. The long standing ratio for an area to be eligible to be designated as a primary care HPSA is 1:3,500. However, it is important to note that there is no generally accepted ratio of physician to population ratio. Primary care needs of an individual community will vary by a number of demographic and economic factors such as the age of the community's population. The Lawrence County primary care physician to population ratio is 1:2,264.

Lawrence County's current Primary Care Health Professional Shortage Areas include the following:

- Geographic - Plain Grove, Scott, and Washington Townships
- Population - Hickory, Mahoning, Neshannock, Pulaski, Union, and Wilmington Townships; New Castle City; New Wilmington, South New Castle, and Volant Boroughs

Dental HPSAs

There are currently approximately 4,600 Dental HPSAs in the United States. Dental HPSAs are based on a dentist to population ratio of 1:5,000. The current dental provider ratio in Lawrence County is 1:2,244. Lawrence County was designated as a Dental HPSA in October of 2010.

Mental Health HPSAs

There are currently approximately 3,800 Mental Health HPSAs. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000. The mental health provider ratio in Lawrence County is 1:8,232. Lawrence County is not currently designated as a Mental Health HPSA.



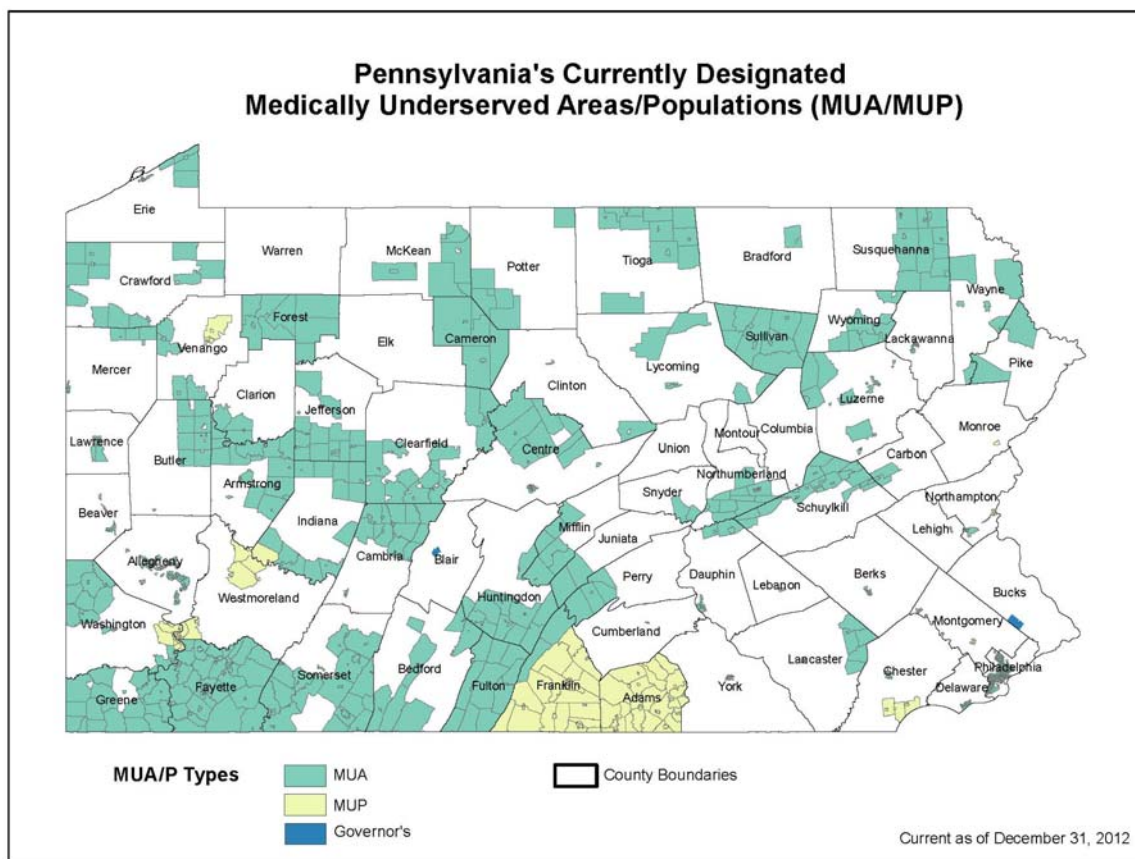
Data

Health Profile (Continued)

Access to Care for Lawrence County, PA (continued)

Medically Underserved Areas/Populations (MUA/Ps)

The federal Medically Underserved Area/Population designation identifies areas or populations as having a need for medical services on the basis of demographic data. Designation is based on an area having an Index of Medical Underservice (IMU) score less than or equal to 62.0 points. The IMU is a weighted score derived from the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of population below the federal poverty level, and percentage of the population 65 years and older. Currently New Castle/South New Castle is a designated MUA with an IMU score of 61.2.





Data

Health Profile (Continued)

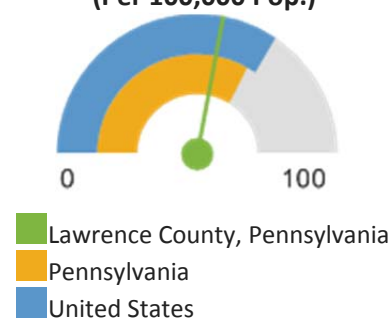
Physical Environment

The physical environment is an important determinant of health. The environment is an aggregate of physical and social conditions that influence and affect physical and mental well being. A safe, clean environment that provides access to healthy food and recreational opportunities is essential to maintain and improve community health.

Fast Food Restaurant Access: The table below indicates the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,108	51	55.98
Pennsylvania	12,702,379	8,517	67.05
United States	308,745,538	213,453	69.14

Establishment Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average. No breakout data available.

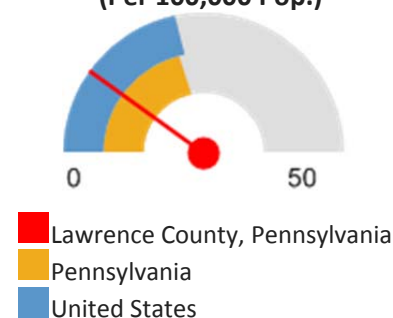
Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#)

Source Geography: County

Grocery Store Access: This indicator 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.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,108	9	9.88
Pennsylvania	12,702,379	2,706	21.30
United States	308,745,538	67,342	21.81

Establishment Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#)

Source Geography: County



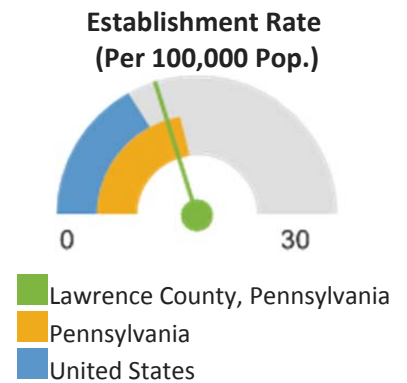
Data

Health Profile (Continued)

Physical Environment (continued)

Liquor Store Access: This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,108	11	12.07
Pennsylvania	12,702,379	1,720	13.54
United States	308,745,538	31,482	10.20



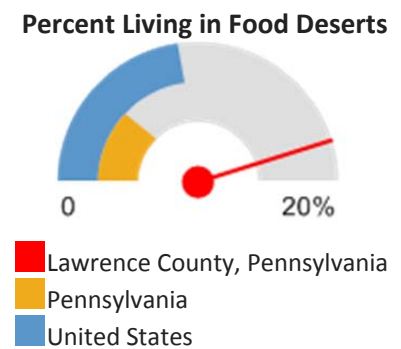
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#)

Source Geography: County

Population Living in Food Deserts: This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.

Report Area	Total Population	Population Living in a Food Deserts	Percent Living in Food Deserts
Lawrence County, Pennsylvania	94,643	17,083	18.05%
Pennsylvania	12,281,054	603,577	4.91%
United States	281,421,906	25,609,433	9.10%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Desert Locator, 2009](#)

Source Geography: Tract (2000)



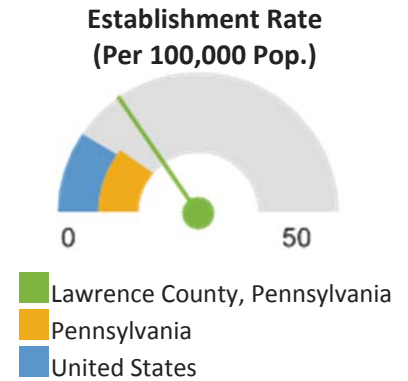
Data

Health Profile (Continued)

Physical Environment (continued)

Recreation and Fitness Facility Access: This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2010 Census	Number of Establishments	Establishment Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,108	14	15.37
Pennsylvania	12,702,379	1,406	11.07
United States	308,745,538	29,896	9.68



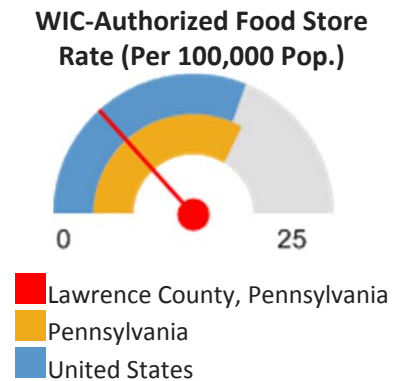
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Census Bureau, County Business Patterns, 2010](#)

Source Geography: County

WIC-Authorized Food Store Access: This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories.

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,536	6	6.63
Pennsylvania	12,844,373	2,138	16.65
United States	318,921,538	50,042	15.69



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Environment Atlas, 2012](#)

Source Geography: County



Data

Health Profile (Continued)

Health Behaviors

Health behaviors or lifestyle factors such as smoking cigarettes, being overweight, alcohol consumption, and being physically inactive significantly contribute to the health status of an individual.

Heavy Alcohol Consumption: This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). Current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population (Age 18 and Older)	Number Heavy Drinkers	Percent Heavy Drinkers
Lawrence County, Pennsylvania	71,156	11,385	16.00%
Pennsylvania	2,059,610	385,147	18.70%
United States	111,821,887	18,576,867	16.61%

Percent Heavy Drinkers



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Source Geography: County

Inadequate Fruit/Vegetable Consumption (Adult): This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day.

Report Area	Total Population (Age 18 and Older)	Population Consuming Few Fruits or Vegetables	Percent Consuming Few Fruits or Vegetables
Lawrence County, Pennsylvania	71,156	53,936	75.80%
Pennsylvania	2,059,610	1,552,946	75.40%
United States	111,821,887	84,891,309	75.92%

Percent Consuming Few Fruits or Vegetables



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009](#)

Source Geography: County



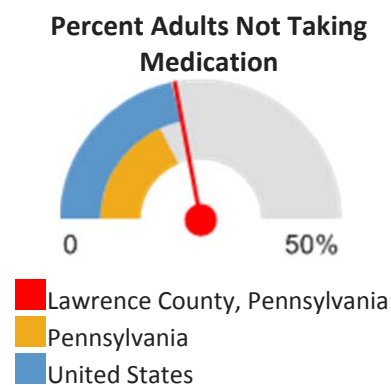
Data

Health Profile (Continued)

Health Behaviors (continued)

High Blood Pressure Management: The table below reports the percentage of adults aged 18 and older who self-report that they are not taking medication for their high blood pressure. Engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

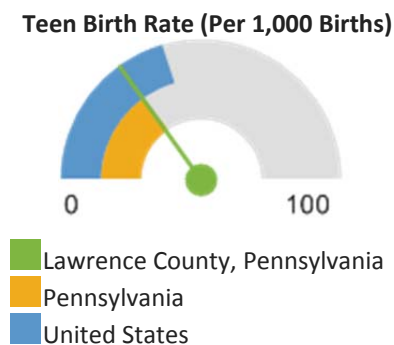
Report Area	Total Population (Age 18 and Older)	Number Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Lawrence County, Pennsylvania	71,732	15,795	22.02%
Pennsylvania	9,791,063	1,816,242	18.55%
United States	232,747,222	50,606,336	21.74%



Note: This indicator is compared with the state average. No breakout data available.
 Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)
 Source Geography: County

Teen Births: This indicator reports the rate of total births to women ages 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. Notably, Lawrence County's teen birth rate is favorable when compared to Pennsylvania and the United States.

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Births)
Lawrence County, Pennsylvania	21,567	647	30.00
Pennsylvania	3,007,792	92,640	30.80
United States	72,071,117	2,969,330	41.20



Note: This indicator is compared with the state average.
 Data Source: [Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009](#). Accessed through the [Health Indicators Warehouse](#)
 Source Geography: County



Data

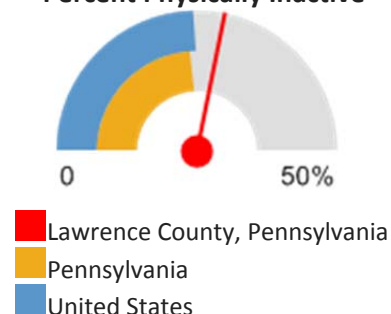
Health Profile (Continued)

Health Behaviors (continued)

Physical Inactivity (Adult): The table below reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population (Age 18 and Older)	Number Physically Inactive	Percent Physically Inactive
Lawrence County, Pennsylvania	71,156	20,066	28.20%
Pennsylvania	2,059,610	494,306	24.00%
United States	111,821,887	27,579,949	24.66%

Percent Physically Inactive



Note: This indicator is compared with the state average. No breakout data available.

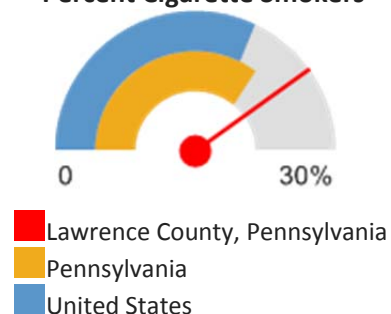
Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Source Geography: County

Tobacco Usage (Adult): This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population (Age 18 and Older)	Number Cigarette Smokers	Percent Cigarette Smokers
Lawrence County, Pennsylvania	71,156	17,077	24.00%
Pennsylvania	2,059,610	438,697	21.30%
United States	111,821,887	21,551,350	19.27%

Percent Cigarette Smokers



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Source Geography: County



Data

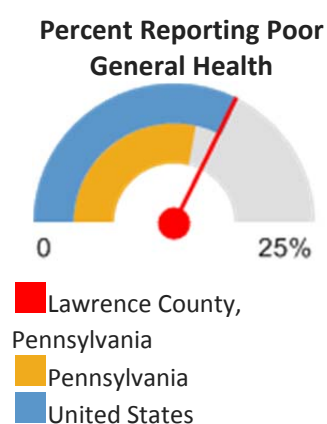
Health Profile (Continued)

Health Outcomes

Measuring morbidity and mortality rates allows evaluation of the relationship between determinants of health and outcomes. By comparing the prevalence of certain chronic diseases to indicators in other categories with outcomes, many fundamental links may emerge allowing an improved understanding of how certain community health needs may be addressed.

Poor General Health: This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. The source of this indicator is the Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System (BRFSS) 2010.

Report Area	Total Population (Age 18 and Older)	Number Reporting Poor General Health	Percent Reporting Poor General Health
Lawrence County, Pennsylvania	71,156	11,456	16.10%
Pennsylvania	2,059,610	294,524	14.30%
United States	111,821,887	18,188,242	16.27%



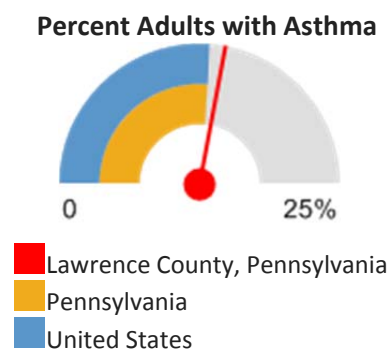
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010](#)

Source Geography: County

Asthma Prevalence: This indicator 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 asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Total Population (Age 18 and Older)	Number Adults with Asthma	Percent Adults with Asthma
Lawrence County, Pennsylvania	71,732	9,999	13.94%
Pennsylvania	9,791,063	1,287,525	13.15%
United States	232,747,222	30,473,296	13.09%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Source Geography: County



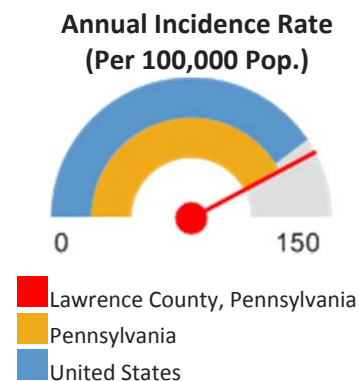
Data

Health Profile (Continued)

Health Outcomes (continued)

Breast Cancer Incidence: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	115	126.43
Pennsylvania	12,516,596	15,746	125.80
United States	301,461,536	367,783	122.00



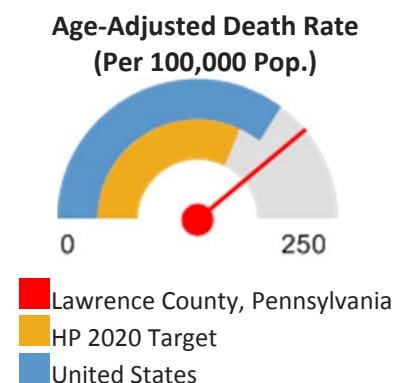
Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Source Geography: County

Cancer Mortality: This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2020 standard. Rates are resummarized for report areas from county level data, only where data is available.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,710	262	285.68	194.89
Pennsylvania	12,611,254	29,017	230.09	185.21
United States	303,844,430	566,121	186.32	176.66
HP 2020 Target				<= 160.6



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#).

Source Geography: County



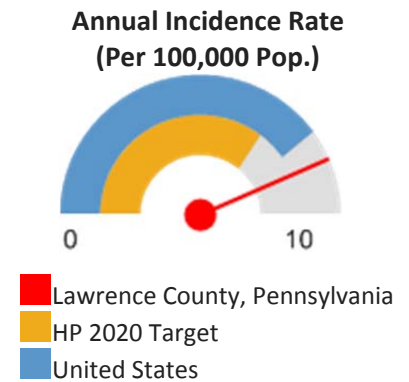
Data

Health Profile (Continued)

Health Outcomes (continued)

Cervical Cancer Incidence: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2020 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	8	8.79
Pennsylvania	12,516,596	1,001	8.00
United States	301,461,536	24,117	8.00
HP 2020 Target			<= 7.1



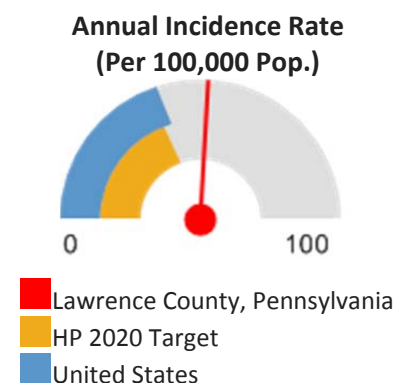
Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Source Geography: County

Colon and Rectum Cancer Incidence: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2020 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	47	51.67
Pennsylvania	12,516,596	6,371	50.90
United States	301,461,536	121,188	40.20
HP 2020 Target			<= 38.6



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Source Geography: County



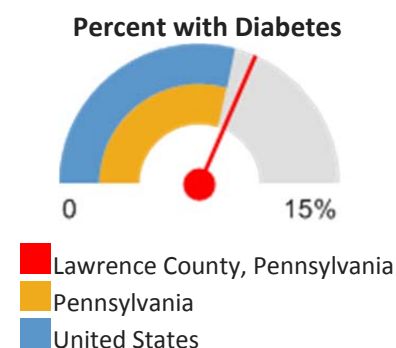
Data

Health Profile (Continued)

Health Outcomes (continued)

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

Report Area	Total Population (Age 20 and Older)	Population with Diabetes	Percent with Diabetes
Lawrence County, Pennsylvania	82,316	7,820	9.50%
Pennsylvania	10,618,568	941,996	8.87%
United States	239,583,792	21,015,523	8.77%



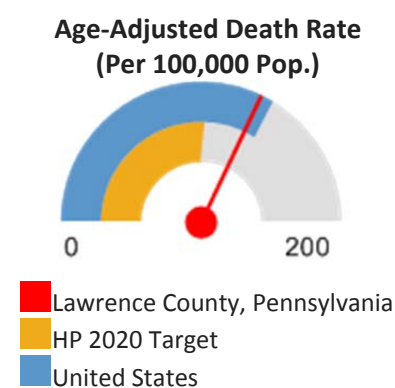
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#)

Source Geography: County

Heart Disease Mortality: This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2020 standard. Rates are resummarized for report areas from county level data, only where data is available.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,710	187	203.90	128.17
Pennsylvania	12,611,254	21,870	173.42	132.94
United States	303,844,430	432,552	142.36	134.65
HP 2020 Target				<= 100.8



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#).

Source Geography: County



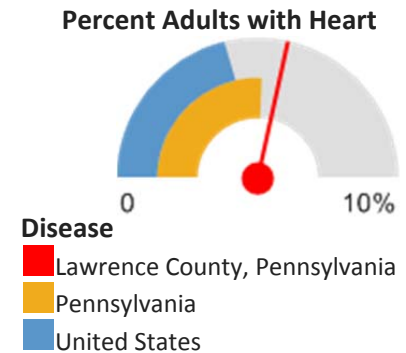
Data

Health Profile (Continued)

Health Outcomes (continued)

Heart Disease Prevalence: This indicator reports the percentage of adults aged 18 and older who have ever been told by a doctor that they have coronary heart disease or angina.

Report Area	Total Population (Age 18 and Older)	Number Adults with Heart Disease	Percent Adults with Heart Disease
Lawrence County, Pennsylvania	71,732	4,081	5.69%
Pennsylvania	9,791,063	501,302	5.12%
United States	232,747,222	9,911,761	4.26%



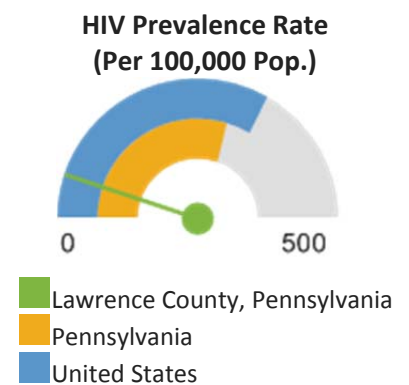
Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Source Geography: County

HIV Prevalence: This indicator reports prevalence rate of HIV per 100,000 population. HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Total Population ACS 2005-2009	Estimated Population with HIV	HIV Prevalence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	47	51.67
Pennsylvania	12,516,596	37,449	299.20
United States	297,679,913	994,491	334.08



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2008](#)

Source Geography: County



Data

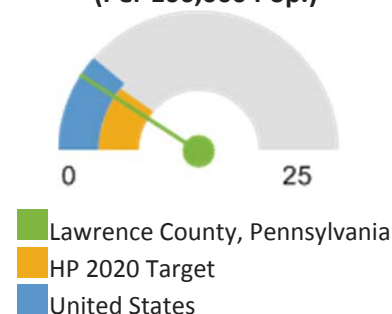
Health Profile (Continued)

Health Outcomes (continued)

Homicide: This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2020 standard. Rates are resummarized for report areas from county level data, only where data is available. The homicide rate is a measure of poor community safety and is a leading cause of premature death.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,710	3	3.27	4.58
Pennsylvania	12,611,254	711	5.64	5.89
United States	303,844,430	17,564	5.78	5.81
HP 2020 Target				<= 5.5

Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the Healthy People 2020 Target.

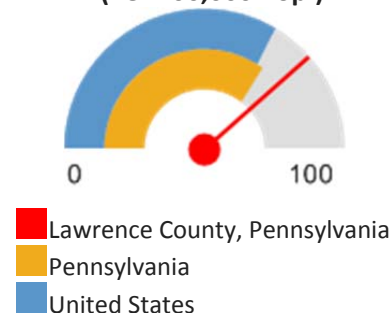
Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#).

Source Geography: County

Lung Cancer Incidence: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2020 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	70	76.96
Pennsylvania	12,516,596	8,787	70.20
United States	301,461,536	202,582	67.20

Annual Incidence Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Source Geography: County



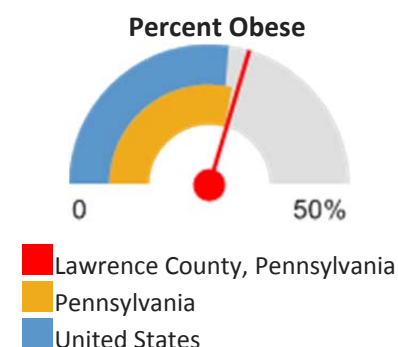
Data

Health Profile (Continued)

Health Outcomes (continued)

Obesity (Adult): This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Obesity is an increasingly prevalent problem in the United States. It indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 18 and Older)	Number Obese	Percent Obese
Lawrence County, Pennsylvania	68,618	20,311	29.60%
Pennsylvania	9,524,400	2,745,196	28.82%
United States	224,690,905	61,460,308	27.35%



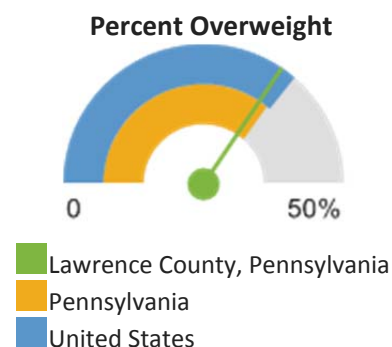
Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2009](#)

Source Geography: County

Overweight (Adult): This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight).

Report Area	Total Population (Age 18 and Older)	Number Overweight	Percent Overweight
Lawrence County, Pennsylvania	71,732	24,747	34.50%
Pennsylvania	9,791,063	3,537,511	36.13%
United States	232,747,222	84,521,271	36.31%



Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2010](#)

Source Geography: County



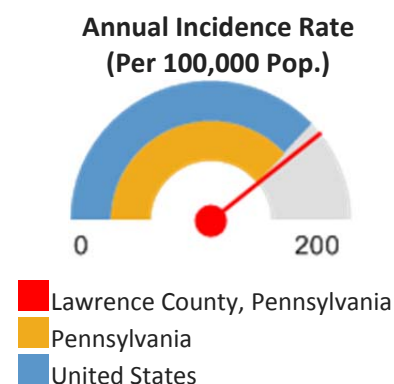
Data

Health Profile (Continued)

Health Outcomes (continued)

Prostate Cancer Incidence: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2020 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Report Area	Total Population, ACS 2005-2009	Annual Incidence, 2005-2009 Average	Annual Incidence Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	90,962	143	157.21
Pennsylvania	12,516,596	19,288	154.10
United States	301,461,536	456,412	151.40



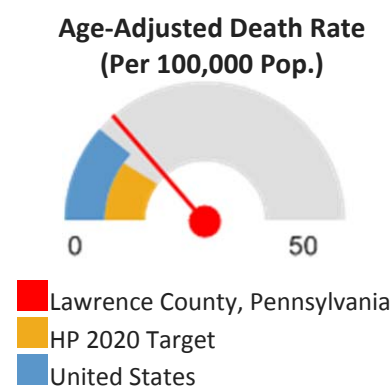
Note: This indicator is compared with the state average.

Data Source: [The Centers for Disease Control and Prevention, and the National Cancer Institute: State Cancer Profiles, 2005-2009](#)

Source Geography: County

Suicide: This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2020 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population, 2006-2010 Average	Annual Deaths, 2006-2010 Average	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Lawrence County, Pennsylvania	91,710	12	13.08	13.56
Pennsylvania	12,611,254	1,517	12.03	11.58
United States	303,844,430	35,841	11.80	11.57
HP 2020 Target				<= 10.2



Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death, 2006-2010](#). Accessed through [CDC WONDER](#).

Source Geography: County



Data

Health Profile (Continued)

Health Outcomes (continued)

SUMMARY OF MEASURES OF HEALTH	
Lawrence County, PA	
AVERAGE LIFE EXPECTANCY ¹	
	<ul style="list-style-type: none"> █ Lawrence County (76.9465) █ Median for all U.S. counties (76.5076) █ Range among peer counties (74.5451 - 77.1489)
Years	
ALL CAUSES OF DEATH ²	
	<ul style="list-style-type: none"> █ Lawrence County (861.3871) █ Median for all U.S. counties (1136.9236) █ Range among peer counties (841.0249 - 1020.4049)
Deaths per 100,000 population	
SELF-RATED HEALTH STATUS ³	
	<ul style="list-style-type: none"> █ Lawrence County (18.1000) █ Median for all U.S. counties (17.1000) █ Range among peer counties (14.7000 - 24.5000)
Percent of adults who report fair or poor health	
AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH ³	
	<ul style="list-style-type: none"> █ Lawrence County (7.1000) █ Median for all U.S. counties (6.0000) █ Range among peer counties (5.7000 - 8.2000)
Average number of unhealthy days in past month	
SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov)	
¹ Murray et al., PLoS Medicine 2006 Vol. 3, No. 9, e260 doi:10.1371/journal.pmed.0030260.	
² NCHS. Vital Statistics Reporting System, 2001-2005.	
³ CDC. Behavioral Risk Factor Surveillance System, 2000-2006.	



Data

Health Profile (Continued)

Health Outcomes (continued)

Measures of Birth and Death ¹					
County Percent	Status	Peer County Range	Birth Measures	U.S. Percent 2005	Healthy People 2010 Target
8.9		6.2 - 9.3	Low Birth Wt. (<2500 g)	8.2	5
1.8		1.0 - 1.9	Very Low Birth Wt. (<1500 g)	1.5	0.9
12.9		9.8 - 14.6	Premature Births (<37 weeks)	12.7	7.6
2.8		2.8 - 5.5	Births to Women under 18	3.4	No objective
1.9		1.0 - 2.0	Births to Women age 40-54	2.7	No objective
34.2		32.4 - 47.5	Births to Unmarried Women	36.9	No objective
cdna		cdna	No Care in First Trimester ²	cdna	10

County Rate	Status	Peer County Range	Infant Mortality ³	U.S. Rate 2005	Healthy People 2010 Target
9.7		5.4 - 10.9	Infant Mortality	6.9	4.5
8.3		4.8 - 9.5	White non Hispanic Infant Mortality	5.8	4.5
23.1		0.0 - 35.3	Black non Hispanic Infant Mortality	13.6	4.5
nrf		0.0 - 19.6	Hispanic Infant Mortality	5.6	4.5
6.5		3.0 - 6.6	Neonatal Infant Mortality	4.5	2.9
3.2		1.3 - 4.3	Post-neonatal Infant Mortality	2.3	1.2

County Rate	Status	Peer County Range	Death Measures ⁴	U.S. Rate 2005	Healthy People 2010 Target
28		18.7 - 29.5	Breast Cancer (Female)	24.1	21.3
23.7		15.3 - 23.7	Colon Cancer	17.5	13.7
180.3		148.6 - 225.2	Coronary Heart Disease	154	162
3.3		1.5 - 7.1	Homicide	6.1	2.8
47.8		51.0 - 78.6	Lung Cancer	52.6	43.3
13.9		11.9 - 30.4	Motor Vehicle Injuries	14.6	8
49.6		45.1 - 71.1	Stroke	47	50
11.4		8.8 - 18.5	Suicide	10.9	4.8
21.7		20.7 - 36.5	Unintentional Injury	39.1	17.1

SOURCE: U.S. Department of Health & Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov)

The total number of births during this time period was 4,941 and the total number of deaths was 5,913.

cdna Comparable data not available.

nrf No report, fewer than 500 births and 5 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

Indicates a status favorable to peers.

Indicates a status less than favorable.

¹ NCHS. Vital Statistics Reporting System, 1996-2005.

² Include 37 states, New York City and DC (see the Data Sources, Definitions, and Notes for details).

³ Infant Mortality: deaths per 1000 live births (Neonatal: <28 days, post-neonatal: day 28 to under 1 year).

⁴ Rates are age-adjusted to the year 2000 standard; per 100,000 population.



Interview Analysis

Carbis Walker worked together with the Lawrence County Community Health Needs Steering Committee to develop a broad list of community leaders to interview. These community members were selected based on their involvement within the community and because they provided distinctive backgrounds and a variety of perspective on the state of the community and health care. Interviews were conducted with a number of directors and staff members from community health centers, members from social services organizations, educational leaders, religious groups, and elected officials. The selected participants give an overarching viewpoint of the community and through these interviews the health needs from the perspective of the community were identified.

The following individuals were interviewed to understand issues related to health status, needs, and resources in Lawrence County:

<i>Name</i>	<i>Affiliation / Organization</i>
Dennis W. Nebel, Psy.D.	Executive Director, Human Services Center
Sharon L. Hodge, PhD	Executive Director, People In Need
Judy Thompson	Executive Director, Lawrence County Drug & Alcohol Commission, Inc.
William Lutz	CEO, New Castle Community YMCA
Joseph Venasco	Administrator, Lawrence County Mental Health & Developmental Services MH/MR Program
Suzanne Smith	Greater Pittsburgh Food Bank
Karen Gentile	Manager/Market Leader, Adagio Health
Gayle M. Young	Executive Director, United Way of Lawrence County
Honorable President Judge Dominick Motto	Lawrence County Court of Common Pleas
Linda D. Nitch	Executive Director, Lawrence County Economic Development Corporation
Sandy Copper	Executive Director, Lawrence County Children and Youth Services
Alice K. Sankey	CEO, LARK Enterprises, Inc.
Sue Ascione	Executive Director, Children's Advocacy Center of Lawrence County
Commissioner Daniel J. Vogler	Chairman, Lawrence County Commissioner
J. Fred Stoner, MD	President, Lawrence County Medical Society
David Copper	Executive Director, Cray Youth & Family Services
Drew Pierce	CFO, Primary Health Network
Mary Lynn Reid	Director of Planned Giving, Primary Health Network Charitable Foundation
Michelle Kielar, RN, BSN	School Nurse, New Castle School Districts / Emergency Room Nurse, Jameson Health System
Sheryl Pieri	In Home Services Coordinator, Challenges: Options in Aging
Charlane Verdi, RN, BSN	Director, Community & Staff Education, Jameson Health System
Rochelle Rashid-Nebel, MS, RD, LDN	Outpatient Dietician, Jameson Health System
Sharon Peterson, RN, BC	Community Health Nurse Supervisor, Pennsylvania Department of Health
Kathy DeCaprio, RN	Community Health Nurse, Pennsylvania Department of Health
Jodie Dubrasky, RN	Community Health Nurse, Pennsylvania Department of Health
Kristi Garma, MPT, MPM	Director, Rehabilitation Services/Business Development, Ellwood City Hospital
Joseph Ciocca, MD	OB/GYN, Ellwood City Hospital
H. Jordan Garber, MD	Behavioral Health Unit Medical Director, Ellwood City Hospital
Della Stabryla	Nurse Manager, Ellwood City Hospital
Linda Werner	Director of Home Health, Ellwood City Hospital
Cathy Small	Case Management Director, Ellwood City Hospital
Michelle Harding	Case Management Director, Ellwood City Hospital
Dr. David J. Simon, MD	Emergency Department Director, Ellwood City Hospital
Jason Barnot, RD, LDN	Dietician/Nutritionist, Ellwood City Hospital



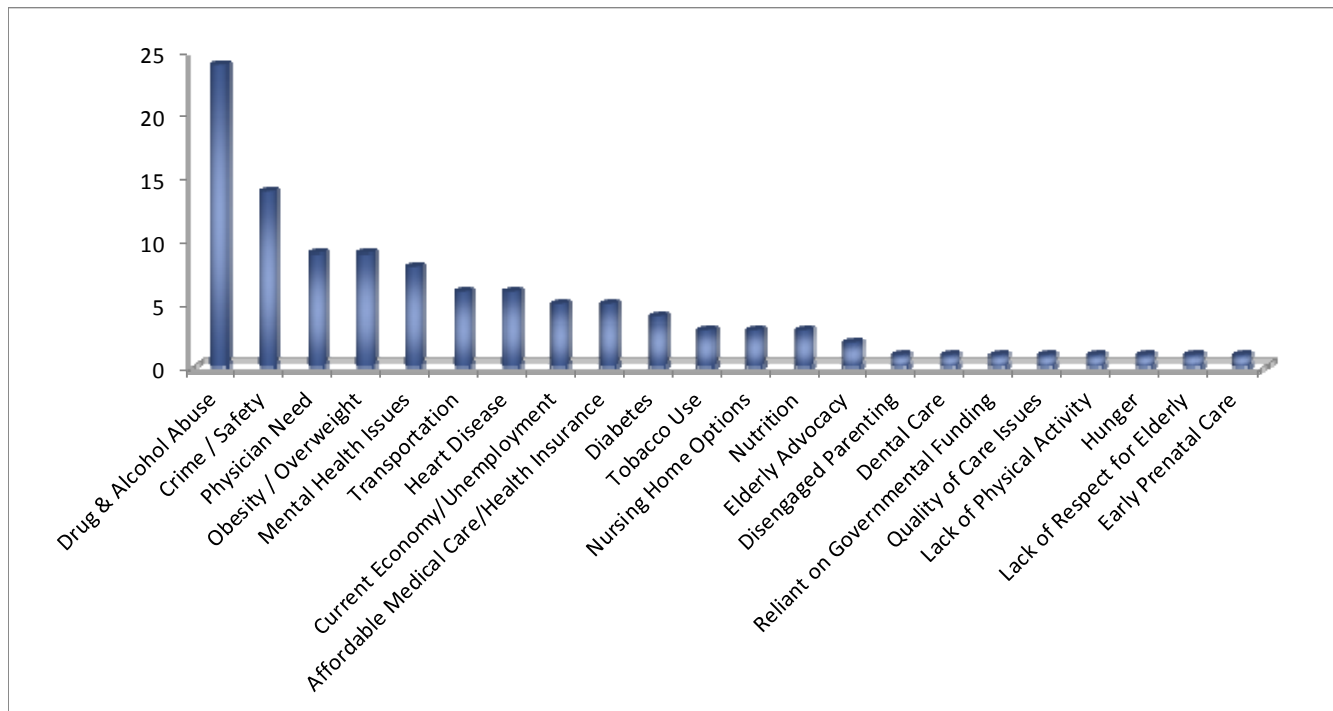
Interview Analysis

Each interviewee was given a description of the Community Health Needs Assessment process and the hospital requirements for adopting an implementation strategy. The interviews were conducted by a Carbis Walker consultant and lasted approximately 45 minutes. All respondents were asked to start out with a brief overview of their organization and their professional and personal involvement within the community. They were then asked a series of questions that included the following:

- What is your vision for a healthy community?
- What is healthy about your community and what is unhealthy?
- What is your perception of the hospital overall and of current community programs and services?
- What can the hospital do to improve health and quality of life in the community?

The community members that were interviewed noted various community issues that prevent the residents of Lawrence County from achieving their concept of a healthy community. Of the 34 interviews conducted, the top five issues identified are:

- Drug and Alcohol Abuse
- Crime / Community Safety
- Physician Need
- Obesity / Overweight
- Mental Health Issues



Crime and community safety was a recurring issue of concern in many of our interviews with community members, particularly those that represented the city of New Castle. Many community members have experienced first-hand the major population trend impacting Lawrence County. The penetration of individuals and criminal activity originating in Detroit has created an increase in drugs and violence.



Interview Analysis

New Castle has taken strides to address its issue with crime and safety in the city. New Visions for Lawrence County is a group of community residents and leaders dedicated to a revitalized New Castle and a prosperous Lawrence County. This group of citizens is seeking to spark positive change and pride in New Castle and the surrounding communities through active collaboration and partnership. New Castle is the largest municipality in the county and represents a high concentration of the urban challenges common in Rust Belt communities. A loss of nearly 50% of its population in the past 25 years has diminished the tax base and devalued the housing market. Over 21% of New Castle citizens live in poverty and nearly 68% of the student population qualifies for the free/reduced school lunch program. New Castle has one of the highest crime rates in the country, scoring only 5 on a scale of 1 to 100 on the FBI crime index. A Carbis Walker team member attended the New Visions for Lawrence County Community Meeting held on September 18, 2012, and had the opportunity to discuss current issues with community members and leaders. This community meeting aimed to create four New Castle Action teams:

- Communications - Increasing cooperation, coordination, and awareness. Spreading message of hope and positivity.
- Clean & Green - Beautification, clean-ups, and conservation.
- Celebrate - Recognizing and celebrating our assets and successes.
- Safety - Fighting crime and drugs in our community.

The Lawrence County Drug & Alcohol Commission, Inc. was a vital source of information related to drug and alcohol abuse in the community. As a result of the interview with The Lawrence County Drug & Alcohol Commission, Inc., a copy of a Prevention/Treatment Needs Assessment report for Lawrence County (date 05/31/12) that was prepared for the Pennsylvania Department of Health was obtained. The Prevention/Treatment Needs Assessment contained important data and statistics that are used in the Community Health Needs Assessment.



Data Analysis

Three main sources of secondary data were used in the assessment of the health needs of Lawrence County. The following is an analysis of secondary survey data.

County Health Rankings

The **County Health Rankings**, published by the University of Wisconsin and the Robert Wood Foundation, are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Health outcomes in the **County Health Rankings** represent how healthy a county is. It measures two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity). Health factors in the **County Health Rankings** represent what influences the health of a county. It measures four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. The county ranked number 1 is considered the healthiest county in Pennsylvania. There are 67 counties in the state of Pennsylvania. In the 2013 **Community Health Rankings**, Lawrence County's overall rank for health outcomes was 59 (of 67). The county's overall rank for health factors was 50 (See Appendix - Tables 1, 2 & 3). After review of the 2011, 2012, and 2013 **County Health Rankings** for Lawrence County and comparing to the state of Pennsylvania, a list of areas for improvement was developed. The list in no particular order includes:

- Poor physical health days
- Poor mental health days
- Low birth weight
- Adult smoking
- Adult obesity
- Physical inactivity
- Uninsured adults
- Primary care physicians
- Preventable hospital stays
- Social & economic factors
 - high school graduates
 - children in poverty
 - violent crime rate
- Mental health providers
- Access to healthy foods

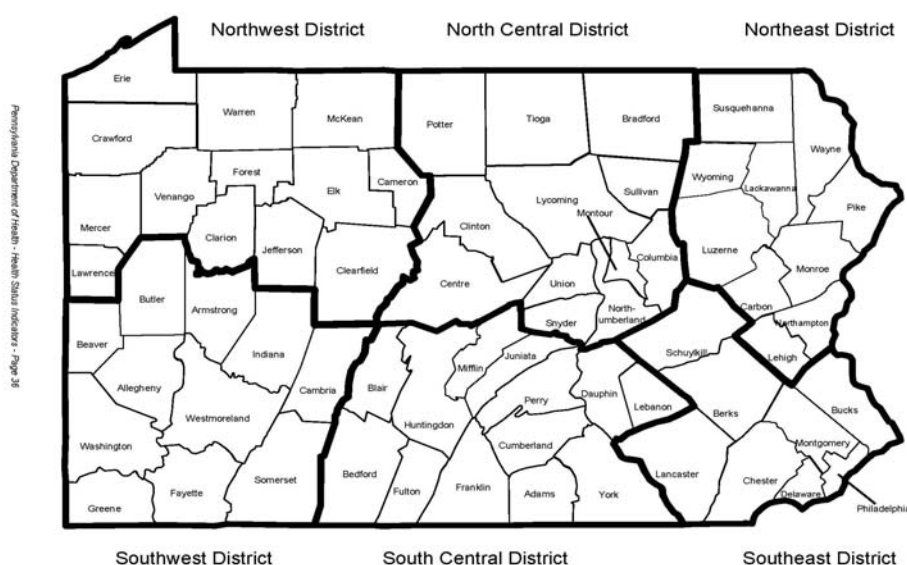


Data Analysis

Behavioral Risk Factor Surveillance System

The **Behavioral Risk Factor Surveillance System (BRFSS)** is a United States health survey that looks at behavioral risk factors. It is run by Centers for Disease Control and Prevention and conducted by the individual state health departments. The survey is administered by telephone and is the world's largest, ongoing telephone survey system, tracking health conditions and risk behaviors in the United States since 1984. The **BRFSS** survey results provide valuable tools in measuring health trends, assessing chronic disease risk, and monitoring the effectiveness of policies, programs, and awareness campaigns. For purposes of this study, data is compared between Pennsylvania Health Districts. Lawrence County is included in the Northwest region which includes 13 counties.

Pennsylvania Health Districts and Counties



Upon review of the 2011 Behavioral Risks of Pennsylvania Adults, several challenges were apparent for the Northwest district. The significant areas of concern for Pennsylvania adults in no particular order are:

- fair or poor general health (physical health & mental health)
- high blood pressure
- high blood cholesterol
- heart attack, age 35+
- arthritis
- diabetes
- overweight or overweight and obese
- current smokers (highest percentage of all health districts)
- daily fruit and vegetable intake
- no physical activity
- limitations due to health problems
- seatbelt use when driving or riding in a car
- seasonal flu shot or seasonal flu vaccine sprayed in nose in past year, age 50+



Data Analysis

Lawrence County Health Profile

The 2012 **County Health Profiles** are a series of 68 individual data listings - one for each county and one for the Commonwealth (see Appendix – Exhibit 1). Numerous statistics are shown for various health related subject areas including demographics and population, reported pregnancy, natality, morbidity, hospitals, health care insurance by selected program/insurer, mortality, adult behavioral health risk factors, home health agencies, drug & alcohol abuse treatment facilities, and health care workforce. The following challenges were presented from the review of this data source and are in no particular order:

- Diabetes Mellitus death rate
- Chronic Lower Respiratory Disease (CLRD) death rate
- Septicemia death rate
- Cause of death, 45-64 years of age - Liver Dis. / Cirrhosis
- Adult behavioral health risk factors
 - Fair or poor general health
 - Obese and overweight
 - No health insurance
 - Current smoker
- Low number of drug & alcohol treatment facilities



Priority Health Issues

After reviewing multiple sources of data and interviews with community members, the Lawrence County Community Health Needs Assessment Steering Committee met to discuss prioritization of key community needs in Lawrence County. These five areas were chosen because they were common themes that appeared throughout the multiple sources of data and there was enough support to identify them as an issue that could be included in the implementation plan. The following top community health issues were identified:

- Physicians & Specialists
- Drug & Alcohol Abuse
- Mental & Behavioral Health
- Obesity & Nutrition
- Tobacco Use



Priority Health Issues

Physicians & Specialists

Determining community physician need is an important assignment for hospitals and health systems, especially those seeking to improve clinical programs or dealing with current or anticipated physician shortages. Physician need is an important concern in many communities and the movement is not expected to slow. The Association of American Medical Colleges estimates that in 2015 the country will have 62,900 fewer doctors than needed. That number will more than double by 2025, as the expansion of insurance coverage and the aging of baby boomers drive up demand for care. Even without the new health care law, the shortfall of doctors in 2025 would still exceed 100,000.

The American Medical Association indicates that one out of three practicing physicians in the United States is over the age of 55, and many of them are expected to retire in the next 10 or 15 years. The succession of recognized physicians who have served the community for several years is one of the most challenging tasks faced by health care leaders. Established physicians can play a significant role in hospital utilization and their departure can have considerable effects.

Recruitment and retention of physicians in rural areas such as Lawrence County has traditionally been a challenge for hospitals and rural communities. The unpopularity of practicing in these areas is attributable to a number of factors including lifestyle issues, medical practice issues, and competitive issues. The ability for health care organizations to attract and keep physicians can have an effect on the organization's capacity to deliver care.

Currently, New Castle/South New Castle is a designated Medically Underserved Area (MUA). This designation identifies areas or populations as having a need for medical services on the basis of demographic data. The accessibility of providers was the third most common theme among the community members that were interviewed and is an ongoing concern for both hospitals. Community leaders believe that there is a shortage of primary care physicians and mental health providers (including pediatric mental health). In 2011, Lawrence County had a substantially lower primary care provider rate (49.3 per 100,000 pop.) than Pennsylvania's ratio (95.9 per 100,000 pop.).

Many community members believe that there are not enough health care providers in the area to meet resident demand for under/uninsured which may cause an increase in the utilization of emergency medical care for non-emergent issues and longer waiting times for health care services. The percent of uninsured residents in Lawrence County (10.9%) is higher than Pennsylvania (9.67%).

Combine these concerns with the host of regulations for physician recruitment, and hospitals have a tremendous challenge in meeting the medical needs of their hospital and surrounding community. Introducing a solid plan to address the recruitment and retention of physicians is a high priority. Current and future physician needs should be continuously assessed so that vital services are available and accessible.



Priority Health Issues

Drug & Alcohol Abuse

Abuse of alcohol and illicit drugs is costly to our nation, exacting over \$600 billion annually in costs. The toll that drug and alcohol problems have on individuals is significant, as they are at increased risk for serious health problems, criminal activity, automobile crashes, and lost productivity in the workplace. But individuals with drug and alcohol problems are not the only ones who suffer. The families, friends, and communities also suffer greatly.

The abuse of alcohol and drugs leads to multiple acute and chronic adverse health outcomes, as well as a variety of negative consequences within the family unit, poor performance in school, or difficulties at work. Alcohol abuse leads to decreased inhibitions and impaired judgments that influence reckless and sometimes aggressive behavior. It also leads to high rates of motor vehicle accidents and injuries/deaths. On a chronic basis, it can lead to anemia, hepatitis and cirrhosis, pancreatitis, cognitive effects due to brain damage, fetal alcohol syndrome, low birthweight, and other poor health outcomes. Substance abuse problems commonly co-occur with mental health issues.

According to the 2009 National Survey on Drug Use and Health, 7.7 percent of individuals over the age of 12 have substance abuse disorders. As it relates to that survey, it is estimated that 6,004 Lawrence County residents are suffering from substance abuse disorders. Statistics received from the hospitals support an increasing drug problem in Lawrence County. Specifically, the number of drug dependent individuals checking in at the local emergency room increased significantly over a span of two years (2009-2011):

- 2009 - 473 individuals
- 2010 - 564 individuals
- 2011 - 741 individuals

This represents an increase of 57 percent during the two-year period.

HealthChoices data also substantiates a significant drug problem in Lawrence County. When compared to thirteen other Western Pennsylvania counties, Lawrence County ranked third for drug and alcohol residential expense per HealthChoices member during the 2011 fiscal year. It ranked first in methadone expense per HealthChoices member.

According to The Lawrence County Drug & Alcohol Commission, Inc., opiate addiction continues to be problematic in Lawrence County. For the 2011 calendar year, the SCA's Case Management database revealed that the number of individuals (415 vs. 381) reporting heroin, OxyContin and other opiates as their primary drug of choice increased by nine percent from the previous year.

Lawrence County has the following in-county drug and alcohol treatment facilities:

- Discovery House-New Castle, Inc. (methadone maintenance)
- Highland House, Inc. (Women's Halfway House and Outpatient)
- White Deer Run-New Castle, Inc. (outpatient)



Priority Health Issues

Drug & Alcohol Abuse (Continued)

Lawrence County has a need for additional outpatient services and, according to the Lawrence County Drug & Alcohol Commission, has experienced significant waiting lists. The county has 4 licensed facilities (1 inpatient non-hospital facility and 3 outpatient facilities). There are currently no inpatient drug and alcohol rehabilitation programs within Lawrence County. HealthChoices currently pays an extensive amount of money outside of the county for long-term rehabilitation programs.

Alcohol and illicit drug use was a recurring issue of concern in many of our interviews with community members. Many community members have experienced first-hand the major population trend impacting Lawrence County. The penetration of individuals and criminal activity originating in Detroit has created an increase in supply and demand for illegal drugs in the community which, in turn, has increased the need for drug and alcohol treatment and recovery support services for the residents.

The problems of substance abuse involve three levels of intervention - prevention, screening, and detection. These three opportunities require determined, collaborative action involving public health, education, health care, and criminal justice systems at the community level.



Priority Health Issues

Mental & Behavioral Health

The World Health Organization defines mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. There are different types of mental health problems, some of which are common, such as depression and anxiety disorders, and some not so common, such as schizophrenia and bipolar disorder.

The economic burden of mental illness in the United States is substantial. Mental illness is an important public health problem in itself - about 25% of U.S. adults have a mental illness - but also because it is associated with chronic medical diseases such as cardiovascular disease, diabetes, and obesity. While it is often overlooked as a public health issue due to an historical attention on more immediately life-threatening diseases, mental health has profound effects on an individual's quality of life, physical and social well-being, and economic productivity. Because psychological disorders also affect families and communities of the mentally ill, understanding the effects of mental illness on individual patients and social systems is essential for the improvement of mental health care systems and the development of effective mental health care delivery programs.

The Substance Abuse and Mental Health Services Administration (SAMHSA) examines the mental health treatment each year through the National Survey on Drug Use and Health (NSDUH). Twenty percent (one in five) of U.S. adults aged 18 or older experienced mental illness in the past year, according to the 2011 report from the Substance Abuse and Mental Health Services Administration. Mental illness among adults aged 18 or older is defined as having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) in the past year. In 2011, the report says that 38.2 percent of adults with mental illness received mental health services during that period. This includes all adults who received care in inpatient or outpatient settings and/or used prescription medication for mental or emotional problems.

Although mental illness continues to be a serious public health issue, health care providers and the community are becoming more aware that the individuals who suffer from it can be successfully treated and can live full, productive lives. Like other health conditions, the key to recovery is identifying the problem and taking effective measures to treat it immediately.

According to the 2012 County Health Rankings (see Table 2), Lawrence County adult residents have more poor mental health days (4.2) when compared to Pennsylvania (3.6) and the United States (2.3). The estimates are based on responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" This measure was calculated by the National Center for Health Statistics (NCHS) using data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). NCHS used seven years of data to generate more stable estimates of poor mental health days.

Mental disorders are one of the most prominent and treatable causes of suicide. The age-adjusted death rate due to intentional self-harm in Lawrence County (13.56 per 100,000 pop.) is significantly higher than Pennsylvania (11.58 per 100,000 pop.).



Priority Health Issues

Mental & Behavioral Health (Continued)

The community reported a growing need for mental and behavioral health services for children. National studies show that just over 20 percent of children (or 1 in 5) have either currently or at some point in their lives experienced a seriously debilitating mental disorder. Child mental health disorders are not only very common but can also begin at a very young age. Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than children with other disabilities. Unfortunately, most children with mental health disorders (75 to 80 percent) do not get the support and services that they need - and that would make a significant difference.



Priority Health Issues

Obesity & Nutrition

Obesity rates in the United States have more than doubled in adults and children during the last decades of the twentieth century. While recent estimates suggest that the overall rates of obesity have plateaued, obesity is widespread and continues to be a leading public health problem in the United States. More than one-third of adults and almost 17% of youth were obese in 2009-2010. In 2009, the Centers for Disease Control and Prevention reported that the percent of adults aged 18 and older who self-report they have a Body Mass Index (BMI) that exceeds 30.0 (obese) is greater in Lawrence County (29.6%) when compared to Pennsylvania (28.82%).

Obesity and unhealthy eating and activity habits give individuals a higher risk for liver and gallbladder disease, type 2 diabetes, high blood pressure, high cholesterol and triglycerides, coronary artery disease (CAD), a stroke, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems, among other conditions. Children who are obese are at risk for many of the same long-term health problems. If you have healthier habits or lose weight, your risk for these conditions is reduced.

The medical care costs of obesity in the United States are staggering. Overweight and obesity and their associated health problems have a significant economic impact on the U.S. health care system.

National reports show only 18% of the adult population meet the weekly recommendations for cardiovascular and muscle-strengthening activity. Maybe one of six is meeting this guideline nationally. A large portion of county residents are overweight, not exercising regularly, and not making food choices based on nutritional information. According to the Centers for Disease Control and Prevention, the percent of physically inactive individuals in Lawrence County (28.2%) is significantly higher than Pennsylvania (24.00%). The indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" These types of current behaviors are determinants of future health and this indicator illustrates a cause of significant health issues, such as obesity and poor cardiovascular health.

Community members expressed a great concern about how rapidly obesity is increasing in Lawrence County. Obesity and poor nutrition contribute to many health problems, most notably heart disease, the most predominant disease/condition and the foremost cause of death within the region. A prominent health need is improved public education regarding healthy weight and risk factors for heart disease, along with greater access to screenings and follow-up care.



Priority Health Issues

Tobacco Use

Tobacco is the leading cause of preventable illness and death in the United States. It causes many different cancers as well as chronic lung diseases, such as emphysema and bronchitis, and heart disease. According to the U.S. Surgeon General's report, approximately 443,000 U.S. adults die from smoking-related illnesses each year. In addition, smoking has been estimated to cost the United States \$96 billion in direct medical expenses and \$97 billion in lost productivity annually.

In 2011, an estimated 68.2 million Americans aged 12 or older were current (past month) users of a tobacco product. This represents 26.5 percent of the population in that age range. Studies indicate that 19% of adults 18 or older smoked cigarettes in 2011 and no statistically significant change in current adult smoking prevalence occurred from 2010 (19.3%) to 2011 (19.0%). In order to help reduce the national prevalence of cigarette smoking among adults to the Healthy People 2020 target of 12%, population-based prevention strategies (e.g., increasing prices of tobacco products, antitobacco media campaigns featuring graphic personal stories on the adverse health impact of smoking, smoke-free laws for workplaces and public places, and barrier-free access to help quitting) will continue to be implemented more extensively. Such evidence-based tobacco control interventions can help adults quit and prevent the initiation of tobacco use.

According to the Centers for Disease Control and Prevention and the 2013 County Health Rankings (see Table 1), the percent of cigarette smokers age 18 or older in Lawrence County (24%) was significantly higher than Pennsylvania (21.30%) and the United States (19.27%). There has been no significant change in current adult smoking prevalence in Lawrence County from 2011 to 2013.

Preventing tobacco use in children and adolescents, reducing tobacco use in adults, and reducing nonsmokers' exposure to environmental tobacco smoke are essential public health objectives for communities.



Next Steps

With the completion of the health needs assessment, Jameson Health System and The Ellwood City Hospital will now begin to establish individual implementation plans which will use each organization's individual strengths and resources to best address their community's health needs and improve the overall health and wellbeing of residents of Lawrence County.

Both hospitals, as well as engaged community partners, understand that the CHNA document is the first step in a continuing course of action. It is imperative that ongoing interaction and a strategic plan follow the assessment process - with a clear focus on the health needs addressed in this report.

The Affordable Care Act also requires that the assessment be "made widely available to the public." Consistent with those provisions of the Act, both hospitals have agreed to make the CHNA widely available to the public.

It should also be noted that many factors will influence the manner in which the hospitals will address the identified needs, one of which is resources available to fund programs. The federal government is implementing parts of the Patient Protection and Affordable Care Act (ACA) that significantly changes how the government pays for health care services. These new policies will result in significant reductions in government payments to hospitals and have a significant affect on the ability to fund programs by hospitals and other providers of health care services.



Appendix



Table 1		Lawrence		Rank
2013 County Health Rankings		County	Pennsylvania	(of 67)
Health Outcomes				59
<i>Mortality</i>				52
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,600	6,973	
<i>Morbidity</i>				62
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		16%	14%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.7	3.5	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.5	3.6	
Low birthweight - Percent of live births with low birthweight (<2500 grams)		8.9%	8.4%	
Health Factors				50
<i>Health Behaviors</i>				35
Adult smoking - Percent of adults that report smoking > 100 cigarettes and currently smoking		24%	21%	
Adult obesity - Percent of adults that report a BMI > 30		30%	29%	
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity		29%	26%	
Excessive drinking - Binge plus heavy drinking		13%	17%	
Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population		13	12	
Sexually transmitted infections - Chlamydia rate per 100,000 population		276	374	
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19		31	29	
<i>Clinical Care</i>				57
Uninsured adults - Percent of population under age 65 without health insurance		13%	12%	
Primary care physicians - Ratio of population to primary care physicians		2,116:1	1,273:1	
Dentists - Ratio of population to dentists		2,119:1	1,801:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		95	70	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening		81%	84%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening		62%	67%	
<i>Social & Economic Factors</i>				51
High school graduation - Percent of ninth grade cohort that graduates in 4 years		91%	83%	
Some college - Percent of adults aged 25-44 years with some post secondary education		54%	60%	
Unemployment - Percent of population age 16+ unemployed but seeking work		8.5%	7.9%	
Children in poverty - Percent of children under age 18 in poverty		25%	19%	
Inadequate social support - Percent of adults without social/emotional support		18%	21%	
Children in single-parent households - Percent of children that live in household headed by single parent		32%	32%	
Violent crime rate - Violent crime rate per 100,000 population		403	386	
<i>Physical Environment</i>				59
Air pollution - particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter		14.5	13.2	
Drinking water safety - percentage of population exposed to water exceeding a violation limit during the past year		0%	13%	
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store		12%	4%	
Fast food restaurants - Percent of all restaurants that are fast-food establishments		46%	49%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population		15	11	

SOURCE: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, 2013 County Health Rankings (www.countyhealthranking.org)



Appendix



Table 2		Lawrence		Rank
2012 County Health Rankings		County	Pennsylvania	(of 67)
Health Outcomes				53
<i>Mortality</i>				32
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,131	7,284	
<i>Morbidity</i>				62
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		16%	14%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.5	3.5	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.2	3.6	
Low birthweight - Percent of live births with low birthweight (<2500 grams)		8.9%	8.3%	
Health Factors				49
<i>Health Behaviors</i>				33
Adult smoking - Percent of adults that report smoking > 100 cigarettes and currently smoking		24%	21%	
Adult obesity - Percent of adults that report a BMI > 30		30%	29%	
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity		29%	26%	
Excessive drinking - Binge plus heavy drinking		14%	18%	
Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population		15	13	
Sexually transmitted infections - Chlamydia rate per 100,000 population		238	346	
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19		30	31	
<i>Clinical Care</i>				54
Uninsured adults - Percent of population under age 65 without health insurance		12%	12%	
Primary care physicians - Ratio of population to primary care physicians		2,264:1	1,067:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		91	72	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening		83%	83%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening		60%	67%	
<i>Social & Economic Factors</i>				58
High school graduation - Percent of ninth grade cohort that graduates in 4 years		73%	79%	
Some college - Percent of adults aged 25-44 years with some post secondary education		53%	59%	
Unemployment - Percent of population age 16+ unemployed but seeking work		9.5%	8.7%	
Children in poverty - Percent of children under age 18 in poverty		26%	19%	
Inadequate social support - Percent of adults without social/emotional support		18%	21%	
Children in single-parent households - Percent of children that live in household headed by single parent		29%	32%	
Violent crime rate - Violent crime rate per 100,000 population		375	405	
<i>Physical Environment</i>				17
Air pollution - particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter		2	10	
Air pollution-ozon days - Annual number of unhealthy air quality days due to ozone		2	8	
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store		0%	7%	
Fast food restaurants - Percent of all restaurants that are fast-food establishments		46%	48%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population		13	11	

SOURCE: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, 2012 County Health Rankings (www.countyhealthranking.org)



Appendix



Table 3		Lawrence		Rank
2011 County Health Rankings		County	Pennsylvania	(of 67)
Health Outcomes				54
<i>Mortality</i>				29
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,077	7,411	
<i>Morbidity</i>				62
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		16%	14%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.9	3.5	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.3	3.6	
Low birthweight - Percent of live births with low birthweight (<2500 grams)		8.8%	8.2%	
Health Factors				33
<i>Health Behaviors</i>				25
Adult smoking - Percent of adults that report smoking > 100 cigarettes and currently smoking		25%	22%	
Adult obesity - Percent of adults that report a BMI > 30		28%	28%	
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity				
Excessive drinking - Binge plus heavy drinking		14%	18%	
Motor vehicle crash death rate - Motor vehicle crash deaths per 100,000 population		14	13	
Sexually transmitted infections - Chlamydia rate per 100,000 population		220	340	
Teen birth rate - Teen birth rate per 1,000 female population, ages 15-19		30	31	
<i>Clinical Care</i>				35
Uninsured adults - Percent of population under age 65 without health insurance		13%	13%	
Primary care physicians - Ratio of population to primary care physicians		2,264:1	1,067:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		92	76	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening		86%	84%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening		64%	65%	
<i>Social & Economic Factors</i>				47
High school graduation - Percent of ninth grade cohort that graduates in 4 years		85%	83%	
Some college - Percent of adults aged 25-44 years with some post secondary education		52%	58%	
Unemployment - Percent of population age 16+ unemployed but seeking work		9.4%	8.1%	
Children in poverty - Percent of children under age 18 in poverty		20%	17%	
Inadequate social support - Percent of adults without social/emotional support		19%	21%	
Children in single-parent households - Percent of children that live in household headed by single parent		28%	31%	
Violent crime rate - Violent crime rate per 100,000 population		359	419	
<i>Physical Environment</i>				26
Air pollution - particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter		2	10	
Air pollution-ozone days - Annual number of unhealthy air quality days due to ozone		2	8	
Limited access to healthy foods - Percent of population who are low-income and do not live close to a grocery store		33%	57%	
Fast food restaurants - Percent of all restaurants that are fast-food establishments				
Access to recreational facilities - Rate of recreational facilities per 100,000 population		15	12	

SOURCE: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, 2011 County Health Rankings (www.countyhealthranking.org)



Appendix

Exhibit I

Lawrence County Health Profile 2012



• DEMOGRAPHIC DATA

% Population Change 2000 to 2010	-3.7	% Population with Income Below Poverty Level (2010)	12.7
Median Age of the Population (2010)	43.6	Per Capita Personal Income (2010)	\$32,448
% Population Aged 65 and Over (2010)	18.8	% Labor Force Unemployed (Annual Average 2011)	8.5
Population per Square Mile (2010)	254.4	% Population Eligible for Medical Assistance (12/11)	19.9

Enumerated Population by Age and Sex (2010)

Age	Total	Male	Female	Age	Total	Male	Female
All Ages	91,108	43,909	47,199	35-44	10,970	5,440	5,530
Under 5	4,866	2,422	2,444	45-54	13,990	6,850	7,140
5-14	10,817	5,584	5,233	55-64	12,781	6,215	6,566
15-24	11,133	5,675	5,458	65-74	8,014	3,639	4,375
25-34	9,423	4,642	4,781	75+	9,114	3,442	5,672

• NATALITY and REPORTED PREGNANCIES^ (2010 Residents)

Crude Birth Rate Per 1,000 Population	9.7	% Low Birth Weight	9.4
Average Annual General Fertility Rate (2008-2010)	55.5	% Receiving No Prenatal Care in First Trimester	29.0
		% Births to Mothers Under 18	3.1

Age of Woman	Reported Pregnancies	Outcome			Age of Woman	Reported Pregnancies	Outcome		
		Live Births	Fetal Deaths	Induced Abortions			Live Births	Fetal Deaths	Induced Abortions
All Ages	1,004	880	5	119	18-19	91	79	0	12
Under 15***	1	0	1	0	20-29	578	513	2	63
15-17	39	27	0	12	30 and Over***	295	261	2	32

Age of Woman	Birth Rate	Reported Pregnancy Rate	Age of Woman	Birth Rate	Reported Pregnancy Rate
All Ages	55.8 **	63.7	18-19	64.5	74.3
Under 15***	ND	ND	20-29	105.6	118.9
15-17	15.1	21.9	30 and Over***	23.1	26.2

^Live births, fetal deaths of 16+ weeks gestation, and induced abortions performed in-state. *Asian/Pacific Islander **General fertility rate (ages 15-44).
 Notes: All ages includes any unknown ages. All rates per 1,000.
 *** Under 15 includes female population ages 10-14; 30 and Over includes female population ages 30-49.

• MORBIDITY (Residents)

Reported Incidence and Average Annual Rate (per 100,000) for Selected Notifiable Diseases (2008-2010)

	Total	Rate		Total	Rate		Total	Rate
AIDS	4	ND	Hep. B* Acute	7	ND	Salmonellosis	19	7.0
Campylobacteriosis	39	14.4	Hep. B* Chronic	14	5.2	Shigellosis	0	ND
Chlamydia	665	244.9	Lyme Disease	20	7.4	Syphilis	1	ND
Giardiasis	11	4.1	Meningococcal**	0	ND	Tuberculosis	2	ND
Gonorrhea	110	40.5	Pertussis	2	ND	Varicella	42	15.5
Hepatitis: Type A	2	ND	Rabies (Animals)	8	N/A			

*Hepatitis: Type B **Meningococcal Disease N/A=Not Applicable

General Note: Crude rates based on less than 10 events and age-adjusted rates based on less than 20 events are considered statistically unreliable and are not displayed (ND), unless otherwise noted.



Appendix

Exhibit I (Continued)

Lawrence County

PAGE 2

- CANCER INCIDENCE (2007-2009 Residents)**

Invasive Cancer Incidence and Average Annual Age-Adjusted Rates* for Major Sites by Sex

	Male		Female			Male		Female	
	Total	Rate	Total	Rate		Total	Rate	Total	Rate
All Sites	1,014	643.1	945	481.4	Urinary Bladder	81	51.3	26	12.0
Prostate	260	159.0	-	-	Corpus and Uterus, NOS	-	-	48	23.8
Female Breast	-	-	239	125.6	Non-Hodgkin Lymphoma	46	29.3	31	14.2
Lung and Bronchus	166	105.2	125	56.1	Kidney and Renal Pelvis	44	27.5	27	13.8
Colon and Rectum	94	59.8	101	45.2	Melanoma of the Skin	32	21.1	31	19.6

*Per 100,000 2000 U.S. standard million population. Age-adjusted rates are only comparable if the same standard million population was used in the calculation.
 Note: All in situ cases, except for urinary bladder, are excluded.

- MORTALITY (2010 Residents)**

Number of Resident Deaths	1,061	Number of Infant Deaths (< 1 Year of Age)	All Races 11
Crude Death Rate per 1,000	11.6	Infant Mortality Rate per 1,000 Live Births	12.5
Age-Adjusted Death Rate per 1,000	7.6	Average Annual Infant Mortality Rate (2008-2010)	8.8

Selected Major Causes of Death, Number and Average Annual Age-Adjusted Death Rate* (2008-2010)

Cause	Total	Rate	Cause	Total	Rate
Diseases of Heart	825	192.3	Alzheimer's Disease	88	18.2
Cancer	781	197.5	Diabetes Mellitus	110	25.9
Stroke	158	35.5	Nephritis/Nephrosis	69	15.9
C.L.R.D.**	208	48.5	Influenza/Pneumonia	63	13.4
Accidents	129	41.7	Septicemia	77	17.9

* Per 100,000 2000 U.S. standard million population. Age-adjusted rates are only comparable if the same standard million population was used in the calculation.

** Chronic Lower Respiratory Disease

Selected Leading Causes of Death, Number by Age Group (2010)

	Under 5 Years of Age	5-24 Years of Age	25-44 Years of Age	45-64 Years of Age	65 Years and Older
Perinatal Conditions	5	Accidents	4	Accidents	10
Accidents	2			Cancer	58
Birth Defects	2			Diseases of Heart	45
				Accidents	11
				Liver Dis./Cirrhosis	6
				Diseases of Heart	4
				Alzheimer's Disease	30
TOTAL	12	TOTAL	8	TOTAL	174
				TOTAL	831

Note: Total includes all other causes.

- ADULT BEHAVIORAL HEALTH RISK FACTORS (2008-2010)**

[Includes: Crawford, Lawrence, Mercer, and Venango Counties]

Risk Factors	Percent (CI)	Risk Factors	Percent (CI)
Fair or Poor General Health:	17 (14 - 20)	Ever Told They Have Diabetes:	10 (8 - 12)
Obese:	30 (27 - 35)	Currently Has Asthma:	10 (7 - 13)
Overweight (includes obese):	68 (64 - 72)	Current Smoker:	23 (19 - 27)
No Health Insurance (Ages 18-64):	15 (11 - 20)	Ever Test for HIV (Ages 18-64):	26 (22 - 32)
Not Enough Sleep GE 7 of Past 30 Days:	35 (31 - 39)	At Risk for Heavy Drinking*:	4 (3 - 7)

*Defined as having an average of greater than 2 drinks per day for men and greater than 1 drink per day for women.

Notes: Data are based on 2008-2010 annual sample surveys of Pennsylvania adults. CI= 95% Confidence Interval.

Additional state or county/regional data are available at www.health.state.pa.us/stats/.

General Note: Crude rates based on less than 10 events and age-adjusted rates based on less than 20 events are considered statistically unreliable and are not displayed (ND), unless otherwise noted.



Appendix

Exhibit I (Continued)

Lawrence County

PAGE 3

- HOSPITALS (7/09-6/10)**

Services

Total	General Acute Care	Psychiatric	Rehabilitation	Other
2	2	0	0	0

Funding

Non-Profit	For Profit	State	Other
2	0	0	0

General Hospitals

Beds Set Up and Staffed	304	Beds per 1,000 Population	3.3	Average Inpatient Occupancy Rate	49.7
Admissions	11,796	Admissions per 1,000 Population	129.5	Average Semi-Private Daily Room Rate	\$638

- NURSING HOMES (2010)**

	Total Number	Certified-Medicare	Certified-Medicaid
Nursing Homes	10	10	8
Licensed/Approved Beds	821	821	776

Total Licensed/Approved Beds per 1,000 Population Age 65 and Older	47.9
Average Occupancy Rate	89.8
Average Length of Stay (Number of Days)	138.9

Average Semi-Private Daily Room Rate	\$259
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- DRUG and ALCOHOL TREATMENT**

Admission by County of Residence (7/09-6/10)

Admissions to State-Supported Facilities	Number of Clients Admitted	Client Primary Diagnosis			Percent Admitted Only Once During 7/09-6/10
		Drug Abuse	Alcohol Abuse	Other*	
1,335	835	574	261	0	65.5

* Includes family members receiving counseling.

Treatment Facilities (as of 6/11)

All Licensed Facilities	Types of Service Provided			
	Inpatient Non-Hospital	Inpatient Hospital	Correctional Institution	Partial Hospitalization / Outpatient
6	1	1	0	4

Note: Each licensed facility may provide more than one type of service.

General Note: Crude rates based on less than 10 events and age-adjusted rates based on less than 20 events are considered statistically unreliable and are not displayed (ND), unless otherwise noted.



Data Sources

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American Cancer Society
American Lung Association
New Visions for Lawrence County



**Lawrence County, PA
Community Health Needs Assessment**

**Implementation Strategy for Jameson Health System
June 2013**

Jameson Health System (JHS) has created a plan to enhance existing community benefit programs and hospital services. The focus of this plan is to address major community health priorities that were identified in the 2012 Lawrence County Community Health Needs Assessment which was conducted on behalf of Jameson Health System and the Ellwood City Hospital. The assessment process was designed to extend broadly into the community to identify needs, gaps, and barriers to health and health services. Through a process of primary research, data analysis, validation and prioritization, the assessment process identified the following five significant health needs:

- Physicians and Specialties
- Drug and Alcohol Abuse
- Mental and Behavioral Health
- Obesity and Nutrition
- Tobacco Use

The Implementation Strategy will describe JHS response and strategies that will identify programs and resources to address and respond to the health needs over the next three years.

Physicians and Specialists

Need: To provide access to healthcare providers through physician recruitment and retention

Initiatives:

- Five-year strategic plan to build the medical community; 20 new physicians will join JHS and open practices in the local regional between 2011 and 2015.
- Success of physician recruitment initiatives heightened by new Emergency & Surgical Department building. Surgeons want to operate in facilities that lend leading-edge technology and performance capabilities to deliver top level quality outcomes.
- Jameson physicians have a voice in the direction of the health system and lead the hospital to continued growth and patient-focused experiences and quality outcomes.
- Proactively works with Urgent Cares and other independent physicians through referrals & concurrent work (lab, radiology, etc.); partners with and supports local physicians.
- CARE publication which introduces new doctors and educates community on programs that are available. Shares real-life stories with the community.

Drug and Alcohol Abuse

Need: To reduce drug and alcohol abuse in adults and adolescents; to provide education and health information on the effects of drug and alcohol use.

Initiatives:

- JHS Behavioral Health Services has entered into an agreement with the Lawrence County SCA without any financial ties to either agency. The SCA sends a recovery specialist to JHS Behavioral Health Services weekly to meet with clients identified to be in need of such interventions based off intake assessment, and to conduct a group for patients geared toward recovery. The group facilitator additionally provides drug and alcohol referral source information. The goal of this group is to establish relationships prior to discharge and answer questions about meetings, introducing and connecting the individual to sober living environments and sober living communities – such as Kaufmann’s Korner.
- JHS Behavioral health Services has linkage for Narcotics Anonymous (NA) to conduct a weekly group with patients who are willing to attend. The purpose is to gain a connection and establish relationships with a member of NA so that upon discharge the patient will be more likely to attend meetings and remain sober with a more positive support system.
- Sponsored and participated in regional PALS kickoff meeting in March 2013; continue involvement with this program.
- New pain management doctor (Dr. Muhammed Arif) – developed a new pain program which replaces the narcotic utilization of addictive patients with psychiatric services, physical therapy, injections, etc.
- Continue support of Children’s Advocacy Program
- Provided grant to the District Attorney’s Drug Task Force (cash donation) – continue to share resources.
- Sponsor and participate in New Visions of New Castle; Doug Danko is on the District Attorney Lamancusa’s Task Force.

Mental and Behavioral Health

Need: To provide additional mental and behavioral health resources and education to the community.

Initiatives:

- 28-bed inpatient / outpatient behavioral health program meets the unique needs of each individual patient; partial hospitalization program – intensive, psycho-educational and therapeutic-based treatment.
- 16-bed Geriatric Psychiatry Unit – continue to expand geriatric services and work with doctors to delivery high quality care to this growing population.
- Despite JHS’s most recent efforts to improve continuity of care, there are still opportunities that will further compliment the community’s network of coordinated, collaborative services, such as:
 - Mobile Crisis Care / Hotlines
 - The Director of BHS and the MHDS County Administrator plan to further evaluate funding sources with the goal to possibly relocate and/or develop crisis services in the ER setting for improved coordination of care, and to house specifically trained psychiatric professionals on-site to more effectively deal with persons experiencing a mental health crisis. Target date to begin this initiative in July 2013.
 - Consultation and Liaison Services – JHS began part-time hours with a psychiatric liaison in the ER. This has proven to be a valuable asset to the ER team and the psychiatric liaison is highly skilled and instrumental being on-site with immediate availability for

persons with behavioral health disorders and/or their family members. JHS has trialed this position and has no extended funding to establish such services on a more permanent basis in the ER. Will continue to evaluate this position.

- Adequate Funding / Financing
 - Historically, behavioral health services have been under-funded. Many public and private organizations providing care have been financially starved and had to limit their capabilities. Many behavioral health patients have been uninsured, underinsured and their care reimbursed less than cost. In fact, some health insurance excludes and/or restricts behavioral health benefits. To maintain access, payment for behavioral health services is going to have to cover costs or the services will be less available. When a community lacks adequate behavioral health services, the community bears other costs that it may not attribute to the shortage of such services. Our hospital's executive leaders have actively communicated with both internal and external stakeholders the clinical and economic benefits of supporting better-coordinated systems of care for behavioral health needs and the costs to the community of not developing effective systems of care.
- Hospital Practices
 - The hospital is a large employer of the community. JHS houses a strong Employee Assistance Program (EAP) that is offered free to an employee and/or their beneficiaries. EAP is an important function of the hospital with providing assessment and short-term counseling for individuals at risk for mental illness and substance abuse disorders, and those with problems of daily living – divorce, counseling, grief process, etc. The EAP will continue to provide the following functions:
 - Support management in addressing issues of productivity and absenteeism that may be caused by psychosocial problems
 - Assist in the design and development of a structured program to deliver health promotion and educational tools that significantly affect employee and beneficiary health and productivity, and lead the effort to deliver behavioral health healthcare education programs
 - Functionally coordinate with other health services including health plan, disability management and health promotion
 - Continue to provide the leadership and initiative to develop community-wide service planning and for staff to be aware of behavioral resources within the community
 - Continue to fight the stigma attached to behavioral illnesses; seek parity for behavioral health insurance coverage, and support adequate payment for behavioral health services
 - Hospital leaders are actively involved with regional, state and national associates to broaden engagement and advocacy for behavioral health services. For example, obtaining adequate payment rates for Medicaid and Medicare patients with behavioral health disorders

Obesity and Nutrition

Need: To provide additional health information and education about individual health needs to the community in a more proactive and preventive manner.

Initiatives:

- Continue efforts on educating the community about the importance of good nutrition & physical activity through health fairs and distribution of educational materials.
- Nutrition and Wellness Programs
 - i. Personal Nutrition Counseling
 - ii. Drop 10 in 10
 - iii. Jameson Weigh
 - iv. Dean Ornish Spectrum

- Pediatric Nutrition & Weight Loss Program – KidShape
- Dr. Dean Ornish’s Program for Reversing Heart Disease is launching a new reversal program cohort in May 2013. This program is an innovative, scientifically proven program for treating and reversing the effects of CAD. Exercise, relaxation techniques, group support and a low-fat whole foods nutrition plan are used to eliminate or control risk factors and provide the support required to adopt this heart-healthy lifestyle.
- Diabetes Management Program
- Took over the meal preparation for New Castle’s Meals on Wheels; plan to work to provide healthy choices and education on nutritious meal preparation through this program
- Employee Wellness Program which provides employees with the information and means of achieving a healthier lifestyle; Biggest Loser Campaign
- New ER/OR facility – specialized equipment for high mass individuals
- Encourages its employees to become involved with volunteer services; expectations of staff to serve on boards; cross-fertilization of boards
- Sponsor and participate in community activities that promote and encourage physical fitness and exercise for the family
- Continued support of programs through the Children’s Advocacy Center of Lawrence County. The Nurse Family Partnership / Parents as Teachers / Early Head Start Program / Parenting Education

Tobacco Use

Need: To reduce tobacco use in adults and adolescents and reduce nonsmokers’ exposure to environmental tobacco smoke; to provide additional health information on the effects of tobacco use.

Initiatives:

- Offers tobacco cessation classes for employees as well as community education on smoking cessation. Quit Smoking Program – Free 6-session Program Series
- COPD and Asthma Educational Sessions
- Future goal of expanding the lung center
- Every inpatient that is discharged gets information on quitting smoking as a best practice
- Increase availability and access to cessation resources for adults; aim to provide additional smoking counseling within our clinic setting with certified counselors
- Jameson is a tobacco-free campus; engage and educate the community to support tobacco-free environment policy, promoting smoke-free campuses and school events

