Allegheny Health Network — AHN Allegheny Valley Hospital

Implementation Strategy Plan

2025 Report

AHN ALLEGHENY VALLEY

Implementation Strategy Plan 2025

About Allegheny Health Network (AHN)

Allegheny Health Network (AHN) is a leading nonprofit health system based in Pittsburgh, Pennsylvania, dedicated to providing exceptional quality, comprehensive health care services to the communities it serves. AHN, part of the Highmark Health enterprise, operates 14 hospitals, employs over 22,000 people, and has more than 250 locations providing care. The facilities have nine surgical centers, six regional cancer centers, and six health and wellness pavilions. Its staff includes over 3,000 physicians, residents, and fellows; 6,000 nurses; and 22,000 employees.[1] AHN is an integrated health system dedicated to providing exceptional care to people in the local communities. Serving 12 Pennsylvania counties and two counties in New York, AHN brings together the services of AHN Allegheny General Hospital, AHN Allegheny Valley Hospital, AHN Canonsburg Hospital, AHN Forbes Hospital, AHN Grove City Hospital, AHN Jefferson Hospital, AHN Saint Vincent Hospital, AHN West Penn Hospital, AHN Westfield Memorial Hospital, AHN Wexford Hospital, and AHN Neighborhood Hospitals (AHN Brentwood Neighborhood Hospital, AHN Harmar Neighborhood Hospital, AHN Hempfield Neighborhood Hospital, and AHN McCandless Neighborhood Hospital).

AHN encompasses a wide range of health care services, including acute care, outpatient services, rehabilitation, emergency care, and specialty programs. AHN is also recognized for its cutting-edge technology and research initiatives, focusing on advancing medical science and enhancing patient care. AHN is a vital component of the health care landscape focused on delivering high-quality, patient-centered care. Through its extensive services, community engagement, and commitment to health equity, AHN strives to improve the health and well-being of the communities it serves. With a dedication to innovation and excellence, AHN continues to play a crucial role in shaping the future of health care in the region.

Mission

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

Vision

A world where everyone embraces health.

[1] Allegheny Health Network

About Allegheny Health Network Allegheny Valley Hospital

AHN Allegheny Valley Hospital (AVH) has been serving Allegheny Valley and Kiski Valley residents with comprehensive, expert care for over 100 years. AHN AVH provides health care services, education, and support to more than 160,000 residents in portions of Allegheny, Butler, Westmoreland, and Armstrong counties.[2] The 188-bed hospital delivers a broad spectrum of specialty services including primary care, cancer center, heart disease care, emergency medicine, geriatric health, orthopedic care, physical therapy and rehabilitation services, surgery, women's health, neurology, and stroke care.

With a dedicated team of 686 skilled physicians, nurses, and support staff, AVH continues to prioritize patient safety, cutting-edge technology, and a holistic approach to health care.[3] Its mission remains focused on enhancing the health and well-being of the communities it serves, making it a trusted and respected health care provider in western Pennsylvania. The hospital has set itself apart in various areas, consistently recognized locally and nationally for delivering exceptional care and ranking among the nation's top performers.

Community Health Needs Assessment and Implementation Strategy Plan Background

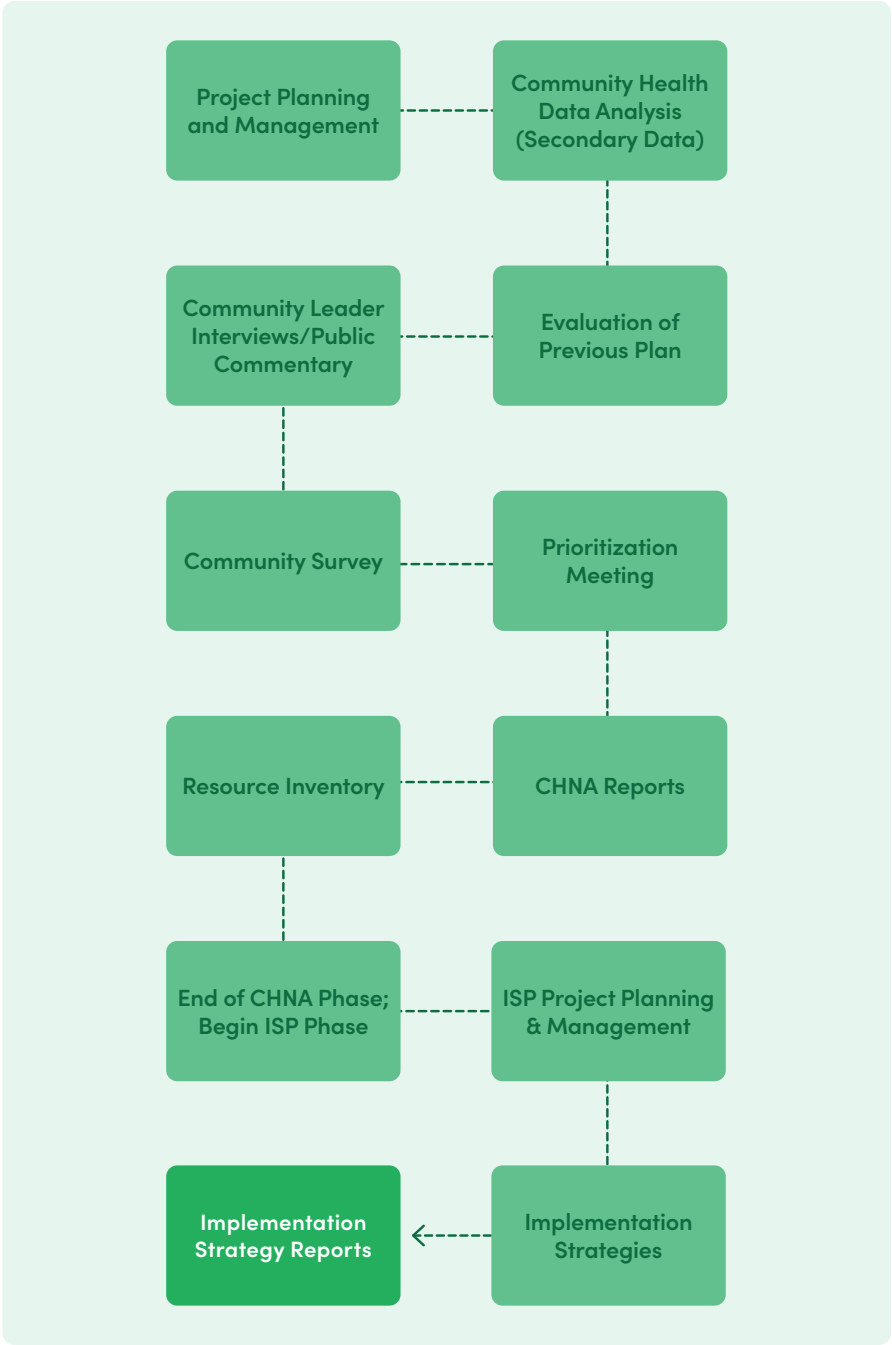
In 2024, Allegheny Health Network (AHN) partnered with Tripp Umbach to conduct a comprehensive community health needs assessment (CHNA) for AHN AVH primarily serving Allegheny, Armstrong, Butler, and Westmoreland counties. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of social service agencies. As a continuation of the CHNA, AHN, with the assistance of Tripp Umbach, proceeded to the Implementation Strategy Plan (ISP). The ISP process delineates and describes the hospital's plan for addressing the community health needs identified in the CHNA. The overall CHNA and ISP involves multiple steps, as depicted in the flowchart on the next page.

[2] Allegheny Health Network
[3] Allegheny Health Network

Overall CHNA and ISP Process Flow Chart

Under the Patient Protection and Affordable Care Act (PPACA), all nonprofit hospitals are required to conduct a CHNA every three years. This process ensures hospitals remain responsive to the changing health needs of their communities. The CHNA must identify the hospital's service area, gather input from a wide range of stakeholders, including public health experts and community members, and evaluate the most critical health challenges in the region. After identifying these health needs, hospitals must prioritize them based on their importance and develop an implementation strategy to address them. The strategy should outline potential actions, partnerships, and resources to effectively address the identified needs, ensuring hospitals align their efforts with the health and well-being of their communities.

It is important to note that the ISP is not intended to provide a comprehensive list of how AHN AVH addresses the community's needs. Instead, it focuses on key actions the hospital commits to taking and monitors its progress of the identified priorities. Although the strategy includes internal and external partners, many clinical departments and AHN institutes will collaborate on these initiatives. Their roles may involve participating in clinical programs and protocols or contributing to educational outreach by sharing expertise, individually or as a team, to address the community's health needs.



Overall Prioritized Needs of Allegheny Health Network Hospitals

2024 Prioritized Needs	Social Determinants of Health (SDOH)					Behavioral Health			Chronic Diseases and Aging					Health Equity
AHN	Transportation	Workforce Development	Cost of Care	Access to Care*	Food Insecurity, Diet, & Nutrition	Substance Use Disorder	Mental Health Services	Postpartum Depression	Diabetes	Heart Disease	Cancer	Aging	Obesity	Social and Workforce Programs**
Allegheny General Hospital	X	X	X		X	X			X	X	X			X
Allegheny Valley Hospital	X				X	X	X		X	X				X
Canonsburg Hospital		X		X										X
Forbes Hospital		X		X	X	X	X				X			X
Grove City Medical Center					X	X	X		X	X	X		X	X
Jefferson Hospital		X			X		X				X			X
Saint Vincent Hospital		X	X		X		X				X			X
West Penn Hospital			X		X			X					X	X
Westfield Memorial Hospital				X	X	X	X	X	X	X	X			X
Wexford Hospital		X			X		X	X		X		X		X
Brentwood Neighborhood Hospital			X	X										X
Harmar Neighborhood Hospital			X	X										X
Hempfield Neighborhood Hospital			X	X										X
McCandless Neighborhood Hospital			X	X										X

* Access to care includes primary care, specialty care, EMS/trauma services, and access to general services.
**Social and Workforce Programs includes, for example, cultural competency and Culturally and Linguistically Appropriate Services (CLAS).

Transportation

Transportation plays a vital role in social determinants of health, as it directly influences individuals' ability to access essential services such as health care, employment, and nutritious food. Reliable transportation ensures that people can attend medical appointments, seek preventive care, and access emergency services. The link between transportation and health is evident, as transportation barriers often lead to missed medical appointments, increasing reliance on emergency room visits and hospitalizations, resulting in poorer health outcomes.

When individuals cannot reach their health care providers, they may delay necessary care, leading to conditions that become more severe and costly to treat. This not only strains health care systems, but also imposes a financial burden on individuals and families. Additionally, the lack of reliable transportation disproportionately affects low-income families, seniors, and individuals with disabilities — exacerbating existing health disparities. These groups often have fewer resources and face greater challenges in securing transportation, increasing their risk of untreated health conditions and overall poorer health.

Addressing transportation barriers through expanded public transit, community-based transportation programs, or other innovative solutions can significantly improve health outcomes for vulnerable populations. Enhancing access to transportation reduces health care costs, improves quality of life, and helps close the gap in health disparities across communities. Ultimately, transportation is more than just a logistical concern — it is a fundamental factor in ensuring equitable health care access and promoting overall well-being.

Social Determinants of Health (SDOH): Transportation				
Goal: To develop an improved transportation system for AVH patients and families.				
Impact: (1) Increased awareness of available patient transportation resources; (2) increased patient transportation services; and (3) improved discharge process.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General population	• Improve access to transportation services for patients and families.	• Assess current transportation services. • Educate primary care physicians (PCPs) and patients on transportation services. • Implement transportation protocol with community partners.	• Amount of current known transportation services • Number of patients that utilize transportation resources	• Social Work/Case Management • Physician Liaison Management • Pre-Hospital Care

Food Insecurity, Diet, and Nutrition

Food insecurity — a major social determinant of health — affects millions of individuals and families, particularly in low-income communities where access to nutritious food is often limited. Many areas are classified as food deserts, meaning residents cannot access affordable, healthy food options. Instead, many rely on highly processed, high-calorie foods that lack essential nutrients, increasing the likelihood of diet-related health conditions. Poor nutrition not only exacerbates chronic disease prevalence but also impacts mental health, contributing to stress, anxiety, and depression.[4]

Diet and nutrition are fundamental to overall health, influencing physical well-being to cognitive development. A lack of essential nutrients can weaken the immune system, lower energy levels, and increase vulnerability to illness. Inadequate nutrition during early childhood has severe and lasting consequences, contributing to developmental delays, learning difficulties, and a higher risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions later in life.[5]

The consequences of food insecurity and poor diet extend beyond individual health, affecting educational achievement, workforce productivity, and economic stability. Children who experience hunger or malnutrition often struggle academically due to difficulties concentrating and increased absenteeism caused by illnesses.[6] Adults facing food insecurity may experience diminished work performance and higher health care costs due to preventable diet-related illnesses. Addressing food insecurity through policies that expand access to nutritious food — such as subsidized grocery programs, community gardens, and improved public transportation to grocery stores — can help mitigate these disparities and promote better health outcomes across populations. Ultimately, ensuring access to a healthy diet is not just a matter of personal choice but a critical factor in reducing health inequities and improving overall societal well-being.

Social Determinants of Health (SDOH): Food Insecurity, Diet, and Nutrition				
Goal: Identify and address food insecurity for Allegheny Valley Hospital patients.				
Impact: Increase services to food-insecure clients — access to healthy meals, nutrition education & services, and transportation.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General population	• Identify and address food insecurity for AVH patients and provide access to healthy meals and nutritional education.	• Identify food-insecure patients using SDOH screening tools and provider referrals.	• Number of patients referred to AVH Healthy Food Center • Number of patients served • Number of meals provided • Number of healthy eating & nutrition resources distributed	• AVH Healthy Food Center • AHN Providers

[4] National Library of Medicine
[5] National Library of Medicine
[6] National Library of Medicine

Substance Use Disorder

Substance use disorder (SUD) is a significant public health challenge that profoundly affects behavioral health, contributing to both the development and worsening of mental health conditions. Alcohol and tobacco use, in particular, are major risk factors that can trigger or exacerbate anxiety, depression, and other behavioral health disorders. In Pennsylvania, substance use remains a pressing concern, with alcohol, opioids, methamphetamines, and tobacco posing serious health risks to individuals and communities alike.

SUD affects a substantial portion of the population, leading to an increased burden on the health care system through higher rates of hospitalization, emergency room visits, and chronic disease complications. Excessive alcohol consumption is also linked to impaired cognitive function, increased risk of injury, and a heightened prevalence of co-occurring mental health conditions such as depression and anxiety.[7]

Beyond alcohol, the rise of methamphetamine use in Pennsylvania has sparked growing concerns, as it is associated with severe physical and psychological consequences, including psychosis, aggression, and cardiovascular complications. Opioid addiction remains a major crisis in the state, contributing to high overdose rates and straining behavioral health services. Tobacco use continues to be a leading cause of preventable disease, exacerbating conditions such as lung disease, cardiovascular disease, and certain mental health disorders.[8]

The intersection of substance use and behavioral health underscores the need for comprehensive prevention, treatment, and harm reduction strategies. Expanding access to evidence-based interventions, such as medication-assisted treatment (MAT), mental health counseling, and community-based recovery programs, is essential in addressing SUD and its widespread effects. Addressing the root causes of substance use — including social determinants such as poverty, trauma, and lack of access to care — is crucial in improving behavioral health outcomes and fostering healthier communities.

[7] American Addiction Centers
[8] Pennsylvania Department of Health

Behavioral Health: Substance Use Disorder (SUD)				
Goal: Increase knowledge and access to substance use disorder programs and services.				
Impact: (1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General population dealing with substance abuse	• Increase access to services in the ED for post-overdose management.	• Consult with Needs Assessment Counselors to discuss treatment options for ED patients. • Use ED pathway for initiation of Medical Assisted Treatment (MAT) and warm handoff. • Educate ED providers on substance use disorder and MAT as an effective treatment for post overdose management.	• Number of trainings for hospital staff • Number of patients screened for MAT eligibility • Number of patients referred to AVH Healthy Food Center	• ED, social work, and other internal staff as appropriate • AVH Healthy Food Center
• General population	• Provide education to the public about mental health issues and treatment options.	• Provide educational information and resources on-site and at community-based events.	• Number of events • Number of participants	• S2W Council • AVH staff as appropriate

Mental Health Services

Access to mental health services in Pennsylvania remains a critical public health concern, with many individuals facing significant barriers to receiving necessary care. The state has seen a growing demand for mental health services, a trend that has been exacerbated by the COVID-19 pandemic, economic stressors, and ongoing social challenges. Anxiety, depression, and substance use disorders have surged, yet many Pennsylvanians struggle to access timely and affordable treatment due to provider shortages, insurance limitations, and geographic disparities, particularly in rural areas.[9]

According to recent data, nearly 20% of adults in Pennsylvania experience some form of mental illness, yet over half of those affected do not receive the care they need. This gap in treatment is driven by factors such as long wait times for psychiatric appointments, insufficient mental health coverage in insurance plans, and a lack of mental health professionals, especially in lower-income and rural communities. Additionally, stigma surrounding mental health remains a barrier, discouraging individuals from seeking support. By prioritizing mental health services, AVH and Pennsylvania can move toward a more equitable and effective mental health care system.[10]

Behavioral Health: Mental Health Services				
Goal: Transform the treatment and care continuum for mental health services at AHN AVH.				
Impact: (1) Improved quality outcomes for patients with mental health, (2) increased awareness of available resources; and (3) increased number of patients receiving treatment.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General population struggling with mental health	• Assess current behavioral health needs within the Emergency Department (ED).	• Utilize needs assessment services to monitor patient encounters in ED.	• Number of patients referred to inpatient or outpatient facilities • Number of patients screened for MAT eligibility	• Virtual Behavioral Health • Emergency Department
• General population	• Provide education to the public about mental health issues and treatment options.	• Provide educational information and resources on-site and at community-based events.	• Number of events • Number of participants	• S2W Council • AVH staff as appropriate

[9] Commonwealth of Pennsylvania
[10] Commonwealth of Pennsylvania

Diabetes

The prevalence of chronic diseases, particularly diabetes, has been steadily rising, mirroring national trends influenced by a combination of factors such as increasing obesity rates, sedentary lifestyles, and an aging population. Type 2 diabetes, which accounts for the majority of diagnoses, is closely tied to lifestyle choices such as poor diet and lack of physical activity. If not effectively managed, this condition can lead to severe and debilitating complications, including heart disease, kidney failure, and vision loss.

In Pennsylvania, the impact of chronic diseases like diabetes is profound, with significant repercussions for both individuals and the health care system. Those living with diabetes face a considerably higher risk of developing life-threatening complications, which not only affect quality of life but also contribute to increased health care costs. According to the Pennsylvania Department of Health, diabetes and its associated complications are among the leading causes of death in the state, underscoring the critical need for robust prevention, early intervention, and comprehensive management strategies.[11] Addressing these chronic conditions is essential to improving public health and alleviating the burden on the health care system.

Chronic Diseases and Aging: Diabetes				
Goal: To improve quality outcomes associated with chronic disease, specifically diabetes.				
Impact: (1) Increased community education; (2) improved outcomes for chronic disease measures; and (3) improved quality of life for patients with chronic diseases.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General population, diabetic patients	• Educating the community on prevention, treatment, and management of chronic diseases such as diabetes.	• Provide education and resources on healthy eating and nutrition as a tool to prevent/manage chronic diseases like diabetes.	• Number of patients referred to AVH Healthy Food Center • Number of patients served • Number of meals provided • Number of healthy eating & nutrition resources distributed	• AVH Healthy Food Center • AHN Providers

[11] Pennsylvania Department of Health

Heart Disease

Heart disease is a prevalent chronic condition in Pennsylvania, profoundly affecting the health and well-being of its residents. It encompasses a wide spectrum of cardiovascular diseases, including coronary artery disease, heart failure, arrhythmias, and other related disorders that impair the heart's ability to function optimally. As a leading cause of morbidity and mortality, heart disease presents a significant public health challenge, contributing not only to high rates of premature death but also to long-term disability and diminished quality of life for many individuals.

In Pennsylvania, the burden of heart disease is especially concerning. According to the Pennsylvania Department of Health, heart disease remains the leading cause of death across the state, responsible for thousands of lives lost each year.[12] This chronic condition is strongly influenced by modifiable risk factors such as poor diet, physical inactivity, smoking, and excessive alcohol consumption, all of which are prevalent among the population. The rising rates of obesity, hypertension, and diabetes further exacerbate the problem, creating a complex web of interrelated health issues that strain both individuals and the health care system.

Given the scope and impact of heart disease, addressing this chronic condition is critical to improving the overall health of the population. Effective prevention and management strategies, such as promoting healthier lifestyles, improving access to health care, and addressing underlying risk factors, are essential in reducing the incidence of heart disease and mitigating its devastating consequences. Furthermore, expanding public health initiatives aimed at early detection and intervention can help reduce the long-term burden of this chronic disease, ultimately saving lives and improving health outcomes for many.

[12] Pennsylvania Department of Health

Chronic Diseases and Aging: Heart Disease				
Goal: Improve quality outcomes associated with heart disease.				
Impact: (1) Improved quality outcomes for congestive heart failure (CHF) and stroke patients; (2) increased community education; (3) reduced hospital readmissions for Community Care Network (CCN) CHF patients.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• Heart disease and stroke patients	• Improve quality outcomes associated with heart disease and stroke.	• Collaborate with the Stroke Team to provide stroke awareness events. • Continue CCN for patients. • Partner with Navigation Team's post-discharge follow-up program. • Identify risk factors of stroke in the community.	• Number of education and prevention events • Number of Community Care patients • Number of readmissions for patients • Number of patients served via the navigation team • Number of education and resources distributed (based on identified risk factors)	• Community Care Network • Navigator/Navigation Team • Stroke Program Manager • Case Management

Social and Workforce Programs

Health equity is a crucial aspect of public health that aims to ensure that all individuals, regardless of socioeconomic status or geographic location, have equal access to health care resources and opportunities for optimal health. The importance of health equity lies in its potential to reduce health disparities, improve health outcomes, and enhance overall community well-being.

The World Health Organization (WHO) emphasizes that reducing inequities in health can lead to improved social and economic outcomes, as healthier individuals are more capable of contributing to their communities. Health equity is achieved when everyone can attain their full potential for health and well-being. Moreover, equitable access to health care develops a sense of trust and engagement among community members, encouraging them to seek necessary care and adhere to preventive measures. Health equity is essential for creating a fair and effective health care system that serves all individuals. Addressing the root causes of health disparities and promoting equitable access to care can improve health outcomes and advance a healthier, more resilient society.

Health Equity – Social and Workforce Programs				
Goal: Improve cultural and linguistic services within our health care organization.				
Impact: Advance health equity, decrease health care disparities, and improve our overall quality of care outcomes.				
Target Population	**Strategies**	**Action Steps**	**Measures**	**Partners and Resources**
• General populations • AVH Staff	• Education of employees on unconscious bias, inclusive communication, and cultural competencies.	• Collaboration with S2W Council. • Provide education and training for staff. • Incorporate AHN Social and Workforce Programs strategies and recommendations into AVH culture.	• Number of social and workforce programs events and recognition • Number of trainings for staff • Number of staff participants in social and workforce programs events	• AVH S2W Council • Patient Experience
• General populations • AVH Staff	• Advance the implementation of CLAS Standards (Culturally and Linguistically Appropriate Services).	• Expansion of cultural competency training and community outreach.	• Number of events and recognition • Number of trainings hosted for staff • Number of community events	• S2W Council • Patient Experience • Community outreach programs

*All AHN employees receive annual mandatory CLAS Standard training in Health Care Environment Training.

Reclassifying Health Equity programs as Social and Workforce Programs better reflects the broader scope of addressing disparities and improving health care access, outcomes, and workforce representation for all populations. It ensures a more direct focus on addressing systemic barriers to care, social determinants of health, and workforce development initiatives. The change aligns with Allegheny Health Network's health care priorities, emphasizing measurable strategies to improve community health outcomes and strengthen the health care workforce. By reframing this category, AHN aims to highlight tangible efforts to improve social well-being and create sustainable workforce solutions that enhance access to quality health care for everyone.

Conclusion

AHN AVH is committed to ensuring equitable health care access and improved health outcomes for all. We address key barriers to care, including transportation, food insecurity, mental health and substance use disorders, chronic disease management, and health equity. This commitment reflects our mission to provide high-quality, patient-centered care.

Through strategic partnerships and data-driven initiatives, we are proactively enhancing health care access and community well-being. Our efforts focus on removing obstacles and improving outcomes for individuals regardless of their socioeconomic status, geographic location, or background. By investing in these areas, we are improving individual health and strengthening the health care system for future generations.

Tripp Umbach
Turning Ideas Into Action