Community Health Needs Assessment
And
Community Health Strategic Plan

June 30, 2016

UPMC McKeesport

TABLE OF CONTENTS

EXECUTIVE SUMMARY

UPMC McKeesport Plays a Major Role in its Community:

UPMC McKeesport is a nonprofit, 222-bed acute-care teaching hospital located in McKeesport, Pennsylvania. Situated in Allegheny County, the hospital delivers a full range of quality medical services — including highly specialized medical and surgical treatment — to the residents of the Monongahela, Youghiogheny, and Turtle Creek valleys.

UPMC McKeesport maintains a historically strong connection with its community and offers an array of community-oriented programs and services to improve the health of local residents. One notable example is the *Community Vaccination Program* which provides free seasonable influenza vaccinations at community sites (e.g., senior centers, fire halls, churches) in collaboration with several community organizations (McKeesport Hospital Foundation, area EMS services, UPMC Health Plan, and Mon River Fleet, a group of State Health Improvement Partnerships).

UPMC McKeesport in the Community

UPMC McKeesport provided $11.2 million in uncompensated care in FY 2015.

UPMC McKeesport's community health efforts provide education, information, and access to care for a wide range of health topics.

UPMC McKeesport is part of UPMC, a leading Integrated Delivery and Finance System (IDFS) headquartered in Pittsburgh, Pennsylvania.

Identifying the Community's Significant Health Needs:

In Fiscal Year 2016, UPMC McKeesport conducted a Community Health Needs Assessment (CHNA) in keeping with requirements described in section 501(r)(3) of the Internal Revenue Code. Building on the initial CHNA conducted in Fiscal Year 2013, the Fiscal Year 2016 CHNA provided an opportunity for the hospital to re-engage with community stakeholders in a rigorous, structured process guided by public health experts.

An ongoing objective of the CHNA effort is to help align community benefit programs and resources with community health needs. This report documents progress toward addressing the significant health needs identified in Fiscal Year 2013, as well as an implementation plan to address new and ongoing community health needs over the Fiscal Year 2016-2019 period.

UPMC partnered with experts at the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) to conduct the CHNA using a best-practice methodology. The assessment blended analysis of documented health and socioeconomic factors with a structured community input survey process that solicited feedback from a community advisory panel composed of leaders and organizations that represent patient constituencies, including medically-underserved, low-income, and minority populations within the hospital's community.

Addressing the Community's Significant Health Needs:

When the Fiscal Year 2013 CHNA was conducted, the significant health needs identified at that time were:

- **Diabetes**
- **Post-Discharge Coordination**
- **Immunization and Vaccinations**
- **Preventive Screenings**

Three years later, when the Fiscal Year 2016 CHNA was conducted, UPMC McKeesport affirmed the Fiscal Year 2013 significant health needs, and developed a new strategy for focusing on those needs and additional needs. The updated health needs are:

- **Preventive Health and Wellness**
- **Senior Health**
- **Behavioral Health**

UPMC McKeesport is focusing ongoing community health improvement efforts under one comprehensive topic – Preventive Health and Wellness. In addition, UPMC McKeesport developed new implementation plans to focus on Senior Health and Behavioral Health with a goal of making a greater impact on community health.
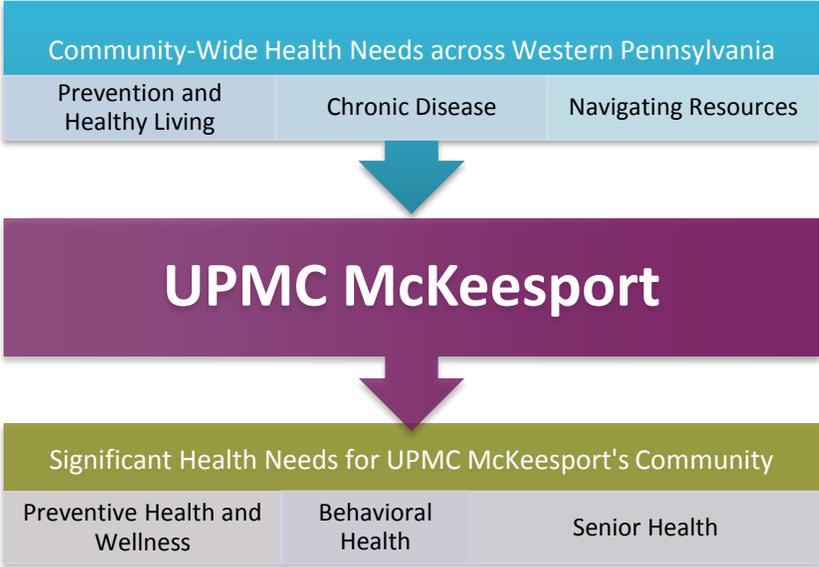
On May 4, 2016, the UPMC McKeesport Board of Directors adopted an implementation plan to address the significant health needs identified in the Fiscal Year 2016 CHNA, and to set measurable targets for continued improvement. The plan drew support from an array of community partners, as well as from the larger UPMC system. This plan builds upon the Fiscal Year 2013 plan, recognizing that significant health issues will generally need more than two to three years to show meaningful improvement.

Topic	Importance to the Community
Preventive Health and Wellness	Preventive Health/Wellness, including preventive screenings, can help prevent and detect some of the leading causes of death—such as heart disease, cancer, and diabetes—in early stages when treatment is likely to work best. Preventive health and wellness measures, such as preventive screening rates, were lower in Allegheny County compared to benchmarks.
Senior Health	UPMC McKeesport's service area has a larger percentage of seniors ages 65+, most elderly (85+), and seniors living alone compared to the county, state, and nation. As individuals age, the risk for co-morbid health conditions increases. In addition, preventing falls and improving health literacy related to medication compliance, for example, are very important for the elderly.
Behavioral Health	43 percent of adults in Allegheny County reported experiencing poor mental health in the past month. Prevention, early diagnosis, and management of behavioral health issues can enhance the quality of life of those affected, including individuals, families, and communities.

Collective Impact Across Western Pennsylvania:

Western Pennsylvania has a diverse range of health needs. Key themes that emerged from the Fiscal Year 2016 UPMC McKeesport CHNA process were consistent with those found through CHNAs conducted at other UPMC hospitals throughout western Pennsylvania. These themes are increasingly important in the rapidly changing landscape of health care reform:

- **Focus on a Few High-Urgency Issues and Follow-Through:** The hospital is concentrating on a limited number of significant community health needs, and has developed concrete plans to chart measurable improvements.

- **Chronic Disease Prevention and Care:** Nearly two-thirds of deaths in the community are attributable to chronic disease. UPMC McKeesport is planning a wide range of prevention and chronic disease support activities.

- **Navigating Available Resources:** Established health care programs in UPMC McKeesport's community are often untapped due, in part, to social and logistical challenges faced among populations and individuals lacking social support systems.

- **Community Partnerships:** UPMC McKeesport is collaborating successfully with local organizations on improving community health. The hospital will also leverage resources and synergies within the UPMC system, which include population-focused health insurance products and comprehensive programs and resources targeted at areas including seniors and children.

Community-Wide Health Needs across Western Pennsylvania		
Prevention and Healthy Living	Chronic Disease	Navigating Resources

UPMC McKeesport

Significant Health Needs for UPMC McKeesport's Community		
Preventive Health and Wellness	Behavioral Health	Senior Health

PROGRESS REPORT 2013-2016: DIABETES

GOAL: UPMC McKeesport is improving diabetes management and increasing diabetes awareness.

STRATEGY:
The hospital is enhancing programs to address diabetes in the community.

To achieve its goal, UPMC McKeesport is targeting individuals with diabetes and those who are at high risk. The hospital is working to help those with diabetes effectively manage their disease. In addition, the hospital's diabetes prevention efforts provide several opportunities to raise awareness about the disease. The hospital's recent actions to address diabetes include:

» Implementing programs to help patients learn about diabetes and manage their disease

» Using technology to help ease patients' transition from hospital to home

» Hosting events to raise awareness about diabetes prevention and management

Community Need

The diabetes rate is high in the UPMC McKeesport Service Area.

UPMC McKeesport Service Area 14.6%

Allegheny County 11.0%

PA 10.0%

(*Allegheny County Health Survey, 2009-2010; PADOH 2012-2013.*)

PROGRESS:
UPMC McKeesport is making an impact in its community.

Improving diabetes management through classes and one-on-one consultations
The UPMC McKeesport *Lions Diabetes Center* diabetes self-management education program provides classes about disease self-management in a group setting. Topics include: blood glucose monitoring, insulin training, healthy eating, and coping with life changes. Participants are referred to community resources, and can also take advantage of follow-up sessions and one-on-one counseling. In addition, the hospital is working with local provider practices to improve diabetes management in the outpatient setting. For example, the hospital recently implemented the *Glucose-to-Goal Program*, which has helped approximately 125 participants achieve improved HbA1c levels, indicating better diabetes control.

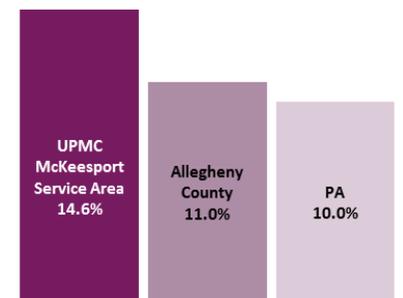**Using technology to help nurses educate patients**
The hospital implemented the *NEAT (Nurse Education and Transition)* project, in which nurses use iPads to educate inpatients about managing their diabetes to help transition them from the hospital to home, and to connect patients with a certified diabetes educator upon discharge.

Hosting community-wide events to increase diabetes awareness
UPMC McKeesport hosts several events to promote diabetes awareness and prevention efforts throughout the community, including the *Annual Diabetes Update*, a free seminar about the latest in diabetes research and treatments hosted in partnership with the UPMC McKeesport *Lions Diabetes Center*.

PROGRESS REPORT 2013-2016: IMMUNIZATIONS AND PREVENTIVE SCREENINGS

GOAL: UPMC McKeesport is promoting preventive health and wellness throughout its community.

STRATEGY:
The hospital is leading efforts to promote preventive health and wellness.

To achieve this goal, UPMC McKeesport is targeting all community members, in particular seniors and underserved populations. The hospital has established programs to promote preventive health and wellness and partnered with local community organizations. Efforts include:

» Expanding access to vaccines and preventive screenings

» Leveraging strong partnerships with community organizations

Community Need

The influenza and pneumonia death rate is higher in Allegheny County than in Pennsylvania.

Allegheny County 15.1 · PA 13.3

Mortality rate per 100,000 population

(PA DOH, 2012)

PROGRESS:
UPMC McKeesport is making a measurable difference in community health.

Increased number of immunizations distributed — from 5,000 in 2013 to 7,000 in 2015

UPMC McKeesport is collaborating with local organizations, including EMS providers, UPMC Health Plan, the McKeesport Hospital Foundation, and the Mon River Fleet, which is a group of State Health Improvement Partnerships (SHIPs). Through this collaboration, UPMC McKeesport's *Free Flu Vaccine Program* provides seasonal influenza vaccinations free of charge to the community, including seniors and uninsured individuals. Community members can easily access this free program at neighborhood fire halls, senior centers, and in churches. The program has dispensed more vaccines than any other in the state, and is making a measurable impact. The number of vaccines administered increased from 5,000 in 2013, to more than 7,000 in 2015. In addition, the program has expanded from 106 neighborhood sites in 2013 to 177 in 2015.

**Promoting community health through screenings**

UPMC McKeesport sponsors preventive health events at the hospital, including screenings for blood glucose, cholesterol, blood pressure, and pulmonary function. This past year, the hospital hosted 128 events, with more than 9,000 individuals in attendance. In addition, UPMC McKeesport supports screening and educational events held at sites throughout the community, such as senior and community centers. These events mainly target elderly residents and underserved children. This year, the hospital provided 170 community-based educational events reaching 6,500 people and 32 community-based screenings reaching 2,000 individuals.

Supporting more than 2,300 seniors through Golden Wellness Initiatives

Continuing to promote preventive health and wellness in seniors, UPMC McKeesport's *Golden Wellness Screenings and Education Program* offers both social and health promotion events targeting seniors. Efforts include monthly group activities, such as lunch and learns. Overall, participants in this program have increased — from 564 participants in 2013 to more than 2,300 participants in 2015.
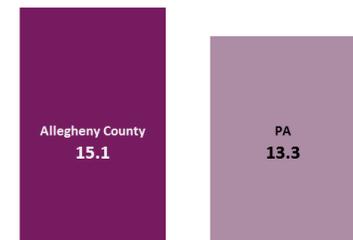
PROGRESS REPORT 2013-2016: POST-DISCHARGE COORDINATION AND FOLLOW-UP

GOAL: UPMC McKeesport is improving care transitions and helping individuals navigate resources.

Community Need

19% of McKeesport Service Area residents are 65 and older.

(U.S. Census)

STRATEGY:
The hospital is leading efforts to help patients coordinate and navigate care.

To achieve this goal, UPMC McKeesport is continuing its care coordination model to improve outcomes for patients with chronic disease. In addition, the hospital is targeting seniors and their caregivers by connecting residents with resources and community support networks, with a specific focus on helping seniors live independently. Efforts to help better navigate and coordinate care include:

» Providing the community with a dedicated resource center to help navigate resources

» Expanding initiatives to improve the care of elderly residents in the UPMC McKeesport community

PROGRESS:
UPMC McKeesport is increasing access to health resources.

Helping community members navigate resources

To help guide community residents, the Aging Institute at UPMC McKeesport, which opened in 2014, is a dedicated resource center that not only provides access to health information, but also offers one-on-one consultations with social service professionals. In addition, the Aging Institute offers a dedicated phone line to assist patients and their families as they navigate services provided throughout the community.

Extending coordinated care programs to help seniors live at home

Residents living in the UPMC McKeesport area now have access to UPMC's *Living-at-Home* program, which has expanded to the McKeesport and Braddock neighborhoods. This program helps seniors live independently by providing coordination for ongoing in-home care. For instance, nurses visit participants' homes and assist them with managing medications, filling pill boxes, and prefilling insulin syringes. *Living-at-Home* can also provide referrals for additional support, such as home delivery of meals and transportation assistance.

NEED HELP FINDING SENIOR RESOURCES FOR YOURSELF OR A LOVED ONE?

The AGING INSTITUTE at UPMC McKeesport

In collaboration with the McKeesport Hospital Foundation

HELP AND REFERRAL LINE
412-664-FIND (3463)

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

I. Objectives of a Community Health Needs Assessment

CHNA Goals and Purpose:

In Fiscal Year 2016, UPMC McKeesport conducted a CHNA. In keeping with IRS 501(r) guidelines, the CHNA incorporated input from community stakeholders and public health experts, and established action plans to address identified significant community health needs. The plan builds upon a prior assessment and implementation plan developed in Fiscal Year 2013.

UPMC McKeesport has many long-standing initiatives focused on improving the health of its community. UPMC approached this CHNA process as an opportunity to evaluate and assess needs through a formalized, rigorous, and structured process to ensure that health improvement efforts and resources are aligned with community health priorities. Goals of the CHNA were to:

- **Better understand community health care needs**
- **Develop a roadmap to direct resources where services are most needed and impact is most beneficial**
- **Collaborate with community partners where, together, positive impact can be achieved**
- **Improve the community's health and achieve measurable results**

The overall health of the community is a shared responsibility among many stakeholders and entities, including government agencies, health care providers, nongovernmental organizations, and community members themselves. While the new IRS CHNA requirements apply specifically to nonprofit hospital organizations, collaboration with community partners is essential for implementing and achieving effective community health improvement.

Description of UPMC McKeesport:

UPMC McKeesport is a nonprofit, 222-bed acute-care hospital located in Allegheny County, Pennsylvania. It offers a full range of quality medical services to the people of the Monongahela, Youghiogheny, and Turtle Creek valleys. The hospital provides area residents with access to medical, surgical, behavioral health, rehabilitation, and transitional care, as well as cutting-edge medical services not typically found at a local community hospital. Specialized services include CT imaging, digital mammography, minimally invasive

VITAL STATISTICS Fiscal Year 2015	
Licensed Beds	222
Hospital Patients	11,697
Emergency Dept. Visits	37,365
Total Surgeries	3,191
Affiliated Physicians	338

JOBS AND STRENGTHENING THE LOCAL ECONOMY	
UPMC McKeesport Employees	873
Community Benefits Contributions	$20 million
Free and Reduced Cost Care	$11 million
Total Economic Impact of Hospital Operations	$286 million

surgery, and an on-site UPMC CancerCenter. During the Fiscal Year ended June 30, 2015, UPMC McKeesport had a total of 11,697 admissions and observations, 37,365 emergency room visits, and 3,191 surgeries.

UPMC McKeesport is a teaching hospital, with residency programs in both family practice and internal medicine. It is also part of UPMC, one of the country's leading Integrated Delivery and Finance Systems (IDFS), which positions the hospital to draw on the expertise of the larger organization when patients require access to more complex or highly specialized care.

II. Definition of the UPMC McKeesport Community

For the purpose of this CHNA, the UPMC McKeesport community is defined as Allegheny County. With 93 percent of patients treated at UPMC McKeesport residing in Allegheny County, the hospital primarily serves residents of this geographic region. By concentrating on the county, UPMC McKeesport can both consider the needs of the great majority of its patients, and do so in a way that allows accurate measurement using available secondary data sources.

Most Patients Treated at UPMC McKeesport Live in Allegheny County

| County	UPMC McKeesport %	Medical Surgical Discharges
Allegheny County	93.3%	4,824
All Other Regions	6.7%	347
Total Hospital Discharges	100%	5,171

Source: Pennsylvania Health Care Cost Containment Council, Fiscal Year 2015

The hospital is situated in the southeastern region of the county, an area noted for its economic challenges over the past three decades. While the county represents the basic geographic definition of UPMC McKeesport's community, this CHNA also considered specific focus areas within the hospital's immediate geographic "service area." Small "focus area" analyses were conducted to identify geographical areas within the county, as well as areas of concentration with potentially higher health needs — such as areas with high minority populations, low per-capita incomes, and areas with historically distinct health needs. Health data reflecting Zip Codes of neighborhoods within the service area was also analyzed.

Existing Healthcare Resources in the Area:

UPMC McKeesport is one of 8 UPMC licensed hospitals, and a total of 16 hospitals in Allegheny County.

Hospitals in Allegheny County
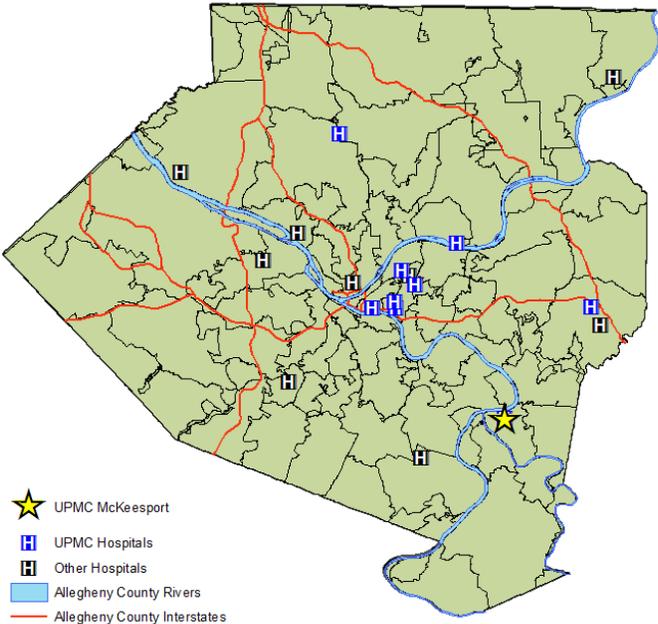
Additionally, UPMC McKeesport is supported by nearly 110 UPMC outpatient offices within Allegheny County. These facilities include UPMC CancerCenters, Urgent Care Centers, Senior Living Facilities, Centers for Rehabilitation Services, Imaging Centers, Children's Hospital of Pittsburgh of UPMC satellite offices, and pediatric, primary, and specialty care doctors' offices.
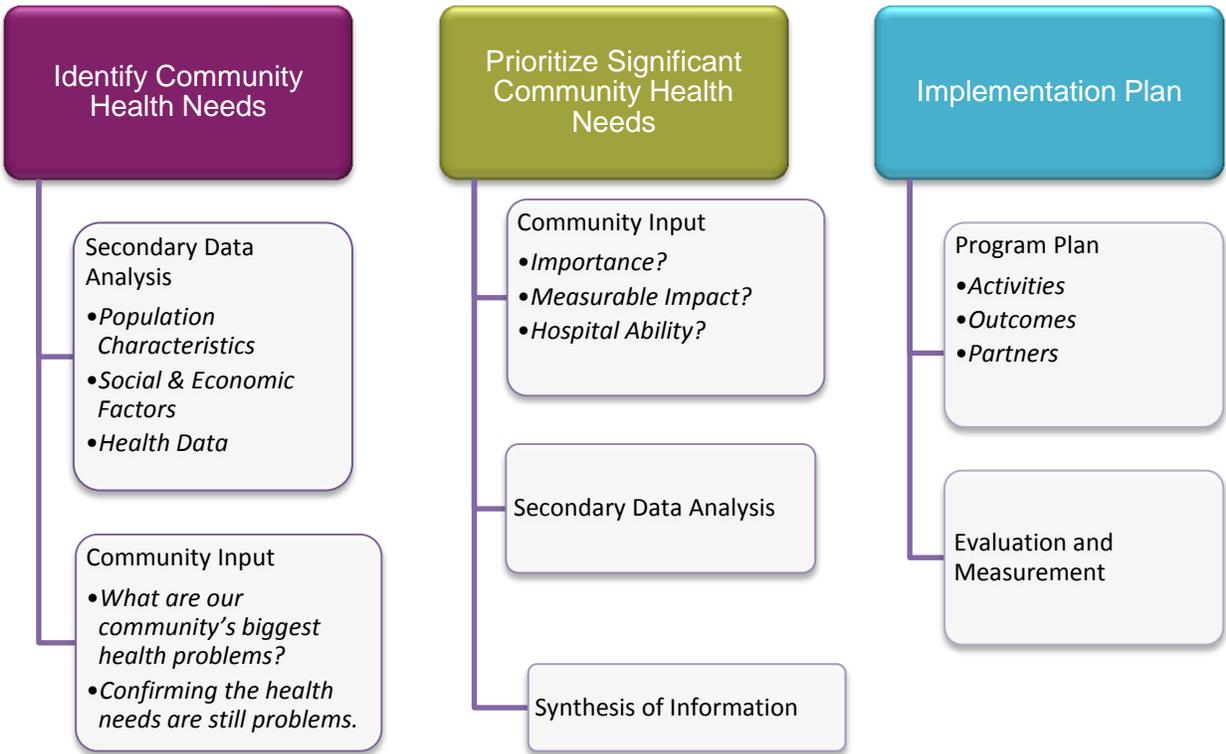
III. Methods Used to Conduct the Community Health Needs Assessment

Overview:

In conducting this CHNA and the prior CHNA conducted in Fiscal Year 2013, UPMC pursued an approach that was comprehensive, methodologically rigorous, inclusive, and open to the community's perspective on health care needs. To conduct the CHNA in a manner that reflects best practices, UPMC partnered with the University of Pittsburgh Graduate School of Public Health (Pitt Public Health). Pitt Public Health's mission is to provide leadership in health promotion, disease prevention, and the elimination of health disparities in populations. Pitt Public Health faculty and researchers' expertise supported a structured process for obtaining community input on health care needs and perceived priorities and helped establish criteria for the evaluation and measurement of progress.

Framework for Conducting the CHNA:

The Community Health Improvement Process developed by the Institute of Medicine served as a guiding framework in assessing the health needs of the UPMC hospital communities. The hospital adapted this model to guide the development of its CHNA.

Identify Community Health Needs

Secondary Data Analysis
- *Population Characteristics*
- *Social & Economic Factors*
- *Health Data*

Community Input
- *What are our community's biggest health problems?*
- *Confirming the health needs are still problems.*

Prioritize Significant Community Health Needs

Community Input
- *Importance?*
- *Measurable Impact?*
- *Hospital Ability?*

Secondary Data Analysis

Synthesis of Information

Implementation Plan

Program Plan
- *Activities*
- *Outcomes*
- *Partners*

Evaluation and Measurement

Secondary Data Sources and Analysis:

To identify the health needs of a community, UPMC conducted an analysis of publicly available data. Secondary data — including population demographics, mortality, morbidity, health behavior, clinical care, and physical environmental data — were used to identify and prioritize significant community health needs. Data which informed this CHNA were compiled from a variety of state and national data sources and are reflected in the table below.

Population characteristics, socioeconomic, and health status data were also examined. Community-level data (usually county-level) were compared to the state, nation, and *Healthy People 2020* benchmarks to help identify key health issues. When available, data specific to low-income individuals, underserved minorities, and uninsured populations were examined. In addition, analysis considered federal designations of Health Professional Shortage Areas (HPSA) — defined as "designated as having a shortage of primary medical care providers" and Medically Underserved Areas (MUA) — which may consist of a whole county or a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts.

Publicly Available Data and Sources Used for Community Health Needs Assessment

Data Category	Data Items	Description	Source
Demographic Data	Population Change	Comparison of total population and age-specific populations in 2000 and 2010 by county, state, and nation.	U.S. Census
	Age and Gender	Median age, gender, and the percent of Elderly Living Alone by Zip Code, county, state, and nation in 2010.	
	Population Density	2010 total population divided by area in square miles by county, state, and nation.	
	Median Income/Home Values	By Zip Code, county, state, and nation in 2010.	
	Race/Ethnicity	Percent for each item by Zip Code, county, state, and nation in 2010. Note: Zip Code level data was not available for disabled.	
	Insurance: Uninsured, Medicare, Medicaid		
	Female Headed Households		
	Individuals with a Disability		
	Poverty		
	Unemployed		
	No High School Diploma		

Data Category	Data Items	Description	Source
Morbidity Data	Adult Diabetes	2010-2013 data collected and compared by county, state, and nation.	Allegheny County Health Survey, 2009-2010. PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics. U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System. National Center for Health Statistics.
	Cancer		
	Mental Health		
	Asthma (Childhood)		
	Birth Outcomes		
Health Behaviors Data	Obesity (Childhood and Adult)		
	Alcohol Use		
	Tobacco Use		
	Sexually Transmitted Disease		
Clinical Care Data	Immunization	2010-2015 data collected and compared by county, state, and nation.	Allegheny County Health Survey, 2009-2010. PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics. U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System. Health Resources and Services Administration (HRSA). National Center for Health Statistics.
	Cancer Screening (breast/colorectal)		
	Primary Care Physician Data		
Benchmark Data	Mortality Rates, Morbidity Rates, Health Behaviors, and Clinical Care Data	National benchmark goal measures on various topics for the purpose of comparison with current measures for neighborhood, county, state, and nation.	Healthy People 2020.

Information Gaps Impacting Ability to Assess Needs Described:

The best available data were used to obtain the most meaningful comparison and analysis possible. Public data sources, however, are limited by some information gaps, and small sample sizes can represent statistically unreliable estimates.

The community definition hinged at the county-level, in part, because the quality and availability of data at this level was generally most comprehensive and allowed for meaningful comparisons with state and national data. In some cases, data from geographical sources below the county level (such as Zip Codes) were available with adequate sample size for analysis. Whenever possible, population health data were examined for individual neighborhoods and sub-populations including low-income, high-minority, and uninsured populations.

Community Input:

Community input on the perceived health needs of the region was used to complement analysis of publicly available data. UPMC used an inclusive and systematic process to collect information pertaining to the community's perceptions of its greatest needs, as well as its expectations of what the hospital's role should be in meeting those needs.

The Fiscal Year 2016 CHNA builds on the assessment process originally applied in Fiscal Year 2013. In the initial assessment, Pitt Public Health facilitated this process and employed "Concept Mapping," a participatory, qualitative research method with a proven track record for gaining stakeholder input and consensus. In the subsequent assessment, UPMC conducted a survey of community leaders and stakeholders specific to the hospital's community to assess the continuing importance of identified community health needs.

To gather community input, the hospital formed a community advisory panel to provide broad-based input on health needs present in the hospital's surrounding community. These groups were made up of:

- **Persons with special knowledge or expertise in public health**

- **Representatives from health departments or governmental agencies serving community health**

- **Leaders or members of medically underserved, low-income, minority populations, and populations with chronic disease**

- **Other stakeholders in community health** *(see Appendices C and D for more information on Concept Mapping and for a complete list and description of community participants)*

The full community input survey process consisted of multiple stages:

- **Brainstorming on Health Problems:** During brainstorming, the hospital's community advisory council met to gather input on the question, "What are our community's biggest health care problems?" Brainstorming resulted in the development of a 50-item list of health problems.

- **Rating and Sorting Health Problems to Identify Significant Health Needs:** Community members participated in the rating and sorting process via the Internet to prioritize the 50 health problems and identify significant health needs according to their perceptions of the community health needs. Each participant sorted the list into overarching themes, and then rated the problems using a 1 to 5 Likert scale (1 = not important; 5 = most important), according to the following criteria:

  » How important is the problem to our community?

  » What is the likelihood of being able to make a measurable impact on the problem?

  » Does the hospital have the ability to address this problem?

- **Confirming Topics:** In Fiscal Year 2016, community advisory panels were again surveyed about the continuing importance of the identified health needs. Advisory panel members participated in an online Qualtrics survey that solicited feedback on new health problems and asked participants to rate whether the health problem "remains a major problem," "is somewhat of a problem," or "is no longer a problem."

Synthesis of Information and Development of Implementation Plan:

In the final phase of the process, the community input survey results were summarized by experts from Pitt Public Health and merged with results gathered from the analysis of publicly available data. Through this process, UPMC hospital leadership identified a set of significant health needs that are critical, addressable, and have high levels of urgency in the community. The process then matched those needs to:

- **Best-practice methods for addressing these needs**
- **Existing hospital community health programs and resources**
- **Programs and partners elsewhere in the community that can be supported and leveraged**
- **Enhanced data collection concerning programs**
- **A system of assessment and reassessment measurements to gauge progress over regular intervals**

IV. Results of the Community Health Needs Assessment and In-Depth Community Profile

Characteristics of the Community:

Sizable Elderly Population with High Social Needs: A notable characteristic of the region surrounding UPMC McKeesport is the large and increasing percentage of elderly residents (65 years and older). The UPMC McKeesport immediate service area in particular has a large elderly population (19 percent), especially when compared to Allegheny County (17 percent), Pennsylvania (15 percent), and the United States (13 percent). A higher percentage of elderly in Allegheny County live alone, compared with Pennsylvania and the United States. Reflective of the higher proportion of elderly, the percentage of Medicare recipients was higher in the county than the state and nation (See Appendix B).
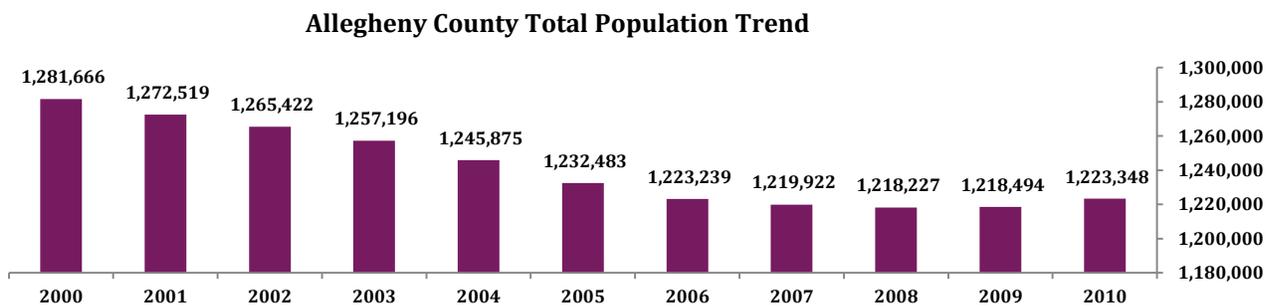
Allegheny County Has a Sizable Elderly Population

| Age Distribution - 2010				
	Allegheny County	**UPMC McKeesport Service Area**	**Pennsylvania**	**National**
Median Age	41.3	44.1	40.1	37.2
% Children (<18)	19.8%	20.9%	22.0%	24.0%
% 18-64	63.4%	60.6%	62.6%	63.0%
% 20-49	39.2%	35.5%	39.0%	41.0%
% 50-64	21.3%	22.7%	20.6%	19.0%
% 65+	16.8%	18.5%	15.4%	13.0%
% 65-74	7.8%	8.7%	7.8%	7.0%
% 75-84	6.1%	6.8%	5.4%	4.3%
% 85+	2.9%	3.1%	2.4%	1.8%
% Elderly Living Alone	13.1%	14.4%	11.4%	9.4%

Source: U.S. Census

Total Population Decline in Allegheny County but Aging Population Increasing: In 2010, Allegheny County had a total population of 1,223,348. The population density of Allegheny County at the time was 1,675.6 people per square mile. Between 2000 and 2010, the county's total population decreased from 1.28 million to 1.22 million, representing a five-percent decline (see figure below). At the same time, the county's most elderly population (85+) *increased* by 25 percent, from 28,143 to 35,116 (see figure below). This trend resulted in a higher median age (41 years) in the county, compared with Pennsylvania (40 years) and the United States (37 years).

Allegheny County's total population has seen a 5 percent decrease from 2000 to 2010.

Allegheny County Total Population Trend

However, the most elderly population (85+) has grown 25 percent from 2000 to 2010.

Allegheny County Elderly (85+) Population Trend
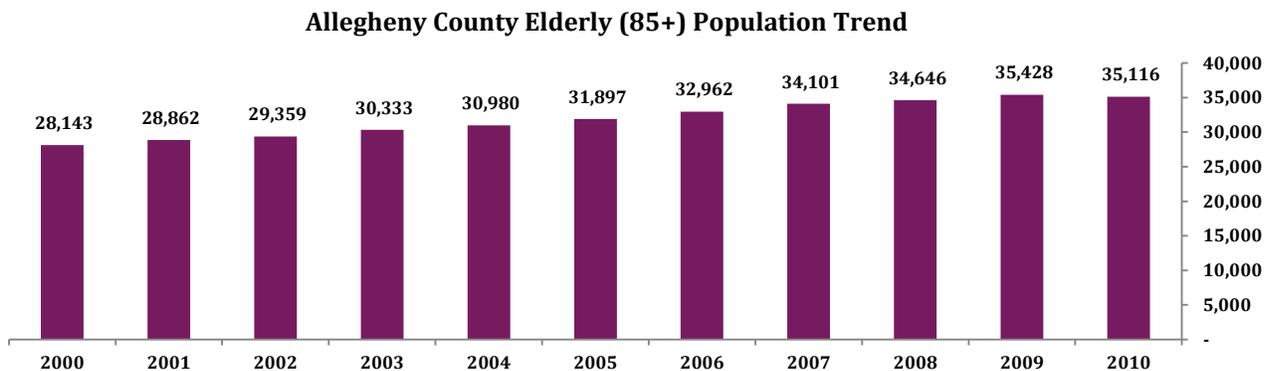
Source: U.S. Census

Economically Stable in Allegheny County Overall: When compared to the Commonwealth of Pennsylvania and the nation, the overall population of Allegheny County is economically stronger and faces fewer economic health challenges on average. Allegheny County tends to:

- **Be more educated**
- **Have fewer people unemployed**
- **Have fewer people living in poverty**
- **Have fewer uninsured and fewer recipients of the income-based Medicaid health insurance program (See Appendix B)**

Medically Underserved Areas in UPMC McKeesport Service Area: In contrast to the relatively strong Allegheny County statistics, UPMC McKeesport is surrounded by some neighborhoods that have the potential for health disparities. The immediate service area of UPMC McKeesport is characterized by:

- **Comparatively lower median household income**
- **A higher percentage of families living in poverty**
- **A higher proportion of residents without a high school diploma**

Social and Economic Population Demographics		
	Allegheny County	**UPMC McKeesport Service Area**
Median Household Income	$45,362	$39,929
% Families in Poverty	8.7%	11.2%
% with No High School Diploma (among those 25+)	8.4%	9.6%
% Unemployed (among total labor force)	7.2%	7.8%
Racial Groups		
% White	81.5%	83.1%
% African-American	13.2%	13.9%
% Other Race	5.3%	3.0%

Source: U.S. Census

In Allegheny County, the ratio of primary care physicians to the population (108.6 per 100,000) was higher, compared to the state (82.0 per 100,000). In the UPMC McKeesport service area, however, a number of neighborhoods are federally designated as Medically Underserved Areas (MUAs). The following factors are considered in the determination of MUAs:
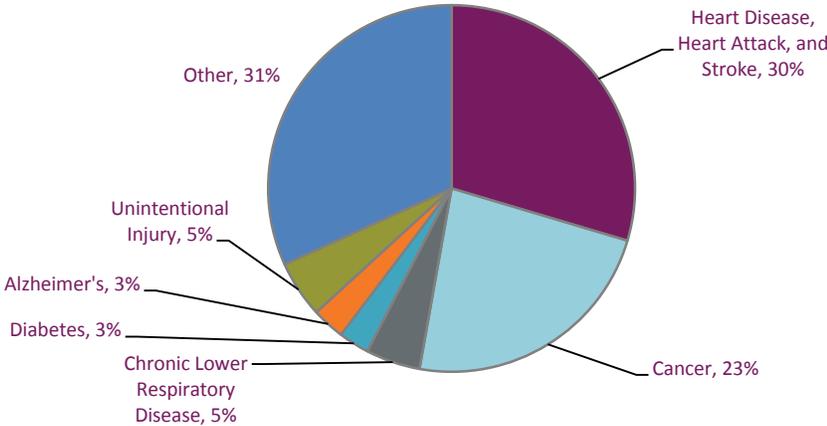
- **A high percentage of individuals living below the poverty level**
- **High percentages of individuals over age 65**
- **High infant mortality**
- **Lower primary care provider to population ratios**
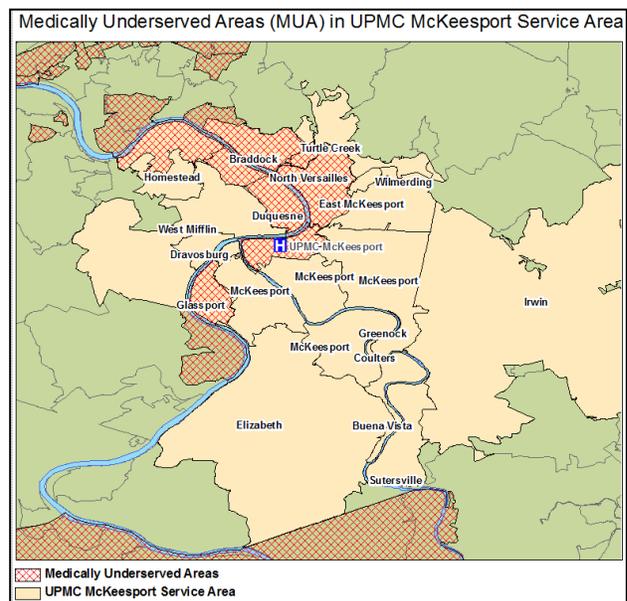
Source: Health Resources and Services Administration, 2015

Chronic Disease and Mortality:

Nearly two-thirds of deaths in Allegheny County are attributable to chronic disease.

Heart Disease, Heart Attack, and Stroke, 30%
Other, 31%
Unintentional Injury, 5%
Alzheimer's, 3%
Diabetes, 3%
Chronic Lower Respiratory Disease, 5%
Cancer, 23%

Source: Pennsylvania Department of Health, 2012

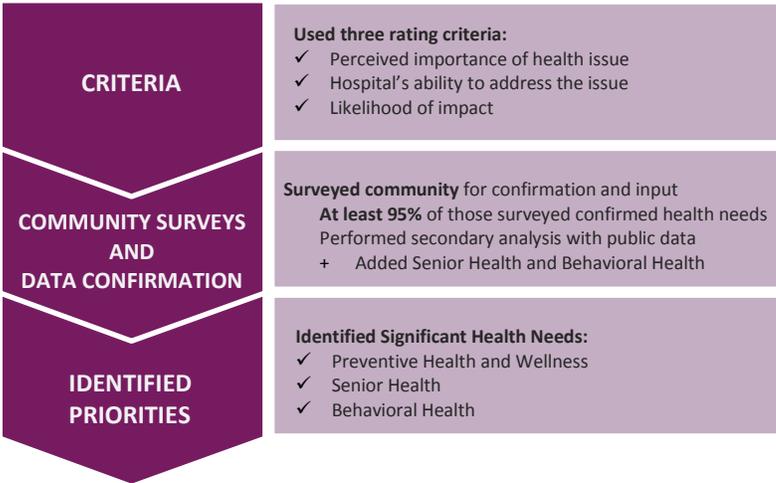## Significant Health Needs for UPMC McKeesport's Community:

Concept Mapping input was deployed across all UPMC hospital communities within western Pennsylvania and yielded three overarching themes to contextualize the health care needs of the areas served by UPMC hospitals:

- **Chronic Disease**
- **Prevention and Healthy Living**
- **Navigating Resources**

For UPMC McKeesport's community, the assessment identified significant health needs that were rated highly across the three criteria of importance, likelihood of making a measurable impact, and the hospital's ability to address the problem. The significant health needs are:

- **Preventive Health and Wellness**
- **Senior Health**
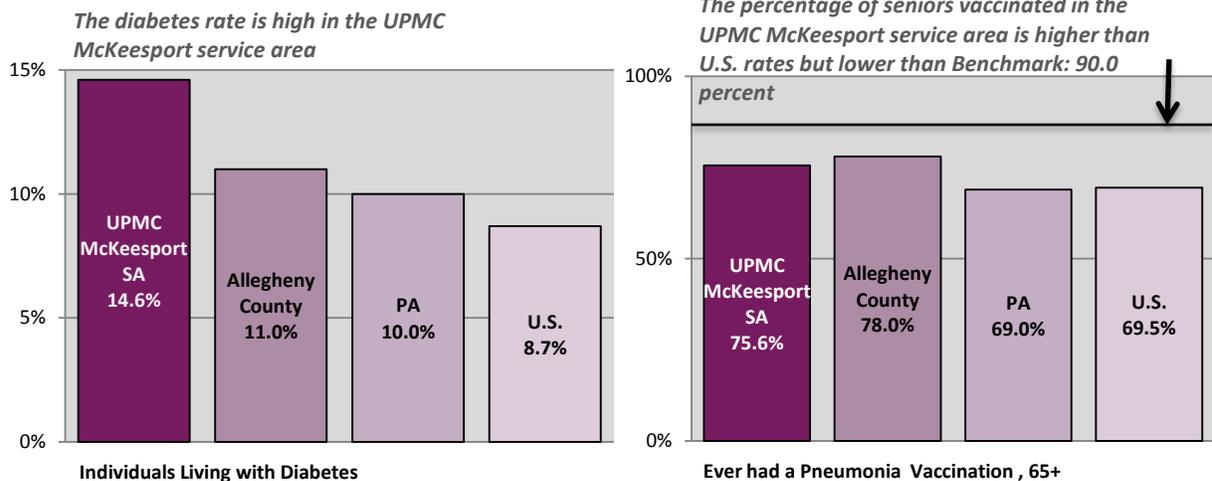- **Behavioral Health**

Prioritizing Community Health Needs

CRITERIA

Used three rating criteria:
- ✓ Perceived importance of health issue
- ✓ Hospital's ability to address the issue
- ✓ Likelihood of impact

COMMUNITY SURVEYS AND DATA CONFIRMATION

Surveyed community for confirmation and input
At least 95% of those surveyed confirmed health needs
Performed secondary analysis with public data
+ Added Senior Health and Behavioral Health

IDENTIFIED PRIORITIES

Identified Significant Health Needs:
- ✓ Preventive Health and Wellness
- ✓ Senior Health
- ✓ Behavioral Health

UPMC McKeesport Significant Health Needs:

In-depth secondary data analysis reinforced that these health topics were areas of concern for the UPMC McKeesport community.

Preventive Health and Wellness –Importance to the Community:

- **Preventive screenings can help identify chronic diseases— such as heart disease, cancer, and diabetes — in early stages when treatment is likely to work best.**

- **Vaccinations are particularly important, especially for specific populations, such as the elderly. Influenza and pneumonia are leading causes of death in Allegheny County, and the risk of death due to influenza is a serious threat to the elderly.**

The diabetes rate is high in the UPMC McKeesport service area

The percentage of seniors vaccinated in the UPMC McKeesport service area is higher than U.S. rates but lower than Benchmark: 90.0 percent

Sources: Allegheny County Health Survey 2009-2010; Pennsylvania Department of Health, 2012-2013; Healthy People 2020. U.S. Centers for Disease Control and Prevention, 2013

Chronic diseases are prevalent in the UPMC McKeesport community and preventive health and wellness is key: Chronic diseases, such as cancer and diabetes, are leading causes of death in Allegheny County. Behaviors that promote preventive health and wellness, such as screening, increasing awareness about these diseases, healthy eating, and physical activity, can help curtail the magnitude of these conditions. For example, preventive screenings can help detect disease early, when treatment works best. A higher percentage of individuals in the UPMC McKeesport service area are living with diabetes (15 percent), compared to the county, state, and nation. However, diabetes screenings rates were relatively low in Allegheny County (56 percent). In addition, colorectal cancer screening in the UPMC McKeesport service area (62 percent) was lower than the county (66 percent), state (69 percent), and national benchmark (71 percent). Thus, continuing efforts to promote preventive health and wellness in the UPMC McKeesport community is key in reducing the disease burden in this area.

High immunization rates reflect existing and successful initiatives: Immunizations are effective ways of preventing infectious diseases, such as influenza, especially for certain at-risk populations, such as the elderly. The percentage of individuals receiving immunizations and vaccinations, such as pneumococcal vaccination, was higher in the UPMC McKeesport service area, compared to the state and nation, a hallmark of the strength of the UPMC McKeesport immunization program. However, rates were still lower than *Healthy People 2020* benchmarks, indicating there is an opportunity to expand outreach efforts to at-risk populations. Several sub-populations in the county have lower immunization rates, particularly African-Americans and those with less education or with lower incomes. To ensure access to at-risk populations, and the overall community, it will be important to continue community efforts that support immunizations and leverage strong community partnerships, such as with the Mon River Fleet, EMS providers, and UPMC Health Plan.

Senior Health Concerns – Importance to the Community:

- **The UPMC McKeesport service area has a larger percentage of seniors ages 65+, most elderly (85+), and seniors living alone compared to the county, state, and nation.**

- **As individuals age, the risk for comorbid health conditions increases. In addition, preventing falls and improving health literacy related to medication compliance, for example, are important for the elderly.**

|	UPMC McKeesport Service Area	Allegheny County	Pennsylvania	National
% 65+	18.5%	16.8%	15.4%	13.0%
% 85+	3.1%	2.9%	2.4%	1.8%
% Elderly Living Alone	14.4%	13.1%	11.4%	9.4%

Source: U.S. Census 2010

Increasing trends in the aging population, increasing need for aging-related services: According to national data, the aging population is predicted to more than double by 2050, which has consequences on health care and aging services. These issues are especially important for the UPMC McKeesport service area, where a sizable percentage of elderly live. UPMC McKeesport has many existing hospital-based and community-based programs addressing elderly concerns.

Navigating resources, including medication management and compliance, can be difficult, especially when family members live far away: Older adults rely on family members for support with health care problems, such as medication management and compliance. However, as community members commented in focus groups, tapping into health care services is more challenging for older adults whose family members no longer live in close proximity. U.S. Census data support this — a higher percentage of elderly are living alone (14 percent) in the UPMC McKeesport service area compared to the county (13 percent), the state (11 percent), and the nation (9 percent). Providing support to the aging population, especially those who are living alone, is instrumental in maintaining their quality of life.

Behavioral Health – Importance to the Community:

- **More than 18 percent of U.S. adults have a mental illness.**

- **43 percent of all adults in Allegheny County reported experiencing poor mental health in the past month – 49 percent of low income individuals experienced poor mental health in the past month.**

- **Prevention and early diagnosis of behavioral health issues may decrease the risk for or mitigate the worsening of other chronic diseases. Management of existing behavioral health issues can increase the quality of life for those living with these issues.**

Adults in Allegheny County
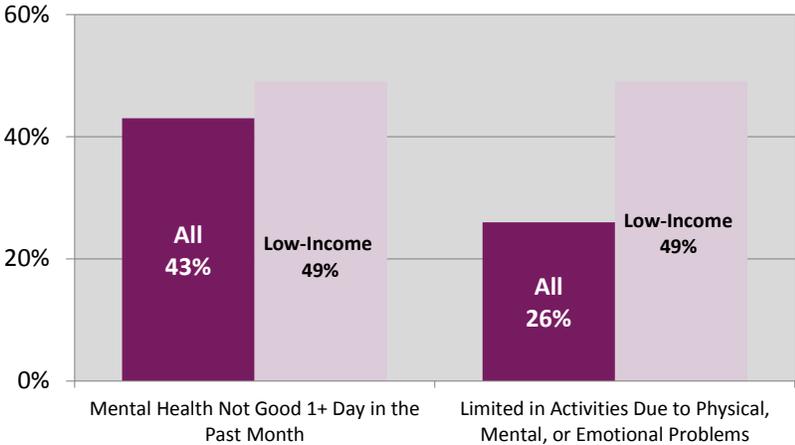
Source: Allegheny County Health Survey 2009-2010

Behavioral health affects many individuals: Behavioral health includes mental health (state of well-being) and mental illness (diagnosable mental disorders). National data suggest that more than 18 percent of U.S. adults have a mental illness. Data on the prevalence of mental illness is unavailable at the local level, but about 43 percent of adults in Allegheny County reported poor mental health in the past month.

Behavioral health can affect certain sub-populations, including low-income individuals: A higher percentage of low-income individuals (49 percent) reported poor mental health compared to those earning higher incomes (37 percent). Those with less than a high school education (53 percent) had a higher percentage of poor mental health, compared to those with a college education (40 percent). In addition, women (47 percent) were more likely to report poor mental health than men (39 percent). Also, those aged 44 years and younger, compared to older individuals, and African-Americans, compared to Whites, were more likely to report poor mental health.

V. Overview of the Implementation Plan

Overview:

UPMC McKeesport developed an implementation plan that addresses the significant community health needs identified through the CHNA process. The plan relies on collaboration and the leveraging of partnerships with many of the same organizations and stakeholders that participated in the assessment process. The plan also represents a synthesis of input from:

- **Community-based organizations**
- **Government organizations**
- **Non-government organizations**
- **UPMC hospital and Health Plan leadership**
- **Public health experts that include Pitt Public Health**

Adoption of the Implementation Plan:

On May 4, 2016, the UPMC McKeesport Board of Directors adopted an implementation plan to address the significant health needs:

- **Preventive Health and Wellness**
- **Senior Health**
- **Behavioral Health**

A high level overview of the UPMC McKeesport implementation plan is illustrated in the figure below and details are found in Appendix A:

High-Level Overview of UPMC McKeesport Implementation Plan

Topic	Programs	Anticipated Impact Goal-Year 3	Planned Collaborations
Preventive Health and Wellness	Community Vaccination Program Community Screenings and Education UPMC McKeesport Diabetes Prevention and Management Lung Cancer Screening Program	Increased number of immunizations distributed Increased awareness and participation in screening and preventive education events	Mon River Fleet, McKeesport Hospital Foundation/UPMC Health Plan/Area EMS Services, McKeesport SHIP, American Heart Association, American Cancer Society, the Aging Institute, Lifespan, Partnership for a Better Community (Braddock), McKeesport Carnegie Library, Braddock Library and Community Center, neighborhood churches and community agencies, University of Pittsburgh Diabetes Institute, YMCA, UPMC McKeesport Cardiopulmonary Rehabilitation Center, Lion's organization, UPMC McKeesport Radiology/UPP PACCM/UPP CTS, UPMC Cancer Centers/Leukemia and Lymphoma Society
Senior Health	UPMC McKeesport Golden Wellness Club Alive & Well Health Education/Awareness Program Support groups (Cancer, Stroke) UPMC McKeesport Living at Home Program Aging Institute at UPMC McKeesport Using a Multidisciplinary Team to Reduce Readmissions by Bridging Gaps in Transitional Care	Increased awareness and participation in screening and preventive education events, targeting seniors, families, and caregivers	UPMC McKeesport, the Aging Institute, Lifespan, community agencies, Centers For Rehab Services, American Heart Association, Magee-Womens Imaging, UPMC Heart and Vascular Institute, American Cancer Society, CCAC, UPMC CancerCenter, Allen's Place (to be developed), UPMC Community Provider Services/Aging Institute at UPMC McKeesport, the Aging Institute, McKeesport Hospital Foundation, UPMC McKeesport Hospital, UPMC McKeesport Hospital Care Management Department, Beckwith Institute, UPMC McKeesport Family Medicine Residency/Latterman Family Health Center-UPMC
Behavioral Health	UPMC McKeesport Peer Navigator Program McKeesport Weekend Power Pack Program Efforts to engage other community organizations/partners	Enhanced approaches to improve behavioral health in the community	Allegheny HealthChoices Inc./WPIC, UPMC McKeesport, McKeesport Hospital Foundation, McKeesport and Wilmerding YMCA, UPMC McKeesport Residency Programs, Tenant Councils from Harrison and Crawford Villages

The UPMC McKeesport implementation plan calls for collaboration with community partners and leveraging UPMC system-wide resources, to support a number of initiatives focused on the identified health priorities.

VI. APPENDICES

APPENDIX A:

Detailed Implementation Plan

Priority Health Issue: Addressing Preventive Health and Wellness

Preventive health and wellness is an important priority in UPMC McKeesport's community: Preventive health and wellness, including preventive screenings, can help prevent and detect some of the leading causes of death — such as heart disease, cancer, and diabetes — in early stages when treatment is likely to work best. Immunizations have also been an effective public health tool to prevent infectious diseases. Preventive health and wellness measures, such as preventive screening rates, were lower in Allegheny County, compared to benchmarks.

UPMC McKeesport is leveraging UPMC and community resources to address preventive health and wellness: UPMC McKeesport has an established suite of programs that promote preventive health and wellness and leverage strong community partnerships, such as with the Mon River Fleet, a group of local State Health Improvement Plans (SHIPS) to help protect the community from illness, local EMS providers, McKeesport Hospital Foundation, and other community-based organizations. Many of these partnerships have been instrumental in collectively working together to promote healthy behaviors in the community. In addition, UPMC McKeesport programs are complemented by UPMC Insurance Services' efforts in many clinical areas, including community-focused efforts dedicated to care coordination and preventive health care for health plan members.

Preventive Health and Wellness				
Program	**Intended Actions**	**Anticipated Impact** **Goal-Year 3**	**Target Population**	**Planned Collaborations**
Community Vaccination Program Community Screenings and Education Lung Cancer Screening Program UPMC McKeesport Diabetes Prevention and Management	Continue to support the community vaccination program and screenings provided throughout the community Continue to provide diabetes prevention education and management classes	Increased number of immunizations distributed Increased awareness and participation in screening and preventive education events	Community, including at-risk populations and hard-to-reach populations	Mon River Fleet, McKeesport Hospital Foundation, UPMC Health Plan, Area EMS Services, McKeesport SHIP, American Heart Association, American Cancer Society, the Aging Institute, Lifespan, Partnership for a Better Community (Braddock), McKeesport Carnegie Library, Braddock Library and Community Center, neighborhood churches and community agencies, University of Pittsburgh Diabetes Institute, YMCA, UPMC McKeesport Cardiopulmonary Rehabilitation Center, UPMC McKeesport Lion's Diabetes Center, UPMC McKeesport Radiology/UPP PACCM/UPP CTS, UPMC CancerCenters, Leukemia and Lymphoma Society

Priority Health Issue: Addressing Senior Health

Senior health is an important priority in UPMC McKeesport's community: UPMC McKeesport's service area has a larger percentage of seniors ages 65+, more elderly (85+), and more seniors living alone, compared to the county, state, and nation.

Seniors are a diverse group, but on the whole, they are more vulnerable than other age groups, particularly in terms of health and income limitations. Low-income seniors in particular are some of the most vulnerable individuals, as they often require specialized care and are at a higher risk for comorbid conditions. In addition, they may have difficulty navigating the health care system, managing their medications, or performing daily activities on their own.

UPMC McKeesport is leveraging UPMC and community resources to address senior health: UPMC McKeesport offers a number of educational programs and supportive services that target seniors and caregivers. In addition, the hospital leverages UPMC programs, such as the Aging Institute of UPMC Senior Services and the University of Pittsburgh and UPMC Community Provider Services, to help seniors and caregivers navigate community resources, and assist seniors, especially those with low income, with living independently at home. The hospital will also work with primary care providers to enhance coordinated care of patients who are at high risk for readmissions. In addition, UPMC McKeesport programs are complemented by UPMC Insurance Services' efforts to provide screenings and health management services to health plan members who are seniors.

Senior Health				
Program	**Intended Actions**	**Anticipated Impact** **Goal-Year 3**	**Target Population**	**Planned Collaborations**
UPMC McKeesport Golden Wellness Club Alive & Well Health Education/Awareness Program Support groups (Cancer, Stroke) UPMC McKeesport Living at Home Program Aging Institute at UPMC McKeesport Using a Multidisciplinary Team to Reduce Readmissions by Bridging Gaps in Transitional Care	Continue to provide health education, healthy living activities, and support groups targeting seniors and families Continue to support efforts to assist seniors and caregivers in navigating community resources Enhance efforts with primary care providers to improve health outcomes in seniors	Increased awareness and participation in screening and preventive education events, targeting seniors, families, and caregivers	Seniors (65+)	UPMC McKeesport, the Aging Institute, Lifespan, community agencies, Centers For Rehab Services, American Heart Association, Magee-Womens Imaging, UPMC Heart and Vascular Institute, American Cancer Society, CCAC, UPMC CancerCenter, Allen's Place (to be developed), UPMC Community Provider Services/ Aging Institute at UPMC McKeesport, McKeesport Hospital Foundation, UPMC McKeesport Hospital Care Management Department, Beckwith Institute, UPMC McKeesport Family Medicine Residency/Latterman Family Health Center-UPMC

Priority Health Issue: Addressing Behavioral Health

Behavioral Health is an important priority in UPMC McKeesport's community: Approximately 43 percent of adults in Allegheny County reported experiencing poor mental health in the past month. Prevention, early diagnosis, and management of behavioral health issues can enhance the quality of life of those affected, including individuals, families, and communities.

UPMC McKeesport is leveraging UPMC and community resources to address behavioral health: UPMC McKeesport is working with other community organizations, and with Western Psychiatric Institute and Clinic of UPMC, to enhance behavioral health care in the area. For example, the Peer Navigator program helps link individuals to community organizations to improve health outcomes and establish opportunities for recovery. In addition, UPMC McKeesport is working with other community organizations to help improve the overall well-being of individuals. Efforts include helping provide nutritious meals to at-risk youth, exploring opportunities to provide health education, and helping to link residents of at-risk neighborhoods to community services in the area. In addition, UPMC McKeesport programs are complemented by UPMC Insurance Services' behavioral health initiatives that encourage screening, referrals to appropriate services, and care coordination for health plan members.

Behavioral Health				
Program	**Intended Actions**	**Anticipated Impact** **Goal-Year 3**	**Target Population**	**Planned Collaborations**
UPMC McKeesport Peer Navigator Program McKeesport Weekend Power Pack program Efforts to engage other community organizations/partners	Implement Peer Navigator program to help individuals recovering from substance abuse Continue to partner with community organizations to identify ways to address behavioral and social needs of at-risk populations	Enhanced approaches to improve behavioral health in the community	Individuals recovering from substance abuse At-risk populations	Allegheny HealthChoices Inc./WPIC, UPMC McKeesport, McKeesport Hospital Foundation, McKeesport and Wilmerding YMCA, UPMC McKeesport Residency Programs, Tenant Councils from Harrison and Crawford Villages

Outcomes and Evaluation of Hospital Implementation Plans:

UPMC engaged with researchers from Pitt Public Health at the University of Pittsburgh to develop evaluation metrics to measure and track progress related to this implementation plan. The metrics vary by hospital, according to health outcomes, current hospital efforts, and hospital resources.

The implementation plan was developed with the expectation that future progress would be reviewed by the hospital, as well as potentially by public health agencies. Two types of outcomes are considered:

- **Process Outcomes (directly relating to hospital/partner delivery of services)**
  Process outcomes indicate efforts hospitals and community partners can undertake to increase delivery of a service designed to change a health impact indicator. These mostly involve increases (or better targeting) in programming, outreach, publicity, or related efforts. Process outcomes can be measured by increases in investment (dollars or personnel), outreach (media messages, public service announcements), service units delivered (classes, screenings), people attending or completing programs, and number of sites for delivery of programs.

- **Health Impact Outcomes (applies to changes in population health for which the hospital's efforts are only indirectly responsible)**
  Health impact outcomes are changes in population health related to a broad array of factors of which hospital and community partner efforts are only one contributing part. These outcomes include reductions in the prevalence of disease, risk factors, and health behaviors associated with disease. Benchmarks for progress in population indicators are available from *Healthy People 2020,* and county rankings compiled by the Robert Wood Johnson Foundation.

APPENDIX B:

Detailed Community Health Needs Profile

Population Demographics:

Characteristics	Allegheny County	Pennsylvania	United States
Area (sq. miles)	730.08	44,742.70	3,531,905.43
Density (persons per square mile)	1675.6	283.9	87.4
Total Population, 2010	1,223,348	12,702,379	308,745,538
Total Population, 2000	1,281,666	12,281,054	281,424,600
Population Change ('00-'10)	(58,318)	421,325	27,320,938
Population Percent Change ('00-'10)	-4.6%	3.4%	9.7%
Age			
Median Age	41.3	40.1	37.2
% <18	19.8%	22.0%	24.0%
% 18-44	34.9%	34.3%	36.5%
% 45-64	28.5%	28.1%	26.4%
% >65+	16.8%	15.4%	13.0%
% >85+	2.9%	2.4%	1.8%
Gender			
% Male	47.9%	48.7%	49.2%
% Female	52.1%	51.3%	50.8%
Race/Ethnicity			
% White*	81.5%	81.9%	72.4%
% African-American*	13.2%	10.8%	12.6%
% American Indian and Alaska Native*	0.1%	0.2%	0.9%
% Asian*	2.8%	2.7%	4.8%
% Native Hawaiian/Other Pacific Islander*	0.0%	0.0%	0.2%
% Hispanic or Latino**	1.6%	5.7%	16.3%
Disability	12.8%	13.1%	11.9%

*Reported as single race; **Reported as any race*
Source: US Census, 2010

Social and Economic Factors:

Characteristics	Allegheny County	Pennsylvania	United States
Income, Median Household	$47,505	$49,288	$50,046
Home Value, Median	$119,000	$165,500	$179,900
% No High School Diploma*	7.4%	11.6%	14.4%
% Unemployed**	8.3%	9.6%	10.8%
% of People in Poverty	12.0%	13.4%	15.3%
% Elderly Living Alone	13.1%	11.4%	9.4%
% Female-headed households with own children <18	6.2%	6.5%	7.2%
Health Insurance			
% Uninsured	8.0	10.2	15.5
%Medicaid	11.3	13.1	14.4
% Medicare	12.1	11.2	9.3

*Based on those ≥25 years of age; **Based on those ≥16 years and in the labor force
Source: US Census, 2010

Leading Causes of Mortality for the United States compared to Pennsylvania and Allegheny County (rates per 100,000 population):

Causes of Death	Allegheny County	Pennsylvania	United States
	Percent of Total Deaths	Percent of Total Deaths	Percent of Total Deaths
All Causes	100.0	100.0	100.0
Diseases of Heart	24.8	24.3	23.5
Malignant Neoplasms	23.2	22.8	22.5
Chronic Lower Respiratory Diseases	4.8	5.2	5.7
Cerebrovascular Diseases	4.8	5.1	5.0
Unintentional Injuries	5.0	4.9	5.0
Alzheimer's Disease	2.9	2.8	3.3
Diabetes Mellitus	2.7	2.9	2.9
Influenza and Pneumonia	2.1	1.9	2.2
Nephritis, Nephrotic Syndrome and nephrosis	2.1	2.2	1.8
Intentional Self-Harm (Suicide)	1.1	1.3	1.6

Sources: Pennsylvania Department of Health, 2012; National Center for Health Statistics, 2013

Comparison of Additional Health Indicators for Allegheny County to Pennsylvania, United States, and Healthy People 2020:

Characteristics	Allegheny County	Pennsylvania	United States	Healthy People 2020
Morbidity				
Diabetes (%)	11.0	10.0	8.7	NA
Mental Health (Mental health not good ≥1 day in past month) (%)	43.0	35.0	NA	NA
Low Birthweight (% of live births)	7.6	8.1	8.0	7.8
Health Behaviors				
Obesity (Adult) (%)	28.5	30.0	29.4	30.5
Childhood Obesity (Grades K-6) (%)	15.3	16.4	17.7	15.7
Childhood Obesity (Grades 7-12) (%)	17.0	18.0	20.5	16.1
Excessive Alcohol Use (%)	33.0	17.0	16.8	24.4
Current Tobacco Use (%)	23.0	21.0	19.0	12.0
STDs (Gonorrhea per 100,000)[*] (%)	251.5	150.5	250.6	251.9
Clinical Care (%)				
Immunization: Ever had a Pneumonia Vaccination (65+) (%)	78.0	69.0	69.5	90.0
Cancer Screening				
Mammography (%)	59.0	60.0	74.0	81.1
Colorectal Screening (%)	66.0	69.0	67.3	70.5
Primary Care Physician: Population (PCP Physicians/100K Population)	108.6	82.0	75.8	NA
Receive Prenatal Care in First Trimester (%)	89.1	72.4	71.0	77.9

Sources:

Allegheny County Data: Allegheny County Health Survey 2009-2010; Pennsylvania Department of Health, 2012; Obesity Data, 2012-2013; Health Resources and Services Administration (HRSA), 2014-2015

Pennsylvania Data: Pennsylvania Department of Health, 2012; Data from Behavioral Risk Factor Surveillance System, 2013; Obesity Data, 2012-2013; Health Resources and Services Administration (HRSA), 2014-2015

U.S. Data: U.S. Centers for Disease Control and Prevention, 2013; Health Resources and Services Administration (HRSA), 2014-2015; Healthy People, 2020

*Gonorrhea data: County and Pennsylvania rates are per 15-35+ year old women; National and Healthy People 2020 rates are per 15-44 year old women

APPENDIX C:

Input from Persons Representing the Broad Interests of the Community

Overview:

To identify and prioritize health needs of the communities served by UPMC hospitals, the organization solicited and took into account input from persons who represent the broad interests of the community. During June through July 2015, more than 1,500 community leaders and members representing medically underserved, low-income and minority populations, consumer advocates, nonprofit organizations, academic experts, local government officials, local school districts, community-based organizations, and health care providers were invited to participate in UPMC's community health needs survey. More than 500 individuals completed the survey, and greater than 70 percent of those participants self-identified as being a representative or member of a medically underserved, minority, or low-income population. The goal of the survey was not only to provide community members with an opportunity to comment on UPMC's 2013 CHNA and implementation strategy, but also to identify other potential significant health needs.

To ensure the CHNA community input process was conducted in a rigorous manner reflecting best practices, UPMC sought support and guidance from individuals and organizations with expertise in public health. UPMC engaged with the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) Department of Behavioral and Community Health Sciences to build on the methodology employed in UPMC's 2013 CHNA. Pitt Public Health assisted in:

- Developing a framework to itemize and prioritize community health needs

- Developing a survey tool for obtaining structured input from community leaders and community members

- Administering the online survey using Qualtrics web software (and also in paper format upon request)

- Analyzing survey results

In addition, local and state public health department input and data were obtained and utilized in this community health needs assessment. UPMC relied on publicly available Pennsylvania Department of Health reports and additional local health department information accessed via telephone conversations and in-person meetings.

UPMC also considered findings from the Allegheny County Health Department's (ACHD) *2015 Community Health Assessment*, released in April 2015, which identified five areas of focus: chronic disease; maternal and child health; mental and substance use disorders; access; and environment. In addition, UPMC examined ACHD's *Plan for a Healthier Allegheny,* a strategic plan that addresses the health issues identified in the assessment. UPMC takes an active role in Allegheny County's community health initiatives. During Fiscal Years 2015 and 2016, UPMC representatives attended ACHD community and workgroup meetings, served on a County Advisory Council, and met with ACHD officials to discuss community health initiatives and identify approaches to better align efforts.

Stakeholder Input

UPMC McKeesport's Fiscal Year 2016 CHNA builds on the assessment process originally applied in 2013. That assessment used concept mapping to elicit stakeholder prioritization of health problems and develop group consensus on priorities. In the concept mapping effort, community advisory panels at each hospital participated in focus groups to brainstorm and then sort a set of 50 community health problems (see Appendix D for list of 50 topics). Concept mapping software uses this sorting data to create a display that illustrates the relationships between health topics, and allows aggregation of topics into thematic areas. The 50 topics were grouped into three main thematic areas: prevention and healthy living, chronic disease, and navigating the health care system. For example, stakeholders reliably sorted "access to specialist care" and "care coordination and continuity" into a common group. These form clusters in concept maps and allow rational aggregation into larger health priority areas, in this case "navigating the health care system."

Community panel members then rated community health problem areas according to the following three dimensions — importance of the problem to the community, the likelihood of having a measurable impact on the problem, and the ability of the hospital to address the problem. Using a criterion of high ratings on all three dimensions, combined with results of secondary analysis of population health indicators, generated health topics which were considered significant health needs.

Confirming Community Health Needs

In Fiscal Year 2015, surveys of hospital community advisory panels were used to assess the stability and continuing importance of Fiscal Year 2013 significant health needs. Advisory panels were invited to participate in an online Qualtrics survey, administered by Pitt Public Health. Survey respondents were presented community health priorities from Fiscal Year 2013 and asked to rate these on whether the health problem "remains a major problem," "is somewhat of a problem," or "is no longer a problem." Before the survey was sent out, advisory panels were able to nominate new health priorities, which were added to this initial list. In addition, panels repeated their ratings of importance, impact, and hospital ability for a set of all 18 community health priorities identified by all UPMC hospitals in the previous Fiscal Year 2013 CHNA to identify potentially new community health needs. Finally, the survey included an open-ended question to allow participants an opportunity to suggest other health problems.

Overall, nearly 90 percent of participants responded that health topics identified in the first round of CHNAs continue to remain or are somewhat a problem in UPMC's hospital communities. Stability and consistency are not surprising, given that these are significant health issues that need more than two to three years to show meaningful improvement. Fiscal Year 2013 community health need priorities were considered to remain priorities if more than half of respondents considered them to "remain a major problem." If a Fiscal Year 2013 health priority did not achieve this rating, new priorities were added based on ratings of other health priorities. These new health priorities were identified by high scores on the dimensions of importance, measurable impact, and hospital ability and also represented health concerns not subsumed in current specified priorities.

Community Representation and Rationale for Approach

Each hospital community advisory panel consisted of hospital board members, hospital staff, and community members. Community members were leaders of organizations that represented different patient constituencies and medically underserved, low-income, and minority populations and were invited to participate to ensure that a wide range of community interests were engaged in identifying community health needs. Organizations serving the medically underserved were well represented on the panels. In addition to hospital panels, the CHNA also included a community-wide panel consisting of health departments, mental health service providers, philanthropies, and other agencies providing health services not linked to particular hospitals.

Analyses disaggregated ratings to confirm that ratings were stable across different stakeholders.

The panels ensured that a wide variety of constituencies had an opportunity to weigh in on hospital community health priorities. Use of advisory panels and a survey explicitly assessing the continuing relevance of prior health priorities offers a number of advantages:

- It explicitly assesses stability/change of community health needs, while allowing participants an opportunity to consider new health priorities
- It uses the same measures to assess importance, impact, and hospital ability to address health priorities, which will allow tracking over time
- It elicits perceptions of a broad and inclusive list of hospital and community leaders who in turn represent a broad group of constituents
- It allows assessment of consensus across different kinds of stakeholders

UPMC McKeesport invited representatives from the following organizations to participate in the community needs survey conducted in June 2015:

- **Allegheny County Health Department, Pittsburgh, PA**
- **Alliance for Infants and Toddlers, Pittsburgh, PA**
- **Bethlehem Baptist Church, McKeesport, PA**
- **Council Member, White Oak Borough, White Oak, PA**
- **Elizabeth Township Emergency Medical Services, Elizabeth, PA**
- **Human Services Center, Turtle Creek, PA**
- **Latterman Family Health Center, McKeesport, PA**
- **Mayor's Office, City of McKeesport, PA**

- **Mayor's Office, Borough of White Oak, PA**
- **McKeesport Ambulance Rescue Services, McKeesport, PA**
- **McKeesport Hospital Foundation, McKeesport, PA**
- **McKeesport Kane Nursing Home, McKeesport, PA**
- **Mon Yough Community Services, McKeesport, PA**
- **Office of State Senator James R. Brewster, Senate District 45, McKeesport, PA**
- **Riverside Care Center, McKeesport, PA**
- **State Health Improvement Partnership (SHIP) Clairton, PA**
- **YMCA McKeesport, McKeesport, PA**

The UPMC McKeesport community survey was also supported by members of the hospital's Board of Directors and physicians, as well as hospital leadership.

Additionally, a UPMC system-wide group comprised of individuals and organizations representing the broad interests of the region's communities — including representatives from medically underserved, low-income, and minority populations — was invited to participate in the survey. Invitees included representatives from the following organizations:

- Achieva, Pittsburgh, PA
- Action Housing, Inc., Pittsburgh, PA
- Allegheny County Area Agency on Aging, Pittsburgh, PA
- Allegheny County Department of Human Services, Pittsburgh, PA
- Allegheny County Office of Children, Youth, and Families, Pittsburgh, PA
- Allegheny Intermediate Unit, Homestead, PA
- Bethlehem Haven, Pittsburgh, PA
- Big Brothers Big Sisters of Greater Pittsburgh, Pittsburgh, PA
- Carlow University, Pittsburgh, PA
- Catholic Charities Free Health Care Center, Pittsburgh, PA
- Center for Engagement and Inclusion, UPMC, Pittsburgh, PA
- City of Pittsburgh Bureau of Police, Pittsburgh, PA
- Community College of Allegheny County, Monroeville, PA
- Consumer Health Coalition, Pittsburgh, PA
- Coro Center for Civic Leadership, Pittsburgh, PA
- EDSI Solutions, Pittsburgh, PA
- Erie Regional Chamber and Growth Partnership, Erie, PA
- Expanding Minds, LLC, Pittsburgh, PA
- Goodwill of Southwestern Pennsylvania, Pittsburgh, PA
- Greater Pittsburgh Community Food Bank, Duquesne, PA
- Healthy Lungs Pennsylvania, Cranberry Township, PA
- Higher Achievement, Pittsburgh, PA
- Hosanna House, Inc., Wilkinsburg, PA
- iGate Corporation, Pittsburgh, PA
- Imani Christian Academy, Pittsburgh, PA

- Jewish Family and Children's Service of Pittsburgh, Pittsburgh, PA
- Josh Gibson Foundation, Pittsburgh, PA
- Junior Achievement of Western Pennsylvania, Pittsburgh, PA
- Kaplan Career Institute, Pittsburgh, PA
- Kingsley Association, Pittsburgh, PA
- LEAD Pittsburgh, Pittsburgh, PA
- Let's Move Pittsburgh, Pittsburgh, PA
- Mainstay Life Services, Pittsburgh, PA
- The Mentoring Partnership of Southwestern PA, Pittsburgh, PA
- NAMI Southwest Pennsylvania, Pittsburgh, PA
- Neighborhood Learning Alliance, Pittsburgh, PA
- Office of Human Services, Allegheny County Department of Human Services, Pittsburgh, PA
- Operation StrongVet Western Pennsylvania, Wexford, PA
- Pennsylvania Health Access Network, Pittsburgh, PA
- Pennsylvania Health Law Project, Pittsburgh, PA
- Persad Center, Pittsburgh, PA
- Pittsburgh Action Against Rape, Pittsburgh, PA
- Pittsburgh Black Nurses in Action, Pittsburgh, PA
- Pittsburgh Board of Education, Pittsburgh, PA
- Pittsburgh Disability Employment Project for Freedom, Pittsburgh, PA
- Pittsburgh Job Corps Center, Pittsburgh, PA
- The Pittsburgh Promise, Pittsburgh, PA
- Ralph A. Falbo, Inc., Pittsburgh, PA
- Randall Industries, LLC, Pittsburgh, PA
- Salvation Army of Western Pennsylvania, Carnegie, PA
- Smart Futures, Pittsburgh, PA
- United Way of Allegheny County, Pittsburgh, PA
- University of Pittsburgh School of Health and Rehabilitation Sciences, Pittsburgh, PA
- University of Pittsburgh Health Sciences, Pittsburgh, PA

- **UPMC Board Diversity and Inclusion Committee, Pittsburgh, PA**
- **Urban League of Greater Pittsburgh, Pittsburgh, PA**
- **Ursuline Support Services, Pittsburgh, PA**
- **VA Pittsburgh Healthcare System, Pittsburgh, PA**
- **The Waters Foundation, Pittsburgh, PA**
- **The Wynning Experience, Pittsburgh, PA**

- **Vibrant Pittsburgh, Pittsburgh, PA**
- **Western Pennsylvania Conservancy, Pittsburgh, PA**
- **Women for a Healthy Environment, Pittsburgh, PA**
- **Women's Center and Shelter of Greater Pittsburgh, Pittsburgh, PA**
- **YMCA of Greater Pittsburgh, Pittsburgh, PA**
- **YWCA of Greater Pittsburgh, Pittsburgh, PA**

APPENDIX D:

Concept Mapping Methodology

Overview:

UPMC McKeesport, with consultation and support from Pitt Public Health, utilized a research method known as concept mapping to develop a better understanding of perceived health problems for its community. Concept mapping is well suited for a Community Health Needs Assessment because the research method involves stakeholders in the process and allows for prioritization of health problems based on community input.

Concept mapping is a participatory research method that yields a conceptual framework for how a group of stakeholders views a particular topic or issue. The method explores the relationships of ideas and concepts and allows for the development of group consensus. It allows for the collection of a wide range of stakeholder-generated ideas and applies quantitative analytical tools (i.e., multidimensional scaling and hierarchical cluster analysis). Concept mapping output includes a concept map which is a diagram that illustrates the relationships between ideas. The research method is used to facilitate the creation of a shared vision and understanding within a group. The research method synthesizes individual data and includes a rating process that is used to prioritize key issues.

Each UPMC hospital completed the concept mapping and through the process identified hospital-specific priority community health problems based on stakeholder input.

Application of Concept Mapping for UPMC McKeesport:

UPMC McKeesport established a community advisory council. Participants contributed through face-to-face meetings and online input.

The concept mapping research method consisted of two stages:

- **Brainstorming — gathering stakeholder input**
- **Sorting and Rating — organizing and prioritizing the stakeholder input**

Brainstorming — Identifying Health Needs:

In the brainstorming meeting, the UPMC McKeesport Community Advisory Council met in person to solicit members' input on the focal question, "What are our community's biggest health problems?"

Council members first brainstormed independently and then shared their lists with the Pitt Public Health research team. Their responses were then compiled to generate a full list of community health problems for the hospital. The Pitt Public Health research team shared the full list with the group and facilitated a group discussion of the responses to ensure the list was comprehensive and reflected the scope of health problems faced in the UPMC McKeesport community.

The UPMC McKeesport brainstorming list was integrated with brainstorming lists from the other UPMC hospitals to develop a final master list of community health problems to be used in the subsequent concept mapping sorting and rating. A consolidated final master list of the 50 community health problems was distilled from the robust community input. The following table presents each of the 50 community health problems and provides a numerical value in parentheses so that the item can be linked with the concept map presented in the following figure.

Final Master List of 50 Community Health Problems				
Nutrition and healthy eating (1)	Diabetes (11)	Medication management and compliance (21)	High blood pressure/ Hypertension (31)	Smoking and tobacco use (41)
Immunizations/ Vaccinations (2)	Health literacy – ability to understand health information and make decisions (12)	Exercise (22)	Breast cancer (32)	Adolescent health and social needs (42)
Lung cancer (3)	Urgent care for non-emergencies (13)	Navigating existing health care and community resources (23)	Pediatrics and child health (33)	Depression (43)
Maternal and infant health (4)	End of life care (14)	Preventive Screenings (cancer, diabetes, etc.) (24)	Sexual health including pregnancy and STD prevention (34)	Support for families/caregivers (44)
Alcohol abuse (5)	Asthma (15)	Heart Disease (25)	Dementia and Alzheimer's (35)	Health insurance: understanding benefits and coverage options (45)
Adult obesity (6)	Prenatal care (16)	Primary Care (26)	Chronic Obstructive Pulmonary Disease (COPD) (36)	Preventive health/wellness (46)
Drug abuse (7)	Dental care (17)	Childhood obesity (27)	Stroke (37)	Injuries including crashes and sports related, etc. (47)
Access to specialist physicians (8)	Financial access: understanding options (18)	Intentional injuries including violence and abuse (28)	Post-discharge coordination and follow-up (38)	Childhood developmental delays including Autism (48)
Behavioral health /mental health (9)	High cholesterol (19)	Cancer (29)	Arthritis (39)	Eye and vision care (49)
Geographic access to care (10)	Care coordination and continuity (20)	Social support for aging and elderly (30)	Senior health and caring for aging population (40)	Environmental health (50)

Sorting and Rating – Prioritizing Health Needs:

The UPMC McKeesport Community Advisory Council completed the sorting and rating activities via the Internet. Each participant was asked to sort the master list of 50 community health problems into thematic areas, and to then rate the problems using a 1 to 5 Likert scale, according to the following criteria:

 Importance:

How important is the problem to our community?

(1 = not important; 5 = most important)

Measurable Impact:

What is the likelihood of being able to make a measurable impact on the problem?

(1 = not likely to make an impact; 5 = highly likely to make an impact)

Hospital Ability to Address:

Does the hospital have the ability to address this problem?

(1 = no ability; 5 = great ability)

Multi-dimensional scaling was applied to the sorting data to examine similarities between the 50 community health problems. Hierarchical clustering was used to group the sorting data into common thematic areas and to establish a final cluster map which provided a visual representation of the data. The final cluster map of the 50 community health problems reflects three thematic areas (See Figure below):

- **Prevention and Healthy Living (16 items)**
- **Chronic Diseases (20 items)**
- **Navigating the Healthcare System (14 items)**

Each of the 50 community health problems are represented in the figure below as a point. The numbers next to each point correspond to the item number. For example, item #31 is High Blood Pressure/Hypertension. The proximity of the points to each other illustrates the group thoughts about the degree of similarity between the items. For example, item #31 (High Blood Pressure/Hypertension) and item #19 (High Cholesterol) were felt to be very similar. Those two community health problems appear on the right side of the Chronic Diseases cluster.

Final Cluster Map:
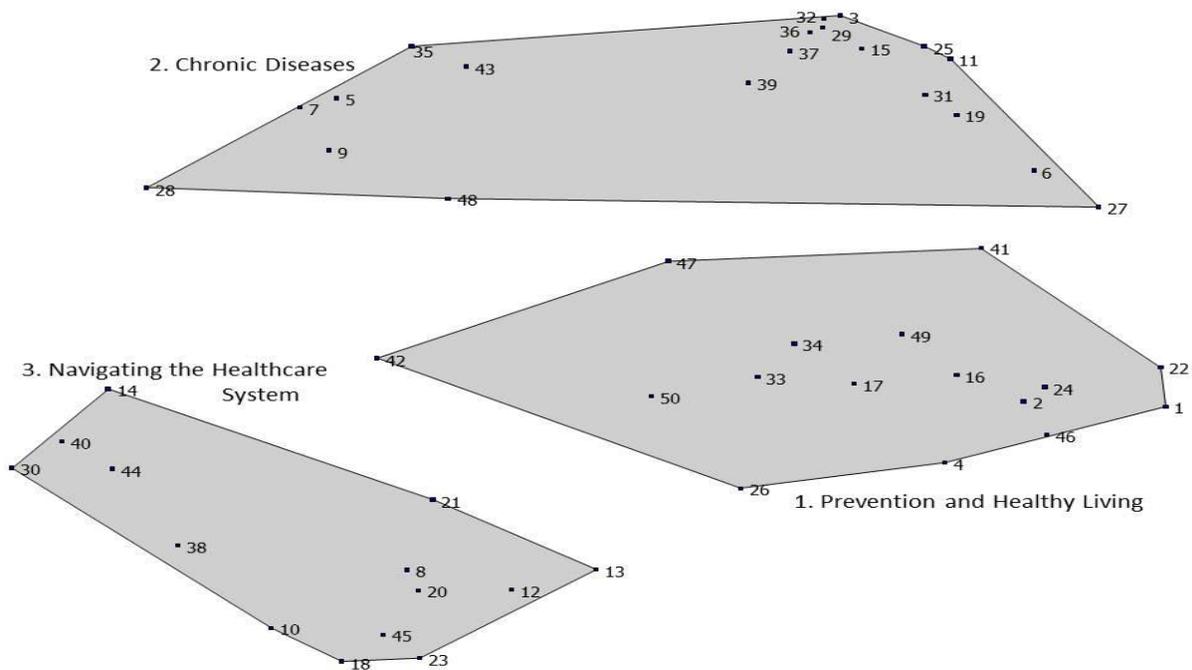
For each of the rating criteria, the rating levels were broken into three equal distributions (tertiles) representing high, moderate, and low priority. The cut points for each rating criteria are as follows:

Importance:

Low (1-3.67); Moderate (3.68-4.06); High (4.07-5.0)

Measurable Impact:

Low (1-3.33); Moderate (3.34-3.83); High (3.84-5.0)

Hospital Ability to Address:

Low (1-3.20); Moderate (3.21-3.85); High (3.86-5.0)

Within each cluster, the rating data for each individual community health problem was examined across all three rating criteria. For example, in the Prevention and Healthy Living cluster, the 16 individual community health problems were identified as being low, moderate, or high for the importance, measurable impact, and hospital ability to address rating criteria.

The rating categories results were then combined with results from secondary data analyses and used to identify high priority community health problems for UPMC McKeesport. UPMC McKeesport leadership next consulted with experts from Pitt Public Health and members of the community advisory council to review the list of high priority community health problems and identify the set of needs that are critical, addressable, and have high levels of urgency in the community. The resulting list constituted the top tier of health problems for the community.