

# Plan for a Healthier Allegheny

2015



April 2017 update



COUNTY OF



ALLEGHENY

RICH FITZGERALD  
COUNTY EXECUTIVE

Dear Allegheny County Residents,

We are pleased to present the **2015 Plan for a Healthier Allegheny (PHA)**, produced by the Allegheny County Health Department. This plan is the product of months of collaborative work with the Advisory Coalition of more than 70 stakeholder organizations representing multiple sectors affecting health in Allegheny County. Using data collected through our Community Health Assessment (CHA) we have identified five critical priority areas: Access; Chronic Disease Health Risk Behaviors; Mental Health and Substance Use Disorders; Environment; and Maternal and Child Health. Each priority area has a series of objectives, accompanied by metrics and actionable strategies, which provide achievable health improvement for the County.

The PHA is a guide for health improvement for the next 3-5 years that will require multiple partners and a strong commitment from our Advisory Coalition and County residents. We appreciate the contributions that so many have made to this work. Now we must work together to achieve our goals and make Allegheny County the healthiest County in the United States. Please join us in working towards a healthier community in which all citizens can maximize their quality of life and well-being.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen Hacker'.

Karen Hacker, MD, MPH  
Director

A handwritten signature in black ink, appearing to read 'Lee Harrison'.

Lee Harrison, MD  
Chair, Board of Health

**KAREN HACKER, MD, MPH, DIRECTOR**

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# **Foreword: Relationship Between the Community Health Assessment (CHA), Plan for a Healthier Allegheny (PHA), and ACHD Strategic Plan**

## **Community Health Assessment (CHA)**

The CHA was launched in April 2015 after an extensive data collection process. It is the first of its kind in Allegheny County and represents a collaborative effort, which has mobilized our community. The objectives of the CHA are to: (1) characterize the overall health of Allegheny County residents; (2) evaluate the factors that influence health outcomes; and (3) identify areas in need of improvement.

In June 2014, ACHD initiated the CHA in order to better understand the health of the County, implement health improvements, and attain national public health accreditation through the Public Health Accreditation Board (PHAB). In this effort, ACHD pursued a collaborative approach and formed its first cross-sectoral Advisory Coalition. Over 70 stakeholders from nonprofit, corporate, healthcare, academia, and government organizations were invited to participate and provide critical input on the first comprehensive community health assessment. By working collaboratively, the Advisory Coalition and ACHD sought to develop a common agenda for population health improvement in Allegheny County.

Four qualitative and quantitative sources of data were used to complete the community health assessment. These included (1) an online health indicator survey to identify top health concerns (>1000 residents responded); (2) a synthesis of 15 Allegheny County non-profit hospital health assessments; (3) existing data compiled on top health concerns identified in the health survey and stratified by race, gender, and geography and (4) health concerns identified by over 400 county residents during 14 community meetings.

The four data sources were coded and categorized into 50 areas and presented to the Advisory Coalition. With their help, categories were further consolidated into 20 themes. These themes were used to assist decision makers determine priorities for the community health improvement plan -the Plan for a Healthier Allegheny (PHA).

## Plan for a Healthier Allegheny (PHA)

The PHA is a guide for health improvement for the next 3-5 years that will require multiple partners and a strong commitment of the Advisory Coalition and County residents. It was designed to complement and build upon other existing plans, initiatives, and coalitions already in place in Allegheny County. The goal of the plan is to identify major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County.

ACHD led the PHA planning process and oversaw all aspects of development, including the establishment of PHA planning session workgroups and the refinement of details for identified health priorities. PHA session participants included the Advisory Coalition -- all of whom have expertise and interest in priority areas identified in the CHA and who represented broad and diverse sectors of the community. Participants in the PHA planning process identified potential partners and resources, including current best practices and initiatives, wherever possible.

Using key findings and the 20 themes identified in the CHA, the Advisory Coalition used common criteria and multi-voting process to identify cross-cutting and priority health issues.

The Advisory Coalition identified **health equity**, which encompasses the social determinants of health and special populations, as an important cross-cutting theme that should be addressed across all five priority areas. With regard to health equity, data suggest that Allegheny County has both geographic and racial health disparities. To improve the health of the County, we must consider and address these inequities wherever they are present, regardless of the specific health issue. Similarly, the social determinants of health deeply influence health indicators. These are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances in turn are shaped by a wider set of forces: economics, social policies, and politics. For example, issues related to inadequate housing and lower educational attainment are highly correlated with poor health outcomes. Working across sectors to address social determinants of health is a primary approach in achieving health equity.

The five priority areas identified for the PHA are:

**Access:** Access to Healthcare Services, Insurance, Transportation

**Chronic Disease Health Risk Behaviors:** Obesity/Poor Nutrition, Physical Inactivity, Smoking/Tobacco

**Environment:** Air Quality, Unconventional Oil and Gas Production (UOGP), Water Quality

**Maternal and Child Health:** Asthma, Breastfeeding, Infant Mortality, Low Birth Weight, Parental Support

**Mental Health and Substance Use Disorders:** Depression, Drug and Alcohol Use, Integration of Mental Health into Physical Health

The release of the PHA represents an important starting point for a joint effort to improve Allegheny County's health indicators. While there will always be other issues and emerging public health concerns, our community partners have chosen to work together on these five areas.

## **ACHD Strategic Plan**

Subsequent to the CHA and in parallel with the PHA, the Board of Health facilitated the development of a Strategic Plan (SP). The overarching goals of the Strategic Plan are to:

- Assess ACHD's internal capacity to fulfill the priorities identified by the PHA, as well as internal strength and weaknesses, and the external opportunities and threats that make up the environment in which the ACHD operates
- Identify priority areas where ACHD can direct its strategic planning efforts in order to fulfill the needs identified in the internal assessment
- Determine how the ACHD can focus efforts on these priorities to achieve the maximum impact and results for the communities and stakeholders it serves

Strategic planning areas of focus include:

- Infrastructure
- Workforce Development
- Policy
- Community Engagement

## **CHA, PHA, and SP**

These important documents make up three foundational elements of good public health. ACHD and the Advisory Coalition are committed to participating in the strategies outlined in the PHA. Our collaborative efforts will lead to greater and sustainable changes in the health of Allegheny County. Our hope is that the residents of Allegheny County will also see the CHA, PHA, and SP as templates for health improvement. For a more complete list of **Acronyms**, please see **Appendix C**.

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## Executive Summary

Where and how we live, learn, work, and play affect our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Allegheny County Health Department led a comprehensive community health planning effort to measurably improve the health of Allegheny County residents.

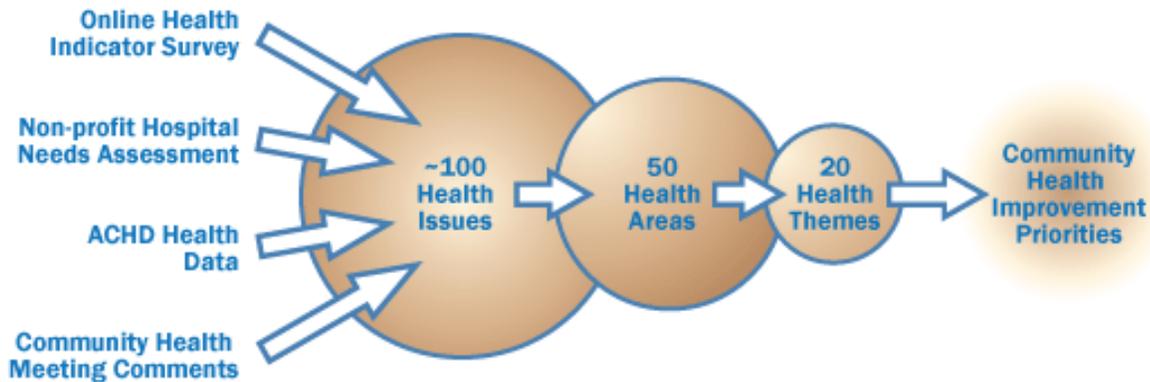
This effort includes two major phases:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Allegheny County
2. A community health improvement plan, our Plan for a Healthier Allegheny (PHA), to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County

In addition to guiding future services, programs, and policies for public health-serving agencies and the area overall, the CHA and PHA are required for the Health Department to earn accreditation by the Public Health Accreditation Board (PHAB); a distinction which indicates that the agency is meeting national standards for public health system performance.

The May 2015 ACHD Plan for a Healthier Allegheny was developed over the period June 2014-May 2015, using the key findings from the CHA, which included qualitative data from community surveys and dialogues; as well as quantitative data from local, state and national indicators to inform discussions and determine health priority areas (PHA Process). The CHA is accessible at [www.achd.net](http://www.achd.net).

### PHA Process



To develop a shared vision for improved community health and to help sustain implementation efforts, the Allegheny County assessment and planning process engaged community members and local public health partners through many avenues:

- a. The Advisory Coalition, representing broad and diverse sectors of the community and organized around each health priority area, was responsible for selecting the health priorities and developing the goals, objectives and strategies for the PHA.
- b. The Planning Committee of the Advisory Coalition comprised of key advisory coalition members and health department leadership, was responsible for planning and orchestrating the community meetings and the processes related to development of the community health improvement plan.
- c. The Data Committee of the Advisory Coalition comprised of Advisory Coalition members who assisted in developing the data for the CHA and the synthesis of data sources for issue prioritization.
- d. The Allegheny County Health Department (ACHD) Leadership Team (Deputies) and staff were responsible for reviewing documents and providing subject matter expertise and data baselines and targets for defined priorities.
- e. The Planning Committee of the Board of Health participated in the PHA prioritization processes, reviewed documents, and provided input to the Board of Health.
- f. The Board of Health supported the entire CHA-PHA process.

**Vision:** Collective action in the areas of Access, Chronic Disease Health Risk Behaviors, Environment, Maternal and Child Health, and Mental Health and Substance Use Disorders to **transform the overall health as a means to improve quality of life for all residents** in Allegheny County

**Values and Principles:**

- Diverse and inclusive
- Community-centered: translating this work into communities, deepening the trust and credibility with communities, operating with transparency and integrity
- Data-driven and evidence-based: identifying data needs and sharing and collecting existing data to be more useful
- Health equity-focused
- Collaboration and integration of our efforts at all levels to maximize impact
- Demonstrable results: evaluating impact of our strategies and approaches
- Accountability and responsibility: transparency, disseminating findings and results broadly to stakeholders

The Advisory Coalition used common criteria and a multi-voting process to identify the following priority health issues and goals that would be addressed in the PHA. Initially **health equity/disparities and social determinants of health** were identified as priority areas for the PHA, but Advisory Coalition members agreed that they were important **cross-cutting themes** that should be addressed across all five priority areas of the plan. These issues have been identified as key focal points for integration and are incorporated into each priority area as a cluster of related strategies:

**Access:** Identify and address gaps in and barriers to accessible and affordable, person-centered, high quality health care

- Access
- Insurance
- Dental
- Transportation

**Chronic Disease Health Risk Behaviors:** Decrease preventable chronic disease by assuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors

- Obesity/Poor Nutrition
- Physical Inactivity
- Smoking/Tobacco

**Environment:** To enhance quality of life by reducing pollution and other environmental hazards using coordinated, data-driven interventions

- Air Quality
- Unconventional Oil and Gas Production (UOGP)
- Water Quality

**Maternal and Child Health:** Reduce morbidity and mortality, by improving the health and quality of life women, infants, children, caretakers, and their families, especially in vulnerable communities

- Asthma
- Breastfeeding
- Infant Mortality
- Low Birth Weight
- Parental Support

**Mental Health & Substance Use Disorders:** Reduce mortality and morbidity related to mental and substance use disorders

- Depression
- Drug and Alcohol Use
- Integration of Mental Health into Physical Health

The release of the PHA represents an important starting point for a joint effort to improve Allegheny County health indicators. While there will always be other issues and emerging public health concerns, our community partners have chosen to work together on the five areas identified in the PHA. We are all committed to participating in the strategies outlined and overseeing progress. Our collaborative efforts will lead to greater and sustainable changes in public health. Our hope is that all residents of Allegheny County will see the PHA as a template for health improvement.

# PLAN FOR A HEALTHIER ALLEGHENY (PHA)

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## Background

Where and how we live, learn, work, and play affects our health. Understanding how these factors influence health is critical for developing the best strategies to address them. To accomplish these goals, the Allegheny County Health Department led a comprehensive community health planning effort to measurably improve the health of Allegheny County residents.

The community health improvement planning process includes two major components:

1. A community health assessment (CHA) to identify the health-related needs and strengths of Allegheny County
2. A community health improvement plan, our Plan for a Healthier Allegheny (PHA), to determine major health priorities, overarching goals, and specific objectives and strategies that can be implemented in a coordinated way across Allegheny County

The 2015 Allegheny County PHA was developed over the period June 2014-May 2015, using the key findings from the CHA, which included qualitative data from our health indicator survey and from 14 community forums, as well as quantitative data from local, state and national data sources to inform discussions and determine health priority areas.

The **CHA**, released in April 2015, is available on the ACHD website.

## Moving from Assessment to Planning

Similar to the process for the CHA, the PHA utilized a participatory, collaborative approach guided by the Mobilization for Action through Planning and Partnerships (MAPP) process.<sup>1</sup> MAPP, a comprehensive, community-driven planning process for improving health, is a framework that local public health departments across the country have employed to help direct their planning efforts. MAPP comprises distinct assessments that are the foundation of the planning process, and includes the identification of issues and goal/strategy formulation as prerequisites for action. Since health needs are constantly changing as communities evolve, the cyclical nature of the MAPP planning/ implementation/ evaluation/ correction process allows for the periodic identification of new priorities and the realignment of activities and resources to address them.

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Allegheny County assessment and planning process engaged community members and local public health partners through many avenues:

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<sup>1</sup> Advanced by the National Association of County and City Health Officials (NACCHO), MAPP's vision is for communities to achieve improved health and quality of life by mobilizing partnerships and taking strategic action. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. More information on MAPP can be found at: <http://www.naccho.org/topics/infrastructure/mapp/>

**The Advisory Coalition**, representing broad and diverse sectors of the community and organized around each health priority area, was responsible for selecting the health priorities, and developing the goals, objectives and strategies for the PHA.

**The CHA-PHA Planning Committee** comprised of key advisory coalition members and Health Department leadership, was responsible for planning and orchestrating the community meetings and the processes related to development of the community health improvement plan.

**The CHA-PHA Data Committee** comprised of Advisory Coalition members who assisted in developing the data for the CHA and the synthesis of data sources for issue prioritization.

The **Allegheny County Health Department (ACHD) Leadership Team (Deputies) and staff** were responsible for reviewing documents and providing subject matter expertise and data baselines and targets for defined priorities.

**The Strategic Planning Committee of the Board of Health** who participated in the PHA prioritization processes, reviewed documents, and provided input to the Board of Health.

**The Board of Health** who supported the entire CHA-PHA process.

ACHD's CHA is the product of a collaborative process that mobilized our community to collect and analyze data to inform the identification of priorities for future health improvement efforts. The objectives of ACHD's community health assessment are to: (1) characterize the overall health of Allegheny County residents; (2) evaluate the factors that influence health outcomes; and (3) identify areas in need of improvement.

By working collaboratively, the Advisory Coalition and ACHD sought to develop a common agenda for population health improvement in Allegheny County. Coalition members were asked to work in partnership with ACHD to help transform the overall health and quality of life for all Allegheny County residents. This process included participation in planning, data collection, dissemination, implementation, and evaluation phases of the community health assessment and community health improvement plan. The first meeting of the Advisory Coalition was held on June 20, 2014 and attended by 60 organizations. Subsequently, all of these organizations, in addition to those that joined after the meeting, signed letters of commitment to participate as members of the Advisory Coalition.

Four qualitative and quantitative sources of data were used to complete the community health assessment. These included (1) an online health indicator survey to identify top health concerns (>1,000 residents responded); (2) a synthesis of 15 Allegheny County non-profit hospital health assessments; (3) existing data compiled on top health concerns identified in the health survey and stratified by race, gender, and geography and (4) health concerns identified by over 400 county residents during 14 community meetings.

A summary of the findings was presented to the Advisory Coalition in early 2015 for review. Following a full synthesis of the data, three half-day meetings were held with the Advisory Coalition in January, February and March 2015. The Advisory Coalition identified PHA priorities using a multi-voting process with dots and agreed upon selection criteria. This summary served as the official launching point for the PHA.

## **Overview of the Plan for a Healthier Allegheny (PHA)**

### **A. What is a Community Health Improvement Plan?**

A Community Health Improvement Plan is an action-oriented plan that outlines the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. These plans are created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement the plan. Now called “PHA”, it is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.<sup>2</sup>

Building upon the key findings and themes identified in the Community Health Assessment (CHA), the PHA:

- Identifies priority issues for action to improve community health
- Outlines an implementation and improvement plan with performance measures for evaluation
- Guides future community decision-making related to community health improvement

In addition to guiding future services, programs, and policies for participating agencies and the area overall, the community health improvement plan fulfills the required prerequisites for Allegheny County Health Department to be eligible for PHAB accreditation, which indicates that the agency is meeting national standards for public health system performance.

### **B. How to Use the PHA**

A PHA is designed to be a broad, framework for community health, and should be modified and adjusted as conditions, resources, and external environmental factors change. It is developed and written in a way that engages multiple perspectives so that all community groups and sectors – private and nonprofit organizations, government agencies, academic institutions, community- and faith-based organizations, and citizens – can unite to improve the health and quality of life for all people who live, work, learn, and play in Allegheny County. We encourage all County residents to review the priorities and goals, reflect on the suggested strategies, and consider how they can participate in this effort, in whole or in part.

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<sup>2</sup> As defined by the Health Resources in Action, Strategic Planning Department, 2012

## Process from Planning to Action

### A. Community Engagement

The ACHD led the planning process for Allegheny County and oversaw all aspects of the PHA development, including the establishment of PHA planning session workgroups and the refinement of details for identified health priorities.

PHA session participants included over 70 individuals with expertise and interest in priority areas identified in the CHA and who represented broad and diverse sectors of the community. In addition, the Strategic Planning Committee of the Allegheny County Board of Health participated in the sessions.

### B. Development of Data-Based, Community Identified Health Priorities

#### Issues and Themes Identified in the Community Health Assessment

In February 2015, a summary of the CHA findings was presented to the PHA Advisory Coalition for further discussion. The following 20 themes emerged most frequently from review of the available data and were considered in the selection of the PHA health priorities:

- Access
- ACHD Perception
- Chronic Disease Health Risk Behaviors
- Chronic Diseases - Screening/Treatment
- Disparities/Cultural Competency/Special Populations
- Emergency Capability
- Environment
- Health Promotion & Literacy
- Healthcare Utilization
- Healthy Aging
- Infectious Disease
- Infrastructure
- Injury
- Maternal & Child Health
- Mental Health & Substance Use Disorders
- Nutrition
- Occupational Health
- Social Determinants of Health
- Sustainability
- Transportation

## Process to Set Health Priorities

Facilitators used a multi-voting process to identify the most important public health issues for Allegheny County from the list of the major themes identified from the CHA. Each planning participant received five dots to apply to their top five public health priorities, after reviewing, discussing, and agreeing upon the following selection criteria:

<b>RELEVANCE</b> <i>How Important Is It?</i>	<b>APPROPRIATENESS</b> <i>Should We Do It?</i>	<b>IMPACT</b> <i>What Will We Get Out Of It?</i>	<b>FEASIBILITY</b> <i>Can We Do It?</i>
<ul style="list-style-type: none"> <li>- Burden (magnitude and severity economic cost; urgency) of the problem</li> <li>- Community concern</li> <li>- Focus on equity and accessibility</li> </ul>	<ul style="list-style-type: none"> <li>- Ethical and moral issues</li> <li>- Human rights issues</li> <li>- Legal aspects</li> <li>- Political and social acceptability</li> <li>- Public attitudes and values</li> </ul>	<ul style="list-style-type: none"> <li>- Effectiveness</li> <li>- Coverage</li> <li>- Builds on or enhances current work</li> <li>- Can “move the needle” and demonstrate measureable outcomes</li> <li>- Proven strategies to address multiple wins</li> </ul>	<ul style="list-style-type: none"> <li>- Community capacity</li> <li>- Technical capacity</li> <li>- Economic capacity</li> <li>- Political capacity/will</li> <li>- Socio-cultural aspects</li> <li>- Ethical aspects</li> <li>- Can identify easy short-term wins</li> </ul>

This process was followed by discussion to confirm the top five priorities and two cross-cutting themes.

The Advisory Coalition and ACHD Leadership also suggested that **health equity/disparities and social determinants of health** be included as cross-cutting strategies for each of the PHA priorities, as appropriate. The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances in turn are shaped by a wider set of forces: economics, social policies, and politics.<sup>3</sup> Addressing the role of social determinants of health is important because it is a primary approach to achieving health equity. Health equity exists when everyone has the opportunity to attain their full potential and no one is disadvantaged.<sup>4</sup>

<sup>3</sup> The World Health Organization

[http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html)

<sup>4</sup> Brennan Ramirez LK, B.E., Metzler M., Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, Centers for Disease Control and Prevention, Editor. 2008, Department of Health and Human Services, Atlanta, GA.)

Based on the results of the multi-voting exercise, the Advisory Coalition and ACHD leadership members agreed upon the following five priority areas and related subcategories for the PHA:

**Access:** Access to Healthcare Services, Insurance, Transportation

**Chronic Disease Health Risk Behaviors:** Obesity/Poor Nutrition, Physical Inactivity, Smoking/Tobacco

**Environment:** Air Quality, Unconventional Oil and Gas Production (UOGP), Water Quality

**Maternal and Child Health:** Asthma, Breastfeeding, Infant Mortality, Low Birth Weight, Parental Support

**Mental Health and Substance Use Disorders:** Depression, Drug and Alcohol Use, Integration of Mental Health into Physical Health

### C. Development of the PHA Components

The Allegheny Health Department convened two, 4-hour planning sessions held in February and March of 2015. A team of local consultants trained by and led by Health Resources in Action (HRiA) consultants facilitated these sessions. ACHD staff, community members and stakeholders, as well as local content experts, participated in the planning sessions. Participants broke into five workgroups, each workgroup being responsible for drafting goals, objectives, strategies, assets, and community partners and resources for one of the identified priority areas. **See Appendix A, Committees and Contributors**, for a list of workgroup participants and affiliations.

ACHD provided data summaries for each priority as well as sample evidence-based strategies from a variety of resources, including *Allegheny County Health Survey (2009-2010)*, *Healthy People 2020*, *The Community Guide to Preventive Services*, *County Health Rankings*, *Overdose Free PA*, *Allegheny County Health Department (ACHD) Birth and Death Certificates*, and the *National Prevention Strategy* for the strategy setting sessions.

Following the planning sessions, subject matter experts within ACHD as well as from external partnerships, reviewed the draft output from the workgroups and edited material for clarity, consistency, and evidence base. Each of the five workgroups was consulted again in the final drafting of metrics, objectives, and strategies. All of this feedback has been incorporated into the final versions of the PHA contained in this report.

Terms and symbols are used throughout the plan to highlight key issues, including cross-cutting strategies. An explanation for each relevant term and icon may be found in the table below:

Terms & Symbols	Meaning
<b>Outcome Indicator</b>	A measure of intended results
<b>Baseline</b>	The most recent available data correlated with an outcome indicator
<b>PHA Impact</b>	The anticipated impact of PHA-based initiatives on baseline data
<b>PHA Target</b>	A projection of baseline data if the PHA Impact is achieved
<b>Healthy People 2020 Target</b>	This is the national target set by the Center for Disease Control and Prevention (CDC) to be attained by the year 2020

**In Progress** Data sources have been identified and are currently being gathered and/or analyzed

**Exploratory** Data sources have not yet been identified, but will be developed as part of the PHA



Health Equity: Objectives, outcome indicators, strategies that address disparities and/or social determinants of health



Data: Objectives, outcome indicators, strategies that require the design, implementation, analysis and dissemination of data



Developmental: Objectives, outcome indicators, strategies for which there are no current data and for which there is an intention to gather, track, and analyze data in the future

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## PHA Framework

### Goals, Objectives, Strategies, Key Partners, and Outcome Indicators

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing of the desired future, and a clear evaluation of whether efforts are making a difference. Outcome indicators tell the story about where a community is in relation to its vision, as articulated by its related goals, objectives, and strategies.

The following pages outline the Goals, Objectives, Strategies, and Outcome Indicators for the five health priority areas outlined in the PHA. The data sources being identified represent information from various years. The time lags reflect a problem with data availability and timeliness, which ACHD and its partners aspire to change to true, real-time health data. A summary of data from the Community Health Assessment is included in the beginning section of each priority area.

Lists of **Partners, Stakeholders and Resources** for each priority area are located in **Appendices D and E**. A summary of data from the Community Health Assessment is included in the beginning section of each priority area. **See Appendix B for a glossary of terms** used in the PHA.

## Priority Area 1: Access

**Goal 1:** Identify and address gaps in and barriers to accessible and affordable, person-centered, high-quality health care.

**Objective 1.1:** Increase the percent of Allegheny County residents receiving preventive healthcare services as recommended by United States Preventive Services Task Force (USPSTF).

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of Allegheny County residents with health insurance accessing preventive care	70.3% of women ages 50-74 years had a mammogram within the past 2 years	15% increase	80.8% of women ages 50-74 years had a mammogram within the past 2 years	81.1% of women who meet most recent mammogram guidelines <sup>†</sup>	<i>2015 HEDIS measure data provided by: Highmark, UPMC, UPMC for You, Gateway, United</i>
	62.6% of women ages 21-64 years were screened for cervical cancer using either of the two current guidelines <sup>‡</sup>	20% increase	75.1% of women ages 21-64 years were screened for cervical cancer using either of the two current guidelines <sup>‡</sup>	93% of women undergoing pap smears based on most recent guidelines <sup>‡</sup>	
	62.4% of adults 50-75 years had an appropriate screening for colorectal cancer <sup>¤</sup>	10% increase	71.7% of adults 50-75 years had an appropriate screening for colorectal cancer <sup>¤</sup>	70.5% of adults receiving most recent screening guidelines for colorectal cancer <sup>¤</sup>	
	24.9% of females completed 3 doses of the HPV vaccine by age 13 years	75% increase	43.6% of females completed 3 doses of the HPV vaccine by age 13 years	80% of females ages 13 to 15 years had received at least 3 doses of HPV vaccine	
	50.1% of sexually active females ages 16-24 years were screened at least once for Chlamydia	25% increase	62.6% of sexually active females ages 16-24 years were screened at least once for Chlamydia	70.9% of sexually active Medicaid females ages 16-20 years; 80% among sexually active Medicaid females aged 21-24 years	
	94.2% of adults had an ambulatory or preventive care visit during 2015	3% increase	98.2% of adults had an ambulatory or preventive care visit during 2015	N/A	
	36.3% of children had complete immunizations by age 2 years <sup>*</sup>	75% increase	63.5% of children had complete immunizations by age 2 years <sup>*</sup>	90% of children received the standard age-appropriate vaccinations	

<sup>†</sup> The USPSTF recommends biennial mammography screening for breast cancer among women ages 50-74. The decision to start screening mammography in women less than 50 years old should be on an individual basis. (Updated January 2016)

<sup>‡</sup> The USPSTF recommends Pap smear screening for cervical cancer in women ages 21 to 64 years every 3 years, or for women age 30 to 65 years screening with a combination of Pap smear and human papillomavirus (HPV) testing every 5 years. (Updated January 2016)

<sup>¤</sup> The USPSTF recommends colorectal cancer screening using annual fecal occult blood testing, sigmoidoscopy once every five years, or colonoscopy once every 10 years beginning at age 50 and continuing to age 75. (Updated January 2016) This estimate contains only UPMC, Gateway, and Highmark data.

<sup>\*</sup> Complete immunizations include four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines.

**Strategies**

- 1.1.1 Establish primary preventive care metrics pertaining to utilization of preventive care and develop data sharing relationships with MCOs and other health providers in the area #
- 1.1.2 Assess use of preventive care by region/age and gender (race if possible) to understand disparities =
- 1.1.3 Conduct Allegheny County Health Survey (ACHS) 2015-2016 #
- 1.1.4 Seek funding for a campaign to encourage preventive care and connection to National Committee for Quality Assurance (NCQA) medical homes and develop activities

**Objective 1.2: Increase the percent of residents who have health insurance coverage.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of Allegheny County residents who are uninsured	7% of Allegheny County residents are uninsured	50% decrease	3.5% of Allegheny residents are uninsured	0% of U.S. population is uninsured	<i>Enroll America, 2015</i>
% of Allegheny County residents who had to forgo treatment due to cost	11% of adults reported an instance they needed to see a doctor but could not due to cost within the past year	10% decrease	9.9% of adults reporting an instance they needed to see a doctor but could not due to cost within the past year	N/A	<i>ACHS, 2009-2010</i>

**Strategies**

- 1.2.1 Assess trends in insurance cost savings measures (i.e. deductibles) **DEV**
- 1.2.2 Implement communication strategies to inform the public about insurance options (Marketplace/PHA/Medicaid expansion) =
- 1.2.3 Identify, catalogue, and provide education to community groups and agencies about providers and resources
- 1.2.4 Provide ongoing outreach to uninsured (particularly the most vulnerable) and assistance with navigation to obtain insurance through health centers, primary care, hospitals, Consumer Health Coalition, Federal Marketplace, private exchanges, Pennsylvania Department of Public Welfare’s COMPASS =

**Objective 1.3: Increase the number of Allegheny County residents receiving dental care.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% Allegheny County Medicaid children less than 5 years accessing preventive dental care	41.0% received at least 1 preventive dental service	20% increase	49.2% receiving at least 1 preventive dental service	N/A	2014 Gateway, UPMC, United, Aetna Claims Data
% of Allegheny County Medicaid adults accessing preventive dental care	exploratory	exploratory	exploratory	N/A	Gateway, UPMC, United, Aetna

**Strategies**

- 1.3.1 Form Allegheny County Dental Task Force with members from MCOs, dental providers, ACHD dental program, nonprofit organizations, and University of Pittsburgh Dental Program
- 1.3.2 Collect data pertaining to utilization of preventive dental services from Allegheny County providers and report findings (children and adults)
- 1.3.3 Develop interventions based on data collected and identify targeted populations
- 1.3.4 Develop educational campaigns with the use of media sources such as public service announcements (PSAs) to encourage use of preventive dental services based on analysis of utilization of preventive services

**Objective 1.4: Improve access to health care services through improved transportation options in Allegheny County. =**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of Medical Assistance recipients using Medical Assistance Transportation Program (MATP) services	7.3% of Medical Assistance recipients are MATP users	25% increase	9.1% of Medical Assistance recipients are MATP users	N/A	Port Authority, 2014/2015 Fiscal Year
% of riders within the Heritage service area who missed appointments due to transportation barriers	66% of riders surveyed had missed a healthcare appointment at least one time in the past year due to transportation barriers	10% decrease	56.1% of riders missing a healthcare appointment at least once in the past year due to transportation barriers	N/A	Heritage Community Transportation Rider Survey, Spring 2015

**Strategies**

- 1.4.1 Conduct assessment of multi-modal transportation options in Allegheny County (sidewalks, paratransit, bike routes, bike shares, car shares)
- 1.4.2 Assess ways to improve visibility of public and private transportation options for both consumers and providers =
- 1.4.3 Work with providers and consumers to prioritize transportation considerations for healthcare decision making
- 1.4.4 Develop public health and transportation collaborative interventions based upon gaps/barriers identified in multi-modal transportation assessment (car seats, family support center vans, concierge service, other use of vans for Uber)
- 1.4.5 Provide resources for design and integration of active, safe, walkable/bikeable spaces into municipalities



## Priority Area 2: Chronic Disease Health Risk Behaviors

**Goal 2:** Decrease preventable chronic disease by assuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors.

**Objective 2.1:** Decrease obesity in school-age children.

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of children who are considered obese	14.9% of children (grades K-6) with BMI in the 95% percentile of weight	10% decrease	13.4% of children ages (grades K-6) with BMI in the 95% percentile of weight	15.7% of children ages 6-11 who are considered obese	
% of children who are considered obese	16.1% of children (grades 7-12) with BMI in the 95% percentile of weight	10% decrease	14.5% of children ages (grades 7-12) with BMI in the 95% percentile of weight	16.1% of children ages 12-19 who are considered obese	2011-2012 School nurses-PA DOE
Live Well Allegheny Participants	2 schools were designated as Live Well Allegheny Schools	increase by ten-fold	20 schools or school districts designated as Live Well Schools	N/A	Live Well Allegheny May 2015

### Strategies

- 2.1.1 Work with schools and youth serving organizations to ensure that their menu options meet best nutritional practices (1% milk or skim, ½ plate fruits and vegetables, water available, eliminate sugary beverages); elimination of vending machines in all schools
- 2.1.2 Work with schools and youth serving organizations to increase access to nutritional education for school-aged children (Adagio, Grow PGH)
- 2.1.3 Engage pediatric providers to increase proportion of physician visits made by all children that include counseling about nutrition or diet
- 2.1.4 Implement programming and policies (vending and meeting food guidelines) through non-profits and faith-based organizations to educate parents and encourage healthy eating
- 2.1.5 Expand the number of municipalities and school districts achieving Live Well status\*
- 2.1.6 Increase access to fruits and vegetables among children in Allegheny County food deserts, through youth serving agencies 

\*Live Well Allegheny is an innovative initiative to improve the health and wellness of County residents.

**Objective 2.2: Increase fruit and vegetable consumption among adolescents and adults.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>PHA Impact</b>	<b>PHA Target</b>	<b>Healthy People 2020 Target</b>	<b>Data Source</b>
% of adults consuming 4 or more servings of vegetables per day	3% of adults ate 4 or more servings of vegetables per day, not including carrots, potatoes, or salad	75% increase	5.2% of adults eat 4 or more servings of vegetables per day, not including carrots, potatoes, or salad	N/A	ACHS 2009- 2010
% of adults consuming 4 or more servings of fruits per day	2% of adults ate 4 or more servings of fruit per day, not including juice	75% increase	3.5% of adults eat 4 or more servings of fruit per day, not including juice	N/A	ACHS 2009- 2010
% of adolescents age 14-18 who ate vegetables at least once a day in the last 7 days	47% of adolescents ate vegetables at least once a day in the last 7 days	20% increase	56.4% of adolescents ate vegetables at least once a day in the last 7 days	N/A	HATS 2014
Live Well Allegheny Participants	11 communities were designated as Live Well Allegheny participants	increase four-fold	44 communities designated as Live Well Allegheny participants	N/A	Live Well Allegheny May 2015

**Strategies**

- 2.2.1 Work with grocery stores to incentivize consumption of fruits and vegetables
- 2.2.2 Implement accessible community food solutions that accept SNAP/EBT in food deserts =
- 2.2.3 Increase consumption of fruits and vegetables through education
- 2.2.4 Target areas with food deserts and work with communities to increase access to gardens that grow fruits and vegetables =

**Objective 2.3: Increase the number of residents by who participate in either moderate or vigorous physical activity in a usual week.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>PHA Impact</b>	<b>PHA Target</b>	<b>Healthy People 2020 Target</b>	<b>Data Source</b>
% of adults who are physically inactive	11% of adults were not physically active	15% decrease	9.4% of adults engaging in no leisure-time physical activity	32.6% of adults engaging in no leisure-time physical activity	<i>ACHS 2009-2010</i>
% of high school students (grades 9-12) participating in moderate or vigorous physical activity for an average of 60 minutes a day	46.9% of high school students participating in moderate or vigorous physical activity for an average of 60 minutes a day	10% increase	51.6% of high school students participating in moderate or vigorous physical activity for an average of 60 minutes a day	31.6% of adolescents grades 9-12 were physically active for a total of at least 60 minutes per day during the past seven days	<i>HATS 2014</i>
Live Well Allegheny Participants	11 communities were designated as Live Well Allegheny participants	increase four-fold	44 communities designated as Live Well Allegheny participants	N/A	<i>Live Well Allegheny May 2015</i>

**Strategies**

- 2.3.1 Expand educational opportunities and promotional campaigns on the benefits of physical education where Allegheny County residents live, learn, work and play, particularly in vulnerable communities =
- 2.3.2 Provide resources for design and integration of active, safe, walkable/bikable spaces into neighborhoods
- 2.3.3 Provide and promote affordable and accessible opportunities for families to be physically active such as parks, trails and fitness events and facilities, particularly in underserved communities
- 2.3.4 Provide resources to school districts to integrate physical activity into the culture of schools
- 2.3.5 Promote workplace wellness
- 2.3.6 Increase number of health plans to include more insurance-based subsidies for gym membership and healthy living programs =

**Objective 2.4: Reduce county cigarette smoking rate among all residents and reduce racial disparities. =**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of adult smokers	23% of adults are current smokers	10% decrease	20.7 % of adults are current smokers	12% of adults are current smokers	ACHS 2009-2010
% of high school students (grades 9-12) smoking daily	8.1% of high school students smoking daily	20% decrease	6.5% of high school students smoking daily	N/A	HATS 2014
% of adult smokers stratified by race	22% of White adults are smokers and 35% of Black adults are smokers, representing a current disparity of 13%	10% decrease in the disparity	reduce disparity between percent of White and Black smokers to 11.7%	N/A	ACHS 2009-2010
Live Well Allegheny Participants	11 communities were designated as Live Well Allegheny participants	increase four-fold	44 communities designated as Live Well Allegheny participants	N/A	Live Well Allegheny May 2015

**Strategies**

- 2.4.1 Increase awareness of the risks associated with tobacco use and the PA Free Quit line and other cessation services by developing awareness campaign and marketing to high smoker areas
- 2.4.2 Increase number of smoke free and tobacco free parks and playgrounds particularly in vulnerable communities =
- 2.4.3 Decrease initiation rate of smoking through education programs in schools
- 2.4.4 Increase access to nicotine replacement therapy products among retailers and health plans
- 2.4.5 Develop a strategy and campaign to get a local tobacco tax
- 2.4.6 Increase the number of smoke free public housing units =
- 2.4.7 Develop a campaign to support comprehensive clean indoor air legislation

**Objective 2.5: Reduce smoking during pregnancy.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of women who smoke cigarettes during pregnancy	12.2% of mothers smoked cigarettes during pregnancy	20% decrease	9.8% of mothers smoking during pregnancy	1.2% of mothers smoking during pregnancy	ACHD birth certificates 2012

**Strategies**

- 2.5.1 Increase awareness of cessation services for maternal health providers
- 2.5.2 Integrate smoking cessation counseling into home visit programs 

## Priority Area 3: Environment

**Goal 3:** To enhance quality of life by reducing pollution and other environmental hazards using coordinated, data-driven interventions.

**Objective 3.1:** Assure that unconventional oil and gas production (UOGP) within Allegheny County is conducted responsibly.

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
methane emissions from UOGP <b>DEV</b>	exploratory	exploratory	exploratory	N/A	DEP

### *Strategies*

- 3.1.1 Establish ambient air monitoring for key pollutants at appropriate locations
- 3.1.2 Gather data and report on UOGP water usage and recycling **#**
- 3.1.3 Develop an improved UOGP emissions tool
- 3.1.4 Improve and maintain UOGP website
- 3.1.5 Identify and encourage utilization of best management practices (BMPs)

**Objective 3.2: To protect and improve water quality in Allegheny County to ensure clean water for drinking, recreation, and economic development**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>PHA Impact</b>	<b>PHA Target</b>	<b>Healthy People 2020 Target</b>	<b>Data Source</b>
# of critical violations from community water systems	6 critical violations from community water systems	17% decrease	5 critical violations from community water systems	N/A	2015 ACHD Public Drinking Water and Waste Management Program
Gallons of CSO discharged	9,114.18 billion gallons	5% decrease	8,658.47 billion gallons	N/A	2015 ACHD Public Drinking Water and Waste Management Program, PADEP eFACTS

**Strategies:**

- 3.2.1 Further develop partnerships to regionalize municipal efforts to improve water quality by reducing the sewage overflows that result in reduced Combined Sewer Overflow (CSO) advisories
- 3.2.2 Reduce sewage overflows and improve water quality in Allegheny County
  - A) Encourage Allegheny County municipalities to reduce ground water infiltration into pipes at its source starting with the wettest areas first
  - B) Use best management practices, for source reduction, including green infrastructure, to reduce the volume of storm water and improve its quality
- 3.2.3 Ensure drinking water quality through review of system management, and review of spill prevention and reporting
- 3.2.4 Coordinate and increase education and awareness of clean water and water quality testing in Allegheny County and the factors that influence it

**Objective 3.3: Attain and maintain all national air quality standards within 5 years of setting the new standards for Allegheny County and effectively communicate actions to the public.**

<b>Outcome Indicator</b>	<b>Baseline</b>	<b>PHA Impact</b>	<b>PHA Target</b>	<b>Healthy People 2020 Target</b>	<b>Data Source</b>
fine particulate matter range (ug/m <sup>3</sup> )	Annual: 8.7-12.0 ug/m <sup>3</sup>	8% decrease	Annual: 8.0-11.0 ug/m <sup>3</sup>	N/A	ACHD Air Quality Program 2013
# air of quality day readings greater than 100*	15	10% decrease	13	N/A	ACHD Air Quality Program 2013
ozone range (ppm)	0.085-0.095ppm	12% decrease	0.075 – 0.084 ppm	N/A	ACHD Air Quality Program 2013
sulfur dioxide range (ppb)	1-hr: 55-100	10% decrease	50 - 90	N/A	ACHD Air Quality Program 2013
# of air quality days greater than 50*	190	5% decrease	181	N/A	ACHD Air Quality Program 2013

*\*Could change based on 2015 EPA standards*

**Strategies:**

- 3.3.1 Develop and implement plans or projects to improve air quality within the regulatory framework
- 3.3.2 Develop and implement plans or projects to improve air quality beyond the regulatory framework
- 3.3.3 Increase education, awareness, and knowledge of local air quality

**Objective 3.4: Reduce local emissions in high priority communities in Allegheny County.** 

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
air toxics and other pollutants in high priority areas	in progress	in progress	in progress	N/A	ACHD Air Quality Program
hospitalizations and ED visits related to cardiovascular and respiratory events in environmental justice communities	exploratory	exploratory	exploratory	N/A	PHC4, EPICenter, UPMC ED data

**Strategies:**

- 3.4.1 Identify environmental justice communities in Allegheny County
- 3.4.2 Develop targeted and focused strategies to address the environment’s impact on health outcomes within the identified environmental justice communities in Allegheny County
- 3.4.3 Identify appropriate projects for the Allegheny County Clear Fund

**Objective 3.5: Encourage and support a county-wide Climate Action Plan to reduce greenhouse gas emissions.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
complete greenhouse gas emissions plan	not completed	N/A	complete	N/A	N/A

***Strategies:***

3.5.1 Coordinate county-wide efforts around greenhouse gas emissions plan

## Priority Area 4: Maternal and Child Health

**Goal 4:** Reduce morbidity and mortality, by improving the health and quality of life of women, infants, children, caretakers, and their families, especially in vulnerable communities.

**Objective 4.1:** Reduce asthma-related emergency room visits and hospitalizations among all children (age 0-17), particularly targeting the Medicaid population. =

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
rates of respiratory ED visits among school-age children	871 per 10,000	10% decrease	784 per 10,000	N/A	Hospital ED data
rates of respiratory ED visits among preschool-age children	204 per 10,000	10% decrease	184 per 10,000	95.7 ED visits per 10,000 children less than 5 years old	Hospital ED data
compare rates of respiratory visits to ED, stratified by race within Medicaid population	in progress	decrease the disparity between populations by 15%	in progress	N/A	MCOs or DHS (Medicaid)
rates of asthma-related hospital admissions for children age 0-17	in progress	10% decrease	in progress	18.2 hospitalizations per 10,000 children less than 5 years old	PHC4
compare rates of asthma-related hospital admissions stratified by race within Medicaid population	in progress	decrease the disparity between populations by 15%	in progress	N/A	MCOs, DHS (Medicaid)

### Strategies

- 4.1.1 Partner with school nurses and physicians to ensure that each asthmatic patient has an appropriate and complete asthma action plan
- 4.1.2 Educate patients on proper use of medication and on non-pharmaceutical techniques to manage asthma
- 4.1.3 Ensure that pediatric providers are following America Academy of Pediatrics (AAP) asthma management guidelines
- 4.1.4 Connect diagnosed asthma patients to a medical home
- 4.1.5 Educate/train families to better identify environmental asthma triggers
- 4.1.6 Provide and refer parents/caregivers to tobacco cessation services
- 4.1.7 Expand the Healthy Homes initiative to ensure proper environmental remediation of asthma triggers in the home for asthmatic patients =

4.1.8 Connect with Women for a Healthy Environment to strengthen Healthy School efforts

**Objective 4.2: Increase the proportion of mothers with intent to breastfeed when leaving the hospital and reduce the disparity between White and Black populations. =**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of women delivering with intent to breastfeed at discharge from hospital	71% of women intended to breastfeed	5% increase	74.6% of women intending to breastfeed	N/A	2012 Birth certificate data ACHD
% of women delivering with intent to breastfeed at discharge from hospital, stratified by White/Black Populations	71.9% White mothers intended to breastfeed  53.8% of Black mothers intended to breastfeed - current disparity is 18.1%	decrease the disparity between populations by 10%	decrease the disparity between White and Black populations to a difference of 16.3%	N/A	2012 Birth certificate data ACHD
% of women enrolled in WIC who ever breastfed their infant	50.5% of WIC mothers ever breastfed their infant	5% increase	53% of WIC infants are ever breastfed	81.9% of infants born are ever breastfed	WIC, 2015

**Strategies**

- 4.2.1 Provide education and support to pregnant women and new mothers on 1) the benefits of breastfeeding, 2) breastfeeding management, and 3) obtaining support to continue breastfeeding, especially in those communities less likely to breastfeed =
- 4.2.2 Advocate for better access to lactation consultants or peer counselors
- 4.2.3 Encourage expansion of workplace provisions to support breastfeeding employees
- 4.2.4 Promote and support breastfeeding-friendly practices, such as on-site breastfeeding, in child care settings and in the workplace
- 4.2.5 Increase the number of Baby-Friendly Hospitals by supporting hospitals in adopting Baby-Friendly Hospital Initiative practices and achieving Baby-Friendly Hospital Initiative designation
- 4.2.6 Define and provide incentives to new mothers who breastfeed

**Objective 4.3: Reduce the proportion of preterm, low birth weight, and very low birth weight births.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
% of preterm births	9.2% of live births	10% decrease	8.3% of live births	11.4% of live births	Birth certificate data ACHD 2012
% of low birth weight births ( $\leq 2500\text{g}$ )	7.5% of live births	10% decrease	6.8% of live births	7.8% of live births	Birth certificate data ACHD 2012
% of very low birth weight births ( $\leq 1500\text{g}$ )	1.1% of live births	25% decrease	0.8% of live births	1.4% of live births	Birth certificate data ACHD 2012

**Strategies:**

- 4.3.1 Provide education on risks associated with preterm births
  - Where/to whom: Teens/preteens, parents, home visitors, religious groups, community groups, and primary care physicians (obstetrics, pediatrics)
  - What: Pamphlets that are culturally appropriate and inclusive
- 4.3.2 Convene home visiting agencies, medical and primary care practices, higher education institutions, law enforcement agencies, parents, hospitals, and insurance companies, to devise strategies for reduction of preterm and low birth weight births
- 4.3.3 Provide home visiting programs to first-time and/or at-risk parents, for educational assessments and referrals, including increasing the use of community health workers and other paraprofessional home visitors 
- 4.3.4 Provide education on pre-conception and inter-conception health
- 4.3.5 Establish and/or promote health care system/clinical protocols to reduce pre-term and low birth weight births
- 4.3.6 Promote behavioral and community interventions, including the use of community health workers and doulas, to 1) reduce smoking and other substance use during pregnancy, 2) prevent violence against pregnant women, and 3) address other social stressors linked to increased risk of preterm delivery
- 4.3.7 Advocate for and refer to smoking cessation programs
  - Advocate for insurance companies to pay for smoking cessation
- 4.3.8 Improve the utilization of substance use disorders treatment programs
- 4.3.9 Utilize the following media, to increase the number of women accessing prenatal care:
  - Ad campaigns (in print, on buses/bus shelters, and billboards)
  - Social media
  - Public service announcements and radio ads

**Objective 4.4: Reduce the overall infant mortality rate and the disparity in rates between White and Black populations.**



Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
rate of infant deaths per 1,000 live births	5.9 deaths per 1,000 live births	5% decrease	5.6 deaths per 1,000 live births	6.0 deaths per 1,000 live births	ACHD death data 2012
rate of infant deaths per 1,000 live births, stratified by White and Black populations	3.7 deaths per 1,000 live births among White residents  10.3 deaths per 1,000 live births among Black residents	decrease the disparity between populations by 10%	decrease the disparity between White and Black populations to a difference of 5.9 deaths per 1,000 live births	N/A	ACHD death data 2012

**Strategies:**

- 4.4.1 Educate parents on safe sleep and sudden infant death syndrome, through home visiting, family support centers, and Federally Qualified Health Clinics (FQHCs)
- 4.4.2 Utilize campaigns, home visiting, and community partnerships to provide outreach and awareness regarding preterm births and safe sleep
- 4.4.3 Create a committee comprised of infant mortality experts to review prior efforts to lower infant mortality and develop and/or recommend evidence-based practices to reduce rates
- 4.4.4 Identify system-level factors that influence infant mortality, such as patient navigation, parental support, and enrollment in programs such as WIC and Healthy Start
- 4.4.5 Increase efforts to identify high-risk women through predictive modeling to inform targeting outreach efforts

**Objective 4.5: Link actions existing systems for families, with children aged pregnancy to eight years to address unmet needs in children’s health.**



**\*This objective and strategies are provided through Project LAUNCH <http://www.healthysafechildren.org/grantee/project-launch>**

**Strategies:**

- 4.5.1 Increase parent and community member awareness of the impact of SE wellness, access to information and/or resources to support healthy child development and social-emotional wellness.
- 4.5.2 Increase community member knowledge of young child and family wellness (Including mental, social-emotional, and physical health).
- 4.5.3 Increase opportunities for parent involvement in social networks that promote their leadership and advocacy skills.

## Priority Area 5: Mental Health and Substance Use Disorders

**Goal 5:** Reduce mortality and morbidity related to mental and substance use disorders.

**Objective 5.1:** Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations. =

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of Medicaid and county-funded claims for outpatient mental health services (DHS)	36,003 claims	5% increase	37,803 claims	N/A	DHS, 2014
# of students referred to school-based behavioral health services	1,220 students	5% increase	1,281 students	N/A	DHS, 2014
# of “new” Medicaid and county-funded claims for mental health service users	10,416 claims	5% increase	10,936 claims	N/A	DHS, 2014
# of “new” Medicaid and county-funded claims for substance use disorder service users	2,839 claims	5% increase	2,980 claims	N/A	DHS, 2014

### Strategies

- 5.1.1 Increase screening for mental health and substance use in primary care
- 5.1.2 Increase referrals to mental health by primary care providers
- 5.1.3 Decrease stigma by launching an anti-stigma campaign targeted to the public (“Standing Together”)
- 5.1.4 Increase number of students who have been referred to school-based behavioral health services
- 5.1.5 Disseminate information to the public about expanded insurance options (Medicaid) =

**Objective 5.2: Increase knowledge and skills of first responders, primary care providers, and community members around behavioral health.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of people trained in mental health first-aid	1,776 people	10% increase	1,953 people	N/A	DHS, 2014
# of law enforcement officers certified in CIT	515 law enforcement officials	10% increase	566 law enforcement officials	N/A	Allegheny Health Choices, Inc., 2014

**Strategies**

- 5.2.1 Increase the number of individuals and organizations trained in mental health first aid
- 5.2.2 Certify law enforcement officers in crisis intervention team (CIT) operations County-wide
- 5.2.3 Increase knowledge of mental health and substance abuse in primary care through training

**Objective 5.3: Increase the number of adult medical providers integrating behavioral health in their practices.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of sites enrolled in a collaborative care program	0	in progress	in progress	N/A	Quartet, 2015

**Strategies**

- 5.3.1 Establish current baseline of providers who are assessing behavioral health into their practices (emergency departments (EDs), hospitals, primary care) #
- 5.3.2 Assess billing issues related to screening
- 5.3.3 Educate primary healthcare about screening for depression, anxiety, and substance use
- 5.3.4 Identify screening instruments that are time efficient while maintaining a high level of sensitivity

**Objective 5.4: Increase the number of healthcare providers integrating children’s behavioral health and physical health using best practices.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of pediatric practices using validated behavioral health screens as part of children’s healthy development check-ups	1 practice	ten-fold increase	10 practices	N/A	<i>LAUNCH, May 2015</i>
# of pediatric practices integrating behavioral health resources to meet the needs of young children and their families	1 practice	ten-fold increase	10 practices	N/A	

**Strategies**

- 5.4.1 Identify payment models for screening (work with behavioral – Managed Care Organizations (MCOs), Department of Insurance)
- 5.4.2 Identify screening instruments that are time efficient while maintaining a high level of sensitivity (using instruments identified by the Screening & Assessment Workgroup and ACHD’s list of tools as a starting point)
- 5.4.3 Identify strategies to align electronic health record logistics (workflow, confidentiality, data sharing)
- 5.4.4 Present appropriate instruments to major pediatric practices, independent pediatricians and other medical home providers/programs
- 5.4.5 Develop and implement introduction training for behavioral health and physical health providers (“Integration 101”) including early intervention (EI) providers

**Objective 5.5: Decrease the number of opiate-related drug overdose deaths.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of opiate-related overdose deaths	253 deaths	25% decrease	189 deaths	N/A	2014 ME Data
# of overdose-related visits to emergency departments	1,950 visits	5% decrease	1,852 visits	N/A	ACHD, 2015
# doses of naloxone distributed	<ul style="list-style-type: none"> <li>• 2,494 individual doses provided</li> <li>• 2,859 doses distributed</li> <li>• # of police departments carrying naloxone</li> <li>• # of school districts with naloxone programs</li> </ul>	<ul style="list-style-type: none"> <li>• 10% increase</li> <li>• 10% increase</li> <li>• in progress</li> <li>• in progress</li> </ul>	<ul style="list-style-type: none"> <li>• 2,743 individual doses provided</li> <li>• 3,145 doses distributed</li> <li>• in progress</li> <li>• in progress</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• EMS, 2015</li> <li>• Prevention Point Pittsburgh, 2015</li> <li>• ACHD, 2015</li> <li>• ACHD, 2015</li> </ul>

**Strategies**

- 5.5.1 Enhance/design surveillance and monitoring to effectively respond to overdoses in youth and adults
- 5.5.2 Increase the distribution of naloxone to first responders, opiate users and their family members
- 5.5.3 Increase access to naloxone in pharmacies
- 5.5.4 Increase efforts to educate physicians on appropriate prescription writing for opioids
- 5.5.5: Increase awareness and access to MAT in jails and with providers

**Objective 5.6: Monitor use and increase prevention efforts for substance use disorders in all Allegheny County schools.**

Outcome Indicator	Baseline	PHA Impact	PHA Target	Healthy People 2020 Target	Data Source
# of schools in Allegheny County with drug and alcohol prevention programs	in progress	in progress	in progress	N/A	DHS (performance based prevention system)
# of schools conducting either the Youth Risk Behavior Surveillance System (YRBS) or the Pennsylvania Youth Survey (PAYS)	PAYS-14 YRBS-0	PAYS-25% increase YRBS-initiate adoption of survey	PAYS-18 YRBS-2	N/A	ACHD
% of high school students using tobacco cigarettes, alcohol and marijuana	<ul style="list-style-type: none"> <li>8.1% of HATS respondents reported smoking in 1 of last 30 days</li> <li>34.9% of HATS respondents report binge drinking in past 30 days</li> <li>23.4% of HATS respondents report using marijuana in past 30 days</li> </ul>	<ul style="list-style-type: none"> <li>25% decrease</li> <li>25% decrease</li> <li>25% decrease</li> </ul>	<ul style="list-style-type: none"> <li>6.1% of HATS respondents reported smoking in 1 of last 30 days</li> <li>26.2% of HATS respondents report binge drinking in past 30 days</li> <li>17.6% of HATS respondents report using marijuana in past 30 days</li> </ul>	<ul style="list-style-type: none"> <li>16.0% of adolescents grades 9-12 reported smoking cigarettes in past 30 days</li> <li>8.6% of adolescents ages 12-17 reporting binge drinking during past 30 days</li> <li>6% of adolescents ages 12-17 reporting use of marijuana during past 30 days</li> </ul>	HATS 2014

**Strategies**

- 5.6.1 Expand drug and alcohol prevention efforts in schools with unmet needs 
- 5.6.2 Work with schools to implement youth risk behavior survey
- 5.6.3 Monitor drug and alcohol use in high school students
- 5.6.4 Identify and implement priorities from the Healthy Allegheny Teen Survey (HATS) survey

## Next Steps – Implementation Phase

The components included in this report represent the framework for a data-driven, Plan for a Healthier Allegheny (PHA). The Allegheny County Health Improvement team, including the core agencies, PHA workgroups, partners, stakeholders, and community residents, will continue honing the PHA by finalizing metrics, prioritizing strategies, developing specific 1-year action steps, assigning lead responsible parties, and identifying resources for each priority area.

The Health Department and its partners held four community meetings to inform the public about the PHA during the summer of 2015. These events were held in four convenient locations in the County and were well-attended by interested residents. Workgroups will then meet quarterly to review progress and update the PHA as needed. An annual PHA progress report will illustrate performance and guide subsequent annual implementation planning.

## **Sustainability Plan**

As part of the action planning process, partners and resources will be solidified to ensure successful PHA implementation, and to coordinate activities and resources among key partners in Allegheny County. The Advisory Coalition will continue to provide executive oversight for the PHA's improvement. The Advisory Coalition will meet regularly and be staffed by ACHD's Accreditation Coordinator. Regular communication/reports will be made available via email. New and creative ways to feasibly engage all parties will be explored throughout implementation of the PHA.

# Acknowledgements

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The dedication, expertise, and leadership of the following agencies and people made the 2015 Plan for a Healthier Allegheny a collaborative, engaging, and substantive plan that will guide our community in improving the health and wellness for the residents of Allegheny County. Special thanks to these members of the Allegheny County Health Department's Advisory Coalition:

<b>Adagio Health</b>	<b>East Liberty Health Care Center</b>	<b>Ohio Valley Hospital</b>
<b>Aetna Better Health</b>	<b>EvolveEA/Green Building Alliance</b>	<b>Penn Future</b>
<b>Allegheny Conference on Community Development</b>	<b>Forbes Funds</b>	<b>Pittsburgh AIDS Task Force</b>
<b>Allegheny County Economic Development</b>	<b>Gateway Health Plan</b>	<b>Pittsburgh Mercy Health System</b>
<b>Allegheny County Library Association</b>	<b>Gay &amp; Lesbian Community Center</b>	<b>Pittsburgh Parks Conservancy</b>
<b>Allegheny County Medical Society</b>	<b>Giant Eagle</b>	<b>Pittsburgh Public Schools</b>
<b>Allegheny County Pharmacists Association</b>	<b>Grable Foundation</b>	<b>Port Authority</b>
<b>Allegheny County Department of Human Services</b>	<b>Greater Pittsburgh Community Food Bank</b>	<b>Prevention Point Pittsburgh</b>
<b>Allegheny Health Network</b>	<b>Group Against Smog and Pollution (GASP)</b>	<b>Richard King Mellon Foundation</b>
<b>Allegheny Intermediate Unit</b>	<b>Grow Pittsburgh</b>	<b>Squirrel Hill Health Center</b>
<b>Allies for Children</b>	<b>GTECH</b>	<b>Southwest PA Area Health Education Center (AHEC)</b>
<b>American Diabetes Association</b>	<b>Healthy Start, Inc</b>	<b>Staunton Farm Foundation</b>
<b>Bike Pittsburgh</b>	<b>Heinz Endowments</b>	<b>Steel Valley COG</b>
<b>Blind &amp; Vision Rehabilitation Services of Pittsburgh</b>	<b>Highmark, Inc.</b>	<b>Sustainable Pittsburgh</b>
<b>Carnegie Mellon University</b>	<b>Highmark Foundation</b>	<b>The Pittsburgh Foundation</b>
<b>Catholic Charities</b>	<b>Hillman Family Foundations</b>	<b>Tobacco Free Allegheny</b>
<b>City of Pittsburgh</b>	<b>Human Service Center Corps</b>	<b>United States Steel Corporation</b>
<b>Clean Water Action</b>	<b>Institute of Politics</b>	<b>United Way of Allegheny County</b>
<b>Community College of Allegheny County (CCAC)</b>	<b>Jefferson Regional Foundation</b>	<b>University of Pittsburgh Graduate School of Public Health</b>
<b>Consumer Health Coalition</b>	<b>Jewish Family &amp; Children's Service</b>	<b>University of Pittsburgh UCSUR</b>
<b>Duquesne University</b>	<b>Jewish Healthcare Foundation</b>	<b>UPMC</b>
<b>Early Head Start</b>	<b>Just Harvest</b>	<b>UPMC Health Plan</b>
	<b>Let's Move Pittsburgh</b>	<b>Urban League of Pittsburgh</b>
	<b>Neighborhood Allies</b>	<b>Western Psychiatric Institute and Clinic</b>
		<b>YMCA</b>

## Appendix A: Committees and Contributors

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### Planning Committee

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### Data Committee

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### **Consultant Advisors**

In 2014, ACHD hired Health Resources in Action (HRiA), a non-profit public health organization located in Boston, MA, as a consultant partner to provide guidance and facilitation of the PHA process, and develop the resulting plan. HRiA has extensive experience developing health assessments and health improvement plans regionally, and nationally, including state-level plans in Massachusetts and Connecticut. Over the past two years, HRiA has assisted both local and state health departments in meeting the required assessment and planning standards for Public Health Accreditation Board (PHAB) accreditation.

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Human Service Center Corps.  
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Pittsburgh Pirates  
Shaler Area High School  
YMCA

## Appendix B: Glossary of Terms

**Low Birth Weight** - Infants who weigh less than 2,500g at birth

**Very Low Birth Weight** - Infants who weigh less than 1,500g at birth

### *Formulas for Rates*

**Infant Mortality Rate** = 
$$\frac{\text{Number of deaths under 1 year of age}}{\text{Number of live births}} \times 1,000$$

**Race-Specific Infant Mortality Rate** = 
$$\frac{\text{Number of infant deaths of specified race}}{\text{Number of live births of specified race of mother}} \times 1,000$$

- Race-specific mortality rates are calculated using births by maternal race rather than by child's race. This change was recommended by the National Center for Health Statistics (NCHS) and was to be implemented by the nation and all states beginning with 1989 data. One rationale for this change is the increasing number of births where the parents are not of the same race. In these cases, race of child (which itself is not on the birth certificate), is assigned by an algorithm using the races of the parents. This algorithm may not accurately reflect certain minority births, particularly among non-Black minorities.

**Percent Breastfeed** = 
$$\frac{\text{Number of mothers intending to breastfeed}}{\text{Total number of live births - those with unknown breastfeeding intentions}} \times 100$$

**Percent Low Birth Weight** = 
$$\frac{\text{Number of Births under 2500 grams}}{\text{Total number of live births}} \times 100$$

## **Appendix C: Acronyms**

**AAP**- Asthma, Allergy, and Immunology Clinical Guidelines  
**ACHD** – Allegheny County Health Department  
**ACHS** – Allegheny County Health Survey  
**ACS** – American Communities Survey  
**BH** – Behavioral Health  
**CHA** – Community Health Assessment  
**CDC** – Centers for Disease Control and Prevention  
**CIT** – Crisis Intervention Team  
**DEP** – Department of Environmental Protection  
**DHS** – Department of Human Services  
**EPA** – Environmental Protection Agency  
**ED** – Emergency Department  
**FQHC** – Federally Qualified Health Clinic  
**HATS** – Healthy Allegheny Teen Survey  
**HRiA** – Health Resources in Action  
**PHC4** – Pennsylvania Health Care Cost Containment Council  
**MATP** – Medical Assistance Transportation Program  
**MCOs** – Managed Care Organizations  
**ME** – Medical Examiner  
**NACCHO** – National Association of County and City Health Officials  
**LAUNCH** – Linking Actions for Unmet Needs in Children’s Health  
**PA** - Pennsylvania  
**PADOE** – Pennsylvania Department of Education  
**PADOH** – Pennsylvania Department of Health  
**PAYS** – Pennsylvania Youth Survey  
**PH** – Physical Health  
**PHA** –Plan for a Healthier Allegheny  
**PHAB** – Public Health Accreditation Board  
**PSAs** -- Public Service Announcements  
**SP** – Strategic Plan  
**UPMC** – University of Pittsburgh Medical Center  
**U.S.** – United States  
**USPSTF** – United States Preventive Services Task Force  
**YRBS** – Youth Risk Behavior Survey

## Appendix D: Advisory Coalition Partners

Priority Area 1: Access

Priority Area 2: Chronic Disease Risk Behaviors

Priority Area 3: Environment

Priority Area 4: Maternal and Child Health

Priority Area 5: Mental Health and Substance Use Disorders

Priority Areas				Partners and Resources
			3	3 Rivers Wet Weather
			2	412 Food Rescue
1	2	3	4	5 Allegheny County Health Department
			4	Adagio Health
1			4	Aetna Better Health
			3	Alcosan
			3	Allegheny Conference on Community Development
			4	5 Allegheny County Department of Human Services
			2	Allegheny County Economic Development
			1	Allegheny County Library Association
1	2	3	4	5 Allegheny County Medical Society
			2	Allegheny County Pharmacists Association
			4	Allegheny Family Network
1			4	Allegheny Health Network
			2	4 Allegheny Intermediate Unit
			2	4 Allies for Children
			2	American Diabetes Association
			2	American Lung Association
1			3	5 Bike Pittsburgh
				Buhl Foundation
			3	Carnegie Mellon University
1			4	Catholic Charities
			2	Children's Hospital of Pittsburgh
			2	City of Pittsburgh
			3	Clean Water Action
1				Community College of Allegheny County
1				Community Resident
1			5	Consumer Health Coalition
			4	Council of Three Rivers American Indian Center, Inc., Early Head Start
1				Dept. of Human Services/Area Agency on Aging
			2	Duquesne University
			2	5 Duquesne University-Mylan School of Pharmacy
1				East Liberty Family Health Care Center
1				Enroll America
			4	Family Support Centers (DHS)
1				Forbes Funds
1				Gateway Health Plan
			5	Gateway Rehab

1	4	Gay & Lesbian Community Center
2		Giant Eagle
	4	Grable Foundation
2		Greater Pittsburgh Community Food Bank
	3	Group Against Smog and Pollution
2		Grow Pittsburgh
	3	Growth Through Energy & Community Health (GTECH)
	4	Gwen's Girls
1	4	5 Health Literacy Council
2		Healthy Start, Inc
	4	Heinz Endowments
	4	Heritage
1		Highmark Foundation
	4	Highmark, Inc.
2		Hillman Family Foundations
1		Human Service Center Corps
	5	Institute of Politics (University of Pittsburgh)
2		Jefferson Regional Foundation
	5	Jewish Family & Children's Service
2		Jewish Healthcare Foundation
2		Just Harvest
1		Let's Move Pittsburgh
1		March of Dimes
	3	Neighborhood Allies
2		North Side Christian Health Center
	5	Nuture PA
	3	Ohio Valley Hospital
2	4	PAEYC
1		Penn Future
	5	Pittsburgh AIDS Task Force
1		Pittsburgh Community Reinvestment Group (PCRG)
1		Pittsburgh Food Policy Council
	4	Pittsburgh Mercy Health System
	5	Pittsburgh Parks Conservancy
	3	Pittsburgh Public Schools
2	3	Planned Parenthood
	4	Port Authority
2		Prevention Point Pittsburgh
	3	Richard King Mellon Foundation
		Southwest PA Area Health Education Center (AHEC)
	2	Squirrel Hill Health Center
1	2	4 STARS Program
	4	Staunton Farm Foundation
1		Steel Valley Council of Governments (COG)
1		Sustainable Pittsburgh
	4	The Midwife Center

	5	The Pittsburgh Foundation
2		Uber
2		United Healthcare
	4	United States Steel Corporation
	4	United Way of Allegheny County
1		University of Pittsburgh Graduate School of Public Health
	4	University of Pittsburgh UCSUR
2		UPMC
1		UPMC - Magee
	5	UPMC Health Plan
2		Urban League of Pittsburgh
	5	Western Psychiatric Institute and Clinic
2		Women for a Healthy Environment
2		YMCA

## **Appendix E: Additional Stakeholders, as Identified by Advisory Coalition**

Priority Area 1: Access

Priority Area 2: Chronic Disease Risk Behaviors

Priority Area 3: Environment

Priority Area 4: Maternal and Child Health

Priority Area 5: Mental Health and Substance Use Disorders

<b>Priority Areas</b>	<b>Partners and Resources</b>
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	2	412 Food Rescue/The Kitchen Project
1	2	Allegheny County Housing Authority
	2	Allegheny County Parks
	2	Allegheny County Parks Foundation
	3	Allegheny County Sanitary Authority (ALCOSAN)
	4	Alliance for infants and children i.e., early intervention services
	4	American Academy of Pediatrics – PA Chapter
	2	American Healthcare Group
	3	American Lung Association
	2	Boys and Girls Clubs
	4	Breastfeeding Center of Pittsburgh
	1	Care navigators
	2	Center for Disease Control and Prevention (CDC)
	5	Center for Victims of Violent Crimes
	2	Charter Schools
	2	Children’s Hospital of Pittsburgh
	2	Chronic Disease Association
	1	Churches and religious communities
	2	CitiParks
	2	Community Development Corporations & Community Groups
	1	Community health workers
	2	Community Kitchen Pittsburgh
	4	Convenience stores
	4	Corner stores
	2	County magistrates
	4	Cribs for Kids
	4	DART
1	4	Dentists specifically pediatric dentists
	2	Dick’s Sporting Goods
	2	Duquesne University Pharmacy
	5	Elected Officials

- 1 2 Employers
- 3 Environmental Advocacy Groups
- 3 Environmental Protection Agency (EPA)
- 5 Faith-based Organizations
- 1 Families and ACCESS System for transportation
- 4 5 Family support centers
- 2 Farm Truck Foods
- 1 Federal Marketplace
- 1 2 4 5 Federally Qualified Health Centers (FQHCs)
- 2 Pittsburgh
- 4 Food Access
- 2 Food Revolution Pittsburgh Cooking Club
- 3 Foundations
- 3 FracTracker
- 2 Friends of the Riverfront
- 5 Good Grief Center
- 2 Green Space Alliance
- 2 5 Healthcare delivery systems
- 1 Heritage Community Initiative
- 5 Highmark Caring Place
- 2 Hill House Association
- 4 5 Home visiting stakeholders groups (Allegheny Cares)
- 5 Homeless and Domestic Violence Shelters
- 2 Homewood Children's Village
- 5 Hospital Networks
- 3 4 Hospitals
- 1 5 Immigration and Refugee Council
- 3 Industry
- 1 Insurance navigators
- 2 Jewish Community Center
- 4 Lactation consultants
- 5 Law Enforcement
- 2 Local Churches/Faith-based Community
- 4 Magee Women's Research Institute
- 1 Medical Assistance Transportation Program (MATP)
- 2 5 Media
- 5 Mental Health America
- 5 Mental health providers
- 5 Methadone Clinics
- 2 Municipalities/Councils of Governments
- 4 NAACP

- 5 National Association of Mental Illness
- 4 Nurses (Early Childhood Centers)
- 4 Pathology
- 5 OD collaborative
- 3 PA DEP
- 4 Partners in vulnerable communities
- 3 PCRG
- 1 4 Pediatricians
- 5 Persad
- 1 4 Pharmacies
- 5 Pittsburgh Action Against Rape
- 2 Pittsburgh Food Policy Council
- 2 Pittsburgh Penguins
- 2 Pittsburgh Pirates
- 2 Pittsburgh Play Collaborative
- 2 Pittsburgh Steelers
- 2 Pittsburgh Three Rivers Marathon, Inc.
- 2 Pittsburgh Tri Club
- 2 Police Athletic League
- 1 Primary care doctors
- 4 Public Health/Public Administration
- 5 Rand Corporation
- 5 Re:Solve
- 5 Recovery community organizations
- 2 Regional Trail Corporation
- 2 RiverLife Task Force
- 3 ROCIS (Reducing Outdoor Contaminants in Indoor Spaces)
- 2 Run/Walk Races & Events
- 4 School nurses
- 2 4 School districts/systems
- 4 Social service providers
- 4 Social workers
- 3 Southwestern PA Air Quality Partnership
- 5 State DHS
- 4 Students
- 2 Teen pregnancy centers
- 4 Three Rivers Mothers Milk Bank
- 3 Three Rivers Wet Weather
- 4 Traffic Safety specifically Kohl's car seat initiative
- 1 Translators
- 1 Traveler's Aid

- 2 Unions (teachers)
- 1 United Way information and services
- 1 3 5 Universities
- 2 Urban Redevelopment Authority
- 2 Venture Outdoors
- 5 Veterans Affairs
- 1 Volunteer organizations for transportation
- 2 Walk Pittsburgh
- 4 Women for a Healthy Environment
- 2 WPIAL/PIAA: High School Athletics
- 4 YMCA/Community centers