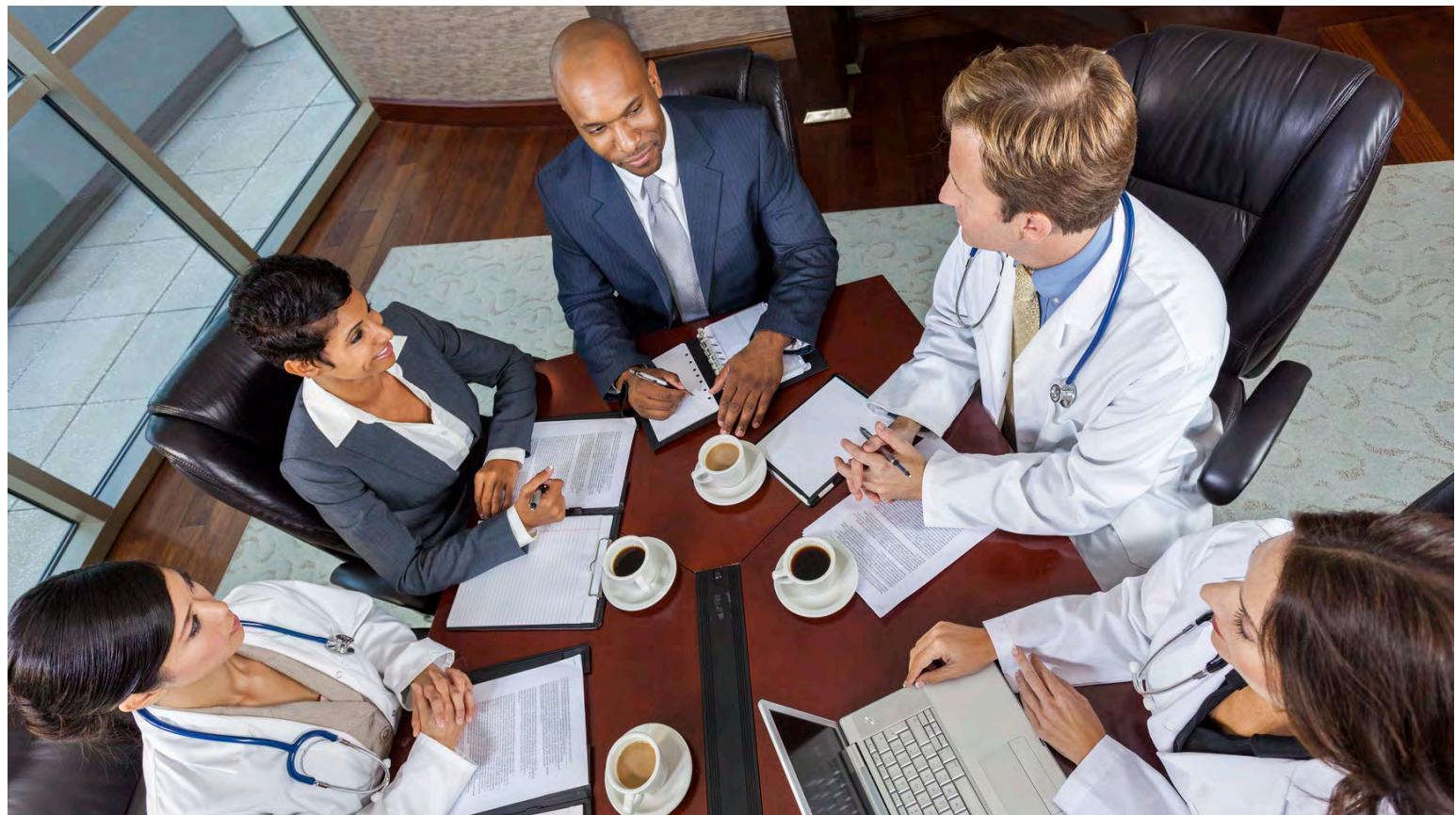


EXECUTIVE SUMMARY



(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 2013-2013 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 Hospital¹ (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

¹ 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 publicly available. It can be accessed [<here>](#)



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.

Interviews and focus groups captured personal perspectives

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).

Data Analysis

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

KEY FINDINGS

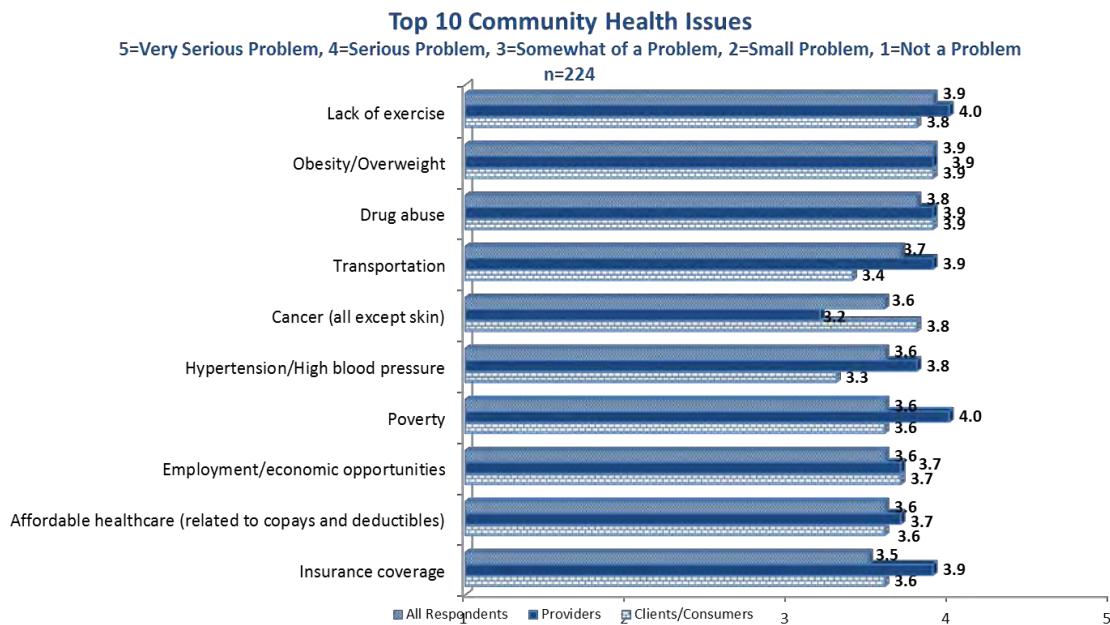
Key findings of the WPAHS 2012-2013 CHNA are summarized in this section. For complete findings, please see the full WPAHS 2012-2013 CHNA Report.

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.

BRFSS findings for Access, Chronic disease, Environment

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.

		Allegheny	Westmoreland	Indiana, Cambria, Somerset, Armstrong	Beaver, Butler	Fayette, Greene, Washington	PA	US	HP 2020	PA	US	HP 2020
		2008-10	2008-10	2008-10	2008-10	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
Behavior Risk												
ACCESS												
Reported Health Poor or Fair		14.0%	16.0%	20.0%	14.0%	20.0%	14.0%	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%	36.0%	37.0%		+/-		
Poor Physical or Mental Health Preventing Usual Activities in the Past Month		21.0%	19.0%	23.0%	20.0%	20.0%	20.0%	21.0%		+/-		
No Health Insurance		12.0%	13.0%	14.0%	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%	10.0%	11.0%		+/-	-	
Routine Check-up Within the Past 2 Years		83.0%	84.0%	80.0%	81.0%	85.0%	83.0%	90.0%	(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%	2.7%			+/-	+/-	
Ever Told They Had a Stroke, 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%	36.2%			+/-	+/-	
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

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

Behavior Risk		Allegany	Westmoreland	Indiana, Cambria, Somerset, Armstrong	Beaver, Butler	Fayette, Greene, Washington	PA	US	HP 2020	PA	US	HP 2020	Comp
INFECTIOUS DISEASE		2008-10	2008-10	2008-10	2008-10	2008-10	2008-10	2010	Goal	Comp	Comp	Comp	Comp
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%		16.3%	-	+	+	+
MENTAL HEALTH AND SUBSTANCE ABUSE													
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%	+/-	-	+/-	+/-
PHYSICAL ACTIVITY AND NUTRITION													
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%			+/-			
TOBACCO USE													
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

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

	Allegheny				Armstrong				Beaver				PA (the last year)			
	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	2010	+/-	2006	2007	2008	Trend
Public Health Data																
CHRONIC DISEASE																
Breast Cancer Rate per 100,000	70.3	72.8	79.0	76.1	+	59.4	56.5	58.9	68.1	+	72	60.5	72.1	79.2	-	71.5 (21.9 41.0)
Breast Cancer Mortality Rate per 100,000	14.3	14.4	16.1	12.0	-	13.1	14.4	14.4	14.4	+	16.5	17.2	12.3	11.2	-	13.1 (22.2 20.6)
Bronchus and Lung Cancer Rate per 100,000	73.2	81.6	79.7	76.8	+	77.5	57.8	59.3	67.1	-	79.7	64.0	62.5	76.8	-	69.1
Bronchus and Lung Cancer Mortality Rate per 100,000	57.7	54.5	53.4	52.2	-	56.4	48.8	59.7	46.6	-	50.7	58.3	43.1	56.4	+	48.7 (45.5)
Colon/Cecal Cancer Rate per 100,000	50.6	50.2	47.2	49.5	-	66.9	41.2	40.5	46.2	-	54.0	52.4	47.6	37.9	+	47.6 (38.6)
Colorectal Cancer Mortality Rate per 100,000	19.6	19.1	17.0	15.9	-	26.2	23.2	15.6	13.1	-	19.3	15.2	18.5	17.8	-	17.0 (16.9 14.5)
Prostate Cancer Rate per 100,000	139.2	165.6	145.0	134.7	+	179.9	184.4	126.5	149.6	-	165.7	135.3	107.1	99.5	-	139.6
Prostate Cancer Mortality Rate per 100,000	24.2	22.2	20.3	19.9	-	27.0	27.0	28.9	28.9	+	27.3	18.6	13.5	25.8	-	21.2
Heart Disease Mortality Rate per 100,000	222.8	210.7	191.5	185.4	-	231.3	235.0	220.7	217.4	-	230.5	210.4	192.1	190.1	-	185.3
Heart Attack Mortality Rate per 100,000	49.6	47.2	40.9	36.2	-	56.9	51.2	37.8	37.9	-	57.6	47.2	39.4	41.5	-	38.2
Coronary Heart Disease Mortality Rate per 100,000	162.7	156.4	140.4	135.4	-	148.8	137.0	134	129.2	-	155.0	142.0	138.5	128.3	-	123.0 (100.8)
Cardiovascular Mortality Rate per 100,000	284.8	263.2	231.1	256.4	-	294.6	275.9	263.0	263.0	-	296.8	256.0	287.2	275.7	-	237.6
Cerebrovascular Mortality Rate per 100,000	46.7	43.3	38.6	39.2	-	41.4	49.0	48.1	42.0	+	49.3	44.3	43.8	39.1	-	38.9 (38.9)
Diabetes Mortality Rate per 100,000	19.4	19.9	16.2	17.4	-	32.4	22.5	30.7	19.5	-	25.8	21.1	19.4	15.1	-	19.6 (20.9)
Type I Diabetes, Students	0.30%	0.29%	0.32%	0.27%	+	0.37%	0.35%	0.36%	0.36%	-	0.33%	0.33%	0.29%	0.29%	-	0.30% (0.30%)
Type II Diabetes, Students	0.08%	0.07%	0.08%	-	-	0.12%	0.07%	0.12%	0.07%	-	0.08%	0.08%	0.10%	0.10%	-	0.07% (0.07%)
Heart Failure Incidence Rate per 100,000																
Heart Disease Incidence Rate per 100,000																
HEALTH ENVIRONMENT																
Medical Diagnosed Asthma	11.28%	10.95%	4.31%	-	-	10.11%	10.18%	5.87%	-	-	9.58%	9.32%	4.87%	-	-	6.82% (6.82%)
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%	+	71.5%	69.8%	71.3%	70.7%	+	71.3% (71.3%)
Non-Smoking Mother During Pregnancy	82.1%	83.0%	83.8%	84.8%	+	72.1%	70.8%	74.2%	74.9%	+	75.8%	75.9%	74.1%	76.6%	+	84.1% (84.1%)
Low Birth Weight Babies Born	8.6%	8.9%	8.1%	8.0%	-	6.0%	7.5%	8.8%	6.6%	+	8.1%	7.6%	7.0%	7.3%	-	8.3% (8.3%)
Mothers Reporting WIC Assistance	31.4%	31.3%	32.1%	31.5%	+	44.1%	47.7%	46.7%	46.5%	+	38.8%	42.4%	41.6%	43.3%	+	40.1% (40.1%)
Mother's Reporting Medicaid Assistance	32.6%	33.6%	32.0%	22.9%	-	36.5%	40.1%	35.7%	35.0%	+	32.4%	34.9%	36.2%	35.5%	+	32.7% (32.7%)
Breastfeeding	62.9%	64.0%	68.5%	68.4%	+	56.3%	53.7%	58.4%	63.8%	+	59.4%	60.1%	59.8%	63.4%	+	70.0% (70.0%)
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	+	42.9	42.5	38.9	35.4	-	39.6 (34.2)
Teen Live Birth Outcomes, Ages 15-19	57.7%	57.1%	59.1%	58.1%	+	81.6%	80.2%	82.3%	95.0%	+	67.5%	71.5%	73.2%	74.5%	+	68.0% (68.0%)
Students with Diagnosed ADHD	3.90%	4.02%	4.42%	4.2%	+	5.35%	5.85%	5.87%	5.87%	+	5.46%	5.62%	4.87%	4.87%	-	5.23% (5.23%)
Overweight BMI, Grades K-6																
Obese BMI, Grades K-6																
Overweight BMI, Grades 7-12																
Obese BMI, Grades 7-12																

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

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no 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

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

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no 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

	Allegheny		Trend		Armstrong		Trend		Beaver		PA (the last year)		US		HP Goal		
	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	
Public Health Data																	
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	-
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	+
Gonorrhea Rate per 100,000	177.2	177.6	166.0	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	+		15.8	23.4	+	31.4	+		12.8	11.2	15.9	12.8	+
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	+
TOBACCO USE																	
Emphysema Mortality Rate per 100,000	3.9	4.3	2.8	4.0	-												+
INJURY																	
Auto/Accident Mortality Rate per 100,000	6.3	6.5	6.2	6.7	+		16.3	17.5	+				10.3	15.6	9.6	8.3	+
Suicide Mortality Rate per 100,000	11.0	10.1	10.6	9.8	-		20.0	16.2	-				13.5	10.9	18.1	11.4	-
Fall Mortality Rate per 100,000	12.2	8.5	10.0	7.1	-								5.8	7.2	6.7	6.7	+
Firearm Mortality Rate (Accidental, Suicide, Homicide)	11.3	13.1	12.2	11.2	+								8.0	14.9	16.9	11.7	+

	Butler		Trend		Washington		Trend		Westmoreland		PA (the last year)		US		HP Goal		
	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	
Public Health Data																	
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	+
Chlamydia Rate per 100,000	107.7	99	99.1	107.7	+		178.5	212.7	175.5	233.8	+		111.5	111.5	121.5	137.5	+
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	+
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	+
TOBACCO USE																	37.6
Emphysema Mortality Rate per 100,000	7.5																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	-
Suicide Mortality Rate 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	11.1	+
Fall Mortality Rate per 100,000	8.3	6.9	5.4	6.7	-		6.7	10.7	6.1	9.7	+		8.3	12.3	9.4	9.4	+
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	+

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

		Butler				Washington				Westmoreland				PA (the) US				HP Goal
		2010	2011	2012	Trend	2010	2011	2012	Trend	2010	2011	2012	Trend	PA (the) US	HP 2020	PA	US	HP Goal
Other Indicators					+/-				+/-				+/-	Rate	Goal	Comp	Comp	Comp
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%		48.0%	

Source: www.countyhealthrankings.org, Centers for Disease Control, 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.wpahs.org