ALLEGHENY COUNTY HEALTH DEPARTMENT

2015 COMMUNITY HEALTH ASSESSMENT

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EXECUTIVE SUMMARY

In 2014, the Allegheny County Health Department (ACHD) began a comprehensive community health assessment (CHA) of Allegheny County. This was the first of its kind in the County's history and was fully supported by the Board of Health and the County Executive, Rich Fitzgerald. We firmly believe that a CHA is foundational to good public health practice. It is the cornerstone that provides data necessary for government and non-government agencies to understand community health issues, set goals for improvement and monitor their progress. The goals of our community health assessment are to characterize the overall health of Allegheny County, engage the community in a discussion about health concerns, highlight important community health risks and outcomes, and identify areas in need of improvement.

Over the course of six months, ACHD and its Advisory Coalition planned and implemented a variety of steps in the CHA process based on strategies from the Healthy Communities and Mobilizing for Action through Planning and Partnerships (MAPPS). The Advisory Coalition is composed of more than 70 stakeholders from various sectors including: foundations, health care, nonprofit, education, and other county government departments (e.g., Economic Development, Human Services, and Transportation). Data were collected through a variety of methods including an online health indicator survey, a review of the needs assessment conducted by nonprofit hospitals, a compilation of existing data about numerous health indicators, and input collected from citizens present at 14 District- level community health meetings. Data sources included the 2002 and 2010 Allegheny County Health Surveys (ACHS), ACHD programs, nonprofit agencies, the Allegheny County Medical Examiner, the Allegheny County Department of Human Services, Allegheny County Economic Development and the Pennsylvania Departments of Education, Public Health, Environmental Protection, and Office of Juvenile Justice.

The following are the 20 key public health issues identified through this extensive CHA process.

- Access to Health Care: Concerns were raised about access to health care in areas such as availability, affordability, and quality. Allegheny County has several medically underserved areas, according to federal guidelines.

- ACHD Infrastructure: During the community meetings, participants focused on needed improvements to the infrastructure of ACHD including communication, transparency and trust with the community.

- Chronic Disease Health Risk Behaviors: The three behaviors that contribute to the majority of preventable chronic disease include smoking, obesity/poor nutrition, and physical inactivity. Allegheny County smoking rates are particularly concerning because they are above the state and national rates. Obesity rates are not as high as the nation, but they have not improved over time and are increasing.

- Chronic Diseases: Screening/Treatment: Ensuring that the population has adequate care for a variety of chronic diseases such as diabetes and heart disease because Allegheny County has higher rates of these diseases than the state and nation.

- Disparities/Cultural Competency/Special Populations: This was an overarching theme throughout the assessment process because the health indicators illustrate major health inequalities by race, gender, and geography.

- Emergency Capability: Concerns were raised about the County's ability to manage emergencies including Emergency Medical Service response time in the County.

- Environment: Despite marked improvement in air quality during the last five years, Allegheny County remains one of the worst communities in the nation for air quality due to its topography and industrial sources. Additionally, sewer overflow problems continue to threaten the health of the rivers and their recreational use. Lastly, there were numerous concerns about unconventional gas drilling; a relatively new industry, and its impact on water, air, and community health.

- Health Promotion & Literacy: Concerns were raised about the need to enhance educational efforts, particularly for our most vulnerable populations.

- Health Care Utilization: The cost of health care is increasing at a rate higher than inflation. Concerns were raised about the misuse of hospital Emergency Departments as well as the high cost of hospital care.

- Healthy Aging: While the population demographics of Allegheny County are changing, there remains a substantial number of elderly and (in years to come) the population will be challenged to age safely in place.

- Infectious Disease: Increases in sexually transmitted diseases (e.g chlamydia and gonorrhea) as well as unchanged HIV rates were raised as a concern. Additionally, recent outbreaks in mumps and measles nationally will require ongoing ACHD focus.

- Infrastructure: Allegheny County, like so many counties in the U.S., suffers from an aging infrastructure including sewers, roads, and bridges. This topic was mentioned as a concern impacting health.

- Injury: The major issue in this category was the rising level of County homicides and their disproportionate impact on young African American males; thereby leading to numerous potential years of life lost.

- Maternal & Child Health: Infant mortality rates remain higher than the state and nation. Rates of smoking during pregnancy are also unacceptably high. Concern for improved parent support services was highlighted.

- Mental Health & Substance Abuse: Throughout the CHA process, mental health was noted as a major concern, both from perspectives of access and prevalence. The rise in heroin use and the increase in overdose mortality over the last ten years were also raised as particular concerns.

- Nutrition: Allegheny County still has a number of food deserts and access to fast foods outweighs access to healthy nutritious foods. In addition, many county residents lack financial resources to afford nutritious food.

- Occupational Health: Concerns over the exposure of workers to pollution in both traditional and newly emerging industries were raised.

- Social Determinants of Health: Allegheny County has clear geographic disparities in poverty and disadvantage. Many key health indicators are also elevated in these areas. Additionally, issues related to inadequate housing and lower educational attainment are highly correlated with poor health outcomes. These social determinants are critical areas for further investigation.

- Sustainability: Energy efficiency, climate change and sustainability were identified as emerging issues that impacted health.

- Transportation: Access to affordable public transportation was seen as a major obstacle to health care access and economic opportunity. Additionally, the lack of trails for biking and walking was seen as a crucial element for developing healthy communities.

Each section of this community health assessment provides insight into critical issues impacting the public's health. The most recent data available are presented at the County level and at the district and municipal level, whenever possible. Additionally, data from the state and the nation are provided as benchmarks for readers. Lastly, goals from Healthy People 2020 are also available for reference.

There are a number of health behaviors and outcomes from the CHA that should be highlighted because they meet one or more of the following three criteria: 1) they are worse than statewide or national benchmarks, 2) they are worsening or not improving, or 3) they represent health inequalities and/or are significantly contributing to premature mortality. These behaviors and outcomes include: access to primary care, depression, smoking, cancer rates (lung, breast and bladder), sexually transmitted diseases, obesity, healthy food access, asthma, air quality, heroin overdoses, infant mortality, homicide, and suicide.

Throughout the CHA process, there were two foci that were identified as overarching priorities for community health. These were health inequalities by race, gender, socioeconomics and geography, and social determinants of health. Regarding health inequalities, it is clear that there are specific areas of the County that carry a disproportionate burden of poor health outcomes, including parts of Pittsburgh and communities along the Allegheny and Monongahela River valleys. The challenging socioeconomic context in many of these communities contributes to poor health outcomes. Educational attainment, housing conditions, transportation, violence, and economic instability are often referred to as social determinants of health. These factors influence decisions that individuals make and the opportunities that are available for them to be healthy. There is a great need for cross-sectoral partnerships involving all Coalition stakeholders to address these issues.

Social Determinants of Health
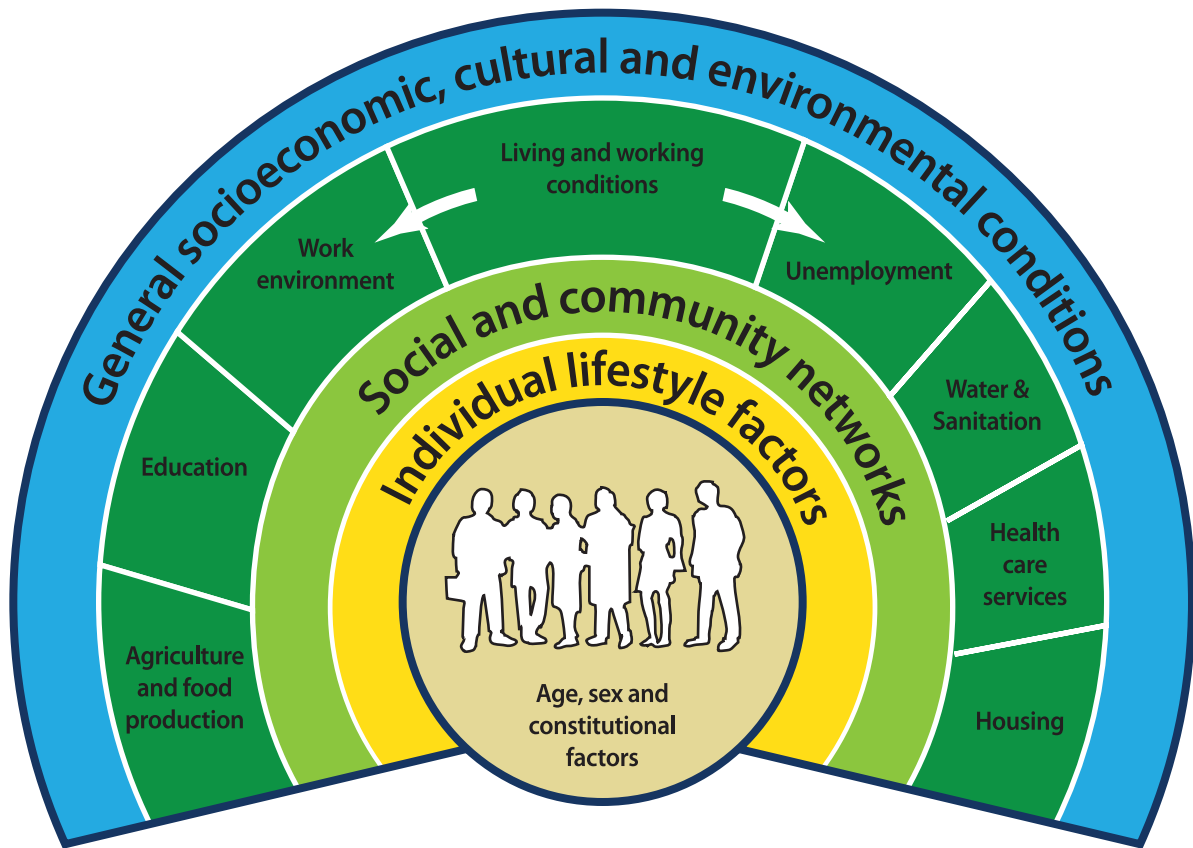
Source: Dahlgren & Whitehead 1991 Policies and strategies to promote social equity in health

Allegheny County is also home to many community assets which positively impact the health of the population. These include, but are not limited to: the arts, foundations, health care, higher education, green space and county government activities. More importantly, there is a demonstrated history of cross-sectoral collaboration within these community assets and other entities. This spirit of collaboration is an essential component needed to solve the County's problems and usher in a new era of health for all Allegheny County residents. Through the efforts of Coalition partners and stakeholders from business and industry to grassroots organizations, Allegheny County aspires to be the healthiest County in Pennsylvania.

FOREWARD

ALLEGHENY COUNTY HEALTH DEPARTMENT

The mission of the Allegheny County Health Department (ACHD) is to "Protect, promote, and preserve the health and well-being of all Allegheny County residents, particularly the most vulnerable." ACHD is responsible for fulfilling the three core functions of public health: assessment, assurance and policy development. ACHD strives daily to assure quality public health services by promoting individual and community wellness; preventing injury, illness and premature death or disability; and protecting the population from harmful effects of chemical, biological and physical hazards within the environment.

Formed in 1957, ACHD has a long and impressive history that includes completion of a polio vaccination campaign (1960), handling of the HIV/AIDS epidemic, crafting and enacting air quality regulations, launching a Women, Infants, and Children (WIC) nutrition program (1970s), initiating a lead poisoning prevention program (1980s), leading with Healthy Start to address infant mortality issues (1990s), and enacting the Allegheny County school bus idling regulations and open burning rules (2000s). ACHD's most recent efforts include achieving National Association of County and City Health Officials (NACCHO) Public Health Ready recognition and launching the Live Well Allegheny campaign to address chronic disease-causing behaviors.

ACHD is providing all of the National Public Health Performance Standards' 10 essential public health service, which are listed below.

1. Monitor health status to identify and solve community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships and action to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure a competent public and personal health care workforce.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems.

The Department currently operates with five core bureaus: Environmental Health; Assessment, Statistics, and Epidemiology; Administration; Public Policy and Community Relations; and Health Promotion and Disease Prevention. In addition, the Department also operates a Public Health Laboratory. In 2014, the laboratory performed more than 72,000 tests, including: 12,676 for HIV, 18,904 for gonorrhea and chlamydia, and 815 for rabies, among other analyses. The core bureaus include:

- Environmental Health: Air Quality; Food Safety; Water Quality; Housing; and Lead Exposure

- Assessment, Statistics, and Epidemiology: Infectious Disease Management; Chronic Disease Monitoring; Vital Statistics; Report Generation; and Data Collection and Management

- Administration: Fiscal, Facilities, Permitting, Human Resources

- Public Policy and Community Relations: Emergency Preparedness; Policy; Legal; and Public Health Information

- Health Promotion and Disease Prevention: Dental: Pharmacy; Sexually Transmitted Diseases (STDs)/ Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) HIV Clinic; Maternal and Child Health; Women, Infants and Children (WIC); Chronic Disease and Injury Prevention; and Infectious Disease Testing and Immunization

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INTRODUCTION

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

In June 2014, ACHD initiated its first county-wide community health assessment in order to strategically implement health improvements and to attain national public health accreditation through the Public Health Accreditation Board. In this effort, ACHD pursued a collaborative approach and formed its first cross-sectoral Advisory Coalition. Over 70 stakeholders from nonprofit, corporate, healthcare, academia, and government organizations were invited to participate and provide critical input on the first comprehensive community health assessment. By working collaboratively, the Advisory Coalition and ACHD sought to develop a common agenda for population health improvement in Allegheny County. Coalition members were asked to work in partnership with ACHD to help transform the overall health and quality of life for all Allegheny County residents. This process included participation in planning, data collection, dissemination, implementation, and evaluation phases of the community health assessment and community health improvement plan. The first meeting of the Advisory Coalition was held on June 20, 2014, and attended by 60 organizations. Subsequently, all of these organizations, in addition to those that joined after the meeting, signed letters of commitment to participate as members of the Advisory Coalition.

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

Survey Methods

In June 2014, The Allegheny County Health Department conducted an online survey of Allegheny County residents in an effort to identify the top health concerns within our communities. A total of 1,081 residents completed the survey with 126 zip codes represented. Allegheny County residents were asked to identify their top 10 health concerns and rank them according to importance from a list of 44 health indicators. Overall rankings were determined using a scoring system that weighted responses according to the ranks assigned to each health indicator. Each response identifying the indicator as the number one health concern was

multiplied by 10, each response indicated as the second most important health concern was multiplied by 9, and so forth, with indicators ranked as the tenth most important health concern having a weighted score of 1. The sums of these scores were then used to calculate an overall ranking for each indicator.

In compliance with the Affordable Care Act (ACA), all nonprofit hospitals in Allegheny County completed an independent needs assessment of their target communities. Dr. Stephen Albert from the University of Pittsburgh's Graduate School of Public Health conducted a systematic review of the results from the 15 nonprofit hospitals to identify common priorities. These common priorities were identified across the hospitals and provided to ACHD. The priorities were then compared to the top indicators from the health indicator survey to identify any overlap. Shared priorities were: access to healthcare, access to mental healthcare, health insurance, air & water quality, obesity, and nutrition (see Figure 1: Community Health Concerns Overlap).

Figure 1: Community Health Concerns Overlap

Health Indicators Survey
(Allegheny County residents)

Community Needs Health Assessment
(Not-for-profit hospitals)

- Poverty
- Alcohol/drug abuse
- Education

- Access to healthcare
- Access to mental healthcare
- Health Insurance
- Air & water quality
- Obesity
- Nutrition

- Cancer
- Chronic disease
- End of life care
- Prenatal care
- Medication management
- Physical Activity
- Preventive Services
- Women's health

Sources: Allegheny County Health Department Health Indicator Survey, 2014
Non-Profit Hospital Community Needs Health Assessment

To examine health status, ACHD biostatisticians and epidemiologists compiled secondary data on the top 20 indicators identified in the health indicator survey. Data were drawn from a variety of sources including ACHD programs, partner organizations, and national and state resources. For example, data from national sources included national health statistics compiled by the U.S. Centers for Disease Control and Prevention (CDC), and demographic data from the U.S. Census Bureau, and information on food availability from the U.S.

Department of Agriculture. County information included overdose data from the Allegheny County Medical Examiner's office, mental health utilization from the Allegheny County Department of Human Services, and poverty data from Allegheny County Economic Development. Data from ACHD programs included air and water quality measurements and information on infectious diseases. The prevalence of personal risk factors, such as smoking and obesity, were estimated from the Allegheny County Health Survey (ACHS), most recently conducted in 2010. The ACHS is a random digit dial telephone survey based on the national Behavioral Risk Surveillance Survey that sampled nearly 5,000 county residents. Other survey topics dealt with nutrition, physical activity, tobacco use, alcohol consumption, health care access, chronic diseases, disabilities, women's health, family planning, sexual behavior, immunizations, and mental health. District data (when available) was combined with County data.

ACHD then prepared a presentation to highlight these data for community meetings. The Advisory Coalition's planning and data committees provided consultation on the content of the presentation, the agenda of the meeting, the location of meetings, and the strategies for outreach and publicity. Community meetings were held in facilities associated with the Advisory Coalition's members, which included libraries, hospitals, and YMCAs,   as well as other nonprofit organizations. The meetings were promoted by the County, through various media venues, including newspapers, radio, social media and television, and by members of the Advisory Coalition.

Thirteen community meetings were held throughout the County from September to November 2014. One was held in each of the 13 County Council Districts. A 14th meeting was held on December 1, 2014, with the Latino community at the University of Pittsburgh's Graduate School of Public Health. Each meeting consisted of a data presentation on health and risk factors pertaining to the County and home District, a facilitated discussion with participants about health need priorities, and a written evaluation. Specifically, participants were asked three questions:

- What health factors are important to you and your community? Why?

- What do you see as major barriers to health in your community?

- What services or rules/regulations would make the greatest improvement in your health?

Verbal responses collected on flip-charts, and written responses collected as part of submitted evaluations were compiled and entered into a database for qualitative analysis. From this analysis, approximately 100 health concerns were identified. The concerns from community meetings were compared to priorities identified in the nonprofit hospital needs assessments, the online health indicator survey, and secondary data collected by ACHD to ensure that all health concerns were included on a final list. The list of concerns was then categorized into 50 areas by a team of three coders to ensure inter-rater reliability and presented to the Advisory Coalition. With their help, categories were further consolidated into 20 themes (See Figure 2: ACHD Prioritization Process). These themes were used to inform decision makers for the Community Health Improvement Plan.

Figure 2: ACHD Prioritization Process
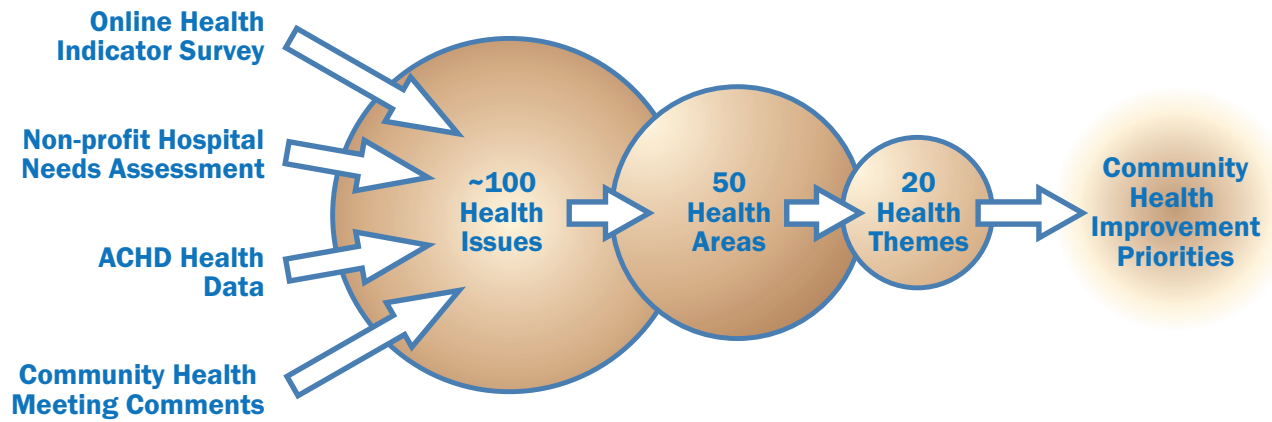
TECHNICAL NOTES/GLOSSARY

Definition of Key Terms

CAUSE OF DEATH: refers to the causal agents or underlying causes resulting in death. Underlying causes are any disease or injuries which eventually lead to death. Causes of death or underlying causes are coded according to the International Classification of Disease, Tenth Revision (ICD-10). (See Cause of Death Table.)

Cause of Death	ICD-10 Code
Cancer	
Malignant neoplasms	(C00-C97)
Malignant neoplasms of colon, rectum and anus	(C18-C21)
Malignant neoplasm of prostate	(C61)
Malignant neoplasm of breast	(C50)
Malignant neoplasms of trachea, bronchus and lung	(C33-C34)
Diabetes	
Diabetes mellitus	(E10-E14)
Heart Disease	
Acute rheumatic fever and chronic rheumatic heart disease	(I00-I09)
Hypertensive heart disease	(I11)
Hypertensive heart and renal disease	(I13)
Ischemic heart disease	(I20-I25)
Acute myocardial infarction	(I21-I22)
Other acute ischemic heart disease	(I24)
Other forms of chronic ischemic heart disease	(I20, I25)
Atherosclerotic cardiovascular disease, so described	(I25.0)
All other forms of chronic ischemic heart disease	(I20,I25.1-I25.9)
Other heart disease	(I26-I51)
Acute and subacute endocarditis	(I33)
Diseases of pericardium and acute myocarditis	(i30-I31,I40)
Heart failure	(I50)
All other forms of heart disease	(I26-I28,I34-I38,I42-I49,I51)
Cerebrovascular Disease	
Cerebrovascular disease	(I60-I69)
Suicide	
Intentional self-harm(suicide)	(U03,X60-X84,Y87.0)
Intentional self-harm(suicide) by other and unspecified means and their sequalae	(U03,X60-X71,X75-X84,

Other Definitions

INFANT DEATH – Death of an infant under 1 year of age

TEEN FERTILITY – Live births to females 19 years of age and under

EARLY PRENATAL CARE – Females who seek care during the first trimester of pregnancy

NO PRENATAL CARE – Females who did not seek care during pregnancy

LOW BIRTH WEIGHT – Infants who weigh less than 2500g at birth

DID NOT SMOKE DURING PREGNANCY – Females who did not smoke during the first, second, or third trimester of pregnancy (self-reported)

BREASTFEED – Intent to breastfeed infant (self-reported)

"OTHER" RACIAL CATEGORY – Includes American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

Formulas for Rates

Age-Adjusted Mortality Rate = Each specific mortality rate x the weight for that age group in the standard population

- All age-adjusted rates are calculated using the direct method with the 2000 U.S. Standard Million Population and the 2010 decennial census. Age-adjusted death rates cannot be compared to crude rates and cannot be interpreted as an absolute measure of mortality.

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

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

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

Cause-Specific Rate $= \dfrac{\text{Number of cause-specific deaths}}{\text{Total Deaths}} \times 1{,}000$

Fertility Rate $= \dfrac{\text{Number of age-specific births}}{\text{Total number of females in child-bearing age (15-44 years)}} \times 1{,}000$

Teen Fertility Rate $= \dfrac{\text{Number of Live births to Females aged 19 and under}}{\text{Total population of Females aged 19 and under}} \times 1{,}000$

Percent Early Prenatal Care $= \dfrac{\text{Number of women having prenatal care in the first trimester}}{\text{Total number of live births – unknown care}} \times 100$

Percent No Prenatal Care $= \dfrac{\text{Number of women having no prenatal care}}{\text{Total number of live births – unknown care}} \times 100$

Percent Breastfeed $= \dfrac{\text{Number of mothers intending to breastfeed}}{\text{Total number of live births – unknown breastfeed}} \times 100$

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

Years of Potential Life Lost (YPLL) is calculated by estimating the average number of years a person would have lived, given that he or she did not die prematurely and adding the estimates for each death that occurred within a population that year. In order to calculate YPLL among Allegheny County residents, YPLL was defined as the number of years a person died before the age of 65.

Acronyms

ACHS – Allegheny County Health Survey

CDC – Centers for Disease Control and Prevention

ED – Emergency Department

PA - Pennsylvania

PADOH – Pennsylvania Department of Health

U.S. – United States

YPLL - Years of Potential Life Lost

AAD – Alcohol-Associated Death

DEMOGRAPHICS OF ALLEGHENY COUNTY

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 2013, the estimated population of the county was 1,231,527 people, which represents 9.6% of PA's total population. From 2010 to 2013, the population of Allegheny County increased by 0.7%. [1] 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. [2]

Allegheny County is comprised of 130 municipalities and 90 Pittsburgh neighborhoods, which are divided into 13 County Council Districts (See Figure 3: Map of Allegheny County, PA by County Council Districts). Maps of each individual Council District are presented in "Appendix 1: Allegheny County Council District Maps." These Districts divide the county into political jurisdictions and enable more broad geographic comparisons. A list of municipalities within each of the Council Districts and their respective populations are listed. (See Table 2: Allegheny County Council Districts by Municipalities.) For population counts by municipality and neighborhood, see Appendix 2: "Age and Race Demographics for Total Allegheny County Population by Municipality, 2010."
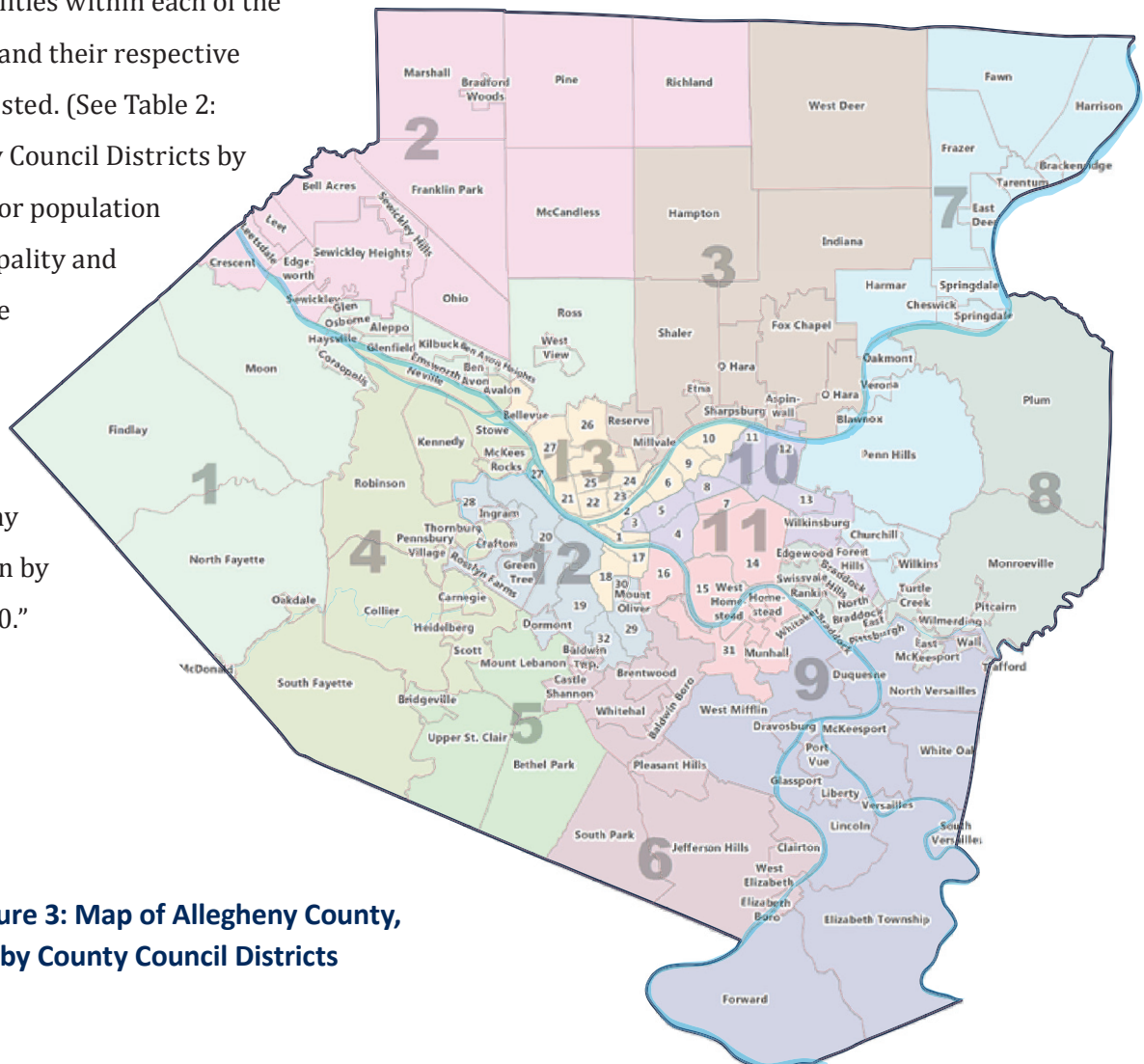
Figure 3: Map of Allegheny County, PA by County Council Districts

Table 2: Allegheny County Council Districts by Municipalities.

List of municipalities (130) and neighborhoods (90) within Allegheny County according to County Council District.

District 1	District 2	District 3
Ben Avon	Bell Acres	Aspinwall
Ben Avon Heights	Bradford Woods	Etna
Coraopolis	Crescent	Fox Chapel
Emsworth	Edgeworth	Hampton
Findlay	Franklin Park	Indiana
Glenfield	Leet	Millvale
Glen Osborne	Leetsdale	O'Hara
Haysville	Marshall	Reserve
Kilbuck	McCandless	Shaler
Moon	Ohio	Sharpsburg
North Fayette	Pine	West Deer
Ross	Richland	
West View	Sewickley	
	Sewickley Heights	
	Sewickley Hills	

District 4	District 5	District 6
Avalon	Bethel Park	Baldwin Borough
Carnegie	Bridgeville	Baldwin Township
Collier	Mount Lebanon	Brentwood
Crafton	Upper St. Clair	Castle Shannon
Heidelberg		Clairton
Kennedy		Elizabeth Borough
McDonald		Jefferson Hills
McKees Rocks		Pleasant Hills
Neville		South Park
Oakdale		West Elizabeth
Pennsbury Village		Whitehall
Robinson		
Scott		
South Fayette		
Stowe		
Thornburg		

District 7	District 8	District 9
Blawnox	Braddock	Dravosburg
Brackenridge	Braddock Hills	Duquesne
Cheswick	Chalfant	Elizabeth Township
Churchill	East McKeesport	Forward
East Deer	East Pittsburgh	Glassport
Fawn	Edgewood	Liberty
Frazer	Monroeville	Lincoln
Harmar	North Braddock	McKeesport
Harrison	Pitcairn	North Versailles
Oakmont	Plum	Port Vue
Penn Hills	Rankin	South Versailles
Springdale Borough	Swissvale	Versailles
Springdale Township	Trafford	West Mifflin
Tarentum	Turtle Creek	White Oak
Verona	Wall	
Wilkins	Whitaker	
	Wilmerding	

District 10	District 11	District 12
Bloomfield	Arlington/Arlington Heights	Beechview
Central Oakland	Bedford Dwellings	Beltzhoover / Bon Air
Crawford Roberts	Glen Hazel/Hays/Hazelwood	Brookline
East Hills	Greenfield	Carrick
East Liberty	Lincoln Place	Chartiers City/Fairywood/Windgap
Forest Hills	Point Breeze North	Crafton Heights
Friendship	Regent Square	Duquesne Heights
Highland Park	Shadyside	East Carnegie/Oakwood
Homewood North	South Side Slopes	Elliot/West End
Homewood South	Squirrel Hill North	Knoxville
Homewood West	Squirrel Hill South	Mount Washington
Larimer	Swisshelm Park	Overbrook
Lincoln-Lemington-Balmar	Homestead	Ridgemont/Westwood
Middle Hill	Munhall	South Shore
North Oakland	West Homestead	Dormont
South Oakland		Green Tree
Terrace Village		Ingram
Upper Hill		Mount Oliver
West Oakland		Rosslyn Farms
Wilkinsburg		

District 13
Allegheny Center/Allegheny West
Allentown/Bluff
Brighton Heights
California-Kirkbride
Central Lawrenceville
Central Northside
Chateau
East Allegheny/North Shore
Fineview
Garfield
Golden Triangle (CBD)
Herr's Island/Troy Hill
Lower Lawrenceville
Manchester
Marshall-Shadeland
Morningside
Northview Heights
Perry North
Perry South
Polish Hill
South Side Flats
Spring Garden
Spring Hill-City View
Stanton Heights
Strip District
Summer Hill
Upper Lawrenceville
Bellevue

Race and Age Distribution

Race

According to 2010 census data, the majority of Allegheny County residents are White (81.5%), 13.5% of residents are Black, 2.1% are Asian, 0.5% were categorized as Other race, and 1.8% were two or more races (See Table 3: Demographic Comparison of Allegheny County and All PA Residents, 2010). Approximately 1.8% of the population was Hispanic [1]. Overall, racial distributions were similar for Allegheny County and PA as a whole (See Table 3: Demographic Comparison of Allegheny County and All PA Residents, 2010). However, a greater proportion of Allegheny County residents were Black and a smaller proportion are considered to be an Other race. Allegheny County residents were also less likely to be Hispanic compared to the state's demographic. The nation as a whole is comprised of 72.4% White, 12.6% Black, 3.6% Asian, and 6.5% were Other races. Compared to these figures, Allegheny County had larger populations of White and Black residents, but smaller populations of Other races. [3]

Age

In 2010, 19.8% of Allegheny County residents were less than 18 years old and 16.8% of Allegheny County residents were 65 years or older, which was higher than the national percentage of 13.0%.[4, 5] At the start of the 1950s, our population of adults aged 65 or greater was approximately the same as the U.S. However, this population consistently rose, reaching a peak in 2000, before declining in 2010. According to the University of Pittsburgh's University Center for Social and Urban Research (UCSUR), the proportion of elderly residents within our county is projected to increase to about 22% by 2030. [4]

Table 3: Demographic Comparison of Allegheny County and All PA Residents, 2010

Demographic	Allegheny County (n, %)	PA (n, %)
White	997,295 (81.5%)	10,406,288 (81.9%)
Black, African-American	161,861 (13.2%)	1,377,689 (10.8%)
Asian	34,090 (2.8%)	349,088 (2.7%)
Other race	5,801 (0.5%)	304,636 (2.4%)
Two or more races	22,599 (1.8%)	237,835 (1.9%)
Hispanic ethnicity	19,070 (1.6%)	719,660 (5.7%)
Less than 18 years old	242,223 (19.8%)	2,794,524 (22.0%)
65 years or older	205,059 (16.8%)	1,959,307 (15.4%)
Male	585,650 (47.9%)	6,190,363 (48.7%)
Female	637,698 (52.1%)	6,512,016 (51.3%)

Table 4: Proportion of the Population Age 65+ and Age 85+, Allegheny County and the United States 1950 – 2010.
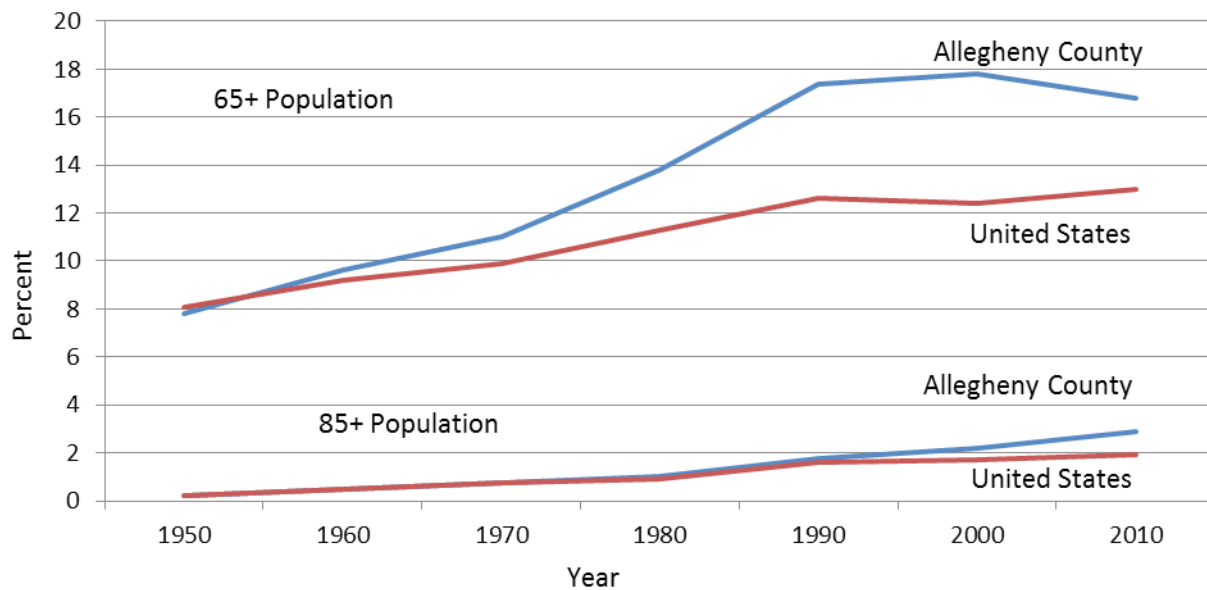
The race and age distributions of Allegheny County vary geographically and are presented in Table 4: Proportion of the Population Age 65+ and Age 85+, Allegheny County and the United States 1950 – 2010.

Education

In 2010, 7.6% of Allegheny County residents aged 25 years and older had not graduated from high school or passed the General Educational Development (GED), compared to 11.6% at the state level. Among the same age group, 32% of Allegheny County residents had earned a high school diploma or a GED, but did not pursue any other degrees; 16.9% of residents completed a portion of a college degree; and 43.2% had completed a college degree program. [1]

The educational attainment of Allegheny County residents 25 years and older varies geographically in County Districts. The County Council District with the highest percentage of residents with less than a high school degree or GED was District 13 at 13.9% and the District with the lowest was District 5 with 3.6%. District 2 had the highest proportion (62.2%) of its residents with a college degree, while District 9 had the lowest (25.8%).[5] Educational levels at the County Council District level are presented in Table 5: "Educational Attainment of Allegheny County Residents by District, 2010." Municipality and neighborhood level are presented in Appendix 3: "Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality."

Table 5: Educational Attainment of Allegheny County Residents by District, 2010

	< High School	High School Graduate/ GED	Some College	College Graduate
Allegheny County (Overall)	8.5%	32.5%	16.5%	42.4%
District 1	6.2%	30.4%	16.9%	46.6%
District 2	3.7%	19.9%	13.2%	62.5%
District 3	7.7%	31.0%	15.3%	46.0%
District 4	8.6%	34.6%	17.3%	39.5%
District 5	3.6%	21.7%	14.0%	60.3%
District 6	7.6%	36.7%	16.2%	37.7%
District 7	8.8%	37.9%	18.4%	35.2%
District 8	7.6%	33.8%	18.0%	40.6%
District 9	10.5%	45.2%	18.0%	25.8%
District 10	11.8%	28.4%	18.3%	41.5%
District 11	8.1%	22.6%	13.3%	55.9%
District 12	12.1%	38.0%	17.9%	32.1%
District 13	13.9%	37.3%	16.9%	32.4%

Health Rankings

Each year the Robert Wood Johnson Foundation (RWJF), in collaboration with the University of Wisconsin Population Health Institute (UWPHI), compiles health rankings for the majority of counties within the United States (U.S.). These rankings aim to measure the overall health of counties based on a variety of measures, including health outcomes pertaining to the length and quality of life, and health factors pertaining to four areas: health behaviors (tobacco use, diet and exercise, alcohol and drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family and social support, community safety), and physical environment (air and water quality, housing and transit).[6] Composite scores based on these rankings are calculated using weighted sums based on county-level measures from standardized national and state data sources. The counties are then ranked in comparison to other counties within the same state; counties with the lowest scores have the best relative health while those with higher scores have comparatively poorer health Source: RWJF Health Rankings.[7]

Allegheny County was ranked 34th overall for health outcomes among the 67 counties in PA in 2014. This composite score was based on a ranking of 33rd for length of life, which is determined by the total age-adjusted years of life lost before age 75, and 34th for quality of life that was based on measurements of poor or fair health, poor physical health days, poor mental health days, and low birth weight.[8] Allegheny County was ranked 19th out of the 67 PA counties for health factors. Specifically, Allegheny County ranked 18th for health behaviors, 26th for clinical care, 19th for social and economic factors, and 54th for physical environment.[8]

VITAL STATISTICS

Mortality

Overall, the age-adjusted death rate decreased between 1970 and 2010 (See Figure 4: Age-Adjusted Mortality Rate, Allegheny County, PA: 1970 – 2010). In 2010, the death rate per 100,000 residents was 767.0, which was lower than the death rates in both the PA (972.0) and U.S. (798.0). The total number of deaths between 2007 and 2011 in Allegheny County was 68,153. The age-adjusted death rate during this time period was 787.6 deaths per 100,000 residents. County District 13 had the highest rate of death for that time period at 988.5 deaths per 100,000 residents, while District 2 had the lowest rate of death at 634.1 per 100,000 residents (See Table 6: Allegheny County Age-Adjusted Death Rate for All Causes by District, 2007-2011). [9]

Figure 4: Age-Adjusted Mortality Rate, Allegheny County, PA: 1970 – 2010
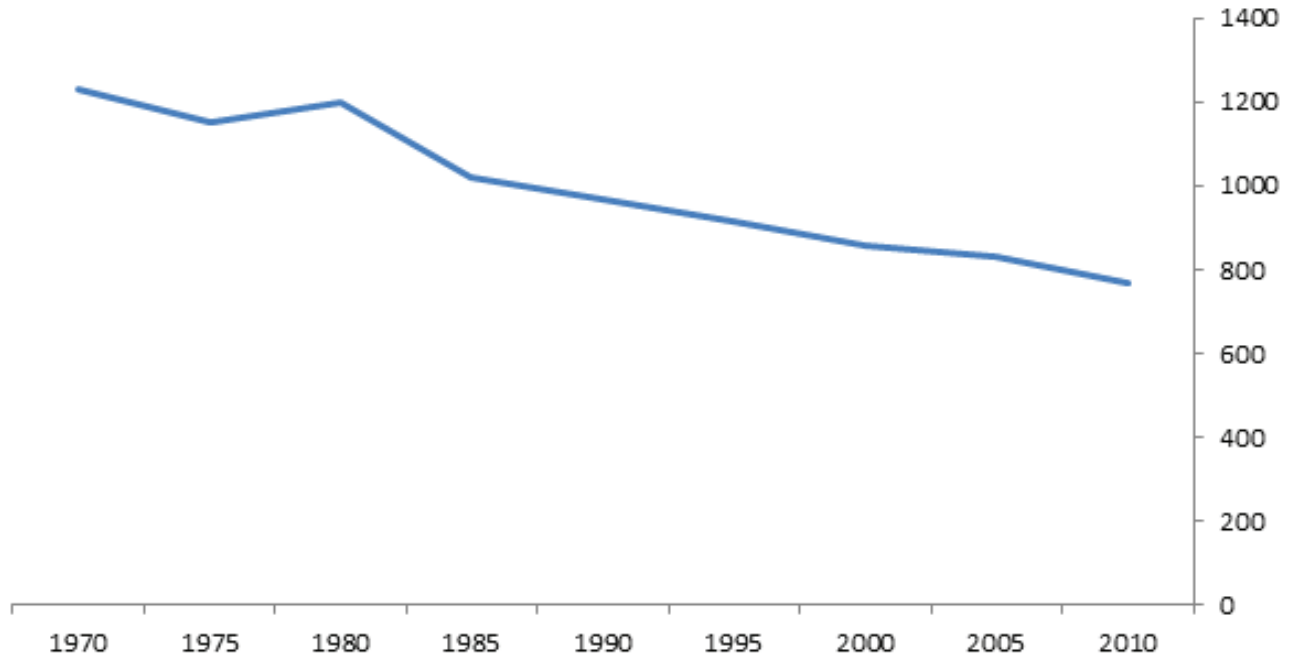
Table 6: Allegheny County Age-Adjusted Death Rate for All Causes by District, 2007-2011.

Districts with green rates have significantly lower rates than the county. Districts with red rates have significantly higher rates.

	Number of Deaths	**Rate per 100,000 Residents***
Allegheny County	**68,153**	**787.6**
District 1	4,658	705.4
District 2	3,564	634.1
District 3	4,832	690.7
District 4	5,758	781.1
District 5	4,880	638.2
District 6	5,581	752.9
District 7	6,329	885.1
District 8	5,438	764.9
District 9	6,814	902.9
District 10	4,982	932.3
District 11	4,695	792.3
District 12	5,577	910.1
District 13	4,955	988.5

* *Rates shown in green have significantly lower death rates than the county as a whole, while those shown in red have significantly higher death rates.*

The median age at death for Allegheny County residents in 2011 was 80.4 years. There continues to be large disparities in mortality between White and Black populations in Allegheny County. In 2011, the median age of death in the White population in Allegheny County was 77.9 years compared to 66.9 years in the Black population [10]. The median age at death also varies by geographic area. Some County Council Districts have a greater difference in median age of death between White and Black residents than others, such as Districts 3 and 12. District 5 had the highest median age of death at 85.1 and 75 for White and Black residents, respectfully. The lowest was in District 12 where the median age at death for White residents was 76.6 years, while the median age at death for Black residents in this District was 57.8 years. [9]

Table 7: Median age at death by race and by District, Allegheny County, 2011

	Total Number of Deaths	**White Median Age at Death**	**Black Median Age at Death**
Allegheny County	13,690	77.9	66.9
District 1	985	77.8	77.1
District 2	775	79.0	78.0
District 3	1,015	77.8	57.5
District 4	1,156	77.5	60.0
District 5	973	85.1	75.0
District 6	1,162	78.1	66.0
District 7	1,241	78.2	67.5
District 8	1,077	78.0	65.3
District 9	1,352	77.2	66.0
District 10	910	78.5	75.1
District 11	949	77.8	68.2
District 12	1,108	76.6	57.8
District 13	968	76.5	65.8

Gender disparities in mortality also exist. The median age at death for males in 2010 was 76.5 years, whereas the median age at death for females was 83.0 years. The age-adjusted mortality rate for males in 2010 was 938.9 per 100,000. The age-adjusted mortality rate for females in 2010 was 637.8 per 100,000 (See Figure: 5 Allegheny County Age-Adjusted Death Rate for All Causes by District, 2007-2011). [10]

**Figure 5: Age-Adjusted Mortality Rate by Race and Sex, Allegheny County 1970-2010**
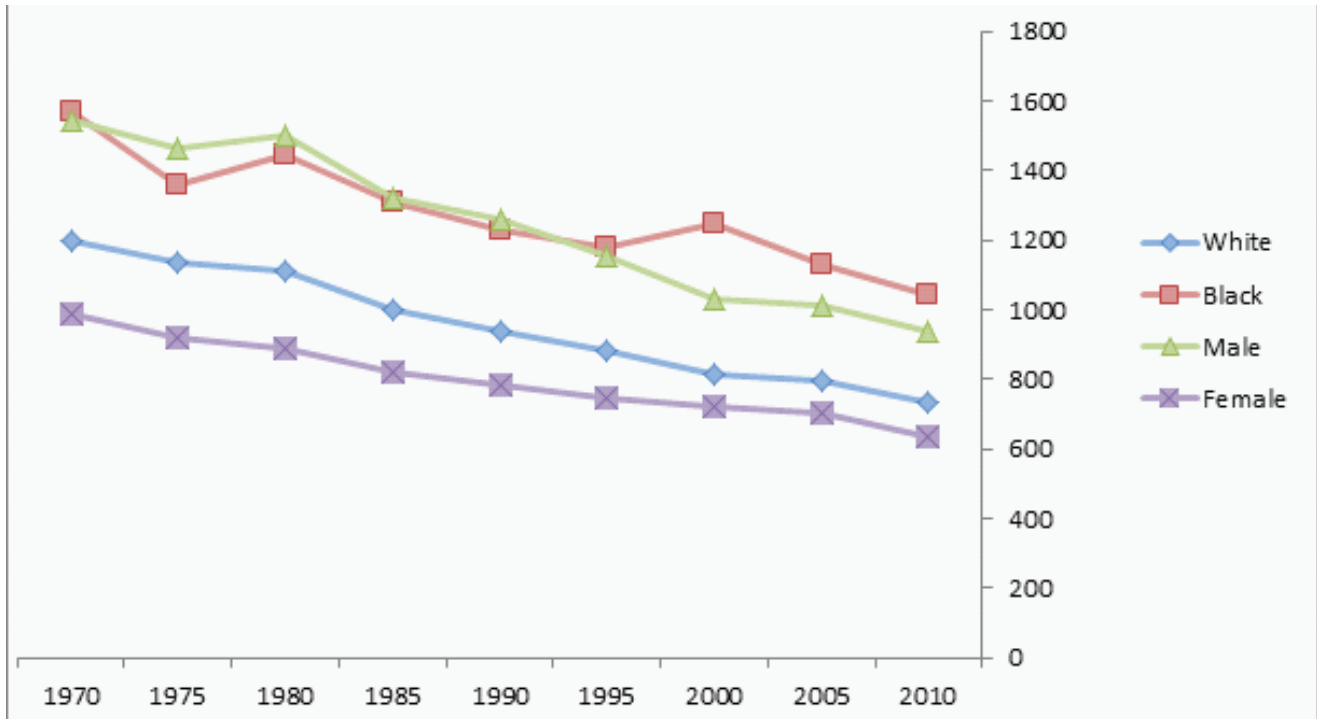
The leading cause of death in Allegheny County in 2011 was heart disease (34%) followed by cancer (30%), stroke (7%), chronic respiratory disease (7%), accidents (6%), Alzheimer's disease (4%), influenza and pneumonia (4%), kidney disease (3%), diabetes (3%), and septicemia (2%). (See Figure 6: Leading Causes of Death in Allegheny County.) [9] The most frequent causes of death in the U.S. in 2011 were similar to those of Allegheny County and included: heart disease, cancer, chronic respiratory disease, stroke, accidents, Alzheimer's, diabetes, influenza and pneumonia, kidney disease, suicide, septicemia, chronic liver disease, essential hypertension and hypertensive renal disease, Parkinson's disease, and pneumonitis due to solids and liquids. [11]

Years of Potential Life Lost (YPLL) is an alternative method to rank leading causes of death that accounts for both the number of deaths as well as the age at death. This measure is particularly useful in estimating the social and economic loss that results from premature death. [12] The YPLL of deaths due to all causes among

Figure 6: Leading Causes of Death in Allegheny County, 2011
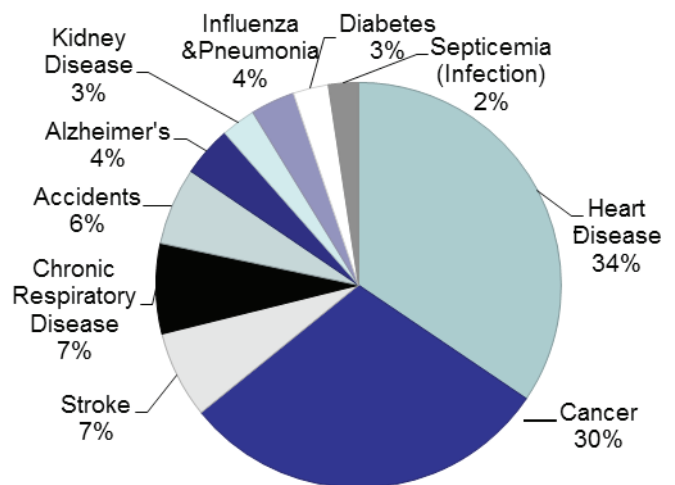
Allegheny County residents in 2011 was 43,709 person-years. Using YPLL methodology, the leading causes of death in Allegheny County are somewhat different (See Table 8: Leading Causes of Death According to Years of Potential Life Lost, 2011). For example, although unintentional injuries were the 6th leading cause of death using traditional mortality methods, it was the greatest contributor to death using YPLL.[9] Within Allegheny County, there were significant geographic disparities in YPLL during this time period (See Table 9: Years of Potential Life Lost for All Causes of Death in Allegheny County by District, 2007- 2011). District 7 had the highest number of YPLL with 27,663 person-years, while District 2 had the lowest with 8,901 person-years. [9]

Table 8: Leading Causes of Death According to Years of Potential Life Lost, 2011

	Total Population	White Population	Black Population	Male Population	Female Population
All Causes	43,709	31,117	11,098	28,689	15,021
Unintentional Injury	8,354	6,936	1,148	5,638	2,716
Cancer	7,887	6,385	1,457	4,247	3,640
Heart Disease	5,957	4,577	1,290	4,167	1,790
Perinatal Conditions	3,161	1,548,	1,355	1,484	1,677
Homicide	2,872	572	2,225	2,505	367
Suicide	2,570	2,195	245	2,065	505
Chronic Liver Disease & Cirrhosis	1,035	820	200	655	380
Cerebrovascular Disease	755	545	195	460	295

Table 9: Years of Potential Life Lost for All Causes of Death in Allegheny County by District, 2007- 2011

	All Residents
Allegheny County	224,639
District 1	12,687
District 2	8,901
District 3	12,986
District 4	18,344
District 5	9,170
District 6	14,289
District 7	27,663
District 8	18,224
District 9	22,834
District 10	24,378
District 11	15,720
District 12	24,076
District 13	22,769

Natality

In 2012, there were 12,435 live births in Allegheny County. The crude birth rate for that year was 10.2 births per 1,000 population.[13] Crude birth rates are calculations of live births in a given community during a given year per 1,000 total population. Birth rates from 1985 through 2012 are presented in Figure 7: "Crude birth rates, Allegheny County and Pittsburgh, PA, 1980 – 2012." Overall, the crude birth rates during this time period declined and have remained relatively stable over the last decade. The majority of births were of White race (71.8%), 20.1% were Black, and 7.0% were Other races. In 2011 and 2012, the average race-specific birth rate for Whites was 8.9 live births per 1,000 population, while the average rate for Blacks was 14.0 live births per 1,000 population. Maternal age in Allegheny County has continued to increase since the 1980s, following national trends. [13] The Allegheny County median maternal age in 2012 was 29.9 years ,representing a 13% increase in maternal age compared to the 1981 median maternal age of 26.5 years. [13]

Figure 7: Crude birth rates, Allegheny County and Pittsburgh, PA, 1981 – 2012
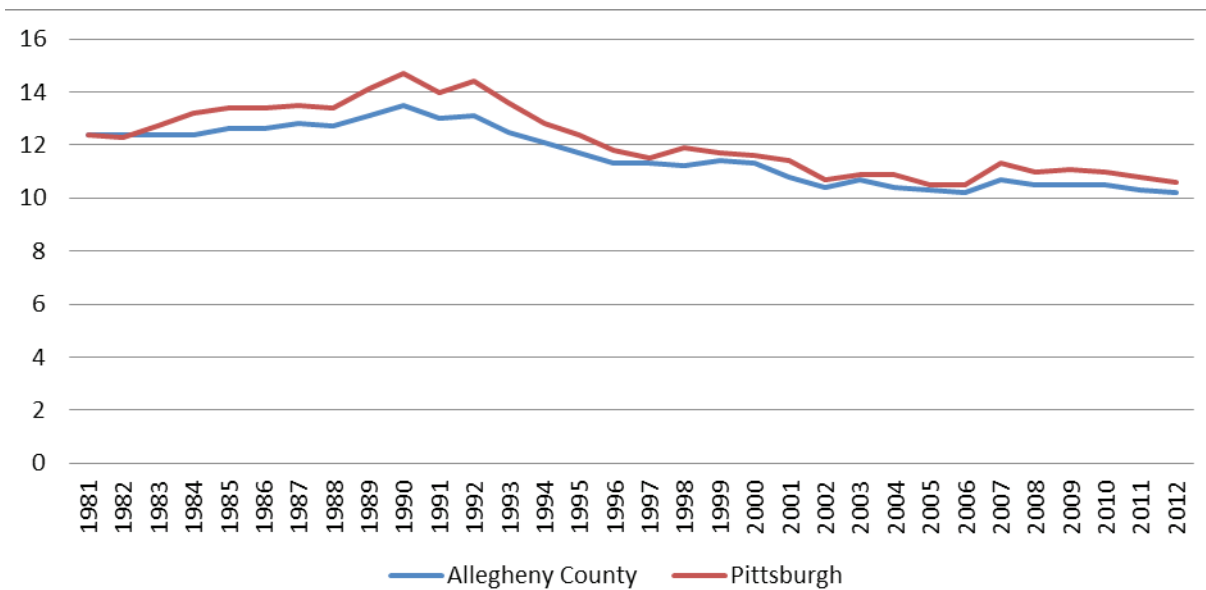
Immigration and Language

An immigrant is granted the right by the U.S. Citizenship and Immigration Services (USCIS) to permanently reside in and to work without restrictions in the United States. [14] In 2012, nearly 41 million immigrants lived in the U.S., which accounts for about 20% of all international migrants and for 13% of the U.S. population.[15]

Pennsylvania's population of foreign-born residents rose from 3.1% in 1990, to 4.1% in 2000, to 5.9% (756,410) in 2011.[16] An estimated 57,175 residents (5%) of Allegheny County population are foreign born.

[17]. The majority of these foreign-born residents are from Asia (48.7%) and Europe (30.8%), while 5.6%, 3.2%, and 0.8% are from Africa, North America, and Oceanic countries, respectively (See Table 10: Allegheny County Foreign-Born Residents by Country of Origin 2011). [18] About 6.9% of Allegheny County residents greater than 4 years old speak a language other than English at home. Of these, 3.2% speak an Indo-European language, 1.4% speak Spanish or Creole, 1.8% speak an Asian or Pacific Islander language, and 0.5% speak another language. [17]

Table 10: Allegheny County Foreign Born Residents by Country of Origin 2011

Total Foreign Born Residents	57,175	(100%)
Asian Countries	27,859	48.7%
European Countries	17,600	30.8%
Latin American Countries	6,268	11.0%
African Countries	3,175	5.6%
North American Countries	1,805	3.2%
Oceanic Countries	468	0.8%

Source: 2011 American Community Survey

HEALTH RISK BEHAVIORS

SUBSTANCE ABUSE

Smoking and Other Tobacco Use

Smoking is the leading cause of preventable death in the United States (U.S.) Smoking increases the risk of heart disease, stroke, respiratory disease (emphysema, bronchitis), cancer, and poor birth outcomes. [19] Between 2000 and 2004, more than 20,000 adults ages 35 and older died as a result of tobacco use within Pennsylvania (PA). This statistic translates to a smoking-attributable mortality rate of 259.0/100,000 residents, which ranks 21st among the states.[20] The percentage of residents who smoke is higher in Allegheny County than in PA and the U.S. as a whole. [21-23] According to the 2010 ACHS, 23% of respondents were currently smoking, compared to 21.4% of PA residents and 19.2% of U.S. residents (See Table 11: Smoking status comparison, Allegheny County, PA, U.S., 2010). Additionally, the proportion of former smokers and women who smoked during pregnancy were both higher in Allegheny County compared to PA and the U.S. [21-23] Both current and former smokers in Allegheny County were more likely to have less education and lower incomes. [21]

**SUBSTANCE ABUSE
HEALTHY PEOPLE 2020 GOALS**

- Reduce cigarette smoking by adults

  Baseline: 20.6 percent of adults aged 18 years and older were current cigarette smokers in 2008 (age adjusted to the year 2000 standard population)

  Target: 12.0 percent

Table 11: Smoking status comparison, Allegheny County, PA, U.S., 2010

Smoking Status	Allegheny County	PA	U.S.
Current Smoker	23%[1]	21.4%[3]	19.2%[3]
Former Smoker	32.5%[1]	25.5%[3]	25.0%[3]
Smoked During Pregnancy	18.2%[2]	16.0%[4]	12.8%[5]

[1] *Allegheny County Health Survey,2010*

[2] *Allegheny County Community Profile Report, 2010*

[3] *CDC Behavioral Risk Factor Surveillance System, 2012*

[4] *Pennsylvania Certificates of Live Births, 2010*

[5] *Pregnancy Risk Assessment and Monitoring System (PRAMS), 2010*

Also according to the 2010 ACHS, 3% of respondents said they used smokeless tobacco and 4% of respondents said they smoked cigars. More males used smokeless tobacco and cigars than females, and more White adults used smokeless tobacco than Black adults. [21]

Alcohol Use

The U.S. Centers for Disease Control and Prevention (CDC) define excessive alcohol use as binge drinking (≥ 5 drinks for men, ≥4 drinks for women), excessive weekly drinking (≥ 15 drinks per week for men, ≥ 8 drinks per week for women) or any drinking by pregnant women or youths younger than 21 years of age. [24] Excessive alcohol use is the fourth leading cause of preventable death in the U.S. Between 2006 to 2010, an average of 87,798 alcohol-associated deaths (AAD) and 2,560,290 years of potential life lost (YPLL) occurred in the U.S. annually. During this time period, 44% and 33% of AAD and YPLL, respectively, were due to chronic conditions like liver disease. The remaining percentages of AAD and YPLL were due to acute conditions such as motor vehicle crashes and alcohol poisoning [24].

> **SUBSTANCE ABUSE HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce the proportion of persons engaging in binge drinking during the past 30 days – adults aged 18 years and older
>
>   Baseline: 27.1 percent of adults aged 18 years and older reported that they engaged in binge drinking during the past 30 days in 2008
>
>   Target: 24.4 percent

In 2010, 17.1% of U.S. adults reported binge drinking at least once in a one month period.[25] By comparison, 33% of Allegheny County residents reported binge drinking at least once a month, which is considerably higher than the U.S. as a whole (See Figure 8: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Education, 2009-2010). [21] About 30% of U.S. adults 18 to 34 years reported binge drinking (See Figure 9: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Age, 2009-2010). Among all U.S. residents, income was found to

**SUBSTANCE ABUSE
HEALTHY PEOPLE 2020 GOALS**

- Increase the proportion of high school seniors never using substances—Alcoholic beverages

Baseline: 27.7 percent of high school seniors reported never using alcoholic beverages in 2009

Target: 30.5 percent

be significantly associated with binge drinking. Respondents with household incomes ≥ $75,000 had the highest prevalence of binge drinking at least once per month. However, the frequency of binge drinking and intensity (number of drinks) per binge drinking occasion was highest among those with household incomes <$25,000 (See Figure 10: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Household Income, 2009-2010). [25] There were no significant differences in binge drinking behavior according to race, education level, or household income among Allegheny County residents. However, in Allegheny County, a significantly higher percentage of males said they had one or more occasions of binge drinking. Also, the percentage of adults 18–44 who reported one or more occasions of binge drinking during the past month was significantly higher than the percentage of older adults. [21]

Figure 8: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Education, 2009-2010

Figure 9: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Age, 2009-2010

Figure 10: Percent of Allegheny County Adults who Binge Drank at Least Once in Past 30 Days According to Household Income, 2009-2010

Youth Drug Abuse

Biannually, the PA Youth Survey is administered to children in grades 6, 8, 10 and 12 by the Commonwealth of Pennsylvania. [26] In 2013, the survey was administered to 4,954 students in 13 school districts across Allegheny County, not including the Pittsburgh City Schools. Of these, 20% were 6th graders, 34% were 8th graders, 24% were 10th graders, and 22% were 12th graders. Table 12: "Lifetime Use of Alcohol, Tobacco, and Other Drugs Among Allegheny County Adolescents, 2013" presents the percentage of students in grades 6, 8, 10 and 12 who reported having ever used alcohol, tobacco and other drugs in their lifetime [26].Students in grades 10 and 12 were more likely to have used any substances compared to grade 6 and 8 students. The most frequently used substances among all students surveyed were alcohol (48.2%), marijuana (22.8%), cigarettes (18.2%) and smokeless tobacco (9.2%). According to the survey, the most commonly used controlled substances among survey participants were prescription narcotics (8.3%), stimulants (4.7%), hallucinogens (3.3%) and synthetic drugs (3.2%). [26]

Table 12: Lifetime Use of Alcohol, Tobacco, and Other Drugs Among Allegheny County Adolescents, 2013

Substance	Grade 6	Grade 8	Grade 10	Grade 12	All
Alcohol	14.1	35.8	65.3%	79.3%	48.2
Marijuana	1.9	10.5	31.7%	50.3%	22.8
Cigarettes	4.1	10.3	25.7%	34.9%	18.2
Smokeless Tobacco	0.8	3.8	12.7	21.4	9.2
Inhalants	4.2	6.7	5.3	5.9	5.7
Prescription, Narcotic	2.6	4.6	10.4%	16.5%	8.3
Prescription, Stimulant	0.8	1.5	4.8%	13.2%	4.7
Hallucinogens	0.2	1.2	4.3%	8.3%	3.3
Synthetic Drugs	0.8	1.8	3.4%	7.1%	3.2
Prescription, Tranquilizer	0.4	0.7	3.5%	8.0%	2.9
Ecstasy	0.1	0.9	3.4%	5.9%	2.5
Cocaine	0.3	0.7	1.6%	3.8%	1.5
Methamphetamines	0.1	0.3	0.5%	0.9%	0.5
Heroin	0.1	0.5	0.5%	0.8%	0.5
Crack	0.4	0.5	0.3%	0.5%	0.4

Source: 2013 PA Youth Survey, Allegheny County.

CANCER SCREENING

The U.S. Preventive Services Task Force (USPSTF) recommends screening for breast, cervical and colon cancers. Each year, over 350,000 people are diagnosed with these cancers and about 100,000 die from them.[27] Prior to December 2009, it was recommended that women have annual mammograms beginning at age 40. The Allegheny County Health Survey (ACHS), which was conducted between 2009 and 2010, found that 59% of Allegheny County women ages 40 or older were compliant with these screening guidelines. Women with higher incomes were more likely to have completed a mammogram within the past year while age, race, and education were not significantly associated with meeting screening recommendations.[21] Annual screening among this age group was higher in our county compared to the U.S. as a whole. According to data collected as part of the 2008 National Interview Health Survey, 52.0% of 40 to -49 year old women in the U.S. reported mammography screening within the prior year. [28] Revised USPSTF breast cancer screening guidelines now recommend against routine mammograms for women ages 40 to 49 years old and, instead, advise 50 to 74 year old women have a mammogram performed every two years.

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**CANCER
HEALTHY PEOPLE 2020 GOALS**

- Reduce the overall cancer death rate

  Baseline: 179.3 cancer deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

  Target: 161.4 deaths per 100,000 population

- Reduce invasive colorectal cancer

  Baseline: 48.9 new cases of invasive colorectal cancer per 100,000 population were reported in 2007 (age adjusted to the year 2000 standard population)

  Target: 41.6 new cases per 100,000 population

- Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines

  Baseline: 84.5 percent of females aged 21 to 65 years received a cervical cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

  Target: 93.0 percent

</div>

Currently, the USPSTF recommends screening for cervical cancer by Pap smear testing for women between 21 and 65 years old every three years. Nationally, 83% of women follow this recommendation.[27] When the ACHS survey was conducted, the USPSTF recommended that women between 21 and 29 years old have a Pap smear test every year; whereas, women 30 to 70 years old were recommended to have a Pap smear test every three years. In 2010, 69% of Allegheny County women 21 to 29 years old were compliant with screening guidelines and had completed a Pap smear test within the past year. (Note: We expect that this percentage would increase greatly, if we were using the current standards.) Allegheny County women 30 to 70 years old were more likely to be within screening guidelines compared to the U.S. as a whole, with 88% having a Pap test within the past three years.[21]

CANCER
HEALTHY PEOPLE 2020 GOALS

- Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines

  Baseline: 52.1 percent of adults aged 50 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

  Target: 70.5 percent

- Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines

  Baseline: 73.7 percent of females aged 50 to 74 years received a breast cancer screening based on the most recent guidelines in 2008 (age adjusted to the year 2000 standard population)

  Target: 81.1 percent

Screening for colorectal cancer through either colonoscopy every 10 years, sigmoidoscopy every 5 years, or annual fecal occult blood testing is currently recommended for adults 50 to 70 years old. Nationally, this recommendation is followed by 58.6% of U.S. adults. [27] In 2010, 66% of Allegheny County residents 50 years and older reported ever having either a colonoscopy or sigmoidoscopyHowever, this measure does not directly assess whether Allegheny County residents were in compliance with colorectal screening guidelines. [21]

NUTRITION

According to the 2010 ACHS, 37% of County residents didn't believe there was a large selection of fresh fruits and vegetables within their neighborhood. By contrast, 57% of residents reported that there

are many opportunities to purchase fast foods within their neighborhood. [21] The U.S. Department of Agriculture (USDA) has identified several food deserts within Allegheny County. A food desert is defined as "areas without ready access to fresh, healthy and affordable food." [29] People living
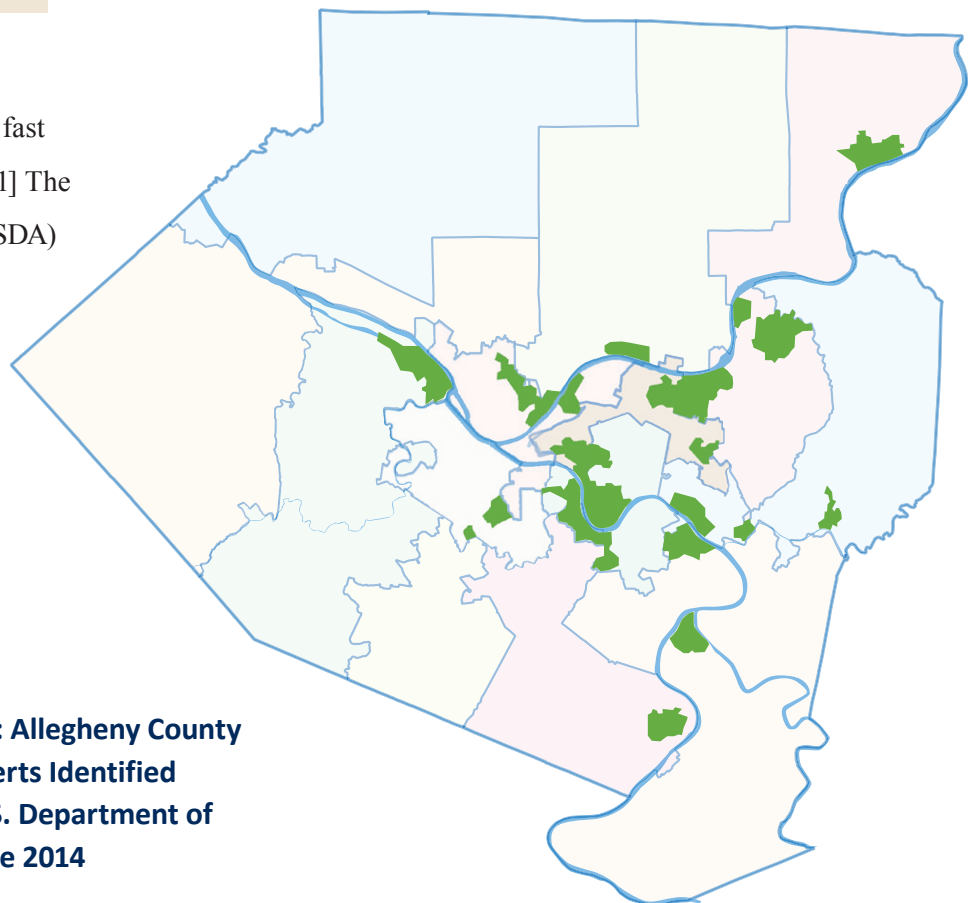
Figure 11: Allegheny County Food Deserts Identified by the U.S. Department of Agriculture 2014

in food deserts lack nearby grocery stores, but may have access to corner stores or fast food chains with no healthy or fresh food options. To qualify as a food desert, the urban or rural area must qualify as low-income and low-access. Low-income is defined as a poverty rate of 20% or greater or a median family income at or below 80% of the surrounding area median family income. Low-access is defined as at least 33% of the population living either more than a mile away from a supermarket in urban areas or 10 miles away in rural areas. [29] USDA identified several food deserts in Allegheny County as depicted in Figure 11: "Allegheny County Food Deserts Identified by the U.S. Department of Agriculture 2014."

PHYSICAL ACTIVITY

The CDC recommends that adults 18 to 64 years old should have at least 2 hours and 30 minutes of moderate-intensity aerobic exercise (i.e., brisk walking) each week along with muscle-strength training twice a week. [30] The CDC estimates that less than half of adults exercise for the recommended amount of time each week. Adults who do not exercise regularly are at increased risk for obesity and chronic disease like diabetes and heart disease. [30]

In Allegheny County, an estimated 11% of residents do not participate in either moderate or vigorous exercise in a usual week. [21] Adults 65 years or older were more likely to be physically inactive (20%) compared to adults ages 30 to 44 (7%) and 45 to 64 (10%). Black adults in Allegheny County were also significantly more likely to be physically inactive than White adults (16% compared to 10%). (See Figure12: Percent of Allegheny County Adults who are Not Physically Active According to Race, 2009-2010.) Income and education were also significantly associated with the likelihood of being physically inactive. Adults with household incomes less than $50,000 and those who did not have any post-high school education were more likely to report being physically inactive (See Figure 13: Percent of Allegheny County Adults who are Not Physically Active According to Household Income, 2009-2010 and Figure 14: Percent of Allegheny County Adults who are Not Physically Active According to Education, 2009-2010). [21]

> **NUTRITION , WEIGHT, AND PHYSICAL ACTIVITY HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce the proportion of adults who engage in no leisure-time physical activity
>
>   Baseline: 36.2 percent of adults engaged in no leisure-time physical activity in 2008 (age adjusted to the year 2000 standard population)
>
>   Target: 32.6 percent

Figure 12: Percent of Allegheny County Adults who are Not Physically Active According to Race, 2009-2010
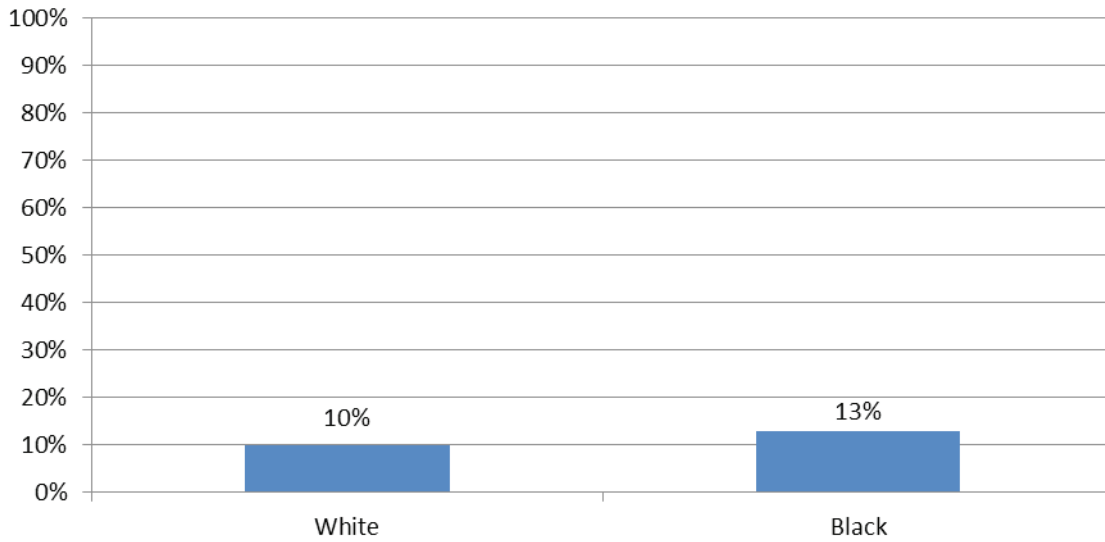
Figure 13: Percent of Allegheny County Adults who are Not Physically Active According to Household Income, 2009-2010
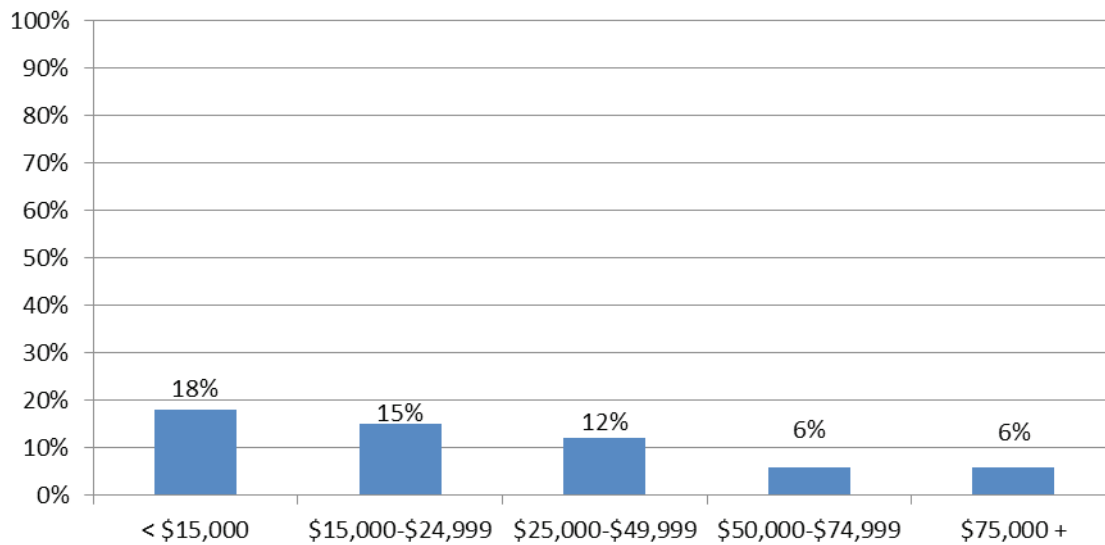
Figure 14: Percent of Allegheny County Adults who are Not Physically Active According to Education, 2009-2010
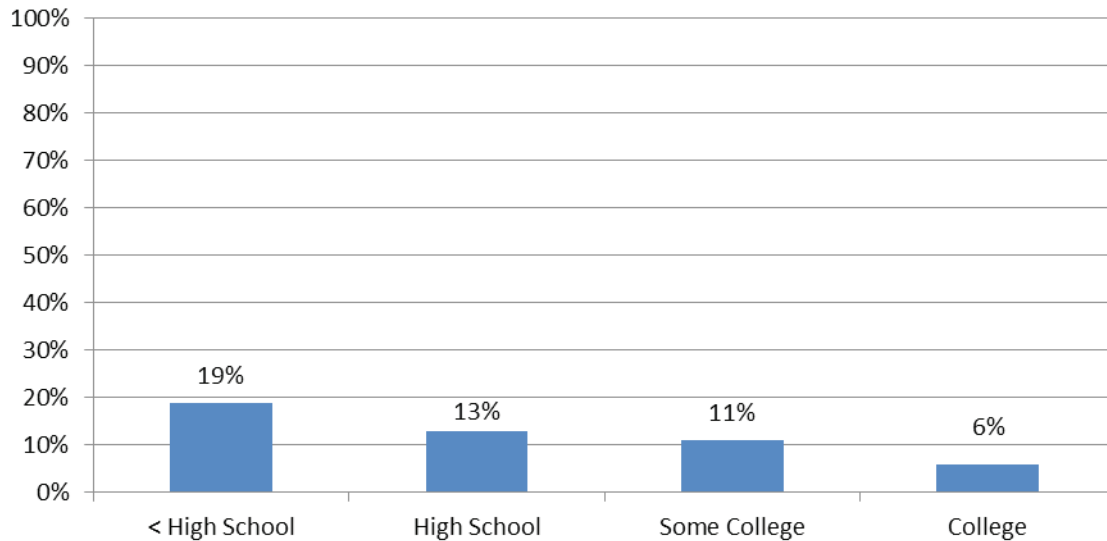
Overweight/Obesity

The U.S. is experiencing a national epidemic of obesity and Allegheny County is not exempt. The proportion of Allegheny County residents who are overweight or obese was assessed using self-reported height and weight information from the 2010 ACHS respondents to calculate Body Mass Index (BMI). BMI is a standardized method used to classify adults as underweight (BMI less than 18.5), normal (BMI 18.5-24.9), overweight (BMI 25.0-29.9) or obese (30 or higher). An estimated 62% of Allegheny County adults 18 to 64 years old were overweight or obese in 2010. [21] This percentage is lower than that of 2010 estimates for all Pennsylvanians (65.7%) and U.S. residents (64.7%).[31] However, the percentage of overweight or obese adults in Allegheny County has increased since the 2002 ACHS, when an estimated 60% of adults were considered overweight or obese. [21, 32]

> **NUTRITION , WEIGHT, AND PHYSICAL ACTIVITY HEALTHY PEOPLE 2020 GOALS**
>
> • Reduce the proportion of adults who are obese
>
> Baseline: 33.9 percent of persons aged 20 years and older were obese in 2005–08 (age adjusted to the year 2000 standard population)
>
> Target: 30.5 percent

According to the 2010 ACHS, significantly more men (68%) were classified as overweight or obese compared to women (57%) (See Figure 15: Percentage of Overweight/Obesity According to Gender, 2002 & 2010). A significantly higher percentage of Black adults (72%) were classified as overweight or obese compared to White adults (62%) (See Figure 16: Percentage of Overweight/Obesity According to Race, 2002 & 2010). Age was also significantly associated with the likelihood of being overweight or obese. Adults ages 45 to 64 (70%)

and 65 and older (62%) were more likely to be classified as overweight or obese compared to adults aged 18 to 29 (42%). Household income and education level were not associated with being overweight or obese. [21]

Figure 15: Percentage of Overweight/Obesity According to Gender, 2002 & 2010
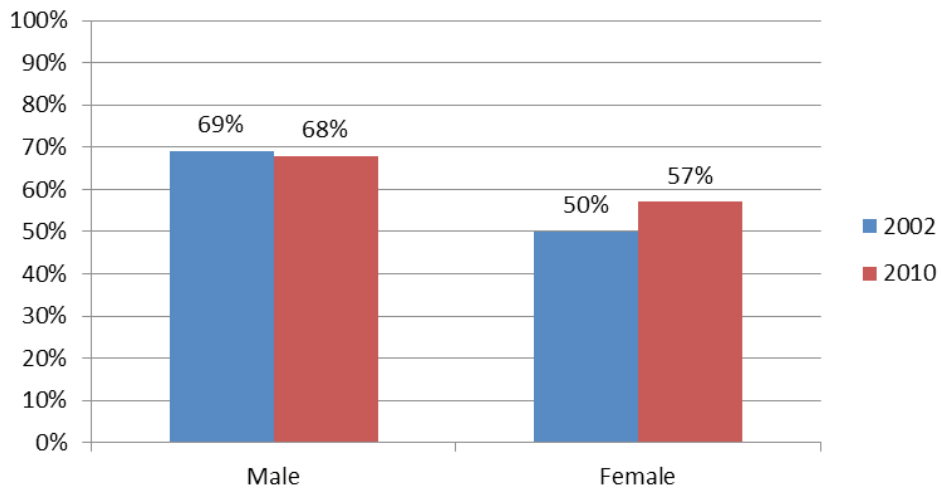
Figure 16: Percentage of Overweight/Obesity According to Race, 2002 & 2010
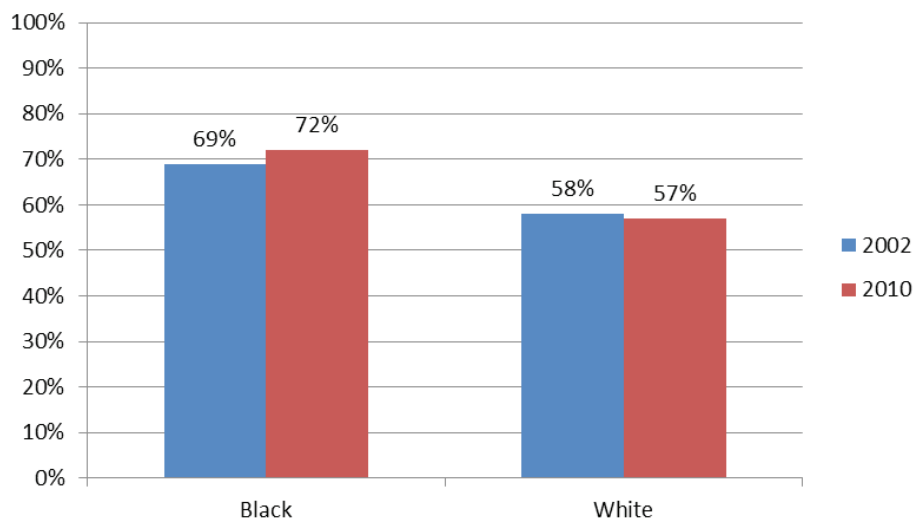
Childhood obesity is also a concern nationally and locally. During the 2011-2012 school year, 31.8% of children ages 2 through 19 were overweight or obese; of these, 17% of children were obese (See Figure 17: Proportion of Allegheny County children and adolescents who are overweight/obese by school year, 2007-2012) .[33] Trends in overweight and obesity among youth have remained stable since 2003. The rate of obesity among children in Allegheny County has also remained stable and was slightly lower than the national average at 15.4% during the 2011-2012 school year. However, a greater percentage of Allegheny County youth were considered overweight or obese (33%). [34]

Figure 17: Proportion of Allegheny County children and adolescents who are overweight/obese by school year, 2007-2012
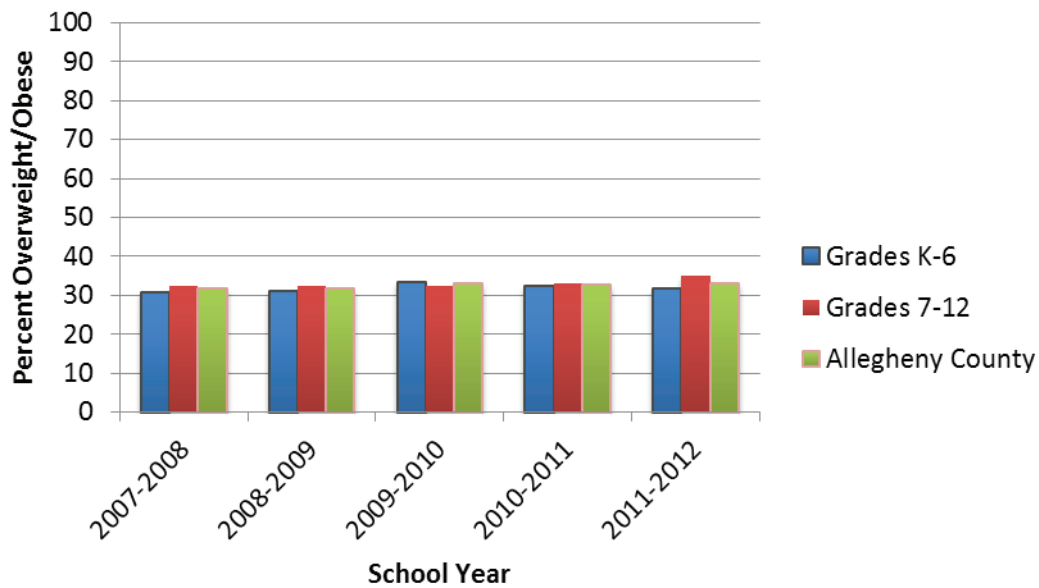
INFECTIOUS DISEASE

Immunization Rates

**INFECTIOUS DISEASES
HEALTHY PEOPLE 2020 GOALS**

- Maintain the vaccination coverage level of 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine for children in kindergarten

  Baseline: 97.2 percent of children enrolled in kindergarten for the 2009–10 school year received 4 or more doses of DTaP vaccine

  Target: 95.0 percent

- Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten

  Baseline: 95.0 percent of children enrolled in kindergarten for the 2009–10 school year received 2 or more doses of MMR vaccine

  Target: 95.0 percent

During the 2013-2014 school year, the proportion of vaccinated Allegheny County kindergarten students was above 89% for all vaccines required for school admission.[35] This proportion is below the 2020 national vaccination goal of 95% for kindergarten children.[36] The percentage of Allegheny County kindergarten students vaccinated against varicella was 89% in the 2013-2014 school year, which is lower than the national percentage (93.3%) but higher than the statewide percentage (84.0%).[35, 36] Nationally, 94.7% of kindergarteners were vaccinated against measles, mumps and rubella in the 2013-2014 school year, compared to 90% of Allegheny County kindergarteners and 85% of all PA kindergarteners.[35, 36] During the same time period, 95% of U.S. children were vaccinated against diphtheria, tetanus, and pertussis (DTaP),while 93% of Allegheny County kindergarteners were vaccinated against diphtheria and tetanus (DT) using the DT vaccine.[35, 36] The statewide immunization rate for the DTaP vaccine is 88.3% ,and this vaccine is not required for PA kindergarteners .[36] The immunization rate in Allegheny County has remained above 80% for the past five school years (See Figure 18: Percent of Kindergarten Students Vaccinated in Allegheny County 2008-09 School Year to 20013-14 School Year).[35]

Figure 18: Percent of Kindergarten Students Vaccinated in Allegheny County 2008-09 School Year to 20013-14 School Year
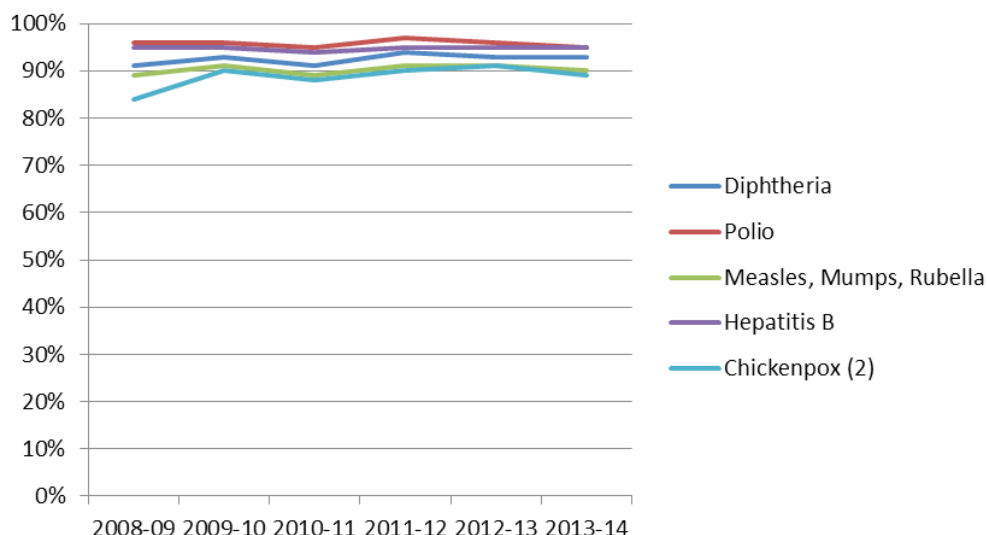
Tuberculosis

A total of 198 cases of clinically active tuberculosis (TB) was reported in Allegheny County from 2004 to 2013 (See Figure 19: Tuberculosis Cases, Allegheny County, 2004 – 2013). Of these, 12% of the cases were immigrants at time of entry to the U.S., 5% of cases were residents of long-term care facilities at time of diagnosis, and 35% of cases indicated they had received the Bacillus Calmette-Guerin (BCG) vaccine or had been vaccinated against tuberculosis.[37] The BCG vaccine is not commonly used in the U.S., but is provided to children in countries where TB is endemic. The median age of all TB cases was 52 years old and 55% of these cases were male. The rate of tuberculosis in Allegheny County in 2013 was 1.2 per 100,000 people and is lower than the 2013 U.S. rate of tuberculosis of 3 per 100,000 people.[37] Tuberculosis disproportionally affects foreign-born citizens in the U.S., who are 13 times more likely to acquire tuberculosis than U.S. citizens born in the United States [38]. In 2013, the ACHD TB clinic performed 1,918 skin tests, of which there were 15 active cases (for a 1.2 case rate per 100,000 population). There were 1,716 skin tests performed in 2014, and 19 active cases of TB were identified (for a 1.5 case rate per 100,000 population).[37]

> **INFECTIOUS DISEASES HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce tuberculosis (TB)
>
>   Baseline: 4.8 confirmed new cases of tuberculosis per 100,000 population were reported to CDC by local health departments in all 50 States and the District of Columbia in 2005
>
>   Target: 1.0 new case per 100,000 population

Figure 19: Tuberculosis Cases, Allegheny County, 2004 - 2013 (n = 198)
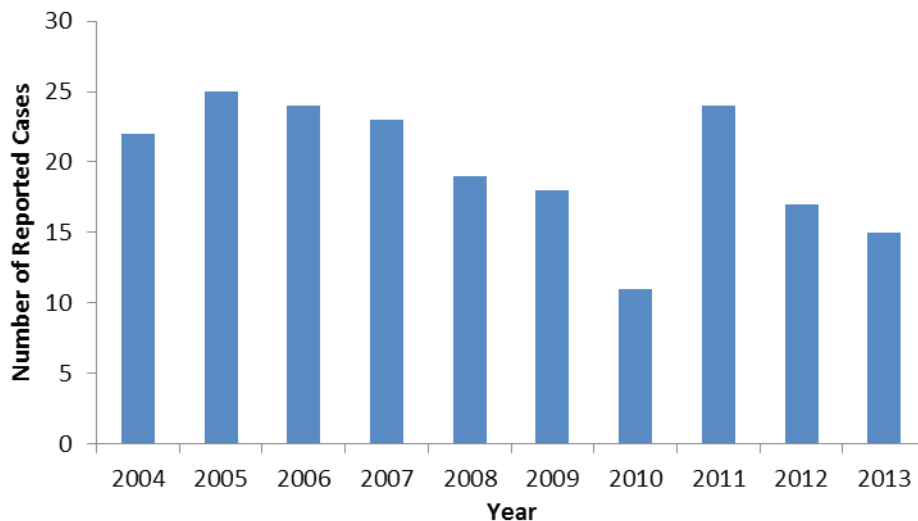
SEXUALLY TRANSMITTED DISEASES

Chlamydia

Chlamydia is the most commonly reported notifiable bacterial sexually transmitted disease (STD) in Allegheny County and the U.S. Although symptoms of chlamydia are usually mild or absent, if left untreated chlamydia infections can result in several health complications and may ultimately cause infertility in women. Pregnant women with chlamydia can pass the infection to their infants during delivery, potentially causing serious health issues. Men rarely have long-term complications resulting from untreated chlamydia, however it is possible for the infection to spread and lead to infertility. [39]

It is estimated that nearly three million infections occur annually in the U.S., but most remain undetected and untreated because a large proportion of infected individuals are asymptomatic. The national rate for chlamydia has consistently increased over the past decade until 2013, when the rate decreased by 1.5%.[40] Similar to national trends, the incidence of chlamydia in Allegheny County increased between 2006-2012 before declining by 5.5% in 2013, with 494.9 cases per 100,000 population (See Figure 20: Chlamydia Incidence Rates in U.S., PA and Allegheny County, 2002-2013). [39] A map of 2009-2012 Chlamydia rates per 100,000 population according to zip code is presented in Figure 21: "Chlamydia Rates per 100,000 in Allegheny County by Zip Code, 2009-2012." [41] The highest were observed within the City of Pittsburgh and in the Monongahela Valley.

During 2013, 69.6% of reported chlamydia cases were in females. Similar to nationwide trends, adolescents and young adults are at highest risk for acquiring chlamydia. [40] Among women, the highest age-specific rates of reported chlamydia in 2013 were among those aged 15–24 years (533.1 cases per 100,000

Figure 21: Chlamydia Rates per 100,000 in Allegheny County by Zip Code, 2009-2012

Classification: Quantile

Female Rate 100K

- 0.000000 - 709.873698
- 709.873699 - 1250.000000
- 1250.000001 - 2617.801047
- 2617.801048 - 5120.873408
- 5120.873409 - 13309.585492

Values: Female Rate 100K
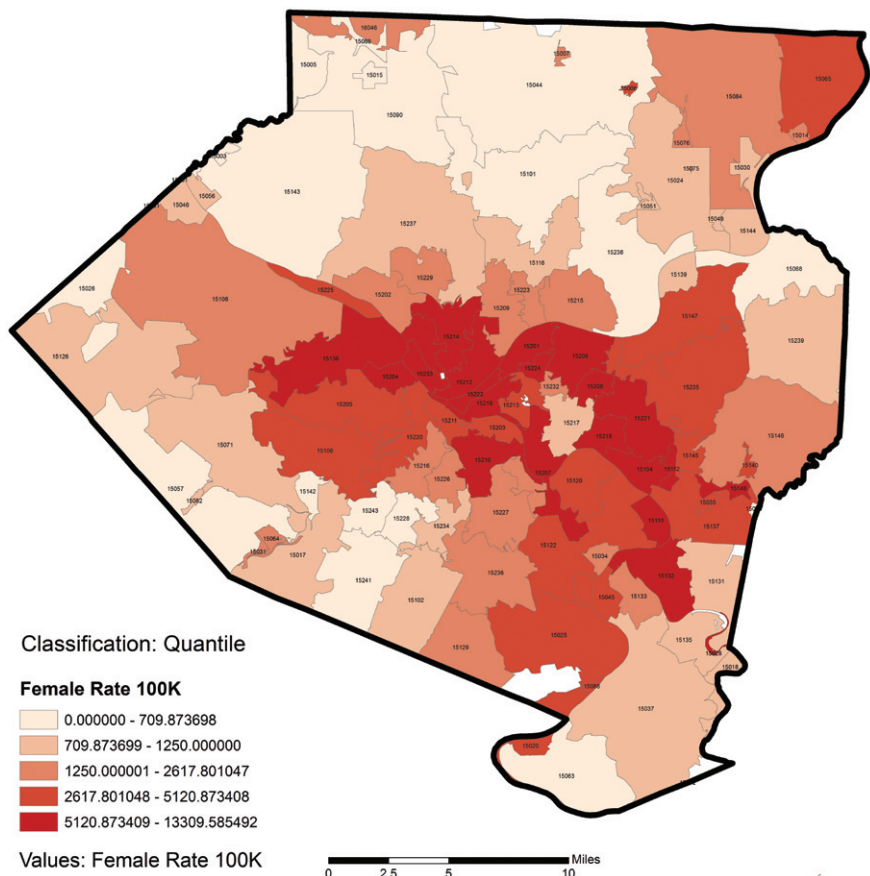
females), accounting for 52.9% of reported cases. Age-specific rates among men, although substantially lower than the rates among women, were also highest in that age group with 217.3 cases per 100,000 males (See Figure 22: Incidence Rates of Chlamydia Cases by Age and Sex in Allegheny County, 2013). The chlamydia rate was also higher among the Black population in 2013 (2,197.0 cases per 100,000 population) and was more than 16 times the rate among Whites (133.8 cases per 100,000 population). [39]

Figure 20: Chlamydia Incidence Rates* in U.S., PA and Allegheny County, 2002-2013
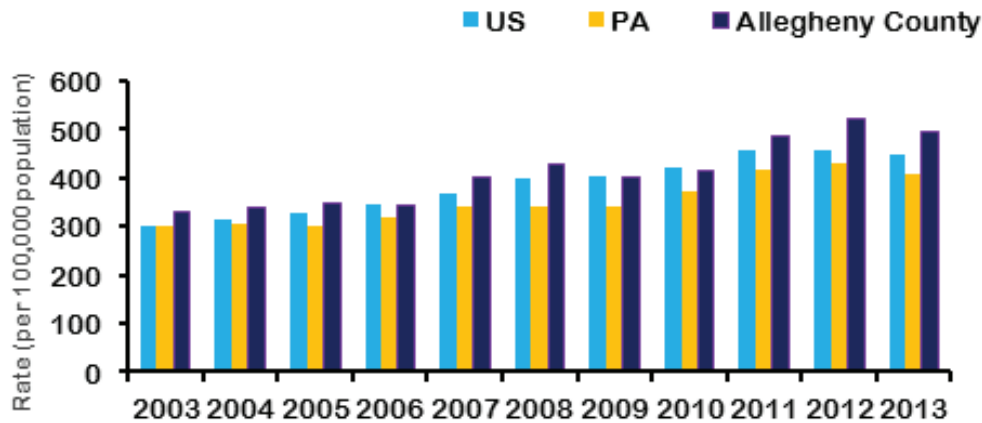
*Incidence rate per 100,000 population

The ACHD provides screening services at its STD Clinic and at several other community sites in the county. In 2013, the STD program screened 22,663 patients for chlamydia, of which 9.1% of screened individuals tested positive for chlamydia.[41]

Figure 22: Incidence Rates* of Chlamydia Cases by Age and Sex in Allegheny County, 2013
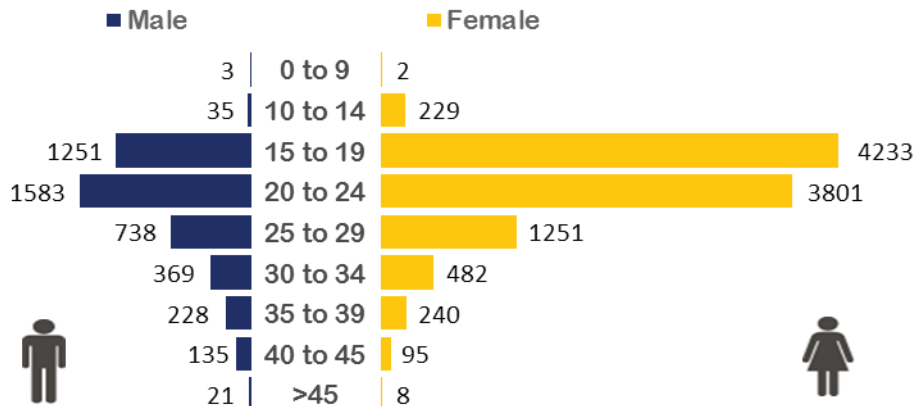
* Incidence rate per 100,000 population

Gonorrhea

Gonorrhea is a bacterial sexually transmitted disease (STD). Men are more likely to have a symptomatic infection and only 10% show no symptoms, while as many as 80% of cases in women are asymptomatic. If left untreated, gonorrhea infections in women can cause health conditions that may lead to infertility, ectopic pregnancies and chronic pelvic pain. In men, untreated infections may result in sterility.[39]

SEXUALLY TRANSMITTED DISEASES
HEALTHY PEOPLE 2020 GOALS

- Reduce gonorrhea rates among females aged 15 to 44 years

   Baseline: 279.9 new cases of gonorrhea per 100,000 females aged 15 to 44 years were reported in 2008

   Target: 251.9 new cases per 100,000 population

- Reduce gonorrhea rates among males aged 15 to 44 years

   Baseline: 216.5 new cases of gonorrhea per 100,000 males aged 15 to 44 years were reported in 2008

   Target: 194.8 new cases per 100,000 population

Nationwide in 2013, there were 333,004 gonorrhea cases reported to the CDC. This is a rate of 106.1 cases per 100,000, representing a slight decrease compared to 2012. [40] In PA, 13,874 cases were reported in 2013; 1,516 fewer cases than in 2012. [42] In Allegheny County, gonorrhea cases also declined, reversing an increasing trend from 2009-2012, with an incidence rate of 176.2 per 100,000 residents. During 2013, there were 2,170 cases reported; 9.3% fewer cases than in 2012 (See Figure 23: Gonorrhea Incidence Rates in U.S., PA, and Allegheny County, 2003-2013).[39]

Gonorrhea was higher among females in 2013, with a rate of 200.7 cases per 100,000 compared to 149.6 cases per 100,000 among males. As with chlamydia, the majority of reported cases were among women (59.2% of cases). Of the female cases reported, 70.9% were in the 15-24 age-group. Among men, 53% of cases were in the 15-24 year olds (See Figure 24: Incidence Rates of Gonorrhea Cases by Age and Sex in Allegheny County, 2013). During 2013, 70.9% of reported gonorrhea cases were in the Black population, 16.5% in the White population, and 12.6% in the Other or unknown populations demonstrating a clear infection disparity. [39]

In 2013, ACHD screened 22,670 individuals for gonorrhea in the STD Clinic and at several other community sites in the county. Among those screened, 3.9% tested positive for gonorrhea. [39]

Figure 23: Gonorrhea Incidence Rates in U.S., PA, and Allegheny County, 2003 2013
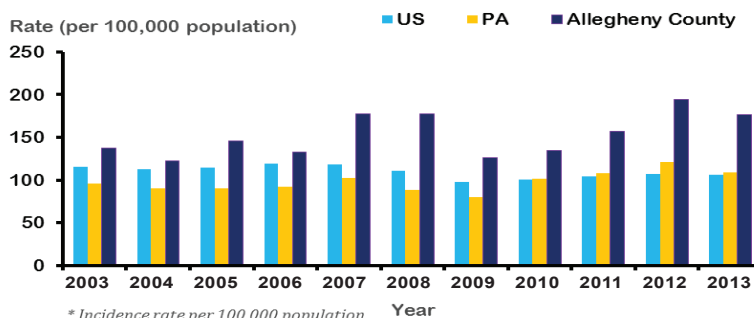
* Incidence rate per 100,000 population

Figure 24: Incidence Rates* of Gonorrhea Cases by Age and Sex in Allegheny County, 2013

	Male		Female	
2	0 to 9	0		
9	10 to 14	34		
401	15 to 19	1149		
725	20 to 24	1089		
373	25 to 29	421		
234	30 to 34	222		
150	35 to 39	111		
92	40 to 45	63		
26	>45	7		
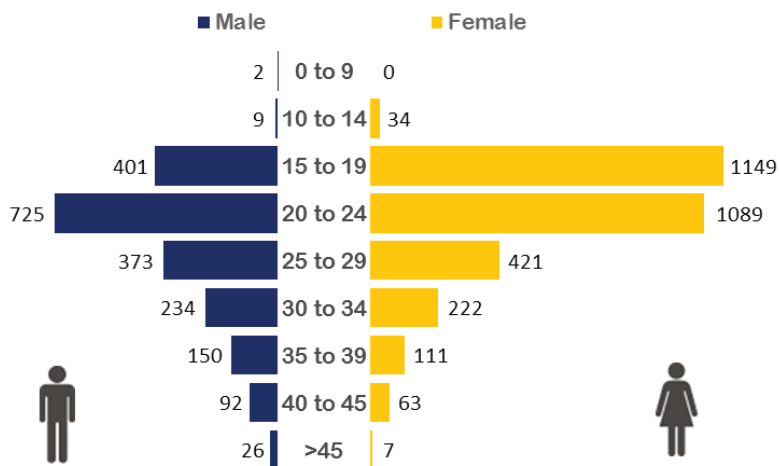
Incidence rate per 100,000 population

Syphilis

Syphilis is a STD caused by bacteria and is divided into disease stages: primary, secondary, early latent (within 1 year of infection), late latent (more than 1 year after infection) and tertiary. If left untreated, syphilis can lead to serious long-term health issues that may cause damage to the central nervous system, heart or other organs. Vertical transmission of syphilis to newborns can result in stillbirth, anomalies and/or developmental delays; therefore prenatal screening is extremely important to prevent congenital syphilis. The last congenital syphilis case in Allegheny County was reported in 2006. [39]

Despite efforts toward syphilis elimination, this STD remains an important problem nationwide, particularly in urban areas. In the U.S,. the rate of primary and secondary (P&S) syphilis was 5.5 cases per 100,000 population in 2013; an increase, since 2012, of 10%. In PA, there were 471 P&S infections in 2013; a 5% reduction from 2012. In Allegheny County, 28 cases of P&S syphilis were reported in 2013 (2.3 cases per 100,000 population). There were a total of 63 cases of early syphilis (primary, secondary and early latent), representing a 37% decrease in cases since 2012. The decline in early syphilis cases in Allegheny County is the first since 2009. [39] (See Figure 25: Primary and Secondary (P&S) Syphilis Incidence Rates* in U.S., PA and Allegheny County, 2003-2013).

**SEXUALLY TRANSMITTED DISEASES
HEALTHY PEOPLE 2020 GOALS**

- Reduce domestic transmission of primary and secondary syphilis among females

  Baseline: 1.4 new cases of primary and secondary syphilis per 100,000 females were reported in 2008

  Target: 1.3 new cases per 100,000 population

- Reduce domestic transmission of primary and secondary syphilis among males

  Baseline: 7.4 new cases of primary and secondary syphilis per 100,000 males were reported in 2008

  Target: 6.7 new cases per 100,000 population

- Reduce congenital syphilis

  Baseline: 10.7 new cases of congenital syphilis per 100,000 live births were reported in 2008

  Target: 9.6 new cases per 100,000 live births

In contrast to chlamydia and gonorrhea, syphilis is not commonly reported among adolescents. Of the 63 cases reported in 2013, 95% were older than 20 years of age, and 40% were 40 and older (See Figure 26 : Incidence Rates of Early Syphilis Cases by Age and Sex in Allegheny County, 2013). Syphilis is far more common in men than women, with 89% of cases occurring in men. During 2013, 51% of reported early syphilis cases were in the White population, 38% were in the Black population, and 11% in the unknown/Other population. Despite the large number of cases in the White population the incidence rate was 4.6 times higher in Blacks than Whites (14.6 vs. 3.2 cases per 100,000). It is important to note that, from January to November 2014, Allegheny County experienced a 75% increase in early syphilis (primary, secondary and early latent) compared to the same time period in 2013. Ninety percent of these syphilis infections have occurred among men, the majority of whom are men who have sex with other men (MSM). Among men with syphilis, 39% were also HIV-positive. This increasing trend has been seen on a national scale as well, with increases noted particularly among MSM. [39]

Figure 25: Primary and Secondary (P&S) Syphilis Incidence Rates* in U.S., PA and Allegheny County, 2003-2013

* Incidence rate per 100,000 population
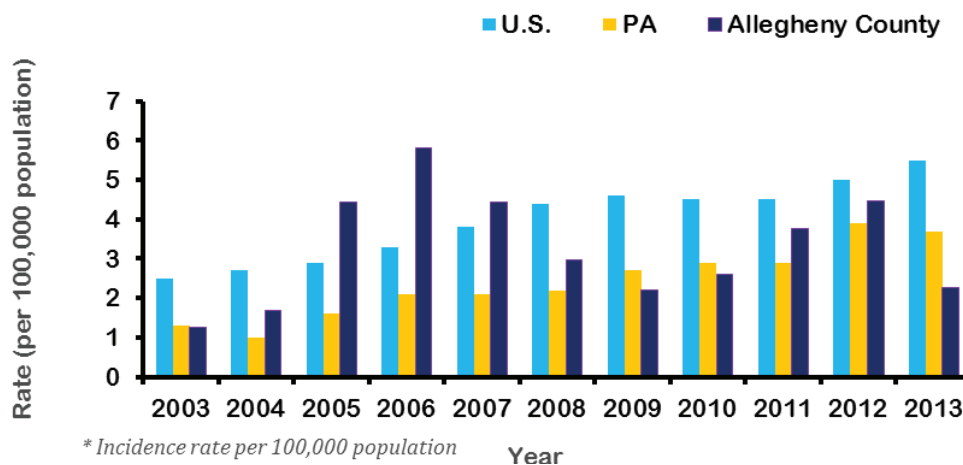
Figure 26 : Incidence Rates* of Early Syphilis¥ Cases by Age and Sex in Allegheny County, 2013. See Table 21 for actual data.

* Incidence rate per 100,000 population   *¥Primary, Secondary and Early Latent Syphilis*
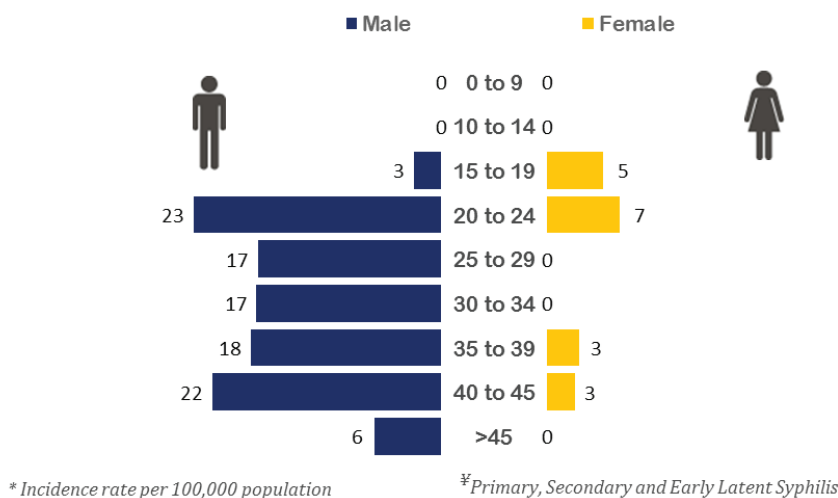
HIV/AIDS

Human immunodeficiency virus (HIV) is a retrovirus that causes acquired immune deficiency syndrome (AIDS), a disease characterized by progressive deterioration of the immune system. The diminished immune function of HIV/AIDS patients puts them at risk for opportunistic infections, which may lead to death. [39]

In the U.S., it is estimated that 1,148,200 individuals are living with HIV infection and 49,273 new HIV cases were diagnosed in 2011. [43] In the same year, an estimated 32,052 individuals were diagnosed with AIDS. At the time of this report, there were 93 new AIDS cases (7.6 cases per 100,000 population) and 141 new HIV cases (11.4 cases per 100,000 population) diagnosed during 2013, in Allegheny County. The reported cases reflect an increase of 4 cases of HIV and 2 cases of AIDS compared to totals in 2012. Note that AIDS cases are reported differently than all other reportable diseases; recorded by date of diagnosis and not by date the disease is reported to ACHD. Therefore, the case numbers continually change for current and previous years. The number of County deaths continues to decline, due to the improved treatment options available to persons living with HIV. Although, HIV has decreased dramatically since 2003, the number of new cases has remained relatively stable between 2007 and 2013 (See Figure 27: Number of Reported HIV Cases in Allegheny County, 2003-2013).[39]

Similar to national trends, the majority of HIV cases in Allegheny County occurred among men (See Figure 28: HIV Cases by Age and Sex in Allegheny County 2013). In 2013, Whites constituted 45% (63 cases) of HIV cases; Blacks 50% (71 cases) and Other/unknown races 5% (7 cases). HIV infection rates among Blacks (43.2 cases per 100,000 Black population) was nearly seven times higher than in Whites (6.3 cases per 100,000 White population). Table 13:" Common Identified Risk Factors & Cumulative Reported HIV Cases through 2013," presents the number of cases related to each HIV risk factor. Among men, having sex with men remains the risk factor attributed to the greatest number of new HIV cases. [39]

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SEXUALLY TRANSMITTED DISEASES
HEALTHY PEOPLE 2020 GOALS

- Reduce new AIDS cases among adolescents and adults

  Baseline: 13.8 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007

  Target: 12.4 new cases per 100,000 population

</div>

Figure 27: Number of Reported HIV Cases in Allegheny County, 2003-2013
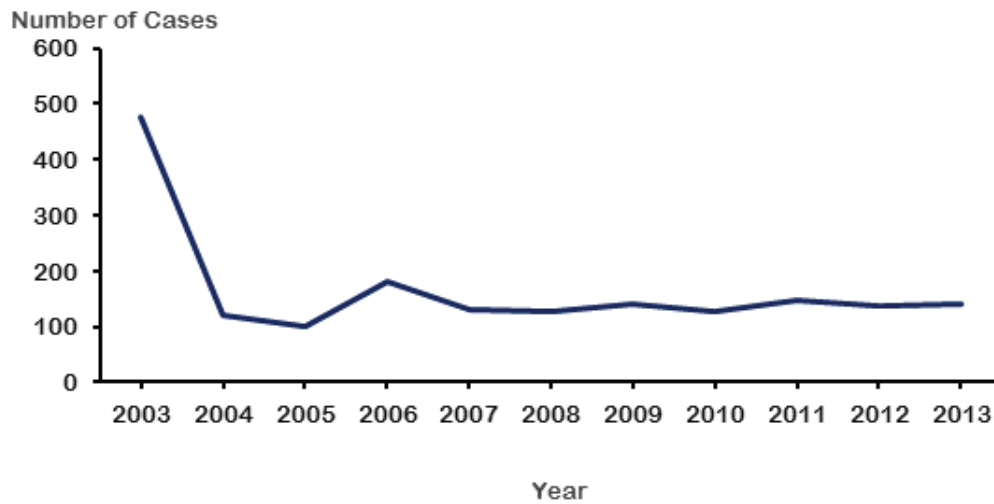
Number of Cases

Figure 28: HIV Cases by Age and Sex in Allegheny County 2013

■ Male (n = 104) ■ Female (n = 17)
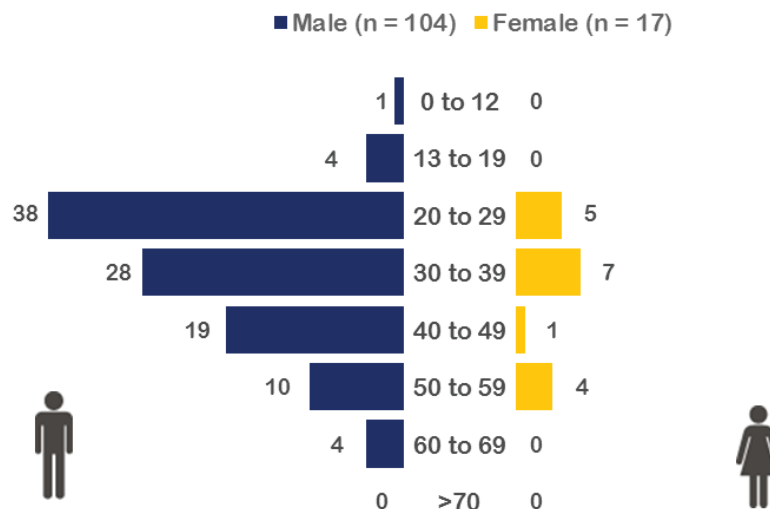
Table 13: Common Identified Risk Factors, Cumulative Reported HIV Cases through 2013

Exposure Category	Number of Cases		
	Male	**Female**	**Total**
Injected nonprescription drugs	5	5	10
Intravenous/injection drug user	2	1	3
Person w/AIDS or documented HIV infection, risk not specified	7	7	14
Sex with female	17	3	20
Sex with male	103	18	121
Other	4	0	4
Not reported	37	8	45

OTHER COMMUNICABLE DISEASES

Legionella

From 2004 to 2013, 832 cases of legionellosis were reported in Allegheny County (See Figure 29: Legionellosis cases, Allegheny County 2004 – 2013).[37] Legionellosis is a bacterial infection usually involving pneumonia that is caused by the bacteria Legionella. Legionella bacteria are found in fresh water and can cause infection when they are inhaled or aspirated (i.e., entry into lungs through choking). [44] Legionellosis commonly occurs among the elderly, smokers, and immunocompromised individuals who cannot fight off infections easily.[44] Sources of Legionella include hot tubs, decorative fountains, air conditioning systems, and drinking water systems in situations when the drinking water is aspirated or aerosolized water is inhaled. Legionellosis cannot be transmitted person-to-person.

From 2004 to 2013, the age-adjusted rate of legionellosis in Allegheny County was 4.5 per 100,000.[37] The 2009 U.S. age-adjusted rate of legionellosis was 1.1 per 100,000. The age-adjusted legionellosis rate in 2009 for the Mid-Atlantic region of the U.S., which includes PA, was 2.6 per 100,000. There is some evidence that this may be associated with higher rainfall in the Mid-Atlantic region. [45]This discovery was the highest measured regional rate in the country [46]. The median age of cases in Allegheny County between 2004 and 2013 was 64 years and 62% of cases were male. Nationally, legionellosis affects a higher proportion of older adults and males. [44]

Figure 29: Legionellosis cases, Allegheny County 2004 – 2013 (n = 832)
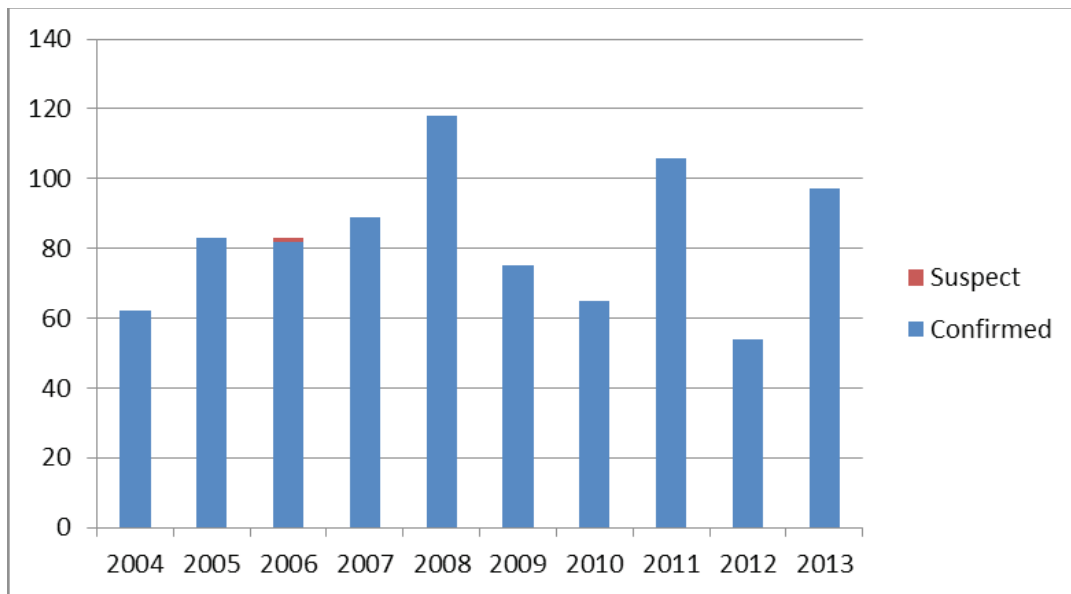
The Allegheny County Health Department, in collaboration with the Pittsburgh Regional Health Initiative, has recently published updated guidelines for the control of legionellosis; particularly for facilities serving high-risk populations. These include: community hospitals, long-term care facilities, assisted-living centers, and high-rise retirement buildings. (Source: *Legionella Guidelines for Western PA)*

Influenza

During the 2013/2014 influenza season in Allegheny County, there were 2,486 cases of influenza reported.[37] An influenza season generally begins in October and ends in March of the following year. The 2013/2014 season peaked the first week of January 2014 (See Figure 30: Lab-confirmed Cases of Influenza in Allegheny County between the 2009-10 and 2014-15 Flu Seasons [through February 7, 2015]). As many as 11.9% of flu cases were hospitalized and 0.6% of these cases died. The median age of the cases was 44 years old. There was one pediatric flu death reported during this season in an unvaccinated child.[37] Nationwide, 96 children 17 years and younger died from influenza. [47] The influenza hospitalization rate for the 2013/2014 flu season was 35.6 per 100,000. Residents with influenza were most likely to be infected with influenza type A (91.2%). [37]

Figure 30: Lab-confirmed Cases of Influenza in Allegheny County between the 2009-10 and 2014-15 Flu Seasons (through February 7, 2015)
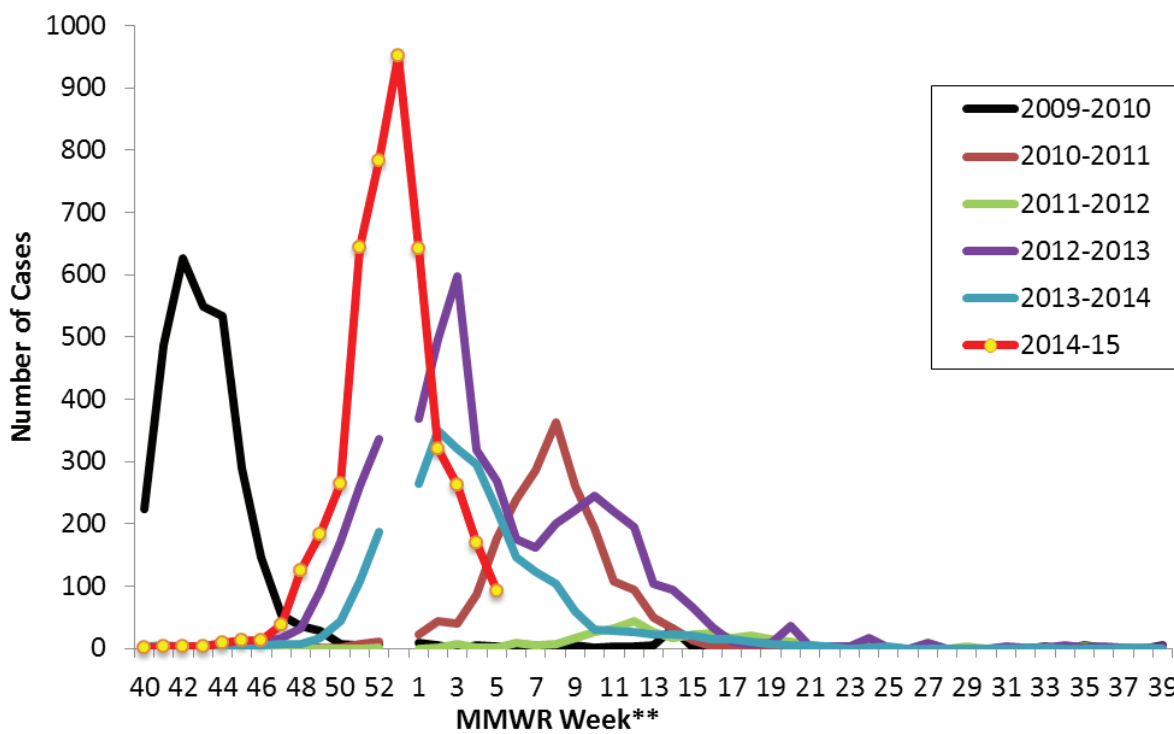
Source: MMWR Weekly

Rabies

Rabies is a preventable viral disease that is caused by a bite from an infected animal such as a dog, cat, bat or raccoon. Initial symptoms are similar to those associated with the flu and last a few days, followed by anxiety, confusion, agitation, cerebral dysfunction, hallucinations, and insomnia. Surviving a rabies infection is very rare, since only ten cases of survival have been documented. Human rabies can be prevented by administering post-exposure vaccination. Human cases of rabies have declined in the last 100 years from about 100 human cases per year to an average of two to three per year. The decline can be primarily attributed to animal vaccination and oral rabies baiting programs. [48] The Allegheny County Health Department has participated in a federal oral rabies baiting program every August since 2005, to prevent raccoon rabies from spreading to western Pennsylvania. About 50 human cases have been reported in the U.S. since 1995. By comparison, PA has not had a human case of rabies since 1984. The Allegheny County Health Department Laboratory tests animals for rabies and averages 21 animals testing positive. The majority of these positive animals were raccoons, documented between 2008 and 2013 (See Table 14: Animals tested for Rabies by Allegheny County Health Department by year and species).

Table 14: Animals tested for Rabies by Allegheny County Health Department by year and species

Species	2008	2009	2010	2011	2012	2013
Bat	0	5	3	5	8	10
Raccoon	22	8	14	16	11	6
Dog	0	0	0	0	0	0
Cat	3	2	0	4	1	1
Skunk	1	0	0	0	2	1
Groundhog	1	0	0	1	0	0
Fox	1	0	1	0	0	0
Total	28	15	18	26	22	18

Measles

Measles, or Rubeola, is a highly contagious virus with symptoms that typically include: high fevers, coughing, runny nose, and conjunctivitis followed by a rash. More serious complications can occur such as ear infections, diarrhea, pneumonia, and encephalitis. Measles can result in serious complications among all populations, particularly among children less than 5 years old and adults over 20 years old. An estimated one to two children die per 1,000 measles cases in the U.S. Among pregnant women, measles may lead to low birth weight or premature births. [49]

Measles can be prevented through the Measles Mumps Rubella (MMR) vaccine and since its introduction, the U.S. has experienced more than a 99% reduction in measles incidence. Measles was eliminated in the U.S.in 2000; however, 20 million cases of measles still occur worldwide each year, and travelers with measles continue to bring the disease to the U.S.[50]. The disease spreads via aerosol contact with a sick person to unvaccinated individuals and communities. Within the U.S., the number of measles cases has increased since 2004, when there were less than 50 reported cases, to   more than 600 cases reported in 2014. From 2004 to 2013, there were five cases of measles reported in Allegheny County; in 2014, there were two reported cases.

Mumps

A two dose-regimen of the MMR vaccine is the most effective method to prevent contracting mumps. This virus is spread through droplet contact of an unvaccinated person to an ill individual. The majority of infected individuals do not develop complications from mumps; however, mumps can result in encephalitis, meningitis, permanent deafness, or the inflammation of breasts and/or ovaries in females and testicles in males. In very rare cases, it can lead to sterility. Since the national vaccination program for mumps began in 1967, cases of mumps have decreased significantly.   Prior to this vaccination campaign, about 186,000 cases occurred yearly in the U.S [51].   In recent years, the number of mumps cases has ranged from a few hundred to a few thousand per year. In 2014, 1,151 people in the U.S. were diagnosed with mumps [51]. From 2004 to 2013, there were 10 cases of mumps reported in Allegheny County. In 2014 alone, however, there were 10 cases reported in the County. [37]

Pertussis

Pertussis, or whooping cough, is a highly contagious infectious disease characterized by uncontrollable coughing that results in difficulty breathing and can be fatal, particularly among children under one year old. Prior to the availability of the pertussis vaccine in the 1940s, about 100,000 U.S. cases of pertussis were reported yearly. After the emergence of the Diphtheria, Tetanus, acellular Pertussis (DTaP and Tdap) vaccines, case counts decreased to about 10,000 per year [52]. However, pertussis has increased in the U.S. since 1980, due to unvaccinated populations and the pertussis vaccine's waning immunity. There were over 41,000 cases in the U.S.in 2013, including 14 infant deaths [53]. The number of reported pertussis cases increased within PA between 2013 and 2014. [52] Between January to November 2014, there were as many as 140 cases reported in Allegheny County. Although the rate of pertussis in the U.S.is highest among infants less than one year old, the majority of Allegheny County patients were 15 to 19 years old.[37]

CHRONIC DISEASE

Asthma

Between 2002 and 2009, the U.S. asthma rate increased from 7% to 8% of the population. However, among Black children, the rate increased almost 50%.[54] Similarly, in 2002 Allegheny County, the asthma rate among Whites was 8% and among Blacks was 11%. As seen in Figure 31: Percent of Allegheny County Children Diagnosed with Asthma by School District, 2011-2012, the percent of Allegheny County children diagnosed with asthma varies throughout the County. The 2010 ACHS indicated that the rates had increased by race to 13% and 22%, respectively.[21] According to the 2009 CDC Behavioral Risk Factor Surveillance Survey (BRFSS), PA adults have among the highest rates of asthma with more than 9%.[55] While about 60% of asthma is considered to be genetic, allergic hypersensitivity (skin or lung) also raises the risk of asthma. In the last decade, the effects of ground level ozone (smog), particulate matter with an aerodynamic diameter ≤2.5 microns (μm), commonly known as (PM2.5), and other pollutants on asthma and respiratory-related exacerbations have been assessed in several investigations in the U.S. and other countries. In Allegheny County, results of an investigation of Emergency Department (ED) visits for asthma between 2004 and 2008 showed that a 10 parts per billion (ppb) increase in the 1-hour daily maximum ozone level was significantly related to a 2.5% increase in asthma ED visits two days later. For Blacks, $PM_{2.5}$ levels were also correlated with a 5.3-6.7% increase of 10 units in asthma-related ED visits in the three days following a pollution event.[56]

Figure 31: Percent of Allegheny County Children Diagnosed with Asthma by School District, 2011-2012
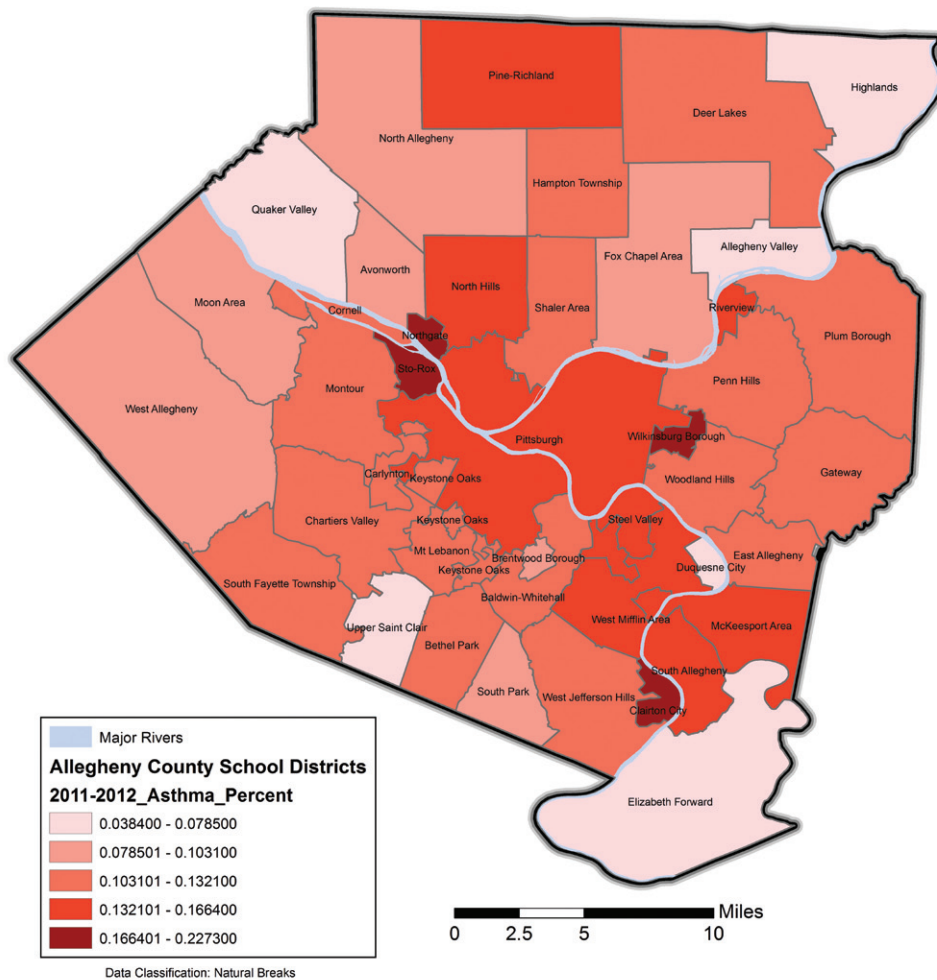
Cancer

The incidence of cancer in Allegheny County is higher than the incidence in PA and the U.S. The overall cancer rate for Allegheny County from 2006 to 2010 was 505.9 per 100,000 people, which is higher than rates for PA as a whole (494.5 per 100,000), and the U.S. rate (453.7 per 100,000).[57] Incidence rates for the five most common cancers are presented in Table 15: "Cancer Rates per 100,000, 2006-2010." Rates of breast, lung, and bladder cancers were higher in Allegheny County compared to PA and the U.S. The higher observed incidence rates for these cancers may be related to the increased percentage of Allegheny County residents with a history of smoking tobacco. Lung and bronchus cancer is most commonly caused by smoking and accounts for about 90% of all cases.[58] Smoking is also a significant risk factor for developing bladder cancer, and an estimated half of all bladder cancer cases can be attributed to smoking.[59] Although smoking is not one of the primary risk factors for breast cancer, smoking has been shown to significantly increase its risk. [60] Rates for prostate and colorectal cancers were similar to PA and U.S. rates, while Allegheny County had a lower rate of skin cancer.

Table 15: Cancer Rates per 100,000, 2006-2010

Cancer Type	Allegheny County	PA	U.S.
All Sites	505.9	494.5	453.7
Breast	133.8	126.0	119.8
Prostate	142.2	149.5	143.8
Lung/Bronchus	77.0	68.9	65.0
Colon/Rectum	47.3	48.6	43.9
Skin Melanomas	15.2	18.8	19.0
Bladder	25.8	24.9	20.6

The rate of cancer in Allegheny County is variable by location (See Appendix 7: Cancer rates by municipality, Allegheny County 2011). The County municipalities with the highest rates of cancer per 100,000 in 2011 were West Elizabeth, (450.5), Versailles (387.3), and Bradford Woods (363.0).

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, and amputations. [61] Since 1980, the number of U.S. adults that have been diagnosed with diabetes has tripled. In 2011, 19.6 million U.S. adults 18 years and older reported that they had ever been diagnosed with diabetes [62]. Within Allegheny County, the proportion of adults diagnosed with diabetes has increased since 2000, when 7% of adult residents had been diagnosed with diabetes. In 2010, 11% of Allegheny County residents reported ever receiving a diagnosis of diabetes. This is higher than the proportions of 10.2% in PA and 9.7% nationally.[21, 31] There were significant differences in diagnosed diabetes among genders, educational attainment, and household income (See Table 16: Diabetes among Allegheny County Adults, 2010). Allegheny County adults who were female, or who had less education and lower household incomes were more likely to have ever been diagnosed with diabetes, compared to adults with a college degree or those with household incomes greater than $25,000 (See Table 16: Diabetes among Allegheny County Adults, 2010). [21]

According to the 2010 ACHS, 5% of adults had been diagnosed with pre-diabetes or borderline diabetes, a condition in which a person has elevated blood glucose levels that are below the diabetes diagnosis threshold. Individuals with pre-diabetes are more likely to develop diabetes than those with blood glucose levels within the normal range. Adults 65 years and older were more likely to have been diagnosed with pre-diabetes than their younger counterparts. The total percentage of Allegheny County adults with diabetes or pre-diabetes is likely underestimated because only 56% of County adults reported being tested for diabetes in the previous three years. Older adults and Black adults were the most likely to reported having had a test for diabetes. [21]

Table 16: Diabetes among Allegheny County Adults, 2010

	Test for Diabetes in Past 3 Years*				Ever Told Had Diabetes*				Ever Told Had Pre-diabetes or Borderline Diabetes*			
	Total Pop.	Sub-pop.	%	CI	Total Pop.	Sub-pop.	%	CI	Total Pop.	Sub-pop.	%	CI
All Adults	4510	2760	56	54-58	5439	757	11	10-12	5434	329	5	5-6
Sex:												
Male	1471	900	54	51-57	1788	256	11	10-13	1785	108	5	4-6
Female	3039	1860	57	55-60	3651	501	11	10-12	3649	221	6	5-7
Age:												
18-29	383	151	33	27-39	398	4	1	0-2	399	14	3	1-4
30-44	930	527	54	51-58	1010	48	5	3-6	1010	47	5	3-6
45-64	1862	1210	64	62-67	2240	321	13	12-15	2237	143	6	5-7
65+	1335	872	65	63-68	1791	384	22	20-24	1788	125	7	6-8
Education:												
< High School	265	153	52	43-60	344	70	15	11-19	343	23	6	3-8
High School	1353	808	54	51-58	1731	324	15	13-17	1729	106	6	4-7
Some College	1225	780	57	54-61	1461	203	10	9-12	1460	100	6	5-7
College Degree	1667	1019	57	54-60	1903	160	6	5-7	1902	100	5	4-6
Household Income:												
< $15,000	532	299	51	45-57	715	159	17	14-20	714	45	6	4-8
$15,000-24,999	801	476	52	48-57	1027	200	15	13-18	1024	61	5	4-7
$25,000-49,999	1342	852	59	56-63	1611	222	11	10-13	1610	124	7	6-9
$50,000-74,999	715	457	57	53-62	819	77	8	6-10	820	38	4	2-5
$75,000+	1120	676	55	51-59	1267	99	7	5-8	1266	61	4	3-5
Race:												
White	3519	2109	55	53-57	4208	533	11	10-12	4204	249	5	5-6
Black	832	554	63	59-67	1047	201	15	13-17	1046	69	6	5-8

Cardiovascular 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, poor nutrition, obesity, and genetics. In the U.S. and Allegheny County, CVD is the leading cause of death for both men and women.[63] The rates of CVD outcomes in Allegheny County are higher than those of PA and the U.S.as a whole. In 2010, 5% of residents had been diagnosed with a heart attack, as opposed to 4.7% of all PA residents, and 4.1% among the nation as a whole [21, 22]. A higher percentage of Allegheny County residents also reported ever having a diagnosis of angina or coronary heart disease (5.0%) compared to the percentage of both PA (4.7%) and U.S. (4.1%) residents. The proportion of adults who had been diagnosed with a stroke was also higher, with 4% of adults having ever been diagnosed; whereas, only 3.4% of all PA and only 2.6% of U.S. residents had a diagnosis of a stroke. [21, 22] Table 17: "Cardiovascular Disease in Allegheny County, 2010"presents the characteristics of Allegheny County residents diagnosed with CVD-related outcomes. Predictably, older adults were significantly more likely to have had been diagnosed with a heart attack, angina or coronary heart disease, and stroke. There were no significant differences found in CVD-related outcomes according to gender, education, household income or race. [21]

CARDIOVASCULAR DISEASE AND STROKE HEALTHY PEOPLE 2020 GOALS

- Reduce coronary heart disease deaths

  Baseline: 129.2 coronary heart disease deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

  Target: 103.4 deaths per 100,000 population

- Reduce stroke deaths

  Baseline: 43.5 stroke deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

  Target: 34.8 deaths per 100,000 population

- Reduce the proportion of adults with hypertension

  Baseline: 29.9 percent of adults aged 18 years and older had high blood pressure/hypertension in 2005–08 (age adjusted to the year 2000 standard population)

  Target: 26.9 percent

- Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

  Baseline: 74.6 percent of adults aged 18 years and older had their blood cholesterol checked within the preceding 5 years in 2008 (age adjusted to the year 2000 standard population)

  Target: 82.1 percent

Table 17: Cardiovascular Disease in Allegheny County, 2010

	Ever Told Had a Heart Attack (Myocardial Infarction)*				Ever Told Had Angina or Coronary Heart Disease*				Ever Told Had a Stroke*			
	Total Pop.	Sub-pop.	%	CI	Total Pop.	Sub-pop.	%	CI	Total Pop.	Sub-pop.	%	CI
All Adults	5423	330	5	5-6	5396	320	5	4-5	5422	258	4	3-4
Sex:												
Male	1783	147	6	5-7	1776	142	5	5-6	1785	75	3	2-4
Female	3640	183	4	3-5	3620	178	4	3-5	3637	183	4	4-5
Age:												
18-29	399	4	1	0-1	397	3	0	0-1	398	3	1	0-2
30-44	1009	8	1	0-2	1006	4	0	0-1	1010	15	1	1-2
45-64	2235	106	5	4-6	2229	103	5	4-6	2237	92	4	4-6
65+	1780	212	13	11-15	1764	210	13	11-15	1777	148	8	7-10
Education:												
< High School	342	45	10	7-13	333	29	6	4-8	343	31	6	4-8
High School	1723	148	7	6-9	1708	140	7	5-8	1723	118	5	4-6
Some College	1455	78	4	3-5	1453	81	4	3-5	1458	65	3	2-4
College Degree	1903	59	2	2-3	1902	70	3	2-4	1898	44	2	1-2
Household Income:												
< $15,000	710	81	9	7-12	700	61	6	5-8	713	64	7	5-9
$15,000-24,999	1024	79	7	5-9	1016	77	6	5-8	1022	79	6	5-8
$25,000-49,999	1605	95	5	4-6	1600	96	5	4-6	1603	70	4	3-4
$50,000-74,999	818	37	4	2-5	818	34	3	2-5	818	20	2	1-2
$75,000+	1266	38	2	2-3	1262	52	3	2-4	1266	25	1	1-2
Race:												
White	4194	265	5	5-6	4172	260	5	4-5	4194	178	3	3-4
Black	1046	58	5	4-7	1041	54	4	3-6	1044	75	6	4-7

Excludes missing, don't know, and refused.

NOTE: In all cases, numbers are unweighted and percents are based on weighted data.

MATERNAL AND CHILD HEALTH

Maternal and child health (MCH) is an important public health concern nationally and locally. MCH ensures the health of mothers, infants, and children; protects the health and quality of life for future generations; and plays a role in preventing both current and future poor health outcomes. Pregnancy is a critical period to assess social, emotional and physical risk factors and provide public health interventions, enhancing both the mother's and unborn child's health.[64]. The opportunities to improve a child's long-term health have the greatest impact during the formative ages from 1 to 5 years old. Providing adequate preconception, prenatal, postnatal, and pediatric care during this period can improve overall quality of life, reduce the risk of developing many health conditions, and prevent premature death.[65]

Pregnancy-Related Risk Factors and Low Birth Weight

Many pregnancy-related factors contribute to the risk of poor birth outcomes, such as low birth weight and infant mortality. These risk factors include lack of prenatal care and smoking while pregnant. The prevalence of local risk factors and proportions of low birth weight births vary geographically and are presented by municipality in the Appendix 8: "Birth Outcomes by Municipality, Allegheny County 2011." As a whole, 88.7% of pregnant women in Allegheny County received first trimester prenatal care, according to 2011 birth certificate data.[66] A greater proportion of mothers in the County had received first trimester care compared to all U.S. states that collected prenatal care information (73.7%).[67] However, portions of the County had significantly lower proportions, with two municipalities having only 66.7% of women receiving first trimester care.[66]

The percentage of women who smoked during their pregnancy also varied significantly according to geography (Appendix 9: Maternal Child Health Behaviors during Pregnancy by Municipality, Allegheny County 2011). In 2011, 12.2% of mothers reported smoking while pregnant. This percentage is slightly lower than the PA average of 15.1% and the nationwide average of 12.3%. Of all infants born in 2011 nationally, 7.7% were 2,500 grams or less and were classified as having low birth weight, which is congruent to the 2011 U.S. rate of 8.1% born at low birth weight. [66, 68] The proportion of births considered to be low birth weight also varied significantly throughout the County, ranging from 0% to 37.5% (Appendix 9: Maternal Child Health Behaviors during Pregnancy by Municipality, Allegheny County 2011). Low birth weight also varied by

> **MATERNAL, INFANT, AND CHILD HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce low birth weight (LBW)
>
>   Baseline: 8.2 percent of live births were low birth weight in 2007
>
>   Target: 7.8 percent
>
> - Increase abstinence from cigarette smoking among pregnant women
>
>   Baseline: 89.6 percent of females delivering a live birth reported abstaining from smoking cigarettes during pregnancy in 2007
>
>   Target: 98.6 percent

race according to 2011 County birth certificate data. A greater percentage of Black births were considered to be low birth weight (12.3%) compared to White births (6.4%). [66]

Breastfeeding

Breastfeeding improves both maternal and child health in several important ways. Infants who are breastfed are more resistant to diseases and infections and less likely to develop obesity, heart disease, cancer, multiple sclerosis, and juvenile diabetes later in life. Mothers who breastfeed their children are less likely to develop osteoporosis, breast and ovarian cancers, and are also able to more easily lose weight gained during pregnancy, compared to those who do not breastfeed. The economic impact of breastfeeding is also significant. Breastfeeding is cheaper than formula and may reduce the costs of medical bills later in life.[69]

> **MATERNAL, INFANT, AND CHILD HEALTHY PEOPLE 2020 GOALS**
>
> • Increase the proportion of pregnant women who receive prenatal care beginning in first trimester
>
> Baseline: 70.8 percent of females delivering a live birth received prenatal care beginning in the first trimester in 2007
>
> Target: 77.9 percent

In 2011, 79% of newborn infants were initially breastfed in the U.S, 72.9%, were breastfed in PA and only 69.1% were initially breastfed in Allegheny County.[66, 70] This proportion varied greatly within the County, ranging from 16.7% to 100% (Appendix 9: Maternal Child Health Behaviors during by Municipality, Allegheny County 2011). According to the 2011-2012 Allegheny County Preliminary Natality Report, Allegheny County's overall rate of breastfeeding initiation increased to 71% of all births in 2012.[13] Within the county, breastfeeding initiation was highest among women ages 30-34 (74%) and lowest among teenage mothers (49%). White mothers in Allegheny County were also more likely to have initiated breastfeeding compared to Black mothers. [13]

Teen Births

Teen births contribute to significant social and economic costs as a result of immediate and long-term impacts on teen parents and their children. Only 50% of teen mothers complete a high school diploma by the age of 22, compared to the 90% of non-teen mothers. Children of teen mothers are more likely to have long term health problems, drop out of high school, become incarcerated during adolescence, and have a teen pregnancy themselves [71]. Teenage pregnancy within the U.S. and Allegheny County has been declining over the past several decades. In 2012, the birth rate for Allegheny County women ages 15-19 was 16.8 per 1,000 women; a 42.3% decrease since 1981 [13] (See Figure 32: Birth Rates among Allegheny County Women Ages 15 – 19, 1981 – 2012). This drop was lower than the 2012 U.S. birth rate among women in the same age group, which was 29.4 per 1,000 women.[72]

Figure 32: Birth Rates among Allegheny County Women Ages 15 – 19, 1981 – 2012
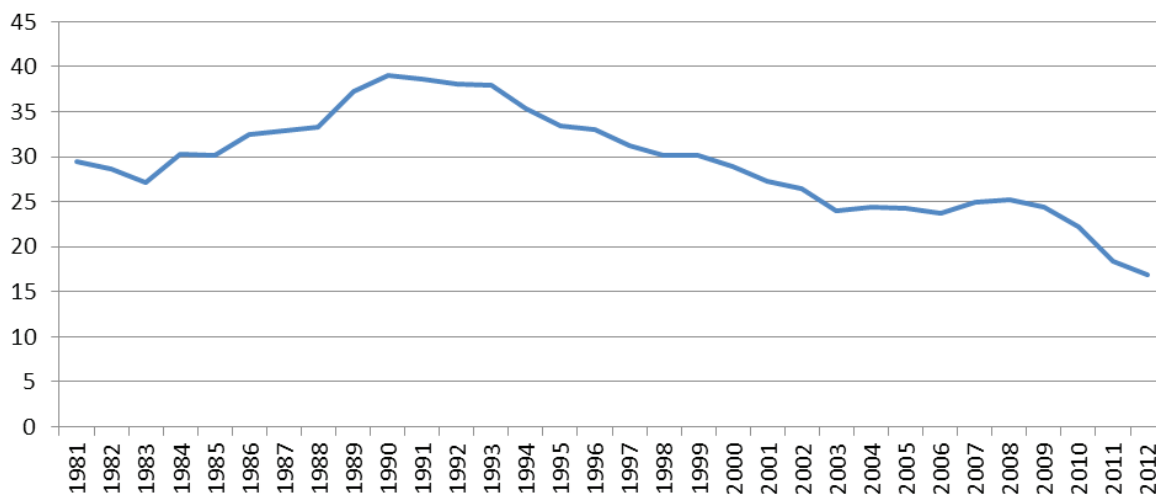
Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. A leading contributor to infant mortality is preterm birth, which is a risk factor in approximately a third of all infant deaths.[73] The remaining two-thirds of infant deaths can be attributed to serious birth defects, Sudden Infant Death Syndrome (SIDS), maternal pregnancy complications, and injuries.[74] In 2011, Allegheny County had an infant mortality rate of 7.1 deaths per 1,000 live births. This rate is higher than the state rate of 6.5 and the national rate of 6.1[66].[75]. In Allegheny County, infant mortality decreased slightly between 2000 and 2011, and ranged from 8.8 to 7.1 (See Figure 33: Infant Mortality Rate per 1,000 Live Births Allegheny County by Race, 1990-2011). [66]

> **MATERNAL, INFANT, AND CHILD HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce the rate of all infant deaths (within 1 year)
>
>   Baseline: 6.7 infant deaths per 1,000 live births occurred within the first year of life in 2006
>
>   Target: 6.0 infant deaths per 1,000 live births

Figure 33: Infant Mortality Rate per 1,000 Live Births Allegheny County by Race, 1990-2011
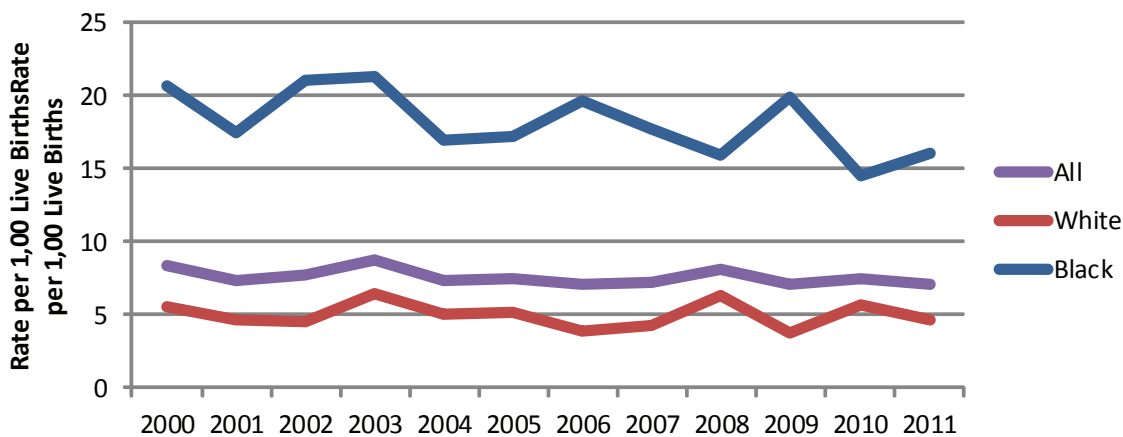
There is a large disparity in infant mortality rates between White and Black infants within Allegheny County. In 2011, the infant mortality rate among Black infants was almost 16.1 deaths per 1,000 live births, while infant mortality among White infants was 4.7 per 1,000 live births .[66] The racial disparity in infant mortality rates in our county has also been observed for the U.S. as a whole. A study conducted the U.S. Department of Health and Human Services found that the same disparity existed on a national basis. An estimated 78% of the elevated infant mortality rate among Black infants was due to their higher percentage of preterm births.[76] Disparities in infant mortality rates are also observed geographically within Allegheny County (See Table 18: Infant Mortality Rates per 1,000 Live Births in Allegheny County by District, 2007-2011). Between 2007 and 2011, the highest infant mortality rate among the total population occurred in County Council District 10 at 14.7 deaths per 1,000 live births, while the lowest infant mortality rate was 4.3 in District 5. Similar to patterns observed for all of Allegheny County, there were large disparities between White and Black populations within each District. However, the degree of disparities differed between the Council Districts; the greatest difference in infant mortality rates between White and Black infants occurred in District 12 (5.6-fold difference) and the least disparate rates occurred in District 13 (2-fold difference). [66]

Table 18: Infant Mortality Rates per 1,000 Live Births in Allegheny County by District, 2007-2011

	Total Population	**White Population**	**Black Population**
Allegheny County	**7.2**	**4.8**	**16.4**
District 1	4.7	4.4	14.9
District 2	5.0	5.1	19.6
District 3	4.8	4.9	11.4
District 4	8.8	6.5	25.0
District 5	4.3	4.6	-
District 6	4.8	3.3	17.4
District 7	7.6	5.0	15.0
District 8	7.2	4.1	16.3
District 9	8.4	6.4	12.5
District 10	14.7	5.7	19.5
District 11	6.0	3.2	14.8
District 12	7.3	3.6	20.3
District 13	7.6	5.0	10.6

- Rate unavailable.

SPECIAL POPULATIONS

Children in Protective Services

In 2013, 15,394 Allegheny County children received in-home services to address child safety issues such as abuse or neglect. This total represents a decrease of 7.6% from 2008. In 2013, 172,807 children across the state of PA received these services.[In 2013, 2,484 children were in foster care in Allegheny County and the rate of care was 8.4 per 1,000 children ages 0 to 20 years. The number of children in foster care decreased 27% from 2008 to 2013. The percentage of White and Black children in care decreased by 14% and 12% respectively; however, the percentage of Hispanic children in foster care increased over 400% [77].

Adverse Childhood Experiences

According to the 2010 ACHS, 15% of Allegheny County adults reported that they had been physically or mentally abused often or very often, or sexually abused one or more times during childhood. The percentage of abuse reported by adults with higher education and/or higher income and/or aged 65 years or older was lower than adults with less education and/or lower income. [21] During that same time , 33% of Allegheny County adults said they had grown up with someone in their home who was "depressed, mentally ill, or suicidal" or "a problem drinker, alcoholic, or drug user." In 2009–2010, 16% of Allegheny County adults said they had grown up in a home where someone "pushed, grabbed, slapped, or threw something at" their mother. [21]

> **SPECIAL POPULATIONS HEALTHY PEOPLE 2020 GOALS**
> - Reduce nonfatal child maltreatment
>   Baseline: 9.4 victims of nonfatal child maltreatment per 1,000 children under age 18 years were reported in 2008
>   Target: 8.5 maltreatment victims per 1,000 children

Child Abuse Reports

In 2012, there were 1,705 reports of child abuse representing a rate of 7.1 reports per 1,000 children 0 to 17 years in Allegheny County. [77] This rate increased 6.8% from 2008 to 2012. Statewide, the rate was 9.5 per 1,000 children 0 to 17 years during the same period. A total of 4.4% of Allegheny County abuse reports were substantiated in 2012; yet the number of substantiated reports decreased by 51.9% from 2008 to 2012 (See Figure 34: Child Abuse Reports and Percent Substantiated, Allegheny County, 2008 - 2012). About 1.3% of children experiencing abuse in Allegheny County had been abused previously, compared to 7.5% statewide. The Allegheny County percentage of repeated child abuse has decreased 87% from 2008 to 2013. [77]

Figure 34: Child Abuse Reports per 1,000 Children Ages 0-17 Years, Allegheny County, 2008 - 2012
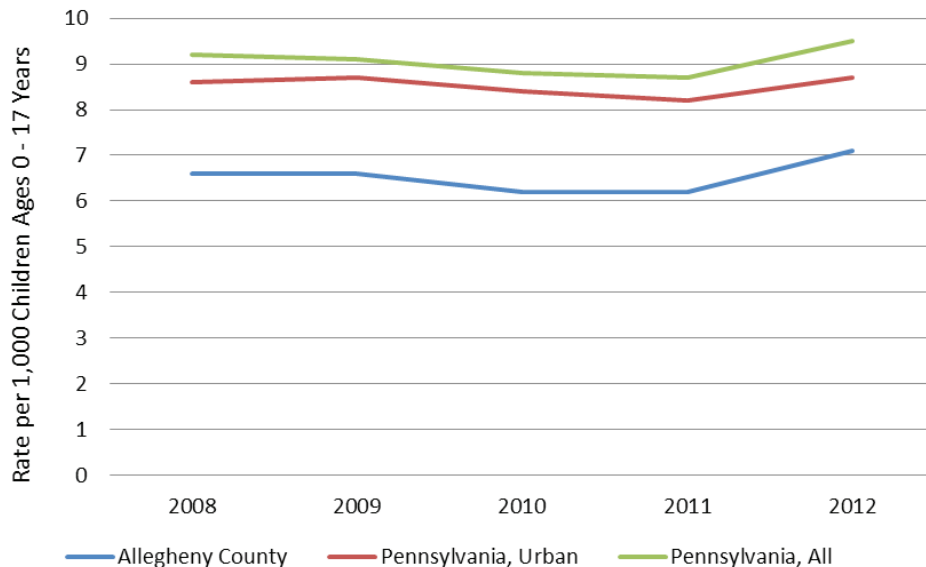
Refugee Population

From October 2013 to September 2014, 511 refugees arrived in Allegheny County; ranging between 16 to 76 people each month. [78] These 511 people emigrated from 18 different countries: Afghanistan, Angola, Bhutan, Burma, Columbia, Congo, Cuba, Democratic Republic of Congo, Ecuador, India, Iran, Iraq, Nepal, Pitcairn Islands, Russia, Somalia, Sudan, and Uzbekistan. The countries with the largest percentages of immigrants include Bhutan (60%) followed by Iraq (19%) and Burma (12%). [78]

Disabled Population

As defined by the American Disabilities Act (ADA), disability can apply to three types of individuals: 1) people who have a physical or mental impairment that substantially limits one or more major life activities; 2) people who have a record of an impairment which substantially limits major life activities; and 3) people who may be regarded by others as having such an impairment. [79] In 2010, approximately 56.7 million people in the U.S. were disabled physically, mentally, and/or emotionally. From 2005 to 2010, the number of disabled people in the U.S. increased by 2.2 million. In 2010, there were an estimated 38.3 million severely disabled people living in the U.S. [80]

In 2010, more than 26% of Allegheny County adults stated they were limited in activities because of physical, mental, or emotional problems. This is a significant increase from 17% of Allegheny County adults who stated they were limited by the aforementioned problems in 2002. In 2010, 30% of disabled adults in Allegheny County were Black, while 26% were White. An investigation of educational disparities   showed that

38% of Allegheny County adults with a disability received less than a high school education and 28% received some high school education. In 2010, 49% of Allegheny County adults with a disability earned less than $15,000, 31 % earned $15,000-$24,999, and 27% earned $25,000 - $49,999. [21]

In 2013, Allegheny County municipalities with the highest percentage of a civilian non-institutionalized population with a disability include Trafford Borough (35.8%), Duquesne City (28.4%), McKees Rocks Borough (26.8%), Aleppo Township (26.3%), Braddock Hills Borough (26%), Braddock Borough (25.9%), and Mount Oliver Borough (25%). Allegheny County municipalities with the lowest percentage of a civilian non-institutionalized) population with a disability include Sewickley Heights Borough (3.8%), Sewickley Hills Borough (4.3%), Fox Chapel Borough (4.7%), Ben Avon Heights Borough (4.7%), Pine Township (4.8%), Ohio Township (5%), and Churchill Borough (5.8%).[81]

Homeless

Within Allegheny County's Department of Human Services, the Bureau of Homeless Services works with agencies that serve the homeless or at-risk of becoming homeless populations. The utilization of homeless services is tracked through the Allegheny County Homeless Management System, a comprehensive system with participation from all county-funded providers of homeless services. On January 29, 2014, a Point in Time Survey was conducted by the Department of Human Services for the Pittsburgh/McKeesport/Penn Hills/ Allegheny County Continuum of Care. Table 19: "Persons in Households with at least one Adult and one Child, 2014" and Table 20: "Persons in Households without Children, 2014" present data regarding the sheltered and unsheltered homeless individuals at that time.[82] Table 21:" Number of Allegheny County clients receiving homeless services, 2009-2014," presents the number of Allegheny County clients receiving homeless services between these years. In general, the number of individuals receiving these services is increasing over time, with the exception of the Emergency Shelter and Street Outreach programs.

Table 19: Persons in Households with at least one Adult and one Child, 2014

	Sheltered		Unsheltered	Total
	Emergency	**Transitional**		
Total Number of Households	55	140	0	195
Total Number of Persons	183	395	0	578
Number of Children < 18 Years	118	246	0	364
Number of Adults 18-24 Years	11	26	0	37
Number of Adults 24+ Years	54	123	0	177
Average Household Size: 3.0				

Table 20: Persons in Households without Children, 2014

	Emergency	Sheltered Transitional	Safe haven	Unsheltered	Total
Total Number of Households	310	502	75	108	995
Number of Adults 18-24 Years	44	75	1	9	129
Number of Adults 24+ Years	266	427	74	99	866
Average Household Size: 1.0					

Table 21: Number of Allegheny County clients receiving homeless services, 2009-2014

Program Type	2009	2010	2011	2012	2013	2014*
All Programs Permanent Supportive Housing	948	1128	1319	1686	1874	1937
Transitional Housing	1215	1277	1196	1480	1679	1475
Emergency Shelter	2180	2310	2240	2241	2367	1788
Street Outreach	632	565	339	263	130	-
Rental Assistance**	-	-	-	1239	3418	1713
Case Management	988	853	698	949	1447	1307

*Includes all active clients through 9/30/2014

**Rental Assistance did not begin using the Allegheny County Homeless Management System until 2012

Source: Allegheny County Homeless Management Information System

ACCESS TO HEALTHCARE

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.

Affordability of Health Care

Insurance

Individuals without medical insurance are significantly more likely to forego medical care because of cost, even if they have a chronic medical condition like diabetes, hypertension, or asthma. Foregoing this care can lead to avoidable hospitalizations and premature mortality. [83] Access to health care also increases access to preventive care, such as cancer screenings and influenza vaccinations. An estimated 100,000 lives could be saved each year, if preventive care is more widely utilized. [83] According to the 2010 ACHS, 11% of adult residents (18 to 64 years old) indicated that they had to forego health care due to cost in the year preceding the survey.   The same percentage of adults reported that they had no health insurance. As many as 29% of adults reported that they had not had a primary care checkup in the year preceding the survey. [21]

Affordable Care Act

As of Fall 2013, there were 98,940 individuals in Allegheny County who did not have health insurance (See Figure 35: U.S. Census 2008-2012 American Community Survey estimates of health insurance by County Council District in Allegheny County). An estimated 38% of these uninsured individuals were between 35 and 54 years old 58% are male, and 71% are White. The majority of uninsured individuals have only a high school diploma (74%) and 73% work full time. Additionally, only 58% make 138% or more of the federal poverty level.[84]

The Affordable Care Act passed by the U.S. Congress and signed by President Obama in 2010 puts in place strong protections for people who have or need health insurance. Current preliminary estimates provided by the United Way indicate that during the open enrollment to an Affordable Care Act plan during Year Two of open enrollment (November 15, 2014 through February 22, 2015), 73,027 individuals in the Pittsburgh area enrolled.[85]

ACCESS TO HEALTH SERVICES HEALTHY PEOPLE 2020 GOALS

- Increase the proportion of persons with medical insurance

  Baseline: 83.2 percent of persons had medical insurance in 2008

  Target: 100 percent

Figure 35: U.S. Census 2008-2012 American Community Survey estimates of health insurance by County Council District in Allegheny County

Types of Health Insurance
- ■ Private Coverage Only
- ■ Public Coverage Only
- ■ Both Public and Private
- ■ No Health Insurance
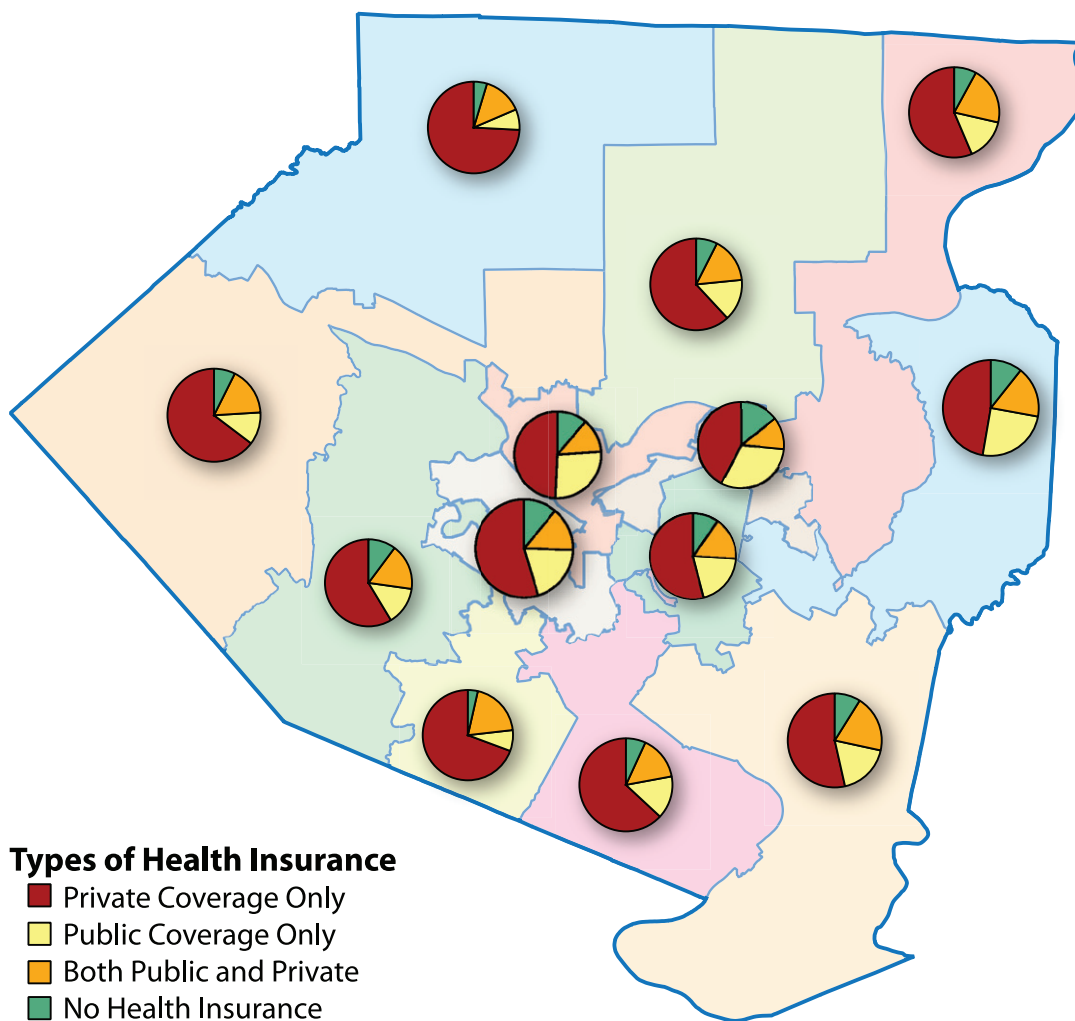
Availability of Health Care

According to the 2010 ACHS, 11% of adults surveyed did not have health insurance. Lack of health insurance was significantly more common among those with less than a high school education (18%) than among those with a college degree (6%). Not surprisingly, among those whose incomes were >$50,000, health insurance was significantly more common than those whose incomes were <$15,000 (See Table 22: Health Care Access, Allegheny County Adults, 2009-2010). [21]

Table 22: Health Care Access, Allegheny County Adults, 2009-2010

	No Health Insurance, Among Adults 18-64*				Does Not have A Personal Healthcare Provider*			
	Total Pop.	Sub-pop.	%	CI	Total Pop.	Sub-pop.	%	CI
All Adults	3635	365	11	10-13	5432	513	13	12-15
Sex:								
Male	1252	143	13	11-15	1785	253	19	16-21
Female	2383	222	10	8-11	3647	260	8	7-10
Age:								
18-29	397	68	17	13-22	396	106	27	21-33
30-44	1006	113	12	9-14	1008	149	17	14-20
45-64	2232	184	8	7-10	2238	194	10	9-12
65+	1790	NA	NA	NA	1790	64	4	3-4
Education:								
< High School	165	34	18	11-25	343	39	15	9-20
High School	950	139	15	12-18	1730	163	14	11-16
Some College	1018	111	12	10-15	1458	126	12	9-15
College Degree	1502	81	6	4-7	1901	185	13	11-16
Household Income:								
< $15,000	424	84	17	13-22	715	73	15	10-19
$15,000-24,999	543	119	24	19-28	1022	108	14	11-18
$25,000-49,999	992	105	14	11-17	1608	138	12	10-15
$50,000-74,999	645	27	6	3-8	820	76	14	10-17
$75,000+	1031	30	4	2-5	1267	118	13	10-15
Race:								
White	2684	210	10	9-12	4205	349	12	10-13
Black	813	134	19	16-23	1045	133	18	15-21

Excludes missing, don't know, and refused.

NOTE: *In all cases, numbers are unweighted and percents are based on weighted data.*

Mental Health Access

Mental health services are an essential part of health care. Both depressive disorders and major depressive disorders were listed under the twenty most frequently reported primary hospital discharge diagnoses in Allegheny County in 2013.[35] There are 16 crisis management facilities, and 514 outpatient facilities in Allegheny County (See Figure 36: Mental Health Service Facilities in Allegheny County).

Figure 36: Mental Health Service Facilities in Allegheny County

Mental Health Service Facilities in Allegheny County:

Outpatient and Crisis Facilities

Legend
- • Outpatient Facilities
- ▲ Crisis Facilities
- County Boundary
- Pittsburgh City Boundary
- Major Waterways
- Municipality/Neighborhood Boundaries

Notes: Geocoded locations approximated in some instances. Location markers are subject to visual overlapping in cases when multiple facilities exist at the same location. Facility addresses approximated using MPER database records as of 11/1/2013. Map produced by DHS Office of Data Analysis, Research and Evaluation. Map last updated: 9/9/14, kcj.

Source: Allegheny County Department of Human Services

About 38 per 100,000 Allegheny County residents utilize County-funded mental health services. This rate varies geographically (See Table 23: Mental Health Service Rates per 1,000 Residents by District, 2013). County Council District 13 had the highest utilization rates with 70 per 1,000 residents utilizing mental health services and 20 per 1,000 utilizing drug and alcohol services. District 2 had the lowest utilization rate with 13 per 1,000 residents using mental health services and about 3 per 1,000 using drug and alcohol services .[86]

Table 23: Mental Health Service Rates per 1000 Residents by District, 2013

Hospital Locations

As of December 2013, there were 31 open hospitals in Allegheny County including 17 acute care hospitals, 3 children's hospitals, 8 long term acute care hospitals, 1 rehabilitation hospital, and 2 psychiatric hospitals (See Figure 37: Hospitals in Allegheny County). Allegheny County hospitals had an average of 234 beds and the majority of County hospitals (55%) had a range between 100 and 499 beds (See Table 24: Allegheny County open hospitals, 2013).

Figure 37: Hospitals in Allegheny County

Table 24: Allegheny County Open Hospitals, 2013

Allegheny County Open Hospitals	31
Type	
Acute care general hospital	17
Children's Hospital	3
Long-term acute care hospital	8
Rehabilitation Hospital	1
Psychiatric hospital	2

Bed Size	
Average	231.4
< 100 beds	11
100 - 499 beds	17
500 + beds	3

Care Shortage Areas

ACCESS TO HEALTH SERVICES HEALTHY PEOPLE 2020 GOALS

- Increase the proportion of persons with a usual primary care provider

  Baseline: 76.3 percent of persons had a usual primary care provider in 2007

  Target: 83.9 percent

- Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care

  Baseline: 4.7 percent of all persons were unable to obtain or delayed in obtaining necessary medical care in 2007

  Target: 4.2 percent

The U.S. Department of Health and Human Services has identified areas around the country where there are not enough primary care providers. Primary care healthcare professional shortage areas are defined as areas in which there is only one primary care physician serving 3,500 people or more. [87] Currently, there are 6,100 such areas around the country. Health Professional Shortage Areas (HPSAs) are identified by the Health Resources and Services Administration (HRSA) and represent areas with shortages of primary medical care, dental care, or mental health providers. There are currently six Primary Medical Care Health Professional Shortage Areas (HPSA), comprising 48 census tracts, in Allegheny County. These communities include the Hill District, Hazelwood, Manchester, North Braddock, McKeesport City and Homewood Brushton. Nearly 90,000 county residents reside in these areas. (See Figure 38: Primary care provider shortage areas, 2010). [88]

Figure 38: Primary care provider shortage areas, 2010
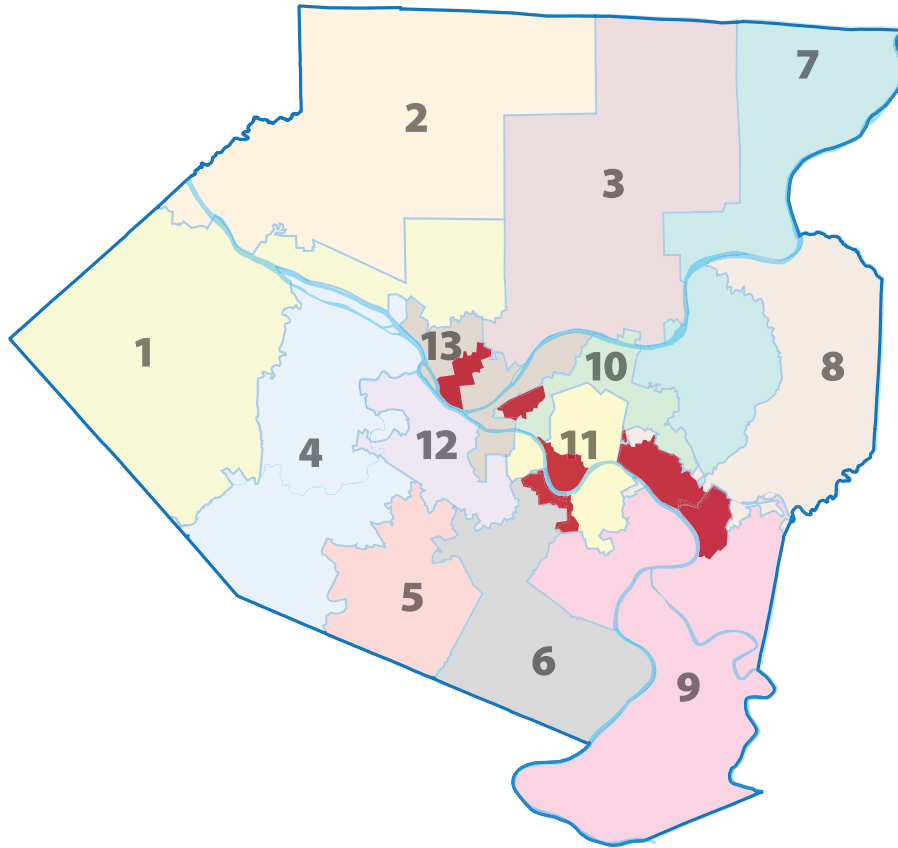
Hospital Closures

Three hospitals in Allegheny County closed between 2008 to 2014: Kindred Hospital – North Shore closed on August 8, 2014; UPMC Braddock closed on January 31, 2010; and North Shore SurgiCenter closed June 23, 2008. [89]

Physical Access to Health Care

Although the Port Authority of Allegheny County has a large transit system including bus routes and light rail systems, portions of the county may be considered "transportation deserts" (See Figure 39: Bus Routes within Allegheny County, 2014). There are large areas of the county where bus stops are not within walking distance of a residence. Although assistance services like Access are available to the elderly and disabled, there is still a large population in Allegheny County that may lack access to affordable transportation. In 2012, 74,905 residents of Allegheny County (14.2%) did not have access to a vehicle, 205,530 residents (39.1%) with one vehicle, 182,101 residents (34.6%) with two vehicles, and 63,468 residents (12.1%) with three vehicles.[90]

Figure 39: Bus Routes within Allegheny County, 2014
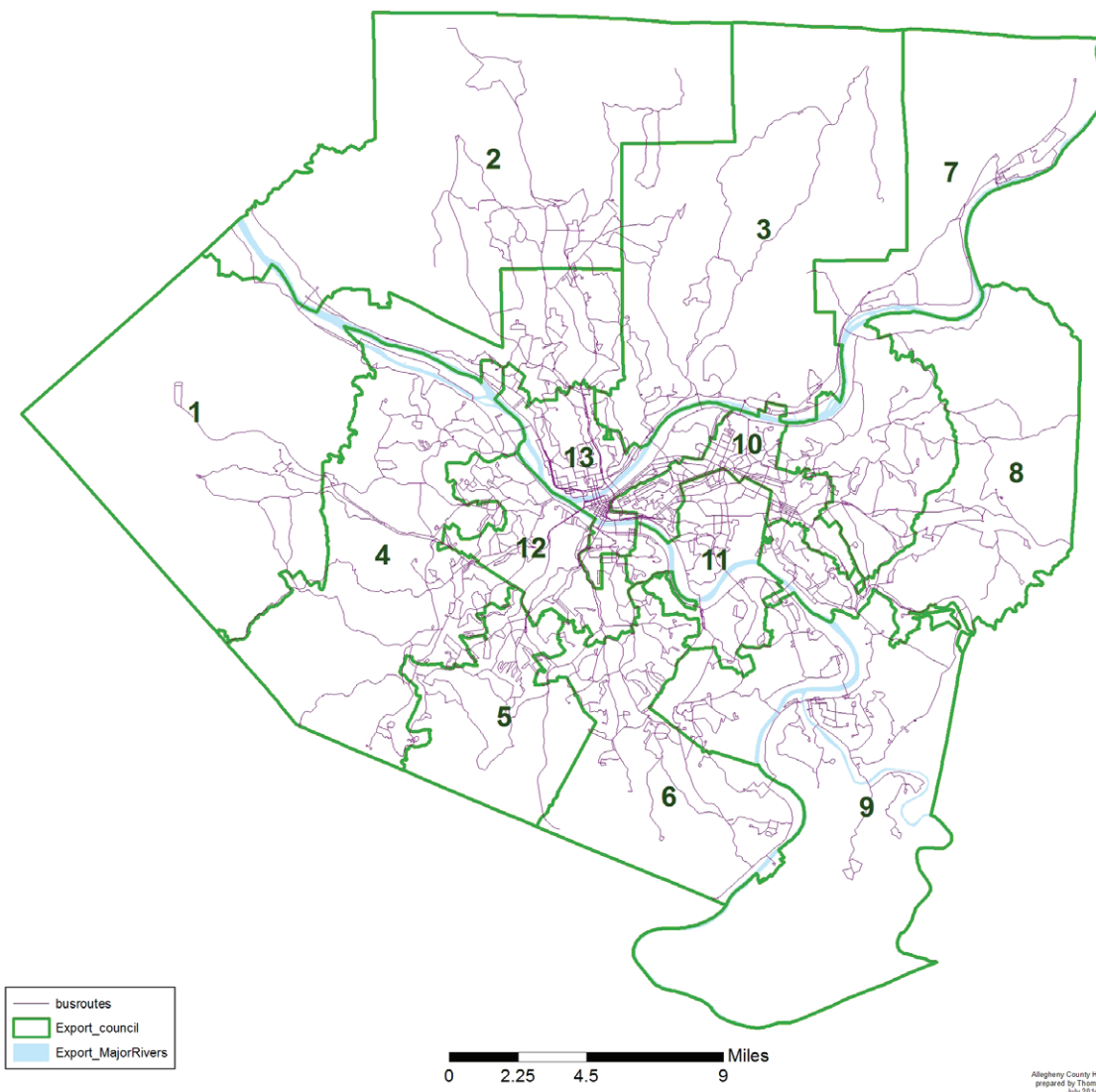
Mental Health

According to self-reported data, 18.2% of Allegheny County residents reported being diagnosed with a form of depression, compared to 18% of PA residents and 17.6% of U.S. residents in 2010. [21, 22] In 2010, 43% of Allegheny County adults said that they had at least one poor mental health day in the previous month. Women, Adults 44 years and older, and Black adults were more likely to report at least one poor mental health day. In 2010, 8% of Allegheny County adults said they never or rarely get the social and emotional support they need. The percentage of adults who said they never or rarely get the support they need was significantly lower for adults with a college degree, and for those with household incomes of $25,000 or more per year. The percentage of Black adults who said they never or rarely get the support they need was significantly higher than the percentage of White adults. [21]

In 2010, 27% of Allegheny County adults said they were stressed or worried about their ability to pay their rent or mortgage during the past 12 months. A significantly higher proportion of women reported being stressed or worried than men. Predictably, stress and worry about ability to pay rent or mortgage is related to household income. The percentage reported was significantly lower for those with household incomes of $75,000 or more. Black adults were significantly more likely to report stress or worry about ability to pay their rent or mortgage [21]. Interestingly, younger populations compared to those aged 65 and older were more likely to report stress or worry as well.

> **MENTAL HEALTH HEALTHY PEOPLE 2020 GOALS**
>
> • Reduce the suicide rate
>
>   Baseline: 11.3 suicides per 100,000 population occurred in 2007
>
>   Target: 10.2 suicides per 100,000 population
>
> • Reduce suicide attempts by adolescents
>
>   Baseline: 1.9 suicide attempts per 100 population occurred in 2009
>
>   Target: 1.7 suicide attempts per 100 population

According to the 2013 PA Youth Survey, the percentage of teens experiencing suicide risk factors was higher among Allegheny County residents, compared to the state (See Figure 40: Suicide Risk Among Allegheny County Adolescents, 2013). Specifically, Allegheny County adolescents were more likely to experience sadness or hopelessness for at least two weeks more than PA adolescents as a whole. [26] They were also more likely to have considered suicide, planned suicide, attempted suicide, or required medical treatment for attempting suicide. The 10th grade students' group experienced the highest suicide risk among Allegheny County adolescents surveyed. [26]

Figure 40: Suicide Risk Among Allegheny County Adolescents, 2013

ECONOMICS

Poverty and poor health outcomes are inter-related, with each influencing the other.[91] Poverty has been linked to energy-dense diets that are high in refined grains, sugars, and fats, and low in fruit and vegetable intake. [92] Low levels of physical activity have also been associated with poverty. [93] The combination of energy-dense food intake and physical inactivity among low-income U.S. populations contribute to the high levels of obesity and diabetes also observed among these populations. [94-97] Poverty has also been linked to other poor health outcomes such as mental illness,[96, 98] cardiovascular disease,[99] infant mortality,[100] and infections.[101] The association between poverty and poor health outcomes is further exacerbated by these populations' lack of health insurance coverage. Consequently, low-income individuals at high risk for chronic diseases are also less likely to access quality healthcare and more likely to be burdened with large healthcare costs.

The economic stability of communities within Allegheny County (AC) is quite variable, with poverty estimates ranging from near 0% of the population in small communities such as Glenfield and Thornburg with populations of 205 and 455 respectively to 40to 50% in Braddock, Rankin, and Trafford. AC has a 12.9% poverty rate overall, slightly lower than PA (13.3%). For a complete list see Appendix 5: "Percent poverty by neighborhood/municipality, Allegheny County 2010." Poverty in Allegheny County is centered within and around the city of Pittsburgh and throughout the Monongahela Valley (See Figure 41: Percentage Below Poverty Level in Allegheny County, 2012). In this figure, the darkest shaded areas denote regions where more than 50% of the population was living below the federal poverty level in 2010. In Allegheny County as a whole, 12.7% of the population was living below the federal poverty level in 2012 [102]. Overall, the median household income in Allegheny County in 2012 was $50,664. [103]

Figure 41: Percentage Below Poverty Level in Allegheny County, 2012
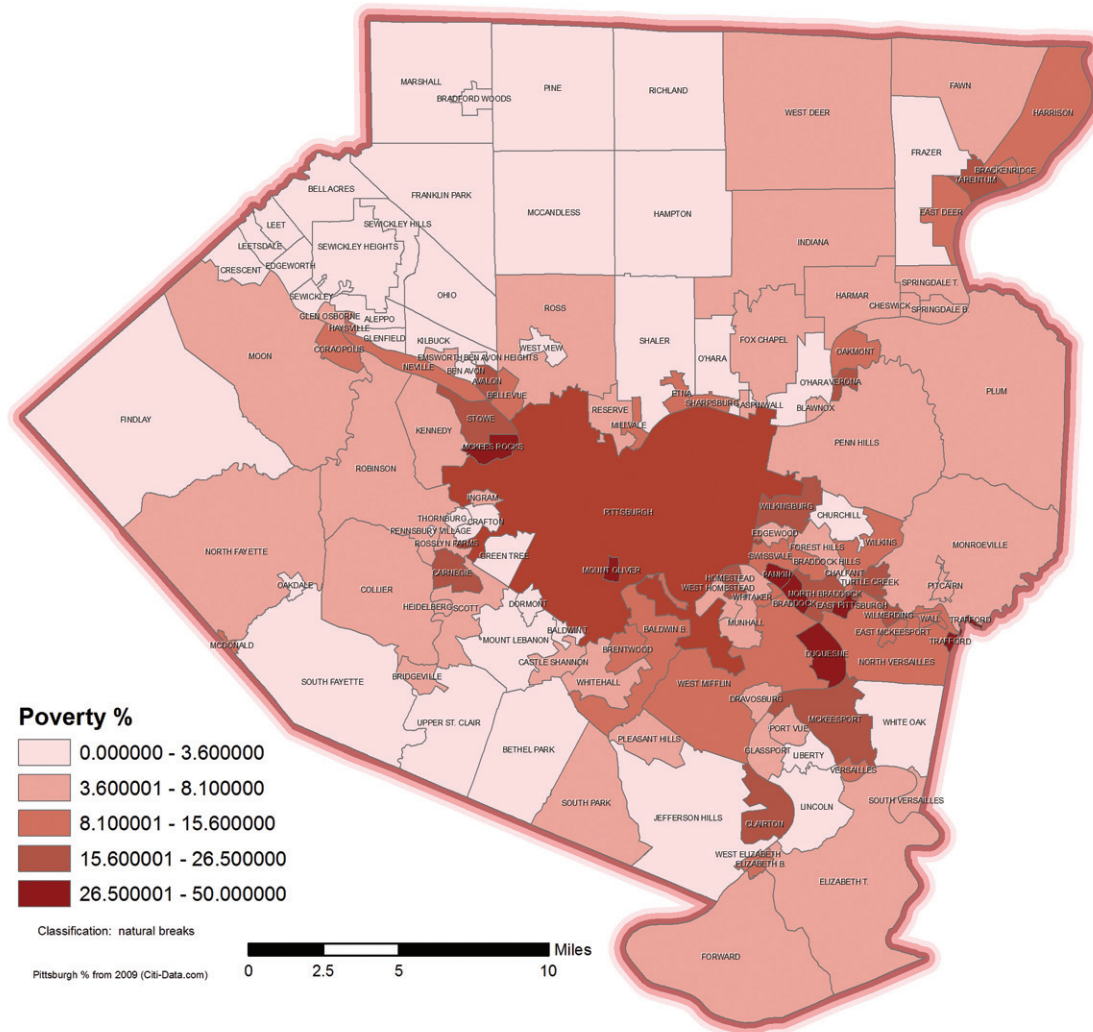
Labor Force

The U.S. Bureau of Labor Statistics estimates that there were 1,142,700 non-farming jobs in the Pittsburgh metropolitan area in March, 2014. [104] The Pittsburgh metropolitan area is defined as Allegheny, Armstrong, Beaver, Butler, Fayette, Washington, and Westmoreland counties. An estimated 21% of jobs in the metropolitan area were in education and healthcare, while 18% were in trade, transportation and utilities, and 15% were in professional and business services. Nationally, trade, transportation and utilities jobs make up the largest proportion of non-farm employment at 18%, followed by education and healthcare, and professional and business services. The median household income in Allegheny County in 2012 was $50,664, while in the U.S. it was slightly higher, $51,759. [103]

Unemployment

Unemployment may be a sign of long- or short-term poverty. According to the Bureau of Labor Statistics, the Fall 2014 unemployment rate in Allegheny County was 4.5%; lower than the U.S. rate of 5.7%.[105] However, within Allegheny County, the rate ranged from less than 1% in Trafford and Sewickley Heights to over 15% in Braddock (15.2%), Clairton (15.5%), Stowe (15.7%), West Homestead (15.9%), North Braddock (17%), Rankin (18.8%), Haysville (18.8%), and Duquesne (21.7%). Unemployment rates by municipality can be found in Appendix 4: "Unemployment Rates by Municipality as of 2012."[102]

Housing

There are 588,644 homes in Allegheny County; 426,351 of these are single family homes. There are also 157,757 multi-unit apartment homes. An additional 4,511 residents live in mobile home/trailers, while 25 residents live in a mobile unit, such as a boat or Recreational Vehicle. The majority of homes were built before 1939 (30.9%). By comparison, only 1,387 (0.2%) were built since 2010. The median cost of a home in the County is $122,400. About 48% of residents are paying less than 20% of their income towards their mortgage. Among those who rent, 38.3% are paying 35% or more of their household income towards rent, with a median rent of $751/month. Most residents (85%) use natural gas for heating while 2,445 (0.5%) burn coal, coke, or wood to heat their home. [106]

According to the U.S. Census 2010, there are 526,004 households in Allegheny County. Among these, 304,369 were families; of which 122,371 had children less than 18 years of age living with them. Of the 304,369 households; 223,528 were occupied by married couples. A total of 18,867 were single father households and 61,974 were single mother households. The average household size was 2.26 persons. There were also 16,672 grandparent-headed households. Of the 1,214,616 residents, 1,057,836 had lived in the same home for at least a year. Among current residents of Allegheny County, 79.2% were born in PA, 15.1% were born in a different state, and 5% were foreign-born. English was the only language spoken in 93.1% of homes.[102]

Foreclosure is defined by the U.S. Department of Housing and Urban Development as a legal process in which mortgaged property is sold to pay the loan of the defaulting borrower. Foreclosures are often used as a sign of economic and social disruptions in a population. This measure only affects those who own their own homes. The American Community Survey (2009-2013) of the U.S. Census Bureau estimates that home ownership in Allegheny County is 65.5%, similar to PA, where home ownership is 69.8%. In 2013, foreclosures were rare in the County, with municipalities and neighborhoods having foreclosure rates between 0.5 to 2%. The percent of homes foreclosed in Allegheny County in 2010 was 0.7%; whereas, in 2013 the percentage was 0.5%.[107]

UNINTENTIONAL AND INTENTIONAL INJURY

Unintentional Motor Vehicle Injuries

From 2006 to 2010, there were more than 14,000 unintentional motor vehicle crashes on mid-block roadways and over 58,000 unintentional motor vehicle crashes in Allegheny County. The severity of the injuries varied, with the more severe injuries occurring within City of Pittsburgh limits or on major roadways (See Table 25: Deaths due to Unintentional Motor Vehicle Crashes, 2011).[9] Between 2009 and 2011, the age-adjusted death rate for motor vehicle traffic deaths in the U.S. was 10.8 per 100,000 population.[108] Within Allegheny County, between 2007 and 2011, the age-adjusted death rate for transport accidental deaths was 6.1 per 100,000 residents of Allegheny County. The median age of death during this time period was 48.2 years (See Figure 42: Unintentional Motor Vehicle Injuries, Allegheny County, 2006 – 2010). Figure 43: "Transport Accidental Deaths, Allegheny County, PA 1970-2011," presents the number of transport accidental deaths per year during this period. Overall, the number of deaths due to transportation injuries has decreased in the County. The highest number of transportation-related deaths occurred in 1972, when there were 240 deaths, while 2006 had the lowest number of deaths with 73. In 2011, there were 77 transportation-related deaths.[9]

> **INJURY AND VIOLENCE HEALTHY PEOPLE 2020 GOALS**
>
> - Reduce nonfatal motor vehicle crash-related injuries
>
>   Baseline: 771.4 nonfatal injuries per 100,000 population were caused by motor vehicle crashes in 2008
>
>   Target: 694.3 nonfatal injuries per 100,000 population
>
> - Reduce motor vehicle crash-related deaths per 100,000 population
>
>   Baseline: 13.8 motor vehicle traffic-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)
>
>   Target: 12.4 deaths per 100,000 population

Table 25: Deaths due to Unintentional Motor Vehicle Crashes, 2011

Age	White Males	White Females	Black Males	Black Females	Other Males	Other Females	Total Population
Total Population	50	17	3	2	5	0	77
1-4	0	1	0	0	0	0	1
5-9	0	1	0	0	0	0	1
10-12	0	1	0	0	0	0	1
15-19	1	0	0	0	0	0	1
20-24	5	1	0	0	2	0	8
25-34	8	1	1	0	1	0	11
35-44	3	0	0	0	0	0	3
45-54	5	3	0	0	1	0	9
55-64	10	1	2	1	1	0	15
65-74	3	4	0	0	0	0	7
75-84	11	2	0	1	0	0	14
85+	4	2	0	0	0	0	6

Figure 42: Unintentional Motor Vehicle Injuries, Allegheny County, 2006 – 2010

Vehicle Crashes on Mid-Block Roadways
Severity Weighted

Allegheny County 2006-2010

n= 14,063

Each dot represents a mid-block crash. The colored symbols show the crash's severity value. For this 5 year period there were 58,371 reported crashes; 26,899 had XY data and were geocoded. There were 31,472 crashes without XY data.

Severity values are based on a formula of property damage, fatalities and injury level.

Mid-block Crashes Severity Weighted
- 1.00 - 2.00
- 2.01 - 6.00
- 6.01 - 12.00
- 12.01 - 20.00
- 20.01 - 38.00
- State Roads
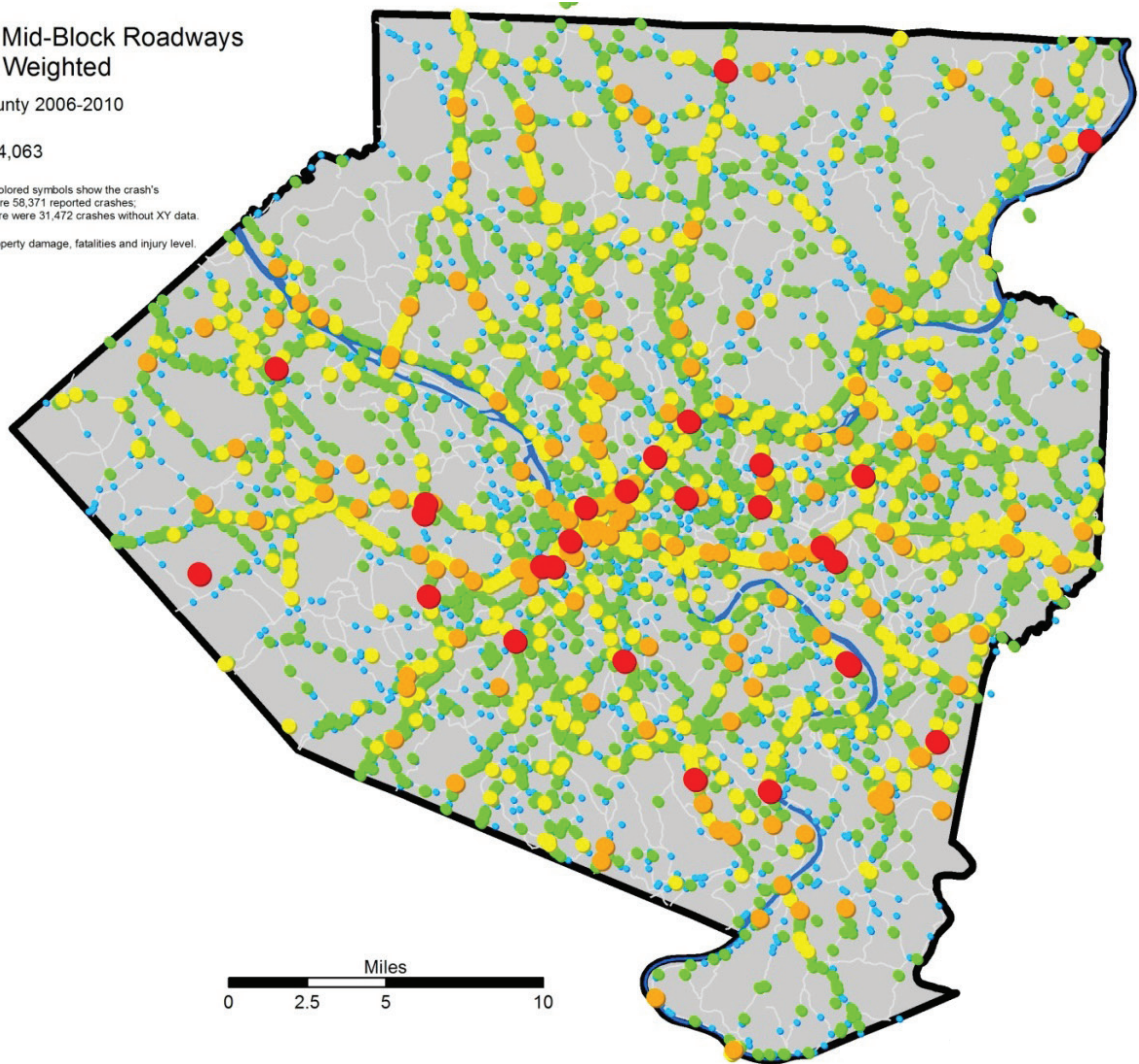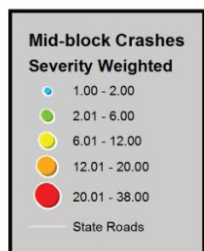
Figure 43: Transport Accidental Deaths, Allegheny County, PA 1970-2011
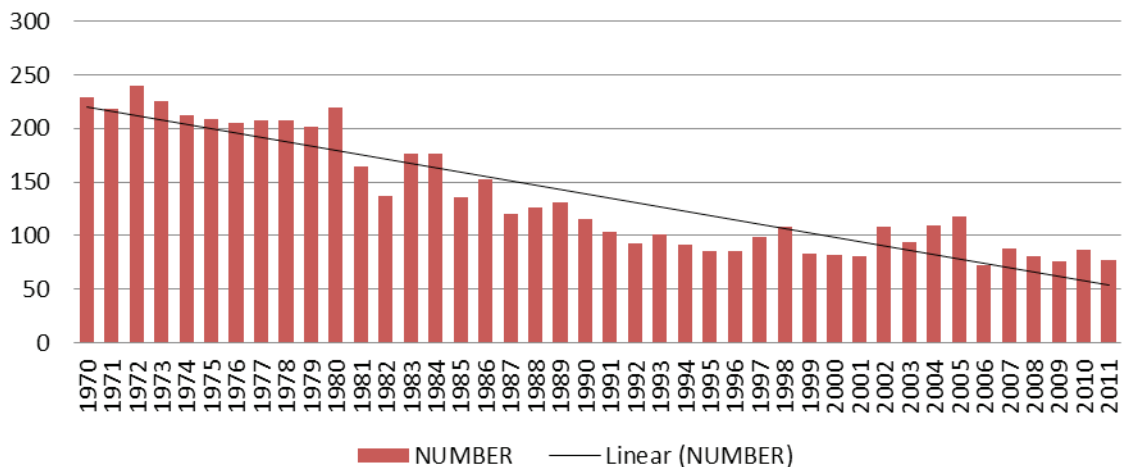
Unintentional Falls

In 2011, falls accounted for 33.6% of all unintentional injury deaths in Allegheny County. Of these, 94.4% were White and 51.6% were female. The median age at death was 84.2. Between 2009 and 2013, there were 42,671 hospitalizations for falls in the County. The most falls requiring hospitalizations occurred among those aged 65-84 years (17,034 or 40%). Of these fall victims, 457 (2.7%) died. Of those 85 and older who fell (n=13,646 or 32%), 435 (3.2%) of these victims died. Overall, 2.4% of all fall victims in the County requiring hospitalization died.[9]

Fatal Overdoses

Overdoses are the leading cause of injury death in the U.S.[109] In 2010, the national age-adjusted death rate for drug-induced poisonings was 12.9 per 100,000. Between 2007 and 2011 in Allegheny County, 1,055 deaths occurred due to unintentional poisonings and exposure to noxious substances, which is how unintentional overdoses are coded on death certificates. The category is primarily comprised of drug overdoses, although this designation may include deaths caused by substances in addition to recreational and prescription drugs. The average age at death was 39.5 years and the age-adjusted rate was 17.2 per 100,000 in Allegheny County. The number of fatal overdoses varies geographically in Allegheny County (See Table 26: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by District, 2007-2011). Refer to "Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011" for a complete list. The highest rates of deaths due to overdose occurred in Council District 12, which had a rate of 30.6, followed by District 13 with a rate of 24.5. The lowest rates were observed in Districts 5 and 2, with rates of 9.1 and 9.7, respectively. Deaths due to accidental poisoning for each of the municipalities and Pittsburgh neighborhoods are presented in the Appendices section.[9]

INJURY AND VIOLENCE HEALTHY PEOPLE 2020 GOALS

- Reduce unintentional injury deaths

  Baseline: 40.4 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population)

  Target: 36.4 deaths per 100,000 population

- Prevent an increase in fall-related deaths among all persons

  Baseline: 7.2 deaths per 100,000 population were caused by unintentional falls in 2007 (age adjusted to the year 2000 standard population)

  Target: 7.2 deaths per 100,000 population

- Reduce unintentional injury deaths

  Baseline: 40.4 deaths per 100,000 population were caused by unintentional injuries in 2007 (age adjusted to the year 2000 standard population)

  Target: 36.4 deaths per 100,000 population

Table 26: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by District, 2007-2011

	Number of Deaths	Median Age at Death	Age-Adjusted Rate
Allegheny County	**1,055**	**39.2**	**17.2**
District 1	44	36.6	9.8
District 2	40	36.2	9.7
District 3	73	45.1	15.4
District 4	95	39.1	19.5
District 5	36	35.9	9.1
District 6	75	38.6	16.9
District 7	88	39.4	19.2
District 8	82	45.4	16.9
District 9	102	45.1	22.2
District 10	85	47.7	21.8
District 11	68	45.3	15.3
District 12	154	38.2	30.6
District 13	112	40.1	24.5

The number of fatal overdoses in Allegheny County has risen considerably since 2000, when there were 109 deaths attributed to overdoses. In 2014, there were 226 overdose deaths. However, the highest number of deaths occurred in 2012, when there were 290 deaths (See Figure 44: Number of Fatal Overdoses in Allegheny County by Year, 2000-2014).[9] This trend is consistent with overall overdose trends in PA and the U.S. as a whole. Of note, the overdose rate for PA is significantly higher than the nation.[109] [110]

Figure 44: Number of Fatal Overdoses in Allegheny County by Year, 2000-2014
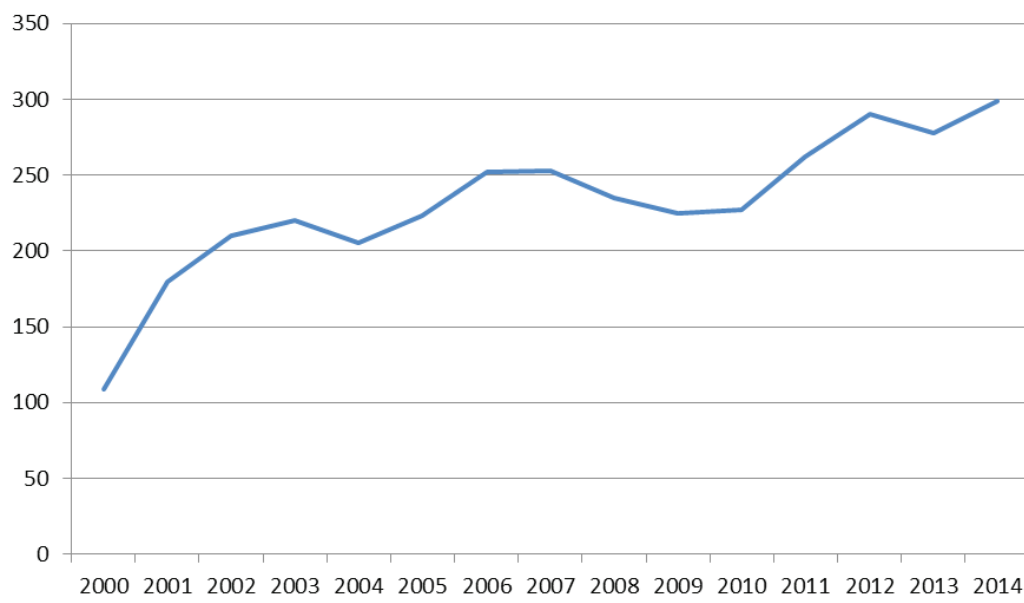
Source: OverdoseFreePA

Overall, the percentage of fatal overdoses caused by specific drugs has remained relatively stable, with the exception of heroin and fentanyl. In 2013, 17,000 Americans died from opioid overdose. Nationwide, heroin overdose has become a major public health problem. The number of fatal overdoses in the County related to both heroin and fentanyl has increased considerably since 2011 (See Figure 45: Most Frequently Recorded Drugs on Fatal Overdose Death Certificates in Allegheny County, 2011-2014). During January of 2014 alone, 15 individuals died from overdoses due to a combination of heroin and fentanyl. Heroin was listed on 36% of death certificates of persons who fatally overdosed in 2000 and 55% of death certificates of fatal overdoses in 2014; whereas, fentanyl fatalities increased from 2% to 15% during the same time period.[111]

Figure 45: Most Frequently Recorded Drugs on Fatal Overdose Death Certificates in Allegheny County, 2011-2014
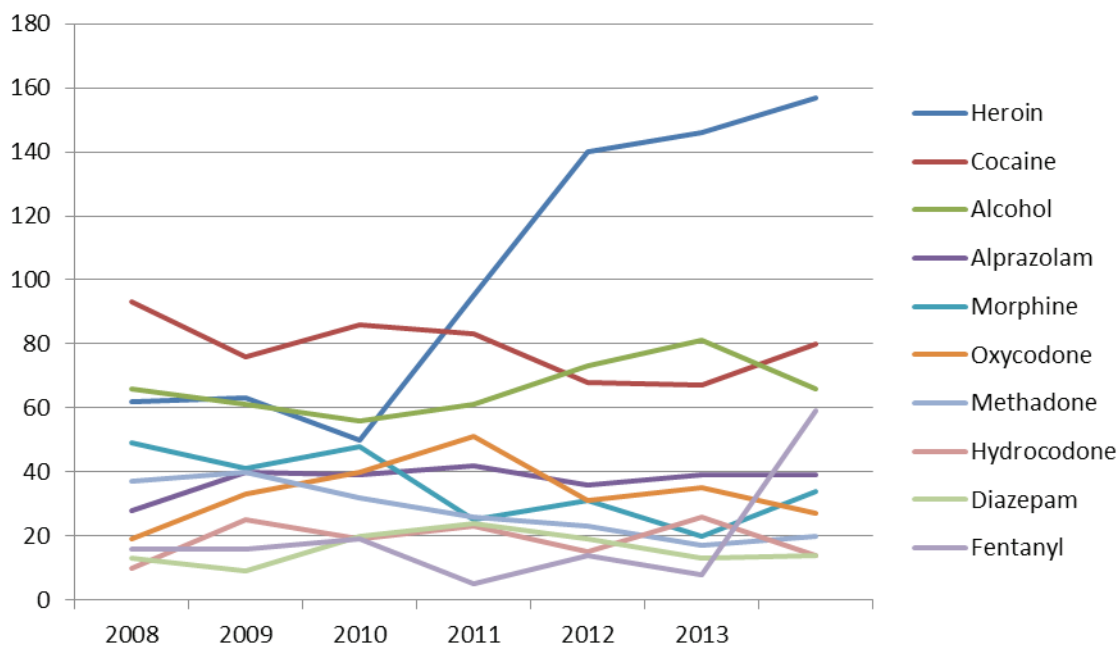
Source: OverdoseFreePA

Naloxone (or narcan) is administered to counteract the effects of opioid overdose, but is also used when patients are found unconscious. Since February 2014, the ACHD has been receiving daily surveillance data on Naloxone administration from Emergency Medical Service (EMS) providers (including zip code of administration) through the Pennsylvania Department of Health. According to Allegheny County 911 (through EMS providers) between April 2014 and March 2015, 2,039 doses of narcan have been administered to 1,420 people (See Table 27: Narcan Administration in Allegheny County). [35]

• Reduce fatal injuries

Baseline: 59.7 deaths per 100,000 population were caused by injuries in 2007 (age adjusted to the year 2000 standard population)

Target: 53.7 deaths per 100,000 population

• Prevent an increase in poisoning deaths among all persons

Baseline: 13.2 deaths per 100,000 population were caused by poisonings in 2007 (age adjusted to the year 2000 standard population)

Target: 13.2 deaths per 100,000 population

• Prevent an increase in nonfatal poisonings

Baseline: 304.8 nonfatal poisonings per 100,000 population occurred in 2008 (age adjusted to the year 2000 standard population)

Target: 304.8 nonfatal poisonings per 100,000 population

Table 27: Narcan Administration in Allegheny County

Row Labels	Female	Male	(blank)	Grand Total
Duplicate*	200	416	3	619
Original**	568	847	5	1420
Grand Total	**768**	**1263**	**8**	**2039**

* Duplicate refers to multiple doses administered to the same individual

** Original refers to the number of individuals administered one or more doses

The County's observed increase in overdoses involving heroin is consistent with nationwide and statewide trends of increasing heroin-associated deaths in both urban and rural settings. About 80% of people who abuse heroin, previously abused prescription opioids. In a most revealing finding, CDC has reported that healthcare providers prescribed enough prescription opioids to supply one bottle per every adult in the U.S.[112]

Suicide

In 2010, Allegheny County had an age-adjusted suicide rate of 9.9 per 100,000. PA , the same year, had a rate of 11.9 per 100,000, while the U.S. had a rate of 12.1 per 100,000.[110] From 1970 – 2005, White males and Black males in Allegheny County had similar suicide rates (See Figure 46: Age-adjusted suicide rates per 100,000 by race, 1970 – 2010). This development is contrary to national trends. In the U.S., the highest suicide rates generally occur in White males, compared to other groups [110]. The rate of suicide in Allegheny County for Black males dropped considerably after 2007, while the White male suicide rate remained relatively stable. In 2010, White males did have a significantly higher suicide rate of about 17 per 100,000, compared to Black males with a rate of 10.. Rates among White females were only slightly higher than the rates among Black females over time (See Figure 46: Age-adjusted suicide rates per 100,000 by race, 1970 – 2010). In 2010, White females had a rate of about 4 per 100,000 while Black females had a rate of 2 per 100,000.[9]

Figure 46: Age-adjusted suicide rates per 100,000 by race, 1970 – 2010
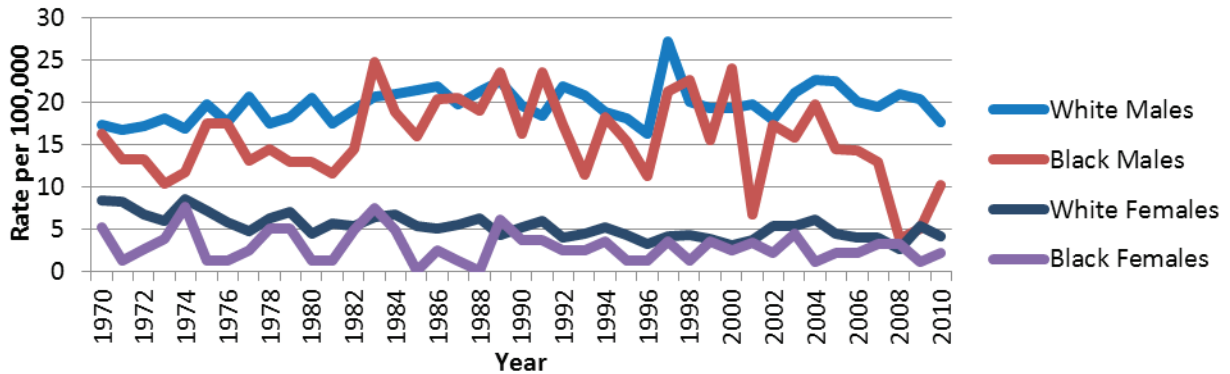
VIOLENCE AND CRIME

Gunshot Wounds

INJURY AND VIOLENCE HEALTHY PEOPLE 2020 GOALS

- Reduce nonfatal firearm-related injuries

  Baseline: 20.7 nonfatal firearm-related injuries per 100,000 population occurred in 2007

  Target: 18.6 injuries per 100,000 population

- Reduce firearm-related deaths

  Baseline: 10.3 firearm-related deaths per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population)

  Target: 9.3 deaths per 100,000 population

From 2009 to 2014, Allegheny County experienced an annual average gunshot wound hospital Emergency Department (ED) visit rate of 16.6 per 100,000. The zip code of 15212 (North Side) had the highest rate of gunshot wound victims in Allegheny County, while there were 24 communities with 0 or 1 gunshot ED visit over the five- year period. Figure 47: "Average annual gunshot wound ED visit, Allegheny County 2009 – 2014 ,"shows the average annual gunshot wound ED visit rate by zip

code with the darkest red regions illustrating the highest rates of gunshot wound ED visits (i.e., range of rates). [35]

Figure 47: Average annual gunshot wound ED visit, Allegheny County 2009 - 2014

Legend:
- County Council
- MajorRivers
- PGH Neighborhoods

2009-2014 average annual GSW rate
- 0.00
- 0.760688 - 3.383236
- 3.383237 - 7.873130
- 7.873131 - 14.164306
- 14.164307 - 33.400134
- 33.400135 - 141.316221

Miles: 0, 2.5, 5, 10
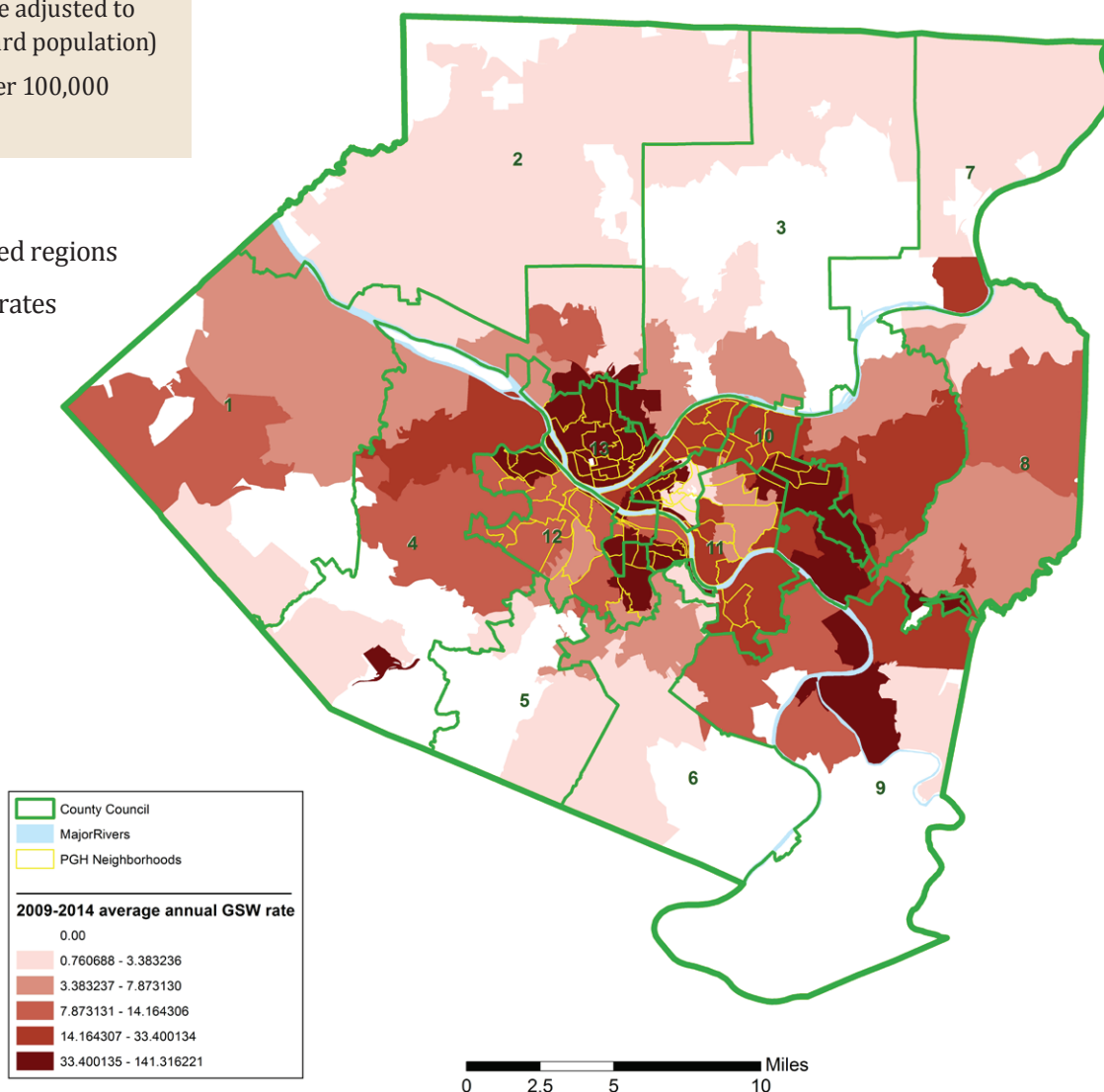
Homicide

Homicide is the 15th leading cause of death in Allegheny County. In 2010, the age-adjusted rate of homicide in Allegheny County was 8.6 per 100,000, compared to 5.6 per 100,000 statewide and 5.3 per 100,000 nationally. [9, 113] It is not uncommon for urban counties to have higher homicide rates than rural counties. There are large disparities in homicide rates in Allegheny County with Black males having substantially higher rates than all other groups. In addition, homicide rates for Black males have been steadily increasing from 45 to 85 deaths per 100,000 from 1988 through 2010 . Black females had a homicide rate of about 10 per 100,000 in 2010. White males and females, have had consistent homicide rates during this period with rates around 5 per 100,000 (See Figure 48: Age-Adjusted Homicide Rates per 100,000, 1970-2010).[9]

INJURY AND VIOLENCE HEALTHY PEOPLE 2020 GOALS
• Reduce homicides Baseline: 6.1 homicides per 100,000 population occurred in 2007 (age adjusted to the year 2000 standard population) Target: 5.5 homicides per 100,000 population

Figure 48: Age-Adjusted Homicide Rates per 100,000, 1970-2010
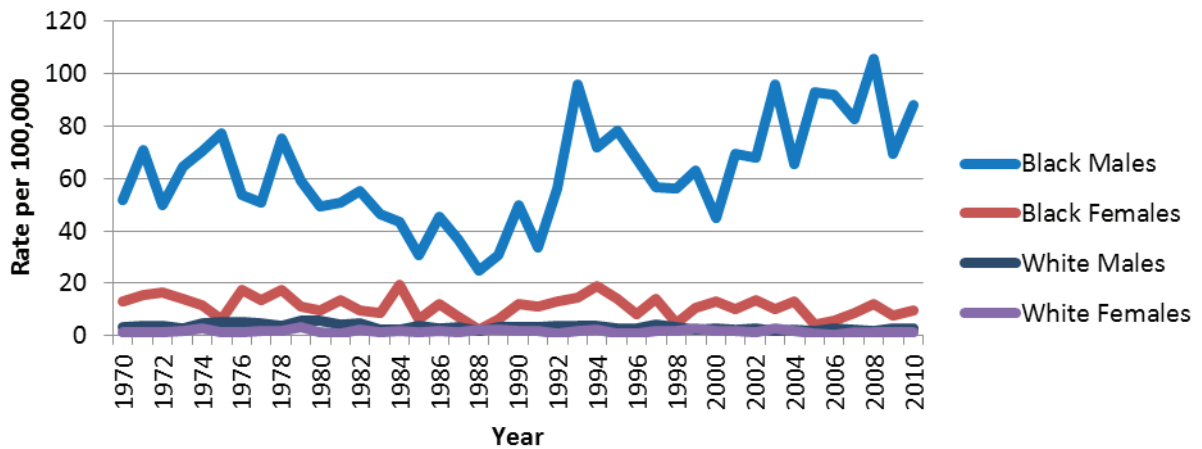
Homicide rates vary geographically in Allegheny County. From 2007 to 2011, the Allegheny County homicide rate was 7.9 per 100,000. The median age at death of homicide victims was 27.7 years. Geographically, the highest homicide rate during this period was in District 10, with a rate of 24.6 per 100,000 and a median age at death of 26.6 years. The lowest homicide rates were in Districts 1 and 2 at 0.5 per 100,000

(See Table 28: Homicide Deaths in Allegheny County by District, 2007-2011).[9]

Table 28: Homicide Deaths in Allegheny County by District, 2007-2011

	Rate per 100,000	Median Age at Death (years)
Allegheny County	**7.9**	**27.7**
District 1	0.5	20.0
District 2	0.5	55.0
District 3	2.1	42.5
District 4	4.6	32.8
District 5	0.6	50.0
District 6	4.0	34.2
District 7	9.2	31.1
District 8	7.1	24.7
District 9	14.1	27.2
District 10	24.6	26.6
District 11	7.6	25.8
District 12	10.4	27.5
District 13	12.9	25.4

ENVIRONMENTAL HEALTH

Air Quality

Air quality has greatly improved in Allegheny County over time; however, the County remains among the top ten worst counties for air quality in the U.S., according to the American Lung Association. [114] There are two major types of air pollutants: Criteria air pollutants (CAPs) and hazardous air pollutants (HAPs). CAPs include particulate matter (PM), ozone, nitrogen dioxide (NO2), carbon monoxide (CO), lead, and sulfur dioxide (SO2). There are 180 HAPs, including pollutants like benzene and formaldehyde. The ACHD Air Quality Program maintains an Air Quality Index (AQI) to report daily air quality information to the public. The AQI is based on ground-level ozone (smog) and PM2.5 levels. [115]

Ozone affects people with asthma and chronic lung conditions, children and older adults, but also healthy adults who exercise vigorously outside. [116] High ozone levels can aggravate asthma and chronic lung conditions. Ozone can also cause coughing and pain when breathing, lung and throat irritation, and wheezing and trouble breathing when exercising outside. [116]

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 (See Figure 49: Particulate Matter). These particles can be solids or liquids and can include dirt, dust, soot, smoke, and drops of liquid.[117] Sources of PM include exhaust from cars and trucks, industrial processes, electric generation from fossil fuels, and fires (e.g., campfires, forest fires). PM10 (the larger PM) irritates the eye, nose and throat and results from sites where dust is produced. PM2.5 is smaller and can be inhaled deep into the lungs which can lead to tissue damage. [117] Particulate matter has been associated with increased heart disease and heart disease-- related death in Pittsburgh. [118] Particulate matter, specifically PM10, exposure during pregnancy has been associated with low-birth weight in Allegheny County. [119]

Figure 49: Particulate Matter

Human hair (about 70μm wide)   Grain of sand (about 50μm wide) PM_{10} (less than 10μm wide) $PM_{2.5}$ (less than 2.5μm wide)

Source: CDC http://ephtracking.cdc.gov/showAirHIA.action
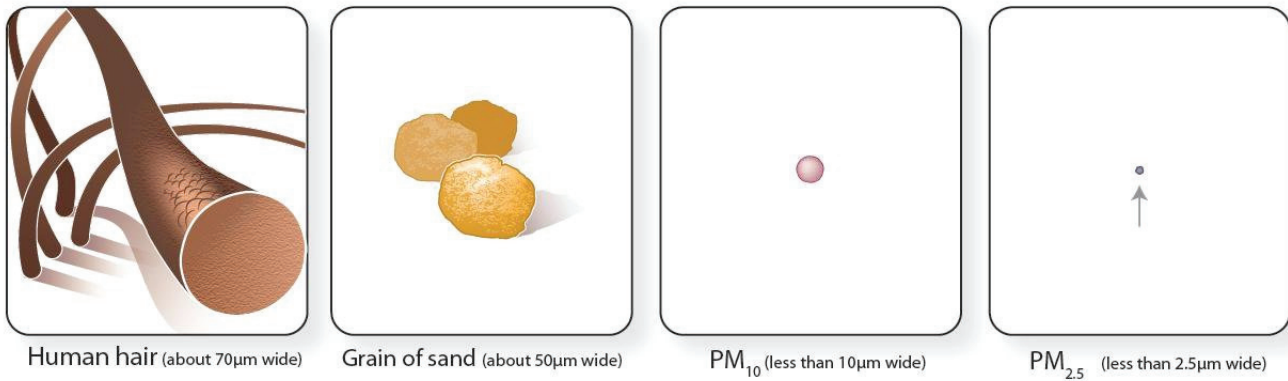
There are 16 air monitors in Allegheny County (See Figure 50: Location of air monitors, Allegheny County, 2014). Monitors do not all measure the same pollutants; also , they are placed at particular sites in the county with high populations (i.e., Downtown monitor); to determine the impact of high concentrations from industrial sources (i.e., Monongahela Valley); to measure general/background concentrations; and to track regional pollutant transport (i.e., South Fayette).

Figure 50: Location of air monitors, Allegheny County 2014
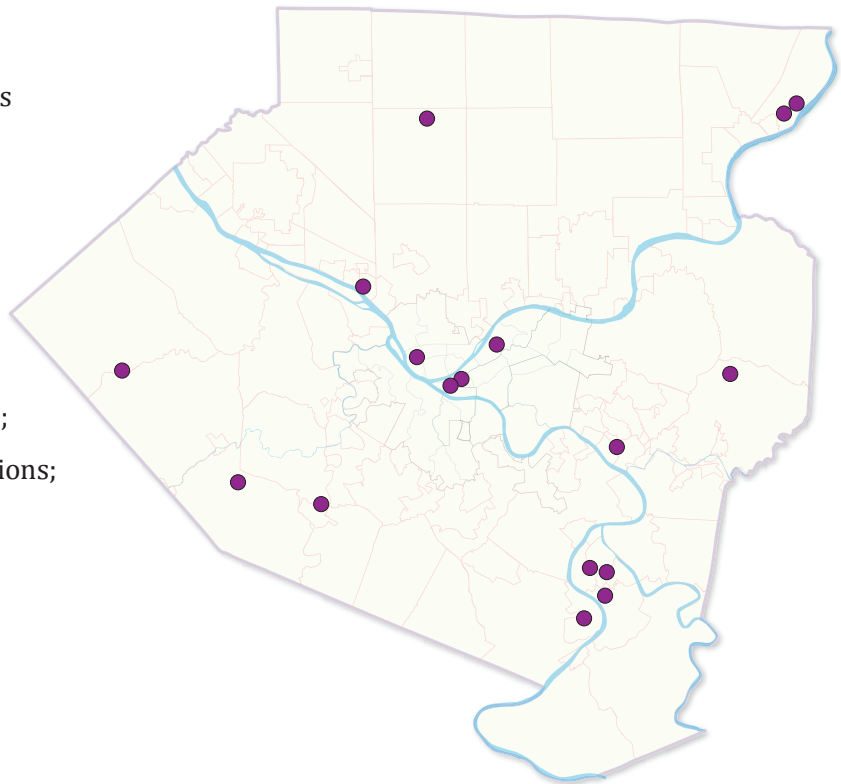
PM$_{2.5}$ Results

Fine particulate or PM$_{2.5}$ annual averages have decreased over the last decade (See Figure 51: 2014 PM$_{2.5}$ FRM [Federal Reference Method] Annual Averages by Site). Monitored results for 2011 through 2013 show levels of attainment (county-wide, excluding the Liberty-Clairton Area) for both the new annual standard of 12 micrograms per cubic meter (μg/m^3) and the 24-hour standard (35 μg/m^3) . However, the Liberty-Clairton Area is still in violation of the 24-hour standard and the new annual standard (See Figure 52: PM$_{2.5}$ Annual Averages by Year, 2000-2013). [120]

Figure 51: 2014 PM$_{2.5}$ FRM Annual Averages by Site

Figure 52: PM$_{2.5}$ Annual Averages by Year, 2000-2013
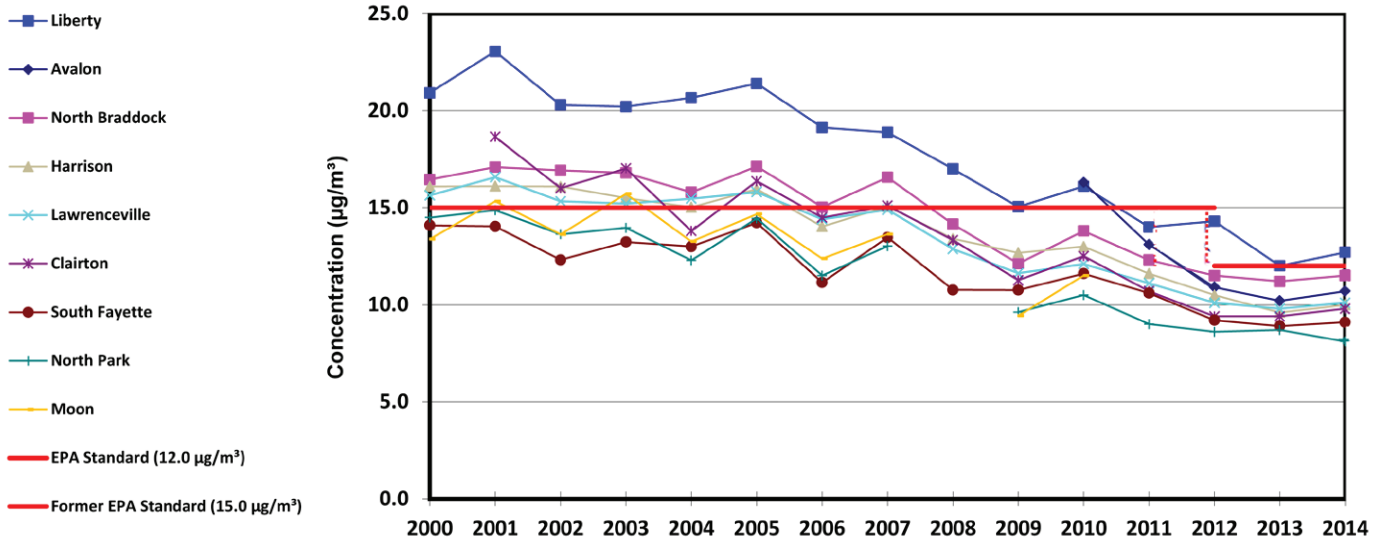
Ozone Results

The federal standard for ozone is based on maximum 8-hour averages within each 8-hour block period within a calendar day. The 8-hour standard of 0.075 parts per million (ppm) must not be exceeded by the 3-year average of the 4th highest 8-hour concentrations. The ozone season for Allegheny County extends from April 1 through October 31. There were four exceedance days overall for 8-hour ozone in 2013. Two days included an exceedance at more than one monitor (See Table 29: Maximum 8-hour ozone concentrations and exceedance days, Allegheny County 2014). [120]

Table 29: Maximum 8-hour ozone concentrations and exceedance days, Allegheny County 2014
Exceedance concentrations and days in red. 2013 comparison in grey.

Site	8-Hour Standard=0.075 ppm					
	2013 8-Hour Maximum (ppm)	2014 8-Hour Maximum (ppm)	2013 Exceedance Days	2014 Exceedance Days	2011-2013 8-Hour 3-Year Average of 4th Maximum (ppm)	2012-2014 8-Hour 3-Year Average of 4th Maximum (ppm)
Harrison	0.085	0.076	4	2	0.080	0.077
Lawrenceville	0.095	0.071	1	0	0.076	0.073
South Fayette	0.089	0.072	2	0	0.074	0.070

* For comparison to the standards, values are truncated at 1/1000th ppm (e.g., 0.0816 truncates to 0.081 ppm). An exceedance day is one in which any 8-hour period has an average of greater than 0.075 ppm.

Sulfur Dioxide Results

Sulfur dioxide (SO2) 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 SO2 entering Allegheny County from the southwest. The former primary federal standards were 0.14 ppm (24-hour average) and 0.03 ppm (annually); the new 1-hour primary federal standard of 75 parts per billion (ppb) was started in 2010. To attain this standard, the 3-year average of the 99th percentile of the daily maximum 1-hour average at each monitor must not exceed 75 ppb. Maximums and averages for 2014 and 2013 are shown in Table 30: Maximums and averages of 1-hour sulfur dioxide for Allegheny County, 2013 – 2014. [120]

Table 30: Maximums and averages of 1-hour sulfur dioxide for Allegheny County, 2013 - 2014

Site	1-Hour Standard=75 ppb				
	2013 1-Hour Maximum	2014 1-Hour Maximum	2011-2013 99th Percentile	2012-2014 99th Percentile	2014 Exceedances
Liberty	99	122	114	101	14
North Braddock	--	126	--	--	5
Avalon	75	63	40	37	0
Lawrenceville	100	58	26	21	0
South Fayette	55	53	22	20	0

Carbon Monoxide Results

The County operates three carbon monoxide (CO) monitors; two in the Downtown Pittsburgh area. The NCore trace gas analyzer for CO at Lawrenceville started operation in 2010. The federal standards for CO are 35 ppm on an hourly basis and 9 ppm on an 8-hour average basis. The County has not exceeded the 8-hour standard since 1987. [120]

Nitrogen Dioxide Results

Nitrogen oxides are monitored at two sites in the County. Nitrogen dioxide (NO2) is calculated each hour by subtracting nitrogen oxide (NO) from the total nitrogen oxides (NOx) concentration. Starting in 2010, the standard for NO2 is now 0.053 ppm (or 53 parts per billion [ppb]) on an annual average basis. A new 1-hour federal standard of 100 ppb was started in 2010. To attain this standard, the 3-year average of the 98th percentile of the daily maximum 1-hour average at each monitor must not exceed 100 ppb. The 2012 and 2013 maximums and averages are shown in Table 31: NO2 averages, Allegheny County, 2013 – 2014. [120]

Table 31: NO2 averages, Allegheny County 2013 - 2014

Site	Annual Standard=53 ppb		1-Hour Standard=100 ppb			
	2013 Average	2014 Average	2013 1-Hour Maximum	2014 1-Hour Maximum	2011-2013 98th Percentile	2012-2014 98th Percentile
Parkway East	--	13	--	42	--	--
Lawrenceville	10	10	44	41	41	40
Harrison	7	7	75	49	39	37

Lead Results

Lead is analyzed at the laboratory from three total suspended particles (TSP) filter sites in the air pollution monitoring network. The federal standard was 1.5 micrograms per cubic meter ($\mu g/m^3$) on a quarterly average basis; however in 2009, the federal standard has changed to 0.15 $\mu g/m^3$ on a 3-month rolling average basis at local conditions. The 2013 3-month rolling average maximums are shown in Table 32: Allegheny County 3-month rolling average lead maximums and averages, 2012 - 2013, with 2012 3-month rolling average maximums shown in gray. The Avalon monitor was moved to Lawrenceville in the second quarter of 2011.[120]

Table 32: Allegheny County 3-month rolling average lead maximums and averages, 2012 - 2013

Site	3-Month Average Standard=0.15 µg/m³	
	2012 3-Month Average Maximum	2013 3-Month Average Maximum
Natrona	0.041	0.022
Bridgeville	0.022	0.028
Lawrenceville	0.008	0.006

Benzene Results

Major sources of benzene include cigarette smoke, gas stations, auto exhaust, and industrial activities. Benzene is carcinogenic and may affect birth weight by causing oxidative damage in cells and suppressing cell growth (12-14). It has also been associated with decreased intrauterine growth (15). A study of hazardous pollutants and birth outcomes in Allegheny County indicated that benzene was significantly associated with term low birth weight. It also determined that there were greater concentrations of benzene in less affluent areas of the County. Benzene is measured at the Liberty, PA monitor and has been decreasing since 2000. Benzene levels are below the EPA standard (See Table 33: Liberty, PA annual averages and 24-hour maximum, Allegheny County 2012 – 2013).[120]

Table 33: Liberty annual averages and 24-hour maximum, Allegheny County 2012 - 2013

HAP	2012 Average (ppb)	2012 24-Hour Maximum (ppb)	2013 Average (ppb)	2013 24-Hour Maximum (ppb)
Benzene	0.9	12.1	0.2	5.7

Unconventional Natural Gas Wells

As of July 25, 2014, there were 56 initiated or completed unconventional natural gas wells in Allegheny County and 98 permitted sites for future wells [121]. In addition to the 18 air quality monitors permanently installed to track air quality, the Allegheny County Health Department has installed two temporary monitors to track air quality surrounding two sites with a high concentration of natural gas wells; Imperial Point in Findlay Township and Deer Lakes Park in Tarentum (See Figure 53: Permitted and Drilled Wells in Allegheny County [July, 2014]). These air monitors were installed prior to initiation of the natural gas wells and will continue through each well's completion. [121]

In December 2013, ACHD added §2105.110 to Article XXI – Air Pollution Control Rules and Regulations. This Section addition states that ACHD must be given written advance notice of unconventional well activity, which includes: initial well site construction, drilling, hydraulic fracturing, and flaring or venting during well completion. The purpose of these reports is to inform ACHD of new well development in the County and enable Department staff to properly enforce existing air quality regulations.[120]

Figure 53: Permitted and Drilled Wells in Allegheny County (July 2014)

● Initiated or completed wells (56)
● Permitted for wells (98)
■ ACHD permanent air monitors
★ ACHD temporary monitor sites
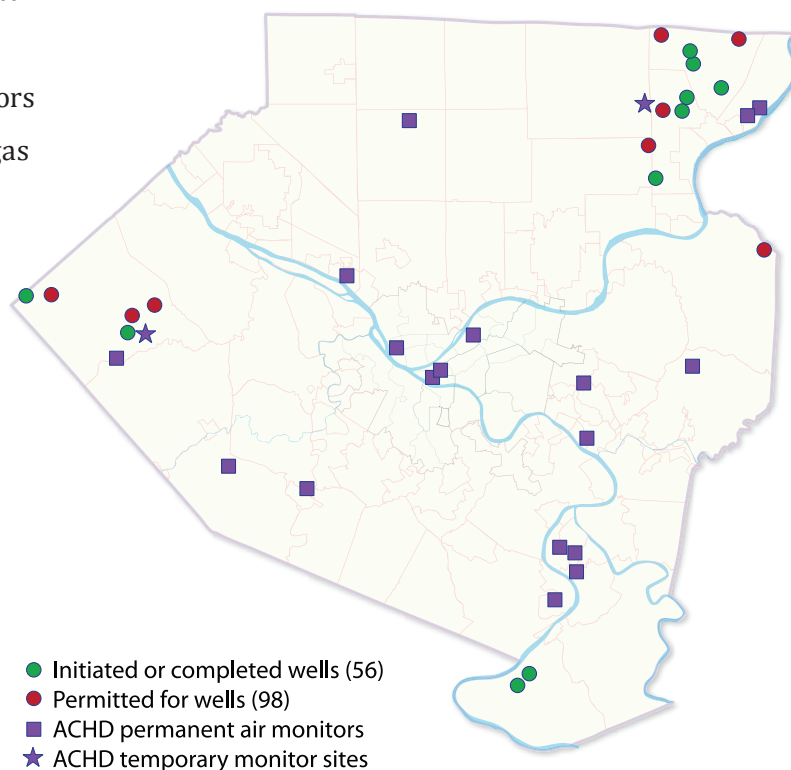
Roadways

Roadways are also a source of air pollution in Allegheny County. Diesel- and gasoline-burning trucks and cars can be sources of PM, and PM concentrations are commonly elevated along major roadways [122]. Higher PM concentrations near major roadways can put susceptible people like children at risk for adverse health effects, since daycares and schools are commonly found near major roadways [122]. In addressing this issue, Allegheny County air pollution monitors have been placed near these major roadways to monitor the effects of high traffic. [120]

WATER QUALITY

Drinking Water/Waste Management

About 90% of all drinking water in Allegheny County is drawn from the Allegheny, Monongahela, and Ohio Rivers. The ACHD's Public Drinking Water Division is responsible for the inspection and oversight of 78 public water systems in Allegheny County, which serves 99% of the County's residents. The County's regulated systems include large water treatment facilities, sewage treatment plants and pump station facilities, small water systems, and water vending machines; all of which are regulated under the PA Safe Drinking Water Act. The Wastewater Pollution Control Section of the Allegheny County Health Department is responsible for the oversight and inspection of all 257 sewage treatment plants, sewage collection systems, and conveyance systems within the County.

River Water Quality

According to the 2014 PA Integrated Water Quality Monitoring and Assessment Report, the water quality of the Monongahela River has improved and is no longer listed as impaired due to sulfate contamination. [123] However, it is still listed as impaired due to polychlorinated biphenyls or PCBs, which can contaminate fish and be harmful to humans, if ingested.

The Ohio River and the lower section of Allegheny River are also listed as impaired, due to PCB contamination. A 2.6-mile section of the upper Allegheny River is also listed as impaired, due to chloride contamination and contamination from total dissolved solids (TDS) from a commercial wastewater treatment company. [123]

Combined Sewer Overflow

Combined sewer systems carry waste to the Allegheny County Sanitary Authority (ALCOSAN) sewage treatment plant during dry weather. Increased rainfall or snowmelt can lead to an increased amount of water entering the ALCOSAN system and its treatment capacity can be exceeded, causing waste- and storm-water overflows into rivers and streams. This combined sewer overflow (CSO) from the sewer system can contain raw sewage, debris, chemicals and bacteria which can pollute local waterways. [124] ALCOSAN warns water recreationalists when there is a threat of CSO during recreational water season, May 1st through October 31st. During an alert, residents are cautioned to minimize water contact on river outings and to avoid contact with stream water. Since CSO-related River Water Advisories were introduced in 1995, 11 alerts on average have been declared yearly. These alerts range in duration from 1 to 45 days, with the average alert lasting about 7 days. The number of CSO alert days per year between 1995 and 2013 is represented in Figure 54:

"Number of Annual Combined Sewer Overflow Days, 1995-2013." The peak number of CSO days was 125 and occurred during the wet summer of 2004. From 2005 to 2013, the average number of CSO alert days per year was 51.7 days. [125]

Figure 54: Number of Annual Combined Sewer Overflow Days, 1995-2013
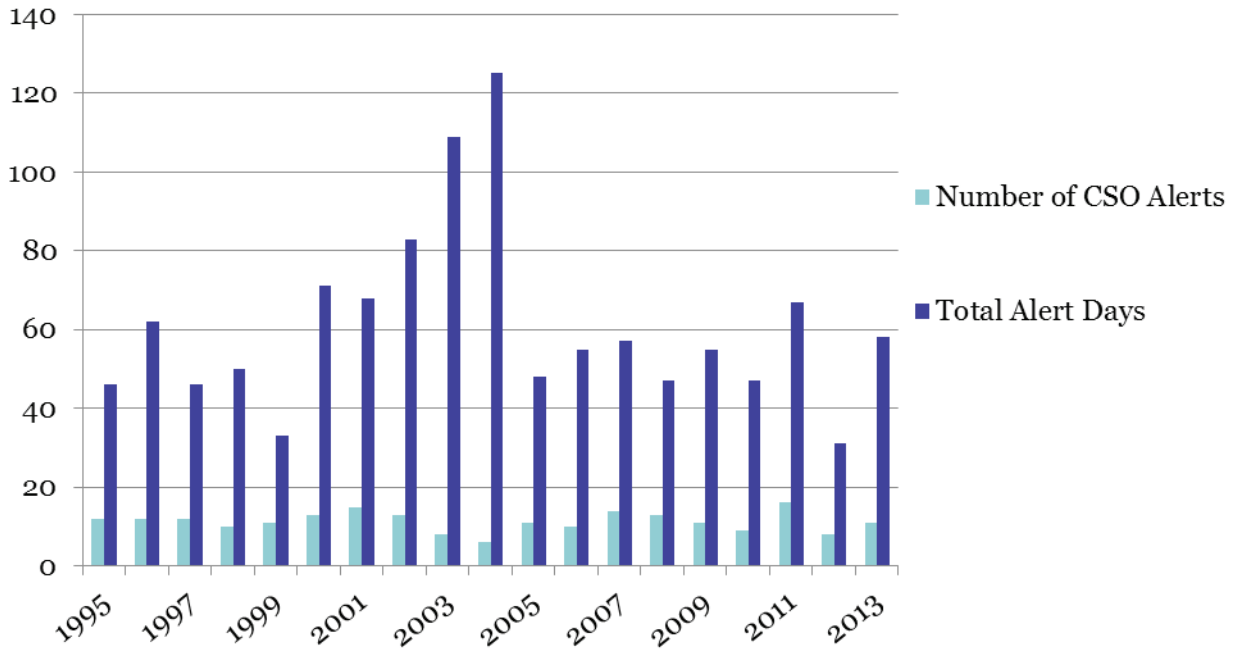
Exposure to Lead

Protecting children from exposure to environmental lead is important to their lifelong good health. No safe blood lead level in children has ever been identified by researchers. Even low levels of lead in blood have been shown to affect a child's Intelligence Quotient, ability to pay attention, and academic achievement. Most importantly, the effects of lead exposure cannot be corrected. Although blood lead levels (BLL) in U.S. children have been dramatically reduced over the past 40 years [126], children with blood lead levels of concern continue to be identified.

The Lead-Based Paint Poisoning Prevention Act legislation was passed in 1971, and by 1978, the use of lead-based paint in residential housing was banned. Regulations phasing out lead in gasoline were implemented in 1973. The elimination of lead from these two sources has resulted in a dramatic reduction in BLLs. Recently the CDC changed the level of concern of 10 micrograms per deciliter of blood (μg/dL) to a reference level of 5 μg/dL. As of 2012, the highest 2.5% of children tested for the CDC National Health and Nutrition Examination Survey (NHANES) for blood lead had a level of 5 or above.[127]

From 2004 to 2013, 483 cases of childhood lead exposure were reported in Allegheny County. A total of 15 reports of adult lead exposure was reported during the same time period. In 2013 alone, there were 14,257 children tested for blood lead within Allegheny County (See Table 34: Distribution of blood levels in tested children, 2013). Of these children, 1,069 (7.5%) had levels above the current reference value (≥5 µg/dl) and 1.5% had lead levels above the level of concern (≥10 µg/dl). The ACHD Housing & Community Environment Division, through its Lead and Healthy Homes Program, performs Lead Risk Assessments in homes of children whose BLL are consistently over 15 µg/dl. Paint, dust, water, and soil are tested for the presence of lead using diagnostic methods (like X-ray Fluorescence tests, dust wipes, water samples, and soil samples). The Lead and Healthy Homes Program is funded through a PA Department of Health grant. If elevated levels are detected on-premises, remediation orders may be issued to the property owners.[120]

Table 34: Distribution of blood levels in tested children, 2013

2013	Frequency	Percent
Missing	111	0.78
Below detection limit	7112	49.88
Detectable but <5 µg/dl	5965	41.84
5-<10 µg/dl	851	5.97
10-<15 µg/dl	137	0.96
>=15 µg/dl	81	0.57
Total tested	14257	

Food Safety

As of February 28, 2015, ACHD's Food Safety Division oversees a total of 8,203 food facilities. During 2014, the Food Safety program monitored 7,371 facilities, at which 10,814 inspections were conducted. A total of 2,061 complaints or requests for service were received in 2014, and included 38 emergencies as well as 335 allegations of illness. This activity represents an increase in illness allegations since 2013, which had only 230 complaints. Table 35:" Number and Types of Enforcements Enacted as a Result of Inspections and Complaints within Allegheny County, 2014" presents the number and types of enforcements resulting from complaints and inspections in 2014 to February 2015.[120]

Table 35: Number and Types of Enforcements Enacted as a Result of Inspections and Complaints within Allegheny County, 2014

Enforcements	2014 Total
Consumer Alert postings	12
Permit Suspension/Closures	19
Civil Penalties Issued	16
Criminal Complaints	9
Administrative Hearings	0
TOTAL	56

COMMUNITY HEALTH MEETINGS

As part of the community health assessment, ACHD and its Advisory Coalition conducted 14 community health meetings, one in each of 13 County Districts and one for the Latino population. Their "Our Health, Our Voice" effort was aimed at gaining insight into health issues within Allegheny County directly from its residents. The three objectives of each community meeting were: (1) To promote ACHD's mission, vision, and services; (2) present current data on health concerns and risks; and (3) garner feedback from residents about health concerns and barriers within their community.

ACHD worked with the Advisory Coalition to plan, schedule, and publicize the meetings to county residents. County and City Councilmen and Councilwomen, as well as state legislators, were encouraged to attend and extend the invitation to their constituents. School districts, municipalities, and many community-based organizations were also invited to participate in the community meetings. Efforts to inform the public of the meetings included news releases and promotion deliverables produced by the ACHD's Public Health Information Office; social networking announcements through the County Communications Office; grassroots initiatives such as posting community flyers; and ACHD staff personally speaking with community residents and business owners.

Community meetings were held in central areas of the County's 13 Districts, from September through December 2014: Beginning on the North Side (City of Pittsburgh), and moving to District areas like Shaler, Whitehall, East Liberty (City of Pittsburgh), Homestead, Turtle Creek, Kennedy Township, McKeesport, Richland, Mt. Lebanon, Penn Hills, Moon, Beechview (City of Pittsburgh), and the Graduate School of Public Health (University of Pittsburgh). During the planning process, suitable venues were considered after identifying both rural and urban locations on public transportation routes. While selecting the 14 community meeting venues, communities that had been considered underserved were prioritized.

The ACHD executive-level leadership team was present at all meetings to engage in dialogue and answer questions from community members. ACHD Director Dr. Karen Hacker opened each meeting with a brief introduction to the Department, followed by a data presentation on the county's health statistics by Chief Epidemiologist and Deputy Director, Dr. LuAnn Brink, and a discussion of public concerns facilitated by Deputy Director Dr. Roderick Harris.

Table 36: "Attendance at Community Health Meetings by District, 2014," presents the number of people in attendance at each of the 14 Community Health meetings, excluding Allegheny County Health Department staff members serving in official capacities. On average, each meeting was attended by 34 community members.

Table 36: Attendance at Community Health Meetings by District, 2014

	Number of People in Attendance
Total Attendance	484
District 1	25
District 2	17
District 3	32
District 4	23
District 5	31
District 6	31
District 7	25
District 8	31
District 9	39
District 10	62
District 11	50
District 12	24
District 13	55
Latino Community	39

One of the primary goals of the community health meetings was to collect information pertaining to health issues in each District and neighborhood. Following the data presentation, a facilitated discussion was conducted at each of the meetings in order to solicit feedback from community members. The discussion included the following three questions: (1) "What health factors are important to you and your community and why?" (2) "What do you see as major barriers to health in your community?" and (3) "What services or rules/regulations would make the greatest improvement in your health?"

For the growing Latino Community's Health meeting at the Pitt Graduate School of Public Health, a translator was used to facilitate the discussion between community members and Allegheny County Health Department staff. At all meetings, each community's input was collected on flip-charts and participants were also asked to respond in writing on the proceedings during the closing evaluation. These data were transcribed and entered into a database for qualitative analysis. From this analysis, approximately one hundred health concerns were identified.

The list of concerns was then categorized into 50 areas by a team of three coders to ensure inter-rater reliability and presented to the planning committee of the Advisory Coalition. With their help, categories were further consolidated into 20 themes. These themes were used as bases to make informed decisions for the Community Health Improvement Plan or CHIP. (The facilitated discussions and submitted comments resulting in the 50 themes are presented in Table 37: Themes identified by Allegheny County residents during the 14 Community Health Meetings.)

Table 37: Themes identified by Allegheny County residents during the 14 Community Health Meetings

• Access to Healthcare	• Disability	• Language & Translation Services
• Access to Insurance	• Drug & Alcohol Use	• Maternal and Child Health
• ACHD Data Collection	• Early Intervention	• Men's Health
• ACHD Collaborations/ Partnerships	• Education	• Mental Health
• ACHD Locations	• Emergency Medical Services (EMS)	• Non-Active Transportation
• ACHD Community Engagement	• Emergency Preparedness	• Nutrition
• Active Transportation	• Fracking	• Obesity (possibly chronic disease related behaviors)
• Affordable Childcare	• Garbage	• Occupational Health
• Aging Infrastructure	• Green Space	• Parenting
• Air Quality	• Health Education/Health Literacy	• Physical Inactivity
• Bed Bugs	• Healthy Aging	• Poverty
• Cancer	• Health Promotion/ Prevention	• Racial Disparities
• Chronic Disease	• Homicide/Violence	• Smoking
• Clean Energy/ Sustainability	• Housing	• Social Supports
• Climate Change	• Immigrant Health	• Teen Sexuality
• Cultural Competency	• Industrial Pollutants	• Water Quality
• Deer Population/Lyme Disease	• Infant Mortality	• Youth Health
• Dental	• Infectious Disease	

RESULTS FROM THE HEALTH INDICATORS SURVEY

In June 2014, The Allegheny County Health Department conducted an online survey of Allegheny County residents in an effort to identify the top health concerns within their communities as part of our Community Health Assessment. A total of 1,081 residents completed the survey with 126 zip codes represented (Table 38: Zip code representation of respondents to the Allegheny County Health Indicators Survey). Allegheny County residents were asked to identify their top 10 health concerns and rank them according to importance from a list of 44 health indicators. Overall rankings were determined using a scoring system that weighted responses according to the ranks assigned to each health indicator by respondents. Each response identifying the indicator as the number one health concern was multiplied by 10, each response indicated as the second most important health concern was multiplied by 9, and so forth, with the indicator ranked as the tenth most important health concern having a weighted score of 1.

The sums of these scores were then used to calculate an overall ranking for each indictor. A complete list of the rankings of all indicators is presented in Table 39: "Health indicator rankings identified by Allegheny County residents." The top ten concerns identified were air quality, access to mental health providers, access to health care providers, poverty, abuse of alcohol or drugs, education, obesity, availability of healthy food, health insurance, and river water/recreational water quality. Survey respondents were also able to write-in any additional health concerns. There were 383 write-in comments, which represented seven health-related areas. The most frequently submitted write-in concerns are reported in Table 40: "Responses to open-ended "other" category."

Table 38: Zip code representation of respondents to the Allegheny County Health Indicators Survey

Zip Code[1]	Number of Respondents	Percentage of Respondents
15217	77	7.1%
15206	62	5.7%
15221	49	4.5%
15202	47	4.3%
15212	36	3.3%
15224	35	3.2%
15237	34	3.1%
15203	29	2.7%
15218	29	2.7%
15132	26	2.4%
15235	24	2.2%
15232	23	2.1%
15222	23	2.1%
15213	23	2.1%
15210	23	2.1%
15219	22	2.0%

[1] There was a total of 11 respondents with a missing or unknown zip code.

Table 39: Health indicator rankings identified by Allegheny County residents

Ranking	Health Indicator	Ranking	Health Indicator
1	Air pollution	23	Children in protective services
2	Access to mental health providers	24	Cancer screening
3	Access to health care providers	25	Infectious disease
4	Poverty	26	Infections acquired in health care facilities
5	Abuse of alcohol or drugs	27	Overdose deaths
6	Education	28	Preventable hospitalizations
7	Obesity	29	High blood pressure
8	Availability of healthy food	30	Unoccupied properties
9	Health insurance	31	Infant mortality
10	River water / recreational water quality	32	Teen births
11	Unemployment	33	Shorter than typical life expectancy
12	Cancer	34	Prenatal care in the first trimester
13	Smoking	35	Traffic-related injuries
14	Homelessness	36	Sexually transmitted disease (STD)
15	Violent crime rates	37	Oral health
16	Physical inactivity	38	High cholesterol
17	Food safety	39	Childhood lead poisoning
18	Diabetes	40	Low birth weight babies
19	Antibiotic resistance	41	Occupational illness or injury
20	Childhood immunizations	42	Injuries due to falls
21	Regular preventive care/ physical exams	43	Seat belt use
22	Asthma	44	Self-rated health status

Table 40: Responses to open-ended "other" category

"Other" concerns in order based on frequency of response:
Fracking and its contributions to air and water quality
Access to nutritious food
Access to physical and mental health services
Industrial sources of pollution
Public transportation
Climate Change
Suicide

COMMUNITY ASSETS

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; universities including Carnegie Mellon and the University of Pittsburgh; outstanding medical centers; and 13,700 acres of county and city parks.

Culture

Arts

Allegheny County is home to numerous art and cultural resources, all of which improve residents' quality of life, and positively impact the area's economy. In national comparisons of art industries, Allegheny County was ranked 7th for total spending and jobs generated. In 2010, direct expenditures relating to arts and culture organizations and their audiences amounted to $686 million, generating $410 million in household income, $74 million in tax revenues, and 20,550 full-time equivalent jobs.[128] The Pittsburgh region boasts an estimated 316 art and cultural establishments , according to a 2012 assessment.[129] This total includes 27 theaters, 4 dance companies, 27 musical groups and artists, 5 "other" performing arts, 37 museums, 12 historical sites, 7 zoos or botanical gardens, 9 nature parks, 108 fine arts schools, 64 independent artists, writers and performers, and 16 art dealers. The arts revenue per capita was $127.27 and included revenue from government, donations, and ticket sales[129], according to the Arts, Culture, & Economic Prosperity Report.[128]

Although arts and culture can be found throughout Allegheny County and its surrounding regions, the Cultural District in downtown Pittsburgh is the cultural hub of the area. The Cultural District encompasses 14 square blocks of Penn and Liberty Avenues and is home to numerous cultural venues and restaurants. The Benedum Center for the Performing Arts, a 2,800-seat theater, is a focal point of the Cultural District and presents shows from the PNC Corporation's Broadway Across America, Pittsburgh Dance Council, Pittsburgh International Children's Theater, Cohen and Grigsby Trust Presents, First Night Pittsburgh, as well as resident companies such as the Pittsburgh Civic Light Opera (CLO), Pittsburgh Ballet Theatre, and the Pittsburgh Opera. [130] Also located in the Cultural District, Heinz Hall houses the acclaimed Pittsburgh Symphony Orchestra. Both theaters are nationally recognized for their historic architecture.

The O'Reilly Theater is a modern theater that is home to the Pittsburgh Public Theater, which was established in 1975 and presents classic and modern productions, while producing new work. Other notable venues in the Cultural District include the August Wilson Center, Byham Theater, and Cabaret at Theater Square. Also located in the Cultural District is the Agnes R. Katz Plaza, which is a collaboration between

artist Louise Bourgeois, landscape architect Daniel Urban Kiley, architect Michael Graves, and The Pittsburgh Cultural Trust. The plaza provides a space for residents and is utilized for outdoor performances. Also located within the Cultural District is the Harris Theater, which exhibits art films programmed by Pittsburgh Filmmakers and the August Wilson Center for African American Culture, a home to multiple exhibition galleries, a theater, and an education center. The Pittsburgh Cultural Trust Galleries are free and open to the public and provide varying curatorial perspectives.[130]

Music

This region's spectrum of musical offerings ranges from rap to classical genres. Homegrown rappers like Wiz Khalifa and Mac Miller can claim their musical roots in our city of Pittsburgh. The Pittsburgh Opera, founded in 1939 as the Pittsburgh Opera Society, is the eighth oldest company in the U.S. In addition to opera productions, enrichment programs are offered to the community with more than 20,000 students, families, and educators participating in annual events.

 Another staple in the music community is the Pittsburgh Symphony Orchestra, established in 1895. The Pittsburgh Symphony Orchestra plays at Heinz Hall in the Cultural District in downtown Pittsburgh and has a long history of both international and domestic tours. To date, the orchestra has taken more than 35 international tours and was the first American orchestra to perform at the Vatican for the late Pope John Paul II, in January 2004. Musical theatre came to the area in the mid-1940s with the birth of the Pittsburgh CLO. With an annual budget of close to $10 million, the CLO performs musical theatre classics with an annual patronage of over 200,000 people each year.

Sports

Allegheny County is home to four major league sports teams– Pittsburgh Penguins, Pittsburgh Pirates, Pittsburgh Passion, and Pittsburgh Steelers. Often referred to as the "The City of Champions," Pittsburgh has 16 professional sports titles – Pirates (1909, 1925, 1960, 1971, 1979), Penguins (1991, 1992, 2009), Passion (2007-NWFA, 2014-IWDL), and Steelers (1974, 1975, 1978, 1979, 2005, 2008). Four additional semi-professional teams play in the area and include: Pittsburgh Riverhounds (men's soccer), Pittsburgh Force (women's football), Pittsburgh Power (arena football), and Steel City Yellow Jackets (men's basketball).

Libraries

During the early 1990s, many of the county's libraries were on the verge of becoming obsolete. In an effort to avoid closing many of the region's libraries, the Allegheny County Library Association (ACLA) was

formed to create a county-wide cooperative network to keep our libraries open. Two- and- a- half decades later, ACLA, a federated library system, strives to *provide and promote the highest quality of public library service possible for all residents of Allegheny County through collaboration, cooperation, and coordination.* This collaboration provides collective leadership, ethical stewardship of resources, and the free and open exchange of information. ACLA also operates a mobile library to provide and expand the rich library resources available in the county.

Allegheny County is home to 73 libraries; 17 are part of the main Carnegie Library of Pittsburgh system and 55 are independent. Over four million catalogued items including books, magazines, music, educational and entertainment DVDs are offered free of charge. Libraries also offer reference services, access to computers and the Internet, research databases and e-resources, and special programming for people of all ages. In 2013, more than 1.1 million hours were logged on the 1,260 library computers, over 1.48 million library items were borrowed using the web-based catalogue, over 10 million books in circulation were distributed, more than 8 million library visits were made by county residents, and 800,000 residents accessed additional library services or events.[131]

Foundations

Successful, pioneering businessmen from Pittsburgh such as H.J. Heinz, Henry Buhl, and Henry Clay Frick endowed large philanthropic foundations that continue to sustain charitable organizations throughout Allegheny County today. According to Charity Navigator, there are over 1,400 registered foundations in the area with combined estimated assets of over $10 billion. In 2014, Pittsburgh was named the 5th most charitable city in the U.S.[132] Although they vary in size, these foundations are credited for assisting in the 21st century rebirth of the region. Traditionally, these resources have been allocated to education, social service organizations, and sustainability work. Recently, local foundations have aligned their planned giving with public sector initiatives that reach a broader segment of the local community.

Nonprofit Organizations

Nonprofit organizations have been instrumental in the recent revitalization of Allegheny County. These organizations help connect residents to community resources and promote social cohesion and collaboration. According to the U.S. Bureau of Labor Statistics, 780,000 Pennsylvanians (and 11.4 million Americans) worked in the nonprofit sector in 2012.[133] The nonprofit sector became the third largest industry – behind retail trade and manufacturing – and accounted for more 10 percent of all jobs outside of the public sector, nationwide, in 2012. In Allegheny County, the nonprofit sector intersects with education, human services,

mental health, youth programming, adult programming, disabled populations, severe and chronic health conditions, the delivery care system, academia, medicine, and many more disciplines. In 2004, 148,104 residents of the Pittsburgh region were employed in the nonprofit sector, which accounted for 13.9% of the employed population.[134]

A University of Pittsburgh report titled, "The Nonprofit Sector: An Economic and Community Asset", asserts that there were 3,187 nonprofit organizations in the Pittsburgh metropolitan service area (MSA) region, which includes Allegheny County and nine other neighboring counties (11.1 nonprofits for every 10,000 residents). The majority of nonprofits are in Allegheny County. Most of these organizations are small: 55% (1,751 organizations) have total expenses of less than $25,000 per year and two-thirds have expenses less than $100,000 per year. However, when including larger nonprofit organizations in the region, average expenses reported were $463,000 per year. In 2006, the Pittsburgh region was home to 518 (16.3%) educational, 391 (12.3%) human services, 342 (10.7) health, 290 (9.1%) arts/culture/humanities, 265 (8.3%) recreation/ sports, 234 (7.3%) philanthropy/volunteerism/grant making, 161 (5.1%) housing/shelter, 161 (5.1%) community improvement/capacity building, and 135 (4.2%) religion-related,/spiritual development nonprofit organizations.[135]

Parks and Trails

Community environments can affect the public's health positively and negatively. Access to public parks is an important aspect of a healthy community. Access to parks can increase physical activity and prevent obesity. [136] Limited access to local parks and green spaces has been associated with decreased physical activity and higher rates of chronic diseases like heart disease [136]. A map of Allegheny County park locations as of 2014 is presented in Figure 55: "Map of Allegheny County Park Locations, 2014." Allegheny County has two state parks, Point State Park and Allegheny Islands State Park, as well as nine county-owned parks, Boyce Park, North Park, Hartwood Acres, White Oak Park, Deer Lakes Park, Settlers Cabin, Round Hill, South Park, and Harrison Hills, that account for over 12,000 acres of land. [137] The Pittsburgh Parks Conservancy also stewards four regional parks in cooperation with the City of Pittsburgh: Schenley Park, Highland Park, Frick Park and Riverview Park. [138] These four parks cover more than 1,700 acres of city land.

Figure 55: Map of Allegheny County Park Locations, 2014
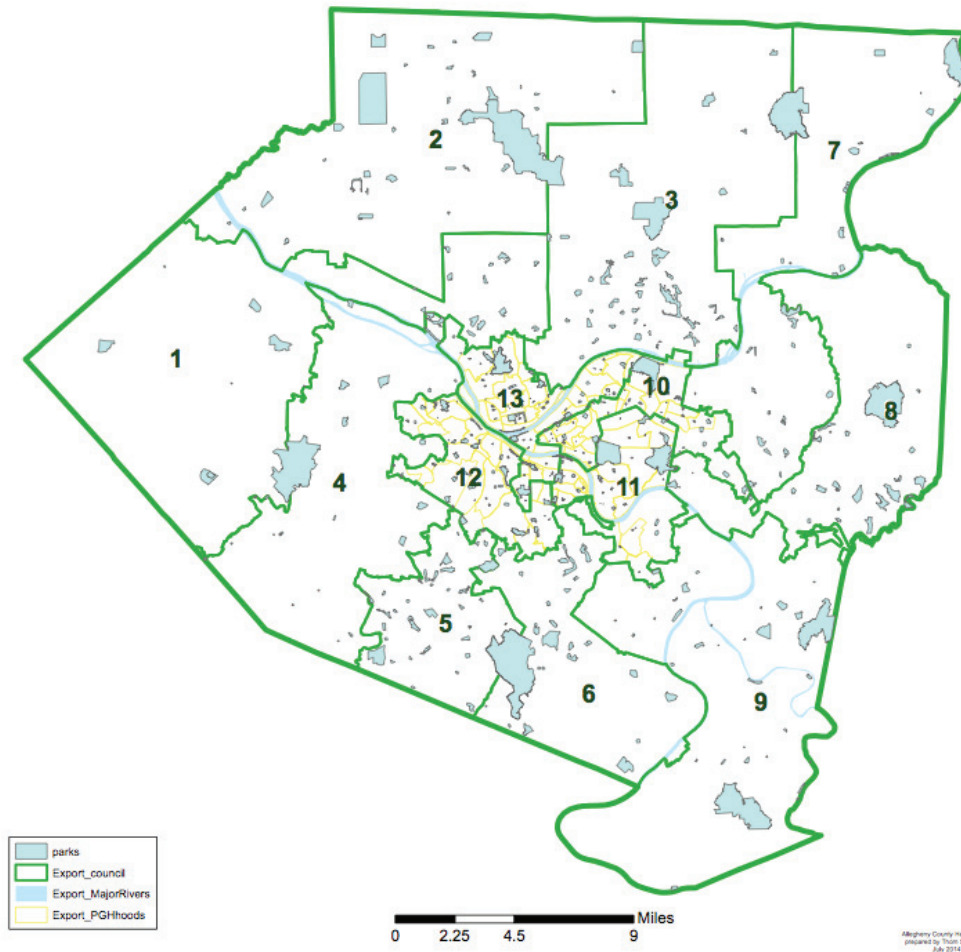
Allegheny County has a vast network of walking/running and biking trails. In the 1960s, an idea to convert abandoned or unused railroads into public trails emerged. This initiative became known as the "Rails-to-Trails" project and has helped transform much of the Midwest and Mid-Atlantic regions into more ecologically friendly areas. Within 30 years, over 21,000 miles of rails-to-trails have served tens of millions of people annually. This movement has increased active transportation, as residents use these trails for both commuting and recreation. To date, hundreds of trails wind through and connect the urban core and rural areas of the County.

Rivers

The importance of the region's three rivers – the Allegheny, Monongahela, and Ohio – has long been recognized. During the 18th century, both France and Great Britain competed with each other for control of these vital waterways by building Fort Duquesne and, and later, Fort Pitt at the confluence of the Allegheny and Monongahela. This confluence of rivers is now peacefully enjoyed by Allegheny County residents while visiting the 36 acres of Point State Park. The three rivers not only provide a backdrop to Point State Park or serve as a

reminder of the colonial past of the County, they still play an important role in its economy and in recreation. According to the U.S. Army Corps of Engineers, the Port of Pittsburgh is the seventeenth busiest port, in terms of total tons transported, in the U.S. This tonnage total is larger than the ports of coastal cities such as Savannah, Georgia or Newport News, Virginia.

Residents of Allegheny County are also able to enjoy their rivers while taking scenic tours on the Gateway Clipper Fleet or on amphibious vehicles with "Just Ducky" Tours. For those preferring a closer experience to the water, kayak rentals and rowing associations are also available. Annual events held on the rivers, such as the Head of the Ohio Regatta and the EQT Pittsburgh Three Rivers Regatta are also a draw for tourism to Allegheny County. The Head of the Ohio is one of the largest one-day rowing regattas in the U.S., and the Three Rivers Regatta draws more than one million visitors for its power-boat racing and other aquatic events.

Academic Community

In 2013, close to 20% of people over the age of 25 in the Pittsburgh region have at least a bachelor's degree, 12.5% have a graduate or professional degree, and 25% have attended some college or have an associate's degree.[139] 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. In total, 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 to the region in excess of $2 billion.[140]

As the county's community college, CCAC provides affordable and accessible quality education to the region's diverse 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.[141]

Medical Community

Nearly 20 percent of Pittsburgh-area private-sector workers are employed today in health care. Many of these workers are employed by the two largest hospital networks in Allegheny County; the University

of Pittsburgh Medical Center (UMPC) 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. UPMC has expanded its footprint into several foreign countries. In addition to clinical facilities such as hospitals and outpatient offices, the health insurance industry has a strong presence in Allegheny County. With these two major medical networks, health care professionals at the top of their fields are attracted to this region, leading to the highest quality health care and innovative medical research.

Local Government

Allegheny County has 19 departments and employs over 6,000 of its people. These departments include: Administrative Services, Budget & Finance, County Police, Court Records, Economic Development, Emergency Services, Facilities Management, Health Department, Human Resources, Human Services, Jail, Kane Regional Centers, Law, Medical Examiner, Minority Women and Disadvantaged Business Enterprise (MWDBE), Parks, Public Works, Public Defender, and Shuman Center. 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 its residents. ACHD   fulfills the three core functions of public health: assessment, assurance and policy development. Examples of the ACHD programs that will address the issues identified in the Community Assessment are:

- **Air Quality** which is responsible for regulating air pollutants within Allegheny County, enforcing federal pollution standards, and permitting industrial sources of air pollution.

- **Food Safety** conducts comprehensive surveillance, monitoring and complaint investigation for approximately 9,000 food facilities.

- **Maternal & Child Health** programs include home visiting for new mothers and the Women Infants and Children (WIC) program, which assists clients with nutrition counseling, breastfeeding support, health care referrals, and supplemental food vouchers for healthy foods.

- **Sexually Transmitted Diseases (STD)** works to reduce HIV, syphilis and other sexually transmitted infections by providing testing and treatment and promoting health.

- **Live Well Allegheny** which is the premiere countywide health and wellness campaign to encourage physical activity and healthy nutrition and decrease tobacco smoking.

- **Public Health Laboratory** receives specimens and samples and provides analytical reports to other ACHD programs about microbiological and virology test results.

Along with its partners in traditional and non-traditional health fields, ACHD will endeavor to address the many health issues identified in this assessment to improve the lives of its 1.2 million residents. A brief listing of key County partners follows:

Allegheny County Department of 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, after-care, and operates an extensive information exchange. Furthermore, DHS delivers services for older adults: mental health and drug and alcohol services (including 24-hour crisis counseling), child protective services, at-risk child development and education, 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)

Allegheny County Parks Department

The Allegheny County Parks Department monitors the 12,000 acres of County-owned parkland. The regional park system consists of nine parks, ranging from approximately 500 acres to 3,000 acres in size, which encircle the City of Pittsburgh at approximately a 15-mile radius. 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 in a fairly urban county.

Allegheny County Economic Development (ACED)

As the lead economic and residential development agency for Allegheny County, 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 strengthen its residential neighborhoods.

- **Municipal** improves the quality of life for County residents by helping municipalities upgrade their infrastructure and recreational amenities.

- **Operations** manages and monitors 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 own 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.

Allegheny County Housing Authority (ACHA)

The Allegheny County Housing Authority (ACHA) provides decent, safe and sanitary housing for eligible low-income families and senior citizens in Allegheny County. ACHA uses innovative designs to change the traditional face of public housing, and implements various programs that enable families to progress on the road to self-sufficiency. ACHA offers attractive, affordable housing for low and moderate-income families at only 30% of a qualified resident's monthly income for an apartment or townhouse. The Authority provides the following services: utilities (gas, electric, water), appliances (range and refrigerator), laundry facilities (washer and dryer hookups, or on-site coin-operated laundries), and regular and emergency maintenance.

In October 2014, ACHA designated five of its sites totaling 330 units as smoke-free. The five smoke-free Allegheny County Housing Authority sites are: Andrew Carnegie Apartments, 514 Lydia Street, Carnegie (19 units); G. W. Carver Hall, 565 Reed Street, Clairton (76 units); John Fraser Hall, 500 Hunter Street, Turtle Creek (68 units); Ohioview Tower, 250 Jefferson Drive, McKees Rocks (60 units); and West Mifflin Manor, 2400 Sharp Avenue, West Mifflin (107 units).

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APPENDICES

Appendix 1: Allegheny County Council District Maps
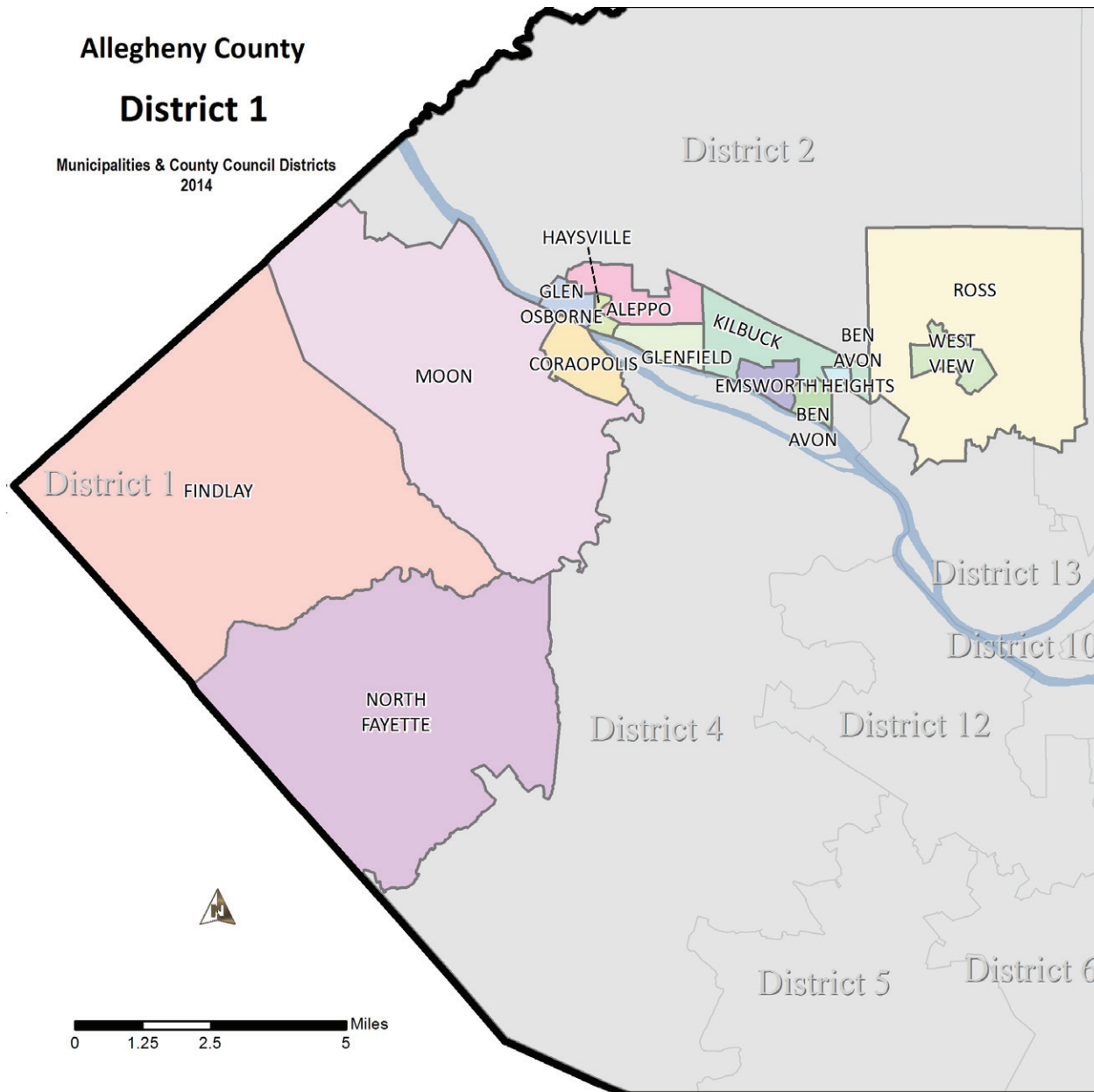
Allegheny County

District 2

Municipalities & County Council Districts
2014

2015 COMMUNITY HEALTH ASSESSMENT
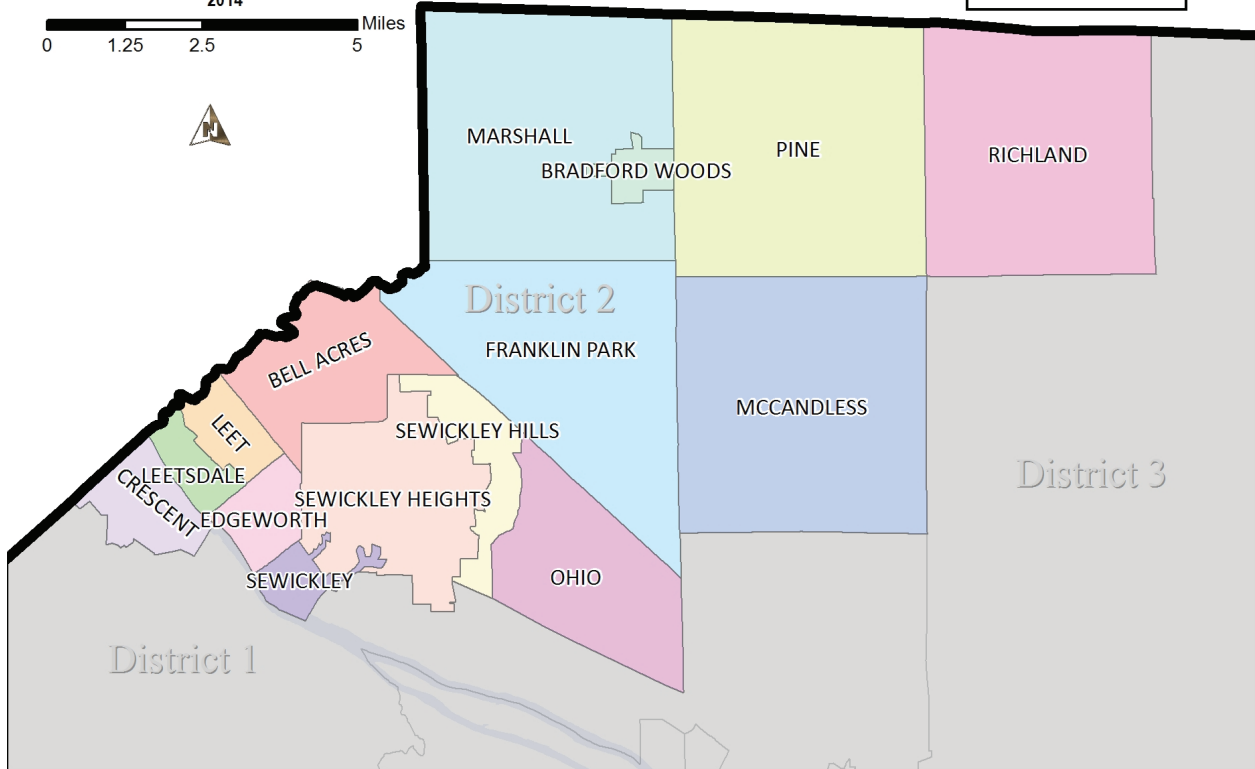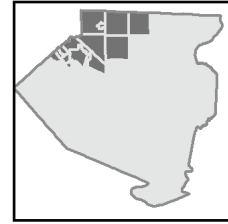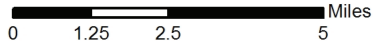
Allegheny County

District 3

Municipalities & County Council Districts
2014

Miles

0   1.25   2.5   5

N

District 2

WEST DEER

District 7

HAMPTON

District 3

INDIANA

District 1

SHALER

FOX CHAPEL

O'HARA

ETNA

O'HARA

ASPINWALL

District 8

RESERVE

SHARPSBURG

MILLVALE

District 13

Allegheny County
District 4

Municipalities & County Council Districts
2014

Allegheny County

District 5

Municipalities & County Council Districts 2014

Allegheny County

District 6

Municipalities & County Council Districts
2014

Miles
0   1.25   2.5   5

Allegheny County

District 7

Municipalities & County Council Districts
2014

Allegheny County

District 8

Municipalities & County Council Districts
2014

Allegheny County

District 9

Municipalities & County Council Districts
2014

Allegheny County
Districts 10, 11, 12, 13
Municipalities & County Council Districts
2014

Appendix 2: Age and Race Demographics for Total Allegheny County Population by Municipality, 2010

As a whole, Allegheny County's total population is 1,223,348. Of this, 19.8% are less than 18 years old, 16.8% are older than 65 years, 81.5% are White, 13.2% are Black, 5.2% are an Other race, and 1.6% are of Hispanic ethnicity. Below are population, age and race demographics for each of Allegheny County's 13 Council Districts by municipality and neighborhood.

District 1

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Aleppo	1,916	9.8%	54.9%	96.9%	1.5%	1.7%	0.7%
Ben Avon	1,781	24.6%	12.3%	93.7%	3.6%	2.6%	1.1%
Ben Avon Heights	371	29.1%	12.9%	97.8%	0.3%	1.9%	0.8%
Coraopolis	5,677	19.0%	18.5%	83.1%	12.0%	4.9%	1.8%
Emsworth	2,449	20.7%	13.0%	91.8%	4.4%	3.8%	1.0%
Findlay	5,060	22.5%	12.8%	96.1%	1.9%	2.0%	0.8%
Glen Osborne	547	26.9%	17.9%	95.6%	1.6%	0.1%	0.1%
Glenfield	205	18.5%	15.1%	94.6%	-	5.4%	0.5%
Haysville	70	12.9%	24.3%	94.3%	-	5.7%	2.9%
Kilbucks	697	22.0%	19.8%	97.8%	0.7%	14.3%	5.7%
Moon	24,185	21.4%	12.9%	89.8%	4.5%	5.7%	2.0%
North Fayette	13,934	23.6%	9.9%	92.9%	2.8%	4.3%	1.4%
Ross	31,105	17.5%	20.8%	94.0%	2.1%	3.9%	1.1%
West View	6,771	21.6%	13.8%	96.0%	1.7%	2.3%	1.0%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 2

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Bell Acres	1,388	23.7%	15.1%	94.2%	2.7%	3.2%	1.3%
Bradford Woods	1,171	21.4%	19.3%	97.4%	0.6%	2.0%	0.5%
Crescent	2,640	21.5%	17.9%	94.8%	2.2%	3.1%	1.4%
Edgeworth	1,680	31.9%	16.4%	97.1%	1.0%	1.8%	1.6%
Franklin Park	13,470	29.3%	10.8%	86.8%	1.2%	11.9%	1.5%
Leet	1,634	27.4%	14.2%	91.6%	3.5%	4.9%	2.1%
Leetsdale	1,218	21.1%	18.0%	86.0%	7.6%	6.3%	2.3%
Marshall	6,915	29.8%	9.5%	90.4%	1.2%	8.3%	2.2%
McCandless	28,457	20.8%	17.7%	91.9%	1.7%	6.5%	1.1%
Ohio	4,757	25.0%	9.0%	93.8%	1.8%	4.4%	1.7%
Pine	11,497	32.1%	7.4%	93.1%	1.2%	5.7%	1.9%
Richland	11,100	26.0%	15.5%	96.7%	.5%	2.8%	1.1%
Sewickley	3,827	23.7%	18.4%	88.8%	7.3%	3.8%	1.8%
Sewickley Heights	810	25.2%	17.5%	97.2%	0.6%	2.2%	1.6%
Sewickley Hills	639	21.8%	16.3%	95.5%	2.3%	2.2%	1.9%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 3

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Aspinwall	2,801	20.8%	14.4%	91.7%	1.4%	6.9%	1.9%
Etna	3,451	20.2%	12.9%	95.7%	1.3%	2.9%	1.9%
Fox Chapel	5,388	27.5%	17.5%	91.9%	.9%	7.3%	1.4%
Hampton	18,363	24.1%	16.4%	96.0%	.9%	3.1%	.8%
Indiana	7,253	24.5%	16.0%	91.6%	1.4%	7.1%	1.6%
Millvale	3,744	20.9%	14.1%	93.1%	3.8%	3.0%	1.4%
O'Hara	8,407	22.6%	20.5%	93.1%	.6%	6.2%	1.5%
Reserve	3,333	16.6%	19.9%	97.7%	1.1%	1.2%	.4%
Shaler	28,757	19.6%	19.3%	97.4%	.7%	1.9%	.8%
Sharpsburg	3,446	20.7%	16.8%	86.9%	6.7%	6.4%	-
West Deer	11,771	21.0%	17.9%	98.3%	.5%	1.2%	.8%

The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 4

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Avalon	4,705	15.5%	20.6%	87.5%	8.7%	3.8%	1.2%
Carnegie	7,972	17.9%	16.5%	87.7%	7.4%	5.0%	1.6%
Collier	7,080	18.8%	20.2%	94.3%	1.3%	4.4%	1.0%
Crafton	5,951	19.0%	14.1%	91.7%	4.6%	3.6%	1.4%
Heidelberg	1,244	17.9%	17.2%	95.9%	2.3%	1.8%	1.5%
Kennedy	7,672	17.8%	21.6%	96.9%	1.3%	1.8%	.6%
McDonald	383	20.1%	21.4%	96.0%	3.1%	.8%	1.6%
McKees Rocks	6,104	23.5%	14.4%	63.8%	30.8%	5.4%	1.7%
Neville	1,084	15.1%	20.6%	88.4%	3.3%	8.3%	6.5%
Oakdale	1,459	17.3%	18.9%	96.7%	1.6%	1.7%	.7%
Pennsbury Village	661	6.0%	11.6%	97.0%	1.5%	1.5%	1.2%
Robinson	13,354	19.5%	14.1%	91.2%	3.3%	5.3%	1.5%
Scott	17,024	17.7%	22.7%	85.6%	1.9%	12.5%	.9%
South Fayette	14,416	24.5%	15.8%	91.7%	2.2%	6.0%	1.0%
Stowe	6,362	22.2%	16.7%	77.9%	17.5%	4.5%	1.4%
Thornburg	455	20.0%	18.7%	98.0%	-	2.0%	1.1%

The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 5

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Bethel Park	32,313	20.7%	20.1%	96.1%	1.3%	2.6%	1.9%
Bridgeville	5,148	18.3%	23.3%	92.2%	4.2%	3.6%	5.8%
Mount Lebanon	33,137	23.5%	18.9%	93.6%	1.1%	5.3%	2.9%
Upper St. Clair	19,229	27.8%	16.1%	92.1%	.8%	7.1%	1.8%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 6

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Baldwin Borough	19,767	19.2%	20.1%	91.6%	5.3%	3.0%	1.1%
Baldwin Township	1,992	19.0%	17.9%	96.5%	0.2%	3.2%	0.5%
Brentwood	9,643	20.1%	14.1%	95.2%	2.0%	2.8%	1.8%
Castle Shannon	8,316	17.5%	17.5%	93.9%	2.0%	4.1%	1.1%
Clairton	6,796	20.7%	18.1%	58.5%	37.6%	3.9%	1.6%
Elizabeth Borough	1,493	23.2%	15.1%	92.0%	4.9%	3.1%	1.3%
Jefferson Hills	10,619	20.8%	16.6%	95.9%	1.8%	2.3%	0.9%
Pleasant Hills	8,268	19.4%	22.5%	94.8%	2.7%	2.5%	1.0%
South Park	13,416	22.4%	13.9%	94.9%	2.8%	2.2%	0.8%
West Elizabeth	518	23.0%	15.4%	96.7%	2.9%	0.4%	-
Whitehall	13,944	18.4%	23.8%	91.1%	3.7%	5.2%	0.9%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 7

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Blawnox	1,432	14.2%	21.5%	92.9%	1.9%	1.3%	0.8%
Brackenridge	3,260	19.1%	18.7%	93.3%	4.3%	2.1%	0.6%
Cheswick	1,746	15.9%	5.0%	98.8%	0.2%	0.6%	0.6%
Churchill	3,011	14.6%	25.7%	81.9%	13.8%	1.6%	1.8%
East Deer	1,500	18.9%	16.8%	95.6%	1.9%	1.9%	0.1%
Fawn	2,376	18.2%	17.7%	97.9%	0.4%	1.0%	0.4%
Frazer	1,157	18.2%	19.9%	97.6%	0.1%	1.8%	0.3%
Harmar	2,921	12.9%	32.4%	97.7%	0.6%	1.0%	0.6%
Harrison	10,461	20.0%	19.1%	93.8%	3.5%	2.2%	0.3%
Oakmont	6,303	14.2%	22.8%	97.1%	1.0%	1.2%	1.5%
Penn Hills	42,329	19.6%	19.2%	61.4%	34.6%	3.3%	1.4%
Springdale Borough	3,405	17.2%	18.3%	98.2%	0.6%	1.1%	0.6%
Springdale Township	1,636	13.9%	23.2%	99.6%	0.2%	0.2%	0.6%
Tarentum	4,530	24.3%	14.1%	91.9%	5.1%	2.4%	1.0%
Verona	2,474	21.2%	15.6%	89.9%	7.8%	2.1%	2.2%
Wilkins	6,357	15.2%	23.1%	83.7%	11.8%	2.4%	1.3%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 8

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Braddock	2,159	28.0%	14.0%	22.9%	72.7%	4.2%	37.5%
Braddock Hills	1,880	16.6%	24.6%	68.9%	27.9%	0.3%	9.3%
Chalfant	800	15.0%	3.4%	85.9%	8.1%	5.5%	3.1%
East McKeesport	2,126	19.6%	17.4%	89.1%	7.0%	3.6%	9.7%
East Pittsburgh	1,822	28.3%	13.2%	48.8%	45.4%	5.5%	34.8%
Edgewood	3,188	16.8%	12.2%	85.1%	9.3%	3.0%	5.1%
Monroeville	28,386	18.6%	3.0%	79.5%	11.7%	2.9%	4.7%
North Braddock	4,857	22.7%	16.2%	51.2%	44.9%	3.7%	18.1%
Pitcairn	3,294	22.1%	16.3%	86.4%	10.0%	6.2%	3.9%
Plum	27,126	22.2%	16.8%	93.3%	3.6%	1.4%	4.0%
Rankin	2,122	32.7%	11.5%	18.0%	77.4%	4.4%	45.5%
Swissvale	8,983	19.5%	14.0%	59.1%	35.0%	4.2%	15.0%
Trafford - 1st Dist.	61	16.4%	16.4%	100%	0. %	0. %	50.0%
Turtle Creek	5,349	21.3%	19.2%	78.4%	17.3%	3.6%	19.2%
Wall	580	22.1%	16.4%	89.8%	7.0%	2.6%	14.9%
Whitaker	1,271	21.5%	15.6%	85.8	12.0%	2.2%	11.6%
Wilmerding	2,190	25.5%	15.7%	75.2%	18.0%	6.4%	19.1%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 9

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Dravosburg	1,792	15.2%	20.3%	94.4%	3.0%	2.7%	1.1%
Duquesne	5,565	20.3%	15.9%	39.6%	55.3%	5.1%	2.3%
Elizabeth Township	13,271	19.0%	20.2%	97.1%	1.5%	1.4%	0.6%
Forward	3,376	19.0%	21.4%	97.5%	1.4%	1.1%	0.6%
Glassport	4,483	19.7%	19.0%	96.2%	1.7%	2.1%	1.3%
Liberty	2,551	18.8%	18.5%	97.5%	1.4%	1.1%	0.4%
Lincoln	1,072	18.8%	19.9%	98.3%	0.7%	1.0%	0.2%
McKeesport	19,731	23.4%	18.3%	62.3%	31.9%	5.7%	2.3%
North Versailles	10,229	18.9%	18.7%	82.9%	13.8%	3.3%	0.9%
Port Vue	3,798	18.9%	20.5%	96.8%	1.4%	1.8%	0.7%
South Versailles	351	16.0%	21.7%	97.4%	1.4%	1.1%	0.3%
Versailles	1,515	16.0%	24.2%	90.8%	6.2%	3.0%	1.0%
West Mifflin	20,313	20.2%	19.5%	86.5%	11.0%	2.5%	1.2%
White Oak	7,862	15.0%	23.8%	93.7%	3.6%	2.7%	0.9%

The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 10

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Bloomfield	8,442	9.5%	12.3%	81.6%	8.8%	9.6%	2.6%
Central Oakland	6,086	1.5%	3.8%	83.0%	5.3%	11.6%	2.6%
Crawford Roberts	2,256	20.5%	20.8%	13.6%	82.5%	3.9%	1.4%
East Hills	3,169	32.3%	14.8%	2.1%	93.2%	4.7%	1.2%
East Liberty	5,869	18.5%	15.1%	25.0%	67.7%	7.2%	2.4%
Friendship	1,785	10.3%	8.2%	62.7%	20.3%	17.0%	4.3%
Highland Park	6,395	18.6%	11.9%	66.5%	23.3%	7.2%	2.9%
Homewood North	3,280	29.4%	13.1%	2.1%	93.3%	4.6%	1.9%
Homewood South	2,344	27.6%	19.7%	2.0%	94.7%	3.3%	0.9%
Homewood West	818	22.7%	24.6%	2.3%	95.6%	2.1%	0.9%
Larimer	1,728	23.7%	19.7%	9.0%	85.8%	5.3%	1.9%
Lincoln-Lemington-Belmar	4,883	22.2%	21.2%	16.1%	79.4%	4.4%	1.2%
Middle Hill	1,707	17.5%	21.5%	3.8%	94.3%	1.9%	0.9%
North Oakland	10,551	1.4%	10.8%	73.0%	8.1%	27.0%	3.3%
South Oakland	2,969	7.1%	10.7%	68.1%	21.3%	10.6%	2.9%
Terrace Village	4,062	21.1%	7.7%	25.8%	69.9%	4.2%	1.1%
Upper Hill	2,057	17.1%	24.9%	18.5%	77.4%	4.0%	1.4%
West Oakland	1,770	2.9%	6.9%	69.2%	19.5%	11.2%	2.8%
Forest Hills	6,518	17.4%	19.7%	87.7%	9.1%	2.0%	1.3%
Wilkinsburg	15,930	19.1%	16.0%	28.3%	66.6%	1.0%	1.8%

The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 11

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Arlington	1,869	22.7%	11.5%	76.5%	19.9%	3.8%	1.4%
Arlington Heights	244	30.0%	10.2%	9.4%	84.0%	6.5%	0.8%
Bedford Dwellings	1,202	29.4%	14.9%	4.0%	92.0%	4.0%	1.6%
Glen Hazel	716	20.7%	32.0%	29.1%	68.2%	2.7%	1.0%
Greenfield	7,294	15.3%	15.3%	88.3%	4.4%	7.4%	2.9%
Hays	362	18.0%	17.1%	87.8%	7.2%	5.0%	3.6%
Hazelwood	4,317	24.2%	14.3%	54.3%	41.0%	4.6%	2.0%
Homestead	3,165	23.5%	18.4%	32.8%	59.1%	5.1%	1.8%
Lincoln Place	3,227	17.5%	17.4%	97.0%	1.5%	1.5%	0.6%
Mt. Oliver	509	26.1%	10.6%	58.2%	37.7%	4.2%	1.8%
Munhall	6,915	29.8%	9.5%	90.4%	7.0%	1.7%	2.2%
New Homestead	990	20.3%	18.3%	87.7%	8.9%	3.4%	1.7%
Point Breeze	5,315	20.2%	14.1%	89.1%	4.6%	4.0%	6.2%
Point Breeze North	2,054	16.1%	13.7%	35.1%	55.4%	9.5%	3.4%
Regent Square	928	16.3%	14.7%	92.3%	1.8%	5.8%	2.5%
St. Clair	209	24.9%	13.9%	52.6%	46.9%	0.5%	0.5%
Shadyside	13,915	6.5%	10.6%	71.9%	5.4%	22.8%	3.3%
South Side Slopes	4,423	11.7%	12.3%	78.5%	7.1%	11.4%	2.1%
Squirrel Hill North	11,363	14.4%	14.3%	75.0%	3.2%	21.7%	4.1%
Squirrel Hill South	15,110	16.2%	17.0%	82.0%	3.2%	14.0%	3.2%
Swisshelm Park	1,361	20.3%	17.9%	90.1%	4.2%	5.7%	2.3%
West Homestead	1,929	16.7%	24.1%	84.0%	12.9%	2.7%	0.9%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 12

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Banksville	4,144	12.8%	19.4%	88.1%	4.1%	7.8%	1.4%
Beechview	7,974	19.0%	15.1%	80.9%	12.1%	7.0%	5.6%
Beltzhoover	1,925	27.8%	17.1%	9.9%	83.3%	6.8%	2.0%
Brookline	13,214	19.3%	15.3%	91.4%	4.6%	4.0%	1.6%
Carrick	10,113	20.4%	15.0%	86.0%	9.6%	4.4%	1.6%
Chartiers City	477	15.1%	28.5%	29.8%	68.1%	2.1%	0.4%
Crafton Heights	3,814	25.8%	14.0%	66.3%	28.7%	5.0%	1.5%
Dormont	8,593	4.5%	11.8%	94.2%	2.1%	2.2%	2.5%
Duquesne Heights	2,425	10.6%	16.8%	92.5%	2.8%	4.6%	1.2%
East Carnegie	570	15.6%	11.6%	78.4%	16.1%	5.4%	4.4%
Elliot	2,381	22.8%	12.9%	65.5%	29.6%	4.9%	1.6%
Esplen	301	24.6%	10.3%	65.1%	29.9%	5.0%	1.3%
Fairywood	1,002	10.9%	5.4%	62.9%	28.3%	8.4%	4.8%
Green Tree	4,432	17.1%	21.3%	94.7%	1.8%	1.1%	1.2%
Ingram	3,330	20.4%	15.0%	91.7%	5.7%	1.9%	1.1%
Knoxville	3,747	29.6%	10.2%	42.8%	51.5%	5.7%	1.3%
Mount Oliver Borough	3,403	25.0%	10.9%	61.4%	32.9%	5.7%	1.9%
Mount Washington	8,799	12.0%	14.4%	85.9%	10.3%	3.7%	1.6%
Oakwood	1,027	15.7%	21.7%	90.3%	5.8%	3.9%	1.1 %
Overbrook	3,644	17.0%	19.4%	93.9%	3.5%	2.4%	1.1%
Ridgemont	483	19.0%	16.6%	91.5%	6.4%	2.0%	1.4%
Rosslyn Farms	427	23.4%	15.2%	97.0%	0.9%	0.7%	2.3%
Sheraden	5,299	25.9%	12.0%	50.9%	41.3%	7.9%	1.6%
South Shore	19	5.3%	5.3%	100.0%	0.0%	0.0%	0.0%
West End	254	20.1%	9.4%	53.1%	37.4%	9.5%	0.4%
Westwood	3,066	18.5%	18.1%	82.7%	8.2%	9.2%	1.4%
Windgap	1,369	17.2%	20.8%	61.8%	34.8%	3.4%	1.2%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

District 13

Municipality	Population	Age Distribution		Racial and Ethnic Distribution			
		< 18 Years	65+ Years	White	Black	Other*	Hispanic
Allegheny Center & Allegheny West	1,395	14.3%	19.7%	52.7%	38.5%	8.8%	2.9%
Allentown	2,500	26.4%	9.8%	59.4%	35.1%	5.5%	2.3%
Bon Air	6,600	17.1%	18.8%	93.4%	4.3%	2.2%	0.9%
Bluff	808	1.9%	1.6%	65.8%	31.2%	3.0%	2.4%
Brighton Heights	7,247	18.0%	16.5%	73.9%	21.8%	4.3%	1.6%
California-Kirkbride	761	31.4%	9.6%	18.8%	76.0%	5.3%	0.7%
Central Lawrenceville	4,482	12.7%	21.3%	86.2%	9.4%	4.4%	1.7%
Central Northside	2,923	14.5%	12.9%	49.2%	46.1%	4.7%	2.7%
Chateau	11	0.0%	18.2%	72.7%	27.3%	0.0%	0.0%
East Allegheny & North Shore	2,439	11.3%	12.5%	65.3%	26.9%	7.8%	4.0%
Fineview	1,285	24.1%	11.0%	44.3%	51.8%	4.0%	1.9%
Garfield	3,675	28.1%	12.7%	13.6%	80.1%	6.4%	1.4%
Golden Triangle (Business District)	3,629	1.9%	12.0%	74.6%	16.0%	9.5%	3.3%
Troy Hill	2,714	17.8%	12.2%	81.2%	12.2%	6.6%	1.8%
Lower Lawrenceville	2,341	15.0%	13.0%	70.4%	23.3%	6.2%	1.3%
Manchester	2,130	21.6%	13.8%	16.0%	80.1%	3.9%	1.4%
Marshall-Shadeland	6,043	16.2%	8.5%	51.4%	43.3%	5.2%	2.9%
Morningside	3,346	17.9%	15.3%	79.3%	16.5%	4.2%	1.6%
Northview Heights	1,214	42.4%	13.0%	4.7%	90.5%	4.8%	2.1%
Perry North	4,050	22.1%	11.4%	62.7%	32.3%	5.0%	1.8%
Perry South	4,145	25.8%	14.7%	26.5%	68.7%	4.7%	1.1%
Polish Hill	1,274	12.2%	16.0%	82.9%	12.2%	4.9%	2.2%
South Side Flats	6,597	4.5%	11.8%	93.1%	3.0%	3.9%	2.5%
Spring Garden	884	18.9%	14.0%	79.5%	15.2%	5.3%	2.3%
Spring Hill – City View	2,648	23.9%	16.9%	67.9%	28.5%	3.6%	1.6%
Stanton Heights	4,601	18.8%	18.5%	55.9%	40.1%	4.1%	1.4%
Strip District	616	8.0%	7.1%	75.6%	15.6%	8.8%	1.6%
Summer Hill	1,051	19.1%	18.3%	82.4%	15.2%	2.4%	1.0%
Upper Lawrenceville	5,669	22.7%	9.9%	65.7%	28.1%	6.1%	3.1%
Bellevue	8,370	17.6%	11.6%	86.8%	8.9%	4.3%	1.9%

*The "Other" racial category includes: American Indian & Alaska Native, Asian, Native Hawaiian & Other Pacific Islander, and Two or More Races

(Sources: 2010 Census Estimates from the US Census Bureau)

Appendix 3: Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality

Municipality/ Neighborhood	< High School	High School Graduate/ GED	Some College	College Graduate
Aleppo	6.8%	21.3%	19.4%	52.6%
Allegheny Center	18.7%	23.6%	20.9%	36.8%
Allegheny West	9.2%	28.9%	0.0%	61.9%
Allentown	23.0%	42.3%	21.1%	13.7%
Arlington	14.9%	43.9%	21.4%	19.7%
Arlington Heights	18.1%	31.9%	42.2%	7.8%
Aspinwall	4.2%	16.8%	20.3%	58.7%
Avalon	8.6%	39.7%	21.3%	30.5%
Baldwin Borough	7.5%	40.6%	20.8%	31.1%
Baldwin Township	5.9%	40.3%	14.9%	39.0%
Banksville	9.8%	34.3%	17.3%	38.7%
Bedford Dwellings	8.3%	30.4%	19.5%	41.7%
Beechview	11.0%	39.6%	18.5%	30.9%
Bell Acres	5.6%	24.0%	15.9%	54.7%
Bellevue	7.5%	37.7%	21.8%	39.2%
Beltzhoover	19.3%	40.9%	13.4%	26.4%
Ben Avon	4.7%	15.5%	14.2%	65.7%
Ben Avon Heights	0.7%	8.2%	15.7%	75.3%
Bethel Park	5.2%	29.2%	16.2%	48.4%
Blawnox	10.3%	31.8%	16.1%	41.9%
Bloomfield	11.2%	27.8%	14.8%	46.2%
Bluff	14.1%	55.4%	18.4%	12.0%
Brackenridge	11.7%	47.5%	13.7%	27.1%
Braddock	16.9%	47.5%	16.2%	19.4%
Braddock Hills	9.5%	33.3%	20.9%	36.3%
Bradford Woods	0.4%	15.1%	16.0%	68.6%
Brentwood	6.5%	37.1%	19.8%	36.5%
Bridgeville	9.0%	39.2%	18.7%	33.0%
Brighton Heights	9.9%	37.5%	14.1%	38.5%
Brookline	8.9%	38.7%	18.9%	33.5%
California-Kirkbride	8.9%	40.4%	32.0%	18.8%
Carnegie	8.9%	37.5%	18.7%	35.0%
Carrick	16.6%	43.1%	15.6%	24.7%
Castle Shannon	8.2%	35.7%	18.2%	38.0%
Central Lawrenceville	16.7%	38.8%	16.6%	27.9%
Central Northside	11.9%	31.4%	14.9%	41.8%
Central Oakland	23.6%	26.0%	13.6%	36.8%
Chalfant	4.6%	33.2%	22.8%	39.4%
Chartiers City	15.8%	33.9%	13.0%	37.3%
Chateau	-	-	-	-
Cheswick	6.7%	39.1%	13.8%	40.3%
Churchill	3.7%	20.5%	13.2%	62.5%
Clairton	12.5%	46.6%	14.8%	26.1%
Collier	5.0%	32.3%	21.2%	41.5%
Coraopolis	15.7%	42.8%	18.3%	23.3%
Crafton	6.9%	34.9%	17.0%	41.2%
Crafton Heights	17.5%	51.0%	11.8%	19.7%

Appendix 3: Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality (continued)

Municipality/ Neighborhood	< High School	High School Graduate/ GED	Some College	College Graduate
Crawford Roberts	27.6%	36.6%	9.4%	26.4%
Crescent	7.9%	13.5%	15.6%	39.9%
Dormont	7.5%	29.9%	19.1%	43.4%
Dravosburg	10.6%	47.2%	18.7%	23.4%
Duquesne	15.2%	48.0%	17.5%	19.4%
Duquesne Heights	8.5%	33.7%	14.6%	43.2%
East Allegheny	17.4%	39.5%	11.6%	31.5%
East Carnegie	9.8%	59.8%	20.1%	10.3%
East Deer	6.3%	37.4%	18.0%	38.3%
East Hills	11.4%	43.1%	21.7%	23.8%
East Liberty	15.4%	25.2%	23.8%	35.6%
East McKeesport	9.7%	45.6%	18.5%	26.1%
East Pittsburgh	9.7%	48.2%	20.9%	21.2%
Edgewood	5.9%	14.4%	13.4%	66.4%
Edgeworth	0.9%	9.8%	9.5%	79.8%
Elizabeth B	6.5%	41.5%	2.8%	35.1%
Elliot	23.2%	37.5%	10.1%	29.2%
Elizabeth Township	6.5%	41.5%	16.9%	35.1%
Emsworth	12.1%	39.2%	9.2%	39.4%
Esplen	34.5%	24.7%	29.3%	11.5%
Etna	14.0%	43.6%	18.4%	24.1%
Fairywood	14.6%	42.1%	9.4%	33.9%
Fawn	8.7%	43.8%	17.6%	29.9%
Findlay	11.0%	35.4%	16.0%	37.6%
Fineview	16.0%	50.1%	16.7%	17.1%
Forest Hills	2.9%	20.7%	17.9%	58.5%
Forward	12.9%	52.1%	16.6%	18.4%
Fox Chapel	2.8%	8.6%	9.4%	79.2%
Franklin Park	2.1%	12.7%	9.7%	75.6%
Frazer	13.1%	46.5%	10.6%	31.0%
Friendship	4.5%	15.4%	12.8%	67.3%
Garfield	19.0%	36.2%	18.4%	26.4%
Glassport	15.8%	43.9%	15.3%	24.9%
Glen Hazel	41.0%	24.6%	9.5%	24.9%
Glen Osborne	3.5%	13.8%	15.4%	67.2%
Glenfield	6.1%	53.7%	13.6%	26.5%
Golden Triangle(CBD)	10.9%	27.8%	17.2%	44.2%
Green Tree	3.9%	28.2%	20.7%	47.1%
Greenfield	7.1%	28.7%	14.1%	50.1%
Hampton	4.5%	26.4%	14.3%	54.9%
Harmar	10.1%	37.8%	17.7%	34.4%
Harrison	9.6%	45.9%	15.7%	28.8%
Hays	56.7%	18.8%	7.8%	16.7%
Haysville	7.4%	39.7%	45.6%	7.4%
Hazelwood	16.2%	38.6%	22.5%	22.7%
Heidelberg	7.3%	42.8%	22.0%	27.8%
Herrs Island - Troy Hill	12.0%	42.6%	16.6%	28.8%
Highland Park	6.6%	13.4%	12.1%	67.9%

Appendix 3: Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality (continued)

Municipality/ Neighborhood	< High School	High School Graduate/ GED	Some College	College Graduate
Homestead	13.7%	34.5%	24.5%	27.3%
Homewood North	15.8%	41.9%	26.9%	15.4%
Homewood South	23.1%	38.5%	19.9%	18.5%
Homewood West	26.8%	30.6%	23.0%	19.6%
Indiana	8.3%	29.1%	11.1%	51.5%
Ingram	8.2%	45.1%	17.3%	29.4%
Jefferson Hills	6.1%	31.4%	16.1%	46.5%
Kennedy	9.9%	40.9%	13.6%	35.6%
Kilbuck	6.4%	24.8%	15.8%	53.1%
Knoxville	22.1%	38.1%	22.2%	17.7%
Larimer	17.1%	42.2%	21.7%	19.1%
Leet	6.0%	25.1%	16.5%	52.3%
Leetsdale	9.2%	35.7%	26.0%	29.1%
Liberty	8.0%	51.3%	16.7%	5.8%
Lincoln	10.8%	55.3%	14.1%	19.8%
Lincoln Place	10.3%	37.2%	29.2%	23.3%
Lincoln-Lemington-Belmar	15.4%	34.9%	24.8%	24.9%
Lower Lawrenceville	17.1%	38.5%	9.8%	34.6%
Manchester	12.9%	31.4%	30.4%	25.2%
Marshall	1.9%	15.3%	10.7%	72.1%
Marshall-Shadeland	24.7%	39.9%	17.6%	17.8%
McCandless	3.8%	21.6%	13.9%	60.7%
McDonald	16.7%	53.9%	17.5%	11.9%
McKees Rocks	16.8%	48.3%	18.0%	16.8%
McKeesport	17.3%	46.2%	18.5%	18.0%
Middle Hill	9.9%	45.0%	24.5%	20.6%
Millvale	17.4%	42.6%	13.6%	26.4%
Monroeville	5.5%	27.9%	16.4%	50.1%
Moon	3.0%	25.1%	18.7%	53.3%
Morningside	15.0%	31.2%	11.7%	42.1%
Mount Oliver Borough	21.4%	38.3%	22.2%	18.2%
Mount Washington	10.9%	33.7%	18.5%	36.9%
Mt. Lebanon	2.1%	15.2%	13.0%	69.7%
Mt. Oliver Neighborhood	22.5%	40.6%	28.2%	8.7%
Munhall	8.0%	40.4%	17.3%	34.2%
Neville	11.6%	51.2%	16.3%	20.8%
New Homestead	10.1%	41.8%	21.2%	26.9%
North Braddock	17.8%	39.5%	25.8%	16.8%
North Fayette	4.2%	30.0%	17.3%	48.5%
North Oakland	4.3%	13.0%	10.1%	72.6%
North Shore	5.6%	5.6%	30.6%	58.2%
North Versailles	9.7%	43.3%	19.3%	27.7%
Northview Heights	24.9%	42.4%	22.1%	10.6%
Oakdale	4.2%	48.5%	19.1%	28.2%
Oakmont	6.3%	28.4%	13.4%	51.8%
Oakwood	16.1%	40.4%	13.9%	29.6%
O'Hara	4.9%	21.9%	11.7%	61.4%

Appendix 3: Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality (continued)

Municipality/ Neighborhood	< High School	High School Graduate/ GED	Some College	College Graduate
Ohio	3.4%	31.3%	12.2%	53.0%
Overbrook	6.6%	44.4%	21.3%	27.7%
Penn Hills	8.7%	36.8%	20.6%	34.0%
Pennsbury Village	0.3%	24.7%	11.0%	63.9%
Perry North	11.4%	39.3%	15.1%	34.3%
Perry South	15.4%	43.4%	20.1%	21.0%
Pine	4.3%	13.3%	11.6%	70.7%
Pitcairn	9.2%	43.9%	16.9%	30.0%
Pleasant Hills	6.1%	27.5%	17.2%	49.4%
Plum	5.3%	33.6%	18.2%	42.9%
Point Breeze	5.0%	13.0%	10.2%	71.8%
Point Breeze North	6.8%	24.9%	10.1%	58.2%
Polish Hill	15.9%	35.5%	10.0%	38.7%
Port Vue	7.4%	57.7%	16.8%	18.1%
Rankin	11.8%	48.2%	21.2%	18.7%
Regent Square	4.0%	2.2%	21.9%	71.9%
Reserve	9.4%	44.6%	18.4%	27.6%
Richland	3.4%	27.5%	16.7%	52.4%
Ridgemont	9.7%	37.2%	30.2%	23.0%
Robinson	7.1%	30.6%	17.4%	44.9%
Ross	6.1%	30.5%	16.6%	46.8%
Rosslyn Farms	0.6%	6.3%	15.3%	77.8%
Scott	8.9%	27.8%	16.7%	46.4%
Sewickley	7.2%	18.9%	12.8%	61.2%
Sewickley Heights	1.8%	16.7%	9.0%	72.4%
Sewickley Hills	4.9%	27.3%	11.2%	56.6%
Shadyside	4.2%	8.4%	7.3%	80.2%
Shaler	8.3%	34.6%	16.2%	40.9%
Sharpsburg	13.9%	41.1%	23.8%	21.2%
Sheraden	18.9%	41.0%	18.3%	21.8%
South Fayette	5.3%	28.2%	15.6%	50.9%
South Oakland	12.4%	35.1%	13.7%	38.8%
South Park	7.8%	34.2%	17.3%	40.5%
South Shore	0.0%	52.4%	0.0%	47.6%
South Side Flats	9.7%	23.4%	14.9%	52.0%
South Side Slopes	20.1%	27.6%	15.4%	36.9%
South Versailles	6.6%	48.8%	20.9%	23.7%
Spring Garden	23.7%	57.8%	9.0%	9.5%
Spring Hill-City View	19.3%	45.8%	12.9%	22.0%
Springdale Borough	10.1%	48.7%	15.5%	25.8%
Springdale Township	11.8%	45.3%	12.5%	38.0%
Squirrel Hill North	1.8%	6.8%	7.3%	84.1%
Squirrel Hill South	4.8%	12.8%	8.5%	73.9%
St. Clair	18.9%	45.1%	24.1%	11.9%
Stanton Heights	10.0%	24.4%	22.0%	43.5%
Stowe	15.5%	44.0%	17.1%	23.3%
Strip District	8.4%	19.9%	7.4%	64.3%

Appendix 3: Percentage of Educational Attainment Level Among Adults Ages 25 or Greater by Municipality (continued)

Municipality/ Neighborhood	< High School	High School Graduate/ GED	Some College	College Graduate
Swisshelm Park	8.6%	28.9%	9.6%	52.9%
Swissvale	7.5%	30.2%	19.2%	43.0%
Tarentum	11.8%	40.4%	26.4%	21.4%
Terrace Village	26.1%	33.4%	19.7%	20.8%
Thornburg	1.2%	8.0%	14.6%	76.2%
Trafford	0.0%	21.1%	78.9%	0.0%
Turtle Creek	11.7%	45.6%	15.7%	27.0%
Upper Hill	10.2%	35.6%	19.8%	34.5%
Upper Lawrenceville	16.2%	43.3%	22.4%	18.1%
Upper St. Clair	1.7%	14.8%	10.6%	72.9%
Verona	15.2%	41.6%	17.3%	25.8%
Versailles	11.1%	47.0%	20.3%	21.5%
Wall	10.6%	52.2%	18.7%	18.4%
West Deer	8.0%	35.1%	17.6%	39.4%
West Elizabeth	21.3%	30.3%	26.6%	21.8%
West End	12.8%	36.0%	0.0%	51.2%
West Homestead	12.3%	45.6%	15.0%	27.1%
West Mifflin	7.5%	44.3%	18.2%	30.0%
West Oakland	12.0%	28.6%	18.1%	41.3%
West View	7.3%	38.8%	13.7%	40.3%
Westwood	10.7%	35.4%	15.9%	38.0%
Whitaker	13.5%	44.4%	22.0%	20.1%
White Oak	5.5%	40.0%	20.0%	34.6%
Whitehall	8.2%	33.3%	17.9%	40.6%
Wilkins	5.2%	32.6%	20.9%	41.4%
Wilkinsburg	10.9%	31.5%	20.4%	37.3%
Wilmerding	13.1%	44.1%	17.1%	25.7%
Windgap	10.1%	50.2%	17.0%	22.8%

Note: - % Not Available for Chateau neighborhood.

Appendix 4: Unemployment Rates by Municipality as of 2012

Municipality	Labor Force Unemployed	Municipality	Labor Force Unemployed
Aleppo Township	1.7	Fawn Township	8.7
Aspinwall Borough	4.2	Findlay Township	9.4
Avalon Borough	6.6	Forest Hills Borough	8.3
Baldwin Borough	8.4	Forward Township	8.5
Baldwin Township	7.1	Fox Chapel Borough	4.8
Bell Acres Borough	5.4	Franklin Park Borough	4.4
Bellevue Borough	8.5	Frazer Township	7.4
Ben Avon Borough	2.9	Glassport Borough	12.6
Ben Avon Heights Borough	6.5	Glenfield Borough	5.2
Bethel Park Borough	6.5	Glen Osborne Borough	7.5
Blawnox Borough	5.1	Green Tree Borough	3.4
Brackenridge Borough	5.1	Hampton Township	5.1
Braddock Borough	15.2	Harmar Township	6.4
Braddock Hills Borough	9.1	Harrison Township	9.8
Bradford Woods Borough	2.2	Haysville Borough	20
Brentwood Borough	6.7	Heidelberg Borough	2.1
Bridgeville Borough	9.3	Homestead Borough	8.5
Carnegie Borough	9	Indiana Township	7.5
Castle Shannon Borough	4.8	Ingram Borough	5.2
Chalfant Borough	3.5	Jefferson Hills Borough	4.9
Cheswick Borough	2.4	Kennedy Township	6.9
Churchill Borough	6.4	Kilbuck Township	4.5
Clairton	15.5	Leet Township	3
Collier Township	4.4	Leetsdale Borough	7.9
Coraopolis Borough	7.9	Liberty Borough	7.7
Crafton Borough	3.7	Lincoln Borough	6.9
Crescent Township	7.9	McCandless Township	4
Dormont Borough	5.1	McDonald Borough	7.4
Dravosburg Borough	9.3	McKeesport	14.5
Duquesne	21.7	McKees Rocks Borough	14.5
East Deer Township	6.3	Marshall Township	4.6
East McKeesport Borough	6.1	Millvale Borough	12.8
East Pittsburgh Borough	8.9	Monroeville	5.6
Edgewood Borough	4	Moon Township	5.9
Edgeworth Borough	4.1	Mount Lebanon	4.5
Elizabeth Borough	10.8	Mount Oliver Borough	12.6
Elizabeth Township	8.3	Munhall Borough	6.5
Emsworth Borough	5.7	Neville Township	13.4
Etna Borough	6.3		

Appendix 4: Unemployment Rates by Municipality as of 2012 (continued)

Municipality	Labor Force Unemployed
North Braddock Borough	17
North Fayette Township	5.9
North Versailles Township	5.2
Oakdale Borough	6.1
Oakmont Borough	4.5
O Hara Township	3.4
Ohio Township	6
Penn Hills Township	8.5
Pennsbury Village Borough	5
Pine Township	3.5
Pitcairn Borough	12.4
Pittsburgh	9.3
Pleasant Hills Borough	4.5
Plum Borough	6.4
Port Vue Borough	8.4
Rankin Borough	18.8
Reserve Township	6.7
Richland Township	4
Robinson Township	5.4
Ross Township	5.1
Rosslyn Farms Borough	1.4
Scott Township	8.3
Sewickley Borough	5.6
Sewickley Heights Borough	0.6
Sewickley Hills Borough	9.1
Shaler Township	5.8
Sharpsburg Borough	8.4
South Fayette Township	5.7
South Park Township	6
South Versailles Township	3.7
Springdale Borough	7.3
Springdale Township	9.2
Stowe Township	15.7
Swissvale Borough	7.8
Tarentum Borough	9.9
Thornburg Borough	2.4
Trafford Borough	0
Turtle Creek Borough	11.1
Upper St. Clair Township	6.3
Verona Borough	6.2
Versailles Borough	12.6

Municipality	Labor Force Unemployed
Wall Borough	9.3
West Deer Township	7.1
West Elizabeth Borough	9.6
West Homestead Borough	15.9
West Mifflin Borough	8.7
West View Borough	6.6
Whitaker Borough	8.6
Whitehall Borough	3.9
White Oak Borough	7
Wilkins Township	5.1
Wilkinsburg Borough	10
Wilmerding Borough	13

Appendix 5: Percent poverty by neighborhood/municipality, Allegheny County 2010

Community	Percentage of Population Below Federal Poverty Level
Aleppo	2.5
Allegheny Center/ Allegheny West	28.2
Allentown	28.5
Arlington	20.3
Arlington Heights	57.7
Aspinwall	7.6
Avalon	16.1
Baldwin B.	9.8
Baldwin T.	2.5
Banksville	5.8
Bedford Dwellings	49
Beechview	18.3
Bell Acres	1.2
Bellevue	11.5
Beltzhoover	23.5
Ben Avon	0.6
Ben Avon Heights	1.9
Bethel Park	1.9
Blawnox	5.8
Bloomfield	19.4
Bluff	11
Bonair	80.2
Brackenridge	12.6
Braddock	37.5
Braddock Hills	9.3
Bradford Woods	2.3
Brentwood	11
Bridgeville	5.8
Brighton Heights	21.3
Brookline	11.1
California-Kirkbride	62.7
Carnegie	16.6
Carrick	14.8
Castle Shannon	7
Central Lawrenceville	21.9
Central Northside	24.6
Central Oakland	64.8
Chalfant	3.1
Chartiers City	5.3
Chateau	100
Cheswick	4.3
Churchill	1.6
Clairton	26.5
Collier	6.2
Coraopolis	15.6

Community	Percentage of Population Below Federal Poverty Level
Crafton	3.4
Crafton Heights	16.4
Crawford Roberts	48.2
Crescent	2.6
Dormont	4.2
Dravosburg	5.5
Duquesne	36.1
Duquesne Heights	14.3
East Allegheny/North Shore	20.3
East Carnegie	12.5
East Deer	12
East Hills	41.5
East Liberty	33.1
East McKeesport	9.7
East Pittsburgh	34.8
Edgewood	5.1
Edgeworth	1.3
Elizabeth B	9.2
Elizabeth T	4.2
Elliot	19.9
Emsworth	5.1
Esplen	60.7
Etna	15.6
Fairywood	37.5
Fawn	5.3
Findlay	1.2
Fineview	33.4
Forest Hills	7.4
Forward	4.3
Fox Chapel	6.7
Franklin Park	1.5
Frazer	2.3
Friendship	20.9
Garfield	44.5
Glassport	8.1
Glen Hazel	38
Glen Osborne	5.5
Glenfield	0
Golden Triangle(CBD)	28.8
Green Tree	1.4
Greenfield	9.2
Hampton	2.9
Harmar	6.9
Harrison	11.7

Appendix 5: Percent poverty by neighborhood/municipality, Allegheny County 2010 (continued)

Community	Percentage of Population Below Federal Poverty Level	Community	Percentage of Population Below Federal Poverty Level
Hays	29.6	North Fayette	3.9
Haysville	10.7	North Oakland	39.2
Hazelwood	25.9	North Versailles	14.3
Heidelberg	4.3	Northview Heights	58.1
Herrs Island - Troy Hill	22.3	Oakdale	3.2
Highland Park	9.2	Oakmont	9.3
Homestead	23.7	Oakwood	12.4
Homewood North	55.7	O'Hara	2.1
Homewood South	31.9	Ohio	0.6
Homewood West	36.8	Overbrook	11.7
Indiana	5.8	Penn Hills	7.5
Ingram	7.3	Pennsbury Village	3.6
Jefferson Hills	1.4	Perry North	14.5
Kennedy	5.3	Perry South	37
Kilbuck	2	Pine	1.7
Knoxville	28.6	Pitcairn	3.9
Larimer	21.6	Pleasant Hills	5.5
Leet	2.6	Plum	4
Leetsdale	1.1	Point Breeze	4.6
Liberty	3.4	Point Breeze North	20
Lincoln	3.2	Polish Hill	7.4
Lincoln Place	3.6	Port Vue	4.7
Lincoln-Lemington-Belmar	30.4	Rankin	45.5
Lower Lawrenceville	38.7	Regent Square	1.1
Manchester	18.9	Reserve	6.3
Marshall	1.2	Richland	2.5
Marshall-Shadeland	28.2	Ridgemont	8.4
McCandless	2.8	Robinson	4.5
McDonald	9.1	Ross	5.3
McKees Rocks	30.6	Rosslyn Farms	5.4
McKeesport	22.8	Scott	6.1
Middle Hill	26.4	Sewickley	3.3
Millvale	13.8	Sewickley Heights	0.4
Moon	7.1	Sewickley Hills	1
Morningside	5.2	Shadyside	19.3
Mount Lebanon	2.9	Shaler	2.6
Mount Oliver B.	36.4	Sharpsburg	13.9
Mount Washington	20.2	Sheraden	26.6
Mt. Oliver Neighborhood	36.4	South Fayette	2.9
Munhall	5	South Oakland	37.7
Municipality of Monroeville	4.7	South Park	7.8
Neville	11.7	South Shore	0
New Homestead	8.5	South Side Flats	20.5
North Braddock	18.1	South Side Slopes	19.8

Appendix 5: Percent poverty by neighborhood/municipality, Allegheny County 2010 (continued)

Community	Percentage of Population Below Federal Poverty Level
South Versailles	4.2
Spring Garden	13.8
Spring Hill-City View	33.7
Springdale B.	5.4
Springdale T.	5
Squirrel Hill North	8.8
Squirrel Hill South	11.7
St. Clair	43.9
Stanton Heights	4.2
Stowe	21.8
Strip District	2.1
Summer Hill	7.9
Swisshelm Park	2.1
Swissvale	15
Tarentum	17
Terrace Village	46.2
Thornburg	0
Trafford	50
Turtle Creek	19.2
Upper Hill	57.3
Upper Lawrenceville	25.7
Upper St. Clair	1.8
Verona	18.2
Versailles	10.9
Wall	14.9
West Deer	5.1
West Elizabeth	15.2
West End	0
West Homestead	5.4
West Mifflin	11.1
West Oakland	46.6
West View	3.3
Westwood	37
Whitaker	11.6
White Oak	1.9
Whitehall	4.9
Wilkins	9.7
Wilkinsburg	18.3
Wilmerding	19.1
Windgap	5.4

Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011

	Number of Deaths	Median Age at Death	Age-Adjusted Rate*	Rank Within District
Aleppo	1	49.5**	13.83	4
Allegheny Center/ Allegheny West	1	50.0**	16.44	18
Allentown/Bluff	11	45.6	35.39	10
Arlington/Arlington Heights	0	-	-	-
Aspinwall	0	-	-	-
Avalon	9	37.5	38.64	4
Baldwin B.	19	37.1	20.42	4
Baldwin T.	2	45.0	22.26	3
Banksville	4	31.7	14.19	16
Bedford Dwellings	1	59.5**	15.44	8
Beechview	23	37.7	55.84	3
Bell Acres	3	27.5	65.30	2
Bellevue	13	36.9	30.33	14
Beltzhoover/Bon Air	4	55.0	22.59	12
Ben Avon	1	59.5**	7.46	7
Ben Avon Heights	0	-	-	-
Bethel Park	13	27.1	8.65	3
Blawnox	3	42.5	45.25	1
Bloomfield	18	47.0	45.21	2
Brackenridge	3	37.5	19.88	5
Braddock	3	52.5	25.77	7
Braddock Hills	3	56.7	22.62	10
Bradford Woods	1	39.5**	25.41	4
Brentwood	7	38.0	14.21	8
Bridgeville	5	36.0	25.21	1
Brighton Heights	6	45.0	15.65	19
Brookline	19	45.3	27.77	10
California-Kirkbride	0	-	-	-
Carnegie	12	36.4	31.53	5
Carrick	27	39.1	55.95	2
Castle Shannon	7	37.5	18.29	5
Central Lawrenceville	7	47.5	34.24	12
Central Northside	3	37.5	18.89	17
Central Oakland	1	39.5**	21.12	9
Chalfant	1	49.5**	20.74	11
Chartiers City/ Fairywood/Windgap	5	46.2	31.08	7
Chateau	0	-	-	-
Cheswick	1	59.5**	6.19	8
Churchill	3	37.5	25.75	3
Clairton	9	40.0	29.25	1
Collier	7	28.7	23.59	6
Coraopolis	4	45.0	14.01	3

Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011 (continued)

	Number of Deaths	Median Age at Death	Age-Adjusted Rate*	Rank Within District
Crafton	4	75	12.51	9
Crafton Heights	2	45.0	10.07	18
Crawford Roberts	4	55.0	31.41	7
Crescent	5	36.2	43.65	3
Dormont	14	36.0	29.34	8
Dravosburg	4	48.3	36.24	1
Duquesne	6	48.3	24.10	7
Duquesne Heights	1	59.5**	4.65	20
East Carnegie/Oakwood	2	55.0	20.49	13
East Deer	0	-	-	-
East Hills	2	45.0	18.64	11
East Liberty	3	46.7	11.30	15
East McKeesport	3	47.5	25.97	6
East Pittsburgh	2	55.0	19.37	12
East-Allegheny/North Shore	5	40.0	40.04	4
Edgewood	1	22.0**	11.05	14
Edgeworth	1	9.5**	8.88	8
Elizabeth B.	2	55.0	29.12	2
Elizabeth T.	10	35.0	17.32	10
Elliot/West End	6	45.0	42.08	5
Emsworth	2	35.0	18.57	2
Esplen/Sheraden	7	36.0	28.31	9
Etna	6	55.0	34.64	3
Fawn	1	49.5**	6.35	7
Findlay	3	47.5	9.98	6
Fineview	4	45.0	73.55	1
Forest Hills	6	45.0	18.85	10
Forward	2	45.0	12.91	11
Fox Chapel	2	55.0	4.36	9
Franklin Park	2	25.0	4.93	9
Frazer	0	-	-	-
Friendship	0	-	-	-
Garfield	6	45.0	36.75	7
Glassport	6	40.0	31.17	4
Glen Hazel/Hays/Hazelwood	7	36.2	30.5	2
Glen Osborne	0	-	-	
Glenfield	0	-	-	-
Golden Triangle (CBD)	5	50.0	36.13	8
Green Tree	2	35.0	13.05	17
Greenfield	7	31.2	17.46	7
Hampton	11	27.1	14.78	5
Harmar	4	45.0	33.67	2
Harrison	7	41.2	15.07	6
Haysville	0	-	-	-

Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011 (continued)

	Number of Deaths	Median Age at Death	Age-Adjusted Rate*	Rank Within District
Heidelberg	4	51.7	46.63	2
Herrs Island-Troy Hill	4	38.3	33.12	13
Highland Park	6	35.0	16.67	13
Homestead	7	52.0	37.37	1
Homewood North	4	48.3	28.27	8
Homewood South	4	48.3	38.35	5
Homewood west	2	50.0	49.03	1
Indiana	4	50.0	8.30	8
Ingram	3	27.5	18.20	14
Jefferson Hills	4	48.3	6.47	10
Kennedy	5	46.2	12.67	8
Kilbuck	0	-	-	-
Knoxville	2	50.0	9.93	19
Larimer	5	53.3	44.44	3
Leet	0	-	-	-
Leetsdale	0	-	-	-
Liberty	0	-	-	-
Lincoln	2	55.0	24.27	6
Lincoln Place	3	37.5	19.37	6
Lincoln-Lemington-Belmar	4	45.0	17.30	12
Lower Lawrenceville	5	36.7	37.00	6
Manchester	1	29.5**	9.58	24
Marshall	2	50.0	3.78	10
Marshall-Shadeland	5	30.0	13.20	21
McCandless	13	46.4	8.94	7
McDonald	0	-	-	-
McKees Rocks	17	38.9	56.36	1
McKeesport	32	45.0	34.93	2
Middle Hill	4	55.0	40.22	4
Millvale	7	45.8	36.82	2
Moon	13	36.2	12.30	5
Morningside	2	45.0	10.47	22
Mount Lebanon	10	45.0	6.54	4
Mount Oliver B.	8	46.2	44.79	4
Mount Washington	16	45.7	40.56	6
Mt. Oliver Neighborhood/St.Clair	0	-	-	-
Munhall	14	37.2	26.80	3
Municipality of Monroeville	18	36.7	14.14	13
Neville	0	-	-	-
New Homestead	1	39.5**	26.88	5
North Braddock	7	46.0	28.75	3
North Fayette	3	22.5	4.76	9
North Oakland	1	49.5**	11.05	16
North Versailles	11	46.5	20.21	9

Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011 (continued)

	Number of Deaths	Median Age at Death	Age-Adjusted Rate*	Rank Within District
Northview Heights	1	59.5**	23.58	16
Oakdale	0	-	-	-
Oakmont	1	39.5**	4.46	9
O'Hara	8	33.0	28.59	4
Ohio	1	49.5**	3.27	11
Overbrook	5	46.7	23.92	11
Penn Hills	43	38.0	20.54	4
Pennsbury Village	0	-	-	-
Perry North	2	45.0	10.43	23
Perry South	7	41.2	38.86	5
Pine	1	22**	2.19	12
Pitcairn	5	46.2	27.34	5
Pleasant Hills	5	36.7	14.23	7
Plum	13	35.6	10.54	15
Point Breeze	2	50.0	6.75	11
Point Breeze North	1	29.5**	6.63	12
Polish Hill	2	65.0	34.53	11
Port Vue	4	38.3	24.71	5
Rankin	0	-	-	-
Regent Square	0	-	-	-
Reserve	2	55.0	10.28	7
Richland	8	31.0	18.98	5
Ridgemont/Westwood	3	32.5	14.79	15
Robinson	8	45.0	11.91	10
Ross	10	36.7	6.67	8
Rosslyn Farms	1	22.0**	77.03	1
Scott	12	37.9	15.14	7
Sewickley	2	45.0	11.63	6
Sewickley Heights	0	-	-	-
Sewickley Hills	1	29.5**	90.38	1
Shadyside	5	50.0	12.16	9
Shaler	17	46.6	11.55	6
Sharpsburg	9	40.0	56.20	1
South Fayette	3	46.7	4.08	11
South Oakland	2	40.0	34.60	6
South Park	10	37.5	17.05	6
South Shore	0	-	-	-
South Side Flats	7	47.5	26.87	15
South Side Slopes	6	35.0	24.59	4
South Versailles	0	-	-	-
Spring Garden	2	45	35.49	9
Spring Hill-City View	5	38.7	48.26	2
Springdale B.	4	50.0	18.31	5
Springdale T.	2	45.0	26.20	2

Appendix 6: Deaths Due to Accidental Poisoning & Exposure to Noxious Substances in Allegheny County by Municipality and Pittsburgh Neighborhood, 2007-2011 (continued)

	Number of Deaths	Median Age at Death	Age-Adjusted Rate*	Rank Within District
Squirrel Hill North	1	59.5**	1.68	14
Squirrel Hill South	6	50.0	8.43	10
Stanton Heights	3	37.5	14.66	20
Stowe	14	45.8	45.26	3
Strip District	0	-	-	-
Summer Hill	0	-	-	-
Swisshelm Park	0	-	-	-
Swissvale	12	45.0	24.77	8
Tarentum	5	33.3	21.83	4
Terrace Village	2	55.0	16.67	13
Thornburg	0	-	-	-
Trafford	0	-	-	-
Turtle Creek	7	47.5	27.88	4
Upper Hill	1	49.5**	8.81	17
Upper Lawrenceville	5	38.7	43.63	3
Upper St. Clair	8	37.0	10.12	2
Verona	5	48.7	37.98	1
Versailles	3	50.0	34.87	3
Wall	1	49.5**	29.63	2
West Deer	7	36.0	13.55	
West Elizabeth	0	-	-	-
West Homestead	1	59.5**	6.35	13
West Mifflin	19	38.7	20.63	8
West Oakland	0	-	-	-
West View	7	36.0	21.14	1
Whitaker	3	37.5	48.62	1
White Oak	3	46.7	7.70	12
Whitehall	10	46.4	14.18	9
Wilkins	6	40.0	22.54	3
Wilkinsburg	16	56.3	15.63	14
Wilmerding	3	52.5	24.35	9

*Rate per 100,000 based on U.S. 2000 Standard Population

** Median age based on n=1. Median of age-group.

Appendix 7: Cancer Rates by Municipality, Allegheny County 2011

Municipality	Number	Rate per 100,000	Municipality	Number	Rate per 100,000
PA	28,637	176.4	FOX CHAPEL B	7	97.3
ALLEGHENY COUNTY	3,062	181.3	FRANKLIN PARK B	17	128.9
ALEPPO TWP	8	104.3	FRAZER TWP	2	114.9
ASPINWALL B	3	75.4	GLASSPORT B	18	285.9
AVALON B	20	235.9	GLEN OSBORNE B	0	0.0
BALDWIN B	54	169.3	GLENFIELD B	0	0.0
BALDWIN TWP	5	170.8	GREEN TREE B	16	218.6
BELL ACRES B	0	0.0	HAMPTON TWP	55	217.7
BELLEVUE B	27	308.9	HARMAR TWP	17	291.2
BEN AVON B	0	0.0	HARRISON TWP	27	160.5
BEN AVON HEIGHTS B	1	227.7	HAYSVILLE B	1	n.a.
BETHEL PARK M	75	142.4	HEIDELBERG B	4	280.4
BLAWNOX B	8	311.2	HOMESTEAD B	15	352.5
BRACKENRIDGE B	11	228.3	INDIANA TWP	20	206.3
BRADDOCK B	7	276.8	INGRAM B	5	113.3
BRADDOCK HILLS B	3	77.2	JEFFERSON HILLS B	23	161.5
BRADFORD WOODS B	6	363.0	KENNEDY TWP	20	158.0
BRENTWOOD B	35	291.7	KILBUCK TWP	1	79.6
BRIDGEVILLE B	17	193.0	LEET TWP	2	106.2
CARNEGIE B	25	221.8	LEETSDALE B	1	44.3
CASTLE SHANNON B	16	134.0	LIBERTY B	7	168.5
CHALFANT B	3	237.9	LINCOLN B	4	249.5
CHESWICK B	6	135.9	MARSHALL TWP	5	89.8
CHURCHILL B	11	176.0	MCCANDLESS TN	65	147.0
CLAIRTON CTY	32	333.0	MCDONALD B (PART)	1	140.1
COLLIER TWP	29	253.7	MCKEES ROCKS B	14	200.1
CORAOPOLIS B	13	155.0	MCKEESPORT CTY	57	195.8
CRAFTON B	15	211.4	MILLVALE B	9	213.6
CRESCENT TWP	7	199.6	MONROEVILLE M	77	153.0
DORMONT B	10	124.2	MOON TWP	48	188.2
DRAVOSBURG B	9	300.1	MT LEBANON TWP	56	105.6
DUQUESNE CTY	16	205.0	MT OLIVER B	3	95.1
EAST DEER TWP	4	210.1	MUNHALL B	42	238.0
EAST MCKEESPORT B	8	263.4	NEVILLE TWP	3	154.8
EAST PITTSBURGH B	3	139.8	NORTH BRADDOCK B	16	252.1
EDGEWOOD B	5	155.5	NORTH FAYETTE TWP	27	191.8
EDGEWORTH B	8	332.5	NORTH VERSAILLES TWP	35	223.1
ELIZABETH B	1	54.7	OAKDALE B	6	280.1
ELIZABETH TWP	45	205.7	OAKMONT B	23	196.7
EMSWORTH B	8	293.5	O'HARA TWP	27	188.6
ETNA B	8	213.9	OHIO TWP	7	199.5
FAWN TWP	8	227.1	PENN HILLS M	121	180.9
FINDLAY T	21	362.5	PENNSBURY VILLAGE B	1	84.7
FOREST HILLS B	22	201.2	PINE TWP	14	190.6
FORWARD TWP	13	239.1			

Appendix 7: Cancer Rates by Municipality, Allegheny County 2011 (continued)

Municipality	Number	Rate per 100,000
PITCAIRN B	5	117.3
PITTSBURGH CTY	694	200.9
PLEASANT HILLS B	37	241.2
PLUM B	61	168.1
PORT VUE B	9	134.3
RANKIN B	2	108.9
RESERVE TWP	10	186.4
RICHLAND TWP	22	154.4
ROBINSON TWP	16	106.7
ROSS TWP	87	163.7
ROSSLYN FARMS B	0	0.0
SCOTT TWP	52	176.0
SEWICKLEY B	10	173.0
SEWICKLEY HEIGHTS B	0	0.0
SEWICKLEY HILLS B	3	303.3
SHALER TWP	67	157.3
SHARPSBURG B	11	240.0
SOUTH FAYETTE TWP	23	125.2
SOUTH PARK TWP	36	217.0
SOUTH VERSAILLES TWP	2	n.a.
SPRINGDALE B	8	152.2
SPRINGDALE TWP	5	172.0
STOWE TWP	16	171.7
SWISSVALE B	30	287.7
TARENTUM B	12	216.1
THORNBURG B	1	117.9
TRAFFORD B (PART)	1	n.a.
TURTLE CREEK B	16	190.4
UPPER ST. CLAIR TWP	40	148.2
VERONA B	5	160.7
VERSAILLES B	11	387.3
WALL B	3	349.9
WEST DEER TWP	28	164.1
WEST ELIZABETH B	3	450.5
WEST HOMESTEAD B	5	118.7
WEST MIFFLIN B	68	205.2
WEST VIEW B	10	132.2
WHITAKER B	4	237.6
WHITE OAK B	25	168.5
WHITEHALL B	30	118.1
WILKINS TWP	13	114.7
WILKINSBURG B	34	159.8
WILMERDING B	5	166.8

Note: n.a. is "not available."

Appendix 8: Birth Outcomes by Municipality, Allegheny County 2011

	Total Number of Births	Low Birth Weight (%)*	Infant Mortality Rate (per 1,000 Live Births)
ALLEGHENY COUNTY	13,101	7.7%	6.1
ALEPPO TWP	8	12.5%	0.0
ASPINWALL BORO	35	2.9%	0.0
AVALON BORO	75	8.0%	0.0
BALDWIN BORO	213	4.7%	0.0
BALDWIN TWP	16	6.3%	0.0
BELL ACRES BORO	12	8.3%	0.0
BELLEVUE BORO	81	3.7%	12.3
BEN AVON BORO	22	0.0%	0.0
BEN AVON HEIGHTS BORO	2	0.0%	0.0
BETHEL PARK MUNI	272	7.0%	0.0
BLAWNOX BORO	14	0.0%	0.0
BRACKENRIDGE BORO	28	0.0%	0.0
BRADDOCK BORO	36	25.0%	55.6
BRADDOCK HILLS BORO	25	12.0%	0.0
BRADFORD WOODS BORO	12	0.0%	0.0
BRENTWOOD BORO	133	12.0%	7.5
BRIDGEVILLE BORO	42	4.8%	0.0
CARNEGIE BORO	87	6.9%	0.0
CASTLE SHANNON BORO	99	9.1%	10.1
CHALFANT BORO	8	37.5%	0.0
CHESWICK BORO	11	0.0%	0.0
CHURCHILL BORO	26	7.7%	0.0
CLAIRTON CITY	109	11.0%	0.0
COLLIER TWP	69	2.9%	0.0
CORAOPOLIS BORO	61	3.3%	0.0
CRAFTON BORO	62	4.8%	16.1
CRESCENT TWP	23	13.0%	0.0
DORMONT BORO	99	3.0%	0.0
DRAVOSBURG BORO	19	0.0%	0.0
DUQUESNE CITY	118	7.6%	0.0
EAST DEER TWP	20	5.0%	0.0
EAST McKEESPORT BORO	19	21.1%	0.0
EAST PITTSBURGH BORO	26	23.1%	0.0
EDGEWOOD BORO	32	3.1%	0.0
EDGEWORTH BORO	9	11.1%	0.0
ELIZABETH BORO	19	0.0%	0.0
ELIZABETH TWP	83	3.6%	0.0
EMSWORTH BORO	25	12.0%	0.0

Appendix 8: Birth Outcomes by Municipality, Allegheny County 2011 (continued)

	Total Number of Births	Low Birth Weight (%)*	Infant Mortality Rate (per 1,000 Live Births)
ETNA BORO	48	10.4%	0.0
FAWN TWP	22	4.5%	0.0
FINDLAY TWP	54	5.6%	0.0
FOREST HILLS BORO	81	3.7%	0.0
FORWARD TWP	28	7.1%	0.0
FOX CHAPEL BORO	38	13.2%	0.0
FRANKLIN PARK BORO	115	6.1%	0.0
FRAZER TWP	5	20.0%	0.0
GLASSPORT BORO	51	3.9%	0.0
GLENFIELD BORO	1	0.0%	0.0
GREEN TREE BORO	35	5.7%	0.0
HAMPTON TWP	118	8.5%	16.9
HARMAR TWP	15	6.7%	0.0
HARRISON TWP	127	8.7%	0.0
HEIDELBERG BORO	15	6.7%	0.0
HOMESTEAD BORO	54	16.7%	0.0
INDIANA TWP	57	1.8%	0.0
INGRAM BORO	41	9.8%	0.0
JEFFERSON HILLS BORO	111	2.7%	0.0
KENNEDY TWP	73	5.5%	0.0
KILBUCK TWP	3	0.0%	0.0
LEET TWP	12	0.0%	0.0
LEETSDALE BORO	8	0.0%	0.0
LIBERTY BORO	23	4.3%	0.0
LINCOLN BORO	5	0.0%	0.0
MARSHALL TWP	74	1.4%	13.5
McCANDLESS TWP	270	5.9%	3.7
McDONALD BORO(part)	6	0.0%	0.0
McKEES ROCKS BORO	114	12.3%	43.9
McKEESPORT CITY	258	8.5%	3.9
MILLVALE BORO	41	14.6%	24.4
MONROEVILLE MUNI	256	6.3%	11.7
MOON TWP	266	6.0%	7.5
MT. LEBANON TWP	327	4.6%	0.0
MT. OLIVER BORO	51	5.9%	39.2
MUNHALL BORO	111	5.4%	9.0
NEVILLE TWP	11	0.0%	0.0
NORTH BRADDOCK BORO	51	9.8%	19.6

Appendix 8: Birth Outcomes by Municipality, Allegheny County 2011 (continued)

	Total Number of Births	Low Birth Weight (%)*	Infant Mortality Rate (per 1,000 Live Births)
NORTH FAYETTE TWP	199	5.0%	10.1
NORTH VERSAILLES TWP	112	11.6%	8.9
OAKDALE BORO	8	0.0%	0.0
OAKMONT BORO	63	1.6%	0.0
O'HARA TWP	70	2.9%	0.0
OHIO TWP	86	3.5%	0.0
GLEN OSBORNE BORO	5	0.0%	0.0
PENN HILLS MUNI	441	7.0%	9.1
PENNSBURY VILLAGE BORO	6	0.0%	0.0
PINE TWP	98	2.0%	20.4
PITCAIRN BORO	45	15.6%	22.2
PITTSBURGH	3439	10.1%	7.9
PLEASANT HILLS BORO	79	1.3%	0.0
PLUM BORO	283	3.9%	0.0
PORT VUE BORO	30	20.0%	0.0
RANKIN BORO	35	5.7%	0.0
RESERVE TWP	45	6.7%	0.0
RICHLAND TWP	141	7.8%	28.4
ROBINSON TWP	110	5.5%	0.0
ROSS TWP	344	6.4%	0.0
ROSSLYN FARMS BORO	6	16.7%	0.0
SCOTT TWP	185	7.6%	10.8
SEWICKLEY BORO	30	6.7%	0.0
SEWICKLEY HEIGHTS BORO	10	20.0%	0.0
SEWICKLEY HILLS BORO	3	0.0%	0.0
SHALER TWP	324	7.1%	3.1
SHARPSBURG BORO	51	3.9%	0.0
SOUTH FAYETTE TWP	172	4.1%	0.0
SOUTH PARK TWP	122	5.7%	0.0
SOUTH VERSAILLES TWP	4	25.0%	0.0
SPRINGDALE BORO	28	7.1%	0.0
SPRINGDALE TWP	10	0.0%	0.0
STOWE TWP	106	11.3%	0.0
SWISSVALE BORO	103	13.6%	9.7
TARENTUM BORO	59	13.6%	16.9
THORNBURG BORO	3	33.3%	0.0
TRAFFORD BORO(PART)	1	0.0%	0.0
TURTLE CREEK BORO	61	16.4%	32.8

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Appendix 8: Birth Outcomes by Municipality, Allegheny County 2011 (continued)

	Total Number of Births	Low Birth Weight (%)*	Infant Mortality Rate (per 1,000 Live Births)
UPPER ST. CLAIR TWP	146	1.4%	0.0
VERONA BORO	34	14.7%	0.0
VERSAILLES BORO	16	6.3%	0.0
WALL BORO	5	0.0%	0.0
WEST DEER TWP	99	7.1%	0.0
WEST ELIZABETH BORO	6	0.0%	0.0
WEST HOMESTEAD BORO	25	8.0%	0.0
WEST MIFFLIN BORO	220	4.5%	0.0
WEST VIEW BORO	83	7.2%	0.0
WHITAKER BORO	13	15.4%	0.0
WHITE OAK BORO	70	12.9%	14.3
WHITEHALL BORO	157	7.6%	6.4
WILKINS TWP	60	13.3%	0.0
WILKINSBURG BORO	188	9.6%	16.0
WILMERDING BORO	29	6.9%	0.0

Excludes births to mothers with unknown municipalities

Appendix 9: Maternal Child Health Behaviors during Pregnancy by Municipality, Allegheny County 2011

	Total Number of Births*	1st Trimester Care (%)**	Smoked While Pregnant (%)***	Intended to Breastfeed (%)****
ALLEGHENY COUNTY	13,101	88.7%	12.2%	69.1%
ALEPPO TWP	8	100.0%	0.0%	100.0%
ASPINWALL BORO	35	100.0%	0.0%	97.1%
AVALON BORO	75	89.0%	18.7%	60.0%
BALDWIN BORO	213	90.0%	11.3%	63.8%
BALDWIN TWP	16	93.8%	12.5%	81.3%
BELL ACRES BORO	12	83.3%	16.7%	66.7%
BELLEVUE BORO	81	84.6%	13.6%	59.3%
BEN AVON BORO	22	81.8%	4.5%	81.8%
BEN AVON HEIGHTS BORO	2	100.0%	0.0%	100.0%
BETHEL PARK MUNI	272	89.2%	6.6%	79.8%
BLAWNOX BORO	14	100.0%	0.0%	85.7%
BRACKENRIDGE BORO	28	88.5%	17.9%	78.6%
BRADDOCK BORO	36	87.9%	19.4%	41.7%
BRADDOCK HILLS BORO	25	96.0%	32.0%	64.0%
BRADFORD WOODS BORO	12	90.9%	8.3%	66.7%
BRENTWOOD BORO	133	95.3%	20.3%	69.2%
BRIDGEVILLE BORO	42	88.1%	16.7%	73.8%
CARNEGIE BORO	87	86.0%	12.6%	64.4%
CASTLE SHANNON BORO	99	90.7%	6.1%	73.7%
CHALFANT BORO	8	100.0%	12.5%	100.0%
CHESWICK BORO	11	81.8%	18.2%	72.7%
CHURCHILL BORO	26	100.0%	3.8%	76.9%
CLAIRTON CITY	109	91.1%	24.8%	51.4%
COLLIER TWP	69	85.5%	2.9%	79.7%
CORAOPOLIS BORO	61	76.3%	18.0%	55.7%
CRAFTON BORO	62	88.3%	9.7%	67.7%
CRESCENT TWP	23	82.6%	21.7%	65.2%
DORMONT BORO	99	90.9%	6.1%	78.8%
DRAVOSBURG BORO	19	100.0%	15.8%	47.4%
DUQUESNE CITY	118	86.6%	23.7%	53.4%
EAST DEER TWP	20	89.5%	20.0%	70.0%
EAST McKEESPORT BORO	19	94.1%	26.3%	42.1%
EAST PITTSBURGH BORO	26	95.8%	30.8%	57.7%
EDGEWOOD BORO	32	96.8%	3.1%	90.6%
EDGEWORTH BORO	9	71.4%	0.0%	88.9%
ELIZABETH BORO	19	88.9%	26.3%	57.9%
ELIZABETH TWP	83	93.7%	14.5%	62.7%
EMSWORTH BORO	25	90.9%	16.0%	72.0%
ETNA BORO	48	86.0%	35.4%	62.5%
FAWN TWP	22	76.2%	18.2%	72.7%
FINDLAY TWP	54	80.8%	13.0%	59.3%
FOREST HILLS BORO	81	90.0%	4.9%	86.4%
FORWARD TWP	28	96.4%	7.1%	71.4%
FOX CHAPEL BORO	38	82.4%	2.6%	86.8%
FRANKLIN PARK BORO	115	96.5%	1.7%	92.2%
FRAZER TWP	5	100.0%	20.0%	40.0%

Appendix 9: Maternal Child Health Behaviors during Pregnancy by Municipality, Allegheny County 2011 (continued)

	Total Number of Births	1st Trimester Care (%)*	Smoked While Pregnant (%)*	Intended to Breastfeed (%) *
GLASSPORT BORO	51	82.4%	37.3%	39.2%
GLENFIELD BORO	1	100.0%	0.0%	100.0%
GREEN TREE BORO	35	94.1%	5.7%	85.7%
HAMPTON TWP	118	93.8%	2.5%	78.0%
HARMAR TWP	15	91.7%	6.7%	53.3%
HARRISON TWP	127	85.5%	22.0%	58.3%
HEIDELBERG BORO	15	85.7%	6.7%	33.3%
HOMESTEAD BORO	54	84.9%	25.9%	50.0%
INDIANA TWP	57	92.9%	10.5%	80.7%
INGRAM BORO	41	86.5%	17.1%	65.9%
JEFFERSON HILLS BORO	111	92.8%	7.2%	75.7%
KENNEDY TWP	73	90.3%	5.5%	69.9%
KILBUCK TWP	3	100.0%	0.0%	100.0%
LEET TWP	12	90.9%	0.0%	50.0%
LEETSDALE BORO	8	75.0%	12.5%	75.0%
LIBERTY BORO	23	100.0%	26.1%	65.2%
LINCOLN BORO	5	100.0%	20.0%	60.0%
MARSHALL TWP	74	91.5%	1.4%	83.8%
McCANDLESS TN	270	91.5%	3.3%	77.8%
McDONALD BORO (part)	6	83.3%	33.3%	83.3%
McKEES ROCKS BORO	114	80.7%	32.5%	40.4%
McKEESPORT CITY	258	87.9%	27.1%	43.4%
MILLVALE BORO	41	87.5%	39.0%	36.6%
MONROEVILLE MUNI	256	86.7%	10.5%	75.0%
MOON TWP	266	84.6%	5.6%	67.3%
MT. LEBANON TWP	327	89.7%	2.1%	89.6%
MT. OLIVER BORO	51	81.6%	35.3%	49.0%
MUNHALL BORO	111	90.7%	15.3%	59.5%
NEVILLE TWP	11	81.8%	27.3%	63.6%
NORTH BRADDOCK BORO	51	82.6%	17.6%	60.8%
NORTH FAYETTE TWP	199	83.9%	9.5%	64.3%
NORTH VERSAILLES TWP	112	90.0%	19.6%	66.1%
OAKDALE BORO	8	85.7%	25.0%	62.5%
OAKMONT BORO	63	91.8%	4.8%	81.0%
O'HARA TWP	70	95.6%	7.1%	84.3%
OHIO TWP	86	91.5%	0.0%	84.9%
GLEN OSBORNE BORO	5	100.0%	0.0%	80.0%
PENN HILLS MUNI	441	89.4%	10.4%	69.4%
PENNSBURY VILLAGE BORO	6	100.0%	0.0%	83.3%
PINE TWP	98	97.8%	1.0%	81.6%
PITCAIRN BORO	45	76.7%	31.1%	48.9%
PITTSBURGH	3439	86.6%	13.9%	67.5%
PLEASANT HILLS BORO	79	88.5%	3.8%	75.9%
PLUM BORO	283	94.0%	6.7%	73.5%
PORT VUE BORO	30	79.3%	26.7%	63.3%
RANKIN BORO	35	81.8%	20.0%	42.9%
RESERVE TWP	45	88.1%	24.4%	75.6%

Appendix 9: Maternal Child Health Behaviors during Pregnancy by Municipality, Allegheny County 2011 (continued)

	Total Number of Births	1st Trimester Care (%)*	Smoked While Pregnant (%)*	Intended to Breastfeed (%) *
RICHLAND TWP	141	92.5%	2.1%	80.1%
ROBINSON TWP	110	91.4%	6.4%	76.4%
ROSS TWP	344	93.0%	6.7%	79.7%
ROSSLYN FARMS BORO	6	100.0%	0.0%	50.0%
SCOTT TWP	185	90.6%	2.7%	83.8%
SEWICKLEY BORO	30	72.4%	0.0%	73.3%
SEWICKLEY HEIGHTS BORO	10	66.7%	20.0%	30.0%
SEWICKLEY HILLS BORO	3	100.0%	0.0%	66.7%
SHALER TWP	324	94.8%	7.4%	74.1%
SHARPSBURG BORO	51	88.4%	19.6%	72.5%
SOUTH FAYETTE TWP	172	89.9%	2.9%	77.3%
SOUTH PARK TWP	122	89.3%	11.5%	75.4%
SOUTH VERSAILLES TWP	4	100.0%	0.0%	50.0%
SPRINGDALE BORO	28	88.5%	28.6%	57.1%
SPRINGDALE TWP	10	77.8%	10.0%	30.0%
STOWE TWP	106	78.6%	30.2%	33.0%
SWISSVALE BORO	103	83.2%	12.6%	68.9%
TARENTUM BORO	59	78.6%	30.5%	54.2%
THORNBURG BORO	3	100.0%	33.3%	66.7%
TRAFFORD BORO(PART)	1	100.0%	0.0%	100.0%
TURTLE CREEK BORO	61	79.3%	32.8%	52.5%
UPPER ST. CLAIR TWP	146	90.9%	3.4%	78.1%
VERONA BORO	34	94.1%	32.4%	64.7%
VERSAILLES BORO	16	100.0%	25.0%	56.3%
WALL BORO	5	100.0%	40.0%	40.0%
WEST DEER TWP	99	93.7%	10.1%	68.7%
WEST ELIZABETH BORO	6	66.7%	50.0%	16.7%
WEST HOMESTEAD BORO	25	96.0%	4.0%	56.0%
WEST MIFFLIN BORO	220	88.2%	17.7%	60.9%
WEST VIEW BORO	83	93.7%	8.4%	73.5%
WHITAKER BORO	13	92.3%	7.7%	69.2%
WHITE OAK BORO	70	89.4%	14.3%	67.1%
WHITEHALL BORO	157	90.2%	3.8%	80.3%
WILKINS TWP	60	90.6%	6.7%	76.7%
WILKINSBURG BORO	188	92.0%	13.8%	60.6%
WILMERDING BORO	29	89.3%	10.3%	58.6%

Excludes births to mothers with unknown municipalities

** *Denominator for calculating percent excludes those births with unknown prenatal care.*

*** *Percent of mothers who smoked at least 1 cigarette 3 months prior to becoming pregnant or during their pregnancy.*

**** *Percent of mothers intending to breastfeed their babies*