

Executive Summary



2012-2013 Community Health Needs Assessment

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OHIO VALLEY GENERAL HOSPITAL
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 **Strategy**
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Message to the Community

The mission of Ohio Valley General Hospital is to provide programs and services to improve the quality of life in our community. This mission guides our planning and decision making and as a result, Ohio Valley General Hospital is proud to present its 2012-2013 Community Health Needs Assessment (CHNA) Report. This report summarizes the comprehensive review and analysis of health indicator, socioeconomic, demographic and other data reviewed and analyzed to determine the health issues and needs of the primary service region of Ohio Valley General Hospital, which encompasses Allegheny County.

The CHNA provides useful information for public health and health care providers, policy makers, social service agencies, community groups and organizations, religious institutions, businesses, and consumers who are interested in improving the health status of the community and region. The results enable Ohio Valley General Hospital to more strategically identify community health priorities, develop interventions and commit resources to improve the health status of the region. This report is also offered as a resource to individuals and groups interested in using the information to inform better health care and community agency decision making.

Individually and collectively, improving the health of its citizens is in the best interest of the community. Beyond the education, patient care and program interventions provided by Ohio Valley General Hospital, we hope the information presented is not only a useful community resource, but also encourages additional activities and collaborative efforts that improve the health status of the community.

Executive Summary

The 2012-2013 Ohio Valley General Hospital Community Health Needs Assessment (CHNA) was conducted to identify health issues and needs as well as to provide critical information to decision-makers and others in a position to make a positive impact on the health of our region's residents. The results enable Ohio Valley General Hospital as well as other community agencies and providers to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in Allegheny County.

To assist with the CHNA process, Ohio Valley General Hospital retained Strategy Solutions, Inc., a planning and research firm with an office in Pittsburgh, whose mission is to create healthy communities. The assessment followed best practices as outlined by the Association of Community Health Improvement. The assessment was also designed to ensure compliance with current Internal Revenue Service (IRS) guidelines for charitable 501(c)(3) tax-exempt hospitals. This Community Health Needs Assessment included a detailed examination of the following areas:

- * Demographics & Socioeconomic Indicators
- * Access to Quality Health Care
- * Chronic Disease
- * Healthy Environment
- * Healthy Mothers, Babies & Children
- * Infectious Disease
- * Mental Health & Substance Abuse
- * Physical Activity & Nutrition
- * Tobacco Use
- * Injury

Secondary public health data on disease incidence and mortality as well as behavioral risk factors were gathered from numerous sources including the Pennsylvania Department of Health, the Centers for Disease Control, Healthy People 2020, County Health Rankings as well as a number of other reports

and publications. Data were collected for the Ohio Valley General Hospital primary service area including Allegheny County, although some selected national data is included where local/regional data was not available. Hospital utilization data were included from Ohio Valley General Hospital. Demographic data were collected from the Nielsen Claritas demographic database. Primary qualitative data collected specifically for this assessment included 231 community surveys, completed both on paper and online, as well as 11 in-depth stakeholder interviews, representing the needs and interests of various community groups, topic areas and sub-populations. In addition to gathering input from community surveys and stakeholder interviews, input and guidance also came from hospital, physician and community representatives who served on the hospital steering committee.

After all primary and secondary data were reviewed and analyzed the data suggested a total of 30 distinct issues, needs and possible priority areas for intervention. The hospital steering committee prioritized and discussed the identified needs and identified lack of exercise, obesity, drug abuse, poverty, cardiovascular diseases, and diabetes as the top priority areas in response to the needs identified in the assessment. The implementation strategies selected by the hospital address these needs.

Methodology

To guide this assessment, Ohio Valley General Hospital formed a hospital steering committee that consisted of hospital board members, community leaders who represented the broad interests of the community including the interests of medically underserved populations, low-income persons, minority groups, and those with chronic disease needs, individuals with expertise in public health, and internal program managers. The steering committees met a total of three times between November 2012 and April 2013 to provide guidance

on the various components of the Community Health Needs Assessment.

Service Area Definition

Consistent with IRS guidelines at the time of publication, Ohio Valley General Hospital defined community by geographic location. More specifically, the geographic location of the primary service area encompasses portions of Allegheny County and includes Oakdale, Carnegie, Coraopolis, Imperial, McKees Rocks, Corliss, Crafton, and Neville Island. This assessment collected disease incidence and prevalence data and included primary data collection efforts in the form of a community survey and stakeholder interviews.

Asset Inventory

Ohio Valley General Hospital identified existing health care facilities and resources within the community available to respond to the health needs of the community. The information included in the asset inventory and map is a subset of the information maintained and utilized by internal staff when making referrals to community resources.

Qualitative and Quantitative Data Collection

In an effort to examine the health related needs of the residents of the Ohio Valley General Hospital service area and to meet current IRS guidelines and requirements, the consulting team employed both qualitative and quantitative data collection and analysis methods. The steering committee members and consulting team made significant efforts to ensure that the entire primary service territory, all socio-demographic groups and all potential needs, issues and underrepresented populations were considered in the assessment.

The existing secondary quantitative data collection process included demographic and socioeconomic data obtained from Nielsen/Claritas

(www.claritas.com); disease incidence and prevalence data were obtained from the Pennsylvania Departments of Health and Vital Rates; Behavioral Risk Factor Surveillance Survey (BRFSS) data collected by the Centers for Disease Control and Prevention; Healthy People 2020 goals from HealthyPeople.gov; and selected outpatient utilization data as indicators of appropriate access to health care were obtained from the hospital. In addition, various health and health related data from the following sources were also utilized for the assessment: the US Department of Agriculture, the Pennsylvania Department of Education, and the County Health Rankings (www.countyhealthrankings.org).

The primary data collection process included qualitative data from 11 stakeholder interviews and 231 surveys distributed in the hospital and community. Interviews captured personal perspectives from community members, providers, and leaders with insight and expertise into the health of a specific population group or issue, a specific community or the region overall.

Needs/Issues Prioritization Process

In April 2013, the Ohio Valley General Hospital steering committee reviewed the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the community. The steering committee prioritized the needs and issues identified throughout the assessment in order to identify potential intervention and implementation. Debra Thompson, President of Strategy Solutions, Inc. and Rob Cotter, Research Analyst presented the data and facilitated a prioritization exercise. Four criteria, including the accountable entity (hospital or community), magnitude of the problem, impact on other health outcomes, capacity (systems and resources to implement solutions), were used to evaluate identified needs/issues.

Steering committee members completed the prioritization exercise using the OptionFinder audience response polling technology to quickly rate and rank the needs and issues.

Implementation Strategy Development Process

Following the prioritization session and based on the greatest needs related to the health system's mission, current capabilities and focus areas, Ohio Valley General Hospital leaders and staff involved in the CHNA process determined top priorities and identified implementation strategies to meet identified needs.

Implementation strategies focus on diabetes, obesity, cardiovascular diseases, early screenings and high blood pressure/hypertension.

Review and Approval

The final implementation strategies for Ohio Valley General Hospital were presented to the Board of Trustees for approval on June 25, 2013.

General Findings

Demographics

For purposes of this assessment, the community is defined as Ohio Valley General Hospital's primary service area including Allegheny County in Pennsylvania. The total population in the Ohio Valley General Hospital service area as of the 2010 Census is approximately 128,929 people. Overall, the service region's population remained stable over the last 10 years since the 2000 census, although the population is expected to increase slightly over the next several years.

The service area has slightly more women than men, and a sizable portion of the service area (almost a

third) is over age 55. The service area is primarily low to middle income; about a quarter of the population has incomes less than \$25,000. While the majority of the service area population is white, non-Hispanic (85.4%), the area is more ethnically diverse than many parts of Allegheny County. About 8% of the regional population has not completed high school, while about a third (34.7%) has a high school diploma or GED, and another quarter (26.1%) has completed some college or an associate degree.

Asset Inventory

A list of community assets and resources that are available in the community to support residents was compiled. The assets identified include nursing facilities, senior living facilities, rehab and long term acute care facilities, durable medical equipment (DME) suppliers, federally qualified health centers, and social service providers.

Key Findings –BRFSS & Public Health Data

This assessment reviewed a number of indicators at the county level from the statewide Behavioral Risk Factor Survey (BRFSS) as well as disease incidence and mortality indicators. For this analysis, the service area data was compared to state and national data where possible.

As outlined in the following tables, for most of the BRFSS questions, Allegheny County's data was favorable compared to the state data, with some categories in which it was comparable to the state data. Behavioral risks in the service area (where the regional rates were worse than the state or nation) include the percentage of adults with no personal health care provider, the percentage of adults reporting no leisure time activity in the past 30 days (although the region met the HP 2020 goal for this indicator), the percentage of adults over age 35 who have been told they have heart disease, or had a heart attack or stroke, the percentage of adults

reporting binge or chronic drinking, as well as the percentage of adults who have ever been told they have diabetes or asthma. Obesity figures in Allegheny County are slightly worse as compared to the state and nation, and several indicators related to smoking are unfavorable as compared to the nation. The service region has increasing rates of breast, bronchus/lung, and prostate cancer; drug-induced as well as mental and behavioral disorder mortality is increasing; chlamydia incidence rates show an increasing trend. However, the service area is improving related to prostate, colorectal, and ovarian cancer mortality, as well as heart disease, heart attack and coronary heart disease mortality. Positive trends can also be seen related to pregnancy/births. However, unemployment rates and the percentage of children living in poverty are on the rise. Homicide, gun-related homicide, and firearm mortality rates are also increasing. Type I diabetes and diagnosed ADHD in students are also concerns. However, the high school graduation rate has remained steady from 2010-2012, and air pollution ozone days have decreased over the same period (although the county figure is still higher than the state).



The color coding illustrates comparisons to the Healthy People 2020 Goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Overall Key Findings
The tables below highlight the key findings of the Behavioral Risk Factor Survey.

	Allegheny 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
Behavior Risk ACCESS							
Reported Health Poor or Fair	14.0%	15.0%	14.7%		-	-	
Physical Health Not Good for 1+ Days in the Past Month	36.0%	37.0%			-		
Reported Being Limited in Activity Due to Physical, Mental, or Emotional Problems	19.0%	20.0%	21.2%		-	-	
No Health Insurance (Ages 18-64)	12.0%	13.0%	17.8%	0.0%	-	-	+
No Personal Health Care Provider	13.0%	11.0%		16.1%	+		-
No Personal Health Care Provider (Ages 18-44)	24.0%	17.0%			+		
Routine Check-up Within the Past 2 Years	83.0%	83.0%		90%	=		-
Needed to See a Doctor But Could Not Due to Cost, Past Year	10.0%	11.0%		4.2%	-		+
Health Problems That Require the Use of Special Equipment	7.0%	8.0%	7.6%		-	-	
CHRONIC DISEASE							
Adults Who Were Ever Told They Have Heart Disease- Age 35 and older	6.0%	7.0%	4.1%		-	+	
Adults Who Were Ever Told They Had a Heart Attack- Age 35 and Older	6.0%	6.0%	4.2%		=	+	
Adults Who Were Ever Told They Had a Stroke- Age 35 and older	3.0%	4.0%	2.7%		-	+	
Adults Who Were Ever Told They Had a Heart Attack, Heart Disease, or Stroke- Age 35 and Older	11.0%	12.0%			-		
Overweight (BMI 25-30)	35.0%	36.0%	36.2%		-	-	
Obese (30-99.99)	28.0%	28.0%	27.5%	30.6%	=	+	-
Adults Who Were Ever Told They Have Diabetes	9.0%	9.0%	8.7%		=	+	
HEALTHY ENVIRONMENT							
Adults Who Have Ever Been Told They Have Asthma	15.0%	14.0%	13.8%		+	+	
Currently Have Asthma	9.0%	10.0%	9.1%		-	-	

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 Goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison.

Overall Key Findings
 The tables below highlight the key findings of the Behavioral Risk Factor Survey.

Behavior Risk	Allegheny 2008-10	PA 2008-10	US 2010	HP 2020 Goal	PA Comp	US Comp	HP 2020 Comp
INFECTIOUS DISEASE							
Adults Who Had a Pneumonia Vaccine, Age 65 and older	77.0%	70.0%	68.8%	90.0%	+	+	-
Ever Tested for HIV, Ages 18-64	32.0%	34.0%		18.9%	-		+
MENTAL HEALTH AND SUBSTANCE ABUSE							
Satisfied or Very Satisfied With Their Life	95.0%	94.0%			+		
Never/Rarely Get the Social or Emotional Support They Need	7.0%	8.0%			-		
Mental Health Not Good 1+ Days in the Past Month	34.0%	34.0%			=		
Adults Who Reported Binge Drinking (5 drinks for men, 4 for women on one occasion)	19.0%	17.0%	17.1%	24.4%	+	+	
Reported Binge Drinking, Age 45-64	14.0%	13.0%			+		
Reported Chronic Drinking (2 or more drinks daily for the past 30 days)	6.0%	6.0%	5.0%		=	+	+
At Risk for Heavy Drinking (2 drinks for men, 1 for women daily)	6.0%	5.0%			+		
PHYSICAL ACTIVITY AND NUTRITION							
No Leisure Time/Physical Activity in the Past Month	24.0%	25.0%	23.9%	32.6%	-	+	-
TOBACCO USE							
Adults Who Reported Never Being a Smoker	54.0%	54.0%	56.6%		=	-	
Adults Who Reported Being a Former Smoker	28.0%	26.0%	25.1%		+	+	
Adults Who Have Quit Smoking at Least 1 Day in the Past Year (of adults who smoke daily)	48.0%	50.0%		80.00%	-		
Adults Who Reported Being a Current Smoker	18.0%	20.0%	17.3%	12.0%	-	+	+
Adults Who Reported Being An Everyday Smoker	13.0%	15.0%	12.4%		-	+	

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 Goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

The following table highlights various health indicators included in the assessment:

Public Health Data	Allegheny					Trend +/-	PA (the last US Rate)	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2006	2007	2008	2009	2010						
CHRONIC DISEASE											
Breast Cancer Rate per 100,000	70.3	72.8	79.0	76.1		+	71.5	121.9	41.0		
Breast Cancer Mortality Rate per 100,000		14.3	14.4	16.1	12.0	-	13.1	22.2	20.6		
Bronchus and Lung Cancer Rate per 100,000	73.2	81.6	79.7	76.8		+	69.1				
Bronchus and Lung Cancer Mortality Rate per 100,000		57.7	54.5	53.4	52.2	-	48.7		45.5		
Colorectal Cancer Rate per 100,000	50.6	50.2	47.2	49.5		-	47.6		38.6		
Colorectal Cancer Mortality Rate per 100,000		19.6	19.1	17.0	15.9	-	17.0	16.9	14.5		
Ovarian Cancer Rate per 100,000	14.2	12.6	13.7	12.2		-	13.3		7.1		
Ovarian Cancer Mortality Rate per 100,000		10.8	8.5	8.3	9.2	-	8.1		2.2		
Prostate Cancer Rate per 100,000	139.2	165.6	145.0	134.7		+	139.6				
Prostate Cancer Mortality Rate per 100,000		24.2	22.2	20.3	19.9	-	21.2	21.9	21.2		
Heart Disease Mortality Rate per 100,000		222.8	210.7	191.5	185.4	-	185.3	179.1			
Heart Attack Mortality Rate per 100,000		49.6	47.2	40.9	36.2	-	38.2				
Coronary Heart Disease Mortality Rate per 100,000		162.7	156.4	140.4	135.4	-	123.0	113.6	100.8		
Cardiovascular Mortality Rate per 100,000		284.8	268.2	243.1	236.4	-	237.6				
Cerebrovascular Mortality Rate per 100,000		46.7	43.3	38.6	39.2	-	38.9	39.1	33.8		
Diabetes Mortality Rate per 100,000		19.4	19.9	16.2	17.4	-	19.6	20.8	65.8		
Type I Diabetes, Students		0.30%	0.29%	0.32%		+	0.30%				
Type II Diabetes, Students		0.08%	0.07%	0.08%		-	0.07%				
HEALTHY ENVIRONMENT											
Asthma, Students		11.2%	10.9%	4.3%		-	6.8%				
HEALTHY MOTHERS, BABIES AND CHILDREN											
Prenatal Care First Trimester		84.2%	85.6%	87.1%	88.8%	+	71.3%		77.9%		
Non-Smoking Mother During Pregnancy		82.1%	83.0%	83.8%	84.8%	+	84.1%		98.6%		
Non-Smoking Mother 3 Months Prior to Pregnancy		79.0%	80.1%	80.9%	81.9%	+	78.2%				
Low Birth-Weight Babies Born		8.6%	8.9%	8.1%	8.0%	-	8.3%		7.8%		

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

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The following table highlights various health indicators included in the assessment:

Public Health Data	2006	2007	2008	2009	2010	+/-	Rate	Rate	Goal	Comp	Comp	Comp
HEALTHY MOTHERS, BABIES AND CHILDREN												
Mothers Reporting WIC Assistance		31.4%	31.3%	32.1%	31.5%	+	40.1%					
Mothers Reporting Medicaid Assistance		32.6%	33.6%	32.0%	22.9%	-	32.7%					
Mothers Who Reported Breastfeeding		62.9%	64.0%	68.5%	68.4%	+	70.0%		81.9%			
Teen Pregnancy Rate per 1,000, Ages 15-19		40.1	41.7	38.0	38.2	-	39.6		36.2			
Teen Live Birth Outcomes, Ages 15-19		57.7%	57.1%	59.1%	58.1%	+	68.0%					
Overweight BMI, Grades K-6	17.2%											
Obese BMI, Grades K-6	15.3%											
Overweight BMI, Grades 7-12	17.1%											
Obese BMI, Grades 7-12	15.9%											
INFECTIOUS DISEASE												
Pneumonia Mortality Rate per 100,000		18.3	17.4	16.6	17.3	-	13.4					
Chlamydia Rate per 100,000		401.3	428.2	403.4	412.1	+	374.1					
Gonorrhea Rate per 100,000		177.2	177.6	126.0	134.7	-	101.4					
Syphilis Incidence Rate per 100,000		4.4	3.0	2.2	2.6	-	2.9					
MENTAL HEALTH AND SUBSTANCE ABUSE												
Drug-Induced Mortality Rate per 100,000		16.8	18.6	17.8	18.6	+	15.5		11.3			
Mental & Behavioral Disorders Mortality Rate per 100,000		36.8	36.3	35.4	41.5	+	37.6					
TOBACCO USE												
Emphysema Mortality Rate per 100,000		3.9	4.3	2.8	4.0	-	3.0					
INJURY												
Auto Accident Mortality Rate per 100,000		6.3	6.5	6.2	6.7	+	10.5		12.4			
Suicide Mortality per 100,000		11.0	10.1	10.6	9.8	-	11.7		12.1			
Fall Mortality Rate per 100,000		12.2	8.5	10.0	7.1	-	8.3		8.1			
Homicide Mortality Rate per 100,000		8.3	9.5	7.5	8.6	+	5.6					
Gun-Related Homicide Rate per 100,000		6.4	8.0	6.4	6.8	+	4.1					
Firearm Mortality Rate (Accidental, Suicide, Homicide)		11.3	13.1	12.2	11.2	+	10.0					

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

The color coding illustrates comparisons to the Healthy People 2020 Goal or the national rate (if there is no HP 2020 goal). Red indicates that the regional data is worse than the comparison and green indicates better than the comparison. Yellow indicates that one county is higher and another is lower.

The following tables highlight various health indicators included in the assessment:

Public Health Data	Allegheny			Trend +/-	PA (the la US Rate)	US Rate	HP 2020 Goal	PA Comp	US Comp	HP Goal Comp
	2010	2011	2012							
ACCESS										
Mammogram Screenings		57.0%	58.0%	+	67.0%		81.1%			
HEALTHY ENVIRONMENT										
Unemployment Rates	5.0%	6.9%	7.7%	+	8.7%		8.9%			
High School Graduation Rates	83.0%	83.0%	83.0%	=	79.0%		82.4%			
Children Living in Poverty	16.0%	17.0%	16.0%	+	19.0%					
Children Living in Single Parent Homes		33.0%	33.0%	=	32.0%					
Number of Air Pollution Ozone Days	22	14	14	-	8					
PHYSICAL ACTIVITY AND NUTRITION										
Fast Food Restaurants			47.0%		48.0%					

Source: Pennsylvania Department of Health, Centers for Disease Control, www.healthypeople.gov

Emergency Department Utilization Ambulatory Care Sensitive Conditions

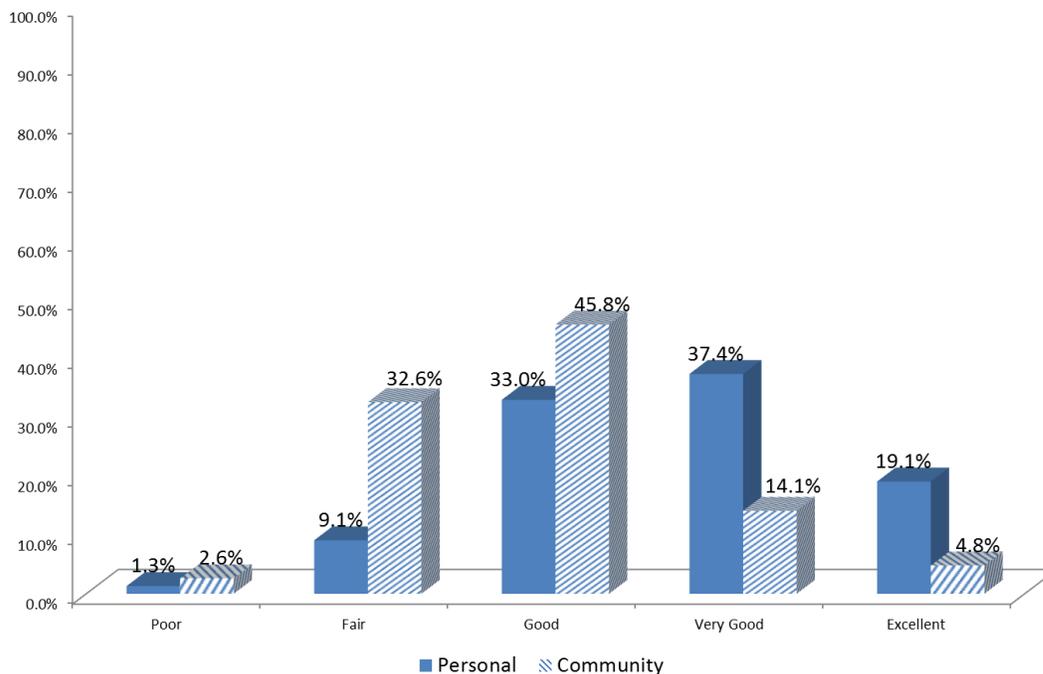
Emergency Department (ED) Utilization in Ohio Valley General Hospital was examined based on the Institute of Medicine's identified Ambulatory care sensitive conditions in three areas: acute conditions, avoidable conditions and chronic conditions. Emergency department utilization is an indicator of whether individuals are receiving and accessing care in the most appropriate setting. Approximately 1,500-1,600 ED visits per year are recorded for ambulatory conditions over the past three years. The conditions with the most volume in 2012 included severe ear, nose and throat infections (430) gastroenteritis (175), kidney/urinary infections (227), cellulitis (317), and chronic obstructive pulmonary disease (COPD) (376).

Primary Qualitative Research Results

A total of 11 stakeholder interviews and 231 community surveys were conducted throughout the Ohio Valley General Hospital service region. Stakeholders were identified as experts in a particular field related to their background, experience or professional position and/or someone who understood the needs of a particular underrepresented group or constituency. Although the interviews and community surveys were conducted across the region with various community constituencies, they were conducted using a convenience sample and thus are not representative of the population. The results reported herein are qualitative in nature and reflect the perceptions and experiences of interview and focus group participants.

Community survey respondents were asked to rate the health status of the community as well as their own personal health status on a five point scale where 5=Excellent and 1=Poor.

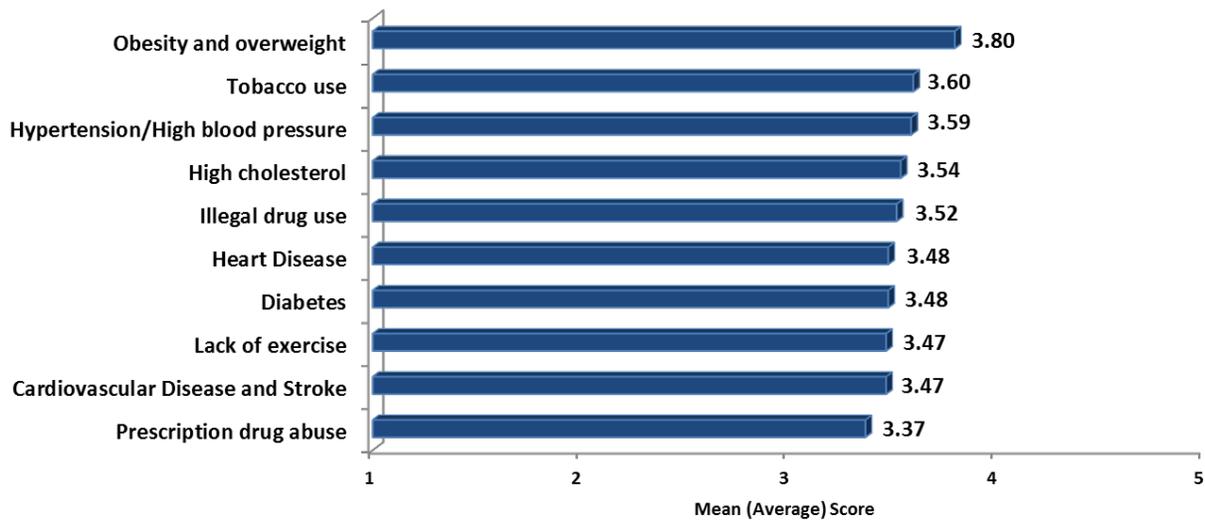
Overall Health Status



Participants were more likely to rate their personal health status as very good or excellent; they were also more likely to rate the health status of the community as good or fair. Community survey respondents were also asked to rate the extent to which a list of possible issues was a problem in the community. The items were rated on a five point scale where 5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not a Problem. The highest rated problems identified across all groups are outlined below:

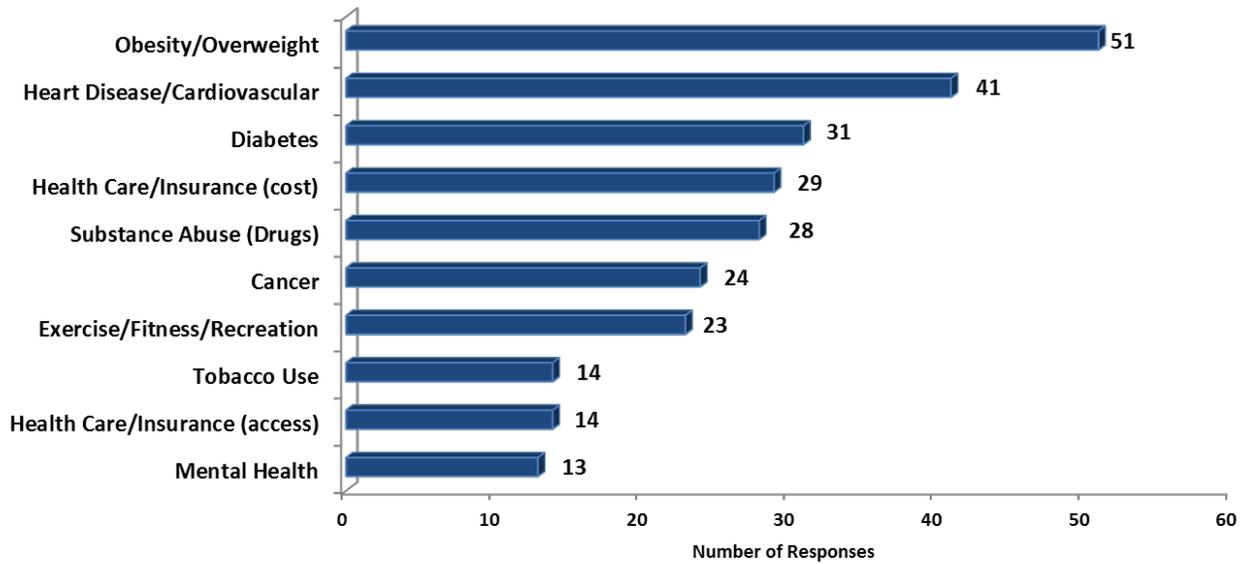
Top 10 Community Health Problems

5=Very Serious Problem, 4=Serious Problem, 3=Somewhat of a Problem, 2=Small Problem, 1=Not at all a Problem



After the rating and ranking, survey respondents were also asked to identify the top three community health priorities. The responses included:

Top 3 Community Health Priorities (Open-ended Question)



Conclusions

Access

Access to comprehensive, quality healthcare is important for the achievement of health equity and for increasing the quality of life for everyone in the community. An aging population, loss of economic opportunities, and increasing costs of health care all impact an individual's ability to access health care and were concerns addressed by the stakeholders interviewed. Access issues identified by community survey respondents related to affordable health care and insurance coverage as well as affordable prescriptions.

There are a number of findings and conclusions that can be derived from the data related to Access to quality health care. They include:

- In Allegheny County, 14% of adults reported their health as fair to poor, while 10.4% of community survey respondents reported their health as fair or poor.
- In Allegheny County, 36% of adults reported their physical health as not good at least one day in the past month, while 19% reported being limited in activity due to physical, mental, or emotional problems.
- In Allegheny County, 12% of adults aged 18-64 have no health insurance, while 7.5% of community survey respondents have no health insurance.
- In Allegheny County, 13% of adults have no health care provider, and at 24% it is significantly higher for adults aged 18-44, compared to the state rate. Of the community survey respondents, 7.5% do not have a regular health provider and of those with a provider the majority (58.8%) travel less than 5 miles to visit their health provider.
- In Allegheny County most adults (83.0%) had visited a doctor for a routine check-up within the past 2 years as did 93.4% of community survey respondents.
- In Allegheny County, 10% of adults needed to see a doctor in the past year but could not due to cost. Of the community survey respondents, 11.1% did not fill a prescription in the past 12 months due to cost.
- In Allegheny County 7.0% of adults have health problems that require the use of special equipment.
- Stakeholders felt the aging community population, the growing cost of insurance (especially for those in poverty), and the general lack of education and awareness on insurance coverage as access issues impacting the health of the community and subsequently the health care service needs.
- From the community survey, respondents ranked access to affordable health care as the most serious issue, followed by access to insurance coverage and the affordability of prescription drugs.
- The majority of community survey respondents (79.9%) had received care at Ohio Valley General Hospital and most (95.2%) would attend a program at the hospital if it was of interest to them.
- Stakeholders commented positively on the free parking and the overall good quality of care of the hospital, comparable to other regional larger hospitals. Concern was expressed, however, by one stakeholder related to the environment of the OVGH emergency department in that people are treated differently because the patients are from a lower socio-economic area.

- Stakeholders interviewed were asked to comment on the top health needs in the community. Participants commented on the large elderly population and recognized the need for health care to adjust to meet the changing needs of the aging population. There was also the perception that the physicians in the community are also aging which has created a need to recruit new physicians to the area. Needs include: dementia services, preventative care services, dermatology services, more community outreach, i.e., home care and ADL (activities of daily living), expanding the service area, through satellite offices and emergency care.

Chronic Disease

Conditions that are long-lasting, relapse, and are characterized by remission and continued persistence are categorized as chronic diseases. The issues of obesity, hypertension/high blood pressure, cardiac issues, and diabetes were noted by stakeholders and community survey respondents as health problems in the community.

There are a number of findings and conclusions that can be derived from the data related to Chronic Disease. They include:

- In Allegheny County, the breast cancer incidence rate was significantly higher between 2007 and 2009, as was the mortality rate in 2009, compared to the state rates. Breast cancer incidence and mortality were also above the Healthy People Goals. In Allegheny County 58% of women receive a mammogram screening, while 78.7% of female community survey respondents had received a mammogram.
- In Allegheny County, bronchus and lung cancer incidence rates were significantly higher between 2007 and 2009, as was the mortality rate in 2007 and 2010, compared to the state rates. The lung cancer mortality rate was higher than the Healthy People Goal.
- There were no significant differences with colorectal cancer incidence and mortality rates between the county and state, and both are trending downward but continue to be above the Healthy People Goal. Of the community survey respondents age 55 and older, 69.6% have had a colonoscopy.
- The ovarian cancer incidence rate in Allegheny County has fluctuated over the past four years, but did decrease between 2008 and 2009. The ovarian cancer mortality rate for the county increased slightly between 2009 and 2010. Of the female community survey respondents, 45% have had a pap smear within the last 12 months.
- In Allegheny County in 2006, the prostate cancer incidence rate was significantly lower compared to the state. There were no other significant differences for prostate cancer incidence or mortality rates between the county and state, and both are trending downward. Of the male community survey respondents age 65 and older, 15.4% have never has a PSA test.
- Of the adults in Allegheny County age 35 and older, 6.0% have been told they have heart disease which is similar to the state rate (7.0%).
- In Allegheny County, the heart disease mortality rate was significantly higher in

- 2007, but decreasing and on par with the state statistics.
- Of adults age 35 and older in Allegheny County, 6.0% have been told they had a heart attack, which is comparable to the state but higher than the nation (4.2%). In Allegheny County, the heart attack mortality rate is comparable to the state rates and both are trending downward.
- In Allegheny County, the coronary heart disease mortality rate was significantly higher for 2007-2010, and both the county and state are above the HP 2020 goal of 100.8, although they are trending downward.
- In Allegheny County, the cardiovascular disease mortality rate is comparable to the state rates and trending downward.
- Of adults in Allegheny County age 35 and older, 3.0% have been told they had a stroke, which is comparable to the state and nation. 11.0% of adults age 35 and older in the county have been told they had a heart attack, heart disease or stroke.
- Of the community survey respondents age 65 and older, 75% had been told they have high blood pressure and all have had their blood pressure checked within the past year.
- In Allegheny County, the cerebrovascular disease mortality rate has been decreasing since 2007, and is comparable to the state rate.
- In Allegheny County, 35% of adults were considered to be overweight, while 28.0% were considered obese, which is under the HP 2020 goal of 30.6%. Of the community survey respondents 30.3% were considered to be overweight and 28.1% were considered obese.

- In Allegheny County, 9.0% of adults have been told they have diabetes. In the county, the diabetes mortality rate was significantly lower in 2007 and 2009, compared to the state rates. Of the community survey respondents, 13.2% have been told they have diabetes.
- Although the numbers are small, students in Allegheny County diagnosed with Type I and Type II Diabetes is increasing.
- From the community survey, respondents ranked obesity/overweight as the most serious problem, followed by hypertension/high blood pressure and high cholesterol.
- Stakeholders see diabetes and diabetes education as a need in the community. Education and services around obesity, cardiac issues and emphysema were also noted as key needs by this group.

Healthy Environment

Environmental quality is a general term which refers to varied characteristics that relate to the natural environment such as air and water quality, pollution and noise and weather as well as the potential effects such characteristics have on physical and mental health. In addition, environmental quality also refers to the socioeconomic characteristics of a given community or area, including economic status, education, crime and geographic information.

There are a number of findings and conclusions that can be derived from the data related to Healthy Environment. They include:

- In Allegheny County, 15% of adults were ever told they have asthma, while 9%

currently have asthma, which are comparable to the state and national rates. The student asthma rate for the county decreased between 2008 and 2009, and was lower than the state percentage.

- High school graduation rates are comparable between Allegheny County and the state.
- Unemployment rates have increased for both Allegheny County and the state between 2010 and 2012, while the number of children living in poverty has remained fairly consistent. The percentage of children living in a single parent household has remained consistent and is similar to the state rate.
- Allegheny County had a higher number of air pollution ozone days between 2010 and 2012 compared to the state rates; however, met all of the National Air Quality Standards.
- Allegheny County had 45 admissions due to gambling addiction, and there are slightly more males (53.61%) compared to females (46.39%).
- From the community survey, respondents ranked delinquency/youth crime as the most serious issue, followed by crime and employment opportunities.
- Stakeholders noted that there is a high poverty rate in the area and that impacts the need for community safety, although it was noted that several organizations are currently working on reducing violence. One stakeholder noted that there have been 7 drug related deaths in the past year.
- Another concern noted by stakeholders was the increasing number of families who are struggling financially and the impact that has on them seeking necessary medical care. Stakeholders expressed concern over the level of poverty in the community and the

current limitations of low-income housing or people living in multiple family houses and the impact that has on the health of children and adults residing in those environments.

- Related to the physical environment, the impact rain has on the overflow of sewers was also identified as a health concern. When it rains hard the waste water runs into the river and it is costly to redevelop the sewer system.

Healthy Mothers, Babies & Children

The well-being of children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The healthy mothers, babies and children topic area addresses a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life for the entire community.

There are a number of observations and conclusions that can be derived from the data related to Healthy Mothers, Babies, and Children. They include:

- The percentage of mothers receiving prenatal care in their first trimester has been increasing, and from 2007-2010 was significantly higher than the state rates.
- The percentage of mothers who reported not smoking during pregnancy was significantly higher in 2010 compared with the state and comparable between Allegheny County and the state for the remaining year. The percentage of mothers not smoking three months prior to pregnancy was significantly higher in

Allegheny County compared to the state rates.

- In Allegheny County, the percentage of low birth rate births has been decreasing since 2007, and the rates are slightly lower than the state.
- The percentage of mothers who reported receiving WIC was significantly lower in Allegheny County 2007-2010 compared to the state.
- The percentage of mothers who received Medicaid was significantly higher in 2007 and 2008; however significantly lower in 2009 and 2010 compared to the state.
- The percentage of mothers who reported breastfeeding was significantly lower in Allegheny County 2007-2010 compared to the state.
- The teenage pregnancy rate was significantly lower in Allegheny County 2007-2009, compared to the state rates.
- The percentage of teenage pregnancies that resulted in a live birth was significantly lower in Allegheny County 2007-2010, compared to the state rates.
- The infant mortality rate was higher in Allegheny County between 1999-2010 compared to the state rates, and significantly for African American infants.
- In Allegheny County, 17.4% of students grades K-6 are considered overweight and 15.9% are considered obese. Of those students in grades 7-12, 17.1% are considered overweight and 15.9% are considered obese.
- From the community survey respondents ranked teenage pregnancy as the most serious issue, followed by access to prenatal care and access to childhood immunizations.

- Stakeholders discussed the impact the high poverty rate has on area youth with 100% receiving free breakfast at school, 88% receiving free lunch and approximately 100-150 students also receiving a free dinner.
- Stakeholders emphasized the need for parenting education, services for single parents, parenting education, OB/GYN services, teen pregnancy education/puberty education, and a women's shelter.

Infectious Disease

Pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, cause infectious diseases; these diseases can be spread, directly or indirectly, from one person to another. These diseases can be grouped in three categories: diseases which cause high levels of mortality; diseases which place on populations heavy burdens of disability; and diseases which owing to the rapid and unexpected nature of their spread can have serious global repercussions (World Health Organization).

There are a number of findings and conclusions that can be derived from the data related to Infectious Disease. They include:

- The percentage of adults over the age of 65 who received a pneumonia vaccine was significantly higher in Allegheny County between 2008 and 2010; however, the pneumonia mortality rate was significantly higher for Allegheny County in 2009 and 2010 compared to the state rates.
- Chlamydia and gonorrhea incidence rates were significantly higher in Allegheny County between 2007 and 2010, compared to the state rates. The syphilis incidence rate in Allegheny County was significantly higher in

2007 compared to the state rate, but has been decreasing every year since.

- In Allegheny County, 32% of adults aged 28-64 were ever tested for HIV, slightly lower than the state rate.
- From the community survey, sexually transmitted diseases were ranked the most serious issue followed by access to adult immunizations.
- From the community survey the most serious issue was sexually transmitted infections, followed by access to adult immunizations, both rated as somewhat of a problem in the community.
- Stakeholders commented that head lice education is needed in the community as well as flu immunization and prevention and HIV prevention education.

Mental Health and Substance Abuse

Mental Health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organization's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". Mental health is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

According to the World Health Organization, substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and

physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Stakeholders interviewed perceive that there are a high number of community members with mental health problems and they suggest a need for outpatient psychiatric services. Stakeholders also commented that there is a need for education and prevention services related to alcohol use, and heroin, as well as other drug use. It was also commented that there have been drug related murders in the community. Community survey respondents identified illegal drug use, prescription drug abuse and alcohol abuse as problems in the community.

There are a number of findings and conclusions that can be derived from the data related to Mental Health and Substance Abuse. They include:

- In Allegheny County, 95% of adults reported being satisfied or very satisfied with their life.
- In Allegheny County, 7% of adults reported rarely or never getting the social or emotional support they needed.
- In Allegheny County, 34% of adults reported that their mental health was not good at least one day in the past month.
- There were no significant differences between Allegheny County and the state rates in terms of binge, chronic, or heavy drinking. Of the community survey

respondents, 26.0% reported binge drinking in the past 30 days.

- The drug induced mortality rate was significantly higher in Allegheny County between 2007 and 2010, compared to the state rate.
- The mental and behavioral disorders mortality rate has increased slightly in Allegheny County and is somewhat higher than the state rate.
- From the community survey illegal drug use was ranked as the most serious issue, followed by prescription drug use and alcohol use, all rated as somewhat serious problems in the community.
- Stakeholders identified a need for outpatient psychiatric services and note that there are a lot of community members with mental health problems.
- Stakeholders also identified a need for drug (notably heroin) and alcohol education and prevention services. They also report that there have been drug or gang related murders and overdoses in the community.

Physical Activity and Nutrition

Regular physical activity reduces the risk for many diseases, helps control weight, and strengthens muscles, bones, and joints. Proper nutrition and maintaining a healthy weight are critical to good health.

Stakeholders interviewed commented that while there were a number of existing programs focused on healthy eating and the importance of exercise, there was a perception that the following are service needs in the community: dietary preventative care, nutrition education,

health and fitness education and healthy shopping/cooking education. A possible collaborative relationship between the hospital and local grocery stores was suggested as a way to promote healthy eating. Community survey respondents identified lack of exercise as a problem within the community.

There are a number of findings and conclusions that can be derived from the data related to Physical Activity and Nutrition. They include:

- 24% of adults in Allegheny County reported no leisure time physical activity in the past month. Of the community survey respondents, 27.2% of adults did not report any physical activity in the past 30 days.
- 47% of all restaurants in Allegheny County are considered to be fast food restaurants.
- In Allegheny County, 33.7% of children qualified for free lunch, while 4.6% qualified for reduced priced lunch.
- In Allegheny County, 28.7% of the population has low access to a grocery store.
- From the community survey, lack of exercise was seen as somewhat of a problem, while recreation opportunities and access to high quality affordable foods were viewed as less serious community problems.
- Stakeholders recognize that programs are in place that focus on nutrition and physical activity but note that more can always be done. An emphasis on healthy shopping and nutrition education could be done in collaboration with area grocery stores.

Tobacco Use

According to the Centers for Disease Control, tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

There are a number of findings and conclusions that can be derived from the data related to Tobacco Use. They include:

- Allegheny County, the state, and national rates are comparable in terms of adults who reported being current smokers, all were also above the HP 2020 goal of 12%.
- 28% of adults in Allegheny County reported being a former smoker, which was slightly higher than the state and national rates. 12% of the community survey respondents reported being a current smoker, with 4.2% of those current smokers smoking a pack of more a day. Most community survey

respondents (95%) do not currently use chewing tobacco, snuff, or snus.

- 13% of adults in Allegheny County reported being an everyday smoker, which was comparable to the state and national rates.
- 54% of adults in Allegheny County reported never being a smoker, which was comparable to the state and national rates.
- In Allegheny County, out of adults who reported smoking every day, 48% quit smoking at least one day in the past year.
- The emphysema mortality rate in Allegheny County was significantly higher in 2010 compared to the state rates.
- From the community survey respondents rated tobacco use as a serious issue in the community followed by tobacco use during pregnancy.
- Stakeholders noted that tobacco use as a problem in the community, as well as the associated health problems. However, they did express that smoking cessation programs are available in the community.

Injury

The topic of injury relates to any intentional or unintentional injuries that can be suffered by individuals. Community survey respondents rated violence and domestic violence as somewhat of a problem in the community while child abuse was considered a small problem.

There are a number of findings and conclusions that can be derived from the data related to Injury, although the topic was not discussed extensively during the stakeholder interviews. They include:

- The motor vehicle mortality rate was significantly lower in Allegheny County 2007-2010 compared to the state.
- The suicide mortality rate was significantly lower in Allegheny County in 2010, compared to the state rate and was below the Healthy People Goal of 9.8.
- The mortality rate for falls was significantly higher in Allegheny County in 2008 and 2010, compared to the state rate.
- The homicide mortality rate was significantly higher in Allegheny county 2007-2010 compared to the state.
- Gun related homicides were significantly higher in Allegheny County 2007-2010, compared to the state.
- From the community survey, respondents rated violence as the most serious issue, followed by domestic violence and child abuse.
- Stakeholders commented on the relationship between drugs and violence and noted that this often results in injury and death, noting seven murders in the community over the past two years.

Action Plan

The action plan to address the priorities is designed to focus on addressing diabetes, obesity and other chronic diseases prevalent in the community by implementing prevention and diabetes management strategies within the senior population. The hospital will host an annual Diabetes Day, increase awareness regarding the importance of education and screening in the community, facilitate seniority meetings that include screening, testing and education, conduct living well with diabetes

classes and offer free diabetes support group meetings. **The following table** outlines Ohio Valley General Hospital's Action Plan.

Review and Approval

The 2013 Community Health Needs Assessment and Action Plan was presented and approved by the Ohio Valley General Hospital Board of Directors on June 25, 2013. Following Board approval, the 2013 Ohio Valley General Hospital CHNA will be published and made widely available to the public.



GOAL: Address diabetes, obesity and other chronic diseases prevalent in the community, by implementing prevention and diabetes management strategies within the senior population					
Objective	Action Steps	Responsible	Timeframe	Evaluation Metrics	Budget
Host Annual Diabetes Day	<ul style="list-style-type: none"> • Presentations on the following topics: <ul style="list-style-type: none"> - Nutrition and Diabetes - Diabetes Medicines and Diabetes Self-Management Q&A - Innovations in Diabetes Orthotics - The benefits of finding exercises just right for you - Healthy cooking demo with free samples • Free Health Screenings on the following: <ul style="list-style-type: none"> - Bone density scans - Foot screenings - Blood Glucose - Blood Pressure - Height, Weight, Body Mass Index - Body Fat Analysis • Provide access to the following diabetic vendors <ul style="list-style-type: none"> - United Health Care - Gateway Health Plan Medicare Advantage - Abbott (FreeStyle) Glucose meters - Sanofi Aventis – Insulin Manufacture - Express Med Pharmacy - Ponsi Shoes, MediHome Health - DM Shoe Companies 	Rachel Kingsley/Nora Suehr	March 2014	<ul style="list-style-type: none"> • Knowledge increase • Speaker satisfaction • # people attending education programs and screenings • # vendors participating in programs • Intent to change activity/exercise level 	Advertising, administrative support & bio screening supplies

GOAL: Address diabetes, obesity and other chronic diseases prevalent in the community, by implementing prevention and diabetes management strategies within the senior population					
	<ul style="list-style-type: none"> - Hanger Inc. – Orthotics and Prosthetics - Sewickley Eye Group – Ophthalmology - Carnegie Mellon University – Research Opportunities for people with diabetes - The Willows – Independent Living - Progressive Home Health – Home Health Services - OVGH Willow Brook Geropsychiatric Unit – Mental Health - OVGH Wound Care Center – Wound Care - Blood Screenings 				
<p>Increase awareness regarding the importance of education and screening in the community</p>	<ul style="list-style-type: none"> • Sending bi monthly email blasts to over 500 email participants regarding upcoming classes & diabetes tips • Promote Diabetes Day/Living Well with Diabetes Classes and Free Diabetes Support Group meetings in quarterly seniority newsletter which reaches over 3,000 members • Deliver information regarding our Diabetes Program to local organizations such as F.O.R. • Promote diabetes programs in internal hospital newsletter 	Rachel Kingsley /Volunteers/Sydney Keller	Ongoing	<ul style="list-style-type: none"> • # people reached • # people who attend screenings who indicate that they heard about the program(s) from the newsletter 	Postage
<p>Facilitate Seniority Meetings that include screening, testing and</p>	<ul style="list-style-type: none"> • Provide free glucose testing and body fat analysis to members • Distribute Diabetes information • Provide members with the opportunity to sign up to attend Living Well with Diabetes 	Rachel Kingsley /Sydney Keller	Monthly	<ul style="list-style-type: none"> • # people who attend meetings • # people who sign up for screenings 	Testing Materials

GOAL: Address diabetes, obesity and other chronic diseases prevalent in the community, by implementing prevention and diabetes management strategies within the senior population					
education	Classes or Free Diabetes Support Group Meetings	Rachel Kingsley	Monthly 10 hour programs	Increase in knowledge of nutrition, exercise, blood glucose monitoring, prevention	Additional Supplies & Assistant
Conduct Living Well with Diabetes Classes	<ul style="list-style-type: none"> • 10 Hour program which consists of an individual consultation and 8 hours of group class time which was designed to provide information and skills to assist people with the management of their diabetes • Topics included in the program are: <ul style="list-style-type: none"> -Nutrition -Exercise -Stress -Medication -Self Blood Glucose Monitoring -Prevention, Detection & Treatment of High and Low Blood Sugar -Prevention, Detection & Treatment of Long Term Complications 	Rachel Kingsley	Monthly 10 hour programs	<ul style="list-style-type: none"> • Behavior change goal progression • # people who attend • # people who follow up for nutrition and diabetes management 	Additional Supplies & Assistant
Free Diabetes Support Group Meetings	<ul style="list-style-type: none"> • Diabetes Presentation on a variety of different topics • Problem Solving • Full Support 	Rachel Kingsley		<ul style="list-style-type: none"> • # people who attend • Increase in knowledge through patient self-assessment tracking. 	Additional Supplies