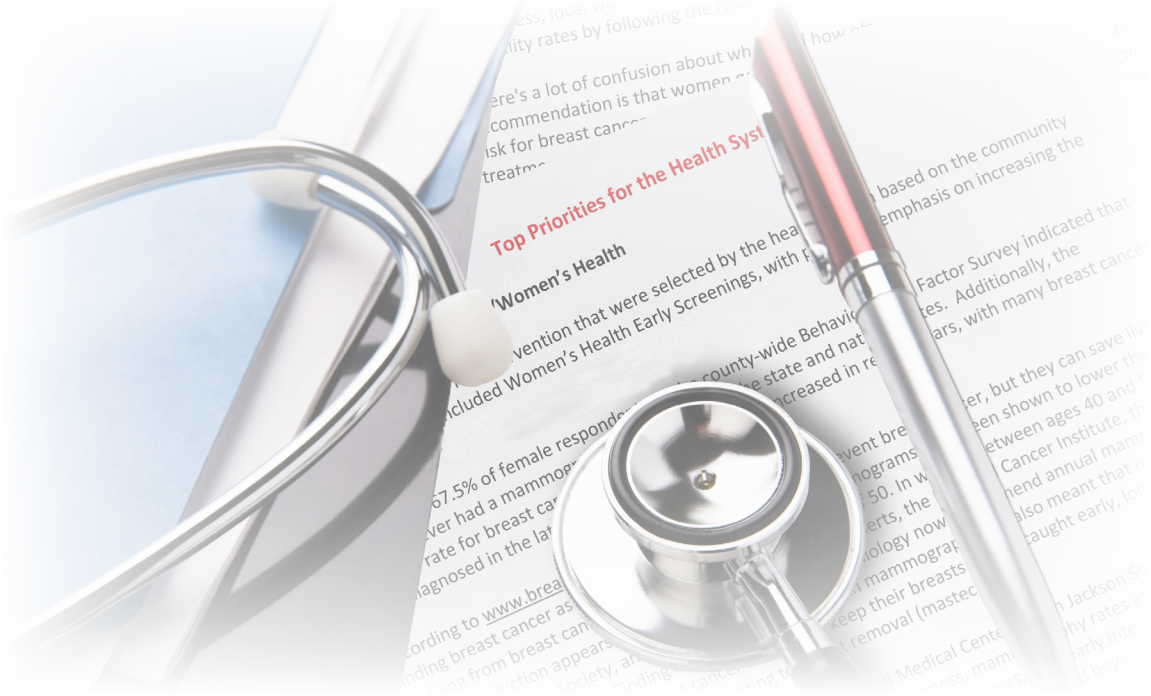
Excela Health

United Way

# Executive Summary




# 2013 Community Health Needs Assessment

Strategy solutions, inc.

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## Message to the Community

Excela Health and United Way of Westmoreland County are proud to present their collaborative 2012-2013 Community Health Needs Assessment (CHNA) Report. This report summarizes a comprehensive review and analysis of health status indicator, public health, socioeconomic, demographic and other qualitative and quantitative data from Westmoreland County, PA. The data review and analysis determined the top priority needs and issues facing the community. The process ensured consistent data collection for both Excela Health following the current IRS 990 guidelines as well as for the United Way of Westmoreland County.

The primary purpose of this assessment was to identify the health needs and issues of Westmoreland County, the identified primary service area for both organizations. In addition the CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, educational institutions, and consumers who are interested in improving the health status

of the community and region. The results enable Excela Health, United Way and other providers to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the Westmoreland County region.

This report is also offered as a resource to individuals and groups interested in using the information to better inform health care and community agency decision making.

Individually and collectively, improving the health of the community and region is a top priority. Beyond the education, patient care and program interventions provided by Excela Health and United Way of Westmoreland County, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.

## Executive Summary

The 2012-2013 Westmoreland County Community Health Needs Assessment (CHNA) identified health issues and needs and provides critical information to Excela Health, United Way of Westmoreland County and others in a position to make a positive impact on the health of our region's residents. The results enable the project partners as well as other community agencies and providers to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in Westmoreland County.

To assist with the CHNA process, Excela Health and United Way of Westmoreland County retained Strategy Solutions, Inc., a planning and research firm with an office in Pittsburgh, whose mission is to create healthy communities. The assessment followed best

practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals. This Community Health Needs Assessment included a detailed examination of the following areas:

* Demographics & Socio-Economic Indicators
* Access to Quality Health Care
* Chronic Disease
* Environmental and Socio-Economic Characteristics
* Infectious Disease
* Mental Health & Substance Abuse
* Physical Activity & Nutrition
* Tobacco Use
* Injury

Secondary public health data on disease incidence and mortality as well as behavioral risk factors were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, County Health Rankings as well as a number of other reports and publications. Data were collected primarily for Westmoreland County, although some selected national data is included where local/regional data was not available. Local agencies also provided utilization data where noted. Hospital utilization data were included from Excela Health. Demographic data were collected from the Nielsen Claritas demographic database and the www.census.gov website.

Primary qualitative data collected specifically for this assessment included 20 community focus groups and 12 in-depth stakeholder interviews, representing the needs and interests of various community groups, topic areas and sub-populations. In addition to gathering input from focus groups and stakeholder interviews, input and guidance also came from hospital, physician and community representatives who served on the system-wide and hospital specific steering committees. Primary quantitative data collection included a community survey with 437 respondents.

After all primary and secondary data were reviewed and analyzed the data suggested a total of 30 distinct issues, potential needs and possible priority areas for intervention. The Steering Committee prioritized and discussed the needs and identified the top needs as obesity, physical activity, diabetes, hypertension/heart disease, elderly access to care and mental health/substance abuse.

The implementation strategies selected by the partners address these needs in a variety of ways. Needs identified by the CHNA that are not being addressed through these implementation strategies are already being addressed by existing community assets, necessary resources to meet these needs are lacking, or these needs fall outside of the Excela Health's mission.

## Methodology

To guide this assessment, the project partners formed a Steering Committee that consisted of hospital and community leaders who represented the broad interests of the community. These included representatives who understood the needs and issues related to various underrepresented groups including medically underserved populations, low-

income persons, minority groups, and those with chronic disease needs, individuals with expertise in public health, and internal program managers. The community Steering Committee met three times between July 2012 and March 2013 to provide guidance on the various components of the Community Health Needs Assessment.

### Service Area Definition

Consistent with IRS guidelines at the time of data collection, the project partners defined the community by geographic location. More specifically, the geographic location of the primary service area included Westmoreland County. The county is designated as the Primary Service Area of the health system and is the service region of United Way of Westmoreland County.

### Asset Inventory

The project partners identified existing health care facilities and resources within the community available to respond to the health needs of the community by using the PA 211 Southwest dataset. The information included in the asset inventory and map is a subset of

the information and includes a listing of skilled nursing facilities, personal care homes, Meals on Wheels providers, home health services and drug and alcohol providers.

### Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the county wide service area and to meet current IRS and United Way guidelines and requirements, the methodology employed both qualitative and quantitative data collection and analysis methods. The staff, Steering Committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment.

The existing secondary quantitative data collection process included demographic and socioeconomic data obtained from Nielsen/Claritas (www.claritas.com); disease incidence and prevalence data obtained from the Pennsylvania Departments of Health and Vital Statistics; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; Healthy People 2020 goals from HealthyPeople.gov ; and selected inpatient utilization data as indicators of appropriate access to health care were obtained from the Pennsylvania Health Care Cost Containment Council (PHC-4). In addition, various health and health related data from the following sources were also utilized for the assessment: the US Department of Agriculture, the

Pennsylvania Department of Education, the American Community Survey and the County Health Rankings (www.countyhealthrankings.org).

The primary data collection process included qualitative data from 12 stakeholder interviews and 20 focus groups conducted by members of the Excela Health and United Way staff. Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific

community or the county overall. A community survey was also conducted with 437 residents of Westmoreland County.

## Needs/Issues Prioritization Process

In February 2013 the Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the community. Debra Thompson, President of Strategy Solutions, Inc. presented the data and facilitated a prioritization exercise. Three criteria, including magnitude of the problem, impact on other health outcomes, and capacity (systems and resources to implement evidence based solutions), were used to evaluate identified needs/issues. The OptionFinder audience response polling technology was used to quickly rate and rank the needs and issues.

## Implementation Strategy Development Process

Following the prioritization session and based on the greatest needs related to the health system's mission, current capabilities and focus areas, staff and leadership within the partner organizations involved in the CHNA process utilized the information for their separate planning processes. The United Way will be focusing on community wide issues related to health access for the elderly and vulnerable populations, education and financial stability and will identify and prioritize intervention strategies through their upcoming planning process and will publish their implementation action plan separately.

In response to the priority areas identified in the needs assessment, the intervention strategies identified by Excela Health focus on obesity with the goal to reduce overweight and obesity through screening, education, healthy eating and physical activity initiatives and reducing the increase of Diabetes as well as Coronary Heart Disease and Hypertension. These initiatives will be conducted through partnerships with primary care physicians, employers, school districts and community organizations. Excela Health will also lead an effort to investigate the development of an evidence-based county wide infrastructure to support and sustain population health improvement initiatives as part of its intervention strategy.

## Review and Approval

The implementation strategies and action plan for Excela Health were reviewed and approved by the Excela Health Board of Trustees on May 21, 2013.

# General Findings

## Demographics

For purposes of this assessment, the geographic scope of this study (also referred to as community and/or region) is defined as Westmoreland County in Pennsylvania. The overall population of this area as of the 2010 Census is 365,169. The county population has declined slightly over the last 20 years and expected to continue to decline to 2018.

The income statistics show that the county is low to middle class, with a third of the population having incomes under $25,000.The majority of residents (56.2%) are employed and majority (57.6%) are married and living with their spouse. About a third (33%) of the residents of the county travel at least 30 minutes to get to work.

The percentage of females is slightly higher compared to males across the county. The county is aging, with 43.7% of the population over the age of 45. Almost half (41.2%) of the population has obtained a High School Diploma and 13.6% a college degree.

## Asset Inventory

A list of community assets and resources that are available in the community to support residents was compiled. The assets identified a listing of skilled nursing facilities, personal care homes, Meals on Wheels providers, home health services and drug and alcohol providers.

## Key Findings –BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS) as well as disease incidence and mortality indicators. This analysis compared the county level statistics to state and national data where possible.

As outlined in the following tables, for most of the BRFSS questions, the county's data was comparable to the state data, with some slight variability across the indicators. Behavioral risks in the service area where the regional rates were worse than the state include the percentage of people who rated their health status fair or poor, all of the risk factors related to heart disease and overweight, percentage of adults ever tested for HIV, the percentage of adults who rarely or never received the emotional support they need, binge drinking, and the percentage of smokers who have quit at least one day in the past year.

The county has increasing rates of breast cancer incidence and mortality, bronchus and lung cancer incidence, Type I and Type II diabetes and ADHD in children, low birth weight babies, infant mortality and chlamydia. Unemployment rates and the percentage of children living in poverty are also increasing.

## Overall Key Findings

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

The tables below highlight the key findings of the Behavioral Risk Factor Survey.

| Behavior Risk | Westmoreland 2008-10 | Community Survey 2012 | Business Forum 2012 | PA 2008-10 | US 2010 | HP 2020 Goal | PA Comp | US Comp | HP 2020 Comp |
|---|---|---|---|---|---|---|---|---|---|
| ACCESS | | | | | | | | | |
| Reported Health Poor or Fair | 16.0% | 8.5% | 19.0% | 15.0% | 14.7% | | + | + | |
| Community Health Status Poor or Fair | | 36.7% | 43.0% | | | | | | |
| Physical Health Not Good for 1+ Days in the Past Month | 33.0% | | | 37.0% | | | - | | |
| Poor Physical or Mental Health Preventing Usual Activities in the Past Month | 19.0% | | | 21.0% | | | - | | |
| No Health Insurance | 13.0% | 6.0% | | 13.0% | 17.8% | | = | - | |
| No Personal Health Care Provider | 8.0% | 5.0% | | 11.0% | | 16.1% | - | | - |
| Community Needed to Fill a Prescription But Could Not Due to Cost, Past Year | | 14.9% | | | | | | | |
| Routine Check-up Within the Past 2 Years | 84.0% | 88.9% | | 83.0% | | | + | | - |
| Community Dental Visit, Past Year | | 54.7% | | | | | | | |
| Needed to See a Doctor But Could Not Due to Cost, Past Year | 7.0% | | | 11.0% | | 4.2% | - | | + |
| Mammogram, Past Year | | 47.9% | | | | | | | |
| Reading Health Literacy Support, at Least Somewhat | 15.7% | | | | | | | | |
| Understanding Health Literacy Support, at Least Somewhat | 13.5% | | | | | | | | |
| Health Forms Completion Confidence, at least Somewhat | 29.1% | | | | | | | | |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

| Behavior Risk | Westmoreland 2008-10 | Community Survey 2012 | Business Forum 2012 | PA 2008-10 | US 2010 | HP 2020 Goal | PA Comp | US Comp | HP 2020 Comp |
|---|---|---|---|---|---|---|---|---|---|
| CHRONIC DISEASE | | | | | | | | | |
| Ever Told They Have Heart Disease- Age 35 and older | 8.0% | | | 7.0% | | | + | | |
| Ever Told They Had a Heart Attack- Age 35 and Older | 8.0% | | | 6.0% | 4.2% | | + | + | |
| Community Told Have High Blood Pressure, Age GE65 | | 50.0% | | | | | | | |
| Ever Told They Had a Stroke- Age 35 and older | 5.0% | | | 4.0% | 2.7% | | + | + | |
| Ever Told They Had a MI, Heart Disease, or Stroke- Age GE 65 | 15.0% | | | 12.0% | | | + | | |
| Overweight (BMI 25-30) | 41.0% | 31.0% | | 36.0% | 36.2% | | + | + | |
| Obese (30-99.99) | 28.0% | 22.4% | | 28.0% | 27.5% | 30.6% | = | + | - |
| Adults Who Were Ever Told They Have Diabetes | 9.0% | 57.6% | | 9.0% | 8.7% | | = | + | |
| Community Length of Time Since Last Pap, 1 Year or Less | | 56.9% | | | | | | | |
| HEALTHY ENVIRONMENT | | | | | | | | | |
| Adults Who Have Ever Been Told They Have Asthma | 14.0% | | | 14.0% | 13.8% | | = | + | |
| Adults Who Currently Have Asthma | 10.0% | | | 10.0% | 9.1% | | = | + | |
| HEALTHY MOTHERS, BABIES AND CHILDREN | | | | | | | | | |
| Overweight BMI, Grades K-6 | 16.7% | | | | | | | | |
| Obese BMI, Grades K-6 | 16.9% | | | | | | | | |
| Overweight BMI, Grades 7-12 | 16.7% | | | | | | | | |
| Obese BMI, Grades 7-12 | 18.2% | | | | | | | | |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

| Behavior Risk | Westmoreland 2008-10 | Community Survey 2012 | Business Forum 2012 | PA 2008-10 | US 2010 | HP 2020 Goal | PA Comp | US Comp | HP 2020 Comp |
|---|---|---|---|---|---|---|---|---|---|
| INFECTIOUS DISEASE | | | | | | | | | |
| Adults Who Had a Pneumonia Vaccine, Age 65 and older | 76.0% | | | 70.0% | 68.8% | 90.0% | + | + | - |
| Ever Tested for HIV, Ages 18-64 | 27.0% | | | 34.0% | | 16.9% | - | | + |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | | | | | | | | |
| Satisfied or Very Satisfied With Their Life | 96.0% | | | 94.0% | | | + | | |
| Never/Rarely Get the Social or Emotional Support They Need | 9.0% | | | 8.0% | | | + | | |
| Mental Health Not Good 1+ Days in the Past Month | 33.0% | | | 34.0% | | | - | | |
| Adults Who Reported Binge Drinking (5 drinks for men, 4 for women) | 14.0% | | | 17.0% | 15.1% | | - | - | |
| Community Reported Binge Drinking, Age 45-64 | | 46.3% | | | | | + | | |
| At Risk for Heavy Drinking (2 drinks for men, 1 for women daily) | 4.0% | | | 5.0% | | | - | | |
| Reported Chronic Drinking (2 or more drinks daily for the past 30 days) | 5% | | | 6% | 5% | | - | = | + |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | | | | | |
| No Leisure Time/Physical Activity in the Past Month | 25.0% | 16.0% | | 25.0% | 23.9% | 32.6% | = | + | - |
| TOBACCO USE | | | | | | | | | |
| Adults Who Reported Never Being a Smoker | 57.0% | | | 54.0% | 56.6% | | + | + | |
| Adults Who Reported Being a Former Smoker | 28.0% | | | 26.0% | 25.1% | | + | + | |
| Community Currently using Chewing Tobacco, Snuff, or Snus, Somewhat or Everyday | | 4.0% | | | | | | | |
| Adults Who Have Quit Smoking at Least 1 Day in the Past Year (daily) | 49.0% | | | 50.0% | | | - | | |
| Adults Who Reported Being a Current Smoker | 15.0% | 14.0% | | 20.0% | 17.3% | 12.0% | - | - | + |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The following table highlights various health indicators included in the assessment:

| | Westmoreland | | | | | | | Trend | PA (the last year) | US | HP 2020 | PA | US | HP Goal |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Public Health Data | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | +/- | Rate | Rate | Goal | Comp | Comp | Comp |
| ACCESS | | | | | | | | | | | | | | |
| Mammogram Screenings | | | | | | 60% | 59% | | 67% | | | - | | |
| CHRONIC DISEASE | | | | | | | | | | | | | | |
| Breast Cancer Rate per 100,000 | 67.3 | 66.1 | 69.5 | 76.5 | | | | + | 71.5 | 121.9 | 41.0 | + | | |
| Breast Cancer Mortality Rate per 100,000 | | 12.9 | 17.6 | 12.8 | 13.1 | | | + | 13.1 | 22.2 | 20.6 | | | |
| Bronchus and Lung Cancer Rate per 100,000 | 67.9 | 72.1 | 68.4 | 68.8 | | | | + | 69.1 | | | | | |
| Bronchus and Lung Cancer Mortality Rate per 100,000 | | 55.3 | 52.0 | 47.8 | 49.2 | | | - | 48.7 | | 45.5 | + | | |
| Colorectal Cancer Rate per 100,000 | 53.8 | 56.2 | 49.1 | 51.5 | | | | - | 47.6 | | 38.6 | | | |
| Colorectal Cancer Mortality Rate per 100,000 | | 21.3 | 14.7 | 17.7 | 17.1 | | | - | 17.0 | 16.9 | 14.5 | + | | |
| Ovarian Cancer Rate per 100,000 | 12 | 14.4 | 10 | 16.3 | | | | + | 13.3 | | | | | |
| Ovarian Cancer Mortality Rate per 100,000 | | 8.2 | 9.6 | 10 | 10.4 | | | + | 8.1 | | | | | |
| Prostate Cancer Rate per 100,000 | 157.3 | 152.9 | 124.0 | 128.7 | | | | - | 139.6 | | | | | |
| Prostate Cancer Mortality Rate per 100,000 | | 26.2 | 22.8 | 31.5 | 17.7 | | | - | 21.2 | | | | | |
| Heart Disease Mortality Rate per 100,000 | | 221.6 | 216.6 | 206.7 | 185.6 | | | - | 185.3 | | | | | |
| Heart Attack Mortality Rate per 100,000 | | 64.7 | 58.6 | 54.8 | 53.9 | | | - | 38.2 | | | + | | |
| Coronary Heart Disease Mortality Rate per 100,000 | | 158.5 | 147.2 | 142.2 | 125.0 | | | - | 123.0 | | 100.8 | + | | |
| Cardiovascular Mortality Rate per 100,000 | | 285.8 | 274.1 | 258.8 | 237.0 | | | | 237.6 | | | | | |
| Cerebrovascular Mortality Rate per 100,000 | | 45.4 | 41.3 | 36.5 | 40.2 | | | - | 38.9 | 38.9 | | + | | |
| Diabetes Mortality Rate per 100,000 | | 25.9 | 23.1 | 23.5 | 23.5 | | | - | 19.6 | 20.9 | | + | | |
| Type I Diabetes, Students | | 0.31% | 0.30% | 0.33% | | | | + | 0.30% | | | | | |
| Type II Diabetes, Students | | 0.05% | 0.05% | 0.08% | | | | + | 0.07% | | | | | |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

| | Westmoreland | | | | | | | Trend | PA (the last year) | US | HP 2020 | PA | US | HP Goal |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Public Health Data | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | +/- | Rate | Rate | Goal | Comp | Comp | Comp |
| HEALTHY ENVIRONMENT | | | | | | | | | | | | | | |
| Student Health Asthma | | 7.62% | 7.64% | 4.36% | | | | - | 6.82% | | | | | |
| HEALTHY MOTHERS, BABIES AND CHILDREN | | | | | | | | | | | | | | |
| Prenatal Care First Trimester | | 80.5% | 81.2% | 83.1% | 86.1% | | | + | 71.3% | | | | | |
| Non-Smoking Mother During Pregnancy | | 77.3% | 78.7% | 78.8% | 79.1% | | | + | 84.1% | | | | | |
| Non-Smoking Mother 3 Months Prior to Pregnancy | | 71.0% | 72.7% | 72.4% | 73.8% | | | | 78.2% | | | | | |
| Low Birth-Weight Babies Born | | 7.5% | 7.2% | 7.8% | 8.0% | | | + | 8.3% | | | | | |
| Mothers Reporting WIC Assistance | | 34.5% | 35.4% | 35.9% | 35.2% | | | + | 40.1% | | | | | |
| Mothers Reporting Medicaid Assistance | | 33.5% | 34.2% | 38.1% | 33.6% | | | + | 32.7% | | | | | |
| Breastfeeding | | 60.1% | 61.6% | 63.3% | 66.0% | | | + | 70.0% | | | | | |
| Teen Pregnancy Rate per 100,000, Ages 15-19 | | 30.6 | 32.4 | 28.0 | 25.9 | | | - | 39.6 | 34.2 | | | | |
| Teen Live Birth Outcomes, Ages 15-19 | | 69.3% | 70.5% | 69.6% | 64.5% | | | - | 68.0% | | | | | |
| Infant Mortality | | 6.8 | 6.2 | 7.9 | 7.2 | | | + | 7.3 | | | | | |
| INFECTIOUS DISEASE | | | | | | | | | | | | | | |
| Influenza and Pneumonia Mortality Rate per 100,000 | | 15.4 | 21.1 | 16.6 | 14.7 | | | - | 13.4 | 16.2 | | | | |
| Chlamydia Rate per 100,000 | | 111.5 | 111.5 | 121.5 | 137.5 | | | + | 374.1 | 426 | | | | |
| Gonorrhea Rate per 100,000 | | 21.3 | 29 | 21.5 | 20.3 | | | | 101.4 | | | | | |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | | | | | | | | | | | | | |
| Drug-Induced Mortality Rate per 100,000 | | 15.6 | 16.4 | 18.8 | 19.7 | | | + | 15.5 | | | | | |
| Mental & Behavioral Disorders Mortality Rate per 100,000 | | 33.3 | 40.1 | 36.4 | 36.4 | | | + | 37.6 | | | | | |
| INJURY | | | | | | | | | | | | | | |
| Auto Accident Mortality Rate per 100,000 | | 18.0 | 15.7 | 12.1 | 13.2 | | | - | 10.5 | 11.7 | | | | |
| Suicide Mortality per 100,000 | | 11.3 | 12.1 | 10.5 | 11.8 | | | + | 11.7 | 11.8 | 10.2 | | | |
| Fall Mortality Rate per 100,000 | | 8.3 | 12.3 | 9.4 | 9.4 | | | + | 8.3 | | | | | |
| Firearm Mortality Rate (Accidental, Suicide, Homicide) | | 7.3 | 7.3 | 8.0 | 8.6 | | | + | 10.0 | | | | | |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

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

The following table highlights various health indicators included in the assessment:

| | Westmoreland | | | Trend | PA (the last year) | US | HP 2020 | PA | US | HP Goal |
|---|---|---|---|---|---|---|---|---|---|---|
| Other Indicators | 2010 | 2011 | 2012 | +/- | Rate | Rate | Goal | Comp | Comp | Comp |
| HEALTHY ENVIRONMENT | | | | | | | | | | |
| Unemployment Rates | 5.0% | 7.9% | 8.3% | + | 8.7% | | | | | |
| High School Graduation Rates | 87.0% | 88.0% | 88.0% | + | 79.0% | | | | | |
| Children Living in Poverty | 12.0% | 14.0% | 16.0% | + | 19.0% | | | | | |
| Children Living in Single Parent Homes | | 25.0% | 25.0% | | 32.0% | | | | | |
| Number of Air Pollution Ozone Days | 14 | 4 | 4 | - | 8 | | | | | |
| | | | | | | | | | | |
| PHYSICAL ACTIVITY AND NUTRITION | | | | | | | | | | |
| Fast Food Restaurants | | | 48.0% | | 48.0% | | | | | |

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

## Hospital Utilization Rates Ambulatory Care Sensitive Conditions

Inpatient utilization data for select ambulatory care sensitive conditions serve as indicators of whether individuals are receiving and accessing care in the most appropriate setting. Patients suffering from chronic diseases and other conditions should be able to manage their conditions at home with the help of their physicians and medical care providers, rather than being admitted to a hospital. Inpatient utilization rates for persons discharged from all hospitals were examined using data from the Pennsylvania Health Care Cost Containment Council. Inpatient utilization rates for specific selected ambulatory care sensitive conditions are high (127.6 discharges per 10,000 population), although the rate has been declining over the past several years. Chronic obstructive pulmonary disease (COPD) (42.88), congestive heart failure (CHF) (31.68), and pneumonia (28.04) have higher rates of inpatient admission than the other identified conditions.

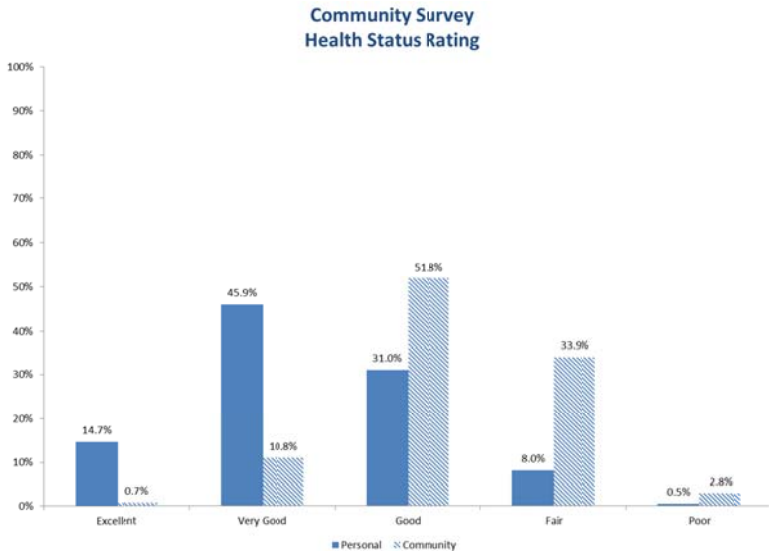
## Primary Research Results

A total of 12 stakeholder interviews and 20 focus groups (including 403 participants) were conducted throughout the county. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. Although the interviews and focus groups were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not necessarily representative of the entire population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

A community survey was also conducted via the Internet. Surveys were also made available in paper form. A total of 437respondents completed the survey. In comparing the county demographic statistics to those from the community survey, both are similar in terms of age, race, employment and marital status, but the survey sample is skewed toward women (82%) and those with higher education and incomes (41.2% of survey respondents reported their income as $75,000 or higher and 71.1% of survey respondents have at least four years of college education).

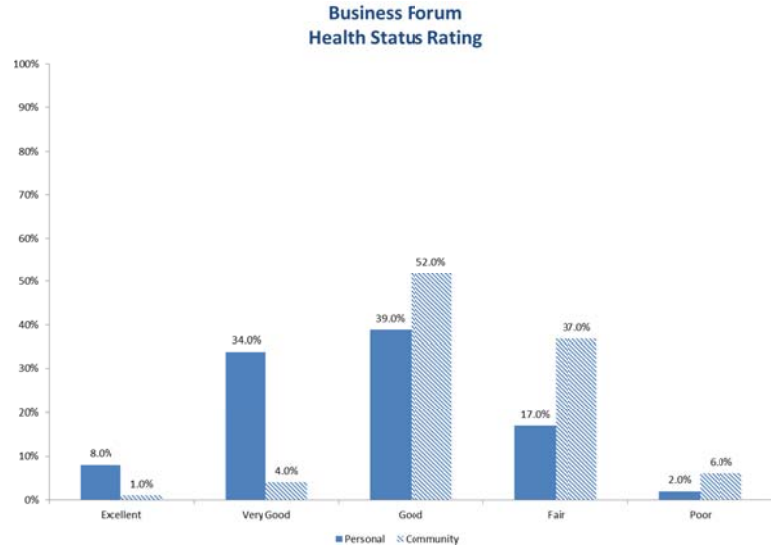
## Community Health Status

Community Survey participants were asked to rate the health status of the community and their personal health status. Respondents were more likely to rate their personal health status very good or excellent, while they tended to rate the health status of the community as good or fair.

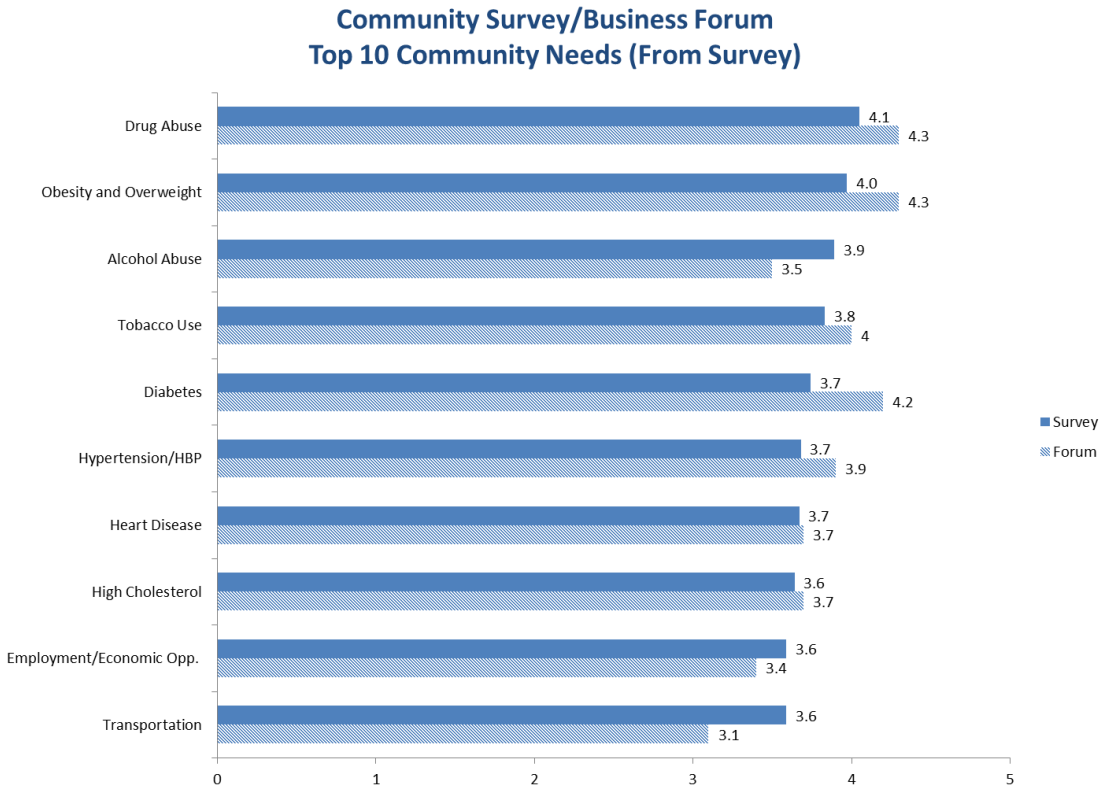



Focus group participants (403) were also asked to rate the health status of the community. The majority of focus group participants were rating the Community Health Status as fair. When asked to explain the reasons for their ratings, participants explained that many people have poor lifestyles and health practices (smoking, drinking, drug use, etc…). Many people are uninsured or underinsured. Participants reported a lack of dental care in the area and lack of access to mental health services.

Participants in the Business Forum (81) were asked to rate the health status of the community and their personal health status. Business Forum participants were also more likely to rate their personal health as excellent or very good, while they rated the health status of the community as good or fair.



Community Survey Respondents and Business Forum participants were also asked to rate the extent to which a list of possible issues was a problem in the community. The items were rated on a five point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem. The highest rated problems identified in the survey across all topic areas are outlined below compared to the Business Forum results:




Drug abuse, obesity and overweight, alcohol use, tobacco use and diabetes were rated as serious problems in the community by both survey respondents and business forum participants. Survey respondents tended to rate transportation as a more serious issue in the community than business forum participants.

Focus group participants also discussed what they felt to be the top health needs of the community. They cited access to services (including preventative care and transportation), lack of knowledge relative to unhealthy lifestyles, aging community with increasing needs, the poor economy and the poverty associated with it, addictive behaviors including drug, alcohol and

tobacco use, limited awareness of community needs/available services and the coordination of care, along with mental health concerns.

Stakeholders were also asked to comment on the top health needs in the community. They identified a variety of issues including affordable healthcare options, improving the health and wellness delivery system, access to in-home personal care services for the aging population, dental health and easier access for affordable testing.

After the rating and ranking, participants discussed the items that they rated as higher priorities, identified those that they felt were the highest priority and discussed the reasons why they picked those items as the most serious problem areas.

Stakeholders, in their interviews also discussed the needs and issues related to various topic areas. Highlights from the qualitative discussion and input received from both provider focus groups are reported below, along with the overall conclusions from the data.

## Access

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community. Focus group participants had a great deal of discussion regarding general access related issues, transportation and health insurance. They discussed the need for prevention education because specialized care is not available locally and noted that some physicians lack compassion/sensitivity. There is a perception that community residents lack knowledge of end of life care/resources and that family physicians do not have convenient hours.

Stakeholders interviewed also commented on other impacts to health insurance, including access to care is extremely limited to people with poor insurance, health care plans have high deductibles, jobs today are less likely to include health care insurance, and individuals are resistant to seek care because it is not affordable.

There are a number of observations and conclusions that can be derived from the data related to Access to quality health care. They include:

- In Westmoreland County, 16% of adults reported their health as fair to poor, while 33% said their physical health was

not good one or more days in the past month.

- In Westmoreland County, 13% of adults aged 18-64 reported having no health insurance; while 8% in the BRFSS and 5% of Community Survey respondents said they did not have a health care provider.
- In Westmoreland County, a majority of the population (84%) has seen a doctor for a routine check-up in the past two years. 7% of the residents in Westmoreland County could not see a doctor because of cost.
- The majority of both Community Survey and Business Forum participants rated their personal health very good or excellent, while the majority rated the health status of the community good or fair.
- The majority of Community Survey respondents (92.9%) said that they have health insurance; however, 14.9% did not fill a prescription in the past year due to cost.
- Community Survey respondents were less likely to see a dentist (68.2%) in the last two years than a health care provider (almost 90%).
- Approximately 60% of women have appropriately received mammogram screenings.
- Inpatient utilization for ambulatory care sensitive conditions has increased over the last three years. CHF, COPD and Pneumonia have high numbers of discharges.
- A sizable portion of the population (between 13% and 17% depending on definition) has low health literacy.
- A significant portion of Westmoreland County is not served by fixed route public transportation.
- The majority of focus group participants rated the health status of the community as fair and cited unhealthy lifestyles, lack of dental and mental health care, limited awareness of resources, lack of insurance and underinsurance as contributing factors.
- Stakeholders commented on the need to change the health care delivery system to focus more on the overall needs of individuals, prevention, care of the elderly, and echoed the need for dental care and increasing access to affordable whole health (medical and behavioral) care.

### Chronic Disease

Conditions that are long-lasting, relapse, remission and continued persistence are categorized as chronic diseases. The issue of obesity was identified as a major concern in all of the focus groups and participants commented that it is the root of many other health problems.

Focus group participants identified obesity in children and adults, heart disease and

diabetes as top health issues in the community/region.

Stakeholders interviewed identified cardiovascular/heart disease related needs, obesity and diabetes as top needs in the community/region.

There are a number of findings and observations from the data related to chronic diseases:

- Cancer incidence and mortality rates for all cancers, except for breast cancer, are trending downward; although bronchus/lung cancer and colorectal cancer are above the Healthy People 2020 goal. Breast cancer incidence rates are increasing but are below the Healthy People 2020 goal, and ovarian and prostate cancers are comparable to the state statistics. Heart disease, heart attack and coronary heart disease, cardiovascular disease and cerebrovascular disease mortality rates are all trending downward but are slightly higher than the state rates.
- In Westmoreland County, breast cancer incidence rates are increasing; however, mortality rates are below the Healthy People 2020 goal of 20.6.
- Bronchus and lung cancer mortality rates are lower for the state and Westmoreland County but still above the Healthy People 2020 goal of 45.5.
- Colorectal cancer incidence and mortality rates are trending downward but both are above the Healthy People 2020 goal of 38.6 and 14.5, respectively. The majority of Community Survey respondents age 55+ (80%) have had a colonoscopy.
- Ovarian cancer incidence and mortality rates are comparable to the state rates, although the rates are trending slightly upward.
- Prostate cancer incidence and mortality rates are trending downward in both Pennsylvania and Westmoreland County.
- Heart disease mortality rates are trending downward, although slightly higher than the state rate in 2010.
- Heart attack and coronary heart disease mortality rates, although trending downward, are significantly higher in Westmoreland County when compared to the state rates.
- The percentage of adults ever told they had a heart attack age 35 and over with incomes less than $25,000 per year is higher than the state rate (19% versus 13%).
- Cardiovascular disease mortality rates are trending downward, yet still higher than the state rates.
- Cerebrovascular disease mortality rates are trending downward in Westmoreland County, yet are still higher than the state rates.

- The percentage of adults age 35 and over with incomes under $25,000 who have ever been told they had a stroke is higher in Westmoreland County than the state (11% versus 7%).
- The percentage of all adults who were ever told that they had heart disease, heart attack, or a stroke is significantly higher in Westmoreland County, compared to the state statistics.
- The likeliness of having blood pressure checked in the last 6 months increases with age. The majority of Community Survey respondents had their blood pressure checked within the last year. Half of the respondents over age 65 have been told that they have high blood pressure.
- Cerebrovascular (stroke) mortality rates are trending downward.
- A large percentage of adults (41%) are considered overweight in Westmoreland County and 28% were considered to be obese. Over half of the Community Survey respondents would be considered overweight or obese.
- Diabetes mortality rates were significantly higher in Westmoreland County in 2010 when compared to the state rate.
- Although the numbers are small, students medically diagnosed with type I and type II diabetes are increasing.
- Community Survey respondents rated obesity/overweight as the most serious community health problem, followed by diabetes and hypertension/high blood pressure. Focus Group participants identified obesity, heart disease and diabetes as the top community health needs. Business Forum participants rated obesity, diabetes and heart disease as the most serious community health issues.
- Focus group participants identified obesity in children and adults, heart disease and diabetes as top health issues in the community/region.
- Stakeholders interviewed identified cardiovascular/heart disease related needs, obesity and diabetes as top needs in the community/region.

### Environmental & Socioeconomic Characteristics

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

Issues related to poverty, cultural habits, the economy, environmental reasons, limited job opportunities and homelessness were identified in focus groups as factors impacting the health of the community.

Participants also talked about environmental pollution and poor air and water quality as other impacts on their personal and community health.

Stakeholders also discussed homelessness and its connection to and impact on health status. They also identified low education levels, equality and low paying jobs, poverty and the economy as environmental issues impacting health. Poverty, unemployment rates and social situations were also identified related to community and personal health status.

There are a number of observations and conclusions that can be derived from the data related to Healthy Environment. They include:

- The percentage of adults ever told they have asthma and who currently have asthma are comparable between the state and Westmoreland County (10%). Rates among students are comparable across the state, although slightly lower in Westmoreland County.
- High school graduation rates are slightly higher in Westmoreland County compared to the state.
- Unemployment rates and the percentage of children living in poverty is increasing in both the state and Westmoreland County. Almost half of female headed households live in poverty.
- Westmoreland County met the National Air Quality Standards.
- Community survey respondents ranked employment and economic opportunities as the most serious community health issues, followed by poverty and employment opportunities for women.
- Focus group participants commented on a number of environmental factors that contribute to poor health including poverty, cultural habits, limited job opportunities, homelessness and violence, and cited the need to strengthen spiritual connections in the community.
- Business forum participants rated employment/ economic opportunities, poverty and delinquency/ youth crime as the most serious community health issues related to the environment.
- Stakeholders commented on the relationship between educational level and low paying jobs, and cited unemployment, poverty and air quality as issues and needs affecting health status.

### Healthy Mothers, Babies and Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range

of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

Focus group participants discussed a number of community needs and issues related to maternal/child health. These include grandparents raising children - limited parenting skills, the number of single mothers living in poverty with children under the age of 18 and the struggles that they face socioeconmically and practicaly to raise their families. Teenage pregnancy was also identified as a key issue in the community/region along with prenatal care, and substance use during pregnancy. There is a perceived lack of parental understanding and knowledge of preventative care and long-term impact of quality early care and education

Participants commented that there are a number of absentee fathers who need to be more engaged in their children's lives. The community would benefit from additional programs to support single parents and children's health.

Stakeholders identified poverty, mental health and behavioral health, smoking during pregnancy developmental delays and the breakdown of family unit as key issues related to maternal/child health. Parent and family engagement was recognized as crucial with numerous barriers identified (ie: educational level, work schedule conflicts; multiple jobs; disabilities) many linked living near and/or in poverty as presenting significant barriers to implementing healthy lifestyle choices. Parents face many challenges that can be minimized by early intervention, high quality early care and education and family engagement. These challenges are pronounced in single parent households, particularly when extended support systems are limited.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies and Children. These include:

- The percentage of mothers who received prenatal care in the first trimester is significantly higher in Westmoreland County compared to the state.
- The percentage of mothers not smoking during pregnancy was lower in Westmoreland County and significantly lower for those who did not smoke three months prior to pregnancy. Women in Westmorland County are more likely to smoke during and prior to pregnancy than women across the state.
- The percentage of mothers receiving WIC was significantly lower in Westmoreland County, while those receiving Medicaid was significantly higher when compared to the state.

- In Westmoreland County the percentage of mother's breastfeeding is increasing, although still significantly lower compared to the state rates.
- Compared to the state, teenage pregnancy rates are significantly lower in Westmoreland County.
- In Westmoreland County, 16.9% of children in grades K-6, and 17.2% of children in grades 7-12 are considered obese. According to national statistics, there is a relationship between socio-economic status and the built environment to obesity in children.
- Although fluctuating, infant mortality rates have trended slightly upward over the past 11 years.
- Focus group participants discussed the need for programs for single parents and cited the lack of prenatal care, teen pregnancy, direct involvement by fathers (single parenting) as contributing to challenges for women and children.
- Business forum participants rated child abuse and tobacco use during pregnancy as somewhat of a problem in the community.
- Stakeholders identified unhealthy family dynamics, brought on by financial stability challenges, limited role models or practice of positive parenting practices, teen pregnancy and single parent families as key issues affecting children in the community.

## Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

Similar to maternal and child health, as compared to other issues, focus group participants and interviewees did not identify infectious disease as a top concern, however participants mentioned that the lack of immunizations does impact health status.

There are a number of observations and conclusions that can be derived from the data related to Infectious Disease. They include:

- In Westmoreland County, 76% of adults over the age of 65 received a pneumonia vaccine, which is under the Healthy People 2020 goal of 90%.
- Chlamydia and gonorrhea rates are significantly lower in Westmoreland County compared to the state, although chlamydia rates are increasing.

- In Westmoreland County, 27% of adults were ever tested for HIV which is lower than the state rate, but not significantly.
- Focus group participants noted the perception that people are not getting the immunizations that they need.

### Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Focus group participants identified depression, drug overdose, drugs and alcohol use, mental health issues, stress and easy access to opioids as factors impacting the health of Westmoreland County. There was a great deal of discussion regarding the impact of the use of heroin in the community because of its potency and highly addictive nature. Participants also expressed that the community needs more behavioral health services including prevention and integrating treatment in primary health care settings and education to reduce the mental health stigma. There are significant needs related to untreated and unrecognized depression, drug and alcohol issues. There is a need for more effective prevention and treatment for substance abuse, mental health and addiction, suicide, and overdose deaths due to heroin are rising.

Stakeholders noted in the interviews that mental health and the complexities of drug abuse were identified as important issues in the community.

There are a number of observations and conclusions that can be derived from the data related to Mental Health and Substance Abuse. These include:

- In Westmoreland County, 96% of adults reported being satisfied or very satisfied with their life, although 9% of adults reported rarely or never getting the

social and emotional support they needed.

- In Westmoreland County, 33% of adults reported that their mental health was not good at least one day in the past month and 41.6% of Community Survey respondents reported depression in the past two weeks, while 67.1% reported trouble sleeping in the same time period.
- Between the state and Westmoreland County, there were no significant differences in terms of binge, chronic, or heavy drinking, although almost half of the Community Survey respondents reporting binge drinking in the month.
- Drug induced mortality rates are increasing in Westmoreland County, although not significantly higher than the state rates. Mental and behavioral disorder mortality rates are slightly higher than the state rates.
- Community survey and Business forum respondents rated drug abuse and alcohol abuse as serious problems in the community.
- According to a national study by Quest Diagnostics, of patients tested, 63% of drugs found were inconsistent with a physician's orders. Evidence of misuse was found across all commonly prescribed, controlled substances and more than half (60%) of inconsistent reports showed evidence of drugs that had not been prescribed by the ordering physician.
- Focus group participants discussed stress and depression as contributing factors to drug and alcohol abuse, indicating that there is a need for increased education to reduce the stigma associated with seeking treatment. Easy access to opioids and heroin is a growing problem in the community.
- Stakeholders noted that mental health and substance abuse issues are complex, and that the needs related to mental health and substance abuse are growing in the community.

### Physical Activity and Nutrition

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

Focus Group participants identified and discussed the lack of knowledge regarding nutrition, fast food readily available, lack of education and the link between diet/exercise and good health. There was some discussion regarding various factors that contribute to diets high in carbohydrates, calories and fat including increased costs associated of fruits, vegetables, protein sources; limited time for meal preparation impacting frequent fast food, prepared meals options. Concern was also expressed regarding the fact that

many people have a sedentary lifestyle among the factors impacting the health of Westmoreland County.

Stakeholders also commented on the need for weight management due to poor nutrition. There is a perception that the community is missing accessible and affordable access to healthy foods and that recreation programs have been drastically reduced. Working parents and the time and cost associated with preparing healthy foods leads to poor nutrition. Reducing the amount of physical activity from schools has also contributed to health status in children.

There are a number of observations and conclusions that can be derived from the data related to Physical Activity and Nutrition. These include:

- In Westmoreland County, 25% of adults and 16% of Community Survey respondents reported having no leisure time physical activity in the past month.
- In Westmoreland County, 48% of all restaurants are considered fast food restaurants.
- In Westmoreland County, 33.2% of the population has low access to a grocery store and about a third of the children qualify for free and reduced price lunches.
- From the Community Survey, 84% of respondents reported engaging in physical activity within the past 30 days.
- Focus group participants discussed the lack of knowledge regarding nutrition and the perception that nutritious food is unaffordable as contributing to the needs and issues in the community.
- Stakeholders commented on weight management and poor nutrition and cited the number of working parents who, because of time and cost constraints, choose unhealthy options. Limited access to formal fitness programs/facilities was identified in both expert interviews and focus groups as a barrier for the poor and working poor. Removing physical activity from schools is also perceived as a contributing factor to the needs in the community.

### Tobacco Use

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

There are a number of observations and conclusions that can be derived from the data related to Tobacco Use, although the topic was not discussed extensively in focus groups or stakeholder interviews. These include:

- In Westmoreland County, 57% of adults reported never being a smoker.
- In Westmoreland County, 15% of adults and 14% of Community Survey respondents reported being a current smoker, which is significantly lower than the state rate. The majority (71%) of current smokers in the Community Survey noted that they smoke less than a pack of cigarettes per day.
- In Westmoreland County, 49% of everyday smokers quit smoking at least one day in the past year.
- Community Survey and Business Forum respondents rated tobacco use as a serious problem and tobacco use during pregnancy as somewhat of a problem in the community.

### Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Similar to tobacco use, unintentional/intentional injury were not discussed extensively by focus group or interview participants. However, focus group participants noted that domestic violence, sexual violence and suicide were identified as areas of concern.

There are a number of observations and conclusions that can be derived from the data related to Unintentional Injury. These include:

- Compared to the state rate, auto accident mortality rates were significantly higher in Westmoreland County in 2007; however, have decreased since then.
- In Westmoreland County, suicide mortality rates are equivalent to state rates.
- Compared to the state, fall mortality rates were significantly higher in Westmoreland County in 2008; however, have decreased since then.
- Focus group participants discussed domestic violence, sexual violence and suicide as key issues in the community.
- Business forum participants rated child abuse and domestic abuse as somewhat of a problem in the community.

### Action Plan

The action plan to address the priorities is designed to focus on increasing access to education, screening and nutrition and exercise programs.

Excela Health completed its most recent Community Health Needs Assessment (CHNA) in May, 2013. The CHNA successfully identified several needs related to the health of residents in the community Excela Health serves. The top priorities to be addressed were identified, and Excela Health has developed an implementation plan to address those needs. Some of the identified needs were outside the scope of Excela Health's mission, and others are more effectively addressed by other community organizations. Excela Health believes the implementation plan will improve health in its community.

### Review and Approval

The 2013 Community Health Needs Assessment and the Action Plan were presented and approved by the Excela Hospital Board on June 25, 2013. Following Board approval, the 2013 Excela Hospital CHNA will be published and made widely available to the public.

# EXCELA HEALTH IMPLEMENTATION PLAN

**GOAL – Reduce overweight and obesity through screening, education, healthy eating and physical activity initiatives. These initiatives will be conducted through partnerships with primary care physicians, employers, school districts and community organizations.**

**NOTE: Excela Health includes three acute care hospitals; Excela Westmoreland, Excela Latrobe and Excela Frick Hospitals. The CHNA initiatives related to each of these three hospital service areas have been identified in this implementation plan. Other initiatives will be supported system-wide and will be implemented to improve community health in all three Excela Health hospital service areas.**

## Partnerships with Primary Care

- In 2010, 69% of Westmoreland County adults were overweight or obese – this compares with 64% for Pennsylvania and 63.7% nationally. (DOH, 2010)
- 33% of the low-income population in Westmoreland County is obese compared to 26% of the higher income populations. (DOH 2010)
- 33% of Westmoreland County residents reported mental health not good 1+ days in the past month.(DOH,2010)
- 41% of surveyed Westmoreland County adults reported feeling depressed in the past 2 weeks (Excela Survey)
- The mortality rate for mental & behavioral disorders in 2010 was 36.4/100,000 in Westmoreland County compared to 27.6 for Pennsylvania. (DOH, 2010)
- 2010 Myocardial infarction rates in Westmoreland County were 53.9/100,000 in Westmoreland County compared to 38.2 for Pennsylvania (DOH, 2010).
- 19% of low-income residents (< $25,000/year) were told they had a heart attack compared to 8% overall (DOH, 2010).
- 20% of low-income residents were told they has diabetes compared to 9% overall (DOH, 2010).
- The diabetes incidence in Westmoreland County is highest in men age 65 and over (DOH, 2010).
- Inpatient utilization rate for diabetes is 8.7.

Consumers in general consider their primary care providers to be their most trusted source of health information.

More than one third of adults in the United States are obese. Obesity-related medical conditions include heart disease, stroke, Type II diabetes and certain types of cancer, some of the leading causes of preventable deaths. The medical costs of obesity in 2008 were estimated at $147 billion. Medical costs for people who are obese were estimated to be $1429 higher/year than those of normal weight (CDC, 2013).

Diabetes and cardiac disease patients have a high incidence of co-morbid depression. The COMPASS program (Care of Mental, Physical, and Substance Abuse Syndromes) is a collaborative care model aligned with NCQA PCMH standards and Chronic Care Model. The COMPASS program is a 3 year initiative funded by CMS' Healthcare Innovation Challenge. The program integrates mental health services into the primary care setting. The program includes PHQ-9 screening, a care manager working with the primary care physician and a consulting psychiatrist. Eligible adults are those with Medicare and/or Medicaid insurance and sub-optimally managed diabetes and/or cardiovascular disease.

Nine percent of Westmoreland County residents have been diagnosed with diabetes. According to the National Standards for Diabetes (2012) diabetes self-management education is a critical element of care for all people with diabetes. Self-management education is key to providing patients with support to encourage behavior change and to maintain healthy diabetes-related behaviors, as well as addressing psychosocial concerns.

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 1. Increase the percentage of Excela Health Primary Care (EHPP) patients receiving counseling for a body mass index outside of the normal range. | • Pilot a BMI counseling program in one EHPP office (Youngwood Internal Medicine – Westmoreland/Frick Hospital service area). | Quarterly:<br>1. Percent of patients age 18+ who have had a BMI calculated within the last 6 months.<br>2. Percent of patients with abnormal BMIs with a documented plan of care and/or referred for counseling by physician.<br>3. Percent of patients with abnormal BMIs referred for counseling.<br>4. Percent of referred patients who received counseling. |
| 2. Integrate behavioral health services into the primary care setting to improve outcomes for sub- optimally managed Medicare & Medicaid patients with diabetes and/or cardiac disease. | • Pilot the COMPASS program in the 3 EHPP primary care teaching offices- Saltsburg Family Practice and Latrobe Family Practice (Latrobe Hospital service area) and Norvelt Family Practice (Frick Hospital service area). | Quarterly:<br>1. Decrease in depression scores using the PHQ-9 tool for 40% of participants.<br>2. 20% increase in the number of participants with:<br>- A1c of < 8%<br>- BP < 140/90<br>-LDL < 100<br>3. Improve patient and clinician satisfaction by 20% |
| 3. Improve outcomes in patients with diabetes by increasing referrals to diabetes self-management programs. | • Pilot a diabetes education referral program in 5 EHPP primary care offices – Diagnostic Associates, Greensburg and Mt. View Internal Medicine (Westmoreland Hospital service area), Diagnostic Associates, Latrobe and Blairsville Family Practice (Latrobe Hospital service area) and Main Street Medical (Frick Hospital service area). | Monthly:<br>1. Number of patients referred for education<br>2. Number of patients completing education<br>Quarterly:<br>3. All EHPP physicians achieve the HEDIS 75th percentile goal for:<br>- A1c values<br>- Blood Pressure<br>- LDL Values<br>4. Comparison of outcomes between patients attending diabetes education and patients not attending education. |
| 4. Integrate physical activity assessment and counseling into the primary care setting. | • Evaluate the Exercise is Medicine Program for Excela Health Primary Care practices. | By July 1, 2014:<br>1. Program review results & physician input.<br>2. Determine program implementation status. |

# Partnerships with Schools

- In Westmoreland County 16.9% of children in grades K-6 and 17.2% of children in grades 7-12 are considered obese (DOH, 2010).
- According to the CDC, the physical inactivity rate in Westmoreland County was 27.2% in 2008 which equates to 76,810 people (CDC 2008).
- A 2011 CDC survey of school students revealed that participation in physical activity declines as young people age with 77% of children age 9-13 participating in free-time physical activity during the previous 7 days as compared to only 29% of high school students (CDC, 2011).

Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels (CDC, 2013).
Project Fit America is a 2 year program designed to create new and sustainable opportunities for children to be active, fit and healthy as part of the everyday school experience. This is accomplished through educational programs and equipment that will allow the school to successfully teach fitness year after year.

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 1. Partner with local school districts to implement evidence-based physical activity programs. | • Sponsor one elementary or middle school in each of Excela Health's three hospital service areas, (Westmoreland, Latrobe and Frick) to implement the Project Fit America program – with emphasis on those schools with higher numbers of overweight children and low income students. | <u>Pre and post program:</u><br>1. Measurement of :<br>- Paced full mile run/walk<br>- Pull up<br>- Sit up<br>2. Prevalence of overweight and obesity in participating schools. |
| 2. Promote healthy habits in middle school students through incentives and media campaigns: | • Sponsor the Healthy Habits essay contest program in 12 Westmoreland County middle schools. | <u>Annually:</u><br>1. Number of students engaged in program. |
| 3. Partner with schools to provide health education. | • Provide the 4 week "Healthy Habits A-Z program to middle school students in 12 county school districts.<br>• Sponsor the 5 month long "Golden Hour "project on heart and stroke education in at least 12 county high schools. | <u>Annually:</u><br>1. Number of school districts participating.<br>2. Number of children educated<br>3. Pre and post education knowledge scores |

# Partnerships and Support of Community Organizations

According to the Community Preventative Services Task Force effective community-wide campaigns to increase physical activity should involve many community sectors, include highly visible, broad-based, multicomponent strategies (e.g., social support, risk factor screening or health education) and may also address other cardiovascular disease risk factors, particularly diet and smoking. The Community Preventive Services Task Force recommends community-wide campaigns on the basis of strong evidence of effectiveness in increasing physical activity and improving physical fitness among adults and children.

The risk for developing diabetes increases with age and being overweight. In 2010, 67 million adults in the United States had elevated glucose levels of "pre-diabetes" – which is the precursor to diabetes. The Diabetes Prevention Program, designed, tested and certified by the CDC, is a 12 month group-based program focused on healthy lifestyle changes. Goals of the program are a 5-7% weight loss and attaining 150 minutes of exercise per week. The program has been shown to reduce the incidence of diabetes by 58% in adults and by 71% in at-risk people over the age of 60. The Medicare Diabetes Prevention Act of 2102 is striving to enact legislation to provide the program as a covered benefit for all Medicare beneficiaries. Implementing the program could save about 2 trillion over the 2011 to 2020 period (Urban Institute).

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 1. Promote health education and physical activity in the community. | • Continue to sponsor the monthly Mall Walkers / pedometer program at Westmoreland Mall. | Monthly:<br>1. Number attending monthly programs<br>2. Number of blood pressures taken.<br>3. Pedometer Program:<br>- Number of members<br>- Total steps<br>- Average steps<br>- Number that lost weight<br>-Average weight loss |
| 2. Promote healthy dining choices for residents with heart disease | • Sponsor the Healthy Dining program to collaborate with local restaurants in preparing and identifying heart healthy choices on their menu. | Quarterly:<br>1. Number of restaurants engaged in program.<br>2. Excela Health 30 day readmission rate for CHF diagnosis. |
| 3. Sponsor diabetes prevention initiatives. | • Partner with 1 YMCA in each of Excela Health's three hospital service areas (including Westmoreland, Latrobe and Frick) to sponsor the Diabetes Prevention Program. | End of session 8, 16 and 24:<br>1. Number of participants.<br>2. Number of sessions attended per participant.<br>3. Average percent body weight lost.<br>4. Average minutes of exercise per week.<br>5. Number of participants developing Type II diabetes. |

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 4. Promote heart health awareness. | • Sponsor the Hunters Heart Check screening and education program in an Excela Health service area location annually. The August 2013 event will be held at Gander Mountain in Greensburg. | Annually:<br>1. Number of participants.<br>2. Screening Results:<br>- Number of glucose results > 99.<br>- Number of cholesterol results > 199.<br>- Number of abnormal blood pressure results > 120/80.<br>- Number of BMIs > 24.99.<br>- Number of abnormal EKGs. |
| 5. To promote healthy weight and cardiovascular health in the community | • Continue to facilitate Golden Hour community education programs.<br>• Pilot the Health Habits A-Z 4 week education program in the Greensburg YMCA summer camps. | Quarterly:<br>1. Number of events participated.<br>2. Number of attendees.<br>End of Program:<br>1. Number of children educated<br>2. Pre and post education knowledge scores |

## Partnerships with Employers

According to the CDC, building workplace "cultures of health" can improve public health in the United States. This culture can be created when employers provide financial and organizational support for evidence-based health promotion interventions, consistent communication with workers that encourages positive health behaviors, social and organizational support from peers and supervisors, policies, practices, procedures and organizational norms that support a healthy lifestyle, financial or other types of incentives for participation in health improvement activities and a common purpose that is dedicated to a healthier workforce (CDC, 2013).

"Modifiable health risks that lead to disease can be decreased through workplace-sponsored health promotion and disease prevention programs. The importance of the worksite as a means for promoting health is underscored by its inclusion in Healthy People 2020" (CDC, 2013).

Excela Health, the largest employer in Westmoreland County, implemented an employee wellness program in 2005 in conjunction with Highmark. Excela insured employees and spouses are included in the program (3294 people). The point based program options include an annual health risk assessment, bio-metric screening opportunities, incentivized campaigns, on site gyms, education and exercise programs and benefit design to promote participation in the program. Currently over 90% of employees and 89% of insured spouses participate in the program. Insurance premiums increases have decreased annually and an actual decrease was realized in 2011 resulting in a 1 million dollar cost savings to the organization. Excela Health is proud to have been named a Healthiest Employer in the region by the Pittsburgh Business times for 2011, 2012 and again in 2013.

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 1. Promote worksite wellness at Excela Health | • Continue to enhance the Excela Health employee wellness program. | 1. Program participation rate for employees & spouses.<br>2. Average Lifestyle Score – compared to previous year- matched participants).<br>3. Health risk status change and associated costs- compared to Western norm.<br>4. Aggregate bio-metric screening results – compare to previous year.<br>5. Unidentified Risk (Non-user rate) compared to previous year &Western norm.<br>6. Percent of employees/spouses adherent with preventative screening guidelines compared to previous year & Western norm.<br>7. Prevalence of lifestyle-related conditions – nutritional/metabolic – compared to previous year & Western norm.<br>8. Service utilization rate<br>9. Total cost of medical claims paid – compared to previous year.<br>10. Total drug costs.<br>11. Number, types and cost of shock claims – compared to previous year.<br>- # High cost members<br>- High cost payments<br>- Payment per high cost member |
| 2. Promote worksite wellness in the community. | • Continue and enhance the Partnership with Westmoreland County Government and their nearly 2,000 employees to implement an employee wellness program.<br>• To partner with regional employers to provide Wellness Works services. | 1. Program participation rates for employees and spouses.<br>2. Development of strategies to improve HRA metrics.<br>3. Number of participants.<br>4. Aggregate report results.<br>5. Number of mammograms scheduled.<br>6. Number of employers engaged. |
| 3. To educate employers on the benefits of work site wellness and population health | • Sponsor an annual Employer's Healthcare Symposium. | <u>Annually:</u><br>1. Number of employers attending.<br>2. Satisfaction survey results. |

## GOAL: To investigate the development of an evidence-based county wide infrastructure to support and sustain population health improvement initiatives.

Currently, most non-profit organizations operate using an isolated impact approach to improving community health. This approach is oriented towards finding and funding a solution within one organization. The isolated impact approach results in numerous organizations applying their own solutions to social issues, often resulting in duplication of efforts or even working at odds with each other. Collective impact is a concept that describes highly structured collaborative efforts that are able to achieve a substantial impact on large scale social problems. Five key conditions of a collective impact initiative are a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication and the presence of a backbone organization. The Excela Health/United Way Community Health Needs Assessment project has assembled a team of community leaders (Steering Committee) and completed an extensive county-wide needs assessment and needs prioritization process. Development of a backbone organization and implementation of a shared measurement system are key to successful implementation, coordination and sustainment of chosen initiatives and concurrent outcomes measurement.
(Stanford Social Innovation Review, 2012).

| OBJECTIVE | ACTION | MEASURES |
|---|---|---|
| 1. Consider development of a collective impact infrastructure to support community health improvement initiatives | • Evaluate 2 evidence-based shared measurement systems.<br>• Educate Steering Committee members on types and essential functions of backbone organization. | <u>By July 1, 2014:</u><br>1. Education presented to Steering Committee by shared measurement system vendor and aggregate evaluation reports compiled.<br>2. Steering Committee education completed |

## Other Needs Identified in the CHNA But Not Addressed in This Plan:

Each of the six identified overall community health needs are important and are being addressed by numerous program and initiatives operated by the health system and other community partners. However, limited resources and the need to allocate significant resources to the priority needs listed in the above plan does not permit inclusion of the additional needs of elderly access to care and mental health/substance abuse concerns in this implementation plan. Additionally, several initiatives to address these needs have been recently implemented or are scheduled for implementation within the next several months by Excela Health.

### Mental Health/ Substance Abuse:

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| • Excela Health recently opened a Behavioral Health Crisis Response Center that will serve residents on a 24/7 basis. |
| • All Excela Health Behavioral Health staff have completed the Mental Health CPR certification class. Goal is to expand training to all clinical staff at Excela Health. |
| • The Youth Suicide Prevention in Primary Care program will be implemented in at least one Excela Health primary care office in the next fiscal year. |
| • Excela Health, in partnership with the Westmoreland Drug & Alcohol Commission and Southwestern Pennsylvania Human Services, will implement the Mobile Case Manager program to expedite the disposition and treatment of emergency department patients presenting with substance abuse issues. The program will be implemented within the next fiscal year. |

### Elderly Access to Care:

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| • Excela Health is currently participating in the Western Pennsylvania Community Care Transitions program in collaboration with the Southwestern Area Agency on Aging. This evidence-based program provides a transitions coach at each of Excela's three hospitals to work with Medicare beneficiaries with specific chronic illnesses and/or frequent readmission. The coach works closely with the hospital discharge planning team to develop the discharge plan and also informs participants of available community resources and provides access to long term living services. The two year pilot program resulted in demonstrated reductions in 30 day readmission rates. |
| • Project RED (Re-engineered Discharge), funded by the Agency for Healthcare Research and Quality, has demonstrated a 30% reduction in post-discharge readmissions rate and emergency room visits as well as improving patient satisfaction. Project RED is comprised of 12 mutually reinforcing actions including organizing post-discharge services and medical equipment, patient education on diagnosis and medications and telephone follow up conducted by discharge educators. |

**Additional needs identified by the CHNA that are not being addressed through these planning efforts are already being addressed by existing community assets, necessary resources to meet these needs are lacking, or these needs fall outside of the Excela Health hospitals' areas of expertise.**

The United Way implementation plan includes the following:

# UNITED WAY OF WESTMORELAND COUNTY IMPLEMENTATION PLAN

If you asked a roomful of people to define the key elements of a good life, we think that there would be significant agreement on a few building blocks: an education to open doors for the future, a career that offers a family sustaining wage and access to health care and services that help us remain living safely and independently for as long as possible. If you were asked who is dedicated to ***advancing education, income and health*** in our community, we hope your answer would be United Way of Westmoreland County.

This past year, United Way of Westmoreland County continued our critical work, leveraging resources to support programs that improve educational opportunities, financial stability for working families and access to health care and services for older adults and people with disabilities. Our work extends beyond funding partner agencies. United Way also brings multiple partners together to address community challenges. We identify the skills and expertise needed for collaborative endeavors and then bring our local experts to the table to develop, implement and evaluate strategies. Our partnership with Excela Health to complete the 2013 Community Needs Assessment is another example of how United Way works in the community to focus on shared issues, such as assessing the needs.

Because United Way of Westmoreland County works collaboratively with approximately 40 other human service providers in the region, we will use the results of this study as a first step to inform our strategic plan and funding priorities for the next several years. Specifically, over the next eight months (June, 2013 – February, 2014), we will engage stakeholders (donors, board members and partner agencies) to review the findings of the needs assessment and prioritize United Way's next steps. This process will consider the projected resources available for investment from the IMPACT Fund, alongside any related outcomes our funded partner programs and collaborative efforts have demonstrated. The primary focus issues of Education, Financial Stability and Health Access will continue to guide our prioritization.

In the meantime, we will continue to invest and increase engagement in the following community collaborative efforts producing positive results and related to community needs that were clearly identified in our jointly conducted needs assessment process: Poverty and Access.

Focus group participants and community leader interviews indicated healthy lifestyles are perceived to come easier to those who are financially secure. Though exercise can be accomplished in many ways (free of charge), focus group participants and individual expert interviews brought attention to limited opportunities for low- low- middle income individuals and families to access fitness facilities, recreation programs and to prioritize nutrition as the focus of food purchases (versus bulk and cost). Additionally, Westmoreland County's large land base (1025 sq miles) and rural roads create access barriers, including limited public transportation routes that support work schedules. Focus group participants and

community leaders noted that financial stability is centrally related to one's ability to have personal reliable transportation. Single parent families are particularly challenged with balancing advancing career paths, the care and education for their children, household maintenance and family financial stability.

United Way of Westmoreland County will continue our investments in the following collaborative efforts aimed at improving the future for those living in communities we serve, particularly for those living in and near poverty.

## IMPROVING ACCESS

### *Information & Referral - PA 2-1-1 Southwest*

Not knowing where to turn for services was identified in a previous United Way needs assessment as the primary barrier for individuals and families not receiving the help they needed. Yet at that time, Westmoreland County had three providers of information and referral service, operating unique systems of updating organizations and programs, and none operated 24/7. We worked with these providers to ensure our community members had 24/7 access to information and referral services.

At that same time we began to lead statewide efforts to bring 2-1-1, a 24/7 information and referral service for health and human services, to our service area. United Way investments had launched 2-1-1 connections across our nation, demonstrating effective and efficient Information & Referral service. 2-1-1 was identified by local leaders as a promising strategy to ensure those in need get connected with appropriate referrals. Our partners reported that it took 5-7 calls for those in need to get connected with the appropriate service. Over a dozen providers throughout the region were providing information and referral, typically exclusive to county lines; yet, we knew people cross county lines every day, for work, family and recreation. We had confidence operating one information and referral number with easy, three-digit (2-1-1), 24/7 access and shared data-management systems across the state would be most efficient and effective. For providers serving multiple counties, updating in one place would certainly save time.

In late 2010, United Way of Westmoreland County partnered with United Way of Allegheny County to bring 2-1-1 to the southwest region. PA 2-1-1 Southwest was launched in July, 2011 and has provided over 3,500 callers with referrals to community human services best equipped to meet their needs, and by year's end is anticipating connecting over 10,000 callers.

### *Faith in Action*

United Way of Westmoreland County operates five Faith in Action sites throughout Excela's service area (while providing grant funding to an independent site serving Latrobe, Ligonier and Derry.) Faith in Action operates in partnership with local business, nonprofit and interfaith community leaders and aims to enhance the quality of life for citizens 60 years and older, enriching lives and seniors by volunteering. Volunteers reach out to the frail elderly living in their homes and communities to provide a variety of free, non-professional services including: transportation and appointment escort (the most requested/provided service), errands/shopping; supportive visits/telephone reassurance; handy person/minor repairs and home safety checks.

The primary focus of the transportation/appointment escort service is related to medical appointments; in 2012 United Way's Faith in Action completed over 2,000 medical transportation/appointment escorts. Faith in Action is an integral resource in improving medical access for the elderly.

Additionally, Home Safety Checks assist in preventing injuries by providing materials (smoke detector, night-lights, flashlight, non-slip bath mat, railings (home and bathroom) and encouraging modifications to reduce fall risks (remove throw rugs, attention to lighting, moving items used frequently to shelves that can be reached without standing on stool). Providers indicate falls are frequently related to the need for more costly care services such as personal and/or nursing care.

Since inception in 2007, United Way of Westmoreland County estimates our Faith in Action sites saved over $22M in long-term savings to participating seniors, their families and government resources *(estimating higher level of care delayed by 1-year for 25% of recipients).*

**IMPROVING FINANCIAL STABILITY and DECREASING NEGATIVE IMPACT OF POVERTY**

***Mothers Making More ($M^3$)***

Mothers Making More (M3) is a collaborative effort launched in 2010 by United Way of Westmoreland County in partnership with Westmoreland-Fayette Workforce Investment Board (WFWIB), Westmoreland County Community College (WCCC), Seton Hill University (SHU), Westmoreland Community Action (WCA) and Excela Health (Westmoreland County's largest employer). M3 was created as a strategy to reduce the number of single female headed households living in poverty with children under 18 in Westmoreland County; this effort grew out of the 2008 Status of Women in Westmoreland County report that indicated that over 40% of female-headed households with children under the age of 18 were living at or below the poverty guideline.

In 2012, community partnerships were extended to include another employer, educational institution, and several human service organizations addressing needs of participants. A grant from the Henry L. Hillman Foundation will support expansion in 2013, taking the service to Fayette County, and has already resulted in additional employer partners, including United Parcel Service (UPS) New Stanton Distribution Center. By the end of the 2015 Academic Year, UWWC will continue to expand the collaborative partnership and serve over 70 mothers.
A core goal of this program is to move participants into financial security, approved educational programs are related to a career identified by the current employer and/or the Westmoreland-Fayette Workforce Investment Board as a growing need and as offering a starting salary that is a "family sustaining wage." Single mothers who are employed (part or full time) in low wage positions are the priority population engaged in M3. Tuition reimbursement programs of employers, complemented by grants and tuition and book assistance by Westmoreland Fayette Workforce Investment Board FWIB, provide the tuition funding, with no need for the M3 participant to invest money up front. WCA provides ongoing and consistent case management to participants, ensuring that any barriers to their successful education are promptly addressed. The first M3 registrants began classes in the Spring 2011 term at WCCC.

The M$^3$ coordinator/case manager has identified emotional trauma, coupled with limited coping skills and behavioral health needs as one of the most significant barriers to participant success. While treatment options are available in the community, the complications of balancing work, school and children's needs leave little flexibility to consistently engage in behavioral health therapy. Therefore, in 2013, participants will be encouraged to complete an online cognitive behavioral therapy program. This specific tool, "Beating the Blues," provides eight weekly online 50-minute treatment sessions, validated through research as providing comparable improvements in Depression and/or Anxiety as traditional professionally delivered Cognitive Behavioral Therapy interventions. With multiple scheduling conflicts faced by M$^3$ recipients, the on-line aspect of this program *increases access to mental health services*, offering promising results on one of the top five needs identified in this 2013 Community Health Needs Assessment.

***School Readiness and Counseling for Career Success***

Research is clear; children living in poverty face many learning challenges. Children from middle and higher income levels are more likely to start school ready to learn and continue achieving success in education. The National Institute for Early Education Research (NIEER) indicates high-quality programs have, "substantive benefits for all children,", though preschool education has "larger benefits for disadvantaged children." (Fast Facts Summary. 2012. Retrieved May 10, 2013, from http://www.nieer.org/sites/nieer/files/Getting%20the%20Facts%20Right%20on%20Pre-K%20Fast%20Facts%20Summary.pdf.) NIEER also highlights studies demonstrating quality matters in childcare and in advancing cognitive gains; quality programs focus on small group, intentional and individualized learning. Early care and education standards relate directors with early-education degrees, child care staff length of employment, and ongoing professional educational training/certification are indicators of high quality. Increased investments in improving access to high quality early care and education opportunities create a path to long-term gains in community economic development. Several studies support every dollar invested in high-quality early childhood education can save seven dollars later on. Indeed, success in learning leads to success in life, improved nutrition and health outcomes, family sustaining wages and improved opportunities for long-term financial stability.

Hence, United Way of Westmoreland County is committed to continuing our efforts in advancing the quality of early care and education through collaborative efforts. Our education successes are achieved through partnerships with School District administrators and staff, community early care and education providers, colleges and universities educating our teachers, accreditation and licensing entities, public and private funders and advocacy partners. We will continue to engage school nurses and community volunteers to complete pre-school vision screening, identifying vision concerns, often in time for corrective interventions that if delayed would be impossible. We will continue to work in collaboration with our School District leaders and Early Care and Education providers. These partnerships support quality, year-long transition activities. The focus of the activities is on connecting parents and pre-kindergarten children with knowledge of important pre-k activities parents can implement to increase pre-kindergarten physical, sensory/motor, cognitive, language, social and emotional as they grow and approach the kindergarten classroom and district environment.

Additionally, we will continue our efforts to ensure that all children succeed in education, supporting in- and after-school programs demonstrating school improvement and district specific Counseling for Success career planning in grades 8 – 12. These plans engage district staff in integrating career planning activities within the junior and senior high classroom curriculum, setting goals with measured improvements in graduation rates, career and technology enrollment, job readiness skills and employment in family-sustaining wage positions.