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HERITAGE VALLEY
HEALTH SYSTEM

Community Health Needs Assessment

Final Summary Report for
for Heritage Valley Beaver and
Heritage Valley Sewickley Hospitals

May 2013

HOLLERAN

COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

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COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

I. EXECUTIVE SUMMARY

Heritage Valley Health System (Heritage Valley) led a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area including Beaver County and the selected municipalities located within Allegheny County beginning in 2012. Heritage Valley contracted with ParenteBeard, an accounting and consulting firm located in York, Pennsylvania and Holleran, an independent research firm located in Mountville, Pennsylvania to assist in completing the assessment. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (physical inactivity, tobacco use) and chronic health conditions (diabetes, heart disease).

The completion of the CHNA enabled Heritage Valley to take an in-depth look at its greater community. The findings from the assessment were utilized by Heritage Valley to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Heritage Valley is committed to the people it serves and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

Research Components

- Secondary Statistical Data Profile of Beaver County and the selected municipalities located within Allegheny County
- Household Telephone Survey with 403 community residents
- Key Informant Interviews with 10 community stakeholders
- Focus Group Discussions with 10 providers and 28 community residents

Key Areas of Opportunity

- Access to Care
- Behavioral Health
- Cardiovascular/Respiratory Health
- Community Sustainability
- Diabetes
- Drug & Alcohol Abuse
- Maternal Health
- Physical Activity & Nutrition
- Smoking

II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Overview

Heritage Valley is a not-for-profit health system located in southwestern Pennsylvania. In partnership with more than 425 physicians and approximately 4,000 employees, offering a broad range of medical, surgical and diagnostic services at hospitals, community satellite facilities, and in physician offices.

Heritage Valley consists of:

- Heritage Valley Beaver, with 361 beds
- Heritage Valley Sewickley, with 186 beds
- Three affiliated physician groups: Heritage Valley Medical Group, Tri-State Obstetrics and Gynecology, Heritage Valley Pediatrics
- The Heritage Valley Beaver and Heritage Valley Sewickley foundations



Community Overview

Heritage Valley defined their current service area based on an analysis of the geographic area where individuals utilizing Heritage Valley health services reside. Heritage Valley's primary service area is considered to be the Beaver County and the following municipalities located within Allegheny County:

- | | |
|------------------------|-----------------------------|
| ➤ Aleppo Township | ➤ Leet Township |
| ➤ Bell Acres Borough | ➤ Leetsdale Borough |
| ➤ Coraopolis Borough | ➤ Moon Township |
| ➤ Crescent Township | ➤ Neville Township |
| ➤ Edgeworth Borough | ➤ North Fayette Township |
| ➤ Findlay Township | ➤ Oakdale Borough |
| ➤ Glen Osborne Borough | ➤ Sewickley Borough |
| ➤ Glenfield Borough | ➤ Sewickley Heights Borough |
| ➤ Haysville Borough | ➤ Sewickley Hills Borough |

For purposes of this report, data for the municipalities mentioned above will be aggregated and referred to as Allegheny County. The analysis that follows in this report is focused on these counties and provides state and national benchmarks as appropriate.

METHODOLOGY

The purpose of the study was to gather current statistics and qualitative feedback on the key health issues facing service area residents. This community health needs assessment (CHNA) was

conducted and included both quantitative and qualitative research components including a secondary data profile and stakeholder interviews.

The data collection process utilized the following sources:

- Centers for Disease Control and Prevention: National Diabetes Surveillance System
- Catholic Healthcare West: Community Needs Index (CNI)
- Pennsylvania Department of Health
- Pennsylvania Department of Labor & Industry
- Pennsylvania Uniform Crime Reporting System
- The Annie E. Casey Foundation: Kids Count Data Center
- The Henry J. Kaiser Family Foundation
- The Robert Wood Johnson Foundation: County Health Rankings System
- U.S. Census Bureau, 2006-2010 American Community Survey
- U.S. Census Bureau, 2010 Census

This final report outlines the summary of findings from the various research components, noting historical trends and comparisons, and elaborating upon the qualitative feedback provided during the key stakeholder interviews.

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- Quantitative Data:
 - A **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Beaver County and the selected municipalities located within Allegheny County was compiled.
 - A **Household Telephone Survey** was conducted with 403 randomly-selected community residents. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
- Qualitative Data:
 - **Key Informant Interviews** were conducted with key community leaders. In total, ten people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.
 - Four **Focus Groups** were held, two sessions with a total of ten key community leaders and two sessions with a total of 28 community members (consumers) in April 2013.

Heritage Valley contracted with ParenteBeard, an accounting and consulting firm located in York, Pennsylvania to:

- 1) Compile a secondary data profile and
- 2) Conduct telephone interviews of key community leaders

Heritage Valley contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- 1) Conducted, analyzed, and interpreted data from Household Telephone Survey
- 2) Conducted focus groups with community leaders and consumers
- 3) Facilitated a prioritization and implementation planning session

Community engagement and feedback were an integral part of the CHNA process. Heritage Valley sought community input through focus groups with community members, Key Informant Interviews with community stakeholders and inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by Heritage Valley including medically underserved, low income, and minority populations.

Following the completion of the CHNA research, Heritage Valley prioritized community health issues and developed an implementation plan to address prioritized community needs. A description of the prioritization process is included on page 37 along with a listing of the participants involved.

III. SECONDARY DATA PROFILE OVERVIEW

ParenteBeard prepared the following secondary data profile which provides an overview of the community that Heritage Valley serves.

Demographics

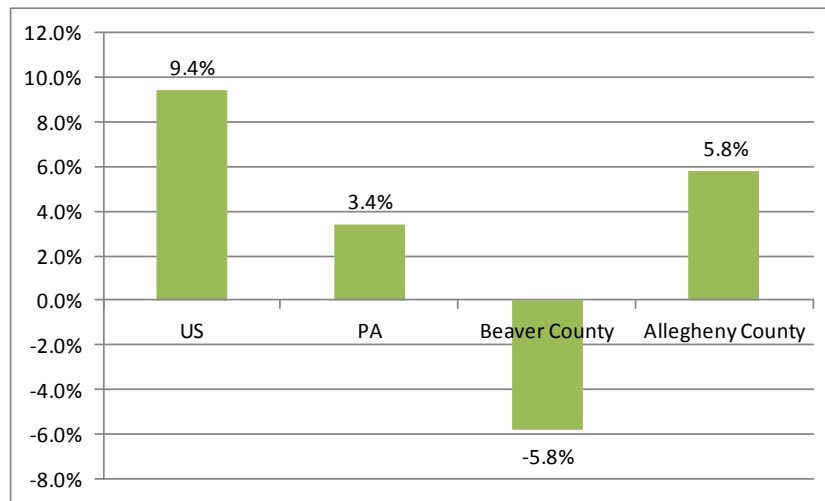
Contrary to national and state trends, the population in Beaver County, Pennsylvania has declined slightly between 2000 and 2010. Population within Allegheny County's municipalities, however, has increased slightly during this same time period.

Table 1: Total Population for Heritage Valley Service Area (2000 & 2010)

Population (2000 & 2010)	US	PA	Beaver County	Allegheny County
2000	282,162,411	12,284,173	181,054	64,250
2010	308,745,538	12,702,379	170,539	67,973
% Change (2000-2010)	9.4%	3.4%	-5.8%	5.8%

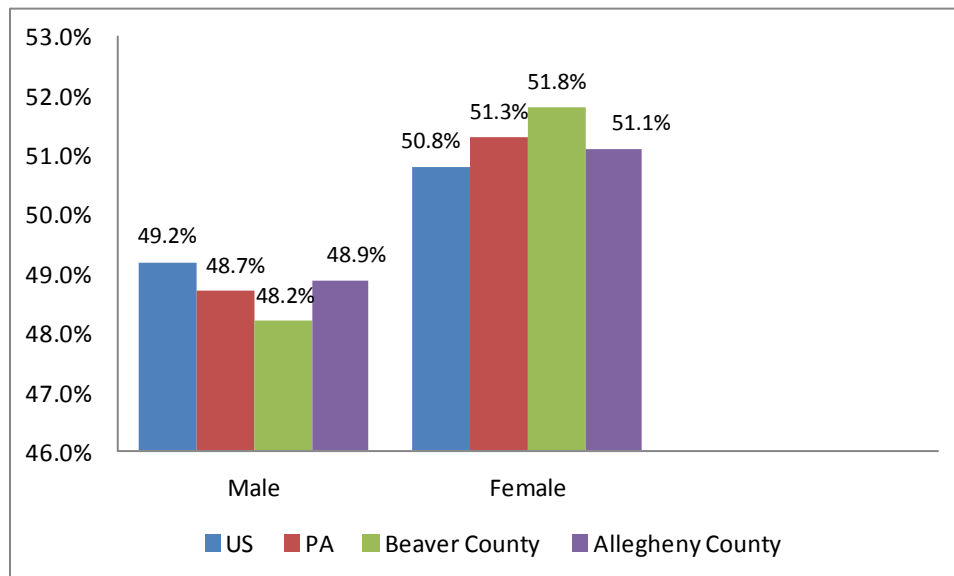
Source: U.S. Census Bureau, Historical Tables (2000-2010)

Figure 1: Percent Change in Population for Allegheny County & Beaver County Compared to All PA Counties and the US between 2000 & 2010



Source: U.S. Census Bureau, Historical Tables (2000-2010)

Figure 2: Gender Distribution for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)



Source: U.S. Census Bureau, 2010 Census

In addition to having a small portion (less than 5%) of the population that is foreign born, both Allegheny County and Beaver County have a lower percentage of the population that is Hispanic or Latino when compared to both the state and national average. Furthermore, most individuals in both Allegheny County (93.6%) and Beaver County (95.5%) speak English as their only language.

Table 2: Nationality

Nationality (2010)	US	PA	Beaver County	Allegheny County
Foreign Born	12.7%	5.6%	1.9%	4.3%
Native	87.3%	94.4%	98.1%	95.7%

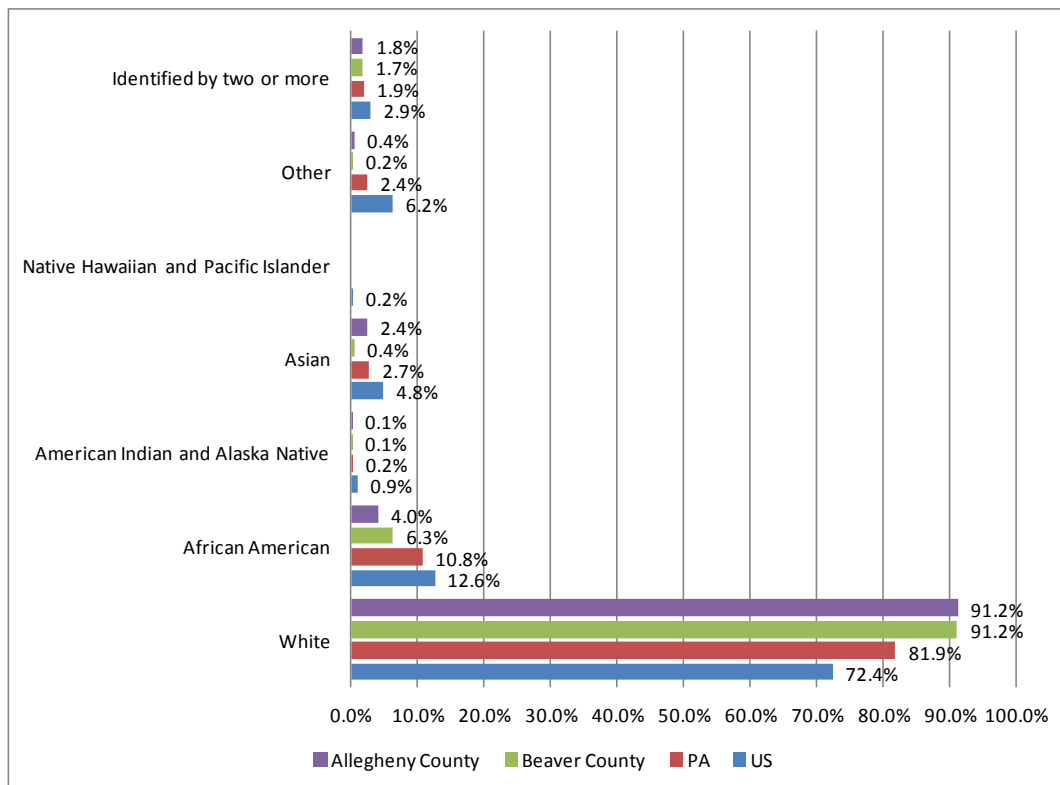
Source: U.S. Census Bureau, 2010 Census

Table 3: Ethnic Breakdown (2010)

Ethnicity (2010)	US	PA	Beaver County	Allegheny County
Hispanic or Latino	16.3%	5.7%	1.2%	1.6%
Non Hispanic or Latino	83.7%	94.3%	98.8%	98.4%

Source: U.S. Census Bureau, 2010 Census

Figure 3: Race Distribution for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)



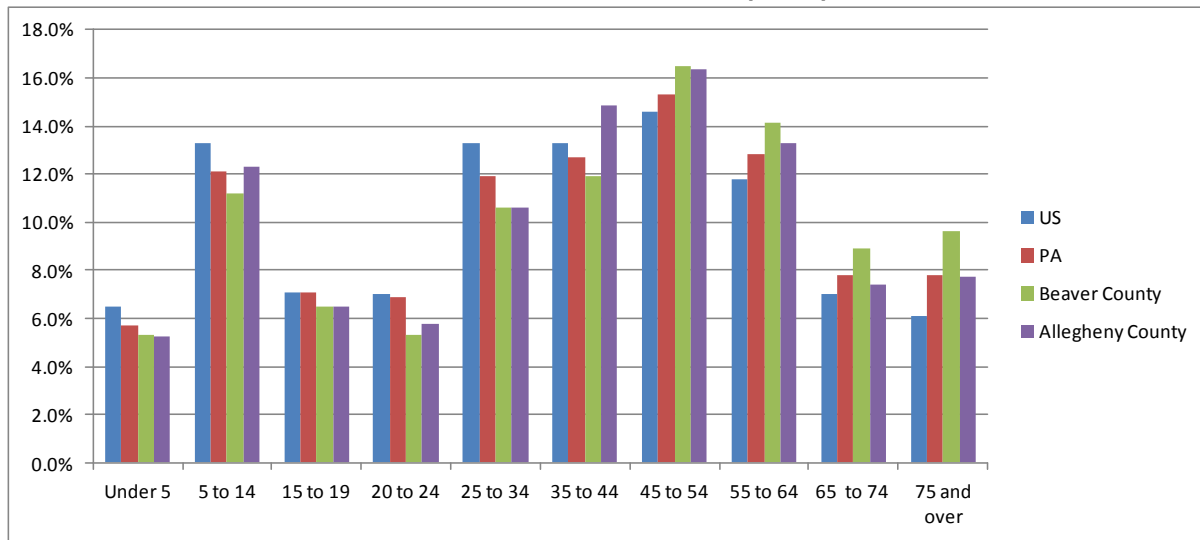
Source: U.S. Census Bureau, 2010 Census

Table 4: Percent Change in Race/Ethnicity for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)

Change in Race & Ethnicity (2000 & 2010)	US	PA	Beaver County
White (Only)	2.5%	-2.5%	-7.6%
Black/African American (Only)	11.4%	9.4%	-2.0%
Other or Two or More Races	15.3%	164.6%	101.3%
Hispanic or Latino	6.2%	82.6%	51.9%

Source: U.S. Census Bureau, 2010 Census

Figure 4: Age Distribution for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)



Source: U.S. Census Bureau, 2010 Census

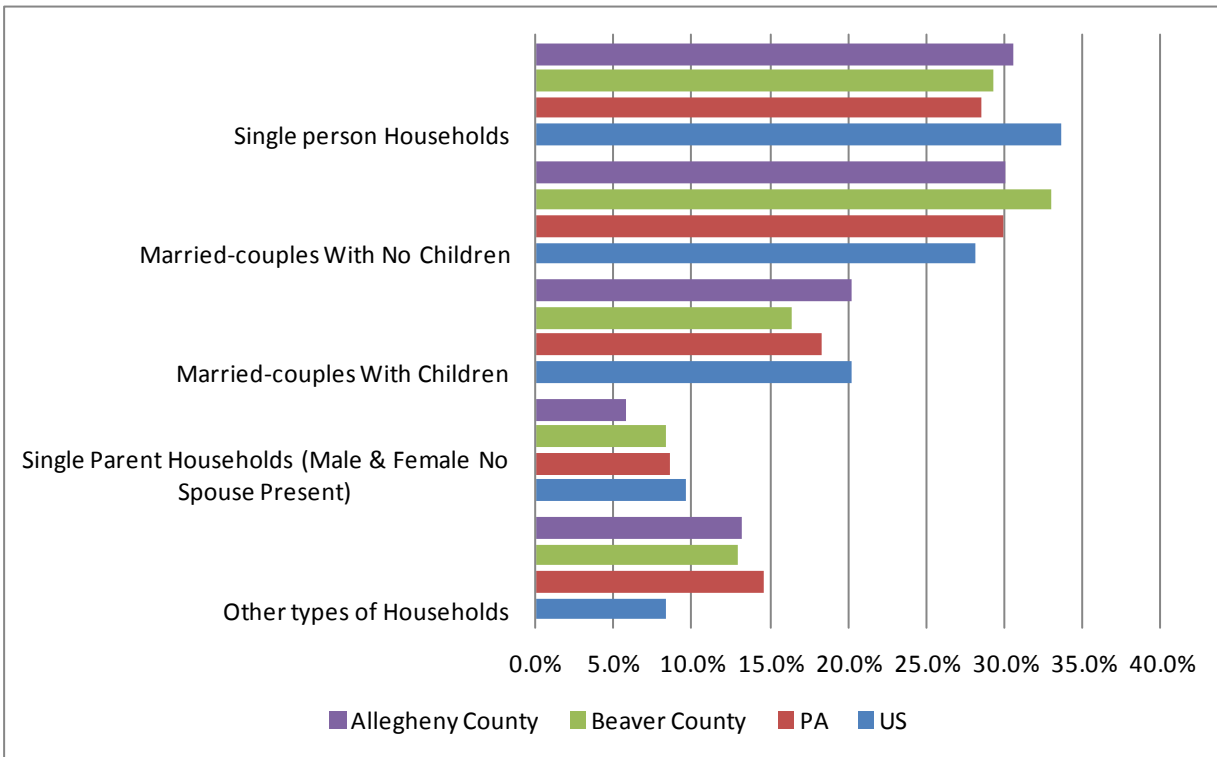
Unlike state and national trends, Beaver County has experienced a decline in population among all age groups. However, the county has a larger percentage of individuals age 45+ than both the state and nationwide.

Table 5: Change in Population from 2000 to 2010 for Beaver County Compared to All PA Counties and the US (2010)

Change in Age (2000 & 2010)	US	PA	Beaver County
Persons Under 18	2.5%	-4.5%	-15.1%
Persons 18 to 64	11.4%	6.9%	-2.7%
Persons 65 +	15.3%	2.1%	-5.3%

Source: The Center for Rural Pennsylvania, Beaver County Profile

Figure 5: Types of Households for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)



Source: The Center for Rural Pennsylvania, Beaver County Profile

Homeownership rates are slightly higher in both Allegheny County and Beaver County than the state and national rates.

Table 6: Homeownership Rates for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)

Housing Tenure (2010)	US	PA	Beaver County	Allegheny County
Owner-Occupied	65.1%	69.6%	73.3%	73.7%
Renter-Occupied	34.9%	30.4%	26.7%	26.3%

Source: The Center for Rural Pennsylvania, Beaver County Profile

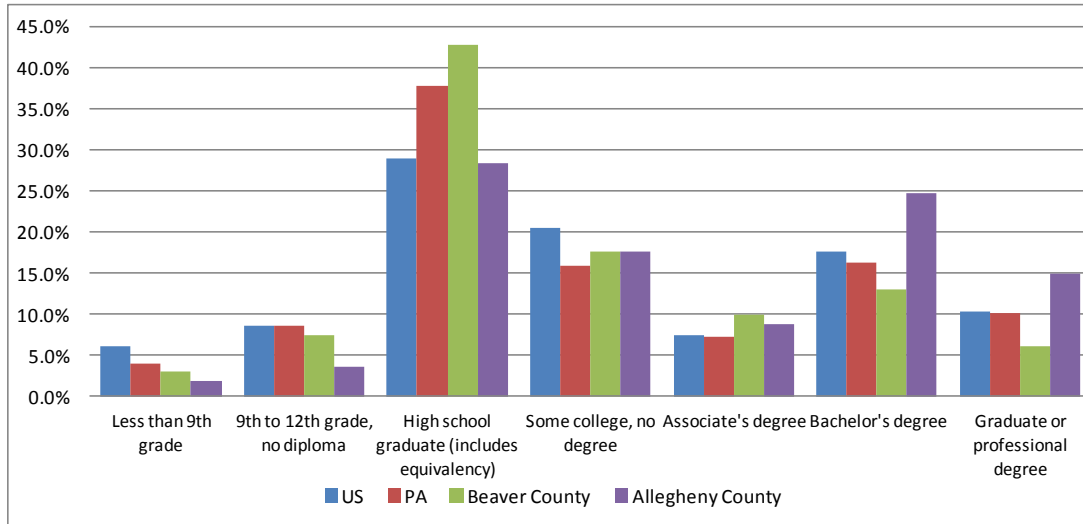
Table 7: Vacancies for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)

Housing Units (2010)	US	PA	Beaver County	Allegheny County
Occupied	88.6%	90.1%	91.3%	91.3%
Vacant	11.4%	9.9%	8.7%	8.7%

Source: The Center for Rural Pennsylvania, Beaver County Profile

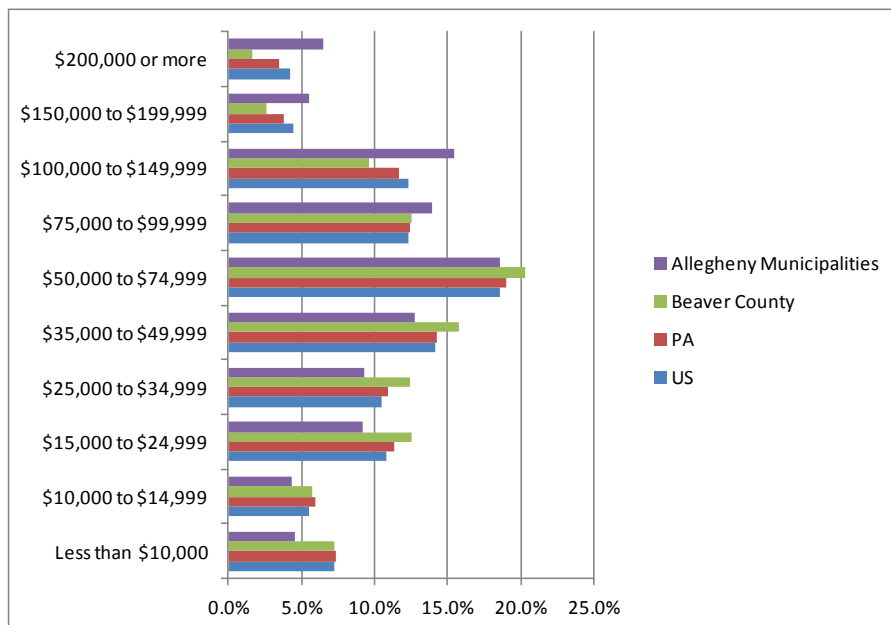
The majority of people over 25 in Allegheny and Beaver Counties have at least a high school education. However, a larger percentage of individuals in Allegheny County has received a Bachelor's degree or higher when compared to state and national averages. The opposite is true for Beaver County.

Figure 6: Educational Attainment Allegheny & Beaver Counties for Individuals 25 & Over (2006-2010)



Source: The Center for Rural Pennsylvania, Beaver County Profile

Figure 7: Income Level by Household for Allegheny & Beaver County, PA (2006-2010)



Source: The Center for Rural Pennsylvania, Beaver County Profile

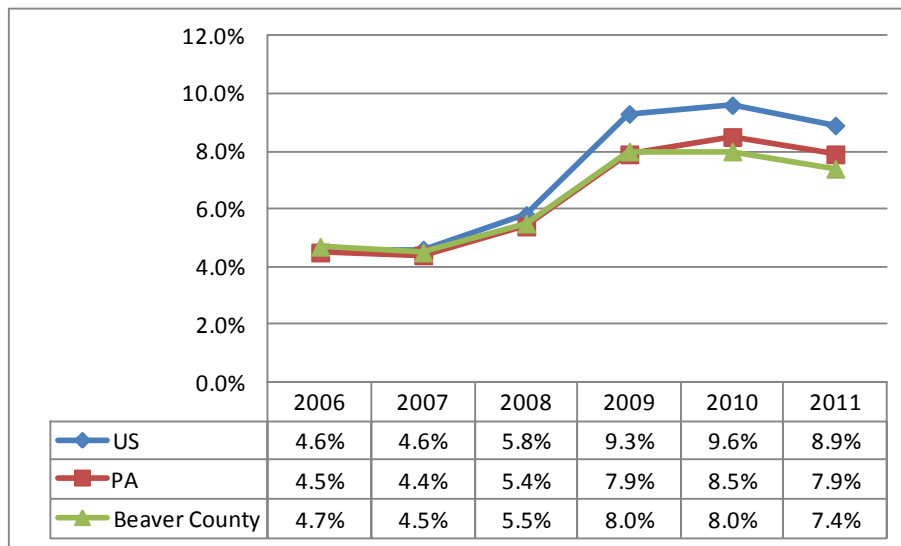
Table 8: Median & Mean Income Levels for Beaver County Compared to All PA Counties and the US (2006-2010)

Income (2006-2010)	US	PA	Beaver County
Median Household Income	51,914.00	50,398.00	46,190.00
Mean Household Income	70,883.00	67,282.00	57,839.00

Source: The Center for Rural Pennsylvania, Beaver County Profile

Between 2010 and 2011, Beaver County experienced lower unemployment rates than both the state of Pennsylvania and nation.

Figure 8: Trends in Percent Unemployed for Civilians 16+ in the Workforce for Beaver County Compared to All PA Counties and the US (2006-2010)



Source: Pennsylvania Department of Labor & Industry. Center for Workforce Information & Analysis, Civilian Labor Force (2006-2011)

Table 9: Major Occupations for Allegheny County & Beaver County Compared to All PA Counties and the US (2006-2010)

Occupation (2006-2010)*	US	PA	Beaver County	Allegheny County
Management, business, science, and arts occupations	35.3%	35.2%	29.9%	43.0%
Sales and office occupations	25.4%	25.4%	26.8%	27.8%
Service occupations	17.1%	16.6%	18.3%	14.7%
Production, transportation, and material moving occupations	12.4%	13.9%	15.5%	8.8%
Natural resources, construction, and maintenance occupations	9.8%	8.9%	9.5%	5.7%

*Civilian employed population 16 years and over

Source: U.S. Census Bureau, American Community Survey, 2006-2010

Table 10: Industries for Allegheny County & Beaver County Compared to All PA Counties and the US (2006-2010)

Industry (2006-2010)*	US	PA	Beaver County	Allegheny County
Educational services, and health care and social assistance	22.1%	24.8%	25.0%	20.9%
Retail trade	11.5%	11.7%	12.6%	13.5%
Manufacturing	11.0%	13.0%	12.3%	10.1%
Professional, scientific, and management, and administrative and waste management services	10.4%	9.5%	8.6%	12.1%
Arts, entertainment, and recreation, and accommodation and food services	8.9%	7.8%	7.5%	9.1%
Construction	7.1%	6.2%	6.0%	4.3%
Finance and insurance, and real estate and rental and leasing	7.0%	6.6%	5.4%	9.0%
Transportation and warehousing, and utilities	5.1%	5.3%	9.5%	8.3%
Other services, except public administration	4.9%	4.7%	4.6%	4.3%
Public administration	4.8%	4.1%	3.2%	2.8%
Wholesale trade	3.1%	3.1%	3.0%	3.0%
Information	2.4%	2.0%	1.7%	2.4%
Agriculture, forestry, fishing and hunting, and mining	1.9%	1.3%	0.6%	0.3%

*Civilian employed population 16 years and over

Source: U.S. Census Bureau, American Community Survey, 2006-2010

Table 11: Means of Transportation to Work for Allegheny County & Beaver County Compared to All PA Counties and the US (2006-2010)

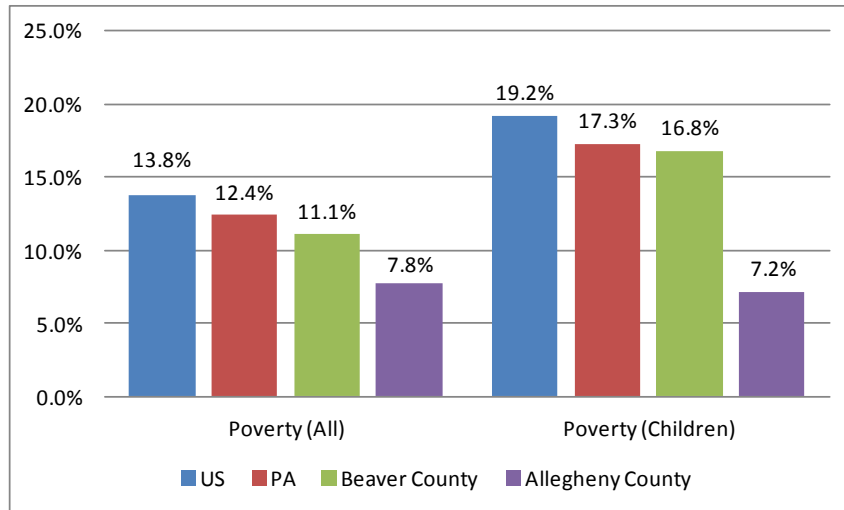
Commuting to Work (2006-2010)*	US	PA	Beaver County	Allegheny County
Car, truck, or van -- drove alone	76.0%	76.4%	82.1%	81.2%
Car, truck, or van -- carpooled	10.4%	9.4%	9.7%	7.9%
Public transportation (excluding taxicab)	4.9%	5.4%	1.7%	2.7%
Walked	2.8%	4.0%	3.1%	2.8%
Other means	1.7%	1.3%	1.0%	1.0%
Worked at home	4.1%	3.5%	2.3%	4.3%
Mean travel time to work (minutes)	25.2	25.5	24.8	-

*Civilian employed population 16 years and over

Source: U.S. Census Bureau, American Community Survey, 2006-2010

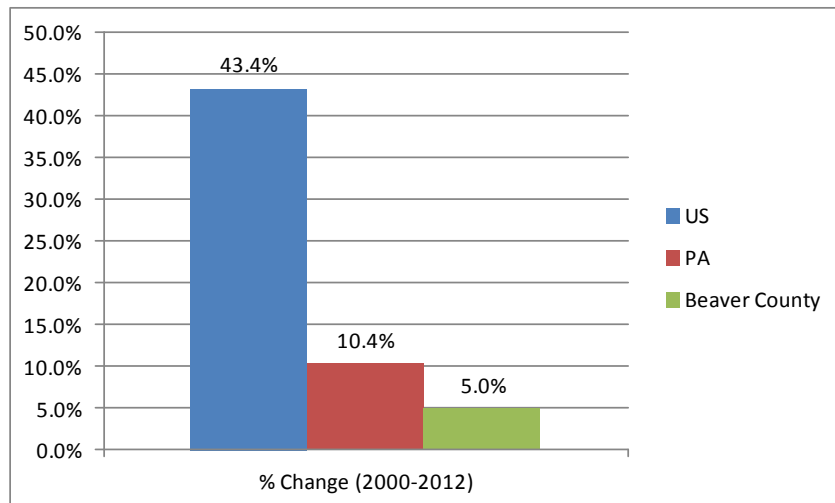
A significantly lower percentage of the population in Allegheny County is living in poverty when compared to Beaver County, the state of Pennsylvania and the national percentage.

Figure 9: Percentage of the Population Living in Poverty for Allegheny County & Beaver County Compared to All PA Counties and the US (2010)



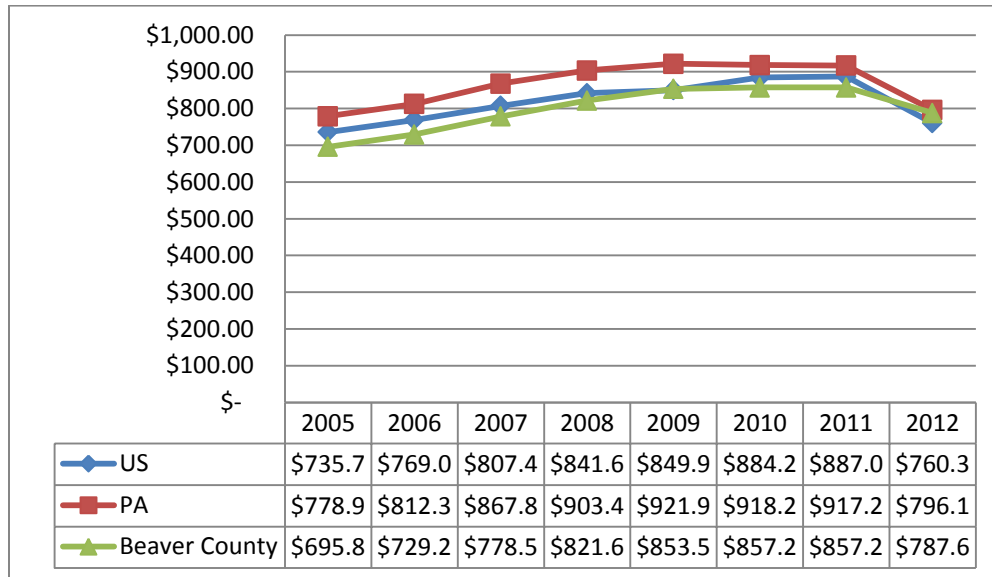
Source: U.S. Census Bureau, American Community Survey, 2006-2010

Figure 10: Percentage Change in the Number of Medicare Beneficiaries for Beaver County Compared to All PA Counties and the US (2000 -2012)



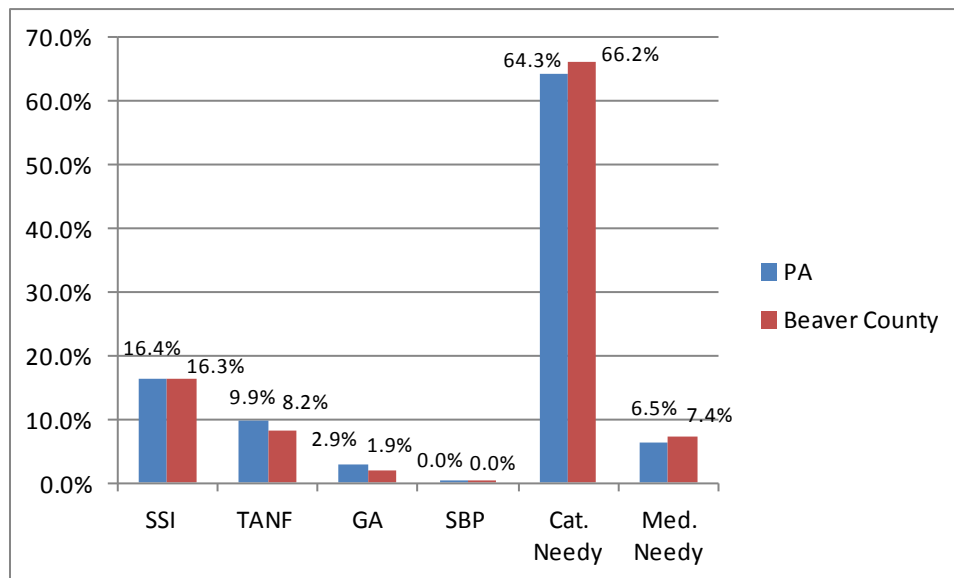
Source: The Henry J. Kaiser Family Foundation. Medicare, Health and Prescription Drug Plan Tracker (2000-2012)

Figure 11: Medicare Plan Payment Rates (Local Medicare Advantage Benchmark-Weighted) for Beaver County Compared to All PA Counties and the US (2005 - 2012)



Source: The Henry J. Kaiser Family Foundation. Medicare, Health and Prescription Drug Plan Tracker (2000-2012)

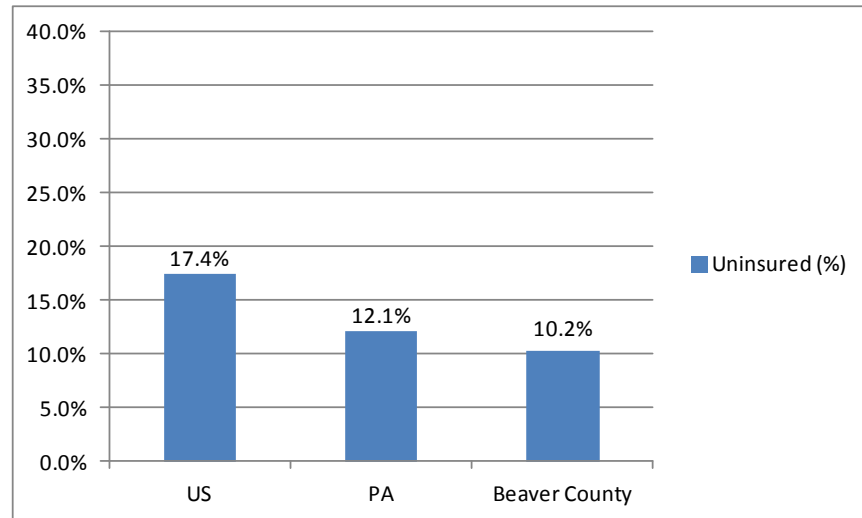
Figure 12: Percentage of Individuals Eligible for Assistance for Beaver County Compared to All PA Counties (December 2010)



Source: Commonwealth of Pennsylvania, Department of Public Welfare. Medical Assistance, Food Stamps and Cash Assistance Statistics Reports, December 2010

According to the U.S. Census Bureau, 10.2% of individuals in Beaver County are uninsured, which is significantly smaller than the national percentage of 17.4%.

Figure 13: Percentage of Individuals Uninsured for Beaver County Compared to All PA Counties (2010)



Source: U.S. Census Bureau, Small Area Health Insurance Coverage (SAHIE) 2010

Maternal and Child Health

In 2010, the birth rates in both Allegheny and Beaver Counties were the lowest they have been since 2006. Beaver County's declining rates are in line with the declining state rates. However, Allegheny County is experiencing a greater rate of decline (which might be related to the smaller sample size). Additionally, birth rates in Allegheny County are declining as population is rising suggesting in-migration to these counties.

Table 12: Trends in Births for Allegheny & Beaver Counties Compared to All PA Counties (2006-2010)

Total Live Births (2006-2010)	PA	Beaver County	Allegheny County
2006	148706	1811	739
2007	150322	1813	671
2008	148934	1796	704
2009	145472	1759	680
2010	142370	1737	670
% Change 2006-2010	-4.3%	-4.1%	-9.3%

Source: PA Department of Health, Birth Statistics (2006-2010)

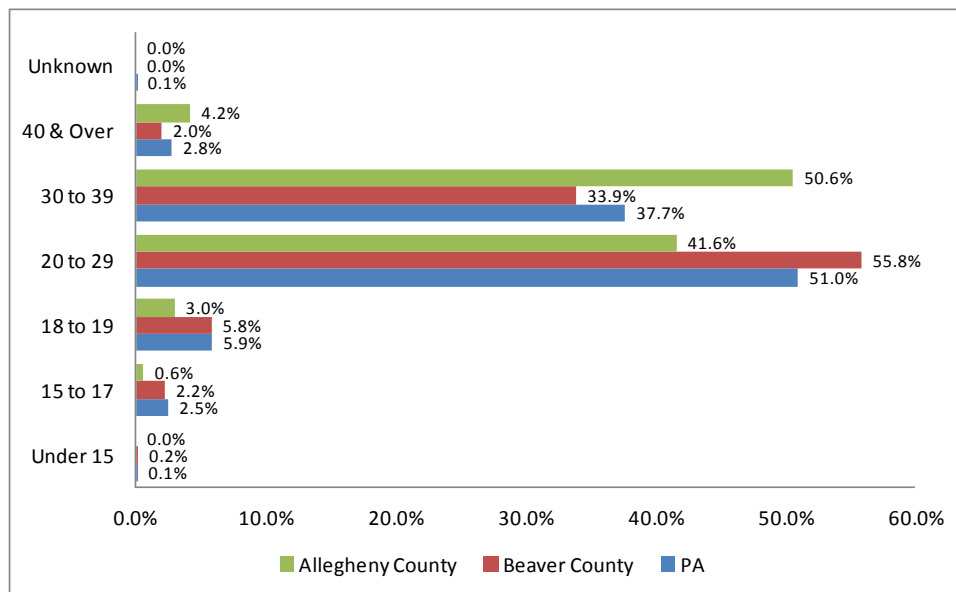
Table 13: Trends in Infant Mortality for Allegheny & Beaver Counties Compared to All PA Counties (2006-2010)

Infant Mortality (2007-2010)	PA	Beaver County	Allegheny County
2007	1123	10	0
2008	1090	10	0
2009	1044	12	2
2010	1035	9	5
% Change 2007-2010	-8.5%	-11.1%	N/A

Source: PA Department of Health, Birth Statistics (2007-2010)

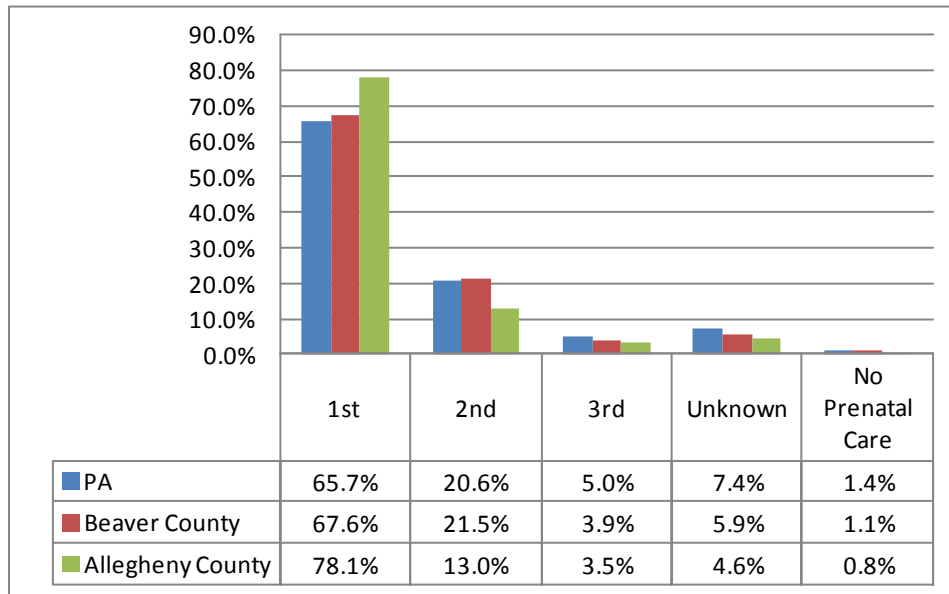
Most births in Allegheny and Beaver Counties are to mothers between the ages of 20 and 39. Allegheny, however, has significantly higher percentage of mothers between the ages of 30-39 than both the state and Beaver County.

Figure 14: Births by Age of Mother for Allegheny & Beaver Counties Compared to All PA Counties (2006-2010)



Source: PA Department of Health, Birth Statistics (2006-2010)

Figure 15: Trimester of Prenatal Care for Allegheny & Beaver Counties Compared to All PA Counties (2010)



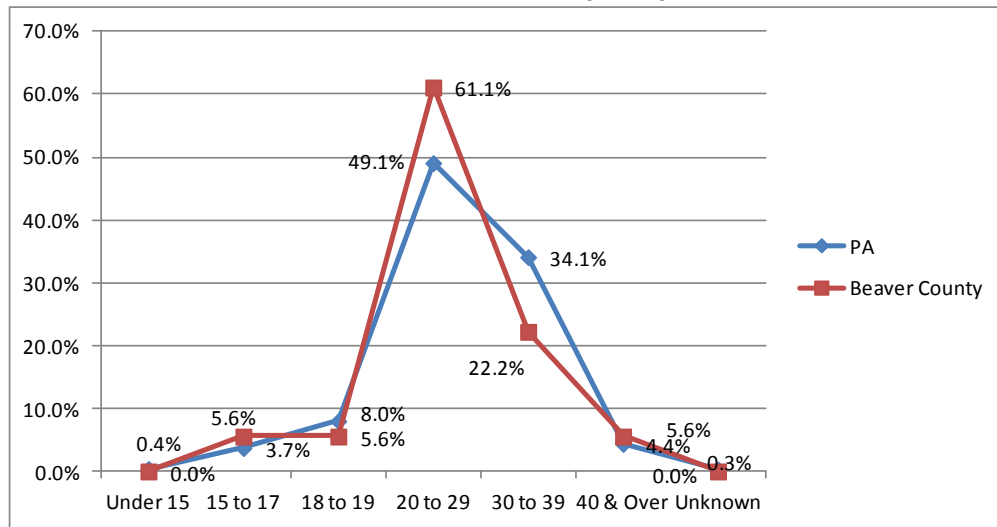
Source: PA Department of Health, Birth Statistics (2006-2010)

Table 14: Birth Weight for Allegheny & Beaver Counties Compared to All PA Counties (2010)

Birth Weight (2006-2010)	PA	Beaver County	Allegheny County
<1500g	1.6%	1.4%	1.5%
1500g-2499g	6.7%	6.0%	6.1%
2500g+	91.1%	92.4%	92.3%
Unknown	0.6%	0.2%	0.0%

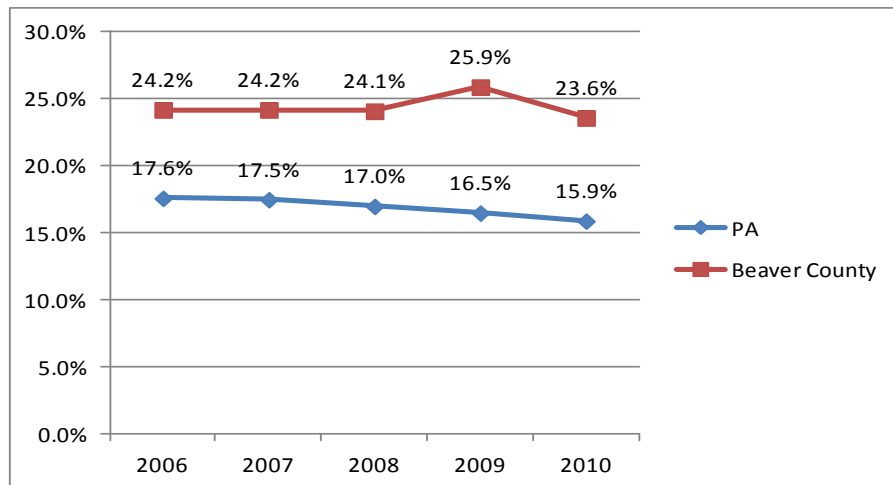
Source: PA Department of Health, Birth Statistics (2006-2010)

Figure 16: Low Birth Weight by Age of the Mother for Beaver County Compared to All PA Counties (2010)



Source: PA Department of Health, Birth Statistics (2006-2010)

Figure 17: Trends in Births to Mothers Who Smoke During Pregnancy for Beaver County Compared to All PA Counties (2010)



Source: PA Department of Health, Birth Statistics (2006-2010)

Table 15: Trends in CHIP enrollment for Beaver County Compared to All PA Counties (2007- 2011)

CHIP Enrollment (2007-2011)	PA	Beaver County
2007	161,402	2,111
2008	174,009	2,213
2009	193,299	2,454
2010	196,738	2,461
2011	194,226	2,487
% Change (2007-2011)	20.3%	17.8%

Source: PA Department of Health, Birth Statistics (2007-2011)

Illness and Death

Both Allegheny and Beaver Counties have experienced a greater decrease in deaths than the state of Pennsylvania. In both counties, as in all of Pennsylvania, cancer and heart disease continue to be the leading causes of death.

Table 16: Trends in Deaths for Allegheny & Beaver Counties Compared to All PA Counties (2006-2010)

Total Deaths (2006-2010)	PA	Beaver County	Allegheny Municipalities
2006	124460	2091	674
2007	123967	2090	632
2008	126332	2149	627
2009	123924	2013	651
2010	123473	1902	597
% Change (2006-2010)	-0.8%	-9.0%	-11.4%

Source: PA Department of Death & Cancer Statistics

Table 17: Major Causes of Death for Allegheny & Beaver Counties Compared to All PA Counties (2009)

Major Causes of Death (2009)	PA	Beaver County	Allegheny County
Diseases of Heart	25.9%	25.9%	34.0%
Malignant Neoplasms	23.1%	23.0%	34.4%
All Other Causes	16.7%	15.5%	26.1%
Cerebrovascular Disease	5.5%	6.1%	7.3%
Chronic Lower Respiratory	5.2%	4.5%	5.7%
Nontransport Accidents	3.2%	2.9%	2.8%
Alzheimer's Disease	2.9%	3.8%	4.0%
Diabetes Mellitus	2.6%	2.5%	4.3%
Nephritis, Nephrotic Syndrome & Nephrosis	2.4%	2.7%	2.2%
Influenza & Pneumonia	2.0%	3.4%	2.6%
Septicemia	1.8%	1.7%	1.0%
Intentional Self-harm	1.3%	1.6%	N/A
Motor Vehicle Accidents	1.1%	0.8%	1.6%
Cirrhosis	0.9%	1.0%	N/A
Parkinson's Disease	0.9%	0.6%	N/A
Essential Hypertension & Hypertensive Renal Disease In Situ, Benign & Uncertain	0.8%	1.0%	N/A
Neoplasms	0.6%	0.8%	N/A
Assault (Homicide)	0.5%	0.5%	N/A
Perinatal Conditions	0.5%	0.3%	N/A
Congenital Malformations, Deformations & Chromosomal Abnormalities	0.3%	0.1%	N/A
Atherosclerosis	0.2%	0.1%	N/A
HIV Disease	0.2%	0.0%	N/A
Anemias	0.2%	0.2%	N/A
Pancreas	0.2%	0.1%	N/A
Multiple Sclerosis	0.2%	N/A	N/A
Cholelithiasis & Other Disorders of Gallbladder	0.1%	N/A	N/A
Nutritional Deficiencies	0.1%	0.0%	N/A
Peptic Ulcer	0.1%	0.2%	N/A
Phlebitis, Thrombophlebitis, Venous Embolism & Thrombosis	0.1%	0.0%	N/A
Other Transport Accidents	0.1%	N/A	N/A
Pneumoconiosis	0.1%	N/A	N/A
Hernia	0.1%	0.1%	N/A
Epilepsy	0.1%	N/A	N/A

Table 18: Major Causes of Death for Allegheny & Beaver Counties Compared to All PA Counties (2010)

Major Causes of Death (2010)	PA	Beaver County	Allegheny County
Diseases of Heart	25.3%	26.4%	27.0%
Malignant Neoplasms	23.3%	23.4%	25.1%
All Other Causes	17.4%	17.2%	19.6%
Cerebrovascular Disease	5.4%	5.6%	7.1%
Chronic Lower Respiratory	5.0%	5.5%	5.7%
Nontransport Accidents	3.3%	3.0%	4.6%
Alzheimer's Disease	2.9%	3.4%	2.1%
Diabetes Mellitus	2.6%	2.1%	3.0%
Nephritis, Nephrotic Syndrome & Nephrosis	2.5%	2.3%	1.4%
Influenza & Pneumonia	1.9%	1.7%	2.3%
Septicemia	1.8%	1.6%	1.1%
Intentional Self-harm	1.3%	1.1%	N/A
Motor Vehicle Accidents	1.1%	0.8%	0.9%
Cirrhosis	1.0%	1.0%	N/A
Parkinson's Disease	1.0%	0.8%	N/A
Essential Hypertension & Hypertensive Renal Disease In Situ, Benign & Uncertain	0.8%	0.9%	N/A
Neoplasms	0.7%	0.8%	N/A
Assault (Homicide)	0.6%	0.5%	N/A
Perinatal Conditions	0.5%	0.3%	N/A
Congenital Malformations, Deformations & Chromosomal Abnormalities	0.3%	0.2%	N/A
Atherosclerosis	0.2%	0.1%	N/A
HIV Disease	0.2%	0.1%	N/A
Anemias	0.2%	0.1%	N/A
Multiple Sclerosis	0.2%	0.3%	N/A
Disorders of Biliary Tract & Pancreas	0.2%	0.1%	N/A
Cholelithiasis & Other Disorders of Gallbladder	0.1%	0.2%	N/A
Phlebitis, Thrombophlebitis, Venous Embolism & Thrombosis	0.1%	0.1%	N/A
Peptic Ulcer	0.1%	0.1%	N/A
Nutritional Deficiencies	0.1%	0.1%	N/A
Other Transport Accidents	0.1%	0.1%	0.2%
Pneumoconiosis	0.1%	0.1%	N/A
Hernia	0.1%	0.1%	N/A
Epilepsy	0.0%	0.1%	N/A

Source: PA Department of Death & Cancer Statistics

Figure 18: Cancer Incidence as a Percent of all Diagnosed Cancer Cases for Allegheny & Beaver Counties Compared to All PA Counties (2009)

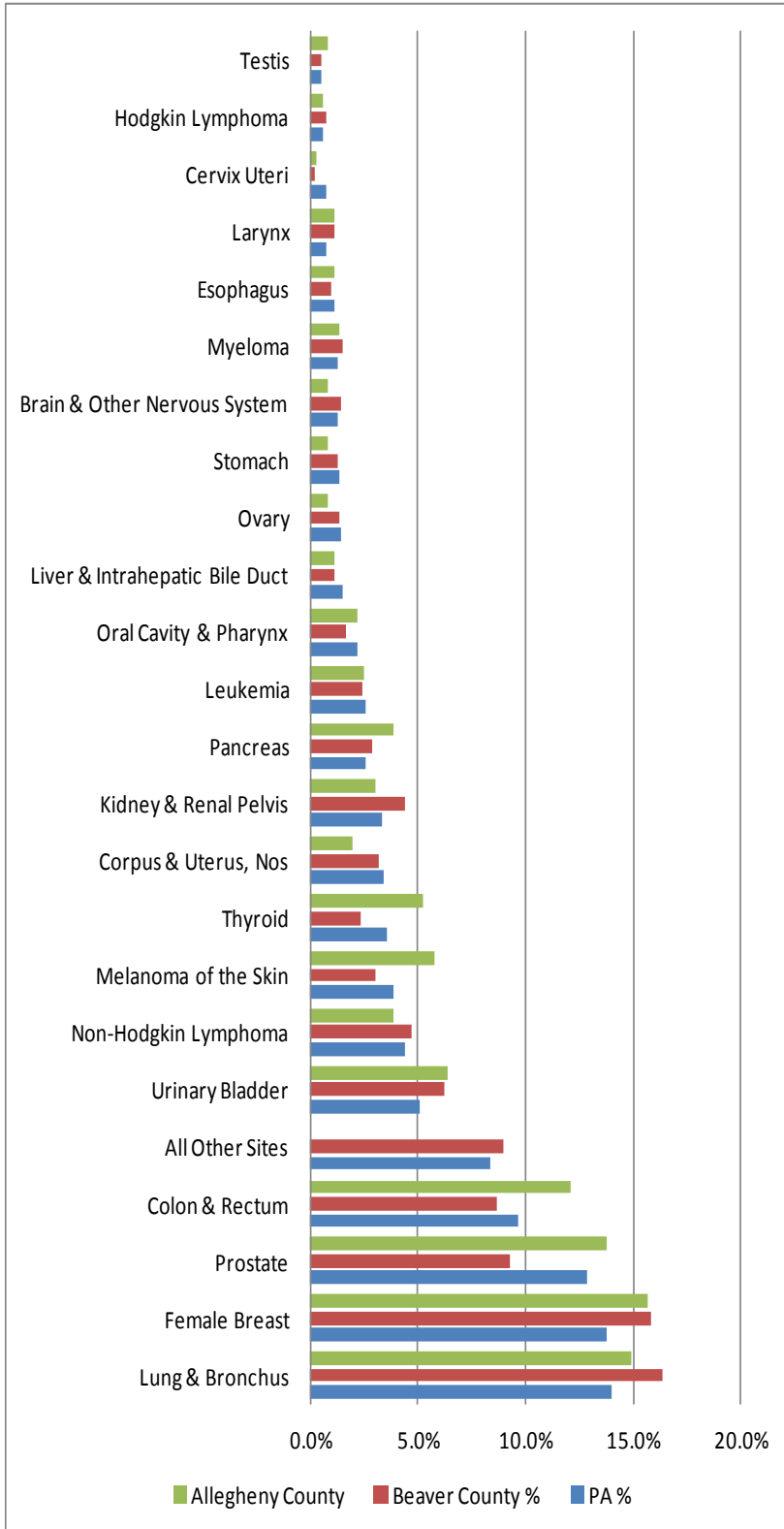


Table 19: Cancer Incidence by Type for Allegheny & Beaver Counties Compared to All PA Counties (2009)

Cancer Incidence by Site (2009)	PA	Beaver County	Allegheny County
Lung & Bronchus	10,608	185	54
Female Breast	10,421	179	57
Prostate	9,742	105	50
Colon & Rectum	7,316	98	44
All Other Sites	6,355	101	
Urinary Bladder	3,845	70	23
Non-Hodgkin Lymphoma	3,302	53	14
Melanoma of the Skin	2,940	34	21
Thyroid	2,686	26	19
Corpus & Uterus, Nos	2,595	36	7
Kidney & Renal Pelvis	2,492	50	11
Pancreas	1,948	32	14
Leukemia	1,937	27	9
Oral Cavity & Pharynx	1,670	19	8
Liver & Intrahepatic Bile Duct	1,110	13	4
Ovary	1,076	15	3
Stomach	1,030	14	3
Brain & Other Nervous System	976	16	3
Myeloma	948	17	5
Esophagus	827	11	4
Larynx	571	13	4
Cervix Uteri	559	2	1
Hodgkin Lymphoma	446	8	2
Testis	380	6	3
Total	75,780	1,130	363

Source (for both charts): PA Department of Death & Cancer Statistics

Table 20: Cancer Deaths by Site for Beaver County Compared to All PA Counties (2010)

Cancer Deaths by Site (2010)	PA	PA %	Beaver	Beaver %
Lung & Bronchus	7,729	26.8%	109	24.4%
All Other Sites	3,491	12.1%	42	9.4%
Colon & Rectum	2,755	9.6%	44	9.9%
Female Breast	2,071	7.2%	27	6.1%
Pancreas	1,882	6.5%	29	6.5%
Prostate	1,363	4.7%	27	6.1%
Leukemia	1,127	3.9%	24	5.4%
Non-Hodgkin Lymphoma	1,074	3.7%	13	2.9%
Liver & Intrahepatic Bile Duct	881	3.1%	17	3.8%
Urinary Bladder	792	2.7%	15	3.4%
Esophagus	769	2.7%	14	3.1%
Ovary	724	2.5%	8	1.8%
Brain & Other Nervous System	651	2.3%	13	2.9%
Kidney & Renal Pelvis	623	2.2%	14	3.1%
Myeloma	573	2.0%	9	2.0%
Stomach	521	1.8%	7	1.6%
Corpus & Uterus, Nos	479	1.7%	8	1.8%
Melanoma of the Skin	462	1.6%	8	1.8%
Oral Cavity & Pharynx	360	1.2%	5	1.1%
Larynx	168	0.6%	6	1.3%
Cervix Uteri	149	0.5%	3	0.7%
Thyroid	89	0.3%	3	0.7%
Hodgkin Lymphoma	53	0.2%	N/A	0.0%
Testis	23	0.1%	1	0.2%
Total	28,809	100.0%	446	1

Table 21: Cancer Deaths by Site for Beaver County Compared to All PA Counties (2009)

Cancer Deaths by Site (2009)	PA	PA %	Beaver	Beaver %
Lung & Bronchus	7,702	26.9%	144	31.2%
All Other Sites	3,499	12.2%	62	13.4%
Colon & Rectum	2,749	9.6%	49	10.6%
Female Breast	2,111	7.4%	27	5.8%
Pancreas	1,773	6.2%	30	6.5%
Prostate	1,338	4.7%	14	3.0%
Leukemia	1,157	4.0%	15	3.2%
Non-Hodgkin Lymphoma	1,074	3.7%	14	3.0%
Liver & Intrahepatic Bile Duct	851	3.0%	8	1.7%
Esophagus	787	2.7%	9	1.9%
Urinary Bladder	787	2.7%	16	3.5%
Ovary	782	2.7%	12	2.6%
Brain & Other Nervous System	664	2.3%	14	3.0%
Kidney & Renal Pelvis	648	2.3%	10	2.2%
Stomach	497	1.7%	5	1.1%
Melanoma of the Skin	470	1.6%	7	1.5%
Corpus & Uterus, Nos	462	1.6%	7	1.5%
Myeloma	462	1.6%	6	1.3%
Oral Cavity & Pharynx	344	1.2%	4	0.9%
Larynx	184	0.6%	2	0.4%
Cervix Uteri	176	0.6%	5	1.1%
Thyroid	85	0.3%	2	0.4%
Hodgkin Lymphoma	57	0.2%	N/A	0.0%
Testis	21	0.1%	N/A	0.0%
Total	28,680	100.0%	462	100.0%

Source: PA Department of Death & Cancer Statistics

Female Breast, Lung & Bronchus, and Prostate cancer have the top three highest incidence levels in Allegheny and Beaver County, However, Lung & Bronchus, Colon & Rectum, and Female Breast cancer account for the top three sites for cancer related deaths, not including All Other Sites.

Table 22: Asthma Incidence for Allegheny & Beaver Counties Compared to All PA Counties (2010 – 2011 School Year)

Students with Medical Diagnosis of Asthma	PA (Count)	PA (%)	Allegheny County (Count)	Allegheny County (%)	Beaver County (Count)	Beaver County (%)
2010 - 2011	228,872	11.88%	20,117	11.83%	2,761	8.04%

Source: PA Department of Health, school health statistics

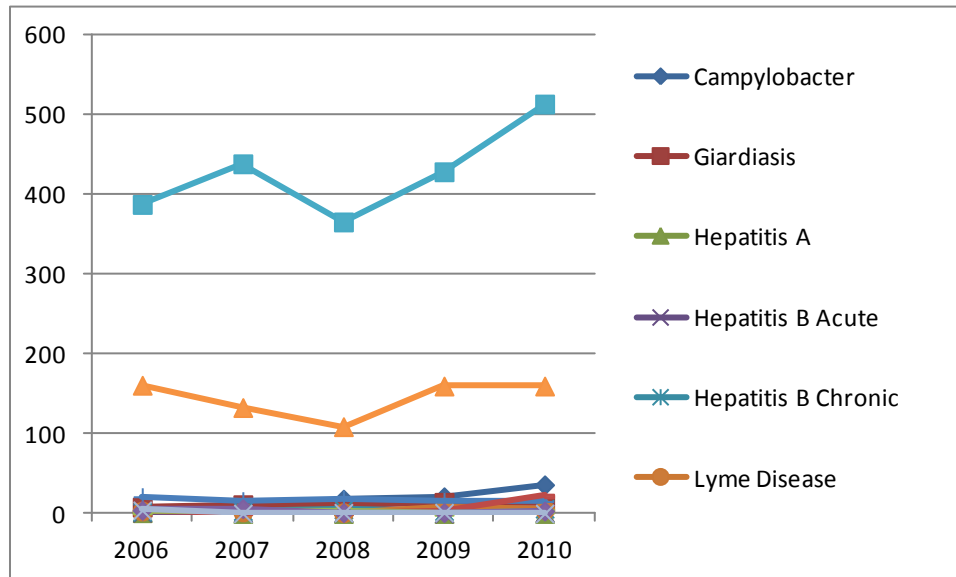
Table 23: Trends in Communicable Disease Beaver County Compared to All PA Counties (2010)

Communicable Diseases (2010)*	PA (Count)	PA (Rate)	Beaver County (Count)	Beaver County (Rate)
Campylobacter	1,649	13	36	21.1
Giardiasis	786	6.2	12	7
Hepatitis A	53	0.4	0	N/A
Hepatitis B Acute	72	0.6	1	N/A
Hepatitis B Chronic	1,470	11.6	6	N/A
Lyme Disease	3,805	30	5	N/A
Salmonellosis	1,893	14.9	15	8.8
Shigellosis	777	6.1	22	12.9
Tuberculosis	238	1.9	3	N/A
Aids	621	4.9	3	N/A
Chlamydia	47,518	374.1	514	301.4
Gonorrhea	12,883	101.4	160	93.8
Primary and Secondary Syphilis	369	2.9	0	N/A

*per 100,000

Source: PA Department of Health, Communicable Disease 2010

Figure 19: Trends in Communicable Diseases for Beaver County, PA (2006-2010)



Source: PA Department of Health, Communicable Disease (2006-2010)

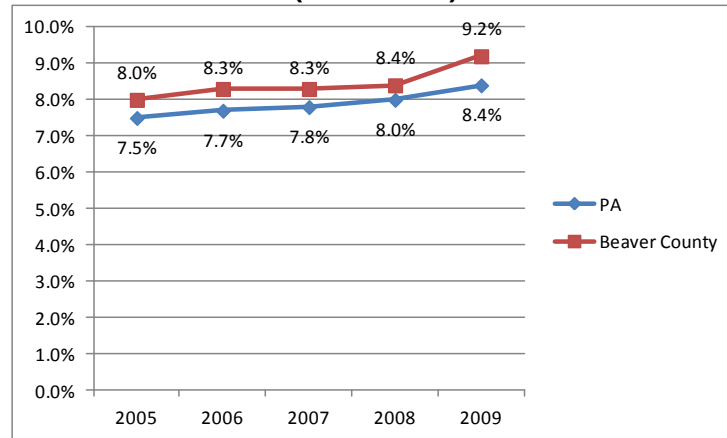
Between 2006 and 2010, Beaver County experienced an 800% increase in Campylobacter cases and 1000% increase in Shigellosis. However, such small sample sizes lead to skewed data.

Table 24: Trends in Communicable Diseases for Beaver County, PA (2006-2010)

Communicable Diseases (2006-2010)	2006	2007	2008	2009	2010	% Change (2006-2010)
Campylobacter	4	8	18	21	36	800%
Giardiasis	8	11	10	14	12	50%
Hepatitis A	1	0	0	0	0	-100%
Hepatitis B Acute	1	1	1	0	1	0%
Hepatitis B Chronic	2	3	5	3	6	200%
Lyme Disease	3	2	1	8	5	67%
Salmonellosis	21	16	18	15	15	-29%
Shigellosis	2	1	1	2	22	1000%
Tuberculosis	2	3	2	0	3	50%
Aids	4	6	1	1	3	-25%
Chlamydia	388	439	366	429	514	32%
Gonorrhea	161	133	109	160	160	-1%
Primary and Secondary Syphilis	4	0	1	1	0	-100%

Source: PA Department of Health, Communicable Disease (2006-2010)

Figure 20: Trends in Diabetes for Beaver County, PA (2005-2009)



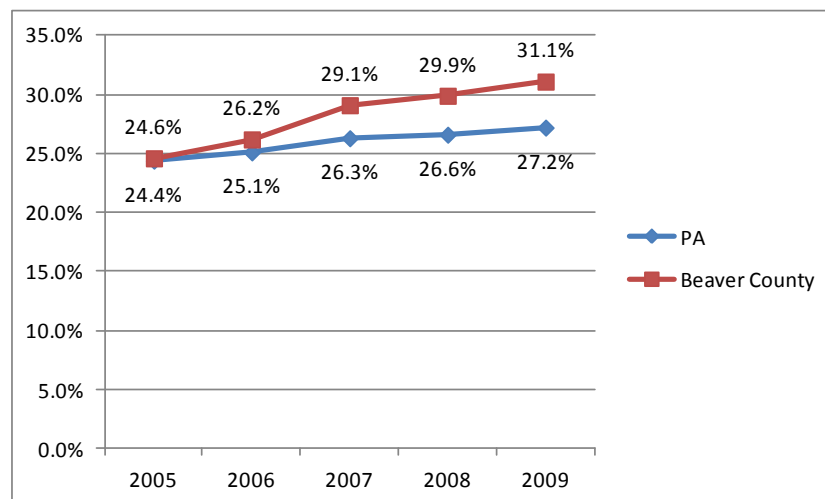
Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System (2005-2009)

Behavioral Risk Factors

Many factors influence the overall health of the community, including individual behaviors. Health and safety are improved when risky behaviors are modified.

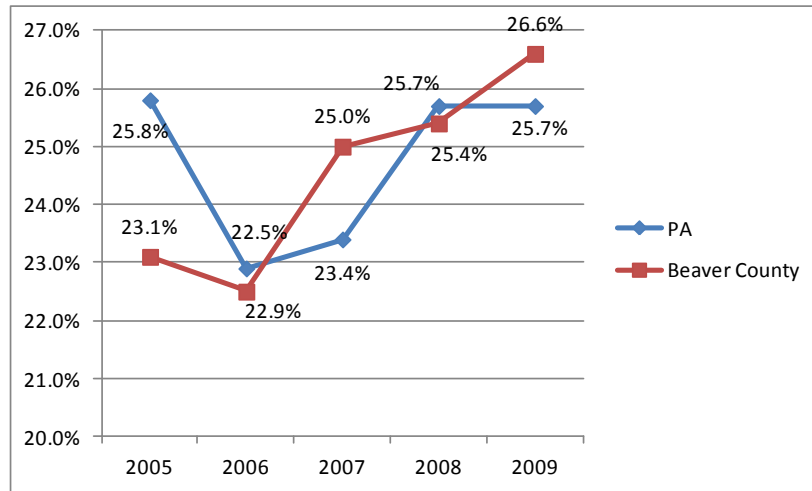
Obesity and lack of exercise contribute to many acute and chronic diseases. In both counties rates of obesity and physical inactivity are increasing slowly but steadily. As of 2009, nearly one in three in Beaver County were obese and more than one in four people were physically inactive.

Figure 21: Trends in Obesity for Beaver County Compared to All PA Counties (2005-2009)



Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System (2005-2009)

Figure 22: Trends in Physical Inactivity for Beaver County Compared to All PA Counties (2005-2009)

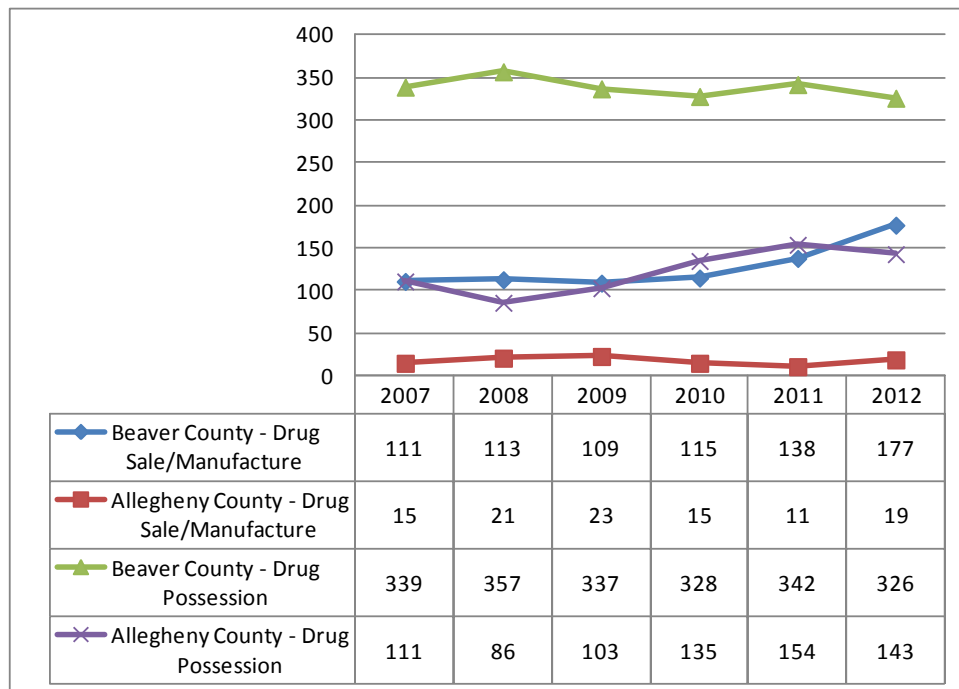


Source: Centers for Disease Control and Prevention: National Diabetes Surveillance System (2005-2009)

The arrest information that follows doesn't include data for the following boroughs:

- Glen Osborne Borough
- Glenfield Borough
- Haysville Borough
- Sewickley Hills Borough

Figure 23: Trends in Arrests for Drug Sale & Possession for Allegheny & Beaver Counties (2007-2012)



Source: PA Uniform Crime Reporting System (2007-2012)

Table 25: Trends in Driving Under the Influence Arrests for Allegheny & Beaver Counties Compared to All PA Counties (2007 – 2012)

Driving Under the Influence (2007-2012)	PA	Beaver County	Allegheny County
2007	52374	624	343
2008	54258	674	323
2009	53129	601	341
2010	52498	629	348
2011	51737	533	316
2012	43937	508	298

Source: PA Uniform Crime Reporting System (2007-2012)

Table 26: Trends in Liquor Law Arrests for Allegheny & Beaver Counties Compared to All PA Counties (2007-2012)

Liquor Law (2007-2012)	PA	Beaver County	Allegheny County
2007	30900	219	159
2008	29757	162	248
2009	26294	136	259
2010	25057	118	286
2011	22840	101	242
2012	19076	84	181

Source: PA Uniform Crime Reporting System (2007-2012)

Table 27: Trends in Drunkenness Arrests for Allegheny & Beaver Counties Compared to All PA Counties (2007-2012)

Drunkenness (2007-2012)	PA	Beaver County	Allegheny County
2007	26456	267	194
2008	26216	326	167
2009	25961	292	118
2010	25559	291	162
2011	25431	252	118
2012	22180	298	114

Source: PA Uniform Crime Reporting System (2007-2012)

Community Need Index

Catholic Healthcare West has devised a Community Need Index (CNI) that identifies the severity of health disparity for every zip code in the United States based on specific barriers to healthcare access. These include: income barriers; cultural/ language barriers; educational barriers; insurance barriers; and housing barriers. They have shown correlation between their CNI scores and hospitalization rates including hospitalization rates for ambulatory sensitive conditions such as pneumonia and congestive heart failure, that, if well-managed can reduce the need for hospital admission. While the tool is a very gross measure of need, it was designed to

provide a window across the country into areas of high need and to help communities explore ways to reduce barriers to healthcare access.

In the 2011 Community Need Index for Beaver County, two zip codes (Ambridge and Midland) fall within the second highest range of need and four zip codes (Aliquippa, Beaver Falls, New Brighton, and Rochester) within the mid range (<http://cni.chw-interactive.org>).

County Health Rankings

The County Health Rankings published by the University of Wisconsin and the Robert Wood Johnson Foundation are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. They rank the counties in each state based upon measures of health outcome and on factors which influence health. The information is taken from a variety of sources and may be more or less complete or recent for various counties depending upon the data available. The authors are clear about the limitations of the rankings and agree that their approach is only one way to consider issues of health. Nonetheless, it provides another lens through which to look at health challenges and opportunities in Beaver County.

With a ranking of number one indicating the healthiest county, in 2012 Beaver County is ranked 43rd for health outcomes and 32nd for health factors, but 16th for health behaviors among the 67 counties in Pennsylvania. In this study, Beaver County ranked better than Pennsylvania overall on the following variables:

- Poor Mental Health Days
- Low Birth Weight
- Adult smoking
- Adult Obesity
- Excessive Drinking
- Sexually Transmitted Infections
- Teen Birth Rate
- Percent uninsured
- Primary Care Physicians
- Air Pollution Particulate Matter Days

Beaver County had more challenges than Pennsylvania overall regarding:

- Poor or Fair Health
- Poor Physical Health Days
- Premature Death
- Physical Inactivity

- Motor Vehicle Crash Death Rate
- Diabetic screening
- Mammography Screening (Female Medicare Enrollees)
- Access to Recreational Facilities
- Limited Access to Healthy Foods
- Fast Food Restaurants

KEY FINDINGS

- Beaver County experienced a 5.8% decline in population between 2000 and 2010, which was the opposite of both state and national trends.
- In 2010, Beaver County had a higher percentage of individuals that were age 45+ than both Pennsylvania and nationwide.
- Allegheny County has a higher portion of individuals that have received a Bachelor's degree or higher when compared to state and national averages.
- In 2010, a lower percentage of children and families lived in poverty within Allegheny County (7.8%) and Beaver County (11.1%) than both the state of Pennsylvania (12.4%) and the nation (13.8%).
- Beaver County has a higher percentage of mothers who smoked during pregnancy than the state of Pennsylvania.
- The leading causes of death for both Allegheny and Beaver Counties were heart disease and cancer in 2010. The top three sites for cancer deaths were Lung & Bronchus Colon & Rectum, and Female Breast.
- In 2009, over a quarter of the population in Beaver County were obese and /or physically inactive. Given the higher than state average of persons diagnosed with diabetes in Beaver County that same year, this statistic is particularly concerning.

IV. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was to conduct a Household Telephone Survey based on the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses health status and risk factors among U.S. citizens.

The following section provides a summary of the Household Telephone Survey results including details regarding the research methodology as well as a summary of key findings. A full report of the Household Telephone Survey results is available in a separate document.

Methodology

Interviews were conducted by Holleran's teleresearch center between the dates of December 6, 2012 and January 18, 2013. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Statistical considerations for the study can be found in Appendix A.

Participants

Participants included 403 individuals who reside within specific zip codes in Beaver County and the selected Allegheny County municipalities were interviewed by telephone to assess their health behaviors, preventive practices, and access to health care. Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran.

Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations. Select participant demographics are included in Appendix B.

Survey Tool

The survey was adapted from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 50 factors selected from BRFSS surveys. A few customized questions were added to gather information about health issues specific to the service area. In addition, several customized questions were added to gather information about emotional distress and knowledge of available health systems and hospitals. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.

KEY FINDINGS

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators and health disparities.

Health Indicators

Areas of Strength

The following are areas where residents of the Heritage Valley Health System community fare better, or healthier, than the State of Pennsylvania and/or the Nation as a whole.

- Mammogram: The proportion of female residents age 40 years or older served by both Heritage Valley Beaver and Heritage Valley Sewickley who have ever had a mammogram (95.0% and 89.6% respectively) is higher when compared to female residents across Pennsylvania (72.0%) and the Nation (67.7%).

Areas of Opportunity

The following are areas where residents of the Heritage Valley Health System community fare worse, or less healthy, than the State of Pennsylvania and/or the Nation as a whole.

- **Calculated BMI:** The proportion of residents served by Heritage Valley Sewickley who are overweight (50.2%) is higher when compared to residents served by Heritage Valley Beaver (34.6%) and residents across Pennsylvania (36.2%) and the Nation (36.1%). Among residents served by Heritage Valley Sewickley, male residents are more likely to be overweight (66.2%) than female residents (32.9%) despite being more likely to exercise. Also, and while not statistically significant, the combined proportion of residents served by Heritage Valley Sewickley and Heritage Valley Beaver who are overweight or obese are respectively 71.9% and 68.2%. This compares to the state at 65.0% and the Nation at 63.5%.

Health Care Access

Areas of Strength

The following are areas where residents of the Heritage Valley Health System community fare better, or healthier, than the State of Pennsylvania and/or the Nation as a whole.

- **Health insurance:** Residents served by both Heritage Valley Beaver and Heritage Valley Sewickley are more likely to have health care coverage (93.9% and 97.8% respectively) than residents across the Nation (84.9%). In addition, residents served by Heritage Valley Sewickley are more likely to have health care coverage than residents across Pennsylvania (88.5%).
- **Health care provider:** Residents served by Heritage Valley Beaver are more likely to have a personal doctor or health care provider (92.6%) than residents across the Nation (81.8%).

Mental and Physical Health

Areas of Strength

The following are areas where residents of the Heritage Valley Health System community fare better, or healthier, than the State of Pennsylvania and/or the Nation as a whole.

- **Poor mental health:** Residents served by Heritage Valley Sewickley are less likely to have experienced poor mental health during the past 30 days (19.6%) than residents across Pennsylvania (32.9%) and the Nation (34.0%).
- **Poor mental/physical health:** Residents served by both Heritage Valley Beaver and Heritage Valley Sewickley are less likely to have experienced poor physical or mental health which kept them from doing their usual activities during the past 30 days (22.2% and 17.1% respectively) than residents across Pennsylvania (39.4%) and the Nation (41.4%).

V. KEY INFORMANT INTERVIEWS OVERVIEW

BACKGROUND

A survey was conducted by ParenteBeard which included ten “Key Informants” from the area. Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities.

A total of 10 telephone interviews were conducted by ParenteBeard during November 2012 to January 2013. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives. To supplement the information gathered during the interviews, Holleran also conducted two focus group sessions with key informants. See Appendix D for a listing of key informant participants.

The following section provides a summary of the Key Informant Interviews including key themes and select comments.

KEY THEMES

Key Health Issues

Top needs identified through interviews:

- Overweight/Obesity
- Diabetes
- Heart Disease
- Mental Health
- Chronic Obstructive Pulmonary Disease (COPD)

Health Care Access

The most significant barriers that keep people in the community from accessing health care when they need it?

- Lack of Transportation
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Health Insurance Coverage

Underserved Populations

Underserved populations identified through interviews:

- Seniors/Elderly
- Black/African American
- Uninsured/Underinsured
- Homeless

- Low Income/Poor

Resources Needed to Improve Access

Resources missing in the community:

- Transportation
- Health Education/Information/Outreach
- Prescription Assistance
- Free or Low Cost Dental Care

VI. FOCUS GROUPS OVERVIEW

BACKGROUND

A total of four focus groups were held at two locations throughout Beaver and Allegheny County in April 2013. Focus group topics addressed Access to Health Care, Underserved Populations, and Nutrition & Physical Activity. Each session lasted approximately two hours and was facilitated by trained staff from Holleran.

Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given \$50 at the completion of the focus group. A discussion guide was developed in consultation with Heritage Valley, and was used to prompt discussion and guide the facilitation (See Appendix F).

In total, 28 people participated in the Focus Groups as well as ten key informants. It is important to note that the results reflect the perceptions of a limited number of community members and may not necessarily represent all community members in Beaver and Allegheny Counties.

The following section provides a summary of the focus group discussions including key themes and select comments.

KEY THEMES

The following paragraphs provide an overview of the key themes discussed during the key informant and consumer focus group sessions.

Key Informant Focus Groups

The Key Informants recognized the need for education and promotion of living a healthy lifestyle and the prevention of chronic illnesses. Many participants noted challenges in accessing health care existed for residents due mainly to lack of transportation options.

Respondents provided a number of recommendations aimed at improving health of residents by providing educational opportunities such as classes on topics such as healthy living with

diabetes, smoking cessation and hypertension. Another suggestion included developing a volunteer program to provide transportation to doctor appointments and using the local churches to support outreach efforts.

Consumer Focus Groups

The consumers provided feedback regarding various topics of access and quality of the care they receive. Many participants expressed concerns for high healthcare costs, specifically in relation to co-pays and prescription drugs. Many members of the groups expressed frustration with having to pay two or more co-pays for the same issue when being referred to other doctors. It was also discussed during this topic, the need to better coordinate their care, specifically when receiving treatment from both a primary care physician and a specialist.

They also offered suggestions to provide alternate ways to receive health information and scheduling options to improve their access to healthcare such as offering more online options and mobile applications to schedule appointments (specifically after hours), communicate with physicians, and access their health records. Many participants welcomed the concept of receiving information electronically regarding their medical history, chronic conditions, and healthy living/dieting information.

It was noted that many use after hour options, such as local urgent care facilities as well as visiting the emergency room for care.

The groups agreed that many of their doctors do not allow enough time for patients during the visits. They feel rushed and unable to ask questions. Other participants mentioned that some specialists are difficult to see and had to wait up to two months for an appointment. Many members shared stories of changes in insurance carriers and coverage due to job losses and changes, specific disabilities and coverage issues, and the UPMC/Highmark relationship.

VII. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

COMMUNITY HEALTH ISSUES

While the research components for the Community Health Needs Assessment yield different perspectives and information, some common themes emerged. The following list outlines key health issues that were identified.

Access to Primary Care

The key informant interviews and focus groups, specifically consumer focus groups, pointed to concerns over the lack of time physicians have during visits, navigating the details of their health insurance coverage, high insurance co-pays, and coordination of care between providers.

Diabetes

The increasing rate of diabetes is related to obesity, and also affects other chronic illnesses such as heart disease and stroke. There are more individuals in Beaver County who have been diagnosed with diabetes when compared against Pennsylvania. Key informants also identified diabetes as a top concern for the area.

Physical Activity and Nutrition

The secondary data noted that obesity and lack of exercise contribute to many acute and chronic diseases. In both counties rates of obesity and physical inactivity are increasing slowly but steadily. Key informant focus groups offered suggestions for healthy living classes to address this need.

Smoking

Lung cancer incidence rates and mortality rates are higher in the service areas than statewide. Key informants also noted the need for smoking cessation classes.

Behavioral Health

While the household survey indicated that the mental health of the residents are a strength in this area, behavioral Health was still noted as a top need for the service area during the key informant interviews.

PRIORITIZED COMMUNITY HEALTH NEEDS

A Prioritization Session was held on April 3, 2013 to review the results of a recently completed Community Health Needs Assessment of the Heritage Valley service area and to determine community health priorities. The community assessment and planning meeting was initiated by Heritage Valley and facilitated by Colleen Milligan, Director of Health & Human Services at Holleran. Alicia Titus, Consultant from Holleran also attended the meeting to present background information from the focus groups and key informant interviews.

Individuals representing Heritage Valley, regional health care organizations, the state health nurse, community agencies, and area social service organizations gathered to review the research findings and prioritize the key issues for adoption and inclusion in the Heritage Valley Implementation Plan.

Participants

A total of 17 individuals attended the planning session. These individuals included:

Name	Title	Organization
Arlene Bell	Director of Community Health Services	Heritage Valley Health System
Carol Kirk	Board Member	National Alliance on Mental Illness
Daniel Brooks	Vice President for Community Health Services	Heritage Valley Health System
David Otto	Co-Director	Center for Hope
Dennis Sutter	CEO	The Prevention Network
Doug Florey	Executive Director	Laughlin Center
Kathy Brodala	District Nurse – Beaver County	Pennsylvania Department of Health
Kevin Flannery	Borough Manager	Borough of Sewickley
Linda Snyder	Director of Evaluation and Strategic Analysis	Adagio Health
Lisa McCoy	Deputy Administrator	Beaver County Behavioral Health
Martin Trettel	President	Concordia Visiting Nurses
Michael Baker	Director of Strategic Planning	Heritage Valley Health System
Sandra McAnallen	Senior Vice President	UPMC Health
Steve Alger	Resident Services	Housing Authority of Beaver County
Suzanne Sakson	Manager of Marketing Communication	Heritage Valley Health System
Tesi Dye	Supervisor	Beaver County Office on Aging
Trish Hooper	CEO	Sewickley Valley YMCA

Process

Through facilitated discussion, the participants developed a master list of community health needs derived from quantitative results of the CHNA study, the qualitative feedback garnered from focus groups, and the expert knowledge of the group participants. The final master list of needs for prioritization is below (in alphabetical order).

- Access to Primary Care (to include health insurance, out-of-pocket costs, provider availability and accessibility/timeliness, and relationship and communications with the provider)
- Behavioral Health (including depression and social isolation)
- Cardiovascular and Respiratory Health (combined to reflect similar risk factors/prevention)
- Community Sustainability (to include environmental health issues and safe neighborhoods)
- Diabetes
- Drug and Alcohol Abuse
- Health Living (to include nutrition, physical inactivity)
- Maternal health (to include prenatal care and healthy lifestyle)
- Smoking

Attendees then engaged in voting based on the following criteria:

- Scope of Issue
- Severity of Issue
- Ability to Impact Issue

The table below outlines the final tallied voting results with the issues ranked from highest to lowest by average total score. Seriousness ratings included health issue scope and severity.

Ranked Community Health Needs

Master List	Seriousness Rating (average)	Impact Rating (average)	Average Total Score
Diabetes	4.71	3.88	4.30
Healthy Living	4.71	3.82	4.27
Access to Primary Care	4.35	4.12	4.24
Smoking	4.41	3.92	4.17
Cardio/Respiratory Health	4.00	3.41	3.71
Behavioral Health	3.94	3.41	3.68
Drug & Alcohol Abuse	4.35	2.94	3.65
Maternal Health	3.47	3.53	3.50
Community Sustainability	3.12	2.53	2.83

Following facilitated discussion, the group came to consensus on the following top five priorities:

Key Community Health Issues

- Access to Primary Care
- Healthy Living
- Diabetes
- Smoking
- Cardiovascular/Respiratory Health

EXISTING COMMUNITY RESOURCES

Below is a list of the existing health care facilities and other resources identified within the community available to meet the community health needs identified through the CHNA.

- Adagio Health
- American Diabetes Association
- American Heart Association
- Beaver Area School District
- Beaver County Behavioral Health
- Beaver County Office on Aging
- Beaver County Tobacco Coalition
- Beaver County YMCA
- Borough of Sewickley
- Center for Hope
- Concordia Visiting Nurses
- Heritage Valley Beaver
- Heritage Valley Sewickley
- Highmark
- Housing Authority of Beaver County
- Laughlin Center
- Local Churches
- Local Employers
- National Alliance on Mental Illness
- Pennsylvania Department of Health
- Quaker Valley School District
- Rochester Area School District
- School Nurses
- Senior Groups
- Sewickley Valley YMCA
- Southwestern Pennsylvania Food Security Project
- The Prevention Network
- UPMC Health Plan
- Valley Care Association

APPENDIX A: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

The Household Telephone Study sampling strategy was designed to represent the service area of Heritage Valley. For the purposes of this study, the following ZIP codes within Beaver and Allegheny County were used to define the hospital service area:

Heritage Valley Beaver

Zip	Percent	Zip	Percent
15001	21.6%	15066	10.3%
15009	10.8%	15074	6.4%
15010	23.0%	15077	0.0%
15026	2.5%	15081	0.0%
15043	2.0%	16115	2.5%
15050	2.0%	16120	2.0%
15052	2.5%	16136	1.0%
15059	2.9%	16141	1.5%
15061	9.3%		

Heritage Valley Sewickley

Zip	Percent	Zip	Percent
15003	11.6%	15071	4.0%
15005	8.5%	15108	37.7%
15027	2.0%	15126	6.5%
15042	7.0%	15143	18.1%
15046	2.5%	15225	1.0%
15056	1.0%		

Interviews were conducted by Holleran's teleresearch center between the dates of December 6, 2012 and January 18, 2013. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Interviews were conducted via telephone with 403 adults residing within specific zip codes in Allegheny and Beaver Counties in Pennsylvania. Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the 28 zip codes served by Heritage Valley Health System.

The sampling strategy identified the number of completed surveys needed within each zip code based on the population statistics from the U.S. Census Bureau in order to accurately represent the community area. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations. The survey was adapted from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health risk

behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 50 factors selected from core sections and modules from the BRFSS tool. In addition, several customized questions were added to gather information about emotional distress and knowledge of available health systems and hospitals.

The final sample (403) yields an overall error rate of +/-4.9% at a 95% confidence level. This means that if one were to survey all residents within the Heritage Valley Health System community area, the final results of that analysis would be within +/-4.9% of what is displayed in the current data set. Data collected from the 403 surveys was aggregated and analyzed by Holleran using IBM SPSS Statistics. The detailed survey report includes the frequency of responses for each survey question. In addition, BRFSS results for Pennsylvania and the United States are included when available to indicate how the health status of Heritage Valley Health System's community area compares on a state and national level. All comparisons represent 2010 BRFSS data. It is important to note a few questions on the survey did not have comparisons to national data because of survey modifications. Statistically significant differences between community area responses and state and/or national responses are also noted in the detailed report. Holleran runs Z-tests and Chi Square tests in SPSS to identify statistically significant differences and uses p values <.01 as the cutoff for significance. It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances in the survey data. For example, in the current study, the number of females interviewed for Heritage Valley Beaver is above the actual proportion of females in the area (Sample: 65.2% female vs. Actual Population: 51.8% female). The data was statistically weighted to correct for this over-representation of females. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the Centers for Disease Control) is also statistically weighted to account for similar imbalances.

APPENDIX B: HOUSEHOLD TELEPHONE STUDY PARTICIPANT DEMOGRAPHICS

Demographic Category		Heritage Valley Beaver CHNA 2013 (n = 204)	Heritage Valley Beaver CHNA 2009 (n = 219)	Heritage Valley Beaver Census*	Heritage Valley Sewickley CHNA 2013 (n = 198)	Heritage Valley Sewickley CHNA 2009 (n = 162)	Heritage Valley Sewickley Census*
Gender	Male	34.8%	47.0%	48.2%	30.8%	49.4%	48.7%
	Female	65.2%	53.0%	51.8%	69.2%	50.6%	51.3%
		(n = 203)	(n = 219)		(n = 198)	(n = 163)	
Age Group	18 - 29	4.4%	5.5%	17.0%	1.5%	3.7%	17.2%
	30 - 39	5.4%	10.0%	13.4%	7.1%	11.0%	14.8%
	40 - 49	10.8%	17.8%	18.0%	14.1%	25.2%	19.3%
	50 - 59	21.2%	32.9%	20.4%	19.7%	35.0%	20.4%
	60 and older	58.1%	33.8%	31.3%	57.6%	25.2%	28.4%

Demographic Category		Heritage Valley Beaver CHNA 2013 (n = 203)	Heritage Valley Beaver CHNA 2009 (n = 96)	Heritage Valley Beaver Census*	Heritage Valley Sewickley CHNA 2013 (n = 199)	Heritage Valley Sewickley CHNA 2009 (n = 71)	Heritage Valley Sewickley Census*
Hispanic/Latino	Yes	3.0%	N/A	1.2%	1.0%	N/A	1.5%
	No	97.0%	N/A	98.8%	99.0%	N/A	98.5%
		(n = 203)	(n = 96)		(n = 199)	(n = 71)	
Race	White	92.1%	94.8%	90.7%	95.5%	93.0%	91.4%
	Black or African American	5.4%	3.1%	6.8%	2.5%	5.6%	4.2%
	Asian	0.0%	0.0%	0.4%	0.5%	0.0%	2.3%
	Native Hawaiian or Other Pacific Islander	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
	American Indian or Alaska Native	0.5%	0.0%	0.1%	0.0%	0.0%	0.1%
	Other	2.0%	1.0%	0.8%	1.5%	1.4%	0.5%

APPENDIX C: KEY INFORMANT STUDY QUESTIONNAIRE

1. What are the top 3 health issues you see in your community? (Choose 3)

Probes: Why do you think that? What make you say that? Can you give an example?

Additional Information/Quotes regarding Top 3 Health Issues:

2. Of those health issues mentioned, which 1 is the most significant? (Choose 1)

Probes: Why do you think that? What makes you say that? Can you give me an

example? Additional Information/Quotes regarding Most Significant Health Issues?

3. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about Health Care Access in the area.

4. What are the most significant barriers that keep people in the community from accessing health care when they need it? (More than 1 choice allowed)

Probes: Why do you think that is? Can you give an example of that? What are some ways we could minimize those barriers? Additional Information/Quotes regarding barriers:

5. Are there specific populations in this community that you think are not being adequately served by local health services?

6. If yes, which populations are underserved? (More than 1 choice allowed)

Probes: Why do you think that is? Can you give an example of how they are not being served? Additional Information/Quotes regarding Underserved Populations:

7. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they need medical care? (Choose 1)

Probes: Why do you think they go there? How could we make other options more accessible? Additional Information/Quotes regarding Uninsured/Underinsured:

8. Related to health and quality of life, what resources or services are missing in the community? (More than 1 choice allowed)

Probes: Are there long waiting lists for any services? Additional Information/Quotes regarding Missing Services:

9. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy?

Probes: What makes it difficult for people to make healthy choices? What challenges do people face in trying to manage chronic conditions like diabetes or heart disease?

10. In your opinion, what is being done well in the community in terms of health and quality of life?

Probes: What are some Community Assets/Strengths/Successes? Can you give an example?

11. What recommendations or suggestions do you have to improve health and quality of life in the community?

Probe: Do you have any other suggestions/feedback for the hospitality?

12. Which one of these categories would you say BEST represents your community affiliation? (Choose 1)

13. What is your gender? (Only ask question if necessary.)

14. What is your race/ethnicity? (Choose 1 that best represents their race)

APPENDIX D: KEY INFORMANT STUDY PARTICIPANT LIST

Name	Title	Organization
Lisa McCoy	Deputy Director	Beaver County Mental Health
Martin Trettel	President	Concordia Visiting Nurses
Evelyn Talbott, PHD	Graduate School of Public Health	University of Pittsburgh
Sally Haas	President	Pittsburgh Airport Area Chamber of Commerce
Sandra McAnallen	Sr. VP Clinical Affairs	UPMC Health Plan
Heather Sedlacko	Executive Director	Valley Care Association
Linda Snyder	CHNA Liaison	Adagio Health Center (Family Planning)
Aimee Benedict, RN, BSN	School Nurse	Quaker Valley School District
Kathy Brodala	State Health Nurse	Pennsylvania Department of Health
Atiya Abdelmalik	Director, Community Programs and Employee Engagement	Highmark

APPENDIX E: FOCUS GROUP DISCUSSION GUIDE

CONSUMER GUIDE

Thank you for taking the time to participate in this Focus Group as part of a Community Health Needs Assessment for Heritage Valley Health System. This is a discussion group about health. My name is _____ with Holleran, an independent research firm based in Lancaster, PA.

I anticipate that the session will last approximately 90 minutes. Your identity and your comments will be kept confidential, so I ask that you be frank with your responses and share your honest opinions.

I'd like to go over the ground rules to help the group run smoothly. First, the session is being audio taped. I am taping the session to make sure I report everyone's feedback and opinions accurately. Second, it's important that we have one person speaking at a time. You may be making some very valid points, but if you're sharing them with the person next to you while someone else is talking, your insight will be lost. Last, I ask that you respect every person's right to his or her own opinion. The point of having focus groups is to collect various points of view.

My responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

Before we get started, does anyone have any questions?

ACCESS TO CARE

I'm going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.

- 1. Where do you go for routine care and checkups? Where do you go for care when you are sick? Is there a difference? Do you have multiple providers and if so, is this shared with your primary care provider?**
- 2. Have you or someone you know had difficulty obtaining health care services in the past few years? If yes, what are the reasons?**
Probes: What are the most significant barriers that keep people in the community from accessing health care? Ex. Insurance coverage, copays, availability of providers, transportation, cost, language/ cultural barriers, accessibility, and awareness of services
- 3. Do you find it easy or hard to communicate with your healthcare provider?**

***Probes:** Are there any topics you do not discuss with your health care provider because you don't think they will understand/relate? What topics and why don't they understand/relate?*

- 4. What could help improve access to care in the community or make it easier to navigate the health care system?**

Behavior Change/Disease Management

Let's discuss your ability to promote a healthy lifestyle and manage any chronic diseases.

- 5. Who plays a role in helping you manage your health? To what extent do you play an active role in managing your health status?**

- 6. What has triggered you in the past to make a decision to change your behavior or lifestyle in order to improve your physical or mental health (start or stop)?**

***Probes:** Have you been motivated by an incentive to make a change? If so, what sort of incentive was it?*

- 7. If you have a chronic disease, have you experienced any barriers to managing it? Are there services you need to support your chronic disease that you currently do not have?**

***Probes:** Education, emotional/social needs, physical limitations, time, money, etc.*

- 8. If you currently take medicine for a chronic condition (Ex: cholesterol, high blood pressure, etc.), do you encounter any problems with taking them as directed?**

***Probes:** Are you taking your medicine as directed, why or why not?*

Patient Centered Medical Home

Lastly, let's discuss your thoughts towards creating a patient centered medical home or medical neighborhood. A patient centered medical home is a one-stop shop model that brings health care practitioners together at one location to provide comprehensive primary care. It is focused on coordinating care among all of the providers that you may see and treating the whole person, not just illness.

- 9. Do you consider your primary care provider a partner in healthy living and sick living or just sick living?**

***Probes:** Do you discuss wellness, prevention, and other needs outside of current illnesses with your primary care provider? Why or why not?*

10. If you have a chronic disease such as diabetes or asthma, do you currently work with your primary care provider to manage it and control it? How would a patient centered medical home assist you in caring for your disease?

11. How do you feel about a one-stop-shop location for primary care services? Would you be willing to schedule back-to-back primary care appointments at one location?

Probes: What is your initial opinion of a patient-centered medical home? Are there any barriers to scheduling appointments back-to-back? Ex: Time.

Those are all the questions I have for the group. Is there anything you thought we would talk about that we didn't? Is there anything else you'd like to add that could be helpful for Heritage Valley Health System as they work to provide programs and services that meet the needs of the community?

Thank you again for your participation. I appreciate your candid responses. Your feedback is valuable and will help Heritage Valley Health System to improve their services.

HEALTH AND HUMAN SERVICE PROVIDER GUIDE

Thank you for taking the time to participate in this Focus Group as part of a Community Health Needs Assessment for Heritage Valley Health System. This is a discussion group about health. My name is _____ with Holleran, an independent research firm based in Lancaster, PA.

I anticipate that the session will last approximately 90 minutes. Your identity and your comments will be kept confidential, so I ask that you be frank with your responses and share your honest opinions.

I'd like to go over the ground rules to help the group run smoothly. First, the session is being audio taped. I am taping the session to make sure I report everyone's feedback and opinions accurately. Second, it's important that we have one person speaking at a time. You may be making some very valid points, but if you're sharing them with the person next to you while someone else is talking, your insight will be lost. Last, I ask that you respect every person's right to his or her own opinion. The point of having focus groups is to collect various points of view.

My responsibility is to facilitate the group. There may be some topics that we could talk about for hours, but we have a number of issues that I want to get your feedback on, so I may need to cut some discussions and move on.

Before we get started, does anyone have any questions?

Key health Issues & Challenges

1. **The key informant survey told us that overweight/obesity and chronic diseases related to it (diabetes, heart disease) are some of the key health issues in the area. What challenges do people in the community face in trying to stay physically fit and eat healthier to avoid these conditions?**

Probes: What health challenges do you think children and youth in the community face?

2. **What do you think Heritage Valley Health System can do to address the issue of overweight/obesity in the community?**

3. **What major health issues do you see among low income or underserved populations such as minority groups or people with disabilities?**

Probes: Do these issues differ from health issues affecting the majority population? Seniors were mentioned as an underserved population on the key informant survey; how are they not being adequately served?

4. **What do you think Heritage Valley Health System can do to improve the health and quality of life of underserved populations in the community?**

5. **Lack of transportation for medical appointments was also noted as a community need. Are there any viable solutions to this need based on current community assets?**

6. **Related to health and well-being, are there any other major weaknesses/areas of opportunity for the community?**

Community Aspirations & Capacity

7. **What do you feel should be done to improve the health of the community?**

Probes: What suggestions/solutions do you have to address health issues?

8. **What do you think Heritage Valley Health System can do to improve the overall health of the community?**

Probes: What issues/challenges do you think Heritage Valley may face in trying to address health issues in the community? What is their role? How are they perceived?

9. **What do you think could encourage more community involvement, advocacy, and partnership around health issues?**

10. How can community organizations and leaders in Allegheny and Beaver Counties better collaborate to address shared goals around health issues?

Those are all the questions I have for the group. Is there anything you thought we would talk about that we didn't? Is there anything else you'd like to add that could be helpful for Heritage Valley Health System as they work to provide programs and services that meet the needs of the community?

Thank you again for your participation. I appreciate your candid responses. Your feedback is valuable and will help Heritage Valley Health System to improve their services