Community Health Needs Assessment

And

Community Health Strategic Plan

June 30, 2013

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Kane Community Hospital Plays a Major Role in its Community:

Kane Community Hospital is a nonprofit, 31-bed acute-care hospital located in McKean County, Pennsylvania. As one of two hospitals in McKean County, Kane Community Hospital provides quality medical services to area residents.

Kane Community Hospital maintains a historically strong connection with its community, and offers an array of community oriented programs and services to improve the health of local residents. One notable example is Ladies Night Out, a breast cancer awareness event held at the hospital where women can sign up for mammograms and receive education and screenings related to breast cancer.

Kane Community Hospital in the Community

31-bed hospital serving a rural population

Employs more than 200 area residents

Generated $32 million in economic impact to the region in 2012

Kane Community Hospital is affiliated with UPMC, a leading Integrated Delivery and Finance System (IDFS) headquartered in Pittsburgh, Pennsylvania.

Identifying the Community's Significant Health Needs:

In Fiscal Year 2013, Kane Community Hospital 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 Kane Community Hospital in a broad, systematic way. The process included face-to-face meetings with the community advisory council, as well as use of an online survey tool.
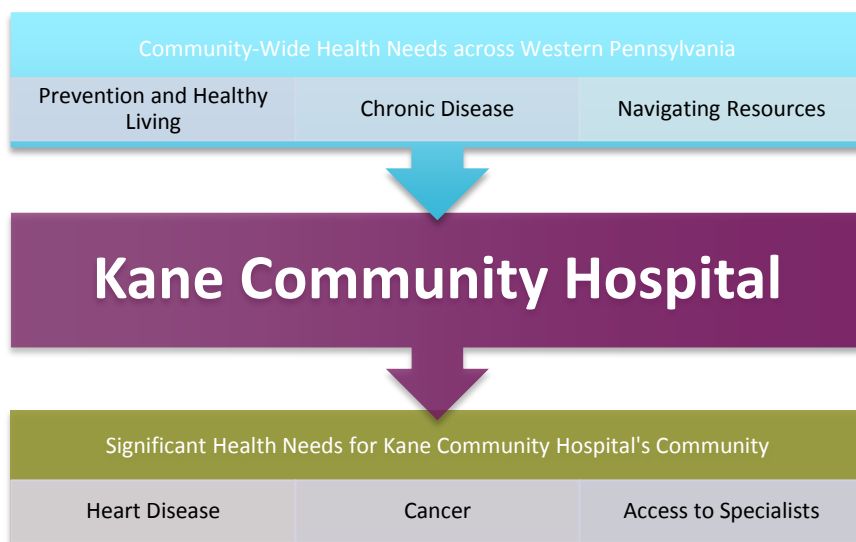
Through the CHNA process, Kane Community Hospital identified significant health needs for its particular community. They are:

Topic	Importance to the Community
Cancer and Heart Disease	Cancer and heart disease are leading causes of death in McKean County. Healthy behaviors, such as screenings and maintaining a healthy weight, can help reduce one's risk for these diseases.
Access to Specialists	Areas within McKean County are designated by the federal government as either Health Professional Shortage Areas or Medically Underserved Areas. Access to and availability of health care services can be challenging, especially in rural areas.

UPMC is Responding to the Community's Input:

Western Pennsylvania has a diverse range of health needs. Key themes that emerged from the Kane Community Hospital 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

Community-Wide Health Needs across Western Pennsylvania		
Prevention and Healthy Living	Chronic Disease	Navigating Resources

Kane Community Hospital

Significant Health Needs for Kane Community Hospital's Community		
Heart Disease	Cancer	Access to Specialists

- **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. Kane Community Hospital is planning a wide range of initiatives to support prevention and care for chronic disease.
- **Navigating Available Resources:** Many established health care programs in Kane Community Hospital's community are often untapped due, in part, to social and logistical challenges faced among populations and individuals lacking social support systems.
- **Community Partnerships:** Kane Community Hospital is collaborating successfully with local organizations in 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.

Kane Community Hospital Is Improving Community Health in Measurable Ways:

On February 26, 2013, the Kane Community Hospital 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 Chronic Disease: Cancer and Heart Disease

Goal: Offer breast cancer and heart disease prevention, detection, and education programs. Increase community awareness and participation in these programs.

Collaborating Partners: Providers, national and local advocacy organizations, area health care organizations, local businesses, imaging centers, cardiologists/PCPs/dieticians, caregivers, PA State Cessation/Intervention Project.

- **Kane Community Hospital will continue to focus on preventing and managing cancer and heart disease in the community. Programs offered by the hospital will include disease screenings, prevention initiatives ranging from smoking cessation to nutritional counseling, and comprehensive cardiac rehabilitation.**
    - » Ladies Night Out is a social and educational event for women of all ages to receive breast health education, sign up for mammograms, and participate in screening programs related to women's health and increasing breast cancer awareness. Local businesses support this event by sending gift baskets, and also through financial support which covers mammograms for the uninsured and underinsured.
    - » Nutritional counseling is offered both at the hospital and in partnership with area schools, with the objective of instilling preventive behaviors of a healthy diet and the importance of exercise early in life. Information packets are also given to children to take home and share with their families.

Enhancing Access to Providers: Specialty Care

Goal: Expand access to specialist physicians for residents of McKean County through virtual care capabilities and partnerships with UPMC Hamot.

Collaborating Partners: UPMC Center for Connected Medicine/ UPMC Hamot, Elk County Eye Clinic, Allegheny Eye Care.

- **The hospital leverages UPMC information technology and resources to bring much needed medical and surgical care to the community. While it is difficult to recruit physicians to rural areas in general, through partnerships and teleconsultation, the hospital is pursuing promising, practical, and relatively quick approaches.**
    - » For cardiac pre-operative and post-operative patients, a cardiologist can be seen at Kane Community Hospital through UPMC's telemedicine capabilities. UPMC Hamot cardiologists hold hours at Kane Community Hospital bi-monthly. UPMC Hamot gastroenterologists also hold hours at Kane Community Hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

I. Objectives of a Community Health Needs Assessment

CHNA Goals and Purpose:

In Fiscal Year 2013, Kane Community Hospital 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.

Kane Community Hospital has many long-standing initiatives focused on improving the health of its community. UPMC approached this CHNA process 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 the 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 Kane Community Hospital:

Kane Community Hospital is a nonprofit, 31-bed acute-care hospital located in McKean County, Pennsylvania. As one of two hospitals serving McKean County, the hospital offers quality medical services to area residents, who may otherwise have to travel long distances for care. Kane Community Hospital provides access to medical, surgical, rehabilitation, and transitional care, as well as specialized services, which include virtual care, diagnostic imaging, gastroenterology, cardiopulmonary services, cardiac rehabilitation, and cancer care. Primary and specialty care services are also delivered at community-based clinics in Kane, Mt. Jewett, Bradford, Johnsonburg, Ridgway, and Sheffield, covering a three-county region (McKean, Elk, and Warren) in northwestern Pennsylvania.

During the Fiscal Year ended June 30, 2012, Kane Community Hospital had a total of 1,419 admissions and observations, 6,554 emergency room visits, and 1,223 surgeries.

Kane Community Hospital is supported by an active medical staff representing many disciplines. Kane Community Hospital is affiliated with 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. The Kane Community Hospital medical staff is augmented by specialists who travel to McKean County from UPMC Hamot in Erie to hold regular office hours and provide inpatient consultations.

Kane Community Hospital in Your Community

As one of only two hospitals serving all of McKean County, Kane Community Hospital plays a central role in providing care and supporting the local, rural community.

Serving the Community's Medical Needs

- **Uncompensated care: $757,783**
- **Recently completed a new 3,000 square foot outpatient facility in Mt. Jewett, which provides an additional internal medicine physician**
- **Telemedicine programs in cardiology and a stroke pilot program allow Kane Community Hospital patients to receive the care they need without having to travel**
- **More than 1,200 surgeries, 6,500 emergency visits, and more than 1,400 admissions and observations**

Kane Community Hospital's Community Service and Community Benefit Initiatives:

Kane Community Hospital 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 Kane Community Hospital'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, Kane Community Hospital is committed to serving Medicare and Medicaid patients. In Fiscal Year 2012, these patients represented 54 percent of Kane Community Hospital's patient population.

- **Offering Community Health Improvement Programs and Donations:** Kane Community Hospital 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 100 community health events, including free blood pressure clinics, flu shot clinics, and an annual Ladies Night Out event with focus on women's health leading up to breast cancer awareness month. The hospital also provided information and health education for diverse, underserved populations. The estimated cost of these programs, in addition to donations to allied nonprofit partner organizations that enhance Kane Community Hospital's community services, was $272,439 in Fiscal Year 2012.

- **Anchoring the Local Economy:** With deep roots in the community dating back to 1887, 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, Kane Community Hospital has 205 employees — many whom live in the area — and generated a total economic impact of $32 million.

II. Definition of the Kane Community Hospital Community

For the purpose of this CHNA, the Kane Community Hospital community is defined as McKean County. With 74 percent of patients treated at Kane Community Hospital residing in McKean County, the hospital primarily serves residents of this geographic region. By concentrating on the county, Kane Community Hospital 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 Kane Community Hospital Live in McKean County*

County	Kane Community Hospital %	Medical Surgical Discharges
McKean County	74.4%	642
All Other Regions	25.6%	221
Total Hospital Discharges	100%	863

Source: Pennsylvania Health Care Cost Containment Council, FY2012

The hospital is situated in the southwestern region of McKean County, Pennsylvania. This area is known for being rural, with only 44.4 persons per square mile as compared with 283.9 persons per square mile in Pennsylvania.

Existing Health Care Resources in the Area:

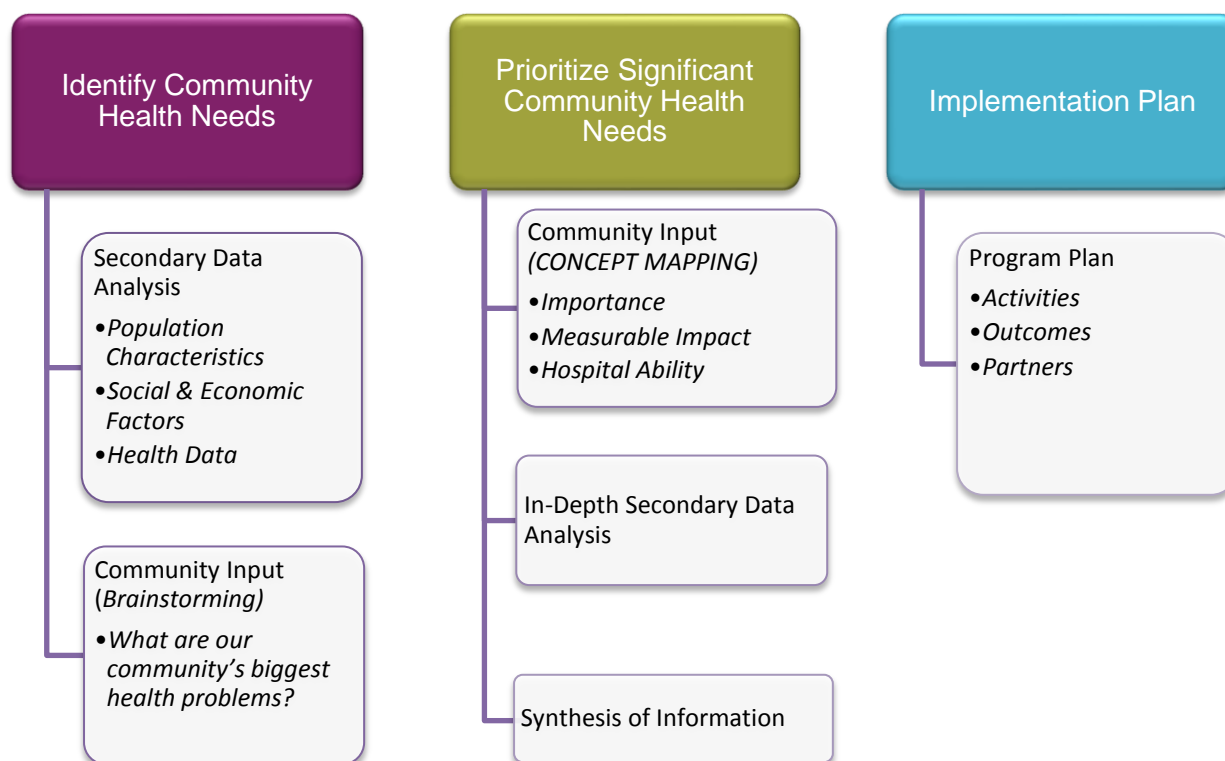Kane Community Hospital is one of 2 licensed hospitals in McKean County.
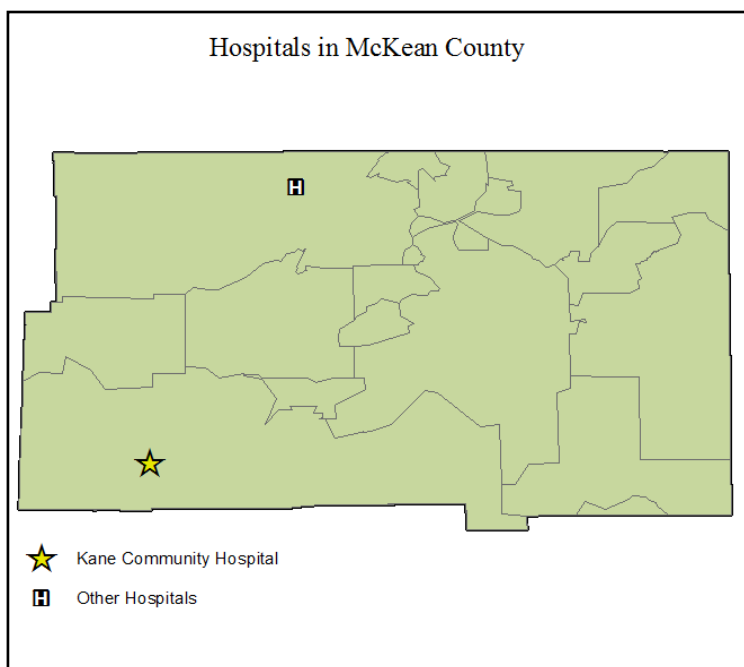
III. Methods Used to Conduct the Community Health Needs Assessment

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.

Identify Community Health Needs

Secondary Data Analysis
- *Population Characteristics*
- *Social & Economic Factors*
- *Health Data*

Community Input (*Brainstorming*)
- *What are our community's biggest health problems?*

Prioritize Significant Community Health Needs

Community Input (*CONCEPT MAPPING*)
- *Importance*
- *Measurable Impact*
- *Hospital Ability*

In-Depth Secondary Data Analysis

Synthesis of Information

Implementation Plan

Program Plan
- *Activities*
- *Outcomes*
- *Partners*

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.	PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics;
	Cancer		
	Mental Health		
	Asthma (Childhood)		U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System;
	Birth Outcomes		
Health Behaviors Data	Obesity (Childhood and Adult)		
	Alcohol Use		National Center for Health Statistics
	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.	PA Department of Health Behavioral Risk Factors Surveillance System; Birth, Death, and Other Vital Statistics; Cancer Statistics;
	Cancer Screening (breast/colorectal)		U.S. Centers for Disease Control and Prevention Behavioral Risk Factors Surveillance System;
	Primary Care Physician Data		
			Robert Wood Johnson Foundation County Health Rankings
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:

Parts of McKean County are Rural: With a population of 43,450, and a population density of 44.4 residents per square mile, McKean County is a rural area.

Sizable Elderly Population with High Social Needs: A notable characteristic of McKean County is the large and increasing percentage of elderly residents (age 65 and over). McKean County has a large elderly population (17 percent) compared to Pennsylvania (15 percent) and the United States (13 percent). A higher percentage of elderly in McKean County live alone, compared with Pennsylvania and the United States. Reflective of the higher proportion of elderly, the percentage of Medicare recipients was higher in the county than the state and nation.

McKean County Has a Sizable Elderly Population

	McKean County	Pennsylvania	National
Median Age	41.5	40.1	37.2
% Children (<18)	21.1%	22.0%	24.0%
% 18-64	61.9%	62.6%	63.0%
% 20-49	37.7%	39.0%	41.0%
% 50-64	21.0%	20.6%	19.0%
% 65+	17.0%	15.4%	13.0%
% 65-74	8.5%	7.8%	7.0%
% 75-84	5.9%	5.4%	4.3%
% 85+	2.6%	2.4%	1.8%
% Elderly Living Alone	12.9%	11.4%	9.4%

Source: U.S. Census

Medically Underserved Areas in McKean County: When compared to the Commonwealth of Pennsylvania, the overall population of McKean County faces some economic challenges. McKean County tends to have a:

- **Lower median household income**
- **Higher percentage of residents in poverty**
- **Slightly higher percentage of residents unemployed**

Social and Economic Population Demographics			
	McKean County	**Pennsylvania**	**United States**
Median Household Income	$39,717	$49,288	$50,046
Percent in Poverty	15.0%	13.4%	15.3%
Percent with No High School Diploma (among those 25+)	10.6%	11.6%	14.4%
Percent Unemployed (among those 16+ in civilian labor force)	10.6%	9.6%	10.8%

Source: U.S. Census

Chronic Disease and Mortality:

Nearly two-thirds of deaths in McKean County are attributable to chronic disease.
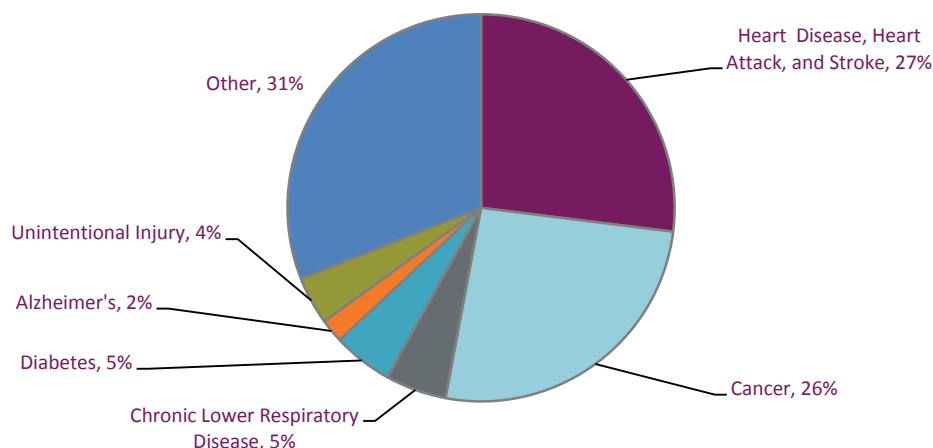
Source: Pennsylvania Department of Health, 2009

Significant Health Needs for Kane Community Hospital'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 community:

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

For Kane Community Hospital'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:

- **Cancer**
- **Heart Disease**
- **Access to Specialists**

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.

Kane Community Hospital Significant Health Needs
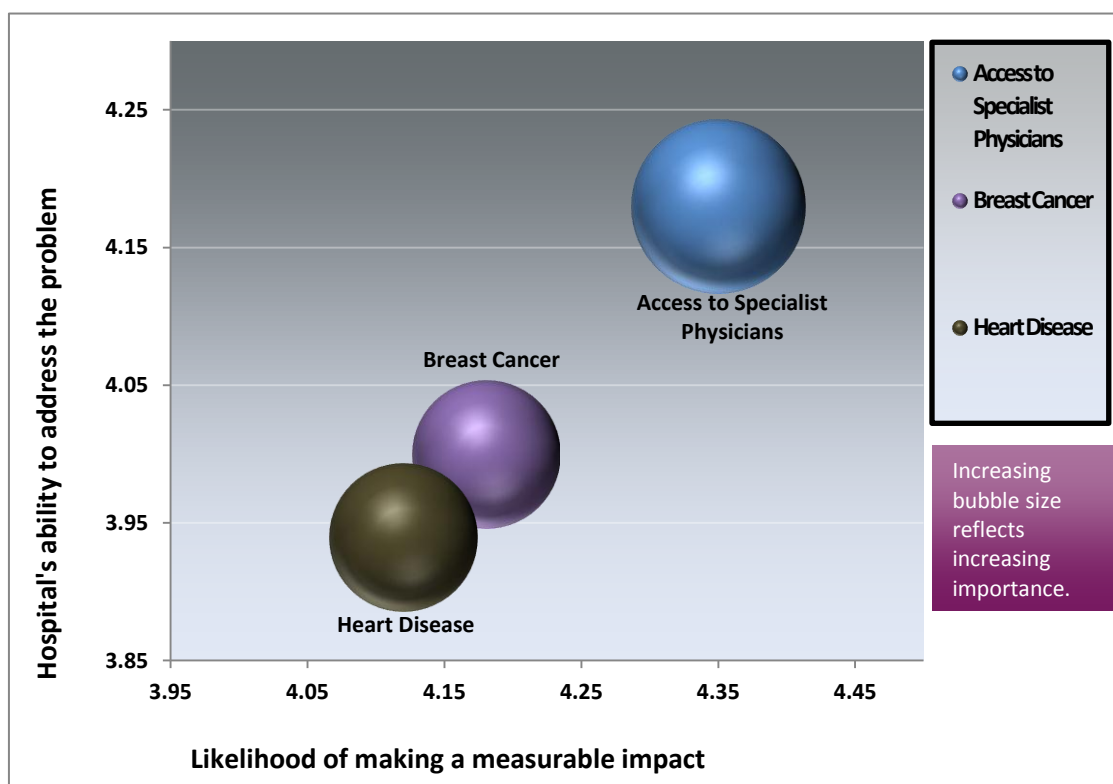
In-depth secondary data analysis reinforced that these health topics were areas of concern for the Kane Community Hospital community. The secondary data findings are illustrated below:

*Cancer and Heart Disease – Importance to the Community*

- **Cancer and heart disease are leading causes of death in McKean County, as well as in the state and nation.**
- **In McKean County, 48 percent of deaths are due to cancer or heart disease.**
- **Healthy behaviors, such as screenings and maintaining a healthy weight, can help reduce one's risk for these diseases.**

Cancer and heart disease affect many people: Both cancer and heart disease are leading causes of death in the United States and in McKean County. In McKean County in 2009, almost half of deaths were due to cancer or heart disease, which is reflective of national and state trends. Being aware of and attending prevention education classes and disease management support groups can be more challenging in rural areas. Kane Community Hospital has a suite of programs addressing cancer and heart disease and specific efforts to help McKean County residents in navigating existing health care resources.

Healthy behaviors, such as screenings and a healthy weight can help reduce one's risk for these diseases, but these behaviors are lower in some sub-populations within McKean County: Healthy behaviors, such as preventive screenings and maintaining a healthy weight, can reduce cancer and heart disease risk. In McKean County, a high percentage of residents were overweight or obese (66 percent), and a disproportionately higher percentage was observed in those ages 45-64 (73 percent), and those earning less than $25,000 (71 percent). Due to small sample sizes, data are not reported by racial groups, other than White.

Access to Specialists – Importance to the Community

- **Access to and availability of health care services can be challenging, especially in rural areas.**
- **Areas within McKean County are designated by the federal government as either Health Professional Shortage Areas or Medically Underserved Areas.**
- **Kane Community Hospital has efforts to help improve awareness of health care resources in McKean County.**

Federally Designated Medically Underserved Areas in McKean County

Federally Designated Health Professional Shortage Areas in McKean County
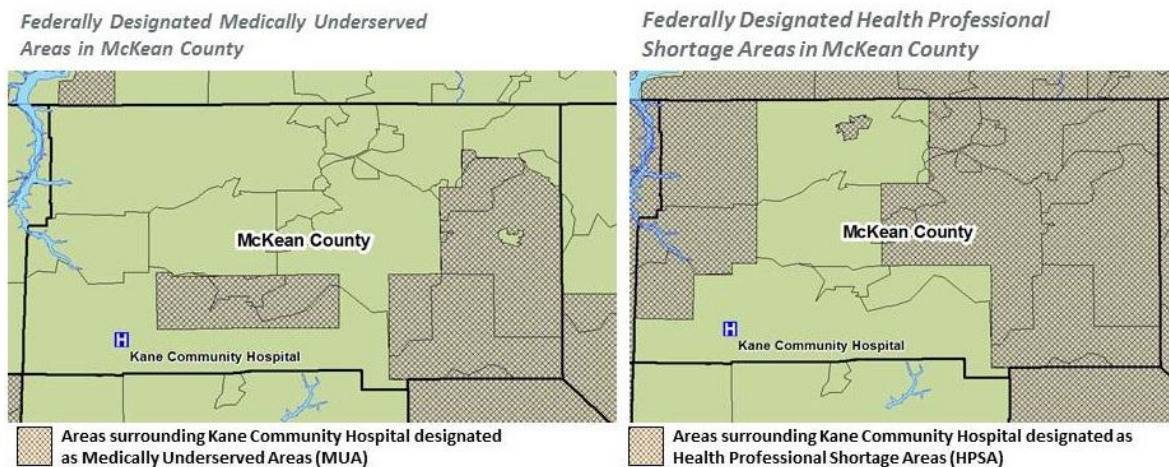
Source: Health Resources Services Administration

Rural areas experience different health care challenges. National reports show that rural residents may have challenges in accessing health care services, including the services of specialists. Augmenting these access issues is the fact that rural areas — in comparison to urban areas — tend to have a larger proportion of elderly residents and residents living in poverty.

Provider supply in McKean County is similar to rural areas. One of the challenges in rural areas is provider supply. Areas within McKean County are federally designated as a Health Professional Shortage Areas (HPSAs), which is based on the ratio of the population to the number of primary care providers (see figure above). The provider-to-population supply in McKean County is 1:1,810 which is much lower than the 1:1,067 ratio for Pennsylvania.

Medically Underserved Areas within McKean County. Areas in McKean County are also designated by the federal government as Medically Underserved Areas (MUA). The following factors are considered in the determination of MUAs:

- **A high percentage of individuals living below the poverty level**
- **High percentages of individuals over age 65**
- **High infant mortality**
- **Lower primary care provider to population ratios**

Opportunities to address health care challenges in McKean County. Characteristics of McKean County reflect the many health care challenges that rural areas across the nation experience. Efforts at Kane Community Hospital aim to improve awareness of existing health care resources throughout the county. In addition, Kane Community Hospital's affiliation with UPMC provides opportunities to deliver the best care to McKean County residents.

V. Overview of the Implementation Plan

Overview:

Kane Community Hospital 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 February 26, 2013, the Kane Community Hospital Board of Directors adopted an implementation plan to address the significant health needs:

- **Breast Cancer**
- **Heart Disease**
- **Access to Specialists**

A high level overview of the Kane Community Hospital implementation plan is illustrated in the figure below and details are found in Appendix A:

High-Level Overview of Kane Community Hospital Implementation Plan

Topic	Goal	Collaborating Community Partners
Breast Cancer	Offer breast cancer education and prevention and detection programs and aim to increase awareness and participation in these programs.	Providers, national and local advocacy organizations, area health care organizations, local businesses, imaging centers
Heart Disease	Offer programs and increase community participation in these programs which include cardiac rehabilitation, nutrition counseling, vascular screening events, and smoking cessation to help prevent, detect, and manage heart disease.	Cardiologists/PCPs/dieticians, caregivers, PA State Cessation/ Intervention Project, national and local advocacy organizations
Access to Specialists	Expand access to specialist physicians in McKean County by providing specialty care at Kane Community Hospital through telemedicine and partnerships with UPMC Hamot in areas such as gastroenterology, pain management, cardiology, urology, oncology, dialysis, and eye surgery.	UPMC System/ UPMC Hamot Elk County Eye Clinic Alleghany Eye Care

VI. APPENDICES

APPENDIX A: Detailed Community Health Needs Assessment Implementation Plans

Significant Health Issue: Addressing Breast Cancer

Breast cancer is a priority in Kane Community Hospital's community: Cancer is the second leading cause of death in McKean County, with 30 percent of cancer deaths attributed to breast cancer. For women, breast cancer death rates are higher than any other cancer with the exception of lung cancer. The good news is that women who develop breast cancer are living longer, on average, due to early detection and breakthroughs in treatment. Early detection of breast cancer is important, and can contribute greatly to better outcomes.

Kane Community Hospital is addressing this issue: Kane Community Hospital is addressing the health issue of breast cancer through a number of programs ranging from early detection and education to treatment options for those with breast cancer. This is significant in McKean County, since it is a rural area and the provision of these services spares cancer patients from having to travel long distances to receive care.

Kane Community Hospital plans to do more to focus on this priority: In addition to current programs for breast cancer prevention, detection, and management, Kane Community Hospital plans to become a member of the national mammography database, which will allow the hospital to track progress and compare themselves with peer facilities nationally.

Breast Cancer					
Program	**Activities**	**Outcomes** **Goal-Year 3**	**Target Population**	**Partners**
Certified Mammogram Screening	Provide mammograms through the Mammogram Screening Center. Provide same day mammography results. Track patients through the RIS system and contact patients for annual mammography screening (new patients are scheduled through physician offices). Schedule appointments at time of mammogram for patients needing additional testing. Schedule follow-up appointments for patients requiring additional services prior to discharge. Notify primary care physician. If a breast biopsy is needed, schedule appointment prior to discharge within 7 – 10 days and review/follow up with patient. Review appointment scheduler to identify patients who have not made an appointment within 60 days of expected return visit. Make follow-up calls to identified patients to encourage them to schedule a mammogram. Send reminder letters to all mammogram patients 30 days in advance of annual mammogram due date. Program is certified by the American College of Radiology (ACR). Every three years, the department must meet certification standards by submitting images and required data collection for peer review.	• Maintain the number of women screened for breast cancer. • Maintain the number of women who are compliant with appointments/ treatment as tracked through the Mammography Quality Improvement book.	Women 25 to 85 years of age.	Primary care-givers and Family Health Council.

Breast Cancer					
Program	Activities	Outcomes Goal-Year 3	Target Population	Partners	
Breast Biopsy Center	Using multiple modalities and excision techniques including stereotactic guided biopsies, provide breast biopsies through the Breast Biopsy Center. Provide ultrasound services for suspicious areas and use MRI for dense breast tissue. Perform necessary core biopsies for all modalities using vacuum assisted equipment for generous sample and accurate diagnosis. Schedule all positive findings for additional testing the same day as diagnosis. Include results from testing in the annual audit which is documented in Mammography Quality Improvement book. Share results of annual audit with women from the area at a Breast Health Forum which will highlight topics such as the importance of screening habits and the importance of early detection and follow up care.	• Document results of service through annual audit.	Women 25 to 70 years of age.	Physicians and support staff.	
Breast Center of Excellence	Provide ultrasound, mammography and stereotactic guided biopsy through the Imaging Center, a Breast Center of Excellence (awarded from the ACR- areas evaluated included personnel qualifications, adequacy of facility equipment, quality control procedures, and quality assurance programs).	• Maintain program standards and certifications through annual state inspections and submission of data to ACR every 3 years for renewal certification.	Women 25 to 75 years of age.	ACR, FDA, MQSA, health physicist.	
Ladies Night Out	Invite women of all ages to Ladies Night Out event to encourage them to sign up for mammograms, take part in guided informational tours of imaging department focused on breast health, breast health handouts, and screening programs related to women's health and breast cancer awareness. Event also includes pampering and free giveaways. Coordinate support from local businesses that send gift basket giveaways and provide financial support to pay for free mammograms for the uninsured/underinsured. Change location of event to off-campus to provide more space. Arrange for OB-GYNs to present topics on breast health.	• Track number of participants, mammography appointments, appointments attended, and free mammograms.	Women of all ages. Low Income.	Area health care organ-izations, local businesses.	
National Mammography Database	Submit data to National Mammography Database. Review Database to compare Kane Community Hospital practices, processes, and patient outcomes to peer facilities nationwide.	• Target specific areas of improvement and implement successful quality improvement program.		All imaging centers in peer group.	

Priority Health Issue: Addressing Heart Disease

Heart disease is a priority in Kane Community Hospital's community: Heart disease is the leading cause of death in the community, as well as in the state and nation, and accounts for more than 25 percent of total deaths.

Kane Community Hospital is addressing this issue: Kane Community Hospital is addressing this health issue through services such as cardiac rehabilitation and nutrition, education programs, and programs centered on early detection.

Kane Community Hospital plans to do more to focus on this priority: In addition to their existing suite of programs, Kane Community Hospital plans to leverage their partnerships with community organizations. The hospital also plans to implement a smoking cessation program, as smoking is a major cause of heart disease.

Heart Disease				
Program	**Activities**	**Outcomes** **Goal-Year 3**	**Target Population**	**Partners**
Cardiac Rehabilitation Program	Provide cardiac rehabilitation to people recovering from heart attacks, heart surgery and percutaneous coronary intervention (PCI) procedures such as stenting and angioplasty. Provide education and counseling services to help heart patients increase physical fitness, reduce cardiac symptoms, improve health and reduce the risk of future heart problems, including heart attack. Offer dietician counseling during initial visit to review diet plan for healthy eating and lowering future heart disease risks. Monitor each participant 3 times per week for a total of 36 sessions. Complete documentation in patients chart. Documentation includes changes in blood pressure, glucose/pulse readings, strength and endurance ratings, changes in diet and weight, and smoking habits. Follow-up via phone with patients in 6 months and one year after completion of program. Offer continuation of program to participants (program is $25/month and is a self-pay program). Offer free annual 6 week program that includes a one hour session each week focusing on Heart Healthy topics. Share annual program results in open heart forum each February. Promote program success in local newspaper cover story and on hospital website.	• Review the success rates from program documentation and implement changes as needed to maintain or increase success rates.	Individuals diagnosed with a heart attack diagnosis, 20-80 years of age.	Cardiologists, primary care physicians, dieticians, and family members.

Heart Disease				
Program	**Activities**	**Outcomes** <hr> **Goal-Year 3**	**Target Population**	**Partners**
Smoking Cessation Navigation	Provide referrals to community programs that address smoking cessation. Tobacco dependence is a chronic condition that often requires repeated intervention.	• Refer patients to smoking cessation programs.	General population Adolescents	PA state cessation/ intervention project, American Lung Association, UPMC.
Nutritional Counseling	Provide nutritional counseling and intervention by nutritionist. Offer nutritional counseling for obesity, heart disease, diabetes, renal disease, hypertension and cancer. Encourage clients to make and maintain dietary changes and start an exercise routine. Conduct employee surveys to evaluate counseling topic needs. Tailor intervention strategies to a client's dietary needs through effective interviewing, assessing, and counseling.	• Document actions taken to improve wellness. • Track success of program.	All ages including elementary school	UPMC dieticians.
Wellness Screens	Provide wellness blood screens to area communities 7 times a year. Offer multiple tests at a reduced cost as a preventive measure to fight disease before it may become a serious problem. Send results to patients and to primary care physician for evaluation and treatment. Send reminder postcards to all previous participants 6 weeks prior to event.	• Provide wellness blood screens.	18 and older	Area Rotary and Helpmates.
Vascular Screening	Provide ultrasound screening for coronary artery disease, peripheral artery disease and abdominal aortic aneurysms. Positive finding indicate a high probability of heart disease. Offer test 4 times per year at a reduced cost.	• Review findings and tailor education to findings.	Individuals mid- to older ages Low income	Primary care physicians.

Priority Health Issue: Addressing Access to Specialists

Access to specialists is a priority in Kane Community Hospital's community: To expand access to physician specialists in this rural community, Kane Community Hospital is leveraging its partnership with UPMC Hamot and the larger UPMC system. Although it is difficult to recruit physicians to rural areas and McKean County's population base may not support sub-specialists, partnerships and virtual care are promising, practical, and relatively quick approaches to providing specialty care in the community.

Kane Community Hospital is addressing this issue: Kane Community Hospital is addressing this health issue through the provision of gastroenterology, pain management, cardiac, urological, and eye surgery services through its strong partnership with UPMC Hamot, as well as other community partners.

Kane Community Hospital plans to do more to focus on this priority: In addition to specialty services already offered, Kane Community Hospital plans to expand these services.

Access to Specialist Physicians					
Program	**Activities**	**Outcomes**	**Target Population**	**Partners**	
		Goal-Year 3			
GI Clinic	Provide Gastroenterologists from the UPMC Hamot Center for Digestive Health to see patients in Bradford, Kane, and Johnsonburg bi-monthly. Perform simple surgical cases at Kane bi-monthly. Schedule follow-up care with primary care physician or GI specialist.	• Maintain or improve timeliness of appointments.	All ages.	UPMC Hamot.	
Pain Management	Provide full time pain specialist at Kane to assist in the relief of pain so patients can resume normal daily activities and a healthy lifestyle. Assess patient to determine best option to alleviate pain. Options may include therapeutic injections and the use of short term medications.	• Monitor satisfaction and success of pain program through established guidelines.	18 and older.	UPMC Hamot.	
Cardiac Clinic	Provide UPMC Hamot Cardiology office hours at Kane bi-monthly. Patients are referred by primary care physician due to abnormal findings on stress testing or valvular issues within the heart.	• Expand program through Bradford and Johnsonburg offices.	18 and older.	UPMC Hamot.	
Telemedicine for Cardiac visits	Provide access to physicians via telemedicine. Conduct pre-op and post-op visits at Kane so patients do not have to travel to Erie. Create a satisfaction survey to track program.	• Increase or maintain number of people utilizing the service. • Monitor program satisfaction.	18 and older.	UPMC Hamot.	

Access to Specialist Physicians					
Program	**Activities**	**Outcomes** **Goal-Year 3**		**Target Population**	**Partners**
Urology Services	Provide urology services once a week. Hold physician office hours in Kane Community Hospital weekly for anyone having issues related to the urinary tract, including the prostate. Perform simple surgeries at Kane Community Hospital. Perform associated diagnostic testing, including ultrasound surgical biopsies as indicated, at Kane Community Hospital.	• Maintain number of people utilizing the service.		18 and older.	
Eye Surgery	Perform cataract surgery at Kane Community Hospital. Bring in specialty equipment to perform the eye surgery. Surgeon has partnered with local ophthalmologist for post-op eye care and examinations.	• Maintain or increase volume of patients using service. • Monitor patient satisfaction through surveys.		Aging adults.	Elk County Eye Clinic, Alleghany Eye Care.

Outcomes and Evaluation of Hospital Implementation Plans:

UPMC engaged with researchers from Pitt Public Health at the University of Pittsburgh 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 a 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)
Cancer Prevention and Education	*Increase—* Mammograms to un- and underinsured	*Decrease—* Initial physician contact for patients with advanced disease Breast cancer mortality
Cardiac Rehabilitation	*Increase—* Number of patients with cardiac disease receiving rehab and preventive services	*Decrease—* Disability in patients with heart disease

APPENDIX B: Detailed Community Health Needs Profile

Population Demographics

Characteristics	McKean County	Pennsylvania	United States
Area (sq miles)	979.2	44,742.70	3,531,905.43
Density (persons per square mile)	44.4	283.9	87.4
Total Population, 2010	43,450	12,702,379	308,745,538
Total Population, 2000	45,936	12,281,054	281,424,600
Population Change ('00-'10)	-2,486	421,325	27,320,938
Population % Change ('00-'10)	-5.4%	3.4%	9.7%
Age			
Median Age	41.5	40.1	37.2
%<18	21.1%	22.0%	24.0%
%18-44	33.7%	34.3%	36.5%
%45-64	28.2%	28.1%	26.4%
% >65+	17.0%	15.4%	13.0%
% >85+	2.6%	2.4%	1.8%
Gender			
% Male	51.0%	48.7%	49.2%
% Female	49.0%	51.3%	50.8%
Race/Ethnicity			
% White*	95.9%	81.9%	72.4%
% African-American*	2.4%	10.8%	12.6%
% American Indian and Alaska Native*	0.2%	0.2%	0.9%
% Asian*	0.4%	2.7%	4.8%
% Native Hawaiian/Other Pacific Islander*	0.0%	0.0%	0.2%
% Hispanic or Latino**	1.7%	5.7%	16.3%
Disability	17.5%	13.1%	11.9%

*Reported as single race; **Reported as any race*
Source: US Census, 2010

Social and Economic Factors

Characteristics	McKean County	Pennsylvania	United States
Income, Median Household	$39,717	$49,288	$50,046
Home Value, Median	$72,100	$165,500	$179,900
% No High School Diploma*	10.6%	11.6%	14.4%
% Unemployed**	10.6%	9.6%	10.8%
% of People in Poverty	15.0%	13.4%	15.3%
% Elderly Living Alone	12.9%	11.4%	9.4%
% Female-headed households with own children <18	6.5%	6.5%	7.2%
Health Insurance			
% Uninsured	10.0	10.2	15.5
% Medicaid	15.8	13.1	14.4
% Medicare	10.3	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 McKean County, Pennsylvania and the United State (rates per 100,000 population)

Causes of Death	McKean County Percent of Total Deaths	Pennsylvania Percent of Total Deaths	United States Percent of Total Deaths
All Causes	100.0	100.0	100.0
Diseases of Heart	25.6	25.9	24.6
Malignant Neoplasms	21.1	23.1	23.3
Chronic Lower Respiratory Diseases	8.5	5.2	5.6
Cerebrovascular Diseases	5.4	5.5	5.3
Unintentional Injuries	3.3	4.4	4.8
Alzheimer's Disease	2.5	2.9	2.8
Diabetes Mellitus	2.5	2.6	2.2
Influenza and Pneumonia	3.1	2.0	2.0
Nephritis, Nephrotic Syndrome and nephrosis	4.3	2.4	1.5
Intentional Self-Harm (Suicide)	1.4	1.3	1.5

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

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

Characteristics	McKean County	Pennsylvania	United States	Healthy People 2020
Morbidity				
Diabetes (%)	9.0	9.0	8.0	NA
Mental Health (Mental health not good ≥1 day in past month) (%)	32	35.0	NA	NA
Low Birthweight (% of live births)	9.2	8.4	8.2	7.8
Health Behaviors				
Obesity (Adult) (%)	30	28.0	26.9	30.6
Excessive Alcohol Use (%)	21	17.0	15.8	24.4
Current Tobacco Use (%)	29	20.0	17.9	12.0
STDs(Gonorrhea per 100,000)*	NA	103.8	285	257
Clinical Care				
Immunization: Ever had a Pneumonia Vaccinateion (65+) (%)	65	70	68.6	90
Cancer Screening				
Mammography (%)	NA	63.0	75.0	81.1
Colorectal Screening (%)	NA	63.0	65.0	70.5
Primary Care Physician: Population (Ratio)	1:1,810	1:1,067	NA	NA
Receive Prenatal Care in First Trimester (%)	79.2	70.9	71.0	77.9
Physical Environment				
Access to Healthy Foods (%)	50	57	NA	NA
Access to Recreational Facilities	9	12	NA	NA

Sources:

McKean County Data: Pennsylvania Department of Health, 2007-2009; Data from Behavioral Risk Factor Surveillance System includes the following counties: McKean, Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, and Warren; 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; National and Healthy People 2020 rates are per 15-44 year old women.

APPENDIX C: Concept Mapping Methodology

Overview:

Kane Community Hospital, 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 Kane Community Hospital:

Kane Community Hospital 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 Kane Community Hospital 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 Kane Community Hospital community.

The Kane Community Hospital 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 health care 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 elderly (30)	Senior health and caring for aging population (40)	Environmental health (50)

Sorting and Rating – Prioritizing Health Needs:

The Kane Community Hospital 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 Health Care 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 thoughts about the degree of similarity between the items. For example, the 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:
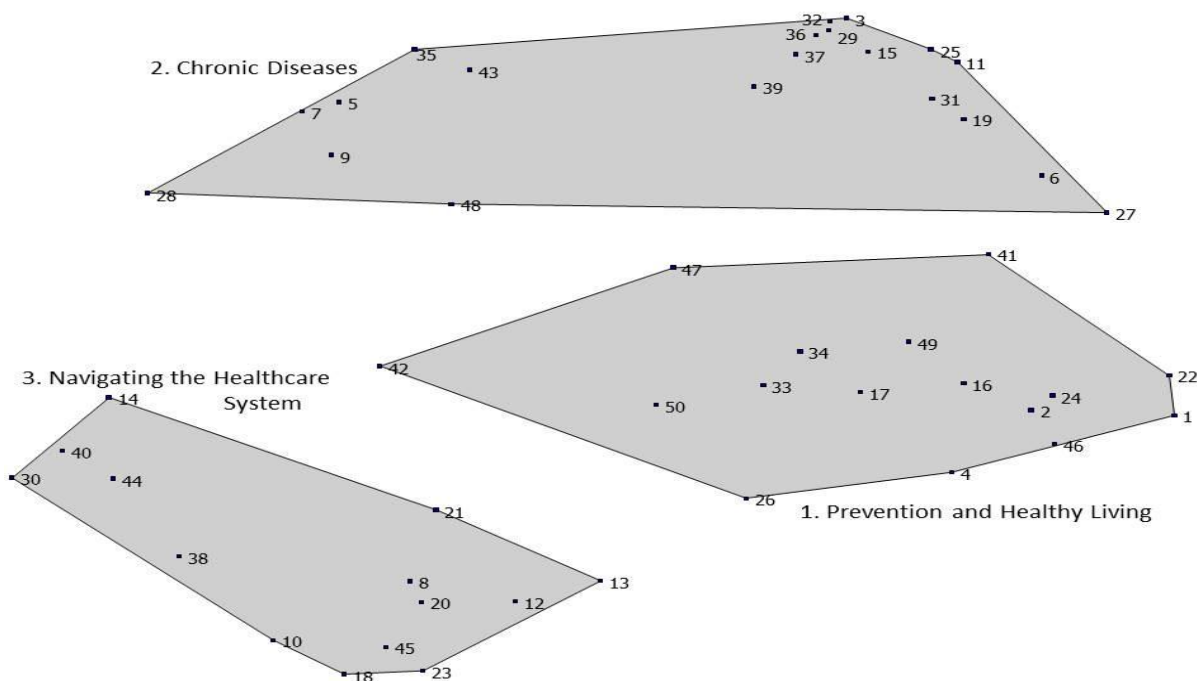
For each of the rating criteria, the rating levels were broken into three equal distributions (tertiles) representing high, moderate, and low priority. The cut points for each rating criteria are as follows:

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 Kane Community Hospital. Kane Community Hospital 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 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).

Kane Community Hospital Community Advisory Council included representatives from the following organizations:

- **Community Leaders, Kane, PA**
- **Community Leaders, Mt. Jewett, PA**
- **Community Leaders, Sheffield, PA**
- **Community Leaders, Johnsonburg, PA**
- **Department of Public Welfare, Wilcox, PA**
- **Kane Area Family Center, Kane, PA**
- **Office of Human Services, Inc., Area Agency on Aging, St. Mary's, PA**
- **Sena Kean Manor, Smethport, PA**
- **University of Pittsburgh at Bradford, Bradford, PA**
- **Woods, Baker & Ross, Kane, PA**

The Kane Community Hospital 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**