

COMMUNITY HEALTH NEEDS ASSESSMENT



AHN NEIGHBORHOOD
HOSPITALS
Report

April 2022



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Mission

To create a remarkable health experience, freeing people to be their best.

Vision

A world where everyone embraces health.

Values

People matter

Every person contributes to our success. We strive for an inclusive culture, regarding people as professionals, and respecting individual differences while focusing on the collective whole.

Stewardship

Working to improve the health of the communities we serve and wisely managing the assets that have been entrusted to our care.

Trust

Earning trust by delivering on our commitments and leading by example.

Integrity

Committing to the highest standards encompassing every aspect of our behavior including high moral character, respect, honesty, and personal responsibility.

Customer-focused collaboration

Because no one person has all the answers, we actively seek to collaborate with each other to achieve the right outcomes for our customers.

Courage

Empowering each other to act in a principled manner and to take appropriate risks to do what is right to fulfill our mission.

Innovation

Committing to continuous learning and exploring new, better, and creative ways to achieve our vision.

Excellence

Being accountable for consistently exceeding the expectations of those we serve.



Introduction

About Allegheny Health Network (AHN)

The hospitals of Allegheny Health Network, as they have for decades, provide exceptional health care to help people live healthy lives and continue to extend their reach, offering a broad spectrum of care and services.

The tradition continues by using the latest medical innovations to treat patients. Gaining knowledge through research to constantly improve how to prevent, diagnose, and treat illness, AHN staffs each hospital with experienced, expert, and compassionate physicians, nurses, and other health care professionals dedicated to medicine, people, and healing.

AHN is committed to giving patients the proper care, at the right place, at the right time. Physicians from various specialties work as a team to coordinate patients' care from start to finish. AHN explores every possible option for treatment. AHN has established medical facilities in communities throughout the region, so patients have convenient access to care. Also, AHN works around patients' schedules to help maintain their quality of life while receiving treatment and therapy.

AHN can extend its reach to more people as a health network by offering a broad spectrum of care and services. AHN has 14 hospitals and more than 200 primary- and specialty-care practices. AHN has approximately 2,400 physicians in every clinical specialty, 21,000 employees, and 2,000 volunteers. AHN provides world-class medicine to patients in their communities, across the country, and around the world.

AHN's physicians continually explore and develop new treatments that allow us to bring medical discoveries from the laboratory directly to patients. These breakthroughs help save lives and give patients access to the latest treatments for disease and medical conditions. Allegheny Health Network is also committed to educating and training the next generation of doctors by serving as the clinical campus for both Lewis Katz School of Medicine at Temple University and Drexel University College of Medicine.

Allegheny Health Network is an integrated health care system that serves patients from across a four-state region that includes Pennsylvania and portions of New York, Ohio, and West Virginia. AHN has more than 80 medical, surgical, and radiation oncology physician practices; one of the state's most extensive bone marrow transplant and cellular therapy programs; and the nation's largest – and western Pennsylvania's only – radiation oncology network accredited by both the American Society for Radiation Oncology and American College of Radiology. Allegheny Health Network's cancer program has more than 200 clinical trials offered throughout its network of hospitals and clinics.

AHN has received accolades from numerous organizations, including Thomson Reuters, AARP, Healthgrades, and Consumer Reports. These accolades recognize AHN's dedication to excellence and strengthen its ability to tackle diseases so we may find a cure for tomorrow.



About AHN Neighborhood Hospitals

In early 2020, AHN opened AHN Hempfield Neighborhood Hospital, a small-scale hospital in Westmoreland County, PA. In March, the network opened two additional small-scale hospital facilities hospitals, in Brentwood and McCandless, followed by the fourth and final neighborhood hospital opened in the fall of 2020 in Harmar Township, PA.

The hospitals each have a 24-hour emergency room, as well as 10-12 inpatient beds, imaging services, and a variety of outpatient services. AHN Hempfield Neighborhood Hospital is also attached to a newly built cancer center.





Frequently Asked Questions

WHAT IS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)?

A community health needs assessment is an effective method of identifying the unmet health care needs of a population and making changes to meet these needs.

WHY WAS A CHNA PERFORMED?

Through comprehensive data and analysis, community health needs assessments identify key health needs and issues locally. Not-for-profit hospitals or charitable-status organizations under section 501(c)(3) of the Federal Internal Revenue Code are required to provide benefits to the community that they serve.

Not-for-profit hospitals must conduct a CHNA and adopt an implementation strategy at least once every three years to meet the identified community health needs. CHNAs identify areas of concern within the community related to the current health status of the region. The identification of the region's health needs provides AHN Neighborhood Hospitals and its community organizations with a framework to improve the health of its residents.

HOW WAS DATA FOR THE CHNA REPORT COLLECTED?

A working group was formed in summer 2021 to complete the CHNA and its initiatives. The information collected is a snapshot of the health of residents in the service area of AHN Neighborhood Hospitals, encompassing socioeconomic information, health statistics, demographics, and mental health issues, etc. The group worked passionately and tirelessly to be the voice of the





Internal Revenue Service (IRS) Requirements

The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct a community health needs assessments (CHNA) and implementation strategy plans to improve the health and wellbeing of residents within the communities served by the hospitals. These strategies created by hospitals and institutions consist of programs, activities, and plans specifically targeted toward community populations. The execution of the implementation strategy plan is designed to increase and track the impact of each hospital's efforts.

The requirements imposed by the IRS for tax-exempt hospitals and health systems must include the following:

- Conduct a CHNA every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how the strategy addresses the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why.

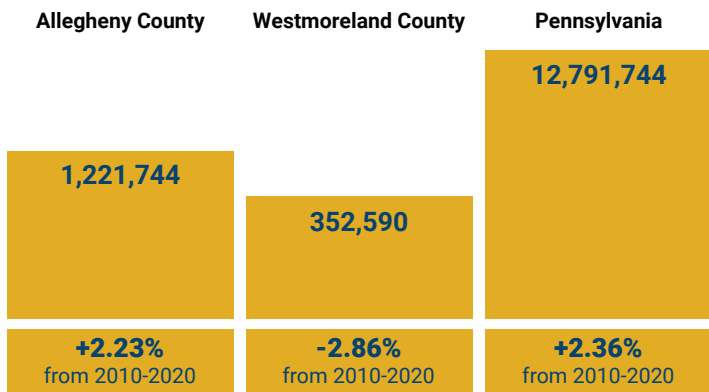
The Department of the Treasury and the IRS require a CHNA to include:

1. A separate written report for each hospital (state license designation).
2. Description of the community served by the hospital and how that community is defined.
3. Description of the process and methods used to conduct the CHNA.
4. Information gaps that may impact the ability to assess needs.
5. Identification of any collaborating partners.
6. Identification and qualifications of any third parties assisting with CHNA.
7. Description of how input from the community was used.
8. Prioritized description of all community health needs identified through the CHNA.
9. Description of existing health care facilities within the community available to meet the needs identified.
10. A description of the needs identified that the hospital intends to address, the reasons those needs were selected, and how the hospital will address the selected needs.

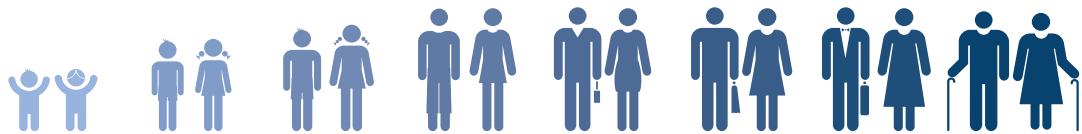
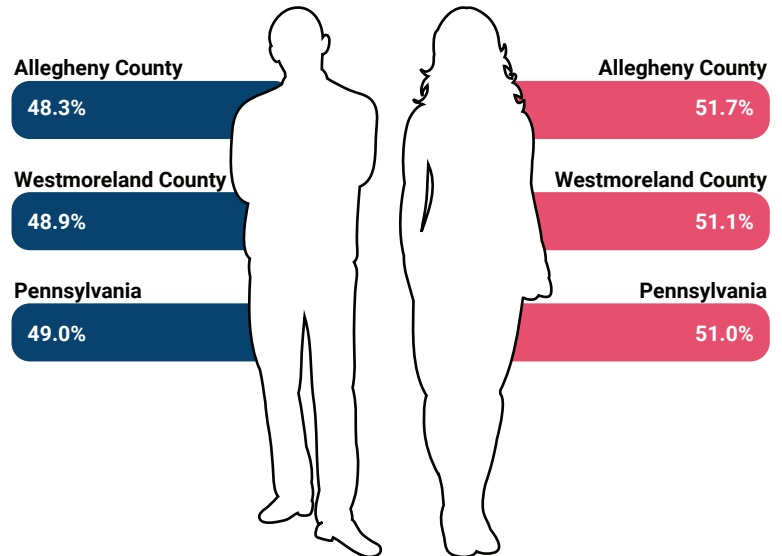
Community Profile



Population



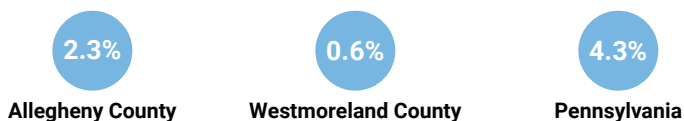
Gender



Age	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+	Median
Allegheny County	5.3%	13.6%	8.9%	15.3%	11.6%	12.4%	14.5%	18.5%	40.8
Westmoreland County	5.1%	15.1%	8.6%	11.3%	11.8%	14.4%	15.4%	18.2%	47.0
Pennsylvania	5.5%	15.3%	9.2%	13.1%	11.7%	13.2%	14.1%	17.8%	40.8



Limited English Proficiency

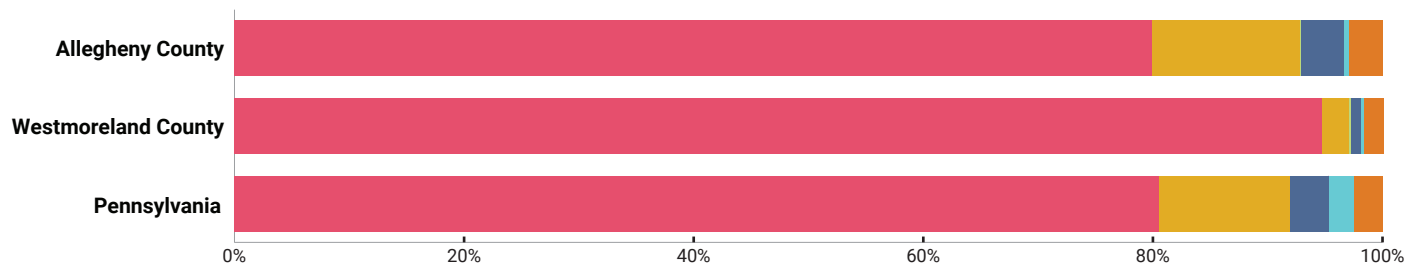


Uninsured Population





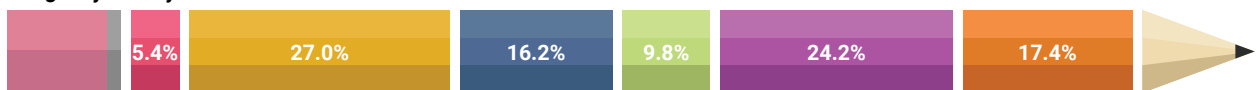
Race



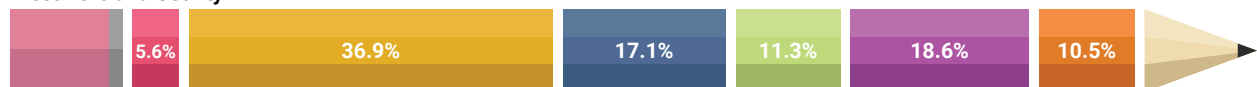
	White	Black	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Allegheny County	79.9%	12.9%	0.1%	3.7%	0.0%	0.5%	2.9%
Westmoreland County	94.7%	2.4%	0.1%	0.9%	0.0%	0.3%	1.7%
Pennsylvania	80.5%	11.2%	0.2%	3.4%	0.0%	2.2%	2.5%

Education

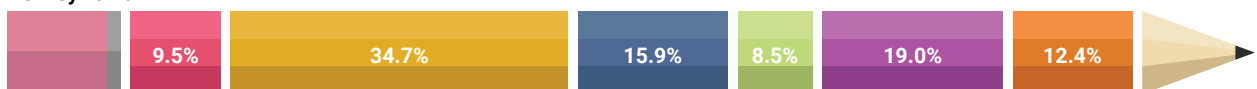
Allegheny County



Westmoreland County



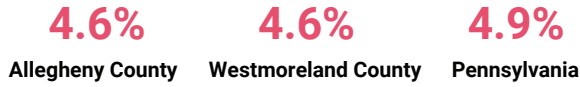
Pennsylvania



■ No High School Diploma
 ■ High School
 ■ Some College
 ■ Associates
 ■ Bachelors
 ■ Graduate or Professional Degree



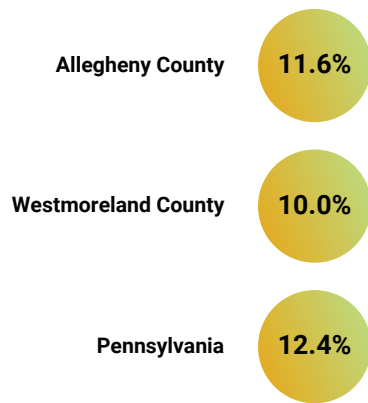
Unemployment Rate



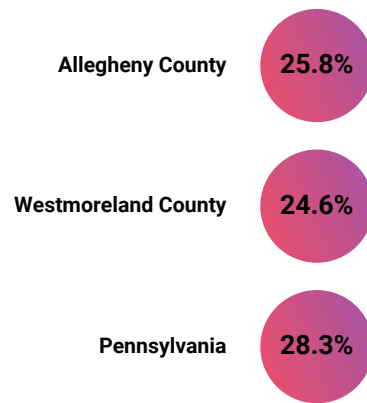
Median Household Income



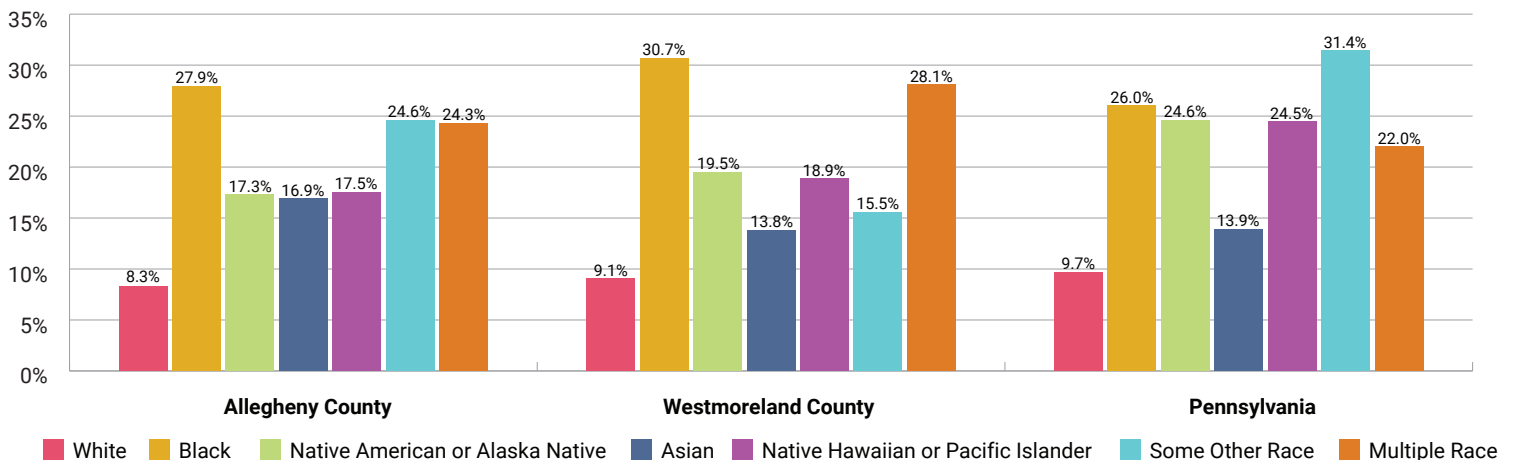
Population Below 100% FPL



Population Below 200% FPL



Population in Poverty by Race Alone





Executive Summary

Project Overview

Allegheny Health Network (AHN) executed a CHNA process that included collecting primary and secondary data. A formation of a working group consisting of members from AHN's Community Affairs oversaw the CHNA along with the project consultant, Tripp Umbach.¹ Representatives from each AHN hospital facility and representatives from departments within AHN formed a steering committee that provided high-level feedback and input on primary and secondary data collected. Organizations and community stakeholders within the primary service area were engaged in identifying the needs of the community. Community organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA. The comprehensive primary data collection phase resulted in contributions from a multitude of regional community stakeholders from organizations.

Input from the community was sought through a customized multi-language community survey, stakeholder interviews, and a provider survey. Community input was aligned with secondary data collections and presented to the CHNA Steering Committee as a framework for assessing current community needs, identifying new/emerging health issues, and advancing health improvement efforts to address identified needs.

Although the multi-language community survey was broadly deployed, the non-English responses were relatively low. However, many of the community agencies that provide health and human services to those specific populations and have knowledge of their health needs participated in the survey process.

The CHNA primary data collection consisted of several project components. In total, 59 community stakeholder interviews were conducted with individuals who represented a) broad interests of the community, b) populations of need, or c) persons with specialized knowledge in public health. Feedback from 2,201 online surveys was collected from AHN providers, and 866 surveys from the community.

An internal planning meeting was held with the AHN Steering Committee to discuss and finalize the CHNA needs for 2021 based on primary and secondary data results. AHN Neighborhood Hospitals recognized their needs and will addresses these issues and most importantly, AHN Neighborhood Hospitals identified areas of concern that require attention.

A resource inventory was generated to highlight available programs, services, organizations, and agencies within each of the priority needs in the service area.



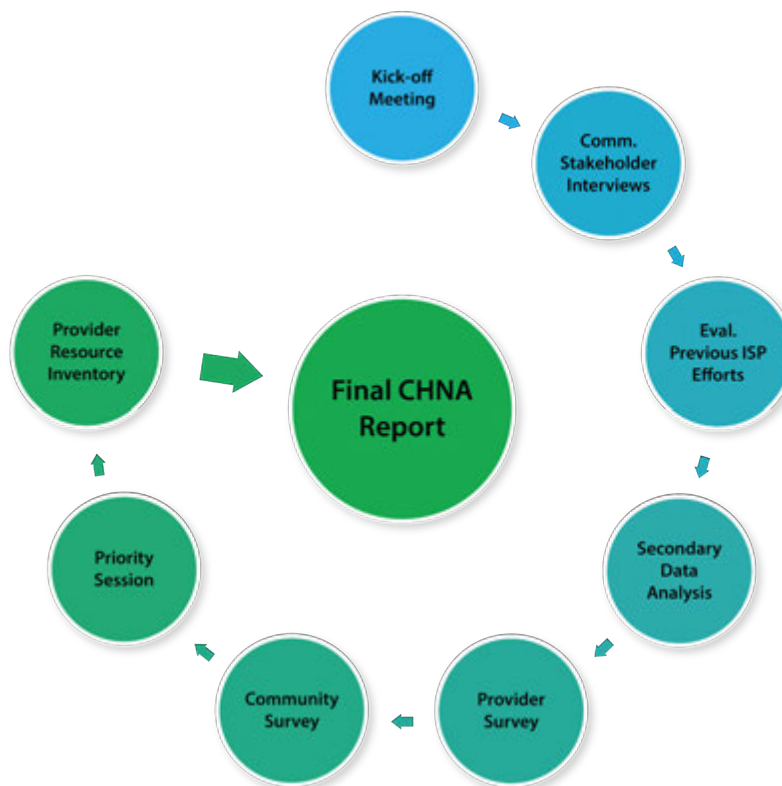
A significant project piece of the CHNA was compiling a regional profile (secondary data analysis). The regional profile was composed utilizing local, state, and federal figures providing valuable information on a wide array of health, clinical, and social issues. Tripp Umbach, along with the working group, examined and discussed different socioeconomic aspects, health outcomes, and health factors that affect residents' behaviors, specifically the influential factors that impact the health of residents.

The CHNA determined the health status of the community with direct initiatives and planning strategies. Without a doubt, the CHNA connected new partners and solidified relationships with local and regional agencies with the overall goal to improve the health outcomes of residents in the region.

AHN Neighborhood Hospitals is dedicated to providing exceptional care to residents in their communities. AHN Neighborhood Hospitals offers a full spectrum of comprehensive health services, programs, and resources to support the community they serve and to meet/advance identified community health needs. AHN Neighborhood Hospitals' patient-centered approach to care means a greater focus on coordinated health and wellness services and being accountable and responsive to patients.

The overall CHNA involved multiple steps that are depicted in the below flow chart. The first step of the process included a kick-off meeting. The meeting allowed the group to discuss visions and strategies and create a shared vision for the CHNA. The session delineated the scope of the project and mechanisms for sharing resources and skills necessary to achieve AHN Neighborhood Hospitals' goals and objectives to improve the health of the community.

Figure 1: Overall CHNA Process Flow Chart²





2021 Allegheny Health Network Prioritized Findings

AHN Neighborhood Hospitals

The CHNA results, upon review of extensive primary and secondary research, input from community members and stakeholders, and an evaluation of identified key regional priorities, illustrate the continued need for focus on Social Determinants of Health (SDOH). Each key need area had subareas of concentration.

The prioritized needs were selected through the efforts of the CHNA Steering Committee and identified during the previous CHNA cycle. Opportunities to advance those efforts and make a more significant impact are evident. Specific strategies for addressing the needs will be delineated in the implementation strategy plan.





The chart below illustrates the 2021 current CHNA needs of each Allegheny Health Network hospital facility, particularly for AHN Neighborhood Hospitals. The 2021 needs were based on data collected for the assessment and how AHN Neighborhood Hospitals will focus on areas of concern.

Table 1: 2021 Prioritized Needs

Allegheny Health Network (AHN)	2021 Prioritized Findings													
	Social Determinants of Health					Behavioral Health			Chronic Disease					Health Equity
	Transportation	Workforce Development	Cost of Care	Access to care*	Food Insecurity, Diet, and Nutrition	Substance Use Disorder	Mental Health Services	Postpartum Depression	Diabetes	Heart Disease	Cancer	COPD	Obesity	Diversity, Equity, and Inclusion**
Allegheny General Hospital	X	X			X	X			X	X	X			X
Allegheny Valley Hospital	X					X	X		X	X				X
Canonsburg Hospital	X			X		X			X	X				X
Forbes Hospital	X					X	X		X	X		X		X
Grove City Medical Center				X			X		X	X			X	X
Jefferson Hospital	X	X	X		X	X					X		X	X
Saint Vincent Hospital	X	X		X	X	X	X	X	X		X		X	X
West Penn Hospital		X			X			X	X		X		X	X
Westfield Memorial Hospital						X	X		X	X	X			X
Wexford Hospital					X	X	X	X		X				X
Brentwood Neighborhood Hospital			X	X										
Harmar Neighborhood Hospital			X	X										
Hempfield Neighborhood Hospital			X	X										
McCandless Neighborhood Hospital			X	X										

* Access to care includes primary care, specialty care, and access to general services.

**Diversity, Equity, & Inclusion includes LGBTQ+ and cultural competency.



A) Social Determinants of Health

The [World Health Organization \(WHO\)](#) defines social determinants of health as the economic and social conditions that influence individual and group differences in health status. These economic and social conditions under which people and groups live may increase or decrease the risk of health conditions or diseases among individuals and populations.

Social and economic factors contribute 40% to our health, health behaviors 30%, genetics 10%, the physical environment 10% and clinical care 10%, according to the Center for Health and Learning (CHL), an outgrowth of an initiative by the Center for Disease Control and Prevention's (CDC) Division of Adolescent and School Health. According to the CDC, poverty limits access to healthy foods and safe neighborhoods, while higher educational attainment is a predictor of better health. Differences in health and health outcomes are striking in communities with poor social determinants of health such as unstable housing, low-income levels, unsafe neighborhoods, or substandard education. Addressing SDOH is paramount to creating a healthier community.

Various domains categorize SDOH; Figure 2 displays five domains as categorized by Healthy People 2030. Data links determinants and domains to health status, such as the correlation of one's ZIP code resulting in drastically different health statuses for patients with the same/similar health conditions. SDOH domains are also contributors to health disparities and inequities across the nation. The literature stresses the need for multi-sector organizations to collaborate to address social determinants and make positive impacts on overall patient health. In addition, targeting specific populations with specialized interventions is imperative to providing equitable health care.

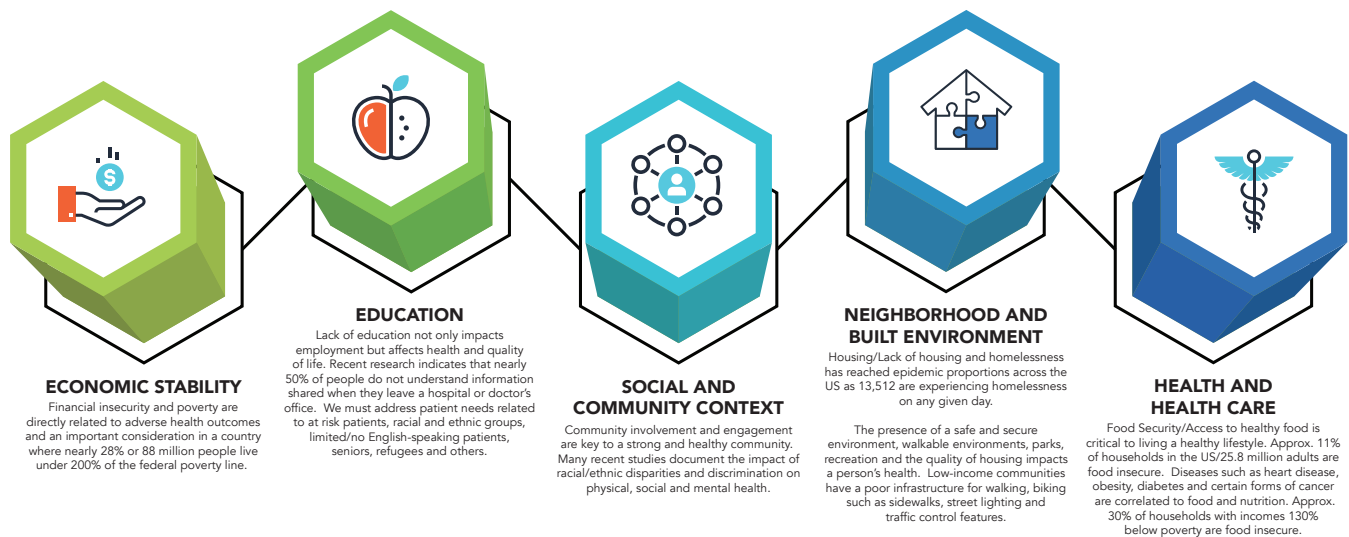




For health equity, these conditions support health and include adequate income, secure employment, good working conditions, quality education, safe neighborhoods, and housing, food security, the presence of social support networks, health care services, and freedom from racism and other forms of discrimination.

AHN Neighborhood Hospitals will address SDOH such as cost of care and access to care.⁴

Figure 2: Understanding SDOH ([Healthy People 2030](#)).



Source: Healthy People 2030

As an example, the lack of access and availability of personal and public transportation impacts not only access to health care but affects employment, reduces access to affordable healthy food, and many other important drivers of health and wellness. AGH works closely with its community partners and groups to identify and address social determinants of health and to drive proactive strategies that address health disparities, bridge the gaps in the provision of essential care, and improve health outcomes among disparate groups and populations. Addressing SDOH is paramount to creating a healthier community.



Cost of Care

Access to health care impacts one's overall physical, social, and mental health status and quality of life. Barriers to health services include high cost of care, inadequate or no insurance coverage, lack of availability of services, and lack of culturally competent care. These barriers to accessing health services lead to unmet health needs, delays in receiving appropriate care, inability to get preventive services, financial burdens, and preventable hospitalizations/readmissions.

- Millions of Americans – as many as 25% of the population – are delaying getting medical help because of skyrocketing costs.⁵
- A study conducted by the American Cancer Society in May 2019 found 56% of adults report having at least one medical financial hardship.⁶
- The Centers for Disease Control and Prevention found that working-age adults who reported being unable to see a physician due to cost increased from 11.4% in 1998 to 15.7% in 2017, according to a new analysis of the nationwide survey.⁷
- Data shows that 79.6% of providers reported that higher costs of health care for consumers are a 4/5 rating on a rating scale of 1-5 where 1 equals less of a concern and 5 equals more of a concern.
- Community stakeholder interviews reported that the most significant barrier to not receiving care is affordability, availability of services, and no insurance coverage.
- Community stakeholders also reported that the high cost of health care and medications and lack of insurance coverage are significant barriers to improving health and quality of life.





Access to care

Access to high-quality, comprehensive health care services is essential for maintaining health and preventing and managing disease. Obtaining primary care services and having a primary care physician is a vital part of health care maintenance. Almost one in four Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately one in five Americans (children and adults under age 65) does not have medical insurance.⁸ Transportation issues, cost, coverage, timeliness of services, and availability of providers are barriers to obtaining health care services.

Across the United States, the projected shortage of 46,900 to 121,900 physicians by 2032 includes both primary care (21,100 to 55,200) and specialty care (24,800 to 65,800). Among specialists, the data project shortages of 1,900 to 12,100 medical specialists; of 14,300 to 23,400 surgical specialists; and of 20,600 to 39,100 other specialists, such as pathologists, neurologists, radiologists, and psychiatrists, by 2032.⁹ The Robert Graham Center reports that to maintain current rates of utilization, Pennsylvania will need an additional 1,039 primary care physicians by 2030, a 11% increase compared to the state's current (as of 2010) 9,096 PCP workforce.¹⁰

Secondary data from County Health Rankings & Roadmaps reported that Westmoreland County's clinical ranking in 2021 of 11 is an improvement from a 16 ranking in 2019.¹¹ The clinical care category takes into consideration the ease of accessing care and the quality of care once accessed. Clinical care ranking considers the availability of health services and the quality of those services. But it also considers the preventive care measures that patients take to manage their health, including immunization rates, cancer screening rates, and percentage of the population that receives a yearly dental examination. The clinical care ranking is vital to understanding the ebb and flow of where clinical services are lacking in the state.¹²





Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute-care services. For this reason, the utilization of hospital services provides the most precise definition of the community.

The defined community (or primary service area (PSA)) of AHN Neighborhood Hospitals encompasses 32 ZIP codes located in Allegheny and Westmoreland counties. Map 1 shows AHN Neighborhood Hospitals' defined community.

Map 1: 2021 CHNA Study Area/Counties





Table 2: Primary Service Area ZIP Codes

Hospital Name	ZIPS	Town	County
Brentwood Neighborhood Hospital	15102	Bethel Park	Allegheny
	15122	West Mifflin	Allegheny
	15207	Pittsburgh	Allegheny
	15210	Mount Oliver	Allegheny
	15216	Banksville	Allegheny
	15266	Pittsburgh	Allegheny
	15277	Pittsburgh	Allegheny
	15228	Pittsburgh	Allegheny
	15234	Pittsburgh	Allegheny
	15236	Baldwin	Allegheny
Harmar Neighborhood Hospital	15024	Cheswick	Allegheny
	15049	Harwick	Allegheny
	15051	Indianola	Allegheny
	15068	New Kensington	Westmoreland
	15084	Tarentum	Allegheny
	15139	Oakmont	Allegheny
	15144	Springdale	Allegheny
	15147	Verona	Allegheny
	15215	Pittsburgh	Allegheny
	15238	Pittsburgh	Allegheny
Hempfield Neighborhood Hospital	15601	Greensburg	Westmoreland
	15611	Adamsburg	Westmoreland
	15634	Grapeville	Westmoreland
	15642	Irwin	Westmoreland
	15644	Jeannette	Westmoreland
	15675	Penn	Westmoreland
McCandless Neighborhood Hospital	15044	Gibsonia	Allegheny
	15090	Wexford	Allegheny
	15101	Allison Park	Allegheny
	15116	Glenshaw	Allegheny
	15143	Sewickley	Allegheny
	15229	Pittsburgh	Allegheny

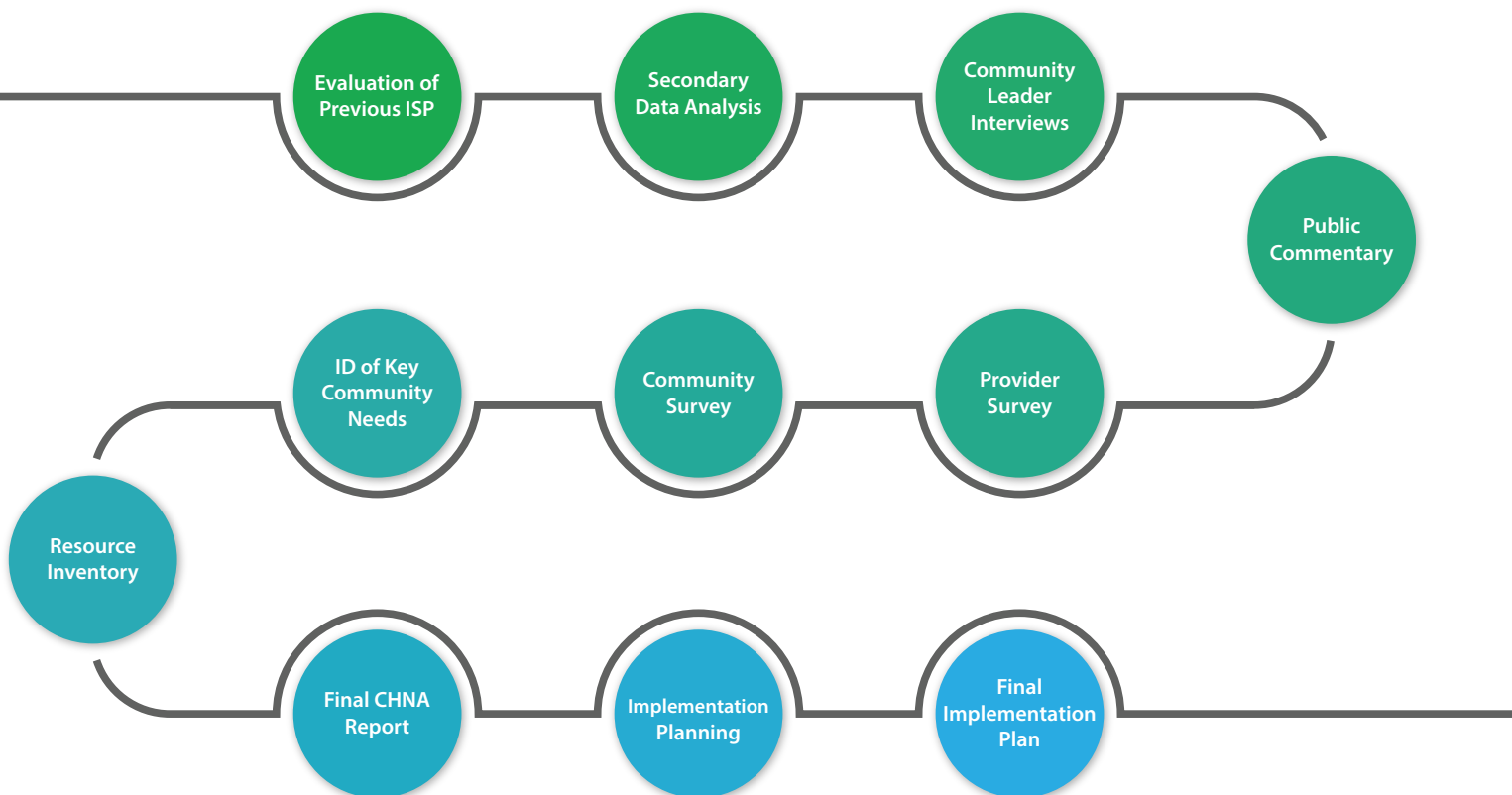


Methodology

Tripp Umbach, a planning and research firm specializing in health care, education, government, and corporate clients to improve communities' economic, social, and physical wellbeing, was contracted by Allegheny Health Network to conduct the system's 2021 CHNA. The CHNA report complies with the Internal Revenue Service's guidelines for charitable 501(c)(3) tax-exempt hospitals and includes input from individuals representing the broad interests of the communities served by Allegheny Health Network, including those with direct knowledge of the needs of the medically underserved, disenfranchised populations, and populations suffering from chronic diseases.

The CHNA process began in late June 2021, and it is positioned to conclude in the early spring of 2022 with a final implementation strategy planning report. While multiple steps make up the overall CHNA process, Tripp Umbach will continue to work closely with the CHNA working group members to collect, analyze, and identify the results to complete AHN Neighborhood Hospitals' assessment. The data collected and the information being composed will allow further group engagement of internal and external stakeholders to inform the CHNA needs and deliverables.

Figure 3: Data Collection Roadmap





Community Health Needs Assessment Data Collection

AHN Neighborhood Hospitals, along with Tripp Umbach, participated in a 39-person steering group consisting of system-level leadership and hospital personnel who have direct patient care/contact and are instrumental in their community. The steering group members have a vast knowledge of the needs of underserved and disenfranchised populations, specifically those who have chronic diseases, behavioral health issues, and socioeconomic challenges. To fulfill IRS requirements related to the Affordable Care Act (ACA), AHN Neighborhood Hospitals' methodology employed both qualitative and quantitative data.

Evaluation of Previous Implementation Strategy Plan

AHN Neighborhood Hospitals are new facilities; therefore, the facilities did not have a previous implementation plan to evaluate.

Secondary Data Analysis

Secondary data sources at the local, state, and national levels included disparity data, public health priorities related to disease prevalence, socioeconomic factors, health outcomes, and health determinants to create a regional community health data profile based on the location and service areas of Allegheny Health Network. Secondary data was gathered primarily through Community Commons, a publicly available dashboard of multiple health indicators drawn from several national data sources that allowed for the review of past developments and changes related to demographics, health, social, and economic factors. Additional data sources include County Health Rankings, Community Needs Index, and U.S. Census Bureau. The data is also peer-reviewed and substantiated, providing a deep level of validity as a source.

The robust community profile generated a greater understanding of regional issues, mainly identifying regional and local health and socioeconomic issues.

The secondary quantitative data collection process included:

- American Community Survey
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- County Health Rankings and Roadmaps
- Dartmouth College Institute for Health Policy and Clinical Practice
- FBI – Uniform Crime Reports
- Health Resources and Services Administration (HRSA)
- Kaiser Family Foundation (KFF)
- Pennsylvania Department of Health – State Cancer Profiles
- Pennsylvania Department of Health and Vital Statistics
- The Agency for Healthcare Research and Quality (AHRQ)
- U.S. Census Bureau
- U.S. Department of Education National Center for Education Statistics
- U.S. Department of Health and Human Services
- U.S. Department of Labor



Community Stakeholder Interviews

As part of the CHNA phase, telephone interviews were completed with community stakeholders to understand the changing environment. The interviews offered stakeholders an opportunity to provide feedback on the needs of the region they serve and other information relevant to the study. Overall, 59 community stakeholder interviews were conducted for AHN in July-October 2021. Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds, including:

1. Businesses
2. County and state government representatives
3. Economic development
4. Education
5. Faith-based communities
6. Foundations/philanthropic
7. Health care representatives
8. Law enforcement
9. Non-profits
10. Representatives of underserved populations
11. Social service representatives

Within the interview and discussion process, overall health needs, themes, and concerns were presented. Within each of the overarching themes, additional topics fell under each category. Below are the overall key findings from the interviews identified throughout the discussions.

Community Stakeholder Interviews Common Themes

 Community Problems	 Community	 Information
<u>Top 3 Persistent Health Problems:</u> 1. Behavioral health (65.1%) 2. Access to foods (39.7%) 3. Un/Underemployment (39.7%) <u>Offer Community to Address Persistent Chronic Diseases</u> 1. Community Health Workers (46.0%) 2. Population Specific Interventions (15.9%) <u>Top 3 High Risk Behaviors</u> 1. Substance abuse (81.0%) 2. Poor eating/unhealthy eating habits (61.9%) 3. Lack of exercise/inadequate physical activity (49.2%)	<u>Top 3 Barriers to Improving health/quality of life</u> 1. Economic disparities/poverty (58.7%) 2. Difficulties navigating health care system (55.6%) 3. High cost of health care/medications (54.0%) <u>Top 3 Would Improve Quality of Life</u> 1. Access to health foods (57.1%) 2. Mental health services (appointments, bilingual providers) (57.1%) 3. Access to behavioral health services (52.4%) <u>Transportation Issues</u> 1. Limited available transportation services (80.7%) 2. Location of bus stops is inconvenient (51.6%) 3. Lack of education around available resources (40.3%)	<u>Top 3 Vulnerable Populations</u> 1. Children/youth (66.1%) 2. Older adults (66.1%) 3. Low-income (58.1%) <u>Solutions to Help Vulnerable Populations</u> 1. Care coordinators (79.4%) 2. Flexible medical appts. (63.5%) 3. Addressing SDOH (57.1%)



Tripp Umbach interviewed community stakeholders from the following organizations representing AHN. The qualitative data collected are the perceptions and opinions from community stakeholders as part of the CHNA process. The information provides insight and adds great depth to the qualitative data. Community stakeholders interviewed represented the following organizations:

Organizations	Organizations
AARP Work Search	Mercer County Agency on Aging
AHN Cancer Institute	Mercy Center for Women
AHN Center for Inclusion Health	Mon Valley Initiative
AHN Grove City Medical Center	Monroeville Foundation
AHN Jefferson Front Door Initiative	Mount Olive Baptist Church
AHN Westfield Board	Municipality of Monroeville
Allegheny Center Alliance Church	Neighborhood Learning Alliance
Allegheny County Health Department	Neighborhood Resilience Project
Allegheny Township	North Hills Community Outreach
Allen Place Community Services Inc.	North Way Christian Community Church
Alliance for Nonprofit Resources Inc.	Northside Leadership Conference
AWARE Domestic Violence Agency (Sexual Assault)	Penn State University
Bhutanese Community Association of Pittsburgh	Perry Hilltop Citizens Council
Bloomfield Development Corporation	Pittsburgh North Regional Chamber of Commerce
Buhl Regional Health Foundation of Mercer County	Primary Health Network
Butler County Tourism and Convention Bureau	Project Destiny Inc.
Center for Community Resources	Saint Mary's Home of Erie
Erie County Executive	Salvation Army
Erie County Health Department	Second Harvest Food Bank of Northwest PA
Grove City Area United Way	Slippery Rock University
Grove City Chamber of Commerce	South Hills Interfaith Movement (SHIM)
Grove City School District	Temple David
Grove Manor Corporation	The Building Block of Natrona
Harvest Bible Chapel Pittsburgh North	The Lord's Church of Pittsburgh
Hefren-Tillotson Inc.	United Way
Heritage Community Initiatives	United Way of Southwestern Pennsylvania
Jefferson Regional Foundation	Walnut Grill Restaurant
Lawrenceville United Inc.	Westfield Area Central School Board
Light of Life Rescue Mission	Westfield Memorial Hospital Foundation
Martin Luther King Center	YMCA of Franklin and Grove City
Mayor of Erie	



Public Commentary

AHN Neighborhood Hospitals are new facilities; therefore, community stakeholders did not have a previous implementation plan to evaluate.

Provider Survey

A provider survey was implemented to collect data from providers from the hospital's service areas and region to identify the community's needs and vulnerable populations and those partners/organizations that will be instrumental in addressing prioritized needs. Providers internal and external to Allegheny Health Network received a survey link. In total, 26,616 providers received a survey link; 2,201 surveys were returned/submitted.

A survey instrument was developed and used to obtain vital information through the lens of local providers. Collecting data through the provider survey will allow more appropriate care to populations most in need. The provider audience is also essential to gauge how patients and residents have adjusted their health needs during the pandemic and how providers assisted them.

The provider survey was active in July-August 2021. Below are common themes providers reported in their community.

Provider Survey Common Themes

 Community	 Economics	 Health	 Populations
<u>Best Things</u> • Health care • Restaurants/food • Shopping <u>Quality of Life</u> • Family-friendly environment • Affordable living • Safe Place to live <u>Activities</u> • Recreational/sports • Events & festivals • Activities family/youth <u>Hospital</u> • Do address needs diverse/at-risk populations • Provide access to everyone	<u>Barriers to Care</u> • Affordability • No insurance • Lack of health care <u>Contributors to Transportation</u> • Limited services • Cost • Community education around resources	<u>Persistent Health Problems</u> • Behavioral health • Lack of exercise • Aging problems <u>Overall Health Concerns</u> • Behavioral health • Diabetes • High-health care costs • Obesity <u>Impact on Quality of Life</u> • Access to behavioral health • Mental health services • Health care access	<u>Offer to Maintain Health</u> • Prevention and education • Population specific interventions <u>Vulnerable Populations</u> • Mentally ill • Low-income • Uninsured/underinsured <u>Solutions to Help Vulnerable</u> • Care coordination • Flexible medical appointments • Provide transportation <u>Barriers Preventing Health Care</u> • Lack evening/weekend hours • Affordability • Inability to get appointments



Community Survey

A community survey was employed to collect input from populations within Allegheny Health Network's service area to identify health risk factors and health needs in the community. Working with leadership from Community Affairs, the community survey was promoted on social media platforms, hospital websites, relationships with community-based organizations, and clinics. An email was sent from Tripp Umbach to community residents requesting survey participation. A \$250 gift card was provided as an incentive for community residents to encourage participation.

Collecting surveys from community residents whose primary language was not English was an essential driver of the initiative. The community survey was available in English, Spanish, Nepalese, Chinese, and Arabic. An email was sent to more than 43,000 residents in the AHN service area for engagement. A total of 857 English surveys and nine non-English surveys were collected for analysis.

Survey data was collected from Survey Monkey from mid-August 2021 to early October 2021. In total, 866 surveys were used to assure statistical accuracy. A response rate of 1.98% was achieved. Below are common themes from community residents.

Community Survey Common Themes



Community

Top 3 Health Problems in Community

English Speakers

1. Aging problems
2. Drug/alcohol
3. Behavioral/mental health

Non-English Speakers

1. Access to healthy foods
2. Dental health
3. Lack of exercise

Top 3 Factors that Contribute to Healthy

Community (English & Non-English Speakers)

1. Low crime/safe neighborhoods
2. Easy access to health care
3. Good schools



Community

Needed to Improve Quality of Life and Health

English Speakers

1. Affordable health care services
2. Access to drug/alcohol and mental health services
3. Elder care

Non-English Speakers

1. Access to drug/alcohol and mental health services
2. Better/more recreational facilities
3. Dental care access



Information

Top Place Go for Health Care (English & Non-English Speakers)

1. Physician offices

Health Screenings Needed to Stay Healthy

English Speakers

1. Blood pressure
2. Cholesterol
3. Well check-ups

Non-English Speakers

1. Dental screenings
2. Well check-ups
3. Cholesterol



Community Survey Common Themes



Information

Top 3 Behaviors People Need more Information About:

English Speakers

1. Chronic disease prevention/mgmt.
2. Substance abuse prevention
3. Care for family members w/special needs/disabilities

Non-English Speakers

1. Chronic disease prevention/management
2. Eating well/nutrition
3. Exercising/fitness



Personal Health

Describe One's Overall Health

English Speakers

1. Excellent/very good – 35.2%

Non-English Speakers

1. Excellent/very good – 66.7%

Top 3 Health Personal Challenges

English Speakers

1. Joint, muscle, and back pain
2. Overweight/obesity
3. High blood pressure

Non-English Speakers

1. Arthritis
2. Joint, muscle, and back pain
3. High blood pressure



Personal Health

Preventative Procedure in past 12 months:

English Speakers

1. Blood pressure
2. Physical exam
3. Flu shot

Non-English Speakers

1. Blood pressure
2. Flu shot
3. Cholesterol screenings



COVID-19

Received COVID-19 Vaccination

English Speakers

- Yes- 84.9%

Non-English Speakers

- Yes - 100.0%

Top 3 Areas Impacted by COVID-19

English Speakers

1. Social
2. Emotional
3. Quality of life

Non-English Speakers

1. Emotional
2. Fear of sickness
3. Social



Identification of Key Community Needs

The AHN CHNA Steering Committee, composed of interdisciplinary representatives from each of the hospitals as well as service leaders, reviewed primary data and secondary data sources to identify community needs and trends. Building on the needs identified in the previous cycle and the accomplishments of the previous implementation strategies, the community needs were assessed to identify continued gaps in services, changes in population health status, and areas in need of further effort and support. Those discussions served as a basis for prioritizing the 2021 community needs and the deployment of resources and community assets to meet those needs.

Resource Inventory

An inventory of programs and services available in the region was developed by Tripp Umbach. This inventory highlights available programs and services within all the counties that fall under each of the priority need areas.

The inventory identifies the range of organizations and agencies in the community that serve the various target populations within each of the priority needs. It provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

Data Limitations

Data collected for the 2021 CHNA has limitations in information. Primary data obtained through interviews and surveys are also limited in representing the hospital's service area as information was collected through convenience sampling. Secondary data is not specific to the hospitals' primary service area; however, the report provides an opportunity to gauge and envision issues within a large geographic region.



Steering Committee Members

AHN Steering Committee	
AHN Allegheny General	Alex Matthews
AHN Allegheny Valley	Kimberly Giovanelli
AHN Canonsburg	Keith Zimmer
AHN Forbes	Krista Bragg
AHN Forbes	Kelly Wooddell
AHN Grove City	Dr. David Tupponce
AHN Jefferson	Erin Joyce
AHN Saint Vincent	Henry Ward
AHN West Penn	Robin Nitkulinec
AHN Westfield	Karen Surkala
AHN Westfield	Rodney Buchanan
AHN Wexford	Laurin Scanlon
AHN Neighborhood Hospitals	Julie Ference
AHN Allegheny Clinic	Margaret Palumbo
AHN Cardiovascular Institute	Peggy McGowan
AHN Center for Inclusion Health	Kristin Lazzara
AHN Community Affairs	Nina Ferraro
AHN Community Affairs	Kannu Sahni
AHN Community Affairs	Amie Signorella
AHN Community Affairs	Nina Sexton
AHN Corporate Communications	Julie Emanuel
AHN Corporate Taxes	Jeff Manners
AHN Corporate Taxes	Bernard Azinon
AHN Development	Allie Quick
AHN Diversity, Equity & Inclusion (DEI)	Dr. Margaret Larkins-Pettigrew
AHN Diversity, Equity & Inclusion (DEI)	Veronica Villalobos
AHN Diversity, Equity & Inclusion (DEI)	Mark Jones
AHN Institute Planning	Michele Steigerwald
AHN Marketing	Manfred Woodall
AHN Marketing	Kelly Dennin
AHN Marketing	Jesse Miller
AHN Medicine Institute	Dr. Paul Lebovitz
AHN Nursing	Claire Zangerle
AHN Oncology	Crystal Ross
AHN Prehospital Services	Jonah Thompson
AHN Prehospital Services	Robert Twaddle
AHN Social Determinants of Health (SDOH)	Amanda Mihalko
AHN Social Determinants of Health (SDOH)	Mary Ann Matreselva
AHN Women & Children's Institute	Joan Washburn



Additional Information

With the conclusion of the CHNA, AHN and AHN Neighborhood Hospitals will begin the implementation planning phase to identify and leverage AHN's collective strengths and resources to best address the communities' health needs.

For additional information about the CHNA and its specific findings, please contact Community Affairs at Highmark Health and Allegheny Health Network at communityaffairs@ahn.org.





Endnotes

¹ Allegheny Health Network contracted with Tripp Umbach, a private health care consulting firm to complete a community health needs assessment. Tripp Umbach has worked with more than 400 communities in all 50 states. In fact, more than one in five Americans lives in a community where our firm has worked.

² For additional information on the primary and secondary data collected as part of the CHNA, please refer to the methodology section of the report.

³ In 2018, Access to care was the overarching community need. In 2021, after internal review and discussions, SDOH replaced access to care as the focus. Understanding SDOH helps identify the many underlying factors and issues that serve as barriers to accessing care. Addressing the conditions of one's environment, such as where people work, play, live, can dramatically affect the quality of life for many residents.

⁴ AHN Neighborhood Hospital's primary service area counties encompass Allegheny and Westmoreland counties. Secondary data was supplied related to identified counties. Secondary data was supplied related to identified counties.

⁵ The Guardian: www.theguardian.com/us-news/2020/jan/07/americans-healthcare-medical-costs

⁶ Science Daily: www.sciencedaily.com/releases/2019/05/190502100818.htm

⁷ Modern Healthcare: www.modernhealthcare.com/insurance/despite-aca-coverage-gains-more-people-cant-afford-care

⁸ Healthy People: www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Access-to-Health-Services

⁹ Association of American Medical Colleges: www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage

¹⁰ Robert Graham Center: www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Pennsylvania.pdf

¹¹ County Health Rankings & Roadmaps: www.countyhealthrankings.org/app/pennsylvania/2021/rankings/factors/2

¹² County Health Rankings: www.countyhealthrankings.org



[AHN Neighborhood Hospitals](#)

