



# Community Health Assessment



# 2022

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# Introduction/Executive Summary

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The purpose of the community health assessment process is to understand the community's health status, challenges and opportunities. The 2022 Allegheny County Community Health Assessment brings together data about the current health of our county's residents with stakeholder and resident identified health-related concerns to inform local public health planning, priorities, and collaborative opportunities.

As with its prior community health assessment, the Allegheny County Health Department (ACHD) created the 2022 Assessment in collaboration with residents. The process began in 2019 when a community health survey was conducted to identify the issues that matter most to residents and help prioritize areas of need. More than 4,000 residents responded.

The ACHD had planned to conduct community listening sessions to build upon these survey results, but the COVID-19 pandemic intervened. It was not until spring 2021 that ACHD staff were able to return to the health assessment process. By then, it was clear that conditions had markedly changed since the 2019 survey. To assess those changes and understand how the pandemic had affected the health concerns of residents, the ACHD fielded a supplemental survey in 2021; more than 2,000 people responded.

Concurrently, the ACHD staff compiled data about the health of the county's residents, focusing on priority areas identified in the 2017 Plan for A Healthier Allegheny: access, chronic disease health risk behaviors, environment, maternal and child health, and mental health and substance use disorder. We sought to identify target populations that are at increased risk of poor health outcomes and to gain a better understanding of their needs as well as areas where better information is needed.

In the summer of 2022, with all the data compiled, the ACHD hosted virtual listening sessions for the public. Through that process, the public shared health concerns, highlighted important community health risks and outcomes, and identified areas of need and improvement. Sessions focused on chronic disease and prevention, environmental health, overdose prevention, family and child health, and violence prevention. Across all sessions, the ACHD engaged 245 residents. The department also conferred with its many partners and other stakeholders. To reach as many people as possible, the ACHD also offered and promoted a survey for residents and organizations unable to attend the virtual listening sessions the opportunity to provide feedback. More than 400 residents completed the survey.

The 2022 Community Health Assessment, engagement with stakeholders, and feedback the ACHD received from listening sessions and surveys served as the guideposts for the creation of the next Plan for a Healthier Allegheny 2023-27 (PHA:23-27), our community health improvement plan. The PHA:23-27 includes goals, objectives, and strategies to improve critical aspects of our community's health.

We thank the individuals and organizations that participated in the process of developing this document and the PHA:23-27. We engaged with a wide variety of partners and individuals representing the diversity of Allegheny County and are grateful for all input that was provided. We hope this document, along with the PHA:23-27 serves as a springboard for strategic community action on our most pressing health needs.

Debra L. Bogen, M.D.

Director, Allegheny County Health Department



# Community Characteristics

# Demographics

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## Population

Allegheny County is located in southwestern Pennsylvania (PA) and covers 730 square miles, accounting for 1.6% of PA's total land area. In 2020, the estimated population of the county was 1.25 million, which represents 9.6% of PA's estimated total population of 13 million. According to Census data, from 2010 to 2020 the population of Allegheny County increased by 2.2%, comparable to Pennsylvania (2.4%), but lagging U.S. population growth (7.4%). Allegheny County is the second most populous county in PA and the only second-class county (population 800,000 to 1,499,999 people) in the state.

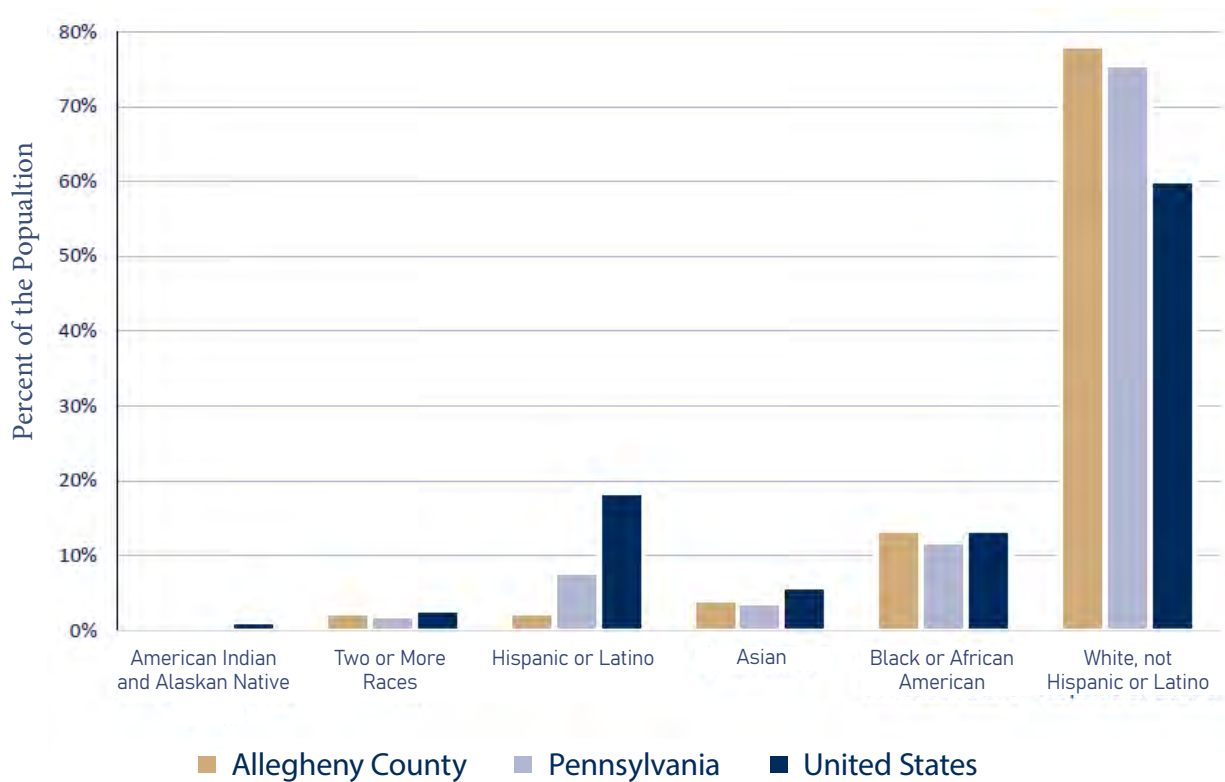


## Race and Ethnicity

According to 2020 American Community Survey data, most Allegheny County residents are white (78%), Black (13%), or Asian (4%), and 2% are two or more races (Figure 1). Approximately 2.3% of the population are Hispanic or Latino. Overall, racial distributions for Allegheny County and Pennsylvania are similar, but regarding ethnicity, Allegheny County residents are less likely to be Hispanic or Latino.<sup>1</sup> The county's Hispanic and Asian populations grew by 80% when compared to 2010 Census data.



Figure 1: Population by Race and Ethnicity, 2020



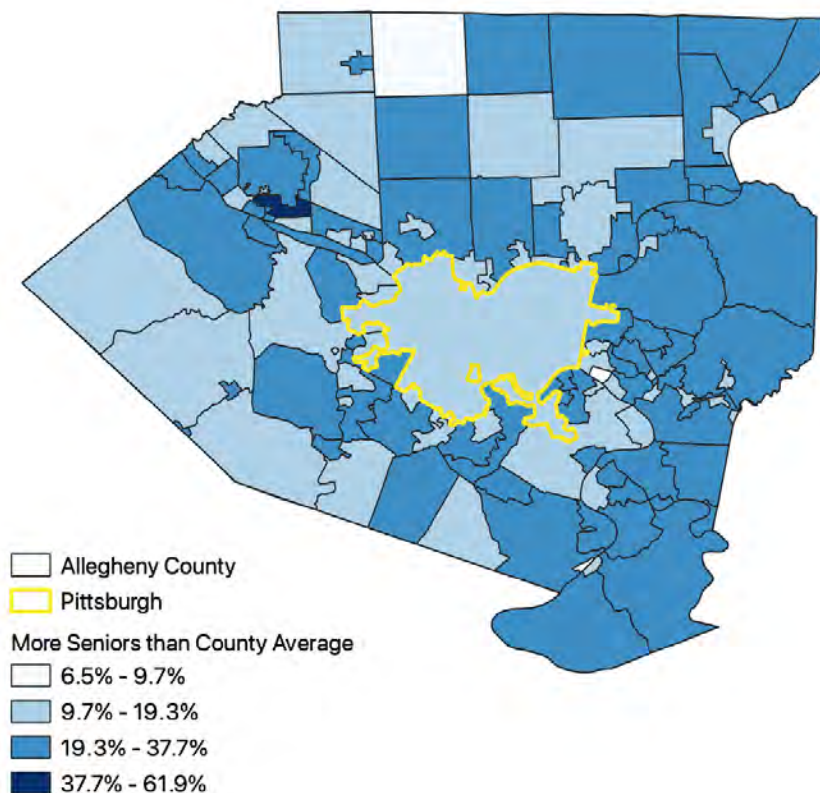
Source: U.S. Census Bureau, 2016-2020 American Community Survey (5-year) Estimates. Native Hawaiian and Other Pacific Islander alone are less than 0.1% of the county and state so they are not presented.

## Age

The Allegheny County population, on average, is getting older. From 2010 to 2020, the 25-34 population in Allegheny County grew by 20%, exceeding the national average of 11%. From 2010 to 2020, the proportion of residents who were less than 18 years old decreased from 19.8% to 18.6%, and the proportion of residents aged 65 years and older increased from 16.8% to 19.3%.<sup>1</sup> In 2014, the University of Pittsburgh's University Center for Social and Urban Research (UCSUR) projected that the proportion of older residents within the county would reach 22% by 2030.<sup>2</sup> The 2020 Census shows that the county is well on its way to fulfilling that projection.



Figure 2: Municipalities with More Seniors than the County Average.



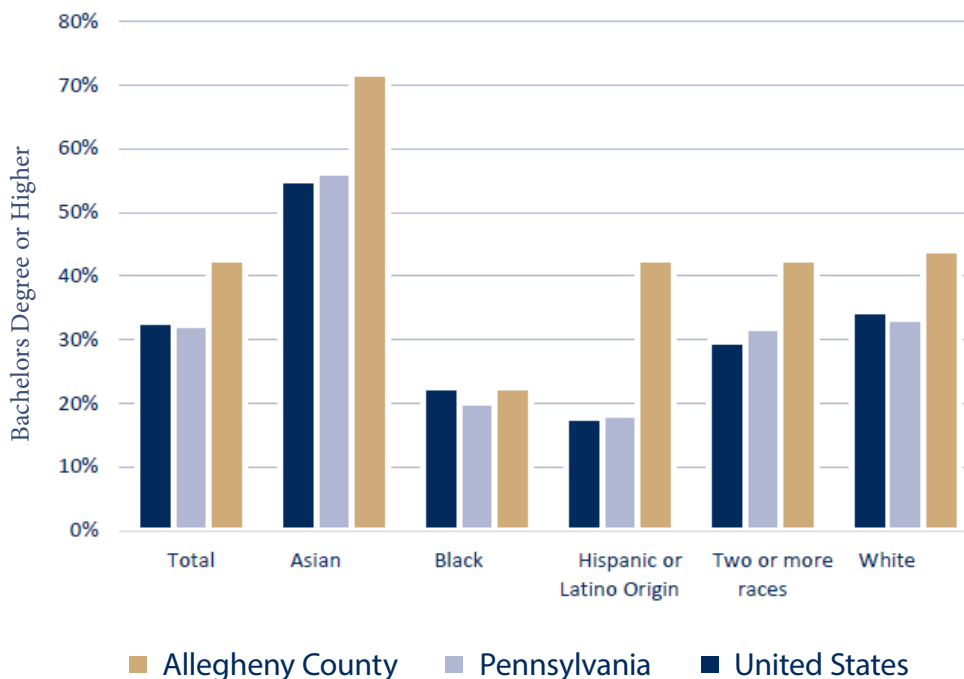
Source: U.S. Census Bureau, 2016-2020 American Community Survey (5-year) Estimates

## Education

In 2020, 95 out of every 100 Allegheny County residents aged 25 and older had graduated from high school or passed the General Education Development (GED), compared to 91 out of 100 at the state level. In 2021, almost 26% of people 25 years and older in Allegheny County had a bachelor's degree, 19% had a graduate or professional degree, and 25% had attended some college or received an associate's degree.<sup>3</sup> Among the same age group, 26% of Allegheny County residents had earned a high school diploma or a GED but did not pursue any other degrees; 16% of residents completed a portion of a college degree; and 43% had completed a college degree program.<sup>4</sup> Even though overall Allegheny County has high educational attainment, there are education disparities, particularly for Black residents (Figure 3).



Figure 3: Educational Attainment by Race and Ethnicity, 2020



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

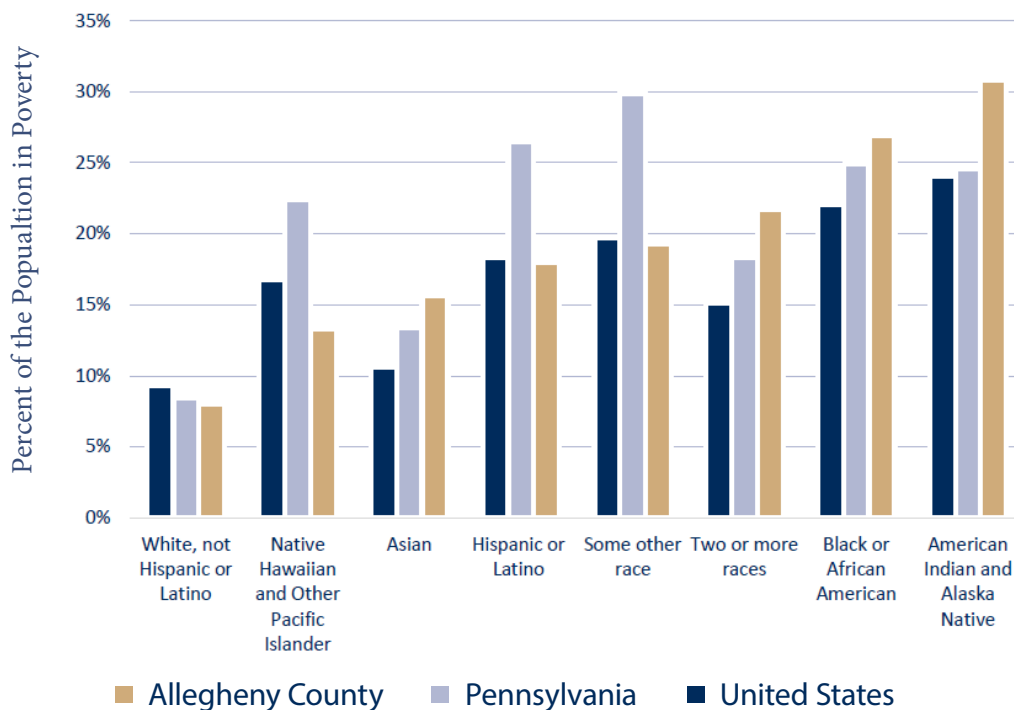


# Economics

## Poverty

The economic stability of communities within Allegheny County varies and these conditions are measured in the [Allegheny County Community Need Index](#). The Census defines [poverty](#) based on income thresholds that vary by family size and composition. Poverty in Allegheny County remains concentrated within the City of Pittsburgh and the Monongahela Valley, but it is spreading to census tracts east, west and north where poverty rates are well above the county rate of 11.3% for 2020.<sup>5</sup> The geographic distribution of poverty rates in Allegheny County is associated with racial disparities. Examining poverty by race shows that Allegheny County exceeds both state and national rates for residents who are American Indian and Alaska Native, Black or African American, Asian, or Two or more races (Figure 4).

Figure 4: Poverty by Race and Ethnicity

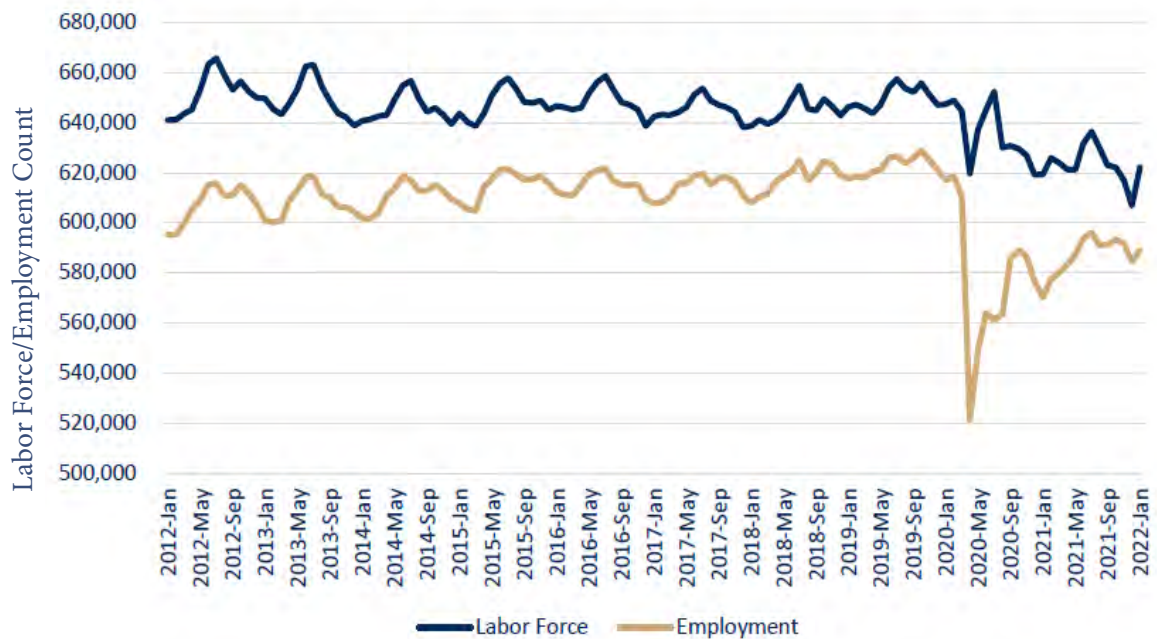


Source: U.S. Census Bureau, 2016-2020 American Community Survey (5-year) Estimates Labor Force

## Labor Force

The Pennsylvania Department of Labor and Industry provides detailed profiles of labor force data for each county, including Allegheny County. The civilian labor force in Allegheny County reached its peak in July of 2012 at 665,676 and the peak for employed residents was 584,340 in October 2019, just before the COVID-19 pandemic began.<sup>6</sup> Monthly data on the labor force typically varies seasonally throughout the year, until the disruption of COVID-19. The low point for employment was 521,3017 in April of 2020, a decline of 107,488 from the October 2019 peak. By January of 2022 nearly 68,000 of that loss was recovered.

Figure 5: Labor Force and Employment in Allegheny County



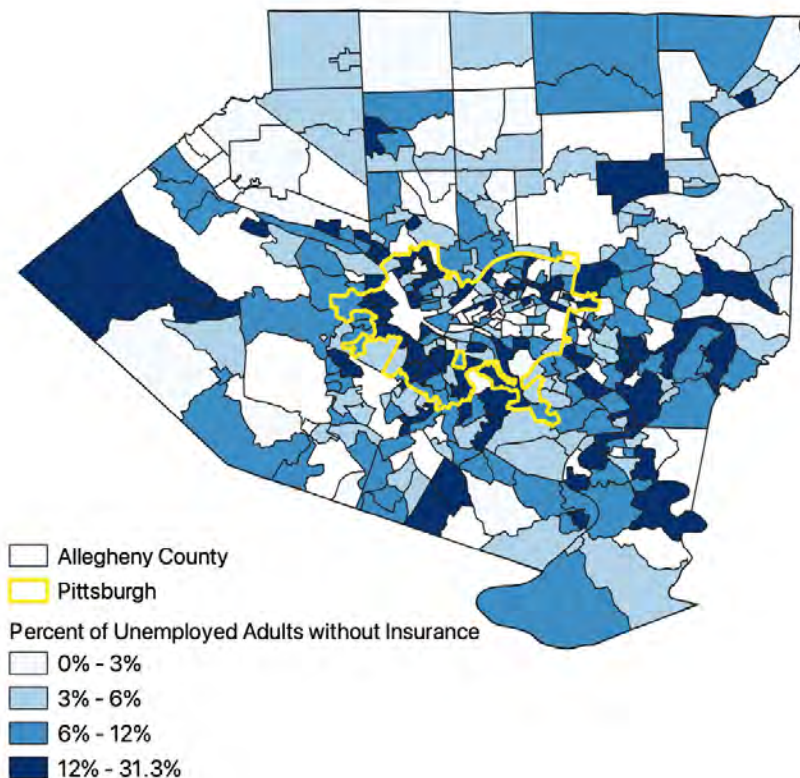
Source: Bureau of Labor Statistics, U.S. Department of Labor, Unadjusted Local Area Unemployment Statistics, 2012-2022

## Unemployment and Uninsured

Unemployment in Allegheny County rose during the pandemic to a peak of 15.9% in April of 2020, just above Pennsylvania's rate of 15.5%, but, otherwise, the county's unemployment average is slightly lower than the state's rate.<sup>7</sup> Leading into the COVID-19 pandemic, the county had 12,743 unemployed residents without health insurance, which is 7.6% of the total unemployed and 27.5% of the 46,348 residents without health insurance. When viewed at the census tract level, unemployed residents without health insurance are distributed throughout Allegheny County (Figure 6).



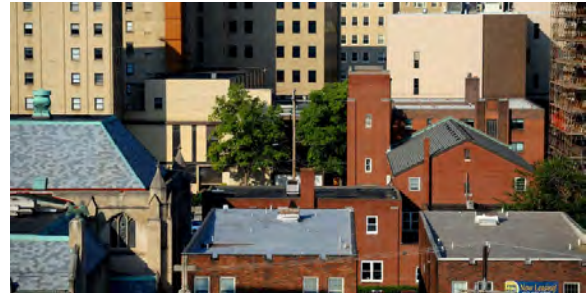
Figure 6: Estimated Percent of Unemployed People without Health Insurance by Census tract, 2016-2020



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

## Housing

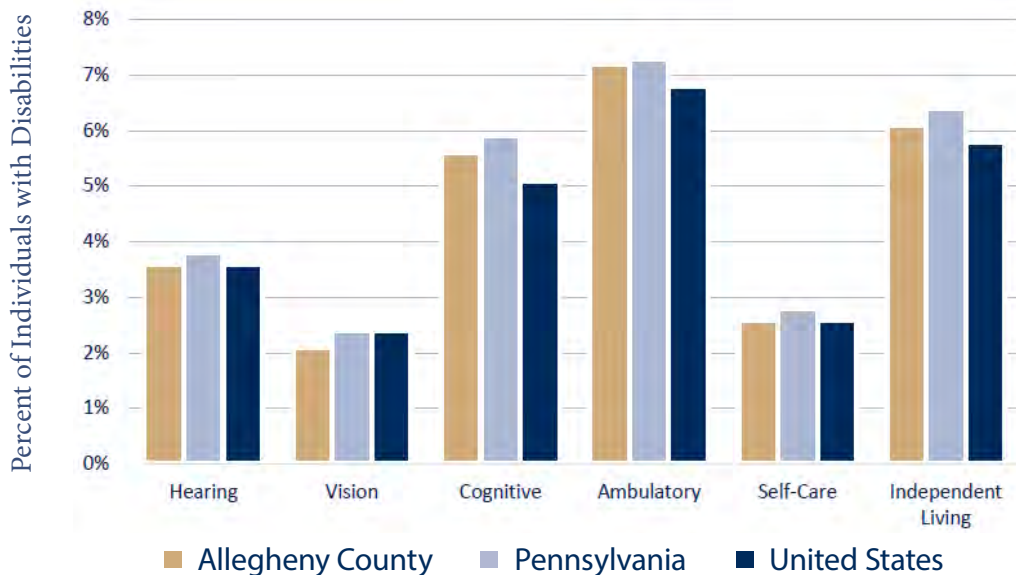
There are nearly 546,000 occupied homes in Allegheny County with 64% of them owner-occupied and 36% renter-occupied. Leading into the pandemic, 17% of owners were cost-burdened, meaning that they paid more than 30% of their income for housing. In comparison, 42% of renters were cost-burdened, with nearly 52% paying more than half of their income for housing.<sup>8</sup>



## Disability

Nearly 171,000 Allegheny County residents (13.6%) have at least one type of disability, which is lower than Pennsylvania (14%) but higher than the United State (12.7%).<sup>9</sup> Allegheny County has a higher percentage of residents with cognitive, ambulatory, and independent living disabilities compared to the U.S.

Figure 7: Percent of Individuals by Disability Type in Allegheny County, Pennsylvania, and the United States, 2020



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

# Vital Statistics

## Leading Causes of Death

Health problems facing Allegheny County can also be described by assessing leading causes of death, and deaths from premature causes (or causes that result in death before an individual is likely to die). Each year, roughly 14,000 individuals die in Allegheny County. Two leading causes annually contribute to almost 50% of total deaths: 1) diseases of the heart, and 2) cancer. In 2019, the age-adjusted rate for mortality from diseases of the heart was statistically higher for Allegheny County compared to the state (Figure 8).

Figure 8: Leading Causes of Death in Allegheny County, Pennsylvania, and the United States, 2019

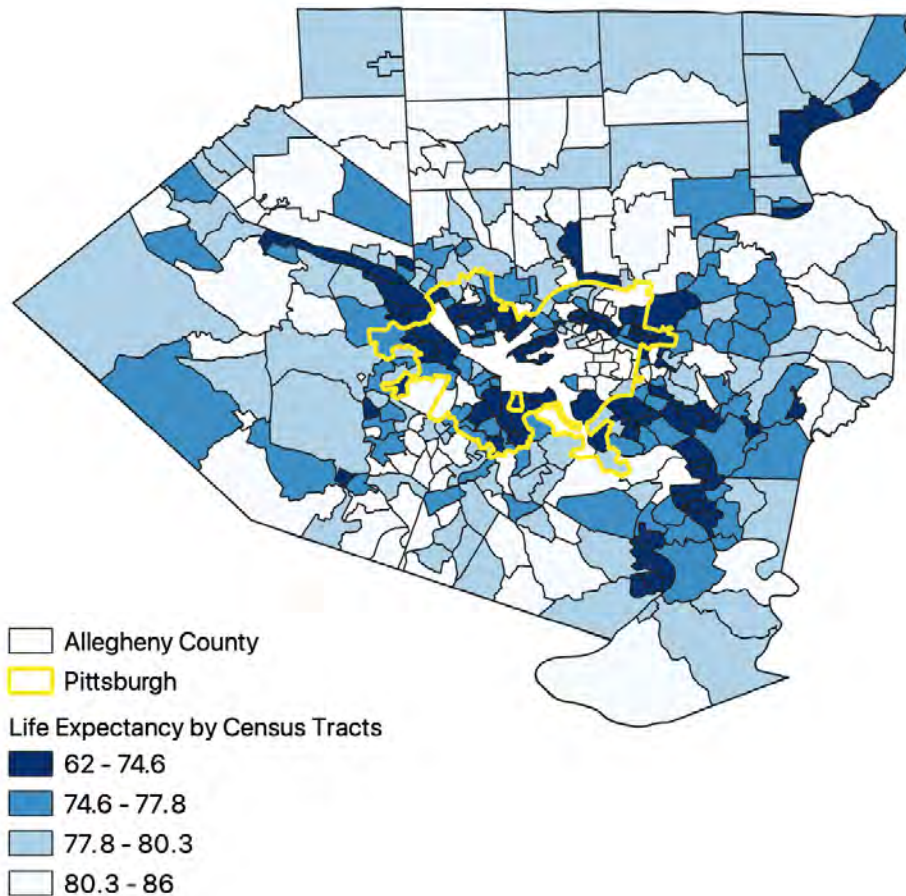
SELECTED CAUSES OF DEATH	AGE-ADJUSTED MORTALITY RATE PER 100,000 (95% CI)		
	ALLEGHENY COUNTY	PENNSYLVANIA	UNITED STATES
Diseases of the Heart	186 (180 - 193)	173 (171 - 175)	161.5 (161.1-161.9)
Cancer	157 (152 - 163)	153 (151 - 155)	146.2 (145.8 - 146.5)
Unintentional Injuries	70 (65 - 74)	61 (60 - 62)	49.3 (49.0 - 49.5)
Stroke	34 (31 - 36)	35.3 (34 - 36)	37.0 (36.8 - 37.1)
Chronic Lower Respiratory Disease	34 (31 - 36)	34.2 (33 - 35)	38.2 (38.0 - 38.4)
Alzheimer's	23 (21 - 25)	21.2 (20.5 - 21.8)	29.8 (29.7 - 30.0)
Diabetes	17 (15 - 19)	20.4 (19.7 - 21)	21.6 (21.4 - 21.7)
Kidney Disease (Nephritis, Nephrotic Syndrome, and Nephrosis)	15 (14 - 17)	16 (15 - 17)	12.7 (12.6 - 12.8)
Suicide	15 (12 - 17)	14 (13 - 15)	13.9 (13.8 - 14.1)
Influenza and Pneumonia	14 (13 - 16)	13 (13 - 14)	12.3 (12.2 - 12.4)
Chronic Liver Disease and Cirrhosis	12 (10 - 13)	8.7 (8.3 - 9)	11.3 (11.2 - 11.4)
Septicemia	11 (10 - 13)	12.6 (12 - 13)	9.5 (9.4 - 9.6)
Parkinson's	9 (8 - 10)	8.7 (8.2 - 9)	8.8 (8.7 - 8.9)
Homicide	7.6 (6 - 9.2)	6.1 (5.6 - 7)	6.0 (5.9 - 6.1)
Pneumonitis due to Solids and Liquids	7.5 (6.3 - 8.7)	5.8 (5.5 - 6.2)	4.7 (4.6 - 4.8)

Source: US Data from CDC WONDER: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Note: Red text represents rates that are greater compared to Pennsylvania rates; green text represents lower rates.

## Life Expectancy

Premature mortality refers to deaths that occur before an individual reaches their life expectancy. In Allegheny County, the 2017-2019 (3yr) life expectancy at birth was 78.1 years, which is lower than Pennsylvania (78.5) and the US (79.2). White residents on average are expected to live six and a half years longer than Black residents. Also, the average life expectancy at the census tract level varies between 62-86 years, meaning some residents are expected to live more than two decades longer compared to others (Figure 9).

Figure 9: Life Expectancy at Birth by Census Tract from USALEEP 2010-2015



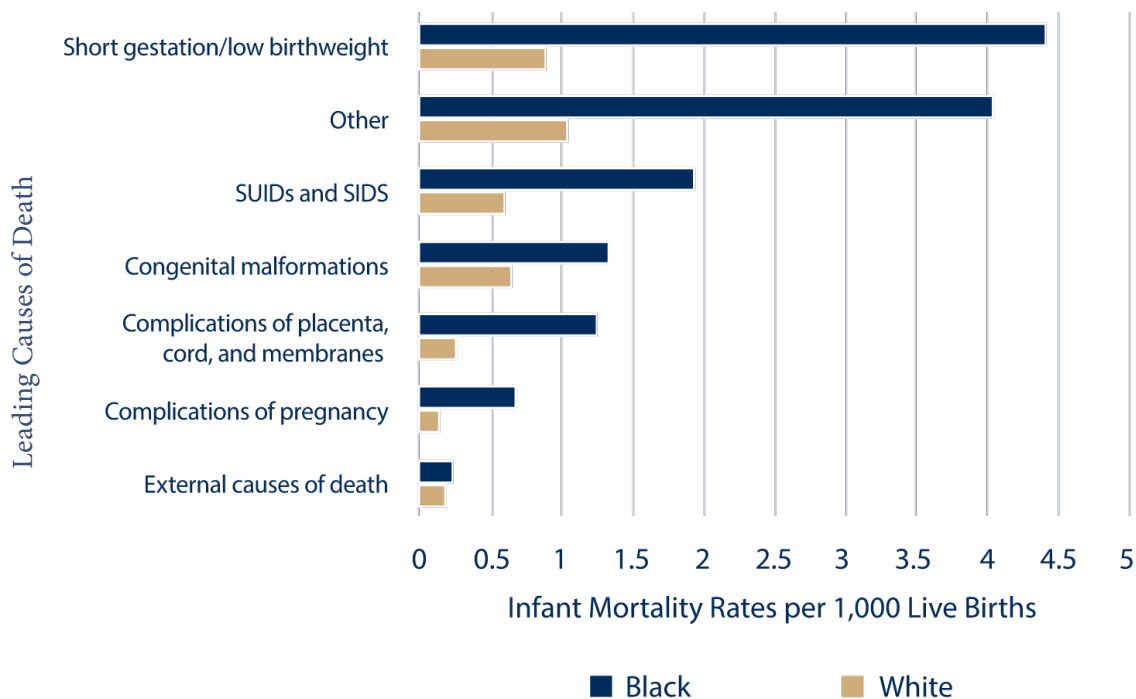
Source: NCHS. U.S. Small-Area Life Expectancy Estimates Project (USALEEP): Life Expectancy Estimates File for census tracts, 2010-2015 (HCI)

## Infant Mortality

Infant mortality refers to deaths that occur before the first birthday. While overall infant mortality has decreased in recent years in Allegheny County, disparities among race, socioeconomic status, and geography remain. In Allegheny County, Black infants are two to three times more likely to die of almost all causes of infant death (Figure 10); short gestation resulting in low birth weight is the single leading cause of death among infants.

The increased risk for Black infant mortality can be viewed as a ratio in comparison to white infant mortality. The infant mortality ratio for Black compared to white infants (2015-2019) was 4.7 for Allegheny County, compared to 2.2 for both Pennsylvania and the U.S., which indicates that Black-to-White infant mortality disparities in Allegheny County exist at more than double state and national rates. Infant mortality and other birth related health outcomes are discussed in more detail in Maternal and Child Health on page 70.

Figure 10: Infant Mortality Rate for Leading Causes of Death by Race of Mother: Allegheny County, 2015-2019



Source: ACHD Vital Statistics, Mortality Data, 2015-2019.



# Key Findings & Community Identified Priorities



## Approach

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In August 2019, ACHD began Allegheny County's second Community Health Assessment (CHA) by launching a county-wide community survey for residents to provide input on current community health needs and assets. The survey, which was distributed in both paper and electronic format and in multiple languages, was available until November 2019. The survey results were combined, cleaned, analyzed and ready for review when the pandemic began. Because the pandemic affected virtually all aspects of life nationally and locally, including perceptions of important health issues, ACHD sought to understand potential changes in residents' health priorities between 2019 and 2021 and to use this information to further inform the CHA. Therefore, a similar, updated survey was conducted from May to August 2021. Both the 2019 and 2021 surveys were collected from a convenience sample of Allegheny County residents and, as a result, changes in perceptions of health needs cannot be quantified as different residents participated in the 2019 and 2021 surveys.<sup>10</sup> However, changes in the ranked order of issues reflecting larger topic areas (e.g. chronic disease, mental health) are considered and noted in the results below.

The 2019 survey provides insight into pre-pandemic conditions. Many health determinants and behaviors that increase the risk of early morbidity and mortality were prevalent and likely exacerbated by the pandemic; therefore, key findings from both 2019 and 2021 surveys are included. To understand how community perceptions of key health issues compared to the current state of health in Allegheny County among all residents, population-level data were analyzed and presented alongside survey data to identify common themes.

Taken together, community input and quantitative data from health department surveillance activities can help inform priority areas for the next community health improvement plan, the Plan for a Healthier Allegheny (PHA). While results presented here reflect highlights of both surveys, the full surveys can be found in the Appendix.

While the ACHD health surveys described above provide a detailed look at community assets, health concerns, and health risks, Allegheny County is a region with a wealth of community-based organizations, philanthropic partners, and a growing medical sector that are also concerned with improving the lives of residents and ensuring that all residents have opportunities to lead healthy lives.

Allegheny County is also home to four major hospital systems. Each hospital and health system regularly conduct Community Health Needs Assessments (CHNA) to understand the most pressing needs of the patients and the communities they serve.

The largest health system is the University of Pittsburgh Medical Center (UPMC) which operates 11 hospitals in Allegheny County in addition to numerous urgent care and specialty clinics. UPMC most recently published a [CHNA for all Allegheny County hospitals in 2022](#).<sup>11</sup> Allegheny Health Network (AHN) operates 6 hospitals in the county, not including urgent care and specialty care clinics, and publishes [CHNAs for each hospital, most recently for the 2021-2022 period](#).<sup>12</sup> Allegheny County is also home to two independent hospitals: [Heritage Valley](#) and [St. Clair Hospital](#) which issued their most recent CHNAs in 2022 and 2019, respectively.<sup>13,14</sup>

The ACHD reviewed the most recent CHNAs within our region to assess overlap with the health priorities identified in the 2019 and 2021 surveys, as seen below:

Review of Community Health Needs Assessments (CHNA)

SIGNIFICANT HEALTH NEEDS	AHN* ALLEGHENY COUNTY HOSPITALS 2022	HERITAGE VALLEY** HEALTH SYSTEM 2022	ST. CLAIR HOSPITAL 2019	UPMC ALLEGHENY COUNTY HOSPITALS 2022	ACHD CHA 2022
Chronic Disease (cancer, diabetes, stroke, respiratory diseases, obesity)	+	+	+	+	+
Behavioral Health & Substance Use	+	+	+	+	+
Access to Medical Care (primary & specialty)	+		+	+	+
Care Coordination or Navigation	+	+		+	+
Health-related Social Needs	+	+	+	+	
Health Equity	+	+			+
Workforce Development	+				
Air Quality			+		+
Violence					+

\*AHN has separate CHNAs, one for each area hospital. For purposes of this report, we combined the four documents (Allegheny General, Allegheny Valley, Forbes Hospital, West Penn Hospitals)

\*\*Heritage Valley has 3 hospitals – only one is in Allegheny County (Sewickley Hospital)

This overlap suggests strong alignment between needs identified by local hospital systems and those identified by the public during the ACHD surveying process.

## Demographic and Geographic Characteristics of Respondents

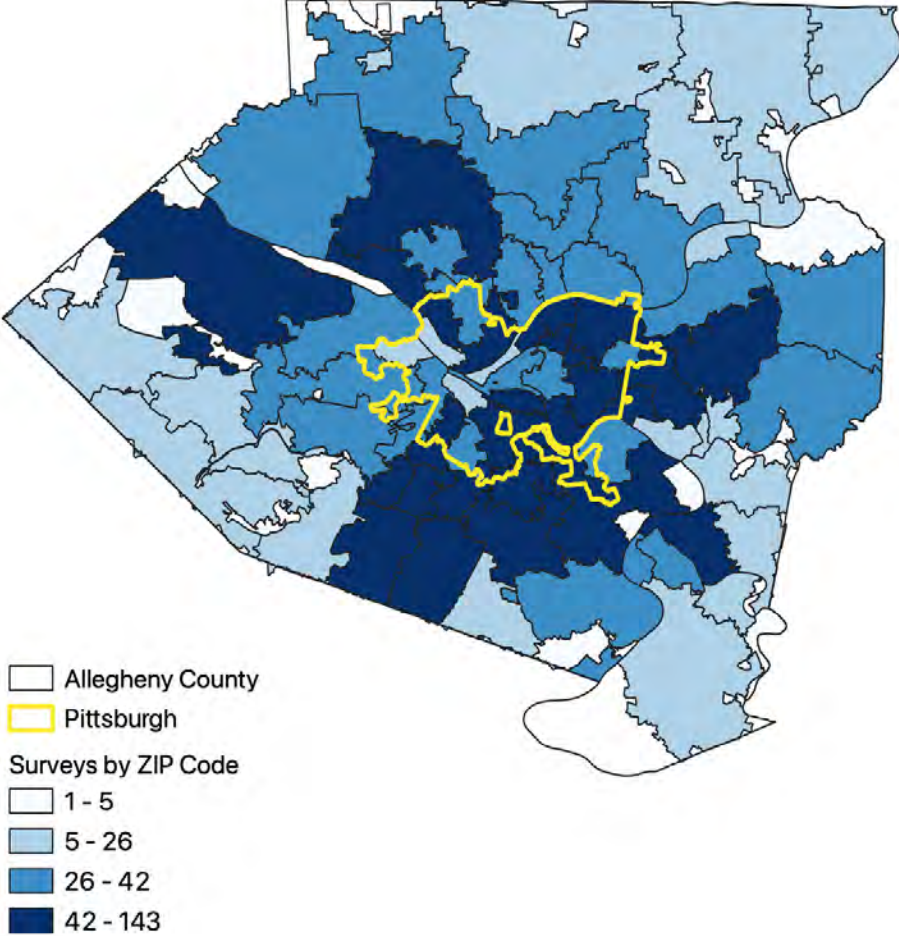
Although these results cannot be generalized to the population as a whole, or any demographic group, the survey respondents were a diverse group of residents who provided a broad perspective of county-level health concerns. Comparing the survey results to American Community Survey data provides an assessment of how the responses align with the distribution of Allegheny County residents by age, race, ethnicity, gender, education, and income. For both the 2019 and 2021 surveys, respondents were more likely to be younger, non-white, and female than the population at large. They also had higher levels of education, individual incomes tended to be lower and unemployment slightly higher than Allegheny County residents as a whole. For 2021, the results indicate approximately 1 out of 4 respondents identify as Hispanic, much higher than 2% of all Allegheny County residents based upon US Census data.

Figure 11: Demographic Characteristics of Community Health Survey-takers in 2019 and 2021 Compared to Allegheny County Population (18 and Older)

CHARACTERISTIC	2019 (N,%)	2021 (N,%)	2019 ALLEGHENY COUNTY POPULATION
Total	4,024 (100%)	2,557 (100%)	989,591 (100% ages 18+)
<b>Age</b>			
18-29	798 (20%)	725 (28%)	197,996 (20%)
30-44	1,265 (31%)	942 (37%)	242,189 (24%)
45-64	1,304 (32%)	697 (27%)	314,127 (32%)
65+	657 (16%)	193 (8%)	235,279 (24%)
<b>Race</b>			
White	3,012 (75%)	1,714 (67%)	808,286 (82%)
Black	644 (16%)	337 (13%)	117,818 (12%)
Asian	84 (2%)	111 (4%)	37,192 (4%)
Two or more races*	108 (3%)	226 (9%)	17,312 (2%)
<b>Ethnicity</b>			
Hispanic	117 (3%)	665 (26%)	19,674 (2%)
<b>Gender</b>			
Male	1,106 (28%)	913 (36%)	472,766 (48%)
Female	2,783 (69%)	1,430 (56%)	516,881 (52%)
<b>Education</b>			
Less than High School (HS)	64 (2%)	156 (6%)	51,435 (5%)
HS or Equivalent/Some College/Associate's	1,520 (38%)	1,267 (49%)	537,336 (54%)
College Graduate	1,147 (29%)	588 (23%)	238,971 (25%)
Graduate/Professional	1,261 (32%)	544 (21%)	161,905 (16%)
<b>Employment Status</b>			
Unemployed	248 (6%)	158 (6%)	27,535 (3%)
<b>Household Income</b>			
< \$25,000	828 (22%)	476 (20%)	112,099 (20.7%)
\$25,000-49,999	955 (25%)	728 (30%)	113,724 (21%)
\$50,000-74,999	722 (19%)	442 (19%)	91,520 (17%)
\$75,000+	1,315 (34%)	741 (31%)	224,198 (41.4%)

\*Responses to the 2019 paper-based survey contained unique data omissions that could be prevented in electronic versions; therefore, data should be interpreted cautiously.

Figure 12: Survey Responses by ZIP Code (2019 & 2021)



Source: ACHD Community Health Survey, 2019 and 2021.

# Key Findings

In both 2019 and 2021, residents identified their most important areas of improvement from “health problems,” “health behaviors,” “community needs” and “environmental needs.” The following section outlines the responses from both surveys.



## Health Problems

- § Mental health
- § Addiction/overdose
- § Obesity
- § Gun violence

## Health Behaviors

- § Racism
- § Substance use/violence
- § Poor eating habits
- § Distracted driving

## Community Needs

- § Jobs
- § Clean Air
- § Access to fresh foods
- § Affordable housing

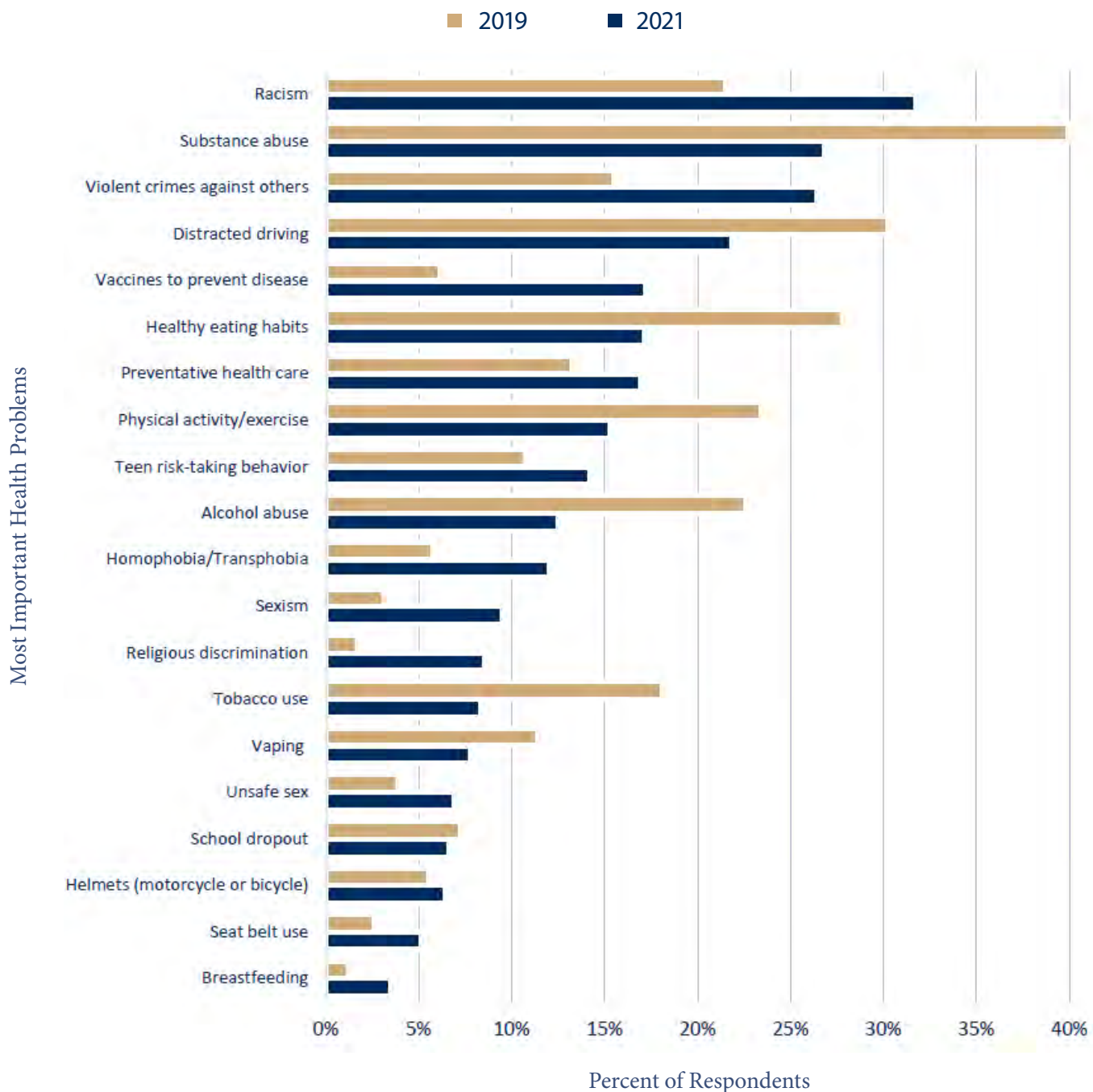
## Environmental Needs

- § Climate change
- § Ticks, mosquitoes, and other insects that carry disease

# Community Health Issues

In both 2019 and 2021, residents were asked, “What are the three most important health behaviors your community needs to work on?” The department was interested in understanding community perceptions of health challenges and provided 21 options, asking participants to select the three most important.

Figure 13: Other than COVID-19, The Most Commonly Identified Health Behaviors, 2019 and 2021



Source: ACHD Community Health Survey, 2019 and 2021. Other than COVID-19, what are the three most important health problems your community needs to work on?

Across both years, issues surrounding mental health, substance use disorders, violence, and chronic diseases were ranked as the most important to participants. Importantly, mental health problems and addiction to/overdose from drugs or alcohol were the first and second most important rated issues in both the 2019 and 2021 surveys.

Gun violence and obesity were identified as additional concerns by survey participants. In 2021, gun violence replaced obesity as participants' third most important health problem, though both gun violence and intimate partner violence remained high in both years, as did obesity and heart disease.

Figure 14: Most Important Health Problems in 2019 and 2021

RANK	2019 (N=4,024, % OF TOTAL)	2021 (N=2,557, % OF TOTAL)
1	Mental health problems (1733, 43%)	Mental health problems (1041, 41%)
2	Addiction to/overdose from drugs or alcohol (1662, 41%)	Addiction to/overdose from drugs or alcohol (721, 28%)
3	Obesity (1260, 31%)	Gun violence (360, 25%)

Source: ACHD Community Health Survey, 2019 and 2021

## Mental Health and Substance Use Disorders

The public's concern with mental health problems predated the pandemic and remains a concern. It is important to note that mental health and substance use issues were also identified as a priority concern in the department's 2014 Community Health Assessment. The responses to this question included 21 different options so it is notable that more than four out of ten respondents in both years identified mental health as a top concern. The linkages between mental health and addiction issues, and the public concern for both make them priority issues in Allegheny County. All three of the top health problems in the 2021 survey are reflected in the rise of potentially preventable deaths in the county (see Community Health Issues on page 21 and Mental Health and Substance Use Disorders on page 72).

Figure 15: Key Health Behaviors Among Allegheny County Adults Compared to Pennsylvania, 2020

HEALTH BEHAVIOR*	ALLEGHENY COUNTY	PENNSYLVANIA
Current smoker	16% (13-20%)	16% (15-17%)
Uses vaping products every day	12% (16-20%)	10% (8-12%)
Binge drinking	19% (16-23%)	17% (15-18%)
Chronic drinking	8% (6-11%)	7% (6-8%)
Prescription pain medication	25% (21-29%)	28% (26-29%)
Inappropriate prescription pain medication use	7% (3-15%)	6% (4-8%)
Non-prescription street drugs	2% (1-5%)	2% (1-2%)
Average ≤ 6 hours sleep/night	35% (31-40%)	35% (34-37%)
No physical activity past month	22% (18-25%)	24% (23-26%)

Source: CDC, Behavioral Risk Factor Surveillance System, 2020 (EDDIE).

Estimate ranges represent 95% confidence intervals

\*Current smoker = every day or some days; using vaping products every day = adults using products every day out of adults who have ever used a vaping product; binge drinking = 5+ drinks for males or 4+ drinks for females on one occasion; chronic drinking = 2+ average drinks every day in past 30 days; prescription pain medication = any use in past year; Inappropriate prescription pain medication usage=prescription pain medication not prescribed to them in the past year; non-prescription street drugs=heroin, fentanyl, cocaine, methamphetamines, etc. injected/snorted in past year



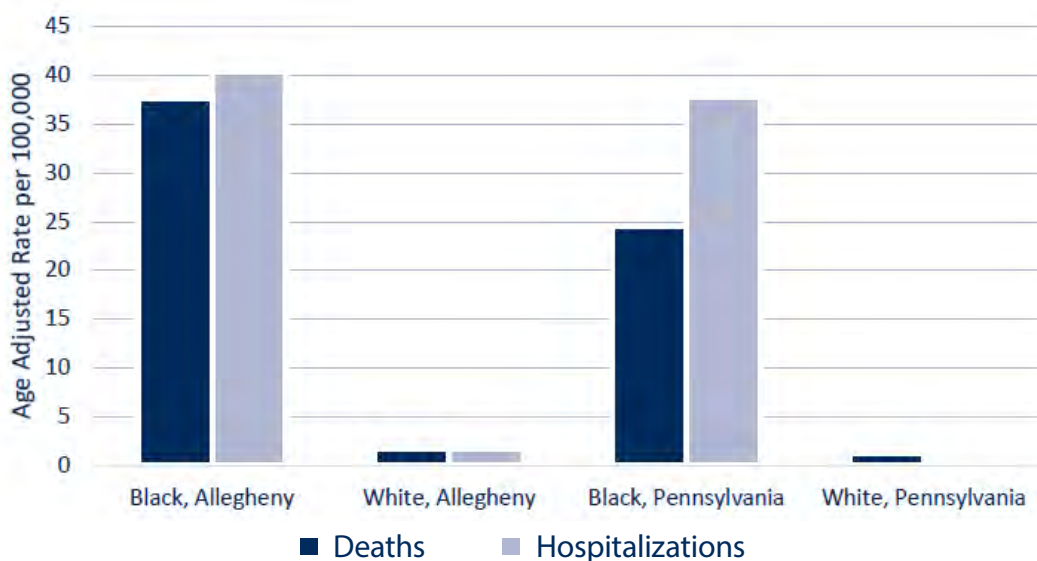
## Violence

Gun violence, including homicide and intimate partner violence, were ranked as community health concerns by participants in both 2019 and 2021. Even when violence does not result in death, it reduces overall quality of life, shortens life expectancy, and contributes to long-term chronic illnesses. Other consequences for survivors include physical disfigurement and disability, depression, anxiety, and loss of employment.

Families and communities also face the physical, mental, and financial costs of gun violence. Witnessing gun violence is traumatizing and can contribute to depression, anxiety and stress.

Nationally, the number of murders increased 30% between 2019 and 2020.<sup>15</sup> While non-fatal shootings and firearm-related assaults did not increase in 2020, homicide is a leading cause of death in Allegheny County, and Black residents are more than 22 times more likely to die due to firearm assault (Figure 16).<sup>16</sup> One third of all homicide deaths in 2014-2018 were among Black males ages 15-24.

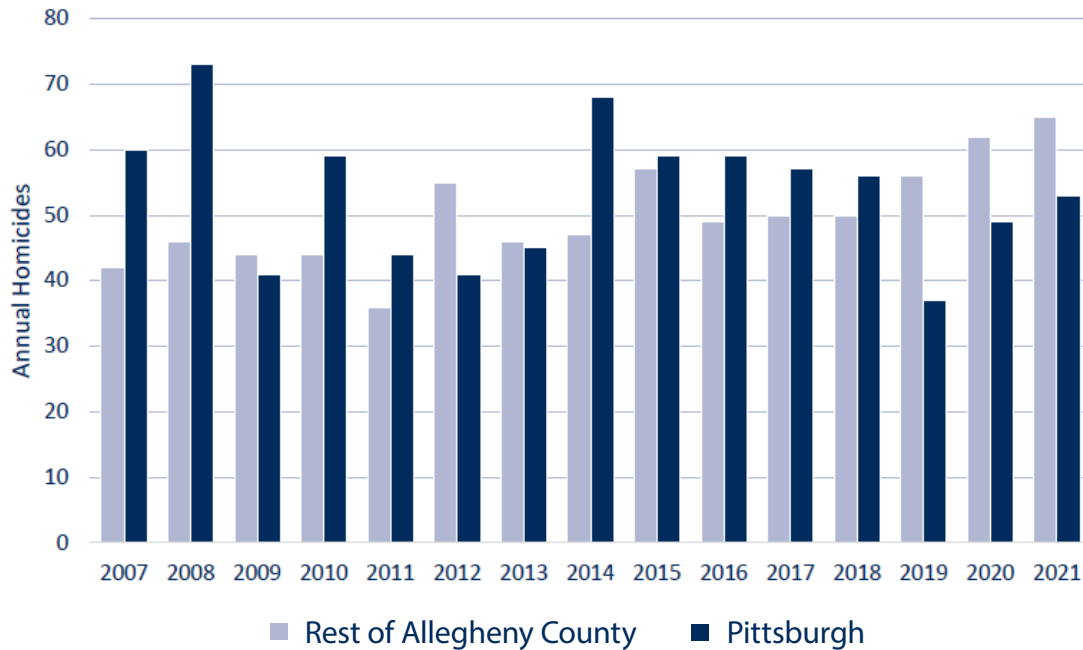
Figure 16: Hospitalizations and Deaths due to Assault by Firearms, by Race, Allegheny County and PA, 2017-2019 (3-yr data)



Source: PA DOH, Mortality and Hospitalization Discharge Data, 2017-2019 Enterprise Data Dissemination Informatics Exchange (EDDIE)

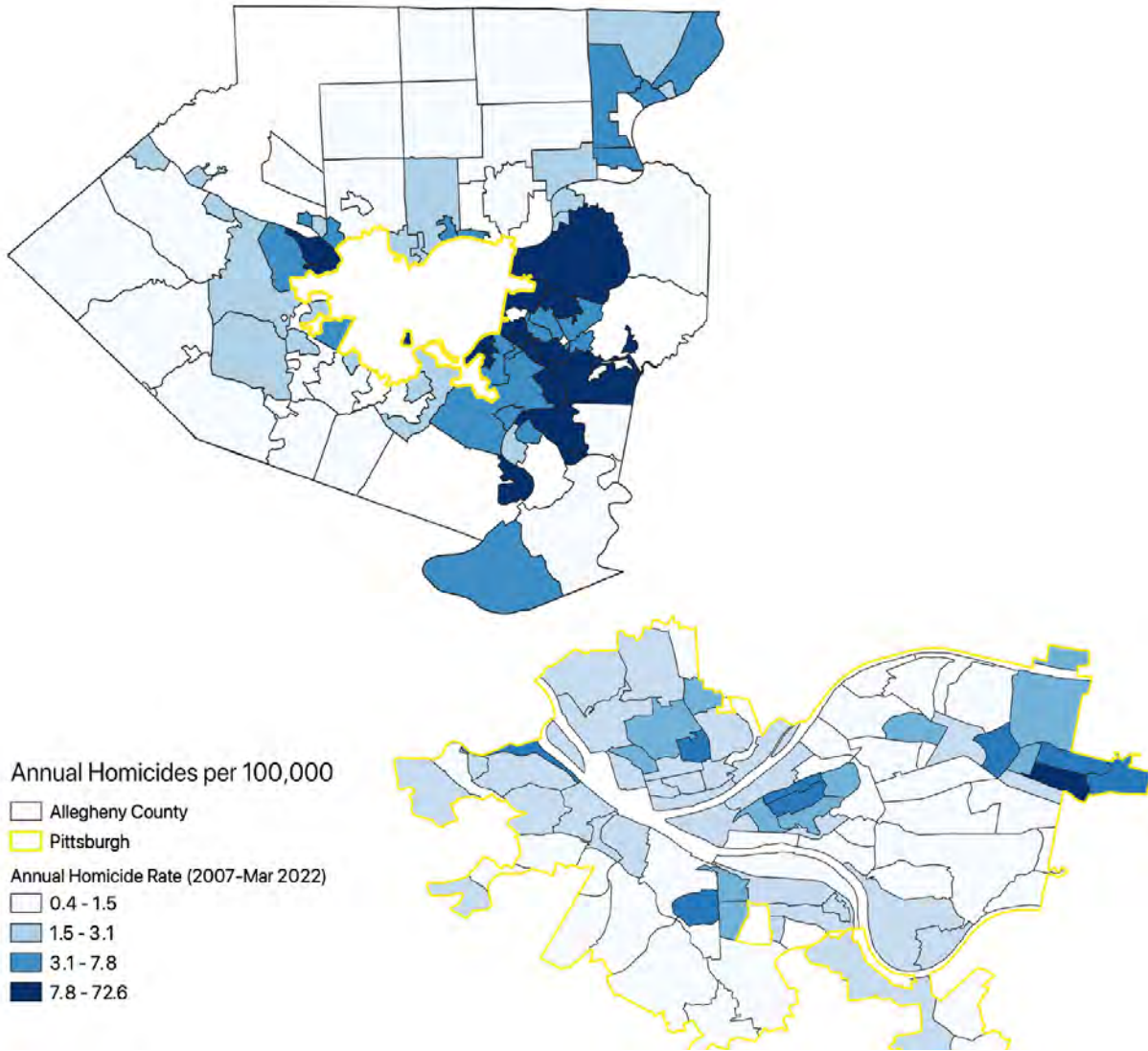
According to the [Homicides in Allegheny County Dashboard](#), from 2007 through February of 2021, 52% of the homicides in Allegheny County occurred in the City of Pittsburgh while the city only accounts for 25% of the county’s population.<sup>17</sup> After 2018, homicides outside the City of Pittsburgh overtook the homicides in the City of Pittsburgh (Figure 17). The overall rate of homicide in the city remains higher than the county average, but violence has increasingly spread to other communities.

Figure 17: Annual Homicides in Pittsburgh and Allegheny County



Source: DHS and Allegheny County Office of the Medical Examiner, 2007-2021 (Homicide Dashboard)

Figure 18: Homicide Rate per 100,000 Residents by Municipality or City of Pittsburgh Neighborhood, 2007 - 2022

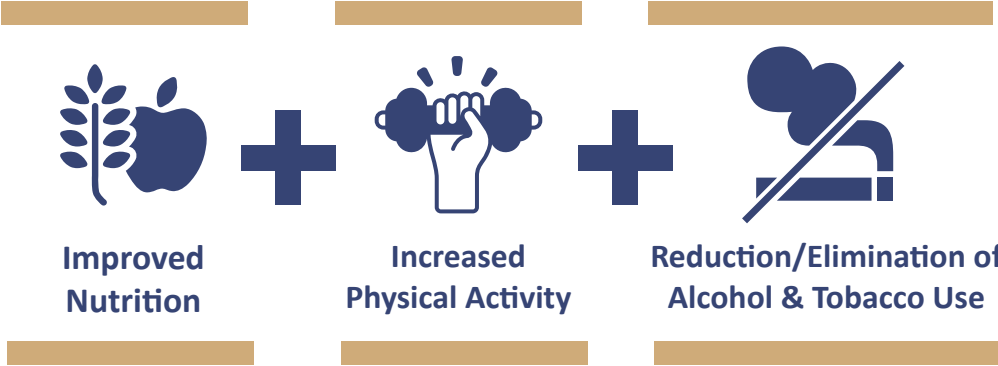


Source: DHS and Allegheny County Office of the Medical Examiner, 2007-2022 (Homicide Dashboard)

# Chronic Diseases

Among the highest health concerns rated by survey respondents, obesity was highly ranked in the 2019 and 2021 surveys, along with heart disease, stroke, and/or high blood pressure. Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$3.8 trillion in annual health care costs.<sup>18</sup>

Preventing chronic diseases can be accomplished by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors. Addressing three risk behaviors have the largest potential impact on reducing preventable deaths related to chronic disease:



Data on current chronic disease health outcomes are provided in detail in Chronic Disease on page 47.

# Community Health Behaviors

In both the 2019 and 2021 community survey, residents were asked, “What are the 3 most important health behaviors your community needs to work on?” While drug and substance use were identified by respondents as important behaviors both years, in 2021 31% reported racism and 26% reported violence, compared to 2019 when distracted driving (30%) and poor eating habits (28%) ranked as second and third.

Figure 19: Most Important Health Behaviors in 2019 and 2021

RANK	2019 (N, % OF TOTAL)	2021 (N, % OF TOTAL)
1	Drug abuse (1606, 40%)	Racism (798, 31%)
2	Distracted driving (1216, 30%)	Substance use (674, 26%)
3	Poor eating habits (1118, 28%)	Violent crimes against others (664, 26%)

Source: ACHD Community Health Surveys, 2019 and 2021

# Substance Use

Survey respondents identified drug and substance use as one of the most important behaviors affecting their community in both 2019 and 2021. While county-wide data are not available to understand current use of all substances, select substance use indicators are available that demonstrate substance use affects many Allegheny County residents. For example, approximately one out of five adults engaged in binge drinking in the past 30 days, one out of four used prescription pain medication not prescribed to them in the past year, 16% of adults are current smokers, and of adults who ever used a vaping product, 12% vape every day (Figure 15). While the prevalence of illicit substance use among Allegheny County adults is relatively low (2%) (Figure 15), overdose deaths remain a leading cause of death among younger adults. See Substance Use on page 76 for more information.

# Community Needs

In both 2019 and 2021, residents were asked, “What are the 3 most important things your community needs to be healthy?” In both surveys, living wage jobs and clean air were identified as the most important community needs. Access to affordable fresh foods was identified as the third factor in 2019 and affordable and high-quality housing was the third factor in 2021 (Figure 20).

Figure 20: Most Important Community Needs in 2019 and 2021

RANK	2019 (N, % OF TOTAL)	2021 (N, % OF TOTAL)
1	Access to affordable fresh foods (1107, 28%)	Jobs that pay a living wage (640, 25%)
2	Clean air (1000, 25%)	Clean air (401, 16%)
3	Jobs that pay a living wage (933, 23%)	Affordable and high-quality housing (390, 15%)

Source: ACHD Community Health Surveys, 2019 and 2021

Access to a clean indoor and outdoor environment, health care, healthy food, affordable housing, and having a living-wage job are all social factors that influence health behaviors which in turn affect health outcomes. Eighty percent of our health is influenced by factors that occur outside of the doctor’s office and more than 50% of our health is influenced by social determinants, including access to care.

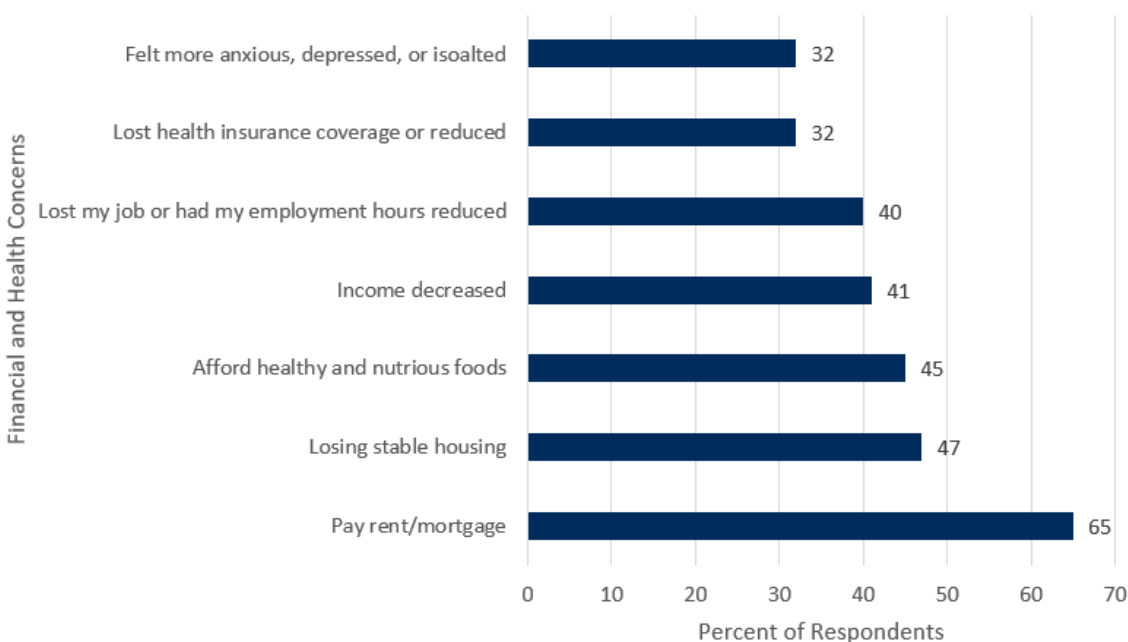
More information can be found on the following topics:

- § Social determinants of health in Community Health Behaviors on page 26.
- § Access to Health Care on page 31.
- § Air pollution and air quality and other environmental factors beginning on page 59.

## The Economy and Public Health

Poverty and poor health outcomes are inter-related, with each influencing the other.<sup>19</sup> Poverty is linked to energy-dense diets and low levels of physical activity. The combination of high calorie food intake and physical inactivity among low income U.S. populations contributes to the high levels of obesity and diabetes observed among these populations.<sup>20</sup> Poverty has also been linked to other poor health outcomes such as mental illness, cardiovascular disease, infant mortality, and infections.<sup>21-24</sup> The association between poverty and poor health outcomes is exacerbated by lack of affordable health insurance. Consequently, low-income individuals at high risk for chronic diseases are also less likely to have access to quality health care and more likely to be burdened with large health care costs.

Figure 21: Changes in Financial and Health Concerns Since March 2020. Respondents Who Answered “Agree” or “Strongly Agree” to Change in Income, Financial and Health Concerns, Employment, and Health Insurance Since March 2020, CHS 2021.

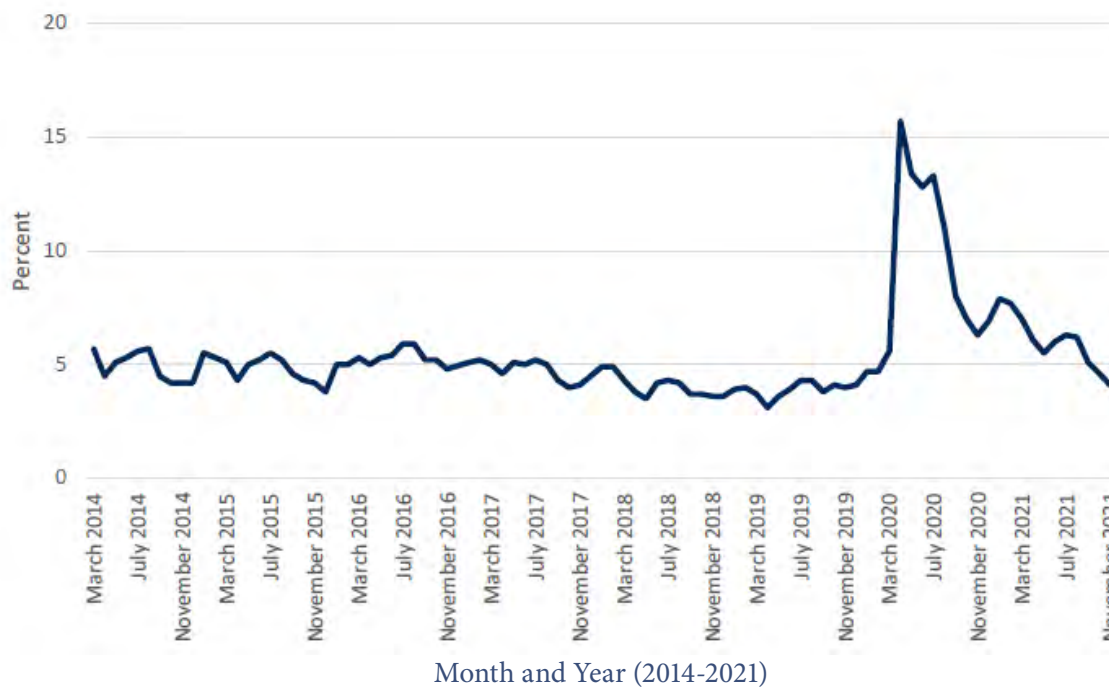


Source: ACHD Community Health Survey, 2021

These overarching conditions need to be considered when implementing programs and policies to improve health problems and behaviors. The pandemic worsened many connections to and assets needed for health; more than 40% of respondents reported being concerned about losing stable housing and being able to afford healthy foods. Approximately 40% of respondents experienced an income reduction and nearly two thirds became more concerned about paying their rent/mortgage. More than 30% of respondents reported reduced or eliminated health coverage and increased feelings of anxiety, depression, and isolation (Figure 21).

Unemployment tripled in Allegheny County at the start of the pandemic, from 5.6% in March 2020 to 15.7% in April 2020 (Figure 22). According to the PA BRFSS data,<sup>25</sup> 30% of Allegheny County adults experienced a permanent or temporary job loss (or decrease in work hours) since March 2020. The most recent data from November 2021 (4.1%) indicated a decline in unemployment, approaching pre-pandemic levels.

Figure 22: Allegheny County Unemployment Percent by Month, March 2014 to November 2021



Source: Bureau of Labor Statistics, U.S. Department of Labor, Local Area Unemployment Statistics, 2017-2021 (HCI)

Rising housing costs and housing insecurity further compound health risks, even when adjusting for selected health risk behaviors and socioeconomic measures that may reflect a resident’s housing situation. Research findings show that housing insecure respondents were about twice as likely as those who were not housing insecure to report poor or fair health status or delay doctor visits because of costs.<sup>26</sup>

## Environmental Challenges

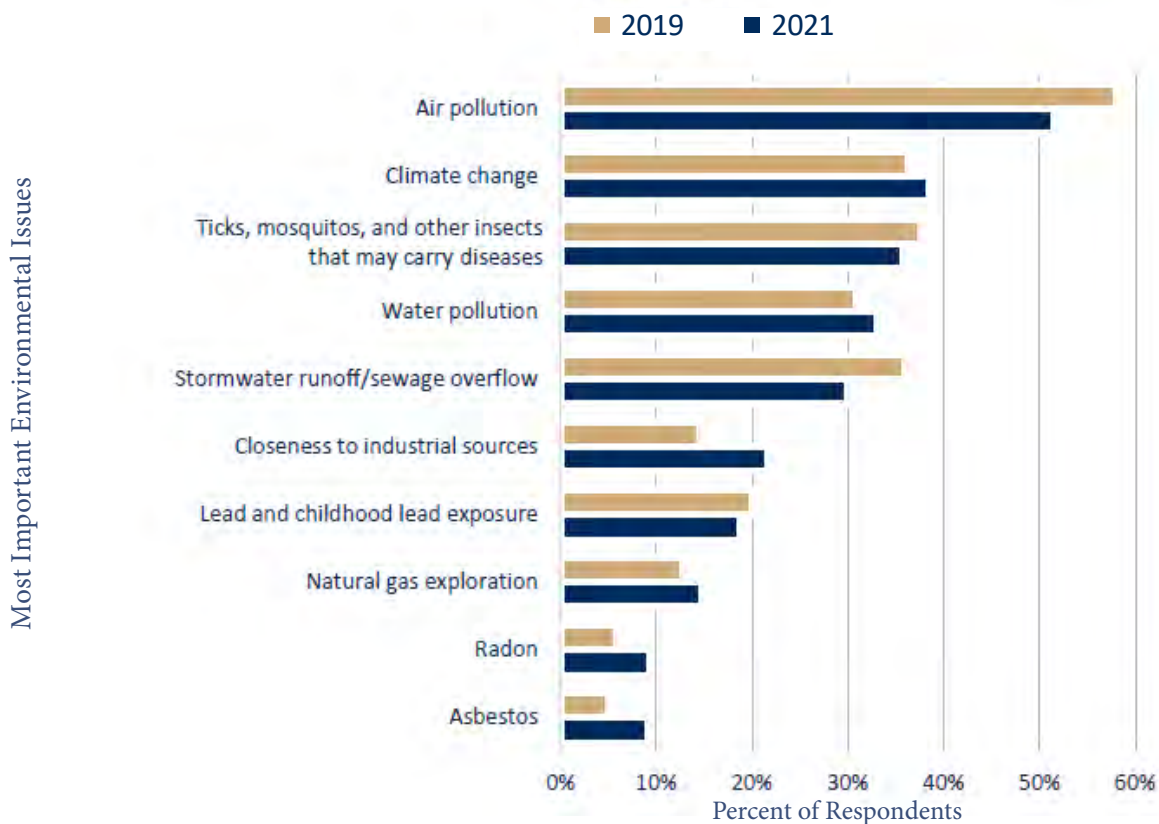
In both 2019 and 2021, residents were asked, “What are the three biggest challenges to the environment in your community?” For both years, the top three issues were the same, with climate change ranking third in 2019 and second in 2021. Air pollution and air quality are discussed in more detail in the section on Air Quality on page 59.

Figure 23: Most Important Environmental Issues in 2019 and 2021

RANK	2019 (N, % OF TOTAL)	2021 (N, % OF TOTAL)
1	Air pollution (2336, 58%)	Air pollution (1296, 51%)
2	Ticks, mosquitoes, and other insects that may carry diseases (1511, 38%)	Climate change (946, 37%)
3	Climate change (1458, 36%)	Ticks, mosquitoes, and other insects that may carry diseases (898, 35%)

Source: ACHD Community Health Surveys, 2019 and 2021

Figure 24: Most Important Environmental Issues in 2019 and 2021



Source: ACHD Community Health Surveys, 2019 and 2021. Question: In your opinion, what are the three biggest challenges to the environment in your community?

## Air Pollution & Climate Change

Clean air was identified as a community and environmental need in the 2019 and 2021 surveys. It was also ranked #1 by respondents in the department’s 2014 Community Health Assessment survey. In October 2022, the ACHD submitted documentation to the PA Department of Environmental Protection demonstrating that for the years 2018-2021 the county’s average concentration of PM2.5 was below the national standard set by the Environmental Protection Agency. Although air quality has greatly improved in Allegheny County for more than a decade, air quality remains a primary public concern with more than half of survey respondents (52%) rating air quality as one of the three biggest challenges for the local environment. Data on common air pollutants is covered in air quality on page 59.





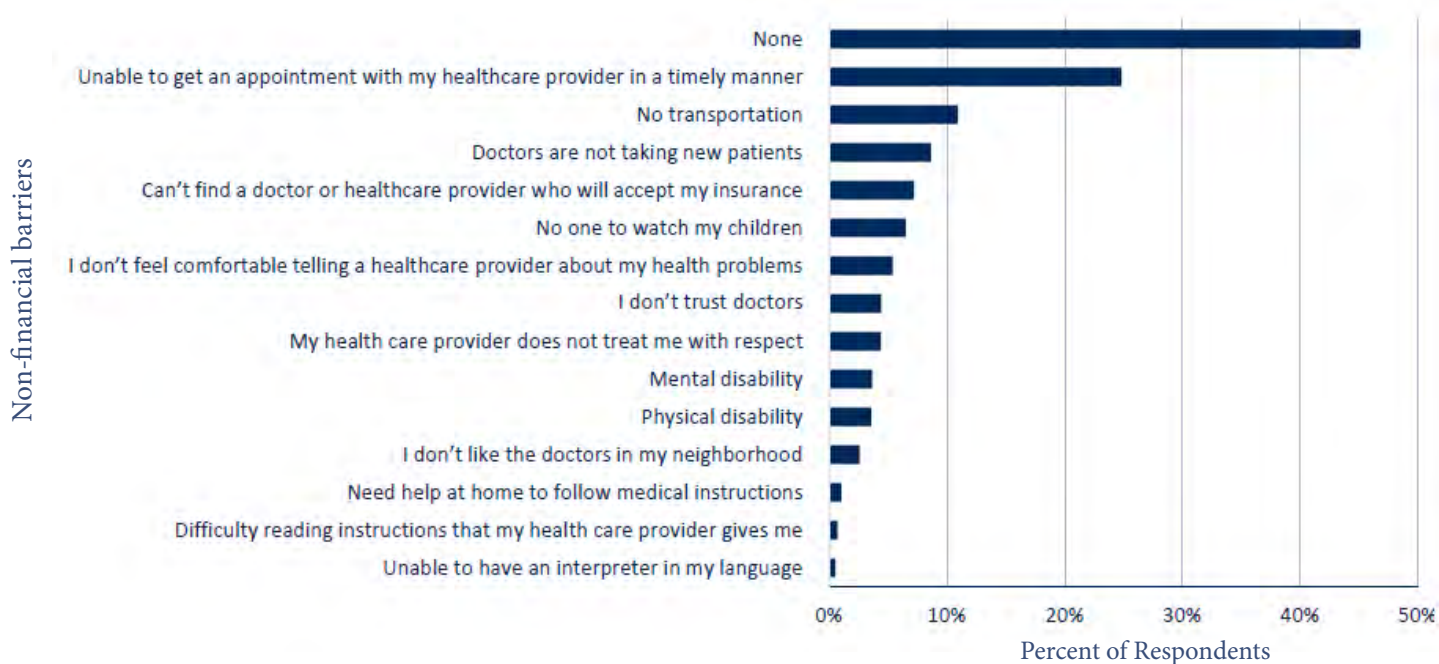
## Access to Health Care

Access to health care is influenced by financial and non-financial barriers. Most of our data on access reflects pre-pandemic conditions. However, as employment rates declined in 2020, access to employment-based health insurance also declined. Non-financial barriers also worsened due to the disruption of many systems such as childcare and public transportation. While access to care is generally measured by assessing rates of uninsured, community feedback demonstrates there are many dimensions of access including, for example, availability and quality of health care in Allegheny County. More information is provided in Access to Health Care on page 37.

### Insurance

The U.S. is one of the few developed nations without universal health care and insurance. In the U.S. in 2020, 8.6% of people were uninsured for the entire year. Among the insured, 66.5% had private insurance (employer based, direct purchase or Tricare) and 34.8% had public insurance (Medicare, Medicaid, VA).<sup>27</sup> Even with health insurance, copays and out-of-pocket costs are high. In 2020, the U.S. spent 19% of the GDP (gross domestic product) on health care. That exceeds all comparable countries' health care costs – such as Canada (11%), the U.K. (11%), Germany, France, and Australia (all <10%).<sup>28</sup>

Figure 25: Percent of Respondents Reporting Non-financial Barriers, 2019



Source: ACHD Community Health Survey, 2019. Participants could choose as many or few options as they want. Results will not sum to 100%.

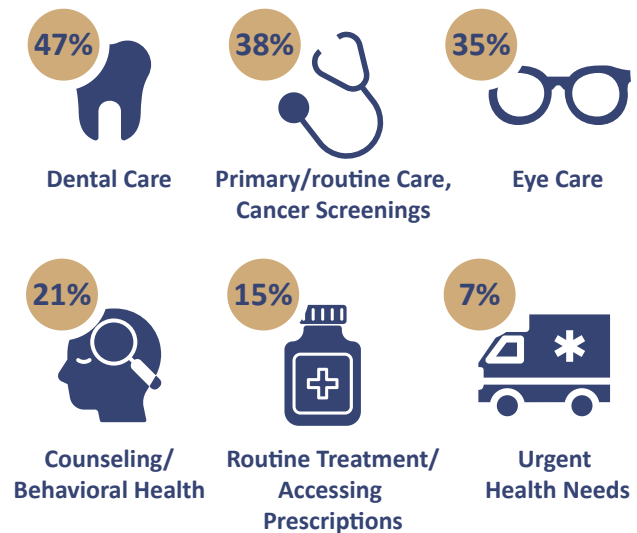
Since the passage of the Affordable Care Act (ACA) in 2010, access to health insurance increased across the U.S., including Pennsylvania and Allegheny County.

In the 2019 Allegheny County Community Survey, before the pandemic, 50% of respondents reported at least one financial barrier and 55% reported at least one non-financial barrier to health care access. Respondents identified cost of health care (cost was too high, 29%), as well as a mix of physical access issues related to their ability to juggle appointments with other demands (unable to get an appointment with my health care provider in a timely manner, 25%; can't take time off work, 21%; no transportation, 11%) as key barriers to accessing health care.

## Delayed Care

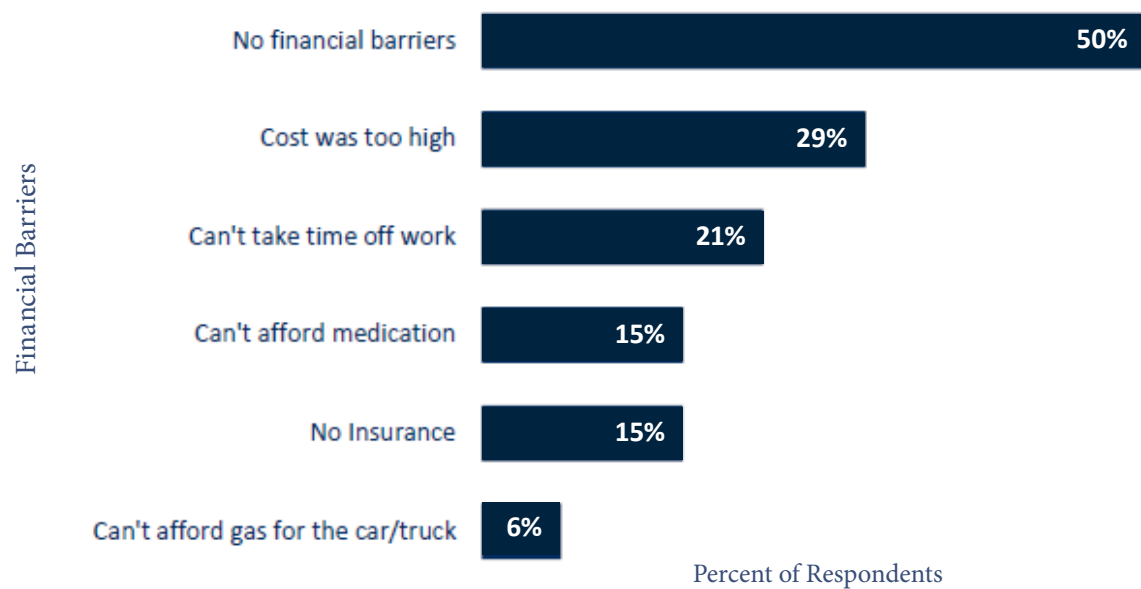
The COVID-19 pandemic provided additional challenges on top of the long-term access issues. In the 2021 survey, respondents were asked specifically which types of health care were delayed due to the COVID-19 pandemic. Dental care, primary care, and eye care were the most frequent types of care that were delayed since the start of the pandemic; 18% had no delays in care.

Figure 26: Types of Care Delayed Due to the Pandemic



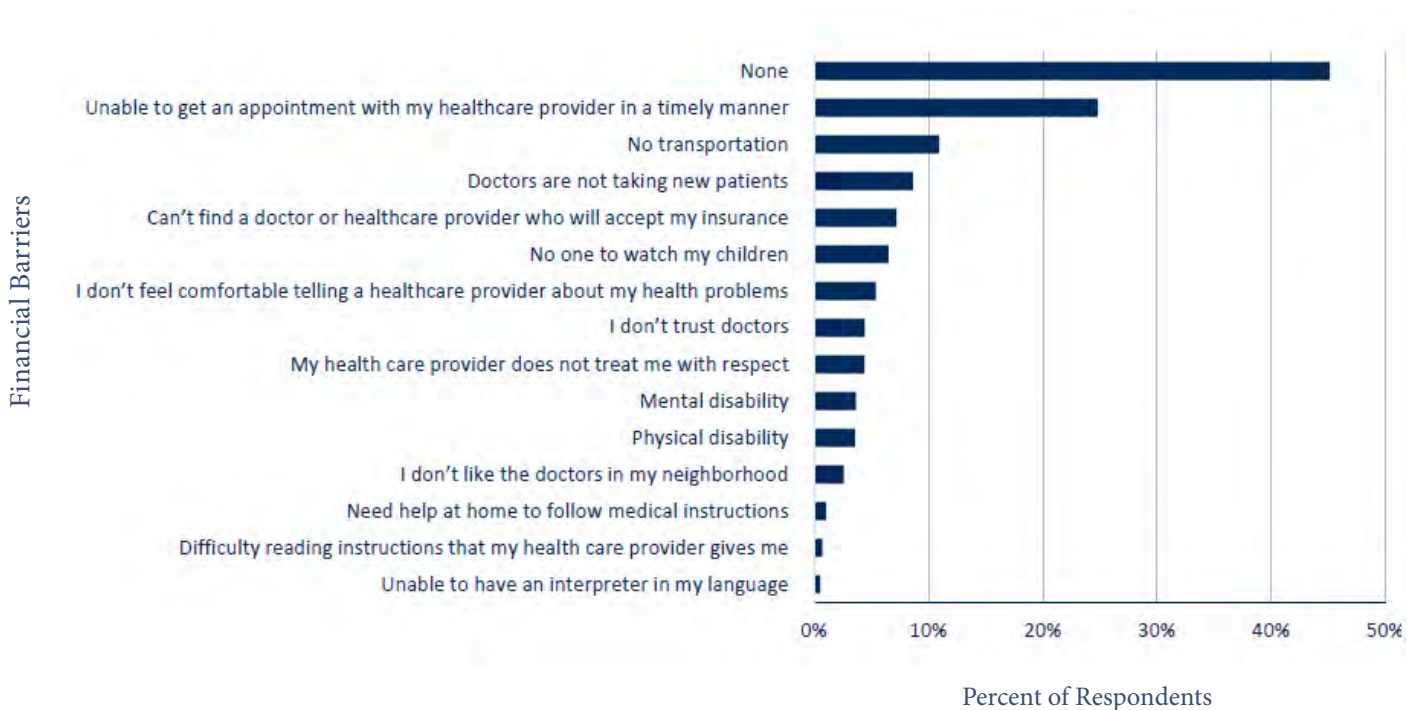
Source: ACHD Community Health Survey, 2021

Figure 27: Percent of Respondents Reporting Financial Barriers, 2019



Source: ACHD Community Health Survey, 2019. Participants could choose as many or few options as they want. Results will not sum to 100%.

Figure 28: Percent of Respondents Reporting Financial Barriers, 2019



Source: ACHD Community Health Survey, 2019. Participants could choose as many or few options as they want. Results will not sum to 100%.

## Transportation

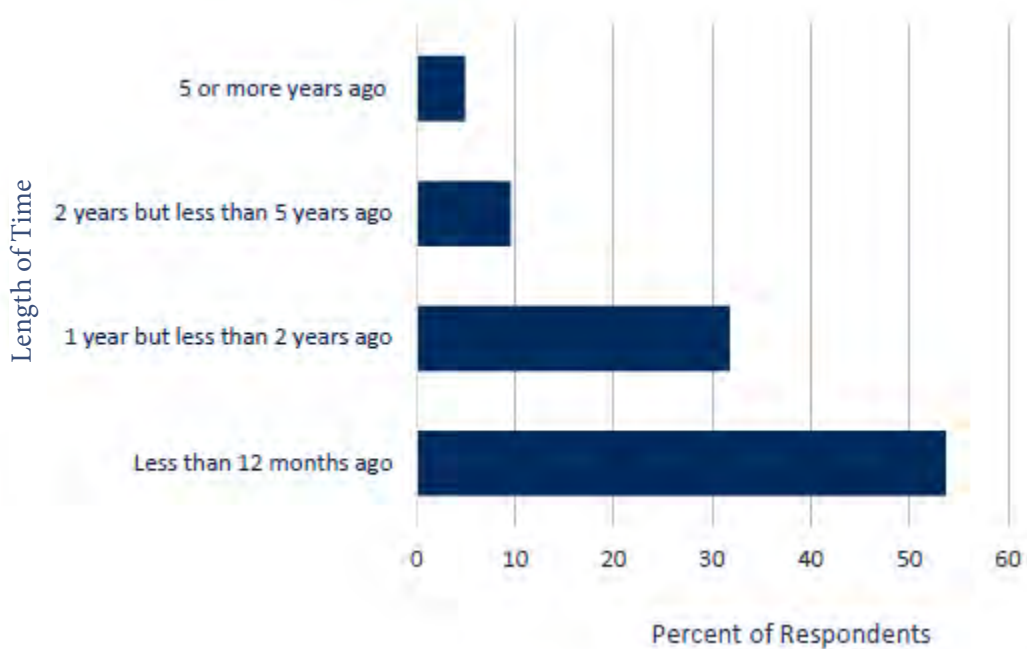
Transportation can be a barrier to accessing health care in Allegheny County. The areas of the county with higher mobility needs were identified in the 2019 Pittsburgh Regional Transit Equity Index, which was aligned with PRT routes and can be used for future route planning.<sup>29</sup> As of 2019, 71,312 households (13%) were without a vehicle in the county, which represented an improvement from 87,279 (16%) in 2000, but current county rates exceed those for Pennsylvania and the nation.<sup>30</sup> According to the Allegheny County 2021 Community Health Survey, transportation is a significant non-financial barrier in accessing health care that is related to both an individual's employment situation (can't take time off work, 21%) and a scarcity of appointments outside of "normal" business hours, further compounded by a lack of transportation (no transportation, 11%).

## Dental Care

Respondents of the 2021 survey were also asked, “How long has it been since you last visited a dentist or dental clinic for any reason?” Dental care is of particular interest as dental cavities and periodontal disease are generally preventable conditions, yet progression can result in lower quality of life and contribute to some acute and many chronic diseases. At the beginning of the pandemic, many dental offices were closed and only available for emergency care. More than half (54%) of respondents visited a dentist within the past year, and approximately one-third (32%) did not have routine care in over a year, but less than two years. Fourteen percent of respondents did not have routine care in the last two years.



Figure 29: Length of time since last visit to dentist, 2021



Source: ACHD Community Health Survey, 2021



# Priority Health Areas



## Priority Health Areas

The ACHD worked with residents and community partners to identify five priority health areas to direct the work of the 2015 Plan for a Healthier Allegheny (PHA). These five areas were:

- 1. Access to Health Care
- 2. Chronic Disease Risk Behaviors
- 3. Environmental Health
- 4. Maternal and Child Health
- 5. Mental Health and Substance Use Disorders

Each priority health area contained several objectives, each with its own goals and strategies. Over the subsequent five years, the department convened working groups comprised of community partners and residents to track progress in each priority area, identify new opportunities to impact the identified metrics, and facilitate connections between organizations and new programming directed at the community-identified goals.

Most of the health priorities identified by residents in the 2019 and 2021 community surveys were also identified in the 2015 PHA process and are detailed in the sections above. The following section reviews the progress to date on many of the 2015 PHA priorities and related health metrics to characterize the overall health of Allegheny County residents.



## Access to Health Care

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### *Priority Health Area 1*

### Overview

Identifying and addressing gaps in and barriers to accessible and affordable, person-centered, high-quality health care was identified as a priority health area in the department's 2015 PHA. Access to health care encompasses at least three dimensions of accessibility: (1) affordability of services and health insurance, (2) availability of services, and (3) physical accessibility of services.

Four objectives were identified through the 2015 PHA process:

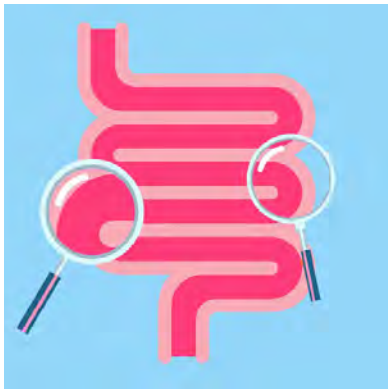
- Increase the number of Allegheny County residents receiving preventive health care services as recommended by United States Preventive Services Task Force (USPSTF).
- Increase the percent of residents who have health insurance coverage.
- Increase the number of Allegheny County residents receiving dental care.
- Improve access to health care services through improved transportation options in Allegheny County.

Challenges persisted in gathering quality data to track progress in the use of preventive care services as well as transportation. The following section reviews available data around access to care to assess progress and areas of continued need. Key findings related to access to care and community perceptions of access to care issues are summarized on pages 31-33.

# Preventive Services

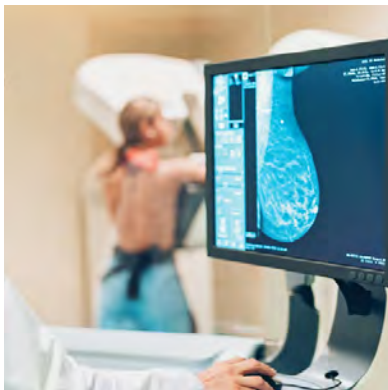
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The following preventive services are critical priorities to improve the health of residents: screening for breast, cervical and colon cancers, adult immunizations to reduce morbidity from influenza and pneumonia, pediatric vaccine schedule completed prior to kindergarten, and screening for chlamydia for sexually active teens and young adults.



## Cancer Screening

In 2019 in Allegheny County, the incidence rate for all-cancers was 484 per 100,000 population<sup>31</sup> and the age-adjusted death rate due to cancer was 157 per 100,000.<sup>32</sup> Early identification and treatment of cancer can reduce morbidity and deaths from cancer. The USPSTF publishes recommendations on the frequency of cancer screening for breast, cervical and colon cancers.



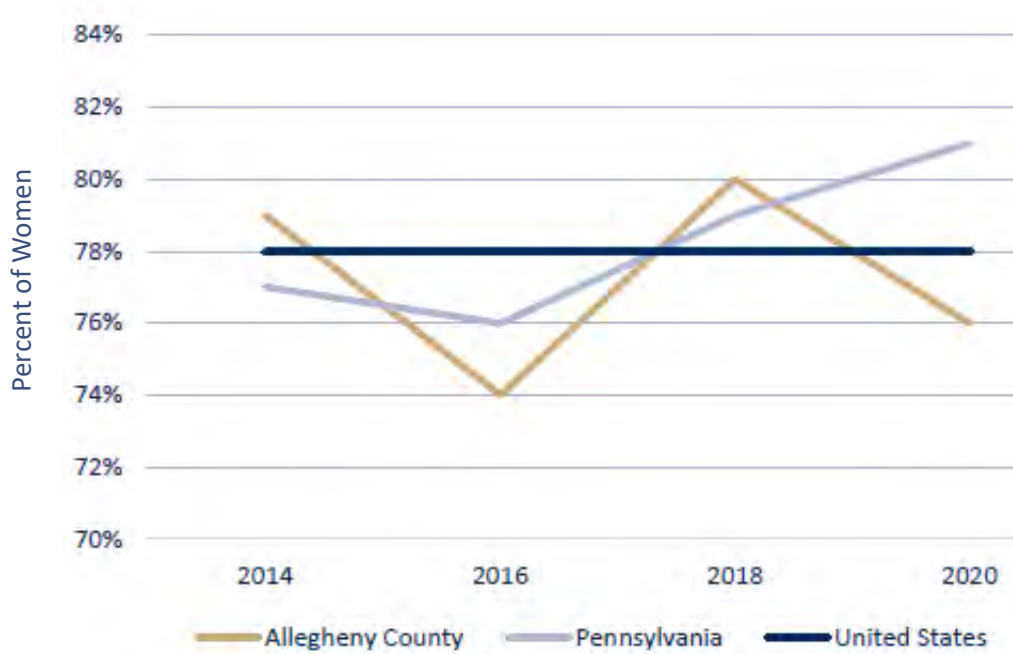
## Mammograms

Breast cancer is a leading cause of cancer death among women in the U.S. According to the American Cancer Society, about one in eight women will develop breast cancer in their lifetime and about one in 39 will die from it.<sup>33</sup> Since 1990, breast cancer death rates have declined due to advancements in treatment and detection. Mammograms, an x-ray of the breast, can detect changes in the breast such as tumors and calcifications that may suggest the presence of cancer. In general, a positive screening mammogram leads to further testing to determine if cancer is present. Mammograms increase the detection of breast cancer in its earlier stages when it is more treatable and curable, reducing mortality rates.

Women aged 50 to 74 years should receive screening mammography for breast cancer every two years.<sup>34</sup> Healthy People (HP) 2030 established a target that at least 77% of women are screened for breast cancer. Data from the 2020 BRFSS demonstrate that overall Allegheny County's rate of screening is 76%.



Figure 30 Women Who Had a Mammogram in the Past Year, age 50-74



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online].

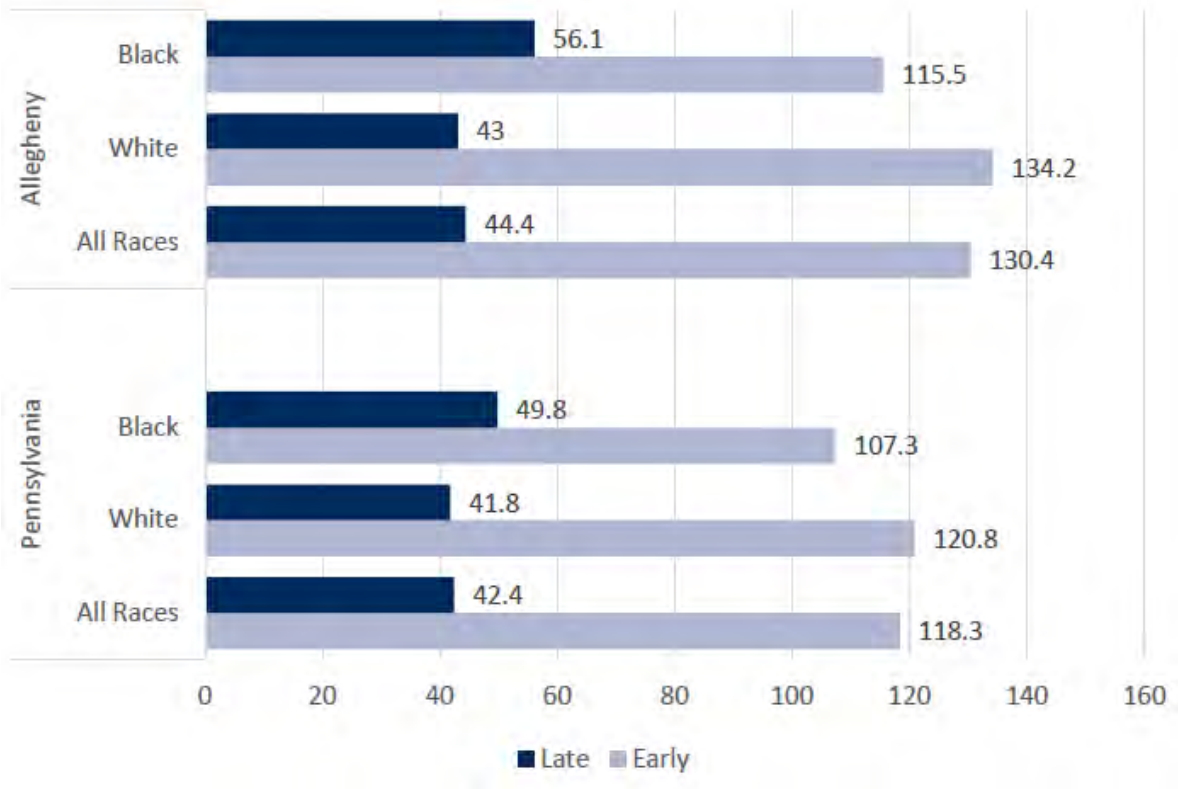
In 2020, women in Allegheny County with at least a college degree were more likely to have had screening mammography (83%) than women with a high school education (79%).<sup>35</sup> We do not have reliable data on mammography screening by race. However, the age-adjusted death rate from breast cancer (2015-2019) is higher for Black women (29.4 per 100,000) than for white women (20.6 per 100,000) in Allegheny County (Figure 31) and overall rates are higher in Allegheny County than Pennsylvania. Black women are diagnosed at later stages of breast cancer than white women (Figure 32).

Figure 31: Breast Cancer Mortality Rates by Race, Allegheny County, 2015-2019

	COUNT	AGE-ADJUSTED MORTALITY RATE FOR BREAST CANCER PER 100,000	
		Allegheny County	Pennsylvania
All Races	1,015	21.6	20.7
White	849	20.6	19.9
Black	145	29.4	28.3

Source: PA DOH, Pennsylvania Cancer Registry, 2015-2019 (EDDIE). There is insufficient data to report other racial or ethnic groups in Allegheny County.

Figure 32: Age-Adjusted Breast Cancer Rates per 100,000 by Stage and Select Race, 2015-2019



Source: PA DOH, Pennsylvania Cancer Registry, 2015-2019 (EDDIE).

## Cervical cancer

Cervical cancer was once one of the most common causes of cancer death for women in the U.S.; the cervical cancer death rate dropped as a result of the increased use of the Pap test. In recent years, the human papilloma virus (HPV) test was approved as another screening tool for cervical cancer since nearly all cervical cancers are caused by HPV. The HPV test looks for infection by high-risk types of the HPV that are more likely to cause pre-cancers and cancers of the cervix. The HPV test can be used alone (primary HPV test) or at the same time as the Pap test (called a co-test). The HPV vaccine, given to children age nine, prevents infection with HPV and therefore decreases risk for cervical cancer.

Cervical cancer is most frequently diagnosed in women between the ages of 35 and 44 and rarely develops in women younger than 20. Because many older women do not realize that the risk of developing cervical cancer is still present as they age, more than 20% of cases are found in women over 65.

The United States Preventive Services Taskforce (USPSTF) recommends screening for [cervical cancer](#) every three years with cervical cytology alone in women aged 21 to 29 years.<sup>36</sup> For women aged 30 to 65 years, the USPSTF recommends screening every three years with cervical cytology alone, every five years with high-risk human papillomavirus (hrHPV) testing alone, or every five years with hrHPV testing in combination with cytology (co-testing).

In Allegheny County in 2018, 85.2% of women aged 21-65 had a cervical cancer screening test.<sup>37</sup> Overall Allegheny County exceeds the Healthy People 2030 screening goal of 84.3%. Data are not available by race for this metric due to an insufficient sample size.

## Colorectal cancer

Colorectal cancer is the second leading cause of cancer-related deaths in the U.S. Screening for colorectal cancer is associated with detection at earlier and more treatable stages of cancer and thus can save lives. It affects men and women of all racial and ethnic groups and is most often found in people who are 50 years old or older.



Until they reduced the initial screening age to 45 years in their 2021 recommendations, the USPSTF had recommended all adults aged 50 to 75 years receive colorectal cancer screening. Testing may need to begin earlier or occur more frequently if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

The CDC's 2020 Behavioral Risk Factor Surveillance System (BRFSS) asked people across the United States whether they had been screened for colorectal cancer. In 2020, for the first time, the survey asked questions about fecal immunochemical test (FIT)-DNA and computed tomography (CT) colonography.

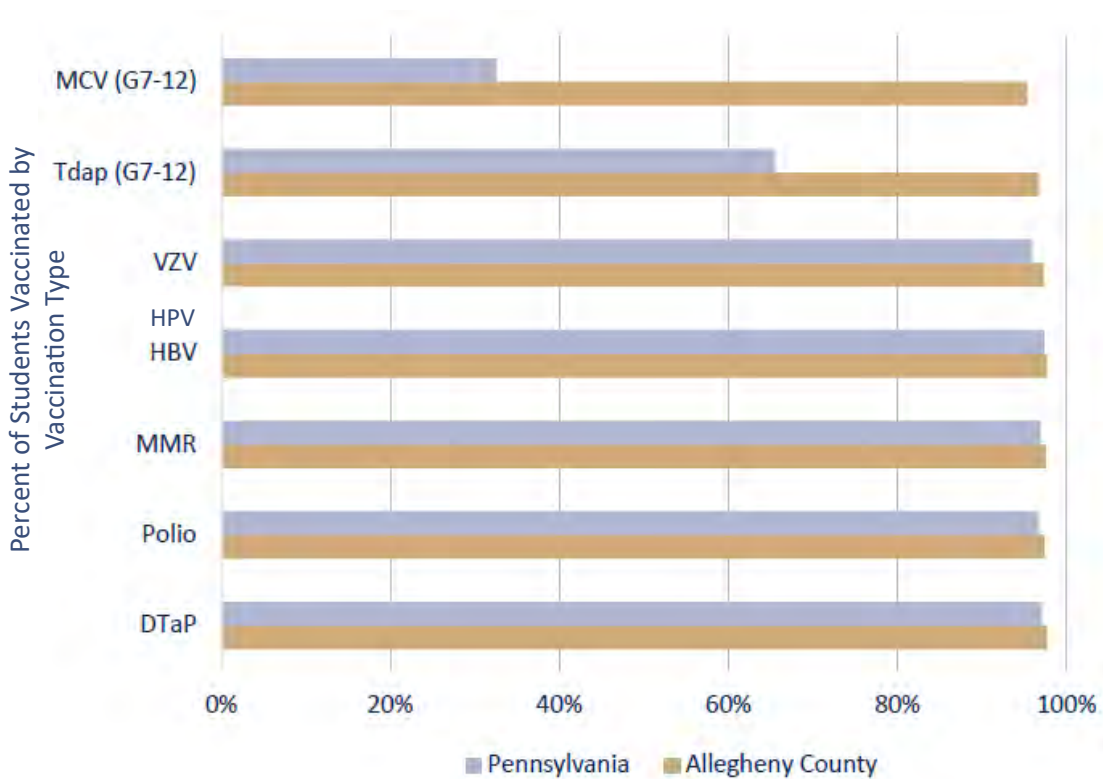
According to the 2020 BRFSS, 71% (CI: 64%-77%) of Allegheny County residents aged 50 to 75 years completed one or more of the recommended colorectal cancer screening tests within the recommended time interval. Overlapping confidence intervals suggest that these estimates are not statistically different from the state screening rate of 75%. The sample of BRFSS data for Allegheny County is too small to provide reliable estimates of screening test completion rates by race and ethnicity (BRFSS, Colorectal cancer screening).<sup>38</sup>

## Childhood Immunizations

Vaccinations can reduce severity of symptoms, reduce mortality, and decrease spread of infectious agents to compromised individuals who can't be vaccinated. Not all (or even many) unvaccinated people are compromised. The ACHD requires all schools (public, private/independent, parochial/religious, charter, and cyber) to submit the immunization status of their students twice a year. Overall, for the 2020 to 2021 school year, more than 95% of students received the following vaccinations (Figure 33).



Figure 33: Percent of Students Vaccinated, 2020-2021



Source: ACHD, 2020-21 School Immunization Data by Vaccine.

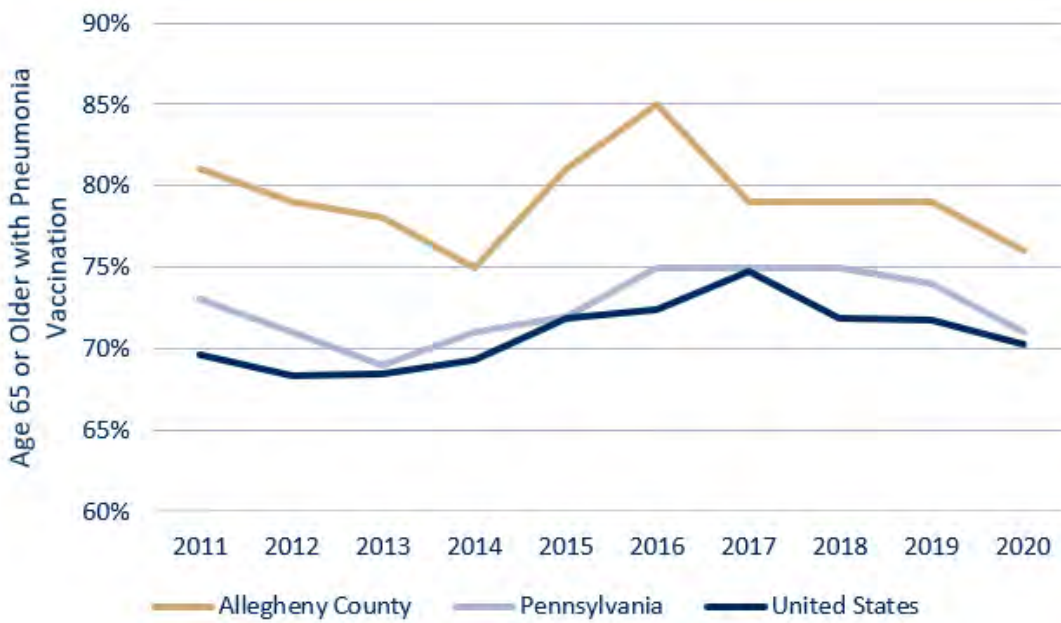
Note: MCV vaccine data assumes one dose for 7-11 graders and 2 doses for 12th graders.

## Adult Immunizations

Adults ages 65 and older have an increased risk of serious illness and death from pneumococcal infections, such as sepsis and pneumonia. Pneumococcal vaccination reduces the likelihood of these serious outcomes.



Figure 34: Age 65 or Older with Self-Reported Pneumonia Vaccination

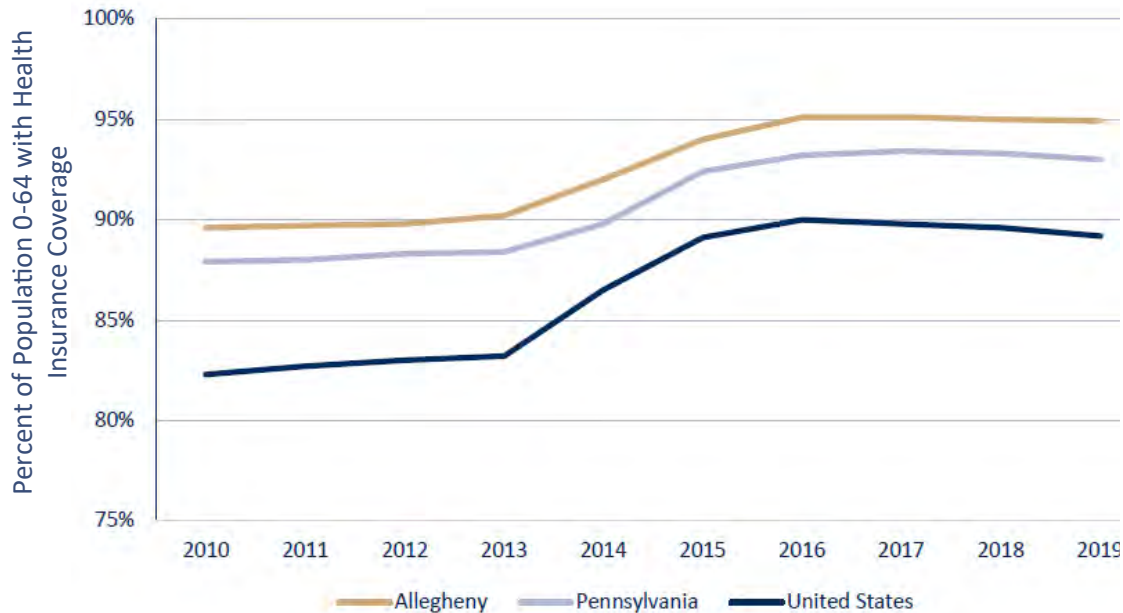


Source: CDC, Behavioral Risk Factor Surveillance System, 2013-2020 (EDDIE)

## Cost of Care & Insurance Coverage

According to the American Community Survey (2010-2014 Estimates), there were 90,813 individuals without health insurance coverage in Allegheny County. By 2019, that number fell to fewer than 47,000 uninsured, nearly all of whom are adults aged 19 to 64.<sup>39</sup> Despite this increase in coverage, residents continue to face financial barriers to health care, as cited in the 2021 survey results, with 50% of residents who reported a financial barrier to health care.

Figure 35: Persons (0-64 years) with Health Insurance Coverage, Allegheny County, 2009-2019



Source: U.S. Census Bureau, 2010-2019, Small Area Health Insurance Estimates (SAHIE).

Medicaid is a joint federal and state program that provides health insurance coverage to more than 72.5 million Americans, including children. Low-income families and individuals receiving Supplemental Security Income are eligible for Medicaid coverage. In Allegheny County and Pennsylvania, 38% of children under 19 were actively enrolled in Medicaid /CHIP in 2019, but fewer children in Allegheny County were uninsured (2%) compared to Pennsylvania (5%).<sup>40</sup>

## Dental Care

Professional dental care helps maintain the overall health of teeth and the mouth and provides for early detection of pre-cancerous and cancerous lesions. The Healthy People 2030 framework recommends that all adults and children see a dentist on a regular basis and that children and teens have sealants placed on molars.

Figure 36: Percent of Adults who Visited a Dentist in the Past Year, 2012-2020

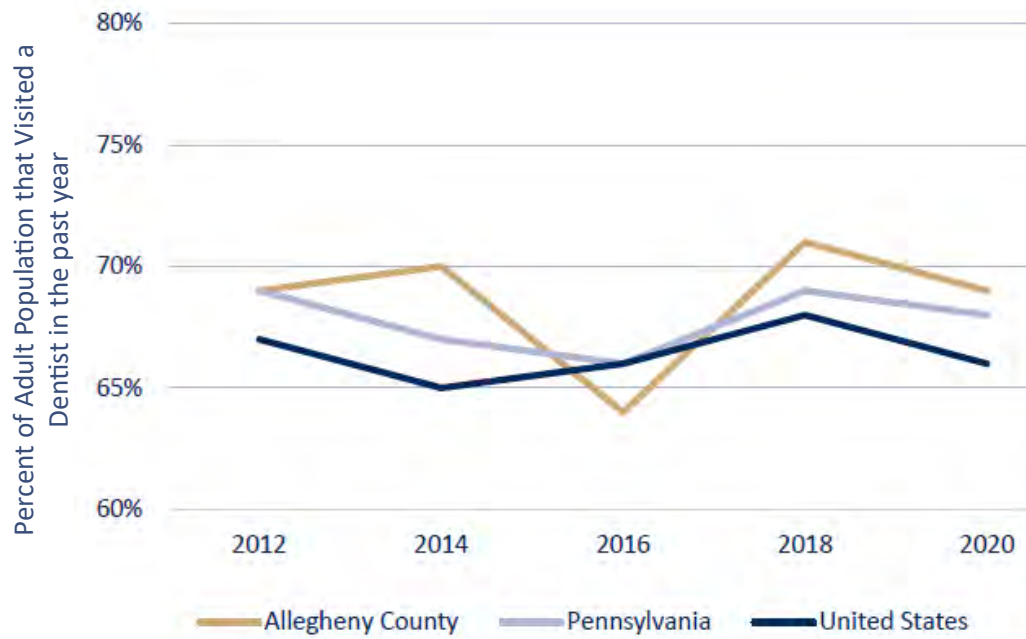
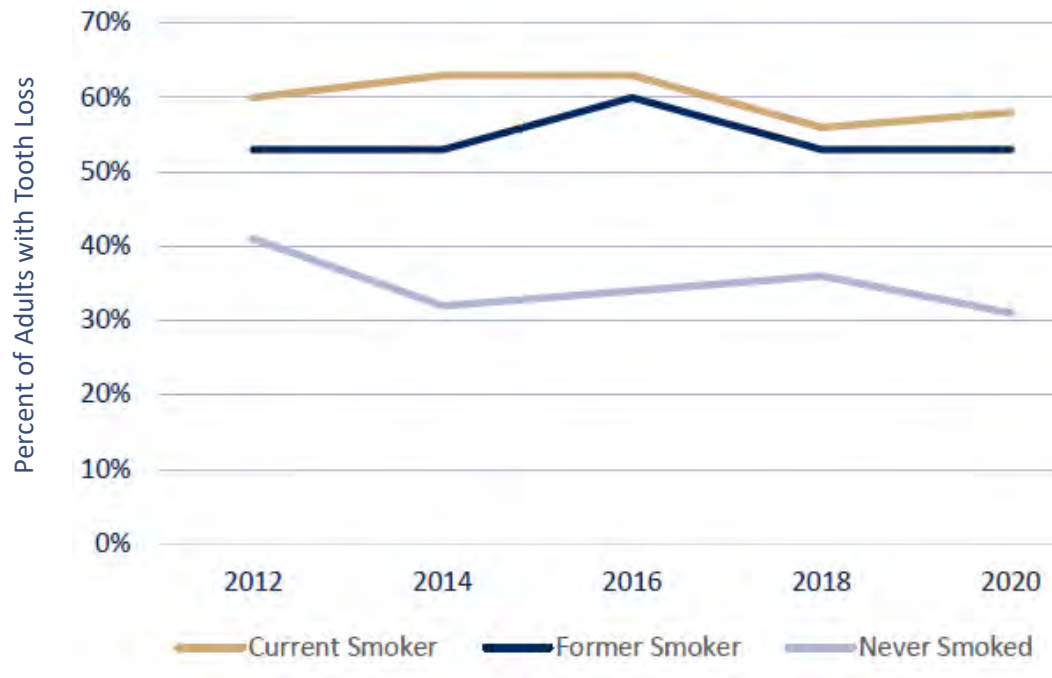


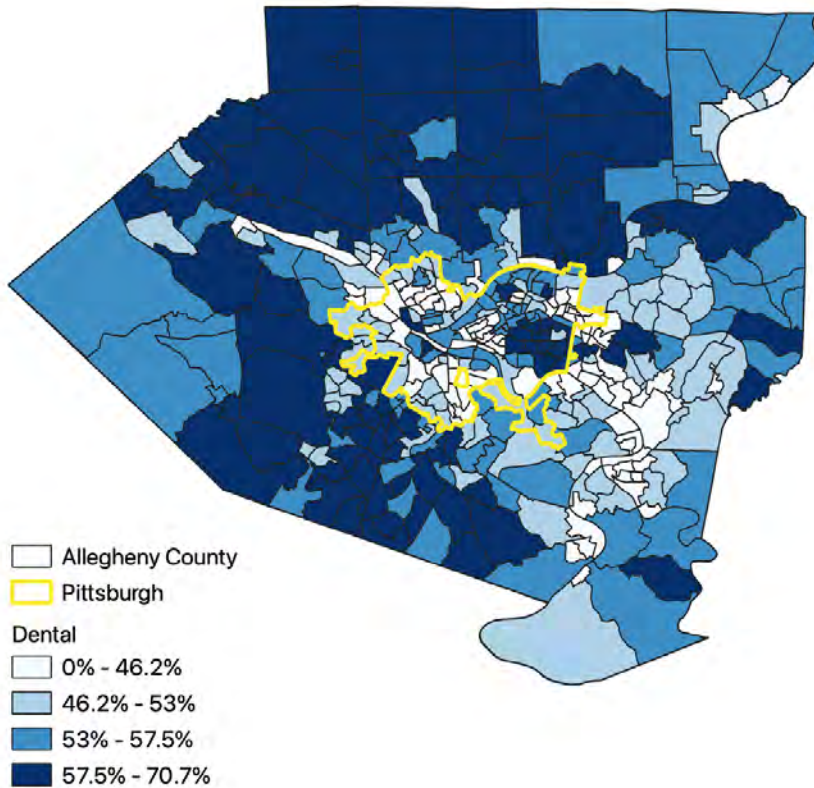
Figure 37: Percent of Adults with Permanent Tooth Loss from Tooth Decay or Gum Disease by Smoking Status, Allegheny County, 2012-2020



Source: CDC, Behavioral Risk Factor Surveillance System, 2012-2020 (EDDIE)

The geographic patterns of who has visited a dentist vary by census tract, ranging from 36% to 71% of adults visiting a dentist (Figure 38: Adults Who Visited a Dentist). For more information, see page 4 of the 2018 PHA Annual report for Dental Task Force updates. [2018 Allegheny County Dental Task Force](#).

Figure 38: Adults Who Visited a Dentist



Source: Claritas Consumer Profiles, HCI 2021.





## Chronic Disease and Prevention

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### *Priority Health Area 2*

### Overview

Decreasing preventable chronic disease by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors was identified as a priority health area in the department's 2015 PHA. Five chronic disease health-related behavior objectives were identified in the 2015 PHA process:<sup>41</sup>

- Decrease obesity in school-age children.
- Increase fruit and vegetable consumption among adolescents and adults.
- Increase the number of residents who participate in either moderate or vigorous physical activity in a usual week.
- Reduce county cigarette smoking rate among all residents and reduce racial disparities.
- Reduce smoking during pregnancy.

Chronic diseases are the leading cause of death and disability in the United States and Allegheny County. The major chronic diseases, as defined by the CDC, are heart disease and stroke, cancer, and diabetes.<sup>42</sup> These chronic diseases incur a high health care cost and negative health impact. In Allegheny County, heart disease and stroke, chronic lower respiratory disease, cancer and diabetes accounted for 57% of deaths in 2019.<sup>43</sup>

Figure 39: Age-Adjusted Rates per 100,000 for Selected Causes of Death, 2015-2019

MEASURE	ALLEGHENY	PENNSYLVANIA	UNITED STATES
All causes of death	783.2	764.2	726.3
Heart disease	186.5	175.3	164.8
Cancer	162.5	160	152.3
Cerebrovascular diseases	34.1	36.4	37.3
Chronic lower respiratory diseases	37.5	36.2	40.2
Alzheimer's disease	22.7	21.2	30.2
Diabetes mellitus	18.4	20.7	21.3
Kidney disease (nephritis, nephrotic syndrome and nephrosis)	15.1	16	13.0

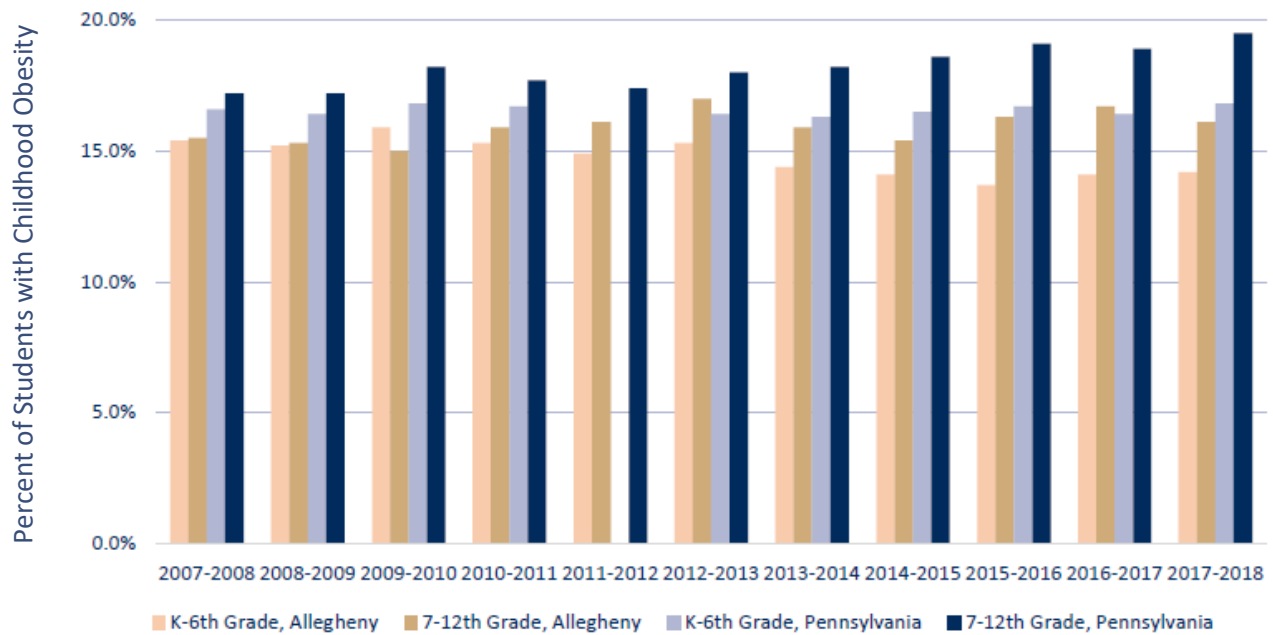
Source: PA DOH Vital Statistics, Mortality Data, 2015-2019 (EDDIE). U.S. data from 2015-2019 CDC Wonder.

## Nutrition

### Childhood Obesity

According to the CDC, obesity during childhood has immediate and long-term effects on physical, social, and emotional health of children.<sup>44</sup>

Figure 40: Childhood Obesity Prevalence by Grade, 2007-2018, Allegheny County



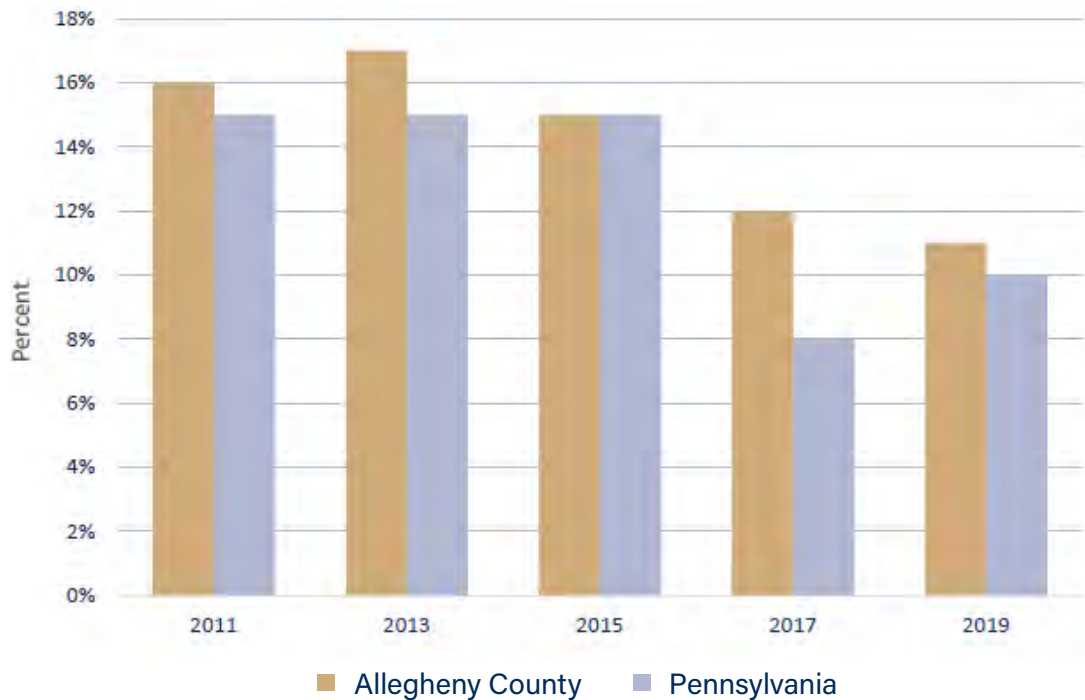
Source: PA DOH, School Health Statistics, 2007-2018 (HCI). Note: PA data for 2011-2012 are not available.

## Fruit and vegetable consumption among adolescents and adults

Fruit and vegetable consumption are a part of a healthy diet, which can help people live longer and prevent chronic diseases. The data on fruit and vegetable consumption for adults is based on a survey sample that is too small to produce reliable rates for both comparisons between groups and trends over time.<sup>45</sup>



Figure 41: Adult Fruit and Vegetable Consumption (5+ Fruit & Vegetables/day), 2011-2019, Allegheny County and Pennsylvania



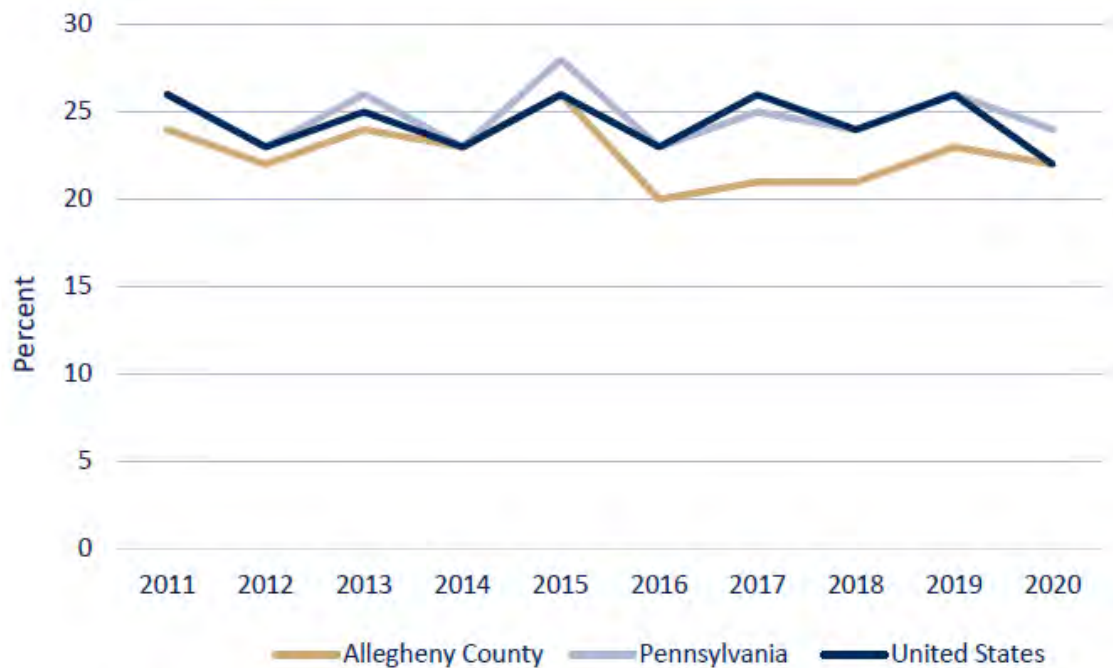
Source: CDC, Behavioral Risk Factor Surveillance System, 2011-2019 (EDDIE)

# Physical Activity

Physical activity is linked to people living longer and healthier lives with less risk of the health problems that come from chronic diseases. People who have chronic diseases can benefit from physical activity to better manage their conditions.<sup>46</sup> The number of adults with no leisure time physical activity in the past month in Allegheny County has fallen from 26% in 2015 to 22% in 2020, compared to 24% for all Pennsylvania adults in 2020.



Figure 42: Adult No Physical Activity Past Month, 2011-2020, Allegheny County and Pennsylvania



Source: CDC, Behavioral Risk Factor Surveillance System, 2020 (EDDIE) and Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data.

# Smoking

Smoking harms nearly every organ of the body and it leads to acute and chronic diseases and disability. There are direct links between smoking and cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). Secondhand smoke is also associated with stroke, lung cancer, and coronary heart disease in adults. Children who experience secondhand smoke are at greater risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.<sup>47</sup> For both men and women, there is a much higher (three times) rate of age-adjusted mortality for people who have smoked when compared to people who have not smoked.<sup>48</sup>

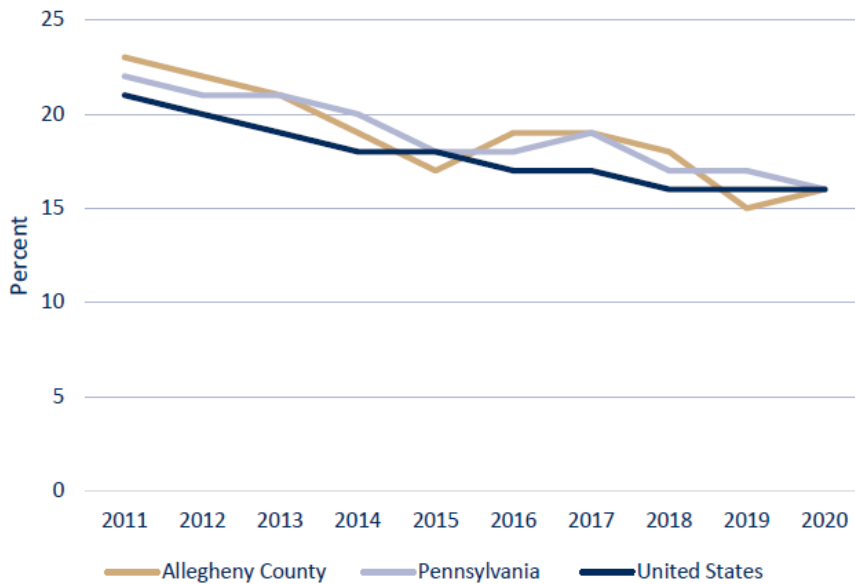


Figure 43: Current Adult Smokers, 2011-2020, Allegheny County and Pennsylvania

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data.

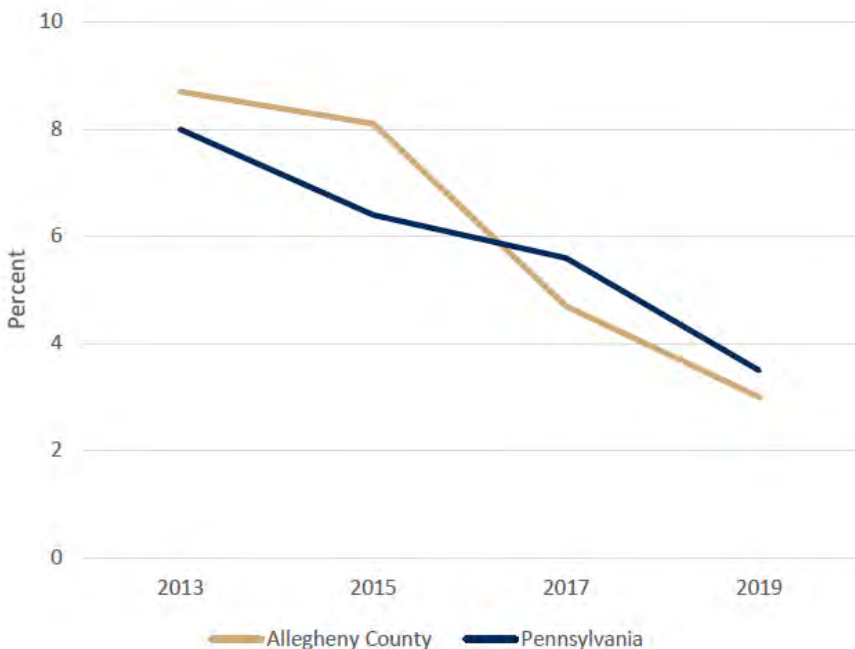


Figure 44: Pediatric (6th, 8th, 10th, and 12th grade) Current Smokers, 2013-2019, Allegheny County

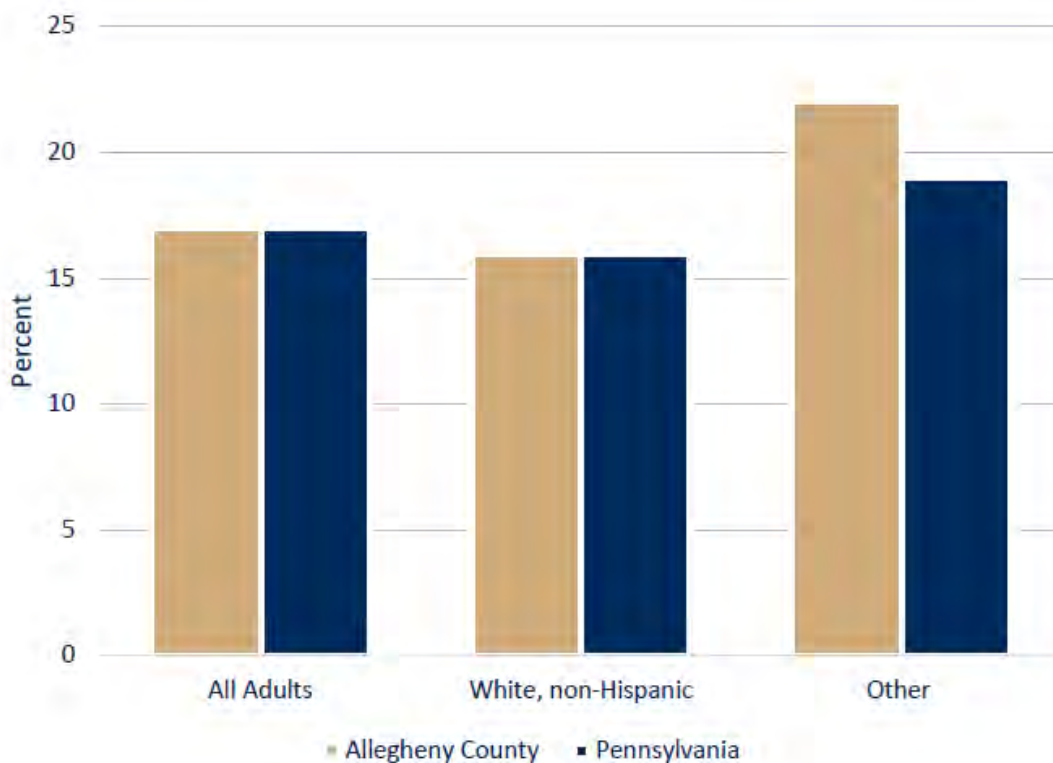
Source: PA DOH, Pennsylvania Youth Survey (PAYS), 2013-2019 (HCI)

## Racial Disparities in Smoking

Cigarette smoking has been on the decline since 1964. However, both nationally and in Allegheny County, there are disparities in tobacco use according to race, educational level, and socioeconomic status.<sup>49</sup>

Current smoking is captured in the BRFSS every year, but the sample size collected for Allegheny County residents is too small to produce comparable rates, especially when further divided into specific racial groups (Figure 45). Racial disparities for health behaviors are important to measure and connect to outcomes of social determinants of health, so representative sampling within all races and ethnicities is crucial. Despite issues with insufficient data and grouping individuals that do not identify as “white, non-Hispanic,” the current snapshot reflects that differences exist within Allegheny County even if the exact disparity is imprecise.

Figure 45: Percent of Adults who Smoke, 2018-2020 (3-year), Allegheny County and Pennsylvania

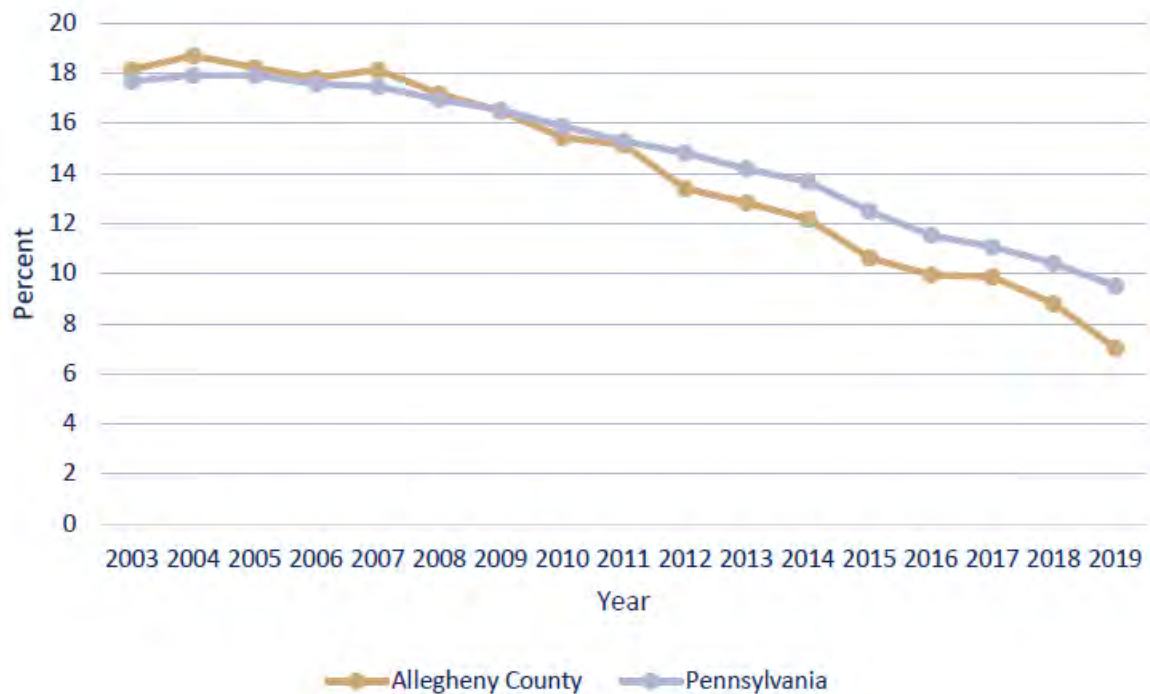


Source: CDC, Behavioral Risk Factor Surveillance System, (3-year) 2018-2020 (EDDIE)

## Smoking during Pregnancy

There are several health effects that are associated with smoking during pregnancy. Smoking during pregnancy puts a baby at risk for birth defects and increases the chance of the mother experiencing complications during pregnancy. It can also contribute to preterm birth, lower birthweight and increased risk of sudden unexpected infant death (SUID).<sup>50</sup>

Figure 46: Birthing Persons who Smoked During Pregnancy, Allegheny County and Pennsylvania, 2003-2019



Source: ACHD Vital Statistics, Birth Data, 2003-2019

## Asthma

Asthma, which affects people of all ages, is a common condition that affects the lungs. Symptoms include coughing, wheezing, shortness of breath, and chest tightness. If the symptoms are severe enough then it is called an asthma attack and medical care is often required; the condition results in about 3,500 U.S. deaths per year. There is no cure for asthma, but people can control symptoms through the use of short and long-acting medications and avoiding their asthma triggers. In the United States, 7% of children (<18 years old) and 8% of adults (18+ years old) are reported to have asthma. In Allegheny County, asthma rates are slightly higher with 9.7% of K-12 students and 9% of adults reported to have the condition.



Rates of hospitalization and emergency department visits associated with asthma are important indicators of unmanaged asthma. Allegheny County has a higher rate of emergency department visits for pediatric asthma than Pennsylvania, but lower rates of hospitalization. There are substantial disparities for asthma-related emergency department visits when rates are compared by race. Since 2016, Black children visited an ED for asthma at 10 times the rate of white children in both Allegheny County and Pennsylvania.

Figure 47: Pediatric (Age 5 to 17) Asthma ED Rates by Race, Allegheny County, 2016-2020

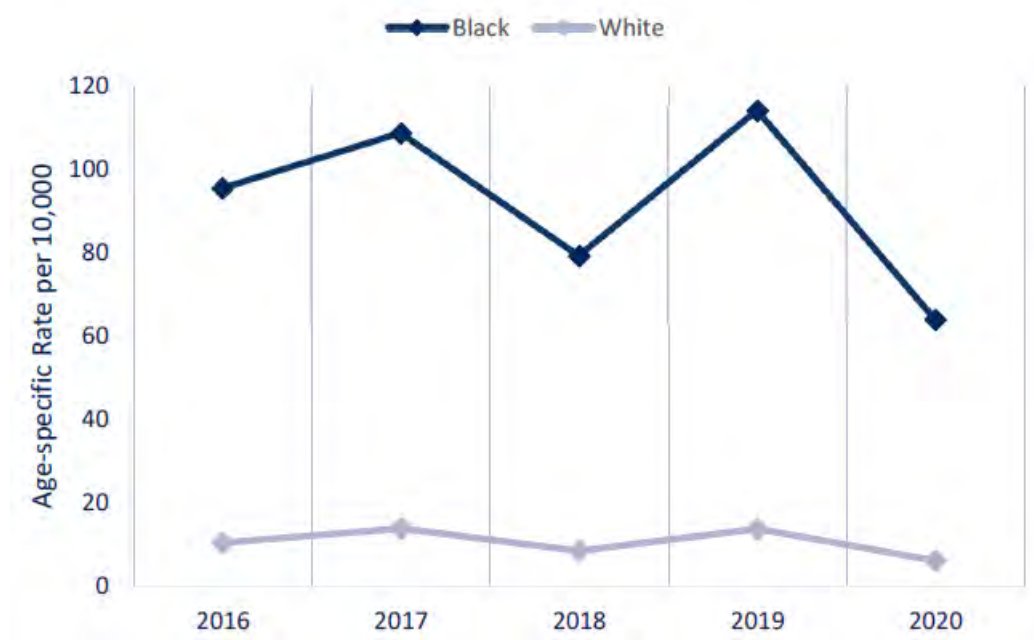


Figure 48: Pediatric Asthma ED Rates by Age, 2016-2020, Allegheny County

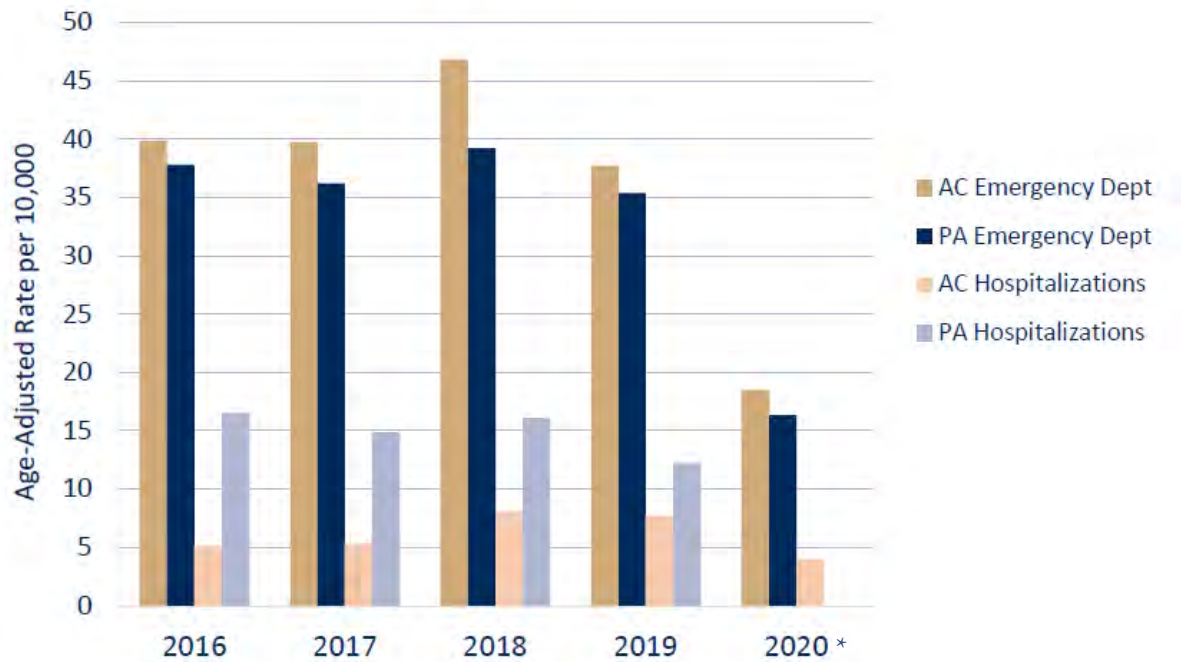


Source: Health Monitoring Systems Inc, Asthma Classifier, 2016 - 2020 (EpiCenter)



Health care utilization declined in 2020 as a result of the pandemic, including pediatric asthma emergency department visits. The decline in asthma related emergency department visits may be due to reduced exposure to triggers (e.g. viruses) as asthma hospitalizations also decreased compared to other years. Some reduction in emergency department visits may also be explained by the increased use of telehealth during the pandemic. There was less of a rate fluctuation in our five-year study period; therefore, hospitalizations may be a better reflection of asthma severity in Allegheny County.

Figure 49: Pediatric (<18) Asthma Hospitalization Rates by Age, 2016-2020, Allegheny County



Sources: 1) Health Monitoring Systems Inc, Asthma Classifier, 2016 - 2020 (EpiCenter); 2) Pennsylvania Health Care Cost Containment Council (PHC4), Inpatient Discharge, 2016-2020; 3) CDC, Behavioral Risk Factor Surveillance System, 2016-2019 (EDDIE)

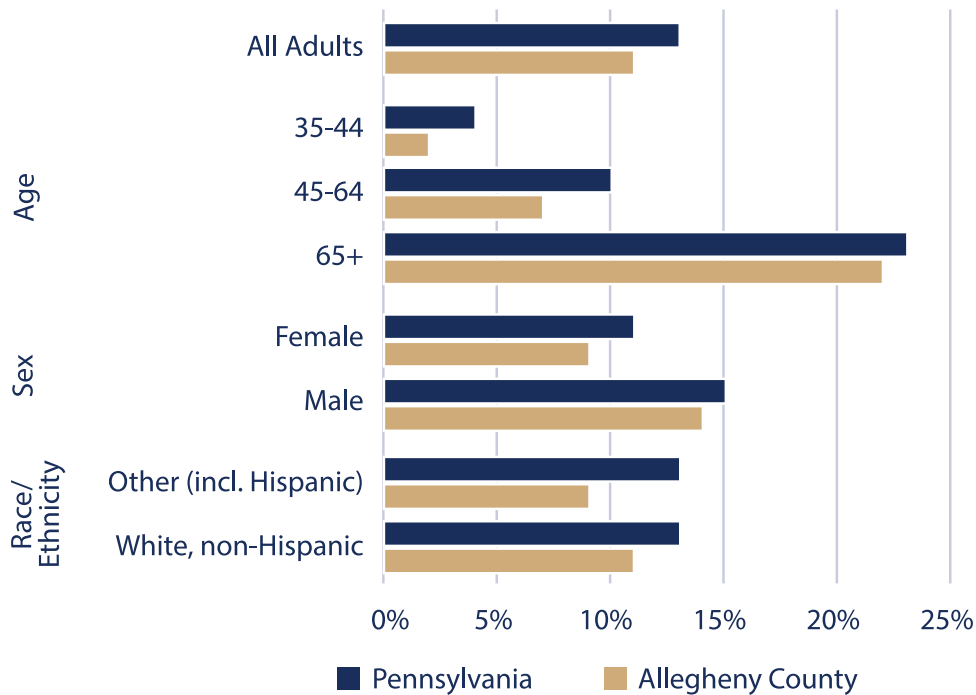
\* PA Hospitalization data is not yet available for 2020

# Cardiovascular (Heart) Disease

Cardiovascular disease (CVD) encompasses several diseases related to the heart, the most common being coronary artery disease. CVD may result in heart attacks, angina, heart failure, arrhythmias, and ischemic strokes. Risk factors for CVD are similar to those of other chronic diseases and include physical inactivity, unhealthy diet, obesity, and genetics. In the U.S. and Allegheny County, CVD is the leading cause of death for both men and women.<sup>51</sup> Heart disease deaths in Allegheny County for 2017-2019 occurred at a rate of 186.8 per 100,000 compared to 174.7 for Pennsylvania.<sup>52</sup>



Figure 50: Cardiovascular Event History, 2017-2019



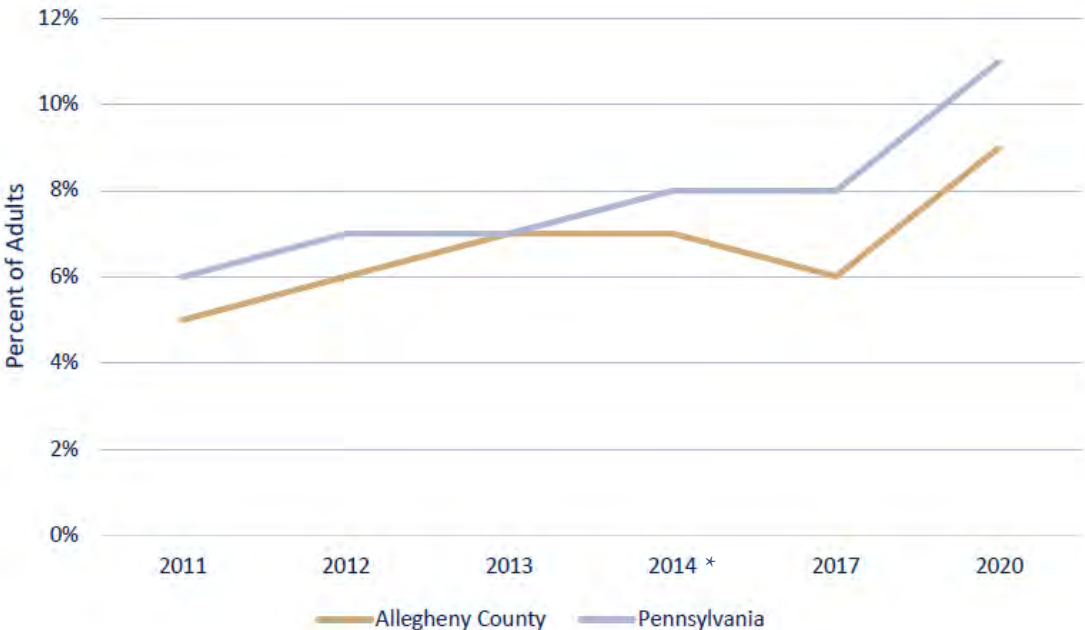
“Has a doctor, nurse, or other health professional ever told you that you had any of the following: a heart attack, heart disease or stroke?” (Specifically, for individuals 35 years of age or older).

Source: Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). Available from [Pennsylvania Department of Health, EDDIE](#).

# Diabetes

Diabetes is a disease characterized by high levels of blood glucose that results from the insufficient production of or response to insulin. Risk factors for diabetes include physical inactivity, obesity, and genetics. Serious, long-term health complications can result from diabetes and include blindness, heart disease, kidney disease, neuropathy, and peripheral vascular disease that can result in amputations.<sup>53</sup>

Figure 51: Ever Told by Doctor or Other Health Professional they Have Pre-diabetes or Borderline Diabetes



Source: CDC, Behavioral Risk Factor Surveillance System, 2020 (EDDIE)

\* Starting in 2014, the question was asked every three years.

# Cancer

Data on the incidence of cancer in Allegheny County can be found in Cancer Screening beginning on page 38.



# Environmental Health

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## *Priority Health Area 3*

### Overview

Enhancing quality of life by reducing pollution and other environmental hazards using coordinated, data-driven interventions was identified as a priority health area in the department's 2015 PHA. Environmental concerns surfaced by community residents centered around air and water pollution.

Five objectives were identified:

- Ensure that unconventional oil and gas production (UOGP) within Allegheny County is conducted responsibly.
- Ensure that public water systems, including drinking and wastewater systems, in Allegheny County operate in compliance with local, state, and federal standards.
- 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.
- Reduce local emissions in high priority communities in Allegheny County.
- Develop and support a county-wide Climate Action Plan to reduce greenhouse gas emissions.

In 2018 the Pennsylvania Department of Environmental Protection (PADEP) absorbed the ACHD Public Drinking Water program. As a result, the ACHD responsibilities related to compliance have ceased.

# Unconventional Oil and Gas Production

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Currently, all unconventional well sites in the county meet the PADEP exemption from air permitting criteria. The Health Department reviews proposed well sites for air permitting criteria and works with the PADEP to ensure exemption criteria are met. More information on unconventional oil and gas production can be found at the [PADEP's website](#).<sup>54</sup>

## Air Quality

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There are ten air monitoring sites in Allegheny County that provide systematic, long-term assessment of air pollution. Many of the sites measure several different pollutants; fine particulate matter (PM<sub>2.5</sub>) is measured at eight different sites. The locations for monitoring stations depend on the purpose of the monitoring. They are near busy roads, in city centers, and at locations of concern (e.g., industrial pollution sources in the Monongahela Valley). Monitoring stations also determine background pollution levels, away from urban areas and emissions sources. ACHD publishes a [yearly report on air quality monitoring](#).<sup>55</sup>

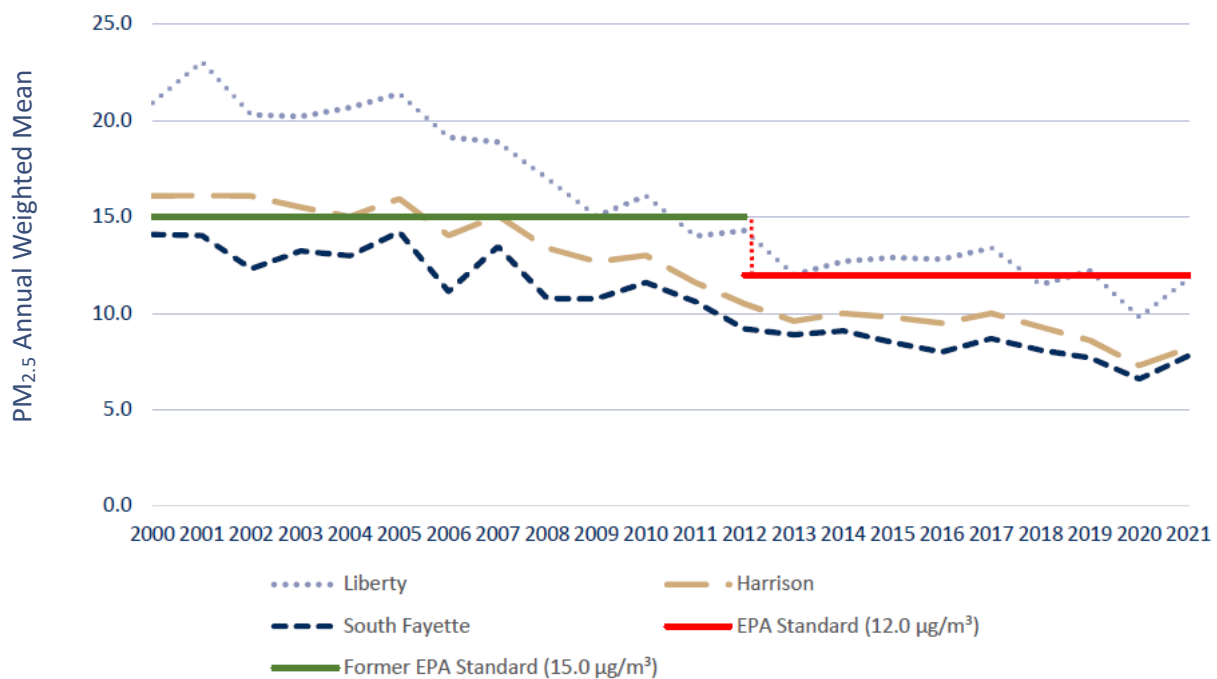
In October 2022, the ACHD submitted documentation to the PA Department of Environmental Protection demonstrating that for the years 2018-2021 the county's average concentration of PM<sub>2.5</sub> was below the national standard set by the Environmental Protection Agency.



## Particulate Matter

Particulate matter (PM) is composed of tiny particles that are small enough to irritate your eyes, nose and throat; sometimes even small enough to be inhaled deep into lungs. These particles can be solids or liquids and can include dirt, dust, soot, smoke, and drops of liquid.<sup>56</sup> Sources of PM include exhaust from cars and trucks, industrial processes, electric generation from fossil fuels, and fires (e.g., campfires, forest fires). PM<sub>10</sub> (the larger PM) irritates the eye, nose and throat and results from sites where dust is produced. PM<sub>2.5</sub> is smaller and can be inhaled deep into the lungs which can lead to tissue damage and contribute to cardiovascular disease, lung disease, and cancer.<sup>57</sup> PM<sub>10</sub> exposure during pregnancy is associated with low-birth weight in Allegheny County.<sup>58</sup> PM<sub>2.5</sub> will contribute to low birth weight too. This study was conducted before PM<sub>2.5</sub> was measured.

Figure 52: PM<sub>2.5</sub> Annual Weighted Means by Year for Selected Monitoring Stations, Allegheny County, 2000-2021



Source: ACHD Air Quality Monitors.

## Ozone

The federal standard for ozone is based on maximum 8-hour averages within each eight-hour block period within a calendar day. The eight-hour ozone standard of 0.070 parts per million (ppm) must not be exceeded by the design value.\* The ozone season for Allegheny County extends from March 1 through October 31. The ACHD monitors showed attainment of the eight-hour standard of 0.070 ppm for the third time in six years. Based on predominant wind flow for Allegheny County, South Fayette monitor is considered to represent incoming ozone levels, Lawrenceville monitor represents ambient urban ozone levels, and Harrison monitor represents outgoing ozone levels.

\* The design value is the annual fourth-highest daily maximum 8-hour ozone concentration, averaged over three consecutive years.

Figure 53: Ozone

MONITOR SITE	8-HOUR STANDARD = 0.070 PPM					
	8-Hour Maximum (ppm)		Exceedence Days		8-Hour 3-Yr. Avg. of 4th Max. (ppm)	
	2020	2021	2020	2021	2018-2020	2019-2021
South Fayette	0.071	0.070	2	0	0.067	0.066
Harrison	0.077	0.072	4	1	0.068	0.065
Lawrenceville	0.071	0.068	2	0	0.067	0.064

Source: Source: Air Quality Annual Data Summary: Criteria Pollutants and Selected Other Pollutants for 2021. Allegheny County Health Department, Air Quality Program.

## Sulfur Dioxide

Sulfur dioxide (SO<sub>2</sub>) is a criteria air pollutant that is monitored at four sites in Allegheny County, mostly in industrial areas. The South Fayette monitor is used as a background monitor, providing a measurement of SO<sub>2</sub> normally entering Allegheny County from the southwest. The one-hour primary federal standard is 75 parts per billion (ppb). To attain this standard, the three-year average of the 99th percentile of the daily maximum one-hour average at each monitor must not exceed 75 ppb. Maximums for 2020 and 2021 are shown in the table below:

Figure 54: Sulfur Dioxide

MONITOR SITE	1-HOUR STANDARD = 75 PPB				
	1-Hour Maximum (ppm)		99th Percentile		Exceedences
	2020	2021	2018-20	2019-21	2021
North Braddock	105	69	64	58	0
Liberty	57	60	85	59	0
Lawrenceville	7	15	9	8	0
South Fayette	16	10	11	10	0

Source: Source: Air Quality Annual Data Summary: Criteria Pollutants and Selected Other Pollutants for 2021. Allegheny County Health Department, Air Quality Program.

## Nitrogen Oxide

Nitrogen oxides are monitored at two sites in the county. Nitrogen dioxide (NO<sub>2</sub>) is calculated each hour by subtracting nitrogen oxide (NO) from the total nitrogen oxides (NO<sub>x</sub>) concentration. Starting in 2010, the standard for NO<sub>2</sub> is 0.053 ppm (or 53 parts per billion [ppb]) on an annual average basis. A new one-hour federal standard of 100 ppb began in 2010. To attain this standard, the three-year average of the 98th percentile of the daily maximum one-hour average at each monitor must not exceed 100 ppb. Average NO data for 2020 and 2021 are shown in Table 55.

Figure 55: NO<sub>2</sub> Averages, Allegheny County 2020-2021

MONITOR SITE	NO <sub>2</sub> Annual Std. = 53 ppb		1-Hour Maximum		NO <sub>2</sub> 1-Hour Standard = 100 ppb	
	2020 Avg.	2021 Avg.	2020	2021	2018-20 98th percentile	2019-21 98th percentile
Pkwy East	9	10	51	46	35	35
Harrison	5	5	44	42	33	31

Source: Source: Air Quality Annual Data Summary: Criteria Pollutants and Selected Other Pollutants for 2021. Allegheny County Health Department, Air Quality Program.

## Environmental Justice

Since the 2015 Community Health Assessment, the ACHD developed two Environmental Justice Indices (2019 and 2022) that highlight the populations that are more vulnerable to health issues based on who they are, where they live, and the overlapping threats that compound the risks to their health.<sup>59</sup>

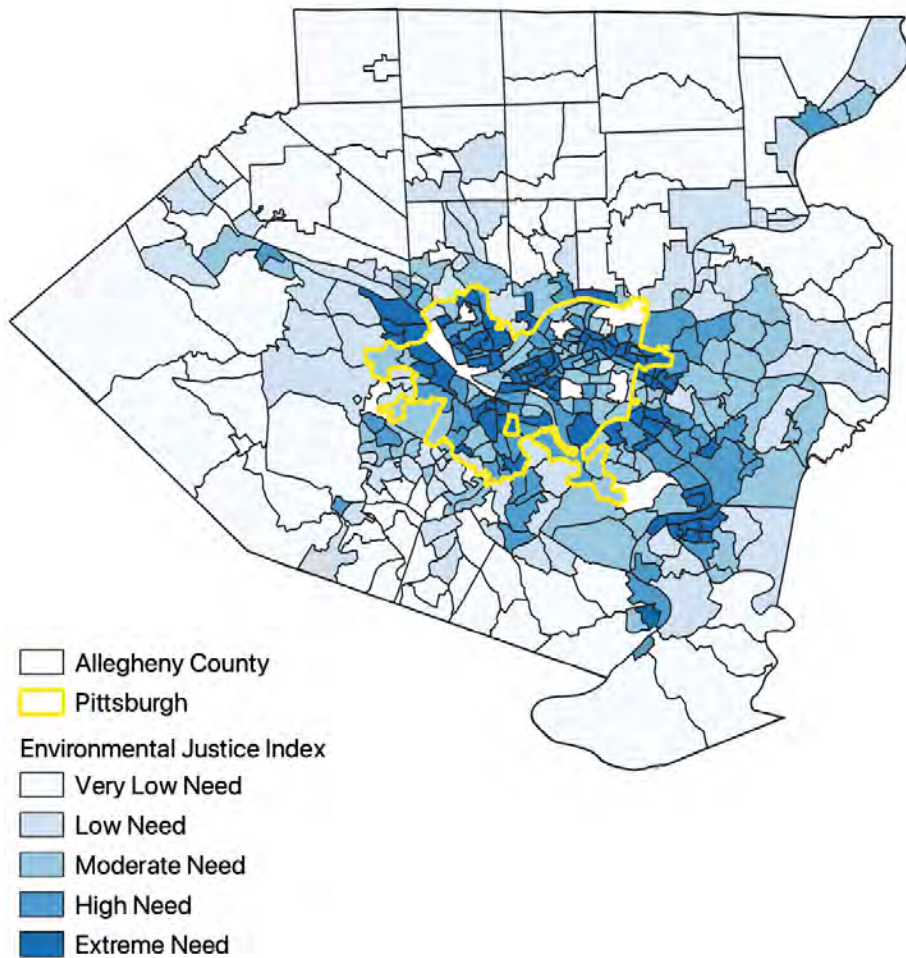
The overall Environmental Justice Index score consisted of community-identified metrics that fell under the wide umbrella of social and demographic characteristics as well as proximity to high density commercial, industrial or traffic areas.

- i. Median household income (MHINC)
- ii. Diesel particulate matter (DPM)
- iii. Particulate matter  $\leq 2.5 \mu\text{m}$  (PM<sub>2.5</sub>)
- iv. Percent of the population identified as a racial minority
- v. Proximity to greenspace
- vi. Educational attainment
- vii. Miles of railroad track coverage
- viii. Housing vacancy

Scores were sorted into five categories of need based upon the overall score distribution, from lowest to highest need. The median overall score in the county was 5.38. The scores ranged from 2 to 8.63.



Figure 56: Environmental Justice Scores



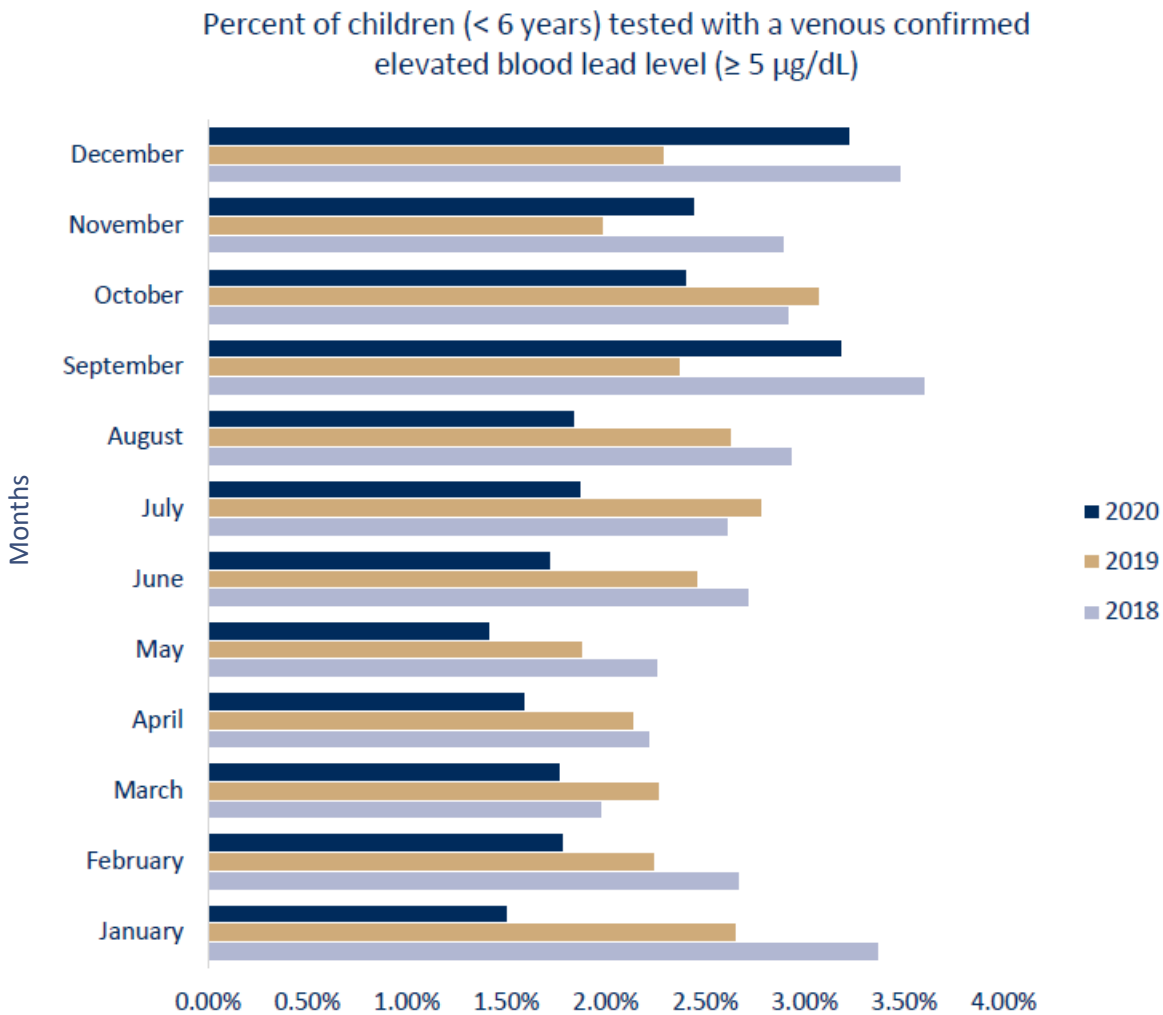
Source: ACHD, Environment Justice Index, 2019

Areas identified as high priority using the Environmental Justice Index also experience higher than average rates of adverse health issues such as rates of elevated blood lead levels (see page 64), infant mortality (see page 70), and asthma emergency room visits (see page 54).

# Childhood Lead Exposure

In 2018, Allegheny County passed Article XXIII: Universal Blood Lead Level Testing which requires all children in Allegheny County to be tested for lead. This has resulted in more children getting tested, although in 2020 the number of children tested did decline. Among Allegheny County children less than six years of age, more than 20,000 are now tested each year. Until 2021, the CDC considered an elevated lead level to be greater than or equal to 5 ug/dl and beginning in October 2021 that level changed to 3.5 ug/dl. Among children who were tested for lead, about 2% are confirmed to be elevated each year.

Figure 57: Elevated Blood Lead Levels in Children



Source: Pennsylvania National Electronic Disease Surveillance System, Pennsylvania Department of Health, 2020



## Maternal and Child Health

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### *Priority Health Area 4*

### Overview

Reducing morbidity and mortality by improving the health and quality of life of women, infants, children, caretakers, and their families, especially in vulnerable communities, was identified as a priority health area in the department's 2015 PHA.

Four objectives were identified in the 2015 PHA:

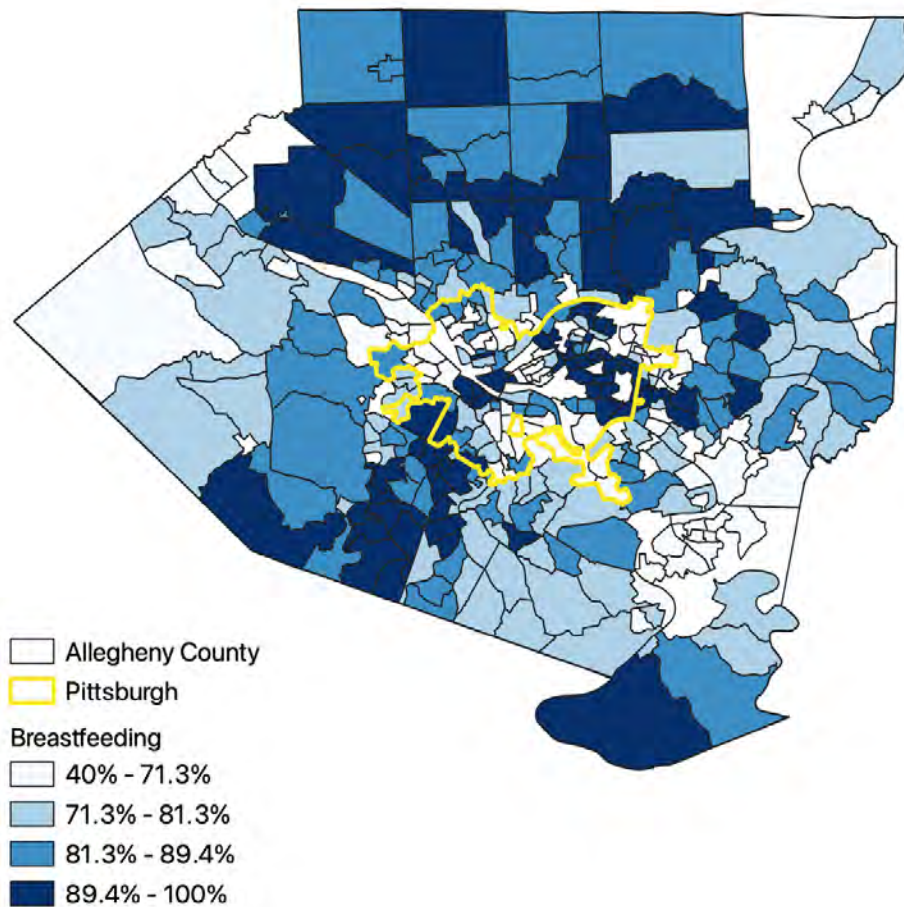
- Reduce asthma-related emergency room visits and hospitalizations among all children (age 0-17), particularly targeting the Medicaid population.
- Increase the proportion of mothers with intent to breast or chest feed when leaving the hospital and reduce the disparity between white and Black populations
- Reduce the proportion of preterm, low birth weight, and very low birth weight births.
- Reduce the overall infant mortality rate and the disparity in rates between white and Black populations

Data on asthma is included beginning on pages 54.

# Breastfeeding

For mothers who can or choose, breastfeeding improves both maternal and child health. Infants who are breastfed have lower risk of a variety of diseases and infections, such as ear infections, lower respiratory tract infections, asthma, allergies, gastroenteritis and necrotizing enterocolitis (preterm infants), obesity, Sudden Unexpected Infant Death (SUID), juvenile diabetes and leukemia.<sup>60</sup> Mothers who do not breastfeed their children are more likely to develop osteoporosis, breast and ovarian cancers, cardiovascular disease and to retain the weight gained during pregnancy compared to those who breastfeed. The economic impact of breastfeeding is also substantial. Increasing rates of breastfeeding is estimated to save billions of dollars in health care and societal costs.<sup>61</sup>

Figure 58: Percentage of Mothers who Breastfed their New Baby After Delivery, 2019



Source: Allegheny County Health Department, Bureau of Epidemiology and Biostatistics. 2019.

# Low Birthweight

In 2019, 8.9% of births were low birth weight (< 2500 g or 5 lb 8 oz) and 1.6% were very low birthweight (<1500 g or 3lb 5 oz).<sup>62</sup> These rates are slightly higher than the state (8.5% and 1.4%) and national rates (8.3% and 1.4%). Additionally, 15% of Black infants in Allegheny County were born low birthweight, nearly double the rate of white infants in 2019 (7.0%). Rates of low birthweight births remain largely unchanged over the past decade (see Figure 59). From 2007 to 2019, the percent of Black infants with low birthweight increased from 13.9% to 14.9% and remained stable for white infants (7.1% to 7.0%).



Figure 59: Percent Resident Live Births with Low Birth Weight: Allegheny County, PA, US, 2007-2019

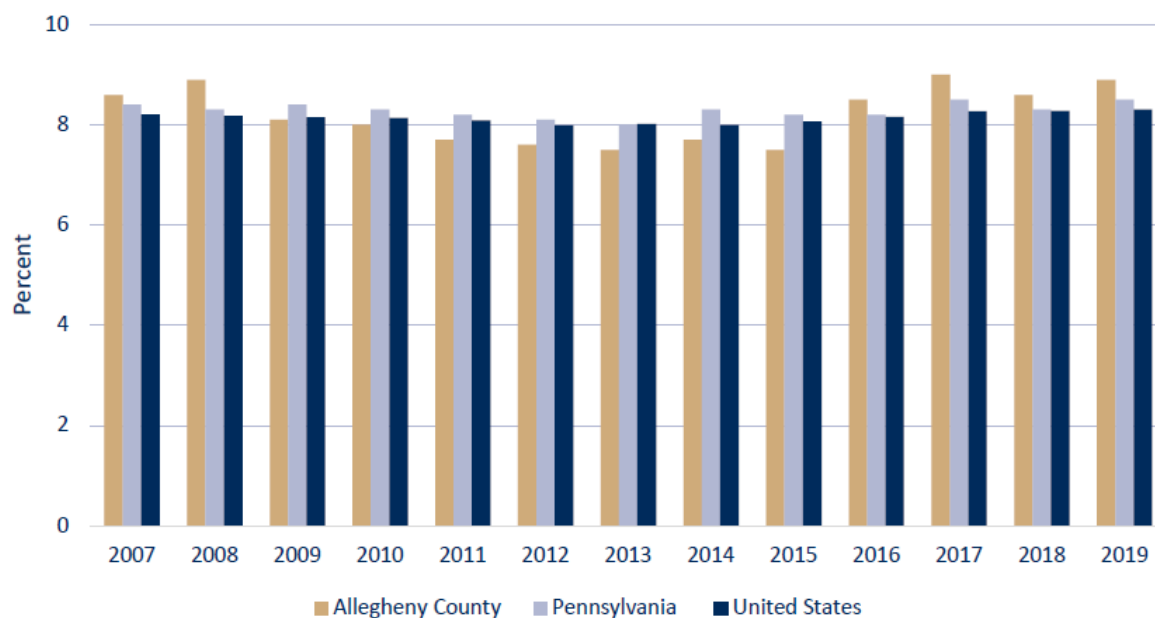
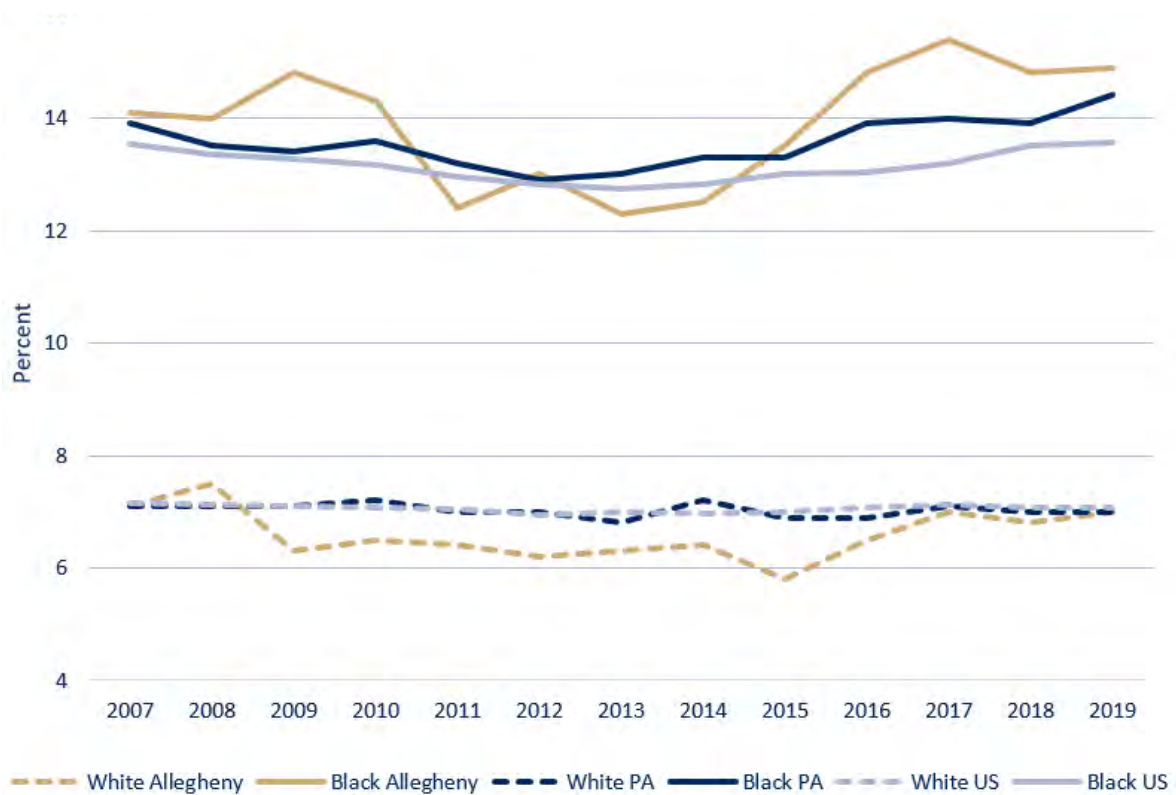


Figure 60: Percent Low Birth Weight by Race Allegheny County, PA, US, 2007-2019



Source: PA DOH Vital Statistics, Birth Certificate Data, 2007-2019 (EDDIE), US Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2007-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

## Prematurity

Nearly 10% of infants were born premature in Allegheny County in 2019, fairly consistent with the Pennsylvania (9.9%) and national (10.1%) rates. Preterm births have decreased slightly from 10.8% in 2007 to 10.0% in 2019. Rates of prematurity were higher among Black infants (14.5%) compared to white infants in Allegheny County (8.9%). Rates for white infants decreased from 9.4% in 2007 to 8.8% in 2019, while rates for Black infants decreased from 15.3% in 2007 to 14.5% in 2019. Despite the reduction in prematurity, current rates for prematurity among the Black population remain higher than 2007 rates for the white population, demonstrating that racial disparities persist despite improvements in overall outcomes.

Figure 61: Percent of Resident Live Births that were Preterm (< 37 weeks Gestation), Allegheny County, PA, US, 2007-2019

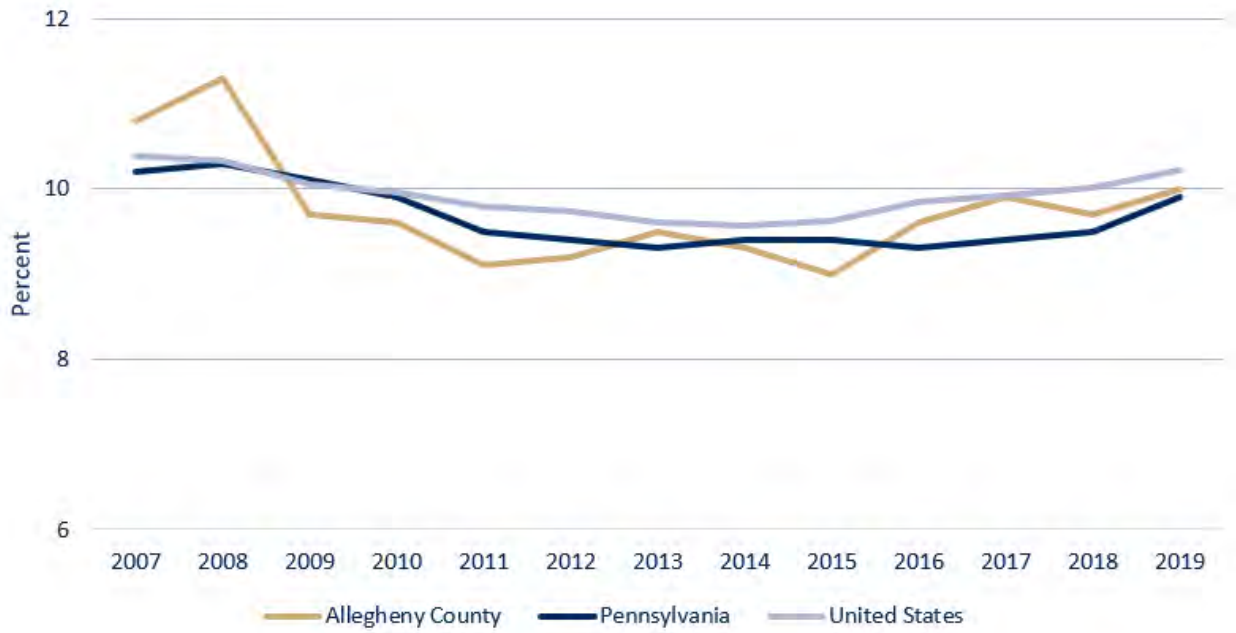
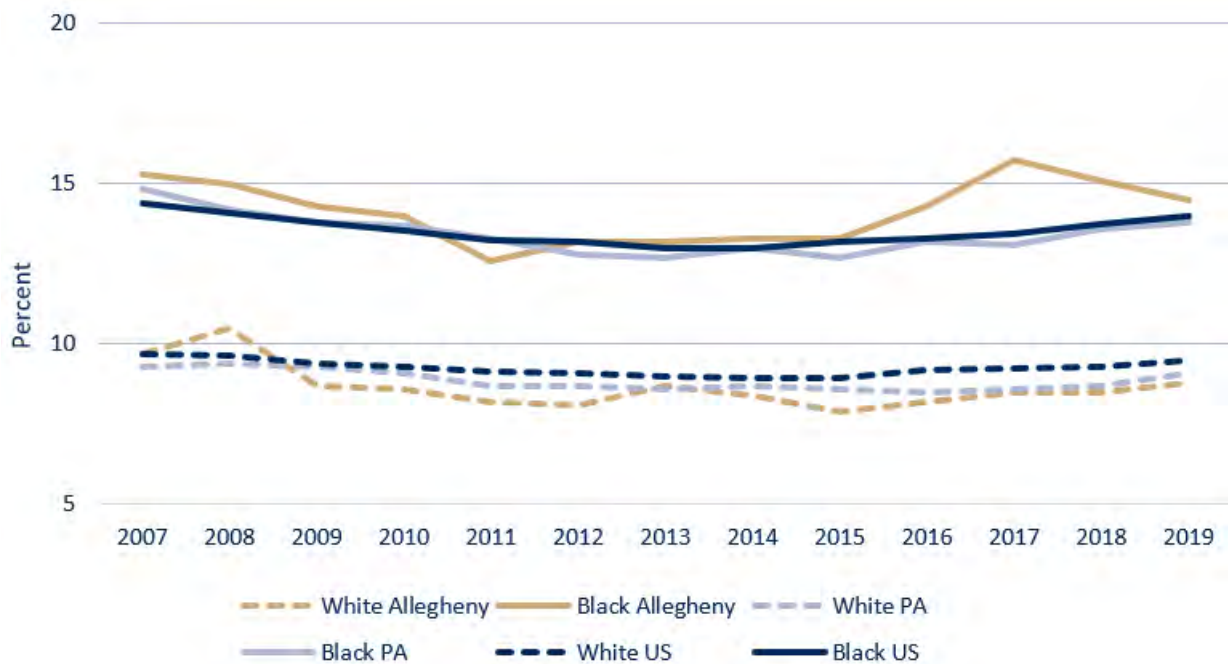


Figure 62: Percent Preterm Birth by Race, Allegheny County, PA, US, 2007-2019

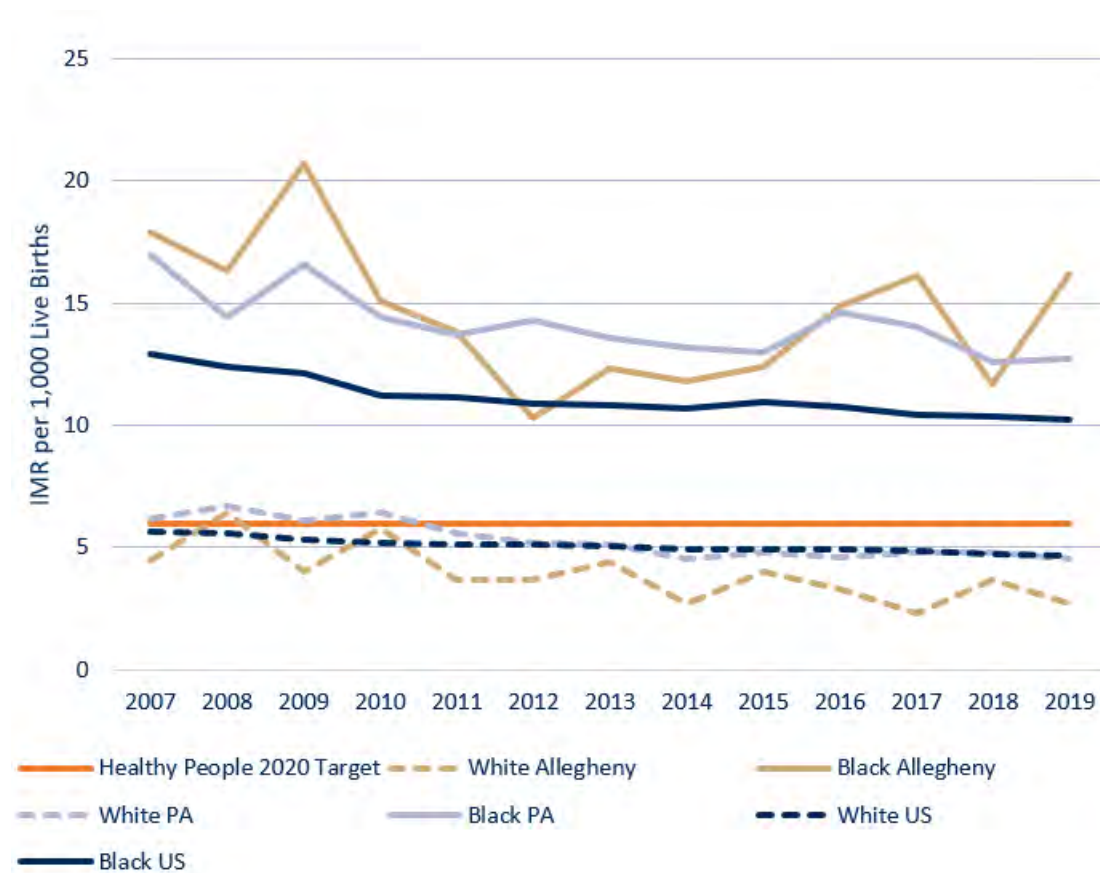


Source: PA DOH Vital Statistics, Birth Certificate Data, 2007-2019 (EDDIE). US Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2007-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

# Infant Mortality

Infant mortality is defined as the death of an infant before their first birthday. A leading contributor to infant mortality is preterm birth, which is associated with about a third of all infant deaths. The remaining two-thirds of infant deaths are attributed to serious birth defects, Sudden Unexpected Infant Death (SUID), maternal pregnancy complications, and injuries.<sup>63</sup> In 2019, Allegheny County had an infant mortality rate of 6.4 deaths per 1,000 live births. This rate is higher than the state (5.9) and national (5.6) rates.<sup>64</sup> In Allegheny County, infant mortality decreased from 2007-2019 from 7.5 to 6.4 per 1,000 (Figure 63). However, Black infant mortality nearly five times that of white infants in the county (Figure 63)

Figure 63: Infant Mortality Rate (IMR) per 1,000 Live Birth by Races, Allegheny County, PA, US, 2007-2019



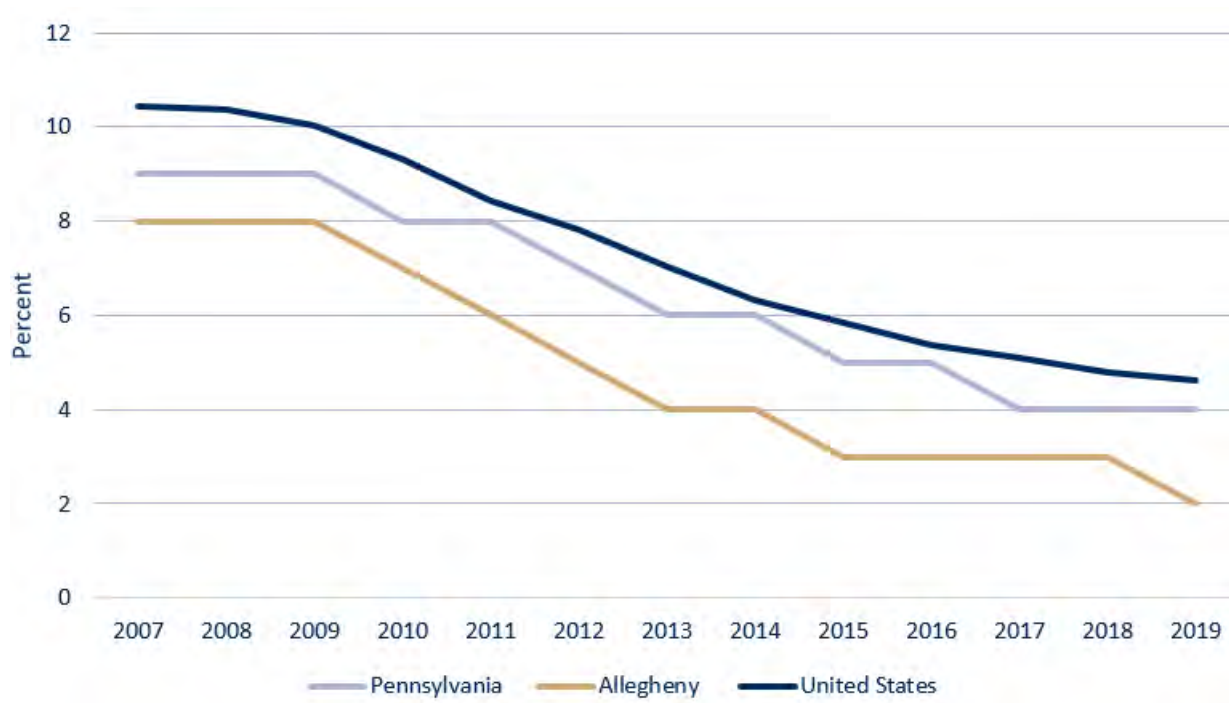
Source: PA DOH Vital Statistics, Infant Mortality, 2007-2019 (EDDIE). US Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2007-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.



## Births to those younger than 20

Births by or to those 19 years old and younger contribute to social and economic costs as a result of immediate and long-term impacts on younger parents and their children. Only 50% of people who give birth before age 20 complete a high school diploma by the age of 22, compared to the 90% of those who give birth at age 20 years or older. Children born to people before age 20 are more likely to have long term health problems, stop their formal education before completing high school, become incarcerated during adolescence, and have a pregnancy before age 20 themselves.<sup>65</sup> Pregnancy before the age of 20 has declined over the past several decades at national, state, and local levels. In 2019, the birth rate for Allegheny County people under 19 was 24.6 per 1,000 birthing persons; a 69% decrease since 2007 (79.0 per 1,000). The 2019 birth rate among those younger than 20 years in Allegheny County was lower than the national rate of 16.7 per 1,000.<sup>66</sup> The proportion of live births in this age group has also declined (see Figure 64).

Figure 64: Percent of Live Births to Pregnant Persons Aged 19 Years and Younger, Allegheny County, PA, US, 2007-2019



Source: PA DOH Vital Statistics, Birth Certificate Data, 2007-2019 (EDDIE). US Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2007-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.



## Mental Health and Substance Use Disorders

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### *Priority Health Area 5* Overview

Reducing mortality and morbidity related to mental and substance use disorders was identified as a priority by community residents and partners in the 2015 PHA.

Six objectives were identified in the 2015 PHA:

- Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations.
- Increase knowledge and skills of first responders and community members around behavioral health.
- Increase the number of adult medical providers assessing behavioral health.
- Increase the number of health care providers integrating children’s behavioral health and physical health.
- Decrease the number of opiate-related drug overdose deaths.
- Monitor use and increase prevention efforts for substance use disorders in Allegheny County high and middle schools.

Much of this work is managed and tracked by the Allegheny County Department of Human Services (DHS) and is available via several public dashboards: <https://www.alleghenycountyanalytics.us/>

# Depression

In 2018-2020, 40% of Allegheny County adults said that they had at least one poor mental health day in the previous month. Women and adults 18 to 44 years and older were more likely to report at least one poor mental health day.<sup>67</sup> According to data for 2018-2020, 21% of Allegheny County residents reported being diagnosed with a form of depression, comparable to 20% of PA residents.<sup>68</sup> Among adults, depression is more frequently reported by people between the ages of 18 to 44 (Figure 65) and by women (Figure 66).

Women report higher rates of diagnoses for depression, but the age adjusted rate of suicide is higher for men.

According to the 2019 PA Youth Survey, the percentage of adolescents in grades 6-8 who felt sad or depressed in the past year (38%) was comparable to the percentage for the state. In both the county and state, this percentage leveled off after rising from 2009 to 2015. In the 2017 survey, 10th grade students reported the highest percentage experiencing sadness or depression, which has carried into the 12th grade students reporting the highest percentage in the 2019 survey.<sup>69</sup> We do not have data for 2020.

Figure 65: Adults Ever Diagnosed with Depression by Age (2018-2020)

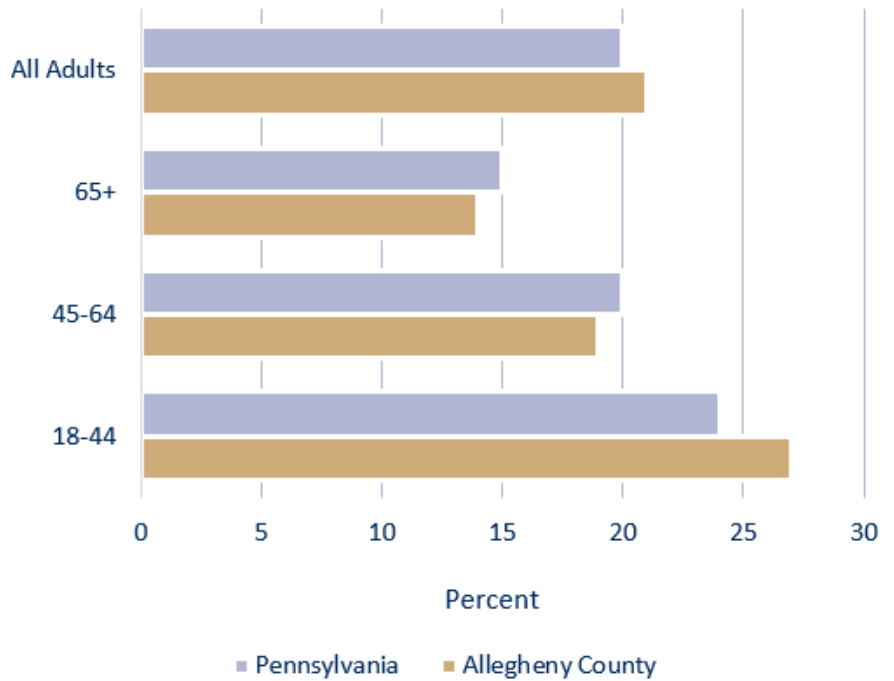
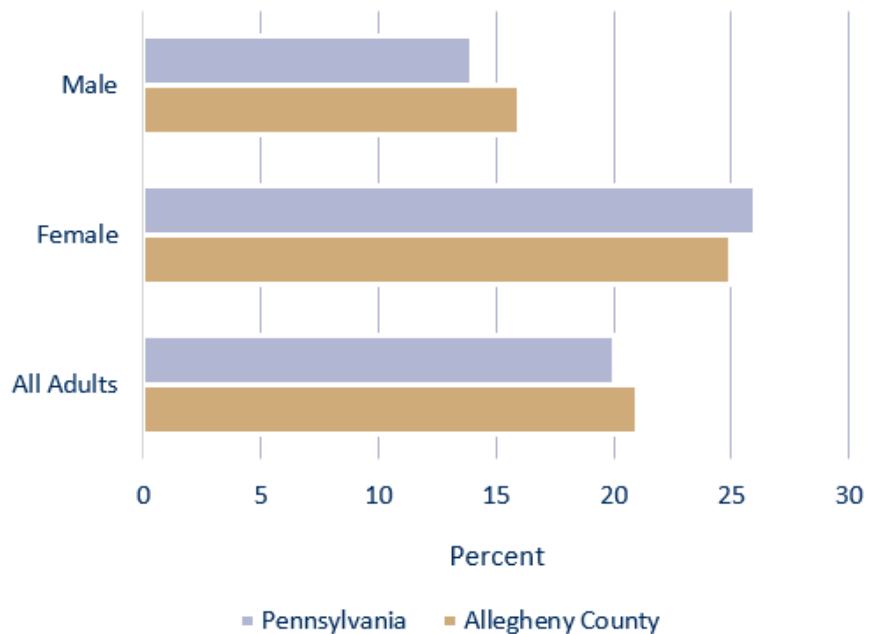
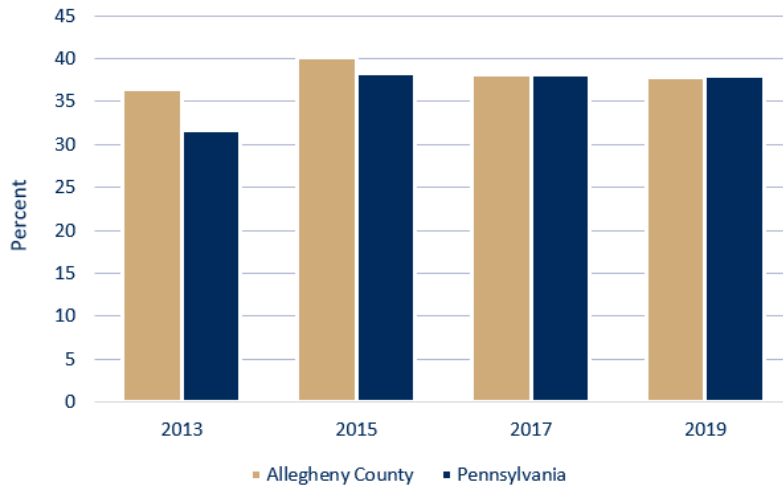


Figure 66: Percent of Adults Ever Diagnosed with Depression by Gender (2018-2020)



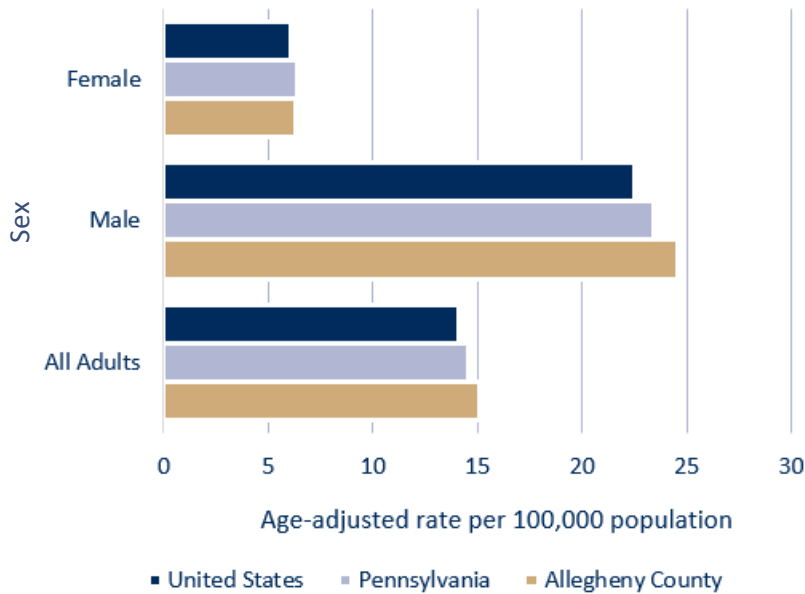
Source: CDC, Behavioral Risk Factor Surveillance System, 2018-2020 (EDDIE)

Figure 67: Adolescents Who Felt Depressed or Sad in the Past Year, 2013-2019



Source: PA DOH, Pennsylvania Youth Survey (PAYS), 2013-2019 (HCI)

Figure 68: Age-Adjusted Deaths by Suicides per 100,000 Population by Sex, Allegheny, PA, US, (2017-2019)



Source: PA DOH Vital Statistics, Mortality Data, 2017-2019 (EDDIE). US Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2007-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

## LGBTQ-identifying Persons and Mental Health

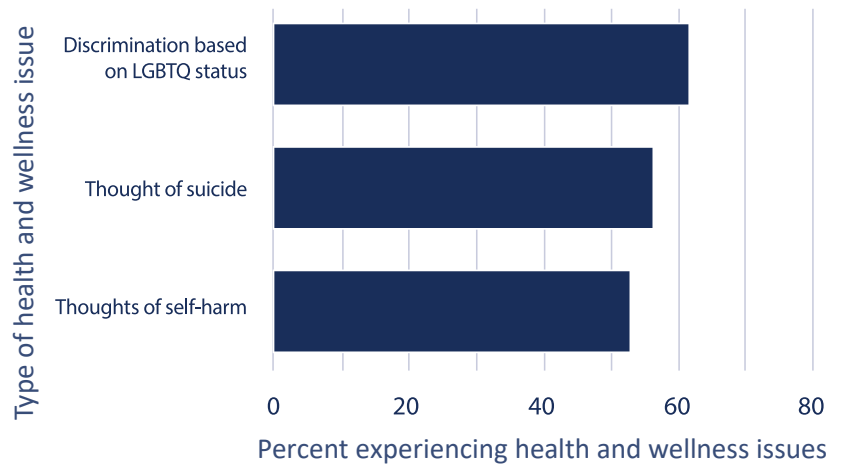
The 2020 Pennsylvania LGBTQ Health Needs Assessment surveyed LGBTQ-identifying residents about their health and wellness needs. In PA and Allegheny County, more than 60% of those surveyed had experienced discrimination based on their LGBTQ status and more than 50% of those surveyed experienced thoughts of self-harm and/or suicide at some point in their life.<sup>70</sup>

## Substance Use and Overdose Prevention

The age-adjusted rate of overdose-related deaths for both white and Black residents is higher in Allegheny County than the state (Figure 70). There remains a disparity in who dies from overdose related deaths in Allegheny County as the rate of death for Black residents exceeds the statewide rate for Black residents, and the disparity between Black and white residents is greater in Allegheny County than the state. The Allegheny County Overdose Dashboard provides more detailed and up to date information related to overdose in the county.

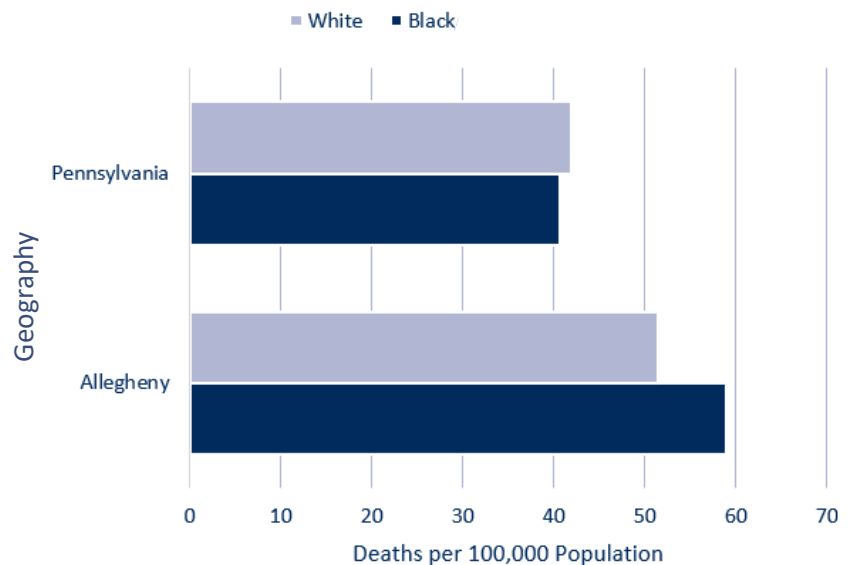
[Allegheny County Overdose Dashboard](#)

Figure 69: Health and Wellness Issues for LGBTQ-identifying Residents of PA and Allegheny County, 2020



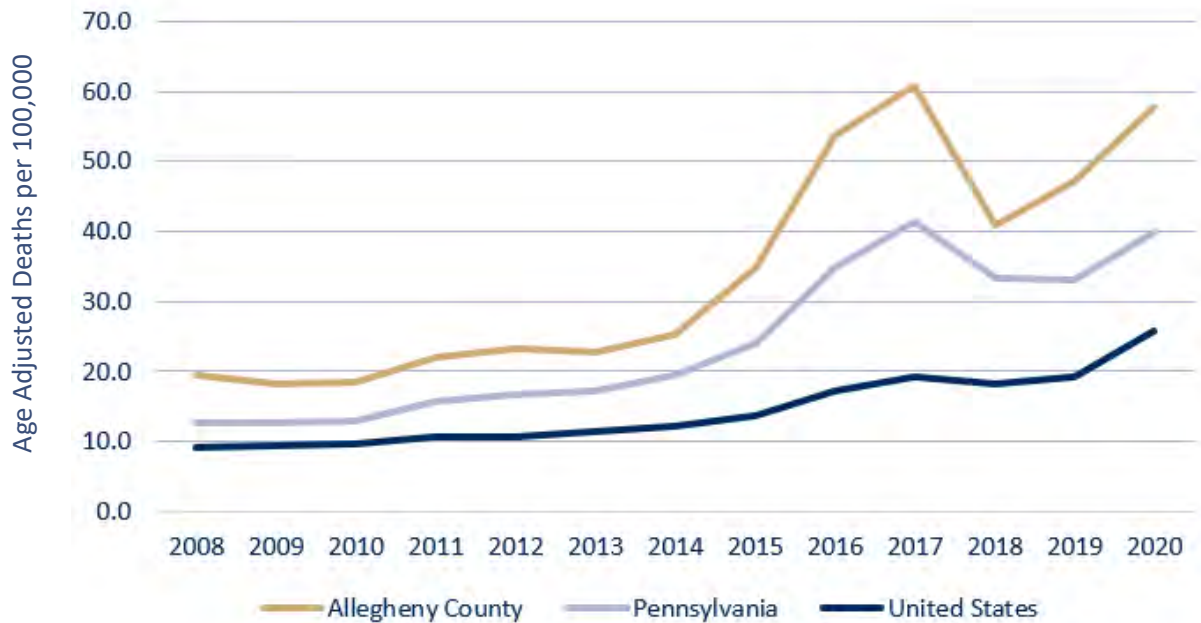
Source: 2020 Pennsylvania LGBTQ Health Needs Assessment

Figure 70: Age-Adjusted Drug and Opioid-Involved Overdose Death Rate by Race (2017-2019)



Source: Centers for Disease Control and Prevention

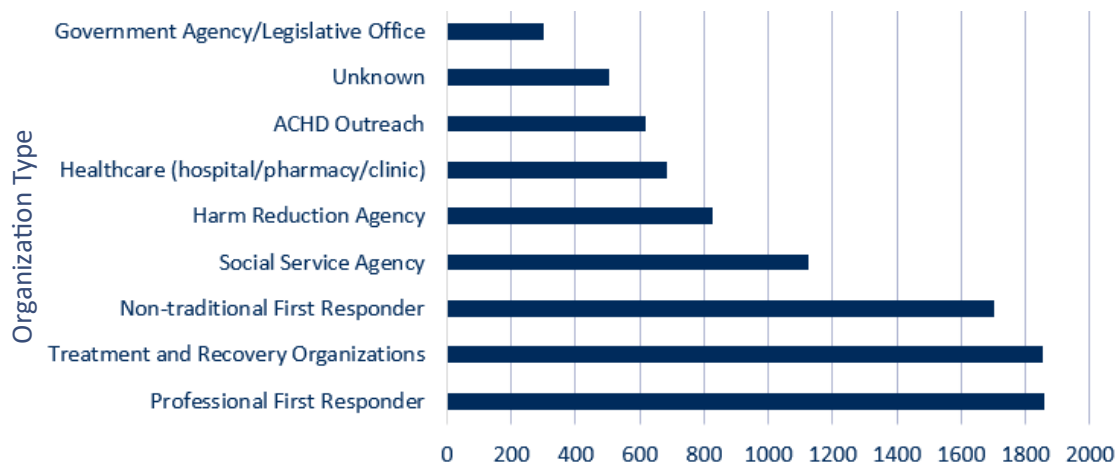
Figure 71: Annual Age-Adjusted Overdose Deaths



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html>

The distribution of naloxone, a medicine that rapidly reverses an opioid overdose, is an important strategy to save lives of those with substance use disorder. The ACHD and other county departments have actively promoted the distribution and use of naloxone kits in Allegheny County (Figure 72).

Figure 72: Naloxone Kits Distributed by Organization Type, Allegheny County, 2021



Source: Office of Opioid Overdose Prevention, Allegheny County Health Department, 2022



# Community Assets



## Culture

Allegheny County is home to numerous art and cultural resources, all improving residents' quality of life and positively impacting the area's economy. In national comparisons of art industries, Allegheny County was ranked seventh for total spending and jobs generated. In 2016, direct expenditures relating to arts and culture organizations generated \$2.38 billion, \$641 million in household income, \$115 million in tax revenues, and 32,211 full-time equivalent jobs.<sup>71</sup> The Pittsburgh region boasts an estimated 316 art and cultural establishments, according to a 2012 assessment. This total includes 27 theaters; four dance companies; 27 musical groups and artists; 5 "other" performing arts groups; 37 museums; 12 historical sites; seven zoos or botanical gardens; nine nature parks; 108 fine arts schools; 64 independent artists, writers and performers; and 16 art dealers.



Allegheny County is considered a model of post-industrial revitalization, having recovered from the collapse of the steel industry to now boast a high quality of life and affordable real estate. Its assets include the three rivers that course through its largest city, Pittsburgh; more than 30 universities; outstanding medical centers; and 13,700 acres of county and city parks.

## Libraries



Allegheny County is home to 46 library systems and 73 public library buildings, 17 of which are part of the Carnegie Library of Pittsburgh. Together the public libraries offer over 4 million catalogued items including books, magazines, music and DVDs for educational and entertainment purposes. In 2021, e-resource circulation stood at 3.1 million and physical material circulation at 2.8 million. Public libraries offer reference services, access to computers and the Internet, research databases and e-resources as well as special programming for people of all ages. In 2021, residents utilized over 11,000,000 minutes of computer time and 26,000,000 minutes of Wi-fi access in public libraries. Residents also took advantage of nearly 10,000 in-person programs and 10,000 virtual programs.<sup>72</sup>



## Nonprofit Organizations

Nonprofit organizations connect residents to community resources and promote collaboration. In Allegheny County, the nonprofit sector works across a wide array of services and is supported by a base of philanthropic foundations with a combined total asset base of \$19 billion.<sup>73</sup> In 2004, nearly 150,000 residents of the region were employed in the nonprofit sector.<sup>74</sup>

## Rivers

Our waterways are a rich resource for the county, from our creeks to lakes to our largest three rivers. The three main rivers -- the Allegheny, Monongahela and Ohio -- have served as the defining feature of the region. From trading post to military outpost, from transportation to recreation, the three rivers are a vital part of life in Allegheny County.



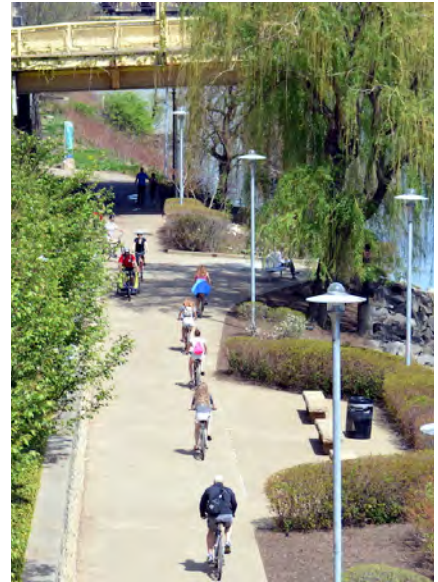
## Trails

Allegheny County residents have a vast network of trails throughout our parks and along our rivers. Much broader than “rail to trails,” this network connects our communities and our regional and local park systems.

Allegheny County has nine county parks encompassing 12,000 acres, including over 200 miles of walking and biking trails that showcase streams, waterfalls, plants and small animals. Our parks also connect to major trail systems including the Rachel Carson hiking trail, the Panhandle Trail, and the Montour Trail.

While it’s easy to see the connectivity around the riverfronts in the City of Pittsburgh and beyond, the outer rings of the county offer connections to other states such as Ohio, West Virginia and Maryland and the District of Columbia. We are also home to the terminus of the Great Allegheny Passage and the Erie to Pittsburgh trail, and even boast trails used by commuters like the Three Rivers Heritage trail.

Since 2015, Allegheny County has invested over \$33 million dollars in providing opportunities for active transportation and recreation. This investment has spurred economic growth in our communities and positively impacted quality of life for residents by offering opportunities to get outside and wander.



## Academic Community

The region has a high concentration of prominent universities and colleges, including the following ten accredited institutions: Carlow University, Carnegie Mellon University, Chatham University, Community College of Allegheny County (CCAC), Duquesne University, La Roche College, Pittsburgh Theological Seminary, Point Park University, Robert Morris University, and the University of Pittsburgh. The region has 14 colleges and universities and 18 community, junior, and technical colleges.



These universities and colleges educate more than 55,500 full-time, 24,000 part-time, and 20,000 non-credit students. They also employ more than 25,000 individuals and have a direct economic impact on the region in excess of \$2 billion.

The Community College of Allegheny County (CCAC), which is county-sponsored, provides affordable and accessible quality education to the region's population. Of the approximately 50,000 students, research has shown that 43% of the student population could not continue their education without CCAC. The demographics of students include: 57% women; 43% men, 65% part-time students and 35% full-time students; average student age: 27 years; international students: 88 students representing 39 countries; 27% ethnic minorities; 62% day, 19% evening, 3% weekend, 16% online; 49.5% enrolled in career programs; 50.5% in transfer programs.

## Medical Community

Today, nearly 20% of Pittsburgh-area private-sector workers are employed in health care. Many of these workers are employed by the two largest hospital networks in Allegheny County: the University of Pittsburgh Medical Center (UPMC) and the Allegheny Health Network (AHN). Both hospital networks have recently engaged in regional expansion to other communities in Western PA and outside of Allegheny County. In addition to clinical facilities such as hospitals and outpatient offices, the health insurance industry has a strong presence in Allegheny County.

The county has two smaller, long-standing hospital systems – Heritage Valley Health System and St. Clair Health. We also have a robust network of federally qualified health centers (FQHCs); the Three Rivers Alliance of Community Health Centers is a recently formed consortium of nine southwestern Pennsylvania health centers that ensure accessible, quality health care to individuals of all ages and backgrounds, regardless of their ability to pay. This breadth of health care in the county, from primary to subspecialty care and from clinical care to research, attracts a wide variety of health care professionals at the top of their fields to the county and region.

## Local Government

Allegheny County government has 20 departments and employs more than 6,000 people. These departments include: Administrative Services; Budget & Finance; Children Initiatives; Court Records; Economic Development; Emergency Services; Equity and Inclusion; Facilities Management; Health; Human Resources; Human Services; Jail; Kane Community Living Centers; Law; Medical Examiner; Parks; Police; Public Works; Public Defender; and Sustainability. Details about several of the departments most relevant to health are included below.

### Allegheny County Health Department (ACHD)



The Allegheny County Health Department (ACHD) is responsible for maintaining and improving the health of the county's 1.25 million residents. The Department is responsible for regularly assessing the health of the community and developing plans, programs, and policies to improve population health outcomes. This is achieved through the work of six bureaus, specific programs within the bureaus, and a Public Health Laboratory. Public facing ACHD programs include:

1. **Air Quality Program:** Permits sources that emit air pollution, enforce air quality regulations, monitor the county's air quality, and work to improve it
2. **Chronic Disease and Injury Prevention:** Promotes awareness and prevention of major chronic diseases: cancer, heart disease, respiratory disease, and diabetes; focuses on healthy eating, physical activity, and tobacco cessation
3. **Emergency Response:** Prepares the county to respond to public health emergencies, works with government and private organizations on emergency contingency plans, and strives to enable the county to recover from an emergency quickly
4. **Family and Child Health:** Assists clients with nutrition counseling, breastfeeding support, health care referrals, and supplemental food vouchers for healthy foods
5. **Food Safety:** Permits new food-related businesses, conducts inspections of existing food businesses, responds to consumer complaints about food safety, and certifies Food Protection Managers
6. **Housing & Community Environment:** Investigates citizen housing and community environment complaints; investigates cases of childhood lead poisoning; monitors and treats mosquito-breeding sites; inspects and regulates public swimming pools, schools, nursing homes, rooming houses, and boarding homes
7. **Infectious Disease Program:** Provides vaccinations for adults and children, tracks and investigates disease outbreaks, and provides tuberculosis screening, evaluation, and treatment
8. **Opioid Overdose Prevention Program:** Provides information about opioid addiction, treatment options, and overdose prevention for residents, pharmacies, first responders, and health care professionals
9. **Pediatric Dentistry Program:** Provides preventive and corrective treatment for children, including examinations, cleanings, fluoride treatments, fillings, and sealants

10. **Plumbing Program:** Permits new or modified residential and commercial plumbing installations to assure compliance with the plumbing code; requires and issues licenses to all plumbers in the county
11. **Public Health Laboratory:** Provides testing services for ACHD and residents of Allegheny County and surrounding counties. Through routine monitoring, the laboratory helps to identify and prevent the uncontrolled spread of infectious diseases and supports many of the Health Department’s programs
12. **Sexually Transmitted Infections (HIV/AIDS) Program:** Works to reduce HIV, syphilis, and other sexually transmitted infections by providing testing and treatment and promoting health
13. **Violence Prevention Program:** Partners with community stakeholders to investigate and understand the causes and consequences of gun violence. The office is committed to preventing gun violence from occurring—through primary prevention programs, policy interventions, and advocacy
14. **Water Pollution Control & Solid Waste Program:** Inspects and oversees all sewage treatment plants and sewage collection and conveyance systems in Allegheny County, operating and closed landfills, waste processing facilities, material recovery facilities, and leaf/yard composting sites
15. **Women, Infants, and Children (WIC) Program:** Federally funded public health nutrition program under the USDA that provides nutrition education, nutritious foods, breastfeeding support, and health care referrals for medically at-risk, income-eligible women who are pregnant or postpartum, infants, and children up to age five

Since the department’s last Community Health Assessment and Community Health Improvement Plan, several key initiatives have been implemented in partnership with community residents and organizations based on identified needs.

## Human Services (DHS)

In 1997, the Allegheny County Department of Human Services (DHS) was created to consolidate the delivery of human services across Allegheny County. Dedicated to meeting basic human needs, DHS provides prevention, early intervention, case management, crisis intervention, aftercare, and operates an extensive information exchange. Furthermore, DHS delivers services to older adults: mental health and drug and alcohol services (including 24-hour crisis counseling); child protective services; at-risk child development and education services; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual disabilities. DHS has eight offices, including:

- Office of Administrative and Information Management Services (AIMS)
- Area Agency on Aging (AAA)
- Office of Behavioral Health (OBH)
- Office of Children, Youth and Families (CYF)
- Office of Community Relations (OCR)
- Office of Community Services (OCS)
- Office of Data Analysis, Research and Evaluation (DARE)
- Office of Intellectual Disability (OID)

## Parks

The Allegheny County Parks Department manages the 12,000 acres of county-owned parkland. The county's park system consists of nine parks, ranging from approximately 500 acres to 3,000 acres in size. County parks include: Boyce Park, Deer Lakes Park, Harrison Hills Park, Hartwood Acres Park, North Park, Round Hill Park, Settlers Cabin Park, South Park, and White Oak Park. These parks provide rich entertainment and recreational opportunities for residents.



Figure 73: Map of Allegheny County Park Locations, 2014



## Economic Development (ACED)

As the lead economic and residential development agency, the Allegheny County Economic Development (ACED) coordinates the formation of far-reaching public-private-community partnerships that spearhead the county's change and progress. ACED's divisions include:

- Authorities assist with the growth of health care or higher education institutions Business Development attracts businesses to the county.
- Development coordinates property acquisition, site development and redevelopment, and infrastructure development
- Housing & Human Services improve the county's housing stock and strengthens its residential neighborhoods
- Municipal improves the quality of life for county residents by helping municipalities upgrade their infrastructure and recreational amenities
- Operations manage and monitor grant applications and disbursements
- Planning oversees land development approvals for 29 municipalities and provides reviews of land developments, ordinances, and plans for the remaining 100 municipalities with their ordinances
- Special Projects and Finance secure funding for major real estate and business development projects and administer the financing they acquire

ACED published a large study, "[Active Allegheny](#)," that focused on all forms of active transportation, including bike paths, trails, and complete streets. Today, ACED and ACHD are working together to incorporate health and wellness operational aspects into a comprehensive land use plan.

## Children Initiatives (DCI)

The Department of Children Initiatives was formed in 2021, out of recommendations from the Allegheny County Children's Fund Working Group Report (2019) presented to the County Executive. In 2021, DCI established offices and hired knowledgeable and experienced early childhood education and out of school time leaders who are charged with establishing partnerships with internal and external stakeholders to ensure all departmental efforts are responsive to the specific needs of Allegheny County's children, families, and programs' needs. The first year saw the commitment of \$10 million dollars from Allegheny County's American Recovery Plan funds to address gaps and barriers in the early care and education and out of school time sector. These funds will be used in 2022 to pilot funding opportunities and programming that directly serves and supports children, families, and the early care and education and out of school time workforce and are reflective of DCI's priorities.





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# Appendices

# Appendix 1

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## Community Health Assessment Survey 2019

The following survey questions are from the 2019 ACHD community health survey:

1. Do you live in Allegheny County?
  - a. Yes
  - b. No
  
2. In what Allegheny County township, borough, municipality or City of Pittsburgh neighborhood do you live? \_\_\_\_\_
  
3. How healthy or unhealthy would you say your community is? Please think of “community” as the Allegheny County municipality or City of Pittsburgh neighborhood where you live.
  - a. Very Healthy
  - b. Somewhat Healthy
  - c. Neither Healthy nor Unhealthy
  - d. Somewhat Unhealthy
  - e. Very unhealthy
  
4. Looking at the list below, what are the 3 most important things that make your community healthy and strong? **[Select up to 3 choices]**
  - Easy to get fresh and affordable food
  - Good schools
  - Good place to raise children
  - Doctors or hospitals (that I can use) are close by
  - Dentists are close by
  - Social service and/or mental health providers are close by
  - Lots of public transportation
  - Parks and other green spaces
  - Low crime
  - Fitness options and facilities are close by
  - Clean environment
  - Good government services (road maintenance, garbage collection, fire department, police and emergency response, etc.)
  - Friendly neighbors/Strong connections with neighbors
  - Affordable, high quality housing
  - Well-maintained housing
  - Community is diverse
  - There are many places to worship
  - Good for walking and biking
  - Close to restaurants and shops
  - Other (please specify): \_\_\_\_\_



5. Looking at the list below, what are the **3 most important health problems** your community needs to work on? (That is, what problems have the greatest impact on the overall community health?) **[Select up to 3 choices]**

- Cancer
- Dental problems (for example, gum disease, tooth decay, tooth loss)
- Diabetes
- Heart disease, stroke, and/or high blood pressure
- HIV/AIDS
- Diseases from ticks and/or mosquitos
- Chronic pain
- Vision problems
- Infant death
- Poor birth outcomes (for example, low birth weight, premature births)
- Maternal health
- Infectious diseases (for example, hepatitis, tuberculosis, flu)
- Mental health problems (for example, depression, anxiety, post-traumatic stress disorder)
- Diseases that affect the lungs (for example, COPD, emphysema, asthma)
- Obesity
- Addiction to/overdose from drugs or alcohol
- Sexually transmitted diseases (STDs)
- Intimate partner violence (including rape and sexual assault)
- Child abuse/neglect
- Gun violence (including homicide)
- Suicide
- Other (please specify): \_\_\_\_\_

6. Looking at the list below, what do you think are the **3 most important behaviors** your community needs to work on? (That is, what behaviors have the greatest impact on the overall community's health?) **[Select up to 3 choices]**

- Alcohol abuse
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting vaccines (shots) to prevent disease
- Tobacco use
- Vaping (for example, e-cigarettes)
- Unsafe sex
- Teen risk taking behavior (for example, unsafe sex, drug use)
- Mothers not breastfeeding
- Not using seat belts
- Not wearing helmets when riding a motorcycle or bicycle
- Not getting adequate preventative health care/not going to doctor's appointments
- Distracted driving (texting, drinking)

- Violent crimes against others
- Racism
- Sexism
- Homophobia/Transphobia
- Religious discrimination
- Other (please specify):

7. Looking at the list below, what are the **3 most important things your community needs** to be healthy? **[Select up to 3 choices]**

- Banks, restaurants, and businesses
- Access to affordable fresh foods
- Good schools
- Good place to raise children
- Access to healthcare (for example, having a family doctor)
- Access to affordable dental care
- Access to mental health providers
- Free public spaces (community centers, libraries)
- Free spaces for exercise (parks, trails, swimming pools)
- Safe drinking water
- Clean air
- Stormwater management
- Affordable and high-quality housing
- Fewer vacant, abandoned, or deserted homes and properties
- Arts and cultural events
- Diverse, inclusive community
- Jobs that pay a living wage
- Places to worship
- Social support and connections
- Public transportation system
- Safe roads and walk ways
- Civic engagement (voting, neighborhood associations, volunteering)
- More public safety resources (police, fire departments, etc.)
- Community is accessible to those with disabilities
- Being prepared for natural disasters and emergencies
- Other (please specify): \_\_\_\_\_

8. Looking at the list below, what are the 3 biggest challenges to the environment in your community? **[Select up to 3 choices]**

- Air pollution
- Water pollution
- Stormwater runoff/sewage overflow
- Fracking and Marcellus Shale drilling
- Climate change
- Lead and childhood lead exposure
- Closeness to industrial sources

- Asbestos
- Radon
- Ticks, mosquitoes, and other insects that may carry diseases
- Other (please specify): \_\_\_\_\_

9. Where do you go most often when you have a health problem? **[Please select one]**

- A primary care doctor, nurse practitioner, or family practitioner
- A community health center (such as the East Liberty Family Health Care Center, the Squirrel Hill Health Center)
- Chiropractor
- Drug/grocery store clinic (for example, MinuteClinic)
- Emergency room
- Urgent care or Immediate care clinic
- A specialist (such as an OB/GYN, dentist, mental health professional, cardiologist, etc.)
- Pharmacist
- I call a help line
- I search the internet for help
- I treat myself at home or use over the counter medicine
- I rely on a family member
- Other (please specify): \_\_\_\_\_
- None

10. In the past year, have **you or anyone in your household** experienced any of the following barriers to receiving health care when you needed it? Barriers can be related to money or something else. In each list below, please select all that apply. (Household can refer to the people who live with you or a friend/family member you provide care for.)

Barriers due to money **[Select all that apply]**

- No insurance
- Cost was too high
- Can't afford gas for the car/truck
- Can't take time off work
- Can't afford medication
- None

Barriers due to something other than money **[Select all that apply]**

- No transportation
- My health care provider does not treat me with respect
- Can't find a doctor or healthcare provider who will accept my insurance
- Doctors are not taking new patients
- Unable to get an appointment with my healthcare provider in a timely manner
- No one to watch my children
- Unable to have an interpreter in my language
- Difficulty reading instructions that my health care provider gives me
- Need help at home to follow medical instructions
- Physical disability

- Mental disability
- I don't feel comfortable telling a healthcare provider about my health problems
- I don't trust doctors
- I don't like the doctors in my neighborhood
- None
- Other: \_\_\_\_\_

11. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, Medicaid, Veterans Affairs (VA) health care, or Indian Health Service?

- a. Yes
- b. No
- c. Not Sure

12. What is your housing situation today?

- a. I do not have permanent housing (I am staying in a hotel, in a homeless shelter, living outside on the street, in a camp, in a car, abandoned building, bus station, or in a park)
- b. I have housing today, but I am worried about losing housing in the future
- c. I have stable housing

13. Think about the place you live. In the past year, have you ever had issues such as mold, bug infestations, lead paint or pipes, inadequate heat, water leaks or other issues that made it unsuitable or unhealthy to live in?

- a. Yes
- b. No

14. Within the past 12 months, how often would you say you were worried or stressed about having enough money to buy nutritious meals?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

15. Within the past 12 months, how often would you say you were worried or stressed about having enough money to pay your rent or mortgage?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

16. Do you feel you get the dental care that you need?

- a. Yes
- b. No

17. Do you feel you get the eye care that you need?

- a. Yes
- b. No

18. Do you have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

- a. Yes
- b. No
- c. Don't know

19. Has a doctor, nurse, or any other health professional EVER told you that you have a depressive disorder, including depression, dysthymia, or minor depression?

- a. Yes
- b. No
- c. Don't know

20. How often do you feel isolated from others?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often

21. How often do you feel that racial/ethnic groups who are not white, such as African Americans and Latinos, are discriminated against in Allegheny County?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often

22. How often do you feel that you, personally, have been discriminated against because of your race or ethnicity?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often

23. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

- a. Yes

b. No

24. How much of a health risk do you think outdoor air quality, such as air pollution, is to you and your family?

- a. None
- b. A little
- c. A lot
- d. Don't know

25. I believe my community is becoming a healthier place

- e. Strongly agree
- f. Agree
- g. Disagree
- h. Strongly disagree
- i. Don't know

26. I feel my community is a safe place.

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree
- e. Don't know

27.) In general, how would you rate your health?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

#### DEMOGRAPHICS

D1. What is your age? \_\_\_\_\_

D2. What is your zip code? \_\_\_\_\_

D3. What is your race? Select all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- Other

- D4. Are you Latino/Hispanic
- Yes
  - No
- D5. What is your current gender identity? (Choose all that apply):
- Female
  - Male
  - Transgender
  - Genderqueer/Gender non-conforming
  - Prefer not to disclose
  - Other
- D6. Which of the following do you consider yourself to be?
- Straight (Heterosexual)
  - Gay or Lesbian
  - Bisexual
  - Asexual
  - Not Sure/Questioning
  - Other
- D7. How long have you lived in the United States?
- I was born here
  - 0 – 5 years
  - 5+ years
- D8. What is the highest degree or level of school you have completed? If you completed your education outside of the US, please select the equivalent.
- No schooling completed
  - Less than a high school diploma (1-12 years)
  - High school diploma
  - GED or alternative
  - Some college, but no degree
  - Associate's degree
  - Bachelor's degree
  - Master's degree, professional degree (MD, DDS, DVM, JD), or doctorate (PhD, EdD)
- D9. Are you...?
- Employed full-time
  - Employed part-time
  - Not employed
  - Unable to work due to a disability
  - Retired
  - Student

g. Other

D10. What was your total household income from all sources in 2018?

- a. Less than \$15,000
- b. \$15,000 – \$24,999
- c. \$25,000 - \$34,999
- d. \$35,000 - \$49,999
- e. \$50,000 - \$74,999
- f. \$75,000 – \$99,999
- g. \$100,000 and above



## Appendix 2

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### Community Health Assessment Survey 2021

The following survey questions are from the 2021 ACHD community health survey:

1. Do you live in Allegheny County?
  - a. Yes
  - b. No
  
2. What is your age? \_\_\_\_\_
  
3. What is your zip code? \_\_\_\_\_
  
4. Since the pandemic started in March 2020, have you delayed any following? Check all that apply:
  - Primary care/routine physicals/cancer screening
  - Eye care
  - Dental care
  - Counseling/behavioral health support
  - Routine treatment/accessing prescriptions
  - Urgent healthcare needs
  - No delayed healthcare
  - Other: \_\_\_\_\_
  
5. Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? Select one.
  - a. Within the past year (anytime less than 12 months ago)
  - b. Within the past 2 years (1 year but less than 2 years ago)
  - c. Within the past 5 years (2 years but less than 5 years ago)
  - d. 5 or more years ago
  
6. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race or ethnicity?
  - a. Yes
  - b. No
  
7. What is your race? Select ALL that apply.
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian/Pacific Islander
  - Other
  - Prefer Not to Answer

8. Are you Latino or Hispanic?

- a. Yes
- b. No
- c. Prefer not to answer

9. What is your current gender identity? (Choose all that apply):

- Female
- Male
- Transgender
- Genderqueer/Gender non-conforming
- Prefer not to answer
- Other

10. Which of the following do you consider yourself to be?

- a. Straight (Heterosexual)
- b. Gay or Lesbian
- c. Bisexual
- d. Asexual
- e. Not Sure/Questioning
- f. Prefer not to answer
- g. Other



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**Fourth Economy designed and supported the development of this publication for the Allegheny County Health Department.**

Fourth Economy is a national community and economic development consulting firm. Powered by a vision for an economy that serves the people, our approach is centered on principles of competitiveness, equity and resilience. We partner with communities and organizations, public and private, who are ready for change to equip them with the tools and innovative solutions to build strategic, equitable, and resilient organizations and economies.