Executive Summary

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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, Canonsburg General Hospital (CGH) conducted a community health needs assessment (CHNA) in 2012-2013 in collaboration with the other West Penn Allegheny hospitals. Integral to the CGH 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 CGH needs assessment was and continues to be a collaborative effort, with the communities CGH serves at the core.

The CGH 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 CGH serves. In addition, the report provides critical information to CGH and others in a position to make a positive impact on the health of our region's residents. The results of the CHNA enable CGH, 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 CGH 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 Canonsburg General 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 CGH 2012-2013 CHNA was to identify the health needs and issues of the CGH service area. The primary CGH service area includes selected zip codes in Allegheny and Washington counties.

This Executive Summary outlines the process and outcomes of the CGH 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.

Canonsburg General Hospital has made its full 2012-2013 CHNA report publically available. It can be accessed **<here>**

METHODS

To assist with the CHNA process, CGH 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, CGH 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
- Hospital board members
- 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, CGH defined community by geographic location, specifically, by location as the zip codes in Washington County that comprise CGH's primary service area:

Zip Code	Community
15019	Bulger
15055	Lawrence
15057	McDonald
15060	Midway
15317	Canonsburg
15321	Cecil
15330	Eighty Four
15342	Houston
15363	Strabane
15367	Venetia

Qualitative and Quantitative Data Collection

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

- 18 community focus groups (of which seven specifically relate to CGH) and
- 31 in-depth stakeholder interviews (of which 20 specifically relate to CGH)

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

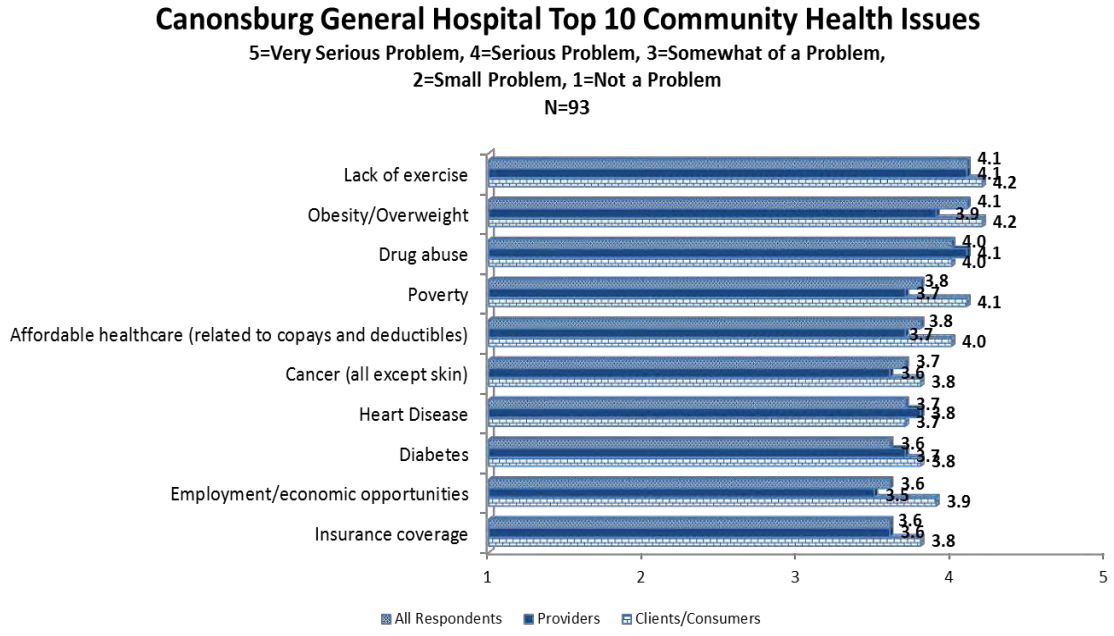
Key findings of the CGH 2012-2013 CHNA are summarized in this section. For complete findings, please see the full CGH 2012-2013 CHNA Report.

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 for Washington County.
The first two tables show BRFSS data for (BRFSS reports combined data for Washington, Fayette and Greene counties; Washington is the only county in the CGH primary service area, however, it is reported with the other county due to this limitation of the data)
The next two tables show public health data.
The last table shows other indicators.

The comparisons of CGH 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

	Fayette, Greene, Washington	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
ACCESS							
Reported Health Poor or Fair	22.0%	15.0%	14.7%		+	+	
Physical Health Not Good for 1+ Days in the Past Month	38.0%	37.0%			+		
Poor Physical or Mental Health Preventing Usual Activities in the Past Month	20.0%	21.0%			-		
No Health Insurance (Age 18-64)	15.0%	13.0%	17.8%	0%	+	-	+
No Personal Health Care Provider (Age 18-44)	10.0%	11.0%		16.1%	-		-
Routine Check-up Within the Past 2 Years	85.0%	83.0%			+		
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	11.0%		4.2%	-		+
CHRONIC DISEASE							
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	9.0%	7.0%	4.1%		+	+	
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	10.0%	6.0%	4.2%		+	+	
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	4.0%	4.0%	2.7%		=	+	
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	16.0%	12.0%			+		
Overweight (BMI 25-30)	36.0%	36.0%	36.2%		=	-	
Obese (30-99.99)	30.0%	28.0%	27.5%	30.5%	+	+	-
Adults Who Were Ever Told They Have Diabetes	11.0%	9.0%	8.7%		+	+	
HEALTHY ENVIRONMENT							
Adults Who Have Ever Been Told They Have Asthma	13.0%	14.0%	13.8%		-	-	
Currently Have Asthma	10.0%	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

	Fayette, Greene, Washington	PA	US	HP 2020	PA	US	HP 2020
Behavior Risk	2008-10	2008-10	2010	Goal	Comp	Comp	Comp
INFECTIOUS DISEASE							
Adults Who Had a Pneumonia Vaccine, Age 65 and older	68.0%	70.0%	68.8%	90.0%	-	-	-
Ever Tested for HIV, Ages 18-64	28.0%	34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE							
Satisfied or Very Satisfied With Their Life	92.0%	94.0%			-		
Never/Rarely Get the Social or Emotional Support They Need	10.0%	8.0%			+		
Mental Health Not Good 1+ Days in the Past Month	37.0%	34.0%			+		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	19.0%	17.0%	17.1%	24.4%	+	+	-
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	4.0%	5.0%			-		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	5.0%	6.0%	5.0%		-	=	
PHYSICAL ACTIVITY AND NUTRITION							
No Leisure Time/Physical Activity in the Past Month	29.0%	25.0%	23.9%	32.6%	+	+	-
TOBACCO USE							
Adults Who Reported Never Being a Smoker	50.0%	54.0%	56.6%		-	-	
Adults Who Reported Being a Former Smoker	25.0%	26.0%	25.1%		-	-	
Adults Who Reported Being a Current Smoker	24.0%	20.0%	17.3%	12.0%	+	+	+
Adults Who Reported Being An Everyday Smoker	20.0%	15.0%	12.4%		+	+	

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

	Washington					Trend	PA (the la	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	71.5	67.2	79.8	69.7		+	71.5	121.9	41.0			
Breast Cancer Mortality Rate per 100,000		16.8	14.7	14.2	17.3	-	13.1	22.2	20.6			
Bronchus and Lung Cancer Rate per 100,000	78.6	76.2	64.9	74.2		-	69.1					
Bronchus and Lung Cancer Mortality Rate per 100,000		56.6	63.8	58.3	53.0	+	48.7		45.5			
Colorectal Cancer Rate per 100,000	51.7	58.0	49.7	50.5		+	47.6		38.6			
Colorectal Cancer Mortality Rate per 100,000		17.7	20.3	20.7	16.2	+	17.0	16.9	14.5			
Ovarian Cancer Incidence Rate per 100,000	14.2	13.2	19.1	11.5		+	13.3					
Ovarian Cancer Mortality Rate per 100,000		8.1	18.6	10.3	13.3	+	8.1					
Prostate Cancer Rate per 100,000	148	151.7	171.6	127.2		+	139.6					
Prostate Cancer Mortality Rate per 100,000		31.5	17.7	29.8	21.9	-	21.2	21.9	21.2			
Heart Disease Mortality Rate per 100,000		214.1	203.8	189.0	172.3	-	185.3	179.1				
Heart Attack Mortality Rate per 100,000		40.9	38.5	32.4	27.4	-	38.2					
Coronary Heart Disease Mortality Rate per 100,000		150.0	141.5	126.6	120.1	-	123.0	113.6	100.8			
Cardiovascular Mortality Rate per 100,000		271.4	264.8	254.2	224.0	-	237.6					
Cerebrovascular Mortality Rate per 100,000		45.7	46.0	47.3	33.5	-	38.9	39.1	33.8			
Diabetes Mortality Rate per 100,000		29.2	35.8	23.8	32.8	+	19.6	20.8	65.8			
Type I Diabetes, Students		0.30%	0.33%	0.36%		+	0.30%					
Type II Diabetes, Students		0.06%	0.04%	0.08%		=	0.07%					
HEALTHY ENVIRONMENT												
Student Medical Diagnosed Asthma		8.06%	8.15%	4.51%		-	6.82%					

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

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Public health data by county

	Washington					Trend	PA (the la	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		77.0%	78.7%	80.9%	82.7%	+	71.3%		77.9%			
Non-Smoking Mother During Pregnancy		76.2%	75.4%	78.4%	77.4%	+	84.1%		98.6%			
Non-Smoking Mother 3 Months Prior to Pregnancy		71.5%	70.8%	74.0%	73.4%	+	78.7%					
Low Birth-Weight Babies Born		7.1%	7.6%	7.3%	8.5%	+	8.3%		7.8%			
Mothers Reporting WIC Assistance		37.0%	37.3%	35.8%	36.1%	-	40.1%					
Mothers Reporting Medicaid Assistance		32.6%	33.5%	30.7%	30.4%	-	32.7%					
Breastfeeding		58.6%	58.2%	62.7%	60.9%	+	70.0%		81.9%			
Teen Pregnancy Rate per 1,000, Ages 15-19		33.1	33.1	33.7	28.8	-	39.6	34.2	36.2			
Teen Live Birth Outcomes, Ages 15-19		76.0%	75.5%	70.4%	73.2%	-	68.0%					
Infant Mortality Rate per 1,000	6.2	7.1	6.4	7.7	7.2		7.3	6.2	6.0			
Overweight BMI, Grades K-6					14.7%							
Obese BMI, Grades K-6					16.6%				15.7%			
Overweight BMI, Grades 7-12					14.8%							
Obese BMI, Grades 7-12					18.2%				16.0%			
Students with Diagnosed ADHD		3.80%	3.97%	4.51%		+	5.23%					
INFECTIOUS DISEASE												
Influenza and Pneumonia Mortality Rate per 100,000		13.4	21.2	12.6	14.5	+	13.4	16.2				
Chlamydia Rate per 100,000		178.5	212.7	175.5	223.8	+	374.1	426.0				
Gonorrhea Rate per 100,000		37.5	44.6	19.3	48.6	=	101.4					
MENTAL HEALTH AND SUBSTANCE ABUSE												
Drug-Induced Mortality Rate per 100,000		11.6	10.9	9.1	22.9	+	15.5		11.3			
Mental & Behavioral Disorders Mortality Rate per 100,000		29.8	37.6	35.3	34.0	+	37.6					
INJURY												
Auto Accident Mortality Rate per 100,000		13.3	12.7	13.3	11.8	-	10.5	11.9	12.4			
Suicide Mortality per 100,000		9.1	14.1	14.9	14.0	+	11.7	12.1	10.2			
Fall Mortality Rate per 100,000		6.7	10.7	6.1	9.7	+	8.3	8.1	7.0			
Firearm Mortality Rate (Accidental, Suicide, Homicide)		7.9	10.4	11.8	7.5	+	10.0	10.1	9.2			

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

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Other Indicators

	Washington			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		56.0%	55.0%	-	67.0%		81.1%			
HEALTHY ENVIRONMENT										
Unemployment Rates	5.0%	7.7%	8.2%	+	8.7%	8.9%				
High School Graduation Rates	87.0%	86.0%	89.0%	+	79.0%		82.4%			
Children Living in Poverty	13.0%	14.0%	14.0%	+	19.0%					
Children Living in Single Parent Homes		25.0%	25.0%	=	32.0%					
Number of Air Pollution Ozone Days	16	8	8	-	8					
PHYSICAL ACTIVITY AND NUTRITION										
Fast Food Restaurants			50.0%		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 CGH implementation strategies address the following health conditions:

- diabetes
- heart disease and high blood pressure
- Heart attack, congestive heart failure, pneumonia, and/or multiple chronic conditions/medications among Medicare patients

Strategies to address these needs include but are not limited to community education, outreach and health screenings; physician outreach and training; and programs to help patients navigate the continuum of care.

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The Canonsburg General Hospital 2012/2013 Community Health Needs Assessment can be viewed online at: **www.wpahs.org**