

Allegheny Health Network — AHN Allegheny General Hospital

Implementation Strategy Plan

2025 Report



AHN ALLEGHENY GENERAL

Implementation Strategy Plan 2025

About Allegheny Health Network (AHN)

Allegheny Health Network (AHN) is a leading nonprofit health system based in Pittsburgh, Pennsylvania, dedicated to providing exceptional quality, comprehensive health care services to the communities it serves. AHN, part of the Highmark Health enterprise, operates 14 hospitals, employs over 22,000 people, and has more than 250 locations providing care. The facilities have nine surgical centers, six regional cancer centers, and six health and wellness pavilions. Its staff includes over 3,000 physicians, residents, and fellows; 6,000 nurses; and 22,000 employees.¹ AHN is an integrated health system dedicated to providing exceptional care to people in the local communities. Serving 12 Pennsylvania counties and two counties in New York, AHN brings together the services of AHN Allegheny General Hospital, AHN Allegheny Valley Hospital, AHN Canonsburg Hospital, AHN Forbes Hospital, AHN Grove City Hospital, AHN Jefferson Hospital, AHN Saint Vincent Hospital, AHN West Penn Hospital, AHN Westfield Memorial Hospital, AHN Wexford Hospital, and AHN Neighborhood Hospitals (AHN Brentwood Neighborhood Hospital, AHN Harmar Neighborhood Hospital, AHN Hempfield Neighborhood Hospital, and AHN McCandless Neighborhood Hospital).

AHN encompasses a wide range of health care services, including acute care, outpatient services, rehabilitation, emergency care, and specialty programs. AHN is also recognized for its cutting-edge technology and research initiatives, focusing on advancing medical science and enhancing patient care. AHN is a vital component of the health care landscape focused on delivering high-quality, patient-centered care. Through its extensive services, community engagement, and commitment to health equity, AHN strives to improve the health and well-being of the communities it serves. With a dedication to innovation and excellence, AHN continues to play a crucial role in shaping the future of health care in the region.

Mission

To create a remarkable health experience, freeing people to be their best.

Vision

A world where everyone embraces health.

¹ Allegheny Health Network

About Allegheny Health Network Allegheny General Hospital

AHN Allegheny General Hospital (AGH) is a regional leader in specialties that include surgical, medical, rehabilitative, and trauma. AHN AGH is a flagship facility within AHN, located in Pittsburgh, Pennsylvania. Established in 1885, AGH has a long history of providing high-quality medical care and has grown into one of the region's premier academic medical centers. The hospital is known for its specialized services in cardiovascular care, cancer treatment, neurology, orthopedics, and trauma care, serving as a tertiary referral center for complex cases from across western Pennsylvania and beyond.

AGH is also deeply committed to community health, working to reduce health disparities and improve access to care for underserved populations in the Pittsburgh region. The hospital offers a variety of outreach programs, including preventive health screenings, educational workshops, and collaborations with local organizations to promote public health and wellness. With a medical staff that includes 1,185 physicians across various specialties, AGH is well-equipped to provide high-quality care while addressing the broad health care needs of the community. These efforts reflect AGH's mission to treat illness and enhance overall health and well-being through proactive engagement.

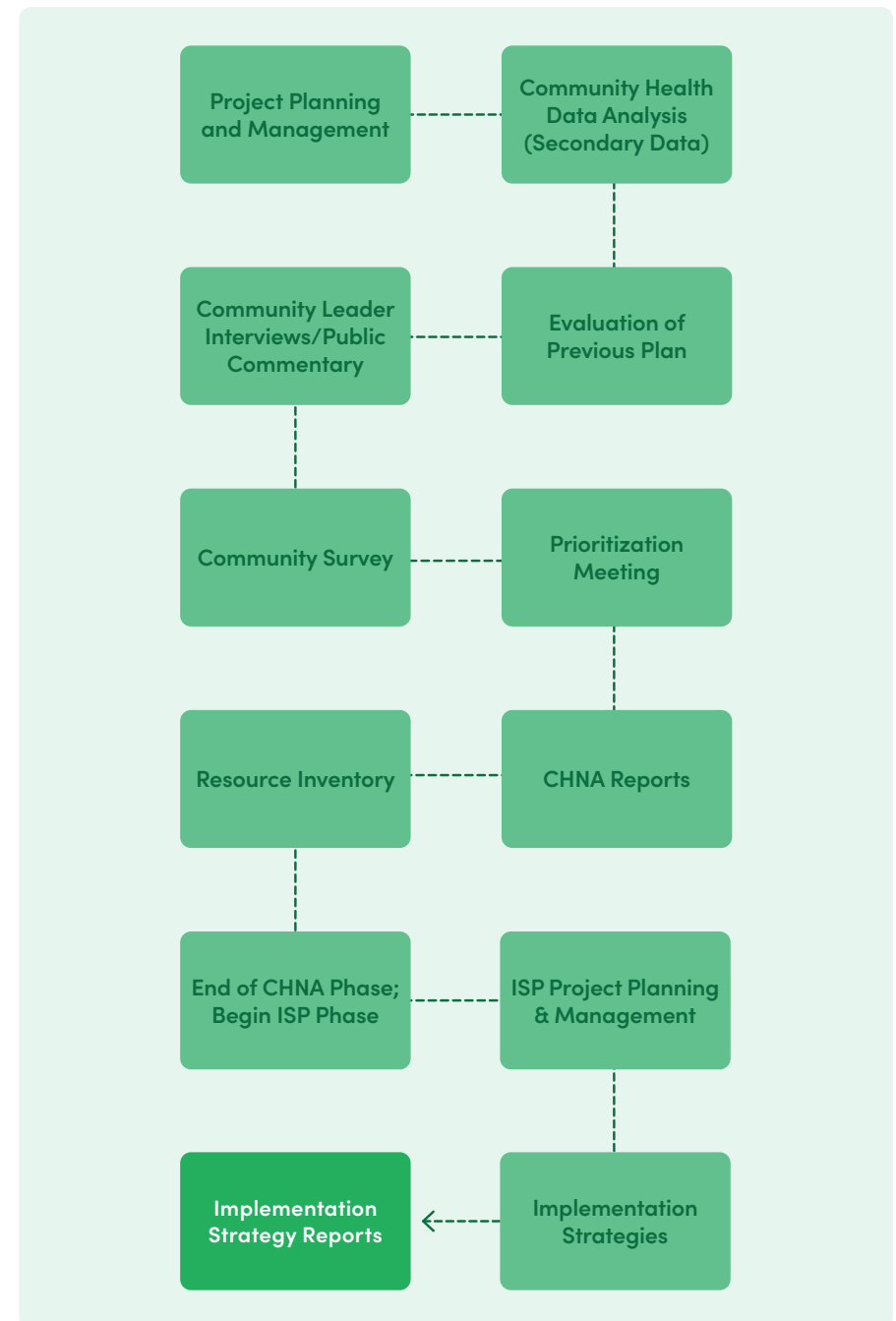
Community Health Needs Assessment and Implementation Strategy Plan Background

In 2024, Allegheny Health Network (AHN) partnered with Tripp Umbach to conduct a comprehensive community health needs assessment (CHNA) for AHN AGH primarily serving Allegheny and Butler counties. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of social service agencies. As a continuation of the CHNA, AHN, with the assistance of Tripp Umbach, proceeded to the Implementation Strategy Plan (ISP). The ISP process delineates and describes the hospital's plan for addressing the community health needs identified in the CHNA. The overall CHNA and ISP involves multiple steps, as depicted in the flowchart on the next page.


Overall CHNA and ISP Process Flow Chart

Under the Patient Protection and Affordable Care Act (PPACA), all nonprofit hospitals are required to conduct a CHNA every three years. This process ensures hospitals remain responsive to the changing health needs of their communities. The CHNA must identify the hospital's service area, gather input from a wide range of stakeholders, including public health experts and community members, and evaluate the most critical health challenges in the region. After identifying these health needs, hospitals must prioritize them based on their importance and develop an implementation strategy to address them. The strategy should outline potential actions, partnerships, and resources to effectively address the identified needs, ensuring hospitals align their efforts with the health and well-being of their communities.

It is important to note that the ISP is not intended to provide a comprehensive list of how AHN AGH addresses the community's needs. Instead, it focuses on key actions the hospital commits to taking and monitors its progress of the identified priorities. Although the strategy includes internal and external partners, many clinical departments and AHN institutes will collaborate on these initiatives. Their roles may involve participating in clinical programs and protocols or contributing to educational outreach by sharing expertise, individually or as a team, to address the community's health needs.



Overall Prioritized Needs of Allegheny Health Network Hospitals

2024 Prioritized Needs	Social Determinants of Health (SDOH)					Behavioral Health			Chronic Diseases and Aging					Health Equity
	Transportation	Workforce Development	Cost of Care	Access to Care*	Food Insecurity, Diet, & Nutrition	Substance Use Disorder	Mental Health Services	Postpartum Depression	Diabetes	Heart Disease	Cancer	Aging	Obesity	Social and Workforce Programs**
Allegheny General Hospital	X	X	X		X	X			X	X	X			X
Allegheny Valley Hospital	X				X	X	X		X	X				X
Canonsburg Hospital		X		X										X
Forbes Hospital		X		X	X	X	X				X			X
Grove City Medical Center					X	X	X		X	X	X		X	X
Jefferson Hospital		X			X		X				X			X
Saint Vincent Hospital		X	X		X		X				X			X
West Penn Hospital			X		X			X					X	X
Westfield Memorial Hospital				X	X	X	X	X	X	X	X			X
Wexford Hospital		X			X		X	X		X		X		X
Brentwood Neighborhood Hospital			X	X										X
Harmar Neighborhood Hospital			X	X										X
Hempfield Neighborhood Hospital			X	X										X
McCandless Neighborhood Hospital			X	X										X

* Access to care includes primary care, specialty care, EMS/trauma services, and access to general services.

**Social and Workforce Programs includes, for example, cultural competency and Culturally and Linguistically Appropriate Services (CLAS).

Transportation

Transportation plays a vital role in social determinants of health, as it directly influences individuals' ability to access essential services such as health care, employment, and nutritious food. Reliable transportation ensures that people can attend medical appointments, seek preventive care, and access emergency services. The link between transportation and health is evident, as transportation barriers often lead to missed medical appointments, increasing reliance on emergency room visits and hospitalizations, resulting in poorer health outcomes.

When individuals cannot reach their health care providers, they may delay necessary care, leading to conditions that become more severe and costly to treat. This not only strains health care systems, but also imposes a financial burden on individuals and families. Additionally, the lack of reliable transportation disproportionately affects low-income families, seniors, and individuals with disabilities — exacerbating existing health disparities. These groups often have fewer resources and face greater challenges in securing transportation, increasing their risk of untreated health conditions and overall poorer health.

Addressing transportation barriers through expanded public transit, community-based transportation programs, or other innovative solutions can significantly improve health outcomes for vulnerable populations. Enhancing access to transportation reduces health care costs, improves quality of life, and helps close the gap in health disparities across communities. Ultimately, transportation is more than just a logistical concern — it is a fundamental factor in ensuring equitable health care access and promoting overall well-being.

Social Determinants of Health (SDOH): Transportation				
Goal: To transform transportation services for AHN AGH patients and families.				
Impact: (1) Increased transportation services for patients; and (2) increased awareness of transportation services.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Community residents	<ul style="list-style-type: none">Improve access to transportation services for patients and families.	<ul style="list-style-type: none">Assess current transportation services.Collaborate with Prehospital Care Services (PCS) to utilize a centralized coordination center.Educate patients on transportation services.Conduct SDOH screenings to determine transportation needs.Provide transportation resources for patients where appropriate.	<ul style="list-style-type: none">Number of trips provided to patients.Number of people showing transportation needs through SDOH screenings.	<ul style="list-style-type: none">Lyft Program for Patient Discharge, Z-trip, ACCESS Transportation Services

Workforce Development

Workforce development plays a crucial role in addressing social determinants of health by cultivating a skilled labor force, ensuring that health care systems and other industries have the workforce to deliver quality services. For instance, training programs for health care workers help address provider shortages and expand access to medical care. In both rural and urban areas, workforce training initiatives that strengthen local health care capacity can increase the number of professionals serving these regions, ultimately improving health care access and outcomes.

Beyond health care, workforce development contributes to broader societal improvements by tackling systemic inequities. Many encounter significant barriers to obtaining quality education and stable employment. Workforce programs that prioritize equity — such as vocational training, mentorship, and job placement services — can help break the cycle of poverty and reduce health disparities. When individuals access stable jobs and financial security, they are better equipped to afford necessities like housing, transportation, and other essential factors that influence health and well-being.

Social Determinants of Health (SDOH): Workforce Development				
Goal: Increase number of people that receive information on job opportunities and pre-employment career readiness.				
Impact: (1) Increased number of employment screening and education events; and (2) increased number of prepared health professionals entering the health care workforce.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Students and residents (unemployed and underserved)	<ul style="list-style-type: none">Increase the number of people who receive information on relevant jobs and pre-employment career readiness.	<ul style="list-style-type: none">Partner with local public schools and community partners.Provide educational events, hospital tours, and open houses to students and residents in our region.Identify high-turnover jobs and develop employment pipelines specific to job openings.	<ul style="list-style-type: none">Number of community events provided.Number of hours of professional training provided to students through partner school programs.Number of individuals participating in the Talent Attraction Program.	<ul style="list-style-type: none">Nazareth Prep - High School Internship Program, Pittsburgh Public Schools - Start on Success Program and CITY ConnectionsTalent Attraction ProgramHuman Resources and Talent Acquisition

Cost of Care

The cost of health care is a significant factor in shaping social determinants of health (SDOH) because it directly influences individuals' ability to access necessary medical services. When the cost of care is prohibitively high, people may delay or forgo medical treatments, leading to worse health outcomes. This issue is especially pronounced among uninsured or underinsured individuals, who often face higher out-of-pocket expenses. According to a West Health-Gallup Affordability Index Survey, an estimated 72.2 million (or nearly one in three) American adults did not seek needed health care because of cost, significantly impacting their ability to seek preventive care, manage chronic conditions, or receive timely treatments.²

The CHNA Community Survey results revealed cost barriers such as lack of insurance coverage, lower incomes, or limited access to affordable care are prevalent in the AGH service area. Addressing the high cost of health care is essential for improving health equity and reducing the long-term societal costs of poor health outcomes. By tackling the cost of care, society can take a significant step toward reducing health disparities and improving the overall well-being of populations.

Social Determinants of Health (SDOH): Cost of Care				
Goal: Reduce costs that may have a direct benefit to reducing patients' out-of-pocket and risk-adjusted per member per month insurance health care expenses.				
Impact: (1) Eliminated inefficient prescribing process; (2) decreased out-of-pocket costs for patients' medication; (3) reduced readmission rates; and (4) reduced emergency department (ED) visits due to negative side effects or ineffective antibiotic treatment.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Patients presenting at Allegheny General Hospital 	<ul style="list-style-type: none"> Reduce incidence of negative side effects or ineffective antibiotic treatment for infection. 	<ul style="list-style-type: none"> Involve pharmacists in the follow-up process for Emergency Department (ED) visits related to urinary tract infections (UTIs), wound infections, throat cultures, and sexually transmitted diseases (STDs). Develop an algorithm or a standardized protocol that pharmacists can make recommendations. Review culture alerts received after discharge from ED and when appropriate. 	<ul style="list-style-type: none"> Percent of appropriate antibiotics based on bacteria. Percent of appropriate duration of treatment based on type of infection. Percent of readmissions/return visits to ED for the same issue/side effects from treatment. 	<ul style="list-style-type: none"> Pharmacy ED
	<ul style="list-style-type: none"> Utilize a project to address the medication needs of discharged patients. 	<ul style="list-style-type: none"> Utilize the Meds to Bed program to improve patient outcomes with medication adherence through up-front education, clarification of questions, and resolution of insurance issues. 	<ul style="list-style-type: none"> Number of patients utilizing the Meds to Beds program. Number of patients utilizing Meds to Beds with medication-related admissions. 	<ul style="list-style-type: none"> Meds to Beds staff Pharmacy staff

² West Health-Gallup Affordability Index

Food Insecurity, Diet, and Nutrition

Food insecurity — a major social determinant of health — affects millions of individuals and families, particularly in low-income communities where access to nutritious food is often limited. Many areas are classified as food deserts, meaning residents cannot access affordable, healthy food options. Instead, many rely on highly processed, high-calorie foods that lack essential nutrients, increasing the likelihood of diet-related health conditions. Poor nutrition not only exacerbates chronic disease prevalence but also impacts mental health, contributing to stress, anxiety, and depression.³

Diet and nutrition are fundamental to overall health, influencing physical well-being to cognitive development. A lack of essential nutrients can weaken the immune system, lower energy levels, and increase vulnerability to illness. Inadequate nutrition during early childhood has severe and lasting consequences, contributing to developmental delays, learning difficulties, and a higher risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions later in life.⁴

The consequences of food insecurity and poor diet extend beyond individual health, affecting educational achievement, workforce productivity, and economic stability. Children who experience hunger or malnutrition often struggle academically due to difficulties concentrating and increased absenteeism caused by illnesses.⁵ Adults facing food insecurity may experience diminished work performance and higher health care costs due to preventable diet-related illnesses. Addressing food insecurity through policies that expand access to nutritious food — such as subsidized grocery programs, community gardens, and improved public transportation to grocery stores — can help mitigate these disparities and promote better health outcomes across populations. Ultimately, ensuring access to a healthy diet is not just a matter of personal choice but a critical factor in reducing health inequities and improving overall societal well-being.

Social Determinants of Health (SDOH): Food Insecurity, Diet, and Nutrition				
Goal: Improve access to healthy foods.				
Impact: (1) Increased underserved populations to gain better access to healthy foods; (2) increased knowledge on healthy diets.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Underserved populations	<ul style="list-style-type: none">Improve access to healthy foods through the Health Food Center.	<ul style="list-style-type: none">Community events with nutrition and information on Healthy Food Center.Conduct SDOH screenings to determine Food Insecurity.	<ul style="list-style-type: none">Number of people served.Number of people screened positive for Food Insecurity.	<ul style="list-style-type: none">AHN AGH Healthy Food CenterNutrition ServicesCIH

³ National Library of Medicine

⁴ National Library of Medicine

⁵ National Library of Medicine

Substance Use Disorder

Substance use disorder (SUD) is a significant public health challenge that profoundly affects behavioral health, contributing to both the development and worsening of mental health conditions. Alcohol and tobacco use, in particular, are major risk factors that can trigger or exacerbate anxiety, depression, and other behavioral health disorders. In Pennsylvania, substance use remains a pressing concern, with alcohol, opioids, methamphetamines, and tobacco posing serious health risks to individuals and communities alike.

SUD affects a substantial portion of the population, leading to an increased burden on the health care system through higher rates of hospitalization, emergency room visits, and chronic disease complications. Excessive alcohol consumption is also linked to impaired cognitive function, increased risk of injury, and a heightened prevalence of co-occurring mental health conditions such as depression and anxiety.⁶

Beyond alcohol, the rise of methamphetamine use in Pennsylvania has sparked growing concerns, as it is associated with severe physical and psychological consequences, including psychosis, aggression, and cardiovascular complications. Opioid addiction remains a major crisis in the state, contributing to high overdose rates and straining behavioral health services. Tobacco use continues to be a leading cause of preventable disease, exacerbating conditions such as lung disease, cardiovascular disease, and certain mental health disorders.⁷

The intersection of substance use and behavioral health underscores the need for comprehensive prevention, treatment, and harm reduction strategies. Expanding access to evidence-based interventions, such as medication-assisted treatment (MAT), mental health counseling, and community-based recovery programs, is essential in addressing SUD and its widespread effects. Addressing the root causes of substance use — including social determinants such as poverty, trauma, and lack of access to care — is crucial in improving behavioral health outcomes and fostering healthier communities.

⁶ American Addiction Centers

⁷ Pennsylvania Department of Health

Behavioral Health: Substance Use Disorder (SUD)

Goal: Increase knowledge and access to substance use disorder programs and services.

Impact: (1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.

Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> General population with substance use disorder 	<ul style="list-style-type: none"> To increase access to services in the Emergency Department (ED) for post-overdose management and SUD navigation. 	<ul style="list-style-type: none"> Provide a warm handoff program in the ED for SUD navigation. Screen patients for SUD and consult with Addiction Medicine or appropriate SUD expertise in care management. 	<ul style="list-style-type: none"> Number of addiction medicine consults and unique patients Number of ED encounters where the patient was seen by a navigator for any reason Number of ED encounters where a patient was diagnosed with an OUD Number of ED encounters where a patient was treated with buprenorphine Number of ED encounters where patients were diagnosed with an overdose and number of ED encounters where the patient was seen by a navigator for any reason Number of ED encounters where patients were diagnosed with an overdose and seen by a navigator 	<ul style="list-style-type: none"> ED Hospital staff CIH

Diabetes

The prevalence of chronic diseases, particularly diabetes, has been steadily rising, mirroring national trends influenced by a combination of factors such as increasing obesity rates, sedentary lifestyles, and an aging population. Type 2 diabetes, which accounts for the majority of diagnoses, is closely tied to lifestyle choices such as poor diet and lack of physical activity. If not effectively managed, this condition can lead to severe and debilitating complications, including heart disease, kidney failure, and vision loss.

In Pennsylvania, the impact of chronic diseases like diabetes is profound, with significant repercussions for both individuals and the health care system. Those living with diabetes face a considerably higher risk of developing life-threatening complications, which not only affect quality of life but also contribute to increased health care costs. According to the Pennsylvania Department of Health, diabetes and its associated complications are among the leading causes of death in the state, underscoring the critical need for robust prevention, early intervention, and comprehensive management strategies.⁸ Addressing these chronic conditions is essential to improving public health and alleviating the burden on the health care system.

Chronic Diseases and Aging: Diabetes				
Goal: Increase the number of adults who receive biometric screenings.				
Impact: (1) Increased number of biometric screenings; and (2) increased number of patients receiving education on healthy living and lifestyles and information on options of where to go due to abnormal results.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Community residents	<ul style="list-style-type: none">Provide free screenings through partnership with the Institute for Strategic Social and Workforce Programs.	<ul style="list-style-type: none">Educate patients on healthy living and lifestyle.Screen patients.Provide options for those with abnormal readings/results.	<ul style="list-style-type: none">Number of biometric screenings completedPercentage of screenings that came back with abnormal results	<ul style="list-style-type: none">The Institute for Strategic Social and Workforce Programs

⁸ Pennsylvania Department of Health

Heart Disease

Heart disease is a prevalent chronic condition in Pennsylvania, profoundly affecting the health and well-being of its residents. It encompasses a wide spectrum of cardiovascular diseases, including coronary artery disease, heart failure, arrhythmias, and other related disorders that impair the heart’s ability to function optimally. As a leading cause of morbidity and mortality, heart disease presents a significant public health challenge, contributing not only to high rates of premature death but also to long-term disability and diminished quality of life for many individuals.

In Pennsylvania, the burden of heart disease is especially concerning. According to the Pennsylvania Department of Health, heart disease remains the leading cause of death across the state, responsible for thousands of lives lost each year.⁹ This chronic condition is strongly influenced by modifiable risk factors such as poor diet, physical inactivity, smoking, and excessive alcohol consumption, all of which are prevalent among the population. The rising rates of obesity, hypertension, and diabetes further exacerbate the problem, creating a complex web of interrelated health issues that strain both individuals and the health care system.

Given the scope and impact of heart disease, addressing this chronic condition is critical to improving the overall health of the population. Effective prevention and management strategies, such as promoting healthier lifestyles, improving access to health care, and addressing underlying risk factors, are essential in reducing the incidence of heart disease and mitigating its devastating consequences. Furthermore, expanding public health initiatives aimed at early detection and intervention can help reduce the long-term burden of this chronic disease, ultimately saving lives and improving health outcomes for many.

Chronic Diseases and Aging: Heart Disease				
Goal: To improve quality outcomes associated with heart disease.				
Impact: (1) Increased education related to heart disease; and (2) improved outcomes for patients diagnosed with heart disease.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Community residents	<ul style="list-style-type: none">Utilize the Cardiovascular Institute at AGH.	<ul style="list-style-type: none">Educate patients on heart disease management.Encourage patients to participate in heart disease programming.	<ul style="list-style-type: none">Number of patients in heart disease programming	<ul style="list-style-type: none">Chronic disease specialistsRN navigators

⁹ Pennsylvania Department of Health

Cancer

Cancer is a significant and growing chronic disease in Pennsylvania, significantly impacting the health and lives of its residents. Each year, thousands of Pennsylvanians are diagnosed with cancer, and the disease remains a leading cause of death in the state. In Allegheny County, cancer is particularly devastating, ranking as the second-leading cause of death, accounting for 18% of all fatalities in 2020 alone.¹⁰ This reflects a broader trend that highlights cancer’s profound impact on both individuals and communities.

According to a recent study by the American Cancer Society, the burden of cancer in Pennsylvania is expected to continue increasing in the coming years.¹¹ In 2024, approximately 89,410 people were diagnosed with cancer and 27,570 would die from the disease. This marks a slight increase from the previous year’s projections, which estimated 88,450 diagnoses and 27,460 deaths. The steady rise in cancer diagnoses and mortality underscores the growing challenge this chronic disease presents to public health.

Several factors contribute to the rising incidence of cancer, including an aging population, environmental exposures, and lifestyle-related risks such as tobacco use, poor diet, and physical inactivity. Additionally, the increasing prevalence of chronic conditions such as obesity, diabetes, and heart disease can further elevate cancer risk. With cancer rates expected to climb, there is an urgent need for robust public health strategies focused on prevention, early detection, and improved treatment options to combat this chronic disease.

The increasing number of cancer diagnoses and deaths highlights the importance of prioritizing cancer research, access to care, and public awareness campaigns. By addressing the underlying risk factors and promoting healthier lifestyles, Pennsylvania can work toward reducing the impact of cancer and improving survival outcomes for those affected by this devastating chronic disease.

Chronic Diseases and Aging: Cancer				
Goal: Increase the number of adults who receive age-appropriate cancer screenings.				
Impact: (1) Increased number of cancer screenings; and (2) increased number of patients diagnosed early for better outcome.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none">Adults	<ul style="list-style-type: none">Increase the number of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines.	<ul style="list-style-type: none">Partner with AHN Cancer Institute to provide breast, cervical, colorectal, head and neck, lung, prostate, and skin cancer screenings.	<ul style="list-style-type: none">Number of screenings performedNumber of individuals screened for at least one type of cancer	<ul style="list-style-type: none">AHN Cancer Institute

¹⁰ Allegheny County Health Departments
¹¹ American Cancer Society

Social and Workforce Programs

Health equity is a crucial aspect of public health that aims to ensure that all individuals, regardless of socioeconomic status or geographic location, have equal access to health care resources and opportunities for optimal health. The importance of health equity lies in its potential to reduce health disparities, improve health outcomes, and enhance overall community well-being.

The World Health Organization (WHO) emphasizes that reducing inequities in health can lead to improved social and economic outcomes, as healthier individuals are more capable of contributing to their communities. Health equity is achieved when everyone can attain their full potential for health and well-being. Moreover, equitable access to health care develops a sense of trust and engagement among community members, encouraging them to seek necessary care and adhere to preventive measures. Health equity is essential for creating a fair and effective health care system that serves all individuals. Addressing the root causes of health disparities and promoting equitable access to care can improve health outcomes and advance a healthier, more resilient society.

Health Equity – Social and Workforce Programs				
Goal: Increase knowledge and access to health providers and services.				
Impact: (1) improve the health outcomes of the North Side communities, (2) increase health literacy within North Side communities.				
Target Population	Strategies	Action Steps	Measures	Partners and Resources
<ul style="list-style-type: none"> Patients living in the three North Side ZIP codes (15212, 15214, and 15233) 	<ul style="list-style-type: none"> Improve health literacy. Improve access to resources to address SDOH needs. 	<ul style="list-style-type: none"> Connect patients with Community Health Workers in-person for warm handoff. Educate health literacy. 	<ul style="list-style-type: none"> Number of Thrive 18 referrals Number of warm handoffs Decrease inpatient and emergency room visits and increase use of primary care visits 	<ul style="list-style-type: none"> Thrive 18
Goal: Improve cultural and linguistic services within our health care organization.				
Impact: Advance health equity, decrease health care disparities, and improve our overall quality of care outcomes.				
<ul style="list-style-type: none"> Team members and patients 	<ul style="list-style-type: none"> Increase utilization of interpretive services. 	<ul style="list-style-type: none"> Review quarterly reports of language utilization data from the Institute for Strategic Social and Workforce Programs. Ensure all employees are trained* and prepared to engage language services. Implement I-Speak card program and language binder. 	<ul style="list-style-type: none"> Number of employees trained Increase in utilization of language services (vendor reports provided) Number of complaints related to language services 	<ul style="list-style-type: none"> The Institute for Strategic Social and Workforce Programs CIH Integration Specialist Nurse Education

*All AHN employees receive annual mandatory CLAS Standard training in Health Care Environment Training.

Reclassifying Health Equity programs as Social and Workforce Programs better reflects the broader scope of addressing disparities and improving health care access, outcomes, and workforce representation for all populations. It ensures a more direct focus on addressing systemic barriers to care, social determinants of health, and workforce development initiatives. The change aligns with Allegheny Health Network's health care priorities, emphasizing measurable strategies to improve community health outcomes and strengthen the health care workforce. By reframing this category, AHN aims to highlight tangible efforts to improve social well-being and create sustainable workforce solutions that enhance access to quality health care for everyone.

Conclusion

As AHN AGH continues its mission to improve the health and well-being of the community, addressing the identified needs of transportation, workforce development, cost of care, food insecurity, substance use disorder, chronic diseases, and social and workforce programs will be essential to achieving long-term positive health outcomes. By implementing these updated implementation strategies over the next three years, AHN AGH will enhance access to care and improve the quality of life for residents throughout the region.

Efforts to address SDOH will ensure that individuals have the necessary resources and support to access health care services, overcoming barriers that may impact their well-being. Investing in workforce development will strengthen the health care system by building a skilled and adaptable workforce, improving care delivery, and supporting ongoing professional growth. Addressing the cost of care through financial assistance and partnerships will help make health care more affordable and accessible for everyone, particularly those facing economic challenges.

Addressing behavioral health needs, including mental health and substance use disorders, will contribute to a more holistic approach to health care, recognizing the interconnectedness of physical and mental well-being. Focusing on chronic disease prevention and management will enhance efforts to address conditions such as diabetes, heart disease, and cancer, promoting early intervention and better overall health outcomes.

Prioritizing social and workforce programs in policies and practices will ensure that all individuals receive care that is respectful and responsive to their unique backgrounds and needs. By fostering an integrated environment across all health care initiatives, organizations can improve access to care and promote equitable health outcomes for all communities. Through collaboration, innovation, and a patient-centered approach, AHN AGH can become a driving force in transforming health care delivery for the people of Allegheny County, Butler County, and beyond, creating a healthier, more equitable future for all.