

# 2013 COMMUNITY HEALTH NEEDS ASSESSMENT



ALLEGHENY VALLEY  
HOSPITAL



(This page intentionally left blank)

# Table of Contents

	EXECUTIVE SUMMARY
	HISTORY AND ACCOMPLISHMENTS
	METHODOLOGY
	DEMOGRAPHICS
	ACCESS TO QUALITY HEALTH CARE
	CHRONIC DISEASE
	HEALTHY ENVIRONMENT
	HEALTHY MOTHERS, BABIES, CHILDREN
	INFECTIOUS DISEASE
	MENTAL HEALTH AND SUBSTANCE ABUSE
	PHYSICAL ACTIVITY AND NUTRITION
	TOBACCO USE
	INJURY
	CONCLUSIONS
	PRIORITIZATION AND IMPLEMENTATION



(This page intentionally left blank)



## TABLE OF CONTENTS

---

Executive Summary.....	iii
Background and Community Benefit.....	3
Methodology.....	9
Service area definition .....	14
Asset inventory .....	17
Qualitative and quantitative data collection .....	17
Quantitative data .....	18
Qualitative data .....	20
Hospital utilization data .....	23
Needs/issues prioritization process.....	27
Implementation strategy planning process.....	28
Demographics .....	31
Community assets.....	41
West Penn Allegheny Health System.....	41
Allegheny Valley Hospital .....	59
Canonsburg General Hospital .....	65
Demographic conclusions .....	72
Access to Quality Health Care.....	75
Focus group input .....	101
Stakeholder input.....	107
Access conclusions.....	108
Chronic Disease.....	111
Focus group input .....	144
Stakeholder input.....	145
Chronic disease conclusions .....	146
Healthy Environment .....	149
Marcellus shale hydraulic fracturing .....	161
Focus group input .....	174
Stakeholder input.....	177
Healthy environment conclusions .....	179
Healthy Mothers, Babies and Children .....	181
Childhood obesity .....	200
Focus group input .....	208
Stakeholder input.....	210
Healthy mothers, babies and children conclusions.....	211



Infectious Disease .....	215
Focus group input .....	223
Stakeholder input.....	225
Infectious disease conclusions.....	226
Mental Health and Substance Abuse.....	229
Focus group input .....	246
Stakeholder input.....	249
Mental health and substance abuse conclusions.....	250
Physical Activity and Nutrition.....	253
Focus group input .....	262
Stakeholder input.....	264
Physical activity and nutrition conclusions.....	265
Tobacco Use.....	267
Focus group input .....	277
Stakeholder input.....	279
Tobacco use conclusions.....	280
Injury.....	283
Focus group input .....	292
Stakeholder input.....	294
Injury conclusions .....	295
Conclusions .....	299
Access conclusions.....	304
Chronic disease conclusions .....	305
Healthy environment conclusions .....	307
Healthy mothers, babies and children conclusions.....	308
Infectious disease conclusions.....	309
Mental health and substance abuse conclusions.....	310
Physical activity and nutrition conclusions.....	311
Tobacco use conclusions.....	312
Injury conclusions .....	313
Strategy Development and Implementation .....	315
Appendix .....	325
Appendix A: interview guide.....	325
Glossary of Terms .....	329



## TABLE OF TABLES

---

Table 1...Steering committee membership .....	13
Table 2...Steering committee dates and agenda topics.....	14
Table 3...Individual hospital steering committee meeting dates .....	14
Table 4...Stakeholders interviewed .....	21
Table 5...Focus group meeting summary .....	22
Table 6...Classification system employed for inpatient ambulatory care sensitive conditions .....	23
Table 7...Emergency department ambulatory care sensitive conditions.....	25
Table 8...Prioritization criteria .....	27
Table 9...WPAHS primary service area population by county.....	34
Table 10..WPAHS primary service area Alzheimer’s care facilities-table 1 of 2.....	42
Table 11..WPAHS primary service area Alzheimer’s care facilities-table 2 of 2.....	43
Table 12..WPAHS primary service area skilled nursing facilities-table 1 of 3 .....	45
Table 13..WPAHS primary service area skilled nursing facilities-table 2 of 3 .....	46
Table 14..WPAHS primary service area skilled nursing facilities-table 3 of 3 .....	47
Table 15..WPAHS primary service area home healthcare services-table 1 of 3 .....	49
Table 16..WPAHS primary service area home healthcare services-table 2 of 3 .....	50
Table 17..WPAHS primary service area home healthcare services-table 3 of 3 .....	51
Table 18..WPAHS primary service area medical services and providers-table 1 of 4.....	53
Table 19..WPAHS primary service area medical services and providers-table 2 of 4 .....	54
Table 20..WPAHS primary service area medical services and providers-table 3 of 4 .....	55
Table 21..WPAHS primary service area medical services and providers-table 4 of 4 .....	56
Table 22..WPAHS primary service area durable medical equipment suppliers .....	58
Table 23..AVH community assets-table 1 of 5.....	60
Table 24..AVH community assets-table 2 of 5.....	61
Table 25..AVH community assets-table 3 of 5.....	62
Table 26..AVH community assets-table 4 of 5.....	63
Table 27..AVH community assets-table 5 of 5.....	64
Table 28..CGH community assets-table 1 of 4.....	66
Table 29..CGH community assets-table 2 of 4.....	67
Table 30..CGH community assets-table 3 of 4.....	68
Table 31..CGH community assets-table 4 of 4.....	69
Table 32..CGH home care referral assets .....	71
Table 33..Inpatient ACSC: hospital discharge rates per 10,000.....	96
Table 34..Emergency department visits: ACSC-acute conditions.....	97
Table 35..Emergency department visits: ACSC-avoidable conditions .....	98
Table 36..Emergency department visits: ACSC-chronic conditions.....	99



Table 37..Total emergency department visits with ACSC..... 100

Table 38..National air quality standards..... 160

Table 39..Allegheny county consumers served by housing programs 2010-1011..... 170

Table 40..Homeless population: Armstrong, Butler, Washington and Westmoreland counties-  
table 1 of 2..... 171

Table 41..Homeless population: Armstrong, Butler, Washington and Westmoreland counties-  
table 2 of 2..... 172

Table 42..Gambling addictions for 2010-2011 ..... 173

Table 43..Gambling addiction by gender 2011..... 173

Table 44..Allegheny County youth reporting ten high-risk behavior patterns-table 1 of 2 ..... 196

Table 45..Allegheny County youth reporting ten high risk behavior patterns-table 2 of 2 ..... 197

Table 46..Percent of youth who reported 15 additional risk-taking behaviors-table 1 of 2 ..... 198

Table 47..Percent of youth who reported 15 additional risk-taking behaviors-table 2 of 2 ..... 199

Table 48..Prevalence of substance abuse disorders..... 241

Table 49..Positivity rates by testing reason-urine drug tests (for general U.S. workforce) ..... 242

Table 50..Allegheny County substance use by gender and grade in past 30 days..... 243

Table 51..Allegheny County alcohol use by grade in past 30 days..... 244

Table 52..Allegheny County tobacco use by grade in past 30 days..... 244

Table 53..Allegheny County: percent of youth risk-taking behavior related to substance abuse ... 245

Table 54..Free and reduced price lunch ..... 259

Table 55..School districts with 60 percent or higher of children eligible for free/reduced lunch  
programs ..... 260

Table 56..School districts with 35-60 percent of children eligible for free/reduced lunch  
programs ..... 260

Table 57..Grocery store access ..... 261

Table 58..Inpatient burn discharge rate ..... 289

Table 59..Head injury hospitalization rate..... 290

Table 60..Domestic violence fatalities by county rate..... 291

Table 61..Overall community issues ..... 317

Table 62..Prioritization criteria ..... 318

Table 63..Hospital steering committee prioritization meetings..... 318

Table 64..Overall prioritization results by hospital..... 319

Table 65..WPAHS aggregate prioritization results..... 319





## TABLE OF FIGURES

Figure 1....Schematic of the community health needs assessment process .....	12
Figure 2....West Penn Allegheny Health System primary service area map.....	15
Figure 3....WPAHS primary service area demographics.....	33
Figure 4... Primary service area poverty level.....	35
Figure 5....Primary service area by education.....	36
Figure 6....Primary service area population by age group and gender.....	37
Figure 7....WPAHS primary service area: Average household income .....	38
Figure 8....WPAHS primary service area: Population by race and ethnicity.....	39
Figure 9....WPAHS primary service area: Travel time to work (in minutes) .....	40
Figure 10..WPAHS primary service area Alzheimer’s care facilities .....	41
Figure 11..WPAHS primary service area skilled nursing facilities.....	44
Figure 12..WPAHS primary service area home healthcare services.....	48
Figure 13..WPAHS primary service area medical services and providers .....	52
Figure 14..WPAHS primary service area durable medical equipment suppliers.....	57
Figure 15..AVH community assets .....	59
Figure 16..CGH community assets .....	65
Figure 17..CGH home care referral assets .....	70
Figure 18..BRFSS-Percentage of all adults who reported poor or fair health .....	77
Figure 19..BRFSS-Percent of adults who reported their physical health not good for 1 + days in the past month .....	78
Figure 20..BRFSS-Percent of adults who reported poor physical or mental health that prevented them from usual activities 1+ days in the past month.....	79
Figure 21..BRFSS-Percentage of adults who reported no health insurance.....	80
Figure 22..BRFSS-Percentage of all adults who reported not having a personal healthcare provider .....	81
Figure 23..BRFSS-Percent of adults who reported no personal healthcare provider age 18-44 .....	82
Figure 24..BRFSS-Percentage of all adults who had a routine check-up in the past 2 years .....	83
Figure 25..BRFSS-Percentage of adults who needed to see a doctor but could not because of cost in the past year .....	84
Figure 26..Mammogram screenings .....	85
Figure 27..Health literacy: Reading.....	86
Figure 28..Health literacy: Understanding.....	86
Figure 29..Health literacy: Forms.....	87
Figure 30..Low health literacy rates .....	88
Figure 31..Allegheny County Public Transit .....	90
Figure 32..Westmoreland County Public Transit .....	91
Figure 33..Armstrong County Public Transit.....	92



Figure 34..Beaver County Public Transit..... 93

Figure 35..Butler County Public Transit ..... 94

Figure 36..Washington County Public Transit..... 95

Figure 37..Focus groups: Overall health status ..... 101

Figure 38..Focus groups: Overall community health status ..... 102

Figure 39..Focus groups: Personal health status ..... 103

Figure 40..Access to quality healthcare ..... 104

Figure 41..Access to quality healthcare-additional needs..... 105

Figure 42..Breast cancer incidence: male and female..... 113

Figure 43..Breast cancer mortality rate male and female ..... 114

Figure 44..Bronchus and lung cancer incidence ..... 115

Figure 45..Bronchus and lung cancer mortality rate ..... 116

Figure 46..Colorectal cancer incidence rate ..... 117

Figure 47..Colorectal cancer mortality rate..... 118

Figure 48..Ovarian cancer incidence rate ..... 119

Figure 49..Ovarian cancer mortality rate..... 120

Figure 50..Prostate cancer incidence rate ..... 121

Figure 51..Prostate cancer mortality rate..... 122

Figure 52..Adults who were ever told they have heart disease-age GE 35..... 123

Figure 53..Adults who were ever told they have heart disease-age GE 65..... 124

Figure 54..Heart disease mortality rate ..... 125

Figure 55..BRFSS-Percentage of adults who were ever told they had a heart attack-age GE 35 .... 126

Figure 56..BRFSS-Percentage of adults who were told they ever had a heart attack-age GE 65 .... 127

Figure 57..Heart attack mortality rate ..... 128

Figure 58..Coronary heart disease mortality rate ..... 129

Figure 59..Cardiovascular mortality rate ..... 130

Figure 60..BRFSS-Percentage of adults who were ever told they had a stroke-age GE 35..... 131

Figure 61..Cerebrovascular mortality rate..... 132

Figure 62..Percentage of adults who were ever told they had a heart attack, heart disease, or stroke age GE 35..... 133

Figure 63..Percentage of adults who were ever told they had a heart attack, heart disease, stroke age GE 65..... 134

Figure 64..Percentage of all adults overweight (BMI 25-30)..... 135

Figure 65..Percentage of all adults obese (BMI 30-99.99) ..... 136

Figure 66..BRFSS-Percentage of adults ever told they have diabetes..... 137

Figure 67..Diabetes mortality rate..... 138

Figure 68..Student health: type 1 diabetes ..... 139

Figure 69..Student health: type 2 diabetes ..... 140

Figure 70..Focus groups: Chronic disease..... 142



Figure 71..Focus groups: Chronic disease.....	143
Figure 72..Adults who have ever been told they have asthma .....	151
Figure 73..Adults who currently have asthma.....	152
Figure 74..Student health: Medically diagnosed asthma .....	153
Figure 75..Asthma hospitalizations 2007.....	154
Figure 76..Infant mortality rates-2008 .....	155
Figure 77..All cancers 1990-1994.....	156
Figure 78..All cancers 2005-2009.....	157
Figure 79..Air quality-greater than standard ozone days-2006 .....	158
Figure 80..Number of air pollution ozone days .....	159
Figure 81..Variations in neighborhood social conditions and built environments by parent education level .....	165
Figure 82..High school graduation rate .....	166
Figure 83..Unemployment rate .....	167
Figure 84..Children living in poverty.....	168
Figure 85..Children living in single parent households.....	169
Figure 86..Focus groups: Healthy environment.....	175
Figure 87..Prenatal care first trimester.....	184
Figure 88..Non-smoking mothers during pregnancy .....	185
Figure 89..Mothers who reported not smoking three months prior to pregnancy .....	186
Figure 90..Low birth-weight babies born.....	187
Figure 91..Infant mortality rate .....	188
Figure 92..Infant mortality by race .....	189
Figure 93..Mothers receiving WIC assistance.....	190
Figure 94..Mothers receiving Medicaid assistance .....	191
Figure 95..Mothers breastfeeding .....	192
Figure 96..Teen pregnancy rate (all ages).....	193
Figure 97..Teen pregnancy rate, ages 15-19 .....	194
Figure 98..Teen pregnancies resulting in a live birth, ages 15-19 .....	195
Figure 99..Childhood obesity by environment .....	200
Figure 100.Socioeconomic factors affecting obesity.....	201
Figure 101.Neighborhood versus U.S. childhood overweight prevalence .....	202
Figure 102.Neighborhood versus obesity prevalence .....	203
Figure 103.BMI for age percentiles, grades K-6.....	204
Figure 104.BMI for age percentiles, grades 7-12.....	205
Figure 105.Student with diagnosed ADHD .....	206
Figure 106.Allegheny County Head Start statistics.....	207
Figure 107.Focus groups: Health mothers, babies and children .....	209
Figure 108.BRFSS-Percentage of adults who had a pneumonia vaccine, age GE 65.....	217



Figure 109. Influenza and pneumonia mortality rates ..... 218

Figure 110. Chlamydia incidence rate ..... 219

Figure 111. Gonorrhea incidence rate ..... 220

Figure 112. Syphilis incidence rate ..... 221

Figure 113. BRFSS-Percentage of adults age 18 to 64 ever tested for HIV ..... 222

Figure 114. Infectious disease ..... 224

Figure 115. BRFSS-Percentage of adults satisfied or very satisfied with their life ..... 232

Figure 116. BRFSS-Percentage of adults who reported never or rarely received the social and emotional support they needed ..... 233

Figure 117. BRFSS-Percentage of adults who reported their mental health as not good 1+ days in the past month ..... 234

Figure 118. BRFSS-Percentage of all adults who reported binge drinking (5 drinks for men and 4 drinks for women on one occasion) ..... 235

Figure 119. BRFSS-Percentage of adults ages 45-64 who reported binge drinking by age (5 drinks for men and 4 drinks for women on one occasion) ..... 236

Figure 120. BRFSS-Percentage of all adults at risk for heavy drinking (2 drinks for men and 1 drink for women daily) ..... 237

Figure 121. BRFSS-Percentage of adults who reported chronic drinking (2 or more drinks daily for the past 30 day) ..... 238

Figure 122. Drug-induced mortality rates ..... 239

Figure 123. Mental and behavioral disorders mortality rates ..... 240

Figure 124. Mental health and substance abuse ..... 247

Figure 125. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month ..... 255

Figure 126. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month by gender ..... 256

Figure 127. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month by education ..... 257

Figure 128. All restaurants that are fast food restaurants ..... 258

Figure 129. Focus groups: Physical activity and nutrition ..... 262

Figure 130. BRFSS-Percentage of adults who reported never being a smoker ..... 270

Figure 131. BRFSS-Percentage of adults who reported being a former smoker ..... 271

Figure 132. BRFSS-Percentage of adults who quit smoking at least 1 day in the past year (out of adults who smoke everyday) ..... 272

Figure 133. BRFSS-Percentage of adults who reported being a current smoker ..... 273

Figure 134. BRFSS-Percentage of adults who reported being a current smoker by gender ..... 274

Figure 135. BRFSS-Percentage of adults who reported being an everyday smoker ..... 275

Figure 136. Emphysema mortality rates ..... 276

Figure 137. Focus groups: Tobacco use ..... 277



Figure 138.Mortality rate for auto accidents ..... 285

Figure 139.Suicide mortality rate ..... 286

Figure 140.Mortality associated with falls rate ..... 287

Figure 141.Firearm mortality rate (accidental, suicide and homicide) ..... 288

Figure 142.Focus groups: Injury..... 293

Figure 143.Top overall community health issues ..... 301



(This page intentionally left blank)

# EXECUTIVE SUMMARY





(This page intentionally left blank)



## Message to the Community

Improving the health of western Pennsylvanians is not only in the best interest of our communities and the region, but also the purpose of the West Penn Allegheny Health System (WPAHS). In order to improve the health of western Pennsylvanians, we need to understand their health needs. To gain a better understanding of these needs, WPAHS conducted a community health needs assessment (CHNA) in 2012-2013. Integral to the WPAHS needs assessment was the participation and support of community leaders and representatives. Through steering committee participation, stakeholder interviews and focus groups, these individuals, representing a broad spectrum of perspectives, organizations and fields, generously volunteered their time and shared invaluable insight. West Penn Allegheny thanks you for your support and participation! The West Penn Allegheny needs assessment was and continues to be a collaborative effort, with the communities WPAHS serves at the core.

The WPAHS 2012-2013 CHNA is described in a full report that meets the requirements of the new Patient Protection and Affordable Care Act for state licensed tax-exempt 501(c) (3) hospitals. The report identifies health issues and needs in the communities WPAHS serves. In addition, the report provides critical information to WPAHS hospitals and others in a position to make a positive impact on the health of our region's residents. The results of the CHNA enable WPAHS and its five hospitals, Allegheny General Hospital (AGH), Allegheny Valley Hospital<sup>1</sup> (AVH),

Canonsburg General Hospital (CGH), Forbes Regional Hospital (FRH) and The Western Pennsylvania Hospital (WPH), along with other community agencies and providers, to set priorities, develop interventions and direct resources to improve the health of people living in western Pennsylvania.

This document contains the Executive Summary of the full WPAHS 2012-2013 CHNA report. This summary and the comprehensive data in the full CHNA report will serve not only as a useful community resource, but also encourage and catalyze additional activities and collaborative efforts to improve community health.



**Purpose is to improve the health of the people in the Western Pennsylvania region**

---

<sup>1</sup> Alle-Kiski Medical Center is the legal and taxable name of Allegheny Valley Hospital. Allegheny Valley Hospital is the DBA name and used throughout this Executive Summary and the full WPAHS CHNA report.

## Executive Summary of WPAHS 2012-2013 CHNA Report

The new federal Patient Protection and Affordable Care Act requires state licensed tax-exempt 501(c) (3) hospitals to perform a community health needs assessment (CHNA) every three years and to find ways to meet the outstanding needs identified by the assessment.

The goal of the West Penn Allegheny Health System (WPAHS) 2012-2013 CHNA was to identify the health needs and issues of the WPAHS service area. The primary WPAHS service area is the following six Pennsylvania counties: Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland.

This Executive Summary outlines the process and outcomes of the WPAHS 2012-2013 CHNA as documented in the full report. It is intended to serve as a valuable overview for public health and healthcare providers, policy makers, social service agencies, and community groups and organizations, such as religious institutions, businesses, and consumers, who are interested in improving the health status of the community and region.

This Executive Summary includes the following sections: Methods, Key Findings, and Strategy Development/Implementation.

West Penn Allegheny Health System has made its full 2012-2013 CHNA report publically available. It can be accessed [<here—add link to full report>](#)



## METHODS

To assist with the CHNA process, WPAHS retained Strategy Solutions, Inc., a planning and research firm with an office in Pittsburgh, whose mission is to create healthy communities. The process for the CHNA followed best practices as outlined by the Association of Community Health Improvement Toolkit.

The CHNA process was also designed to ensure compliance with the Internal Revenue Service (IRS) CHNA guidelines for charitable 501(c) (3) tax-exempt hospitals.

For its 2012-2013 CHNA, WPAHS formed system and hospital-specific steering committees that consisted of:

- Community leaders representing the broad interests of the community as well as underserved constituencies
- Individuals with expertise in public health
- Hospital board members
- Physicians
- Internal system and hospital leaders and managers

The steering committees met five times between July 2012 and April 2013 to provide guidance on the various components of the CHNA.

This CHNA process was designed to examine the following areas in detail:

- \* Demographics
- \* Access to Quality Healthcare
- \* Chronic Disease
- \* Healthy Environment
- \* Healthy Mothers, Babies and Children
- \* Infectious Disease
- \* Mental Health and Substance Abuse
- \* Physical Activity and Nutrition
- \* Tobacco Use
- \* Injury

### Definition of Community

Consistent with IRS guidelines at the time of publication, West Penn Allegheny defined community by geographic location, specifically, by location as the six Pennsylvania counties that comprise WPAHS' primary service area: Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland counties.



### **Qualitative and Quantitative Data Collection**

Primary (qualitative) data were collected specifically for this assessment from information presented in:

- 18 community focus groups and
- 31 in-depth stakeholder interviews

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise about the health of a specific population group or issue, a specific community or the region overall.

Secondary (quantitative) data collected included demographic and socioeconomic data, collected from the following sources:

- Nielsen/Claritas via Truven Health Analytics (<https://truvenhealth.com>)
- Pennsylvania Departments of Health and Vital Statistics
- Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention
- Healthy People 2020 goals from HealthyPeople.gov
- Selected inpatient and outpatient utilization data as indicators of appropriate access to health care were obtained from WPAHS Decision Support and from the Pennsylvania Health Care Cost Containment Council (PHC4) via Truven Health Analytics
- US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

**Interviews and focus groups captured personal perspectives**

### **Data Analysis**

The primary and secondary data were analyzed to identify distinct issues, needs and possible priority areas for intervention.

## KEY FINDINGS

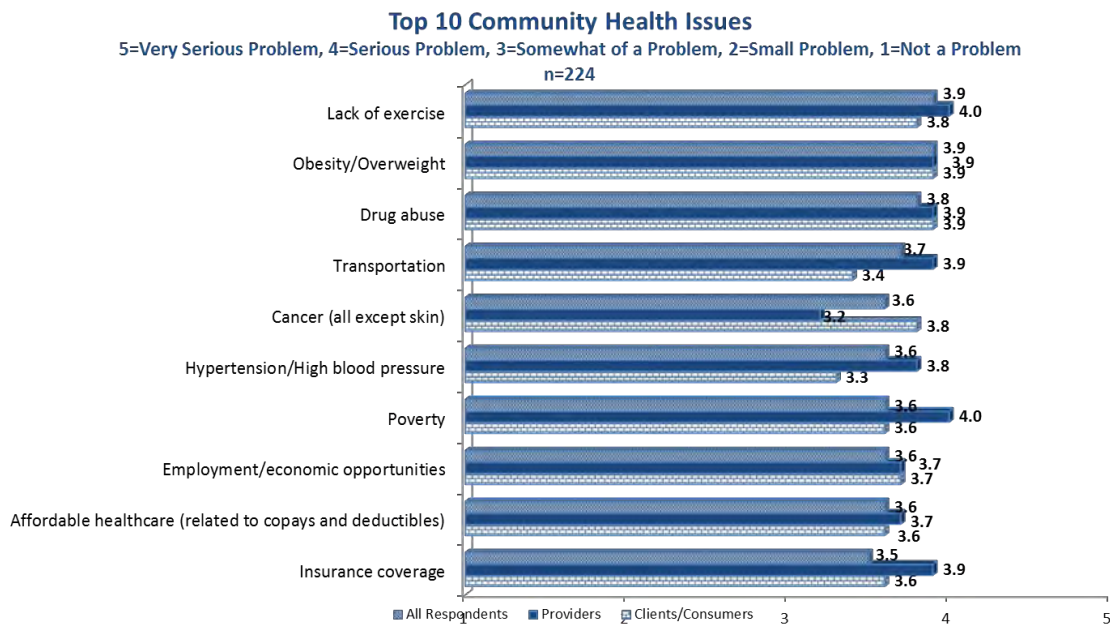
Key findings of the WPAHS 2012-2013 CHNA are summarized in this section. For complete findings, please see the full WPAHS 2012-2013 CHNA Report.

### Primary (Qualitative) Research Results

Although data was collected from 31 interviews and 18 focus groups from across the region with various community constituencies, researchers used a convenience sample and participants are not representative of the population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Participants of the focus groups were classified as clients and consumers or as providers (which included professionals representing a particular population or area of expertise).

Using an electronic polling system, focus group participants rated the extent to which a list of possible issues was a problem in the community. Derived from the health indicators explored for the assessment including access, chronic disease, healthy environment, healthy mothers, babies and children, infectious disease, mental health and substance abuse, physical activity and nutrition, tobacco use and injury, the list of possible issues was extensive. All items were rated on a five point scale where five=very serious problem, four=serious problem, three=somewhat of a problem, two=small problem, one=not a problem. Out of the extensive list of issues considered, the highest rated problems identified across all groups are:





The health issues of greatest concern to focus group participants were discussed in greater depth. Similar to focus group participants, stakeholders interviewed discussed their perceptions of health needs and this group also identified chronic conditions as well as transportation and other underlying socioeconomic determinants of health as of greatest concern.

For a more detailed description of focus group discussion and stakeholder interviews, refer to the full CHNA report.

### **Secondary (Quantitative) Research Results (Demographics, Behavioral Risk Factor Surveillance Survey, and Public Health Data)**

The secondary (quantitative) research results that were analyzed for this report included demographics, Behavioral Risk Factor Surveillance Survey (BRFSS) results and disease incidence and mortality indicators. More specifically, detailed analysis in the following areas was performed:

- access to quality healthcare
- chronic disease
- healthy environment
- healthy mothers, babies and children
- infectious disease
- mental health and substance abuse
- physical activity and nutrition
- tobacco use
- injury.

The service area data was compared to state and national data where possible for this analysis.

Tables on the following pages highlight key findings, by county:

The first two tables show BRFSS data (BRFSS reports combined data for Armstrong, Indiana, Cambria and Somerset counties and for Fayette, Greene and Washington; Armstrong and Washington are the only counties in the WPAHS primary service area, however, it is reported with the other counties due to this limitation of the data).

The next three tables show public health data.

The last table shows other indicators.

The comparisons of WPAHS service area data with state and national data show the region's data to be comparable to state data, with some slight variability across the counties, as indicated by the color coding.

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

**BRFSS findings for Access, Chronic disease, Environment**

	Allegheny 2008-10	Westmoreland 2008-10	Indiana, Cambria, Somerset, Armstrong 2008-10	Beaver, Butler 2008-10	Fayette, Greene, Washington 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
Behavior Risk											
ACCESS											
Reported Health Poor or Fair	14.0%	16.0%	20.0%	14.0%	22.0%	15.0%	14.7%		+/-		
Physical Health Not Good for 1+ Days in the Past Month	36.0%	33.0%	40.0%	36.0%	38.0%	37.0%			+/-		
Poor Physical or Mental Health Preventing Usual Activities in the Past Month	21.0%	19.0%	23.0%	20.0%	20.0%	21.0%			+/-		
No Health Insurance	12.0%	13.0%	14.0%	14.0%	15.0%	13.0%	17.8%		+/-	-	
No Personal Health Care Provider	13.0%	8.0%	10.0%	12.0%	10.0%	11.0%		16.1%	+/-		-
Routine Check-up Within the Past 2 Years	83.0%	84.0%	80.0%	81.0%	85.0%	83.0%		90% (annual)	+/-		-
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	7.0%	8.0%	10.0%	10.0%	11.0%		4.2%	-		+
CHRONIC DISEASE											
Ever Told They Have Heart Disease- Age 35 and older	6.0%	8.0%	9.0%	6.0%	9.0%	7.0%	4.1%		+/-	+	
Ever Told They Have Heart Disease- Age 65 and older	12.0%	18.0%	19.0%	15.0%	20.0%	14.0%			+/-		
Ever Told They Had a Heart Attack- Age 35 and Older	6.0%	8.0%	9.0%	7.0%	10.0%	6.0%	4.2%		+	+	
Ever Told They Had a Heart Attack- Age 65 and Older	13.0%	21.0%	19.0%	18.0%	20.0%	14.0%			+/-		
Ever Told They Had a Stroke- Age 35 and older	3.0%	5.0%	4.0%	3.0%	4.0%	4.0%	2.7%		+/-	+	
Ever Told They Had a MI, Heart Disease, or Stroke- Age GE 65	11.0%	15.0%	15.0%	12.0%	16.0%	12.0%			+/-		
Ever Told They Had a MI, Heart Disease, or Stroke- Age GE 65	23.0%	35.0%	30.0%	26.0%	31.0%	25.0%			+/-		
Overweight (BMI 25-30)	35.0%	41.0%	34.0%	38.0%	36.0%	36.0%	36.2%		+/-	+/-	
Obese (30-99.99)	28.0%	28.0%	37.0%	25.0%	30.0%	28.0%	27.5%	30.6%	+/-	+/-	+/-
Adults Who Were Ever Told They Have Diabetes	9.0%	9.0%	11.0%	9.0%	11.0%	9.0%	8.7%		=/+	+	
HEALTHY ENVIRONMENT											
Adults Who Have Ever Been Told They Have Asthma	15.0%	14.0%	12.0%	11.0%	13.0%	14.0%	13.8%		+/-	+/-	

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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

**BRFSS findings for Infectious disease, Mental health/substance abuse, Physical activity/nutrition, Tobacco use**

	Allegheny 2008-10	Westmoreland 2008-10	Indiana, Cambria, Somerset, Armstrong 2008-10	Beaver, Butler 2008-10	Fayette, Greene, Washington 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
<b>Behavior Risk</b>											
<b>INFECTIOUS DISEASE</b>											
Adults Who Had a Pneumonia Vaccine, Age 65 and older	77.0%	76.0%	69.0%	76.0%	68.0%	70.0%	68.8%	90.0%	+/-	+/-	-
Ever Tested for HIV, Ages 18-64	32.0%	27.0%	23.0%	24.0%	28.0%	34.0%		16.9%	-		+
<b>MENTAL HEALTH AND SUBSTANCE ABUSE</b>											
Satisfied or Very Satisfied With Their Life	95.0%	96.0%	93.0%	96.0%	92.0%	94.0%			+/-		
Never/Rarely Get the Social or Emotional Support They Need	7.0%	9.0%	10.0%	6.0%	10.0%	8.0%			+/-		
Mental Health Not Good 1+ Days in the Past Month	34.0%	33.0%	35.0%	30.0%	37.0%	34.0%			+/-		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women)	19.0%	14.0%	20.0%	15.0%	19.0%	17.0%	15.1%		+/-	+/-	
Reported Binge Drinking, Age 45-64	14.0%	14.0%	14.0%	21.0%	12.0%	13.0%			+/-		
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	6.0%	4.0%	4.0%	4.0%	4.0%	5.0%			+/-		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	6%	5%	6%	4%	5%	6.0%	5.0%	4.2%	-/=	+/-	+/-
<b>PHYSICAL ACTIVITY AND NUTRITION</b>											
No Leisure Time/Physical Activity in the Past Month	24.0%	25.0%	29.0%	25.0%	29.0%	25.0%	23.9%	32.6%	+/-	+	-
No Leisure Time/Physical Activity in the Past Month (Female)	29.0%	27.0%	37.0%	28.0%	32.0%	29.0%			+/-		
No Leisure Time/Physical Activity in the Past Month ( College Degree)	14.0%	14.0%	26.0%	14.0%	14.0%	15.0%			+/-		
<b>TOBACCO USE</b>											
Adults Who Reported Never Being a Smoker	54.0%	57.0%	52.0%	59.0%	50.0%	54.0%	56.6%		+/-	+/-	
Adults Who Reported Being a Former Smoker	28.0%	28.0%	24.0%	24.0%	25.0%	26.0%	25.1%		+/-	+/-	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (daily)	48.0%	49.0%	47.0%	32.0%	52.0%	50.0%			+/-		
Adults Who Reported Being a Current Smoker	18.0%	15.0%	24.0%	18.0%	24.0%	20.0%	17.3%	12.0%	+/-	+/-	+
Adults Who Reported Being a Current Smoker (Female)	18.0%	18.0%	27.0%	18.0%	22.0%	19.0%			+/-		
Adults Who Reported Being An Everyday Smoker	13.0%	12.0%	18.0%	14.0%	20.0%	15.0%	12.4%		+/-	+/-	

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



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

**Public health data by county**

Public Health Data	Allegheny			Armstrong			Trend +/-	Bever			Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2006	2007	2008	2009	2010	2006		2007	2008	2009							
CHRONIC DISEASE																	
Breast Cancer Rate per 100,000	70.3	72.8	79.0	76.1	68.1	59.4	56.5	58.9	68.1	79.2	72.1	72.1	71.5	121.9	41.0		
Breast Cancer Mortality Rate per 100,000	14.3	14.4	14.4	16.1	13.1	14.4	13.1	13.1	14.4	12.3	12.3	12.3	13.1	22.2	20.6		
Bronchus and Lung Cancer Rate per 100,000	73.2	81.6	79.7	76.8	67.1	77.5	57.8	59.3	67.1	76.8	62.5	62.5	69.1				
Bronchus and Lung Cancer Mortality Rate per 100,000	50.6	57.7	54.5	53.4	46.2	66.9	56.4	48.8	46.2	46.6	50.7	58.3	47.6	48.7	45.5		
Colorectal Cancer Rate per 100,000	139.2	196	191	170	159	179.9	262	232	156	131	193	152	185	178	16.9	14.5	
Colorectal Cancer Mortality Rate per 100,000		165.6	145.0	134.7	149.6	179.9	184.4	126.5	149.6	139.6	135.3	107.1	99.5				
Prostate Cancer Mortality Rate per 100,000		24.2	22.2	20.3	19.9	24.2	27.0	27.0	28.9	28.9	27.3	18.6	13.5	25.8			
Heart Disease Mortality Rate per 100,000		222.8	210.7	191.5	185.4	231.3	235.0	220.7	217.4	217.4	230.5	210.4	190.1	185.3			
Heart Attack Mortality Rate per 100,000		162.7	156.4	140.4	135.4	148.8	137.0	134	129.2	134	155.0	142.0	138.5	128.3	100.8		
Cardiovascular Mortality Rate per 100,000		284.8	266.2	243.1	236.4	287.2	294.6	275.9	263.0	263.0	296.8	250.9	246.0	287.2			
Cerebrovascular Mortality Rate per 100,000		46.7	43.3	38.6	39.2	41.4	41.4	49.0	42.0	42.0	49.3	44.3	43.8	39.1			
Diabetes Mortality Rate per 100,000		19.4	19.9	16.2	17.4	32.4	22.5	30.7	19.5	19.5	25.8	21.1	19.4	15.1			
Type I Diabetes, Students		0.30%	0.29%	0.32%		0.37%	0.35%	0.36%			0.33%	0.33%	0.29%				
Type II Diabetes, Students		0.08%	0.07%	0.08%		0.12%	0.12%	0.07%			0.08%	0.08%	0.10%				
Heart Failure Incidence Rate per 100,000																	
Heart Disease Incidence Rate per 100,000																	
HEALTHY ENVIRONMENT																	
Medical Diagnosed Asthma		11.28%	10.95%	4.31%		10.11%	10.18%	5.87%			9.58%	9.32%	4.87%				
HEALTHY MOTHERS, BABIES AND CHILDREN																	
Prenatal Care First Trimester		84.2%	85.6%	87.1%	88.8%	77.0%	76.5%	79.9%	75.5%	77.0%	71.5%	69.8%	71.3%	77.0%			
Non-Smoking Mother During Pregnancy		82.1%	83.0%	83.9%	84.8%	72.1%	70.8%	74.2%	74.9%	74.9%	75.8%	75.9%	74.1%	76.4%			
Low Birth-Weight Babies Born		8.6%	8.9%	8.7%	8.0%	6.0%	7.5%	8.8%	6.6%	6.6%	8.1%	7.6%	7.0%	7.3%			
Mothers Reporting WIC Assistance		31.4%	31.3%	32.1%	31.5%	44.1%	47.7%	46.7%	46.5%	46.5%	38.6%	42.4%	41.6%	43.8%			
Mothers Reporting Medicaid Assistance		32.6%	33.6%	32.0%	22.9%	36.5%	40.1%	35.5%	35.0%	35.0%	32.4%	34.9%	36.2%	35.9%			
Breastfeeding		62.9%	64.0%	68.5%	68.4%	56.3%	53.7%	58.4%	63.8%	63.8%	59.4%	60.1%	59.8%	63.4%			
Teen Pregnancy Rate per 1,000, Ages 15-19		40.1	41.7	38.0	38.2	35.0	40.1	37.4	28.9	28.9	42.9	42.5	38.9	35.4			
Teen Live Birth Outcomes, Ages 15-19		57.7%	57.1%	59.1%	58.1%	81.6%	80.2%	82.3%	95.0%	95.0%	67.5%	71.5%	73.2%	74.9%			
Students with Diagnosed ADHD		3.90%	4.02%	4.32%		5.3%	5.85%	5.87%			5.46%	5.62%	4.87%				
Overweight BMI, Grades K-6					12.4%				20.5%	20.5%				16.1%			
Obese BMI, Grades K-6					15.9%				21.3%	21.3%				19.3%			
Overweight BMI, Grades 7-12					17.5%				21.6%	21.6%				16.7%			
Obese BMI, Grades 7-12					15.0%				20.3%	20.3%				19.3%			

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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

**Public health data by county**

Public Health Data	Butler			Washington			Westmoreland			Trend +/-	PA (the last year) Rate +/-	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2006	2007	2008	2009	2010	2006	2007	2008	2009							
CHRONIC DISEASE																
Breast Cancer Rate per 100,000	60.9	74.6	72.9	77.0	69.7	67.2	79.8	69.7	67.3	66.1	69.5	76.5	71.5	121.9	41.0	
Breast Cancer Mortality Rate per 100,000	18.3	13.7	12.4	11.0	16.8	14.7	14.2	17.3	16.8	14.7	12.8	13.1	13.1	22.2	20.5	
Bronchus and Lung Cancer Rate per 100,000	71.3	76.6	63.0	68.8	76.2	64.9	74.2	74.2	78.6	72.1	68.4	68.8	69.1			
Bronchus and Lung Cancer Mortality Rate per 100,000	54.5	50.6	49.3	54.7	49.7	56.6	63.8	58.3	51.7	58.0	49.7	50.5	53.0	46.7	45.5	
Colorectal Cancer Rate per 100,000	50.5	50.6	50.6	50.9	50.9	51.7	20.3	20.7	16.2	17.7	21.3	14.7	17.1	47.6	38.5	
Colorectal Cancer Mortality Rate per 100,000	13.7	16.0	12.7	14.8	14.8	17.7	17.1	17.1	14.8	15.7	15.9	12.4	12.7	17.0	14.5	
Prostate Cancer Rate per 100,000	183.2	186.8	188.6	205	148	151.7	171.6	127.2	148	151.7	124.0	128.7	131.6	139.6		
Prostate Cancer Mortality Rate per 100,000	29.8	21.9	11.1	11.1	31.5	17.7	29.8	21.9	21.9	21.9	22.8	31.5	17.7	21.2		
Heart Disease Mortality Rate per 100,000	204.5	184.8	178.7	230.5	214.1	203.8	189.0	172.3	214.1	203.8	216.6	206.7	185.6	185.3		
Heart Attack Mortality Rate per 100,000	41.5	35.5	29.2	29.0	40.9	38.5	32.4	27.4	40.9	38.5	64.7	58.6	54.8	38.2		
Coronary Heart Disease Mortality Rate per 100,000	137.7	136.6	113.5	115.6	150.0	141.5	126.6	120.1	150.0	141.5	147.2	142.2	125.0	123.0	100.8	
Cardiovascular Mortality Rate per 100,000	277.6	261.1	239.5	238.7	271.4	264.8	254.2	224.0	271.4	264.8	274.1	258.8	237.0	237.6		
Cerebrovascular Mortality Rate per 100,000	46.0	42.6	39.3	44.0	45.7	46.0	47.3	33.5	45.7	46.0	41.3	36.5	40.2	38.9	38.9	
Diabetes Mortality Rate per 100,000	22.4	29.6	26.2	25.1	29.2	35.8	23.8	32.8	29.2	35.8	23.1	23.5	23.5	19.6	20.9	
Type I Diabetes, Students	0.36%	0.37%	0.39%	0.39%	0.30%	0.33%	0.36%	0.36%	0.30%	0.33%	0.30%	0.33%	0.33%	0.30%	0.30%	
Type II Diabetes, Students	0.07%	0.09%	0.08%	0.08%	0.06%	0.04%	0.08%	0.08%	0.06%	0.04%	0.05%	0.08%	0.08%	0.07%	0.07%	
Heart Failure Incidence Rate per 100,000																
Heart Disease Incidence Rate per 100,000																
HEALTHY ENVIRONMENT																
Medical Diagnosed Asthma	8.18%	8.99%	4.11%				8.06%	8.15%	4.51%			7.62%	7.64%	4.36%		6.82%
HEALTHY MOTHERS, BABIES AND CHILDREN																
Prenatal Care First Trimester	77.8%	75.6%	81.8%	81.6%	81.6%	77.0%	78.7%	80.9%	82.7%	77.0%	78.7%	80.9%	82.7%	86.1%	86.1%	71.3%
Non-Smoking Mother During Pregnancy	84.1%	81.1%	83.1%	82.8%	82.8%	76.2%	75.4%	78.4%	77.4%	76.2%	75.4%	78.4%	77.4%	79.1%	79.1%	84.1%
Low Birth-Weight Babies Born	6.2%	7.8%	7.0%	6.6%	6.2%	7.1%	7.3%	7.3%	8.5%	7.1%	7.3%	7.3%	8.0%	8.0%	8.3%	8.3%
Mothers Reporting WIC Assistance	28.0%	28.3%	27.9%	29.1%	28.0%	37.0%	37.3%	35.8%	36.1%	37.0%	37.3%	35.8%	35.2%	35.2%	40.1%	
Mothers Reporting Medicaid Assistance	15.5%	12.7%	11.6%	9.3%	15.5%	32.6%	33.5%	30.7%	30.4%	32.6%	33.5%	34.2%	33.6%	33.6%	32.7%	
Breastfeeding	72.3%	70.2%	71.3%	74.5%	72.3%	58.6%	58.2%	67.9%	60.9%	58.6%	58.2%	61.6%	63.3%	66.0%	70.0%	
Teen Pregnancy Rate per 1,000, Ages 15-19	18.7	22.3	17.6	19.8	33.1	33.1	33.1	28.8	28.8	33.1	30.6	32.4	28.0	25.9	34.2	
Teen Live Birth Outcomes, Ages 15-19	72.9%	77.4%	77.2%	67.4%	76.0%	75.5%	70.4%	73.2%	73.2%	76.0%	70.5%	69.6%	64.5%	68.0%	68.0%	
Students with Diagnosed ADHD	3.51%	3.88%	4.11%		3.80%	3.97%	4.51%			3.80%	3.97%	4.51%		5.23%		
Overweight BMI, Grades K-6				15.4%				14.7%					16.7%			
Obese BMI, Grades K-6				16.6%				16.6%					16.9%			
Overweight BMI, Grades 7-12				16.6%				14.8%					16.7%			
Obese BMI, Grades 7-12				16.3%				18.2%					16.2%			

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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

**Public health data by county**

Public Health Data	Allegheny				Trend +/-	Armstrong				Trend +/-	Beaver				Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp	
	2006	2007	2008	2009		2010	2006	2007	2008		2009	2010	2006	2007								2008
INFECTIOUS DISEASE																						
Influenza and Pneumonia Mortality Rate per 100,000		18.4	17.8	16.9	17.3	-	23.9	15.4	17.2	14.8	-	18.8	18.5	25.4	11.3	-	13.4	16.2				
Chlamydia Rate per 100,000		401.3	428.2	403.4	412.1	+	97.0	87.2	87.0	140.7	+	253.6	212.2	249.9	301.4	+	374.1	426				
Gonorrhea Rate per 100,000		177.2	177.6	126.0	134.7	-											101.4					
Syphilis Rate per 100,000		4.4	3.0	2.2	2.6	-											2.9					
MENTAL HEALTH AND SUBSTANCE ABUSE																						
Drug-Induced Mortality Rate per 100,000		16.8	18.6	17.8	18.6	+				23.4	+	12.8	11.2	15.9	12.8	+	15.5					
Mental & Behavioral Disorders Mortality Rate per 100,000		36.8	36.3	35.4	41.5	+	22.5	17.7	35.2	31.4	+	34.4	41.5	28.3	38.8	+	37.6					
TOBACCO USE																						
Emphysema Mortality Rate per 100,000		3.9	4.3	2.8	4.0	-											4.6					
INJURY																						
Auto Accident Mortality Rate per 100,000		6.3	6.5	6.2	6.7	+				17.5	+	10.3	15.6	9.6	8.3	+	10.5	11.7				
Suicide Mortality per 100,000		11.0	10.1	10.6	9.8	-			20.0	16.2	-	13.5	10.9	18.1	11.4	-	11.1	11.8	10.2			
Fall Mortality Rate per 100,000		12.2	8.5	10.0	7.1	-						5.8	7.2	6.7	6.7	+	8.3					
Firearm Mortality Rate (Accidental, Suicide, Homicide)		11.3	13.1	12.2	11.2	+			13.2			8.0	14.9	16.9	11.7	+	10.0					

Public Health Data	Butler				Trend +/-	Washington				Trend +/-	Westmoreland				Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp	
	2006	2007	2008	2009		2010	2006	2007	2008		2009	2010	2006	2007								2008
INFECTIOUS DISEASE																						
Influenza and Pneumonia Mortality Rate per 100,000		22.1	16.9	13.1	16.4	-	13.4	21.2	12.6	14.5	+	15.4	21.1	16.6	14.7	+	13.4	16.2				
Chlamydia Rate per 100,000		107.7	99	99.1	107.7	+	178.5	212.7	175.5	223.8	+	111.5	111.5	121.5	137.5	+	374.1	426				
Gonorrhea Rate per 100,000																	101.4					
Syphilis Rate per 100,000																	2.9					
MENTAL HEALTH AND SUBSTANCE ABUSE																						
Drug-Induced Mortality Rate per 100,000		10.3	9.6	11.8	11.9	+	11.6	10.9	9.1	22.9	+	15.6	16.4	18.8	19.7	+	15.5					
Mental & Behavioral Disorders Mortality Rate per 100,000		33.2	39.7	29.7	48.2	+	29.8	37.6	35.3	34.0	+	33.3	40.1	36.4	36.4	+	37.6					
TOBACCO USE																						
Emphysema Mortality Rate per 100,000		7.5					4.7					5.7	5.1	5.0	4.6	-	3.0					
INJURY																						
Auto Accident Mortality Rate per 100,000		14.2	13.3	8.9	14.5	-	13.3	12.7	13.3	11.8	-	18.0	15.7	12.1	13.2	-	10.5	11.7				
Suicide Mortality per 100,000		12.0	13.8	11.4	10.6	-	9.1	14.1	14.9	14.0	+	11.3	12.1	10.5	11.8	+	11.1	11.8	10.2			
Fall Mortality Rate per 100,000			8.3	6.9	5.4	-	6.7	10.7	6.1	9.7	+	8.3	12.3	9.4	9.4	+	8.3					
Firearm Mortality Rate (Accidental, Suicide, Homicide)		8.2	8.1	6.7	7.6	-	7.9	10.4	11.8	7.5	+	7.3	7.3	8.0	8.6	+	10.0					

Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

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

**Other health indicators, by county**

Other Indicators	Allegheny			Trend +/-	Armstrong			Trend +/-	Beaver			Trend +/-	PA (the last year) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2010	2011	2012		2010	2011	2012		2010	2011	2012							
HEALTHY ENVIRONMENT																		
Unemployment Rates	5.0%	6.9%	7.7%	+	6.0%	9.1%	9.4%	+	6.0%	8.1%	8.1%	+	8.7%					
High School Graduation Rates	83.0%	83.0%	83.0%	=	85.0%	87.0%	66.0%	-	94.0%	94.0%	64.0%	-	79.0%					
Children Living in Poverty	16.0%	17.0%	16.0%	+	18.0%	16.0%	22.0%	+	14.0%	17.0%	22.0%	+	19.0%					
Children Living in Single Parent Homes		33.0%	33.0%	=		25.0%	28.0%	+		29.0%	30.0%	+	32.0%					
Number of Air Pollution Ozone Days	22	14	14	-	16	11	11	-	18	8	8	-	8					
PHYSICAL ACTIVITY AND NUTRITION																		
Fast Food Restaurants			47.0%				44.0%				55.0%		48.0%					

Other Indicators	Butler			Trend +/-	Washington			Trend +/-	Westmoreland			Trend +/-	PA (the la US) Rate	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2010	2011	2012		2010	2011	2012		2010	2011	2012							
HEALTHY ENVIRONMENT																		
Unemployment Rates	5.0%	7.1%	7.4%	+	5.0%	7.7%	8.2%	+	5.0%	7.9%	8.3%	+	8.7%					
High School Graduation Rates	87.0%	89.0%	90.0%	+	87.0%	86.0%	89.0%	+	87.0%	88.0%	88.0%	+	79.0%					
Children Living in Poverty	10.0%	10.0%	12.0%	+	13.0%	14.0%	14.0%	+	12.0%	14.0%	16.0%	+	19.0%					
Children Living in Single Parent Homes		22.0%	21.0%	-		25.0%	25.0%	=		25.0%	25.0%	=	32.0%					
Number of Air Pollution Ozone Days	6	2	2	-	16	8	8	-	14	4	4	-	8					
PHYSICAL ACTIVITY AND NUTRITION																		
Fast Food Restaurants			51.0%				50.0%				48.0%		48.0%					

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org), Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

## **PRIORITIZATION, STRATEGY DEVELOPMENT and IMPLEMENTATION**

### **Prioritization**

The system, the hospital-specific steering committees and the Suburban Health Foundation board analyzed the data to prioritize needs based on four different criteria: (1) the accountable entity (hospital or community), (2) magnitude of the problem, (3) impact on other health outcomes, and (4) capacity (systems and resources to implement solutions).

### **Inventory of Community Assets**

The Patient Protection and Affordable Care Act requires hospitals to describe how a hospital plans to meet identified health needs as well as why a hospital does not intend to meet an identified need. The assets of the community were inventoried to capture existing healthcare facilities and resources that are helping to address health needs of the community. Information gathered for this asset inventory was maintained and utilized by internal staff when making referrals to community resources.

### **Process for Strategy Development/ Implementation**

Following stakeholder prioritization, which included participation by individuals with expertise in public health and representatives of medically underserved populations, and based on the greatest needs related to the health system and hospital's mission, current capabilities, resources and focus areas, top

priorities for need intervention were identified. Once priority need areas were identified, strategies to meet these needs were developed. These strategies were then formulated into a written document for approval by the governing body in accordance with IRS guidelines.

Collectively, the implementation strategies of AGH, AVH, CGH, FRH and WPH address the following health conditions:

- heart disease (including high blood pressure, heart attack, congestive heart failure)
- pneumonia
- multiple chronic conditions/medications among Medicare patients
- diabetes and associated co-morbidities, including obesity and cardiovascular disease
- breast, lung and colon cancer

Strategies to address these needs include but are not limited to community education, outreach and health screenings; physician and Emergency Medical Services outreach and training; and programs to help patients navigate the continuum of care.

###

The West Penn Allegheny Health System 2012/2013 Community Health Needs Assessment can be viewed online at: [www.website](http://www.website)

(This page intentionally left blank)

# HISTORY AND ACCOMPLISHMENTS





(This page intentionally left blank)



## Background and Community Benefit

Organized in 2000, WPAHS ([www.wpahs.org](http://www.wpahs.org)) is comprised of West Penn Allegheny Health System, Inc. (WPAHS, Inc.), Alle-Kiski Medical Center (AKMC) (Alle-Kiski Medical Center is the legal and taxable name of Allegheny Valley Hospital. Allegheny Valley Hospital is the DBA name and used throughout the full WPAHS CHNA report.), Canonsburg General Hospital (CGH), Allegheny Medical Practice Network (AMPN), Allegheny Specialty Practice Network (ASPN), Allegheny-Singer Research Institute (ASRI), West Penn Physician Practice Network (WPPPN), West Penn Allegheny Oncology Network (WPAON) Canonsburg General Hospital Ambulance Service, Inc. (CGH Ambulance), Alle-Kiski Medical Center Trust (AKMC Trust), Forbes Health Foundation (FHF), Suburban Health Foundation and The Western Pennsylvania Hospital Foundation (WPHF). This affiliation ensures that WPAHS, Inc. area residents have access to a complete continuum of health care services. Through appropriate integration across the system both clinically and operationally, WPAHS hospitals are able to remain a high quality, low-cost provider with linkages to the latest medical research and advanced technology.

### Purpose and mission

West Penn Allegheny Health System, Inc. is an organization defined by our talented people. We are an organization committed to excellence; an organization with one purpose and one mission. Our purpose is to improve the health of the people in the Western Pennsylvania region. Our mission is to practice medicine, educate and conduct research as an integrated team of physicians, nurses and support professionals who are committed to improving the health of our patients.

### Support of research

The hospitals of WPAHS, Inc., through its research arm, an affiliated organization named Allegheny Singer Research Institute (ASRI), EIN: 25-1320493, are dedicated to providing financial support in medical research activities. ASRI has a distinguished history of pioneering biomedical research, and its accomplishments are described in greater detail in the filing of its own Statement of Program Service Accomplishments.

### Support of education

The hospitals of WPAHS, Inc. are also dedicated to providing financial support for the education of healthcare professionals. Among the activities supported were the training of medical interns, residents and fellows, nursing school training and training programs for students enrolled in the schools of respiratory, radiology and pharmacy. WPAHS, Inc. also upholds an affiliation with both the Temple University School of Medicine and the Drexel University College of Medicine in an effort to ensure the solid education of our healthcare professionals of the future.



### Uncompensated care

To enhance the health status of the community in which it operates and consistent with its tax-exempt status, WPAHS, Inc. provides needed health care services to individuals regardless of their ability to pay for all or part of the services rendered. These services include both inpatient and outpatient services as well as an emergency room that is available 24 hours a day. The components of uncompensated care are measured in accordance with IRS guidelines and include financial assistance and Medicaid shortfall.

### Subsidized health services

Subsidized health services represent those programs provided to the community by WPAHS, Inc. despite the fact the hospitals incur a financial loss to do so. WPAHS, Inc. recognizes the needs of its community and voluntarily subsidizes these programs in support of its charitable mission. Among the subsidized health services provided by WPAHS, Inc. is the operation of the emergency department, LifeFlight operation, drug and alcohol abuse treatment, burn care and neonatal care.

### Community benefit activities

WPAHS, Inc. undertakes various activities that benefit the health and well-being of the communities we serve. These activities have little or no reimbursement and are operated at a loss.

Each hospital conducts a number of community benefit activities including child and adolescent programs, education and nutrition programs, community health education programs, health screening and immunization programs, senior wellness and support programs, support groups, nursing and other professional education and well as community contributions and other community building activities. The following table summarizes the total community benefit investment as reported in IRS Form 990 for the last fiscal year filing for the organizations of the WPAHS. For more information on each hospital's individual contributions, refer to the individual hospital Community Benefit Reports attached to Schedule O of the IRS Form 990.

**WPAHS Total Community Benefit**

Organization	Charity Care (A)	MA Shortfall (B)	Total Uncompensated Care (A + B)	Community Health Improvement Services (C)	Health Professions Education (D)	Subsidized Health Services (E)	Research (F)	Charitable Contributions (G)	Community Building Activities (H)	Total Community Benefit (C+D+E+F+G+H)	Total Uncompensated Care & Community Benefit
West Penn Allegheny Health System, Inc.	2,591,662	34,906,926	37,498,588	946,257	39,629,822	12,744,298	7,458,172	357,859	385,707	61,532,115	99,030,703
Alle-Kiski Medical Center	390,329	4,614,480	5,004,809	514,881	28,204	28,693		8,665	368,209	948,652	5,953,461
Canonsburg General Hospital	194,773	1,782,867	1,977,640	112,418	176,068	1,569,478		39,083	106,457	2,003,494	3,981,134
Allegheny Specialty Practice Network	782,715	22,410,094	23,192,809	71,629	4,684,475			4,075	37,696	4,797,875	27,990,684
Allegheny Medical Practice Network	101,727	4,365,730	4,467,457	298,244	410,537			3,150	41,725	753,656	5,221,113
West Penn Allegheny Oncology Network	102,000		102,000	90,000	46,800			59,667	19,000	215,467	317,467
West Penn Physician Practice Network			0					480		480	480
Allegheny Singer Research Institute			0	588,653				37,300		625,953	625,953
West Pennsylvania Hospital Foundation			0					500		500	500
<b>Total - System-Wide Organizations</b>	<b>4,163,206</b>	<b>68,080,097</b>	<b>72,243,303</b>	<b>2,622,082</b>	<b>44,975,896</b>	<b>14,342,469</b>	<b>7,458,172</b>	<b>510,779</b>	<b>988,794</b>	<b>70,878,192</b>	<b>143,121,495</b>

(This page intentionally left blank)





(This page intentionally left blank)

## Methodology

### Community Health Needs Assessment and Planning Approach

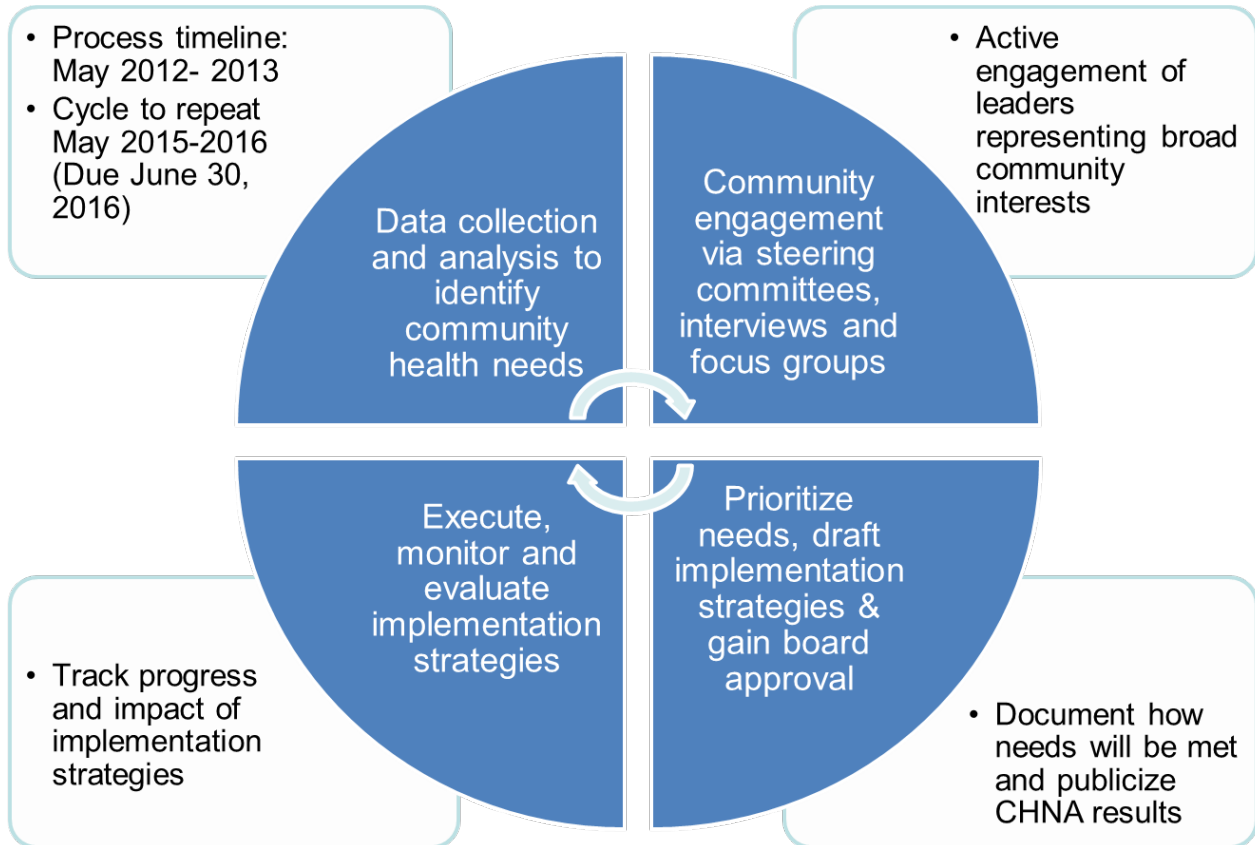
The 2012 to 2013 West Penn Allegheny Health System (WPAHS) Community Health Needs Assessment (CHNA) took place from April 2012 through May 2013. The goal of the assessment was to identify the health needs and issues of the six counties that make up the system's primary service area.

Aligned with the system's purpose to improve the health of the people in the Western Pennsylvania region, this initiative brought the health system, public health and other community leaders together in a collaborative approach to:

- Identify the current health status of community residents as baseline data for benchmarking and assessment purposes
- Identify the strengths, service gaps and opportunities
- Determine unmet community health needs and target priorities
- Develop a plan to direct resources to meet targeted needs
- Enhance strategic planning for future community benefit and other services

**Figure 1** provides a schematic overview of the CHNA process. Facilitated by Strategy Solutions, Inc., the CHNA follows best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals. The process involved collecting primary and secondary data. In compliance with the IRS guidelines (IRS Notice 2011-52), the hospital needs assessment includes data specific to this hospital's primary service area. In addition, the WPAHS and hospital CHNA process was supported by and meaningfully engaged a cross section of community leaders, agencies and organizations with the goal of working together to achieve healthier communities. This report provides an overview of the needs of the primary service area of the hospital. The hospital implementation strategies address the top priority needs within the service area and, when appropriate, provide an explanation of why individual hospitals are not addressing all of the needs identified.

**Figure 1. Schematic of the community health needs assessment process**



Fundamental to the community health needs assessment was community support and engagement. This support and engagement came by way of participation in the system or hospital-specific steering committees as well as by participation as in interviewee or focus group participant. Individuals and organizations engaged included those with special knowledge or expertise in public health, state, regional and local health-related agencies with current data and other information relevant to the needs of communities served by the hospital as well as leaders and representatives of medically underserved, low-income or minority populations and populations with chronic disease needs. More specifically, the project management team, who were involved in each system hospital CHNA and system steering committee members brought a depth and breadth of public health expertise to this process. Emilie Delestienne, Public Policy and Advocacy Manager for WPAHS has a Master of Public Health degree. Debra Thompson, President of Strategy Solutions, the lead consultant on the project, has worked directly with numerous health departments across the country on CHNA processes over the last 20



years. Joan Cleary, system steering committee member, is a member of the Allegheny County Board of Health. In addition, many of the individuals involved in the focus groups and interviews also brought public health experiences and perspectives.

To support the overall CHNA process, WPAHS assembled a system-wide steering committee. Using data and information provided by Strategy Solutions, Inc., Kathleen McKenzie, Vice President, Community and Civic Affairs led and facilitated the WPAHS steering committee and also served as a liaison to the individual hospital steering committees.

The steering committee included a diverse group of community leaders representing various facets of the community. The steering committee membership is outlined in **Table 1**; leaders and representatives of medically underserved, low-income or minority populations and populations with chronic disease needs engaged in the system steering committee included Dr. Thomas Campbell, Erika Fricke, Honorable Rich Fitzgerald, Dr. Linda Hippert, Magdeline Jensen, Dr. William Johnjulio, Barbara Murock and Dr. Jeanne Pearlman. In addition to these individuals serving on the steering committee, many of the individuals involved in the focus groups and interviews were leaders, members or representatives of medically underserved, low-income, minority or chronic disease populations.

**Table 1: Steering committee membership**

Name	Title	Organization
Thomas Campbell, M.D.	Chairperson, Department of Emergency Medicine	West Penn Allegheny Health System
Joan Cleary	Board Member	Allegheny County Board of Health
Basil Cox	WPAHS Board Member	West Penn Allegheny Health System
Austin Davis	Executive Assistant	Allegheny County Executive's Office
Russ Evans	WPAHS Board Member, AVH Board Chair	West Penn Allegheny Health System
Evan Frazier	Sr. VP, Community Affairs	Highmark
Erika Fricke	Chief of Staff for the Honorable Dan Frankel	Pennsylvania House of Representatives
The Honorable Rich Fitzgerald	County Executive	Allegheny County
Alvin Henderson Jr.	Chief	Allegheny County Department of Emergency Services
Linda Hippert, Ed.D.	Executive Director	Allegheny County Intermediate Unit
Magdeline Jensen	Chief Executive Officer	YWCA Greater Pittsburgh
Dr. William Johnjulio	Chairperson, Department of Family Medicine	West Penn Allegheny Health System
Mark Jones	Sr. Community Affairs Specialist	Highmark
BJ Leber	President & Chief Executive Officer	West Penn Hospital Foundation
Jennifer Liptak	Chief of Staff	Allegheny County Executive Rich Fitzgerald
Joseph Macerelli	WPAHS Board Member; CGH Board Chair	West Penn Allegheny Health System
Dr. Susan Manzi	Chairperson, Department of Medicine	West Penn Allegheny Health System
Barbara Murock	Health Policy Specialist	Allegheny County, Department of Human Services
Dr. Jeanne Pearlman	Sr. VP, Program and Policy	The Pittsburgh Foundation

The steering committee met a total of five times over the course of 10 months to guide the assessment. **Table 2** outlines the steering committee meeting dates and agenda items.

**Table 2. Steering committee dates and agenda topics**

Date	Topic
July 26, 2012	Process Overview and Input into Data Collection Strategy
September 6, 2012	Review Preliminary Secondary Data and Identify Primary Data Collection Strategy
November 19, 2012	Primary Data Collection Mid-Term Status Report
February 4, 2013	Overall Data Review and Prioritization
April 12, 2013	Review and Discuss Implementation Strategies

Each individual hospital convened a separate hospital-specific steering committee who led the effort at the hospital level. The process for each individual hospital mirrored the overall system process, and was facilitated by WPAHS employee liaisons, utilizing the data and information provided by Strategy Solutions. **Table 3** outlines the dates of the steering committee meetings held at individual hospitals in the West Penn Allegheny Health System.

**Table 3. Individual hospital steering committee meeting dates**

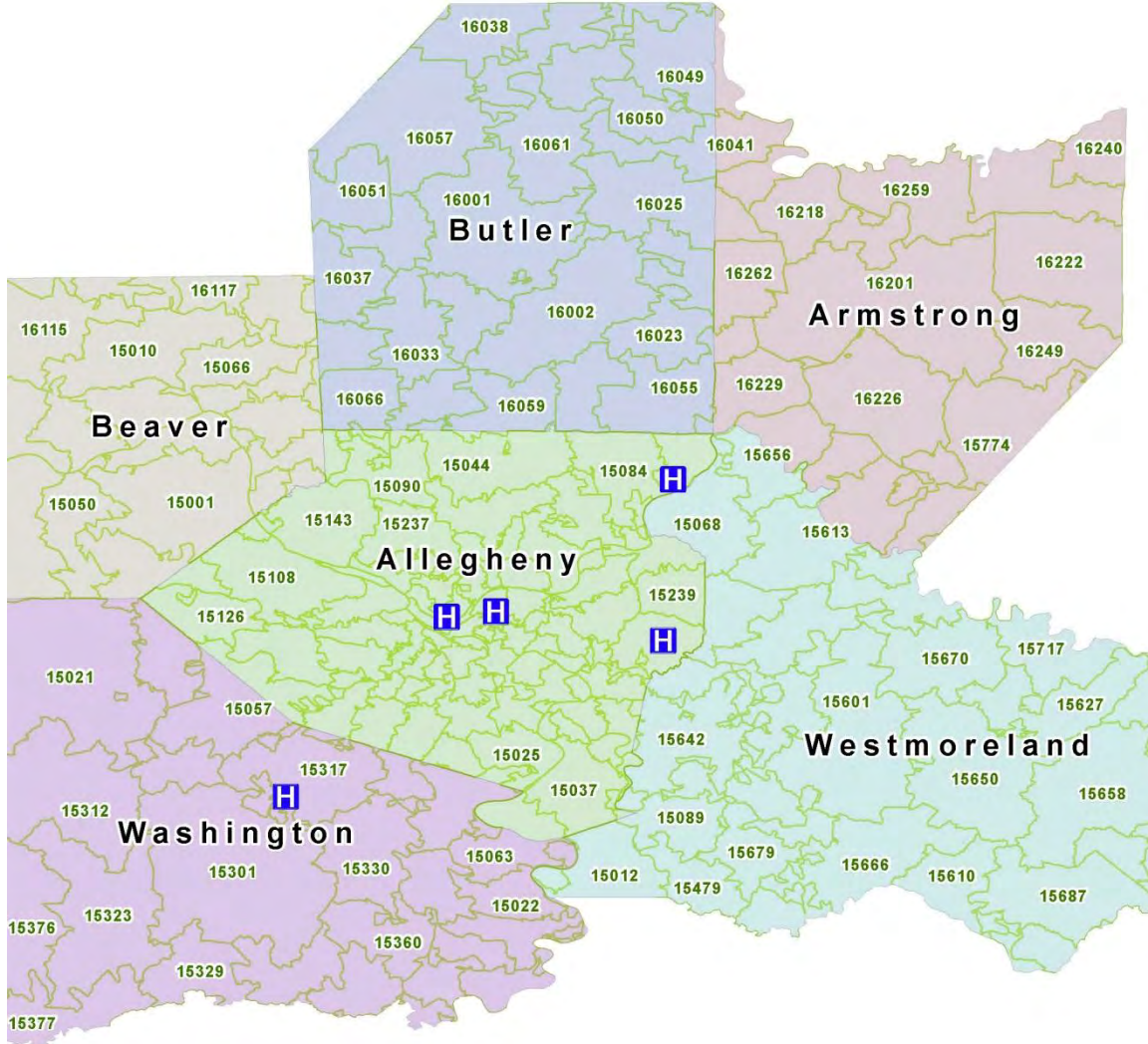
Canonsburg	Allegheny Valley	Forbes Regional	Allegheny General	West Penn
August 7, 2012	August 9, 2012	July 30, 2012	August 9, 2012	August 17, 2012
September 18, 2012	September 18, 2012	September 10, 2012	September 24, 2012	September 19, 2012
November 29, 2012	November 29, 2012	December 3, 2012	December 3, 2012	December 5, 2012
February 12, 2013	February 12, 2013	February 11, 2013	February 11, 2013	February 19, 2013
April 16, 2013	April 8, 2013	April 8, 2013	April 11, 2013	April 19, 2013

### Service area definition

The geography selected for the study was the primary service area of WPAHS.

**Figure 2** illustrates the primary service territory of the health system that covers Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland counties in Pennsylvania.

**Figure 2: West Penn Allegheny Health System primary service area map**





As previously mentioned, Strategy Solutions, Inc. a planning and research firm with the mission to create healthy communities was retained to facilitate the process. The Strategy Solutions, Inc. consulting team involved in the project included:

**Debra Thompson, BS, MBA, President**, served as the project director, completed stakeholder interviews, facilitated the system and individual hospital prioritization process and developed the final reports.

**Toni Felice, Ph.D., Director of Research, Evaluation and Strategy**, completed the initial secondary data collection and analysis.

**Rob Cotter, BA, MS, Research Analyst**, completed the secondary data collection and analysis, facilitated community focus groups, and completed the asset mapping required for the project.

**Kathy Roach, BS, Research Analyst**, provided report development coordination and data quality control.

**Jacqui Lanagan, BA, MS, Director of Nonprofit and Community Services**, facilitated focus groups and analyzed the focus group data, conducted stakeholder interviews and compiled stakeholder interview data.

**Laurel Swartz, MA, Research Coordinator**, assisted with focus group and interview scheduling and logistics.

**Diane Peters, Office Manager**, managed the focus group and interview scheduling and logistics.

**Ann DiVecchio, Research Assistant**, assisted with the report development and writing.

**Misty O'Connor, Consultant**, summarized the stakeholder interviews for the final report.

**Stacy Weber, Project Coordinator**, provided logistics coordination, data presentation and reporting support.

**Melissa Rossi, Operations Manager**, provided report development and logistics coordination support

**Ryan Johannismeyer, Research Assistant**, assisted with report development and writing.

West Penn Allegheny Health System staff leading the project efforts included:

**Emilie Delestienne, MPH**, Public Policy and Advocacy Manager

**Hanh Nguyen, MHA**, Planning Analyst

**Jeff Manners, CPA**, Director, Tax Accounting

**Peg McCormick Barron**, Executive Vice President, External Affairs

**Kathleen, McKenzie**, Vice President, Community and Civic Affairs

Hospital liaisons that led and facilitated the hospital-specific steering committees and also served on the system steering committee included:

Debra Caplan, Senior Vice President, Allegheny General Hospital

Kathleen McKenzie, Vice President, Community and Civic Affairs, WPAHS (for West Penn Hospital and WPAHS)

Lynne Struble, Vice President, Operations, Forbes Regional Hospital

Rebecca Biddle, Director, Fund Development, Canonsburg General Hospital

Kimberly Lunn, Interim Executive Director, Allegheny Valley Hospital Trust (for Allegheny Valley Hospital)

### **Asset inventory**

The Patient Protection and Affordable Care Act requires hospitals to describe how a hospital plans to meet identified health needs as well as why a hospital does not intend to meet an identified need. The assets of the community were inventoried to capture existing healthcare facilities and resources that are helping to address health needs of the community. Information gathered for this asset inventory was maintained and utilized by internal staff when making referrals to community resources. Contained in the Demographics and Asset Inventory chapter (chapter 4) of the full CHNA report, this asset inventory information were mapped, and the maps represent a subset of information for each individual hospital. The asset inventory included the following categories: adult day services, skilled nursing facilities, residential drug and alcohol treatment centers, Alzheimer units, health services providers, and other community assets and resources.

### **Qualitative and quantitative data collection**

In an effort to examine the health-related needs of the residents of the service area and to meet all of the known guidelines and requirements of the IRS 990 standards (IRS Notice 2011-52) published to date, the consulting team employed both qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions that are exploratory in nature and are typically employed in interviews and focus groups. Quantitative data is data that can be displayed numerically. Primary data are data collected specifically for this assessment by the consultant team. Secondary data includes data and information previously collected and published by some other source.

The consulting team and steering committee determined that the data collected would be defined by hypothesized needs within the following categories (that define the various chapters of this assessment):

- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Unintentional Injury

### ***Quantitative data***

The steering committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input through extensive use of Pennsylvania Department of Health and Centers for Disease Control and Prevention data. The secondary data sources and collection process included:

- Demographic and socioeconomic data obtained from Nielsen/Claritas via Truven Health Analytics (<https://truvenhealth.com>) and provided by the WPAHS Decision Support Department.
- Disease incidence and prevalence data obtained from the Pennsylvania Department of Health and PA Vital Statistics
- The Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health Behavioral Risk Factor Surveillance Survey (BRFSS) data.
  - Each year the CDC along with Departments of Public Health BRFSS survey. The BRFSS is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices and health care access primarily related to chronic disease and injury.
  - The health related indicators included in this report for the US in 2010 are BRFSS data collected by the CDC (available at: <http://www.cdc.gov/brfss/>). The health related indicators included in this report for Pennsylvania are BRFSS data collected by the Pennsylvania Department of Health.

- BRFSS data are for a three-year summary period, for the years 2008 through 2010, as reported by the Pennsylvania Department of Health; participants were adults over the age of 18. Because the sample sizes collected at the county level are often not large enough to be representative at the individual county level, the data will often be three-year summary data or combined for multiple counties. As a result, the BRFSS data included in this assessment include the following where the underlined county indicates a county in WPAHS' primary service area:
  - Allegheny County Only
  - Westmoreland County Only
  - Beaver and Butler Counties Combined
  - Fayette, Green & Washington Counties Combined
  - Indiana, Cambria, Somerset & Armstrong Counties Combined
- CDC Chronic Disease information from the Chronic Disease Calculator, available at <http://cdc.gov/chronicdisease/resources/calculator/index.htm>
- Healthy People 2020 goals.
  - In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. When available for a given health indicator, Healthy People 2020 goals are included in this report (<http://www.healthypeople.gov/2020/default.aspx>).
- When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.
- US incidence and mortality rate comparisons taken from [www.statehealthfacts.org](http://www.statehealthfacts.org).
- Selected inpatient and outpatient utilization data identified as ambulatory care-sensitive conditions obtained from WPAHS Decision Support and from the Pennsylvania Health Care Cost Containment Council as provided by Truven Health.
  - These conditions are most appropriately cared for in primary care and outpatient settings and are thus indicators of access to care.
- County Health Rankings, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, [www.countyhealthrankings.org](http://www.countyhealthrankings.org).
- A variety of other secondary research studies and statistics were included, and the sources are cited within the text.

Data presented are the most recent published by the source at the time of the data collection.

### ***Qualitative data***

The primary data collection process involved stakeholder interviews and focus groups.

A total of 31 individual stakeholder interviews were conducted by members of the consulting team to gather a personal/professional perspective from those who have insight into the health of a specific population group or issue, the community or the region. Interviewees represented the broad interests of the communities served by WPAHS' individual hospitals as well as the broadest cross section of special interest groups and topics possible within the resource constraints of the project.

Stakeholders interviewed responded to a series of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Individuals were selected because they are considered content experts on a topic or understood the needs for a particular subset of the population. The information represents the opinions of those interviewed and is not necessarily representative of the opinions of the broader community served by the WPAHS system.

A total of 18 focus groups were conducted by members of the Strategy Solutions consulting team to gather information directly from various groups that represent a particular interest group or area. A total of 224 individuals participated in the focus groups, which represented both consumer and provider/professional perspectives. Focus group participants represented the broad interests of the communities served by the WPAHS' individual hospitals as well as the broadest cross-section of special interest groups and topics possible within the resource constraints of the project.

The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic, may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information represents the opinions of individuals who participated in a focus group and are not necessarily representative of the opinions of the broader community served by the system.

**Table 4** outlines the individuals that participated in the interviews and the topic and geographic areas that they represented.



**Table 4. Stakeholders interviewed**

Participant Name	Organization	Perspective	Geography
Susan Balla	The Chamber of Commerce, Inc.	Private Sector/ Hospital Communities	AGH
Raji Dandapani	Community Health Clinic (FQHC)	Woman/ Infants	AVH
Kristy Trautman	FISA Foundation	Mental Health & Disabilities	System
Meghan Klucinic	Destination Wellness	Hospital Communities	AVH
Linda Hippert	Allegheny Intermediate Unit	Education/Children/ Family	System
Darlene Bigler	Community Action Southwest	Poverty/Social Service	CGH
Katherine Neely	Forbes Regional Hospital	Family Practice/Access to Care	FRH
Kathy Costantino	Washington & Charleroi Agency on Aging	Seniors	CGH
Stuart Fisk	Allegheny General Division of Infectious Diseases	AIDS, Drug and Alcohol, Poverty	AGH
Sheila Gambino	Washington County Rides	Transportation	CGH
Mark Fatla	Northside Community Development Corporation	Hospital Communities	AGH
Terry Seidman	American Diabetes Association	Diabetes	System
Drew Leroy	Greenery Specialty Care Center	Aging	CGH
Evan Frazier	Highmark	Payer, Hospital Communities	System
Myrna Zelenitz	East End Cooperative Ministry	Poverty, Food, Homeless	WPH
Stephen G. Bland	Port Authority of Allegheny County	Transportation	System
Tim Kimmel	Washington County Office of Human Services	Poverty/Vulnerable Populations	CGH
Dr. Patricia Bononi	Joslin Diabetes Center, WPAHS	Cancer/Diabetes/Obesity	System
Stefani Pashman	3 Rivers Workforce Investment Board	Employment	System
Marc Cherna	Allegheny County Human Services	Access to Care, Mental Health and Substance Abuse, Children & Youth, Homelessness	System
Tracey Evans	Wilksburg Community Development	Hospital Communities	FRH, WPH
Chad Amond	Westmoreland Chamber of Commerce	Private Sector, Hospital Communities	FRH
Jui Joshi	Woman and Girls Foundation	Woman/ Infants	System
Dr. Jeanne Pearlman	Pittsburgh Foundation	Environment	System

Participant Name	Organization	Perspective	Geography
Susan Kalson	Squirrel Hill FQHC Provider Network	Uninsured, Underinsured	WPH
Dan Frankel	Pennsylvania House of Representatives	Medicaid/State Issues	System
Diane Allison	Municipality of Monroeville	Hospital Communities	FRH
Aggie Brose	Bloomfield Garfield Corporation	Community Revitalization	WPH
Susan Manzi	Department of Medicine, WPAHS	Hospital Communities	System
Lisa Scales	Greater Pittsburgh Community Food Bank	Poverty/Vulnerable Populations/Nutrition	System
Megan Evans	Lesbian Gay Bisexual Transgender Resources	Civil Rights, Sexual Orientation	System

**Table 5** outlines the focus groups that were conducted, and the topic and geographic areas that they represented.

**Table 5. Focus group meeting summary**

Attendees	Organization	Perspective	Geography
23	Morningside Senior Center	Seniors	WPH
13	Family Services Harmarville	Poverty	AVH
26	Monroeville Area Chamber of Commerce	Private Sector/ Hospital Communities	FRH
13	Immigrants & Internationals Advisory Committee	Immigrants	FRH
20	SW Regional Key Leadership Council / YWCA	SW Regional Key/ YWCA	System
15	Allegheny County	Aging/Disability/ Seniors	System
9	West Penn Hospital Community Partnership	Hospital Communities	WPH
11	Vintage, Inc.	Seniors	WPH
7	Gilda's Club	Post Treatment Cancer	System
5	Municipality of Monroeville	Public Safety Committee	FRH
15	Allegheny Valley Priority Care	Senior Program	AVH
5	Marcellus Shale Coalition	Environment	CGH
7	Mon Valley Providers Council	Poverty	AGH,FRH, WPH
10	Allegheny County Department. of Health	Immunization Coalition	System
27	Emergency Medical Service Institute (EMSI)	First Responder/EMS Personnel	System
7	Northside State Health Improvement Plan (NSHIP)	Local Community Health Needs	AGH
2	Allegheny Valley Hospital Physicians	Medical Providers	AVH
9	Criminal Justice Advisory Board	Law Enforcement/ Drug/Alcohol	CGH

## Hospital utilization data

According to the Institute of Medicine, primary or ambulatory care provides comprehensive and continuous care, addresses the majority of an individual’s health care needs, develops the provider-patient relationship and creates healthier individuals and communities. More recently, researchers and providers have identified ambulatory care sensitive condition (ACSC) hospitalizations as a measure of access to health care. ACSCs are conditions for which hospitalization could be prevented through early intervention and sustained ambulatory care. The report includes inpatient hospitalization utilization rates for the following: hypertension, congestive heart failure (CHF), breast cancer, other cancers, pneumonia, pregnancy complications, reproductive disorders, asthma, drug and alcohol related issues, chronic obstructive pulmonary disease (COPD) and fractures.

**Table 6** indicates the individual Diagnosis Related Group (DRG) classifications that were selected by Strategy Solutions to illustrate the hospital utilization rates for ambulatory care sensitive conditions.

**Table 6. Classification system employed for inpatient ambulatory care sensitive conditions**

DRG Reported	DRG Classification
<b>Hypertension</b>	304 – Hypertension w MCC 305 – Hypertension w/o MCC
<b>Congestive heart failure</b>	291 – Heart failure & shock w MCC 292 – Heart failure & shock w CC 293 – Heart failure & shock w/o CC/MCC
<b>Breast cancer</b>	582 – Mastectomy for malignancy w CC/MCC 583 – Mastectomy for malignancy w/o CC/MCC 597 – Malignant breast disorders w MCC 598 – Malignant breast disorders w CC 599 – Malignant breast disorders w/o CC/MCC
<b>Cancer</b>	374 – Digestive malignancy w MCC 375 – Digestive malignancy w CC 376 – Digestive malignancy w/o CC/MCC 754 – Malignancy, female reproductive system w MCC 755 – Malignancy, female reproductive system w CC 756 – Malignancy, female reproductive system w/o CC/MCC
<b>Pneumonia</b>	193 – Simple pneumonia & pleurisy w MCC 194 – Simple pneumonia & pleurisy w CC 195 – Simple pneumonia & pleurisy w/o CC/MCC

DRG Reported	DRG Classification
<b>Complications baby</b>	774 – Vaginal delivery w complicating diagnosis 777 – Ectopic pregnancy 778 – Threatened abortion
<b>Reproductive disorder</b>	760 – Menstrual & other female reproductive system disorders w CC/MCC 761 – Menstrual & other female reproductive system disorders w/o CC/MCC
<b>Bronchitis &amp; Asthma</b>	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC
<b>Alcohol &amp; drug abuse</b>	894 – Alcohol/drug abuse or dependence, left AMA 895 – Alcohol/drug abuse or dependence w rehabilitation therapy 896 – Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC 897 – Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
<b>COPD</b>	190 – Chronic obstructive pulmonary disease w MCC 191 – Chronic obstructive pulmonary disease w CC 192 – Chronic obstructive pulmonary disease w/o CC/MCC
<b>Fracture</b>	533 – Fractures of femur w MCC 534 – Fractures of femur w/o MCC 535 – Fractures of hip & pelvis w MCC 536 – Fractures of hip & pelvis w/o MCC
<b>Bronchitis &amp; Asthma</b>	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC

**Table 7** outlines the various ICD-9 codes associated with various ACSCs that should be seen in a primary care physician’s office, but often present in a hospital emergency department. The hospital utilization for these conditions for the past three fiscal years and YTD through November 2012 is included in the report.

**Table 7: Emergency department ambulatory care sensitive conditions**

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	COMMENTS
<b>AVOIDABLE ILLNESSES</b>	
Congenital Syphilis [090]	Secondary diagnosis for newborns only
Failure to thrive [783.41]	Age < 1 Year
Dental Conditions [521-523, 525, 528]	
Vaccine Preventable Conditions [032, 033, 037, 041.5, 045, 052.1, 052.9, 055-056, 070.0-070.3, 072, 320.2*, 320.3, 390, 391, 771.0]	*Hemophilus meningitis [320.2] for ages 1-5 only
Iron Deficiency Anemia [280.1, 280.8, 280.9]	Primary & Secondary Diagnoses
Nutritional Deficiencies [260-262, 268.0, 268.1]	Primary & Secondary Diagnoses
<b>ACUTE CONDITIONS</b>	
Bacterial Pneumonia [481, 482.2, 482.3, 482.9, 483, 485, 486]	
Cancer of the Cervix [180.0-180.1, 180.8-180.9]	
Cellulitis [681, 682, 683, 686]	
Convulsions [780.3]	
Dehydration - Volume Depletion [276.5]	Primary & Secondary Diagnoses
Gastroenteritis [558.9]	
Hypoglycemia [251.2]	
Kidney/Urinary Infection [590.0, 599.0, 599.9]	
Pelvic Inflammatory Disease [614]	
Severe Ear, Nose, & Throat Infections [382*, 462, 463, 465, 472.1]	
Skin Grafts with Cellulitis {DRGs: 263 & 264} For 2008: {DRGs: 573, 574, 575}	Excludes admissions from SNF/ICF

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	COMMENTS
<b>CHRONIC CONDITIONS</b>	
Angina [411.1, 411.8, 413]	
Asthma [493]	
Chronic Obstructive Pulmonary Disease [466.0*, 491, 492, 494, 496]	*Includes acute bronchitis {466.0} only with secondary diagnosis of 491, 492, 494, 496
Congestive Heart Failure [402.01, 402.11, 402.91, 428, 518.4]	
Diabetes with ketoacidosis or hyperosmolar coma or other coma [250.1-250.33]	
Diabetes with other specified or unspecified complications [250.8-250.93]	
Diabetes mellitus without mention of complications or unspecified hypoglycemia [250-250.04]	
Grand Mal & Other Epileptic Conditions [345]	
Hypertension [401.0, 401.9, 402.00, 402.10, 402.90]	
Tuberculosis (Non-Pulmonary) [012-018]	
Pulmonary Tuberculosis [011]	

## Needs/issues prioritization process

On February 4, 2013, the system steering committee met to review all of the primary and secondary data collected through the needs assessment process and to identify key community needs and issues. The group then met to prioritize the issues and to identify areas ripe for potential intervention. Debra Thompson and Rob Cotter facilitated the meeting and guided participants through a prioritization exercise using the OptionFinder audience response polling technology. In preparation for the prioritization meeting, an internal WPAHS team composed of leadership and staff identified four criteria by which the issues would be evaluated. Outlined in **Table 8**, these criteria included:

**Table 8: Prioritization criteria**

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
Accountable Entity	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for another entity in the community to take a lead role to address	This is important but is not for this action planning effort OR this is something that is an opportunity for collaboration between the hospital and the community	This is an important priority for the hospital/ health system to take a lead role to address
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area



The participants completed the prioritization exercise using polling technology to quickly rate and rank the issues based on the aforementioned criteria during the session. The exercise resulted in a rank ordering of needs and issues. After the system steering committee meeting, each of the hospital steering committees held separate meetings to review and prioritize the needs for each individual hospital. A special meeting was held with the Suburban Health Foundation board on February 19, 2013 to review the data for the Suburban service area and to prioritize the issues identified in the CHNA process. The input from this session is included in the overall WPAHS prioritization results.

### **Implementation strategy planning process**

After all of the individual hospital steering committee meetings were held, the individual and aggregate results of the prioritization exercise were reviewed by key WPAHS leaders and staff and subsequently implementation strategies were identified and developed. Each hospital reviewed its current community benefit and disease management programs, identified the programs and strategies that best aligned with the needs, capabilities and resources of that individual hospital, and then developed individual action plans for each selected implementation strategy for each selected issue.



(This page intentionally left blank)

(This page intentionally left blank)

# DEMOGRAPHICS



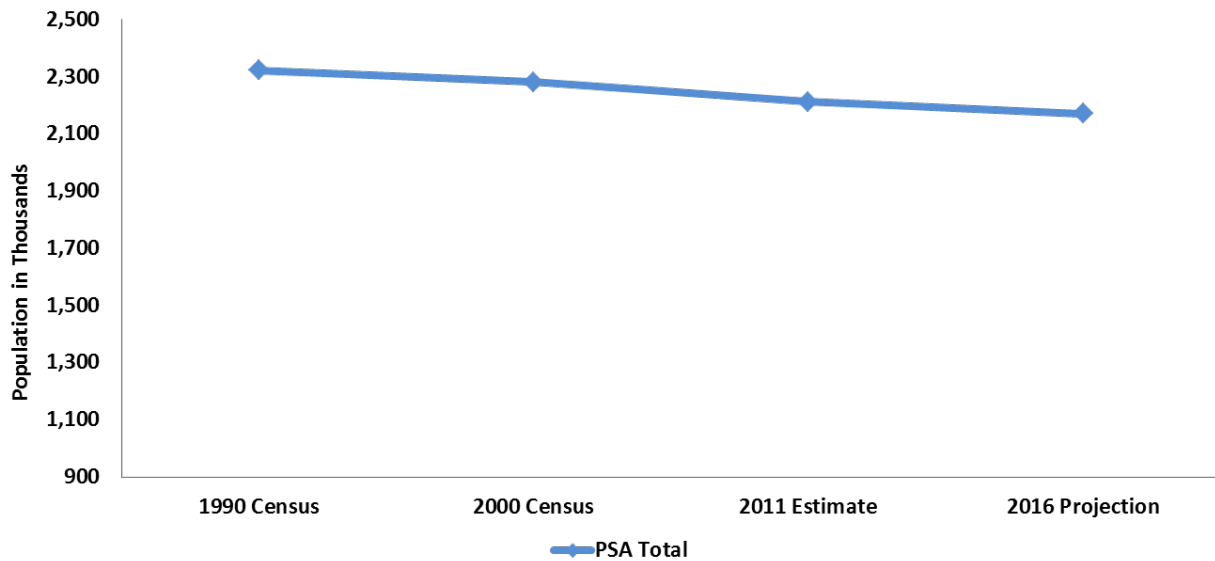


(This page intentionally left blank)

## Demographics

**Figure 3** illustrates the WPAHS primary service area total population from the 1990 and 2000 censuses, as well as a 2011 estimate and 2016 projection. The total population of the region is approximately 2.2 million people (total population = 2,212,461). The highest population in the WPAHS service area occurred in 1990, and a decreasing trend is projected to continue into 2016.

**Figure 3. WPAHS primary service area demographics**



Source: Nielsen Claritas, WPAHS Decision Support

**Table 9** illustrates total population from Allegheny, Armstrong, Beaver, Butler and Washington counties from the 1990 and 2000 censuses, as well as a 2011 estimate and 2016 projection. The population of the total service area overall is expected to continue to decline by 1.9 percent between 2011 and 2016, as well as within many of the individual counties. Butler County is an exception, as it has seen growth in population of 9.7 percent since 2000 and is expected to grow by an additional 2 percent by 2016. Although Washington County's population declined between 1990 and 2000, it has also increased 5.3 percent between 2000 and 2011, and is expected to continue to grow by 0.5 percent by 2016.

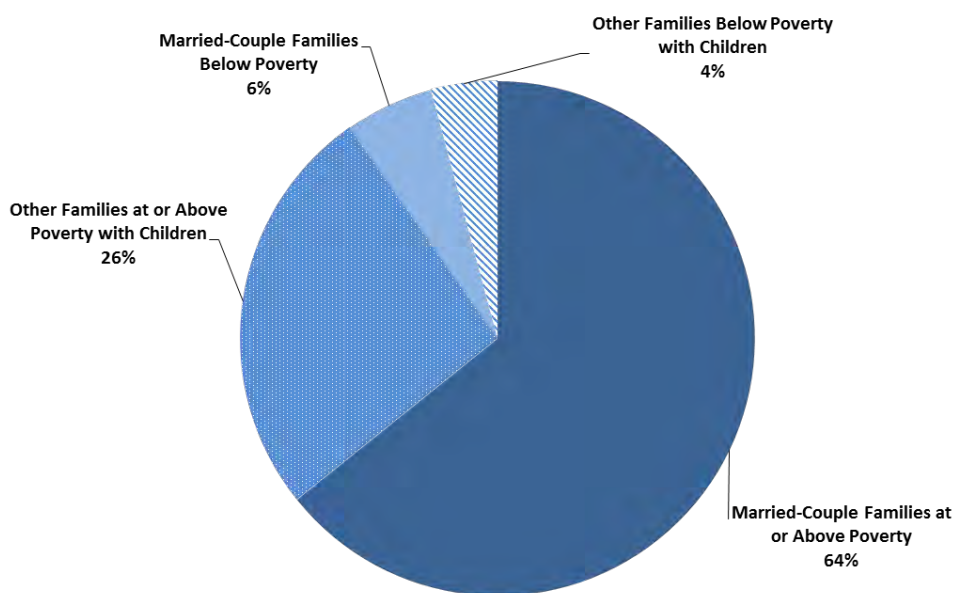
**Table 9. WPAHS primary service area population by county**

	PSA	PSA	PSA	PSA	PSA	PSA
	TOTAL	Allegheny	Armstrong	Beaver	Butler	Washington
2016 Projection	<b>2,171,018</b>	1,174,570	49,625	160,704	194,847	214,703
2011 Estimate	<b>2,212,461</b>	1,207,359	51,509	166,029	191,009	213,592
2000 Census	<b>2,282,443</b>	1,281,666	72,392	181,412	174,083	202,897
1990 Census	<b>2,322,938</b>	1,336,449	73,478	186,093	152,013	204,584
<b>Change</b>						
Growth 2011-2016	<b>(1.9%)</b>	(2.7%)	(3.7%)	(3.2%)	2.0%	0.5%
Growth 2000-2011	<b>(3.1%)</b>	(5.8%)	(28.8%)	(8.5%)	9.7%	5.3%
Growth 1990-2000	<b>(1.7%)</b>	(4.1%)	(1.5%)	(2.5%)	14.5%	(0.8%)

Source: Nielsen Claritas, WPAHS Decision Support

**Figure 4** illustrates the poverty levels of the service region. As seen below, 9.8 percent of service region families live below the federal poverty level. A little over half of those (5.6 percent) are married couples with families.

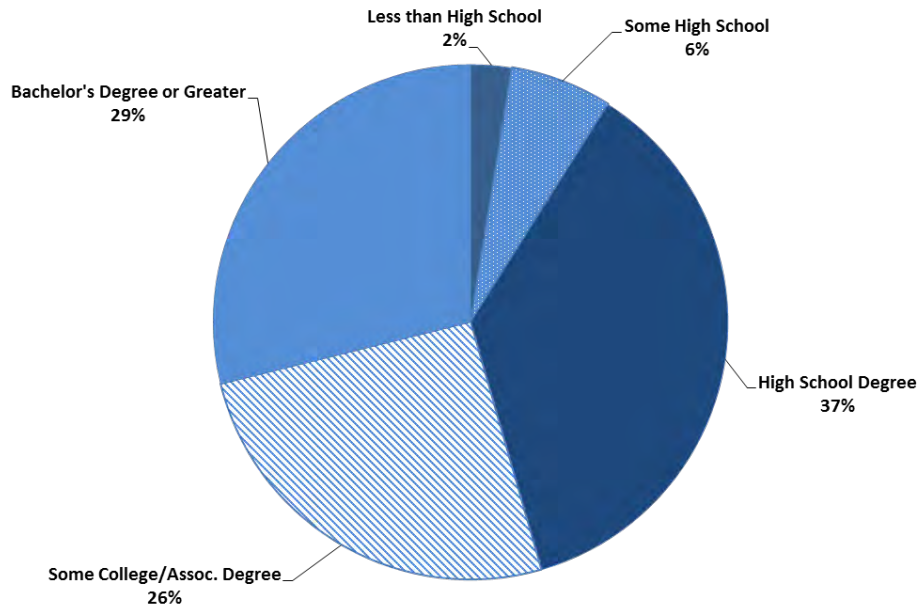
**Figure 4. Primary service area poverty level**



Source: Nielsen Claritas, WPAHS Decision Support

**Figure 5** illustrates the levels of educational attainment within the primary service area. As seen below, the highest percentage (36.6 percent) of residents have a high school degree, while 28.9 percent of residents have obtained a bachelor's degree or greater. About 9.0 percent of the service region population did not graduate from high school.

**Figure 5. Primary service area by education**

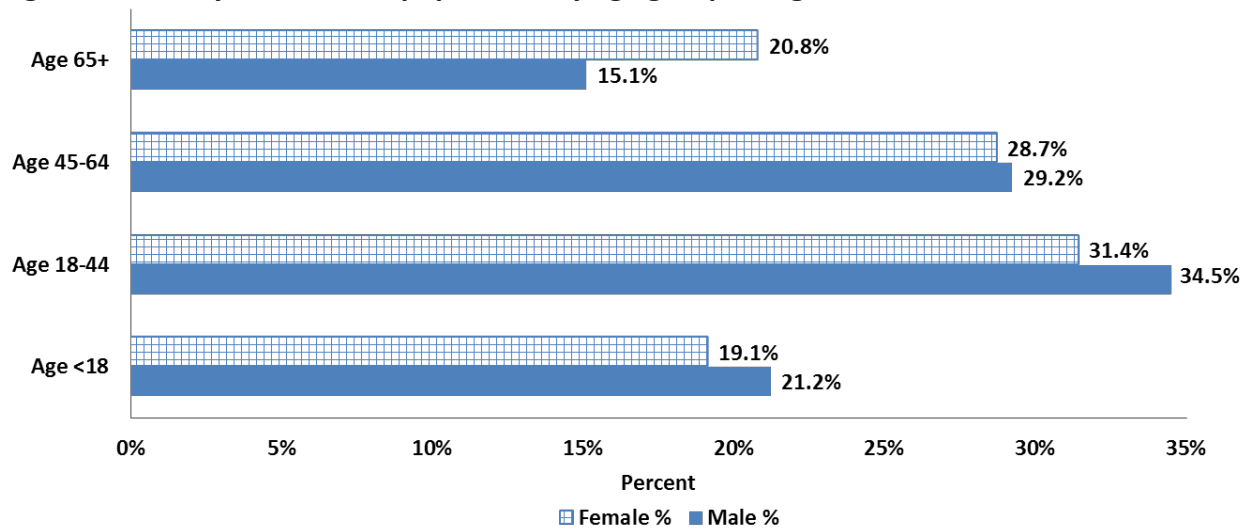


Source: Nielsen Claritas, WPAHS Decision Support



**Figure 6** illustrates the population by age group and gender for the primary service area. A higher percentage (20.8 percent versus 15.1 percent) of the service area population age 65 and over is female, while in all of the other age cohorts, the percentage of males is higher.

**Figure 6. Primary service area population by age group and gender**

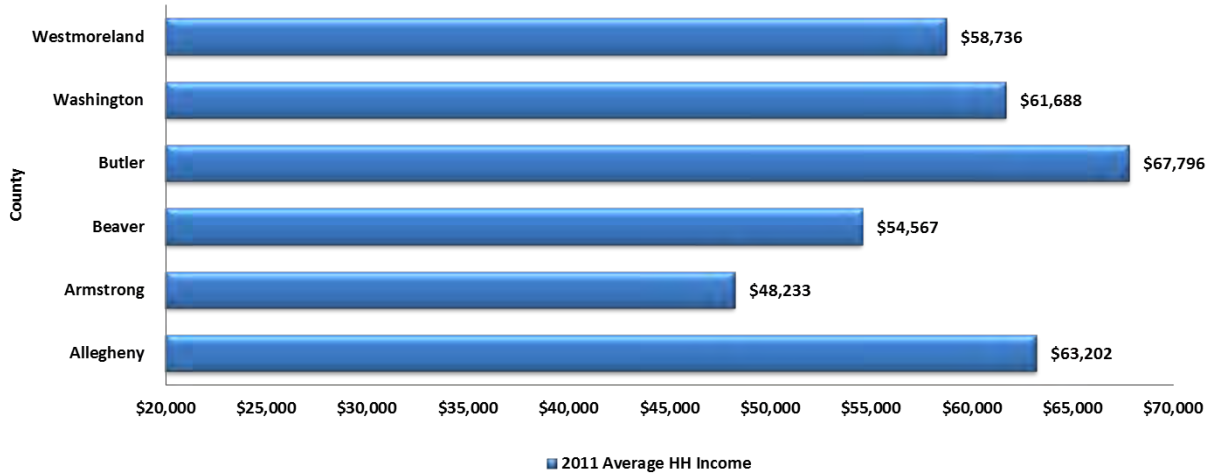


Source: Nielsen Claritas, WPAHS Decision Support



**Figure 7** illustrates the WPAHS primary service area average household income by county. The highest 2011 average household income was in Butler County at \$67,796, while the lowest was in Armstrong County at \$48,233.

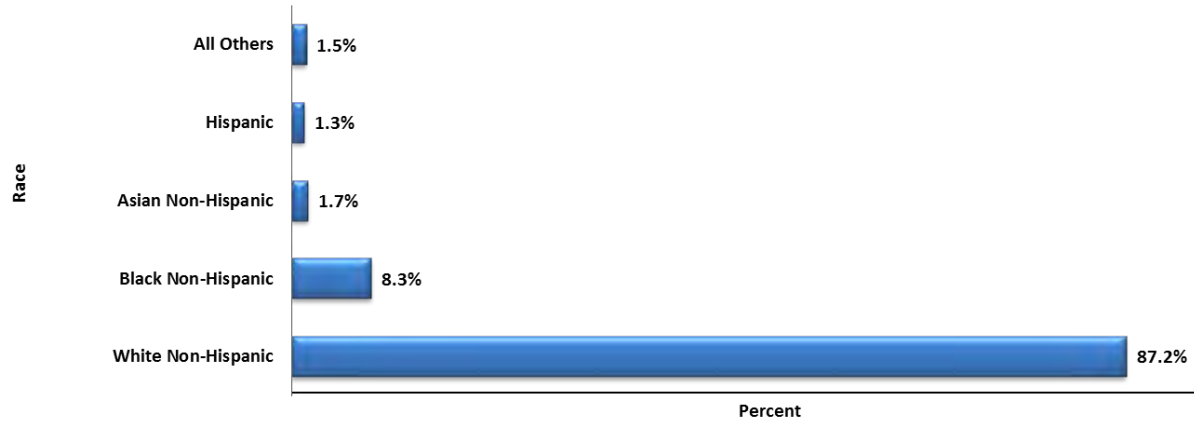
**Figure 7. WPAHS primary service area: Average household income**



Source: Nielsen Claritas, WPAHS Decision Support

**Figure 8** illustrates the primary service area population by race and ethnicity. The majority of residents (87.2 percent) are white non-Hispanic.

**Figure 8. WPAHS primary service area: Population by race and ethnicity**

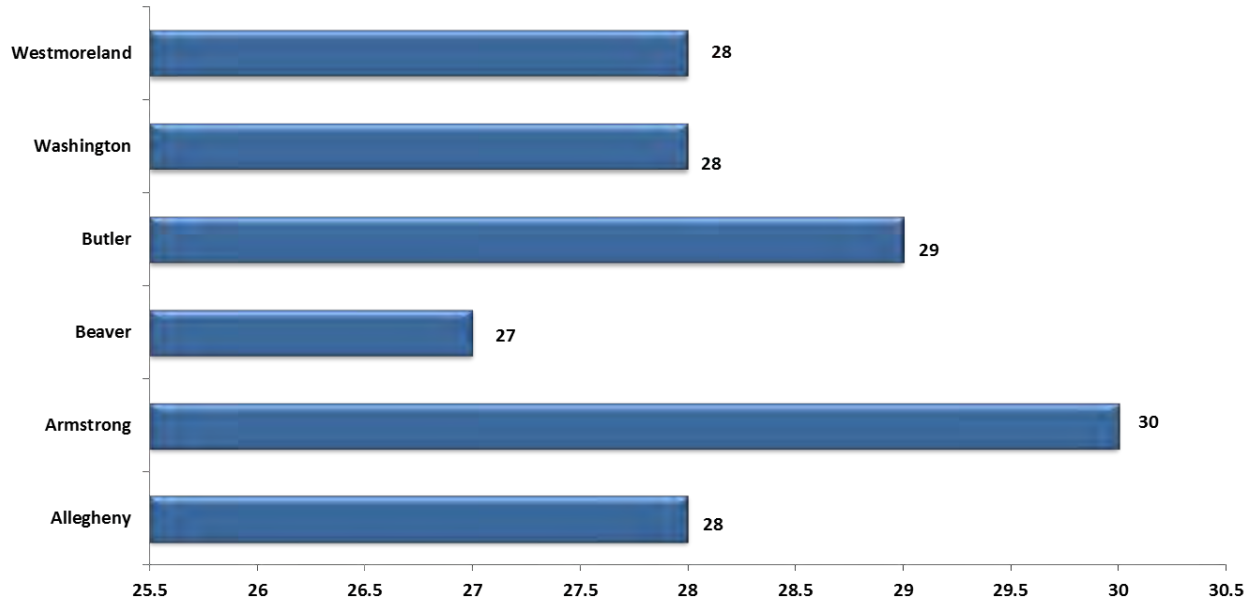


Source: Nielsen Claritas, WPAHS Decision Support



**Figure 9** illustrates the WPAHS primary service area travel time to work by county for Westmoreland, Washington, Butler, Beaver, Armstrong and Allegheny counties. While all counties average almost a half hour of travel time to work, residents in Armstrong County have the longest commute to work at an average of 30 minutes.

**Figure 9. WPAHS primary service area: Travel time to work (in minutes)**

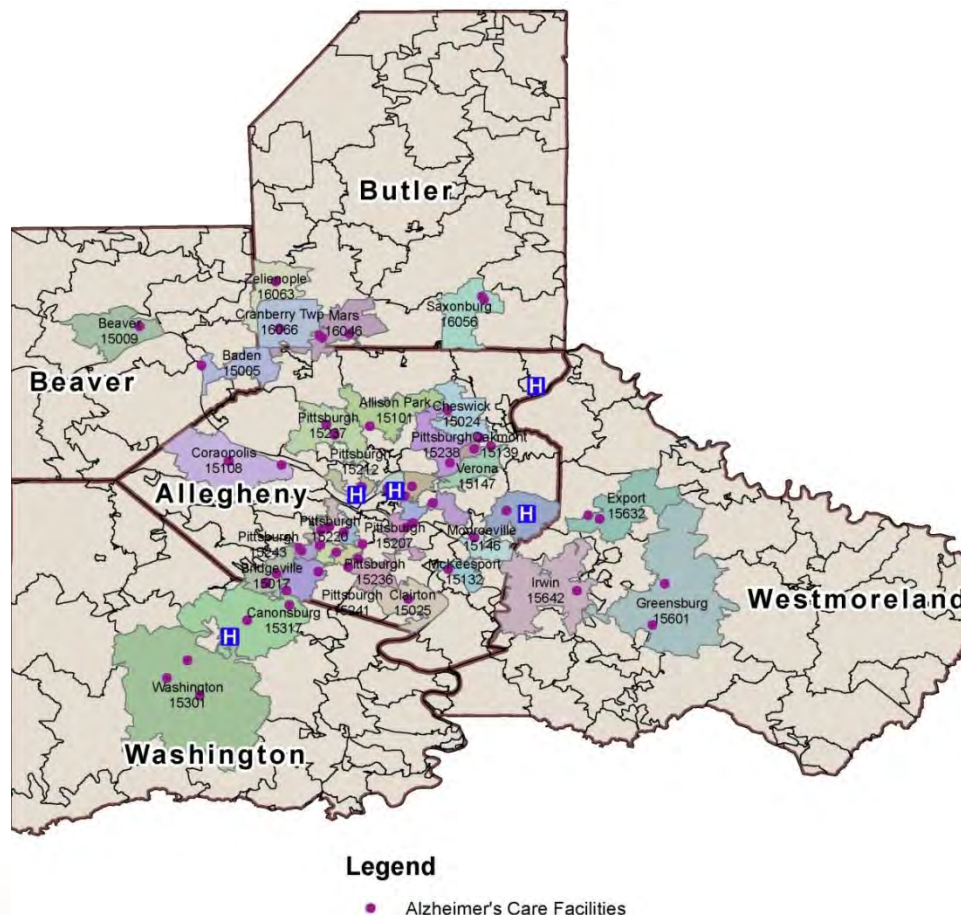


Source: Nielsen Claritas, WPAHS Decision Support

## Community Assets

The following maps, **Figure 10 to Figure 17**, depict the WPAHS inventory of community assets and resources that the CHNA steering committee as well as internal WPAHS leaders and staff identified as important to the health of the community. The community assets and resources are divided into several maps, including system-wide Alzheimer’s care facilities, skilled nursing facilities, home health care services, medical services and providers, and durable medical equipment suppliers. The system-wide maps display assets and resources shared by Allegheny General Hospital (AGH), West Penn Hospital (WPH) and Forbes Regional Hospital (FRH) as well as Allegheny Valley Hospital (AVH) and Canonsburg General Hospital (CGH). Also included are maps for AVH community assets and CGH community and home care referral assets.

**Figure 10. WPAHS primary service area Alzheimer’s care facilities**



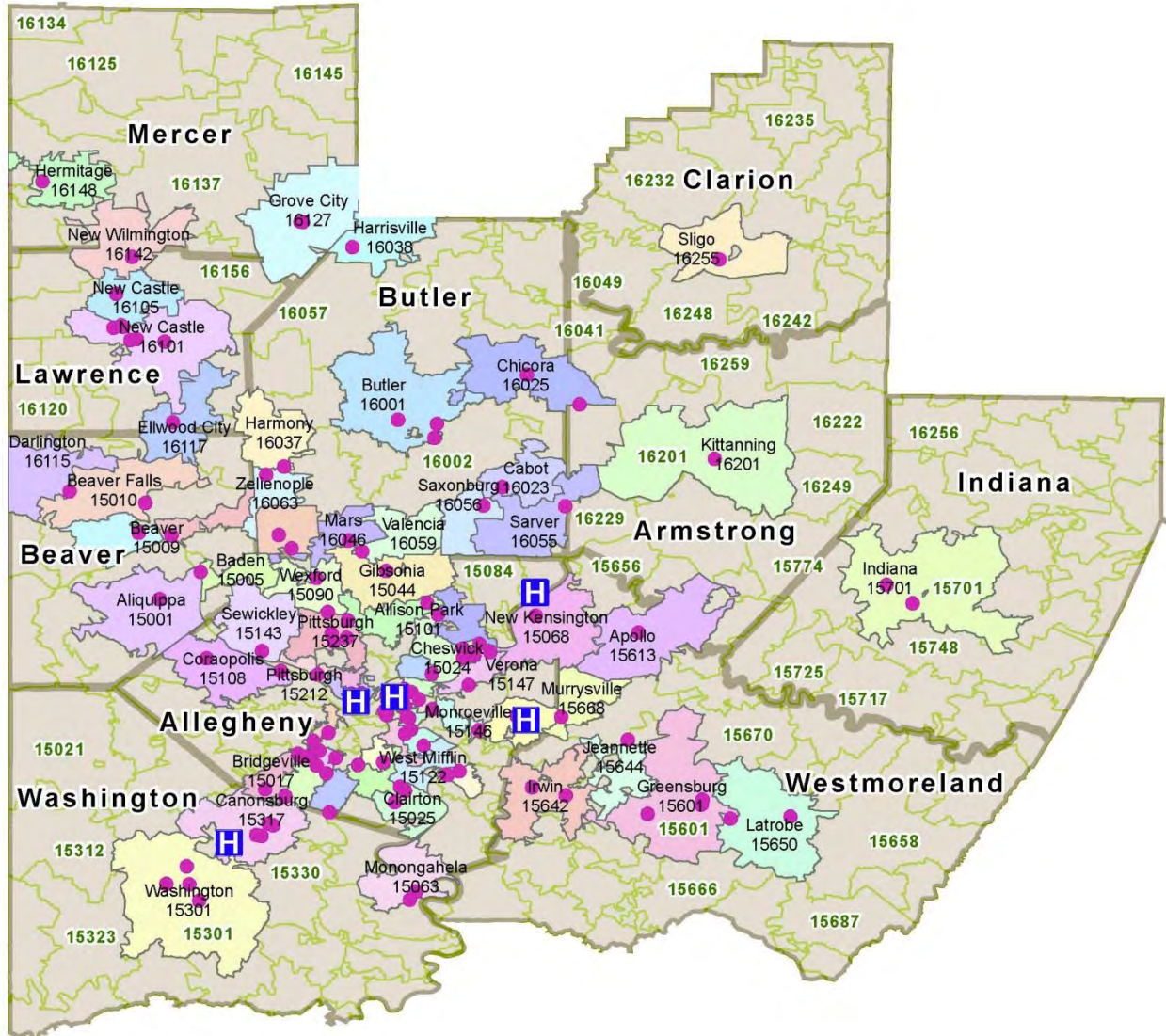
**Table 10. WPAHS primary service area Alzheimer's care facilities – table 1 of 2**

Name	Address	City	State	Zip
Amber Woods/Harmar Village Care Center/Grane Health Care	715 Freeport Road	Cheswick	PA	15024
Arden Courts- Jefferson Hills/HCR Manor Care	380 Wray Large Road	Jefferson Hills	PA	15025
Arden Courts- Monroeville/HCR Manor Care	120 Wyngate Drive	Monroeville	PA	15146
Arden Courts- North Hills/HCR Manor Care	1125 Perry Highway	Pittsburgh	PA	15237
Asbury Heights/United Methodist Services for the Aging	700 Bower Hill Road	Pittsburgh	PA	15243
Asbury Place	760 Bower Hill Road	Pittsburgh	PA	15243
Assisted Living at Weinberg Village/Jewish Assoc on Aging	300 JHF Drive	Pittsburgh	PA	15217
Autumn Lane	1521 Kennedy Lane	Coraopolis	PA	15108
Baptist Homes	489 Castle Shannon Blvd	Pittsburgh	PA	15234
Broadmore Assisted Living/Senior Services of America	3275 Washington Pike	Bridgeville	PA	15017
Caring Heights Nursing Center	234 Coraopolis Road	Coraopolis	PA	15108
Charles Morris Nursing & Rehab Center/JAA	200 JHF Drive	Pittsburgh	PA	15217
Claire Bridge of Murrysville	5300 Old William Penn Hwy	Export	PA	15632
Concordia at Fox Chapel	931 Route 910	Cheswick	PA	15024
Concordia of Cranberry/Sunrise Senior Living	10 Adams Ridge Road	Mars	PA	16046
Consulate Health Care of North Strabane	100 & 200 Tandem Village Road	Canonsburg	PA	15317
Country Meadows of South Hills-1	3560 Washington Pike	Bridgeville	PA	15017
Country Meadows of South Hills Nursing & Rehab/Country Meadows Retirement	3590 Washington Pike	Bridgeville	PA	15017
Elmcroft of Saxonburg	100 Bella Court	Saxonburg	PA	16056
Fair Oaks of Pittsburgh	2200 West Liberty Avenue	Pittsburgh	PA	15226
Friendship Ridge	246 Friendship Circle	Beaver	PA	15009
Friendship Village of South Hills/Life Care Retirement Communities, Inc.	1290 Boyce Road	Upper Saint Claire	PA	15241
Greensburg Care Center/Grane Healthcare	209 Sigma Drive	Pittsburgh	PA	15238
Harbor Assisted Living	1320 Greentree Road	Pittsburgh	PA	15220
Harbor Assisted Living	2589 Mossie Blvd	Monroeville	PA	15146
Highland Park Care Center	745 N Highland Avenue	Pittsburgh	PA	15206
Juniper Village at Huntingdon Ridge/Wellsprings Memory Care/Cordia Commons	7990 Route 30 East	North Huntingdon	PA	15642
Kade Nursing Home/Reliant Senior Care	1198 W Wylie Avenue	Washington	PA	15301
Kane Regional Center- Glen Hazel	955 Rivermont Drive	Pittsburgh	PA	15207
Kane Regional Center- McKeesport	100 9th Street	McKeesport	PA	15132
Kane Regional Center- Ross Township	110 McIntryre Road	Pittsburgh	PA	15237
Kane Regional Center- Scott Township	300 Kane Blvd	Pittsburgh	PA	15243
Longwood at Oakmont	500 Route 909	Verona	PA	15147
Manor Care-HCR Pittsburgh/Heartland Health Care Center	550 S Negley Avenue	Pittsburgh	PA	15232
Manor Care Health Services- North Hills/HCR Manor Care	1105 Perry Highway	Pittsburgh	PA	15237
Manor Care Health Services- Whitehall Borough/HCR Manor Care	505 Weyman Road	Pittsburgh	PA	15236
Marian Manor Inc.	2695 Winchester Drive	Pittsburgh	PA	15220
Norbert Assisted Living Facility/Norbert Inc.	2413 Saint Norbert Drive	Pittsburgh	PA	15234
Orion Assisted Living	2191 Ferguson Road	Allison Park	PA	15101
Paramount Senior Living-Bethel Park	5785 Baptist Road	Bethel Park	PA	15102
Paramount Senior Living at Cranberry	500 Seven Field Blvd	Mars	PA	16046
Paramount Senior Living at Peters Township/Paramount Health Resources	3025 Washington Road	Canonsburg	PA	15317

**Table 11. WPAHS primary service area Alzheimer’s care facilities – table 2 of 2**

Name	Address	City	State	Zip
Providence Point	500 Providence Point Blvd	Pittsburgh	PA	15243
Redstone Highland-Murrysville	4951 Cline Hollow Road	Murrysville	PA	15668
Redstone Highlands Health Care Center	6 Garden Center Drive	Greensburg	PA	15601
Saint John Specialty Care Center/Lutheran Affiliated Services	500 Wittenberg Way	Mars	PA	16046
Saxony Health Center	223 Pittsburgh Street	Saxonburg	PA	16056
Sky Vue Terrace/HCR Manor Care	2170 Rhine Street	Pittsburgh	PA	15212
Southmount at Prebyterian Senior Care	835 S Main Street	Washington	PA	15301
St. Nicholas Home	353 Dixon Avenue	North Versailles	PA	15137
Sunrise of Upper St. Clair	500 Village Drive	Pittsburgh	PA	15241
The Creek Meadows	1630 Ellwood City Road	Zelienople	PA	16063
The Village at Pennwood	909 West Street	Pittsburgh	PA	15221
The Willows of Presbyterian Senior Care	1215 Hulton Road	Oakmont	PA	15139
UPMC Canterbury Place	310 Fisk Street	Pittsburgh	PA	15201
UPMC Sherwood Oakes Retirement Community	100 Norman Drive	Cranberry Township	PA	16066
Villa Saint Joseph of Baden Inc.	1030 State Street	Baden	PA	15005
Walnut Ridge Memory Care LLC	711 Route 119	Greensburg	PA	15601
Washington County Health Center	36 Old Hickory Ridge Road	Washington	PA	15301

Figure 11. WPAHS primary service area skilled nursing facilities



**Legend**

- West Penn Allegheny Health System Primary Service Area Skilled Nursing Facilities



**Table 12. WPAHS primary service area skilled nursing facilities – table 1 of 3**

Name	Address	City	State	Zip
Asbury Heights/United Methodist Services for the Aging	700 Bower Hill Road	Pittsburgh	PA	15243
Autumn Grove Care Center	555 S Main Street	Harrisville	PA	16038
Avalon Nursing Center	239 W Pittsburgh Road	New Castle	PA	16101
Baldock Health Care Centre	8850 Barnes Lake Road	North Huntingdon	PA	15642
Baldwin Health Center/Communicare Family of Companies	1717 Skyline Drive	Pittsburgh	PA	15227
Baptist Homes	489 Castle Shannon Blvd	Pittsburgh	PA	15234
Beaver Elder Care & Rehab Center/Guardian Elder Care	616 Golfcourse Road	Aliquippa	PA	15001
Beaver Valley Nursing & Rehab Center/Extencicare Health Svcs, Inc.	257 Georgetown Road	Beaver Falls	PA	15010
Belair Health & Rehab Center/Extencicare Hlth Svcs, Inc.	100 Little Road	Lower Burrell	PA	15068
Briarcliff Pavilion/Reliant Senior Care	249 Maus Drive	North Huntingdon	PA	15642
Butler Hospital- TCU	911 E Brady Street	Butler	PA	16001
Butler Memorial Hospital-TCF	911 E Brady Street	Butler	PA	16001
Caring Heights Nursing Center	234 Coraopolis Road	Coraopolis	PA	15108
Charles Morris Nursing & Rehab Center/JAA	200 JHF Drive	Pittsburgh	PA	15217
Chicora Medical Center Inc.	160 Medical Center Road	Chicora	PA	16025
Clarview Nursing & Rehab Center/Ezxtencicare, Inc.	14663 Route 68	Sligo	PA	16255
Concordia Lutheran Ministries	134 Marwood Road	Cabot	PA	16023
Concordia of the South Hills	1300 Bower Hill Road	Pittsburgh	PA	15243
Concordia Rebecca Residence	3746 Cedar Ridge Road	Allison Park	PA	15101
Consulate Health Care of Cheswick	33876 Saxonburg Blvd	Cheswick	PA	15024
Consulate Health Care of North Strabane	100 and 200 Tandem Village Road	Canonsburg	PA	15317
Country Meadows of South Hills Nursing & Rehab/Country Meadows Retire. Com.	3590 Washington Pike	Bridgeville	PA	15017
Edison Manor	22 W Edison Avenue	New Castle	PA	16101
Eldercrest Nursing Center/Extencicare Health Services, Inc.	2600 W Run Road	Munhall	PA	15120
Ellwood City Hospital- Mary Evans Extended Care Center	724 Pershing Street	Ellwood City	PA	16117
Evergreen Nursing Center/Reliant Senior Care	191 Evergreen Mill Road	Harmony	PA	16037
Fair Winds Manor	126 Iron Bridge Road	Sarver	PA	16055
Forbes Center for Rehab & Healthcare	6655 Frankstown Avenue	Pittsburgh	PA	15206
Friendship Ridge	246 Friendship Circle	Beaver	PA	15009
Friendship Village of South Hills/Life Care Retirement Communities, Inc.	1290 Boyce Road	Upper Saint Claire	PA	15241
Genesis HC- Highland Center	1050 Broadview Blvd	Brackenridge	PA	15014
Golden Hill Nursing Home	520 Friendship Street	New Castle	PA	16101
Golden Living Center- Murrysville	3300 Logan Ferry Road	Murrysville	PA	15668
Golden Living Center- Oakmont	26 Ann Street	Oakmont	PA	15139
Golden Living Center- South Hills	201 Village Drive	Canonsburg	PA	15317
Golden Living Center-Monroeville	4142 Monroeville Blvd	Monroeville	PA	15146
Golden Living Center-Mt. Lebanon	350 Old Gilkeson Road	Pittsburgh	PA	15228
Greenery Specialty Care Center	2200 Hill Church-Houston Road	Canonsburg	PA	15317
Greensburg Care Center	119 Industrial Park Road	Greensburg	PA	15601
Grove Manor/Extencicare, Inc.	435 North Broad Street	Grove City	PA	16127
Harmar Village Care Center/Grane Health Care	715 Freeport Road	Cheswick	PA	15024
Haven Convalescent Home Inc.	725 Paul Street	New Castle	PA	16101

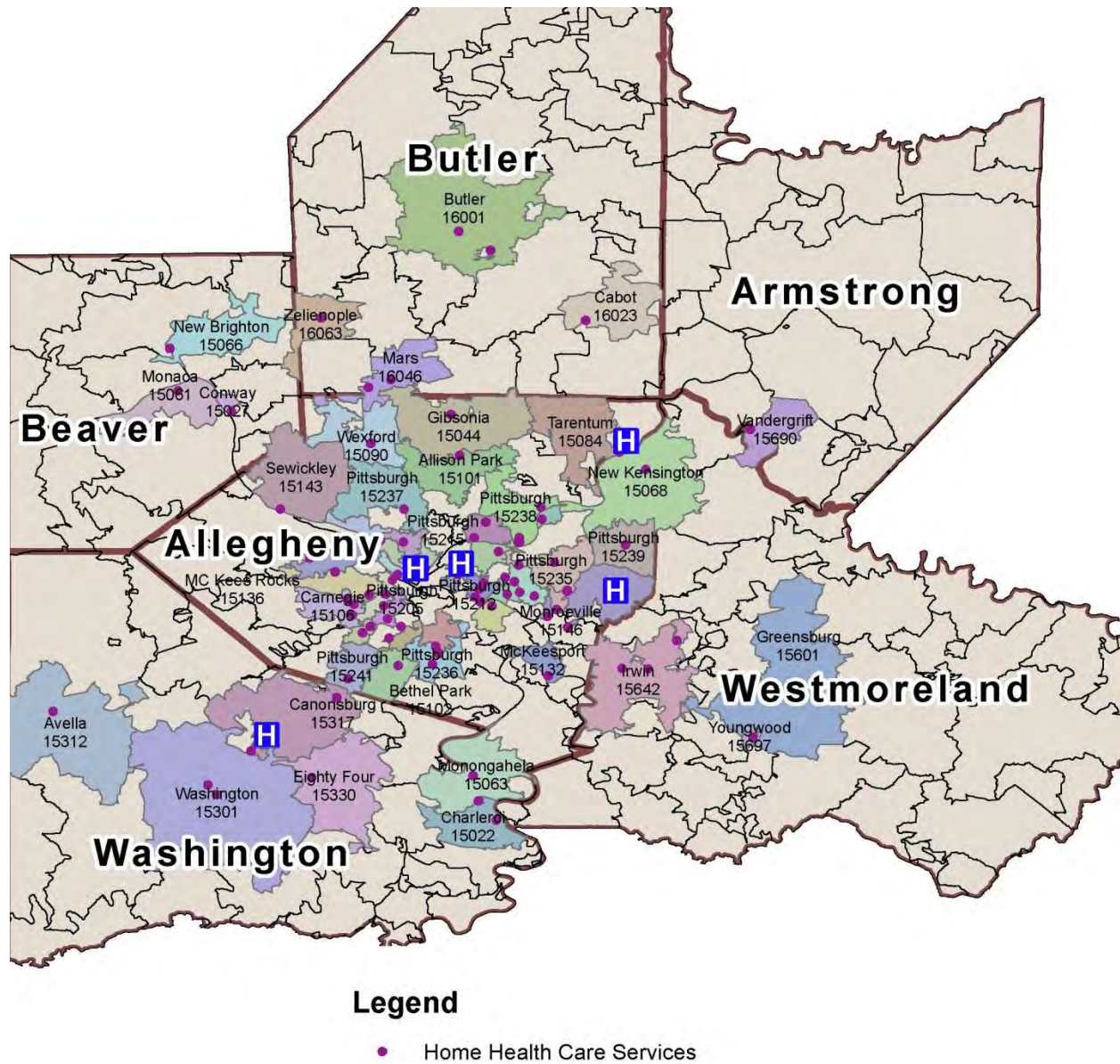
**Table 13. WPAHS primary service area skilled nursing facilities – table 2 of 3**

Name	Address	City	State	Zip
Havencrest Nursing Center/Extencicare Health Services, Inc.	1277 Country Club Road	Monongahela	PA	15063
Health South Harmarville Transitional Care Unit	320 Guys Run Road	Pittsburgh	PA	15238
Hempfield Manor	1118 Woodward Drive	Greensburg	PA	15601
Highland Park Care Center	745 N Highland Avenue	Pittsburgh	PA	15206
Humbert Lane Health Care Centre	90 Humbert Lane	Washington	PA	15301
Jameson Care Center	3349 Wilmington Road	New Castle	PA	16105
Jameson Hospital North Campus- TCU	1211 Wilmington Avenue	New Castle	PA	16105
Jefferson Hills Manor	448 Old Clairton Road	Jefferson Hills	PA	15025
John XXIII Home/Roman Catholic Diocese of Erie	2250 Shenango Valley Freeway	Hermitage	PA	16148
Kade Nursing Home/Reliant Senior Care	1198 W Wylie Avenue	Washington	PA	15301
Kane Regional Care- Glen Hazel	955 Rivermont Drive	Pittsburgh	PA	15207
Kane Regional Care- McKeesport	100 9th Street	McKeesport	PA	15132
Kane Regional Center- Ross Township	110 McIntyre Road	Pittsburgh	PA	15237
Kane Regional Center- Scott Township	300 Kane Blvd	Pittsburgh	PA	15243
Kindred Hospital- Pittsburgh North Shore/Kindred Healthcare Inc.	1004 Arch Street	Pittsburgh	PA	15212
Kittanning Care Center/Grane Healthcare	Route 422 E	Kittanning	PA	16201
Latrobe Health & Rehab Center	576 Fred Rogers Drive	Latrobe	PA	15650
Lawson Nursing Home, Inc.	540 Coal Valley Road	Clairton	PA	15025
LGAR Health & Rehab Center	800 Elsie Street	Turtle Creek	PA	15145
Lifecare Hospitals of Pittsburgh, Inc- Transitional Care Center	100 S Jackson Avenue	Pittsburgh	PA	15202
Longwood At Oakmont	500 Route 909	Verona	PA	15147
Manor Care- HCR Pittsburgh/Heartland Health Care Center	550 S Negley Avenue	Pittsburgh	PA	15232
Manor Care- HCR Shadyside/Shadyside Nursing & Rehab Center	5609 5th Avenue	Pittsburgh	PA	15232
Manor Care Health Services- Bethel Park/HCR Manor Care	60 Highland Road	Bethel Park	PA	15102
Manor Care Health Services- Greentree	1848 Greentree Road	Pittsburgh	PA	15220
Manor Care Health Services- Monroeville	885 MacBeth Drive	Monroeville	PA	15146
Manor Care Health Services- North Hills	1105 Perry Highway	Pittsburgh	PA	15237
Manor Care Health Services- Peters Township	113 W McMurray Road	McMurray	PA	15317
Manor Care Health Services- Whitehall Borough	505 Weyman Road	Pittsburgh	PA	15236
Marian Manor Inc.	2695 Winchester Drive	Pittsburgh	PA	15220
Mason Village at Sewickley/Grand Lodge of PA Free & Accepted Masons	1000 Masonic Drive	Sewickley	PA	15143
McMurray Hills Manor	249 W McMurray Road	McMurray	PA	15317
Meadowcrest Nursing Center/Extencicare Health Services, Inc.	1200 Braun Road	Bethel Park	PA	15102
MON Valley Care Center	200 Stoops Drive	Monongahela	PA	15063
Mountainview Specialty Care Center	227 Sand Hill Road	Greensburg	PA	15601
Nentwick Convalescent Home, Inc.	500 Selfridge Street	East Liverpool	PA	43920
North Hills Health & Rehab Center/Sava Senior Center, LLC	194 Swinderman Road	Wexford	PA	15090
Oak Hill Nursing & Rehab Center/Extencicare Health Services, Inc.	827 Georges Station Road	Greensburg	PA	15601
Orange Village Care Center/Atrium Living Centers	8055 Addison Road	Masury	PA	44438
Overlook Medical Clinic/Reliant Senior Care	520 New Castle Street	New Wilmington	PA	16142
Passavant Retirement Community/Lutheran Affiliated Services	401 S Main Street	Zelienople	PA	16063
Pittsburgh VA Health System- H John Heinz III Progressive Care Center/VA	1010 Delafield Road	Pittsburgh	PA	15215
Providence Care Center/Grane Healthcare	900 3rd Avenue	Beaver Falls	PA	15010

**Table 14. WPAHS primary service area skilled nursing facilities – table 3 of 3**

Name	Address	City	State	Zip
Providence Point	500 Providence Point Blvd	Pittsburgh	PA	15243
Reformed Presbyterian Home/Reformed Presbyterian Woman's Assoc.	2344 Perrysville Avenue	Pittsburgh	PA	15243
Riverside Care Center/Grane Healthcare	100 Eighth Street	McKeesport	PA	15132
Rochester Manor Nursing Home	174 Virginia Avenue	Rochester	PA	15074
Saint John Specialty Care Center/Lutheran Affiliated Services	500 Wittenberg Way	Mars	PA	16046
Saxony Health Center	223 Pittsburgh Street	Saxonburg	PA	16056
Scenery Hill Manor-Guardian Elder Care	680 Lion's Health Camp Road	Indiana	PA	15701
Select Specialty Hospital- Youngstown	1044 Belmont Avenue	Youngstown	PA	44501
Silver Oaks Nursing Center/Reliant Senior Care	715 Harbor Street	New Castle	PA	16101
Sky Vue Terrace/HCR Manor Care	2170 Rhine Street	Pittsburgh	PA	15212
Southmont at Presbyterian Senior Care	835 S Main Street	Washington	PA	15301
Southwestern Group, Ltd	500 Lewis Run Road	Pittsburgh	PA	15122
St. Andrew's Village/Julia Pound Care Center	1155 Indian Springs Road	Indiana	PA	15701
St. Barnabas Nursing Home/St. Barnabas Health System	5827 Meridian Road	Gibsonia	PA	15044
Sugar Creek Rest Home/Quality Life Services	120 Lakeside Drive	Worthington	PA	16262
Sunnyview Home	107 Sunnyview Circle	Butler	PA	16001
The Cedars of Monroeville/Monroe Christian Juda Foundation	4363 Northern Pike	Monroeville	PA	15146
The Commons at Squirrel Hill/Berkshire Healthcare	2025 Wightman Street	Pittsburgh	PA	15217
The Village at Pennwood	909 West Street	Pittsburgh	PA	15221
The Willows of Presbyterian Senior Care	1215 Hulton Road	Oakmont	PA	15139
Town View Health & Rehab Center/Barr Street Corporation	300 Barr Street	Canonsburg	PA	15317
Trinity Living Center/Quality Life Services	400 Hillcrest Avenue	Grove City	PA	16127
UPMC Canberry Place	5 St. Francis Way	Cranberry Township	PA	16066
UPMC Canterbury Place	310 Fisk Street	Pittsburgh	PA	15201
UPMC Heritage Shadyside	5701 Philips Avenue	Pittsburgh	PA	15217
UPMC Magee Womens Hospital -TCU	300 Halket Street	Pittsburgh	PA	15213
UPMC McKeesport SNF	1500 Fifth Avenue	McKeesport	PA	15132
UPMC Presbyterian Shadyside-TCU	200 Lothrop Street	Pittsburgh	PA	15212
UPMC Seneca Place	5360 Saltsburg Road	Verona	PA	15147
UPMC Sherwood Oakes Retirement Community	100 Norman Drive	Cranberry Township	PA	16066
Valencia Woods at St. Barnabas/The Arbors/St. Barnabas Health System	85 Charity Place	Valencia	PA	16059
Valley Renaissance Care Center	5665 South Avenue	Youngstown	PA	44512
Veterans Administration Medical Center- Butler	325 New Castle Road	Butler	PA	16001
Villa Saint Joseph of Baden Inc	1030 State Street	Baden	PA	15005
Vincentian DeMarillac/Vincentian Sisters of Charity	5300 Stanton Avenue	Pittsburgh	PA	15206
Vincentian Home/Vincentian Collaborative Services	111 Perrymont Road	Pittsburgh	PA	15237
Vincentian Regency/Vincentian Sisters of Charity	9399 Babcock Blvd	Allison Park	PA	15101
Washington County Health Center	36 Old Hickory Ridge Road	Washington	PA	15301
West Haven Manor	151 Goodview Drive	Apollo	PA	15613
West Hills Health & Rehab Center/Sava Senior Care, LLC	951 Brodhead Road	Coraopolis	PA	15108
Wexford House Nursing Center/Pavilion North Ltd.	9850 Old Perry Highway	Wexford	PA	15090
William Penn Care Center	2020 Ader Road	Jeanette	PA	15644
Windsor House at Omni Manor Health Care Center	3245 Vestal Road	Youngstown	PA	44509
Woodhaven Care Center of Monroeville	2400 McGinley Road	Monroeville	PA	15146

Figure 12. WPAHS primary service area home healthcare services



**Table 15. WPAHS primary service area home healthcare services – table 1 of 3**

Name	Address	City	State	Zip
2Care for Home Health	1108 South Avenue	Pittsburgh	PA	15221
Accessible Home Health Care	7500 Brooktree Road	Wexford	PA	15090
Advanced Home Care, Inc.	2414 Lytle Road	Bethel Park	PA	15102
Advantage Home Health	5035 Clairton Road	Pittsburgh	PA	15236
Albert Gallatin Home Care	100 Stoops Drive	Monongahela	PA	15063
Albert Gallatin Home Care	20 Highland Park Drive	Uniontown	PA	15401
Albert Gallatin Home Care	275 Meadowlands Blvd	Washington	PA	15301
Altoona Home Health	201 Chestnut Avenue	Altoona	PA	16601
Ambassador Nursing Care/Universal Healthcare	2547 Washington Road	Pittsburgh	PA	15241
Amedisys Home Health- Butler	240 Pullman Square	Butler	PA	16001
Anova Home Care	1229 Silver Lane	McKees Rocks	PA	15136
Arcadia Health Care- Pittsburgh	2020 Ardmore Blvd	Pittsburgh	PA	15221
AseraCare Home Health-Pittsburgh	300 Penn Center Blvd	Pittsburgh	PA	15221
Associated Home Health	604 Oak Street	Irwin	PA	15642
At Home Care- Pittsburgh	1376 Freeport Road	Pittsburgh	PA	15238
At Home Nursing & Therapy Svcs	1630 Ellwood City Road	Zelienople	PA	16063
Bayada Home Health	1789 S Braddock Avenue	Pittsburgh	PA	15218
Bright Star	300 Mt Lebanon Blvd	Pittsburgh	PA	15234
Care at Home Preferred	1376 Freeport Road	Pittsburgh	PA	15238
Care Plus Home Health	1024 Route 519	Eighty-Four	PA	15330
Care Unlimited- Pittsburgh	3288 Babcock Blvd	Pittsburgh	PA	15237
Care Unlimited Inc.	2214 W 8th Street	Erie	PA	16505
Caring Mission/TCM Home Health	1046 Jefferson Avenue	Washington	PA	15301
Cedars Home Health Care Svc & Community Hospice	4363 Northern Pike	Monroeville	PA	15146
Celtic Healthcare- Mars	150 Scharberry Lane	Mars	PA	16046
Chartwell	215 Beecham Drive	Pittsburgh	PA	15205
Christian Home Health	800 Vinial Street	Pittsburgh	PA	15212
Christian House Home Health	906 3rd Avenue	New Brighton	PA	15066
Comfort Keepers In Home Care	165 Curry Hollow	Pittsburgh	PA	15243
Community Life	702 2nd Avenue	Tarentum	PA	15084
Community Life- Homestead	441 E 8th Avenue	Homestead	PA	15120
Community Nurses	757 Johnsonburg Road	St Marys	PA	15857
Concordia Visiting Nurses- Baden	1525 Beaver Road	Baden	PA	15005
Concordia Visiting Nurses- Cabot/Concordia Luthern Mini	613 N Pike Road	Cabot	PA	16023
Conemaugh Home Health	315 Locust Street	Johnstown	PA	15901
Continuum Home Care Solutions	1651 Old Meadow Road	McLean	VA	22102
Continuum Pediatric Nursing Services	787 B Pine Valley Drive	Pittsburgh	PA	15239
E People, LLC	1108 Ohio River Blvd	Sewickley	PA	15143
eKidzCare-Sewickley	1108 Ohio River Blvd	Sewickley	PA	15143
Elite Home Care, Inc.	38 Campbell Street	Avella	PA	15312
Ellwood City Home Care	724 Pershing Street	Ellwood City	PA	16117
Excella	134 Industrial Park Road	Greensburg	PA	15601

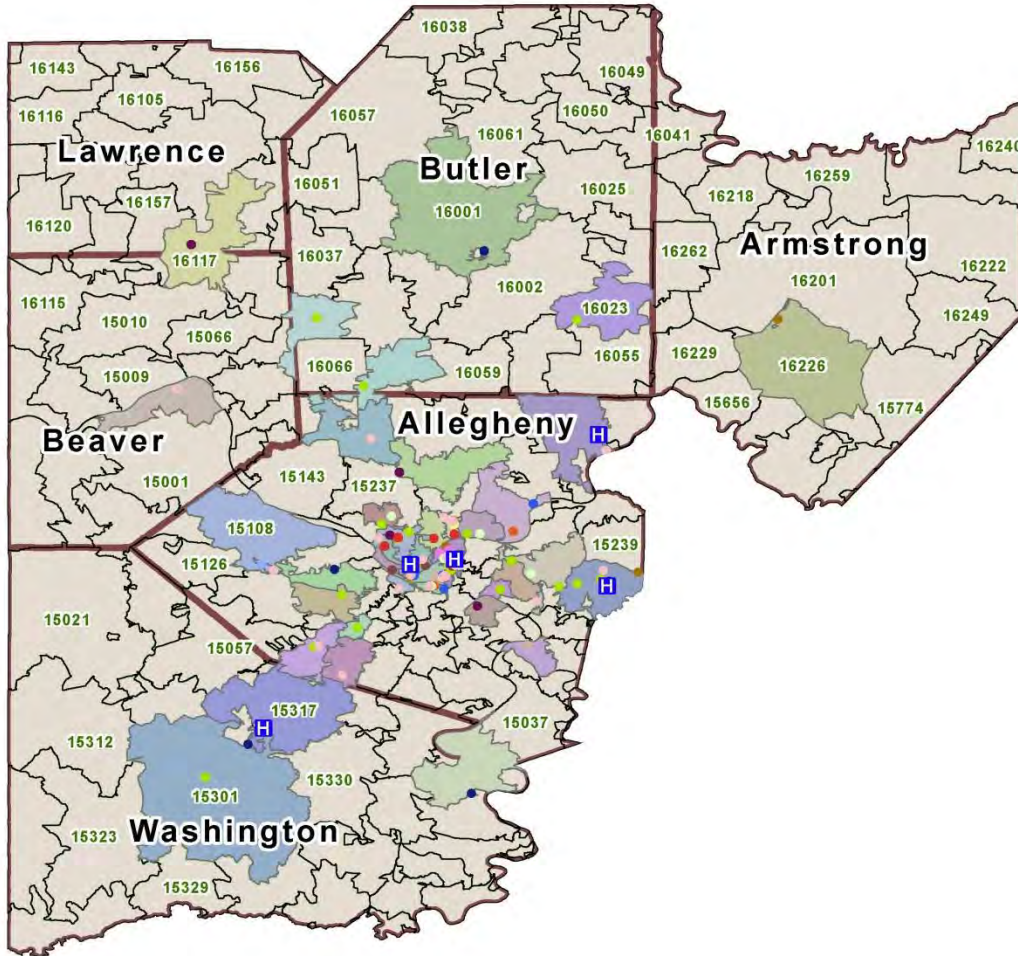
**Table 16. WPAHS primary service area home healthcare services – table 2 of 3**

Name	Address	City	State	Zip
Extended Family Care of Pittsburgh	10 Duff Road	Pittsburgh	PA	15235
Family Home Health	40 Lincoln Highway	North Huntingdon	PA	15642
Family Home Health Care	378 W Chestnut Street	Washington	PA	15301
Family Home Health Services Inc.	527 Cedar Way	Oakmont	PA	15139
Family Home Health Services Inc.	2500 Mosside Blvd	Monroeville	PA	15146
Family Hospice and Palliative Care	50 Moffett Street	Pittsburgh	PA	15243
Forbes Hospice/Allegheny University Hospital	4800 Friendship Avenue	Pittsburgh	PA	15224
Fox Chapel Physical Therapy- Freeport Road	1339 Freeport Road	Pittsburgh	PA	15238
Gallagher Home Health Services	1100 Washington Avenue	Carnegie	PA	15106
Grane Home Health and Hospice Care- Pittsburgh	105 Gamma Drive	Pittsburgh	PA	15238
Health Personnel Inc.	174 Lincoln	Bellevue	PA	15202
Health Personnel Inc.	627 Ravencrest Road	Pittsburgh	PA	15215
HealthSouth Harmorville Home Health	320 Guys Run Road	Pittsburgh	PA	15238
Heartland Home Health and Hospice- Irwin	3520 Route 130	Irwin	PA	15642
Heartland Home Health and Hospice- Pittsburgh	750 Holiday drive	Pittsburgh	PA	15220
Home Health Care Staffing & Services	8864 Frankstown Road	Pittsburgh	PA	15235
Home Healthcare Group Medical	8862 Frankstown Road	Pittsburgh	PA	15235
Home Help	903 West Street	Pittsburgh	PA	15221
Home Help	1051 Brinton Road	Pittsburgh	PA	15221
Interim Healthcare- Pittsburgh	1789 S Braddock Avenue	Pittsburgh	PA	15218
JAA Home Health	200 JHF Drive	Pittsburgh	PA	15217
Jewish Association on Aging	200 JHF Drive	Pittsburgh	PA	15217
Landmark Home Health Care Services, Inc.	209 13th Street	Sharpsburg	PA	15215
Life Pittsburgh	2695 Winchester Drive	Pittsburgh	PA	15220
Liken Home Care	400 Penn Center Blvd	Pittsburgh	PA	15235
Loving Care Agency	875 Greentree Road	Pittsburgh	PA	15220
Maxim Healthcare Services- Pittsburgh	425 N Craig Street	Pittsburgh	PA	15213
Medi Home Health	201 Penn Center Blvd	Pittsburgh	PA	15235
Moriarty Consultants	3904 Perrysville Avenue	Pittsburgh	PA	15214
Nason Home Care	100 Nason Drive	Roaring Spring	PA	16673
Nightingale Home Healthcare-Pittsburgh	2790 Mosside Blvd	Monroeville	PA	15146
Northern Healthcare	4842 Route 8	Allison Park	PA	15101
Northern Healthcare	209 13th Street	Pittsburgh	PA	15215
Nursefinders of Western PA	510 E Main Street	Carnegie	PA	15106
Omni Home Care- Carnegie	600 N Bell Avenue	Carnegie	PA	15106
OSPTA at Home, LLC	625 Lincoln Avenue	Charleroi	PA	15022
Paramount Home Health & Hospice	3025 Washington Road	Canonsburg	PA	15317
Pediatric Specialist	317 S Main Street	Pittsburgh	PA	15220
Personal Touch Home Care of PA, Inc.	160 N Craig Street	Pittsburgh	PA	15213
PRN Health Services, Inc.	573 Braddock Avenue	E. Pittsburgh	PA	15112
Progressive Home Health, Inc.	3940 Brodhead Road	Monaca	PA	15061
PSA- Pittsburgh Nursing/Pediatric Svcs of America	1501 Reedsdale Street	Pittsburgh	PA	15233
Quality Home Health Services, Inc.	444 Stilley Road	Pittsburgh	PA	15227

**Table 17. WPAHS primary service area home healthcare services – table 3 of 3**

Name	Address	City	State	Zip
Renaissance Home Care	1145 Bower Hill Road	Pittsburgh	PA	15243
Sandin Home Health Services	1119 Broadway Street	East McKeesport	PA	15035
Senior Bridge- Pittsburgh	7 Parkway Center	Pittsburgh	PA	15220
Sharon Home Care	32 Jefferson Avenue	Sharon	PA	16146
St. Barnabas Medical Center- Home Care	5830 Meridian Road	Gibsonia	PA	15044
St. Joseph Mercy Home Healthcare Services	3075 Clark Road	Pittsburgh	PA	15217
Superior Home Health	4304 Walnut Street	McKeesport	PA	15132
The Ambassadors Company	1417 Alabama Avenue	Pittsburgh	PA	15216
Thorne Group	302 N 5th Street	Youngwood	PA	15697
Too Touch a Life Home Health Care Agency	932 Penn Avenue	Turtle Creek	PA	15145
Tri-Care Home Care, Inc.	801 McNeilly Road	Pittsburgh	PA	15226
UPMC Jefferson Regional Home Health	300 Northpointe Circle	Seven Fields	PA	16046
UPMC Private Duty Services	6301 Forbes Avenue	Pittsburgh	PA	15217
Ursuline Senior Services	4749 Baum Blvd	Pittsburgh	PA	15213
VA Home Care	7180 Highland Drive	Pittsburgh	PA	15206
Viaquest Home Health-Monongahela	612 Park Avenue	Monongahela	PA	15063
VNA of Western PA	154 Hindman Road	Butler	PA	16001
VNA Indiana County	850 Hospital Road	Indiana	PA	15701
VNA Vandergrift	1129 Industrial Park Road	Vandergrift	PA	15690
West Penn Allegheny Home Care	4 Allegheny Center	Pittsburgh	PA	15212
Westarm Home Healthcare	3168 Kipp Avenue	Lower Burrell	PA	15068
Western PA Home Health Association	4372 Murray Avenue	Pittsburgh	PA	15217

Figure 13. WPAHS primary service area medical services and providers



**Legend**

- |                           |   |
|---------------------------|---|
| ● Pharmacies              | ● Medical Supplies                      |
| ● Medical Equipment       | ● Medical Facilities                    |
| ● Dialysis                | ● Home Health Care Services             |
| ● Transportation Services | ● Home Health Care and Hospice Services |
| ● Therapeutic Services    | ● Community Services                    |
| ● Senior Centers          | ● Ambulatory Services                   |
| ● Respiratory Services    | ● Adult Day Care Services               |
| ● Rehabilitation Services |   |



**Table 18. WPAHS primary service area medical services and providers – table 1 of 4**

<b>Adult Day Care</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Vintage Adult Day Care	1 Smithfield Street	Pittsburgh	PA	15222
<b>Ambulatory Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Guardian Angel Ambulance Service	411 W 8th Avenue	West Homestead	PA	15120
Lewis Ambulance Svc	315 Preson Avenue	Pittsburgh	PA	15214
Medevac Ambulance Service- Ellwood City/PA Med Transport	332 Wampum Avenue	Ellwood City	PA	16117
Stat MedEvac	230 McKee Place	Pittsburgh	PA	15213
UPMC Passavant- Norcom EMS Dispatch	9100 Babcock Blvd	Pittsburgh	PA	15237
<b>Community Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Community Recreation Center	415 Burrows Street	Pittsburgh	PA	15213
Program for Female Offenders- Allegheny Co Trmt Program	2410 5th Avenue	Pittsburgh	PA	15213
Allegheny County Dept. of Aging	441 Smithfield Street	Pittsburgh	PA	15222
UPMC Community LIFE/Pgh Care Partnership	1305 5th Avenue	McKeesport	PA	15132
<b>Dialysis</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Allegheny General Hospital- Dialysis	320 East North Avenue	Pittsburgh	PA	15212
DaVita- North side at Home Dialysis	320 E North Avenue	Pittsburgh	PA	15212
DaVita- PGH Home Modality Co	5171 Liberty Avenue	Pittsburgh	PA	15224
Dialysis Clinic, Inc.- Fifth Avenue	3420 Fifth Avenue	Pittsburgh	PA	15213
Renex Dialysis Clinic of Shaler, Inc.	800 Butler Street	Pittsburgh	PA	15223
<b>Medical Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Allegheny General Hospital- Dialysis	320 East North Avenue	Pittsburgh	PA	15212
FMC- Forbes Avenue/Fresenius Medical Care	1401 Forbes Avenue	Pittsburgh	PA	15219
FMC- Pittsburgh/Fresenius Medical Care	5301 Fifth Avenue	Pittsburgh	PA	15224
FMC- Shaler/Fresenius Medical Care	880 Butler Street	Pittsburgh	PA	15223
FMC- Western PA/Fresenius Medical Care	5124 Liberty Avenue	Pittsburgh	PA	15224
West Penn Hospital- Catheter Lab	4800 Friendship Avenue	Pittsburgh	PA	15224
<b>Equipment</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Ability Conversion Specialist	231 Perry Highway	Pittsburgh	PA	15229
Augmen Tech	5001 Baum Blvd	Pittsburgh	PA	15213
Best-Made Shoes	5143 Liberty Avenue	Pittsburgh	PA	15224
Independent Mobility - Accessibility Equipment	327 39th Street	Pittsburgh	PA	15201
Medical Repair & Rental	2120 E Carson Street	Pittsburgh	PA	15203
UPMC Home Medical Equipment of Pittsburgh	1370 Beulah Road	Pittsburgh	PA	15235
Infusion Partners- Pittsburgh/Bio Scrip	311 23rd Street	Sharpsburg	PA	15215
<b>Home Healthcare and Hospice Providers</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Albert Gallatin Home Care/Home Care LLC	100 Stoops Drive	Monongahela	PA	15063
Albert Gallatin Home Care/Home Care LLC	20 Highland Park Drive	Uniontown	PA	15401
Albert Gallatin Home Care/Home Care LLC	275 Meadowlands Blvd	Washington	PA	15301
Amedisys Home Health- Butler	240 Pullman Square	Butler	PA	16001
Amedisys Hospice of PA	2215 Hill Church Houston	Canonsburg	PA	15317
Cedars Home Health Care Svc & Community Hospice	4363 Northern Pike	Monroeville	PA	15146
Forbes Hospice/Allegheny University Hospital	4800 Friendship Avenue	Pittsburgh	PA	15224
Odyssey Hospice-Pittsburgh	190 Bilmar Drive	Pittsburgh	PA	15205

**Table 19. WPAHS primary service area medical services and providers – table 2 of 4**

Home Healthcare Providers	Address	City	State	Zip
AseraCare Home Health-Pittsburgh	300 Penn Center Blvd	Pittsburgh	PA	15221
At Home Nursing & Therapy Services	1630 Ellwood City Road	Zelienople	PA	16063
Bayada Home Health Care- Monroeville	300 Oxford Drive	Monroeville	PA	15146
Caring Mission/TCM Home Health	1046 Jefferson Avenue	Washington	PA	15301
Christian Home Health	800 Vinial Street	Pittsburgh	PA	15212
Comfort Keepers/Community @ Holy Family Manor	285 Bellevue Road	Pittsburgh	PA	15229
Concordia Visiting Nurses-Cabot/Concordia Lutheran Ministry	613 N Pike Road	Cabot	PA	16023
Home Health Care Staffing & Svcs/Home Health Group	8864 Frankstown Road	Pittsburgh	PA	15235
Interim Healthcare-Pittsburgh	1789 S Braddock Avenue	Pittsburgh	PA	15218
Landmark Home Health Care Services, Inc.	209 13th Street	Sharpsburg	PA	15215
Maxim Healthcare Services-Pittsburgh	425 N Craig Street	Pittsburgh	PA	15213
Medicare Home Service Supply Company	2118 E Carson Street	Pittsburgh	PA	15203
Moriarty Consultants	3904 Perrysville Avenue	Pittsburgh	PA	15214
Nightingale Home Healthcare-Pittsburgh	2790 Mossie Blvd	Monroeville	PA	15146
Omni Home Care- Carnegie	600 N Bell Avenue	Carnegie	PA	15106
Personal Touch Home Aides of PA, Inc.	155 N Craig Street	Pittsburgh	PA	15213
Personal Touch Home Care of PA, Inc.	160 N Craig Street	Pittsburgh	PA	15213
Renaissance Home Care	1145 Bower Hill Road	Pittsburgh	PA	15243
Tri-State Home Care	4519 Butler Street	Pittsburgh	PA	15201
UPMC Jefferson Regional Home Health	300 North pointe Circle	Seven Fields	PA	16046
Visiting Angels/Kic, Inc.	4482 Scherling Street	Pittsburgh	PA	15214
West Penn Allegheny Home Care	4 Allegheny Center	Pittsburgh	PA	15212
Advacare DME	200 Villani Drive	Bridgeville	PA	15017
Medical Facilities	Address	City	State	Zip
UPMC Presbyterian Shadyside- PARC	3601 5th Avenue	Pittsburgh	PA	15213
Allegheny Outpatient Surgery Center	320 East North Avenue	Pittsburgh	PA	15212
Mercy Behavioral Health	412 E Commons	Pittsburgh	PA	15212
PSA- Pittsburgh Nursing/Pediatric Svcs of America	1501 Reedsdale Street	Pittsburgh	PA	15233
Quest Diagnostics, Inc.	625 Stanwick Street	Pittsburgh	PA	15222
Medical Supplies	Address	City	State	Zip
Critical Care Systems- Pittsburgh	3243 Old Frankstown Road	Pittsburgh	PA	15239
Hieber's Surgical, Inc.	3500 5th Avenue	Pittsburgh	PA	15213
Klingensmith Health Care	404 Ford Street	Ford City	PA	16226
Klingensmith Health Care	125 51st Street	Pittsburgh	PA	15201
Smart Form Shop	100 Fifth Avenue	Pittsburgh	PA	15222

**Table 20. WPAHS health primary service area medical services and providers – table 3 of 4**

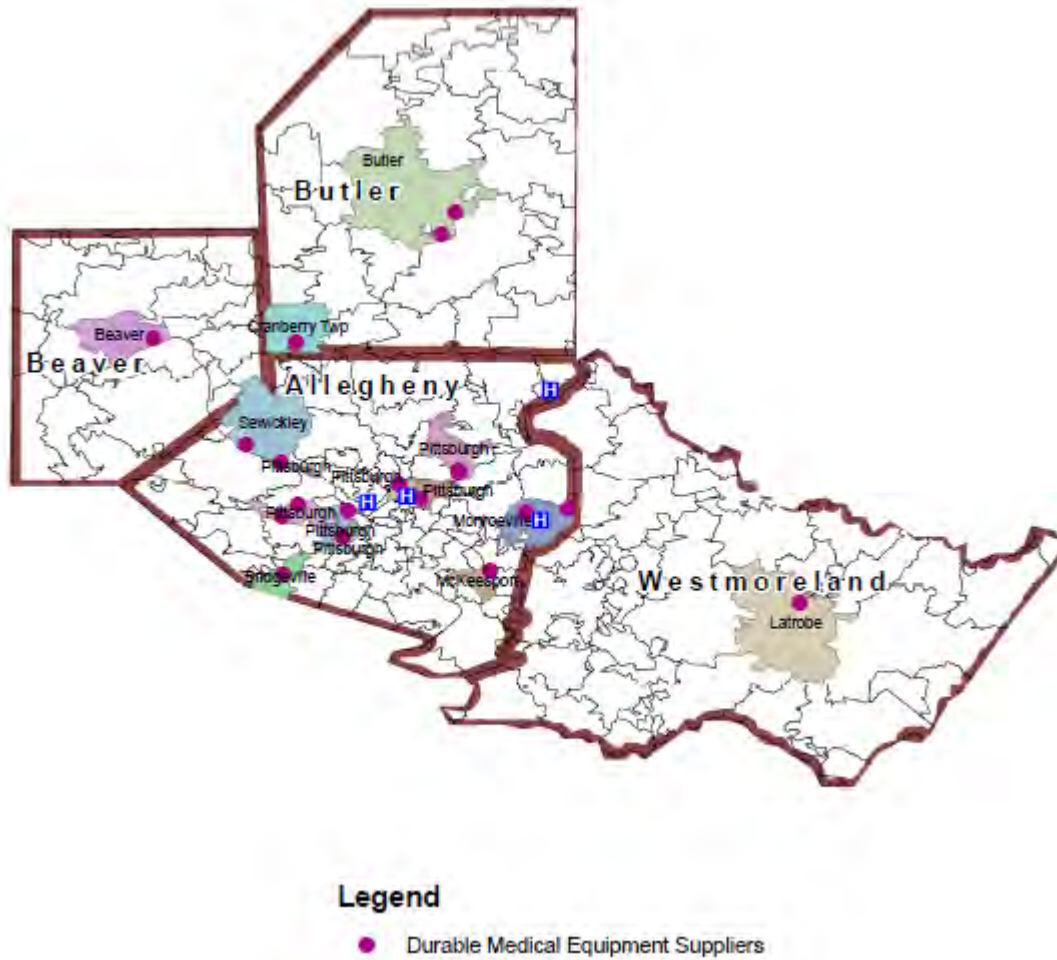
Pharmacies	Address	City	State	Zip
Blackburn's Physicians Pharmacy	301 Corbet Drive	Tarentum	PA	15084
CarePoint Partners- Youngstown	4137 Boardman-Canfield	Canfield	OH	44406
CarePoint Partners-Pittsburgh	2585 Washington Road	Pittsburgh	PA	15214
CVS Caremark Specialty Pharmacy	600 Penn Court Blvd	Pittsburgh	PA	15253
Express Med Home Infusion	3950 Brodhead Road	Monaca	PA	15061
Falk Pharmacy	3601 Fifth Avenue	Pittsburgh	PA	15213
Giant Eagle Pharmacy- Cedar Avenue	320 Cedar Avenue	Pittsburgh	PA	15212
Giant Eagle Pharmacy-Brighton Road	4110 Brighton Road	Pittsburgh	PA	15212
Lincoln Pharmacy	232 North Avenue	Pittsburgh	PA	15209
Med-Fast Pharmacy	917 Butler Street	Pittsburgh	PA	15223
Rite Aid Pharmacy- Atwood Street	209 Atwood Street	Pittsburgh	PA	15213
Rite Aid Pharmacy- East Carson	1915 East Carson Street	Pittsburgh	PA	15203
Rite Aid Pharmacy- East Ohio Street	623-625 E Ohio Street	Pittsburgh	PA	15212
Rite Aid Pharmacy- Grace Street	201 Grace Street	Pittsburgh	PA	15211
Rite Aid Pharmacy- Mount Royal Blvd	900 Mount Royal Blvd	Pittsburgh	PA	15223
RX Partners	3459 5th Avenue	Pittsburgh	PA	15213
Rx Partners-LTC	500 Old Pond Road	Bridgeville	PA	15017
Sam's Club Pharmacy- North Fayette	249 Summit Park Drive	Pittsburgh	PA	15275
University of Pittsburgh Student Health Pharmacy	3708 Fifth Avenue	Pittsburgh	PA	15213
Walgreens Infusion Services- Monroeville	540 Seco Road	Monroeville	PA	15146
Wal-Mart Supercenter Pharmacy- North Fayette	250 Summit Park Drive	Pittsburgh	PA	15275
Walmart Pharmacy	1435 Spring Garden Avenue	Pittsburgh	PA	15212
Wilson's Pharmacy	4101 Penn Avenue	Pittsburgh	PA	15224
Home Solutions- Wexford (Infusion Therapy Pharmacy)	150 Lake Drive	Wexford	PA	15090
Prosthetics and Orthotics	Address	City	State	Zip
Hanger Prosthetics & Orthotics	4052 Liberty Avenue	Pittsburgh	PA	15224
Hanger Prosthetics & Orthotics- Pittsburgh	33 South 19th Street	Pittsburgh	PA	15203
Medical Center Brace Company, Inc.	33 E 19th Street	Pittsburgh	PA	15203
Renaissance Orthopedics- Oakland	300 Halket Street	Pittsburgh	PA	15213
Union Orthotics & Prosthetics/Union Artificial Limb & Brace Co.	3424 Liberty Avenue	Pittsburgh	PA	15201
Rehabilitation Services	Address	City	State	Zip
Centers for Rehab- Pittsburgh	339 Six Avenue	Pittsburgh	PA	15222
Centers for Rehab Services/Balance Lab	203 Lothrop Street	Pittsburgh	PA	15213
Centers for Rehab Services/Hand Therapy Clinic	3471 5th Avenue	Pittsburgh	PA	15213
Centers for Rehab- Southside Water Street	3200 S Water Street	Pittsburgh	PA	15203
HealthSouth Harmarville Home Health	320 Guys Run Road	Pittsburgh	PA	15238
Respiratory Services	Address	City	State	Zip
Health Care Solutions, Inc.- Respiratory	915 Saxonburg Blvd	Pittsburgh	PA	15223
Lanza- Pittsburgh	532 Alpha Drive	Pittsburgh	PA	15238
Pulmonary Health Services	85 S 24th Street	Pittsburgh	PA	15203



**Table 21. WPAHS health primary service area medical services and providers – table 4 of 4**

<b>Senior Centers</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Brashear Senior Citizen Center	2005 Sarah Street	Pittsburgh	PA	15203
Millvale Senior Center	917 Evergreen Avenue	Pittsburgh	PA	15209
Senior Citizen Center	258 Semple Street	Pittsburgh	PA	15213
Senior Citizen Center	258 Butler Street	Pittsburgh	PA	15201
Senior Citizen Center	3919 Perrysville Avenue	Pittsburgh	PA	15214
Twenty-Seventh Ward Senior Center	3515 McClure Avenue	Pittsburgh	PA	15212
Ursuline Senior Services	4749 Baum Blvd	Pittsburgh	PA	15213
<b>Transportation Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Absolute Ambulance	4014 Willow Street	Pittsburgh	PA	15201
Access Services Unlimited	4801 Penn Avenue	Pittsburgh	PA	15224
Transport U, LLC	PO Box 40289	Pittsburgh	PA	15201

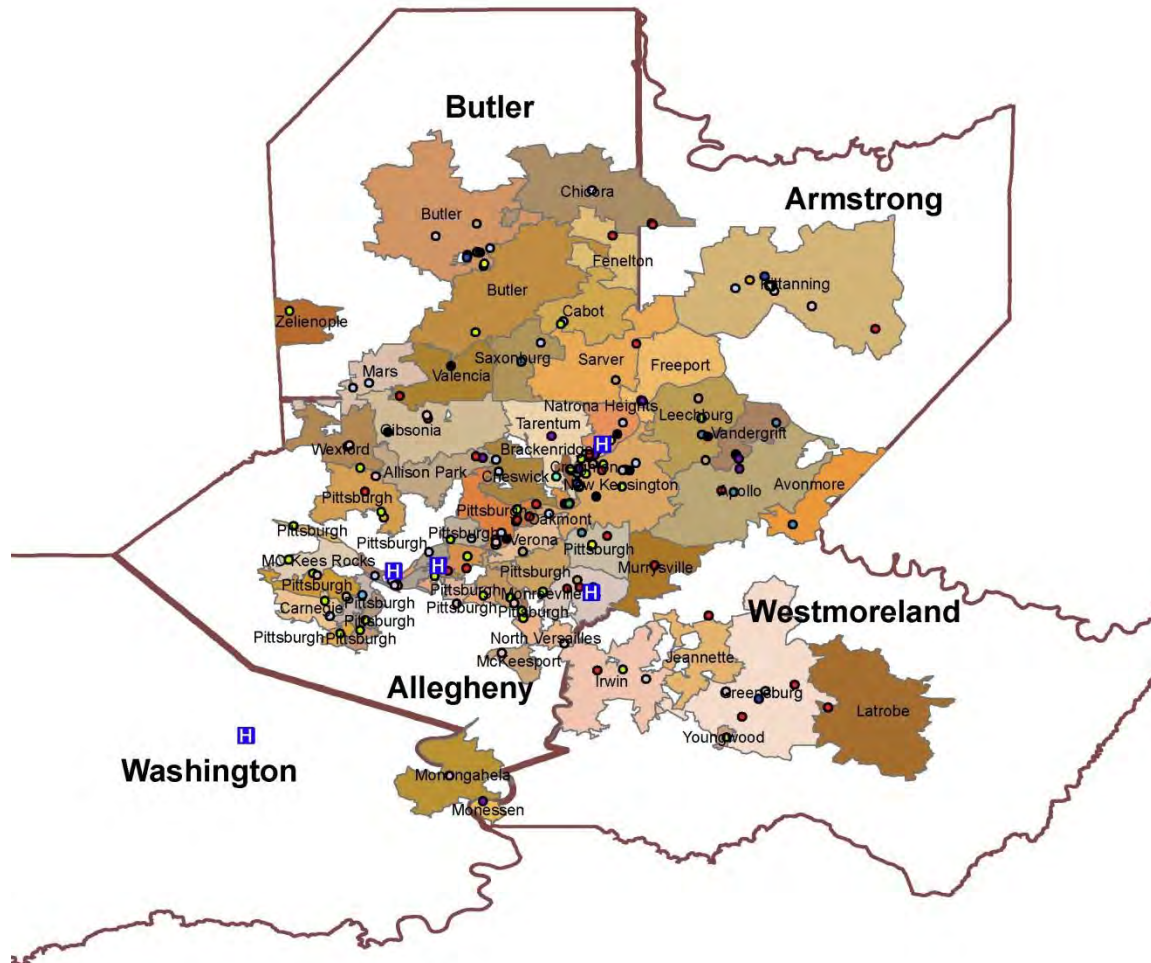
Figure 14. WPAHS primary service area durable medical equipment suppliers



**Table 22. WPAHS primary service area durable medical equipment suppliers**

Name	Address	City	State	Zip
Advacare	200 Villani Drive	Bridgeville	PA	15017
American Home Patient	1509 Parkway View Drive	Pittsburgh	PA	15205
Chartwell	215 Beecham Drive	Pittsburgh	PA	15205
Coram	220 Executive Drive	Cranberry Twp	PA	16066
Critical Care System	3243 Old Frankstown Road	Pittsburgh	PA	15239
ESMS	S Main Street	Butler	PA	16001
Hometown Oxygen	4023 William Penn Hwy	Monroeville	PA	15146
Infusion Partners	610 Alpha Drive	Pittsburgh	PA	15238
Integrity Health Services	893 S Matlack St	West Chester	PA	19382
KCI Technologies	5001 Louise Drive	Mechanicsburg	PA	17055
Klingensmith	125 51st Street	Pittsburgh	PA	15201
Lanza	532 Alpha Drive	Pittsburgh	PA	15238
Lincare	2809 Banksville Road	Pittsburgh	PA	15216
Mann's Home Medical Products	1101 Lincoln Way	White Oak	PA	15131
National Rehab Equipment	509 Hegner Way	Sewickley	PA	15143
Pediatric Specialists	317 S Main Street	Pittsburgh	PA	15220
PA O Two Home Medical Equipment	1934 Lincoln Avenue	Latrobe	PA	15650
QualiCare Home Medical	127 Oneida Valley Road	Butler	PA	16001
Rezk Medical Supply	22 Georgetown Lane	Beaver	PA	15009
UPMC Home Medical Equipment	1310 Jane Street	Pittsburgh	PA	15201
Walgreens	5956 Penn Circle S	Pittsburgh	PA	15206

Figure 15. AVH community assets



**Legend**

- WIC
- Welfare
- Shelters
- Hospice
- Senior Services
- Senior Housing/Skilled Nursing
- Senior Centers
- Pediatric Home Health Care
- Meals On Wheels
- Home Health Care
- Healthcare Centers
- Food Banks
- Education Resources
- Counseling Services
- Community Service Centers
- Assisted Living
- Ambulance/EMS Services

**Table 23. AVH community assets – table 1 of 5**

<b>Ambulance EMS Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Avonmore Lifesavers	368 Third Avenue	Avonmore	PA	15618
Arnold Fire-EMS	1811 5th Avenue	Arnold	PA	15068
Citizens Hose Vol. Ambulance	965 Burtner Road	Natrona Heights	PA	15065
East Deer VHC Ambulance	PO Box 303	Creighton	PA	15030
Eureka CAS	304 East Third Avenue	Tarentum	PA	15084
Freeport VFD/EMS	400 Market Street	Freeport	PA	16229
Lower Burrell VFD	3255 Leechburg Road	Lower Burrell	PA	15068
Lower Kiski EMS	80 Kiski Avenue	Leechburg	PA	15656
New Kensington EMS	PO Box 126	New Kensington	PA	15068
Oklahoma VFD/Ambulance	PO Box 142	Apollo	PA	15613
Plum EMS	4545 New Texas Road	Pittsburgh	PA	15239
Saxonburg VFD/Ambulance	PO Box 540	Saxonburg	PA	16056
Vandergrift EMS	PO Box 150	Vandergrift	PA	15690
<b>Assisted Living</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Assisted Living at Rosebrook	723 South Pike Road	Sarver	PA	16055
Bayberry Court, Assisted Living for Independent Seniors	101 Little Road	Lower Burrell	PA	15068
Independence Court of Monroeville	279 Center Road	Monroeville	PA	15146
Logan House	180 Craigdell Road	Lower Burrell	PA	15068
Newhaven Court at Clearview	100 Newhaven Lane	Butler	PA	16001
Pine View Personal Care Facility, Inc.	113 Pineview Lane	Vandergrift	PA	15690
Ross Memory Meadows Assisted Living Facility, LLC	321 Godfrey Road	Leechburg	PA	15656
Seneca Manor Personal Care	5340 Saltsburg Road	Verona	PA	15147
<b>Community Service Centers</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Armstrong County Community Action Center	705 Butler Rd.	Kittanning	PA	16201
Family Services of Western PA	868 4th Avenue	New Kensington	PA	15068
Lutheran Services Society	3171 Babcock Boulevard	Pittsburgh	PA	15237
Northern Area Multi Service Center	209 13th Street	Pittsburgh	PA	15215
<b>Counseling Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Catholic Charities Agency; Butler	120 W. New Castle Street	Butler	PA	16001
Catholic Charities, Diocese of Greensburg (Counseling Services)	711 East Pittsburgh Street	Greensburg	PA	15601
Catholic Charities, Diocese of Pittsburgh (Counseling Services)	212 9th St # 1000	Pittsburgh	PA	15222
Christian Counseling Center	8320 Pennsylvania Avenue	North Huntingdo	PA	15642
Family Counseling Center	300 South Jefferson Street	Kittanning	PA	16201
Life's Journey Counseling Center	3063 Freeport Road	Natrona Heights	PA	15065
Tri-City Life	1155 Wildlife Lodge Road	Lower Burrell	PA	15068
<b>Education Resource Centers</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
AKMC Destination Wellness	556 Pittsburgh Mills Circle	Tarentum	PA	15084
<b>Food Banks</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Lower Valley Community Food Bank	325 School St.	Springdale	PA	15144



**Table 24. AVH community assets – table 2 of 5**

Healthcare Centers	Address	City	State	Zip
ACMH Hospital	1 Nolte Dr.	Kittanning	PA	16201
Adagio Health - Alle-Kiski Office	3508 Leechburg Road	Lower Burrell	PA	15068
Allegheny Valley Hospital	1301 Carlisle St	Natrona Heights	PA	15065
Allegheny Valley Mental Health	335 E 4th Ave	Tarentum	PA	15084
AVH HOPE Support	1301 Carlisle Street	Natrona Heights	PA	15065
Butler Memorial Hospital	1 Hospital Way	Butler	PA	16001
Celtic Healthcare	150 Scharberry Lane	Mars	PA	16046
Celtic Healthcare	150 Scharberry Lane	Mars	PA	16046
Chicora Medical Center	160 Medical Center Road	Chicora	PA	16025
Concordia Lutheran Health and Human Care	134 Marwood Road	Cabot	PA	16023
Concordia of Cranberry	10 Adams Ridge Blvd.	Mars	PA	16046
Concordia of Fox Chapel	931 Route 910	Cheswick	PA	15024
Consulate Healthcare of Cheswick	3876 Saxonburg Blvd.	Cheswick	PA	15024
Excela Health Care	134 Industrial Park Road	Greensburg	PA	15601
Gallagher Healthcare	1100 Washington Ave	Carnegie	PA	15106
Grane Healthcare	209 Sigma Drive	Pittsburgh	PA	15238
Irene Stacy Community Mental Health/Mental Retardation	112 Hillvue Drive	Butler	PA	16001
Klingensmith Health Care	125 51st Street	Pittsburgh	PA	15201
Life Care Hospitals of PA	1301 Carlisle St	Natrona Heights	PA	15065
Longwood at Oakmont Health Care Center	500 Route 909	Verona	PA	15147
Maxim Healthcare Services	1501 Reedsdale St	Pittsburgh	PA	15233
MedExpress Urgent Care	303 East Tenth Avenue	Tarentum	PA	15084
Saxony Health Center	223 Pittsburgh Street	Saxonburg	PA	16056
VA Medical Center/Home Care	71800 Highland Drive	Pittsburgh	PA	15206
Home Healthcare	Address	City	State	Zip
Amedisys	240 Pullman Square	Butler	PA	16001
Anova Home Health Care	1229 Silver Lane	McKeesport	PA	15136
Applewood Personal Care Home	903 Morgan Street	Brackenridge	PA	15014
Arcadia Health Care	2020 Ardmore Blvd	Pittsburgh	PA	15221
Aseracare Home Health Care	300 Penn Center Blvd	Pittsburgh	PA	15221
Associated Home Health	604 Oak Street	Irwin	PA	15642
Bishop Morrow Personal Care Home, Inc.	118 Park Road	Leechburg	PA	15656
Brannon Home & Health Care	3045 W. Liberty Avenue	Pittsburgh	PA	15216
Care at Home	1737 Freeport Road	Arnold	PA	15068
Care at Home Preferred	1388 Freeport Road	Pittsburgh	PA	15238
Care Connection, Inc.	1360 Old Freeport Road	Pittsburgh	PA	15238
Care Unlimited, Inc.	3288 Babcock Blvd	Pittsburgh	PA	15237
Caring Companions	PO Box 4352	New Kensington	PA	15068
Chartwell Home Care	215 Beecham Drive	Pittsburgh	PA	15205
Concordia Care Visiting Nurses	651 4th Avenue	New Kensington	PA	15068
Concordia Home Care	613 N. Pike Road	Cabot	PA	16023
East Deer Personal Care Home	967 Freeport Road	Creighton	PA	15030
Family Home Health	733 Washington Road	Pittsburgh	PA	15228

Table 25. AVH community assets – table 3 of 5

Home Healthcare	Address	City	State	Zip
HealthSouth Home Care	320 Guys Run Road	Pittsburgh	PA	15238
Home Helpers	1160 Perry Hwy	Wexford	PA	15090
Home Instead Senior Care	312 E. 6th Avenue	Tarentum	PA	15084
Home Instead Senior Care	508 S. Main Street	Zelienople	PA	16063
Interim Health Care	1789 South Braddock Avenue	Pittsburgh	PA	15218
Landmark	209 13th Street	Sharpsburg	PA	15215
Liken Home Care	400 Penn Center Blvd	Pittsburgh	PA	15235
Medi Home Health	201 Penn Center Blvd	Pittsburgh	PA	15235
Omni Home Care	600 North Bell Avenue	Carnegie	PA	15106
Personal Touch	160 North Craig Street	Pittsburgh	PA	15213
PRN Health Services	573 Braddock Avenue	Pittsburgh	PA	15112
Renaissance Home Health	1145 Bower Hill Road	Pittsburgh	PA	15243
Right at Home	1514 Electric Avenue	Pittsburgh	PA	15112
Shelbourne Personal Care	296 Dinnerbell Road	Butler	PA	16002
The Thorne Group	302 North 5th Street	Youngwood	PA	15697
UPMC Home Care	1310 Jane Street	Pittsburgh	PA	15201
VA Medical Center/Home Care	71800 Highland Drive	Pittsburgh	PA	15206
WESTARM Home Care	2757 Leechburg Road	Lower Burrell	PA	15068
Hospice	Address	City	State	Zip
Catholic Hospice	6200 Brooktree Road	Wexford	PA	15090
Family Hospice and Palliative Care	103 Yost Blvd.	Pittsburgh	PA	15221
Forbes Hospice	4800 Friendship Avenue	Pittsburgh	PA	15224
Gateway Health Hospice	9380 McKnight Road	Pittsburgh	PA	15237
Good Samaritan Hospice	3500 Brooktree Road	Wexford	PA	15090
Grane Hospice Care	105 Gamma Drive	Pittsburgh	PA	15238
Heartland Home Health Care & Hospice	750 Holiday Drive	Pittsburgh	PA	15220
Kittanning Care Center	120 Kittanning Care Drive	Kittanning	PA	16201
Odyssey Hospice	190 Bilmar Drive	Pittsburgh	PA	15205
Sivitz Jewish Hospice	200 JHF Drive	Pittsburgh	PA	15217
St. Barnabas Home Care & Hospice	5850 Meridian Road	Gibsonia	PA	15044
Three Rivers Hospice	1195 Jacks Run Road	North Versailles	PA	15137
ViaQuest Hospice	612 Park Avenue	Monongahela	PA	15063
Vitas Innovative Hospice Care	235 Alpha Drive #101	Pittsburgh	PA	15238
VNA of Western PA and Hospice	154 Hindman Road	Butler	PA	16001
Allegheny County Housing Authority	625 Stanwix Street	Pittsburgh	PA	15222
Armstrong County Housing Authority	350 South Jefferson Street	Kittanning	PA	16201
Butler County Housing Authority	114 Woody Drive	Butler	PA	16001
Housing Authority of the City of Pittsburgh	100 Ross Street	Pittsburgh	PA	15219
McKeesport Housing Authority	301 5th Avenue	McKeesport	PA	15132
Urban League, Housing Assistance Program	1 Smithfield Street	Pittsburgh	PA	15222
Westmoreland County Housing Authority	154 South Greengate Road	Greensburg	PA	15601

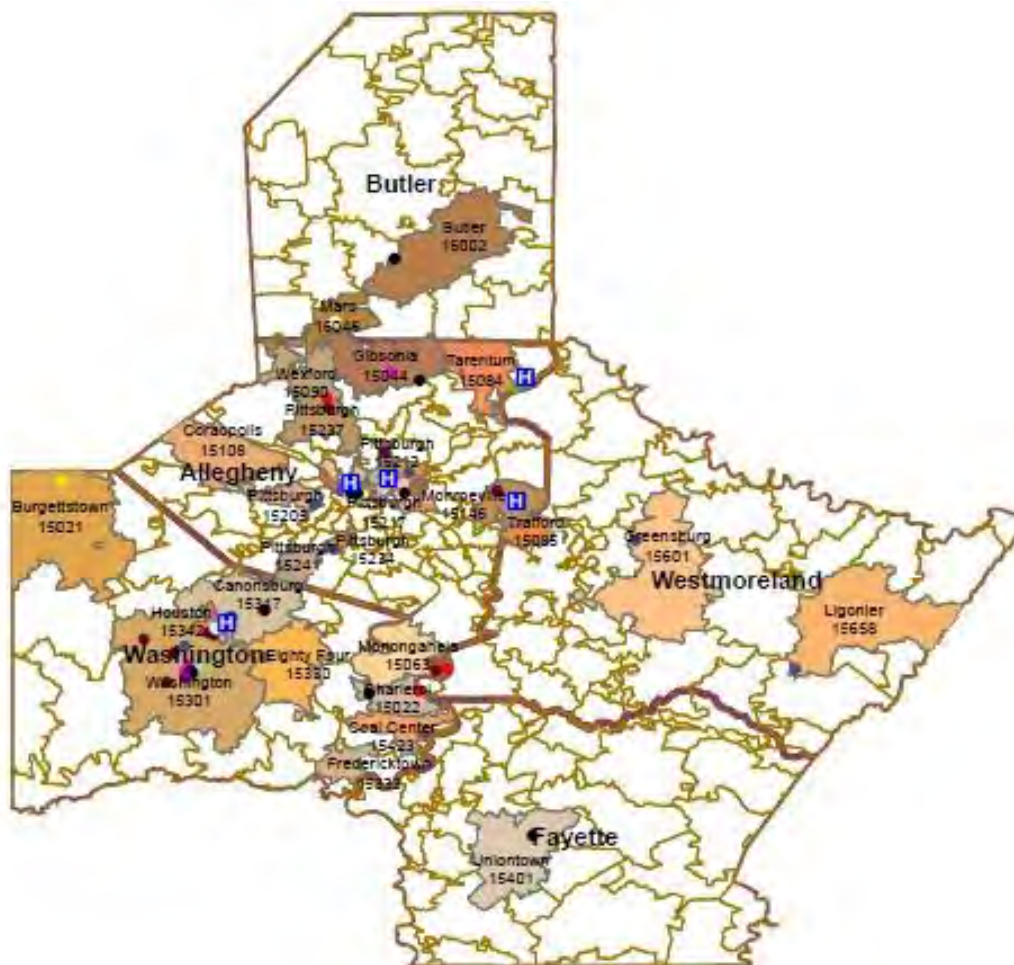
**Table 26. AVH community assets – table 4 of 5**

<b>Meals on Wheels</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Action Time Meals-on-Wheels	1009 Puckety Church Rd	Lower Burrell	PA	15068
Apollo Meals-on-Wheels	358 Main Street	Leechburg	PA	15656
Blawnox Meals-on-Wheels	450 Walnut Street	Pittsburgh	PA	15238
Butler Meals-on-Wheels	218 E Jefferson Street	Butler	PA	16001
Freeport Area Meals-on-Wheels	211 4th Street	Freeport	PA	16229
Highlands Area Meals-on-Wheels	965 Burtner Rd	Natrona Heights	PA	15065
Kinloch Meals-on-Wheels	915 New York Avenue	New Kensington	PA	15068
Kittanning Meals-on-Wheels	125 Queen Street	Kittanning	PA	16201
Lower Valley Meals-on-Wheels	600 Pittsburgh Street	Springdale	PA	15144
North Country Meals-on-Wheels	3281 Wexford Road	Gibsonia	PA	15044
Oakmont-Verona Meals-on-Wheels	501 2nd St	Oakmont	PA	15139
South Butler County Meals-on-Wheels	1091 Pittsburgh Road	Valencia	PA	16059
Vandergrift Meals-on-Wheels	167 Lincoln Avenue	Vandergrift	PA	15690
<b>Pediatric Home Healthcare</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Loving Care Agency of Pittsburgh	875 Greentree Road	Pittsburgh	PA	15220
<b>Senior Centers</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Alle-Kiski Valley Senior Citizens' Center	1039 3rd Avenue	New Kensington	PA	15068
Apollo Senior Center	707 North 5th Street	Apollo	PA	15613
Armstrong Country Area on Aging	125 Queen Street	Kittanning	PA	16201
East Vandergrift Senior Center	400 McKinley Ave	E. Vandergrift	PA	15623
Freeport Senior Center	102 5th Street	Freeport	PA	16229
Highlands Senior Citizens' Center	704 E 2nd Ave # 100B	Tarentum	PA	15084
Plum Senior Community Center	499 Center New Texas Road	Plum	PA	15239
Presbyterian Senior Care	1215 Hulton Rd	Oakmont	PA	15139
West Deer Township Senior Citizens' Club	4834 Gibsonia Road	Allison Park	PA	15101
Westmoreland County Area on Aging	100 Seventh Street	Monessen	PA	15062
Westmoreland Senior Citizens' Club	2240 Constitution Boulevard	New Kensington	PA	15068
<b>Senior Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Allegheny County Area of Aging	441 Smithfield Street	Pittsburgh	PA	15222
Butler County Area on Aging	111 Sunnyview Circle #101	Butler	PA	16001
Cedars	4363 Northern Pike	Monroeville	PA	15146
Plum Senior Center's Home-delivered Meals program	499 Center New Texas Rd.	Pittsburgh	PA	15239
Senior Helpers	1627 Union Avenue	Natrona Heights	PA	15065
<b>Senior Housing and Skilled Nursing</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Allegheny Valley Resident at Tarentum	416 East 7th Avenue	Tarentum	PA	15084
Concordia at Rebecca Residence	3746 Cedar Ridge Road	Allison Park	PA	15101
Concordia at Ridgewood Place	1460 Renton Road	Renton	PA	15239
Melody Manor	413 N. McKean Street	Kittanning	PA	16201
Vincentian Home	111 Perrymont Road	Pittsburgh	PA	15237
St. Barnabas Nursing Home	5827 Meridian Road	Gibsonia	PA	15044
The Willows-Presbyterian Senior Care	1215 Hulton Road	Oakmont	PA	15139
Sunnyview Nursing and Rehabilitation Center	107 Sunnyview Circle	Butler	PA	16001
Arden Courts of Monroeville	120 Wyngate Drive	Monroeville	PA	15146

**Table 27. AVH community assets – table 5 of 5**

<b>Senior Housing and Skilled Nursing</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Armstrong County Health Center	265 S. McKean Street	Kittanning	PA	16201
Belair Heath and Rehabilitation Center	100 Little Road	Lower Burrell	PA	15068
Forbes Road Nursing and Rehab	6655 Frankstown Avenue	Pittsburgh	PA	15206
Greensburg Care Center	119 Industrial Park Road	Greensburg	PA	15601
Harmar Village Care Center	715 Freeport Road	Cheswick	PA	15024
Heartland Health Care Center	550 South Negley Avenue	Pittsburgh	PA	15232
Highland Center, Genesis Healthcare	1050 Broadview Blvd.	Brackenridge	PA	15014
Mountainview Specialty Care Center	227 Sand Hill Road	Greensburg	PA	15601
West Haven Nursing Home	151 Goodview Drive	Apollo	PA	15613
Westmoreland Manor	2480 S. Grande Blvd.	Greensburg	PA	15601
Woodhaven Care Center	2400 McGinley Road	Monroeville	PA	15146
Vincentian Home	111 Perrymont Road	Pittsburgh	PA	15237
Meadow Lake Manor	109 Personal Care Lane	Worthington	PA	16262
Communities at Indian Haven	1675 Saltsburgh Avenue	Indiana	PA	15701
Fair Winds Manor	126 Iron Bridge Road	Sarver	PA	16055
Golden Living Center--Monroeville	4142 Monroeville Blvd.	Monroeville	PA	15146
Golden Living Center--Oakmont	26 Ann Street	Oakmont	PA	15139
Golden Living -Murrysville	3300 Logans Ferry Road	Murrysville	PA	15668
Pine Haven Home	199 Pine Haven Drive	Fenelton	PA	16034
Westminster Place of Oakmont	1215 Hulton Road	Oakmont	PA	15139
William Penn Care Center	2020 Ader Road	Jeanette	PA	15644
Altmeyer Country Rest PCH	111 Altmeyer Drive	Kittanning	PA	16201
Amber Woods Personal Care	715 Freeport Road	Cheswick	PA	15024
Briarcliff Pavilion	249 Maus Drive	North Huntingdo	PA	15642
Sugar Creek Rest	120 Lakeside Drive	Worthington	PA	16262
Valencia Woods at St. Barnabas	85 Charity Place	Valencia	PA	16059
<b>Shelters</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
A-K Hope Center	P.O. Box 67	Tarentum	PA	15084
<b>Welfare</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Allegheny County Department of Public Welfare	909 Industrial Blvd	New Kensington	PA	15068
Armstrong County Department of Public Welfare	1280 North Water Street	Kittanning	PA	16201
Butler County Department of Public Welfare	108 Woody Drive	Butler	PA	16001
Westmoreland/Allegheny Country Department of Public Welfare (Greensburg)	587 Sells Lane	Greensburg	PA	15601
<b>Women, Infants and Children</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
WIC -Springdale Office	830 Pittsburgh Street	Springdale	PA	15144

Figure 16. CGH community assets



Legend

- |  |   |                                     |
|--|---|-------------------------------------|
| ● Pharmacies                           | ● Public Education Services                       | ● In Home Personal Care Services    |
| ● Housing Services                     | ● Nutritional Services                            | ● Homeless Services                 |
| ● Youth Services                       | ● Mental Retardation Services                     | ● Health Clinics                    |
| ● Visual Hearing Impairment Services   | ● Mental Health Services                          | ● Educational Services              |
| ● Summer Camps for Youth               | ● Medical Counseling Services                     | ● Domestic Violence Services        |
| ● Summer Camps for Special Needs Youth | ● Managed Care Services                           | ● Disability Services               |
| ● Speech/Hearing Services              | ● Legal Services                                  | ● Developmental Disability Services |
| ● Senior Services                      | ● Intellectual and Developmental Services         | ● Autism Services                   |
| ● Rehabilitation Services              | ● Independent Living for People with Disabilities | ● Athletic Services                 |

**Table 28. CGH community assets – table 1 of 4**

<b>Alcohol and Drug Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Al-Anon Family Groups	204 37th Street	Pittsburgh	PA	15201
Greenbriar Treatment Center	800 Manor Drive	Washington	PA	15301
Turning Point II Out Patient	90 W Chestnut Street	Washington	PA	15301
Washington Drug & Alcohol Com- Assessment Unit	90 W Chestnut Street	Washington	PA	15301
<b>Athletic Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Washington Academy of Martial Arts	935 Henderson Avenue	Washington	PA	15301
Adaptive Sports, Inc.	150 Malone Ridge Road	Washington	PA	15301
Gym Dandy's	345 Meadowlands Blvd.	Washington	PA	15301
TOP Soccer	82 Look-out Drive	Monongahela	PA	15063
Washington Wild Things	1 Washington Federal Way	Washington	PA	15301
Special Olympics PA	136 Cummins Avenue	Houston	PA	15342
<b>Autism Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aboard	35 Wilson Street	Pittsburgh	PA	15223
Autism Link	135 Cumberland Road	Pittsburgh	PA	15237
McGuire Memorial Home	2119 Mercer Road	New Brighton	PA	15066
Northwestern Human Services	1075 Waterdam Plaza	McMurray	PA	15317
Camp SPEAK/Autism Society	500-G Garden City Drive	Monroeville	PA	15146
<b>Developmental Disability Service</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Elks Home Service Program	655 Jefferson Avenue	Washington	PA	15301
<b>Disability Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Disability Rights Network of PA	429 Fourth Avenue	Pittsburgh	PA	15219
InVision Human Services	1425 Forbes Avenue	Pittsburgh	PA	15279
Spina Bifida Assoc of Western PA	1158 Dutilh Road	Mars	PA	16046
<b>Domestic Violence Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Crime Victim/Witness Assistance Program	1 S Main Street	Washington	PA	15301
Domestic Violence Svcs of SW PA	P.O. Box 503	Washington	PA	15301
<b>Educational Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Carnegie Museum of Natural History	440 Forbes Avenue	Pittsburgh	PA	15213
Carnegie Science Center	1 Allegheny Avenue	Pittsburgh	PA	15212
Children's Museum of Pittsburgh	10 Children's Way	Pittsburgh	PA	15212
Clelian Heights	135 Clelian Heights Lane	Greensburg	PA	15601
Com College of Allegheny County	808 Ridge Avenue	Pittsburgh	PA	15212
Education Law Center	429 4th Avenue	Pittsburgh	PA	15219
Learning Disabilities Assoc of America	4156 Library Road	Pittsburgh	PA	15234
Local Interagency Coordinating Council	1 Intermediate Unit Drive	Coal Center	PA	15423
Local Task Force	1 Intermediate Unit Drive	Coal Center	PA	15423
Office of Vocational Rehab.	201 W Wheeling Street	Washington	PA	15301
PA Trolley Museum	1 Museum Road	Washington	PA	15301
The Early Leaning Institute	2510 Baldwick Road	Pittsburgh	PA	15205
Pittsburgh Zoo	One Wild Place	Pittsburgh	PA	15206
Citizens Library	55 S College Street	Washington	PA	15301
The Integrated Care Corp	371 Bethel Church Road	Ligonier	PA	15658
Ruth York Morgan HELP Center	155 Wilson Avenue	Washington	PA	15301
Washington County Literacy Council	27 S College Street	Washington	PA	15301

**Table 29. CGH community assets – table 2 of 4**

<b>Family Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Community Action Southwest	150 W Beau Street	Washington	PA	15301
Compro Now Achieva Support	711 Bingham Street	Pittsburgh	PA	15203
Family Links	250 Shady Avenue	Pittsburgh	PA	15206
Genesis Pregnancy Care Ctr of Pittsburgh	87 E Maiden Street	Washington	PA	15301
LeMoyne Multi-Cultural Community Center	200 S Forest Avenue	Washington	PA	15301
Mon Valley YMCA	P.O. Box 64	Charleroi	PA	15022
MOPS	6842 Alcoma Drive	Pittsburgh	PA	15235
Parent to Parent of PA	3611 Bakerstown Road	Bakerstown	PA	15007
Pittsburgh Aids Task Force	5913 Penn Avenue	Pittsburgh	PA	15206
Salvation Army	60 E Maiden Street	Washington	PA	15301
Southwestern PA Behavioral Care, Inc.	568 Galiffa Drive	Donora	PA	15033
Washington Christian Outreach	119 Highland Avenue	Washington	PA	15301
Washington County Assistance Office	167 N Main Street	Washington	PA	15301
Washington Family Center	351 W Beau Street	Washington	PA	15301
Wesley Spectrum Services	26 S Main Street	Washington	PA	15301
Make a Wish Foundation	707 Grant Street	Pittsburgh	PA	15219
Catholic Charities	331 S Main Street	Washington	PA	15301
Department of Public Welfare	167 N Main Street	Washington	PA	15301
<b>Halfway House</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Abstinent Living at the Turning Point	199 N Main Street	Washington	PA	15301
<b>Health Clinics</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Centerville Clinics, Inc.	1070 Old National Pike	Fredericktown	PA	15333
Washington County State Health Ctr	167 N Main Street	Washington	PA	15301
<b>Homeless Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
City Mission	84 W Wheeling Street	Washington	PA	15301
<b>Housing</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Housing Authority	100 Crumrine Towers	Washington	PA	15301
<b>Independent Living Disabilities</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Pathways of SWPA, Inc.	655 Jefferson Avenue	Washington	PA	15031
Pathways of SWPA, Inc.	289 North Avenue	Washington	PA	15301
Tri County Patriots for Independent Living	69 E Beau Street	Washington	PA	15301
<b>In Home Personal Care</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Home and Community Services	655 Jefferson Avenue	Washington	PA	15301
<b>Intellectual and Developmental</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Exceptional Adventures	8 Haltman Drive	Coraopolis	PA	15108
Goodwill Industries	89 Jefferson Avenue	Washington	PA	15301
<b>Legal Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
PA Health Law Project	650 Smithfield Street	Pittsburgh	PA	15222
Southwestern PA Legal Services, Inc.	10 W Cherry Avenue	Washington	PA	15301
<b>Managed Care Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Managed Care Ombudsman	575 N Main Street	Washington	PA	15301
<b>Medical Counseling Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Cornerstone Care	1227 Route 18	Burgettstown	PA	15021

**Table 30. CGH community assets – table 3 of 4**

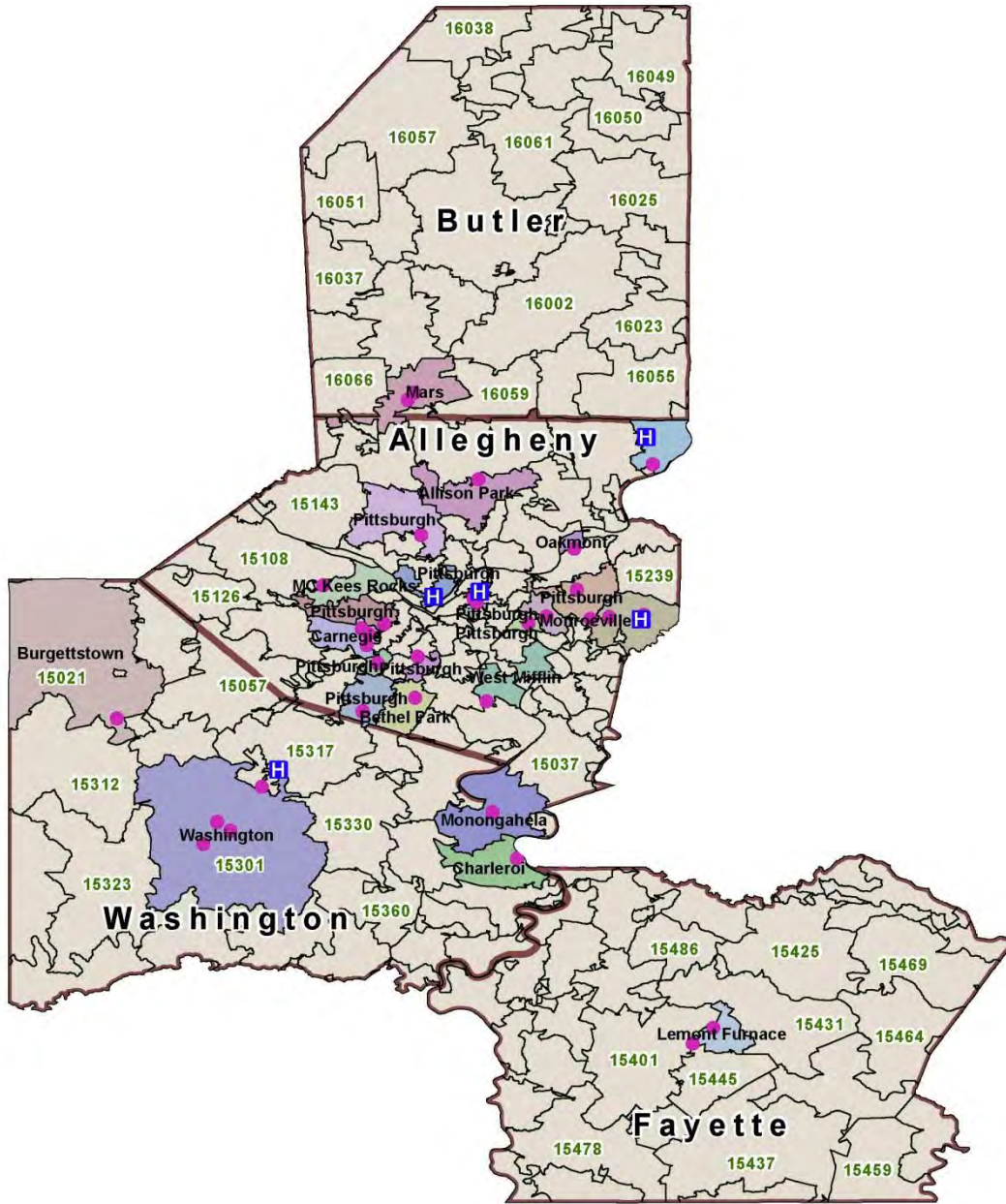
<b>Medical Supply Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Progressive Mobility	320 Cameron Road	Washington	PA	15301
Punxsy Medical Supply	524-526 McKean Avenue	Charleroi	PA	15022
Punxsy Medical Supply	50 E Wylie Street	Washington	PA	15301
HAR-KEL	1903 Mayview Road	Bridgeville	PA	15071
Tri-Medical Supply	179 Scotland Lane	New Castle	PA	16101
<b>Mental Health Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
SPHS C.A.R.E. Center	351 W Beau Street	Washington	PA	15301
SPHS C.A.R.E. Center	75 Maiden Street	Washington	PA	15301
SPHS Developmental Svcs Diversified Human Svcs	301 Chamber Plaza	Charleroi	PA	15022
Mental Health Assoc of Washington County	575 N Main Street	Washington	PA	15301
Value Behavioral Health of PA	520 Pleasant Valley Road	Trafford	PA	15085
<b>MR Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
ARC Human Services, Inc.	201 S Johnson Road	Houston	PA	15342
Down Syndrome Assoc of Pittsburgh	5513 William Flynn Highway	Gibsonia	PA	15044
Down Syndrome Center of Western PA	4401 Penn Avenue	Pittsburgh	PA	15224
Washington Co. MH/MR Admin Program	100 W Beau Street	Washington	PA	15301
Washington Communities MH/MR Center	378 W Chestnut Street	Washington	PA	15301
Washington-Greene Alternative Res. Svcs	621 North Main Street	Washington	PA	15301
<b>Nutritional Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Greater Washington County Food Bank	1020 Route 519	Eighty-Four	PA	15330
East End Food Co-Op and Café	7516 Meade Street	Pittsburgh	PA	15208
Whole Foods Market	5880 Centre Avenue	Pittsburgh	PA	15206
WIC Program	150 W Beau Street	Washington	PA	15301
<b>Performing Arts</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Miss Barbara's School of Dance	4621 State Road	Drexel Hill	PA	19026
<b>Pharmacies</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Blackburn's Physicians Pharmacy	301 Corbet Street	Tarentum	PA	15084
<b>Public Education Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Intermediate Unit 1	1 Intermediate Unit Drive	Coal Center	PA	15423
<b>Rehabilitation Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Gateway Vision	87 E Maiden Street	Washington	PA	15301
<b>Senior Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Aging Services, Washington County	100 W Beau Street	Washington	PA	15301
Early Intervention Program	9800B McKnight Road	Pittsburgh	PA	15237
Older Adult Protective Services	568 Galiffa Drive	Donora	PA	15033
SWPA Area Agency on Aging, Inc.	305 Chamber Plaza	Charleroi	PA	15022
<b>Speech and Hearing Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Crossroads Speech & Hearing, Inc.	3240 Washington Street	McMurray	PA	15317
<b>YMCA Summer Camp for Special Needs</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Beacon Lodge Camp	114 SR 103 South	Mt Union	PA	17066
Camp AIM	51 McMurray Road	Pittsburgh	PA	15241
<b>Summer Camps for Youth</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Camp Laugh-A-Lot	201 S Johnson Road	Houston	PA	15342



**Table 31. CGH community assets – table 4 of 4**

<b>Visual and Hearing Impairment Service</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Western PA School for Blind Children	201 North Bellefield Avenue	Pittsburgh	PA	15213
Western PA School for the Deaf	300 E Swissvale Avenue	Pittsburgh	PA	15218
Bureau of Blindness & Visual Svcs	400 Stanwix Street	Pittsburgh	PA	15222
DePaul School for Hearing & Speech	6202 Alder Street	Pittsburgh	PA	15206
<b>Youth Services</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Child Care Information Svcs (CCIS)	100 W Beau Street	Washington	PA	15301
Children's Therapy Center	1000 Waterdam Plaza	McMurray	PA	15317
Common Ground Teen Center	22 W Maiden Street	Washington	PA	15301
Connect Information Service	275 Grandview Avenue	Camp Hill	PA	17011
Cub Scouts	1275 Bedford Avenue	Pittsburgh	PA	15219
Early Intervention Program	100 W Beau Street	Washington	PA	15301
Girl Scouts	606 Liberty Avenue	Pittsburgh	PA	15222
Greater Pittsburgh Special Hockey	137 Blackthorn Drive	Butler	PA	16002
Horses with Heart	155 Yankosky Road	Charleroi	PA	15022
James B. Geshay, Jr. DDS	534 Pittsburgh Road	Uniontown	PA	15401
Special Needs Toys	4537 Gibsonia Road	Gibsonia	PA	15044
The Children's Institute	1405 Shady Avenue	Pittsburgh	PA	15217
Washington Co. Children & Youth Social Svc Agency	100 W Beau Street	Washington	PA	15301
Washington County Children's Garden	North Main Street Ext	Washington	PA	15301

Figure 17. CGH home care referral assets



**Legend**

- Canonsburg General Hospital Home Care Referral

**Table 32. CGH home care referral assets**

Name	Address	City	State	Zip
Abby Health Care Inc.	287 Edison Street	Uniontown	PA	15401
Advanced II	2414 Lytle Road	Bethel Park	PA	15102
Advantage Home Health Services	500 N Lewis Run Road	Pittsburgh	PA	15122
Ambassador Nursing	2547 Washington Road	Upper St. Clair	PA	15241
Amedisys Home Health Care	275 Meadowlands Blvd	Washington	PA	15301
Anova Home Health Care Svc, Inc.	1229 Silver Lane	Pittsburgh	PA	15136
Anova-Mon Valley Office	1580 Broad Ave Ext	Belle Vernon	PA	15012
Asera Care	1500 Ardmore Blvd	Pittsburgh	PA	15221
Bayada Nurses	300 Oxford Drive	Monroeville	PA	15146
Care Plus	136 W Chestnut Street	Washington	PA	15301
Care Unlimited, Inc./Care America	3288 Babcock Blvd	Pittsburgh	PA	15237
Cedars Home Health Care Services	4363 Northern Pike	Monroeville	PA	15146
Celtic Health Care	150 Scharberry Lane	Mars	PA	16046
Concordia	107 Dark Hollow Road	Oakmont	PA	15139
Extended Family Care	10 Duff Road	Pittsburgh	PA	15235
Family Home Health Services	125 N Franklin Drive	Washington	PA	15301
Fayette Home Care	110 Youngstown Road	Lemond Furnace	PA	15456
Gallagher Home Health Svcs	1100 Washington Avenue	Carnegie	PA	15106
Hearland Home Care & Hospice	750 Holiday Drive	Pittsburgh	PA	15220
Hickory Home Health	120 Perry Road	Burgettstown	PA	15021
Interim Health Care	1789 S Braddock Avenue	Pittsburgh	PA	15218
Klingensmith Clinical Care	1300 Alabama Avenue	Natrona Heights	PA	15065
Landmark Home Health Care	4842 Route 8	Allison Park	PA	15101
Maxsim Health Care Services	425 N Craig Street	Pittsburgh	PA	15213
Medi-Home Health Agency	201 Penn Center Blvd	Pittsburgh	PA	15235
Nurse Finders	510 E Main Street	Carnegie	PA	15106
Omni Home Care	600 N Bell Avenue	Carnegie	PA	15106
OSPATA @ Home	625 Lincoln Avenue	Charleroi	PA	15022
Personal Touch	160 N Craig Street	Pittsburgh	PA	15213
Renaissance Home Care, Inc	1145 Bower Hill Road	Pittsburgh	PA	15243
Southwestern Home Care	295 Bonar Avnue	Waynesburg	PA	15370
The Caring Mission Home Health	1046 Jefferson Avenue	Washington	PA	15301
Tri Care Home Care, Inc.	801 McNeilly Road	Pittsburgh	PA	15226
UPMC/South Hill Health System	300 N. Point Circle	Seven Fields	PA	16046
ViaQuest Home Health LLC	612 Park Avenue	Monongahela	PA	15063
West Penn Allegheny Home Care	320 E North Avenue	Pittsburgh	PA	15212



## Demographic Conclusions

A number of conclusions can be drawn from the demographic data. They include:

- The population of the service area has been declining for the last 20 years, and is expected to continue to decline overall. However, it is projected to continue to grow in Butler County, and grow slightly in Washington County.
- The majority of the population of the service area (87.2 percent) is white/non-Hispanic.
- The population over age 65 has a higher percentage of females, while the population groups under age 65 have a higher percentage of males.
- The highest percentage of service area residents has a high school degree (36.6 percent), while about 9 percent have not graduated from high school.
- Approximately 10 percent of the service region population lives in poverty.
- The average household income in Armstrong County is the lowest in the service area region at \$48,233 and is the highest in Butler County at \$67,796. The majority of the region's population lives in Allegheny County.
- The average travel time to work for the residents of the service area is between 27 and 30 minutes.

(This page intentionally left blank)

(This page intentionally left blank)

# ACCESS TO QUALITY HEALTH CARE





(This page intentionally left blank)

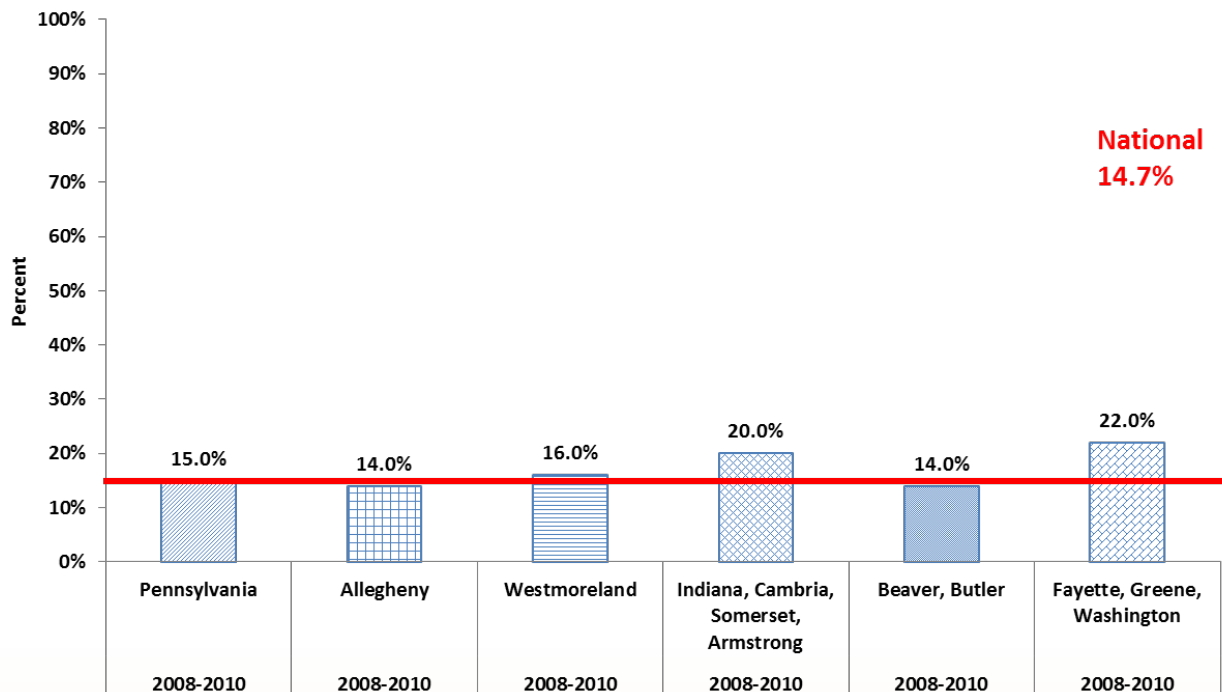


## Access to Quality Healthcare

Access to comprehensive, quality healthcare is important for the achievement of health equity and for improving the quality of life for everyone in the community. Access related topics include: health status, physical health, health insurance, healthcare provider, routine checkups, healthcare cost, mammogram screenings, health literacy, transportation, and inpatient and emergency department ambulatory care-sensitive condition (ACSC) utilization. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 18** illustrates the percentage of adults who reported poor or fair health in the United States, Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rates ranged from 14 percent to 22 percent. The Fayette, Greene and Washington counties cluster (at 22 percent), as well as the Armstrong County cluster, had rates that were significantly higher than the state rate at 20.0 percent. Allegheny and Beaver/Butler counties (at 14 percent) had rates that were lower than both the Pennsylvania and US rates.

**Figure 18. BRFSS – Percentage of all adults who reported poor or fair health**

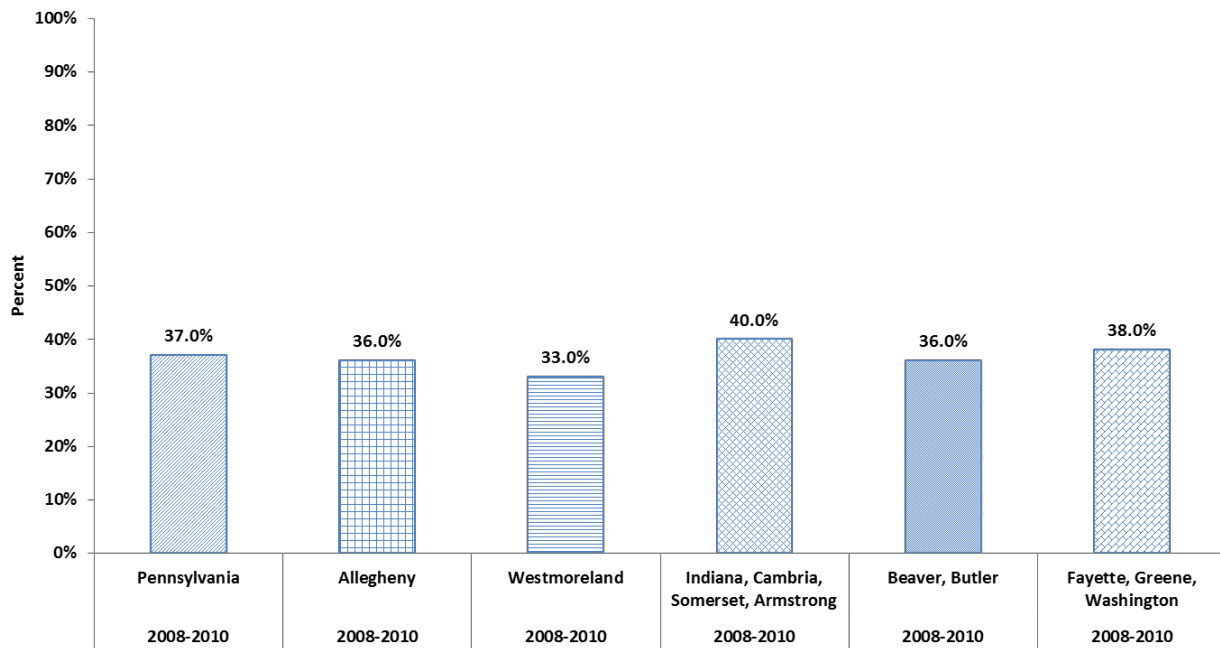


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 19** illustrates the percentage of adults who reported their physical health not good for one or more days in the past month in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rate within the service region ranged from 33.0 percent in Westmoreland County to a high of 40.0 percent for those who resided in Indiana, Cambria, Somerset and Armstrong counties. None of the regional rates were significantly higher or lower than the state rate.

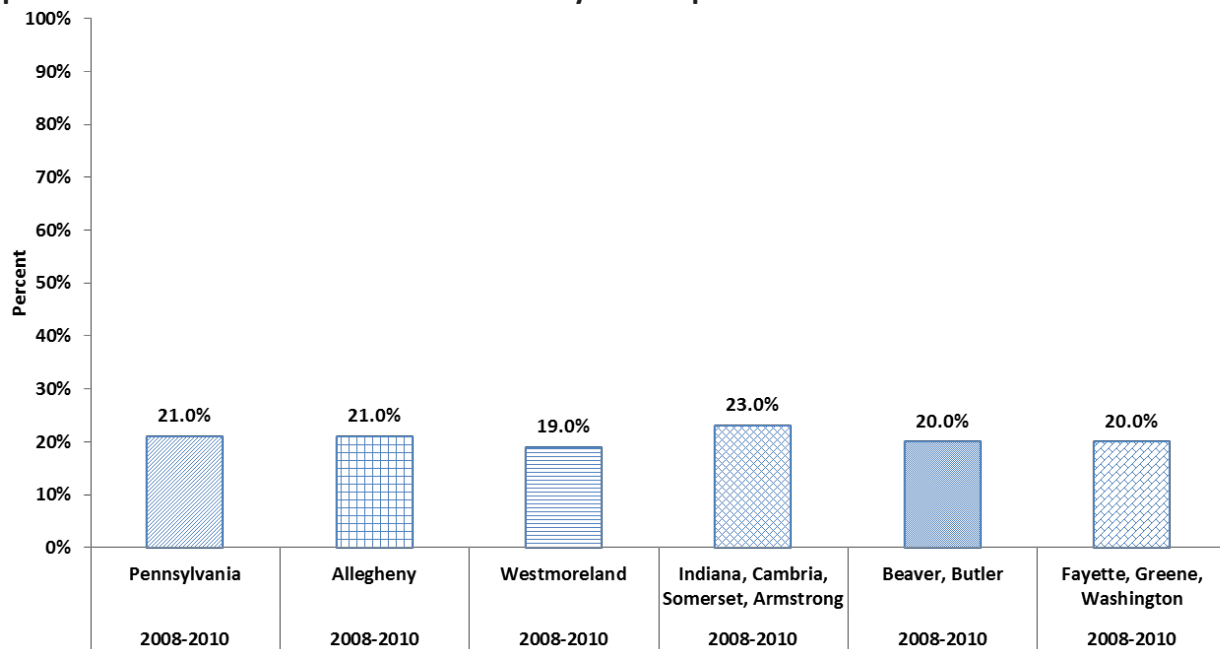
**Figure 19. BRFSS - Percent of adults who reported their physical health not good for 1+ days in the past month**



Source: Pennsylvania Department of Health

**Figure 20** illustrates the percentage of adults who reported poor physical or mental health that prevented them from usual activities one or more days in the past month in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rates range from 19.0 percent in Westmoreland County to 23.0 percent for respondents who resided in Indiana, Cambria, Somerset and Armstrong counties. Data for the other counties was comparable to the Pennsylvania rate.

**Figure 20. BRFSS- Percent of adults who reported poor physical or mental health that prevented them from usual activities 1+ days in the past month**

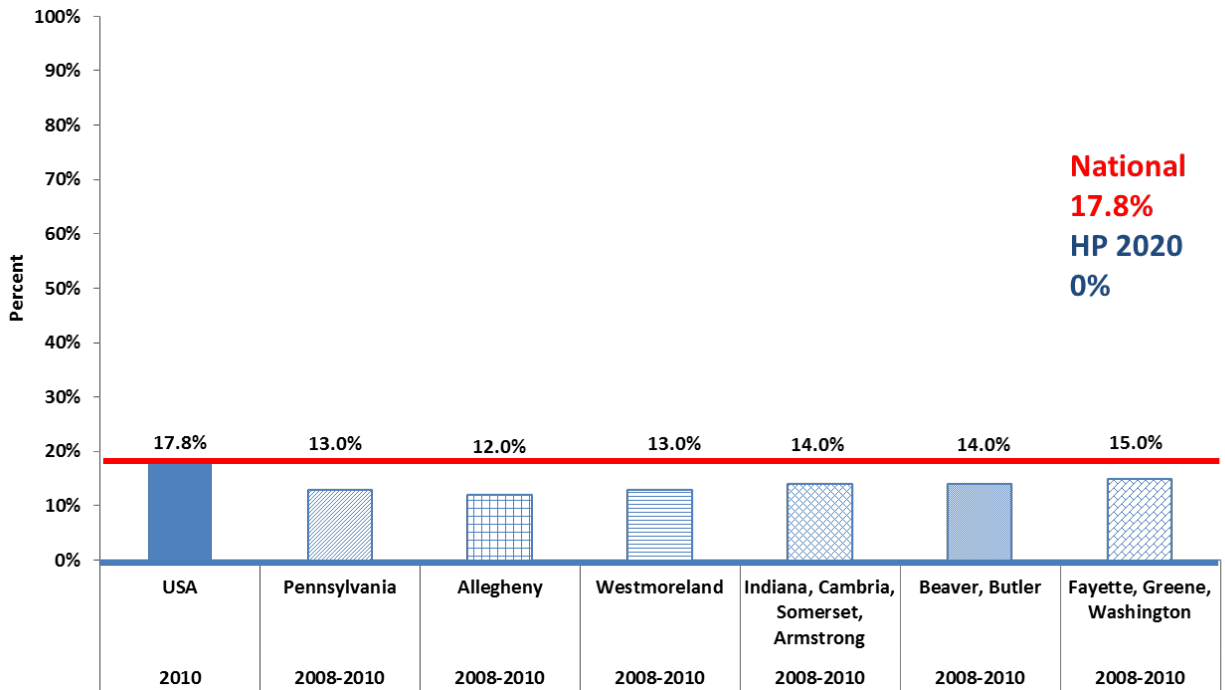


Source: Pennsylvania Department of Health



**Figure 21** illustrates the percentage of adults who reported no health insurance in the United States, Pennsylvania and throughout the counties of the service region from 2008 to 2010. County level rates were comparable to the Pennsylvania rate, ranging between 12.0 and 15.0 percent, but lower than the national rate of 17.8 percent. When looking at the service region, state and national percentage of adults who reported no health insurance, they are all above the Healthy People 2020 goal of 0 percent.

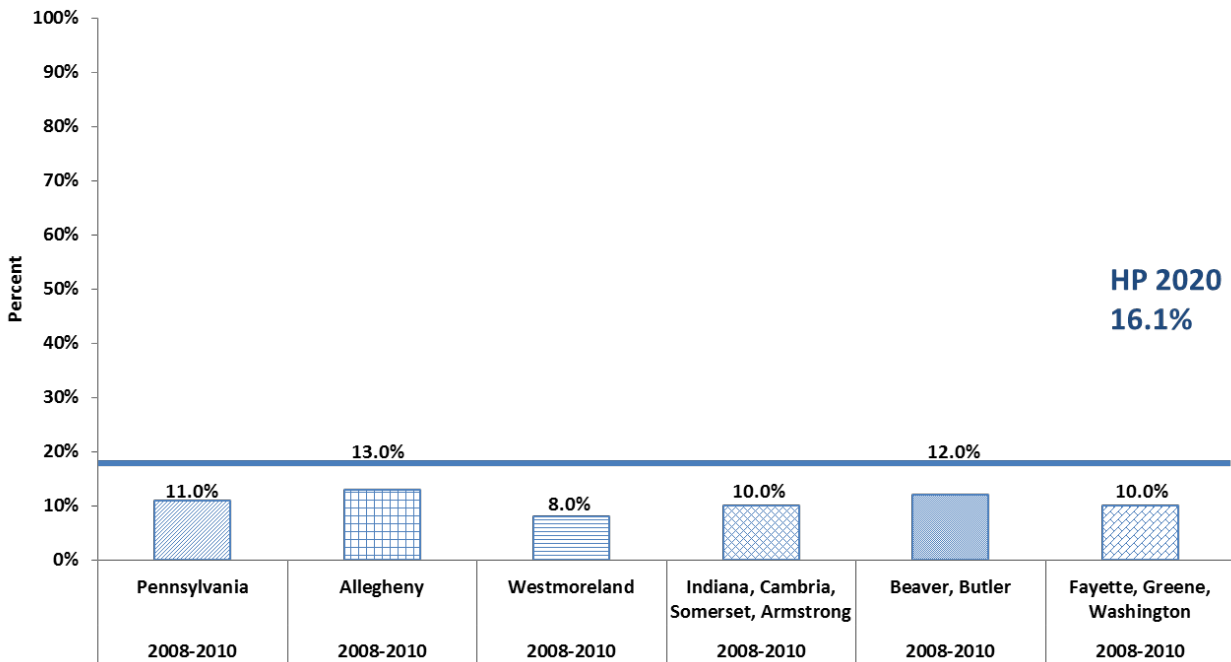
**Figure 21. BRFSS-Percentage of adults who reported no health insurance**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.com](http://www.healthypeople.com)

**Figure 22** illustrates the percentage of adults who reported not having a personal healthcare provider in Pennsylvania, as well as throughout the counties of the service region for the years 2008 through 2010. The rates range between 8.0 percent in Westmoreland County to 13.0 percent in Allegheny County. Overall, county-level data was comparable to Pennsylvania and less than the Healthy People 2020 goal of 16.1 percent.

**Figure 22. BRFSS-Percentage of all adults who reported not having a personal healthcare provider**

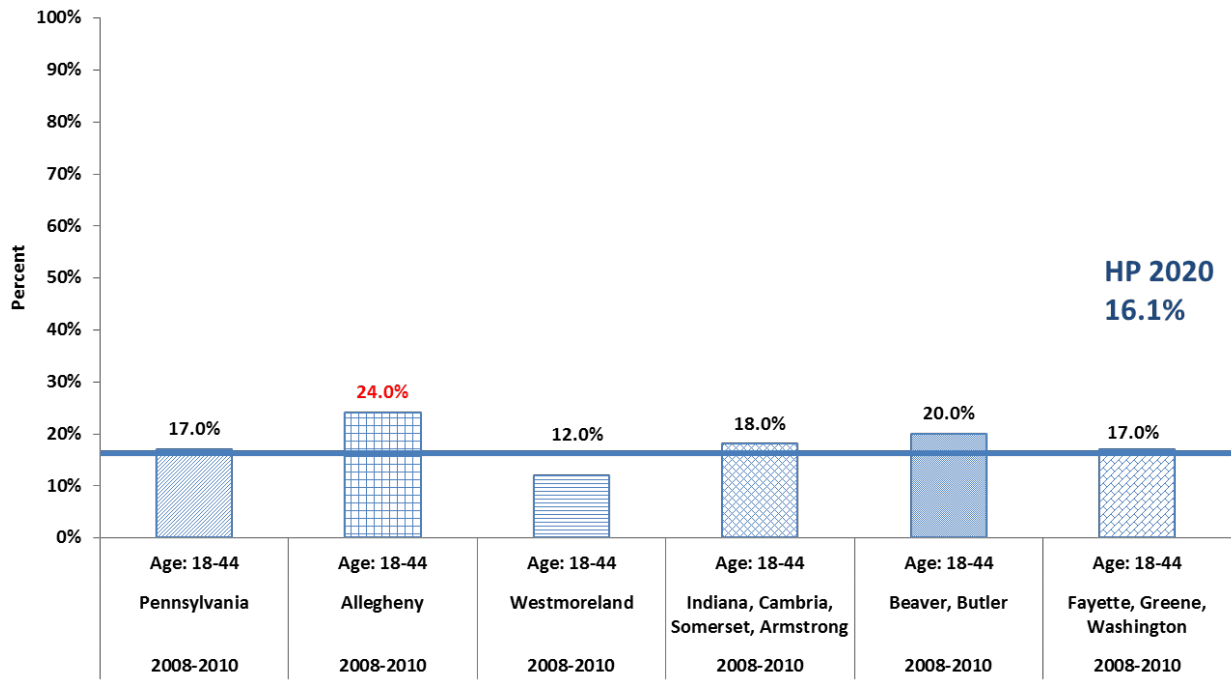


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 23** illustrates the percentage of adults aged 18-44 who reported not having a personal healthcare provider in Pennsylvania as well as throughout the counties of the service region. A significant percentage (24.0 percent) of adults aged 18-44 in Allegheny County do not have a personal healthcare provider. The rate in Westmoreland County (12.0 percent) was less than Pennsylvania, while the other counties were comparable to the state rate. Every county was higher than the Healthy People 2020 goal of 16.1 percent, with the exception of Westmoreland County.

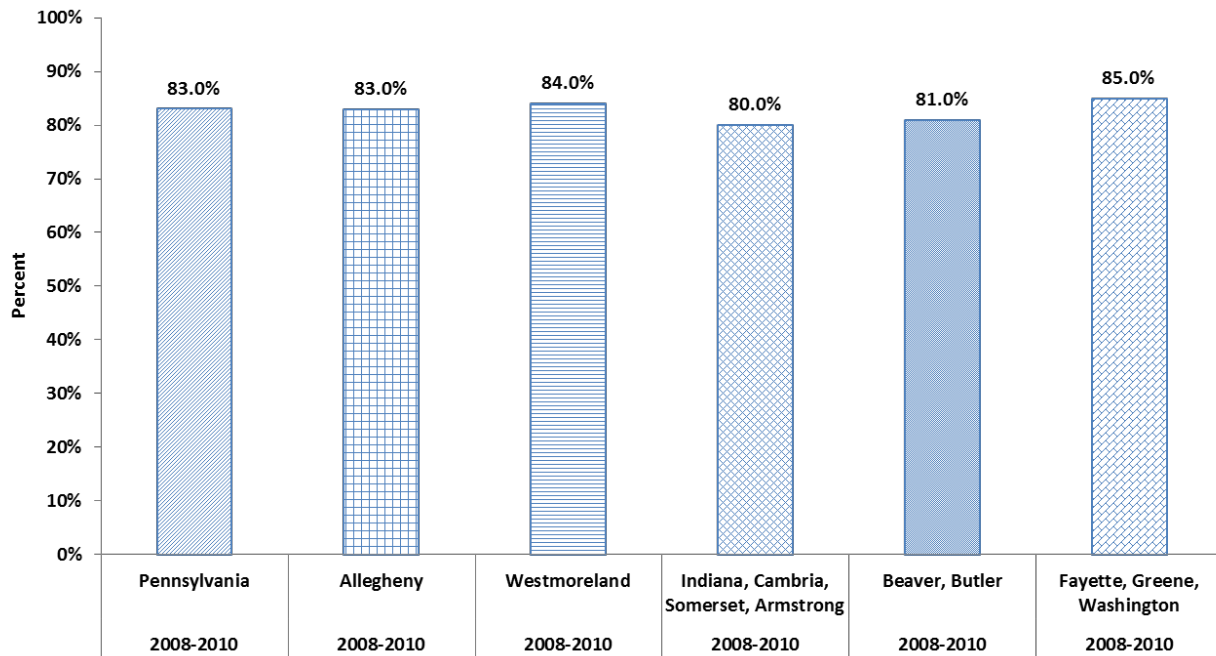
**Figure 23. BRFSS-Percent of adults who reported no personal healthcare provider age 18-44**



Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 24** illustrates the percentage of adults who had a routine check-up in the past two years in Pennsylvania, as well as throughout the counties of the service region. A vast majority of respondents had a routine check-up in the past two years (ranging between 80.0 and 85.0 percent), and the county percentages are comparable to the Pennsylvania rate.

**Figure 24. BRFSS - Percentage of all adults who had a routine check-up in the past 2 years**

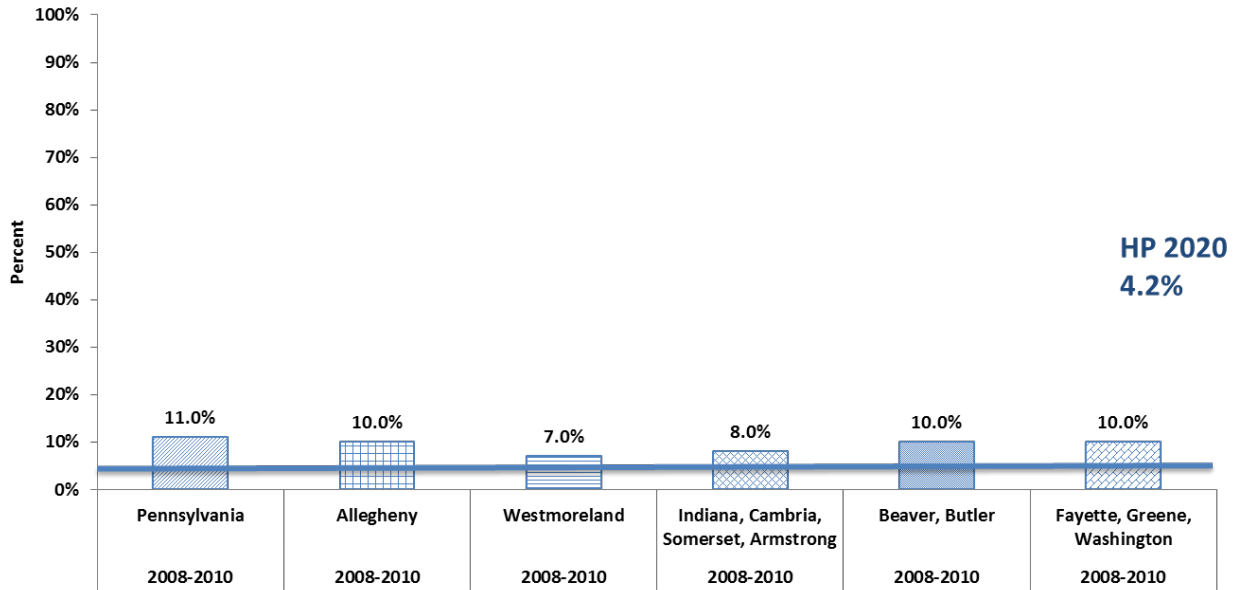


Source: Pennsylvania Department of Health



**Figure 25** illustrates the percentage of adults who needed to see a doctor, but could not do so due to cost in Pennsylvania, as well as throughout the counties of the service region. The county rates ranged between 7.0 and 10.0 percent, comparable to the state rate of 11.0 percent. All counties were above the Healthy People 2020 goal of 4.2 percent.

**Figure 25. BRFSS - Percentage of adults who needed to see a doctor but could not because of cost in the past year**

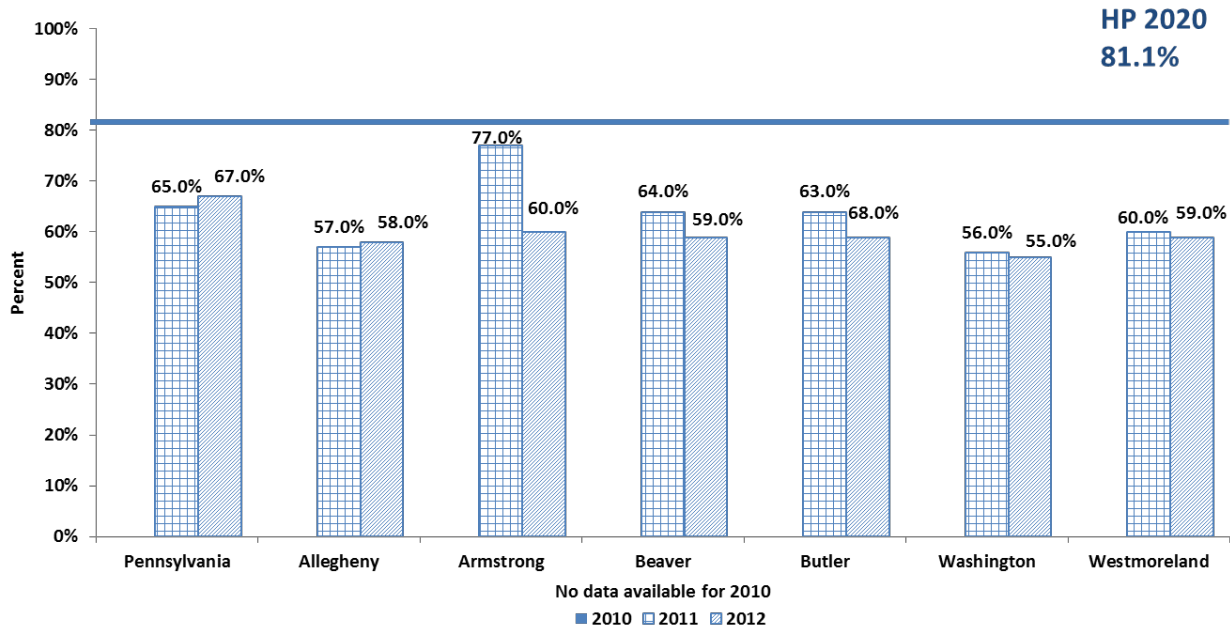


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 26** illustrates mammogram screenings in Pennsylvania as well as throughout the counties of the service region for the years 2011 and 2012. Every county percentage was less than the Pennsylvania rate for the same year, except for Armstrong County in 2011 (77.0 percent). All county level rates are below the Healthy People 2020 goal of 81.1 percent. No data was available for 2010.

**Figure 26. Mammogram screenings**

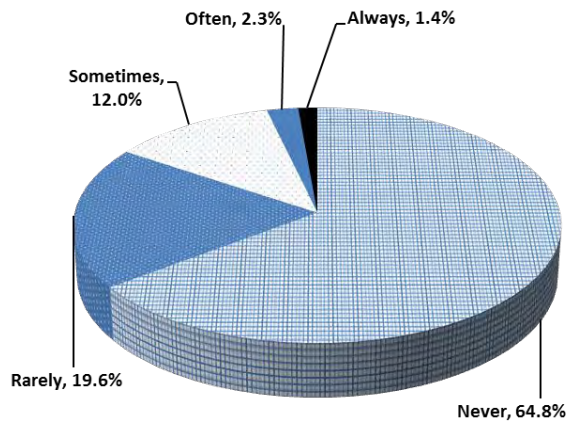


Source: County Health Rankings, [www.healthypeople.gov](http://www.healthypeople.gov)

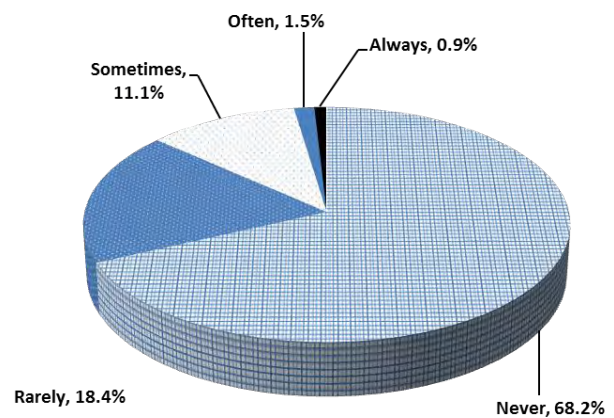
There are a number of ways in which health literacy is defined. In the fall of 2012, the University Center for Social and Urban Research at the University of Pittsburgh conducted a telephone study of the Southwest Pennsylvania region, the Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area, where they asked respondents how often they had difficulty reading and understanding healthcare information, as well as how confident they were filling out healthcare forms.

**Figure 27 and 28** illustrate health literacy rates based on the difficulty of reading and understanding health information. A sizable portion (15.7 percent) of the respondents indicated that they have difficulty reading healthcare information at least sometimes, while 13.5 percent indicated that they have difficulty understanding health information at least sometimes.

**Figure 27. Health literacy: Reading**



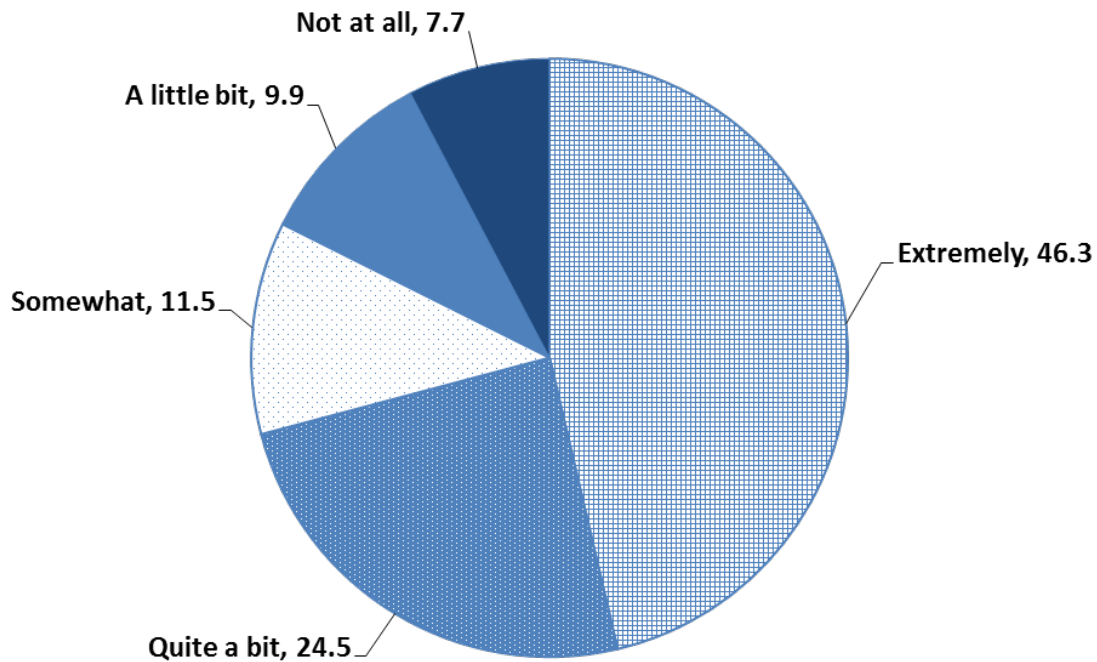
**Figure 28. Health literacy: Understanding**



Source: University of Pittsburgh University Center for Social & Urban Research. "Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area." prepared for Regional Health Literacy Coalition, September 2012.

**Figure 29** illustrates the level of which respondents are able to understand healthcare forms. Less than half of the respondents (46.3 percent) indicated that they were extremely confident filling out forms.

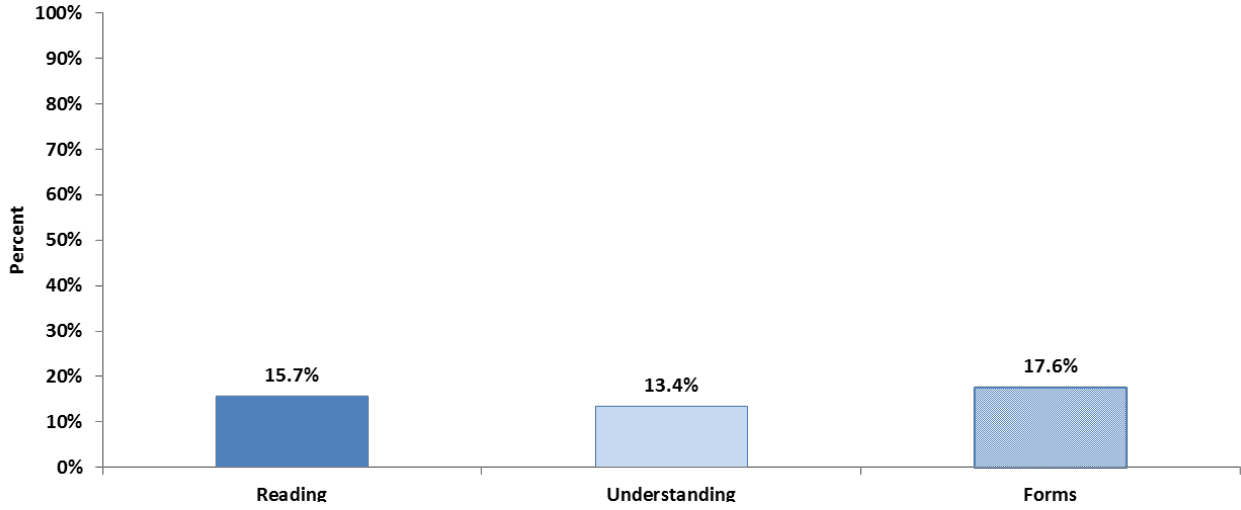
**Figure 29. Health literacy: Forms**



Source: University of Pittsburgh University Center for Social & Urban Research. "Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area." prepared for Regional Health Literacy Coalition, September 2012.

**Figure 30** summarizes the estimated low health literacy rates for the service region, depending on the definition for the overall service region.

**Figure 30. Low health literacy rates**



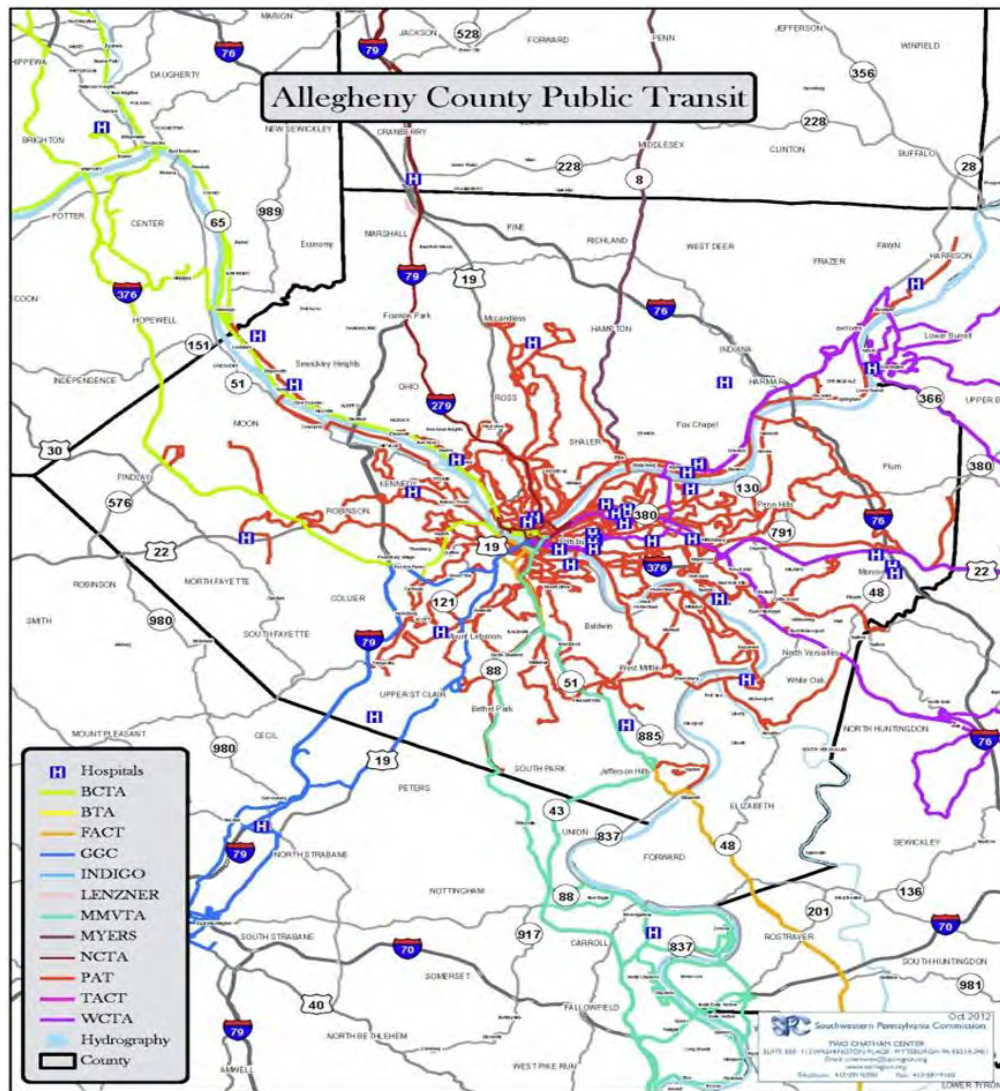
Source: University of Pittsburgh University Center for Social & Urban Research. "Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area." prepared for Regional Health Literacy Coalition, September 2012.

The *Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area* highlighted a number of key findings related to literacy rates. They include:

- The estimated prevalence of low health literacy in the Pittsburgh metropolitan statistical area (MSA) ranges from 13.4 to 17.6 percent, depending on which indicator is used.
- Slightly fewer respondents reported problems learning about medical conditions because of difficulty understanding written information; slightly more reported low confidence filling out medical forms by themselves.
- On the key single item literacy screener, 15.7 percent of Pittsburgh MSA residents reported needing someone to help read instructions, pamphlets, or other written material from doctors or pharmacies at least sometimes.
- Given a margin of error for this estimate of approximately +/- 3 percent and an adult population of the MSA of 1,881,314 (2010 Decennial Census), this represents an estimated 295,266 adults, with 95 percent confidence that the number lies somewhere between 238,926 and 351,806.
- Using the reading criterion, young people (18-29) had the highest rate of low health literacy.
- Males have higher rates of low health literacy.
- Those who were single/never married had the highest low health literacy rate.
- Hispanics had higher rates of low health literacy than non-Hispanics.
- Rates of low health literacy were significantly higher for non-whites using all three criteria.
- Those with lower socioeconomic status (less education, lower income, lack of employment) were much more likely to be classified as low healthy literacy.

**Figure 31** illustrates the Allegheny County Public Transit System. While difficult to read, the series of public transit maps that follow illustrate that the fixed route public transportation system does not serve significant portions of Allegheny County and the surrounding counties.

**Figure 31. Allegheny County Public Transit**



Source: Southwestern Pennsylvania Commission

Figure 32 illustrates the Westmoreland County public transit system.

Figure 32. Westmoreland County Public Transit

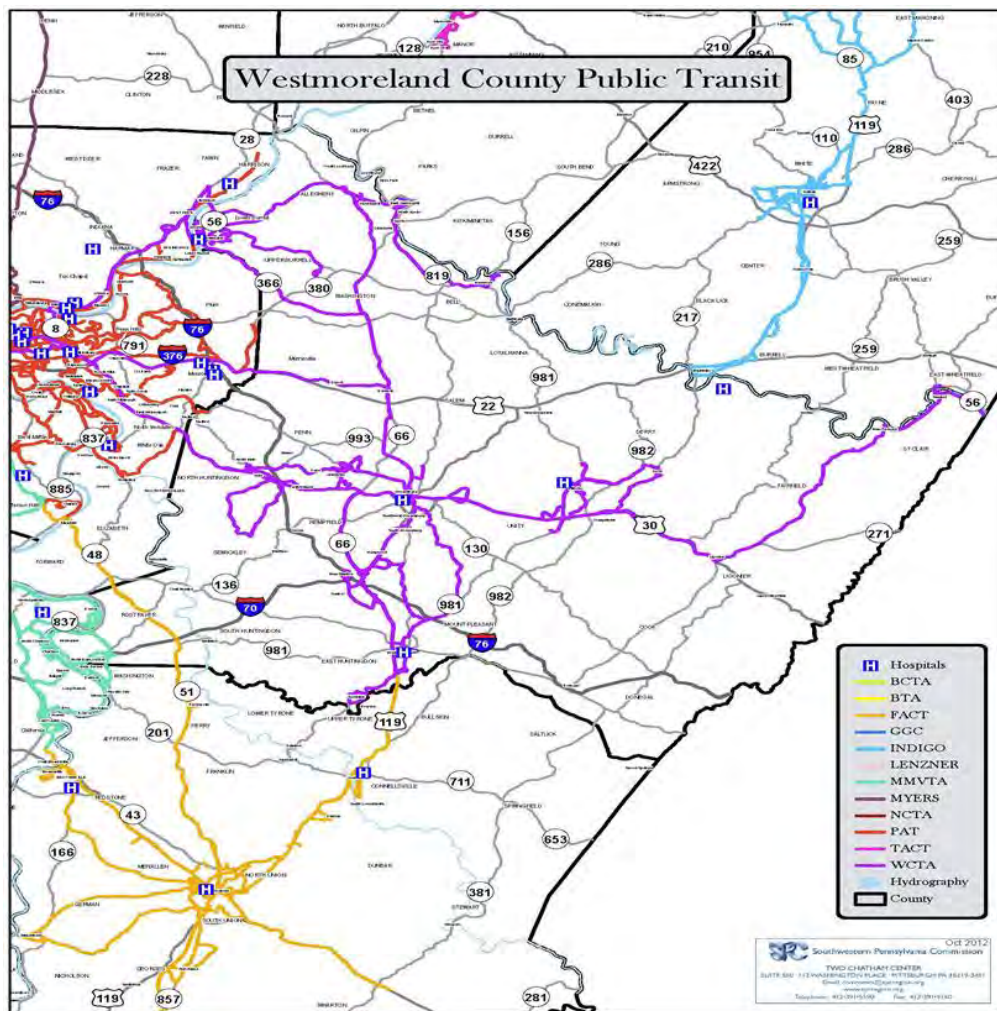
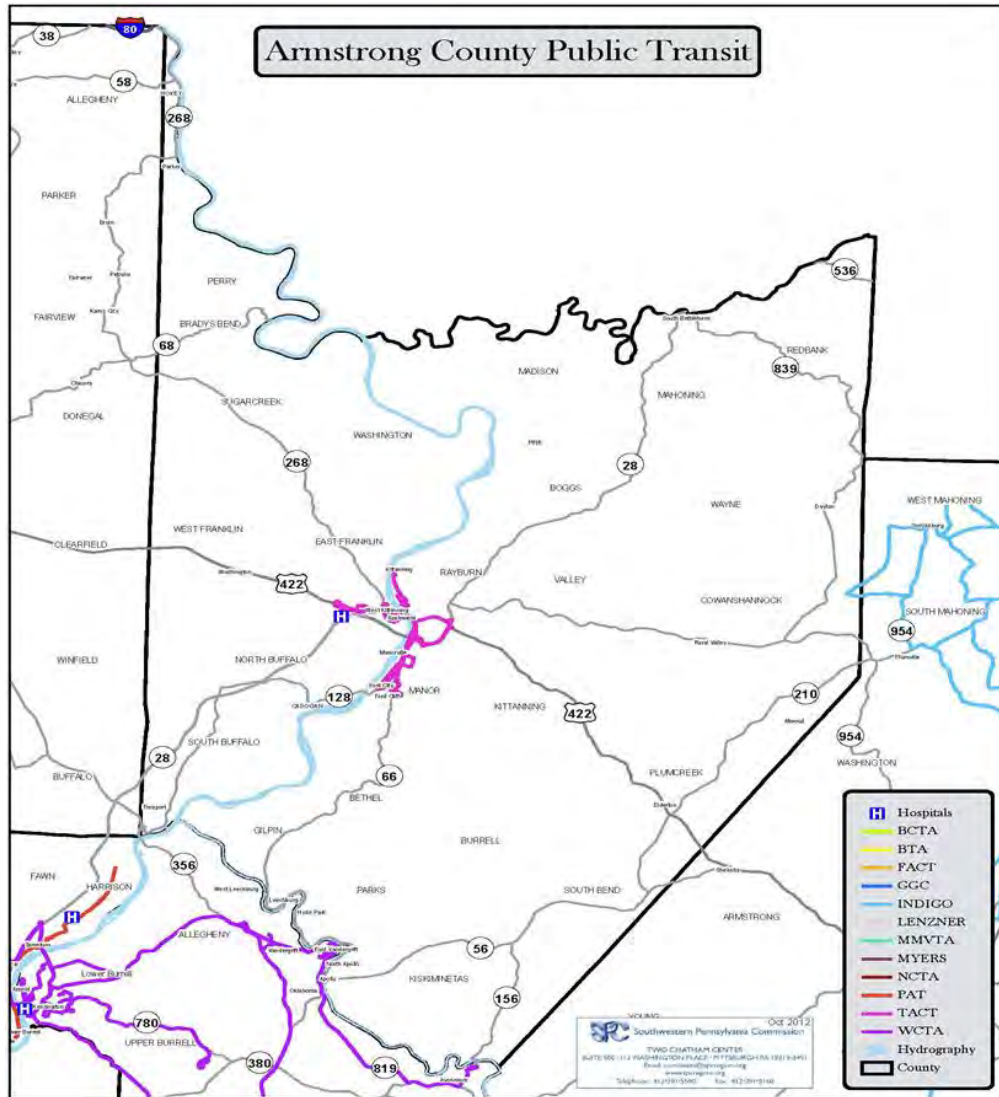


Figure 33 illustrates the Armstrong County public transit system.

Figure 33. Armstrong County Public Transit

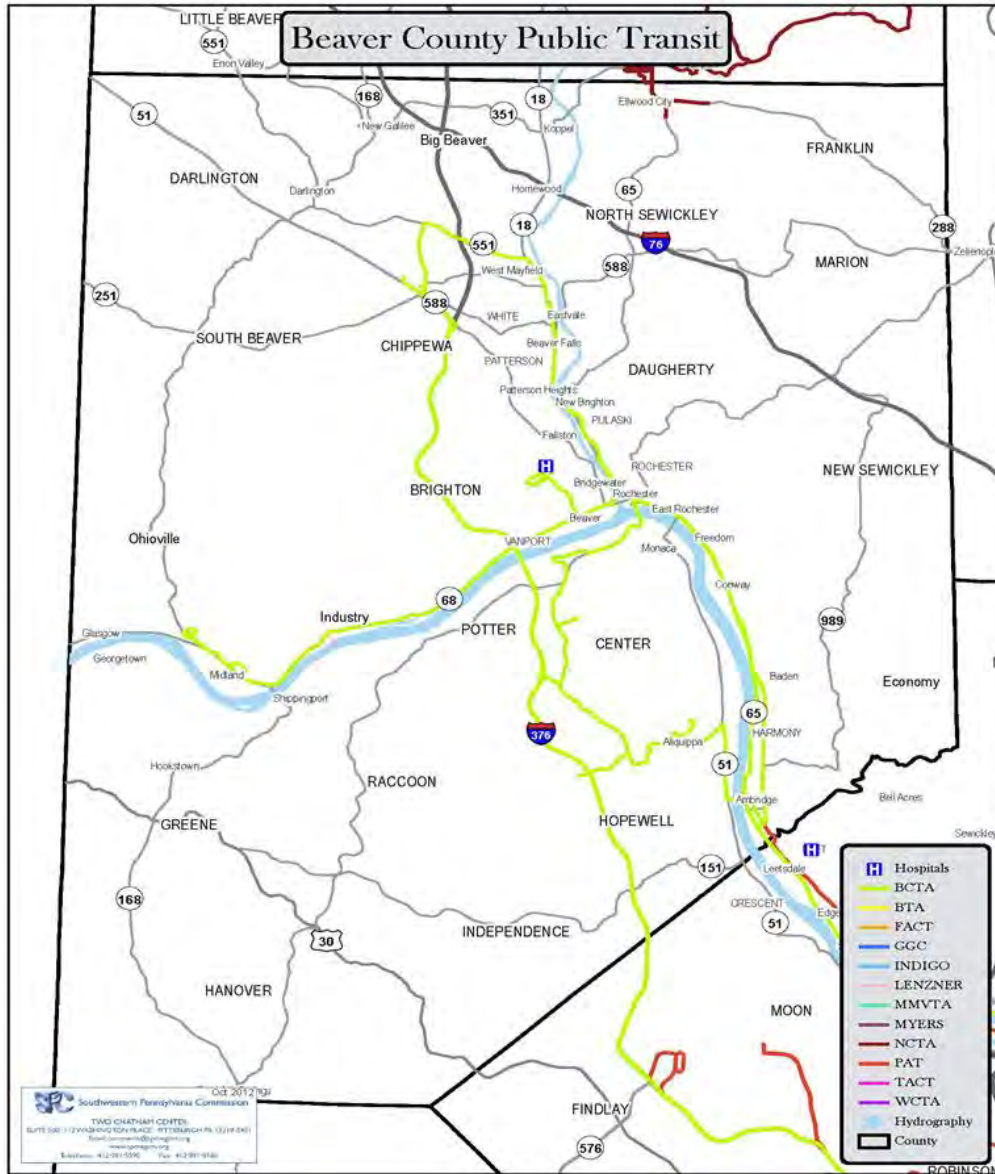


Source: Southwestern Pennsylvania Commission



Figure 34 illustrates the Beaver County public transit system.

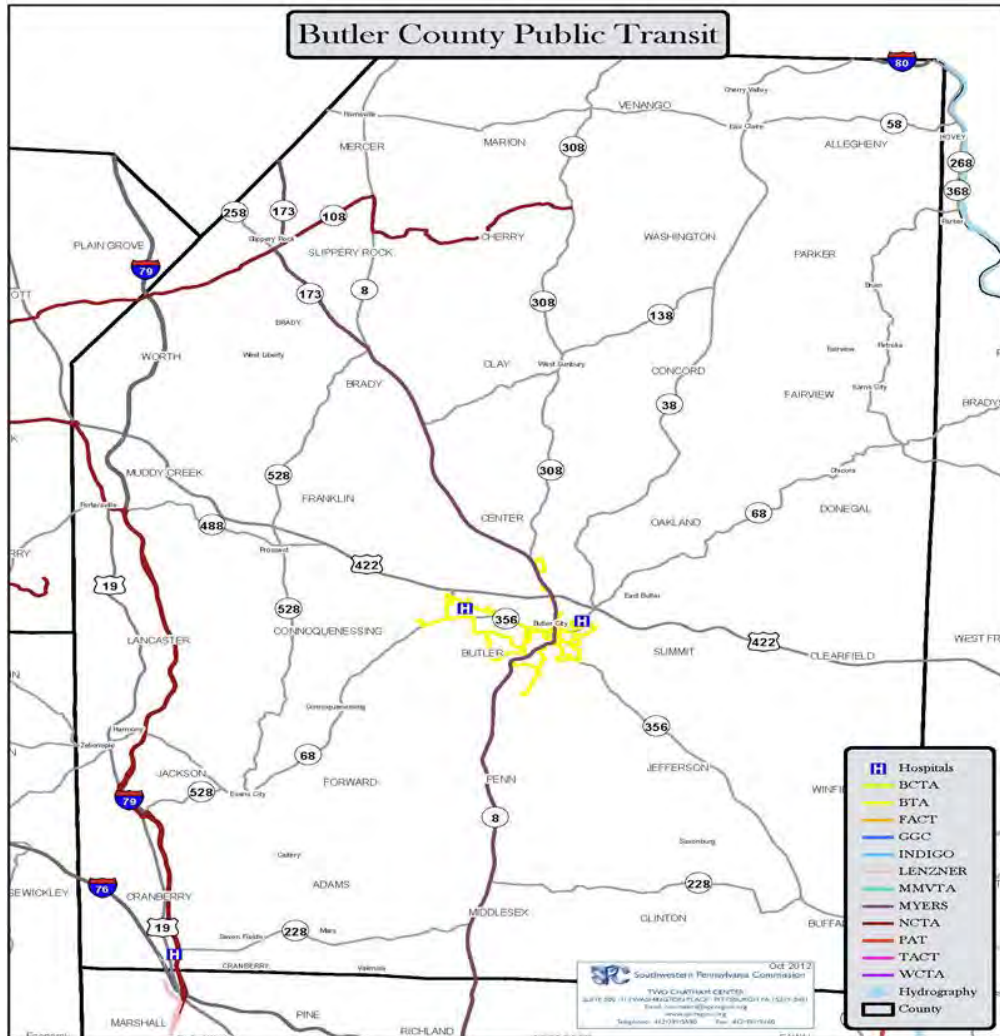
Figure 34. Beaver County Public Transit



Source: Southwestern Pennsylvania Commission

Figure 35 illustrates the Butler County public transit system.

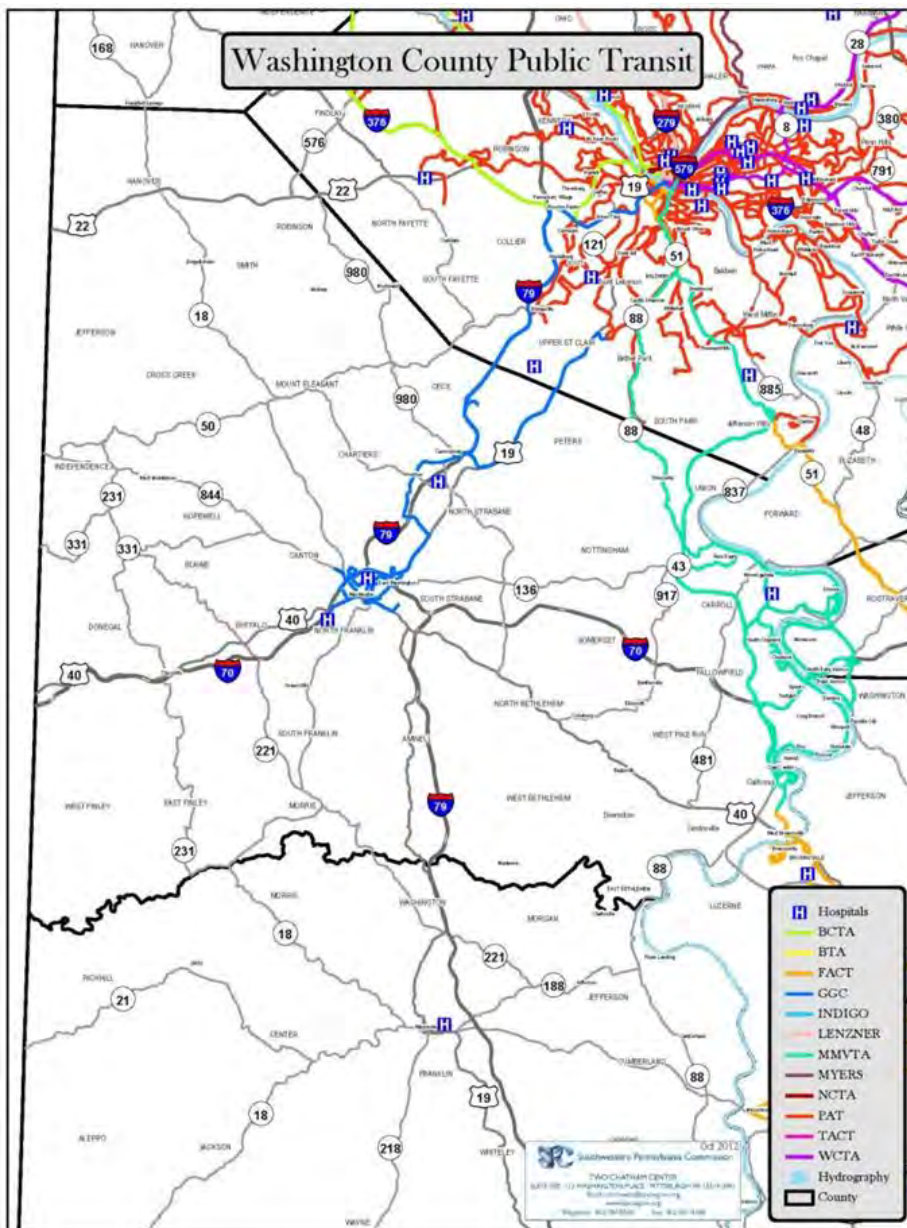
Figure 35. Butler County Public Transit



Source: Southwestern Pennsylvania Commission

Figure 36 illustrates the Washington County public transit system.

Figure 36. Washington County Public Transit



Source: Southwestern Pennsylvania Commission



Inpatient utilization data for select ACSC serve as indicators of whether individuals are receiving and accessing care in the most appropriate setting. Patients suffering from chronic diseases and other conditions should be able to manage their conditions at home or in an outpatient setting with the help of their physicians and medical care providers, rather than being admitted to a hospital. WPAHS analyzed the Pennsylvania Healthcare Cost Containment Council (PHC-4) data regarding inpatient utilization rates for persons discharged from all hospitals.

**Table 33** illustrates the hospital discharge rate for inpatient ACSC from 2010-2012, per 10,000 people. Inpatient utilization rates for specific selected ACSC are high (167.7 discharges per 10,000 population), although the rate has been declining over the past several years. Chronic obstructive pulmonary disease (COPD) (40.1), congestive heart failure (CHF) (39.6) and pneumonia (34.6) have higher rates of inpatient admission than some of the other identified conditions, including alcohol and drug abuse (17.4), and bronchitis and asthma (12.9).

**Table 33. Inpatient ACSC: hospital discharge rates per 10,000**

All Hospitals			
6-County Market Inpatient Ambulatory Care Sensitive Conditions*			
Hospital Discharge Rates per 10,000 population			
Source: PHC4 (Truven Health)			
ACSC Category**	FY10	FY11	FY12
Congestive Heart Failure Total	46.8	44.4	39.6
COPD Total	42.4	44.3	40.1
Pneumonia Total	36.4	35.7	34.6
Alcohol & Drug Abuse Total	14.0	15.6	17.4
Bronchitis & Asthma Total	16.5	15.6	12.9
Complications Baby Total	9.1	10.4	10.8
Cancer Total	4.4	4.0	4.0
Fracture Total	3.4	3.3	3.3
Hypertension Total	2.9	2.7	2.7
Breast Cancer Total	1.8	1.7	1.6
Reproductive Disorder Total	1.1	0.8	0.7
<b>Grand Total</b>	<b>178.9</b>	<b>178.4</b>	<b>167.7</b>
<b>Note:</b>			
* ACSCs are used to assess the age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital ( <a href="http://www.qualitymeasures.ahrq.gov">http://www.qualitymeasures.ahrq.gov</a> )			

Source: Truven Health, WPAHS Decision Support

WPAHS examined emergency department (ED) utilization across the five system hospitals based on the Institute of Medicine's identified ACSC in three areas: acute conditions, avoidable conditions and chronic conditions. Similar to hospital utilization rates for ACSC, ED utilization is an indicator of whether individuals are receiving and accessing care in the most appropriate setting.

As illustrated in **Tables 34-36**, although over the past three years ED utilization for all three types of conditions has been decreasing, these types of conditions account for almost 8,000 ED visits per year. The conditions with the most volume in 2012 (which are acute conditions) included kidney/urinary infections (1,927), bacterial pneumonia (1,265), and ear, nose and throat infections (981).

**Table 34. Emergency department visits: ACSC-acute conditions**

<b>West Penn Allegheny Health System</b>				
<b>Emergency Department Visits: Ambulatory Care Sensitive Conditions</b>				
<b>Acute Conditions</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>Total</b>
Bacterial Pneumonia	1,528	1,452	1,265	4,245
Cancer of the Cervix	2	0	0	2
Cellulitis	330	244	226	800
Dehydration	30	24	33	87
Convulsions	1	1	0	2
ENT Infections	1,196	1,173	981	3,350
Gastroenteritis	752	675	522	1,949
Hypoglycemia	102	83	58	243
Kidney/Urinary Infection	2,209	2,034	1,927	6,170
Skin Grafts w/Cellulitis	209	193	221	623
Pelvic Inflammatory Disease	0	2	0	2
<b>TOTAL</b>	<b>6,359</b>	<b>5,881</b>	<b>5,233</b>	<b>17,473</b>

Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993

**Table 35** illustrates WPAHS ED visits for avoidable ACSC for 2010 to 2012. The highest number of avoidable ED visits was dental conditions in 2010, with 396 visits.

**Table 35. Emergency department visits: ACSC- avoidable conditions**

West Penn Allegheny Health System				
Emergency Department Visits: Ambulatory Care Sensitive Conditions				
Avoidable Conditions	2010	2011	2012	Total
Dental Conditions	396	339	334	1,069
Iron Deficiency Anemia	55	49	49	153
Nutritional Deficiencies	6	3	1	10
Vaccine Preventable Conditions	12	7	19	38
<b>TOTAL</b>	<b>469</b>	<b>398</b>	<b>403</b>	<b>1270</b>

Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993

**Table 36** illustrates WPAHS ED visits for chronic ACSC for 2010 to 2012. The highest number of chronic ED visits was for COPD in 2010, with 726 visits.

**Table 36. Emergency department visits: ACSC- chronic conditions**

<b>West Penn Allegheny Health System</b>				
<b>Emergency Department Visits: Ambulatory Care Sensitive Conditions</b>				
<b>Chronic Conditions</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>Total</b>
Angina	51	49	52	152
Asthma	0	3	1	4
Congestive Heart Failure	599	521	372	1,492
COPD	726	637	423	1,786
Diabetes Mellitus w/o Complications	120	89	98	307
Diabetes with Ketoacidosis	10	20	17	47
Diabetes w/unspecified Complications	293	292	282	867
Hypertension	507	476	441	1,424
Grand Mal/Other Epileptic Conditions	2	1	2	5
<b>TOTAL</b>	<b>2308</b>	<b>2088</b>	<b>1688</b>	<b>6084</b>

Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993



**Table 37** illustrates total WPAHS ED visits for ACSC for 2010 to 2012. The highest number of ED visits occurred in 2010 with 9,135. While the number has been declining over the past three years, it should be noted that WPH ED was closed during a portion of this analysis period from December 2010 until its reopening on February 14, 2012.

**Table 37. Total emergency department visits with ACSC**

	2010	2011	2012	TOTAL
<b>Total Emergency Department Visits With Ambulatory Sensitive Conditions</b>	<b>9,135</b>	<b>8,367</b>	<b>7,326</b>	<b>24,828</b>

Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993

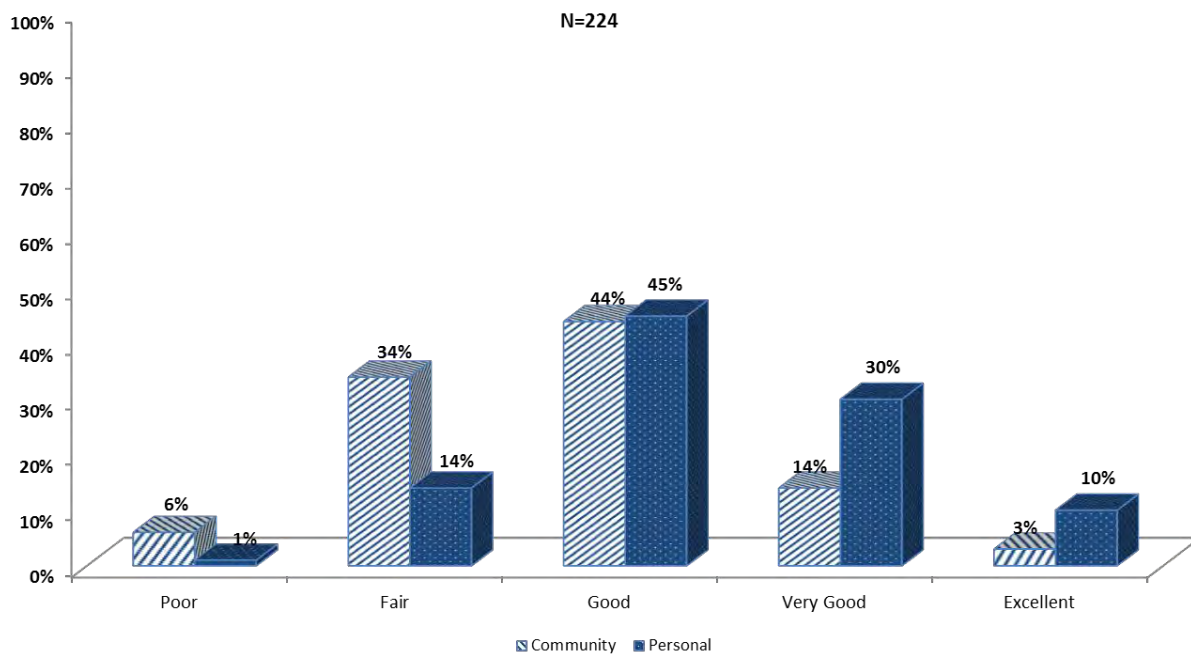


## Focus Group Input

Focus groups are considered a qualitative method of data collection. The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic, may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information represents the opinions of individuals who participated in a focus group and are not necessarily representative of the opinions of the broader community served by the system. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 37** illustrates focus group participant ratings of overall health status, both for the community overall as well as their personal health status. Respondents were more likely to rate their personal health status very good (30.0 percent) or excellent (10.0 percent), while they tended to rate the health status of the community as good (44.0 percent) or fair (34.0 percent).

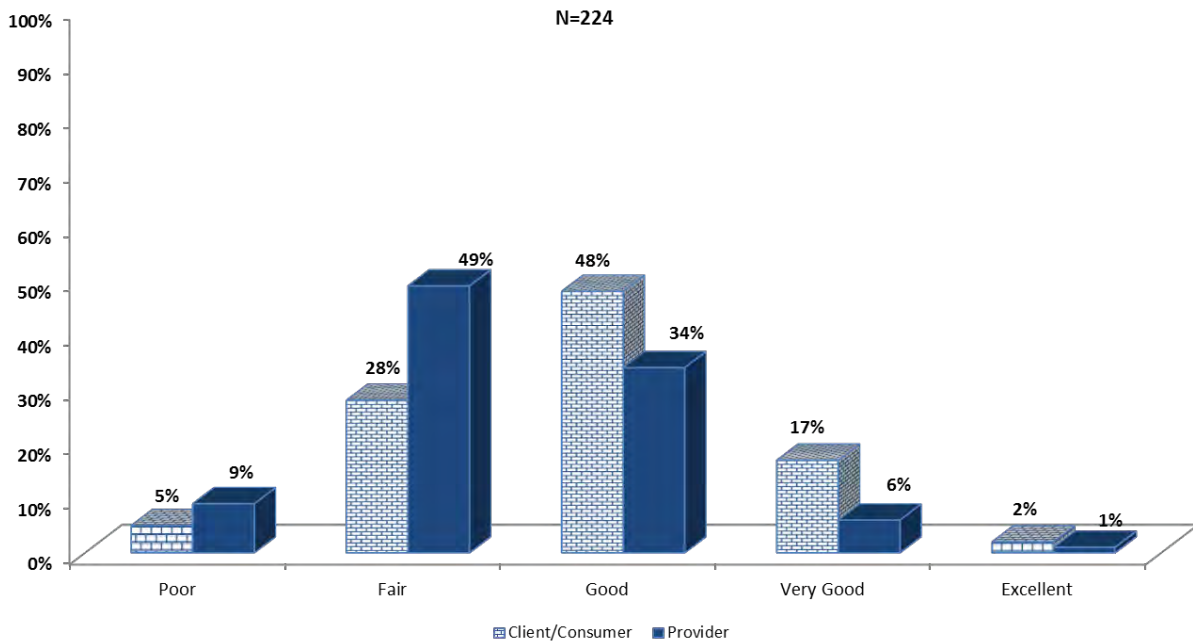
**Figure 37. Focus groups: Overall health status**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

**Figure 38** illustrates responses from the focus groups comparing the responses of clients and consumers versus providers and professionals where participants were asked to rate the health status of the overall community. Clients and consumers were more likely to rate the health status of the overall community very good (17.0 percent) or good (48.0 percent), while providers/professionals were more likely to rate the health status of the overall community good (34.0 percent) or fair (49.0 percent).

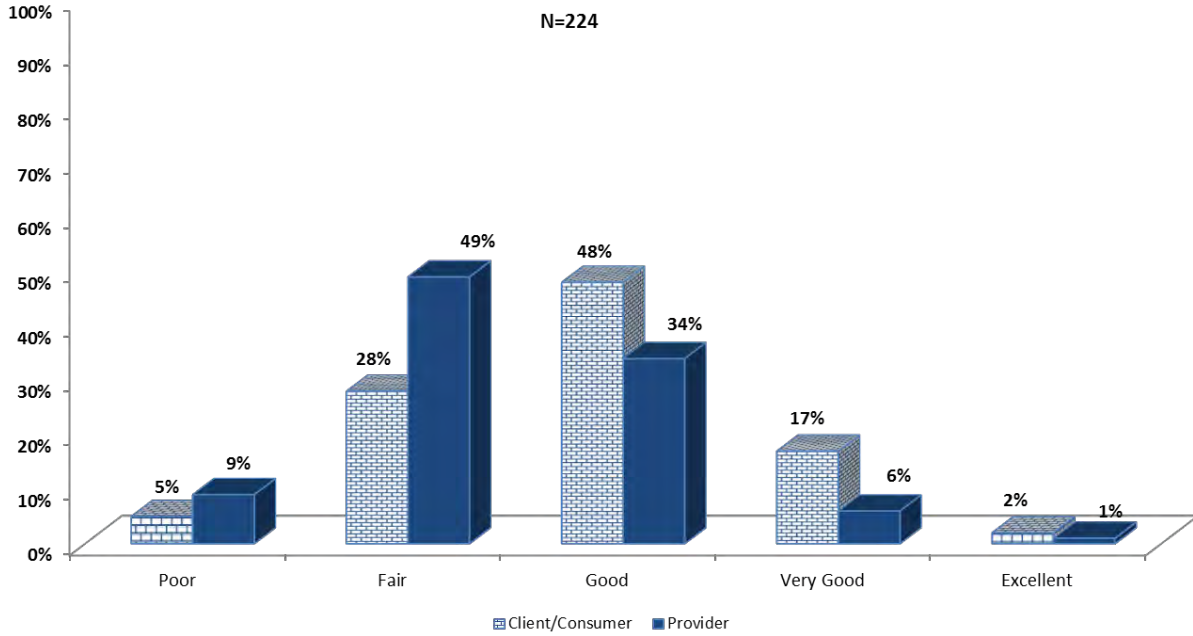
**Figure 38. Focus groups: Overall community health status**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

**Figure 39** illustrates responses from the focus group where participants were asked to rate their personal health status. Providers and professionals were more likely to rate their personal health as excellent (15 percent) or very good (32 percent), while clients and consumers were more likely to rate their personal health status as fair (20 percent).

**Figure 39. Focus groups: Personal health status**

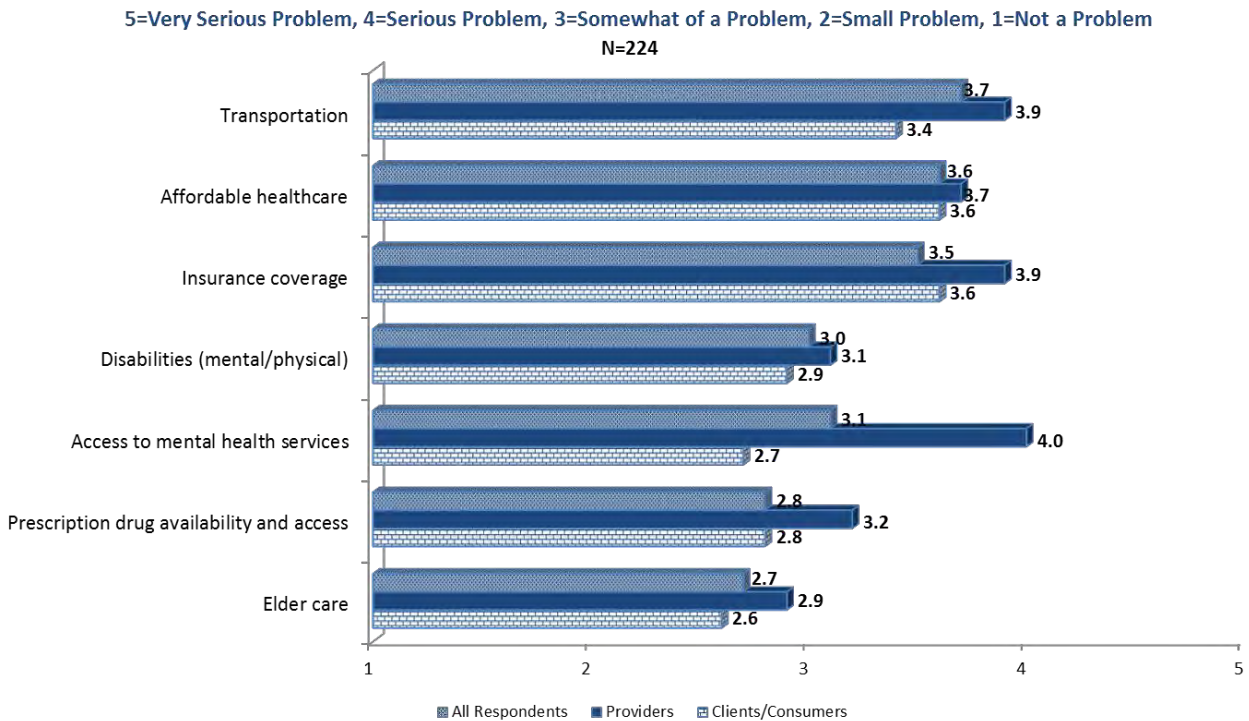


Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were also asked to rate the extent to which a list of possible issues was a problem in the community. The items were rated on a five point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem.

**Figure 40** illustrates the responses related to access in rank order high to low, based on the aggregate answers of all respondents. Overall, transportation was rated as the most serious need, along with affordable healthcare and insurance coverage. Providers and professionals were more likely to rate access to mental health services, insurance coverage and transportation as serious needs in the community, while consumers rated affordable healthcare and insurance coverage as more serious community needs.

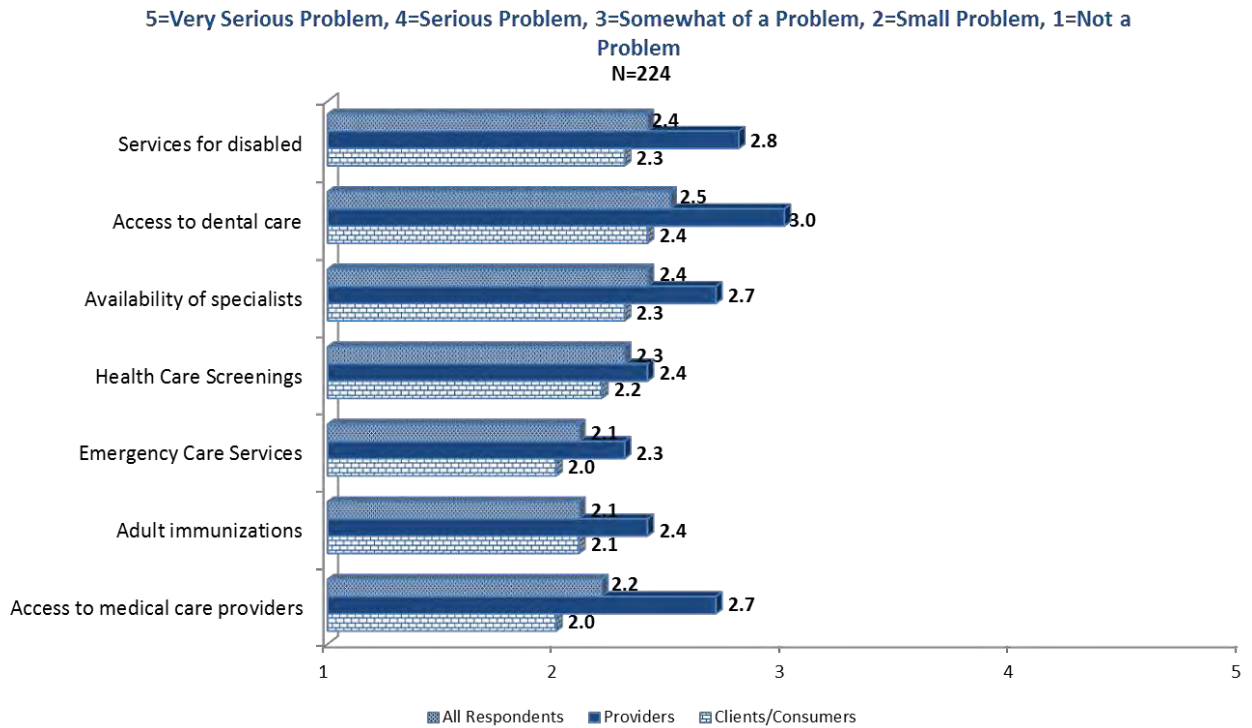
**Figure 40. Access to quality healthcare**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

**Figure 41** illustrates a list of additional need areas rated with lower average scores by focus group respondents. Providers and professionals tended to rate all of these areas as more serious needs in the community than did clients and consumers.

**Figure 41. Access to quality healthcare-additional needs**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were asked to identify and discuss the topics they felt were the top health or health-related problems in their community. The following problems were identified as related to access to services, barriers to services or possible service needs.

A common theme among many of the focus groups was a shared perception that there are a lot of people in the community who either do not have or cannot afford health insurance. Participants noted that the lack of insurance contributed to their rating the overall health of the community as fair or poor. With an aging population, health problems are more likely and there is an increased need for preventative care. Ethnic and cultural issues were also discussed related to specific eating habits and reluctance to seek medical care based on certain cultural or ethnic beliefs and traditions surrounding medical care.

Discussions related to transportation were common among focus group participants as well. There is a perception, particularly among providers/professionals who work in the Emergency Medical Services area, that many people are using ambulances for transportation to hospitals for medical care, as well as a resource for advice regarding medical necessity and triage. For example, professionals noted that people will call an ambulance in a non-emergency situation to ask for advice regarding whether they should go to the hospital. Many focus group participants mentioned the recent cuts to the public transportation system in Allegheny County as contributing to the lack of access to care because many people do not own cars. Participants also noted that in the more rural areas of the WPAHS service area, public transportation is lacking altogether. While senior citizens and disabled persons can utilize the Access bus service for transportation, this option is perceived as difficult to use and unreliable, often taking hours to get from one point to another.

A number of barriers to health care access were discussed, including the need for increased personal responsibility, increased community education and more funding for a variety of community health programs. Focus group participants have the perception that many people do not access care simply because they are not aware of the services available in the community. In addition, there is the perception that hospitals lack proper discharge planning to connect people to appropriate community-based services.

## Stakeholder Interview Input

A total of 31 regional stakeholders responded to a series of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Individuals were selected because they are considered content experts on a topic or understood the needs for a particular subset of the population. The information represents the opinions of those interviewed and is not necessarily representative of the opinions of the broader community served by the WPAHS system.

Stakeholders who were interviewed voiced concern about access to quality health care. Interviewees identified limited public transportation, lack of insurance, poverty, unemployment and a lack of understanding of healthcare as issues underlying access to care.

Of the multiple issues related to access identified by stakeholders, the poor structure of the health care delivery system was often cited by those interviewed. These comments included the perception that many people are using the hospital emergency rooms for routine health care. Many commented about the antiquated data tracking systems still in use, or the lack of data collection. Also mentioned was the inability to track patient care across providers and the ED's inability to access patient records to learn an individual's history of care. Interviewees reported a need for improvement in culturally competent care for immigrants to the United States. Additionally, individuals expressed a need for mental health and specialty providers for the indigent and underinsured. Frequently mentioned was transportation. Numerous stakeholders commented that transportation (or the lack thereof) was a significant barrier for many people trying to access healthcare. Lack of public transportation was cited as a barrier for individuals with low economic status, seniors and young mothers seeking emergency care.

Many reported that a lack of insurance is not the only challenge. Community members also lack understanding about insurance. A number of stakeholders recommended an effort to address access for the uninsured; others, however, said that healthcare reform should address some of those needs.

## Access Conclusions

Overall, the quantitative data available suggests that sizable portions of the regional population lack appropriate access to care because they do not have or appropriately see a primary care provider, do not have health insurance, or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access fixed route public transportation, and some hospitals are not accessible by public bus routes. There are a number of conclusions regarding access related issues from the all of the quantitative and qualitative data presented. They include:

### Health status and routine care

- Compared to respondents across Pennsylvania, a significantly higher portion of BRFSS respondents living in the Indiana-Cambria-Somerset-Armstrong region and Fayette-Green-Washington region indicated that their general health was fair or poor.
- Almost a quarter of the region's population (ranging from 19 percent to 23 percent in individual counties) reported that their physical health was not good one or more days in the past month.
- Thirteen percent (13 percent) of Pennsylvania respondents indicated that they had no health insurance. While fewer Allegheny County respondents (12 percent) responded likewise, compared to the state and Allegheny County, a higher portion (up to 15 percent) of respondents from all other counties in the WPAHS primary service region indicated that they had no health insurance.
- Allegheny County respondents ages 18 to 44 were significantly more likely to indicate that they had no personal healthcare provider compared to 18 to 44 year olds across the state. With the exception of Westmoreland County, the entire region's county level rates are lower than the Healthy People 2020 goal.
- Between 80 and 85 percent of the region's population had a routine check-up in the past two years. A Healthy People 2020 goal is that no more than 4.2 percent of the population in the United States needing to see a doctor will not do so because of costs. The portion of residents in each of the counties in the WPAHS primary services region exceeded this goal.
- According to the county health rankings, between 55 and 60 percent of the women in the service area counties have appropriately had mammogram screenings.

### Barriers to care

- Somewhere between 15% and 17% of adults in the service area have low health literacy, depending on the definition used.



- There are significant portions of the primary service area that do not have access to public transportation.
- Although the number has declined in recent years, a portion of WPAHS's ED visits (7,326) are for ACSC. The same trend is observed in the market hospital discharge rate for ACSC, which is at 167.7 per 10,000 people (all discharges from all hospitals).

#### Focus group and stakeholder interview conclusions

- According to focus group participants, the high senior population, lack of preventative care, health insurance, transportation, education, cultural and language issues, mental health and funding are all affecting access to care and ultimately health status. Providers/professionals who attended the focus groups consistently rated all access-related issues as more of a problem than clients/consumers. The most serious perceived access problem areas by focus group participants and stakeholders interviewed include transportation, affordable healthcare, insurance coverage, mental and physical disabilities, and access to mental health services.
- When discussing access to care, stakeholders who were interviewed also voiced concerns regarding the lack of continuity across the continuum of care. They cited the lack of tracking systems within the health systems as a barrier to quality care. Clinicians, even within the same system, are often unable to see previous test results and episodes of care that would enable a holistic approach to care management.

(This page intentionally left blank)

# CHRONIC DISEASE





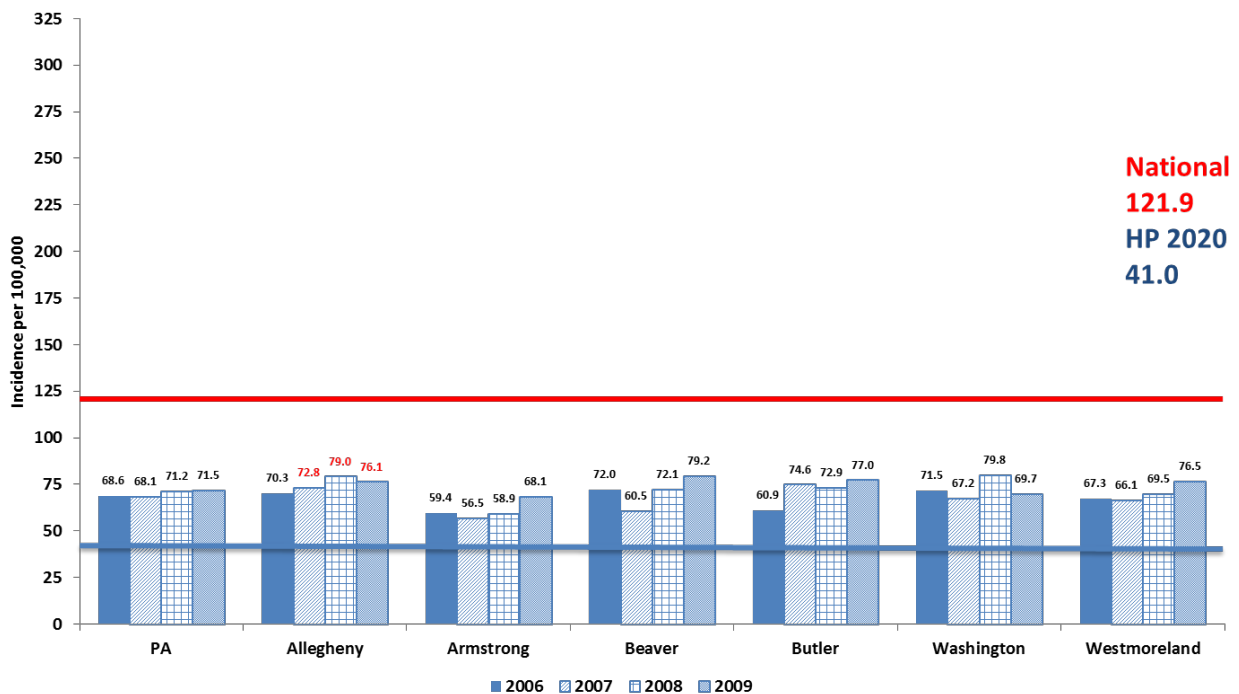
(This page intentionally left blank)

## Chronic Disease

Conditions that are long-lasting, with relapses, remissions and continued persistence can be categorized as chronic diseases. Chronic disease topics explored include: breast cancer, bronchus and lung cancer, colorectal cancer, prostate cancer, heart disease, heart attack, coronary heart disease, stroke, overweight, obesity and diabetes. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 42** illustrates breast cancer incidence rates for males and females in Pennsylvania and throughout the counties of the service region for the years 2006 through 2009, per 100,000. The rate fluctuated by county, but was significantly higher in Allegheny County for the years 2007 through 2009 compared to the Pennsylvania rate. For the years 2006 through 2009, county rates were higher than the HP 2020 goal of 41.0. The state and service area counties showed an increasing trend, except for Washington County.

**Figure 42. Breast cancer incidence: male and female**

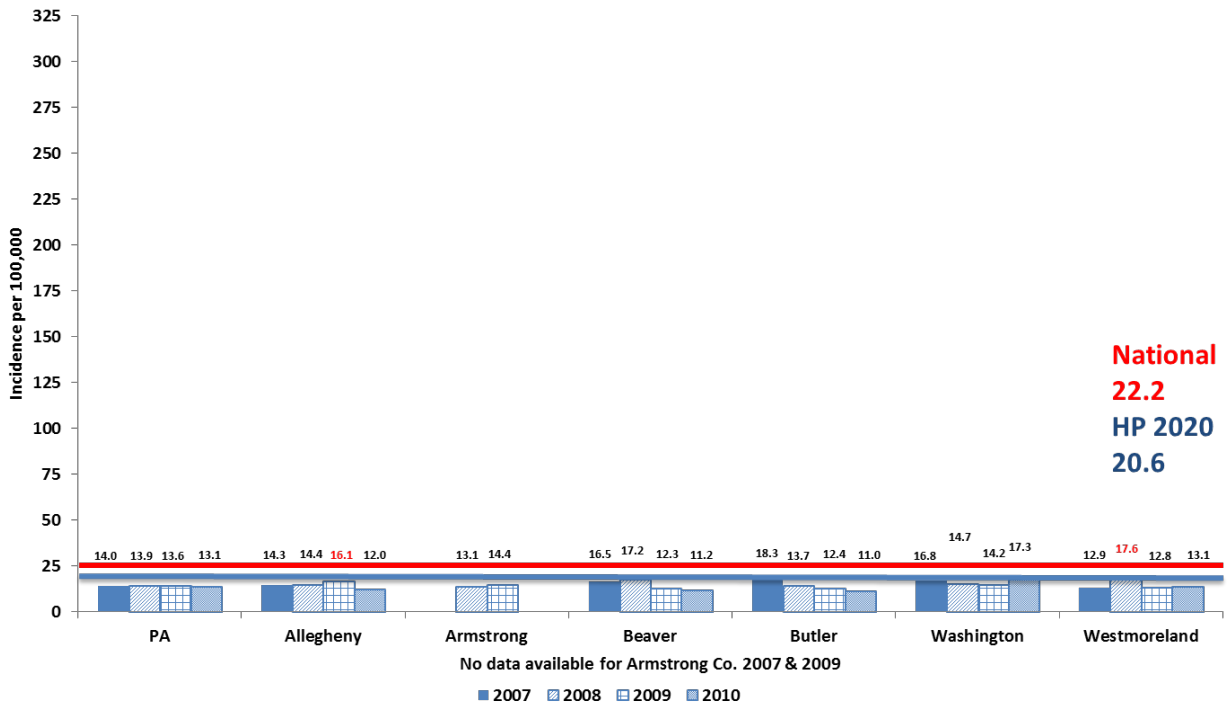


Sources: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 43** illustrates breast cancer mortality rates for males and females in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. County-level data fluctuated over the time period, but was less than the HP 2020 goal of 20.6. Allegheny, Beaver and Butler counties showed a declining trend, in line with the statewide trend, while Armstrong, Washington and Westmoreland counties showed an increasing trend.

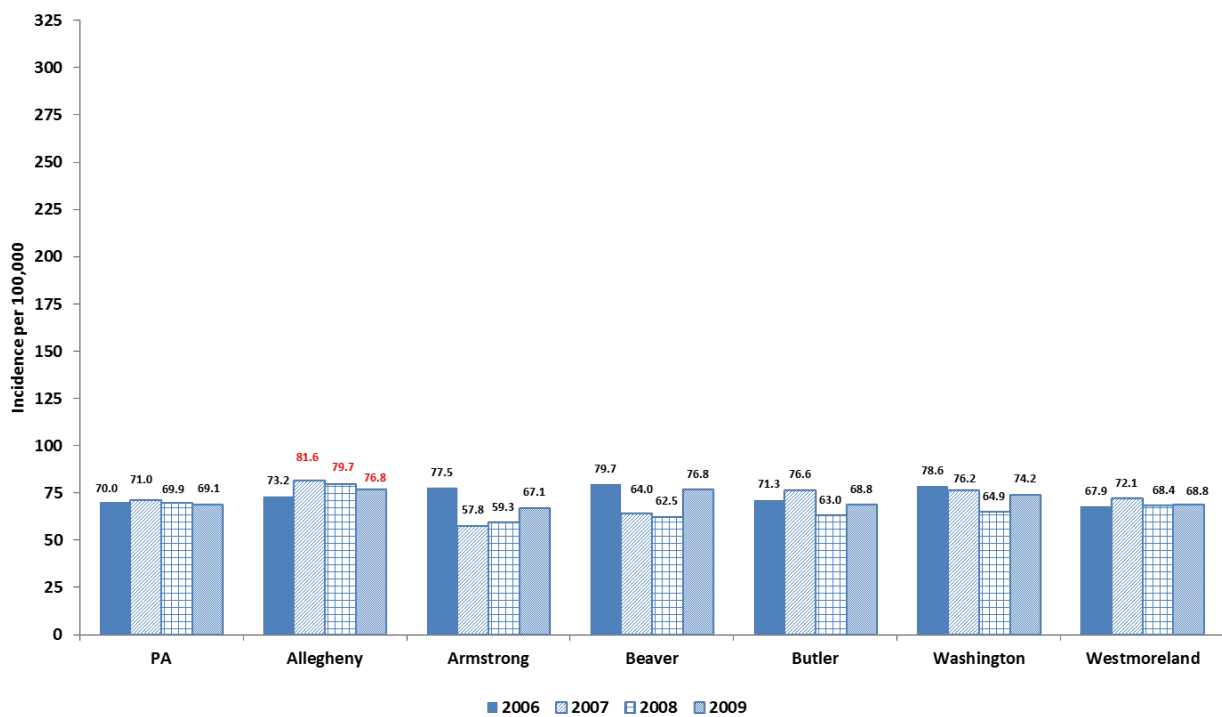
**Figure 43. Breast cancer mortality rate male and female**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 44** illustrates bronchus and lung cancer incidence rates in Pennsylvania and throughout the counties of the service region for the years 2006 through 2009, per 100,000. The rate in Allegheny County for the years 2007 through 2009 was significantly higher than the Pennsylvania rate. County-level data fluctuated over the period but was generally comparable to or higher than the Pennsylvania rate. Armstrong and Beaver counties were less than the state rate from 2007 through 2008, however. Allegheny and Westmoreland counties showed an increasing trend, while the other counties, as well as the state, showed a decreasing trend.

**Figure 44. Bronchus and lung cancer incidence**

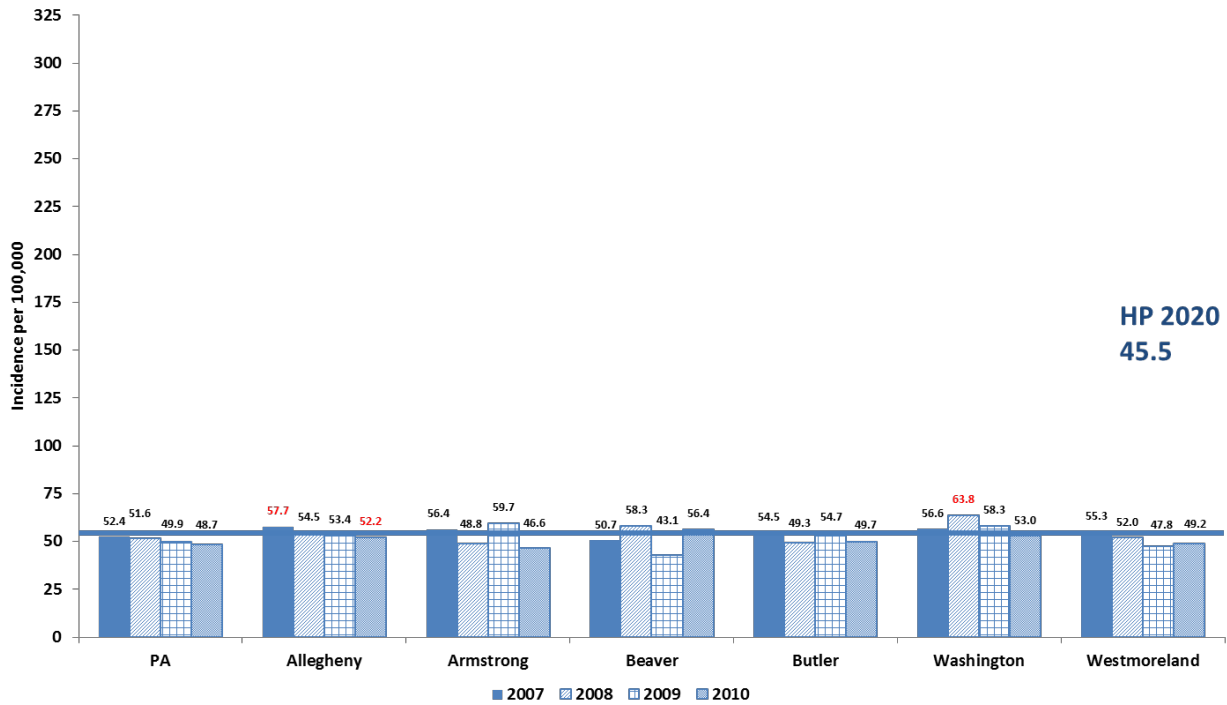


Source: Pennsylvania Department of Health



**Figure 45** illustrates bronchus and lung cancer mortality rates in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. Mortality rates fluctuated for the years 2007 through 2010 and all counties had rates higher than the HP 2020 goal of 45.5, except for Beaver County in 2009. Beaver County also showed an increasing trend, while all other counties in the service area and Pennsylvania showed declining trends.

**Figure 45. Bronchus and lung cancer mortality rate**

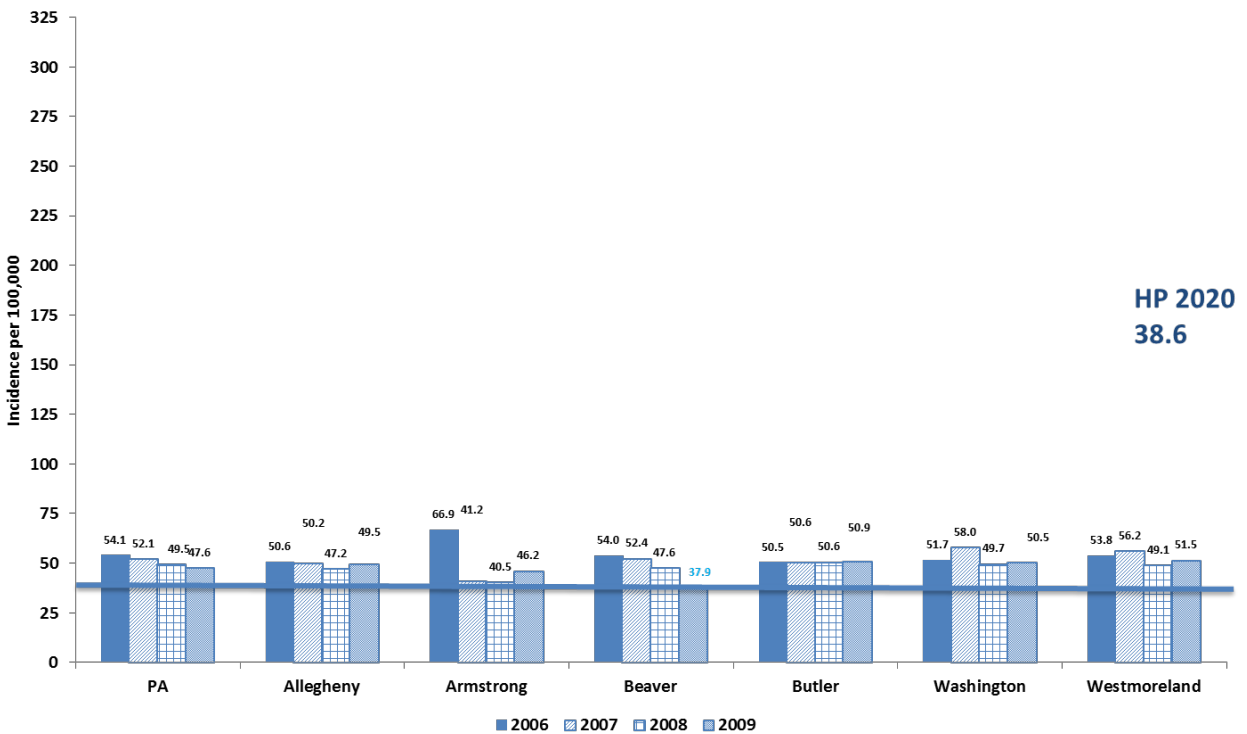


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 46** illustrates the colorectal cancer incidence rate in Pennsylvania and throughout the counties of the service region for the years 2006 through 2009, per 100,000. County-level data fluctuated for the years 2006 through 2009 and overall was higher than the HP 2020 goal of 38.6. All service area counties showed decreasing trends, with the exception of Butler County. Also, the rate in Beaver County in 2009 was significantly lower than the Pennsylvania rate, and fell below the HP 2020 goal.

**Figure 46. Colorectal cancer incidence rate**

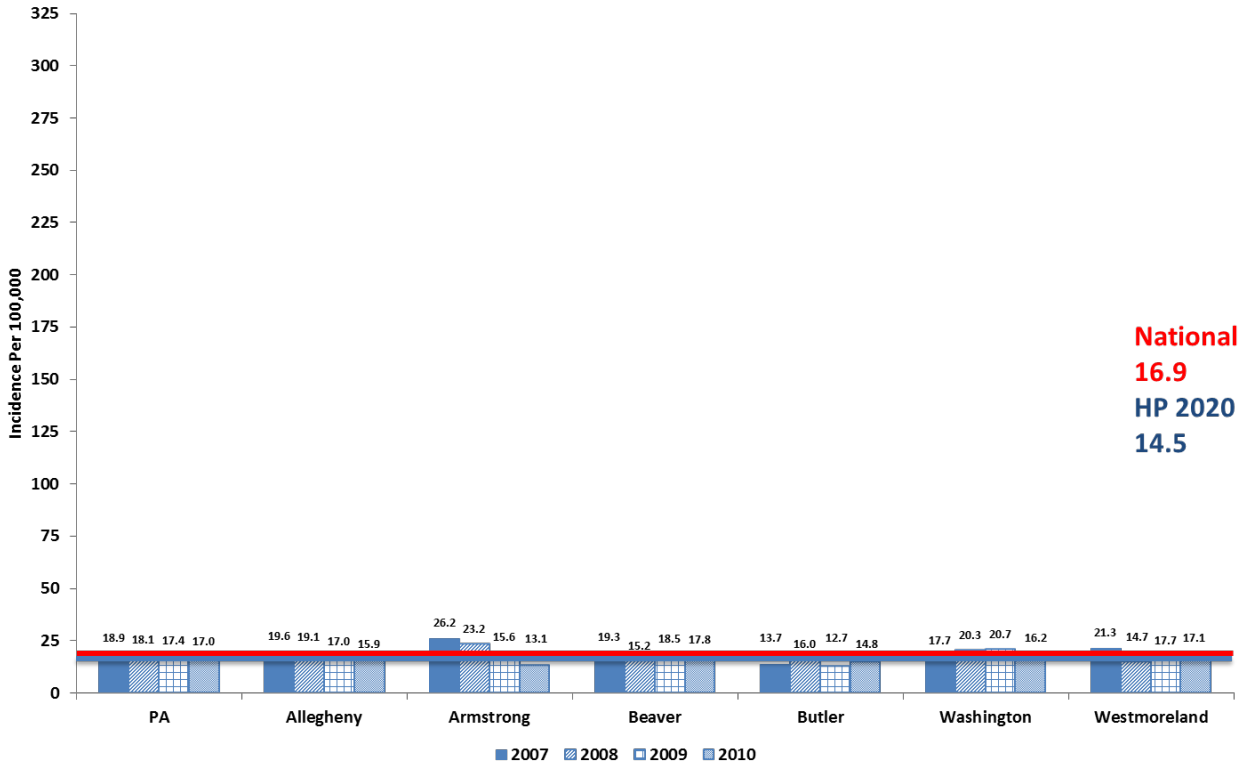


Source: Pennsylvania Department of Health, [www.healthypeopl.gov](http://www.healthypeopl.gov)



**Figure 47** illustrates the colorectal cancer mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. Over the four years, a decreasing trend can be seen in all service-area counties except Butler; depending on the year, rates were higher or lower than Pennsylvania.

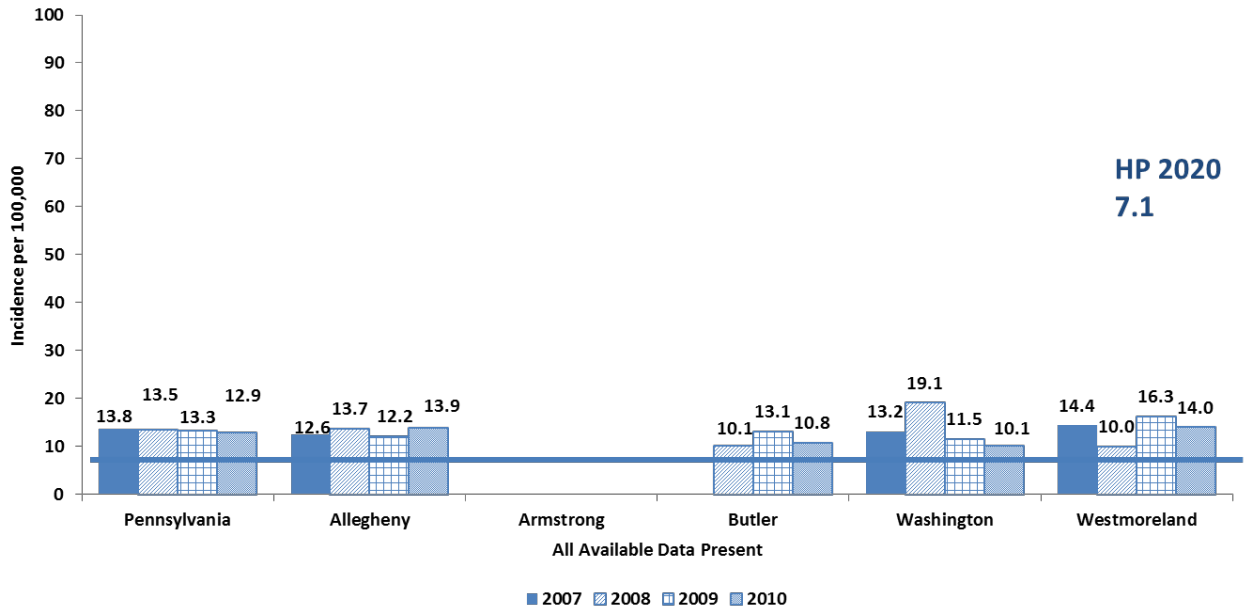
**Figure 47. Colorectal cancer mortality rate**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 48** illustrates the ovarian cancer mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The highest incidence rate was in Washington County in 2008 at 19.1, but the rates have been decreasing. The county rates have fluctuated over the years, while the state rate has been decreasing. All of the rates were above the HP 2020 Goal.

**Figure 48 Ovarian cancer incidence rate**

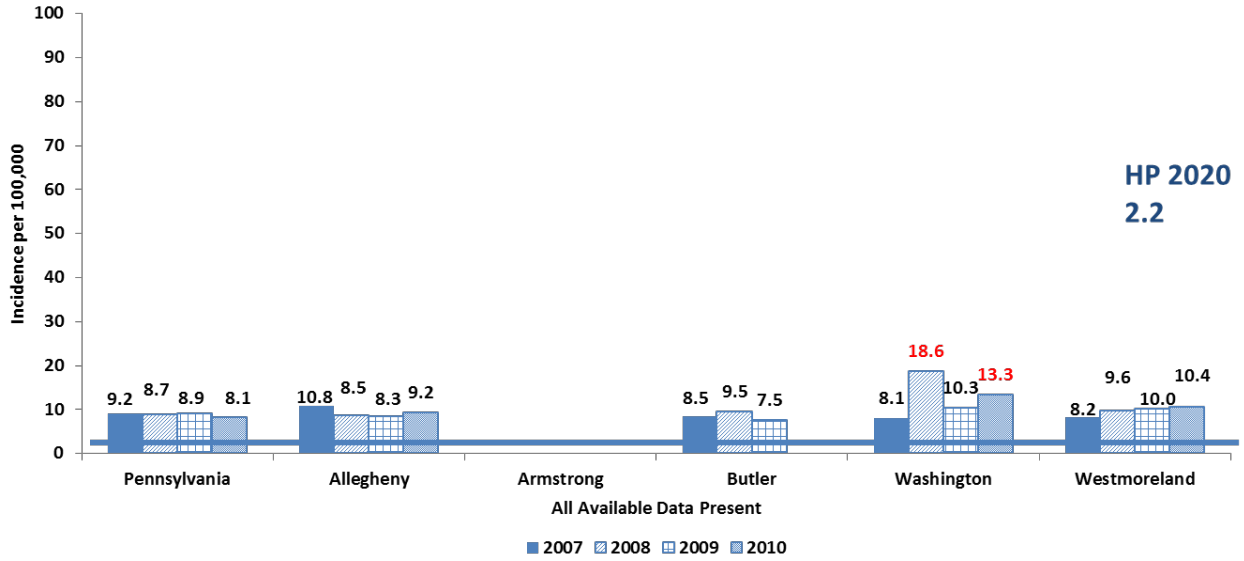


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 49** illustrates the ovarian cancer mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The rate in Washington County in 2008 and 2010 was significantly higher than the state, while the other county rates have been comparable to the state. All of the rates were above the Healthy People 202 Goal.

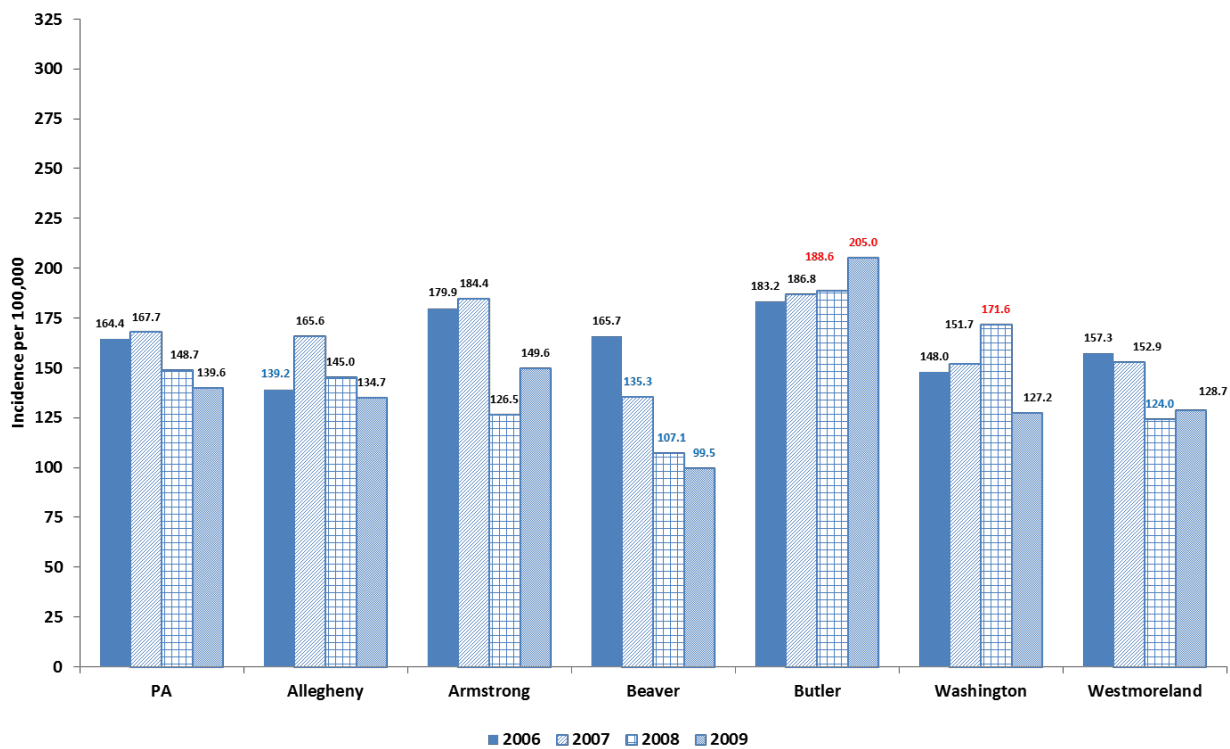
**Figure 49 Ovarian cancer mortality rate**



Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 50** illustrates the prostate cancer incidence rate in Pennsylvania and throughout the counties of the service region for the years 2006 through 2009, per 100,000. The rate in Beaver County was significantly lower than Pennsylvania for the years 2007 through 2009, as were Allegheny County in 2006 and Westmoreland County in 2008. The rate in Butler County was significantly higher than the state in 2008-2009. A decreasing trend is shown in Pennsylvania and all service-area counties except for Butler.

**Figure 50. Prostate cancer incidence rate**

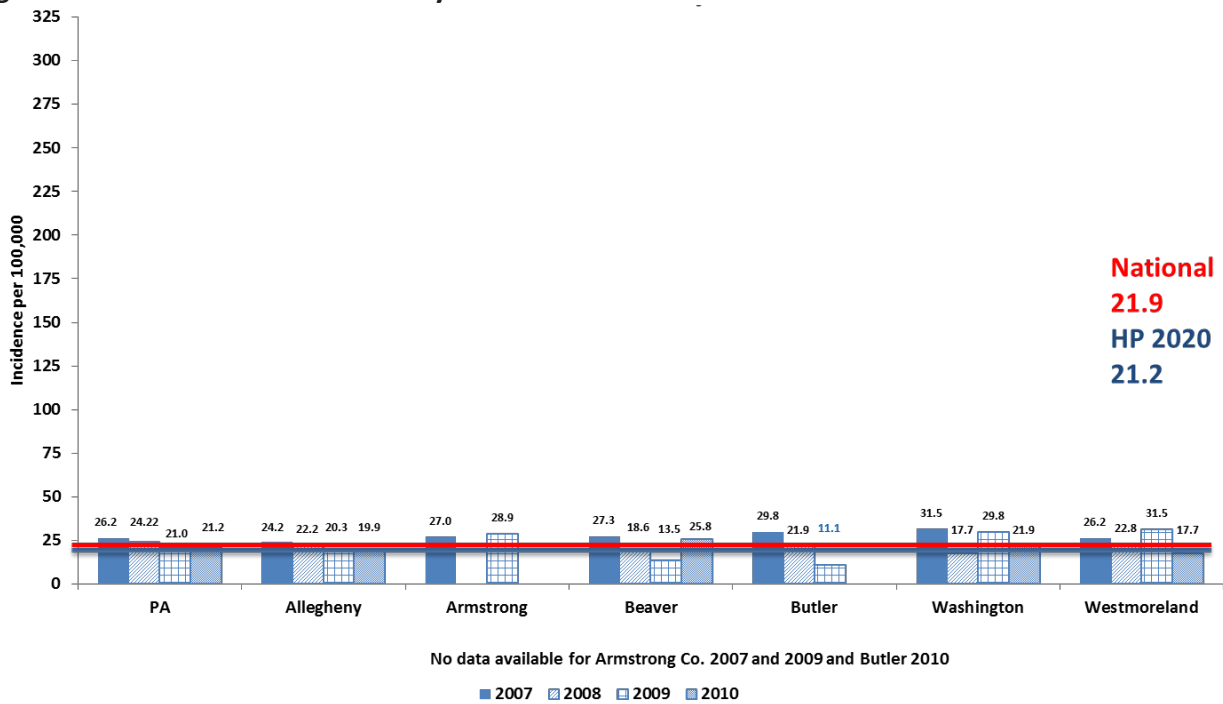


Source: Pennsylvania Department of Health



**Figure 51** illustrates the prostate cancer mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. Mortality rates fluctuated over the period and all counties except Armstrong had at least one year in which the rate was lower than both Pennsylvania and the HP 2020 goal of 21.2. Over the four years, Pennsylvania and the service area counties showed decreasing trends, with the exception of Armstrong County.

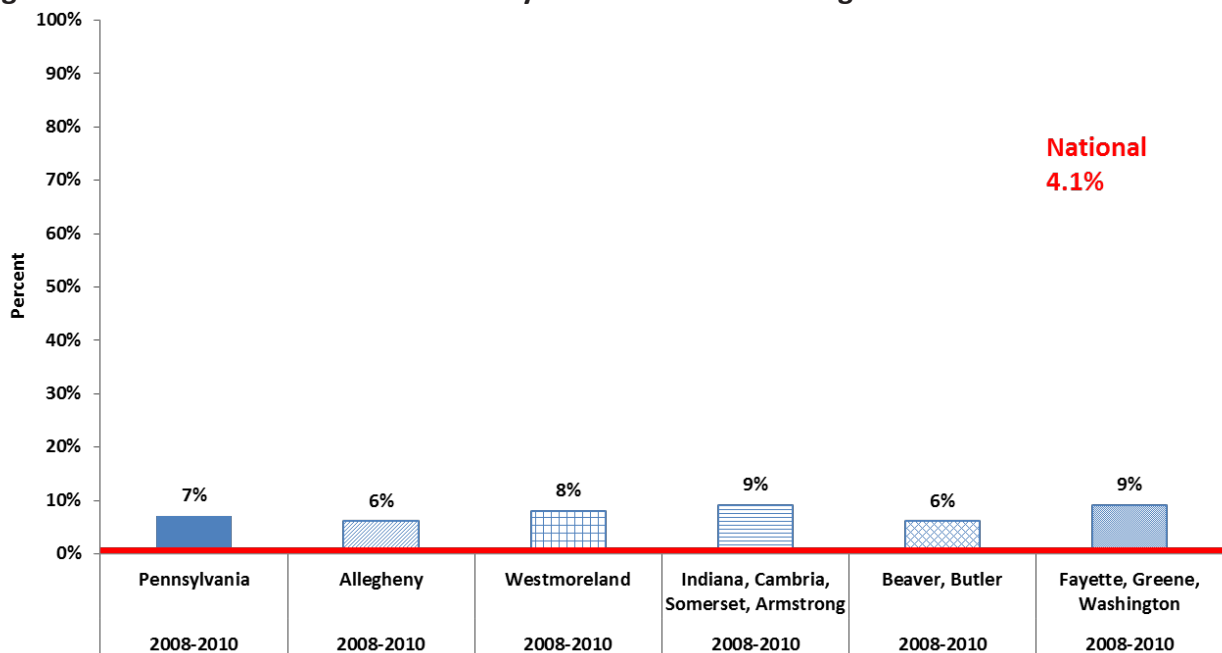
**Figure 51. Prostate cancer mortality rate**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 52** illustrates the percentage of adults (age 35 and older) ever told they have heart disease in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rate in the service area is somewhere between 6.0 percent and 9.0 percent. Several county-level percentages were higher than Pennsylvania; Fayette, Greene, and Washington counties were significantly higher (9.0 percent). Allegheny, Beaver, and Butler counties (6.0 percent) were slightly less than the Pennsylvania rate. All counties had higher percentages compared to the national rate (4.1 percent).

**Figure 52. Adults who were ever told they have heart disease – age GE 35**

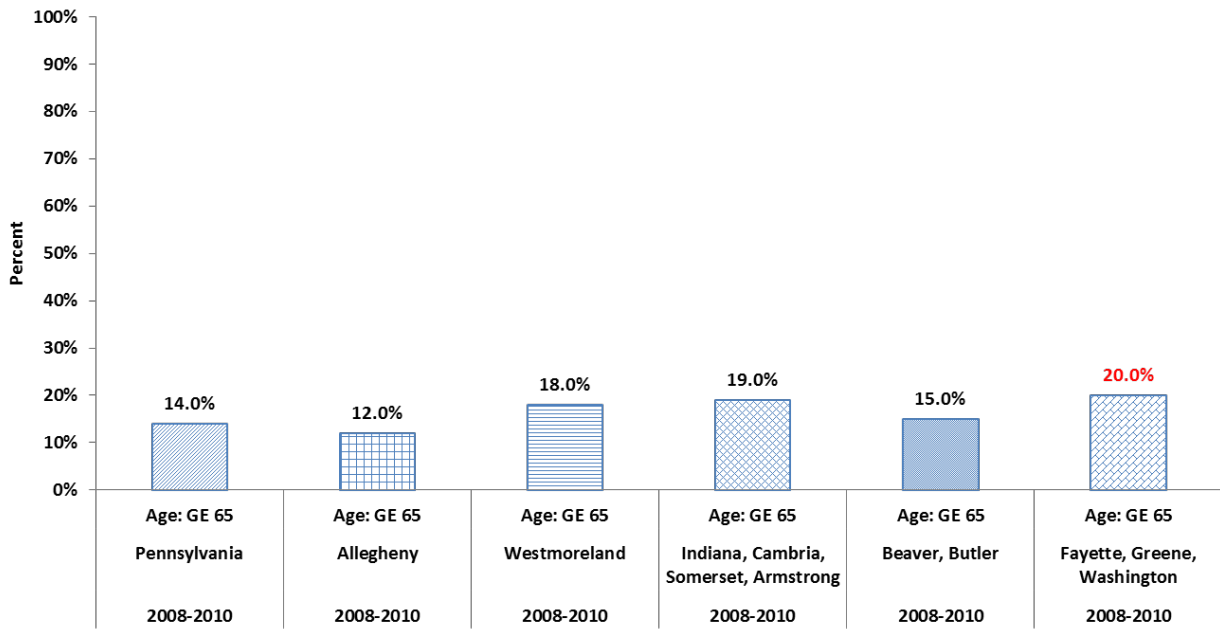


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 53** illustrates the percentage of adults (age 65 and older) ever told they have heart disease in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is somewhere between 12.0 percent and 20.0 percent. A significantly high percentage (20.0 percent) of adults in Fayette, Greene, and Washington counties has been told they have heart disease. The other counties were higher than the Pennsylvania figure as well, with the exception of Allegheny County (12.0 percent).

**Figure 53. Adults who were ever told they have heart disease – age GE 65**

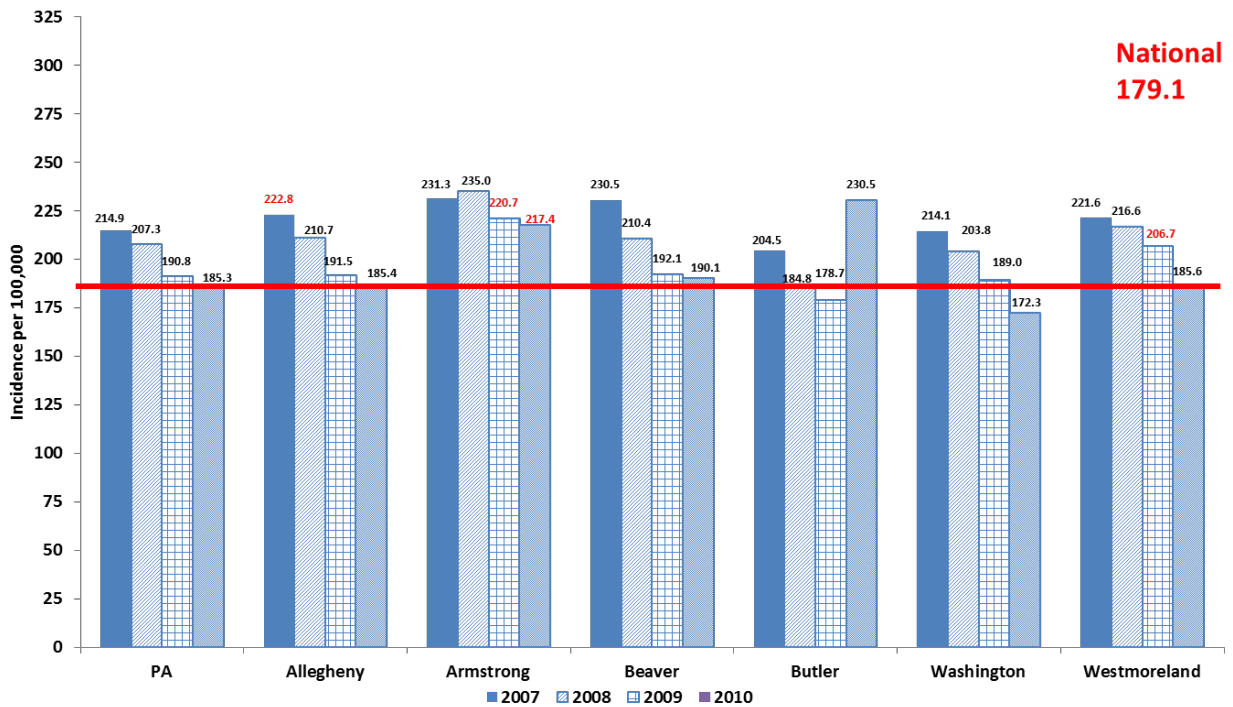


Source: Pennsylvania Department of Health



**Figure 54** illustrates the heart disease mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The mortality rates in Allegheny (222.8) and Armstrong (231.3) counties were significantly higher than the Pennsylvania rate in 2007, and Armstrong County’s was significantly higher in 2009-2010. Over the four years, Pennsylvania and the service-area counties showed decreasing trends, with the exception of Butler County.

**Figure 54. Heart disease mortality rate**

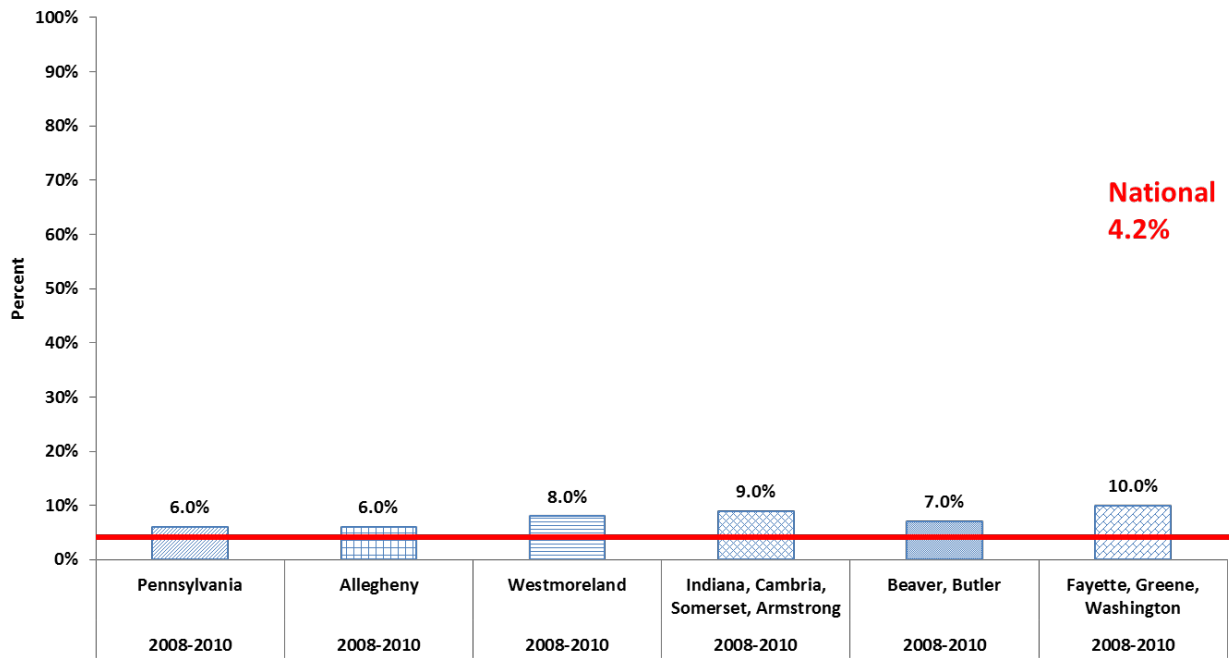


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 55** illustrates the percentage of adults (age 35 and older) ever told they had a heart attack in the United states, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 6.0 percent and 10.0 percent. The percentage of respondents in Fayette, Greene, and Washington counties (10.0 percent) was significantly higher than the Pennsylvania rate. The other counties were comparable to the state percentage, and all were above the national rate of 4.2 percent.

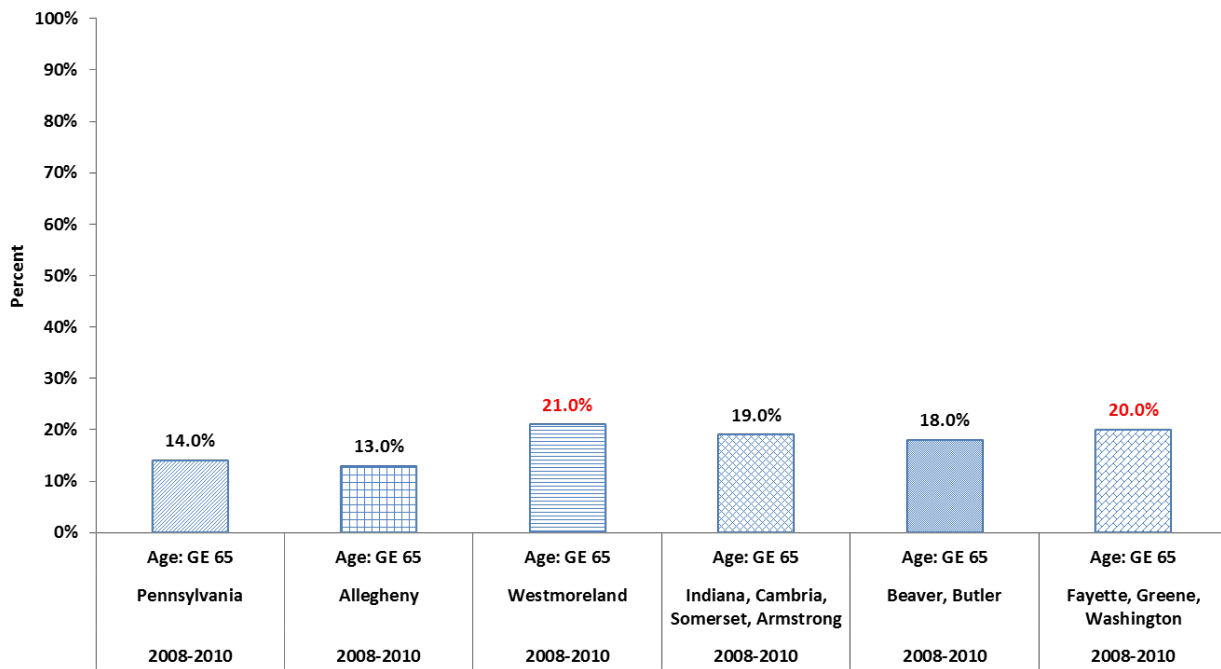
**Figure 55. BRFSS-Percentage of adults who were ever told they had a heart attack - age GE 35**



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 56** illustrates the percentage of adults (age 65 and older) ever told they had a heart attack in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 13.0 percent and 21.0 percent. The percentage of respondents in Westmoreland (21.0 percent) and Fayette, Greene, and Washington (20.0 percent) counties was significantly higher than the Pennsylvania rate. The other counties were also higher than the state percentage, except for Allegheny County.

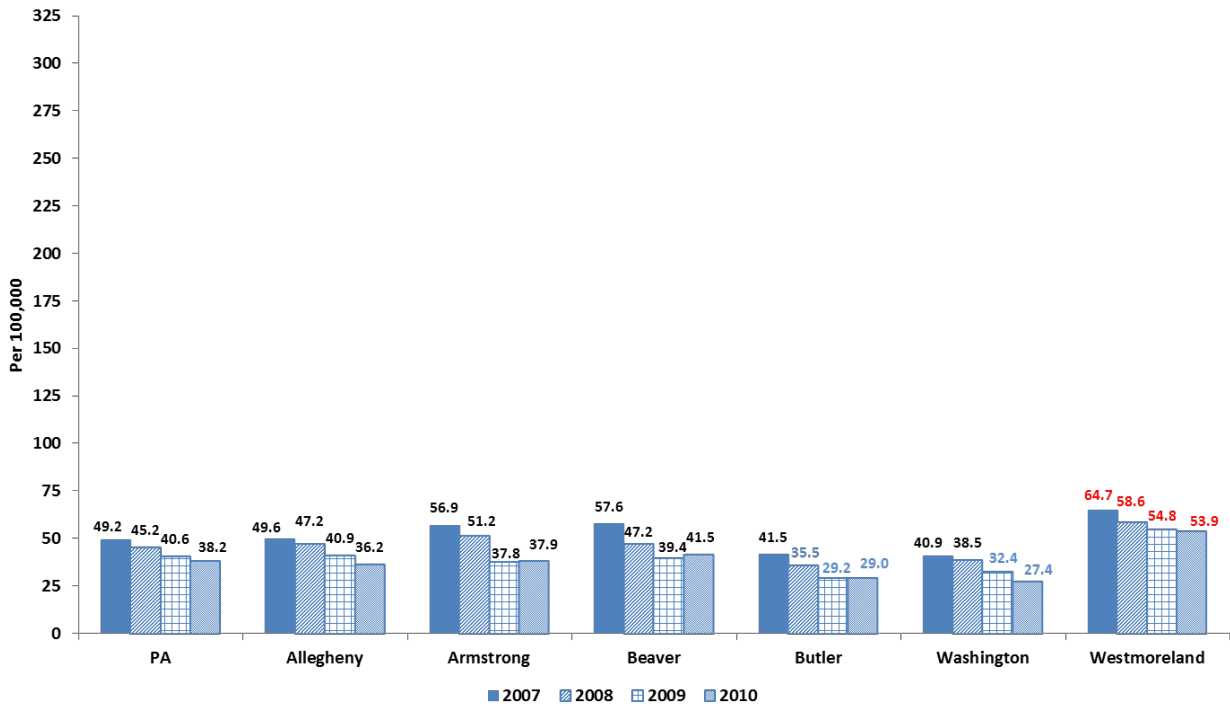
**Figure 56. BRFSS-Percentage of adults who were told they ever had a heart attack - age GE 65**



Source: Pennsylvania Department of Health

**Figure 57** illustrates the heart attack mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The rate in Butler and Washington counties was significantly lower than the Pennsylvania rate in 2009-2010, while the rate in Westmoreland County was significantly higher than Pennsylvania in 2007-2010. Over the four years, Pennsylvania, as well as all service-area counties, showed a decreasing trend.

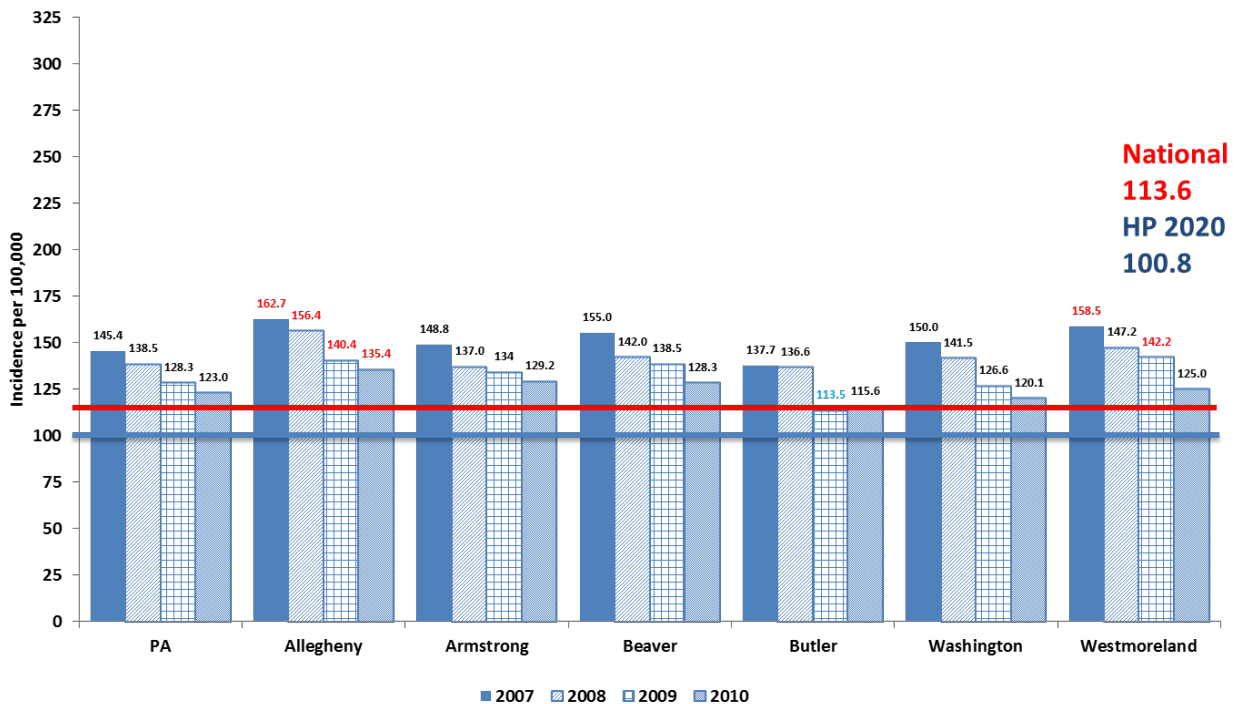
**Figure 57. Heart attack mortality rate**



Source: Pennsylvania Department of Health

**Figure 58** illustrates the coronary heart disease mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The rate in Allegheny County for the years 2007 through 2010 was significantly higher than the Pennsylvania rate, as was the rate in Westmoreland County in 2007 and 2009. The rate in Butler County was significantly lower than the state in 2009. Both county and state rates showed a decreasing trend over the four years and are above the HP 2020 goal of 100.8.

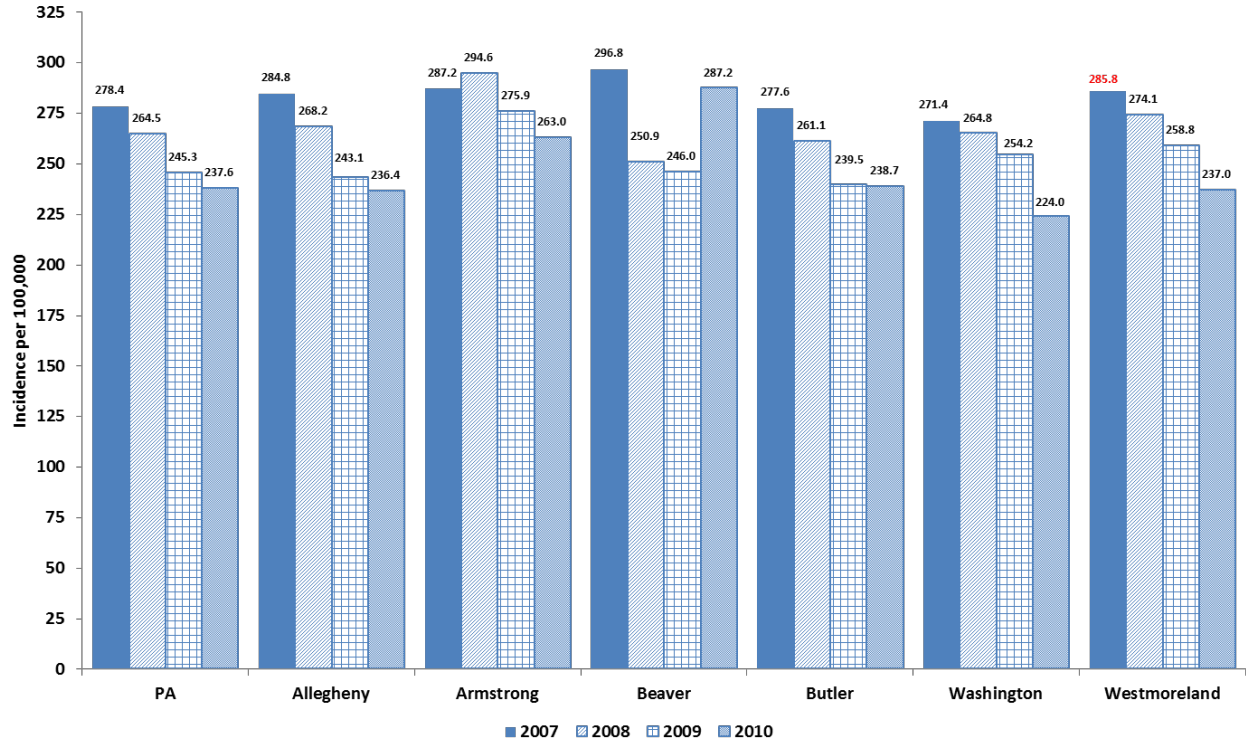
**Figure 58. Coronary heart disease mortality rate**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 59** illustrates the cardiovascular mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The rate in Westmoreland County in 2007 was significantly higher than the Pennsylvania rate. Over the four year period, Pennsylvania and the service area counties showed decreasing trends.

**Figure 59. Cardiovascular mortality rate**



Source: Pennsylvania Department of Health

**Figure 60** illustrates the percentage of adults (age 35 and older) ever told they had a stroke in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 3.0 percent and 5.0 percent. County-level data was comparable to the Pennsylvania rate, but was higher than the national rate.

**Figure 60. BRFSS-Percentage of adults who were ever told they had a stroke – age GE 35**

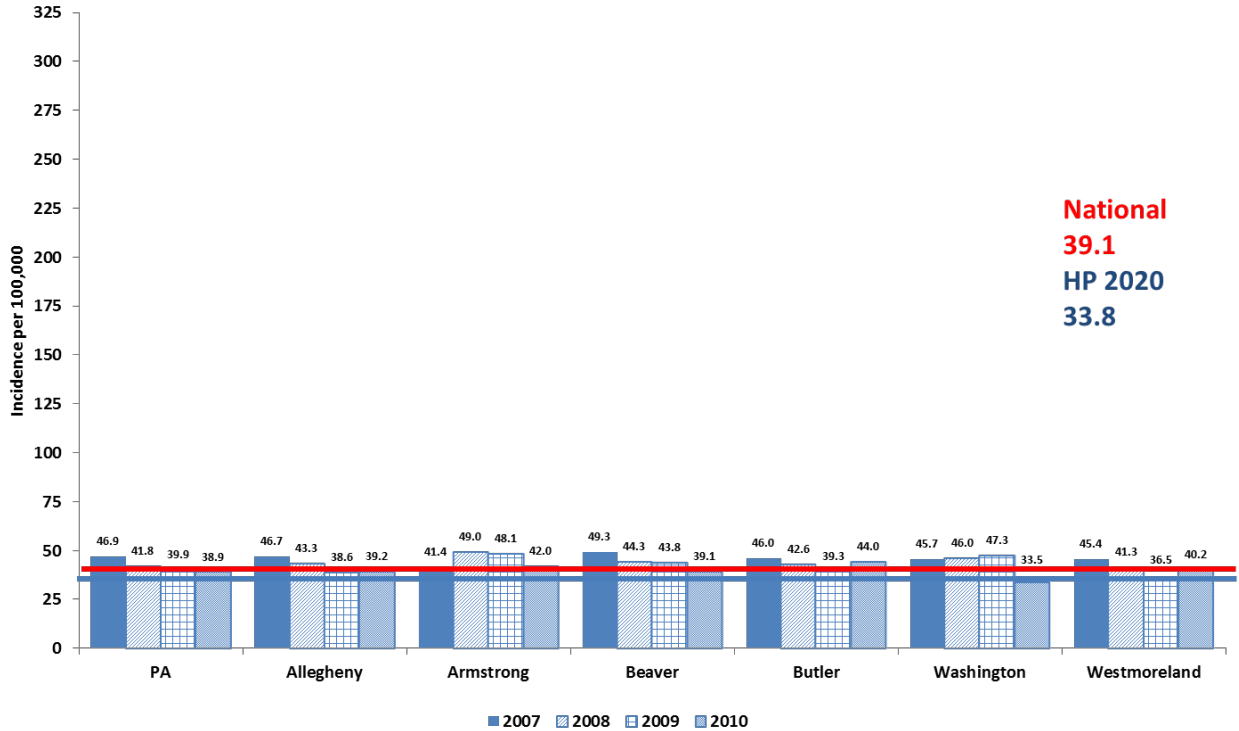


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 61** illustrates the cerebrovascular mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. The county-level data was comparable to the Pennsylvania rates, and all counties except Armstrong showed a decreasing trend.

**Figure 61. Cerebrovascular mortality rate**

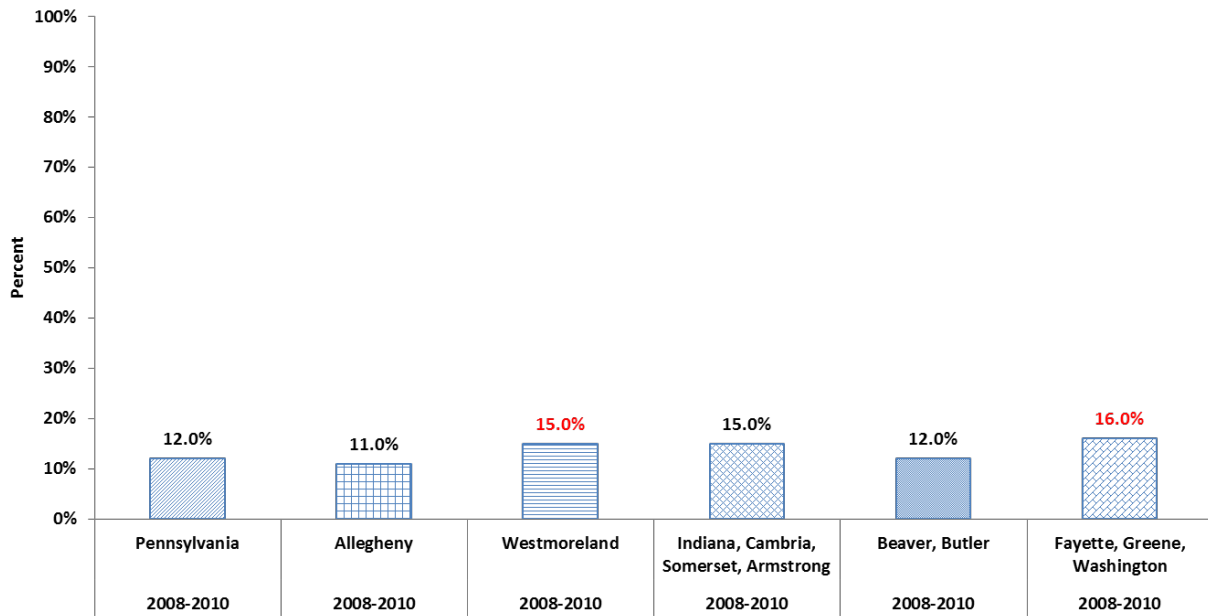


Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 62** illustrates the percentage of adults (age 35 and older) ever told they had a heart attack, heart disease, or stroke in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 11.0 percent and 16.0 percent. The percentage of respondents in Westmoreland, Fayette, Greene, and Washington counties was significantly higher than the Pennsylvania rate. Percentages in Allegheny, Beaver, and Butler counties were comparable to the state.

**Figure 62. Percentage of adults who were ever told they had a heart attack, heart disease, or stroke age GE 35**

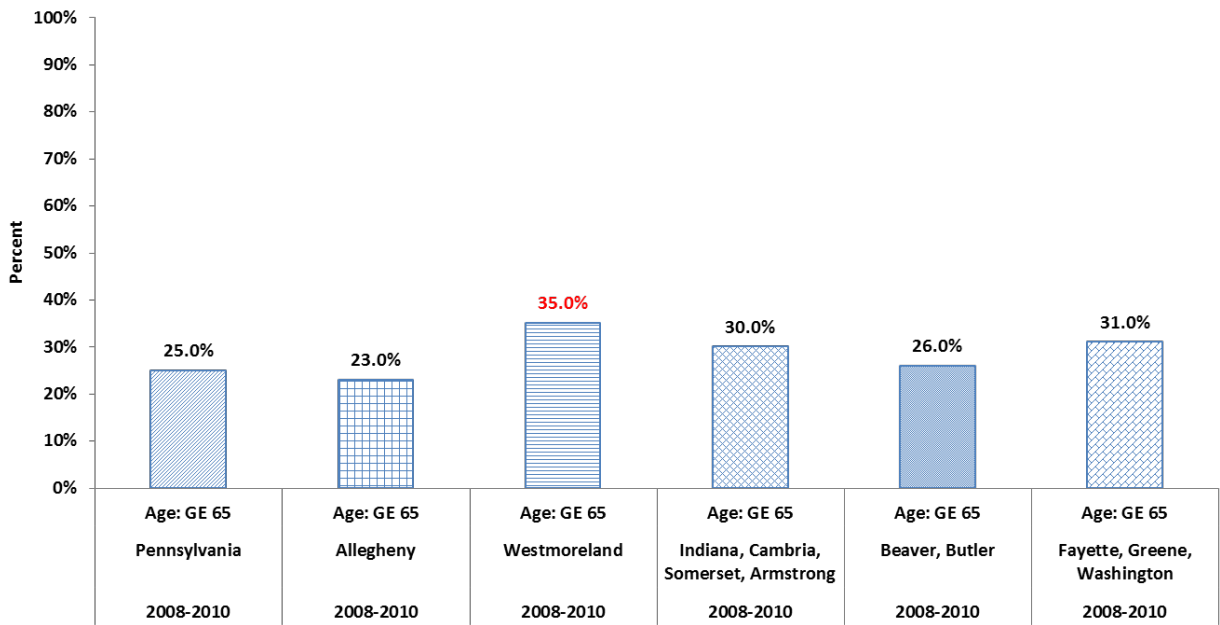


Source: Pennsylvania Department of Health



**Figure 63** illustrates the percentage of adults (age 65 and older) ever told they had a heart attack, heart disease, or stroke in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 23.0 percent and 35.0 percent. The percentage of respondents in Westmoreland County (35.0 percent) was significantly higher than the Pennsylvania rate, and all counties except Allegheny (23.0 percent) were higher than the state rate.

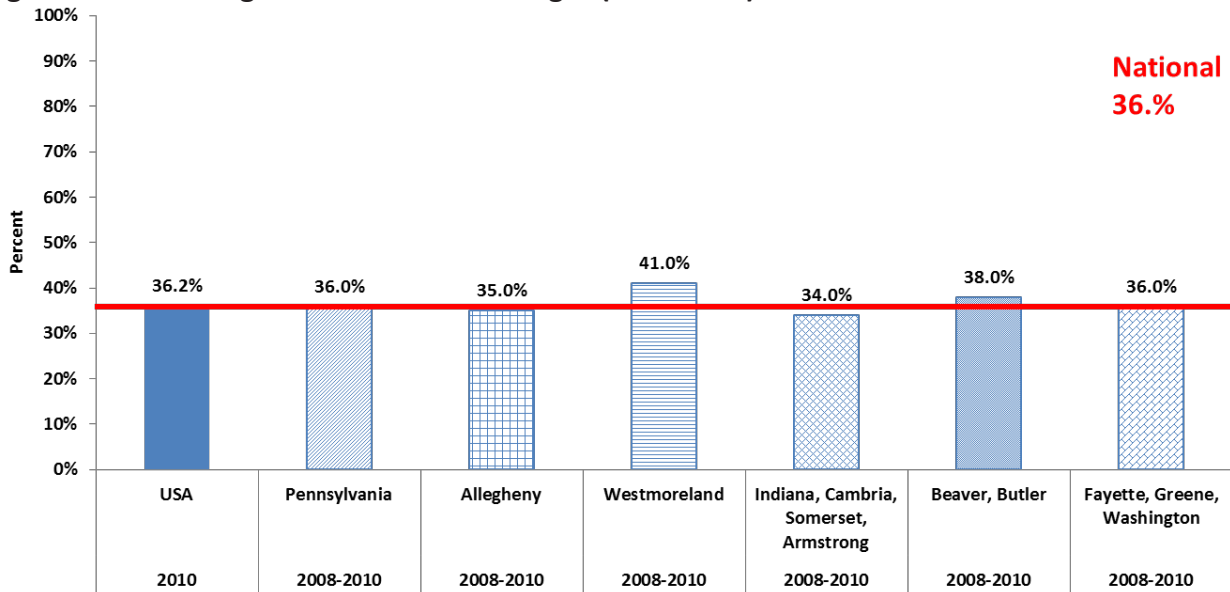
**Figure 63. Percentage of adults who were ever told they had a heart attack, heart disease, stroke age GE 65**



Source: Pennsylvania Department of Health

**Figure 64** illustrates the percentage of adults overweight in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 34.0 percent and 41.0 percent. A high percentage, comparable to or above the Pennsylvania rate, of adults in the service area was overweight. County-level percentages were comparable to or above the national rate as well.

**Figure 64. Percentage of all adults overweight (BMI 25-30)**

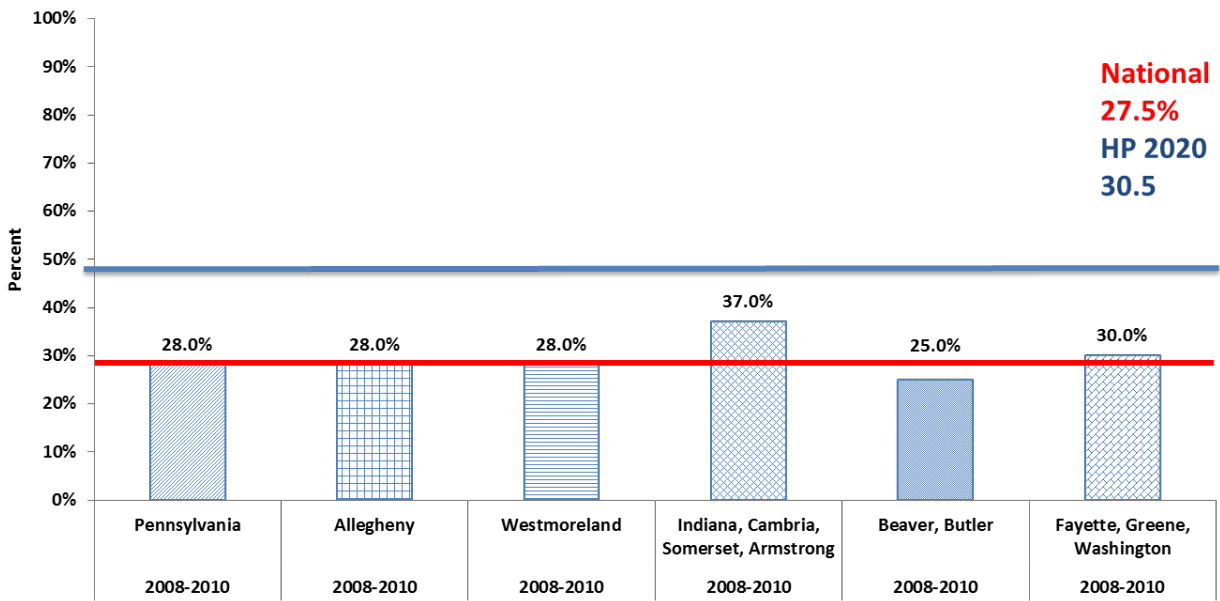


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 65** illustrates the percentage of obese adults in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 25.0 percent and 37.0 percent. County-level percentages are comparable to both the Pennsylvania and national rates. All counties were under the HP 2020 goal of 30.5 percent, except Indiana, Cambria, Somerset and Armstrong counties, which were significantly higher than Pennsylvania at 37.0 percent. According to the Centers for Disease Control and Prevention, 35.7 percent of adults are obese versus 27.6 percent who self-report in the BRFSS.

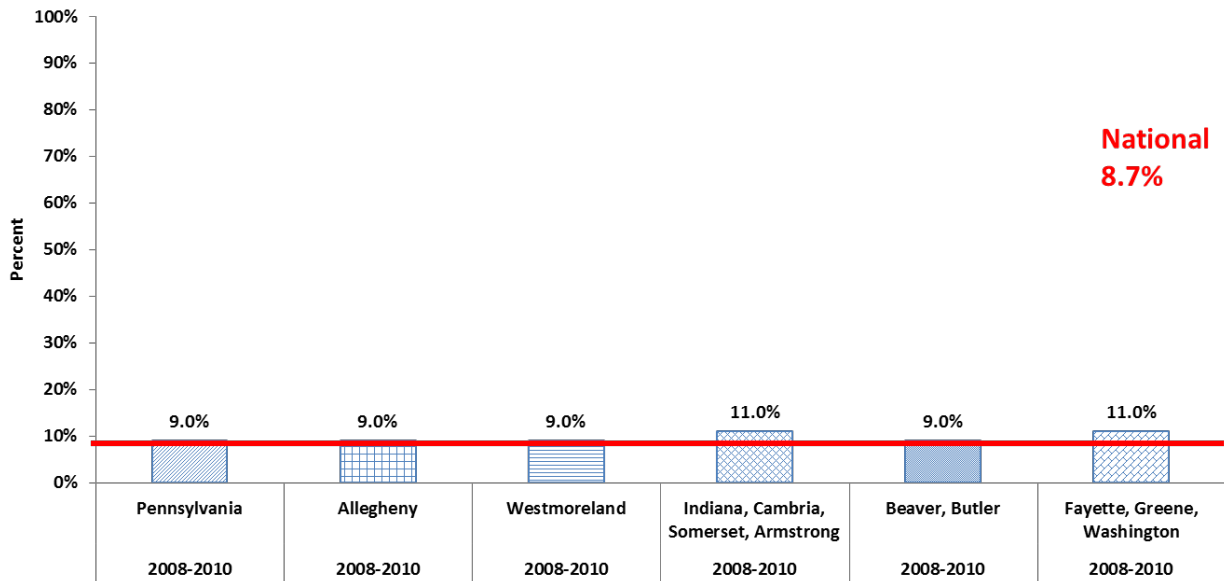
**Figure 65. Percentage of all adults obese (BMI 30-99.99)**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 66** illustrates the percentage of adults ever told they have diabetes in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The service area rate is between 9.0 percent and 11.0 percent. County-level percentages were comparable to or above the Pennsylvania and national rates.

**Figure 66. BRFSS-Percentage of adults ever told they have diabetes**

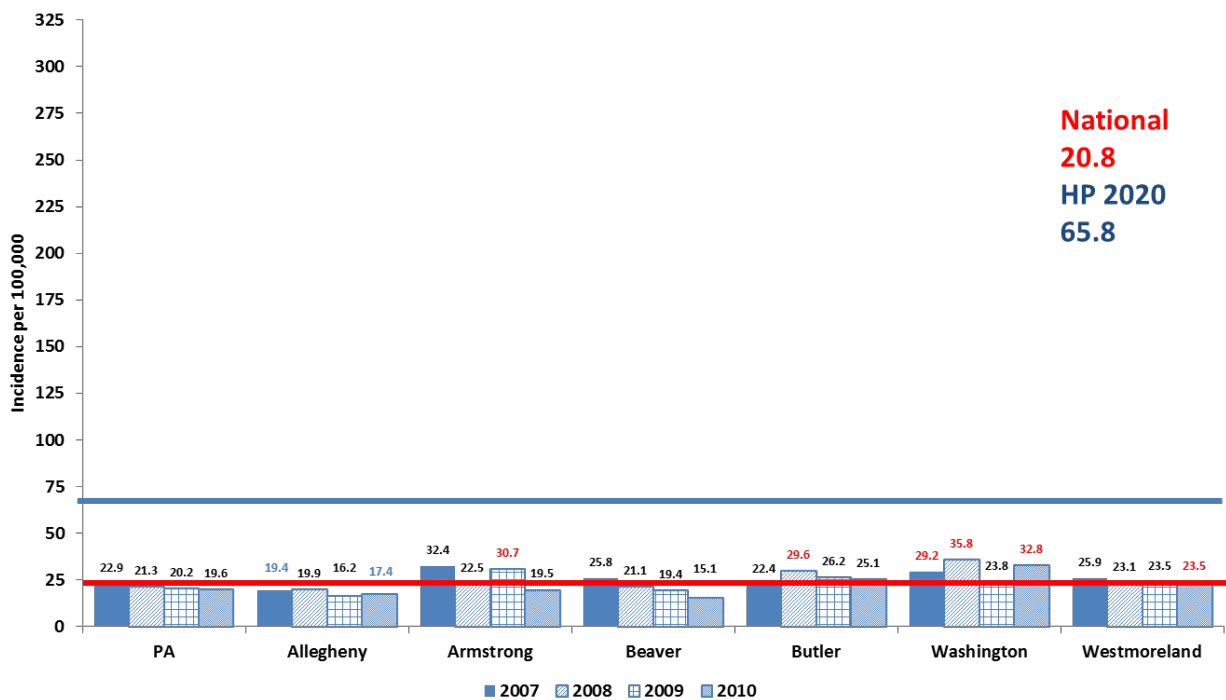


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 67** illustrates the diabetes mortality rate in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010, per 100,000. County-level data fluctuated over time, but service-county mortality rates were generally higher than Pennsylvania rates. Armstrong, Butler, Washington, and Westmoreland counties had overall higher rates than the state, and at least one year in which the rate was significantly higher. Allegheny County's rate was lower than the state's, and significantly lower in 2007 and 2009-2010. Over the four years, Pennsylvania and all service-area counties showed decreasing trends, except Butler and Washington counties.

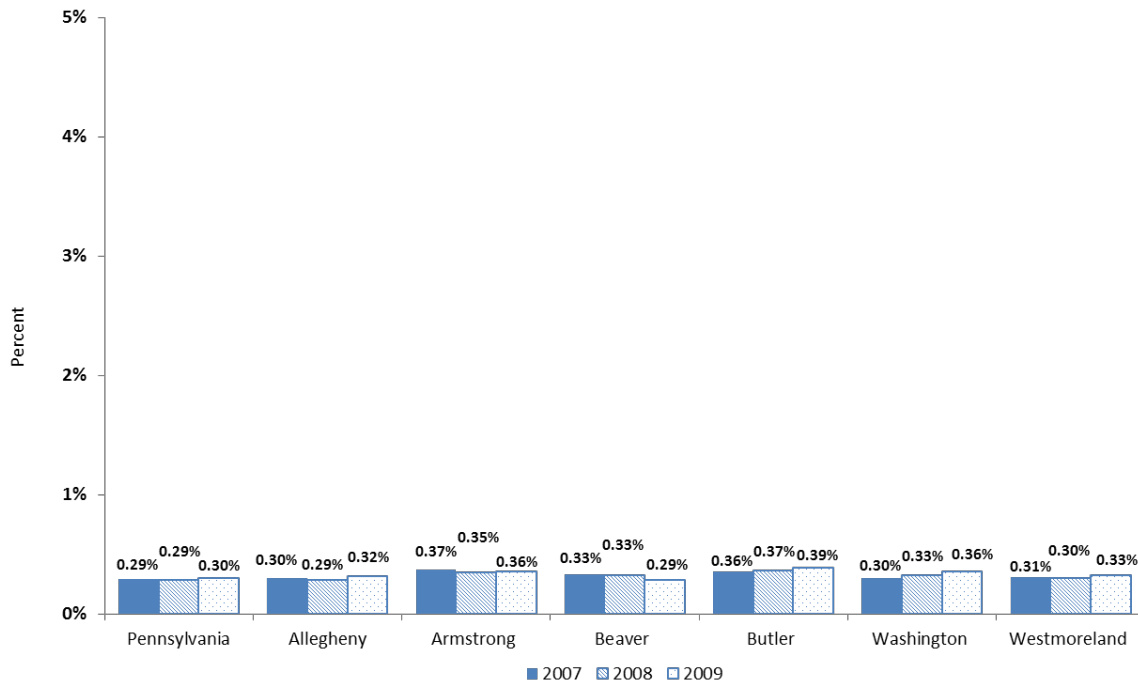
**Figure 67. Diabetes mortality rate**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 68** illustrates students who have type 1 diabetes in Pennsylvania and throughout the counties of the service region for the years 2007 through 2009. County-level data fluctuated over time and was comparable to or higher than the Pennsylvania rates. Over the three years, Pennsylvania and the service-area counties showed increasing trends, except in Armstrong and Beaver counties.

**Figure 68. Student health: type 1 diabetes**

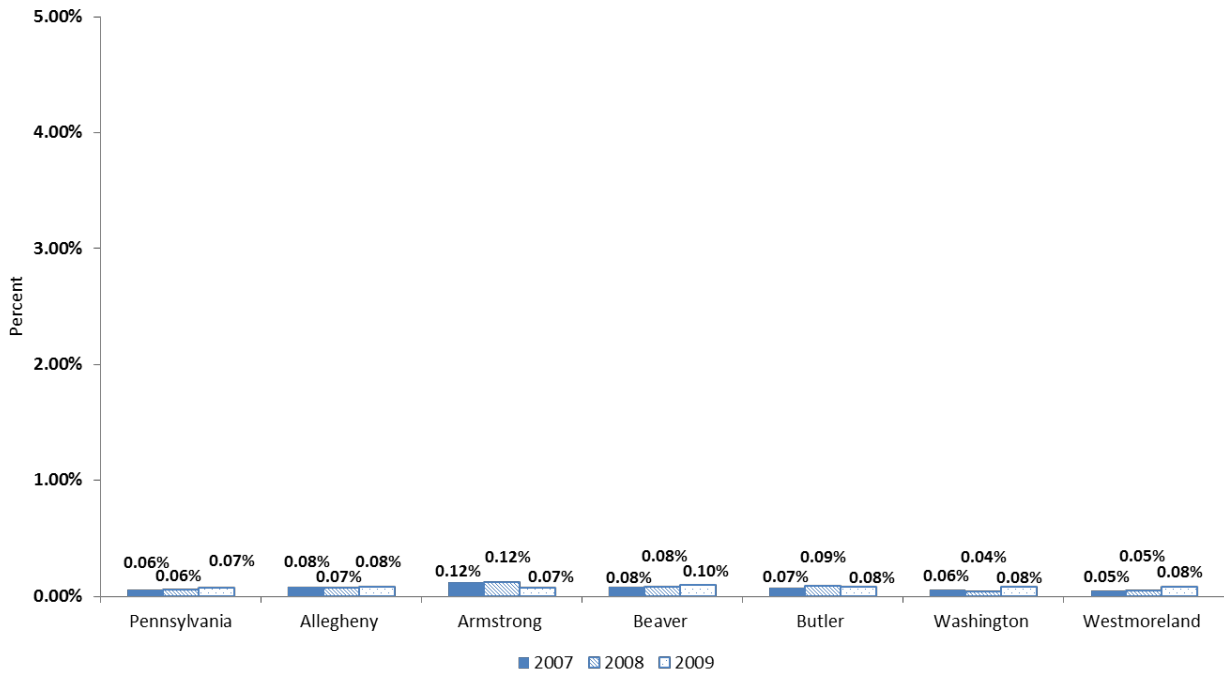


Source: Student Health Records, Pennsylvania Department of Health



**Figure 69** illustrates students who have type 2 diabetes in Pennsylvania and throughout the counties of the service region for the years 2007 through 2009. The data fluctuated over time, but county-level percentages overall were comparable to or higher than Pennsylvania's. Washington County had the lowest percentage in 2008 (0.04 percent). An increasing trend can be seen in Pennsylvania and all service-area counties, except Allegheny and Armstrong counties.

**Figure 69. Student health: type 2 diabetes**



Source: Student Health Records, Pennsylvania Department of Health



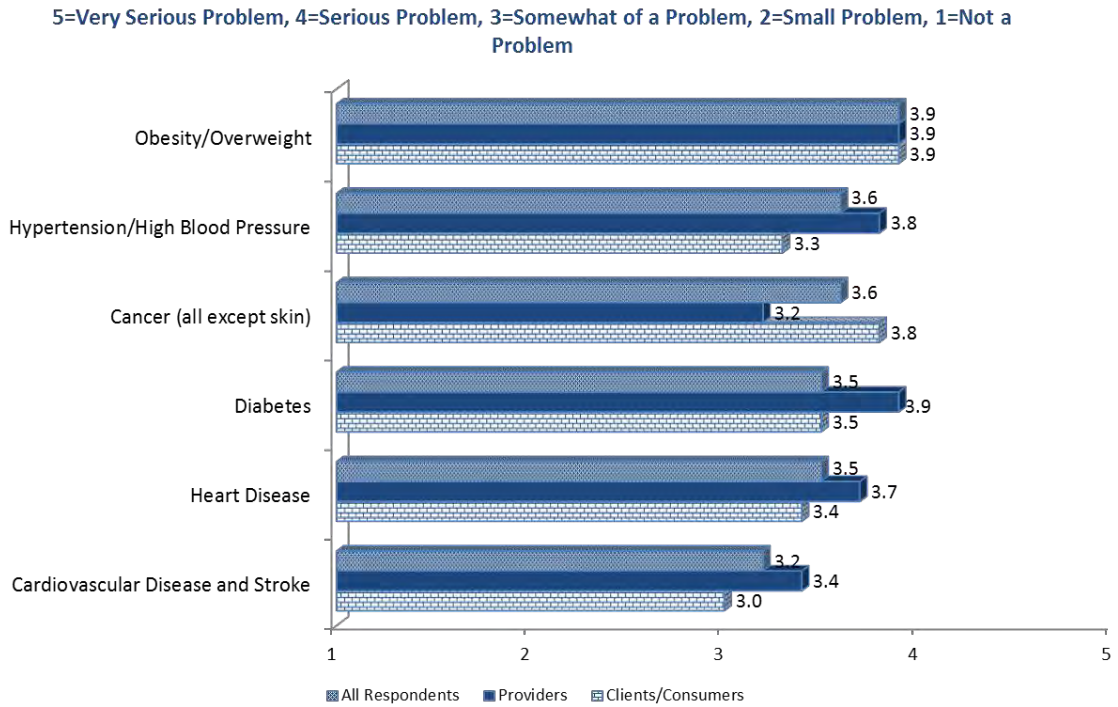
## Focus Groups and Interviews

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by five WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.



**Figure 70** illustrates responses when asked to rate chronic diseases on a five point scale, where 5=Very Serious Problem and 1= Not a Problem. All respondents equally felt obesity/overweight was a serious problem with a score of 3.9. Consumers were more likely to rate cancer as a more serious problem in the community, while providers were more likely to rate hypertension, diabetes, heart disease, and cardiovascular disease and stroke as more serious.

**Figure 70. Focus groups: Chronic disease**

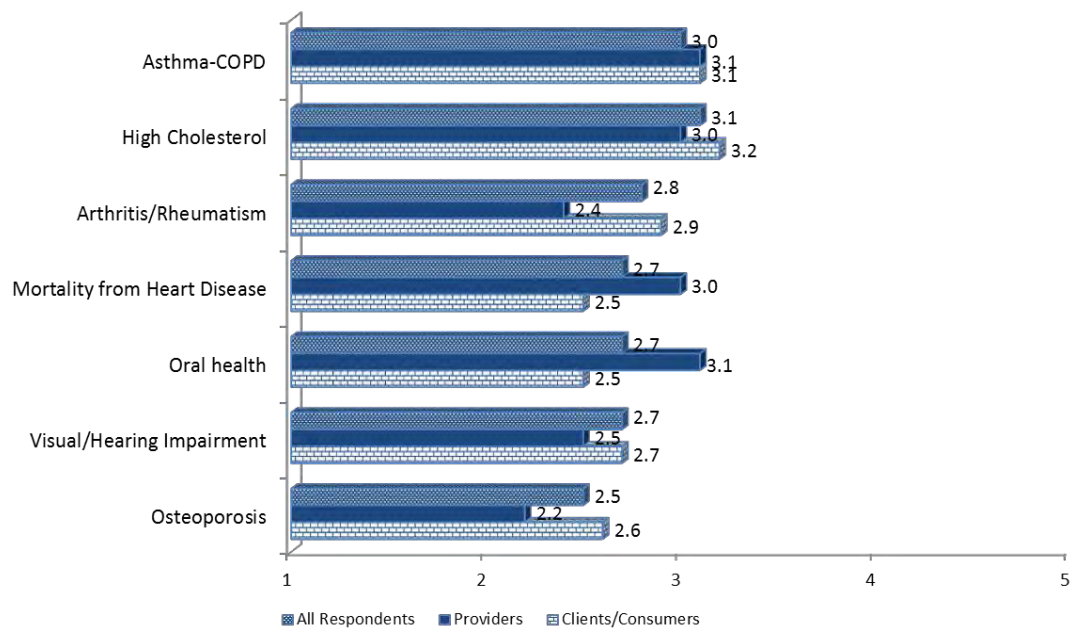


Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

**Figure 71** illustrates responses when asked to rate chronic diseases on a five point scale, where 5=Very Serious Problem and 1= Not a Problem. Respondents were most concerned with asthma-COPD and high cholesterol, rating them as somewhat of a problem on average. Providers were more likely to rate mortality from heart disease and oral health as more serious problems, while consumers were more concerned with arthritis, visual/hearing impairment and osteoporosis.

**Figure 71. Focus groups: Chronic disease**

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

### Focus Group Input

Focus group participants were asked to identify and discuss their perceived top health or health-related problems in their community. The following were community health problems that were identified which had to do with chronic disease.

Obesity was identified as a major concern in all of the focus groups, and participants commented that it is the root of many other health problems. Focus group participants indicated that there is a need for education related to obesity and diabetes, and that the focus should be on prevention and wellness to curb the incidence of these diseases. Education was considered an important need, as untreated diabetes can lead to very significant health concerns.

Other discussion in the focus groups related to chronic diseases related to heart disease and cancer. Heart disease is recognized to be related to obesity, and many participants noted that “everyone knows someone with heart disease or cancer.” According to focus group participants, heart disease seems to be increasing in younger populations, and because of the genetic link related to heart disease, providers should be doing more screenings.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

Stakeholders commented on the relationship between diabetes and obesity, as well as the relationship between diabetes and heart disease. A number of people commented on the role of nutrition and good food choices related to chronic diseases, namely diabetes, obesity and heart disease. As noted while stakeholders discussed nutrition, it was perceived that in our current society, many people are busy or have difficulty affording healthy food, which contributes to poor food choices that may have an impact on chronic diseases such as obesity, heart disease or diabetes. Childhood obesity was also noted as an important issue by stakeholders.

Medical illiteracy and its impact on chronic diseases was mentioned by a few stakeholders, noting the potential barriers medical illiteracy may create regarding chronic disease management and an individual's overall ability to manage health conditions.

## Chronic Disease Conclusions

Overall, the service region population has a number of issues and challenges related to chronic disease. Behavioral risks in the service area where the regional rates were worse than the state or nation include the percentage of adults over age 35 who have been told they had heart disease, a heart attack or stroke, and the percentage of adults who have ever been told they have diabetes. The service region has increasing rates of breast cancer and high rates of bronchus and lung cancer, heart disease, heart attack mortality, and obesity, but is improving in the areas of prostate cancer mortality, heart disease, heart attack and coronary heart disease mortality.

There are a number of conclusions regarding chronic disease-related issues from all of the quantitative and qualitative data presented. They include:

### Cancer

- In general, the breast cancer incidence rate is increasing across the WPAHS primary service region. The breast cancer rate in Allegheny County was significantly higher than that of Pennsylvania in 2007, 2008 and 2009.
- The bronchus and lung cancer incidence rate in Allegheny was significantly higher than that of the state in 2007, 2008 and 2009.
- The bronchus and lung cancer mortality rates for Allegheny County in 2007 and 2010 and for Washington County in 2008 were significantly higher than the state mortality rates.
- Colorectal cancer mortality rates showed a declining pattern in Pennsylvania, Allegheny County and Armstrong County.
- Prostate cancer incidence rates declined in Beaver County and were significantly lower than those across Pennsylvania in 2007, 2008 and 2009. At the same time, prostate cancer rates in Butler County increased and were significantly higher than the state in 2008 and 2009.

### Cardiovascular Disease

- The percentage of people under 35 years old who have been told they had heart disease and the percentage under 35 who were told that they had had a heart attack was significantly higher in the Fayette-Greene-Washington region than across the state. This same relationship was observed in the population over 65.
- Mortality associated with heart disease, in general, appears to be declining. However, heart disease mortality rates in Armstrong County were significantly higher than those across Pennsylvania in 2007, 2009 and 2010.
- The percentage of individuals over 65 who had been told they had a heart attack was significantly higher in Allegheny County than in the state.



- Mortality associated with heart attack has declined in all six counties that make up the WPAHS primary service region. However, it remained significantly higher in Westmoreland County compared to rates across Pennsylvania.
- Coronary heart disease mortality rates are generally declining across the WPAHS primary service area but remained significantly higher in Allegheny and Westmoreland counties in 2007 and 2009 compared to Pennsylvania.

### Obesity and Diabetes

- More than one third of the service region's population is considered overweight, with a significant portion considered obese. Obesity rates are higher in Armstrong County than other areas of the region (significantly higher than the state rate).
- Although the rates are declining throughout the state, the diabetes mortality rates are significantly higher in Washington and Westmoreland counties than in the state and are not declining.
- The percentage of students with both type 1 and type 2 diabetes in the region is higher than the state rates. The diabetes rates are higher in Armstrong and Butler counties than they are in other areas of the service region.
- Within the system, the greatest percentage of respondents who indicated that they were overweight was Westmoreland County residents. The portion of obese individuals was significantly higher, compared to the state, in the Indiana-Cambria-Somerset-Armstrong region. Diabetes mortality rates were significantly higher than the state rates for Armstrong County in 2009, Butler County in 2008, Washington County in 2007, 2008, and 2009, and in Westmoreland County in 2010.

### Focus Group and Stakeholder Interview Conclusions

- Focus group participants (both providers and consumers) rated obesity/overweight as the top chronic disease-related health problem, followed closely by hypertension/high blood pressure, cancer, diabetes and heart disease. Education and chronic care management are key issues.
- Stakeholders indicated that obesity is a major concern and the root of many other health problems and expressed that sickle cell anemia is a concern in the region. Education is needed to address obesity and diabetes.

(This page intentionally left blank)



# HEALTHY ENVIRONMENT





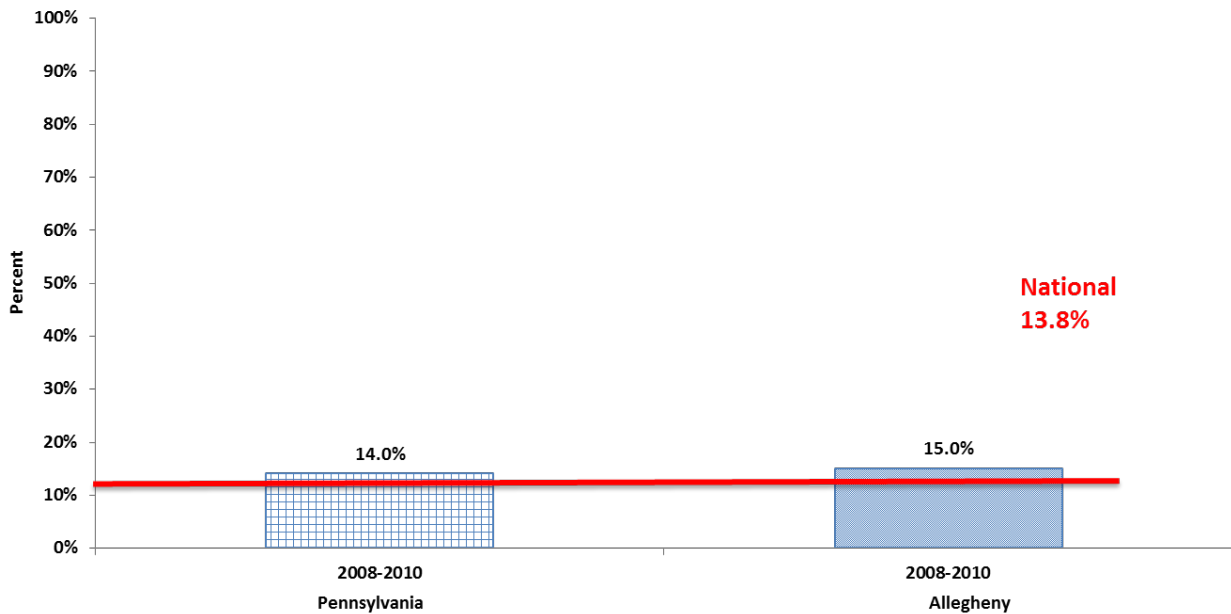
(This page intentionally left blank)

## Healthy Environment

Environmental quality is a general term that refers to varied characteristics related to the natural environment, including air and water quality, pollution, noise, weather, and how these characteristics affect physical and mental health. Environmental quality also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and geographic information. Healthy environment topics include: asthma, infant mortality, cancer, ambient air quality, air pollution ozone days, national air quality standards, hydraulic fracturing, built environment, high school graduate rates, percentage of children living in poverty and in single parent homes, homelessness and gambling additions. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 72** illustrates the percentage of adults ever told they have asthma in the United States, Pennsylvania, and Allegheny County for the years 2008 through 2010. The Allegheny County rate is 15.0 percent. The Allegheny County rate is slightly higher than the Pennsylvania and national percentages.

**Figure 72. Adults who have ever been told they have asthma**

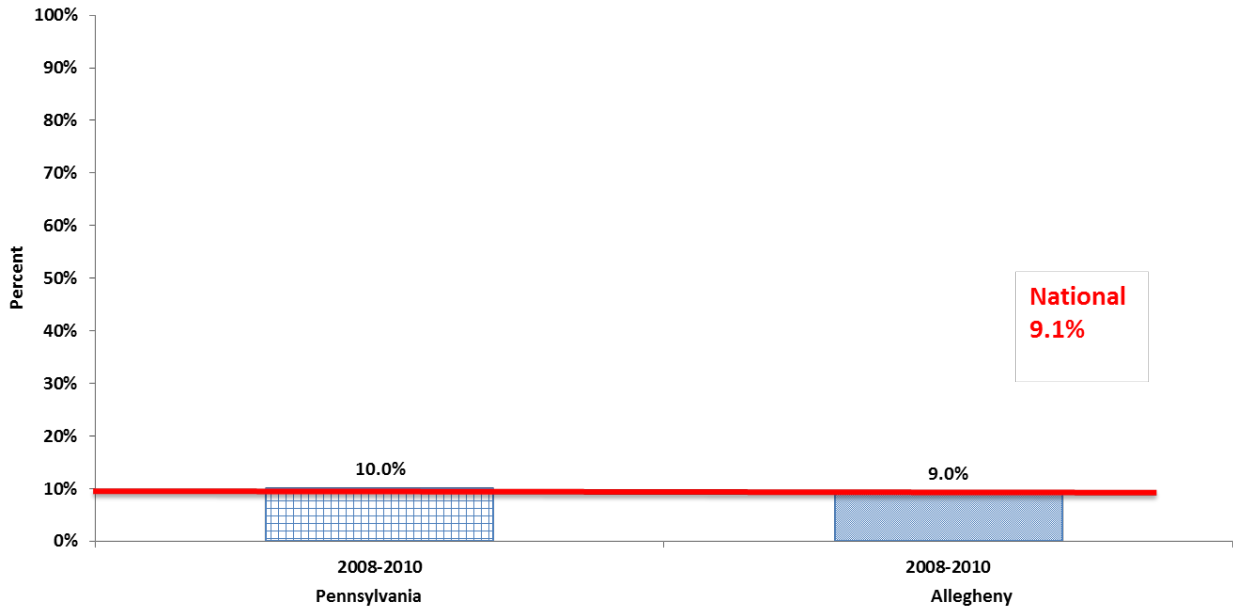


Source: Pennsylvania Department of Health, Centers for Disease Control



**Figure 73** illustrates the percentage of adults who currently have asthma in the United States, Pennsylvania, and Allegheny County for the years 2008 through 2010. The Allegheny County rate is between 9 percent, comparable to the national rate of 9.1 percent and slightly lower than the state rate of 10 percent.

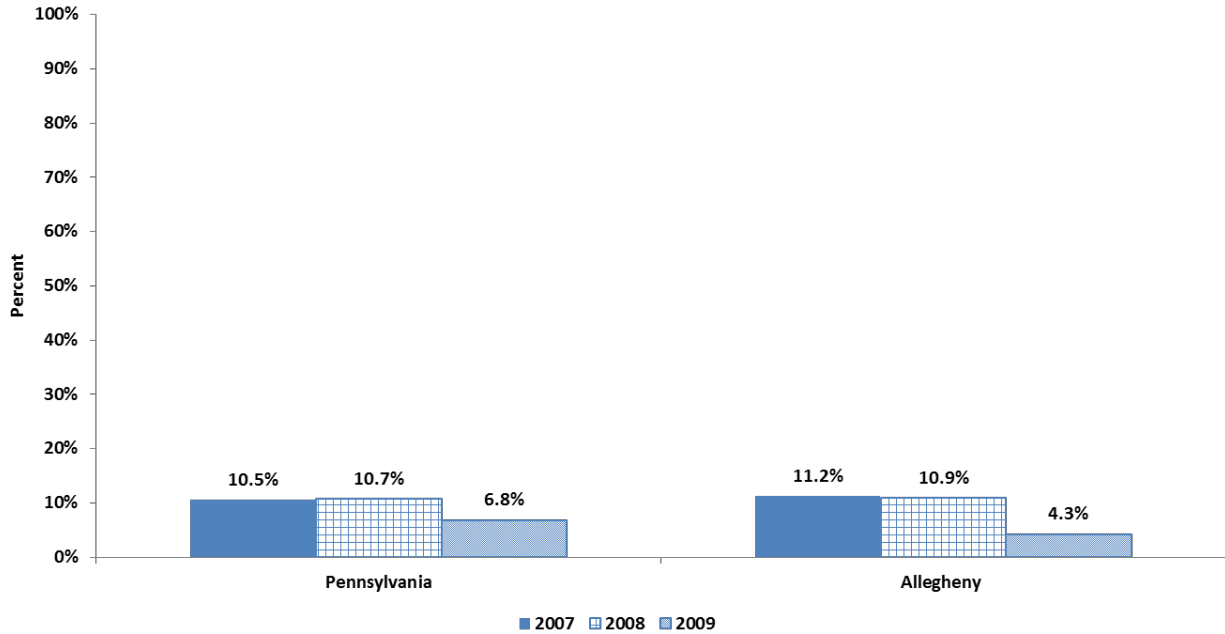
**Figure 73. Adults who currently have asthma**



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 74** illustrates the percentage of students with medically diagnosed asthma in Pennsylvania, as well as Allegheny County. The Allegheny County rate in 2009 (4.3 percent) was slightly lower than the state rate (6.8 percent). Over the three years, Pennsylvania and Allegheny County rates decreased.

**Figure 74. Student health: Medically diagnosed asthma**



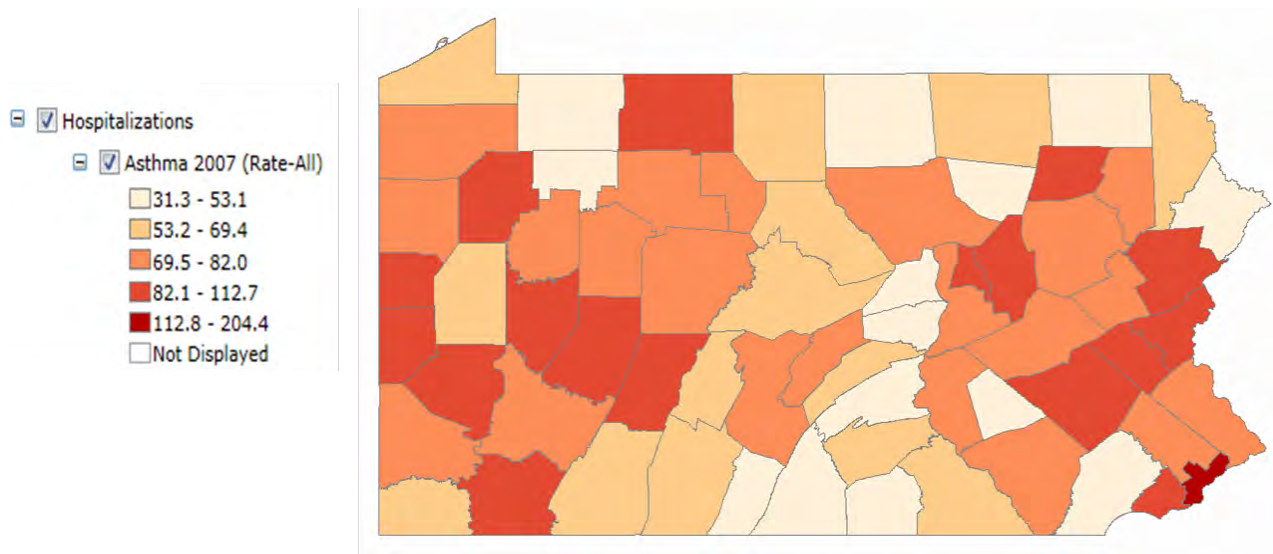
Source: Student Health Records, Pennsylvania Department of Health

In 1980, the CDC established the National Center for Environmental Health. In 2006, the Pennsylvania Department of Health (DOH) began collection of environmental data associated with health. This is a fairly new process with limited national and state data available. Selected information from this dataset is included in this study to provide a graphical depiction of the service region compared to the state related to specific indicators. The cancer data also provides information on how rates have changed throughout the state over time.

- Asthma Hospitalization
- Infant Mortality
- Cancer (over two decades)
- Ambient Air Quality Measures (Ozone, PM 2.5)

**Figure 75** illustrates asthma hospitalization in Pennsylvania for 2007. The Allegheny County rates vary between 69.5 and 112.7 per 10,000 population.

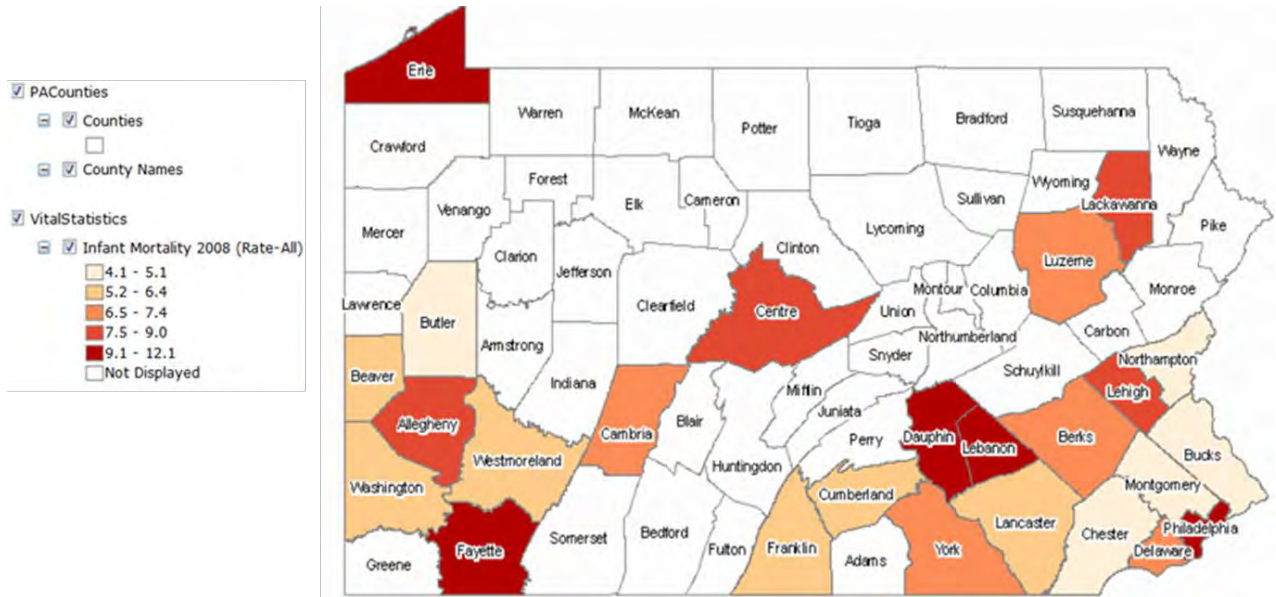
**Figure 75. Asthma hospitalizations 2007**



Source: Pennsylvania Department of Health

**Figure 76** illustrates infant mortality rates in Pennsylvania for 2008. The county rates within the service area vary, with Allegheny and Fayette counties having the highest rates. Fayette County has one of the highest infant mortality rates in the state.

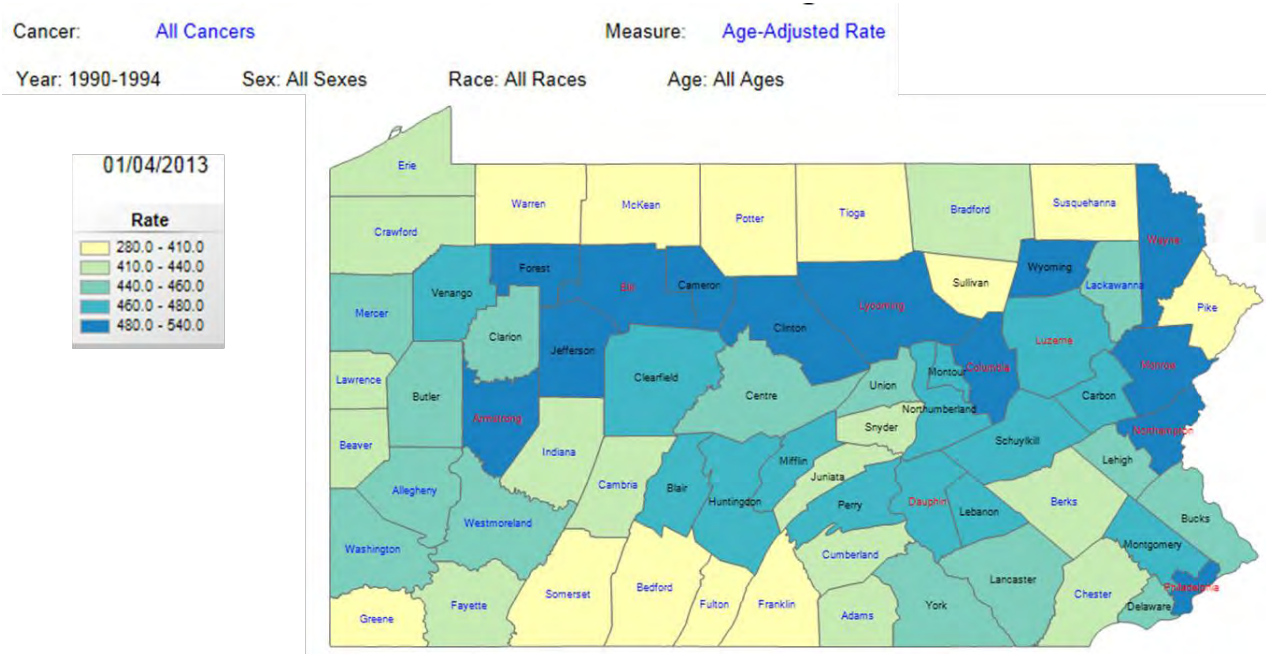
**Figure 76. Infant mortality rates – 2008**



Source: Pennsylvania Department of Health

**Figure 77** illustrates all cancers in Pennsylvania from 1990-1994. This data is included for comparison to more recent rates over the same geographic area.

**Figure 77. All cancers 1990-1994**



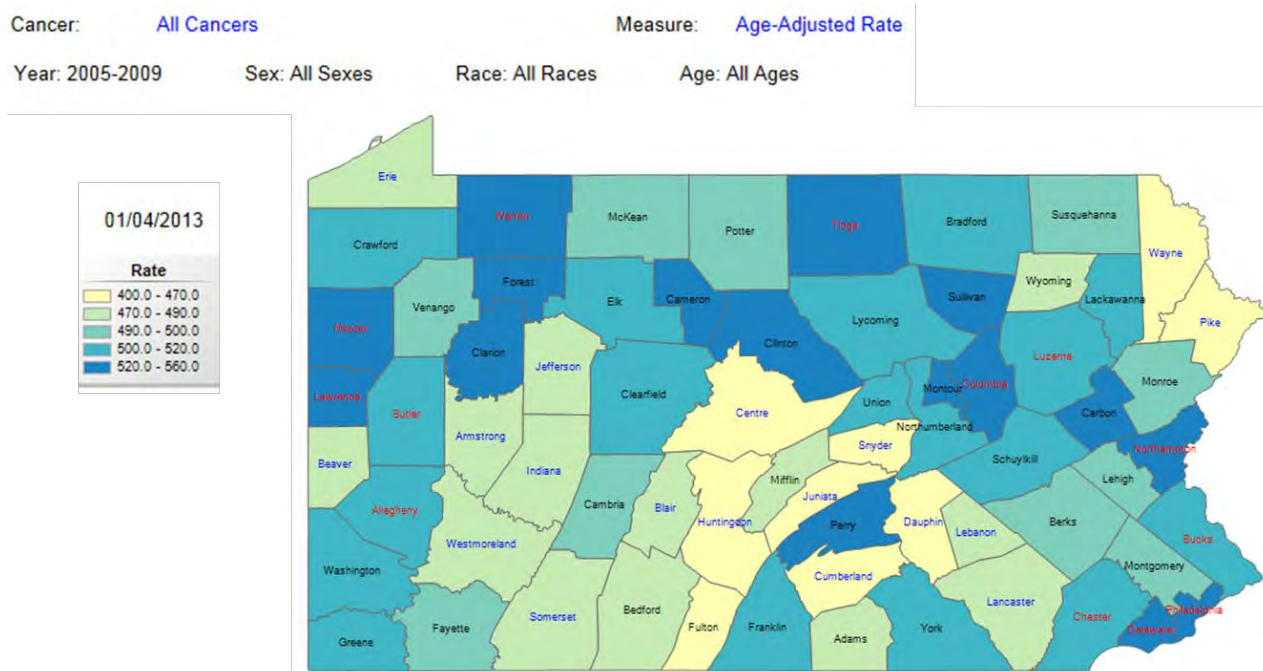
Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)  
 NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.  
 ND = Data Not Displayed is shown when the Count variable is > 0 but < 6, or statistics are based on < 10 events.  
 A county's name label shown in red is a significantly higher value than the state's corresponding rate statistic, while blue is a significantly lower value.  
 All counts exclude in situ cancer cases, except for urinary bladder.  
 \* PI = Pacific Islander  
 Disclaimer: If you use any of the data provided by EPHTN, please include the following statement in any publication or release: These data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.  
 Copyright © 2013 by the Commonwealth of Pennsylvania. All Rights Reserved. Source: Pennsylvania Cancer Registry Dataset

Source: Pennsylvania Department of Health



**Figure 78** illustrates all cancers in Pennsylvania from 2005-2009. Compared to the rates in the previous chart, the rates have decreased in service area counties.

**Figure 78. All cancers 2005-2009**

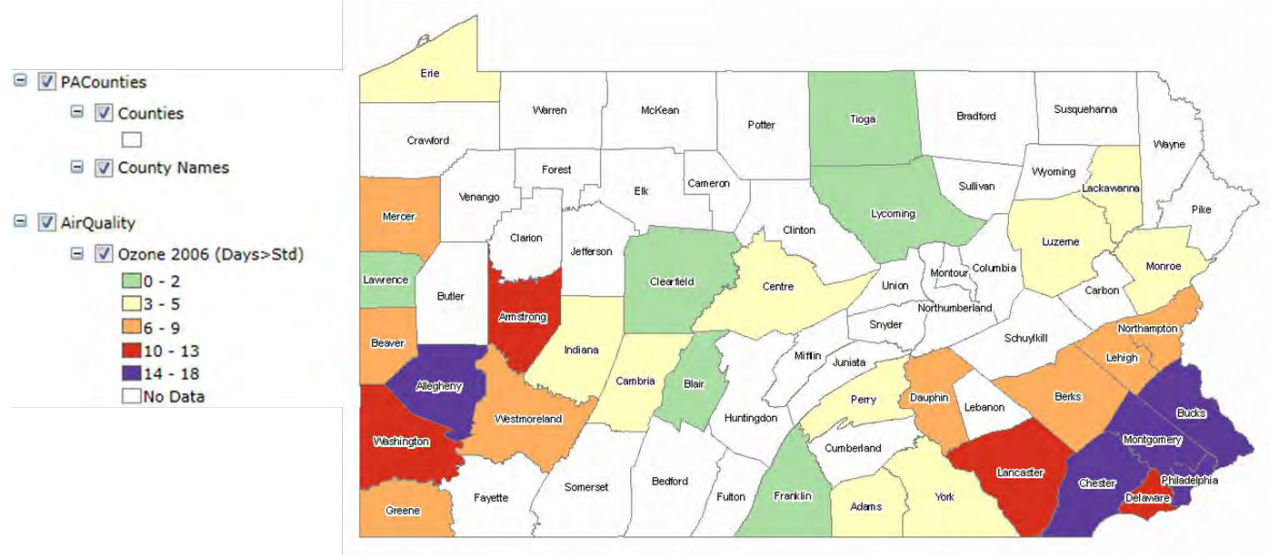


Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)  
 NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.  
 ND = Data Not Displayed is shown when the Count variable is > 0 but < 6, or statistics are based on < 10 events.  
 A county's name label shown in red is a significantly higher value than the state's corresponding rate statistic, while blue is a significantly lower value.  
 All counts exclude in situ cancer cases, except for urinary bladder.  
 \* PI = Pacific Islander  
 Disclaimer: If you use any of the data provided by EPHTN, please include the following statement in any publication or release: These data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.  
 Copyright © 2013 by the Commonwealth of Pennsylvania. All Rights Reserved. Source: Pennsylvania Cancer Registry Dataset

Source: Pennsylvania Department of Health

**Figure 79** illustrates greater than standard ozone days in Pennsylvania for 2006. Allegheny County rates are among the highest in the state (14-18 days). Other counties of the region range between six and 13 days.

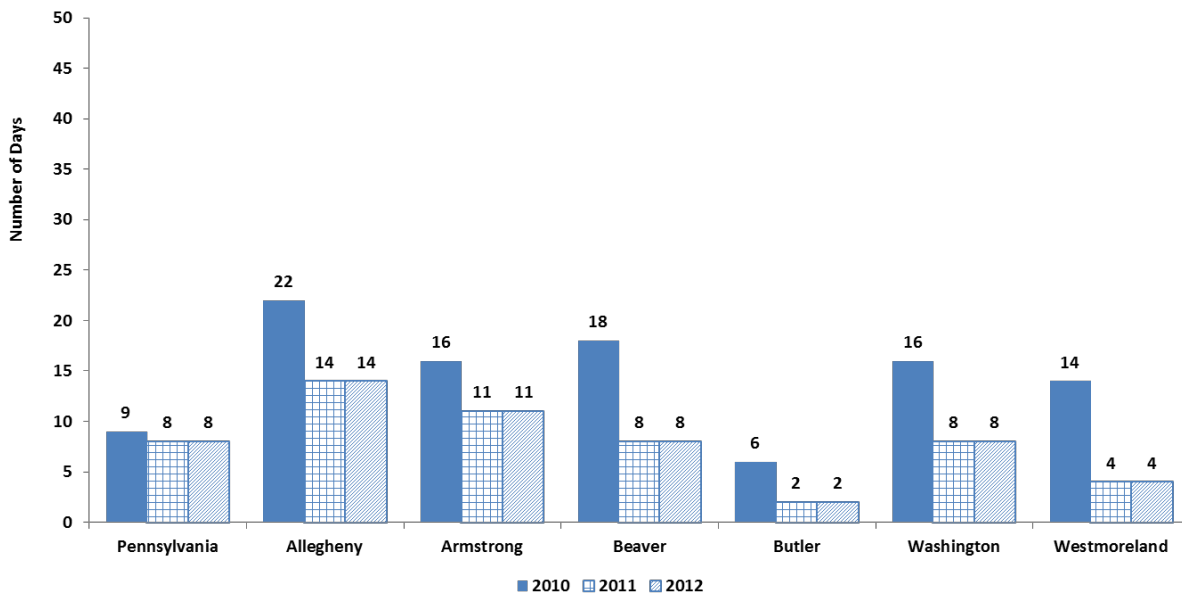
**Figure 79. Air quality – greater than standard ozone days – 2006**



Source: Pennsylvania Department of Health

**Figure 80** illustrates the number of air pollution ozone days in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 2010-2012. Each year, the number of days in Allegheny, Armstrong, Beaver and Washington counties was greater than or equal to Pennsylvania. Butler and Westmoreland counties were less than the state, except for Westmoreland County in 2010. Pennsylvania, as well as the service area counties, showed a decreasing trend over the three-year period.

**Figure 80. Number of air pollution ozone days**



Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



**Table 38** outlines whether the National Air Quality Standards have been met in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties. In all counties, air quality standards have been met for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter and lead.

**Table 38. National air quality standards**

	Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Allegheny	Yes	Yes	Yes	Yes	Yes	Yes
Armstrong	Yes	Yes	Yes	Yes	Yes	Yes
Beaver	Yes	Yes	Yes	Yes	Yes	Yes
Butler	Yes	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	Yes	Yes
Westmoreland	Yes	Yes	Yes	Yes	Yes	Yes

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Marcellus Shale Hydraulic Fracturing

Marcellus Shale hydraulic fracturing and drilling is active in five counties (Allegheny, Armstrong, Beaver, Washington and Westmoreland) of WPAHS's primary service area, making the potential environmental and health issues important to study and consider.

Fracking," or hydraulic fracturing, is a widely used oil and gas drilling technique. Fracking involves injecting water mixed with sand and chemicals deep underground to fracture rock formations and release trapped gas.

There are few comprehensive studies that outline the net effects of these processes on the community or the environment. As a result, there are several psycho-social issues associated with Marcellus Shale and "fracking" that have been documented, including the stress associated with health concerns and community disruptions associated with the drilling processes themselves. The information included in this study provides relevant excerpts from the few comprehensive studies that have been published to date.

Although "real time" air quality data is available in selected areas, the compiled data is several years old (2007). Additionally, water quality data is only collected in municipalities that have public water systems and is not centrally reported, making accessing it a challenge. Outside of urban areas, water quality data is sporadic and dependent on individual owner testing; current testing standards do not include some of the substances of concern related to fracking.

One study, *"Drilling down on fracking concerns: The potential and peril of hydraulic fracturing to drill for natural gas"* noted, "In 2008 and 2009, total dissolved solids (TDS) levels exceeded drinking standards in the Monongahela River, the source of drinking water for some residents of Pittsburgh. Pittsburgh's water treatment plants are not equipped to remove them from the

water supplied to residents.” The study also notes “...statistical analyses of post-drilling versus pre-drilling water chemistry did not suggest major influences from gas well drilling or hydro fracturing (fracking) on nearby water wells, when considering changes in potential pollutants that are most prominent in drilling waste fluids.”<sup>1</sup>

Another study *The Impact of Marcellus Gas Drilling on Rural Drinking Water Supplies*, noted “when comparing dissolved methane concentrations in the 48 wells that were sampled both before and after drilling, the research found no statistically significant increases in methane levels after drilling and no significant correlation to distance from drilling. However, the researchers suggest that more intensive research on the occurrence and sources of methane in water wells is needed.”<sup>2</sup>

According to the Pediatric Environmental Health Unit of the American Academy of Pediatrics, a study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling.” (Osborne SG, et al., 2011). “While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on the reproductive, neurological, and endocrine systems.” (ATSDR, Colborn T., et al., U.S. EPA 2009). “Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices....volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone.” (CDPHE 2008, 2010)<sup>3</sup>

Recent research conducted by the RAND Corporation analyzed water quality, air quality and road damage. The results of the RAND water quality and road damage are not yet published. An

<sup>1</sup> Kenworth, Tom, Weiss, Daniel J., Lisbeth, Kaufman and Christina C. DiPasquale (21 March 2011). Drilling down on fracking concens: The potential and peril of hydraulic fracturing to drill for natural gas. *Center for American Progress*. Retrieved from <http://www.americanprogress.org/wp-content/uploads/issues/2011/03/pdf/fracking.pdf>.

<sup>2</sup> Boyer, Elizabeth W., Ph.D., Swistck, Bryan R., M.S., Clark, James, M.A.; Madden, Mark, B.S. and Rizzo, Dana E., M.S. (March 2012). The impact of marcellus gas drilling on rural drinking water supplies. *Pennsylvania State University for the Center for Rural Pennsylvania*. Retrieved from [http://www.rural.palegislature.us/documents/reports/Marcellus\\_and\\_drinking\\_water\\_2012.pdf](http://www.rural.palegislature.us/documents/reports/Marcellus_and_drinking_water_2012.pdf).

<sup>3</sup> n.a. (August 2011). PEHSU information on natural gas extraction and hydraulic fracturing for health Professionals. *American Academy of Pediatrics*. Retrieved from [http://aoec.org/pehsu/documents/hydraulic\\_fracturing\\_and\\_children\\_2011\\_health\\_prof.pdf](http://aoec.org/pehsu/documents/hydraulic_fracturing_and_children_2011_health_prof.pdf).

article titled “Estimation of regional air-quality damages from Marcellus Shale natural gas extraction in Pennsylvania.”<sup>4</sup>

This paper provides an estimate of the conventional air pollutant emissions associated with the extraction of unconventional shale gas in Pennsylvania, as well as the monetary value of the associated regional environmental and health damages. The conclusions include:

- In 2011, the total monetary damages from conventional air pollution emissions from Pennsylvania-based shale gas extraction activities is estimated to have ranged from \$7.2 to \$32 million dollars. For comparison, the single largest coal-fired power plant alone produced \$75 million in annual damages in 2008.
- This emissions burden is not evenly spread, and there are some important implications of when and where the emissions damages occur. In counties where extraction activity is concentrated, air pollution is equivalent to adding a major source of [nitrogen oxides oxide] NO<sub>x</sub> emissions, even though individual facilities are generally regulated separately as minor sources. The majority of emissions are related to the ongoing activities which will persist for many years into the future; compressor stations alone represent 60–75 percent of all damages.
- Further study of the magnitude of emissions, including primary data collection, and development of appropriate regulations for emissions will both be important. This is because extraction-related emissions, under current industry practices, are virtually guaranteed and will be part of the cost of doing business.

---

<sup>4</sup> Litovitz, A., Curtright, A., Abramzon, S., Burger, N. and Samaras, C. (31 January 2013). Estimation of regional air-quality damages from Marcellus Shale natural gas extraction in Pennsylvania. *Rand Corporation*, 8(1). Retrieved from [http://iopscience.iop.org/1748-9326/8/1/014017/pdf/1748-9326\\_8\\_1\\_014017.pdf](http://iopscience.iop.org/1748-9326/8/1/014017/pdf/1748-9326_8_1_014017.pdf).

Mentioned also in the healthy mothers, babies and children chapter of this report, here built environment is described as it relates to childhood obesity. As defined by a public report by Karen Roof, M.S. and Ngozi Oleru, Ph.D., “the built environment is the human-made space in which people live, work, and recreate on a day-to-day basis. It includes the buildings and spaces we create or modify. It can extend overhead in the form of electric transmission lines and underground in the form of landfills.”<sup>5</sup> The report goes on to mention that “the design of our built environment affects the possibility of injury related to pedestrian and vehicular accidents, and it also influences the possibility of exercise and healthy lifestyles.”<sup>6</sup> As built environment index increases, overweight prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities are less likely to be overweight or obese.

**Figure 81** illustrates variations in neighborhood social conditions and built environments by parent education level in 2007. Those with less than high school educations tend to live in unsafe neighborhoods and face higher levels of vandalism. These areas typically lack sidewalks, parks/playgrounds, recreational centers or library/bookmobiles.

---

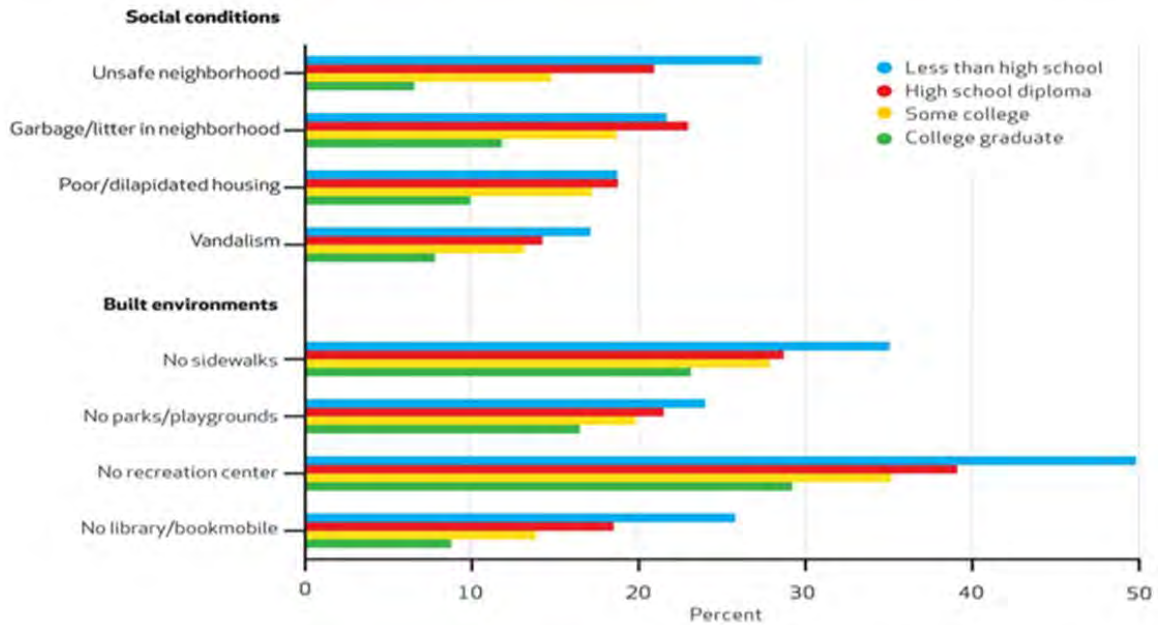
<sup>5</sup> Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County’s push for the built environment, 71 (1). Retrieved from [http://www.neha.org/pdf/land\\_use\\_planning/JEH\\_JulAug\\_08\\_Seattle.pdf](http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf)

<sup>6</sup> Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County’s push for the built environment, 71 (1). Retrieved from [http://www.neha.org/pdf/land\\_use\\_planning/JEH\\_JulAug\\_08\\_Seattle.pdf](http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf)



**Figure 81. Variations in neighborhood social conditions and built environments by parent education level**

**Variations In Neighborhood Social Conditions And Built Environments For U.S. Children, By Parental Education Level, 2007**

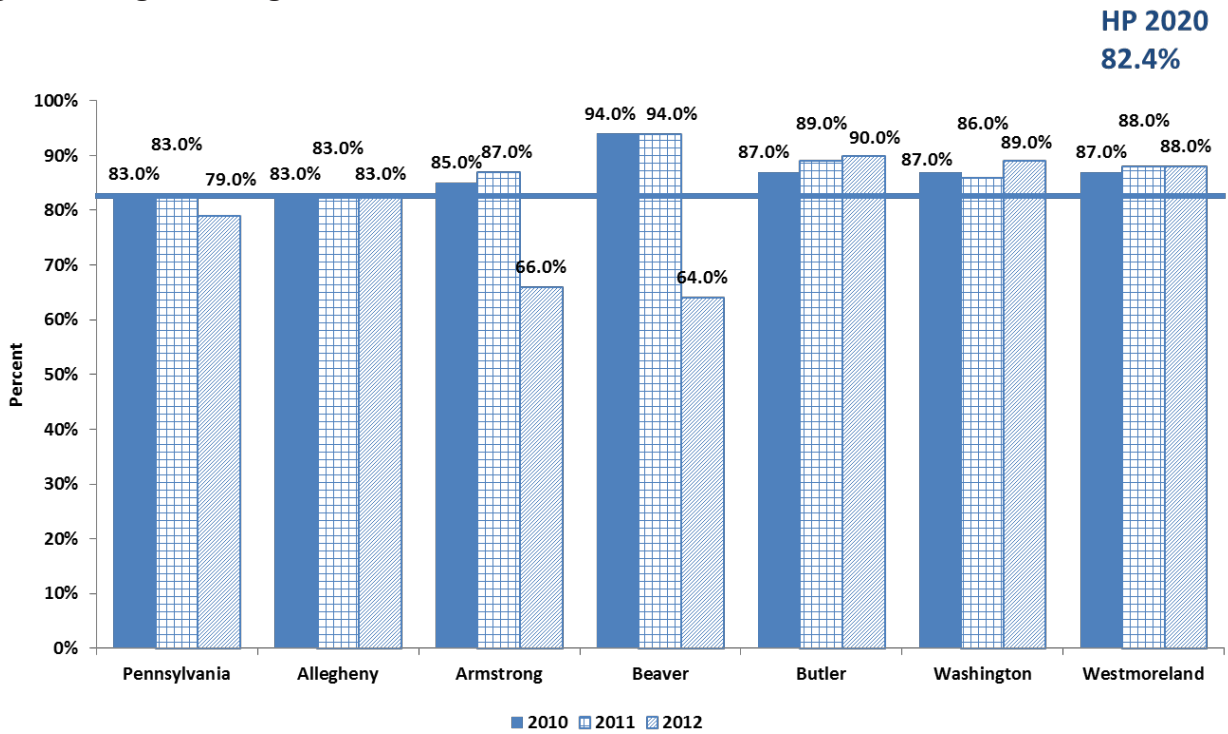


National Survey of Children's Health 2007 Note: N=90, 100



**Figure 82** illustrates high school graduation rates for Pennsylvania, as well as for Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 2010-2012. Graduation rates were equal to or higher than the Pennsylvania rates, except for Armstrong and Beaver counties in 2012. Over the three years, Butler, Washington and Westmoreland counties showed increasing trends, while Armstrong and Beaver counties and the state showed decreasing trends.

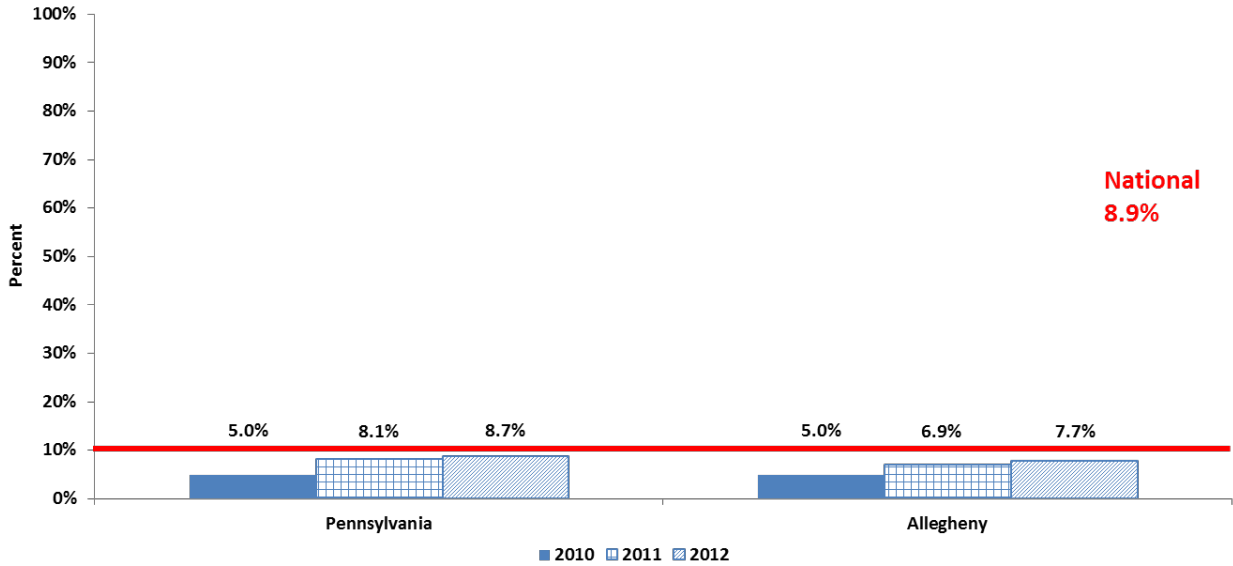
**Figure 82. High school graduation rate**



Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

**Figure 83** illustrates unemployment rates for Pennsylvania, Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 2010-2012. County-level data generally shows lower unemployment rates than Pennsylvania, with the exception of Armstrong County. An increasing trend can be seen in Pennsylvania as well as the service area counties.

**Figure 83. Unemployment rate**

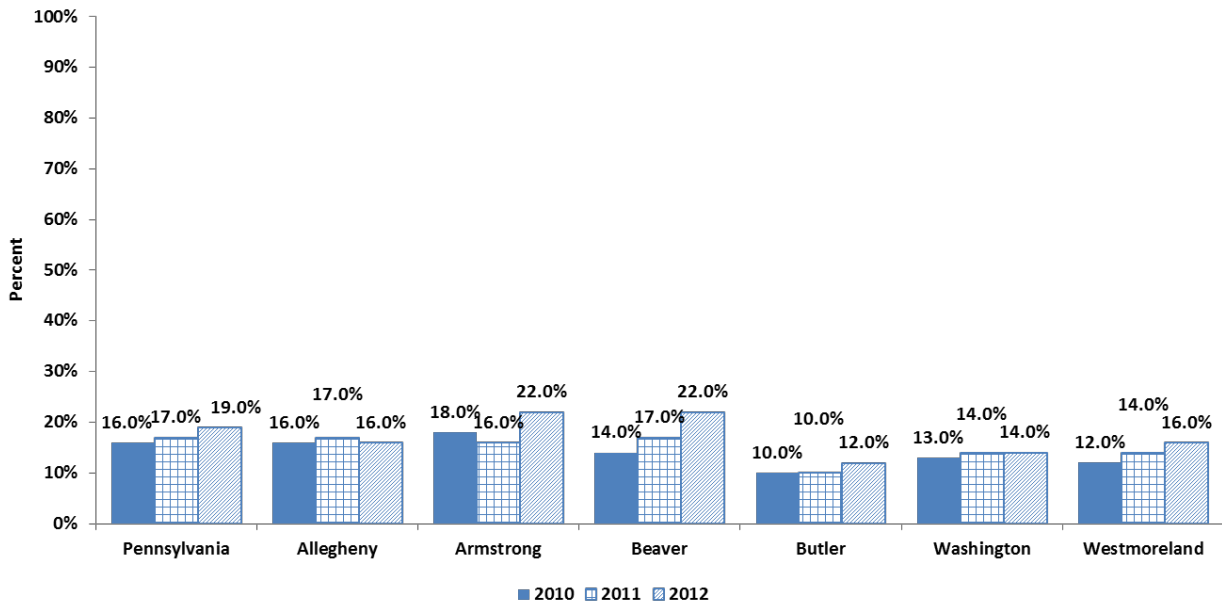


Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org), Centers for Disease Control



**Figure 84** illustrates the percentage of children living in poverty for Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 2010-2012. The rate in Allegheny, Armstrong and Beaver counties was generally comparable to, but in some years higher than the Pennsylvania rate. The rate in Butler, Washington and Westmoreland counties was lower than the state every year. Over the three years, Pennsylvania and the service-area counties showed increasing trends.

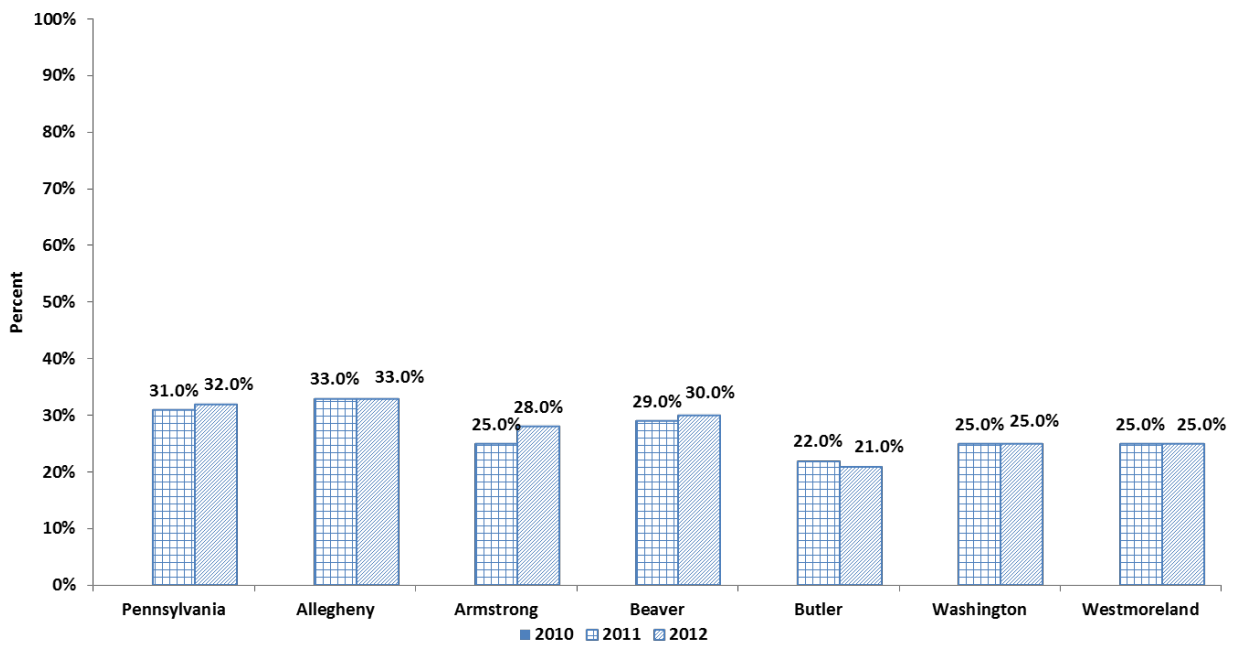
**Figure 84. Children living in poverty**



Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

**Figure 85** illustrates the percentage of children living in single parent households in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 2010-2012. County-level rates were less than Pennsylvania rates, with the exception of Allegheny County. Over the two years, the state, as well as Armstrong and Beaver counties, showed an increasing trend, while Butler County showed a decreasing trend. No data was available for 2010.

**Figure 85. Children living in single parent households**



Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



The Allegheny County Continuum of Care Fact Sheet published in March, 2012 measured the number of people meeting the definition of homeless according to the US Department of Housing and Urban Development. There were 816 single adults and 413 adults and children (195 families) counted in the Point in Time Survey in January 2012. The average age of adult homeless persons was 42, while the average age of homeless children was 8.5 years. Almost a quarter of the adult homeless population has substance abuse (22 percent) issues, while 16 percent were identified as seriously mentally ill. Almost half of the population had a dual diagnosis (40 percent). Veterans made up 24 percent of the adult homeless population and 21 percent of the adult population were victims of domestic violence. A small percentage (4 percent) has AIDS/HIV.

**Table 39** illustrates Allegheny County consumers served by housing programs for 2010-2011. The majority of consumers were served in emergency shelters at an average yearly cost per consumer of \$947. The most costly program was Safe Haven, at an average yearly cost per consumer of \$15,301, although only 47 consumers utilized that program.

**Table 39. Allegheny county consumers served by housing programs 2010-2011**

Allegheny County Consumers Served by Housing Programs 2010-2011				
Program	Adults Served	Children Served	Total Served	Cost Per Consumer
Severe Weather				
Emergency Shelter	611	0	611	\$96
Emergency Shelter	3833	746	4579	\$947
Bridge Housing	378	133	511	\$4,464
Penn Free Bridge Housing	137	44	181	\$6,041
Rental Assistance	510	145	655	\$767
Rapid Re-Housing	31	50	81	\$3,455
Transitional Housing	528	305	833	\$6,766
Shelter Plus Care	175	11	186	\$6,024
Safe Haven	47	0	47	\$15,301
Permanent Housing	422	403	825	\$5,675

Source: Allegheny County Continuum of Care Fact Sheet March 2012

**Table 40** illustrates the homeless population in Armstrong, Butler, Washington and Westmoreland counties for 2010, based on the Point in Time Homeless Survey in those counties. The number of consumers served in these counties is relatively small, especially compared to Allegheny County above. The majority of consumers are served in transitional housing and an emergency shelter. There are also a sizable number of homeless? veterans in Armstrong County.

**Table 40. Homeless population: Armstrong, Butler, Washington and Westmoreland counties- table 1 of 2**

Homelessness Population	Armstrong County PITS 1/27/10		Butler County PITS 1/27/10		Washington County PITS 1/27/10		Westmoreland County PITS 1/27/10	
	Family	Individual	Family	Individual	Family	Individual	Family	Individual
<b>Point-in-time Count of People</b>								
Number of Homeless in Emergency Shelter	3	7	13	16	37	67	18	25
Number of Homeless with Disability	0	2	2	8	8	60	5	13
Number of chronic Homeless in Emergency Shelter	N/A	0	N/A	3	N/A	24	N/A	5
Number of Homeless in Emergency Shelter with Serious Mental Illness	2		3		30		5	
Number of Homeless in Emergency Shelter with Substance Abuse	1		7		59		10	
Number of Veterans in Emergency Shelter	0		0		8		1	
Number of Domestic Violence victims in Emergency Shelter	3		10		29		10	
Number of Homeless in Emergency shelter Convicted of Crime	1		7		31		11	
<b>Transitional Housing</b>								
Number in Transitional Housing	22	69	30	19	24	17	83	0
Number in Transitional Housing with Disability	0	62	2	14	3	13	0	1
Number in Transitional Housing with Serious Mental Illness	24		7		7		0	
Number in Transitional Housing Substance Abuse	43		7		16		0	
Number of Veterans in Transitional Housing	65		4		2		1	
Number of Domestic Violence victims in Transitional Housing	5		9		12		7	
Number Convicted of Crime in Transitional Housing	4		13		7		12	
Note: No data available for Beaver County								

Source: Point in Time Homeless Survey, Southwest Pennsylvania Region 2010

**Table 41** is a continuation of **Table 40** on the previous page and illustrates the homeless population in Armstrong, Butler, Washington and Westmoreland counties for 2010.

**Table 41. Homeless population: Armstrong, Butler, Washington and Westmoreland counties- table 2 of 2**

Homeless Population	Armstrong County Source PITS 1/27/10		Butler County Source PITS 1/27/10		Washington County Source PITS 1/27/10		Westmoreland County Source PITS 1/27/10	
	Family	Individuals	Family	Individuals	Family	Individuals	Family	Individuals
<b>Point-in-time Count of People</b>								
Number in Permanent Supportive Housing with Serious Mental Illness	6		29					
Number in Permanent Supportive Housing with Substance Abuse	0		27					
Number of Veterans in Permanent Supportive Housing	2		2					
Number Convicted of Crime in Permanent Supportive Housing	1		21					
Number in Safe Haven					0	22	0	11
Number chronic Homeless in Safe Haven					14		11	
Number in Safe Haven with Serious Mental Illness					17		11	
Number in Safe Haven with Substance Abuse					7		6	
Number of Veterans in Safe Haven					3		0	
Number of Domestic Violence Victims in Safe Haven					4		4	
Number Convicted of Crime in Safe Haven					13		4	
Number in Permanent Supportive Housing with Serious Mental Illness					50		12	
Number in Permanent Supportive Housing with Substance Abuse					37		5	
Number of Veterans in Permanent Supportive Housing					0		0	
Number convicted of Crime in Permanent Supportive Housing					20		6	
Number of unsheltered Homeless	no unsheltered count conducted in 2010		no unsheltered count conducted in 2010		no unsheltered count conducted in 2010		no unsheltered count conducted in 2010	
Number of Chronic unsheltered								

Note: No data available for Beaver County

Source: Point in Time Homeless Survey, Southwest Pennsylvania Region 2010



**Tables 42 and 43** illustrate gambling addiction statistics for Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties, as well as gambling addictions by gender. Allegheny County had the highest number of admissions (45) and discharges (33) for persons who have accessed the available gambling addiction programs, while males constituted a majority of persons with gambling addictions who have received treatment (53.6 percent).

**Table 42. Gambling addictions for 2010-2011**

<b>Gambling Addictions Statistics</b>		
<b>FY 2010-2011</b>		
	<b>Admissions</b>	<b>Discharges</b>
Allegheny	45	33
Armstrong	0	0
Beaver	0	0
Butler	1	0
Washington	0	0
Westmoreland	5	4

**Table 43. Gambling addiction by gender 2011**

<b>Gambling Addictions by Gender Percentage</b>	
<b>Male</b>	<b>Female</b>
53.6%	46.4%

Source: Pennsylvania Gaming Commission

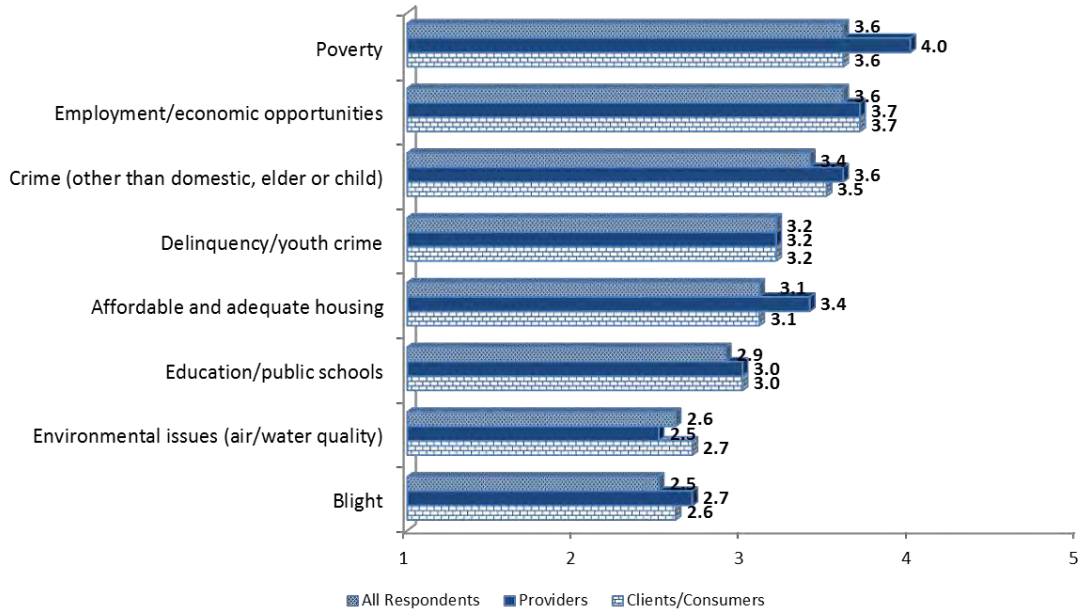
### Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by the five WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 86** illustrates responses from the focus groups regarding the community issues related to healthy environment. Participants were asked to rate a number of possible community needs and issues on a five point scale, where 5= Very Serious Problem and 1= Not a Problem. Overall, poverty was rated as the most serious problem in the community, followed by employment/economic opportunities and crime. Providers/professionals were more likely to rate poverty, crime, affordable/adequate housing and blight as serious issues, while clients/consumers rated environmental issues (such as air and water quality) as more serious.

**Figure 86. Focus Groups: Healthy environment**

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.



Focus group participants were asked to identify and discuss what they thought were the top health or health-related problems in their community. The following were community health problems that were identified which had to do with elements which impact the physical and social environment.

Focus group participants rated the issues of poverty, employment and crime as serious problems in the community related to a healthy environment. Participants commented that poverty is often generational, and in some instances is related to the current economic environment and the loss of jobs in the area. Some participants commented that due to blight in the community, such as vacant shopping plazas in places that used to thrive, they perceive areas of the community to be impoverished. Many commented that even those working may have difficulty accessing care, with a few referring to a new group of poor that is considered middle class but living paycheck-to-paycheck and often do not qualify for assistance programs due to income.

Employment related issues were also discussed as concerns. There is a perception among focus group participants that there are no “good” full time jobs in this community. Graduates coming out of college cannot find jobs and either leave the area or take what is perceived as a lesser job. Many seniors are still in the workforce which limits opportunities for younger people.

Crime was discussed quite a bit in the focus groups as well. Participants indicated that they hear about shootings daily. They feel that guns are too easily accessible and perceive that many kids drop out of school and join gangs. Participants also perceive that most gang activity is related to drug use or dealing.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by the five WPAHS hospitals. The following information is derived from a total of 31 interviews.

A large number of stakeholder interview comments were made regarding the state of the region as it relates to issues such as air quality; lung disease caused from the legacy steel industries; potential, unknown harm from fracking; and lifestyle issues associated with impoverished individuals. Many comments were concentrated around concerns regarding the natural environment. Air pollution seems to be a concern among stakeholders, and several commented on the connection between air quality and asthma and lung cancer rates. It was noted that South Allegheny School District has high level of child cancer related to air quality. There is concern related to manufacturers in the area meeting new regulations which would help the region. Some stakeholders commented on their concerns about the possible health effects of exposure to things such as lead paint, black mold and asbestos, which are often found in the everyday environment. They expressed concern over the potential health implications that repeated exposure to these environmental containments could have on an individual. Lead paint issues, particularly in McKeesport, were noted. Others raised concerns related to Marcellus Shale and fracking activities, whose impacts will only be fully known as time goes on.

Many stakeholders identify education as a pathway to change the impacts of these various conditions. Stakeholders suggested increasing parental support and knowledge, increasing air quality in homes and businesses, and decreasing air and water pollution.

Outside the context of environmental pollutants, many stakeholders expressed concerns over the health disparities associated with urban versus rural environments. The physical location of many people: (i.e., city vs. rural environments) were associated with health disparities.

While mentioned previously in the access chapter, poverty is an environmental issue that was cited by a number of stakeholders as negatively impacting the community. Stakeholders perceived that poverty was an issue in the community based on observations of the changing economic and business climate. Concern was expressed that due to economic limitations, people may not be able to afford health insurance or co-payments. It was also noted that often



times the middle class is viewed as the working poor; based on their income, they may not qualify for programs that could offer assistance with health care.

A few stakeholders commented that gambling addictions play a role in harming the health of the environment, although another added that there is "no reliable data that there are negative impacts because of the casino. We have counselors trained in gambling addiction but we are not overwhelmed (with demand for gambling addiction services)."

## Healthy Environment Conclusions

Overall, there are a number of conclusions regarding healthy environment-related issues from all of the quantitative and qualitative data presented. They include:

- The medically diagnosed student asthma rates are higher in Allegheny County than the remainder of the service region for two of the last three years.
- High school graduation rates are substantially lower in Armstrong and Beaver counties than in the remainder of the service region.
- Although the national air quality standards have been met, the number of air pollution ozone days is higher in Allegheny County than in other areas of the region. With the exception of Butler County, all service area counties are higher than the state.
- Homelessness affects a significantly larger number of people in Allegheny County than other parts of the service region, and a sizable percentage of homeless persons suffer from mental illness and other health related issues.

(This page intentionally left blank)



# HEALTHY MOTHERS, BABIES, CHILDREN





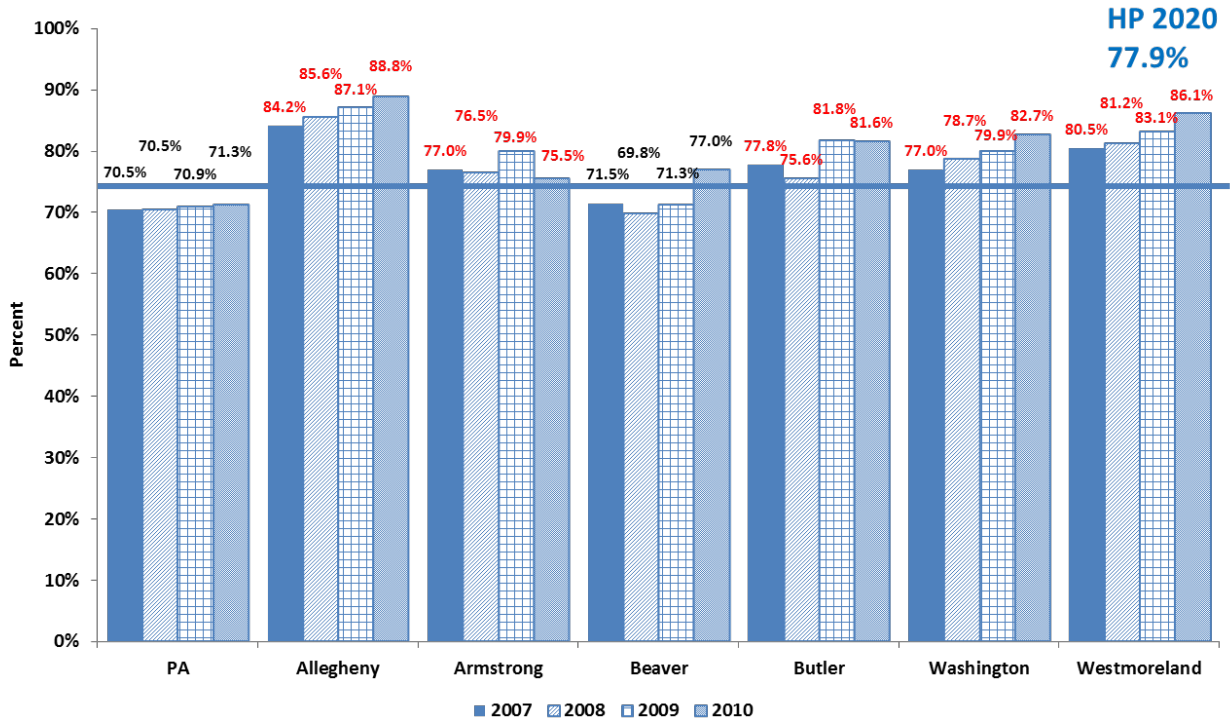
(This page intentionally left blank)

## Healthy Mothers, Babies and Children

Improving the well-being of mothers, babies and children is a critical and necessary component of community health. The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness and quality of life for the entire community including: prenatal care, smoking during pregnancy, low-birth weight babies, infant mortality, social service assistance, breastfeeding and teen pregnancy. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 87** illustrates the percentage of mothers who received prenatal care in the first trimester in Pennsylvania and in the service area counties for the years 2007 through 2010. The percentage of women receiving prenatal care increased in most service area counties and most county rates (except for Beaver) were significantly higher than the Pennsylvania rate. Over the four years, an increasing trend is shown in all counties except Armstrong as well as the state. When looking at the HP 2020 goal, only Pennsylvania and Beaver County for the years 2007 through 2009 are below this goal.

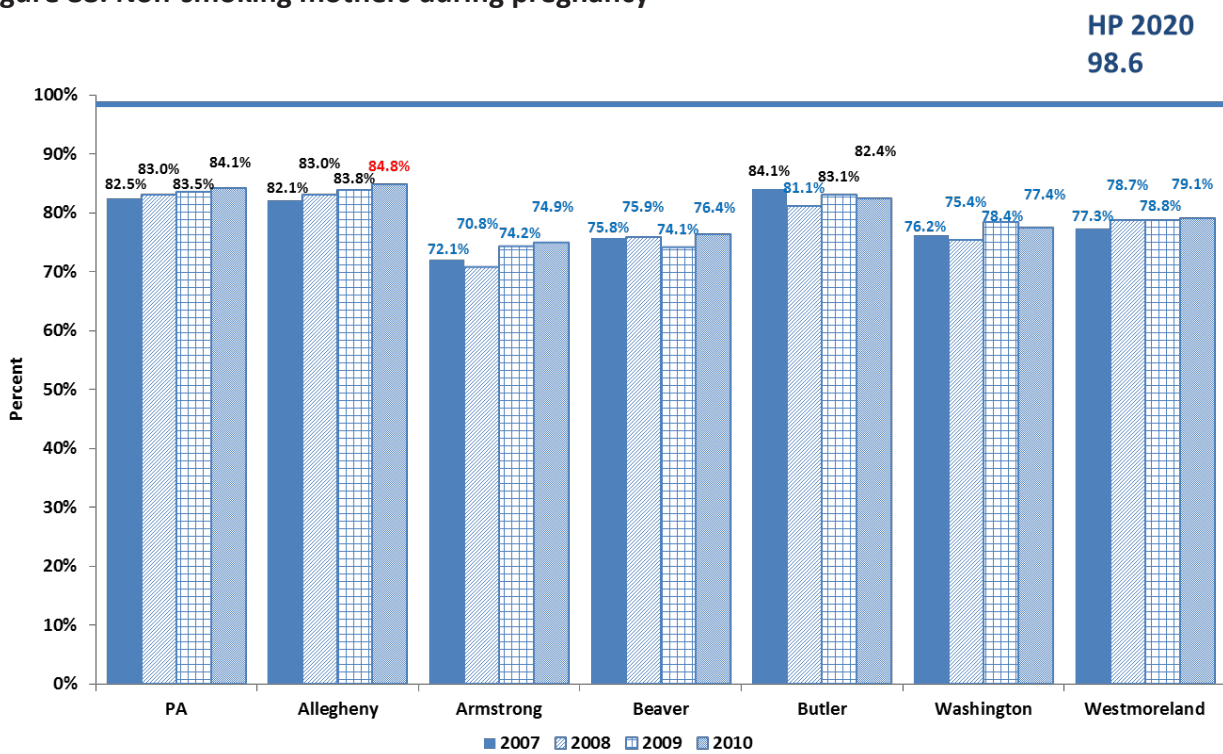
Figure 87. Prenatal care first trimester



Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 88** illustrates the percentage of non-smoking mothers during pregnancy in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. Over the period, the percentage of women not smoking during pregnancy in Armstrong, Beaver, Washington, and Westmoreland counties was significantly lower than the Pennsylvania rate. The rate in Butler County was significantly lower in 2008 as well. The rate in Allegheny County was comparable to or higher than the state, and significantly higher in 2010. Over the four years, an increasing trend can be seen in Pennsylvania and all counties except Butler. All rates are lower than the HP 2020 goal of 98.6 percent.

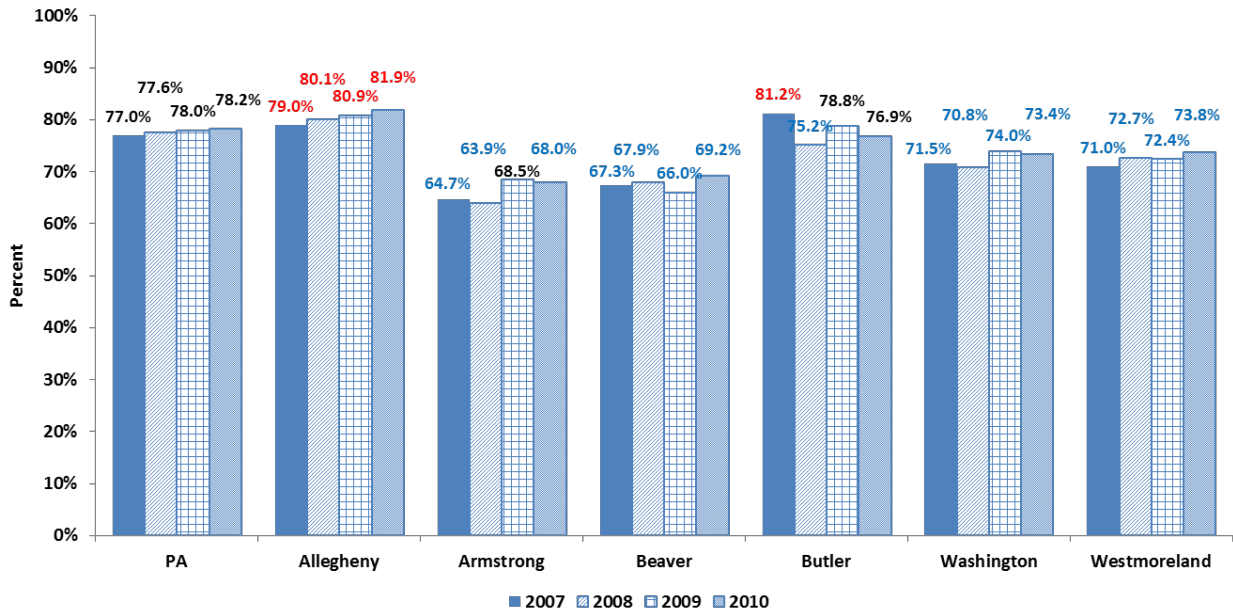
**Figure 88. Non-smoking mothers during pregnancy**



Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 89** illustrates the percentage of mothers who reported not smoking three months prior to pregnancy in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. Over the period, the percentage of women who didn't smoke three months prior to pregnancy in Armstrong (all years but 2009), Beaver, Washington, and Westmoreland counties was significantly lower than the Pennsylvania rate. The rate in Butler County was significantly lower in 2008 as well. The rate in Allegheny County was significantly higher than the Pennsylvania rate for all reported years, as well as 2007 in Butler. Over the four years, an increasing trend can be seen in Pennsylvania and all counties except Butler.

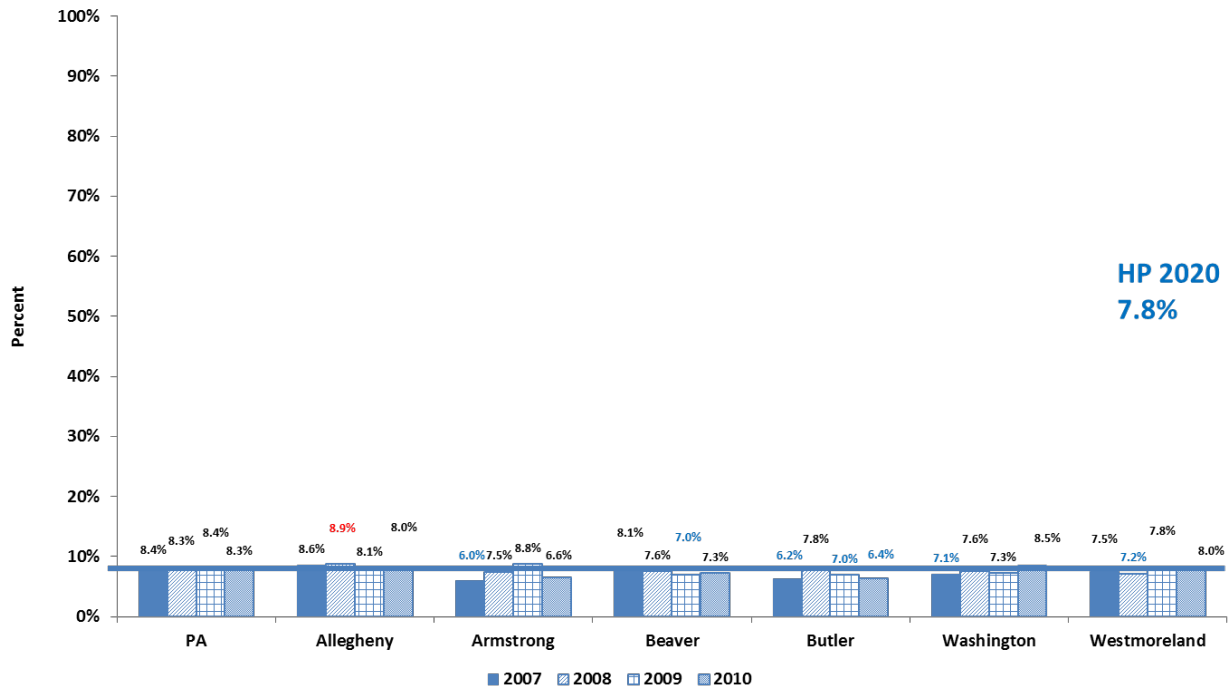
**Figure 89. Mothers who reported not smoking three months prior to pregnancy**



Source: Pennsylvania Department of Health

**Figure 90** illustrates the percentage of low birth-weight babies born in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. Over the four years, county-level data fluctuated but was generally less than the Pennsylvania rate. The rate in Armstrong County was significantly lower than the state in 2007, while the rate in Allegheny County in 2008 was significantly higher than the state. The state and service region were comparable to the HP 2020 goal of 7.8%.

**Figure 90: Low birth-weight babies born**

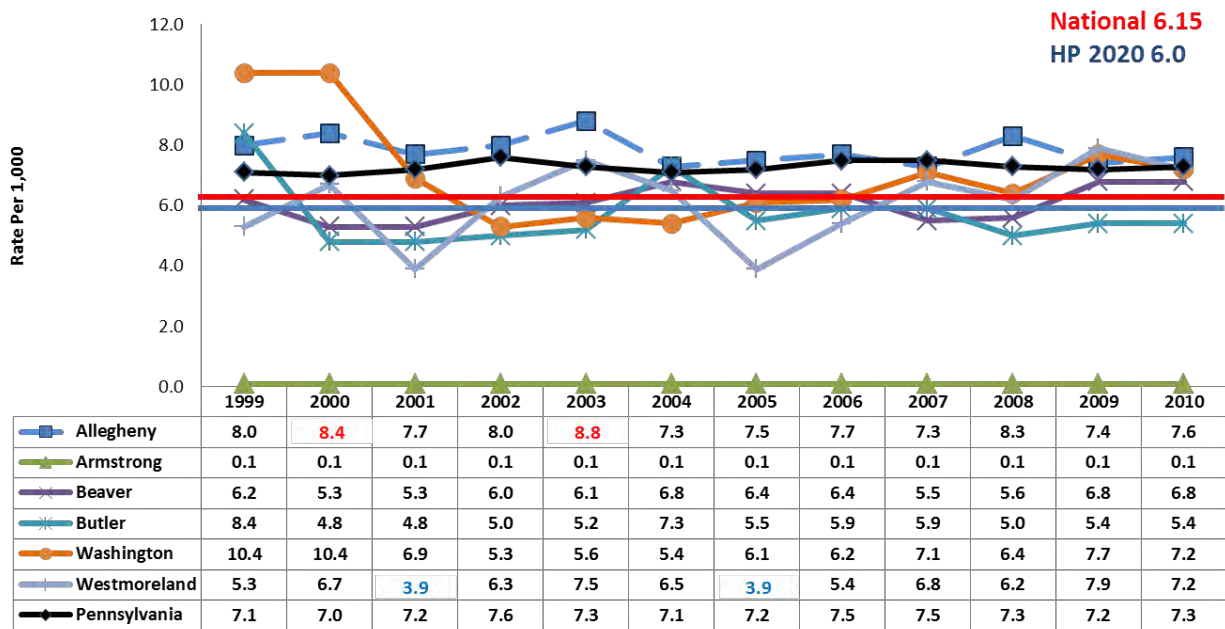


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 91** illustrates infant mortality rates, per 1,000, live births in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 1999-2010. State and county-level rates fluctuated over the period but a slight decreasing trend is present in Allegheny, Butler and Washington counties. Allegheny County rates are also consistently above state rates. A slight increasing trend is shown for Pennsylvania overall, as well as in Beaver and Westmoreland county data. The highest rate (10.4) of infant mortalities occurred in Washington County in 1999 and 2000.

**Figure 91. Infant mortality rate**



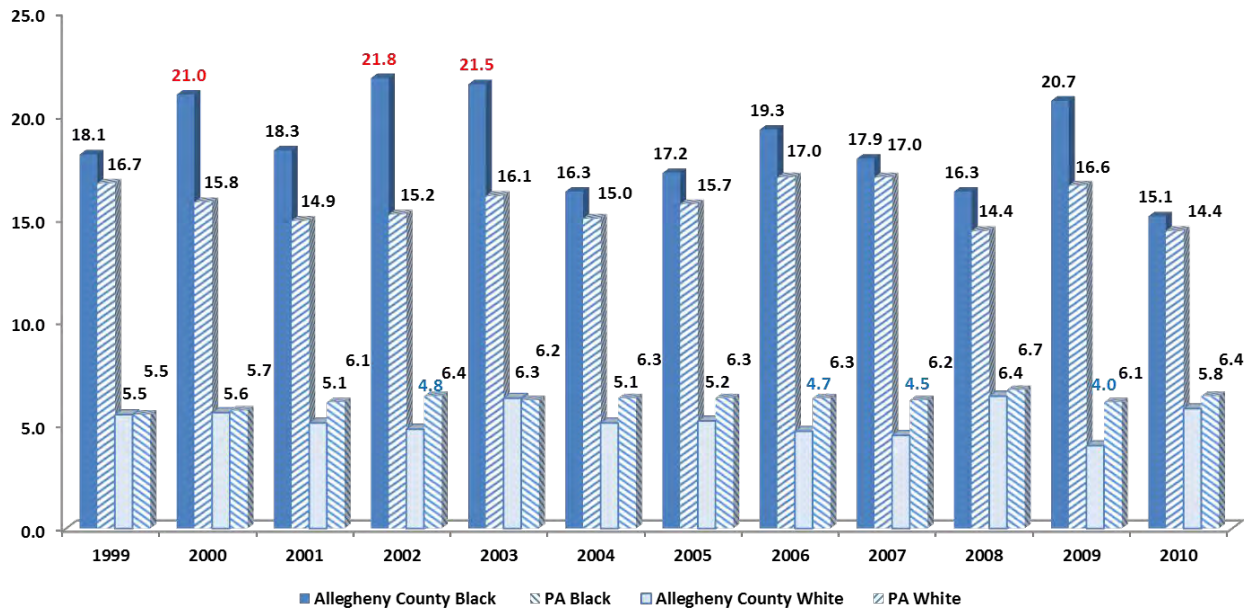
Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

Note: Armstrong data not available; Beaver rates for 2001, 2006 and 2007 were not available and are graphed as the previous year's rate, Butler rates were not available for 2001, 2007 and 2010, Washington not available for 1999, 2000 rate was inserted



**Figure 92** illustrates infant mortality rate, per 1,000, by race in Pennsylvania and Allegheny County for the years 1999 through 2010. In Allegheny County, mortality rates for black infants were significantly higher than Pennsylvania in 2000 and 2002 to 2003. The mortality rate for white infants in Allegheny County was significantly lower than the state rate in 2002, 2006 to 2007, and 2009. The mortality rate for black infants is substantially higher than white rates across the 11 years, both in Pennsylvania and in Allegheny County.

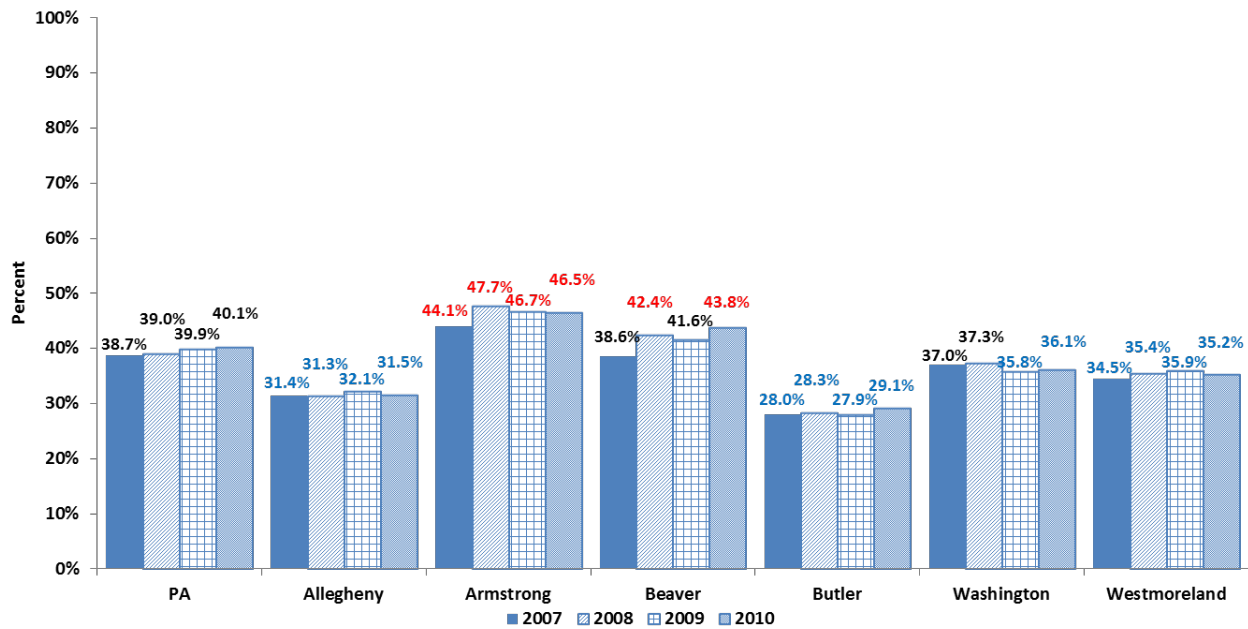
**Figure 92. Infant mortality by race**



Source: Pennsylvania Department of Health

**Figure 93** illustrates the percentage of mothers who reported receiving Women, Infants and Children (WIC) assistance in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. WIC is “a federally funded program that provides healthy supplemental foods and nutrition services for pregnant women, postpartum and breastfeeding women, and infants and children under age five in a supportive environment.”<sup>1</sup> Over the four years, the percentage of women receiving WIC assistance in Allegheny, Butler and Westmoreland counties was significantly lower than the Pennsylvania rate, and significantly less in Washington County from 2009 to 2010. The rate was significantly higher in Armstrong (2007 through 2010) and Beaver (2008 and 2010) counties as compared to the state. An increasing trend can be seen in Pennsylvania and all service area counties with the exception of Washington County.

**Figure 93. Mothers receiving WIC assistance**

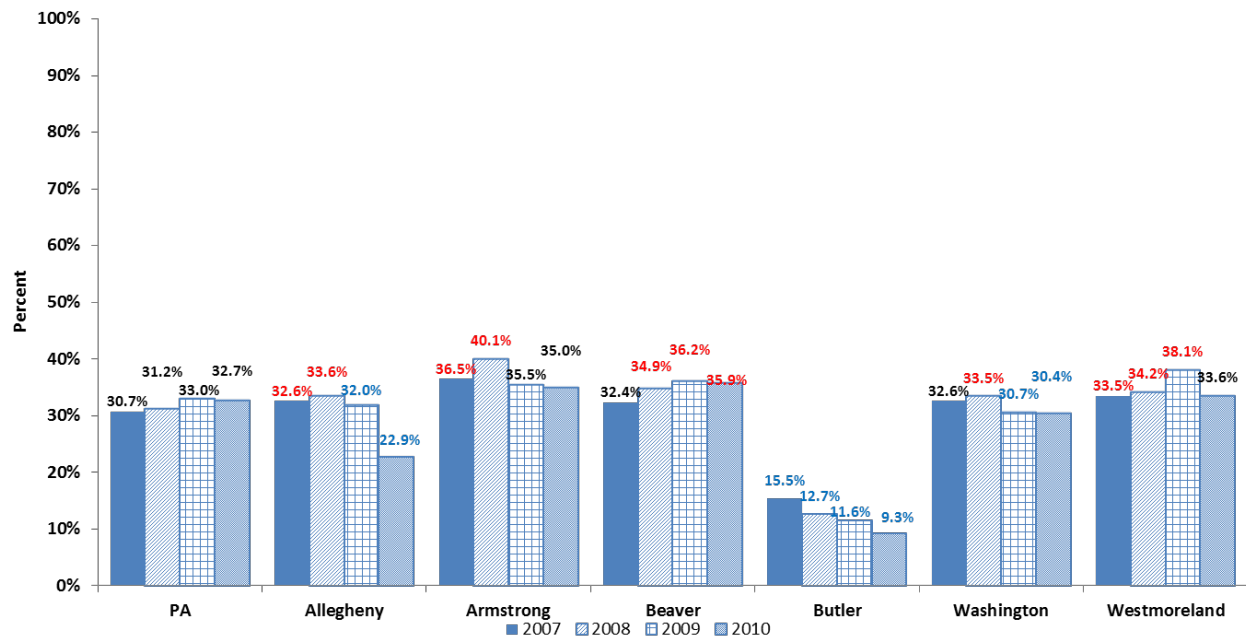


Source: Pennsylvania Department of Health

<sup>1</sup> Pennsylvania Women, Infants and Children. n.d. *What is WIC?* Retrieved from <http://www.pawic.com/>.

**Figure 94** illustrates the percentage of mothers receiving Medicaid assistance in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The percentage was significantly higher than Pennsylvania in the following counties: Allegheny and Armstrong (2007 and 2008), Beaver (2008 through 2010), Washington (2008), and Westmoreland (2007 through 2009). The percentage was significantly less in Allegheny (2009 and 2010) and Butler (2007 through 2010) counties as compared to Pennsylvania. Over the four years, an increasing trend can be seen in Pennsylvania as well as Armstrong, Beaver and Westmoreland counties, while a decreasing trend can be seen in Allegheny, Butler and Washington counties.

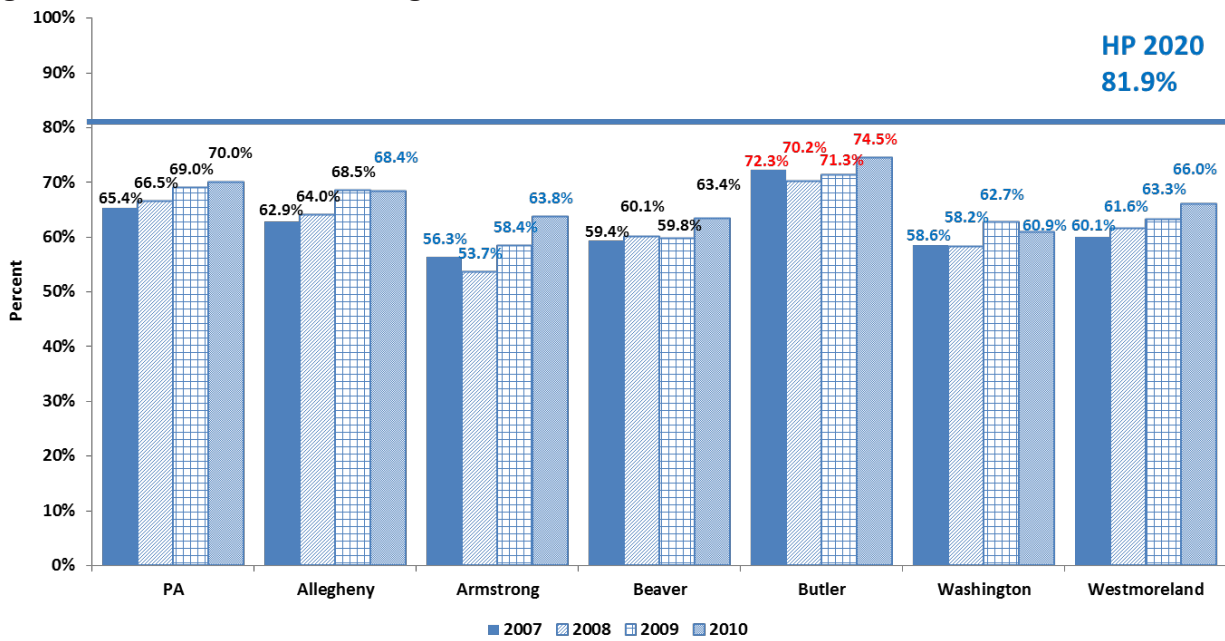
**Figure 94. Mothers receiving Medicaid assistance**



Source: Pennsylvania Department of Health

**Figure 95** illustrates the percentage of mothers who breastfed their babies in Pennsylvania, as well as Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The percentage in the service area counties was less than the Pennsylvania rates every year for the years 2007 through 2010, except in Butler County where the percentages were significantly higher than the state. In addition, the percentages in Armstrong, Washington and Westmoreland counties were significantly lower than the state rate. An increasing trend can be seen in Pennsylvania as well as in all counties of the service area. The entire service and state are below the HP 2020 goal of 81.9%.

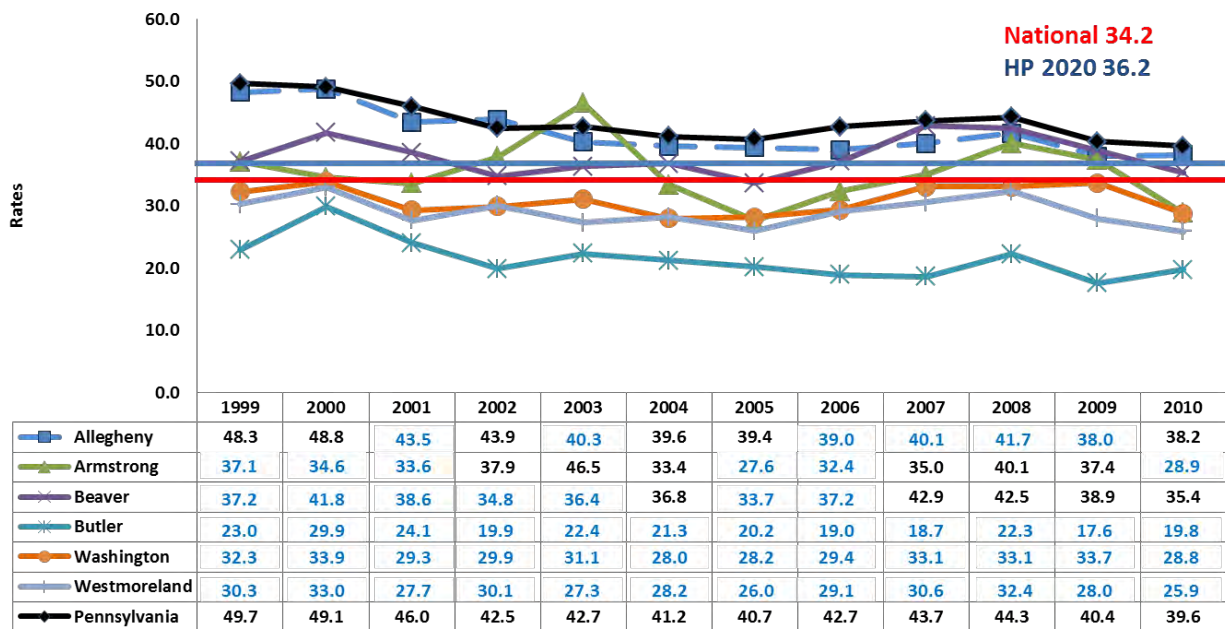
**Figure 95. Mothers breastfeeding**



Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 96** illustrates teen pregnancy rates for all ages, per 1,000, in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties from 1999-2010. Rates in the state and at the county level fluctuated over the period, but overall the data show a decreasing trend. The highest rate (49.7) of teen pregnancies occurred in Pennsylvania in 1999. Washington, Butler and Westmoreland County rates are below the national rate of 34.2 and the HP 2020 goal of 36.2.

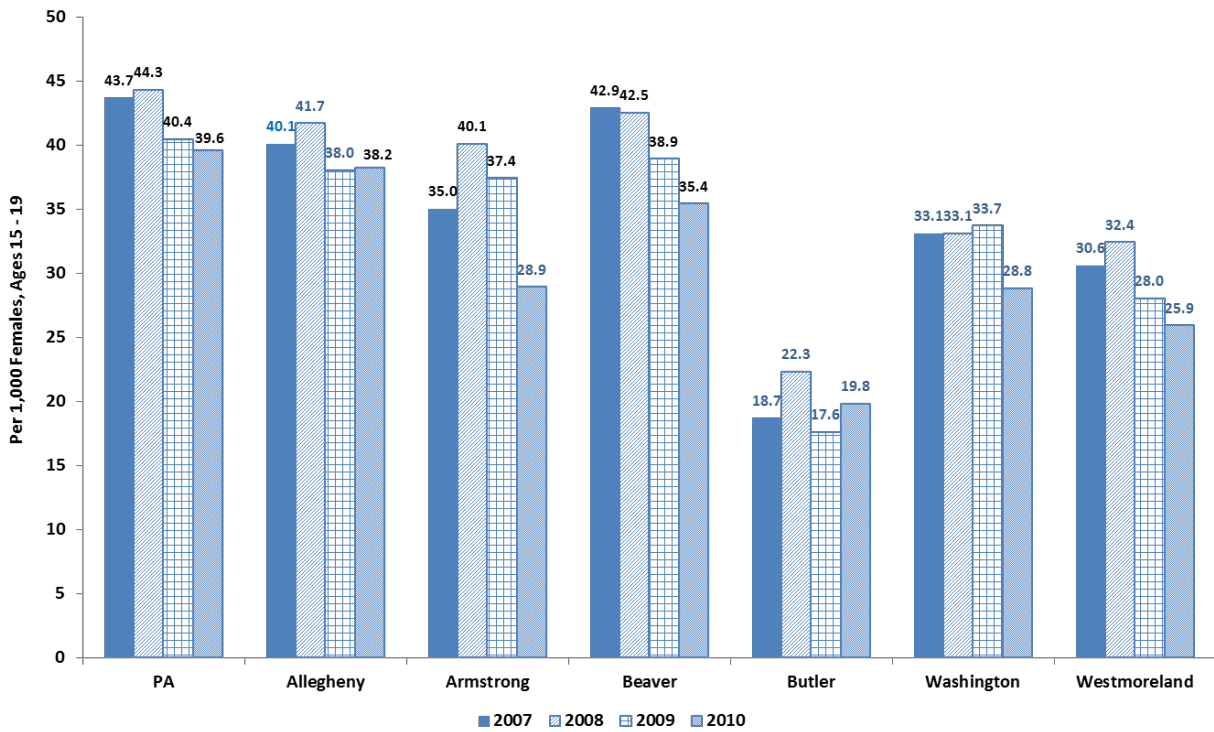
**Figure 96. Teen pregnancy rate (all ages)**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

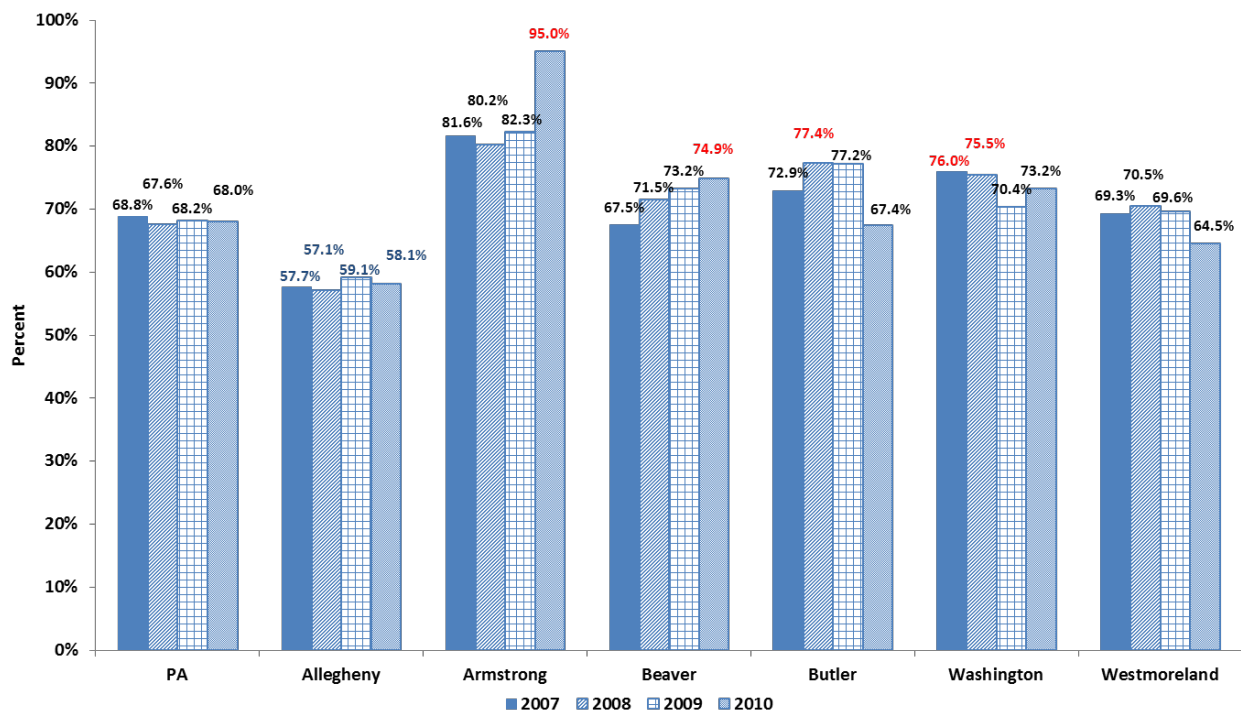
**Figure 97** illustrates teen pregnancy rates, per 1,000 females age 15-19, in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The rate in Butler, Washington and Westmoreland counties was significantly less than the Pennsylvania rate for the years 2007 through 2010. The rate was also significantly less in Allegheny County from 2007-2009 and Armstrong County in 2010 as compared to the state. Over the four years, Pennsylvania and county-level rates fluctuated but overall showed a decreasing trend, except in Butler County.

**Figure 97. Teen pregnancy rate, ages 15-19**



**Figure 98** illustrates the percentage of teen pregnancies resulting in a live birth, age 15-19, in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The percentage of teen pregnancies resulting in a live birth in Allegheny County was significantly less than Pennsylvania for the years 2007 through 2010. Other county-level data was generally higher than the state; the percentages in Armstrong, Beaver, Butler and Washington counties were significantly higher during at least one year during the last four years.

**Figure 98. Teen pregnancies resulting in a live birth, ages 15-19**



Source: Pennsylvania Department of Health

**Table 44** illustrates Allegheny County youth reporting high-risk behavior patterns as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. HealthChoices is Pennsylvania's managed care program for adults and children who receive Medical Assistance. This program includes both physical health care and behavioral health care (e.g., mental health and drug and alcohol services). Students in grades 9 and 10 are more likely to have all of these risk behaviors. Boys are more likely to smoke and use illicit drugs. Girls are more likely to have had sexual intercourse or be depressed.

**Table 44. Allegheny County youth reporting ten high-risk behavior patterns-table 1 of 2**

Allegheny County Youth Reporting 10 High-Risk Behavior Patterns							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Alcohol	Has used alcohol 3 or more times in the last 30 days or got drunk once or more in the last 2 weeks	22	22	21	10	53	32
Tobacco	Smokes one or more cigarettes every day or uses chewing tobacco frequently	11	14	9	4	27	19
Illicit Drugs	Used illicit drugs multiple times in the last 12 months	14	16	13	4	36	25
Sexual Intercourse	Has had sexual intercourse 3 or more times in lifetime	19	17	21	4	28	35
Depression/Suicide	Is frequently depressed and/or has attempted suicide	27	23	32	24	36	30

Source: The Allegheny County HealthChoices Program: 2011 Year in Review



**Table 45** illustrates Allegheny County youth reporting high-risk behavior patterns as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 and 10 and boys are more likely to have all of these risk behaviors.

**Table 45. Allegheny County youth reporting ten high-risk behavior patterns-table 2 of 2**

Allegheny County Youth Reporting 10 High-Risk Behavior Patterns							
Category	Risk-Taking Behavior Definition	Total Sample	Gender		Grade		
			M	F	7	9	10
Anti-Social Behavior	Has been involved in 3 or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months	15	18	11	10	35	18
Violence	Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last 12 months	34	42	26	30	55	37
School Problems	Has skipped school 2 or more days in the last 4 weeks and/or has below a C average	26	28	24	23	39	30
Driving and Alcohol	Has driven after drinking or ridden with a drinking driver 3 or more times in the last 12 months	15	16	14	11	30	18
Gambling	Has gambled 3 or more times in the last 12 months	10	14	6	8	13	11

Source: The Allegheny County HealthChoices Program: 2011 Year in Review

**Table 46** illustrates Allegheny County youth reporting 15 additional risk-taking behaviors as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 are more likely to have all of these risk behaviors. Boys are more likely to engage in all of them except sexual intercourse (same rate for males/females).

**Table 46. Percent of youth who reported 15 additional risk-taking behaviors-table 1 of 2**

Percent of Youth Who Report 15 Additional Risk-Taking Behaviors							
Category	Risk-Taking Behavior Definition	Total Sample	Gender		Grade		
			M	F	7	9	10
Sexual Intercourse	Has had sexual intercourse one or more times	31	31	31	13	53	49
Anti-Social Behavior	Shoplifted once or more in the last 12 months	16	17	14	11	29	20
	Committed vandalism once or more in the last 12 months	17	21	12	12	29	20
	Got into trouble with police once or more in the last 12 months	20	24	16	17	37	22
Violence	Hit someone once or more in the last 12 months	37	46	29	37	56	36
	Physically hurt someone once or more in the last 12 months	19	25	12	17	25	20
	Uses a weapon to get something from a person once or more in the last 12 months	4	6	3	3	10	5
	Been in a group fight once or more in the last 12 months	22	24	20	22	25	22
	Carried a weapon for protection once or more in the last 12 months	19	27	10	16	30	20
	Threatened physical harm to someone once or more in the last 12 months	34	38	30	29	48	39

Source: The Allegheny County HealthChoices Program: 2011 Year in Review

**Table 47** illustrates Allegheny County youth reporting 15 additional risk-taking behaviors as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 and 10 are more likely to have most of these risk behaviors. Girls are more likely to skip school, feel depressed, attempt suicide or have an eating disorder. Boys are more likely to gamble.

**Table 47. Percent of youth who reported 15 additional risk-taking behaviors-table 2 of 2**

Percent of Youth Who Report 15 Additional Risk-Taking Behaviors							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
School Truancy	Skipped school once or more in the last 4 weeks	28	26	30	24	34	33
Gambling	Gambled once or more in the last 12 months	24	33	14	24	35	23
Eating Disorder	Has engaged in bulimic or anorexic behavior	20	18	21	18	32	21
Depression	Felt sad or depressed most or all of the time in the last month	20	16	24	20	27	20
Attempted Suicide	Has attempted suicide one or more times	16	14	19	13	24	19

Source: The Allegheny County HealthChoices Program: 2011 Year in Review

## Childhood Obesity

According to the CDC, childhood obesity has more than tripled in the past 30 years. In 1980, 7 percent of 6-11 year olds and 5 percent of 12 to 19 year olds were obese. In 2008, 20 percent of 6-11 year olds and 18 percent of 12-19 year olds were obese. In a population-based sample (2010), the CDC reported that 70 percent of obese youth had at least one risk factor for cardiovascular disease.

**Figure 99** illustrates childhood obesity by environment. Children who do not have access to certain environmental characteristics, such as sidewalks or walking paths, playgrounds, recreational centers and libraries and/or bookmobiles, are more likely to be overweight or obese.

**Figure 99. Childhood obesity by environment**

**Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10-17, By Neighborhood Built Environmental Characteristics**

Neighborhood characteristic	Obesity				Overweight			
	Weighted		Odds ratio, age-sex <sup>a</sup>	Odds ratio, covariate <sup>b</sup>	Weighted		Odds ratio, age-sex <sup>a</sup>	Odds ratio, covariate <sup>b</sup>
	Percent	SE			Percent	SE		
<b>Index of neighborhood built environment (mean index score = 100; SD = 20)</b>								
46.40-67.04 (low amenities)	19.72	1.79	1.44	1.34	37.38	2.10	1.41	1.29
67.05-81.39	18.60	1.35	1.36	1.44	32.92	1.44	1.17	1.18
81.40-104.99	17.20	0.86	1.22	1.21	32.31	1.01	1.13	1.09
105.00-116.40 (high amenities)	14.55	0.70	1.00	1.00	29.69	0.89	1.00	1.00
<b>Neighborhood access to sidewalks or walking paths</b>								
Yes	15.72	0.60	1.00	1.00	31.29	0.73	1.00	1.00
No	18.20	0.83	1.19	1.32	32.53	0.93	1.06	1.09
<b>Neighborhood access to parks or playgrounds</b>								
Yes	15.88	0.56	1.00	1.00	30.76	0.68	1.00	1.00
No	18.27	0.97	1.20	1.26	34.82	1.19	1.22	1.23
<b>Neighborhood access to a recreation center, community center, or boys' and girls' club</b>								
Yes	15.34	0.58	1.00	1.00	30.27	0.73	1.00	1.00
No	18.19	0.87	1.23	1.20	34.30	1.00	1.20	1.15
<b>Neighborhood access to a library or bookmobile</b>								
Yes	15.86	0.51	1.00	1.00	30.88	0.62	1.00	1.00
No	19.68	1.51	1.31	1.15	35.63	1.67	1.25	1.09

**SOURCE** National Survey of Children's Health, 2007. **NOTES** This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). *N* = 44, 101. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. The chi-square test for independence between each covariate and obesity or overweight prevalence was statistically significant at *p* < 0.05. SE is standard error. SD is standard deviation. <sup>a</sup>Adjusted by logistic regression for age and sex only. <sup>b</sup>Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. Neighborhood socioeconomic index and built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Source: National Survey of Children's Health, 2007

**Figure 100** illustrates socioeconomic factors affecting obesity. Children who live in neighborhoods that are unsafe or have problems with garbage/litter, dilapidated or run down housing, or vandalism are more likely to be overweight or obese.

**Figure 100. Socioeconomic factors affecting obesity**

**Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10-17, By Neighborhood Socioeconomic Conditions**

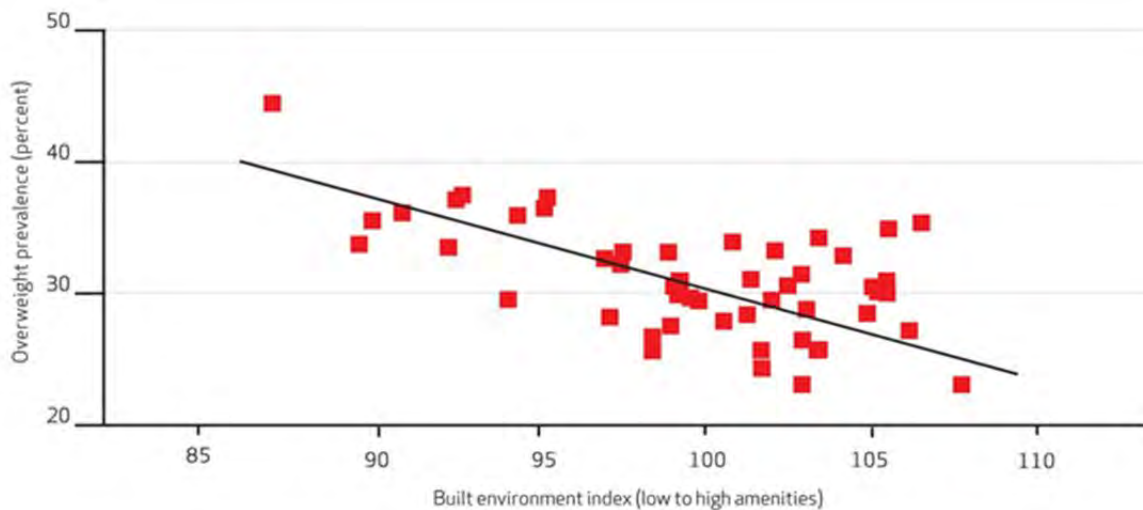
Neighborhood characteristic	Obesity				Overweight			
	Weighted Percent	SE	Odds ratio, age-sex <sup>a</sup>	Odds ratio, covariate <sup>b</sup>	Weighted Percent	SE	Odds ratio, age-sex <sup>a</sup>	Odds ratio, covariate <sup>b</sup>
Total population	16.37	0.49			31.64	0.59		
<b>Index of neighborhood socioeconomic conditions (mean index score = 100; SD = 20)</b>								
20.78-67.09 (least favorable)	19.74	1.99	1.45	0.99	36.96	2.23	1.41	0.97
67.10-88.32	20.32	2.21	1.52	1.06	33.89	2.31	1.24	0.90
88.33-104.99	19.30	1.19	1.40	1.09	34.85	1.41	1.27	1.01
105.00-111.40 (most favorable)	14.74	0.56	1.00	1.00	29.79	0.71	1.00	1.00
<b>Neighborhood safety</b>								
Safe	15.53	0.51	1.00	1.00	30.64	0.62	1.00	1.00
Unsafe	22.27	1.61	1.61	1.05	38.24	1.82	1.43	0.96
<b>Presence of garbage/litter in neighborhood</b>								
Yes	20.74	1.41	1.44	1.10	36.43	1.54	1.31	1.01
No	15.56	0.51	1.00	1.00	30.70	0.64	1.00	1.00
<b>Poorly kept or dilapidated/run down housing in neighborhood</b>								
Yes	19.63	1.50	1.31	1.04	36.32	1.65	1.29	1.04
No	15.86	0.51	1.00	1.00	30.85	0.63	1.00	1.00
<b>Vandalism such as broken windows or graffiti in neighborhood</b>								
Yes	17.28	1.65	1.09	0.84	33.65	1.95	1.13	0.87
No	16.27	0.51	1.00	1.00	31.38	0.62	1.00	1.00

**SOURCE** National Survey of Children's Health, 2007. **NOTES** This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). N = 44, 101. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. Chi-square test for independence between each covariate (except vandalism) and obesity or overweight prevalence was statistically significant at  $p < 0.05$ . SE is standard error. SD is standard deviation. <sup>a</sup>Adjusted by logistic regression for age and sex only. <sup>b</sup>Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. The neighborhood socioeconomic index and the built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Source: National Survey of Children's Health, 2007

**Figure 101** illustrates relationship between the neighborhood-built environment and U.S. childhood overweight prevalence at the state level. Mentioned also in the healthy environment chapter of this report, here built environment is described as it relates to childhood obesity. As defined by a public report by Karen Roof, M.S. and Ngozi Oleru, Ph.D., “the built environment is the human-made space in which people live, work, and recreate on a day-to-day basis. It includes the buildings and spaces we create or modify. It can extend overhead in the form of electric transmission lines and underground in the form of landfills.”<sup>2</sup> The report goes on to mention that “the design of our built environment affects the possibility of injury related to pedestrian and vehicular accidents, and it also influences the possibility of exercise and healthy lifestyles.”<sup>3</sup> As built environment index increases, overweight prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities are less likely to be overweight or obese.

**Figure 101. Neighborhood versus U.S. childhood overweight prevalence**



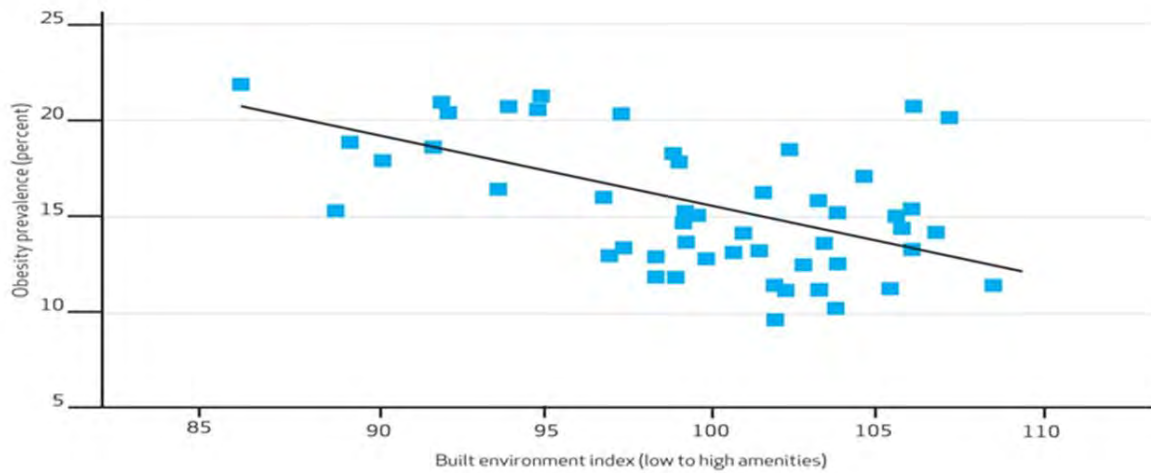
Source: National Survey of Children’s Health, 2007

<sup>2</sup> Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County’s push for the built environment, 71 (1). Retrieved from [http://www.neha.org/pdf/land\\_use\\_planning/JEH\\_JulAug\\_08\\_Seattle.pdf](http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf)

<sup>3</sup> Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County’s push for the built environment, 71 (1). Retrieved from [http://www.neha.org/pdf/land\\_use\\_planning/JEH\\_JulAug\\_08\\_Seattle.pdf](http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf)

**Figure 102** illustrates relationship between the neighborhood-built environment and U.S. childhood obesity prevalence at state level. As built environment index increases, obesity prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities such as playgrounds, ball fields/courts, school crosswalks, and sidewalks are less likely to be overweight or obese.

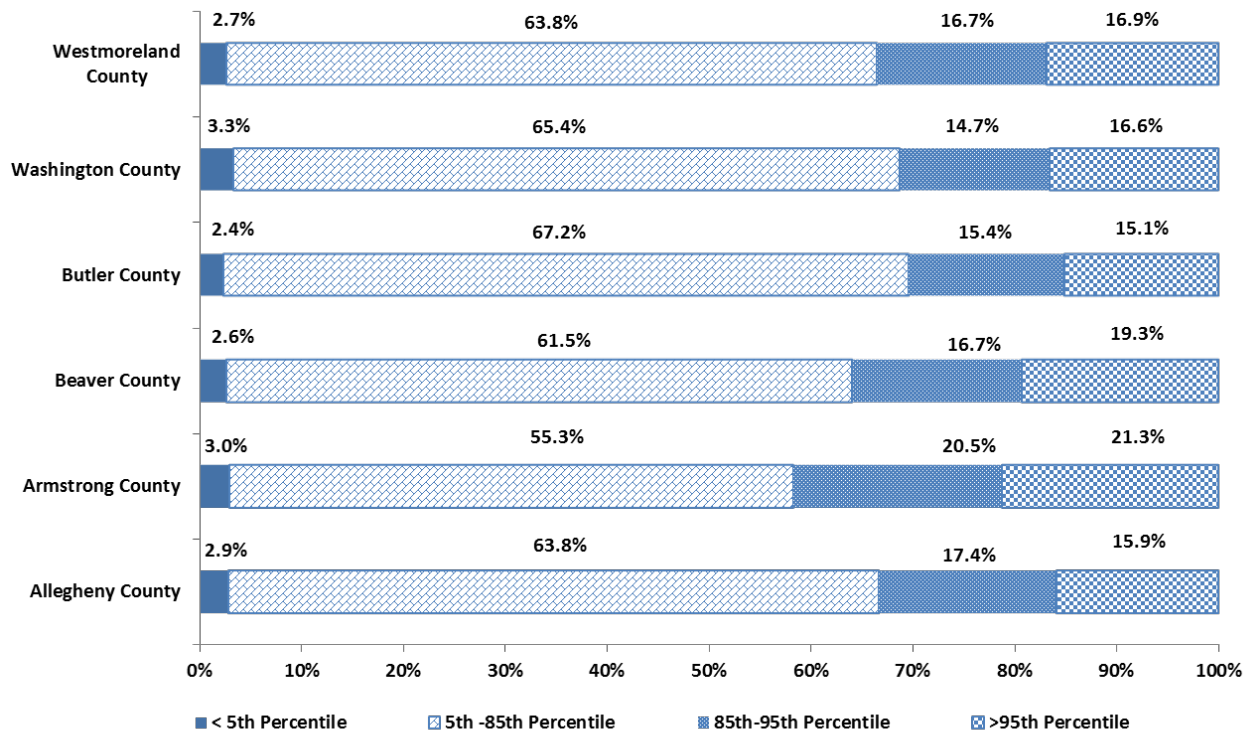
**Figure 102. Neighborhood versus obesity prevalence**



Source: National Survey of Children's Health, 2007

**Figure 103** illustrates the Body Mass Index (BMI) percentiles for children in kindergarten through grade six in Westmoreland, Washington, Butler, Beaver, Armstrong and Allegheny counties in 2010-2011. BMI is classified into four categories: (i) underweight where a person’s BMI is less than the 5<sup>th</sup> percentile; (ii) normal where the BMI is between the 5<sup>th</sup> percentile and the 85<sup>th</sup> percentile; (iii) overweight where a person’s BMI is between the 85<sup>th</sup> percentile and 95<sup>th</sup> percentile; and (iv) a person is considered obese if their BMI is great than the 95<sup>th</sup> percentile. In the service area counties, a sizable portion of children, ranging from 14.7 to 20.5 percent, are considered overweight based on their BMI. Similarly, a sizable portion of children, ranging from 15.1 to 21.3 percent, are considered obese based on their BMI. Only Butler County was below the HP 2020 Goal of 15.7 percent.

**Figure 103. BMI for age percentiles, grades K-6**



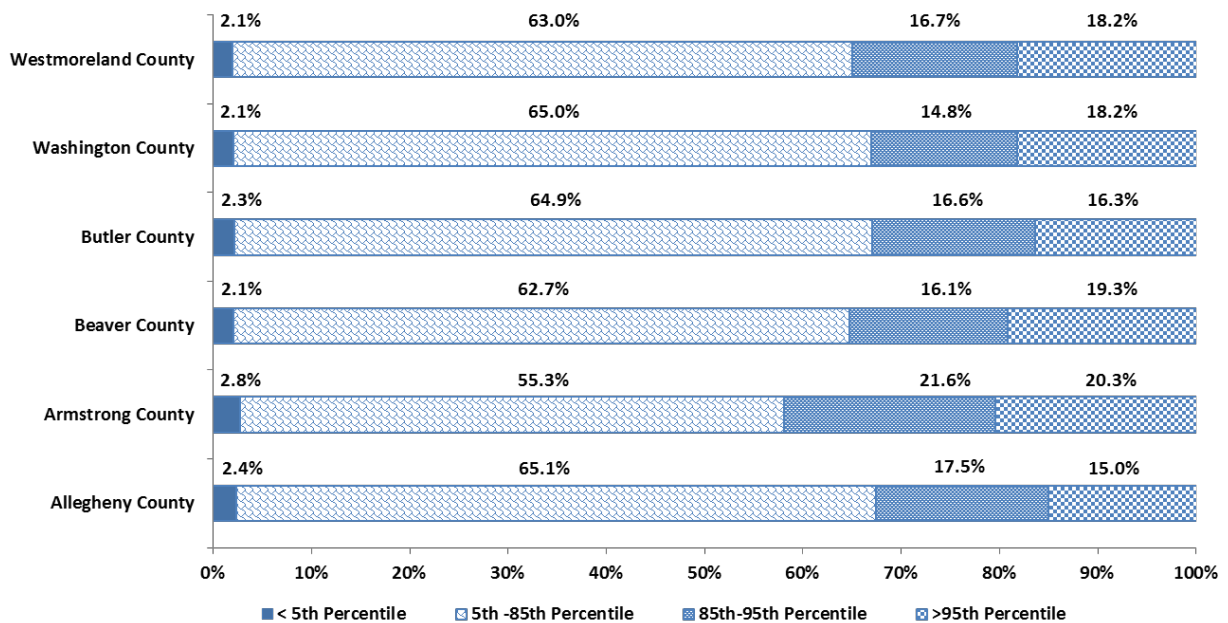
The Healthy People 2020 Goal for obesity is 15.70%.

Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 104** illustrates the Body Mass Index (BMI) percentiles for children in grades 7-12 in Westmoreland, Washington, Butler, Beaver, Armstrong and Allegheny counties. In the service area counties, a sizable portion of children, ranging from 14.8 to 21.6 percent, are considered overweight based on their BMI. Similarly, a sizable portion of children, ranging from 15.0 to 20.3 percent, are considered obese based on their BMI. BMI is classified into four categories: (i) underweight where a person’s BMI is less than the 5<sup>th</sup> percentile; (ii) normal where the BMI is between the 5<sup>th</sup> percentile and the 85<sup>th</sup> percentile; (iii) overweight where a person’s BMI is between the 85<sup>th</sup> percentile and 95<sup>th</sup> percentile; and (iv) a person is considered obese if their BMI is great than the 95<sup>th</sup> percentile. Only Allegheny County was below the HP 2020 goal of 16.0 percent.

**Figure 104. BMI for age percentiles, grades 7-12**



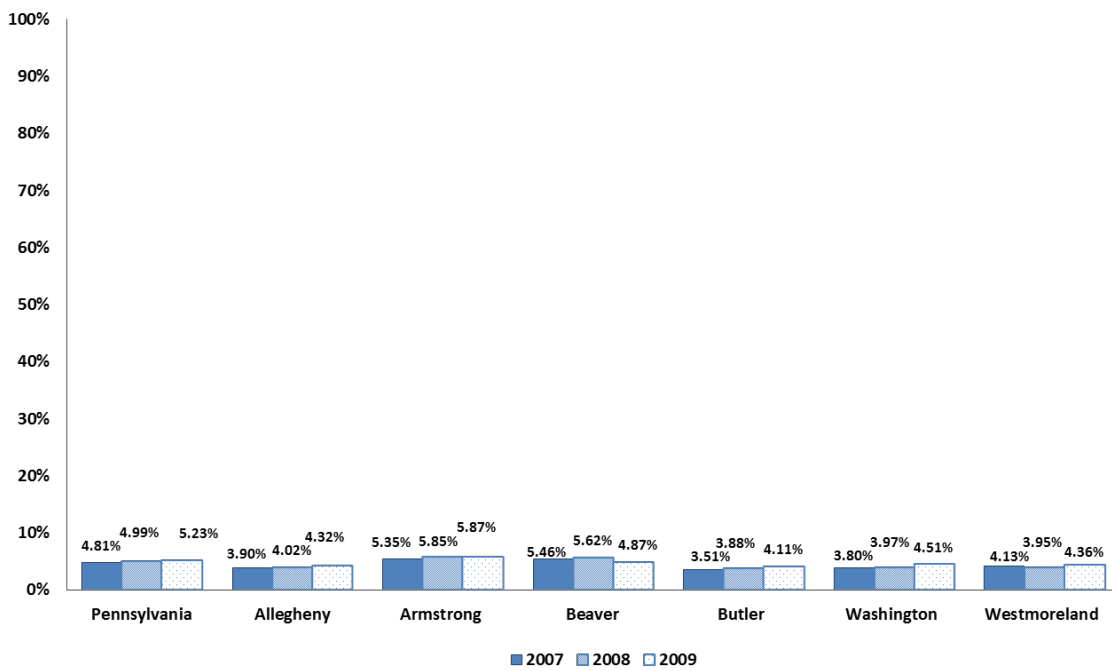
The Healthy People 2020 Goal for obesity is 16.0%.

Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 105** illustrates the percentage of students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2009. The percentage in Allegheny, Butler, Washington and Westmoreland counties was less than the Pennsylvania rate for all three years, while Armstrong and Beaver counties were higher (except Beaver in 2009). An increasing trend can be seen in the state and service area counties, except for Beaver County.

**Figure 105. Students with diagnosed ADHD**



Source: Pennsylvania Department of Health, Student Health Records

**Figure 106** illustrates Allegheny County Head Start statistics at the beginning and end of enrollment year, 2010-11. In the Allegheny County Head Start program, there were 1,611 children served through 58 Allegheny Intermediate Unit (AIU) classrooms, 21 partnering providers and 32 home-based service groups. While the percentages of children with health insurance and immunizations increased over the year in excess of 90 percent, only approximately 65 percent of the children completed dental exams. Of those who completed dental exams, 18 percent of them needed professional dental treatment and less than half of them actually followed up and received treatment.

**Figure 106. Allegheny County Head Start statistics**

Allegheny County Head Start Statistics*	Beginning of Enrollment Year	End of Enrollment Year
Children with health insurance	85.4%	99.4%
Children with up to date immunizations, or exempt	36.2%	96.5%
Children with dental home	75.4%	89.9%
Children completing dental exams		64.9%
Children needing professional dental treatment		18%
Children receiving dental treatment (of those referred)		44.5%

Source: AIU Head Start/Early Head Start Needs Assessment, 2012

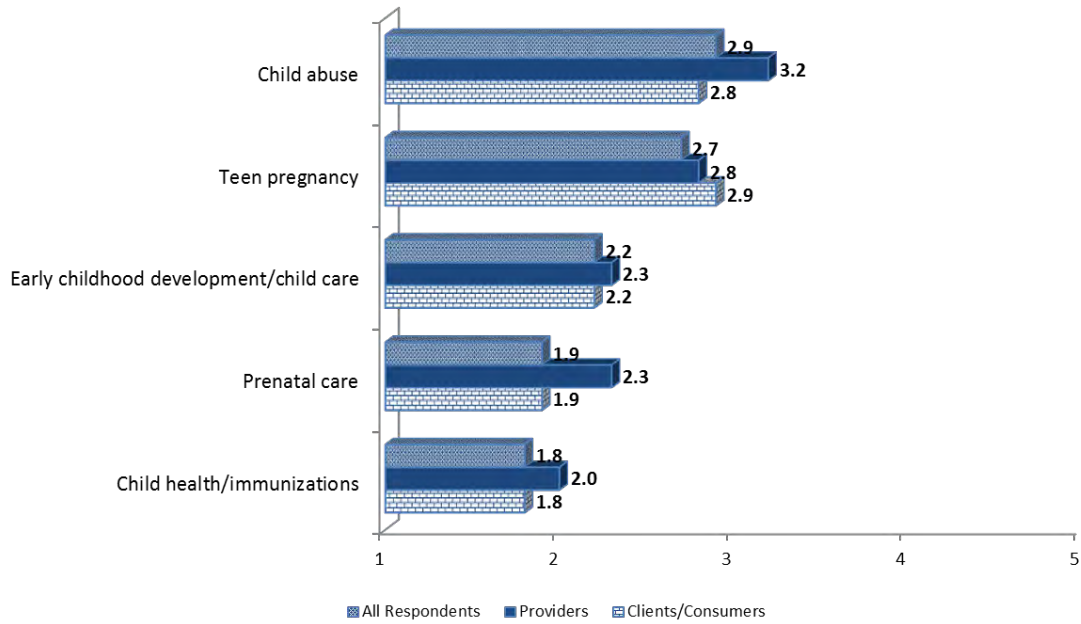
## Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by the five WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 107** illustrates the focus group responses for those topics relating to healthy mothers, babies and children. Focus group respondents were asked to rate a number of community needs and issues on a five point scale where 5= Very Serious Problem and 1= Not a Problem. Respondents rated child abuse and teen pregnancy as the topic areas of highest concern within this topic area. Each were rated as “somewhat of a problem” in the community. Providers were more likely to rate child abuse, early childhood development, prenatal care and child health/immunizations as a more serious problem in the community, while clients/consumers rated teen pregnancy as a more serious community problem.

**Figure 107. Focus Groups: Healthy mothers, babies and children**

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were asked to identify and discuss what they perceived as the top health or health-related problems in their community. The following were community health problems that were identified which had to do with healthy mothers, babies and children.

Discussion among focus group participants regarding maternal and child health issues was limited because the issues and challenges in this topic area did not rate as a high priority as compared to much of the other areas discussed.

### **Stakeholder Input**

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

Infant death was cited as a key issue in the community among stakeholders interviewed because of the high infant death rates in the primary service area of WPAHS. As children age, additional health issues arise. The rate of childhood obesity was also identified as a problem. Some stakeholders perceive that the autism diagnosis rate is increasing, as are the numbers of physically disabled or special needs children. Among these stakeholders there was the perception that the rising rates may be linked to environmental factors.

Teen pregnancy is also perceived to be on the rise in the WPAHS region. A number of stakeholders commented on this and shared their opinion that this rise is due to a lack of education for teen girls. There is a perception among stakeholders that sex education is not effective.

Stakeholders indicated that issues related to parenting and child care impact health status, the ability to learn, and ultimately population health, and these need to be priority issues for the future.

### Healthy Mothers, Babies & Children Conclusions:

While women across the WPAHS service region are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women smoke in many counties of the service territory. With the exception of Butler County, women across the service region are also less likely to breastfeed. Teen pregnancy rates in the region are declining and the rate of live births to teens in Allegheny County is also lower than the state. Infant mortality rate in Allegheny County is higher than the state rate and significantly higher among the black population. Head Start students have a high need for dental care.

Sizable portions of the student population are classified as either overweight or obese based on their BMI and many engage in risky behavior.

Overall, there are a number of conclusions regarding healthy mothers, babies and children-related issues from all of the quantitative and qualitative data presented. They include:

- Women across the WPAHS service region are more likely to access prenatal care during the first trimester of pregnancy as compared to women across the state, with the exception of residents of Beaver County.
- A significantly higher portion of pregnant women living in Armstrong, Beaver, Washington and Westmoreland counties smoked during pregnancy compared to those across Pennsylvania.
- Mothers in Allegheny, Butler, Washington and Westmoreland counties were significantly less likely to report using Women Infants and Children (WIC) assistance than those across the state. Mothers in Armstrong and Beaver counties in 2008 and 2010 were significantly more likely, compared to mothers across the state, to access WIC services.
- A significantly higher portion of mothers in Butler County compared to the state, breastfed their infants. A significantly lower portion of mothers in Armstrong, Washington, and Westmoreland counties, compared to mothers across the state, breastfed their infants.
- In 2010, the CDC reported a record low in teen births nationally. From 1991 to 2010, there was a 44 percent decline in national teen birth rates.
- The teen pregnancy rate in Butler, Washington and Westmoreland counties were significantly lower than that of the state in 2007, 2008, 2009 and 2010. Teen pregnancy rates in Allegheny County were significantly lower than those across Pennsylvania in 2007, 2008 and 2009.
- The percent of teen pregnancies (age 15-19) that resulted in a live birth was significantly lower in Allegheny County than the percent of teen pregnancies across Pennsylvania that resulted in a live birth in 2007, 2008, 2009 and 2010.

- In Armstrong and Beaver counties in 2010, Butler County in 2008, and Washington County in 2008 and 2009, the percentage of teen pregnancies (age 15-19) that resulted in a live birth in were significantly higher, compared to the state.
- Both K-6 and 7-12 data indicate that childhood obesity is potentially a greater problem in Armstrong County than in the surrounding areas.
- Infant mortality in the black population in Allegheny County has decreased in recent years, but is still significantly higher than in the white population.
- A sizable portion of the youth population in Allegheny County (15 percent or more) has engaged in risky behaviors. About a quarter (27 percent) indicated that they are frequently depressed or have attempted suicide; more than a third (34 percent) has engaged in three or more acts of violence in the past 12 months.
- Compliance with follow-up dental treatment among Head Start children is a challenge (only 44.5 percent of those referred received treatment).

Conclusions from the focus groups and interviews included:

- While child abuse, teen pregnancy and early childhood development are the top issues within the maternal/child health category, none of them were on the list of top health priority issues in any of the individual focus groups.
- Stakeholders indicated that issues related to parenting and child care impact health status, the ability to learn, and ultimately population health, and these need to be priority issues for the future.



(This page intentionally left blank)

(This page intentionally left blank)

# INFECTIOUS DISEASE





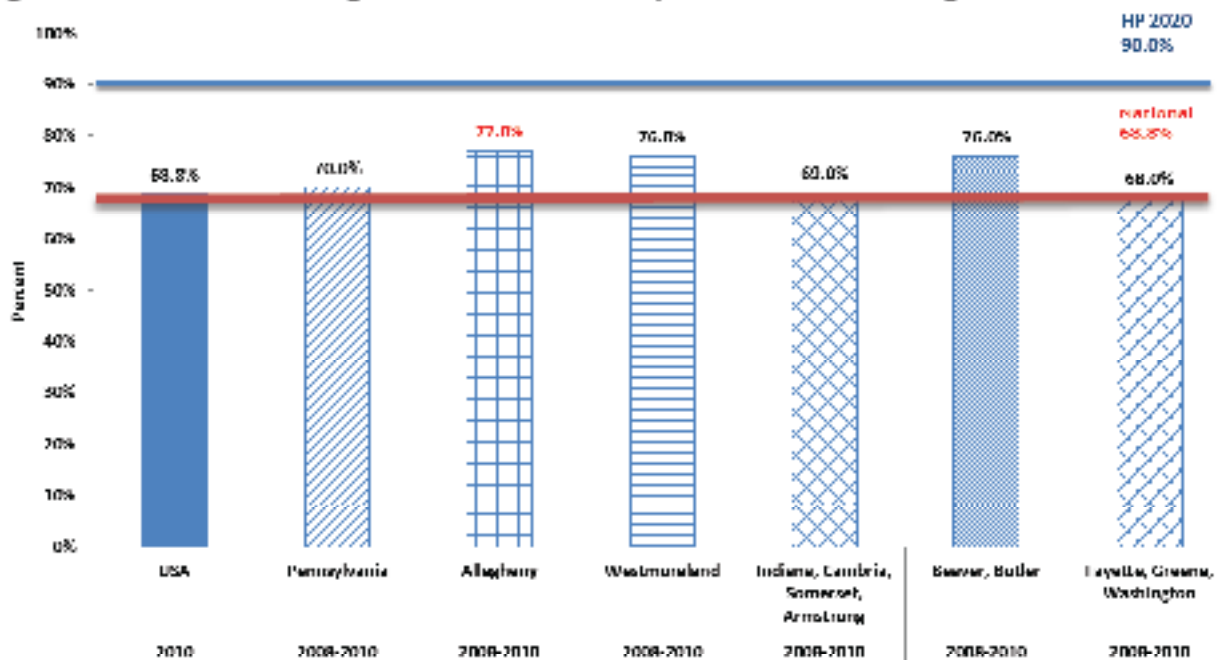
(This page intentionally left blank)

## Infectious Diseases

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality, diseases which place on populations heavy burdens of disability, and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). Infectious disease topics contained in the Pennsylvania BRFSS and reported within this chapter include: pneumonia vaccination, flu and pneumonia mortality, chlamydia, gonorrhea and HIV. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 108 illustrates the percentage of adults who had a pneumonia vaccine, age 65 and above, in the United States, in Pennsylvania, and in the service area counties including Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. County-level percentages were comparable to or higher than the Pennsylvania and national rates, with Allegheny County (77.0 percent) being significantly higher than the state. All rates were well below the HP 2020 goal of 90.0 percent.

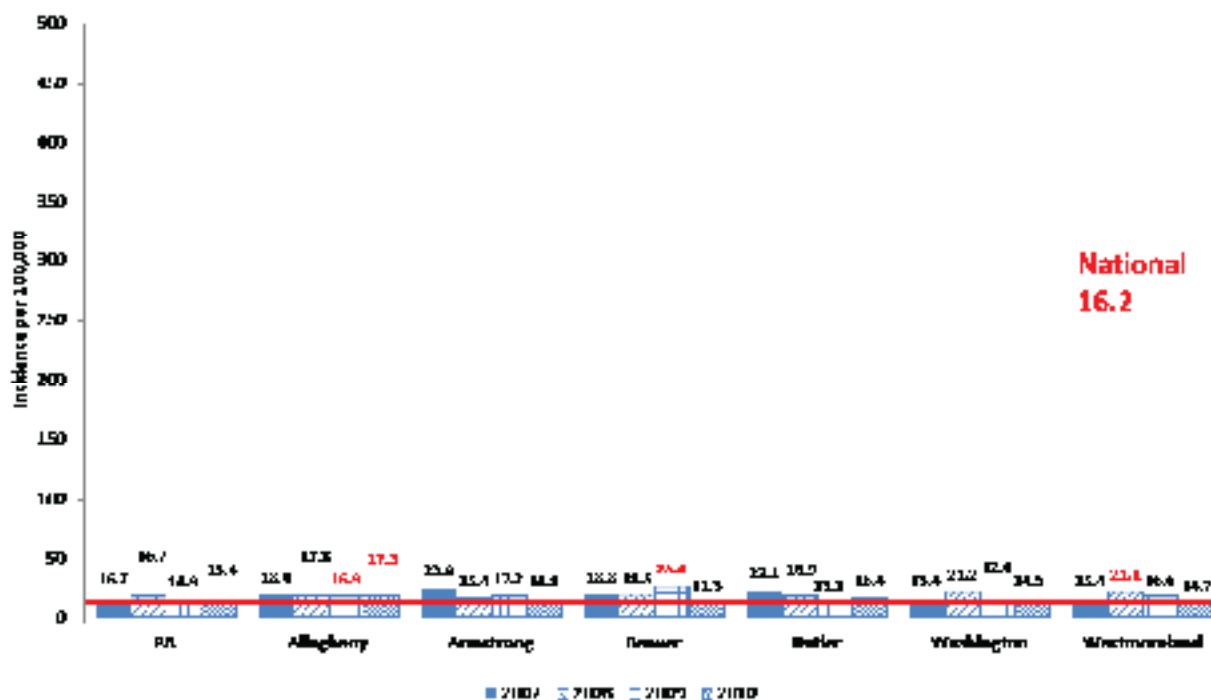
**Figure 108. BRFSS-Percentage of adults who had a pneumonia vaccine, age GE 65**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

Figure 109 illustrates the influenza and pneumonia mortality rate, per 100,000, in the United States and Pennsylvania, as well as in the service area counties for the years 2007 through 2010. County-level rates fluctuated over the period, but were significantly higher than Pennsylvania in the following counties: Allegheny for the years 2009 and 2010, Beaver in 2009, and Westmoreland in 2008. Over the four years, a decreasing trend can be seen in Pennsylvania and the service area counties, except for Washington County. When compared to the national mortality rate of 16.2 for 2010, only Allegheny and Butler counties had higher mortality rates.

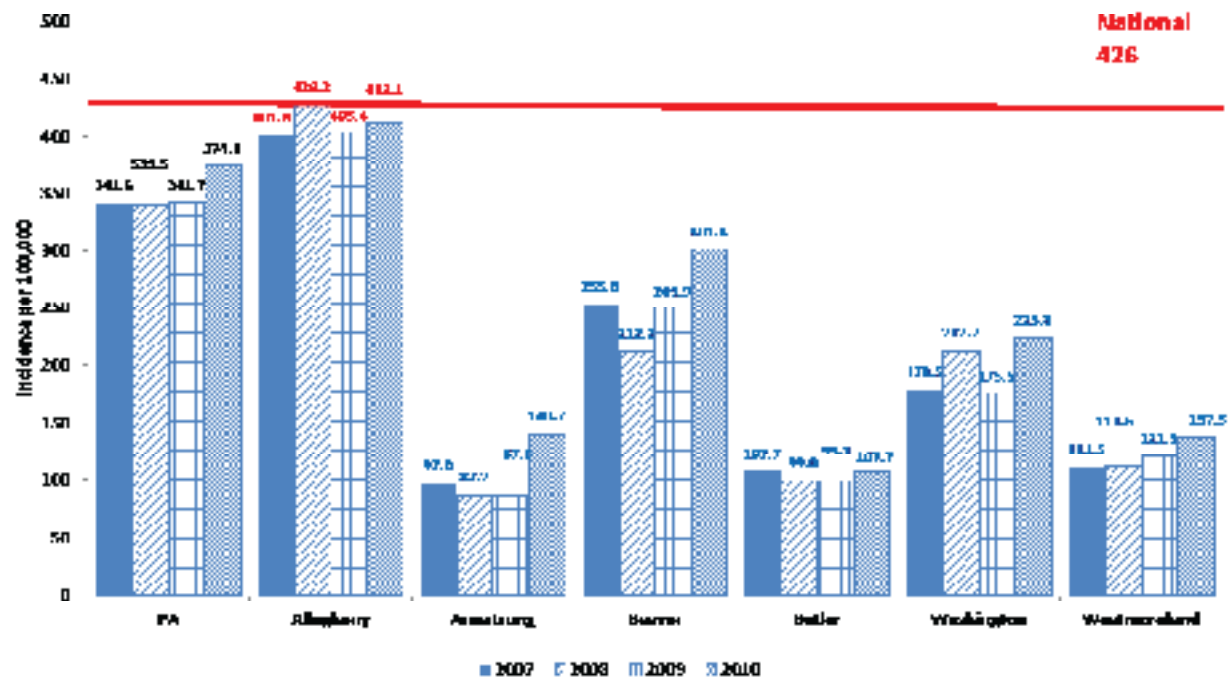
Figure 109. Influenza and pneumonia mortality rates



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 110 illustrates incidence rates of chlamydia in Pennsylvania and the service area counties for the years 2007 through 2010. The rate in all service area counties was significantly less than Pennsylvania, except Allegheny County, which was significantly higher than the state. Over the four years, an increasing trend is shown throughout Pennsylvania. Service-area county rates, except for Butler County, remained relatively constant over the four years.

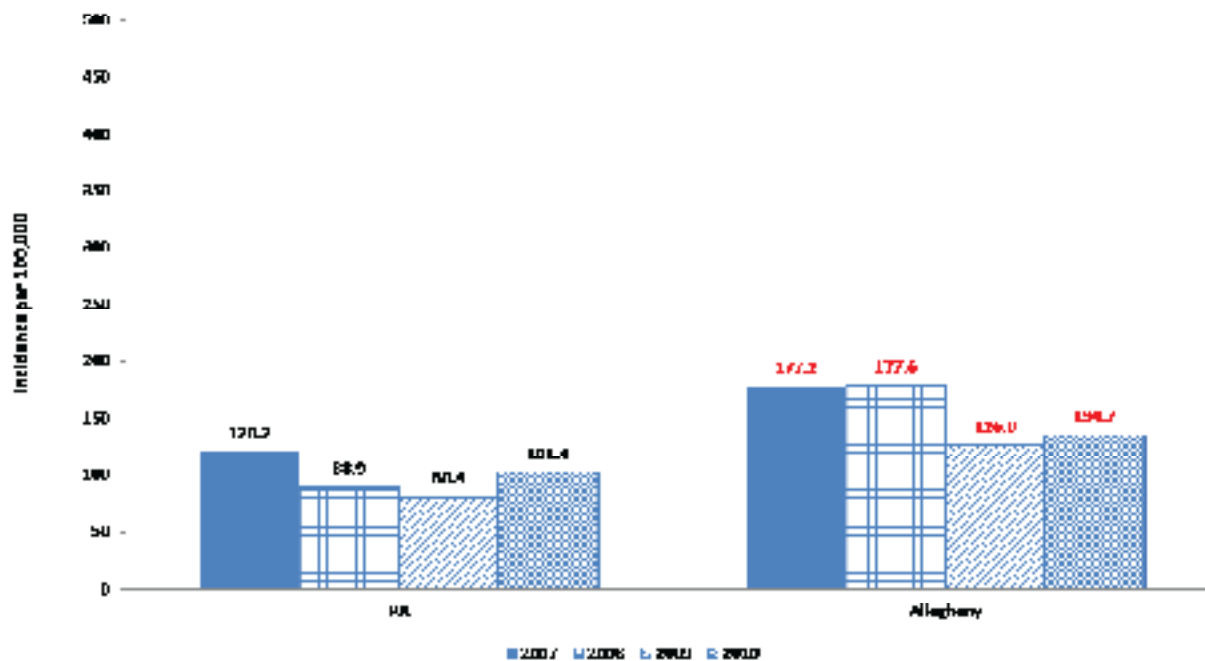
Figure 110. Chlamydia incidence rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 111 illustrates incidence rates of gonorrhea in Pennsylvania and Allegheny County for the years 2007 through 2010. Rates for the other counties in the service area were too low for the Pennsylvania BRFSS to measure. The rate in Allegheny County was significantly higher than in Pennsylvania for the years 2007 through 2010. Both Allegheny County and the state, however, showed a decreasing trend over the same period of time.

Figure 111. Gonorrhea incidence rate



Source: Pennsylvania Department of Health



Figure 112 illustrates incidence rates of syphilis in Pennsylvania and Allegheny County for the years 2007 through 2010. Rates for the other counties in the service area were too low for the Pennsylvania BRFSS to measure. The rate in Allegheny County was higher than Pennsylvania from 2007 to 2008 (significantly so in 2007), but the rate was less than the state in 2009 and 2010. Over the four years, Pennsylvania showed an increasing trend, while Allegheny County showed a decreasing trend.

Figure 112. Syphilis incidence rate

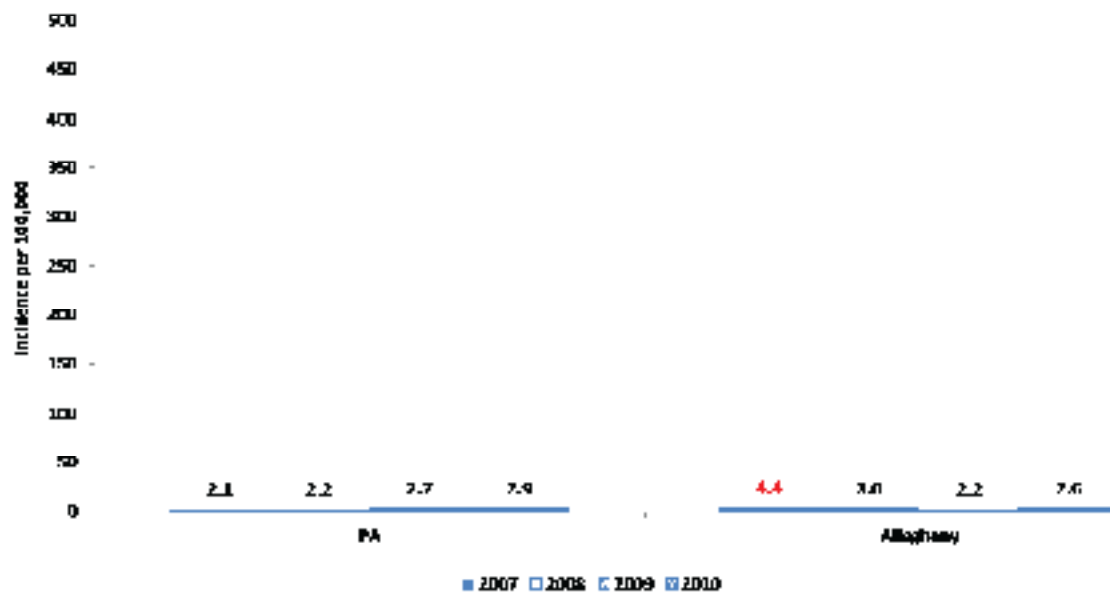
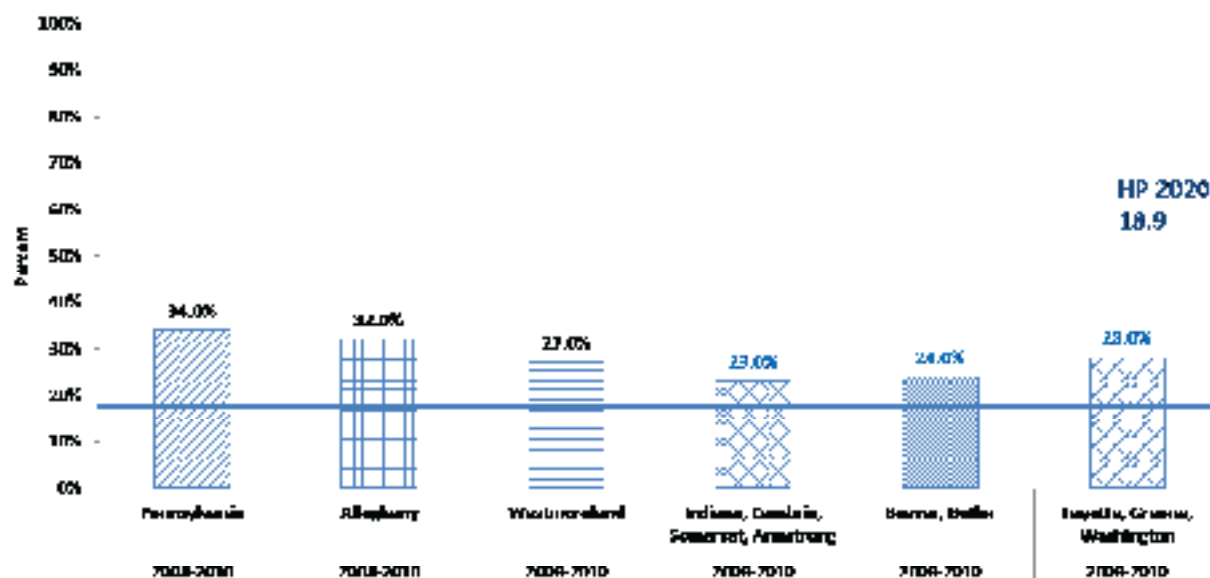


Figure 113 illustrates the percentage of adults, age 18 to 64, who have ever been tested for HIV in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rate within the service region ranged from a significantly lower 23.0 percent in Indiana, Cambria, Somerset and Armstrong counties to a high of 32.0 percent for those who resided in Allegheny County. Overall, county-level data was less than Pennsylvania, and significantly less in Beaver, Butler, Fayette, Greene and Washington counties. All percentages were above the HP 2020 goal of 18.9 percent.

Figure 113. BRFSS-Percentage of adults age 18 to 64 ever tested for HIV



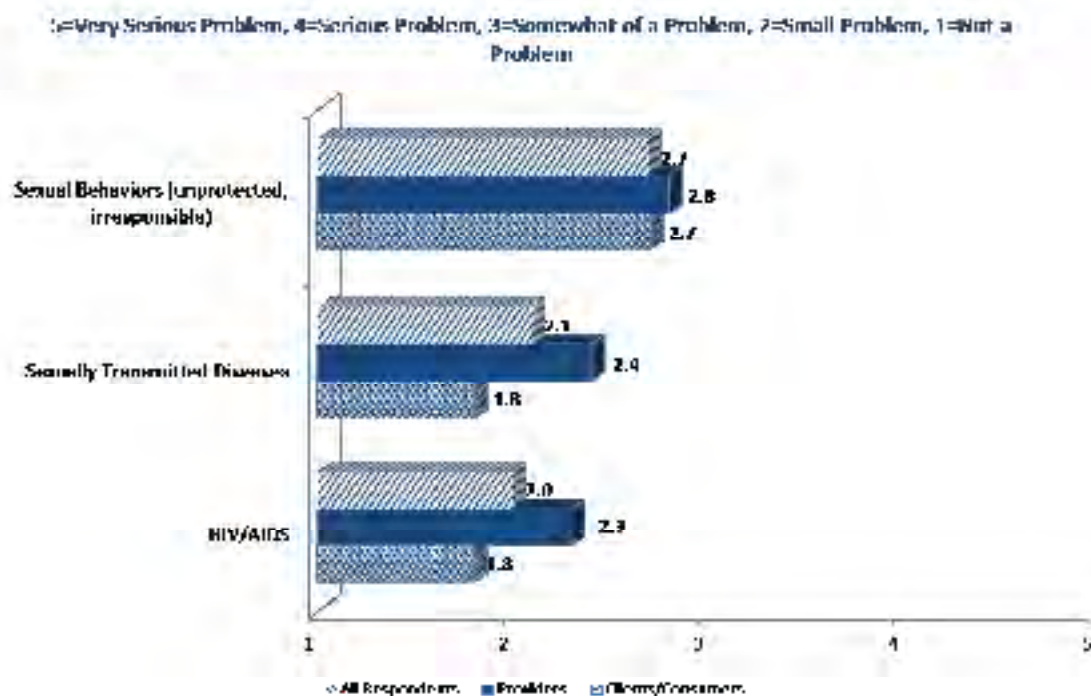
Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)

### **Focus Group Input**

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

Figure 114 illustrates focus group responses related to infectious disease. Respondents were asked to rate a list of community needs and issues on a five point scale where 5= Very Serious Problem and 1= Not a Problem. Respondents felt sexual behaviors were the most serious problem in their community related to infectious disease, although it was rated only somewhat of a problem in the community. Providers were more likely to rate sexually transmitted diseases and HIV/AIDS as more serious problems in the community than clients/consumers.

**Figure 114. Infections disease**



Focus group participants were asked to identify and discuss what they perceived to be the top health or health-related problems in their community. The following were community health problems that were identified which had to do with infectious disease. Similar to maternal and child health, as compared to other issues, focus group participants did not identify infectious disease as a top concern. Although a few groups did express concerns regarding the growing incidence of sexually transmitted diseases and HIV in the senior population.

### **Stakeholder Input**

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews. A number of stakeholders identified hospital-acquired infections as a key issue in the community that needs to be addressed, with the noted perception that in general, the infection rates in hospitals are increasing. A few stakeholders suggested a need to retrain health care professionals in an effort to reduce hospital infections, with a focus on hospital safety.

Stakeholders also mentioned that HIV/AIDS is a concern and the stigma associated with it becomes a barrier to accessing care. A comment was also made that the HIV/AIDS is much higher in Western Pennsylvania than nationally, which again is the perception of a stakeholder and does not correlate to data provided in this chapter.

### **Infectious Disease Conclusions**

There are a number of conclusions regarding infectious disease-related issues from all of the quantitative and qualitative data presented. They include:

- One of the HP 2020 goals is that 90 percent of all adults over the age of 65 will have gotten a pneumonia vaccine. The proportion of adults over 65 who receive their pneumonia shot across Pennsylvania and the WPAHS primary service region did not meet that goal. However, a significantly higher proportion of seniors in Allegheny County reported receiving their pneumonia shot.
- Chlamydia and gonorrhea incidence rates are significantly higher in Allegheny County compared to those across Pennsylvania.
- Compared to Pennsylvania, a significantly smaller proportion of individuals living in the Indiana-Cambria-Somerset-Armstrong county region, the Beaver-Butler county region and the Fayette-Greene-Washington county region have ever been tested for HIV.

Conclusions from the Focus Groups and Interviews included:

- Focus group participants indicated that sexual behaviors, sexually transmitted diseases and HIV/AIDS are top issues.
- Stakeholders expressed concern over hospital infections rates and the prevalence of HIV/AIDS.

(This page intentionally left blank)

(This page intentionally left blank)



# MENTAL HEALTH AND SUBSTANCE ABUSE





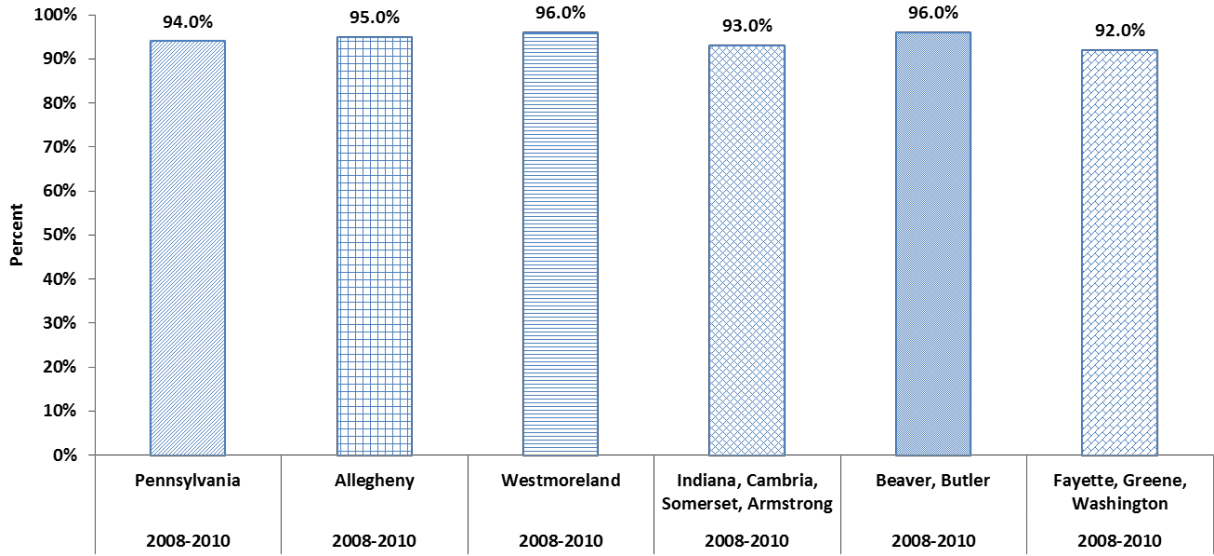
(This page intentionally left blank)

## Mental Health & Substance Abuse

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Mental health and substance abuse topics explored include: quality of life, mental health, alcohol and other drug use and abuse. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 115** illustrates the percentage of adults satisfied or very satisfied with their life in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rates ranged from 92.0 percent in Fayette, Greene and Washington counties to 96.0 percent of respondents in Westmoreland and Beaver/Butler counties. County-level rates were comparable to or higher than the Pennsylvania rate.

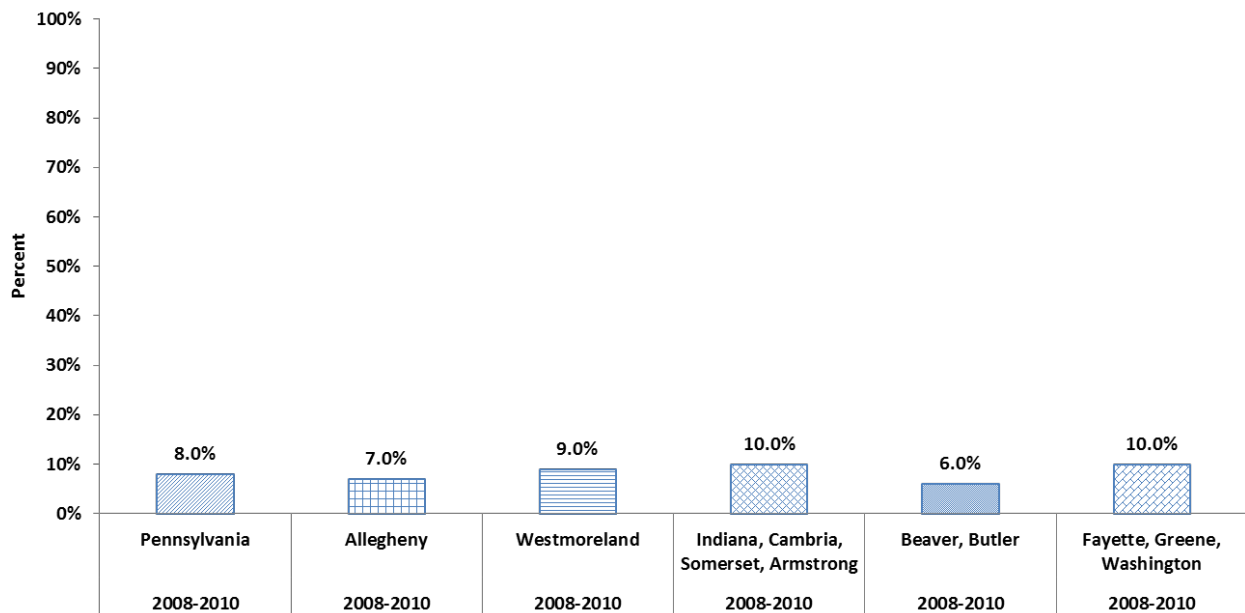
**Figure 115. BRFSS-Percentage of adults satisfied or very satisfied with their life**



Source: Pennsylvania Department of Health

**Figure 116** illustrates the percentage of adults who reported they never or rarely received the social and emotional support they needed in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. County-level rates were comparable to the Pennsylvania rate, ranging from 6.0 percent in Beaver/Butler counties to 10.0 percent in Armstrong and Washington counties.

**Figure 116. BRFSS-Percentage of adults who reported never or rarely received the social and emotional support they needed**

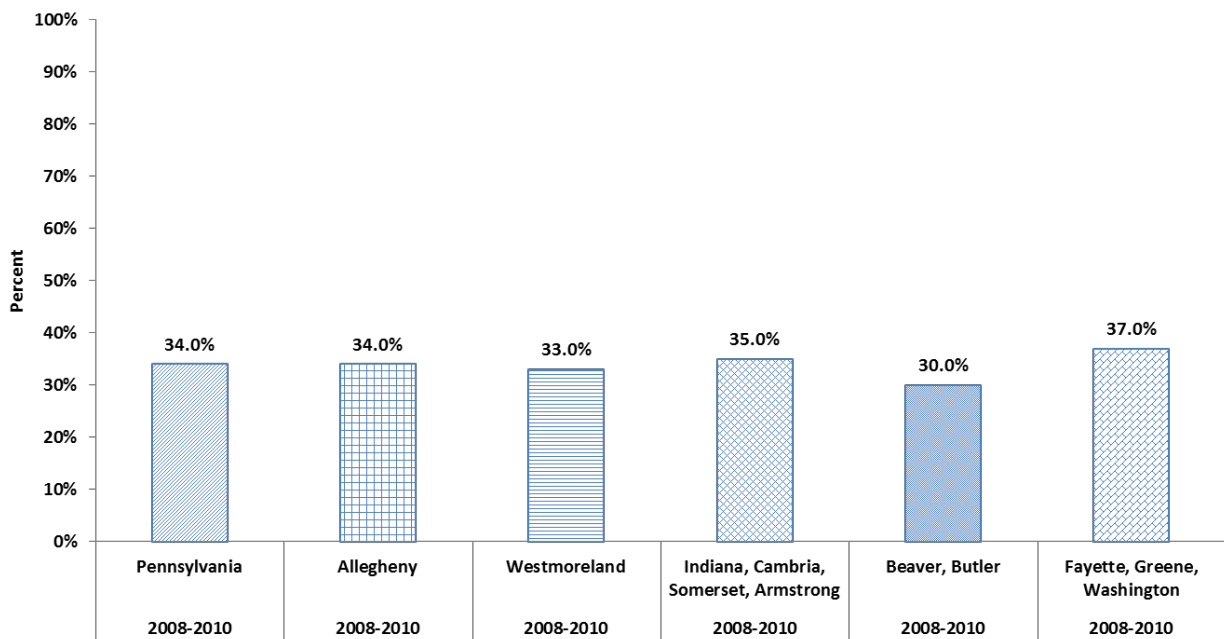


Source: Pennsylvania Department of Health



**Figure 117** illustrates the percentage of adults who reported their mental health as not good one or more days in the past month in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. Approximately one third of the population reported their mental health as not good one or more days in the past month. The rates within the service region were comparable to Pennsylvania and ranged from 30.0 percent in Beaver/Butler counties to 37.0 percent for those residing Washington County.

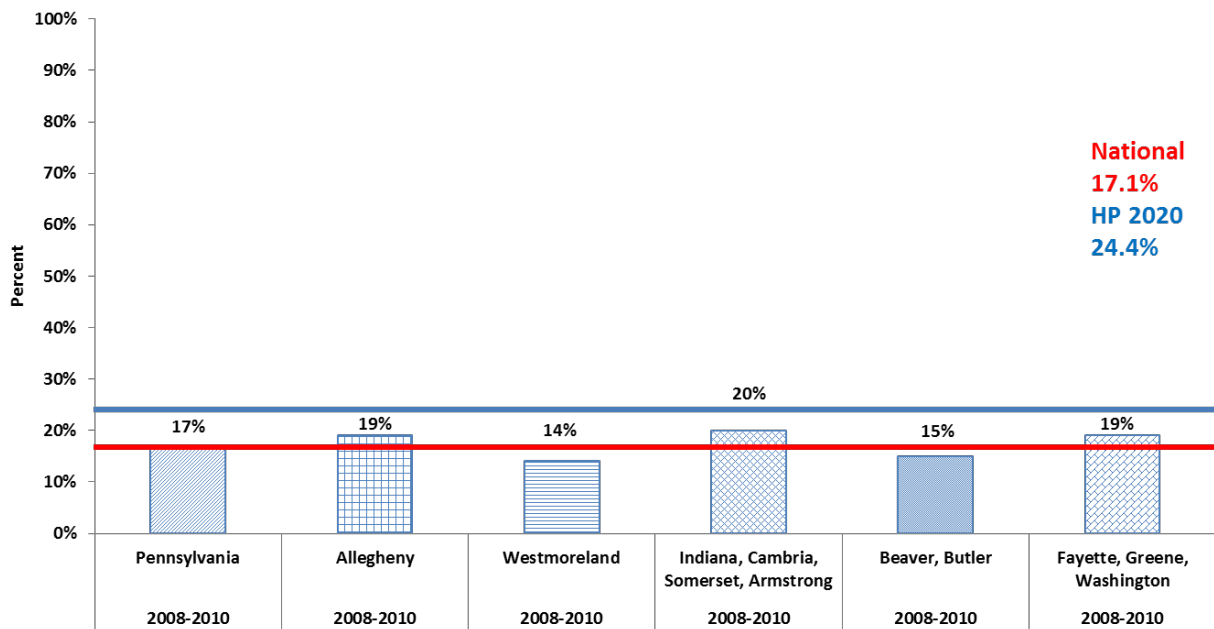
**Figure 117. BRFSS-Percentage of adults who reported their mental health as not good 1+ days in the past month**



Source: Pennsylvania Department of Health

**Figure 118** illustrates the percentage of adults who reported binge drinking on one occasion in the United States, in Pennsylvania, and throughout the counties of the service region for the years 2008 through 2010. Rates were comparable to the Pennsylvania and national percentages, ranging from 14.0 percent in Westmoreland County to a high of 20.0 percent for those who resided in Armstrong County. All of the rates exceeded the Healthy People 2020 Goal (24.4 percent).

**Figure 118. BRFSS-Percentage of all adults who reported binge drinking (5 drinks for men and 4 drinks for women on one occasion)**

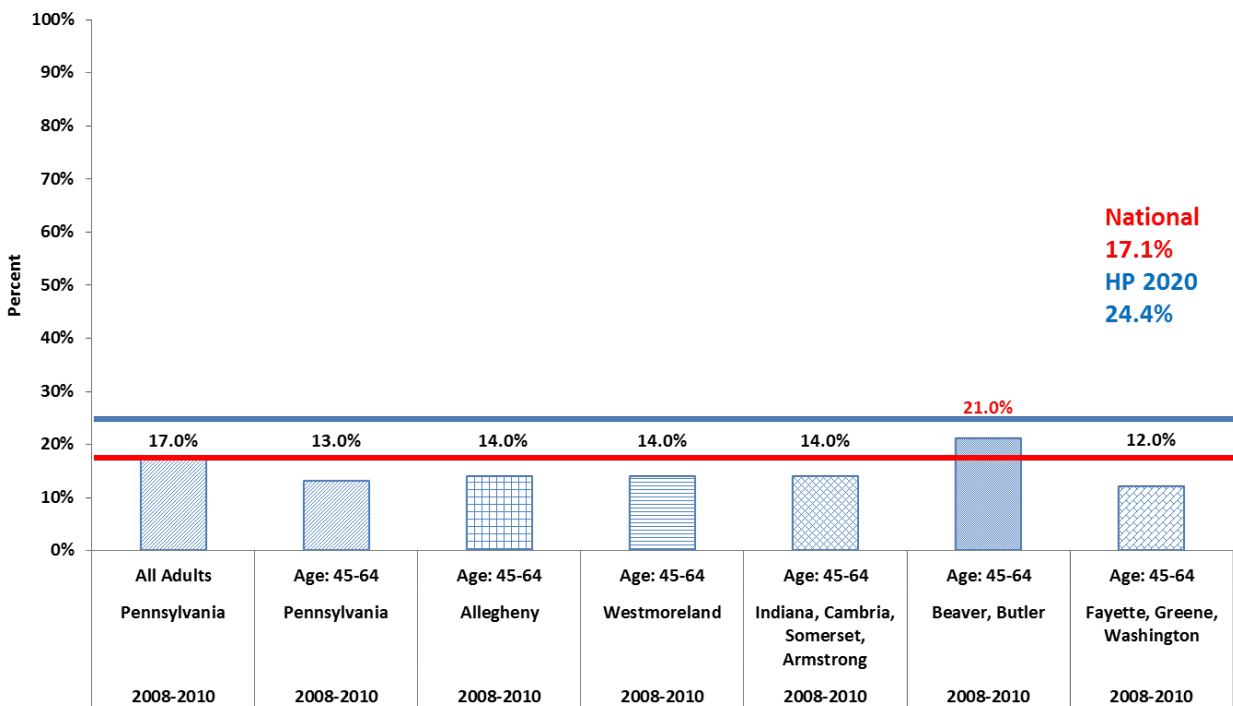


Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 119** illustrates the percentage of adults age 45 -64 who reported binge drinking on one occasion in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. Binge drinking rates for ages 45-64 ranged from 12.0 percent in Washington County to 21.0 percent in Beaver/Butler counties. Rates in this age group were lower than the Pennsylvania rate (17.0 percent) in all service-area counties except Beaver/Butler. In all counties, the rates exceeded the Healthy People 2020 goal of 24.4 percent.

**Figure 119. BRFSS -Percentage of adults ages 45-64 who reported binge drinking by age (5 drinks for men and 4 drinks for women on one occasion)**

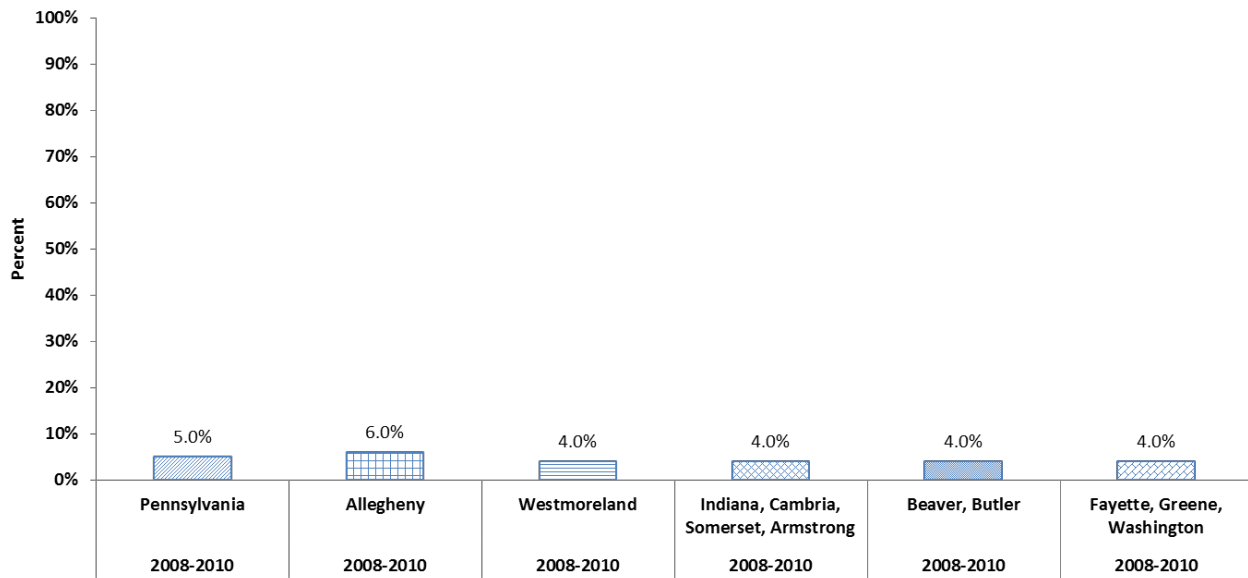


Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 120** illustrates the percentage of adults at risk for heavy drinking in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. The rate in all service-area counties was slightly less than Pennsylvania at 4.0 percent, except for Allegheny County which was slightly higher than the state at 6.0 percent.

**Figure 120. BRFSS-Percentage of all adults at risk for heavy drinking (2 drinks for men and 1 drink for women daily)**

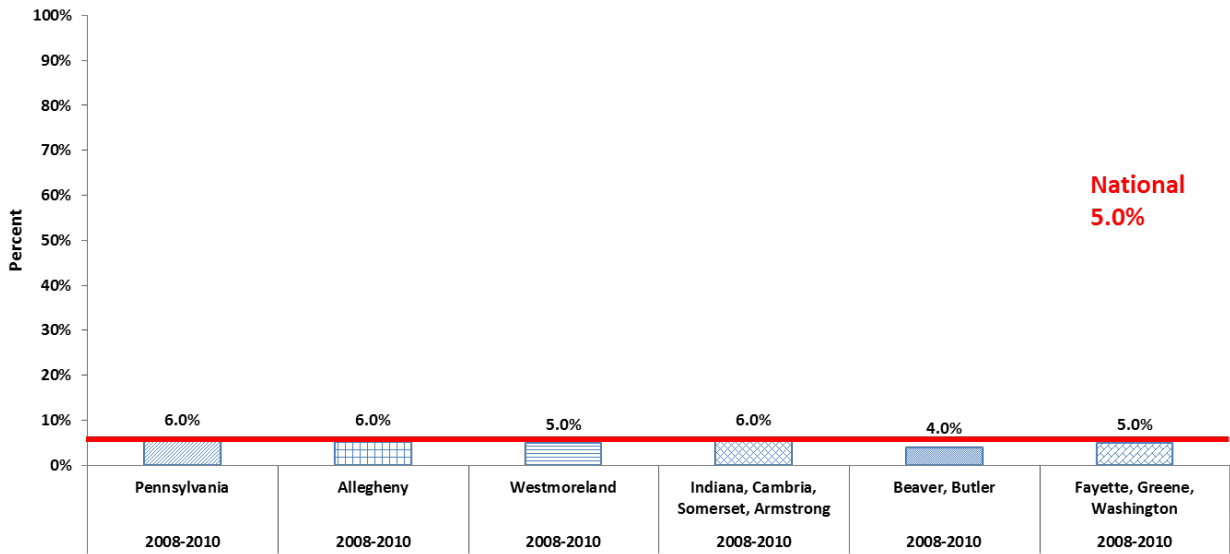


Source: Pennsylvania Department of Health



**Figure 121** illustrates the percentage of adults who reported chronic drinking in the United States, in Pennsylvania and throughout the counties of the service region for the years 2008 through 2010. County-level rates were comparable to national and Pennsylvania rates, ranging from 4.0 percent to 6.0 percent.

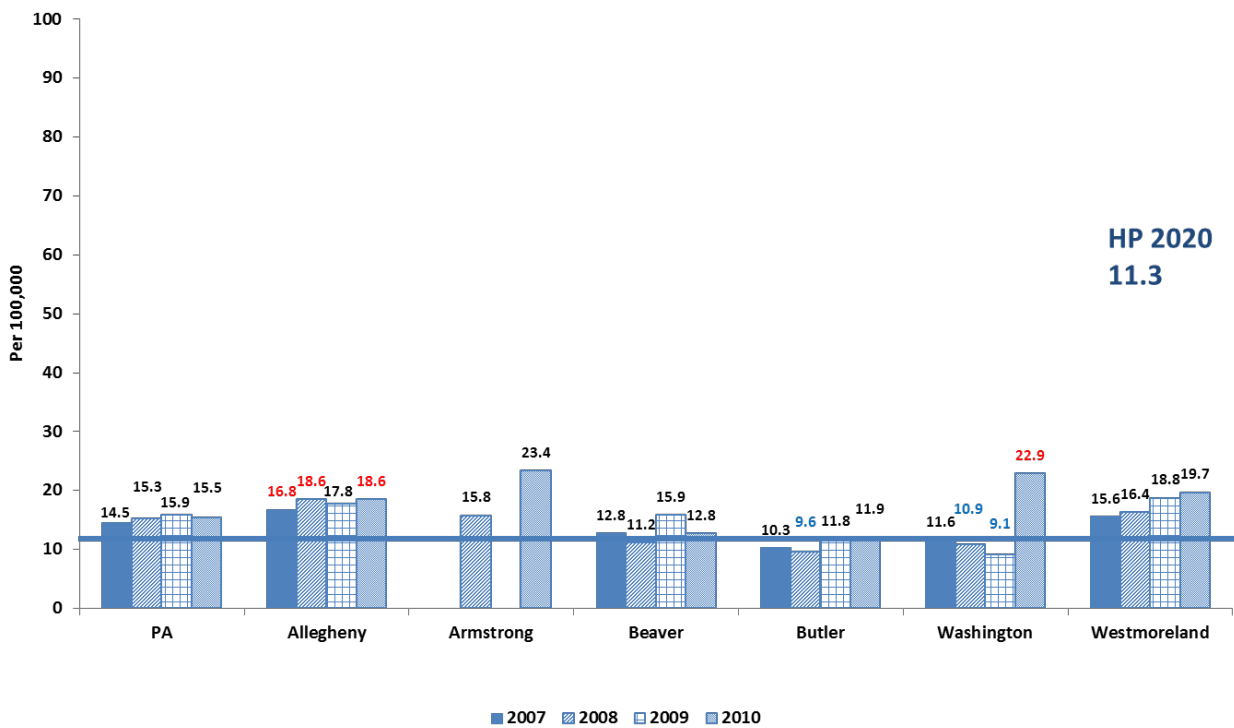
**Figure 121. BRFSS-Percentage of adults who reported chronic drinking (2 or more drinks daily for the past 30 days)**



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 122** illustrates drug-induced mortality rates in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010. Based on the available data, rates in Allegheny, Armstrong and Westmoreland counties were higher than Pennsylvania for the years 2007 through 2010, with the Allegheny County rate significantly higher in years 2007, 2008 and 2010. Rates in Beaver, Butler and Washington counties were lower than the state over the same period, except for Washington County in 2010. Over the four years, Pennsylvania and all service-area counties showed an increasing trend. With the exception of Beaver County in 2007 and 2008 and Washington County in 2008 and 2009, the rates were above the Healthy People 2020 Goal of 11.3.

**Figure 122. Drug-induced mortality rates**

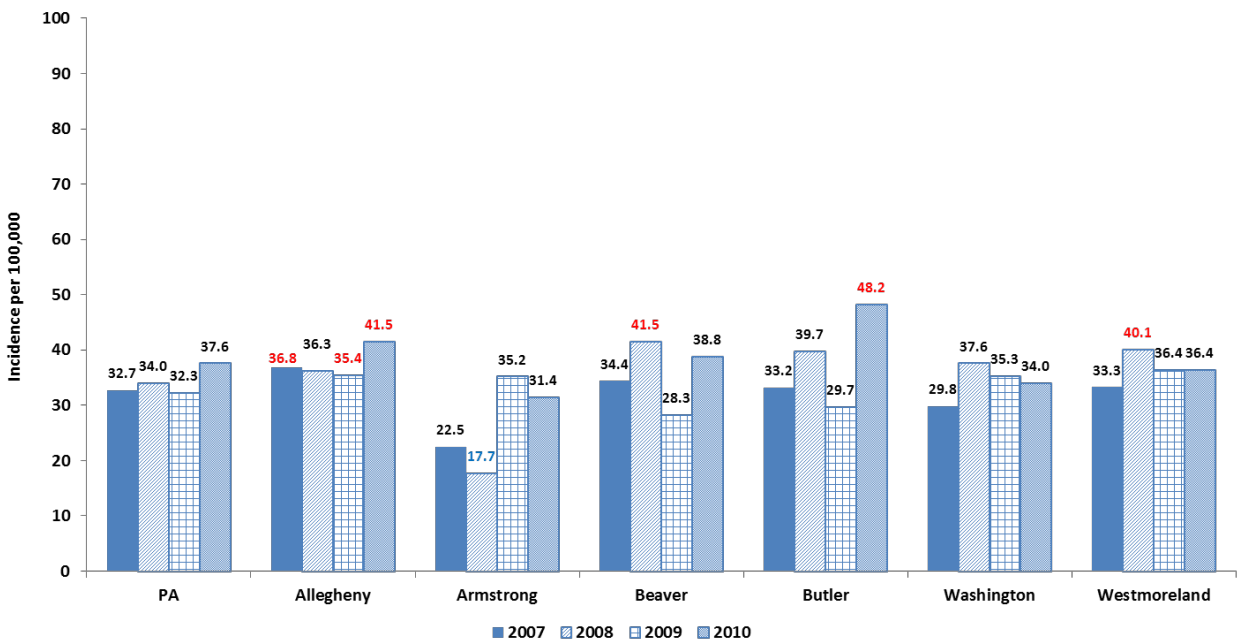


Source: Pennsylvania Department of Health, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 123** illustrates mental and behavioral disorder mortality rates in Pennsylvania and throughout the counties of the service region for the years 2007 through 2010. County-level rates fluctuated over the period and were significantly higher as compared to Pennsylvania in the following years: Allegheny in 2007, 2009 and 2010, Beaver and Westmoreland in 2008, and Butler in 2010. Rates in Armstrong County were generally lower than the state and significantly lower in 2008. Over the four years, rates fluctuated but overall increasing trends can be seen in Pennsylvania and all the service area counties.

**Figure 123. Mental and behavioral disorders mortality rates**



Source: Pennsylvania Department of Health

**Table 48** outlines estimates of substance use disorders in Pennsylvania, as well as Allegheny, Armstrong, Indiana, Beaver, Butler, Washington and Westmoreland counties based on the 2009 National Survey on Drug Use and Health conducted by SAMHSA's Office of Applied Studies. It is estimated that as many as 830,174 persons age 12 and over in the service region have some type of substance abuse problem.

**Table 48. Prevalence of substance abuse disorders**

Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse) <sup>1</sup> Pennsylvania, Single County Authorities and State Based on 2009 National Survey on Drug Use and Health (NSDUH) <sup>2</sup>									
SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Allegheny	1,218,494	1,056,102	81,320	96,210	6,831	138,863	28,328	821,029	46,799
Armstrong / Indiana /	194,780	169,075	13,019	15,548	1,104	28,849	5885	124,678	7,107
Beaver	171,673	149,425	11,506	13,196	937	16,516	3,369	119,713	6,824
Butler	184,694	157,576	12,133	15,615	1,109	19,535	3,985	122,426	6,978
Washington	207,389	179,262	13,803	15,708	1,115	22,316	4,553	141,238	8,051
Westmoreland	362,251	316,496	24,370	27,572	1,958	32,608	6,652	256,316	14,610
Pennsylvania	12,604,767	10,781,486	830,174	1,026,078	72,852	1,451,954	296,199	8,303,454	473,297

1. Past year dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

2. The National Survey on Drug Use and Health (NSDUH), formerly known as the National Household Survey on Drug Abuse (NHSDA), is an annual survey conducted by SAMHSA's Office of Applied Studies. NSDUH is the primary source of statistical information on the use of illicit drugs by the U.S. civilian population aged 12 or older, based on face-to-face interviews at their place of residence. The survey covers residents of households, non-institutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as prisons and long-term hospitals. State level estimates are based on a survey-weighted hierarchical Bayes estimation approach. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009, Table 5.4B.

Population Data Source: Penn State Data Center 2009 Population Estimates.  
County-level estimates prepared by the Division of Statistical Support, Pennsylvania Department of Health. Estimates may not sum to totals due to rounding.

Use of the data: These estimates may be used to describe the need for treatment services (as distinguished from demand) and the extent of the problem. They show potential for demand for services.

Source: The National Survey on Drug Use and Health

**Table 49** illustrates positivity rates for urine drug tests in the general workforce from 2007-2011, based on a national study conducted by Quest Diagnostics, a leading provider of diagnostic testing, information and services, that included more than 4.8 million tests from January to December 2011. For this study, Quest Diagnostics medical and health informatics experts analyzed a national sample of 75,997 de-identified urine specimen results performed in 2011. The study included results of patients of both genders, 10 and older, from 45 states and the District of Columbia. The objectives of this study were to assess the scope and demographic drivers of prescription drug misuse in America and the impact of laboratory testing on monitoring for prescription drug adherence.

**Table 49. Positivity rates by testing reason - urine drug tests (for general U.S. workforce)**

TESTING REASON	2007	2008	2009	2010	2011
Follow-Up	7.7 percent	7.6 percent	7.5 percent	6.5 percent	6.6 percent
For Cause	19.2 percent	22.0 percent	26.8 percent	26.9 percent	26.8 percent
Periodic	1.4 percent	1.4 percent	1.5 percent	1.3 percent	1.3 percent
Post-Accident	5.8 percent	5.6 percent	5.3 percent	5.3 percent	5.3 percent
Pre-Employment	3.9 percent	3.6 percent	3.4 percent	3.6 percent	3.5 percent
Random	5.7 percent	5.3 percent	5.4 percent	5.3 percent	5.2 percent
Returned to Duty	5.6 percent	5.3 percent	4.6 percent	5.2 percent	5.2 percent

Source: Quest Diagnostics Drug Testing Index™ reports at [QuestDiagnostics.com/DTI](http://QuestDiagnostics.com/DTI)

In another study, the Quest Diagnostics Prescription Drug Monitoring Report 2012, a number of additional findings were of interest, including:

- Of patients who had their urine tested, 63 percent were inconsistent with a physician's orders.
- Evidence of misuse was found across all commonly prescribed, controlled substances.
- More than half (60 percent) of inconsistent reports showed evidence of drugs that had not been prescribed by the ordering physician.
  - 32 percent tested positive for the prescribed drug(s) and at least one other additional drug; 28 percent tested positive for a drug, but not the one for which they were prescribed.
  - In 40 percent of inconsistent cases, the prescribed drug was not detected by lab testing.

**Table 50** illustrates substance abuse in Allegheny County in the past 30 days, by gender and grade, based on the Allegheny County HealthChoices Program, 2011. HealthChoices is Pennsylvania's managed care program for adults and children who receive Medical Assistance. This program includes both physical health care and behavioral health care (e.g., mental health and drug and alcohol services). Students in grades 9 and 10 are more likely to use all of these substances. Boys are more likely to have used alcohol.

**Table 50. Allegheny County substance use by gender and grade in past 30 days**

Allegheny County Past 30 Day Substance Use by Gender and Grade							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Alcohol	Used alcohol once or more in the last 30 days	25	26	24	12	54	38
Tobacco	Smoked cigarettes once or more in the last 30 days	13	13	13	6	29	19
Marijuana	Used marijuana once or more in the last 30 days	11	11	11	3	31	19

Source: The Allegheny County HealthChoices Program: 2011 Year in Review

**Table 51 and 52** illustrate first alcohol and first tobacco use in Allegheny County based on the 2011 HealthChoices program. Less than a quarter of students in grades 9 and 10 have never used alcohol. By grade 10, the majority of students have tried alcohol and almost half have tried tobacco.

**Table 51. Allegheny County alcohol use by grade in past 30 days**

Allegheny County Age of First Use: Alcohol Use by Grade				
Category	Response	Grade		
		7	9	10
Alcohol	Never used	55 percent	20 percent	24 percent
	10 or younger	17 percent	20 percent	12 percent
	11	13 percent	3 percent	5 percent
	12	11 percent	10 percent	7 percent
	13	4 percent	19 percent	12 percent
	14	0 percent	19 percent	17 percent
	15		6 percent	19 percent
	16		3 percent	5 percent
	17 or older			0 percent

**Table 52. Allegheny County tobacco use by grade in past 30 days**

Allegheny County Age of First Use: Tobacco Use by Grade				
Category	Response	Grade		
		7	9	10
Tobacco	Never used	84 percent	42 percent	60 percent
	10 or younger	6 percent	16 percent	10 percent
	11	5 percent	9 percent	4 percent
	12	3 percent	13 percent	5 percent
	13	2 percent	8 percent	6 percent
	14	0 percent	10 percent	6 percent
	15		3 percent	7 percent
	16			3 percent
	17 or older	0 percent		

Source: The Allegheny County HealthChoices Program: 2011 Year in Review



**Table 53** illustrates the percent of youth who report risk-taking behaviors related to substance abuse. Students in grades 9 and 10 are more likely to engage in most of these risk behaviors. Boys are more likely to have used smokeless tobacco.

**Table 53. Allegheny County: Percent of youth risk-taking behavior related to substance abuse**

Allegheny County								
Percent of Youth Who Report 9 Risk-Taking Behaviors Related to Substance Use								
Category	Risk-Taking Behavior Definition	Total Sample	Gender		Grade			
			M	F	7	9	10	
Alcohol	Used alcohol once or more in the last 30 days	25	26	24	12	54	38	
	Got drunk once or more in the last 2 weeks	20	21	20	10	51	30	
Tobacco	Smoked cigarettes once or more in the last 30 days	13	13	13	6	29	19	
	Used smokeless tobacco once or more in the last 12 months	16	26	7	8	28	25	
Inhalants	Sniffed or inhaled substances to get high once or more in the last 30 days	9	9	9	10	16	7	
Marijuana	Used marijuana once or more in the last 12 months	19	20	18	6	47	32	
Other Drug Use	Used other illicit drugs once or more in the last 12 months	6	6	6	2	9	10	
Driving and Alcohol	Drove after drinking once or more in the last 12 months	6	7	5	2	15	9	
	Rode (once or more in the last 12 months) with a driver who had been drinking	33	33	32	29	49	36	

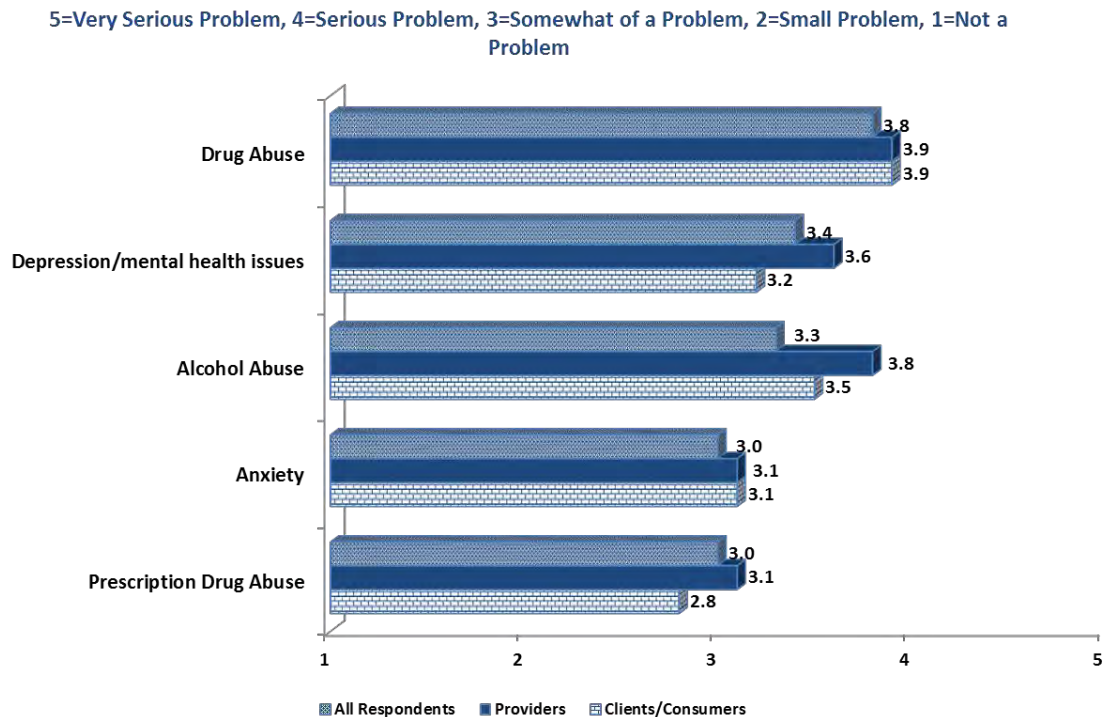
Source: The Allegheny County HealthChoices Program: 2011 Year in Review

### Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 124** illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not at all a Problem. Of the mental health and substance abuse related issues that were rated, respondents rated drug abuse and depression/mental health issues as the most serious issues. Providers were more likely to rate depression, alcohol abuse and prescription drug abuse as more serious community issues.

**Figure 124. Mental health and substance abuse**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were asked to identify and discuss what they thought were the top health or health-related problems in their community. The following were community health problems that were identified which had to do with mental health and/or substance abuse conditions, and related issues.

Drug and alcohol abuse and mental health issues were identified as some of the most serious community health needs in the region by focus group participants. There is a perception that prescription drug abuse is on the rise. Participants also commented that heroin use is on the rise across all socioeconomic demographics and geographies; in particular suburban youth are increasingly having problems with heroin. Many commented that children are using drugs other than marijuana at younger ages. Individuals reported witnessing individuals overdose (even die) due to substance abuse. According to focus group participants, drugs (both prescription and illicit drugs) are inexpensive and easy to acquire.

Depression was also identified as a problem in the community. There is a perception that many people suffer from depression but lack access to care. A focus group with providers who work



with and are familiar with the needs of refugees and immigrants identified language barriers as problematic. The same group reported that refugees are affected by psychological challenges resulting from being forced to leave home, having fought in and/or been exposed to wars, and feelings of isolation, among other issues.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

Many stakeholders identified substance abuse and related issues as key community needs. The stress from unemployment or living in poverty is perceived to be driving people to use drugs and alcohol to cope with their stresses. There is also a perception that illicit and prescription drugs are available on the streets at low cost and that drug overdoses are increasing.

Mental health needs and issues are also perceived to be on the rise as a result of stress from unemployment or poverty. Stakeholders interviewed expressed a need for tracking the data related to the relationship among stress, socioeconomic status and mental health. Stakeholders also noted that violence is a byproduct of addiction. More mental health resources are needed, and the stigma of needing mental health resources remains.

One stakeholder, who represented the interests of the LGBT community, said that according to a recent study, published by the University of Pittsburgh in the *Journal of Addiction*, the rate of substance abuse is four times higher in the LGBT community. Many studies have found that LGBT youth attempt suicide more frequently than straight peers. Garafalo et al. (1999) found that LGBT high school students and students unsure of their sexual orientation were 3.4 times more likely to have attempted suicide in the last year than their straight peers. Eisenberg and Resnick (2006) found LGBT high school students were more than twice as likely as their straight peers to have attempted suicide. Safren and Heimberg (1999) found that among youth who had attempted suicide, almost twice as many LGBT youth as their straight peers said that they had really hoped to die. There is also a need for primary care physicians who are sensitive to the needs of this community.

## Mental Health & Substance Abuse Conclusions

Mental health and substance abuse related needs and issues are growing in prevalence throughout the service territory. Over the past several years, drug induced mortality and mental and behavioral disorder mortality rates were significantly higher in Allegheny County than throughout the state. It is estimated that almost one quarter of the population of 18 to 25 year olds have a substance abuse problem. Prescription drug abuse appears to be growing along with heroin use.

Focus group and stakeholder interview participants indicated that drug abuse, depression/behavioral and mental health issues, alcohol abuse, anxiety and prescription and illegal drug abuse (particularly heroin) are all serious health issues. Substance abuse is four times higher in the LGBT community.

There are a number of conclusions regarding mental health and substance-related issues from all of the quantitative and qualitative data presented. They include:

- The proportion of adults ages 45 to 64 living in the Beaver-Butler region that reported engaging in binge drinking on one occasion was significantly greater than the proportion of Pennsylvanians who did the same.
- Drug-induced mortality rates are significantly higher in Allegheny County than across the state.
- Compared to the state, mortality rates associated with mental and behavioral disorders was significantly higher in Allegheny County in 2007, 2009, and 2010, in Beaver County in 2008, in Butler County in 2010, and in Westmoreland County in 2008.
- It is estimated that a significant portion of the population (up to 20.4 percent of the 18-25 year olds) has a substance abuse problem.
- Prescription drug misuse is estimated to affect a significant portion of the population (up to 60 percent).
- By grade 10, a sizable portion of young people have participated in one or more at-risk behaviors such as alcohol, tobacco or drug use.

Conclusions from the focus groups and interviews included:

- Focus group participants indicated that drug abuse, depression/mental health issues, alcohol abuse, anxiety and prescription and illegal drug abuse (particularly heroin) are all serious health issues. The prevalence is on the rise and affects all demographics.

- Stakeholders expressed that behavioral and mental health issues are huge concerns; overdoses are increasing; living in poverty brings stress, substance abuse and violence. One stakeholder who represented the LGBT community indicated that substance abuse and suicide were higher in this population. There is also a need for primary care physicians who are sensitive to the needs of this community.

(This page intentionally left blank)



# PHYSICAL ACTIVITY AND NUTRITION





(This page intentionally left blank)

## Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

**Figure 125** illustrates the percentage of adults who reported no leisure time physical activity in the past month in the United States and Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The rate within the service region counties ranged from 24.0 percent in Allegheny County to 29.0 percent Armstrong County. The regional rates are comparable to the state and national rates, although they are below the Healthy People 2020 goal of 32.6 percent.

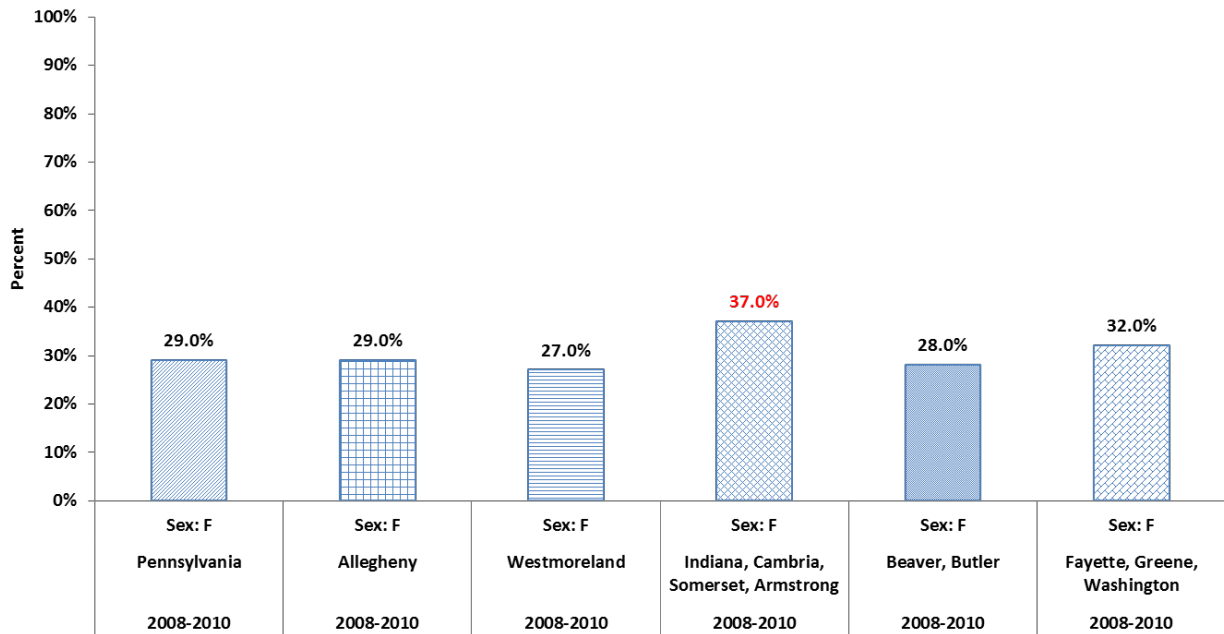
**Figure 125. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 126** illustrates the percentage of adults who reported no leisure time physical activity in the past month by gender in Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The highest percentage (37 percent) of adults with no leisure time physical activity was females from Armstrong County, which was significantly higher compared to the state rate of 29 percent. There were no significant differences in the male population.

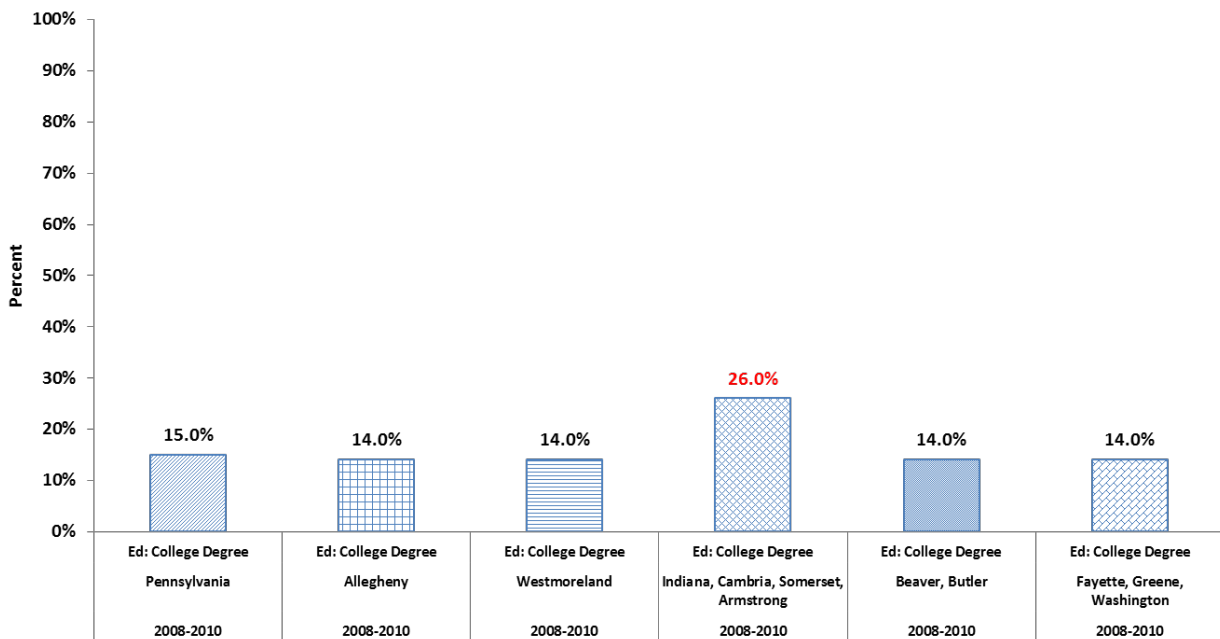
**Figure 126. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month by gender**



Source: Pennsylvania Department of Health

**Figure 127** illustrates the percentage of adults who reported no leisure time physical activity in the past month by education level in Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The highest percentage (26.0 percent) of adults with no leisure time physical activity had a college degree and resided in Indiana, Cambria, Somerset and Armstrong counties, which was significantly higher than the state rate (15.0 percent).

**Figure 127. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month by education**

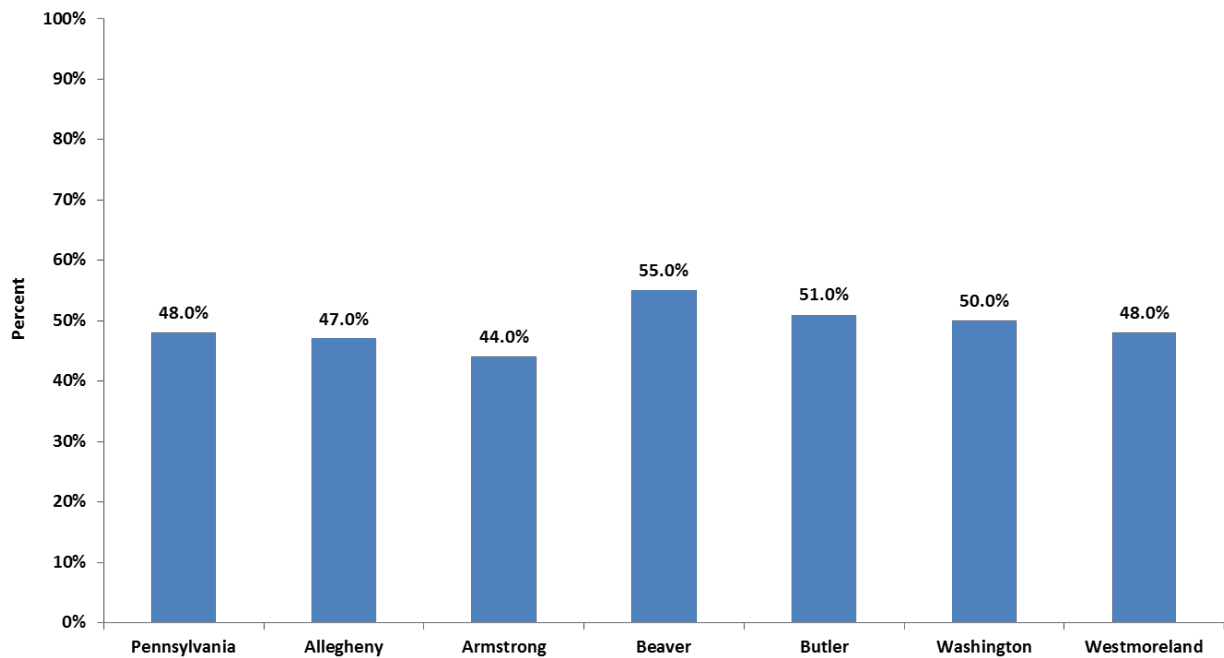


Source: Pennsylvania Department of Health

Based on data from the Census' County Business Patterns, the fast food restaurants measure is defined as the number of fast-food outlets over the total number of restaurants in a county. According to County Health Rankings, from where these data originate, "access to fast food restaurants is correlated with a high prevalence of overweight, obesity, and premature death."<sup>1</sup> The average number of kilocalories consumed daily in the US has been on an increasing trend over the past several decades. Among most child age-groups, fast food restaurants are the second highest energy provider, second only to grocery stores."<sup>2</sup> The percentage of fast food restaurants is a proxy measure for consumption of fast food.

**Figure 128** illustrates the percentage of all restaurants that are fast food in Pennsylvania, as well as in Allegheny, Westmoreland, Armstrong, Beaver, Butler, and Washington counties in 2012. The rates within the service region counties ranged between 44 percent in Armstrong County to 55 percent in Beaver County, with a state rate of 48 percent.

**Figure 128. All restaurants that are fast food restaurants**



2012 Data only

Source: [www.communityhealthrankings.org](http://www.communityhealthrankings.org)

<sup>1</sup> Taggart K. Fast food joints bad for the neighborhood. *Medical Post*. 2005;41.21:23

<sup>2</sup> County Health Rankings (2013) Fast Food Restaurants. Retrieved from: <http://www.countyhealthrankings.org/app/#/pennsylvania/2013/measure/factors/84/description>.

**Table 54** illustrates the number and percentages of families who enrolled and were eligible for free and reduced-priced lunches in Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland counties. Allegheny County has the highest enrollment with 152,403 Students, which reflects almost 37 percent of the student body. While Armstrong County has the smallest numbers of eligible students, Butler County has the smallest percentage of children eligible (22.9 percent).

**Table 54. Free and reduced price lunch**

Pennsylvania Department of Education 2011 Free & Reduced Price Lunch					
	Enrollment	Free Eligible	Reduced Eligible	% Free Enrollment	% Reduced Enrollment
Allegheny	152,403	48,665	7,575	31.90%	4.90%
Armstrong	9,780	3,160	795	32.30%	8.10%
Beaver	23,604	7,651	1,502	32.40%	6.30%
Butler	24,640	4,533	1,104	18.40%	4.50%
Washington	28,883	7,304	1,566	25.20%	5.40%
Westmoreland	49,341	12,779	2,766	25.90%	5.60%

Source: Pennsylvania Department of Education, Division of Food & Nutrition

**Table 55 and 56** illustrate Allegheny County School districts with more than 60 percent and 35 percent to 60 percent of children eligible for free or reduced price lunch programs. Duquesne and Clairton City school districts have the highest percentage of eligible students. There are 11 school districts in Allegheny County where more than 50 percent of the children qualify for free and reduced price lunches.

**Table 55. School districts with 60 percent or higher of children eligible for free/reduced lunch programs**

Allegheny County School Districts with 60% or higher of children eligible for free/reduced lunch programs	
School Districts	Free and Reduced Lunch Percentages
Duquesne City	94.5%
Clairton City	88.5%
Wilkinsburg Borough	80.8%
McKeesport Area	71.8%
Woodland Hills	70.5%
Sto-Rox	70.5%
East Allegheny	63.4%

**Table 56. School districts with 35-60 percent of children eligible for free/reduced lunch programs**

Allegheny County School Districts with 35-60% of children eligible for free/reduced lunch programs	
School Districts	Free and Reduced Lunch Percentages
Cornell	59.8%
Steel Valley	59.2%
South Allegheny	51.9%
Highlands	51.6%
Penn Hills	49.6%
Northgate	48.4%
West Mifflin Area	46.0%
Brentwood Borough	45.3%
Carlynton	45.1%
Allegheny Valley	43.2%
Gateway	37.5%

Source: Pennsylvania Department of Education, Division of Food & Nutrition



**Table 57** illustrates grocery store access in Allegheny, Armstrong, Beaver, Butler, Washington, and Westmoreland counties in 2010. Beaver County has the highest percentage of the population of the service area with low access to a grocery store (39.6 percent). According to the US Department of Agriculture a "low-access community" is defined as having at least 500 persons and/or at least 33 percent of the census tract's population living more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).

**Table 57. Grocery store access**

US Department of Agriculture Food Desert Data 2010				
	% of Population with Low Access to a Grocery Store	% of Children with Low Access to a Grocery Store	% of Seniors with Low Access to a Grocery Store	% of Households with No Car and Low Access to a Grocery Store
Allegheny	28.70%	6.10%	4.90%	2.60%
Armstrong	5.30%	1.50%	0.90%	2.90%
Beaver	39.60%	8.20%	7.40%	5.20%
Butler	22.50%	5.20%	3.00%	2.10%
Washington	26.90%	5.90%	4.80%	3.50%
Westmoreland	33.20%	6.70%	6.00%	2.80%

Source: Pennsylvania Department of Education, Division of Food & Nutrition

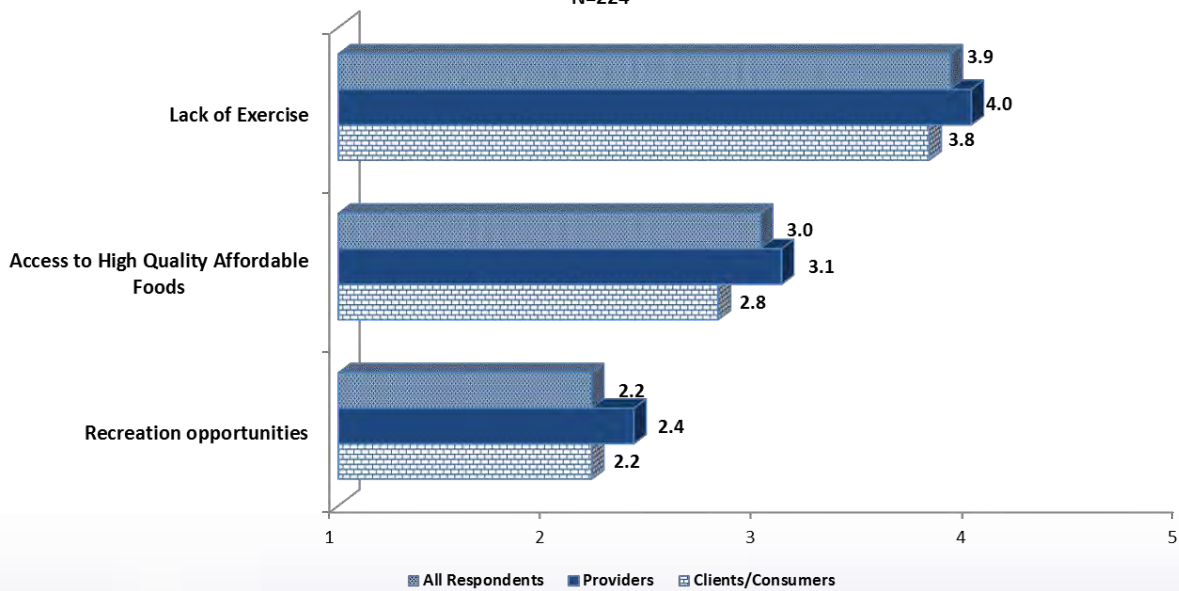
### Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 129** illustrates focus groups responses when participants were asked to rate, on a five point scale, a number of community needs and issues, where 5=Very Serious Problem and 1= Not at all a Problem. Participants rated lack of exercise as the most serious problem in the community related to physical activity and nutrition. Access to high quality affordable foods and recreational opportunities were rated as somewhat of a problem. Providers tended to rate all physical activity and nutrition related issues as more serious problems in the community than clients/consumers did.

**Figure 129. Focus groups: Physical activity and nutrition**

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem  
N=224



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were asked to identify and discuss what they thought were the top health or health-related problems in their community. The following were community health problems that were identified which had to do with physical activity and nutrition, barriers and possible health related issues.

Lack of exercise was identified as a serious community health issue by focus group participants. Participants commented on the relationship between physical activity, nutrition and obesity. Comments related to the difficulty of accessing healthy foods, the number of fast food restaurants and the large portion sizes served by fast food restaurants were discussed. Individuals think that many children are obese because they are not as active as previous generations; many playgrounds are not being utilized, the video game industry is booming and neighborhoods are often not safe places to play. Participants also perceive that adults are not getting the exercise they need because of busy lifestyles and the use of vehicles rather than walking.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

First and foremost, the stakeholders believe that the culture in which an individual grew up, as well as their everyday environment (work, home, etc.), plays a strong role in the lack of physical activity and poor dietary habits of people in the region. Participants think there is a need in the community for a better understanding of nutrition and the importance of physical activity. The hilly terrain of the various communities around Pittsburgh and the Mon Valley also is sometimes a barrier to people's access to various outside physical activities such as walking.

Beyond physical limitations associated with the geography of the region, one stakeholder reported that there are also limitations to accessing fresh food. As with many communities across the nation, fast food and processed foods are blamed by many of the stakeholders interviewed as being a leading cause of dietary issues. There was much discussion of food deserts (areas where fresh food is unavailable due to the lack of grocery stores).

Stakeholders discussed the perception that individuals having lower incomes may be in a position where they make unhealthy choices due to the cost of healthy foods. It was noted that there is a need for affordable healthy food options, as well as opportunities for free or reduced physical recreation and exercise opportunities.

### Physical Activity and Nutrition Conclusions:

There are a number of conclusions regarding physical activity and nutrition-related issues from all of the quantitative and qualitative data presented. They include:

- A sizable portion of the population (25-29 percent) of the service region reports no physical activity in the past 30 days.
- Women and those who have a college degree in Armstrong (and related counties) are significantly less likely to have engaged in physical activity.
- Between 44 and 55 percent of the restaurants in the service region are fast food restaurants.
- A sizable number of students within the service region are eligible for free or reduced price lunches. This ranges from a low of 22.9 percent in Butler County to a high of 40.4 percent in Armstrong County. There are 11 school districts in Allegheny County where more than 50 percent of the children qualify for free and reduced price lunches.
- A significant portion (up to one third) of the service area population has low access to a grocery store. This ranges from a low of 5 percent in Armstrong County to a high of 33 percent in Westmoreland County.

Conclusions from the Focus Groups and Interviews included:

- Focus groups identified lack of exercise and lack of access to healthy food as serious issues in the service region. They and note that obesity and poor nutritional eating habits, as well as education on healthy eating, are health issues.
- Stakeholders cited lifestyle and economic challenges as associated with difficulty accessing and preparing healthy foods.

(This page intentionally left blank)

# TOBACCO USE





(This page intentionally left blank)

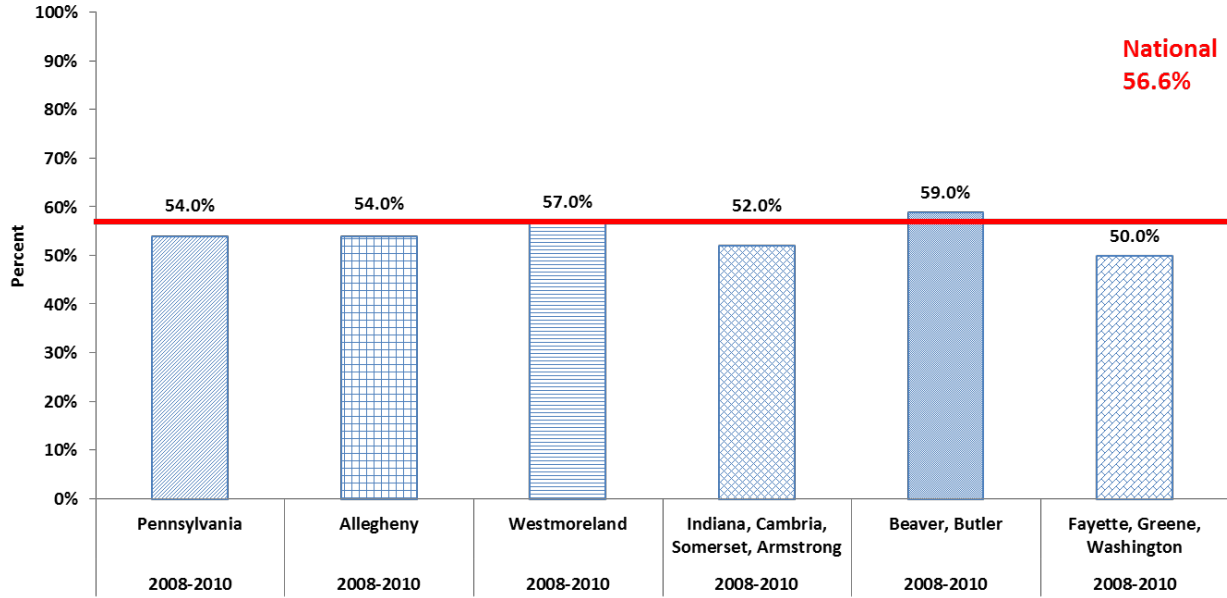


## Tobacco Use

According to the Centers for Disease Control and Prevention, tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use greatly increases health risks and in some cases may cause cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Like direct tobacco use, secondhand smoke greatly increases your risk for heart disease and lung cancer in adults and contributes to a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Tobacco use topics explored include: smoking, emphysema and smoking during pregnancy.

**Figure 130** illustrates the percentage of adults who reported never being a smoker in the United States and Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The service area rate ranges between 52 percent in Armstrong County and 59 percent in Beaver and Butler counties and are comparable to the state and national rates. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

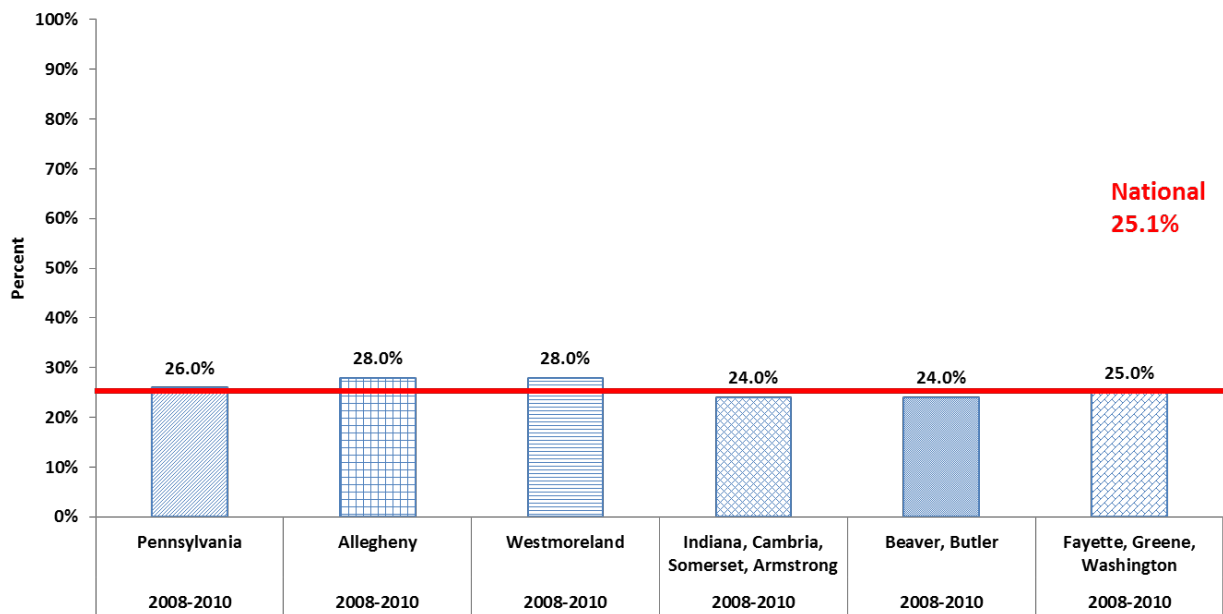
Figure 130. BRFSS-Percentage of adults who reported never being a smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 131** illustrates the percentage of adults who reported being a former smoker in the United States and Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The service area rates range between 24 percent in Armstrong County and 28 percent in Allegheny and Westmoreland counties, and are comparable to the state and national rates.

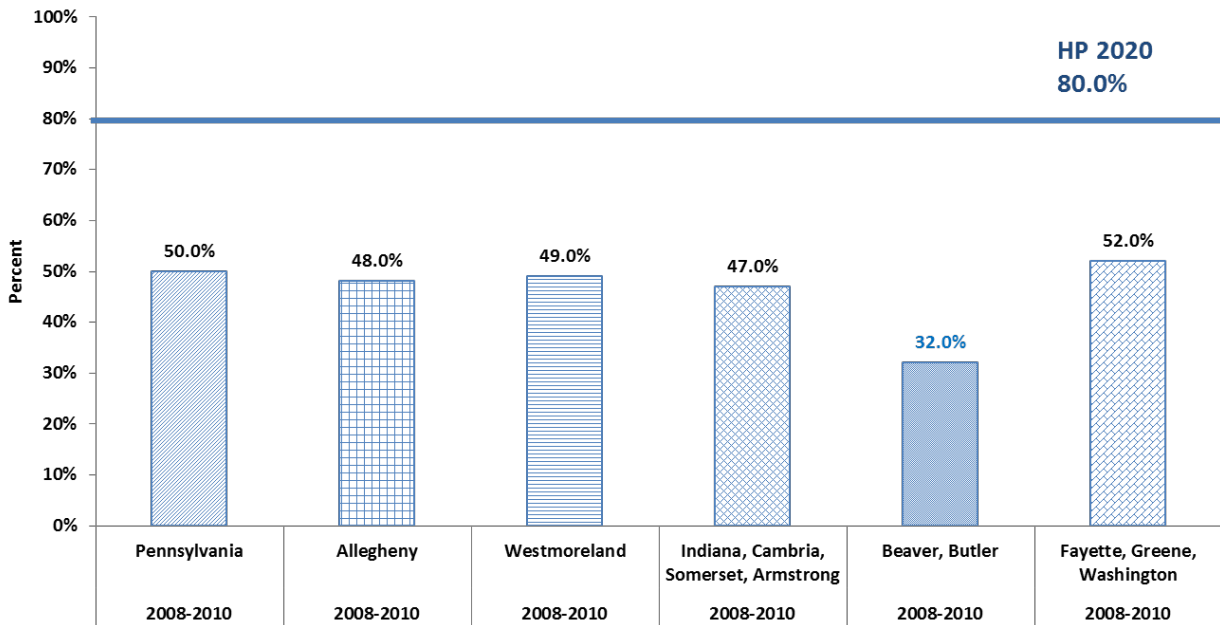
**Figure 131. BRFSS-Percentage of adults who reported being a former smoker**



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 132** illustrates the percentage of adults who quit smoking at least one day in the past year in Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The service area rates ranged between 32 percent in Beaver and Butler counties to 52 percent in Washington County. With the exception of Beaver and Butler counties (which is significantly lower than the state rate), the other counties of the service region are comparable to the state and national rates. During the years 2008 to 2010, the state as well as service region counties had fewer adults who quit smoking at least one day in the past year than the Healthy People 2020 Goal of 80.0 percent of everyday smokers quitting.

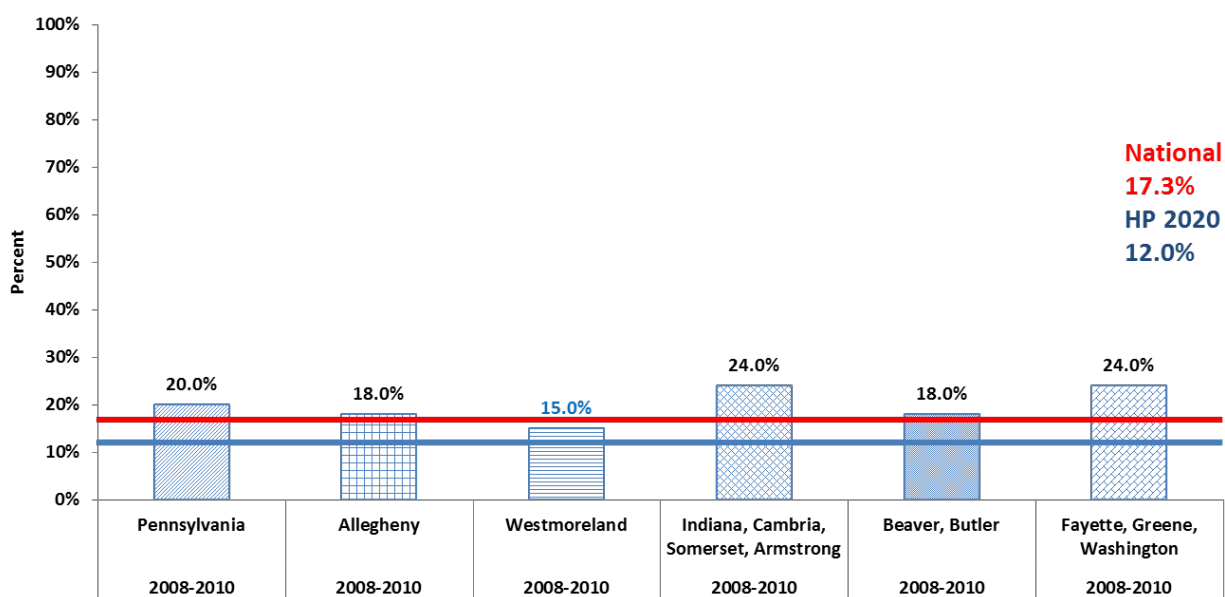
**Figure 132. BRFSS-Percentage of adults who quit smoking at least 1 day in the past year (out of adults who smoke everyday)**



Source: Pennsylvania Department of Health; www.healthypeople.gov

**Figure 133** illustrates the percentage of adults who reported being a current smoker in the United States and Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. The rate in the service region ranged between 15 percent in Westmoreland County (which was significantly lower than the state) and 24 percent in Armstrong and Washington counties. All service region counties are above the Healthy People 2020 goal of 12 percent.

**Figure 133. BRFSS-Percentage of adults who reported being a current smoker**

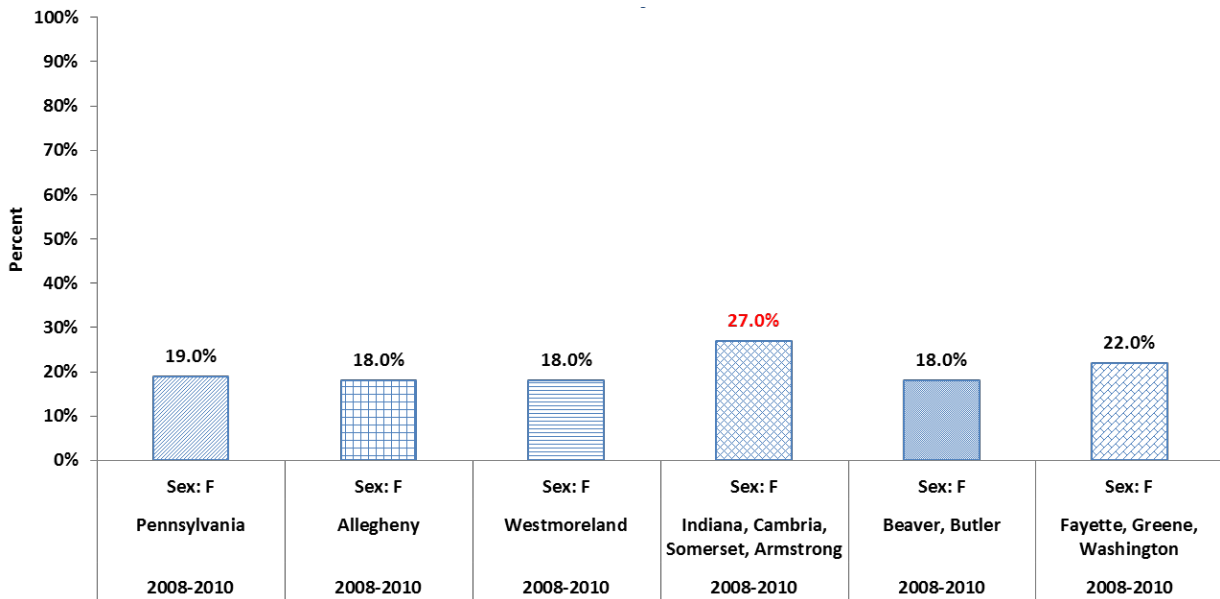


Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 134** illustrates the percentage of adults who reported being a smoker by gender in Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. Women who live in Indiana, Cambria, Somerset and Armstrong counties were significantly more likely to report being a current smoker (27 percent) compared to the state rate.

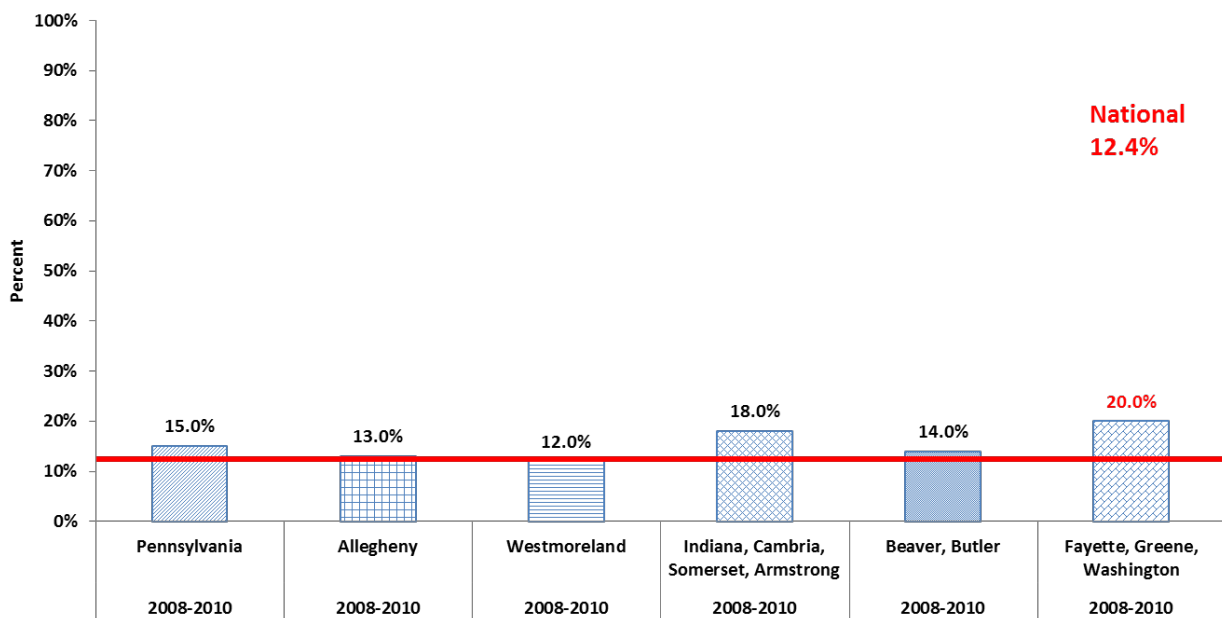
**Figure 134. BRFSS-Percentage of adults who reported being a current smoker by gender**



Source: Pennsylvania Department of Health

**Figure 135** illustrates the percentage of adults who reported being an everyday smoker in the United States and Pennsylvania, as well as in Allegheny, Westmoreland, Indiana, Cambria, Somerset, Armstrong, Beaver, Butler, Fayette, Greene and Washington counties for the years 2008 through 2010. With the exception of Fayette, Green and Washington counties (20 percent), which is significantly higher than the state rate, the service area rates ranged between 12 percent and 18 percent. These rates are comparable to the state rate, although most of them are somewhat higher than the national rate.

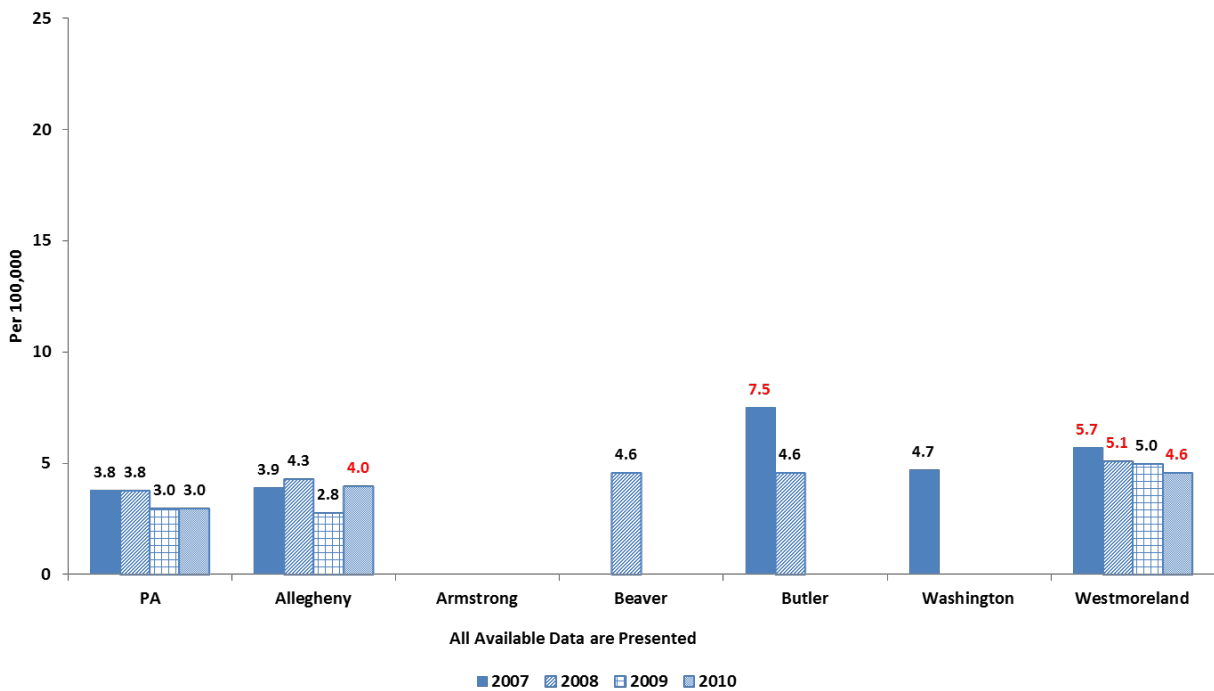
**Figure 135. BRFSS-Percentage of adults who reported being an everyday smoker**



Source: Pennsylvania Department of Health, Centers for Disease Control

**Figure 136** illustrates emphysema mortality rates in Pennsylvania, as well as in Allegheny, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The highest emphysema mortality rate occurred in Butler County in 2007 with a rate of 7.5 per 100,000, which was significantly higher than the state rate. Both Allegheny and Westmoreland counties had rates in 2010 that were significantly higher than the state rates. Westmoreland County also had rates significantly higher than the state rates in years 2007 and 2008. Data were unavailable for Armstrong County, and data for all years were not available for Beaver, Butler and Washington counties.

**Figure 136. Emphysema mortality rates**



Source: Pennsylvania Department of Health



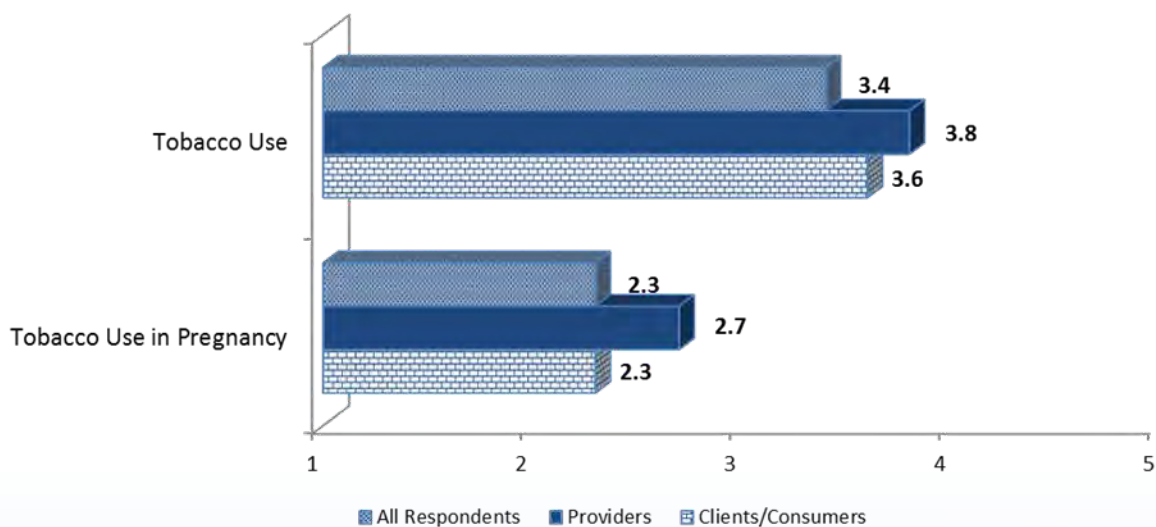
### Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 137** illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not at all a Problem. Only two of the list of community issues related to tobacco use. Participants rated tobacco use as a somewhat serious problem in the community and were more likely to rate tobacco use overall as a more serious problem than tobacco in pregnancy. Providers/professionals tended to rate tobacco use as a more serious problem than did clients/consumers.

**Figure 137. Tobacco use**

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Tobacco use was discussed in the focus groups as a coping mechanism for high stress. Individuals perceive tobacco use as being related to peer-pressure for youth, as well as being generational and cultural. Tobacco use is often linked to mental health and substance use, and there is the perception that individuals who use tobacco are unaware and lack an understanding of the health ramifications. Individuals reported that smoking cessation programs are costly and programs to assist with quitting are lacking. It was stated that smoking among pregnant women is legitimized when a pregnant woman perceives that smoking will not harm her child due to previous experience wherein she witnessed no ill effects on a child despite the fetus' exposure to smoke. The use of smokeless tobacco seems to be increasing, especially among adolescent boys.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

Unlike many of the other topics, tobacco use was not identified as a major concern by most of the stakeholders interviewed. A few stakeholders, however, did comment that smoking is still a problem in the community and that tobacco use is related to other issues such as chronic obstructive pulmonary disease (COPD) and cardiac problems. There is a need to deal with addiction issues overall in the community.

## Tobacco Use Conclusions

There are a number of conclusions regarding tobacco-related issues from all of the quantitative and qualitative data presented. They include:

- Approximately half of the service region population reports never having been a smoker, and about a quarter of the population indicates that they are former smokers.
- When compared to the state, Westmoreland County has a significantly lower percentage of adults who report that they are current smokers (15 percent). The current smoking rate in all counties of the service region is above the Healthy People 2020 goal of 12 percent.
- About half of current smokers throughout the service region quit at least one day in the past year, with the exception of those in Beaver and Butler counties, where only about a third of current smokers in those counties quit for at least one day in the past year.
- A significantly higher percentage of women in Armstrong County (27 percent) are current smokers compared to the state rate.
- Compared to the state, a significantly greater proportion of residents of the Fayette-Greene-Washington county region reported being an everyday smoker.
- Emphysema mortality rates are significantly higher in Westmoreland and Allegheny counties than they are across the state.

Conclusions from the focus groups and interviews included:

- Focus group participants rated tobacco use as a serious issue in the community, more so than smoking during pregnancy.
- A few stakeholders commented that smoking is still a problem in the community and that tobacco use is related to other issues such as COPD and cardiac problems. They expressed a need to deal with addiction issues overall in the community.

(This page intentionally left blank)

(This page intentionally left blank)

# INJURY





(This page intentionally left blank)

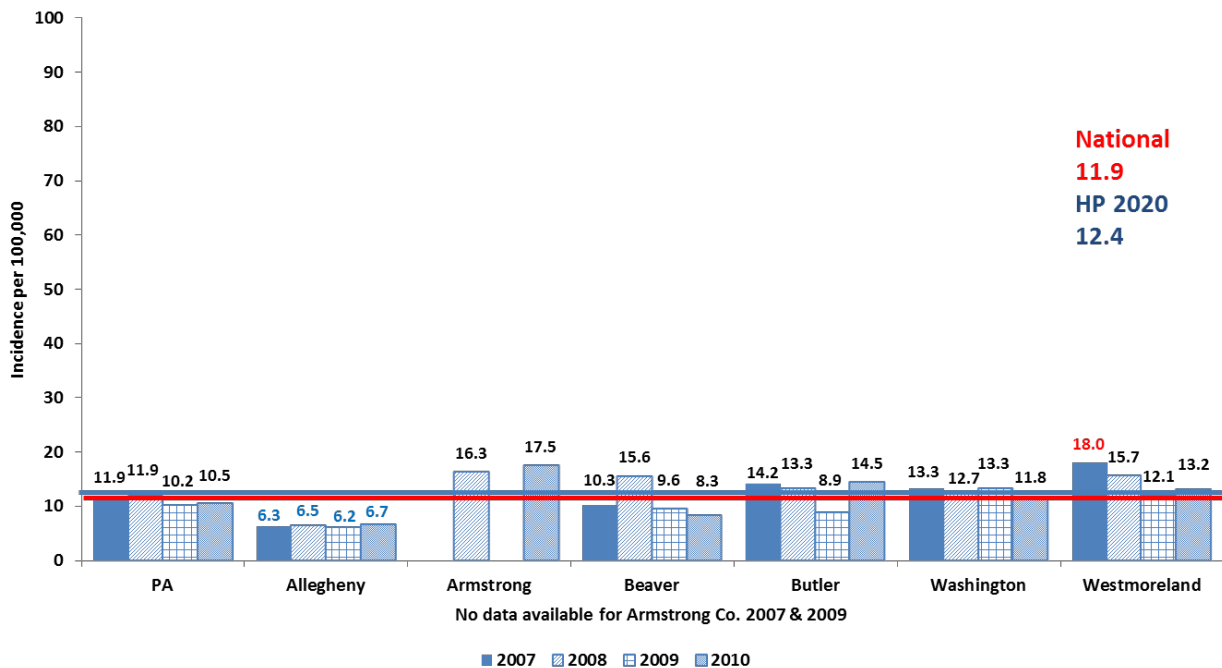


## Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence.

**Figure 138** illustrates the auto accident mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The rate in Allegheny County is significantly lower than the state rates over the past four years. The highest mortality rate occurred in Westmoreland County in 2007, with a rate of 18.0 per 100,000, although the rate has declined over the past few years. The rates in Allegheny County and Pennsylvania have remained below the National rate (11.9) as well as the Healthy People 2020 goal (12.4) for all years shown. The remaining service area county rates have fluctuated over the four years, and in most cases were higher than the national or Healthy People 2020 (HP 2020) goal. When available for a given health indicator, HP 2020 goals and state and national rates were included.

**Figure 138. Mortality rate for auto accidents**

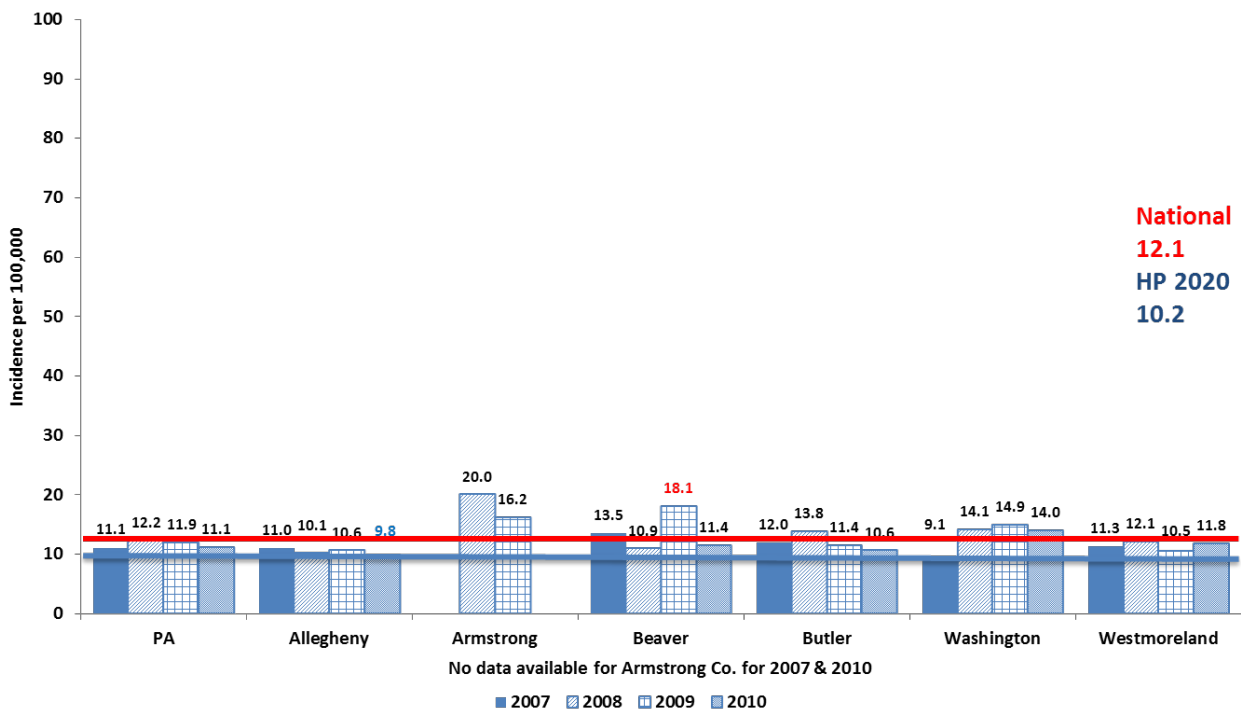


Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)



**Figure 139** illustrates the suicide mortality rates in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The Allegheny County rate was significantly lower than the state rate in 2010. The highest mortality rate occurred in Armstrong County in 2008, with a rate of 20.0 per 100,000, although for 2009, Beaver County’s rate was significantly higher than the state rate. All counties are currently near the Healthy People 2020 goal, with the exception of Armstrong and Washington counties.

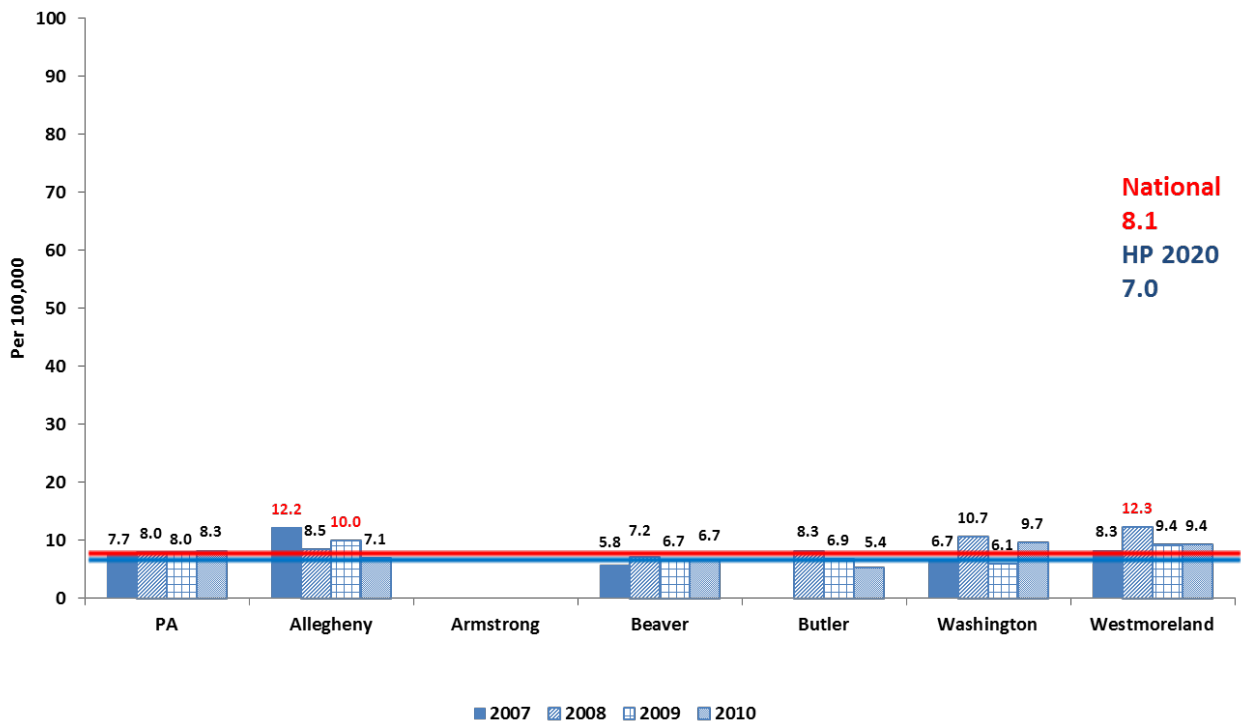
**Figure 139. Suicide mortality rate**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Figure 140** illustrates the fall mortality rates in Pennsylvania, as well as in Allegheny, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. Armstrong County had no data reported during that time period. The highest mortality rate associated with falls occurred in Westmoreland County in 2008, with a significantly higher rate than the state of 12.3 per 100,000. Allegheny County also had rates in 2007 and 2009 that were significantly higher than the state rates. The rates have decreased in Allegheny and Butler counties over the past few years and have increased in the other counties of the service region as well as across the state. In 2010, the rates in Allegheny, Beaver and Butler counties were lower than the national average, with Beaver and Butler meeting the Healthy People 2020 goal of 7.0.

**Figure 140. Mortality associated with falls rate**

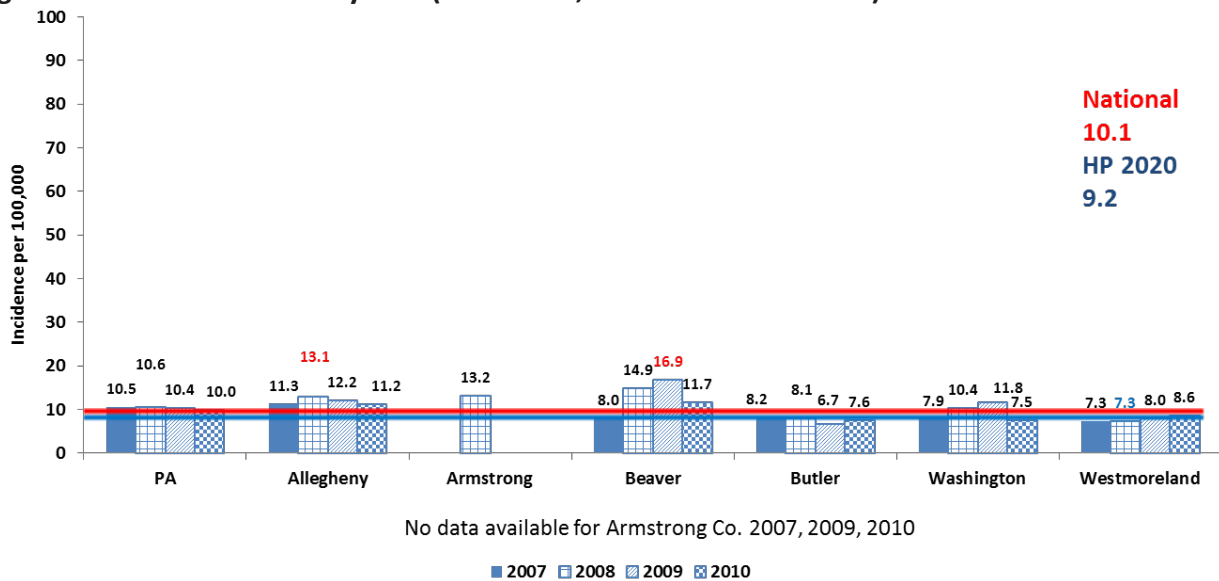


Source: Pennsylvania Department of Health



**Figure 141** illustrates the firearm mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2007 through 2010. The highest mortality rate occurred in Beaver County in 2009, with a significantly higher rate of 16.9 per 100,000. The Allegheny County rate was also significantly higher than the state rate in 2008, and Westmoreland County was significantly lower than the state during the same year. The firearm mortality rate in Butler County has consistently been lower than that of the nation and exceeds the Healthy People 2020 goal.

**Figure 141. Firearm mortality rate (accidental, suicide and homicide)**



Source: Pennsylvania Department of Health, Centers for Disease Control, [www.healthypeople.gov](http://www.healthypeople.gov)

**Table 58** outlines the number of inpatient burn discharge rate for the six-county service region. This represents all discharges from all hospitals. The annual number has increased slightly (5 percent) over the past three years.

**Table 58. Inpatient burn discharge rate**

Inpatient Burn Discharges 6-County Service Area					
Volume					
	April 09 - March 10	April 10 - March 11	April 11 - March 12	Var	% Var
<b>Grand Total</b>	<b>224</b>	<b>227</b>	<b>235</b>	<b>11</b>	<b>5%</b>

Source: PHC4 Data; WPAHS Decision Support

**Table 59** illustrates head injury hospitalization rate for all hospitals in the service region over the past three years. The volume is based on ICD9 codes 959.01 and 850.00-850.99, which medically code for concussions and head injuries. The number of head injury hospitalizations has decreased over the past three years by almost 90 cases from 638 to 539 (17 percent).

**Table 59. Head injury hospitalization rate**

<b>6-County Head Injury Hospitalization</b>				
<b>ICD-9</b>	<b>Diagnosis</b>	<b>Total Discharges</b>		
		<b>Apr11-Mar12</b>	<b>Apr10-Mar11</b>	<b>Apr09-Mar10</b>
<b>850.5</b>	Concussion	215	250	239
<b>959.01</b>	Injury NEC & NOS	135	133	121
<b>850.0</b>	Concussion	73	82	116
<b>850.11</b>	Concussion	59	84	100
<b>850.9</b>	Concussion	42	63	54
<b>850.12</b>	Concussion	3	1	3
<b>850.2</b>	Concussion	2	2	3
<b>850.4</b>	Concussion	-	-	1
<b>850.1</b>	Concussion	-	1	1
<b>Grand Total</b>		<b>529</b>	<b>616</b>	<b>638</b>

Note: Volume based on ICD9 959.01 and 850.00-850.99

Source: PHC4 Data; WPAHS Decision Support

**Table 60** outlines the domestic violence fatalities by county rate for Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties for the years 2008 through 2011. The highest numbers are reported in Allegheny County.

**Table 60. Domestic violence fatalities by county rate**

Domestic Violence Fatalities by County								
	2008		2009		2010		2011	
	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)
<b>Allegheny</b>	16	2	14	5	11	6	10	3
<b>Armstrong</b>	No Data	No Data	2	3	0	1	No Data	No Data
<b>Beaver</b>	1	2	5	3	3	1	1	0
<b>Butler</b>	1	1	No Data	No Data	0	1	2	0
<b>Washington</b>	4	0	1	0	3	1	1	3
<b>Westmoreland</b>	2	0	5	3	6	2	2	2

Source: Pennsylvania Coalition Against Domestic Violence

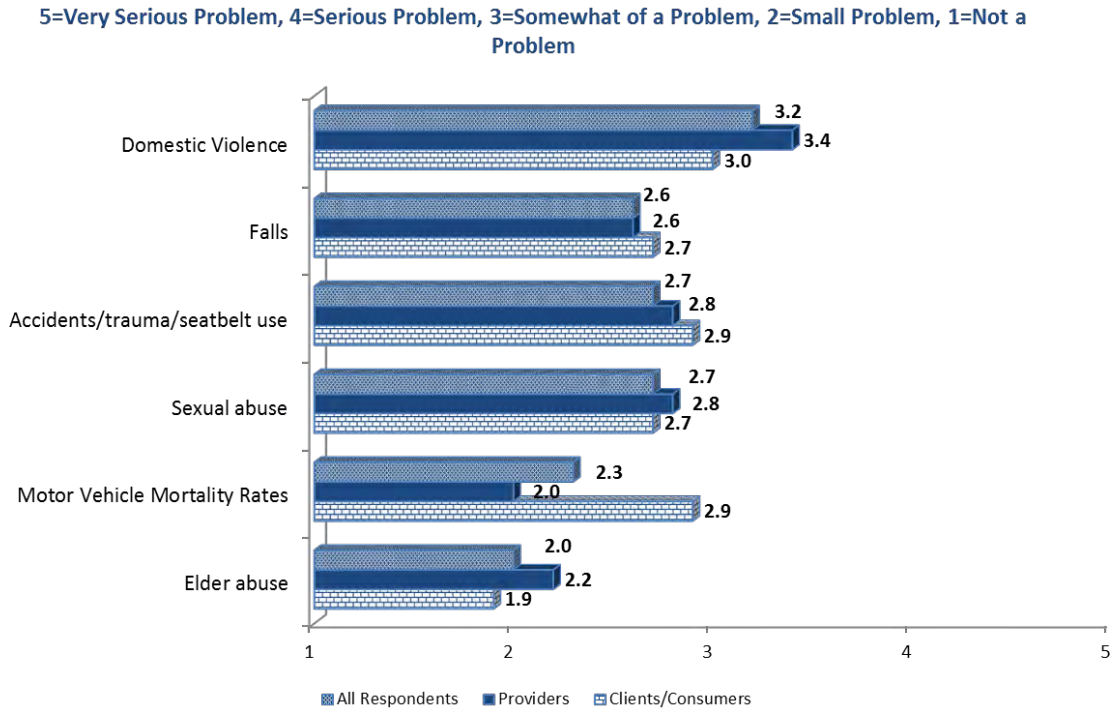
### Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 18 focus groups, representing 224 individuals.

**Figure 142** illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not at all a Problem. Of the injury related issues that were rated, respondents indicated that domestic violence was somewhat of a problem in the community. Providers/professionals were more likely to rate domestic violence as a more serious issue in the community, whereas clients/consumers were more likely to rate motor vehicle mortality rates as a serious issue in the community.



**Figure 142. Focus Groups: Injury**



Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were asked to identify and discuss what they thought were the top health or health-related problems in their community.

Similar to maternal and child health and infectious disease, unintentional/intentional injury was not identified as an area of serious concern by focus group participants. Although not identified as a high priority need, there was some discussion in this category focused on motor vehicle accidents and child abuse.

## Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by WPAHS hospitals. The following information is derived from a total of 31 interviews.

Child abuse was identified as an area of concern in the region by some interview participants. Reflecting this sentiment, one stakeholder commented, "We often fail to respond when there is a history of trauma linked to acquired disease." A small number of stakeholders indicated that "we need to recognize that children grow up in challenged neighborhoods where they witness abuse, street violence, etc." Beyond child abuse and sports-related injuries, there were no further comments related to other forms of injury within the adolescent population.

The largest number of injury-related comments centered on the senior population. Interviewees and focus group participants expressed concerns about falls suffered by seniors, especially seniors who live alone. Discussions revealed that education is needed for older adults on simple things that seniors can do to make their homes safer.

## Injury Conclusions

There are a number of conclusions regarding injuries from all of the quantitative and qualitative data presented. They include:

- The vehicle mortality rate was significantly lower in Allegheny County compared to that of the state.
- In 2009, the suicide rate in Beaver County was significantly higher than that of the state. In 2010, the rate in Allegheny County was significantly lower than the state.
- Mortality rates associated with falls were significantly higher than the state in Allegheny County in 2007 and 2009 and in Westmoreland County in 2008.
- Firearm mortality in the service region was comparable to state rates in 2009 and 2010.
- Burn inpatient discharges have declined slightly over the past three years (5 percent).
- Head injury hospitalizations have decreased 17 percent over the past three years from 638 to 529.

Conclusions from the focus groups and interviews included:

- Domestic violence was rated as somewhat of a problem in the community by focus group participants, although the participants also commented on the seriousness of motor vehicle accidents and child abuse in the region. Focus group participants also commented on the seriousness of falls in the senior population.
- Child abuse was also identified as an area of concern in the region by some interview participants, as was sports-related injury. The largest number of injury-related comments centered on the senior population. Interviewees expressed concerns about falls suffered by seniors, especially seniors who live alone. Discussions revealed that education is needed for older adults on simple things that seniors can do to make their homes safer.

## Injury Conclusions

There are a number of conclusions regarding injuries from all of the quantitative and qualitative data presented. They include:

- The vehicle mortality rate was significantly lower in Allegheny County compared to that of the state.
- In 2009, the suicide rate in Beaver County was significantly higher than that of the state. In 2010, the rate in Allegheny County was significantly lower than the state.
- Mortality rates associated with falls were significantly higher than the state in Allegheny County in 2007 and 2009 and in Westmoreland County in 2008.
- Firearm mortality in the service region was comparable to state rates in 2009 and 2010.
- Burn inpatient discharges have declined slightly over the past three years (5 percent).
- Head injury hospitalizations have decreased 17 percent over the past three years from 638 to 529.

Conclusions from the focus groups and interviews included:

- Domestic violence was rated as somewhat of a problem in the community by focus group participants, although the participants also commented on the seriousness of motor vehicle accidents and child abuse in the region. Focus group participants also commented on the seriousness of falls in the senior population.
- Child abuse was also identified as an area of concern in the region by some interview participants, as was sports-related injury. The largest number of injury-related comments centered on the senior population. Interviewees expressed concerns about falls suffered by seniors, especially seniors who live alone. Discussions revealed that education is needed for older adults on simple things that seniors can do to make their homes safer.

(This page intentionally left blank)

(This page intentionally left blank)

# CONCLUSIONS





(This page intentionally left blank)



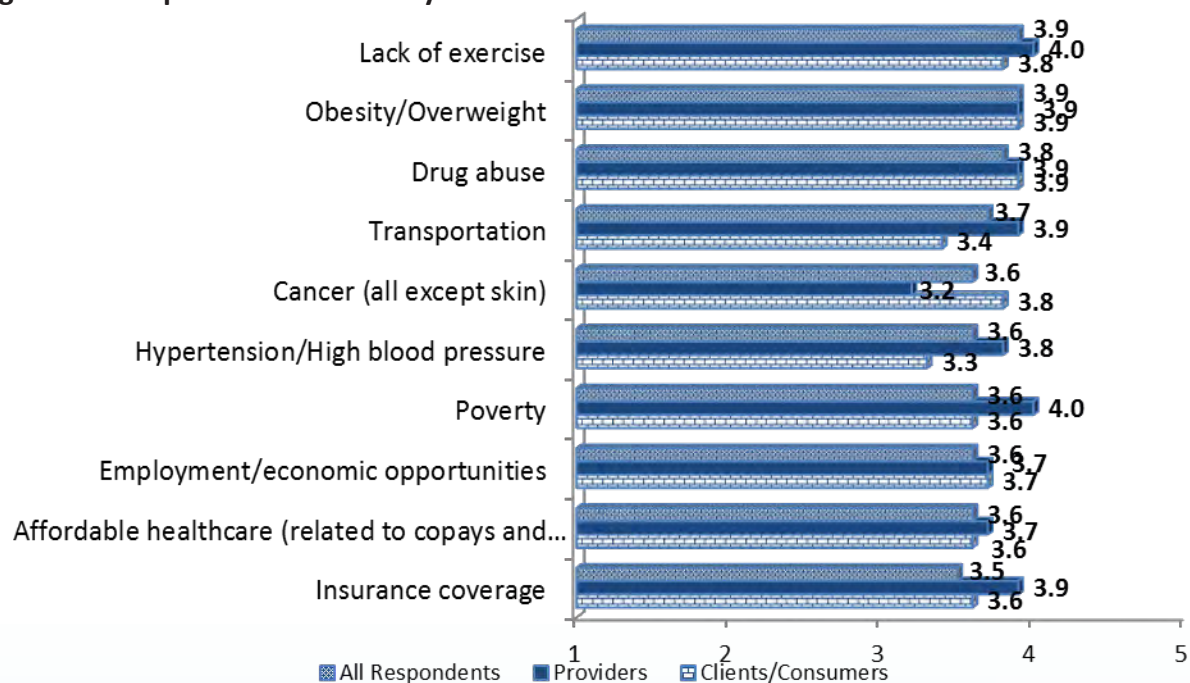
## Conclusions

Conclusions from the focus groups and stakeholder interviews as well as the secondary data are summarized below. Recall that focus groups and stakeholder interviews are qualitative and exploratory in nature, intending to capture the opinions of the individuals participating in the group or interview. The following focus group and stakeholder interview conclusions represents the opinions of individuals who participated and are not necessarily representative of the opinions of the broader community served by the hospital.

### Focus group top issues and other input

**Figure 143** illustrates the overall Top 10 community health needs and issues rated by focus group participants where 5=Very Serious Problem and 1= Not at all a Problem. Respondents rated Lack of Exercise, Obesity and Overweight, Drug abuse and Transportation as serious problems in the community. There was little variation in responses between providers/professionals and clients/consumers related to these topics.

**Figure 143. Top overall community health issues**



Source: WPAHS 2012 Focus Groups, Strategy Solutions, Inc.

## **Managing Personal Health**

During the focus groups, participants were asked to identify strategies that should be used to manage personal and family health. Participants suggested that parents and other individuals need to be positive role models for children and live healthy lifestyles, which entails exercise, not smoking and not using drugs and alcohol. Employing healthy and nutritious eating habits and taking personal responsibility for an individual's own health and health care was recognized as being very important. This includes having regular medical and dental check-ups and being knowledgeable about the programs and services that are available and having the motivation to take advantage of them.

## **Potential Solutions to Community Health Needs and Issues**

Focus group participants were also asked to discuss and identify potential solutions to community health needs and issues. The following were possible solutions to these issues discussed by stakeholders.

Potential solutions suggested to address access related issues included improving the public transportation system, offering a subsidy for low income riders and developing a rail system to downtown Pittsburgh from outlying areas. Several ideas were discussed related to making it easier to access health care services including providing incentives for preventative screenings, offering additional screenings in the community at locations such as "Walgreen's" and expanding "free" hospital care and paramedics. A streamlined referral hotline for health and human service resources was also recommended. Participants also identified the need for culturally competent community based programs and increased access to services through agencies devoted to immigrants and refugees such as LIRS (Lutheran Immigrant Refugee Services) and AJAPO (Acculturation for Justice, Access & Peace Outreach).

Possible solutions suggested to address education and support related issues included offering mentoring programs and parenting classes in the school system. Participants indicated that there is a need to increase nutritional programs available in both schools and in the broader community. Individuals commented that support programs such as Gilda's Club are not available in all areas and transportation is often an issue that is a barrier to taking advantage of the programs that do exist. Additional health education programs should be offered through organizations such as the American Cancer Society and AARP (American Association of Retired Persons).

Potential solutions suggested to address physical activity and nutrition related issues included changes in the work environment such as employers providing gyms or workout areas in workplaces. Companies should offer incentives for exercise or make it mandatory if they pay the insurance. Individuals commented that more neighborhoods need grocery stores that offer healthy, fresh and affordable foods and identified a need for increased access to “Meals on Wheels” or similar services for seniors.

Possible solutions for issues related to economic opportunities suggested by focus group participants included providing people with better economic opportunities by bringing more businesses to the Pittsburgh area. There is a perception that communities need to better utilize their assets and access more federal grant money. Other ideas included increase law enforcement and lobbying congress related to the impact of funding cuts.

Participants were also asked to identify key influencers in the community that could make an impact on improving community health. Organizations identified included hospitals and the medical community, schools/universities, the court system, churches, government/elected officials, social service organizations, religious organizations, business owners, unions, chambers of commerce, YMCAs, and senior centers.

When asked to comment on health care system changes that could or should be made in order to improve the health status of the community, a number of ideas and themes were discussed. Many respondents talked about the need to lower costs and increase access to care by making changes in the insurance industry to make insurance more affordable and expand access to insurance. Others discussed the need for additional federally qualified health care centers and more medical providers that were culturally sensitive and used interpreters, who spend more time with patients, and offer personalized services to meet individual needs.

A number of participants indicated that services should be redesigned to increase the integration between behavioral and mental health and other providers and better manage discharges to community providers, improve self-management of chronic diseases, and promote health assessments. Some participants also noted that more options for maternity care are needed in the community.

## Access conclusions

Overall, the quantitative data available suggests that sizable portions of the regional population lack appropriate access to care because they do not have or appropriately see a primary care provider, do not have health insurance, or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access fixed route public transportation, and some hospitals are not accessible by public bus routes. There are a number of conclusions regarding access related issues from the all of the quantitative and qualitative data presented. They include:

### Health status and routine care

- Compared to respondents across Pennsylvania, a significantly higher portion of BRFSS respondents living in the Indiana-Cambria-Somerset-Armstrong region and Fayette-Green-Washington region indicated that their general health was fair or poor.
- Almost a quarter of the region's population (ranging from 19 percent to 23 percent in individual counties) reported that their physical health was not good one or more days in the past month.
- Thirteen percent (13 percent) of Pennsylvania respondents indicated that they had no health insurance. While fewer Allegheny County respondents (12 percent) responded likewise, compared to the state and Allegheny County, a higher portion (up to 15 percent) of respondents from all other counties in the WPAHS primary service region indicated that they had no health insurance.
- Allegheny County respondents ages 18 to 44 were significantly more likely to indicate that they had no personal healthcare provider compared to 18 to 44 year olds across the state. With the exception of Westmoreland County, the entire region's county level rates are lower than the Healthy People 2020 goal.
- Between 80 and 85 percent of the region's population had a routine check-up in the past two years. A Healthy People 2020 goal is that no more than 4.2 percent of the population in the United States needing to see a doctor will not do so because of costs. The portion of residents in each of the counties in the WPAHS primary services region exceeded this goal.
- According to the county health rankings, between 55 and 60 percent of the women in the service area counties have appropriately had mammogram screenings.

### Barriers to care

- Somewhere between 15% and 17% of adults in the service area have low health literacy, depending on the definition used.

- There are significant portions of the primary service area that do not have access to public transportation.
- Although the number has declined in recent years, a portion of WPAHS's ED visits (7,326) are for ACSC. The same trend is observed in the market hospital discharge rate for ACSC, which is at 167.7 per 10,000 people (all discharges from all hospitals).

#### Focus group and stakeholder interview conclusions

- According to focus group participants, the high senior population, lack of preventative care, health insurance, transportation, education, cultural and language issues, mental health and funding are all affecting access to care and ultimately health status. Providers/professionals who attended the focus groups consistently rated all access-related issues as more of a problem than clients/consumers. The most serious perceived access problem areas by focus group participants and stakeholders interviewed include transportation, affordable healthcare, insurance coverage, mental and physical disabilities, and access to mental health services.
- When discussing access to care, stakeholders who were interviewed also voiced concerns regarding the lack of continuity across the continuum of care. They cited the lack of tracking systems within the health systems as a barrier to quality care. Clinicians, even within the same system, are often unable to see previous test results and episodes of care that would enable a holistic approach to care management.

#### Chronic disease conclusions

Overall, the service region population has a number of issues and challenges related to chronic disease. Behavioral risks in the service area where the regional rates were worse than the state or nation include the percentage of adults over age 35 who have been told they had heart disease, a heart attack or stroke, and the percentage of adults who have ever been told they have diabetes. The service region has increasing rates of breast cancer and high rates of bronchus and lung cancer, heart disease, heart attack mortality, and obesity, but is improving in the areas of prostate cancer mortality, heart disease, heart attack and coronary heart disease mortality.

There are a number of conclusions regarding chronic disease-related issues from all of the quantitative and qualitative data presented. They include:



### Cancer

- In general, the breast cancer incidence rate is increasing across the WPAHS primary service region. The breast cancer rate in Allegheny County was significantly higher than that of Pennsylvania in 2007, 2008 and 2009.
- The bronchus and lung cancer incidence rate in Allegheny was significantly higher than that of the state in 2007, 2008 and 2009.
- The bronchus and lung cancer mortality rates for Allegheny County in 2007 and 2010 and for Washington County in 2008 were significantly higher than the state mortality rates.
- Colorectal cancer mortality rates showed a declining pattern in Pennsylvania, Allegheny County and Armstrong County.
- Prostate cancer incidence rates declined in Beaver County and were significantly lower than those across Pennsylvania in 2007, 2008 and 2009. At the same time, prostate cancer rates in Butler County increased and were significantly higher than the state in 2008 and 2009.

### Cardiovascular disease

- The percentage of people under 35 years old who have been told they had heart disease and the percentage under 35 who were told that they had had a heart attack was significantly higher in the Fayette-Greene-Washington region than across the state. This same relationship was observed in the population over 65.
- Mortality associated with heart disease, in general, appears to be declining. However, heart disease mortality rates in Armstrong County were significantly higher than those across Pennsylvania in 2007, 2009 and 2010.
- The percentage of individuals over 65 who had been told they had a heart attack was significantly higher in Allegheny County than in the state.
- Mortality associated with heart attack has declined in all six counties that make up the WPAHS primary service region. However, it remained significantly higher in Westmoreland County compared to rates across Pennsylvania.
- Coronary heart disease mortality rates are generally declining across the WPAHS primary service area but remained significantly higher in Allegheny and Westmoreland counties in 2007 and 2009 compared to Pennsylvania.

### Obesity and diabetes

- More than one third of the service region's population is considered overweight, with a significant portion considered obese. Obesity rates are higher in Armstrong County than other areas of the region (significantly higher than the state rate).
- Although the rates are declining throughout the state, the diabetes mortality rates are significantly higher in Washington and Westmoreland counties than in the state and are not declining.
- The percentage of students with both type 1 and type 2 diabetes in the region is higher than the state rates. The diabetes rates are higher in Armstrong and Butler counties than they are in other areas of the service region.

Within the system, the greatest percentage of respondents who indicated that they were overweight was Westmoreland County residents. The portion of obese individuals was significantly higher, compared to the state, in the Indiana-Cambria-Somerset-Armstrong region. Diabetes mortality rates were significantly higher than the state rates for Armstrong County in 2009, Butler County in 2008, Washington County in 2007, 2008, and 2009, and in Westmoreland County in 2010.

### Focus group and stakeholder interview conclusions

- Focus group participants (both providers and consumers) rated obesity/overweight as the top chronic disease-related health problem, followed closely by hypertension/high blood pressure, cancer, diabetes and heart disease. Education and chronic care management are key issues.
- Stakeholders indicated that obesity is a major concern and the root of many other health problems and expressed that sickle cell anemia is a concern in the region. Education is needed to address obesity and diabetes.

### Healthy environment conclusions

Overall, there are a number of conclusions regarding healthy environment-related issues from all of the quantitative and qualitative data presented. They include:

- The medically diagnosed student asthma rates are higher in Allegheny County than the remainder of the service region for two of the last three years.
- High school graduation rates are substantially lower in Armstrong and Beaver counties than in the remainder of the service region.
- Although the national air quality standards have been met, the number of air pollution ozone days is higher in Allegheny County than in other areas of the region. With the exception of Butler County, all service area counties are higher than the state.

- Homelessness affects a significantly larger number of people in Allegheny County than other parts of the service region, and a sizable percentage of homeless persons suffer from mental illness and other health related issues.

### Healthy mothers, babies and children conclusions

While women across the WPAHS service region are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women smoke in many counties of the service territory. With the exception of Butler County, women across the service region are also less likely to breastfeed. Teen pregnancy rates in the region are declining and the rate of live births to teens in Allegheny County is also lower than the state. Infant mortality rate in Allegheny County is higher than the state rate and significantly higher among the black population. Head Start students have a high need for dental care.

Sizable portions of the student population are classified as either overweight or obese based on their BMI and many engage in risky behavior.

Overall, there are a number of conclusions regarding healthy mothers, babies and children-related issues from all of the quantitative and qualitative data presented. They include:

#### Pregnancy and related care

- Women across the WPAHS service region are more likely to access prenatal care during the first trimester of pregnancy as compared to women across the state, with the exception of residents of Beaver County.
- A significantly higher portion of pregnant women living in Armstrong, Beaver, Washington and Westmoreland counties smoked during pregnancy compared to those across Pennsylvania.
- Mothers in Allegheny, Butler, Washington and Westmoreland counties were significantly less likely to report using Women Infants and Children (WIC) assistance than those across the state. Mothers in Armstrong and Beaver counties in 2008 and 2010 were significantly more likely, compared to mothers across the state, to access WIC services.
- A significantly higher portion of mothers in Butler County compared to the state, breastfed their infants. A significantly lower portion of mothers in Armstrong, Washington, and Westmoreland counties, compared to mothers across the state, breastfed their infants.
- In 2010, the CDC reported a record low in teen births nationally. From 1991 to 2010, there was a 44 percent decline in national teen birth rates.



- The teen pregnancy rate in Butler, Washington and Westmoreland counties were significantly lower than that of the state in 2007, 2008, 2009 and 2010. Teen pregnancy rates in Allegheny County were significantly lower than those across Pennsylvania in 2007, 2008 and 2009.
- The percent of teen pregnancies (age 15-19) that resulted in a live birth was significantly lower in Allegheny County than the percent of teen pregnancies across Pennsylvania that resulted in a live birth in 2007, 2008, 2009 and 2010.
- In Armstrong and Beaver counties in 2010, Butler County in 2008, and Washington County in 2008 and 2009, the percentage of teen pregnancies (age 15-19) that resulted in a live birth in were significantly higher, compared to the state.

#### Child health

- Both K-6 and 7-12 data indicate that childhood obesity is potentially a greater problem in Armstrong County than in the surrounding areas.
- Infant mortality in the black population in Allegheny County has decreased in recent years, but is still significantly higher than in the white population.
- A sizable portion of the youth population in Allegheny County (15 percent or more) has engaged in risky behaviors. About a quarter (27 percent) indicated that they are frequently depressed or have attempted suicide; more than a third (34 percent) has engaged in three or more acts of violence in the past 12 months.
- Compliance with follow-up dental treatment among Head Start children is a challenge (only 44.5 percent of those referred received treatment).

#### Focus group and stakeholder interview conclusions

- While child abuse, teen pregnancy and early childhood development are the top issues within the maternal/child health category, none of them were on the list of top health priority issues in any of the individual focus groups.
- Stakeholders indicated that issues related to parenting and child care impact health status, the ability to learn, and ultimately population health, and these need to be priority issues for the future.

#### Infectious disease conclusions

There are a number of conclusions regarding infectious disease-related issues from all of the quantitative and qualitative data presented. They include:

- One of the HP 2020 goals is that 90 percent of all adults over the age of 65 will have gotten a pneumonia vaccine. The proportion of adults over 65 who receive their pneumonia shot across

Pennsylvania and the WPAHS primary service region did not meet that goal. However, a significantly higher proportion of seniors in Allegheny County reported receiving their pneumonia shot.

- Chlamydia and gonorrhea Incidence rates are significantly higher in Allegheny County compared to those across Pennsylvania.
- Compared to Pennsylvania, a significantly smaller proportion of individuals living in the Indiana-Cambria-Somerset-Armstrong county region, the Beaver-Butler county region and the Fayette-Greene-Washington county region have ever been tested for HIV.

#### Focus group and stakeholder interview conclusions

- Focus group participants indicated that sexual behaviors, sexually transmitted diseases and HIV/AIDS are top issues.
- Stakeholders expressed concern over hospital infections rates and the prevalence of HIV/AIDS.

#### **Mental health and substance abuse conclusions**

Mental health and substance abuse related needs and issues are growing in prevalence throughout the service territory. Over the past several years, drug induced mortality and mental and behavioral disorder mortality rates were significantly higher in Allegheny County than throughout the state. It is estimated that almost one quarter of the population of 18 to 25 year olds have a substance abuse problem. Prescription drug abuse appears to be growing along with heroin use.

Focus group and stakeholder interview participants indicated that drug abuse, depression/behavioral and mental health issues, alcohol abuse, anxiety and prescription and illegal drug abuse (particularly heroin) are all serious health issues. Substance abuse is four times higher in the LGBT community.

There are a number of conclusions regarding mental health and substance-related issues from all of the quantitative and qualitative data presented. They include:

- The proportion of adults ages 45 to 64 living in the Beaver-Butler region that reported engaging in binge drinking on one occasion was significantly greater than the proportion of Pennsylvanians who did the same.
- Drug-induced mortality rates are significantly higher in Allegheny County than across the state.
- Compared to the state, mortality rates associated with mental and behavioral disorders was significantly higher in Allegheny County in 2007, 2009, and 2010, in Beaver County in 2008, in Butler County in 2010, and in Westmoreland County in 2008.

- It is estimated that a significant portion of the population (up to 20.4 percent of the 18-25 year olds) has a substance abuse problem.
- Prescription drug misuse is estimated to affect a significant portion of the population (up to 60 percent).
- By grade 10, a sizable portion of young people have participated in one or more at-risk behaviors such as alcohol, tobacco or drug use.

#### Focus group and stakeholder interview conclusions

- Focus group participants indicated that drug abuse, depression/mental health issues, alcohol abuse, anxiety and prescription and illegal drug abuse (particularly heroin) are all serious health issues. The prevalence is on the rise and affects all demographics.
- Stakeholders expressed that behavioral and mental health issues are huge concerns; overdoses are increasing; living in poverty brings stress, substance abuse and violence. One stakeholder who represented the LGBT community indicated that substance abuse and suicide were higher in this population. There is also a need for primary care physicians who are sensitive to the needs of this community.

#### Physical activity and nutrition conclusions

There are a number of conclusions regarding physical activity and nutrition-related issues from all of the quantitative and qualitative data presented. They include:

- A sizable portion of the population (25-29 percent) of the service region reports no physical activity in the past 30 days.
- Women and those who have a college degree in Armstrong (and related counties) are significantly less likely to have engaged in physical activity.
- Between 44 and 55 percent of the restaurants in the service region are fast food restaurants.
- A sizable number of students within the service region are eligible for free or reduced price lunches. This ranges from a low of 22.9 percent in Butler County to a high of 40.4 percent in Armstrong County. There are 11 school districts in Allegheny County where more than 50 percent of the children qualify for free and reduced price lunches.
- A significant portion (up to one third) of the service area population has low access to a grocery store. This ranges from a low of 5 percent in Armstrong County to a high of 33 percent in Westmoreland County.

#### Focus group and stakeholder interview conclusions

- Focus groups identified lack of exercise and lack of access to healthy food as serious issues in the service region. They and note that obesity and poor nutritional eating habits, as well as education on healthy eating, are health issues.
- Stakeholders cited lifestyle and economic challenges as associated with difficulty accessing and preparing healthy foods.

#### Tobacco use

There are a number of conclusions regarding tobacco-related issues from all of the quantitative and qualitative data presented. They include:

- Approximately half of the service region population reports never having been a smoker, and about a quarter of the population indicates that they are former smokers.
- When compared to the state, Westmoreland County has a significantly lower percentage of adults who report that they are current smokers (15 percent). The current smoking rate in all counties of the service region is above the Healthy People 2020 goal of 12 percent.
- About half of current smokers throughout the service region quit at least one day in the past year, with the exception of those in Beaver and Butler counties, where only about a third of current smokers in those counties quit for at least one day in the past year.
- A significantly higher percentage of women in Armstrong County (27 percent) are current smokers compared to the state rate.
- Compared to the state, a significantly greater proportion of residents of the Fayette-Greene-Washington county region reported being an everyday smoker.
- Emphysema mortality rates are significantly higher in Westmoreland and Allegheny counties than they are across the state.

#### Focus group and stakeholder interview conclusions

- Focus group participants rated tobacco use as a serious issue in the community, more so than smoking during pregnancy.
- A few stakeholders commented that smoking is still a problem in the community and that tobacco use is related to other issues such as COPD and cardiac problems. They expressed a need to deal with addiction issues overall in the community.

## Injury conclusions

There are a number of conclusions regarding injuries from all of the quantitative and qualitative data presented. They include:

- The vehicle mortality rate was significantly lower in Allegheny County compared to that of the state.
- In 2009, the suicide rate in Beaver County was significantly higher than that of the state. In 2010, the rate in Allegheny County was significantly lower than the state.
- Mortality rates associated with falls were significantly higher than the state in Allegheny County in 2007 and 2009 and in Westmoreland County in 2008.
- Firearm mortality in the service region was comparable to state rates in 2009 and 2010.
- Burn inpatient discharges have declined slightly over the past three years (5 percent).
- Head injury hospitalizations have decreased 17 percent over the past three years from 638 to 529.

## Focus group and stakeholder interview conclusions

- Domestic violence was rated as somewhat of a problem in the community by focus group participants, although the participants also commented on the seriousness of motor vehicle accidents and child abuse in the region. Focus group participants also commented on the seriousness of falls in the senior population.
- Child abuse was also identified as an area of concern in the region by some interview participants, as was sports-related injury. The largest number of injury-related comments centered on the senior population. Interviewees expressed concerns about falls suffered by seniors, especially seniors who live alone. Discussions revealed that education is needed for older adults on simple things that seniors can do to make their homes safer.

(This page intentionally left blank)

# PRIORITIZATION AND IMPLEMENTATION





(This page intentionally left blank)



## Prioritization and Implementation Strategy

On February 4, 2013, the WPAHS steering committee met to review all of the primary and secondary data collected through the needs assessment process and to identify key community issues. **Table 61** outlines all of the priority issues that were identified during the CHNA process.

**Table 61: Overall community issues**

Access - Transportation to/from medical services	Social Environment - Poverty/lack of Jobs/unemployment
Access - Insurance/affordability of health care/copays	Healthy Mothers, Babies & Children - Tobacco use during pregnancy
Access - Health literacy/language	Healthy Mothers, Babies & Children - Infant mortality
Access - Early screening	Healthy Mothers, Babies & Children - Teen pregnancy
Access - Access to mental health services	Healthy Mothers, Babies & Children - Childhood obesity
Chronic Disease - Cardiovascular disease	Infectious Disease - Flu & pneumonia
Chronic Disease - Breast cancer	Infectious Disease - STDs
Chronic Disease - High blood pressure/ hypertension	Mental Health/Substance Abuse - Alcohol abuse
Chronic Disease - Diabetes	Mental Health/Substance Abuse - Drug abuse
Chronic Disease - Bronchus and lung cancer	Mental Health/Substance Abuse - Prescription drug misuse/abuse
Chronic Disease - Prostrate cancer	Physical Activity/Nutrition: Lack of physical activity
Chronic Disease – Colon-rectum cancer	Physical Activity/Nutrition: Eating habits/access to healthy foods
Chronic Disease - Obesity	Tobacco use
Healthy Environment - Air and water quality	Injury - Homicide due to firearms
Healthy Environment - Asthma and COPD related issues	Injury - Falls
Social Environment - Housing	Injury - Suicide
Social Environment - Crime/violence	Injury - Head injuries

The group then prioritized the issues and to identify areas ripe for potential intervention. The meeting was facilitated by Debra Thompson, President of Strategy Solutions, and guided participants through a prioritization exercise using the OptionFinder audience response polling technology. In preparation for the prioritization meeting, an internal WPAHS team composed of leadership and staff identified four criteria by which the issues would be evaluated. Outlined in **Table 62**, these criteria included:

**Table 62: Prioritization criteria**

Item	Definition	Scoring		
		Low (1)	Medium	High (10)
Accountable Entity	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for another entity in the community to take a lead role to address	This is important but is not for this action planning effort OR this is something that is an opportunity for collaboration between the hospital and the community	This is an important priority for the hospital/ health system to take a lead role to address
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

A total of 21 WPAHS steering committee members completed the system prioritization exercise. After the presentation of the data, the steering committee rated each of the issues that were identified in the data collection process on a 1 to 10 scale for each criterion using the OptionFinder audience response polling system.

The system steering committee meeting was followed by individual meetings of each of the hospital steering committee. Each individual hospital steering committee followed the same format of data presentation, discussion and prioritization, based the data collected and analyzed for that individual hospital. **Table 63** outlines the dates of the individual steering committee meetings and the number of steering committee participants in each session.

**Table 63: Hospital steering committee prioritization meetings**

Allegheny General	Allegheny Valley	Canonsburg	Forbes Regional	West Penn
February 11, 2013 13 participants	February 12, 2013 9 participants	February 12, 2013 12 participants	February 11, 2013 9 participants	February 19, 2013 10 participants

A special meeting was held with the board of the Suburban Health Foundation board on February 19, 2013 to review the data for the Suburban service area and to prioritize the issues identified in the CHNA process. The input from this session is included in the overall WPAHS prioritization results.

**Tables 64 and 65** outline the top priority needs identified by steering committees based on the hospital being identified as the accountable entity as well as a high combined score of magnitude, impact and the hospital's capacity to effect change and a summary of the aggregate results across the system.

**Table 64: Overall prioritization results by hospital**

	AGH	AVH	CGH	FRH	WPH
1	Cardiovascular Disease	High Blood Pressure	Diabetes	Obesity	Early Screening
2	High Blood Pressure	Diabetes	High Blood Pressure	Cardiovascular Disease	Cardiovascular Disease
3	Diabetes	Cardiovascular Disease	Cardiovascular Disease	Diabetes	Flu & Pneumonia
4	Access to Mental Health Services	Early Screening	Breast Cancer	High Blood Pressure	Diabetes
5	Early Screening	Obesity	Flu & Pneumonia	Breast Cancer	Breast Cancer
6	Breast Cancer	Prostate Cancer	Bronchus & Lung Cancer	Early Screening	
7	Flu & Pneumonia	Bronchus & Lung Cancer	Health Literacy	Access to Mental Health Services	
8	Bronchus & Lung Cancer	Breast Cancer		Bronchus & Lung Cancer	
9	Colorectal Cancer	Colorectal Cancer		Flu & Pneumonia	

**Table 65: WPAHS aggregate prioritization results**

1	Diabetes
2	High Blood Pressure/Hypertension
3	Cardiovascular Disease (Heart Disease, Cholesterol, etc.)
4	Early Screening
5	Hospital Infection Rates
6	Breast Cancer
7	Flu & Pneumonia
8	Bronchus & Lung Cancer
9	Colorectal Cancer

Following the stakeholder prioritization, which included participation by individuals with expertise in public health and representatives of medically underserved populations, and based on the greatest

needs related to the health system and hospital's mission, current capabilities, resources and focus areas, top priorities and strategies to meet identified needs were developed by key WPAHS leaders and staff. Each hospital reviewed its current community benefit and disease management programs, identified the programs and strategies that best aligned with the needs, capabilities and resources of that individual hospital, and then developed individual implementation strategies for each selected issue.

### Allegheny General Hospital

The Allegheny General Hospital (AGH) governing body has approved an implementation strategy to meet the needs identified through the community health needs assessment. The implementation strategy is a written plan that addresses each community health need identified through the community health needs assessment. The following are high level summaries of AGH's implementation strategy to address each identified need:

#### Heart disease and high blood pressure

- **Goal:** Educate the community on heart disease and counsel on how to counteract preventable causes.
- **Program:** Pharmacy to institute biweekly blood pressure screenings at AGH during which individuals will be educated about their medications and about preventing heart disease.
- **Resources:** Pharmacist, pharmacist resident and staff time and expertise as well as screening and educational materials.
- **Evaluation Metrics:** Number of community lives touched via screenings and the distribution and dissemination of educational materials.

#### Heart attack, congestive heart failure, pneumonia, and/or multiple chronic conditions/medications among Medicare patients

- **Goal:** Improve quality of care and health outcomes of Medicare beneficiaries through strengthened care transition management.
- **Program:** CMS sponsored Allegheny County Community-Based Care Transition Program that involves medication reconciliation, red flag awareness, personal health record utilization and timely follow-up.
- **Resources:** AGH case managers and Allegheny County Area Agency on Aging transition coaches.
- **Evaluation Metrics:** Patient enrollment, post-acute care contacts, and reduction in readmissions for Medicare beneficiaries.

#### Diabetes

- **Goal:** Raise public awareness of early signs and symptoms of diabetes.
- **Programs:** Annual public awareness, education and outreach, diabetes-focused speaker's bureau as well as cooking classes and dietary counseling.

- **Resources:** Staff and physician time and expertise and educational and screening materials.
- **Evaluation Metrics:** Number of community lives touched via screenings and educational outreach programming. Number of speaker's bureau engagements, classes and counseling sessions.

#### Breast, lung and colon cancers

- **Goal:** To raise awareness, educate, screen and support the community through patient navigation.
- **Programs:** Cancer prevention education and outreach, healthy living education and outreach, monthly survivorship support, early screening events.
- **Community Partners:** American Cancer Society & Gilda's Club.
- **Resources:** Clinical patient navigators, other staff time and expertise and screening and educational materials.
- **Evaluation Metrics:** Number of people served, screened and educated as well as pre and post assessments with survivorship support participants.

#### Allegheny Valley Hospital

The Allegheny Valley Hospital's (AVH) governing body has approved an implementation strategy to meet the needs identified through the community health needs assessment. The implementation strategy is a written plan that addresses each community health need identified through the community health needs assessment. The following are high level summaries of AVH's implementation strategy to address each identified need:

#### Diabetes

- **Goal:** Improve disease management among diabetes patients.
- **Programs:** Train primary care physicians in diabetes care and management, improve routine testing for diabetic patients, decrease wait times for new patients to access diabetes services and expand diabetes educational outreach and screenings.
- **Resources:** Physician and staff time and expertise, screening and educational materials.
- **Evaluation Metrics:** Number of physicians trained. Increase achievement of practice quality for comprehensive diabetes care criteria. Number of diabetes-related programs offered and lives touched.

#### Breast and Colon Cancer

- **Goal:** Utilize routine diagnostic testing to promote early detection/diagnosis.
- **Programs:** Patient navigators used to schedule follow-up screening tests and expand breast and colorectal health screening educational outreach.
- **Resources:** Physician, patient navigator and staff time and expertise and screening and educational materials.

- **Evaluation Metrics:** Decrease late stage diagnosis of colorectal cancer. Increase achievement of practice quality for annual mammogram screening. Number of outreach education sessions conducted and lives touched.

### Canonsburg General Hospital

The Canonsburg General Hospital (CGH) governing body has approved an implementation strategy to meet the needs identified through the community health needs assessment. The implementation strategy is a written plan that addresses each community health need identified through the community health needs assessment. The following are high level summaries of CGH's implementation strategy to address each identified need:

#### Diabetes

- **Goal:** Reduce risk of type II diabetes, raise awareness of early signs and symptoms and educate.
- **Programs:** Healthy lifestyle education for school age children and community and employee education, screening and outreach.
- **Resources:** Physician and staff time and expertise and screening and educational materials.
- **Evaluation Metrics:** Number of people served and screened as well as pre and post-tests to assess comprehension.

#### Heart disease and high blood pressure

- **Goal:** Educate the community on heart disease and counsel on how to counteract preventable causes.
- **Program:** Pharmacy to institute community blood pressure screenings during which individuals will be educated about their medications and about preventing heart disease.
- **Resources:** Pharmacist, pharmacist resident and staff time and expertise and screening and educational materials.
- **Evaluation Metrics:** Number of community lives touched via screenings and educational outreach programming.

#### Heart attack, congestive heart failure, pneumonia, and/or multiple chronic conditions/medications among Medicare patients

- **Goal:** Improve quality of care and health outcomes and reduce readmissions of Medicare beneficiaries through strengthened care transition management
- **Program:** CMS sponsored Western Pennsylvania Community-Based Care Transitions Program: Medication reconciliation, red flag awareness, personal health record utilization and timely follow-up.
- **Resources:** CGH case managers and Washington County Area Agency on Aging transition coaches.

- **Evaluation Metrics:** Patient enrollment, post-acute care contacts, and reduction in readmissions for Medicare beneficiaries.

#### Breast cancer

- **Goal:** To raise awareness, educate, screen and support the community through patient navigation.
- **Programs:** Breast health and cancer education and outreach, breast navigation education to primary care physician and OB/GYN practices in Washington County, Patient navigation services and early screening events for employees and community.
- **Resources:** Clinical patient navigators, other staff time and expertise and screening and educational materials.
- **Evaluation Metrics:** Number of people served, screened and educated as well as number of physician offices reached.

#### Forbes Regional Hospital

The Forbes Regional Hospital's (FRH) governing body has approved an implementation strategy to meet the needs identified through the community health needs assessment. The implementation strategy is a written plan that addresses each community health need identified through the community health needs assessment. The following are high level summaries of FRH's implementation strategy to address each identified need:

#### Diabetes and associated co-morbidities including obesity and cardiovascular disease

- **Goal:** Raise awareness, educate, prevent and improve disease management through outreach activities.
- **Programs:** Create diabetes education series, refocus annual Forbes Regional Health fair on diabetes/obesity/cardiovascular disease, expand education and screenings, provide diabetes support groups through Joslin Center and provide diabetes education and screening tools to primary care physician offices.
- **Resources:** Physician and staff time and expertise, screening and educational materials.
- **Evaluation Metrics:** Number of people served and screened as well as pre and post-tests to assess comprehension. Number of physicians trained.

#### West Penn Hospital

The Western Pennsylvania Hospital's (WPH) governing body has approved an implementation strategy to meet the needs identified through the community health needs assessment. The implementation strategy is a written plan that addresses each community health need identified through the community health needs assessment. The following are high level summaries of WPH's implementation strategy to address each identified need:

#### Heart disease

- **Goal:** Educate and expand access to care.
- **Programs:** Preventive community education and outreach and coordination of care through EMS providers.
- **Resources:** Staff and physician time and expertise and educational and screening materials.
- **Evaluation Metrics:** Number of people served, screened and educated. Number of EMS providers educated.

#### Diabetes and obesity

- **Goal:** Reduce diabetes incidence and improve disease management.
- **Programs:** Raise awareness through preventive education and outreach, engage in process improvement to decrease readmissions and train primary care physicians in diabetes care.
- **Resources:** Physician and staff time and expertise and screening and educational materials.
- **Evaluation Metrics:** Number of physicians trained and number of lives touched via educational outreach and screenings. Reduction in readmissions for diabetes patients.

#### Breast and colorectal cancers

- **Goal:** Develop awareness, education and prevention programs.
- **Programs:** Community breast health and cancer education, breast self-assessment screening events and expert colon cancer prevention talk. In addition, the Cancer Registry will be used as a tool to find areas of high cancer risk and incidence and community efforts will be focused in accordance.
- **Resources:** Physician and staff time and expertise and materials.
- **Evaluation Metrics:** Number of community lives touched via screenings and educational outreach programming as well as the number of prevention talks.



## Allegheny General Hospital Interview Guide

Thank you for taking the time to talk with us to support the WPAHS Community Health Needs Assessment Process.

**1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.**

2. What, in your opinion, are the top 3 community health needs for the southwest PA area?	3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?
1	
2.	
3.	
Others mentioned:	

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say....

**Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding \_\_\_\_\_. What do you feel are the key issues related to this topic area?**



**What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?**

5. What activities/initiatives are currently underway in the community to address the needs within this topic area?
  
6. What more, in your opinion, still needs to be done in order to address this community health topic area.
  
7. What advice do you have for the project steering committee who is implementing this community health assessment process?

# Community Health Assessment



## Focus Group Topic Guide Draft

November 2012  
FINAL



## I. Introduction

Hello, my name is \_\_\_\_\_ and we're going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let's get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There are no right or wrong answers in this. We're just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don't be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to "hold that thought" until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let's go around the table one at a time and I'll start. Please tell your name, a current community initiative or project that you are currently involved in (or a community health issue that is important to you) and your favorite flavor of ice cream.

Ask demographic question to determine if group are clients/consumers or providers/practitioners



## II. Overall Community Health Status

- A. Overall, how would you rate the health status of your community? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. (OptionFinder)

**NOTE:** If someone asks how we define community, ask, "How would you define it?"

- B. Why do you say that?
- C. What are the things that you think are impacting the health of the community?
- D. Why do you say that?
- E. Overall, how would you rate your individual health? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. (OptionFinder)
- F. How do you think a person's individual health affects the health of the community?

Do you think there's a link between individual health and the health of the community?

- G. Why do you say that?
- H. What do you think an individual can do to manage their personal health?
- I. The health of their family?

## III. Community Health Needs

- A. Based on your experience in your neighborhood and community, what do you think are the health need? **Run through OF questions**
- B. Review and discuss optionfinder data
- C. Discuss extent of problem
- D. Discuss personal role and accountability related to issues and challenges



- E. Discuss system solutions
- F. What are some of the other problems that are impacting the health of the community? Are there other indicators that weren't on the list?
- G. Why do you say that?

## Access to Services

- A. What solutions to these problems are currently available in the community?

What are you aware of? Are you aware of community agencies and organizations who are working on these?

- B. To what extent do people use these services/solutions?  
Why?
- C. What are the things/barriers that prevent people from using these services?
- D. Why do you say that?

## IV. Potential Solutions

- A. What should the community be doing to improve community health?  
(List on the flipchart – round robin )
- B. Which individuals or organizations do you feel are key influencers in your community that could help with these initiatives? What role can each play in assisting?
- C. What is the one problem in the community that you would change and what would you do?
- D. What health care system changes that you think need to happen to improve the health of the community? In other words, what are the changes that hospitals and health care providers can make to improve the health of the community? What are they?
- E. How likely would you be to work on any of these initiatives?
  - Are there topics that you might be interested in?

- Why?
- What would need to happen to make you change your mind?

F. Why do you say that?

G. What advice would you give those of us who are working on this community assessment?