

Allegheny Health Network – AHN Wexford Hospital

Implementation Strategy Plan

2025 Report

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 Wexford Hospital

AHN Wexford Hospital in Wexford, Pennsylvania, is the newest full-service, clinician-led hospital in the Allegheny Health Network. Opened in 2021, it is designed to provide high-quality, patient-centered care with modern technology and a wide range of services. AHN Wexford offers a comprehensive array of medical specialties, including cardiology, orthopaedics, women's health, cancer care, and emergency services, ensuring that patients have access to advanced treatments close to home. With its innovative approach and focus on convenience, the hospital serves the health care needs of the growing communities in Pittsburgh's northern suburbs.

Featuring 160 private patient rooms, advanced surgical suites, and a full range of diagnostic services, AHN Wexford is built to provide an exceptional patient experience in a comfortable, healing environment. The hospital's medical team consists of 875 skilled physicians, nurses, and health care professionals who are committed to delivering personalized care while using the latest medical technology to achieve the best outcomes². As part of AHN, AHN Wexford benefits from a strong network of health care expertise, research, and collaborative care, making it a vital resource for the region.

Community Health Needs Assessment and Implementation Strategy Plan Background

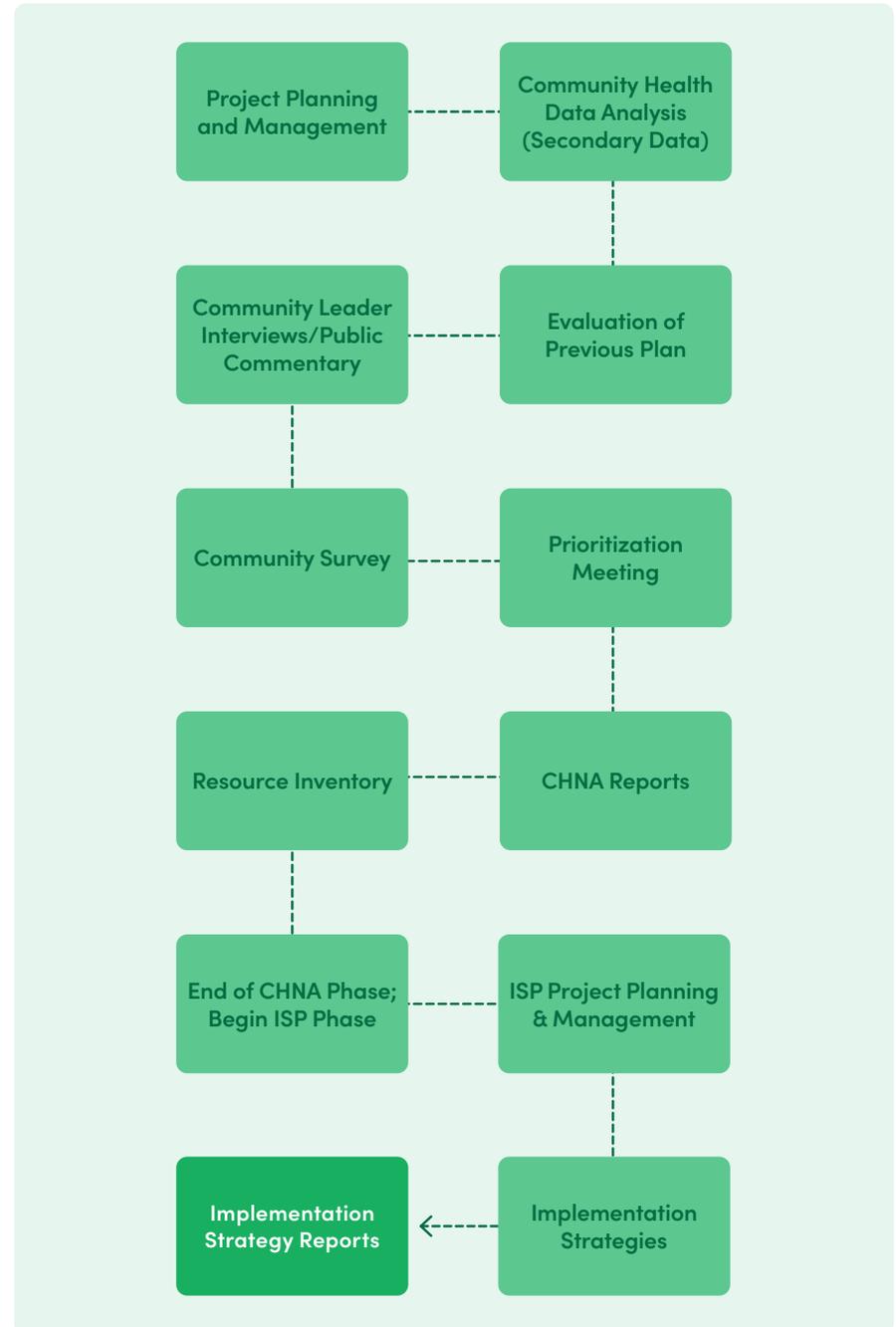
In 2024, Allegheny Health Network (AHN) partnered with Tripp Umbach to conduct a comprehensive community health needs assessment (CHNA) for AHN Wexford primarily serving Allegheny, Beaver, and Butler counties. The CHNA process included input from persons who represent the broad interests of the community 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

Overall CHNA and ISP Process Flowchart

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 Wexford 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
	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).

Workforce Development

Workforce development plays a crucial role in addressing social determinants of health by cultivating a skilled labor force, ensuring that health care systems and other industries have the workforce to deliver quality services. For instance, training programs for health care workers help address provider shortages and expand access to medical care. In both rural and urban areas, workforce training initiatives that strengthen local health care capacity can increase the number of professionals serving these regions, ultimately improving health care access and outcomes.

Beyond health care, workforce development contributes to broader societal improvements by tackling systemic inequities. Many populations encounter significant barriers to obtaining quality education and stable employment. Workforce programs that prioritize equity — such as vocational training, mentorship, and job placement services — can help break the cycle of poverty and reduce health disparities. When individuals access stable jobs and financial security, they are better equipped to afford necessities like housing, transportation, and other essential factors that influence health and well-being.

Social Determinants of Health (SDOH): Workforce Development				
Goal: To increase the development of the hospital’s workforce while improving the rates of employment across allied health care fields.				
Impact: Recruit of top talent, improve staff satisfaction, and reduce turnover. Increase staffing in entry level positions to help with current shortages.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Current AHN employees and other students interested in a career in health care 	<ul style="list-style-type: none"> Promote Talent Attraction Program (TAP) in order to financially assist students by providing tuition assistance, transportation, uniforms, and mentors. 	<ul style="list-style-type: none"> Promote the TAP program to all staff internally through literature, events, and departments. Promote TAP externally at trade schools, universities, and other educational institutes. 	<ul style="list-style-type: none"> Number of students currently enrolled in the program. Number of students completing the program. 	<ul style="list-style-type: none"> AHN Talent Attraction Program (TAP)

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.³

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.⁴

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.⁵ 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.

³ National Library of Medicine

⁴ National Library of Medicine

⁵ National Library of Medicine

Social Determinants of Health (SDOH): Food Insecurity, Diet, and Nutrition

Goal: Improve access to food for underserved individuals and families.

Impact: Continue to provide meals and food access to the community.

Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Underserved individuals and families in the Wexford and Greater Pittsburgh area 	<ul style="list-style-type: none"> Improve nutrition and provide healthy food to families who are food insecure. Offer healthy options that they may not be able to afford. 	<ul style="list-style-type: none"> Conduct assessments of food and overages by Dietary staff in the Wexford Hospital Cafeteria. Collaborate with 412 Food Rescue, a nonprofit that helps identify food insecurities within our community. Package food ready for pickup and delivery to those in need based on data from their program. Discharge all moms with a meal to ensure a healthy first meal at home. Encourage breastfeeding to new moms. Assess all patients on admission for food insecurity and appropriate diet at home in line with their medical needs. 	<ul style="list-style-type: none"> Amount of food and meals provided to 412 Rescue monthly. Number of meals distributed to patients who are discharged. Number of assessments completed on nutritional compliance at admission. 	<ul style="list-style-type: none"> 412 Food Rescue Northway Church
<ul style="list-style-type: none"> New mothers at Wexford Hospital 	<ul style="list-style-type: none"> Coach new mothers regarding the benefits of breastfeeding along with strategies to improve success. Offer lactation consultations to new mothers to achieve successful breastfeeding. Counsel outpatients regarding options and benefits of breastfeeding. 	<ul style="list-style-type: none"> Initiate prenatal breastfeeding classes for the community. Develop a virtual “Breastfeeding Café” – transition to in-person sessions post-discharge. Begin submission for Keystone 10 Initiative. Lactation Consultants to conduct daily rounds on breastfeeding. Begin follow-up phone calls with breastfeeding mothers. Begin submission for Keystone 10 Initiative. 	<ul style="list-style-type: none"> Metrics will be tracked by consultations and visit with a lactation consultant. Number of consultations. Number of new mothers served. Number of lactation consultations. Number of follow-up phone calls. Number of follow-up calls conducted. 	<ul style="list-style-type: none"> Lactation consultants

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.⁶

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, AHN Wexford and Pennsylvania can move toward a more equitable and effective mental health care system.⁷

Behavioral Health: Mental Health Services				
Goal: Improve triage of BH patients and connect to appropriate resources.				
Impact: More efficient triage of patients and connectivity to appropriate resources.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> General population 	<ul style="list-style-type: none"> Prioritize screening process in the Wexford Hospital ED and implement early detection plan. 	<ul style="list-style-type: none"> Screen all patients presenting to the Wexford ED for BH and suicide risk. Support overall management of BH needs. ED Needs Assessment Coordinators (NAC) to work with BH physicians to assess and coordinate BH care. Conduct basic intake process on general population of ED patients. Conduct formal MH assessments for early detection and develop early detection plans. 	<ul style="list-style-type: none"> Number of BH screenings conducted in ED. Number of NAC visits per month. Number of BH care plans developed. 	<ul style="list-style-type: none"> ED Needs Assessment Coordinators

⁶ Commonwealth of Pennsylvania

⁷ Commonwealth of Pennsylvania

Postpartum Depression

Postpartum depression (PPD) is a significant mental health concern that affects many new mothers, impacting their emotional well-being and overall behavioral health. It is characterized by persistent feelings of sadness, anxiety, and exhaustion, which can interfere with a mother’s ability to care for herself and her baby. Research suggests that approximately one in 10 women experience PPD, with prevalence rates even higher among individuals with a history of mental health conditions or those facing social and economic hardships.⁸

Early identification and intervention are critical in addressing PPD effectively. Routine depression screenings during prenatal visits and postpartum checkups can help health care providers identify at-risk individuals and ensure timely intervention. Expanding access to mental health resources — including counseling, support groups, and peer support programs — can empower mothers to seek help and manage their symptoms more effectively. Additionally, fostering community support systems that promote maternal mental health, reduce stigma, and provide accessible resources is essential in ensuring that new mothers receive the care and support they need during this critical period.⁹

Behavioral Health: Postpartum Depression (PPD)				
Goal: Improve management of perinatal BH care.				
Impact: (1) Suicide risk reduction as well as improved identification and management of perinatal BH disorders (2) Improved access to care in the community for perinatal patients.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Women who may be at risk for perinatal or postpartum depression or anxiety disorders 	<ul style="list-style-type: none"> Conduct early screenings for depression or anxiety disorders. 	<ul style="list-style-type: none"> Conduct BH risk assessments during the antepartum period in physicians’ offices. Provide appropriate assessments by NAC or on-call BH physicians for immediate management and follow-up. Conduct assessment prior to discharge. 	<ul style="list-style-type: none"> Number of screenings on admission and postpartum. Number of referrals to BH / Alexis Joy Center. Opening of the Cranberry Institute. Completion of Epic build. 	<ul style="list-style-type: none"> Alexis Joy Center Cranberry Institute
	<ul style="list-style-type: none"> Provide access to appropriate levels of care. 	<ul style="list-style-type: none"> Use assessment to determine appropriate levels of care. Destigmatize postpartum depression and anxiety disorders. Conduct assessments at follow-up visits. 	<ul style="list-style-type: none"> Number of assessments and referrals for care. Number of patients served. Number of follow-up assessments. 	

⁸ BMC Public Health

⁹ BMC Public 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.¹⁰ 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.

¹⁰ Pennsylvania Department of Health

Chronic Diseases and Aging: Heart Disease

Goal: Enhance management of chronic diseases.

Impact: (1) Initiated presence of Navigator team in new hospital, 2) Improved compliance with congestive heart failure follow-up visits, 3) Readmission index <1.0, 4) PG Discharge core > 60th percentile.

Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> General population 	<ul style="list-style-type: none"> Enhance Chronic Disease Management services at Wexford Hospital. Build comprehensive Cardiovascular Institute (CV) services at Wexford. Launch Meds to Beds program. 	<ul style="list-style-type: none"> Embed RN care navigators for diabetes, chronic obstructive pulmonary disease (COPD) and Heart Failure into the hospital. Partner with physician advisor and navigators to efficiently coordinate and manage care of this subset of patients. Develop diabetes care models. Develop inpatient care pathways for chronic disease patients. Launch outpatient diagnostic treatment center in Wexford Health and Wellness Pavilion. 	<ul style="list-style-type: none"> Number of Care Navigators. Number of patients served. Number of outpatient (OP) screenings conducted. Number of follow-ups in congestive heart failure (CHF) clinic within seven days. 	<ul style="list-style-type: none"> Cardiovascular Institute

Note: During the last CHNA/ISP cycle, AHN Wexford’s heart disease goal was temporarily paused due to limited network resources; however, for this cycle it remains a goal and priority.

Aging

Aging plays a significant role in the prevalence and management of chronic diseases, as older adults are at an increased risk for conditions such as heart disease, diabetes, cancer, and arthritis. According to the National Council on Aging, 94.9% of adults aged 60 and older have at least one chronic condition, while 78.7% live with two or more. Among older adults in the United States, the leading causes of death include heart disease, cancer, COVID-19, stroke, chronic lower respiratory diseases, Alzheimer’s disease, and diabetes.¹¹

Chronic illnesses among older adults can significantly impact daily living, potentially leading to reduced independence and an increased need for institutional care, in-home caregivers, or other long-term support services. Addressing these challenges requires a comprehensive approach that integrates medical care, lifestyle modifications, social support, and health education. As aging continues to shape the landscape of health care needs, it is essential to implement proactive strategies that promote healthy aging, enhance disease management, and ensure older adults have access to the resources necessary for maintaining their health and quality of life.¹²

Chronic Diseases and Aging: Aging				
Goal: Increase staff education on the diseases of aging, particularly dementia and patients with fall risks.				
Impact: 1) Improve the well-being of older adults, 2) Increase safety and education to those that have higher fall risks, 3) Increase the detection of diseases of aging with staff.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Wexford Hospital staff 	<ul style="list-style-type: none"> Increase education for staff on aging. 	<ul style="list-style-type: none"> Implement educational sessions and resources to staff on aging topics. Provide additional education to patients and families. Possible hiring of a gerontologist to assist in the diseases of aging. Work with partners in the community to provide workshops. 	<ul style="list-style-type: none"> Track number of classes and educational opportunities provided to staff. Reduce (or maintain) the low percentage of falls. 	<ul style="list-style-type: none"> Wexford Hospital staff

¹¹ National Council on Aging

¹² National Council on Aging

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: Enhanced cultural understanding of those we serve.

Impact: (1) Track attendance and participation of committees, (2) Track recorded number of initiatives discussed and input gathered.

Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> • People of all races, color, religion, economic status or creed, national origin or ancestry, sex, age, physical or mental disability, veteran status, or genetic information 	<ul style="list-style-type: none"> • Create a patient family advisory council (PFAC) to provide insight on community needs and gaps. • Implement educational strategies for all employees. 	<ul style="list-style-type: none"> • Purposefully recruit selection of members for the PFAC council. • Host bimonthly meetings to gather feedback and share milestones and initiatives with community members. • Provide education to PFAC on challenges facing health care and partner on solutions. • Complete Highmark Equity survey. • Create Unit Engagement Councils. • Create Hospital Engagement Council. 	<ul style="list-style-type: none"> • Number of members recruited to PFAC. • Number of issues identified and addressed by PFAC. • Track performance of Hospital and Unit Engagement Councils. 	<ul style="list-style-type: none"> • Patient Experience Team • Wexford Employee Engagement Council

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.

<ul style="list-style-type: none"> • Team members and patients 	<ul style="list-style-type: none"> • Increase utilization of interpretive services. 	<ul style="list-style-type: none"> • Review quarterly reports of language utilization data from the Institute for Strategic Social and Workforce Programs. • Ensure all employees are trained* and prepared to engage language services. • Implement I-Speak card program and language binder. 	<ul style="list-style-type: none"> • Number of employees trained. • Increase in utilization of language services (vendor reports provided). • Number of complaints related to language services. 	<ul style="list-style-type: none"> • The Institute for Strategic Social and Workforce Programs • CIH • Integration Specialist • Nurse Education
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*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 healthcare 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.

CHNA Priority Changes

For the 2024 CHNA cycle, AHN Wexford has chosen to not prioritize substance use disorder individually but rather streamline the focus by integrating substance use disorder into broader behavioral health initiatives. In the previous cycle, substance use disorder was addressed as a stand-alone priority, but given its overlap with other behavioral health concerns, the hospital has now consolidated these areas to create a more unified approach. This decision allows AHN Wexford to leverage resources more effectively, enabling a comprehensive strategy that addresses both mental health and substance use as interconnected elements of behavioral health. By doing this, AHN Wexford aims to provide more cohesive and impactful services while continuing to address substance use disorder as part of its overarching behavioral health commitment.

Conclusion

AHN Wexford's Implementation Strategy Plan represents a significant step toward improving community health and well-being. Recognizing that health disparities are deeply influenced by social, economic, and environmental factors, the hospital is committed to a holistic approach that extends beyond traditional medical care. By prioritizing community engagement, AHN Wexford ensures that its initiatives are informed by the lived experiences of those it serves, allowing for more targeted and effective interventions.

Through initiatives such as the Talent Attraction Program (TAP), AHN Wexford is not only recruiting top-tier talent but also improving staff satisfaction and reducing turnover. By increasing staffing in entry-level positions, AHN Wexford aims to alleviate current shortages, ensuring better patient care and support for health care teams. AHN Wexford's focus on workforce development, food insecurity, behavioral health, chronic disease and aging management, and social and workforce programs reinforces the mission to provide comprehensive, patient-centered care. The integration of early screening programs, community partnerships, and education initiatives strengthens AHN Wexford's ability to meet the needs of underserved populations while fostering a culture of inclusivity and excellence within our organization.

By prioritizing these strategic efforts, AHN Wexford is building a resilient health care workforce and improving health outcomes for individuals and families across our region. Through continued innovation and collaboration, AHN Wexford strives to create a healthier, more equitable future for all.

