2013 Community Health Needs Assessment

FORBES REGIONAL HOSPITAL

West Penn Allegheny Health System

Strategy solutions, inc.

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FORBES REGIONAL HOSPITAL
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Message to the Community

Improving the health of western Pennsylvanians is not only in the best interest of our communities and the region, but also the purpose of the West Penn Allegheny Health System (WPAHS). In order to improve the health of western Pennsylvanians, we need to understand their health needs. To gain a better understanding of these needs, Forbes Regional Hospital (FRH) conducted a community health needs assessment (CHNA) in 2012-2013 in collaboration with the other West Penn Allegheny hospitals. Integral to the FRH needs assessment was the participation and support of community leaders and representatives. Through steering committee participation, stakeholder interviews and focus groups, these individuals, representing a broad spectrum of perspectives, organizations and fields, generously volunteered their time and shared invaluable insight. West Penn Hospital thanks you for your support and participation! The FRH needs assessment was and continues to be a collaborative effort, with the communities FRH serves at the core.

The FRH 2013-2013 CHNA is described in a full report that meets the requirements of the new Patient Protection and Affordable Care Act for state licensed tax-exempt 501(c) (3) hospitals. The report identifies health issues and needs in the communities FRH serves. In addition, the report provides critical information to FRH and others in a position to make a positive impact on the health of our region's residents. The results of the CHNA enable FRH, along with other community agencies and providers, to set priorities, develop interventions and direct resources to improve the health of people living in western Pennsylvania.

This document contains the Executive Summary of the full FRH 2012-2013 CHNA report. This summary and the comprehensive data in the full CHNA report will serve not only as a useful community resource, but also encourage and catalyze additional activities and collaborative efforts to improve community health.

Purpose is to improve the health of the people in the Western Pennsylvania region

Executive Summary of Forbes Regional Hospital 2012-2013 CHNA Report

The new federal Patient Protection and Affordable Care Act requires state licensed tax-exempt 501(c) (3) hospitals to perform a community health needs assessment (CHNA) every three years and to find ways to meet the outstanding needs identified by the assessment.

The goal of FRH 2012-2013 CHNA was to identify the health needs and issues of the FRH service area. The primary FRH service area includes selected zip codes in Allegheny, Armstrong and Westmoreland counties.

This Executive Summary outlines the process and outcomes of the FRH 2012-2013 CHNA as documented in the full report. It is intended to serve as a valuable overview for public health and healthcare providers, policy makers, social service agencies, and community groups and organizations, such as religious institutions, businesses, and consumers, who are interested in improving the health status of the community and region.

This Executive Summary includes the following sections: Methods, Key Findings, and Strategy Development/Implementation.

METHODS

To assist with the CHNA process, FRH retained Strategy Solutions, Inc., a planning and research firm with an office in Pittsburgh, whose mission is to create healthy communities. The process for the CHNA followed best practices as outlined by the Association of Community Health Improvement Toolkit.

The CHNA process was also designed to ensure compliance with the Internal Revenue Service (IRS) CHNA guidelines for charitable 501(c) (3) tax-exempt hospitals.

For its 2012-2013 CHNA, FRH formed a hospital-specific steering committee that consisted of:

- Community leaders representing the broad interests of the community as well as underserved constituencies
- Individuals with expertise in public health
- Physicians
- Internal system and hospital leaders and managers

The steering committees met five times between July 2012 and April 2013 to provide guidance on the various components of the CHNA.

This CHNA process was designed to examine the following areas in detail:

* Demographics
* Access to Quality Healthcare
* Chronic Disease
* Healthy Environment
* Healthy Mothers, Babies and Children
* Infectious Disease
* Mental Health and Substance Abuse
* Physical Activity and Nutrition
* Tobacco Use
* Injury

Definition of Community

Consistent with IRS guidelines at the time of publication, FRH defined community by geographic location, specifically, by location as the zip codes in Allegheny, Armstrong and Westmoreland counties that comprise FRH's primary service area:

Zip Code	Community	Zip Code	Community
15035	East McKeesport	15239	Pittsburgh/Plum
15085	Trafford	15613	Apollo
15104	Braddock	15615	Ardara
15112	East Pittsburgh	15618	Avonmore
15131	McKeesport	15626	Delmont
15137	North Versailles	15632	Export
15140	Pitcairn	15636	Harrison City
15145	Turtle Creek	15642	Irwin
15146	Monroeville	15647	Larimer
15147	Verona	15665	Manor
15148	Wilmerding	15668	Murrysville
15218	Pittsburgh/Swissvale	15684	Slickville
15221	Pittsburgh/Wilkinsburg	15692	Westmoreland City
15235	Pittsburgh/Penn Hills		

Qualitative and Quantitative Data Collection

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

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

Interviews and focus groups captured personal perspectives from community members, providers, and leaders with insight and expertise about the health of a specific population group or issue, a specific community or the region overall.

Secondary (quantitative) data collected included demographic and socioeconomic data, collected from the following sources:

- Nielsen/Claritas via Truven Health Analytics (https://truvenhealth.com)
- Pennsylvania Departments of Health and Vital Statistics
- Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention
- Healthy People 2020 goals from HealthyPeople.gov
- Selected inpatient and outpatient utilization data as indicators of appropriate access to health care were obtained from WPAHS Decision Support and from the Pennsylvania Health Care Cost Containment Council (PHC4) via Truven Health Analytics
- US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org).

Interviews and focus groups captured personal perspectives

Data Analysis

The primary and secondary data were analyzed to identify distinct issues, needs and possible priority areas for intervention.

KEY FINDINGS

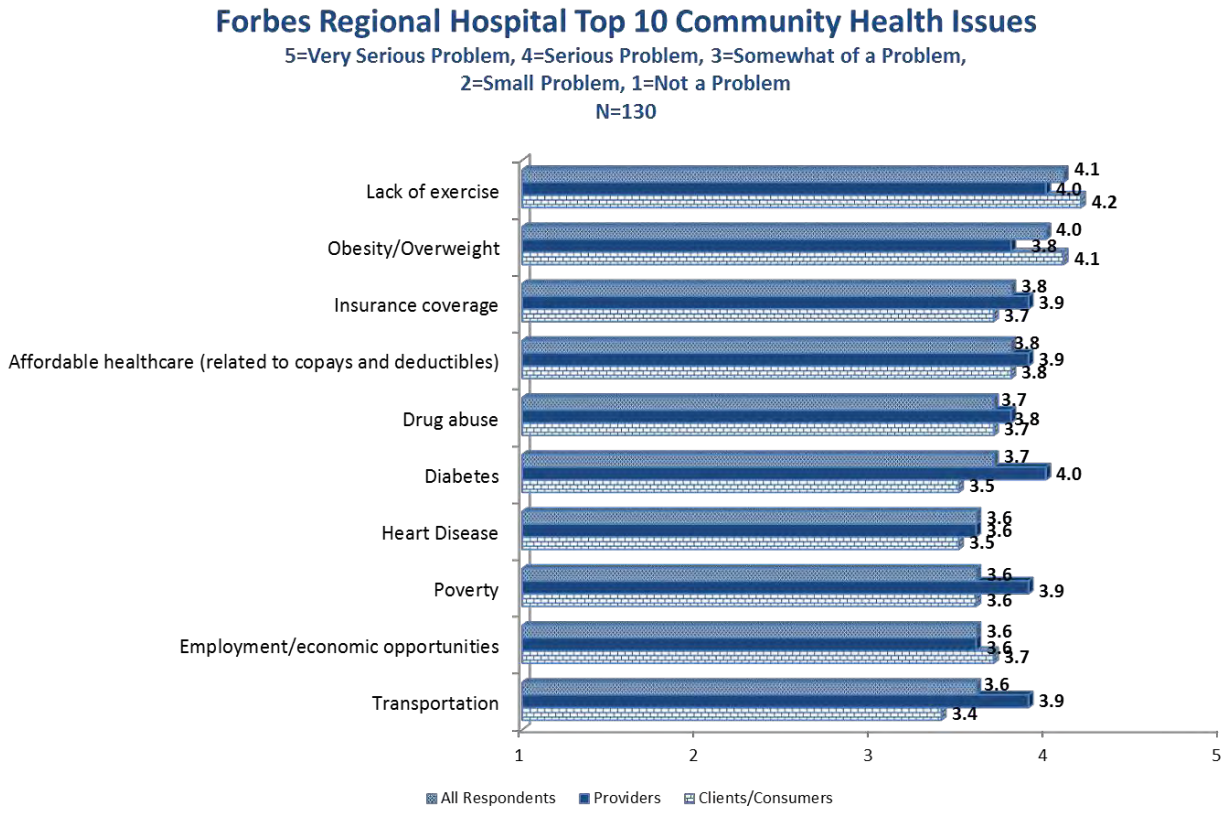
Key findings of the FRH 2012-2013 CHNA are summarized in this section. For complete findings, please see the full FRH 2012-2013 CHNA Report.

Primary (Qualitative) Research Results

Although data were collected from 31 interviews and 18 focus groups from across the region with various community constituencies, researchers used a convenience sample and participants are not representative of the population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Participants of the focus groups were classified as clients and consumers or as providers (which included professionals representing a particular population or area of expertise).

Using an electronic polling system, focus group participants rated the extent to which a list of possible issues was a problem in the community. Derived from the health indicators explored for the assessment including access, chronic disease, healthy environment, healthy mothers, babies and children, infectious disease, mental health and substance abuse, physical activity and nutrition, tobacco use and injury, the list of possible issues was extensive. All items were rated on a five point scale where five=very serious problem, four=serious problem, three=somewhat of a problem, two=small problem, one=not a problem. Out of the extensive list of issues considered, the highest rated problems identified across all groups are:



The health issues of greatest concern to focus group participants were discussed in greater depth. Similar to focus group participants, stakeholders interviewed discussed their perceptions of health needs and this group also identified chronic conditions as well as transportation and other underlying socioeconomic determinants of health as of greatest concern.

For a more detailed description of focus group discussion and stakeholder interviews, refer to the full CHNA report.

Secondary (Quantititative) Research Results
(Demographics, Behavioral Risk Factor Surveillance Survey, and Public Health Data)

The secondary (quantitative) research results that were analyzed for this report included demographics, Behavioral Risk Factor Surveillance Survey (BRFSS) results and disease incidence and mortality indicators. More specifically, detailed analysis in the following areas was performed:

- access to quality healthcare
- chronic disease
- healthy environment
- healthy mothers, babies and children
- infectious disease
- mental health and substance abuse
- physical activity and nutrition
- tobacco use
- injury.

The service area data was compared to state and national data where possible for this analysis.

Tables on the following pages highlight key finding Allegheny, Armstrong and Westmoreland counties.
The first two tables show BRFSS data for (BRFSS reports combined data for Indiana, Cambria, Somerset and Armstrong; Armstrong is the only county in the FRH primary service area, however, it is reported with the other counties due to this limitation of the data)
The next two tables show public health data.
The last table shows other indicators.

The comparisons of FRH service area data with state and national data show the region's data to be comparable to state data, with some slight variability, as indicated by the color coding.

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

BRFSS findings for Access, Chronic disease, Environment

	Allegheny	Westmoreland	Indiana, Cambria, Somerset, Armstrong	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
ACCESS									
Reported Health Poor or Fair	14.0%	16.0%	20.0%	15.0%	14.7%		+/-	+/-	
Physical Health Not Good for 1+ Days in the Past Month	36.0%	33.0%	40.0%	37.0%			+/-		
Poor Physical or Mental Health Preventing Usual Activities 1+ Days in the Past Month	21.0%	19.0%	23.0%	21.0%			+/-		
No Health Insurance (Ages 18-64)	12.0%	13.0%	14.0%	13.0%	17.8%	0%	+/-	-	+
No Personal Health Care Provider	13.0%	8.0%	10.0%	11.0%		16.1%	+/-		-
No Personal Health Care Provider (Age 18-44)	24.0%	12.0%	18.0%	17.0%			+/-		
Routine Check-up Within the Past 2 Years	83.0%	84.0%	80.0%	83.0%			+/-		
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	7.0%	8.0%	11.0%		4.2%	-		+
CHRONIC DISEASE									
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	6.0%	8.0%	9.0%	7.0%	4.1%		+/-	+	
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	6.0%	8.0%	9.0%	6.0%	4.2%		+/=	+	
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	3.0%	5.0%	4.0%	4.0%	2.7%		+/-	+	
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	11.0%	15.0%	15.0%	12.0%			+/-		
Overweight (BMI 25-30)	35.0%	41.0%	34.0%	36.0%	36.2%		+/-	+/-	
Obese (30-99.99)	28.0%	28.0%	37.0%	28.0%	27.5%	30.5%	+/=	+	+/-
Adults Who Were Ever Told They Have Diabetes	9.0%	9.0%	11.0%	9.0%	8.7%		+/=	+	
HEALTHY ENVIRONMENT									
Adults Who Have Ever Been Told They Have Asthma	15.0%	14.0%	12.0%	14.0%	13.8%		+/-	+/-	
Currently Have Asthma	9.0%	10.0%	7.0%	10.0%	9.1%		-/=	+/-	

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

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

BRFSS findings for Infectious disease, Mental health and substance abuse, Physical activity/nutrition, Tobacco use

	Allegheny	Westmoreland	Indiana, Cambria, Somerset, Armstrong	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE									
Adults Who Had a Pneumonia Vaccine, Age 65 and older	77.0%	76.0%	69.0%	70.0%	68.8%	90.0%	+/-	+	-
Ever Tested for HIV, Ages 18-64	32.0%	27.0%	23.0%	34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE									
Satisfied or Very Satisfied With Their Life	95.0%	96.0%	93.0%	94.0%			+/-		
Never/Rarely Get the Social or Emotional Support They Need	7.0%	9.0%	10.0%	8.0%			+/-		
Mental Health Not Good 1+ Days in the Past Month	34.0%	33.0%	35.0%	34.0%			+/-		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	19.0%	14.0%	20.0%	17.0%	17.1%	24.4%	+/-	+/-	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	6.0%	4.0%	4.0%	5.0%			+/-		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	6.0%	5.0%	6.0%	6.0%	5.0%		-/=	+/=	
PHYSICAL ACTIVITY AND NUTRITION									
No Leisure Time/Physical Activity in the Past Month	24.0%	25.0%	29.0%	25.0%	23.9%	32.6%	+/-	+	-
TOBACCO USE									
Adults Who Reported Never Being a Smoker	54.0%	57.0%	52.0%	54.0%	56.6%		+/-	+/-	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily)	48.0%	49.0%	47.0%	50.0%		80.0%	-		-
Adults Who Reported Being a Current Smoker	18.0%	15.0%	24.0%	20.0%	17.3%	12.0%	+/-	+/-	+
Adults Who Reported Being An Everyday Smoker	13.0%	12.0%	18.0%	15.0%	12.4%		+/-	+/-	
Adults Who Reported Being a Former Smoker	28.0%	28.0%	24.0%	26.0%	25.1%		+/-	+/-	

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

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

Public health data by county

	Allegheny					Trend	Armstrong					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
CHRONIC DISEASE																		
Breast Cancer Rate per 100,000	70.3	72.8	79.0	76.1		+	59.4	56.5	58.9	68.1		+	71.5	121.9	41.0			
Breast Cancer Mortality Rate per 100,000		14.3	14.4	16.1	12.0	-			13.1		14.4	+	13.1	22.2	20.6			
Bronchus and Lung Cancer Rate per 100,000	73.2	81.6	79.7	76.8		+	77.5	57.8	59.3	67.1		-	69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000		57.7	54.5	53.4	52.2	-		56.4	48.8	59.7	46.6	-	48.7		45.5			
Colorectal Cancer Rate per 100,000	50.6	50.2	47.2	49.5		-	66.9	41.2	40.5	46.2		-	47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000		19.6	19.1	17.0	15.9	-		26.2	23.2	15.6	13.1	-	17.0	16.9	14.5			
Prostate Cancer Rate per 100,000	139.2	165.6	145.0	134.7		+	179.9	184.4	126.5	149.6		-	139.6					
Prostate Cancer Mortality Rate per 100,000		24.2	22.2	20.3	19.9	-			27.0		28.9	+	21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000		222.8	210.7	191.5	185.4	-		231.3	235.0	220.7	217.4	-	185.3	179.1				
Heart Attack Mortality Rate per 100,000		49.6	47.2	40.9	36.2	-		56.9	51.2	37.8	37.9	-	38.2					
Coronary Heart Disease Mortality Rate per 100,000		162.7	156.4	140.4	135.4	-		148.8	137.0	134.0	129.2	-	123.0	113.6	100.8			
Cardiovascular Mortality Rate per 100,000		284.8	268.2	243.1	236.4	-		287.2	294.6	275.9	263.0	-	237.6					
Cerebrovascular Mortality Rate per 100,000		46.7	43.3	38.6	39.2	-		41.4	49.0	48.1	42.0	+	38.9	39.1	33.8			
Diabetes Mortality Rate per 100,000		19.4	19.9	16.2	17.4	-		32.4	22.5	30.7	19.5	-	19.6	20.8	65.8			
Type I Diabetes, Students		0.30%	0.29%	0.32%		+		0.37%	0.35%	0.36%		-	0.30%					
Type II Diabetes, Students		0.08%	0.07%	0.08%		-		0.12%	0.12%	0.07%		-	0.07%					

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

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Public health data by county

	Allegheny					Trend	Armstrong					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN																		
Prenatal Care First Trimester		84.2%	85.6%	87.1%	88.8%	+		77.0%	76.5%	79.9%	75.5%	+	71.3%		77.9%			
Non-Smoking Mother During Pregnancy		82.1%	83.0%	83.8%	84.8%	+		72.1%	70.8%	74.2%	74.9%	+	84.1%		98.6%			
Non-Smoking Mother 3 Months Prior to Pregnancy		79.0%	80.1%	80.9%	81.9%	+		64.7%	63.9%	68.5%	68.0%	+	78.2%					
Low Birth-Weight Babies Born		8.6%	8.9%	8.1%	8.0%	-		6.0%	7.5%	8.8%	6.6%	+	8.3%		7.8%			
Mothers Reporting WIC Assistance		31.4%	31.3%	32.1%	31.5%	+		44.1%	47.7%	46.7%	46.5%	+	40.1%					
Mothers Reporting Medicaid Assistance		32.6%	33.6%	32.0%	22.9%	-		36.5%	40.1%	35.5%	35.0%	+	32.7%					
Breastfeeding		62.9%	64.0%	68.5%	68.4%	+		56.3%	53.7%	58.4%	63.8%	+	70.0%		81.9%			
Teen Pregnancy Rate per 1,000, Ages 15-19		40.1	41.7	38.0	38.2	-		35.0	40.1	37.4	28.9	+	39.6	34.2	36.2			
Teen Live Birth Outcomes, Ages 15-19		57.7%	57.1%	59.1%	58.1%	+		81.6%	80.2%	82.3%	95.0%	+	68.0%					
Infant Mortality Rate per 1,000	7.7	7.3	8.3	7.4	7.6	-							7.3	6.2	6.0			
Overweight BMI, Grades K-6					17.4%						20.5%							
Obese BMI, Grades K-6					15.9%						21.3%				15.7%			
Overweight BMI, Grades 7-12					17.5%						21.6%							
Obese BMI, Grades 7-12					15.0%						20.3%				16.0%			
Students with Diagnosed ADHD		3.90%	4.02%	4.32%		+		5.35%	5.85%	5.87%		+	5.23%					
INFECTIOUS DISEASE																		
Influenza and Pneumonia Mortality Rate per 100,000		18.4	17.8	16.9	17.3	-		23.9	15.4	17.2	14.8	-	13.4	16.2				
Chlamydia Rate per 100,000		401.3	428.2	403.4	412.1	+		97.0	87.2	87.0	140.7	+	374.1	426.0				
MENTAL HEALTH AND SUBSTANCE ABUSE																		
Drug-Induced Mortality Rate per 100,000		16.8	18.6	17.8	18.6	+			15.8		23.4	+	15.5		11.3			
TOBACCO USE																		
Emphysema Mortality Rate per 100,000		3.9	4.3	2.8	4.0	-							3.0			+		
INJURY																		
Auto Accident Mortality Rate per 100,000		6.3	6.5	6.2	6.7	+			16.3		17.5	+	10.5	11.9	12.4			
Suicide Mortality per 100,000		11.0	10.1	10.6	9.8	-			20.0	16.2		-	11.7	12.1	10.2			
Fall Mortality Rate per 100,000		7.1	10.0	8.5	12.2	-			10.5				8.3	8.1	7.0			
Firearm Mortality Rate (Accidental, Suicide, Homicide)		11.3	13.1	12.2	11.2	+			13.2				10.0	10.1	9.2			

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

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Public health data

	Westmoreland					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
CHRONIC DISEASE												
Breast Cancer Rate per 100,000	67.3	66.1	69.5	76.5		+	71.5	121.9	41.0			
Breast Cancer Mortality Rate per 100,000		12.9	17.6	12.8	13.1	+	13.1	22.2	20.6			
Bronchus and Lung Cancer Rate per 100,000	67.9	72.1	68.4	68.8		+	69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000		55.3	52.0	47.8	49.2	-	48.7		45.5			
Colorectal Cancer Rate per 100,000	53.8	56.2	49.1	51.5		-	47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000		21.3	14.7	17.7	17.1	-	17.0	16.9	14.5			
Prostate Cancer Rate per 100,000	157.3	152.9	124.0	128.7		-	139.6					
Prostate Cancer Mortality Rate per 100,000		26.2	22.8	31.5	17.7	-	21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000		221.6	216.6	206.7	185.6	-	185.3	179.1				
Heart Attack Mortality Rate per 100,000		64.7	58.6	54.8	53.9	-	38.2					
Coronary Heart Disease Mortality Rate per 100,000		158.5	147.2	142.2	125.0	-	123.0	113.6	100.8			
Cardiovascular Mortality Rate per 100,000		285.8	274.1	258.8	237.0	-	237.6					
Cerebrovascular Mortality Rate per 100,000		45.4	41.3	36.5	40.2	-	38.9	39.1	33.8			
Diabetes Mortality Rate per 100,000		25.9	23.1	23.5	23.5	-	19.6	20.8	65.8			
Type I Diabetes, Students		0.31%	0.30%	0.33%		+	0.30%					
Type II Diabetes, Students		0.05%	0.05%	0.08%		+	0.07%					

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

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Public health data

	Westmoreland					Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN												
Prenatal Care First Trimester		80.5%	81.2%	83.1%	86.1%	+	71.3%		77.9%			
Non-Smoking Mother During Pregnancy		77.3%	78.7%	78.8%	79.1%	+	84.1%		98.6%			
Non-Smoking Mother 3 Months Prior to Pregnancy		71.0%	72.7%	72.4%	73.8%	+	78.2%					
Low Birth-Weight Babies Born		7.5%	7.2%	7.8%	8.0%	+	8.3%		7.8%			
Mothers Reporting WIC Assistance		34.5%	35.4%	35.9%	35.2%	+	40.1%					
Mothers Reporting Medicaid Assistance		33.5%	34.2%	38.1%	33.6%	+	32.7%					
Breastfeeding		60.1%	61.6%	63.3%	66.0%	+	70.0%		81.9%			
Teen Pregnancy Rate per 1,000, Ages 15-19		30.6	32.4	28.0	25.9	-	39.6	34.2	36.2			
Teen Live Birth Outcomes, Ages 15-19		69.3%	70.5%	69.6%	64.5%	-	68.0%					
Infant Mortality Rate per 1,000	5.4	6.8	6.2	7.9	7.2		7.3	6.2	6.0			
Overweight BMI, Grades K-6					16.7%							
Obese BMI, Grades K-6					16.9%				15.7%			
Overweight BMI, Grades 7-12					16.7%							
Obese BMI, Grades 7-12					18.2%				16.0%			
Students with Diagnosed ADHD		4.13%	3.95%	4.36%		+	5.23%					
INFECTIOUS DISEASE												
Influenza and Pneumonia Mortality Rate per 100,000		15.4	21.1	16.6	14.7	+	13.4	16.2				
Chlamydia Rate per 100,000		111.5	111.5	121.5	137.5	+	374.1	426.0				
MENTAL HEALTH AND SUBSTANCE ABUSE												
Drug-Induced Mortality Rate per 100,000		15.6	16.4	18.8	19.7	+	15.5		11.3			
TOBACCO USE												
Emphysema Mortality Rate per 100,000		5.7	5.1	5.0	4.6	-	3.0					
INJURY												
Auto Accident Mortality Rate per 100,000		18.0	15.7	12.1	13.2	-	10.5	11.9	12.4			
Suicide Mortality per 100,000		11.3	12.1	10.5	11.8	+	11.7	12.1	10.2			
Fall Mortality Rate per 100,000		8.3	12.3	9.4	9.4	+	8.3	8.1	7.0			
Firearm Mortality Rate (Accidental, Suicide, Homicide)		7.3	7.3	8.0	8.6	+	10.0	10.1	9.2			

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

The color coding illustrates comparisons to the Healthy People 2020 goal or the national rate (if there is no HEALTHY PEOPLE 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Other Indicators

	Allegheny			Trend	Armstrong			Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2010	2011	2012	+/-	2010	2011	2012	+/-	Rate	Rate	Goal	Comp	Comp	Comp
ACCESS														
Mammogram Screenings		57.0%	58.0%	+		77.0%	60.0%	-	67.0%		81.1%			
HEALTHY ENVIRONMENT														
Unemployment Rates	5.0%	6.9%	7.7%	+	6.0%	9.1%	9.4%	+	8.7%	8.9%				
High School Graduation Rates	83.0%	83.0%	83.0%	=	85.0%	87.0%	66.0%	-	79.0%		82.4%			
Children Living in Poverty	16.0%	17.0%	16.0%	+	18.0%	16.0%	22.0%	+	19.0%					
Children Living in Single Parent Homes		33.0%	33.0%	=		25.0%	28.0%	+	32.0%					
Number of Air Pollution Ozone Days	22	14	14	-	16	11	11	-	8					
PHYSICAL ACTIVITY AND NUTRITION														
Fast Food Restaurants			47.0%				44.0%		48.0%					

	Westmoreland			Trend	PA (the last year)	US	HP 2020	PA	US	HP Goal
Public Health Data	2010	2011	2012	+/-	Rate	Rate	Goal	Comp	Comp	Comp
ACCESS										
Mammogram Screenings		60.0%	59.0%	-	67.0%		81.1%			
HEALTHY ENVIRONMENT										
Unemployment Rates	5.0%	7.9%	8.3%	+	8.7%	8.9%				
High School Graduation Rates	87.0%	88.0%	88.0%	+	79.0%		82.4%			
Children Living in Poverty	12.0%	14.0%	16.0%	+	19.0%					
Children Living in Single Parent Homes		25.0%	25.0%	=	32.0%					
Number of Air Pollution Ozone Days	14	4	4	-	8					
PHYSICAL ACTIVITY AND NUTRITION										
Fast Food Restaurants			48.0%		48.0%					

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

PRIORITIZATION, STRATEGY DEVELOPMENT and IMPLEMENTATION

Prioritization

The system and hospital-specific steering committees analyzed the data to prioritize needs based on four different criteria: (1) the accountable entity (hospital or community), (2) magnitude of the problem, (3) impact on other health outcomes, and (4) capacity (systems and resources to implement solutions).

Inventory of Community Assets

The Patient Protection and Affordable Care Act requires hospitals to describe how a hospital plans to meet identified health needs as well as why a hospital does not intend to meet an identified need. The assets of the community were inventoried to capture existing healthcare facilities and resources that are helping to address health needs of the community. Information gathered for this asset inventory was maintained and utilized by internal staff when making referrals to community resources.

Process for Strategy Development/ Implementation

Following stakeholder prioritization, which included participation by individuals with expertise in public health and representatives of medically underserved populations, and based on the greatest needs related to the health system and hospital's mission, current capabilities, resources and focus areas, top priorities for need intervention were identified. Once priority need areas were identified, strategies to meet these needs were developed. These strategies were then formulated into a written document for approval by the governing body in accordance with IRS guidelines.

The FRH implementation strategies address the following health conditions:

- Diabetes and associated co-morbidities including obesity and cardiovascular disease

Strategies to address these needs include but are not limited to community education, outreach and health screenings; and physician training.

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

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History and Accomplishments

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Background and Community Benefit

Forbes Regional Hospital (FRH) has continuously provided health care services to residents of eastern Allegheny and western Westmoreland counties since 1978. Forbes Regional owns and operates a 350-bed acute care hospital located in Monroeville, Pennsylvania.

FRH offers a complete array of surgical, medical and inpatient rehabilitation services. The facility offers care in the following specialty areas: back surgery, cardiac surgery, cardiology, colon and rectal surgery, diabetes, diagnostic imaging, emergency medicine, endocrinology, family medicine, foot and ankle surgery, gastroenterology, general surgery, gynecology, hospice care, neurology, neurosurgery, obstetrics, oncology, orthopedics, outpatient surgery, pediatrics, psychiatry and urology. The hospital features an affiliate office of the world renowned Joslin Diabetes Center and operates an emergency room open to all persons without regard to their ability to pay.

Forbes Hospice, located in Bloomfield, is Pittsburgh's oldest and most respected end-of-life and palliative care program, providing care for families from Allegheny, Beaver, Butler, Washington and Westmoreland counties. Forbes Hospice has a wealth of experience in delivering comprehensive hospice care to the community and feature nationally- recognized leadership, including a full-time medical director, board certified in hospice and palliative medicine. Forbes Hospice's team of caregivers offers a compassionate, loving approach to meeting the needs of our patients and their families.

Community Benefit

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

As an affiliate of the Joslin Diabetes Center, FRH understands that many individuals live with diabetes or are at risk for developing diabetes. As such, the hospital provides education to those living and at risk for diabetes. The educational activities conducted by FRH include, but are not limited to educational seminars, radio interviews, talks on meal planning, presentations on the impact of a disease management report card on lab tests assessing the average level of blood sugar and participation in the American Diabetes Expo.

FRH also conducts many educational activities geared toward the specific health needs of various populations including women, children and older adults. Included in these activities are lectures, discussions on advanced life support for obstetrics, childbirth education classes, breast cancer education and outreach, dementia, advance stroke life support, integrative medicine and other topics. Educational programs are provided at local health fairs, through local school districts and senior centers as well as in hospital facilities. FRH also sponsors numerous support groups related to bereavement and loss, chronic disease management and healthy living.

FRH provides aspiring health professionals with many educational opportunities to further their career in healthcare. In addition to the educational support we provide to interns, residents and fellows, FRH provides health professional education to the community in a variety of ways and forums. The hospital supports nursing students from several area schools through internships, clinical experiences and professional shadowing throughout the year. Staff members from hospital departments spend time providing explanations, education and sometimes supervision of various procedures or projects with nursing students as part of their clinical rotations. FRH professional staff members train interns from several area universities in skills of counseling of dying patients and their families and in bereavement. FRH also provides professional education for hospice staff and physical, occupational and speech therapists, phlebotomists, as well as job shadowing opportunities for local high schools, colleges and technical schools.

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Methodology

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Methodology

Community health needs assessment and planning approach

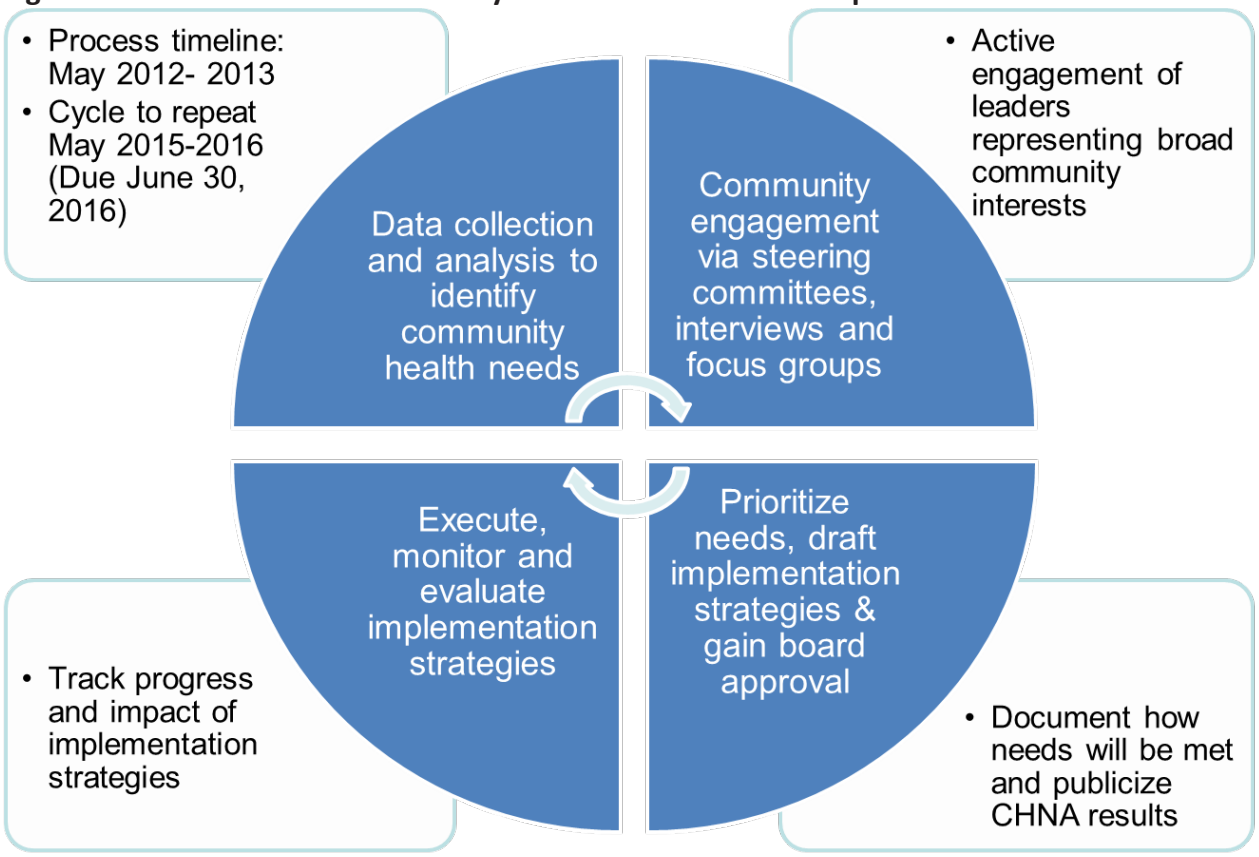
The 2012 to 2013 Forbes Regional Hospital (FRH) Community Health Needs Assessment (CHNA) took place from April 2012 through May 2013 in collaboration with the other hospitals in the West Penn Allegheny Health System (WPAHS). The goal of the assessment process was to identify the health needs and issues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

Aligned with the system's purpose to improve the health of the people in the Western Pennsylvania region, this initiative brought the health system, public health and other community leaders together in a collaborative approach to:

- Identify the current health status of community residents as baseline data for benchmarking and assessment purposes
- Identify the strengths, service gaps and opportunities
- Determine unmet community health needs and target priorities
- Develop a plan to direct resources to meet targeted needs
- Enhance strategic planning for future community benefit and other services

Figure 1 provides a schematic overview of the CHNA process. Facilitated by Strategy Solutions, Inc., the CHNA follows best practices as outlined by the Association of Community Health Improvement, a division of the American Hospital Association, and ensures compliance with Internal Revenue Service (IRS) guidelines (IRS Notice 2011-52) for charitable 501(c)(3) tax-exempt hospitals. The process involved collecting primary and secondary data. In compliance with the IRS guidelines (IRS Notice 2011-52), the hospital needs assessment includes data specific to this hospital's primary service area. In addition, the WPAHS and hospital CHNA process was supported by and meaningfully engaged a cross section of community leaders, agencies and organizations with the goal of working together to achieve healthier communities. This report provides an overview of the needs of the primary service area of the hospital. The hospital implementation strategies address the top priority needs within the service area and, when appropriate, provide an explanation of why individual hospitals are not addressing all of the needs identified.

Figure 1. Schematic of the community health needs assessment process



Fundamental to the community health needs assessment was community support and engagement. This support and engagement came by way of participation in the system or hospital-specific steering committees as well as by participation as in interviewee or focus group participant. Individuals and organizations engaged included those with special knowledge or expertise in public health, state, regional and local health-related agencies with current data and other information relevant to the needs of communities served by the hospital as well as leaders and representatives of medically underserved, low-income or minority populations and populations with chronic disease needs. More specifically, the project management team, who were involved in each system hospital CHNA and system steering committee members brought a depth and breadth of public health expertise to this process. Emilie Delestienne, Public Policy and Advocacy Manager for WPAHS has a Master of Public Health degree. Debra Thompson, President of Strategy Solutions, the lead consultant on the project, has worked directly with numerous health departments across the country on CHNA processes over the last 20 years. Joan Cleary, system steering committee member, is a member of the Allegheny County

Board of Health. In addition, many of the individuals involved in the focus groups and interviews also brought public health experiences and perspectives.

To support the overall CHNA process, FRH assembled a hospital-wide steering committee. Using data and information provided by Strategy Solutions, Inc., Kathleen McKenzie, Vice President, Community and Civic Affairs led and facilitated the FRH steering committee and also served as a liaison to the WPAHS steering committee. The steering committee included a diverse group of community leaders representing various facets of the community.

The steering committee included a diverse group of community leaders representing various facets of the community. The steering committee membership is outlined in **Table 1**; leaders and representatives of medically underserved, low-income or minority populations and populations with chronic disease needs engaged in the system steering committee included Honorable Bob Brooks, Dave Coplan, Dr. William Johnjulio, Tim Joyce, Dr. Kathryn Neely, Gary Nowading, Jack Rupp, Terry Seidman and Robert Twaddle. In addition to these individuals serving on the steering committee, many of the individuals involved in the focus groups and interviews were leaders, members or representatives of medically underserved, low-income, minority or chronic disease populations.

Table 1: Steering committee membership

Name	Title	Organization
Honorable Bob Brooks	Mayor	Mayor of Murrysville
Dave Coplan	Director	Mon Valley Provider Council
L.P. Gupta	Board Member	Forbes Health Foundation
Frank Horrigan	President	Monroeville Chamber
Reese Jackson	President and Chief Operating Officer	Forbes Regional Hospital
William Johnjulio, M.D.	Chairperson, Department of Family	West Penn Allegheny Health System
Tim Joyce	Chief of Staff	Senator Brewster's Office
Kathryn Neely, M.D.	Family Medicine	Forbes Regional Hospital
Mark Rubino, M.D.	Chief Medical Officer	Forbes Regional Hospital
Jack Rupp	Executive Director	Healthy Lungs Pennsylvania
Terry Seidman	Associate Director	American Diabetes Association
Lynne Struble	Vice President of Operations	Forbes Regional Hospital
Maria Synan	Marketing Manager	Forbes Regional Hospital
Robert Twaddle	Manager of Prehospital Operations	Forbes Regional Hospital

The FRH steering committee met a total of five times over the course of 10 months to guide the assessment. **Table 2** outlines the steering committee meeting dates and agenda items.

Table 2. Steering committee dates and agenda topics

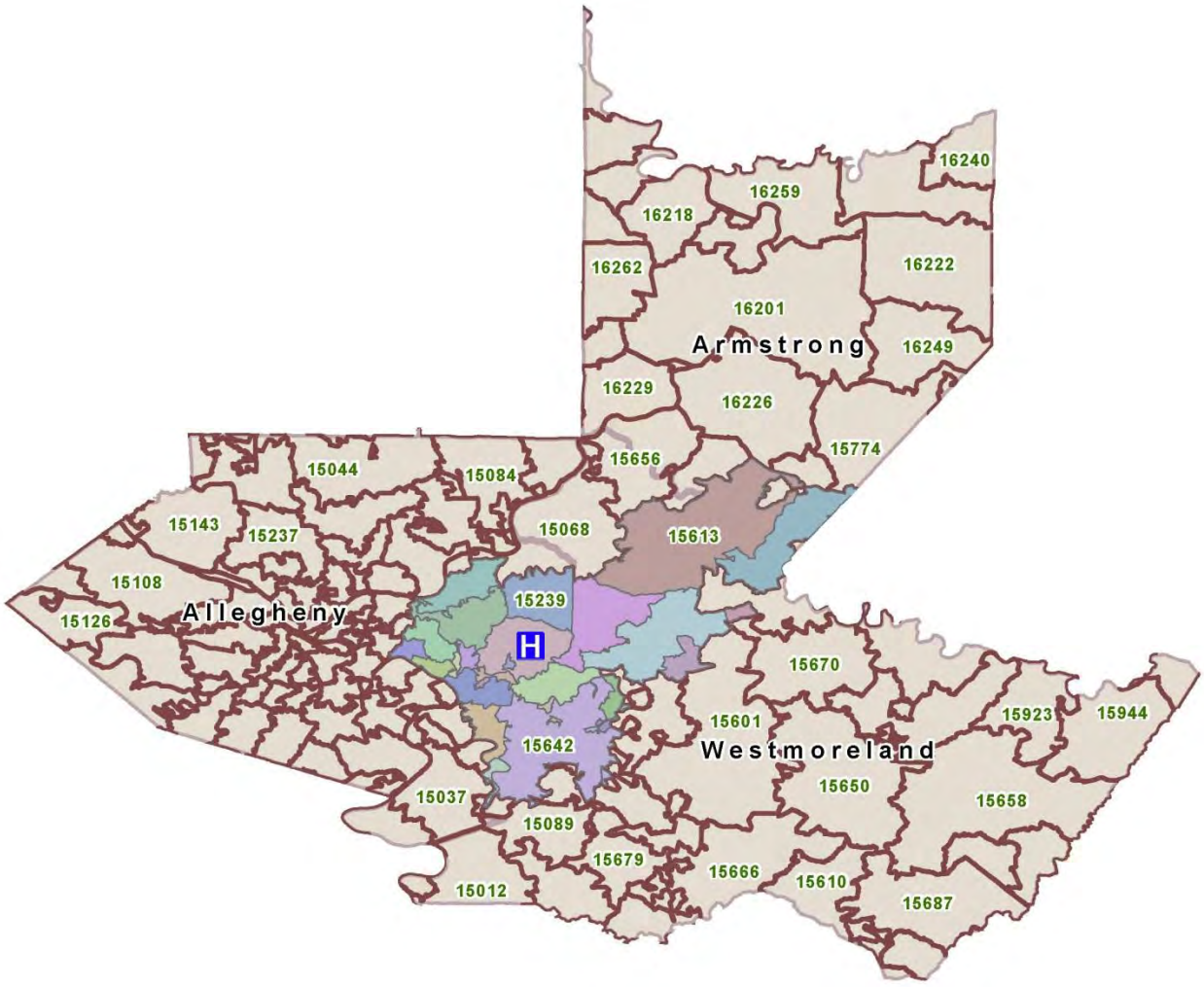
Date	Topic
July 30, 2012	Process Overview and Input into Data Collection Strategy
September 10, 2012	Review Preliminary Secondary Data and Identify Primary Data Collection Strategy
December 3, 2012	Primary Data Collection Mid-Term Status Report
February 11, 2013	Overall Data Review and Prioritization
April 8, 2013	Review and Discuss Implementation Strategies

Service area definition

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

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

Figure 2: Forbes Regional Hospital primary service area map



As previously mentioned, Strategy Solutions, Inc. a planning and research firm with the mission to create healthy communities was retained to facilitate the process. The Strategy Solutions, Inc. consulting team involved in the project included:

Debra Thompson, BS, MBA, President, served as the project director, completed stakeholder interviews, facilitated the system and individual hospital prioritization process and developed the final reports.
Toni Felice, Ph.D., Director of Research, Evaluation and Strategy, completed the initial secondary data collection and analysis.
Rob Cotter, BA, MS, Research Analyst, completed the secondary data collection and analysis, facilitated community focus groups, and completed the asset mapping required for the project.
Kathy Roach, BS, Research Analyst, provided report development coordination and data quality control.
Jacqui Lanagan, BA, MS, Director of Nonprofit and Community Services, facilitated focus groups and analyzed the focus group data, conducted stakeholder interviews and compiled stakeholder interview data.
Laurel Swartz, MA, Research Coordinator, assisted with focus group and interview scheduling and logistics.
Diane Peters, Business Manager, managed the focus group and interview scheduling and logistics.
Ann DiVecchio, Research Assistant, assisted with the report development and writing.
Stacy Weber, Project Coordinator, provided logistics coordination, data presentation and reporting support.
Melissa Rossi, Operations Manager, provided report development and logistics coordination support
Ryan Johannesmeyer, Research Assistant, assisted with report development and writing.

West Penn Allegheny Health System staff leading the project efforts included:

Emilie Delestienne, MPH, Public Policy and Advocacy Manager
Hanh Nguyen, MHA, Planning Analyst
Jeff Manners, CPA, Director, Tax Accounting
Peg McCormick Barron, Executive Vice President, External Affairs
Kathleen, McKenzie, Vice President, Community and Civic Affairs

Hospital liaisons that led and facilitated the hospital-specific steering committees and also served on the system steering committee included:

Debra Caplan, Senior Vice President, Allegheny General Hospital
Kathleen McKenzie, Vice President, Community and Civic Affairs, WPAHS (for Forbes Regional Hospital and WPAHS)
Lynne Struble, Vice President, Operations, Forbes Regional Hospital
Rebecca Biddle, Director, Fund Development, Canonsburg General Hospital
Kimberly Lunn, Interim Executive Director, Allegheny Valley Hospital Trust (for Allegheny Valley Hospital)

Asset inventory

The Patient Protection and Affordable Care Act requires hospitals to describe how a hospital plans to meet identified health needs as well as why a hospital does not intend to meet an identified need. The assets of the community were inventoried to capture existing healthcare facilities and resources that are helping to address health needs of the community. Information gathered for this asset inventory was maintained and utilized by internal staff when making referrals to community resources. Contained in the Demographics and Asset Inventory chapter (chapter 4) of the full CHNA report, this asset inventory information was mapped, and the maps represent a subset of information for each individual hospital. The asset inventory included the following categories: adult day services, skilled nursing facilities, residential drug and alcohol treatment centers, Alzheimer units, health services providers, and other community assets and resources.

Qualitative and quantitative data collection

In an effort to examine the health-related needs of the residents of the service area and to meet all of the known guidelines and requirements of the IRS 990 standards (IRS Notice 2011-52), the consulting team employed both qualitative and quantitative data collection and analysis methods. Qualitative methods ask questions that are exploratory in nature and are typically employed in interviews and focus groups. Quantitative data is data that can be displayed numerically. Primary data are data collected specifically for this assessment by the consultant team. Secondary data includes data and information previously collected and published by some other source.

The consulting team and steering committee determined that the data collected would be defined by hypothesized needs within the following categories (that define the various chapters of this assessment):

- Access to Quality Health Care
- Chronic Disease
- Healthy Environment
- Healthy Mothers, Babies and Children
- Infectious Disease
- Mental Health and Substance Abuse
- Physical Activity and Nutrition
- Tobacco Use
- Injury

Quantitative data

The steering committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all underrepresented populations were included in the assessment to the extent possible given the resource constraints of the project. This was accomplished by identifying focus groups and key stakeholders that represented various subgroups in the community. In addition, the process included public health participation and input through extensive use of Pennsylvania Department of Health and Centers for Disease Control and Prevention data. The secondary data sources and collection process included:

- Demographic and socioeconomic data obtained from Nielsen/Claritas via Truven Health Analytics (https://truvenhealth.com) and provided by the WPAHS Decision Support Department.
- Disease incidence and prevalence data obtained from the Pennsylvania Department of Health and PA Vital Statistics
- The Centers for Disease Control and Prevention (CDC) and the Pennsylvania Department of Health Behavioral Risk Factor Surveillance Survey (BRFSS) data.
    - Each year the CDC along with Departments of Public Health BRFS survey. The BRFSS is conducted by telephone and includes questions regarding health risk behaviors, preventive health practices and health care access primarily related to chronic disease and injury.
    - The health related indicators included in this report for the US in 2010 are BRFSS data collected by the CDC (available at: http://www.cdc.gov/brfss/). The health related indicators included in this report for Pennsylvania are BRFSS data collected by the Pennsylvania Department of Health.

  - BRFSS data are for a three-year summary period, for the years 2008 through 2010, as reported by the Pennsylvania Department of Health; participants were adults over the age of 18. Because the sample sizes collected at the county level are often not large enough to be representative at the individual county level, the data will often be three-year summary data for Allegheny County
- CDC Chronic Disease information from the Chronic Disease Calculator, available at http://cdc.gov/chronicdisease/resources/calculator/index.htm
- Healthy People 2020 goals.
  - In 1979, the Surgeon General began a program to set goals for a healthier nation. Since then, Healthy People have set 10 year science-based objectives for the purpose of moving the nation toward better health. When available for a given health indicator, Healthy People 2020 goals are included in this report (http://www.healthypeople.gov/2020/default.aspx.).
- When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.
- US incidence and mortality rate comparisons taken from www.statehealthfacts.org.
- Selected inpatient and outpatient utilization data identified as ambulatory care-sensitive conditions obtained from WPAHS Decision Support and from the Pennsylvania Health Care Cost Containment Council as provided by Truven Health.
  - These conditions are most appropriately cared for in primary care and outpatient settings and are thus indicators of access to care.
- County Health Rankings, a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org.
- A variety of other secondary research studies and statistics were included, and the sources are cited within the text.

Data presented are the most recent published by the source at the time of the data collection.

Qualitative data

The primary data collection process involved stakeholder interviews and focus groups.

A total of 31 individual stakeholder interviews were conducted by members of the consulting team to gather a personal/professional perspective from those who have insight into the health of a specific population group or issue, the community or the region. Interviewees represented the broad interests of the communities served by WPAHS' individual hospitals as well as the broadest cross section of special interest groups and topics possible within the resource constraints of the project. Eighteen (18) of those interviews included individuals/topics that related to FRH service area and needs.

Stakeholders interviewed responded to a series of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Individuals were selected because they are considered content experts on a topic or understood the needs for a particular subset of the population. The information represents the opinions of those interviewed and is not necessarily representative of the opinions of the broader community served by the WPAHS system or FRH.

A total of 18 focus groups were conducted by members of the Strategy Solutions consulting team to gather information directly from various groups that represent a particular interest group or area. A total of 224 individuals participated in the focus groups, which represented both consumer and provider/professional perspectives. Focus group participants represented the broad interests of the communities served by the WPAHS' individual hospitals as well as the broadest cross-section of special interest groups and topics possible within the resource constraints of the project. Nine of the focus groups related specifically to FRH, with 130 participants. **Table 3** outlines the focus groups that were conducted specifically for this purpose.

Table 3: FRH focus groups

Attendees	Organization	Group
26	FRH Community: Monroeville Chamber	HOSP Communities
13	Immigrants & Internationals Advisory	Immigrants
20	SW Regional Key Leadership Council / YWCA	SW Regional Key/ YWCA
15	Allegheny County	Aging/Disability/ Seniors
7	Gilda's Club	Post Treatment Cancer
5	Deputy Mayor Monroeville	Public Safety Committee
7	MVPS Mon Valley Providers Council	Poverty
10	Allegheny County Department of Health (30 min)	Immunization Coalition
27	Emergency Services Personnel	EMS Institute

The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic, may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information represents the opinions of individuals who participated in a focus group and are not necessarily representative of the opinions of the broader community served by the WPAHS or FRH.

Table 4 outlines the individuals that participated in the interviews and the topic and geographic areas that they represented.

Table 4. Stakeholders interviewed

Name	Representation
Kristy Trautman	FISA Foundation
Linda Hippert	Allegheny Intermediate (3)
Katherine Neely	Forbes Regional Hospital
Terry Seidman	American Diabetes Association
Evan Frazier	Vice President, Community Affairs, Highmark
Stephen G. Bland	Port Authority of Allegheny County
Dr. Patricia Bononi	Vice President, Community & Civic Affairs, WPAHS
Stefani Pashman	3 Rivers Workforce Investment Board
Marc Cherna	Allegheny County Human Services (Face2Face)
Tracey Evans	WPH Wilkinsburg Community Development
Chad Amond	Westmoreland Chamber of Commerce
Jui Joshi	Womens/Girls Foundation Pittsburgh PA
Dr. Jeanne Pearlman	Pittsburgh Foundation, Vice President Program/Policy
Dan Frankel	Pennsylvania State Representative-Chief of Staff
Diane Allison	Deputy Mayor of Monroeville
Susan Manzi	Chair, Department of Medicine, WPAHS
Lisa Scales	Greater Pittsburgh Community Food Bank
Megan Evans	LGBT Resources
Dr. Campbell	Emergency Medicine

Hospital utilization data

According to the Institute of Medicine, primary or ambulatory care provides comprehensive and continuous care, addresses the majority of an individual's health care needs, develops the provider-patient relationship and creates healthier individuals and communities. More recently, researchers and providers have identified ambulatory care sensitive condition (ACSC) hospitalizations as a measure of access to health care. ACSCs are conditions for which hospitalization could be prevented through early intervention and sustained ambulatory care. The report includes inpatient hospitalization utilization rates for the following: hypertension, congestive heart failure (CHF), breast cancer, other cancers, pneumonia, pregnancy complications, reproductive disorders, asthma, drug and alcohol related issues, chronic obstructive pulmonary disease (COPD) and fractures.

Table 5 indicates the individual Diagnosis Related Group (DRG) classifications that were selected by Strategy Solutions to illustrate the hospital utilization rates for ambulatory care sensitive conditions.

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

DRG Reported	DRG Classification
Hypertension	304 – Hypertension w MCC 305 – Hypertension w/o MCC
Congestive heart failure	291 – Heart failure & shock w MCC 292 – Heart failure & shock w CC 293 – Heart failure & shock w/o CC/MCC
Breast cancer	582 – Mastectomy for malignancy w CC/MCC 583 – Mastectomy for malignancy w/o CC/MCC 597 – Malignant breast disorders w MCC 598 – Malignant breast disorders w CC 599 – Malignant breast disorders w/o CC/MCC
Cancer	374 – Digestive malignancy w MCC 375 – Digestive malignancy w CC 376 – Digestive malignancy w/o CC/MCC 754 – Malignancy, female reproductive system w MCC 755 – Malignancy, female reproductive system w CC 756 – Malignancy, female reproductive system w/o CC/MCC
Pneumonia	193 – Simple pneumonia & pleurisy w MCC 194 – Simple pneumonia & pleurisy w CC 195 – Simple pneumonia & pleurisy w/o CC/MCC

DRG Reported	DRG Classification
Complications baby	774 – Vaginal delivery w complicating diagnosis 777 – Ectopic pregnancy 778 – Threatened abortion
Reproductive disorder	760 – Menstrual & other female reproductive system disorders w CC/MCC 761 – Menstrual & other female reproductive system disorders w/o CC/MCC
Bronchitis & Asthma	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC
Alcohol & drug abuse	894 – Alcohol/drug abuse or dependence, left AMA 895 – Alcohol/drug abuse or dependence w rehabilitation therapy 896 – Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC 897 – Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC
COPD	190 – Chronic obstructive pulmonary disease w MCC 191 – Chronic obstructive pulmonary disease w CC 192 – Chronic obstructive pulmonary disease w/o CC/MCC
Fracture	533 – Fractures of femur w MCC 534 – Fractures of femur w/o MCC 535 – Fractures of hip & pelvis w MCC 536 – Fractures of hip & pelvis w/o MCC
Bronchitis & Asthma	202 – Bronchitis & asthma w CC/MCC 203 – Bronchitis & asthma w/o CC/MCC

Table 6 outlines the various ICD-9 codes associated with various ACSCs that should be seen in a primary care physician's office, but often present in a hospital emergency department. The hospital utilization for these conditions for the past three fiscal years and YTD through November 2012 is included in the report.

Table 6: Emergency department ambulatory care sensitive conditions

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	**COMMENTS**
AVOIDABLE ILLNESSES	
Congenital Syphilis [090]	Secondary diagnosis for newborns only
Failure to thrive [783.41]	Age < 1 Year
Dental Conditions [521-523, 525, 528]	
Vaccine Preventable Conditions [032, 033, 037, 041.5, 045, 052.1, 052.9, 055-056, 070.0-070.3, 072, 320.2*, 320.3, 390, 391, 771.0]	*Hemophilus meningitis [320.2] for ages 1-5 only
Iron Deficiency Anemia [280.1, 280.8, 280.9]	Primary & Secondary Diagnoses
Nutritional Deficiencies [260-262, 268.0, 268.1]	Primary & Secondary Diagnoses
ACUTE CONDITIONS	
Bacterial Pneumonia [481, 482.2, 482.3, 482.9, 483, 485, 486]	
Cancer of the Cervix [180.0-180.1, 180.8-180.9]	
Cellulitis [681, 682, 683, 686]	
Convulsions [780.3]	
Dehydration - Volume Depletion [276.5]	Primary & Secondary Diagnoses
Gastroenteritis [558.9]	
Hypoglycemia [251.2]	
Kidney/Urinary Infection [590.0, 599.0, 599.9]	
Pelvic Inflammatory Disease [614]	
Severe Ear, Nose, & Throat Infections [382*, 462, 463, 465, 472.1]	
Skin Grafts with Cellulitis {DRGs: 263 & 264} For 2008: {DRGs: 573, 574, 575}	Excludes admissions from SNF/ICF

AMBULATORY CARE SENSITIVE CONDITIONS	
PREVENTABLE CONDITIONS [and ICD-9-CM CODES] (By Primary Diagnosis Unless Otherwise Noted)	**COMMENTS**
CHRONIC CONDITIONS	
Angina [411.1, 411.8, 413]	
Asthma [493]	
Chronic Obstructive Pulmonary Disease [466.0*, 491, 492, 494, 496]	*Includes acute bronchitis {466.0} only with secondary diagnosis of 491, 492, 494, 496
Congestive Heart Failure [402.01, 402.11, 402.91, 428, 518.4]	
Diabetes with ketoacidosis or hyperosmolar coma or other coma [250.1-250.33]	
Diabetes with other specified or unspecified complications [250.8-250.93]	
Diabetes mellitus without mention of complications or unspecified hypoglycemia [250-250.04]	
Grand Mal & Other Epileptic Conditions [345]	
Hypertension [401.0, 401.9, 402.00, 402.10, 402.90]	
Tuberculosis (Non-Pulmonary) [012-018]	
Pulmonary Tuberculosis [011]	

Needs/issues prioritization process

On February 11, 2013, the FRH steering committee met to review all of the primary and secondary data collected through the needs assessment process for the FRH service area and to identify key community needs and issues as well as to prioritize the issues and to identify areas ripe for potential intervention. Debra Thompson and Rob Cotter facilitated the meeting and guided participants through a prioritization exercise using the OptionFinder audience response polling technology. In preparation for the prioritization meeting, an internal WPAHS team composed of leadership and staff identified four criteria by which the issues would be evaluated. Outlined in **Table 7**, these criteria included:

Table 7: Prioritization criteria

		Scoring		
Item	Definition	Low (1)	Medium	High (10)
Accountable Entity	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for another entity in the community to take a lead role to address	This is important but is not for this action planning effort OR this is something that is an opportunity for collaboration between the hospital and the community	This is an important priority for the hospital/ health system to take a lead role to address
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

The participants completed the prioritization exercise using the polling technology to quickly rate and rank the issues based on the aforementioned criteria during the session. The exercise resulted in a rank ordering of needs and issues specifically for FRH.

Implementation strategy planning process

After all of the individual hospital steering committee meetings were held, the individual and FRH aggregate results of the prioritization exercise were reviewed by key WPAHS leaders and staff and subsequently implementation strategies were identified and developed. FRH reviewed its current community benefit and disease management programs, identified the programs and strategies that best aligned with FRH needs, capabilities and resources, and then developed their individual action plan for each selected implementation strategy for each selected issue.

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Demographics








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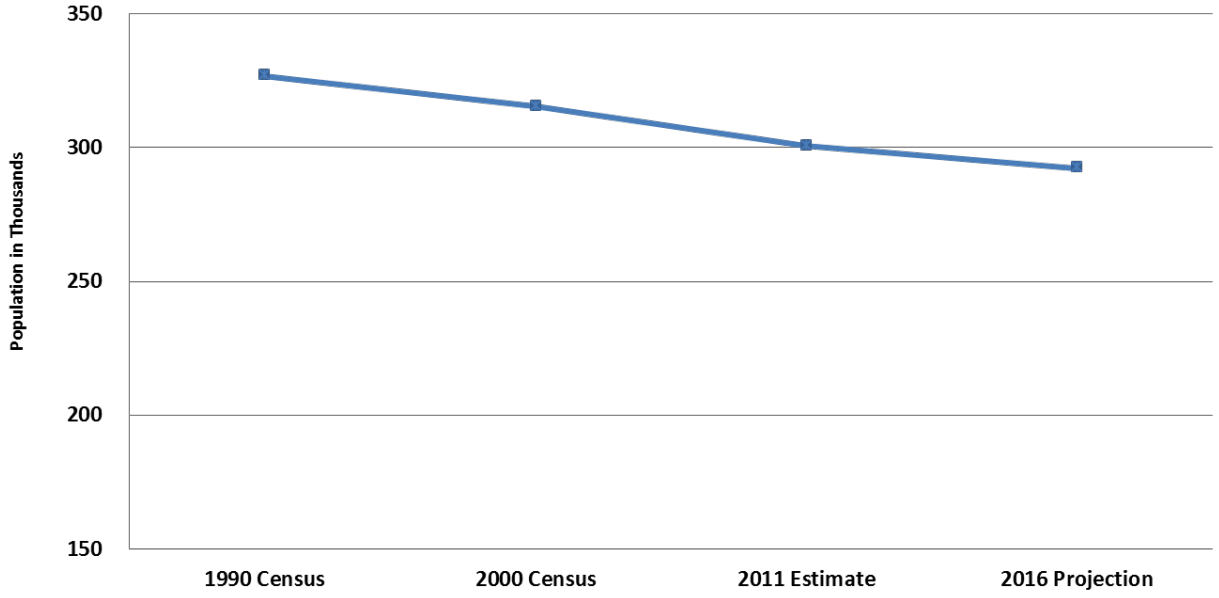
Demographics

Figure 3 illustrates the FRH primary service area total population from the 1990 and 2000 censuses, as well as a 2011 estimate and 2016 projection. The total population of the region is slightly over three hundred thousand people (total population = 300,617). Since the 1990 census, the primary service area has steadily declined and the 2016 projection shows that trend continuing.

Figure 3. FRH primary service area demographics



Source: Nielsen Claritas, WPAHS Decision Support

Tables 8 and 9 illustrates total population from the selected zip codes for the FRH primary service area from the 1990 and 2000 censuses, as well as a 2011 estimate and 2016 projection. The population of the total service area overall is expected to continue to decline by 3.5 percent between 2011 and 2016, as well as within all of the individual zip codes.

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

Demographic Characteristics	PSA	15035 East MC Keesport	15085 Trafford	15104 Braddock	15112 East Pittsburgh	15131 McKeesport	15137 North Versailles	15140 Pitcairn	15145 Turtle Creek	15146 Monroeville	15147 Verona
2016 Projection	292,373	1,973	7,255	10,012	3,570	8,455	9,579	3,128	6,984	26,582	18,189
2011 Estimate	300,617	2,087	7,581	10,401	3,748	8,702	10,011	3,312	7,358	27,502	18,846
2000 Census	315,368	2,334	8,238	11,245	4,115	9,200	10,898	3,715	8,161	29,221	20,137
1990 Census	326,733	2,664	7,981	13,791	4,454	9,792	12,011	4,112	8,811	29,150	21,306
Change											
Growth 2011-2016	(2.7%)	14.1%	(3.1%)	22.6%	8.2%	6.4%	10.2%	10.7%	8.0%	(0.2%)	5.8%
Growth 2000-2011	(4.7%)	11.8%	8.7%	8.1%	9.8%	5.7%	8.9%	12.2%	10.9%	6.3%	6.9%
Growth 1990-2000	(3.5%)	5.8%	4.5%	3.9%	5.0%	2.9%	4.5%	5.9%	5.4%	3.5%	3.6%

Source: Nielsen Claritas, WPAHS Decision Support

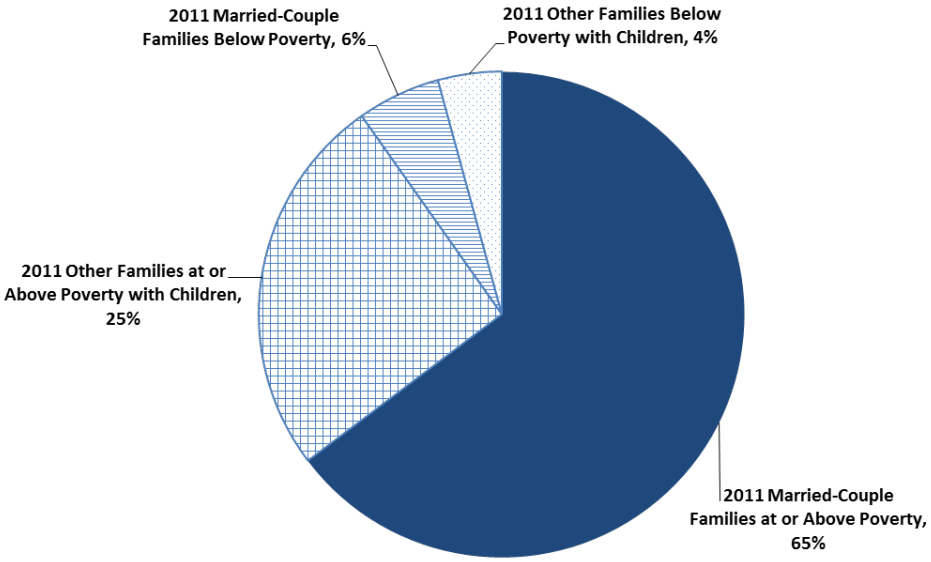
Table 9. WPAHS primary service area population by zip code (2 of 2)

Demographic Characteristics	PSA	15148 Wilmerding	15218 Pgh	15221 Pgh	15235 Pgh	15239 Pgh	15613 Apollo	15615 Ardara	15618 Avonmore	15626 Delmont	15632 Export
2016 Projection	292,373	2,591	12,629	30,467	34,276	19,372	15010	223	2292	5002	9259
2011 Estimate	300,617	2,731	13,325	32,088	35,670	19,812	15,412	225	2,376	5,018	9,192
2000 Census	315,368	3,031	14,837	35,701	38,429	20,572	16,012	226	2,538	4,961	8,832
1990 Census	326,733	3,111	16,210	39,202	42,138	20,525	16,895	196	2,784	4,594	8,179
Change											
Growth 2011-2016	(2.7%)	2.6%	9.3%	9.8%	9.7%	(0.2%)	5.5%	(13.3%)	9.7%	(7.4%)	(7.4%)
Growth 2000-2011	(4.7%)	11.0%	11.3%	11.3%	7.7%	3.8%	3.9%	0.4%	6.8%	(1.1%)	(3.9%)
Growth 1990-2000	(3.5%)	5.4%	5.5%	5.3%	4.1%	2.3%	2.7%	0.9%	3.7%	0.3%	(0.7%)

Source: Nielsen Claritas, WPAHS Decision Support

Figure 4 illustrates the poverty levels of the FRH primary service region. As seen below, 10 percent of service region families live below the federal poverty level, of which 6 percent are married-couple families.

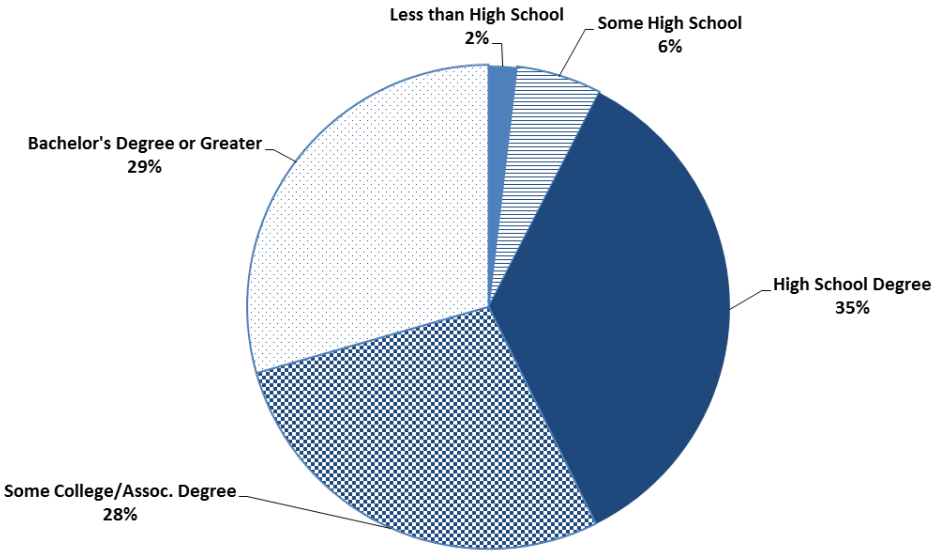
Figure 4. FRH primary service area poverty level



Source: Nielsen Claritas, WPAHS Decision Support

Figure 5 illustrates the levels of educational attainment within the FRH primary service area. As seen below, the 29 percent of residents have a bachelor's degree or higher, while an additional 28 percent have had some college or associate degree. About 8 percent of the service region population did not graduate from high school.

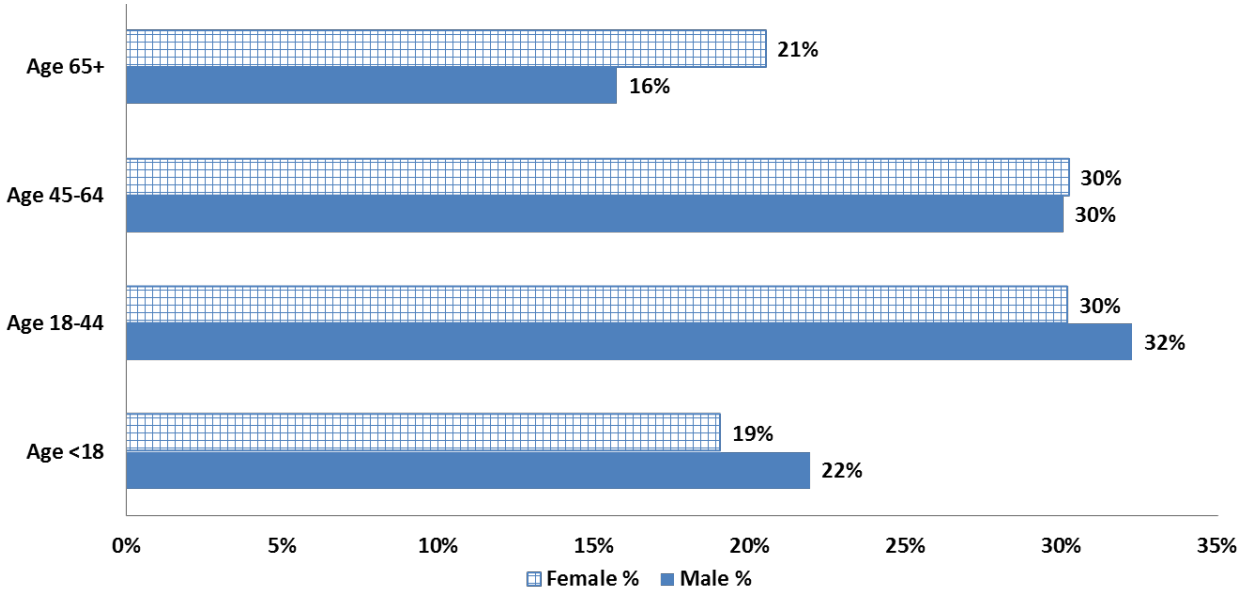
Figure 5. FRH primary service area by education



Source: Nielsen Claritas, WPAHS Decision Support

Figure 6 illustrates the population by age group and gender for the FRH primary service area. A higher percentage of the service area population age 65 and over is female (21 percent versus 16 percent). The 45 to 64 age group also has an equal number of males and females (30 percent). In the other age cohorts, the percentage of males is slightly higher.

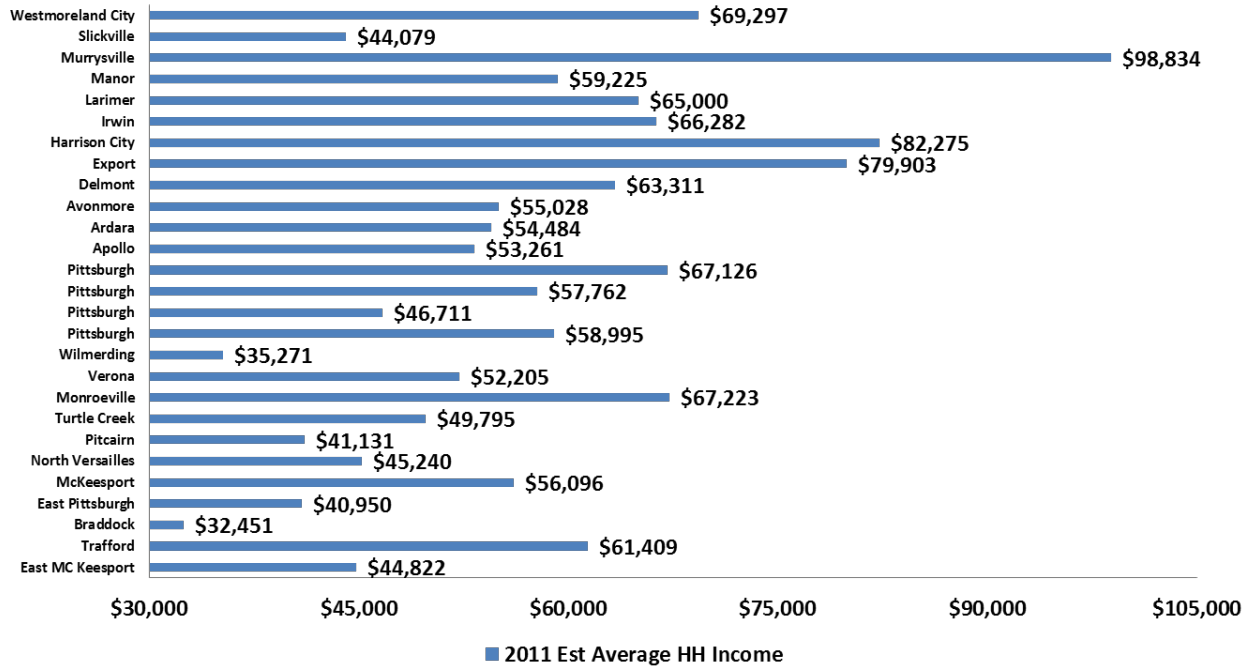
Figure 6. FRH primary service area population by age group and gender



Source: Nielsen Claritas, WPAHS Decision Support

Figure 7 illustrates the FRH primary service area average household income by zip code for 2011. The average household incomes ranged from a low of $32,451 to a high of $98,834.

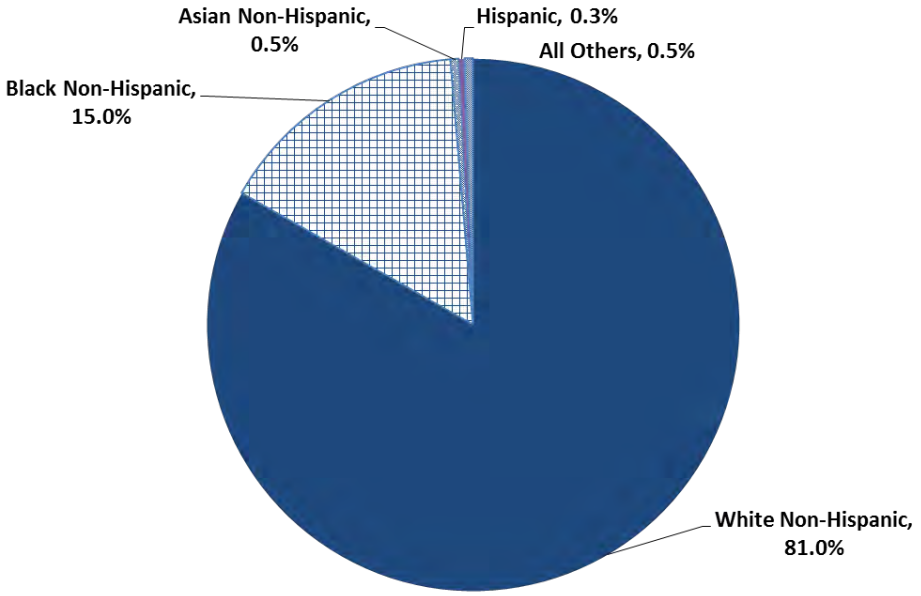
Figure 7. FRH primary service area by average household income



Source: Nielsen Claritas, WPAHS Decision Support

Figure 8 illustrates the FRH primary service area population by race and ethnicity. The majority of residents (81 percent) are white non-Hispanic, while 15 are black non-Hispanic.

Figure 8. FRH primary service area: Population by race and ethnicity

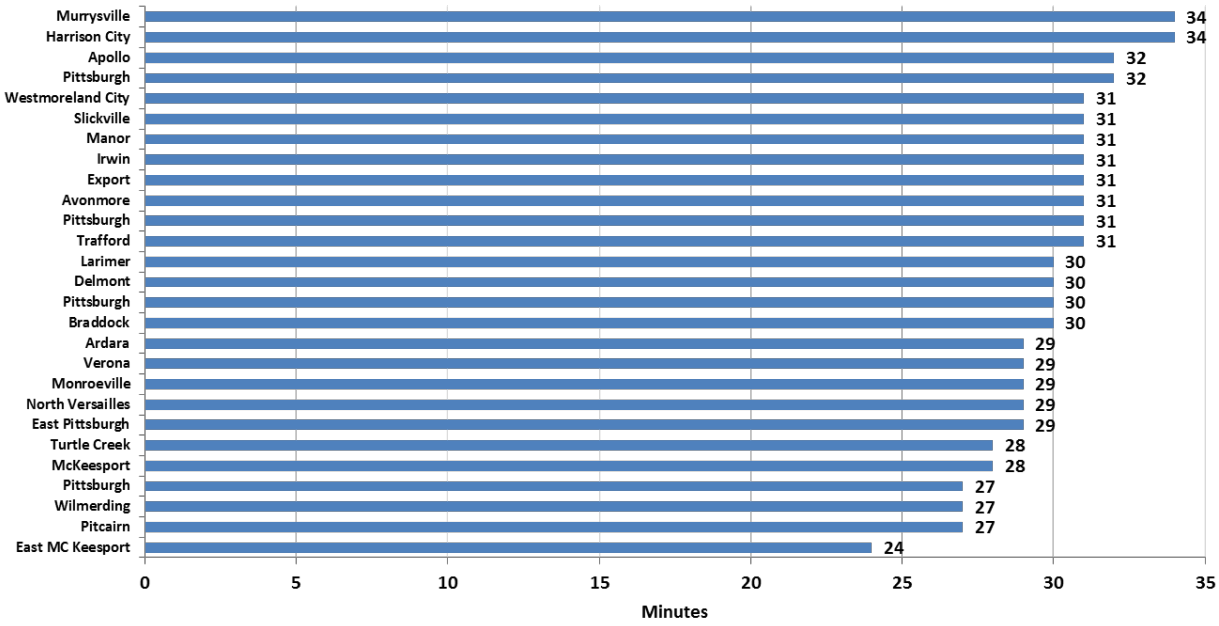


Source: Nielsen/Claritas, WPAH Decision Support

Source: Nielsen Claritas, WPAHS Decision Support

Figure 9 illustrates the FRH primary service area travel time to work for the zip codes of the service area. The travel time to work is between 24 and 34 minutes, depending on location.

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



Source: Nielsen Claritas, WPAHS Decision Support

Community Assets

The following maps, **Figure 10** to **Figure 14,** depict the entire WPAHS inventory of community assets and resources that the CHNA steering committee as well as internal WPAHS leaders and staff identified as important to the health of the community. The community assets and resources are divided into several maps, including system-wide Alzheimer's care facilities, skilled nursing facilities, home health care services, medical services and providers, and durable medical equipment suppliers. The system-wide maps display assets and resources shared by Allegheny General Hospital (AGH), West Penn Hospital (FRH) and Forbes Regional Hospital (FRH) as well as Allegheny Valley Hospital (AVH) and Canonsburg General Hospital (CGH).

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

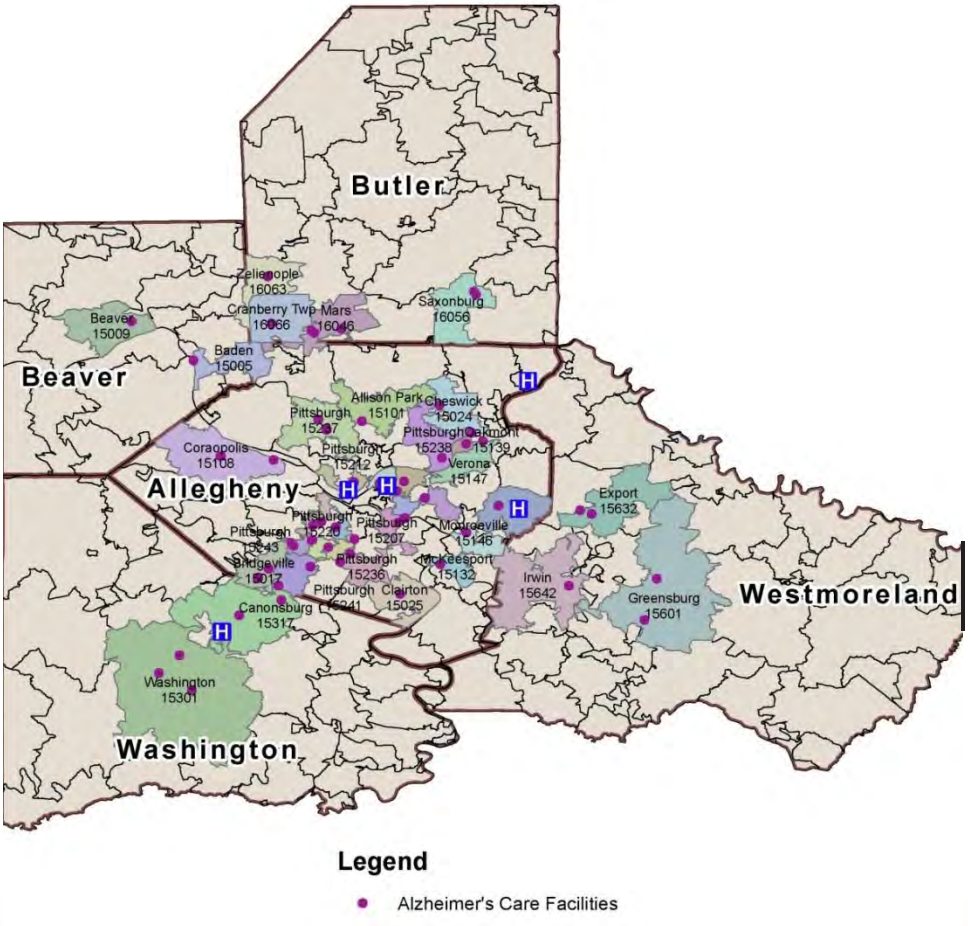


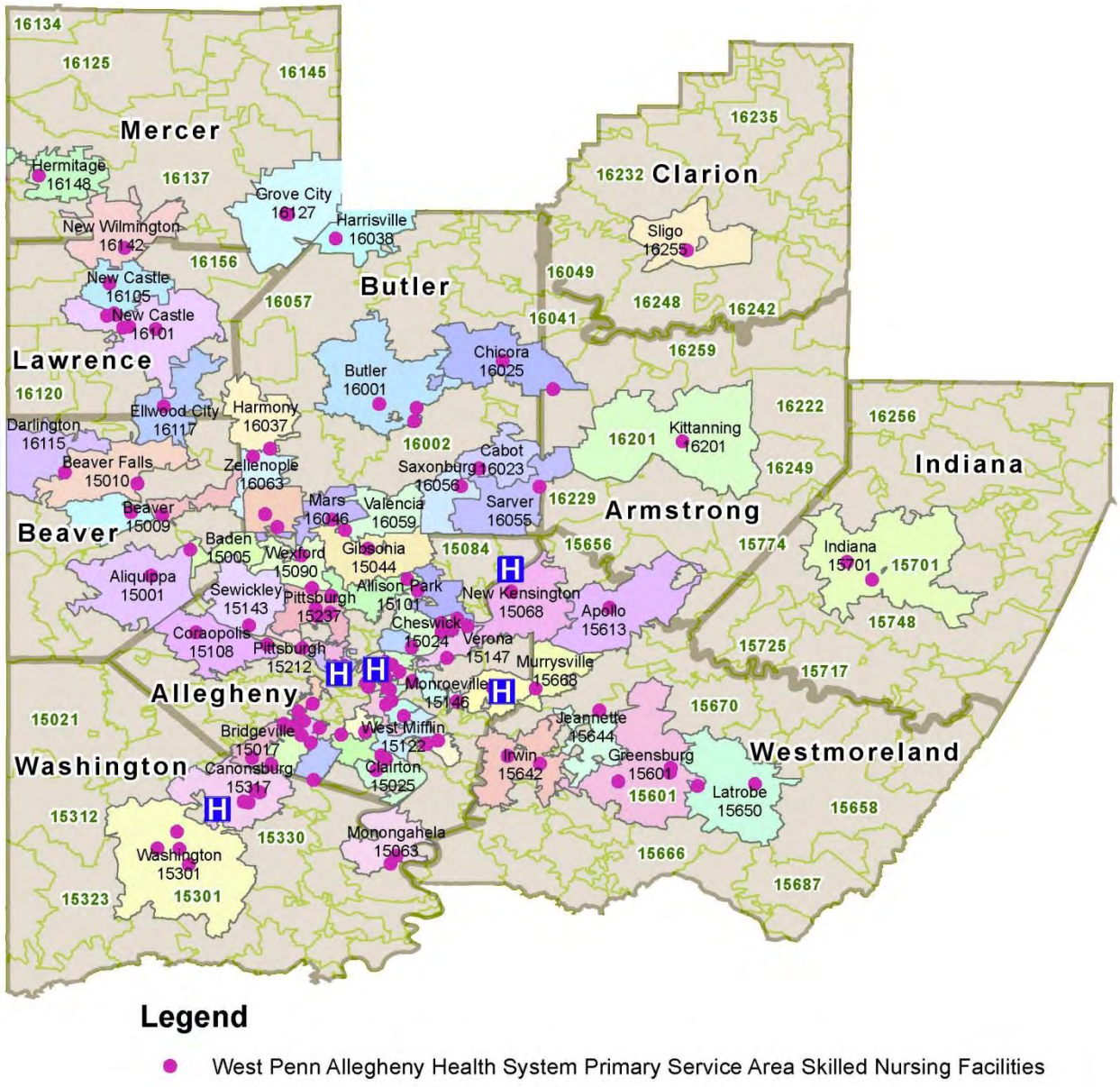
Table 10. WPAHS primary service area Alzheimer's care facilities – table 1 of 2

Name	Address	City	State	Zip
Amber Woods/Harmar Village Care Center/Grane Health Care	715 Freeport Road	Cheswick	PA	15024
Arden Courts- Jefferson Hills/HCR Manor Care	380 Wray Large Road	Jefferson Hills	PA	15025
Arden Courts- Monroeville/HCR Manor Care	120 Wyngate Drive	Monroeville	PA	15146
Arden Courts- North Hills/HCR Manor Care	1125 Perry Highway	Pittsburgh	PA	15237
Asbury Heights/United Methodist Services for the Aging	700 Bower Hill Road	Pittsburgh	PA	15243
Asbury Place	760 Bower Hill Road	Pittsburgh	PA	15243
Assisted Living at Weinberg Village/Jewish Assoc on Aging	300 JHF Drive	Pittsburgh	PA	15217
Autumn Lane	1521 Kennedy Lane	Coraopolis	PA	15108
Baptist Homes	489 Castle Shannon Blvd	Pittsburgh	PA	15234
Broadmore Assisted Living/Senior Services of America	3275 Washington Pike	Bridgeville	PA	15017
Caring Heights Nursing Center	234 Coraopolis Road	Coraopolis	PA	15108
Charles Morris Nursing & Rehab Center/JAA	200 JHF Drive	Pittsburgh	PA	15217
Claire Bridge of Murrysville	5300 Old William Penn Hwy	Export	PA	15632
Concordia at Fox Chapel	931 Route 910	Cheswick	PA	15024
Concordia of Cranberry/Sunrise Senior Living	10 Adams Ridge Road	Mars	PA	16046
Consulate Health Care of North Strabane	100 & 200 Tandem Village Road	Canonsburg	PA	15317
Country Meadows of South Hills-1	3560 Washington Pike	Bridgeville	PA	15017
Country Meadows of South Hills Nursing & Rehab/Country Meadows Retirement	3590 Washington Pike	Bridgeville	PA	15017
Elmcroft of Saxonburg	100 Bella Court	Saxonburg	PA	16056
Fair Oaks of Pittsburgh	2200 West Liberty Avenue	Pittsburgh	PA	15226
Friendship Ridge	246 Friendship Circle	Beaver	PA	15009
Friendship Village of South Hills/Life Care Retirement Communities, Inc.	1290 Boyce Road	Upper Saint Claire	PA	15241
Greensburg Care Center/Grane Healthcare	209 Sigma Drive	Pittsburgh	PA	15238
Harbor Assisted Living	1320 Greentree Road	Pittsburgh	PA	15220
Harbor Assisted Living	2589 Mosside Blvd	Monroeville	PA	15146
Highland Park Care Center	745 N Highland Avenue	Pittsburgh	PA	15206
Juniper Village at Huntingdon Ridge/Wellsprings Memory Care/Cordia Commons	7990 Route 30 East	North Huntingdon	PA	15642
Kade Nursing Home/Reliant Senior Care	1198 W Wylie Avenue	Washington	PA	15301
Kane Regional Center- Glen Hazel	955 Rivermont Drive	Pittsburgh	PA	15207
Kane Regional Center- McKeesport	100 9th Street	McKeesport	PA	15132
Kane Regional Center- Ross Township	110 McIntryre Road	Pittsburgh	PA	15237
Kane Regional Center- Scott Township	300 Kane Blvd	Pittsburgh	PA	15243
Longwood at Oakmont	500 Route 909	Verona	PA	15147
Manor Care-HCR Pittsburgh/Heartland Health Care Center	550 S Negley Avenue	Pittsburgh	PA	15232
Manor Care Health Services- North Hills/HCR Manor Care	1105 Perry Highway	Pittsburgh	PA	15237
Manor Care Health Services- Whitehall Borough/HCR Manor Care	505 Weyman Road	Pittsburgh	PA	15236
Marian Manor Inc.	2695 Winchester Drive	Pittsburgh	PA	15220
Norbert Assisted Living Facility/Norbert Inc.	2413 Saint Norbert Drive	Pittsburgh	PA	15234
Orion Assisted Living	2191 Ferguson Road	Allison Park	PA	15101
Paramount Senior Living-Bethel Park	5785 Baptist Road	Bethel Park	PA	15102
Paramount Senior Living at Cranberry	500 Seven Field Blvd	Mars	PA	16046
Paramount Senior Living at Peters Township/Paramount Health Resources	3025 Washington Road	Canonsburg	PA	15317

Table 11. WPAHS primary service area Alzheimer's care facilities – table 2 of 2

Name	Address	City	State	Zip
Providence Point	500 Providence Point Blvd	Pittsburgh	PA	15243
Redstone Highland-Murrysville	4951 Cline Hollow Road	Murrysville	PA	15668
Redstone Highlands Health Care Center	6 Garden Center Drive	Greensburg	PA	15601
Saint John Specialty Care Center/Lutheran Affiliated Services	500 Wittenberg Way	Mars	PA	16046
Saxony Health Center	223 Pittsburgh Street	Saxonburg	PA	16056
Sky Vue Terrace/HCR Manor Care	2170 Rhine Street	Pittsburgh	PA	15212
Southmount at Prebyterian Senior Care	835 S Main Street	Washington	PA	15301
St. Nicholas Home	353 Dixon Avenue	North Versailles	PA	15137
Sunrise of Upper St. Clair	500 Village Drive	Pittsburgh	PA	15241
The Creek Meadows	1630 Ellwood City Road	Zelienople	PA	16063
The Village at Pennwood	909 West Street	Pittsburgh	PA	15221
The Willows of Presbyterian Senior Care	1215 Hulton Road	Oakmont	PA	15139
UPMC Canterbury Place	310 Fisk Street	Pittsburgh	PA	15201
UPMC Sherwood Oakes Retirement Community	100 Norman Drive	Cranberry Township	PA	16066
Villa Saint Joseph of Baden Inc.	1030 State Street	Baden	PA	15005
Walnut Ridge Memory Care LLC	711 Route 119	Greensburg	PA	15601
Washington County Health Center	36 Old Hickory Ridge Road	Washington	PA	15301

Figure 11. WPAHS primary service area skilled nursing facilities



FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

Table 12. WPAHS primary service area skilled nursing facilities – table 1 of 3

Name	Address	City	State	Zip
Asbury Heights/United Methodist Services for the Aging	700 Bower Hill Road	Pittsburgh	PA	15243
Autumn Grove Care Center	555 S Main Street	Harrisville	PA	16038
Avalon Nursing Center	239 W Pittsburgh Road	New Castle	PA	16101
Baldock Health Care Centre	8850 Barnes Lake Road	North Huntingdon	PA	15642
Baldwin Health Center/Communicare Family of Companies	1717 Skyline Drive	Pittsburgh	PA	15227
Baptist Homes	489 Castle Shannon Blvd	Pittsburgh	PA	15234
Beaver Elder Care & Rehab Center/Guardian Elder Care	616 Golfcourse Road	Aliquippa	PA	15001
Beaver Valley Nursing & Rehab Center/Extendicare Health Svcs, Inc.	257 Georgetown Road	Beaver Falls	PA	15010
Belair Health & Rehab Center/Extendicare Hlth Svcs, Inc.	100 Little Road	Lower Burrell	PA	15068
Briarcliff Pavilion/Reliant Senior Care	249 Maus Drive	North Huntingdon	PA	15642
Butler Hospital- TCU	911 E Brady Street	Butler	PA	16001
Butler Memorial Hospital-TCF	911 E Brady Street	Butler	PA	16001
Caring Heights Nursing Center	234 Coraopolis Road	Coraopolis	PA	15108
Charles Morris Nursing & Rehab Center/JAA	200 JHF Drive	Pittsburgh	PA	15217
Chicora Medical Center Inc.	160 Medical Center Road	Chicora	PA	16025
Clarview Nursing & Rehab Center/Ezxtendicare, Inc.	14663 Route 68	Sligo	PA	16255
Concordia Lutheran Ministries	134 Marwood Road	Cabot	PA	16023
Concordia of the South Hills	1300 Bower Hill Road	Pittsburgh	PA	15243
Concordia Rebecca Residence	3746 Cedar Ridge Road	Allison Park	PA	15101
Consulate Health Care of Cheswick	33876 Saxonburg Blvd	Cheswick	PA	15024
Consulate Health Care of North Strabane	100 and 200 Tandem Village Road	Canonsburg	PA	15317
Country Meadows of South Hills Nursing & Rehab/Country Meadows Retire. Com.	3590 Washington Pike	Bridgeville	PA	15017
Edison Manor	22 W Edison Avenue	New Castle	PA	16101
Eldercrest Nursing Center/Extendicare Health Services, Inc.	2600 W Run Road	Munhall	PA	15120
Ellwood City Hospital- Mary Evans Extended Care Center	724 Pershing Street	Ellwood City	PA	16117
Evergreen Nursing Center/Reliant Senior Care	191 Evergreen Mill Road	Harmony	PA	16037
Fair Winds Manor	126 Iron Bridge Road	Sarver	PA	16055
Forbes Center for Rehab & Healthcare	6655 Frankstown Avenue	Pittsburgh	PA	15206
Friendship Ridge	246 Friendship Circle	Beaver	PA	15009
Friendship Village of South Hills/Life Care Retirement Communitieis, Inc.	1290 Boyce Road	Upper Saint Claire	PA	15241
Genesis HC- Highland Center	1050 Broadview Blvd	Brackenridge	PA	15014
Golden Hill Nursing Home	520 Friendship Street	New Castle	PA	16101
Golden Living Center- Murrysville	3300 Logan Ferry Road	Murrysville	PA	15668
Golden Living Center- Oakmont	26 Ann Street	Oakmont	PA	15139
Golden Living Center- South Hills	201 Village Drive	Canonsburg	PA	15317
Golden Living Center-Monroeville	4142 Monroeville Blvd	Monroeville	PA	15146
Golden Living Center-Mt. Lebanon	350 Old Gilkeson Road	Pittsburgh	PA	15228
Greenery Specialty Care Center	2200 Hill Church-Houston Road	Canonsburg	PA	15317
Greensburg Care Center	119 Industrial Park Road	Greensburg	PA	15601
Grove Manor/Extendicare, Inc.	435 North Broad Street	Grove City	PA	16127
Harmar Village Care Center/Grane Health Care	715 Freeport Road	Cheswick	PA	15024
Haven Convalescent Home Inc.	725 Paul Street	New Castle	PA	16101

Table 13. WPAHS primary service area skilled nursing facilities – table 2 of 3

Name	Address	City	State	Zip
Havencrest Nursing Center/Extendicare Health Services, Inc.	1277 Country Club Road	Monongahela	PA	15063
Health South Harmarville Transitional Care Unit	320 Guys Run Road	Pittsburgh	PA	15238
Hempfield Manor	1118 Woodward Drive	Greensburg	PA	15601
Highland Park Care Center	745 N Highland Avenue	Pittsburgh	PA	15206
Humbert Lane Health Care Centre	90 Humbert Lane	Washington	PA	15301
Jameson Care Center	3349 Wilmington Road	New Castle	PA	16105
Jameson Hospital North Campus- TCU	1211 Wilmington Avenue	New Castle	PA	16105
Jefferson Hills Manor	448 Old Clairton Road	Jefferson Hills	PA	15025
John XXIII Home/Roman Catholic Diocese of Erie	2250 Shenango Valley Freeway	Hermitage	PA	16148
Kade Nursing Home/Reliant Senior Care	1198 W Wylie Avenue	Washington	PA	15301
Kane Regional Care- Glen Hazel	955 Rivermont Drive	Pittsburgh	PA	15207
Kane Regional Care- McKeesport	100 9th Street	McKeesport	PA	15132
Kane Regional Center- Ross Township	110 McIntyre Road	Pittsburgh	PA	15237
Kane Regional Center- Scott Township	300 Kane Blvd	Pittsburgh	PA	15243
Kindred Hospital- Pittsburgh North Shore/Kindred Healthcare Inc.	1004 Arch Street	Pittsburgh	PA	15212
Kittanning Care Center/Grane Healthcare	Route 422 E	Kittanning	PA	16201
Latrobe Health & Rehab Center	576 Fred Rogers Drive	Latrobe	PA	15650
Lawson Nursing Home, Inc.	540 Coal Valley Road	Clairton	PA	15025
LGAR Health & Rehab Center	800 Elsie Street	Turtle Creek	PA	15145
Lifecare Hospitals of Pittsburgh, Inc- Transitional Care Center	100 S Jackson Avenue	Pittsburgh	PA	15202
Longwood At Oakmont	500 Route 909	Verona	PA	15147
Manor Care- HCR Pittsburgh/Heartland Health Care Center	550 S Negley Avenue	Pittsburgh	PA	15232
Manor Care- HCR Shadyside/Shadyside Nursing & Rehab Center	5609 5th Avenue	Pittsburgh	PA	15232
Manor Care Health Services- Bethel Park/HCR Manor Care	60 Highland Road	Bethel Park	PA	15102
Manor Care Health Services- Greentree	1848 Greentree Road	Pittsburgh	PA	15220
Manor Care Health Services- Monroeville	885 MacBeth Drive	Monroeville	PA	15146
Manor Care Health Services- North Hills	1105 Perry Highway	Pittsburgh	PA	15237
Manor Care Health Services- Peters Township	113 W McMurray Road	McMurray	PA	15317
Manor Care Health Services- Whitehall Borough	505 Weyman Road	Pittsburgh	PA	15236
Marian Manor Inc.	2695 Winchester Drive	Pittsburgh	PA	15220
Mason Village at Sewickley/Grand Lodge of PA Free & Accepted Masons	1000 Masonic Drive	Sewickley	PA	15143
McMurray Hills Manor	249 W McMurray Road	McMurray	PA	15317
Meadowcrest Nursing Center/Extendicare Health Services, Inc.	1200 Braun Road	Bethel Park	PA	15102
MON Valley Care Center	200 Stoops Drive	Monongahela	PA	15063
Mountainview Specialty Care Center	227 Sand Hill Road	Greensburg	PA	15601
Nentwick Convalescent Home, Inc.	500 Selfridge Street	East Liverpool	PA	43920
North Hills Health & Rehab Center/Sava Senior Center, LLC	194 Swinderman Road	Wexford	PA	15090
Oak Hill Nursing & Rehab Center/Extendicare Health Services, Inc.	827 Georges Station Road	Greensburg	PA	15601
Orange Village Care Center/Atrium Living Centers	8055 Addison Road	Masury	PA	44438
Overlook Medical Clinic/Reliant Senior Care	520 New Castle Street	New Wilmington	PA	16142
Passavant Retirement Community/Lutheran Affiliated Services	401 S Main Street	Zelienople	PA	16063
Pittsburgh VA Health System- H John Heinz III Progressive Care Center/VA	1010 Delafield Road	Pittsburgh	PA	15215
Providence Care Center/Grane Healthcare	900 3rd Avenue	Beaver Falls	PA	15010

Table 14. WPAHS primary service area skilled nursing facilities – table 3 of 3

Name	Address	City	State	Zip
Providence Point	500 Providence Point Blvd	Pittsburgh	PA	15243
Reformed Presbyterian Home/Reformed Presbyterian Woman's Assoc.	2344 Perrysville Avenue	Pittsburgh	PA	15243
Riverside Care Center/Grane Healthcare	100 Eighth Street	McKeesport	PA	15132
Rochester Manor Nursing Home	174 Virginia Avenue	Rochester	PA	15074
Saint John Specialty Care Center/Lutheran Affiliated Services	500 Wittenberg Way	Mars	PA	16046
Saxony Health Center	223 Pittsburgh Street	Saxonburg	PA	16056
Scenery Hill Manor-Guardian Elder Care	680 Lion's Health Camp Road	Indiana	PA	15701
Select Specialty Hospital- Youngstown	1044 Belmont Avenue	Youngstown	PA	44501
Silver Oaks Nursing Center/Reliant Senior Care	715 Harbor Street	New Castle	PA	16101
Sky Vue Terrace/HCR Manor Care	2170 Rhine Street	Pittsburgh	PA	15212
Southmont at Presbyterian Senior Care	835 S Main Street	Washington	PA	15301
Southwestern Group, Ltd	500 Lewis Run Road	Pittsburgh	PA	15122
St. Andrew's Village/Julia Pound Care Center	1155 Indian Springs Road	Indiana	PA	15701
St. Barnabas Nursing Home/St. Barnabas Health System	5827 Meridian Road	Gibsonia	PA	15044
Sugar Creek Rest Home/Quality Life Services	120 Lakeside Drive	Worthington	PA	16262
Sunnyview Home	107 Sunnyview Circle	Butler	PA	16001
The Cedars of Monroeville/Monroe Christian Juda Foundation	4363 Northern Pike	Monroeville	PA	15146
The Commons at Squirrel Hill/Berkshire Healthcare	2025 Wightman Street	Pittsburgh	PA	15217
The Village at Pennwood	909 West Street	Pittsburgh	PA	15221
The Willows of Presbyterian Senior Care	1215 Hulton Road	Oakmont	PA	15139
Town View Health & Rehab Center/Barr Street Corporation	300 Barr Street	Canonsburg	PA	15317
Trinity Living Center/Quality Life Services	400 Hillcrest Avenue	Grove City	PA	16127
UPMC Canberry Place	5 St. Francis Way	Cranberry Township	PA	16066
UPMC Canterbury Place	310 Fisk Street	Pittsburgh	PA	15201
UPMC Heritage Shadyside	5701 Philips Avenue	Pittsburgh	PA	15217
UPMC Magee Womens Hospital -TCU	300 Halket Street	Pittsburgh	PA	15213
UPMC McKeesport SNF	1500 Fifth Avenue	McKeesport	PA	15132
UPMC Presbyterian Shadyside-TCU	200 Lothrop Street	Pittsburgh	PA	15212
UPMC Seneca Place	5360 Saltsburg Road	Verona	PA	15147
UPMC Sherwood Oakes Retirement Community	100 Norman Drive	Cranberry Township	PA	16066
Valencia Woods at St. Barnabas/The Arbors/St. Barnabas Health System	85 Charity Place	Valencia	PA	16059
Valley Renaissance Care Center	5665 South Avenue	Youngstown	PA	44512
Veterans Administration Medical Center- Butler	325 New Castle Road	Butler	PA	16001
Villa Saint Joseph of Baden Inc	1030 State Street	Baden	PA	15005
Vincentian DeMarillac/Vincentian Sisters of Charity	5300 Stanton Avenue	Pittsburgh	PA	15206
Vincentian Home/Vincentian Collaborative Services	111 Perrymont Road	Pittsburgh	PA	15237
Vincentian Regency/Vincentian Sisters of Charity	9399 Babcock Blvd	Allison Park	PA	15101
Washington County Health Center	36 Old Hickory Ridge Road	Washington	PA	15301
West Haven Manor	151 Goodview Drive	Apollo	PA	15613
West Hills Health & Rehab Center/Sava Senior Care, LLC	951 Brodhead Road	Coraopolis	PA	15108
Wexford House Nursing Center/Pavilion North Ltd.	9850 Old Perry Highway	Wexford	PA	15090
William Penn Care Center	2020 Ader Road	Jeanette	PA	15644
Windsor House at Omni Manor Health Care Center	3245 Vestal Road	Youngstown	PA	44509
Woodhaven Care Center of Monroeville	2400 McGinley Road	Monroeville	PA	15146

Figure 12. WPAHS primary service area home health care services

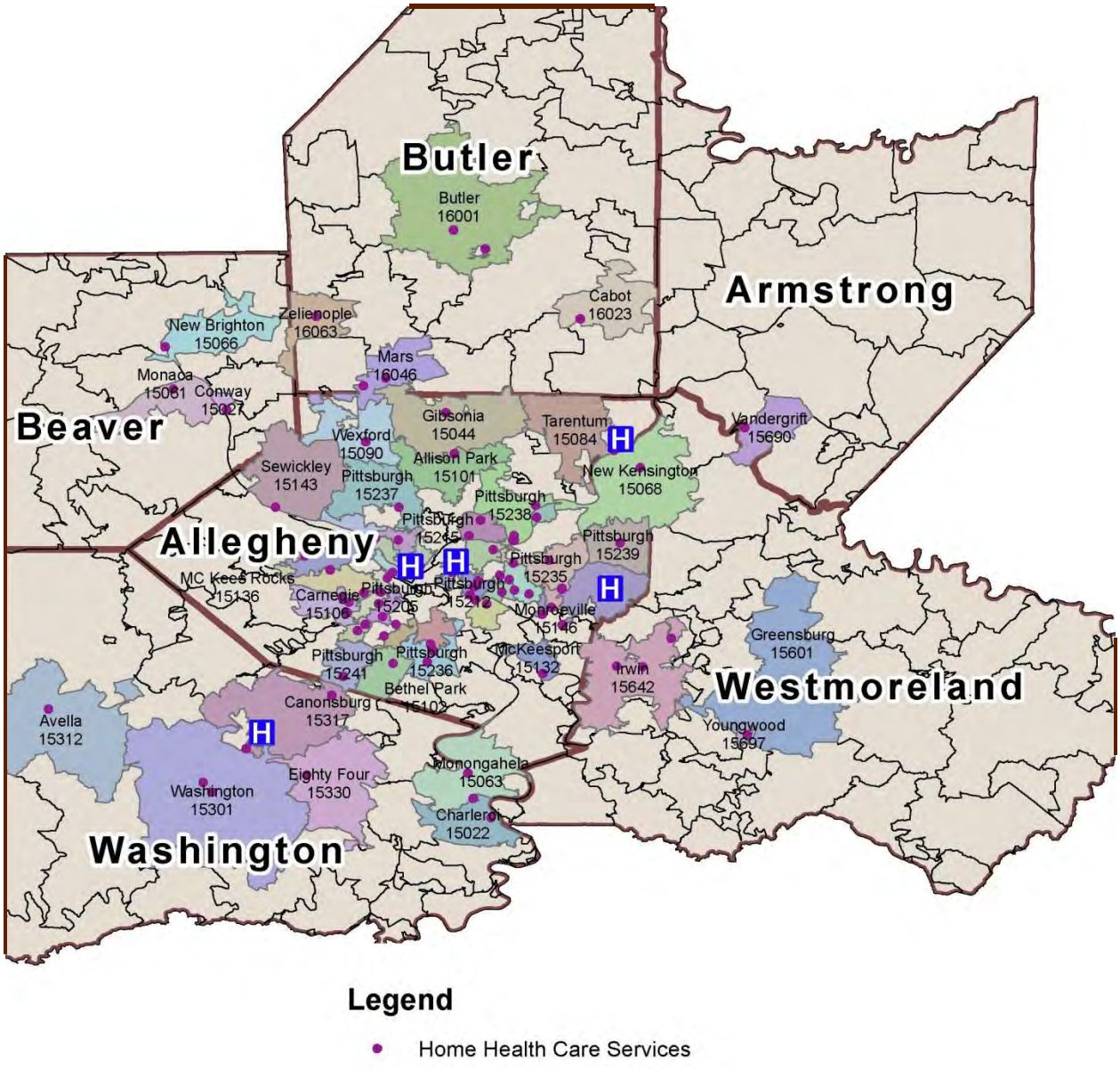


Table 15. WPAHS primary service area home health care services – table 1 of 3

Name	Address	City	State	Zip
2Care for Home Health	1108 South Avenue	Pittsburgh	PA	15221
Accessible Home Health Care	7500 Brooktree Road	Wexford	PA	15090
Advanced Home Care, Inc.	2414 Lytle Road	Bethel Park	PA	15102
Advantage Home Health	5035 Clairton Road	Pittsburgh	PA	15236
Albert Gallatin Home Care	100 Stoops Drive	Monongahela	PA	15063
Albert Gallatin Home Care	20 Highland Park Drive	Uniontown	PA	15401
Albert Gallatin Home Care	275 Meadowlands Blvd	Washington	PA	15301
Altoona Home Health	201 Chestnut Avenue	Altoona	PA	16601
Ambassador Nursing Care/Universal Healthcare	2547 Washington Road	Pittsburgh	PA	15241
Amedisys Home Health- Butler	240 Pullman Square	Butler	PA	16001
Anova Home Care	1229 Silver Lane	McKees Rocks	PA	15136
Arcadia Health Care- Pittsburgh	2020 Ardmore Blvd	Pittsburgh	PA	15221
AseraCare Home Health-Pittsburgh	300 Penn Center Blvd	Pittsburgh	PA	15221
Associated Home Health	604 Oak Street	Irwin	PA	15642
At Home Care- Pittsburgh	1376 Freeport Road	Pittsburgh	PA	15238
At Home Nursing & Therapy Svcs	1630 Ellwood City Road	Zelienople	PA	16063
Bayada Home Health	1789 S Braddock Avenue	Pittsburgh	PA	15218
Bright Star	300 Mt Lebanon Blvd	Pittsburgh	PA	15234
Care at Home Preferred	1376 Freeport Road	Pittsburgh	PA	15238
Care Plus Home Health	1024 Route 519	Eighty-Four	PA	15330
Care Unlimited- Pittsburgh	3288 Babcock Blvd	Pittsburgh	PA	15237
Care Unlimited Inc.	2214 W 8th Street	Erie	PA	16505
Caring Mission/TCM Home Health	1046 Jefferson Avenue	Washington	PA	15301
Cedars Home Health Care Svc & Community Hospice	4363 Northern Pike	Monroeville	PA	15146
Celtic Healthcare- Mars	150 Scharberry Lane	Mars	PA	16046
Chartwell	215 Beecham Drive	Pittsburgh	PA	15205
Christian Home Health	800 Vinial Street	Pittsburgh	PA	15212
Christian House Home Health	906 3rd Avenue	New Brighton	PA	15066
Comfort Keepers In Home Care	165 Curry Hollow	Pittsburgh	PA	15243
Community Life	702 2nd Avenue	Tarentum	PA	15084
Community Life- Homestead	441 E 8th Avenue	Homestead	PA	15120
Community Nurses	757 Johnsonburg Road	St Marys	PA	15857
Concordia Visiting Nurses- Baden	1525 Beaver Road	Baden	PA	15005
Concordia Visiting Nurses- Cabot/Concordia Luthern Minis	613 N Pike Road	Cabot	PA	16023
Conemaugh Home Health	315 Locust Street	Johnstown	PA	15901
Continuum Home Care Solutions	1651 Old Meadow Road	McLean	VA	22102
Continuum Pediatric Nursing Services	787 B Pine Valley Drive	Pittsburgh	PA	15239
E People, LLC	1108 Ohio River Blvd	Sewickley	PA	15143
eKidzCare-Sewickley	1108 Ohio River Blvd	Sewickley	PA	15143
Elite Home Care, Inc.	38 Campbell Street	Avella	PA	15312
Ellwood City Home Care	724 Pershing Street	Ellwood City	PA	16117
Excella	134 Industrial Park Road	Greensburg	PA	15601

Table 16. WPAHS primary service area home health care services – table 2 of 3

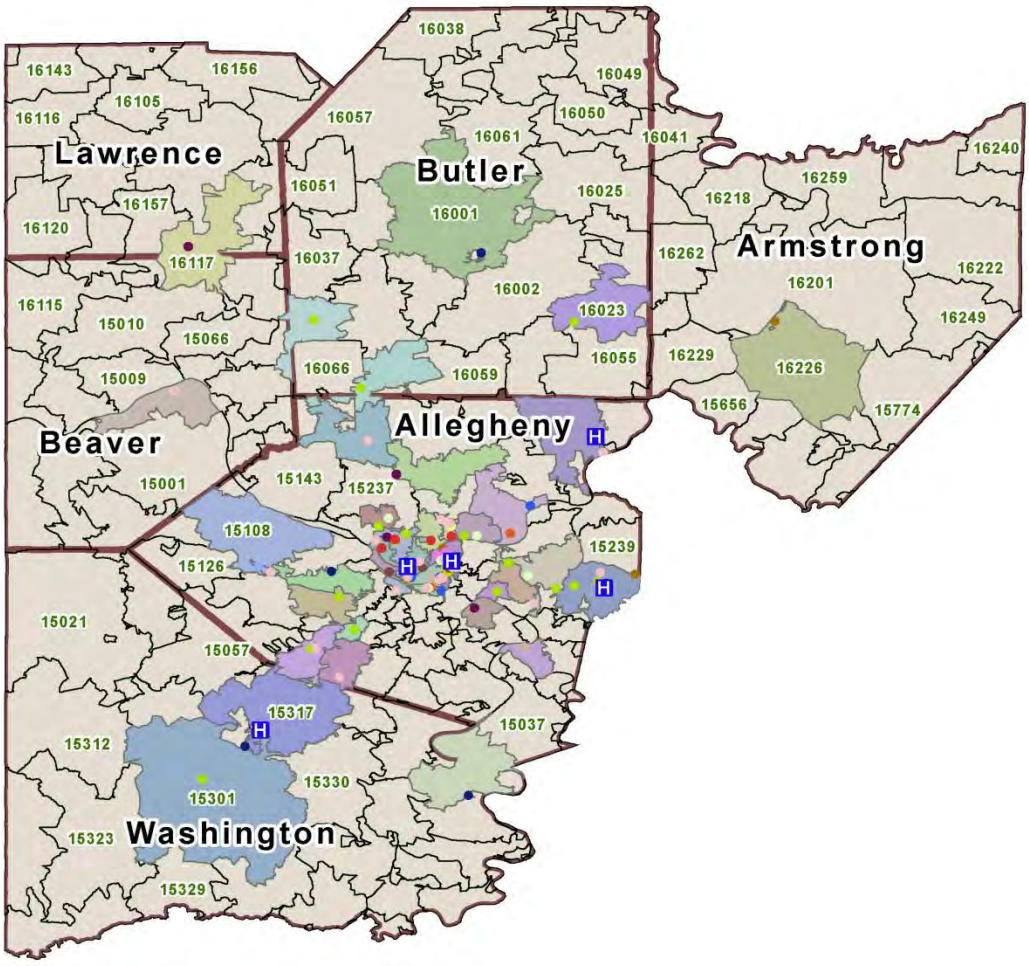
Name	Address	City	State	Zip
Extended Family Care of Pittsburgh	10 Duff Road	Pittsburgh	PA	15235
Family Home Health	40 Lincoln Highway	North Huntingdon	PA	15642
Family Home Health Care	378 W Chestnut Street	Washington	PA	15301
Family Home Health Services Inc.	527 Cedar Way	Oakmont	PA	15139
Family Home Health Services Inc.	2500 Mosside Blvd	Monroeville	PA	15146
Family Hospice and Palliative Care	50 Moffett Street	Pittsburgh	PA	15243
Forbes Hospice/Allegheny University Hospital	4800 Friendship Avenue	Pittsburgh	PA	15224
Fox Chapel Physical Therapy- Freeport Road	1339 Freeport Road	Pittsburgh	PA	15238
Gallagher Home Health Services	1100 Washington Avenue	Carnegie	PA	15106
Grane Home Health and Hospice Care- Pittsburgh	105 Gamma Drive	Pittsburgh	PA	15238
Health Personnel Inc.	174 Lincoln	Bellevue	PA	15202
Health Personnel Inc.	627 Ravencrest Road	Pittsburgh	PA	15215
HealthSouth Harmarville Home Health	320 Guys Run Road	Pittsburgh	PA	15238
Heartland Home Health and Hospice- Irwin	3520 Route 130	Irwin	PA	15642
Heartland Home Health and Hospice- Pittsburgh	750 Holiday drive	Pittsburgh	PA	15220
Home Health Care Staffing & Services	8864 Frankstown Road	Pittsburgh	PA	15235
Home Healthcare Group Medical	8862 Frankstown Road	Pittsburgh	PA	15235
Home Help	903 West Street	Pittsburgh	PA	15221
Home Help	1051 Brinton Road	Pittsburgh	PA	15221
Interim Healthcare- Pittsburgh	1789 S Braddock Avenue	Pittsburgh	PA	15218
JAA Home Health	200 JHF Drive	Pittsburgh	PA	15217
Jewish Association on Aging	200 JHF Drive	Pittsburgh	PA	15217
Landmark Home Health Care Services, Inc.	209 13th Street	Sharpsburg	PA	15215
Life Pittsburgh	2695 Winchester Drive	Pittsburgh	PA	15220
Liken Home Care	400 Penn Center Blvd	Pittsburgh	PA	15235
Loving Care Agency	875 Greentree Road	Pittsburgh	PA	15220
Maxim Healthcare Services- Pittsburgh	425 N Craig Street	Pittsburgh	PA	15213
Medi Home Health	201 Penn Center Blvd	Pittsburgh	PA	15235
Moriarty Consultants	3904 Perrysville Avenue	Pittsburgh	PA	15214
Nason Home Care	100 Nason Drive	Roaring Spring	PA	16673
Nightingale Home Healthcare-Pittsburgh	2790 Mosside Blvd	Monroeville	PA	15146
Northern Healthcare	4842 Route 8	Allison Park	PA	15101
Northern Healthcare	209 13th Street	Pittsburgh	PA	15215
Nursefinders of Western PA	510 E Main Street	Carnegie	PA	15106
Omni Home Care- Carnegie	600 N Bell Avenue	Carnegie	PA	15106
OSPTA at Home, LLC	625 Lincoln Avenue	Charleroi	PA	15022
Paramount Home Health & Hospice	3025 Washington Road	Canonsburg	PA	15317
Pediatric Specialist	317 S Main Street	Pittsburgh	PA	15220
Personal Touch Home Care of PA, Inc.	160 N Craig Street	Pittsburgh	PA	15213
PRN Health Services, Inc.	573 Braddock Avenue	E. Pittsburgh	PA	15112
Progressive Home Health, Inc.	3940 Brodhead Road	Monaca	PA	15061
PSA- Pittsburgh Nursing/Pediatric Svcs of America	1501 Reedsdale Street	Pittsburgh	PA	15233
Quality Home Health Services, Inc.	444 Stilley Road	Pittsburgh	PA	15227

FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

Table 17. WPAHS primary service area home health care services – table 3 of 3

Name	Address	City	State	Zip
Renaissance Home Care	1145 Bower Hill Road	Pittsburgh	PA	15243
Sandin Home Health Services	1119 Broadway Street	East McKeesport	PA	15035
Senior Bridge- Pittsburgh	7 Parkway Center	Pittsburgh	PA	15220
Sharon Home Care	32 Jefferson Avenue	Sharon	PA	16146
St. Barnabas Medical Center- Home Care	5830 Meridian Road	Gibsonia	PA	15044
St. Joseph Mercy Home Healthcare Services	3075 Clark Road	Pittsburgh	PA	15217
Superior Home Health	4304 Walnut Street	McKeesport	PA	15132
The Ambassadors Company	1417 Alabama Avenue	Pittsburgh	PA	15216
Thorne Group	302 N 5th Street	Youngwood	PA	15697
Too Touch a Life Home Health Care Agency	932 Penn Avenue	Turtle Creek	PA	15145
Tri-Care Home Care, Inc.	801 McNeilly Road	Pittsburgh	PA	15226
UPMC Jefferson Regional Home Health	300 Northpointe Circle	Seven Fields	PA	16046
UPMC Private Duty Services	6301 Forbes Avenue	Pittsburgh	PA	15217
Ursuline Senior Services	4749 Baum Blvd	Pittsburgh	PA	15213
VA Home Care	7180 Highland Drive	Pittsburgh	PA	15206
Viaquest Home Health-Monongahela	612 Park Avenue	Monongahela	PA	15063
VNA of Western PA	154 Hindman Road	Butler	PA	16001
VNA Indiana County	850 Hospital Road	Indiana	PA	15701
VNA Vandergrift	1129 Industrial Park Road	Vandergrift	PA	15690
West Penn Allegheny Home Care	4 Allegheny Center	Pittsburgh	PA	15212
Westarm Home Healthcare	3168 Kipp Avenue	Lower Burrell	PA	15068
Western PA Home Health Association	4372 Murray Avenue	Pittsburgh	PA	15217

Figure 13. WPAHS primary service area medical services and providers



Legend

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

Table 18. WPAHS primary service area medical services and providers – table 1 of 4

Adult Day Care	Addres	City	State	Zip
Vintage Adult Day Care	1 Smithfield Street	Pittsburgh	PA	15222
Ambulatory Services	**Address**	**City**	**State**	**Zip**
Guardian Angel Ambulance Service	411 W 8th Avenue	West Homestead	PA	15120
Lewis Ambulance Svc	315 Preson Avenue	Pittsburgh	PA	15214
Medevac Ambulance Service- Ellwood City/PA Med Transport	332 Wampum Avenue	Ellwood City	PA	16117
Stat MedEvac	230 McKee Place	Pittsburgh	PA	15213
UPMC Passavant- Norcom EMS Dispatch	9100 Babcock Blvd	Pittsburgh	PA	15237
Community Services	**Address**	**City**	**State**	**Zip**
Community Recreation Center	415 Burrows Street	Pittsburgh	PA	15213
Program for Female Offenders- Allegheny Co Trmt Program	2410 5th Avenue	Pittsburgh	PA	15213
Allegheny County Dept. of Aging	441 Smithfield Street	Pittsburgh	PA	15222
UPMC Community LIFE/Pgh Care Partnership	1305 5th Avenue	McKeesport	PA	15132
Dialysis	**Address**	**City**	**State**	**Zip**
Allegheny General Hospital- Dialysis	320 East North Avenue	Pittsburgh	PA	15212
DaVita- North side at Home Dialysis	320 E North Avenue	Pittsburgh	PA	15212
DaVita- PGH Home Modality Co	5171 Liberty Avenue	Pittsburgh	PA	15224
Dialysis Clinic, Inc.- Fifth Avenue	3420 Fifth Avenue	Pittsburgh	PA	15213
Renex Dialysis Clinic of Shaler, Inc.	800 Butler Street	Pittsburgh	PA	15223
Medical Services	**Address**	**City**	**State**	**Zip**
Allegheny General Hospital- Dialysis	320 East North Avenue	Pittsburgh	PA	15212
FMC- Forbes Avenue/Fresenius Medical Care	1401 Forbes Avenue	Pittsburgh	PA	15219
FMC- Pittsburgh/Fresenius Medical Care	5301 Fifth Avenue	Pittsburgh	PA	15224
FMC- Shaler/Fresenius Medical Care	880 Butler Street	Pittsburgh	PA	15223
FMC- Western PA/Fresenius Medical Care	5124 Liberty Avenue	Pittsburgh	PA	15224
West Penn Hospital- Catheter Lab	4800 Friendship Avenue	Pittsburgh	PA	15224
Equipment	**Address**	**City**	**State**	**Zip**
Ability Conversion Specialist	231 Perry Highway	Pittsburgh	PA	15229
Augmen Tech	5001 Baum Blvd	Pittsburgh	PA	15213
Best-Made Shoes	5143 Liberty Avenue	Pittsburgh	PA	15224
Independent Mobility - Accessibility Equipment	327 39th Street	Pittsburgh	PA	15201
Medical Repair & Rental	2120 E Carson Street	Pittsburgh	PA	15203
UPMC Home Medical Equipment of Pittsburgh	1370 Beulah Road	Pittsburgh	PA	15235
Infusion Partners- Pittsburgh/Bio Scrip	311 23rd Street	Sharpsburg	PA	15215
Home Healthcare and Hospice Providers	**Address**	**City**	**State**	**Zip**
Albert Gallatin Home Care/Home Care LLC	100 Stoops Drive	Monongahela	PA	15063
Albert Gallatin Home Care/Home Care LLC	20 Highland Park Drive	Uniontown	PA	15401
Albert Gallatin Home Care/Home Care LLC	275 Meadowlands Blvd	Washington	PA	15301
Amedisys Home Health- Butler	240 Pullman Square	Butler	PA	16001
Amedisys Hospice of PA	2215 Hill Church Houston	Canonsburg	PA	15317
Cedars Home Health Care Svc & Community Hospice	4363 Northern Pike	Monroeville	PA	15146
Forbes Hospice/Allegheny University Hospital	4800 Friendship Avenue	Pittsburgh	PA	15224
Odyssey Hospice-Pittsburgh	190 Bilmar Drive	Pittsburgh	PA	15205

Table 19. WPAHS primary service area medical services and providers – table 2 of 4

Home Healthcare Providers	Address	City	State	Zip
AseraCare Home Health-Pittsburgh	300 Penn Center Blvd	Pittsburgh	PA	15221
At Home Nursing & Therapy Services	1630 Ellwood City Road	Zelienople	PA	16063
Bayada Home Health Care- Monroeville	300 Oxford Drive	Monroeville	PA	15146
Caring Mission/TCM Home Health	1046 Jefferson Avenue	Washington	PA	15301
Christian Home Health	800 Vinial Street	Pittsburgh	PA	15212
Comfort Keepers/Community @ Holy Family Manor	285 Bellevue Road	Pittsburgh	PA	15229
Concordia Visiting Nurses-Cabot/Concordia Lutheran Ministry	613 N Pike Road	Cabot	PA	16023
Home Health Care Staffing & Svcs/Home Health Group	8864 Frankstown Road	Pittsburgh	PA	15235
Interim Healthcare-Pittsburgh	1789 S Braddock Avenue	Pittsburgh	PA	15218
Landmark Home Health Care Services, Inc.	209 13th Street	Sharpsburg	PA	15215
Maxim Healthcare Services-Pittsburgh	425 N Craig Street	Pittsburgh	PA	15213
Medicare Home Service Supply Company	2118 E Carson Street	Pittsburgh	PA	15203
Moriarty Consultants	3904 Perrysville Avenue	Pittsburgh	PA	15214
Nightingale Home Healthcare-Pittsburgh	2790 Mosside Blvd	Monroeville	PA	15146
Omni Home Care- Carnegie	600 N Bell Avenue	Carnegie	PA	15106
Personal Touch Home Aides of PA, Inc.	155 N Craig Street	Pittsburgh	PA	15213
Personal Touch Home Care of PA, Inc.	160 N Craig Street	Pittsburgh	PA	15213
Renaissance Home Care	1145 Bower Hill Road	Pittsburgh	PA	15243
Tri-State Home Care	4519 Butler Street	Pittsburgh	PA	15201
UPMC Jefferson Regional Home Health	300 North pointe Circle	Seven Fields	PA	16046
Visiting Angels/Kic, Inc.	4482 Scherling Street	Pittsburgh	PA	15214
West Penn Allegheny Home Care	4 Allegheny Center	Pittsburgh	PA	15212
Advacare DME	200 Villani Drive	Bridgeville	PA	15017
Medical Facilities	**Address**	**City**	**State**	**Zip**
UPMC Presbyterian Shadyside- PARC	3601 5th Avenue	Pittsburgh	PA	15213
Allegheny Outpatient Surgery Center	320 East North Avenue	Pittsburgh	PA	15212
Mercy Behavioral Health	412 E Commons	Pittsburgh	PA	15212
PSA- Pittsburgh Nursing/Pediatric Svcs of America	1501 Reedsdale Street	Pittsburgh	PA	15233
Quest Diagnostics, Inc.	625 Stanwick Street	Pittsburgh	PA	15222
Medical Supplies	**Address**	**City**	**State**	**Zip**
Critical Care Systems- Pittsburgh	3243 Old Frankstown Roa	Pittsburgh	PA	15239
Hieber's Surgical, Inc.	3500 5th Avenue	Pittsburgh	PA	15213
Klingensmith Health Care	404 Ford Street	Ford City	PA	16226
Klingensmith Health Care	125 51st Street	Pittsburgh	PA	15201
Smart Form Shop	100 Fifth Avenue	Pittsburgh	PA	15222

FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

Table 20. WPAHS health primary service area medical services and providers – table 3 of 4

Pharmacies	Address	City	State	Zip
Blackburn's Physicians Pharmacy	301 Corbet Drive	Tarentum	PA	15084
CarePoint Partners- Youngstown	4137 Boardman-Canfield	Canfield	OH	44406
CarePoint Partners-Pittsburgh	2585 Washington Road	Pittsburgh	PA	15214
CVS Caremark Specialty Pharmacy	600 Penn Court Blvd	Pittsburgh	PA	15253
Express Med Home Infusion	3950 Brodhead Road	Monaca	PA	15061
Falk Pharmacy	3601 Fifth Avenue	Pittsburgh	PA	15213
Giant Eagle Pharmacy- Cedar Avenue	320 Cedar Avenue	Pittsburgh	PA	15212
Giant Eagle Pharmacy-Brighton Road	4110 Brighton Road	Pittsburgh	PA	15212
Lincoln Pharmacy	232 North Avenue	Pittsburgh	PA	15209
Med-Fast Pharmacy	917 Butler Street	Pittsburgh	PA	15223
Rite Aid Pharmacy- Atwood Street	209 Atwood Street	Pittsburgh	PA	15213
Rite Aid Pharmacy- East Carson	1915 East Carson Street	Pittsburgh	PA	15203
Rite Aid Pharmacy- East Ohio Street	623-625 E Ohio Street	Pittsburgh	PA	15212
Rite Aid Pharmacy- Grace Street	201 Grace Street	Pittsburgh	PA	15211
Rite Aid Pharmacy- Mount Royal Blvd	900 Mount Royal Blvd	Pittsburgh	PA	15223
RX Partners	3459 5th Avenue	Pittsburgh	PA	15213
Rx Partners-LTC	500 Old Pond Road	Bridgeville	PA	15017
Sam's Club Pharmacy- North Fayette	249 Summit Park Drive	Pittsburgh	PA	15275
University of Pittsburgh Student Health Pharmacy	3708 Fifth Avenue	Pittsburgh	PA	15213
Walgreens Infusion Services- Monroeville	540 Seco Road	Monroeville	PA	15146
Wal-Mart Supercenter Pharmacy- North Fayette	250 Summit Park Drive	Pittsburgh	PA	15275
Waltmire Pharmacy	1435 Spring Garden Aven	Pittsburgh	PA	15212
Wilson's Pharmacy	4101 Penn Avenue	Pittsburgh	PA	15224
Home Solutions- Wexford (Infusion Therapy Pharmacy)	150 Lake Drive	Wexford	PA	15090
Prosthetics and Orthotics	**Address**	**City**	**State**	**Zip**
Hanger Prosthetics & Orthotics	4052 Liberty Avenue	Pittsburgh	PA	15224
Hanger Prosthetics & Orthotics- Pittsburgh	33 South 19th Street	Pittsburgh	PA	15203
Medical Center Brace Company, Inc.	33 E 19th Street	Pittsburgh	PA	15203
Renaissance Orthopedics- Oakland	300 Halket Street	Pittsburgh	PA	15213
Union Orthotics & Prosthetics/Union Artificial Limb & Brace Co.	3424 Liberty Avenue	Pittsburgh	PA	15201
Rehabilitation Services	**Address**	**City**	**State**	**Zip**
Centers for Rehab- Pittsburgh	339 Six Avenue	Pittsburgh	PA	15222
Centers for Rehab Services/Balance Lab	203 Lothrop Street	Pittsburgh	PA	15213
Centers for Rehab Services/Hand Therapy Clinic	3471 5th Avenue	Pittsburgh	PA	15213
Centers for Rehab- Southside Water Street	3200 S Water Street	Pittsburgh	PA	15203
HealthSouth Harmarville Home Health	320 Guys Run Road	Pittsburgh	PA	15238
Respiratory Services	**Address**	**City**	**State**	**Zip**
Health Care Solutions, Inc.- Respiratory	915 Saxonburg Blvd	Pittsburgh	PA	15223
Lanza- Pittsburgh	532 Alpha Drive	Pittsburgh	PA	15238
Pulmonary Health Services	85 S 24th Street	Pittsburgh	PA	15203

Table 21. WPAHS health primary service area medical services and providers – table 4 of 4

Senior Centers	Address	City	State	Zip
Brashear Senior Citizen Center	2005 Sarah Street	Pittsburgh	PA	15203
Millvale Senior Center	917 Evergreen Avenue	Pittsburgh	PA	15209
Senior Citizen Center	258 Semple Street	Pittsburgh	PA	15213
Senior Citizen Center	258 Butler Street	Pittsburgh	PA	15201
Senior Citizen Center	3919 Perrysville Avenue	Pittsburgh	PA	15214
Twenty-Seventh Ward Senior Center	3515 McClure Avenue	Pittsburgh	PA	15212
Ursuline Senior Services	4749 Baum Blvd	Pittsburgh	PA	15213
Transportation Services	**Address**	**City**	**State**	**Zip**
Absolute Ambulance	4014 Willow Street	Pittsburgh	PA	15201
Access Services Unlimited	4801 Penn Avenue	Pittsburgh	PA	15224
Transport U, LLC	PO Box 40289	Pittsburgh	PA	15201

Figure 14. WPAHS primary service area durable medical equipment suppliers

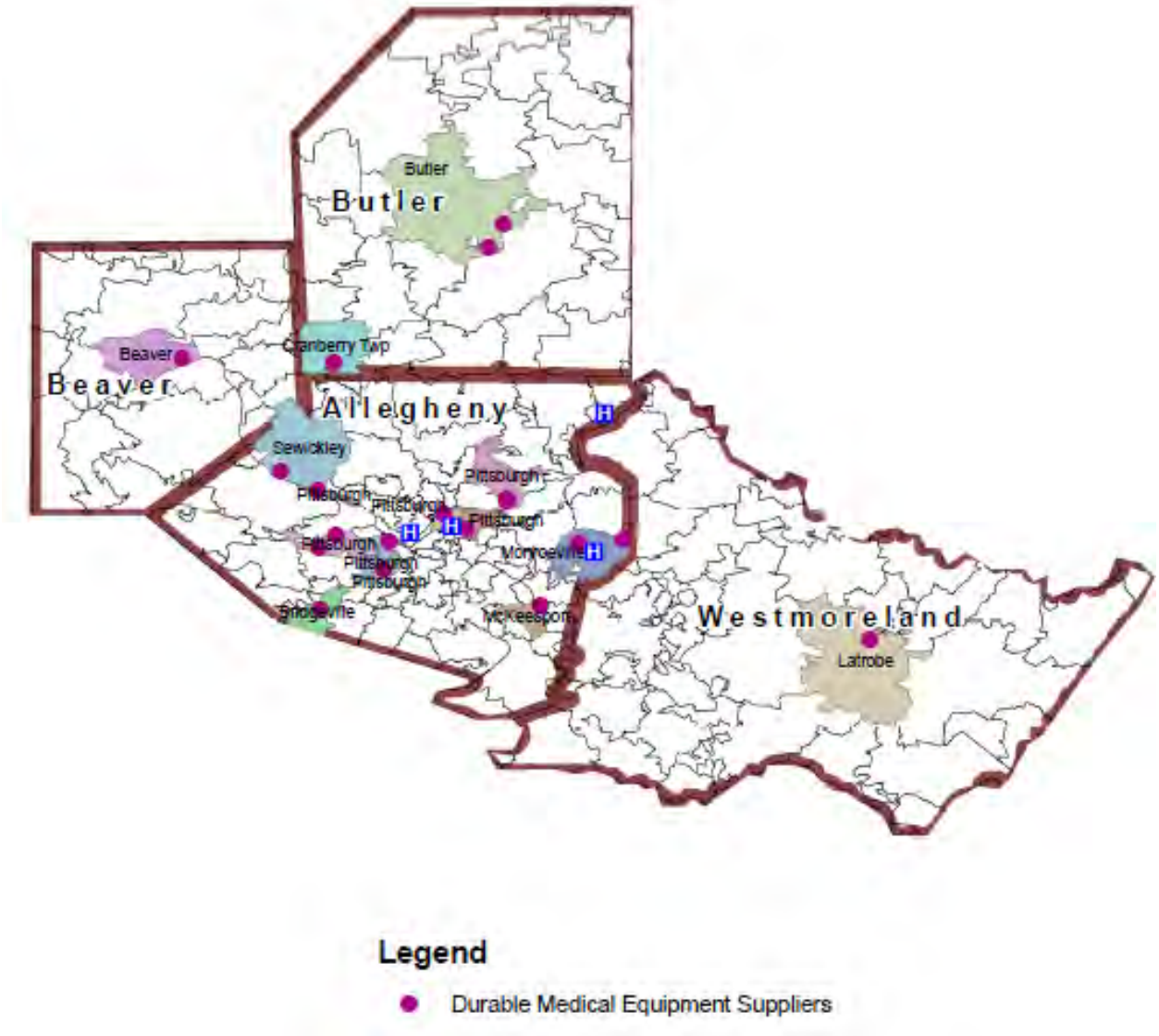


Table 22. WPAHS primary service area durable medical equipment suppliers

Name	Address	City	State	Zip
Advacare	200 Villani Drive	Bridgeville	PA	15017
American Home Patient	1509 Parkway View Drive	Pittsburgh	PA	15205
Chartwell	215 Beecham Drive	Pittsburgh	PA	15205
Coram	220 Executive Drive	Cranberry Twp	PA	16066
Critical Care System	3243 Old Frankstown Road	Pittsburgh	PA	15239
ESMS	S Main Street	Butler	PA	16001
Hometown Oxygen	4023 William Penn Hwy	Monroeville	PA	15146
Infusion Partners	610 Alpha Drive	Pittsburgh	PA	15238
Integrity Health Services	893 S Matlack St	West Chester	PA	19382
KCI Technologies	5001 Louise Drive	Mechanicsburg	PA	17055
Klingensmith	125 51st Street	Pittsburgh	PA	15201
Lanza	532 Alpha Drive	Pittsburgh	PA	15238
Lincare	2809 Banksville Road	Pittsburgh	PA	15216
Mann's Home Medical Products	1101 Lincoln Way	White Oak	PA	15131
National Rehab Equipment	509 Hegner Way	Sewickley	PA	15143
Pediatric Specialists	317 S Main Street	Pittsburgh	PA	15220
PA O Two Home Medical Equipment	1934 Lincoln Avenue	Latrobe	PA	15650
QualiCare Home Medical	127 Oneida Valley Road	Butler	PA	16001
Rezk Medical Supply	22 Georgetown Lane	Beaver	PA	15009
UPMC Home Medical Equipment	1310 Jane Street	Pittsburgh	PA	15201
Walgreens	5956 Penn Circle S	Pittsburgh	PA	15206

Demographic Conclusions

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

- Since the 1990 census the population has steadily declined and the 2016 projection shows that trend continuing.
- Ten percent of the population lives at or below the poverty level, of which 6 percent are married-couple families.
- Twenty-nine percent of the population has a Bachelor's Degree or higher, while and additional twenty-eight percent have some college or an Associate Degree. Eight percent of the population did not graduate from high school.
- Between the ages of 18-64 there are slightly more males than females. There are more females over age 65.
- The service area region is generally middle class. In most areas, the average household income ranges between $40-70,000. Braddock and Wilmerding are lower and Murrysville is much higher, with an average household income of almost $99,000.
- The majority (81 percent) of the population are white non-Hispanic.
- The average drive time to work ranges from 24-34 minutes.

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Access to Quality Health Care

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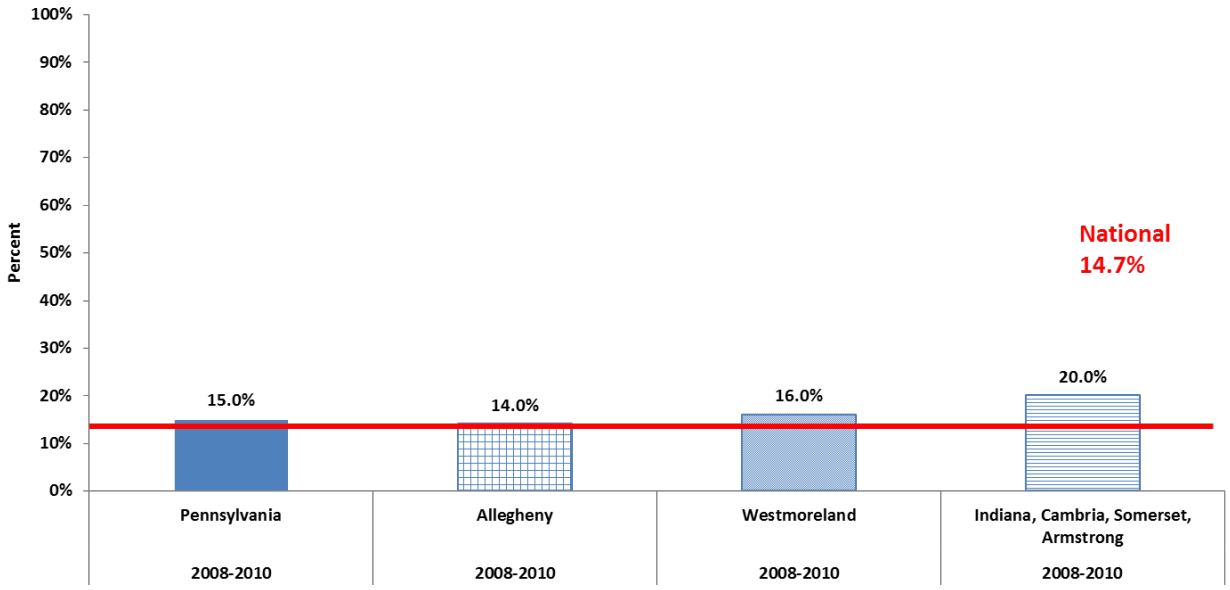
Access to Quality Healthcare

Access to comprehensive, quality healthcare is important for the achievement of health equity and for improving the quality of life for everyone in the community. Access related topics include: health status, physical health, health insurance, healthcare provider, routine checkups, healthcare cost, mammogram screenings, health literacy, transportation, and inpatient and emergency department ambulatory care-sensitive condition (ACSC) utilization.

Figure 15 illustrates the percentage of adults who reported poor or fair health in the United States, Pennsylvania and throughout the counties of the service region from 2008 through 2010. The service area county rates ranged from 20.0 percent to 14.0 percent. The Indiana, Cambria, Somerset, Armstrong counties cluster (at 20.0 percent) had rates that were higher than the other counties, the state (at 15.0 percent) and nation (at 14.7 percent). The other county rates were comparable to that of the state.

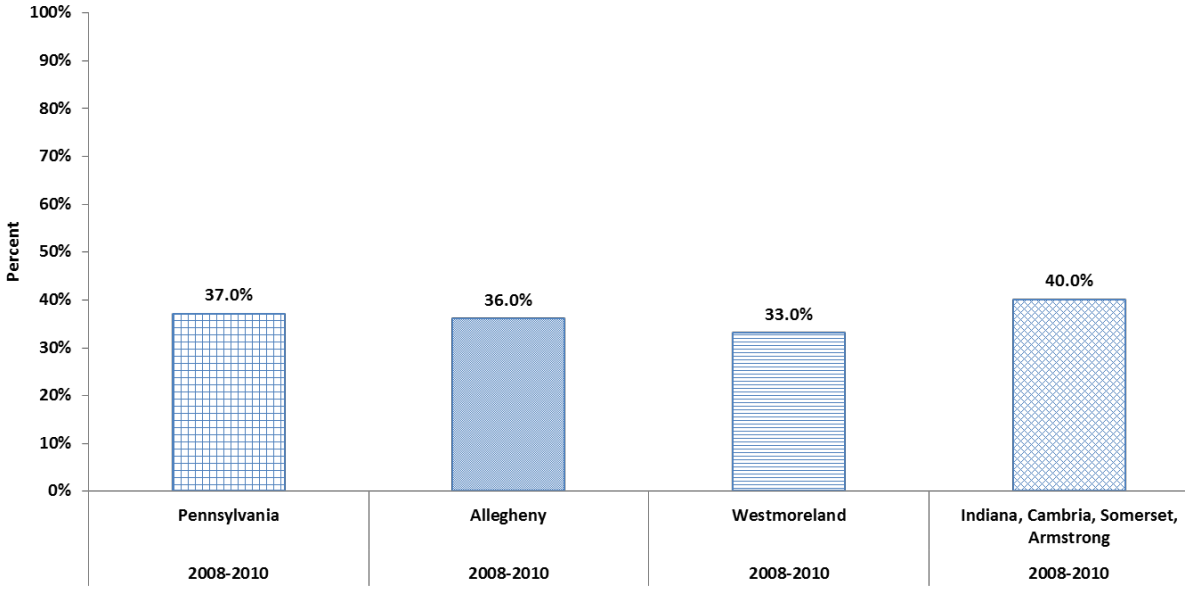
Figure 15. BRFSS – Percentage of all adults who reported poor or fair health



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 16 illustrates the percentage of adults who reported their physical health not good for one or more days in the past month in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The county rates range from 33.0 percent to 40.0 percent, with Westmoreland County (at 33.0 percent) having the lowest percentage when compared to the state and other service area counties.

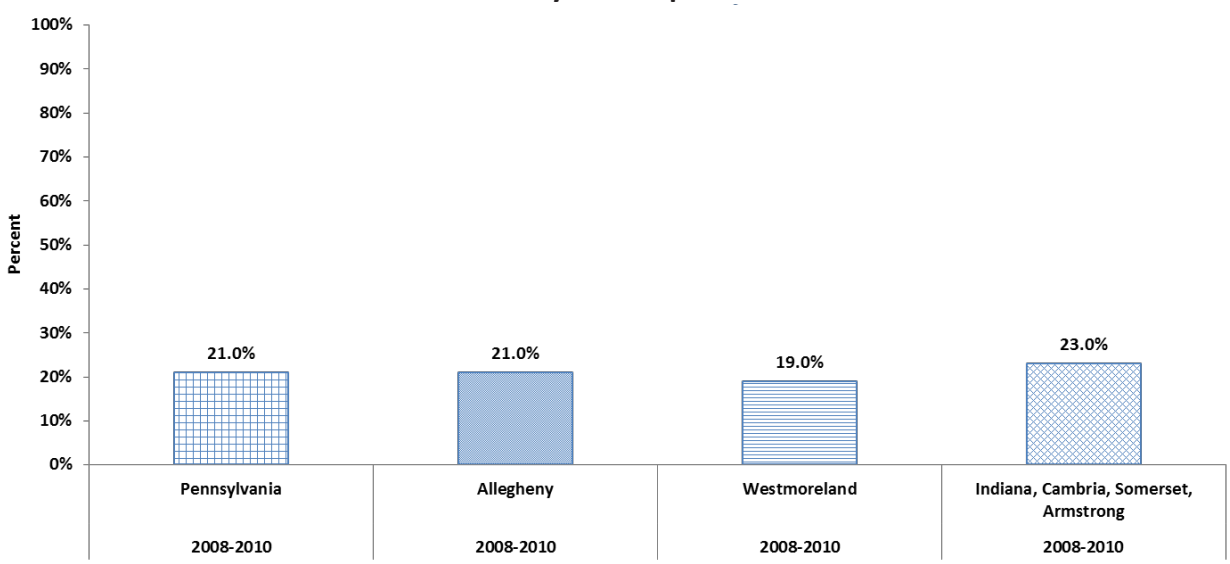
Figure 16. BRFSS - Percentage of adults who reported their physical health not good for 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 17 illustrates the percentage of adults who reported poor physical or mental health that prevented them from usual activities one or more days in the past month in Pennsylvania and throughout the counties of the service region from 2008 through 2010. Data for the service area counties ranged from 19.0 percent to 23.0 percent and was comparable to the Pennsylvania rate.

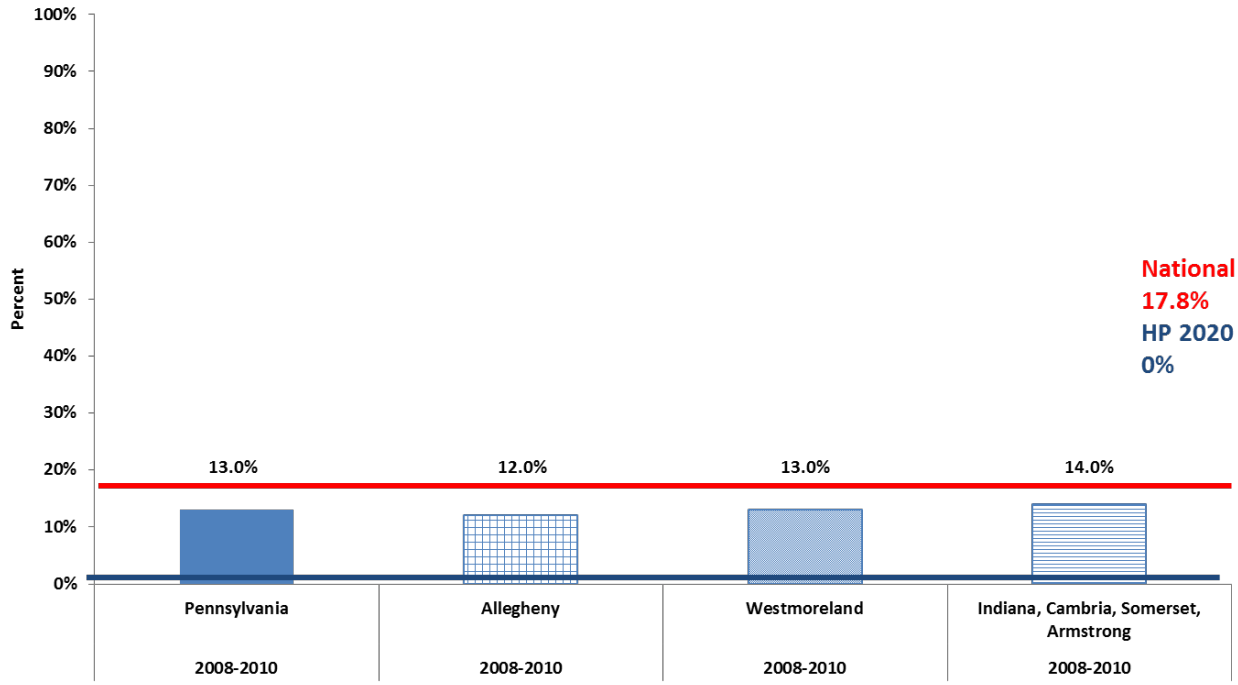
Figure 17. BRFSS- Percentage of adults who reported poor physical or mental health that prevented them from usual activities 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 18 illustrates the percentage of adults who reported no health insurance in the United States, Pennsylvania and throughout the counties of the service region from 2008 through 2010. The county rates were comparable to the state. The service area counties as well as state rates were lower than the nation (at 17.8 percent), while all data points were well above the Healthy People 2020 goal (of 0.0 percent).

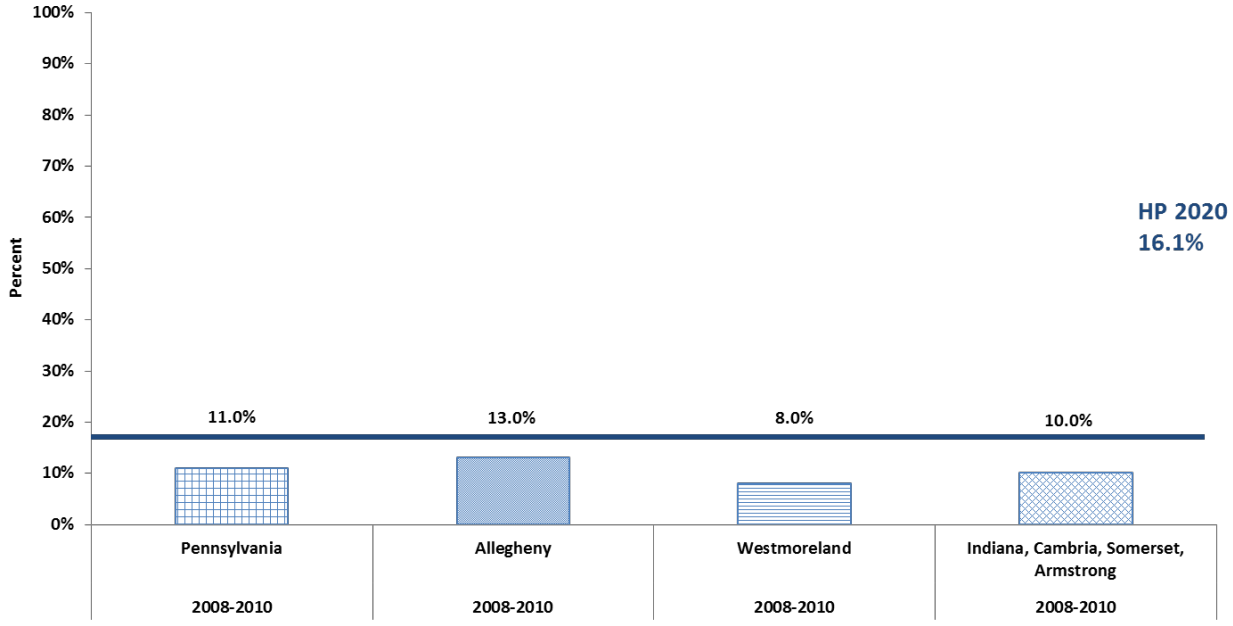
Figure 18. BRFSS-Percentage of adults who reported no health insurance



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

Figure 19 illustrates the percentage of adults who reported not having a personal healthcare provider in Pennsylvania, as well as throughout the counties of the service region from 2008 through 2010. County-level data ranged from 8.0 percent to 13.0 percent. With the exception of Allegheny County, the county rates were less than the state. County level data and the state were less than the Healthy People 2020 goal of 16.1 percent.

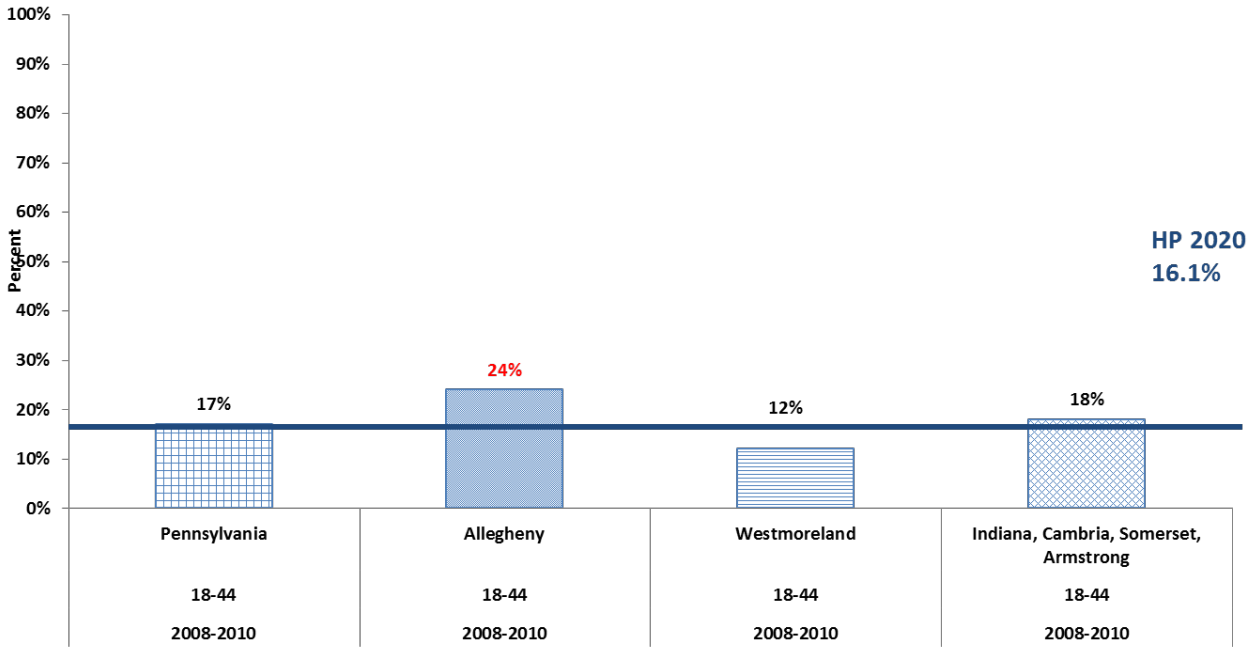
Figure 19. BRFSS-Percentage of all adults who reported not having a personal healthcare provider



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

Figure 20 illustrates the percentage of adults aged 18-44 who reported not having a personal healthcare provider in Pennsylvania as well as throughout the counties of the service region. A significant percentage (24.0 percent) of adults aged 18-44 in Allegheny County do not have a personal healthcare provider. The rate in Westmoreland County (12.0 percent) was less than Pennsylvania, while the other counties were comparable to the state rate. Every county was higher than the Healthy People 2020 goal of 16.1 percent, with the exception of Westmoreland County.

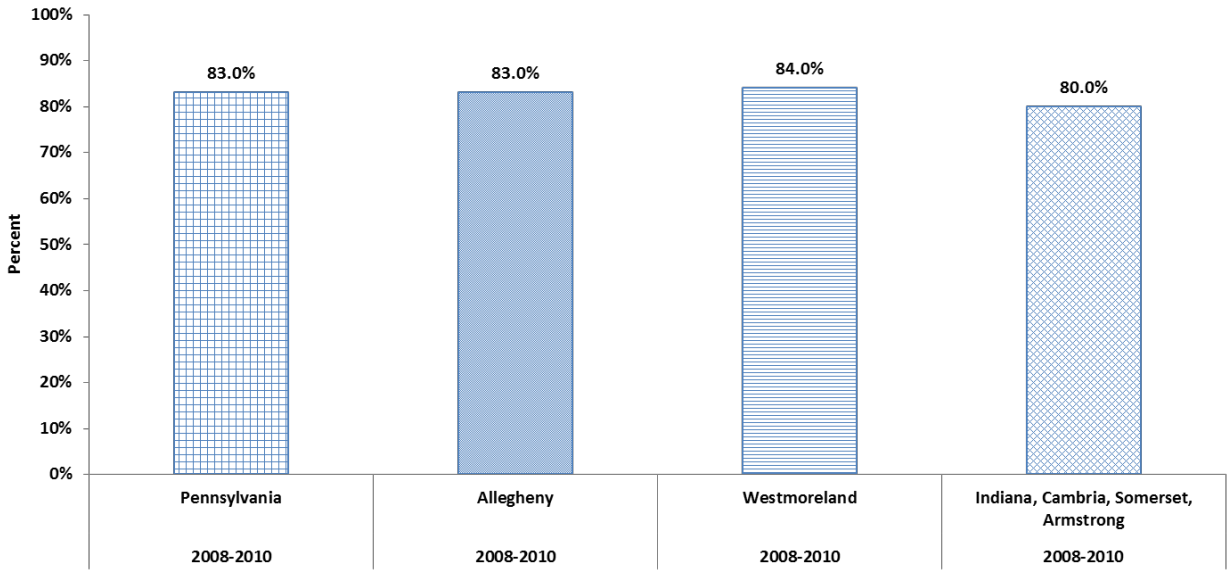
Figure 20. BRFSS-Percentage of adults who reported no personal healthcare provider Age 18-44



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

Figure 21 illustrates the percentage of adults who had a routine check-up in the past two years in Pennsylvania, as well as throughout the counties of the service region. A vast majority of respondents in the service area counties had a routine check-up in the past two years (80.0 to 84.0 percent) which is comparable to the Pennsylvania rate (83.0 percent).

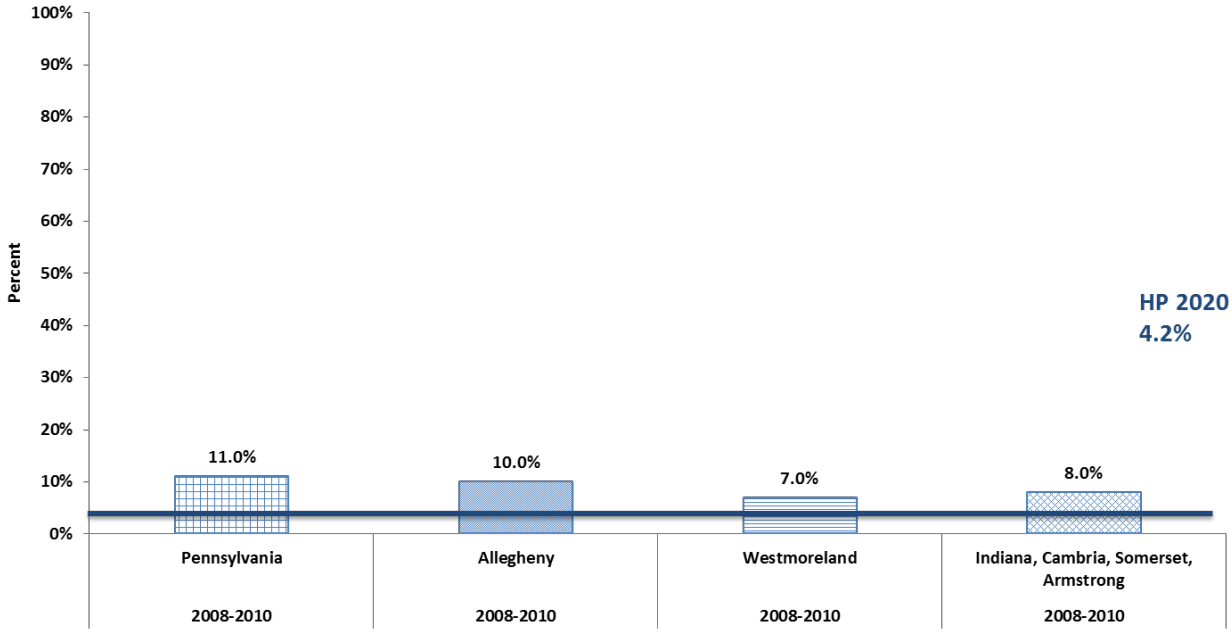
Figure 21. BRFSS - Percentage of all adults who had a routine check-up in the past 2 years



Source: Pennsylvania Department of Health

Figure 22 illustrates the percentage of adults who needed to see a doctor, but could not do so due to cost in Pennsylvania, as well as throughout the counties of the service region. The county rates range from 7.0 percent to 10.0 percent and are slightly lower than the state rate (of 11.0 percent). Both the service area counties and state rates are above the Healthy People 2020 goal of 4.2 percent.

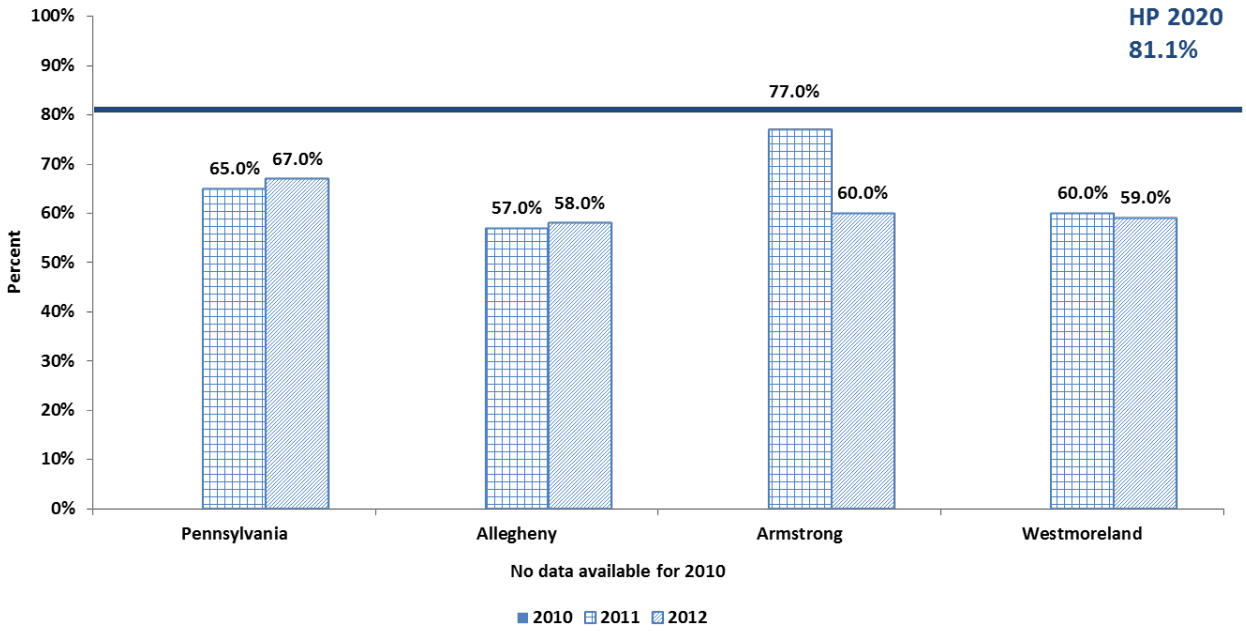
Figure 22. BRFSS - Percentage of adults who needed to see a doctor but could not because of cost in the past year



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

Figure 23 illustrates the mammogram screening rate in Pennsylvania as well as throughout the counties of the service region from 2011 through 2012. The service area counties percentages were less than the Pennsylvania rate for the same year with the exception of Armstrong County in 2011, which was higher than the state and other counties. All rates are below the Healthy People 2020 goal of 81.1 percent. No data was available for 2010.

Figure 23. Mammogram screening rate



Source: County Health Rankings, www.healthypeople.gov

There are a number of ways in which health literacy is defined. In the fall of 2012, the University Center for Social and Urban Research at the University of Pittsburgh conducted a telephone study of the Southwest Pennsylvania region, the Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area, where they asked respondents how often they had difficulty reading and understanding healthcare information, as well as how confident they were filling out healthcare forms.

Figure 24 and 25 illustrate health literacy rates based on the difficulty of reading and understanding health information. A sizable portion (15.7 percent) of the respondents indicated that they have difficulty reading healthcare information at least sometimes, while 13.5 percent indicated that they have difficulty understanding health information at least sometimes.

Figure 24. Health Literacy: Reading

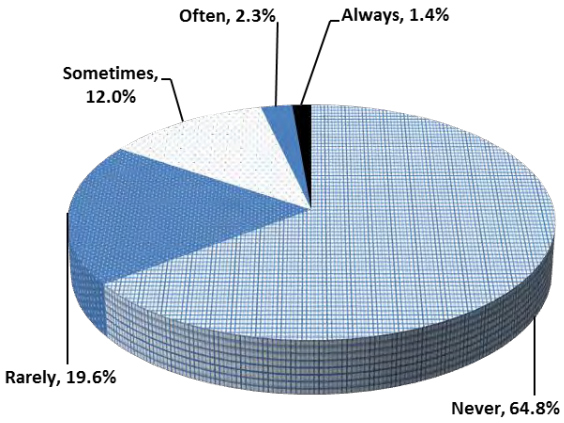
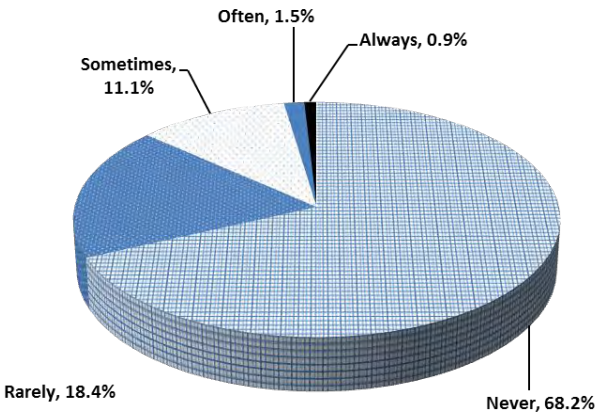


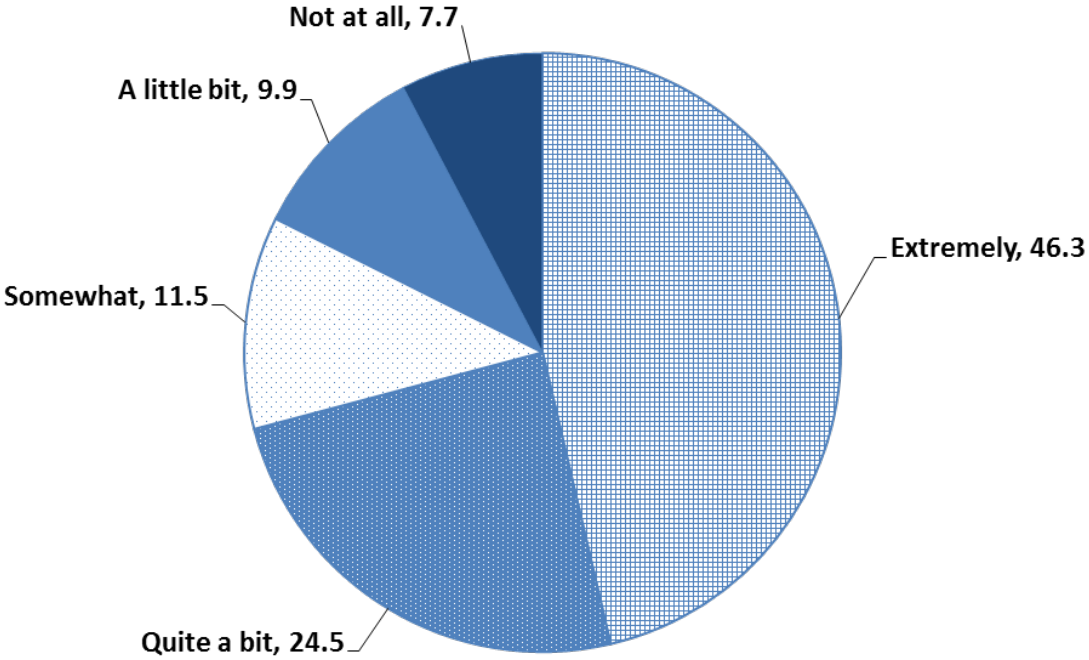
Figure 25. Health Literacy: Understanding



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

Figure 26 illustrates the level of which respondents are able to understand healthcare forms. Less than half of the respondents (46.3 percent) indicated that they were extremely confident filling out forms.

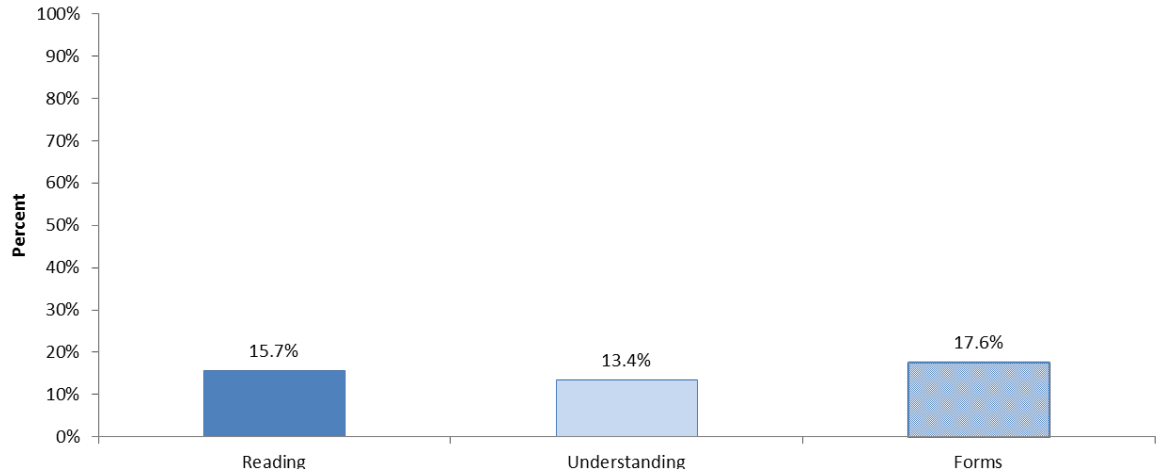
Figure 26. Health Literacy: Forms



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

Figure 27 summarizes the estimated low healthcare literacy rate for the service region, depending on the definition for the overall service region.

Figure 27. Low healthcare literacy rate



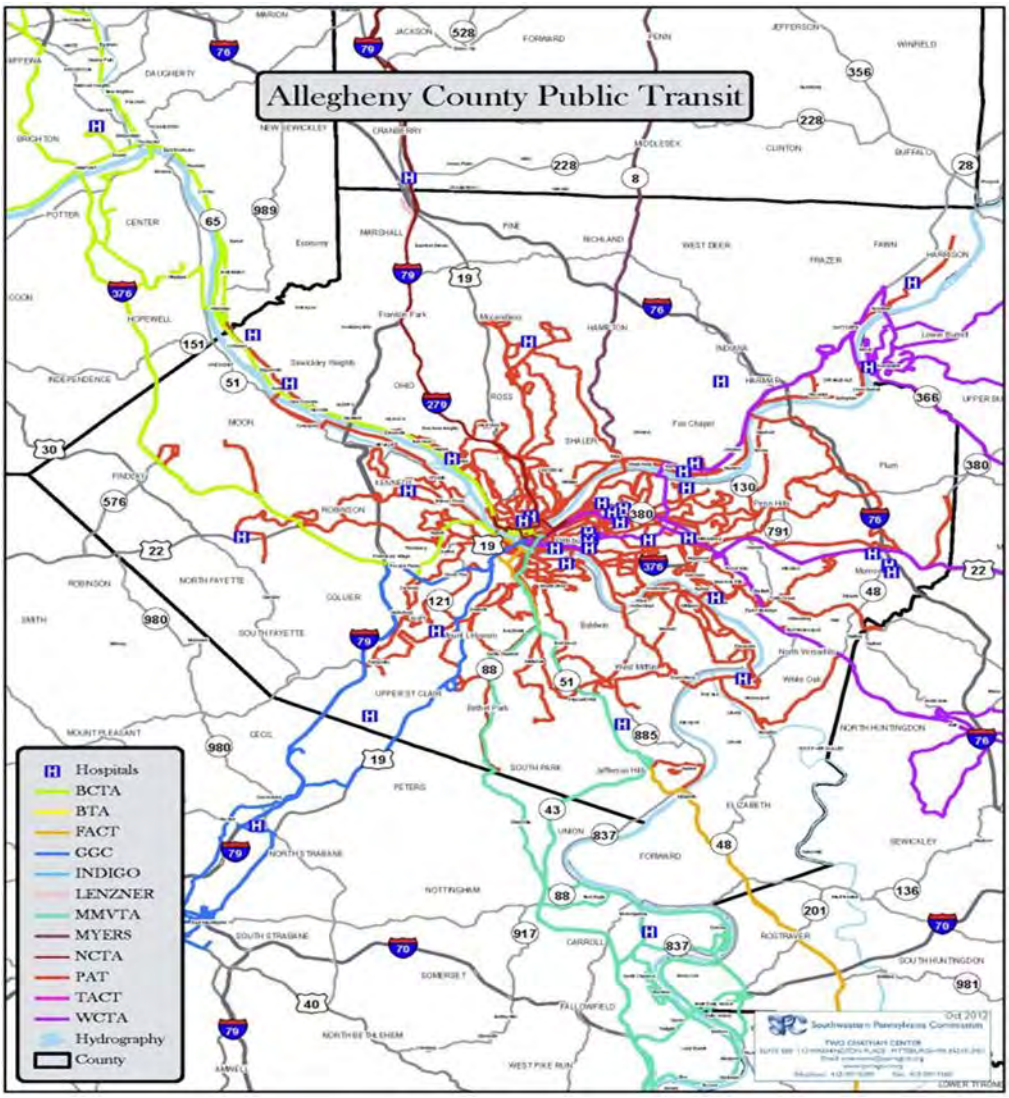
Source: University of Pittsburgh University Center for Social & Urban Research. "Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area." prepared for Regional Health Literacy Coalition, September 2012.

The *Health Literacy Survey of the Pittsburgh Metropolitan Statistical Area* highlighted a number of key findings related to literacy rates. They include:

- The estimated prevalence of low health literacy in the Pittsburgh metropolitan statistical area (MSA) ranges from 13.4 to 17.6 percent, depending on which indicator is used.
- Slightly fewer respondents reported problems learning about medical conditions because of difficulty understanding written information; slightly more reported low confidence filling out medical forms by themselves.
- On the key single item literacy screener, 15.7 percent of Pittsburgh MSA residents reported needing someone to help read instructions, pamphlets, or other written material from doctors or pharmacies at least sometimes.
- Given a margin of error for this estimate of approximately +/- 3 percent and an adult population of the MSA of 1,881,314 (2010 Decennial Census), this represents an estimated 295,266 adults, with 95 percent confidence that the number lies somewhere between 238,926 and 351,806.
- Using the reading criterion, young people (18-29) had the highest rate of low health literacy.
- Males have higher rates of low health literacy.
- Those who were single/never married had the highest low health literacy rate.
- Hispanics had higher rates of low health literacy than non-Hispanics.
- Rates of low health literacy were significantly higher for non-whites using all three criteria.
- Those with lower socioeconomic status (less education, lower income, lack of employment) were much more likely to be classified as low healthy literacy.

Figure 28 illustrates the Allegheny County Public Transit System. While difficult to read, the series of public transit maps that follow illustrate that the fixed route public transportation system does not serve significant portions of Allegheny County and the surrounding counties.

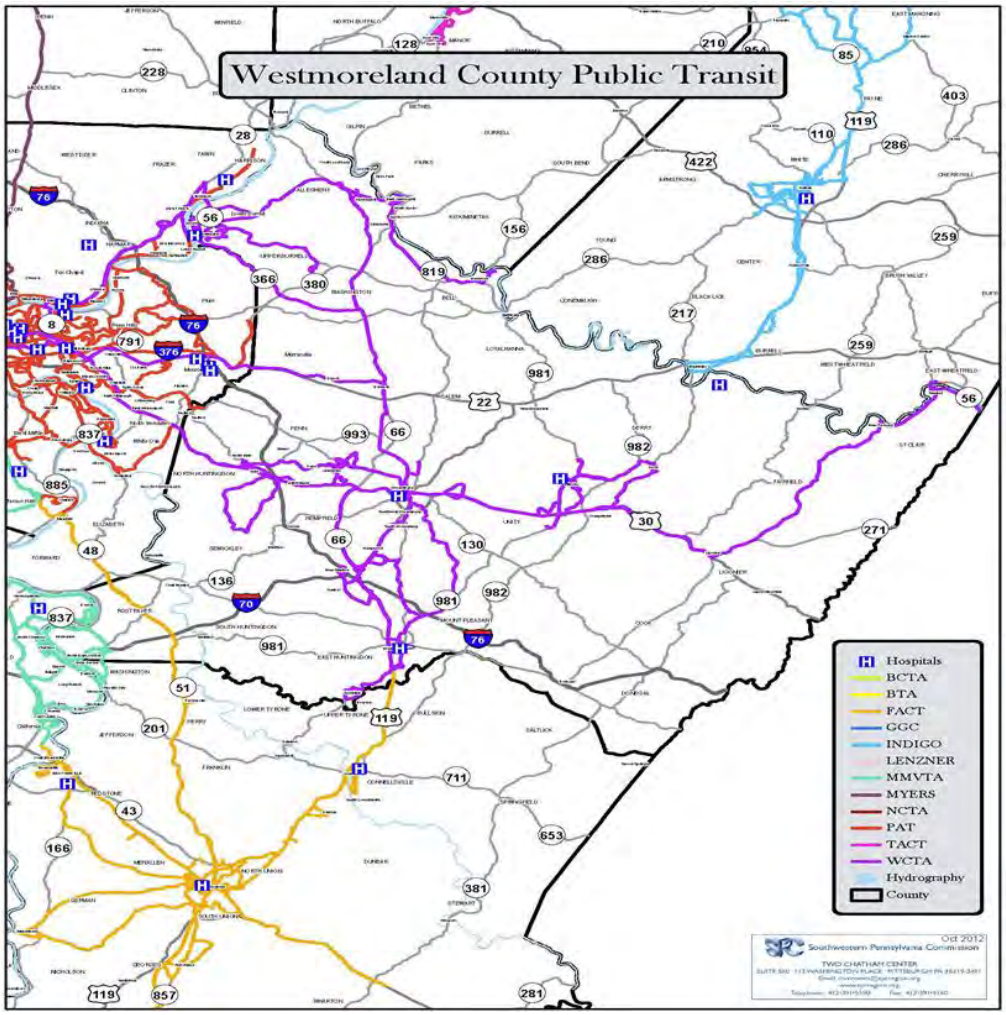
Figure 28. Allegheny County Public Transit



Source: Southwestern Pennsylvania Commission

Figure 29 illustrates the Westmoreland County public transit system.

Figure 29. Westmoreland County Public Transit



Source: Southwestern Pennsylvania Commission

Inpatient utilization data for select ACSC serve as indicators of whether individuals are receiving and accessing care in the most appropriate setting. Patients suffering from chronic diseases and other conditions should be able to manage their conditions at home or in an outpatient setting with the help of their physicians and medical care providers, rather than being admitted to a hospital. WPAHS analyzed the Pennsylvania Healthcare Cost Containment Council (PHC-4) data regarding inpatient utilization rates for persons discharged from all hospitals.

Table 23 illustrates the hospital discharge rate for inpatient ACSC from 2010 through 2012, per 10,000 people. Inpatient utilization rates for specific selected ACSC are high (172.5 discharges per 10,000 population), although the rate has been declining over the past several years. Congestive heart failure (CHF) (42.8), chronic obstructive pulmonary disease (COPD) (40.0), and pneumonia (33.4) have higher rates of inpatient admission than some of the other identified conditions, including alcohol and drug abuse (17.1), and bronchitis and asthma (14.1).

Table 23. Inpatient Ambulatory Care-Sensitive Conditions: hospital discharge rates per 10,000

Forbes Regional Hospital Primary Service Area **Inpatient Ambulatory Care Sensitive Conditions** **Utilization Rates Per 10,000 Population**			
Category	**FY10**	**FY11**	**FY12**
Congestive heart failure	54.6	47.2	42.8
COPD	44.4	45.6	40.0
Pneumonia	34.4	31.5	33.4
Bronchitis & Asthma	18.1	16.5	14.1
Alcohol & drug abuse	14.8	14.0	17.1
Complications baby	9.4	12.1	12.0
Cancer	5.1	4.8	4.4
Fracture	3.8	3.6	3.0
Hypertension	3.6	3.4	3.3
Breast cancer	2.1	2.1	1.5
Reproductive disorder	1.2	0.7	0.9
PSA Total	191.5	181.6	172.5

Note: Total volume is for the entire PSA Market at all hospitals
* ACSCs are used to assess the age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to the hospital (http://www.qualitymeasures.ahrq.gov)
**ACSC Categories are based on DRGs selected & provided by Strategy Solutions, Inc.

Source: Truven Health, WPAHS Decision Support

AGH examined emergency department (ED) utilization based on the Institute of Medicine's identified ACSC in three areas: acute conditions, avoidable conditions and chronic conditions. Similar to hospital utilization rates for ACSC, ED utilization is an indicator of whether individuals are receiving and accessing care in the most appropriate setting.

As illustrated in **Tables 24-26,** although over the past three years ED utilization for all three types of conditions has been decreasing, these types of conditions account for over 2,000 ED visits per year. The conditions with the most volume in 2012 (which are acute conditions) included kidney/urinary infections (630), bacterial pneumonia (445), and ear, nose and throat infections (168).

Table 24. AGH ED discharges

Forbes Regional Hospital					
Emergency Department Discharges				FY12 vs FY10	
Acute Conditions	FY10	FY11	FY12	Var	%
Bacterial Pneumonia	559	510	445	(114)	(20%)
Cancer of the Cervix	102	94	55	(47)	(46%)
Cellulitis	1	-	-	(1)	(100%)
Dehydration	-	2	-	-	-
ENT Infections	296	333	168	(128)	(43%)
Gastroenteritis	251	273	159	(92)	(37%)
Hypoglycemia	3	6	9	6	200%
Kidney/Urinary Infection	809	796	630	(179)	(22%)
Pelvic Inflammatory Disease	-	2	-	-	-
Skin Grafts with Cellulitis	77	92	84	7	9%
Acute Conditions Total	2098	1808	1550	(548)	(59%)

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

Table 25 illustrates AGH ED visits for avoidable ACSC from 2010 through 2012. The highest number of avoidable ED visits was dental conditions in 2011 with 54 visits.

Table 25. AGH ED discharges: ACSC- avoidable conditions

Forbes Regional Hospital					
Emergency Department Discharges				FY12 vs FY10	
Avoidable Illnesses	FY10	FY11	FY12	Var	%
Dental Conditions	33	54	30	(3)	(9%)
Iron Deficiency Anemia					
Nutritional Deficiencies	17	21	26	9	53%
Vaccine Preventable Conditions	-	1	1	1	-
Avoidable Illnesses Total	53	79	63	10	19%

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

Table 26 illustrates AGH ED visits for chronic ACSC from 2010 through 2012. The highest number of chronic ED visits was for congestive heart failure in 2010, with 294 visits.

Table 26. AGH ED discharges: ACSC - chronic conditions

Forbes Regional Hospital					
Emergency Department Discharges				FY12 vs FY10	
Chronic Conditions	FY10	FY11	FY12	Var	%
Angina	-	-	-	-	-
Asthma	-	2	-	-	-
Congestive Heart Failure	294	264	151	(143)	(49%)
COPD	218	217	130	(88)	(40%)
Diabetes mellitus without mention of complications or unspecified hypoglycemia	39	36	40	1	3%
Diabetes with Ketoacidosis	1	4	1	-	-
Diabetes w/ other unspecified complications	80	101	68	(12)	(15%)
Hypertension	175	165	149	(26)	(15%)
Grand Mal & Other Epileptic Conditions	1	-	1	-	-
Chronic Conditions Total	808	789	540	(268)	(33%)

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

Table 27 illustrates total AGH ED visits for ACSC from 2010 through 2012. The highest number of ED visits occurred in 2011 with 2,976. While the number has been declining over the past three years, it should be noted that WPH ED was closed during a portion of this analysis period from December 2010 until its reopening on February 14, 2012.

Table 27. AGH total ED discharges with ACSC

	FY10	FY11	FY12	Total
Total Emergency Department Visits with Ambulatory Sensitive Conditions	2,959	2,976	2,153	8,088

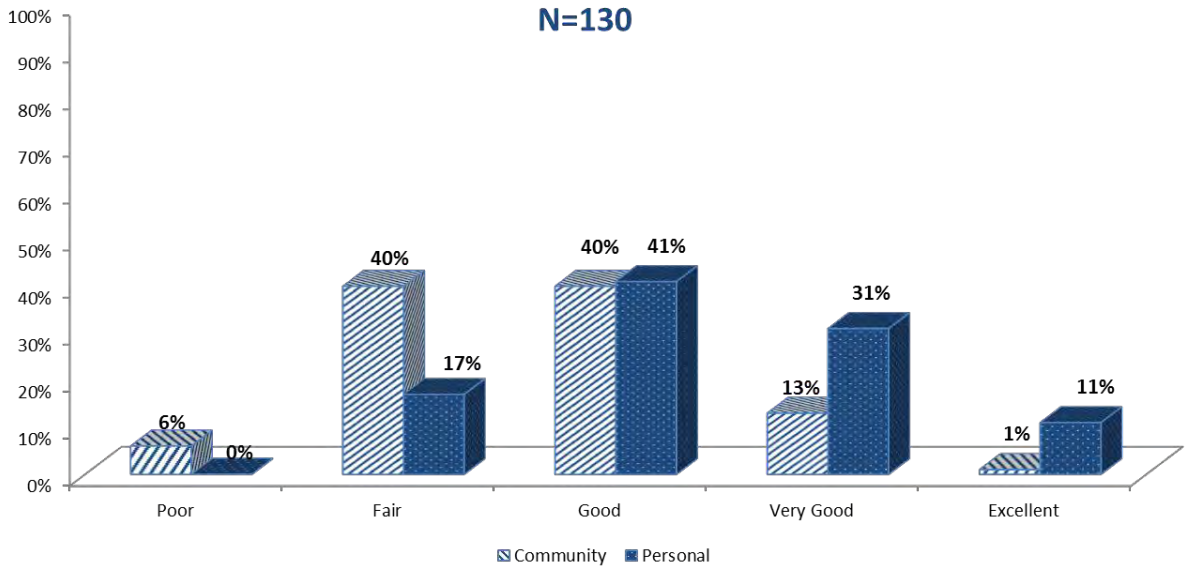
Source: WPAHS Internal Data (EPSi); ACSCs selected based on Institute of Medicine, "Access to Healthcare in America", Michael Millman, Ph.D., Editor, National Academy Press, Washington, D.C. 1993

Focus Group Input

Focus groups are considered a qualitative method of data collection. The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic, may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information represents the opinions of individuals who participated in a focus group and are not necessarily representative of the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 30 illustrates focus group participant ratings of overall health status, both for the community overall as well as their personal health status. Respondents were more likely to rate their personal health status good (41.0 percent) or very good (31.0 percent), while they tended to rate the health status of the community as good (40.0 percent) or fair (40.0 percent).

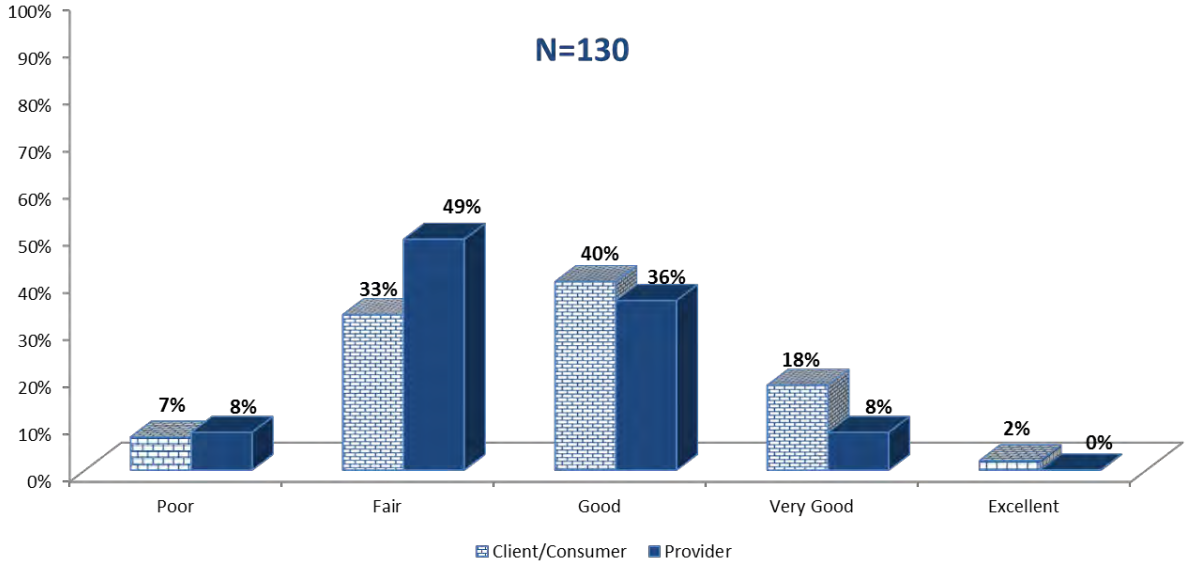
Figure 30. Focus Groups: overall health status



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

Figure 31 illustrates responses from the focus groups comparing the responses of clients and consumers versus providers and professionals where participants were asked to rate the health status of the overall community. Clients and consumers were more likely to rate the health status of the overall community good (40.0 percent) or fair (33.0 percent), while providers/professionals were more likely to rate the health status of the overall community fair (49.0 percent) or good (36.0 percent).

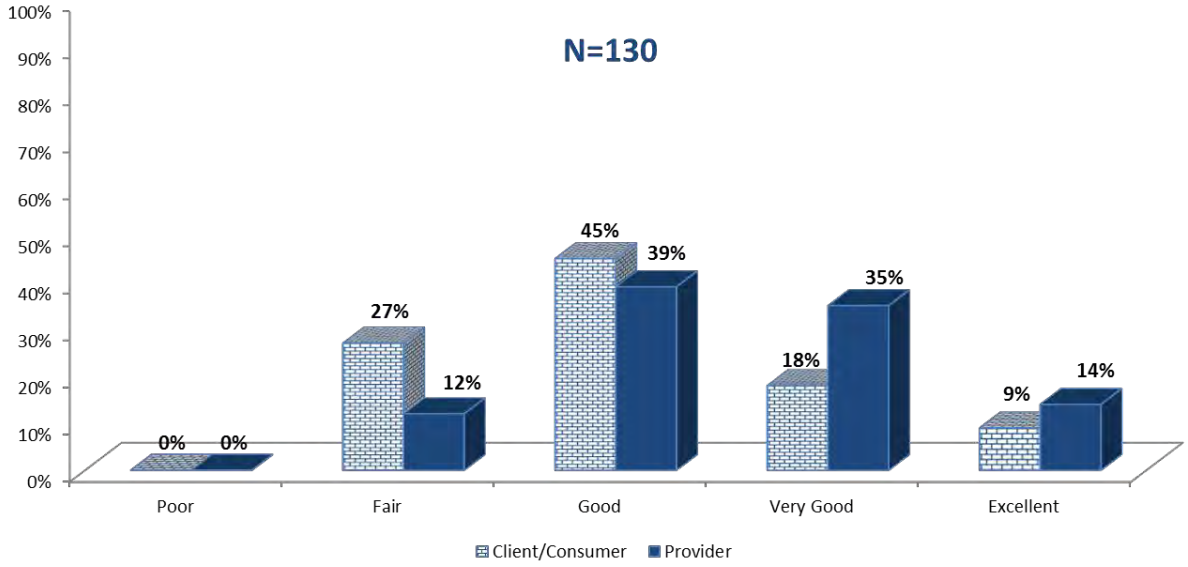
Figure 31. Focus Groups: overall community health status



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

Figure 32 illustrates the responses from the focus group where participants were asked to rate their personal health status. Providers and professionals were more likely to rate their personal health as good (39.0 percent) or very good (35.0 percent), while clients and consumers were more likely to rate their personal health status as good (45.0) percent or fair (27.0 percent).

Figure 32. Focus Groups: Personal Health Status

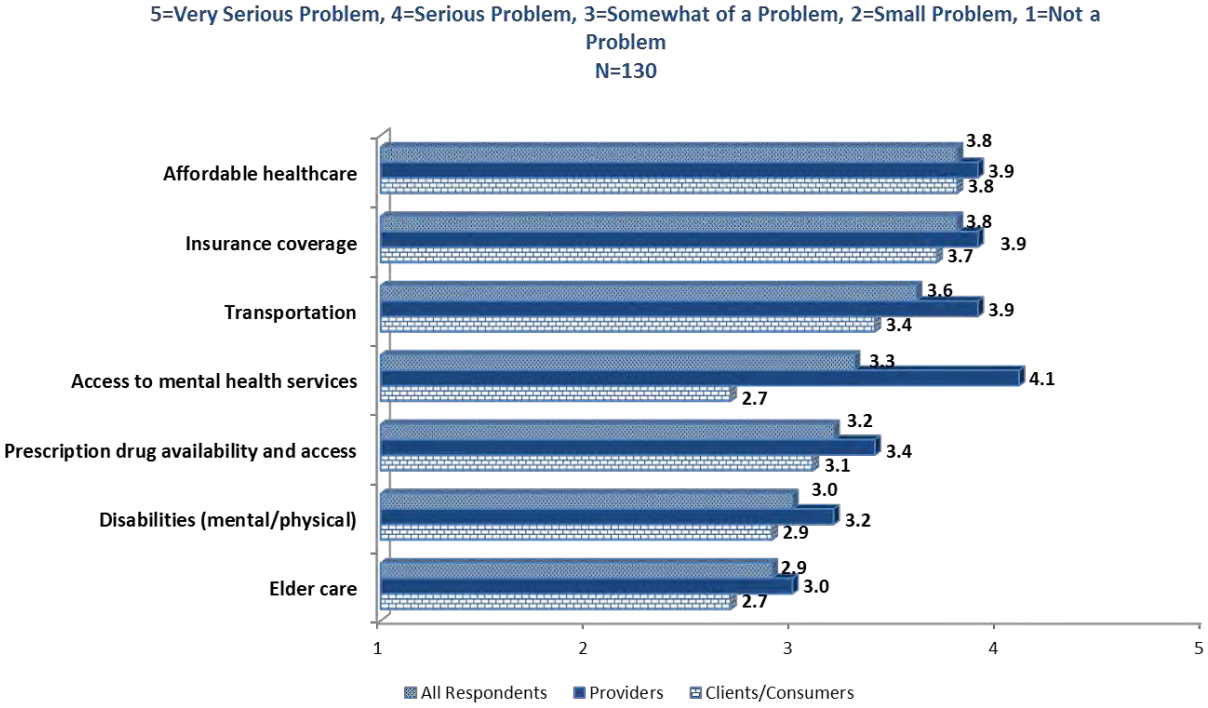


Source: 2012 WPAHS Focus Groups, Strategy Solutions, Inc.

Focus group participants were also asked to rate the extent to which a list of possible issues was a problem in the community. The items were rated on a five point scale where 5=Very Serious Problem and 1=Not a Problem.

Figure 33 illustrates the responses related to access in rank order high to low, based on the aggregate answers of all respondents. Overall, affordable healthcare was rated as the most serious need, along with insurance coverage and transportation. Providers and professionals were more likely to rate most of the items more serious than clients/consumers especially access to mental health services, which they rated the highest need.

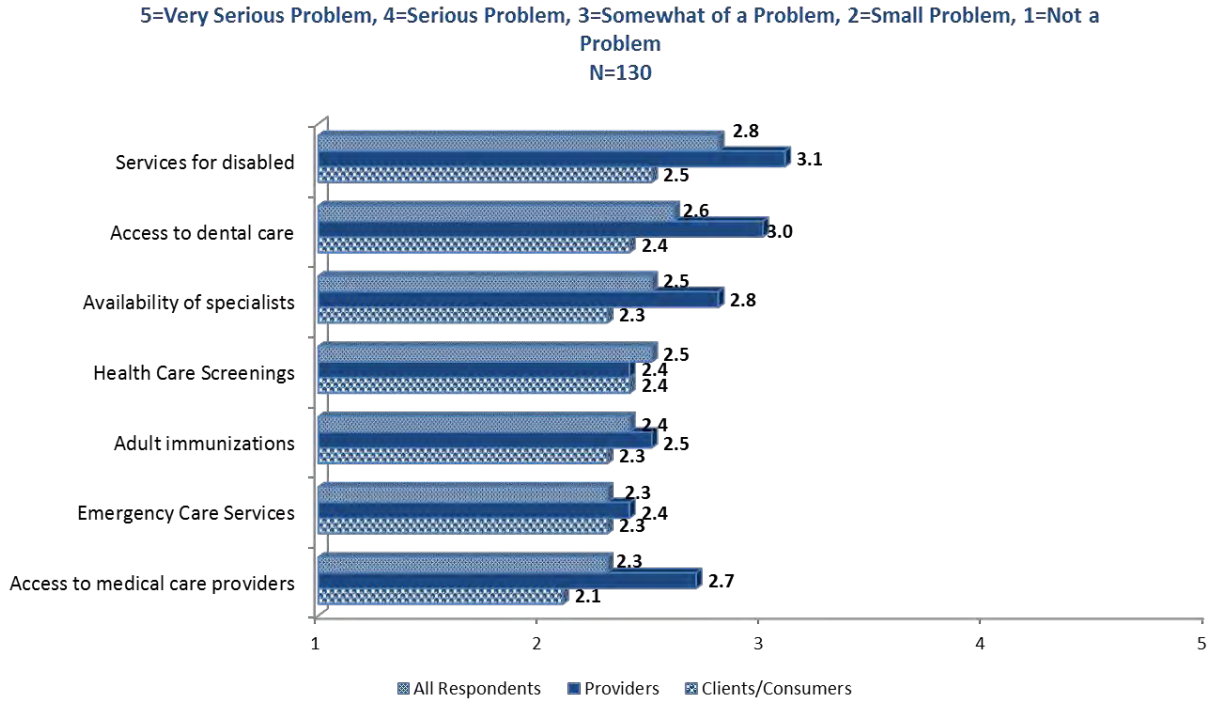
Figure 33. Access to quality healthcare



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

Figure 34 illustrates a list of additional need areas rated with lower average scores by focus group respondents. Providers and professionals tended to rate several of these areas as more serious needs in the community than did clients and consumers.

Figure 34. Access to quality healthcare-additional needs



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

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community. Focus group participants had a great deal of discussion regarding general access related issues, transportation and health insurance.

The lack of affordable healthcare was seen as a big community problem. Participants discussed the barrier to accessing healthcare services that is created by the cost of health insurance as well as the rising costs of copays and deductibles. In general, participants emphasized the fact that even those with a job may be unable to afford insurance, and those that have insurance may still not be going to the doctor due to the cost of co-pays.

Many focus group participants identified transportation as a major access-related issue. There is no public transportation available in rural areas. Many people who do not own a car or do not have a driver's license rely on public transportation or family and friends to transport them to medical appointments. The bus routes in the region have been reduced. Even when bus service is available, many people have to transfer multiple times to access health services or cannot afford bus fare. The Access (shared ride) system is difficult to use, often unreliable and sometimes leaves individuals waiting hours for a ride.

Participants expressed concerns for immigrants and refugees who do not have money or documentation to obtain health coverage. Refugees receive eight months of fully subsidized healthcare after which they lose coverage and are required to obtain insurance on their own. There were also expressed concerns for the unemployed or underemployed. It was noted that often individuals have to work for several months before becoming eligible for employer-sponsored health insurance; since many people switch jobs frequently, they do not gain this coverage.

Stakeholder Interview Input

A total of 19 regional stakeholders responded to a series of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Individuals were selected because they are considered content experts on a topic or understood the needs for a particular subset of the population. The information represents the opinions of those interviewed and is not necessarily representative of the opinions of the broader community served by FRH.

Interviewed stakeholders also voiced concerns about access to quality healthcare. Interviewees identified limited public transportation, lack of insurance, language and cultural barriers as well as a lack of understanding of healthcare as issues underlying access to care. A common theme among those interviewed was the need for consumer education regarding healthcare reform and changes to health insurance in general.

Affordability of insurance and the availability of support for those who are unable to afford healthcare and health insurance were identified by several stakeholders. Stakeholders recognize that the ability for an individual to access healthcare is directly related to their ability to pay for services. One group expressed concern created by language and cultural barriers and the need to educate providers to be more accepting of diversity and competent with different cultures.

Transportation was also a frequently identified access issue. Numerous stakeholders commented that transportation (or the lack thereof) was a significant barrier for many people trying to access healthcare, for individuals with low economic status, and for seniors.

Access Conclusions

Overall, the quantitative data available suggests that sizable portions of the regional population lack appropriate access to care because they do not have or appropriately see a primary care provider, do not have health insurance, face language or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access fixed route public transportation, and some hospitals are not accessible by public bus routes. There are a number of conclusions regarding access related issues from all of the quantitative and qualitative data presented. They include:

Health status and routine care

- Across the service area between 14%-20% of adults reported their general health as fair to poor, with Armstrong County being significantly higher compared to the state rate.
- Across the service area between 36%-40% of adults reported their physical health as not good one or more days in the past month.
- Across the service area between 12%-14% of adults aged 18-64 do not have health insurance, and 10%-13% do not have a personal healthcare provider. In Allegheny County, 24% of adults 18-44 do not have a personal healthcare provider.
- Across the service area between 7%-10% of adults needed to see a doctor in the past year but could not due to cost.
- Across the service area between 80%-84% of adults seen a doctor in the past two years for a routine check-up.
- Mammogram screenings across the service area are comparable to the state. However, about 40% of women who should be getting mammograms are not getting them.

Barriers to care

- It is estimated that between 15% and 17% of the population (depending on the definition) has low healthcare literacy. This represents potentially 42,000+ people in the service area.
- There are significant portions of the service area that are not served by fixed route public transportation.
- Both the inpatient and ED volume of ACSC at FRH is decreasing over the past 3 years, although this represents several thousand people.

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

- Focus group respondents were more likely to rate their personal health better than overall community health.
- In the focus groups, providers ranked community health status and personal health status more positively compared to those identified as client/consumers.
- For participants in the FRH only groups, transportation was seen as the most serious problem. Overall within the groups that represented FRH, affordable healthcare, insurance coverage and transportation were identified as the most serious access related issues.

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Chronic Disease

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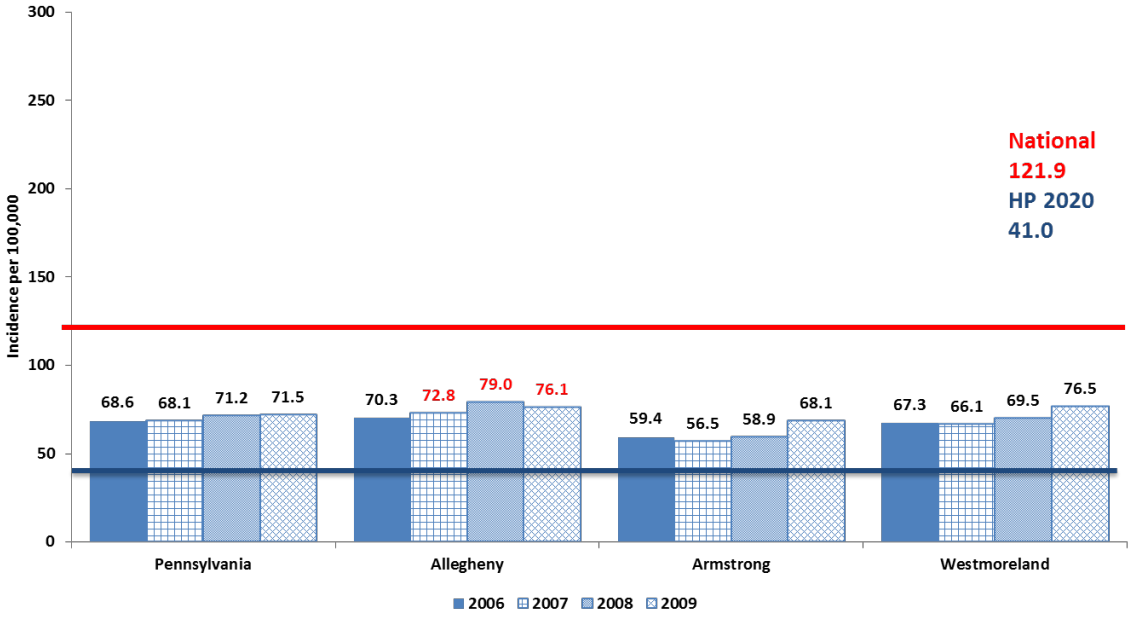
Chronic Disease

Conditions that are long-lasting, with relapses, remissions and continued persistence can be categorized as chronic diseases. Chronic disease topics explored include: breast cancer, bronchus and lung cancer, colorectal cancer, prostate cancer, heart disease, heart attack, coronary heart disease, stroke, overweight, obesity and diabetes.

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

Figure 35 illustrates breast cancer incidence rates for males and females in the United States, Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. The rate fluctuated by county, but was significantly higher in Allegheny County in 2007 through 2009 compared to the Pennsylvania rate. From 2006 through 2009, county rates were higher than the Healthy People 2020 goal of 41.0. The state and service area counties showed an increasing trend, but remain well below the national rate.

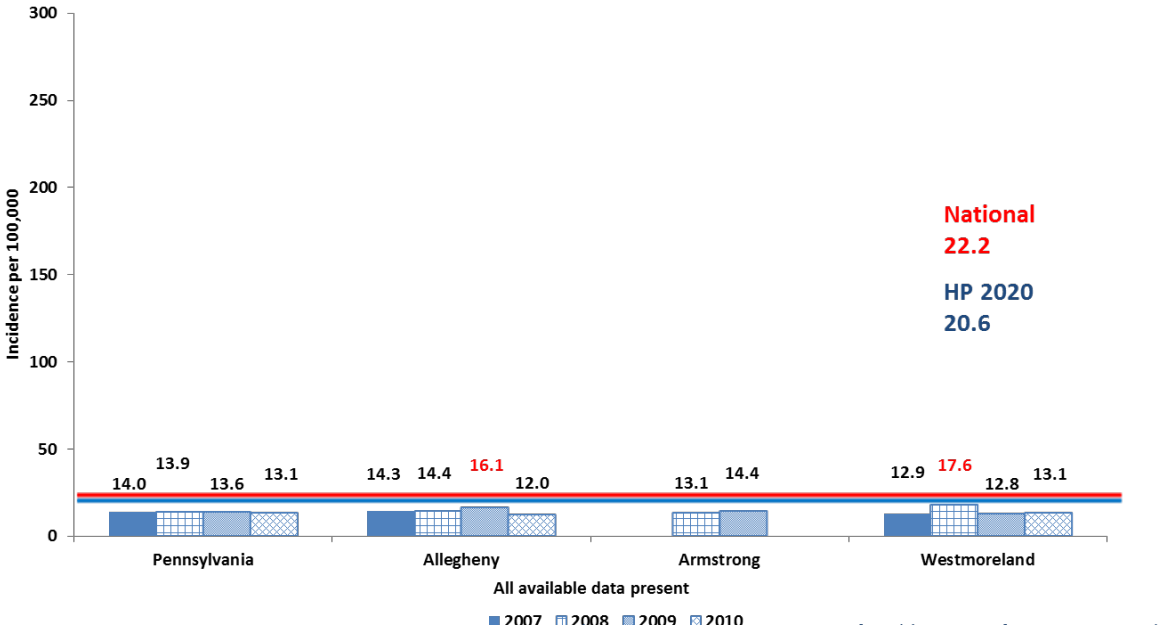
Figure 35. Breast cancer incidence: male and female



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

Figure 36 illustrates breast cancer mortality rates for males and females in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. County-level data fluctuated over the time period, but was less than the Healthy People 2020 goal of 20.6 and the national rate of 22.2. The Allegheny County rate was significantly higher compared to the state in 2009, while Westmoreland County was significantly higher in 2008.

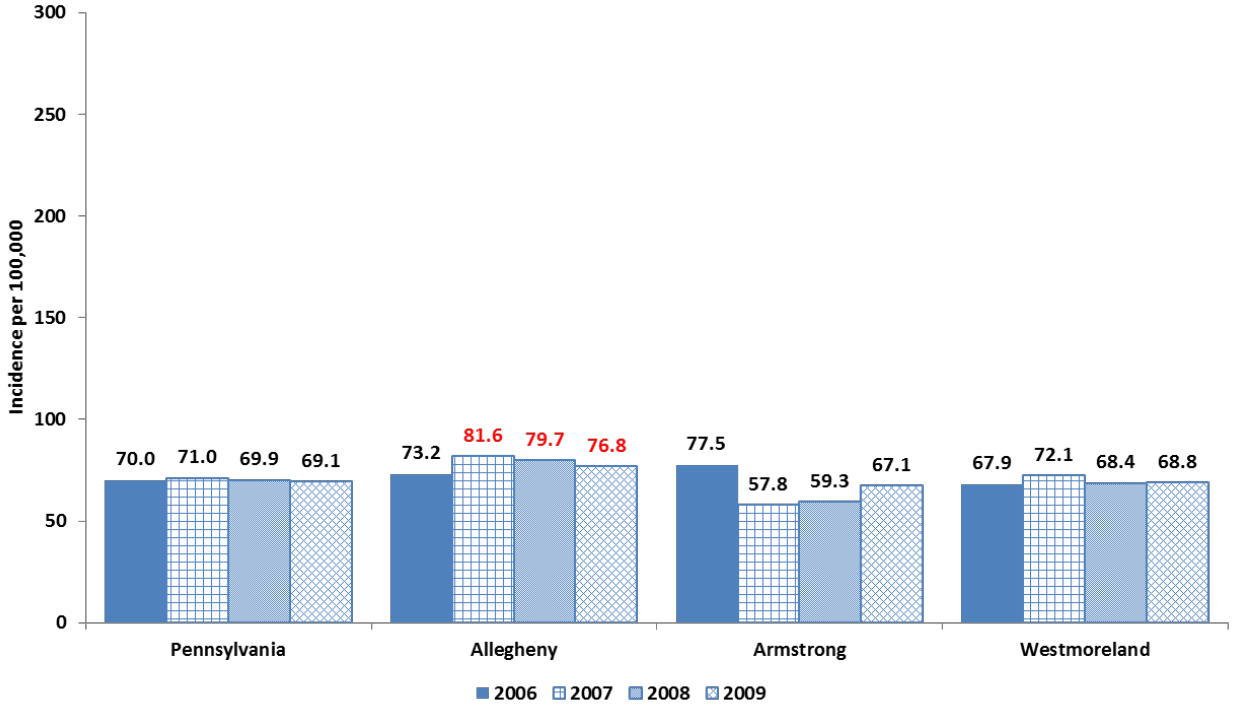
Figure 36. Breast cancer mortality rates male and female



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

Figure 37 illustrates bronchus and lung cancer incidence rates in Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. The rate in Allegheny County from 2007 through 2009 was significantly higher than the Pennsylvania rate. County-level data fluctuated over the period but was generally comparable to or higher than the Pennsylvania rate, although the Armstrong County rate in 2007 and 2009 was lower than the state.

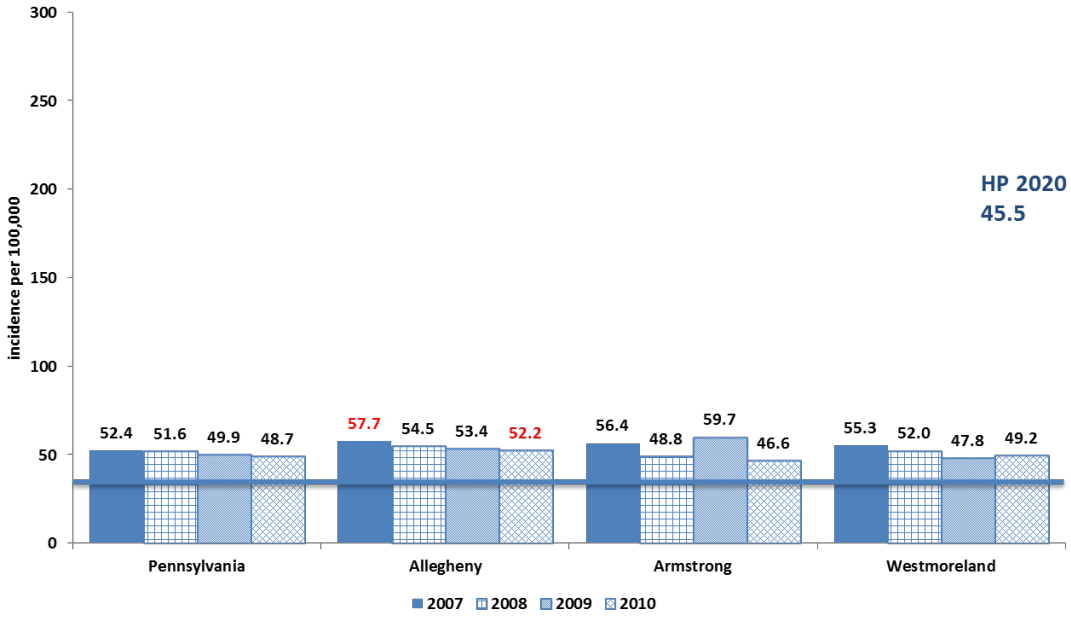
Figure 37. Bronchus and lung cancer incidence



Source: Pennsylvania Department of Health

Figure 38 illustrates bronchus and lung cancer mortality rates in Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. Mortality rates fluctuated from 2007 through 2010 and all counties had rates higher than the Healthy People 2020 goal of 45.5. The rates in Allegheny County were significantly higher compared to the state in years 2007 and 2010. Overall rates are lower in 2010 when compared to the rate in 2007.

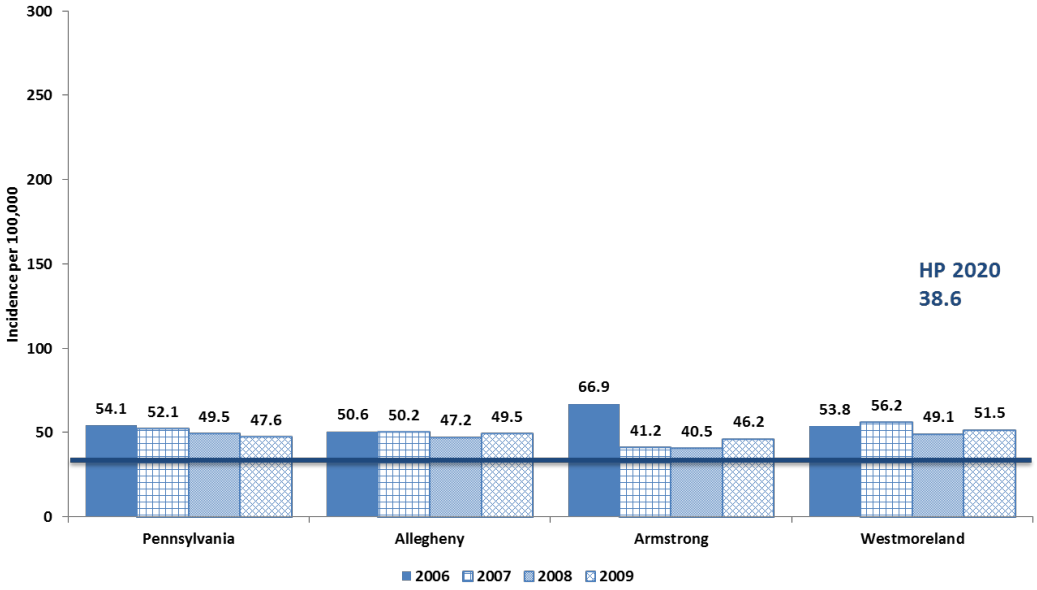
Figure 38. Bronchus and lung cancer mortality rate



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

Figure 39 illustrates colorectal cancer incidence rates in Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. County-level data fluctuated from 2006 through 2009 and overall was higher than the HP 2020 goal of 38.6. All service area counties showed decreasing trends, which is comparable to the state.

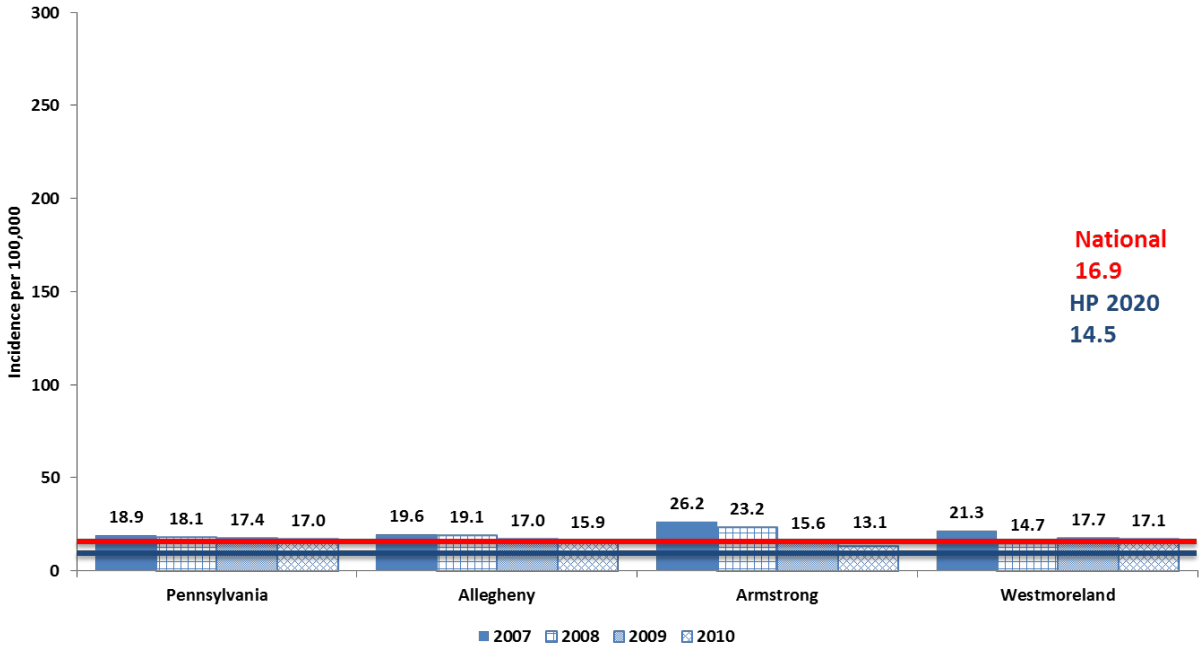
Figure 39. Colorectal cancer incidence



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

Figure 40 illustrates colorectal cancer mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. Overall rates have been decreasing and depending on the year, rates were higher or lower than Pennsylvania. The county rates were above the Healthy People 2020 Goal of 14.5 for all years, with the exception of Armstrong County in 2010. The Westmoreland County rate was lower than the national rate in 2008, as was the Allegheny County rate in 2010.

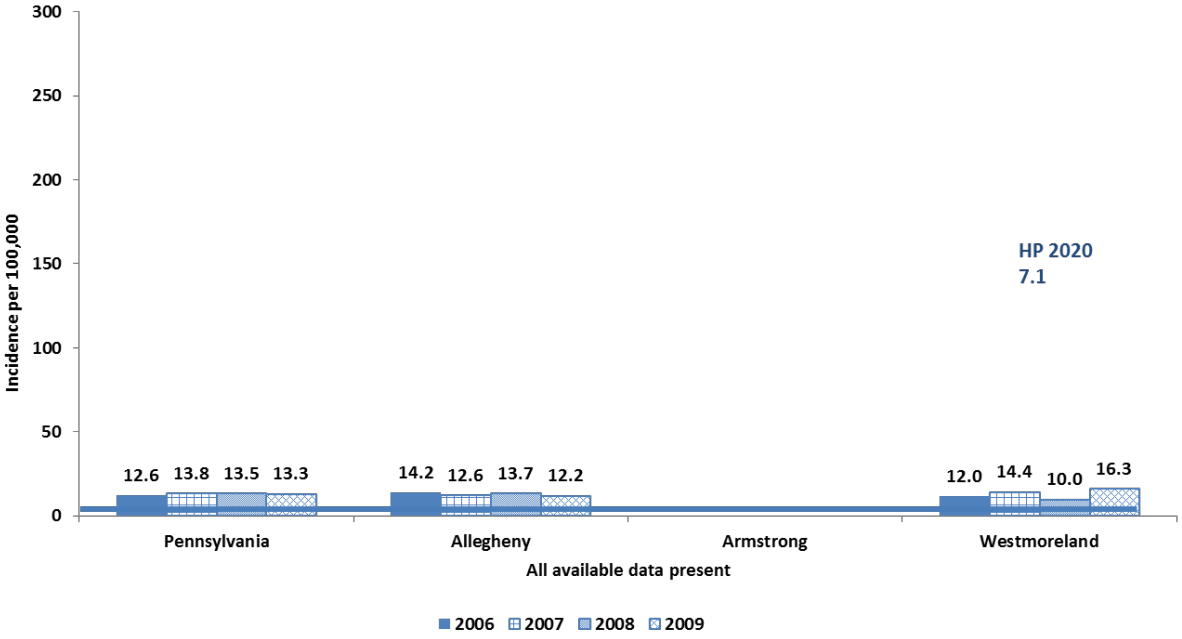
Figure 40. Colorectal cancer mortality rate



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

Figure 41 illustrates ovarian cancer incidence rates in Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. Overall rates have fluctuated but remained fairly consistent with the exception of Westmoreland County that experienced a 6.3 per 100,000 rate increase in the most recent year. All counties experienced at least one year where the county rate was higher than the state. Data was not available for Armstrong County. The state and service area counties remain above the Healthy People 2020 Goal of 7.1.

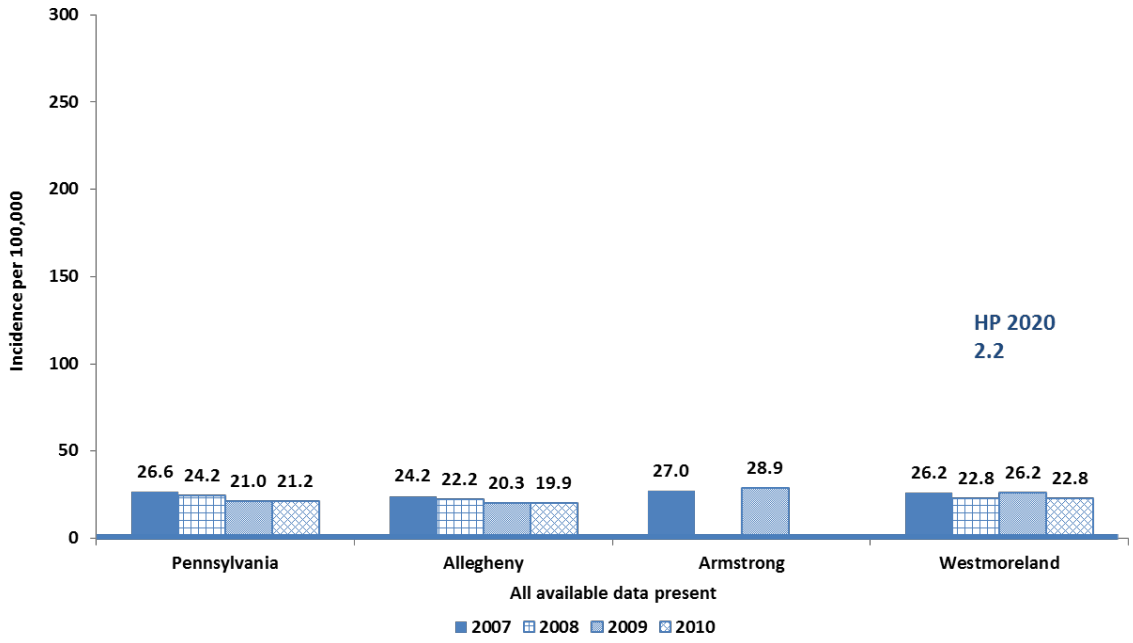
Figure 41 Ovarian cancer incidence



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

Figure 42 illustrates ovarian cancer mortality rates in Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. The county rates have been comparable to the state and overall have been decreasing, with the exception of Armstrong County which has been increasing (although limited data is available for the county). The state and service area counties remain above the Healthy People 2020 Goal of 2.2.

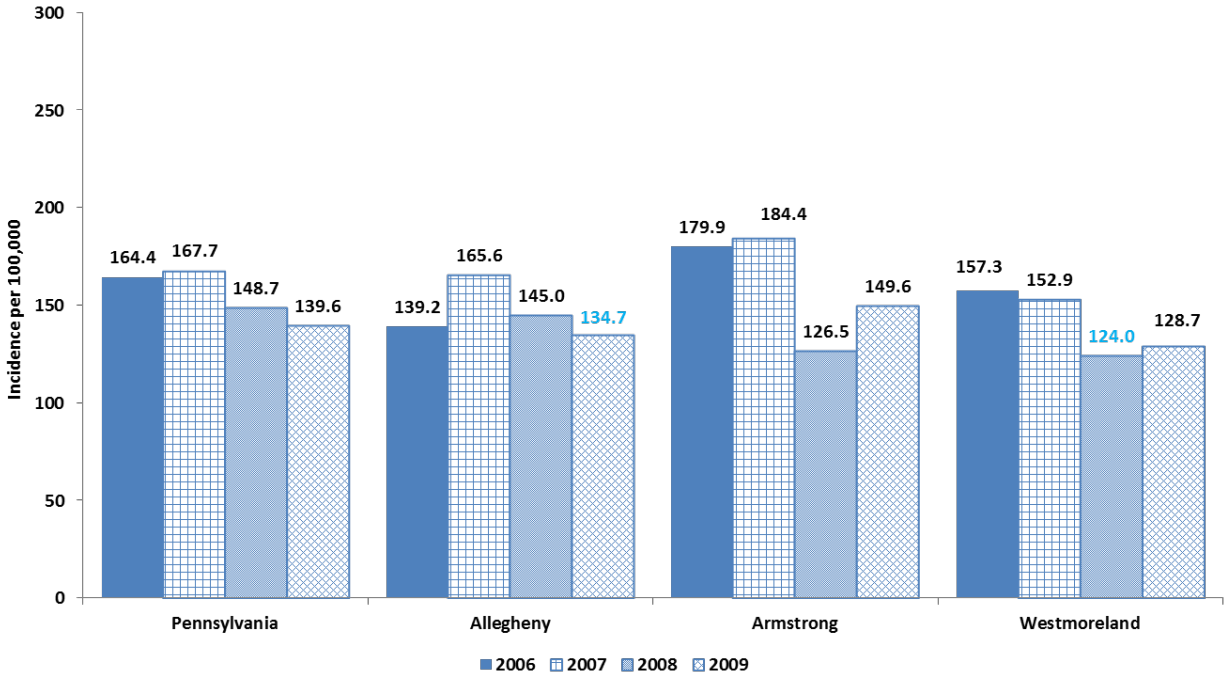
Figure 42 Ovarian cancer mortality



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

Figure 43 illustrates prostate cancer incidence rates in Pennsylvania and throughout the counties of the service region from 2006 through 2009, per 100,000. The rate in Allegheny County was significantly lower than Pennsylvania in 2006, as was the rate in Westmoreland County in 2008. When looking at the 2006 rate, the state and all counties the prostate cancer incidence rates have decreased.

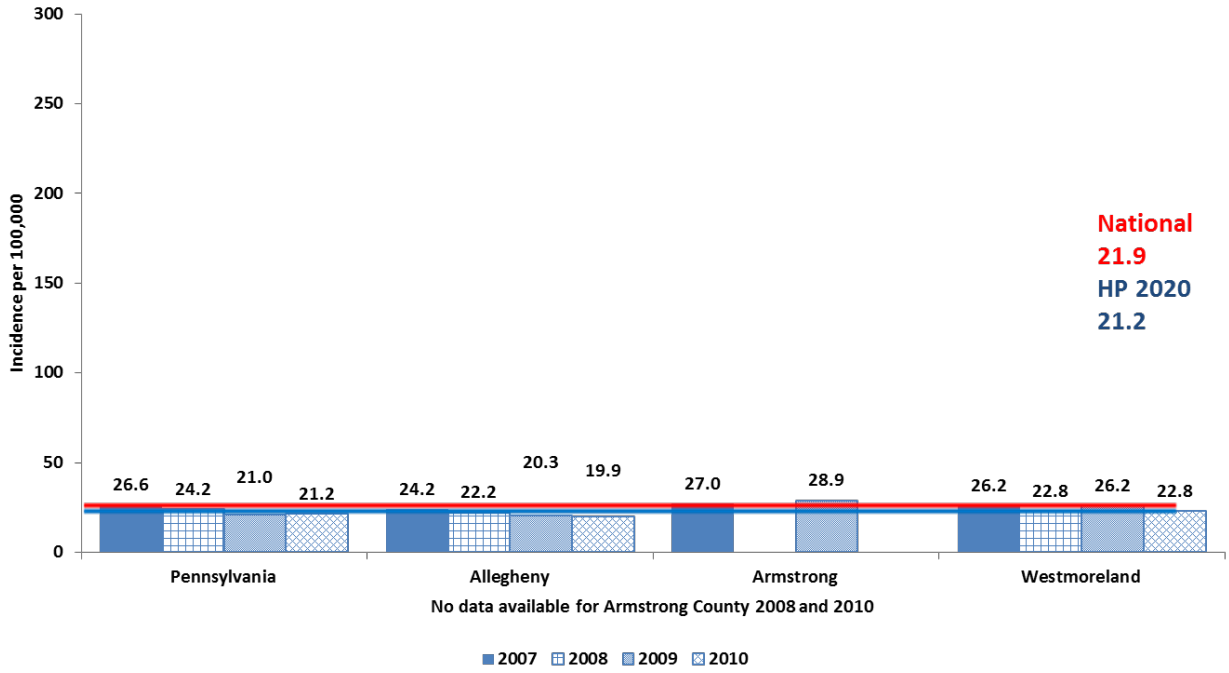
Figure 43. Prostate cancer incidence rate



Source: Pennsylvania Department of Health

Figure 44 illustrates prostate cancer mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. Mortality rates fluctuated over the period and all counties, with the exception of Armstrong had at least one year in which the rate was lower than Pennsylvania, the nation and the Healthy People 2020 goal of 21.2.

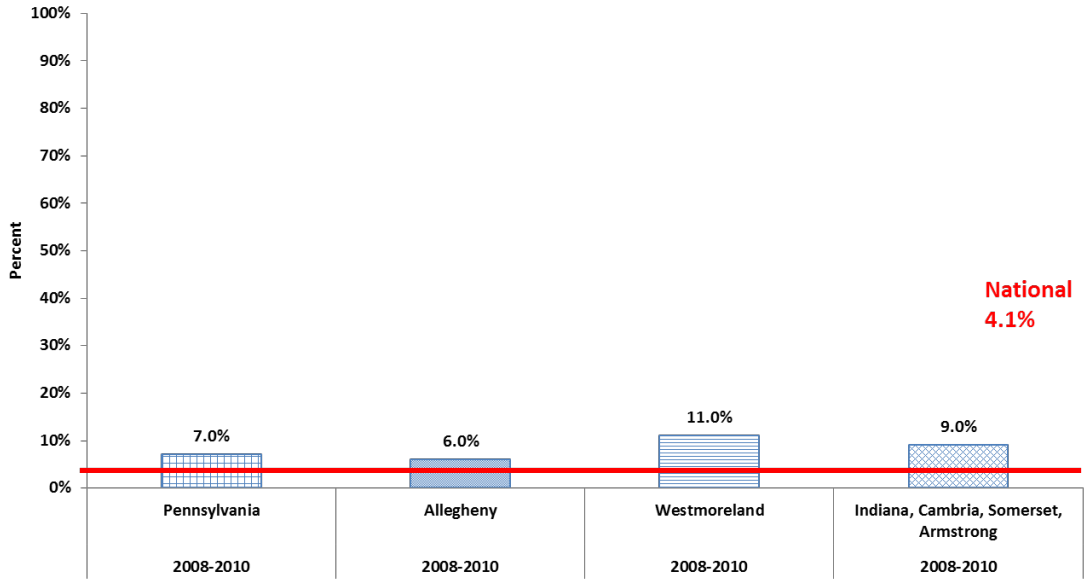
Figure 44. Prostate cancer mortality rate



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

Figure 45 illustrates the percentage of adults (age 35 and older) ever told they have heart disease in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. Allegheny County (6.0 percent) was slightly less than the Pennsylvania rate, while Westmoreland and Armstrong counties were higher. All counties, as well as the state, had higher percentages compared to the national rate (4.1 percent).

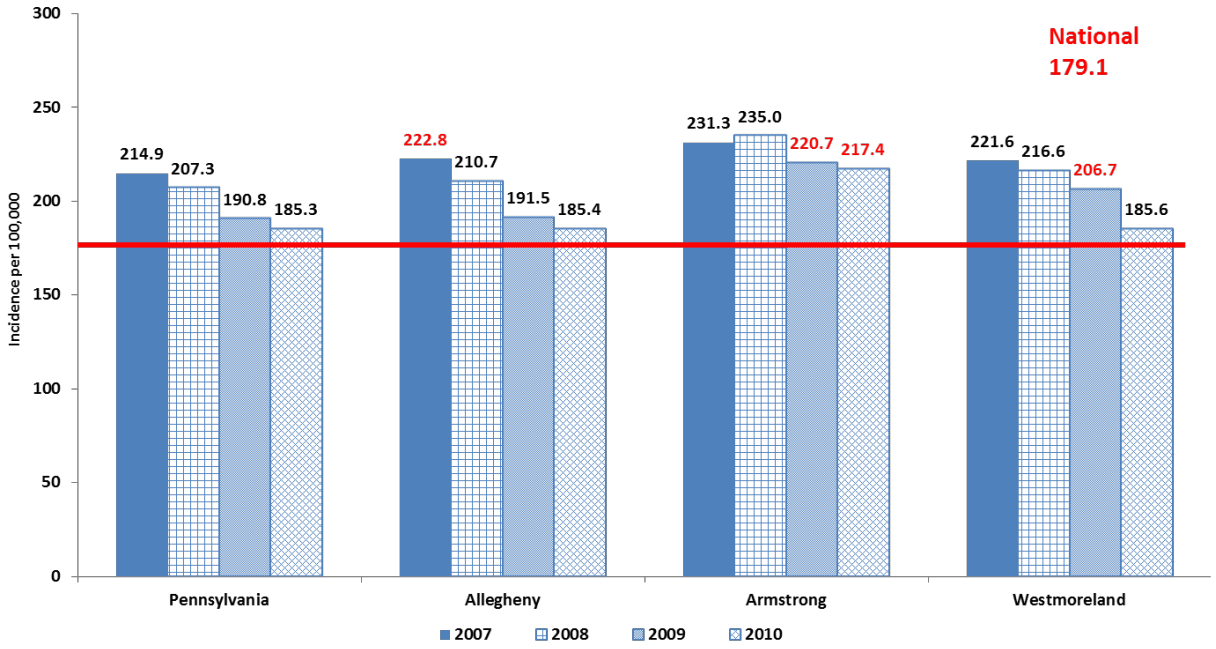
Figure 45. Percentage of adults who were ever told they have heart disease – age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 46 illustrates heart disease mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. The mortality rate in Allegheny County was significantly higher than the Pennsylvania rate in 2007, as was the rate in Armstrong County in 2009 and 2010, and Westmoreland County in 2009. Over the four years, Pennsylvania and the service-area counties showed decreasing trends and remain higher than that national rate of 179.1.

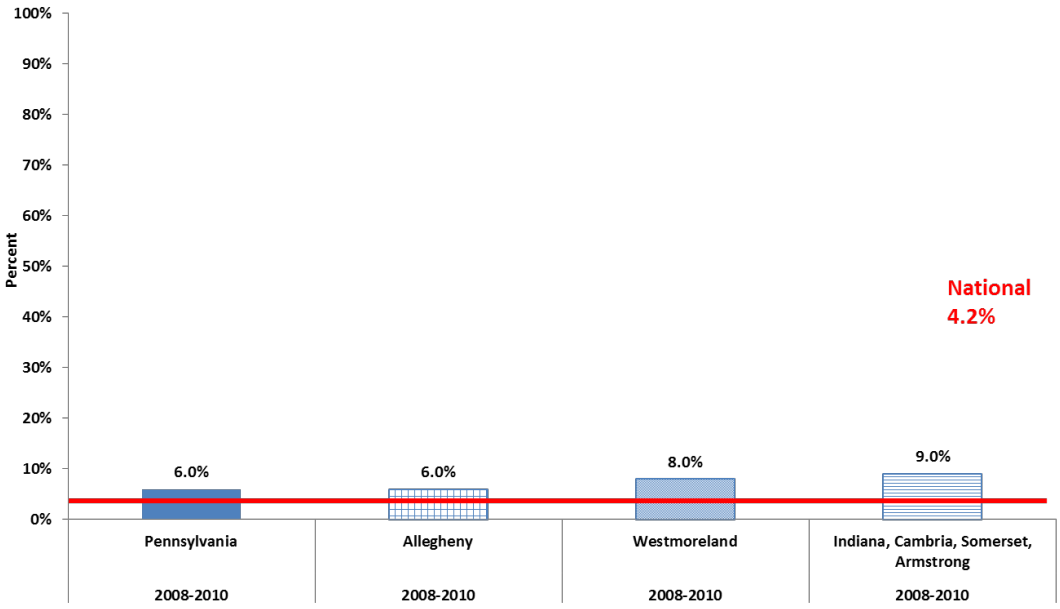
Figure 46. Heart disease mortality rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 47 illustrates the percentage of adults (age 35 and older) ever told they had a heart attack in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. Allegheny County was comparable to the state percentage, while Westmoreland and Armstrong counties were higher. Pennsylvania and the service area counties are above the national rate of 4.2 percent.

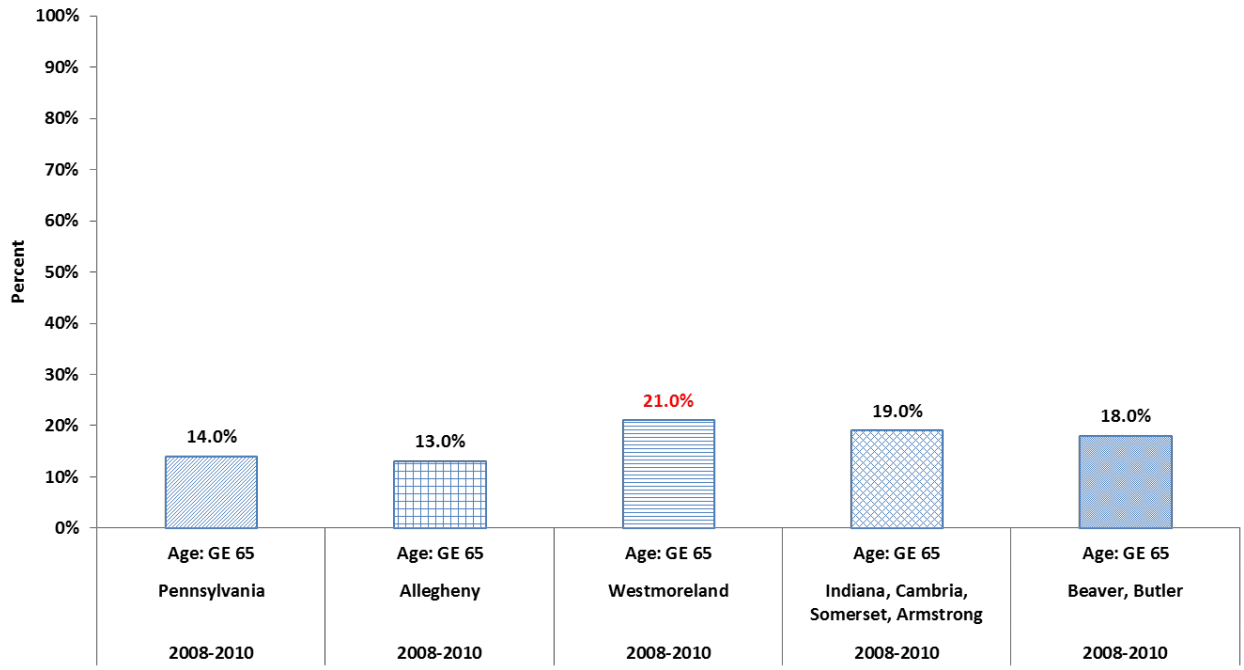
Figure 47. BRFSS-Percentage of adults who were ever told they had a heart attack - age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 48 illustrates the percentage of adults (age 65 and older) ever told they had a heart attack in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The percentage in Westmoreland County was significantly higher (21.0 percent) when compared to the state (14.0 percent). With the exception of Allegheny County all other service area counties were higher than the state.

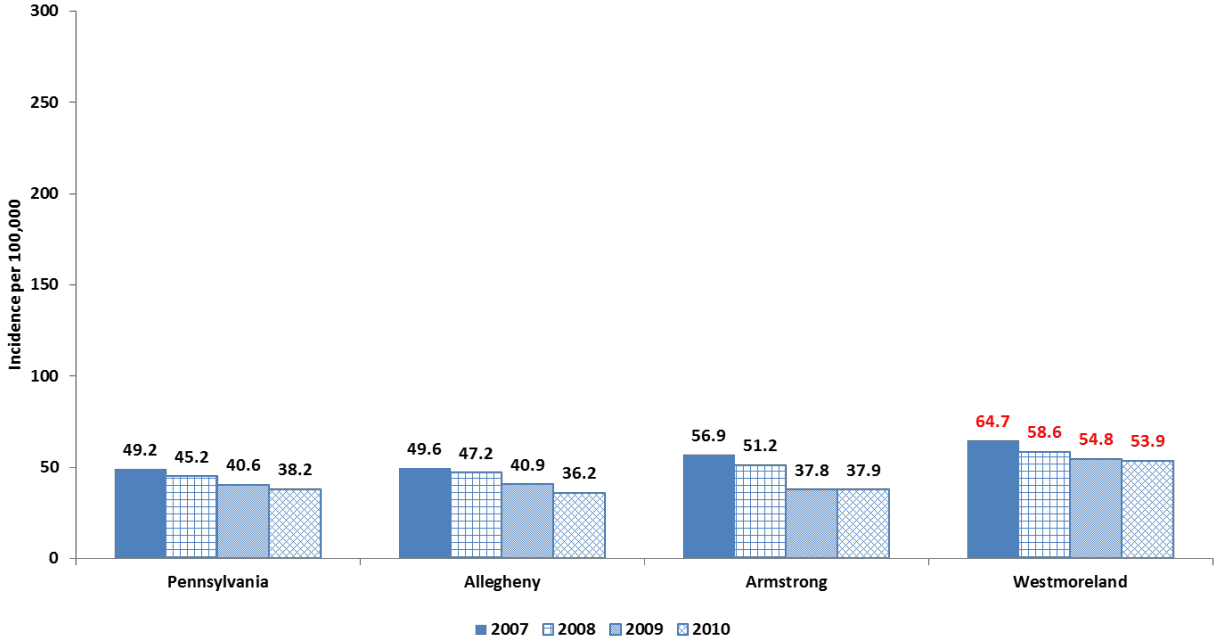
Figure 48 BRFSS-Percentage of adults who were ever told they had a heart attack - age GE 65



Source: Pennsylvania Department of Health

Figure 49 illustrates heart attack mortality rates in Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. The rate in Westmoreland County was significantly higher compared to the state for all years shown. Over the four years, Pennsylvania, as well as all service-area counties, showed a decreasing trend.

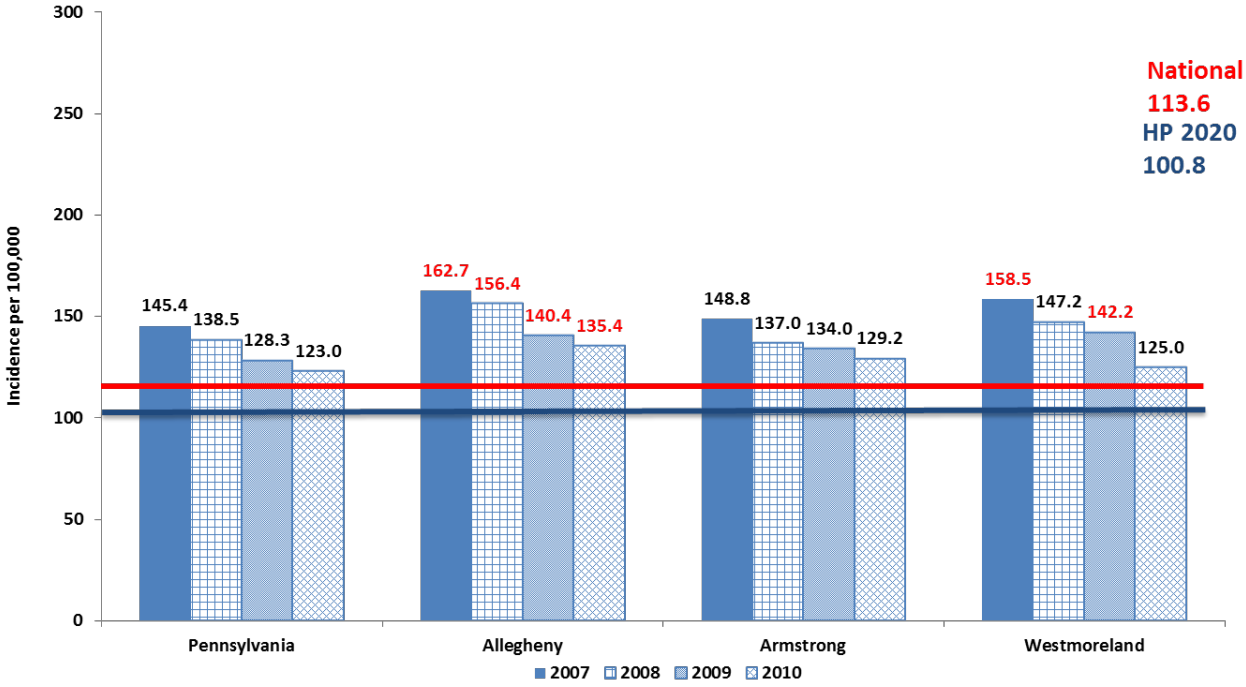
Figure 49. Mortality due to heart attack



Source: Pennsylvania Department of Health

Figure 50 illustrates coronary heart disease mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. The rate in Allegheny County from 2007 through 2010 was significantly higher than the Pennsylvania rate, as was the rate in Westmoreland County in 2007 and 2009. The county and state rates showed a decreasing trend over the four years and are above the national rate of 113.6 and the Healthy People 2020 goal of 100.8.

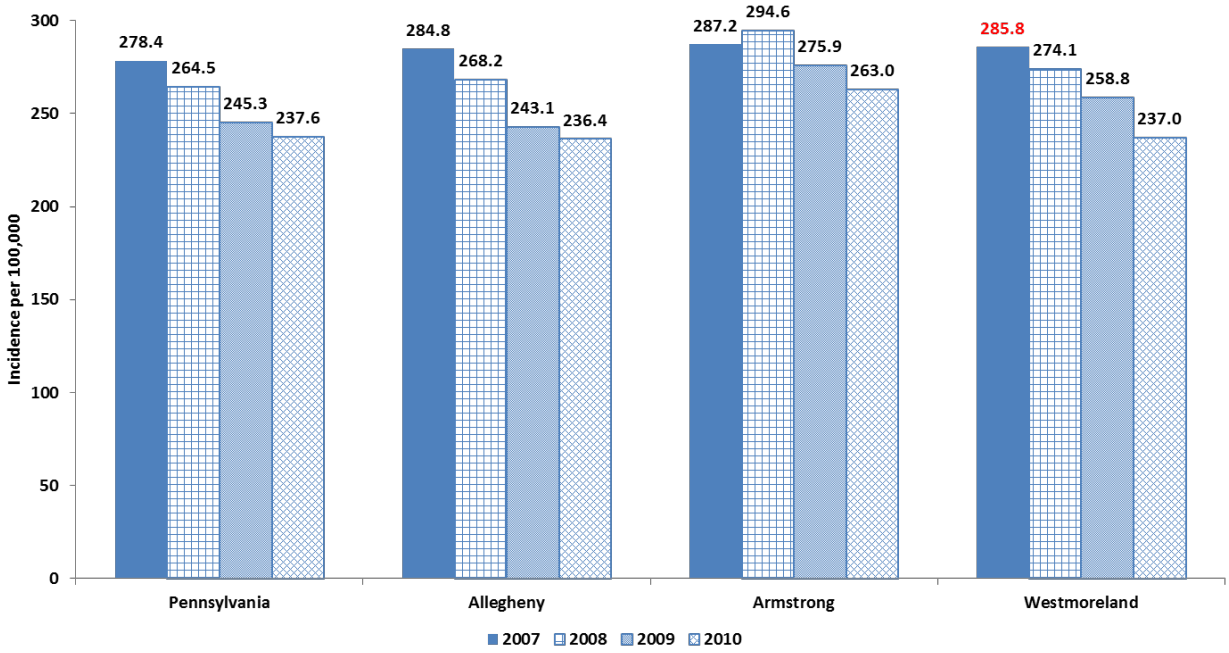
Figure 50. Coronary heart disease mortality rate



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

Figure 51 illustrates cardiovascular mortality rates in Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. The rate in Westmoreland County in 2007 (285.8) was significantly higher compared to the state rate (278.4). Over the four year period, Pennsylvania and the service area counties showed decreasing trends.

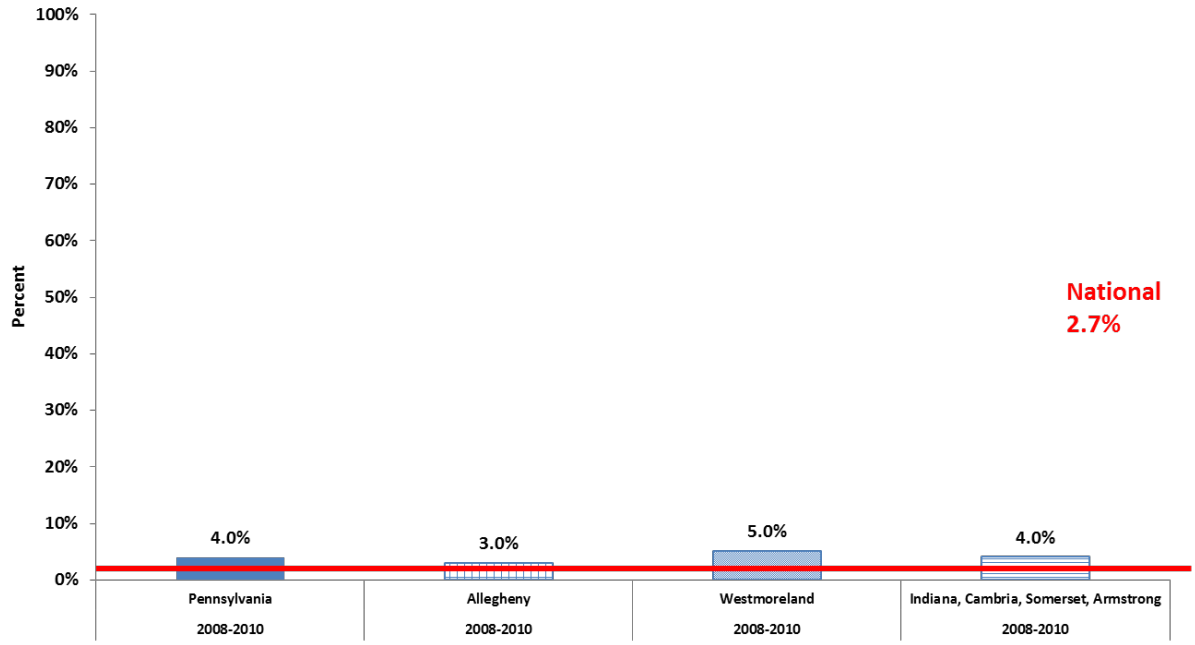
Figure 51. Cardiovascular mortality rate



Source: Pennsylvania Department of Health

Figure 52 illustrates the percentage of adults (age 35 and older) ever told they had a stroke in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. When compared to the state (4.0 percent), Armstrong had the same rate (4.0 percent), Allegheny was lower (3.0 percent) and Westmoreland was higher (5.0 percent). Pennsylvania and the counties are higher than the nation (2.7 percent).

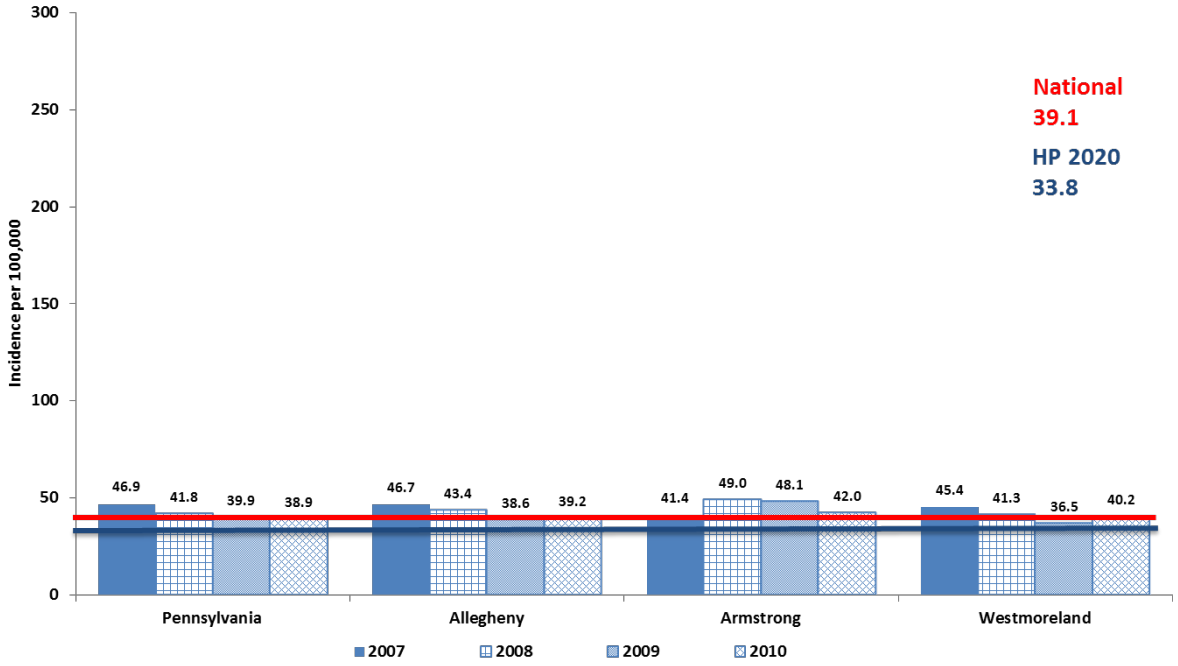
Figure 52. BRFSS-Percentage of adults who were ever told they had a stroke – age GE 35



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 53 illustrates cerebrovascular mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. All of the counties have a year where the county level rate was higher compared to the state, as well as a year that was lower. County level rates were above the Healthy People 2020 Goal (33.8) and nation (39.1).

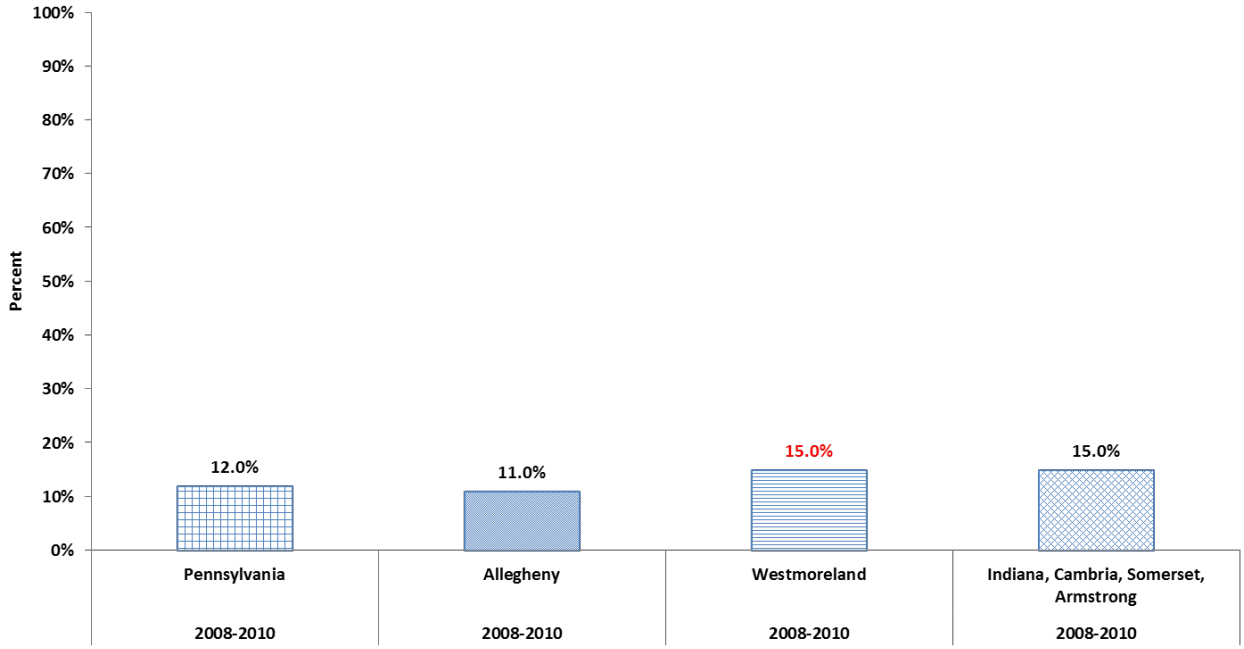
Figure 53. Cerebrovascular mortality rates



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

Figure 54 illustrates the percentage of adults (age 35 and older) ever told they had a heart attack, heart disease, or stroke in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The rate in Westmoreland County (15.0 percent) was significantly higher when compared to the state (12.0 percent). Allegheny County (11.0 percent) was slightly lower while Armstrong (15.0 percent) was higher compared to the state.

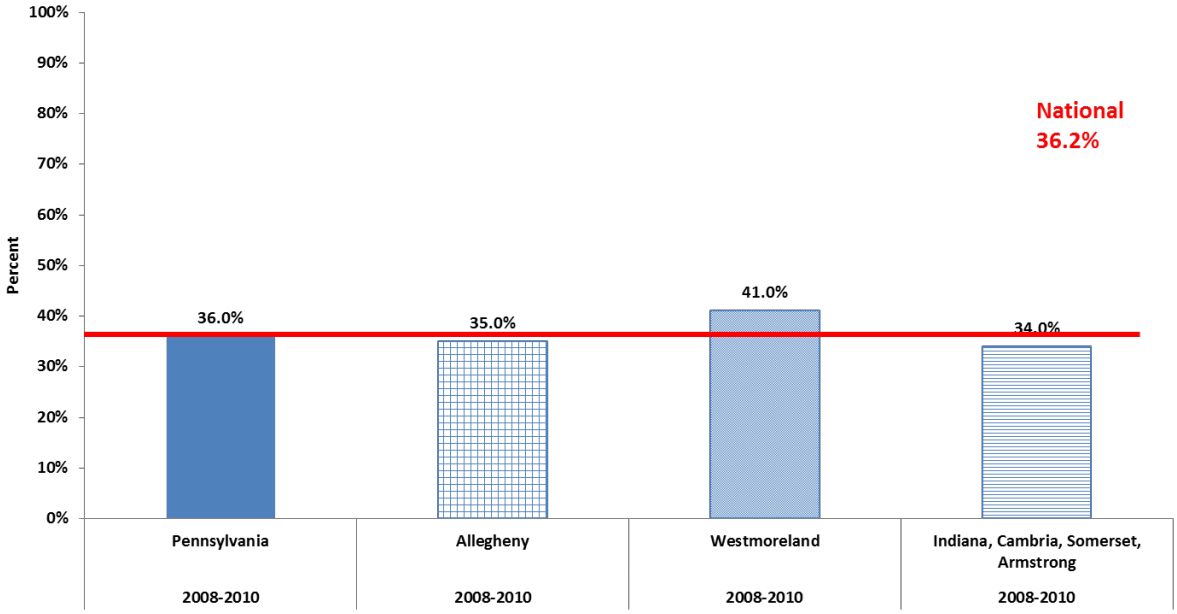
Figure 54. Percentage of adults who were ever told they had a heart attack, heart disease, or stroke age GE 35



Source: Pennsylvania Department of Health

Figure 55 illustrates the percentage of adults overweight in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The service area rate is between 34.0 percent and 41.0 percent. One third of adults in Pennsylvania and the service area counties were overweight. Westmoreland County (41.0 percent) was higher compared to the state (36.0 percent) and nation (36.2 percent), while the other counties were lower than both.

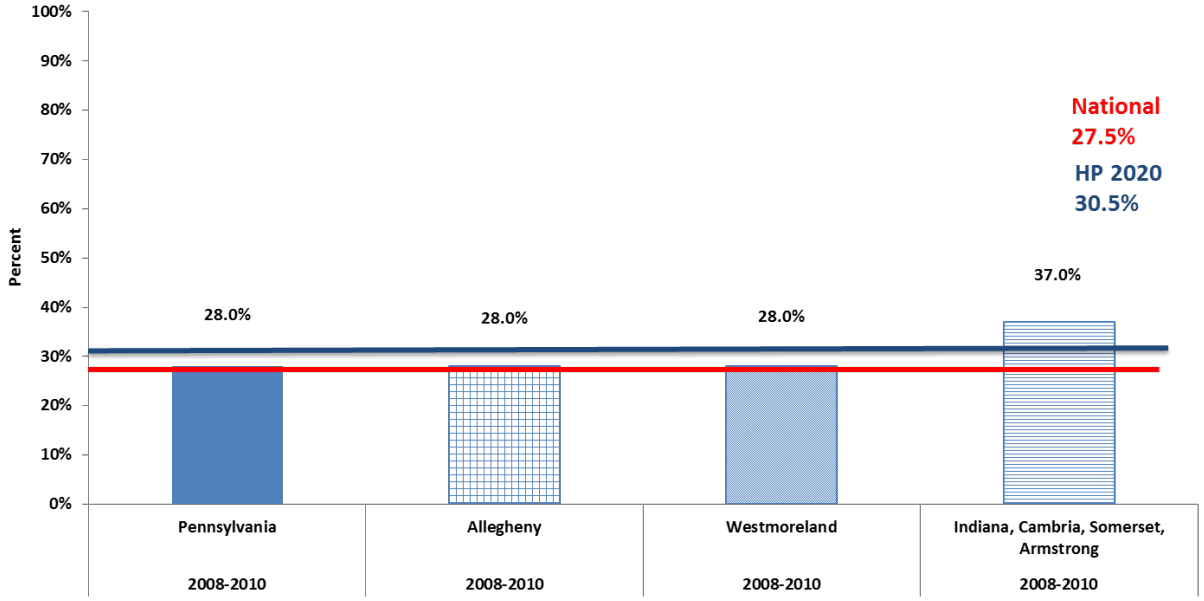
Figure 55. Percentage of all adults overweight (BMI 25-30)



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 56 illustrates the percentage of obese adults in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The service area rate is between 28.0 percent and 37.0 percent. County-level percentages are comparable to both the Pennsylvania (28.0 percent) and national (27.5 percent) rates, with the exception of Armstrong County which is higher (37.0 percent). All counties were under the Healthy People 2020 goal of 30.6 percent, with the exception of Armstrong County. According to the Centers for Disease Control and Prevention, 35.7 percent of adults are obese versus 27.6 percent who self-report in the Behavioral Risk Factor Surveys

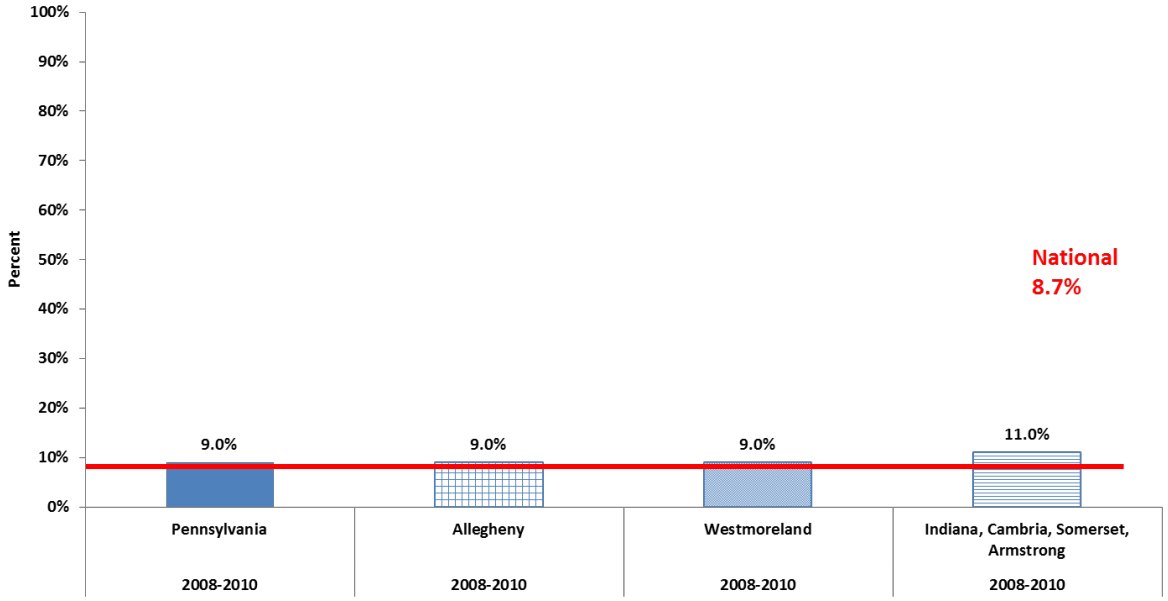
Figure 56. Percentage of all adults obese (BMI 30-99.99)



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

Figure 57 illustrates the percentage of adults ever told they have diabetes in the United States, in Pennsylvania and throughout the counties of the service region from 2008 through 2010. County-level percentages range from 9.0 percent to 11.0 percent and were comparable to the Pennsylvania (9.0 percent) and national (8.7 percent) rates, with the exception of Armstrong County (11.0 percent) which was higher than both.

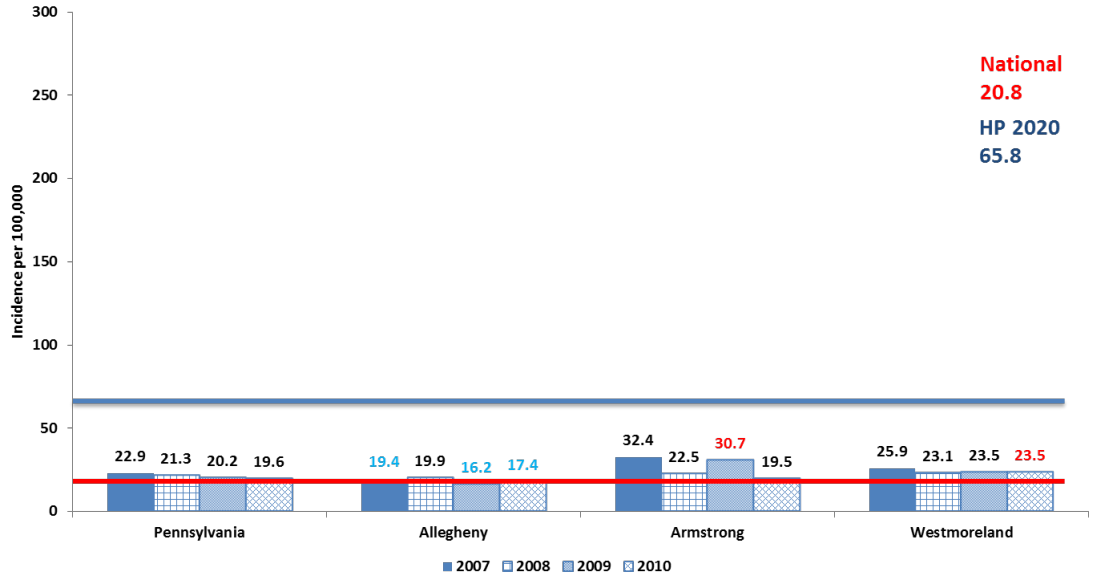
Figure 57. BRFSS-Percentage of adults ever told they have diabetes



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 58 illustrates diabetes mortality rates in the United States, Pennsylvania and throughout the counties of the service region from 2007 through 2010, per 100,000. County-level data fluctuated over time, but service-county mortality rates were generally higher than Pennsylvania rates, with the exception of Allegheny County which was lower. Armstrong and Westmoreland counties had overall higher rates than the state, and at least one year in which the rate was significantly higher. Allegheny County's rate was lower than the state's, and significantly lower in 2007, 2009 and 2010. In 2010, with the exception of Westmoreland County, the state and service area counties had rates lower than the nation (20.8). All of the rates have exceeded the HP 2020 Goal of 65.8.

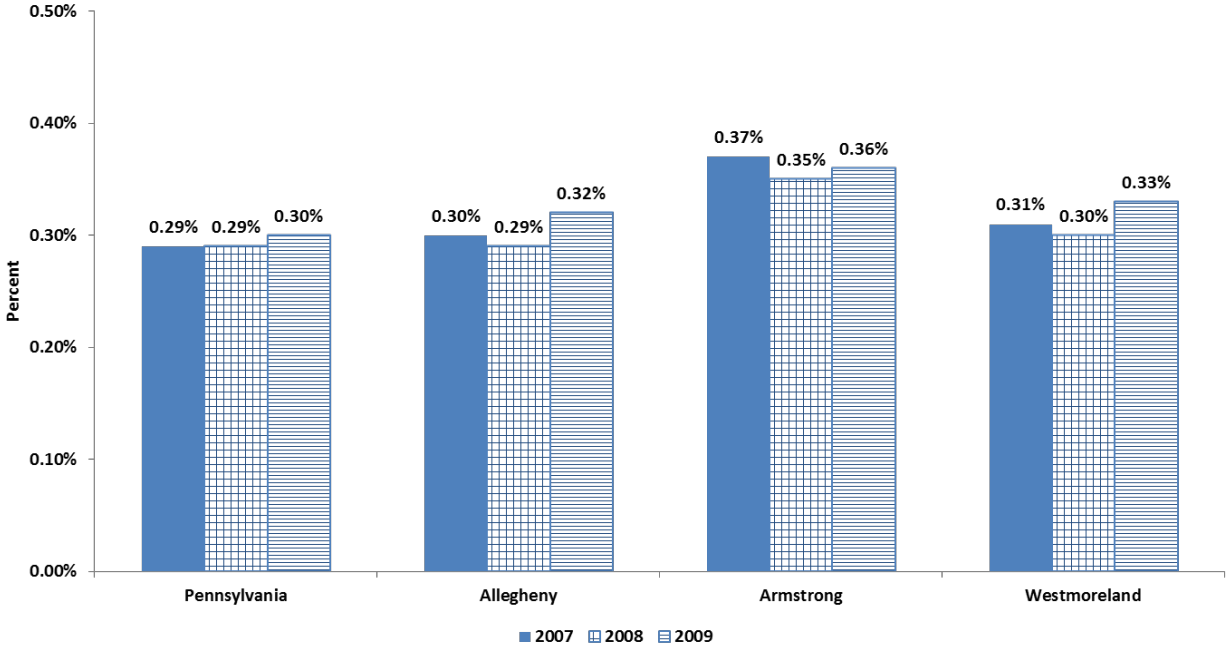
Figure 58. Diabetes mortality rates



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

Figure 59 illustrates students who have type I diabetes in Pennsylvania and throughout the counties of the service region from 2007 through 2009. Over the three years, Pennsylvania and the service-area counties showed increasing trends and overall had comparable percentages. The exception is Armstrong County where the percentage of students with Type 1 Diabetes was higher than the state for all three years.

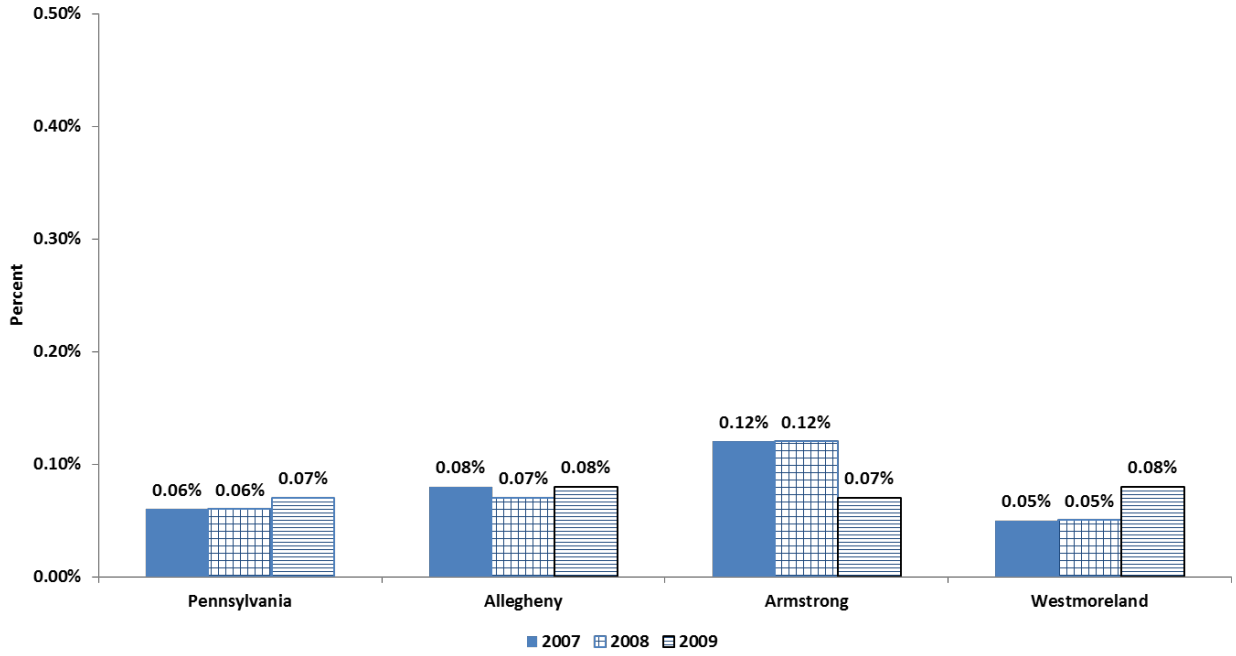
Figure 59. Student Health: type 1 diabetes



Source: Student Health Records, Pennsylvania Department of Health

Figure 60 illustrates students who have type 2 diabetes in Pennsylvania and throughout the counties of the service region from 2007 through 2009. The data fluctuated over time, but county-level percentages overall were comparable to or higher than Pennsylvania's. Armstrong County shows a decreasing trend, while Westmoreland is increasing.

Figure 60. Student health: type 2 diabetes



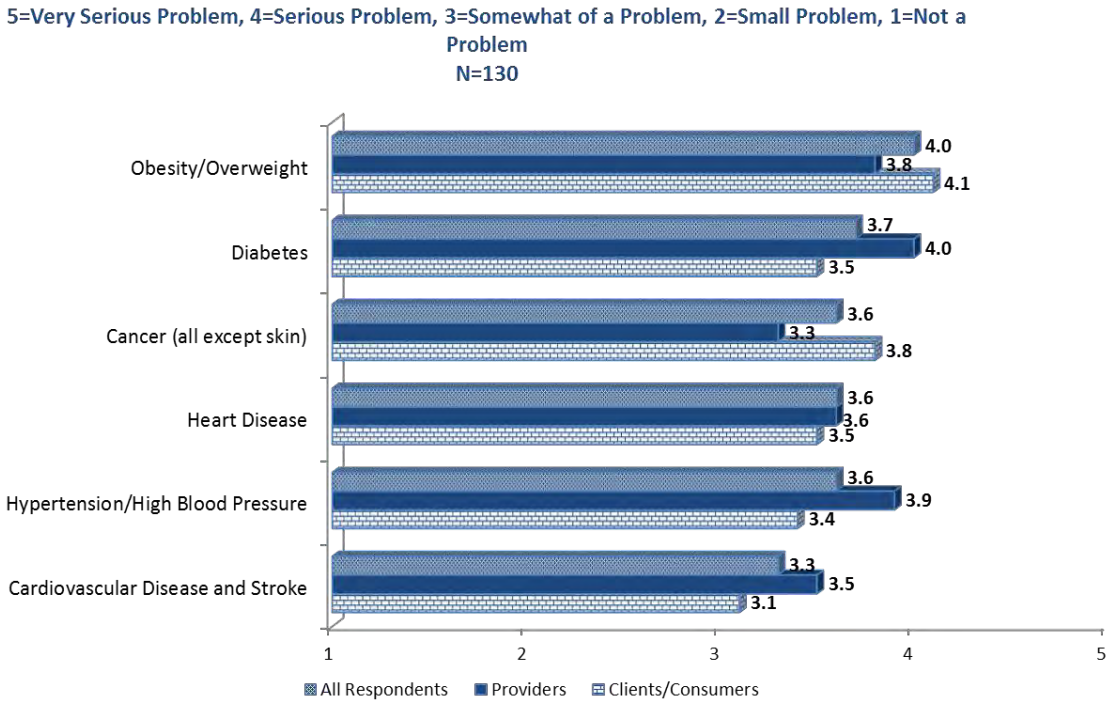
Source: Student Health Records, Pennsylvania Department of Health

Focus Groups and Interviews

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus group questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 61 illustrates responses when asked to rate chronic diseases on a five point scale, where 5=Very Serious Problem and 1= Not a Problem. All respondents rated obesity/overweight as a serious problem with average scores above 4.0. Consumers were more likely to rate obesity and cancer as a more serious problem in the community, while providers were more likely to rate hypertension, diabetes, heart disease, and cardiovascular disease and stroke as more serious.

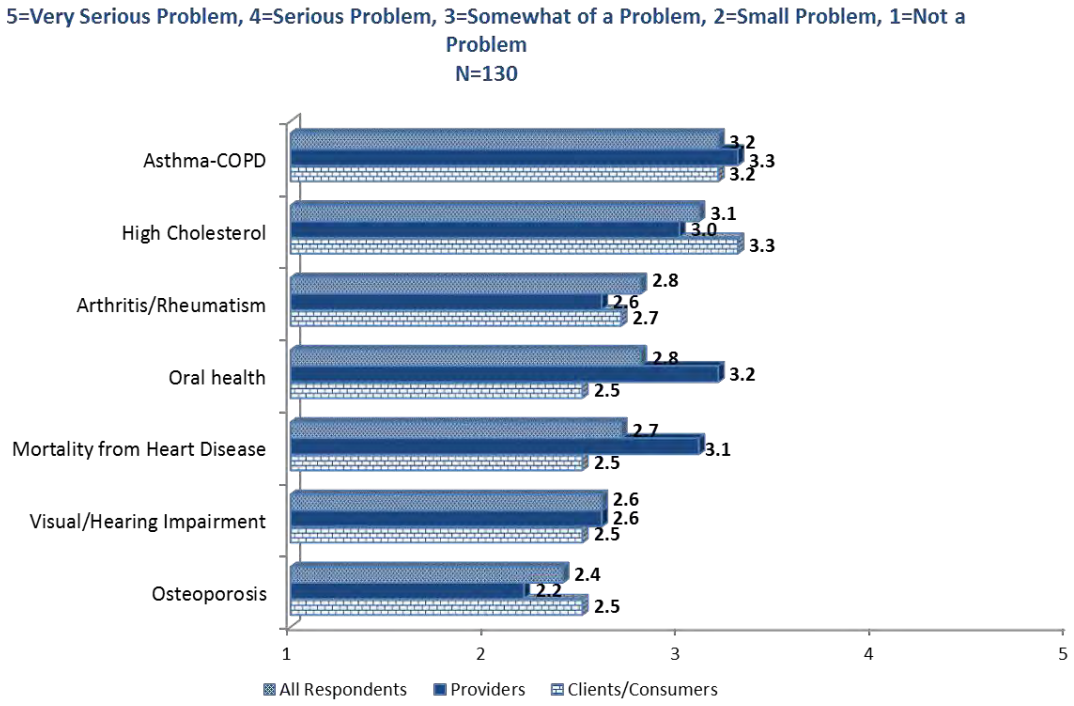
Figure 61. Focus groups: Chronic Disease



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

Figure 62 illustrates responses when asked to rate chronic diseases on a five point scale, where 5=Very Serious Problem and 1= Not a Problem. Respondents were most concerned with asthma-COPD and high cholesterol, rating them as somewhat of a problem on average. Providers were more likely to rate asthma, oral health and mortality from heart disease as a more serious problem, while consumers were more concerned with high cholesterol and osteoporosis.

Figure 62. Focus groups: Chronic disease



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

Focus Group Input

Focus group participants were asked to identify and discuss their perceived top health or health-related problems in their community. The following were community health problems that were identified which had to do with chronic disease.

Chronic diseases are long-lasting conditions that relapse, have remission or continued persistence. Participants in all focus groups identified obesity as a major concern and commented that it is the root of many other health problems. Focus group participants indicated that there is a need for education related to heart disease and healthy lifestyles, with the goal of prevention and wellness.

Obesity was the chronic condition most frequently discussed among focus group participants with many attributing this to today's fast-paced environment where families are busy and fast food is prevalent and inexpensive. Many also note that obesity and lack of exercise are related and that people are not as active as they used to be. The increase in technology was also mentioned as impacting the amount of time children spend being outdoors and active compared to previous generations as well as cuts to school district for physical education classes.

Participants also spent time discussing cancer, with the realization that most individuals know someone who has been affected by cancer. There was also the shared perception among the group that obesity is related to high cancer rates. The cost of treatment, which may not be covered by insurance was brought up as an issue as was the concern that not all treatments are effective.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Many of the stakeholders interviewed made comments regarding chronic diseases; the most frequently identified issues were obesity and diabetes. Heart disease as it specifically relates to women was discussed highlighting the importance of educating women on the symptoms. The need for education and management programs specific to individuals with diabetes was mentioned in the majority of the focus groups. Increasing rates of asthma and cardiac problems was also discussed by a few stakeholders.

Chronic Disease Conclusions

Overall, the service region population has a number of issues and challenges related to chronic disease. They include:

- Breast cancer incidence rates were significantly higher in Allegheny County compared to the state and trending upward across the service area over the past four years.
- Breast cancer mortality rates were significantly higher in Allegheny County in 2009 and Westmoreland County in 2008, however all counties were below the Healthy People 2020 goal of 20.6.
- Bronchus and lung cancer incidence and mortality rates were significantly higher in Allegheny County and all counties were above the Healthy People 2020 goal of 45.5.
- Across all counties, colorectal incidence and mortality rates were higher the Healthy People 2020 goal, with the exception of Armstrong County in 2010, which was below the goal.
- Prostate cancer incidence rates are trending downward across the service area.
- Across the service area the percentage of adults over the age of 35 who were ever told they have heart disease ranged from 6%-11%.
- Heart disease mortality rates were significantly higher in Allegheny, Armstrong, and Westmoreland Counties in certain years, however for all counties the rates are trending downward.
- Across the service area the percentage of adults over the age of 35 who were ever told they had a heart attack ranged from 6%-9%.
- Heart attack mortality rates were significantly higher than state rates across the four years in Westmoreland County, however a downward trend is occurring across the service area.
- Coronary heart disease mortality rates were significantly higher in Allegheny and Westmoreland Counties, but are trending downward.
- Mortality rates for cardiovascular disease and cerebrovascular disease are trending downward across the service area.
- Across the counties, 35%-41% of adults were considered overweight. The percentage of adults identified as obese was higher in Westmoreland County.
- Across the counties, between 9-11% self-identified as having diabetes. Diabetes mortality rates are trending downward across the four years.
- With the exception of Armstrong County, the percentage of children with both Type I and Type II diabetes is increasing over the last 3 years.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked obesity/ overweight as the most serious problem followed by diabetes and cancer and talked about the relationship of obesity to other conditions including cancer. There is a perceived lack of personal accountability for health.
- Stakeholders commented on diabetes, the high rates of obesity including with children and the asthma and cardiac problems that are present in the community.

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Healthy Environment

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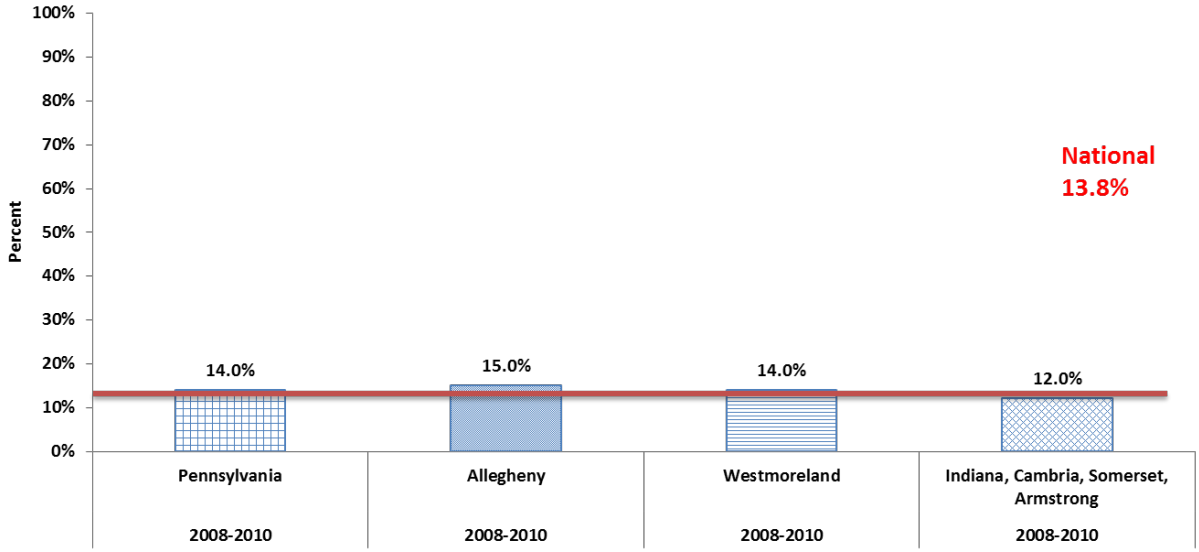
Healthy Environment

Environmental quality is a general term that refers to varied characteristics related to the natural environment, including air and water quality, pollution, noise, weather, and how these characteristics affect physical and mental health. Environmental quality also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and geographic information. Healthy environment topics include: asthma, infant mortality, cancer, ambient air quality, air pollution ozone days, national air quality standards, hydraulic fracturing, built environment, high school graduate rates, percentage of children living in poverty and in single parent homes, homelessness and gambling additions. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 63 illustrates the percentage of adults ever told they have asthma in the United States, Pennsylvania, and throughout the service area counties for the years 2008 through 2010. Indiana, Cambria, Somerset and Armstrong counties had the lowest percentage of adults that had been told they had asthma (12.0 percent) with is lower than the state (14.0 percent) and nation (13.8 percent). The other county rates were comparable to the state.

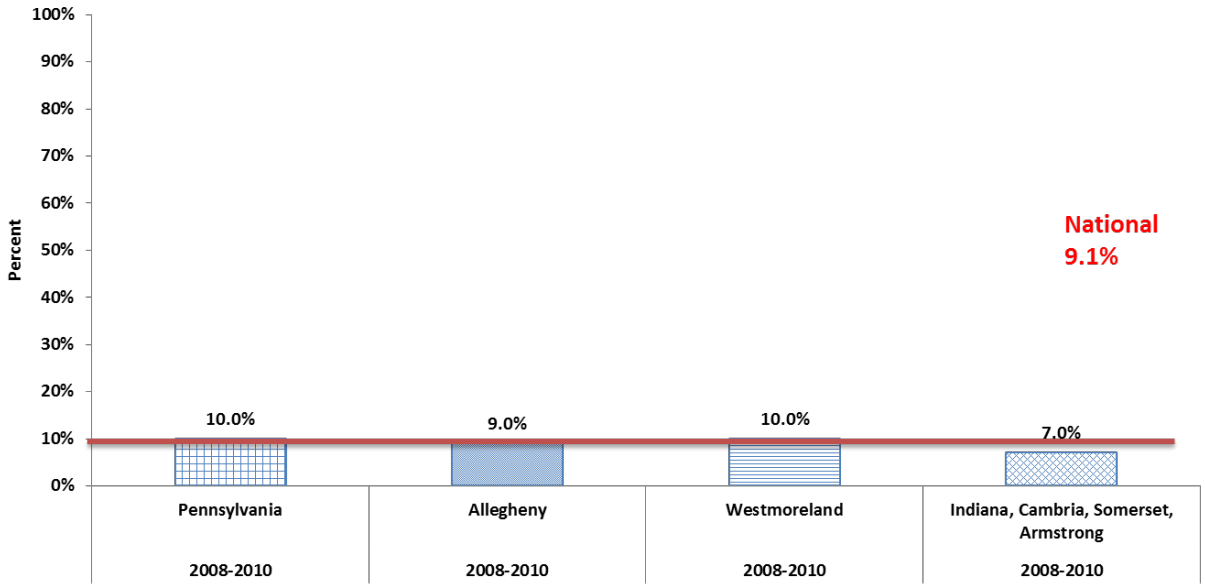
Figure 63. Adults who have ever been told they have asthma



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 64 illustrates the percentage of adults who currently have asthma in the United States, Pennsylvania, and throughout the service area counties for the years 2008 through 2010. Indiana, Cambria, Somerset and Armstrong counties at 7.0 percent had the lowest percentage of adults who currently have asthma, which was lower than the state and nation. Allegheny County was comparable to the nation (9.1 percent) and slightly less than the state. Westmoreland County was comparable to the state (both at 10.0 percent).

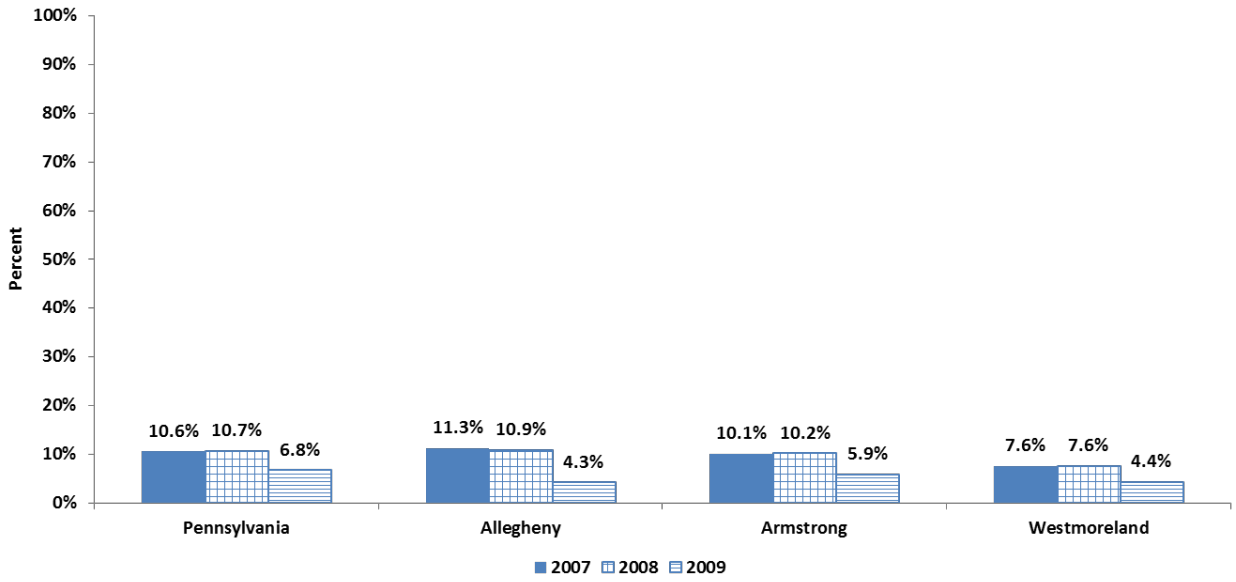
Figure 64. Adults who currently have asthma



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 65 illustrates the percentage of students with medically diagnosed asthma in Pennsylvania, as well as throughout the service area counties from 2007 through 2009. The state as well as the regional rates have been decreasing, and in 2009 all of the county rates were lower compared to the state.

Figure 65. Student health: Medically diagnosed asthma



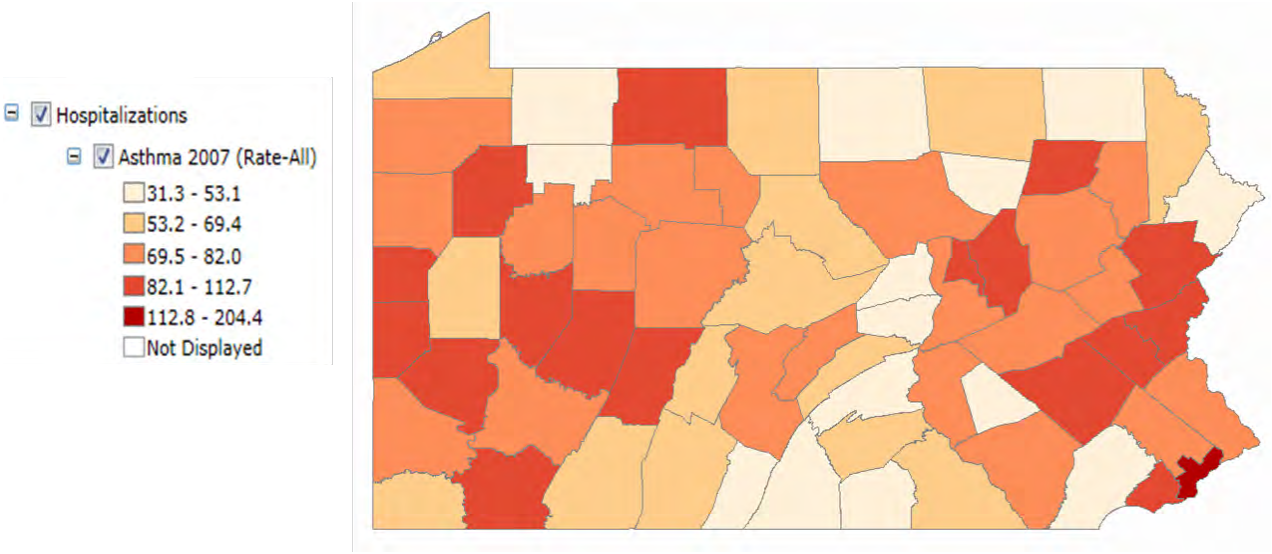
Source: Student Health Records, Pennsylvania Department of Health

In 1980, the CDC established the National Center for Environmental Health. In 2006, the Pennsylvania Department of Health (DOH) began collection of environmental data associated with health. This is a fairly new process with limited national and state data available. Selected information from this dataset is included in this study to provide a graphical depiction of the service region compared to the state related to specific indicators. The cancer data also provides information on how rates have changed throughout the state over time.

- Asthma Hospitalization
- Infant Mortality
- Cancer (over two decades)
- Ambient Air Quality Measures (Ozone, PM 2.5)

Figure 66 illustrates asthma hospitalization in Pennsylvania for 2007. The service area rates range between 69.5 to 112.7 per 10,000 population.

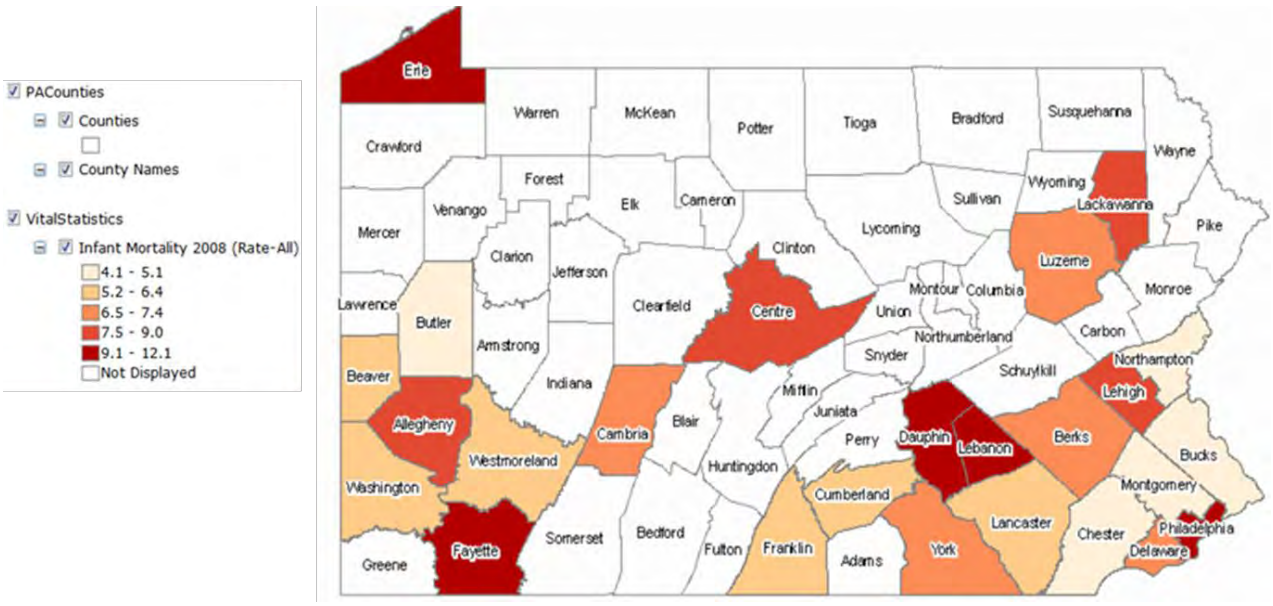
Figure 66. Asthma hospitalizations 2007



Source: Pennsylvania Department of Health

Figure 67 illustrates infant mortality rates in Pennsylvania for 2008. The county rates range from 5.2 to 6.4 in Westmoreland County to 7.5 to 9.0 in Allegheny County. Data is not displayed for Armstrong County.

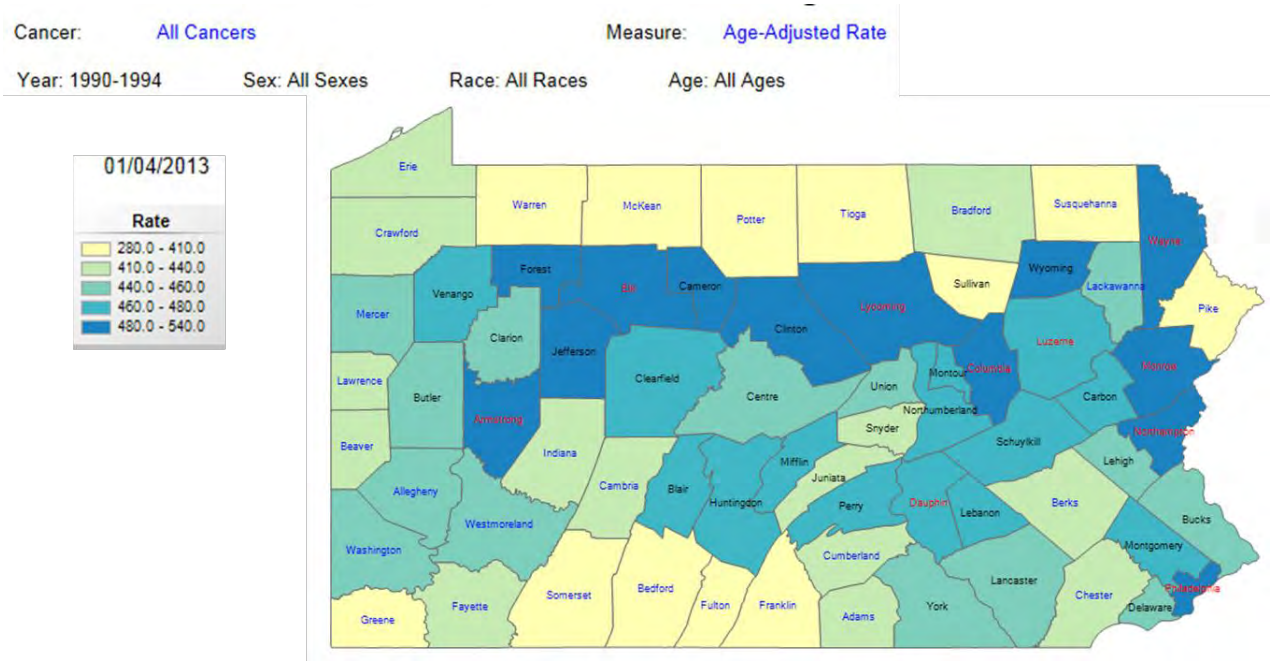
Figure 67. Infant mortality rates – 2008



Source: Pennsylvania Department of Health

Figure 68 illustrates all cancers in Pennsylvania for the years 1990 through 1994. This data is included for comparison to more recent rates over the same geographic area.

Figure 68. All cancers 1990 through 1994

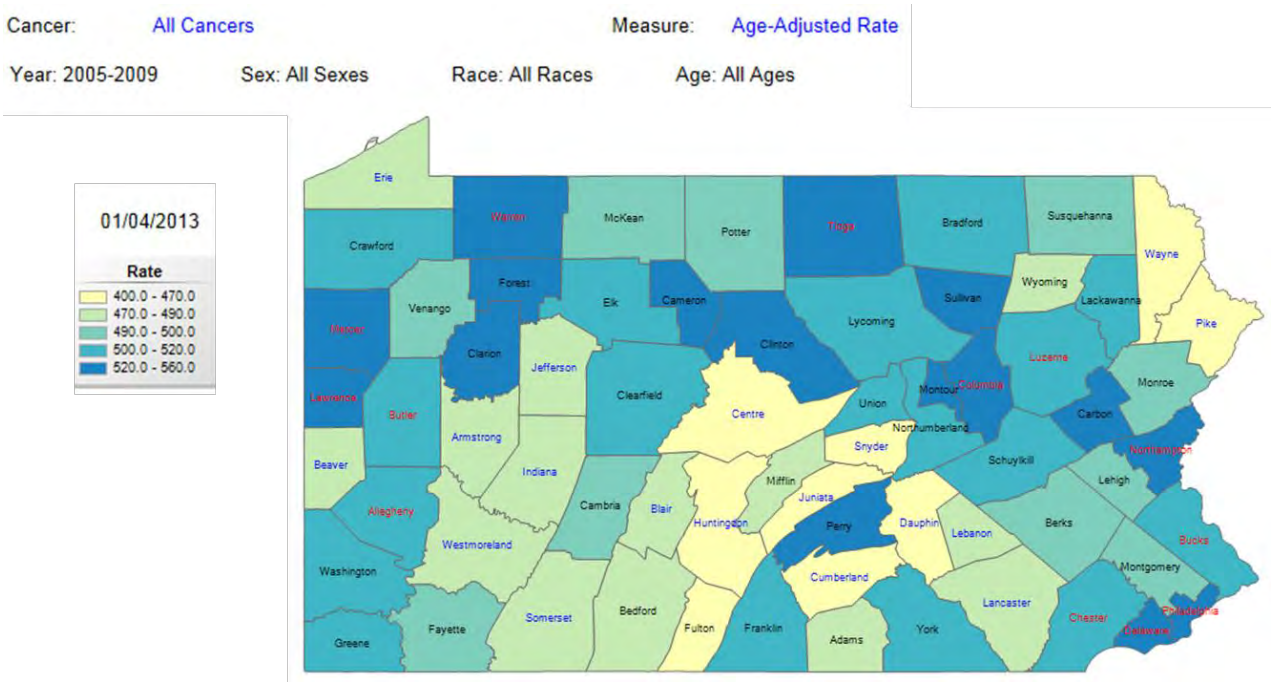


Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)
NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.
ND = Data Not Displayed is shown when the Count variable is > 0 but < 6, or statistics are based on < 10 events.
A county's name label shown in red is a significantly higher value than the state's corresponding rate statistic, while blue is a significantly lower value.
All counts exclude in situ cancer cases, except for urinary bladder.
* PI = Pacific Islander

Source: Pennsylvania Department of Health

Figure 69 illustrates all cancers in Pennsylvania for the years 2005 through 2009. Compared to the rates in the previous chart, the rates have decreased in all the service area counties.

Figure 69. All cancers 2005 through 2009

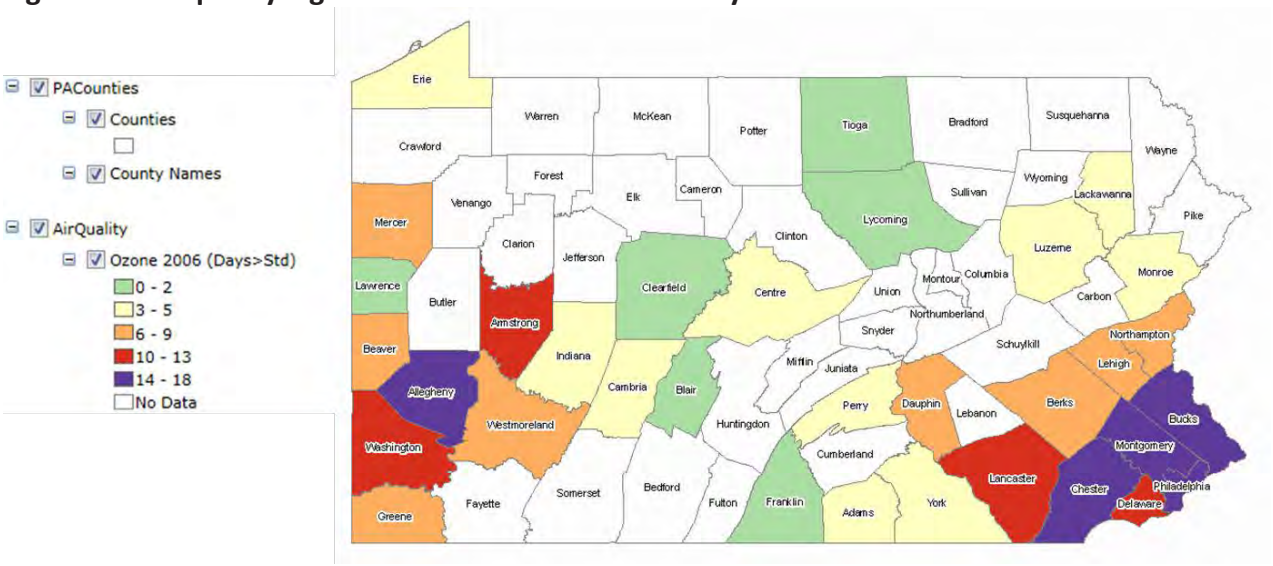


Notes: Age Adjusted Rate per 100,000 (Except age groups Under 15 & Under 20, which are per 1,000,000)
NA = Data Not Available is shown when either the Population or the Count variable is not available or a statistic cannot be calculated.
ND = Data Not Displayed is shown when the Count variable is > 0 but < 6, or statistics are based on < 10 events.
A county's name label shown in red is a significantly higher value than the state's corresponding rate statistic, while blue is a significantly lower value.
All counts exclude in situ cancer cases, except for urinary bladder.
* PI = Pacific Islander

Source: Pennsylvania Department of Health

Figure 70 illustrates greater than standard ozone days in Pennsylvania for 2006. Allegheny County rates are among the highest in the state (14 to 18 days).

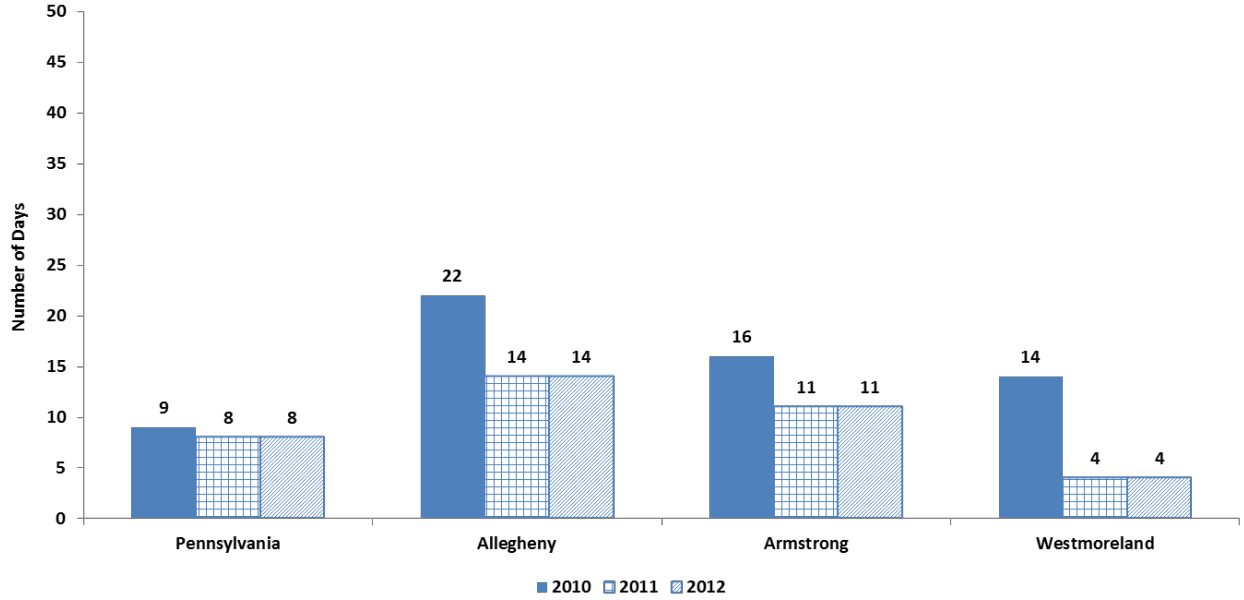
Figure 70. Air quality – greater than standard ozone days – 2006



Source: Pennsylvania Department of Health

Figure 71 illustrates the number of air pollution ozone days in Pennsylvania and throughout the service area counties for the years 2010 through 2012. The number of days in Allegheny and Armstrong counties was higher than the state rate all three years, while Westmoreland County has had fewer days in the last two years 2011 and 2012. All of the service area counties as well as the state have declining number of days between 2010 and 2011, numbers remained consistent between 2011 and 2012.

Figure 71. Number of air pollution ozone days



Source: www.countyhealthrankings.org

Table 28 outlines whether the National Air Quality Standards have been met in Allegheny, Armstrong, and Westmoreland counties. Air quality standards have been met for all materials: carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, particulate matter and lead.

Table 28. National air quality standards

	Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Allegheny	Yes	Yes	Yes	Yes	Yes	Yes
Armstrong	Yes	Yes	Yes	Yes	Yes	Yes
Westmoreland	Yes	Yes	Yes	Yes	Yes	Yes

Source: www.countyhealthrankings.org

Marcellus Shale Hydraulic Fracturing

Marcellus Shale hydraulic fracturing and drilling is active in five counties (Allegheny, Armstrong, Beaver, Washington and Westmoreland) of WPAHS's primary service area, making the potential environmental and health issues important to study and consider.

Fracking," or hydraulic fracturing, is a widely used oil and gas drilling technique. Fracking involves injecting water mixed with sand and chemicals deep underground to fracture rock formations and release trapped gas.

There are few comprehensive studies that outline the net effects of these processes on the community or the environment. As a result, there are several psycho-social issues associated with Marcellus Shale and "fracking" that have been documented, including the stress associated with health concerns and community disruptions associated with the drilling processes themselves. The information included in this study provides relevant excerpts from the few comprehensive studies that have been published to date.

Although "real time" air quality data is available in selected areas, the compiled data is several years old (2007). Additionally, water quality data is only collected in municipalities that have public water systems and is not centrally reported, making accessing it a challenge. Outside of urban areas, water quality data is sporadic and dependent on individual owner testing; current testing standards do not include some of the substances of concern related to fracking.

One study, *"Drilling down on fracking concerns: The potential and peril of hydraulic fracturing to drill for natural gas"* noted, "In 2008 and 2009, total dissolved solids (TDS) levels exceeded drinking standards in the Monongahela River, the source of drinking water for some residents of Pittsburgh. Pittsburgh's water treatment plants are not equipped to remove them from the

water supplied to residents." The study also notes "….statistical analyses of post-drilling versus pre-drilling water chemistry did not suggest major influences from gas well drilling or hydro fracturing (fracking) on nearby water wells, when considering changes in potential pollutants that are most prominent in drilling waste fluids."[1]

Another study *The Impact of Marcellus Gas Drilling on Rural Drinking Water Supplies*, noted "when comparing dissolved methane concentrations in the 48 wells that were sampled both before and after drilling, the research found no statistically significant increases in methane levels after drilling and no significant correlation to distance from drilling. However, the researchers suggest that more intensive research on the occurrence and sources of methane in water wells is needed."[2]

According to the Pediatric Environmental Health Unit of the American Academy of Pediatrics, a study conducted in New York and Pennsylvania found that methane contamination of private drinking water wells was associated with proximity to active natural gas drilling." (Osborne SG, et al., 2011). "While many of the chemicals used in the drilling and fracking process are proprietary, the list includes benzene, toluene, ethyl benzene, xylene, ethylene glycol, glutaraldehyde and other substances with a broad range of potential toxic effects on humans ranging from cancer to adverse effects on the reproductive, neurological, and endocrine systems." (ATSDR, Colborn T., et al., U.S. EPA 2009). "Sources of air pollution around a drilling facility include diesel exhaust from the use of machinery and heavy trucks, and fugitive emissions from the drilling and NGE/HF practices….volatile organic compounds can escape capture from the wells and combine with nitrogen oxides to produce ground level ozone." (CDPHE 2008, 2010)[3]

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

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[1] Kenworth, Tom, Weiss, Daniel J., Lisbeth, Kaufman and Christina C. DiPasquale (21 March 2011). Drilling down on fracking concens: The potential and peril of hydraulic fracturing to drill for natural gas. *Center for American Progress.* Retrieved from http://www.americanprogress.org/wp-content/uploads/issues/2011/03/pdf/fracking.pdf.

[2] Boyer, Elizabeth W., Ph.D., Swistck, Bryan R., M.S., Clark, James, M.A.; Madden, Mark, B.S. and Rizzo, Dana E., M.S. (March 2012). The impact of marcellus gas drilling on rural drinking water supplies. *Pennsylvania State University for the Center for Rural Pennsylvania*. Retrieved from http://www.rural.palegislature.us/documents/reports/Marcellus_and_drinking_water_2012.pdf.

[3] n.a. (August 2011). PEHSU information on natural gas extraction and hydraulic fracturing for health Professionals. *American Academy of Pediatrics*. Retrieved from http://aoec.org/pehsu/documents/hydraulic_fracturing_and_children_2011_health_prof.pdf.

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

This paper provides an estimate of the conventional air pollutant emissions associated with the extraction of unconventional shale gas in Pennsylvania, as well as the monetary value of the associated regional environmental and health damages. The conclusions include:

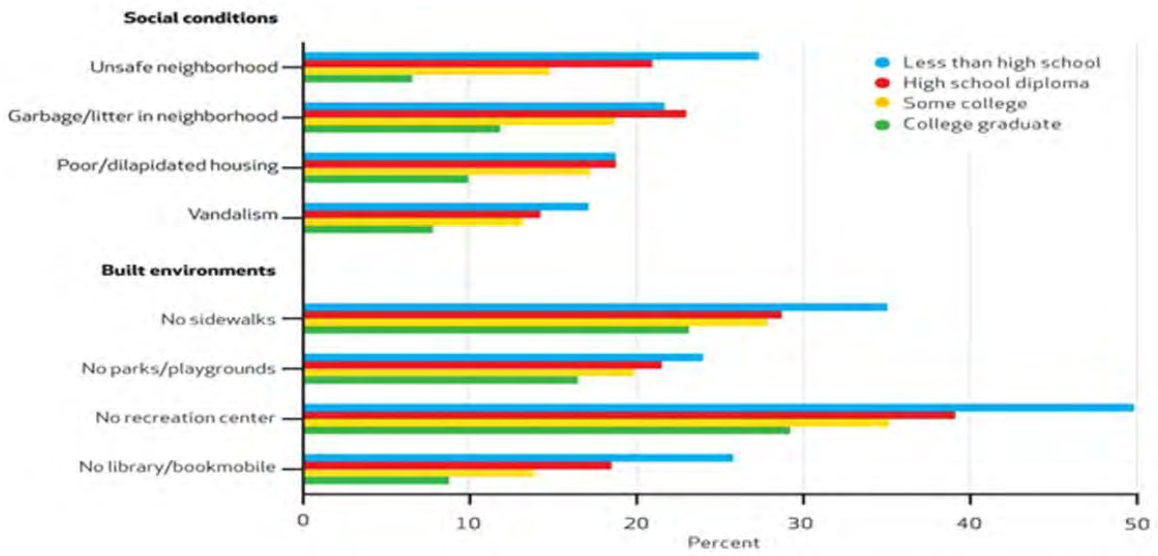
- In 2011, the total monetary damages from conventional air pollution emissions from Pennsylvania-based shale gas extraction activities is estimated to have ranged from $7.2 to $32 million dollars. For comparison, the single largest coal-fired power plant alone produced $75 million in annual damages in 2008.
- This emissions burden is not evenly spread, and there are some important implications of when and where the emissions damages occur. In counties where extraction activity is concentrated, air pollution is equivalent to adding a major source of [nitrogen oxides oxide] NO_x emissions, even though individual facilities are generally regulated separately as minor sources. The majority of emissions are related to the ongoing activities which will persist for many years into the future; compressor stations alone represent 60 to 75 percent of all damages.
- Further study of the magnitude of emissions, including primary data collection, and development of appropriate regulations for emissions will both be important. This is because extraction-related emissions, under current industry practices, are virtually guaranteed and will be part of the cost of doing business.

[4] Litovitz, A., Curtright, A., Abramzon, S., Burger, N. and Samaras, C. (31 January 2013). Estimation of regional air-quality damages from Marcellus Shale natural gas extraction in Pennsylvania. *Rand Corporation,* 8(1). Retrieved from http://iopscience.iop.org/1748-9326/8/1/014017/pdf/1748-9326_8_1_014017.pdf.

Mentioned also in the healthy mothers, babies and children chapter of this report, in this chapter the built environment is described as it relates to childhood obesity. As defined by a public report by Karen Roof, M.S. and Ngozi Oleru, Ph.D., "the built environment is the human-made space in which people live, work, and recreate on a day-to-day basis. It includes the buildings and spaces we create or modify. It can extend overhead in the form of electric transmission lines and underground in the form of landfills."[5] The report goes on to mention that "the design of our built environment affects the possibility of injury related to pedestrian and vehicular accidents, and it also influences the possibility of exercise and healthy lifestyles."[6] As built environment index increases, overweight prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities are less likely to be overweight or obese.

Figure 72 illustrates variations in neighborhood social conditions and built environments by parent education level in 2007. Those with less than high school educations tend to live in unsafe neighborhoods and face higher levels of vandalism. These areas typically lack sidewalks, parks/playgrounds, recreational centers or library/bookmobiles.

Figure 72. Variations in neighborhood social conditions and built environments by parent education level



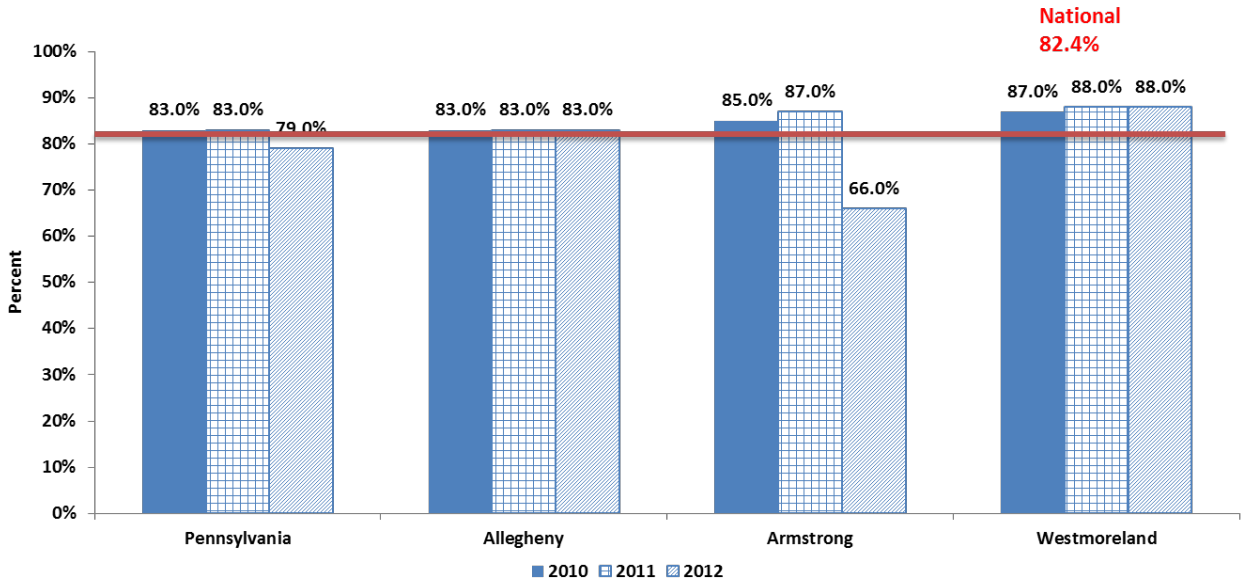
National Survey of Children's Health 2007 Note: N=90, 100

[5] Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County's push for the built environment, 71 (1). Retrieved from http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf

[6] Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County's push for the built environment, 71 (1). Retrieved from http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf

Figure 73 illustrates the high school graduation rate for Pennsylvania as well as for the service area counties for the years 2010 through 2012. The graduation rate in Allegheny County was equal to or higher than the Pennsylvania rate. Armstrong County in years 2010 and 2011 was higher than the state, as was Westmoreland County in years 2010 through 2012. Both Armstrong County as well as the state were below the nation (82.4 percent) in 2012 and trending downward with fewer students graduating high school.

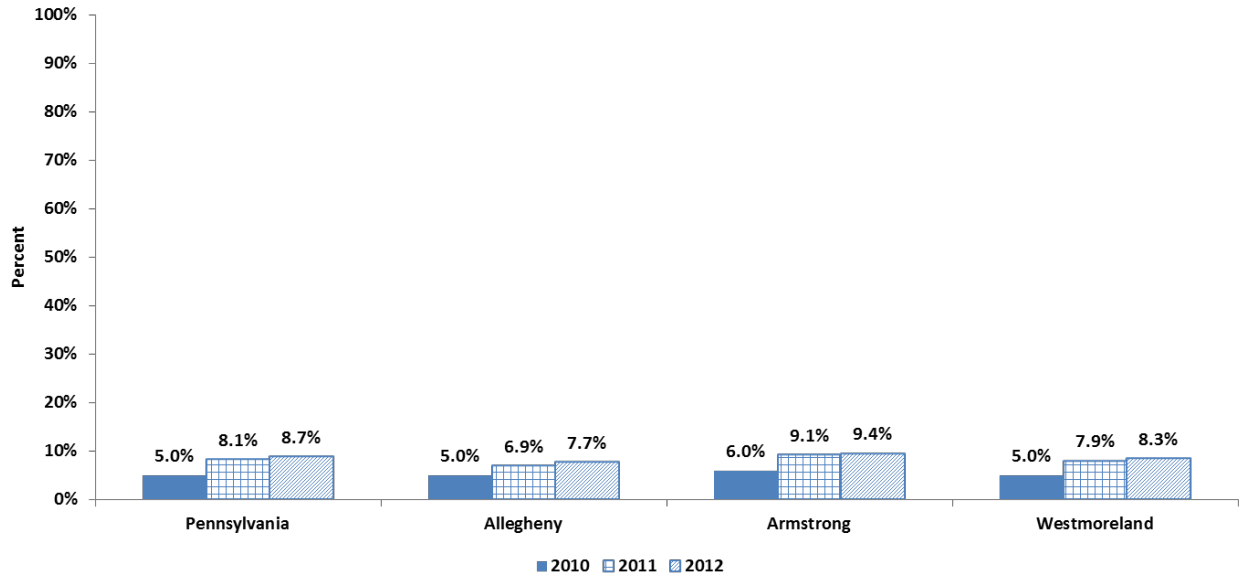
Figure 73. High school graduation rate



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

Figure 74 illustrates the unemployment rate for Pennsylvania and throughout the service area counties for the years 2010 through 2012. The rates in the state and across the service area have been increasing steadily over the three years. Armstrong County rates are slightly higher compared to the other counties as well as the state.

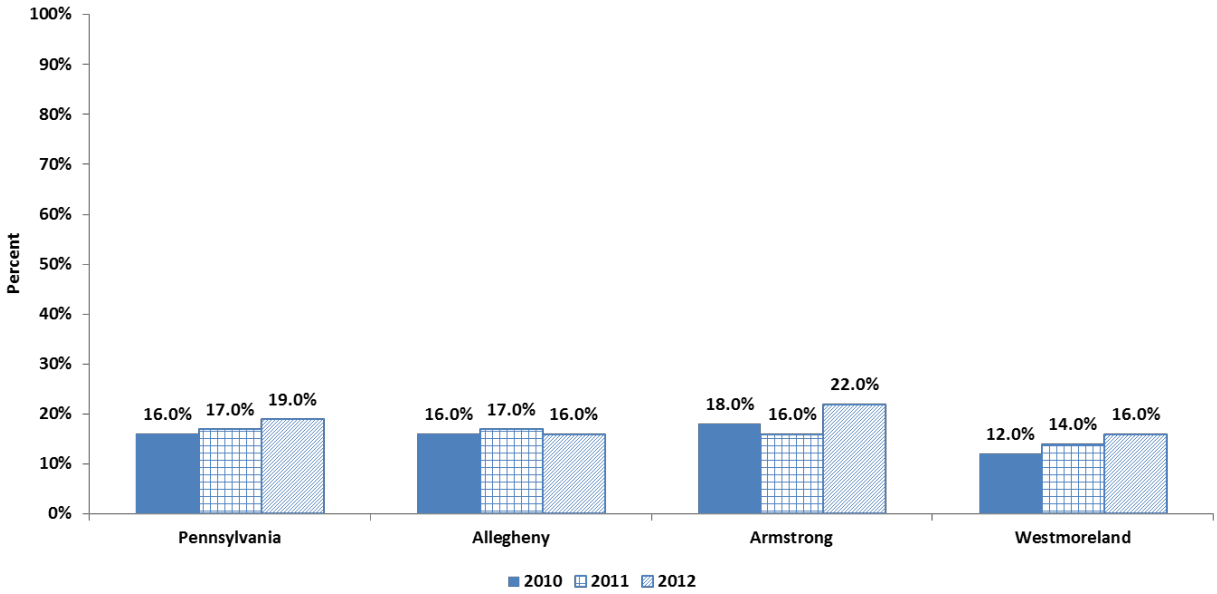
Figure 74. Unemployment rate



Source: www.countyhealthrankings.org

Figure 75 illustrates the percentage of children living in poverty for Pennsylvania and throughout the service area counties for the years 2010 through 2012. The state as well as Armstrong and Westmoreland counties rates have been increasing over the three year period. Westmoreland County has consistently been lower compared to the state and other service area counties.

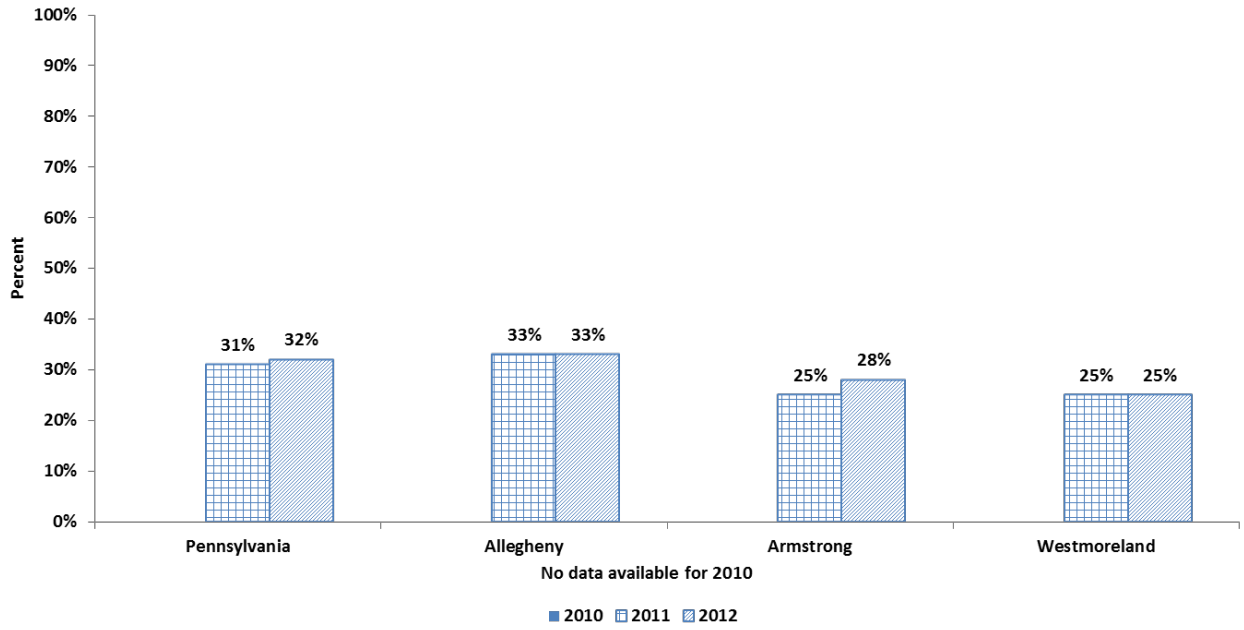
Figure 75. Children living in poverty



Source: www.countyhealthrankings.org

Figure 76 illustrates the percentage of children living in single parent households in Pennsylvania and throughout the service area counties for the years 2010 through 2012. Armstrong and Westmoreland County have been below the state as well as Allegheny County for percentage of children living in single parent households, while Allegheny County was slightly higher than the state. No data was available for 2010.

Figure 76. Children living in single parent households



Source: www.countyhealthrankings.org

The Allegheny County Continuum of Care Fact Sheet published in March 2012 measured the number of people meeting the definition of homeless according to the US Department of Housing and Urban Development. There were 816 single adults and 413 adults and children (195 families) counted in the Point in Time Survey in January 2012. The average age of adult homeless persons was 42, while the average age of homeless children was 8.5 years. Almost a quarter of the adult homeless population has substance abuse (22 percent) issues, while 16 percent were identified as seriously mentally ill. Almost half of the population had a dual diagnosis (40 percent). Veterans made up 24 percent of the adult homeless population and 21 percent of the adult population were victims of domestic violence. A small percentage (4 percent) has AIDS/HIV.

Table 29 illustrates Allegheny County consumers served by housing programs for the years 2010 through 2011. The majority of consumers were served in emergency shelters at an average yearly cost per consumer of $947. The most costly program was Safe Haven, at an average yearly cost per consumer of $15,301, although only 47 consumers utilized that program.

Table 29. Allegheny County consumers served by housing programs 2010 through 2011

Allegheny County Consumers Served by Housing Programs 2010-2011				
Program	Adults Served	Children Served	Total Served	Cost Per Consumer
Severe Weather Emergency Shelter	611	0	611	$96
Emergency Shelter	3833	746	4579	$947
Bridge Housing	378	133	511	$4,464
Penn Free Bridge Housing	137	44	181	$6,041
Rental Assistance	510	145	655	$767
Rapid Re-Housing	31	50	81	$3,455
Transitional Housing	528	305	833	$6,766
Shelter Plus Care	175	11	186	$6,024
Safe Haven	47	0	47	$15,301
Permanent Housing	422	403	825	$5,675

Source: Allegheny County Continuum of Care Fact Sheet March 2012

Table 30 illustrates Armstrong and Westmoreland county consumers served by housing programs based on the Southwest PA Region Point in Time Homeless Survey from January 27, 2010. The majority of individuals in both counties were in transitional housing.

Table 30. Armstrong and Westmoreland County consumers served by housing programs 2010 through 2011

	Armstrong County Source PITS 1/27/10		Westmoreland County Source PITS 1/27/10	
	Family	Individuals	Family	Individuals
	Point-in-time Count of People			
Number of Homeless in Emergency Shelter	3	7	18	25
Number of Homeless with Disability	0	2	5	13
Number of chronic Homeless in Emergency Shelter	N/A	0		5
Number of Homeless in Emergency Shelter with Serious Mental Illness	2		5	
Number of Homeless in Emergency Shelter with Substance Abuse	1		10	
Number of Veterans in Emergency Shelter	0		1	
Number of Domestic Violence victims in Emergency Shelter	3		10	
Number of Homeless in Emergency shelter Convicted of Crime	1		11	
Number in Transitional Housing	22	69	83	0
Number in Transitional Housing with Disability	0	62	0	1
Number in Transitional Housing with Serious Mental Illness	24		0	
Number in Transitional Housing Substance Abuse	43		0	
Number of Veterans in Transitional Housing	65		1	
Number of Domestic Violence victims in Transitional Housing	5		7	
Number Convicted of Crime in Transitional Housing	4		12	
Number in Permanent Supportive Housing with Serious Mental Illness	6		12	
Number in Permanent Supportive Housing with Substance Abuse	0		5	
Number of Veterans in Permanent Supportive Housing	2		0	
Number Convicted of Crime in Permanent Supportive Housing	1		6	

Source: Point in Time Homeless Survey, Southwest PA Region 2010

Tables 31 and 32 illustrate gambling addiction statistics for Allegheny, Armstrong and Westmoreland counties, as well as gambling addictions by gender. Allegheny County had the highest amount compared to the other counties with 45 admissions and 33 discharges for persons who have accessed the available gambling addiction programs. Males constituted a majority of persons with gambling addictions who have received treatment (53.6 percent).

Table 31. Gambling addictions for 2010-2011

Gambling Addictions Statistics FY 2010-2011		
	Admissions	Discharges
Allegheny	45	33
Armstrong	0	0
Westmoreland	5	4

Source: Pennsylvania Gaming Commission

Table 32. Gambling addiction by gender 2011

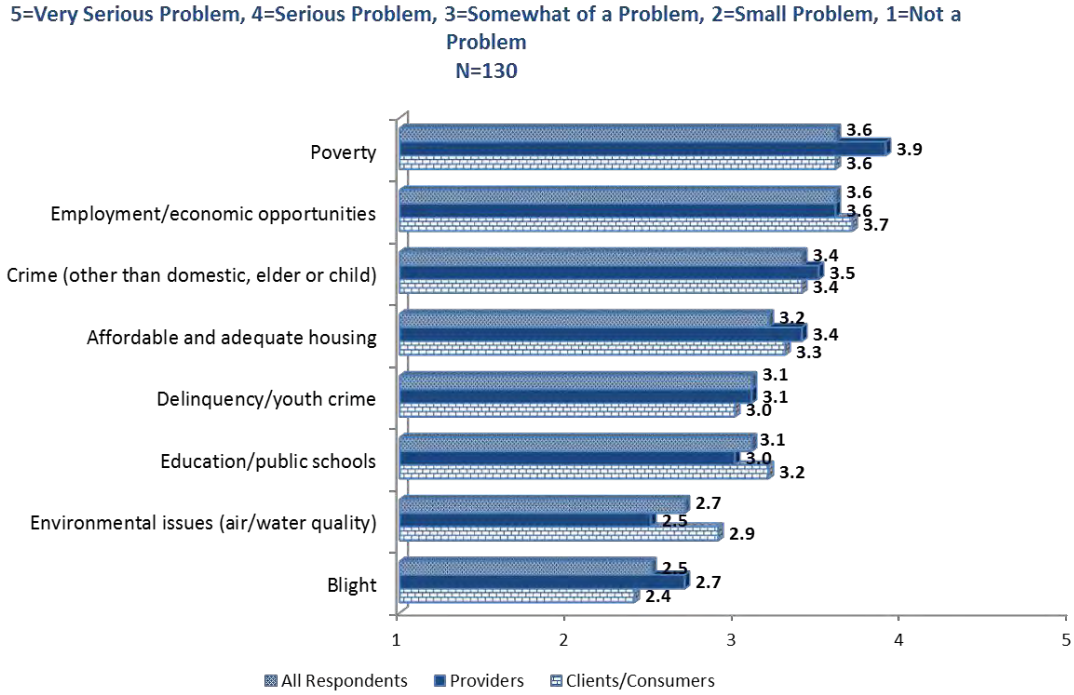
Gambling Addictions by Gender Percentage	
Male	Female
53.6%	46.4%

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 77 illustrates responses from the focus groups regarding the community issues related to healthy environment. Participants were asked to rate a number of possible community needs and issues on a five point scale, where 5= Very Serious Problem and 1= Not a Problem. Overall, poverty was rated as the most serious problem in the community, followed by employment/economic opportunities and crime. Providers/professionals were more likely to rate poverty, crime, affordable/adequate housing, and blight as serious issues, while clients/consumers rate employment opportunities, education, and environmental issues as more serious.

Figure 77. Healthy environment



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

Focus group participants were asked to identify and discuss their perceptions of the top health or health-related problems in their community. The following were community health problems that were identified which had to do with elements which impact the physical and social environment.

Issues related to poverty, unemployment and crime were top needs in the community related to a healthy environment. Focus group participants commented that blight was a concern in the valley, which is seen as a result of lost economic opportunities and lost individual income. Participants recognize a need for funding for restoration to help restore the community.

Focus groups discussed concerns about employment-related issues and the overall perceived poor financial climate in Pittsburgh. Focus group participants also discussed the limited amount of jobs available in the community noting that many graduates are unable to find employment or are forced to take a lesser job. It was also noted by participants that many seniors are still in the workforce, which also limits opportunities for the younger generations attempting to enter the workforce.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

A few of stakeholder interview comments included references to air quality throughout the region suggested that there is a need for people to be educated on the environmental impacts on their health. Concerns over Marcellus Shale and the unknown potential health implications were also discussed. Crime was also mentioned as a problem impacting the community.

Healthy Environment Conclusions

Overall, there are a number of conclusions regarding healthy environment-related issues from all of the quantitative and qualitative data presented. They include:

- The percentage of adults ever told and who currently have asthma were comparable across the counties.
- High school graduation rates are comparable across the counties, however dropped to 66 percent in 2012 in Armstrong County.
- Across the service area unemployment rates and the percentage of children living in poverty are increasing.
- Compared to the state and the counties Allegheny County had a higher number of air pollution ozone days, although the numbers have been decreasing over the past few years and all counties met the National Air Quality Standards. Water quality is a concern in Allegheny County, related to the level of total dissolved solids.
- A sizable number of adults and families in Allegheny County are homeless, and many of them have mental health and substance abuse challenges.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked poverty followed by lack of employment and economic opportunities as the most serious community health problems.
- Respondents discussed challenges related to blight, an environment where jobs are hard to find and young people leave to find employment as key issues. Also, concerns related to crime and the impact of Marcellus Shale activity on the environment were identified.

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Healthy Mothers, Babies, Children

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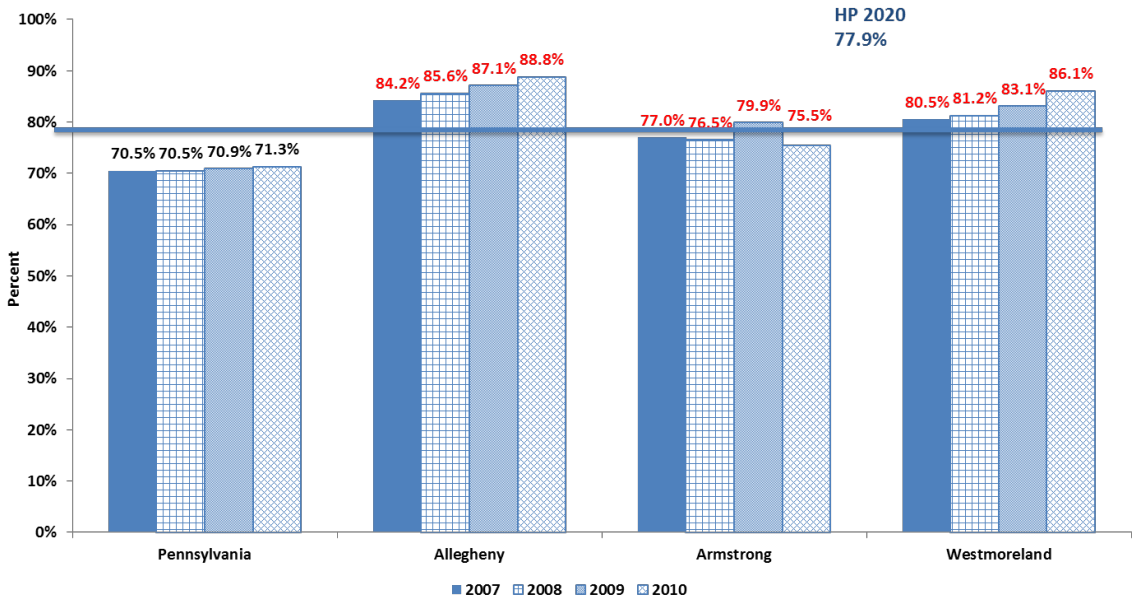
Healthy Mothers, Babies and Children

Improving the well-being of mothers, babies and children is a critical and necessary component of community health. The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors and health systems indicators that affect the health, wellness and quality of life for the entire community including: prenatal care, smoking during pregnancy, low-birth weight babies, infant mortality, social service assistance, breastfeeding and teen pregnancy. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 78 illustrates the percentage of mothers who received prenatal care in the first trimester in Pennsylvania and throughout the service area counties from 2007 through 2010. The percentage of women receiving prenatal care in Allegheny, Armstrong and Westmoreland counties was significantly higher than the state rate and the Healthy People 2020 goal all four years. Both the state and county rates also increased over the four year period.

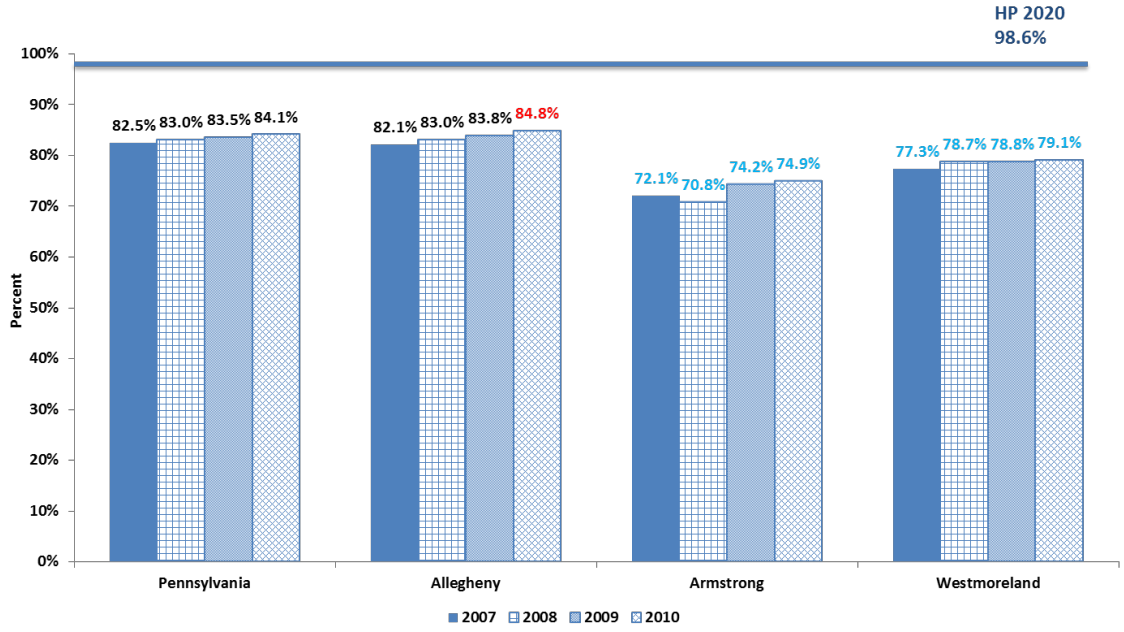
Figure 78. Prenatal care first trimester



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

Figure 79 illustrates the percentage of non-smoking mothers during pregnancy in Pennsylvania and throughout the service area counties from 2007 through 2010. Over the period, the percentage of women not smoking during pregnancy in Allegheny County was comparable to the state except for 2010 where the county rate was significantly higher at 84.8 percent. The rates in Armstrong and Westmoreland counties were significantly lower compared to the state and also lower than Allegheny County. The state and county rates are lower than the Healthy People 2020 goal of 98.6 percent.

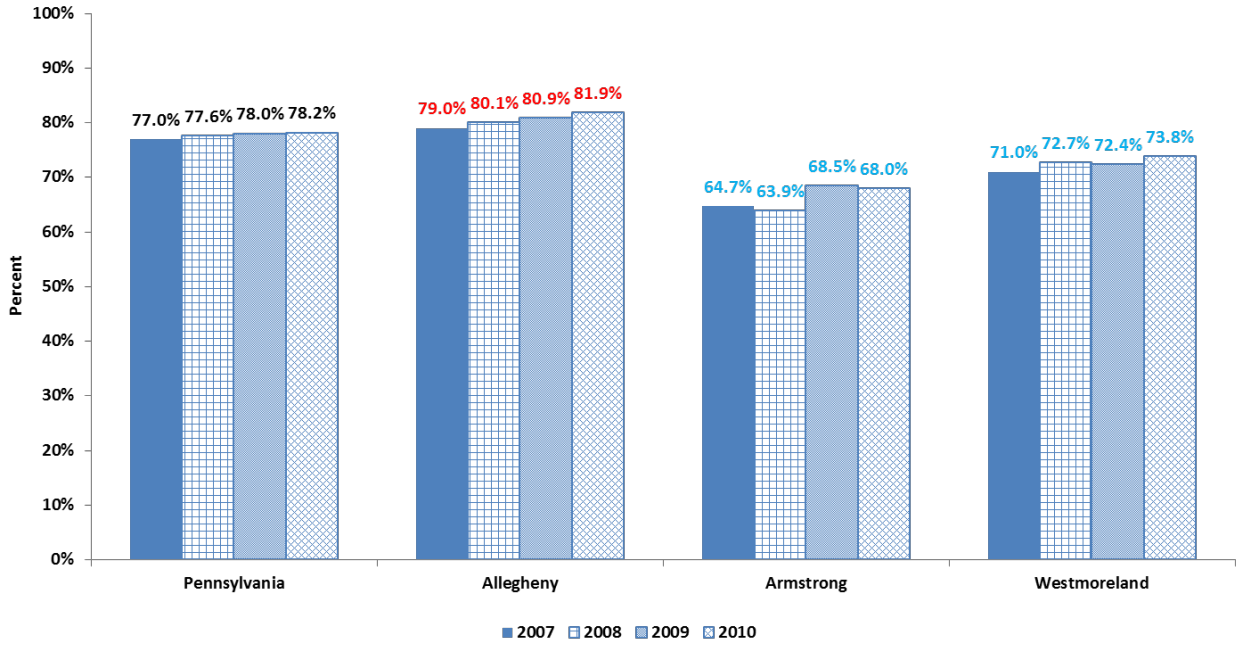
Figure 79. Non-smoking mothers during pregnancy



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

Figure 80 illustrates the percentage of mothers who reported not smoking three months prior to pregnancy in Pennsylvania and throughout the service area counties from 2007 through 2010. Over the period, the percentage of women who didn't smoke three months prior to pregnancy in Allegheny County was significantly higher than the Pennsylvania rate for all reported years. The rates in Armstrong and Westmoreland counties was significantly lower compared to the state and also lower than Allegheny County for all four years. Over the four years, both the state and service area county rates increased.

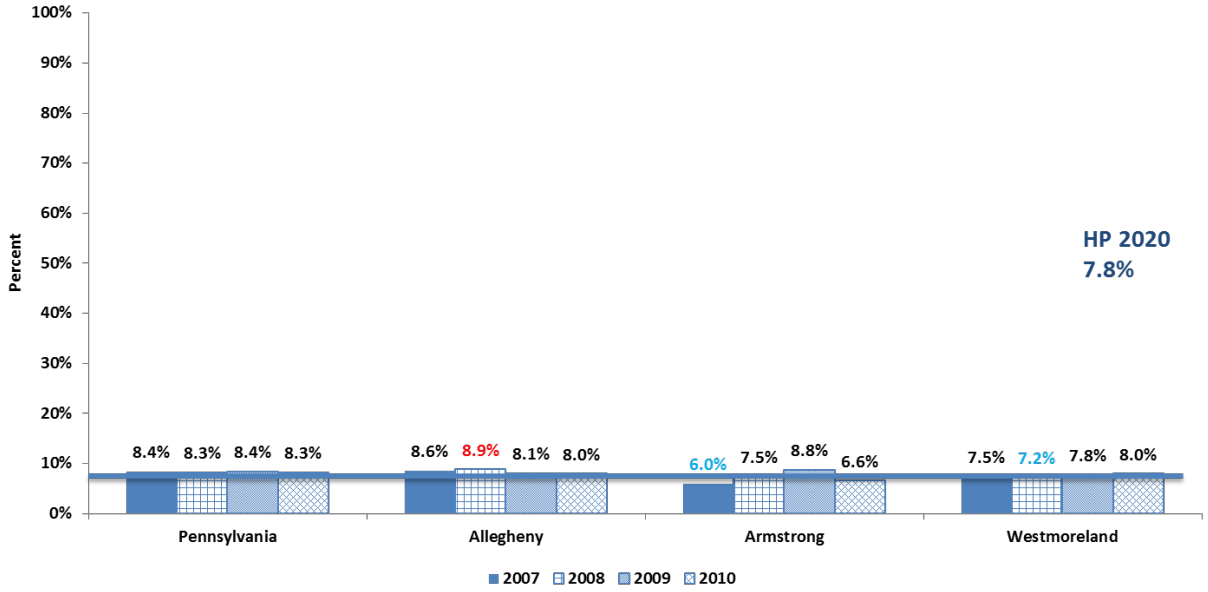
Figure 80. Mothers who reported not smoking three months prior to pregnancy



Source: Pennsylvania Department of Health

Figure 81 illustrates the rate of low birth-weight babies born in Pennsylvania and throughout the service area counties from 2007 through 2010. Over the four years, the state and county rates are comparable except for Allegheny County in 2008, which was significantly higher than the state rate and Armstrong County in 2007 and Westmoreland County in 2008 where rates were significantly lower. Both state and county rates are above the Healthy People 2020 goal of 7.8 percent in 2010 except Armstrong County which was below the goal.

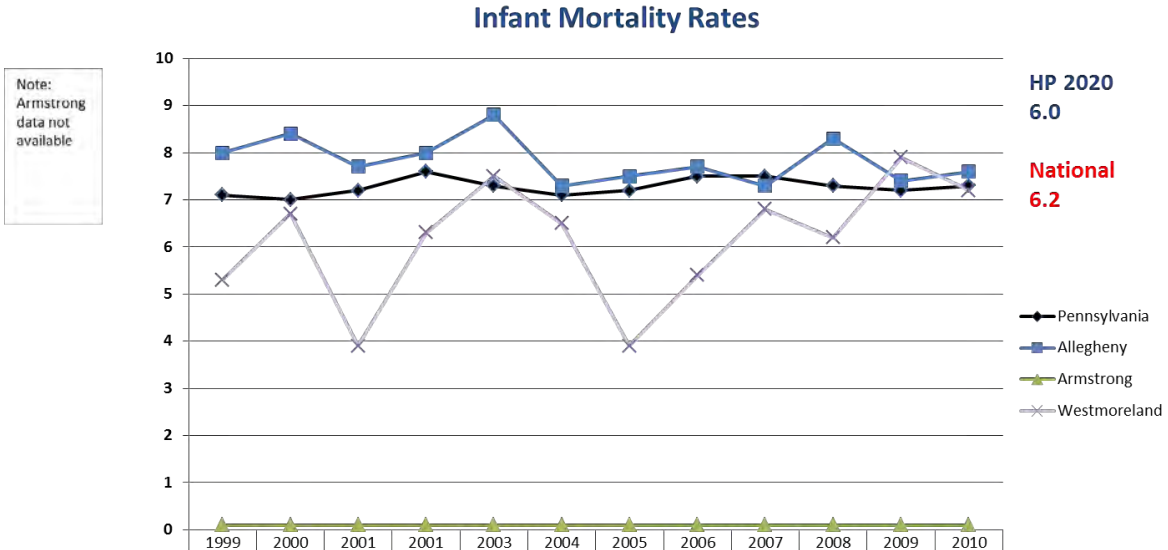
Figure 81. Low birth-weight rate



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

Figure 82 illustrates the infant mortality rate, per 1,000 live births, in Pennsylvania, and throughout the service area counties from 1999 through 2010. State and county-level rates fluctuated over the period but overall have not decreased. Allegheny County rates are also consistently above state rate, while Westmoreland is consistently below the state rate with the exception of 2009. A slight increasing trend is shown for Pennsylvania overall. Both the county and the state rates are above the national rate of 6.15 and the Healthy People 2020 goal of 6.0, although Westmoreland is close in some cases below both. Data was not available for Armstrong County.

Figure 82. Infant mortality rate

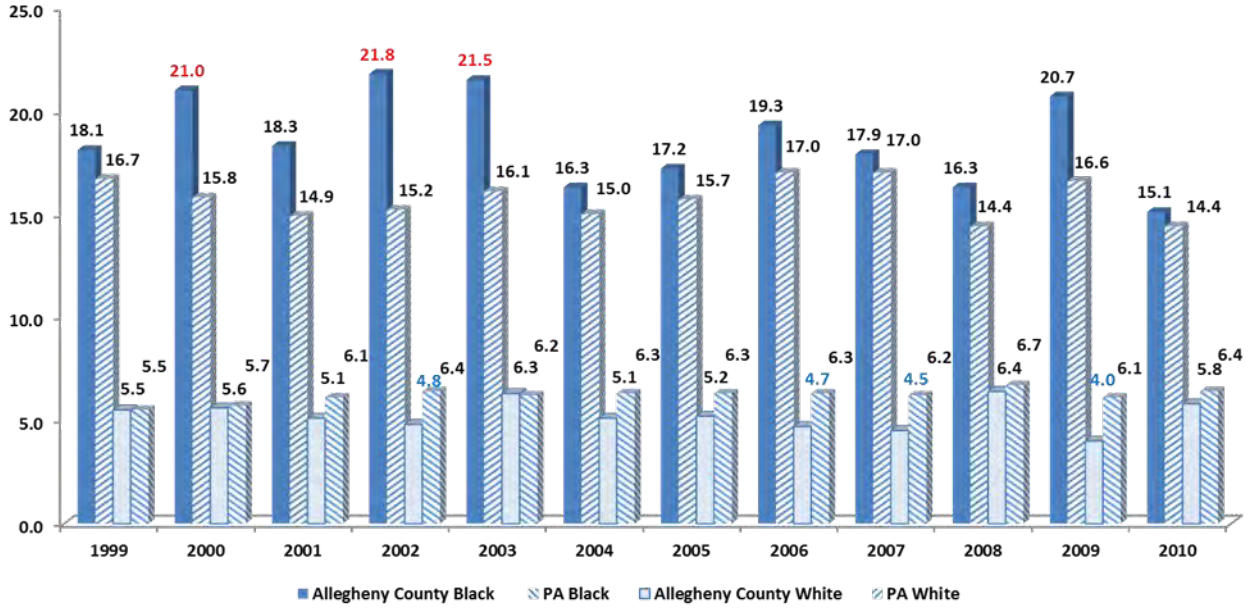


	1999	2000	2001	2001	2003	2004	2005	2006	2007	2008	2009	2010
Pennsylvania	7.1	7.0	7.2	7.6	7.3	7.1	7.2	7.5	7.5	7.3	7.2	7.3
Allegheny	8.0	8.4	7.7	8.0	8.8	7.3	7.5	7.7	7.3	8.3	7.4	7.6
Armstrong	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Westmoreland	5.3	6.7	3.9	6.3	7.5	6.5	3.9	5.4	6.8	6.2	7.9	7.2

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

Figure 83 illustrates the infant mortality rate, per 1,000 live births, by race in Pennsylvania and Allegheny County from 1999 through 2010. In Allegheny County, mortality rates for black infants were significantly higher than Pennsylvania in 2000 and 2002-2003. The mortality rate for white infants in Allegheny County was significantly lower than the state rate in 2002, 2006-2007, and 2009. The mortality rate for black infants is substantially higher than white rates across the 11 years, both in Pennsylvania and in Allegheny County. There were no significant differences by race in the other counties.

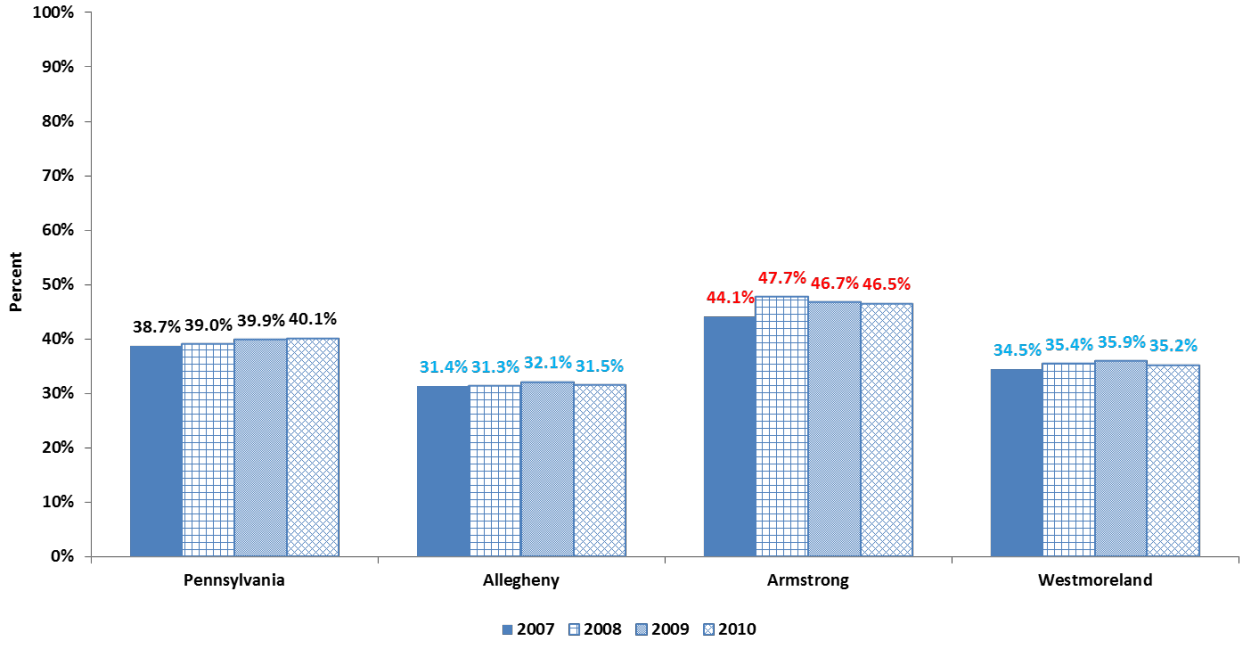
Figure 83. Infant mortality rate by race



Source: Pennsylvania Department of Health

Figure 84 illustrates the percentage of mothers who reported receiving Women, Infants and Children (WIC) assistance in Pennsylvania, as well as throughout the service area counties from 2007 through 2010. WIC is "a federally funded program that provides healthy supplemental foods and nutrition services for pregnant women, postpartum and breastfeeding women, and infants and children under age five in a supportive environment."[1] Over the four years, the percentage of women receiving WIC assistance in Allegheny and Westmoreland counties was significantly lower than the Pennsylvania rate, while the rates in Armstrong County were significantly higher. The rate is also increasing slightly in the counties and across the state.

Figure 84. Mothers receiving WIC assistance

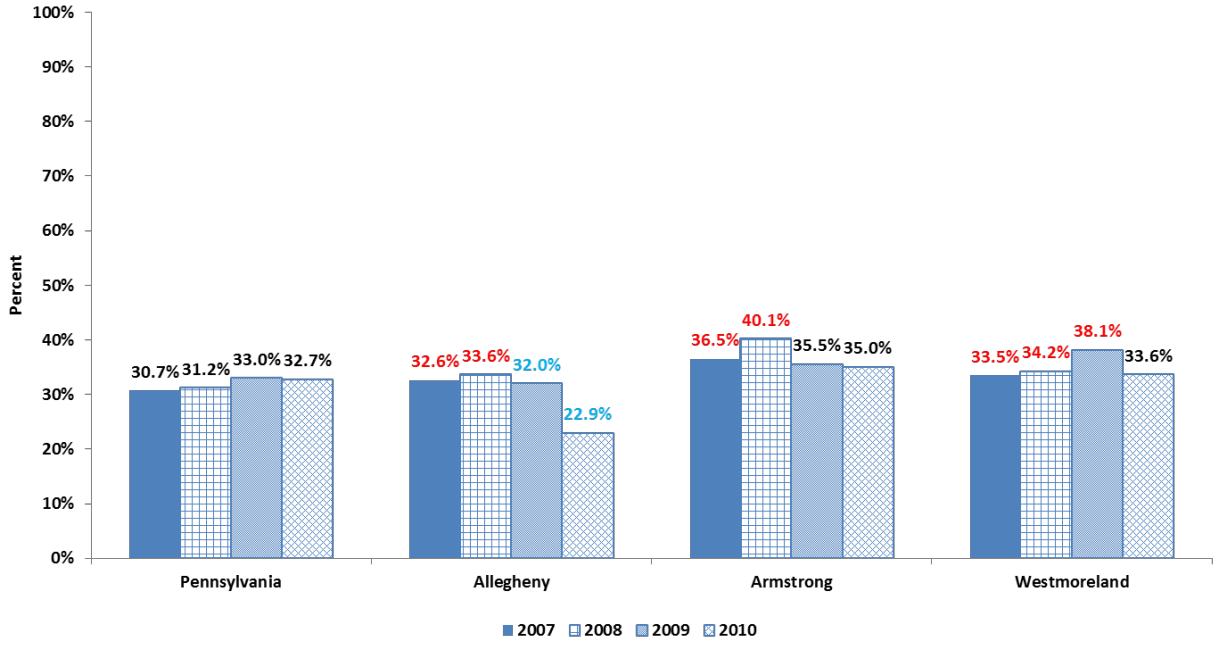


Source: Pennsylvania Department of Health

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

Figure 85 illustrates the percentage of mothers receiving Medicaid assistance in Pennsylvania, as well as throughout the service area counties from 2007 through 2010. The percentage was significantly higher than Pennsylvania in Allegheny County for 2007 and 2008. The percentage was significantly lower than the state rate in Allegheny for 2009 and 2010. The rates were significantly higher compared to the state for Allegheny County in 2007 and 2008, Armstrong County in 2007 and 2008 and Westmoreland County in 2007 through 2009.

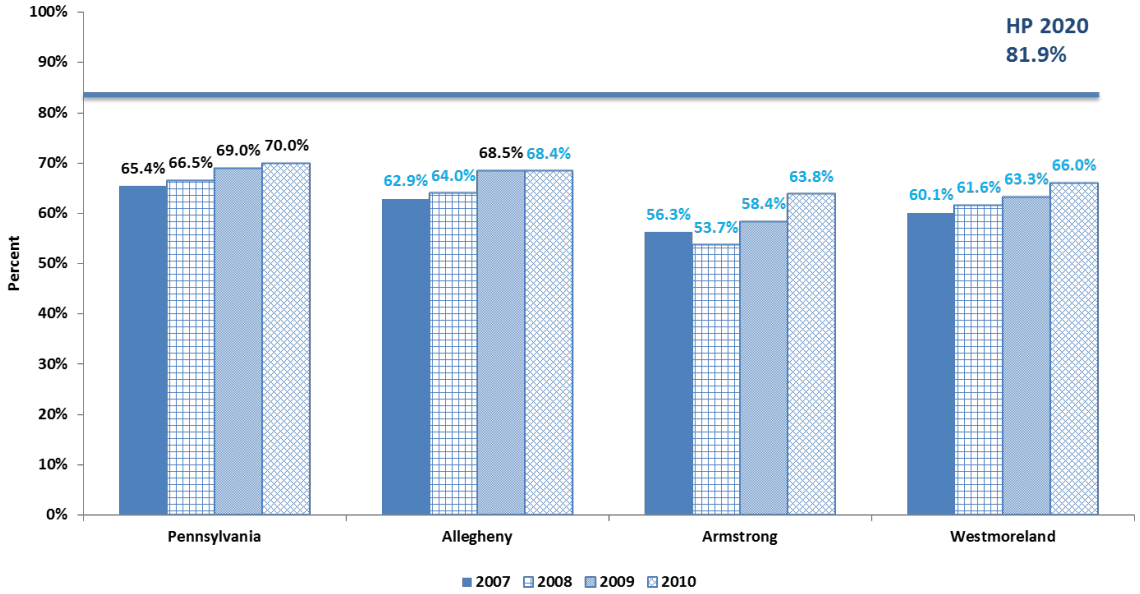
Figure 85. Mothers receiving Medicaid assistance



Source: Pennsylvania Department of Health

Figure 86 illustrates the percentage of mothers who breastfed their babies in Pennsylvania, as well as throughout the service area counties from 2007 through 2010. With the exception of Allegheny County in 2009, all other years presented for Allegheny, Armstrong and Westmoreland counties were significantly lower compared to the state. The state and county rates are below the Healthy People 2020 goal of 81.9%.

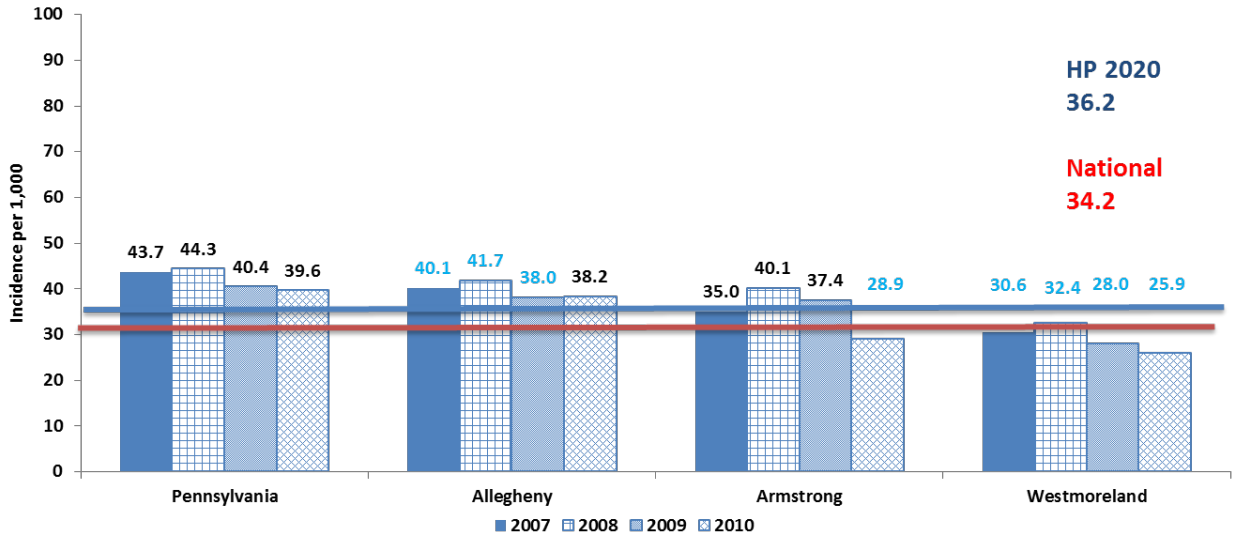
Figure 86. Breastfeeding rate



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

Figure 87 illustrates the teen pregnancy rate for ages 15-19, per 1,000, in Pennsylvania as well as throughout the service area counties from 2007 through 2010. Rates in the state and at the county level fluctuated over the period, but overall the data show a decreasing trend. The rate in Westmoreland County was significantly lower compared to the state for all four years, as was Allegheny County in 2007 through 2009 and Armstrong County in 2010. Westmoreland County has consistently been below the nation and Healthy People 2020 goal.

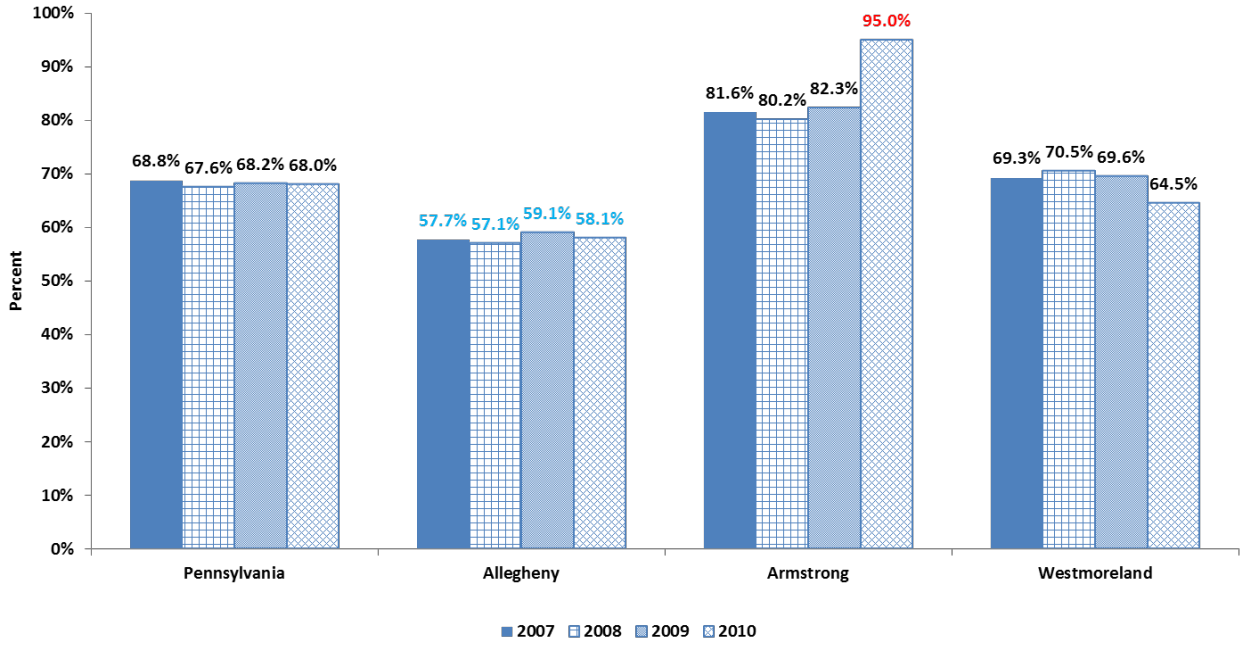
Figure 87. Teen pregnancy rate (ages 15-19)



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

Figure 88 illustrates the percentage of teen pregnancies resulting in a live birth, age 15-19, in Pennsylvania as well as throughout the service area counties from 2007 through 2010. The percentage of teen pregnancies resulting in a live birth in Allegheny County was significantly less than Pennsylvania all four years, while it was significantly higher in Armstrong County compared to the state in 2010.

Figure 88. Teen pregnancies resulting in a live birth, ages 15-19



Source: Pennsylvania Department of Health

Table 33 illustrates Allegheny County youth reporting high-risk behavior patterns as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. HealthChoices is Pennsylvania's managed care program for adults and children who receive Medical Assistance. This program includes both physical health care and behavioral health care (e.g., mental health and drug and alcohol services). Students in grades 9 and 10 are more likely to have all of these risk behaviors. Boys are more likely to smoke and use illicit drugs. Girls are more likely to have had sexual intercourse or be depressed.

Table 33. Allegheny County youth reporting ten high-risk behavior patterns-1

Allegheny County Youth Reporting 10 High-Risk Behavior Patterns							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Alcohol	Has used alcohol 3 or more times in the last 30 days or got drunk once or more in the last 2 weeks	22	22	21	10	53	32
Tobacco	Smokes one or more cigarettes every day or uses chewing tobacco frequently	11	14	9	4	27	19
Illicit Drugs	Used illicit drugs multiple times in the last 12 months	14	16	13	4	36	25
Sexual Intercourse	Has had sexual intercourse 3 or more times in lifetime	19	17	21	4	28	35
Depression/Suicide	Is frequently depressed and/or has attempted suicide	27	23	32	24	36	30

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

Table 34 illustrates Allegheny County youth reporting high-risk behavior patterns as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 and 10 and boys are more likely to have all of these risk behaviors.

Table 34. Allegheny County youth reporting ten high-risk behavior patterns-2

Allegheny County Youth Reporting 10 High-Risk Behavior Patterns							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Anti-Social Behavior	Has been involved in 3 or more incidents of shoplifting, trouble with police, or vandalism in the last 12 months	15	18	11	10	35	18
Violence	Has engaged in three or more acts of fighting, hitting, injuring a person, carrying or using a weapon, or threatening physical harm in the last 12 months	34	42	26	30	55	37
School Problems	Has skipped school 2 or more days in the last 4 weeks and/or has below a C average	26	28	24	23	39	30
Driving and Alcohol	Has driven after drinking or ridden with a drinking driver 3 or more times in the last 12 months	15	16	14	11	30	18
Gambling	Has gambled 3 or more times in the last 12 months	10	14	6	8	13	11

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

Table 35 illustrates Allegheny County youth reporting 15 additional risk-taking behaviors as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 are more likely to have all of these risk behaviors. Boys are more likely to engage in all of them except sexual intercourse (same rate for males/females).

Table 35. Percent of youth who reported 15 additional risk-taking behaviors-1

Percent of Youth Who Report 15 Additional Risk-Taking Behaviors							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Sexual Intercourse	Has had sexual intercourse one or more times	31	31	31	13	53	49
Anti-Social Behavior	Shoplifted once or more in the last 12 months	16	17	14	11	29	20
	Committed vandalism once or more in the last 12 months	17	21	12	12	29	20
	Got into trouble with police once or more in the last 12 months	20	24	16	17	37	22
Violence	Hit someone once or more in the last 12 months	37	46	29	37	56	36
	Physically hurt someone once or more in the last 12 months	19	25	12	17	25	20
	Uses a weapon to get something from a person once or more in the last 12 months	4	6	3	3	10	5
	Been in a group fight once or more in the last 12 months	22	24	20	22	25	22
	Carried a weapon for protection once or more in the last 12 months	19	27	10	16	30	20
	Threatened physical harm to someone once or more in the last 12 months	34	38	30	29	48	39

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

Table 36 illustrates Allegheny County youth reporting 15 additional risk-taking behaviors as reported in the 2011 Allegheny County HealthChoices Program 2011 Year in Review. Students in grades 9 and 10 are more likely to have most of these risk behaviors. Girls are more likely to skip school, feel depressed, attempt suicide or have an eating disorder. Boys are more likely to gamble.

Table 36. Percent of youth who reported 15 additional risk-taking behaviors-2

Percent of Youth Who Report 15 Additional Risk-Taking Behaviors							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
School Truancy	Skipped school once or more in the last 4 weeks	28	26	30	24	34	33
Gambling	Gambled once or more in the last 12 months	24	33	14	24	35	23
Eating Disorder	Has engaged in bulimic or anorexic behavior	20	18	21	18	32	21
Depression	Felt sad or depressed most or all of the time in the last month	20	16	24	20	27	20
Attempted Suicide	Has attempted suicide one or more times	16	14	19	13	24	19

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

Childhood Obesity

According to the CDC, childhood obesity has more than tripled in the past 30 years. In 1980, 7 percent of 6-11 year olds and 5 percent of 12 to 19 year olds were obese. In 2008, 20 percent of 6-11 year olds and 18 percent of 12-19 year olds were obese. In a population-based sample (2010), the CDC reported that 70 percent of obese youth had at least one risk factor for cardiovascular disease.

Figure 89 illustrates childhood obesity by environment. Children who do not have access to certain environmental characteristics, such as sidewalks or walking paths, playgrounds, recreational centers and libraries and/or bookmobiles, are more likely to be overweight or obese.

Figure 89. Childhood obesity by environment

Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10–17, By Neighborhood Built Environmental Characteristics

	Obesity				Overweight			
Neighborhood characteristic	Weighted Percent	Weighted SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Weighted Percent	Weighted SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Index of neighborhood built environment (mean index score = 100; SD = 20)								
46.40–67.04 (low amenities)	19.72	1.79	1.44	1.34	37.38	2.10	1.41	1.29
67.05–81.39	18.60	1.35	1.36	1.44	32.92	1.44	1.17	1.18
81.40–104.99	17.20	0.86	1.22	1.21	32.31	1.01	1.13	1.09
105.00–116.40 (high amenities)	14.55	0.70	1.00	1.00	29.69	0.89	1.00	1.00
Neighborhood access to sidewalks or walking paths								
Yes	15.72	0.60	1.00	1.00	31.29	0.73	1.00	1.00
No	18.20	0.83	1.19	1.32	32.53	0.93	1.06	1.09
Neighborhood access to parks or playgrounds								
Yes	15.88	0.56	1.00	1.00	30.76	0.68	1.00	1.00
No	18.27	0.97	1.20	1.26	34.82	1.19	1.22	1.23
Neighborhood access to a recreation center, community center, or boys' and girls' club								
Yes	15.34	0.58	1.00	1.00	30.27	0.73	1.00	1.00
No	18.19	0.87	1.23	1.20	34.30	1.00	1.20	1.15
Neighborhood access to a library or bookmobile								
Yes	15.86	0.51	1.00	1.00	30.88	0.62	1.00	1.00
No	19.68	1.51	1.31	1.15	35.63	1.67	1.25	1.09

SOURCE National Survey of Children's Health, 2007. NOTES This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). $N = 44,101$. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. The chi-square test for independence between each covariate and obesity or overweight prevalence was statistically significant at $p < 0.05$. SE is standard error. SD is standard deviation. [a]Adjusted by logistic regression for age and sex only. [b]Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. Neighborhood socioeconomic index and built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Source: National Survey of Children's Health, 2007

Figure 90 illustrates socioeconomic factors affecting obesity. Children who live in neighborhoods that are unsafe or have problems with garbage/litter, dilapidated or run down housing, or vandalism are more likely to be overweight or obese.

Figure 90. Socioeconomic factors affecting obesity

Prevalence Of Obesity And Overweight And Odds Of Being Obese Or Overweight (Adjusted For Age-Sex And Covariates), Among U.S. Children Ages 10–17, By Neighborhood Socioeconomic Conditions

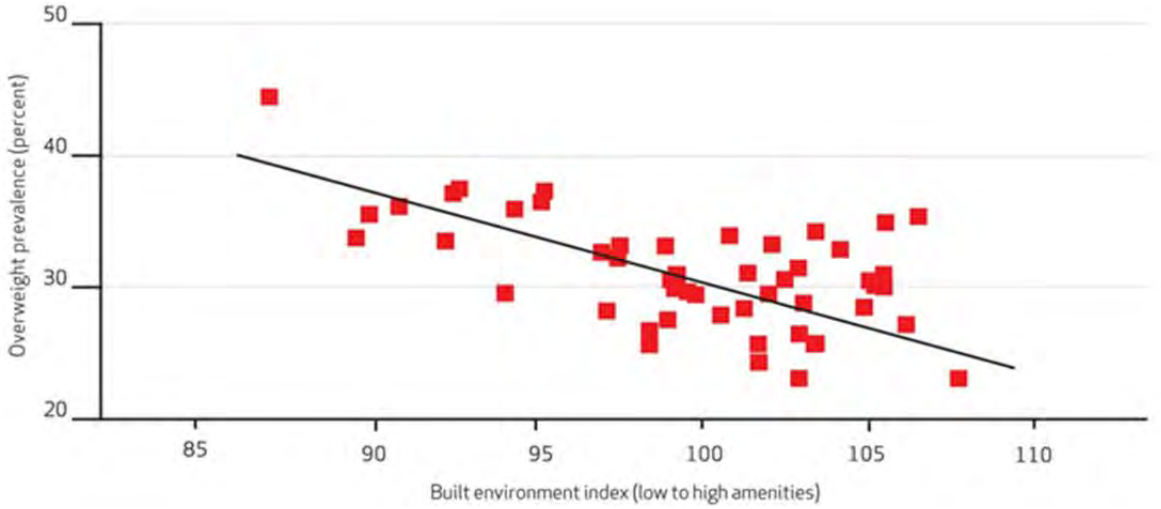
	Obesity				Overweight			
	Weighted				Weighted			
Neighborhood characteristic	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]	Percent	SE	Odds ratio, age-sex[a]	Odds ratio, covariate[b]
Total population	16.37	0.49			31.64	0.59		
Index of neighborhood socioeconomic conditions (mean index score = 100; SD = 20)								
20.78–67.09 (least favorable)	19.74	1.99	1.45	0.99	36.96	2.23	1.41	0.97
67.10–88.32	20.32	2.21	1.52	1.06	33.89	2.31	1.24	0.90
88.33–104.99	19.30	1.19	1.40	1.09	34.85	1.41	1.27	1.01
105.00–111.40 (most favorable)	14.74	0.56	1.00	1.00	29.79	0.71	1.00	1.00
Neighborhood safety								
Safe	15.53	0.51	1.00	1.00	30.64	0.62	1.00	1.00
Unsafe	22.27	1.61	1.61	1.05	38.24	1.82	1.43	0.96
Presence of garbage/litter in neighborhood								
Yes	20.74	1.41	1.44	1.10	36.43	1.54	1.31	1.01
No	15.56	0.51	1.00	1.00	30.70	0.64	1.00	1.00
Poorly kept or dilapidated/rundown housing in neighborhood								
Yes	19.63	1.50	1.31	1.04	36.32	1.65	1.29	1.04
No	15.86	0.51	1.00	1.00	30.85	0.63	1.00	1.00
Vandalism such as broken windows or graffiti in neighborhood								
Yes	17.28	1.65	1.09	0.84	33.65	1.95	1.13	0.87
No	16.27	0.51	1.00	1.00	31.38	0.62	1.00	1.00

SOURCE National Survey of Children's Health, 2007. **NOTES** This exhibit has been abridged for presentation in print, and 95 percent confidence intervals have been omitted. The complete exhibit is available in the Online Appendix (see Note 25 in text). $N = 44,101$. Obesity denotes body mass index (BMI) at the ninety-fifth percentile and higher. Overweight denotes BMI in the eighty-fifth percentile and higher. Chi-square test for independence between each covariate (except vandalism) and obesity or overweight prevalence was statistically significant at $p < 0.05$. SE is standard error. SD is standard deviation. [a]Adjusted by logistic regression for age and sex only. [b]Adjusted for age, sex, race/ethnicity, household composition, metropolitan/nonmetropolitan residence, household poverty or education levels, TV viewing time, recreational computer use, and physical activity. The neighborhood socioeconomic index and the built environment index are independent of each other. Controlling for both indices simultaneously along with other individual-level covariates in the same model had no impact on the adjusted effects reported here.

Source: National Survey of Children's Health, 2007

Figure 91 illustrates the relationship between the neighborhood-built environment and U.S. childhood overweight prevalence at the state level. Mentioned also in the healthy environment chapter of this report, here built environment is described as it relates to childhood obesity. As defined by a public report by Karen Roof, M.S. and Ngozi Oleru, Ph.D., "the built environment is the human-made space in which people live, work, and recreate on a day-to-day basis. It includes the buildings and spaces we create or modify. It can extend overhead in the form of electric transmission lines and underground in the form of landfills."[2] The report goes on to mention that "the design of our built environment affects the possibility of injury related to pedestrian and vehicular accidents, and it also influences the possibility of exercise and healthy lifestyles."[3] As built environment index increases, overweight prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities are less likely to be overweight or obese.

Figure 91. Neighborhood versus U.S. childhood overweight prevalence



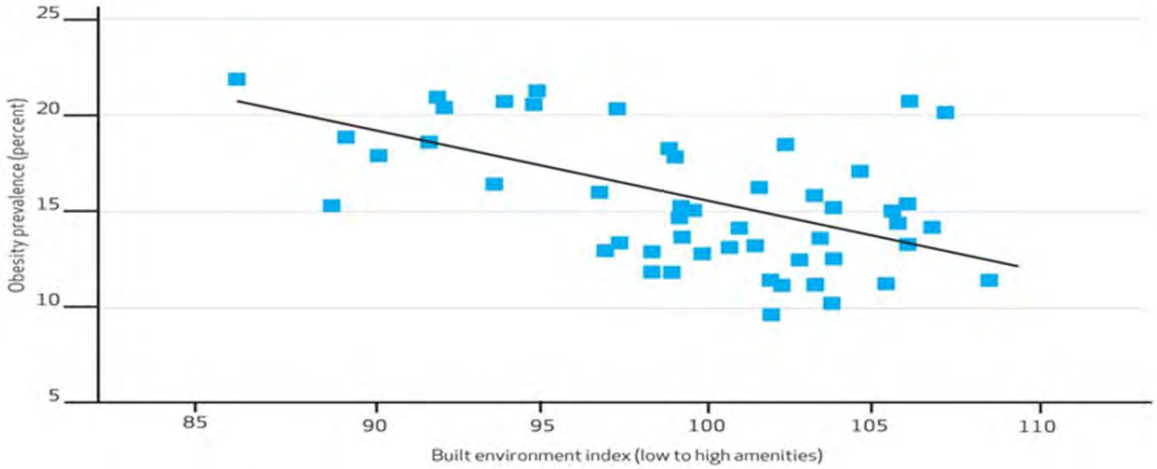
Source: National Survey of Children's Health, 2007

[2] Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County's push for the built environment, 71 (1). Retrieved from http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf

[3] Roof, Karen, M.S. and Oleru, Ngozi, Ph.D (July/August 2008). Public health: Seattle and King County's push for the built environment, 71 (1). Retrieved from http://www.neha.org/pdf/land_use_planning/JEH_JulAug_08_Seattle.pdf

Figure 92 illustrates the relationship between the neighborhood-built environment and U.S. childhood obesity prevalence at state level. As built environment index increases, obesity prevalence shows a decreasing trend. In other words, children who have access to more neighborhood amenities such as playgrounds, ball fields/courts, school crosswalks, and sidewalks are less likely to be overweight or obese.

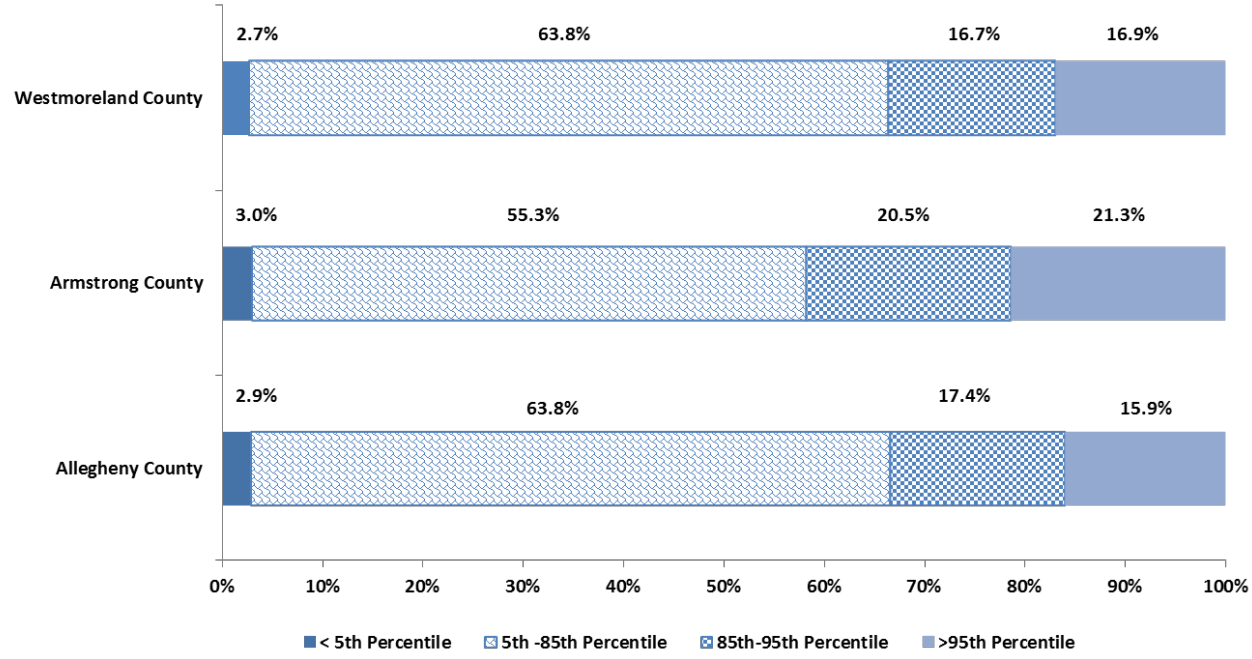
Figure 92. Neighborhood versus obesity prevalence



Source: National Survey of Children's Health, 2007

Figure 93 illustrates the Body Mass Index (BMI) percentiles for children in kindergarten through grade six throughout the service area counties for the 2010-2011 school year. BMI is classified into four categories: (i) underweight where a person's BMI is less than the 5th percentile; (ii) normal where the BMI is between the 5th percentile and the 85th percentile; (iii) overweight where a person's BMI is between the 85th percentile and 95th percentile; and (iv) a person is considered obese if their BMI is greater than the 95th percentile. The counties have a sizable portion of children classified as overweight and obese, with Armstrong County having the highest percentages with 20.5 percent considered overweight and 21.3 percent considered obese. The county rates are above the Healthy People 2020 goal of 15.7 percent.

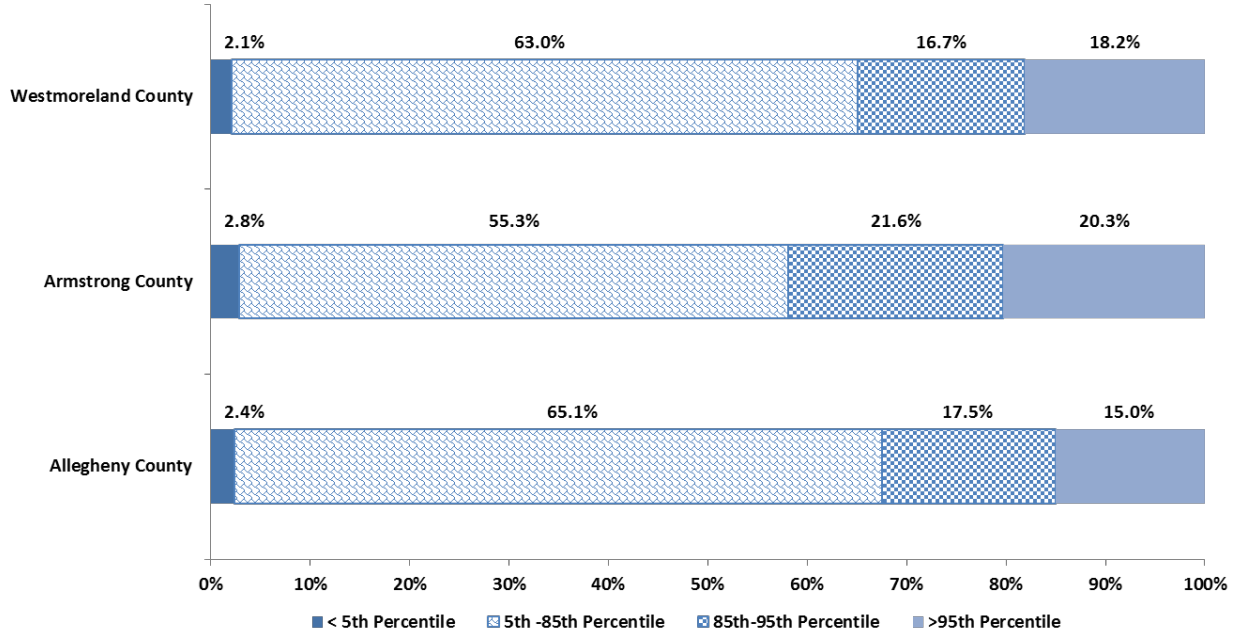
Figure 93. BMI for age percentiles, grades K-6



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

Figure 94 illustrates the Body Mass Index (BMI) percentiles for children in grades 7-12 throughout the service area counties. BMI is classified into four categories: (i) underweight where a person's BMI is less than the 5th percentile; (ii) normal where the BMI is between the 5th percentile and the 85th percentile; (iii) overweight where a person's BMI is between the 85th percentile and 95th percentile; and (iv) a person is considered obese if their BMI is greater than the 95th percentile. While all service area counties had a sizable percentage of children classified as overweight and obese, Armstrong County had the highest with 21.6 percent classified as overweight and 20.3 as obese. Allegheny County is below the HP 2020 goal of 16.0 percent, while the other two counties are above.

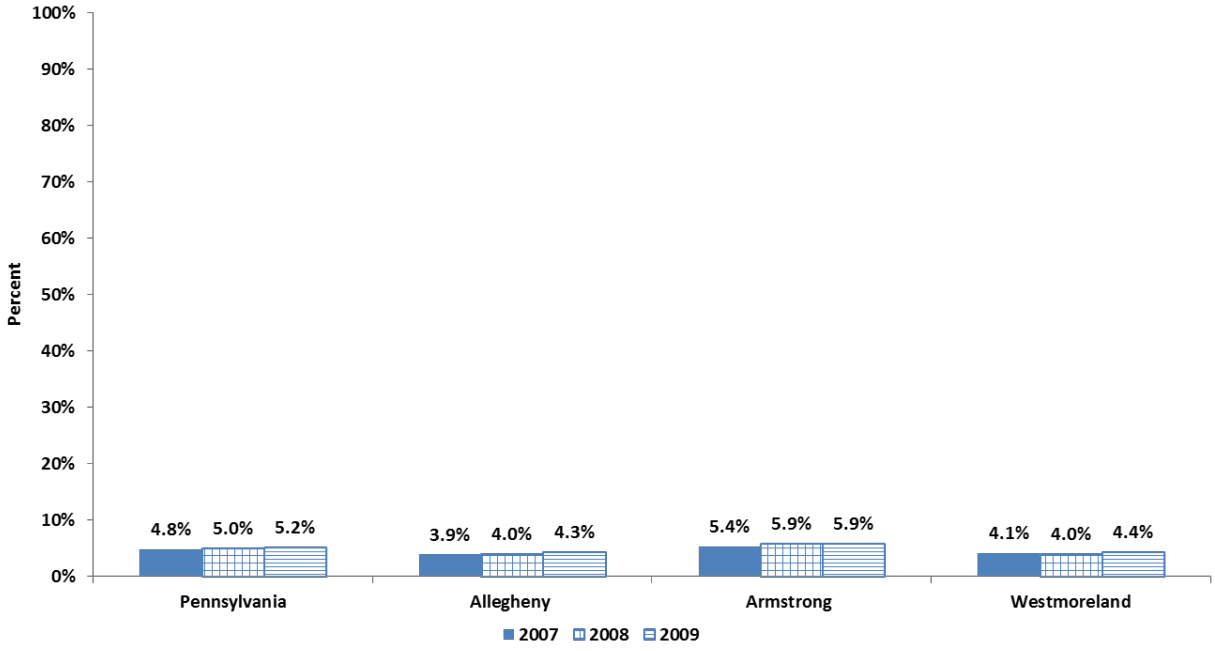
Figure 94. BMI for age percentiles, grades 7-12



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

Figure 95 illustrates the percentage of students with diagnosed Attention Deficit Hyperactivity Disorder (ADHD) in Pennsylvania and throughout the service area counties from 2007 through 2009. The percentage in Allegheny County was less than the Pennsylvania rate all three years, although both the state and county rates are increasing.

Figure 95. Students with diagnosed ADHD



Source: Pennsylvania Department of Health, Student Health Records

Table 37 illustrates Allegheny County Head Start statistics at the beginning and end of enrollment year, 2010-11. In the Allegheny County Head Start program, there were 1,611 children served through 58 Allegheny Intermediate Unit (AIU) classrooms, 21 partnering providers and 32 home-based service groups. While the percentages of children with health insurance and immunizations increased over the year in excess of 90 percent, only approximately 65 percent of the children completed dental exams. Of those who completed dental exams, 18 percent of them needed professional dental treatment and less than half of them actually followed up and received treatment.

Table 37. Allegheny County Head Start statistics

Allegheny County Head Start Statistics*	Beginning of Enrollment Year	End of Enrollment Year
Children with health insurance	85.4%	99.4%
Children with up to date immunizations, or exempt	36.2%	96.5%
Children with dental home	75.4%	89.9%
Children completing dental exams		64.9%
Children needing professional dental treatment		18%
Children receiving dental treatment (of those referred)		44.5%

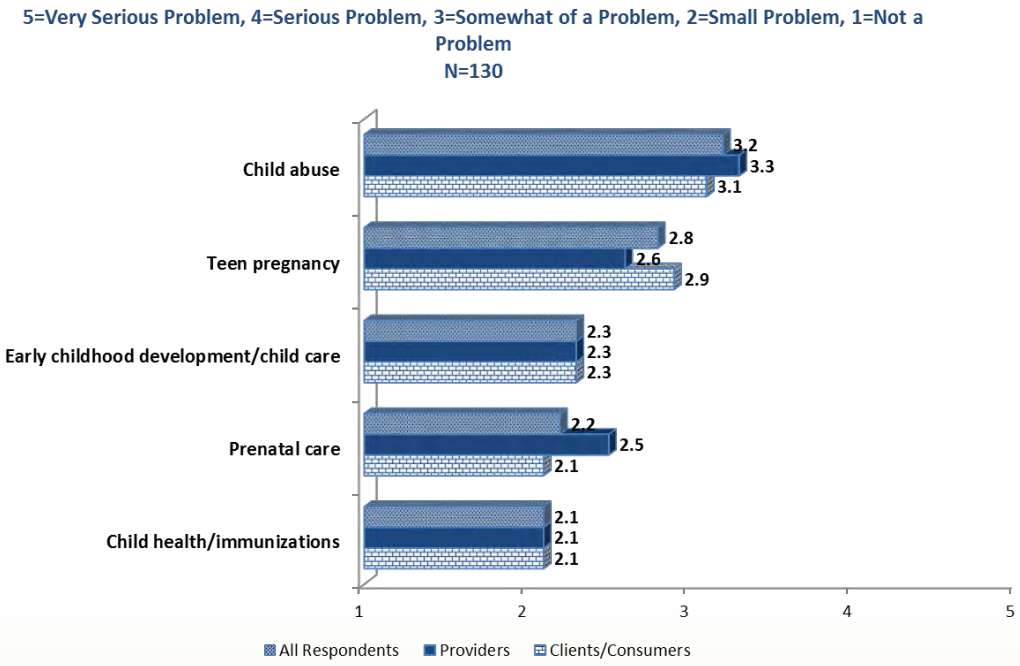
Source: AIU Head Start/Early Head Start Needs Assessment, 2012

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 96 illustrates the focus group responses for those topics relating to healthy mothers, babies and children. Focus group respondents were asked to rate a number of community needs and issues on a five point scale where 5= Very Serious Problem and 1= Not a Problem. Respondents rated child abuse and teen pregnancy as the topic areas of highest concern within this topic area. Each were rated as "somewhat of a problem" in the community. Providers were more likely to rate child abuse and prenatal care as a more serious problem in the community than clients/consumers, who rated teen pregnancy higher.

Figure 96. Focus Groups: Healthy mothers, babies and children



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

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

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

This was also not a common topic brought up during focus groups or stakeholder interviews. Teen pregnancy and high infant mortality rates were briefly mentioned by a few of the stakeholders. Those who shared these comments perceive that there is not a lot of active outreach for pregnant teens who often do not feel they have access to prenatal care.

Healthy Mothers, Babies and Children Conclusions:

While women in Allegheny County are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women are less likely to smoke three months prior to pregnancy. Teen pregnancy rates in the region are declining and the rate of live births to teens in Allegheny County is also lower than the state. Infant mortality rate in Allegheny County is higher than the state rate and significantly higher among the black population. Head Start students have a high need for dental care. Sizable portions of the student population are classified as either overweight or obese based on their BMI and many engage in risky behavior.

Overall, there are a number of conclusions regarding healthy mothers, babies and children-related issues from all of the quantitative and qualitative data presented. They include:

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Allegheny, Armstrong, and Westmoreland Counties compared to the state, and comparable to the Healthy People 2020 goal of 77.9 percent.
- The percentage of mothers who reported smoking during and three months prior to pregnancy was significantly higher in Armstrong and Westmoreland Counties.
- The percentage of mothers receiving WIC was significantly higher in Armstrong County, and lower in Allegheny and Westmoreland Counties.
- The percentage of mothers receiving Medicaid was significant in all counties in certain years.
- The percentage of mother's breastfeeding was significantly lower for all three counties compared to the state.
- Teenage pregnancy rates were significantly lower than the state rate within the last few years in Allegheny and Westmoreland Counties.
- Teenage live birth outcomes were significantly lower in Allegheny County compared to the state.
- Infant mortality, particularly in the black population in Allegheny County is significantly higher than the state rate and has not decreased over the past 10 years. Over the last 10 years, infant mortality in Allegheny County has been consistently higher than the state rates and has remained relatively stable. The rates in Westmoreland County have fluctuated, but are trending upward.
- Obesity rates for grades K-6 ranged from 16 to 21 percent.
- Obesity rates for grades 7-12 ranged from 15 to 20 percent.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked child abuse followed by teen pregnancy as the most serious maternal/child health related issues.
- Stakeholders expressed concern regarding teen pregnancy and infant mortality and commented that teen moms feel that they do not have good access to healthcare and that there is not a lot of outreach for pregnant teens.

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Infectious Disease

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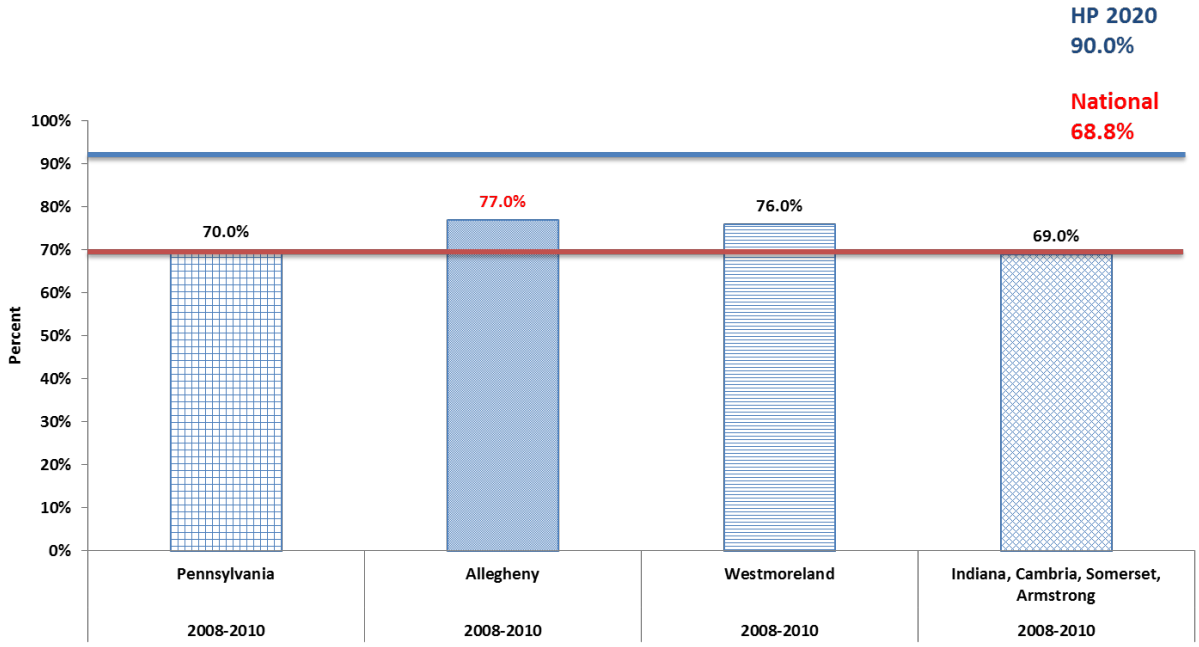
Infectious Diseases

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality, diseases which place on populations heavy burdens of disability, and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization). Infectious disease topics contained in the Pennsylvania BRFSS and reported within this chapter include: pneumonia vaccination, flu and pneumonia mortality, chlamydia, gonorrhea and HIV. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates are included.

Figure 97 illustrates the percentage of adults who had a pneumonia vaccine, age 65 and above, in the United States, in Pennsylvania, and throughout the service area counties from 2008 through 2010. The Allegheny County rate (77.0 percent) was significantly higher than Pennsylvania and higher than the national rate. Westmoreland County was also higher compared to the state and nation. Indiana, Cambria, Somerset and Armstrong counties was comparable to the state and nation. All rates were well below the HP 2020 goal of 90.0 percent.

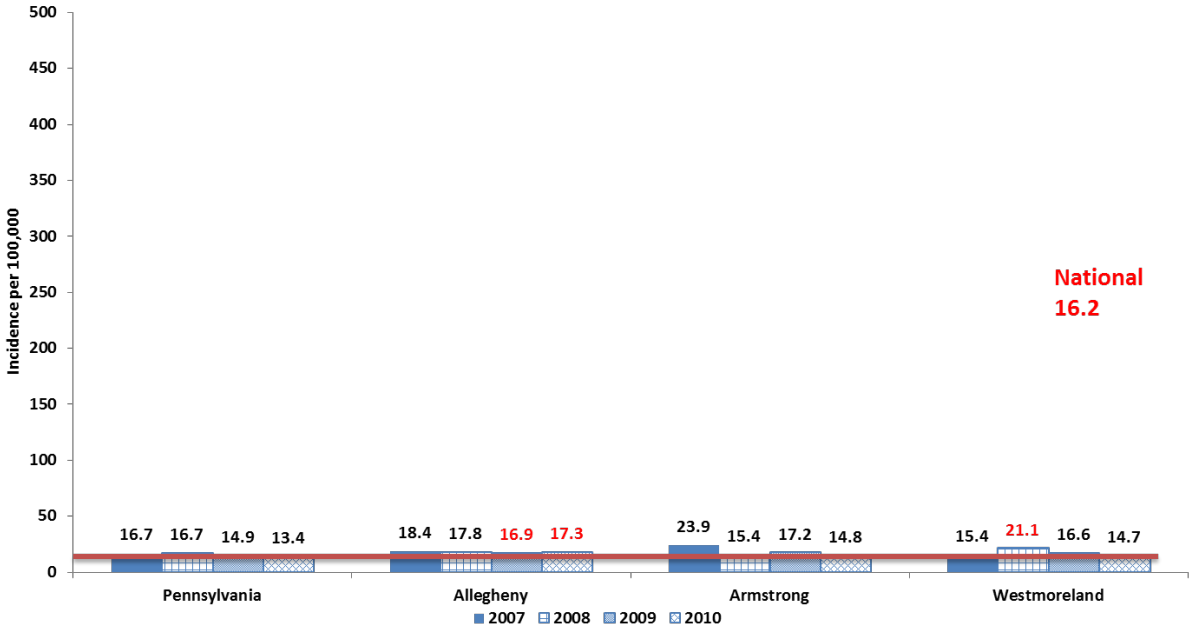
Figure 97. BRFSS-Percentage of adults who had a pneumonia vaccine, age GE 65



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

Figure 98 illustrates the influenza and pneumonia mortality rate, per 100,000, in the United States and Pennsylvania, as well as throughout the service area counties for the years 2007 through 2010. The Allegheny County level rate fluctuated over the period and was significantly higher than Pennsylvania in 2009 and 2010, Westmoreland County was significantly higher in 2008. When compared to the national mortality rate of 16.2 for 2010, Allegheny County had a higher mortality rate in 2010 while the state and other service area counties were lower than the national rate.

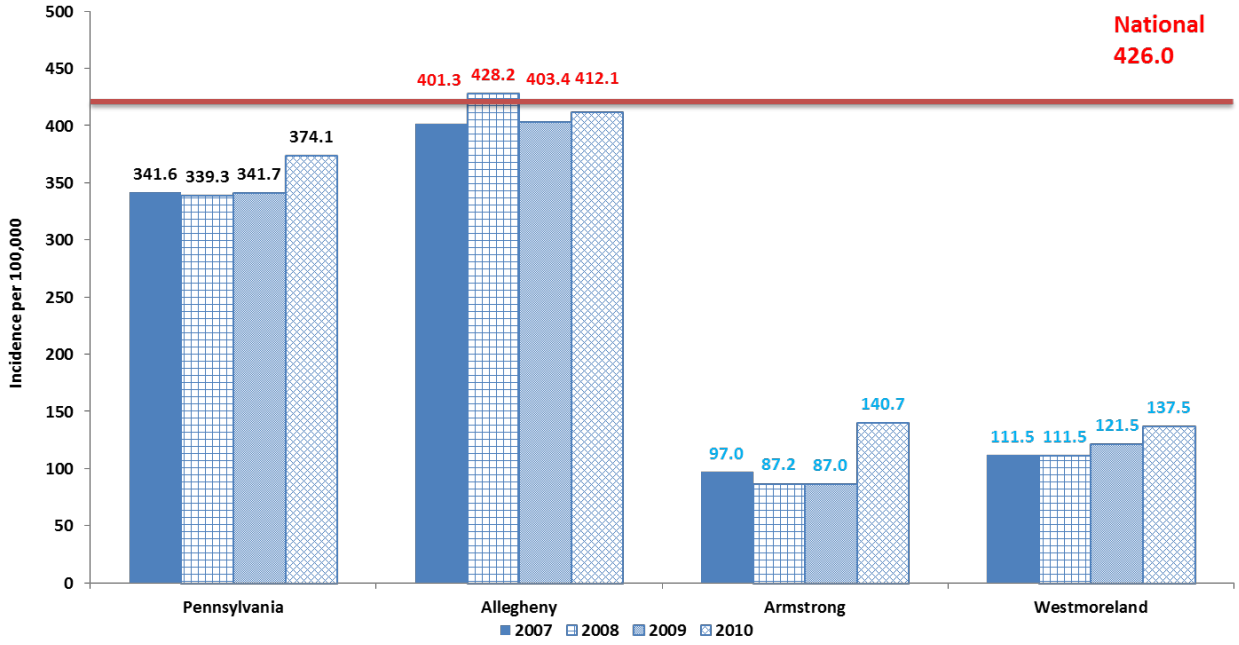
Figure 98. Influenza and pneumonia mortality rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 99 illustrates the incidence rate of chlamydia in Pennsylvania and throughout the service area counties from 2007 through 2010. The rate in Allegheny County was significantly higher than the state rate, although both are below the national rate of 426.0. Over the four years, an increasing trend is shown throughout Pennsylvania and Allegheny County. The rates in Armstrong and Westmoreland County were significantly lower compared to the state for all four years and were lower than Allegheny County and the nation.

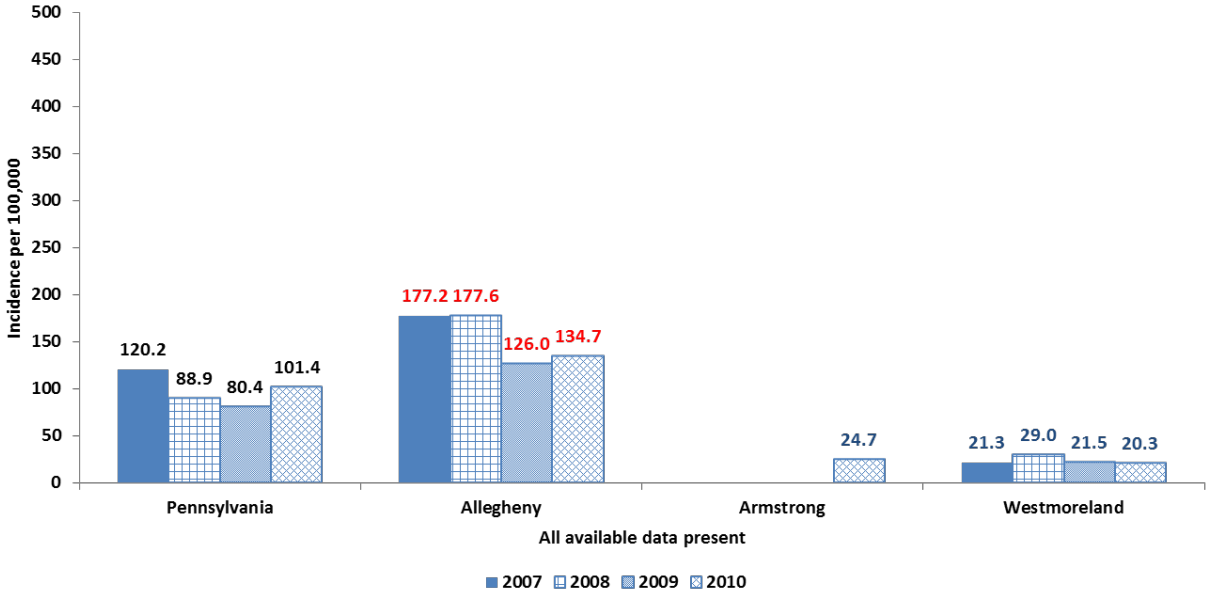
Figure 99. Chlamydia incidence rate



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 100 illustrates the gonorrhea incidence rate in Pennsylvania and Allegheny County from 2007 through 2010. The rate in Allegheny County was significantly higher than in Pennsylvania for all four years. The rate in Westmoreland County was significantly lower than in Pennsylvania for all four years. Armstrong had a significantly lower rate than the state in 2010. Both Allegheny County and the state, however, showed a decreasing trend over the same time period.

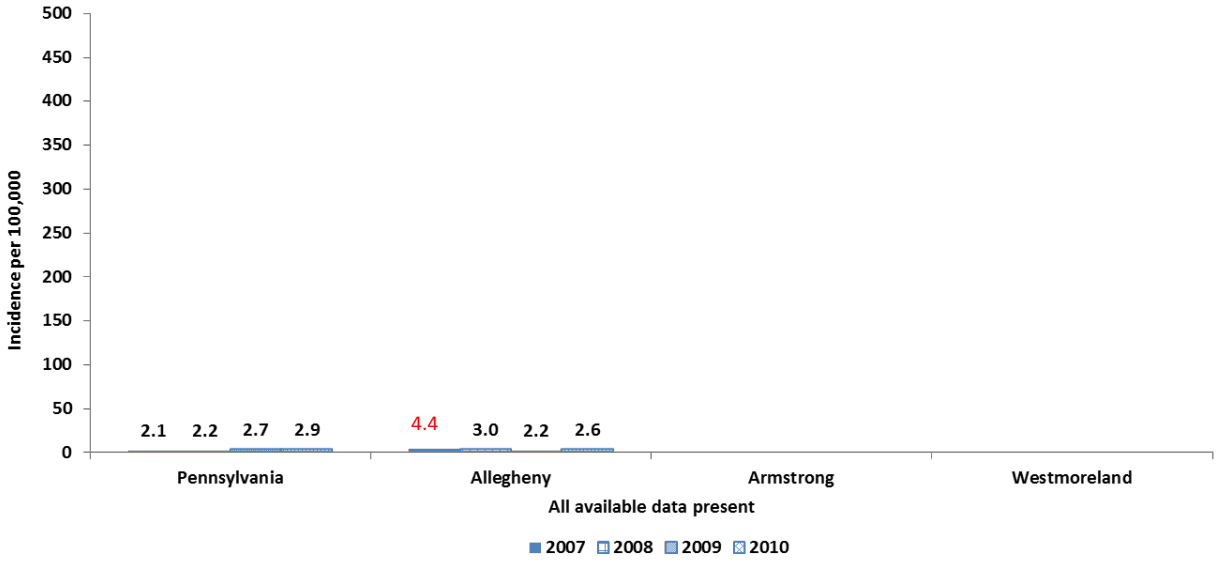
Figure 100. Gonorrhea incidence rate



Source: Pennsylvania Department of Health

Figure 101 illustrates the incidence rate of syphilis in Pennsylvania and Allegheny County for the years 2007 through 2010. The rate in Allegheny County was higher than Pennsylvania from 2007 through 2008 (significantly so in 2007), but the rate was less than the state in 2009 and 2010. Over the four years, Pennsylvania showed an increasing trend, while Allegheny County showed a decreasing trend. No data was available for Armstrong and Westmoreland Counties.

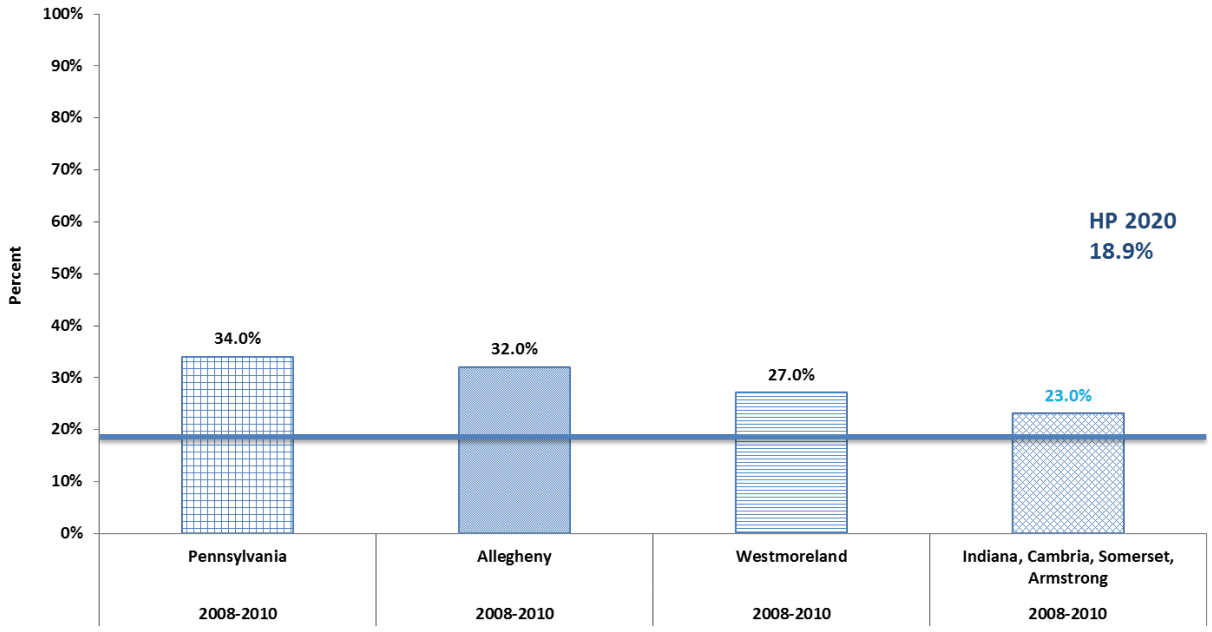
Figure 101. Syphilis incidence rate



Source: Pennsylvania Department of Health

Figure 102 illustrates the percentage of adults, age 18 to 64, who have ever been tested for HIV in Pennsylvania and throughout the counties of the service region from 2008 through 2010. The Indiana, Cambria, Somerset and Armstrong county rate (23.0 percent) is significantly lower than the state rate (34.0 percent). The other county rates are also below the state, while all data shown is above the Healthy People 2020 goal of 18.9 percent.

Figure 102. BRFSS-Percentage of adults age 18 to 64 ever tested for HIV



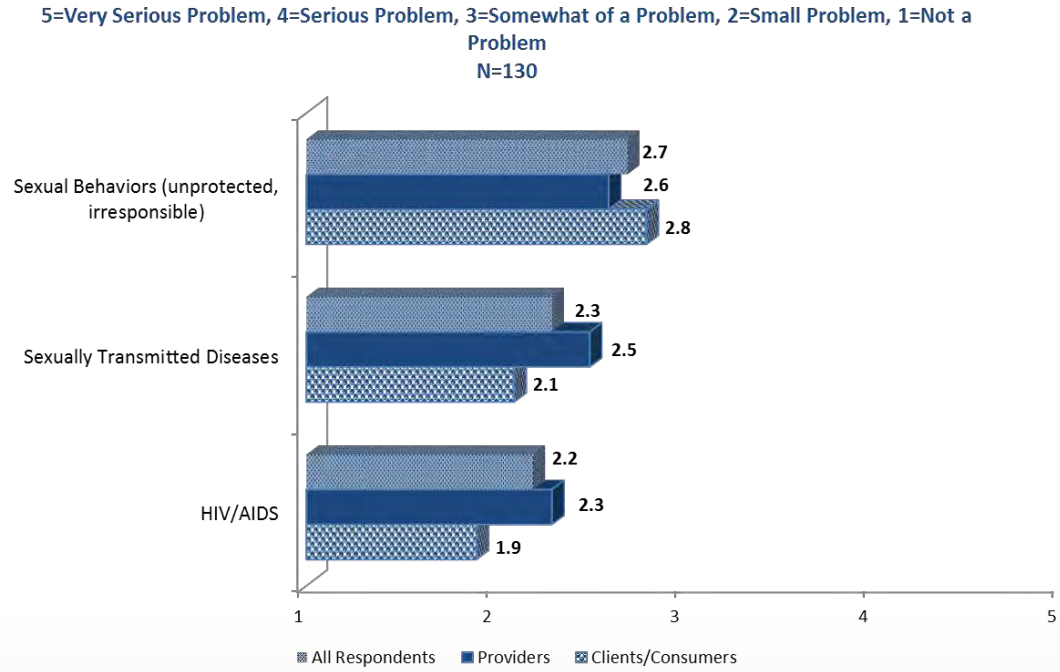
Source: Pennsylvania Department of Health, www.healthypeople.gov

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 103 illustrates focus group responses related to infectious disease. Respondents were asked to rate a list of community needs and issues on a five point scale where 5= Very Serious Problem and 1= Not a Problem. Respondents rated sexual behaviors as the most serious problem in their community related to infectious disease, although it was rated only somewhat of a problem in the community. Providers were more likely to rate sexually transmitted diseases and HIV/AIDS as more serious problems in the community than clients/consumers.

Figure 103. Focus Groups: Infectious disease



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

Focus group participants were asked to identify and discuss what they perceived to be the top health or health-related problems in their community. The following were community health problems that were identified which had to do with infectious disease. Similar to maternal and child health, as compared to other issues, focus group participants and interviewees did not identify infectious disease as a top concern. Focus group participants commented that HIV and other sexually transmitted diseases are impacting affluent communities as well as senior living facilities, recognizing that these population groups often do not think this is something that can happen to them.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Similar to maternal and child health, as compared to other issues, focus group participants and interviewees did not identify infectious disease as a top concern. A number of stakeholders identified hospital-acquired infections as a key issue in the community that needs attention. Stakeholders also identified the need to expand HIV screenings available in the community as well as offer sex education noting concerns over the rates of sexually transmitted diseases.

Infectious Disease Conclusions

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

- The percentage of adults over the age of 65 who received a pneumonia vaccine was significantly higher for Allegheny County, however all counties were below the Healthy People 2020 goal of 90.0 percent.
- Influenza and pneumonia mortality rates were significantly higher in Allegheny County in 2009 and 2010, and in Westmoreland County in 2008, although rates are trending downward.
- Chlamydia incidence rates were significantly higher in Allegheny County while they were significantly lower in Armstrong and Westmoreland Counties.
- Adults aged 18-64 ever tested for HIV was significantly lower in Armstrong County, although the state and counties are above the Healthy People 2020 goal of 18.9 percent.

Conclusions from the Focus Groups and Interviews included:

- Focus group participants ranked irresponsible sexual behaviors followed by sexually transmitted diseases as the most serious infectious disease related community health issues.
- Participants discussed concern over the growing incidence of HIV in affluent and senior populations, who have the perception that it won't happen to them.
- Stakeholders commented on the high hospital infection rates that need to be addressed, along with concern regarding the rate of STDs in the community, stressing that there is a need to expand HIV testing.

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Mental Health and Substance Abuse

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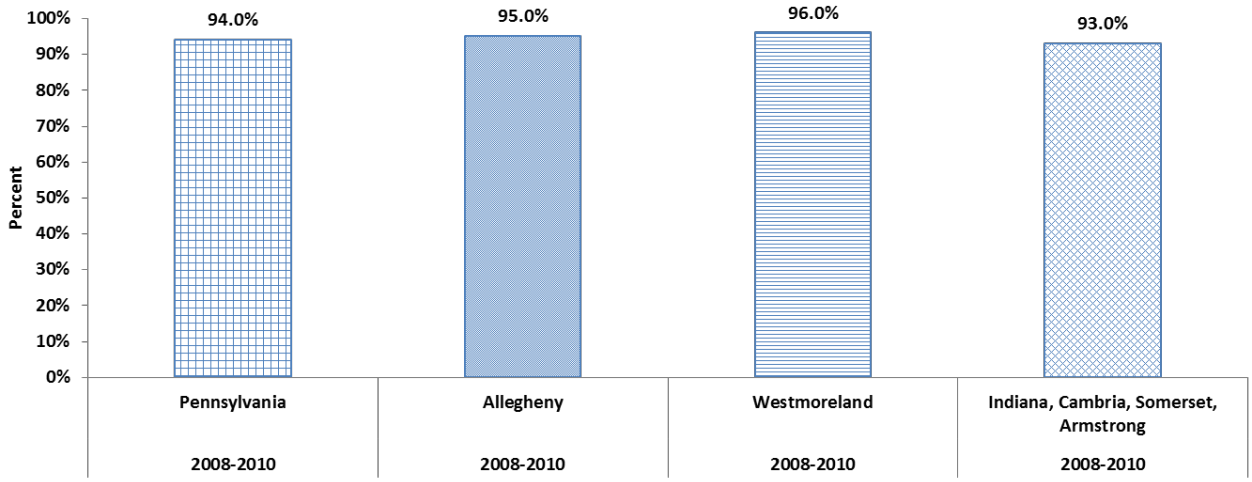
Mental Health & Substance Abuse

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease." Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Mental health and substance abuse topics explored include: quality of life, mental health, alcohol and other drug use and abuse. When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 104 illustrates the percentage of adults satisfied or very satisfied with their life in Pennsylvania and throughout the service area counties from 2008 through 2010. The majority of regional county respondents indicated that they are satisfied or very satisfied with their life, ranging from 96 percent in Westmoreland County to 93 percent in Indiana, Cambria, Somerset, and Armstrong counties. The regional rates are comparable to the state (94 percent).

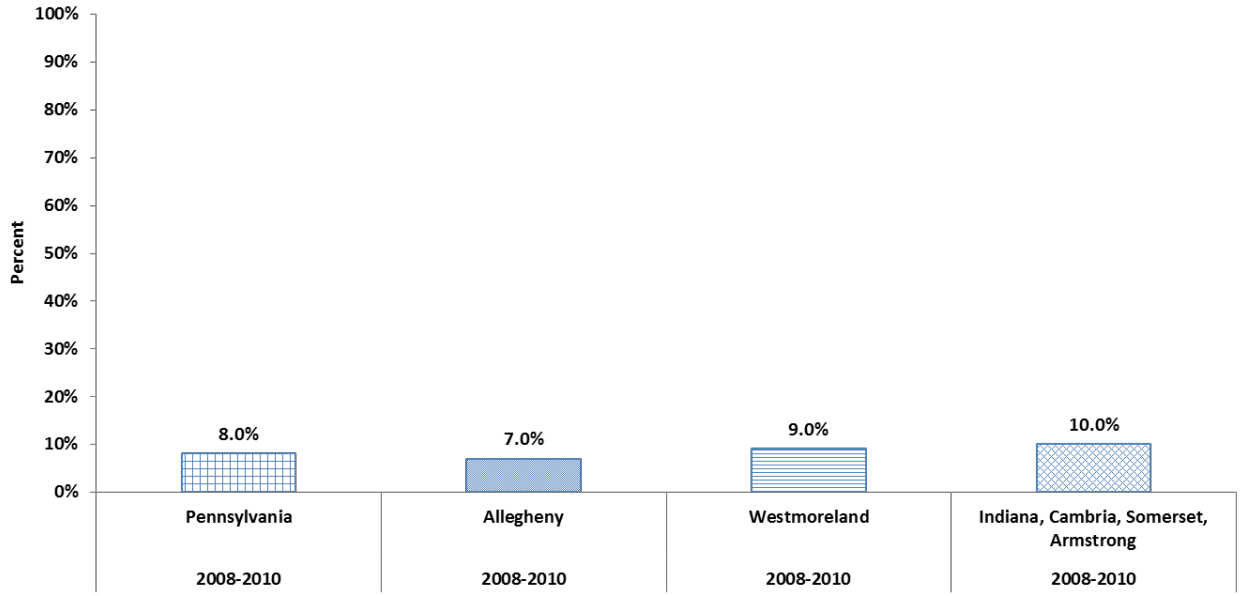
Figure 104. BRFSS-Percentage of adults satisfied or very satisfied with their life



Source: Pennsylvania Department of Health

Figure 105 illustrates the percentage of adults who reported that they never or rarely received the social and emotional support they need in Pennsylvania and throughout the service area counties from 2008 through 2010. The county rates range from 7.0 percent in Allegheny County to 10.0 percent in Indiana, Cambria, Somerset and Armstrong counties, and are comparable to the state (8.0 percent).

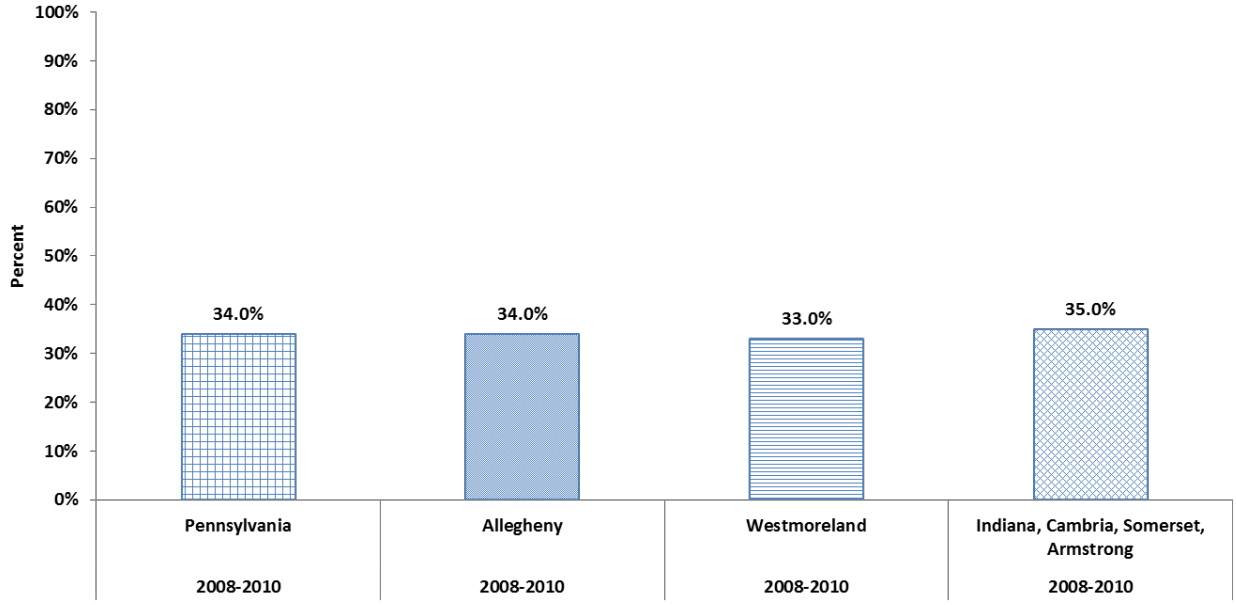
Figure 105. BRFSS-Percentage of adults who reported never or rarely received the social and emotional support they needed



Source: Pennsylvania Department of Health

Figure 106 illustrates the percentage of adults who reported their mental health as not good one or more days in the past month in Pennsylvania and throughout the service area counties from 2008 through 2010. Approximately one third of the population reported their mental health as not good one or more days in the past month. The county rates range from 33 percent in Westmoreland County to 35 percent in Indiana, Cambria, Somerset, and Armstrong counties and was comparable to Pennsylvania (34 percent).

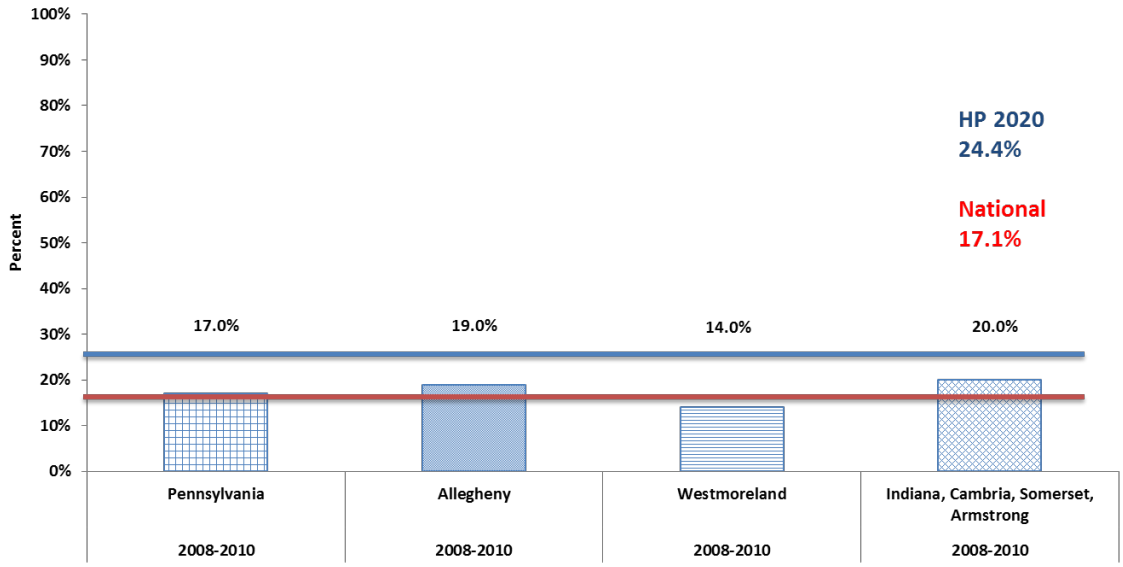
Figure 106. BRFSS-Percentage of adults who reported their mental health as not good 1+ days in the past month



Source: Pennsylvania Department of Health

Figure 107 illustrates the percentage of adults who reported binge drinking on one occasion in the United States, in Pennsylvania, and throughout the service area counties from 2008 through 2010. The county rates range from 14 percent in Westmoreland County, which is lower than the state as well as other service area counties, to 20 percent in Indiana, Cambria, Somerset and Armstrong counties which were comparable to the state and nation. All of the rates exceeded the HP 2020 goal (24.4 percent).

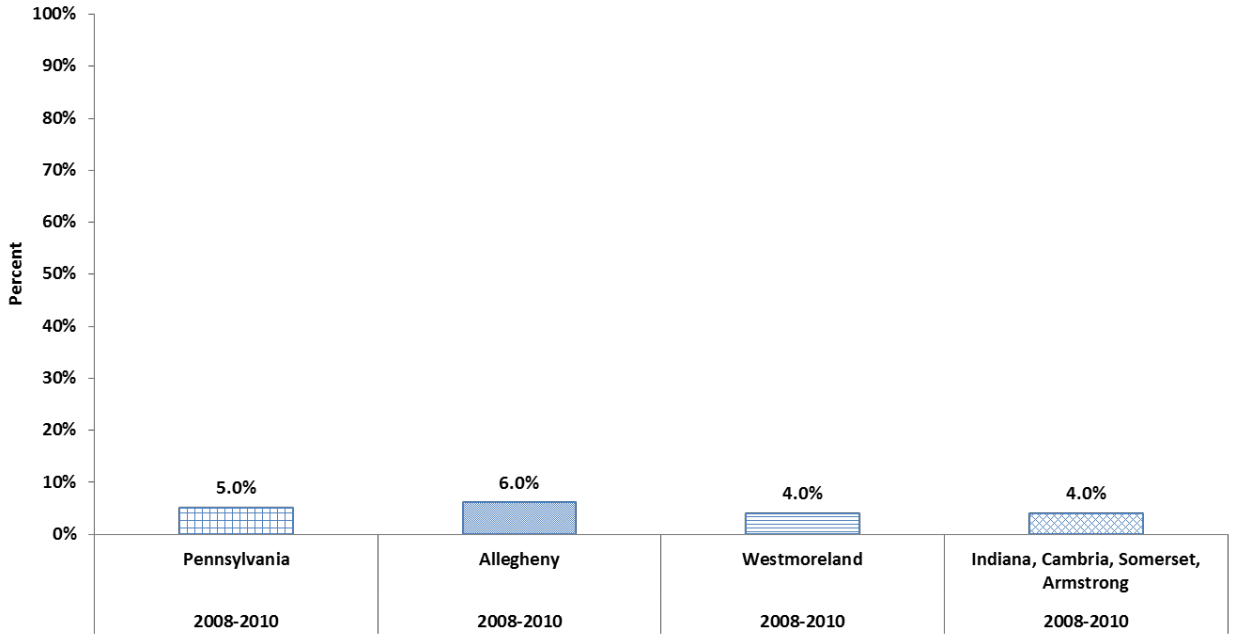
Figure 107. BRFSS-Percentage of all adults who reported binge drinking (5 drinks for men and 4 drinks for women on one occasion)



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

Figure 108 illustrates the percentage of adults at risk for heavy drinking in Pennsylvania and throughout the service area counties from 2008 through 2010. The county rates are comparable to the state (5.0 percent). Allegheny County is slightly higher when compared to the other service area counties.

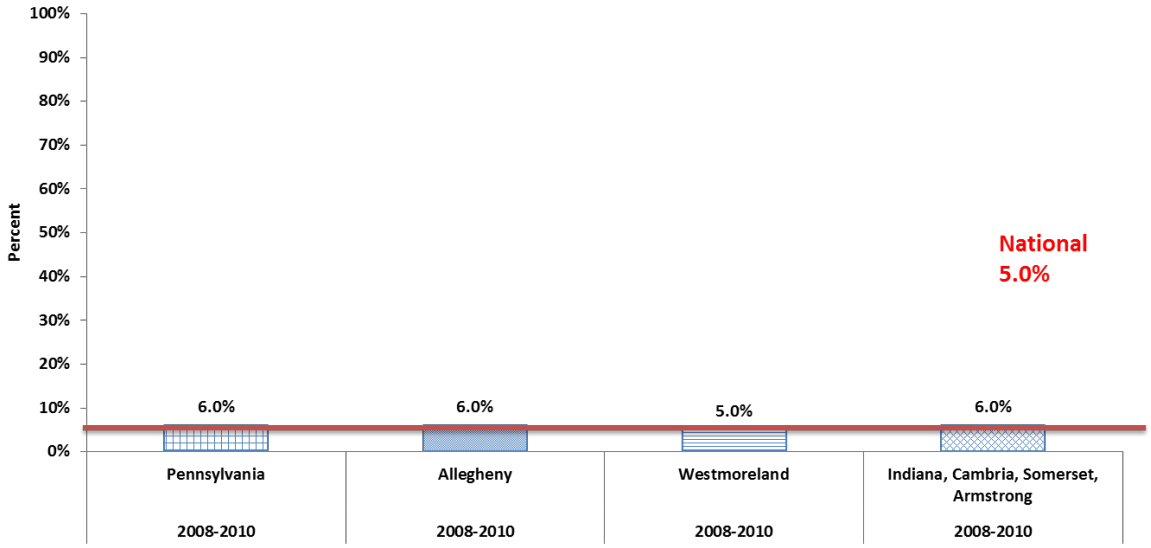
Figure 108. BRFSS-Percentage of all adults at risk for heavy drinking (2 drinks for men and 1 drink for women daily)



Source: Pennsylvania Department of Health

Figure 109 illustrates the percentage of adults who reported chronic drinking in the United States, in Pennsylvania and throughout the service area counties from 2008 through 2010. The county rates are comparable to the state (6.0 percent) and nation (5.0 percent).

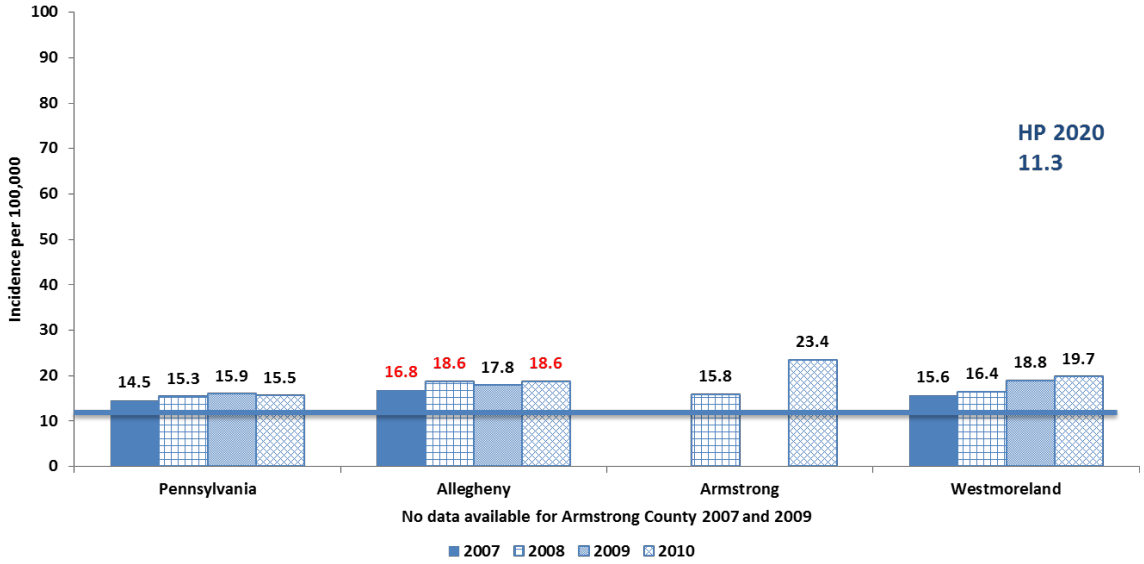
Figure 109. BRFSS-Percentage of adults who reported chronic drinking (2 or more drinks daily for the past 30 days)



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 110 illustrates drug-induced mortality rates in Pennsylvania and throughout the service area counties from 2007 through 2010. The rate in Allegheny County was significantly higher than the state rate three of the past four years. Over the four years, the rates in Pennsylvania and the service area counties are increasing and all the rates were above the HP 2020 goal of 11.3.

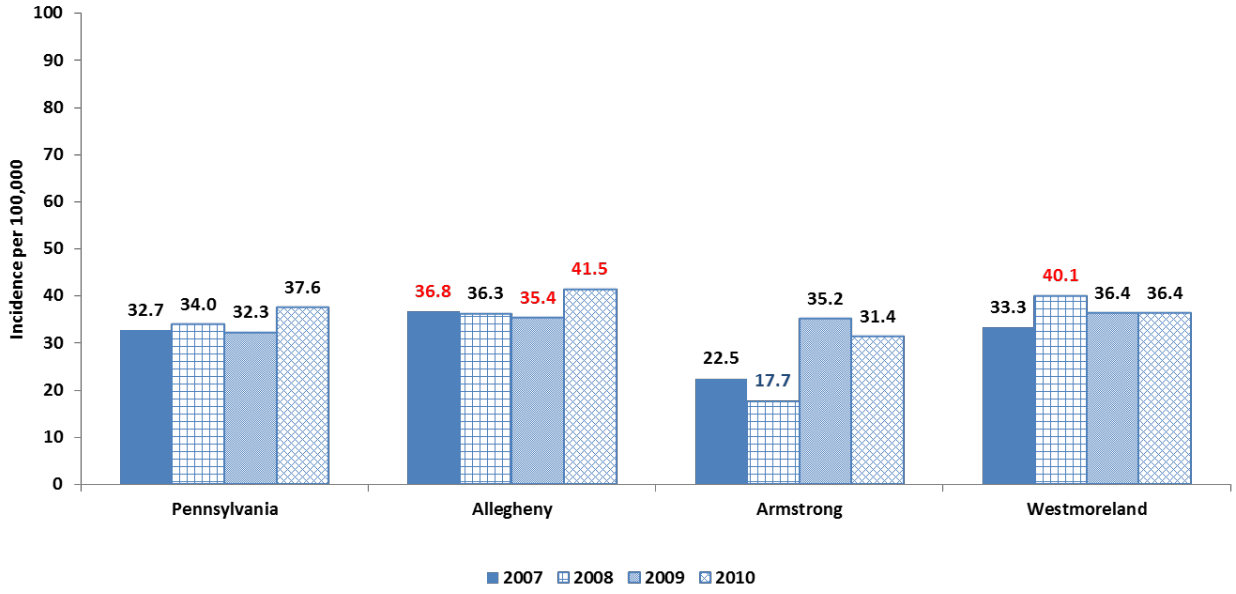
Figure 110. Drug-induced mortality rate



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

Figure 111 illustrates mental and behavioral disorder mortality rates in Pennsylvania and Allegheny County from 2007 through 2010. The Allegheny County rate was significantly higher than the state rate three of the last four years. Over the four years, rates fluctuated but increased overall both in Allegheny County and across the state.

Figure 111. Mental and behavioral disorders mortality rates



Source: Pennsylvania of Health

Table 38 outlines estimates of substance use disorders in Pennsylvania, as well as Allegheny County based on the 2009 National Survey on Drug Use and Health conducted by SAMHSA's Office of Applied Studies. It is estimated that as many as 81,320 persons age 12 and over in the service region have some type of substance abuse problem.

Table 38. Prevalence of substance abuse disorders

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

SCA	Total 2009 Population	Age 12+		Age 12-17		Age 18-25		Age 26+	
		Population	Prevalence (Rate = 7.7%)	Population	Prevalence (Rate = 7.1%)	Population	Prevalence (Rate = 20.4%)	Population	Prevalence (Rate = 5.7%)
Allegheny	1,218,494	1,056,102	81,320	96,210	6,831	138,863	28,328	821,029	46,799
Pennsylvania	12,604,767	10,781,486	830,174	1,026,078	72,852	1,451,954	296,199	8,303,454	473,297

1. Past year dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).
2. The National Survey on Drug Use and Health (NSDUH), formerly known as the National Household Survey on Drug Abuse (NHSDA), is an annual survey conducted by SAMHSA's Office of Applied Studies. NSDUH is the primary source of statistical information on the use of illicit drugs by the U.S. civilian population aged 12 or older, based on face-to-face interviews at their place of residence. The survey covers residents of households, non-institutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as prisons and long-term hospitals. State level estimates are based on a survey-weighted hierarchical Bayes estimation approach. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009, Table 5.4B.

Population Data Source: Penn State Data Center 2009 Population Estimates.
County-level estimates prepared by the Division of Statistical Support, Pennsylvania Department of Health. Estimates may not sum to totals due to rounding.

Use of the data: These estimates may be used to describe the need for treatment services (as distinguished from demand) and the extent of the problem. They show potential for demand for services.

Source: The National Survey on Drug Use and Health

Table 39 illustrates positivity rates for urine drug tests in the general workforce from 2007 through 2011, based on a national study conducted by Quest Diagnostics, a leading provider of diagnostic testing, information and services that included more than 4.8 million tests from January through December 2011. For this study, Quest Diagnostics medical and health informatics experts analyzed a national sample of 75,997 de-identified urine specimen results performed in 2011. The study included results of patients of both genders, 10 and older, from 45 states and the District of Columbia. The objectives of this study were to assess the scope and demographic drivers of prescription drug misuse in America and the impact of laboratory testing on monitoring for prescription drug adherence.

Table 39. Positivity rates by testing reason - urine drug tests (for general U.S. workforce)

TESTING REASON	2007	2008	2009	2010	2011
Follow-Up	7.7 percent	7.6 percent	7.5 percent	6.5 percent	6.6 percent
For Cause	19.2 percent	22.0 percent	26.8 percent	26.9 percent	26.8 percent
Periodic	1.4 percent	1.4 percent	1.5 percent	1.3 percent	1.3 percent
Post-Accident	5.8 percent	5.6 percent	5.3 percent	5.3 percent	5.3 percent
Pre-Employment	3.9 percent	3.6 percent	3.4 percent	3.6 percent	3.5 percent
Random	5.7 percent	5.3 percent	5.4 percent	5.3 percent	5.2 percent
Returned to Duty	5.6 percent	5.3 percent	4.6 percent	5.2 percent	5.2 percent

Source: Quest Diagnostics Drug Testing Index™ reports at QuestDiagnostics.com/DTI

In another study, the Quest Diagnostics Prescription Drug Monitoring Report 2012, a number of additional findings were of interest, including:

- Of patients who had their urine tested, 63 percent were inconsistent with a physician's orders.
- Evidence of misuse was found across all commonly prescribed, controlled substances.
- More than half (60 percent) of inconsistent reports showed evidence of drugs that had not been prescribed by the ordering physician.
    - 32 percent tested positive for the prescribed drug(s) and at least one other additional drug; 28 percent tested positive for a drug, but not the one for which they were prescribed.
    - In 40 percent of inconsistent cases, the prescribed drug was not detected by lab testing.

Table 40 illustrates substance abuse in Allegheny County in the past 30 days, by gender and grade, based on the Allegheny County HealthChoices Program, 2011. HealthChoices is Pennsylvania's managed care program for adults and children who receive Medical Assistance. This program includes both physical health care and behavioral health care (e.g., mental health and drug and alcohol services). Students in grades 9 and 10 are more likely to use all of these substances. Boys are more likely to have used alcohol.

Table 40. Allegheny County substance use by gender and grade in past 30 days

Allegheny County Past 30 Day Substance Use by Gender and Grade							
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Alcohol	Used alcohol once or more in the last 30 days	25	26	24	12	54	38
Tobacco	Smoked cigarettes once or more in the last 30 days	13	13	13	6	29	19
Marijuana	Used marijuana once or more in the last 30 days	11	11	11	3	31	19

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

Table 41 and 42 illustrate first alcohol and first tobacco use in Allegheny County based on the 2011 HealthChoices program. Less than a quarter of students in grades 9 and 10 have never used alcohol. By grade 10, the majority of students have tried alcohol and almost half have tried tobacco.

Table 41. Allegheny County alcohol use by grade in past 30 days

Allegheny County Age of First Use: Alcohol Use by Grade				
		Grade		
Category	Response	7	9	10
Alcohol	Never used	55 percent	20 percent	24 percent
	10 or younger	17 percent	20 percent	12 percent
	11	13 percent	3 percent	5 percent
	12	11 percent	10 percent	7 percent
	13	4 percent	19 percent	12 percent
	14	0 percent	19 percent	17 percent
	15		6 percent	19 percent
	16		3 percent	5 percent
	17 or older			0 percent

Table 42. Allegheny County tobacco use by grade in past 30 days

Allegheny County Age of First Use: Tobacco Use by Grade				
		Grade		
Category	Response	7	9	10
Tobacco	Never used	84 percent	42 percent	60 percent
	10 or younger	6 percent	16 percent	10 percent
	11	5 percent	9 percent	4 percent
	12	3 percent	13 percent	5 percent
	13	2 percent	8 percent	6 percent
	14	0 percent	10 percent	6 percent
	15		3 percent	7 percent
	16			3 percent
	17 or older	0 percent		

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

Table 43 illustrates the percent of youth who report risk-taking behaviors related to substance abuse. Students in grades 9 and 10 are more likely to engage in most of these risk behaviors. Boys are more likely to have used smokeless tobacco.

Table 43. Allegheny County: Youth risk-taking behavior related to substance abuse

Allegheny County Percent of Youth Who Report 9 Risk-Taking Behaviors Related to Substance Use								
Risk-Taking Behavior		Total Sample	Gender		Grade		
Category	Definition		M	F	7	9	10
Alcohol	Used alcohol once or more in the last 30 days	25	26	24	12	54	38
	Got drunk once or more in the last 2 weeks	20	21	20	10	51	30
Tobacco	Smoked cigarettes once or more in the last 30 days	13	13	13	6	29	19
	Used smokeless tobacco once or more in the last 12 months	16	26	7	8	28	25
Inhalants	Sniffed or inhaled substances to get high once or more in the last 30 days	9	9	9	10	16	7
Marijuana	Used marijuana once or more in the last 12 months	19	20	18	6	47	32
Other Drug Use	Used other illicit drugs once or more in the last 12 months	6	6	6	2	9	10
Driving and Alcohol	Drove after drinking once or more in the last 12 months	6	7	5	2	15	9
	Rode (once or more in the last 12 months) with a driver who had been drinking	33	33	32	29	49	36

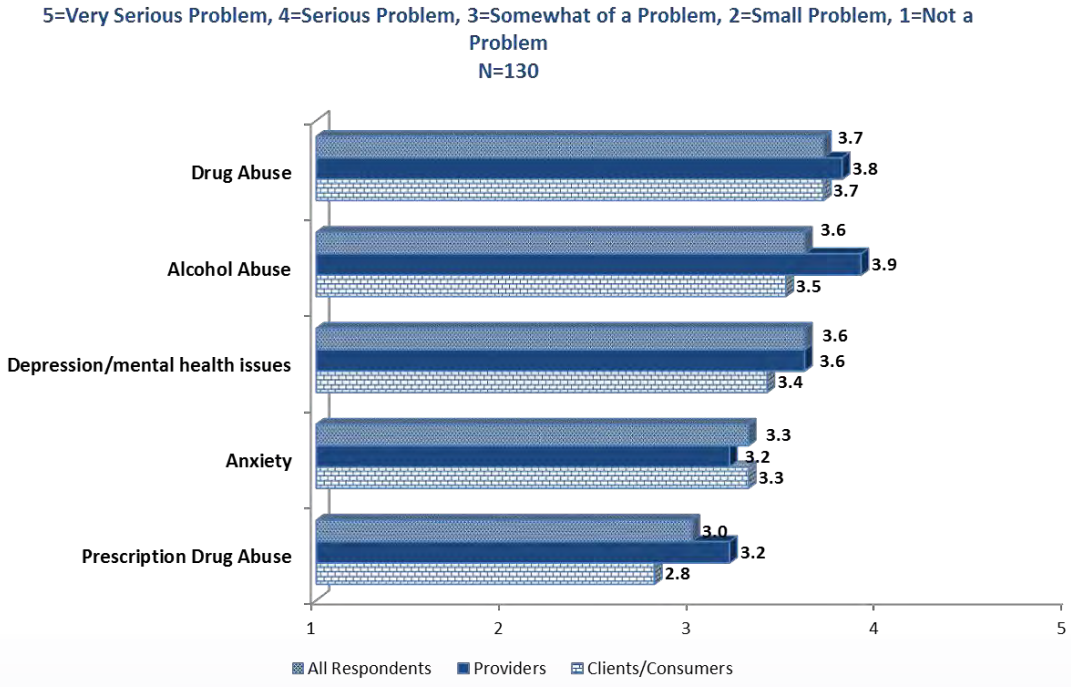
Source: The Allegheny County HealthChoices Program: 2011 Year in Review

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 112 illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not at all a Problem. Of the mental health and substance abuse related issues that were rated, respondents rated drug abuse and alcohol abuse issues as the most serious issues. Providers were more likely to rate alcohol abuse and prescription drug abuse as more serious community issues, while clients/consumers rated anxiety as more serious.

Figure 112. Focus Groups: Mental health and substance abuse



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

Focus Group Input

Focus group participants were asked to identify and discuss what they perceived to be the top health or health-related problems in their community. The following were community health problems that were identified which had to do with mental health and/or substance abuse conditions, and related issues.

Focus group participants identified drug and alcohol abuse and mental health issues as some of the most serious community health needs in the region. Participants tended to focus discussions around access to mental health services. This was a particular concern for providers who currently work with refugee and immigrant populations, who may not have insurance or culturally may have a stigma associated with mental health. This group discussed mental health concerns specific to these population groups such as being forced from their home, being separated from family, adjustment issues, language barriers and just general trauma associated with their previous environment.

Other participants discussed drug abuse as a community problem. There was the perception that the drug problem was moving from the inner city into the suburbs. Participants also expressed concern over the increased use of prescription drugs as well as the frequency of drug related overdoses and even deaths due to overdoses.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Many stakeholders identified substance abuse and related issues as key community needs. The stress from unemployment or living in poverty is perceived to be driving people to use drugs and alcohol to cope with their stresses. There is also a perception that illicit and prescription drugs are available on the streets at low cost and that drug overdoses are increasing.

Many stakeholders also identified substance abuse and related issues as key community needs. The stress from unemployment or living in poverty is perceived to be driving people to abuse drugs and alcohol to cope. There is also a perception that illicit and prescription drugs are available on the streets at low cost and that drug overdoses are increasing.

Mental Health & Substance Abuse Conclusions

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

- Across the service area, 93 percent-96 percent of adults reported being satisfied or very satisfied with their life while 7 percent-10 percent of adults reported rarely or never getting the social or emotional support they needed. However, over a third indicated that their mental health was not good one or more days in the past month.
- There were no significant differences between binge, chronic, and heavy drinking across the counties, compared to the state or nation.
- Drug induced mortality rates were significantly higher in Allegheny County and are trending upward over the past four years, also above the Healthy People 2020 Goal of 11.3.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked drug abuse as the most serious community health issue within this topic area, followed by alcohol abuse and depression/mental health. Access is a problem because of the stigma associated with it, particularly among refugees. The drug problem is moving from the city to the suburbs.
- Stakeholders commented that mental illness and stress are issues that impact overall health. They also see a lot of both street and prescription drug abuse in the community.

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Physical Activity and Nutrition

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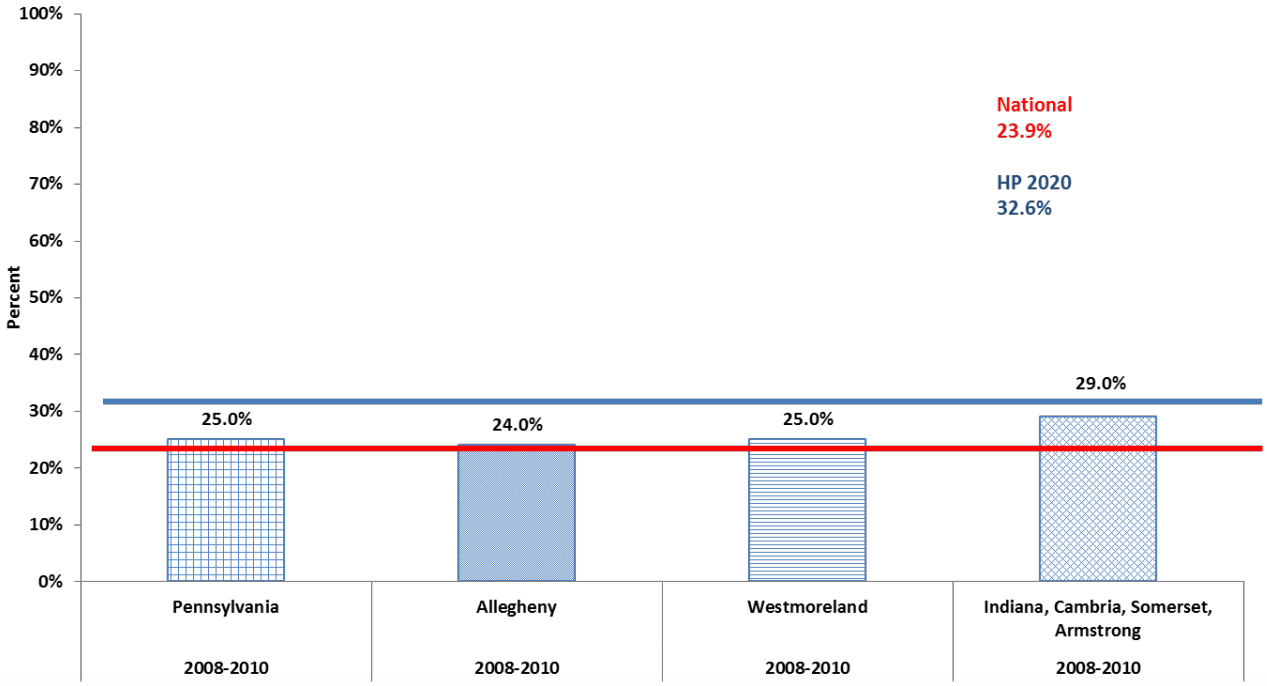
Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones and joints. Proper nutrition and maintaining a healthy weight are critical to good health. Physical activity and nutrition topics explored include: levels of physical activity, availability of fast or fresh food, and utilization of free and reduced-price lunches for school aged children.

Figure 113 illustrates the percentage of adults who reported no leisure time physical activity in the past month in the United States and Pennsylvania, as well as in the service area counties for the years 2008 through 2010. The regional rates are comparable to the state and national rates, although they are below the Healthy People 2020 goal of 32.6 percent. Armstrong County (at 29.0 percent) had the highest percentage which was well above the national percentage (of 23.9 percent). When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

Figure 113. BRFSS-Percentage of adults who reported no leisure time physical activity in the past month

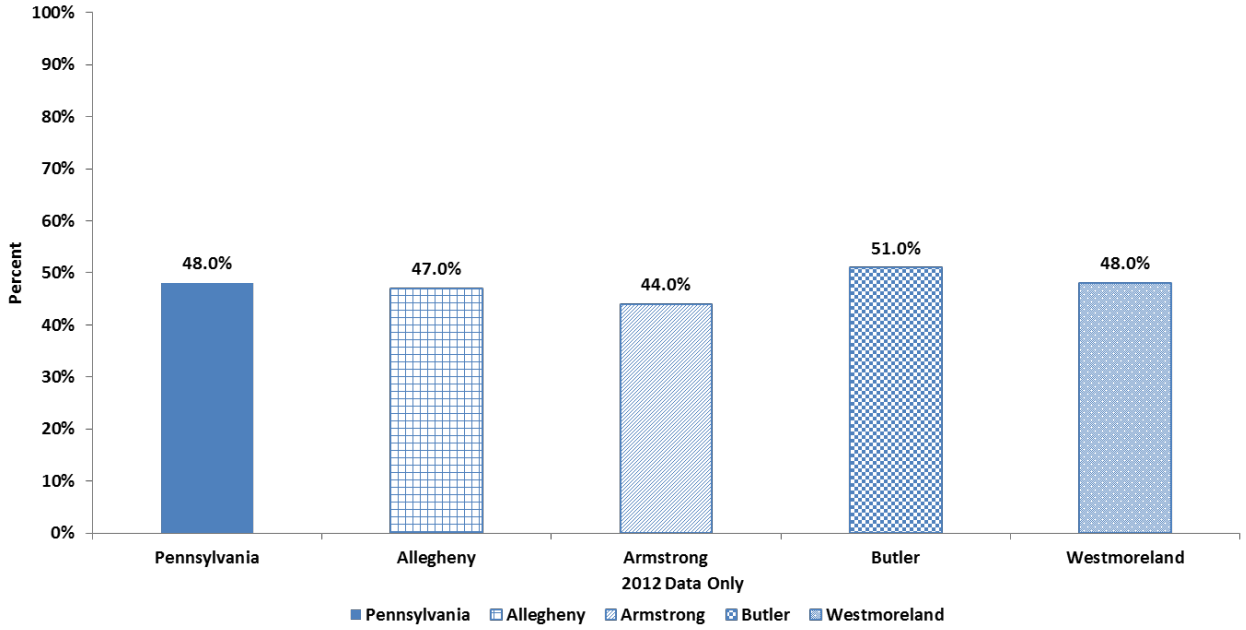


Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Based on data from the Census' County Business Patterns, the fast food restaurants measure is defined as the number of fast food outlets over the total number of restaurants in a county. According to County Health Rankings, from where these data originate, "access to fast food restaurants is correlated with a high prevalence of overweight, obesity, and premature death.[1] The average number of kilocalories consumed daily in the US has been on an increasing trend over the past several decades. Among most child age groups, fast food restaurants are the second highest energy provider, second only to grocery stores."[2] The percentage of fast food restaurants is a proxy measure for consumption of fast food.

Figure 114 illustrates the percentage of all restaurants that are fast food in Pennsylvania, as well as throughout the service area counties in 2012. The regional percentages range from 44.0 percent in Armstrong County to 51.0 percent in Butler County. The regional rates were comparable to the state.

Figure 114. Restaurants that are fast food restaurants



Source: www.communityhealthrankings.org

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

Table 44 illustrates the number and percentages of families who enrolled and were eligible for free and reduced-priced lunches in Allegheny, Armstrong, and Westmoreland counties. Allegheny County has the highest enrollment with 149,901 students, which reflects almost 34 percent of the student body. However, Armstrong County had the highest percentage of the student body eligible at just under half (43.3 percent).

Table 44. Free and reduced price lunch

PA Department of Education 2011 Free & Reduced Price Lunch					
	Enrollment	Free Eligible	Reduced Eligible	% Free Enrollment	% Reduced Enrollment
Allegheny	149,901	50,488	6,914	33.7%	4.6%
Armstrong	9,698	3,410	791	35.2%	8.1%
Westmoreland	48,704	13,150	2,558	26.9%	5.2%

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

Table 45 and 46 illustrate the Allegheny County School districts with more than 60 percent and 35 percent to 60 percent of children eligible for free or reduced price lunch programs. Duquesne and Clairton City school districts have the highest percentage of eligible students. There are 11 school districts in Allegheny County where more than 50 percent of the children qualify for free and reduced price lunches.

Table 45. School districts with 60 percent or higher of children eligible for free/reduced lunch programs

Allegheny County School Districts with 60% or higher of children eligible for free/reduced lunch programs	
School Districts	Free and Reduced Lunch Percentages
Duquesne City	94.5%
Clairton City	88.5%
Wilkinsburg Borough	80.8%
McKeesport Area	71.8%
Woodland Hills	70.5%
Sto-Rox	70.5%
East Allegheny	63.4%

Table 46. School districts with 35-60 percent of children eligible for free/ reduced lunch programs

Allegheny County School Districts with 35-60% of children eligible for free/reduced lunch programs	
School Districts	Free and Reduced Lunch Percentages
Cornell	59.8%
Steel Valley	59.2%
South Allegheny	51.9%
Highlands	51.6%
Penn Hills	49.6%
Northgate	48.4%
West Mifflin Area	46.0%
Brentwood Borough	45.3%
Carlynton	45.1%
Allegheny Valley	43.2%
Gateway	37.5%

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

Table 47 illustrates grocery store access in Allegheny, Armstrong and Westmoreland counties in 2010. Westmoreland County had the highest percentage of the population having low access to a grocery store, with approximately one third of the population with low access (33.2 percent). According to the US Department of Agriculture a "low-access community" is defined as having at least 500 persons and/or at least 33 percent of the census tract's population living more than one mile from a supermarket or large grocery store (10 miles, in the case of non-metropolitan census tracts).

Table 47. Grocery store access

US Department of Agriculture Food Desert Data 2010				
	% of Population with Low Access to a Grocery Store	% of Children with Low Access to a Grocery Store	% of Seniors with Low Access to a Grocery Store	% of Households with No Car and Low Access to a Grocery Store
Allegheny	28.7%	6.1%	4.9%	2.6%
Armstrong	5.3%	1.5%	0.9%	2.9%
Westmoreland	33.2%	6.7%	6.0%	2.8%

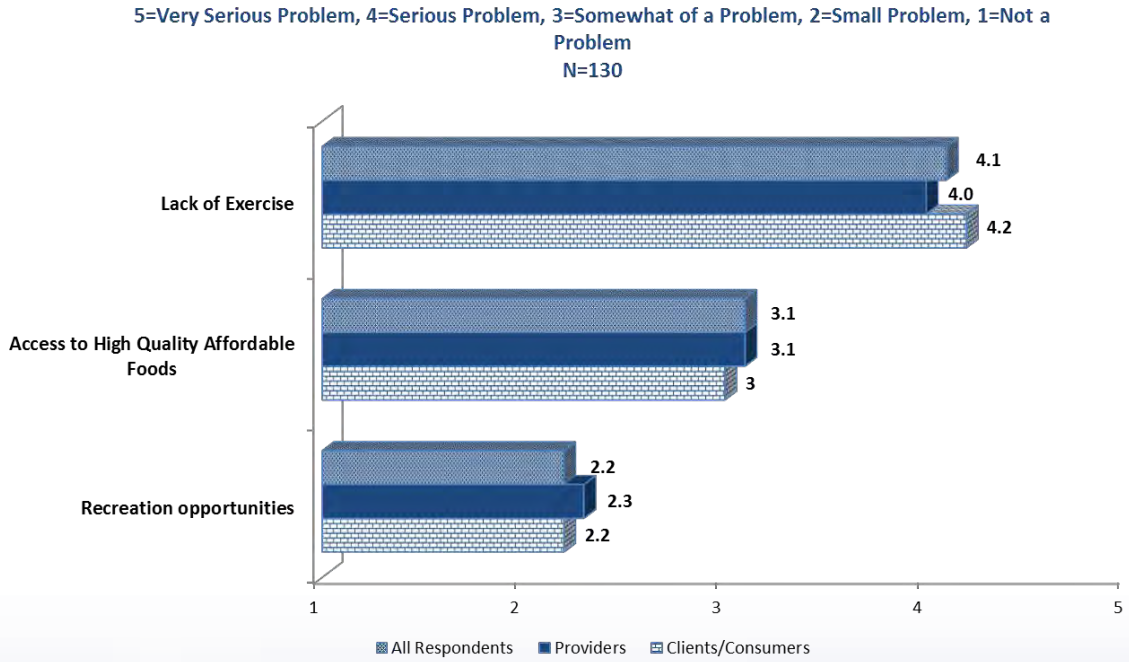
Source: Pennsylvania Department of Education, Division of Food & Nutrition

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus groups participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 115 illustrates focus groups responses when participants were asked to rate, on a five point scale, a number of community needs and issues, where 5=Very Serious Problem and 1= Not a Problem. Participants rated lack of exercise as the most serious problem in the community related to physical activity and nutrition. Access to high quality affordable foods and recreational opportunities were rated as somewhat of a problem. Clients/consumers rated access to high quality affordable foods as a more serious problem than providers did.

Figure 115. Focus groups: Physical activity and nutrition



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

Focus group participants were asked to identify and discuss what they thought was the top health or health-related problems in their community. The following were community health problems that were identified which had to do with physical activity and nutrition, barriers and possible health related issues.

Focus group participants identified lack of exercise as a serious community health issue. Participants commented on the relationship between physical activity, nutrition and obesity. Participants discussed the difficulty of accessing healthy foods, the number of fast food restaurants and the large portion sizes served by fast food restaurants. Individuals think that many children are obese because they are not as active as previous generations. There is the perception that schools have had to cut gym and recess and that many playgrounds have been turned into parking lots or are unsafe. It was also noted that many adults live a sedentary lifestyle.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Physical activity and nutrition were a prominent concern among focus group participants and interviewees as well, making it an important health concern for the region. Stakeholders identify the need for education on diet and exercise as well as increased opportunities available for exercise and other physical recreation. The lack of access to fresh fruits and vegetables was seen as a concern by participants and an issue which limits the eating habits of the community. Comments were also made that “we are not a walkable community” further confounded by the lack of fitness and nutrition programs in the community. The need for education on healthy eating, access to healthy food options and recreation were frequently identified needs.

Physical Activity and Nutrition Conclusions:

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

- Across the service area, 24%-29% of adults reported no leisure time physical activity in the past month.
- Across the service area, 44%-51% of all restaurants are considered fast food restaurants.
- In Allegheny County 28.7% and in Westmoreland 33.2% of the population have low access to a grocery store.
- The percentage of children eligible for free and reduced price lunches ranges between 27% and 36% across the region.

Conclusions from the Focus Groups and Interviews included:

- Focus group respondents ranked lack of exercise as the most serious topic related community health issue, followed by lack of access to high quality affordable foods.
- Discussion centered on issues related to unhealthy eating because fast food is easy and cheap. People have sedentary lifestyles and often don't care about their health until there is a problem. Communities are not as walkable as they used to be; there are no sidewalks and playgrounds have been turned into parking lots.
- Stakeholders commented that there is not enough information or programs focused on nutrition and healthy eating; access to healthy foods is a concern in some areas and communities are not as walkable as they used to be.

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Tobacco Use

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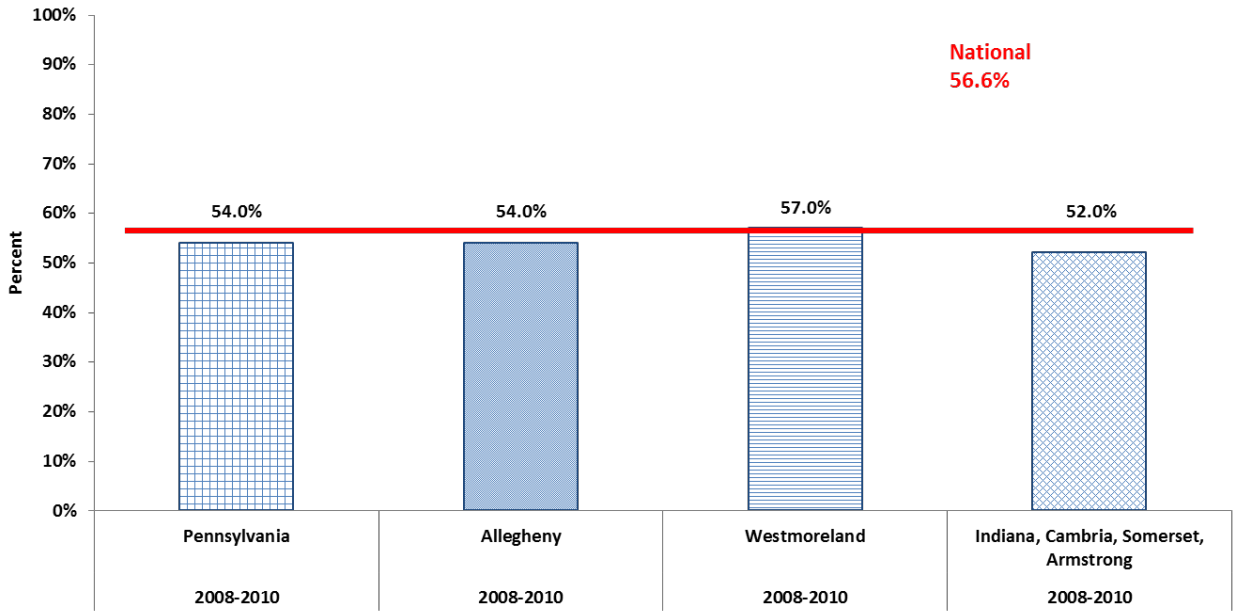
Tobacco Use

According to the Centers for Disease Control and Prevention, tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use greatly increases health risks and in some cases may cause cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Like direct tobacco use, secondhand smoke greatly increases your risk for heart disease and lung cancer in adults and contributes to a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Tobacco use topics explored include: smoking, emphysema and smoking during pregnancy.

Figure 116 illustrates the percentage of adults who reported never being a smoker in the United States and Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. The county rates range from 52.0 percent in Armstrong County to 57.0 percent in Westmoreland County. With the exception of Westmoreland County the state and other service area counties are below the nation (56.6 percent), and are comparable to the state (54.0 percent). When available for a given health indicator, Healthy People 2020 (HP 2020) goals and state and national rates were included.

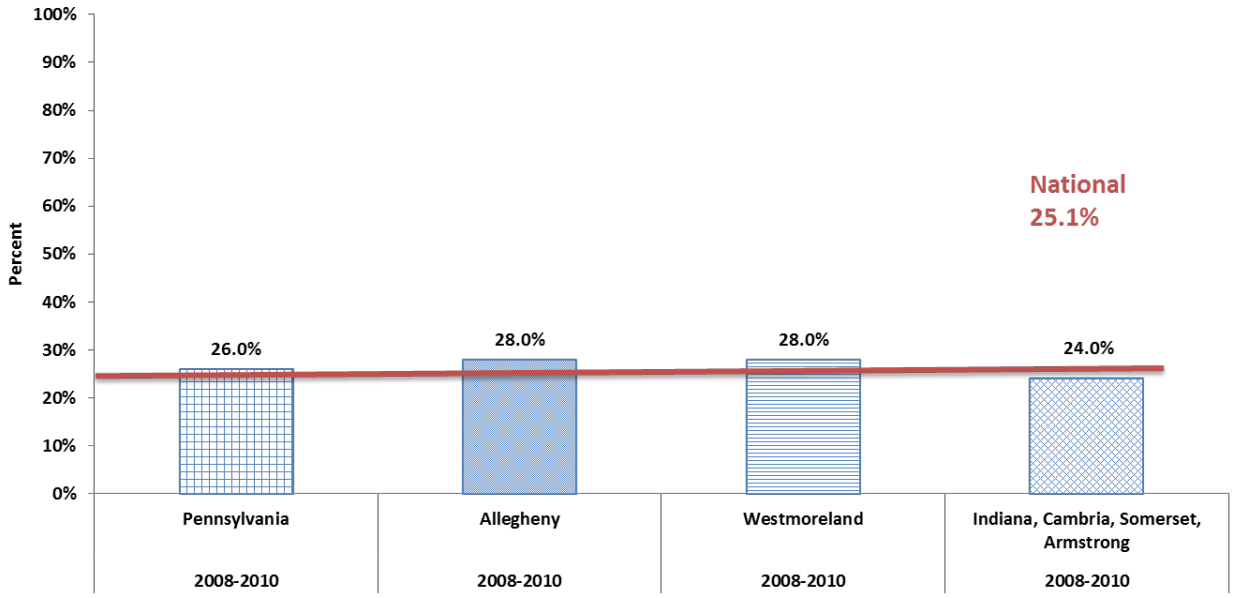
Figure 116. BRFSS-Percentage of adults who reported never being a smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 117 illustrates the percentage of adults who reported being a former smoker in the United States and Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. The service area rates range between 24 percent in Armstrong County and 28 percent in Allegheny and Westmoreland counties, and are comparable to the state and national percentages.

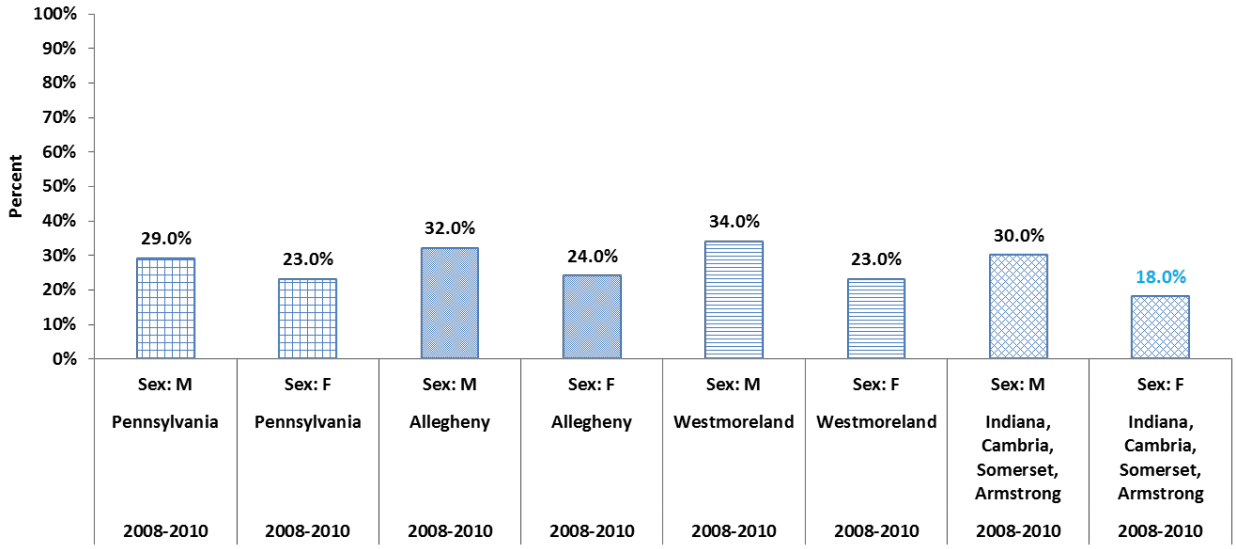
Figure 117. BRFSS-Percentage of adults who reported being a former smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 118 illustrates the percentage of adults who reported being a former smoker by gender in the United States and Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. Females who reside in Indiana, Cambria, Somerset and Armstrong counties were significantly less likely to report being a former smoker compared to females in the state.

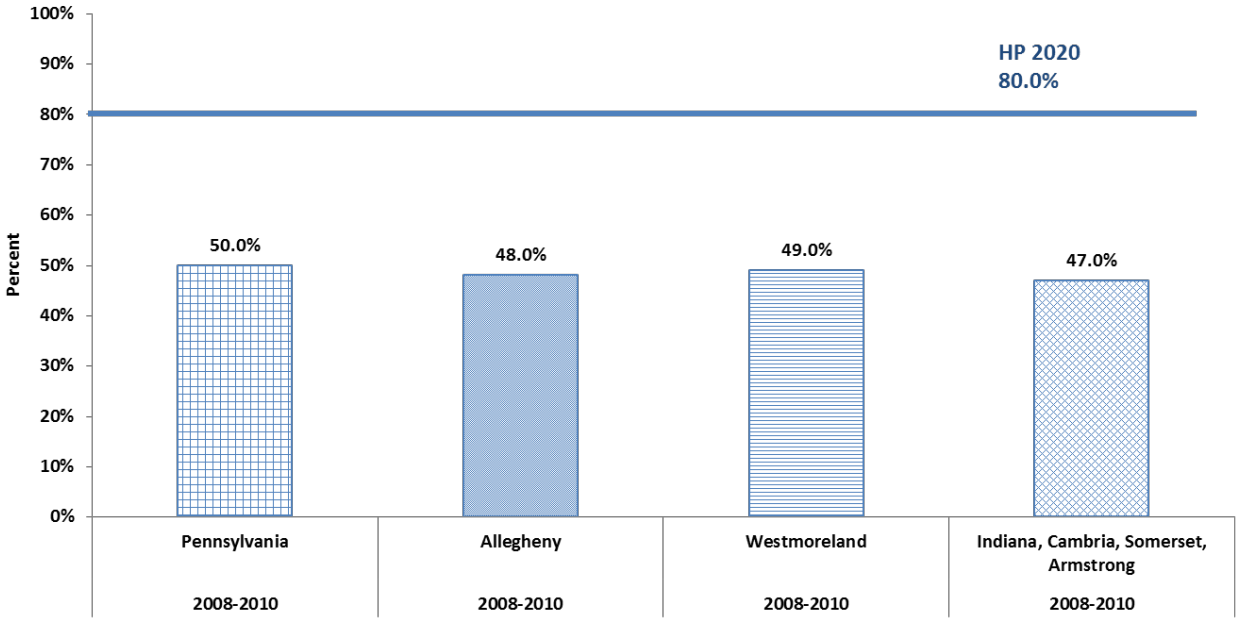
Figure 118. BRFSS-Percentage of adults who reported being a former smoker by gender



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 119 illustrates the percentage of adults who quit smoking at least one day in the past year in Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. The service area rates ranged between 47 percent in the Armstrong cluster to 49 percent in Westmoreland County. The counties of the service region are comparable to the state. During the years 2008 through 2010, the state as well as service region counties had fewer adults who quit smoking at least one day in the past year than the Healthy People 2020 goal of 80.0 percent of everyday smokers quitting.

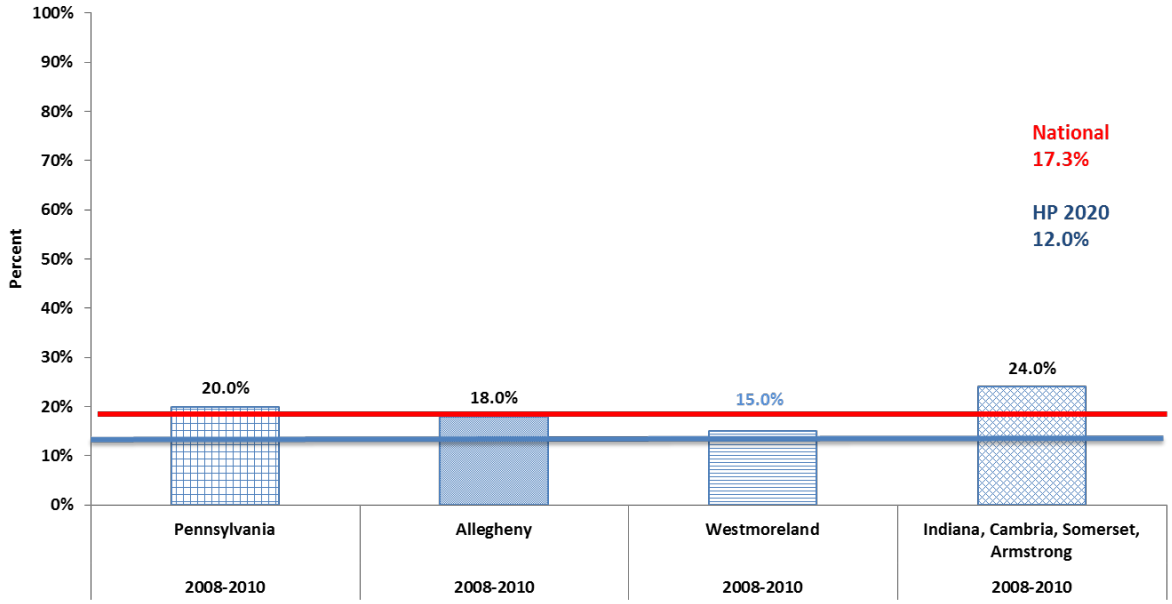
Figure 119. BRFSS-Percentage of adults who quit smoking at least 1 day in the past year (out of adults who smoke everyday)



Source: Pennsylvania Department of Health; Centers for Disease Control

Figure 120 illustrates the percentage of adults who reported being a current smoker in the United States and Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. Westmoreland County at 15.0 percent was significantly lower compared to the state at 20.0 percent and also the only county that is lower than the nation (17.3 percent). The Armstrong cluster had the highest rate at 24.0 percent. All service region counties are above the Healthy People 2020 goal of 12.0 percent.

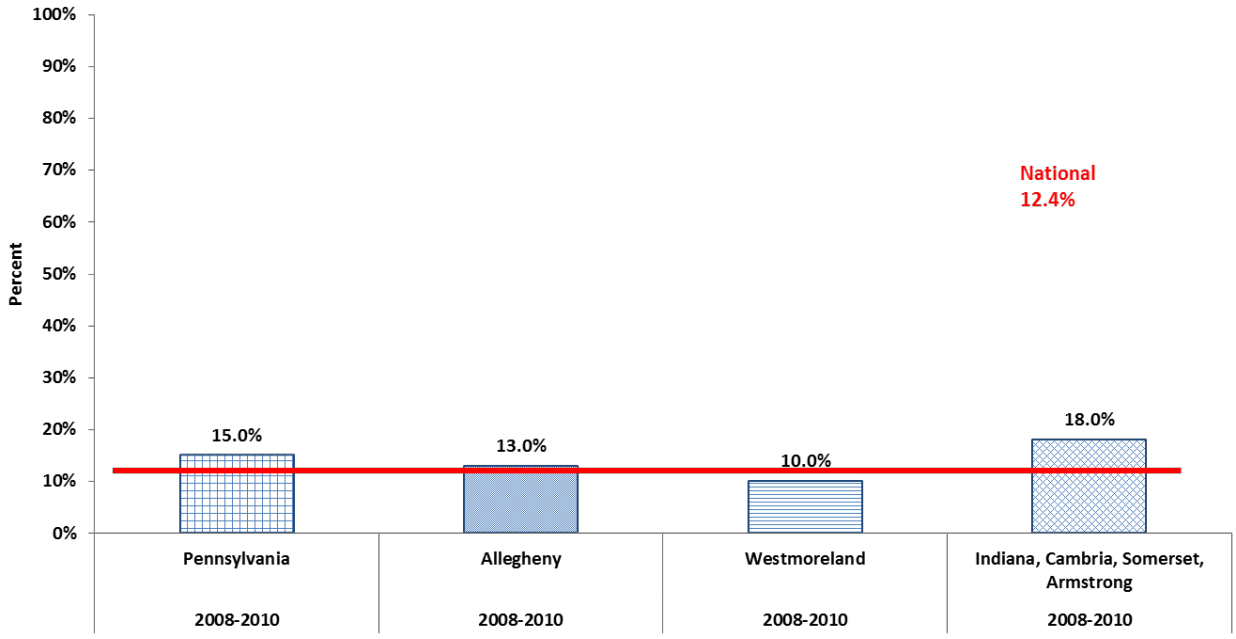
Figure 120. BRFSS-Percentage of adults who reported being a current smoker



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

Figure 121 illustrates the percentage of adults who reported being an everyday smoker in the United States and Pennsylvania, as well as throughout the service area counties for the years 2008 through 2010. The Armstrong cluster was higher than the state, nation, and other service area counties, while Westmoreland County was lower and the only county below the nation (12.4 percent).

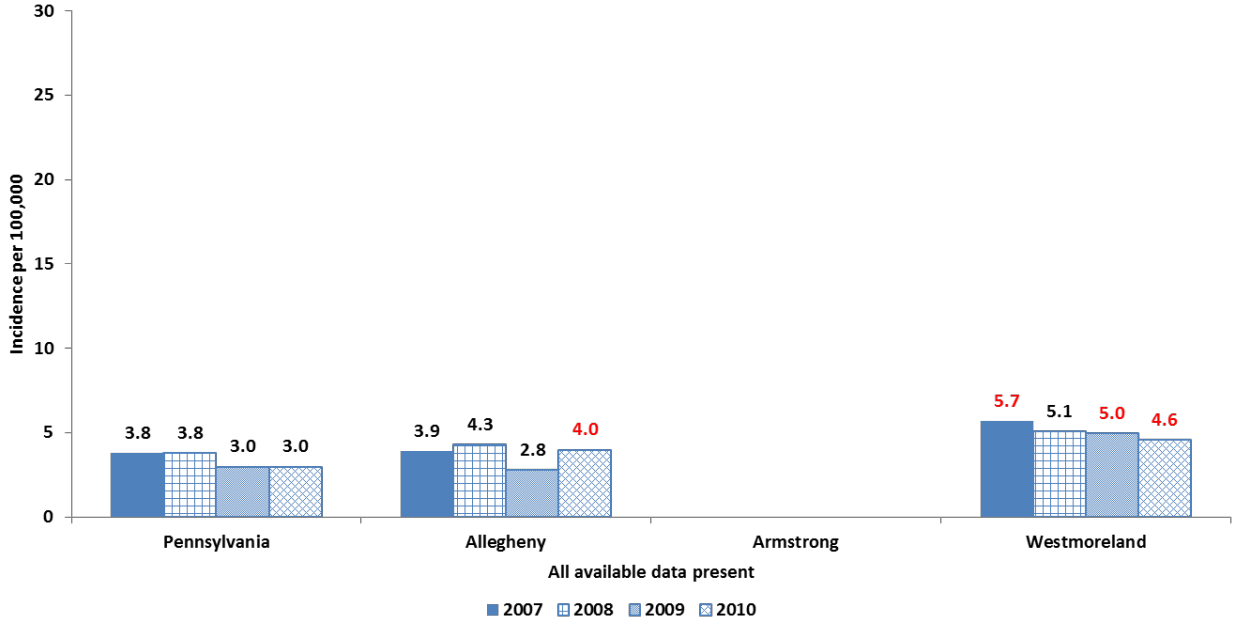
Figure 121. BRFSS-Percentage of adults who reported being an everyday smoker



Source: Pennsylvania Department of Health, Centers for Disease Control

Figure 122 illustrates the emphysema mortality rate in Pennsylvania, as well as throughout the service area counties for the years 2007 through 2010. The rate in Westmoreland County was significantly higher compared to the state rate for years 2007, 2009, and 2010 although it has been declining. Allegheny County at 4.0 also had a rate significantly higher compared to the state in 2010.

Figure 122. Emphysema mortality rates



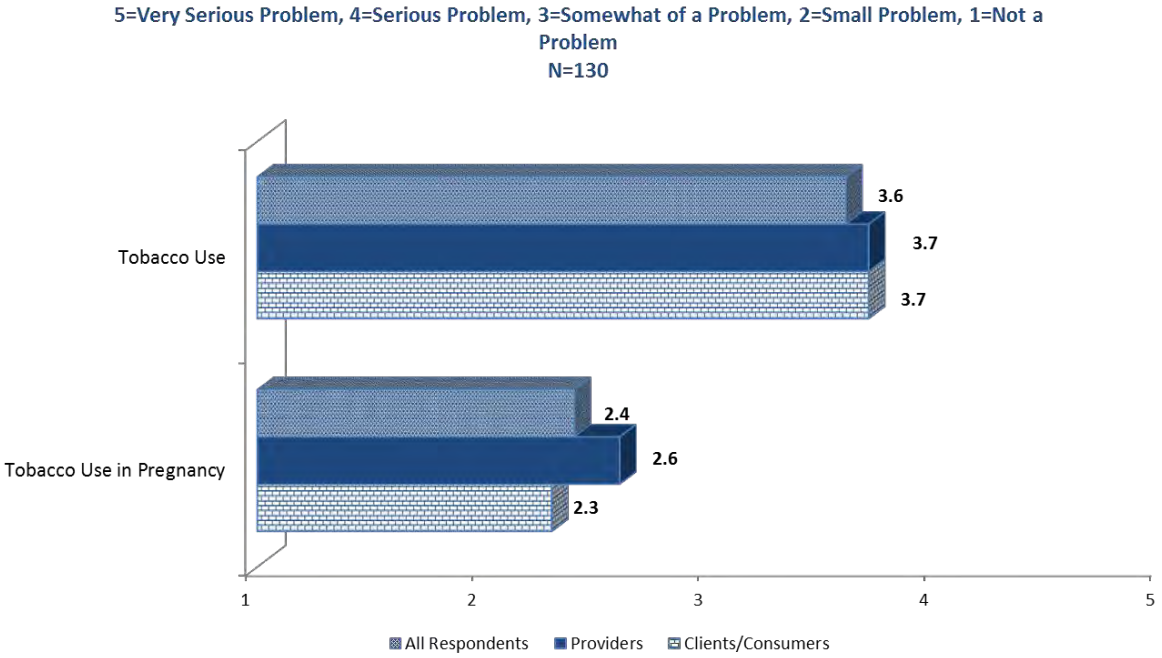
Source: Pennsylvania Department of Health

Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 123 illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not at all a Problem. Only two of the list of community issues related to tobacco use. Participants rated tobacco use as a somewhat serious problem in the community and were more likely to rate tobacco use overall as a more serious problem than tobacco in pregnancy. Providers/professionals tended to rate tobacco use in pregnancy as a more serious problem than did clients/consumers.

Figure 123. Tobacco use rate



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

Focus group participants discussed tobacco use as well as possible reasons people smoke. Some participants perceive that smoking can be a coping mechanism and even note the connection to mental illness. Some think the problem is generational in families or that peers continue to influence their counterparts. Smoking cessation programs were considered difficult to access as well as often not covered by insurance.

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Unlike many of the other topics, tobacco use was not identified as a major concern by most of the stakeholders interviewed. Stakeholders identify smoking as a problem and see the need for smoking cessation programs. A few also commented on the link to smoking and COPD and cardiac issues.

Tobacco Use Conclusions

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

- Across the service area, 52%-57% of adults reported never being a smoker.
- Westmoreland County was significantly lower than the state rates for adults who are current smokers, Allegheny and Armstrong Counties were above the Healthy People 2020 goal of 12%.
- Across the service area, 10%-18% of adults reported being an everyday smoker.
- Across the service area, 47%-49% of everyday smokers quit at least one day in the past year.
- Emphysema mortality rates were significantly higher in Westmoreland County, although trending downward.

Conclusions from the focus groups and interviews included:

- Focus group participants rated tobacco use as a serious community health issue. Many see it as a coping mechanism and generational in many cases. Access to cessation programs is difficult because they are often not covered by insurance.
- Stakeholders commented that smoking is an issue in the community, and is related to COPD and cardiac problems. There is a need for more cessation programs.

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Injury

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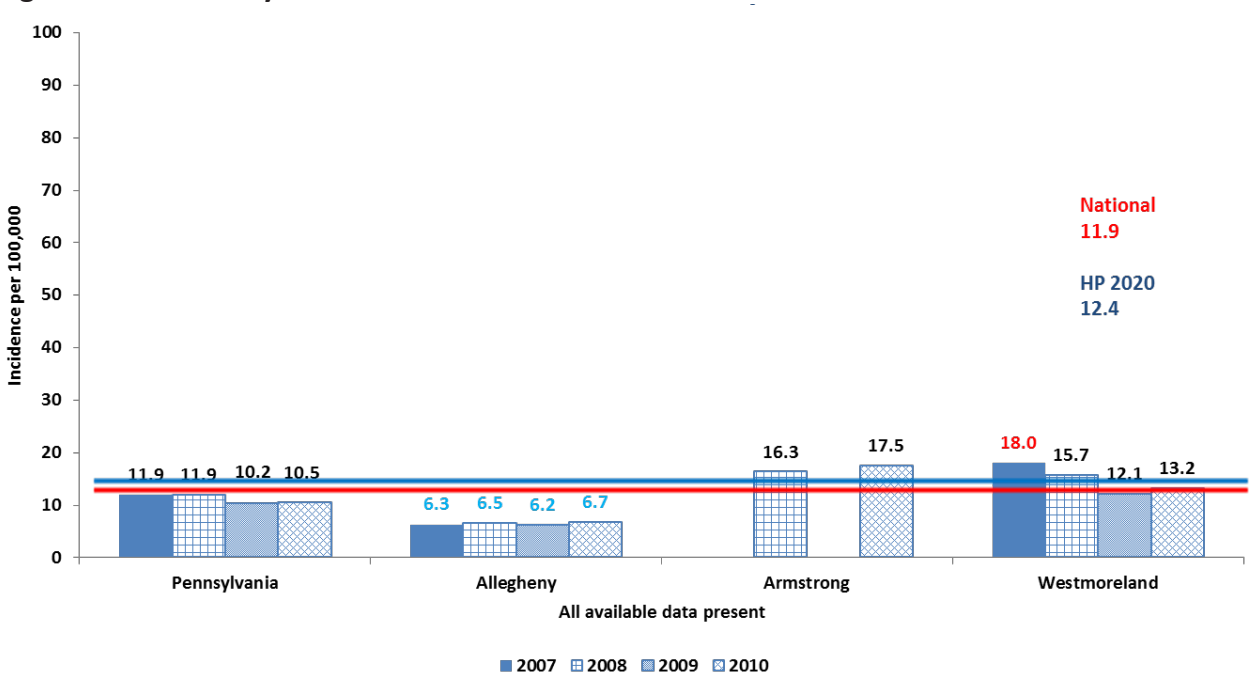
Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Injury topics explored include: auto accident mortality, suicide, fall mortality, firearm mortality, burns, head injuries and domestic violence.

Figure 124 illustrates the auto accident mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, and Westmoreland counties from 2007 through 2010. The rate in Allegheny County is significantly lower than the state rate over the past four years, while the rate in Westmoreland in 2007 was significantly higher. The rates in Allegheny County and Pennsylvania have remained below the National rate (11.9) as well as the Healthy People 2020 goal (12.4) for all years shown. The remaining service area county rates have fluctuated over the four years, and in most cases were higher than the national or Healthy People 2020 (HP 2020) goal. When available for a given health indicator, HP 2020 goals and state and national rates were included.

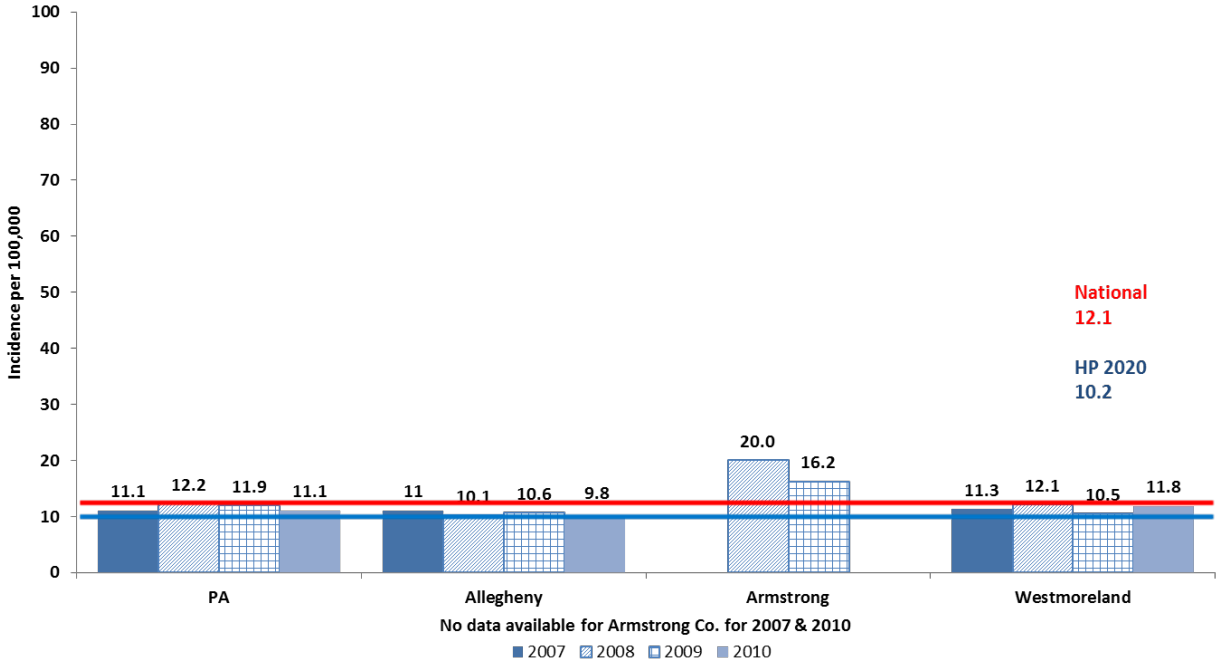
Figure 124. Mortality rate for auto accidents



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

Figure 125 illustrates the suicide mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, and Westmoreland counties from 2007 through 2010. The state and county rates have been decreasing and overall are comparable to the national rate and Healthy People 2020 goal, with the exception of Armstrong County. Armstrong County had the highest rate at 20.0 in 2008, although the rate is declining.

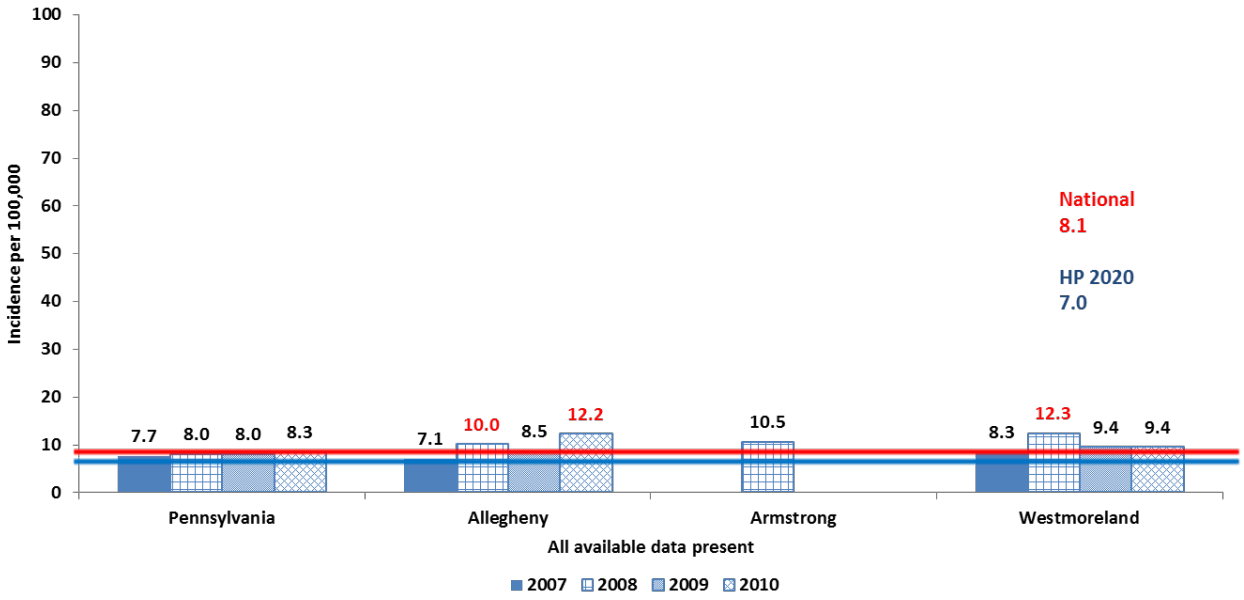
Figure 125. Suicide mortality rate



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

Figure 126 illustrates the fall mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, and Westmoreland counties from 2007 through 2010. Allegheny County had rates in 2008 and 2010 that were significantly higher than the state rates, as did Westmoreland in 2008. The rates have been decreasing in Pennsylvania over the past few years, while the service area county rates have fluctuated. With the exception of Allegheny County in years 2008 and 2010, Armstrong in 2009 and Westmoreland in 2008, the state and county rates have been comparable to the nation and Healthy People 2020 goal.

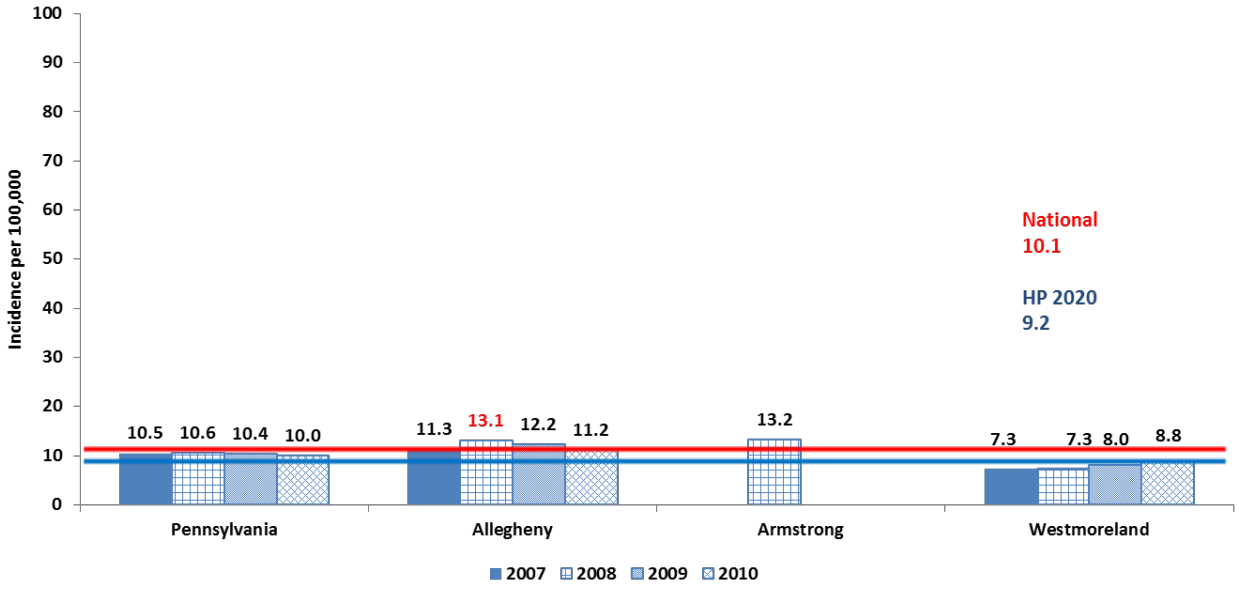
Figure 126. Mortality rate associated with falls



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

Figure 127 illustrates the firearm mortality rate in Pennsylvania, as well as in Allegheny, Armstrong, and Westmoreland counties from 2007 through 2010. The Allegheny County rate was significantly higher than the state rate in 2008. The firearm mortality rate in Westmoreland County has consistently been lower than that of the nation and exceeds the Healthy People 2020 goal.

Figure 127. Firearm mortality rate (accidental, suicide, and homicide)



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

Table 48 outlines domestic violence fatalities by county for Allegheny, Armstrong, Butler, and Westmoreland counties from 2008 through 2011. The highest numbers are reported in Allegheny County, but have been decreasing over the four year period.

Table 48. Domestic violence fatalities by county

	2008		2009		2010		2011	
	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)	Victim(s)	Perpetrator(s)
Allegheny	16	2	14	5	11	6	10	3
Armstrong	0	0	2	3	0	1	0	0
Westmoreland	2	0	5	3	6	2	2	2

Source: Pennsylvania Coalition Against Domestic Violence

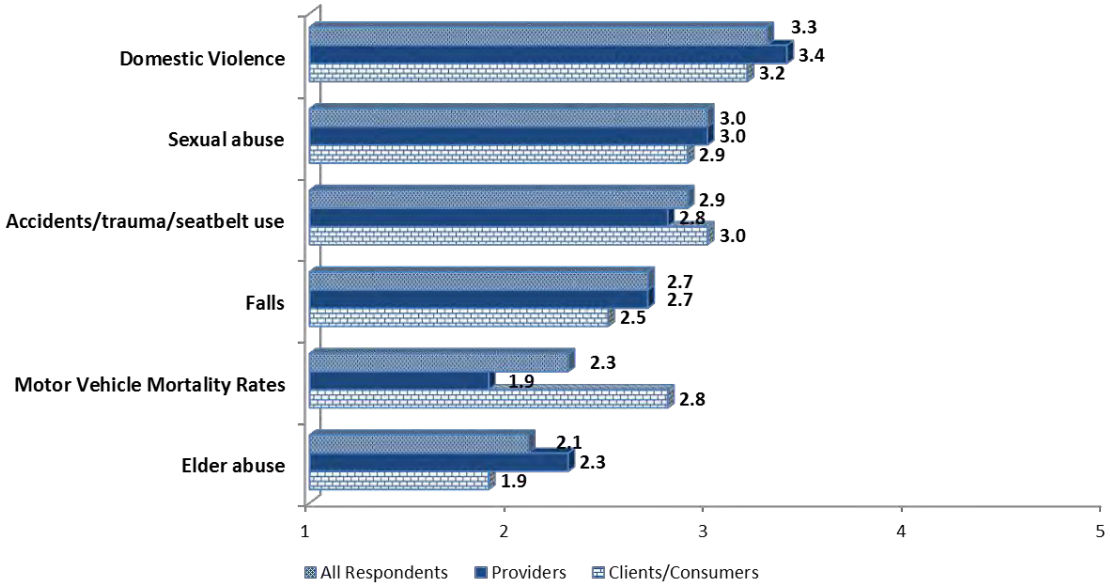
Focus Group Input

As previously described in the methodology section of the report, focus groups are considered a qualitative method of data collection. The focus groups questions were exploratory in nature and intended to capture the opinions of the individuals participating in the group. Focus group participants are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population, or are themselves a member of an underrepresented population. Regardless, the following information simply represents the opinions of individuals who participated in a focus group and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of nine focus groups, representing 130 individuals.

Figure 128 illustrates responses from focus groups, where respondents were asked to rate a number of community issues on a five point scale, where 5= Very Serious Problem and 1= Not a Problem. Of the injury related issues that were rated, respondents indicated that domestic violence was somewhat of a problem in the community. Clients/Consumers were more likely to rate motor vehicle mortality as more serious problems than providers, while providers were more likely to rate domestic violence and elder abuse as serious problems.

Figure 128. Focus Groups: Injury

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem
N=130



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

Stakeholder Input

As previously described in the methodology section of the report, stakeholder interviews are considered a qualitative method of data collection. The interviews consisted of questions that were exploratory in nature and intended to capture the opinions of the individuals being interviewed. Stakeholders are often selected because they are considered content experts on a topic or may be able to speak for a subset of the population. Regardless, the following information simply represents the opinions of those interviewed and does not necessarily reflect the opinions of the broader community served by FRH. The following information is derived from a total of 19 interviews.

Stakeholders expressed the need for education to older adults regarding making their homes safer to help minimize injury, noting that falls among the elderly is a problem. Several also discussed the growing number of sports related concussions especially among youth as a problem.

Injury Conclusions

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

- Auto accident mortality rates were significantly lower in Allegheny County.
- Fall mortality rates were higher for Allegheny County in 2008 and 2010, and Westmoreland County 2008.
- Firearm related fatalities were higher in Allegheny County but not significantly.
- Domestic violence fatalities were higher in Allegheny County. The number of burns in the region is trending upward slightly.

Conclusions from the focus groups and interviews included:

- Focus group respondents rated domestic violence as the most serious injury related community health issue, followed by sexual abuse, and accidents/trauma/seatbelt usage.
- Stakeholders commented on what appears to be a growing number of sports related concussions and falls among the elderly. There needs to be increased attention to safety in the home for elderly persons.

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Conclusions

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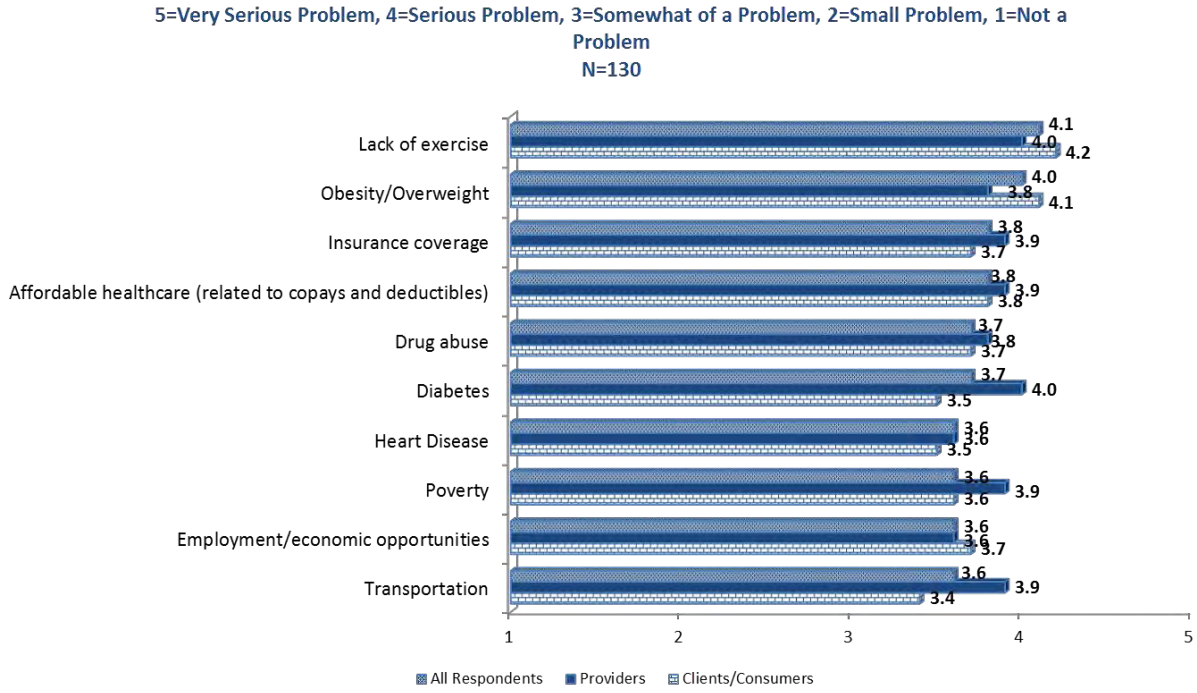
Conclusions

Conclusions from the focus groups and stakeholder interviews as well as the secondary data are summarized below. Recall that focus groups and stakeholder interviews are qualitative and exploratory in nature, intending to capture the opinions of the individuals participating in the group or interview. The following focus group and stakeholder interview conclusions represents the opinions of individuals who participated and are not necessarily representative of the opinions of the broader community served by the hospital.

Focus group top issues and other input

Figure 129 illustrates the overall Top 10 community health needs and issues rated by FRH designated focus group participants where 5=Very Serious Problem and 1= Not at all a Problem. Respondents rated lack of exercise, obesity and overweight, drug abuse and crime as serious problems in the community. There was some variation in responses between providers/professionals and clients/consumers related to these topics. Providers/ professionals were more likely to rate diabetes, poverty and transportation as serious issues in the community.

Figure 129. Top overall community health issues



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

Managing Personal Health

During the focus groups, participants were asked to identify strategies that should be used to manage personal and family health. Participants suggested that parents and other individuals need to be positive role models for children and live healthy lifestyles, which entails exercise, not smoking and not using drugs and alcohol. Employing healthy and nutritious eating habits and taking personal responsibility for an individual's own health and health care was recognized as being very important. This includes having regular medical and dental check-ups and being knowledgeable about the programs and services that are available and having the motivation to take advantage of them.

Potential Solutions to Community Health Needs and Issues

Focus group participants were also asked to discuss and identify potential solutions to community health needs and issues. The following were possible solutions to these issues discussed by stakeholders.

Potential solutions suggested to address access related issues included improving the public transportation system, offering a subsidy for low income riders and developing a rail system to downtown Pittsburgh from outlying areas. Several ideas were discussed related to making it easier to access health care services including providing incentives for preventative screenings, offering additional screenings in the community at locations such as “Walgreen’s” and expanding “free” hospital care and paramedics. A streamlined referral hotline for health and human service resources was also recommended. Participants also identified the need for culturally competent community based programs and increased access to services through agencies devoted to immigrants and refugees such as LIRS (Lutheran Immigrant Refugee Services) and AJAPO (Acculturation for Justice, Access & Peace Outreach).

Possible solutions suggested to address education and support related issues included offering mentoring programs and parenting classes in the school system. Participants indicated that there is a need to increase nutritional programs available in both schools and in the broader community. Individuals commented that support programs such as Gilda’s Club are not available in all areas and transportation is often an issue that is a barrier to taking advantage of the programs that do exist. Additional health education programs should be offered through organizations such as the American Cancer Society and AARP (American Association of Retired Persons).

Potential solutions suggested to address physical activity and nutrition related issues included changes in the work environment such as employers providing gyms or workout areas in workplaces. Companies should offer incentives for exercise or make it mandatory if they pay the insurance. Individuals commented that more neighborhoods need grocery stores that offer healthy, fresh and affordable foods and identified a need for increased access to “Meals on Wheels” or similar services for seniors. .

Possible solutions for issues related to economic opportunities suggested by focus group participants included providing people with better economic opportunities by bringing more businesses to the Pittsburgh area. There is a perception that communities need to better utilize their assets and access more federal grant money.
Participants were also asked to identify key influencers in the community that could make an impact on improving community health. Organizations identified included hospitals and the medical community, schools/universities, the court system, churches, government/elected officials, social service organizations, religious organizations, business owners, unions, chambers of commerce, YMCAs, and senior centers.

When asked to comment on health care system changes that could or should be made in order to improve the health status of the community, a number of ideas and themes were discussed.

Many respondents talked about the need to lower costs and increase access to care by making changes in the insurance industry to make insurance more affordable and expand access to insurance. Others discussed the need for additional federally qualified health care centers and more medical providers that were culturally sensitive and used interpreters, who spend more time with patients, and offer personalized services to meet individual needs.

A number of participants indicated that services should be redesigned to Increase the integration between behavioral and mental health and other providers and better manage discharges to community providers, improve self-management of chronic diseases, and promote health assessments. Some participants also noted that more options for maternity care are needed in the community.

Access conclusions

Overall, the quantitative data available suggests that sizable portions of the regional population lack appropriate access to care because they do not have or appropriately see a primary care provider, do not have health insurance, face language or are challenged by some type of health literacy: reading, understanding or completing forms. Significant portions of the primary service region population cannot access fixed route public transportation, and some hospitals are not accessible by public bus routes. There are a number of conclusions regarding access related issues from all of the quantitative and qualitative data presented. They include:

Health status and routine care

- Across the service area between 14 percent-20 percent of adults reported their general health as fair to poor, with Armstrong County being significantly higher compared to the state rate.
- Across the service area between 36 percent-40 percent of adults reported their physical health as not good one or more days in the past month.
- Across the service area between 12 percent-14 percent of adults aged 18-64 do not have health insurance, and 10 percent-13 percent do not have a personal healthcare provider. In Allegheny County, 24 percent of adults 18-44 do not have a personal healthcare provider.
- Across the service area between 7 percent-10 percent of adults needed to see a doctor in the past year but could not due to cost.
- Across the service area between 80 percent-84 percent of adults seen a doctor in the past two years for a routine check-up.
- Mammogram screenings across the service area are comparable to the state. However, about 40 percent of women who should be getting mammograms are not getting them.

Barriers to care

- It is estimated that between 15 percent and 17 percent of the population (depending on the definition) has low healthcare literacy. This represents potentially 42,000+ people in the service area.
- There are significant portions of the service area that are not served by fixed route public transportation.
- Both the inpatient and ED volume of ACSC at FRH is decreasing over the past 3 years, although this represents several thousand people.

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

- Focus group respondents were more likely to rate their personal health better than overall community health.
- In the focus groups, providers ranked community health status and personal health status more positively compared to those identified as client/consumers.
- For participants in the FRH only groups, transportation was seen as the most serious problem. Overall within the groups that represented FRH, affordable healthcare, insurance coverage and transportation were identified as the most serious access related issues.

Chronic disease conclusions

Overall, the service region population has a number of issues and challenges related to chronic disease. They include:

- Breast cancer incidence rates were significantly higher in Allegheny County compared to the state and trending upward across the service area over the past four years.
- Breast cancer mortality rates were significantly higher in Allegheny County in 2009 and Westmoreland County in 2008, however all counties were below the Healthy People 2020 goal of 20.6.
- Bronchus and lung cancer incidence and mortality rates were significantly higher in Allegheny County and all counties were above the Healthy People 2020 goal of 45.5.
- Across all counties, colorectal incidence and mortality rates were higher the Healthy People 2020 goal, with the exception of Armstrong County in 2010, which was below the goal.
- Prostate cancer incidence rates are trending downward across the service area.

- Across the service area the percentage of adults over the age of 35 who were ever told they have heart disease ranged from 6 percent-11 percent.
- Heart disease mortality rates were significantly higher in Allegheny, Armstrong, and Westmoreland Counties in certain years, however for all counties the rates are trending downward.
- Across the service area the percentage of adults over the age of 35 who were ever told they had a heart attack ranged from 6 percent-9 percent.
- Heart attack mortality rates were significantly higher than state rates across the four years in Westmoreland County, however a downward trend is occurring across the service area.
- Coronary heart disease mortality rates were significantly higher in Allegheny and Westmoreland Counties, but are trending downward.
- Mortality rates for cardiovascular disease and cerebrovascular disease are trending downward across the service area.
- Across the counties, 35 percent-41 percent of adults were considered overweight. The percentage of adults identified as obese was higher in Westmoreland County.
- Across the counties, between 9-11 percent self-identified as having diabetes. Diabetes mortality rates are trending downward across the four years.
- With the exception of Armstrong County, the percentage of children with both Type I and Type II diabetes is increasing over the last 3 years.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked obesity/ overweight as the most serious problem followed by diabetes and cancer and talked about the relationship of obesity to other conditions including cancer. There is a perceived lack of personal accountability for health.
- Stakeholders commented on diabetes, the high rates of obesity including with children and the asthma and cardiac problems that are present in the community.

Healthy environment conclusions

Overall, there are a number of conclusions regarding healthy environment-related issues from all of the quantitative and qualitative data presented. They include:

- The percentage of adults ever told and who currently have asthma were comparable across the counties.
- High school graduation rates are comparable across the counties, however dropped to 66 percent in 2012 in Armstrong County.

- Across the service area unemployment rates and the percentage of children living in poverty are increasing.
- Compared to the state and the counties Allegheny County had a higher number of air pollution ozone days, although the numbers have been decreasing over the past few years and all counties met the National Air Quality Standards. Water quality is a concern in Allegheny County, related to the level of total dissolved solids.
- A sizable number of adults and families in Allegheny County are homeless, and many of them have mental health and substance abuse challenges.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked poverty followed by lack of employment and economic opportunities as the most serious community health problems.
- Respondents discussed challenges related to blight, an environment where jobs are hard to find and young people leave to find employment as key issues. Also, concerns related to crime and the impact of Marcellus Shale activity on the environment were identified.

Healthy mothers, babies and children conclusions

While women in Allegheny County are more likely to access prenatal care during the first trimester of pregnancy than women across the state, a higher portion of pregnant women are less likely to smoke three months prior to pregnancy. Teen pregnancy rates in the region are declining and the rate of live births to teens in Allegheny County is also lower than the state. Infant mortality rate in Allegheny County is higher than the state rate and significantly higher among the black population. Head Start students have a high need for dental care. Sizable portions of the student population are classified as either overweight or obese based on their BMI and many engage in risky behavior.

Overall, there are a number of conclusions regarding healthy mothers, babies and children-related issues from all of the quantitative and qualitative data presented. They include:

- The percentage of mothers who received prenatal care in the first trimester was significantly higher in Allegheny, Armstrong, and Westmoreland Counties compared to the state, and comparable to the Healthy People 2020 goal of 77.9 percent.
- The percentage of mothers who reported smoking during and three months prior to pregnancy was significantly higher in Armstrong and Westmoreland Counties.
- The percentage of mothers receiving WIC was significantly higher in Armstrong County, and lower in Allegheny and Westmoreland Counties.

- The percentage of mothers receiving Medicaid was significant in all counties in certain years.
- The percentage of mother's breastfeeding was significantly lower for all three counties compared to the state.
- Teenage pregnancy rates were significantly lower than the state rate within the last few years in Allegheny and Westmoreland Counties.
- Teenage live birth outcomes were significantly lower in Allegheny County compared to the state.
- Infant mortality, particularly in the black population in Allegheny County is significantly higher than the state rate and has not decreased over the past 10 years. Over the last 10 years, infant mortality in Allegheny County has been consistently higher than the state rates and has remained relatively stable. The rates in Westmoreland County have fluctuated, but are trending upward.
- Obesity rates for grades K-6 ranged from 16 to 21 percent.
- Obesity rates for grades 7-12 ranged from 15 to 20 percent.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked child abuse followed by teen pregnancy as the most serious maternal/child health related issues.

- Stakeholders expressed concern regarding teen pregnancy and infant mortality and commented that teen moms feel that they do not have good access to healthcare and that there is not a lot of outreach for pregnant teens.

Infectious disease conclusions

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

- The percentage of adults over the age of 65 who received a pneumonia vaccine was significantly higher for Allegheny County, however all counties were below the Healthy People 2020 goal of 90.0 percent.
- Influenza and pneumonia mortality rates were significantly higher in Allegheny County in 2009 and 2010, and in Westmoreland County in 2008, although rates are trending downward.
- Chlamydia incidence rates were significantly higher in Allegheny County while they were significantly lower in Armstrong and Westmoreland Counties.

- Adults aged 18-64 ever tested for HIV was significantly lower in Armstrong County, although the state and counties are above the Healthy People 2020 goal of 18.9 percent.

Conclusions from the Focus Groups and Interviews included:

- Focus group participants ranked irresponsible sexual behaviors followed by sexually transmitted diseases as the most serious infectious disease related community health issues.
- Participants discussed concern over the growing incidence of HIV in affluent and senior populations, who have the perception that it won't happen to them.
- Stakeholders commented on the high hospital infection rates that need to be addressed, along with concern regarding the rate of STDs in the community, stressing that there is a need to expand HIV testing.

Mental health and substance abuse conclusions

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

- Across the service area, 93 percent-96 percent of adults reported being satisfied or very satisfied with their life while 7 percent-10 percent of adults reported rarely or never getting the social or emotional support they needed. However, over a third indicated that their mental health was not good one or more days in the past month.
- There were no significant differences between binge, chronic, and heavy drinking across the counties, compared to the state or nation.
- Drug induced mortality rates were significantly higher in Allegheny County and are trending upward over the past four years, also above the Healthy People 2020 Goal of 11.3.

Conclusions from the focus groups and interviews included:

- Focus group respondents ranked drug abuse as the most serious community health issue within this topic area, followed by alcohol abuse and depression/mental health. Access is a problem because of the stigma associated with it, particularly among refugees. The drug problem is moving from the city to the suburbs.
- Stakeholders commented that mental illness and stress are issues that impact overall health. They also see a lot of both street and prescription drug abuse in the community.

Physical activity and nutrition conclusions

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

- Across the service area, 24%-29% of adults reported no leisure time physical activity in the past month.
- Across the service area, 44%-51% of all restaurants are considered fast food restaurants.
- In Allegheny County 28.7% and in Westmoreland 33.2% of the population have low access to a grocery store.
- The percentage of children eligible for free and reduced price lunches ranges between 27% and 36% across the region.

Conclusions from the Focus Groups and Interviews included:

- Focus group respondents ranked lack of exercise as the most serious topic related community health issue, followed by lack of access to high quality affordable foods.
- Discussion centered on issues related to unhealthy eating because fast food is easy and cheap. People have sedentary lifestyles and often don't care about their health until there is a problem. Communities are not as walkable as they used to be; there are no sidewalks and playgrounds have been turned into parking lots.
- Stakeholders commented that there is not enough information or programs focused on nutrition and healthy eating; access to healthy foods is a concern in some areas and communities are not as walkable as they used to be.

Tobacco use conclusions

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

- Across the service area, 52%-57% of adults reported never being a smoker.
- Westmoreland County was significantly lower than the state rates for adults who are current smokers, Allegheny and Armstrong Counties were above the Healthy People 2020 goal of 12%.
- Across the service area, 10%-18% of adults reported being an everyday smoker.
- Across the service area, 47%-49% of everyday smokers quit at least one day in the past year.
- Emphysema mortality rates were significantly higher in Westmoreland County, although trending downward.

Conclusions from the focus groups and interviews included:

- Focus group participants rated tobacco use as a serious community health issue. Many see it as a coping mechanism and generational in many cases. Access to cessation programs is difficult because they are often not covered by insurance.
- Stakeholders commented that smoking is an issue in the community, and is related to COPD and cardiac problems. There is a need for more cessation programs.

Injury conclusions

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

- Auto accident mortality rates were significantly lower in Allegheny County.
- Fall mortality rates were higher for Allegheny County in 2008 and 2010, and Westmoreland County 2008.
- Firearm related fatalities were higher in Allegheny County but not significantly.
- Domestic violence fatalities were higher in Allegheny County. The number of burns in the region is trending upward slightly.

Conclusions from the focus groups and interviews included:

- Focus group respondents rated domestic violence as the most serious injury related community health issue, followed by sexual abuse, and accidents/trauma/seatbelt usage.
- Stakeholders commented on what appears to be a growing number of sports related concussions and falls among the elderly. There needs to be increased attention to safety in the home for elderly persons.

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Prioritization and implementation

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Prioritization and Implementation Strategy

On February 11, 2013, the FRH steering committee met to review all of the primary and secondary data collected through the needs assessment process and to identify key community issues. **Table 49** outlines all of the priority issues that were identified during the CHNA process.

Table 49: Overall community issues

Access - Transportation to/from medical services	Social Environment - Poverty/lack of Jobs/unemployment
Access - Insurance/affordability of health care/copays	Healthy Mothers, Babies & Children - Tobacco use during pregnancy
Access - Health literacy/language	Healthy Mothers, Babies & Children - Infant mortality
Access - Early screening	Healthy Mothers, Babies & Children - Teen pregnancy
Access - Access to mental health services	Healthy Mothers, Babies & Children - Childhood obesity
Chronic Disease - Cardiovascular disease	Infectious Disease - Flu & pneumonia
Chronic Disease - Breast cancer	Infectious Disease - STDs
Chronic Disease - High blood pressure/ hypertension	Mental Health/Substance Abuse - Alcohol abuse
Chronic Disease - Diabetes	Mental Health/Substance Abuse - Drug abuse
Chronic Disease - Bronchus and lung cancer	Mental Health/Substance Abuse - Prescription drug misuse/abuse
Chronic Disease - Prostrate cancer	Physical Activity/Nutrition: Lack of physical activity
Chronic Disease – Colon-rectum cancer	Physical Activity/Nutrition: Eating habits/access to healthy foods
Chronic Disease - Obesity	Tobacco use
Healthy Environment - Air and water quality	Injury - Homicide due to firearms
Healthy Environment - Asthma and COPD related issues	Injury - Falls
Social Environment - Housing	Injury - Suicide
Social Environment - Crime/violence	Injury - Head injuries

The group then prioritized the issues and to identify areas ripe for potential intervention. The meeting was facilitated by Debra Thompson, President of Strategy Solutions, and guided participants through a prioritization exercise using the OptionFinder audience response polling technology. In preparation for the prioritization meeting, an internal WPAHS team composed of leadership and staff identified four criteria by which the issues would be evaluated. Outlined in **Table 50**, these criteria included:

Table 50: Prioritization Criteria

		Scoring		
Item	Definition	Low (1)	Medium	High (10)
Accountable Entity	The extent to which the issue is an important priority to address in this action planning effort for either the health system or the community	This is an important priority for another entity in the community to take a lead role to address	This is important but is not for this action planning effort OR this is something that is an opportunity for collaboration between the hospital and the community	This is an important priority for the hospital/ health system to take a lead role to address
Magnitude of the problem	The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue	Low numbers of people affected; no risk for epidemic	Moderate numbers/ % of people affected and/or moderate risk	High numbers/ % of people affected and/or risk for epidemic
Impact on other health outcomes	The extent to which the issue impacts health outcomes and/or is a driver of other conditions	Little impact on health outcomes or other conditions	Some impact on health outcomes or other conditions	Great impact on health outcomes and other conditions
Capacity (systems and resources) to implement evidence based solutions	This would include the capacity to and ease of implementing evidence based solutions	There is little or no capacity (systems and resources) to implement evidence based solutions	Some capacity (system and resources) exist to implement evidence based solutions	There is solid capacity (system and resources) to implement evidence based solutions in this area

A total of 9 FRH steering committee members completed the system prioritization exercise. After the presentation of the data, the steering committee rated each of the issues that were identified in the data collection process on a 1 to 10 scale for each criterion using the OptionFinder audience response polling system.

Table 51 outlines the top priority needs identified by the hospital steering committee based on the hospital being identified as the accountable entity as well as a high combined score of magnitude, impact and the hospital's capacity to effect change.

Table 51: Overall prioritization results

1	Obesity
2	Cardiovascular Disease
3	Diabetes
4	High Blood Pressure
5	Breast Cancer
6	Early Screening
7	Access to Mental Health Services
8	Bronchus & Lung Cancer
9	Flu & Pneumonia

Following the stakeholder prioritization, which included participation by individuals with expertise in public health and representatives of medically underserved populations, and based on the greatest needs related to the health system and hospital's mission, current capabilities, resources and focus areas, top priorities and strategies to meet identified needs were developed by key WPAHS and FRH leaders and staff. The hospital reviewed its current community benefit and disease management programs, identified the programs and strategies that best aligned with the needs, capabilities and resources of that individual hospital, and then developed individual implementation strategies for each selected issue. The implementation strategy is a written plan that addresses each high priority community health need identified through the community health needs assessment. The following is a high level summary of FRH's implementation strategy to address each identified high priority need:

Diabetes and associated co-morbidities including obesity and cardiovascular disease

- **Goal:** Raise awareness, educate, prevent and improve disease management through outreach activities.
- **Programs:** Create diabetes education series, refocus annual Forbes Regional Health fair on diabetes/obesity/cardiovascular disease, expand education and screenings, provide diabetes support groups through Joslin Center and provide diabetes education and screening tools to primary care physician offices.
- **Resources:** Physician and staff time and expertise, screening and educational materials.
- **Evaluation Metrics:** Number of people served and screened as well as pre and post-tests to assess comprehension. Number of physicians trained.

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

FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

Forbes Regional Hospital Interview Guide

Thank you for taking the time to talk with us to support the WPAHS Community Health Needs Assessment Process.

1. First of all, could you tell me a little bit about yourself and your background/ experience with community health related issues.

2. What, in your opinion, are the top 3 community health needs for the southwest PA area?	**3. What, in your opinion are the issues and the environmental factors that are driving these community health needs?**
1	
2.	
3.	
Others mentioned:	

4. Check to see if the area they were selected to represent is one of the top priorities identified above. If not mentioned, say….

Our records indicate that you were selected to participate in these individual interviews because you have specific background/experience/ knowledge regarding _____. What do you feel are the key issues related to this topic area?

What, in your opinion are the issues and the environmental factors that are driving the needs in this topic area?

5. What activities/initiatives are currently underway in the community to address the needs within this topic area?

6. What more, in your opinion, still needs to be done in order to address this community health topic area.

7. What advice do you have for the project steering committee who is implementing this community health assessment process?

FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

Community Health Assessment

Focus Group Topic Guide Draft

November 2012
FINAL

Strategy solutions, inc.

I. Introduction

Hello, my name is _____ and we're going to be talking about community health. We are attempting to conduct a community health assessment by asking diverse members of the community to come together and talk to us about community health problems, services that are available in the community, barriers to people using those services, and what kinds of things that could or should be done to improve the health of the community.

Does anyone have any initial questions?

Let's get started with the discussion. As I stated earlier, we will be discussing different aspects of community health. First, I have a couple of requests. One is that you speak up and only one person speaks at a time.

The other thing is, please say exactly what you think. There are no right or wrong answers in this. We're just as interested in your concerns as well as your support for any of the ideas that are brought up, so feel free to express your true opinions, even if you disagree with an idea that is being discussed.

I would also ask that you do some self-monitoring. If you have a tendency to be quiet, force yourself to speak and participate. If you like to talk, please offer everyone a chance to participate. Also, please don't be offended if I think you are going on too long about a topic and ask to keep the discussion moving. At the end, we will vote on each of the topic areas brought up and rank them according to how important they are to the health status of the community.

Also, we have an outline of the topics that we would like to discuss before the end of our meeting. If someone brings up an idea or topic that is part of our later questions, I may ask you to "hold that thought" until we get to that part of our discussion.

Now, to get started, perhaps it would be best to introduce ourselves. Let's go around the table one at a time and I'll start. Please tell your name, a current community initiative or project that you are currently involved in (or a community health issue that is important to you) and your favorite flavor of ice cream.

Ask demographic question to determine if group are clients/consumers or providers/practitioners

FORBES REGIONAL HOSPITAL
West Penn Allegheny Health System

II. Overall Community Health Status

A. Overall, how would you rate the health status of your community? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. (OptionFinder)

NOTE: If someone asks how we define community, ask, "How would you define it?"

B. Why do you say that?

C. What are the things that you think are impacting the health of the community?

D. Why do you say that?

E. Overall, how would you rate your individual health? Would you say, in general, that your community's health status is Excellent, Very Good, Good, Fair or Poor. (OptionFinder)

F. How do you think a person's individual health affects the health of the community?

Do you think there's a link between individual health and the health of the community?

G. Why do you say that?
H. What do you think an individual can do to manage their personal health?
I. The health of their family?

III. Community Health Needs

A. Based on your experience in your neighborhood and community, what do you think are the health need? Run through OF questions

B. Review and discuss optionfinder data

C. Discuss extent of problem

D. Discuss personal role and accountability related to issues and challenges

E. Discuss system solutions

F. What are some of the other problems that are impacting the health of the community? Are there other indicators that weren't on the list?

G. Why do you say that?

Access to Services

A. What solutions to these problems are currently available in the community?

   What are you aware of? Are you aware of community agencies and organizations who are working on these?

B. To what extent do people use these services/solutions? Why?

C. What are the things/barriers that prevent people from using these services?

D. Why do you say that?

IV. Potential Solutions

A. What should the community be doing to improve community health? (List on the flipchart – round robin)

B. Which individuals or organizations do you feel are key influencers in your community that could help with these initiatives? What role can each play in assisting?

C. What is the one problem in the community that you would change and what would you do?

D. What health care system changes that you think need to happen to improve the health of the community? In other words, what are the changes that hospitals and health care providers can make to improve the health of the community? What are they?

E. How likely would you be to work on any of these initiatives?
   - Are there topics that you might be interested in?

- Why?
- What would need to happen to make you change your mind?

F. Why do you say that?

G. What advice would you give those of us who are working on this community assessment?