



**Allegheny**  
Health Network



**Community Health Needs Assessment  
Summary Report  
2015**

## Our Commitment to Community Health

Improving the health of western Pennsylvanians is not only in the best interest of our communities and the region, but also the mission of Allegheny Health Network. We are proud to be part of the communities we serve and are committed to making the lives of our patients, staff, and friends better through the work we do. To gain a better understanding of health needs across the communities we serve, Allegheny Health Network (AHN) undertook a system-wide Community Health Needs Assessment (CHNA) in 2015.

The 2015 CHNA builds upon our hospitals' previous CHNAs conducted in 2013 and provides a comprehensive guide for Allegheny Health Network's community benefit and community health improvement efforts. We identified needs within each of our hospital communities and will be a catalyst to work with our community partners to take a collaborative approach to community health improvement while directing system-wide resources to improve population health throughout the region.

Our initiative aligned with ongoing community health improvement activities in our local hospital service areas as well as public health efforts directed by the Allegheny and Erie County Health Departments. Where applicable, we have aligned our priorities and planning with these local and regional initiatives to foster collaboration in community health improvement.

Our timeline is consistent with IRS requirements for all not-for-profit hospitals to conduct a CHNA every three years. Allegheny Health Network views the value of a Community Health Needs Assessment to be far beyond regulatory compliance and we look forward to continued partnership to improve the health of the communities we serve.

An integral part of the CHNA process was community engagement. A Steering Committee of AHN leadership and an Advisory Committee made up of a diverse selection of community representatives guided the CHNA process from inception to completion. Additionally, we solicited input from community stakeholders and residents through surveys, focus groups, and other dialogue.

Our research partner, Baker Tilly, was instrumental in collecting and analyzing data and preparing the following report. Baker Tilly's expertise ensured the validity of the research and assisted in developing a long-term action plan to address the highest health needs across the AHN service area.

Now begins the challenge of using our findings to measure outcomes in addressing health disparities within our communities. This will not be an easy task nor will all of its impact be immediately felt. It will require the commitment of AHN, partnerships with organizations throughout the community, and with individual members of the communities we serve. AHN is excited about our role in driving positive outcomes in addressing these priorities.

## Our Partners

The following individuals participated in the CHNA planning and oversight as part of the AHN CHNA Steering and Advisory Committees:

James Amsterdam, MD, Chief Medical Officer, Saint Vincent Hospital, Allegheny Health Network  
Ron Andro, CEO, West Penn Hospital, Allegheny Health Network  
Kyle Bird, MHA, Director, Allegheny Health Network Research Institute  
David A. Blandino, MD, Chairman of the Board, Allegheny Health Network, Board Member, Highmark Health and Board Member, Highmark Inc.  
Hon. Robert Brooks, Mayor, Municipality of Murrysville  
Aggie Brose, Deputy Executive Director, Bloomfield Garfield Corporation  
Yvonne Cook, President, Highmark Foundation  
Angela Costa, Division Director Nursing Administration, Allegheny Health Network  
Basil Cox, Community Leader; Board Member, West Penn Allegheny Health System  
Elizabeth Cuevas, MD, Allegheny Health Network  
Michelle Cunningham, CEO, Highlands Hospital  
William Englert, CEO, Allegheny Valley Hospital, Allegheny Health Network  
David Goldberg, Executive Vice President, Allegheny Health Network  
Leslie Grenfell, Executive Director, SWPA Area Agency on Aging  
Mary Phan Gruber, Executive Director, Jefferson Regional Foundation  
Karen Hacker, MD, Director, Allegheny County Health Department  
Michael Harlovic, CEO, Allegheny General Hospital, Allegheny Health Network  
AJ Harper, President, Hospital Council of Western PA  
Bill Johnjulio, MD, Forbes Hospital, Allegheny Health Network  
Melissa Kovtun, Vice President, Ancillary Services, Allegheny Health Network  
Jack Krah, President, Allegheny County Medical Society  
Kevin Kusic, System Wide Services Decision Support, Allegheny Health Network  
Patricia Liebman, Chief Operating Officer, Allegheny Health Network  
Deborah Linhart, Vice President, Women's Services, Allegheny Health Network  
Robert McCaughan, Vice President, Prehospital Services, Allegheny Health Network  
Kathleen McKenzie, Vice President, Community & Civic Affairs, Allegheny Health Network  
Joseph Macerelli, Esq., Board Member, Allegheny Health Network  
Jeff Manners, Tax Director, Highmark Health  
Sister Carol Morehouse, SVP/Mission Integration, Saint Vincent Hospital, Allegheny Health Network  
John Paul, CEO, Allegheny Health Network  
Duke Rupert, CEO, Forbes Hospital, Allegheny Health Network  
Jane Sarra, CEO, Canonsburg Hospital, Allegheny Health Network  
Louise Urban, CEO, Jefferson Hospital, Allegheny Health Network  
Scott Whalen, CEO, Saint Vincent Hospital, Allegheny Health Network  
Doris Carson Williams, President and CEO, African American Chamber of Commerce; Board Member, West Penn Allegheny Health System and Highmark, Inc.  
Sharon Wolf, Executive Director, North Hills Community Outreach

## A System-Wide Approach to Community Health Improvement

As a health network, we can extend our reach to more people than ever and offer them a broad spectrum of care and services. The reach of the AHN network covers Western Pennsylvania with primary service areas surrounding Pittsburgh and Erie. The AHN system is made up of 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. We employ approximately 1,700 physicians in every clinical specialty, 17,000 staff members, and 2,000 volunteers. Together, we provide world-class medicine to patients in our communities, across the country, and around the world.

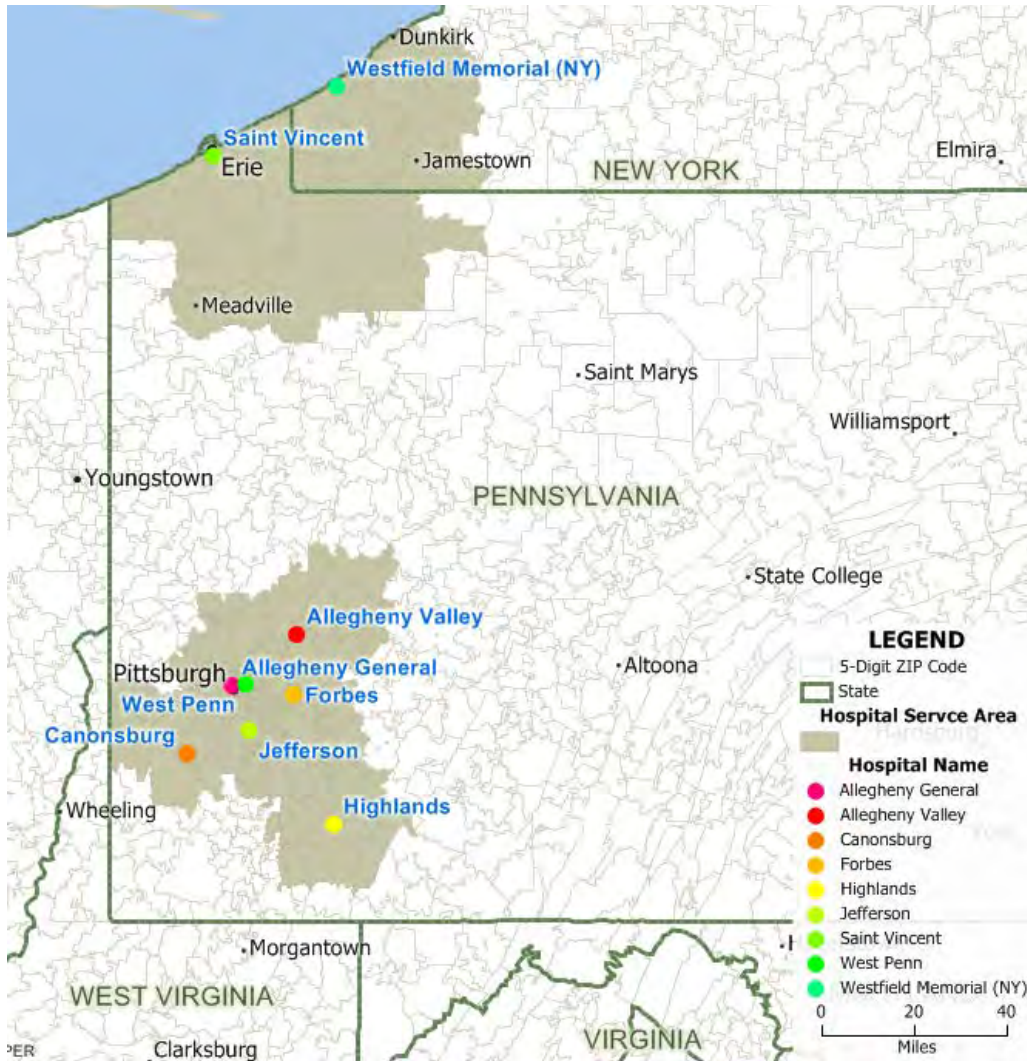
In 2015 Allegheny Health Network (AHN) embarked on a comprehensive Community Health Needs Assessment (CHNA) to collect health and socio-economic data to determine health needs across AHN's Western PA service area. The participating hospitals in the CHNA were

- 1) Allegheny General Hospital
- 2) Allegheny Valley Hospital
- 3) Canonsburg Hospital
- 4) Forbes Hospital
- 5) Jefferson Hospital
- 6) Highlands Hospital\*
- 7) Saint Vincent Hospital
- 8) West Penn Hospital
- 9) Westfield Memorial Hospital

\*Highlands Hospital is not part of the AHN system but was a collaborating partner on the CHNA and in ongoing community health initiatives.

In taking a system-wide approach to community health improvement, AHN sought to identify regional health trends and unique disparities within hospital service areas. System-wide priorities were developed to delegate resources across the system to impact the region's most pressing health needs, while hospital-specific strategies were outlined to guide local efforts and collaboration with community partners to address those prioritized needs.

# The AHN Service Area



Allegheny Health Network serves residents of Western PA through its hospitals, outpatient centers, primary and specialty care providers, and multiple partners. The system-wide CHNA focused on the two primary service areas for AHN: Greater Pittsburgh and Greater Erie to identify community health needs, compare issues across the region, and develop system-wide priorities for community health improvement that hospitals could address through use of local resources and hospital initiatives.

## CHNA Methodology

### Leadership

The AHN CHNA was overseen by a Steering Committee of key health system representatives and an Advisory Committee made up of individual hospital leaders and community stakeholders who represent individuals who are medically underserved, low income, minorities or other special populations within AHN service area. A list of committee members is included on Page 4 of this report.

### Research Partner

Baker Tilly assisted AHN in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy.

### Data Collection

In conducting the CHNA, AHN sought to identify unique socio-economic measures, health indicators, and service delivery trends for each of its hospital communities. In addition to individual hospital service area analysis, hospitals in the Pittsburgh area were compared to a Pittsburgh aggregate (P-AHN) due to their overlapping service areas. Saint Vincent Hospital and Westfield Hospital in the Greater Erie area were analyzed together. Additionally health and socio-economic measures for all hospitals were compared to state and national benchmarks, where applicable.

Quantitative research used to illustrate and compare health trends across the AHN service areas consisted of:

- > Publicly reported health indicators
- > Demographic data
- > Socio-economic statistics
- > Healthcare utilization and claims records

Qualitative research was conducted with key community stakeholders and others representing the broad interests of the community, including experts in public health, members of medically underserved, low-income, and minority populations, and other representatives of special populations within the communities. Qualitative research methodology used to solicit feedback from community stakeholders included:

- > Key Informant Survey of 107 community representatives to solicit feedback on community health priorities, underserved populations, and partnership
- > Six focus groups were conducted with target populations including pregnant and postpartum mothers, seniors, behavioral health consumers, EMS providers, and care coordinators to inform implementation strategies
- > Prioritization of health needs was determined by the AHN CHNA Steering and Advisory Committees

## Identified Priority Needs

### Selection of Priority Areas

The AHN CHNA Steering and Advisory Committees reviewed findings from the CHNA research, including public health data, socio-economic measures, responses from the key informant survey, and hospital utilization trends to determine the highest needs in each hospital community and develop system-wide priorities to focus community health improvement efforts. The committee members recommended the following issues be adopted as priority health needs across the AHN service area:

- > Behavioral Health
- > Cancer
- > Chronic Disease
- > Maternal & Child Health

The rationale and criteria used to select these system-wide priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations
- > Alignment with concurrent Public Health Department initiatives in Allegheny and Erie Counties

### Alignment with Public Health

AHN compared its research findings and identified priority areas to CHNAs conducted by the Allegheny County Health Department and Erie County Health Department. The table below shows identified priority needs across research methodologies in the AHN 2013 and 2015 CHNAs, as well as priorities identified from the Allegheny and Erie Counties Health Department Assessments.

The priority areas of Behavioral Health, Cancer, Chronic Disease, and Maternal and Child Health represent cross-cutting issues across the regional research initiatives.

## Identified Priorities across Research Initiatives

(Priorities are listed in alphabetical order for each research initiative)

2015 CHNA Priority Areas from Research Findings			Priority Areas from previous and related CHNAs		
AHN 2015 CHNA Key Informant Survey	AHN 2015 CHNA Hospital Data	AHN 2015 CHNA Public Health Data	AHN Hospitals 2013 CHNA Priorities	Allegheny Co. Health Dept 2015 CHNA Priorities	Erie Co. Health Dept 2015 CHNA Priorities
Behavioral Health	Asthma	Cancer	Cancer	Access to Care	Cancer Prevention and Early Detection
Diabetes	Chronic Heart Failure (CHF)	Diabetes	Chronic Diseases (Diabetes and Heart Disease)	Chronic Disease Health Risk Behaviors	Chronic Disease Prevention/ Control
Heart Disease	COPD	Heart Disease	Pneumonia	Environment	Lifestyle Behavior Change
Overweight/ Obesity	Diabetes	Maternal and Child Health	Maternal and Child Health	Maternal and Child Health	Mental Health
Substance Abuse	Hypertension	Obesity	Mental Health	Mental Health and Substance Abuse	



## Development of Community Health Improvement Plan

Allegheny Health Network developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the AHN service area. The CHIP builds upon our previous health improvement activities and aligns with the Allegheny County Health Department's Plan for a Healthy Allegheny (PHA) and Erie County Health Department's Community Health Improvement Plan to ensure ongoing collaboration with public health and other community partners to address the region's most pressing community health needs.

### Health Priority: Behavioral Health

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

**Objectives:**

- 1) Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations.
- 2) Increase knowledge and skills of first responders and community members around behavioral health.
- 3) Increase the number of healthcare providers integrating behavioral health and physical health.

### Health Priority: Cancer

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

**Objectives:**

- 1) Increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines.
- 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.
- 3) Provide health screenings and education to high-risk populations.

### Health Priority: Chronic Disease

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

**Objectives:**

- 1) Increase primary care provider (PCP) recommendations for preventive screenings per risk and age guidelines.
- 2) Provide health screenings and education to high-risk populations.
- 3) Partner with community organizations to promote healthy lifestyles.

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

**Objectives:**

- 1) Reduce hospital 30-day readmissions rates for chronic disease.
- 2) Manage high risk populations through care coordination and partnership with social service partners.
- 3) Partner with community organizations to promote healthy lifestyles.

## 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.

**Objectives:**

- 1) Reduce the proportion of preterm and low birth weight births and reduce the disparity between White, Black, and Hispanic populations.
- 2) Reduce the disparity between White, Black, and Hispanic mothers who receive prenatal care within the first trimester.
- 3) Reduce occurrence of Neonatal Abstinence Syndrome (NAS).
- 4) Increase the proportion of mothers who breastfeed for the first six months after birth and reduce the disparity between White, Black, and Hispanic populations.
- 5) Reduce the disparity between White, Black, and Hispanic births resulting in infant mortality.
- 6) Partner with community organizations to improve prenatal indicators (including not smoking during pregnancy, not drinking during pregnancy, prenatal care in first trimester, etc.).

## Board Approval

A Community Health Improvement Plan for AHN was developed to build upon past efforts and measure ongoing initiatives for community health improvement. Since a system-wide approach to AHN's CHNA was used, both the CHNA Final Report and Implementation Plan were reviewed and adopted by the AHN System Board, in addition to each AHN Hospital Board. The AHN system board adopted the CHNA Final Report and a system-wide Implementation Plan on December 9, 2015. Individual hospital boards adopted the CHNA Final Report on the following dates:

November 5, 2015: Jefferson Hospital

November 9, 2015: Saint Vincent Hospital and Westfield Memorial Hospital

November 19, 2015: Allegheny Valley Hospital, Canonsburg Hospital, and West Penn Allegheny Health System (for Allegheny General Hospital, Forbes Hospital, and West Penn Hospital)

Each AHN hospital will adopt a specific Implementation Plan that outlines community health improvement activities and resources by May 15, 2016. A copy of the CHNA Final Report is posted on each hospital's website.