UPMC Passavant

Community Health Needs Assessment

And

Community Health Strategic Plan

June 30, 2013

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EXECUTIVE SUMMARY

UPMC Passavant Plays a Major Role in its Community:

UPMC Passavant is a nonprofit, 413-bed acute-care hospital with two campuses located in the suburban North Hills of Pittsburgh, Pennsylvania. The hospital's primary location, situated in McCandless Township, Allegheny County, Pennsylvania, is a state-of-the-art tertiary care center that delivers a full range of quality medical services — including highly specialized medical and surgical treatment — to the residents of the northern region of the greater Pittsburgh area.

UPMC Passavant maintains a strong connection with its community, and offers an array of community oriented programs and services to improve the health of local residents. UPMC Passavant provides healthy lifestyle and chronic disease prevention education programs in the hospital and throughout the community.

UPMC Passavant in the Community

$9.6 million in charity care and unreimbursed amounts from programs for the poor

$4.7 million invested in nearly 150 community health and education programs

$700 million in economic impact to the community

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

Identifying the Community's Significant Health Needs:

In Fiscal Year 2013, UPMC Passavant conducted a Community Health Needs Assessment (CHNA) in keeping with requirements described in section 501(R)(3) of the Internal Revenue Code. The CHNA provided an opportunity for the hospital to engage public health experts and community stakeholders in a formal process to ensure that community benefit programs and resources are focused on significant health needs.

UPMC partnered with experts at the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) to conduct the CHNA using a best-practice methodology. The assessment blended rigorous analysis of documented health and socioeconomic factors with a structured community input process, known as "Concept Mapping."

The CHNA process effectively engaged the community of UPMC Passavant in a broad, systematic way. The process included face-to-face meetings with the hospital's Community Advisory Council, as well as use of an online survey tool.

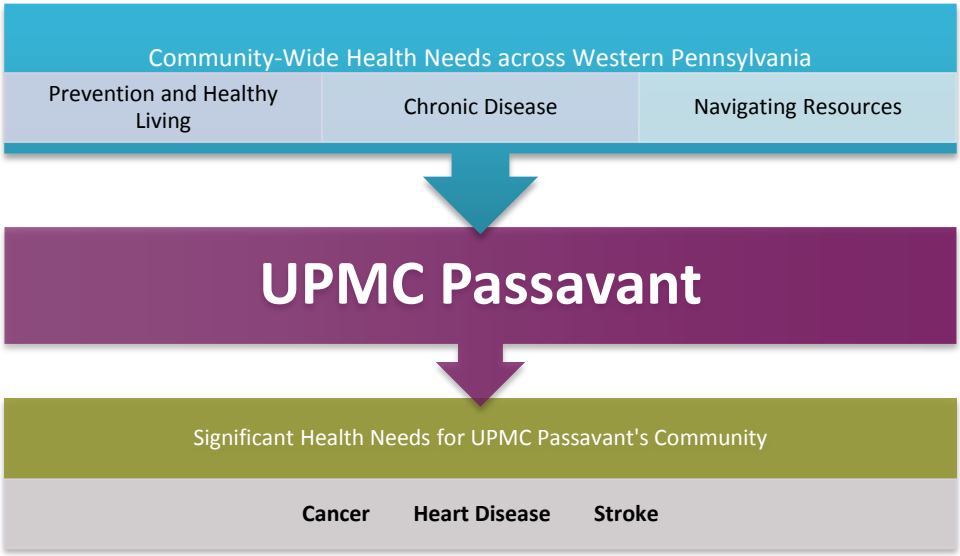
Through the CHNA process, UPMC Passavant identified significant health needs for its particular community. They are:

Topic	Importance to the Community
Heart Disease and Stroke	Heart disease and stroke are the leading causes of death in the UPMC Passavant community. Risk factors for heart disease and stroke include diabetes, obesity, unhealthy eating, and lack of exercise.
Cancer	Cancer is also a leading cause of death in the UPMC Passavant community. Cancer screenings can help identify cancer in early stages when treatment is likely to work best.

UPMC is Responding to the Community's Input:

Western Pennsylvania has a diverse range of health needs. Key themes that emerged from the UPMC Passavant CHNA process were consistent with those found through CHNAs conducted at other UPMC hospitals throughout western Pennsylvania. In addition to being relevant to the CHNA, these themes are increasingly important in the rapidly changing landscape of health care reform:

Identifying Significant Health Needs Relevant for the Hospital Community



- **Focus on a Few High-Urgency Issues and Follow-Through:** The hospital is concentrating on a limited number of significant community health needs, and has developed concrete plans to chart measurable improvements.
- **Chronic Disease Prevention and Care:** Nearly two-thirds of deaths in the community are attributable to chronic disease. UPMC Passavant is planning a wide range of initiatives to support prevention and care for chronic disease.
- **Navigating Available Resources:** Many established health care programs in UPMC Passavant's community are often untapped due, in part, to social and logistical challenges faced among populations and individuals lacking social support systems.
- **Community Partnerships:** UPMC Passavant is collaborating successfully with local organizations on improving community health. The hospital will also leverage resources and synergies within the UPMC system, which includes population-focused health insurance products and comprehensive programs and resources targeted at areas including seniors and children.

UPMC Passavant Is Improving Community Health in Measurable Ways:

On January 23, 2013, the UPMC Passavant Board of Directors adopted an implementation plan to address the identified significant health needs and set measurable targets for improvement over the next three years.

The plan draws support from an array of active and engaged community partners as well as from the larger UPMC system. Highlights of programs and goals contained in this plan are summarized below.

Preventing and Managing Heart Disease and Stroke

Goal: Increase number of participants at community outreach programs related to heart disease and stroke prevention, screening, and education. Initiate new disease management initiatives for community members.

Collaborating Partners: American Heart Association, EMS, foundations, community partners, Pennsylvania Department of Health

- **UPMC Passavant will build upon its nationally recognized Heart and Vascular Center to offer programs focused on preventing and managing heart disease and stroke in the community.**
  - The free Mall Walkers Program, in partnership with Ross Park Mall, encourages active living — rain or shine — for North Hills residents of all ages. The program offers access to a 1.27 mile loop in the mall. Residents, and especially seniors, engage in exercise in a supportive environment that encourages heart-healthy activity in a group setting. There is also a monthly education and screening component to this program.
  - For those at risk for and in recovery from a coronary event, UPMC Passavant's Cardiac and Pulmonary Rehabilitation Program offers a team of experts that includes nurses and exercise physiologists who develop and supervise personalized exercise programs and provide education to improve lifestyle behaviors.
  - A stroke support group and annual conference for stroke survivors, held in collaboration with the Passavant Hospital Foundation, will allow patients and their caregivers to share experiences, provide support, share advice, and address stress reduction.
  - Community events held in schools, malls, senior centers, and area businesses will provide opportunities for seniors, children, families, and others to learn about heart-healthy lifestyle choices — such as exercise, stress management, and healthy eating. In 2012, nearly 3,000 community members participated in these sessions.

Preventing and Managing Cancer

Goal: Increase the number of participants at cancer education and screening programs in the community. Develop a Women's Health Cancer Screening Program.

Collaborating Partners: American Heart Association (AHA), EMS, foundations, community partners, Pennsylvania Department of Health, Adagio Health

- **UPMC Passavant will offer community programs to raise awareness about the importance of early diagnosis of cancer and to support those living with cancer.**
  - UPMC Passavant's new initiative, the Women's Health Cancer Screening Program, will provide pelvic exams, breast exams, and education about cancer and cancer prevention. In addition, eligible uninsured and low-income women will be linked to the Pennsylvania Department of Health HealthyWoman Program, which provides free mammograms.
  - The hospital will provide educational presentations at community health fairs on early detection of skin, breast, lung, prostate, cervical, and colon cancers, as well as one-on-one and group education.
  - UPMC Passavant's Survivorship Celebration will offer psychosocial support and coping strategies for cancer survivors. In 2012, over 200 individuals attended the event.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

I. Objectives of a Community Health Needs Assessment

CHNA Goals and Purpose:

In Fiscal Year 2013, UPMC Passavant conducted a Community Health Needs Assessment (CHNA). In keeping with IRS 501(r) guidelines, the CHNA incorporated input from community stakeholders and public health experts, and established action plans to address identified significant community health needs.

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

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

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

Description of UPMC Passavant:

UPMC Passavant is a nonprofit, 413-bed acute-care hospital with two hospital campuses; the main campus is located in Allegheny County, Pennsylvania. It offers a full range of quality medical services to the people of the North Hills of Pittsburgh and southern Butler County. The hospital provides area residents with access to medical, surgical, behavioral health, rehabilitation, and transitional care, as well as cutting-edge medical services not typically found at a local community hospital. Specialized services include CT imaging, digital mammography, minimally invasive surgery, and an on-site UPMC CancerCenter. During the Fiscal Year ended June 30, 2012, UPMC Passavant had a total of 23,556 admissions and observations, 59,323 emergency room visits, and 17,861 surgeries.

UPMC Passavant is part of UPMC, one of the country's leading Integrated Delivery and Finance Systems (IDFS), which positions the hospital to draw on the expertise of the larger organization when patients require access to more complex or highly specialized care.

UPMC Passavant in Your Community

As UPMC's tertiary care center north of Pittsburgh, this 413-bed state-of-the-art hospital offers world-class medical care at campuses in McCandless and Cranberry.

A New Setting for Comprehensive Health Care

Centers of Emphasis

- **Cardiac**
- **Cancer**
- **Spine**
- **Gastrointestinal and Colorectal**
- **Women's Specialty Services including Gynecologic Oncology and Urogynecology**

Playing a Vital Role in the Community

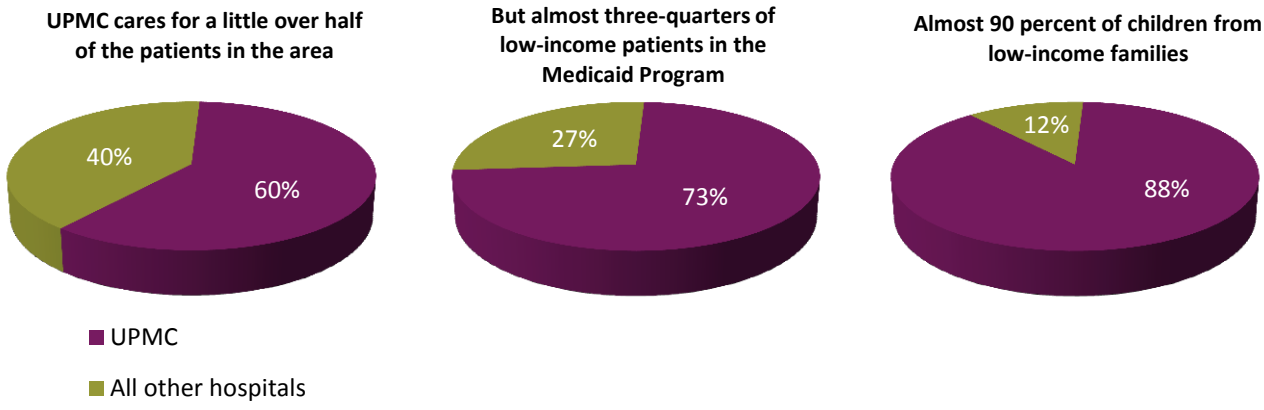
- **2,158 employees with an economic impact of $700 million.**
- **More than 7,000 UPMC employees live in the area UPMC Passavant serves. These jobs help support local municipalities and school districts, and play a key role in encouraging continued development in the North Hills.**

UPMC Passavant's Community Service and Community Benefit Initiatives:

UPMC Passavant provides a broad array of benefits to the community.

- **Subsidizing Care through Charity Care and Shortfalls in Payments from Government Programs for the Poor:** In keeping with UPMC Passavant's commitment to serve all members of its community, the hospital provides certain care regardless of an individual's ability to pay. Avenues for offering care to those who can't afford it include free or subsidized care, and care provided to persons covered by governmental programs when those programs don't cover the full cost.
- **Providing Care for Low Income and Elderly Populations:** Recognizing its mission to the community, UPMC Passavant is committed to serving Medicare and Medicaid patients. In Fiscal Year 2012, these patients represented 54 percent of UPMC Passavant's patient population. UPMC Passavant and the larger UPMC organization care for a disproportionate share of the community's most vulnerable, as shown in the figure below:

UPMC CARES FOR A DISPROPORTIONATE NUMBER OF ALLEGHENY COUNTY'S MOST VULNERABLE*



Source: Pennsylvania Health Care Cost Containment Council, FY 2012

- **Offering Community Health Improvement Programs and Donations:** UPMC Passavant provides services to the community through outreach programs, including referral centers, screenings, and educational classes – all of which benefit patients, patients' families, and the community. Through the 2012 Fiscal Year, the hospital offered nearly 150 community health events, including diabetes classes and quarterly diabetes support groups, health testing, screenings (blood pressure, cholesterol, bone density, visual acuity, diabetes, etc.), breast and prostate exams, cancer support groups, and information and health education for vulnerable populations, such as seniors. The estimated cost of these programs, in addition to donations to allied nonprofit partner organizations that enhance UPMC Passavant's community services, was $4.7 million in 2012.
- **Anchoring the Local Economy:** With deep roots in the community dating back to 1849, the hospital takes an active role in supporting the local economy through employment, local spending, and strategic community partnerships. A major employer in the area, UPMC Passavant has paid more than $121 million in salaries and benefits to its 2,158 employees – 64 percent of whom live in the area – and generated a total economic impact of $700 million.

II. Definition of the UPMC Passavant Community

For the purpose of this CHNA, the UPMC Passavant community is defined as Allegheny County. With 55 percent of patients treated at UPMC Passavant residing in Allegheny County, the hospital primarily serves residents of this geographic region. By concentrating on the county, UPMC Passavant can both consider the needs of the great majority of its patients and do so in a way that allows accurate measurement using available secondary data sources.

Most Patients Treated at UPMC Passavant Live in Allegheny County

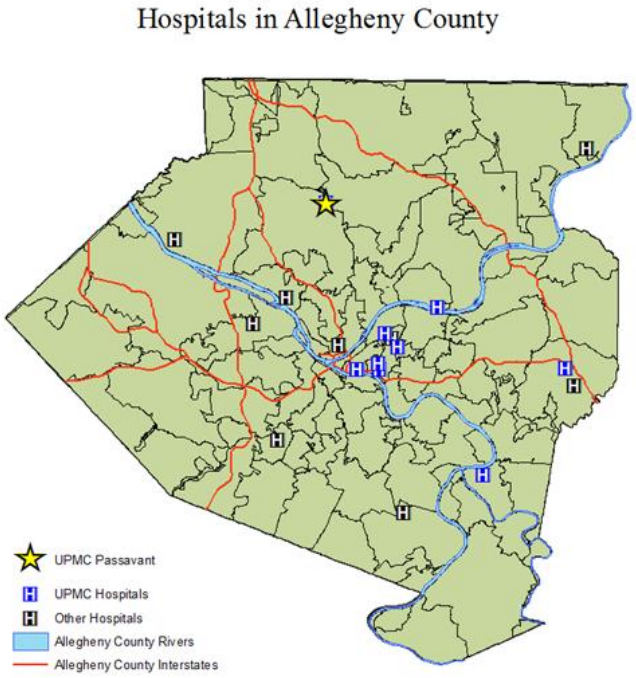
County	UPMC Passavant %	Medical Surgical Discharges
Allegheny County	55.1%	9,539
All Other Regions	44.9%	7,771
Total Hospital Discharges	100%	17,310

Source: Pennsylvania Health Care Cost Containment Council, FY2012

The hospital is situated in the northern region of the county, an area noted for its growth in recent years. While the county represents the basic geographic definition of UPMC Passavant's community, this CHNA also considered the hospital's immediate geographic "service area," which spans both Allegheny and Butler Counties. The service area analysis was conducted to identify areas of concentration with potentially higher health needs.

Existing Healthcare Resources in the Area:

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



Additionally, UPMC Passavant is supported by nearly 140 UPMC outpatient offices in the immediate service area. These facilities include two UPMC CancerCenters, two Urgent Care Centers, five Senior Living Facilities, five Centers for Rehabilitation Services, eight Imaging Centers, a Magee Womens Hospital of UPMC satellite office, two Children's Hospital of Pittsburgh of UPMC satellite offices, and more than 100 pediatric, primary, and specialty care doctor's offices.

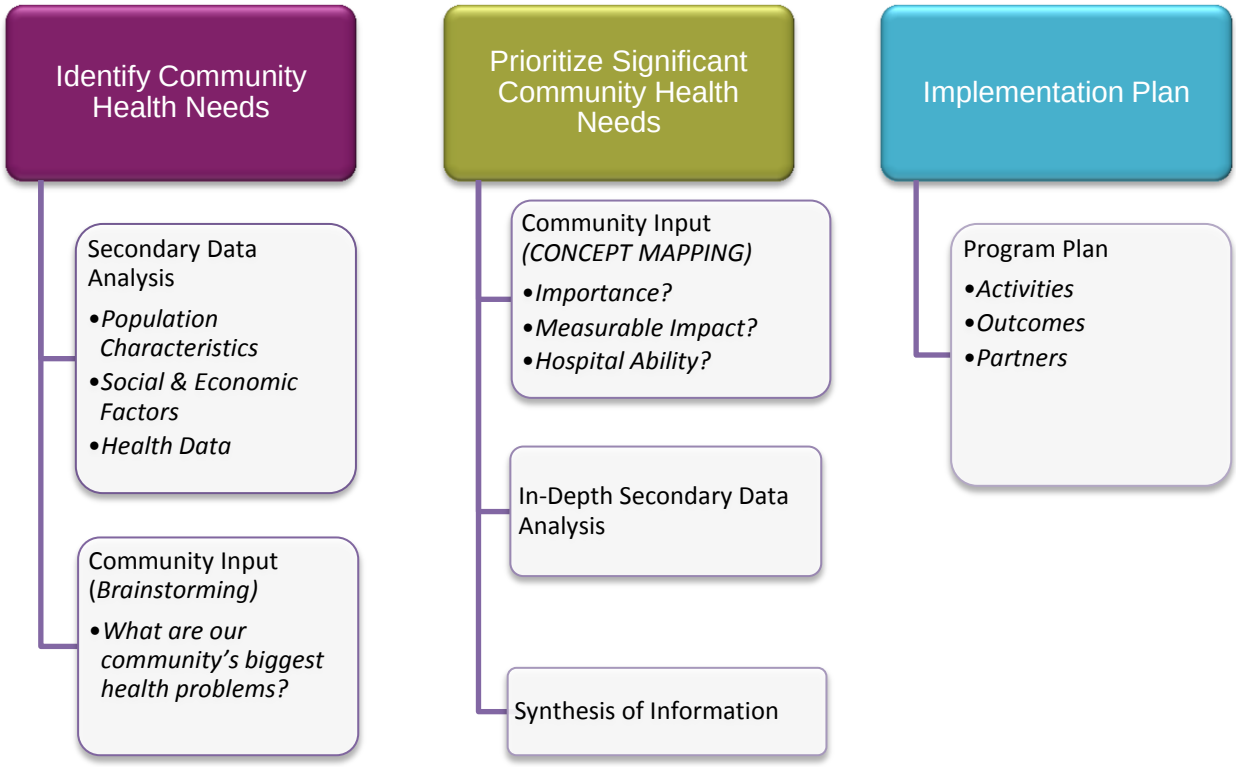
III. Methods Used to Conduct the Community Health Needs Assessment

Overview

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

Framework for Conducting the CHNA:

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



Secondary Data Sources and Analysis:

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

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

Publicly Available Data and Sources Used for Community Health Needs Assessment

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

Data Category	Data Items	Description	Source
Morbidity Data	Adult Diabetes	2007 - 2009 data collected and compared by neighborhood, county, state and nation.	Allegheny County Health Survey, 2009-2010; PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics; U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System; National Center for Health Statistics.
	Cancer		
	Mental Health		
	Asthma (Childhood)		
	Birth Outcomes		
Health Behaviors Data	Obesity (Childhood and Adult)		
	Alcohol Use		
	Tobacco Use		
	Sexually Transmitted Disease		
Clinical Care Data	Immunization	2007 - 2009 data collected and compared by county, state and nation. 2011 County Health Rankings by County.	Allegheny County Health Survey, 2009-2010; PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics; U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System; Robert Wood Johnson Foundation County Health Rankings; National Center for Health Statistics.
	Cancer Screening (breast/colorectal)		
	Primary Care Physician Data		
Benchmark Data	Mortality Rates, Morbidity Rates, Health Behaviors and Clinical Care Data	National benchmark goal measures on various topics for the purpose of comparison with current measures for neighborhood, county, state and nation.	Healthy People 2020.
Physical Environment Data	Access to Healthy Foods	2011 County Health Rankings by County.	Robert Wood Johnson Foundation County Health Rankings.
	Access to Recreational Facilities		

Information Gaps Impacting Ability to Assess Needs Described:

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

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

Community Input:

Community input on the perceived health needs of the region was used to complement analysis of publicly available data. The CHNA used an inclusive and systematic process to collect information pertaining to the community's perceptions of its greatest needs, as well as its expectations of what the hospital's role should be in meeting those needs. Pitt Public Health facilitated this process and employed "Concept Mapping," a participatory, qualitative research method with a proven track record for gaining stakeholder input and consensus. (See Appendix C for more information on Concept Mapping.)

To gather community input, the hospital convened a community advisory council to provide broad-based input on health needs present in the hospital's surrounding community. UPMC also convened a community focus group for the purpose of discussing the overarching needs of the larger region served by UPMC's 13 licensed Pennsylvania hospitals. These groups were made up of:

- **Persons with special knowledge or expertise in public health**
- **Representatives from health departments or governmental agencies serving community health**
- **Leaders or members of medically underserved, low income, minority populations, and populations with chronic disease**
- **Other stakeholders in community health (see Appendix D for a more complete list and description of community participants)**

The Concept Mapping process consisted of two stages:

- **Brainstorming on Health Problems:** During brainstorming, the hospital's community advisory council met to gather input on the question, “What are our community’s biggest health care problems?” Brainstorming resulted in the development of a 50-item list of health problems.
- **Rating and Sorting Health Problems to Identify Significant Health Needs:** Community members participated in the rating and sorting process via the Internet in order to prioritize the 50 health problems and identify significant health needs according to their perceptions of the community health needs. Each participant sorted the list into overarching themes, and then rated the problems using a 1 to 5 Likert scale (1 = not important; 5 = most important), according to the following criteria:
  - How important is the problem to our community?
  - What is the likelihood of being able to make a measurable impact on the problem?
  - Does the hospital have the ability to address this problem?

Synthesis of Information and Development of Implementation Plan:

The Concept Mapping results were merged with results gathered from the analysis of publicly available data. In the final phase of the process, UPMC hospital leadership consulted with experts from Pitt Public Health, as well as the community advisory council, to identify a set of significant health needs that are critical, addressable, and have high levels of urgency in the community. The process then matched those needs to:

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

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

Characteristics of the Community:

Sizable Elderly Population with High Social Needs: A notable characteristic of Allegheny County is the large and increasing percentage of elderly residents (65 years and older). Allegheny County has a large elderly population (16 percent), especially when compared to Pennsylvania (15 percent), and the United States (13 percent). Similar to Allegheny County, UPMC Passavant's service area has a high percentage of elderly (16 percent). A sizable percentage of elderly live alone in Allegheny County and in UPMC Passavant's service area. Reflective of the higher proportion of elderly, the percentage of Medicare recipients was higher in the county than the state and nation (See Appendix B).

Allegheny County Has a Sizable Elderly Population

	Allegheny County	Pennsylvania	United States
Median Age	41.3	40.1	37.2
% Children (<18)	19.8%	22.0%	24.0%
% 18-64	63.4%	62.6%	63.0%
% 20-49	39.2%	39.0%	41.0%
% 50-64	21.3%	20.6%	19.0%
% 65+	16.8%	15.4%	13.0%
% 65-74	7.8%	7.8%	7.0%
% 75-84	6.1%	5.4%	4.3%
% 85+	2.9%	2.4%	1.8%
% Elderly Living Alone	13.1%	11.4%	9.4%

Source: U.S. Census

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

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

Growing population and higher socioeconomic status in UPMC Passavant service area: In contrast to the population decline in Allegheny County, the UPMC Passavant service area, which includes suburbs in Pittsburgh's North Hills, is experiencing a growth. Since 2000, the population in the UPMC Passavant area has increased by 6 percent -- from 265,410 in 2000 to 280,198 in 2010. Other characteristics of the service area are:

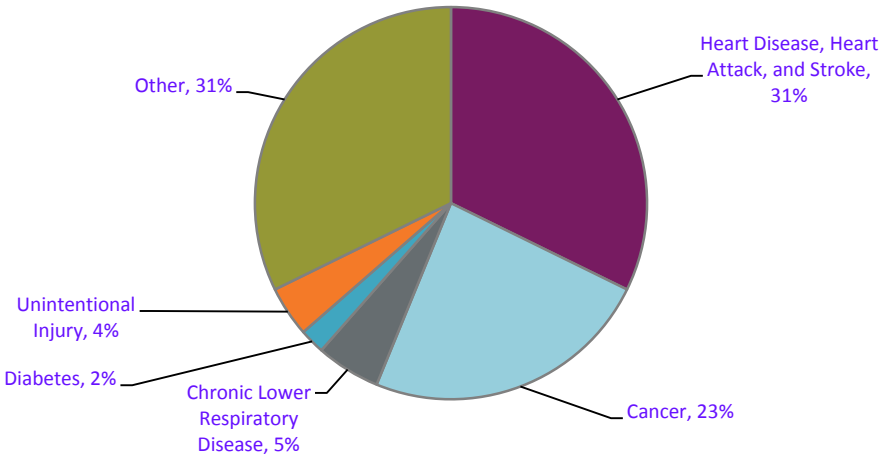
- **A higher percentage of families with children**
- **Comparatively higher median household income**
- **Lower percentage of families in poverty**
- **Lower percentage of residents without a high school diploma**
- **Lower percentage of unemployed residents**
- **Good supply of primary care physicians to the population in Allegheny County (638:1) -- none of the UPMC Passavant service area is federally designated as medically underserved**

Social and Economic Population Demographics		
	Allegheny County	UPMC Passavant Service Area
% Family Households with children <18	23.1%	29.4%
Median Household Income	$45,362	$65,790
% in Poverty (among families)	8.7%	4.4%
% with No High School Diploma (among those 25+)	8.4%	6.0%
% Unemployed (among total labor force)	7.2%	4.5%
Racial Groups		
% White	81.5%	92.3%
% African-American	13.2%	3.7%
% Other Race	5.3%	4.0%

Source: U.S. Census

Chronic Disease and Mortality:

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



Source: Pennsylvania Department of Health, 2009

Significant Health Needs for UPMC Passavant's Community:

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

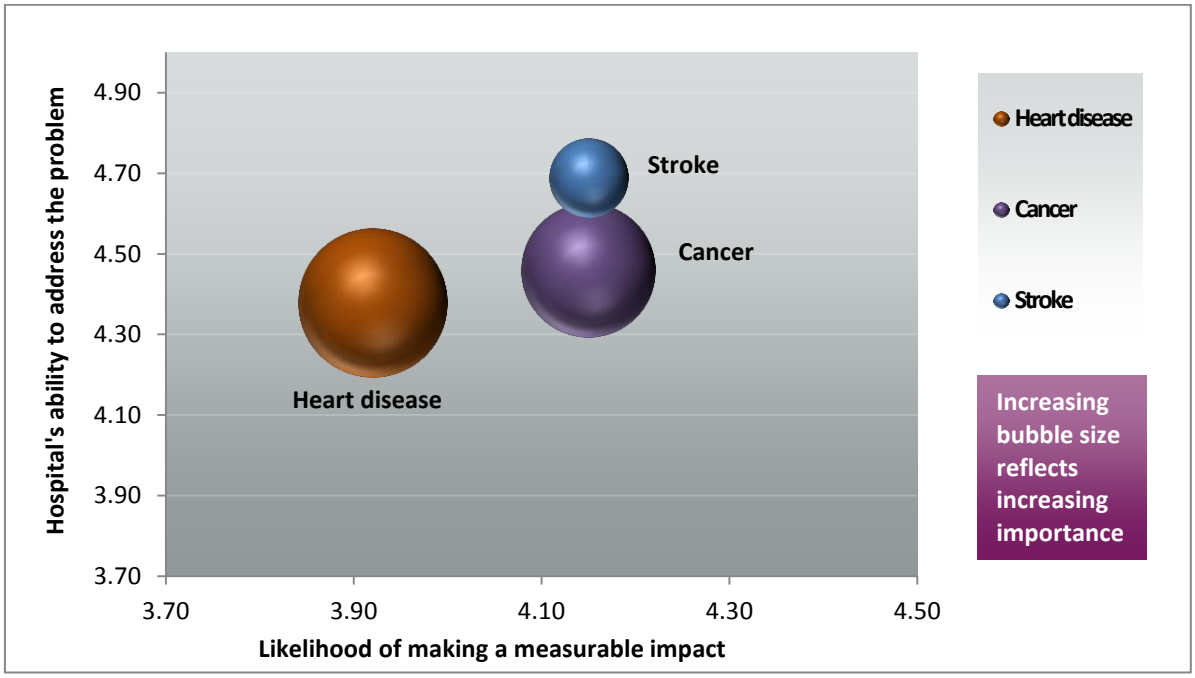
- **Chronic Disease**
- **Prevention and Healthy Living**
- **Navigating Resources**

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

- **Heart Disease**
- **Stroke**
- **Cancer**

The following illustration depicts where these significant health needs ranked within the criteria considered. Please note: metrics are rated on a Likert scale of 1 through 5.

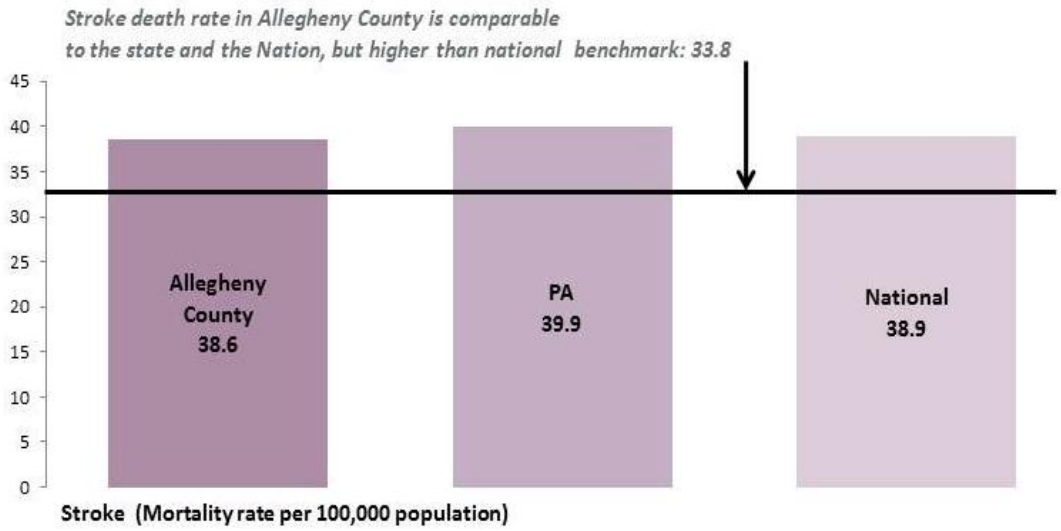
UPMC Passavant Significant Health Needs



In-depth secondary data analysis reinforced that these health topics were areas of concern for the UPMC Passavant community. The secondary data findings are illustrated below:

Heart Disease and Stroke – Importance to the Community:

- **Heart disease and stroke are the leading causes of death in the UPMC Passavant service area, as well as in the county, state, and nation.**
- **In Allegheny County, 30 percent of deaths are due to heart disease and stroke.**
- **Risk factors for heart disease and stroke include diabetes, obesity, unhealthy eating, and lack of exercise.**
- **Mortality rates in Allegheny County for coronary heart disease and stroke are comparable to the state and nation, but above Healthy People 2020 benchmarks, suggesting opportunities for improvement.**



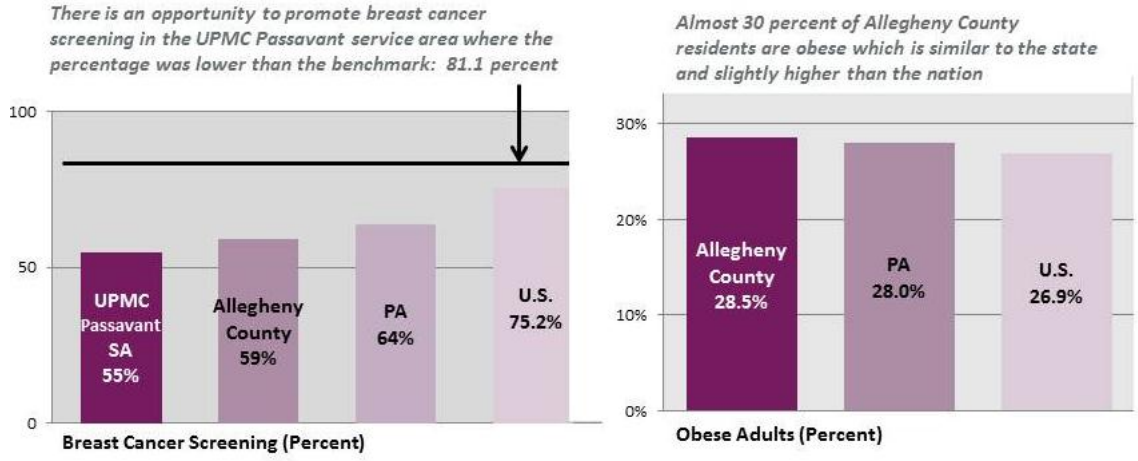
Sources: Pennsylvania Department of Health, 2009; National Center for Health Statistics 2011; Healthy People 2020

Heart disease and stroke affect many people: Heart disease and stroke are leading causes of death both nationally and locally. In 2009, almost 730,000 individuals in the United States and 6,000 residents in Allegheny County died from heart disease or stroke, which represented 30 percent of all deaths both nationally and locally. Risk factors for heart disease and stroke include diabetes, obesity, unhealthy eating, and lack of exercise. UPMC Passavant has an opportunity to enhance and expand programs that address these risk factors. In addition, there is potential to leverage strong community partnerships to augment efforts.

Heart disease and stroke are particularly relevant for sub-populations, including low-income, underserved minorities, and older individuals, within Allegheny County: Coronary heart disease, the most common heart disease, was elevated in subgroups within Allegheny County. Consistent with national trends, the coronary heart disease death rate was higher among men (201/100,000) compared to women (118/100,000), higher among African-Americans (175/100,000) than in Whites (151/100,000), and increased with age. Similarly, the stroke death rate was higher among men (46/100,000) compared to women (40/100,000), higher among African-Americans (59/100,000) than Whites (41/100,000), and also increased by age. In parallel with mortality rates, the prevalence of those experiencing heart attacks or a stroke is much higher among specific sub-populations within Allegheny County, especially those with lower incomes and older individuals.

Cancer- Importance to the Community:

- **Cancer is also a leading cause of death in the UPMC Passavant service area, as well as in the county, state, and nation.**
- **In Allegheny County, 23 percent of deaths are due to cancer.**
- **Cancer screenings can help identify cancer in early stages when treatment is likely to work best.**
- **Screening for breast cancer was lower in the UPMC Passavant service area.**



Sources: Allegheny County Health Survey 2009-2010; Pennsylvania Department of Health, 2011. Healthy People 2020; U.S. Centers for Disease Control and Prevention, 2009

Cancer affects many people: Cancer is also a leading cause of death both in the United States and in Allegheny County. Nearly 570,000 deaths in the United States are due to cancer, and nearly 3,200 individuals died of cancer in 2009 in Allegheny County. Similar to national data, cancer deaths contributed to 23 percent of all deaths both nationally and in Allegheny County. Not only is cancer a major cause of death, but a large number of individuals in Allegheny County were newly diagnosed with cancer in 2009—almost 8,800 individuals.

Healthy behaviors, such as cancer screenings and a healthy weight, can help reduce one's cancer risk, but these behaviors are lower in some sub-populations, including low-income and underserved minorities, within Allegheny County: Through early detection, cancer screenings help further delay progression or worsening of cancer. However, in Allegheny County, women with less than a high school education were significantly less likely to report receiving a mammogram, compared to women with more education. There were no significant differences by age, income, or race. Maintaining a healthy weight can also help reduce cancer risk. A high percentage of Allegheny County residents were overweight or obese (62 percent), and a disproportionately higher percentage was observed in men (68 percent), those 45-64 years of age (70 percent), and African-Americans (72 percent). No significant differences were observed by household income or education level.

V. Overview of the Implementation Plan

Overview:

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

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

Adoption of the Implementation Plan:

On January 23, 2013 the UPMC Passavant Board of Directors adopted an implementation plan to address the identified significant health needs:

- **Heart Disease**
- **Stroke**
- **Cancer**

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

High-Level Overview of UPMC Passavant Implementation Plan

Topic	Goal	Collaborating Community Partners
Heart Disease and Stroke	Increase number of participants at UPMC Passavant community outreach programs related to heart disease and stroke prevention, screening, and education. Initiate new disease management initiatives for community members including: an education program for patients at risk for heart disease, provision of venues for cardiovascular exercise, an annual conference for stroke survivors, and a stroke support group for patients and families.	**American Heart Association (AHA)** **EMS** **Foundations** **Community Partners** **PA Department of Health** **Adagio Health**
Cancer	Increase the number of participants at UPMC Passavant cancer education and screening community outreach programs. Develop a Women's Health Cancer Screening Program, which will include pelvic exams, cervical PAP/HPV testing, clinical breast exam, enrollment in the Pennsylvania Department of Health HealthyWoman Program which provides free mammograms to uninsured women, scheduling a screening mammogram (when appropriate), and cancer awareness and prevention education to impact the early detection of both breast and cervical cancers in the Passavant community.	

VI. APPENDICES

APPENDIX A: Detailed Community Health Needs Assessment Implementation Plans

Priority Health Issue: Addressing Heart Disease and Stroke

Heart Disease and stroke are important priorities in the UPMC Passavant community: Cardiovascular disease, including different types of heart disease and stroke, is the leading cause of death in the UPMC Passavant community, as well as in the state and nation – accounting for more than 30 percent of total deaths.

UPMC Passavant is addressing these issues: UPMC Passavant is addressing these health issues through its strong specialty programs in heart care, including cardiology services, cardiac surgery services, endovascular and vascular surgery as well as wellness, rehabilitation, and education programs.

UPMC Passavant plans to do more to focus on these priorities: In addition to the services already offered at UPMC Passavant, many programs will be enhanced by striving to reach more community members with education regarding the prevention of cardiovascular disease, increasing the number of screenings for early detection, and providing support groups for those who are living with this chronic disease. UPMC Passavant will also strive to form partnerships with other organizations that are recognized for their work with cardiovascular diseases to expand their reach even further.

Heart Disease/Stroke				
Program	Activities	Outcomes Goal-Year 3	Target Population	Partners
Heart Disease and Stroke Presentations	Educate community members about heart and vascular health, heart disease and stroke prevention, exercise, and stress management. Participate in health fairs, community outreach events, and mall walking exercise program, which also provides education and screenings. Offer education sessions on medication and management of heart disease.	• Monitor and increase number of participants.	General population. Employees of area businesses. Senior centers. Schools.	American Heart Association – Stroke, EMS, Foundations, community partners
Cardiac Disease Education	Create an education program for patients at risk for heart disease in partnership with a local gym. Continue partnership with Baierl Family YMCA.	• Document initial enrollment and number of programs. • Sustain enrollment and track number of participants in program.	Patients in McCandless and Cranberry who are at risk for cardiac disease.	AHA – Stroke, Cardiac Rehab, YMCA, private health groups

Heart Disease/Stroke				
Program	Activities	Outcomes Goal-Year 3	Target Population	Partners
Cardiovascular Screenings and Education	Provide cardiovascular health screenings to identify risk factors for heart disease and stroke at health fairs and community outreach events. Provide education sessions on medication and management of cardiovascular disease. Participate in the American Heart Walk in partnership with the American Heart Association.	• Increase the number of sessions and participants. • Reduce the number of stroke patients within the service area of UPMC Passavant.	General population.	American Heart Association – Stroke, EMS, Foundations, community partners
Stroke Support Group	Create a stroke support group. Hold annual stroke conference. Develop tools to collect data on the stroke support group and annual stroke conference.	• Increase number of participants for education and screening events.	General population. People who have had a stroke or are at-risk for stroke.	American Heart Association – Stroke, EMS, Foundations, community partners

Priority Health Issue: Addressing Cancer

Cancer is an important priority in UPMC Passavant's community: Cancer is the second leading cause of death in the UPMC Passavant community, the state, and the nation. For women, lung and breast cancers are the most common cause of cancer deaths. Although there are risk factors for cancer that cannot be avoided, such as age and family history, there are many behaviors that can help prevent cancer. These behaviors include sun safety, tobacco avoidance, maintaining a healthy weight, good nutrition, and physical activity. Early detection is another important part of decreasing deaths due to cancer. When cancer is detected early, treatment is usually more effective.

UPMC Passavant is addressing this issue: The UPMC CancerCenter at UPMC Passavant Cranberry is an accredited cancer center and designated by the American College of Surgeons as a Comprehensive Community Cancer Program as well as a Comprehensive Breast Center. Accredited programs provide a range of cancer-related services including those focused on prevention, early detection, and providing the best care and support for those living with cancer.

UPMC Passavant plans to do more to focus on these priorities: In addition to their existing programs already addressing prevention, early detection, and management of cancer, UPMC Passavant is also proposing the creation of a new Women's Health Cancer Screening Program.

Cancer				
Program	**Activities**	**Outcomes** **Goal-Year 3**	**Target Population**	**Partners**
Women's Health Screening Program (proposed)	Develop plan to establish a Women's Health cancer screening program. Proposed services include: ✓ Pelvic exams ✓ Cervical PAP/HPV testing ✓ Clinical breast exams ✓ Education about cancer and preventing cancer ✓ Linkages to the PA HealthyWoman program, and scheduling mammograms (as appropriate) Identify providers to provide screening, education, linkages to PA HealthyWoman Program and mammograms. Identify approaches to inform high-risk populations of the Women's Health cancer screening program.	• Establish Women's Health Care Center. • Increase awareness of women's cancer in high-risk populations. • Increase number of women screened.	Low income (uninsured/ underinsured). Minorities. Women.	PA Department of Health, Adagio Health
Skin Cancer Screening	Offer skin cancer screening annually. Provide total body skin exam by dermatologist. Identify possible cancerous and pre-cancerous conditions. Refer to dermatologists as appropriate. Provide education for prevention and self-identification.	• Increase the number of people screened.	General population.	Local churches and community groups
Community Health Fairs and Presentations	Provide one-on-one and group education focusing on prevention and early detection of skin, breast, lung, prostate, cervical, and colon cancers at health fairs and other community presentation opportunities.	• Increase number of community members reached through programs. • Increase prevention of cancers. • Increase detection of cancers at earlier stages.	General population.	Community organizations, schools, government representatives
Survivorship Celebration	Host annual event to meet the psychological needs of cancer survivors and those who support them by offering psychosocial support and coping strategies.	• Increase attendance at event.	Adult cancer survivors.	Passavant Hospital Foundation, community organizations and businesses

Outcomes and Evaluation of Hospital Implementation Plans:

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

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

- **Process Outcomes (directly relating to hospital/partner delivery of services):**
  Process outcomes indicate efforts hospitals and community partners can undertake to increase delivery of a service designed to change a health impact indicator. These mostly involve increases (or better targeting) in programming, outreach, publicity, or related efforts. Process outcomes can be measured by increases in investment (dollars or personnel), outreach (media messages, public service announcements), service units delivered (classes, screenings), people attending or completing programs, and number of sites for delivery of programs.
- **Health Impact Outcomes (applies to changes in population health for which the hospital's efforts are only indirectly responsible):**
  Health impact outcomes are changes in population health related to a broad array of factors of which hospital and community partner efforts are only one contributing part. These outcomes include reductions in the prevalence of disease, risk factors, and health behaviors associated with disease. Benchmarks for progress in population indicators are available from *Healthy People 2020* and Robert Wood Johnson Foundation county health rankings.

The following table identifies measurable process outcomes and related health impact indicators considered in the development of this plan. Some of the outcomes indicators, particularly the process outcomes, may be impacted in short time frames, such as the three-year span of a Community Health Needs Assessment cycle. Others, including many of the health impact indicators, are not expected to change significantly over the short-term.

Health Topic	Process Outcomes (Hospital/Partner Delivery of Services)	Health Impact Outcomes (Changes in Population Health)
Preventive Screenings	Increase number of events/sessions and attendance: • **Cardiovascular screenings**	Decrease— • **Hospitalization resulting from untreated disease** • **Initial physician contact of patients with advanced disease (early detection)**
Cancer Prevention and Education	Increase number of events/sessions and attendance: • **Mammograms (to un- and underinsured)** • **Colonoscopy Screenings** • **Dermatology Screenings**	Decrease— • **Initial physician contact for patients with advanced disease (early detection)** • **Breast cancer mortality** • **Colon cancer mortality**

APPENDIX B: Detailed Community Health Needs Profile

Population Demographics:

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

**Reported as single race; **Reported as any race*

Source: US Census, 2010

Social and Economic Factors:

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

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

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

Causes of Death	Allegheny County	Pennsylvania	United States
	Percent of Total Deaths	Percent of Total Deaths	Percent of Total Deaths
All Causes	100.00	100.0	100.0
Diseases of Heart	26.83	25.9	24.6
Malignant Neoplasms	23.02	23.1	23.3
Chronic Lower Respiratory Diseases	5.06	5.2	5.6
Cerebrovascular Diseases	5.52	5.5	5.3
Unintentional Injuries	1.84	4.4	4.8
Alzheimer's Disease	2.79	2.9	2.8
Diabetes Mellitus	2.22	2.6	2.2
Influenza and Pneumonia	2.35	2.0	2.0
Nephritis, Nephrotic Syndrome and nephrosis	2.51	2.4	1.5
Intentional Self-Harm (Suicide)	0.97	1.3	1.5

Sources: Pennsylvania Department of Health, 2009; National Center for Health Statistics, 2011

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

Characteristics	Allegheny County	Pennsylvania	United States	Healthy People 2020
Morbidity				
Diabetes (%)	11.0	9.0	8.0	NA
Mental Health (Mental health not good ≥1 day in past month (%)	38.0	35.0	NA	NA
Low Birthweight (% of live births)	8.1	8.4	8.2	7.8
Health Behaviors				
Obesity (Adult) (%)	28.5	28.0	26.9	30.6
Childhood Obesity (Grades K-6) (%)	15.9	16.8	17.4	15.7
Childhood Obesity (Grades 7-12) (%)	15.0	18.2	17.9	16.1
Excessive Alcohol Use (%)	33.0	17.0	15.8	24.4
Current Tobacco Use (%)	23.0	20.0	17.9	12.0
STDs(Gonorrhea per 100,000)*	175.3	103.8	285	257
Clinical Care				
Immunization: Ever had a Pneumonia Vaccination (65+) (%)	78	70	68.6	90
Cancer Screening				
Mammography (%)	59.0	63.0	75.0	81.1
Colorectal Screening (%)	66.0	63.0	65.0	70.5
Primary Care Physician: Population (Ratio)	1:638	1:1,067	NA	NA
Receive Prenatal Care in First Trimester (%)	87.1	70.9	71.0	77.9
Physical Environment				
Access to Healthy Foods (%)	66	57	NA	NA
Access to Recreational Facilities	16	12	NA	NA

Sources:

Allegheny County Data: Allegheny County Health Survey 2009-2010 ; Pennsylvania Department of Health, 2007-2009; Robert Wood Johnson County Health Rankings, 2011.

Pennsylvania Data: Pennsylvania Department of Health, 2009; Robert Wood Johnson County Health Rankings, 2011.

U.S. Data: U.S. Centers for Disease Control and Prevention, 2009. Healthy People, 2020; National Center for Health Statistics. 2011.

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

APPENDIX C: Concept Mapping Methodology

Overview:

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

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

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

Application of Concept Mapping for UMPC Passavant:

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

The concept mapping research method consisted of two stages:

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

Brainstorming - Identifying Health Needs:

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

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

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

Final Master List of 50 Community Health Problems				
Nutrition and healthy eating (1)	Diabetes (11)	Medication management and compliance (21)	High blood pressure/ Hypertension (31)	Smoking and tobacco use (41)
Immunizations/ Vaccinations (2)	Health literacy – ability to understand health information and make decisions (12)	Exercise (22)	Breast cancer (32)	Adolescent health and social needs (42)
Lung cancer (3)	Urgent care for non-emergencies (13)	Navigating existing healthcare and community resources (23)	Pediatrics and child health (33)	Depression (43)
Maternal and infant health (4)	End of life care (14)	Preventive Screenings (cancer, diabetes, etc) (24)	Sexual health including pregnancy and STD prevention (34)	Support for families/caregivers (44)
Alcohol abuse (5)	Asthma (15)	Heart Disease (25)	Dementia and Alzheimer's (35)	Health insurance: understanding benefits and coverage options (45)
Adult obesity (6)	Prenatal care (16)	Primary Care (26)	Chronic Obstructive Pulmonary Disease (COPD) (36)	Preventive health/wellness (46)
Drug abuse (7)	Dental care (17)	Childhood obesity (27)	Stroke (37)	Injuries including crashes and sports related, etc (47)
Access to specialist physicians (8)	Financial access: understanding options 18)	Intentional injuries including violence and abuse (28)	Post-discharge coordination and follow-up (38)	Childhood developmental delays including Autism (48)
Behavioral health /mental health (9)	High cholesterol (19)	Cancer (29)	Arthritis (39)	Eye and vision care (49)
Geographic access to care (10)	Care coordination and continuity (20)	Social support for aging and 85 (30)	Senior health and caring for aging population (40)	Environmental health (50)

Sorting and Rating – Prioritizing Health Needs:

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

Importance:
How important is the problem to our community?
(1 = not important; 5 = most important)

Measurable Impact:
What is the likelihood of being able to make a measurable impact on the problem?
(1 = not likely to make an impact; 5 = highly likely to make an impact)

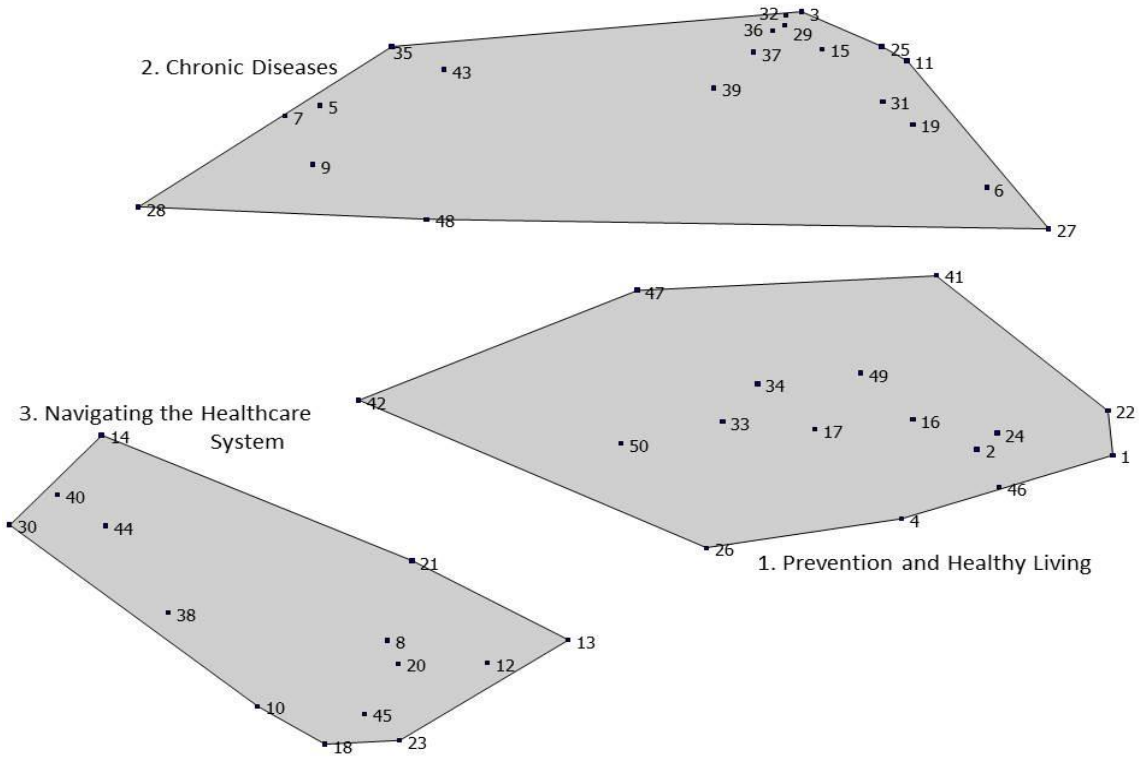
Hospital Ability to Address:
Does the Hospital have the ability to address this problem?
(1 = no ability; 5 = great ability)

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

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

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

Final Cluster Map:



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

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

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

Hospital Ability to Address:
Low (1-3.20); Moderate (3.21-3.85); High (3.86-5.0)

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

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

APPENDIX D: Community Participants

To ensure the CHNA was conducted in a rigorous manner reflecting best practices, UPMC sought support and expertise from individuals and organizations with expertise in public health. UPMC engaged with the University of Pittsburgh Graduate School of Public Health (Pitt Public Health) to:

- **Develop a framework to itemize and prioritize community health needs based on review and analysis of secondary data on community health**
- **Obtain community input on health needs and perceived health care priorities through a consistent, structured process**
- **Develop implementation strategies that leverage best practices in evidence-based community health improvement**
- **Establish evaluation and measurement criteria to monitor results of implemented efforts**

The following individuals from Pitt Public Health participated in the CHNA process:

- **Steven M. Albert, PhD, MPH, Professor and Chair – Department of Behavioral and Community Health Sciences, Pittsburgh, PA**
- **Jessica G. Burke, PhD, MHS, Associate Professor- Department of Behavioral and Community Health Sciences, Pittsburgh, PA**
- **Donna Almario Doebler, DrPH, MS, MPH, Visiting Assistant Professor - Department of Behavioral and Community Health Sciences, Pittsburgh, PA**
- **Jennifer Jones, MPH, Project Assistant - Department of Behavioral and Community Health Sciences, Pittsburgh, PA**

In addition, local and state public health department input and data were obtained and utilized in this community health assessment. UPMC sought input from the Allegheny County Health Department through meetings facilitated by Pitt Public Health, and relied on publically available Pennsylvania Department of Health reports and additional local health department information accessed via telephone conversations and special data requests.

Community input was garnered from a community advisory council, formed to represent the communities and constituencies served by the hospital. Council participants included representatives of medically underserved, low income, and minority populations, consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, and health care providers.

The Community Advisory Council met between June 2012 and November 2012 and completed an online survey during August and September 2012. Their activities were facilitated by faculty from Pitt Public Health (see Appendix C).

UPMC Passavant's Community Advisory Council included representatives from the following organizations:

- **Cranberry Township, Cranberry Township, PA**
- **LaRoche College, Pittsburgh, PA**
- **McCandless/Franklin Park Ambulance Authority, Wexford, PA**
- **North Allegheny School District, Wexford, PA**
- **North Hills Community Outreach, Pittsburgh, PA**
- **Passavant Hospital Foundation, Pittsburgh, PA**
- **Pennsylvania House of Representatives, , Pittsburgh, PA**
- **THE CHAMBER of Commerce, Inc., Wexford, PA**

The UPMC Passavant Community Council was also supported by members of the hospital's Board of Directors, physicians, and hospital leadership.

A focus group, also comprised of individuals and organizations representing the broad interests of the community - including representatives from medically underserved, low income and minority populations - met in August 2012. This meeting included a discussion facilitated by Pitt Public Health faculty to identify important health needs in UPMC's communities. Participants included representatives from the following organizations:

- **Addison Behavioral Care, Pittsburgh, PA**
- **Allegheny County Area Agency on Aging, Pittsburgh, PA**
- **Center for Inclusion, UPMC, Pittsburgh, PA**
- **Consumer Health Coalition, Pittsburgh, PA**
- **Disabilities Resource Committee, UPMC Community Provider Services, Pittsburgh, PA**
- **Greater Pittsburgh Community Food Bank, Duquesne, PA**
- **LEAD Pittsburgh, Pittsburgh, PA**
- **Pennsylvania Health Access Network, Pittsburgh, PA**
- **Refugee Services, Jewish Family & Children's Services, Pittsburgh, PA**
- **Three Rivers Center for Independent Living, Pittsburgh, PA**
- **United Way of Allegheny County, Pittsburgh, PA**
- **UPMC Board Diversity and Inclusion Committee, Pittsburgh, PA**
- **UPMC Health Plan, Pittsburgh, PA**
- **Urban League of Pittsburgh, Pittsburgh, PA**
- **VA Pittsburgh Healthcare System, Pittsburgh, PA**
- **Women's Shelter of Greater Pittsburgh, Pittsburgh, PA**
- **YMCA of Greater Pittsburgh, Pittsburgh, PA**
- **YWCA of Greater Pittsburgh, Pittsburgh, PA**

UPMC also invited representatives of the following to participate:

- **Allegheny Conference on Community Development**
- **HI-HOPE (Hazelwood Initiative)**
- **Kingsley Association**
- **Pennsylvania Psychological Association**
- **PERSAD**
- **Salvation Army of Western Pennsylvania**
- **The Pennsylvania Health Law Project**
- **Town of McCandless, McCandless, PA**