

*Community Health Needs Assessment
Fiscal Year Ending June 30, 2019*



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Consultants' Report

Mr. David Poland
Vice President of Finance
Grove City Medical Center

On behalf of Grove City Medical Center (Medical Center), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated April 26, 2018. The purpose of our engagement was to assist the Medical Center in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Medical Center, specifically certain utilization data, geographic HPSA information and existing community health care resources.

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

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

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

BKD, LLP

January 28, 2019

Introduction

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

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

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

This community health needs assessment, which describes both a process and a document, is intended to document Grove City Medical Center's (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

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

This document is a summary of all the available evidence collected during community health needs assessments conducted in fiscal year June 30, 2019. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

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

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,600 partners and employees in 38 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

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

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the fiscal year June 30, 2016, community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Medical Center's current strategies and programs.
- ✓ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key informant interviews of 18 stakeholders. Results and findings are described in the Key Informant section of this report.
- ✓ Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs: 1) the size of the problem (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issue), 3) the prevalence of common themes and 4) the alignment with Medical Center's Resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Medical Center

The Medical Center is a 67-bed, not-for-profit organization, located in Grove City, Pennsylvania. An eleven-member Board of Directors governs the Medical Center and ensures that medical services are available to the residents of Grove City and surrounding areas.

Grove City Medical Center is the result of the merger of two community Medical Centers: Bashline Memorial Hospital and Grove City Hospital, in 1978, named then United Community Hospital. Continued operations has led to expanded services through an outpatient care center and several lab draw sites throughout the service area. In 2005, leadership believed that the hospital had outgrown its name, and the following year it was renamed Grove City Medical Center.



Mission Statement

“Our mission as a community hospital is to provide caring, compassionate, quality health services to our patients. Based on a relationship of mutual trust, we commit ourselves to respond to the needs of all we serve and strive for continual improvement in the care provided.”

Evaluation of Prior Implementation Strategy

Grove City Medical Center Priorities	Goals
<p>Adult Obesity</p>	<ol style="list-style-type: none"> 1. Support community members in achieving a healthy weight 2. Encourage healthy lifestyles among community members of all ages, but especially children
<p>Heart Disease</p>	<ol style="list-style-type: none"> 1. Decrease the proportion of community members who smoke 2. Raise awareness about high blood pressure and its correlation to heart disease 3. Raise awareness about early detection and treatment of stroke
<p>Physical Fitness</p>	<ol style="list-style-type: none"> 1. Introduce inactive people to physical activities that are enjoyable and sustainable

The Medical Center made progress in each of the priority areas during the last three years. Goals and strategies for each priority area are summarized below.

PRIORITY 1: Adult Obesity

Goal 1: Support community members in achieving a healthy weight

- ✓ Diabetes Prevention Program presented in partnership with Grove City YMCA; the program’s focus is fitness and nutrition, which lead to weight loss and management. To date, six cohorts of 8-10 participants have completed the program, with 90 percent achieving their weight loss and physical activity goals
- ✓ Sponsored and participated in Penn State Cooperative Extension’s diabetes prevention and education program, “Dining with Diabetes”
- ✓ Host and facilitate diabetes support group, which assists people with diabetes in their efforts to manage their disease through weight management
- ✓ Present “Nutrition Label Reading 101” seminar, including health fairs and other community events
- ✓ AVI, our food service partner innovatively integrates selections of low fat, nutrient rich food and beverages in the GCMC café
- ✓ Provide regular health and wellness content through social media channels to foster healthy eating habits and fitness regimens
- ✓ In partnership with Interactive Health encourage GCMC workforce to improve their annual health scores through healthy diet and fitness habits, rewarding them with discounted health insurance premium rates

Goal 2: Encourage healthy lifestyles among community members of all ages, but especially children

- ✓ Promote healthy eating habits and physical activity to children through the summer day camp program at the Grove City YMCA

PRIORITY 2: Heart Disease

Goal 1: Decrease the proportion of community members who smoke

- ✓ Provide “My Path to a Smoke-Free Future” tobacco cessation program at least once each year
- ✓ Offer group and individual counseling, on-line assistance and support and hypnotherapy with certified tobacco treatment specialist year round
- ✓ Implemented a new smoking cessation program, “Freedom From Smoking,” in partnership with the Grove City YMCA

Goal 2: Raise awareness about high blood pressure and its correlation to heart disease

- ✓ Offer blood pressure screenings at local senior center and the monthly community dinners held at East Main Presbyterian Church
- ✓ Offer Blood Pressure Power Ball to GCMC employees to increase understanding of the importance of blood pressure management and to identify individuals whose blood pressure is not within a healthy range

Goal 3: Raise awareness about early detection and treatment of stroke

- ✓ Offer “Strokes for Stroke” in partnership with Medtronic to targeted audiences, including painting party for women and miniature golf for children

PRIORITY 3: Physical Fitness

Goal 1: Introduce inactive people to physical activities that are enjoyable and sustainable

- ✓ Continue to host the annual 5K Ice Cream Race, sponsored by Runners’ High, attended by 1000+ runners each year

Summary of 2019 Needs Assessment Findings

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

Identified Community Health Needs

1. Heart Disease
2. Adult Obesity
3. Diabetes

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

Community Served by the Medical Center

Grove City is located in Mercer County, approximately one hour north of Pittsburgh, Pennsylvania, and is accessible by interstate and other secondary roads.

Defined Community

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

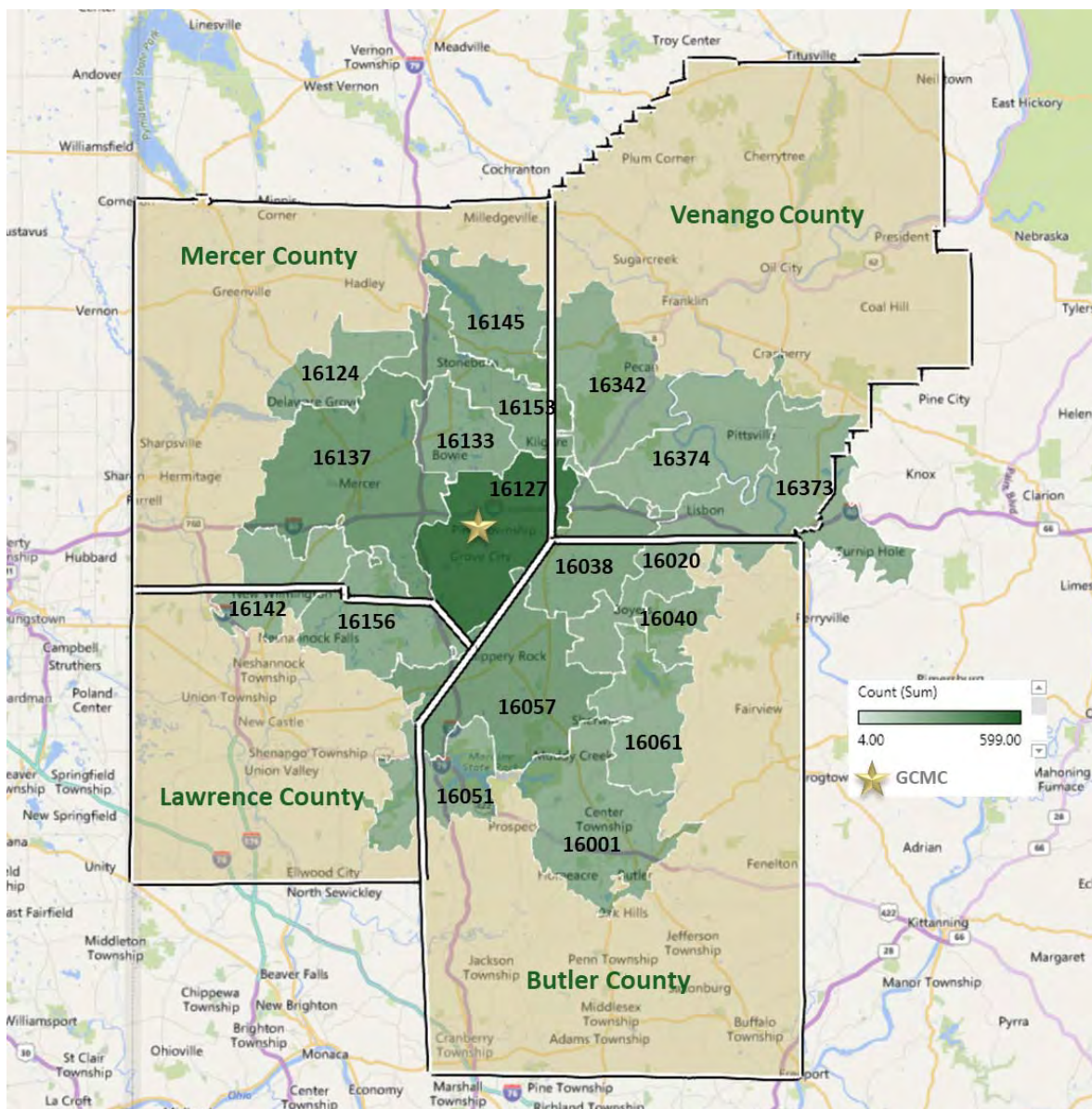
Based on the patient origin of acute care discharges from July 1, 2017, through June 30, 2018, management has identified the community to include the corresponding Counties listed in *Exhibit 1*, with discharge percent of total greater than 2 percent.

Exhibit 1			
Grove City Medical Center			
Summary of Inpatient Discharges by Zip Code			
7/1/2017 to 6/30/2018			
Zip Code	City	Discharges	Percent Discharges
Mercer County:			
16127	Grove City	599	42.5%
16137	Mercer	186	13.2%
16153	Stoneboro	69	4.9%
16145	Sandy Lake	37	2.6%
16133	Jackson Center	37	2.6%
Other Mercer County Zip Codes		16	1.1%
Total Mercer		944	66.9%
Butler County:			
16057	Slippery Rock	141	10.0%
16038	Harrisville	78	5.5%
16020	Boyers	20	1.4%
Other Butler County Zip Codes		42	3.0%
Total Butler		281	19.9%
Lawrence County:			
16156	Volant	25	1.8%
Other Lawrence County Zip Codes		7	0.5%
Total Lawrence		32	2.3%
Venango County:			
16372	Clintonville	16	1.1%
Other Venango County Zip Codes		25	1.8%
Total Venango		41	2.9%
All Other County Discharges		113	8.0%
Total Inpatient Discharges		1,411	100.0%
Source: Grove City Medical Center FY2018			

Community Details

Identification and Description of Geographical Community

The geographic area of the defined community based on the identified zip codes in Exhibit 1 includes Mercer, Butler, Lawrence and Venango Counties. The community health needs assessment utilizes these four counties with all or significant portions included in the community. The following map geographically illustrates the Medical Center’s location and community by showing the counties included as well as zip codes shaded by the number of inpatient discharges.



Community Population and Demographics

The U.S. Bureau of Census compiled population and demographic data based on the American Community Survey 2012 - 2016, 5 year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between male and female population, age, race/ethnicity and Hispanic population.

Exhibit 2 Demographic Snapshot Grove City Medical Center										
DEMOGRAPHIC CHARACTERISTICS (as of 2016)										
Total Population					Population by Gender					
County	Population				County	Male		Female		
Mercer County	114,598				Mercer County	56,473		58,125		
Butler County	185,974				Butler County	91,929		94,045		
Lawrence County	88,528				Lawrence County	42,843		45,685		
Venango County	53,460				Venango County	26,309		27,151		
Total Community	442,560				Total Community	217,554		225,006		
Pennsylvania	12,783,977				Pennsylvania	6,255,042		6,528,935		
United States	318,558,162				United States	156,765,322		161,792,840		
Age Distribution										
Age Group	Mercer	% of Total	Butler	% of Total	Lawrence	% of Total	Verango	% of Total	Pennsylvania	United States
0 - 4	5,637	4.9%	9,494	5.1%	4,564	5.2%	2,830	5.3%	714,598	19,866,960
5 - 19	21,132	18.4%	35,098	18.9%	15,559	17.6%	9,169	17.2%	2,352,351	62,429,445
20 - 24	7,907	6.9%	10,920	5.9%	5,369	6.1%	2,855	5.3%	867,182	22,612,610
25 - 34	11,626	10.1%	20,217	10.9%	9,252	10.5%	5,467	10.2%	1,634,292	43,397,907
35 - 44	12,492	10.9%	22,404	12.1%	10,027	11.3%	5,905	11.0%	1,515,459	40,548,400
45 - 54	16,147	14.1%	28,796	15.5%	12,304	13.9%	7,692	14.4%	1,804,510	43,460,466
55 - 64	16,910	14.8%	27,473	14.8%	13,720	15.5%	8,880	16.6%	1,762,338	40,061,742
65+	22,747	19.9%	31,572	17.0%	17,733	19.9%	10,662	20.0%	2,133,247	46,180,632
Total	114,598	100.0%	185,974	100.0%	88,528	100.0%	53,460	100.0%	12,783,977	318,558,162
Race/Ethnicity										
County	American Indian &					Total Non-		Hispanic	Hispanic	
	White	Black	Asian	Alaska Native	All Other	Hispanic	Hispanic			
Mercer County	103,682	6,484	766	80	2,072	113,084	1,514			
Butler County	177,021	1,953	1,908	137	2,515	183,534	2,440			
Lawrence County	81,656	3,329	407	40	1,993	87,425	1,103			
Venango County	51,390	390	183	24	906	52,893	567			
Total Community	413,749	12,156	3,264	281	7,486	436,936	5,624			
Percentage	93.49%	2.75%	0.74%	0.06%	1.69%	98.73%	1.27%			
Pennsylvania	9,934,801	1,353,424	398,900	14,331	239,357	11,940,813	843,164			
Percentage	77.71%	10.59%	3.12%	0.11%	1.87%	93.40%	6.60%			
United States	197,362,672	39,098,319	16,425,317	2,084,326	8,388,421	263,359,055	55,199,107			
% of Community	61.95%	12.27%	5.16%	0.65%	2.63%	82.67%	17.33%			

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

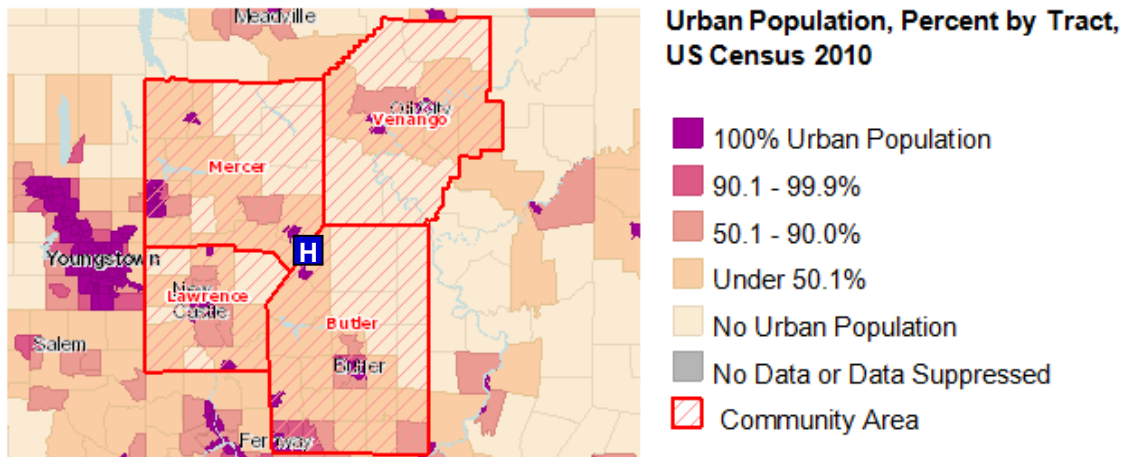
* May not total due to rounding

Note that the age category that utilizes health care services the most, 65 years and over, is an estimated 18.69 percent of the population in the four county community. The number of persons age 65 or older is relevant because this population has unique health needs, which should be considered separately from other age groups.

While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as, white, black, Asian, Hispanic, American Indian and other. *Exhibit 3* reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

Exhibit 3 Grove City Medical Center Urban/Rural Population				
County	Urban Population	Rural Population	Percent Urban	Percent Rural
Mercer County	64,747	51,891	55.5%	44.5%
Butler County	106,706	77,156	58.0%	42.0%
Lawrence County	54,375	36,733	59.7%	40.3%
Venango County	24,877	30,107	45.2%	54.8%
Total Community	250,705	195,887	56.1%	43.9%
Pennsylvania	9,991,287	2,711,092	78.7%	21.3%
United States	249,253,271	59,492,267	80.7%	19.3%

Data Source: US Census Bureau, Decennial Census. 2010.
**Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data*



Socioeconomic Characteristics of the Community

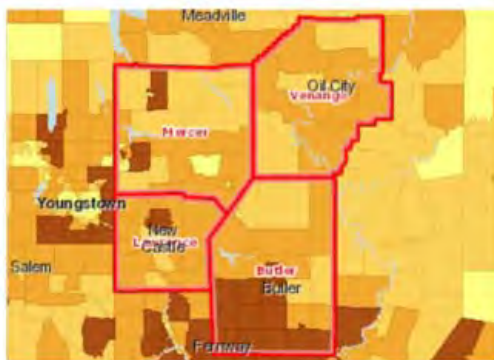
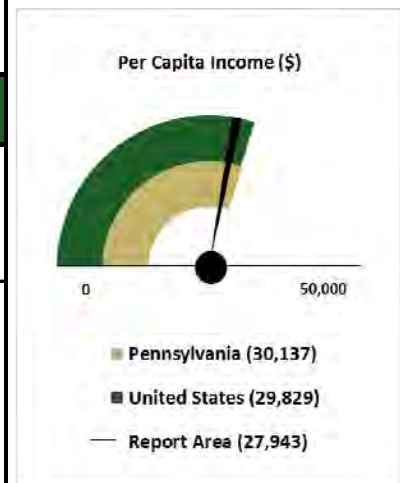
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household per capita income, employment rates, uninsured population poverty and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the community to Pennsylvania and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Only Butler County has a per capita income above Pennsylvania and United States amounts.

Exhibit 4 Grove City Medical Center Per Capital Income			
	Total Population	Aggregate Household Income (\$)	Per Capita Income (\$)
Mercer County	114,598	\$ 2,726,598,900	\$ 24,399
Butler County	185,974	6,153,420,700	33,406
Lawrence County	88,528	2,223,289,300	25,614
Venango County	53,460	1,263,101,700	24,257
Total Community	442,560	\$ 12,366,410,600	\$ 27,942.90
Pennsylvania	12,783,977	\$ 373,312,398,700	\$ 30,137
United States	318,558,162	\$ 9,166,046,176,400	\$ 29,829

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



Mercer, Butler, Lawrence and Venango counties are supported by major industries including healthcare and education. *Exhibit 5* summarizes employment by major industry for the four counties. *Exhibit 6* lists the top employers for the four counties.

Exhibit 5 Grove City Medical Center Employment by Major Industry - 2017											
Major Industries	Mercer County	%	Butler County	%	Lawrence County	%	Venango County	%	Community Total	%	US %
Government											
Federal Government	244	0.5%	2,956	3.3%	204	0.7%	107	0.6%	3,511	1.8%	2.0%
State Government	971	1.9%	1,418	1.7%	345	1.3%	1,344	7.5%	4,078	2.3%	3.2%
Local Government	3,775	8.2%	5,599	6.9%	2,887	10.3%	1,705	9.5%	13,966	8.1%	9.8%
Goods-producing											
Natural resources and mining	309	0.8%	868	1.1%	153	0.6%	162	0.9%	1,492	0.9%	1.3%
Construction	1,411	2.6%	4,160	4.9%	1,618	6.3%	409	2.3%	7,598	4.3%	4.8%
Manufacturing	8,074	17.8%	11,967	14.4%	3,536	12.7%	3,464	19.3%	27,041	15.8%	8.6%
Service-providing											
Trade, transportation and utilities	9,704	21.5%	18,191	21.9%	4,964	18.2%	3,793	21.1%	36,652	21.2%	18.9%
Information	380	0.8%	1,035	1.4%	223	1.2%	141	0.8%	1,779	1.1%	2.0%
Financial activities	1,975	3.7%	2,611	3.0%	1,294	4.7%	498	2.8%	6,378	3.4%	5.6%
Professional and business services	2,941	6.4%	11,306	14.3%	2,654	9.8%	1,007	5.6%	17,908	10.5%	14.1%
Education and health services	10,758	22.9%	13,623	14.2%	6,391	21.9%	3,286	18.3%	34,058	18.0%	15.4%
Leisure and hospitality	4,795	10.1%	8,553	9.4%	2,607	8.9%	1,369	7.6%	17,324	9.3%	11.1%
Other services (& Unclassified)	1,377	2.8%	2,979	3.5%	913	3.4%	664	3.7%	5,933	3.3%	3.3%
Total employment	46,714	100.0%	85,266	100.0%	27,789	100.0%	17,949	100.0%	177,718	100.0%	100.0%

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

* May not total due to rounding

Exhibit 6 Grove City Medical Center Top 10 Employers by County, 4th Quarter 2017	
Lawrence	Venango
Jameson Memorial Hospital	State Government
DON Services, Inc.	UPMC Northwest
ISS Facility Services, Inc.	Joy Global Underground Mining, Inc.
New Castle Area School District	Venango County
County of Lawrence	Wal-Mart Associates Inc
Westminster College	Franklin Area School District
Wal-Mart Associates Inc	Liberty Electronics, Inc.
State Government	Oil City Area School District
Liberty Mutual Insurance Co	Matric Limited
Ellwood Medical Center Operations, LLC	Child Development Centers, Inc.
Mercer	Butler
Steward Sharon Regional Health System	Federal Government
General Electric Company	Westinghouse Electric Company LLC
State Government	Butler Healthcare Providers
Wal-Mart Associates Inc	AK Steel Corporation
UPMC Horizon	Wal-Mart Associates Inc
First National Bank of Pennsylvania	Seneca Valley School District
George Junior Republic in PA	PA State System of Higher Education
NLMK Pennsylvania Corp	Butler Area School District
John Maneely Co	Concordia Luth Health & Human Care
Grove City College	Kawneer Commercial Windows, LLC

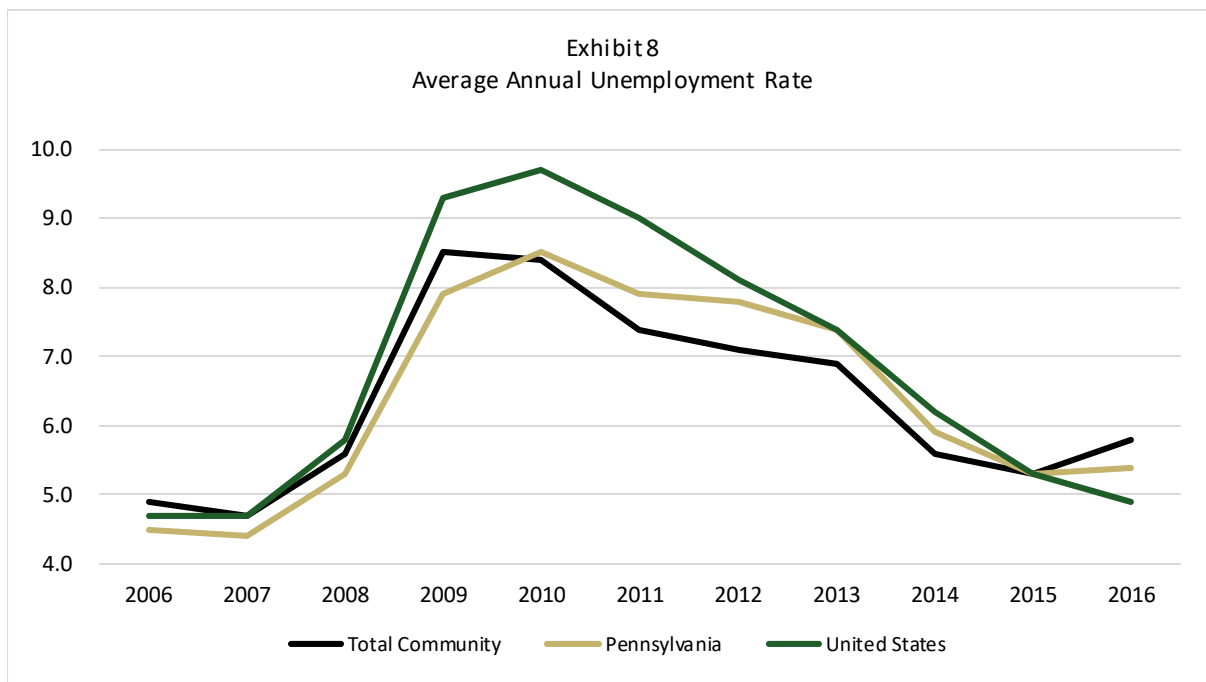
Source: PA Department of Labor & Industry, Center for Workforce Information & Analysis

Unemployment Rate

Exhibit 7 presents the average annual resident unemployment rates for the counties in the community, Pennsylvania and the United States. *Exhibit 8* illustrates that unemployment rates for the community had risen and peaked in 2010. The following years depicted a decline until recent stability as of 2015.

Exhibit 7 Grove City Medical Center Average Annual Unemployment Rate											
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Mercer County	5.5	5.5	6.8	11.0	9.5	7.9	7.6	7.2	5.9	5.5	6.0
Butler County	4.3	4.0	4.7	6.9	7.4	6.7	6.4	6.2	5.1	4.7	5.1
Lawrence County	5.4	5.2	6.2	9.2	9.2	8.4	7.9	7.5	6.2	6.3	6.7
Venango County	5.2	4.9	5.7	8.6	8.5	7.4	7.7	7.8	5.9	6.0	7.3
Total Community	4.9	4.7	5.6	8.5	8.4	7.4	7.1	6.9	5.6	5.3	5.8
Pennsylvania	4.5	4.4	5.3	7.9	8.5	7.9	7.8	7.4	5.9	5.3	5.4
United States	4.7	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March



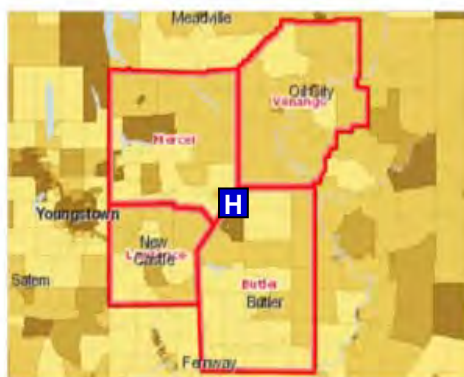
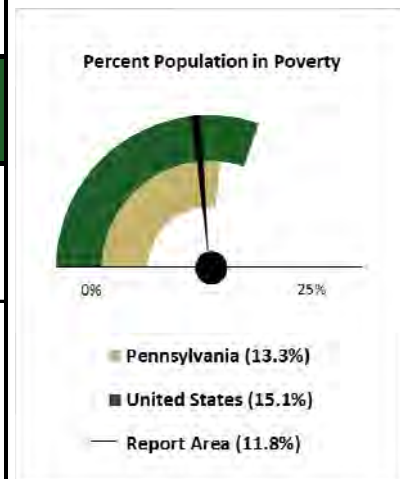
Poverty

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

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

Exhibit 9 Grove City Medical Center Population Below 100% FPL			
	Population (for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
Mercer County	107,052	14,962	14.0%
Butler County	180,498	15,257	8.5%
Lawrence County	86,237	12,374	14.4%
Venango County	52,262	7,535	14.4%
Total Community	426,049	50,128	11.8%
Pennsylvania	12,369,671	1,647,762	13.3%
United States	310,629,645	46,932,225	15.1%

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



Population Below the Poverty Level, Percent by Tract, ACS 2012-16

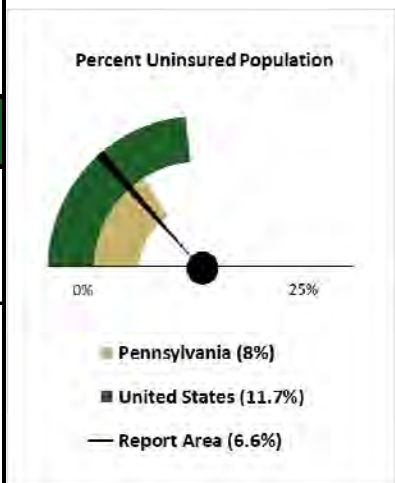


Uninsured

Exhibit 10 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for the counties in the community, Pennsylvania and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Exhibit 10 Grove City Medical Center Health Insurance Coverage Status by Age			
	Population (Civilian Noninstitutionalized)	Total Uninsured	Percent Insured
Mercer County	110,657	8,692	7.9%
Butler County	183,953	9,466	5.1%
Lawrence County	87,500	6,225	7.1%
Venango County	52,708	4,367	8.3%
Total Community	434,818	28,750	6.6%
Pennsylvania	12,579,598	1,000,216	8.0%
United States	313,576,137	36,700,246	11.7%

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



Uninsured Population, Percent by Tract, ACS 2012-16

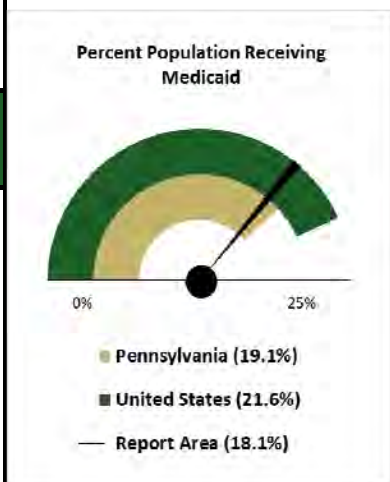


Medicaid

Exhibit 11 reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Exhibit 11 Grove City Medical Center Health Insurance Coverage Status				
	Total Population	Population with Any Health Insurance	Population Receiving Medicaid	Percent Receiving Medicaid
Mercer County	110,657	101,965	21,791	21.4%
Butler County	183,953	174,487	21,009	12.0%
Lawrence County	87,500	81,275	18,833	23.2%
Venango County	52,708	48,341	11,722	24.2%
Total Community	434,818	406,068	73,355	18.1%
Pennsylvania	12,579,598	11,579,382	2,216,468	19.1%
United States	313,576,137	276,875,891	59,874,221	21.6%

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

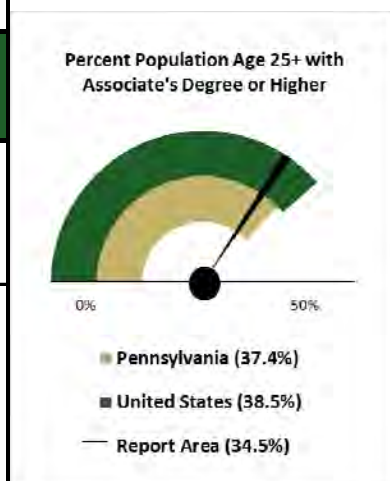


Education

Exhibit 12 presents educational attainment with an associate's level degree or higher for the counties in the community, Pennsylvania and the United States. This is relevant because educational attainment has been linked to positive health outcomes.

Exhibit 12 Grove City Medical Center Educational Attainment of Population Age 25 and Older			
	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
Mercer County	79,922	23,783	29.8%
Butler County	130,462	55,989	42.9%
Lawrence County	63,036	18,375	29.2%
Venango County	38,606	9,512	24.6%
Total Community	312,026	107,659	34.5%
Pennsylvania	8,849,846	3,308,130	37.4%
United States	213,649,147	82,237,511	38.5%

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



Physical Environment of the Community

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

Grocery Store Access

Exhibit 13 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 13 Grove City Medical Center Grocery Store Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Mercer County	116,638	14	12.0
Butler County	183,862	31	16.9
Lawrence County	91,108	15	16.5
Venango County	54,984	7	12.7
Total Community	446,592	67	15.0
Pennsylvania	12,702,379	2,653	20.9
United States	308,745,538	65,399	21.2

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

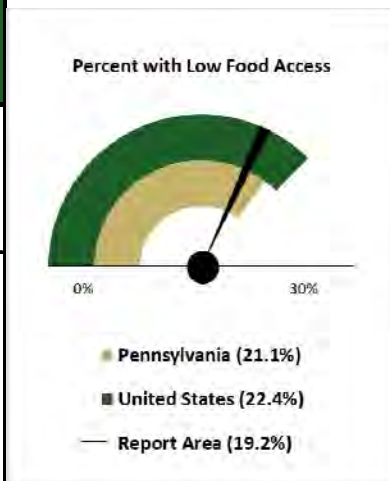


Food Access/Food Deserts

Exhibit 14 reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 14			
Grove City Medical Center			
Population with Low Food Access			
	Total Population	Population with Low Food Access	Percent with Low Food Access
Mercer County	116,638	17,363	14.9%
Butler County	183,862	39,360	21.4%
Lawrence County	91,108	26,953	29.6%
Venango County	54,984	1,859	3.4%
Total Community	446,592	85,535	19.2%
Pennsylvania	12,702,379	2,682,905	21.1%
United States	308,745,538	69,266,771	22.4%

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

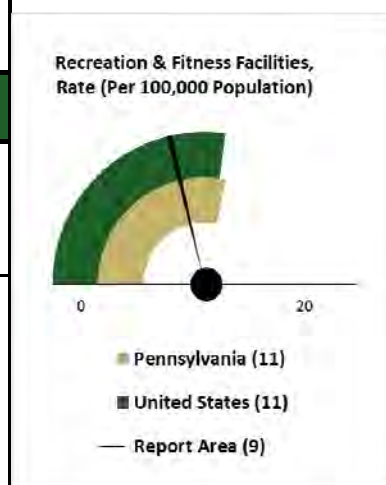


Recreation and Fitness Access

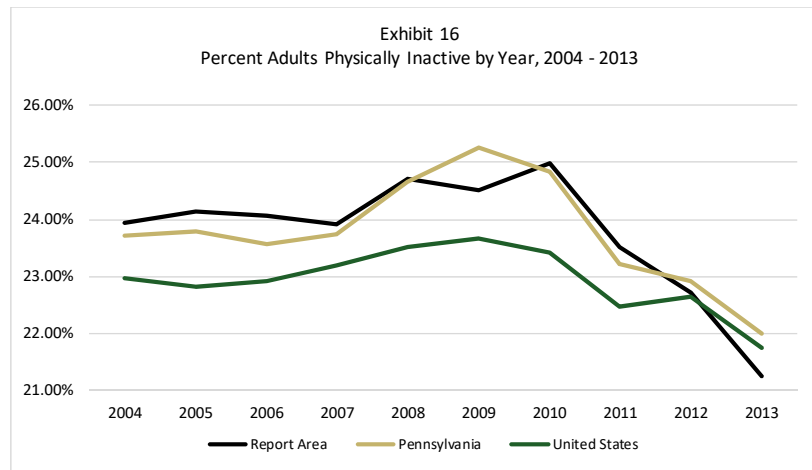
Exhibit 15 reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Exhibit 15			
Grove City Medical Center			
Recreation and Fitness Facility Access			
	Total Population	Number of Establishments	Establishments Rate per 100,000
Mercer County	116,638	9	7.7
Butler County	183,862	20	10.9
Lawrence County	91,108	6	6.6
Venango County	54,984	3	5.5
Total Community	446,592	38	8.5
Pennsylvania	12,702,379	1,450	11.4
United States	312,732,537	33,980	11.0

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



The trend graph below (*Exhibit 16*) shows the percent of adults who are physically inactive by year for the community and compared to the Commonwealth of Pennsylvania and the United States. Since 2004, the community has had a similar percentage of adults who are physically inactive compared to Pennsylvania, and a higher percentage of adults than the United States. The trend has been decreasing over the years to become in line with the rest of the United States.



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

Clinical Care of the Community

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

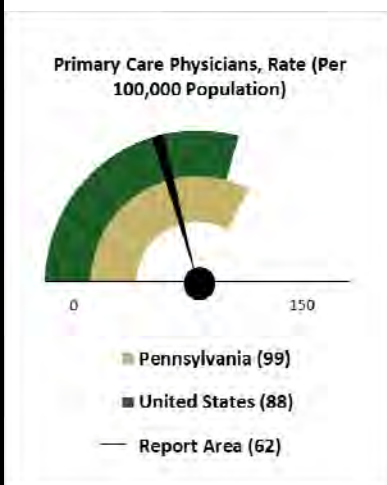
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program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

Access to Primary Care

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

Exhibit 17			
Grove City Medical Center			
Access to Primary Care			
	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate per 100,000
Mercer County	114,884	80	69.6
Butler County	185,943	118	63.5
Lawrence County	88,771	43	48.4
Venango County	53,529	34	63.5
Total Community	443,127	275	62.1
Pennsylvania	12,787,209	12,643	98.9
United States	318,857,056	279,871	87.8

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

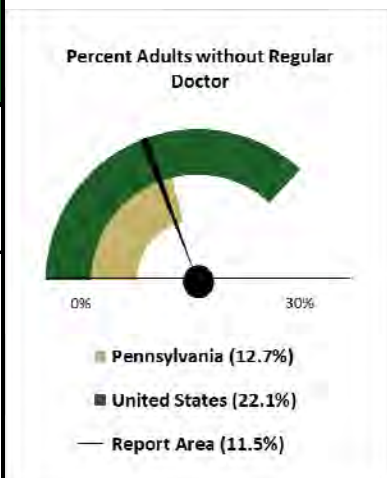


Lack of a Consistent Source of Primary Care

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

Exhibit 18			
Grove City Medical Center			
Lack of a Consistent Source of Primary Care			
	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Mercer County	77,236	8,811	11.4%
Butler County	121,386	16,253	13.4%
Lawrence County	55,895	5,037	9.0%
Venango County	48,808	4,664	9.6%
Total Community	303,325	34,765	11.5%
Pennsylvania	9,777,605	1,244,908	12.7%
United States	236,884,668	52,290,932	22.1%

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

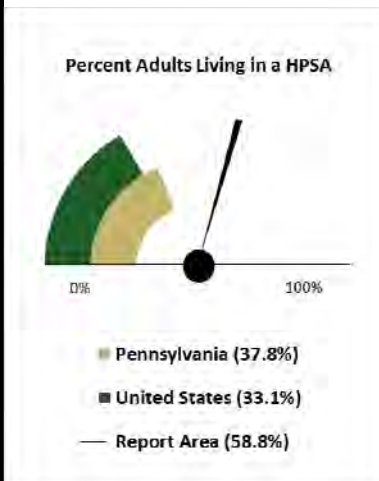


Population Living in a Health Professional Shortage Area

Exhibit 19 reports the percentage of the population that is living in a geographic area designated as a “Health Professional Shortage Area” (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 19 Grove City Medical Center Population Living in a Health Professional Shortage Area			
	Total Population	Population Living in a HPSA	Percent Living in a HPSA
Mercer County	116,638	116,638	100.0%
Butler County	183,862	0	0.0%
Lawrence County	91,108	91,108	100.0%
Venango County	54,984	54,984	100.0%
Total Community	446,592	262,730	58.8%
Pennsylvania	12,702,379	4,806,927	37.8%
United States	308,745,538	102,289,607	33.1%

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

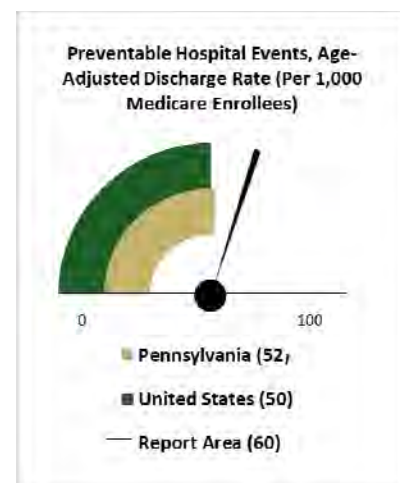


Preventable Medical Center Events

Exhibit 20 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 20 Grove City Medical Center Preventable Hospital Events			
	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Mercer County	11,246	684	60.9
Butler County	12,967	674	52.0
Lawrence County	6,905	479	69.4
Venango County	6,017	398	66.2
Total Community	37,135	2,235	60.2
Pennsylvania	1,185,487	61,097	51.5
United States	29,649,023	1,479,545	49.9

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



Health Status of the Community

This section of the assessment reviews the health status of the Community with comparisons to the State of Pennsylvania. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

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

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

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

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

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. More than 50 infectious diseases in Pennsylvania must be reported to county health departments. Except for Acquired Immune Deficiency Syndrome (AIDS), most of these reportable diseases currently result in comparatively few deaths.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes in death in the community, along with the state of Pennsylvania. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

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

Exhibit 21 Grove City Medical Center Selected Causes of Resident Deaths: Number and Crude												
	Mercer County		Butler County		Lawrence County		Venango County		Pennsylvania		United States	
Cancer	295	257.6	397	213.3	251	282.9	154	288.7	444	52.8	590,634	185.3
Coronary Heart Disease	229	200.2	239	128.5	179	201.9	79	147.0	238	28.3	367,306	115.3
Drug Poisoning	25	22.0	47	25.5	27	30.9	11	21.3	3,083	24.1	49,715	15.6
Heart Disease	363	316.8	467	250.8	298	335.6	143	267.8	414	49.3	618,853	194.2
Homicide	4	3.7	3	1.4	4	4.7	N/A*	N/A*	67	8.0	17,167	5.4
Lung Disease	77	67.0	113	61.0	61	68.3	42	77.8	66	7.9	149,886	47.0
Motor Vehicle Accident	16	13.8	22	11.6	14	15.3	9	16.1	61	7.3	37,053	11.6
Stroke	78	67.9	104	56.1	53	60.2	35	64.7	6,689	52.3	134,618	42.2
Suicide	17	14.5	24	12.8	14	15.3	7	12.7	56	6.7	42,747	13.4
Unintentional Injury	70	61.3	104	56.0	69	77.4	33	61.3	7,267	53.3	140,444	44.1

* Data is suppressed due to insufficient source data
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Health Outcomes and Factors

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

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

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

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

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

As part of the analysis of the needs assessment for the community, the four counties that comprise the community will be used to compare the relative health status of each county to Pennsylvania as well as to a national benchmark as seen in Exhibits 22. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Health Outcomes - rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures. The following tables show Mercer and Butler Counties' mortality and morbidity outcomes have mostly remained consistent with the prior community health needs assessment while Lawrence and Venango Counties' outcomes have mostly improved.

Exhibit 22a					
Grove City Medical Center					
County Health Rankings - Health Outcomes					
		Mercer County 2015	Mercer County 2018	PA 2018	Top US Performers 2018
Mortality	*	45	51	↑	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,293	7,900	↑	6,900 5,300
Morbidity	*	37	36	↓	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		15%	14%	↓	15% 12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.6	3.6	—	3.9 3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.0	4.1	↑	4.3 3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)		8.1%	7.0%	↓	8.0% 6.0%
* Rank out of 67 Pennsylvania counties					
Source: Countyhealthrankings.org					

Exhibit 22b					
Grove City Medical Center					
County Health Rankings - Health Outcomes					
		Butler County 2015	Butler County 2018	PA 2018	Top US Performers 2018
Mortality	*	7	12	↑	
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		5,677	6,000	↑	6,900 5,300
Morbidity	*	11	2	↓	
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		11%	11%	—	15% 12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.3	3.2	↓	3.9 3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.2	3.7	↑	4.3 3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)		6.8%	6.0%	↓	8.0% 6.0%
* Rank out of 67 Pennsylvania counties					
Source: Countyhealthrankings.org					

Exhibit 22c Grove City Medical Center County Health Rankings - Health Outcomes						
		Lawrence County 2015	Lawrence County 2018		PA 2018	Top US Performers 2018
Mortality	*	59	60	↑		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,196	8,300	↑	6,900	5,300
Morbidity	*	63	62	↓		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		17%	14%	↓	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.8	3.7	↓	3.9	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.9	4.2	↑	4.3	3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)		9.1%	9.0%	↓	8.0%	6.0%
* Rank out of 67 Pennsylvania counties Source: Countyhealthrankings.org						

Exhibit 22d Grove City Medical Center County Health Rankings - Health Outcomes						
		Venango County 2015	Venango County 2018		PA 2018	Top US Performers 2018
Mortality	*	50	38	↓		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,630	7,300	↓	6,900	5,300
Morbidity	*	50	49	↓		
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		19%	15%	↓	15%	12%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.4	3.9	↓	3.9	3.0
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.6	4.3	↑	4.3	3.1
Low birth weight - Percent of live births with low birth weight (<2500 grams)		7.5%	8.0%	↑	8.0%	6.0%
* Rank out of 67 Pennsylvania counties Source: Countyhealthrankings.org						

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from the prior community health needs assessment to current year and challenges faced by each county in the Medical Center's community. The improvements/challenges shown below in *Exhibits 23* were determined using a process of comparing the rankings of each County's health outcomes in the current year to the rankings in the prior community health needs assessment. If the current year rankings showed an improvement or decline of four percent or four points, they were included in the charts below. See the Appendix for the full list of health factor findings and comparisons between the prior needs assessment information and current year information.

Exhibit 23a Grove City Medical Center Mercer County Improvements and Challenges	
Improvements	Challenges
Adult Smoking - percent decreased from 23% to 17%	Premature Death - number increased from 7,293 to 7,900
Alcohol-Impaired Driving Deaths - percent decreased from 34% to 29%	Access to Exercise Opportunities - percent decreased from 85% to 45%
Uninsured Adults - percent decreased from 11% to 8%	Excessive Drinking - percent increased from 13% to 19%
Low Birth Weight - percent decreased from 8.1% to 7.0%	Sexually Transmitted Infections - rate increased from 368 to 379.5
	Violent Crime Rate - rate increased from 215 to 230
Exhibit 23b Grove City Medical Center Community Butler County Improvements and Challenges	
Improvements	Challenges
Adult Smoking - percent decreased from 18% to 14%	Access to Exercise Opportunities - percent decreased from 79% to 42%
Uninsured Adults - percent decreased from 9% to 5%	Excessive Drinking - percent increased from 14% to 22%
Preventable Hospital Stays - rate decreased from 65 to 50	Sexually Transmitted Infections - rate increased from 178 to 208.7
Violent Crime Rate - rate decreased from 124 to 100	Injury Deaths - number increased from 57 to 71

Exhibit 23c	
Grove City Medical Center Community	
Lawrence County Improvements and Challenges	
Improvements	Challenges
Poor Physical Health Days - number decreased from 4.8 to 3.7	Premature Death - number increased from 8,196 to 8,300
Alcohol-Impaired Driving Deaths - percent decreased from 32% to 20%	Access to Exercise Opportunities - percent decreased from 77% to 52%
Uninsured Adults - percent decreased from 12% to 7%	Excessive Drinking - percent increased from 11% to 19%
Preventable Hospital Stays - rate decreased from 91 to 79	Sexually Transmitted Infections - rate increased from 309 to 330.1
Violent Crime Rate - rate decreased from 454 to 350	Primary Care Physicians - number increased from 2,090 to 2,260
	Injury Deaths - number increased from 76 to 99
Exhibit 23d	
Grove City Medical Center Community	
Venango County Improvements and Challenges	
Improvements	Challenges
Adult Smoking - percent decreased from 26% to 17%	Access to Exercise Opportunities - percent decreased from 66% to 47%
Sexually Transmitted Infections - rate decreased from 278 to 257.8	Alcohol-Impaired Driving Deaths - percent increased from 18% to 27%
Uninsured Adults - percent decreased from 12% to 7%	Primary Care Physicians - number increased from 1,467 to 1,660
Preventable Hospital Stays - rate decreased from 78 to 71	

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

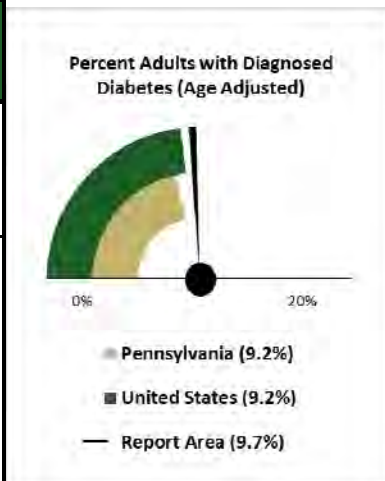
The following exhibits show a more detailed view of certain health outcomes and factors for the community, Pennsylvania and the United States.

Diabetes (Adult)

Exhibit 24 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 24 Grove City Medical Center Population with Diagnosed Diabetes			
	Total Population Age 20 and Older	Population with Diagnosed Diabetes	Percent* with Diagnosed Diabetes
Mercer County	88,049	10,742	9.8%
Butler County	140,596	15,325	9.1%
Lawrence County	68,776	8,597	10.1%
Venango County	41,652	5,498	10.6%
Total Community	339,073	40,162	9.7%
Pennsylvania	9,702,557	1,028,685	9.2%
United States	236,919,508	23,685,417	9.2%

* Age-adjusted Rate
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

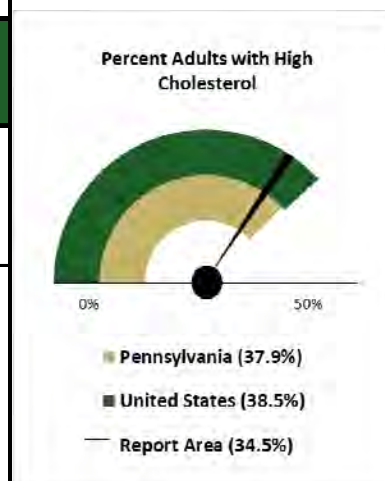


High Cholesterol (Adult)

Exhibit 25 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol.

Exhibit 25 Grove City Medical Center Population with High Cholesterol			
	Survey Population Age 18 and Older	Population with High Cholesterol	Percent with High Cholesterol
Mercer County	57,832	20,908	36.2%
Butler County	93,000	28,976	31.2%
Lawrence County	41,266	15,208	36.9%
Venango County	48,342	17,916	37.1%
Total Community	240,440	83,008	34.5%
Pennsylvania	7,669,036	2,906,160	37.9%
United States	180,861,326	69,662,357	38.5%

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

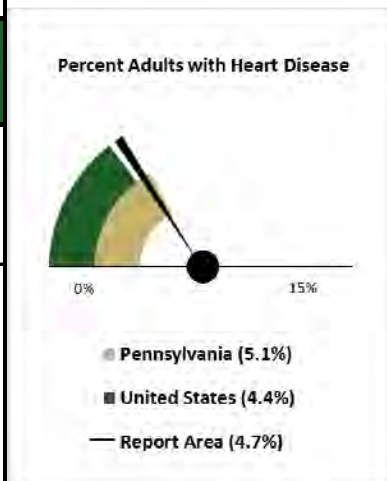


Heart Disease (Adult)

Exhibit 26 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they have coronary heart disease or angina. This is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol and heart attacks

Exhibit 26 Grove City Medical Center Population with Heart Disease			
	Survey Population Age 18 and Older	Population with Heart Disease	Percent with Heart Disease
Mercer County	76,063	4,092	5.4%
Butler County	120,745	5,039	4.2%
Lawrence County	55,476	2,324	4.2%
Venango County	48,373	2,545	5.3%
Total Community	300,657	14,000	4.7%
Pennsylvania	9,757,195	500,791	5.1%
United States	236,406,904	10,407,185	4.4%

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

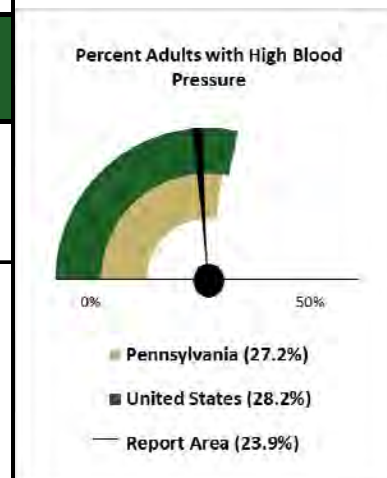


High Blood Pressure (Adult)

Exhibit 27 reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood pressure.

Exhibit 27 Grove City Medical Center Population with High Blood Pressure			
	Total Population Age 18 and Older	Population with High Blood Pressure	Percent with High Blood Pressure
Mercer County	91,521	26,175	28.6%
Butler County	141,774	27,929	19.7%
Lawrence County	71,781	17,658	24.6%
Venango County	43,095	11,593	26.9%
Total Community	348,171	83,355	23.9%
Pennsylvania	9,857,384	2,681,208	27.2%
United States	232,556,016	65,476,522	28.2%

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

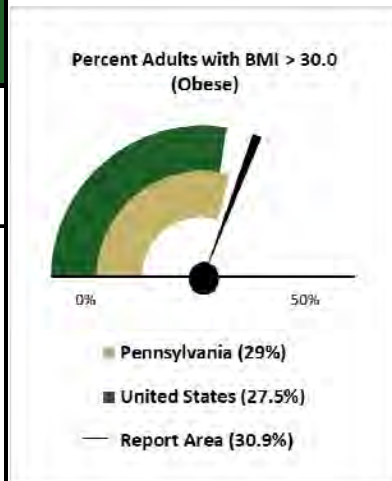


Obesity

Exhibit 28 reports the percentage of adults aged 20 and older who self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese). Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 28 Grove City Medical Center Population with Obesity			
	Total Population Age 20 and Older	Population with BMI > 30.0 (Obese)	Percent* with BMI > 30.0 (Obese)
Mercer County	88,069	27,918	31.6%
Butler County	140,460	40,031	27.8%
Lawrence County	68,662	23,551	34.1%
Venango County	41,752	14,488	34.5%
Total Community	338,943	105,988	30.9%
Pennsylvania	9,696,134	2,844,376	29.0%
United States	234,188,203	64,884,915	27.5%

* Age-adjusted Rate
 Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.

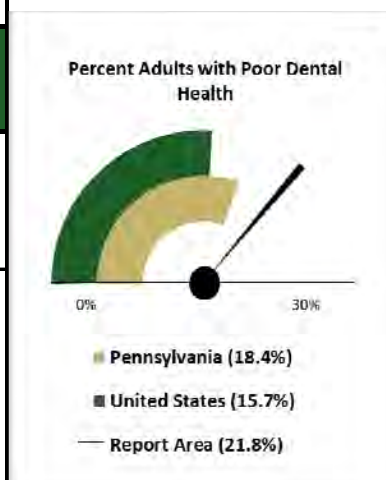


Poor Dental Health

Exhibit 29 reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection. This is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Exhibit 29 Grove City Medical Center Population with Poor Dental Health			
	Total Population Age 18 and Older	Population with Poor Dental Health	Percent with Poor Dental Health
Mercer County	91,543	17,908	19.6%
Butler County	140,602	25,767	18.3%
Lawrence County	71,732	20,357	28.4%
Venango County	43,108	11,693	27.1%
Total Community	346,985	75,725	21.8%
Pennsylvania	9,857,384	1,814,547	18.4%
United States	235,375,690	36,842,620	15.7%

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

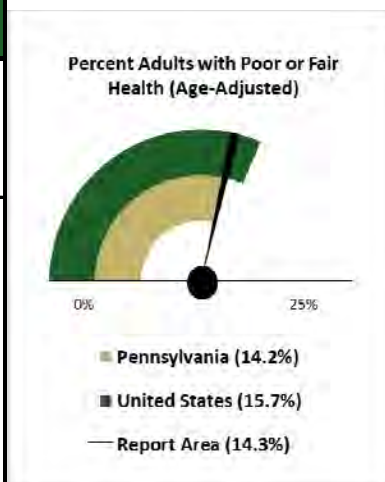


Poor General Health

Exhibit 30 reports the percentage of adults aged 18 and older who self-report having poor or fair health in response to the question “Would you say that in general your health is excellent, very good, good, fair or poor?” This is relevant because it is a measure of general poor health status.

Exhibit 30 Grove City Medical Center Population with Poor General Health			
	Total Population Age 18 and Older	Population with Poor General Health	Percent* with Poor General Health
Mercer County	91,521	16,382	15.4%
Butler County	141,774	16,588	10.8%
Lawrence County	71,781	14,356	17.1%
Venango County	43,095	8,705	18.6%
Total Community	348,171	56,031	14.3%
Pennsylvania	9,857,384	1,518,037	14.2%
United States	232,556,016	37,766,703	15.7%

* Age-adjusted Rate
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. Us Department of Health & Human Services, Health Indicators Warehouse. 2006-12

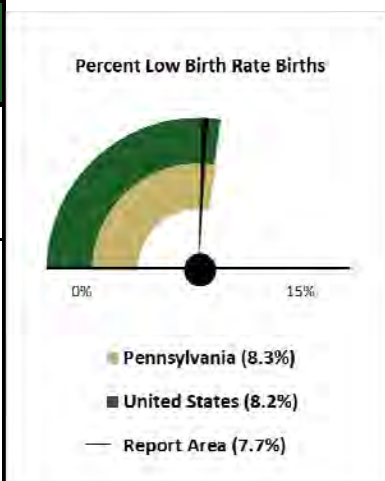


Low Birth Weight

Exhibit 31 reports the percentage of total births that are low birth weight (Under 2500g). This is relevant because low birth weight infants are at high risk for health problems. This can also highlight the existence of health disparities.

Exhibit 31 Grove City Medical Center Births with Low Birth Weight			
	Total Live Births	Low Weight Births (Under 2500g)	Percent Low Weight Births
Mercer County	8,575	695	8.1%
Butler County	14,028	954	6.8%
Lawrence County	6,783	617	9.1%
Venango County	4,186	314	7.5%
Total Community	33,572	2,580	7.7%
Pennsylvania	1,031,597	85,623	8.3%
United States	29,300,495	2,402,641	8.2%

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



Key Informant Interviews

Interviewing key informants (community stakeholders) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

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

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

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

- ✓ Health and quality of life for residents of the primary community
- ✓ Barriers to improving health and quality of life for residents of the primary community
- ✓ Opinions regarding the important health issues that affect Mercer, Butler, Lawrence and Venango County residents and the types of services that are important for addressing these issues
- ✓ Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

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

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

Key Informant Profiles

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

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

Key Informant Interview Results

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

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

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

Summarized Interview Results

Key informants were asked whether the health and quality of life had improved, declined or stayed the same since the last assessment. Three key informants noted that health and quality of life had stayed the same, seven key informants noted the health and quality of life had improved and eight of the key informants noted that the overall health and quality of life in the community had declined. Several informants noted newer health issues had surfaced such as increased in drug use, including opioid and other prescription drug use, and an increased demand in mental health services.

Several groups were identified as having a lower quality of life and health status, including low income/working poor, rural community (farmers), uninsured and the elderly. Barriers such as income level, cost of living and transportation/access to care were provided related to these groups.

The key informants were asked what could improve the health and quality of life in the area. There was a wide array of responses, including more education on personal health care needs as well as education on insurance and what resources are available in the community. Transportation for low income and rural populations, preventative screenings and increased medical professional education on pain management were also mentioned.

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

"The fact that we have a community hospital right here is huge"

"Doing a really good job of taking the time to review what the community needs and they care and address those needs"

"Diabetes program, "5" stars"

"Grove City has always been a topnotch partner. Can't say enough good things about them"

Health Issues of Vulnerable Populations

According to Dignity Health’s Community Need Index (See Appendices), the Medical Center’s community has a moderate-level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes in the community that have the highest need in the community are listed in *Exhibit 32*.

Exhibit 32 Grove City Medical Center Zip Codes with Highest Community Need Index			
Zip Code	CNI Score*	City	County
16121	4.0	Farrell	Mercer
16146	4.0	Sharon	Mercer
16301	3.4	Oil City	Venango
16101	3.2	New Castle	Lawrence
16030	3.0	Eau Clair	Butler
16057	3.0	Slippery Rock	Butler
16102	2.8	New Castle	Lawrence
16124	2.8	Fredonia	Mercer
16323	2.8	Franklin	Venango
16001	2.8	Butler	Butler
16125	2.6	Greenville	Mercer
16150	2.6	Sharpsville	Mercer
16045	2.6	Lyndora	Butler
16373	2.6	Emlenton	Venango
16153	2.4	Stoneboro	Mercer
16040	2.4	Hilliards	Butler
16156	2.4	Volant	Lawrence
16342	2.4	Polk	Venango
16127	2.4	Grove City	Mercer

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

Information Gaps

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

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

Prioritization of Identified Health Needs

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

Using findings obtained through the collection of primary and secondary data, the Medical Center completed an analysis of these to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

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

Health Outcomes and Factors

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

Primary Data

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

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following four factors. Each factor received a score between 0 and 5, with a total maximum score of 20 (indicating the greatest health need)

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized:
 - i. >15% of the community = 5
 - ii. >10% and <15% = 4
 - iii. >5% and <10% = 3
 - iv. >0% and <5% = 2
 - v. 0 = 1
- 2) **What are the consequences of not addressing this problem?** Identified health needs, which have a high death rate or have a high impact on chronic diseases, received a higher rating.
- 3) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (Leading Causes of Death, Primary Causes for Inpatient Medical Centerization, Health Outcomes and Factors and Primary Data) identified the need.
- 4) **Alignment with Medical Center's resources.** The rating for this factor was determined by whether or not the need fits within the Medical Center's strategic plan, as well as the Medical Center's ability to address the need. Rating of one (least) through five (greatest) was given to the need, based on management assessment.

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

Exhibit 33 Grove City Medical Center Ranking of Community Health Needs					
Health Problem	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Alignment with Medical Center's Resources	Total Score
Heart Disease	5	5	5	4	19
Adult Obesity	3	5	5	5	18
Cancer	5	5	5	2	17
Mental Health Providers	5	5	5	2	17
Lung Disease	5	5	3	2	15
Stroke	5	3	3	3	14
Primary Care Physicians	5	3	3	2	13
Substance Abuse	3	3	5	2	13
Preventable Hospital Stays	4	2	1	5	12
Children in Poverty	3	3	3	1	10
Dentists	4	3	1	1	9
Excessive Drinking	1	3	3	1	8
Teen Birth Rate	4	1	1	1	7
Physical Inactivity	2	3	1	3	9
Adult Smoking	1	3	1	3	8
Alcohol-Impaired Driving Deaths	1	3	1	2	7
Children in Single-Parent Households	1	3	1	1	6
Sexually Transmitted Infections	1	2	1	2	6
Violent Crime Rate	2	1	1	1	5
Lack of Health Knowledge/Education	2	1	1	5	9

Management's Prioritization Process

For the health needs prioritization process, the Medical Center engaged a leadership team to review the most significant health needs reported on the prior needs assessment, as well as in *Exhibit 33* using the following criteria:

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

Based on the criteria outlined above, the health needs that scored an 18 or more (out of a possible 20) were identified as a priority area that will be addressed through Grove City Medical Center's Implementation Strategy for fiscal year 2020 through 2022. These include heart disease and adult obesity.

In Addition, the Medical Center has identified diabetes as a significant area of concern and focus for the 2020 through 2022 fiscal years. Although diabetes is not one of the Health Outcomes and Factors in Exhibit 33 on the prior page, it is a health concern impacted by all four of the Health Factors used by County Health Rankings. The Medical Center is also in a position to positively impact this concern in the community. The complete list of priority areas includes:

1. Heart disease
2. Adult obesity
3. Diabetes

Health Care Resources

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

Hospitals and Health Centers

The Medical Center has 67 acute beds and is one of three acute care Medical Centers located in the county. Residents of the community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 34* summarizes acute care Medical Center services available to the residents of Mercer, Butler, Lawrence and Venango counties:

Exhibit 34 Grove City Medical Center Summary of Acute Care Hospitals					
		County	Miles from Grove City	Bed Size*	Facility Type
Grove City Medical Center	631 N Broad Saint Ext, Grove City, PA 16127	Mercer	0.0	67	Short Term/Acute
UPMC Jameson	1211 Wilmington Ave., New Castle, PA 16105	Lawrence	21.9	194	Short Term/Acute
UPMC Horizon (Shenango & Greenville)	110 N Main St., Greenville, PA 16125	Mercer	26.3	142	Short Term/Acute
Butler Health System	One Hospital Way, Butler, PA 16001	Butler	27.0	275	Short Term/Acute
Sharon Regional Health System	740 E State St., Sharon, PA 16146	Mercer	27.1	189	Short Term/Acute
Ellwood City Hospital	724 Pershing St., Ellwood City, PA 16117	Lawrence	28.9	52	Short Term/Acute
UPMC Northwest Hospital	100 Fairfield Dr., Seneca, PA 16346	Venango	32.9	118	Short Term/Acute

* Includes subprovider beds, excludes skilled nursing facility beds
Source: Costreportdata.com 2017 data

Other Health Care Facilities and Providers

Short-term acute care hospital services are not the only health services available to members of the Medical Center's community. *Exhibit 35* provides a listing of community health centers and rural health clinics within the Medical Center's community.

Exhibit 35 Grove City Medical Center Summary of Other Health Care Facilities			
		County	Facility Type
Buhl Farm Community Health Center*	220 North Buhl Farm Dr., Hermitage, PA 16148	Mercer	Community Health Center
Center for Health & Well-Being*	350 Sharon-New Castle Rd., Farrell, PA 16121	Mercer	Community Health Center
Elm Avenue Health Center - Family & Specialty Group*	89 Elm Ave., Sharon, PA 16146	Mercer	Community Health Center
Farrell Dental Center*	350 Sharon-New Castle Rd., Farrell, PA 16121	Mercer	Community Health Center
Farrell Health Center*	602 Roemer Blvd., Farrell, PA 16121	Mercer	Community Health Center
Green Street Primary Care*	2000 Green St., Farrell, PA 16121	Mercer	Community Health Center
Greenville Community Health Center*	348 Main St., Greenville, PA 16125	Mercer	Community Health Center
Health Shoppe*	1600 Roemer Blvd., Farrell, PA 16121	Mercer	Community Health Center
Jamestown Health Center*	865 E. Jamestown Rd., Jamestown, PA 16134	Mercer	Community Health Center
Mercer Primary Care*	737 Greenville Rd., Mercer, PA 16137	Mercer	Community Health Center
Sharon Medical Group*	197 Silver St., Sharon, PA 16146	Mercer	Community Health Center
Sharon Medical Group*	1 Dayton Way, Sharon, PA 16146	Mercer	Community Health Center
Sheakleyville Health Center*	3339 Perry Hwy., Sheakleyville, PA 16151	Mercer	Community Health Center
Transfer Health Center*	1291 Rutledge Rd., Transfer, PA 16154	Mercer	Community Health Center
Sharon Community Health Center	94 W. Connelly Blvd., Sharon, PA 16146	Mercer	Community Health Center
Petroleum Valley Medical Center*	296 Church St., Petrolia, PA 16050	Butler	Community Health Center
New Castle Center for Health & Well-Being*	112 South Mill St., New Castle, PA 16101	Lawrence	Community Health Center
New Castle Dental Center*	2807 Wilmington Rd., New Castle, PA 16105	Lawrence	Community Health Center
Mercer Family Medicine Center	551 Greenville Rd., Mercer, PA 16137	Mercer	Rural Health Clinic
* Primary Health Network			
Source: Community Health Center Pennsylvania Directory, 2018.			

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

APPENDICES

Acknowledgements

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

Project Steering Committee

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

Robert C. Jackson, CEO

David A. Poland, CFO

Tony Bono, CNO

JoAnne Clobus, VP of Marketing & Public Relations

Jeanne Graff, VP of Quality, Patient Safety & Regulatory Compliance

Ashley Steiner, VP of Human Resources

Key Informants

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

Sam Bellich, Director, Mercer County Agency on Aging

Kristina Benkeser, Director, Student Health Center of Slippery Rock University

Beth Black, Executive Director, Grove City Chamber of Commerce

Sue Burke, Licensed Clinical Counselor

Adam Cook, Executive Director, Grove City YMCA

Bonnie Dickson, Community Outreach Director, Primary Health Network

Amy Foley, Executive Director, Grove City United Way

Katie Gassner, Preventionist, Mercer County Behavioral Health Commission

Mickey Gula, Executive Director, Buhl Regional Health Foundation of Mercer County

Donna Leffler, Lynn Lauren & Brenda Wallace, PA Department of Health Nurse

Ruth Leo, Grove City Medical Center Board Member

Neil McEwen, District Judge

Willard Morse, Methodist Minister, retired

Ted Nesbitt, PA State Representative

Lizette Olsen, Executive Director, AWARE Domestic Violence Agency

Dean Osborne, Grove City Chief of Police

Randy Riddle, Grove City Mayor

Jean Schmidt, Nurse, retired

SOURCES

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

ANALYSIS OF DATA

**Grove City Medical Center
Analysis of CHNA Data
Analysis of Health Status-Leading Causes of Death**

	U.S. Crude Rates	Pennsylvania Crude Rates	(A) County Rate	(B) 10% Increase of Pennsylvania Crude Rate	If (A)>(B), then "Health Need"
Mercer County:					
Heart Disease	193.0	49.3	313.5	54.3	Health Need
Cancer	185.4	52.8	275.8	58.1	Health Need
Ischaemic Heart Disease	120.9	28.3	214.3	31.1	Health Need
Lung Disease	45.7	7.9	72.2	8.7	Health Need
Stroke	41.4	52.3	64.9	57.6	Health Need
Butler County:					
Heart Disease	193.0	49.3	245.8	54.3	Health Need
Cancer	185.4	52.8	219.5	58.1	Health Need
Ischaemic Heart Disease	120.9	28.3	138.7	31.1	Health Need
Lung Disease	45.7	7.9	59.7	8.7	Health Need
Stroke	41.4	52.3	55.1	57.6	Health Need
Lawrence County:					
Heart Disease	193.0	49.3	314.2	54.3	Health Need
Cancer	185.4	52.8	282.2	58.1	Health Need
Ischaemic Heart Disease	120.9	28.3	201.2	31.1	Health Need
Lung Disease	45.7	7.9	67.0	8.7	Health Need
Stroke	41.4	52.3	62.4	57.6	Health Need
Venango County:					
Heart Disease	193.0	49.3	235.6	54.3	Health Need
Cancer	185.4	52.8	292.8	58.1	Health Need
Ischaemic Heart Disease	120.9	28.3	148.4	31.1	Health Need
Lung Disease	45.7	7.9	79.1	8.7	Health Need
Stroke	41.4	52.3	62.3	57.6	Health Need

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

Analysis of Health Outcomes and Factors

	(A)		(B)		If (B)>(A), then "Health Need"
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	
Mercer County:					
Adult Smoking	14.0%	4.2%	23.0%	9.0%	Health Need
Adult Obesity	25.0%	7.5%	32.0%	7.0%	
Food Environment Index	8.4	3	7.7	1	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	92.0%	27.6%	85.0%	7.0%	
Excessive Drinking	10.0%	3.0%	13.0%	3.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	34.0%	20%	Health Need
Sexually Transmitted Infections	138	41	368	230	Health Need
Teen Birth Rate	20	6	27	7	Health Need
Uninsured	11.0%	3.3%	11.0%	0.0%	
Primary Care Physicians	1045	314	1361	316	Health Need
Dentists	1377	413	1888	511	Health Need
Mental Health Providers	386	116	682	296	Health Need
Preventable Hospital Stays	41	12	69	28	Health Need
Diabetic Screen Rate	90.0%	27.0%	81.0%	9.0%	
Mammography Screening	70.7%	21.2%	62.7%	8.0%	
Violent Crime Rate	59	18	215	156	Health Need
Children in Poverty	13.0%	3.9%	22.0%	9.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	31.0%	11.0%	Health Need
Butler County:					
Adult Smoking	14.0%	4.2%	18.0%	4.0%	
Adult Obesity	25.0%	7.5%	30.0%	5.0%	
Food Environment Index	8.4	3	8.5	0	
Physical Inactivity	20.0%	6.0%	23.0%	3.0%	
Access to Exercise Opportunities	92.0%	27.6%	79.0%	13.0%	
Excessive Drinking	10.0%	3.0%	14.0%	4.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	27.0%	13%	Health Need
Sexually Transmitted Infections	138	41	178	40	
Teen Birth Rate	20	6	15	-5	
Uninsured	11.0%	3.3%	9.0%	-2.0%	
Primary Care Physicians	1045	314	1850	805	Health Need
Dentists	1377	413	1641	264	
Mental Health Providers	386	116	851	465	Health Need
Preventable Hospital Stays	41	12	65	24	Health Need
Diabetic Screen Rate	90.0%	27.0%	86.0%	4.0%	
Mammography Screening	70.7%	21.2%	57.8%	12.9%	
Violent Crime Rate	59	18	124	65	Health Need
Children in Poverty	13.0%	3.9%	10.0%	-3.0%	
Children in Single-Parent Households	20.0%	6.0%	21.0%	1.0%	

Analysis of Health Outcomes and Factors

	(A)		(B)		If (B)>(A), then "Health Need"
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	
Lawrence County:					
Adult Smoking	14.0%	4.2%	21.0%	7.0%	Health Need
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.4	3	7.1	1	
Physical Inactivity	20.0%	6.0%	27.0%	7.0%	Health Need
Access to Exercise Opportunities	92.0%	27.6%	77.0%	15.0%	
Excessive Drinking	10.0%	3.0%	11.0%	1.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	32.0%	18%	Health Need
Sexually Transmitted Infections	138	41	309	171	Health Need
Teen Birth Rate	20	6	32	12	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1045	314	2090	1045	Health Need
Dentists	1377	413	1901	524	Health Need
Mental Health Providers	386	116	961	575	Health Need
Preventable Hospital Stays	41	12	91	50	Health Need
Diabetic Screen Rate	90.0%	27.0%	82.0%	8.0%	
Mammography Screening	70.7%	21.2%	62.3%	8.4%	
Violent Crime Rate	59	18	454	395	Health Need
Children in Poverty	13.0%	3.9%	21.0%	8.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	37.0%	17.0%	Health Need
Venango County:					
Adult Smoking	14.0%	4.2%	26.0%	12.0%	Health Need
Adult Obesity	25.0%	7.5%	33.0%	8.0%	Health Need
Food Environment Index	8.4	3	8.0	0	
Physical Inactivity	20.0%	6.0%	26.0%	6.0%	
Access to Exercise Opportunities	92.0%	27.6%	66.0%	26.0%	
Excessive Drinking	10.0%	3.0%	16.0%	6.0%	Health Need
Alcohol-Impaired Driving Deaths	14.0%	4.2%	18.0%	4%	
Sexually Transmitted Infections	138	41	278	140	Health Need
Teen Birth Rate	20	6	37	17	Health Need
Uninsured	11.0%	3.3%	12.0%	1.0%	
Primary Care Physicians	1045	314	1467	422	Health Need
Dentists	1377	413	2695	1318	Health Need
Mental Health Providers	386	116	980	594	Health Need
Preventable Hospital Stays	41	12	78	37	Health Need
Diabetic Screen Rate	90.0%	27.0%	87.0%	3.0%	
Mammography Screening	70.7%	21.2%	67.8%	2.9%	
Violent Crime Rate	59	18	135	76	Health Need
Children in Poverty	13.0%	3.9%	25.0%	12.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	37.0%	17.0%	Health Need

KEY INFORMANT INTERVIEW QUESTIONS

**Grove City Medical Center
Community Health Needs Assessment
Key Informant Interview Questions**

- 1) Please provide individual background (*i.e.* Occupation – Title and Employer):
- 2) Rank the overall health and quality of life in Mercer County from 1-10 compared to what you would think of as a “10” or perfect health.
- 3) Has health and quality of life in the county improved, stayed the same or declined in the past few years?
- 4) How has overall health in community changed in past three years?
- 5) Please discuss finding from prior assessment, and how these items have changed over the past three years (Adult Obesity, Heart Disease and Physical Fitness).
- 6) What do you feel are the most critical areas of health in area?

What can be done to address issues?

- 7) Are there any groups with lower health or quality of life?

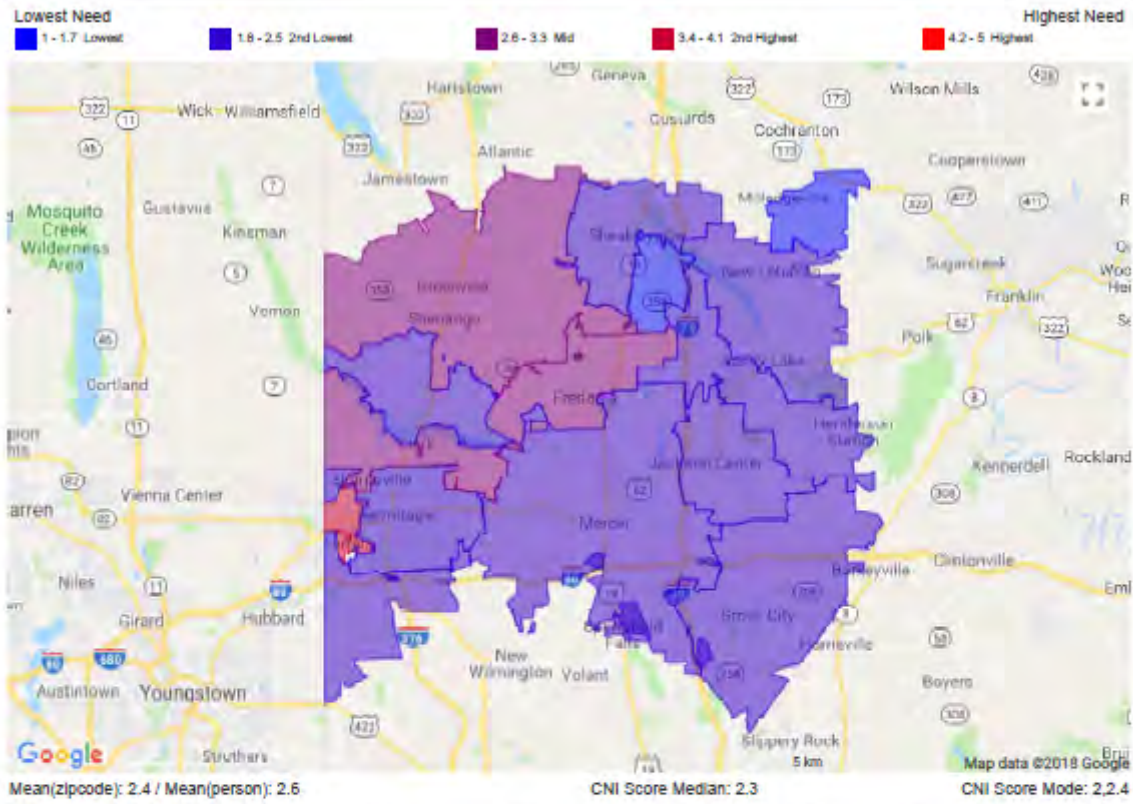
What are the barriers to improve their health?

- 8) Can you provide any thoughts on Grove City Medical Center and specifically, how they are addressing the health needs of the community?
- 9) Are there any health services that are not offered locally that are needed services in the community?
- 10) Do you have anything else to add or any additional key informants that should be considered for this assessment?

DIGNITY HEALTH COMMUNITY NEED INDEX REPORTS



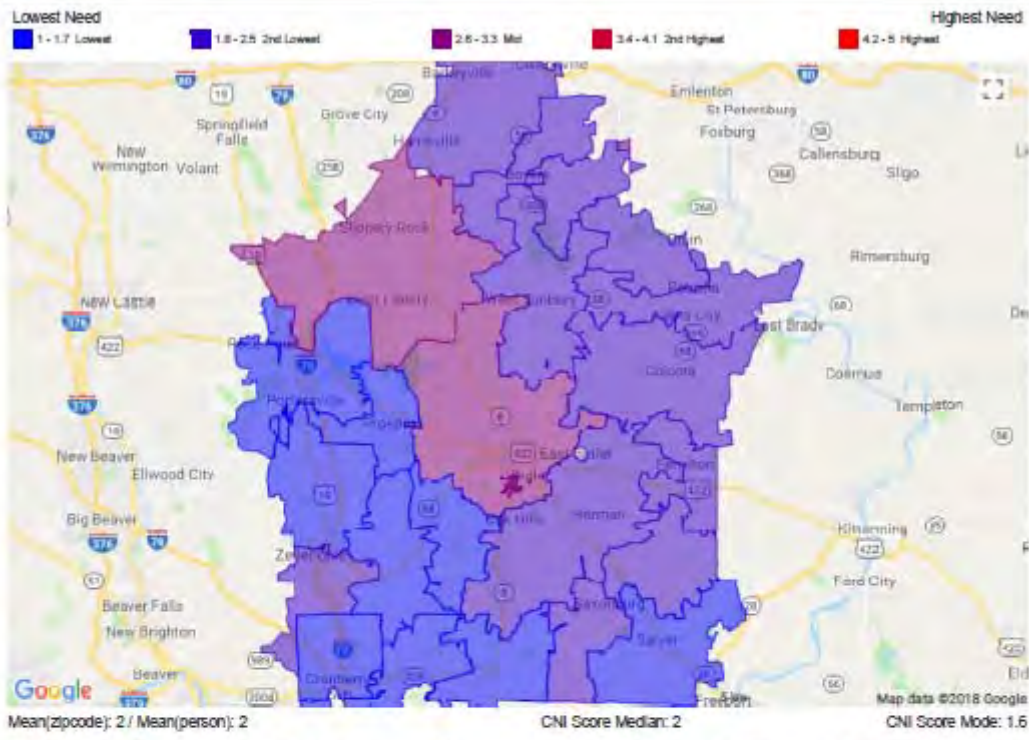
MERCER COUNTY



Zip Code	CNI Score	Population	City	County	State
16114	1.4	642	Clarks Mills	Mercer	Pennsylvania
16121	4	5402	Farrell	Mercer	Pennsylvania
16124	2.8	1982	Fredonia	Mercer	Pennsylvania
16125	2.6	17360	Greenville	Mercer	Pennsylvania
16127	2.4	16284	Grove City	Mercer	Pennsylvania
16130	2	1952	Hadley	Mercer	Pennsylvania
16133	1.8	1467	Jackson Center	Mercer	Pennsylvania
16137	2	12690	Mercer	Mercer	Pennsylvania
16145	2.2	2523	Sandy Lake	Mercer	Pennsylvania
16146	4	13617	Sharon	Mercer	Pennsylvania
16148	2.2	16631	Hermitage	Mercer	Pennsylvania
16150	2.6	7708	Sharpville	Mercer	Pennsylvania
16153	2.4	2620	Stoneboro	Mercer	Pennsylvania
16154	2.4	2562	Transfer	Mercer	Pennsylvania
16159	2	4362	West Middlesex	Mercer	Pennsylvania
16311	1.4	543	Carlton	Mercer	Pennsylvania



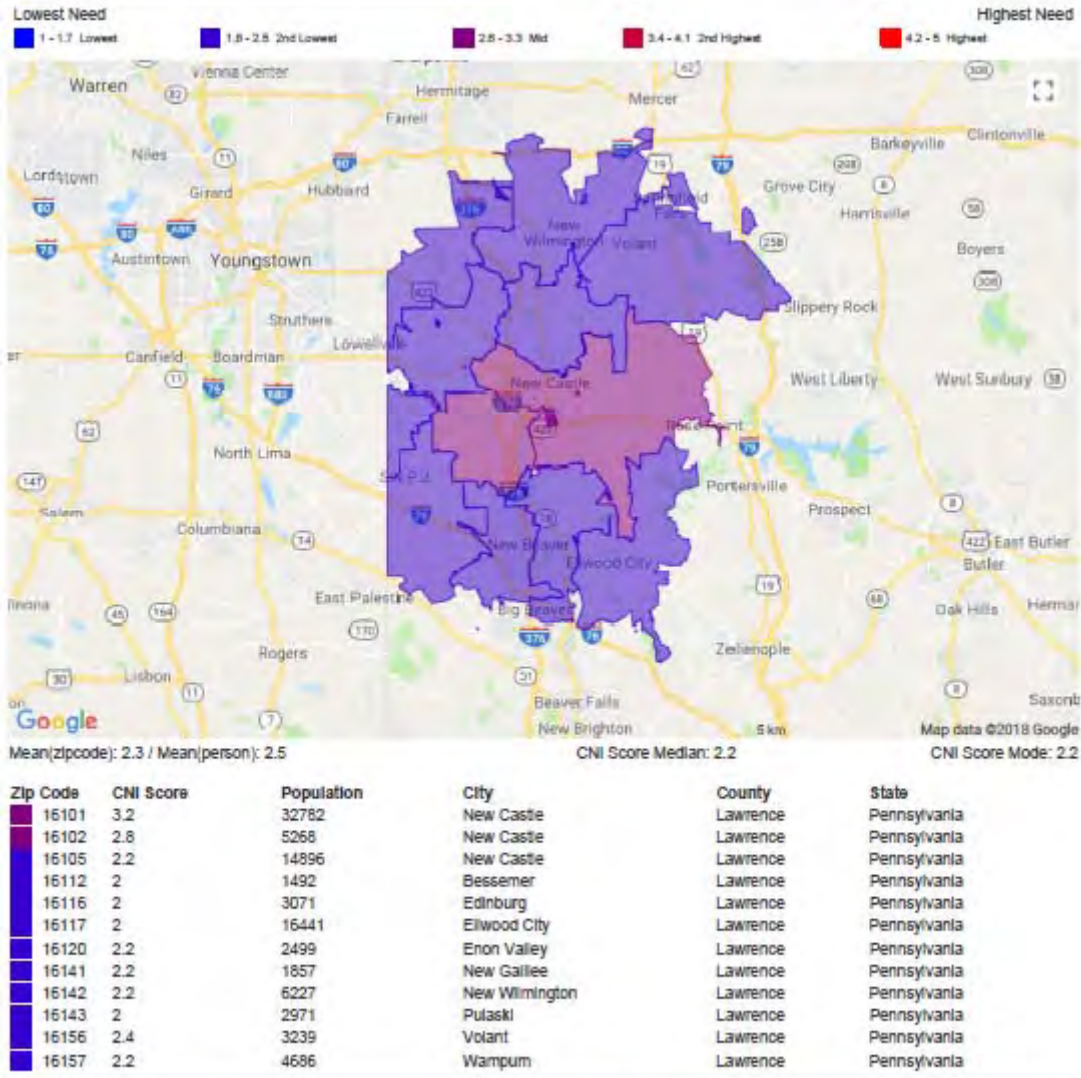
BUTLER COUNTY

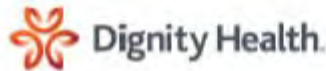


Zip Code	CNI Score	Population	City	County	State
16001	2.8	40610	Butler	Butler	Pennsylvania
16002	1.8	16009	Butler	Butler	Pennsylvania
16020	2	1170	Boyers	Butler	Pennsylvania
16022	2	306	Bruin	Butler	Pennsylvania
16023	2.2	4197	Cabot	Butler	Pennsylvania
16025	2	5690	Chicora	Butler	Pennsylvania
16030	3	164	Eau Claire	Butler	Pennsylvania
16033	1.6	6961	Evans City	Butler	Pennsylvania
16034	2.4	1928	Fenelton	Butler	Pennsylvania
16037	1.6	4452	Harmony	Butler	Pennsylvania
16038	2.2	3251	Hartsville	Butler	Pennsylvania
16040	2.4	962	Hilliards	Butler	Pennsylvania
16041	2.2	2193	Kams City	Butler	Pennsylvania
16045	2.6	1249	Lyndora	Butler	Pennsylvania
16046	1.4	16928	Mars	Butler	Pennsylvania
16050	2.4	1271	Petrolia	Butler	Pennsylvania
16051	1.6	3032	Portersville	Butler	Pennsylvania
16052	1.2	2364	Prospect	Butler	Pennsylvania
16053	1.6	3934	Rentrew	Butler	Pennsylvania
16055	1	8463	Sarver	Butler	Pennsylvania
16056	1.8	4953	Saxonburg	Butler	Pennsylvania
16057	3	14589	Slippery Rock	Butler	Pennsylvania
16059	1.6	8372	Valencia	Butler	Pennsylvania
16061	2.4	2552	West Sunburv	Butler	Pennsylvania
16063	1.8	6400	Zellenopie	Butler	Pennsylvania
16066	1.4	30368	Cranberry Township	Butler	Pennsylvania

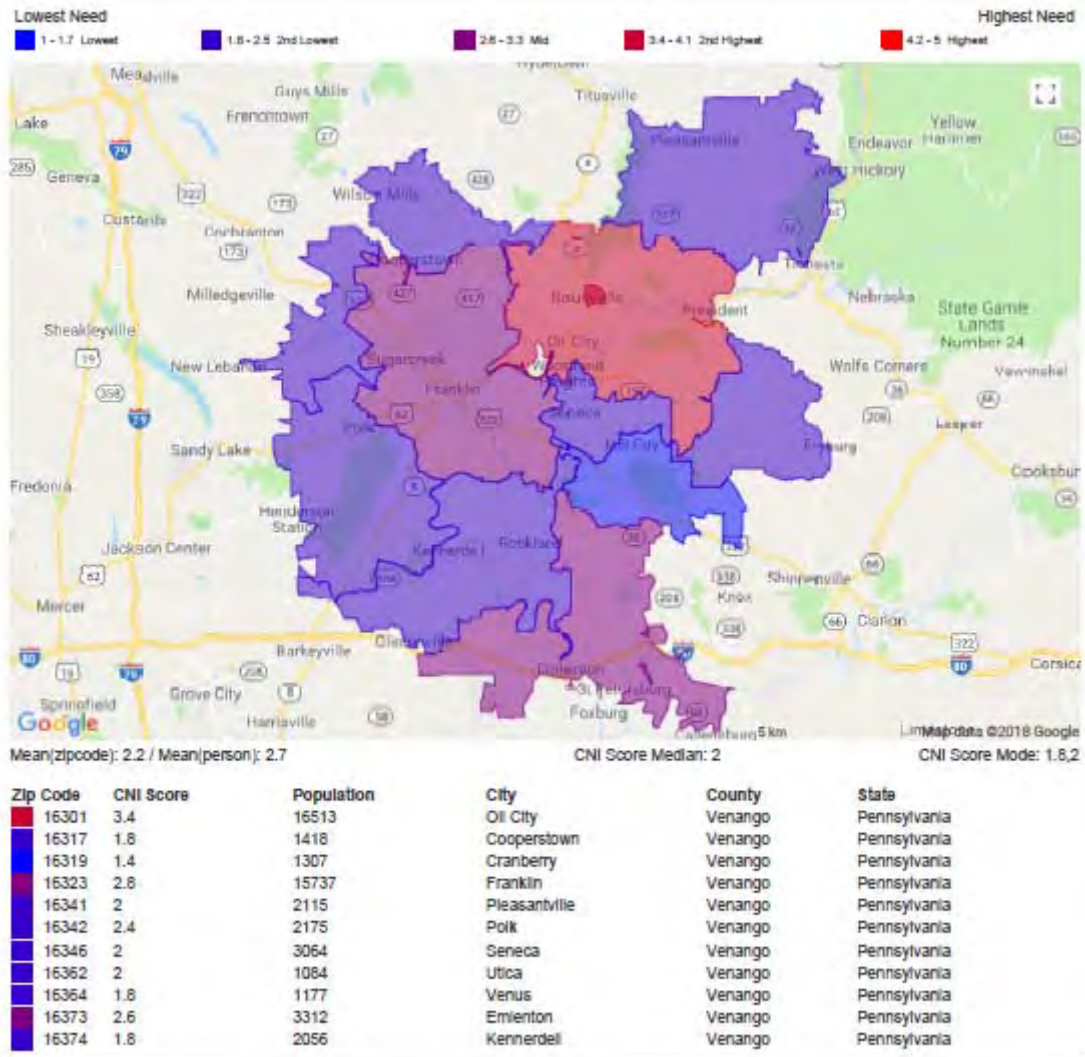


LAWRENCE COUNTY





VENANGO COUNTY



COUNTY HEALTH RANKINGS

MERCER COUNTY Grove City Medical Center County Health Rankings - Health Factors					
	Mercer County 2015	Mercer County 2018	PA 2018	Top US Performers 2018	
Health Behaviors					
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	39	38	↓	18.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	23.0%	17.0%	↓	30.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	32.0%	30.0%	↓	8.2	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	7.7	7.9	↑	24.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	26.0%	27.0%	↑	68.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	85.0%	45.0%	↓	21.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	13.0%	19.0%	↑	30.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	34.0%	29.0%	↓	418.1	145.1
Teen births - Female population, ages 15-19	368.0	379.5	↑	21.0	15.0
Clinical Care					
Uninsured adults - Percent of population under age 65 without health insurance	27.0	23.0	↓	8.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	31	45	↑	1,230	1,030
Dentists - Number of population for every one dentist	1,361	1,460	↑	1,480	1,280
Mental health providers - Number of population for every one mental health provider	1,888	1,790	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	682	660	↓	52.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	69.0	58.0	↓	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	81.0%	81.0%	—	65.0%	71.0%
Social & Economic Factors					
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	39	36	↓	85.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	90.0%	93.0%	↑	64.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	54.6%	57.0%	↑	5.4%	3.2%
Children in poverty - Percent of children under age 18 in poverty	8.0%	6.0%	↓	18.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	22.0%	26.0%	↑	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	4.2	4.2	—	34.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	31.0%	32.0%	↑	12.1	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	16.8	16.1	↓	333.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	215.0	230.0	↑	76.0	55.0
Physical Environment					
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	46	39	↓	10.4	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	14.0	10.8	↓	N/A	N/A
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	0.0%	Yes	↑	15.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	12.0%	13.0%	↑	76.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	82.0%	82.0%	—	36.0%	15.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	25.0%	23.0%	↓	36.0%	15.0%

* Rank out of 67 Pennsylvania counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org

BUTLER COUNTY Grove City Medical Center County Health Rankings - Health Factors					
	Butler County 2015	Butler County 2018		PA 2018	Top US Performers 2018
Health Behaviors * 7 7 —					
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	14.0%	↓	18.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	30.0%	28.0%	↓	30.0%	26.0%
Food environment index[^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.5	8.6	↑	8.2	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	23.0%	22.0%	↓	24.0%	20.0%
Access to exercise opportunities[^] - Percentage of population with adequate access to locations for physical activity	79.0%	42.0%	↓	68.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14.0%	22.0%	↑	21.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	27.0%	27.0%	—	30.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	178.0	208.7	↑	418.1	145.1
Teen births - Female population, ages 15-19	15.0	12.0	↓	21.0	15.0
Clinical Care * 15 10 ↓					
Uninsured adults - Percent of population under age 65 without health insurance	9.0%	5.0%	↓	8.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,850	1,620	↓	1,230	1,030
Dentists - Number of population for every one dentist	1,641	1,440	↓	1,480	1,280
Mental health providers - Number of population for every one mental health provider	851	740	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.0	50.0	↓	52.0	35.0
Diabetic screening[^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	86.0%	85.0%	↓	86.0%	91.0%
Mammography screening[^] - Percent of female Medicare enrollees that receive mammography screening	57.8%	61.0%	↑	65.0%	71.0%
Social & Economic Factors * 3 6 ↑					
High school graduation[^] - Percent of ninth grade cohort that graduates in 4 years	93.0%	95.0%	↑	85.0%	95.0%
Some college[^] - Percent of adults aged 25-44 years with some post-secondary education	69.5%	73.0%	↑	64.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	6.3%	5.1%	↓	5.4%	3.2%
Children in poverty - Percent of children under age 18 in poverty	10.0%	9.0%	↓	18.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.5	↑	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	21.0%	21.0%	—	34.0%	20.0%
Social associations[^] - Number of membership associations per 10,000 population	13.1	12.9	↓	12.1	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	124.0	100.0	↓	333.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	57.0	71.0	↑	76.0	55.0
Physical Environment * 56 61 ↑					
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	14.0	11.8	↓	10.4	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least one health-based violation	1.0%	Yes	↑	N/A	N/A
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	12.0%	↑	15.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	84.0%	84.0%	—	76.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	39.0%	41.0%	↑	36.0%	15.0%

* Rank out of 67 Pennsylvania counties

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

Note: N/A indicates unreliable or missing data

Source: CountyHealthRankings.org



LAWRENCE COUNTY
Grove City Medical Center
County Health Rankings - Health Factors

	Lawrence County 2015	Lawrence County 2018		PA 2018	Top US Performers 2018
<i>Health Behaviors</i>	*	37	58	↑	
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	21.0%	18.0%	↓	18.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	33.0%	32.0%	↓	30.0%	26.0%
Food environment index^A - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	7.2	↑	8.2	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	27.0%	24.0%	↓	24.0%	20.0%
Access to exercise opportunities^A - Percentage of population with adequate access to locations for physical activity	77.0%	52.0%	↓	68.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	11.0%	19.0%	↑	21.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	32.0%	20.0%	↓	30.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	309.0	330.1	↑	418.1	145.1
Teen births - Female population, ages 15-19	32.0	28.0	↓	21.0	15.0
<i>Clinical Care</i>	*	58	63	↑	
Uninsured adults - Percent of population under age 65 without health insurance	12.0%	7.0%	↓	8.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	2,090	2,260	↑	1,230	1,030
Dentists - Number of population for every one dentist	1,901	1,820	↓	1,480	1,280
Mental health providers - Number of population for every one mental health provider	961	980	↑	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	91.0	79.0	↓	52.0	35.0
Diabetic screening^A - Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	82.0%	—	86.0%	91.0%
Mammography screening^A - Percent of female Medicare enrollees that receive mammography screening	62.3%	58.0%	↓	65.0%	71.0%
<i>Social & Economic Factors</i>	*	44	50	↑	
High school graduation^A - Percent of ninth grade cohort that graduates in 4 years	91.0%	93.0%	↑	85.0%	95.0%
Some college^A - Percent of adults aged 25-44 years with some post-secondary education	57.1%	61.0%	↑	64.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	7.7%	6.8%	↓	5.4%	3.2%
Children in poverty - Percent of children under age 18 in poverty	21.0%	21.0%	—	18.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	4.7	↑	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	37.0%	38.0%	↑	34.0%	20.0%
Social associations^A - Number of membership associations per 10,000 population	17.2	17.6	↑	12.1	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	454.0	350.0	↓	333.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	76.0	99.0	↑	76.0	55.0
<i>Physical Environment</i>	*	61	26	↓	
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	11.1	11.0	↓	10.1	6.7

at 2019

VENANGO COUNTY Grove City Medical Center County Health Rankings - Health Factors					
	Venango County 2015	Venango County 2018		PA 2018	Top US Performers 2018
Health Behaviors * 46 43 ↓					
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	26.0%	17.0%	↓	18.0%	14.0%
Adult obesity - Percent of adults that report a BMI >= 30	33.0%	34.0%	↑	30.0%	26.0%
Food environment index [^] - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.0	8.2	↑	8.2	8.6
Physical inactivity - Percent of adults aged 20 and over reporting no leisure time physical activity	26.0%	22.0%	↓	24.0%	20.0%
Access to exercise opportunities [^] - Percentage of population with adequate access to locations for physical activity	66.0%	47.0%	↓	68.0%	91.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	16.0%	19.0%	↑	21.0%	13.0%
Alcohol-impaired driving deaths - Percent of motor vehicle crash deaths with alcohol involvement	18.0%	27.0%	↑	30.0%	13.0%
Sexually transmitted infections - Chlamydia rate per 100K population	278.0	257.8	↓	418.1	145.1
Teen births - Female population, ages 15-19	37.0	33.0	↓	21.0	15.0
Clinical Care * 36 36 —					
Uninsured adults - Percent of population under age 65 without health insurance	12.0%	7.0%	↓	8.0%	6.0%
Primary care physicians - Number of population for every one primary care physician	1,467	1,660	↑	1,230	1,030
Dentists - Number of population for every one dentist	2,695	2,390	↓	1,480	1,280
Mental health providers - Number of population for every one mental health provider	980	800	↓	560	330
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	78.0	71.0	↓	52.0	35.0
Diabetic screening [^] - Percent of diabetic Medicare enrollees that receive HbA1c screening	87.0%	86.0%	↓	86.0%	91.0%
Mammography screening [^] - Percent of female Medicare enrollees that receive mammography screening	67.8%	69.0%	↑	65.0%	71.0%
Social & Economic Factors * 45 47 ↑					
High school graduation [^] - Percent of ninth grade cohort that graduates in 4 years	89.0%	90.0%	↑	85.0%	95.0%
Some college [^] - Percent of adults aged 25-44 years with some post-secondary education	51.1%	50.0%	↓	64.0%	72.0%
Unemployment - Percent of population age 16+ unemployed but seeking work	7.9%	7.3%	↓	5.4%	3.2%
Children in poverty - Percent of children under age 18 in poverty	25.0%	22.0%	↓	18.0%	12.0%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	3.9	4.0	↑	4.8	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	37.0%	33.0%	↓	34.0%	20.0%
Social associations [^] - Number of membership associations per 10,000 population	20.6	20.1	↓	12.1	22.1
Violent Crime Rate - Violent crime rate per 100,000 population (age-adjusted)	135.0	113.0	↓	333.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	76.0	77.0	↑	76.0	55.0
Physical Environment * 49 5 ↓					
Air pollution-particulate matter days - Average daily measure of fine particulate matter in micrograms per cubic meter	13.8	10.2	↓	10.4	6.7
Drinking Water Violations - Percentage of population getting water from a public water system with at least on health-based violation	12.0%	No	↓	N/A	N/A
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	11.0%	11.0%	—	15.0%	9.0%
Driving alone to work - Percentage of the workforce that drives alone to work	80.0%	80.0%	—	76.0%	72.0%
Long commute, driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	25.0%	27.0%	↑	36.0%	15.0%

* Rank out of 67 Pennsylvania counties

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

Note: N/A indicates unreliable or missing data

Source: Countyhealthrankings.org