



December 2018

# **Forbes Hospital Community Health Needs Assessment - 2018**

Conducted by: Tripp Umbach



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## Section 1. Executive Summary

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### 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 2,000 volunteers. Together, AHN provides world-class medicine to patients in their communities, across the country and around the world.

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



Serving the community since 1978, Forbes Hospital has evolved into a 315 licensed bed hospital with over 700 physicians and 1,600 staff members. As a part of AHN, the hospital provides a complete array of surgical, medical, rehabilitative and emergency care. In addition, it offers a complete spectrum of specialty services such as cardiology, orthopedics, neurosurgery, oncology, stroke care, endocrinology, behavioral health, and obstetrics.

Forbes has demonstrated its commitment to high quality care as it became accredited by the Pennsylvania Trauma Systems Foundation as a Level II Trauma Center as of October 1, 2013. Forbes Hospital also houses the area's only certified Chest Pain and Stroke Center, recently built the Joint and Spine Center, and established the Women's and Infant's Center.

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

- Re-accredited by the Pennsylvania Trauma Systems Foundations as a Level II trauma center for the next three years
- Get With The Guidelines® for Stroke - Silver Plus
- 2015-2016 US News & World Report high performer in cancer care, Gastroenterology and GI Surgery
- CORE (Center for Organ Recovery & Education) Donate Life Platinum Award
- 2017 Rated in Top 10 percent of hospitals nationally for medical excellence in heart failure treatment

- Rated in Top 20 percent nationally for medical excellence in pneumonia care
- Rated in Top 25 percent nationally for medical excellence in hip fracture repair and pulmonary care
- 2017 Most Wired Hospitals and Health Systems
- Get With The Guidelines-Stroke Gold Plus & Target: Stroke Elite Award National ratings are sourced from Quantros, Inc.; CareCh

As a committed steward to their community, The Forbes Health Foundation helps to raise, manage, and distribute funds that impact patient care and education, medical programs, and research.

Forbes 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 Forbes Hospital service area of Allegheny, Armstrong, 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.

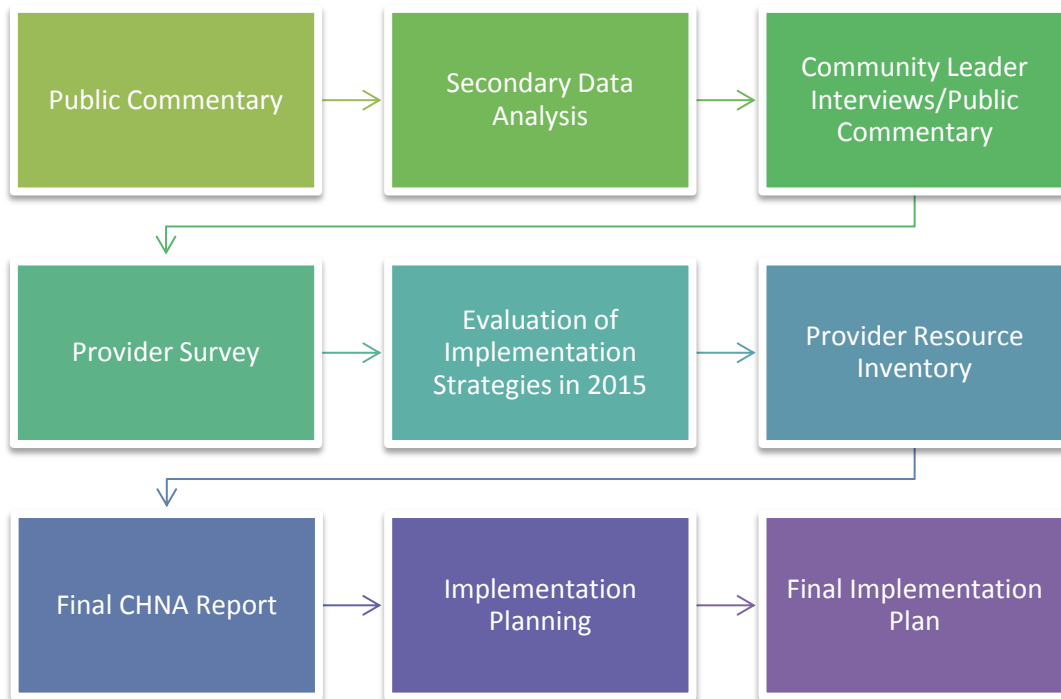
**The following report fulfills the CHNA and implementation strategies requirements for tax-exempt hospitals and health systems.**

The CHNA process undertaken by AHN, with project management and consultation by Tripp Umbach<sup>1</sup>, included input from persons who represent the broad interests of the community served by Forbes Hospital, including those with special knowledge of 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 related to health and well-being of residents
- 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.



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1 See Appendix D for more information on Tripp Umbach

Tripp Umbach worked closely with leadership from AHN to complete the CHNA with the goal of gaining a better understanding of the health needs of the region. Forbes Hospital will use the findings of the assessment to address local health care concerns and to work collaboratively with regional agencies to address broader socioeconomic and education issues in the service area.

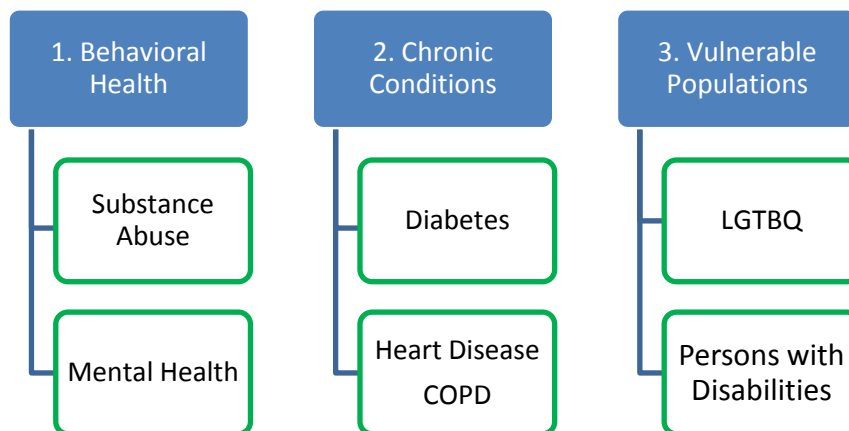
**AHN would like to thank all external and internal stakeholders who performed a role in the completion of this CHNA.**

### Key Prioritized Needs

Tripp Umbach and the Forbes Hospital internal working group identified four prioritized community needs for Forbes Hospital. The community health needs are based on qualitative and quantitative data collected during this CHNA as well as input from facility, healthcare, and community leaders. From the beginning of the project, Allegheny Health Network and Tripp Umbach placed a high value on maximizing input from each of the eight AHN facilities. Each hospital was provided a platform to determine their own health needs and to build consensus from the leadership teams of each facility. Transparency and self-determination in selecting the needs was a priority throughout the CHNA project.

Figure 1 outlines the six prioritized need areas and key factors and considerations of each need.

**Figure 1: Prioritized Community Health Needs for Forbes Hospital 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.*

## Section 2. Community Definition

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Forbes Hospital’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). For the sake of capturing data most efficiently, secondary data was collected for Allegheny, Armstrong, and Westmoreland Counties, which comprise the largest portion of the Forbes Hospital service area in terms of population.

**Figure 2: Forbes Hospital Community ZIP Codes**

ZIP Code	City	County
15035	East McKeesport	Allegheny
15068	New Kensington	Westmoreland
15085	Trafford	Westmoreland
15104	Braddock	Allegheny
15110	Duquesne	Allegheny
15112	East Pittsburgh	Allegheny
15120	Homestead	Allegheny
15131	McKeesport	Allegheny
15132	McKeesport	Allegheny
15133	McKeesport	Allegheny
15135	McKeesport	Allegheny
15137	North Versailles	Allegheny
15129	Oakmont	Allegheny
15140	Pitcairn	Allegheny
15145	Turtle Creek	Allegheny
15146	Monroeville	Allegheny
15147	Verona	Allegheny
15148	Wilmerding	Allegheny
15218	Pittsburgh	Allegheny
15221	Pittsburgh	Allegheny
15235	Pittsburgh	Allegheny
15239	Pittsburgh	Allegheny
15601	Greensburg	Westmoreland
15611	Adamsburg	Westmoreland
15613	Apollo	Armstrong
15615	Ardara	Westmoreland
15617	Arona	Westmoreland
15618	Avonmore	Westmoreland
15623	Claridge	Westmoreland
15626	Delmont	Westmoreland
15632	Export	Westmoreland
15634	Grapeville	Westmoreland

15636	Harrison City	Westmoreland
15637	Herminie	Westmoreland
15642	Irwin	Westmoreland
15644	Jeannette	Westmoreland
15647	Larimer	Westmoreland
15663	Madison	Westmoreland
15665	Manor	Westmoreland
15668	Murrysville	Westmoreland
15672	New Stanton	Westmoreland
15675	Penn	Westmoreland
15678	Rillton	Westmoreland
15684	Slickville	Westmoreland
15692	Westmoreland City	Westmoreland



## Section 3. Key Findings

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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 in the CHNA process In the Forbes Hospital study area, two health need priority areas were identified.



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%.<sup>2</sup>

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.

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<sup>2</sup> American Hospital Association, 2018

## Priority 1: 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.<sup>3</sup>

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.

## Mental Health Services

Mental health is an important part of overall health and well-being. Mental health includes one's emotional, psychological, and social welfare. It affects how an individual thinks, feels, and acts. It helps determine how one handles stress, relates to others, and aids in making healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.<sup>4</sup>

The prevalence of mental illness in American households is staggering. According to the National Alliance on Mental Health, one in 25 adults—4.0%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities and, one in five youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during this period. For children aged 8–15, the estimate is 13 percent.<sup>5</sup>

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



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3 SAMHSA, 2018

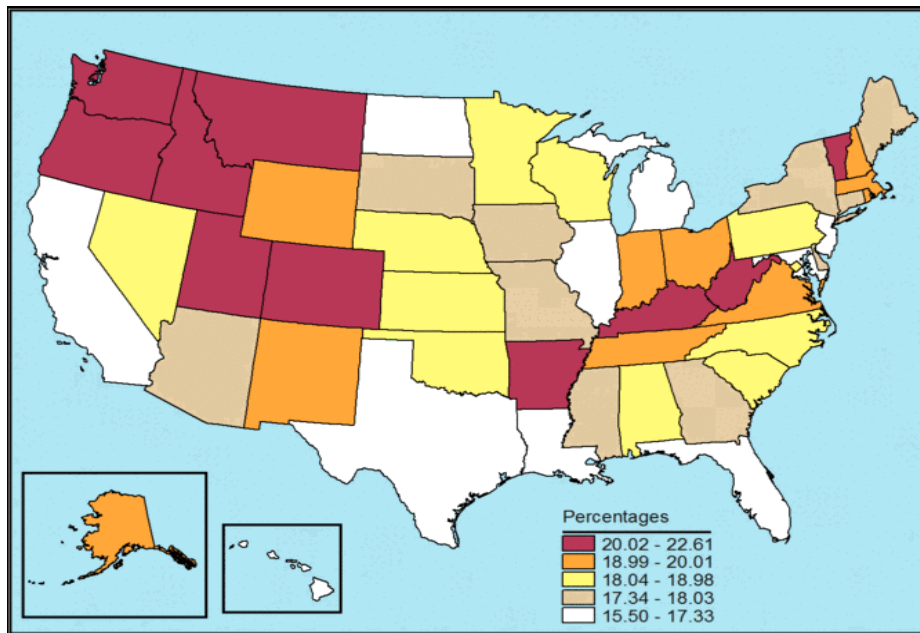
4 Centers for Disease Control and Prevention, 2018

5 National Alliance on Mental Health, 2018

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 figure below geographically depicts individuals 18 and older who had any type of mental illnesses according to SAMHSA. Pennsylvania reports a range between 18.0%– 18.9% of residents who reported any type of mental illnesses in years 2015-2016.<sup>6</sup>

**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%).

- 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.

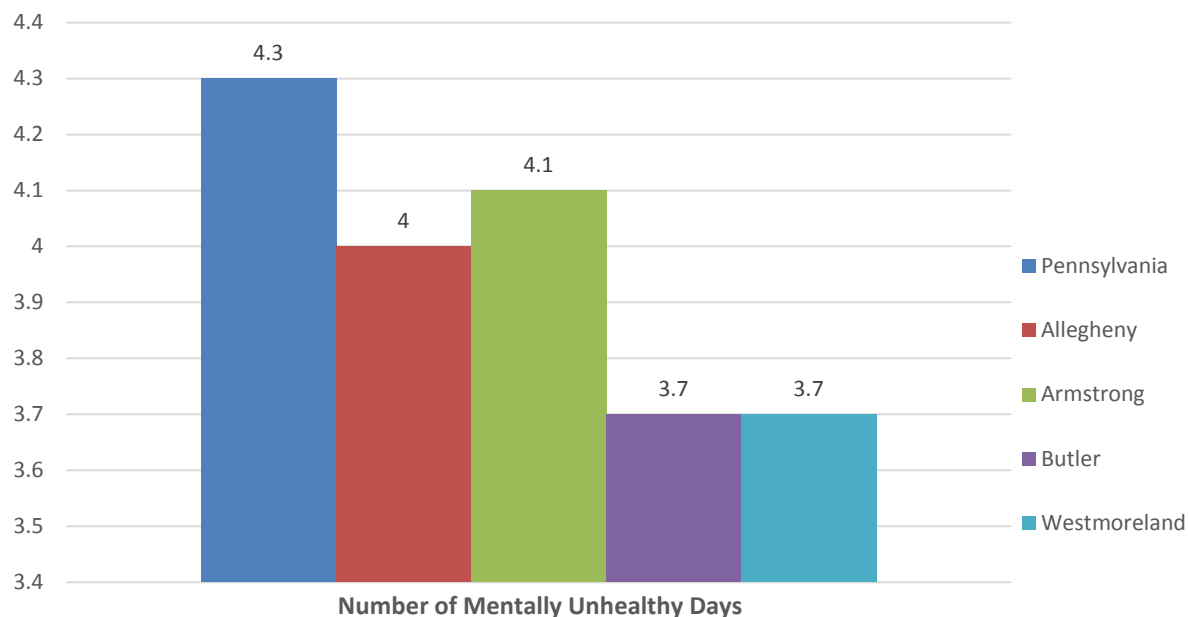
Poor Mental Health Days is based on survey responses to the question: “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” The value reported in the County Health Rankings is the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

<sup>6</sup> 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).

- **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, as it was mentioned in 71% of the responses.<sup>7</sup>

In Forbes Hospital’s services area, all counties are at or below the Pennsylvania rate of 4.3 mentally unhealthy days in the past 30 days. Armstrong County showed a higher number of mentally unhealthy days in the past 30 days than the other counties at 4.1 days.

**Figure 4: Number of Mentally Unhealthy Days Reported in the Past 30 Days**



Source: County Health Rankings and Roadmaps, 2016

### 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, 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.<sup>8</sup>

7 See Appendix A

8 See Appendix A

Drug overdose deaths are a leading contributor to premature death and are largely preventable. 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).<sup>9</sup>

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%).<sup>10</sup> This percentage in 2014 was higher than those in every year from 2002 through 2013.



The reoccurring use of alcohol and/or drugs physically impairs and 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 attainment. 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.<sup>11</sup>

- **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.<sup>12</sup>

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<sup>12</sup> (24%). The typical overdose victim is white, male, aged 41-50, and single.<sup>13</sup>

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

### **Figure 5: Percent of Adults Reporting Binge or Heavy Drinking**

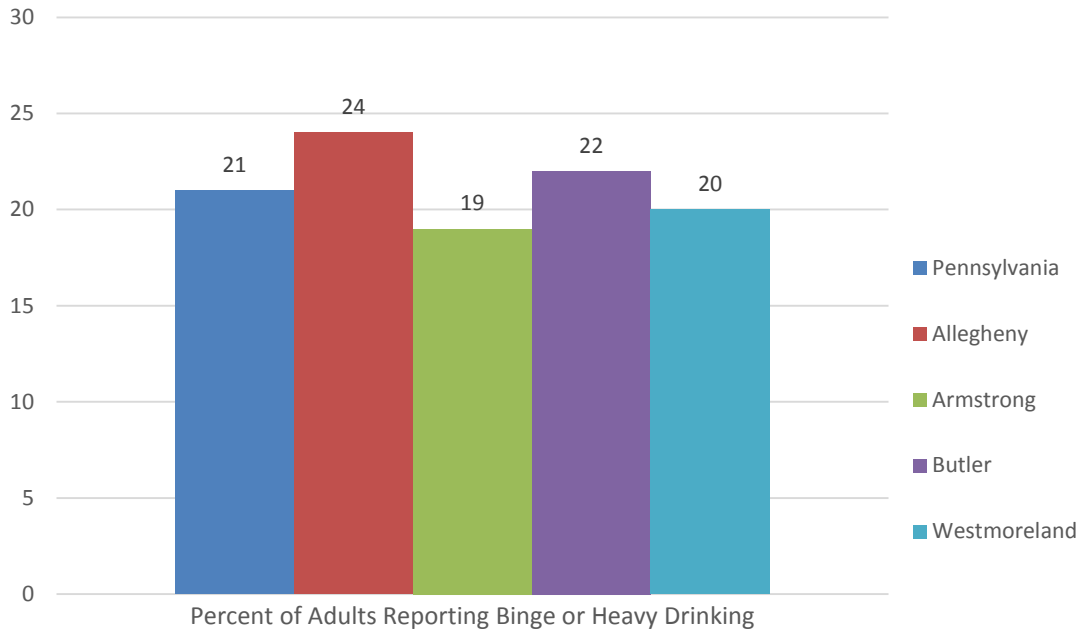
9 Centers for Disease Control and Prevention (CDC).

10 World Health Organization, 2013

11 The Substance Abuse and Mental Health Services Administration, 2018

12 See Appendix A

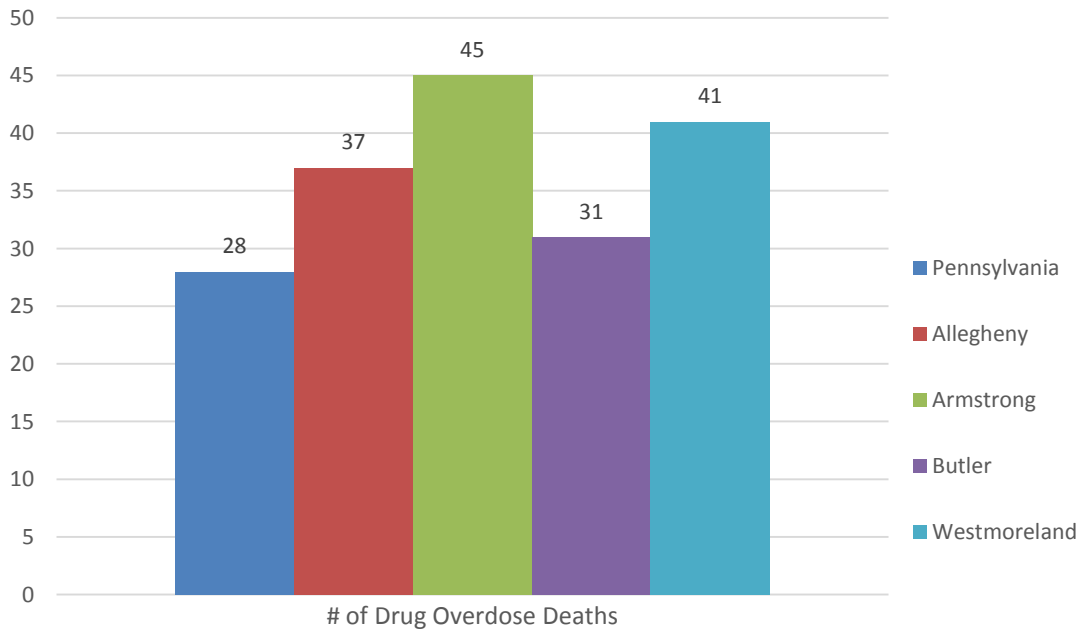
13 Pennsylvania State Coroners Association, 2018



Source: County Health Rankings, 2016

Armstrong county has the highest rate of drug deaths per 100,000 (45) among the counties in the Forbes Hospital service area as well as higher than the state rate (28).

**Figure 6: Number of Drug Poisoning Deaths per 100,000 Population**



Source: County Health Rankings, 2016

- **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.<sup>14</sup>

## Priority 2: Chronic Disease

Chronic diseases are a major cause of disability and death in Pennsylvania, as well as in 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 percent of all deaths per year in Pennsylvania. With Pennsylvania's aging population and the advances in healthcare 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. Preventive services both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs.

### 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.<sup>15</sup>

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.<sup>16</sup>

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

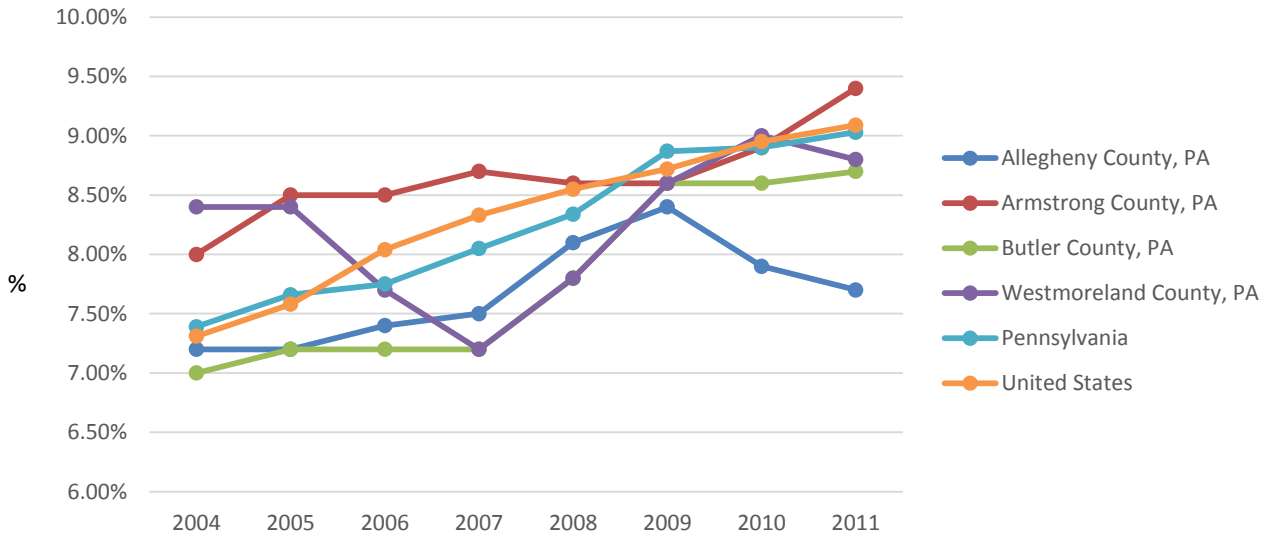
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14 See Appendix A

15 See Appendix A

16 2017 County Health Rankings

**Figure 7: Percent Adults Age 20 + with Diagnosed Diabetes by Year**



Source: *Community Commons*

- **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.<sup>17</sup>

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.

In the Forbes 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%
- Westmoreland is lower than both the state and national levels at 83%

### 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

<sup>17</sup> See Appendix A



cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease.

- **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.<sup>18</sup>

Roughly 4.2% of adults aged 18 and older have been 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 related to high blood pressure, high cholesterol, and heart attacks.<sup>19</sup>

**Figure 8: 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	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*

Pennsylvania has the 17<sup>th</sup> 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 heart disease in 2015.<sup>20</sup> 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.

<sup>18</sup> See Appendix A

<sup>19</sup> Community Commons, 2015

<sup>20</sup> American Heart Association. Heart Disease and Stroke Statistics: 2015

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.<sup>21</sup>

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.

### Priority 3: Vulnerable Populations

In the United States, major disparities exist in healthcare for vulnerable populations. A range of criteria is used to define vulnerable populations, including racial and ethnic minorities, the economically disadvantaged, and those with chronic health conditions. For these populations, their health and subsequent healthcare issues are often made worse by social factors out of their control.<sup>22</sup>

#### LGBTQ

According to Healthy People 2020, LGBTQ individuals face health disparities linked to factors such as societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTQ individuals and groups have been linked with higher rates of psychiatric disorders, substance abuse, and suicide. Violence and victimization often occur for LGBTQ individuals and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBTQ individuals.

Reducing or eliminating LGBTQ health disparities and enhancing efforts to improve LGBTQ health are necessary to ensure that LGBTQ individuals can live healthy lives. The many benefits of addressing health concerns and reducing disparities include<sup>23</sup>:

- Reductions in disease transmission and progression
- Increased mental and physical well-being
- Reduced health care costs
- Increased longevity

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<sup>21</sup> CDC, 2018

<sup>22</sup> The American Journal of Managed Care, *5 Vulnerable Populations in Healthcare*

<sup>23</sup> Healthy People 2020

Social determinants affecting the health of LGBTQ individuals largely relate to oppression and discrimination. Examples include<sup>24</sup>:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBTQ youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health

AHN and Forbes Hospital prioritizes LGBTQ health and wellness because the effects of neglect and discrimination are wide ranging. Consider the following<sup>25</sup>:

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGBTQ individuals.
- Elderly LGBTQ individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use.

### Persons with disabilities

Disability is part of many people's life experience. Individuals with disabilities represent 18.7% (about 56.7 million people) of the U.S. population. Consistent with the World Health Organization's (WHO) model of social determinants of health, Healthy People 2020 has recognized that what defines individuals with disabilities, their abilities, and their health outcomes more often depends on their community, including social and environmental circumstances. In order to be healthy, all individuals with or without disabilities must have opportunities to take part in meaningful daily activities that add to their growth, development, fulfillment, and community contribution.<sup>26</sup>

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<sup>24</sup> Healthy People 2020

<sup>25</sup> Healthy People 2020

<sup>26</sup> Healthy People 2020

Healthy People 2020 organizes the social determinants of health around five key domains<sup>27</sup>:

1. Economic Stability
2. Education
3. Health and Health Care
4. Neighborhood and Built Environment
5. Social and Community Context

Within each of these domains, compared to individuals without disabilities, individuals with disabilities are more likely to experience challenges finding employment, being included in regular educational classrooms, attending college, receiving preventive health care services, being able to visit homes in the neighborhood, using fitness facilities, using health information technology, and obtaining sufficient social-emotional support.

### Conclusions and Recommendations

With the completion of the 2018 CHNA, Forbes 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 Forbes Hospital will address the identified community health needs.



Forbes 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.

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<sup>27</sup> Healthy People 2020

### 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, Forbes 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.

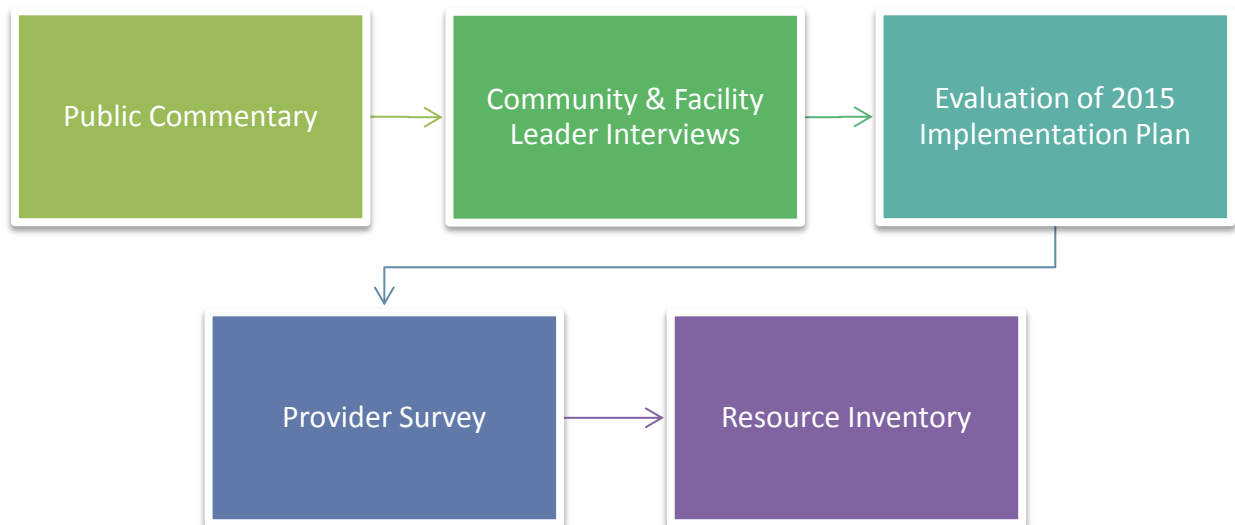
## Appendix A: Primary Data Summary

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### Primary Data Collection

A comprehensive community-wide CHNA process was completed for Forbes 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. Forbes 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 Forbes Hospital CHNA, behavioral health, cancer, chronic disease, and maternal & child health were identified as top community health needs and implementation planning focus areas. Forbes Hospital leadership developed goals and strategies to address each identified concern.

In this 2018 CHNA process, Tripp Umbach provided Forbes 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 Forbes Hospital to address the needs from the 2015 CHNA.

### Provider Survey

Tripp Umbach employed a health provider survey methodology to gather feedback from providers within Allegheny Health Network. The purpose of the provider health survey was to collect providers' insights on the health status of the patient community they serve including priorities, barriers, and trends. Providers were also asked questions that pertain to the care and services they provide in order to meet these needs. 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.

The survey included 24 questions in total and the questions below offer a summary of the most important questions:

#### **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 Forbes Hospital service area/AHN region was developed by Tripp Umbach. The provider inventory highlights available programs and services within Forbes 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.

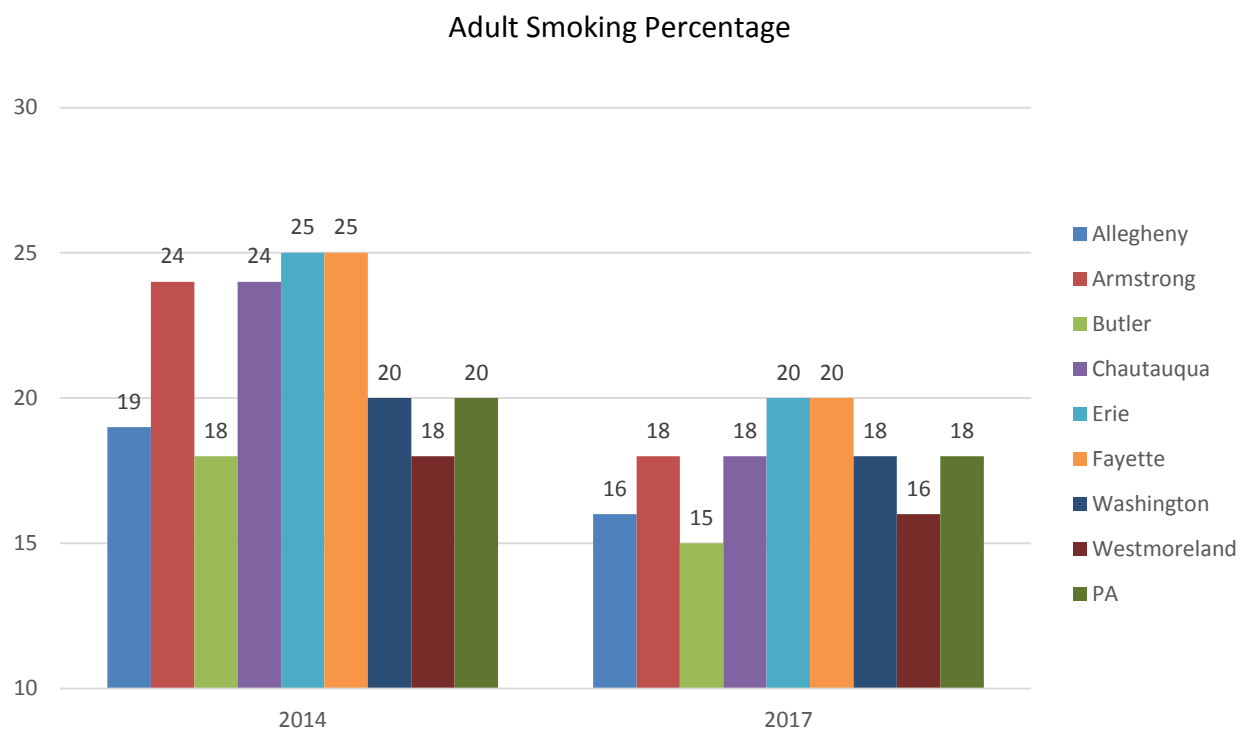
A link to the provider resource inventory will be made available on Allegheny Health Network’s website.

## 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

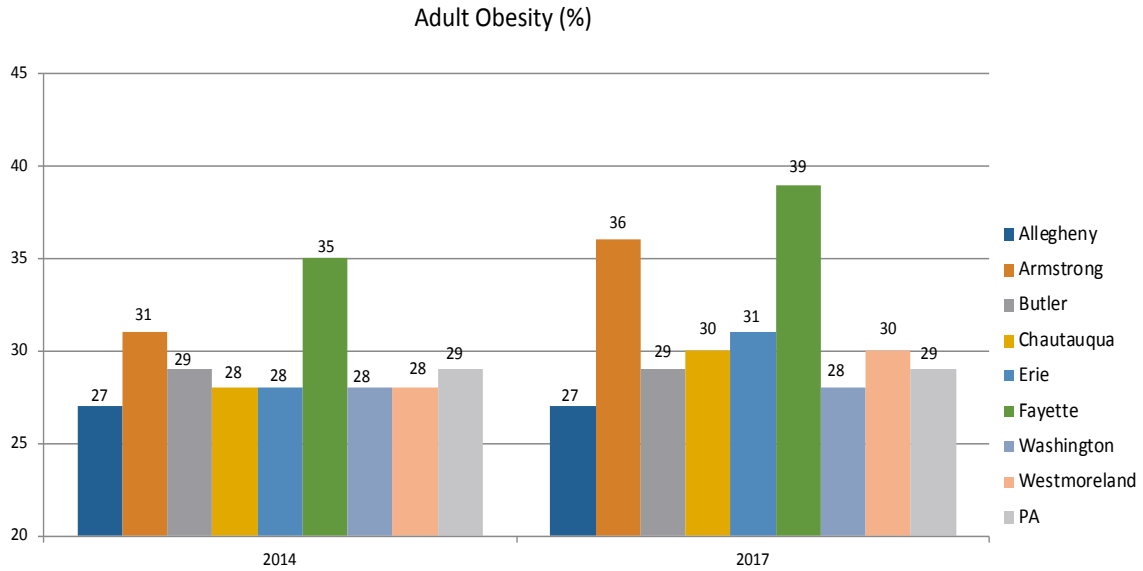
This section is intended to provide anecdotal, contextual support for the identified health needs of Allegheny Health Network. The entire secondary data profile for Allegheny Health Network is available upon request.



Source: 2017 County Health Rankings

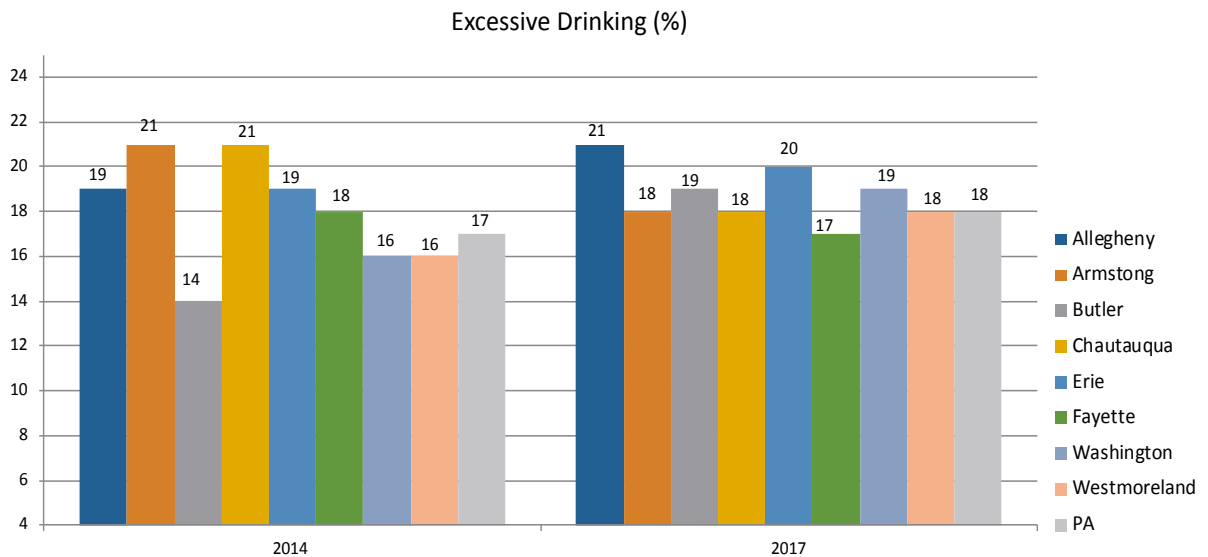
- **Key Insight:** All counties saw a reduction in adult smoking percentage from 2014 to 2017.

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



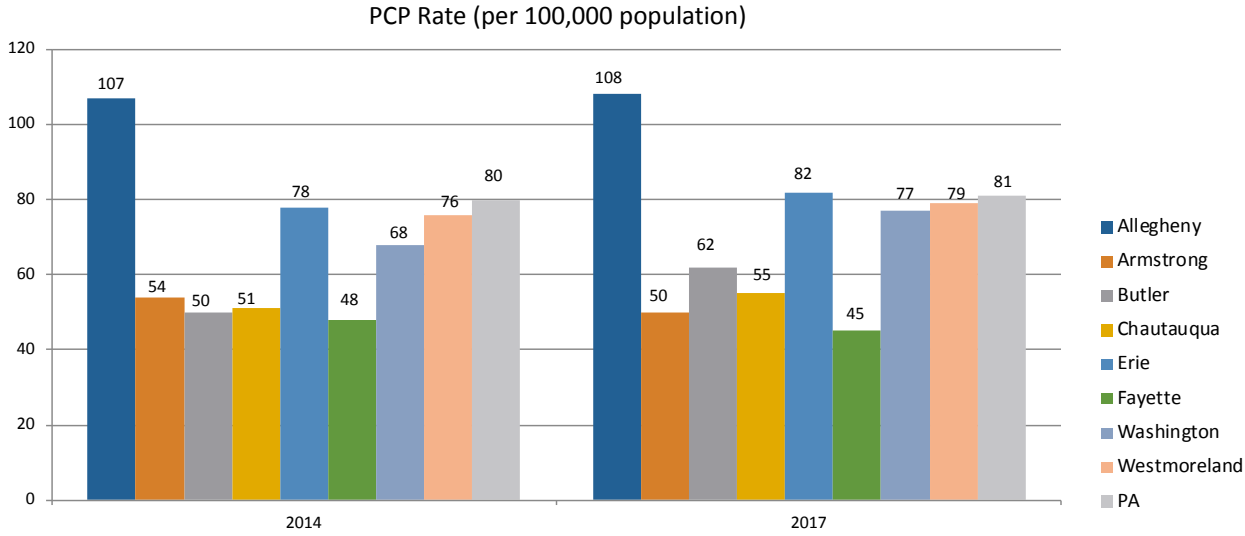
Source: 2017 County Health Rankings

- **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.



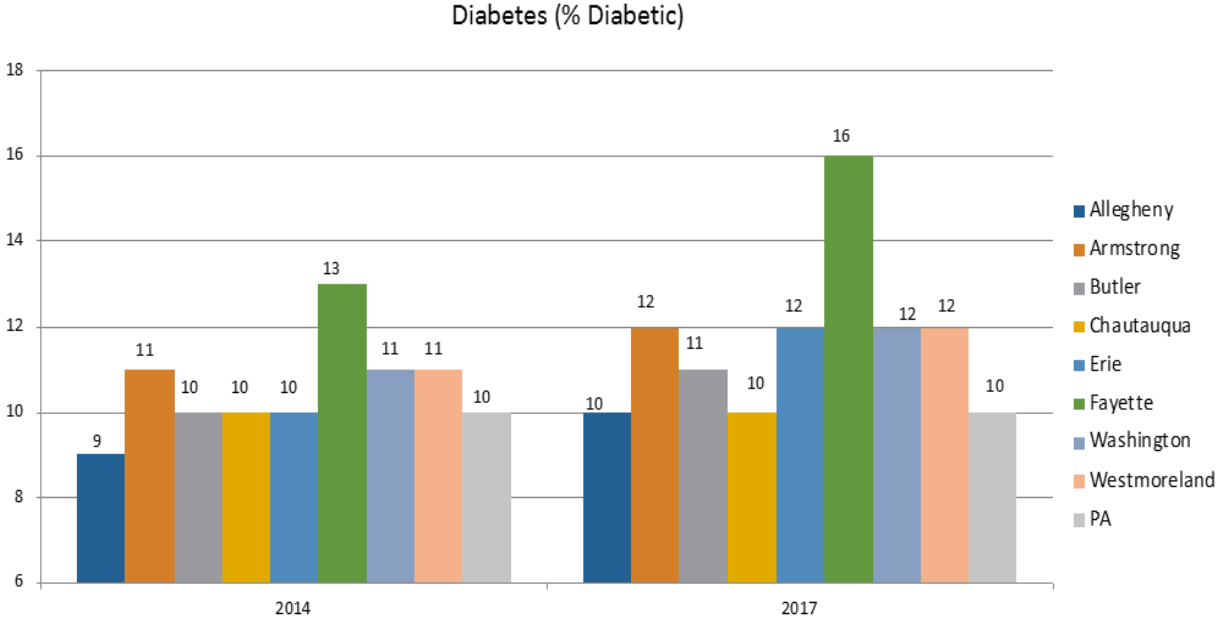
Source: 2017 County Health Rankings

- **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

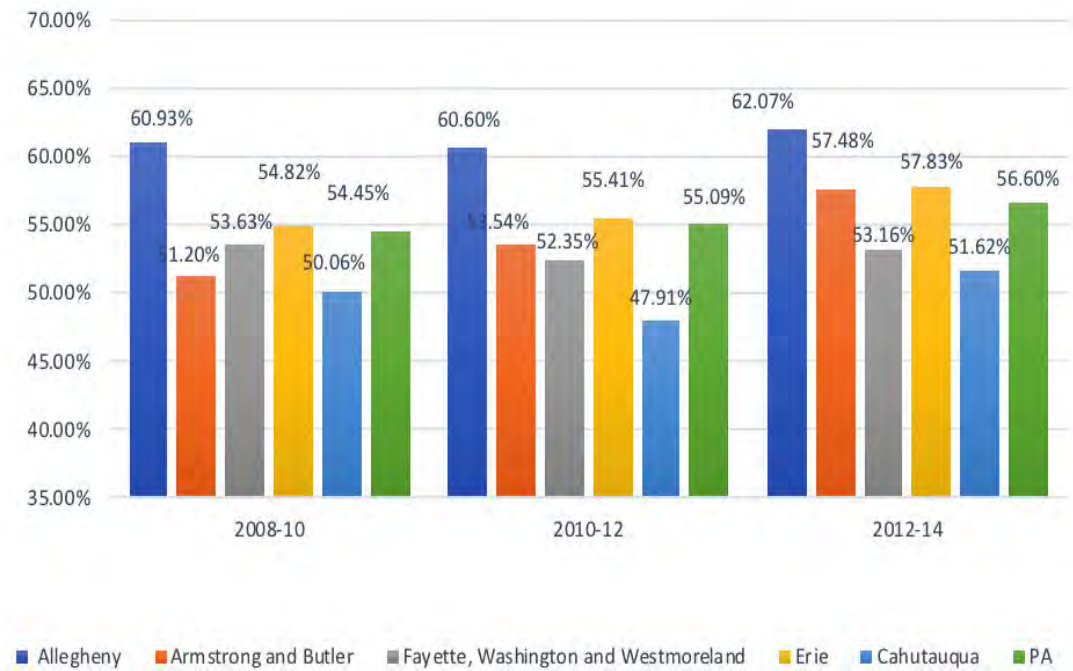
- **Key Insight:** The rate Of PCP per 100,000 increased in all counties except for Armstrong and Fayette, which declined.
- **Key Insight:** In 2017, Armstrong, Butler, Chautauqua, Fayette, Washington, and Westmoreland Counties record lower PCP rates compared to the state average.



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 +)

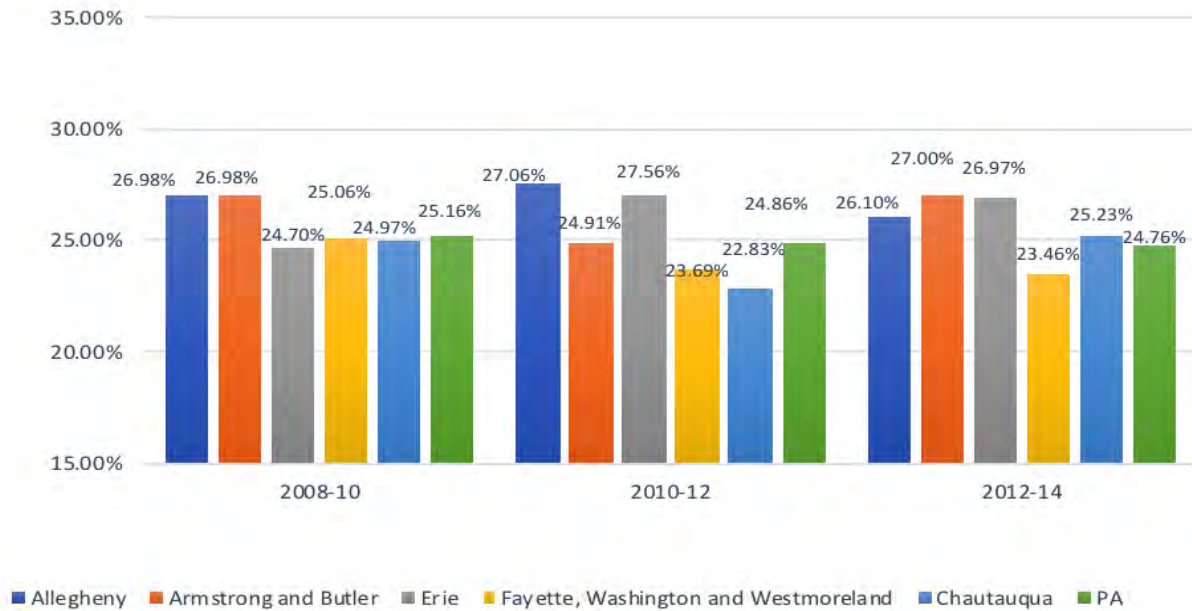


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- **Key Insight:** Armstrong/ Butler<sup>28</sup>, 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.

<sup>28</sup> Armstrong and Butler Counties are grouped together due to their geographic proximity for display purposes.

## Binge Alcohol Use

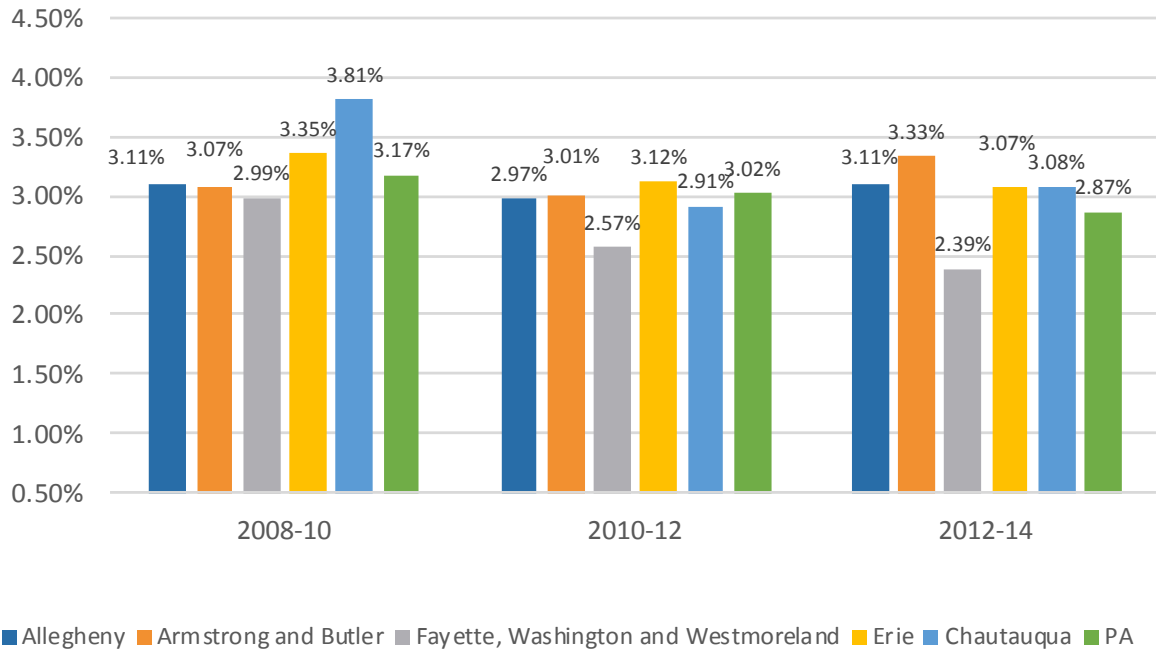


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- **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<sup>29</sup> saw the largest decrease in Binge Alcohol Use throughout the study period.

<sup>29</sup> Fayette, Washington, and Westmoreland Counties were grouped together due to their geographic proximity for display purposes.

## Alcohol Dependence

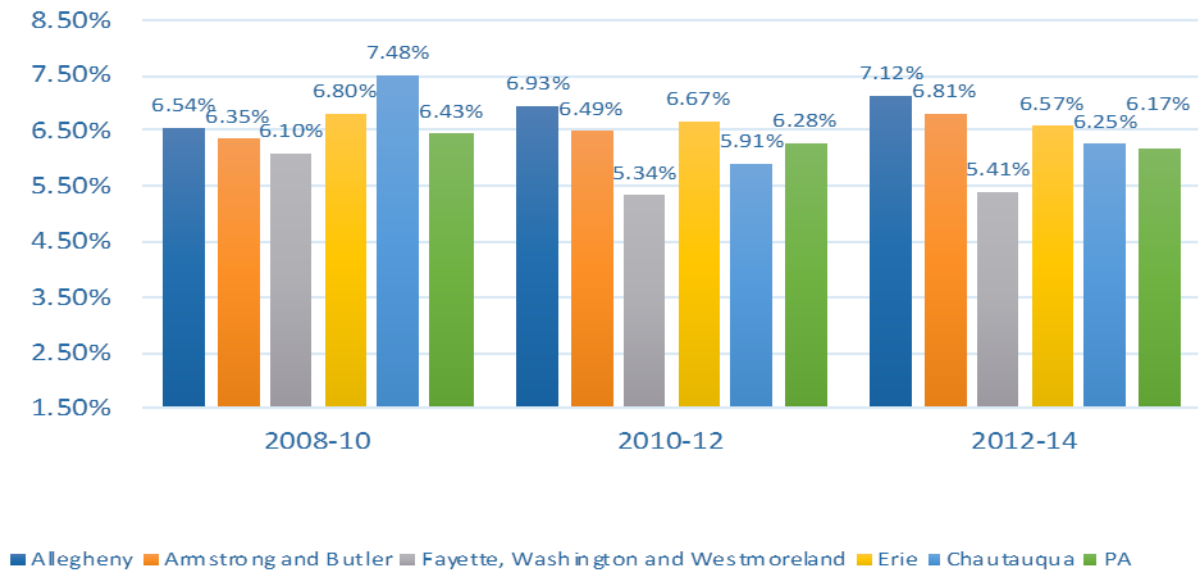


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- **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.



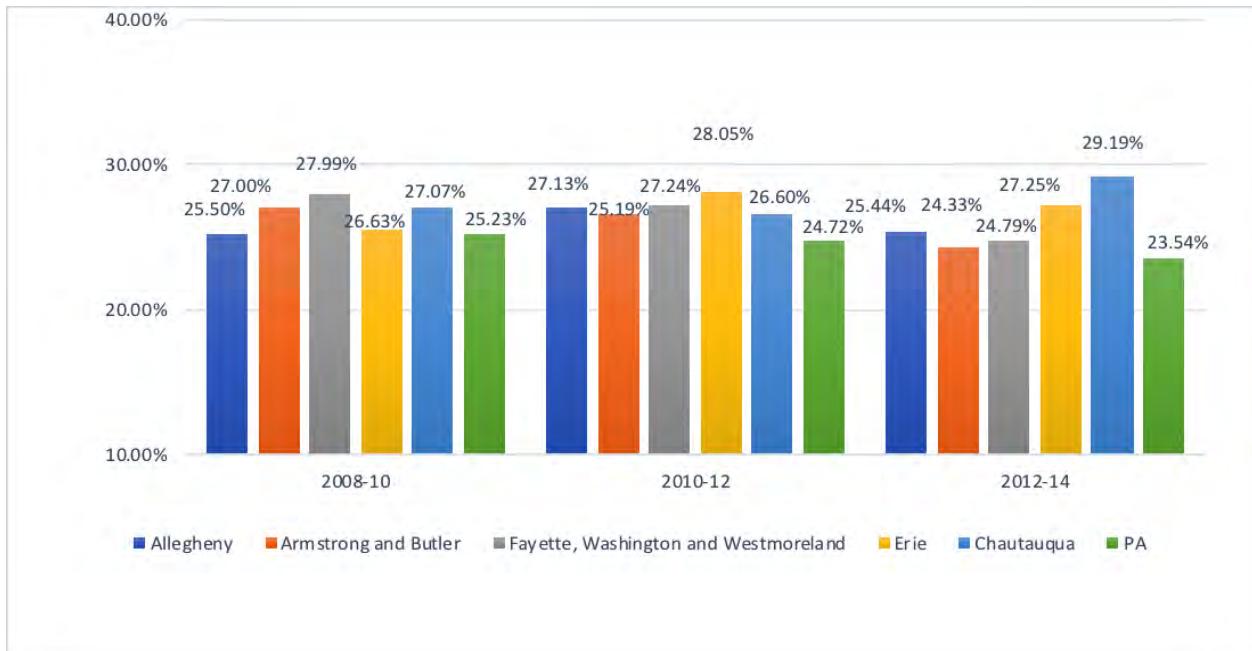
## Needing But Not Receiving Treatment for Alcohol Use



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.

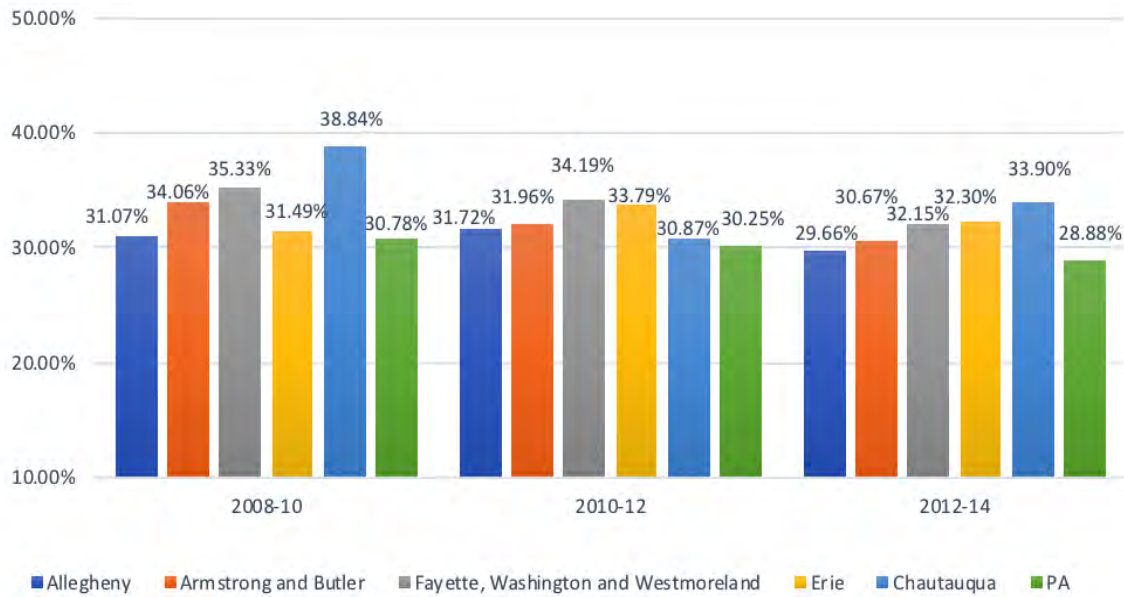
## Cigarette Use



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.

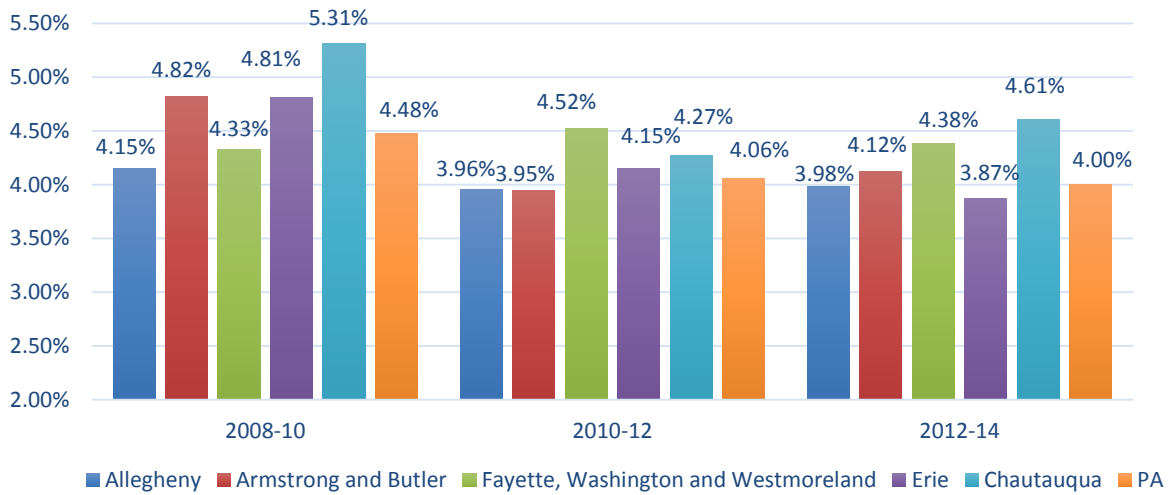
## Any Tobacco Use



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.

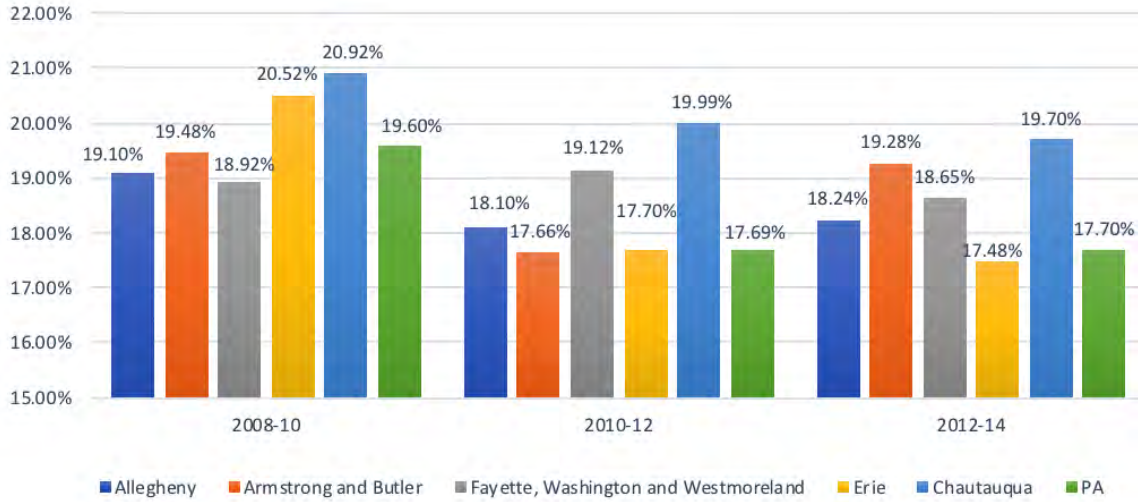
### Serious Mental Illness in the Past Year (Aged 18 +)



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

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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.

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

- Developed screening protocol, established pilot crisis response, provided prompt outpatient psychiatric access, created mother/baby continuum of care (outpatient, intensive outpatient, partial hospitalization, inpatient)
- Established new Child and Adolescent Outpatient Services through Jefferson (Route 51 Project), Increase Adult Outpatient Presence in Southern Corridor (Jefferson - Route 51 Project), Relocated Jefferson Adult Intensive Outpatient Program, Developed Behavioral Program in Monroeville (Outpatient, Intensive Outpatient, Partial Hospitalization Services), Increased Primary Care Co-location
- Established coordinated services with The Children's Institute at their Primary Location, established coordinated services at the Jefferson Route 51 location, provided pass through psychiatric coverage for Bethlehem Haven (shelter program for indigent women)

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

- Conducted 15 hours of Crisis Intervention Training
- Conducted Three One-Day Workshops Using SAMHSA's Crisis Management Services.
- Provided outreach presentations with a combined "paraprofessional/personal" approach with a professional overview of perinatal depression
- Educated/equipped police and schools with Narcan
- Trained Behavioral Health Nurses on administration of the injection

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

- Provided screening, assessments, referrals, and treatments of primary care patients with mental health conditions
- Provided weekly scheduled skype consultations. Reviewed primary care physician patient's behavioral health issues

- Hired a Behavioral Health Consultant (LPC) to provide real time assessment of depression and other behavioral health issues and provide brief intervention and referral to higher level care if needed.
- Initiated routine depression screening by Medical Assistants using PHQ-9 and implementing a protocol for positive scores.
- Initiated routine screening for Substance Use Disorders using SBIRT model and linking people seeking treatment to appropriate resources.
- Provided technical assistance to PC practices in development of PCMH

## 2. HEALTH PRIORITY: CANCER

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

**Forbes 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.*

- Implemented team based interventions to close care gaps for cancer screenings

**Forbes 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.*

- Offered low dose lung CT scan screening to high risk smokers and former smokers.
- Premier has signed the 80% by 2018 pledge and has actively worked to raise screening rates for colon cancer to 80.2%

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

- Premier has signed the 80% by 2018 pledge and has actively worked to raise screening rates for colon cancer to 80.2%

## 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.

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

- Conducted Outreach calls
- Educated providers and patients and maintained accurate vaccine registry

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

- Generated quality reports for patients that have not had a retinal exam within the past 12 months
- Provided continuous glucose monitoring therapy. Reviewed patient's blood sugar trends.
- Instituted pump therapy for appropriate patient's in place of insulin injections

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

- Promoted bimonthly classes to residential care homes in Forbes Hospital service area.

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

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

- Offered highest risk patients palliative care/hospice for symptom control
- Identified patient's on incorrect HF meds
- Reduced 30 day re-admit for HF patients.

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

- Conducted targeted community outreach and partnerships to advance this objective

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

- Conducted targeted community outreach and partnerships and participated health fairs to advance this objective

#### **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.

**Forbes 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.*

- Opened additional offices offering prenatal care in Greensburg, Braddock and Highlands Hospital

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



- Opened additional office offering prenatal care in Braddock Outpatient Center

**Forbes 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.*

- Implemented the 10 steps for successful breastfeeding
- Trained all office and hospital staff on the goals of Keystone 10
- Revised AHN Trimester educational material to include benefits of breastfeeding
- Incorporated Keystone 10 into prenatal classes
- Worked with STAR. Developed education and training.

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

- Partnered with Cribs for Kids and Healthy start
- Worked with EMS and Trauma Team on Safe Care Seats
- Expanded material within Trimester books. Include information on safe sleep, car seats, gun safety and Shaken Baby Syndrome

**Forbes 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.).*

- Opened additional office offering prenatal care in Braddock Outpatient Center
- Conducted targeted community outreach and partnerships and participated health fairs to advance this objective

## Appendix D: **About Tripp Umbach**

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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.

