December 2018

Jefferson Hospital Community Health Needs Assessment - 2018

Conducted by: Tripp Umbach

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Section 1. **Executive Summary**

Introduction

For decades, the hospitals of Allegheny Health Network (AHN) have been providing exceptional healthcare to help people live healthy lives and have extended their reach to more people than ever by offering a broad spectrum of care and services. AHN includes eight hospitals: Allegheny General, Allegheny Valley, Canonsburg, Forbes, Jefferson, Saint Vincent, and West Penn in Pennsylvania, and Westfield Memorial in New York; and more than 200 primary- and specialty-care practices. The network has approximately 2,400 physicians in every clinical specialty, more than 19,000 employees and 2,000 volunteers. AHN provides world-class medical care to people in the communities where they live and it has received numerous accolades from organizations including: CareChex, U.S. News & World Report, Thomson Reuters, AARP, Healthgrades, and Consumer Reports.

Serving the communities of the South Hills and lower Mon Valley since 1977, Jefferson Hospital has evolved into a 341 licensed bed hospital with more than 500 physicians and 1,700 staff members. The leadership and staff are dedicated to providing patients with innovative treatments, pioneering research discoveries, and personalized medical care.

Jefferson Hospital provides comprehensive inpatient and outpatient surgical services, as well as a Cardiovascular Institute, Cancer Institute, Orthopaedic Institute, Neurosciences Institute, Women and Infants Center, Women's Diagnostic Center, Bariatric and Metabolic Institute, Sleep Disorders Center, Wound Care Center, Behavioral Health Services including outpatient Child and Adolescent Psychiatry, plus Therapy Services, the only midwives program in the South Hills, and Spiritual Care.

Jefferson Hospital also has one of the region's busiest emergency departments, treating more than 50,000 patients a year. The department is currently undergoing a $21 million expansion and renovation project that will increase its size by almost a third. Jefferson Hospital also includes the Bethel Park Health + Wellness Pavilion as well as several outpatient, primary care, and therapy sites across the South Hills and neighboring areas.

Jefferson Hospital was the first hospital in Pennsylvania to be designated by the American Heart Association as a Mission: Lifeline Heart Attack Receiving Center. More than 5,000 open-heart procedures and more than 21,000 cardiac catheterizations have been performed at the hospital's Cardiovascular Institute. Since it opened less than 10 years ago, the Cardiovascular

Institute at Jefferson Hospital has received top national and professional awards that underscore its success with complex cardiac surgical procedures.

Staff at Jefferson Hospital are committed to the mission of not only providing high-quality medical treatment and care, but also caring for the well-being of the whole person, care of the spirit, and compassion to those in need. To that end, a recent $1 million grant from the Jefferson Regional Foundation is being used by Jefferson Hospital to establish the Front Door Initiative for Social Emergency Medicine so the emergency department staff can better understand and work with outside community partners to help address the social determinants of health that may factor into a patient's visit to the emergency department.

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

- American Heart Association/American Stroke Association, Get with the Guidelines® Heart Failure Gold Plus Award designation for 6 straight years (2013-2018)
- Comprehensive Community Cancer Program from the Commission on Cancer/American College of Surgeons accreditation
- Platinum Award - American College of Cardiology/National Cardiovascular Data Registry (ACC/NCDR) Action Registry for Acute Myocardial Infarction (AMI) Care
- Healthgrades Cardiac Surgery Excellence Award
- Joint Commission Advanced Primary Stroke Center certification
- Highmark Blue Distinction Center Plus for Hip and Knee Replacement
- Designated as a 3-Star Hospital by Centers for Medicaid and Medicare Services (CMS)
- In 2017, Mission: Lifeline Heart Attack Receiving Center, American Heart Association's Mission: Lifeline STEMI accreditation program
- Rated #1 in Western Pennsylvania for Medical Excellence in Major Cardiac Surgery *
- Rated in Top 10% Nationally for Medical Excellence in Major Cardiac Surgery and Coronary Bypass Surgery *
- Only hospital in Western Pennsylvania to achieve Keystone 10 designation for quality breastfeeding improvement
  Source: Quantros, Inc.; CareChex® 2017 National Quality Rating D

As a committed steward of their community, the physicians, nurses, and administrative staff are motivated to constantly seek new and innovative ways to deliver care to their patients, families, and neighbors.

In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the Jefferson Hospital service area of Allegheny, Fayette, Washington and Westmoreland counties. The following report documents each project step as well as the key findings.

Objectives and Methodology

With the enactment of the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010, tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and adopt implementation strategies to actively improve the health of the communities they serve. The findings of the CHNA provide hospitals and with the necessary information to develop and implement strategies that address the specific health needs of their communities. Coordination and management of strategies based upon the outcomes of a CHNA and implementation strategies improves health outcomes of the communities this hospital serves.

To adhere to the requirements imposed by the IRS, tax-exempt hospitals and health systems among other things, must:

1. Conduct a CHNA every three years.
2. Adopt an implementation strategy to meet the community health needs identified through the assessment.
3. Report how they are addressing the needs identified in the CHNA.

The following report fulfills the CHNA and implementation strategies requirements for tax-exempt hospitals and health systems.
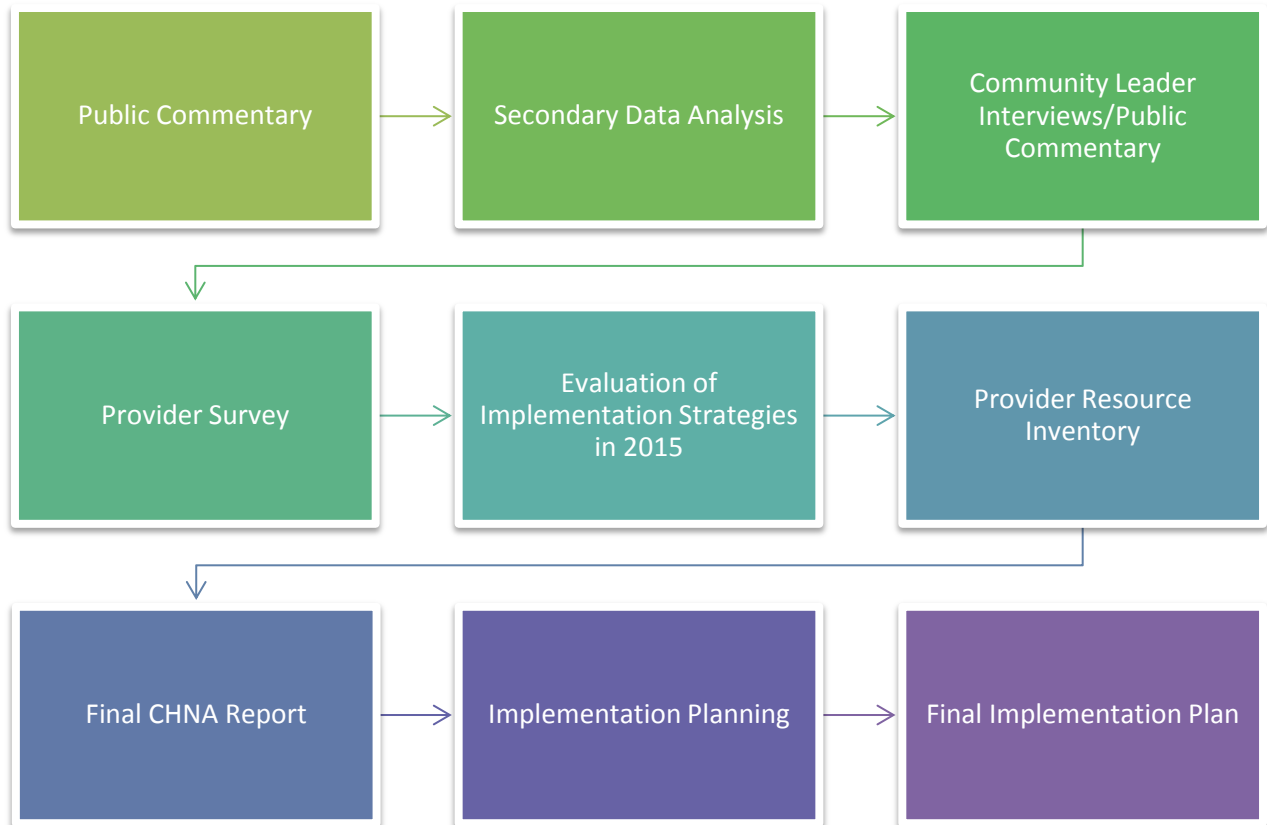
The CHNA process undertaken by AHN, with project management and consultation by Tripp Umbach[1], included input from persons who represent the broad interests of the community served by Jefferson Hospital, including those with special knowledge of public health issues and representatives of vulnerable populations served by the hospital.

The project components used to determine the community health needs included:

- ➢ Public commentary on the 2015 CHNA and Implementation Plan
- ➢ Evaluation of Implementation Strategies in 2015
- ➢ A survey made available to all AHN providers
- ➢ Secondary data analysis of health status and socioeconomic environmental factors related to health and well-being of residents
- ➢ Community leader interviews
- ➢ Provider inventory of programs and services related to key prioritized needs

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[1] See Appendix D for more information on Tripp Umbach

The data collection findings and prioritization of community health needs are detailed in this final CHNA report. Additional information regarding each component of the project, and the results, are found in the Appendices section of this report. The entire secondary data profile for AHN is available upon request.

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│  Public Commentary  │ ──> │ Secondary Data      │ ──> │ Interviews/Public   │
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│                     │     │ Evaluation of       │     │ Provider Resource   │
│  Provider Survey    │ ──> │ Implementation      │ ──> │ Inventory           │
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Tripp Umbach worked closely with leadership from AHN to complete the CHNA with the goal of gaining a better understanding of the health needs of the region. Jefferson Hospital will use the findings of the assessment to address local health care concerns and to work collaboratively with regional agencies to address broader socioeconomic and education issues in the service area.
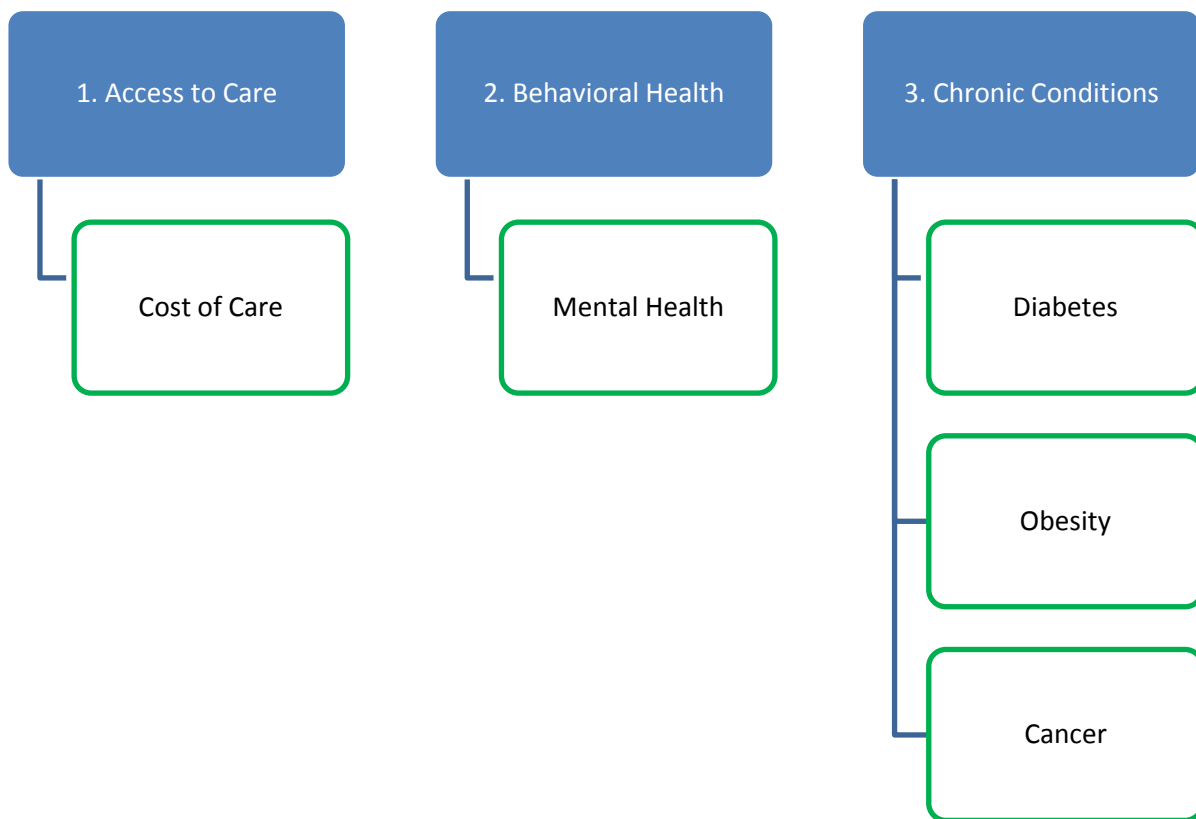
AHN would like to thank all external and internal stakeholders who performed a role in the completion of this CHNA.

Key Prioritized Needs

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

Figure 1 (below) outlines the five prioritized need areas and key factors and considerations of each need.

Figure 1: Prioritized Community Health Needs for Jefferson Hospital 2018 CHNA

1. Access to Care	2. Behavioral Health	3. Chronic Conditions
Cost of Care	Mental Health	Diabetes
		Obesity
		Cancer

Note: further information and rationale for the prioritized community health needs can be found in Section 3 of this report. Additional information on data collection can be found in Appendices A and B.

Section 2. **Community Definition**

Jefferson Hospital's primary service area, where 80% of their inpatient discharges originated, include the following ZIP codes (excluding ZIP codes for P.O. boxes and offices). For the sake of capturing data most efficiently, secondary data was collected for Allegheny, Fayette, Washington, Westmoreland Counties, which comprise the largest portion of the Jefferson Hospital service area in terms of population.

Figure 2: Jefferson Hospital Community ZIP Codes

ZIP Code	City	County
15012	Belle Vernon	Fayette
15018	Buena Vista	Allegheny
15022	Charleroi	Washington
15025	Clairton	Allegheny
15033	Donora	Washington
15034	Dravosburg	Allegheny
15037	Elizabeth	Allegheny
15045	Glassport	Allegheny
15062	Monessen	Westmoreland
15063	Monongahela	Washington
15067	New Eagle	Washington
15083	Sutersville	Westmoreland
15089	West Newton	Westmoreland
15102	Bethel Park	Allegheny
15110	Duquesne	Allegheny
15120	Homestead	Allegheny
15122	West Mifflin	Allegheny
15129	South Park	Allegheny
15131	McKeesport	Allegheny
15123	McKeesport	Allegheny
15133	McKeesport	Allegheny
15135	McKeesport	Allegheny
15207	Pittsburgh	Allegheny
15210	Pittsburgh	Allegheny
15216	Pittsburgh	Allegheny
15226	Pittsburgh	Allegheny
15227	Pittsburgh	Allegheny
15234	Pittsburgh	Allegheny
15236	Pittsburgh	Allegheny
15332	Finleyville	Washington
15412	Allenport	Washington
15432	Dunlevy	Washington

15434	Elco	Washington
15473	Perryopolis	Fayette
15477	Roscoe	Washington
15479	Smithton	Westmoreland
15482	Star Junction	Fayette
15483	Stockdale	Washington
15637	Herminie	Westmoreland
15642	Irwin	Westmoreland
15647	Larimer	Westmoreland
15678	Rillton	Westmoreland

Section 3. **Key Findings**

The health status of a community depends on many factors, including quality of health care, social and economic determinants, individual behaviors, heredity, education and the physical environment. Communities across the U.S. face numerous challenges and issues that negatively affect the overall health status of residents and hinder growth and development. As a result of the primary and secondary data collected in the CHNA process in the Jefferson Hospital's study area, three health need priority areas were identified.

Although listed separately, health systems are approaching the health needs of their communities using an integrated approach. Directing resources to risk factors and social determinants of health in order to avoid an increase in chronic disease creates social and physical environments that promote good health for all populations. Health needs should not be addressed in isolation, but should be looked at as a system of factors that are influencing the health status of a community.

Health and well-being are inextricably linked to the social and economic conditions in which people live. Research has shown that only 20 percent of health can be attributed to medical care, while social and economic factors—like access to healthy food, housing status, educational attainment and access to transportation—account for 40 percent.[2]

Individuals struggling with food insecurity, housing instability, limited access to transportation or other barriers may experience poor health outcomes, increased health care utilization and increased health care costs. Addressing these determinants of health, commonly referred to as social determinants of health, or simply social determinants, will have a significant positive impact on people's health, including longer life expectancy, healthier behaviors and better overall health.[3]

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2 American Hospital Association, 2018
3 American Heart Association, 2017

Priority 1: Access to Health Care

Cost of Care

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

- Key Insight: When Allegheny Health Network providers were asked to list the biggest barriers for their patients to receive care, high out of pocket costs/high deductibles was the leading response (mentioned 75.1%) of the time.[4]

Health insurance coverage helps patients gain entry into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Uninsured people are more likely to have poor health status, less likely to receive medical care, more likely to be diagnosed later, and ultimately more likely to die prematurely.

- Key Insight: When Allegheny Health Network providers were asked to name the improvements they would like to see most in the healthcare system, affordable care was the number one response, which was mentioned 67.9% of the time.[5]

Pennsylvanians were more likely to report difficulty affording health care and problems with medical bills compared to the US overall. Over half (52%) of Pennsylvanians surveyed reported that it was very or somewhat difficult for their family to afford health care, versus 42% in the U.S. overall. Among Pennsylvanians with insurance, 21% reported that deductibles and 18% reported that premiums posed the greatest financial burden. These shares were higher than for the US overall, where 17% said deductibles and 14% said premiums were the biggest financial burden. Relatedly, Pennsylvanians were more likely to report skipping or delaying health care, including skipping dental care or check-ups, not filling a prescription, or relying on home remedies/over the counter drugs instead of visiting the doctor, due to cost than the general public (57% vs. 50%). Pennsylvanians were also more likely to report problems paying medical bills compared to the U.S. population (36% vs. 26%).[6]

- Key Insight: When interviewees were asked to name the top three health concerns in their service area, affordability/high cost of care was the fifth most mentioned concern, with 57% of interviewees citing it.

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4 See Appendix A
5 See Appendix A
6 Henry J. Kaiser Family Foundation.

In the Jefferson Hospital service area, there has been an overall decrease in the rate of preventable hospital visits from 2008-2012. This measures the discharge rate (per 1,000 Medicare enrollees) for conditions that could have been prevented if adequate primary care resources were available and accessed by patients. This measure also allows hospitals to evaluate interventions that affect readmission rates, non-urgent emergency room visits and ultimately health outcomes. Interventions can be that of social work interventions or clinical interventions, both of which will influence the social determinants of health and affect patients' access to healthcare services.   As patients' access to healthcare services increases, there is a higher utilization of preventive services, leading to fewer admissions and lower out of pocket expenses for families.

Fayette county saw the greatest decrease in preventable hospital visits (23.78 per 1,000) from 2008-2012, with Washington County experiencing the second highest decrease (22.4 per 1,000). Westmoreland County (17.59) and Allegheny (14.02) both had a higher decrease than the state (11.95) and the nation (11.3).

Figure 3: Preventable Hospital Events by Year, 2008 through 2012
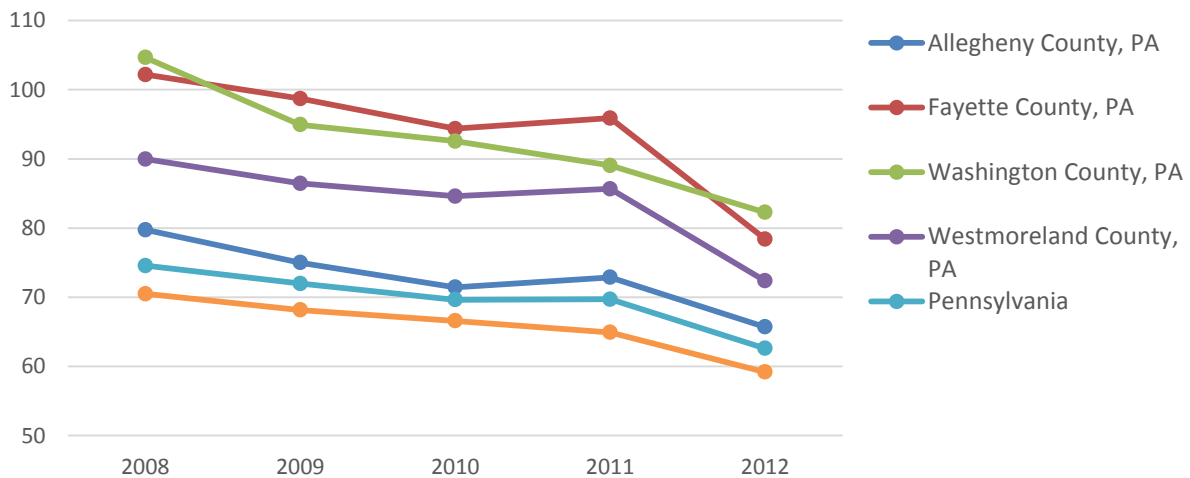
Source: Community Commons

Priority 2: Behavioral Health

Mental Health Services

Behavioral health disorders, which include substance use and mental health disorders, affect millions of adolescents and adults in the United States and contribute heavily to the burden of disease.[7]

Behavioral health is a key part of a person's overall health. It is just as important as physical health and includes emotional, psychological, and social well-being. Mental disorders involve changes in thinking, mood, and/or behavior that may occur often, or less often. Substance use disorders occur when the use of alcohol and/or drugs (like opioids or tobacco) causes health problems or a disability.

- Key Insight: When interviewees during the stakeholder interviews were asked to name the top three health issues in their community, mental health was the number one response, as it was mentioned in 71% of the responses.[8]

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), 1:10 adults in the US. are living with a substance use disorder and 1:5 adults are living with a mental disorder. Co-occurring disorders usually means a person has both a mental and substance use disorder. Co-existing disorders usually means a person has both a behavioral and physical health condition. Behavioral health conditions are common. People of all ages, genders, races and ethnicities get these conditions.

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7 SAMHSA, 2014
8 See Appendix A

Figure 4: Any Mental Illness (AMI) in the Past Year Among Persons Aged 18 or Older, by State
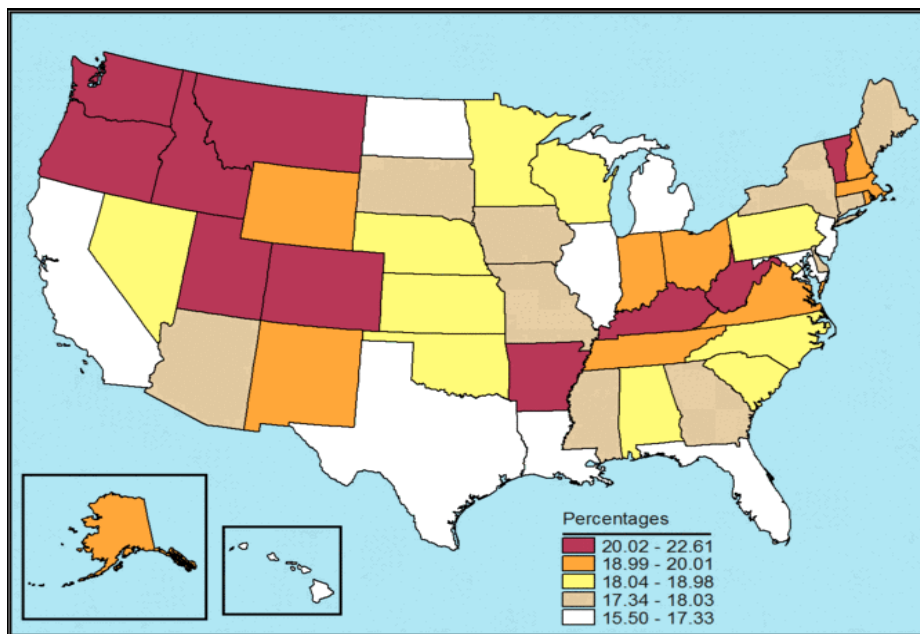
Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social welfare. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.[9]

The prevalence of mental illness in American households is staggering. According to the National Alliance on Mental Health, one in 25 adults—9.8 million, or 4%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities and, one in five youth aged 13–18 (21.4 percent) experiences a severe mental disorder at some point during this period. For children aged 8–15, the estimate is 13%.[10]

It is important to monitor mental illness as it is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is also associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes.

The figure above depicts individuals 18 and older who had any type of mental illnesses according to SAMHSA. Pennsylvania reports a range between 18.0 percent – 18.9% of residents who reported any type of mental illnesses in years 2015-2016.[11]

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9 Centers for Disease Control and Prevention, 2018

10 National Alliance on Mental Health, 2018

11 Any mental illness (AMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that met the criteria found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

For 2016, the rate of Individuals with Any Mental Illness has increased in Pennsylvania compared to the rest of the nation (18.76% compared to 18.07%).

- One in five adults experience some form of Mental Illness in any given year (approximately 43.8 million Americans).
- Approximately 60% of adults and 50% of youths aged 8-15 with mental illness received no mental health treatment.

To determine the number of mentally unhealthy days per month, respondents were asked to consider stress, depression, and problems with emotions. In the Jefferson Hospital services area, all counties are at or below the Pennsylvania rate of 4.3 days; Fayette County showed a higher number of mentally unhealthy days in the past 30 days than the other counties at 4.3 days.

Priority 3: Chronic Disease

Chronic diseases are a major cause of disability and death in Pennsylvania, as well as in the United States. The seven leading causes of deaths are heart disease, cancer, stroke, chronic lower respiratory disease (CLRD), unintentional injury, Alzheimer's disease and diabetes. According to the Pennsylvania Department of Health, chronic disease accounts for about 70% of all deaths per year in Pennsylvania. With Pennsylvania's aging population and the advances in healthcare that are enabling people to live longer, the cost associated with chronic disease will increase significantly, if there are no changes made.

Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing the effects of chronic disease and reducing death. Preventive services both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs.

Diabetes

In Pennsylvania, 11% of adults 20 years of age and older have been diagnosed with diabetes.[12]

- Key Insight: When providers in the Allegheny Health Network were asked what they perceived as top three risky behaviors/lifestyle choices in their service area, poor eating habits was the number two response with 52% of votes.[13]

From 2004-2012, the increase in the percent of adults diagnosed with diabetes was only slightly higher at the state level than the increase in Washington County. From 2004-2012 at the state level, there was an increase of 1.64%, while Washington County experienced an increase of 1.6%.

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12 2017 County Health Rankings
13 See Appendix A

Figure 5: Percent Adults with Diagnosed Diabetes by Year
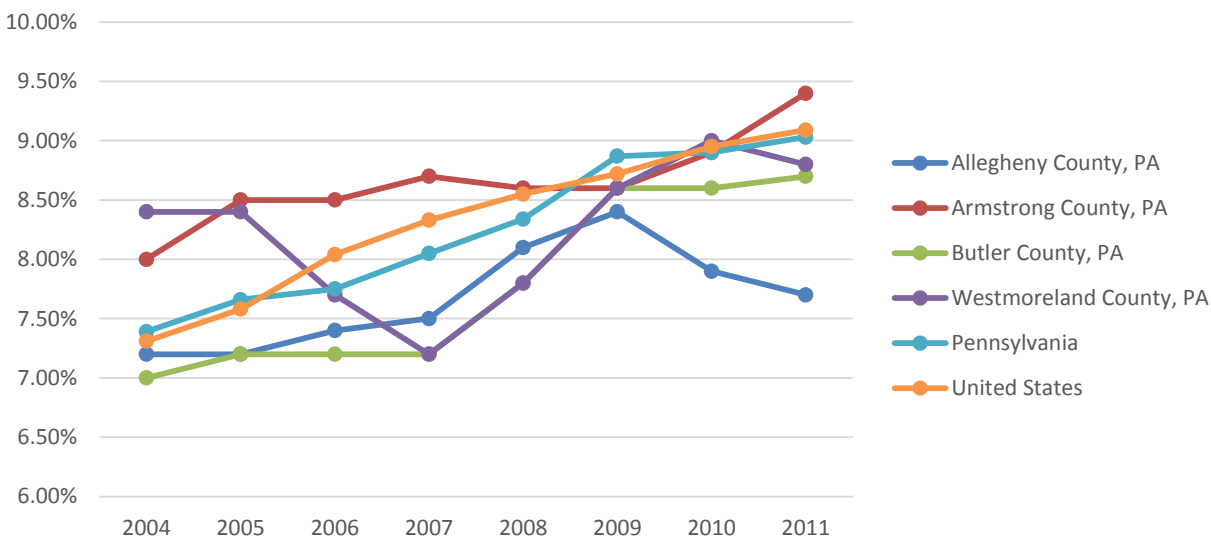
Source: Community Commons

It is estimated that one-third of people with diabetes are unaware of their condition because there may be minimal to no symptoms. Screening for diabetes in the early stages is essential and can decrease the risk of developing the complications associated with diabetes. Fortunately, individuals screened for diabetes has increased.

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, diabetes was the fourth most frequent response, with 35% of providers listing that as a top three concern.[14]

Cancer

In 2015, 1,633,390 new cases of cancer were reported, and 595,919 people died of cancer in the United States. For every 100,000 people, 438 new cancer cases were reported and 159 died of cancer. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. One of every four deaths in the United States is due to cancer.[15]

In Pennsylvania in 2015, there were 79,335 new cases of cancer. For every 100,000 people, 483 cancer cases were reported.[16] In Pennsylvania, there are projected to be 80,960

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14 See Appendix A
15 CDC, 2018
16 CDC, 2018

estimated new cases in 2018 and 28,620 estimated deaths in 2018 alone. The most common cancer diagnoses in Pennsylvania are breast (female), lung, prostate, and colon.[17]

Between 2010-2014 in Pennsylvania, lung cancer had the highest incidence rate; however, breast cancer and prostate cancer both had the higher incidence rate among each gender.

Allegheny County had the highest incidence rate (136.7) in the service area for breast cancer and higher than the state rate (129.8) and the national rate (123.5). Allegheny County also had the highest rate for prostate cancer (113). Washington County showed the highest rate for cervical cancer (10.4), while Fayette County had the highest incidence rates for colon/rectum cancer (47.2) and lung cancer (75).

Butler is not in JH service area had a notably higher incidence rate (131.7) for prostate cancer than Allegheny County (113), the state (117.5) and the nation (114.8). Butler County also had a higher rate for colon and rectum cancer (45.1) then Allegheny County (41.7), the state (43.1) and the country (39.8).

Figure 6: Cancer Incidence per 100,000

| Report Area	Breast Cancer (Female)	Cervical (Female)	Prostate Cancer (Male)	Colon Rectum	Lung and Bronchus
Allegheny County	136.7	6.7	113	41.7	72
Fayette	123.4	9	90.2	47.2	75
Washington	130.3	10.4	105.7	46	67.2
Westmoreland	131.7	7.3	100.2	43.5	69.6
Pennsylvania	129.8	7.6	117.5	43.1	65.4
United States	123.5	7.62	114.8	39.8	61.2

Source: Community Commons

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, cancer was the seventh most frequent response, with 23% of providers listing that as a top three concern.[18]

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17 American Cancer Society, 2018
18 See Appendix A

According to the American Cancer Society, nearly half of all cancer deaths could be avoided if people live healthier lifestyles, quit smoking, and get recommended cancer screenings. For the majority of Americans who do not smoke, the most important ways to reduce cancer risk are to maintain a healthy weight, be physically active on a regular basis, and eat a mostly plant-based diet that limits saturated fat. The best defense against cancer is finding it early, when it's easiest to treat.[19]

Figure 7: Percent of Adults who Smoke
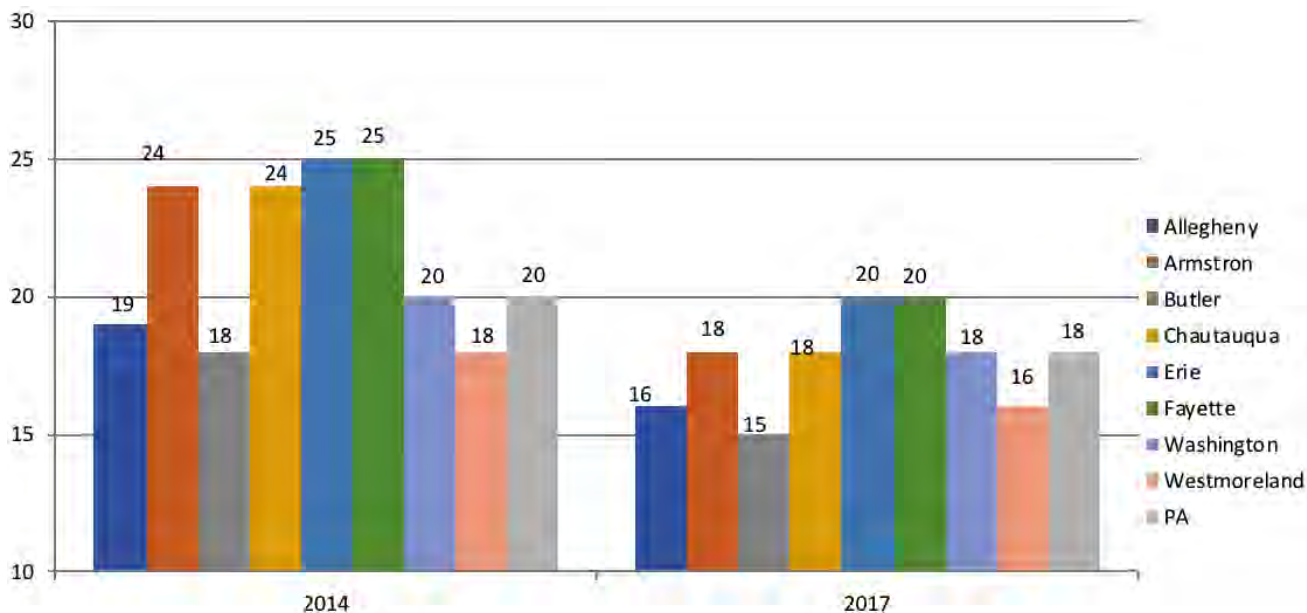
Source: County Health Rankings, 2017

Obesity

The nation has experienced a dramatic increase in obesity. Approximately 1 in 3 adults (34.0%) and 1 in 6 children and adolescents (16.2%) are obese, according to Healthy People 2020.

Obesity-related conditions include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death. In addition to grave health consequences, overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. medical care delivery system.[20] Ensuring that all Americans eat a healthful diet, participate in regular physical activity, and achieve and maintain a healthy body weight is critical to improving the health of Americans at every age.

- Key Insight: 37.3% of surveyed AHN providers identified obesity as one of the top three largest health needs in their service area.

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19 American Cancer Society, 2018
20 Healthy People 2020

Pennsylvania has the 24th highest adult obesity rate in the nation, and the 21st highest obesity rate for youth ages 10 to 17. Pennsylvania's adult obesity rate is currently 31.6%, up from 20.3% in 2000 and from 13.7% in 1990. [21]

Figure 8: Obesity Percentages
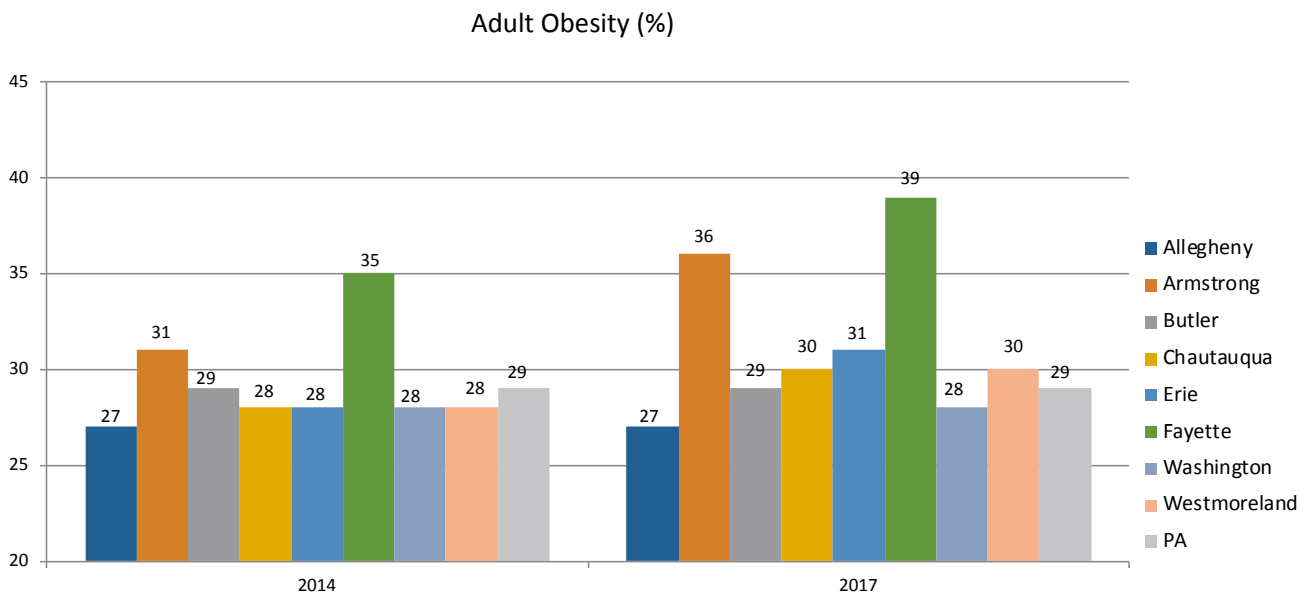
Adult Obesity (%)

Source: 2017 County Health Rankings

As Figure 8 shows, three out of the four counties in the Jefferson Hospital service area have a higher obesity rate among adults than the state rate of 29%, with Fayette County having the highest at 36%.

Regular physical activity, fitness and exercise are critically important for the health and well-being of people of all ages. Research has demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health-enhancing physical activity. More than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans, and 23 percent report no leisure-time physical activity at all in the preceding month.[22]

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21 *The State of Obesity*. Better Policies for a Healthier America.
22 CDC, 2018

Figure 9: Adult Obesity Percentages and Recreation Facilities per 100,000 Population

	Obese Adults	Physical Inactivity	Access to Exercise Opportunities
Allegheny	26%	23%	95%
Fayette	36%	34%	67%
Washington	29%	27%	84%
Westmoreland	28%	25%	83%
Pennsylvania	29%	24%	85%

Three out of the four counties in the Jefferson Hospital service area have a higher rate of adults who report no leisure time physical activity with Fayette County having the highest rate of inactivity at 34%; Washington County has the second highest rate at 27%.

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity such as local, state, and national parks or recreational facilities. Individuals who reside within a half mile of a park, or in urban communities reside within one mile of a recreational facility or in rural communities reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.

The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise. Pennsylvania is rich with natural resources including state parks providing many opportunities for free, family-friendly physical activity. All counties in the service area have a mid to high rating for access to exercise opportunities with Allegheny County showing the highest rate for access to exercise opportunities at 95%.

Conclusions and Recommendations

With the completion of the 2018 CHNA, Jefferson Hospital will develop goals and strategies for the CHNA implementation phase. In this phase, the hospital will leverage its strengths, resources and outreach to help best identify ways to address community health needs, thus improving overall health and addressing the critical health issues and well-being of residents. The hospital will work with community leaders and organizations to collaboratively address regional health and socioeconomic issues. The comprehensive CHNA provides insight into the most pressing health needs and service gaps in the study area. The implementation planning phase will develop measures, strategies, and goals as to how Jefferson Hospital will address the identified community health needs.

Jefferson Hospital, partnering with public health agencies, community organizations, and regional partners, understands that the CHNA document is not the last step in the assessment phase, but rather the first step in an ongoing evaluation process. The CHNA is a tool that the hospital can use to guide programming and product development to ensure that resources are being used effectively to address health needs as identified by the community.

Recommended Action Steps:

➢ Communicate the results of the CHNA process to staff, providers, leadership, boards, community stakeholders and the community as a whole.

➢ Use the inventory of available resources in the community to explore further partnerships and collaborations.

➢ Identify content experts within the health system to champion existing hospital initiatives and resources and to conduct ongoing evaluation.

➢ Involve key community stakeholders to participate or be involved in providing expert knowledge on ways to strategically address key community health needs.

➢ Develop working groups to focus on specific strategies and goals to address the top identified needs in the study area and develop a comprehensive implementation plan.

➢ Implement/continue with a community engagement strategy to build upon the resources that already exist in the community, including committed community leaders that have been engaged in the CHNA process.

- ➢ Consistently evaluate goals and strategies as they are being implemented in the community to see where and when adjustments need to be made in order to achieve maximum community benefit and improved health outcomes.

Communication and continuous planning efforts are vital throughout the next few years. Information regarding the CHNA findings will be important to residents, community groups, leaders and other organizations that seek to better understand the health needs of the communities in the AHN study area and how to best serve these needs.

Tripp Umbach, in partnership with AHN, emphasizes that in order to meet the goals and objectives set for in the implementation strategies, Jefferson Hospital must leverage existing partnerships within the region as well as develop new relationships among organizations and agencies in the community. Collaboration effectively utilizes community resources by reducing redundancy of services and increasing capacity for service delivery.
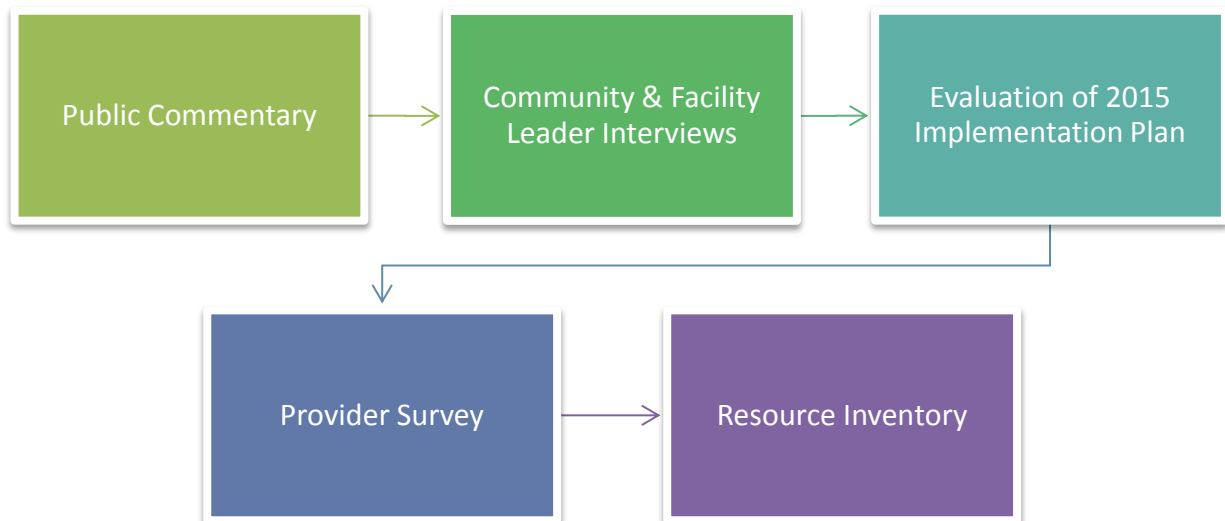
Appendix A: **Primary Data Summary**

Primary Data Collection

A comprehensive community-wide CHNA process was completed for Jefferson Hospital, which is part of the Allegheny Health Network system. The CHNA process brought together hospital leadership and key community leaders from health and human service agencies, government, and educational institutions to evaluate the needs of the community. This assessment included primary collection that incorporated public commentary, community leader interviews, a resource inventory, and a provider survey.

A review of all collected primary and secondary data by project leadership and the project Steering Committee input session led to the identification and prioritization of community health needs. Each facility was given three opportunities to identify and select the health care needs that were most prevalent in their service area. Jefferson Hospital will examine and develop strategic actions through an implementation phase that will highlight, discuss and identify ways the hospital will work to address the needs of the communities it serves.

Tripp Umbach directed, managed, and worked closely with leadership from Jefferson Hospital and Allegheny Health Network to collect, analyze, review, and discuss the results of the CHNA. The flow chart below outlines the process of each project component in the CHNA.

```
┌──────────────────┐      ┌──────────────────┐      ┌──────────────────┐
│                  │      │ Community &      │      │                  │
│ Public Commentary│ ───▶ │ Facility         │ ───▶ │ Evaluation of    │
│                  │      │ Leader Interviews│      │ 2015             │
│                  │      │                  │      │ Implementation   │
│                  │      │                  │      │ Plan             │
└──────────────────┘      └──────────────────┘      └──────────────────┘

          ┌──────────────────┐      ┌──────────────────┐
          │                  │      │                  │
          │ Provider Survey  │ ───▶ │ Resource         │
          │                  │      │ Inventory        │
          │                  │      │                  │
          └──────────────────┘      └──────────────────┘
```

Community/Facility Leader Interviews + Public Commentary

As part of the CHNA process, telephone interviews were completed with community stakeholders in the primary service area to better understand the changing community health environment, as well as to receive feedback from the previous CHNA to improve analysis and reporting for this assessment round. Community stakeholder interviews were conducted during the months of June 2018 and September of 2018.

Community stakeholders targeted for interviews encompassed a wide variety of professional backgrounds including:

1) public health expertise
2) professionals with access to community health related data
3) representatives of underserved populations

The interviews offered community stakeholders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

In addition, Tripp Umbach interviewed the President/CEO of each facility. These interviews ensured that the spectrum of interviewees included everyone from members of the community to the individuals who operate the facility on a daily basis. From the onset of the project, AHN made it a priority to be transparent in the identification of the needs for each facility.

Tripp Umbach worked closely with Allegheny Health Network to identify community leaders important to the community needs process. A Tripp Umbach consultant conducted each interview. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and reviewed by project leadership. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, as well as ways to address those concerns.

The qualitative data collected from community stakeholders are the opinions, perceptions and insights of those who were interviewed as part of the CHNA process. Many of the top needs identified during the interviews are included in this CHNA report and are noted in Section 3 as appropriate.

During the interviews, interviewees were asked to name the top three health concerns in their service area. Below are the top five health needs mentioned most often for all CHNA interviews, totaled from all eight facilities:

1. Mental health (mentioned in 71% of interviews)
2. Substance abuse (mentioned in 64% of interviews)
3. Access to care (mentioned in 61% of interviews)
4. Chronic conditions (mentioned in 58% of interviews)

5. Cost of care (mentioned in 57% of interviews.)

Evaluation of 2015 Implementation Planning Strategies

In the 2015 Jefferson Hospital CHNA, behavioral health, cancer, chronic disease, and maternal & child health were identified as top community health needs and implementation planning focus areas. Jefferson Hospital leadership developed goals and strategies to address each identified concern.

In this 2018 CHNA process, Tripp Umbach provided Jefferson Hospital Steering Committee members and leadership with an implementation planning evaluation platform to track the progress of each goal and strategy. Appendix C consists of an updated summary of goals, objectives, and strategies employed by Jefferson Hospital to address the needs from the 2015 CHNA.

Provider Survey

Tripp Umbach employed a health provider survey methodology to survey providers within Allegheny Health Network. A provider health survey was created to collect thoughts and opinions about health providers' community regarding the care and services they provide. Each hospital within AHN sent emails to their health providers requesting survey participation. A survey link was also posted in an internal newsletter to increase response rates. The survey data collection period ran on Survey Monkey from April through June 2018. In total, a sample size of 163 surveys across all AHN facilities were collected.

Below is a highlight of the survey results:

Q. What do you perceive to be the biggest barrier(s) for people not receiving care? (Check all that apply)

A. Top five results

1. Out of pocket costs/high deductibles, 103 responses (75.18%)
2. No insurance coverage, 83 responses (60.58%)
3. No transportation, 77 responses (56.20%)
4. Not being able to navigate the health care system, 66 responses (48.18%)
5. Lack of mental health facilities, 53 responses (38.69%)

Q. From the following list below, what do you think are the three largest "health problems" in the community you serve?

A. Top ten results

1. Substance Abuse, 59 responses (44.03%)
2. Aging problems (arthritis, hearing/vision loss, etc.), 56 responses (41.79%)
3. Obesity, 50 responses (37.31%)
4. Diabetes, 48 responses (35.82%)
5. Heart disease and stroke, 45 responses (33.58%)
6. Mental health problems, 43 responses (32.09%)
7. Cancers, 32 responses (23.88%)
8. High blood pressure, 25 responses (19.40%)
9. Respiratory/lung disease, 17 responses (12.69%)
10. Fire-arm related injuries, 5 responses (3.73%)

Q. From the following list below, what do you think are the three most pressing "risky behaviors" in the community you serve?

A. Top five results

1. Drug abuse, 75 responses (55.97%)
2. Poor eating habits, 71 responses (52.99%)
3. Substance abuse, 67 responses (50.00%)
4. Lack of exercise, 61 responses (45.52%)
5. Alcohol abuse, 56 responses (41.79%)

Q. What types of improvements would you like to see in the current health system? (Check all that apply)

A. Top five results

1. Affordable health care, 91 responses (67.91%)
2. Access to mental health care, 80 responses (59.70%)
3. Affordable medication, 80 responses (59.70%)
4. Coordination of care, 57 responses (42.54%)
5. Timely access to primary care, 46 responses (43.33%)

Q. In your opinion, what are the reasons why your overall patient population may be noncompliant to treatment/medication plans?

A. Top five results

1. High costs of health care or medications, 104 responses (78.79%)
2. Difficulty "getting around" (transportation challenges or personal mobility challenges), 72 responses (54.55%)
3. Personal reasons (no specific reason/schedule/forgetfulness), 65 responses (49.24%)
4. Lack of insurance coverage, 59 responses (44.70%)
5. Lack of understanding of their treatment plan (excluding language barriers), 55 responses (41.67%)

Provider Resource Inventory

An inventory of programs and services available in the Jefferson Hospital service area/AHN region was developed by Tripp Umbach. The provider inventory highlights available programs and services within Jefferson Hospital's primary service area. The inventory identifies the range of organizations and agencies in the community that are serving the various target populations within each of the priority needs. The inventory provides program descriptions and collects information about the potential for coordinating community activities and creating linkages among agencies.

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

Appendix B: **Secondary Data Summary**

Tripp Umbach collected and analyzed secondary data from multiple sources that include the following subjects and health areas: County Health Rankings, Pennsylvania County Health Statistics, Alcohol, Drug Use, and Tobacco Statistics, Mental and Behavioral Health, Homeless Population Data, Rural Health, and School Health Statistics.

This secondary data summary includes information from multiple health, social and demographics sources. Tripp Umbach used secondary data sources to compile information related to disease prevalence, socioeconomic factors and health behaviors. Where applicable, data was benchmarked against state trends. The secondary data profile includes an overview of health and social conditions in the region, broken down by County or County cluster. Secondary data was used to provide important information, insight, and knowledge into a broad range of health and social issues for the CHNA

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

Adult Smoking Percentage
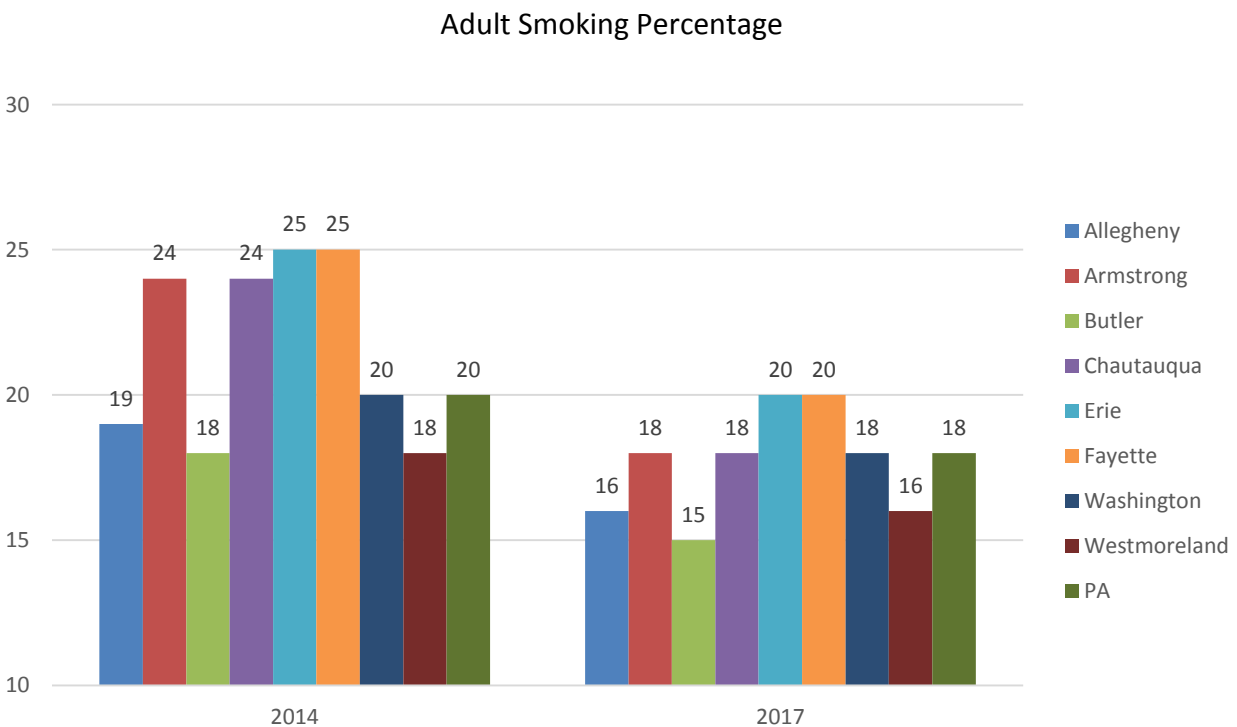
Source: 2017 County Health Rankings

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

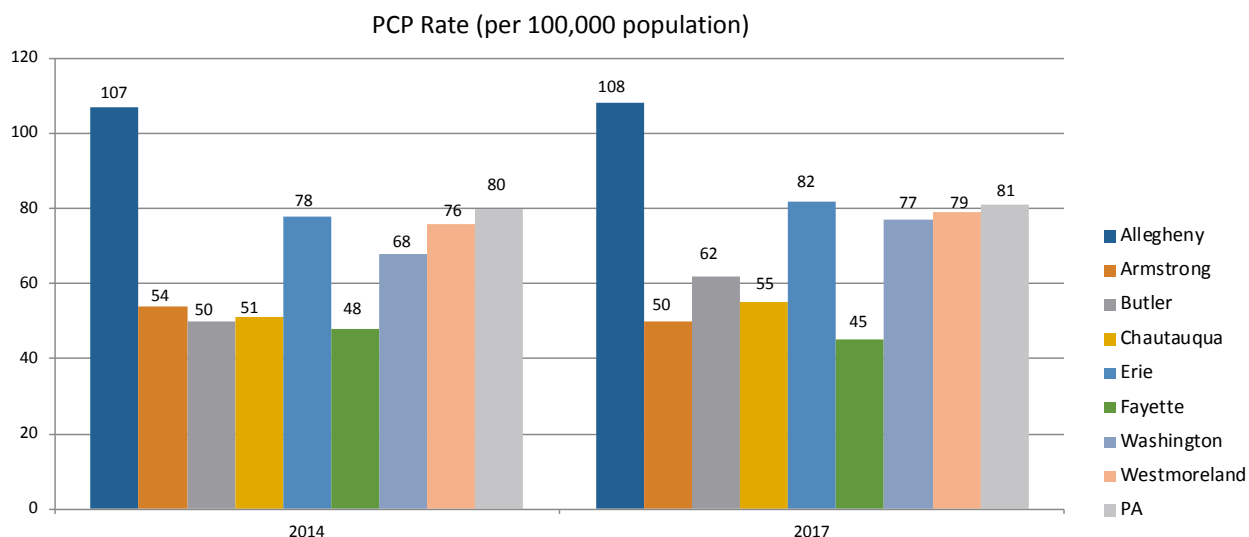- Key Insight: In 2017, Erie and Fayette Counties record an adult smoking percentage above the state average.
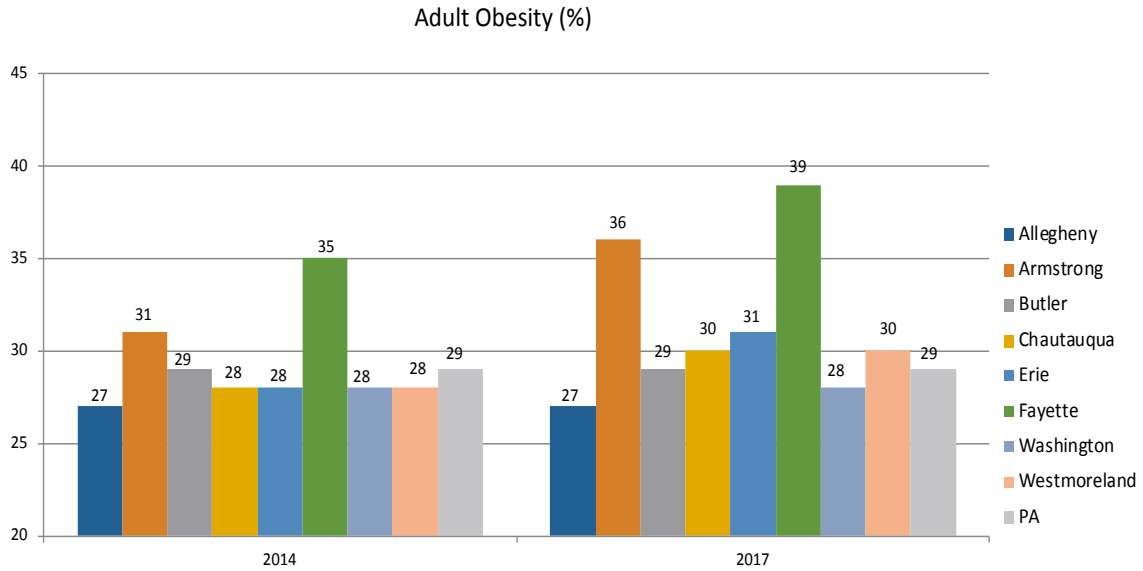
Adult Obesity (%)

Source: 2017 County Health Rankings

- Key Insight: The rate of adult obesity either increased or remained the same in all counties of the study area.

- Key Insight: Armstrong, Chautauqua, Erie, Fayette, and Westmoreland Counties all register adult obesity rates above the state average.

Excessive Drinking (%)
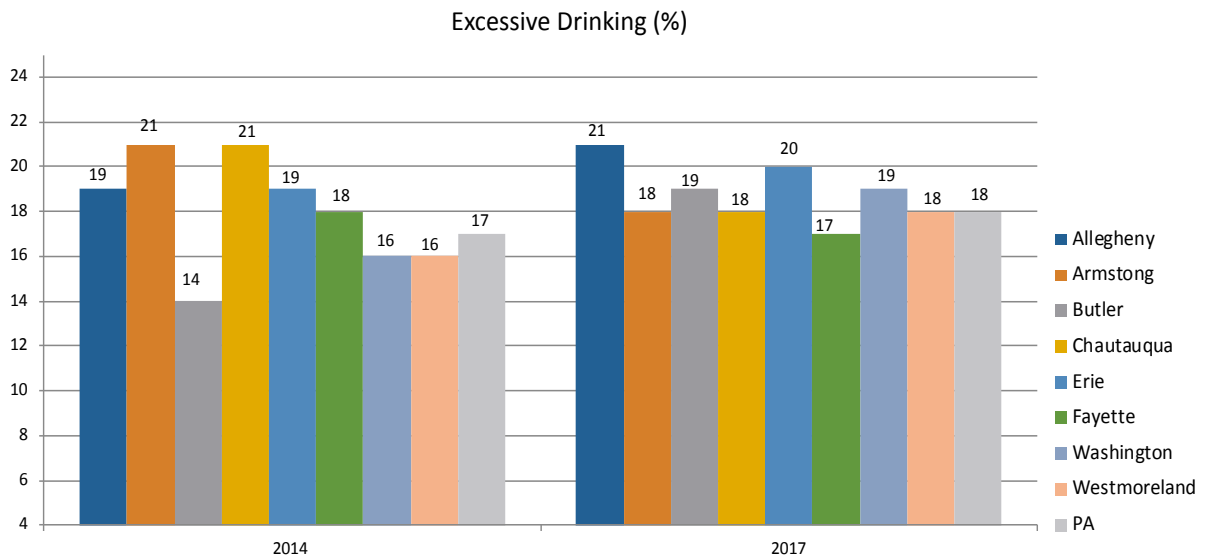
Source: 2017 County Health Rankings

- Key Insight: Butler County saw the largest increase (Armstrong saw biggest decrease) in excessive drinking from 2014 to 2017.

- Key Insight: In 2017, Allegheny, Butler, Erie, and Washington Counties all registered excessive drinking rates higher than the state average.

PCP Rate (per 100,000 population)

Source: 2017 County Health Rankings

- Key Insight: The rate Of PCP per 100,000 increased in all counties except for Armstrong and Fayette, which declined.

- Key Insight: In 2017, Armstrong, Butler, Chautauqua, Fayette, Washington, and Westmoreland Counties record lower PCP rates compared to the state average.

Diabetes (% Diabetic)

26
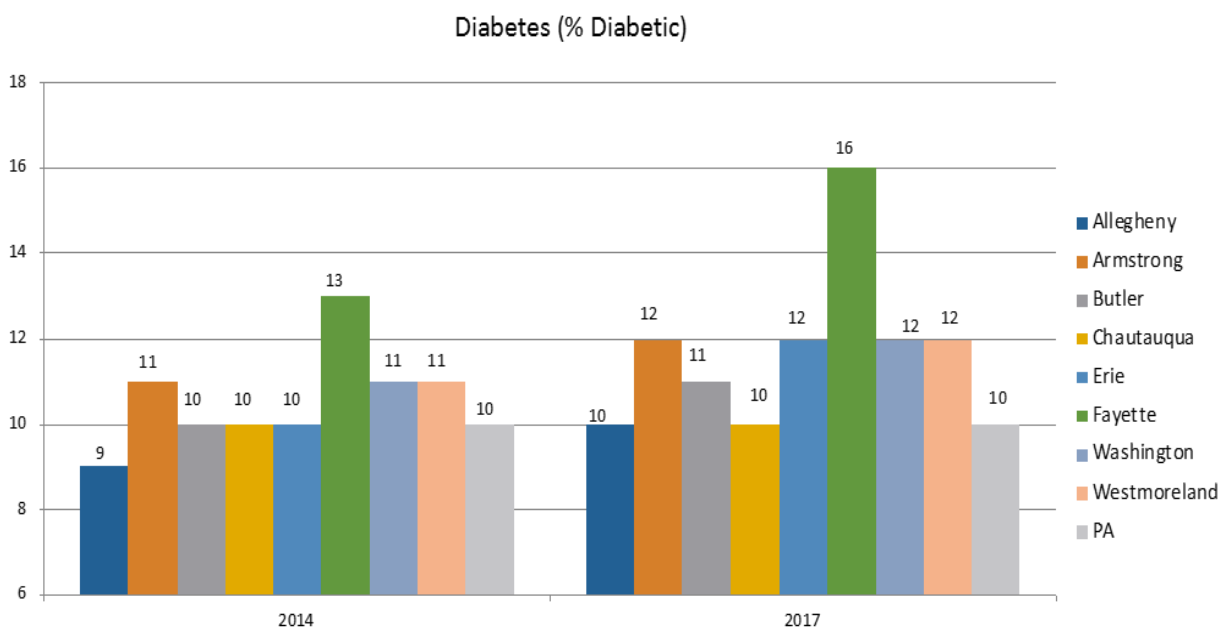
- Key Insight: The percentage of diabetic adults increased in Allegheny, Armstrong, Butler, Erie, Fayette, Washington, and Westmoreland Counties from 2014-2017.

- Key Insight: All counties in the study area register equal or higher diabetic adults in comparison to the state average.

Alcohol Use in the Past Month (Aged 12 +)
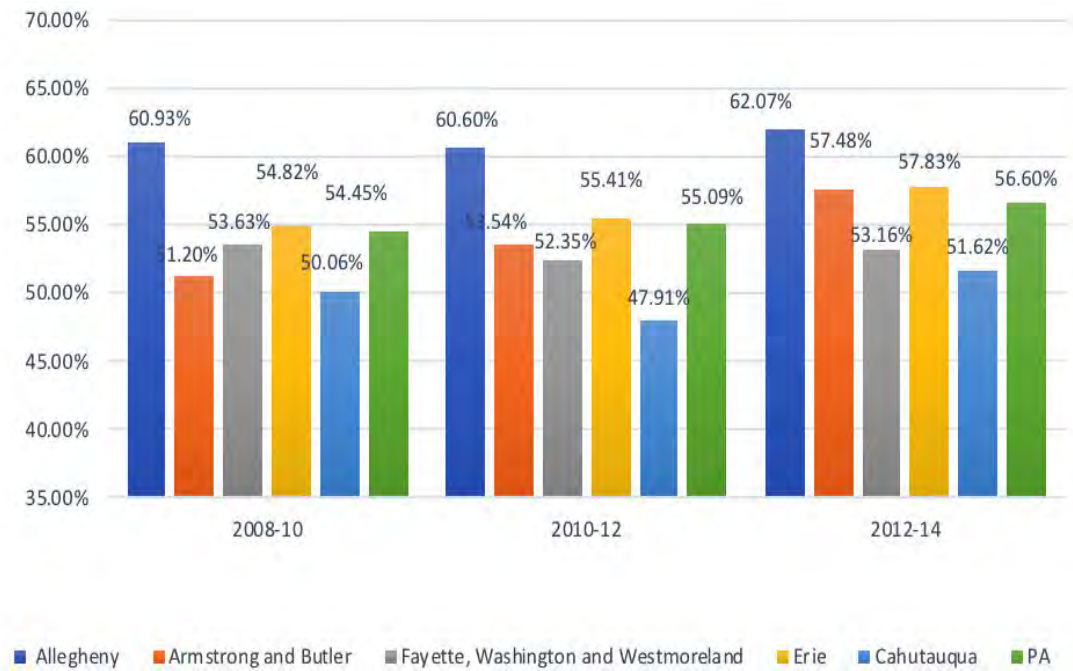
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- Key Insight: Armstrong/ Butler[23], Allegheny and Erie counties both report a higher percent of Alcohol Use when compared to the state during the most recent 2012-2014 study period.

- Key Insight: Most counties registered relatively equal or slightly higher rates of alcohol usage during the last month during the study period.

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[23] Armstrong and Butler Counties are grouped together due to their geographic proximity for display purposes.

Binge Alcohol Use

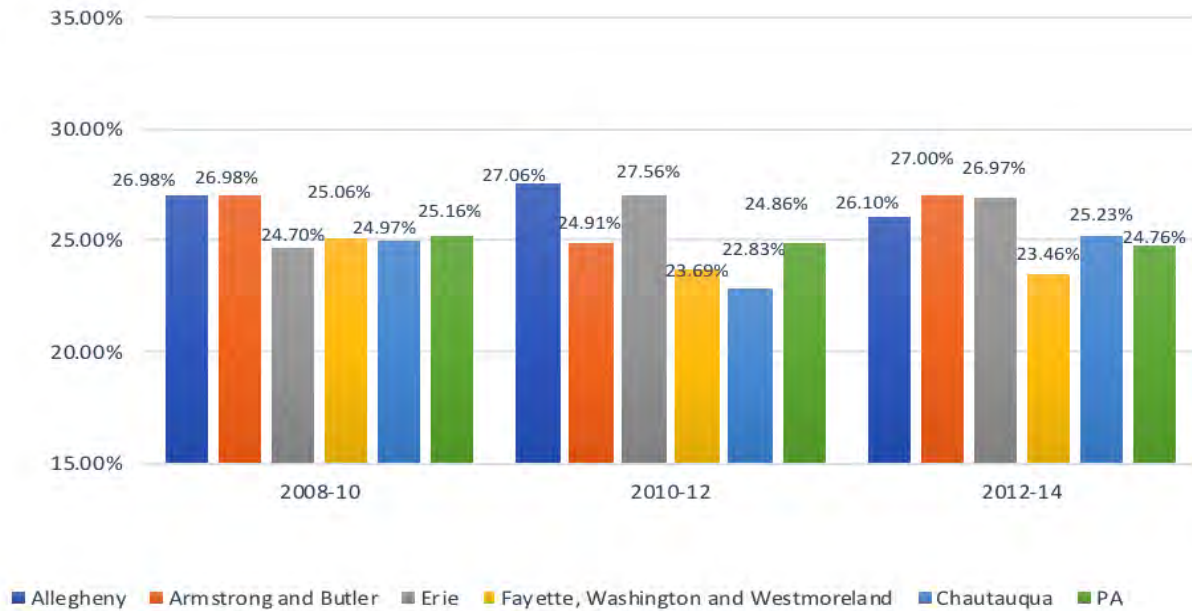*Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014*

- Key Insight: Allegheny, Armstrong/Butler and Erie County all reported a higher rate of Binge Alcohol Use than the state (26.10%, 27.00% and 26.97% respectively) during the 2012-2014 study period.

- Key Insight: Fayette, Washington, & Westmoreland County[24] saw the largest decrease in Binge Alcohol Use throughout the study period.

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[24] Fayette, Washington, and Westmoreland Counties were grouped together due to their geographic proximity for display purposes.

Alcohol Dependence

Bar chart showing Alcohol Dependence rates across three study periods (2008-10, 2010-12, 2012-14) for Allegheny, Armstrong and Butler, Fayette/Washington and Westmoreland, Erie, Chautauqua, and PA.

2008-10: Allegheny 3.11%, Armstrong and Butler 3.07%, Fayette, Washington and Westmoreland 2.99%, Erie 3.35%, Chautauqua 3.81%, PA 3.17%

2010-12: Allegheny 2.97%, Armstrong and Butler 3.01%, Fayette, Washington and Westmoreland 2.57%, Erie 3.12%, Chautauqua 2.91%, PA 3.02%

2012-14: Allegheny 3.11%, Armstrong and Butler 3.33%, Fayette, Washington and Westmoreland 2.39%, Erie 3.07%, Chautauqua 3.08%, PA 2.87%

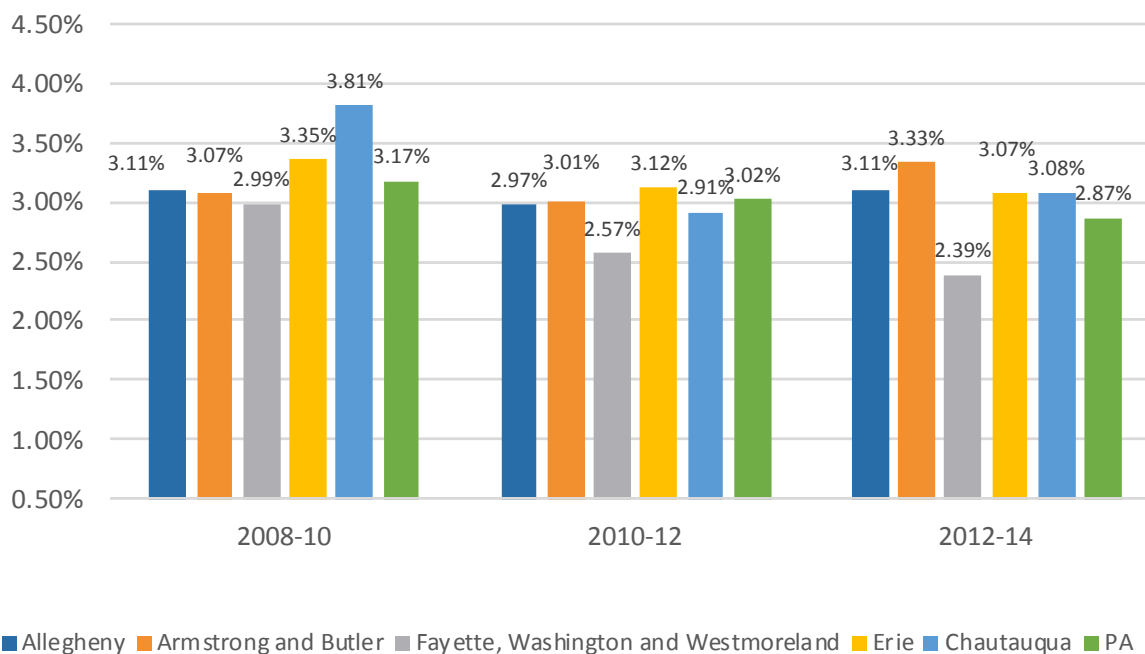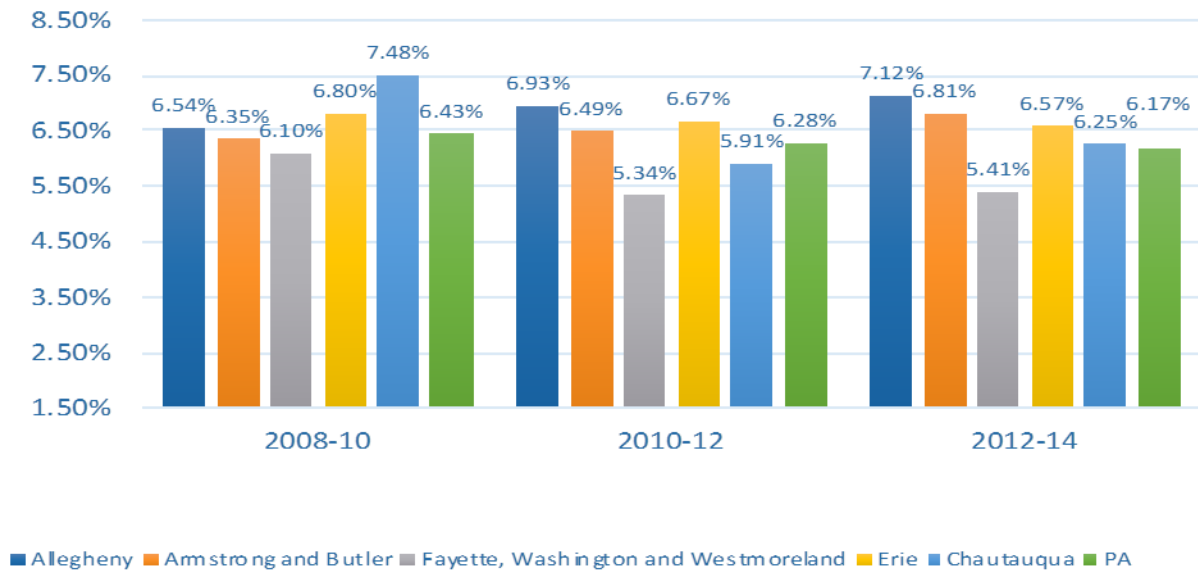Legend: Allegheny | Armstrong and Butler | Fayette, Washington and Westmoreland | Erie | Chautauqua | PA

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

- Key Insight: Allegheny, Armstrong/Butler, Erie, and Chautauqua County all reported a higher rate of Alcohol Dependence than the state (3.11%, 3.33%, 3.07%, and 3.08% respectively) during the 2012-2014 study period.

- Key Insight: Fayette, Washington, & Westmoreland, as well as Erie County, saw the largest decrease in Alcohol Dependence throughout the study period.
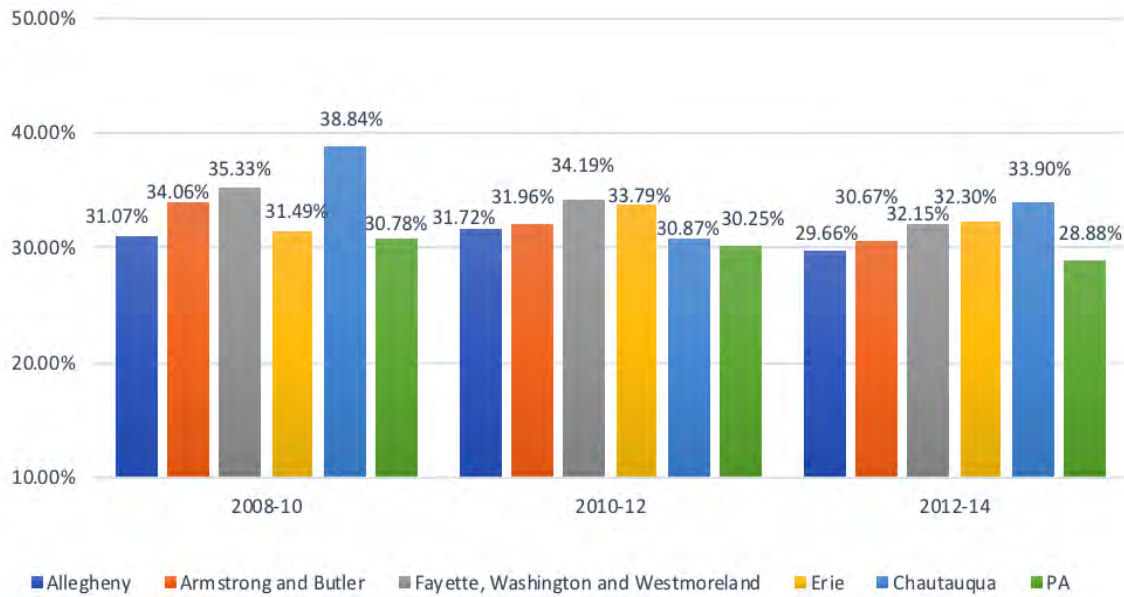
Needing But Not Receiving Treatment for Alcohol Use

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

- Key Insight: Allegheny, Armstrong/Butler, Erie, and Chautauqua County all reported a higher rate of Needing But Not Receiving Treatment for Alcohol Use than the state (7.12%, 6.81%, 6.57%, and 6.25% respectively) during the 2012-2014 study period.

- Key Insight: Allegheny County saw the biggest increase in Needing But Not Receiving Treatment for Alcohol Use rates throughout the entire study period.

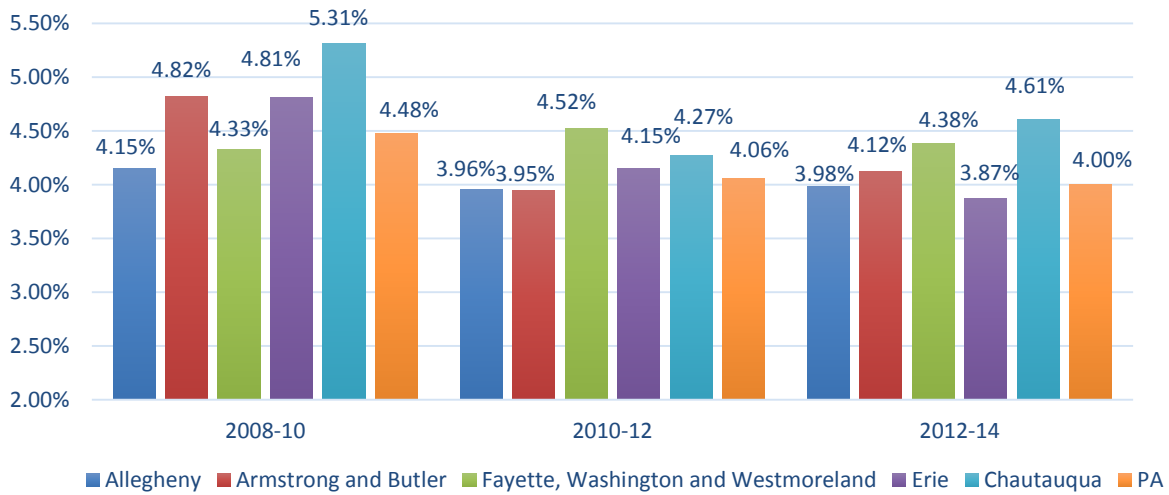*Source: SAMHSA, Center for Behavioral Health Statistics and Quality,*
National Survey on Drug Use and Health 2014

- **Key Insight:** All County clusters reported a higher rate of Any Tobacco Use than the state during the 2012-2014 study period.

- **Key Insight**: Fayette, Washington, and Westmoreland County registered the largest decrease in Any Tobacco Use during the entire study period.

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality,
National Survey on Drug Use and Health, 2010, 2012 and 2014

- Key Insight: Fayette, Washington and Westmoreland County had the largest decline in the rate of Serious Illness (4.52% to 4.38%) from 2010-2014.

- Key Insight: Allegheny and Erie County have lower rates of Serious Illness than the state rate of 4.0% during the 2012-2014 study period.
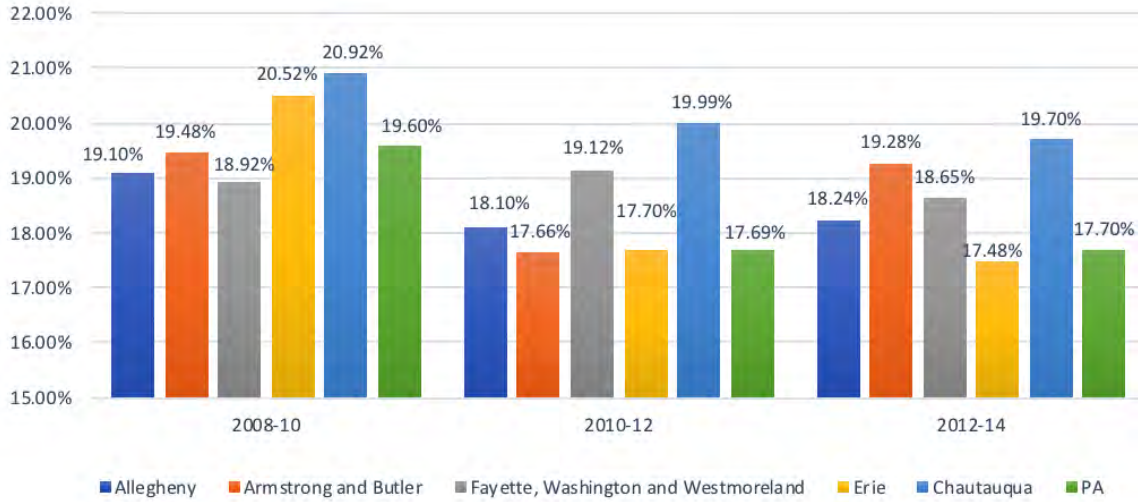
Any Mental Illness in the Past Year (Aged 18 +)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2010, 2012-2014

- Key Insight: Chautauqua County reported the highest rate for Any Mental Illness at 19.70% while Erie County has the lowest rate and is lower than the state rate

- Key Insight: Allegheny Armstrong and Butler counties report a sharp rise in the rates of residents with any mental illness from 2010-2012 to 2012-2014.

Appendix C: **2015 Implementation Planning Update and Evaluation**

As part of the current CHNA process, Tripp Umbach collaborated with each AHN facility to create an updated evaluation of its progress and strategies used to address the health needs identified in the previous 2015 CHNA. By doing so, each facility will be well positioned to carry over these strategies in 2019 and beyond (if applicable), as well as create strategies for new health needs identified in this CHNA.

1. Health Priority: Behavioral Health

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

Jefferson Hospital Work to Meet Objective 1: *Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations.*
Jefferson Hospital increased utilization of outpatient behavioral health services particularly for the most vulnerable populations by creating and expanding women's behavioral health services.

- Jefferson built a new behavioral health clinic at 810 Clairton Blvd. A child/adolescence psychiatrist was hired in August 2018. Through November 5, 2018, 119 patients have been seen.
- Allegheny Health Network and the Alexis Joy D'Achille Foundation opened The Alexis Joy D'Achille Center for Women's Behavioral Health at West Penn Hospital, a unique facility that offers the most comprehensive, state-of-the-art care available in western Pennsylvania for women suffering from pregnancy-related depression Patient can be referred to the center or to the psychiatrist from the center who is at Jefferson counseling on Route 51 on Wednesdays. Since August 1, 2018 through October 31, 2018 – 36 patients have been seen.

Jefferson Hospital Work to Meet Objective 2 and 3: *Increase knowledge and skills of first responders and community members around behavioral health. Increase the number of healthcare providers integrating behavioral health and physical health.*

- The Jefferson Regional Foundation, the hospital's foundation, provided a three year grant of $135,000 to Allegheny Health Choices, Inc. (AHCI) to train 16 local professionals to be certified Mental Health First Aid trainers including two Jefferson MH counselors. The following chart shows the number of MHFA trainings made possible by the grant.

2016-18 JRF Supported Trainings Summary					
	Number of Trainings			Estimated Number of Participants (i.e., Number of Packets Requested)		
	Total	Adult	Youth	Total	Adult	Youth
2016	5	5	0	100	100	0
2017	16	14	2	333	283	50
2018	18	11	7	363	207	156
Totals	**39**	**30**	**9**	**796**	**590**	**206**

- The foundation also provided funding of $180,000 (3 years- $60,000/$60,000/$60,000) for a Community Outreach Specialist for Behavioral Health whose responsibility was to increase knowledge and reduce stigma regarding mental health and strengthen community access to the new outpatient adolescent and existing adult services of Jefferson Hospital's Department of Behavioral Health. The employee provides general mental health education in the community as well as conducting the MHFA trainings.
- Jefferson Hospital increased knowledge and skills of first responders and community members around behavioral health by establishing a Mental Health First Aid (MHFA) Training program for the first responder community. On March 27, 2018, Jefferson MH counselors, specially trained in MHFA, provided an 8-hours course to Public Safety Officers. It was attended by officers from the following communities:
  - Whitehall Police   5 officers & 1 Dispatcher
  - Castle Shannon Police 4 officers
  - Brentwood Police   2 officers
  - Findlay Township Police 2 officers
  - Pleasant Hills Police   3 officers
  - South Park Police   3 officers
  - Allegheny County Probation 1 officer

2. Health Priority: Cancer

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

Jefferson Hospital Work to Meet Objectives 1, 2, and 3: *Increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines. Reduce the incidence rate for the top four most commonly diagnosed cancers: prostate (male), lung and bronchus, colon and rectum, and breast (female) and the overall cancer mortality rate by promoting healthy lifestyle behaviors related to tobacco use and diet and exercise. Increase access to health screenings and education to high-risk populations.*

Jefferson Hospital added the ability to do low dose CT Lung screenings in 2016. Since that time, Jefferson rolled out additional locations including: Diagnostics in Brentwood, the Jefferson Medical Arts Building in Clairton, and the Waterfront in Homestead. To date, 1,066 low dose lung screenings have been performed at these locations, of these, 9 have been diagnosed with lung cancer.

- 2016   165 Lung Screenings
- 2017   484 Lung Screenings
- 2018-YTD   417 Lung Screenings

Jefferson Hospital increased access to health screenings and education to high-risk populations by offering free cancer screenings for individuals 18 and older. Specifically, AHN's Free Cancer Screening Program included screening for: colorectal cancer, prostate cancer, breast cancer, cervical cancer, skin cancer, neck and throat cancers, lung cancer, hepatitis C and HIV. AHN went from no free screening events to 22 events from 2015 thru 2017. We provided over 5,000 cancer related screenings for 1,498 individuals, identifying 843 abnormal results that required further diagnostic screening. The following is a list of screening locations and dates, followed by the numbers of normal/abnormal results per year.

- January 24, 2015– Wexford Health + Wellness Pavilion
- April 11, 2015 – Destination Wellness, Galleria at Pittsburgh Mills
- May 30, 2015 – West Penn Hospital
- June 13, 2015 – Peters Township Health + Wellness Pavilion
- August 21, 2015 – Allegheny General Hospital
- September 12, 2015 – Forbes Hospital
- October 24, 2015 – Jefferson Hospital
- January 23, 2016 – Wexford Health + Wellness Pavilion
- April 23, 2016 – Galleria at Pittsburgh Mills
- May 14, 2016 – West Penn Hospital
- June 4, 2016 – Peters Township Health + Wellness Pavilion

- August 5, 2016 – Allegheny General Hospital
- September 10, 2016 – Forbes Hospital
- October 15, 2016 – Jefferson Hospital
- September 9, 2017 – Forbes Hospital
- September 30, 2017 – Saint Vincent Hospital
- October 7, 2017 – Jefferson Hospital
- November 4, 2017 – Allegheny Valley Hospital
- May 5, 2018 – Wexford Health + Wellness Pavilion
- September 15, 2018 – Forbes Hospital
- October 13, 2018 – Jefferson Hospital
- November 3, 2018 – Allegheny Valley Hospital

2015 Cancer Screenings

	Skin	Head & Neck	Genetics	Breast	Mammo	Pelvic	PAP	FOBT	Prostate	PSA	Lung	Hep C	HIV
Abnormal	202	16	116	11	21	6	2	4	16	12	14	1	5
Normal	244	176	290	140	39	116	85	211	106	86	31	168	159

	Results		# of Participants	
Abnormal	427		Females	416
Normal	1880		Males	237
Totals	2307		Totals	653

2016 Cancer Screenings

	Skin	Head & Neck	Genetics	Breast	Mammo	Pelvic	PAP	FOBT	Prostate	PSA	Lung	Hep C	HIV
Normal	263	122	38	137	53	104	96	103	76	199	13	252	230
Abnormal	128	22	50	9	10	4	1	4	30	14	19	0	0

Totals	Results		# of Participants	
Normal	1,686		291	Males
Abnormal	291		279	Females
Totals	1,977		570	Total

2017 Cancer Screenings

	Skin	Head & Neck	Breast	Mammo	Pelvic	PAP	FIT	Prostate	PSA	Lung	Hep C	HIV
Normal	164	50	34	34	39	44	37	56	63	12	12	55
Abnormal	59	20	4	5	4	3	5	3	6	6	6	4
Total	223	70	38	39	43	47	42	59	69	18	18	59

Totals	Results		# of Participants	
Normal	600		111	Males
Abnormal	125		164	Females
Totals	725		275	Total

2018 Cancer Screenings

	Skin	Head & Neck	Breast 25+	Mammo	Pelvic	PAP	Colon Kit	Prostate	PSA	Hep C	Lung
Abnormal	64	3	1	11	5	3	0	27	4	0	4
Normal	120	41	51	13	37	34	21	26	49	30	18
Total	184	44	52	24	42	37	21	53	53	30	22

Totals	Results
Abnormal	122
Normal	440
Totals	562

# of Participants	
90	Males
115	Females
205	Total

Jefferson also held Cancer Prevention Education Seminars. The following is a list of programs:

- Beauty is more than Skin Deep at Jefferson Hospital   8/20/15, 65 people attended
- Take Control of Pelvic Floor Disorders at Jefferson Hospital 3/24/15, 71 people attended
- Take Control of Pelvic Floor Disorders at Bethel Park HWP 3/03/15, 23 people attended.
- Learning to Exhale (Lung Cancer) at Jefferson Hospital   4/21/14, 36 people attended
- Breast Imaging – Tomosynthesis at Bethel Park HWP   4/23/14, 21 people attended
- Health for Him Prostate Cancer with free PSA screening   12/6/16, 13 people attended

3. Health Priority: Chronic Disease

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

Jefferson Hospital Work to Meet Goal 1, Objective 1 and 2: *Increase primary care provider (PCP) recommendations for preventive screenings per risk and age guidelines. Provide health screenings and education to high-risk populations.*

Jefferson hospital provide free stroke risk screening and education to high-risk populations in Clairton, Baldwin's immigrant/refugee community, and Homestead/Munhall at the following free screening and counseling events:

- **Stroke Risk Screening – Pleasant Hills, October 15, 2016** Included Cholesterol and HDL , Blood sugar, Blood pressure, Carbon monoxide testing for smokers, BMI (body mass index) analysis
- **Stroke Risk Screening – Baldwin, December 2, 2017.** Included Cholesterol and HDL , Blood sugar, Blood pressure, Carbon monoxide testing for smokers, BMI (body mass index) analysis
- **Health Screening – Homestead/Munhall, December 8, 2018.** Included Cholesterol and HDL, Blood sugar, Blood pressure, Carbon monoxide testing for smokers, Body mass index analysis., Diabetes screening questionnaire and education, Pulmonary function testing, Colon cancer screening, PSA screening for prostate cancer, Free flu vaccines

Jefferson provided education for women ages 25-85 that are the family caregivers and educate family on healthy choices. Using the Health for Her program and community locations, Jefferson provided the following education programs:

Tuesday, January 10, 2017	Retired Nurses Club Presbyterian Church - Whitehall	*Pelvic Floor Dysfunction*
Wednesday, March 01, 2017	Jefferson's Women's Club Jefferson Hills Boro Building	*Pelvic Floor Dysfunction*
Tuesday, March 07, 2017	South Park Library	*Memory Loss in the Elderly*
Tuesday, March 21, 2017	Bethel Park HWP	Living Life Post Cancer Treatment
Wednesday, March 29, 2017	Healthtrax – Bethel Park	*Diabetes Programs*
Wednesday, April 12, 2017	Clairton Library	*Understanding Medicare*
Wednesday, April 26, 2017	South Park Library	*Tomosynthesis– Mammography - 3D Imaging*
Thursday, May 11, 2017	Women's Club Jefferson Hills	*Fighting Cancer With The Knife And Fork*
Tuesday, May 16, 2017	Highmark Direct Store	*Diabetes Programs*
Wednesday, June 14, 2017	Highmark Direct Store	*Diabetes Education*

Wednesday, June 14, 2017	Baldwin Towers	*Dealing with Grief*
Thursday, June 15, 2017	Bethel Park HWP	*Degenerative Arthritis of the Knee*
Friday, August 11, 2017	Women's Small Business Owners Whitehall/Baldwin Group	*Pelvic Floor Dysfunction*
Tuesday, August 22, 2017	Steel City Area Vocational Technical School	*Suicide Prevention*
Wednesday, September 06, 2017	Life Span Century III Mall	*Osteoporosis Presentation*
Wednesday, September 13, 2017	AHN Cancer Institute of Jefferson Hospital	Living Life Post Cancer Treatment
Wednesday, September 13, 2017	Women's Club Jefferson Hills Library	*Overcoming Depression - Signs and Recovery.*
Monday, September 18, 2017	Nursing Students Carlow College	*Recovery and Mental Illness*
Wednesday, September 20, 2017	South Park Library	*Stress Management and Mindfulness* Shauna Frantz, LCSW
Wednesday, October 04, 2017	South Park Library	*Coping with Loss and Bereavement*
Wednesday, October 11, 2017	Jefferson Hills Library	*Stress Management and Mindfulness*
Thursday, October 12, 2017	Women's Club Baldwin Borough Building	*Fighting Cancer With The Knife And Fork*
Wednesday, October 18, 2017	Brentwood Library	*Stress Management and Mindfulness*
Monday, November 13, 2017	Christian Mothers of Holy Angles and Women's Guild	*Fighting Cancer With The Knife And Fork*
Wednesday, October 25, 2017	AHN Cancer Institute at Jefferson	*Part 1 of 2* *Fighting Cancer With The Knife And Fork*

Thursday, October 26, 2017	Our House – Strip District	*Fighting Cancer With The Knife And Fork*
Wednesday, November 1, 2017	Our House AHN Cancer Institute at Jefferson	*Part 2 of 2* *Fighting Cancer With The Knife And Fork*

Jefferson Hospital Work to Meet Goal 1, Objective 3: *Partner with community organizations to promote healthy lifestyles.*

To improve the health and prevent some health conditions, the following community non-profits received grants from our Jefferson Regional Foundation for funding to improve the health of several of the communities in the Jefferson service area.

- *Venture Outdoors (2016) Jefferson Youth Outdoor Recreation Programs.* Jefferson area youth and families will experience structured, recreational, health and wellness activities in the outdoors through a partnership of Venture Outdoors and local afterschool and summer youth programs.
- *Women for a Healthy Environment, Strengthening Children's Environmental Health in Early Childcare Settings.* Increase awareness of environmental health factors for employees in 24 early childcare centers and 200 Jefferson families by providing technical assistance on an Eco-Healthy Childcare Checklist and offering timely, low-cost, sustainable solutions that will improve health outcomes for children.
- *Duquesne University, Sustainability of Surveillance & Treatment of Asthma in Clairton's Schoolchildren.* Explore opportunities to increase capacity and enhance sustainability for the asthma school-based clinic in Clairton elementary school, develop a partnership with Consumer Health Coalition's Clairton community health workers, and continue to offer free asthma screenings to Clairton children and refer them to follow-up care.
- *Economic Development South/Clairton Cares, Clairton Community Capacity Building for Social Services.* Expand human services information and resources for Clairton residents and organizations by strengthening the capacity of Clairton Cares to coordinate and deliver services and leverage its key role as a subcontractor in implementing the Neighborhood Partnership Program.
- *LaRosa Boys & Girls Clubs of Western PA, TeenClub.* Engage 225 teens and pre-teens ages 12-18 from Duquesne, McKeesport, and the surrounding Mon Valley areas to continue to participate in a TeenClub program and enhance the program to promote career readiness, social development, and leadership skills.
- *Pleasant Hills Police Department, Increased Response to Sudden Cardiac Arrest in the Jefferson Area.* Increase the opportunity to save Jefferson residents lives from sudden cardiac arrest through the purchase of 30 automated external defibrillators (AED) to be installed in police patrol vehicles serving Baldwin Borough, Pleasant Hills Borough, and West Mifflin Borough.
- *Saltworks $10,000, Off'Script and The Way Out: Opioid and Heroin Abuse Prevention Performances.* Continue to increase knowledge about the opioid epidemic as a prevention tool for hundreds of Jefferson area middle and high school students and teachers through live theater productions, curriculum guides for teachers, and a question and answer session with young actors who have received training on addiction issues.
- *Steel Rivers Council of Governments, Health Access and Mon Valley Communities.* Define a vision and build consensus around primary goals and objectives for health access in the Mon Valley through data analysis, community surveys and engagement,

GIS mapping to understand the overlay of health services, and creation of a report to distribute to key stakeholders.

- *Student Conservation Association, Jefferson Youth Conservation Crews.* Employ 20 Jefferson area youth, in partnership with local organization Melting Pot Ministries, for South Park conservation work while increasing physical activity, knowledge of environmental and healthy lifestyle habits, access to trained mentors, and important employment skills.
- *Venture Outdoors (2017), Jefferson Outdoor Recreation Programs.* Engage youth in the health benefits of active outdoor activity and expand participation to families and older adults through targeted outdoor programming promoting health and wellness.

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

Jefferson Hospital Work to Meet Goal 2, Objective 1: *Reduce hospital 30-day readmissions rates for chronic disease.*

Jefferson implemented the Own the Bone Program to address osteoporosis and repeat bone fractures. The American Orthopaedic Association's Own the Bone® program is a national post-fracture, systems-based, multidisciplinary fragility fracture prevention initiative. The ultimate goal is to change physician and patient behavior to reduce incidence of future fractures and positively impact osteoporosis treatment.

- The first year we implemented the Own the Bone Program: 185 patients admitted with a fracture. 40% had a previous fracture only 4% had another fracture after the osteoporosis Coordinator/Certified Fracture Liaison Service nurse worked with the patients.
- In 2017, 191 patients admitted with a fracture, 35% had a previous fracture, 2% had another fracture after seen by liaison. There has been a decrease in previous fractures and the decrease in refracture after education was provided.
- Pharmacotherapy, patients treated with approved medications 90 days post fracture:
  2014: 9%
  2015: 12.9%
  2016: 11.8% (This number only includes post calls 90 days post fracture: until 9/2016)

Community Care Network (CCN) was created to address high risk readmission patients by visiting the homes of these patients to be sure they understood their medications, set-up follow up appointments, and address some of the social determinants of health such as signing up patients for Meals on Wheels. Volunteers delivering meals for MOW were provided training on recognizing issues with patients and who to contact to assist the individual.

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

To address readmission prevention of patients with the diagnosis of COPD while inpatient, Pulmonary Rehab sees the patients to provide inpatient education and enroll patient in outpatient program to be followed weekly with 2 visits a week. Jefferson also provide support groups with medical staff presenters for Jefferson sponsored support groups and free meeting space for other organization lead groups:

Group	Sponsor
Bariatric Surgery Support Group 2nd Wednesday of each month, 6:30 to 7:30 p.m.	Jefferson Hospital
Cancer Support Group 2nd Tuesday of each month, 6 to 7:30 p.m.	Jefferson / Cancer*Care*
Kidney Support Group 2nd Saturday of each month, 10 a.m. to noon	Outside Organization
Pulmonary Awareness Group 4th Tuesday of every other month, led by Jan Madison, MD	Jefferson Hospital
Stroke Survivor Support Group Wednesdays, 10 a.m. to 1 p.m.	Jefferson Hospital
Emotions Anonymous Every Friday, 7:30pm-8:30pm	Outside Organization
Alanon Every Wednesday, 8-9pm	Outside Organization
OCD Support Group Every Thursday, 7-9pm	Outside Organization
Alcoholics Anonymous (AA) - Wednesdays, 8-9pm	Outside Organization
Narcotics Anonymous (NA) Saturdays, 8pm Jefferson Hospital J Café	Outside Organization
Diabetes Support Group Every other month on a Tuesday, dates vary	Jefferson Hospital
Osteoporosis Support Group Evening, dates and time vary	Jefferson Hospital
Cardiac Support Group 1st Wednesdays of the month	Jefferson Hospital

Jefferson Hospital Work to Meet Goal 2, Objective 3: *Partner with community organizations to promote healthy lifestyles.*
The following grant from Jefferson Regional Foundation is being used to help promote healthy lifestyles in underserved communities.
- *Consumer Health Coalition, Jefferson Community Health Workers.* Encourage healthy behaviors and lifestyle choices for residents of the City of Clairton and the Bhutanese community through the use of part-time, peer community health workers providing

education, advocacy, motivational interviewing, and culturally appropriate communication to consumers and clinical providers.

4. Health Priority: Maternal and Child Health

Goal: Reduce morbidity and mortality, by improving the health and quality of life of women, infants, children, caretakers, and their families, especially in vulnerable communities.

Jefferson Hospital Work to Meet Goal, Objective 1: *Reduce the proportion of preterm and low birth weight births and reduce the disparity between White, African American, and Hispanic populations.*

Jefferson hosted several education programs in underserved communities with information on providing an environmentally healthier home. This was a collaboration with *Women for a Healthy Environment.* Events were in Clairton 6/16/16, Jefferson Hospital 5/31/16, Bethel Park 5/19/16, and Braddock 5/10/16. An educational program on perinatal depression was held in Clairton on 5/19/16. Staff participated in the March of Dimes walk fundraiser, raising money for research and services. Two staff received training on Parental Addiction to help identify and provide additional services to drug addicted mothers. Also held a professional conference at Highmark on 5/6/16

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

An obstetrician presented at the Allegheny Intermediate Unit in Clairton on 5/9/16. The physician also had office hours in Clairton which is a low income neighborhood with a high population of African Americans. Mid-wide services at Jefferson Hospital were credentialed ad began in 2017.

Jefferson Hospital Work to Meet Goal, Objective 3: *Increase the proportion of mothers who breastfeed for the first six months after birth and reduce the disparity between White, African American, and Hispanic populations.*

Jefferson collaborated with the State on the Keystone 10 program. Jefferson is the first hospital in western Pennsylvania to achieve Keystone 10 designation, indicating Jefferson's high level of support for breastfeeding families through the adoption and implementation of evidence-based practices.

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

To address infant mortality rates in low income households, Jefferson provides sleep sacks to all new moms along with education. Trimester books have been revised to address safe sleep, car seat safety and safe home environments. Jefferson also collaborates with Nurture PA.

Jefferson's new moms receive a visit 1 day a week from Nurture PA, 70% of new moms signed up to participate. Jefferson also uploaded child safety videos that all parents are required to view prior to discharge.

Jefferson Hospital Work to Meet Goal, Objective 5: *Partner with community organizations to improve prenatal indicators (including not smoking during pregnancy, not drinking during pregnancy, prenatal care in first trimester, etc.).*

AHN started the Perinatal Hope Program. It is the region's first all-inclusive program for maternal addiction that combines obstetrical care, and drug and alcohol therapy and medication-assisted treatment into one clinic visit. Perinatal Hope combines comprehensive case management, care coordination/navigation, peer and family support, transitional and follow-up care, and partnerships with community and social service agencies to make it easier for mothers to complete their treatment plan and ensure the best possible outcomes for their babies.

Appendix D: **About Tripp Umbach**

Allegheny Health Network contracted with Tripp Umbach, a private health care consulting firm with offices throughout the United States, to complete this community health needs assessment (CHNA). Tripp Umbach has worked with more than 300 communities in all 50 states. In fact, more than one in five Americans lives in a community where our firm has worked.

From community needs assessment protocols to fulfilling the new Patient Protection and Affordable Care Act (PPACA) IRS 990 requirements, Tripp Umbach has turned needs assessments into practical action plans with sound implementation strategies, evaluation processes, and funding recommendations for hundreds of communities. Tripp Umbach has conducted more than 400 community health needs assessments and has worked with over 800 hospitals.

Changes introduced as a result of the PPACA have placed an increased level of importance on population health and well-being and on collaborative efforts between providers, public health agencies, and community organizations to improve the overall health of communities.

Tripp Umbach