Canonsburg 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 people with exceptional healthcare to help people live healthy lives and have extended their reach to more people than ever offering a broad spectrum of care and services. AHN boasts eight hospitals: Allegheny General, Allegheny Valley, Canonsburg, Forbes, Jefferson, Saint Vincent, Westfield Memorial and West Penn; and more than 200 primary- and specialty-care practices. They have approximately 2,400 physicians in every clinical specialty, 19,000 employees and 2,000 volunteers. Together, AHN provides world-class medicine to patients in their communities, across the country and around the world.

AHN has proudly received accolades from numerous organizations, including Thomson Reuters, AARP, Healthgrades, and Consumer Reports.

Serving the community since 1904, Canonsburg Hospital has evolved into a 104 licensed bed hospital with 400 physicians and over 430 staff members. The leadership and staff are dedicated to providing high quality medical care to the community and maintaining the trust of the patients and their families.

Canonsburg Hospital offers a wide range of medical and surgical services, with advanced diagnostic and treatment services accessible on both an inpatient and outpatient basis. The hospital has an active and growing ambulatory care center; a cardiac and pulmonary rehab as well as OT/PT and speech therapy, and most recently a "Big and Loud" specialty program for patients who suffer from Parkinson's; and the Peters Health and Wellness Pavilion which provides comprehensive outpatient services.

As a true community hospital dedicated to wellness and health improvement, Canonsburg Hospital maintains a strong focus on health education and preventative care programs. The hospital continues to offer advanced medical technology and access to the most qualified medical staff that are close to home and nationally recognized:

- CORE (Center for Organ Recovery and Education) Titanium Level Award -2017
- Gold Quality Achievement Award, American Heart Association, Get with the Guidelines® Heart Failure
- 2017 Rated in Top 25% nationally for Medical Excellence in Cancer Care and General Surgery

In 2018, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment for the Canonsburg Hospital service area of Washington County. 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 Canonsburg Hospital, including those with special knowledge of public health issues and representatives of vulnerable populations served by the hospital.

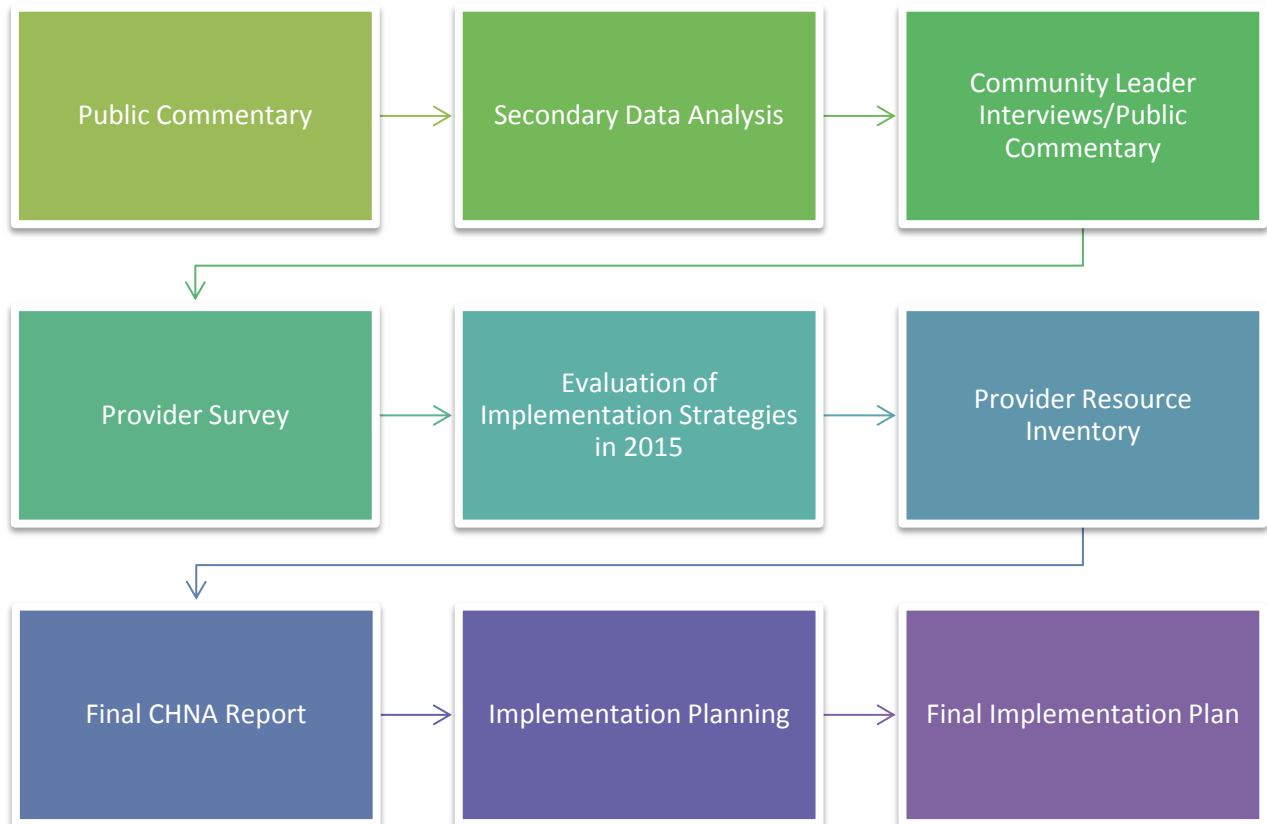The project components used to determine the community health needs included:

➢ 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

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

- Community leader interviews
- Provider inventory of programs and services related to key prioritized needs

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.

Public Commentary	Secondary Data Analysis	Community Leader Interviews/Public Commentary
Provider Survey	Evaluation of Implementation Strategies in 2015	Provider Resource Inventory
Final CHNA Report	Implementation Planning	Final Implementation Plan

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. Canonsburg 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 internal working group identified four prioritized community needs for Canonsburg 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 outlines the five prioritized need areas and key factors and considerations of each need.

Figure 1: Prioritized Community Health Needs for Canonsburg Hospital 2018 CHNA
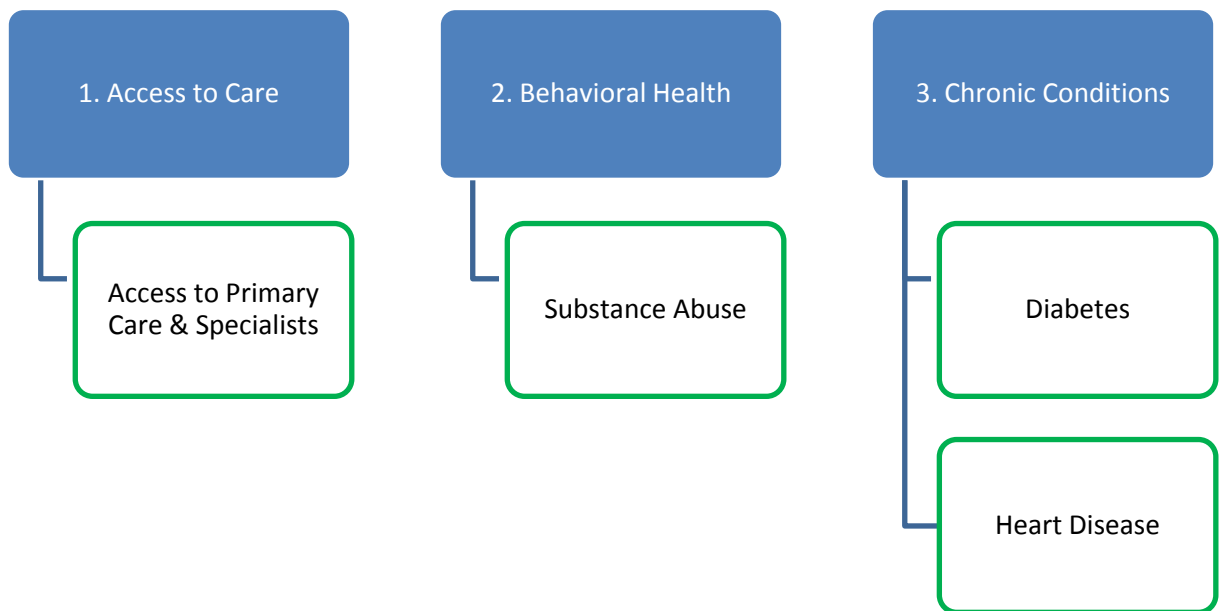
Note: further information and rationale for the prioritized community health needs can be found in Section 3 of this report. Additional information on data collection can be found in Appendices A and B.

Section 2. **Community Definition**

Canonsburg 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). Secondary data was collected for Washington County, which comprises the Canonsburg Hospital service area.

Figure 2: Canonsburg Hospital Community ZIP Codes

ZIP Code	City	County
15019	Bulger	Washington
15317	Canonsburg	Washington
15342	Houston	Washington
15057	McDonald	Washington
15330	Eighty-Four	Washington
15367	Venetia	Washington
15055	Lawrence	Washington
15363	Strabane	Washington
15321	Cecil	Washington
15060	Midway	Washington

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 Canonsburg 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 affecting 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% 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%.[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]

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

Priority 1: Access to Health Care

Access to Primary Care & Specialists

A person's ability to access health services has a profound effect on every aspect of his or her health, yet at the start of the decade, almost 1 in 4 Americans do not have a primary care provider (PCP) or health center where they can receive regular medical services. Approximately 1 in 5 Americans (children and adults under age 65) do not have medical insurance. People without medical insurance are more likely to lack a usual source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, increasing their risk for serious and disabling health conditions. When they do access health services, they are often burdened with large medical bills and out-of-pocket expenses.

- Key Insight: When surveyed, 9.4% of providers in the Allegheny Health Network reported that lack of primary care physician is one of the greatest barriers to accessing services.

Access to health services affects a person's health and well-being. Regular and reliable access to health services can:

- Prevent disease and disability
- Detect and treat illnesses or other health conditions
- Increase quality of life
- Reduce the likelihood of premature (early) death
- Increase life expectancy

Primary care providers (PCPs) play an important role in protecting the health and safety of the communities they serve. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

While Pennsylvania scores fairly well at access and affordability (15th best in the country), access to Primary Care Physicians is a priority in the Canonsburg Hospital Service area of Washington County. Figure 3 shows the PCP rate per 100,000 for Washington County as compared to adjacent counties in Pennsylvania.

Figure 3: PCP Rates by County

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Allegheny County, PA	1,231,255	1,797	**145.95**
Beaver County, PA	169,392	84	**49.59**
Butler County, PA	185,943	118	**63.46**
Fayette County, PA	134,086	62	**46.24**
Greene County, PA	37,843	19	**50.21**
Washington County, PA	208,187	173	**83.1**
Westmoreland County, PA	359,320	308	**85.72**
Pennsylvania	12,787,209	12,643	98.9
United States	318,857,056	279,871	87.8

As Figure 3 demonstrates, Washington County has more PCPs per 100,000 (83.1) than the adjacent counties of Beaver, Fayette, and Greene Counties. It should be noted that Fayette and Greene counties are designated Health Professional Shortage Areas (HPSA) but is still below the state (98.9) and national rate (87.8).

- Key Insight: 60.5% of surveyed providers in the Allegheny Health Network reported that lack of insurance is one of the greatest barriers to accessing services.

In Washington County, 14.6% of adults reported that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.[4] When surveyed, 9.4% of providers in the Allegheny Health Network reported that lack of primary care physician is one of the greatest barriers to accessing services.

Access to clinical preventive services in must address logistic factors such as adequate transportation to help patients access the care they need. Addressing this social determinant is a major key in reducing health disparities and improving the health of all Americans.

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4 Community Commons, 2017

Priority 2: Behavioral Health

Substance Abuse

Although some progress has been made in lowering rates of substance abuse in the United States, the use of mind- and behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide. Substance abuse, which can involve drugs, alcohol or both, can have destructive effects on the societal infrastructure of our communities, including family disruptions, financial problems, lost productivity, failure in school, domestic violence, child abuse, and crime.

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, substance abuse was the number one response, with 44% of providers listing that as a top three concern.[5]

Drug overdose deaths are a leading contributor to premature death and are largely preventive. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137% nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200% increase in deaths involving opioids (opioid pain relievers and heroin).[6] In 2014, 27.0 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans (10.2%).[7] This percentage in 2014 was higher than those in every year from 2002 through 2013.

- 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, drug use was the number one response with 55% of votes.[8]

The reoccurring use of alcohol and/or drugs physically impairs and damages the overall health and well-being of an individual. Long-term effects can harm the users' social life, work environment, and can significantly affect educational obtainment. In 2014, about 21.5 million Americans aged 12 and older (8.1%) were classified with a substance use disorder in the past year. Of those, 2.6 million had problems with both alcohol and drugs, 4.5 million had problems with drugs but not alcohol, and 14.4 million had problems with alcohol only.[9]

- Key Insight: When providers in the Allegheny Health Network were asked what are the most pressing risky behaviors/lifestyle choices in the community they serve, 56% of respondents indicated substance abuse as one of the top three high-riskiest behavior. [10]

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5 See Appendix A
6 Centers for Disease Control and Prevention, 2018
7 World Health Organization, 2013
8 See Appendix A
9 The Substance Abuse and Mental Health Services Administration, 2018
10 See Appendix A

According to Community Commons, Washington County was a tie for the third highest rate (21%) in the region as compared to adjacent counties and was the same as the state rate (21%).
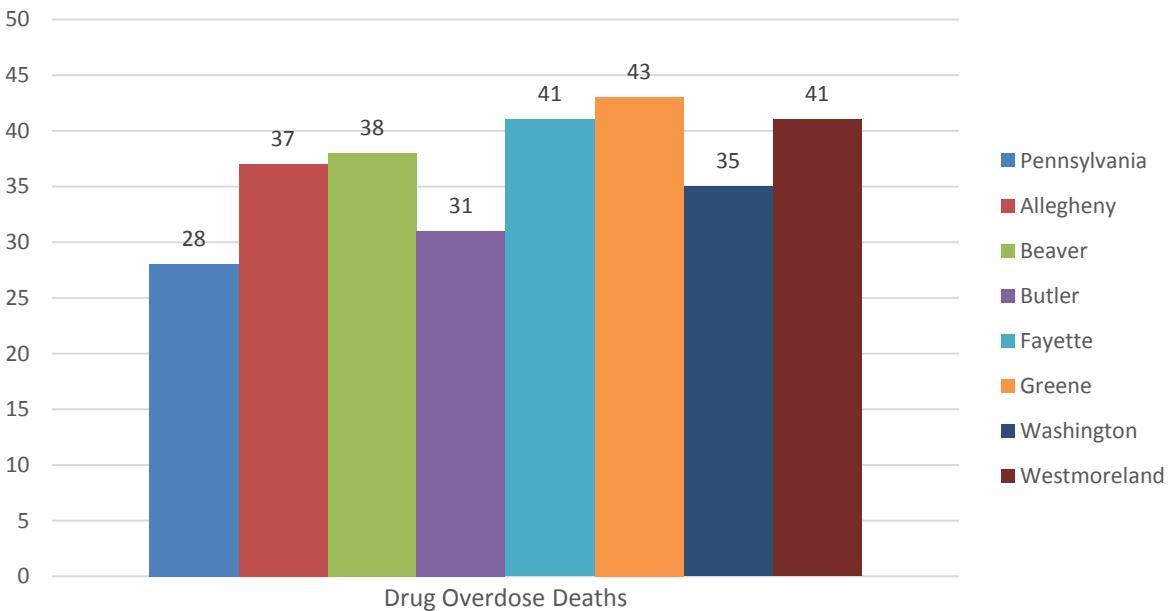
Figure 4 : Percent of Adults Reporting Binge or Heavy Drinking
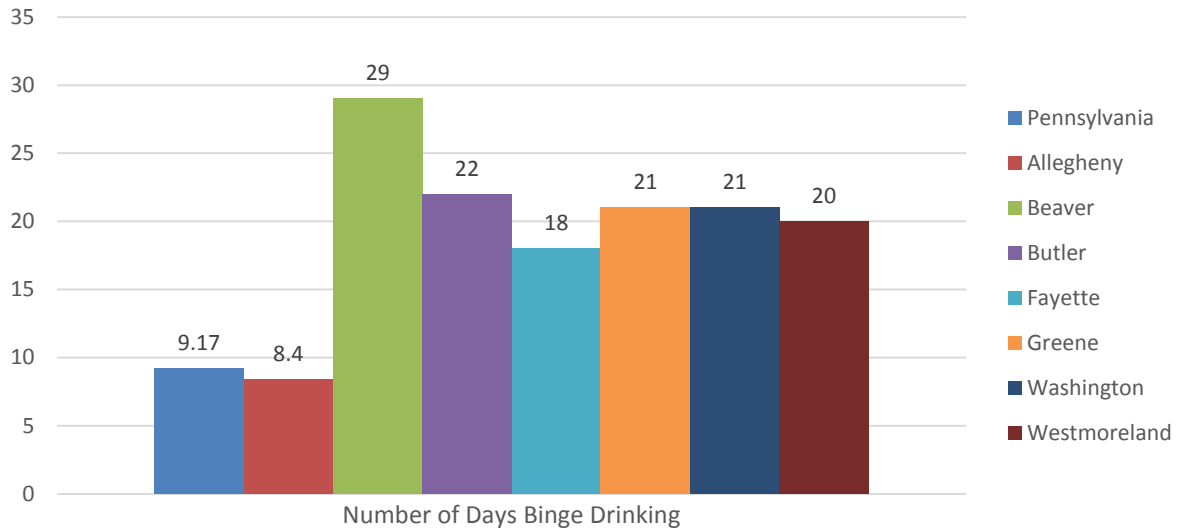
Source: County Health Rankings, 2016

Washington County (35) had more drug poisoning deaths per 100,000 than the state rate (28) but was lower than adjacent counties in the region.

Figure 5: Number of Drug Poisoning Deaths per 100,000 Population

Providers in the Allegheny Health Network are seeing these same trends among their patient populations and communities. When asked what are the most pressing "risky behaviors" in the community they serve, drug abuse ranked the highest with 56% of respondents indicating substance abuse as the most pressing high-risk behavior.

Priority 3: Chronic Conditions

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.

Allegheny and Butler counties both have high rates of at least three of the leading chronic diseases including diabetes, heart disease, and cancer. 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 while in both Allegheny and Butler counties, 10% of adults age 20 and above have been diagnosed with diabetes.[11]

In 2012, more males were diagnosed with diabetes (9.1%) than females (7.9%) in Allegheny County and were lower than state percentages at 9.85% and 8.61%, respectively.

- 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.[12]

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 20014-2012 at the state level, there was an increase of 1.64%, while Washington County experienced an increase of 1.6%.

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11 2017 County Health Rankings
12 See Appendix A

Figure 6: Percent Adults with Diagnosed Diabetes by Year
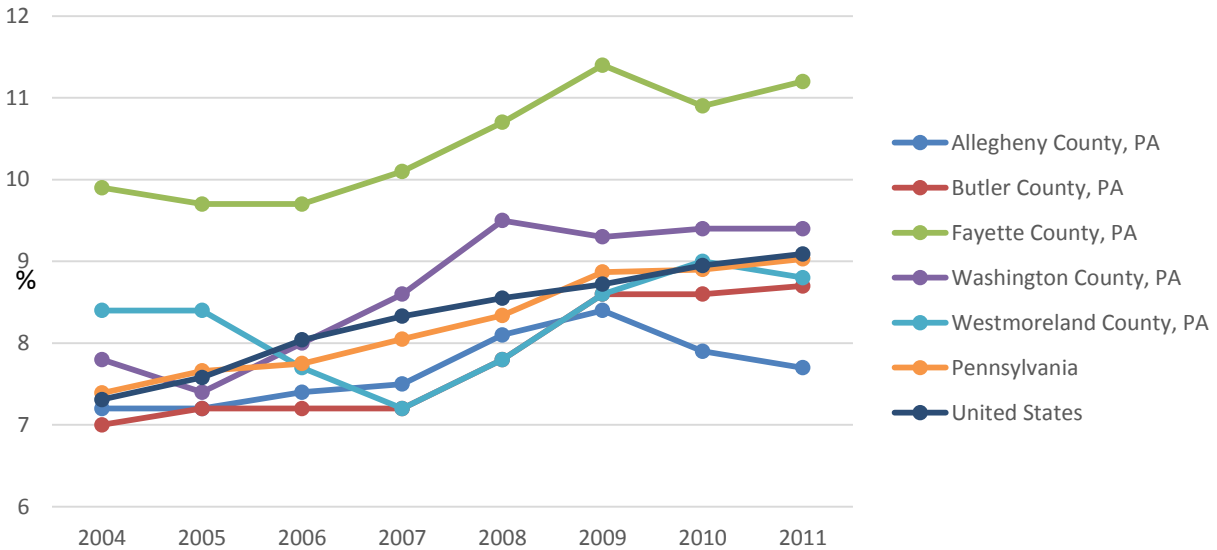
Source: Community Commons

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.[13]

Heart Disease

Heart disease is a broad term used to describe a range of diseases that affect one's heart and is a general term used to describe several different conditions, all of which are potentially fatal, but are also treatable and/or preventable. The most common type of heart disease is coronary heart disease (CHD), also called coronary artery disease. Other types of heart disease include cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease.

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13 See Appendix A

- Key Insight: When Allegheny Health Network providers were asked to list the top three health problems in their service areas, heart disease was the fifth most frequent response, with 33% of providers listing that as a top three concern.[14]

Roughly 4.2% of adults aged 18 and older wererectum told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.[15]

Pennsylvania has the 17th lowest death rate from cardiovascular disease in the country. Heart disease is the number one killer in Pennsylvania with 32,042 people in Pennsylvania dying of heart disease in 2015. [16]The death rate of heart disease is higher in men than in women. Blacks had a higher mortality rate than whites in Pennsylvania. Black men had the highest heart disease mortality rate when comparing to gender and other races. Heart disease mortality rate increases with age, however, heart disease not only affects older populations in Pennsylvania, it also is the major cause of premature deaths in Pennsylvania.

Washington County has a higher percent of adults with heart disease (8.1%), than the state level (5.1%) and the national level (4.4%).

Figure 7: Percent of Adults with Heart Disease

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Washington County	146,610	11,911	8.1%
Pennsylvania	9,757,195	500,791	5.1%
United States	236,406,904	10,407,185	4.4%

Source: Community Commons, 2015

Certain health conditions, lifestyle, age, and family history can increase the risk for heart disease. About **half of all Americans** (47%) have at least one of the three key risk factors for heart disease: high blood pressure, high cholesterol, and smoking.[17]

An important aspect of lowering risk of cardiovascular disease, is managing certain health behaviors and risk factors, such as diet quality, physical activity, smoking, body mass index (BMI), blood pressure, total cholesterol or blood glucose.

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14 See Appendix A
15 Community Commons, 2015
16 American Heart Association. Heart Disease and Stroke Statistics: 2015
17 CDC, 2018

Conclusions and Recommendations

With the completion of the 2018 CHNA, Canonsburg 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 Canonsburg Hospital will address the identified community health needs.

Canonsburg 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, Canonsburg 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 Canonsburg Hospital. 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. Canonsburg 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.

Public Commentary	→	Community & Facility Leader Interviews	→	Evaluation of 2015 Implementation Plan

Provider Survey	→	Resource Inventory
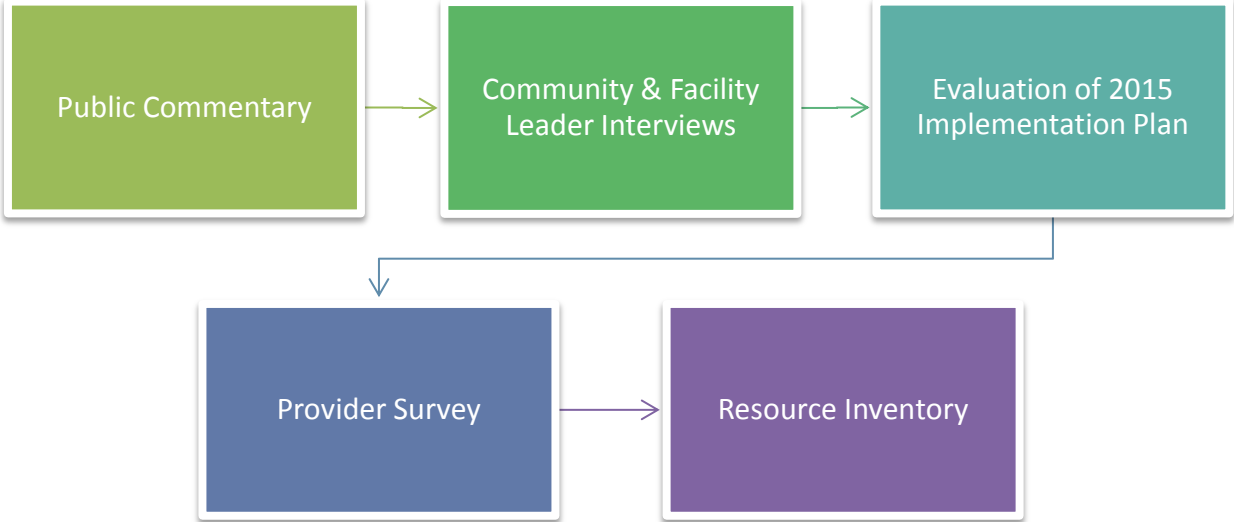
Community/Facility Leader Interviews and Public Commentary

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. During the phone interviews, feedback on the previous CHNA was solicited to evaluate the progress over the prior three years and to improve analysis and reporting for the current CHNA process. Community stakeholder interviews were conducted between the months of June 2018 and September of 2018.

Community stakeholders identified 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.

Tripp Umbach worked closely with the project Steering Committee to identify community leaders from various sectors who are engaged in the community and have knowledge of the community needs. 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 them.

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.

The qualitative data collected from community stakeholders are the opinions, perceptions and insights of those who were interviewed as part of the CHNA process.

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 Canonsburg Hospital CHNA, cancer and chronic disease were identified as top community health needs and implementation planning focus areas. Canonsburg Hospital leadership developed goals and strategies to address each identified concern.

In this 2018 CHNA process, Tripp Umbach provided Canonsburg 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 Canonsburg Hospital to address the needs from the 2015 CHNA.

Provider Survey

Tripp Umbach employed a health provider survey methodology to gather feedback from providers within Allegheny Health Network. The purpose of the provider health survey was to collect providers' insights on the health status of the patient community they serve including priorities, barriers, and trends. Providers were also asked questions that pertain to the care and services they provider in order to meet these needs. 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 was collected.

The survey included 24 questions in total and the questions below offer a summary of the most important questions:

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 Canonsburg Hospital service area/AHN region was developed by Tripp Umbach. The provider inventory highlights available programs and services within Canonsburg 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
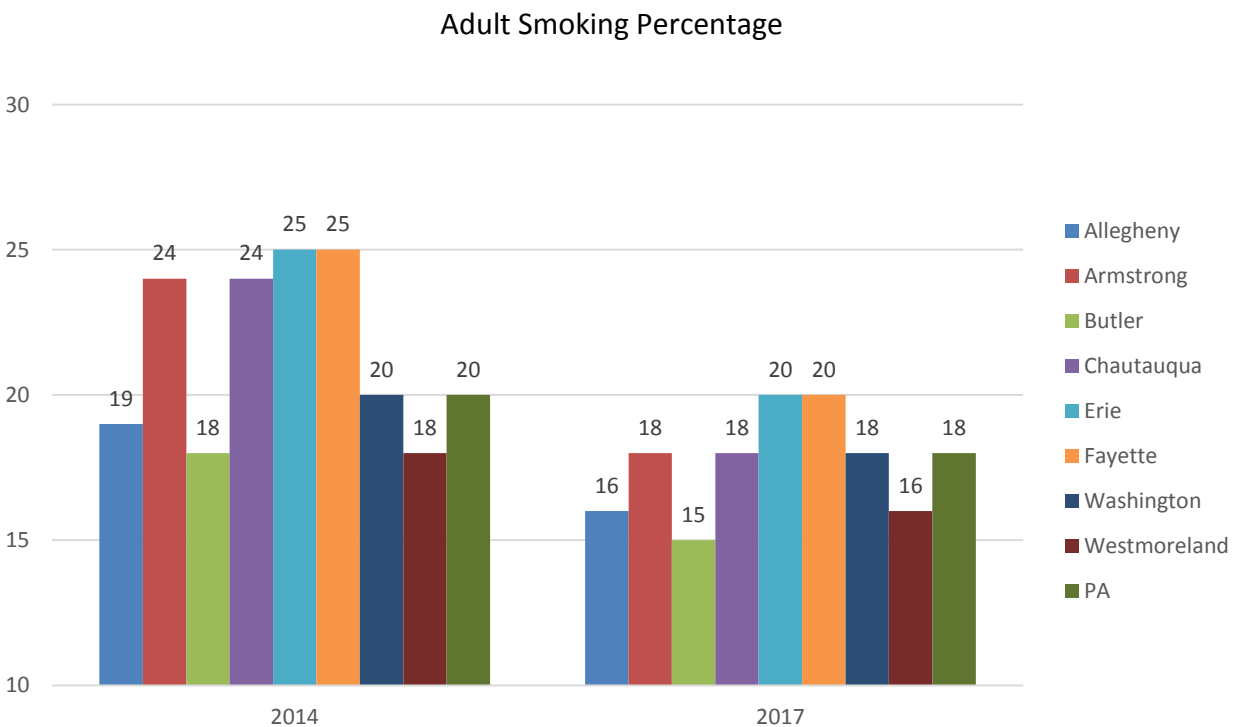
Source: 2017 County Health Rankings

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

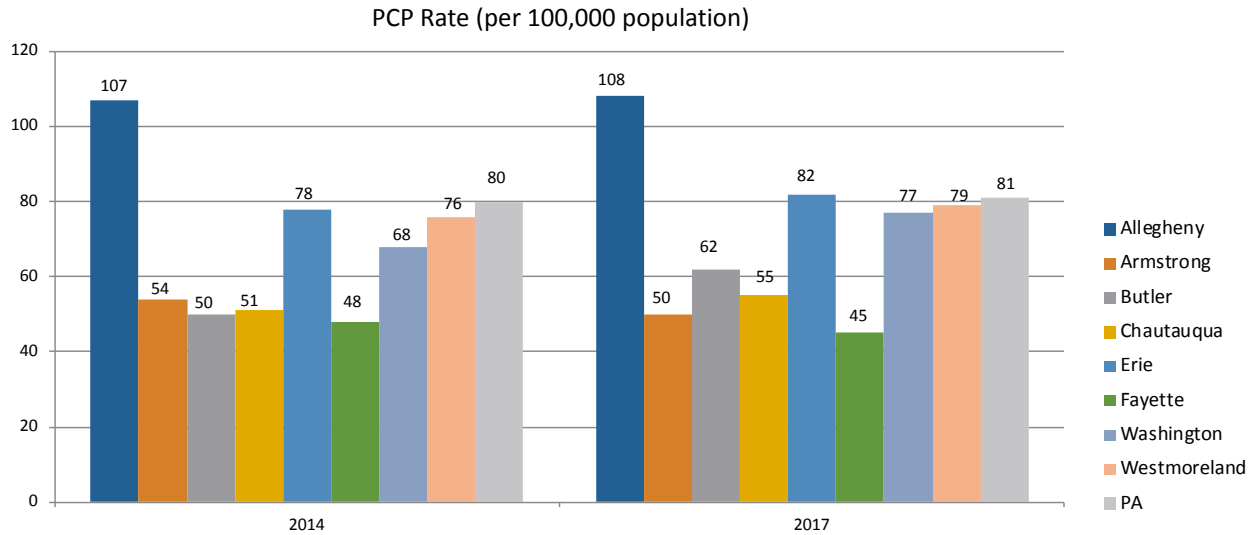- Key Insight: In 2017, Erie and Fayette Counties record an adult smoking percentage above the state average.
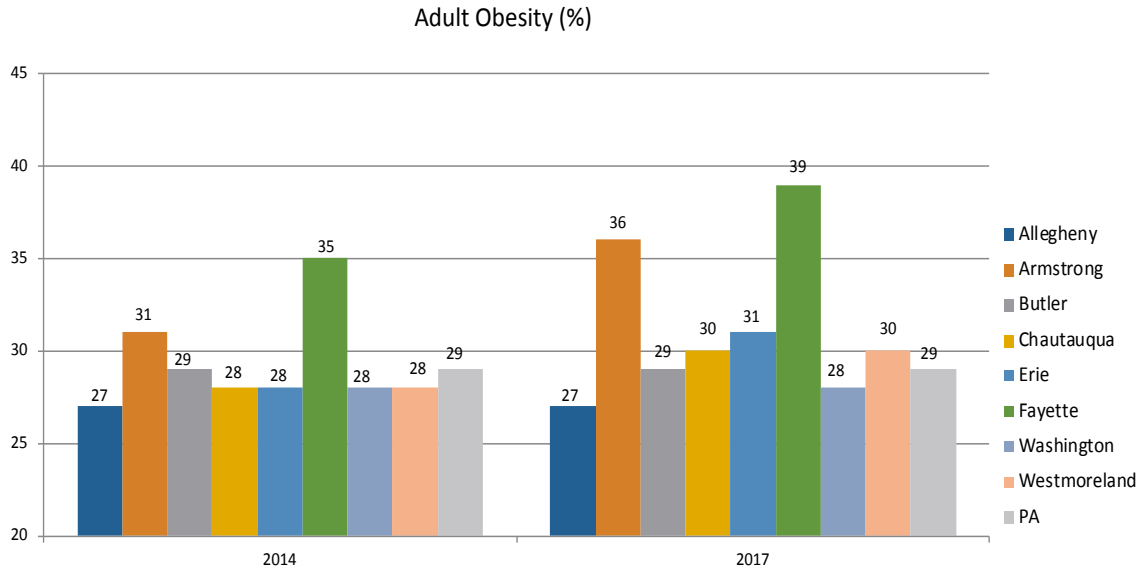
Adult Obesity (%)

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 (%)
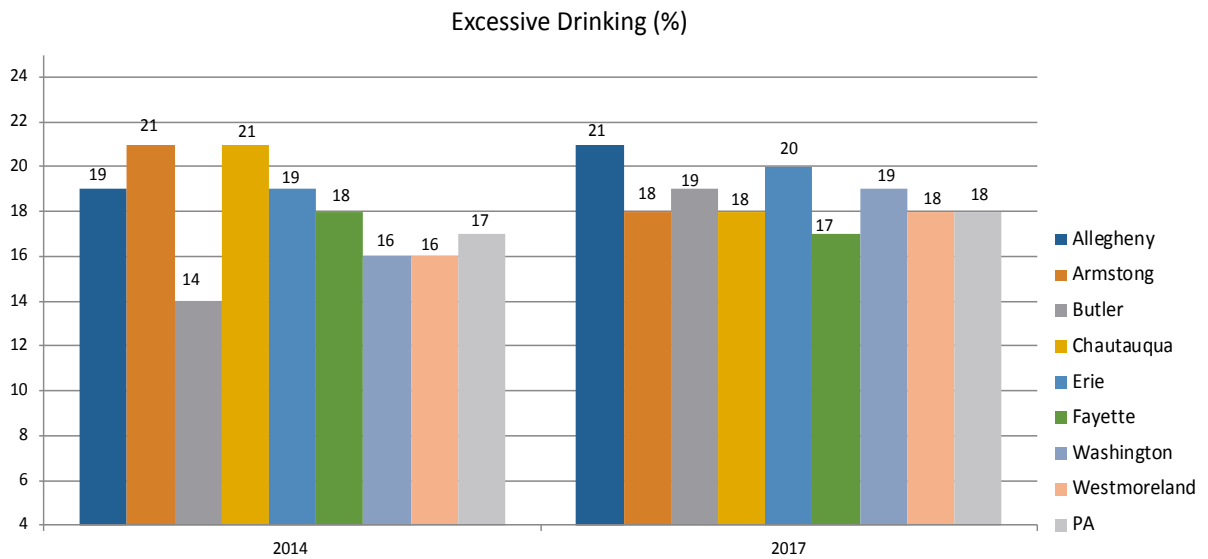
Source: 2017 County Health Rankings

- Key Insight: Butler County saw the largest 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.
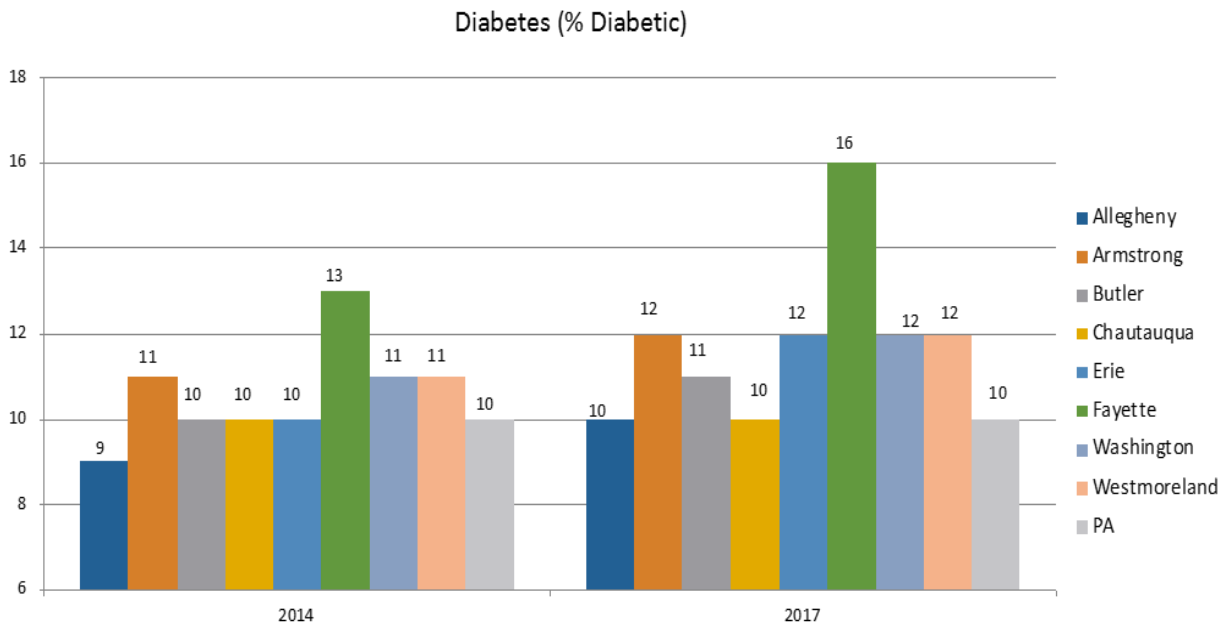
Diabetes (% Diabetic)

- 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 +)
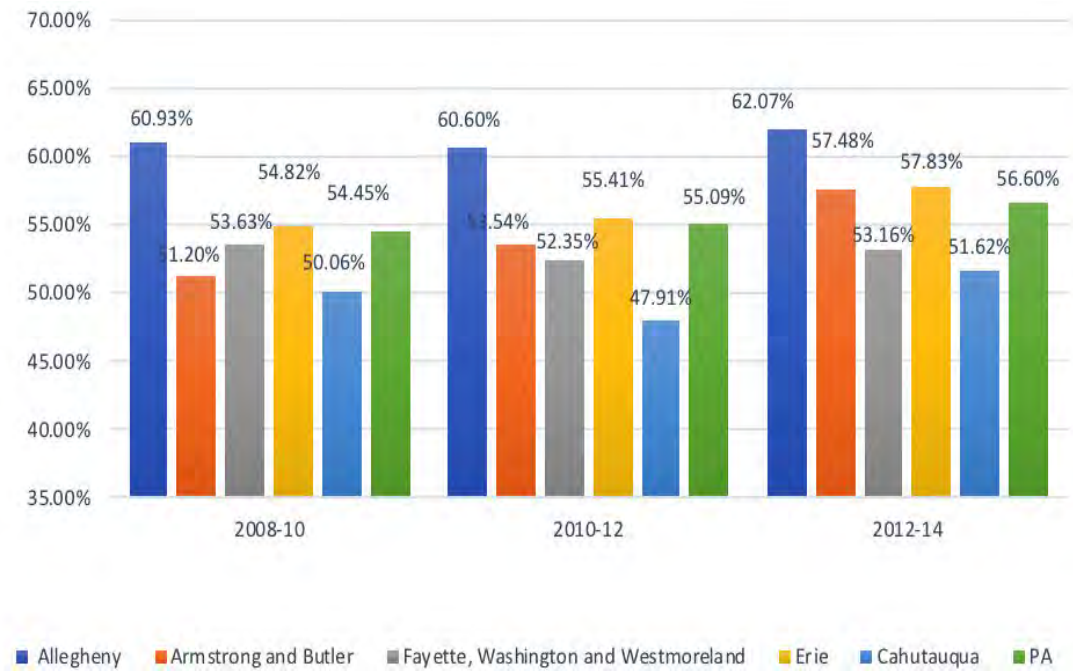
- Key Insight: Armstrong/ Butler[18], Allegheny and Erie counties both report a higher percent of Alcohol Use when compared to the state during the most recent 2012-2014 study period.

- 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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[18] Armstrong and Butler Counties are grouped together due to their geographic proximity for display purposes.
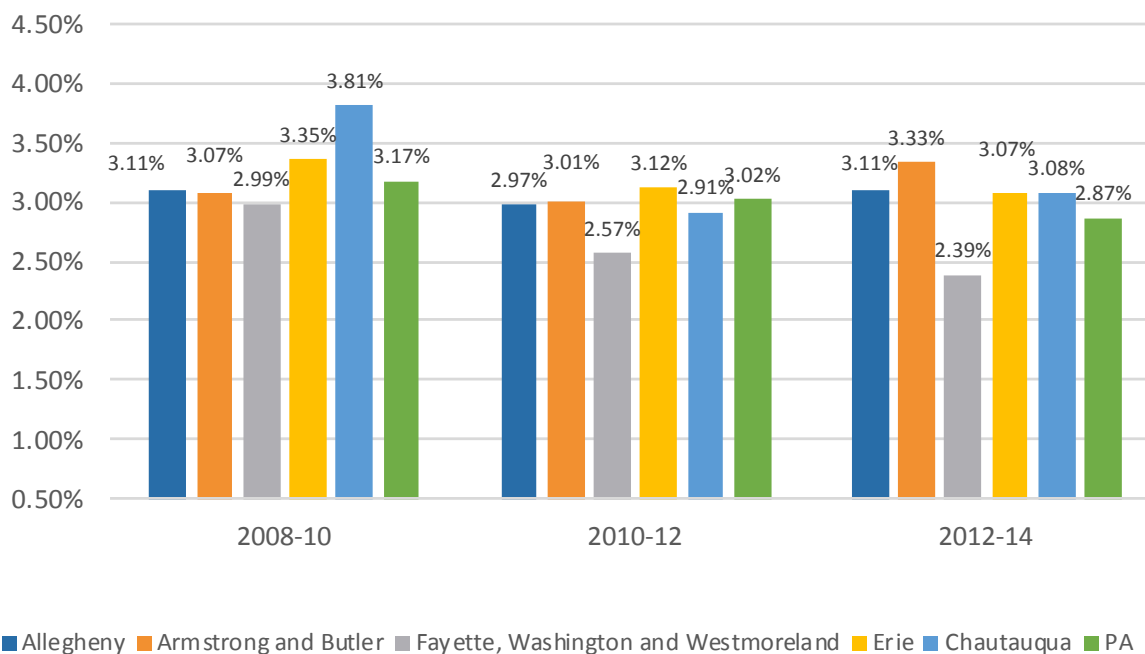
Binge Alcohol Use
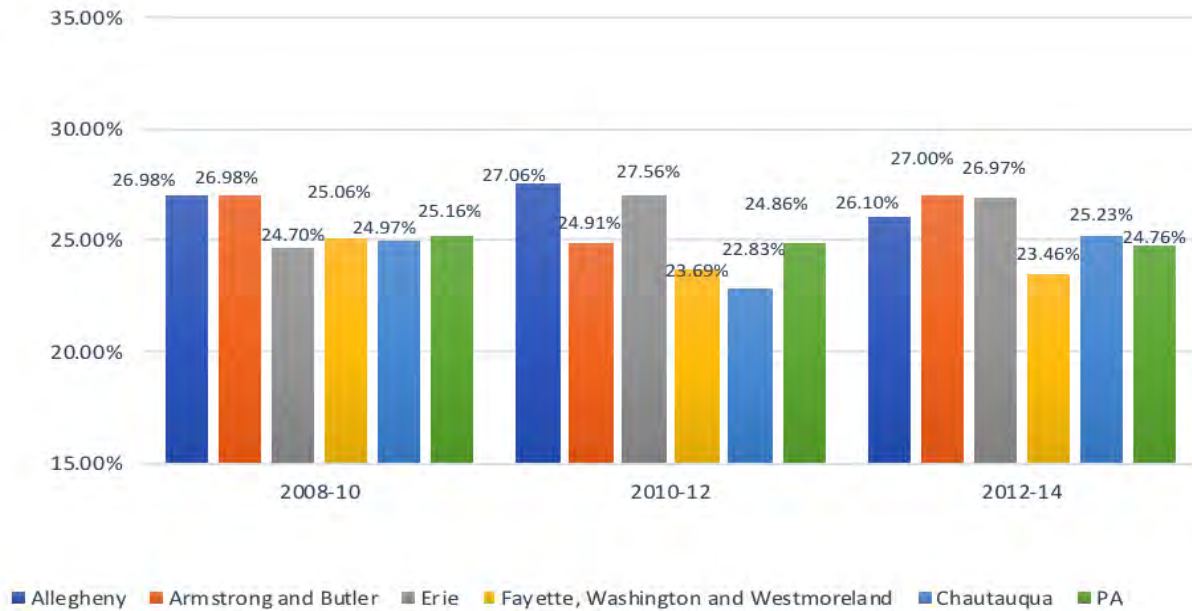
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- 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[19] saw the largest decrease in Binge Alcohol Use throughout the study period.

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

Alcohol Dependence

Bar chart showing Alcohol Dependence rates for three study periods.

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.
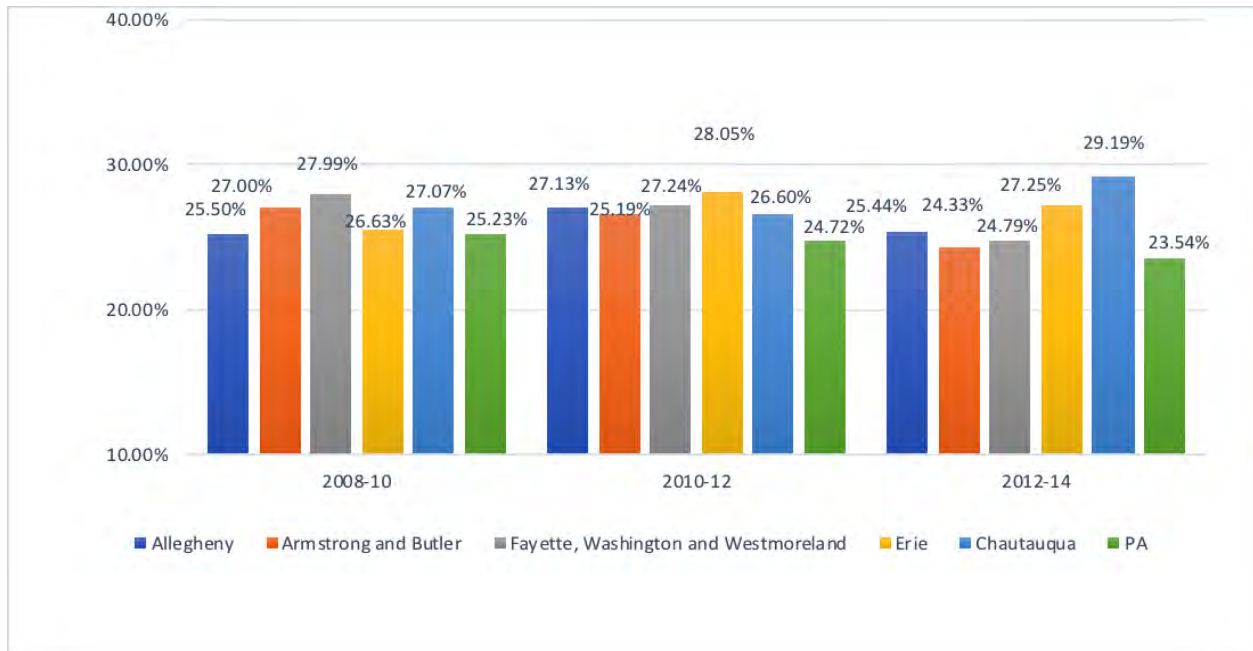
Needing But Not Receiving Treatment for Alcohol Use
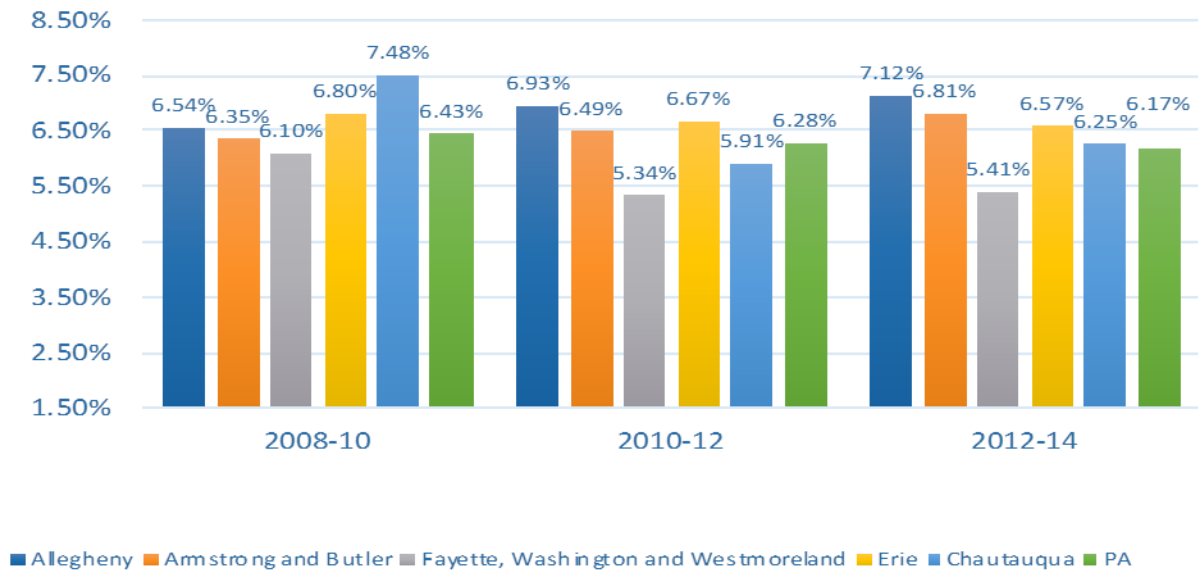
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health 2014

- 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.
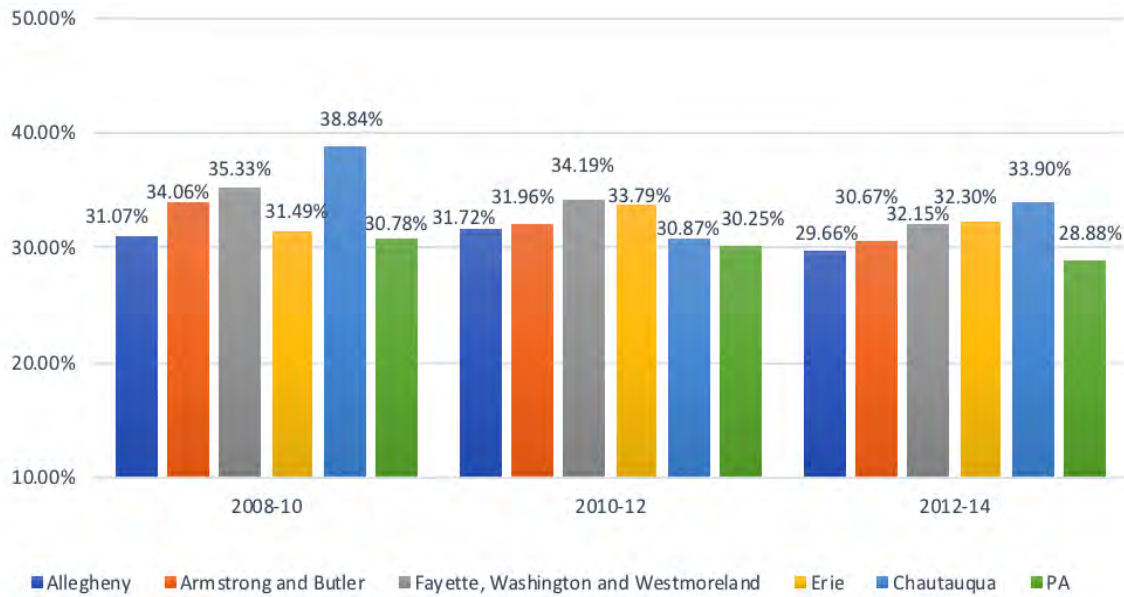
Cigarette Use

*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 Cigarette Use than the state during the 2012-2014 study period.

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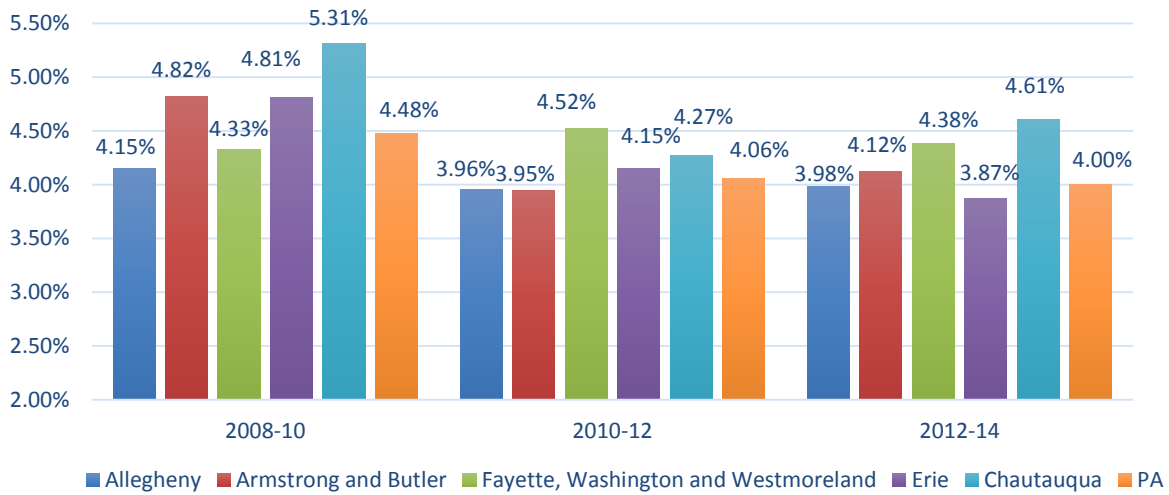
Any Tobacco Use

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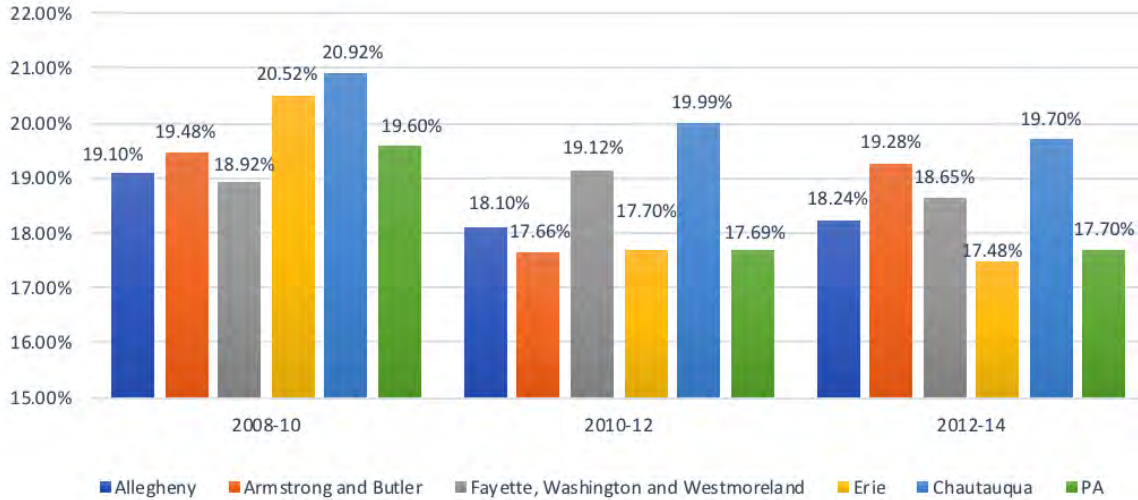
Serious Mental Illness in the Past Year (Aged 18 +)

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

Canonsburg Hospital Work to Meet Objectives 1: *Increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines. Increase access to health screenings and education to high-risk populations.*
- Measured number of participants - Mammogram Screenings
  - 2015- N/A
  - 2016-15
  - 2017-7
  - 2018-16
- Notes: Objectives set by previous administration based on earlier program designs that have evolved since 2015 have been updated by new implementation staff to make them more focused and more effective;

Canonsburg Hospital Work to Meet Objectives 2: *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.*
- Measured number of participants
  - 2015- 90 abnormal results
  - 2016-39 abnormal results
  - 2017-Cancer Registrar-# of patients diagnosed with cancer*still awaiting result*
  - 2018-Awaiting results
- Notes: Objectives set by previous administration based on earlier program designs that have evolved since 2015 have been updated by new implementation staff to make them more focused and more effective;

Canonsburg Hospital Work to Meet Objective 3: *Increase access to health screenings and education to high-risk populations.*
- Measured volume of participants & # of screenings
  - 2015-45/50% were seniors over 65
  - 2016-11/17% were seniors over 65
  - 2017-12/90% Seniors over 75

- Notes: Objectives set by previous administration based on earlier program designs that have evolved since 2015 have been updated by new implementation staff to make them more focused and more effective;

2. HEALTH PRIORITY: CHRONIC DISEASE

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

Canonsburg Hospital Work to Meet Objective 1: *Increase primary care provider (PCP) recommendations for preventive screenings per risk and age guidelines.*
- Identify the # of patients who had a prescription
- Currently staff is populating information from EPIC

Canonsburg Hospital Work to Meet Objective 2: *Provide health screenings and education to high-risk populations.*
- Measured- survey participants
  - 2015- 15 women attended
  - 2016-12 women attended
  - 2017-6 patients attended
- 2018-Diabetes educational events (6 Events)
- Screenings held and overall volume tallied

Canonsburg Hospital Work to Meet Objective 3: *Partner with community organizations to promote healthy lifestyles.*
- Measure # of surveyed
- Go Red Event/Heart Walk:
  - 2015
  - 2016
  - 2017-4 health fairs/blood pressure checks
  - -4/12 (33%) followed a heart healthy diet
  - -2/12 (17%) monitored BP at home
  - 5 from 15317
  - 2 from 15226
- 2018-6 Health Fairs/Events-Blood pressure checks done, no data collected
- Gradual ramping up, but with a strong ending

Goal 2: Improve management and outcomes for patients diagnosed with a chronic disease.
Canonsburg Hospital Work to Meet Objective 1: *Reduce hospital 30-day readmissions rates for chronic disease.*
- Measure reduction in readmissions
  - 2015-9.7%
  - 2016-9%

- o 2017 – 8.2%
- o 2018- not available at this time
- Well documented data and results

Canonsburg Hospital Work to Meet Objective 2: *Manage high risk populations through care coordination and partnership with social service partners.*
- Measure disease specific readmission rate
  - o 2015-13.1%
  - o 2016-13.3%
  - o 2017-6.5%
  - o 2018- not available at this time
- Well documented data and results

Canonsburg Hospital Work to Meet Objective 3: *Partner with community organizations to promote healthy lifestyles.*
- Focused on this topic at 6 health fairs over the period of 2015 to 2017

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