December 2018

Allegheny Valley Hospital Community Health Needs Assessment - 2018

Conducted by: Tripp Umbach

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Section 1. **Executive Summary**

Introduction

For decades, the hospitals of Allegheny Health Network (AHN) have been providing people with exceptional healthcare to help people live healthy lives and have extended their reach to more people than ever offering a broad spectrum of care and services. AHN boasts eight hospitals: Allegheny General, Allegheny Valley, Canonsburg, Forbes, Jefferson, Saint Vincent, Westfield Memorial and West Penn; and more than 200 primary- and specialty-care practices. They have approximately 2,400 physicians in every clinical specialty, 19,000 employees and 1,700 volunteers. Together, AHN provides world-class medicine to patients in their communities,

AHN has proudly received accolades from numerous organizations, including Thomson Reuters, AARP, Healthgrades, and Consumer Reports.

Allegheny Valley Hospital has served the community since 1909 and has grown into a 200-bed hospital with 310 physicians, and over 900 employees. As a part of AHN, it offers a broad spectrum of programs, including medical and surgical services, inpatient psychiatric care and geriatric psychiatric care, cardiology, orthopedics and cancer care as well as seven outpatient care centers throughout the community providing a variety of diagnostic services.

Allegheny Valley Hospital provides patients with access to specialists and cutting-edge medical treatments that are close to home and nationally recognized:

- Rated among Top 10% of hospitals in the nation for Patient Safety in Overall Hospital Care
- 2016 Get With The Guidelines® Heart Failure Gold-Plus
- Quality Achievement - American Heart Association/ American College of Cardiology Foundation
- Get With The Guidelines Stroke Gold Plus Quality Achievement Award - American Heart Association/ American Stroke Association
- Jewish Healthcare Foundation and The Fine Foundation Fine Award for fall prevention and protection improvements
- 2017 Rated in Top 10% nationally for Medical Excellence in Cardiac Care, Heart Attack Treatment, and Pulmonary Care

- Rated in Top 15% nationally for Medical Excellence in Cancer Care and Women's Health and Rated in Top 25% nationally for Medical Excellence in Neurological Care and Pneumonia Care

As a committed steward to their community, The Allegheny Valley Hospital Trust is a partner to Allegheny Health Network to raise, manage and distribute funds that impact patient care, medical programs, research and education. Allegheny Valley Hospital continually strives to meet the needs of the people in their service area and values their role as a community hospital by offering comprehensive care that is close to home, reducing the need for patients and families to travel outside of their community for customized, compassionate care. In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the Allegheny Valley Hospital service area of Allegheny, Armstrong, Butler and Westmoreland Counties. The following report documents each project step as well as the key findings.

Objectives and Methodology

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and adopt implementation strategies to actively improve the health of the communities they serve. The findings of the CHNA provide hospitals and with the necessary information to develop and implement strategies that address the specific health needs of their communities. Coordination and management of strategies based upon the outcomes of a CHNA and implementation strategies improves health outcomes of the communities this hospital serves.

To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems among other things, must:

1. Conduct a CHNA every three years.
2. Adopt an implementation strategy to meet the community health needs identified through the assessment.
3. Report how they are addressing the needs identified in the CHNA.

The following report fulfills the CHNA and implementation strategies requirements for tax-exempt hospitals and health systems.

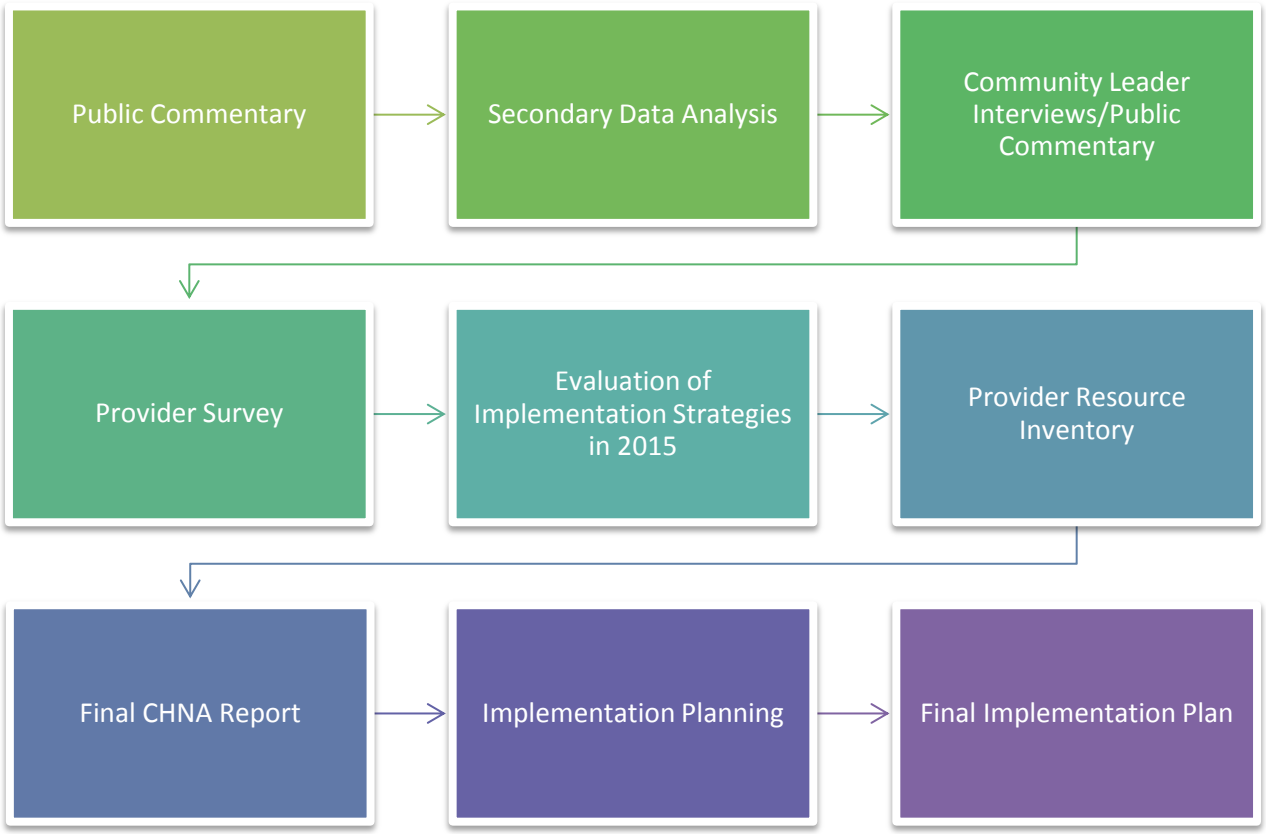
The CHNA process undertaken by AHN, with project management and consultation by Tripp Umbach[1], included input from persons who represent the broad interests of the community served by Allegheny Valley Hospital, including those with special knowledge of

1 See Appendix D for more information on Tripp Umbach

public health issues and representatives of vulnerable populations served by the hospital. The project components used to determine the community health needs included:

- Public commentary on the 2015 CHNA and Implementation Plan
- Evaluation of Implementation Strategies in 2015
- A survey made available to all AHN providers
- Secondary data analysis of health status and socioeconomic environmental factors
- Community leader interviews
- Provider inventory of programs and services related to key prioritized needs

The data collection findings and prioritization of community health needs are detailed in this final CHNA report. Additional information regarding each component of the project, and the results, are found in the Appendices section of this report. The entire secondary data profile for AHN is available upon request.



Tripp Umbach worked closely with leadership from AHN to oversee and accomplish the assessment with the goal of gaining a better understanding of the health needs of the region. Allegheny Valley Hospital will use the CHNA findings to address local health care concerns, as well as to function as a collaborator, working with regional agencies to help address broader

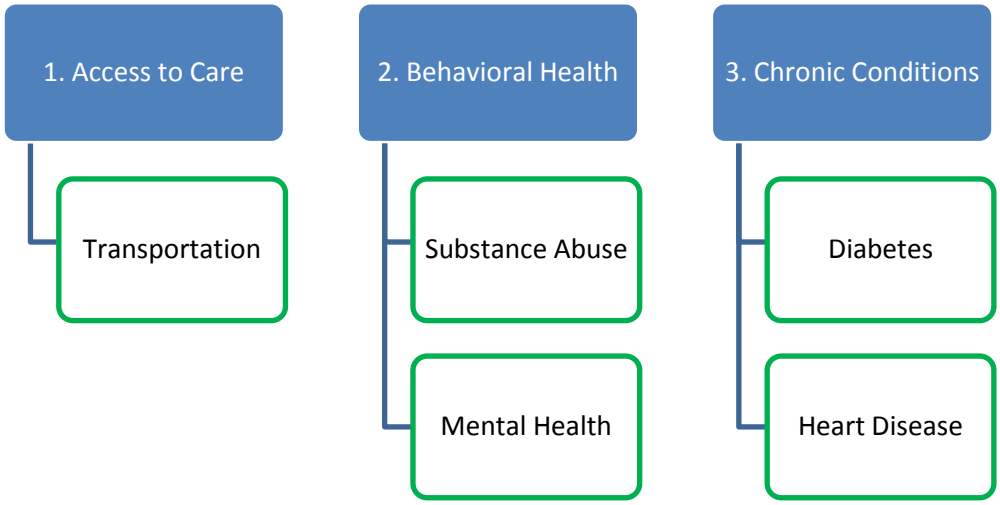
socioeconomic and education issues in the service area. **AHN would like to thank all external and internal stakeholders who performed a role in the completion of this CHNA.**

Key Prioritized Needs

The Allegheny Valley Leadership Team[2] identified five prioritized community needs using qualitative and quantitative data collected during this CHNA as well as input from facility, healthcare, and community leaders as well as persons with specialized knowledge or expertise in public health. From the beginning of the project, AHN placed a high value on maximizing input from each of the eight AHN facilities.

With a larger network perspective, three categories or priority areas were identified across the eight AHN hospitals: Access to Care, Behavioral Health, and Chronic Conditions. Leadership teams from each hospital were asked to identify priorities specific to their service area which were then categorized under one of these three headings. The specific priorities identified by the Allegheny Valley Leadership Team include: transportation, substance abuse, mental health, diabetes, and heart disease. Figure 1 (below) outlines the five prioritized need areas and key factors and considerations of each need.

Figure 1: Prioritized Community Health Needs for Allegheny Valley 2018 CHNA



**Note: further information and rationale for the prioritized community health needs can be found in Section 3 of this report. Additional information on data collection can be found in Appendices A and B.*

2 The Steering Committee for this project consisted of representatives from each AHN facility, representatives from various AHN institutes, and AHN leadership.

Section 2. **Community Definition**

Allegheny Valley's primary service area, where 80% of their inpatient discharges originated, include the following ZIP codes (excluding ZIP codes for P.O. boxes and offices). Secondary data was collected for AGH's service area of Allegheny, Armstrong, Butler, and Westmoreland Counties.

Figure 2: Allegheny Valley Hospital Community ZIP Codes

ZIP Code	City	County
15014	Brackenridge	Allegheny
15024	Cheswick	Allegheny
15030	Creighton	Allegheny
15049	Harwick	Allegheny
15051	Indianola	Allegheny
15065	Natrona Heights	Allegheny
15068	New Kensington	Westmoreland
15076	Russellton	Allegheny
15084	Tarentum	Allegheny
15139	Oakmont	Allegheny
15144	Springdale	Allegheny
15613	Apollo	Armstrong
15618	Avonmore	Westmoreland
15641	Hyde Park	Westmoreland
15656	Leechburg	Armstrong
15686	Spring Church	Armstrong
15690	Vandergrift	Westmoreland
16023	Cabot	Butler
16055	Sarver	Butler
16056	Saxonburg	Butler
16201	Kittanning	Armstrong
16212	Cadogan	Armstrong
16226	Ford City	Armstrong
16228	Ford Cliff	Armstrong
16229	Freeport	Armstrong
16238	Manorville	Armstrong
16262	Worthington	Armstrong

Section 3. **Key Findings**

The health status of a community depends on many factors, including quality of health care, social and economic determinants, individual behaviors, heredity, education and the physical environment. Communities across the U.S. face numerous challenges and issues that negatively affect the overall health status of residents and hinder growth and development.

As a result of the primary and secondary data collected during the CHNA process, three health need priority areas were identified. Within these priority areas, more specific needs were included allowing Allegheny Valley to address multiple health needs within their service area of Allegheny, Armstrong, Butler and Westmoreland counties.

Although listed separately, health systems are approaching the health needs of their communities using an integrated approach. Directing resources to risk factors and social determinants of health in order to avoid an increase in chronic disease creates social and physical environments that promote good health for all populations. Health needs should not be addressed in isolation, but should be looked at as a system of factors that are impacting the health status of a community.

Health and well-being are inextricably linked to the social and economic conditions in which people live. Research has shown that only 20% of health can be attributed to medical care, while social and economic factors—like access to healthy food, housing status, educational attainment and access to transportation—account for 40%.[3]

Individuals struggling with food insecurity, housing instability, limited access to transportation or other barriers may experience poor health outcomes, increased health care utilization and increased health care costs. Addressing these determinants of health, commonly referred to as social determinants of health, or simply social determinants, will have a significant positive impact on people's health, including longer life expectancy, healthier behaviors and better overall health.[4]

3 American Hospital Association, 2017
4 American Heart Association, 2017

Priority 1: Access to Health Care

Transportation

Access to health care services has a significant impact on health including improved overall physical, social and mental health status, prevention of disease and disability, and better quality of life. Having adequate transportation is often a barrier to accessing services and can greatly affect the quality of one's life:

- 3.6 million people in the U.S. do not obtain medical care due to transportation barriers.[5]
- Regardless of insurance status, 4% of children (approximately 3 million) in the U.S. miss a healthcare appointment
  each year due to unavailable transportation; this includes 9 percent of children in families with incomes of less than $50000.[6]
- Transportation is the third most commonly cited barrier to accessing health services for older adults.

Transportation issues can include lack of vehicle access, long distances and lengthy times to reach needed health care services, transportation costs and adverse policies. Transportation challenges affect populations in both rural and urban communities.

- Key Insight: When asked for the reasons why their patient population may be noncompliant to treatment/medication plans, surveyed AHN providers said transportation was the second most frequent reason, only behind to the high cost of healthcare and medications.[7]

Because transportation touches many aspects of a person's life, adequate and reliable transportation services are fundamental to accessing health care services and creating healthy communities. Inadequate transportation may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes.

- Key Insight: When providers in the Allegheny Health Network were asked what they perceived was the greatest barrier for patients to receiving care, transportation registered as the third greatest barrier only behind out of pocket costs and no insurance coverage.[8]
- Key Insight: When interviewees from the community were asked to name the three top health concerns in their area, 61% of responses included access to care (which includes transportation).[9]

5 Transportation Research Record
6 JAMA Pediatrics
7 See Appendix A
8 See Appendix A

Transportation challenges affect urban and rural communities. Overall, individuals who are older, less educated, female, minority, or low income—or have a combination of these characteristics—are affected more by transportation barriers. Children, older adults and veterans are especially vulnerable to transportation barriers due to social isolation, comorbidities, and greater need for frequent clinician visits.[10] Time and distance often play a role in utilizing health care services. This association exists at all levels of geography —local, urban and rural.

Access to clinical preventive services in must address logistic factors such as adequate transportation to help patients access the care they need. Addressing this social determinant is a major key in reducing health disparities and improving the health of all Americans.

Priority 2: Behavioral Health

Behavioral health disorders, which include substance use and mental health disorders, affect millions of adolescents and adults in the United States and contribute heavily to the burden of disease.[11]

Behavioral health is a key component of a person's overall health. Mental disorders involve changes in thinking, mood, and/or behavior that may occur often, or less often. Substance use disorders occur when the use of alcohol and/or drugs (like opioids or tobacco) causes health problems or a disability.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1:10 adults in the US. are living with a substance use disorder and 1:5 adults are living with a mental disorder. Co-occurring disorders usually means a person has both a mental and substance use disorder. Co-existing disorders usually means a person has both a behavioral and physical health condition. Behavioral health conditions are common. People of all ages, genders, races and ethnicities get these conditions.

The prevalence of mental illness in American households is staggering. According to the National Alliance on Mental Health, one in 25 adults—4%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities and,

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9 See Appendix A
10 Journal of Community Health, 2018
11 SAMHSA, 2018

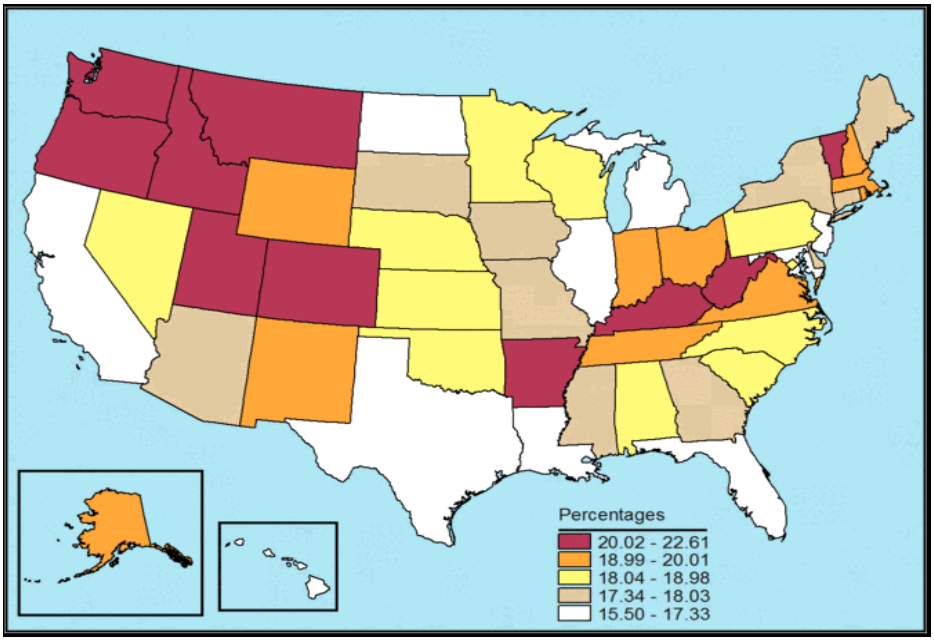
one in five youth aged 13–18 (21%) experiences a severe mental disorder at some point during this period. For children aged 8–15, the estimate is 13 %.[12]

- Key Insight: When interviewees during the stakeholder interviews were asked to name the top three health issues in their community, mental health was the number one response, it was mentioned in 71% of the responses.[13]

It is important to monitor mental illness as it is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is also associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes.

The map below depicts individuals 18 and older who had any type of mental illnesses according to SAMHSA. Pennsylvania reports a range between 18.0 percent – 18.9 percent of residents who reported any type of mental illnesses in years 2015-2016.[14]

Figure 3: Any Mental Illness (AMI) in the Past Year among Persons Aged 18 or Older, by State



For 2016, the rate of Individuals with Any Mental Illness has increased in Pennsylvania compared to the rest of the nation (18.76% compared to 18.07%).

12 National Alliance on Mental Health, 2018
13 See Appendix A
14 Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

- One in five adults experience some form of Mental Illness in any given year (approximately 43.8 million Americans).
- Approximately 60% of adults and 50% of youths aged 8-15 with mental illness received no mental health treatment.

Poor Mental Health Days is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the County Health Rankings is the average numbers of days a county's adult respondents report that their mental health was not good.

In Allegheny Valley's services area, all counties stayed below the Pennsylvania rate of 4.3 days; Armstrong County showed a slightly higher number of mentally unhealthy days in the past 30 days than the other counties at 4.1 days.

Substance Abuse

Although some progress has been made in lowering rates of substance abuse in the United States, the use of mind- and behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide. Substance abuse, which can involve drugs, alcohol or both, can have destructive effects on the societal infrastructure of our communities, including family disruptions, financial problems, lost productivity, and failure in school, domestic violence, child abuse, and crime.

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, substance abuse was the number one response, with 44% of providers listing that as a top three concern.[15]

Drug overdose deaths are a leading contributor to premature death and are largely preventive. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137% nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200% increase in deaths involving opioids (opioid pain relievers and heroin).[16]

In 2014, 27.0 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans (10.2%).[17] This percentage in 2014 was higher than those in every year from 2002 through 2013.

15 See Appendix A
16 Centers for Disease Control and Prevention, 2018
17 World Health Organization, 2013

- Key Insight: When providers in the Allegheny Health Network were asked what they perceived as top three risky behaviors/lifestyle choices in their service area, drug use was the number one response with 55% of votes.[18]

The reoccurring use of alcohol and/or drugs damages the overall health and well-being of an individual. Long-term effects can harm the users' social life, work environment, and can significantly affect educational obtainment. In 2014, about 21.5 million Americans aged 12 and older (8.1%) were classified with a substance use disorder in the past year. Of those, 2.6 million had problems with both alcohol and drugs, 4.5 million had problems with drugs but not alcohol, and 14.4 million had problems with alcohol only.[19]

- Key Insight: When providers in the Allegheny Health Network were asked what are the most pressing risky behaviors/lifestyle choices in the community they serve, 56% of respondents indicated substance abuse as one of the top three high-riskiest behavior. [20]

Along with national trends, Pennsylvania is currently experiencing an unprecedented number of heroin, opioid, and substance use deaths**.** The Pennsylvania State Coroners Association reported that deaths resulting from drug poisoning continue to increase, with the state seeing an average increase of 20% in most counties between 2013 and 2014. At the time of reporting, the number of drug-related deaths in 2014 was almost 2,500. Almost half (49%) of overdose deaths are caused by opioid medications (25%) and non-legal drugs[12] (24%). The typical overdose victim is white, male, aged 41-50, and single.[21]

According to Community Commons, Allegheny County reported the highest rate of binge alcohol use (24%) among the counties in the Allegheny Valley Hospital service area as well as higher than the state rate (21%).

Westmoreland county has the highest rate of drug deaths per 100,000 (29) among the counties in the Allegheny Valley Hospital service area as well as higher than the state rate (20).

Priority 3: Chronic Disease

Chronic diseases are a major cause of disability and death in Pennsylvania and the United States. The seven leading causes of deaths are heart disease, cancer, stroke, chronic lower respiratory disease (CLRD), unintentional injury, Alzheimer's disease and diabetes. According to the Pennsylvania Department of Health, chronic disease accounts for about 70% of all deaths per year in Pennsylvania. With Pennsylvania's aging population and the advances in healthcare

18 See Appendix A
19 The Substance Abuse and Mental Health Services Administration, 2018
20 See Appendix A
21 Pennsylvania State Coroners Association, 2014

that are enabling people to live longer, the cost associated with chronic disease will increase significantly, if there are no changes made.

The counties in Allegheny Valley Hospital's services area have high rates of at least two of the leading chronic diseases, including diabetes and heart disease. Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing the effects of chronic disease and reducing death.

Diabetes

Regular HbA1c monitoring among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When symptoms of diabetes are addressed and controlled, complications from diabetes can be delayed or prevented.

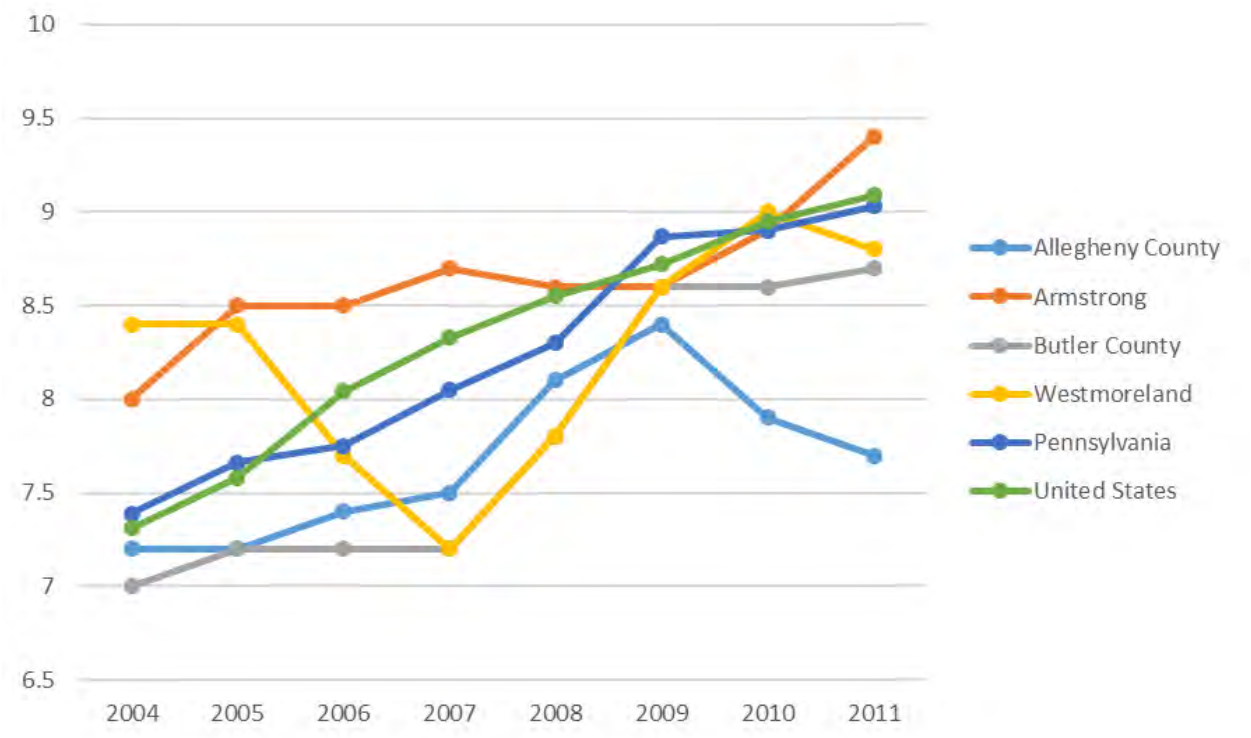
- Key Insight: When providers in the Allegheny Health Network were asked what they perceived as top three risky behaviors/lifestyle choices in their service area, poor eating habits was the number two response with 52% of votes.[22]

In Pennsylvania, 11% of adults 20 years of age and older have been diagnosed with diabetes while in both Allegheny and Butler counties, 10% of adults age 20 and above have been diagnosed with diabetes.[23]

From 2004-2012, Butler County experienced the highest increase in diabetes among adults 20 years of age or older in the Allegheny Valley service area.

22 See Appendix A
23 2017 County Health Rankings

Figure 4: Percent Adults age 20 + with Diagnosed Diabetes by Year



Source: Community Commons

It is estimated that one-third of people with diabetes are unaware of their condition because there may be minimal to no symptoms. Screening for diabetes in the early stages is essential and can decrease the risk of developing the complications associated with diabetes. Fortunately, individuals screened for diabetes has increased.

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, diabetes was the fourth most frequent response, with 35% of providers listing that as a top three concern.[24]

In the Allegheny Valley Hospital service area, the percentage of diabetic Medicare enrollees who are receiving the HbA1c test has remained steady from 2006-2014.

The Pennsylvania rate is 89% and the national rate is 85%:

- Allegheny County is slightly lower than the state and national levels at 81%
- Armstrong County is lower than both the state and national levels at 82%
- Butler County is slightly lower than the state at 85%, but equal to the national at (85%)
- Westmoreland is lower than both the state and national levels at 83%

24 See Appendix A

Heart Disease

Heart disease is a broad term used to describe a range of diseases that affect one's heart and is a general term used to describe several different conditions, all of which are potentially fatal, but are also treatable and/or preventive. The most common type of heart disease is coronary heart disease (CHD), also called coronary artery disease. Other types of heart disease include cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease.

Figure 5: Percent of Adults with Heart Disease

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Allegheny County	953,116	44,255	4.6%
Armstrong	83,020	4,713	5.7%
Butler County, PA	120,745	5,039	4.2%
Westmoreland	257,805	15,714	6.1%
Pennsylvania	9,757,195	500,791	5.1%
United States	236,406,904	10,407,185	4.4%

Source: Community Commons, 2015

5,039, or 4.2% of adults aged 18 and older were told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.[25]

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, heart disease was the fifth most frequent response, with 33% of providers listing that as a top three concern.[26]

Pennsylvania has the 17th lowest death rate from cardiovascular disease in the country. Heart disease is the number one killer in Pennsylvania with 32,042 people in Pennsylvania dying of

25 Community Commons, 2015
26 See Appendix A

heart disease in 2015. [27]The death rate of heart disease is higher in men than in women. Blacks had a higher mortality rate than whites in Pennsylvania. Black men had the highest heart disease mortality rate when comparing to gender and other races. Heart disease mortality rate increases with age, however, heart disease not only affects older populations in Pennsylvania, it also is the major cause of premature deaths in Pennsylvania.

Westmoreland County has the highest percent of adults with heart disease in the service area at 6.1% and is higher than the state (5.1%) and national rates (4.4%). Armstrong County has the second highest rate (5.7%) rate and is also higher than the state and national rates.

Certain health conditions, lifestyle, age, and family history can increase the risk for heart disease. About **half of all Americans** (47%) have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking.[28]

An important aspect of lowering risk of cardiovascular disease, is managing certain health behaviors and risk factors, such as diet quality, physical activity, smoking, body mass index (BMI), blood pressure, total cholesterol or blood glucose.

Conclusions and Recommendations

With the completion of the 2018 CHNA, Allegheny Valley Hospital will develop goals and strategies for the CHNA implementation phase. In this phase, the hospital will leverage its strengths, resources and outreach to help best identify ways to address community health needs, thus improving overall health and addressing the critical health issues and well-being of residents. The hospital will work with community leaders and organizations to collaboratively address regional health and socioeconomic issues. The comprehensive CHNA provides insight into the most pressing health needs and service gaps in the study area. The implementation planning phase will develop measures, strategies, and goals as to how Allegheny Valley Hospital will address the identified community health needs.

Allegheny Valley Hospital, partnering with public health agencies, community organizations, and regional partners, understands that the CHNA document is not the last step in the assessment phase, but rather the first step in an ongoing evaluation process. The CHNA is a tool that the hospital can use to guide programming and product development to ensure that resources are being used effectively to address health needs as identified by the community.

27 American Heart Association. Heart Disease and Stroke Statistics: 2015
28 CDC, 2018

Recommended Action Steps:

- Communicate the results of the CHNA process to staff, providers, leadership, boards, community stakeholders and the community as a whole.
- Use the inventory of available resources in the community to explore further partnerships and collaborations.
- Identify content experts within the health system to champion existing hospital initiatives and resources and to conduct ongoing evaluation.
- Involve key community stakeholders to participate or be involved in providing expert knowledge on ways to strategically address key community health needs.
- Develop working groups to focus on specific strategies and goals to address the top identified needs in the study area and develop a comprehensive implementation plan.
- Implement/continue with a community engagement strategy to build upon the resources that already exist in the community, including committed community leaders that have been engaged in the CHNA process.
- Consistently evaluate goals and strategies as they are being implemented in the community to see where and when adjustments need to be made in order to achieve maximum community benefit and improved health outcomes.

Communication and continuous planning efforts are vital throughout the next few years. Information regarding the CHNA findings will be important to residents, community groups, leaders and other organizations that seek to better understand the health needs of the communities in the AHN study area and how to best serve these needs.

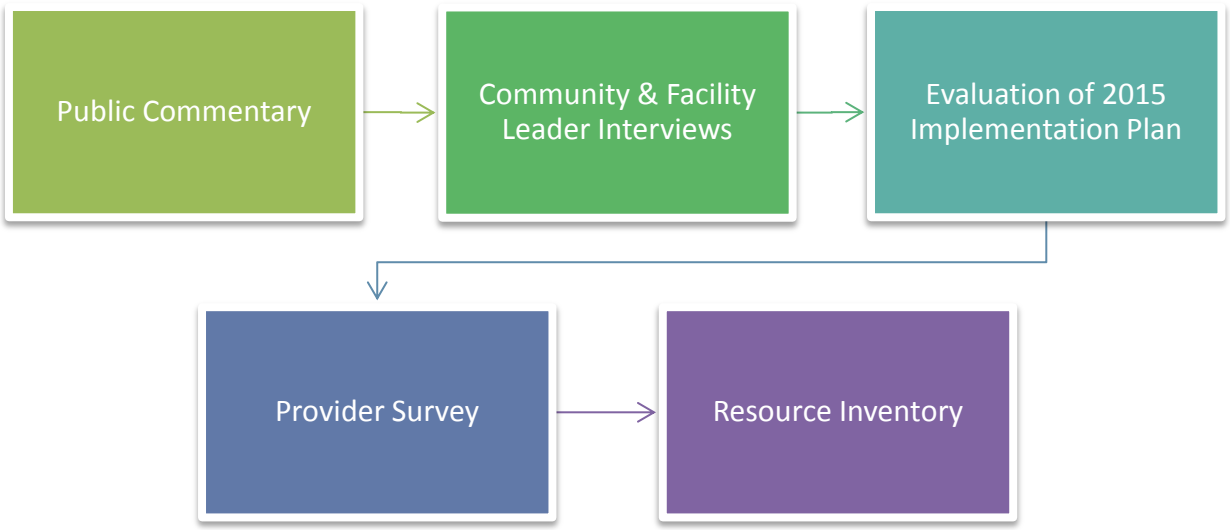
Tripp Umbach, in partnership with AHN, emphasizes that in order to meet the goals and objectives set for in the implementation strategies, Allegheny Valley Hospital must leverage existing partnerships within the region as well as develop new relationships among organizations and agencies in the community. Collaboration effectively utilizes community resources by reducing redundancy of services and increasing capacity for service delivery.

Appendix A: **Primary Data Summary**

Primary Data Collection

A comprehensive community-wide CHNA process was completed for Allegheny Valley Hospital. The CHNA process brought together hospital leadership and key community leaders from health and human service agencies, government, and educational institutions to evaluate the needs of the community. This assessment included primary collection that incorporated public commentary, community leader interviews, a resource inventory, and a provider survey.

A review of all collected primary and secondary data by project leadership and the project Steering Committee input session led to the identification and prioritization of community health needs. Each facility was given three opportunities to identify and select the health care needs that were most prevalent in their service area. Allegheny Valley Hospital will examine and develop strategic actions through an implementation phase that will highlight, discuss and identify ways the hospital will work to address the needs of the communities it serves.



Community/Facility Leader Interviews and Public Commentary

As part of the CHNA process, telephone interviews were completed with community stakeholders in the primary service area to better understand the changing community health environment. During the phone interviews, feedback on the previous CHNA was solicited to evaluate the progress over the prior three years and to improve analysis and reporting for the current CHNA process. Community stakeholder interviews were conducted between the months of June 2018 and September of 2018.

Community stakeholders identified for interviews encompassed a wide variety of professional backgrounds including:

1) public health expertise
2) professionals with access to community health related data
3) representatives of underserved populations

The interviews offered community stakeholders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

Tripp Umbach worked closely with the project Steering Committee to identify community leaders from various sectors who are engaged in the community and have a knowledge of the community needs. A Tripp Umbach consultant conducted each interview. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and reviewed by project leadership. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, as well as ways to address those concerns.

In addition, Tripp Umbach interviewed the President/CEO of each facility. These interviews ensured that the spectrum of interviewees included everyone from members of the community to the individuals who operate the facility on a daily basis. From the onset of the project, AHN made it a priority to be transparent in the identification of the needs for each facility.

The qualitative data collected from community stakeholders are the opinions, perceptions and insights of those who were interviewed as part of the CHNA process.

During the interviews, interviewees were asked to name the top three health concerns in their service area. Below are the top five health needs mentioned most often for all CHNA interviews, totaled from all eight facilities:

1. Mental health (mentioned in 71% of interviews)
2. Substance abuse (mentioned in 64% of interviews)
3. Access to care (mentioned in 61% of interviews)
4. Chronic conditions (mentioned in 58% of interviews)
5. Cost of care (mentioned in 57% of interviews)

Evaluation of 2015 Implementation Planning Strategies

In the 2015 Allegheny Valley Hospital CHNA, behavioral health, cancer, chronic disease, and maternal & child health were identified as top community health needs and implementation planning focus areas. Allegheny Valley Hospital leadership developed goals and strategies to address each identified concern.

In this 2018 CHNA process, Tripp Umbach provided Allegheny Valley Hospital Steering Committee members and leadership with an implementation planning evaluation platform to track the progress of each goal and strategy. Appendix C consists of an updated summary of goals, objectives, and strategies employed by Allegheny Valley Hospital to address the needs from the 2015 CHNA.

Provider Survey

Tripp Umbach employed a health provider survey methodology to survey providers within Allegheny Health Network. A provider health survey was created to collect thoughts and opinions about health providers' community regarding the care and services they provide. Each hospital within AHN sent emails to their health providers requesting survey participation. A survey link was also posted in an internal newsletter to increase response rates. The survey data collection period ran on Survey Monkey from April through June 2018. In total, a sample size of 163 surveys across all AHN facilities were collected.

Below is a highlight of the survey results:

Q. What do you perceive to be the biggest barrier(s) for people not receiving care? (Check all that apply)

A. Top five results

1. Out of pocket costs/high deductibles, 103 responses (75.18%)
2. No insurance coverage, 83 responses (60.58%)
3. No transportation, 77 responses (56.20%)

4. Not being able to navigate the health care system, 66 responses (48.18%)
5. Lack of mental health facilities, 53 responses (38.69%)

Q. From the following list below, what do you think are the three largest "health problems" in the community you serve?

A. Top ten results

1. Substance Abuse, 59 responses (44.03%)
2. Aging problems (arthritis, hearing/vision loss, etc.), 56 responses (41.79%)
3. Obesity, 50 responses (37.31%)
4. Diabetes, 48 responses (35.82%)
5. Heart disease and stroke, 45 responses (33.58%)
6. Mental health problems, 43 responses (32.09%)
7. Cancers, 32 responses (23.88%)
8. High blood pressure, 25 responses (19.40%)
9. Respiratory/lung disease, 17 responses (12.69%)
10. Fire-arm related injuries, 5 responses (3.73%)

Q. From the following list below, what do you think are the three most pressing "risky behaviors" in the community you serve?

A. Top five results

1. Drug abuse, 75 responses (55.97%)
2. Poor eating habits, 71 responses (52.99%)
3. Substance abuse, 67 responses (50.00%)
4. Lack of exercise, 61 responses (45.52%)
5. Alcohol abuse, 56 responses (41.79%)

Q. What types of improvements would you like to see in the current health system? (Check all that apply)

A. Top five results

1. Affordable health care, 91 responses (67.91%)
2. Access to mental health care, 80 responses (59.70%)
3. Affordable medication, 80 responses (59.70%)
4. Coordination of care, 57 responses (42.54%)
5. Timely access to primary care, 46 responses (43.33%)

Q. In your opinion, what are the reasons why your overall patient population may be noncompliant to treatment/medication plans?

A. Top five results

1. High costs of health care or medications, 104 responses (78.79%)
2. Difficulty "getting around" (transportation challenges or personal mobility challenges), 72 responses (54.55%)
3. Personal reasons (no specific reason/schedule/forgetfulness), 65 responses (49.24%)
4. Lack of insurance coverage, 59 responses (44.70%)
5. Lack of understanding of their treatment plan (excluding language barriers), 55 responses (41.67%)

Provider Resource Inventory

An inventory of programs and services available in the Allegheny Valley service area/AHN region was developed by Tripp Umbach. The provider inventory highlights available programs and services within Allegheny Valley Hospital's primary service area. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. The inventory provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

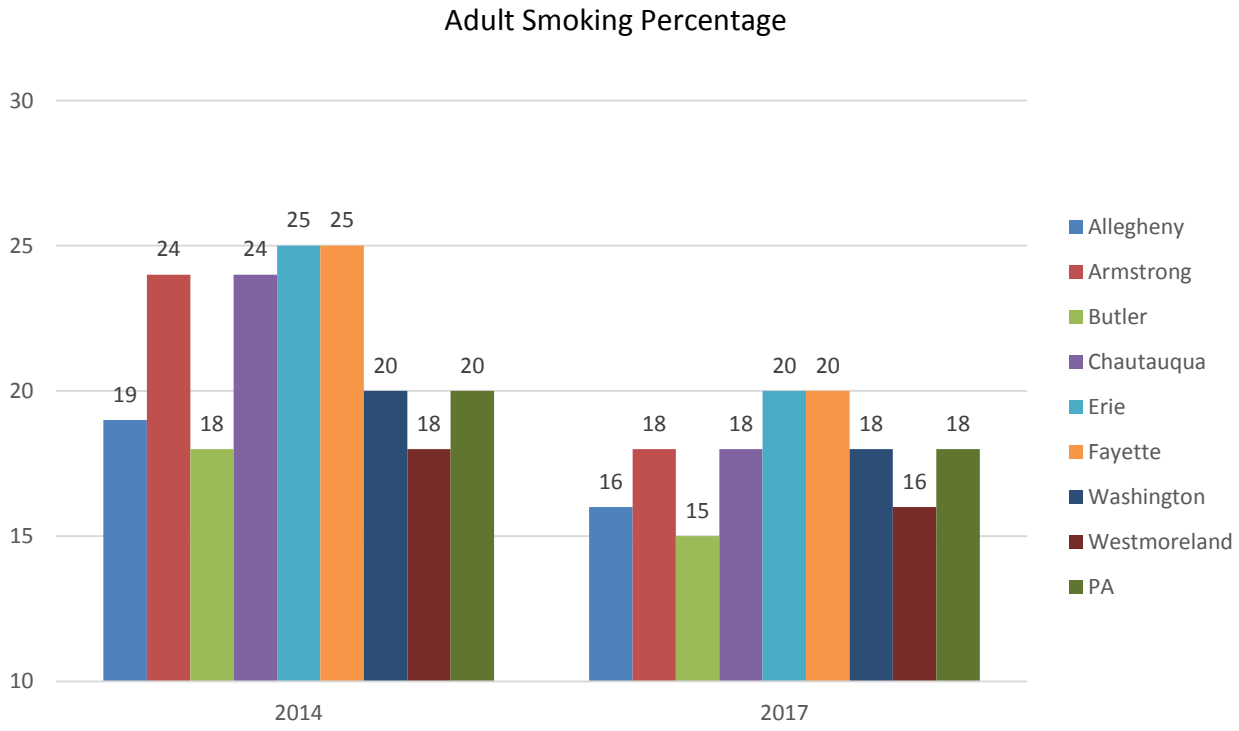
A link to the provider resource inventory will be made available on Allegheny Health Network's website.

Appendix B: **Secondary Data Summary**

Tripp Umbach collected and analyzed secondary data from multiple sources that include the following subjects and health areas: County Health Rankings, Pennsylvania County Health Statistics, Alcohol, Drug Use, and Tobacco Statistics, Mental and Behavioral Health, Homeless Population Data, Rural Health, and School Health Statistics.

This secondary data summary includes information from multiple health, social and demographics sources. Tripp Umbach used secondary data sources to compile information related to disease prevalence, socioeconomic factors and health behaviors. Where applicable, data was benchmarked against state trends. The secondary data profile includes an overview of health and social conditions in the region, broken down by County or County cluster. Secondary data was used to provide important information, insight, and knowledge into a broad range of health and social issues for the CHNA

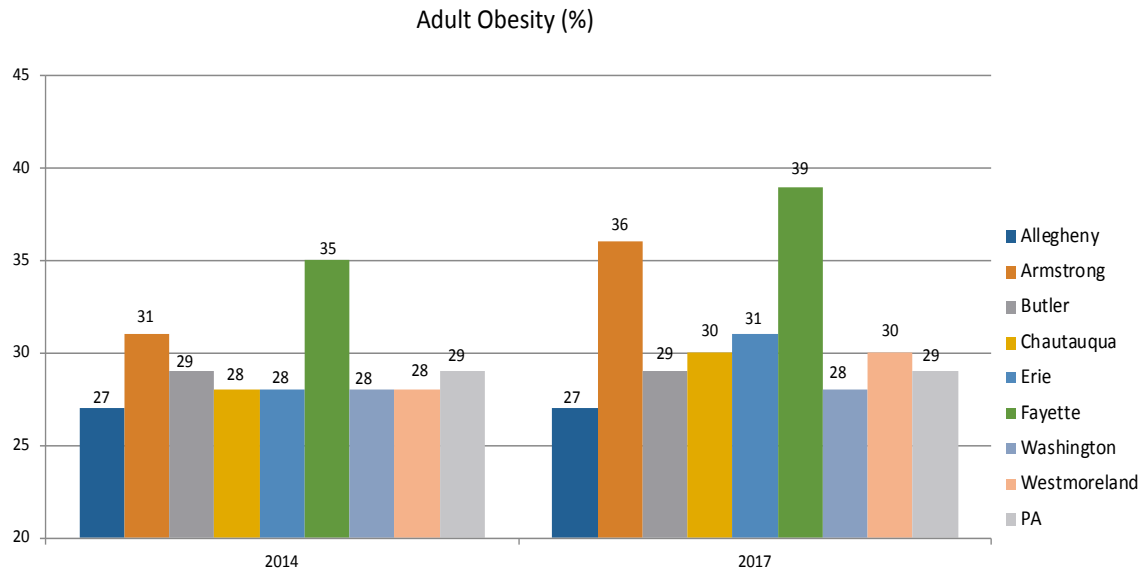
This section is intended to provide anecdotal, contextual support for the identified health needs of Allegheny Health Network. The entire secondary data profile for Allegheny Health Network is available upon request.



Source: 2017 County Health Rankings

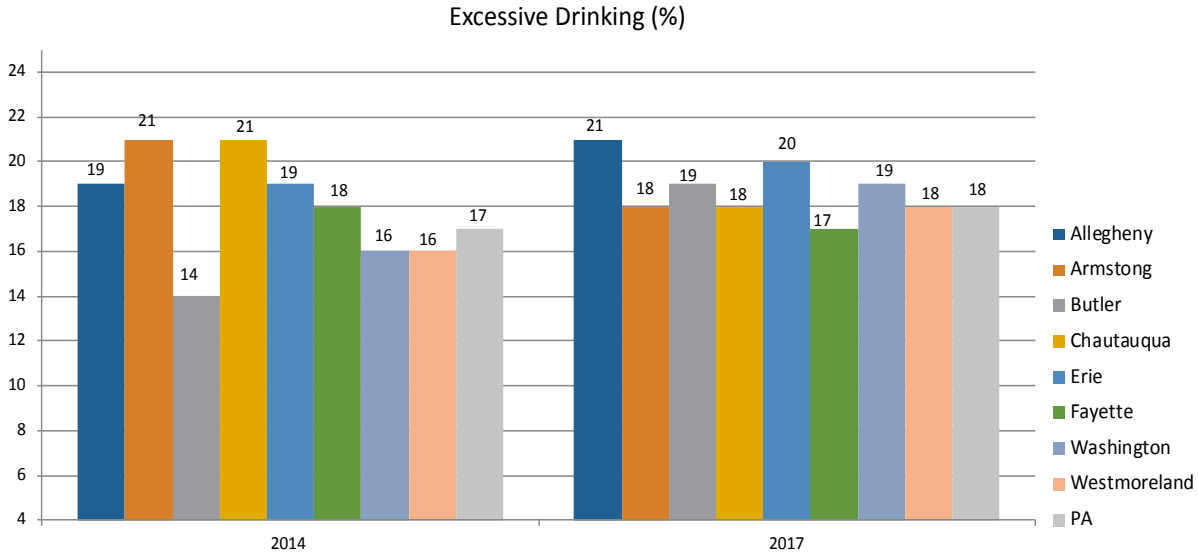
- Key Insight: All counties saw a reduction in adult smoking percentage from 2014 to 2017.

- Key Insight: In 2017, Erie and Fayette Counties record an adult smoking percentage above the state average.



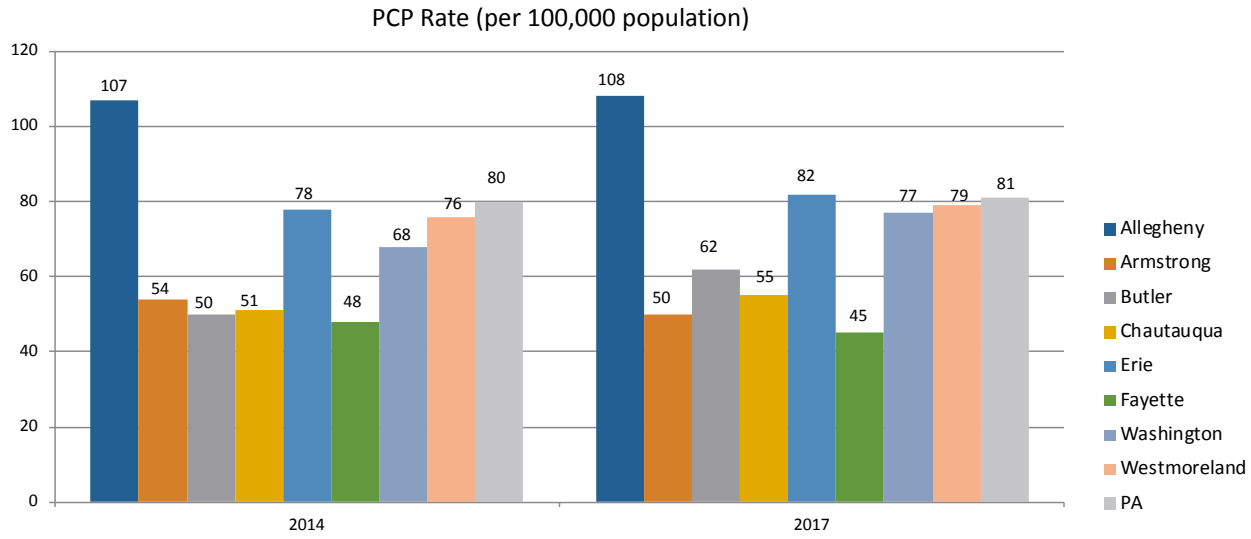
Source: 2017 County Health Rankings

- Key Insight: The rate of adult obesity either increased or remained the same in all counties of the study area.
- Key Insight: Armstrong, Chautauqua, Erie, Fayette, and Westmoreland Counties all register adult obesity rates above the state average.



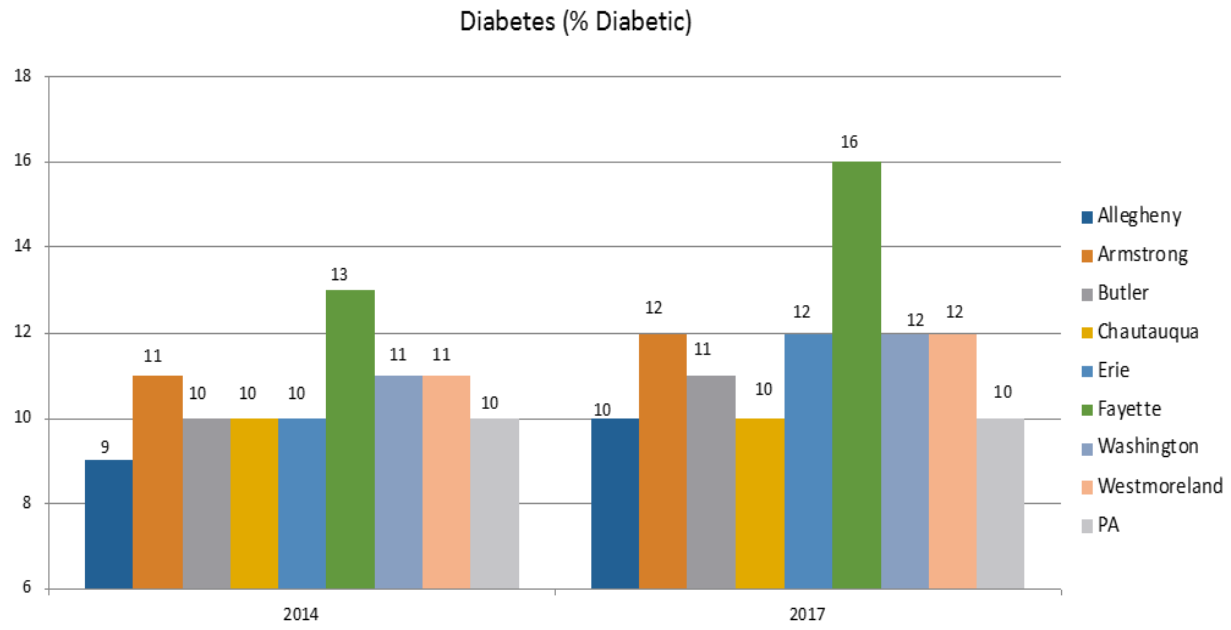
Source: 2017 County Health Rankings

- Key Insight: Butler County saw the largest decrease in excessive drinking from 2014 to 2017.
- Key Insight: In 2017, Allegheny, Butler, Erie, and Washington Counties all registered excessive drinking rates higher than the state average.



Source: 2017 County Health Rankings

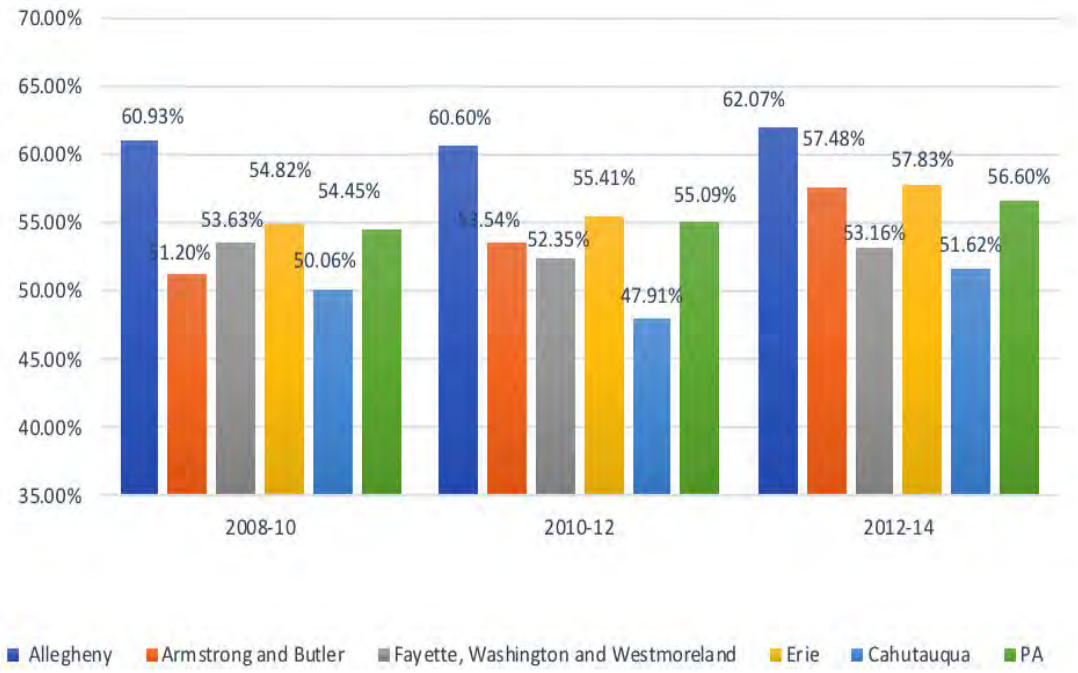
- Key Insight: The rate Of PCP per 100,000 increased in all counties except for Armstrong and Fayette, which declined.
- Key Insight: In 2017, Armstrong, Butler, Chautauqua, Fayette, Washington, and Westmoreland Counties record lower PCP rates compared to the state average.



Source: 2017 County Health Rankings

- Key Insight: The percentage of diabetic adults increased in Allegheny, Armstrong, Butler, Erie, Fayette, Washington, and Westmoreland Counties from 2014-2017.
- Key Insight: All counties in the study area register equal or higher diabetic adults in comparison to the state average.

Alcohol Use in the Past Month (Aged 12 +)

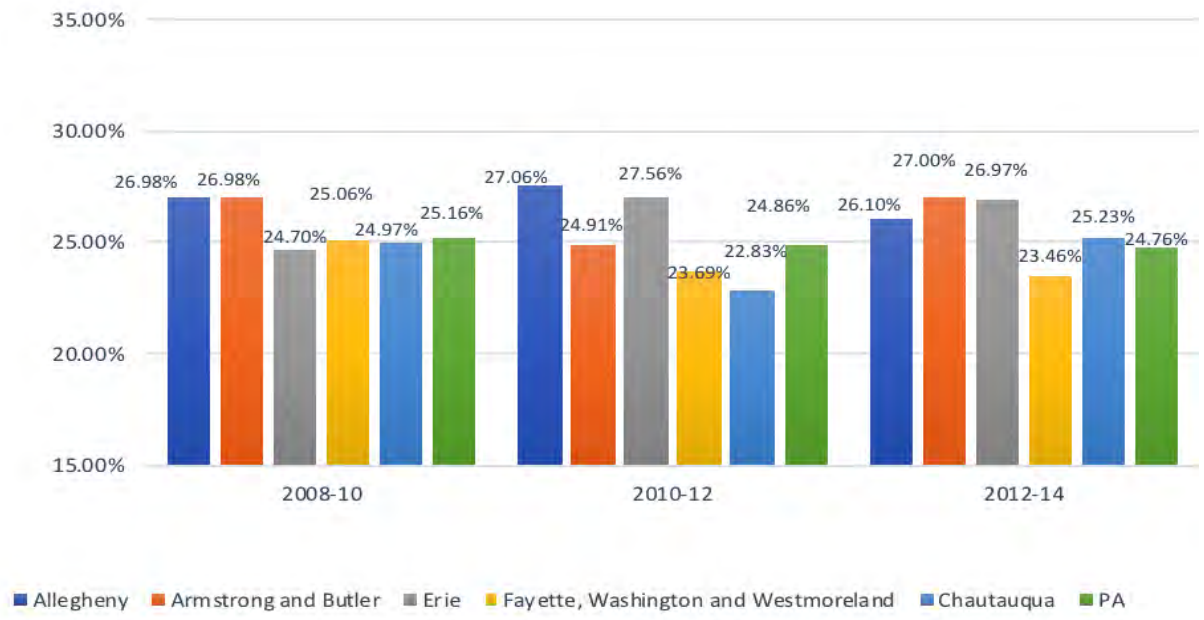


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- Key Insight: Armstrong/ Butler[29], Allegheny and Erie counties both report a higher percent of Alcohol Use when compared to the state during the most recent 2012-2014 study period.
- Key Insight: Most counties registered relatively equal or slightly higher rates of alcohol usage during the last month during the study period.

[29] Armstrong and Butler Counties are grouped together due to their geographic proximity for display purposes.

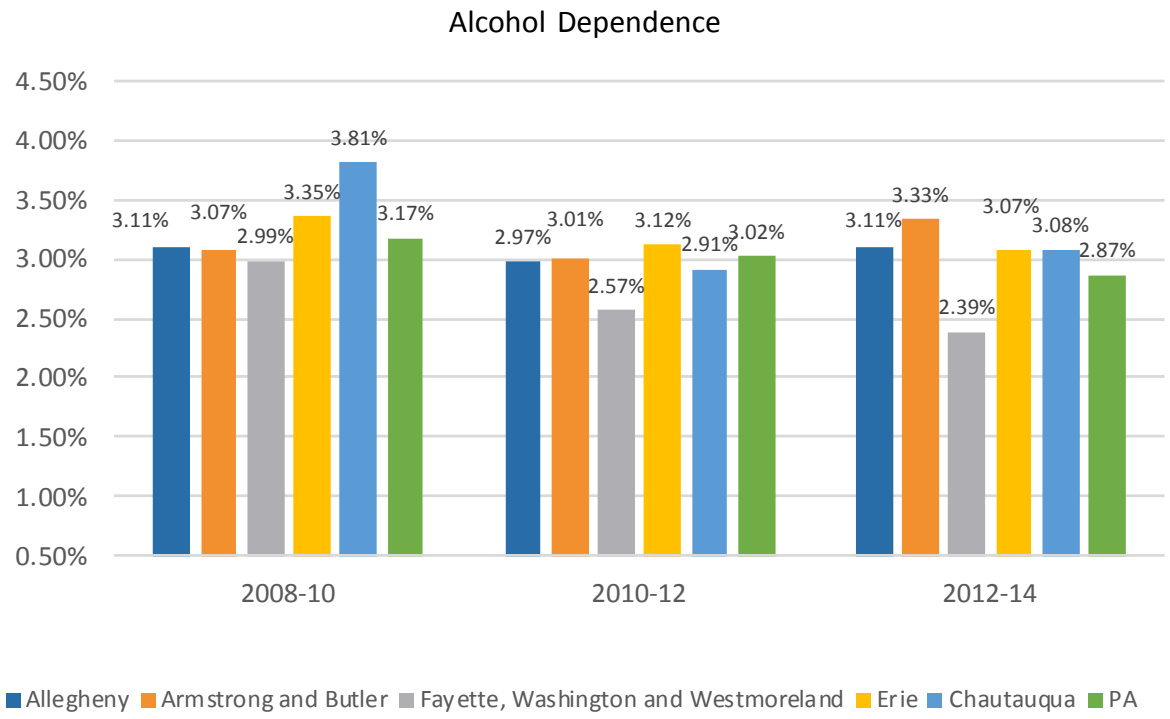
Binge Alcohol Use



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- Key Insight: Allegheny, Armstrong/Butler and Erie County all reported a higher rate of Binge Alcohol Use than the state (26.10%, 27.00% and 26.97% respectively) during the 2012-2014 study period.
- Key Insight: Fayette, Washington, & Westmoreland County[30] saw the largest decrease in Binge Alcohol Use throughout the study period.

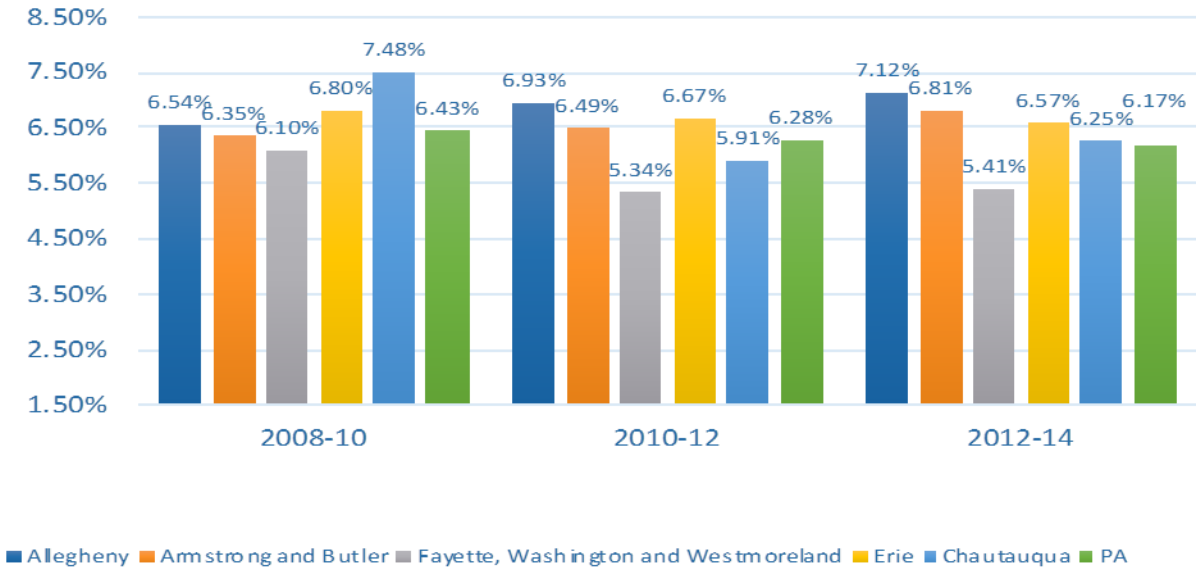
[30] Fayette, Washington, and Westmoreland Counties were grouped together due to their geographic proximity for display purposes.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- Key Insight: Allegheny, Armstrong/Butler, Erie, and Chautauqua County all reported a higher rate of Alcohol Dependence than the state (3.11%, 3.33%, 3.07%, and 3.08% respectively) during the 2012-2014 study period.
- Key Insight: Fayette, Washington, & Westmoreland, as well as Erie County, saw the largest decrease in Alcohol Dependence throughout the study period.

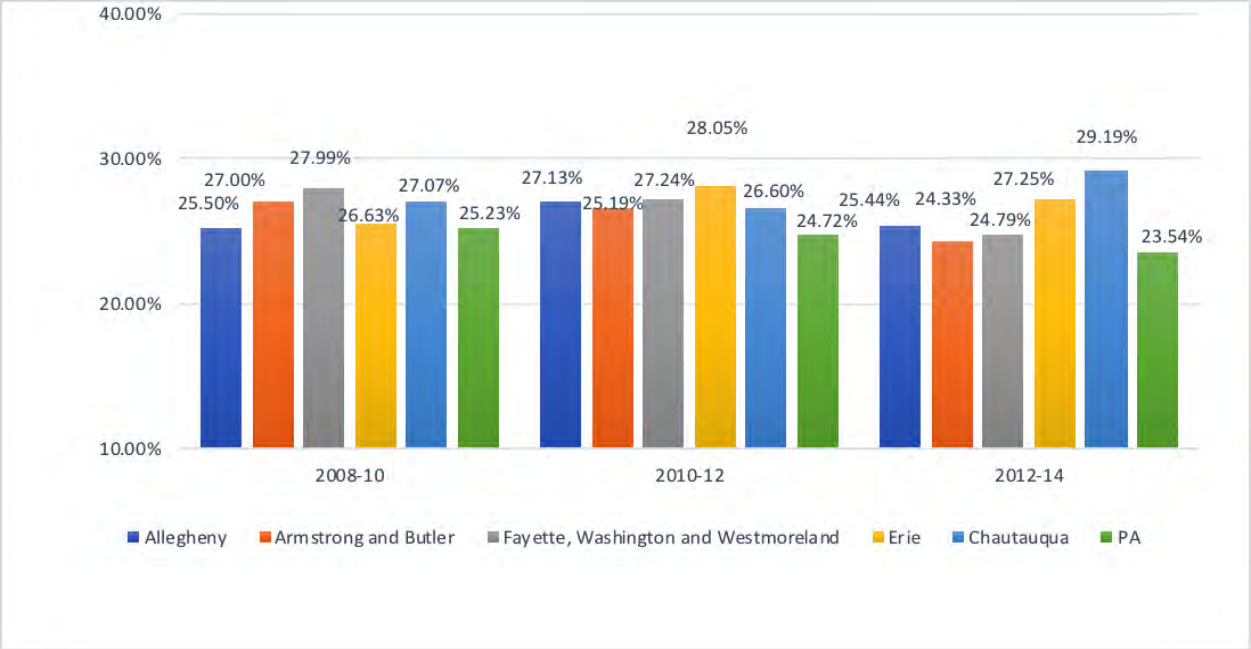
Needing But Not Receiving Treatment for Alcohol Use



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- Key Insight: Allegheny, Armstrong/Butler, Erie, and Chautauqua County all reported a higher rate of Needing But Not Receiving Treatment for Alcohol Use than the state (7.12%, 6.81%, 6.57%, and 6.25% respectively) during the 2012-2014 study period.
- Key Insight: Allegheny County saw the biggest increase in Needing But Not Receiving Treatment for Alcohol Use rates throughout the entire study period.

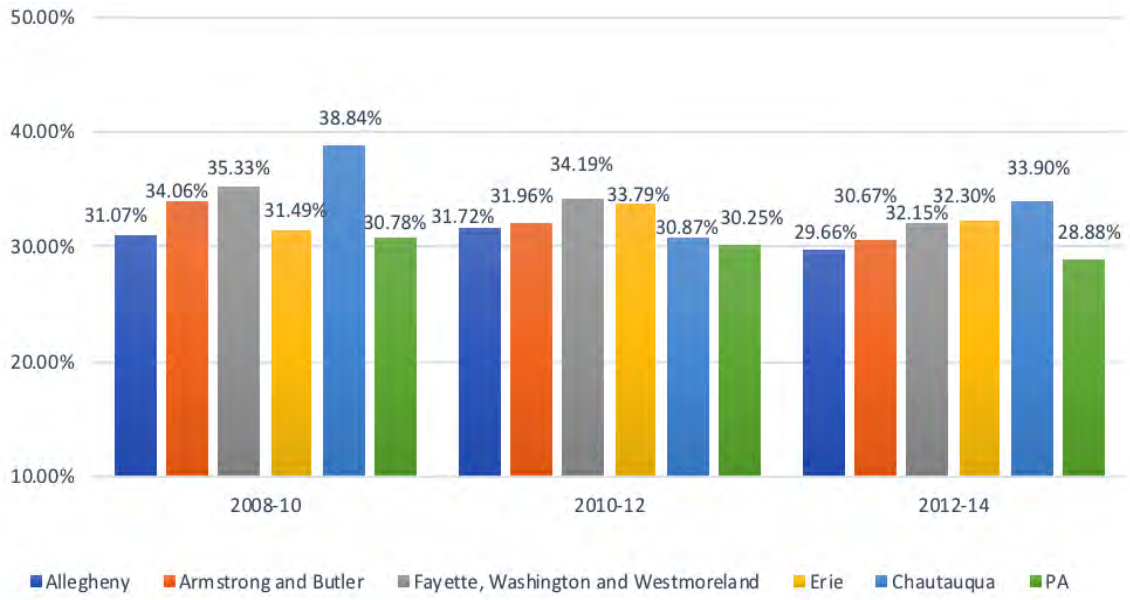
Cigarette Use



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

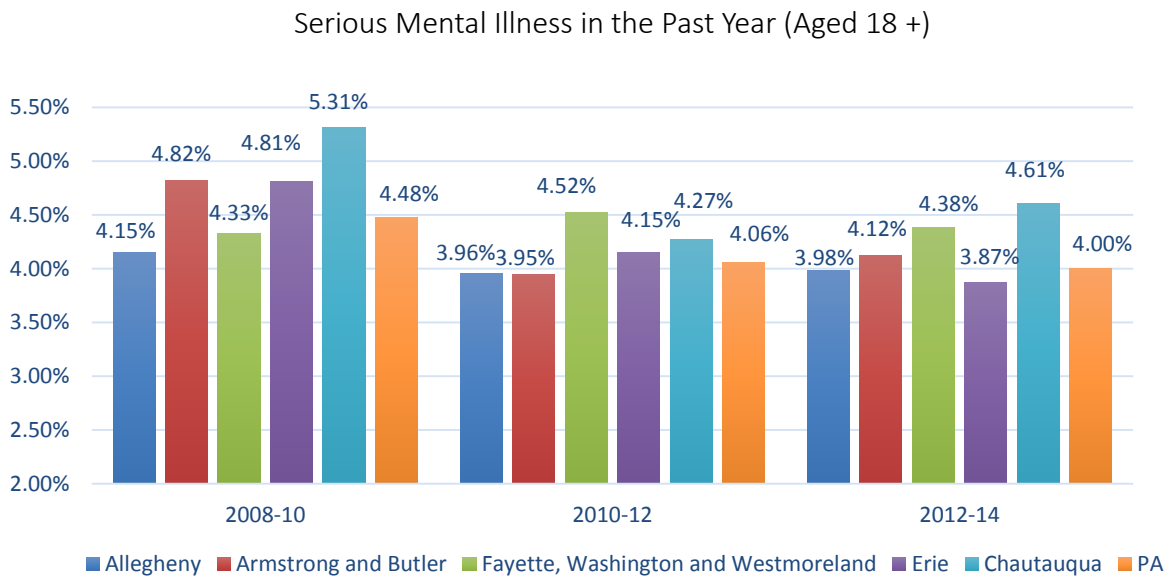
- Key Insight: All County clusters reported a higher rate of Cigarette Use than the state during the 2012-2014 study period.
- Key Insight: Fayette, Washington, and Westmoreland County registered the largest decrease in Cigarette Use during the entire study period.

Any Tobacco Use



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

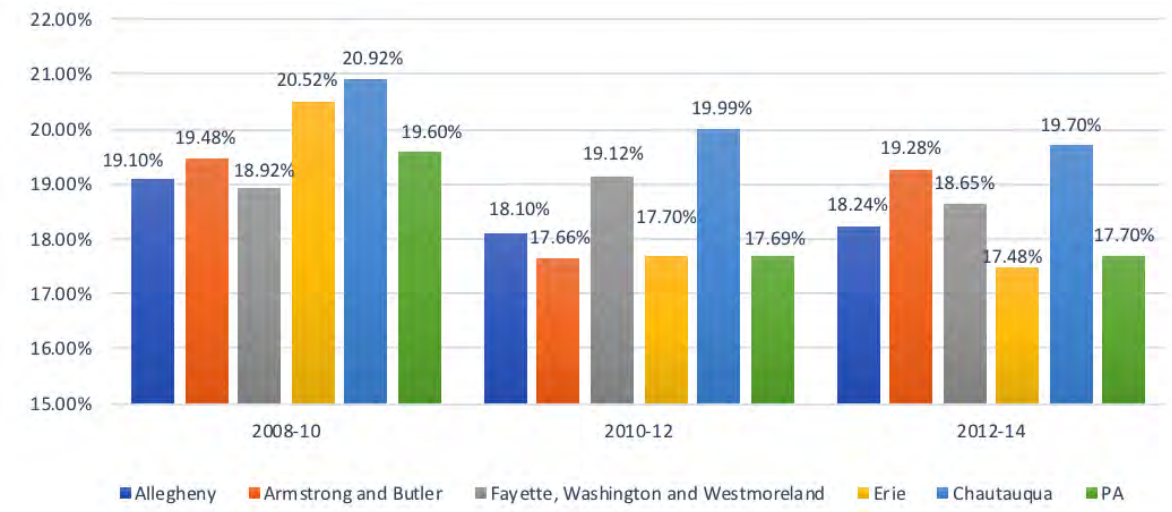
- Key Insight: All County clusters reported a higher rate of Any Tobacco Use than the state during the 2012-2014 study period.
- Key Insight: Fayette, Washington, and Westmoreland County registered the largest decrease in Any Tobacco Use during the entire study period.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2012 and 2014

- Key Insight: Fayette, Washington and Westmoreland County had the largest decline in the rate of Serious Illness (4.52% to 4.38%) from 2010-2014.
- Key Insight: Allegheny and Erie County have lower rates of Serious Illness than the state rate of 4.0% during the 2012-2014 study period.

Any Mental Illness in the Past Year (Aged 18 +)



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2010, 2012-2014

- Key Insight: Chautauqua County reported the highest rate for Any Mental Illness at 19.70% while Erie County has the lowest rate and is lower than the state rate
- Key Insight: Allegheny Armstrong and Butler counties report a sharp rise in the rates of residents with any mental illness from 2010-2012 to 2012-2014.

Appendix C: **2015 Implementation Planning Update and Evaluation**

As part of the current CHNA process, Tripp Umbach collaborated with each AHN facility to create an updated evaluation of its progress and strategies used to address the health needs identified in the previous 2015 CHNA. By doing so, each facility will be well positioned to carry over these strategies in 2019 and beyond (if applicable), as well as create strategies for new health needs identified in this CHNA.

1. Health Priority: Behavioral Health

Goal: Reduce mortality and morbidity related to mental health and substance use disorders.

Allegheny Valley Hospital Work to Meet Objective 1: *Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations.*

- **Plan A:** Improve pain management services access
  - **Tactics:**
    - Contact for inpatient pain management plan. Not much movement in 2016.
    - The plan in 2017 is for AGH Pain group to join the AVH staff. This group is also recruiting for an additional pain management physician to provide both inpatient and outpatient pain services to the Valley. NP3 added a new physician.
    - Expansion to outpatient pain management plan – within one year On track for 2017
- **Plan B:** Improve at-risk access to behavioral treatment and services
  - **Tactics**:
    - Marketing materials – provided information to area physicians in 2016 and plan to do so in 2017.
- **Plan C:** Provide caregivers educational opportunities and community outreach in skilled nursing facilities about the services provided through the AVH Geri psychology unit
  - **Tactics:**
    - Marketing materials. Provided.
    - Visit the top 6 AVH admitting facilities per year through. Marketing calls in 3 out of the top 6.
    - Track admissions to Geri-psych unit at AVH.

Allegheny Valley Hospital Work to Meet Objective 2: *Increase knowledge and skills of first responders and community members around behavioral health.*

First responders and ED staff will have an increased awareness of the signs and symptoms of substance abuse through addiction education

- **Plan A:** Increase the skills and knowledge of first responders in order to improve response to the at risk addiction population and improve outcomes of these patients
    - **Tactics:** First responder education two times per year; 6 total for review period.
- **Plan B:** Increase the knowledge of local employers to recognize the signs and symptoms of substance abuse within their place of employment
    - **Tactics:** Workplace supervisor training yearly; three total educational programs within the three year tracking period Program completed for 2016 on 5/3/2016.
- **Plan C.** Connect with community partners of education on substance abuse
    - **Tactics:** Targeted addiction education programming and/or health fair education – twice per year; 6 total for entire three year plan. Provided information at 2 health fairs – Deer Lakes and Emerson

Allegheny Valley Hospital Work to Meet Objective 3: *Increase the number of healthcare providers integrating behavioral health and physical health.*

Objective 3: Embed behavioral health components and referral process into high risk senior programming at AVH

Goals: **A**: Increase awareness of behavioral health education

B: Implementation of referral process

Team members: CCN-Social Services/Prehospital/Citizens SON students and instructors-health coach behavioral health focus here/ Federal Qualified Health Centers.

- **Tactics:**
    - Health coaching. Attended class at SON.
    - Student training documentation/report total numbers per year. Each health coaching class includes filed experience in which 2 students are assigned 1 patient to follow in the community. One week involves a phone call followed by an on-site visit the next week. A total of 35 patients are followed per each health coaching session per current School of Nursing Curriculum.
    - Evaluate the referral process – Track total number of patients and total number of referrals per month, with yearly reporting documented on the dashboard. Will provide monthly tracking in 2017.

2. HEALTH PRIORITY: CANCER

Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

Allegheny Valley Hospital Work to Meet Objectives 1: *Increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines. Increase access to health screenings and education to high-risk populations.*

- **Objective 1:** Increase the percentage of adults receiving timely and age appropriate cancer screenings
- **Goal:** Conduct annual cancer screening, with a target audience of at risk community members that are underinsured or uninsured
- **Team Members:** AHN Cancer Institute/AVH Leadership, with representation from departments directly involved in the screenings process, including Radiology. Registration; Lab ;Radiation Oncology; Medical Oncology; Physician Relations; Marketing; Nurse Navigator/SON and instructors/Highmark. Several meetings completed.
- **Tactics:** Annual screening event with tracking of participants and abnormality rates; patient demographics; tracking of AVH/AHN employees involved in the community outreach as recorded in screening report, community benefit report and CHNA dashboard. 47 patients were screened on 4/23/2016. Results:
    - Allegheny Valley Hospital Cancer Screening Event
    - Saturday, April 23, 2016 – 9a.m. – 1 p.m.
    - Total Number of Screenings: 256
    - Number of men: 14
    - Number of women: 36
    - 23% overall abnormality rate

Screening	Number	Abnormality Number	Percentage Abnormality
Lung	5	5	100%
Mammography	11	2	0.18%
Breast	17	2	11%
PAP	14	0	0%
Pelvic	17	0	0%
Skin	42	18	42%
Head /Neck	31	6	19%
Genetics	44	25	57%
Prostate	8	2	25%
PSA	13	1	0.07%
HIV	27	0	0%
Hep C	27	0	0%
Total			

Source: AVH Screening Results

Notes on FOBT: Provided 38 colorectal home kits to patients that signed up for the FOBT. The supplies and tracking form are part of an existing AVH grant provided by the Highmark Foundation.

Citizen's School of Nursing students: Friday evening: 22; Saturday program: 66

Vendors: American Cancer Society; Pancreatic Cancer Network; Highmark Caring Place
Number of patients with PCPs outside of system: 10
Number of patients without a PCP: 11 (No one registered for a PCP with Call Center representatives)
Zip Codes of Patients: 16055; 15014; 16059; 15139; 15215; 15044; 15202; 15656; 16056; 15206; 15068; 15235; 15213; 15024; 15860; 15613; 15085; 15642; 15065; 15237.

Allegheny Valley Hospital Work to Meet Objectives 2: *Reduce the incidence rate for the top four most commonly diagnosed cancers: prostate (male), lung and bronchus, colon and rectum, and breast (female) and the overall cancer mortality rate by promoting healthy lifestyle behaviors related to tobacco use and diet and exercise.*

- **Objective 2:** Cancer screenings specifically tailored to the elevated cancer rates for community members in the Allegheny Valley – prostate, lung, breast and colorectal cancers.
- **Goal:** Reduce the overall cancer mortality rate by promoting healthy lifestyle behaviors related to tobacco use, diet and exercise.
- **Team Members:** PCP offices/AHN Lung Institute/AVH Radiology/Registration /Mammography/HealthWorks/local business HealthWorks clients/Colorectal Nurse Navigator. Meetings completed.
- **Tactics:**
  1. Targeted low dose lung CT screenings to smokers and ex-smokers that meet the screening criteria that will be reported annually.
  2. Targeted PCP education on the mammogram program and referral process with a measurement of the number of mammographies referred from PCP offices in one year. Track "Walk in Wednesday" mammography.
  3. On-site cancer screenings at local businesses – 5 screenings per calendar year. Documentation per the dashboard as to the number of screenings done at each site and the abnormality rates. Skin screening at Emerson. BMI screening at Oberg.

Allegheny Valley Hospital Work to Meet Objective 3: *Increase access to health screenings and education to high-risk populations.*

- **Objective 3:** Increased health fairs and cancer prevention educational offerings to the at-risk and senior community
- **Goal:** To identify at risk seniors through cancer screenings that will provide early detection, awareness and the treatment of abnormal screenings.
- **Team Members:** AVH Leadership/Priority Care/AHN Cancer Institute where appropriate
- **Tactics:** Screening events and the consequent number of screenings, participants, abnormal findings, and team member participation will be tracked on a quarterly/yearly basis. **HOPE Support Group-** Meets monthly with a variety of pertinent topics

3. HEALTH PRIORITY: CHRONIC DISEASE

Goal 1: Decrease preventable chronic disease by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors.

Allegheny Valley Hospital Work to Meet Objective 1: *Increase primary care provider (PCP) recommendations for preventive screenings per risk and age guidelines.*

- **Objective 1:** Increase PCP recommendations for preventative screenings per risk and age guidelines for Lyme disease prevention.
- **Tactics:** Continuing education program on Lyme disease for local PCP practices in order to improve diagnosis and present treatment of Lyme disease by the AVH medical community. (Completed 5-17-2016). Total number of PCP practices in attendance: 15.

Allegheny Valley Hospital Work to Meet Objective 2: *Provide health screenings and education to high-risk populations.*

- **Goal 1, Objective 2:** To provide women ages 25 – 85 who are family caregivers the opportunity for education on healthy choices.
- **Team Members:** AHN Center for Diabetes/Priority Care/ MK/local food banks/Family Health Services/ Federally Qualified Health Clinics in New Kensington. Initial meetings completed.
- **Tactics:**
    - AHN "Health for Her" educational series as measured by the number of programs and participants captured in the dash board and reported on a monthly and yearly basis. Programs include:
    - Women and Diabetes – 3/16/16– 12 participants
    - 4/6/16- Bone Health – Allegheny Valley Community Library – 12 attendees with bone density screening
      -New moms and a healthy environment/Allergy. Program had to be cancelled due to lack of interest/response.
    - Mental Health – Planning moved to 2017 with the Perinatal Depression Program.
    - Breast Cancer- Program had to be cancelled due to lack of interest/support.
    - New Kensington will be targeted for diabetic foot and eye screenings, as well as SNAP food insecurity as measured by the number of programs and participants as captured in the dashboard and reported on a monthly and yearly basis. Met several time with the Diabetes Institute. Plan to incorporate into the high rise programs with EMS and the RK Mellon Grant fulfillment.

Allegheny Valley Hospital Work to Meet Objective 3: *Partner with community organizations to promote healthy lifestyles.*

- **Goal 1, Objective 3:** AVH will hold 4 group diabetes self-management program through the AHN Center for Diabetes.
- **Team Members:** AHN Center for Diabetes CDEs

- **Tactics:** Quarterly course offerings and the number of participants in attendance. Due to a LOA for a team member, quarterly classes were replaced with one-on-one diabetes consultations.

Goal 2: Improve management and outcomes for patients diagnosed with a chronic disease.

Allegheny Valley Hospital Work to Meet Objective 1: *Reduce hospital 30-day readmissions rates for chronic disease.*

- **Goal 2, Objective 1:** AVH will develop programs to decrease 30 day readmissions rates related to the following diagnoses: congestive heart disease, (CHF); chronic obstructive pulmonary disease, (COPD) and pneumonia.
- **Target Audience:** AVH discharged patients that are at high risk; high risk patient referrals from PCP offices, the ED; and from community partners
- **Tactics:** CCN and Social Services tracking mechanisms for readmissions/Cardiac Support Group/Cardiac Rehab-tracking of meetings attended-topics-number of patients and family members in attendance. The Cardiac Support Group will reconvene after a maintained establishment of the Cardiac Rehab program to use as a feeder for the group. 144 visits have been recorded for Cardiac Rehab from December 2016 through January, 2017.

Allegheny Valley Hospital Work to Meet Objective 2: *Manage high risk populations through care coordination and partnership with social service partners.*

- **Goal 2, Objective 2:** AVH will improve management and outcomes for patients diagnosed with a chronic disease, specifically pre-diabetes, by connecting the Community Care Network with various community partners.
- **Target Audience:** (4) Local high rise populations.
- **Team Members:** CCH/local first responders, including fire and ambulance companies/Prehospital /AHN Institute for Diabetes. Met with team members.
- **Tactics:** Health screenings determining early signs of chronic disease, such as elevated bps and fpg/Outpatient education sessions reinforcing the signs/symptoms of elevated blood pressure and blood sugar/Program will measure the number of participants and the number of residents that do not develop diabetes, whose numbers remain in the acceptable range. First high rise event is slated for May 9, 2017, and will include the Diabetes Institute and firsts responders in New Kensington and Lower Burrell.

Allegheny Valley Hospital Work to Meet Objective 3: *Partner with community organizations to promote healthy lifestyles*

- **Goal 2, Objective 3:** AVH will partner with community organizations to promote healthy lifestyles through programming that encourages increased lifestyle change tactics and awareness.
- **Target Audience:** The general and school-aged uninsured and underinsured population
- **Team Members:** Family Health Service/local school districts/Valley Points Family YMCA/TryLife/Adagio/local work sites. Meetings completed.
- **Tactics:** Educational activities through health fairs – 1 per year and doc talks – 2 per year. Measure the number of events and the number of participants per event on a monthly, quarterly and yearly basis for reporting purposes. Goal numbers achieved.

2/3/2016 – Diabetes and Heart Disease lecture
2/17/26 – Family Services of New Kensington Lunch and Learn – Diabetes/Nutrition
3/15/2016 – Allegheny Teledyne Employee and Retiree Health Fair
4/7/2016 – Sen. Jim Brewster Health Fair
4/20/2016 –Penn State New Kensington Vitamins and Supplements Presentation
5/3/2016- Domestic Violence Education Program
5/11/2016 – Oberg Employee Health Fair
5/13/2016 – Randy Vulakovich Senior and Disability Fair
5/18/2016 – Family Health Services Employee and Client Health Fair
6/9/2016 – Deer Lakes School District Employee Health Fair
7/20/2016 – Men's Health Updates
9/14/2016 – Oberg Employee Weight Management Program
9/21/2016 – Senior Health and Wellness Fair
10/6/2016 – Senior Expo sponsored by Rep. Joseph Petrarca
10/14/2016 – State Representative Eli Evankovich Health Fair
10/20/2016 – Pulmonary Health Fair
10/28/2016 – Emerson Employee Health Fair
11/16/2016 – Smithfield Foods Employee Health Fair

Kidney Smart- Educational programs held monthly throughout the year to provide education to community members who have various stages of kidney disease.

Alzheimer's Support Group - Held monthly to offer advice to friends and family members whose loved ones are affected by Alzheimer's disease. Guest speakers provide new topics periodically throughout the year.

4. HEALTH PRIORITY: MATERNAL AND CHILD HEALTH

Goal: Reduce morbidity and mortality, by improving the health and quality of life of women, infants, children, caretakers, and their families, especially in vulnerable communities.

Allegheny Valley Hospital Work to Meet Objective 1: *Reduce the proportion of preterm and low birth weight births and reduce the disparity between White, African American, and Hispanic populations.*

Allegheny Valley Hospital Work to Meet Objective 2: *Reduce the disparity between White, Black, and Hispanic mothers who receive prenatal care within the first trimester.*

Allegheny Valley Hospital Work to Meet Objective 3: *Increase the proportion of mothers who breastfeed for the first six months after birth and reduce the disparity between White, African American, and Hispanic populations.*

Allegheny Valley Hospital Work to Meet Objective 4: *Reduce the disparity between White, African American, and Hispanic births resulting in infant mortality.*

Allegheny Valley Hospital Work to Meet Objective 5: *Partner with community organizations to improve prenatal indicators (including not smoking during pregnancy, not drinking during pregnancy, prenatal care in first trimester, etc.).*

- **Target Audience:** White, African American and Hispanic at risks community members in lower socioeconomic areas such as Arnold and New Kensington/ Clients of TryLife, Adagio – WIC/Community Health Clinic, Inc.
- **Team Members:** Owned OB/Gyne practices/Community Health Clinic, Inc./TryLife/Adagio – now in Freeport and Leechburg/WPH Ob Educational Group/ Allegheny Valley Hospital OB Education. Met with all team members.
- **Tactics:**
  - Development of educational brochures to use in teaching clients about the importance of first trimester prenatal care – Not completed
  - Measurement of client class attendance for all educational sessions - Completed
  - Measurement of attendance of clients for health fairs and health screenings - Completed

Appendix D: **About Tripp Umbach**

Allegheny Health Network contracted with Tripp Umbach, a private health care consulting firm with offices throughout the United States, to complete this community health needs assessment (CHNA). Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans lives in a community where our firm has worked.

From community needs assessment protocols to fulfilling the new Patient Protection and Affordable Care Act (PPACA) IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted more than 400 community health needs assessments and has worked with over 800 hospitals.

Changes introduced as a result of the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts between providers, public health agencies, and community organizations to improve the overall health of communities.

Tripp Umbach