

# *Community Health Needs Assessment*

Heritage Valley Health System



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HERITAGE VALLEY  
HEALTH SYSTEM

By

crescendo | 

2022

# Table of Contents

## Executive Summary**5**

Community Health Needs Assessment Purpose and Goals**5**

Service Area**6**

Quantitative Research**6**

High-Level Qualitative Research Themes & Action Areas**8**

Community Opinions of Need**8**

Community Needs Prioritization Approach**10**

## Organizational History**11**

Mission, Vision, and Values**11**

## Methodology, Purpose, and Data Limitations**12**

Methodology Components**12**

Community Health Needs Assessment Purpose and Goals**13**

Data Limitations**13**

## Overview of Communities Served**14**

Service Area Description and Map**14**

## Strategic Secondary Research on the Service Area**15**

The Social Vulnerability Index**15**

## Secondary Data Analysis**17**

## Population Demographics**17**

Population Projections**17**

Age & Gender Categories**18**

Race & Ethnicity**19**

Language Spoken**20**

Population Living with a Disability**22**

## Social and Economic Factors**24**

Educational Attainment**24**

Employment & Income**27**

## Transportation**30**

## Housing and Household Characteristics**31**

Unsheltered Population**37**

## Health Status Profile**38**

Health Insurance Coverage**38**

- Health Care Providers42
- Health Care Facilities43
- Hospitalizations, Mortality, Disease Incidence & Health Behaviors45
- Cancer Incidence48
- Maternal, Infant and Child Health49
- Mental Health and Substance Use52**
  - Mental Health53
  - Substance Use56
- Impact of COVID-1960**
- Service Use Data62**
- Access Audit Summary65**
- Qualitative Research Summary67**
  - Overview67
  - Community Strengths of Heritage Valley Health System’s Service Area68
- High-Level Action Areas & Observations69**
  - Behavioral Health and Substance Use70
  - Health Care Navigation71
  - Housing72
  - Impacts of the COVID-19 Pandemic72
  - Transportation73
- Community Survey75**
- Google Search Trends Analysis76**
  - Approach:76
  - Health Search Interest Overview77
- Conclusions and Needs Prioritization Process81**
- Appendices82**
  - Access Audit82
  - Community Survey83
  - Qualitative Research89
  - Community Survey Frequency Tables90
  - Crescendo Consulting Group Personnel135
  - Activities Conducted Since the Prior CHNA137
  - Needs Prioritization Participants140

Board Approval140

List of Community Resources141

## Executive Summary

### Community Health Needs Assessment Purpose and Goals

As part of Section 501 (r) (3) requires all charitable tax-exempt hospital organizations to complete a Community Health Needs Assessment (CHNA) every three years. The CHNA assesses the unmet need for health services in the hospital’s service area.<sup>1</sup>

The Heritage Valley Health System’s CHNA identifies and prioritizes the needs of the community. In doing so, it will provide a solid technical platform to analyze population health at a county level (based on the actual service area), categorize factors associated with access to care and health care utilization, finely tune ongoing outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, and use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care.

The goal of the CHNA is to develop and drive activities, initiatives, and programs that impact people’s health the most, address the most urgent needs and respond to the highest priority needs within Heritage Valley Health System’s purview.

Heritage Valley Health System worked with Crescendo Consulting Group (CCG) as a research and assessment partner to formalize and implement the CHNA process. The process listed in the methodology section of the report outlines how the study was designed to evaluate the perspectives and opinions of area stakeholders and community members. The results will establish a baseline for continued community engagement and the development and prioritization of a broad, community-based list of needs for served communities.

The CHNA includes a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community leaders, stakeholders, and health care consumers – especially those from underserved populations. The methodology that was used helps prioritize the needs and establish a basis for continued community engagement, in addition to simply developing a broad, community-based list of needs. The major sections of the methodology and report include the following: Strategic secondary research, qualitative interviews, community survey, access audit, google trends analysis, and needs prioritization.



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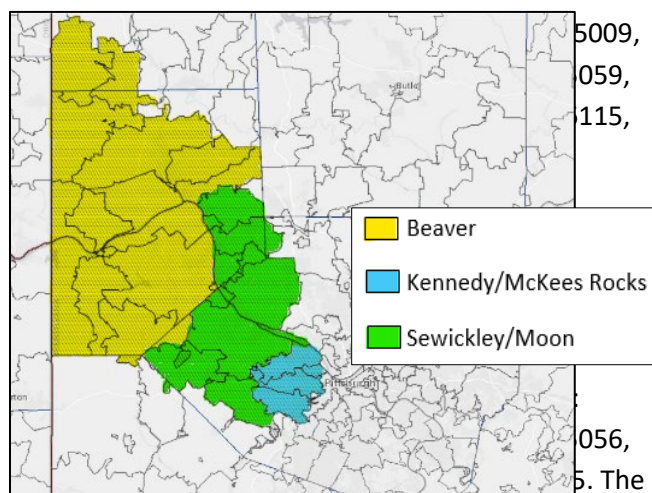
<sup>1</sup> Internal Revenue Service. Community Health Needs Assessment for Charitable Hospital Organizations- Section 501 (r) (3), 2021 <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

## Service Area

Heritage Valley Health System is a \$535 million integrated delivery network providing comprehensive health care for residents of Allegheny, Beaver, Butler, and Lawrence counties, in Pennsylvania; eastern Ohio; and the panhandle of West Virginia.

In partnership with 3,800 employees and more than 600 physicians, Heritage Valley offers a broad range of medical, surgical and diagnostic services at its three hospitals, Heritage Valley Sewickley, Heritage Valley Beaver and Heritage Valley Kennedy; in 55 physician offices; and 21 community satellite facilities.<sup>2</sup>

Heritage Valley Health System's primary service area is divided into three service areas (Beaver, Kennedy/McKees Rocks, and Sewickley/Moon), a total of 32 zip codes. The total population is 201,560.



total population is 117,096.

## Quantitative Research

The secondary data collection portion of the CNA is designed to establish a comprehensive picture of the overall service area. By collecting and analyzing data from a breadth of publicly available data sources, direct care providers, proprietary databases, and other sources, the secondary data analysis provides the framework from which to better understand geographies, population trends, and the unique features of the communities served by Heritage Valley Health System.

- Lower incomes, an older population structure, and higher rates of disability impact Heritage Valley Health System's service area.

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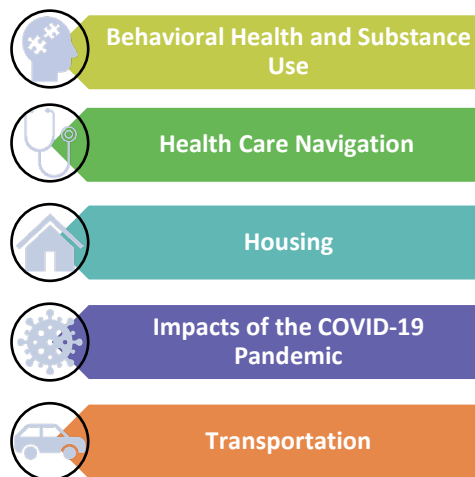
<sup>2</sup> Heritage Valley Health System. About Heritage Valley, 2022 <https://www.heritagevalley.org/about/overview/>

- The Kennedy/McKees Rocks and Beaver service areas report lower median incomes than the state average - \$4,054 to \$7,638 lower than the average Pennsylvania household.
- In all three service areas, 18 to 22 percent of the population is 65 years and older. Over 20 percent of individuals 65 to 74 years old have a disability and over 40 percent of individuals 75 years and over have a disability.
- In both Allegheny and Beaver counties, heart disease has the highest age-adjusted death rate.
- The incidence of chlamydia is high in both Allegheny County and Beaver County (469.8 per 100,000, 343.8 per 100,000, respectively).
- Over 60 percent of people are overweight or obese in Allegheny County and Beaver County.
- Over 38 percent of 12<sup>th</sup> graders in Allegheny County and over 40 percent of 12<sup>th</sup> graders in Beaver County have experienced depression.
  - In Allegheny County, 23.7 percent of 12<sup>th</sup> graders seriously considered suicide in the past year, 17.4 percent made a suicide plan in the past year, and 13.5 percent attempted suicide in the past year.
  - In Beaver County, 27.4 percent of 12<sup>th</sup> graders seriously considered suicide in the past year, 18.9 percent made a suicide plan in the past year, and 14.8 percent attempted suicide in the past year.
- In Beaver County 65 percent of adults have and at least one alcoholic beverage in the past month, 10 percent higher than the Pennsylvania average.

## High-Level Qualitative Research Themes & Action Areas

Each of the themes noted in the bullets below impacts all the subsequent observations and action areas. In the full report, readers will find details on each of the key Action Areas and de-identified illustrative quotes that are representative of respondents' consensus perspectives. **Please note, Action Areas are in alphabetical, not prioritized, order.**

- Qualitative interview results highlight the substantial need for mental health and substance use treatment.
- Health illiteracy and lack of culturally competent providers are barriers that the community expressed to have severe impacts on navigating the health care system.
- Affordable housing was identified as a challenge. The rise of housing costs is causing households to be severely cost-burdened.
- Participants express the severe impact that the COVID-19 pandemic has had on the community, especially vulnerable populations.
- Community members expressed many barriers and challenges related to the transportation system.



## Community Opinions of Need

A community survey was fielded to capture the importance and availability of services within Heritage Valley Health System's service area. The survey was widely available to community members and captured the voices of over 1,700 community members. The community survey (available in the Appendix) consisted of 20 top related (i.e., most needed) community needs which are shown in the table below.

Rank	Need/Resource	No focus needed		Neutral		Much more focus needed
1	Affordable prescription drugs	3.6%	2.2 %	11.4%	20.7%	62.1%
2	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	4.7%	2.8 %	21.3%	25.7%	45.5%
3	Counseling services for mental health issues such as depression, anxiety, and others for adults	4.6%	3.1 %	21.8%	27.4%	43.2%
4	Long-term care or dementia care for seniors	3.1%	3.1 %	21.0%	31.0%	42.8%



5	Health care services for seniors	3.4%	3.5 %	21.4%	30.8%	41.0%
6	Crisis or emergency care programs for mental health	3.9%	3.4 %	23.3%	28.6%	40.8%
7	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	4.4%	4.0 %	22.8%	25.8%	40.3%
8	School-based mental health support for children	5.3%	4.4 %	29.2%	23.5%	37.7%
9	Affordable health care services for individuals or families with low income	4.6%	5.1 %	25.3%	28.5%	36.6%
10	Drug and other substance abuse early intervention services	4.3%	3.9 %	29.2%	27.9%	34.7%
11	Services to help people learn about, and enroll in, programs that provide financial support for people needed healthcare	4.2%	3.3 %	27.3%	31.3%	34.0%
12	Special care (for example, caseworkers or “navigators”) for people with chronic diseases such as diabetes, cancer, asthma, and others	4.5%	3.8 %	28.0%	29.7%	34.1%
13	Drug and other substance abuse treatment services	4.7%	3.8 %	30.6%	27.1%	33.8%
14	Programs to help to recover drug and other substance use disorder patients stay healthy	4.9%	4.5 %	30.7%	26.9%	33.1%
15	Social services (other than healthcare) for people experiencing homelessness	5.3%	2.6 %	29.6%	29.4%	33.0%
16	Support services for children with developmental disabilities	3.9%	3.4 %	28.4%	31.7%	32.6%
17	Drug and other substance abuse education and prevention	4.7%	4.0 %	31.4%	27.4%	32.4%
18	Health care services for people experiencing homelessness	5.5%	3.3 %	31.3%	28.1%	31.8%
19	Affordable quality childcare	8.6%	3.5 %	38.8%	18.5%	30.6%
20	Programs for obesity prevention, awareness, and care	4.7%	4.1 %	30.7%	30.0%	30.5%

## Community Needs Prioritization Approach

Prioritizing 12 needs identified through both qualitative and quantifiable data is a unique process essential to building consensus between organizational leadership, community members, and partnering agencies on which interventions to initiate and implement within service areas. Heritage Valley leaders and community experts participated in a modified Delphi process by which they ranked and rated each of the community needs identified in the qualitative and quantitative research. The final step of the Delphi process included a meeting attended by Heritage Valley Health System leaders to review the prioritization process results, reflect upon and add (as needed) additional insight, and draft the final list of prioritized needs. The final list is shown below.

### Prioritized Needs

Rank	Need
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents and children
2	Chronic disease management
3	Programs (inpatient and outpatient, prevention, early intervention) to help those struggling and recovering from a substance use disorder stay healthy
4	Utilize community health workers and health care navigators to strengthen access to care and coordination between the hospital and other clinics, private doctors, or other health service providers
5	Services to facilitate and encourage earlier diagnosis, prevention, and treatment services to help reduce the total cost of healthcare over time
6	Disease prevention programs
7	Mental health crisis services and community awareness of available resources
8	In-home care for seniors with limited mobility
9	Affordable health care services for low-income families
10	Wellness initiatives to encourage physical activity
11	Diversity, equity, and inclusion education for health care staff at all levels of care
12	Free or low-cost transportation to medical appointments

## Organizational History<sup>3</sup>

Heritage Valley Health System is a \$535 million integrated delivery network providing comprehensive health care for residents of Allegheny, Beaver, Butler, and Lawrence counties, in Pennsylvania; eastern Ohio; and the panhandle of West Virginia.

In partnership with 3,900 employees and more than 600 physicians, Heritage Valley offers a broad range of medical, surgical and diagnostic services at its three hospitals, Heritage Valley Sewickley, Heritage Valley Beaver and Heritage Valley Kennedy; in 55 physician offices; and 21 community satellite facilities.

### Mission, Vision, and Values

#### **Mission**

To improve the health and well-being of all people in the communities we serve.

#### **Vision**

Heritage Valley Health System will be a leader among community health systems nationally. We will provide exceptional health services across a seamless delivery system, built upon collaborative relationships connecting physicians, employees and the community. We will address both prevention and treatment of disease throughout the continuum of life.

#### **Values**

- Ethical behavior
- Responsibility
- Collaboration
- Compassion
- Proficiency
- Service Excellence

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<sup>3</sup> Heritage Valley Health System. About Heritage Valley, 2022 <https://www.heritagevalley.org/about/overview/>

# Methodology, Purpose, and Data Limitations

## Methodology Components

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of stakeholders and health care consumers – especially those from underserved populations. The methodology that was used helps prioritize the needs and establish a basis for continued community engagement, in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology and report include the following:

- **Strategic Secondary Research:** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures.
- **Qualitative Interviews:** This form of primary research includes stakeholder interviews with Heritage Valley Health System leadership, other community service and health care providers, and health care consumers who represent a span of health care consumers in the service area.
- **Community Survey:** Crescendo conducted an online survey with more 1,700 responses from community members. Survey results and analysis can be found in this report. The survey instrument is contained in the appendices.
- **Access Audit:** The Crescendo Team conducted access audits to understand practical access to care issues perceived by community service clients. Access audits, or “mystery shopper” calls, are a highly effective way to evaluate customer service data and consumer-level access to care issues.
- **Google Trends Analysis:** Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google’s search engine relative to the site’s total search volume over a given time period. Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if the value for “Springfield” is 100 and the value for “donut” is 50, the number of searches for “donut” is half as popular as “Springfield.” A score of 0 means there was not enough data for the term.
- **Needs Prioritization:** Following the secondary research, qualitative interviews, and community survey, a large list of community health-related issues was generated. Project leadership group members participated in a needs prioritization meeting where top needs were discussed, along with Heritage Valley Health System’s locus of control for each item.

## Community Health Needs Assessment Purpose and Goals

As part of Section 501 (r) (3) requires all charitable tax-exempt hospital organizations to complete a community health needs assessment (CHNA) every three years. The CHNA assesses the unmet need for health services in the hospital's service area.<sup>4</sup>

The purpose of the Heritage Valley Health System's CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a county level (based on the actual service area), categorize factors associated with access to care and health care utilization, finely tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, and use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care.

The goal of the CHNA is to help develop and drive the activities that impact people's health the most, address the most urgent needs, and otherwise respond to the highest priority needs within Heritage Valley Health System's purview.

## Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.<sup>5</sup> Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

In this report, some secondary data measures are only available at the county level and not at the zip code level. There are tables throughout this report where Heritage Valley Health System's service area is generalized into Allegheny County and Beaver County instead of the service area by zip code.

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<sup>4</sup> Internal Revenue Service. Community Health Needs Assessment for Charitable Hospital Organizations- Section 501 (r) (3), 2021 <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

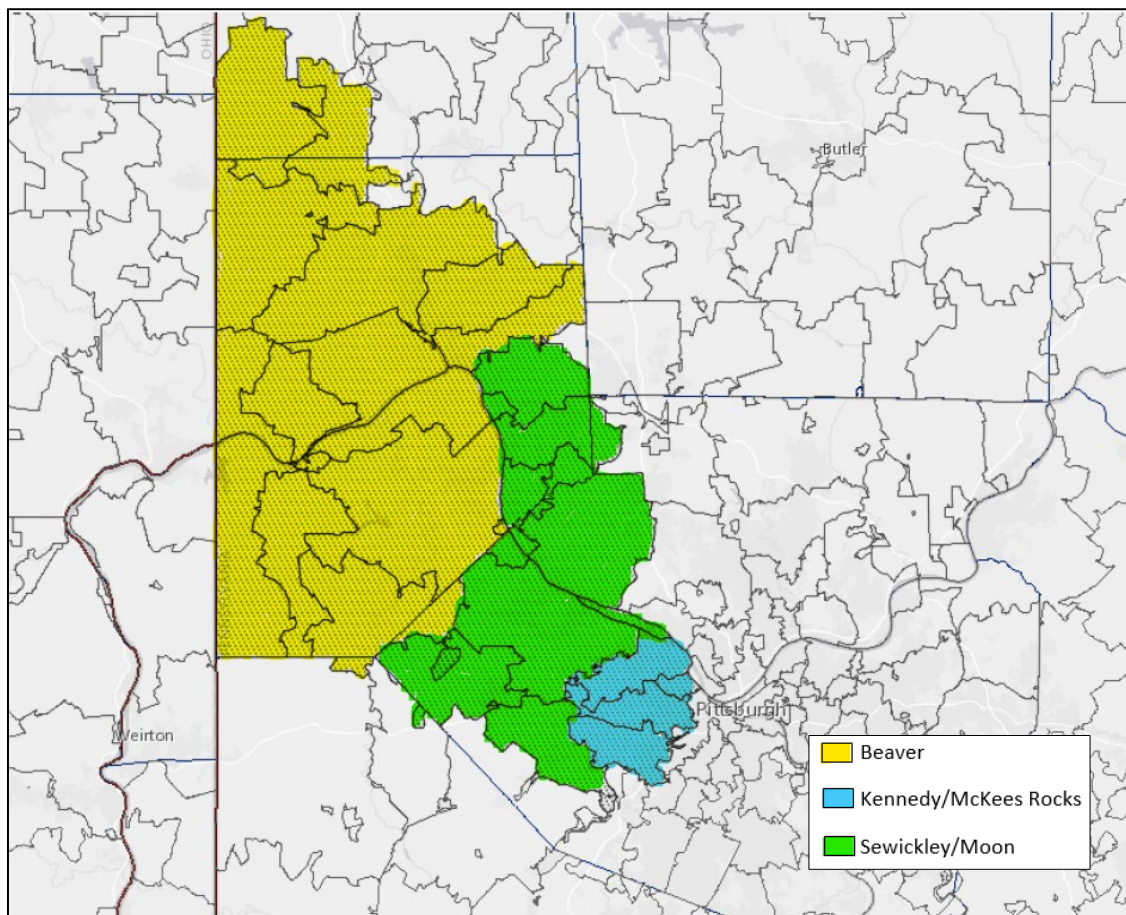
<sup>5</sup> See U.S. Census Bureau: <https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf>

# Overview of Communities Served

## Service Area Description and Map

Heritage Valley Health System’s primary service areas are made up of three market areas defined by 32 zip codes. Zip code level data is aggregated into three market areas: Beaver, Kennedy/McKees Rocks, and Sewickley/Moon.

- Beaver market area zip codes: 15001, 15009, 15010, 15026, 15043, 15050, 15052, 15059, 15061, 15066, 15074, 15077, 15081, 16115, 16120, 16136, and 16141. In exhibit 1, the Beaver market area is indicated in yellow.
- Kennedy/McKees Rocks market area zip codes: 15106, 15136, 15204, and 15205. In exhibit 1, the Kennedy/McKees Rocks market area is indicated in blue.
- Sewickley/Moon market area zip codes: 15003, 15005, 15027, 15042, 15046, 15056, 15071, 15108, 15126, 15143, and 15225. In exhibit 1, the Sewickley/Moon market area is indicated in green.



## Strategic Secondary Research on the Service Area

### The Social Vulnerability Index

- The Social Vulnerability Index (SVI) helps identify areas of need in the service area. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. This tool may be used to rank overall population wellbeing and mobility relative to county and state averages. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.

<b>Socioeconomic Status</b>	Below Poverty Unemployed Income No High School Diploma
<b>Household Composition &amp; Disability</b>	Aged 65 + Aged Below 18 Disabled Single-Parent Households
<b>Minority Status &amp; Language</b>	Minority Don't Speak English
<b>Housing Type &amp; Transportation</b>	Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters

The following table highlights factors that impact the needs of those most vulnerable in Heritage Valley Health System’s service area.

*Exhibit 2: Social Vulnerability Index*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total population</b>	326,569,308	12,794,885	130,559	70,905	117,096
<b>Below poverty</b>	12.8%	12.0%	10.5%	13.9%	6.0%
<b>Unemployed</b>	3.4%	3.4%	3.8%	4.2%	2.5%
<b>Median income</b>	\$64,994	\$63,627	\$59,573	\$55,989	\$77,767
<b>Age 65+</b>	16.0%	18.3%	20.7%	18.5%	22.6%
<b>Under 18 years</b>	22.4%	20.7%	20.2%	19.6%	19.8%
<b>Population living with a disability</b>	12.7%	14.0%	16.8%	15.5%	12.9%
<b>Ethnic/racial minority</b>	39.9%	24.3%	12.1%	22.1%	13.0%
<b>Speak English less than “very well”</b>	8.2%	4.4%	1.5%	2.5%	3.6%
<b>Multi-unit housing structures</b>	26.1%	20.5%	11.1%	24.8%	16.9%
<b>Mobile homes</b>	6.0%	3.8%	15.0%	2.3%	6.1%
<b>No vehicle</b>	8.5%	2.7%	10.4%	16.4%	6.8%
<b>Group quarters</b>	2.5%	3.3%	2.0%	0.6%	2.2%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In the Kennedy/McKees Rocks service area, 13.9 percent of residents live below poverty level, higher than the state average (12%).
- The percentage of people unemployed in the Beaver and Kennedy/McKees Rocks service area is higher than the state average.
- The median income in the Kennedy/McKees Rocks service area is \$55,989 and \$59,573 in the Beaver service area, \$4,054 to \$7,638 lower than the state median income.
- In all three service areas, the 65 years and older group make up a larger percentage of the population than the state and national averages.
- In the Beaver service area, 16.8 percent of the population is living with a disability and 15.5 percent of the population living in the Kennedy/McKees Rocks service area is living with a disability.
- Approximately 22 percent of the population in the Kennedy/McKees Rocks service area is of ethnic and racial minority.
- Almost a quarter of housing structures are multi-units in the Kennedy/McKees Rocks service area (24.8%).



- In Pennsylvania 3.8 percent of people live in mobile homes while in the Beaver service area, 15 percent of homes are mobile homes. In the Sewickley/Moon service area 6.8 percent of homes are mobile homes.
- In all three of Heritage Valley’s service areas the percentage of people who do not have a vehicle is higher than the state average.

## Secondary Data Analysis

### Population Demographics

#### Population Projections

**Population trends and projections for Pennsylvania, Allegheny County, and Beaver County demonstrate an increase in the population.**

*Exhibit 3: Population Trends and Projections*

	Pennsylvania	Allegheny County	Beaver County
<b>2010 Population</b>	12,711,308	1,223,840	170,595
<b>2020 Population</b>	13,230,170	1,265,919	172,348
<b>2025 Population</b>	13,504,614	1,286,990	173,532

Source: Center for Rural Pennsylvania. Population Projections, <https://www.rural.pa.gov/data/population-projections>

- From 2010 to 2020 Pennsylvania had a population increase of 518,862 people. It is projected that by 2025, Pennsylvania will see a population increase of 274,444 people- more than half of the increase the state saw from 2010 to 2020.
- From 2010 to 2020 Allegheny County had a population increase of 42,079 people. Population projections estimate by 2025 Allegheny County will see a population increase of 21,071 people.
- From 2010 to 2020 Beaver County had a population increase of 1,753 people while population projections are estimating an increase of 1,184 people by 2025.

## Age & Gender Categories

**Out of Heritage Valley Health System’s three market areas, the largest population is in Beaver, followed by Sewickley/Moon and Kennedy/McKees Rocks. Similar to state and national averages, there are slightly more females than males. The three market areas are trending older than state and national averages, most notably within the population 65 years and older.**

*Exhibit 4: Population by Gender and Age*

	United States	Pennsylvania	Beaver	Kennedy/ McKees Rocks	Sewickley/ Moon
<b>Total population</b>	326,569,308	12,794,885	130,559	70,905	117,096
<b>Male</b>	49.2%	49.0%	48.2%	47.4%	48.6%
<b>Female</b>	50.8%	51.0%	51.9%	52.6%	51.4%
<b>Median age</b>	38.2	40.9	46.5	40.4	51.1
<b>Under 5</b>	6.0%	5.5%	5.5%	6.5%	4.9%
<b>5 to 9</b>	6.1%	5.6%	5.8%	4.9%	5.4%
<b>10 to 14</b>	6.5%	6.0%	6.0%	5.1%	6.5%
<b>15 to 19</b>	6.5%	6.3%	5.9%	5.5%	5.7%
<b>20 to 24</b>	6.7%	6.3%	6.2%	5.0%	5.3%
<b>25 to 34</b>	13.9%	13.2%	11.7%	17.1%	13.0%
<b>35 to 44</b>	12.7%	11.7%	11.8%	11.7%	12.6%
<b>45 to 54</b>	12.7%	12.9%	12.8%	12.4%	13.3%
<b>55 to 59</b>	6.7%	7.2%	8.3%	8.0%	8.0%
<b>60 to 64</b>	6.2%	6.9%	8.4%	7.2%	7.2%
<b>65+</b>	16.0%	18.3%	20.7%	18.5%	22.6%
<b>65 to 74</b>	9.4%	10.3%	11.6%	11.0%	12.2%
<b>75 to 84</b>	4.7%	5.3%	6.5%	4.9%	7.1%
<b>85+</b>	2.0%	2.6%	3.1%	2.8%	3.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The median age in each of the three service areas is higher than state and national averages. The Sewickley/Moon area has the highest median age of 51.1 years while the Kennedy/McKees Rocks has the lowest median age of 40.4 years.

## Race & Ethnicity

The three market areas that Heritage Valley Health System serves are primarily white with relatively little ethnic diversity. The Kennedy/McKees Rocks service area has the highest percentage of residents who identify as Black or African American. The Sewickley/Moon service area has the highest percentage of residents who identify as Asian.

*Exhibit 5: Population by Race & Ethnicity*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total population</b>	326,569,308	12,794,885	130,559	70,905	117,096
<b>White</b>	70.4%	79.4%	89.1%	79.7%	88.3%
<b>Black or African American</b>	12.6%	11.1%	9.2%	19.4%	5.9%
<b>American Indian and Alaska Native</b>	0.8%	0.2%	0.2%	0.1%	0.2%
<b>Asian</b>	5.6%	3.5%	1.0%	3.3%	5.8%
<b>Native Hawaiian and Other Pacific</b>	0.2%	0.0%	0.1%	0.0%	0.3%
<b>Some Other Race</b>	5.1%	2.4%	0.6%	2.4%	2.0%
<b>Hispanic or Latino</b>	18.2%	7.6%	1.9%	1.6%	2.4%
<b>Not Hispanic or Latino</b>	81.8%	92.4%	98.4%	98.4%	98.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The population who identifies as Black or African American accounts for 19.4 percent of the population in the Kennedy/McKees Rocks service area, higher than the average for Pennsylvania and the United States (11.1%, 12.6% respectively).
- Approximately 5.8 percent of the Sewickley/Moon service area population identifies as Asian, slightly higher than the average in the United States (5.6%).
- A small percentage of residents identify as Hispanic or Latino in the three service areas. The largest representation is in the Sewickley/Moon service area, with 2.4 percent of the population identifying as Hispanic or Latino.

## Language Spoken

Similar to the United States and Pennsylvania generally, the vast majority of residents in the three market areas speak only English. However, there is a presence of residents whose primary language is other than English.

*Exhibit 6: Language Spoken at Home*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>English only</b>	78.5%	88.5%	97.3%	94.5%	93.0%
<b>Language other than English</b>	21.5%	11.5%	3.2%	6.4%	8.3%
<b>Speak English less than “very well”</b>	8.2%	4.4%	1.5%	2.5%	3.6%
<b>Spanish</b>	13.2%	5.1%	1.0%	0.8%	1.4%
<b>Other Indo-European languages</b>	3.7%	3.6%	1.9%	3.4%	3.1%
<b>Asian and Pacific Islander languages</b>	3.5%	2.1%	0.6%	1.5%	2.8%
<b>Other languages</b>	1.1%	0.7%	0.2%	1.2%	2.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In Sewickley/Moon, 8.3 percent of the population speaks a language other than English, compared to 6.4 percent in Kennedy/McKees Rocks and 3.2 percent in Beaver.
- In Sewickley/Moon, 1.4 percent report Spanish as their primary language and 2.8 percent of people who speak Asian and Pacific Islander languages.
- Those who speak Indo-European languages make up 3.4 percent of the population in Kennedy/McKees Rocks and 3.1 percent in Sewickley/Moon – similar to state and national averages (3.6%, 3.7% respectively).

Although the foreign-born population makes up a relatively small number of the population in the service areas, there is a presence across the three service areas.

*Exhibit 7: Foreign-Born Population*

	United States	Pennsylvania	Beaver	Kennedy/ McKees Rocks	Sewickley/ Moon
<b>Total population</b>	326,569,308	12,794,885	130,559	70,905	117,096
<b>Foreign-born population</b>	44,125,120	896,848	1,173	3,897	6,810
<b>Europe</b>	10.8%	18.5%	ND	28.6%	24.6%
<b>Asia</b>	31.3%	39.2%	ND	45.0%	57.5%
<b>Africa</b>	5.4%	9.1%	ND	14.3%	6.1%
<b>Oceania</b>	0.6%	0.4%	ND	7.6%	5.1%
<b>Latin America</b>	50.0%	31.0%	ND	20.3%	28.1%
<b>Northern America</b>	1.9%	1.8%	ND	3.3%	5.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In both the Kennedy/McKees Rocks and Sewickley/Moon service areas the largest percentage of the population who is foreign-born are from Asia.

## Population Living with a Disability

Disparities by race and ethnicity are also seen in those living with a disability. Across the three service areas, those who identify as racial and ethnic minorities make up larger percentages of people living with a disability.

*Exhibit 8: People Living with a Disability Summary*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total population living with a disability</b>	40,786,461	1,761,383	21,353	10,638	14,565
<b>Male</b>	12.5%	13.7%	16.6%	13.9%	12.5%
<b>Female</b>	12.8%	14.2%	16.4%	16.1%	12.5%
<b>White</b>	13.3%	13.9%	16.1%	15.5%	12.6%
<b>Black or African American</b>	14.0%	16.4%	23.6%	13.4%	8.7%
<b>American Indian and Alaska Native</b>	16.9%	24.0%	50.0%	ND	ND
<b>Asian</b>	7.2%	7.2%	14.4%	4.6%	ND
<b>Native Hawaiian and Other Pacific Islander</b>	11.3%	13.6%	0.0%	ND	ND
<b>Some other race</b>	9.1%	18.2%	12.1%	23.4%	ND
<b>Hispanic or Latino</b>	9.2%	14.1%	18.6%	4.7%	12.8%
<b>Not Hispanic or Latino</b>	14.0%	14.0%	16.1%	15.6%	4.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Beaver has the highest percentage of the population living with a disability. Of those reporting a disability, approximately 16.4 percent of whites have a disability, 26.3 percent of Black or African Americans have a disability, 78.6 percent of American Indians and Alaska Natives have a disability, 36.9 percent of Asians have a disability, 33.6 percent of Hispanics or Latinos have a disability, and 16.4 percent who are not Hispanic or Latino have a disability.

Across age groups, the population living with a disability by age is highest in those who are 65 years and older. Rates for disability among children and younger adults (under 35 years) is notably higher in Beaver than statewide averages and the rest of the service area.

*Exhibit 9: Disability Population by Age*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Under 5 years</b>	0.7%	0.7%	5.4%	0.1%	0.3%
<b>5 to 17 years</b>	5.7%	7.2%	11.9%	8.1%	5.1%
<b>18 to 34 years</b>	6.6%	7.5%	10.6%	6.6%	6.5%
<b>35 to 64 years</b>	12.5%	13.4%	16.3%	15.1%	10.3%
<b>65 to 74 years</b>	24.4%	23.3%	25.0%	22.0%	22.1%
<b>75 years and over</b>	48.1%	46.9%	49.9%	56.8%	41.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In Beaver 5.4 percent of children under 5 years are disabled, higher than children of the same age group in Kennedy/McKees Rocks and Sewickley/Moon (0.1%, 0.3%, respectively).
- In all three service areas, over 20 percent of individuals who are 65 to 74 years have a disability. Over 40 percent of individuals who are 75 years and older have a disability.

While there are some variations on specific measures, the disability population in the three service areas has generally higher percentages of those living with ambulatory, cognitive, hearing, self-care, and living independently difficulties than state and national averages.

*Exhibit 10: Disability Population by Type*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total population living with a disability</b>	40,786,461	1,761,383	21,353	10,638	14,565
<b>Hearing difficulty</b>	3.6%	3.8%	4.7%	3.4%	4.1%
<b>Vision difficulty</b>	2.4%	2.4%	2.4%	2.2%	1.5%
<b>Cognitive difficulty</b>	5.1%	5.9%	7.5%	6.2%	4.4%
<b>Ambulatory difficulty</b>	6.8%	7.3%	8.9%	9.2%	6.7%
<b>Self-care difficulty</b>	2.6%	2.8%	2.8%	3.4%	2.3%
<b>Independent living difficulty</b>	5.8%	6.4%	7.6%	7.3%	5.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In Beaver, 4.7 percent have hearing difficulty and 7.5 percent have cognitive difficulty.
- Ambulatory difficulty is highest in Beaver and Kennedy/McKees Rocks (8.9%, 9.2% respectively). Independent living difficulty is also highest in Beaver and Kennedy/McKees Rocks (7.6%, 7.3% respectively).
- Self-care difficulty is highest in Beaver (2.8%) and Kennedy/McKees Rocks (3.4%).

## Social and Economic Factors

### Educational Attainment

**In all three market areas, and consistent with national and statewide trends, residents aged 25 years or older with a high school diploma make up the highest percentage of educational attainment.**

*Exhibit 11: Educational Attainment by Population Aged 25 Years and Older*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Less than 9<sup>th</sup> grade</b>	4.9%	3.1%	1.8%	2.4%	2.2%
<b>9<sup>th</sup> to 12<sup>th</sup> grade, no diploma</b>	6.6%	5.9%	5.6%	4.6%	2.7%
<b>High school graduate (includes equivalency)</b>	26.7%	34.2%	36.4%	32.9%	28.9%
<b>Some college, no degree</b>	20.3%	15.9%	20.7%	17.1%	16.9%
<b>Associate degree</b>	8.6%	8.6%	12.6%	11.3%	11.2%
<b>Bachelor's degree</b>	20.2%	19.5%	18.3%	22.7%	27.4%
<b>Graduate or professional degree</b>	12.7%	12.8%	9.3%	11.2%	19.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Beaver and Kennedy/McKees Rocks (5.6%, 4.6% respectively) have a higher percentage of the population with no high school diploma than Sewickley/Moon (2.7%).
- Higher than state and national averages, Beaver has the highest percentage of those with a high school diploma (36.4%, compared to Pennsylvania's 34.2% and the national 26.7%).
- Sewickley/Moon has the highest percentage of those over age 25 holding a Bachelor's degree (27.4%) or a graduate or professional degree (19.7%) -- higher than the state and national average and the service area as a whole.



Across the three services areas, those who identify as a racial and ethnic minority have differing educational attainment depending on the service area. There are disparities between race and ethnicity of those possessing a degree higher than a high school diploma.

Exhibit 12: Educational Attainment by Race & Ethnicity

	United States		Pennsylvania		Beaver		Kennedy/McKees Rocks		Sewickley/Moon	
	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher	High school graduate or higher	Bachelor's degree or higher
<b>White</b>	90.7%	34.4%	92.4%	33.3%	93.8%	27.9%	94.7%	34.8%	96.2%	44.4%
<b>Black</b>	86.7%	22.6%	87.3%	20.2%	90.3%	19.8%	87.0%	18.5%	94.3%	35.8%
<b>American Indian or Alaska Native</b>	80.6%	15.4%	78.5%	20.0%	100.0%	87.9%	ND	ND	100.0%	ND
<b>Asian</b>	87.3%	55.0%	83.6%	56.3%	83.0%	39.6%	82.7%	53.4%	92.3%	80.8%
<b>Native Hawaiian and Other Pacific Islander</b>	86.9%	18.3%	81.8%	24.0%	100.0%	ND	ND	ND	100.0%	ND
<b>Some other race</b>	63.9%	13.1%	67.2%	14.1%	96.7%	30.4%	96.8%	61.7%	93.4%	86.8%
<b>Hispanic or Latino</b>	70.3%	17.6%	73.5%	18.2%	95.9%	37.3%	90.6%	35.4%	88.6%	51.3%
<b>Not Hispanic or Latino</b>	93.2%	36.5%	93.0%	33.8%	93.8%	27.9%	94.8%	34.8%	96.3%	44.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Black residents of Sewickley/Moon are nearly twice as likely as those in Kennedy/McKees Rocks to have received a bachelor's degree.
- Only 18.5 percent of Black residents in Kennedy/McKees Rocks have a bachelor's degree or higher, compared to 34.8 percent of White residents.

- Across all three service areas, those identifying as Hispanic or Latino are far more likely to have a bachelor's degree or higher than the Pennsylvania average.

## Employment & Income

**Across the three service areas, over half of the working-age population is employed. The unemployment rate is highest in Beaver and lowest in Sewickley/Moon.**

*Exhibit 13: Employment Status*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Population 16 years and over</b>	261,649,873	10,456,049	107,381	58,601	97,092
<b>Employed</b>	59.6%	59.4%	57.7%	62.0%	63.0%
<b>Unemployed</b>	3.4%	3.4%	3.8%	4.2%	2.5%
<b>Labor force</b>	63.4%	62.8%	61.2%	65.4%	65.7%
<b>Civilian labor force</b>	63.0%	62.7%	61.1%	65.3%	65.3%
<b>Armed forces</b>	0.4%	0.1%	0.2%	0.2%	1.4%
<b>Not in labor force</b>	36.6%	37.2%	39.0%	35.3%	35.4%
<b>Unemployment rate</b>	5.4	5.4	5.6	5.5	3.6

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The employed working-age population is highest in Sewickley/Moon (63.0%) and lowest in Beaver (57.7%)
- Approximately 1.4 percent of those who live in the Sewickley/Moon service area are in the armed forces.
- The unemployment rate is highest in Beaver and Kennedy/McKees Rocks (5.6%, 5.5% respectively), and lowest in Sewickley/Moon (3.6%).

Across all three service areas, the largest employment category is educational services, health care, and social assistance. In Kennedy/McKees Rocks and Sewickley/Moon, the second largest employment category is professional, scientific, management, administrative and waste management services, while in Beaver, the second largest employment industry is manufacturing. In all three service areas, retail trade is the third largest source of employment.

*Exhibit 14: Employment by Industry*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Civilian employed population, 16 years and older</b>	155,888,980	6,206,839	61,843	36,111	60,855
<b>Agriculture, forestry, fishing and hunting, and mining</b>	1.7%	1.3%	2.9%	1.0%	1.1%
<b>Construction</b>	6.7%	6.0%	6.4%	6.8%	5.9%
<b>Manufacturing</b>	10.0%	11.6%	12.1%	7.8%	9.7%
<b>Wholesale trade</b>	2.5%	2.6%	2.5%	4.1%	3.4%
<b>Retail trade</b>	11.0%	11.0%	11.6%	11.6%	11.1%
<b>Transportation and warehousing, and utilities</b>	5.5%	5.8%	9.7%	7.6%	8.5%
<b>Information</b>	2.0%	1.6%	1.3%	2.3%	1.8%
<b>Finance and insurance, and real estate and rental and leasing</b>	6.6%	6.6%	6.6%	9.8%	10.6%
<b>Professional, scientific, management, administrative, and waste management services</b>	11.7%	10.6%	10.0%	14.4%	14.0%
<b>Educational services, health care, and social assistance</b>	23.3%	26.2%	25.4%	20.5%	22.5%
<b>Arts, entertainment, recreation, and accommodation and food services</b>	9.4%	8.1%	8.1%	9.0%	7.8%
<b>Other services, except public administration</b>	4.8%	4.7%	6.7%	4.8%	4.8%
<b>Public administration</b>	4.7%	4.0%	4.4%	3.3%	2.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 25.4 percent of the employed working population in Beaver, 22.5 percent in Sewickley/Moon, and 20.5 percent in Kennedy/McKees Rocks work in the educational services, health care, and social assistance industry.
- Approximately 14.4 percent of the employed working population in Kennedy/McKees Rocks, 14.0 percent in Sewickley/Moon, and 10.0 in Beaver are employed in the professional, scientific, management, administrative, and waste management service industry.
- Retail trade work accounts for approximately 11.6 percent of the employed working population in Beaver and Kennedy/McKees Rocks, and 11.1 percent in Sewickley/Moon.

Disparities between household income across the three hospital service areas are evident. The median annual household income is more than \$20,000 less in Kennedy/McKees Rocks service area than Sewickley/Moon service area.

Exhibit 15: Annual Household Income

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total households</b>	122,354,219	5,106,601	56,539	33,234	50,325
<b>Median household income</b>	\$64,994	\$63,627	\$59,573	\$55,989	\$76,358
<b>Less than \$10,000</b>	5.8%	5.8%	6.7%	7.5%	3.2%
<b>\$10,000 to \$14,999</b>	4.1%	4.0%	4.4%	6.1%	3.4%
<b>\$15,000 to \$24,999</b>	8.5%	8.8%	10.1%	11.2%	9.0%
<b>\$25,000 to \$34,999</b>	8.6%	9.0%	10.1%	9.4%	8.2%
<b>\$35,000 to \$49,999</b>	12.0%	12.1%	14.1%	13.4%	12.4%
<b>\$50,000 to \$74,999</b>	17.2%	17.6%	18.8%	17.9%	19.1%
<b>\$75,000 to \$99,999</b>	12.8%	13.2%	14.5%	14.8%	13.8%
<b>\$100,000 to \$149,999</b>	15.6%	15.7%	15.5%	13.4%	19.1%
<b>\$150,000 to \$199,999</b>	7.1%	6.7%	7.2%	5.8%	9.0%
<b>\$200,000 or more</b>	8.3%	7.1%	4.5%	5.0%	14.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The median household income for residents in the Beaver service area and the Kennedy/McKees Rocks service area are similar (\$59,573, \$55,989 respectively) while the median household income in Sewickley/Moon is much higher (\$76,358).
- In the Kennedy/McKees Rocks service area 7.5 percent of residents have an annual median income of less than \$10,000 while only 3.2 percent of residents in the Sewickley/Moon services area have median annual income of \$10,000.
- Approximately 14.8 percent of Sewickley/Moon area residents make an annual household income of \$200,000 or more. To contrast, 4.5 percent of Beaver area residents and 5 percent of Kennedy/McKees Rocks are of residences make the same income.

## Transportation

The majority of workers in the three service areas drive alone to work and have an average drive time of 25 to 26 minutes. Other means of transportation to work varies across the service area.

*Exhibit 16: Means of Transportation to Work*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Mean travel time to work</b>	26.9	27.1	26.4	25.3	26.4
<b>Drove alone</b>	74.9%	74.4%	81.2%	71.2%	79.9%
<b>Carpooled</b>	8.9%	8.2%	7.9%	9.2%	8.1%
<b>Public transportation (excluding taxicab)</b>	4.6%	5.2%	2.5%	9.4%	2.8%
<b>Walked</b>	2.6%	3.5%	3.8%	2.7%	2.8%
<b>Other means</b>	1.8%	1.6%	1.8%	1.1%	1.0%
<b>Worked from home</b>	7.3%	7.1%	6.1%	7.5%	8.1%

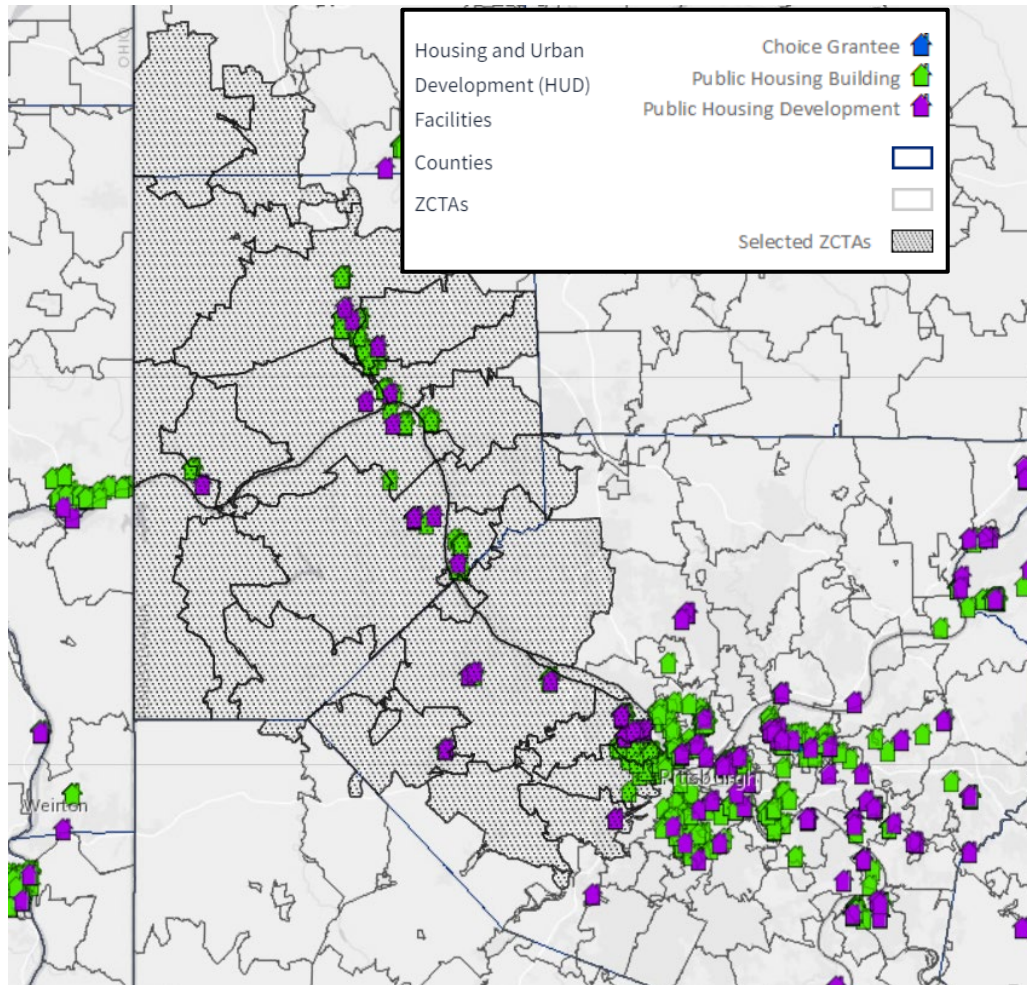
Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 9.2 percent of workers who reside in the Kennedy/McKees Rocks service area take public transportation (excluding taxicab) to work – a much higher rate than for residents who live in the Sewickley/Moon (2.8%) and Beaver (3.8%) services areas.
- Workers in the Sewickley/Moon service area who work from home make up 8.1 percent of the working population, while 7.5 percent in Kennedy/McKees Rocks and 6.1 percent in Beaver report working from home.

## Housing and Household Characteristics

Housing and Urban Development (HUD) housing are rental housing for low-income individuals and families, elderly, and people with disabilities. Eligibility for HUD housing is based on annual gross income.<sup>6</sup> The map below provides a detailed display of public housing facilities in the service area. It is important to note that clusters of public housing are located outside of Heritage Valley's service area in the city of Pittsburgh.

Exhibit 17: Housing and Urban Development Facilities



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

- In the Beaver service area, there are HUD facilities in Aliquippa, Beaver, Beaver Falls, Freedom, Midland, Monaca, and Rochester. In the Kennedy/McKees Rocks service area, there are HUD facilities in Carnegie, Crafton/Pittsburgh, and McKees Rocks. In the Sewickly/Moon service area, there are HUD facilities in Ambridge, Coraopolis, and Imperial.

<sup>6</sup> [U.S. Department of Housing and Urban Development. HUD's Public Housing Program, 2022](#)

There are close to twice as many households in the Beaver and Kennedy/McKees Rocks service area than the Sewickley/Moon service area.

*Exhibit 18: Household Composition*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Total households</b>	122,354,219	5,106,601	26,773	33,234	50,325
<b>Average household size</b>	2.6	2.4	2.3	2.1	2.3
<b>Average family size</b>	3.2	3.0	2.8	2.9	2.8
<b>Married-couple family</b>	48.1%	47.4%	48.0%	36.6%	53.6%
<b>Cohabiting couple household</b>	6.5%	6.7%	7.7%	8.3%	6.9%
<b>Male householder, no spouse/partner present</b>	17.8%	17.9%	18.3%	21.5%	17.9%
<b>Male householder living alone</b>	12.5%	13.1%	14.6%	17.0%	14.3%
<b>Male 65+</b>	3.6%	4.0%	4.9%	4.5%	4.2%
<b>Female householder, no spouse/partner present</b>	27.6%	28.0%	28.7%	33.9%	25.8%
<b>Female householder living alone</b>	15.5%	16.7%	17.5%	22.1%	16.7%
<b>Female 65+</b>	7.6%	8.9%	10.5%	12.0%	9.6%
<b>Households with one or more people under 18 years</b>	30.7%	27.9%	27.0%	23.1%	26.7%
<b>Households with one or more people 65 years and older</b>	30.1%	32.4%	34.8%	30.6%	36.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The three service areas have similar household and family sizes compared to state and national averages.
- In the Sewickley/Moon service area, 53.6 percent of households are comprised of married-couple families, while married-couple family households make up 36.6 percent of the Kennedy/McKees Rocks service area.
- In the Sewickley/Moon service area, 6.9 percent of households are comprised of cohabiting couple households while the Kennedy/McKees Rocks service area has 8.3 percent cohabiting couple households.
- In all three service areas, more women over the age of 65 live alone compared to men of the same age group.



**Over a quarter of children in Pennsylvania, Allegheny County, and Beaver County live in a single parent household.**

*Exhibit 19: Single Parent Households*

	Pennsylvania	Allegheny County	Beaver County
<b>Children in single parent households</b>	26.0%	26.0%	26.0%

Source: County Health Rankings. Pennsylvania, 2016-2020

<https://www.countyhealthrankings.org/app/pennsylvania/2021/measure/factors/82/map>

- In both Allegheny and Beaver counties, 26 percent of children live in single parent households.

**Residents in the three service areas who have a mortgage pay between \$1,264 to \$1,679 per month (median) in monthly owner costs.**

*Exhibit 20: Selected Monthly Owner Costs by Housing Units With a Mortgage*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Housing units with a mortgage</b>	48,974,364	2,111,469	23,120	11,922	22,896
<b>Median (dollars)</b>	\$1,621	\$1,505	\$1,264	\$1,272	\$1,679
<b>Less than \$500</b>	1.2%	1.2%	1.6%	2.2%	1.0%
<b>\$500 to \$999</b>	16.4%	18.7%	30.5%	33.0%	17.8%
<b>\$1,000 to \$1,499</b>	26.8%	29.8%	37.8%	34.5%	34.8%
<b>\$1,500 to \$1,999</b>	21.1%	22.0%	20.1%	20.3%	22.4%
<b>\$2,000 to \$2,499</b>	13.2%	12.9%	11.4%	9.1%	19.9%
<b>\$2,500 to \$2,999</b>	8.2%	6.9%	4.0%	5.6%	10.6%
<b>\$3,000 or more</b>	13.1%	8.6%	2.6%	3.9%	18.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In the Beaver service area, 37.8 percent of households pay between \$1,000 to \$1,499 a month in monthly owner costs, while 34 percent households in the Kennedy/McKees Rocks and Sewickley/Moon service are pay between \$1,000 to \$1,499 in monthly owner costs.

**Residents in the three service areas who do not have a mortgage pay \$501 to \$621 per month (median) in monthly owner costs.**

*Exhibit 21: Selected Monthly Owner Costs by Housing Units Without a Mortgage*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Housing units without a mortgage</b>	29,827,012	1,410,800	17,393	8,777	15,036
<b>Median (dollars)</b>	\$509	\$542	\$523	\$501	\$621
<b>Less than \$250</b>	11.1%	6.3%	5.8%	14.8%	4.5%
<b>\$250 to \$399</b>	22.4%	19.9%	24.2%	25.3%	17.2%
<b>\$400 to \$599</b>	28.3%	33.1%	40.0%	34.6%	36.1%
<b>\$600 to \$799</b>	16.8%	20.9%	24.3%	22.9%	26.7%
<b>\$800 to \$999</b>	8.9%	10.0%	8.7%	9.7%	12.6%
<b>\$1,000 or more</b>	12.5%	9.8%	9.1%	5.5%	25.8%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In the Beaver service area, 40 percent of households pay between \$400 to \$599 a month in monthly owner costs, while 34.6 percent of households in the Kennedy/McKees Rocks and 36.1 percent of households in the Sewickley/Moon service are pay between \$400 to \$599 a month in monthly owner costs.

Households that spend over 35 percent of their income on housing are considered housing burdened, which may impact their ability to afford other basic needs and regular home maintenance to maintain a healthy and safe place to live.

Exhibit 22: Selected Monthly Owner Costs as a Percentage of Household Income With a Mortgage

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Housing units with a mortgage<sup>7</sup></b>	48,744,731	2,102,661	23,083	11,892	22,843
<b>Less than 20.0 percent</b>	46.7%	50.4%	56.9%	56.0%	56.5%
<b>20.0 to 24.9 percent</b>	15.6%	15.6%	15.5%	14.6%	14.7%
<b>25.0 to 29.9 percent</b>	10.3%	9.9%	9.1%	11.0%	9.5%
<b>30.0 to 34.9 percent</b>	6.8%	6.2%	7.9%	7.6%	6.6%
<b>35.0 percent or more</b>	20.6%	18.0%	14.2%	12.8%	16.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Of households with a mortgage, approximately 12.8 percent of Kennedy/McKees Rocks households, 14.2 percent of Beaver households, and 16.3 percent of Sewickley/Moon households pay over 35 percent of their household income towards housing-related costs.

Exhibit 23: Selected Monthly Owner Costs as a Percentage of Household Income Without a Mortgage

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Housing units without a mortgage<sup>8</sup></b>	29,827,012	1,410,800	17,168	8,729	14,988
<b>Less than 10.0 percent</b>	45.7%	41.4%	38.0%	44.0%	42.0%
<b>10.0 to 14.9 percent</b>	19.3%	19.9%	21.2%	21.2%	21.6%
<b>15.0 to 19.9 percent</b>	10.9%	12.0%	15.5%	10.6%	15.3%
<b>20.0 to 24.9 percent</b>	6.6%	7.5%	8.5%	9.1%	5.6%
<b>25.0 to 29.9 percent</b>	4.2%	5.0%	6.9%	6.0%	4.7%
<b>30.0 to 34.9 percent</b>	2.8%	3.4%	5.2%	5.0%	7.5%
<b>35.0 percent or more</b>	10.4%	10.8%	10.8%	8.7%	12.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

<sup>7</sup> Excluding units where SMOCAPI (Selected Monthly Owner Costs as a Percentage of Household Income) cannot be computed

<sup>8</sup> Excluding units where SMOCAPI (Selected Monthly Owner Costs as a Percentage of Household Income) cannot be computed

- Of households without a mortgage, approximately 8.7 percent of Kennedy/McKees Rocks households, 10.8 percent of Beaver households, and 12.9 percent of Sewickley/Moon households pay over 35 percent of their household income towards housing-related costs.

**In area covered by Heritage Valley, residents pay \$734 to \$954 in median monthly rent. Median rents in Sewickley/Moon are over \$200 higher than in Beaver, while the rents in Kennedy/McKees falls in the middle of those two. In all three service areas, one in three renters meet the definition for housing cost burden – paying 35 percent or more of their monthly income on rent.**

*Exhibit 24: Gross Rent*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Occupied units paying rent</b>	41,390,514	1,496,375	14,637	11,990	11,723
<b>Median (dollars)</b>	\$1,096	\$958	\$734	\$872	\$954
<b>Less than \$500</b>	8.9%	11.5%	24.2%	12.6%	20.5%
<b>\$500 to \$999</b>	34.3%	42.5%	59.9%	50.6%	49.5%
<b>\$1,000 to \$1,499</b>	30.2%	30.6%	19.0%	31.5%	29.0%
<b>\$1,500 to \$1,999</b>	14.9%	10.1%	7.4%	6.1%	20.1%
<b>\$2,000 to \$2,499</b>	6.2%	3.1%	1.8%	1.5%	3.1%
<b>\$2,500 to \$2,999</b>	2.6%	1.1%	0.2%	1.5%	4.8%
<b>\$3,000 or more</b>	2.8%	1.0%	0.0%	0.0%	17.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In the Beaver service area, approximately 60 percent of renters are paying \$500 to \$999 in rent monthly while approximately 50 percent of renters are paying \$500 to \$999 in the Kennedy/McKees Rocks and Sewickley/Moon service areas.

## Unsheltered Population

**In the state of Pennsylvania, families, students, and individuals experience homelessness. Relative to the entire homeless population in the state of Pennsylvania, 64.2 percent of those reported as homeless in this 2021 point-in-time count are individuals, approximately 35.8 percent are family households, 12.6 are chronically homeless, 7.3 percent are veterans, and 6.9 percent are unaccompanied youth.**

*Exhibit 25: Homelessness Point-in-Time Count*

	United States	Pennsylvania
<b>Total homeless population</b>	580,466	13,375
<b>Individuals</b>	408,891	8,585
<b>People in families</b>	171,575	4,790
<b>Chronically homeless individuals</b>	110,528	1,689
<b>Veterans</b>	37,252	977
<b>Unaccompanied youth</b>	34,210	919

Source: National Alliance to End Homelessness. State of Homelessness 2021 Edition, 2020

<https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2021/>

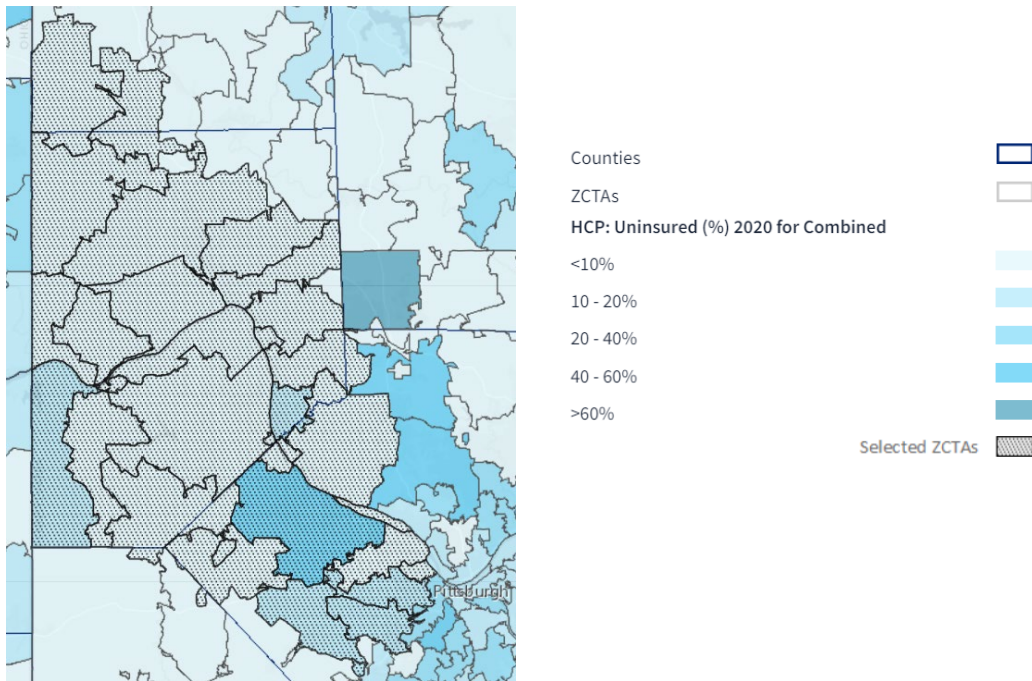
- In Pennsylvania, over half of the homeless population are individuals.

## Health Status Profile

### Health Insurance Coverage

**Exhibits 24, 25, and 25 provide a detailed display of the insurance coverage. Exhibit 24 displays uninsured population. Exhibit 25 displays the population on Medicaid and public insurance. Exhibit 26 displays the population on Medicare and private insurance.**

#### *Exhibit 26: Uninsured Population*

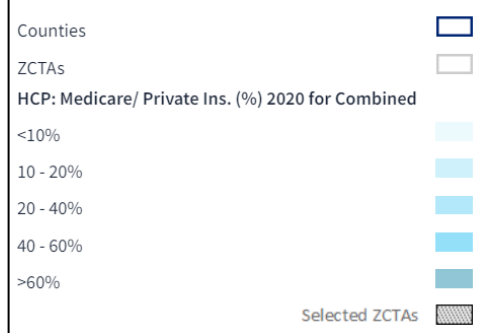
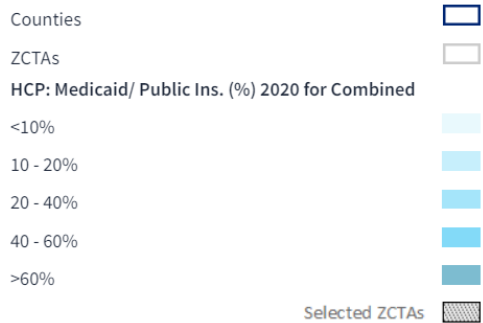
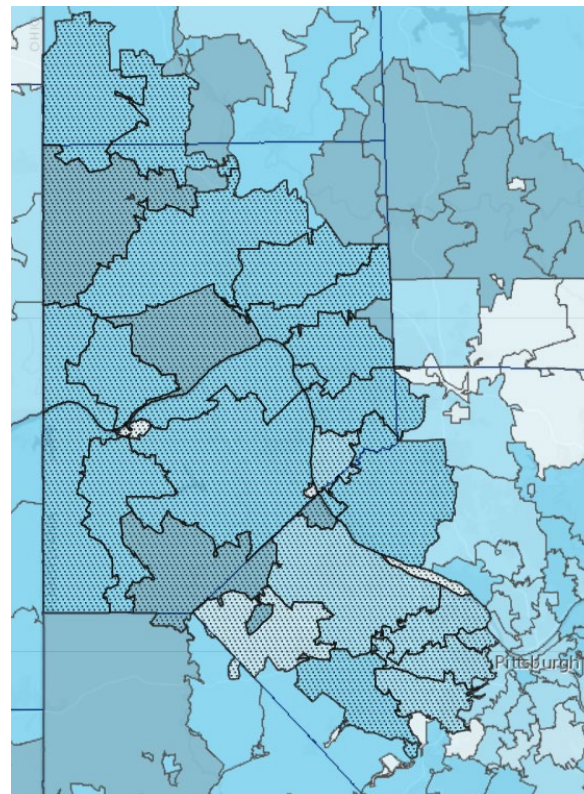
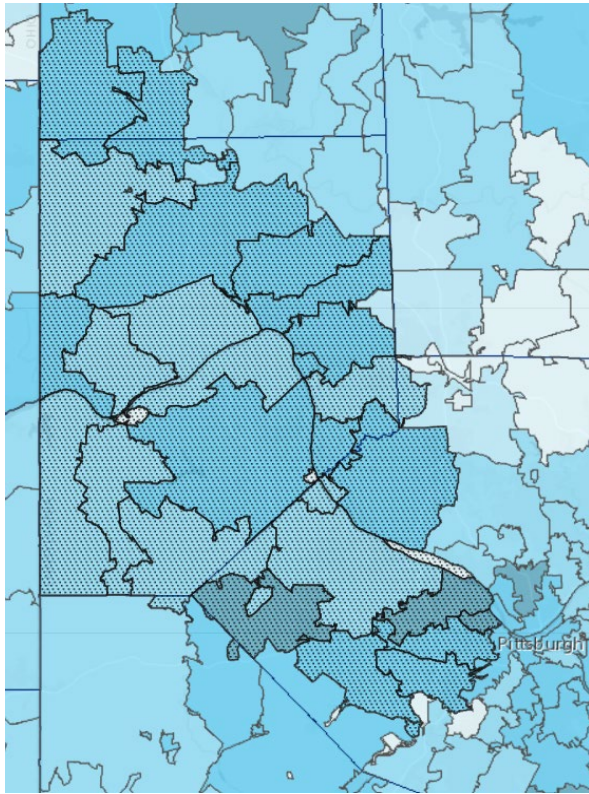


Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2016-2020

- In the Sewickley/Moon service area, Coraopolis has the greatest percentage of residents that are uninsured.



Exhibit 27: Medicaid and Public Insured Population Exhibit 28: Medicare and Private Insured Population



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2016-2020

- In the Kennedy/McKees Rocks service area, residents in Crafton/Pittsburgh and McKees Rocks make up the largest percentage of residents on Medicaid or public insurance. In the Sewickley/Moon service area, residents in Imperial make up the largest percentage of residents on Medicaid or public insurance.
- In the Beaver service area, residents in Beaver, Clinton, and Darlington make up the largest percentage of residents on Medicare or private insurance. In the Sewickley/Moon service area, residents in Crescent/Glenwillard make up the largest percentage of residents on Medicare or private insurance.

The percentage of the population with health insurance coverage in the three market areas is higher than state and national averages.

*Exhibit 29: Health Insurance Coverage*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Health insurance coverage</b>	91.3%	94.4%	96.2%	94.9%	97.4%
<b>Private health insurance</b>	68.1%	72.7%	73.4%	71.6%	84.0%
<b>Public coverage</b>	35.3%	36.8%	40.8%	41.5%	32.2%
<b>No health insurance coverage</b>	8.7%	5.6%	4.5%	5.5%	3.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Private health insurance is highest in the population living in Sewickley/Moon service area and lowest for those living in the Kennedy/McKees Rocks service area (84.0%, 71.6% respectively).
- The population with public coverage is highest in Kennedy/McKees Rocks and Beaver (41.5%, 40.8% respectively).
- Lower than state and national averages (5.6%, 8.7% respectively), 5.5 percent of the population in Kennedy/McKees Rocks service have no health insurance coverage.



**Most of the population in the three service areas has health insurance. The type of insurance that the population has varies depending on employment status.**

*Exhibit 30: Health Insurance Coverage by Employment Status*

	United States	Pennsylvania	Beaver	Kennedy/McKees Rocks	Sewickley/Moon
<b>Employed</b>	143,214,283	5,642,941	55,881	33,518	54,573
<b>Health insurance</b>	89.2%	93.3%	95.0%	94.1%	96.6%
<b>Private coverage</b>	81.4%	85.7	87.5%	86.0%	92.5%
<b>Public coverage</b>	10.5%	10.2%	12.1%	12.3%	7.2%
<b>No coverage</b>	10.8%	6.7%	6.1%	6.5%	4.2%
<b>Unemployed</b>	7,783,205	303,261	3,340	1,876	1,933
<b>Health insurance</b>	73.2%	81.3%	85.9%	86.8%	86.7%
<b>Private coverage</b>	42.0%	45.2%	56.6%	42.4%	72.5%
<b>Public coverage</b>	34.4%	39.7%	49.7%	49.4%	29.9%
<b>No coverage</b>	26.8%	18.7%	27.8%	14.0%	35.1%
<b>Not in labor force</b>	41,873,049	1,569,651	16,437	8,199	11,495
<b>Health insurance</b>	85.4%	91.4%	93.0%	90.9%	96.3%
<b>Private coverage</b>	51.7%	55.1%	54.6%	45.2%	73.8%
<b>Public coverage</b>	40.7%	45.0%	52.2%	57.7%	36.8%
<b>No coverage</b>	14.6%	8.6%	7.9%	9.2%	6.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The majority of employed residents of all three service areas have private health insurance coverage. Approximately 6.5 percent of employed residents of the Kennedy/McKees Rocks service area do not have insurance coverage.
- Compared to all three service areas, unemployed residents with private health insurance (72.5%) and no insurance coverage (35.1%) are highest in the Sewickley/Moon area. The proportion of unemployed residents with public health insurance is highest in the Beaver and Kennedy/McKees Rocks service areas (49.7%, 49.4% respectively).
- The Kennedy/McKees Rocks service area has the highest percentage of those who are not in the labor force and have no health insurance coverage (9.2%), as well as the highest percentage of those with public health insurance (57.7%).

## Health Care Providers

**The shortage of healthcare providers being seen nationwide is evident in the state of Pennsylvania and in Allegheny and Beaver counties. In Allegheny County there are more providers for dentistry, mental health, and primary care than in Beaver County.**

*Exhibit 31: Health Care Provider Ratios*

	Pennsylvania	Allegheny County	Beaver County
<b>Ratio of population to dentist providers (2019)</b>	1,410:1	1,020:1	1,880:1
<b>Ratio of population to mental health providers (2020)</b>	450:1	290:1	870:1
<b>Ratio of population to primary care physicians (2018)</b>	1,230:1	890:1	2,350:1

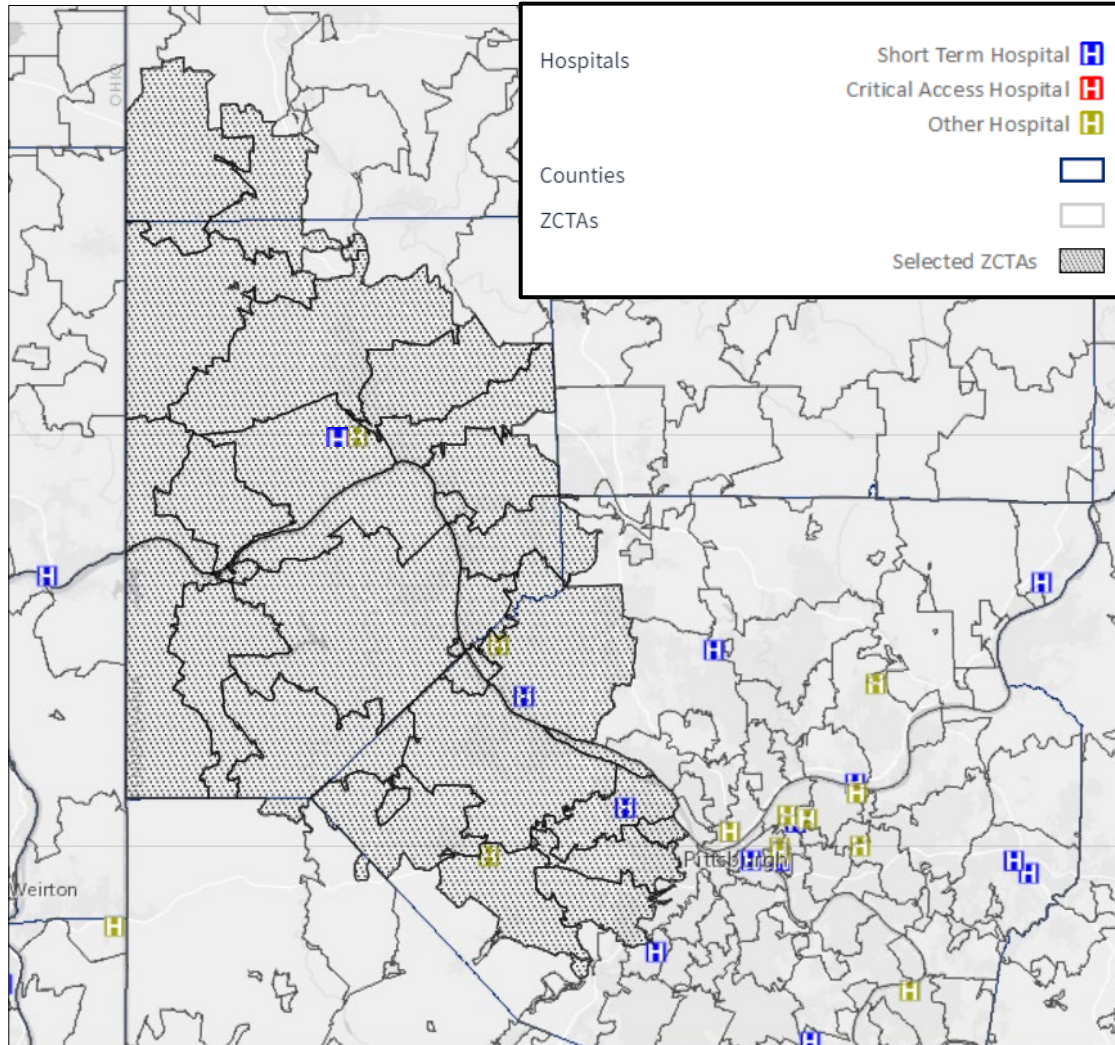
Source: County Health Ranking. Pennsylvania, 2021

- In Allegheny County there is one dentist for every 1,020 residents, while in Beaver County there is one dentist for every 1,880 residents.
- In Allegheny County there is one mental health provider for every 290 residents, while in Beaver County there is one mental health provider for every 870 residents.
- In Allegheny County there is one primary care physician for every 890 residents, while in Beaver County there is one primary care physician for every 2,350 residents.

## Health Care Facilities

**Exhibit 32 displays the location of hospitals in three service areas.**

*Exhibit 32: Hospitals*



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

- The hospital and health care facilities in the service area are: Curahealth Heritage Valley, Curahealth Pittsburgh, Encompass Health Rehab Hospital of Sewickley, Heritage Valley Beaver, Heritage Valley Kennedy, and Heritage Valley Sewickley.

**Allegheny County has more hospital and nursing facilities than Beaver County. Allegheny County has a number of major teaching hospitals.**

*Exhibit 33: Facilities*

	Allegheny County	Beaver County
<b>Hospital beds<sup>9</sup></b>	3.8	1.7
<b>Hospital occupancy<sup>10</sup></b>	72.7	48.2
<b>Hospital admissions<sup>11</sup></b>	170.0	69.3
<b>Nursing home beds<sup>12</sup></b>	33.3	33.2
<b>Nursing home occupancy<sup>13</sup></b>	80.2	71.9
<b>Ambulatory surgery center visits<sup>14</sup></b>	41.5%	41.8%

Source: Pennsylvania Department of Health. County Health Profiles, 2019  
<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- In Allegheny County there are 3.8 hospital beds set up and staffed per 1,000 population, while in Beaver County there are 1.7 hospital beds set up and staffed per 1,000 population.
- The average occupancy rate per 100 beds is 72.7 in Allegheny County and 48.2 in Beaver County.
- Allegheny County has over twice the number of hospital admissions than Beaver County.
- The nursing home occupancy rate is slightly higher in Allegheny County than in Beaver County.
- The number of nursing home beds and percent of surgical visits is similar across both Allegheny and Beaver counties.

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<sup>9</sup> Number of hospital beds set up and staffed per 1,000 population  
<sup>10</sup> Average hospital occupancy rate per 100 beds  
<sup>11</sup> Number of hospital admissions per 1,000 population  
<sup>12</sup> Number of nursing home beds set up and staffed per 1,000 population aged 65+  
<sup>13</sup> Average nursing home occupancy rate per 100 beds  
<sup>14</sup> Percent of surgical visits, age 65+

Hospitalizations, Mortality, Disease Incidence & Health Behaviors

**The three highest age-adjusted hospitalization rates in Allegheny and Beaver counties are for heart diseases, falls, and influenza and pneumonia.**

*Exhibit 34: Hospitalizations*

Age-adjusted hospitalization discharge rate per 100,000	Allegheny County	Beaver County
All injuries	746.7	721.6
Cerebrovascular diseases	275.1	237.2
Chronic lower respiratory diseases	189.9	173.7
Chronic obstructive pulmonary disease (COPD)	125.8	119.2
Falls	465.9	415.2
Heart attack	152.1	139.8
Heart diseases	893.5	959.1
Influenza and pneumonia	241.8	316.9
Nephritis, nephrotic syndrome, and nephrosis	170.9	180.2
Septicemia	346.5	411.6

Source: Pennsylvania Department of Health. County Health Profiles, 2019  
<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- The hospitalization discharge rate for heart disease in Beaver County is 959.1 per 100,000 of the population while in Allegheny County it is 893.5 per 100,000 of the population.
- The hospitalization discharge rate for falls is higher in Allegheny County (465.9 per 100,000) than in Beaver County (415.2 per 100,000).
- The influenza and pneumonia hospitalization discharge rate is higher in Beaver County (316.9 per 100,000) than in Allegheny County (241.8 per 100,000).

Across the two counties, death rates in Beaver County were the highest. On average, there were approximately 838 deaths per 100,000 people from 2015 to 2019. During the same time period, there were approximately 783 deaths per 100,000 in Allegheny County and 838 deaths per 100,000 in Beaver County. The leading cause of death across all three counties was heart disease and cancer.

*Exhibit 35: Causes of Death*

Age-adjusted death rate per 100,000	Allegheny County	Beaver County
All deaths	783.2	837.6
Heart disease	186.5	195.1
Cancer	162.5	157.7
Accidents	71.0	71.9
Chronic lower respiratory diseases	37.5	42.1
Cerebrovascular diseases	34.1	39.6
Diabetes mellitus	18.4	19.8
Alzheimer's disease	22.7	31.7
Nephritis, nephrotic syndrome and nephrosis	15.1	21.1
Influenza and pneumonia	15.0	18.6
Septicemia	12.0	15.5

Source: Pennsylvania Department of Health. County Health Profiles, 2015-2019

<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- Deaths due to heart disease were highest in Beaver County (195.1 per 100,000) and lowest in Butler County (170.9 per 100,000).
- Deaths due to cancer were highest in Allegheny County (186.5 per 100,00).
- Beaver County had the highest death rates of cerebrovascular diseases, Alzheimer's disease, nephritis, nephrotic syndrome and nephrosis, influenza and pneumonia, and septicemia.
- Deaths due to accidents were similar Allegheny and Beaver counties (71.0 per 100,000, 71.9 per 100,000 respectively).
- Chronic lower respiratory disease death rates were similar in Beaver and Butler counties (42.1 per 100,000, 41.6 per 100,000 respectively).
- Beaver County had the highest death rate of diabetes mellitus (22.2 per 100,000).

In both Allegheny and Beaver counties, chlamydia is the sexually transmitted disease with the highest incidence rate.

Exhibit 36: Diseases

Incidence rate per 100,000	Allegheny County	Beaver County
<b>Campylobacter</b>	10.3	9.3
<b>Chickenpox</b>	3.0	2.4
<b>Chlamydia</b>	469.8	343.8
<b>Giardiasis</b>	4.6	6.9
<b>Gonorrhea</b>	157.7	101.3
<b>Hepatitis B (chronic)</b>	5.3	3.6
<b>Lyme Disease</b>	30.9	124.3
<b>Pertussis</b>	3.3	3.2
<b>Syphilis (primary and secondary)</b>	5.1	2.2
<b>Salmonellosis</b>	11.4	15.2
<b>Shigellosis</b>	1.5	ND
<b>Tuberculosis</b>	1.3	ND

Source: Pennsylvania Department of Health. County Health Profiles, 2017-2019

<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- In Allegheny County, the incidence rate of chlamydia is 469.8 per 100,000, which is higher than the incidence rate in Beaver County of 343.8 per 100,000. Gonorrhea rates are also higher in Allegheny County than in Beaver County (157.7 per 100,000, 101.3 per 100,000 respectively).
- Incidence of Lyme disease is over four times higher in Beaver County than in Allegheny County (124.3 per 100,000, 30.9 per 100,000 respectively).

Allegheny and Beaver counties have similar health behavior profiles.

Exhibit 37: Health Behaviors

	Allegheny County	Beaver County
<b>Smoker</b>	18.0%	21.0%
<b>Asthma</b>	9.0%	10.0%
<b>Ever tested for HIV (ages 18-64)</b>	45.0%	40.0%
<b>Arthritis</b>	28.0%	30.0%
<b>Diabetes</b>	10.0%	8.0%
<b>Obese</b>	30.0%	34.0%
<b>Overweight</b>	65.0%	67.0%
<b>Visited doctor for a routine checkup in past 2 years</b>	89.0%	86.0%

Source: Pennsylvania Department of Health. County Health Profiles, 2017-2019

<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- Over half individuals in Allegheny County and Beaver County are overweight.
- Over one quarter of individuals in Allegheny County and Beaver County are obese.

## Cancer Incidence

**In both Allegheny and Beaver counties, males have higher rates of cancer than females.**

*Exhibit 38: Cancer Incidence*

Age-adjusted incidence rate per 100,000	Allegheny County		Beaver County	
	Females	Males	Females	Males
<b>All cancers</b>	462.0	493.0	458.8	496.8
<b>Breast</b>	140.2	ND	136.8	ND
<b>Colon and rectum</b>	33.5	45.1	34.3	47.1
<b>Corpus and uterus</b>	29.1	ND	28.6	ND
<b>Kidney and renal pelvis</b>	11.8	22.5	11.4	20.3
<b>Lungs and bronchus</b>	64.0	72.8	58.8	81.9
<b>Melanoma of the skin</b>	20.2	27.4	17.2	26.6
<b>Non-Hodgkin lymphoma</b>	17.5	25.6	19.5	22.9
<b>Prostate</b>	ND	92.9	ND	87.4
<b>Urinary bladder</b>	10.6	38.0	11.6	46.0

Source: Pennsylvania Department of Health. County Health Profiles, 2014-2018

<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/index.aspx>

- The leading cancer age-adjusted incidence rate per 100,000 for females in both Allegheny and Beaver counties is breast cancer followed by lungs and bronchus cancers.
- The leading cancer age-adjusted incidence rate per 100,000 for males in both Allegheny and Beaver counties is prostate cancer followed by lungs and bronchus cancers.
- Rates of urinary bladder cancer in males in Beaver County are slightly higher than the rates in Allegheny County (46.0 per 100,000, 38.0 per 100,000 respectively).



## Maternal, Infant and Child Health

**Fetal and infant mortality is higher in Beaver County than in Allegheny County. Child and adolescent death rate is slightly higher in Allegheny County than in Beaver County.**

*Exhibit 39: Maternal, Infant, and Child Mortality Rate*

	Pennsylvania	Allegheny County	Beaver County
<b>Maternal mortality rate<sup>15</sup></b>	14.0	ND	ND
<b>Fetal mortality rate<sup>16</sup></b>	5.9	5.5	6.4
<b>Infant mortality rate<sup>17</sup></b>	6.0	6.0	7.2
<b>Child and adolescent death rate<sup>18</sup></b>	24.3	27.4	21.8

Source: March of Dimes. Mortality and Morbidity, 2018

<https://www.marchofdimes.org/peristats/data?top=6&lev=1&stop=370&reg=99&sreg=42&obj=35&slev=4>

Pennsylvania Department of Health. County Health Profiles, 2015-2019

<https://www.health.pa.gov/topics/HealthStatistics/HealthyPeople/Documents/current/county/maternal-infant-and-child-health.aspx>

- The maternal mortality rate in Pennsylvania is 14 deaths per 100,000 maternal births.
- The rate of fetal mortality per 1,000 live births in Beaver County is 6.4, slightly higher than the rate in Allegheny County (5.5 per 1,000).
- The infant mortality rate in Beaver County is 7.2 per 1,000 and 6.0 per 1,000 in Allegheny County.
- In Allegheny County, child and adolescent mortality is higher than in Beaver County (27.4, 21.8 per 1,000 respectively).

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<sup>15</sup> Rate per 100,000, 2018

<sup>16</sup> Rate per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation

<sup>17</sup> Rate per 1,000 live births

<sup>18</sup> Rate per 100,000 aged 1 to 19

In both Allegheny and Beaver counties the fertility rate is similar. Over one quarter of births were cesarean section. The majority of pregnant women received prenatal care in their first trimester.

Exhibit 40: Birth Outcomes

	Allegheny County	Beaver County
<b>Fertility rate<sup>19</sup></b>	55.1	56.2
<b>Teen birth rate<sup>20</sup></b>	10.8	15.4
<b>Cesarean section births</b>	29.7%	33.7%
<b>Low birth weight</b>	8.5%	7.4%
<b>Preterm births</b>	9.6%	9.0%
<b>Prenatal care<sup>21</sup></b>	86.9%	79.6%

Source: Pennsylvania Department of Health. County Health Profiles, 2015-2019

<https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/current/maps-births.aspx#fertility-rate>

- The teen birth rate is higher in Beaver County than in Allegheny County.

The percentage of children who are food insecure in Beaver County is higher than state and national averages while the percentage of food insecure children in Allegheny County is lower than state and national averages. The percentage of children who are not eligible for food nutrition programs is higher in Allegheny County than in Beaver County. The average cost per meal across both counties ranges from \$3.02 to \$3.34.

Exhibit 41: Nutrition Indicators

	United States	Pennsylvania	Allegheny County	Beaver County
<b>Child food insecurity</b>	14.6%	14.6%	13.9%	15.9%
<b>Eligible for federal nutrition programs<sup>22</sup></b>	77.0%	67.0%	60.0%	71.0%
<b>Ineligible for federal nutrition programs<sup>23</sup></b>	23.0%	33.0%	40.0%	29.0%
<b>Average meal cost</b>	\$3.13	\$3.17	\$3.34	\$3.02

Source: Feeding America. Child Food Insecurity, 2019 <https://map.feedingamerica.org/county/2019/child/>

- Approximately 15.9 percent of children are food insecure in Beaver County and 13.9 percent of children in Allegheny County are food insecure.
- Over half of children in Allegheny and Beaver counties are eligible for food nutritional programs (60%, 71% respectively).

<sup>19</sup> Per 1,000 females ages 15 to 44

<sup>20</sup> Per 1,000 females ages 15 to 19

<sup>21</sup> Percent of births to mothers who had a prenatal care visit in the 1<sup>st</sup> trimester

<sup>22</sup> Income at or below 185% of poverty

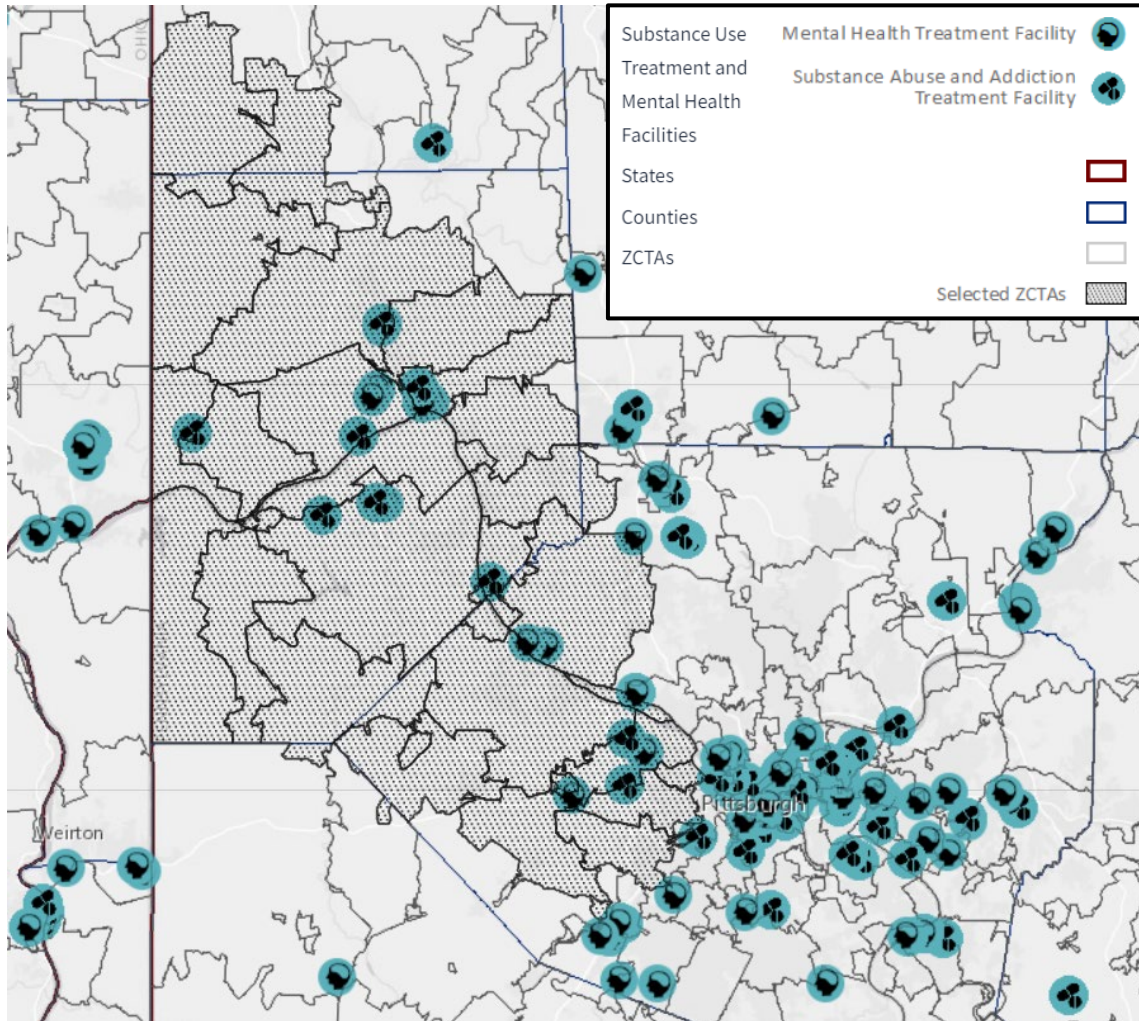
<sup>23</sup> Income above 185% of poverty

- In Allegheny County 40 percent of children who are food insecure are not eligible for federal nutritional programs because their household income is above 185 percent of the poverty level.

## Mental Health and Substance Use

Exhibit 42 displays the locations of mental health and substance abuse treatment facilities. It is important to note that there are facilities located within the service area, but clusters of treatment facilities are located in the city of Pittsburgh.

Exhibit : Substance Use and Mental Health Facilities



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

## Mental Health

Those who have frequent mental and physical distress, poor to fair health, poor mental health days, and poor physical health days make up similar percentages and rates of the population in Allegheny County, Beaver County, and Pennsylvania as a whole.

*Exhibit 42: Quality of Life*

	Pennsylvania	Allegheny County	Beaver County
<b>Frequent mental distress</b>	15.0%	14.0%	15.0%
<b>Frequent physical distress</b>	12.0%	11.0%	12.0%
<b>Poor to fair health</b>	18.0%	16.0%	17.0%
<b>Poor mental health days</b>	4.7%	4.6%	5.0%
<b>Poor physical health days</b>	4.0%	3.8%	4.0%

Source: County Health Rankings. Pennsylvania, 2021

[https://www.countyhealthrankings.org/app/pennsylvania/2021/compare/snapshot?counties=42\\_009%2042\\_057%2042\\_061%2042\\_067%2042\\_087](https://www.countyhealthrankings.org/app/pennsylvania/2021/compare/snapshot?counties=42_009%2042_057%2042_061%2042_067%2042_087)

Out of 50 states, Pennsylvania ranked 44<sup>th</sup> on the number of people who reported an unmet need for adult mental health treatment. Approximately 26.8 percent of adults had an unmet need for treatment. Additionally, 53.0 percent of adults had a mental illness but did not receive treatment.

*Exhibit 43: Adult Mental Health*

2021 Adult Mental Health America Indicators	United States	Pennsylvania	Rank
<b>With any mental illness</b>	19.0%	18.2%	11
<b>Diagnosed with a substance use disorder</b>	7.7%	7.3%	15
<b>Have had serious thoughts of suicide</b>	4.3%	4.2%	12
<b>With a mental illness who are uninsured</b>	10.8%	6.0%	8
<b>With any mental illness who did not receive treatment</b>	57.0%	53.0%	21
<b>Reported an unmet need for treatment</b>	23.6%	26.8%	44
<b>With a cognitive disability who could not see a doctor due to cost</b>	28.7%	22.5%	10

Source: Mental Health America. Adult Data 2021 [Adult Data 2021 | Mental Health America \(mhanational.org\)](https://www.mhanational.org/adult-data-2021)

- Over 50 percent of adults in Pennsylvania have a mental illness but have not received treatment.

Out of 50 states, Pennsylvania ranked 28<sup>th</sup> on the reported youth who had a mental illness but didn't receive any treatment. Approximately 57.5 percent of youth who had a mental illness did not receive treatment. Approximately 15.8 percent of youth were identified with emotional disturbance for an individualized education program.

*Exhibit 44: Youth Mental Health*

2021 Youth Mental Health America Indicators	United States	Pennsylvania	Rank
<b>With at least one major depressive episode</b>	13.8%	11.9%	3
<b>With a severe major depressive episode</b>	9.7%	7.1%	4
<b>With a substance use disorder</b>	3.8%	3.4%	9
<b>With any mental illness who did not receive treatment</b>	59.6%	57.5%	28
<b>With a mental illness who received some consistent treatment</b>	27.3%	37.1%	10
<b>With private insurance that did not cover mental or emotional problems</b>	7.8%	6.1%	17
<b>Identified with emotional disturbance for an individualized education program</b>	7.6%	15.8%	5

Source: Mental Health America. Youth Data 2021 [Youth Data 2021 | Mental Health America \(mhanational.org\)](https://www.mhanational.org/youth-data-2021)

- Over 50 percent of youth in Pennsylvania have a mental illness but have not received treatment.

Preliminary 2021 Pennsylvania Youth Survey (PAYS) data indicates that students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades have significantly high percentages of students who report experiencing depression or suicidal ideation.

*Exhibit 45: School-Aged Mental Health Concerns and Suicide Risk by Grade*

	Allegheny County				Beaver County			
	6 <sup>th</sup>	8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>	6 <sup>th</sup>	8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Depression in the past year</b>	27.3 %	31.9 %	34.8 %	38.4%	22.8 %	31.5 %	37.8 %	40.1 %
<b>Seriously considered suicide in the past year</b>	15.3 %	19.1 %	22.0 %	23.7%	13.6 %	20.4 %	26.3 %	27.4 %
<b>Made a suicide plan in the past year</b>	12.9 %	16.3 %	18.1 %	17.4%	9.5%	16.7 %	19.5 %	18.9 %
<b>Attempted suicide in the past year</b>	11.6 %	11.7 %	12.9 %	13.5%	6.3%	11.8 %	15.0 %	14.8 %

Source: Pennsylvania Youth Survey (PAYS). Preliminary 2021 PAYS Data Highlights, 2021. [County-Level Special Reports on the Impact of COVID-19](#)

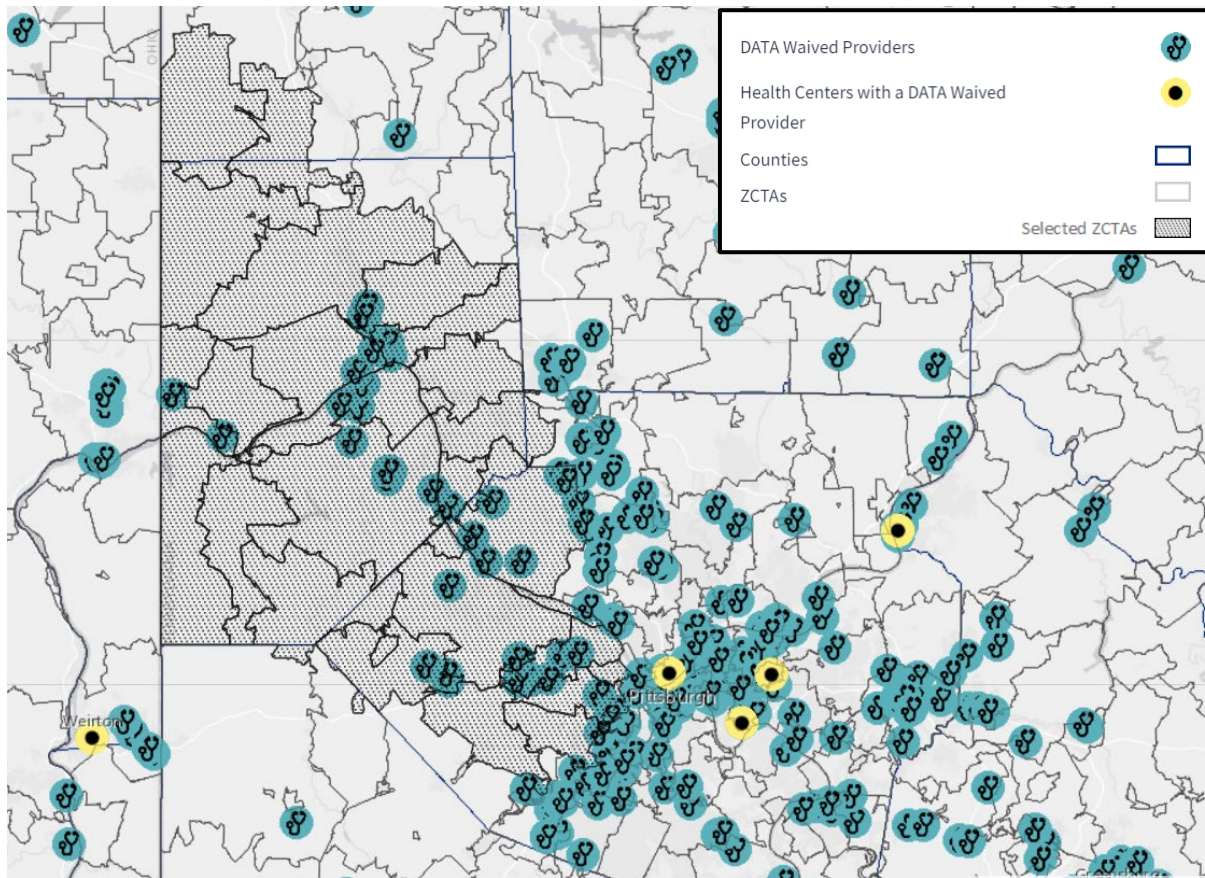
- In the past year in Allegheny County, 38.4 percent of students in 12th had depression, 23.7 percent considered suicide, 17.4 percent had a suicide plan, and 13.5 percent attempted suicide. Students in 10th grade in Allegheny County made up a slightly higher percentage of those who have made a suicide plan (18.1%) than those in 12th grade.
- In Beaver County, 40.1 percent of students in 12th grade had depression, 27.4 percent had considered suicide, 18.9 percent had a suicide plan, and 14.8 percent attempted suicide in the past year. Students in 10th grade in Beaver County made up a slightly higher percentage of those that made a suicide plan (19.5%) and attempted suicide (14.8%) than those in 12<sup>th</sup> grade.



## Substance Use

The exhibit below displays the locations where there are DATA Waived Providers. DATA-Waived Providers prescribe or dispense buprenorphine for patients who have opioid use disorder.<sup>24</sup>

Exhibit 46: DATA Waived Providers



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

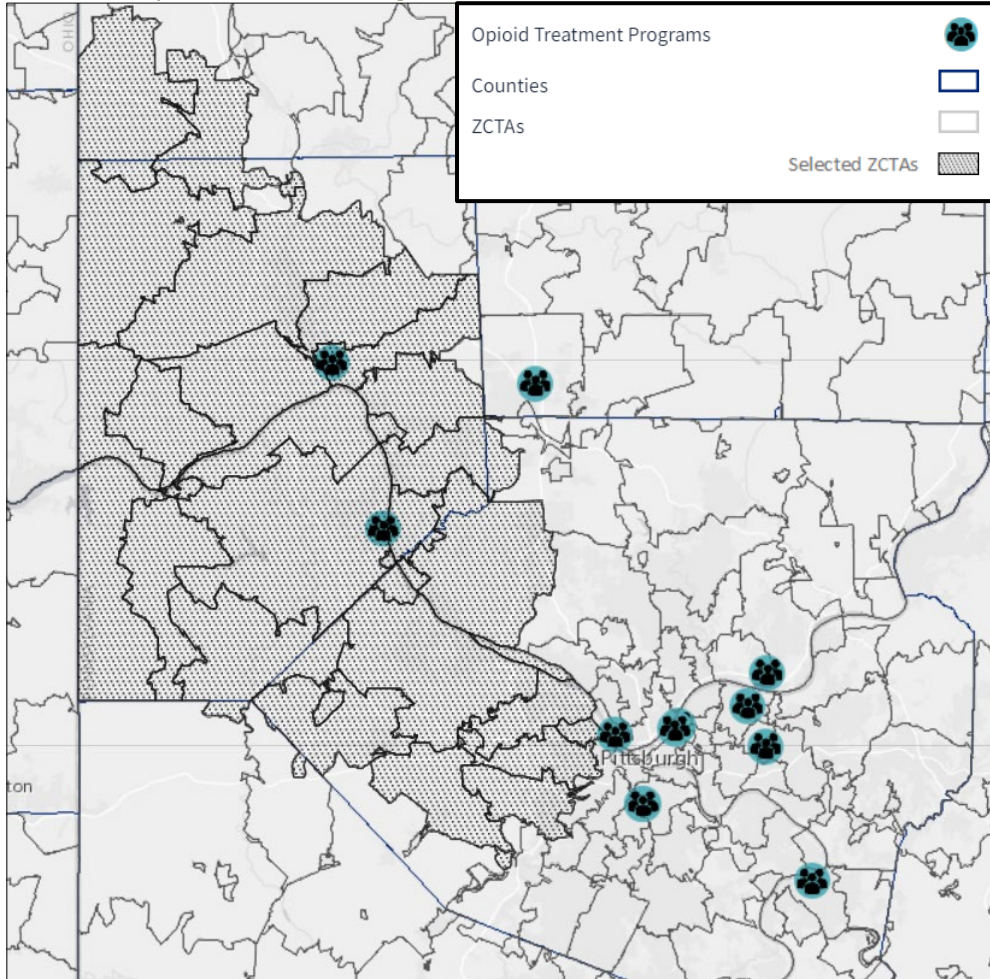
- DATA Waived Providers are located throughout all three of Heritage Valley Health System's service areas. However, there are no dedicated health centers with DATA Waived Providers in Heritage Valley's service areas, the majority are located in close proximity outside of the service areas.

<sup>24</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Practitioner and Program Data, 2021



The map below provides a display of the opioid treatment programs. It is important to note that there is a shortage of opioid treatment programs in Heritage Valley's service area. There are only two opioid treatment programs, and they are both located in the Beaver service area.

Exhibit 47: Opioid Treatment Programs



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

- The opioid treatment programs are located in the Beaver service area in Aliquippa and Rochester.

According to 2021 preliminary data from PAYS, students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade report using substances. Across Allegheny and Beaver counties alcohol is the most common substance use at all four grade levels.

Exhibit 48: School-Aged Substance Abuse by Grade

	Allegheny County				Beaver County			
	6 <sup>th</sup>	8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>	6 <sup>th</sup>	8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>
<b>Alcohol use<sup>25</sup></b>	15.3%	23.8%	39.8%	61.4%	13.1%	29.5%	40.6%	58.7%
<b>Marijuana use<sup>26</sup></b>	2.3%	8.8%	19.5%	39.0%	2.4%	6.0%	20.0%	36.5%
<b>Prescription pain reliever use<sup>27</sup></b>	1.9%	3.3%	2.9%	4.4%	2.2%	3.1%	3.3%	5.7%
<b>Lifetime cigarette use<sup>28</sup></b>	2.0%	4.1%	5.3%	10.3%	1.3%	4.1%	7.9%	13.2%
<b>E-cigarette/vape device use<sup>29</sup></b>	2.8%	7.7%	11.1%	13.7%	2.8%	6.2%	9.3%	9.6%

Source: Pennsylvania Youth Survey (PAYS). Preliminary 2021 PAYS Data Highlights, 2021. [County-Level Special Reports on the Impact of COVID-19](#)

- Over half of students in 12th grade who go to schools in Allegheny and Beaver counties have used alcohol one or more times in their lifetime (61.4%, 58.7% respectively).
- Marijuana use was highest in 12th graders in both Allegheny and Beaver counties (39.0%, 36.5% respectively).
- Prescription pain reliever use was highest in students in 12th grade in Allegheny County (4.4%) and Beaver County (5.7%).
- Approximately 10.3 percent of 12th graders in Allegheny County and 13.2 percent of 12th graders in Beaver County have used cigarettes once or twice in their life.
- Smoking e-cigarettes/vape more than once a day in the past 30 days was highest in 12th graders in Allegheny County (13.7%). In Beaver County, 9.6 percent of students in 12th grade and 9.3 percent of students in 10th grade smoked e-cigarettes/vape more than once a day in 30 days.

<sup>25</sup> The percentage of students who reported alcohol use one or more times in their lifetime

<sup>26</sup> The percentage of students who reported marijuana use one or more times in their lifetime

<sup>27</sup> The percentage of students who reported prescription pain reliever use one or more times in their lifetime

<sup>28</sup> The percentage of students who reported cigarette use once or twice in their lifetime

<sup>29</sup> The percentage of students who reported e-cigarette/vape use more than once or twice in the past 30 days

- Adult alcohol consumption habits in Allegheny and Beaver County are higher than in Pennsylvania as a whole.

*Exhibit 49: Adult Alcohol Consumption*

	Pennsylvania	Allegheny County	Beaver County
<b>Had one drink<sup>30</sup> (2018-2020)</b>	55.0%	59.0%	65.0%
<b>At risk for heavy drinking<sup>31</sup> (2016-2018)</b>	6.0%	7.0%	5.0%
<b>Binge drinkers<sup>32</sup> (2018-2020)</b>	17.0%	20.0%	21.0%
<b>Chronically drinking<sup>33</sup> (2018-2020)</b>	6.0%	6.0%	7.0%

Source: Pennsylvania Department of Health, Data Dissemination Informatics Exchange (EDDIE), 2016-2020

- In Beaver County, 65 percent of adults had at least one alcoholic beverage in the past month compared to 59 percent in Allegheny County and 55 percent in Pennsylvania.
- In Allegheny, seven percent of adults are at risk for heavy drinking.
- Approximately 21 percent of adults in Beaver County and 20 percent of adults in Allegheny County are binge drinkers, higher than the state average of 17 percent.

**The percentage of adults who use tobacco and e-cigarette is similar across Allegheny County, Beaver County, and the state of Pennsylvania.**

*Exhibit 50: Adult Tobacco/E-Cigarette Use*

	Pennsylvania	Allegheny County	Beaver County
<b>Current smoker<sup>34</sup></b>	17.0%	17.0%	16.0%
<b>Currently using chewing tobacco, snuff, or snus<sup>35</sup></b>	4.0%	3.0%	6.0%
<b>Every day smoker<sup>36</sup></b>	13.0%	13.0%	13.0%
<b>Smoke some days<sup>37</sup></b>	4.0%	4.0%	3.0%
<b>Former smoker<sup>38</sup></b>	26.0%	26.0%	26.0%
<b>Never a smoker</b>	57.0%	57.0%	58.0%

Source: Pennsylvania Department of Health, Data Dissemination Informatics Exchange (EDDIE), 2018-2020

- In Beaver County, six percent of adults are currently using chewing tobacco, snuff, or snus while three percent in Allegheny County and four percent in the state of Pennsylvania are using the same tobacco products.

<sup>30</sup> Had at least one drink of any alcoholic beverage in the past month

<sup>31</sup> Males having more than 2 drinks per day or females having more than 1 drink per day

<sup>32</sup> Males having 5 or more drinks on one occasion or females having 4 or more drinks on one occasion

<sup>33</sup> Average of 2 or more drinks every day in the past 30 days

<sup>34</sup> Smokes every day or some days

<sup>35</sup> Uses chewing tobacco, snuff or snus every day or some days

<sup>36</sup> Tobacco/E-cigarette

<sup>37</sup> Tobacco/E-cigarette

<sup>38</sup> Former use of tobacco/E-cigarette use

- In Pennsylvania, Allegheny County, and Southwest Pennsylvania, the percentage of adults using illegal prescription drug use is similar.

*Exhibit 51: Adult Illegal/Prescription Drug Use*

	Pennsylvania	Allegheny County	Southwest (excluding Allegheny County)
<b>Prescription pain medications<sup>39</sup></b>	28.0%	25.0%	28.0%
<b>Non-prescription street drugs<sup>40</sup></b>	2.0%	2.0%	2.0%
<b>Prescription pain meds not prescribed<sup>41</sup></b>	6.0%	7.0%	5.0%

Source: Pennsylvania Department of Health, Data Dissemination Informatics Exchange (EDDIE), 2020

- Approximately 28 percent of adults in southwest Pennsylvania (excluding Allegheny County) use prescription pain medications.
- In Allegheny County, 7 percent of adults are using prescription pain medications that are not prescribed.

## Impact of COVID-19

The COVID-19 pandemic has had major implications on the population. Reported COVID-19 cases, deaths and vaccination status across Pennsylvania, Allegheny County, and Beaver County.

*Exhibit 52: The COVID-19 Pandemic<sup>42</sup>*

	Pennsylvania	Allegheny County	Beaver County
<b>Total population</b>	12,794,885	1,218,380	164,781
<b>Confirmed cases</b>	2,424,337	223,499	34,003
<b>Deaths</b>	45,254	3,357	755
<b>Partially vaccinated</b>	1,497,309	148,630	13,522
<b>Fully vaccinated</b>	7,453,403	837,257	89,921
<b>Received first booster<sup>43</sup></b>	3,458,152	429,014	44,254

<sup>39</sup> Used any prescription pain medications in the past year

<sup>40</sup> Used non-prescription street drugs (heroin, fentanyl, cocaine, methamphetamines, etc.) that were injected or snorted in the past year

<sup>41</sup> Used prescription pain medicines not prescribed to them in the past year

<sup>42</sup> Most recent COVID-19 data from June 1, 2022

<sup>43</sup> Since August 13, 2021

<b>Received second booster<sup>44</sup></b>	500,717	62,766	5,785
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Source: Pennsylvania Department of Health. COVID-19 Data for Pennsylvania, 2022  
<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>

- More residents of Allegheny County have died from COVID-19 than in Beaver County (3,357 deaths, 755 deaths respectively).
- Over half of the population in Allegheny and Beaver counties is fully vaccinated. In Allegheny County 68.7 percent of the population is fully vaccinated (837,257 people) and 54.6 percent of the population in Beaver County is fully vaccinated (89,921 people).

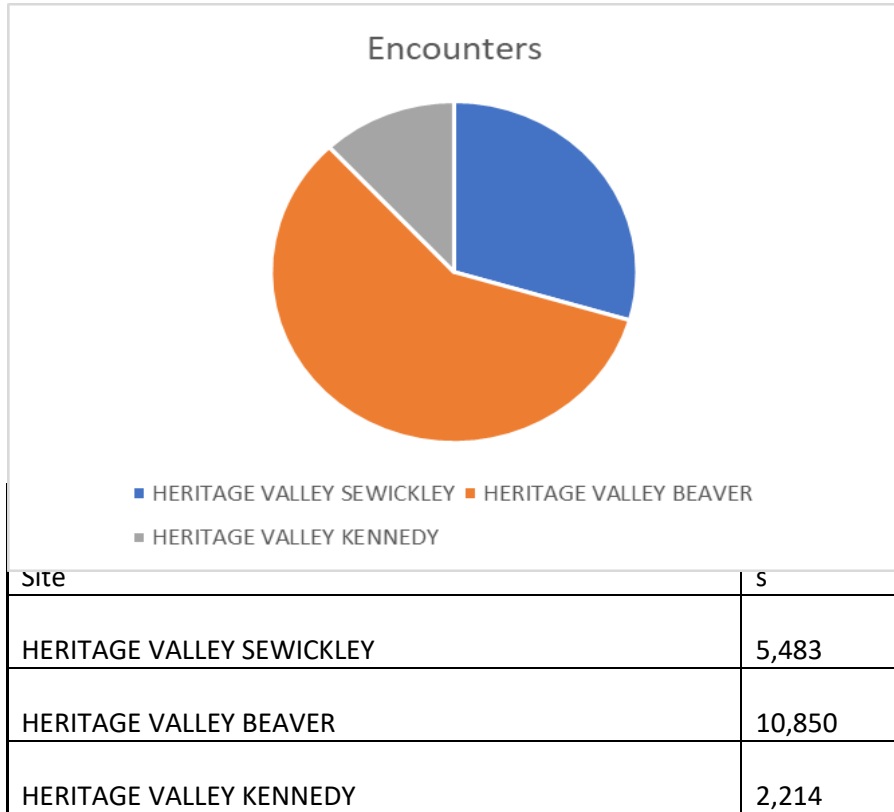
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<sup>44</sup> Since March 29, 2022

## Service Use Data

As part of the service use analysis, Heritage Valley Health System analyzed over 18,000 de-identified patient records in order to establish a better understanding of inpatient (and other) volumes by location and to identify the most common primary diagnoses at each site.

More than half of the total system inpatient encounters were conducted at the Beaver location, yet the other care locations, Sewickley and Kennedy provided more OBGYN and other specialized medical care.



At the Sewickley location, major hip and knee joint replacements make up one of nine visits (11.5%). However, at the Beaver and Kennedy locations psychoses are the most common diagnosis, and of course, Beaver has a large concentration of OB/GYN stays. See the table on the next page.

<b>HERITAGE VALLEY SEWICKLEY</b>			
<b>Rank</b>	<b>Diagnosis</b>	<b>Total*</b>	<b>Cumulative Percent</b>
1	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	631	11.5%
2	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	433	13.8%
3	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	234	15.1%
4	HEART FAILURE AND SHOCK WITH MCC	184	16.1%
5	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	149	16.9%
6	NORMAL NEWBORN	122	17.6%
7	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	88	18.0%
8	PSYCHOSES	78	18.5%
9	COMBINED ANTERIOR AND POSTERIOR SPINAL FUSION WITHOUT CC/MCC	74	18.9%
10	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	72	19.2%
<b>HERITAGE VALLEY BEAVER</b>			
<b>Rank</b>	<b>Diagnosis</b>	<b>Total*</b>	<b>Cumulative Percent</b>
1	PSYCHOSES	843	7.8%
2	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	842	15.5%
3	NORMAL NEWBORN	638	21.4%
4	HEART FAILURE AND SHOCK WITH MCC	450	25.6%
5	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	378	29.0%
6	VAGINAL DELIVERY WITHOUT STERILIZATION OR D C WITHOUT CC/MCC	295	31.8%
7	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	199	33.6%
8	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC	182	35.3%
9	CESAREAN SECTION WITHOUT STERILIZATION WITHOUT CC/MCC	164	36.8%
10	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	160	38.3%
<b>HERITAGE VALLEY KENNEDY</b>			
<b>Rank</b>	<b>Diagnosis</b>	<b>Total*</b>	<b>Cumulative Percent</b>
1	PSYCHOSES	480	21.7%
2	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	111	26.7%
3	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY WITHOUT MCC	102	31.3%
4	HEART FAILURE AND SHOCK WITH MCC	95	35.6%
5	DEPRESSIVE NEUROSES	44	37.6%
6	RENAL FAILURE WITH CC	32	39.0%
7	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	30	40.4%
8	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	27	41.6%

<b>9</b>	<b>ORGANIC DISTURBANCES AND INTELLECTUAL DISABILITY</b>	<b>26</b>	<b>42.8%</b>
<b>10</b>	<b>SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV &gt;96 HOURS WITH MCC</b>	<b>26</b>	<b>43.9%</b>



## Access Audit Summary

Access audits calls are an effective way to evaluate the communities access to health care services within Heritage Valley's service area. – *not to profile any site*. The goal of conducting access audits is to understand practical access to health care and others services and barriers experienced by community members seeking care. Results provide insight to access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community member's access to services.

Callers sought information on behalf of a first time mom seeking primary, urgent, and pediatric care. Calls were made at different times throughout the day during the first two weeks in May 2022. Twenty four calls were conducted across Heritage Valley Health System's primary, growth, and extended service areas.

**The factors used to identify areas of opportunity during the calls included:**

Ability of the site or facility to accept new patients

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are not available

How staff ask questions to define prospective patients needs

Ease of speaking with a person

### **Ability of the site or facility to accept new patients**

Of the 24 sites, all are accepting new patients. Wait times for an initial appointment range from a week to two months (July). Five urgent care centers were called, all of which are first come first serve and the longest wait time was two and a half hours. Staff at seven sites told the caller that if the medical condition was urgent, they could try to fit the patient in within the next few days and definitely within the week.

### **Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable**

Over half of the sites (14 out of 24) had staff members that went above and beyond. Staff members at these sites were extremely informative and explained the process of becoming a new patient to the caller. The staff members asked questions to assess the appropriate level of care needed. Staff members at four different sites told the caller the names of providers and asked the caller if she had a preference for seeing a female or male provider. The caller asked a staff member if he was aware of any behavioral health services for adolescents, the staff provider gave the caller a list of behavioral health facilities and phone numbers in the area.

### **How staff asks questions to define prospective patient's needs**

All staff members asked questions to ensure that their facilities' services aligned with the caller's needs. To avoid paying out of pocket for services, staff members asked what type of insurance the caller had to make sure that the site accepts their insurance. For callers who were seeking prenatal services, staff members asked many questions such as the date of the last menstrual cycle, if the woman has ever received prenatal care, if a sonogram has ever been taken, among other informative and appropriate questions.

### **Ease of speaking with a person**

In general, the ease of speaking with a person was rather polarized. Out of the 24 sites, 16 had an automated phone tree; all but two had efficient phone tree options. The two phone trees that were inefficient instructed the caller to speak and say what the caller was looking for, however, there were no options to press numbers to be transferred to a staff member. The longest wait time to speak to someone was 11 minutes. The caller left voicemails at two sites and received a call back within 30 minutes to an hour. All of the staff members answered the phone with a friendly voice and were eager to help the caller.

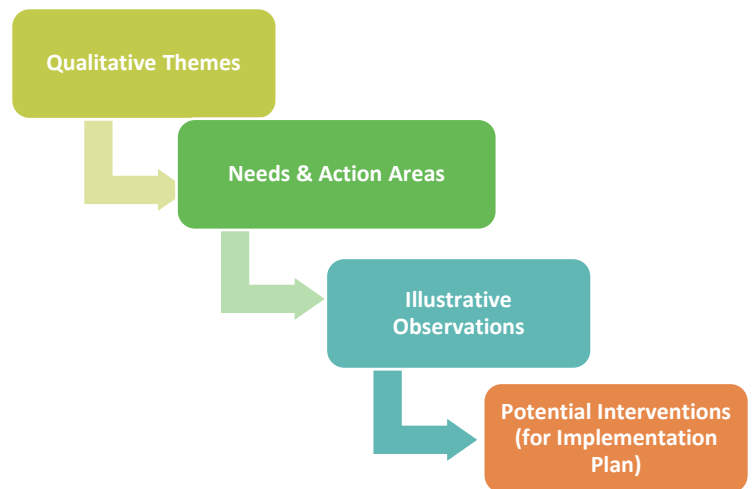
# Qualitative Research Summary

## Overview

The qualitative primary research stage included stakeholder interviews across the community. There were 10 interviews (one-on-one and group style) that lasted approximately 30 minutes in length, although some community members chose to share a great deal of information and exceeded 30 minutes. The interviews were conducted via Zoom and a stakeholder interview guide was used (see Appendix). The interviews provided the opportunity to have in-depth discussions about community social, health, and service issues with individuals able to provide insight regarding health services and access needs.

The qualitative individual interviews resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these themes cuts across and impacts the subsequent needs & action areas. The themes are identified below with a short explanation.

The needs & action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents' consensus perspectives.



## Community Strengths of Heritage Valley Health System's Service Area

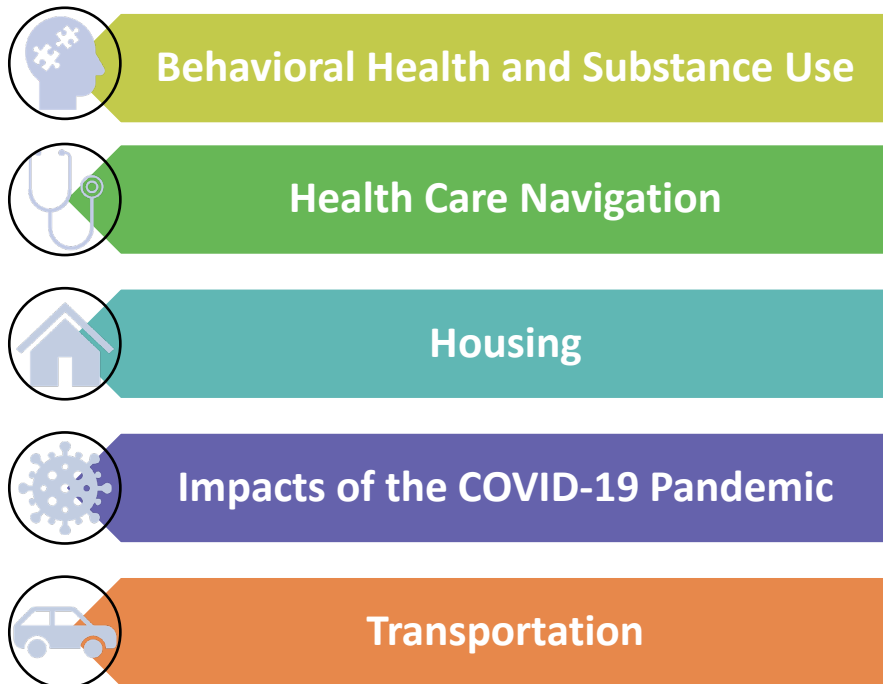
Many of the stakeholders highlighted the strengths of the community. Overall, community members seem to be satisfied with Heritage Valley Health System's available services. As a result of the pandemic, many organizations have created new ways for their services to reach the populations they serve. Collaboration across organizations is a strength that has benefited the population in Allegheny and Beaver counties.

- *"It is a caring community. There are individuals and organizations that will roll up their sleeves to help solve their problems. People are invested to help their community."*
- *"Based on what I hear, people who use Heritage Valley are happy with it and like that they are a community-based provider."*
- *"During COVID a concern was that persons of low income were not going to be serviced the same for persons of above income, particularly with the availability of vaccines. We partnered with providers to come to us rather than go to them since a lot of residents don't have means of transportation."*
- *The Center for Hope has adapted how people access food. "We are unique in a way of how we get food to people. We know that people can't always get a ride to a food pantry, so we have started an outdoor food locker program. We started the first one in the eastern part of the United States. The person calls us by noon one day and can pick it up the next day at a time that is convenient for them. They are sent a code and they go to the locker, enter the code, and can get their food. The lockers are refrigerated so they can store cold and frozen food."*
- *"The Beaver County Collaborative Action Network [BCCAN] is where directors of all social services of Beaver County meet on a monthly basis and talk about the needs of each of our sectors. We collectively meet so there is no duplication of services and we can maximize revenues."*

## High-Level Action Areas & Observations

Listed below are the high-level observations and action areas gleaned from the qualitative data. In addition to the observations, certain actions flow naturally from the themes above. These are important to include in any planning response. The comments in the following high-level action areas are most representative of respondents' consensus in the qualitative interviews.

**Please note, that the Action Areas are in alphabetical, not prioritized, order.**



## Behavioral Health and Substance Use

Data has confirmed that addressing mental health and substance use requires urgent action. Across the state of Pennsylvania secondary data illustrates that 53 percent of adults and 57.5 percent of youth have a mental illness but have not received treatment. More granularly, preliminary secondary data illustrates that 38.4 percent of 12<sup>th</sup> graders in Allegheny County and 40.1 percent of 12<sup>th</sup> graders in Beaver County have reported having depression in 2021. In regards to substance use, the worst public health crisis in recent decades that Pennsylvania has faced is the prescription opioid and heroin overdose epidemic.<sup>45</sup>

Conversations with community members have revealed that mental health and substance use is an issue of concern for residents in Allegheny and Beaver counties. Community discussions indicate that high-level needs for mental health and substance use treatment are rooted in the lack of continuity of care, gaps in programs, and exacerbated issues due to the COVID-19 pandemic. They note that there are mental health and substance use disorder treatment options in the area, but there is a disconnect in connecting people with providers. Action plans for individuals in crisis is a need that community members voiced.

- A stakeholder who works with residents in Allegheny County stated, *“Many patients face challenges with depression, anxiety, and substance use disorder. If you look at overdose rates, there is an issue in accessing medication-assisted treatment because it is not widely available. There are some treatment centers, but it is not enough. There’s been an epidemic that has not been in the forefront because of COVID and we have experienced higher overdoses than ever before. More has to be done so that more providers are connecting individuals to care.”*
- One stakeholder in Beaver County is particularly concerned about substance use in the older adult population. *“The elderly population and opioid use has gone up nationwide and I am sure it has in Beaver County. A lot of elderly people being home has caused depression to accelerate problems. Everyone was focused on COVID and that took the back seat.”*
- *“There is a lack of continuity of care for those with mental health illness.”*
- *“We have mental health availability for everyone in Beaver County; it is just getting the word out there and how to access it.”*
- *“Beaver County has it down quite well in that sector – they have the services out there. What incentivizes a person to seek treatment is when it hits that person that they need help. We have case workers and service coordinators that can bridge that connection with people that need the connection and service providers. We do have a lot of residents that have mental health disabilities, and they are always in need of those types of services and a support system. Beaver county has those support systems – it is just [a matter of] hooking them up with the providers.”*

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<sup>45</sup> Pennsylvania Department of Health. Opioid Epidemic, 2022  
<https://www.health.pa.gov/topics/disease/Opioids/pages/opioids.aspx>

- *“Kids with complex needs are struggling, especially like the child who has behavioral health issues or a child with a dual diagnosis of mental health and an intellectual disability. Dual diagnosed adults don’t fit into programs.”*

## Health Care Navigation

Community stakeholders throughout Allegheny and Beaver counties raised concerns about the accessibility of navigating the health care system. Health illiteracy creates barriers and disparities within communities. Community members also expressed that there is a disconnect between minority populations and culturally competent providers.

- *On the health care front there is unequal access to care. We still live in a society if you have insurance then you have a chance to get care, and if you don't have insurance, you don't.*
- *Enrolling in an insurance plan is a big task on people’s minds. They often don’t know how to start the enrollment process. The complexity of it is a challenge. If you need food and shelter, then having insurance takes the back burner.*
- *Health education is a need for our minority population. Helping them better understand the system to lessen the stigma and barriers that keep minority populations from seeking health care.*
- *Access to respectable, culturally competent providers is something that I find a problem. Doctors are not providing culturally sensitive care and are disregarding patients of color. They aren't respectful. One time I had an interaction with a nurse, and he was giving me a bunch of information and I was trying to keep up with the health care jargon. When I was saying things back to her to make sure I understood what she was saying, she was being ignorant when I asked clarifying questions. There is a lack of cultural competency and there is an inability to relate to people that are different from you. Cultural competence is something health care professionals should be looking for in their staff.*
- *Cultural competency is always an area that needs improvement; recommending care needs in a way that takes into account people's backgrounds and meeting people where they are. In McKees Rocks there has been an increasing level of violence. Providers being trauma-informed is essential in the primary, secondary, and tertiary care. People need continued training. There's a lot of work that needs to be done to understand each other.*
- *A stakeholder from a Federally Qualified Health Center (FQHC) mentioned challenges in communicating across various health care centers. “Navigating through the health insurance plans is a concern; the other thing is a technological issue. We don’t have communication through a direct messaging system with providers [Heritage Valley, UPMC, etc]. It is something I would like to address because it is not happening at all. We are jumping through hoops trying to get information through portals, phones, and fax. We are working with limited resources trying to figure out how to make more services available, and it is a challenge.”*

## Housing

Across the country housing prices have increased causing many households to be severely cost-burdened. In Pennsylvania, 70 percent of renters who are low income are spending more than half of their income on housing costs.<sup>46</sup> Across the Heritage Valley Health System's service area the lack of affordable housing is apparent. Community stakeholders stated an increase of housing costs and rentals, especially in Beaver County. The Beaver County Housing Authority has low-income subsidized rental housing options but those who do not meet the criteria are overlooked and face challenges related to housing affordability.

- *"In our area in Beaver the prices of housing have increased. Downtown Beaver – it is very expensive. There are very old houses that need a lot of upkeep that becomes expensive. In other areas housing is available but not always in the safest areas."*
- *"One of the things that have impacted the housing market is we have a cracker plant [Shell]. A lot of workers come in from out of state and the little affordable housing we had has been taken by them."*
- *"The other thing that hurts us is since we are adjacent to Allegheny County, the cost for apartments matches the rates there. The rates are higher because of where we sit on county lines. Rent that should be \$400-\$500 a month – they are asking \$800 a month just because of how close we are to Allegheny County."*
- *"A big chunk of welfare checks or funds have to go to housing, which causes people to not have money left over to spend it elsewhere."*
- *"I have been working with people in wheelchairs to try to get them housing for two months and it's impossible to find anything. There is a shortage of handicap accessible housing."*

## Impacts of the COVID-19 Pandemic

The COVID-19 pandemic has exacerbated many issues related to the social determinants of health that were present before 2020. Community members indicate that although there has been a lot of creativity in creating and ramping up services, the pandemic has affected many aspects of health and social determinants of health, especially for vulnerable populations.

- *"I do worry a lot of people put off preventative care. I know we saw that with our elderly population who were afraid to go to their medical appointments. My hope is that telemedicine helped ease that burden. Telemedicine was valuable and we saw great outcomes and convenience."*

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<sup>46</sup> National Low Income Housing Coalition. Pennsylvania, 2022. [https://nlihc.org/housing-needs-by-state/pennsylvania#:~:text=Across%20Pennsylvania%2C%20there%20is%20a,area%20median%20income%20\(AMI\).](https://nlihc.org/housing-needs-by-state/pennsylvania#:~:text=Across%20Pennsylvania%2C%20there%20is%20a,area%20median%20income%20(AMI).)



- *“People have put a lot of treatment on hold because they were afraid to go to the hospital. Financially they worry and they push things back because it might cost money to get medication.”*
- *“I mostly work with the business community and the COVID impact on the workforce is the way you work. Working remotely has its positives and negatives. A lot of companies are finding new ways of adapting work. The whole workforce has been impacted by COVID and it is whether or not you can adapt.”*
- *“On the other side [is] the mental stress that many of us had when losing loved ones to COVID directly. I had two or three people in hospitals that died alone because no one was able there to help them. There are lasting effects and mental stress that has been a very significant outcome.”*
- *“COVID has impacted children during the pandemic when they couldn’t be with their peers during social development. Sitting on the computer and social media all the time created isolation – it’s a huge generation suffering. In general, the lack of social interaction had a negative impact.”*
- *“Academic growth was hugely impacted. Kids staying home with parents trying to learn a system that they aren’t used to using like technology and computers. That age group is a challenge for families.”*
- *“The pandemic has wreaked havoc on African American communities.”*

## Transportation

Many community members who participated in stakeholder interviews expressed that there are many barriers to the current public transportation system. In Beaver County, community members mentioned that there are many barriers to accessing the public transportation system.

- *“There is transportation, but it’s a nightmare. Most people live along the rivers and that is where the buses run. Outside of those routes, there are no buses. DART [Demand and Response Transit] is not user friendly, but it is an option.”*
- *“Transportation is a huge issue getting to and from doctor’s appointments or anywhere. There are pockets of the area where there is no transportation. In the Midland area there is no public transportation whatsoever. The transportation that is available is not accessible for those who have mobility issues.”*
- *“Transportation is a weakness. In Midland, the low-income minority population has no public transportation that goes throughout Midland. In the minds of the people who run the system, it is financially costly. They don’t have a well-functioning school district, no transportation to get to jobs through the public transit system.”*
- *“There is bus transportation, but a lot of people, especially the elderly, are wary about that. They aren’t sure how to take the transportation.”*

- *“Being near the public transportation line is important for the population that does not have a vehicle. Some of those with means of transportation are one breakdown away from a tragedy. It takes one financial challenge that could put them behind. If they are working and need their own transportation, and if the vehicle breaks down, they will have to spin the wheel to figure out what to pay first – the mechanic, rent, food, etc.”*

In Allegheny County some organizations have their own transportation for residents who use their services. Public transportation remains to be a challenge.

- *“We have a volunteer transportation system through the YMCA so the elderly can get to their medical appointments. The transport takes them locally and also into Pittsburgh. Most trips are local. We took one person to six weeks of radiology at Magee or Shadyside. The transportation system is no-cost. We are able to support this system through a partnership with Heritage Valley.”*
- Community leaders from a local FQHC said, *“Transportation is a huge issue. A good number of individuals don’t have access to care because they lack transportation. We offer transportation, but when patients are referred to specialists, there is no transport for them. There is public transportation, but the walkability in neighborhoods isn’t great. At bus stops there are concerns of violence and concerns if sidewalks are walkable, especially during harsh weather conditions.”*
- *“There is transportation in Allegheny County, but I don't know that it goes to a hospital. Hospitals usually aren't on the public transport line.”*

## Community Survey

Heritage Valley health System conducted a broad-based community survey which covered the full-service area. Response to the survey was heavy, as over 1,700 community members took part in the survey. The appendices contain a full set of survey frequency tables. The top-rated (i.e., most needed) community needs are shown in the table below.

Community Needs	Percent saying, "Much more needed"
Affordable prescription drugs	1
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	2
Counseling services for mental health issues such as depression, anxiety, and others for adults	3
Long-term care or dementia care for seniors	4
Healthcare services for seniors	5
Crisis or emergency care programs for mental health	6
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	7
School-based mental health support for children	8
Affordable healthcare services for individuals or families with low income	9
Drug and other substance abuse early intervention services	10
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	11
Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	12
Drug and other substance abuse treatment services	13
Programs to help to recover drug and other substance use disorder patients stay healthy	14
Social services (other than healthcare) for people experiencing homelessness	15
Support services for children with developmental disabilities	16
Drug and other substance abuse education and prevention	17
Healthcare services for people experiencing homelessness	18
Affordable quality childcare	19
Programs for obesity prevention, awareness, and care	20

- Across the Heritage Valley service area, the high prices of prescription drugs and the need for more affordable options was the leading issue for survey participants.
- Mental health-related services needs (including substance use) comprised five of the top 10 needs.
- Senior care and related services are very high on the survey summary list. Note also that other high-priority issues (e.g., affordable prescription drugs, mental health, and others) also tend to strongly impact seniors.

## Google Search Trends Analysis

Over four billion people across the globe use the internet with approximately 3.2 billion using social media in 2018.<sup>47</sup> The internet and social media has become a powerful channel to share information at home and around the world.

Approximately two-thirds of all U.S. adults (68%) are Facebook users and 75% of those users access Facebook at least daily. YouTube, while not considered a traditional social media platform, has increased in popularity in the recent years with 73% of U.S. adults reported using the platform.<sup>48</sup> Google continues to be the top search engine with 70% of all search market share.

With an abundance of information at an individual's fingertips, one in three Americans have searched online to figure out a medical condition.<sup>49</sup> Of those who seek medical information online, 46% of the individuals sought attention from their medical provider. Reviewing online search interest and social media can help identify the most common, emerging, and surging healthcare-related issues in the local community.

### Approach:

Crescendo analyzed the Google search trends from January 1, 2021, through April 30, 2022. Unfortunately, the COVID-19 pandemic has likely greatly skewed any search trends data along with changes to Google's search algorithm. The geography analyzed was Pittsburgh, Pennsylvania.<sup>50</sup>

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<sup>47</sup> We Are Social. *Digital in 2018: World's Internet User Pass the 4 Billion Mark*. <https://wearesocial.com/blog/2018/01/global-digital-report-2018>

<sup>48</sup> Pew Research Center. *Social Media Use in 2018*. <http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/>

<sup>49</sup> Pew Research Center. *Health Online 2013*. <http://www.pewinternet.org/2013/01/15/health-online-2013/>

<sup>50</sup> Geography predetermined by Google Trends data. Pittsburgh, Pennsylvania was the geography that best fit the service area.

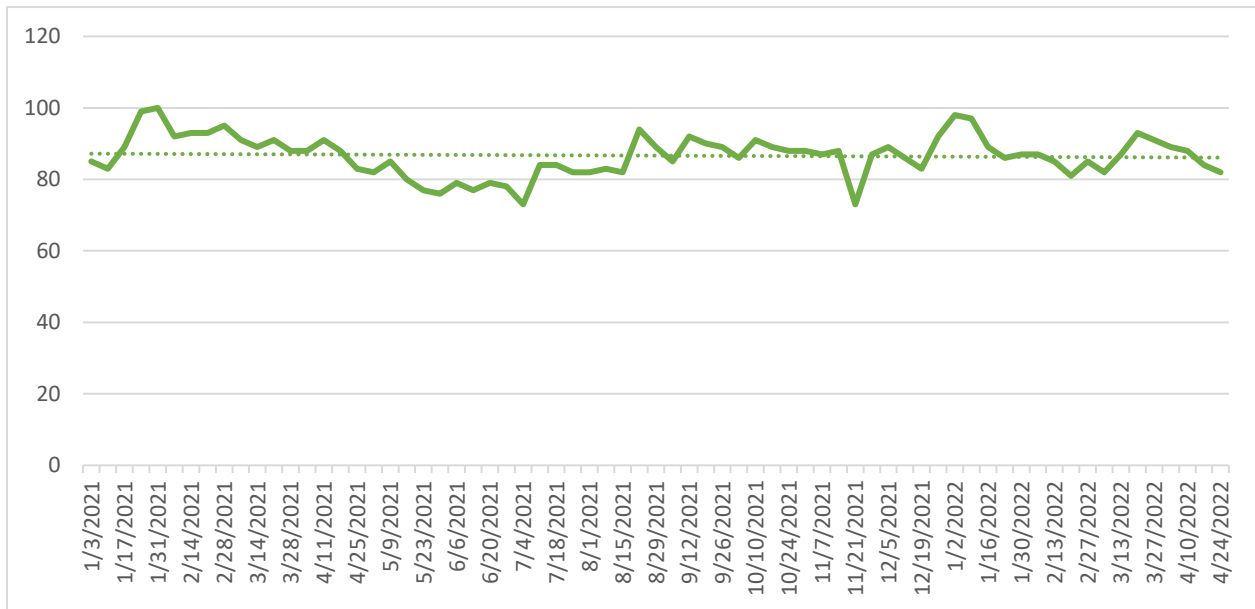
## About Google Trends

Google Trends is a search trends feature from Google that shows how frequently a given search term is entered into Google’s search engine relative to the site’s total search volume over a given time period. Google uses a relative score to measure the index of search activity. The maximum value, or peak popularity, is 100. For example, if the value for “Springfield” is 100 and the value for “donut” is 50, the number of searches for “donut” is half as popular as “Springfield.” A score of 0 means there was not enough data for the term.

The following charts depict the search interest for mental health issues in the Springfield area over a specific time period.

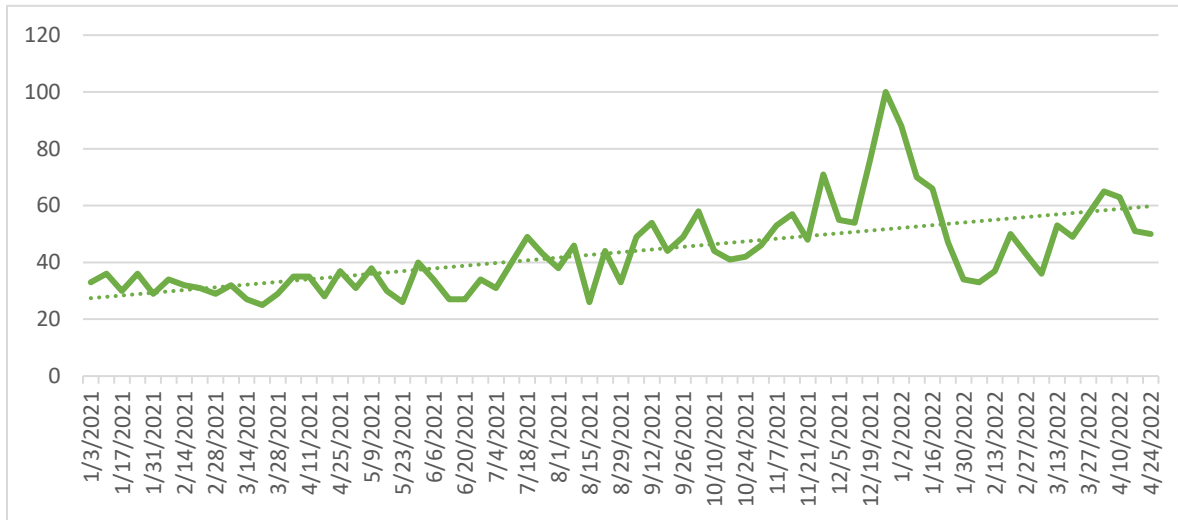
## Health Search Interest Overview

*Exhibit 53: Google Search Interest Over Time for "Health"*



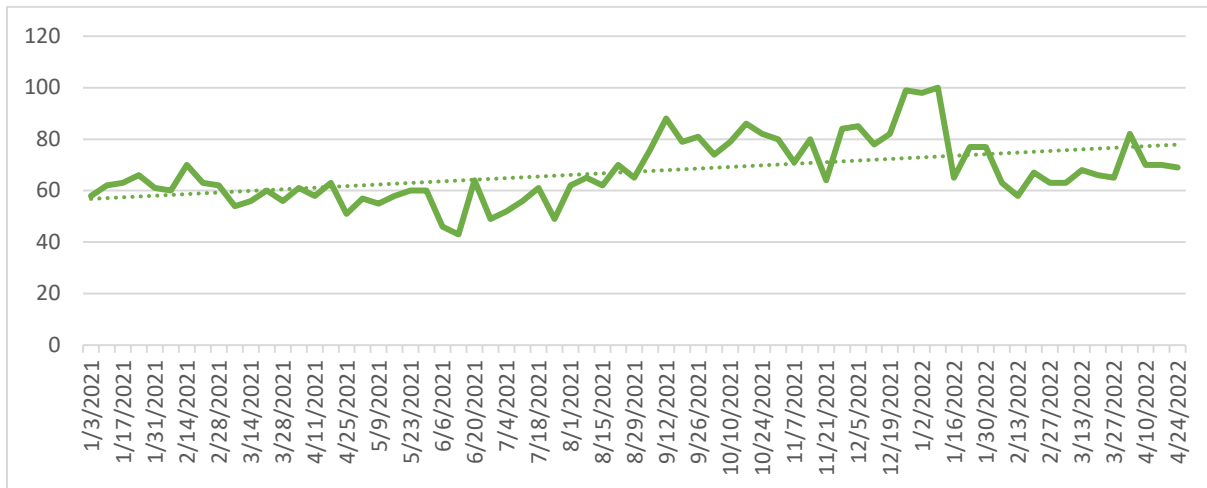
- Health is a broad base search term category that includes topics such as health, health care professional, and a variety of health-related topics. Google searches for health-related topics remained relatively steady from January 1, 2021, to April 30, 2022.
- Google users also searched for terms such as COVID vaccine, COVID-19 testing, Rite Aid, and CVS among other terms.

Exhibit 54: Google Search Interest Over Time for “Cold & Flu”



- In late December and early January 2022, there was a significant increase in search terms related to cold and flu. Google users also searched for terms related to cold, flu, and COVID-19 symptoms.
- Search results peaked around the same time that Pittsburgh and Pennsylvania experienced a spike in positive COVID-19 cases<sup>51</sup>.

Exhibit 55: Google Search Interest Over Time for "Respiratory Conditions"

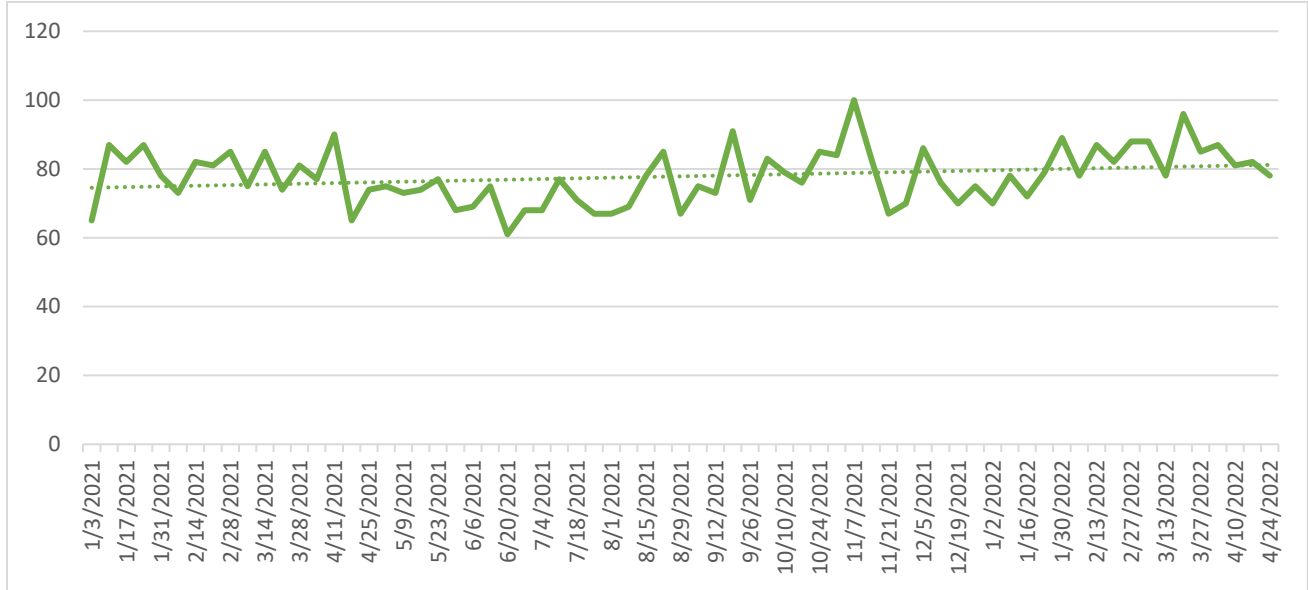


- Search interest for “respiratory conditions” increased over the past 16 months, likely due to its close relationship with COVID-19. Googler users also searched for information related to

<sup>51</sup> NY Times. Tracking Coronavirus in Pennsylvania: Latest Map and Case Count. <https://www.nytimes.com/interactive/2021/us/pennsylvania-covid-cases.html>

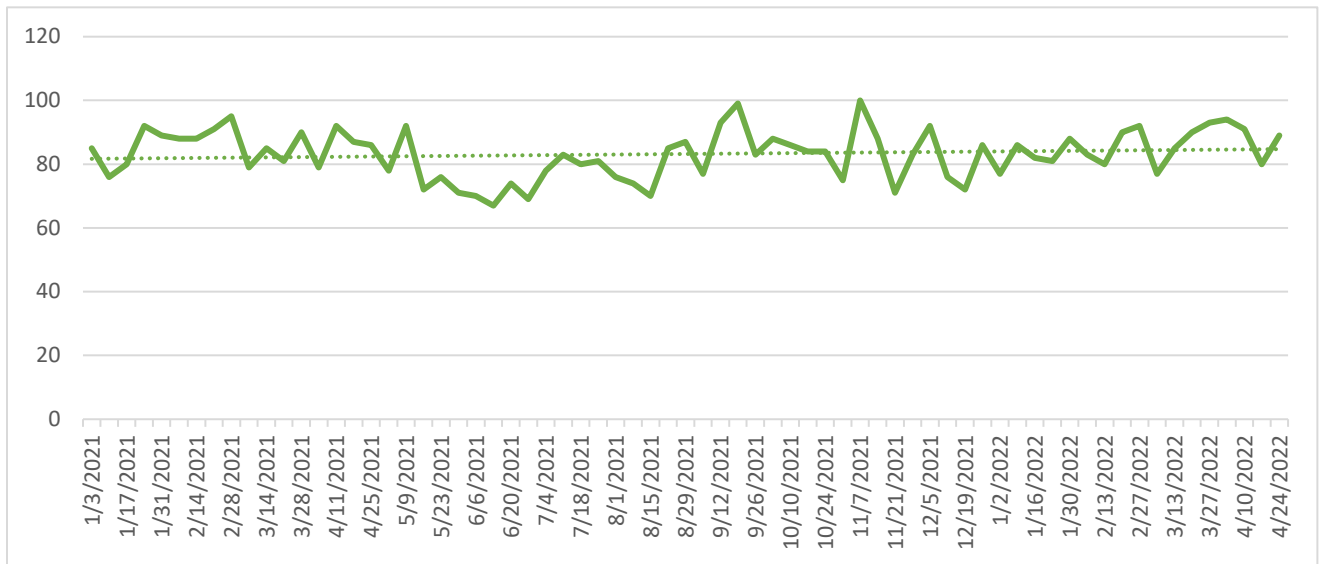
pneumonia, asthma, COPD, and respiratory medications. Users are asked the question, “how long are you contagious with COVID?”

Exhibit 56: Google Search Interest Over Time for "Heart & Hypertension"



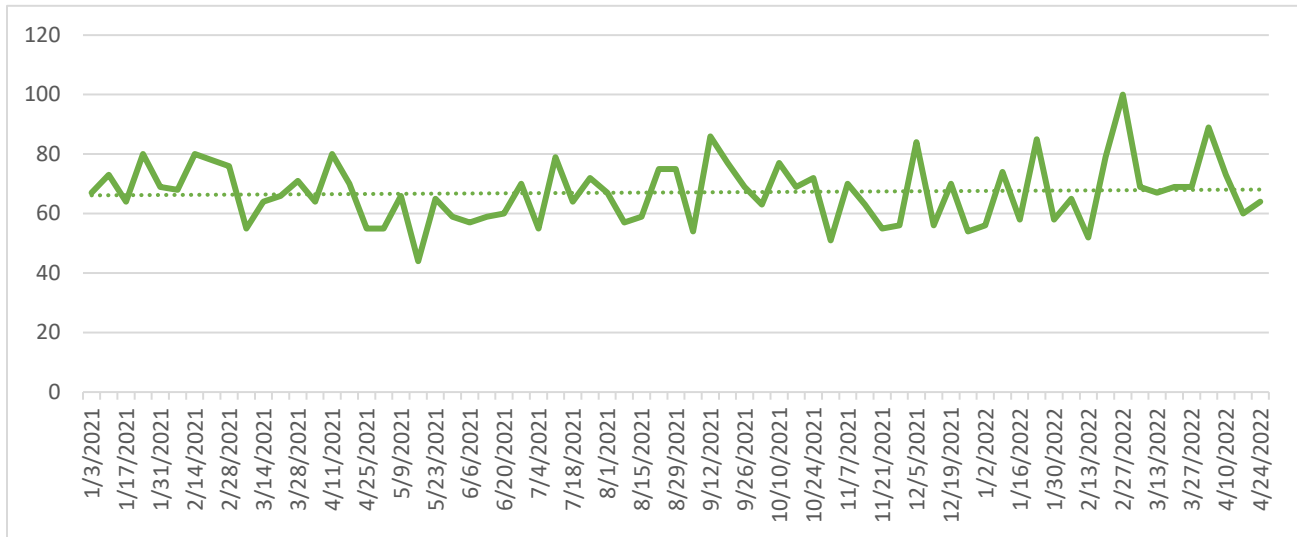
- Search interest for “heart and hypertension” has increased slightly since January 2021. Top search terms include blood pressure, high blood pressure, blood clot, and stroke.

Exhibit 57: Google Search Interest Over Time for "Mental Health"



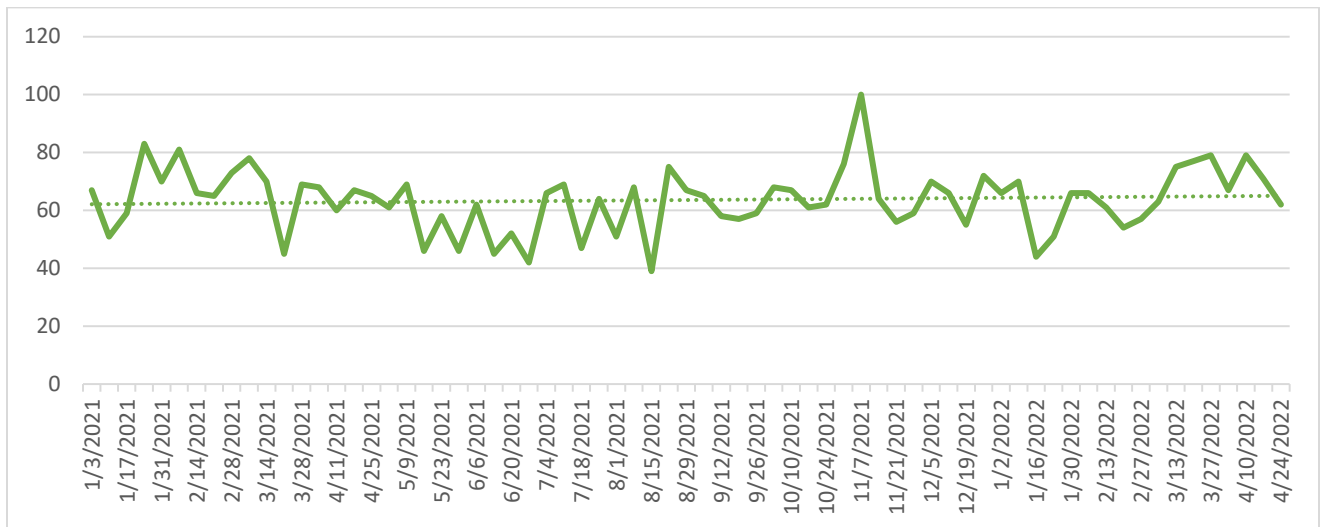
- Search interest for “mental health” has remained the same since January 2021.

Exhibit 58: Google Search Interest Over Time for "Anxiety & Stress"



- Search interest for “anxiety and stress” has remained the same over the past 15 months.

Exhibit 59: Google Search Interest Over Time for "Depression"



- Search interest for “depression” has remained the same over the past 15 months. A Boston University study revealed that approximately one in every three American adults now experiences depression.<sup>52</sup> The lack of change in search volume for depression indicates that people are searching for information elsewhere on depression and related mental health terms.

<sup>52</sup> The Brink. Depression Rates in US Tripled When the Pandemic First Hit – Now, They’re Even Worse. <https://www.bu.edu/articles/2021/depression-rates-tripled-when-pandemic-first-hit/#:~:text=New%20research%20from%20Boston%20University,ever%203%20American%20adults.>



## Conclusions and Needs Prioritization Process

As noted in the executive summary, the quantitative and qualitative research produced an extensive list of community needs. In order to develop a final list of prioritized needs, Heritage Valley Health System leaders participated in a modified Delphi process. The Delphi is a long-standing, validated approach by which individuals rank and rate each of the community needs while sharing comments and insights in an unbiased fashion. For the 2022 Heritage Valley Health System CHNA, the final step of the Delphi process included a meeting attended by Heritage Valley and community leaders to review the prioritization process results, reflect upon and add (as needed) additional insight, and draft the final list of prioritized needs. The final list is shown below.

*Exhibit 60: Final List of Prioritized Needs*

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents and children	Yes	2	2
2	Chronic disease management	Yes	1	1 & 2
3	Programs (inpatient and outpatient, prevention, early intervention) to help those struggling and recovering from a substance use disorder stay healthy	Yes	2	1
4	Utilize community health workers and health care navigators to strengthen access to care and coordination between the hospital and other clinics, private doctors, or other health service providers	Yes	1	2
5	Services to facilitate and encourage earlier diagnosis, prevention, and treatment services to help reduce the total cost of healthcare over time	Yes	1	1
6	Disease prevention programs	Yes	1	1
7	Mental health crisis services and community awareness of available resources	Yes	1 & 2	2
8	In-home care for seniors with limited mobility	Yes	1 & 2	2
9	Affordable health care services for low-income families	Yes	1 & 2	2 & 3
10	Wellness initiatives to encourage physical activity	Yes	2	2
11	Diversity, equity, and inclusion education for health care staff at all levels of care	Yes	1	1
12	Free or low-cost transportation to medical appointments	Yes	1 & 2	2

## Appendices

### Access Audit

Calls were made to 24 health care facilities in Heritage Valley Health System’s service area. Callers asked about primary care and behavioral health care. Health care facilities of completed access audit calls for Heritage Valley Health System’s primary, growth, and extended service areas included the following:

Health Care Facility	
Caring Hands Pediatrics – Robinson	MedExpress Urgent Care – McKees Rocks
ConvenientCare – Robinson Township	Heritage Valley Pediatrics – Beaver
First Steps Pediatrics – Robinson	St. Clair Medical Group OB/GYN
Heritage Valley Pediatrics – Edgeworth Commons	St. Clair Robinson Township Multispecialty Suite
Heritage Valley Robinson Township	Trinity Health System
Heritage Valley Sewickley	UPMC Children’s Community Pediatrics – Moon
HVMG Primary Care – Monaca	UPMC’s Children’s Community Pediatrics – Sewickley
Latterman Family Health Center – McKeesport	UPMC Magee-Womens Hospital
Magee Womancare Associates – Hampton	UPMC Urgent Care – Robinson
Maternal Child Health – Beaver	Weirton Medical Center
MedExpress Urgent Care – Center Township	West Hills Pediatrics
MedExpress Urgent Care – Chippewa	Wexford Health + Wellness Pavilion

## Community Survey

Every three years, Heritage Valley Health System conducts a Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics.

***The survey will take less than 10 minutes, and your comments will be kept confidential.***

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1. What county do you live in?
  - Allegheny County
  - Beaver County
  - Other (please specify)

2. What is your zip code?

### Access to Health Care

3. In general, how would you rate your health?
  - Excellent
  - Good
  - Fair
  - Poor
4. Do you have a family doctor or a place where you go for routine care?
  - Yes, family doctor, family health center, or clinic
  - Yes, emergency room
  - Yes, walk-in urgent care
  - Yes, virtual through telemedicine
  - No
  - Other (please specify)
5. Do you have health insurance?
  - Insurance plan through employer
  - Insurance plan through spouse's employer
  - Purchased insurance from state or federal health insurance exchange
  - Purchased own insurance
  - Medicare
  - Medicaid
  - Another government program
  - I don't have insurance
6. In the past two years, has there been one or more occasions when you needed medical or mental health care but chose NOT to get it?
  - Yes
  - No

7. If yes, what prevented you from accessing health care or mental health services when you need it?  
(Check all that apply)

- Lack of health insurance
- Lack of money / ability to pay
- Did not feel comfortable with available providers
- Providers did not speak my language, or they didn't know my culture
- Providers not knowledgeable about people with my sexual orientation or gender status
- Lack of transportation
- Long wait times to see a provider
- Doctor's office is too far from my house
- COVID-19-related restrictions
- Concern about my immigration status
- I don't like the providers
- Providers were not culturally competent
- Other (please specify)

### Community Health Needs

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on programs and resources in your community.

8. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

	1 (No more focus needed)	2	3 (Neutra l)	4	5 (Much more focus needed)	I don' t kno w
Transportation services for people needing to go to doctor's appointments or the hospital						
Secure sources for affordable, nutritious food						
Affordable quality childcare						
Healthcare services for people experiencing homelessness						
Social services (other than healthcare) for people experiencing homelessness						
Education and job training						
Primary care services (such as a family doctor or other provider of routine care)						
Inpatient hospital care for a medical condition or accident						
Outpatient medical care for diabetes						

Outpatient medical care for heart disease or related conditions						
Outpatient medical care for some other chronic health condition						
School-based mental health support for children						
Emergency care and trauma services						
Long-term care or dementia care for seniors						
Affordable healthcare services for individuals or families with low income						
Affordable prescription drugs						
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children						
Support services for children with developmental disabilities						
Support services for adults with developmental disabilities						
Drug and other substance abuse education and prevention						
Drug and other substance abuse early intervention services						
Drug and other substance abuse treatment services						
Programs to help to recover drug and other substance use disorder patients stay healthy						
Crisis or emergency care programs for mental health						
Crisis or emergency care services for medical issues						
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers						
Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.						
Programs for diabetes prevention, awareness, and care						

Programs for heart health or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Healthcare services for seniors						
Women's health services / Prenatal care						
Services or education to help reduce teen pregnancy						
Parenting classes for the "new Mom" or the "new Dad"						
HIV / AIDS education and screening						
HIV / AIDS treatment services						

### Sense of Community Health

9. Please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	1 (Strongly disagree)	2 Disagree	3 (Neither agree nor disagree)	4 (Agree)	5 (Strongly agree)	I don't know
My community can work together to improve its health						
My community has the resources to improve its health						
My community works together to make positive changes for health						
I know my neighbors will help me stay healthy						

### Mental Health

Heritage Valley Health System is interested in understanding the mental and emotional wellness of individuals and the community as a whole. Reminder: Your answers will be confidential and anonymous.

10. If you were experiencing a mental health or substance use challenge, would you know where to turn for help?

- Yes
- No
- I'm not sure

11. Do you or your family currently have unmet mental health or substance use needs?

- Yes, I have an unmet need
- Yes, an adult family member has an unmet need other than me
- Yes, a child family member has an unmet need
- No
- I don't know
- I prefer not to answer

12. Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? (Please select all that apply)

- Depression
- Anxiety
- Loneliness or Isolation
- Grief
- Other (please specify)

### Challenges

13. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? Please use the following scale to respond:

5 = I struggle with this issue daily

4 = This is a common challenge for me

3 = I frequently with this issue but generally manage fairly well

2 = I occasionally struggle but am generally doing well in this area of my life

1 = I'm doing well in this area of my life

Challenge	Scale
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	
Performing adequately well at school or work	
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness	
Leisure activities	
Getting along well with friends and family members	
Getting along with people at work or in the community	
Feeling lonely	
Establishing and maintaining trusted relationships	

14. In the past month, to what degree have you had problems with the activities of daily living (bathing, dressing, eating etc.)?

- Frequently – more than half of the days
- Moderately – more than once or twice, but less than half of the days
- Occasionally – once or twice
- Not at all – I have not had these problems.

### A little bit about you

15. What is your gender?

- Female
- Male
- Non-binary
- Other
- I'd rather not share

16. What is your race/ethnicity? [Check all that apply]

- Hispanic, Latinx
- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race/ethnicity
- I'd rather not share

17. What is your highest level of education completed?

- Less than 9<sup>th</sup> grade
- 9<sup>th</sup> to 12<sup>th</sup> grade, no diploma
- High school diploma
- Some college, no degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree

18. Which of the following ranges best describes your total annual household income in the past year?

- None
- Under \$15,000
- \$15,000 – \$24,999
- \$25,000 - \$34,999
- \$35,000 – \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and above
- Unknown



19. What is your age?

- Less than 18 years old
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- More than 75
- I'd rather not share

20. Do you like in a single-parent household?

- Yes
- No

Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

20. Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

- Yes
- No

### Qualitative Research

Across the qualitative research stages, community stakeholders provided valuable input from a variety of local organizations and community-based programs. Below are a small sample of participating organizations.

Aliquippa Council of Men and Father	Homemaker-Home Health Aide Service
Beaver County Behavioral Health	Pittsburgh Airport Area Chamber of Commerce
Beaver County Housing Authority	Robert Morris University Nursing Students
Center for Hope	Sewickley Valley YMCA
Community College of Beaver County	Sto-Rox Neighborhood Health Council

Community Survey Frequency Tables

**Frequency  
Tables**

**What county do you live in?**

	Frequency	Percent	Net Percent	Cumulative Percent
Allegheny	556	32.4	34.0	34.0
Beaver	1080	63.0	66.0	100.0
Total	1636	95.4	100.0	
No response	78	4.6		
Total	1714	100.0		

**In general, how would you rate your health?**

	Frequency	Percent	Net Percent	Cumulative Percent
Excellent	216	12.6	12.6	12.6
Good	1151	67.2	67.2	79.8
Fair	322	18.8	18.8	98.5
Poor	25	1.5	1.5	100.0
Total	1714	100.0	100.0	

**Do you have a family doctor or a place where you go for routine care?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes, family doctor, family health center, or clinic	1639	95.6	96.8	96.8
Yes, emergency room	1	.1	.1	96.8
Yes, walk-in urgent care	15	.9	.9	97.7
Yes, virtual through telemedicine	1	.1	.1	97.8
No	38	2.2	2.2	100.0
Total	1694	98.8	100.0	
No response	20	1.2		
Total	1714	100.0		

**Do you have health insurance?**

	Frequency	Percent	Net Percent	Cumulative Percent
Insurance plan through employer	510	29.8	29.8	29.8
Insurance plan through spouse's employer	209	12.2	12.2	41.9
Purchased insurance from state or federal health insurance exchange	42	2.5	2.5	44.4
Purchased own insurance	115	6.7	6.7	51.1
Medicare	764	44.6	44.6	95.7
Medicaid	54	3.2	3.2	98.8
Another government program	13	.8	.8	99.6
I don't have insurance	7	.4	.4	100.0
Total	1714	100.0	100.0	

**In the past two years, has there been one or more occasions when you needed medical or mental health care but chose NOT to get it?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	368	21.5	21.5	21.5
No	1346	78.5	78.5	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Lack of health insurance**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	9	.5	.5	.5
Not selected	1705	99.5	99.5	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Lack of money/ability to pay**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	61	3.6	3.6	3.6
Not selected	1653	96.4	96.4	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Did not feel comfortable with available providers**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	58	3.4	3.4	3.4
Not selected	1656	96.6	96.6	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Providers did not speak my language, or they didn't know my culture**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	3	.2	.2	.2
Not selected	1711	99.8	99.8	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Providers not knowledgeable about people with my sexual orientation or gender status**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	1	.1	.1	.1
Not selected	1713	99.9	99.9	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Lack of transportation**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	15	.9	.9	.9
Not selected	1699	99.1	99.1	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Long wait times to see a provider**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	124	7.2	7.2	7.2
Not selected	1590	92.8	92.8	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Doctor's office is too far from my house**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	15	.9	.9	.9
Not selected	1699	99.1	99.1	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - COVID-19-related restrictions**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	136	7.9	7.9	7.9
Not selected	1578	92.1	92.1	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Concern about my immigration status**

	Frequency	Percent	Net Percent	Cumulative Percent
Not selected	1714	100.0	100.0	100.0

**Reason for not getting care - I don't like the providers**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	26	1.5	1.5	1.5
Not selected	1688	98.5	98.5	100.0
Total	1714	100.0	100.0	

**Reason for not getting care - Providers are not culturally competent**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	2	.1	.1	.1
Not selected	1712	99.9	99.9	100.0
Total	1714	100.0	100.0	

**Needs - Transportation services for people needing to go to doctor's appointments or the hospital**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	113	6.6	8.1	8.1
..	35	2.0	2.5	10.6
Neutral	587	34.2	42.2	52.9
....	327	19.1	23.5	76.4
Much more focus needed	328	19.1	23.6	100.0
Total	1390	81.1	100.0	
No response	324	18.9		
Total	1714	100.0		



**Needs - Secure sources for affordable, nutritious food**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	115	6.7	8.3	8.3
..	76	4.4	5.5	13.8
Neutral	463	27.0	33.4	47.2
....	391	22.8	28.2	75.5
Much more focus needed	340	19.8	24.5	100.0
Total	1385	80.8	100.0	
No response	329	19.2		
Total	1714	100.0		

**Needs - Affordable quality childcare**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	118	6.9	8.6	8.6
..	48	2.8	3.5	12.1
Neutral	529	30.9	38.6	50.7
....	254	14.8	18.5	69.3
Much more focus needed	421	24.6	30.7	100.0
Total	1370	79.9	100.0	
No response	344	20.1		
Total	1714	100.0		

**Needs - Healthcare services for people experiencing homelessness**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	74	4.3	5.4	5.4
..	47	2.7	3.4	8.8
Neutral	430	25.1	31.2	40.0
....	387	22.6	28.1	68.1
Much more focus needed	439	25.6	31.9	100.0
Total	1377	80.3	100.0	
No response	337	19.7		
Total	1714	100.0		

**Needs - Social services (other than healthcare) for people experiencing homelessness**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	72	4.2	5.2	5.2
..	37	2.2	2.7	7.9
Neutral	410	23.9	29.8	37.8
....	403	23.5	29.3	67.1
Much more focus needed	452	26.4	32.9	100.0
Total	1374	80.2	100.0	
No response	340	19.8		
Total	1714	100.0		

**Needs - Education and job training**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	81	4.7	5.9	5.9
..	71	4.1	5.2	11.1
Neutral	451	26.3	33.1	44.2
....	418	24.4	30.6	74.9
Much more focus needed	343	20.0	25.1	100.0
Total	1364	79.6	100.0	
No response	350	20.4		
Total	1714	100.0		

**Needs - Primary care services (such as a family doctor or other provider of routine care)**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	124	7.2	9.0	9.0
..	98	5.7	7.1	16.1
Neutral	472	27.5	34.3	50.4
....	395	23.0	28.7	79.0
Much more focus needed	289	16.9	21.0	100.0
Total	1378	80.4	100.0	
No response	336	19.6		
Total	1714	100.0		

**Needs - Inpatient hospital care for a medical condition or accident**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	114	6.7	8.3	8.3
..	113	6.6	8.2	16.5
Neutral	563	32.8	40.8	57.3
....	334	19.5	24.2	81.5
Much more focus needed	255	14.9	18.5	100.0
Total	1379	80.5	100.0	
No response	335	19.5		
Total	1714	100.0		

**Needs - Outpatient medical care for diabetes**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	79	4.6	5.8	5.8
..	74	4.3	5.4	11.2
Neutral	657	38.3	48.1	59.3
....	309	18.0	22.6	81.9
Much more focus needed	248	14.5	18.1	100.0
Total	1367	79.8	100.0	
No response	347	20.2		
Total	1714	100.0		

**Needs - Outpatient medical care for heart disease or related conditions**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	71	4.1	5.2	5.2
..	94	5.5	6.8	12.0
Neutral	580	33.8	42.2	54.3
....	356	20.8	25.9	80.2
Much more focus needed	272	15.9	19.8	100.0
Total	1373	80.1	100.0	
No response	341	19.9		
Total	1714	100.0		

**Needs - Outpatient medical care for some other chronic health condition**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	59	3.4	4.3	4.3
..	77	4.5	5.6	10.0
Neutral	571	33.3	41.8	51.8
....	381	22.2	27.9	79.6
Much more focus needed	278	16.2	20.4	100.0
Total	1366	79.7	100.0	
No response	348	20.3		
Total	1714	100.0		

**Needs - School-based mental health support for children**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	70	4.1	5.1	5.1
..	60	3.5	4.4	9.5
Neutral	399	23.3	29.2	38.7
....	322	18.8	23.5	62.2
Much more focus needed	517	30.2	37.8	100.0
Total	1368	79.8	100.0	
No response	346	20.2		
Total	1714	100.0		

**Needs - Emergency care and trauma services**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	79	4.6	5.8	5.8
..	88	5.1	6.4	12.2
Neutral	527	30.7	38.4	50.6
....	375	21.9	27.4	78.0
Much more focus needed	302	17.6	22.0	100.0
Total	1371	80.0	100.0	
No response	343	20.0		
Total	1714	100.0		

**Needs - Long-term care or dementia care for seniors**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	41	2.4	3.0	3.0
..	42	2.5	3.1	6.1
Neutral	290	16.9	21.2	27.2
....	411	24.0	30.0	57.3
Much more focus needed	585	34.1	42.7	100.0
Total	1369	79.9	100.0	
No response	345	20.1		
Total	1714	100.0		

**Needs - Affordable healthcare services for individuals or families with low income**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	62	3.6	4.5	4.5
..	70	4.1	5.1	9.6
Neutral	346	20.2	25.2	34.8
....	387	22.6	28.2	63.0
Much more focus needed	507	29.6	37.0	100.0
Total	1372	80.0	100.0	
No response	342	20.0		
Total	1714	100.0		

**Needs - Affordable prescription drugs**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	47	2.7	3.4	3.4
..	31	1.8	2.3	5.7
Neutral	155	9.0	11.3	17.0
....	282	16.5	20.5	37.5
Much more focus needed	859	50.1	62.5	100.0
Total	1374	80.2	100.0	
No response	340	19.8		
Total	1714	100.0		

**Needs - Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	56	3.3	4.1	4.1
..	44	2.6	3.2	7.3
Neutral	376	21.9	27.4	34.6
....	429	25.0	31.2	65.9
Much more focus needed	469	27.4	34.1	100.0
Total	1374	80.2	100.0	
No response	339	19.8		
System	1	.1		
Total	340	19.8		
Total	1714	100.0		



**Needs - Counseling services for mental health issues such as depression, anxiety, and others for adults**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	62	3.6	4.5	4.5
..	43	2.5	3.1	7.6
Neutral	302	17.6	21.9	29.6
....	375	21.9	27.3	56.8
Much more focus needed	594	34.7	43.2	100.0
Total	1376	80.3	100.0	
No response	338	19.7		
Total	1714	100.0		

**Needs - Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	63	3.7	4.6	4.6
..	39	2.3	2.8	7.4
Neutral	294	17.2	21.4	28.8
....	352	20.5	25.6	54.5
Much more focus needed	625	36.5	45.5	100.0
Total	1373	80.1	100.0	
No response	341	19.9		
Total	1714	100.0		

**Needs - Support services for children with developmental disabilities**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	52	3.0	3.8	3.8
..	48	2.8	3.5	7.3
Neutral	386	22.5	28.2	35.6
....	434	25.3	31.7	67.3
Much more focus needed	447	26.1	32.7	100.0
Total	1367	79.8	100.0	
No response	347	20.2		
Total	1714	100.0		

**Needs - Support services for adults with developmental disabilities**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	45	2.6	3.3	3.3
..	53	3.1	3.9	7.2
Neutral	424	24.7	31.1	38.3
....	434	25.3	31.9	70.2
Much more focus needed	406	23.7	29.8	100.0
Total	1362	79.5	100.0	
No response	352	20.5		
Total	1714	100.0		

**Needs - Drug and other substance abuse education and prevention**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	63	3.7	4.6	4.6
..	55	3.2	4.0	8.7
Neutral	431	25.1	31.6	40.3
....	374	21.8	27.4	67.7
Much more focus needed	440	25.7	32.3	100.0
Total	1363	79.5	100.0	
No response	351	20.5		
Total	1714	100.0		

**Needs - Drug and other substance abuse early intervention services**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	57	3.3	4.2	4.2
..	54	3.2	4.0	8.1
Neutral	402	23.5	29.5	37.6
....	382	22.3	28.0	65.6
Much more focus needed	470	27.4	34.4	100.0
Total	1365	79.6	100.0	
No response	349	20.4		
Total	1714	100.0		

**Needs - Drug and other substance abuse treatment services**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	61	3.6	4.5	4.5
..	53	3.1	3.9	8.4
Neutral	420	24.5	30.9	39.3
....	369	21.5	27.1	66.4
Much more focus needed	457	26.7	33.6	100.0
Total	1360	79.3	100.0	
No response	354	20.7		
Total	1714	100.0		

**Needs - Programs to help to recover drug and other substance use disorder patients stay healthy**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	64	3.7	4.7	4.7
..	62	3.6	4.6	9.3
Neutral	417	24.3	30.7	40.0
....	365	21.3	26.9	66.8
Much more focus needed	451	26.3	33.2	100.0
Total	1359	79.3	100.0	
No response	355	20.7		
Total	1714	100.0		

**Needs - Crisis or emergency care programs for mental health**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	51	3.0	3.8	3.8
..	47	2.7	3.5	7.2
Neutral	322	18.8	23.7	30.9
....	388	22.6	28.5	59.4
Much more focus needed	552	32.2	40.6	100.0
Total	1360	79.3	100.0	
No response	354	20.7		
Total	1714	100.0		

**Needs - Crisis or emergency care services for medical issues**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	62	3.6	4.6	4.6
..	80	4.7	5.9	10.5
Neutral	431	25.1	31.8	42.3
....	398	23.2	29.4	71.7
Much more focus needed	384	22.4	28.3	100.0
Total	1355	79.1	100.0	
No response	359	20.9		
Total	1714	100.0		

**Needs - Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	59	3.4	4.3	4.3
..	55	3.2	4.0	8.4
Neutral	309	18.0	22.7	31.1
....	390	22.8	28.6	59.7
Much more focus needed	549	32.0	40.3	100.0
Total	1362	79.5	100.0	
No response	352	20.5		
Total	1714	100.0		

**Needs - Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	59	3.4	4.4	4.4
..	50	2.9	3.7	8.1
Neutral	377	22.0	27.8	35.9
....	407	23.7	30.1	66.0
Much more focus needed	461	26.9	34.0	100.0
Total	1354	79.0	100.0	
No response	360	21.0		
Total	1714	100.0		

**Needs - Programs for diabetes prevention, awareness, and care**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	56	3.3	4.1	4.1
..	70	4.1	5.2	9.3
Neutral	531	31.0	39.3	48.6
....	379	22.1	28.1	76.7
Much more focus needed	315	18.4	23.3	100.0
Total	1351	78.8	100.0	
No response	363	21.2		
Total	1714	100.0		

**Needs - Programs for heart health or cardiovascular health**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	57	3.3	4.2	4.2
..	75	4.4	5.5	9.7
Neutral	500	29.2	36.8	46.6
....	409	23.9	30.1	76.7
Much more focus needed	316	18.4	23.3	100.0
Total	1357	79.2	100.0	
No response	357	20.8		
Total	1714	100.0		

**Needs - Programs for obesity prevention, awareness, and care**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	63	3.7	4.6	4.6
..	57	3.3	4.2	8.8
Neutral	416	24.3	30.7	39.5
....	406	23.7	29.9	69.4
Much more focus needed	415	24.2	30.6	100.0
Total	1357	79.2	100.0	
No response	357	20.8		
Total	1714	100.0		

**Needs - Healthcare services for seniors**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	45	2.6	3.3	3.3
..	47	2.7	3.5	6.8
Neutral	290	16.9	21.4	28.2
....	416	24.3	30.7	58.8
Much more focus needed	558	32.6	41.2	100.0
Total	1356	79.1	100.0	
No response	358	20.9		
Total	1714	100.0		



**Needs - Women's health services / Prenatal care**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	72	4.2	5.3	5.3
..	77	4.5	5.7	11.0
Neutral	572	33.4	42.4	53.4
....	341	19.9	25.3	78.7
Much more focus needed	288	16.8	21.3	100.0
Total	1350	78.8	100.0	
No response	364	21.2		
Total	1714	100.0		

**Needs - Services or education to help reduce teen pregnancy**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	62	3.6	4.6	4.6
..	75	4.4	5.5	10.1
Neutral	507	29.6	37.5	47.6
....	331	19.3	24.5	72.1
Much more focus needed	378	22.1	27.9	100.0
Total	1353	78.9	100.0	
No response	361	21.1		
Total	1714	100.0		

**Needs - Parenting classes for the "new Mom" or the "new Dad"**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	81	4.7	6.0	6.0
..	81	4.7	6.0	12.0
Neutral	568	33.1	41.9	53.9
....	348	20.3	25.7	79.6
Much more focus needed	277	16.2	20.4	100.0
Total	1355	79.1	100.0	
No response	359	20.9		
Total	1714	100.0		

**Needs - HIV / AIDS education and screening**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	95	5.5	7.1	7.1
..	103	6.0	7.6	14.7
Neutral	742	43.3	55.1	69.8
....	243	14.2	18.0	87.8
Much more focus needed	164	9.6	12.2	100.0
Total	1347	78.6	100.0	
No response	367	21.4		
Total	1714	100.0		

**Needs - HIV / AIDS treatment services**

	Frequency	Percent	Net Percent	Cumulative Percent
No more focus needed	96	5.6	7.1	7.1
..	96	5.6	7.1	14.3
Neutral	751	43.8	55.8	70.1
....	233	13.6	17.3	87.4
Much more focus needed	170	9.9	12.6	100.0
Total	1346	78.5	100.0	
No response	368	21.5		
Total	1714	100.0		

**To what degree do you agree with these statements - My community can work together to improve its health**

	Frequency	Percent	Net Percent	Cumulative Percent
Strongly disagree	34	2.0	2.7	2.7
Disagree	49	2.9	3.9	6.6
Neither agree nor disagree	341	19.9	27.2	33.9
Agree	541	31.6	43.2	77.1
Strongly agree	287	16.7	22.9	100.0
Total	1252	73.0	100.0	
I don't know	86	5.0		
No response	376	21.9		
Total	462	27.0		
Total	1714	100.0		

**To what degree do you agree with these statements - My community has the resources to improve its health**

	Frequency	Percent	Net Percent	Cumulative Percent
Strongly disagree	59	3.4	4.9	4.9
Disagree	194	11.3	16.0	20.9
Neither agree nor disagree	398	23.2	32.9	53.8
Agree	411	24.0	34.0	87.8
Strongly agree	147	8.6	12.2	100.0
Total	1209	70.5	100.0	
I don't know	128	7.5		
No response	377	22.0		
Total	505	29.5		
Total	1714	100.0		

**To what degree do you agree with these statements - My community works together to make positive changes for health**

	Frequency	Percent	Net Percent	Cumulative Percent
Strongly disagree	85	5.0	7.0	7.0
Disagree	225	13.1	18.6	25.6
Neither agree nor disagree	578	33.7	47.8	73.4
Agree	255	14.9	21.1	94.5
Strongly agree	66	3.9	5.5	100.0
Total	1209	70.5	100.0	
I don't know	127	7.4		
No response	378	22.1		
Total	505	29.5		
Total	1714	100.0		

**To what degree do you agree with these statements - I know my neighbors will help me stay healthy**

	Frequency	Percent	Net Percent	Cumulative Percent
Strongly disagree	153	8.9	12.1	12.1
Disagree	275	16.0	21.8	34.0
Neither agree nor disagree	574	33.5	45.6	79.5
Agree	188	11.0	14.9	94.4
Strongly agree	70	4.1	5.6	100.0
Total	1260	73.5	100.0	
I don't know	77	4.5		
No response	377	22.0		
Total	454	26.5		
Total	1714	100.0		

**If you were experiencing a mental health or substance use challenge, would you know where to turn for help?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	667	38.9	50.5	50.5
No	317	18.5	24.0	74.5
I'm not sure	336	19.6	25.5	100.0
Total	1320	77.0	100.0	
No response	394	23.0		
Total	1714	100.0		

**Do you or your family currently have unmet mental health or substance use needs?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes, I have an unmet need	47	2.7	3.6	3.6
Yes, an adult family member has an unmet need other than me	83	4.8	6.3	9.8
Yes, a child family member has an unmet need	27	1.6	2.0	11.9
No	1049	61.2	79.5	91.4
I don't know	73	4.3	5.5	96.9
I prefer not to answer	41	2.4	3.1	100.0
Total	1320	77.0	100.0	
No response	394	23.0		
Total	1714	100.0		

**Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? - Depression**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	554	32.3	32.3	32.3
Not selected	1160	67.7	67.7	100.0
Total	1714	100.0	100.0	

**Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? - Anxiety**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	712	41.5	41.5	41.5
Not selected	1002	58.5	58.5	100.0
Total	1714	100.0	100.0	

**Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? - Loneliness or isolation**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	555	32.4	32.4	32.4
Not selected	1159	67.6	67.6	100.0
Total	1714	100.0	100.0	

**Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? - Grief**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	309	18.0	18.0	18.0
Not selected	1405	82.0	82.0	100.0
Total	1714	100.0	100.0	



**Currently, are you having any challenges with the following? - Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	27	1.6	2.1	2.1
This is a common challenge for me	36	2.1	2.9	5.0
I frequently struggle with this issue but generally manage fairly well	69	4.0	5.5	10.5
I occasionally struggle but am generally doing well in this area of my life	217	12.7	17.3	27.8
I'm doing well in this area of my life	908	53.0	72.2	100.0
Total	1257	73.3	100.0	
No response	457	26.7		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Performing adequately well at school or work**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	15	.9	1.3	1.3
This is a common challenge for me	24	1.4	2.1	3.4
I frequently struggle with this issue but generally manage fairly well	55	3.2	4.8	8.3
I occasionally struggle but am generally doing well in this area of my life	179	10.4	15.8	24.1
I'm doing well in this area of my life	862	50.3	75.9	100.0
Total	1135	66.2	100.0	
No response	579	33.8		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	36	2.1	2.9	2.9
This is a common challenge for me	52	3.0	4.3	7.2
I frequently struggle with this issue but generally manage fairly well	119	6.9	9.7	16.9
I occasionally struggle but am generally doing well in this area of my life	310	18.1	25.4	42.3
I'm doing well in this area of my life	705	41.1	57.7	100.0
Total	1222	71.3	100.0	
No response	492	28.7		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Leisure activities**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	34	2.0	2.7	2.7
This is a common challenge for me	90	5.3	7.2	10.0
I frequently struggle with this issue but generally manage fairly well	131	7.6	10.5	20.5
I occasionally struggle but am generally doing well in this area of my life	256	14.9	20.6	41.1
I'm doing well in this area of my life	732	42.7	58.9	100.0
Total	1243	72.5	100.0	
No response	471	27.5		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Getting along well with friends and family members**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	12	.7	1.0	1.0
This is a common challenge for me	30	1.8	2.4	3.4
I frequently struggle with this issue but generally manage fairly well	68	4.0	5.4	8.8
I occasionally struggle but am generally doing well in this area of my life	265	15.5	21.2	30.0
I'm doing well in this area of my life	876	51.1	70.0	100.0
Total	1251	73.0	100.0	
No response	463	27.0		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Getting along with people at work or in the community**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	7	.4	.6	.6
This is a common challenge for me	29	1.7	2.3	2.9
I frequently struggle with this issue but generally manage fairly well	73	4.3	5.9	8.8
I occasionally struggle but am generally doing well in this area of my life	241	14.1	19.5	28.3
I'm doing well in this area of my life	885	51.6	71.7	100.0
Total	1235	72.1	100.0	
No response	479	27.9		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Feeling lonely**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	40	2.3	3.2	3.2
This is a common challenge for me	87	5.1	7.0	10.2
I frequently struggle with this issue but generally manage fairly well	133	7.8	10.7	20.8
I occasionally struggle but am generally doing well in this area of my life	283	16.5	22.7	43.5
I'm doing well in this area of my life	705	41.1	56.5	100.0
Total	1248	72.8	100.0	
No response	466	27.2		
Total	1714	100.0		

**Currently, are you having any challenges with the following? - Establishing and maintaining trusted relationships**

	Frequency	Percent	Net Percent	Cumulative Percent
I struggle with this issue daily	22	1.3	1.8	1.8
This is a common challenge for me	78	4.6	6.2	8.0
I frequently struggle with this issue but generally manage fairly well	103	6.0	8.2	16.2
I occasionally struggle but am generally doing well in this area of my life	234	13.7	18.7	34.9
I'm doing well in this area of my life	814	47.5	65.1	100.0
Total	1251	73.0	100.0	
No response	463	27.0		
Total	1714	100.0		



**In the past month, to what degree have you had problems with the activities of daily living (bathing, dressing, eating etc.)?**

	Frequency	Percent	Net Percent	Cumulative Percent
Frequently – more than half of the days	34	2.0	2.7	2.7
Moderately – more than once or twice, but less than half of the days	54	3.2	4.3	7.0
Occasionally – once or twice	133	7.8	10.5	17.5
Not at all – I have not had these problems	1045	61.0	82.5	100.0
Total	1266	73.9	100.0	
No response	448	26.1		
Total	1714	100.0		

**What is your gender?**

	Frequency	Percent	Net Percent	Cumulative Percent
Female	876	51.1	69.7	69.7
Male	358	20.9	28.5	98.2
Non-binary	2	.1	.2	98.4
I'd rather not share	20	1.2	1.6	100.0
Total	1256	73.3	100.0	
No response	458	26.7		
Total	1714	100.0		

**What is your race or ethnicity? - White or Caucasian**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	1180	68.8	68.8	68.8
Not selected	534	31.2	31.2	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - Black or African American**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	20	1.2	1.2	1.2
Not selected	1694	98.8	98.8	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - Asian**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	3	.2	.2	.2
Not selected	1711	99.8	99.8	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - Native American or Alaska Native**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	7	.4	.4	.4
Not selected	1707	99.6	99.6	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - Native Hawaiian or other Pacific Islander**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	2	.1	.1	.1
Not selected	1712	99.9	99.9	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - Another race/ethnicity**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	8	.5	.5	.5
Not selected	1706	99.5	99.5	100.0
Total	1714	100.0	100.0	

**What is your race or ethnicity? - I'd rather not share**

	Frequency	Percent	Net Percent	Cumulative Percent
Selected	50	2.9	2.9	2.9
Not selected	1664	97.1	97.1	100.0
Total	1714	100.0	100.0	

**Which of the following ranges best describes your total annual household income in the past year?**

	Frequency	Percent	Net Percent	Cumulative Percent
None	15	.9	1.2	1.2
Under \$15,000	38	2.2	3.0	4.2
\$15,000-\$24,000	89	5.2	7.1	11.3
\$25,000 - \$34,999	109	6.4	8.7	20.0
\$35,000 – \$44,999	113	6.6	9.0	29.0
\$45,000 - \$54,999	92	5.4	7.3	36.3
\$55,000 - \$64,999	91	5.3	7.2	43.6
\$65,000 - \$74,999	102	6.0	8.1	51.7
\$75,000 - \$99,999	159	9.3	12.7	64.3
\$100,000 and above	281	16.4	22.4	86.7
Unknown	167	9.7	13.3	100.0
Total	1256	73.3	100.0	
No response	458	26.7		
Total	1714	100.0		

**What is your age?**

	Frequency	Percent	Net Percent	Cumulative Percent
18-24	6	.4	.5	.5
25-34	32	1.9	2.5	3.0
35-44	82	4.8	6.5	9.6
45-54	135	7.9	10.7	20.3
55-64	296	17.3	23.6	43.9
65-74	460	26.8	36.6	80.5
More than 75 years old	209	12.2	16.6	97.1
I'd rather not share	36	2.1	2.9	100.0
Total	1256	73.3	100.0	
No response	458	26.7		
Total	1714	100.0		

**Do you live in a single-parent household?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	184	10.7	14.6	14.6
No	1072	62.5	85.4	100.0
Total	1256	73.3	100.0	
No response	458	26.7		
Total	1714	100.0		

**Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?**

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	99	5.8	7.9	7.9
No	1157	67.5	92.1	100.0
Total	1256	73.3	100.0	
No response	458	26.7		
Total	1714	100.0		

## Crescendo Consulting Group Personnel

The team's depth of expertise enables Crescendo to allocate staff members who have extensive experience conducting Needs Assessments and other community-based projects. The following provides a profile of staff members expected to contribute to the Children's Trust project.

### **Scott Good, MSIA/MBA, Managing Principal**

Mr. Good has over 20 years of experience in providing consulting services in quantitative and qualitative marketing research, strategic planning, new business development, community needs assessments, and implementation plans. He has also worked as executive director of a Federally Qualified Health Center (FQHC) and currently serves on various community and health organization Boards of Directors and was twice appointed by the State of Maine Governor to represent the private industry on the State Workforce Investment Board (governing WIOA). He is a "Community Engagement" expert. He also is highly experienced in conducting Needs Assessments, marketing research, and designing and administering the advanced prioritization and consensus building techniques.



He earned his BA degree in Social Economics from New College of Florida and an MBA from Carnegie Mellon University; he continued his studies in Healthcare Innovation at Harvard University.

### **Katelyn Michaud, MPH, Director of Population Health and Housing Research**

Ms. Michaud brings a diverse set of skills and experiences including quantitative and qualitative research, project management, marketing, and grant writing. Before joining Crescendo, Ms. Michaud worked on health information technology projects on the Maine State Innovation Model (SIM) grant. Her work supported behavioral health organizations access to electronic health record systems and connection to the Health Information Exchange.



She completed her Master's thesis on HIV/AIDS in Latin America and helped the National Alliance of State and Territorial AIDS Directors (NASTAD) complete a 10-year Epidemiology profile of HIV/AIDS in Haiti. Well versed in CSBG and CDBG funding, Ms. Michaud has served as the project manager on several CNAs for CAP agencies, municipal, and health systems.

Ms. Michaud graduated summa cum laude with a Master of Public Health degree from the University of New England and a BA in Biology/Chemistry from the University of Maine at Farmington. Additionally, she holds a Project Management Certificate from Husson University. She is an active member of the Junior League of Portland, Maine and is a commissioner for the Bangor Housing Authority.

**Katelyn Malloy, MPH, Research Analyst**

Ms. Malloy has over five years of experience working in public health in Maine. After pursuing a Bachelor of Arts in Communications with a focus in Journalism from Adelphi University, Ms. Malloy earned a master’s degree in Public Health from the University of Southern Maine. Before joining the Crescendo team, Ms. Malloy gained valuable expertise in the field of substance use prevention with Maine Prevention Services. Some of her work entailed coordination of primary prevention interventions geared towards youth, parents, school systems, law enforcement, as well as entire communities to reduce the onset of youth substance use throughout the Mid Coast and Southern Maine towns.



Past projects include, but are not limited to, conducting a county-wide needs assessment to define the scope of opioid and stimulant use trends and attitudes, producing research-driven graphics, data visualization materials, and other digital communication materials, as well as assisting in the evaluation of a local police-assisted addiction recovery program in Maine.

**Michaela Gerace, MPH, Research Analyst**



Accelerating health equity, promoting sustainability, and expanding access to services are passions that Ms. Gerace has had since starting her public health career. Ms. Gerace received her Bachelor of Science in Public Health with a minor in Spanish from Mercyhurst University in 2017. After graduation, she became a long-term volunteer for an international nonprofit organization, Nuestros Pequeños Hermanos in the Dominican Republic. She supported orphaned and at-risk children through activities such as teaching English classes, WASH, female empowerment, and gender integration. She also advocated for equitable health care access and care for low-income adults in her local community.

Before joining the Crescendo team Ms. Gerace received her MPH in International Health and Development with a concentration in maternal and child health, and sexual and reproductive health from Tulane University School of Public Health and Tropical Medicine in 2021. She researched obstetric violence, adolescent pregnancy, and the effects that the COVID-19 pandemic has had on women, children, and adolescents in the Latin America and Caribbean region. Ms. Gerace was an active volunteer with various organizations in New Orleans. As a Medical Reserve Corps volunteer, she assisted with COVID-19 vaccine distribution. She also worked with immigrants, refugees, and asylees by teaching English classes, financial literacy, and job readiness.



## Activities Conducted Since the Prior CHNA

### 2019-2021 Implementation Plan Accomplishments

#### **Access to Care**

##### Heritage Valley Beaver and Heritage Valley Sewickley

- Participated in insurer-based initiatives to enhance primary care services and revise payment models
- Utilized Electronic Medical Record to enhance collaborative relationships between primary care and specialists
- Recruited and positioned appropriate numbers of primary care physicians and advanced practice providers to meet the community need; 8 primary care physicians were added since July 1, 2019

##### Heritage Valley Kennedy

- Education and awareness of services activities were disrupted by the pandemic
- Heritage Valley Kennedy transportation van provided trips to and from the hospital at no charge

#### **Healthy Living**

##### Heritage Valley Beaver, Heritage Valley Kennedy, and Heritage Valley Sewickley

- The pandemic disrupted both healthy eating presentations and conducting walking/running events at all three facilities

#### **Chronic Disease Management**

##### Heritage Valley Beaver, Heritage Valley Kennedy and Heritage Valley Sewickley

- Endocrinology services are provided at Beaver, Kennedy, and Sewickley locations
- Other chronic disease management programs were disrupted by the pandemic
- Risk adjusted readmission ratio declined (improved) from 0.96 in the fiscal year ending June 30, 2019 to 0.89 in the fiscal year ending June 30, 2021

#### **Mental Health**

##### Heritage Valley Beaver and Heritage Valley Sewickley

#### **Suicide Training and Screening**

- Staunton Clinic completes annual Suicide Assessment Five-step Evaluation and Triage Training (SAFE-T) with all clinic staff members
- Staunton Clinic staff members complete annual Comprehensive Crisis Management Training
- All Staunton Clinic support, administrative and IDD staff members received Mental Health First Aid Training

- Staunton Clinic implemented the PHQ-9/A Depression Screen for all outpatient clients – a score of 15 or above requires completion of the Suicide/Homicide Risk Assessment as well as the Wellness/Crisis Plan
- Beaver County formed the Zero Suicide Committee and one of the committee goal's is to assess provider screening – the committee has completed provider surveys to assess tools used

#### **Media Campaign for Addressing Suicide Prevention**

- Beaver County Zero Suicide Committee (formally co-occurring committee) has offered numerous screenings of the Ripple Effect – public and provider screenings – virtual screenings were offered based on COVID protocols
- Beaver County Zero Suicide Committee created Suicide Awareness Resource Cards – over 20,000 cards were distributed across Beaver County
- Beaver County Zero Suicide Committee held a Yard Sign Campaign to raise awareness – over 800 yard signs were distributed across Beaver County
- 134 Beaver County staff members were trained on Suicide Awareness and Prevention

#### **Implement Mental Health First Aid Training internally to staff (non-clinical) for provider agencies as well as community members**

- Staunton Clinic MHFA Trainers offer community trainings for both Allegheny and Beaver County – these trainings are available to community members, providers, police/EMS/first responders, clergy, schools, etc.
- The Beaver County Police Academy (Community College of Beaver County) has added Mental Health First Aid to their standard training curriculum

#### **Substance Use Disorder**

##### Heritage Valley Beaver and Heritage Valley Sewickley

#### **Support Beaver County Opioid Coalition**

- Heritage Valley continues to be engaged with the Beaver County Opioid Coalition, including monthly meetings
- Heritage Valley coordinates Substance Use Disorder care with Beaver County Behavioral Health (BCBH) through our Warm Handoff Program
- In 2021, the emergency department warm handoff program placed 56 patients directly from the ED into substance use disorder treatment. State-wide, placement into rehab centers has been challenging due to lack of availability secondary to staffing issues associated with COVID-19

#### **Start Buprenorphine Treatment in the Emergency Department**

- In conjuncture with the warm handoff program, appropriate staff have started administering buprenorphine in the ED when appropriate to patients in opioid withdrawal

- From October 2019 through December 2021, the following treatment numbers were provided at the Heritage Valley Beaver, Heritage Valley Kennedy, and Heritage Valley Sewickley emergency departments: 40, 6, and 32

**Develop a resource tool for Substance Use Services to ensure existing services are being utilized**

- The emergency department, inpatient, and psychiatric case managers have a list of tools and resources for treatment

**Increase the number of providers that are trained and carry Narcan**

- The Beaver County Opioid Coalition has taken the lead on this and they have trained and supplied EMS, Fire, police, local schools, Beaver County Prison, and other community organization with Narcan and free Narcan training
- Heritage Valley offers take-home Narcan to patients who have overdosed or have a history of opioid use disorder

**Explore ways to reduce the stigma of abuse and facilitate re-entry into society**

- The Beaver County Opioid Coalition has a subgroup focused on reducing stigma; Heritage Valley has participated in community forums through the Beaver County Opioid Coalition that have addressed stigma.

### Needs Prioritization Participants

Donald Sheffield	Michael Cratty
Kathy Osten	Michael Malkowski
Laurie Clemens	Norm Mitry
Linda Homyk	Ronald Leckey
Lisa McCoy	Shon D. Owens Sr.
Michael Baker	Trish Hooper

### Board Approval

The 2022 CHNA Final Report and corresponding Implementation Plans for Heritage Valley Beaver, Heritage Valley Kennedy, and Heritage Valley Sewickley were reviewed and approved by the Heritage Valley Health System Board of Directors in June 2022. Following the Boards' approval, the CHNA report was made available to the public via the health systems' website:

<http://www.heritagevalley.org/pages/community-health-needs-assessment>

## List of Community Resources

- Beaver County Behavioral Health
- Beaver County Opioid Coalition
- Beaver County YMCA
- The Center for Hope
- Community College of Beaver County
- Focus on Renewal
- Franklin Center
- Homemaker Home Health Aide Services
- Housing Authority of Beaver County
- Heritage Valley Health System
- Mental Health Association
- Penn State University, Beaver Campus
- Primary Health
- Sewickley Valley YMCA
- Staunton Clinic
- Sto Rox Neighborhood Health Center