2013 Community Health Needs Assessment

THE WESTERN
PENNSYLVANIA HOSPITAL

West Penn Allegheny Health System

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Executive Summary

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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, The Western Pennsylvania Hospital (WPH) conducted a community health needs assessment (CHNA) in 2012-2013 in collaboration with the other West Penn Allegheny hospitals. Integral to the WPH 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 Hospital thanks you for your support and participation! The WPH needs assessment was and continues to be a collaborative effort, with the communities WPH serves at the core.

The WPH 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 WPH serves. In addition, the report provides critical information to WPH and others in a position to make a positive impact on the health of our region's residents. The results of the CHNA enable 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 WPH 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

Executive Summary of the Western Pennsylvania Hospital 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 WPH 2012-2013 CHNA was to identify the health needs and issues of the WPH service area. The primary WPH service area includes selected zip codes in Allegheny County.

This Executive Summary outlines the process and outcomes of the WPH2012-2013 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.

METHODS

To assist with the CHNA process, WPH 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, WPH formed a hospital-specific steering committee that consisted of:

- Community leaders representing the broad interests of the community as well as underserved constituencies
- Individuals with expertise in public health
- 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, WPH defined community by geographic location, specifically, by location as the zip codes in Allegheny County that comprise WPH's primary service area:

Zip Code	Neighborhood
15218	Pittsburgh/Swissvale
15219	Pittsburgh
15221	Pittsburgh/Wilkinsburg
15224	Pittsburgh/Bloomfield
15232	Pittsburgh/Shadyside
15235	Pittsburgh/Penn Hills
15260	Pittsburgh
15261	Pittsburgh

Qualitative and Quantitative Data Collection

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

- 18 community focus groups (of which nine specifically relate to WPH) and
- 31 in-depth stakeholder interviews (of which 19 specifically relate to WPH)

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).

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

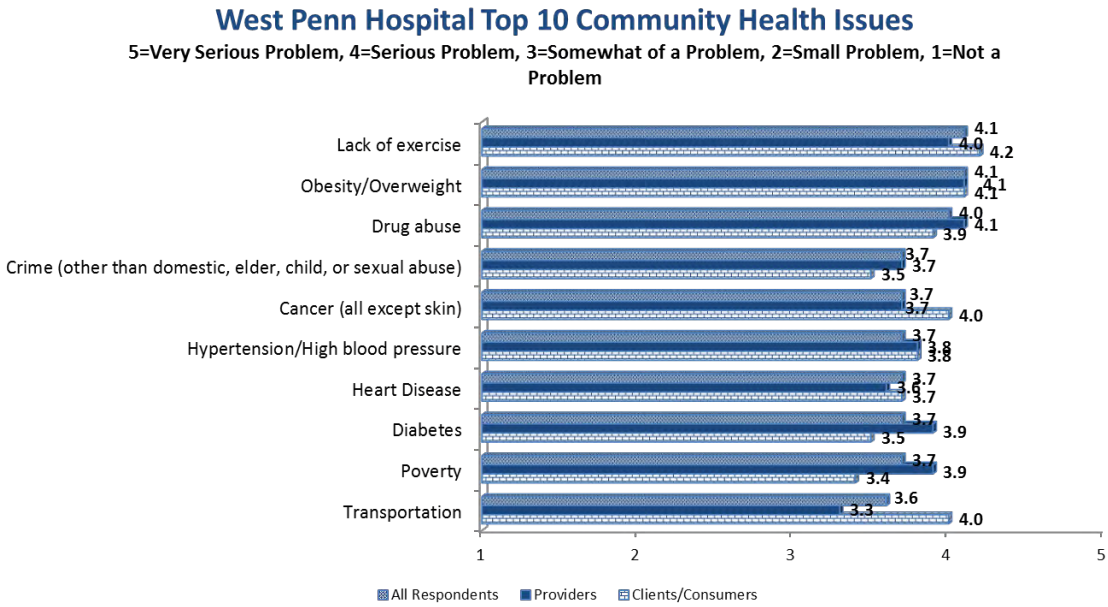
Key findings of the WPH 2012-2013 CHNA are summarized in this section. For complete findings, please see the full WPH 2012-2013 CHNA Report.

Primary (Qualitative) Research Results

Although data were 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 (Quantititative) 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, for Allegheny County. The first two tables show BRFSS data for Allegheny County (BRFSS reports are only available at the county level). The next three tables show public health data. The last table shows other indicators.

The comparisons of WPH service area data with state and national data show the region's data to be comparable to state data, with some slight variability, 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	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
ACCESS							
Reported Health Poor or Fair	14.0%	15.0%	14.7%		-	-	
Physical Health Not Good for 1+ Days in the Past Month	36.0%	37.0%			-		
Poor Physical or Mental Health Preventing Usual Activities 1+ Days in the Past Month	21.0%	21.0%			=		
No Health Insurance (Ages 18-64)	12.0%	13.0%	17.8%	0%	-	-	+
No Personal Health Care Provider	13.0%	11.0%		16.1%	+		-
No Personal Health Care Provider (Ages 18-44)	24.0%	17.0%		16.1%	+		+
Routine Check-up Within the Past 2 Years	83.0%	83.0%			=		
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	11.0%		4.2%	-		+
CHRONIC DISEASE							
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	6.0%	7.0%	4.1%		-	+	
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	6.0%	6.0%	4.2%		=	+	
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	3.0%	4.0%	2.7%		-	+	
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	11.0%	12.0%			-		
Overweight (BMI 25-30)	35.0%	36.0%	36.2%		-	-	
Obese (30-99.99)	28.0%	28.0%	27.5%	30.5%	=	+	-
Adults Who Were Ever Told They Have Diabetes	9.0%	9.0%	8.7%		=	+	
HEALTHY ENVIRONMENT							
Adults Who Have Ever Been Told They Have Asthma	15.0%	14.0%	13.8%		+	+	
Currently Have Asthma	9.0%	10.0%	9.1%		-	-	

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

	Allegheny	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE							
Adults Who Had a Pneumonia Vaccine, Age 65 and older	77.0%	70.0%	68.8%	90.0%	+	+	-
Ever Tested for HIV, Ages 18-64	32.0%	34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE							
Satisfied or Very Satisfied With Their Life	95.0%	94.0%			+		
Never/Rarely Get the Social or Emotional Support They Need	7.0%	8.0%			-		
Mental Health Not Good 1+ Days in the Past Month	34.0%	34.0%			=		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	19.0%	17.0%	17.1%	24.4%	+	+	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	6.0%	5.0%			+		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	6.0%	6.0%	5.0%		=	+	
PHYSICAL ACTIVITY AND NUTRITION							
No Leisure Time/Physical Activity in the Past Month	24.0%	25.0%	23.9%	32.6%	-	+	-
TOBACCO USE							
Adults Who Reported Never Being a Smoker	54.0%	54.0%	56.6%		=	-	
Adults Who Reported Being a Former Smoker	28.0%	26.0%	25.1%		+	+	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily)	48.0%	50.0%		80.0%	-		-
Adults Who Reported Being a Current Smoker	18.0%	20.0%	17.3%	12.0%	-	+	+
Adults Who Reported Being An Everyday Smoker	13.0%	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.

Public health data

	Allegheny					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
CHRONIC DISEASE												
Breast Cancer Rate per 100,000	70.3	72.8	79.0	76.1		+	71.5	121.9	41.0			
Breast Cancer Mortality Rate per 100,000		14.3	14.4	16.1	12.0	-	13.1	22.2	20.6			
Bronchus and Lung Cancer Rate per 100,000	73.2	81.6	79.7	76.8		+	69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000		57.7	54.5	53.4	52.2	-	48.7		45.5			
Colorectal Cancer Rate per 100,000	50.6	50.2	47.2	49.5		-	47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000		19.6	19.1	17.0	15.9	-	17.0	16.9	14.5			
Ovarian Cancer Rate per 100,000	14.2	12.6	13.7	12.2		-	13.3					
Ovarian Cancer Mortality Rate per 100,000		10.8	8.5	8.3	9.2	-	8.1					
Prostate Cancer Rate per 100,000	139.2	165.6	145.0	134.7		+	139.6					
Prostate Cancer Mortality Rate per 100,000		24.2	22.2	20.3	19.9	-	21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000		222.8	210.7	191.5	185.4	-	185.3	179.1				
Heart Attack Mortality Rate per 100,000		49.6	47.2	40.9	36.2	-	38.2					
Coronary Heart Disease Mortality Rate per 100,000		162.7	156.4	140.4	135.4	-	123.0	113.6	100.8			
Cardiovascular Mortality Rate per 100,000		284.8	268.2	243.1	236.4	-	237.6					
Cerebrovascular Mortality Rate per 100,000		46.7	43.3	38.6	39.2	-	38.9	39.1	33.8			
Diabetes Mortality Rate per 100,000		19.4	19.9	16.2	17.4	-	19.6	20.8	65.8			
Type I Diabetes, Students		0.30%	0.29%	0.32%		+	0.30%					
Type II Diabetes, Students		0.08%	0.07%	0.08%		-	0.07%					
HEALTHY ENVIRONMENT												
Asthma, Students		11.2%	10.9%	4.3%		-	6.8%					

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.

Public health data

	Allegheny					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN												
Mothers Reporting WIC Assistance		31.4%	31.3%	32.1%	31.5%	+	40.1%					
Mothers Reporting Medicaid Assistance		32.6%	33.6%	32.0%	22.9%	-	32.7%					
Mothers Who Reported Breastfeeding		62.9%	64.0%	68.5%	68.4%	+	70.0%		81.9%			
Teen Pregnancy Rate per 1,000, Ages 15-19		40.1	41.7	38.0	38.2	-	39.6	34.2	36.2			
Teen Live Birth Outcomes, Ages 15-19		57.7%	57.1%	59.1%	58.1%	+	68.0%					
Infant Mortality Rate per 1,000	7.7	7.3	8.3	7.4	7.6	-	7.3	6.2	6.0			
Overweight BMI, Grades K-6					17.4%							
Obese BMI, Grades K-6					15.9%				15.7%			
Overweight BMI, Grades 7-12					17.5%							
Obese BMI, Grades 7-12					15.0%				16.0%			
Students with Diagnosed ADHD		3.9%	4.0%	4.3%		+	5.2%					
INFECTIOUS DISEASE												
Influenza and Pneumonia Mortality Rate per 100,000		18.4	17.8	16.9	17.3	-	13.4	16.2				
Chlamydia Rate per 100,000		401.3	428.2	403.4	412.1	+	374.1	426.0				
Gonorrhea Rate per 100,000		177.2	177.6	126.0	134.7	-	101.4					
Syphilis Incidence 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	+	15.5		11.3			
Mental & Behavioral Disorders Mortality Rate per 100,000		36.8	36.3	35.4	41.5	+	37.6					
TOBACCO USE												
Emphysema Mortality Rate per 100,000		3.9	4.3	2.8	4.0	-	3.0					
INJURY												
Auto Accident Mortality Rate per 100,000		6.3	6.5	6.2	6.7	+	10.5	11.9	12.4			
Suicide Mortality per 100,000		11.0	10.1	10.6	9.8	-	11.7	12.1	10.2			
Fall Mortality Rate per 100,000		12.2	8.5	10.0	7.1	-	8.3	8.1	7.0			
Firearm Mortality Rate (Accidental, Suicide, Homicide)		11.3	13.1	12.2	11.2	+	10.0	10.1	9.2			

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.

Other health indicators

	Allegheny			Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2010	2011	2012	+/-	Rate	Rate	Goal	Comp	Comp	Comp
ACCESS										
Mammogram Screenings		57.0%	58.0%	+	67.0%		81.1%			
HEALTHY ENVIRONMENT										
Unemployment Rates	5.0%	6.9%	7.7%	+	8.7%	8.9%				
High School Graduation Rates	83.0%	83.0%	83.0%	=	79.0%		82.4%			
Children Living in Poverty	16.0%	17.0%	16.0%	+	19.0%					
Children Living in Single Parent Homes		33.0%	33.0%	=	32.0%					
Number of Air Pollution Ozone Days	22	14	14	-	8					
PHYSICAL ACTIVITY AND NUTRITION										
Fast Food Restaurants			47.0%		48.0%					

Source: www.countyhealthrankings.org, Centers for Disease Control, www.healthypeople.gov

PRIORITIZATION, STRATEGY DEVELOPMENT and IMPLEMENTATION

Prioritization

The system and hospital-specific steering committees 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.

The WPH implementation strategies address the following health conditions:

- heart disease
- diabetes and obesity
- breast and colorectal 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.

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The Western Pennsylvania Hospital 2012/2013 Community Health Needs Assessment can be viewed online at: *www.website*

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History and Accomplishments

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THE WESTERN PENNSYLVANIA HOSPITAL
West Penn Allegheny Health System

Background and Community Benefit

Founded in 1848 as Pittsburgh's first chartered public hospital, West Penn Hospital (WPH) has earned an international reputation as an academic medical center that serves Pittsburgh and the surrounding five-state area.

WPH is also recognized for nursing excellence. It was the first hospital in western Pennsylvania (2006) to be awarded Magnet® recognition status from the American Nurses Credentialing Center (ANCC). In 2012, it was the first in the region to receive re-designation status setting it among the top six percent of all healthcare facilities in the world recognized by the ANCC. The ANCC's Magnet® Recognition Program recognizes health care organizations that provide not only excellence in nursing, but the highest quality of patient care at all levels throughout the hospital. A Magnet hospital attracts and retains professional nurses who experience a high degree of professional and personal satisfaction in their practice. They also exhibit improved patient outcomes, enhanced nursing practice, increased staff morale and improved recruitment and retention. The Magnet Recognition Program also provides consumers with the ultimate benchmark to measure the quality of care that they can expect to receive.

WPH offers a sophisticated level of care, bringing the latest in clinical expertise and medical technology serving patients with the most complex of needs. Specialty services include asthma and immunology, bariatric surgery, bone marrow stem cell transplant, burn care, cancer services, cardiovascular care through the West Penn Hospital Cardiovascular Institute, diabetes care through the Joslin Diabetes Center, diagnostic and interventional radiology, foot and ankle, gastroenterology, gynecology, gynecologic oncology, lupus care through the Lupus Center for Excellence, maternal and fetal medicine, neonatology, nephrology, obstetrics, pain medicine, pelvic floor disorders, orthopaedic surgery, plastic and reconstructive surgery, reproductive medicine and infertility, rheumatology and more.

The Western Pennsylvania Cancer Institute provides the most advanced diagnostic and treatment services for all types of cancer, including lung, esophageal, breast, gynecologic, prostate, colorectal and blood-borne cancers. The Cancer Institute has earned national recognition for its bone marrow/cell transplantation program, one of the largest in Pennsylvania. The Institute also boasts leading-edge radiation oncology services and the latest treatment protocols through national research groups such as the Cancer and Leukemia Group B, American College of Surgeons Oncology Group and Radiation Therapy Oncology Group.

The Hospital's highly regarded Women's and Infant's Services features a Level III Neonatal Intensive Care Unit, one of only two in the region, a high-risk labor and delivery center along with reproductive medicine offered through the Jones Institute for Reproductive Medicine.

WPH's Burn Center is continues to be a leader in burn care in the region as is the region's first and only American Burn Association, American College of Surgeons – verified center for care of both adults and children.

A long-standing commitment to education and research remains a cornerstone of WPH's mission. The Hospital sponsors medical residency and fellowship programs and provides clinical training to third- and fourth-year medical students of the Philadelphia-based Temple University School of Medicine. The hospital also offers a School of Nursing diploma program as well as educational opportunities in respiratory therapy, radiology technology and nursing through affiliations with Indiana University of

Pennsylvania, Pennsylvania State University and Clarion University. The hospital is also home to Stimulation, Teaching and Academic Research Center (STAR), and is a site of the Allegheny-Singer Research Institute, an affiliated 501(c)(3) organization.

Community Benefit

Community health improvement services and community benefit operations include activities carried out to improve community health. They extend beyond patient care to include activities that are subsidized by the hospital. The activities range from community health clinics and screenings to health education programs designed to raise community awareness of various healthcare topics and issues.

West Penn Hospital engages in a number of activities to improve community health. Highlights of these programs and activities include the Burn Center's Burn Care and Prevention Program, which provides extensive educational outreach throughout the service area through presentations and health fairs, and the Summer Burn Camp, a five-day overnight summer camp where children ages 7-17 who have been burned can enjoy the friendship and support of other children who share their experiences. Other programs of note include The Nursing Café, a weekly support group for nursing moms and babies, and the Care for the Home Program that seeks to remove barriers to accessing care by bringing preventive care into community facilities that serve the homeless.

Dedicated to achieving excellence in patient care through the pursuit of lifelong learning, research and innovation, the STAR Center uses state-of-the-art mannequins that mimic symptoms of a wide range of health conditions to provide hands-on learning opportunities that allow aspiring practicing health professionals to perfect their skills in situations closely resembling the clinical environment. The STAR Center engages in numerous community outreach and education activities with high school students as well as the general public.

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Methodology

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Methodology

Community health needs assessment and planning approach

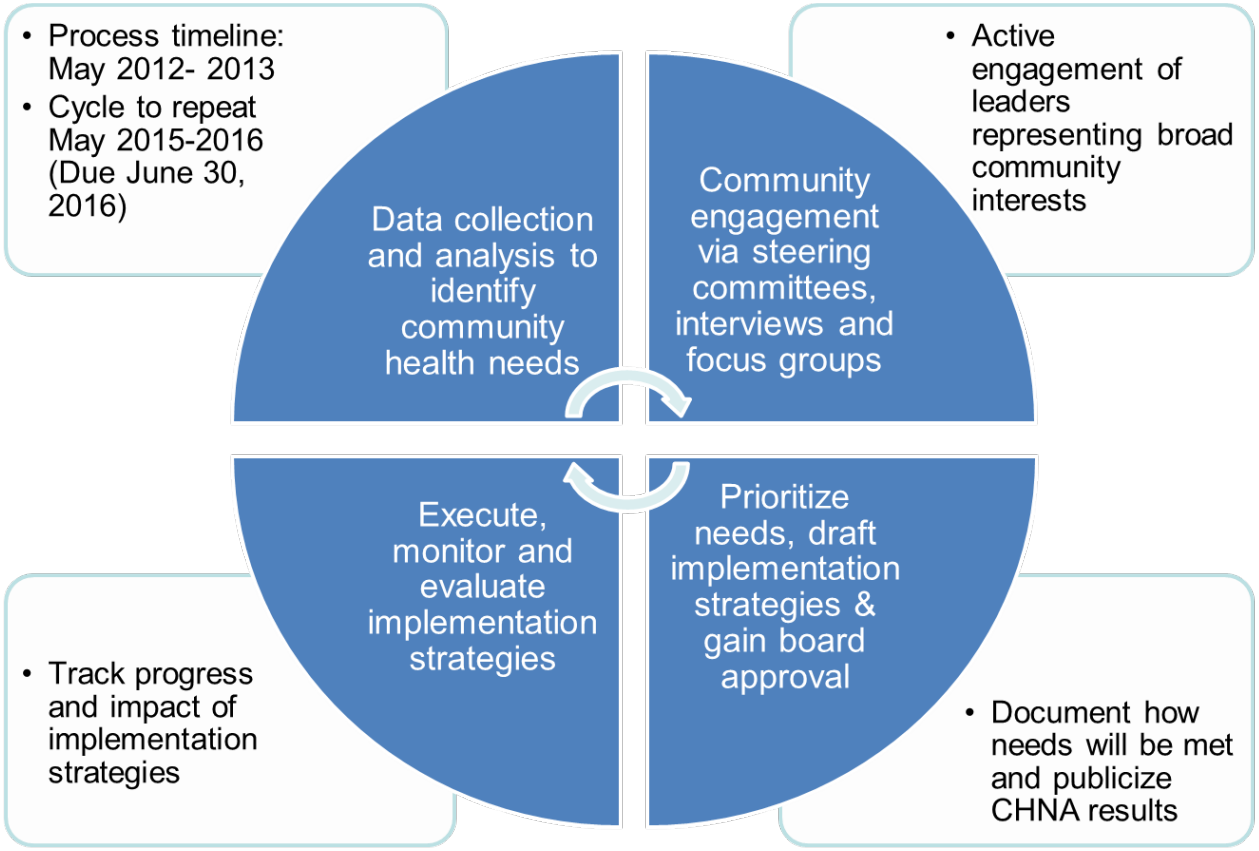
The 2012 to 2013 West Penn Hospital (WPH) Community Health Needs Assessment (CHNA) took place from April 2012 through May 2013 in collaboration with the other hospitals in the West Penn Allegheny Health System (WPAHS). The goal of the assessment process was to identify the health needs and issues of the six counties that make up the system's primary service and to complete individual assessments for each of the system hospitals.

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, WPH assembled a hospital-wide steering committee. Using data and information provided by Strategy Solutions, Inc., Kathleen McKenzie, Vice President, Community and Civic Affairs led and facilitated the WPH steering committee and also served as a liaison to the WPAHS steering committee.

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 hospital steering committee included Tracey Evans, Kate Jones, Mitch Coates, Ann Truxell and Myrna Zelenitz. 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	Representation
Kristy Trautman	FISA Foundation
Linda Hippert	Allegheny Intermediate (3)
Terry Seidman	American Diabetes Association
Evan Frazier	VP Community Affairs, Highmark
Myrna Zelenitz	East End Cooperative Ministry
Stephen G. Bland	Port Authority of Allegheny County
Dr. Patricia Bononi	VP Community & Civic Affairs, WPAHS
Stefani Pashman	3 Rivers Workforce Investment Board
Marc Cherna	Allegheny County Human Services (Face2Face)
Tracey Evans	WPH Wilkinsburg Community Development
Jui Joshi	Womens/Girls Foundation Pittsburgh PA
Dr. Jeanne Pearlman	Pittsburgh Foundation, VP Program / Policy
Susan Kalson	Squirrel Hill HC FQHC Provider Network
Dan Frankel	PA State Rep- Chief of Staff
Aggie Brose	Bloomfield Garfield Corporation
Susan Manzi	Chair, Dept of Medicine, WPAHS
Lisa Scales	Greater Pittsburgh Community Food Bank
Megan Evans	LGBT Resources
Dr. Campbell	Emergency Medicine

The WPH 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

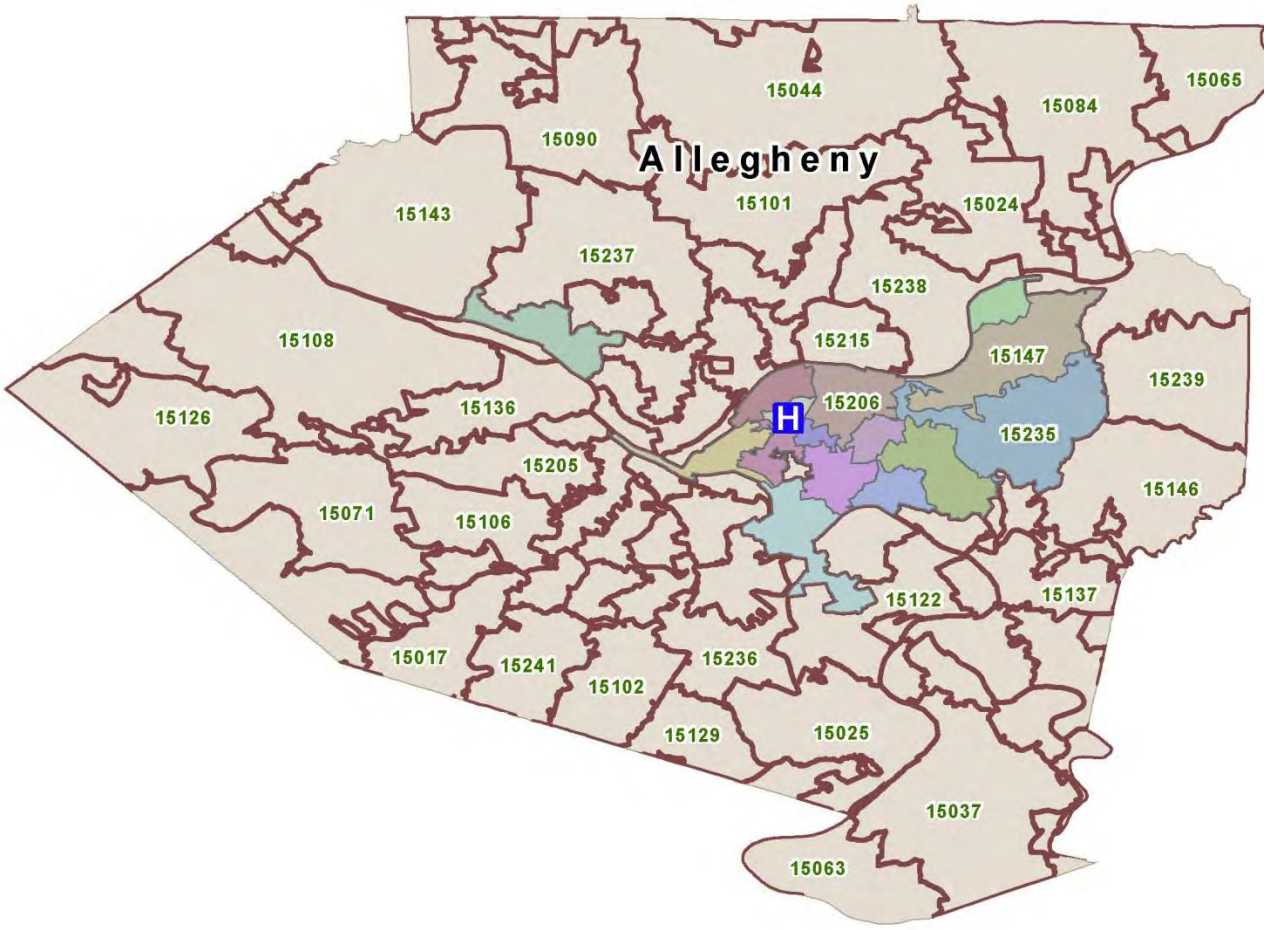
Date	Topic
August 17, 2012	Process Overview and Input into Data Collection Strategy
September 19, 2012	Review Preliminary Secondary Data and Identify Primary Data Collection Strategy
December 5, 2012	Primary Data Collection Mid-Term Status Report
February 19, 2013	Overall Data Review and Prioritization
April 19, 2013	Review and Discuss Implementation Strategies

Service area definition

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

Figure 2 illustrates the primary service territory of the hospital that includes selected zip codes in Allegheny County.

Figure 2: West Penn Hospital 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, Business 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 Johannesmeyer, 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 was 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), 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
- 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 BRFS 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 for Allegheny County
- 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.
- 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.
- 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. Nineteen (19) of those interviews included individuals/topics that related to WPH service area and needs.

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 or WPH.

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. Nine of the focus groups related specifically to WPH, with 133 participants.

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 3 outlines the individuals that participated in the interviews and the topic and geographic areas that they represented.

Table 3. Stakeholders interviewed

Name	Representing
Kristy Trautman	FISA Foundation
Linda Hippert	Allegheny Intermediate (3)
Terry Seidman	American Diabetes Association
Evan Frazier	Vice President, Community Affairs, Highmark
Myrna Zelenitz	East End Cooperative Ministry
Stephen G. Bland	Port Authority of Allegheny County
Dr. Patricia Bononi	Vice President, Community & Civic Affairs, WPAHS
Stefani Pashman	3 Rivers Workforce Investment Board
Marc Cherna	Allegheny County Human Services (Face2Face)
Tracey Evans	WPH Wilkinsburg Community Development
Jui Joshi	Womens/Girls Foundation Pittsburgh PA
Dr. Jeanne Pearlman	Pittsburgh Foundation, Vice President Program/Policy
Susan Kalson	Squirrel Hill HC FQHC Provider Network
Dan Frankel	Pennsylvania State Representative-Chief of Staff
Aggie Brose	Bloomfield Garfield Corporation
Susan Manzi	Chair, Department of Medicine, WPAHS
Lisa Scales	Greater Pittsburgh Community Food Bank
Megan Evans	LGBT Resources
Dr. Campbell	Emergency Medicine

Table 4 outlines the focus groups that were conducted, and the topic and geographic areas that they represented.

Table 4. Focus group meeting summary

Attendees	Organization	Group
23	Morningside Senior Center	Seniors
20	SW Regional Key Leadership Council / YWCA	SW Regional Key/ YWCA
15	Allegheny County	Aging/Disability/ Seniors
9	WPH Community Partnership	HOSP Communities
11	Vintage	Seniors
7	Gilda's Club	Post Treatment Cancer
7	MVPS Mon Valley Providers Council	Poverty
10	Allegheny County Department of Health (30 min)	Immunization Coalition
27	Emergency Services Personnel	EMS Institute

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 5 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 5. Classification system employed for inpatient ambulatory care sensitive conditions

DRG Reported	DRG Classification
Hypertension	304 – Hypertension w MCC 305 – Hypertension w/o MCC
Congestive heart failure	291 – Heart failure & shock w MCC 292 – Heart failure & shock w CC 293 – Heart failure & shock w/o CC/MCC
Breast cancer	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
Cancer	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
Pneumonia	193 – Simple pneumonia & pleurisy w MCC 194 – Simple pneumonia & pleurisy w CC 195 – Simple pneumonia & pleurisy w/o CC/MCC
Complications baby	774 – Vaginal delivery w complicating diagnosis 777 – Ectopic pregnancy 778 – Threatened abortion
Reproductive disorder	760 – Menstrual & other female reproductive system disorders w CC/MCC 761 – Menstrual & other female reproductive system disorders w/o CC/MCC
Bronchitis & Asthma	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC
Alcohol & drug abuse	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
COPD	190 – Chronic obstructive pulmonary disease w MCC 191 – Chronic obstructive pulmonary disease w CC 192 – Chronic obstructive pulmonary disease w/o CC/MCC

DRG Reported	DRG Classification
Fracture	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
Bronchitis & Asthma	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC

Table 6 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 6. Emergency department ambulatory care sensitive conditions

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	**COMMENTS**
AVOIDABLE ILLNESSES	
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
ACUTE CONDITIONS	
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

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	**COMMENTS**
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
CHRONIC CONDITIONS	
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]	

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Needs/issues prioritization process

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 needs and issues as well as 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 7**, these criteria included:

Table 7. Prioritization criteria

		Scoring		
Item	Definition	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

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. On February 19, 2013, the WPH steering committee replicated the data review and prioritization exercise with the WPH specific data. The participants completed the prioritization exercise using the 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 specifically for WPH.

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. WPH reviewed its current community benefit and disease management programs, identified the programs and strategies that best aligned with WPH needs, capabilities and resources, and then developed their implementation strategy for each selected issue.

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Demographics








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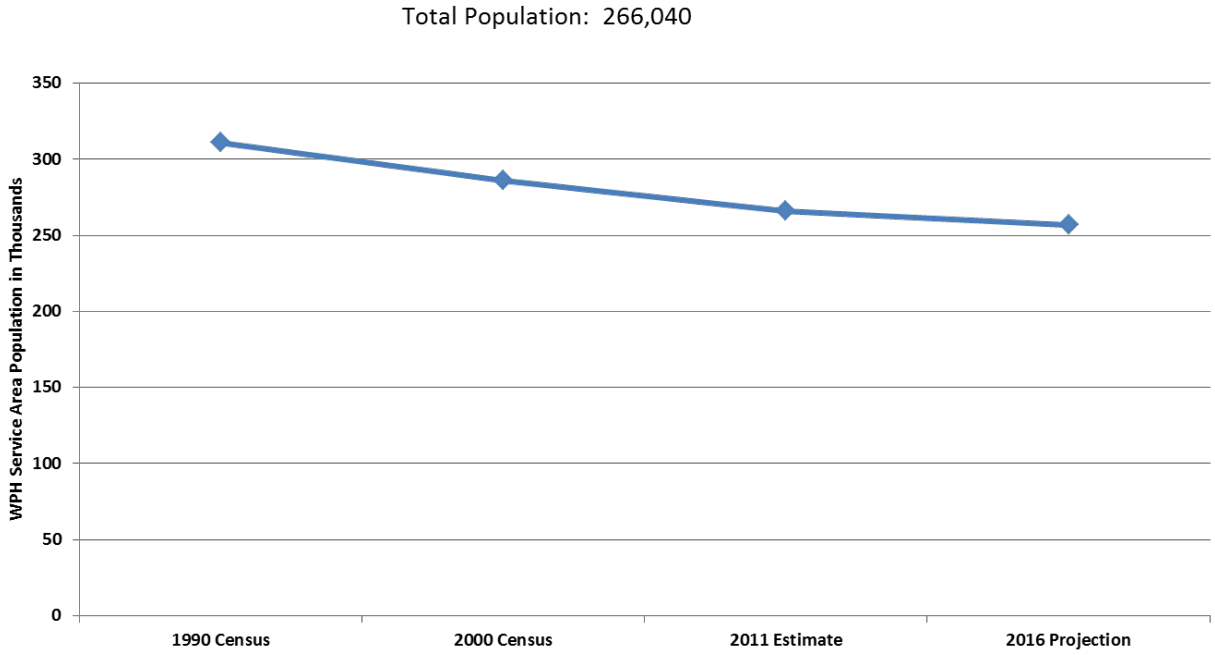
Demographics

Figure 3 illustrates the WPH 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 slightly under three hundred thousand people (total population = 266,040). The highest population in the WPH service area occurred in 1990, and a decreasing trend is projected to continue into 2016.

Figure 3. WPH primary service area demographics



Source: Nielsen Claritas, WPAHS Decision Support

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West Penn Allegheny Health System

Tables 8 and 9 illustrates total population from the selected zip codes for the WPH primary service area 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 3.5 percent between 2011 and 2016, as well as within all of the individual zip codes.

Table 8. WPH primary service area population by zip code (1 of 2)

Variable	SA Total	15139 Oakmont	15147 Verona	15201 Pittsburgh	15206 Pittsburgh	15207 Pittsburgh	15208 Pittsburgh	15213 Pittsburgh	15217 Pittsburgh
Demographic Characteristics									
2016 Projection	256,717	6,195	18,189	12,298	29,420	11,253	10,487	27,704	24,743
2011 Estimate	266,040	6,436	18,846	12,877	30,488	11,829	11,246	27,884	25,197
2000 Census	285,974	6,911	20,137	14,109	32,845	13,205	13,266	28,032	25,849
1990 Census	311,243	6,961	21,306	15,531	37,552	14,982	15,656	30,487	26,609
Change	-								
Growth 2011-2016	(3.5%)	(3.7%)	(3.5%)	(4.5%)	(3.5%)	(4.9%)	(6.7%)	(0.6%)	(1.8%)
Growth 2000-2011	(7.0%)	(6.9%)	(6.4%)	(8.7%)	(7.2%)	(10.4%)	(15.2%)	(0.5%)	(2.5%)
Growth 1990-2000	(8.1%)	(0.7%)	(5.5%)	(9.2%)	(12.5%)	(11.9%)	(15.3%)	(8.1%)	(2.9%)

Source: Nielsen Claritas, WPAHS Decision Support

Table 9. WPH primary service area population by zip code (2 of 2)

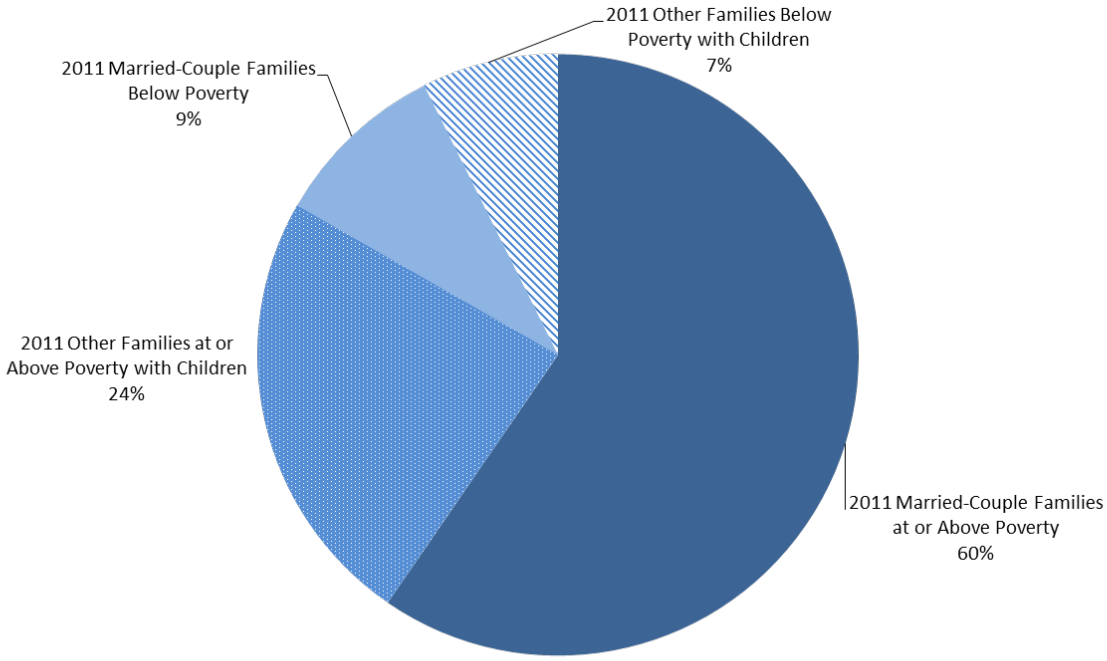
Variable	SA Total	15218 Pittsburgh	15219 Pittsburgh	15221 Pittsburgh	15224 Pittsburgh	15232 Pittsburgh	15235 Pittsburgh	15260 Pittsburgh	15261 Pittsburgh
Demographic Characteristics									
2016 Projection	256,717	12,629	17,127	30,467	10,508	11,379	34,276	33	9
2011 Estimate	266,040	13,325	17,603	32,088	11,003	11,506	35,670	33	9
2000 Census	285,974	14,837	18,764	35,701	12,212	11,635	38,429	33	9
1990 Census	311,243	16,210	18,626	39,202	14,176	11,763	42,138	34	10
Change									
Growth 2011-2016	(3.5%)	(5.2%)	(2.7%)	(5.1%)	(4.5%)	(1.1%)	(3.9%)	-	-
Growth 2000-2011	(7.0%)	(10.2%)	(6.2%)	(10.1%)	(9.9%)	(1.1%)	(7.2%)	-	-
Growth 1990-2000	(8.1%)	(8.5%)	0.7%	(8.9%)	(13.9%)	(1.1%)	(8.8%)	(2.9%)	(10.0%)

Source: Nielsen Claritas, WPAHS Decision Support

Strategy solutions, inc.

Figure 4 illustrates the poverty levels of the WPH service region. As seen below, 16.0 percent of service region families live below the federal poverty level. A little over half of those (9.0 percent) are married couples with families.

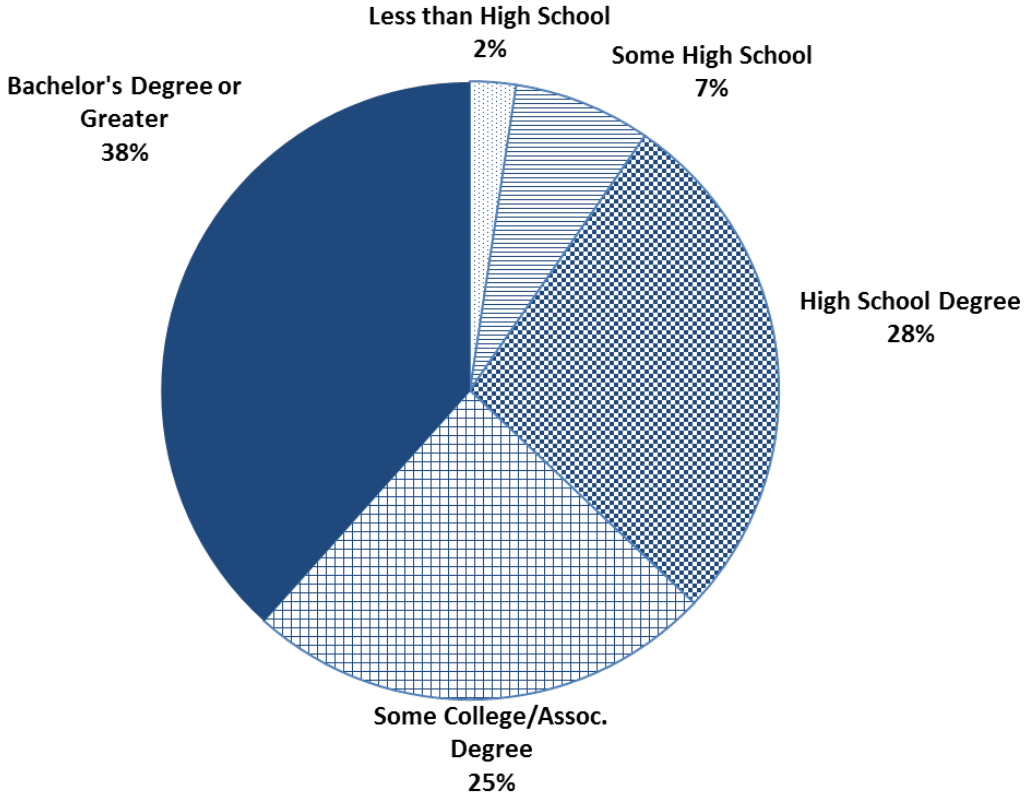
Figure 4. WPH primary service area poverty level



Source: Nielsen Claritas, WPAHS Decision Support

Figure 5 illustrates the levels of educational attainment within the WPH primary service area. As seen below, the highest percentage (38.0 percent) of residents have a Bachelor's Degree or higher, while an additional 25 percent have had some college or Associate Degree. Nine percent of the service region population did not graduate from high school.

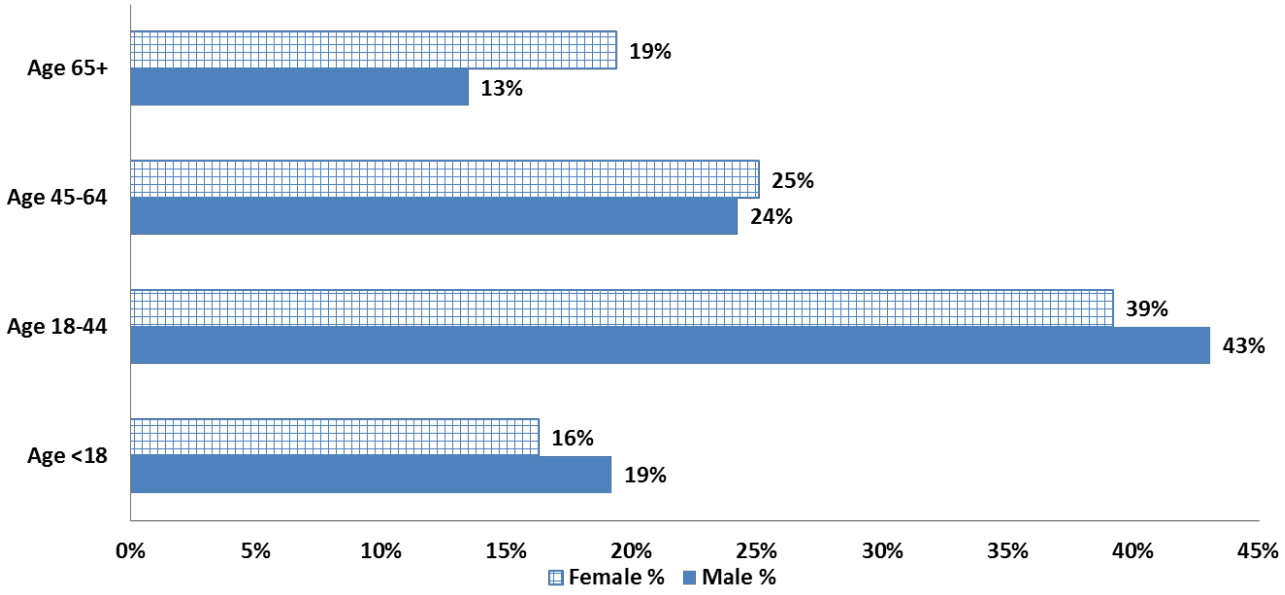
Figure 5. WPH primary service area by education



Source: Nielsen Claritas, WPAHS Decision Support

Figure 6 illustrates the population by age group and gender for the WPH primary service area. A higher percentage of the service area population age 65 and over is female (19.0 percent versus 15.0 percent). The 45 to 64 age group also has a slightly higher percentage of females as well (25.0 percent versus 24.0 percent), while in the other age cohorts, the percentage of males is higher.

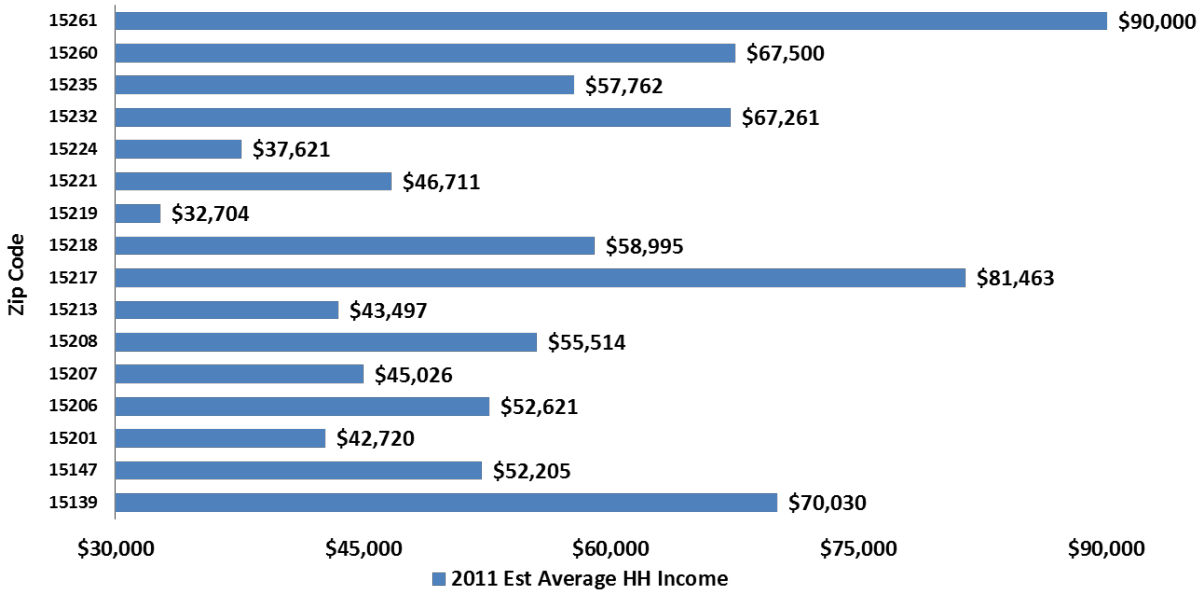
Figure 6. WPH primary service area population by age group and gender



Source: Nielsen Claritas, WPAHS Decision Support

Figure 7 illustrates the WPH primary service area average household income by zip code.

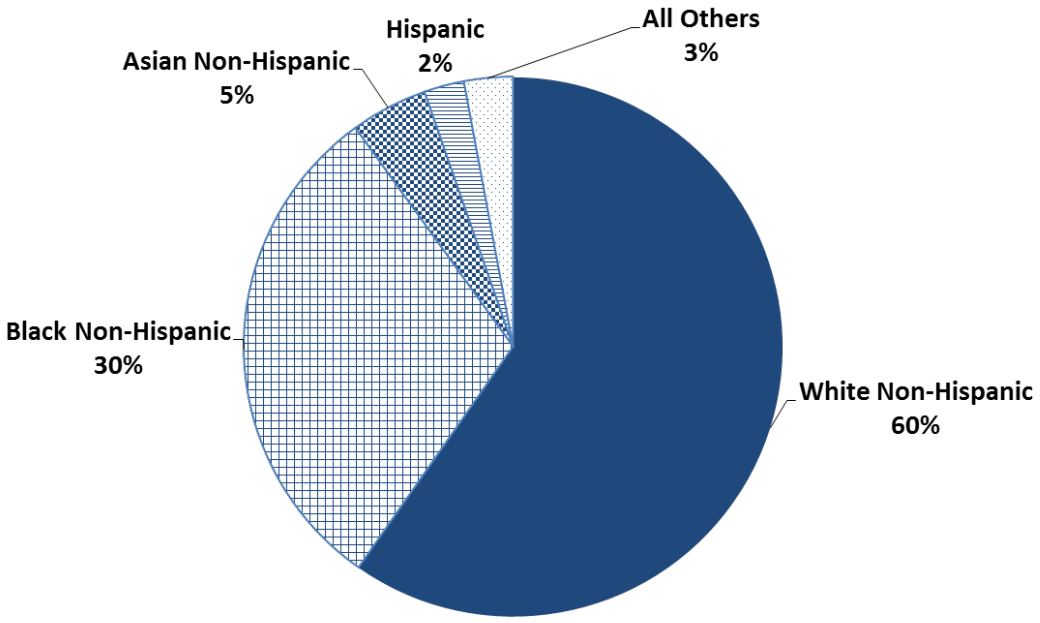
Figure 7. WPH primary service area average household income



Source: Nielsen Claritas, WPAHS Decision Support

Figure 8 illustrates the primary service area population by race and ethnicity. While the majority of residents (60.0 percent) is white non-Hispanic, the service area is very diverse. There is a sizable black, non-Hispanic population (30.0 percent) as well Asian (5.0 percent), Hispanic (2.0 percent) and other ethnic groups (3.0 percent).

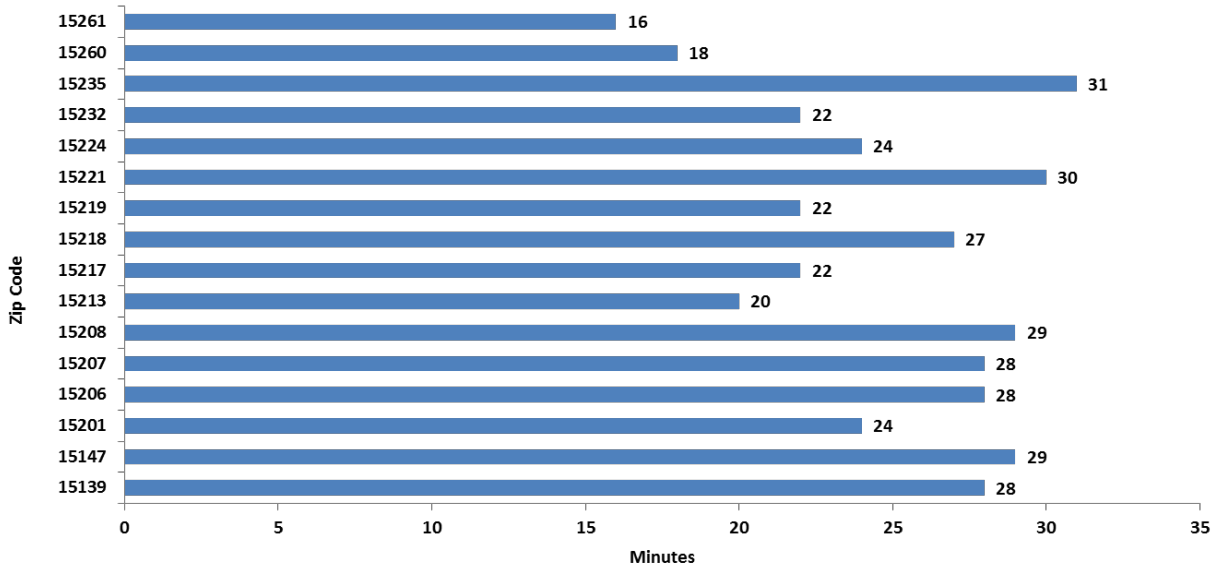
Figure 8. WPH primary service area population by race and ethnicity



Source: Nielsen Claritas, WPAHS Decision Support

Figure 9 illustrates the WPH primary service area travel time to work by county for the zip codes of the service area. The travel time to work is between 16 and 31 minutes, depending on location.

Figure 9. WPH primary service area travel time to work (in minutes)



Source: Nielsen Claritas, WPAHS Decision Support

Community Assets

The following maps, **Figure 10** through **Figure 14,** depict the entire WPH inventory of community assets and resources that the CHNA steering committee as well as internal WPH 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).

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

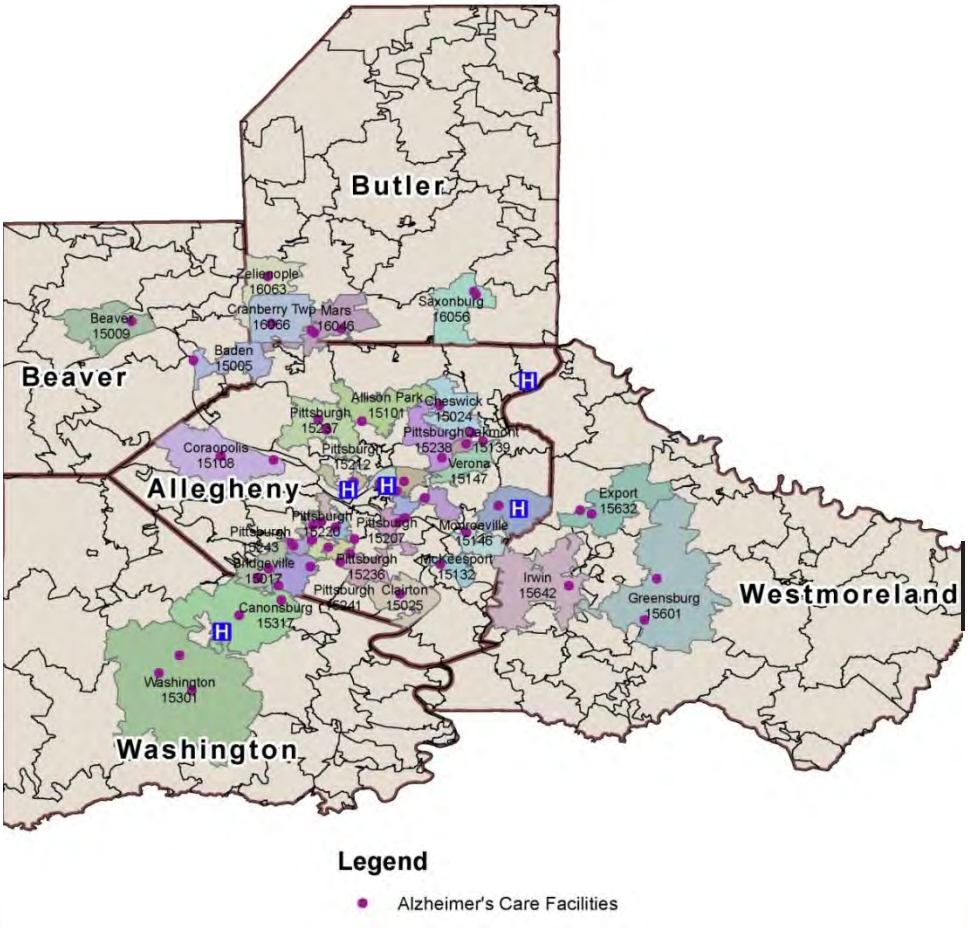


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Table 10. WPAHS primary service area Alzheimer's care facilities (1 of 2)

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 Mosside 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 (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

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Figure 11. WPAHS primary service area skilled nursing facilities

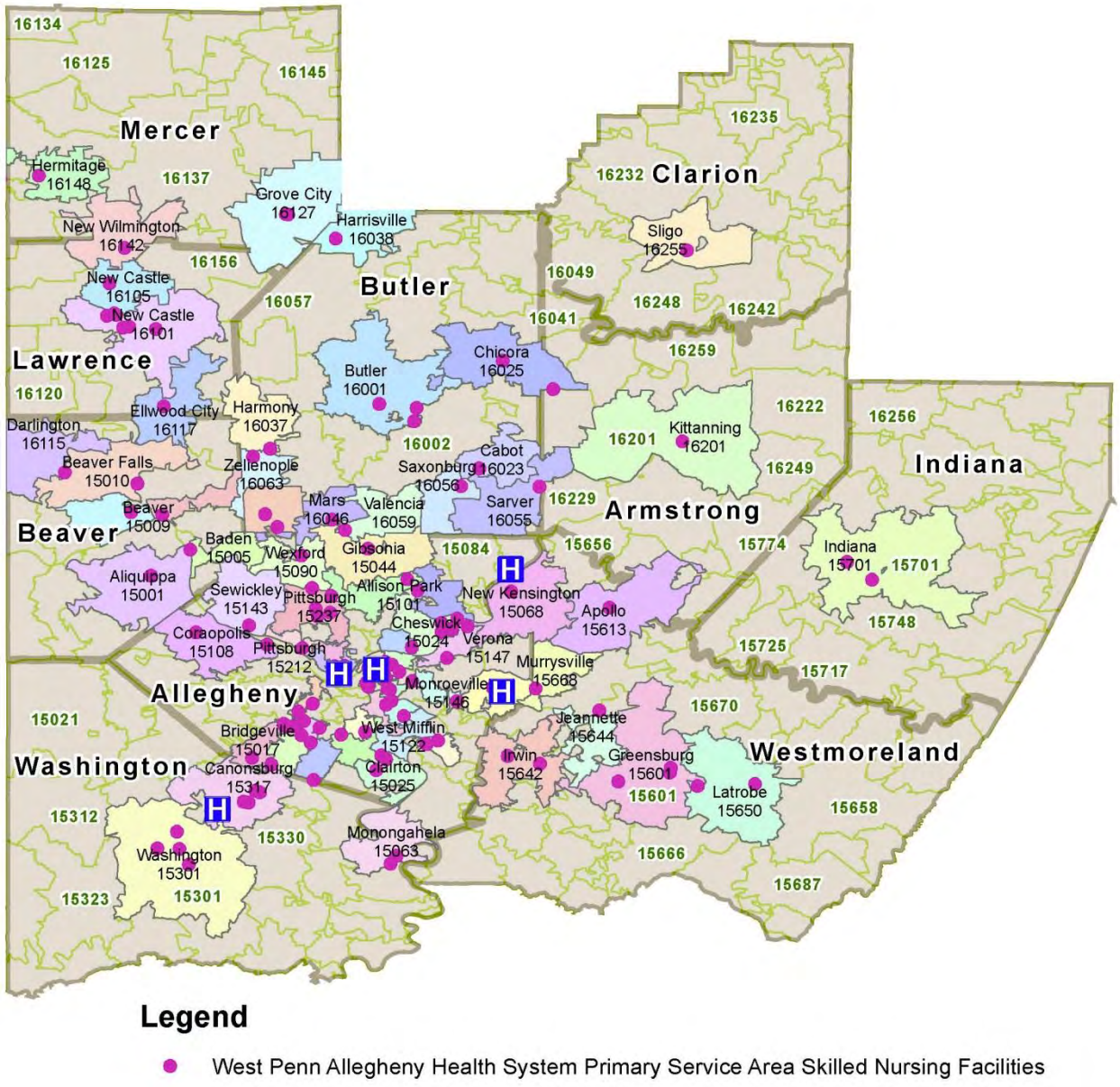

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Table 12. WPAHS primary service area skilled nursing facilities (1 of 3)

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/Extendicare Health Svcs, Inc.	257 Georgetown Road	Beaver Falls	PA	15010
Belair Health & Rehab Center/Extendicare 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/Ezxtendicare, 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/Extendicare 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 Communitieis, 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/Extendicare, 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

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Table 13. WPAHS primary service area skilled nursing facilities (2 of 3)

Name	Address	City	State	Zip
Havencrest Nursing Center/Extendicare 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/Extendicare 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/Extendicare 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

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Table 14. WPAHS primary service area skilled nursing facilities (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

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Figure 12. WPAHS primary service area home health care services

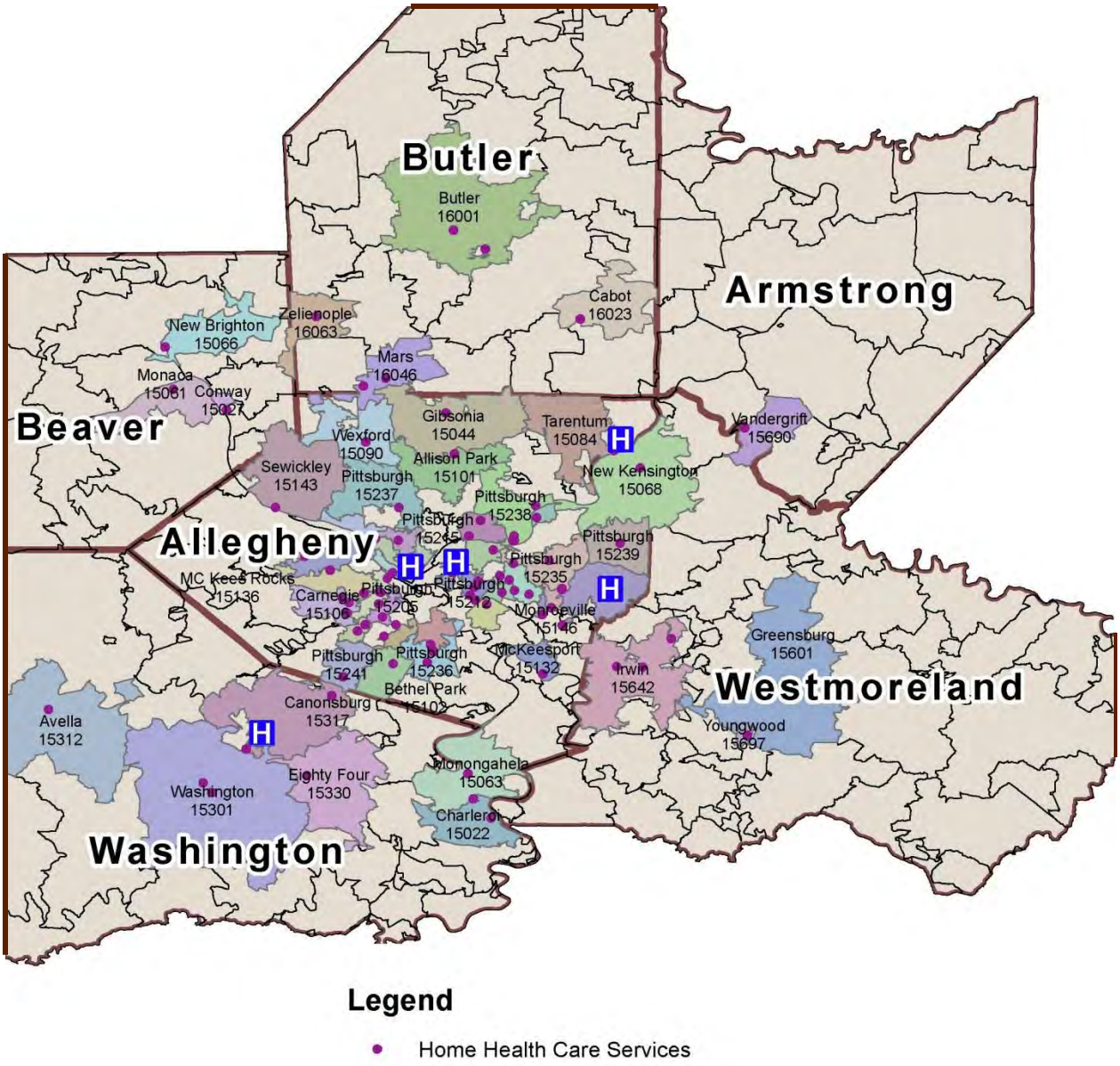

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Table 15. WPAHS primary service area home health care services (1 of 3)

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 Minis	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

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Table 16. WPAHS primary service area home health care services (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 Harmarville 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 health care services (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

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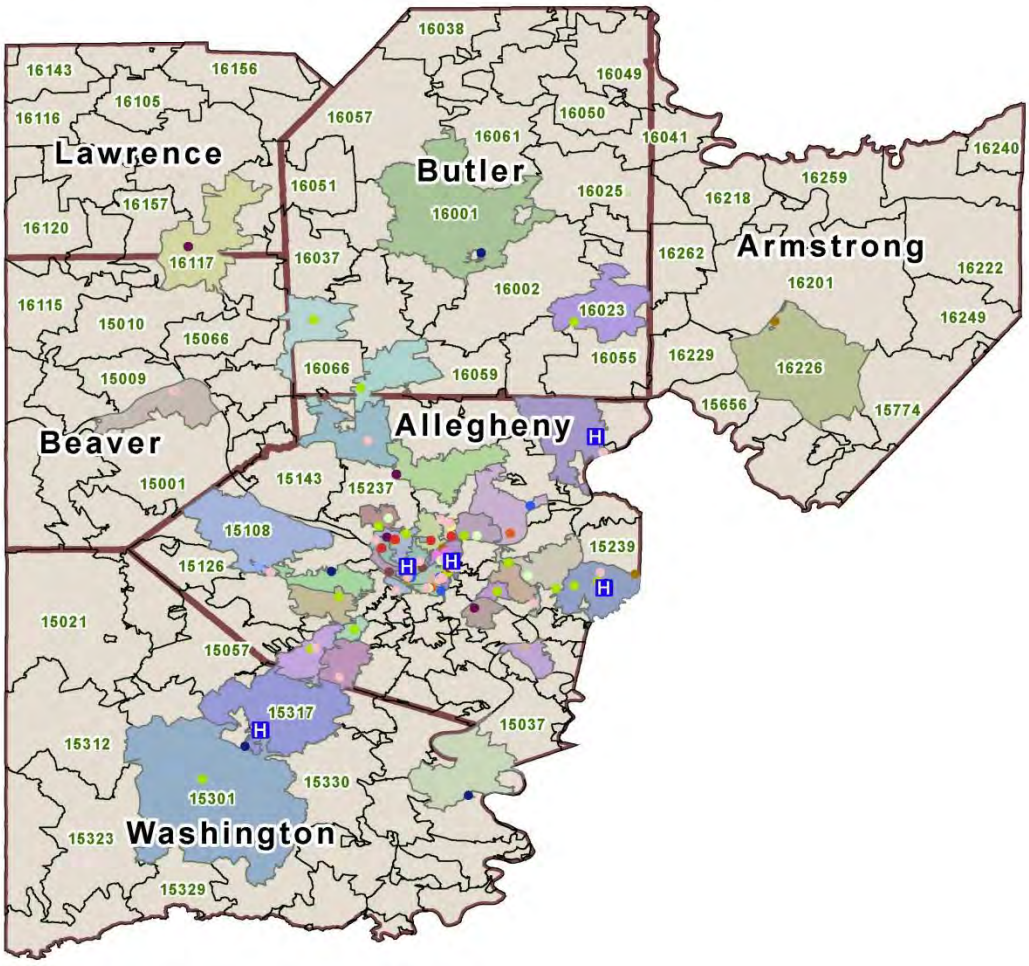
Figure 13. WPAHS primary service area medical services and providers



Legend

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

Strategy solutions, inc.

Table 18. WPAHS primary service area medical services and providers (1 of 4)

Adult Day Care	Addres	City	State	Zip
Vintage Adult Day Care	1 Smithfield Street	Pittsburgh	PA	15222
Ambulatory Services	**Address**	**City**	**State**	**Zip**
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
Community Services	**Address**	**City**	**State**	**Zip**
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
Dialysis	**Address**	**City**	**State**	**Zip**
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
Medical Services	**Address**	**City**	**State**	**Zip**
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
Equipment	**Address**	**City**	**State**	**Zip**
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
Home Healthcare and Hospice Providers	**Address**	**City**	**State**	**Zip**
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

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Table 19. WPAHS primary service area medical services and providers (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 Mosside 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 Roa	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 primary service area medical services and providers (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
Waltmire Pharmacy	1435 Spring Garden Aven	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 primary service area medical services and providers (4 of 4)

Senior Centers	Address	City	State	Zip
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
Transportation Services	**Address**	**City**	**State**	**Zip**
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

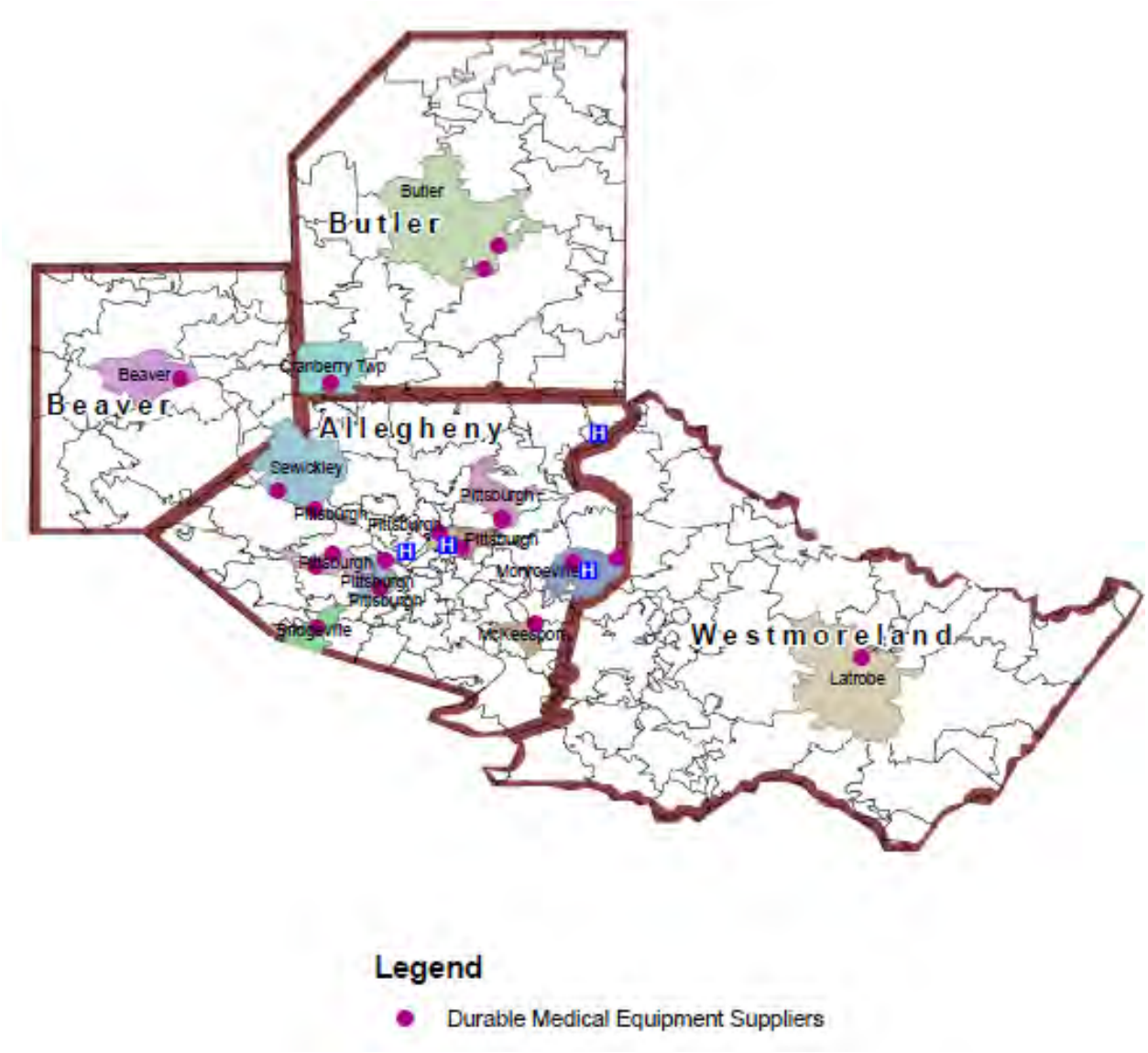

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Table 22. WPAHS primary service area durable medical equipment suppliers

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

Demographic Conclusions

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

- The population of the WPH primary service area is slightly under three hundred thousand residents. From the 1990 t0 2000 census, the population of the service area has declined and the 2016 projection shows that trend continuing.
- While a sizable portion (38.0 percent) of the service area population has a Bachelor's Degree or higher, 16 percent of the population also lives in poverty.
- Between the ages of 18-64 there are slightly more males than females.
- There is a diversity of neighborhoods and communities within the WPH service region: the average household income ranged from $32,000-$90,000.
- The WPH service area is very ethnically diverse; 6.0 percent of the service area is white non-Hispanic and 30.0 percent are black non-Hispanic with a mix of Asian (5.0 percent), Hispanic 2.0 percent) and other (3.0 percent) comprising the remainder of the population.
- In the service area, the travel time to work ranged between 16-31 minutes.

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Access to Quality Health Care

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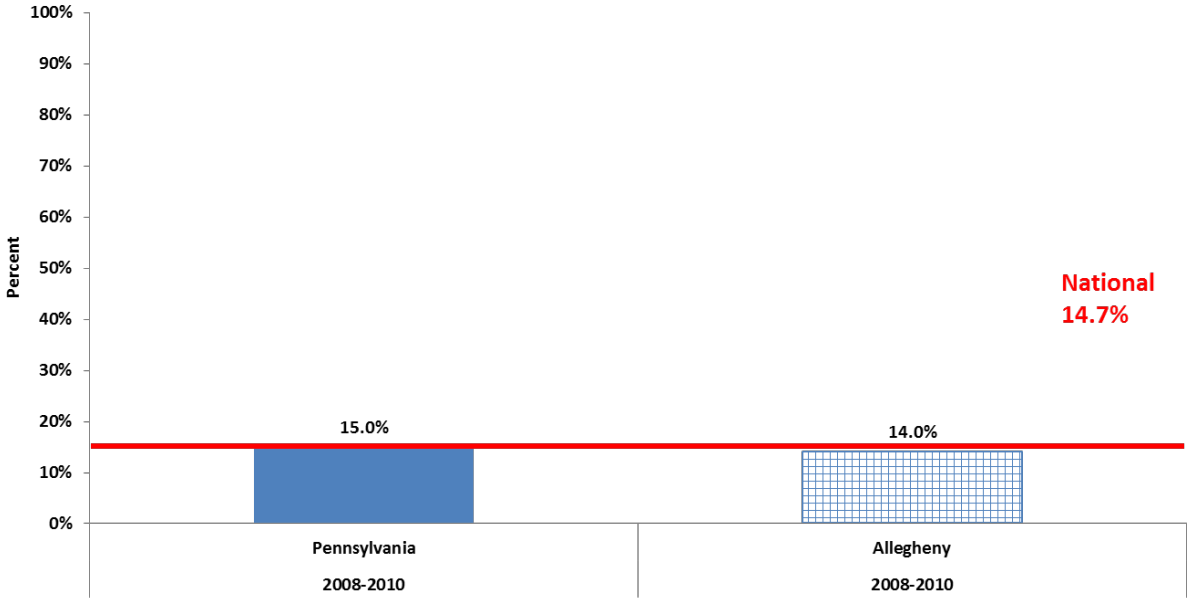
Access to Quality Healthcare

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 15 illustrates the percentage of adults who reported poor or fair health in the United States, Pennsylvania and Allegheny County for the years 2008 through 2010. The service area rate was 14 percent, lower than both the Pennsylvania and national rates.

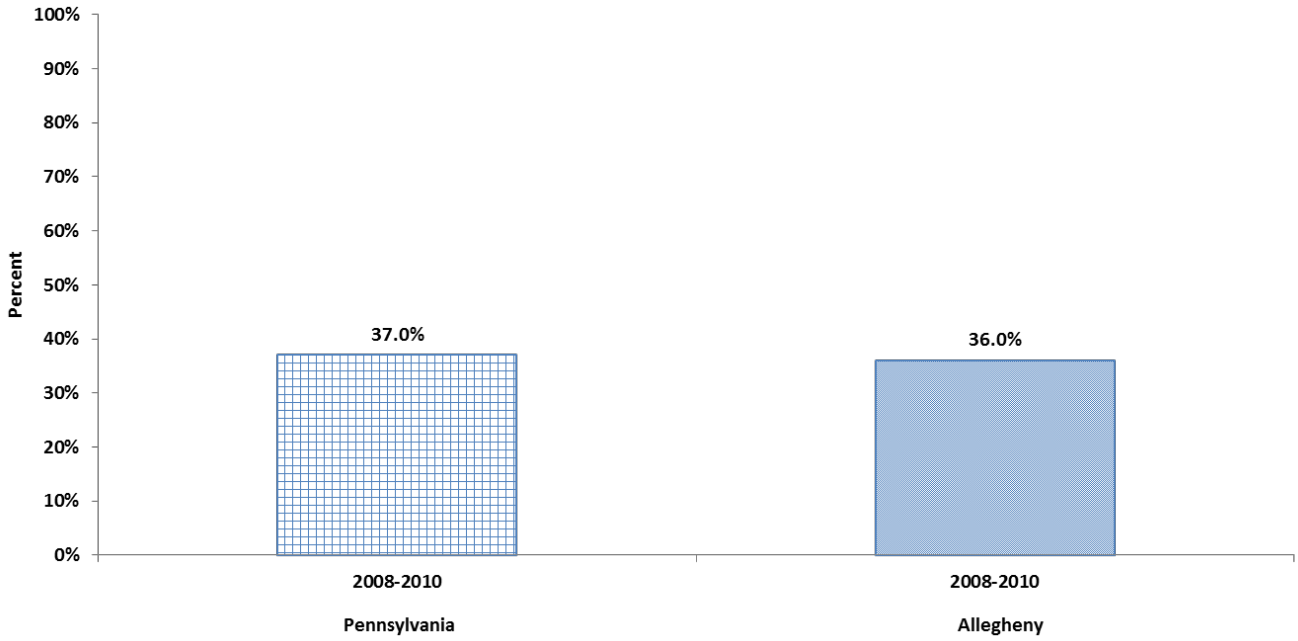
Figure 15. BRFSS – Percentage of all adults who reported poor or fair health



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 16 illustrates the percentage of adults who reported their physical health not good for one or more days in the past month in Pennsylvania and Allegheny County for the years 2008 through 2010. The rate within the service region was 36 percent, roughly equivalent to the state rate.

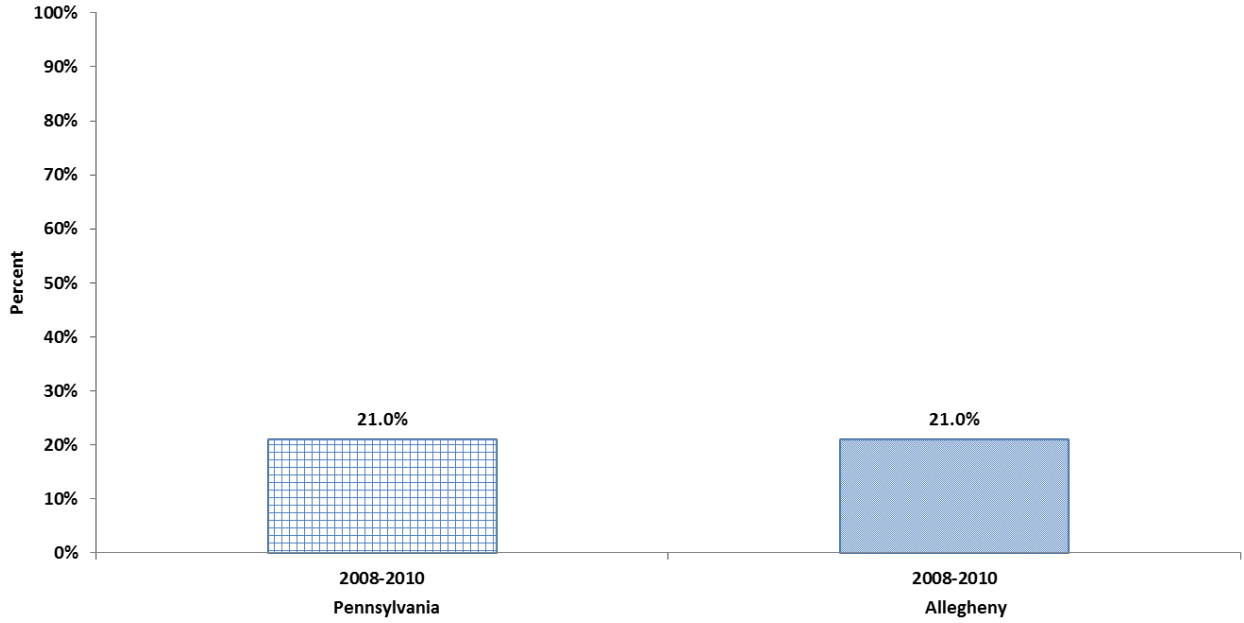
Figure 16. BRFSS - Percent of adults who reported their physical health not good for 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 17 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 Allegheny County for the years 2008 through 2010. The Allegheny County rate was comparable to the Pennsylvania rate.

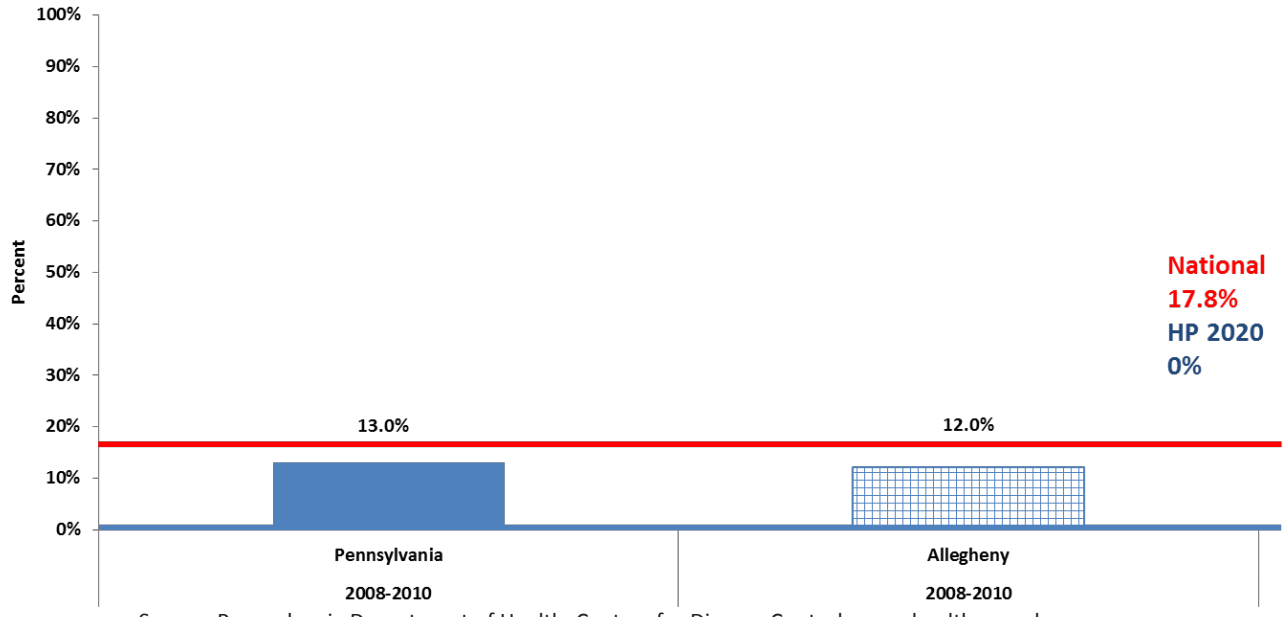
Figure 17. BRFSS- Percent of adults who reported poor physical or mental health that prevented them from usual activities 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 18 illustrates the percentage of adults who reported no health insurance in the United States, Pennsylvania and Allegheny County for the years 2008 through 2010. The Allegheny County rate was comparable to the Pennsylvania rate, at 12.0 and 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 HP 2020 goal of 0 percent.

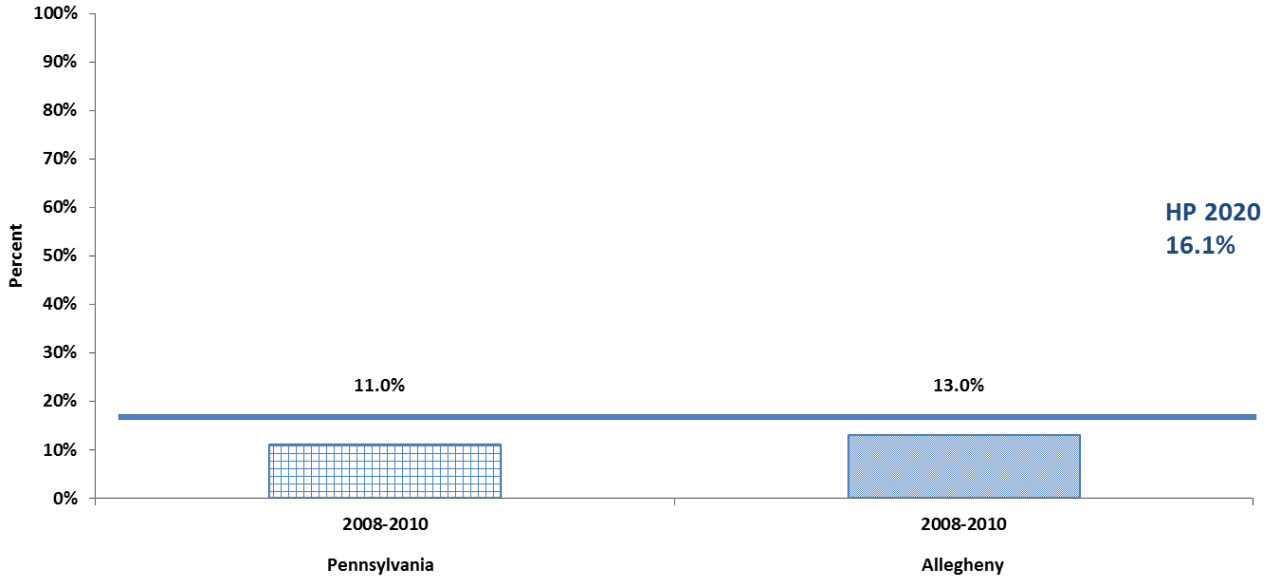
Figure 18. BRFSS-Percentage of adults who reported no health insurance



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

Figure 19 illustrates the percentage of adults who reported not having a personal healthcare provider in Pennsylvania, as well as Allegheny County for the years 2008 through 2010. The Allegheny County rate is 13.0 percent in Allegheny County, which is comparable to Pennsylvania and less than the HP 2020 goal of 16.1 percent.

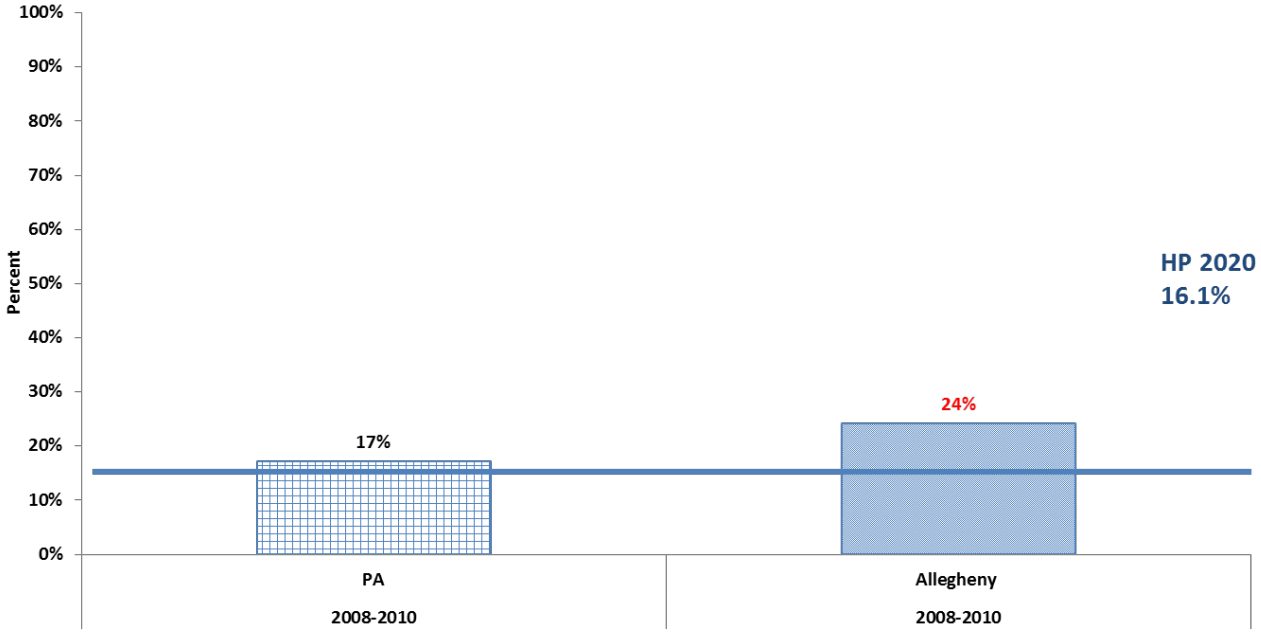
Figure 19. BRFSS-Percentage of all adults who reported not having a personal healthcare provider



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 20 illustrates the percentage of adults aged 18-44 who reported not having a personal healthcare provider in Pennsylvania as well as Allegheny County. A significantly higher percentage (24.0 percent) of adults aged 18-44 in Allegheny County do not have a personal healthcare provider, compared to the state. The county was higher than the HP 2020 goal of 16.1 percent.

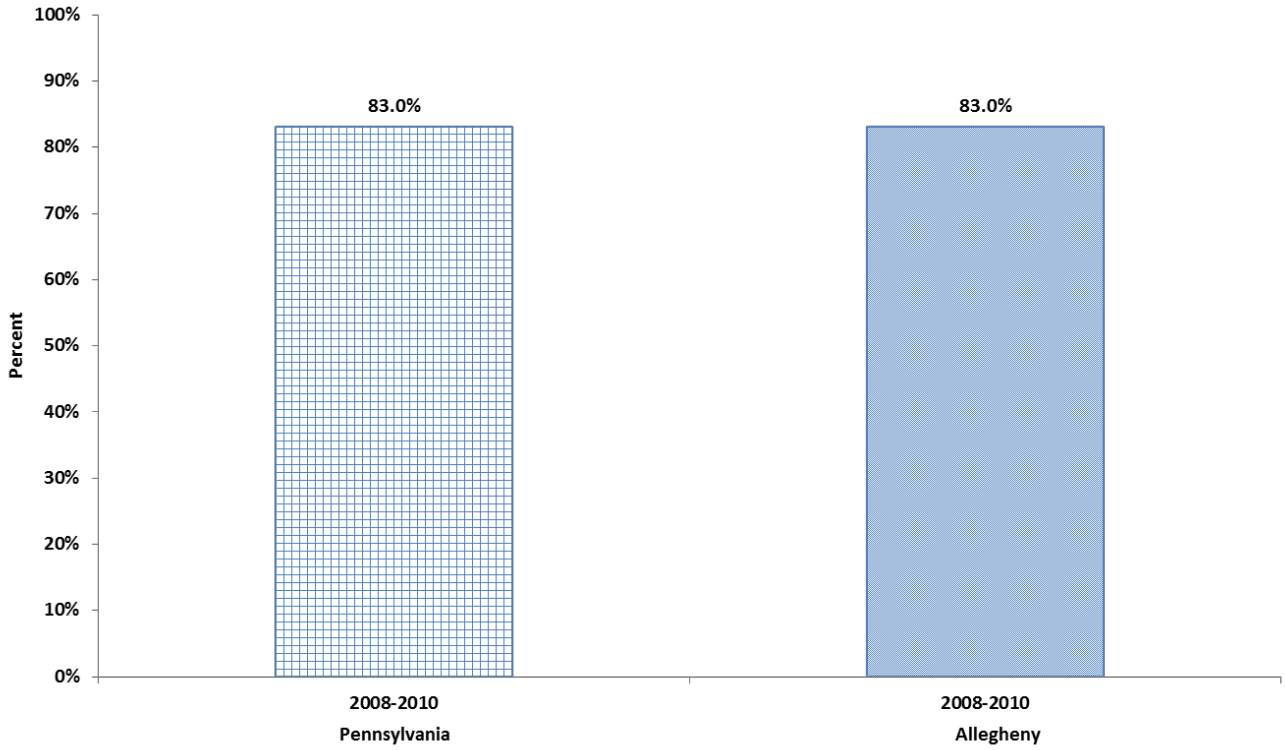
Figure 20. BRFSS-Percent of adults who reported no personal healthcare provider age 18-44



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 21 illustrates the percentage of adults who had a routine check-up in the past two years in Pennsylvania, as well as Allegheny County. A vast majority of respondents had a routine check-up in the past two years (83.0 percent), and the county rate is comparable to the Pennsylvania rate.

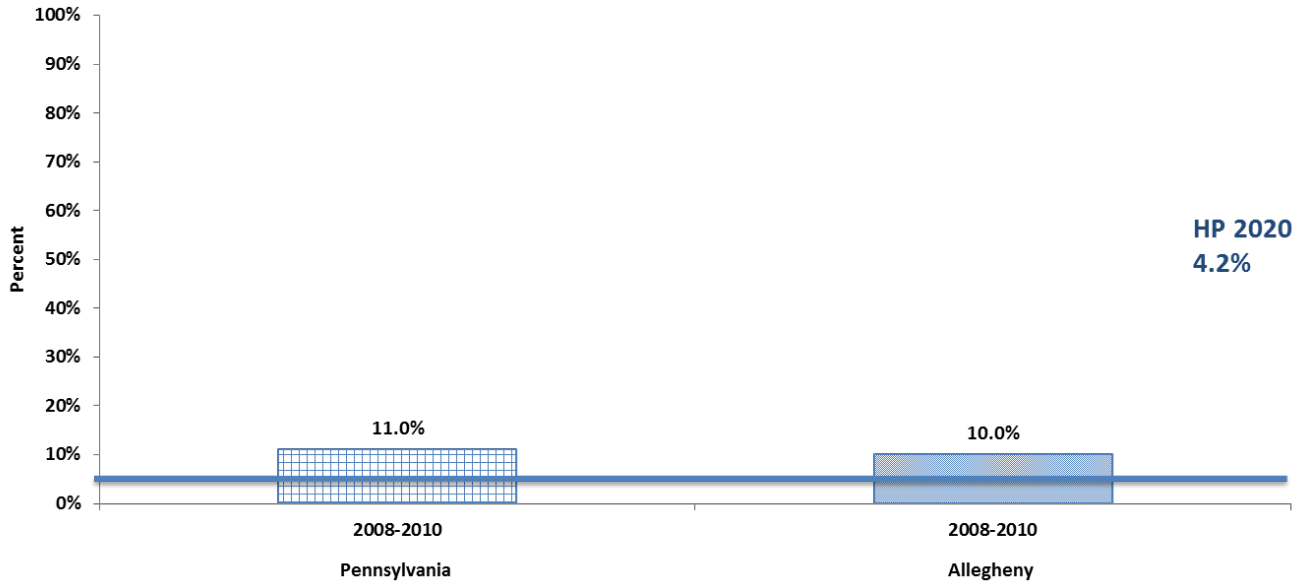
Figure 21. BRFSS - Percentage of all adults who had a routine check-up in the past 2 years



Source: Pennsylvania Department of Health

Figure 22 illustrates the percentage of adults who needed to see a doctor, but could not do so due to cost in Pennsylvania, as well as Allegheny County. The county rate of ten percent is comparable to the state rate of 11.0 percent. Both the county and the state are above the HP 2020 goal of 4.2 percent.

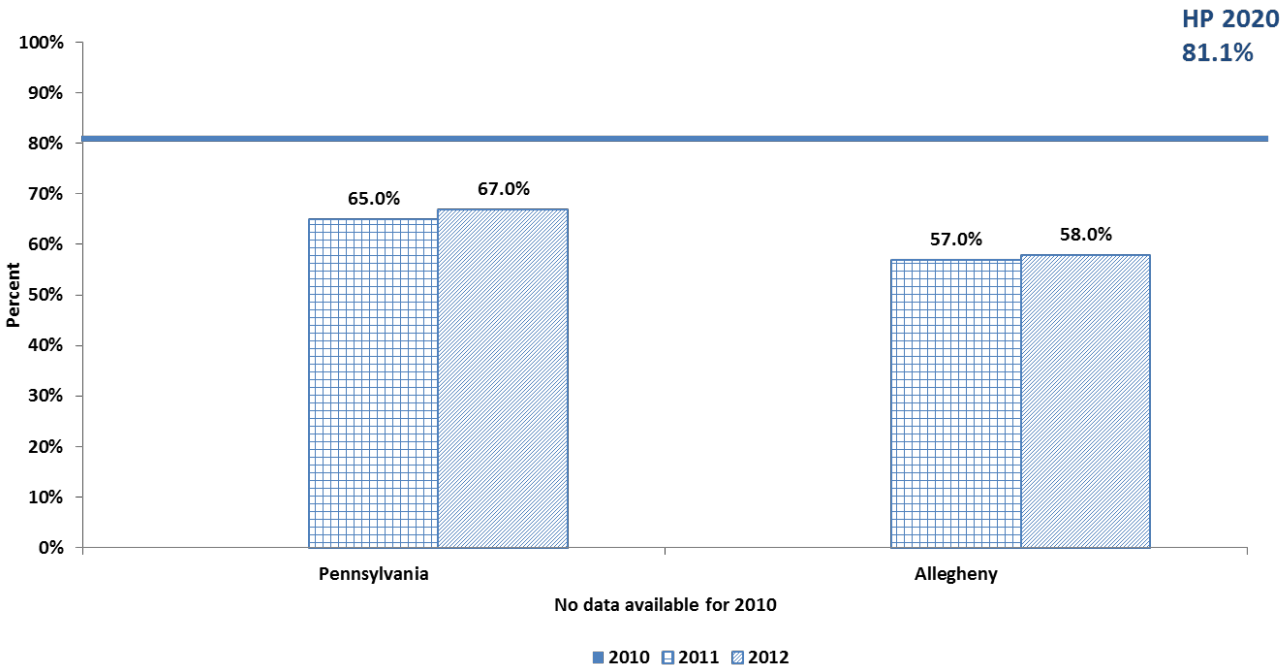
Figure 22. BRFSS - Percentage of adults who needed to see a doctor but could not because of cost in the past year



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 23 illustrates mammogram screenings in Pennsylvania as well as Allegheny County for the years 2011 and 2012. The county percentage was less than the Pennsylvania rate for the same year. The county level and state rates are below the HP 2020 goal of 81.1 percent. No data was available for 2010.

Figure 23. Mammogram screenings



Source: County Health Rankings, 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 24 and 25 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 24. Health literacy: Reading

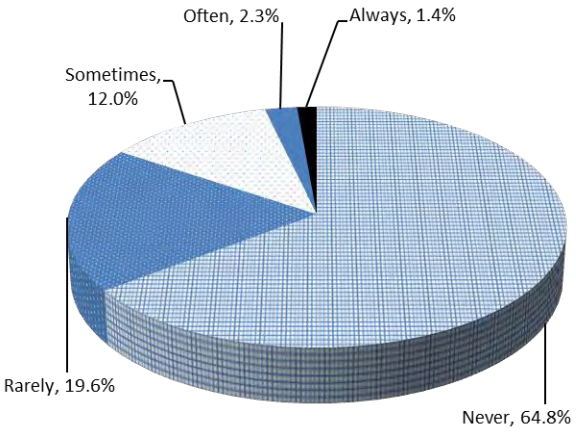
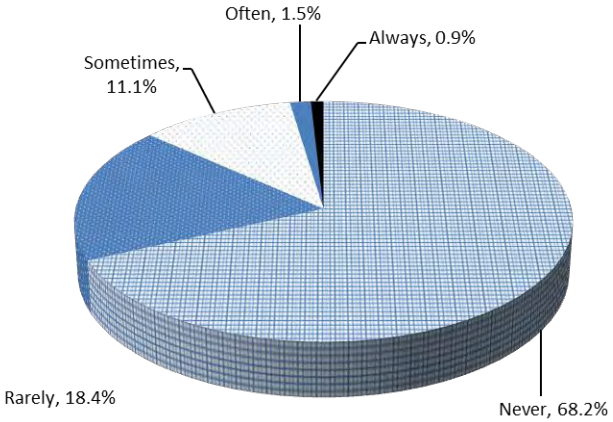


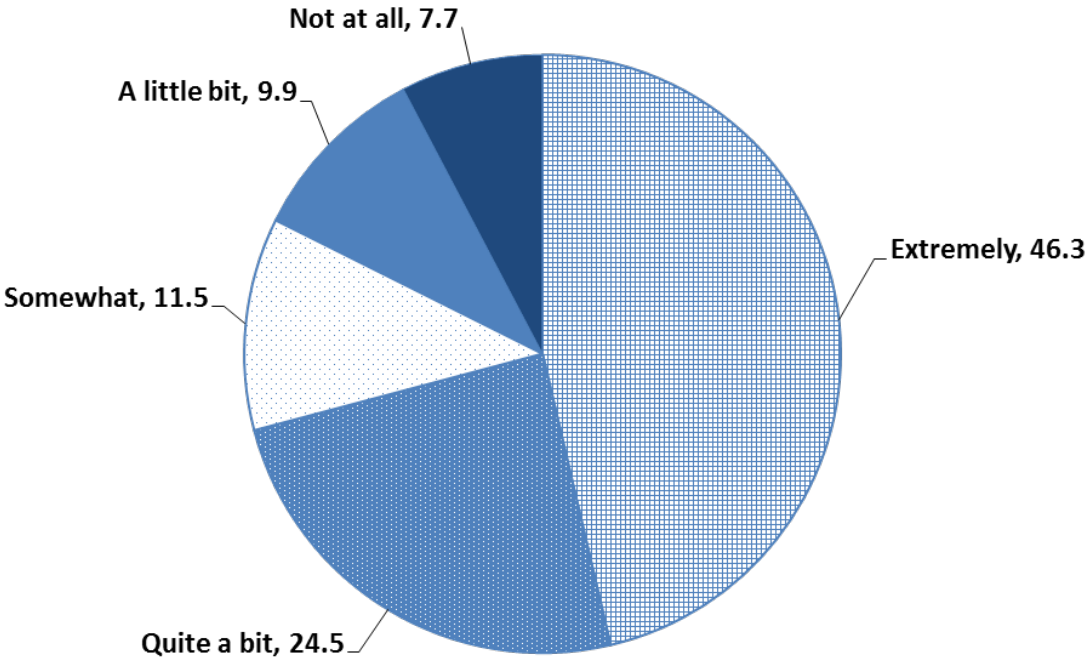
Figure 25. Health literacy: Understanding



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 26 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 26. Health literacy: Forms

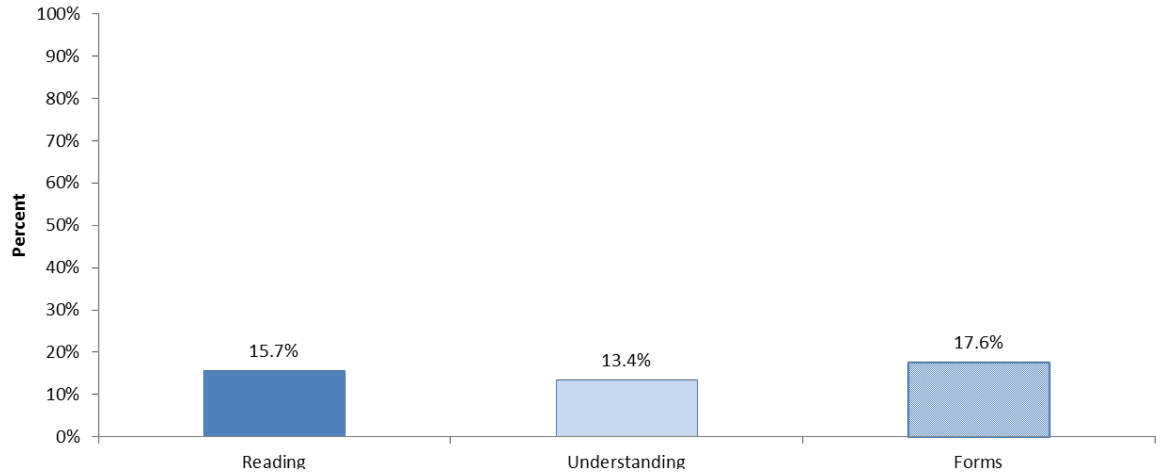


Source:

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

Figure 27. Low health literacy rates



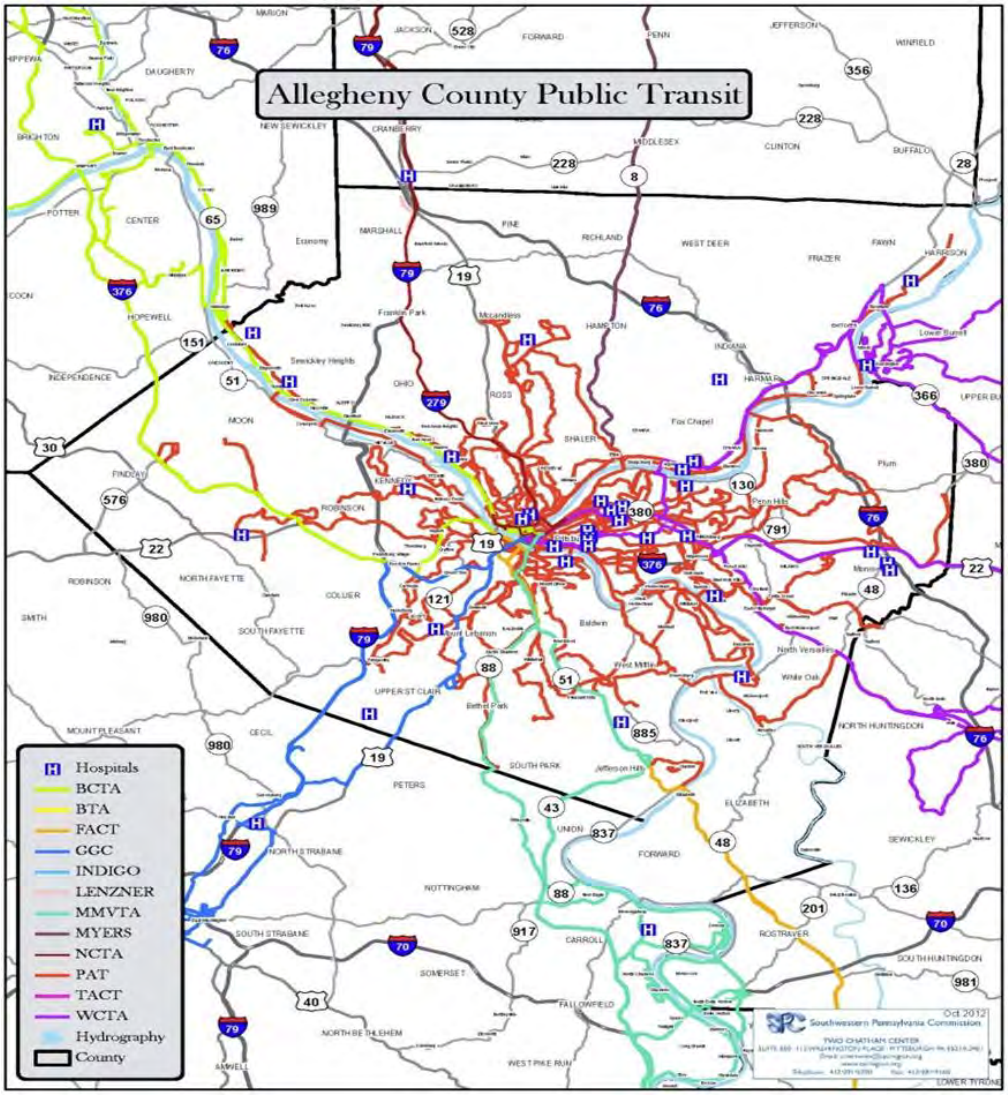
University of Pittsburgh University Center for Social & Urban Research. "Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area." prepared for Regional Health Literacy Coalition, September 2012.

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 28 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 28. Allegheny 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 from the Western Pennsylvania Hospital service region.

Table 23 illustrates the hospital discharge rate for inpatient ACSC for the years 2010 through 2012, per 10,000 people. Inpatient utilization rates for specific selected ACSC are high (194.9 discharges per 10,000 population), although the rate has been declining over the past several years. Congestive heart failure (CHF) (48.38), chronic obstructive pulmonary disease (COPD) (45.18) and pneumonia (37.74) have higher rates of inpatient admission than some of the other identified conditions, including alcohol and drug abuse (19.28), and bronchitis and asthma (15.98).

Table 23. Inpatient ACSC: hospital discharge rates per 10,000

West Penn Hospital Primary Service Area **Inpatient Ambulatory Care Sensitive Conditions** **Utilization Rates Per 10,000 Population**			
Category	**FY10**	**FY11**	**FY12**
Congestive heart failure	61.68	53.30	48.38
COPD	50.22	51.57	45.18
Pneumonia	38.90	35.63	37.74
Bronchitis & Asthma	20.45	18.68	15.98
Alcohol & drug abuse	16.76	15.86	19.28
Complications baby	10.60	13.64	13.53
Cancer	5.71	5.45	4.96
Fracture	4.32	4.10	3.38
Hypertension	4.02	3.83	3.76
Breast cancer	2.41	2.41	1.69
Reproductive disorder	1.35	0.75	1.01
PSA Total	216.43	205.23	194.90

Source: Truven Health, WPAHS Decision Support

AGH examined emergency department (ED) utilization 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 24 and 25,** although over the past three years ED utilization for all three types of conditions has been decreasing, these types of conditions account for over 1,400 ED visits per year. The conditions with the most volume in 2010, the last full year of data, are all acute conditions. They included pelvic inflammatory disease (295), gastroenteritis (234), and bacterial pneumonia (188). It should be noted that West Penn Hospital Emergency Department was closed during a portion of this analysis period from December 2010 until its reopening on February 14, 2012.

Table 24. AGH ED discharges

West Penn Hospital					
Emergency Department Discharges				FY12 vs FY10	
Acute Conditions	FY10	FY11	FY12	Var	%
Bacterial Pneumonia	188	54	25	(163)	(86.7%)
Cellulitis	55	21	11	(44)	(80.0%)
Dehydration	0	1	0	-	-
ENT Infections	0	1	12	12	-
Gastroenteritis	234	65	66	(168)	(71.8%)
Hypoglycemia	169	43	26	(143)	(84.6%)
Kidney/Urinary Infection	19	5	7	(12)	(63.2%)
Pelvic Inflammatory Disease	295	118	99	(196)	(66.4%)
Skin Grafts with Cellulitis	22	5	4	(18)	(81.8%)
Acute Conditions Total	**982**	**313**	**250**	**(732)**	**(74.5%)**

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 25 illustrates AGH ED visits for avoidable and chronic ACSC for the years 2010 through 2012. The highest number of avoidable and chronic ED visits was COPD in 2010, with 127 visits.

Table 25. AGH ED discharges: ACSC- avoidable illnesses and chronic conditions

West Penn Hospital					
Emergency Department Discharges				FY12 vs FY10	
Avoidable Illnesses	FY10	FY11	FY12	Var	%
Dental Conditions	24	13	43	19	79.2%
Iron Deficiency Anemia	12	3	2	(10)	(83.3%)
Nutritional Deficiencies	3	0	0	(3)	(100.0%)
Vaccine Preventable Conditions	3	1	0	(3)	(100.0%)
Avoidable Illnesses Total	42	17	45	3	7.1%
Chronic Conditions					
Angina Total	2	2	1	(1)	(50.0%)
Asthma Total	0	1	0	-	-
Congestive Heart Failure Total	64	25	9	(55)	(85.9%)
COPD Total	127	49	34	(93)	(73.2%)
Diabetes mellitus without mention of complications or unspecified hypoglycemia Total	43	9	7	(36)	(83.7%)
Diabetes with Ketoaciosis Total	0	2	0	-	-
Diabetes w/ oth un/specified complications Total	48	35	16	(32)	(66.7%)
Grand Mal & Other Epileptic Conditions Total	0	0	1	1	-
Hypertension Total	110	47	32	(78)	(70.9%)
Chronic Conditions Total	394	170	100	(294)	(74.6%)
Total	1418	500	395	(1,023)	(72.1%)

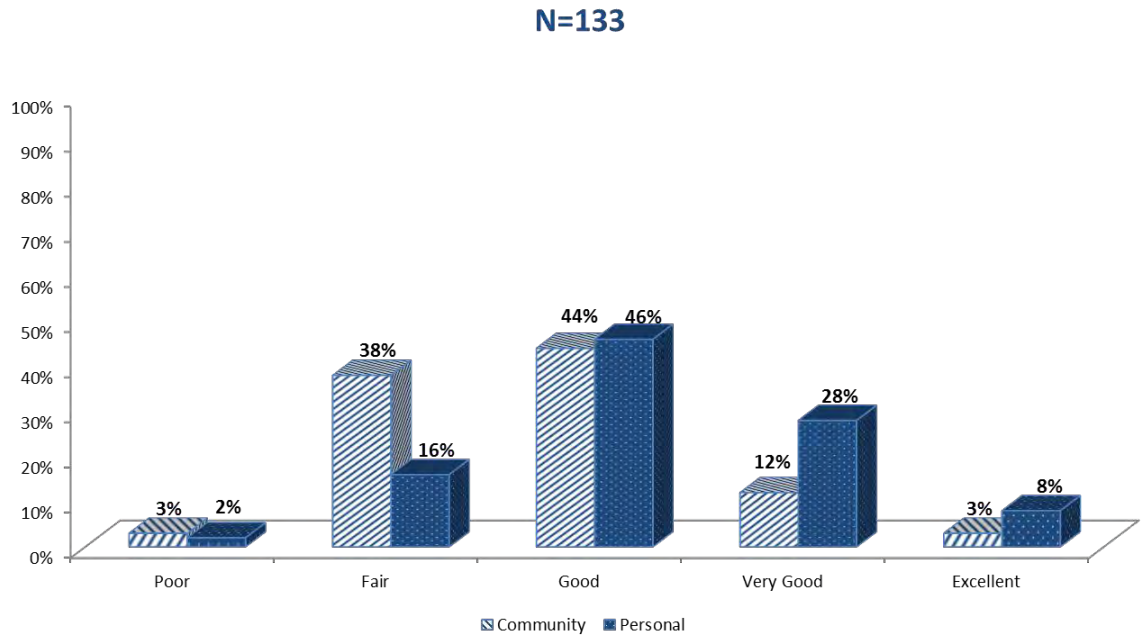
Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993

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 WPH. The following information is derived from a total of 9 focus groups, representing 133 individuals.

Figure 29 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 good (46.0 percent) or very good (28.0 percent), while they tended to rate the health status of the community as good (44.0 percent) or fair (38.0 percent).

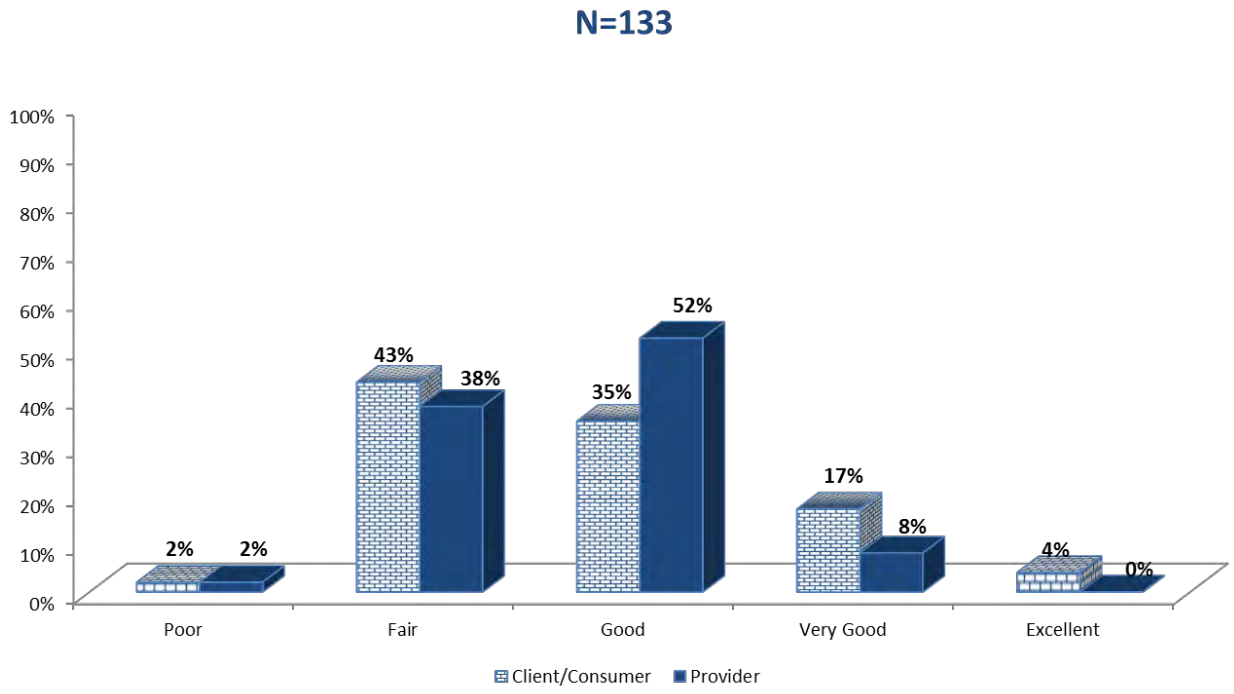
Figure 29. Focus groups: Overall health status



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

Figure 30 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 fair (43.0 percent) or good (35 percent), while providers/professionals were more likely to rate the health status of the overall community good (52.0 percent) or fair (38.0 percent).

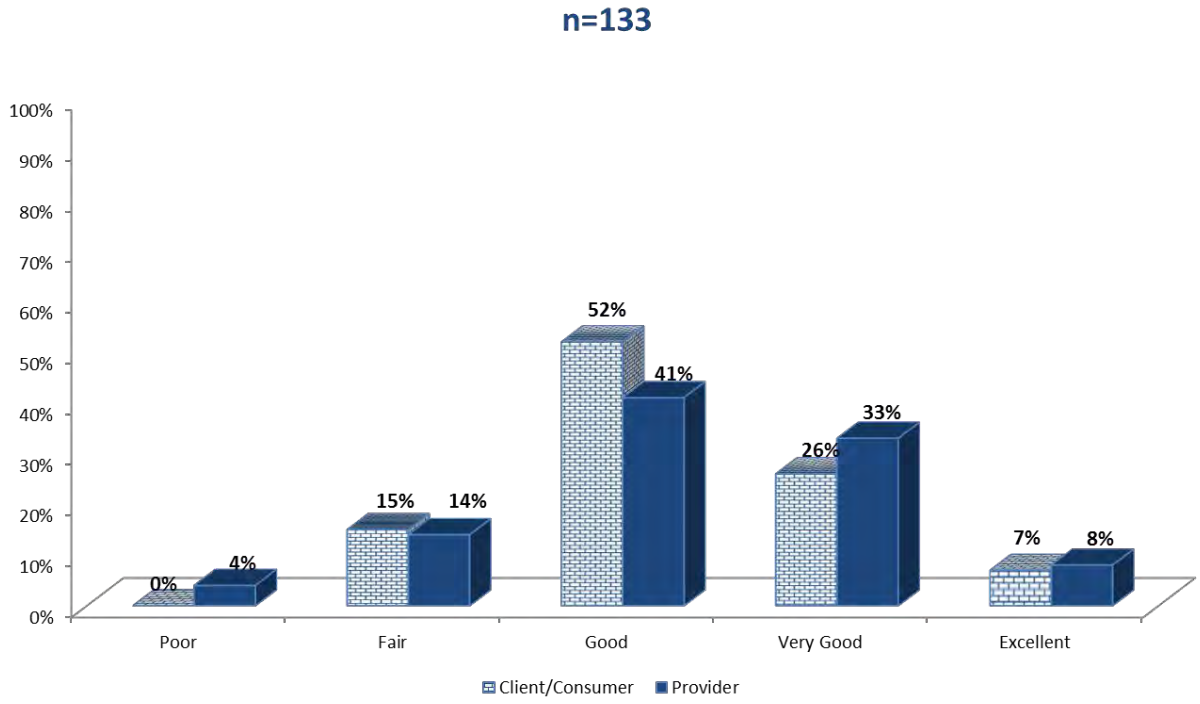
Figure 30. Focus groups: Overall community health status



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

Figure 31 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 very good (33 percent) or good (41 percent), while clients and consumers were more likely to rate their personal health status as good (52 percent).

Figure 31. Focus groups: Personal health status

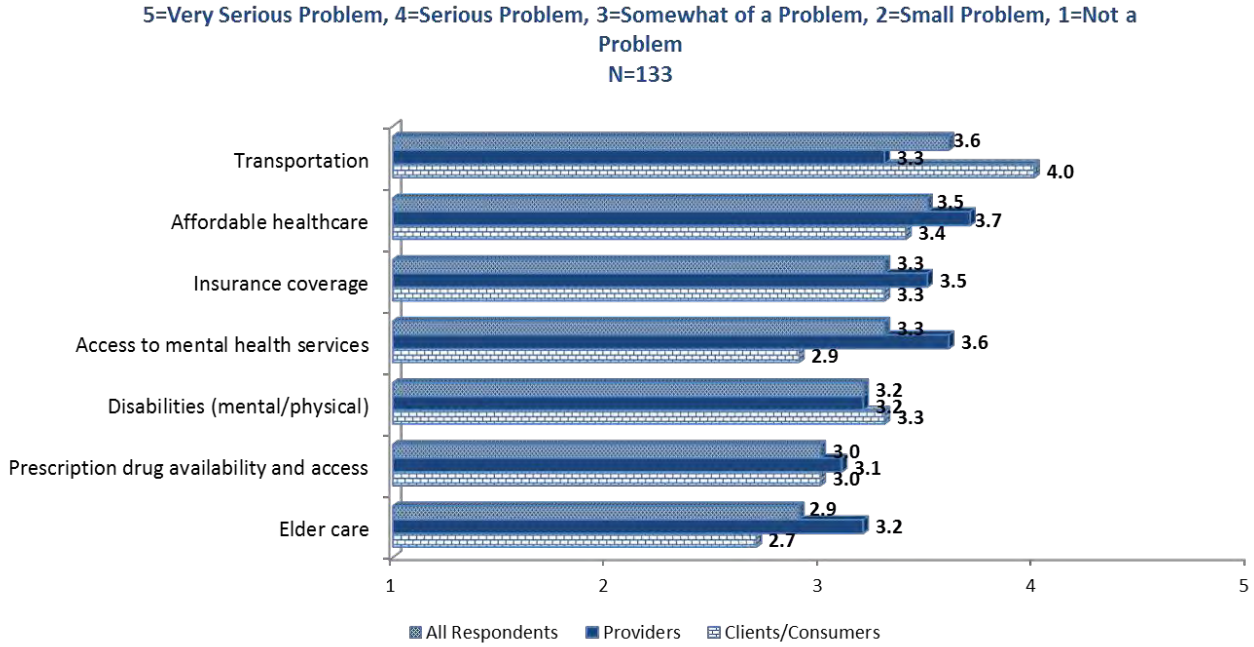


Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

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 32 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 affordable healthcare as serious needs in the community, while consumers rated transportation and affordable healthcare as more serious community needs.

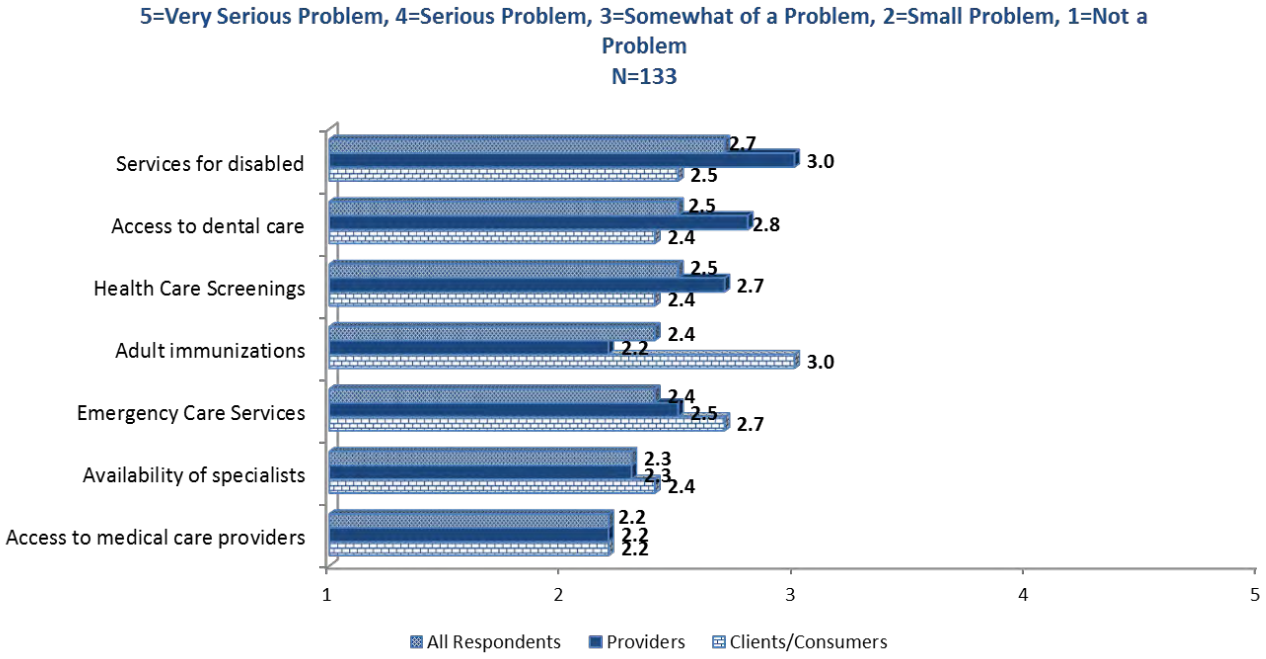
Figure 32. Access to quality healthcare



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

Figure 33 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, with the exception of adult immunizations and emergency care services, which consumers rated as more serious issues than did providers/professionals.

Figure 33. 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. 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 WPH.

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, face language or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access or afford fixed route public transportation and other methods lack consistent service. 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

- 14% of adults in Allegheny County reported their health as fair to poor and 36% reported their physical health as not good at least one day in the past month.
- In Allegheny County, a sizable percentage (21%) of adults reported that poor physical or mental health prevented them from usual activities at least one day in the past month.
- 12% of adults aged 18-64 in Allegheny County have no health insurance.
- 13% of all adults in Allegheny County have no health care provider, significantly higher than the state rate.
- The majority (83%) of adults in Allegheny County had a routine check-up in the past two years; however, 10% did not see a doctor in the past year due to cost.

Barriers to care

- Somewhere between 15% and 17% of adults in the service area have low health literacy, depending on the definition used.
- A significant portion of Allegheny County is not served by fixed route public transportation.
- The inpatient utilization rates for Ambulatory Care Sensitive Conditions in the service region have decreased in the past 3 years, although CHF, COPD and pneumonia have the highest rates.
- WPH Emergency Department utilization for many ambulatory care sensitive conditions has also decreased over the past 3 years.

Focus group and stakeholder interview participants discussed the challenges with access to care related to transportation, insurance and other barriers to care including language, literacy and knowledge of the health care system. Input included:

- Focus group respondents rated their personal health better than community health.
- Focus group respondents who were providers rated both community and personal health better than those who identified themselves as clients/consumers.
- In the service area, focus group respondents rated transportation as the most serious issue, followed by affordable healthcare and insurance coverage.
- Focus group participants cited a number of access related challenges including a lack of public transportation, lack of affordable health care/ insurance, rising costs of copays and deductibles, an increased need for public education on what services are available and an increased need for drug and alcohol treatment options. Providers were more likely to indicate that access to mental health services was a very serious issue in the community.
- Regional stakeholders commented that there is a need for more health care providers, increased education for the health care system changes and improved health care access for the elderly and minorities.
- 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.

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Chronic Disease

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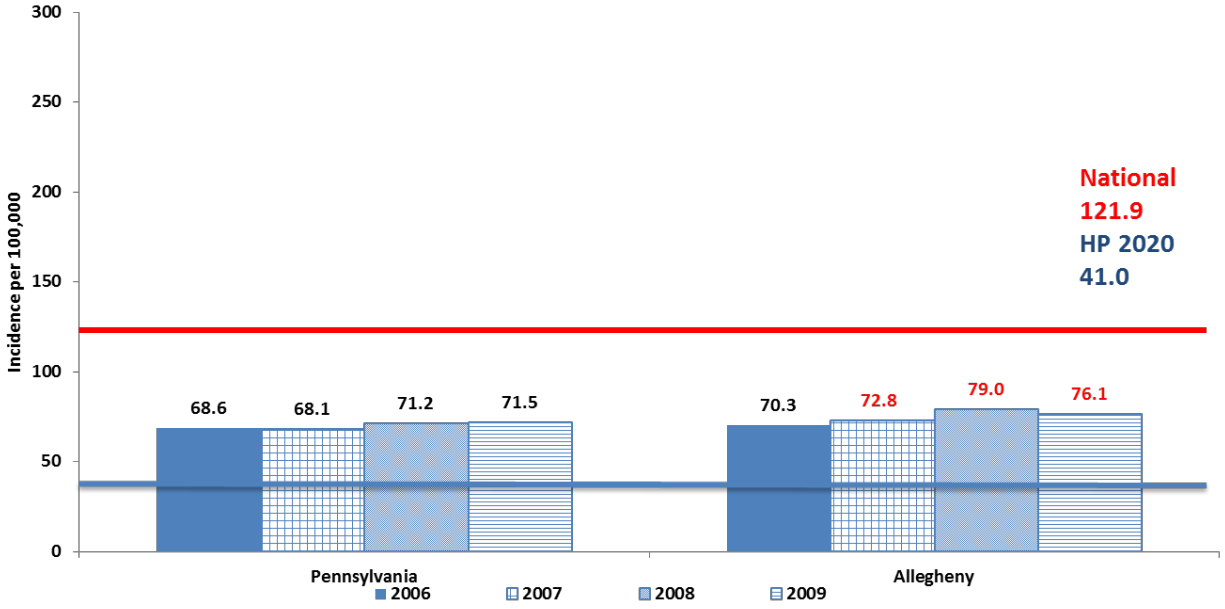
Chronic Disease

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, ovarian 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 34 illustrates breast cancer incidence rates for males and females in the United States, Pennsylvania and Allegheny County for the years 2006 through 2009, per 100,000. The rate was significantly higher in Allegheny County in 2007 through 2009 compared to the Pennsylvania rate. For the years 2006 through 2009, county rate was higher than the HP 2020 goal of 41.0, but still under the national rate of 121.9.

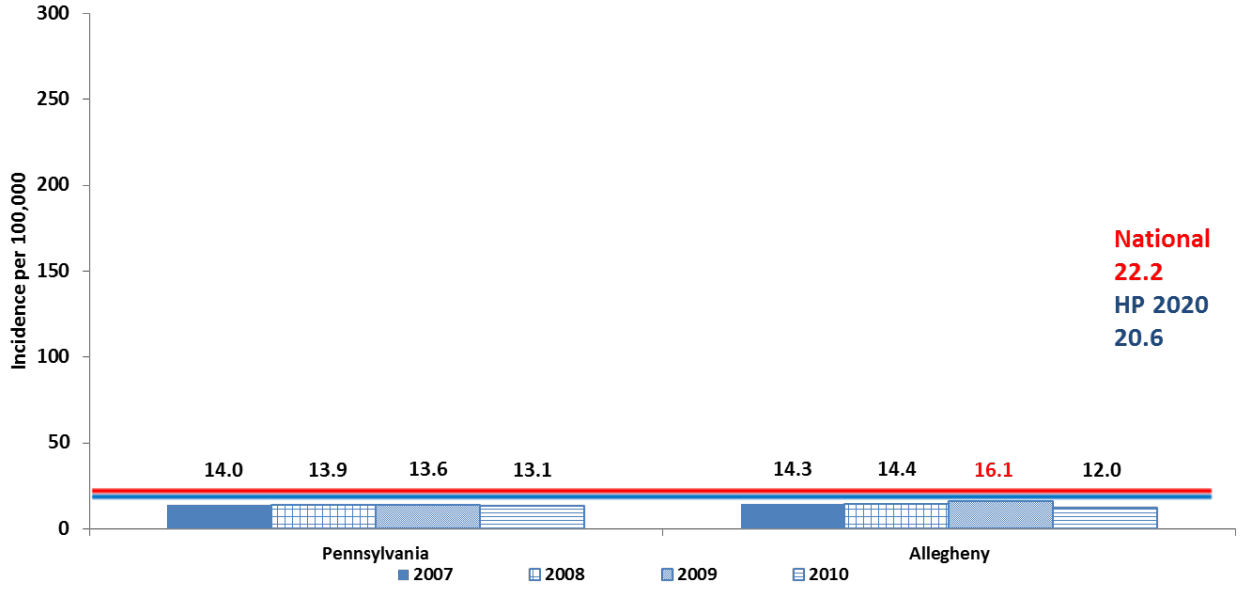
Figure 34. Breast cancer incidence: male and female



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

Figure 35 illustrates breast cancer mortality rates for males and females in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. The Allegheny County-rate fluctuated over the time period, but was less than the HP 2020 goal of 20.6. Allegheny County showed an increasing trend, significantly higher than the state rate in 2009 then declined in 2010. Both the state and county rates were lower than the national rate of 22.2 all four years

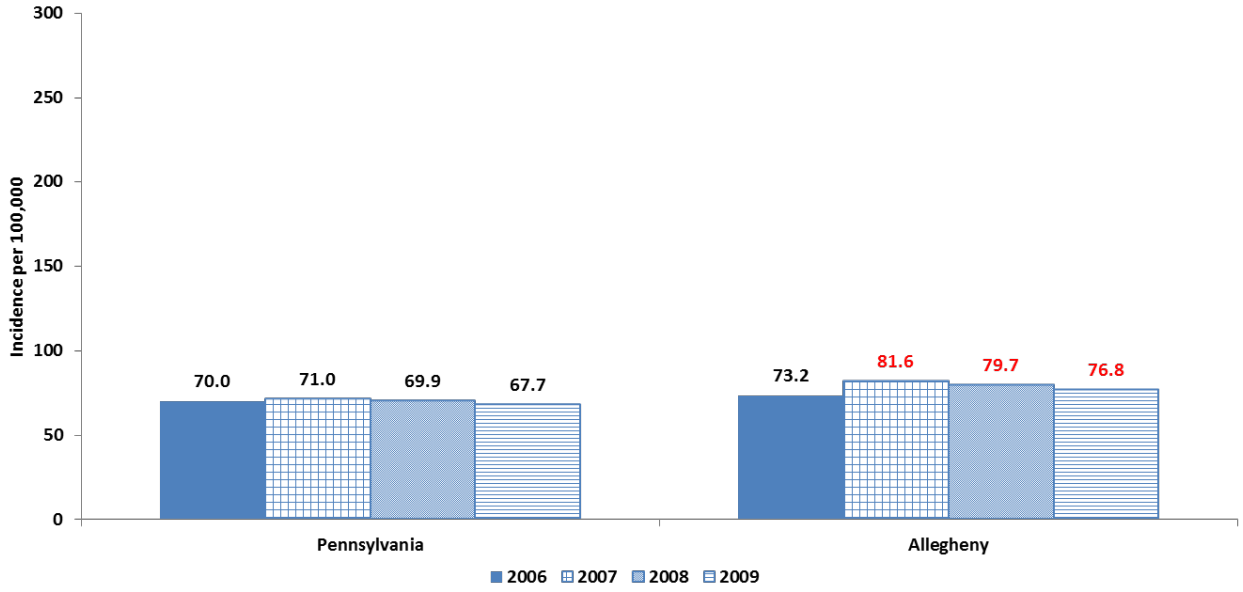
Figure 35. Breast cancer mortality rate: male and female



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

Figure 36 illustrates bronchus and lung cancer incidence rates in Pennsylvania and Allegheny County 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. The Allegheny County-rate fluctuated over the period but was generally comparable to or higher than the Pennsylvania rate. Allegheny County showed an increasing trend then decreased in 2009.

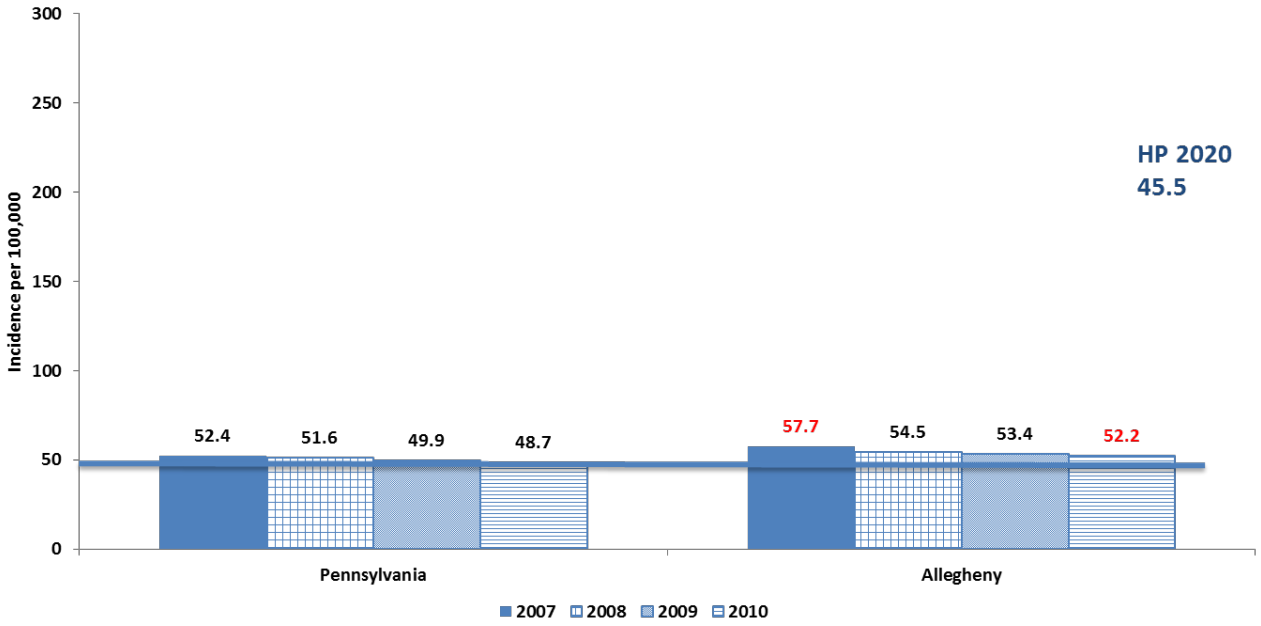
Figure 36. Bronchus and lung cancer incidence rate



Source: Pennsylvania Department of Health

Figure 37 illustrates bronchus and lung cancer mortality rates in Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. Allegheny County and Pennsylvania both showed declining trends over the four years, although the Allegheny County rate was significantly higher than the state rate in 2007 and 2010. Both the state and the county were above the HP 2020 goal all four years.

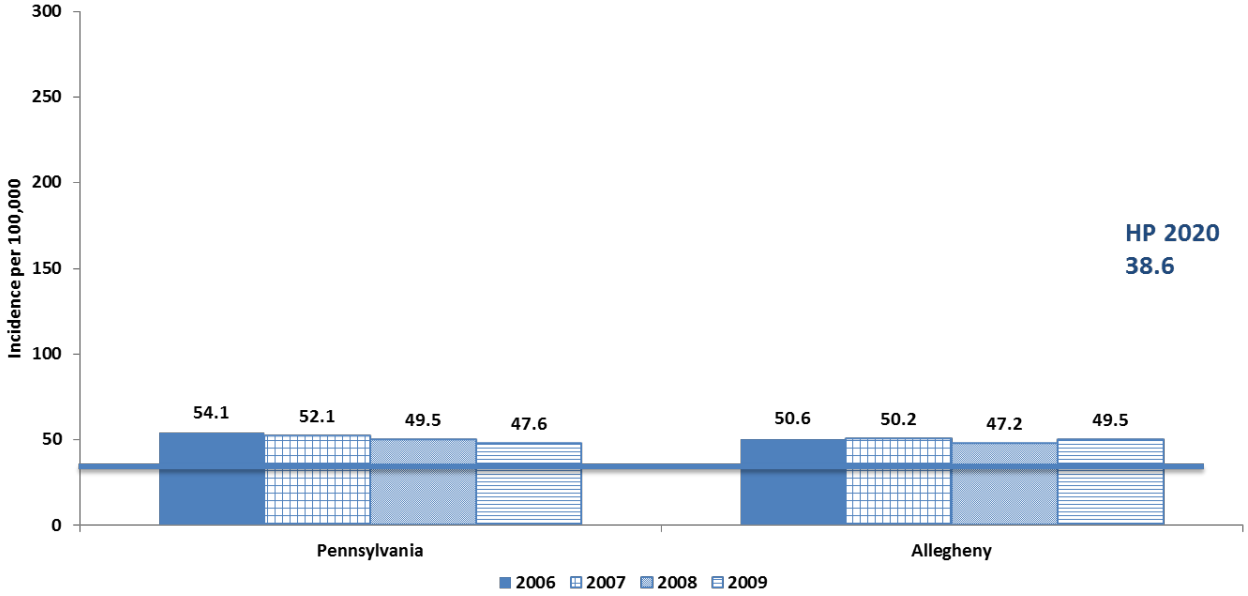
Figure 37. Bronchus and lung cancer mortality rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 38 illustrates the colorectal cancer incidence rate in Pennsylvania and Allegheny County for the years 2006 through 2009, per 100,000. County-level data fluctuated from 2006 through 2009 and overall was higher than the HP 2020 goal of 38.6. Pennsylvania showed a decreasing trend over the four years, while Allegheny County's rate decreased then increased.

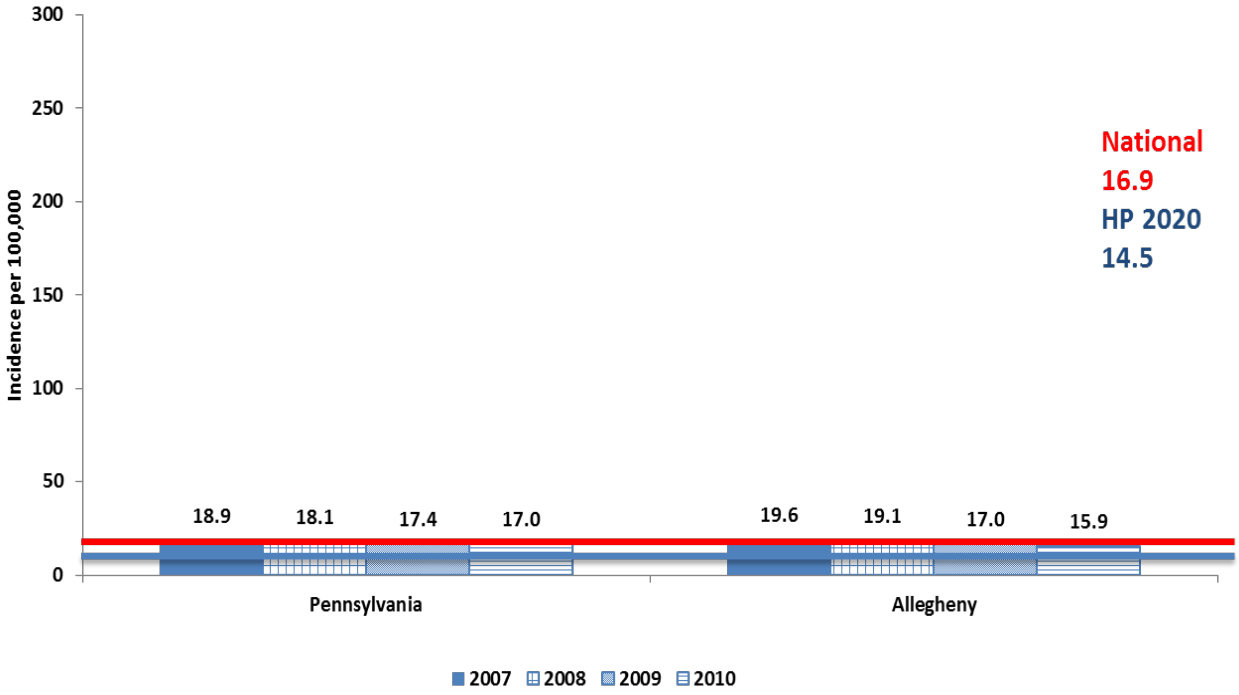
Figure 38. Colorectal cancer incidence rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 39 illustrates the colorectal cancer mortality rate in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. Over the four years, both the state and Allegheny County rates decreased. The Allegheny County rate was below the national rate of 16.9 in 2010, but does not yet meet the Healthy People goal of 14.5.

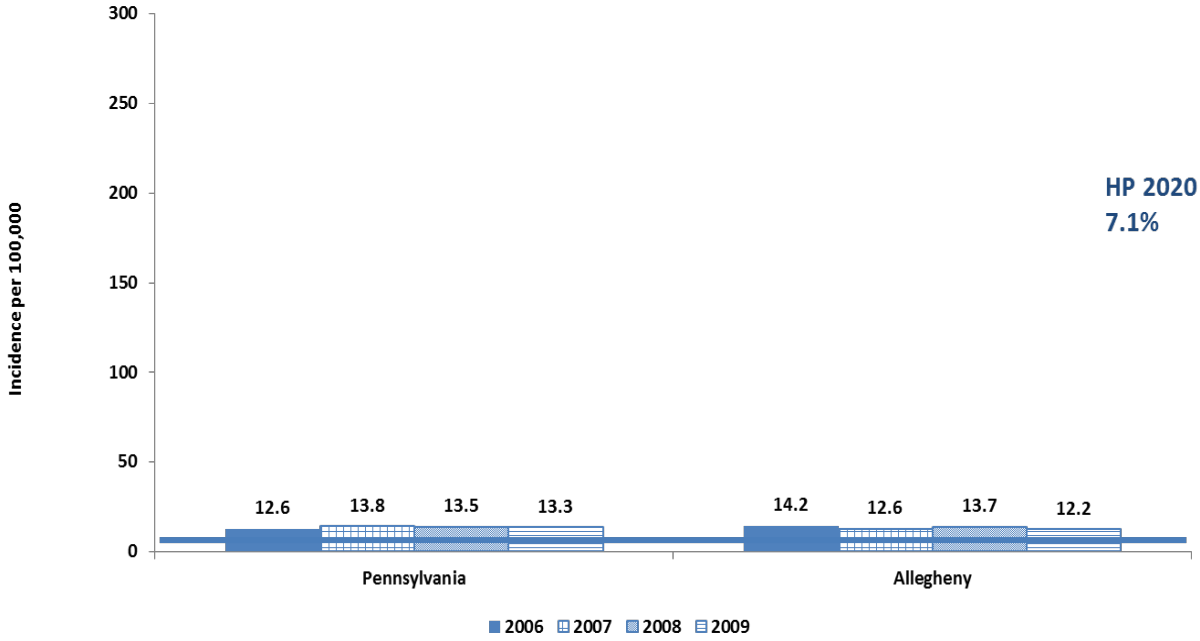
Figure 39. Colorectal cancer mortality rate



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

Figure 40 illustrates the ovarian cancer mortality rate in Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. Both the county and state rates fluctuated over the years, but are comparable. Both the county and state rates were also above the HP 2020 goal of 7.1 percent.

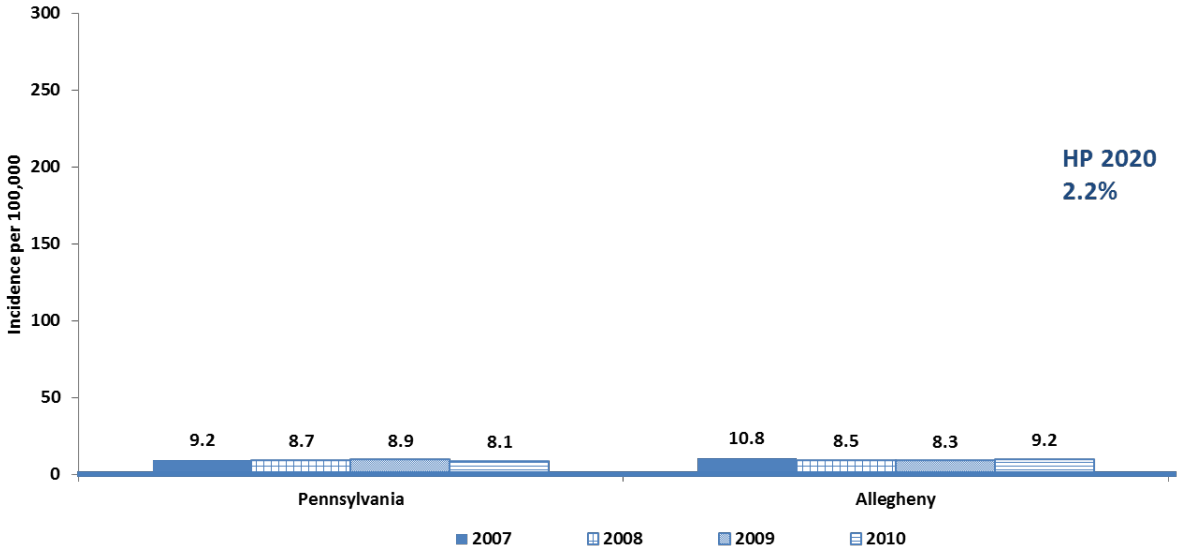
Figure 40. Ovarian cancer incidence rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 41 illustrates the ovarian cancer mortality rate in Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. The Allegheny County rate is comparable to the state rate, and has been declining in recent years. Both the county and state rates are above the HP 2020 goal of 2.2.

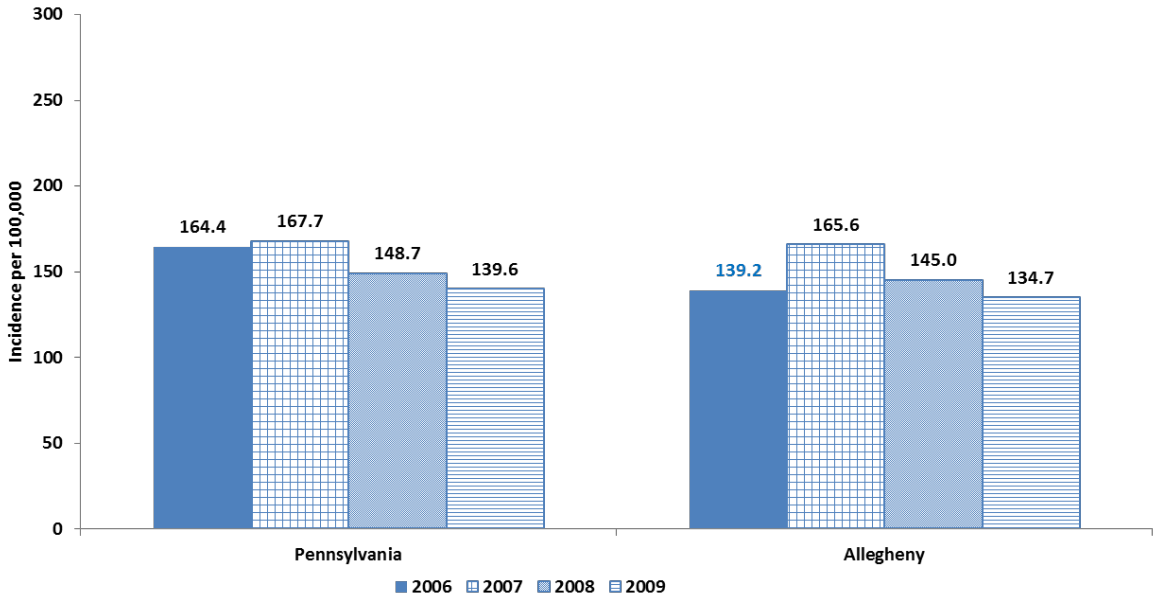
Figure 41. Ovarian cancer mortality rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 42 illustrates the prostate cancer incidence rate in Pennsylvania and Allegheny County from 2006 through 2009, per 100,000. The rate in Allegheny County was significantly lower than Pennsylvania in 2006. The Pennsylvania rate has decreased over the past four years. Although the rate in Allegheny County increased from 2006 to 2007, the rate has decreased over the past three years.

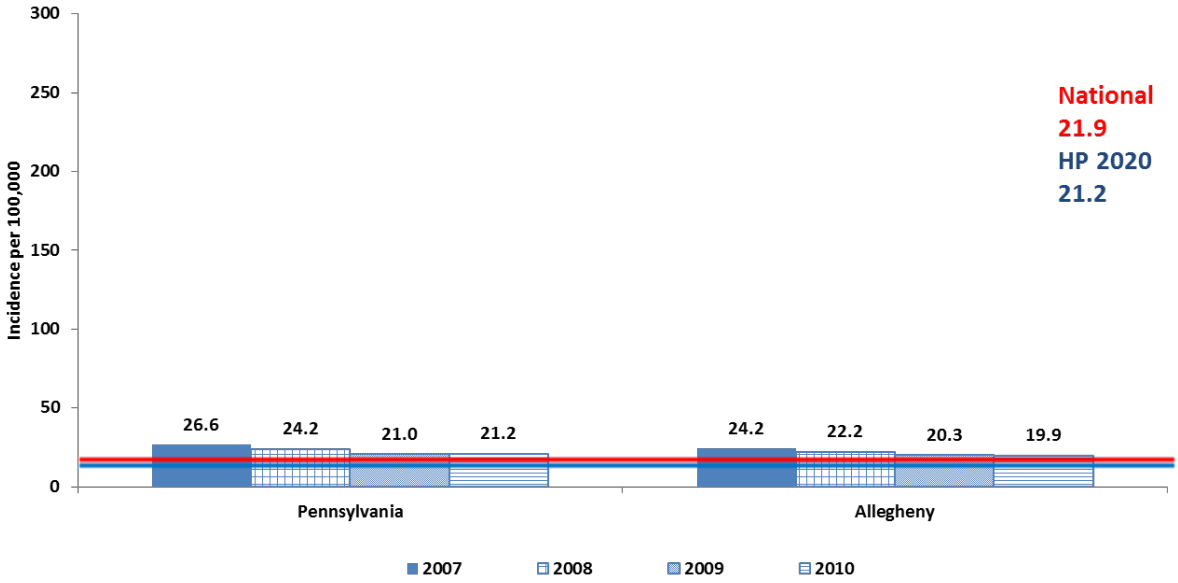
Figure 42. Prostate cancer incidence rate



Source: Pennsylvania Department of Health

Figure 43 illustrates the prostate cancer mortality rate in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. Mortality rates fluctuated somewhat over the period. Over the four years, Pennsylvania and Allegheny County showed decreasing trend overall, and in 2010 both the county and the state met or exceeded the Healthy People goal of 21.2. As of 2010, both the Allegheny County and state rates are below the national rate of 21.9.

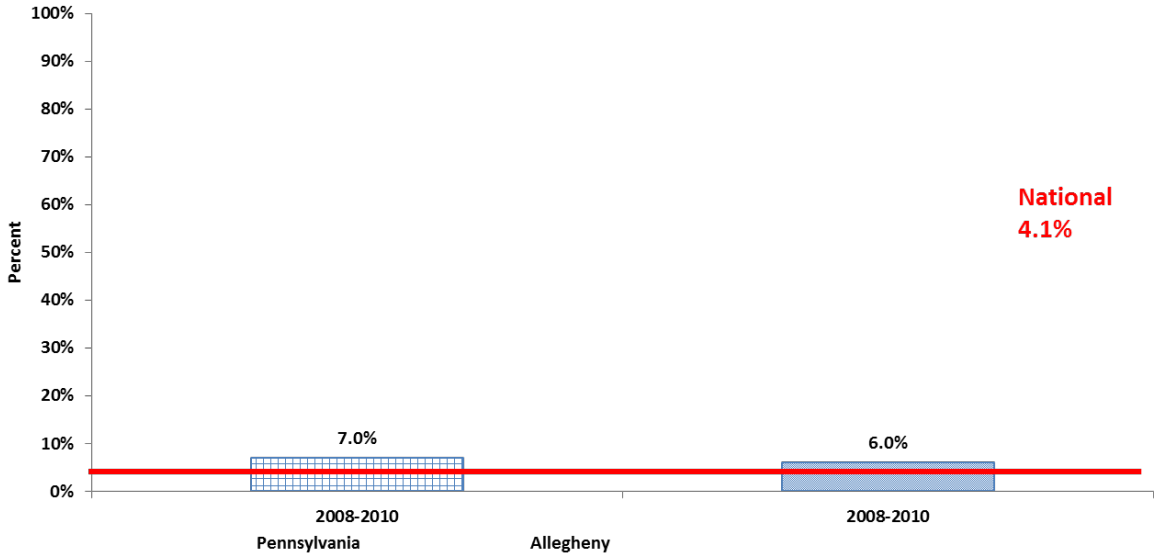
Figure 43. Prostate cancer mortality rate



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

Figure 44 illustrates the percentage of adults (age 35 and older) ever told they have heart disease in the United States, in Pennsylvania and Allegheny County for the years 2008 through 2010. The rate in Allegheny County is 6.0 percent which is slightly less than the Pennsylvania rate. Both Allegheny County and the state had higher percentages compared to the national rate (4.1 percent).

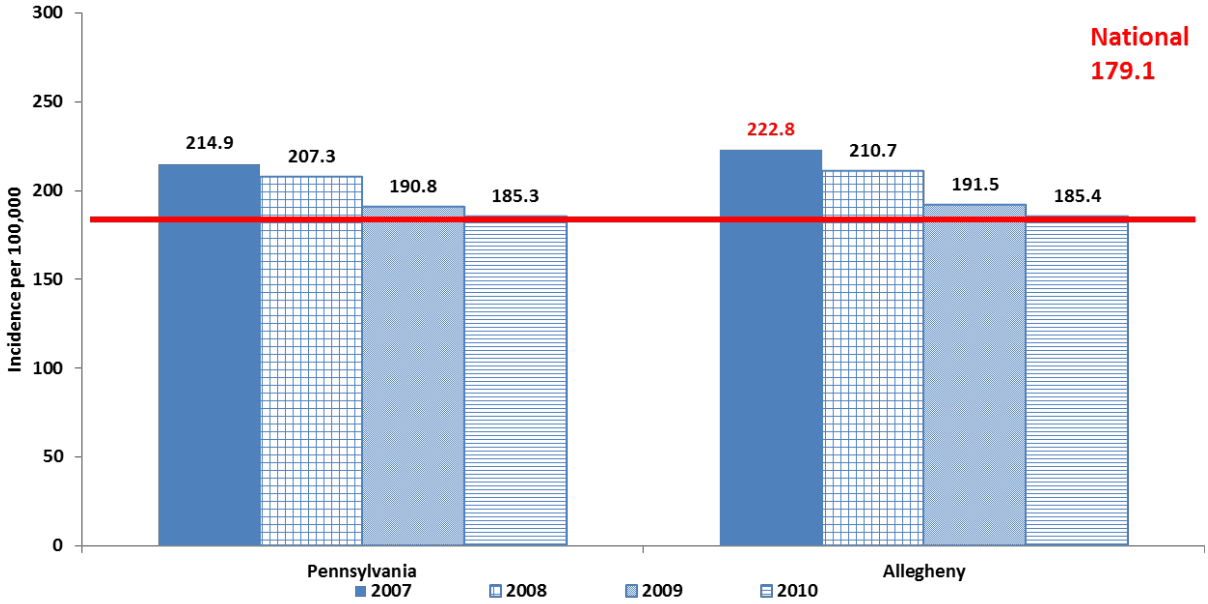
Figure 44. Adults who were ever told they have heart disease – age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 45 illustrates the heart disease mortality rate in the United States, Pennsylvania and Allegheny County from 2007 through 2010, per 100,000. The mortality rate in Allegheny County (222.8) was significantly higher than the Pennsylvania rate in 2007. Over the four years, Pennsylvania and Allegheny County showed decreasing trends. Although above the national rate for several years, the state and county rates are close to the national rate of 179.1.

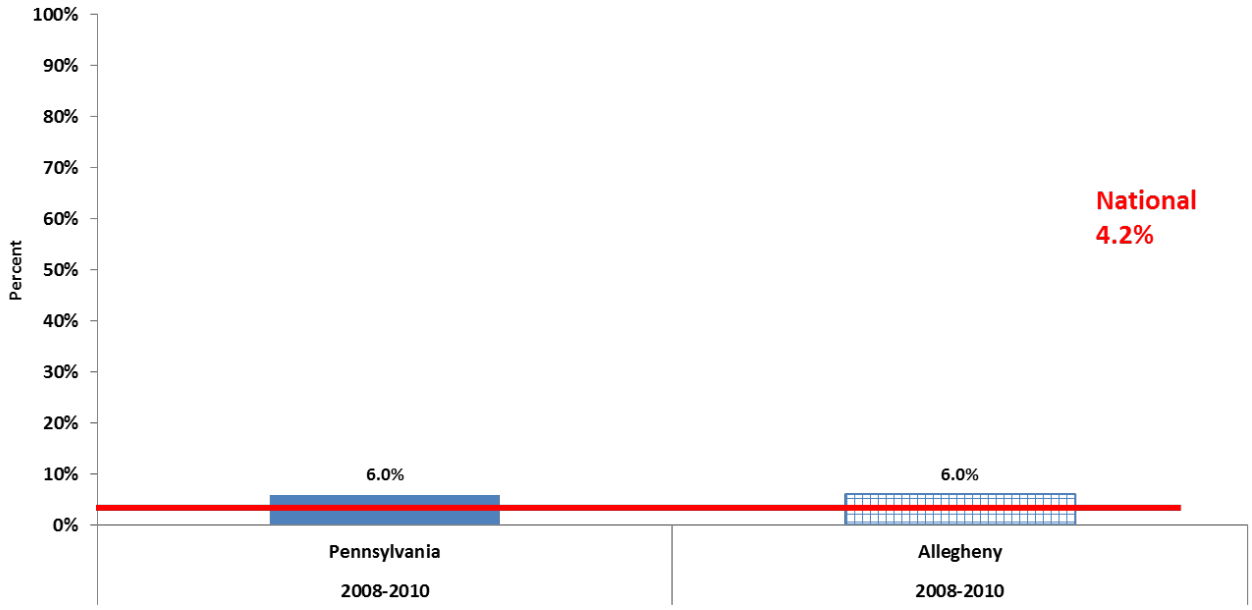
Figure 45. Heart disease mortality rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 46 illustrates the percentage of adults (age 35 and older) ever told they had a heart attack in the United States, in Pennsylvania and Allegheny County from 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.

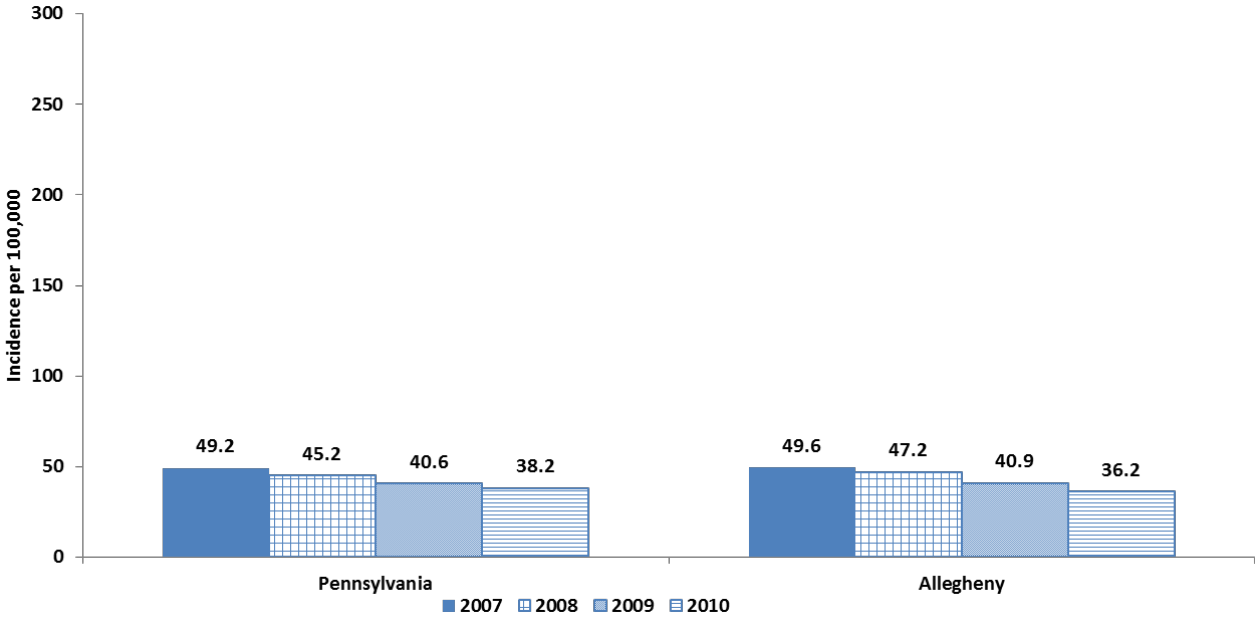
Figure 46. BRFSS-Percentage of adults who were ever told they had a heart attack - age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 47 illustrates the heart attack mortality rate in Pennsylvania and Allegheny County from 2007 to 2010, per 100,000. The rates in Pennsylvania and Allegheny County are comparable and decreasing over the past four years.

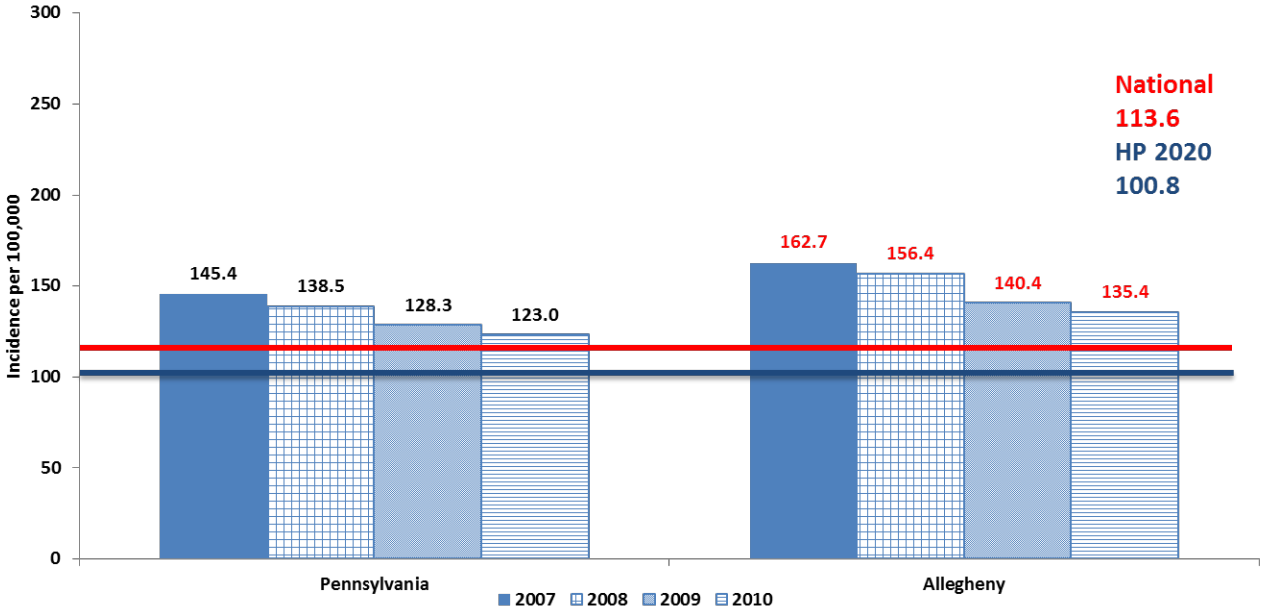
Figure 47. Heart attack mortality rate



Source: Pennsylvania Department of Health

Figure 48 illustrates the coronary heart disease mortality rate in Pennsylvania and Allegheny County from 2007 to 2010, per 100,000. The rate in Allegheny County from 2007 to 2010 was significantly higher than the Pennsylvania rate. Both county and state rates showed a decreasing trend over the four years and are above the national rate of 113.6 and the HP 2020 goal of 100.8.

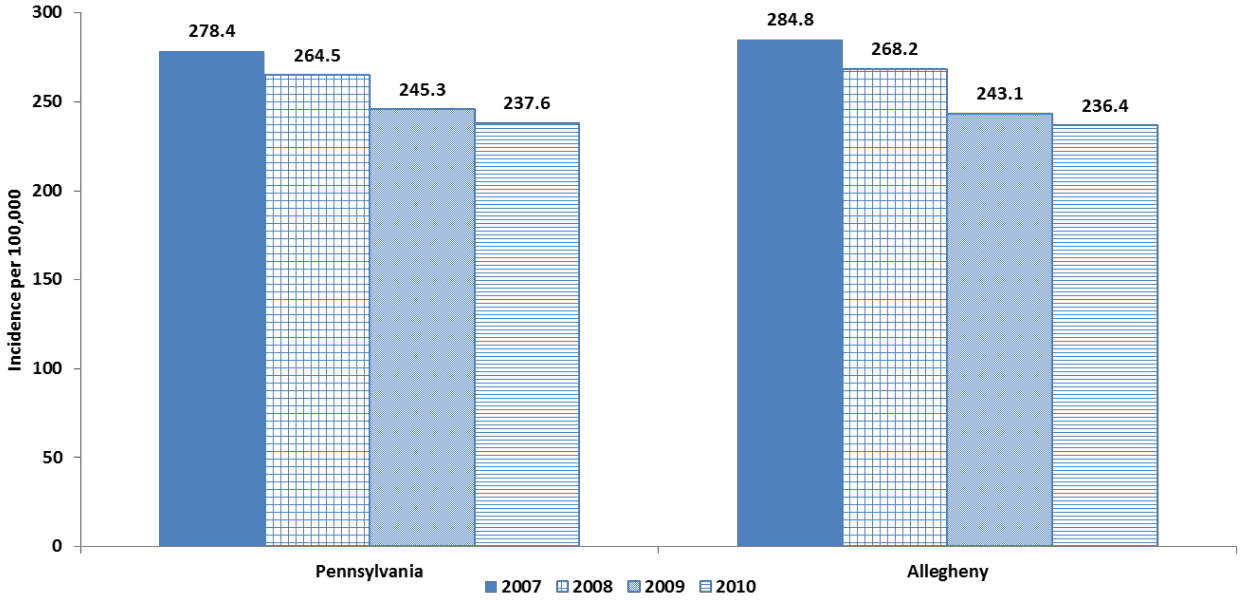
Figure 48. Coronary heart disease mortality rate



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

Figure 49 illustrates the cardiovascular mortality rate in Pennsylvania and Allegheny County from 2007 to 2010, per 100,000. Over the four year period, the rates in Pennsylvania and Allegheny County are comparable and both rates decreased.

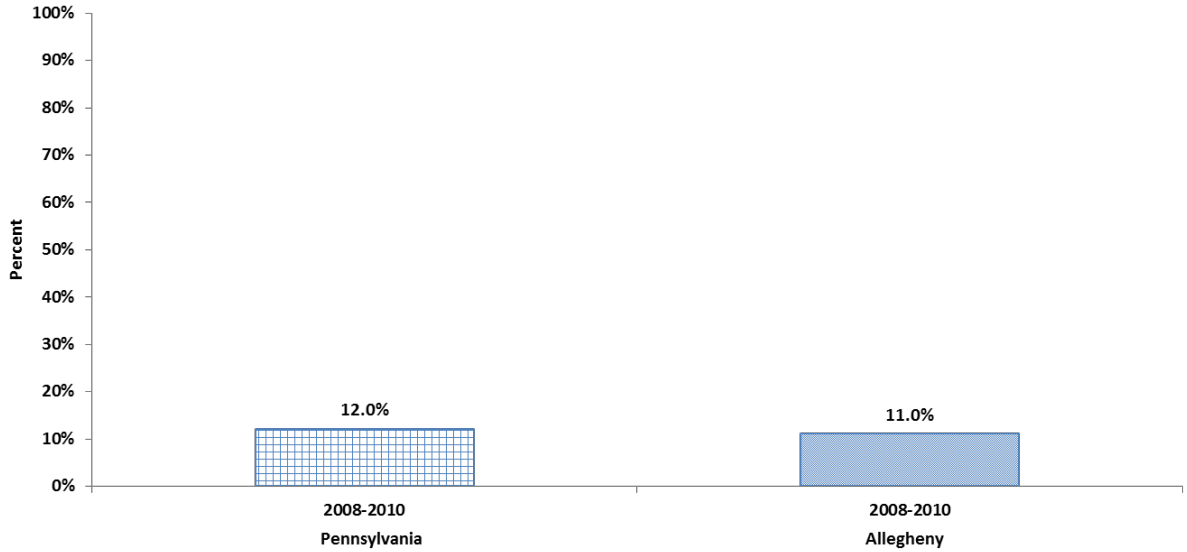
Figure 49. Cardiovascular mortality rate



Source: Pennsylvania Department of Health

Figure 50 illustrates the percentage of adults (age 35 and older) ever told they had a heart attack, heart disease or stroke in the United States, in Pennsylvania and Allegheny County from 2008 through 2010. The Allegheny County rate (11.0 percent) is comparable to the Pennsylvania rate (12 percent).

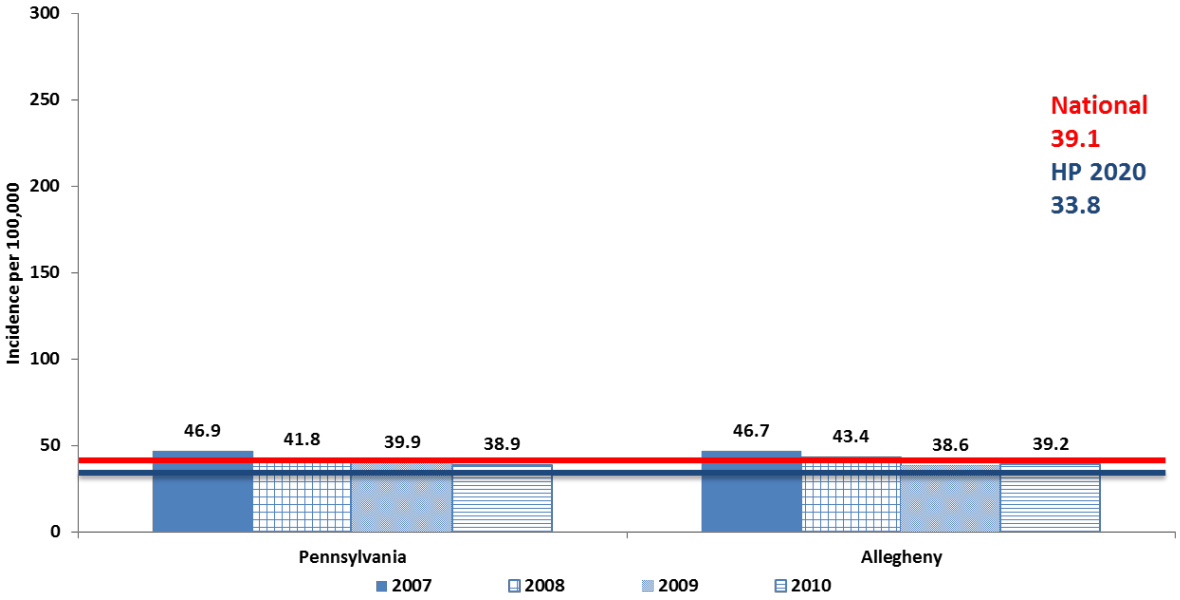
Figure 50. BRFSS-Percentage of adults who were ever told they had a heart attack, heart disease or stroke – age GE 35



Source: Pennsylvania Department of Health

Figure 51 illustrates the cerebrovascular mortality rate in Pennsylvania and Allegheny County from 2007 to 2010, per 100,000. The Allegheny County rate was comparable to the Pennsylvania rate for all four years and was comparable to the national rate of 39.1 in 2010. Both rates are above the HP 2020 goal of 33.8.

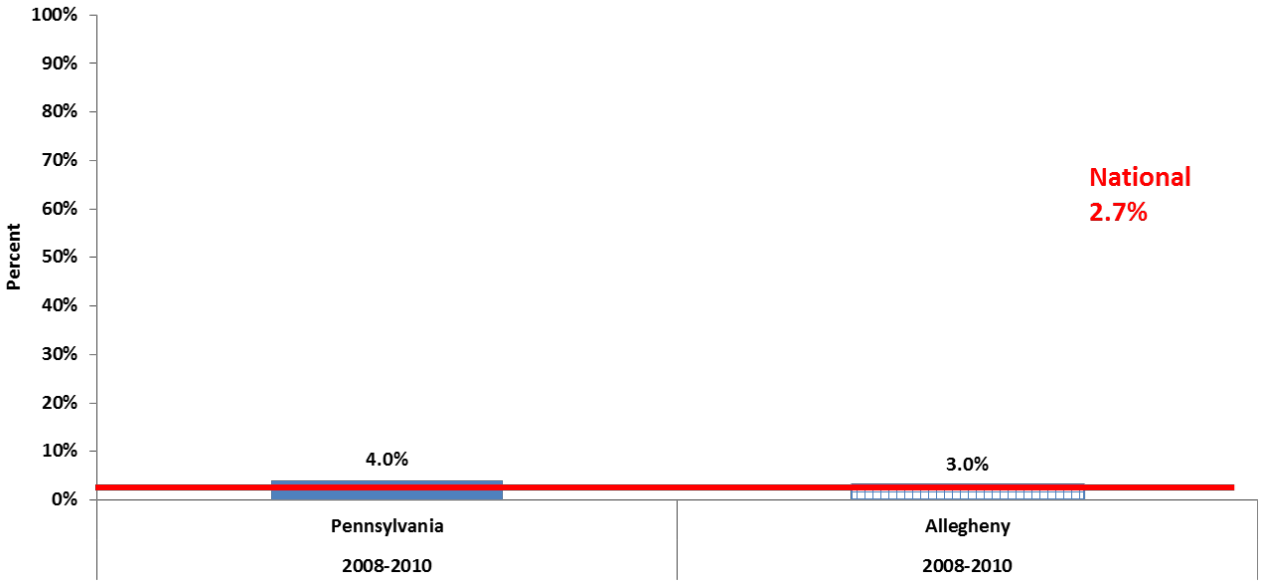
Figure 51. Cerebrovascular mortality rate



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

Figure 52 illustrates the percentage of adults (age 35 and older) ever told they had a stroke in Pennsylvania and Allegheny County from 2008-2010. The Allegheny County rate is comparable to the Pennsylvania rate and the national rate of 2.7 percent.

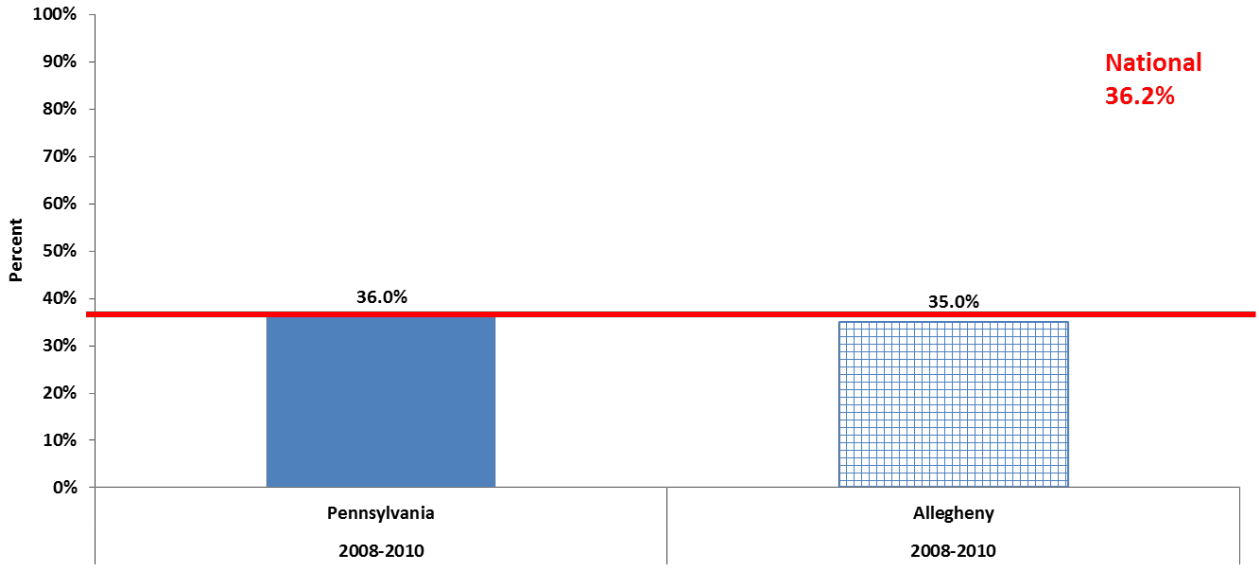
Figure 52. Adults who were ever told they had a stroke age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 53 illustrates the percentage of adults overweight in the United States, in Pennsylvania and Allegheny County for the years 2008 through 2010. The Allegheny County rate (35.0 percent) is comparable to the Pennsylvania rate (36.0 percent) and both are slightly below the national rate of 36.2 percent.

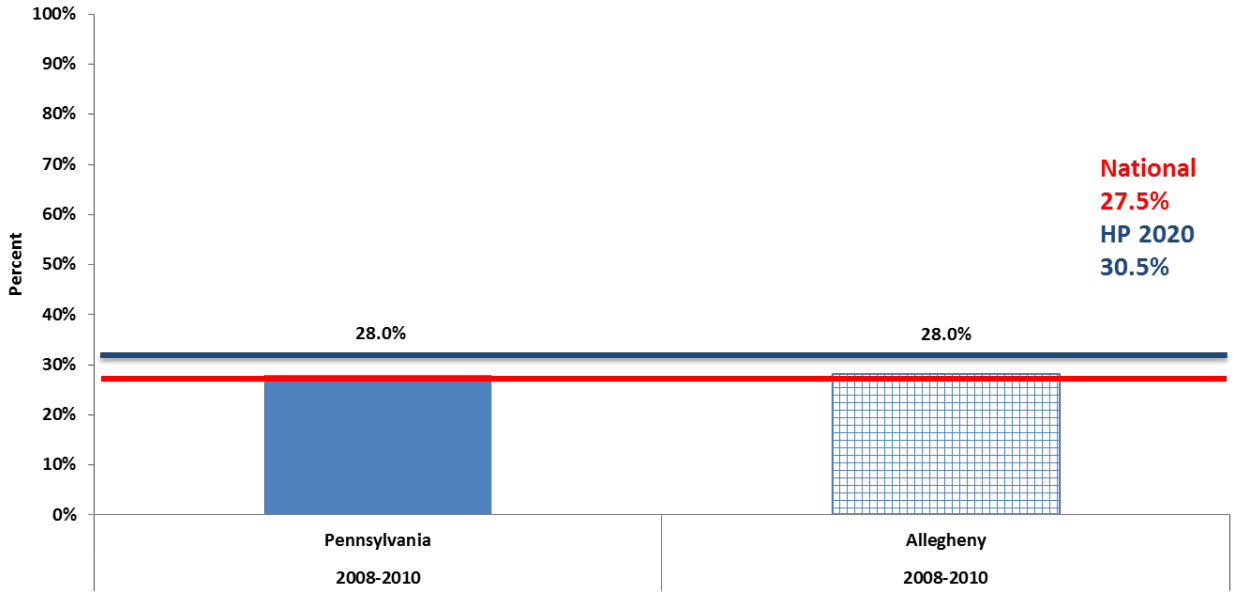
Figure 53. Adults overweight (BMI 25-30)



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 54 illustrates the percentage of obese adults in the United States, in Pennsylvania and Allegheny County for the years 2008 through 2010. The Allegheny County rate (28 percent) is comparable to both the Pennsylvania and national rates. According to the Centers for Disease Control and Prevention, 35.7 percent of adults are actually obese versus 27.6 percent who self-report in the BRFSS.

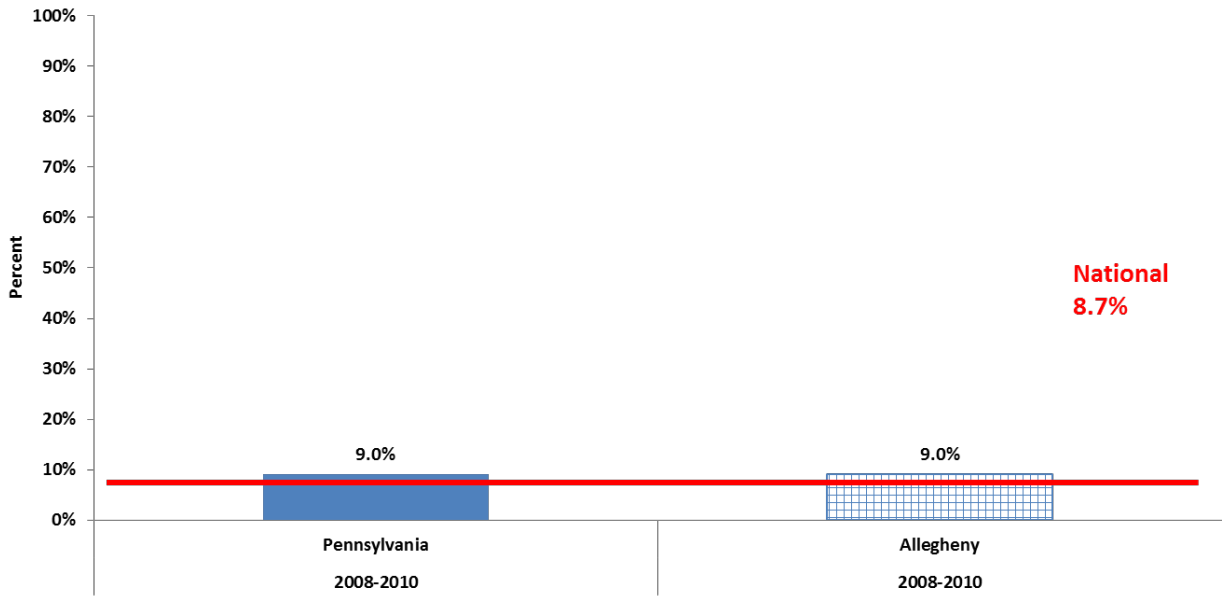
Figure 54. Adults obese (BMI 30-99.99)



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

Figure 55 illustrates the percentage of adults ever told they have diabetes in the United States, in Pennsylvania and Allegheny County from 2008-2010. The Allegheny County rate is 9.0, comparable to the Pennsylvania rate and slightly above the national rate.

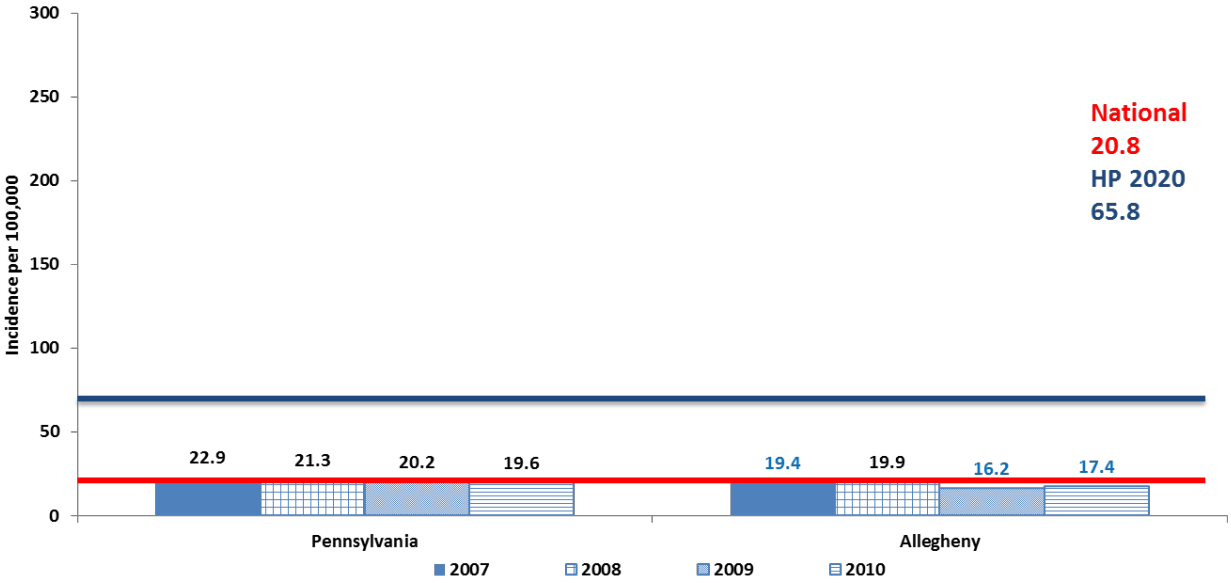
Figure 55. BRFSS-Percentage of adults ever told they have diabetes



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 56 illustrates the diabetes mortality rate in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010, per 100,000. County-level data fluctuated over time, but were generally lower than the Pennsylvania rate and national rate (20.8). Allegheny County's rate was significantly lower than the state in 2007 and 2009. Over the four years, both Pennsylvania and Allegheny County rates decreased and continue to be below the HP 2020 goal of 65.8.

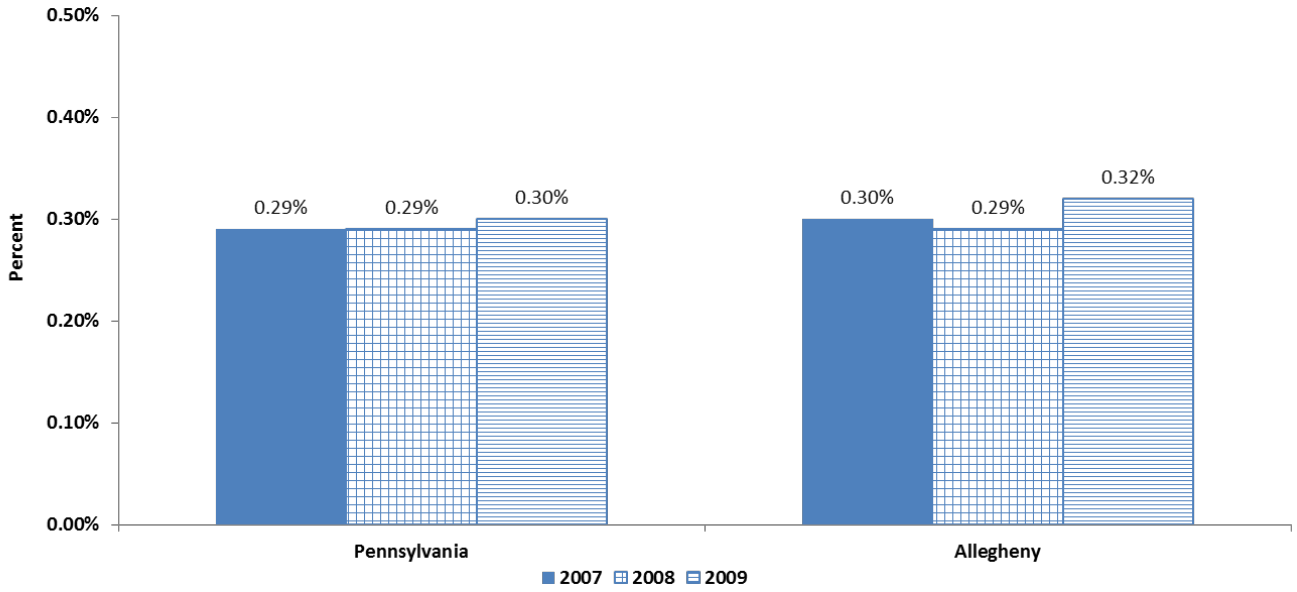
Figure 56. Diabetes mortality rate



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

Figure 57 illustrates students who have type 1 diabetes in Pennsylvania and Allegheny County from 2007 through 2009. County-level data fluctuated over time and was comparable to or higher than the Pennsylvania rate. Over the three years, both Pennsylvania and Allegheny County rates increased.

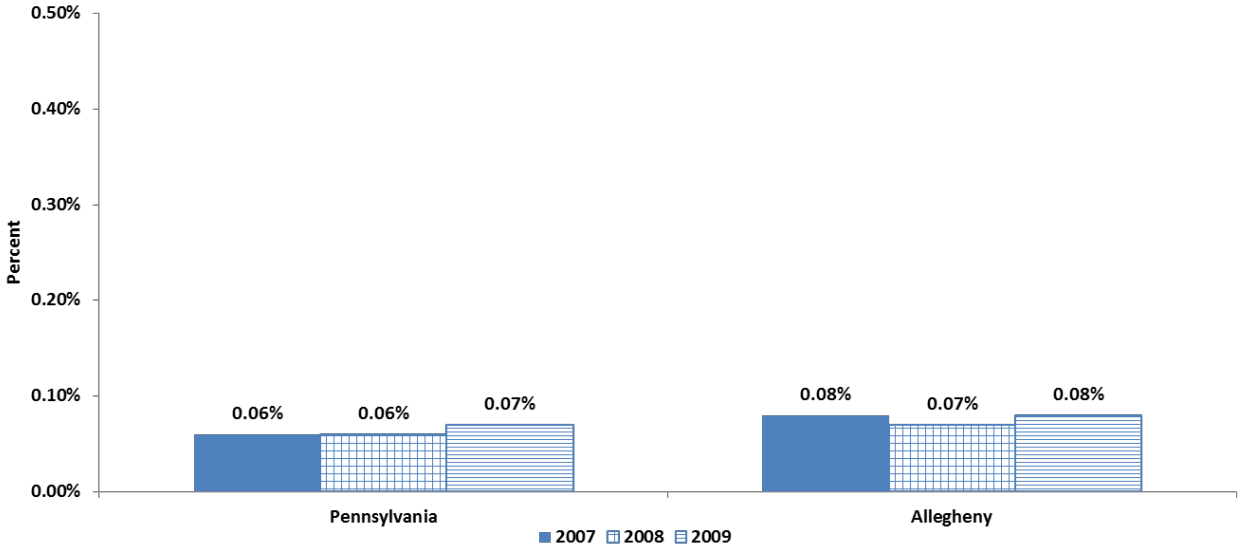
Figure 57. Student Health: type 1 diabetes



Source: Student Health Records, Pennsylvania Department of Health

Figure 58 illustrates the percentage of students who have type 2 diabetes in Pennsylvania and Allegheny County for the years 2007 through 2009. The data fluctuated over time, but Allegheny County percentages overall were comparable to or higher than Pennsylvania's percentages.

Figure 58. Student health: type 2 diabetes



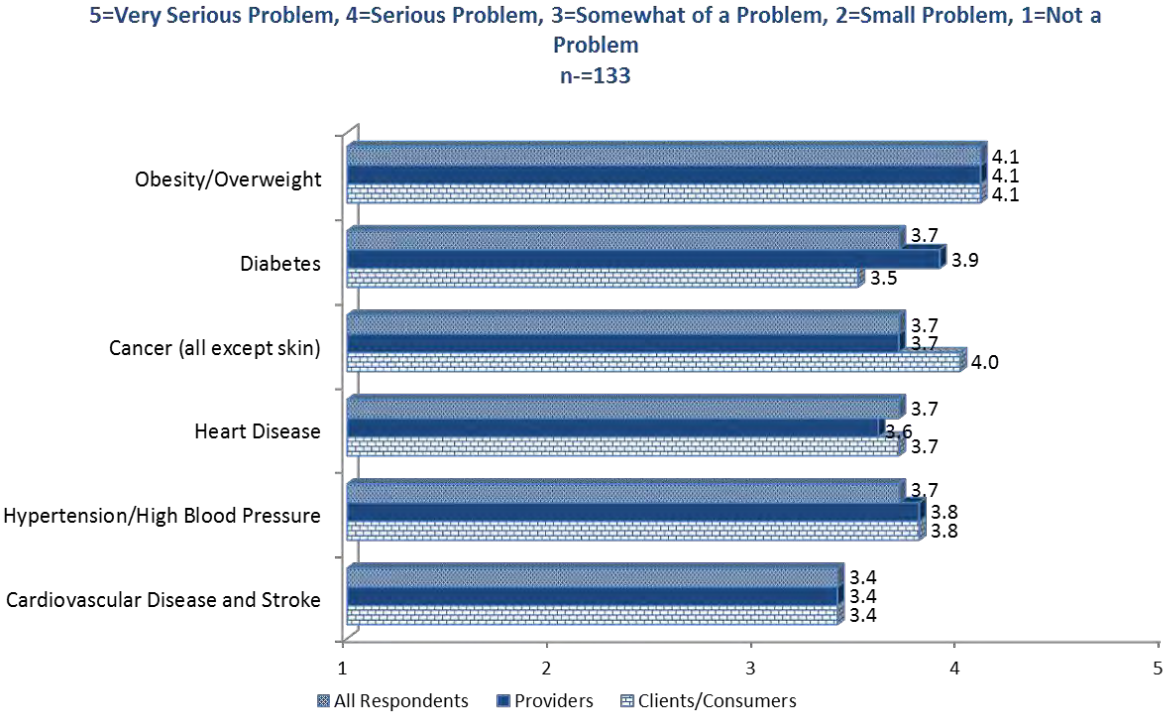
Source: Student Health Records, Pennsylvania Department of Health

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 WPH. The following information is derived from a total of 18 focus groups, representing 133 individuals.

Figure 59 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 4.1. Consumers were more likely to rate cancer and heart disease as a more serious problem in the community, while providers were more likely to rate diabetes as more serious.

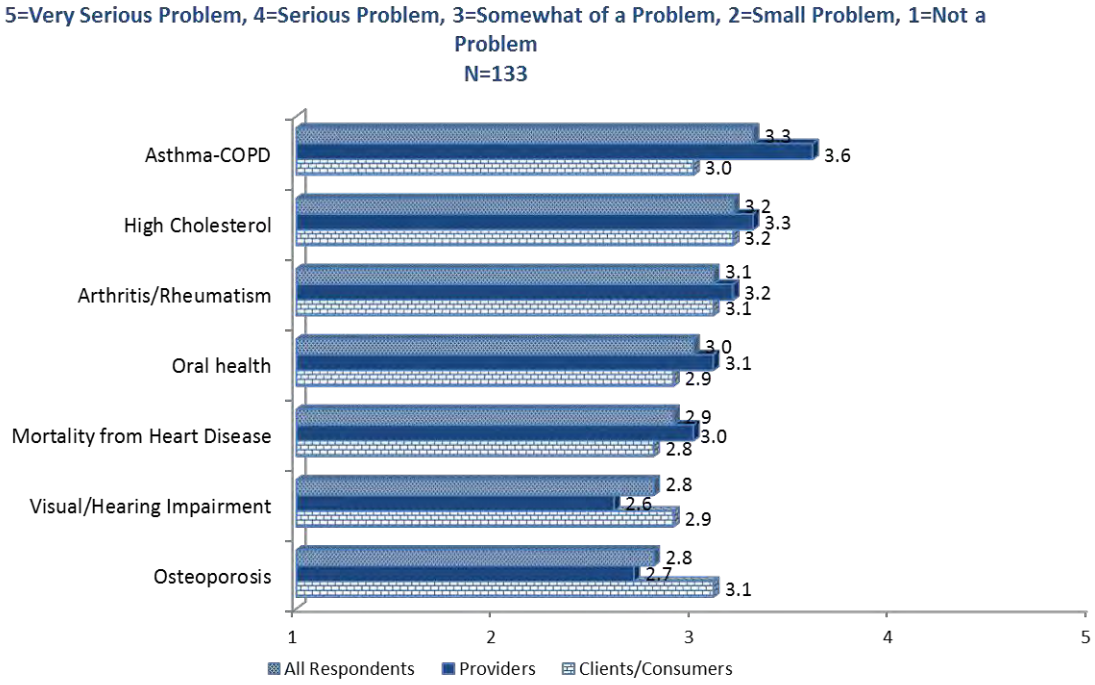
Figure 59. Focus groups: Chronic Disease



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

Figure 60 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. Consumers were more concerned with arthritis, visual/hearing impairment and osteoporosis, rating them as more serious problems than providers.

Figure 60. Focus groups: Chronic disease



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. Focus group participants also discussed the link between good nutrition and obesity and cited fast food as another contributor to obesity.

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 WPH. The following information is derived from a total of 19 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.

Stakeholders specifically representing the WPH service area identified diabetes as a concern, particularly in the African American population. Asthma is also a problem within the service area as is high blood pressure. Heart disease and related concerns are a concern for women as well.

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 Allegheny County, breast cancer incidence rates are significantly higher compared to the state. However, the mortality rate was below the HP 2020 goal of 20.6.
- In Allegheny County, the bronchus and lung cancer incidence rate is significantly higher when compared to the state rate for three of the past four years. The mortality rate in Allegheny County was significantly higher than the state in 2007 and 2010.
- Colorectal cancer incidence and mortality rates are trending downward in both the state and Allegheny County; however, mortality rates for both are above the HP 2020 goal of 14.5.
- Ovarian cancer incidence and mortality rates are comparable between the state and Allegheny County, and have remained relatively stable.
- Prostate cancer mortality rates are trending downward for both the state and Allegheny County and nearing the HP 2020 goal of 21.2.

Cardiovascular and Cerebrovascular Disease

- For adults age 35 and over, heart disease and heart attack incidence rates are comparable between the state and Allegheny County, while mortality rates for the state and service area have trended downward from 2007 through 2010.
- The Coronary heart disease mortality rate is significantly higher in Allegheny County when compared to the state rate; however, the rates are trending downward.
- There were no significant differences between the state and county for adults told they had a stroke and cerebrovascular disease mortality rates, which are also decreasing.

Obesity and Diabetes

- In Allegheny County 35% of adults were overweight and 28% are obese.
- There were no significant differences between the state and Allegheny County for adults told they have diabetes. The percentage of students diagnosed with Type I diabetes is increasing while Type II percentages have been stable.

Focus Group and Stakeholder Interview Conclusions

- Focus group respondents ranked obesity and hypertension as the most serious problems in the community, followed by diabetes and cancer.
- Focus group participants discussed the relationship between poor eating habits and the lack of exercise with obesity and diabetes. Individuals are not taking personal responsibility for their health.
- Stakeholders also discussed the relationship between obesity and diabetes and other chronic health conditions and also noted that women need to be educated about understanding the symptoms of heart disease in women. Addressing diabetes in the African American population was also identified as an important need.

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Healthy Environment

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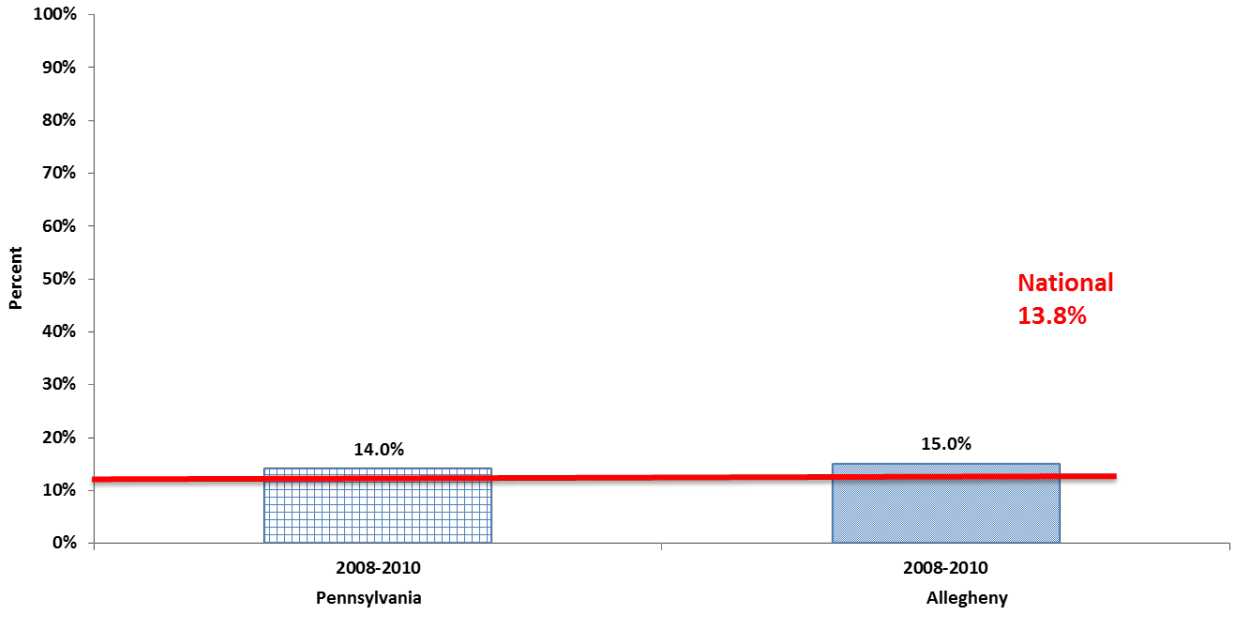
Healthy Environment

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 61 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.

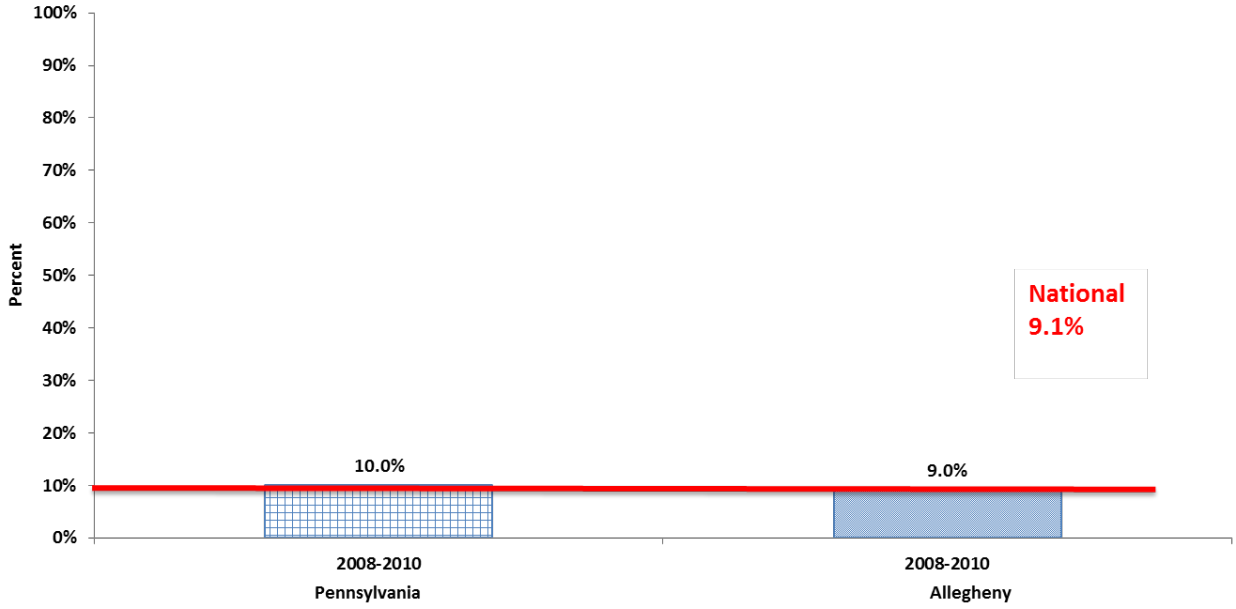
Figure 61. Adults who have ever been told they have asthma



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 62 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.

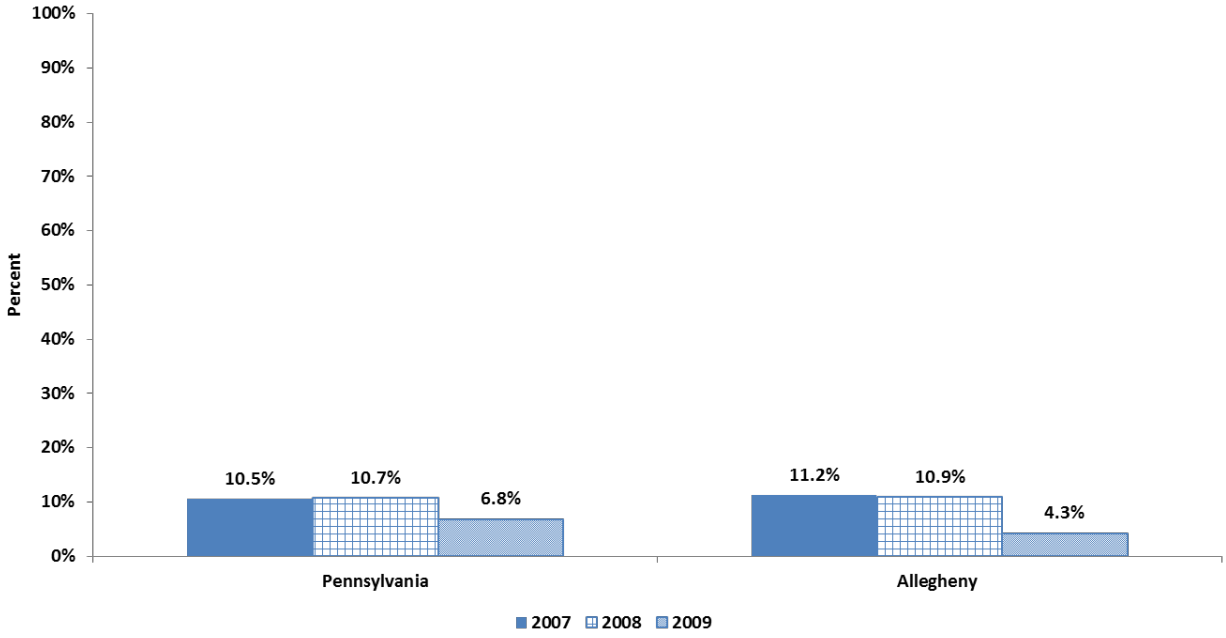
Figure 62. Adults who currently have asthma



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 63 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 63. Students medically diagnosed with asthma



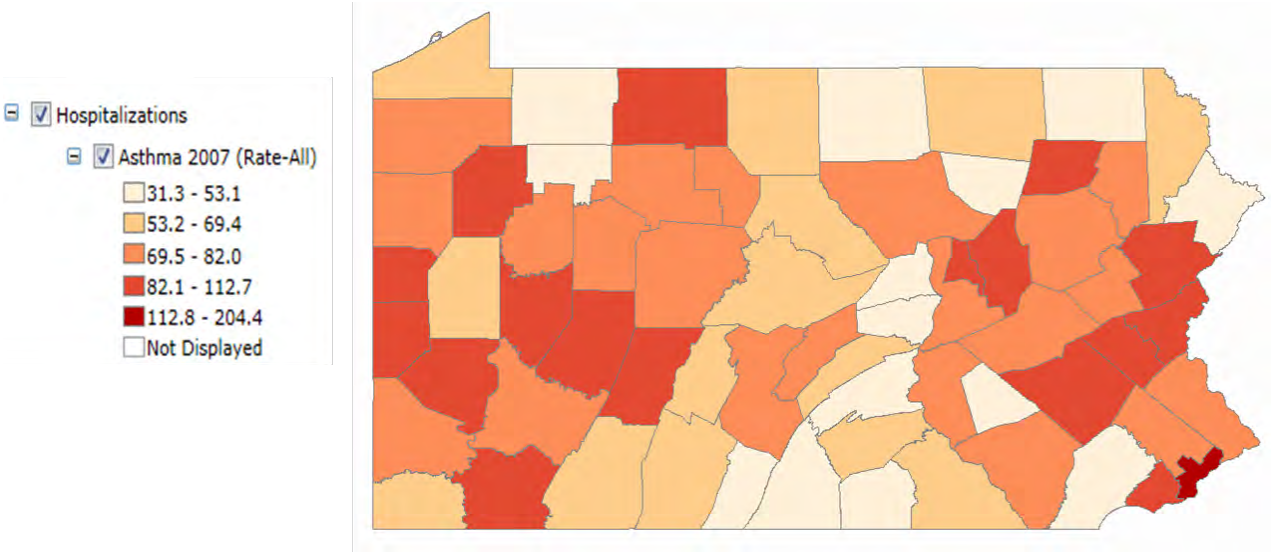
Source: Student Health Records, Pennsylvania Department of Health

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 64 illustrates asthma hospitalization in Pennsylvania for 2007. The Allegheny County rate is between 112.8 and 204.4 per 10,000 population.

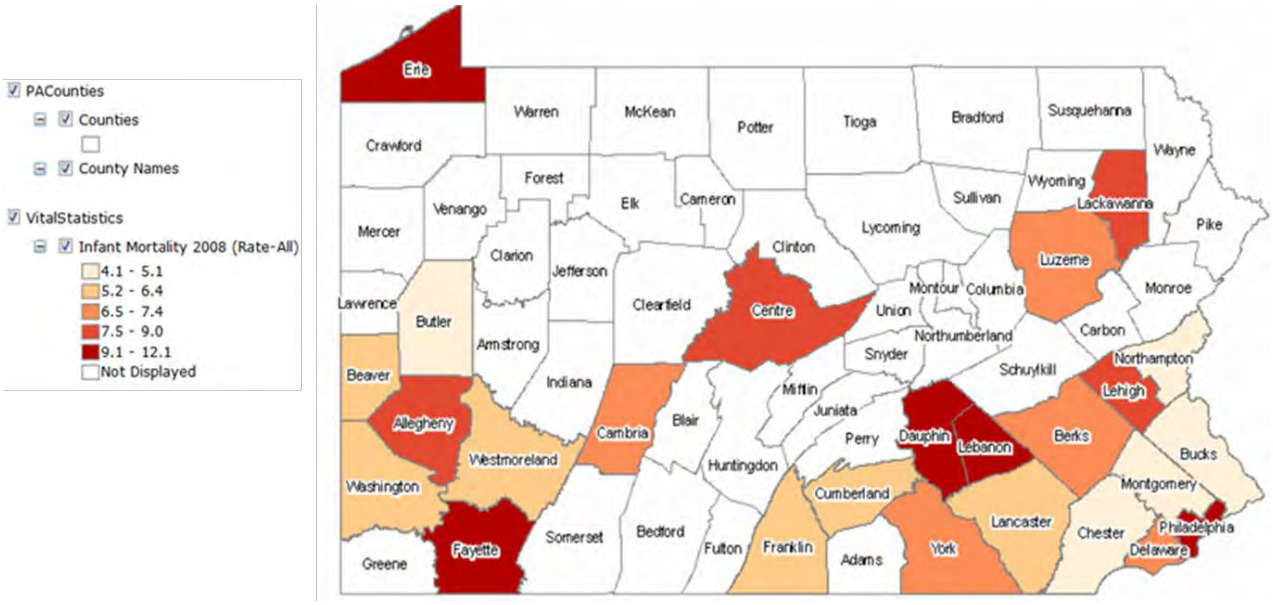
Figure 64. Asthma hospitalizations 2007



Source: Pennsylvania Department of Health

Figure 65 illustrates infant mortality rates in Pennsylvania for 2008. The Allegheny County rate is between 7.5 and 9.0 per 1,000 births.

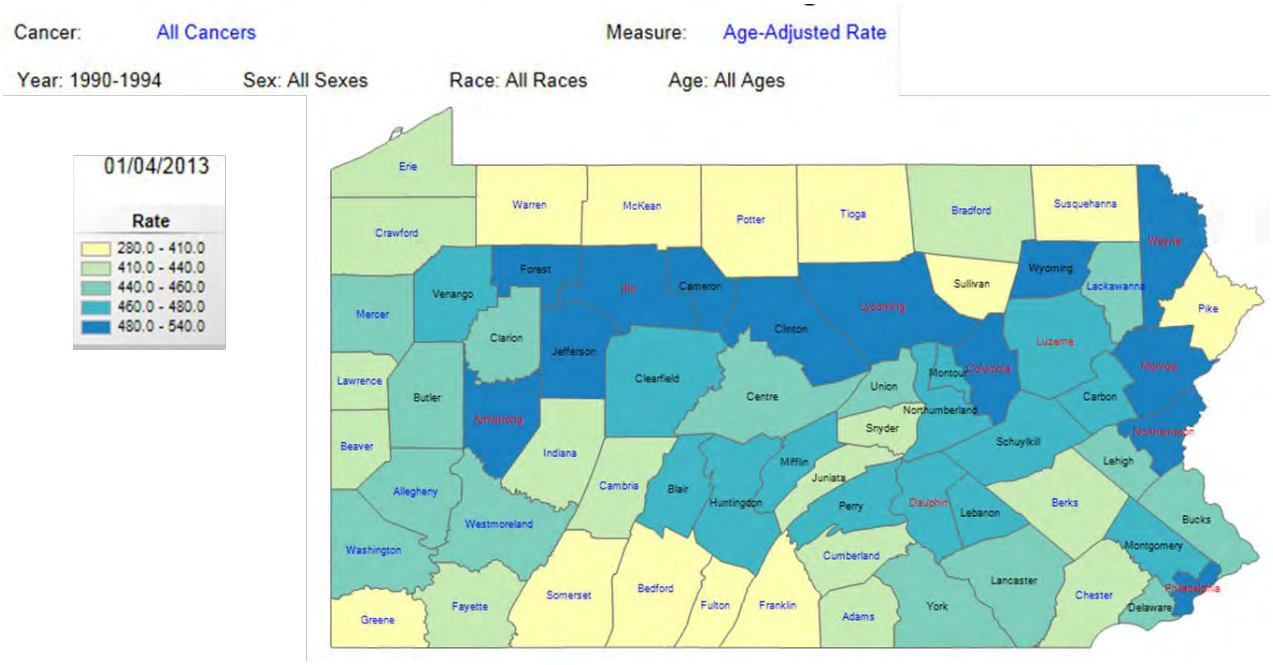
Figure 65. Infant mortality rate 2008



Source: Pennsylvania Department of Health

Figure 66 illustrates all cancers in Pennsylvania for the years 1990 through 1994. This data is included for comparison to more recent rates over the same geographic area.

Figure 66. All cancers 1990 through 1994

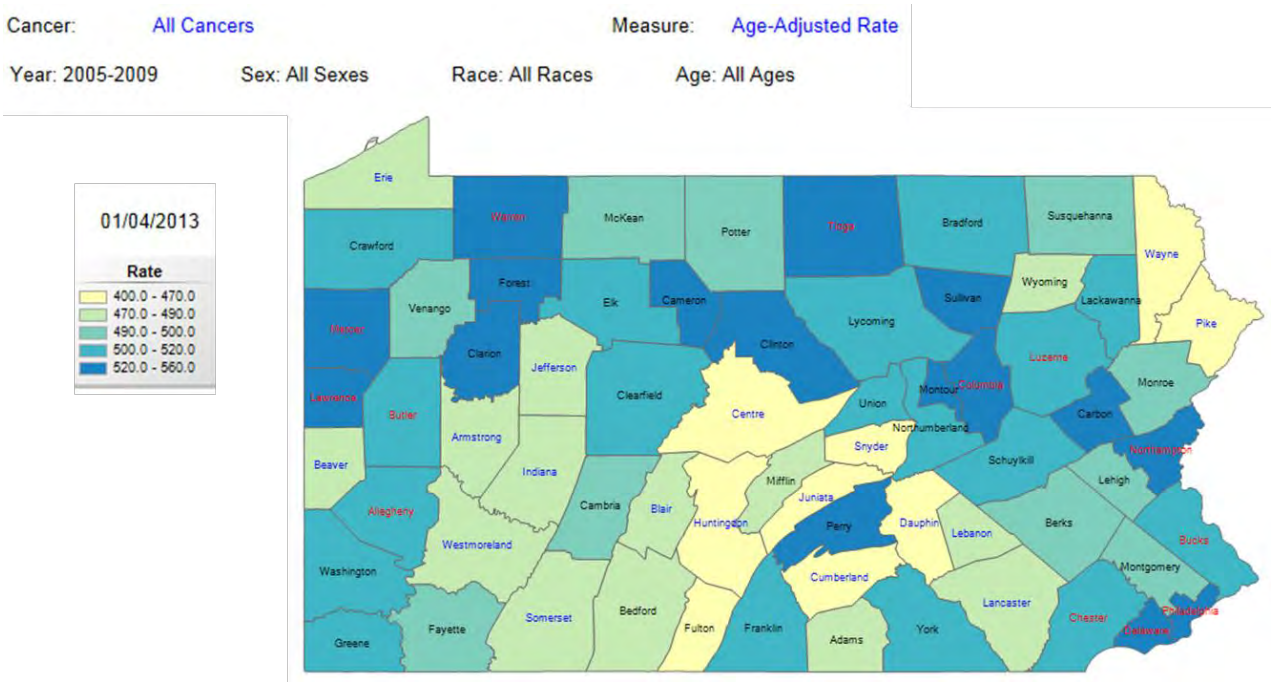


Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)
NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.
ND = Data Not Displayed is shown when the Count variable is > 0 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

Source: Pennsylvania Department of Health

Figure 67 illustrates all cancers in Pennsylvania for the years 2005 through 2009. Compared to the rates in the previous chart, the rates have decreased in Allegheny County.

Figure 67. All cancers 2005 through 2009

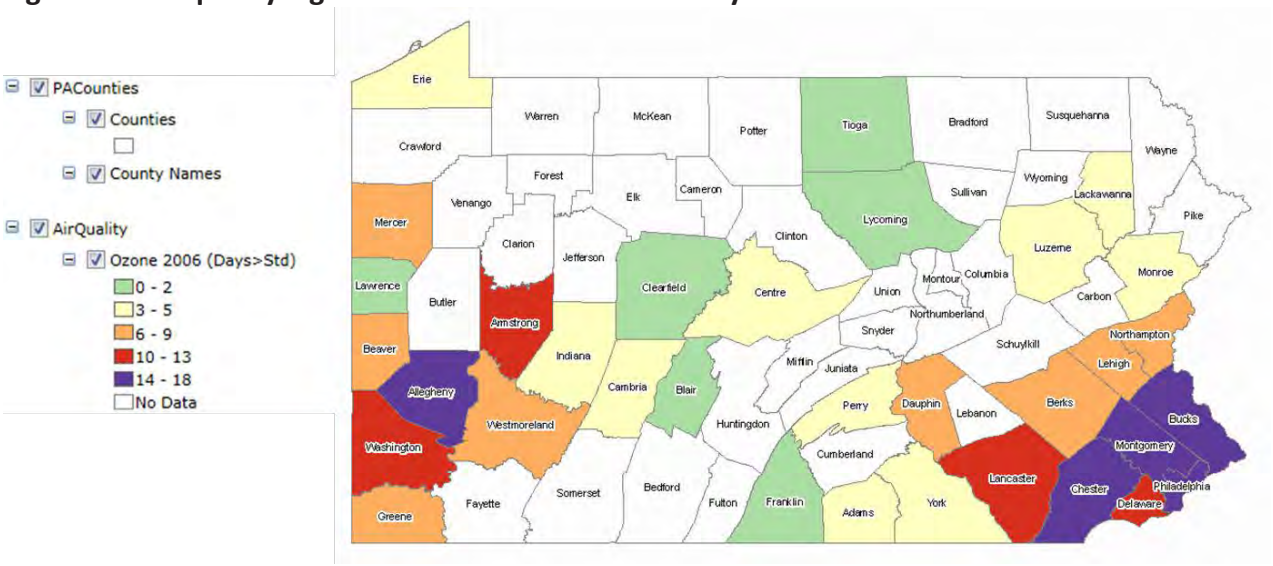


Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)
NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.
ND = Data Not Displayed is shown when the Count variable is > 0 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

Source: Pennsylvania Department of Health

Figure 68 illustrates greater than standard ozone days in Pennsylvania for 2006. Allegheny County rates are among the highest in the state (14-18 days).

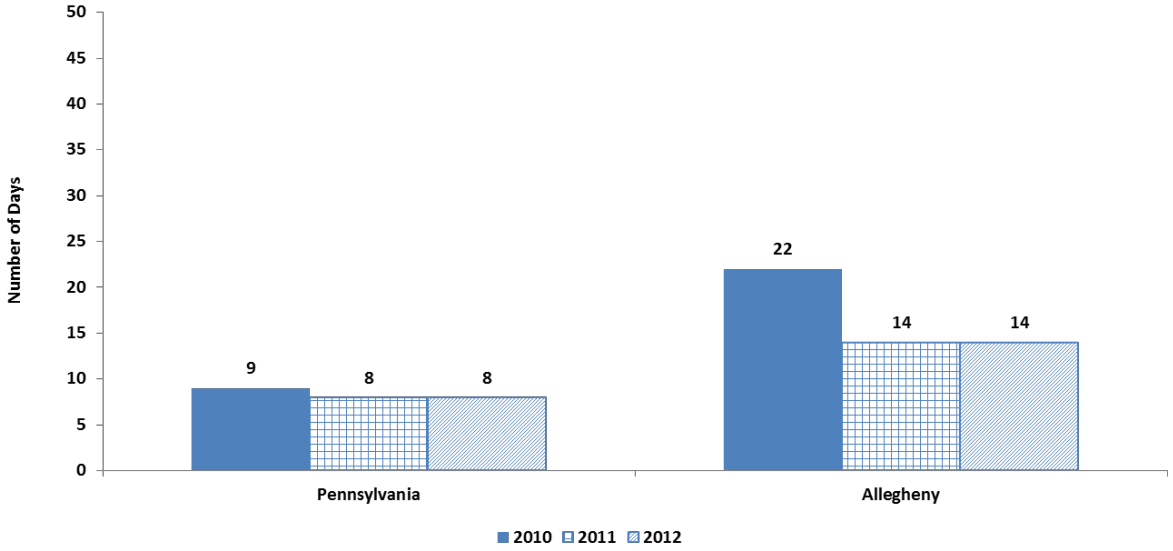
Figure 68. Air quality – greater than standard ozone days – 2006



Source: Pennsylvania Department of Health

Figure 69 illustrates the number of air pollution ozone days in Pennsylvania and Allegheny County for the years 2010 through 2012. The number of days in Allegheny County is higher than the state rate all three years.

Figure 69. Number of air pollution ozone days



Source: www.countyhealthrankings.org

Table 26 outlines whether the National Air Quality Standards have been met in Allegheny County. Air quality standards have been met for all materials: carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter and lead.

Table 26. National air quality standards

	Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Allegheny County	Yes	Yes	Yes	Yes	Yes	Yes

Source: 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."[1]

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."[2]

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)[3]

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

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[1] 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.

[2] 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.

[3] 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.

titled "Estimation of regional air-quality damages from Marcellus Shale natural gas extraction in Pennsylvania."[4]

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:

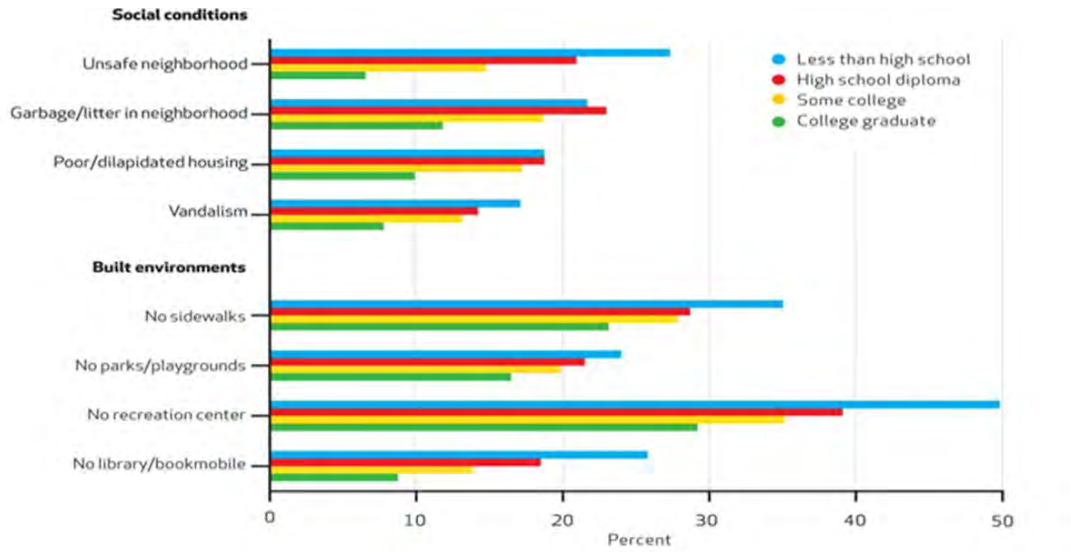
- In 2011, the total monetary damages from conventional air pollution emissions from Pennsylvania-based shale gas extraction activities is estimated to have ranged from $7.2 to $32 million dollars. For comparison, the single largest coal-fired power plant alone produced $75 million in annual damages 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_x 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.

[4] 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.

Mentioned also in the healthy mothers, babies and children chapter of this report, in this chapter the 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."[5] 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."[6] 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 70 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.

Figure 70. Variations in neighborhood social conditions and built environments by parent education level



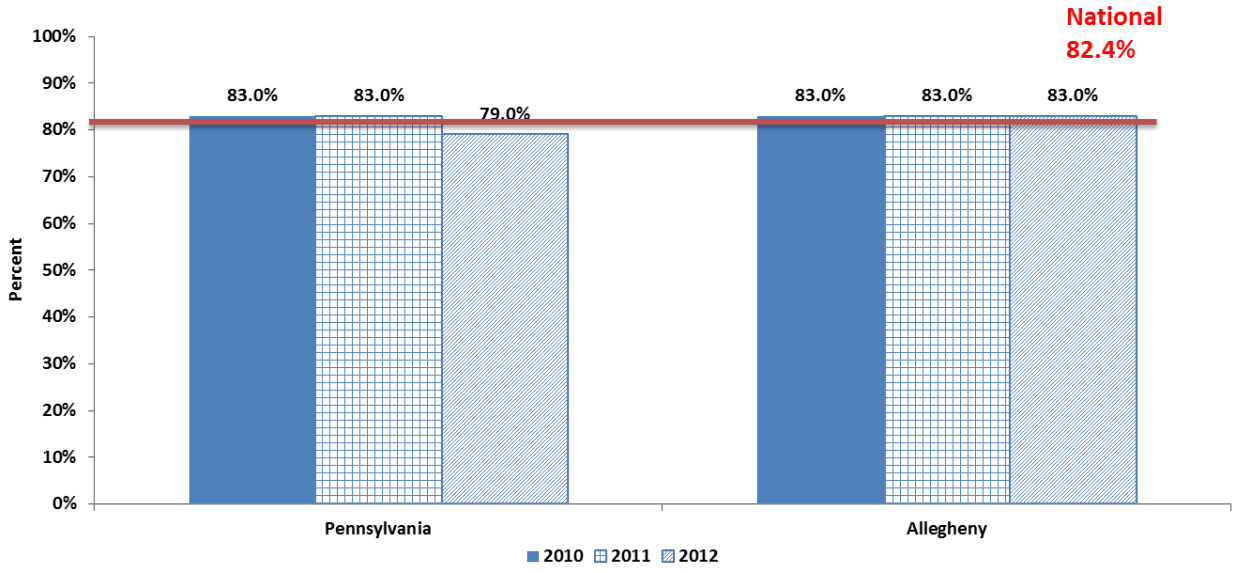
National Survey of Children's Health 2007 Note: N=90, 100

[5] 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

[6] 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

Figure 71 illustrates the high school graduation rate for Pennsylvania as well as for Allegheny County for the years 2010 through 2012. The graduation rate in Allegheny County was equal to or higher than the Pennsylvania rate. Over the three years, the Allegheny County rate remained stable and the state rate decreased. The Allegheny County rate is slightly above the Healthy People 2020 goal of 82.4 percent.

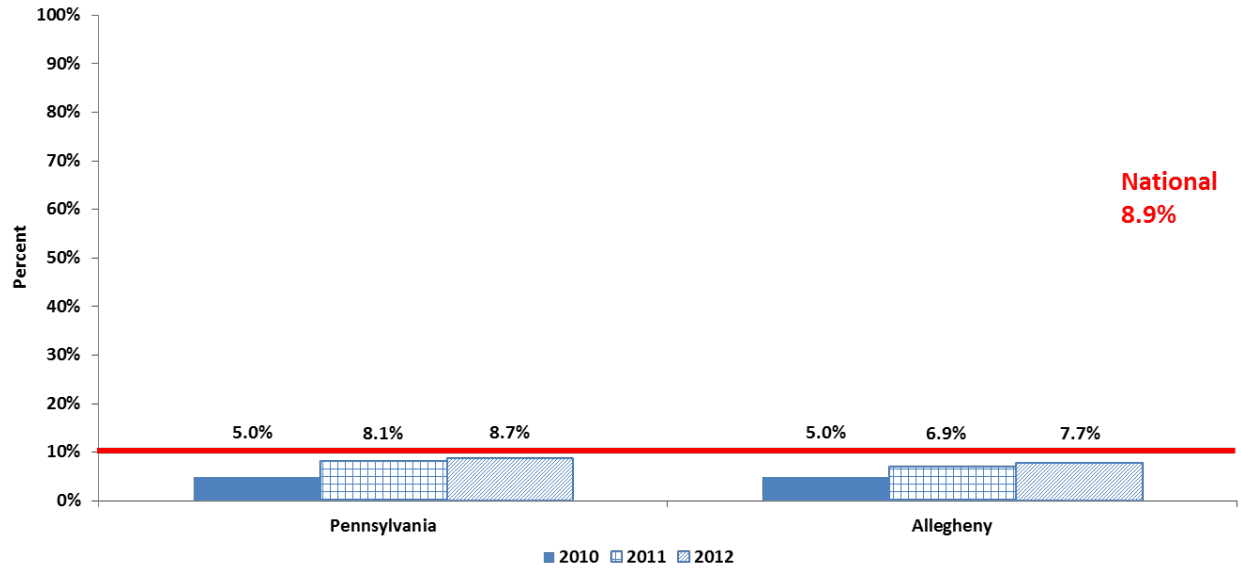
Figure 71. High school graduation rate



Source: www.countyhealthrankings.org

Figure 72 illustrates the unemployment rate for Pennsylvania and Allegheny County for the years 2010 through 2012. The Allegheny County rate in 2012 (7.7 percent) is lower than the Pennsylvania rate (8.7 percent). The rate in both Pennsylvania and Allegheny County has increased over the past three years, but is lower than the national rate of 8.9 percent.

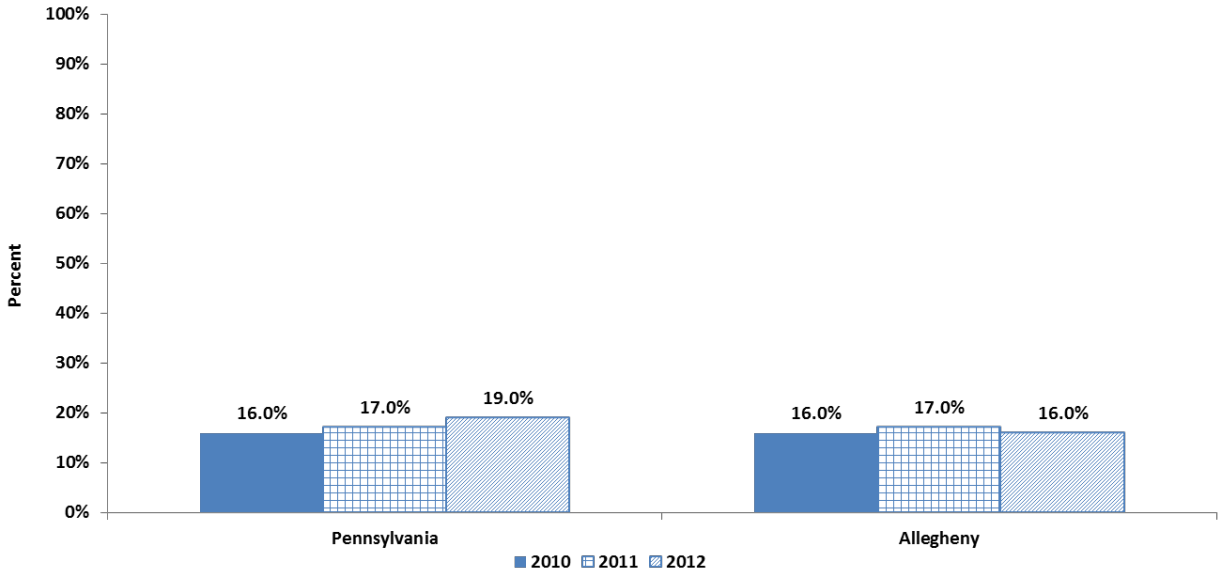
Figure 72. Unemployment rate



Source: www.countyhealthrankings.org

Figure 73 illustrates the percentage of children living in poverty for Pennsylvania and Allegheny County for the years 2010 through 2012. The rate in Allegheny County has fluctuated over the three years and is comparable to or higher than the Pennsylvania rate, that has increased over the past three years.

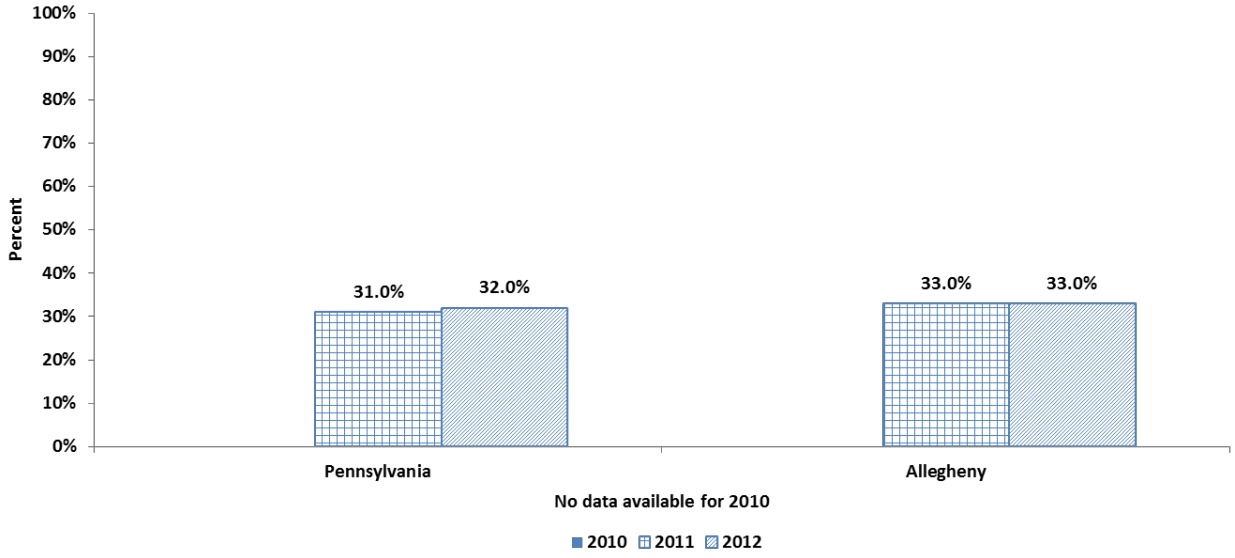
Figure 73. Children living in poverty



Source: www.countyhealthrankings.org

Figure 74 illustrates the percentage of children living in single parent households in Pennsylvania and Allegheny County for the years 2010 through 2012. The rate in Allegheny County in 2012 (33 percent) is slightly higher than the state rate (32 percent). No data was available for 2010.

Figure 74. Children living in single parent households



Source: 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 27 illustrates Allegheny County consumers served by housing programs for the years 2010 through 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 27. Allegheny County consumers served by housing programs 2010 through 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

Tables 28 and 29 illustrate gambling addiction statistics for Allegheny County, as well as gambling addictions by gender. Allegheny County had 45 admissions and 33 discharges for persons who have accessed the available gambling addiction programs. Males constituted a majority of persons with gambling addictions who have received treatment (53.6 percent).

Table 28. Gambling addictions 2010-2011

Gambling Addictions Statistics FY 2010-2011		
	Admissions	Discharges
Allegheny County	45	33

Table 29. Gambling addictions by gender 2011

Gambling Addictions by Gender Percentage	
Male	Female
53.6%	46.4%

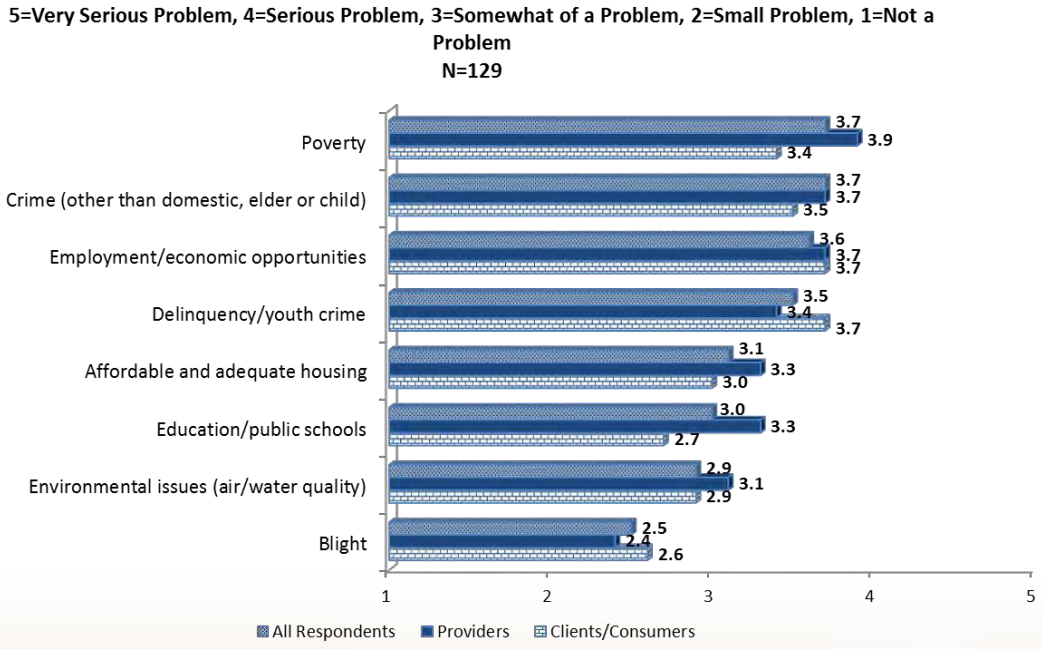
Source: Pennsylvania Gaming Commission

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 75 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 crime and employment/economic opportunities. Providers/professionals were more likely to rate poverty, affordable/adequate housing, education and the environment as serious issues, while clients/consumers rated delinquency/youth crime as more serious.

Figure 75. Healthy environment



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

Focus group participants were asked to identify and discuss their perceptions of 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. Some noted that more community investment is needed in the impoverished areas. 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. Some noted that they felt that the level of violence on TV contributes to youth violence. 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 WPH. The following information is derived from a total of 19 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:

- There were no significant differences between the state and Allegheny County for adults ever told or who currently have asthma.
- High school graduation rates were comparable between the state and Allegheny County.
- For the state and Allegheny County, from 2010 through 2012, unemployment rates and the percentage of children living in poverty increased slightly.
- There were no significant differences in the percentage of children living in single parent households between the state and Allegheny County.
- Compared to the state, Allegheny County had a higher number of air pollution ozone days, although the county met all of the National Air Quality Standards.
- Delinquency and crime were rated as the most serious community health issues by focus group participants. Consumers were more likely than providers to rate housing and air/water quality as more serious community health issues.
- Focus group participants identified blight due to lost economic opportunities, homeowners not taking care of their property which impacts the integrity of the community and the working poor often make just enough not to qualify for many programs as key issues related to creating a healthy environment.
- Stakeholders interviewed expressed related to environmental issues such as clean air and water, and identified gambling as an emerging problem in the community.
- While stakeholders express concern regarding the effects of gambling on individuals and the environment, there are not large numbers of people seeking treatment for gambling addiction in the region.

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Healthy Mothers, Babies, Children

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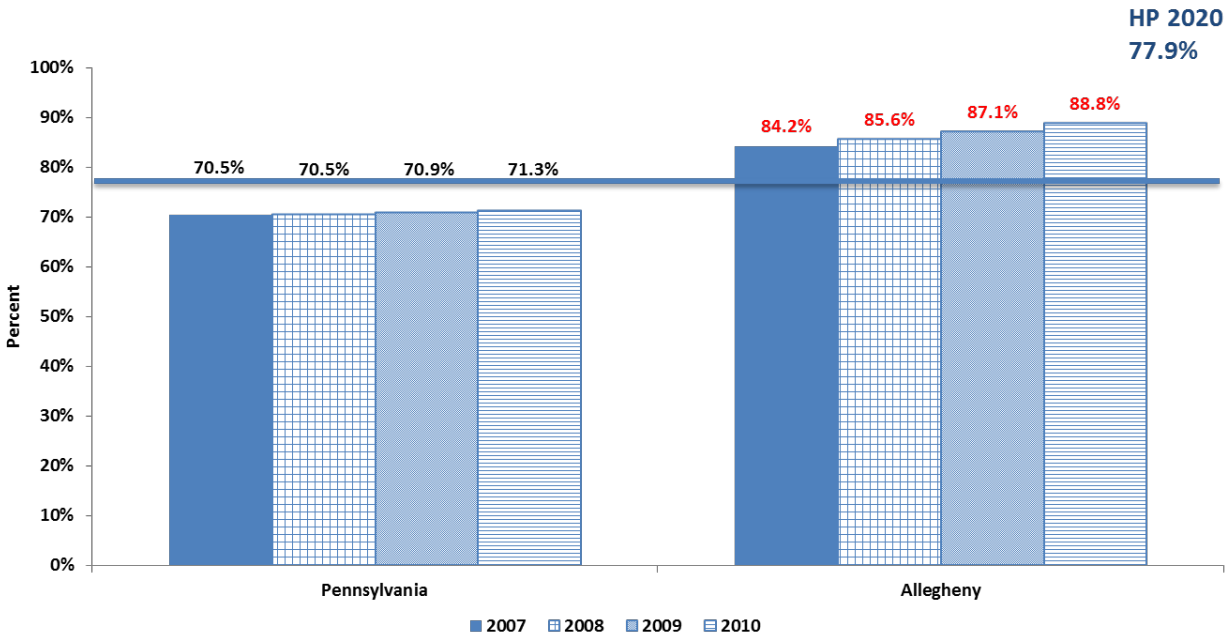
Healthy Mothers, Babies and Children

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 76 illustrates the percentage of mothers who received prenatal care in the first trimester in Pennsylvania and Allegheny County from 2007 through 2010. The percentage of women receiving prenatal care in Allegheny County was significantly higher than the state rate and the Healthy People 2020 goal all four years. Both the state and county rates also increased over the four year period.

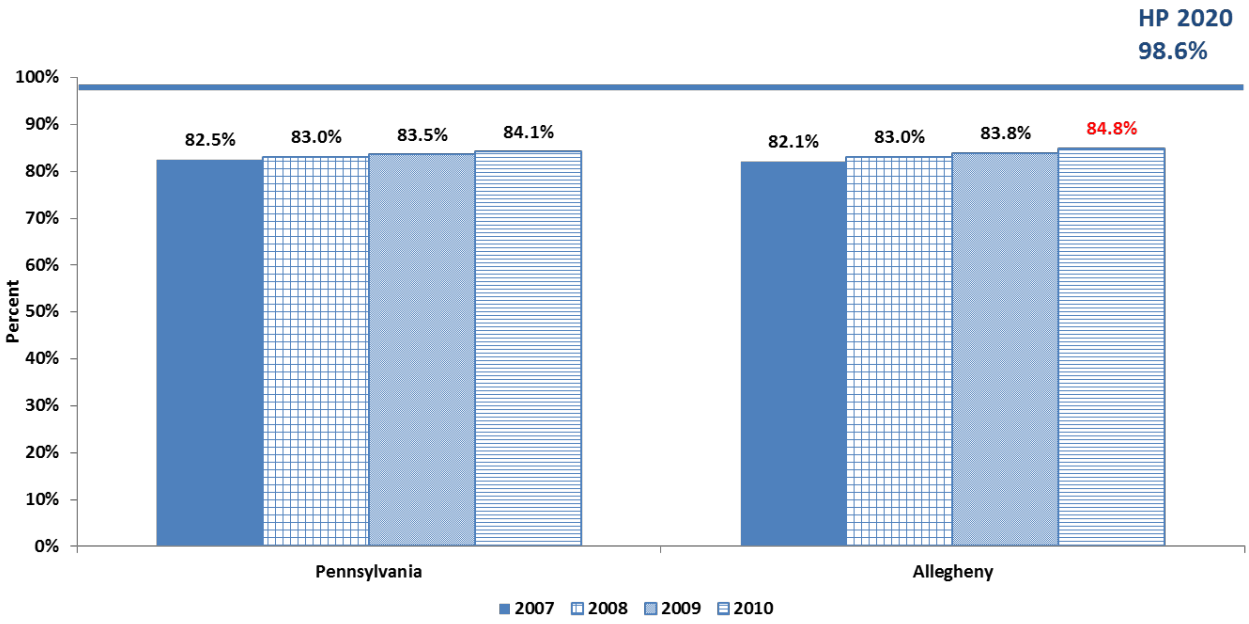
Figure 76. Prenatal care first trimester



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 77 illustrates the percentage of non-smoking mothers during pregnancy in Pennsylvania and Allegheny County from 2007 through 2010. Over the period, the percentage of women not smoking during pregnancy in Allegheny County was comparable to the state except for 2010 where the county rate was significantly higher at 84.8 percent. Both rates are lower than the Healthy People 2020 goal of 98.6 percent.

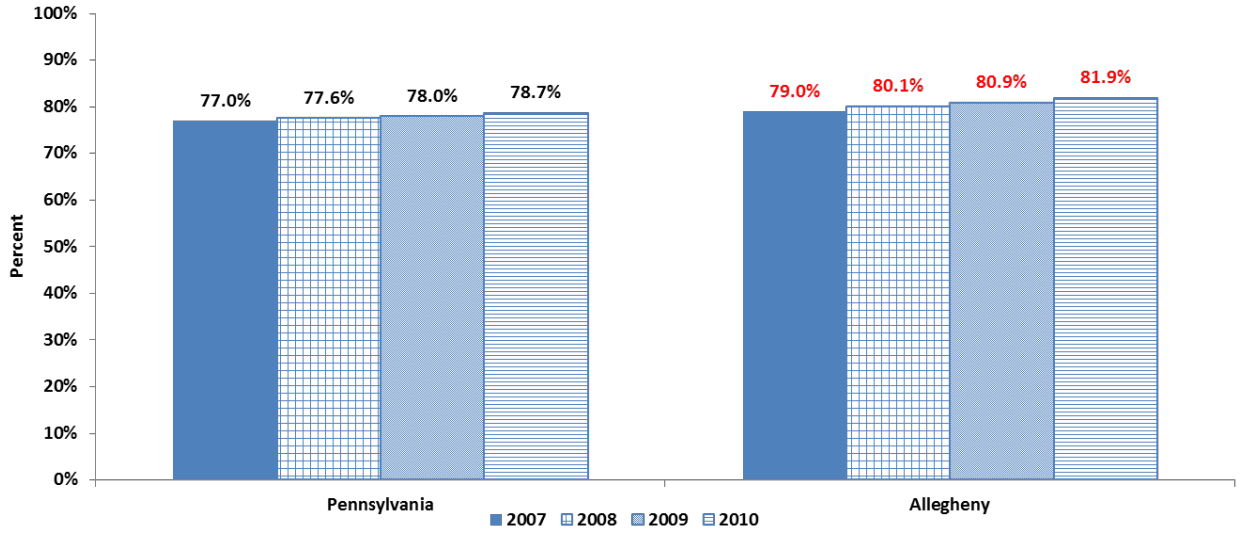
Figure 77. Non-smoking mothers during pregnancy



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 78 illustrates the percentage of mothers who reported not smoking three months prior to pregnancy in Pennsylvania and Allegheny County from 2007 through 2010. Over the period, the percentage of women who didn't smoke three months prior to pregnancy in Allegheny County was significantly higher than the Pennsylvania rate for all reported years. Over the four years, both Pennsylvania and Allegheny County rates increased.

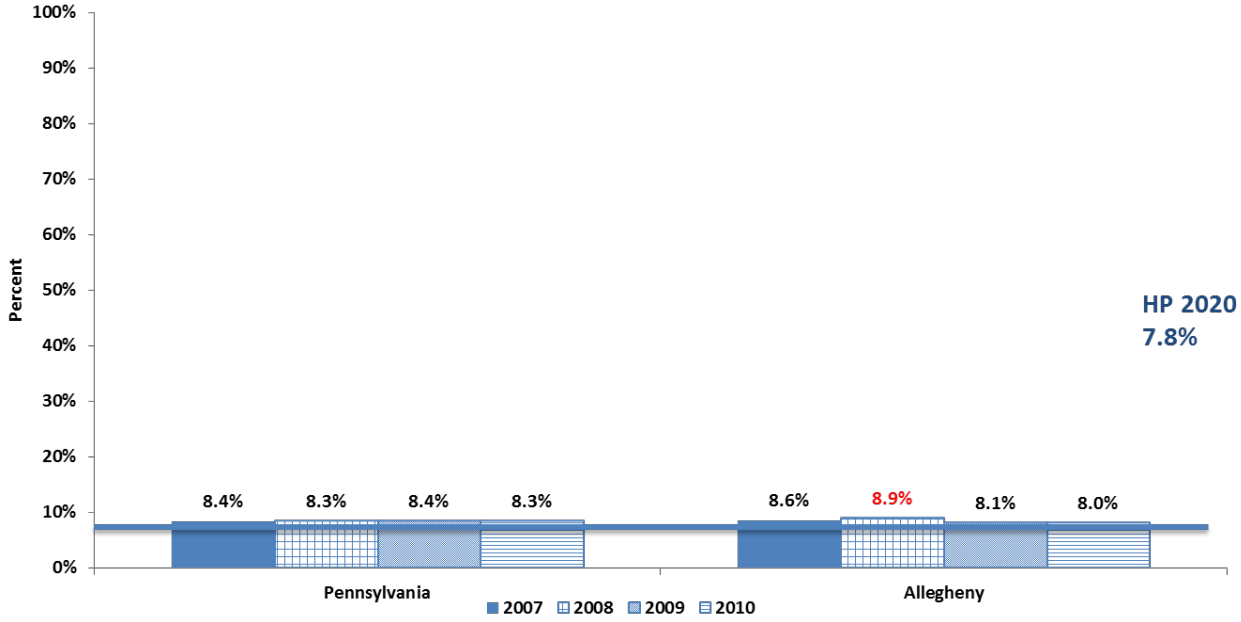
Figure 78. Mothers who reported not smoking three months prior to pregnancy



Source: Pennsylvania Department of Health

Figure 79 illustrates the percentage of low birth-weight babies born in Pennsylvania and Allegheny County from 2007 through 2010. Over the four years, the state and county rates are comparable except for Allegheny County in 2008, which was significantly higher than the state rate. Both state and county rates are above the Healthy People 2020 goal of 7.8 percent.

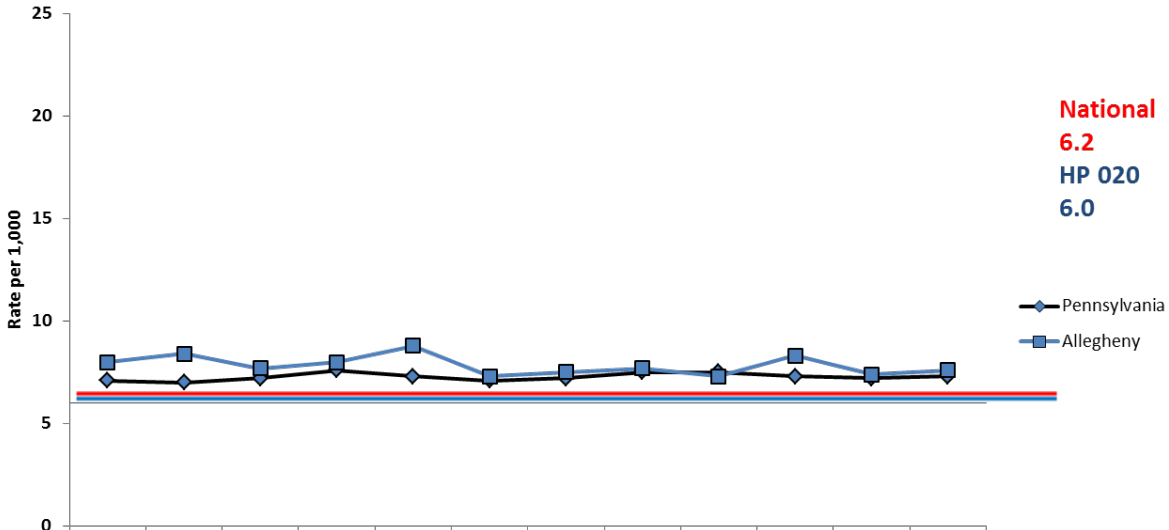
Figure 79. Low birth-weight babies



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 80 illustrates infant mortality rates, per 1,000 live births, in Pennsylvania, and Allegheny County from 1999 through 2010. State and county-level rates fluctuated over the period but overall have not decreased. Allegheny County rates are also consistently above state rates. A slight increasing trend is shown for Pennsylvania overall. Both the county and the state rates are above the national rate of 6.15 and the Healthy People 2020 goal of 6.0

Figure 80. Infant mortality rate

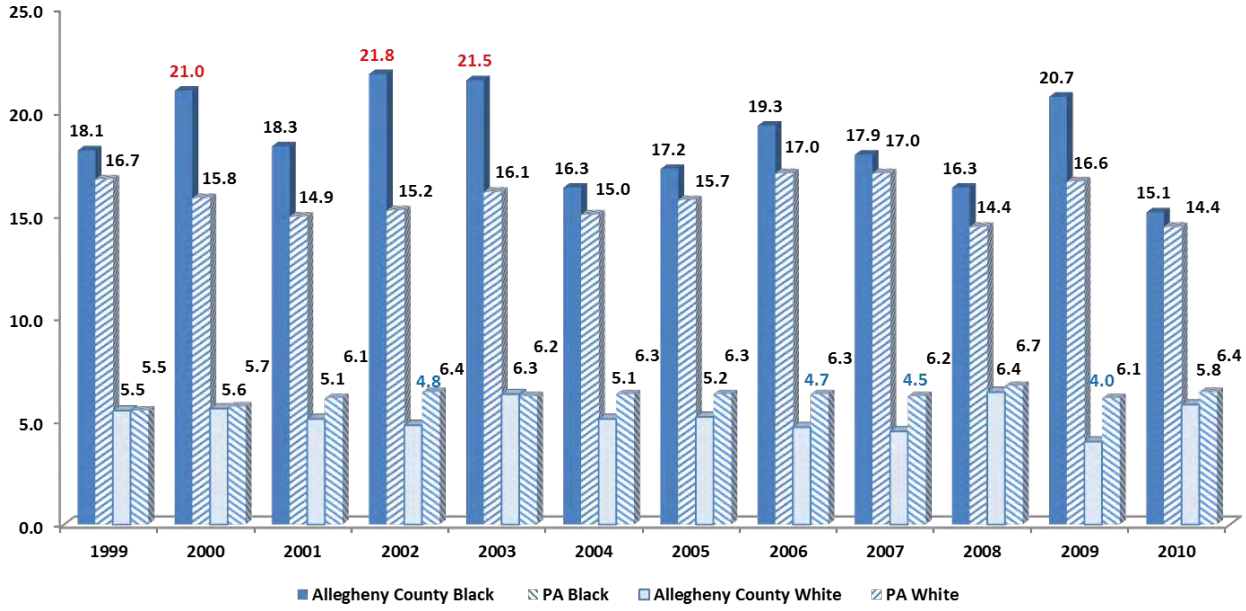


	1999	2000	2001	2001	2003	2004	2005	2006	2007	2008	2009	2010
Pennsylvania	7.1	7.0	7.2	7.6	7.3	7.1	7.2	7.5	7.5	7.3	7.2	7.3
Allegheny	8.0	8.4	7.7	8.0	8.8	7.3	7.5	7.7	7.3	8.3	7.4	7.6

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

Figure 81 illustrates infant mortality rate, per 1,000 live births, by race in Pennsylvania and Allegheny County from 1999 through 2010. In Allegheny County, mortality rates for black infants were significantly higher than Pennsylvania in 2000 and 2002-2003. The mortality rate for white infants in Allegheny County was significantly lower than the state rate in 2002, 2006-2007, 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.

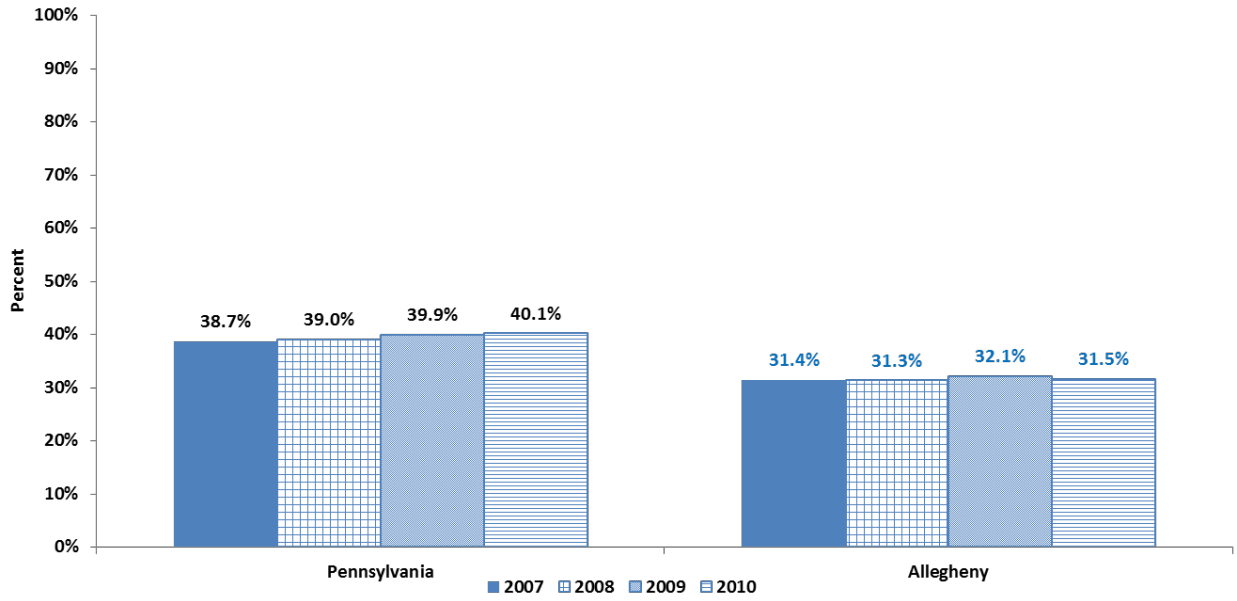
Figure 81. Infant mortality by race



Source: Pennsylvania Department of Health

Figure 82 illustrates the percentage of mothers who reported receiving Women, Infants and Children (WIC) assistance in Pennsylvania, as well as in Allegheny County from 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."[1] Over the four years, the percentage of women receiving WIC assistance in Allegheny County was significantly lower than the Pennsylvania rate. The rate is also increasing slightly in both Allegheny County and across the state.

Figure 82. Mothers receiving WIC assistance

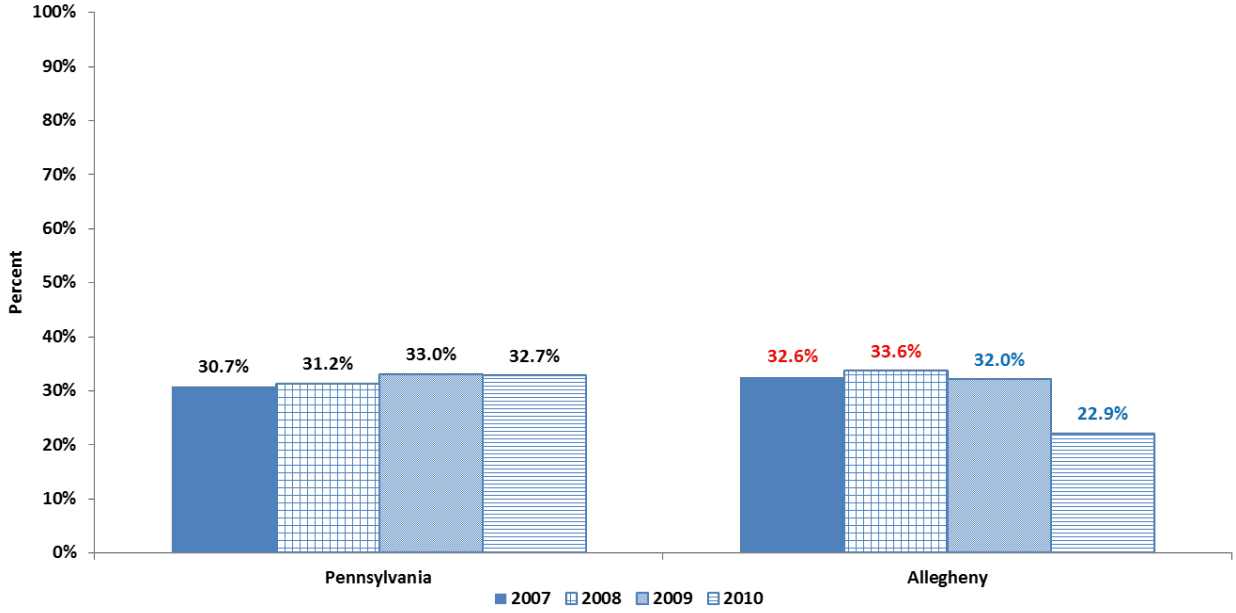


Source: Pennsylvania Department of Health

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

Figure 83 illustrates the percentage of mothers receiving Medicaid assistance in Pennsylvania, as well as Allegheny County from 2007 through 2010. The percentage was significantly higher than Pennsylvania in Allegheny County for 2007 and 2008. The percentage was significantly lower than the state rate in Allegheny for 2009 and 2010. Over the four years, an increasing trend can be seen in Pennsylvania, while a decreasing trend can be seen in Allegheny County.

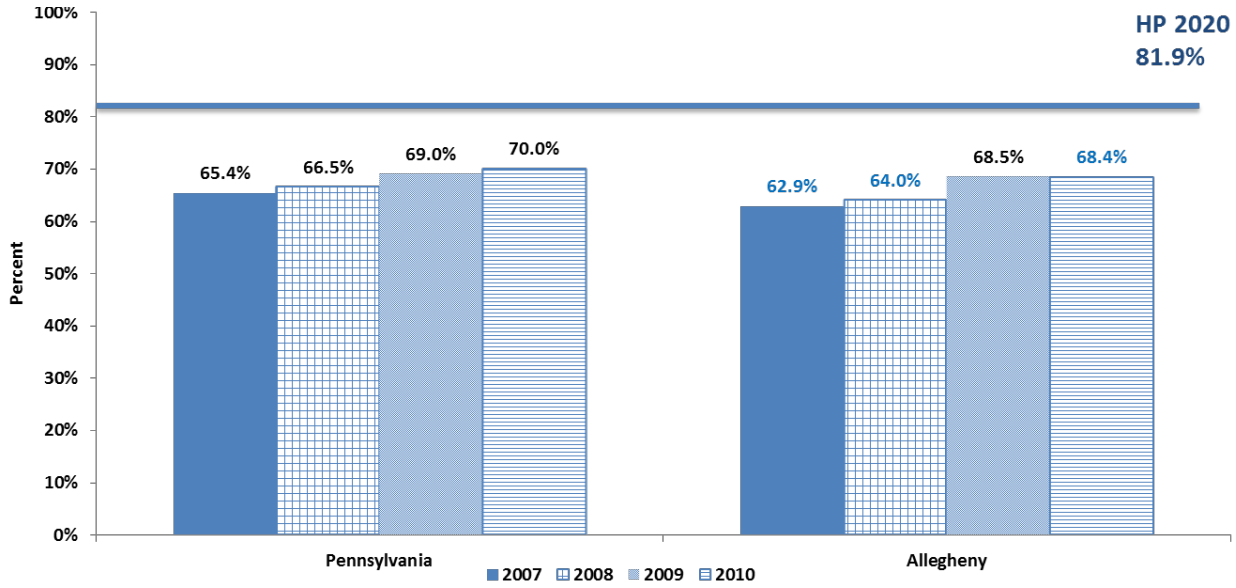
Figure 83. Mothers receiving Medicaid assistance



Source: Pennsylvania Department of Health

Figure 84 illustrates the percentage of mothers who breastfed their babies in Pennsylvania, as well as Allegheny County from 2007 through 2010. The percentage in Allegheny County was less than the Pennsylvania rate every year for the years 2007 through 2010. In addition, the county rate was significantly lower than the state rate three of the last four years. An increasing trend can be seen in Pennsylvania as well as in Allegheny County.

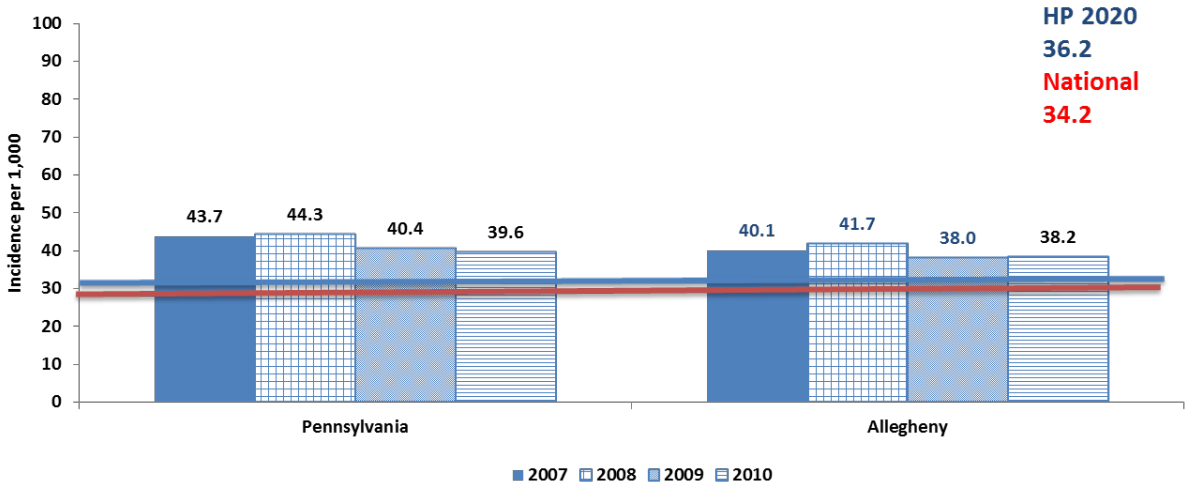
Figure 84. Breastfeeding rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 85 illustrates teen pregnancy rates for ages 15-19, per 1,000, in Pennsylvania as well as in Allegheny County from 2007 through 2010. Rates in the state and at the county level fluctuated over the period, but an overall the data show a decreasing trend. Both the state and county rates are above the national rate of 34.2 and the Healthy People 2020 goal of 36.2.

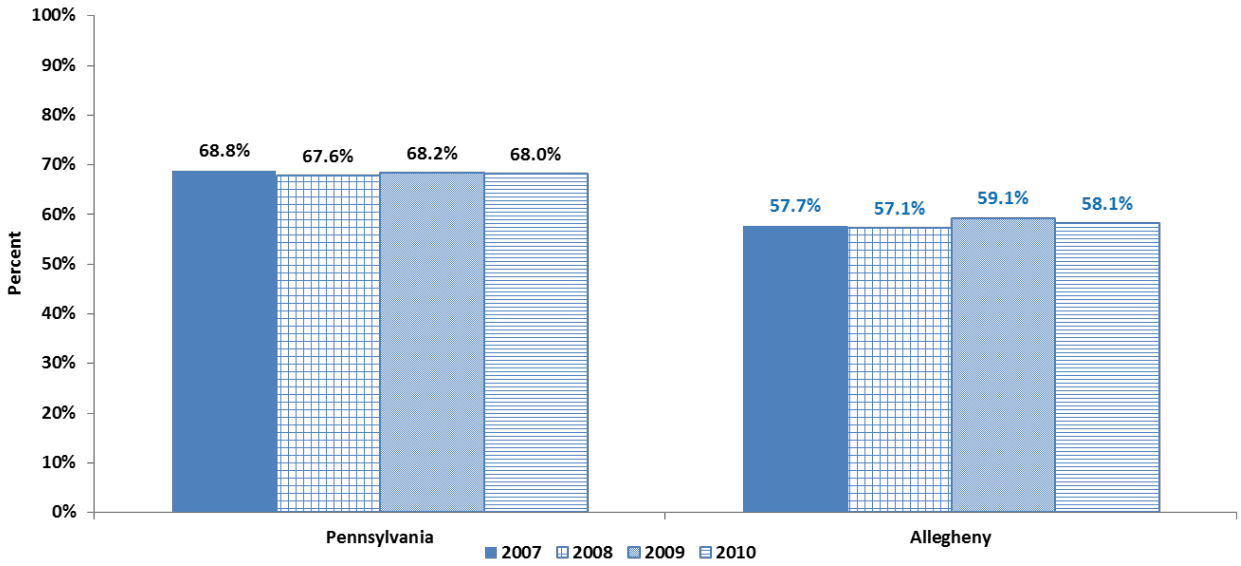
Figure 85. Teen pregnancy rate, ages 15-19



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

Figure 86 illustrates the percentage of teen pregnancies resulting in a live birth, age 15-19, in Pennsylvania as well as in Allegheny County from 2007 through 2010. The percentage of teen pregnancies resulting in a live birth in Allegheny County was significantly less than Pennsylvania all four years, although the rate has increased slightly.

Figure 86. Teen pregnancies resulting in a live birth, ages 15-19



Source: Pennsylvania Department of Health

Table 30 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 30. Allegheny County youth reporting ten high-risk behavior patterns

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 31 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 31. Allegheny County youth reporting ten high-risk behavior patterns

Allegheny County Youth Reporting 10 High-Risk Behavior Patterns							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		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 32 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 32. Youth who reported 15 additional risk-taking behaviors

Percent of Youth Who Report 15 Additional Risk-Taking Behaviors							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		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 33 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 33. Youth who reported 15 additional risk-taking behaviors

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 87 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 87. 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

	Obesity				Overweight			
	Weighted				Weighted			
Neighborhood characteristic	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Index of neighborhood built environment (mean index score = 100; SD = 20)								
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
Neighborhood access to sidewalks or walking paths								
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
Neighborhood access to parks or playgrounds								
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
Neighborhood access to a recreation center, community center, or boys' and girls' club								
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
Neighborhood access to a library or bookmobile								
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. [a]Adjusted by logistic regression for age and sex only. [b]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 88 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 88. 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

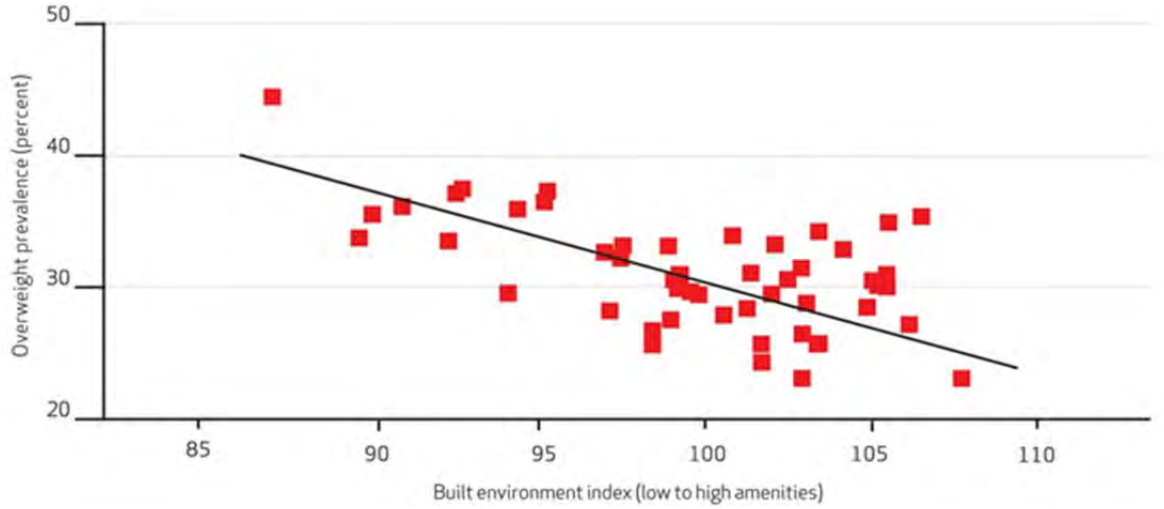
	Obesity				Overweight			
	Weighted				Weighted			
Neighborhood characteristic	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Total population	16.37	0.49			31.64	0.59		
Index of neighborhood socioeconomic conditions (mean index score = 100; SD = 20)								
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
Neighborhood safety								
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
Presence of garbage/litter in neighborhood								
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
Poorly kept or dilapidated/rundown housing in neighborhood								
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
Vandalism such as broken windows or graffiti in neighborhood								
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. [a]Adjusted by logistic regression for age and sex only. [b]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 89 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."[2] 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."[3] 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 89. Neighborhood versus U.S. childhood overweight prevalence



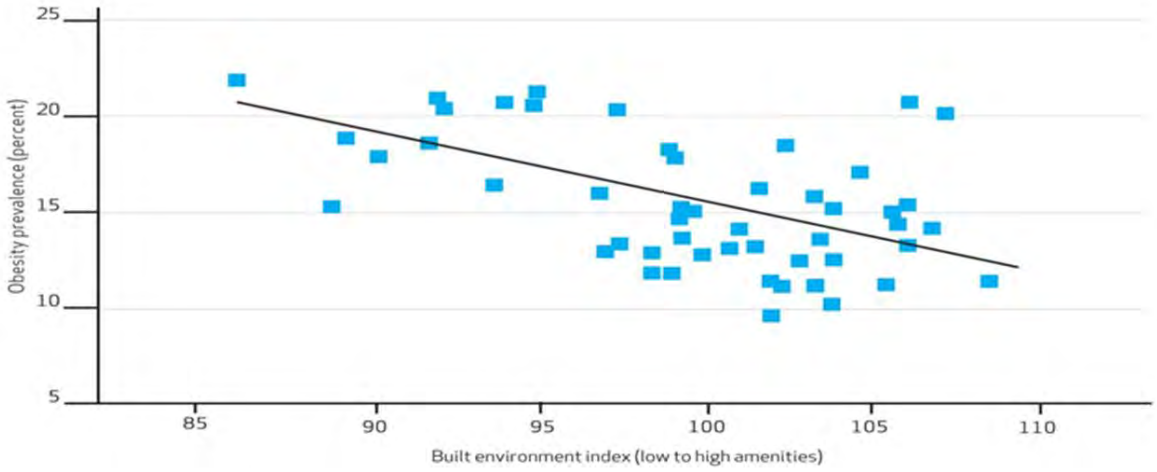
Source: National Survey of Children's Health, 2007

[2] 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

[3] 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

Figure 90 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.

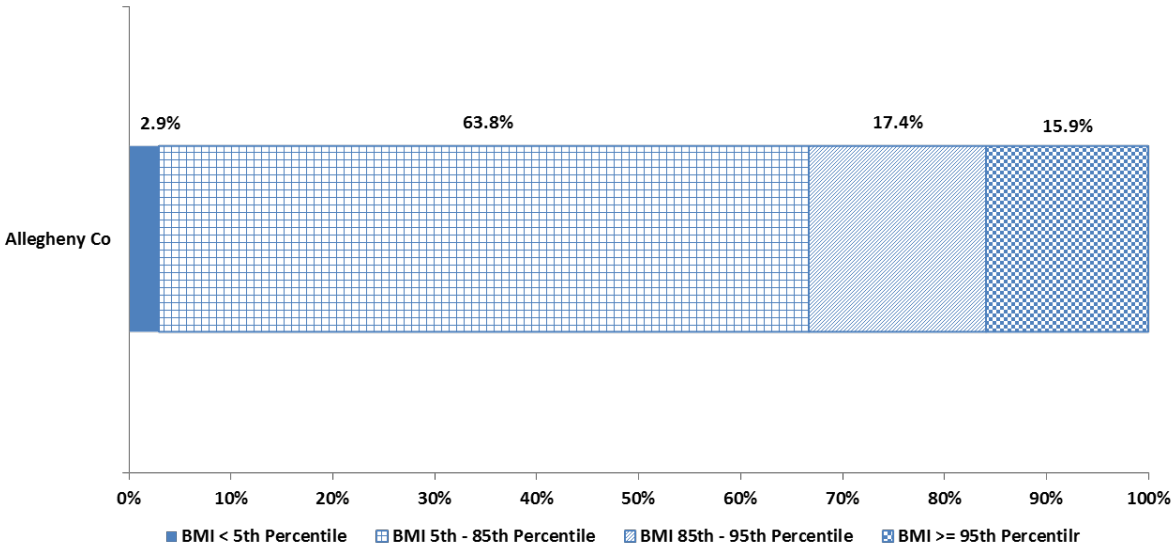
Figure 90. Neighborhood versus obesity prevalence



Source: National Survey of Children's Health, 2007

Figure 91 illustrates the Body Mass Index (BMI) percentiles for children in kindergarten through grade six in Allegheny County for the 2010-2011 school year. BMI is classified into four categories: (i) underweight where a person's BMI is less than the 5th percentile; (ii) normal where the BMI is between the 5th percentile and the 85th percentile; (iii) overweight where a person's BMI is between the 85th percentile and 95th percentile; and (iv) a person is considered obese if their BMI is greater than the 95th percentile. In Allegheny County, a sizable portion of children, 17.4 percent, are considered overweight based on their BMI and an additional 15.9 percent are considered obese. The Allegheny County rate is above the Healthy People 2020 goal of 15.7 percent.

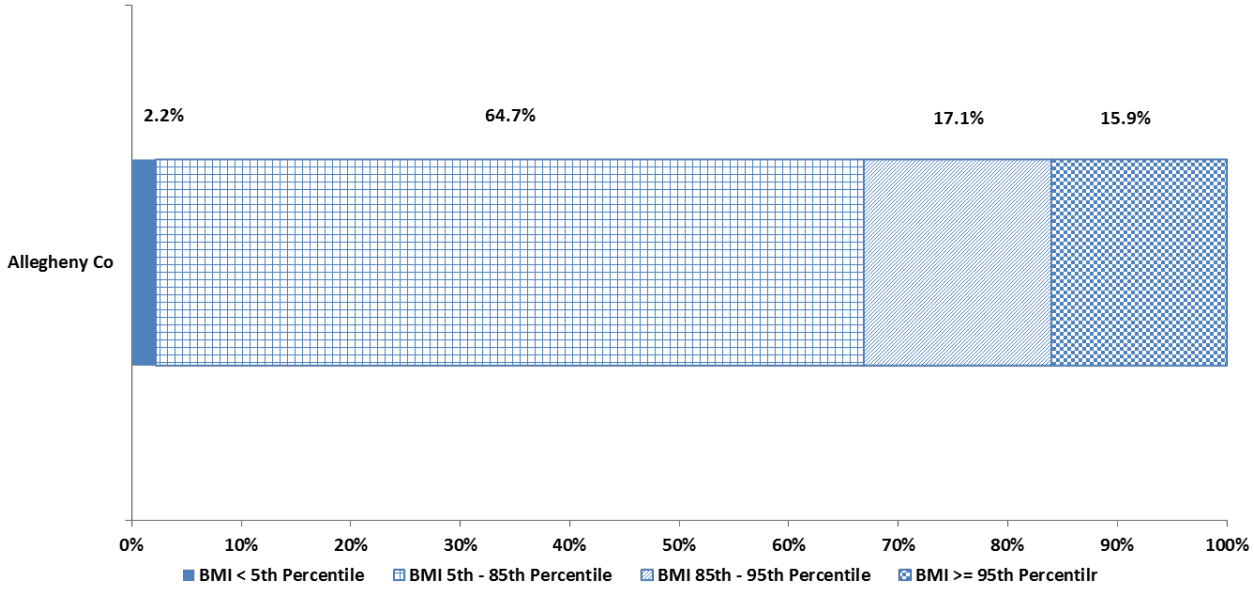
Figure 91. BMI for age percentiles, grades K-6



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 92 illustrates the Body Mass Index (BMI) percentiles for children in grades 7-12 in Allegheny County. In Allegheny County, a sizable portion of children, 17.1 percent, are considered overweight based on their BMI. Similarly, a sizable portion of children, 15.9 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 5th percentile; (ii) normal where the BMI is between the 5th percentile and the 85th percentile; (iii) overweight where a person's BMI is between the 85th percentile and 95th percentile; and (iv) a person is considered obese if their BMI is greater than the 95th percentile. Allegheny County is below the Healthy People 2020 goal of 16.0 percent.

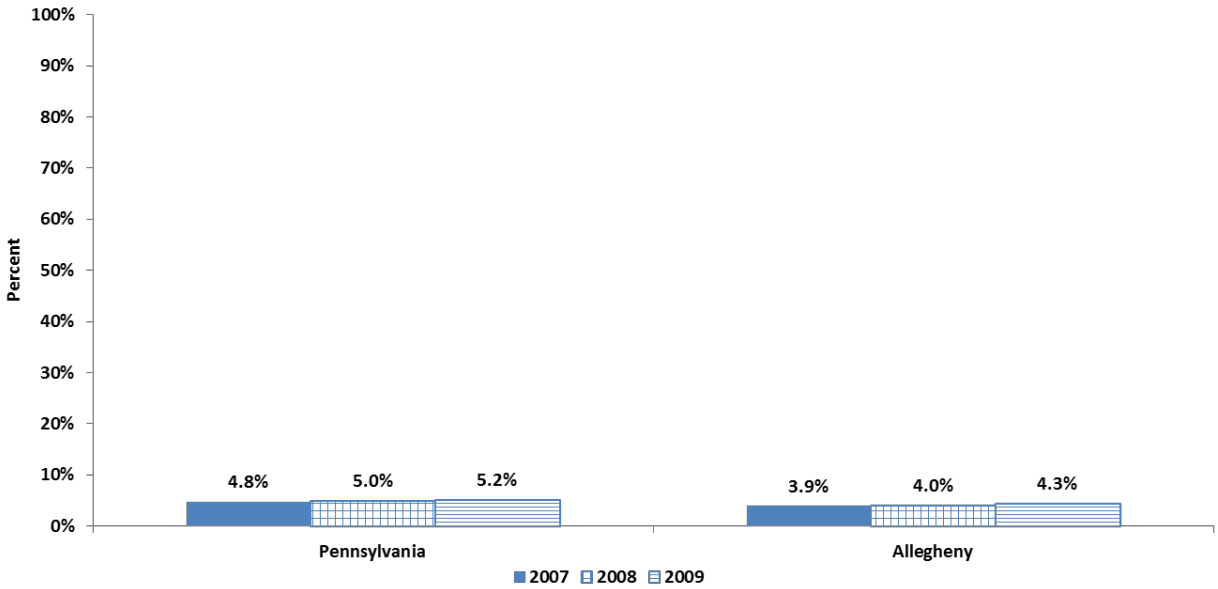
Figure 92. BMI for age percentiles, grades 7-12



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 93 illustrates the percentage of students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) in Pennsylvania and Allegheny County from 2007 through 2009. The percentage in Allegheny County was less than the Pennsylvania rate all three years, although both the state and county rates are increasing.

Figure 93. Students with diagnosed ADHD



Source: Pennsylvania Department of Health, Student Health Records

Table 34 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.

Table 34. 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

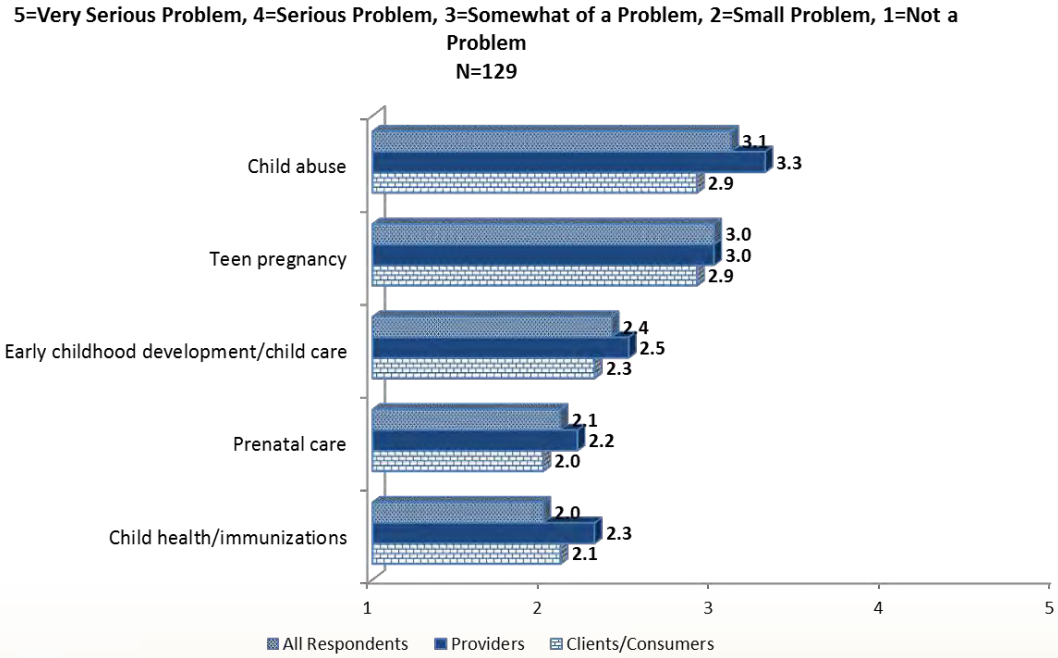
THE WESTERN PENNSYLVANIA HOSPITAL
West Penn Allegheny Health System

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 94 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.

Figure 94. Focus Groups: Healthy mothers, babies and children



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

Strategy solutions, inc.

Focus group participants discussed what they perceived the most serious community needs and challenges. They did not perceive the topic area of healthy mothers, babies and children as one of the most serious needs as compared to other health issues, and thus discussion about maternal and child health was minimal. This may also point to a limitation of the assessment methodology as none of the focus groups were specifically dedicated to this topic.

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 WPH. The following information is derived from a total of 19 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 WPH. 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 WPH 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 in Allegheny County are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women are less likely to smoke three months prior to pregnancy. 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:

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Allegheny County when compared to the state rate, and above the HP 2020 Goal of 77.9 percent.
- The percentage of mothers who reported not smoking during pregnancy was comparable between the state and county, but below the Healthy People 2020 goal of 98.6 percent.
- The percentage of mothers who reported not smoking three months prior to pregnancy was significantly higher in Allegheny County when compared to the state rate.
- The percentage of mothers who received WIC was significantly lower in Allegheny County when compared to the state rate.
- The percentage of mothers in Allegheny County who received Medicaid was significantly higher in 2007-2008; however, significantly lower in 2009-2010 when compared to the state rate.
- Compared to the state rate, the percentage of mothers who reported breastfeeding was significantly lower in Allegheny County.
- Compared to the state rate, the teenage pregnancy rate was significantly lower in Allegheny County; however, so was the percent of teenage live birth outcomes.
- In Allegheny County, African American infant mortality rates were significantly higher compared to Caucasian infants.
- National statistics show that children who live in built environments with more community amenities are less likely to be overweight or obese. Over a third of the children are overweight and a sizable portion (16.0 percent) of children in grades K-6 and 7-12 in Allegheny County are considered obese.
- In Allegheny County, the rate of medically diagnosed ADHD has increased between 2007 and 2009, although the rate is lower than the state.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked child abuse as the most serious maternal/child community health issue followed by teenage pregnancy.
- Stakeholders indicated that there is a need to address teen pregnancy and infant mortality. They also noted 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.

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Infectious Disease

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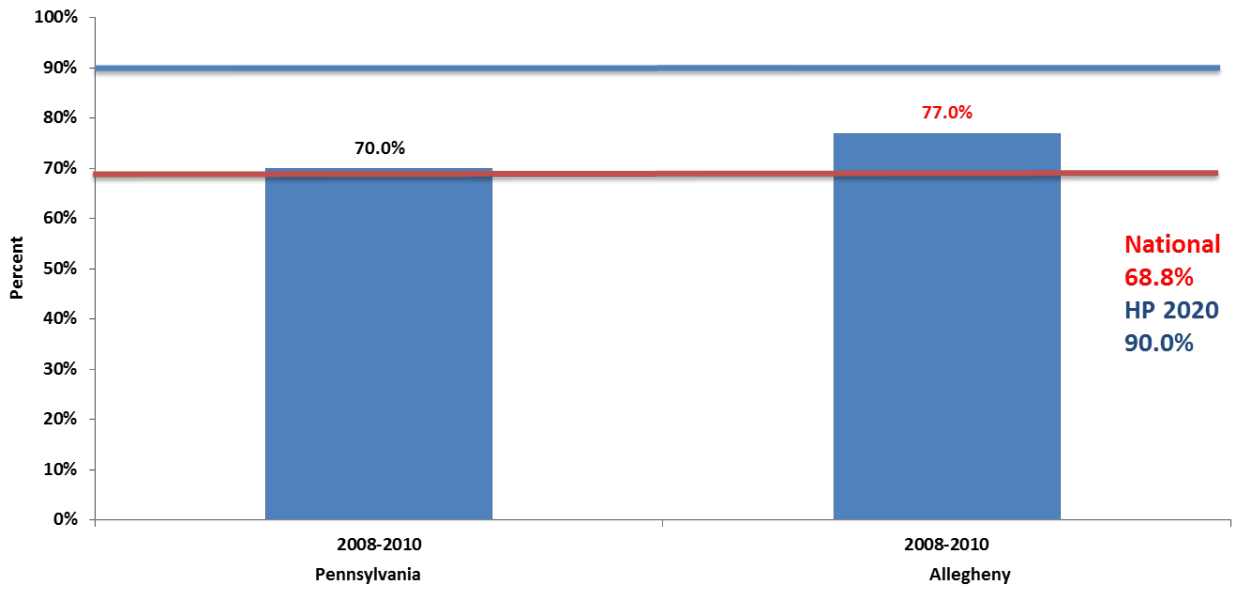
Infectious Diseases

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 are included.

Figure 95 illustrates the percentage of adults who had a pneumonia vaccine, age 65 and above, in the United States, in Pennsylvania, Allegheny County from 2008 through 2010. The Allegheny County rate (77.0 percent) was significantly higher than Pennsylvania and higher than the national rate. Both rates were well below the HP 2020 goal of 90.0 percent.

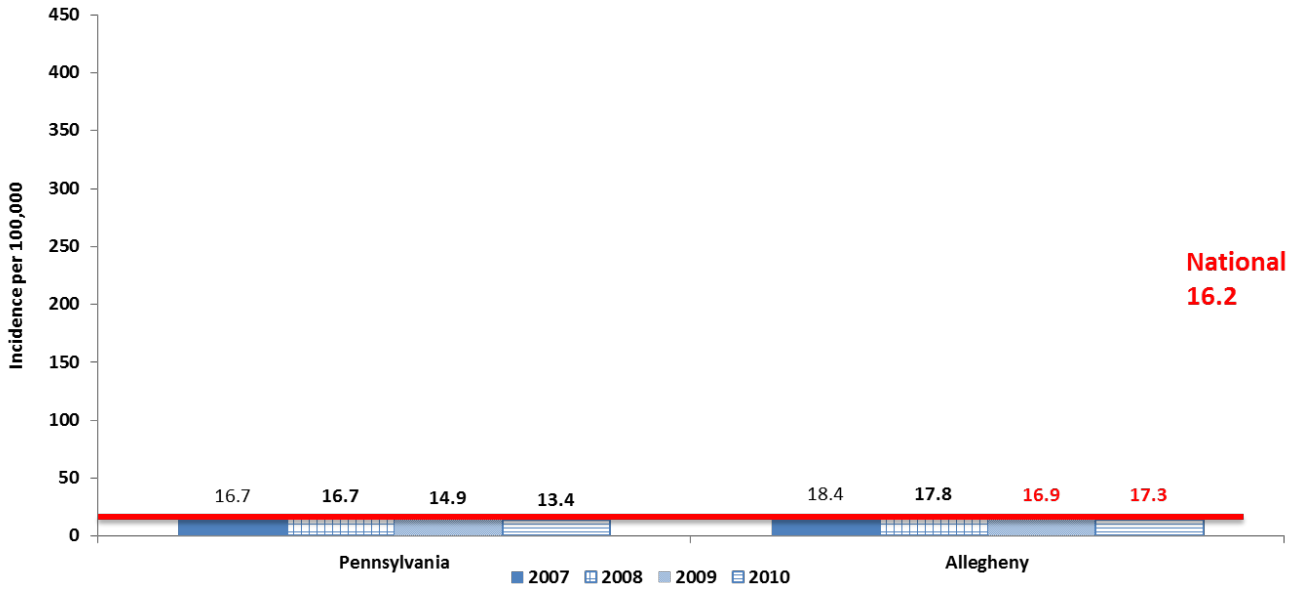
Figure 95. BRFSS-Percentage of adults who had a pneumonia vaccine, age GE 65



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

Figure 96 illustrates the influenza and pneumonia mortality rate, per 100,000, in the United States and Pennsylvania, as well as in Allegheny County for the years 2007 through 2010. The Allegheny County level rate fluctuated over the period and was significantly higher than Pennsylvania in 2009 and 2010. When compared to the national mortality rate of 16.2 for 2010, Allegheny County had a higher mortality rate.

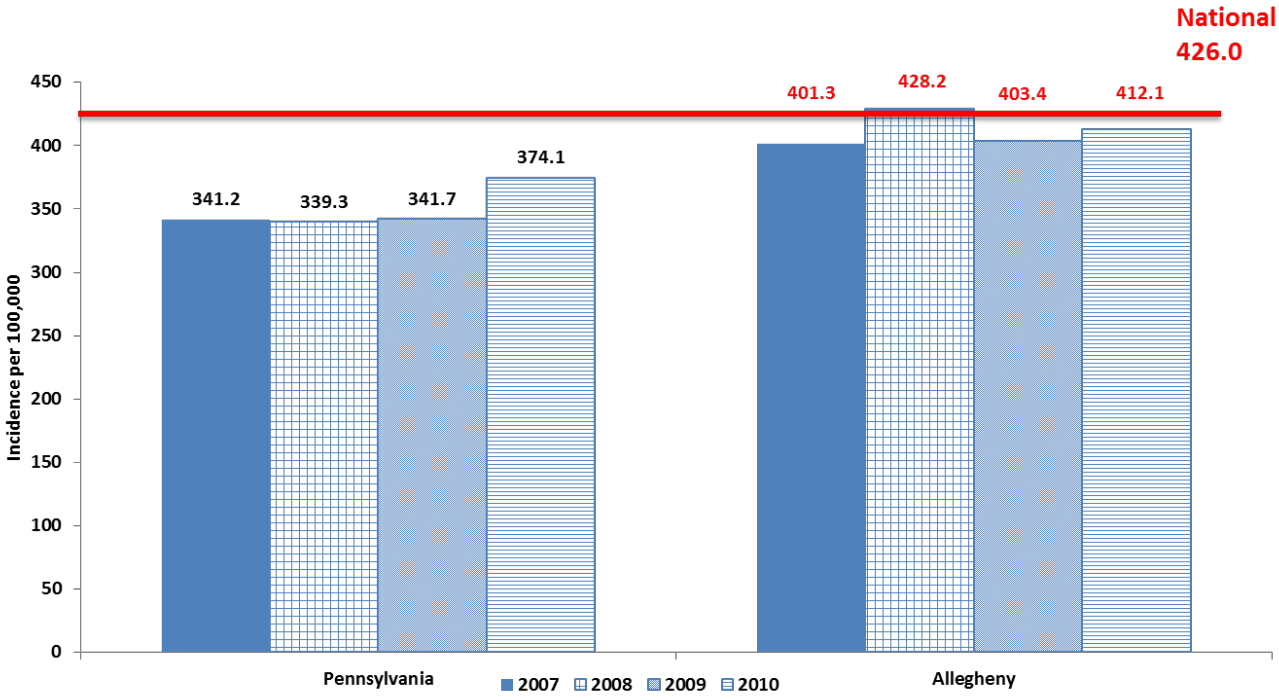
Figure 96. Influenza and pneumonia mortality rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 97 illustrates incidence rates of chlamydia in Pennsylvania and Allegheny County from 2007 through 2010. The rate in Allegheny County was significantly higher than the state rate, although both are below the national rate of 426.0. Over the four years, an increasing trend is shown throughout Pennsylvania and Allegheny County.

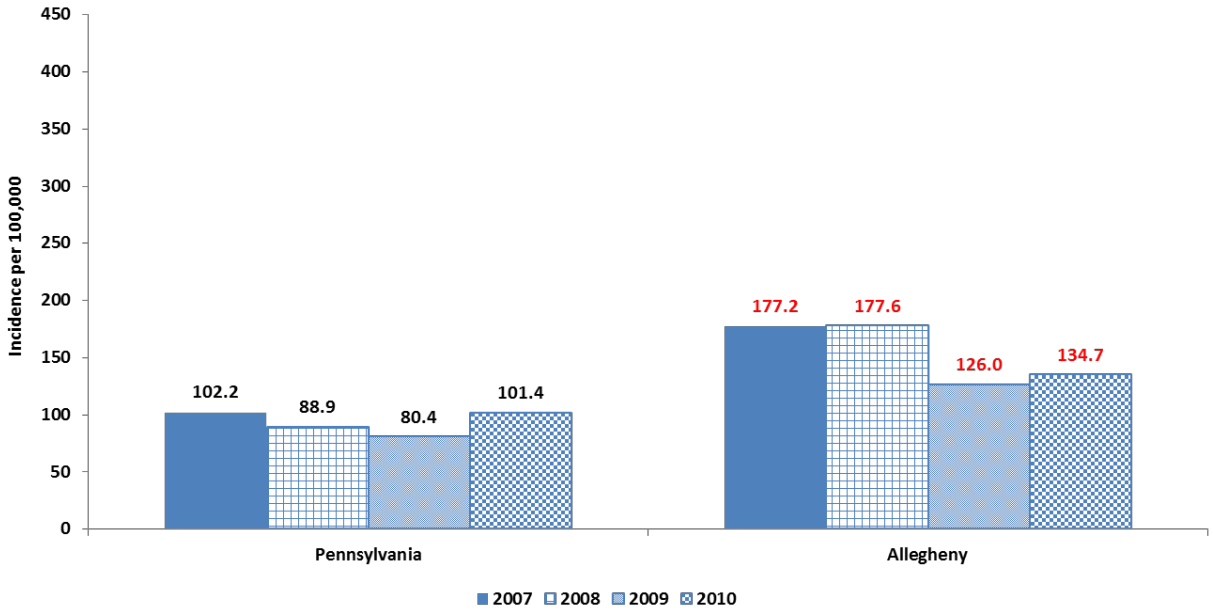
Figure 97. Chlamydia incidence rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 98 illustrates gonorrhea incidence rates in Pennsylvania and Allegheny County from 2007 through 2010. The rate in Allegheny County was significantly higher than in Pennsylvania for all four years. Both Allegheny County and the state, however, showed a decreasing trend over the same time period.

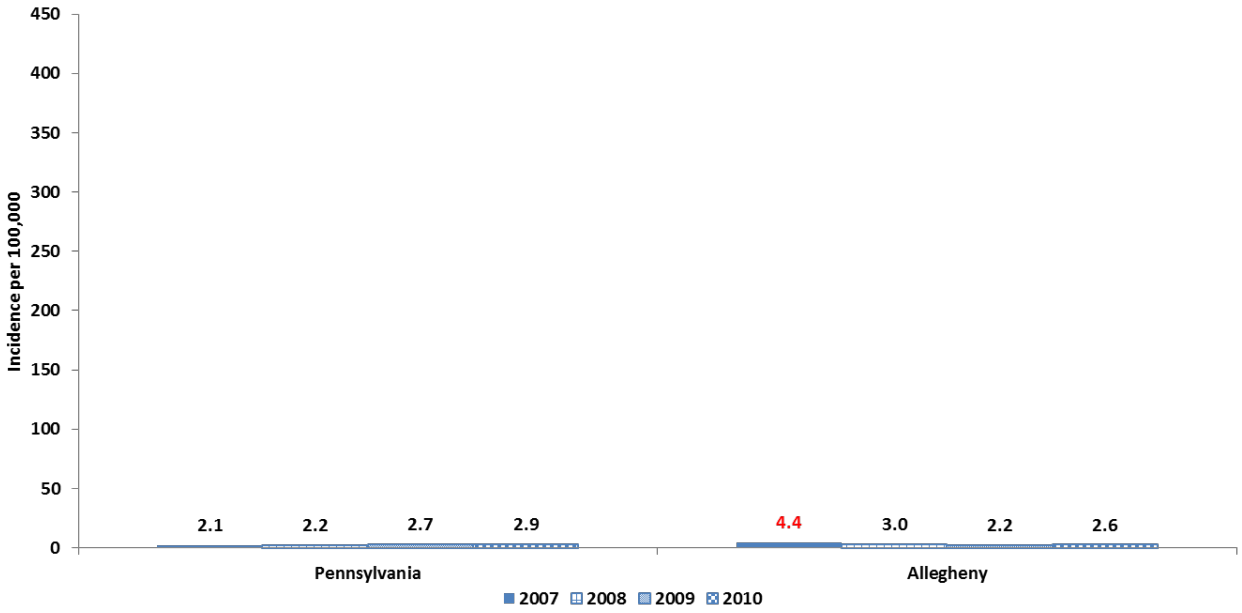
Figure 98. Gonorrhea incidence rate



Source: Pennsylvania Department of Health

Figure 99 illustrates incidence rates of syphilis in Pennsylvania and Allegheny County for the years 2007 through 2010. The rate in Allegheny County was higher than Pennsylvania from 2007-2008 (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.

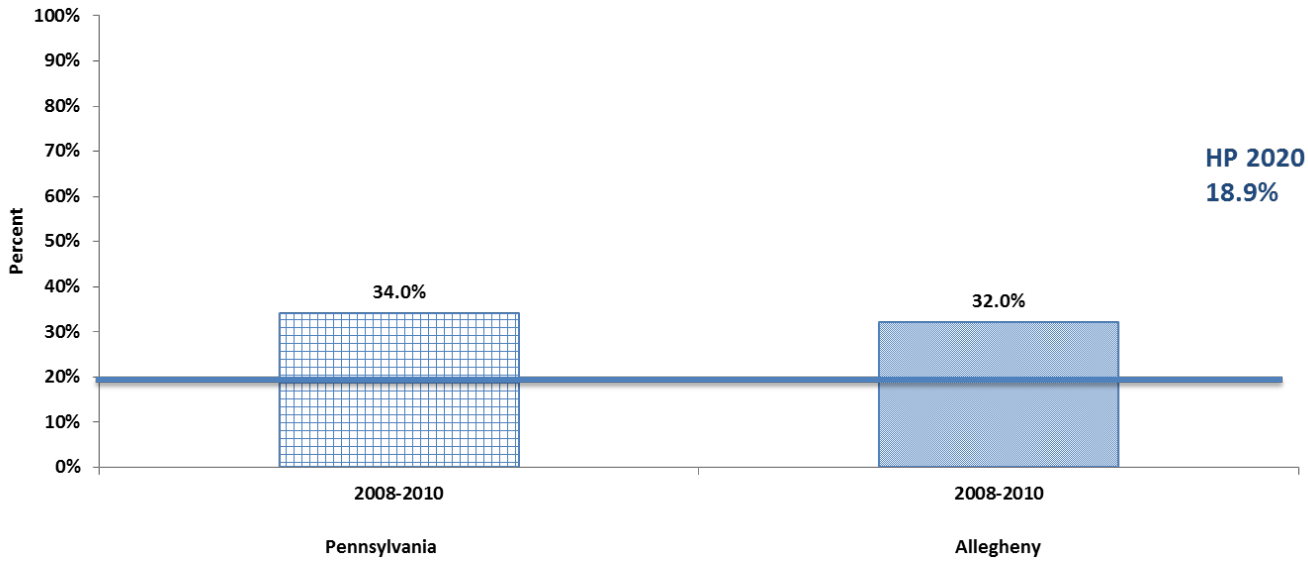
Figure 99. Syphilis incidence rate



Source: Pennsylvania Department of Health

Figure 100 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 from 2008 through 2010. The Allegheny County rate (32.0 percent) is slightly below the state rate (34.0 percent). Both were above the HP 2020 goal of 18.9 percent.

Figure 100. BRFSS-Percentage of adults age 18 to 64 ever tested for HIV



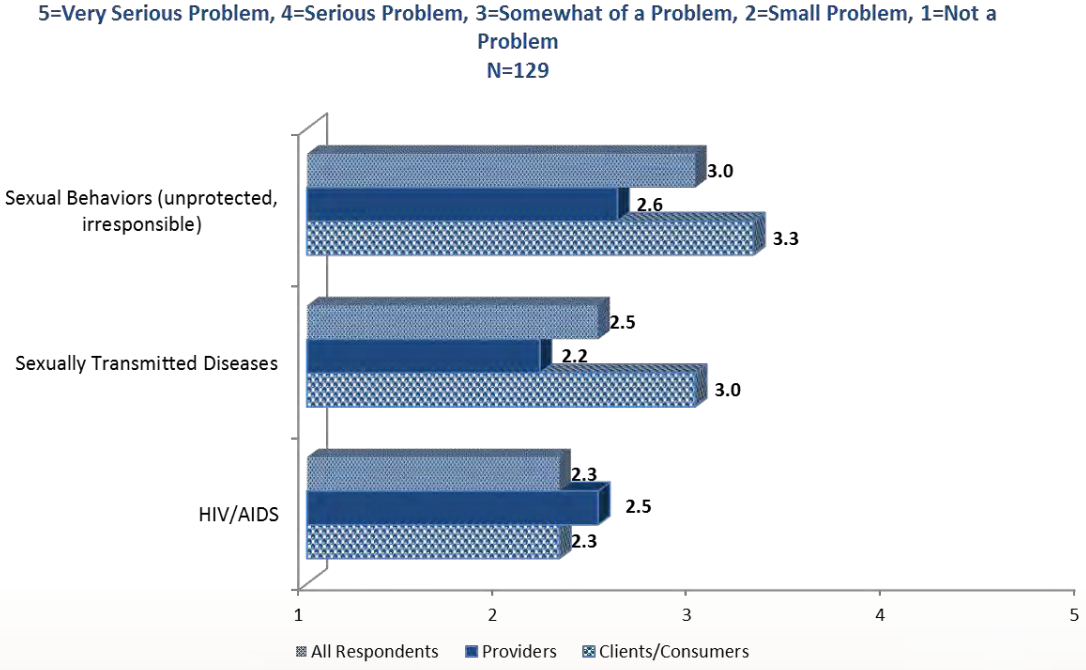
Source: Pennsylvania Department of Health, www.healthypeople.gov

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 101 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 rated 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 101. Focus Groups: Infectious disease



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

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 and interviewees did not identify infectious disease as a top concern. Within the category of infectious disease, concerns included the incidence of sexually transmitted diseases and HIV in the senior population as well as the rise in affluent communities.

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 WPH. The following information is derived from a total of 19 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:

- Compared to the state rate, Allegheny County was significantly higher for adults over the age of 65 who ever received a pneumonia vaccine; however, both the state and county were below the HP 2020 goal of 90.0 percent.
- Compared to the state rate, influenza and pneumonia mortality rates were significantly higher for Allegheny County in 2009 and 2010.
- Compared to the state rate, the chlamydia and gonorrhea incidence rates were significantly higher in Allegheny County.

Conclusions from the Focus Groups and Interviews included:

- Focus group participants indicated that sexual behaviors, sexually transmitted diseases and HIV/AIDS are the most serious infectious disease related issue.
- Stakeholders expressed concern over hospital infections rates and the prevalence of HIV/AIDS.

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Mental Health and Substance Abuse

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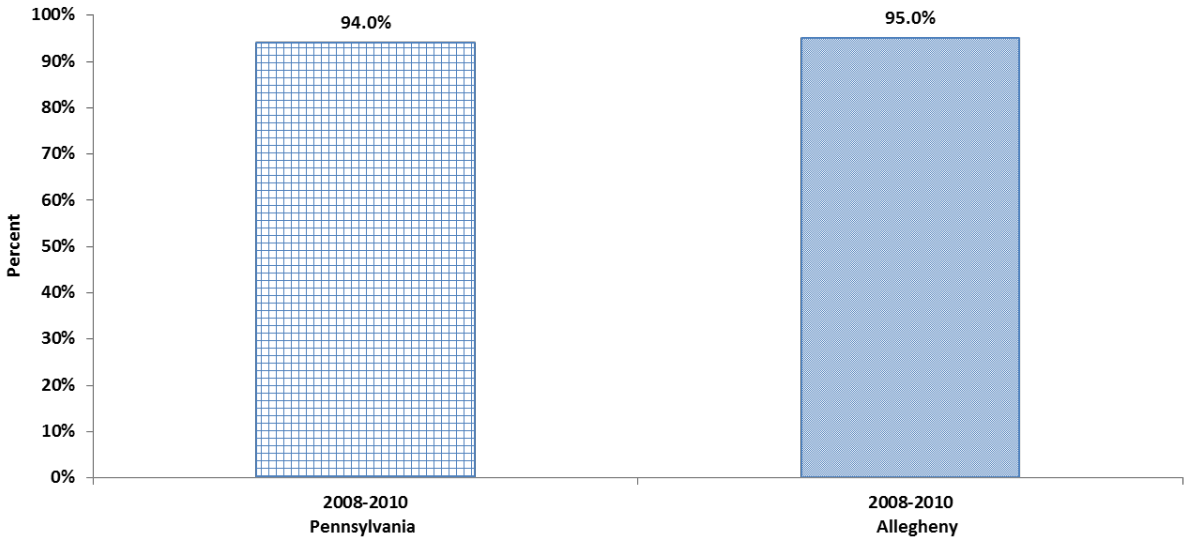
Mental Health & Substance Abuse

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 102 illustrates the percentage of adults satisfied or very satisfied with their life in Pennsylvania and Allegheny County from 2008 through 2010. The majority (95 percent) of Allegheny County respondents indicated that they are satisfied or very satisfied with their life, comparable to the state rate of 94 percent.

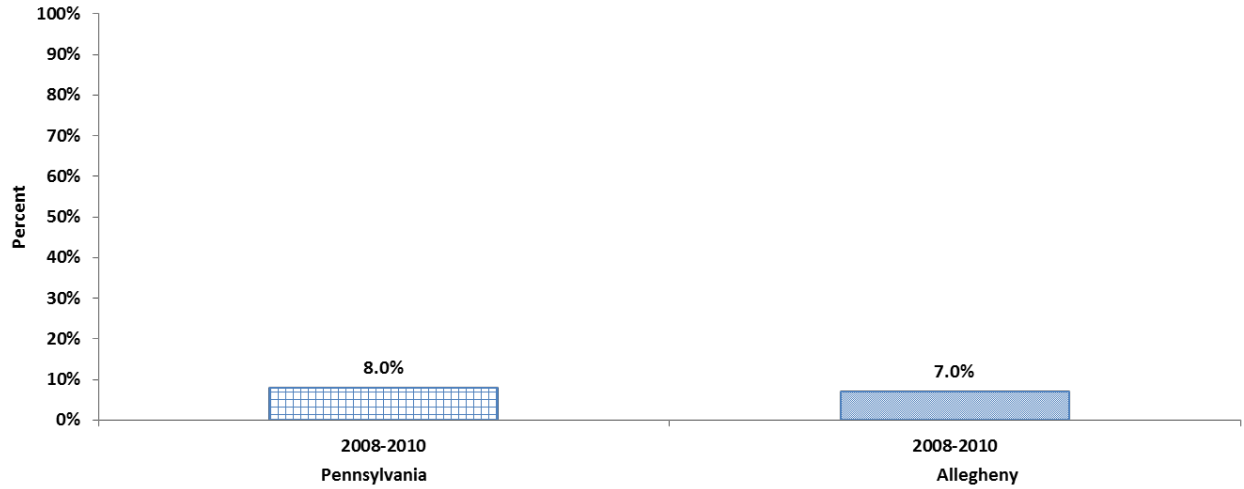
Figure 102. BRFSS-Percentage of adults satisfied or very satisfied with their life



Source: Pennsylvania Department of Health

Figure 103 illustrates the percentage of adults who reported that they never or rarely received the social and emotional support they need in Pennsylvania and Allegheny County from 2008 through 2010. The Allegheny County rate (7 percent) is comparable to the state rate.

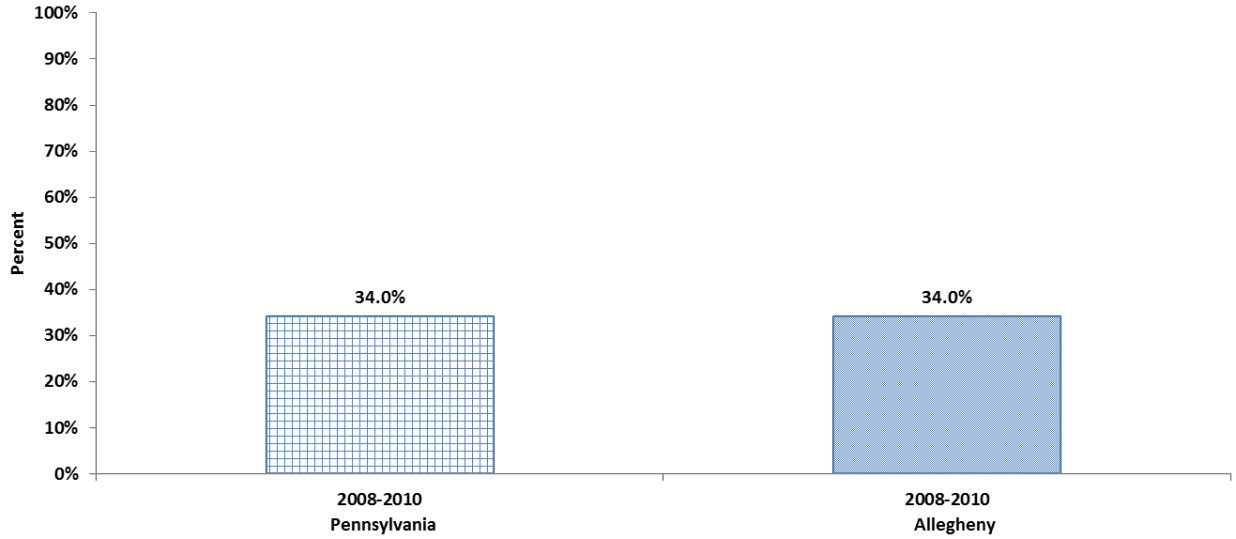
Figure 103. BRFSS-Percentage of adults who reported never or rarely received the social and emotional support they needed



Source: Pennsylvania Department of Health

Figure 104 illustrates the percentage of adults who reported their mental health as not good one or more days in the past month in Pennsylvania and Allegheny County from 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 rate in Allegheny County was comparable to Pennsylvania (34 percent).

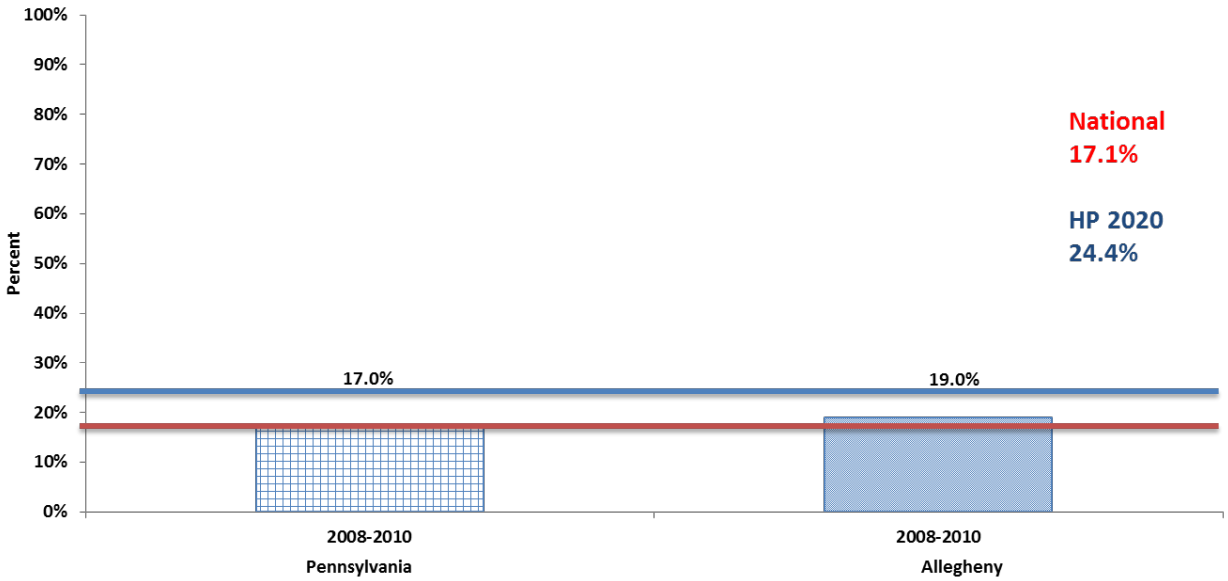
Figure 104. BRFSS-Percentage of adults who reported their mental health as not good 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 105 illustrates the percentage of adults who reported binge drinking on one occasion in the United States, in Pennsylvania, and Allegheny County from 2008 through 2010. The rate in Allegheny County (19 percent) was slightly higher than the Pennsylvania (17 percent) and national percentage (17.1 percent). All of the rates exceeded the HP 2020 goal (24.4 percent).

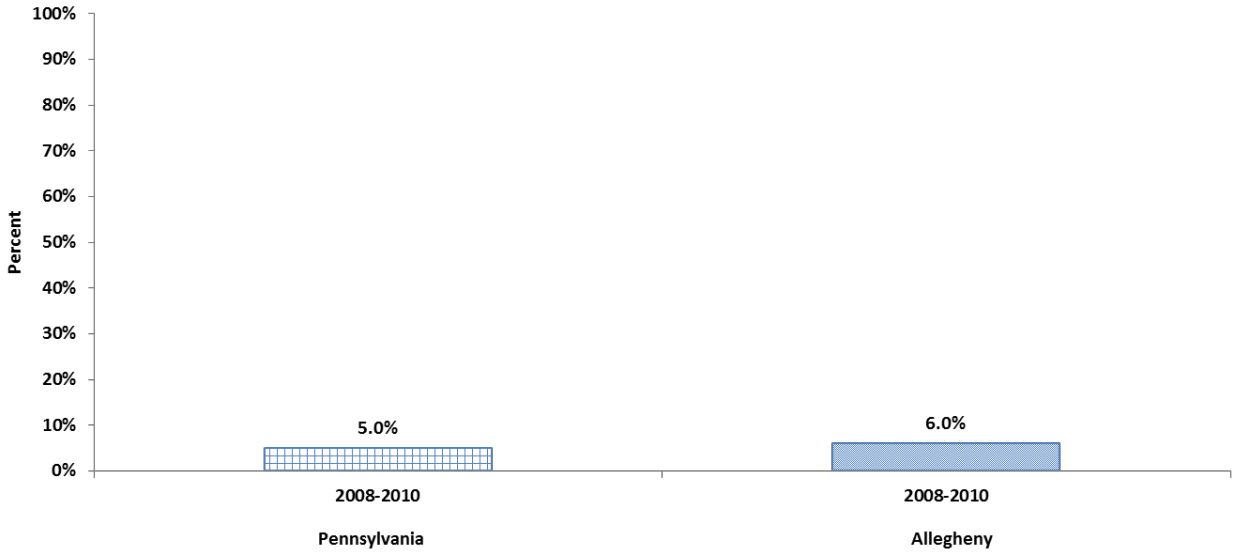
Figure 105. BRFSS-Percentage of all adults who reported binge drinking (5 drinks for men and 4 drinks for women on one occasion)



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

Figure 106 illustrates the percentage of adults at risk for heavy drinking in Pennsylvania and Allegheny County from 2008 through 2010. The rate in Allegheny County (6 percent) was slightly higher than Pennsylvania at 5.0 percent.

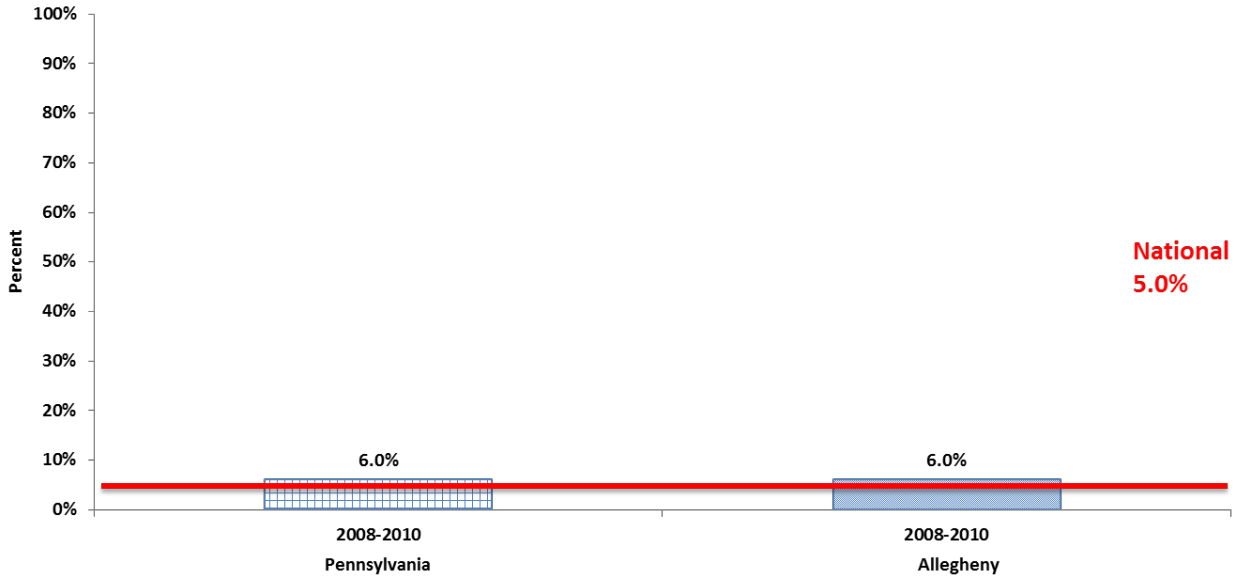
Figure 106. BRFSS-Percentage of all adults at risk for heavy drinking (2 drinks for men and 1 drink for women daily)



Source: Pennsylvania Department of Health

Figure 107 illustrates the percentage of adults who reported chronic drinking in the United States, in Pennsylvania and Allegheny County from 2008 through 2010. The Allegheny County rate (6 percent) was comparable to national and Pennsylvania rate, and slightly higher than the national rate (5 percent).

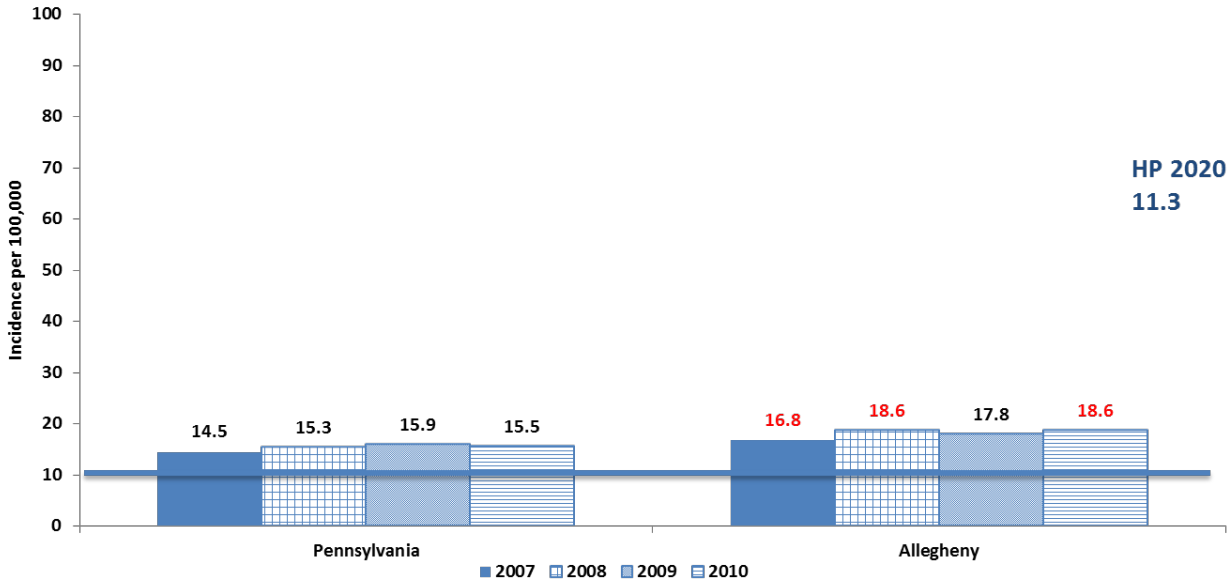
Figure 107. BRFSS-Percentage of adults who reported chronic drinking (2 or more drinks daily for the past 30 days)



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 108 illustrates drug-induced mortality rates in Pennsylvania and Allegheny County from 2007 through 2010. The rate in Allegheny County was significantly higher than the state rate three of the past four years. Over the four years, the rates in Pennsylvania and Allegheny County are increasing and both rates were above the HP 2020 goal of 11.3.

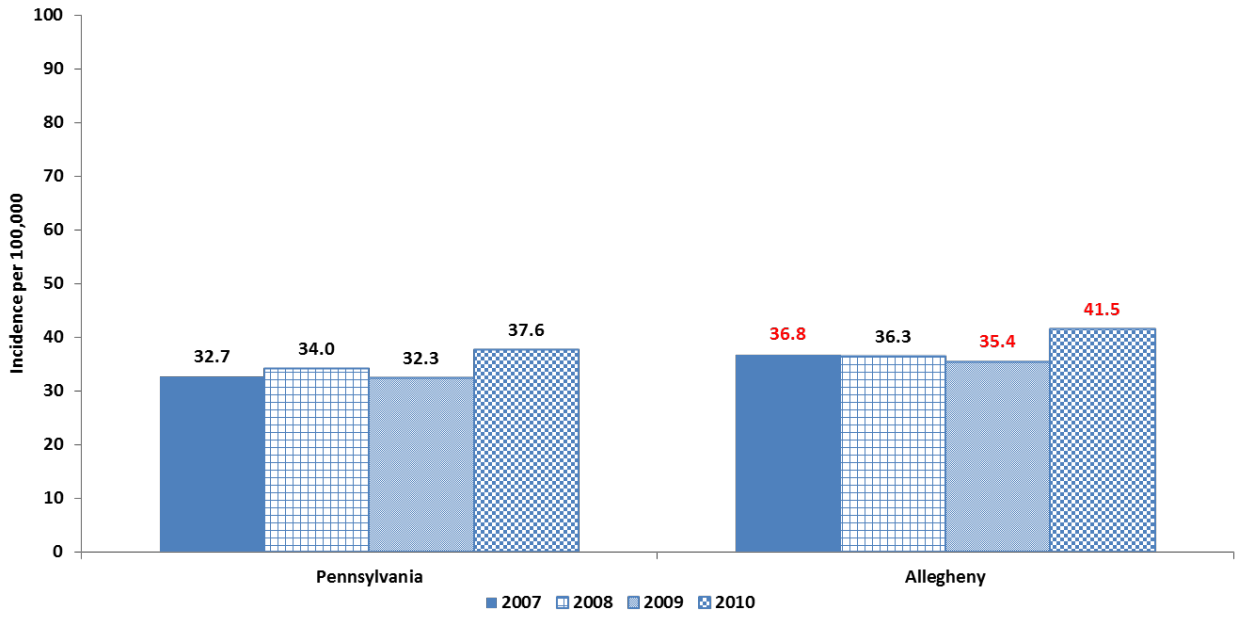
Figure 108. Drug-induced mortality rate



Source: Pennsylvania Department of Health, www.healthypeople.gov

Figure 109 illustrates mental and behavioral disorder mortality rates in Pennsylvania and Allegheny County from 2007 through 2010. The Allegheny County rate was significantly higher than the state rate three of the last four years. Over the four years, rates fluctuated but increased overall both in Allegheny County and across the state.

Figure 109. Mental and behavioral disorders mortality rates



Source: Pennsylvania Department of Health

Table 35 outlines estimates of substance use disorders in Pennsylvania, as well as Allegheny County 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 81,320 persons age 12 and over in the service region have some type of substance abuse problem.

Table 35. Prevalence of substance abuse disorders

Estimates of the Prevalence of Substance Use Disorders (Dependence or Abuse)[1]
Pennsylvania, Single County Authorities and State
Based on 2009 National Survey on Drug Use and Health (NSDUH)[2]

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
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 36 illustrates positivity rates for urine drug tests in the general workforce from 2007 through 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 through 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 36. 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

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 37 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 37. 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 38 and 39 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 38. Allegheny County alcohol use by grade in past 30 days

Allegheny County Age of First Use: Alcohol Use by Grade				
		Grade		
Category	Response	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 39. Allegheny County tobacco use by grade in past 30 days

Allegheny County Age of First Use: Tobacco Use by Grade				
		Grade		
Category	Response	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 40 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 40. Allegheny County: Youth risk-taking behavior related to substance abuse

Allegheny County Percent of Youth Who Report 9 Risk-Taking Behaviors Related to Substance Use								
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
	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

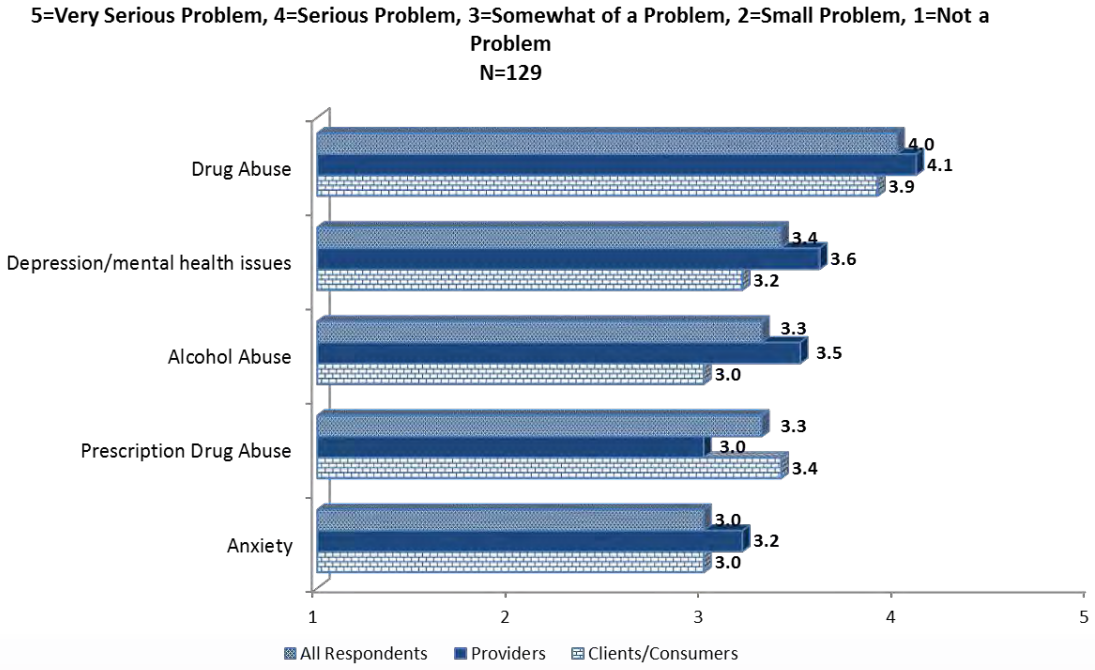
Source: The Allegheny County HealthChoices Program: 2011 Year in Review

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 110 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 drug abuse, depression, and alcohol abuse as more serious community issues, while clients/consumers rated prescription drug abuse as more serious.

Figure 110. Focus Groups: Mental health and substance abuse



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

Focus Group Input

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 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.

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 WPH. The following information is derived from a total of 19 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 LBGT 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 LBGT community. Many studies have found that LGB youth attempt suicide more frequently than straight peers. Garafalo et al. (1999) found that LGB 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 LGB 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 LGB 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.

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

- In Allegheny County, 95.0 percent of adults reported being satisfied or very satisfied with their life; however, 34.0 percent reported that their mental health was not good at least one day in the past month.
- Comparing the state statistics to Allegheny County, there were no significant differences in terms of binge, chronic, or heavy drinking.
- Drug induced mortality rates and Mental and behavioral disorder mortality rates were significantly higher for Allegheny County in 2007, 2008, and 2010.
- A 2012 national study from Quest Diagnostics found evidence of misuse across all commonly prescribed controlled substances, with 60.0 percent of the sample testing positive for medication not prescribed to them.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked drug abuse and depression/mental health as the most serious issues.
- Focus group respondents commented that care for behavioral health related issues can be difficult to obtain. There is a need for follow-up care and more funding for substance abuse programs. Drug abuse is affecting all communities and age groups and there is an increase in heroin use and prescription drugs.
- Stakeholders comments that substance abuse and violence are closely related. Stress is a big issue and mental health also impacts physical health. 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.

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Physical Activity and Nutrition

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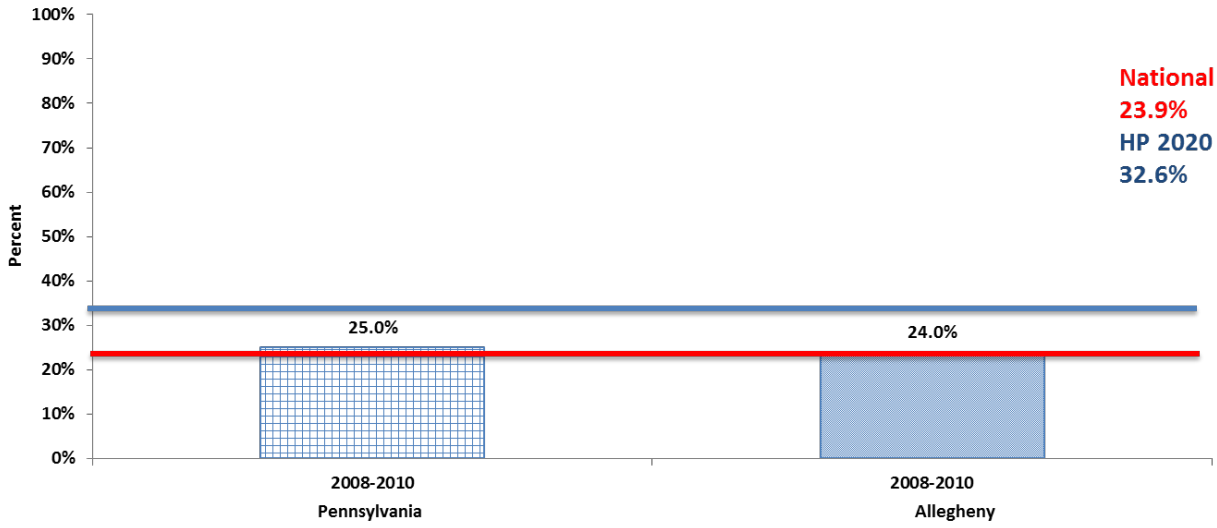
Physical Activity and Nutrition

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 111 illustrates the percentage of adults who reported no leisure time physical activity in the past month in the United States and Pennsylvania and Allegheny County from 2008 through 2010. The Allegheny County rate (24.0 percent) is comparable to the state (25 percent) and national (23.9 percent) rates, although they are below the HP 2020 goal of 32.6 percent.

Figure 111. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month

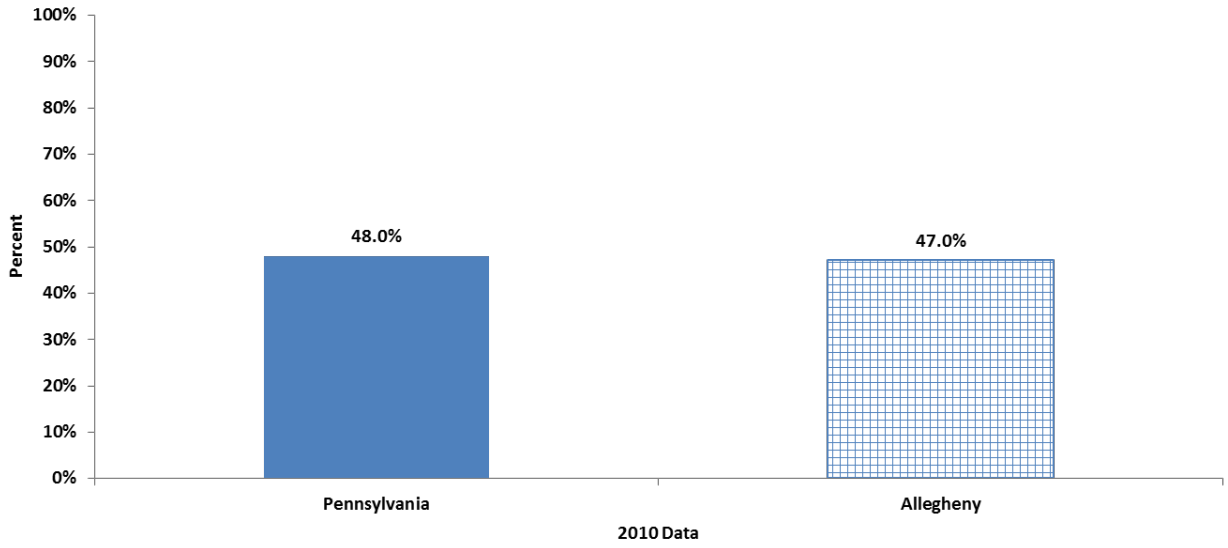


Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

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.[1] 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."[2] The percentage of fast food restaurants is a proxy measure for consumption of fast food.

Figure 112 illustrates the percentage of all restaurants that are fast food in Pennsylvania and Allegheny County in 2012. The Allegheny County rate (47 percent) is comparable to the state rate (48 percent).

Figure 112. Restaurants that are fast food restaurants



Source: www.communityhealthrankings.org

[1] Taggart K. Fast food joints bad for the neighborhood. Medical Post. 2005;41.21:23
[2] County Health Rankings (2013) Fast Food Restaurants. Retrieved from: http://www.countyhealthrankings.org/app/#/pennsylvania/2013/measure/factors/84/description.

Table 41 illustrates the number and percentages of families who enrolled and were eligible for free and reduced-priced lunches in Allegheny County. Allegheny County has a high enrollment with 152,403 Students, which reflects almost 37 percent of the student body.

Table 41. Free and reduced price lunch

PA Department of Education 2011 Free & Reduced Price Lunch					
	Enrollment	Free Eligible	Reduced Eligible	% Free Enrollment	% Reduced Enrollment
Allegheny County	152,403	48,665	7,575	31.9%	4.9%

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

Table 42 and 43 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 42. 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 43. 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 44 illustrates grocery store access in Allegheny County in 2010. 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). Over a quarter of the population of Allegheny County has low access to a grocery store.

Table 44. 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 County	**28.7%**	**6.1%**	**4.9%**	**2.6%**

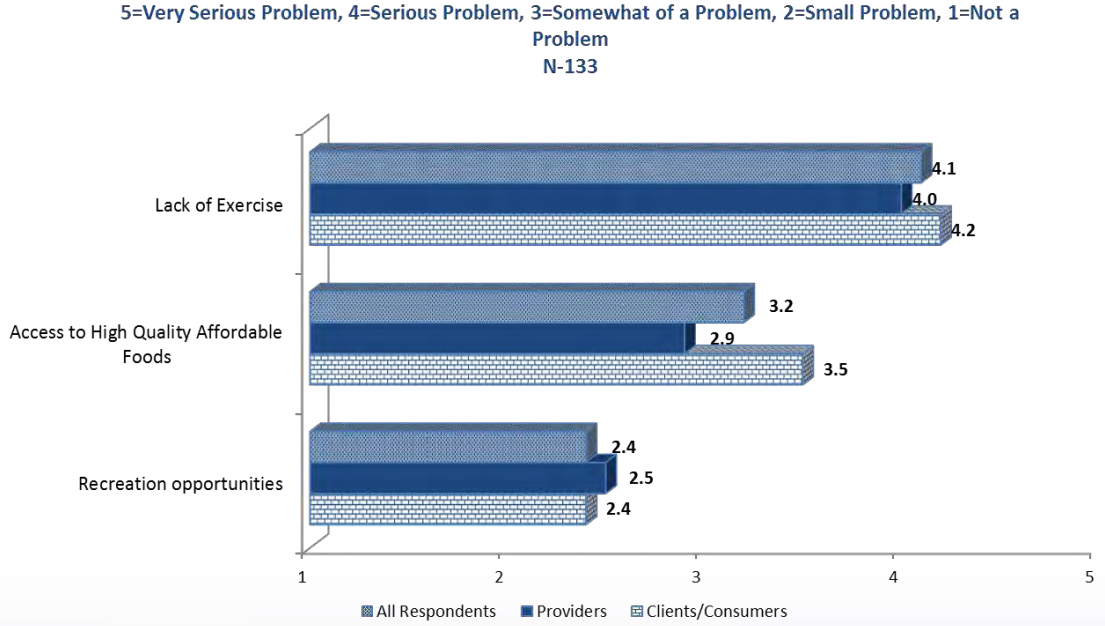
Source: Pennsylvania Department of Education, Division of Food & Nutrition

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 WPH. The following information is derived from a total of 9 focus groups, representing 133 individuals.

Figure 113 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. Clients/consumers tended to rate lack of exercise and access to high quality foods as more serious problems in the community.

Figure 113. Focus groups: Physical activity and nutrition



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 WPH. The following information is derived from a total of 19 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. Parents need to be better role models related to their eating habits. 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:

- In Allegheny County, 24% of adults reported no leisure time physical activity in the past month, which is below the national rate of 23.9% and HP 2020 Goal of 32.6%.
- In Allegheny County, 47% of all restaurants are considers fast food restaurants and 28.7% of the population has low access to a grocery store.

Conclusions from the Focus Groups and Interviews included:

- Focus group respondents ranked lack of exercise as the most serious problem, followed by access to high quality affordable food.
- Focus group respondents commented on the lack of access to healthy food. More community programs should encourage physical activity as some communities do not have sidewalks and playgrounds. Fast food is cheap and parents often do not have the time to cook dinner.
- Stakeholders expressed that parents need to be better role models for their children in terms of healthy eating and exercise; children are not as active as a generation ago. Adults need to find the time to exercise. Many families cannot afford healthy food because in many communities there is no grocery store.

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Tobacco Use

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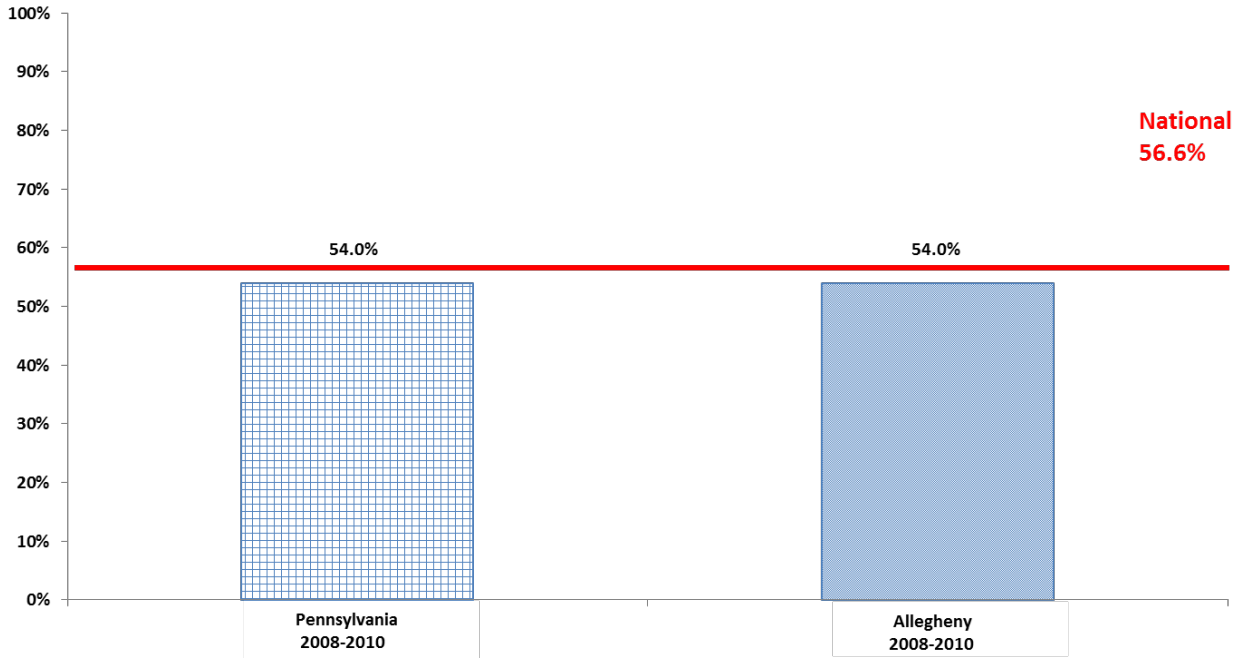
Tobacco Use

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. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 114 illustrates the percentage of adults who reported never being a smoker in the United States and Pennsylvania and Allegheny County for the years 2008 through 2010. The Allegheny County rate (54 percent) is comparable to the state rate and below the national rate of 56.6 percent. .

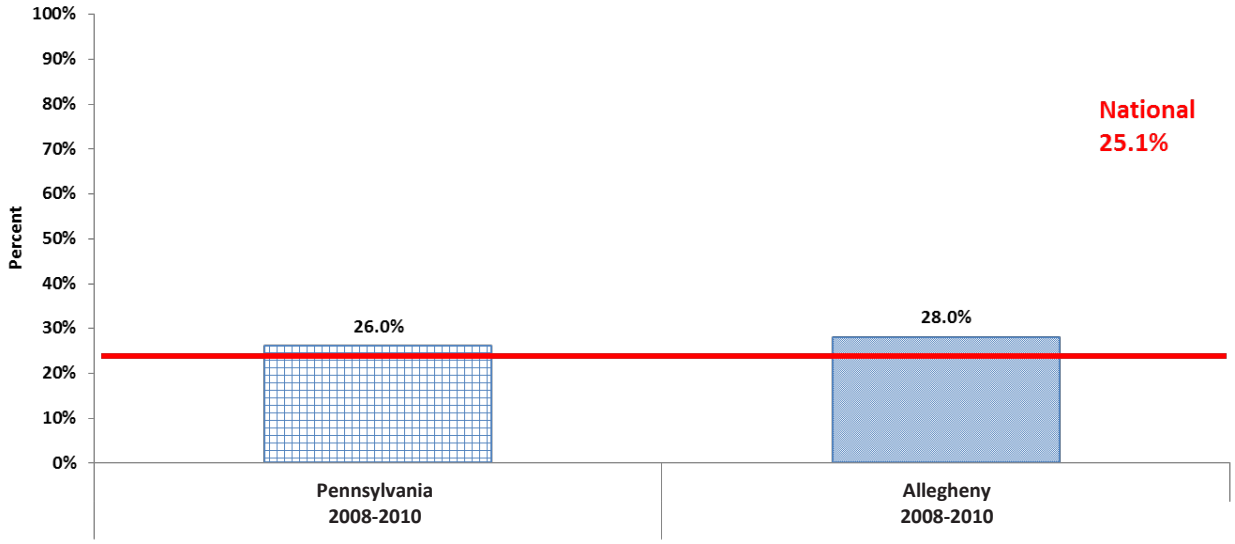
Figure 114. BRFSS-Percentage of adults who reported never being a smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 115 illustrates the percentage of adults who reported being a former smoker in the United States and Pennsylvania as well as Allegheny County for the years 2008 through 2010. The Allegheny County rate (28 percent) is slightly higher than the state rate (26 percent) as well as the national rate (25.1 percent).

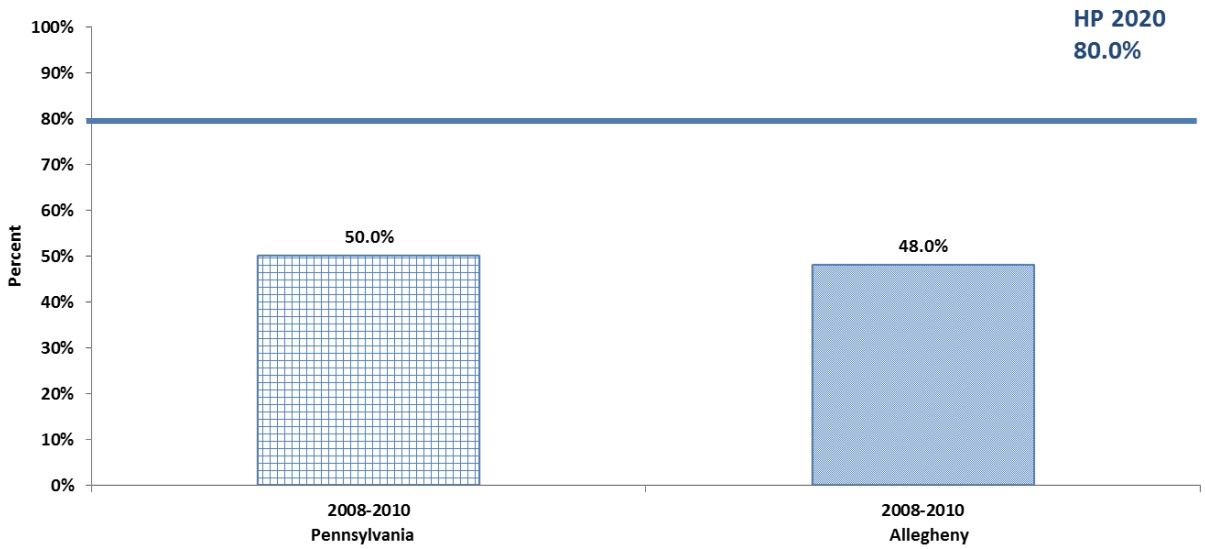
Figure 115. BRFSS-Percentage of adults who reported being a former smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 116 illustrates the percentage of adults who quit smoking at least one day in the past year in Pennsylvania and Allegheny County for the years 2008 through 2010. The Allegheny County rate (48 percent) is slightly lower than the state rate of 50 percent. During the years 2008 through 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 HP 2020 Goal of 80.0 percent.

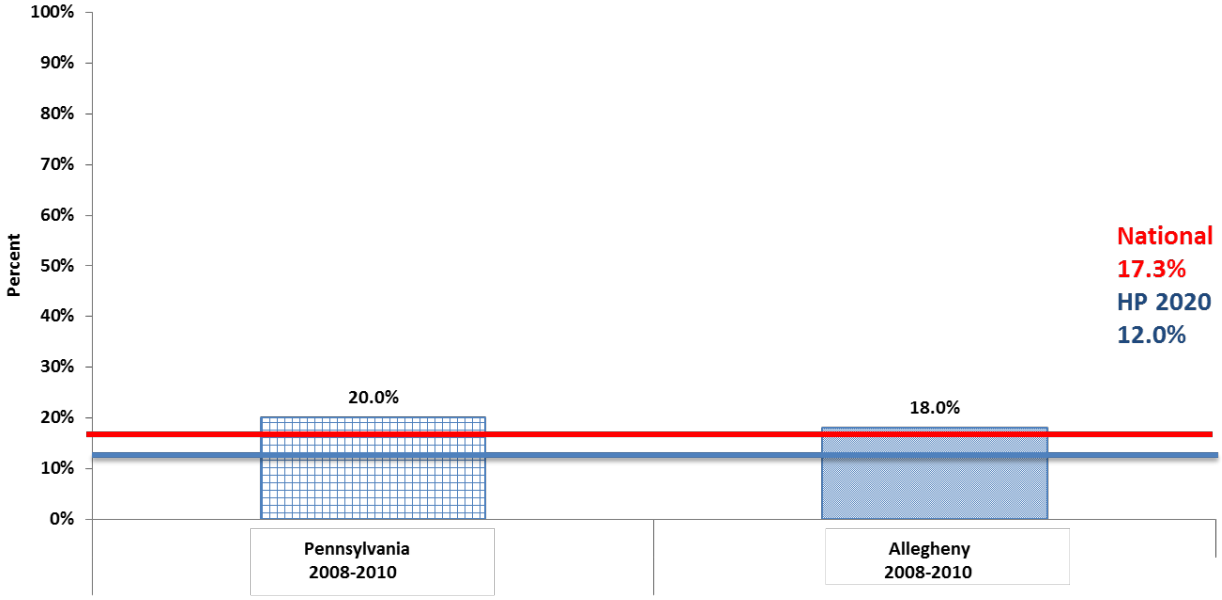
Figure 116. BRFSS-Percentage of adults who quit smoking at least 1 day in the past year (out of adults who smoke everyday)



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 117 illustrates the percentage of adults who reported being a current smoker in the United States and Pennsylvania as well as Allegheny County for the years 2008 through 2010. The rate in Allegheny County (18 percent) is slightly lower than the state rate of 20 percent but above the national rate of 17.3 percent. Both the state and the county are above the HP 2020 goal of 12 percent.

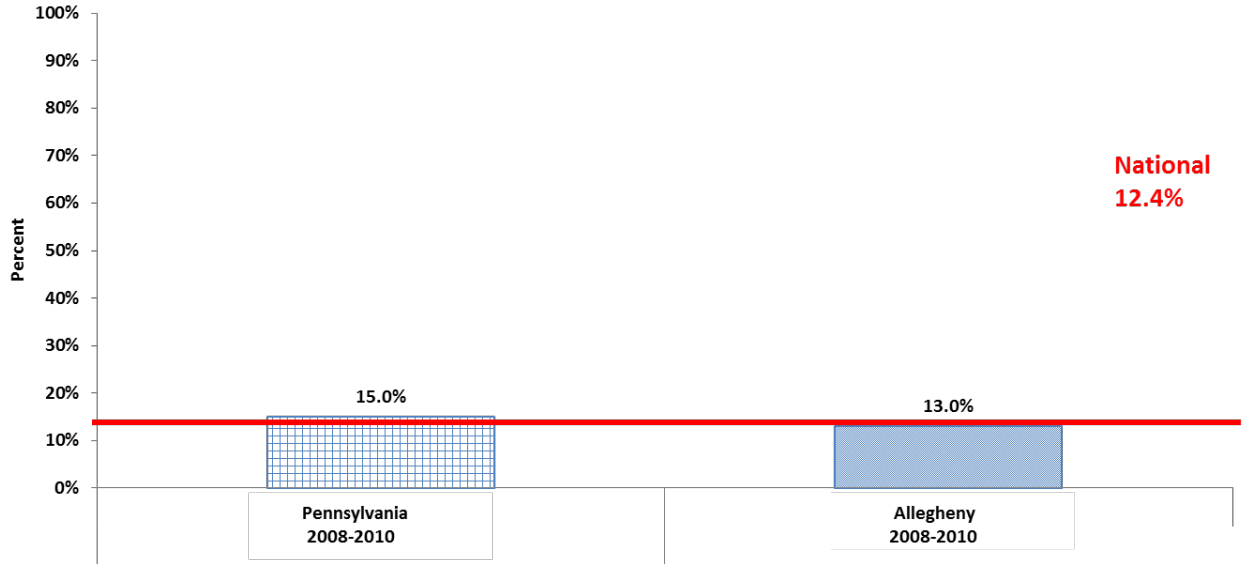
Figure 117. BRFSS-Percentage of adults who reported being a current smoker



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

Figure 118 illustrates the percentage of adults who reported being an everyday smoker in the United States and Pennsylvania, as well as in Allegheny County for the years 2008 through 2010. The Allegheny County rate (13 percent) is slightly lower than the state rate (15 percent) and somewhat higher than the national rate of 12.4 percent.

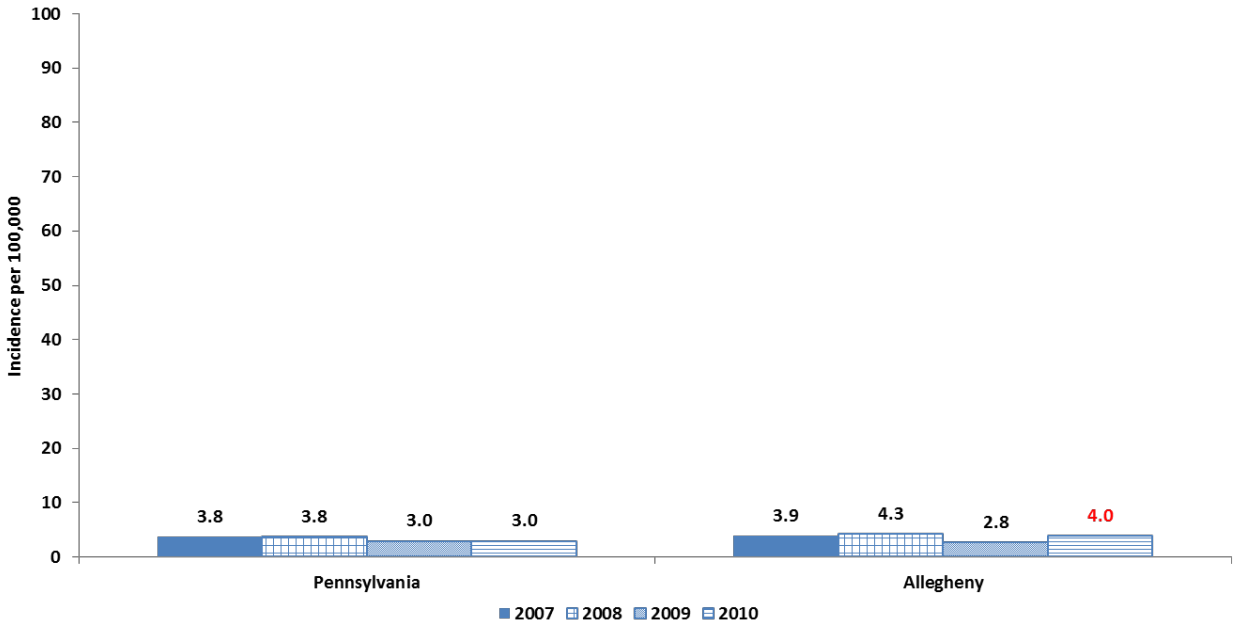
Figure 118. BRFSS-Percentage of adults who reported being an everyday smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 119 illustrates emphysema mortality rates in Pennsylvania and Allegheny County for the years 2007 through 2010, which have fluctuated somewhat over the past few years. The Allegheny County rate in 2010 (4.0) was significantly higher than the state rate.

Figure 119. Emphysema mortality rate



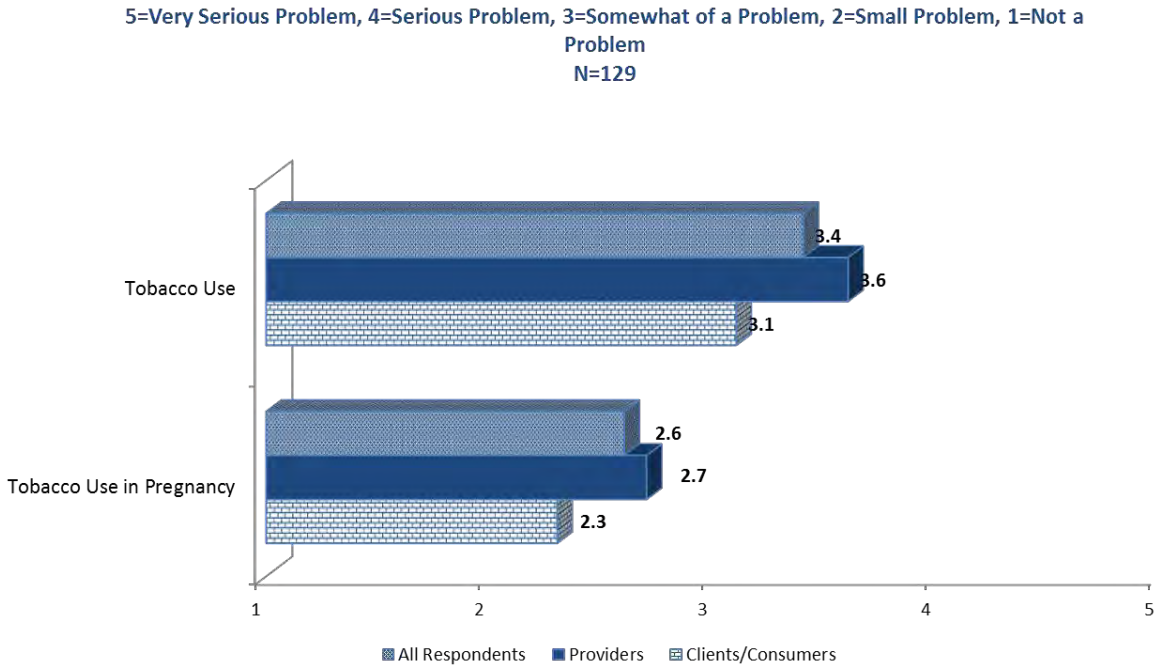
Source: Pennsylvania Department of Health

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 120 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 120. Focus groups: Tobacco use



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 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 WPH. The following information is derived from a total of 19 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:

- In Allegheny County, 54% of adults reported never being a smoker.
- In Allegheny County, 13% of adults reported being an everyday smoker.
- In Allegheny County, 18% of adults reported being a current smoker.
- In Allegheny County, out of adults who smoke every day, 48% quit smoking at least one day in the past year.
- Emphysema mortality rates were significantly higher in Allegheny County in 2010.

Conclusions from the focus groups and interviews included:

- Focus group participants commented that Pittsburgh has a high rate of people that smoke and that it is used as a coping mechanism. There are many youth that smoke. Chewing tobacco is popular among teenage and adult men. Tobacco use is a lifestyle choice that many people do not want to change.
- 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. More smoking cessation programs are needed.

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Injury

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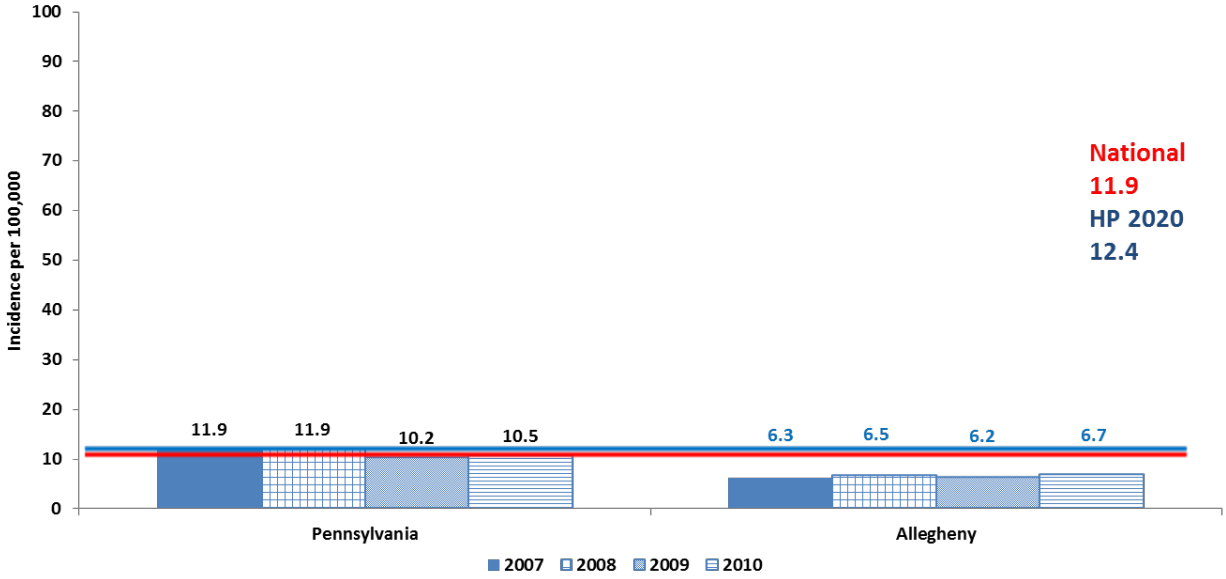
Injury

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. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 121 illustrates the auto accident mortality rate in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010. The rate in Allegheny County is significantly lower than the state rates over the past four years. The rates in Allegheny County and Pennsylvania have remained below the national rate (11.9) as well as the HP 2020 goal (12.4) for all years shown.

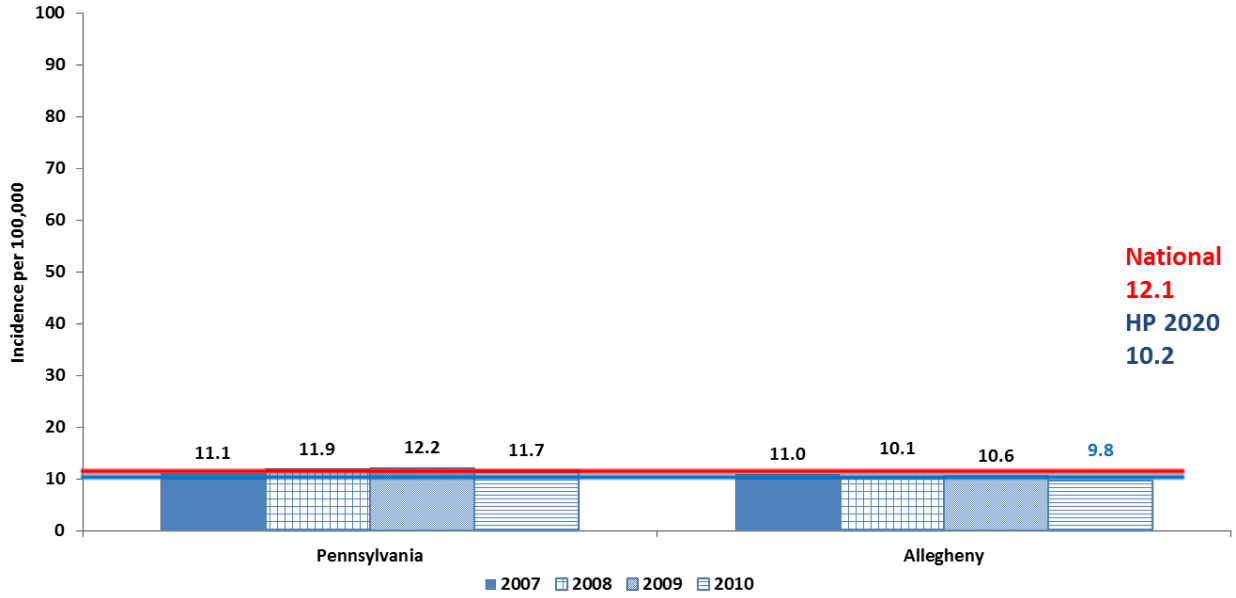
Figure 121. Auto accident mortality rate



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

Figure 122 illustrates suicide mortality rates in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010. The Allegheny County rate was significantly lower than the state rate of 11.7 in 2010 and also exceeded the HP 2020 goal of 10.2. Both the state and county rates are below the national rate of 12.1.

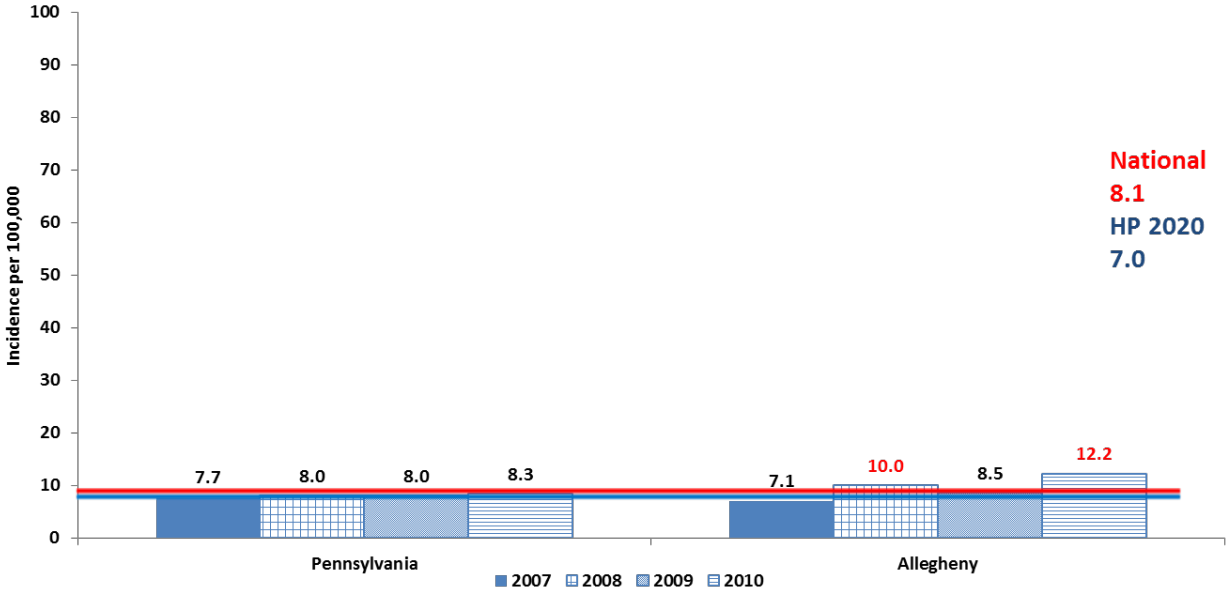
Figure 122. Suicide mortality rates



Source: Pennsylvania Department of Health

Figure 123 illustrates fall mortality rates in the United States, Pennsylvania and in Allegheny County for the years 2007 through 2010. The Allegheny County rate in 2007 and 2009 was significantly higher than the state rate and has been increasing over the past four years. In 2010, both the county (12.2) and state (8.3) rates were above the national rate (8.1) as well as the HP 2020 goal of 7.0.

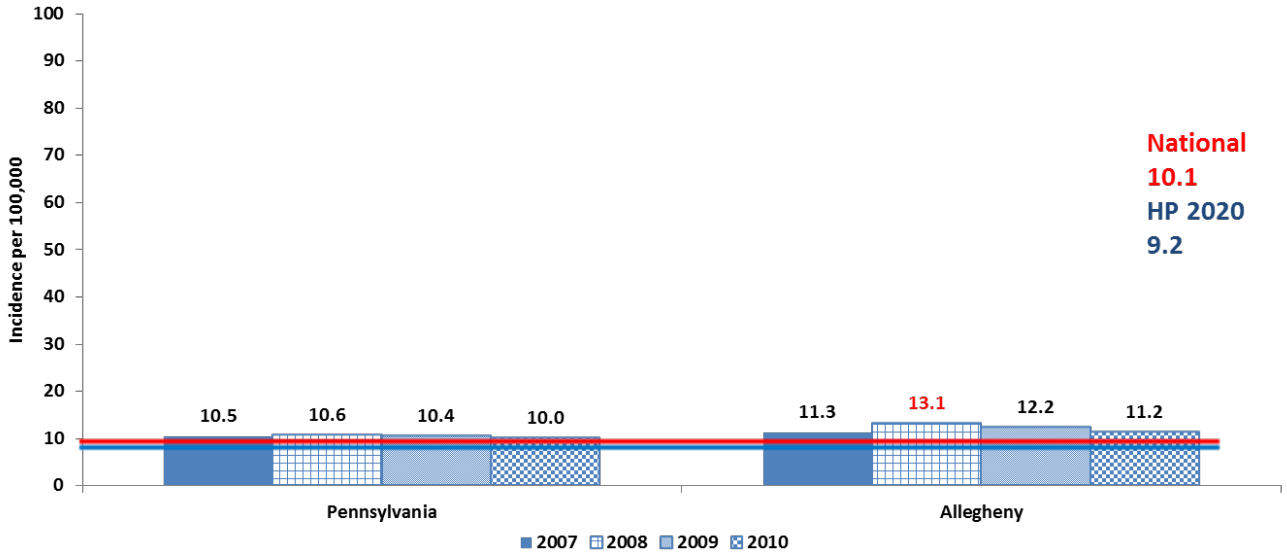
Figure 123. Fall mortality rate



Source: Pennsylvania Department of Health

Figure 124 illustrates firearm mortality rates in the United States, Pennsylvania and Allegheny County for the years 2007 through 2010. The Allegheny County rate was significantly higher than the state rate in 2008. In 2010, the Allegheny County rate (11.2) was slightly higher than the state rate of 10.0 and the national rate of 10.1. Both the state and county have not yet met the HP 2020 goal of 9.2.

Figure 124. Firearm mortality rate (accidental, suicide and homicide)



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

Table 45 outlines domestic violence fatalities for Allegheny County for the years 2008 through 2011. The numbers have been declining slightly over the past few years.

Table 45. 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)
Allegheny	16	2	14	5	11	6	10	3
Armstrong	0	0	2	3	0	1	0	0
Westmoreland	2	0	5	3	6	2	2	2

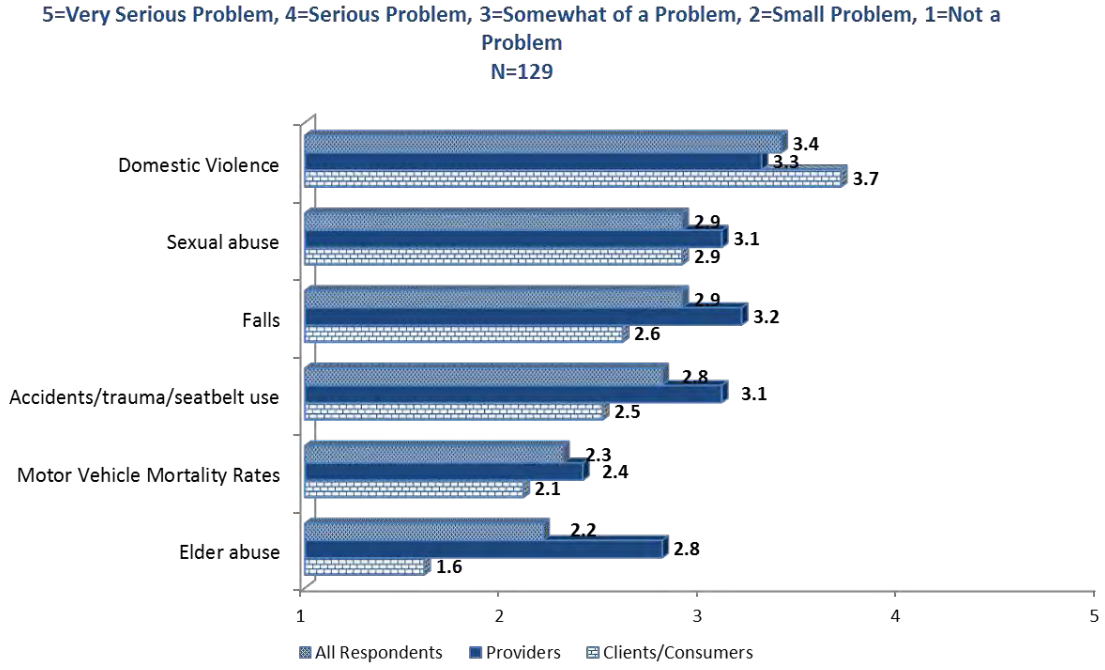
Source: Pennsylvania Coalition Against Domestic Violence

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 WPH. The following information is derived from a total of 9 focus groups, representing 129 individuals.

Figure 125 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. Clients/consumers were more likely to rate domestic violence as a more serious issue in the community, whereas providers/professionals were more likely to rate sexual abuse, falls, accidents, motor vehicle mortality and elder abuse as more serious issues in the community.

Figure 125. Focus groups: Injury



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

Focus group participants were asked to identify and discuss what they perceived to be the top health or health-related problems in their community.

Similar to maternal and child health and infectious disease, unintentional/intentional injury related topics were not identified as areas 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 WPH. The following information is derived from a total of 19 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 injury issues from all of the quantitative and qualitative data presented. They include:

- Compared to the state rate, motor vehicle mortality rates were significantly lower in Allegheny County.
- Suicide mortality rates for the state and Allegheny County were comparable and near the HP 2020 goal of 10.2.
- Compared to the state rate, the fall mortality rate was significantly higher in Allegheny County in 2008 and 2010.
- Between the state and Allegheny County, there were no significant differences in terms of firearm mortality rates.

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.

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Conclusions

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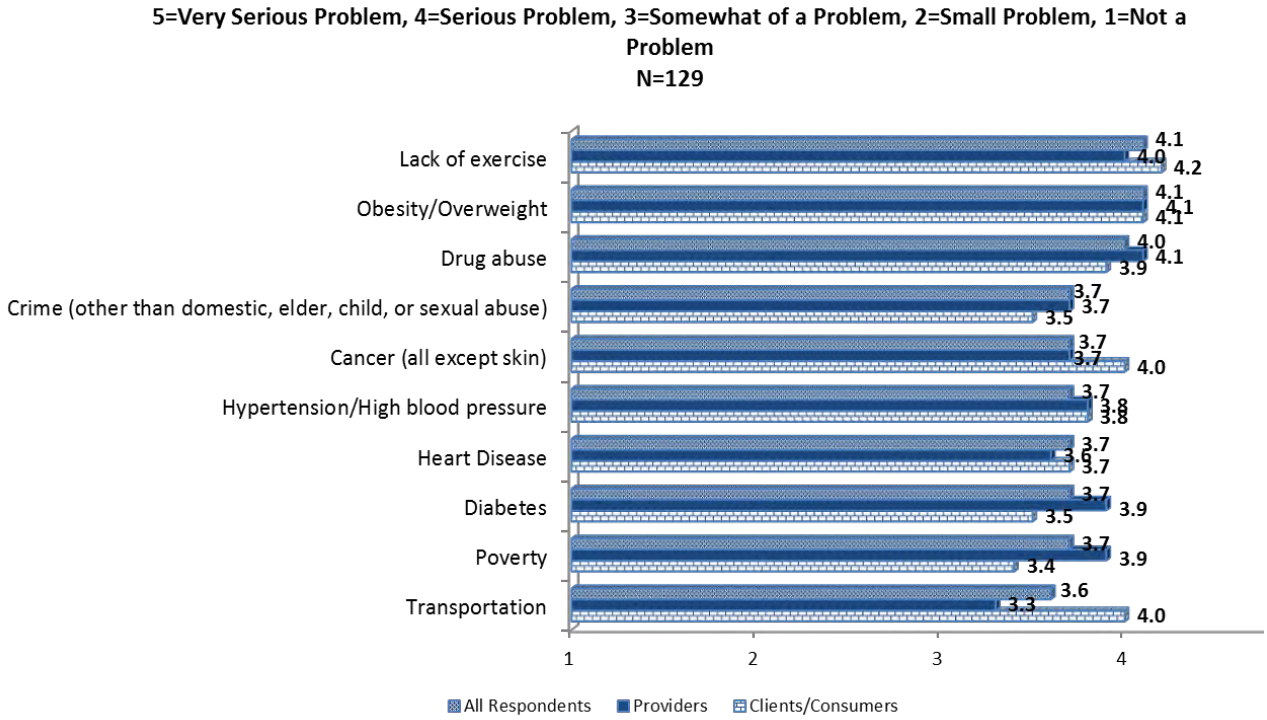
Conclusions

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 126 illustrates the overall Top 10 community health needs and issues rated by WPH designated 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 crime as serious problems in the community. There was some variation in responses between providers/professionals and clients/consumers related to these topics. Clients/consumers were more likely to identify cancer and transportation as serious problems in the community while providers/professionals were more likely to rate diabetes and poverty as serious issues in the community.

Figure 126. Top overall community health issues



Source: 2012 WPAHS 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, face language or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access or afford fixed route public transportation and other methods lack consistent service. 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

- 14 percent of adults in Allegheny County reported their health as fair to poor and 36 percent reported their physical health as not good at least one day in the past month.
- In Allegheny County, a sizable percentage (21 percent) of adults reported that poor physical or mental health prevented them from usual activities at least one day in the past month.
- 12 percent of adults aged 18-64 in Allegheny County have no health insurance.
- 13 percent of all adults in Allegheny County have no health care provider, significantly higher than the state rate.

- The majority (83 percent) of adults in Allegheny County had a routine check-up in the past two years; however, 10 percent did not see a doctor in the past year due to cost.

Barriers to care

- Somewhere between 15 percent and 17 percent of adults in the service area have low health literacy, depending on the definition used.
- A significant portion of Allegheny County is not served by fixed route public transportation.
- The inpatient utilization rates for Ambulatory Care Sensitive Conditions in the service region have decreased in the past 3 years, although CHF, COPD and pneumonia have the highest rates.
- WPH Emergency Department utilization for many ambulatory care sensitive conditions has also decreased over the past 3 years.

Focus group and stakeholder interview participants discussed the challenges with access to care related to transportation, insurance and other barriers to care including language, literacy and knowledge of the health care system. Input included:

- Focus group respondents rated their personal health better than community health.
- Focus group respondents who were providers rated both community and personal health better than those who identified themselves as clients/consumers.
- In the service area, focus group respondents rated transportation as the most serious issue, followed by affordable healthcare and insurance coverage.
- Focus group participants cited a number of access related challenges including a lack of public transportation, lack of affordable health care/ insurance, rising costs of copays and deductibles, an increased need for public education on what services are available and an increased need for drug and alcohol treatment options. Providers were more likely to indicate that access to mental health services was a very serious issue in the community.
- Regional stakeholders commented that there is a need for more health care providers, increased education for the health care system changes and improved health care access for the elderly and minorities.
- 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 Allegheny County, breast cancer incidence rates are significantly higher compared to the state. However, the mortality rate was below the HP 2020 goal of 20.6.
- In Allegheny County, the bronchus and lung cancer incidence rate is significantly higher when compared to the state rate for three of the past four years. The mortality rate in Allegheny County was significantly higher than the state in 2007 and 2010.
- Colorectal cancer incidence and mortality rates are trending downward in both the state and Allegheny County; however, mortality rates for both are above the HP 2020 goal of 14.5.
- Ovarian cancer incidence and mortality rates are comparable between the state and Allegheny County, and have remained relatively stable.
- Prostate cancer mortality rates are trending downward for both the state and Allegheny County and nearing the HP 2020 goal of 21.2.

Cardiovascular and Cerebrovascular Disease

- For adults age 35 and over, heart disease and heart attack incidence rates are comparable between the state and Allegheny County, while mortality rates for the state and service area have trended downward from 2007 through 2010.
- The Coronary heart disease mortality rate is significantly higher in Allegheny County when compared to the state rate; however, the rates are trending downward.
- There were no significant differences between the state and county for adults told they had a stroke and cerebrovascular disease mortality rates, which are also decreasing.

Obesity and Diabetes

- In Allegheny County 35 percent of adults were overweight and 28 percent are obese.
- There were no significant differences between the state and Allegheny County for adults told they have diabetes. The percentage of students diagnosed with Type I diabetes is increasing while Type II percentages have been stable.

Focus Group and Stakeholder Interview Conclusions

- Focus group respondents ranked obesity and hypertension as the most serious problems in the community, followed by diabetes and cancer.
- Focus group participants discussed the relationship between poor eating habits and the lack of exercise with obesity and diabetes. Individuals are not taking personal responsibility for their health.
- Stakeholders also discussed the relationship between obesity and diabetes and other chronic health conditions and also noted that women need to be educated about understanding the symptoms of heart disease in women. Addressing diabetes in the African American population was also identified as an important need.

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:

- There were no significant differences between the state and Allegheny County for adults ever told or who currently have asthma.
- High school graduation rates were comparable between the state and Allegheny County.
- For the state and Allegheny County, from 2010 through 2012, unemployment rates and the percentage of children living in poverty increased slightly.
- There were no significant differences in the percentage of children living in single parent households between the state and Allegheny County.
- Compared to the state, Allegheny County had a higher number of air pollution ozone days, although the county met all of the National Air Quality Standards.
- Delinquency and crime were rated as the most serious community health issues by focus group participants. Consumers were more likely than providers to rate housing and air/water quality as more serious community health issues.
- Focus group participants identified blight due to lost economic opportunities, homeowners not taking care of their property which impacts the integrity of the community and the working poor often make just enough not to qualify for many programs as key issues related to creating a healthy environment.

- Stakeholders interviewed expressed related to environmental issues such as clean air and water, and identified gambling as an emerging problem in the community.
- While stakeholders express concern regarding the effects of gambling on individuals and the environment, there are not large numbers of people seeking treatment for gambling addiction in the region.

Healthy mothers, babies and children conclusions

While women in Allegheny County are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women are less likely to smoke three months prior to pregnancy. 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:

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Allegheny County when compared to the state rate, and above the HP 2020 Goal of 77.9 percent.
- The percentage of mothers who reported not smoking during pregnancy was comparable between the state and county, but below the Healthy People 2020 goal of 98.6 percent.
- The percentage of mothers who reported not smoking three months prior to pregnancy was significantly higher in Allegheny County when compared to the state rate.
- The percentage of mothers who received WIC was significantly lower in Allegheny County when compared to the state rate.
- The percentage of mothers in Allegheny County who received Medicaid was significantly higher in 2007-2008; however, significantly lower in 2009-2010 when compared to the state rate.
- Compared to the state rate, the percentage of mothers who reported breastfeeding was significantly lower in Allegheny County.
- Compared to the state rate, the teenage pregnancy rate was significantly lower in Allegheny County; however, so was the percent of teenage live birth outcomes.
- In Allegheny County, African American infant mortality rates were significantly higher compared to Caucasian infants.

- National statistics show that children who live in built environments with more community amenities are less likely to be overweight or obese. Over a third of the children are overweight and a sizable portion (16.0 percent) of children in grades K-6 and 7-12 in Allegheny County are considered obese.
- In Allegheny County, the rate of medically diagnosed ADHD has increased between 2007 and 2009, although the rate is lower than the state.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked child abuse as the most serious maternal/child community health issue followed by teenage pregnancy.
- Stakeholders indicated that there is a need to address teen pregnancy and infant mortality. They also noted 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:

- Compared to the state rate, Allegheny County was significantly higher for adults over the age of 65 who ever received a pneumonia vaccine; however, both the state and county were below the HP 2020 goal of 90.0 percent.
- Compared to the state rate, influenza and pneumonia mortality rates were significantly higher for Allegheny County in 2009 and 2010.
- Compared to the state rate, the chlamydia and gonorrhea incidence rates were significantly higher in Allegheny County.

Conclusions from the Focus Groups and Interviews included:

- Focus group participants indicated that sexual behaviors, sexually transmitted diseases and HIV/AIDS are the most serious infectious disease related issue.
- 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.

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

- In Allegheny County, 95.0 percent of adults reported being satisfied or very satisfied with their life; however, 34.0 percent reported that their mental health was not good at least one day in the past month.
- Comparing the state statistics to Allegheny County, there were no significant differences in terms of binge, chronic, or heavy drinking.
- Drug induced mortality rates and Mental and behavioral disorder mortality rates were significantly higher for Allegheny County in 2007, 2008, and 2010.
- A 2012 national study from Quest Diagnostics found evidence of misuse across all commonly prescribed controlled substances, with 60.0 percent of the sample testing positive for medication not prescribed to them.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked drug abuse and depression/mental health as the most serious issues.
- Focus group respondents commented that care for behavioral health related issues can be difficult to obtain. There is a need for follow-up care and more funding for substance abuse programs. Drug abuse is affecting all communities and age groups and there is an increase in heroin use and prescription drugs.
- Stakeholders comments that substance abuse and violence are closely related. Stress is a big issue and mental health also impacts physical health. 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:

- In Allegheny County, 24% of adults reported no leisure time physical activity in the past month, which is below the national rate of 23.9% and HP 2020 Goal of 32.6%.
- In Allegheny County, 47% of all restaurants are considers fast food restaurants and 28.7% of the population has low access to a grocery store.

Conclusions from the Focus Groups and Interviews included:

- Focus group respondents ranked lack of exercise as the most serious problem, followed by access to high quality affordable food.
- Focus group respondents commented on the lack of access to healthy food. More community programs should encourage physical activity as some communities do not have sidewalks and playgrounds. Fast food is cheap and parents often do not have the time to cook dinner.
- Stakeholders expressed that parents need to be better role models for their children in terms of healthy eating and exercise; children are not as active as a generation ago. Adults need to find the time to exercise. Many families cannot afford healthy food because in many communities there is no grocery store.

Tobacco use conclusions

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

- In Allegheny County, 54% of adults reported never being a smoker.
- In Allegheny County, 13% of adults reported being an everyday smoker.
- In Allegheny County, 18% of adults reported being a current smoker.
- In Allegheny County, out of adults who smoke every day, 48% quit smoking at least one day in the past year.
- Emphysema mortality rates were significantly higher in Allegheny County in 2010.

Conclusions from the focus groups and interviews included:

- Focus group participants commented that Pittsburgh has a high rate of people that smoke and that it is used as a coping mechanism. There are many youth that smoke. Chewing tobacco is popular among teenage and adult men. Tobacco use is a lifestyle choice that many people do not want to change.
- 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. More smoking cessation programs are needed.

Injury conclusions

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

- Compared to the state rate, motor vehicle mortality rates were significantly lower in Allegheny County.
- Suicide mortality rates for the state and Allegheny County were comparable and near the HP 2020 goal of 10.2.
- Compared to the state rate, the fall mortality rate was significantly higher in Allegheny County in 2008 and 2010.
- Between the state and Allegheny County, there were no significant differences in terms of firearm mortality rates.

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.

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Prioritization and implementation

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Prioritization and Implementation Strategy

On February 19, 2013, the WPH 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 46** outlines all of the priority issues that were identified during the CHNA process.

Table 46: 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 47**, these criteria included:

Table 47: Prioritization Criteria

		Scoring		
Item	Definition	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 10 WPH 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.
Table 48 outlines 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 48: Overall prioritization results

1	Early Screening
2	Cardiovascular Disease
3	Flu & Pneumonia
4	Diabetes
5	Breast 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 and WPH leaders and staff. The 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.

The implementation strategy is a written plan that addresses each high priority community health need identified through the community health needs assessment. The following is a high level summary of WPH's implementation strategy to address each identified high priority 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.

Needs identified by the CHNA that are not being addressed through these planning efforts are already being addressed by existing community assets, necessary resources to meet these needs are lacking, or these needs fall outside of the WPH areas of expertise.

THE WESTERN PENNSYLVANIA HOSPITAL
West Penn Allegheny Health System

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?

THE WESTERN PENNSYLVANIA HOSPITAL
West Penn Allegheny Health System

Community Health Assessment

Focus Group Topic Guide Draft

November 2012
FINAL

THE WESTERN PENNSYLVANIA HOSPITAL
West Penn Allegheny Health System

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

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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?