RWJF Culture of Health
Sentinel Community
Snapshots:

Allegheny County, Pennsylvania
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ABOUT THIS REPORT
This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. The Sentinel Communities project, conducted by Research Triangle Institute International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. Visit cultureofhealth.org to see the full list of communities and links to other reports and information about the project.
Introduction

Allegheny County, a metropolitan community of more than 1.2 million residents in western Pennsylvania, is home to 130 municipalities, each with its own municipal governance. With the city of Pittsburgh at its core, Allegheny County was once one of the most populous counties in the United States and home to a prosperous manufacturing industry that produced half of the nation’s steel. Pittsburgh is still the county’s biggest city, representing 25% of the population and 13% of the county’s physical area. Outside of Pittsburgh, the surrounding 129 suburban municipalities are individually much smaller than Pittsburgh, each accounting for, at most, 4% of Allegheny County’s population.¹

The Monongahela and Allegheny Rivers converge in downtown Pittsburgh to form the Ohio River, which provided critical shipping for the coal and mining industries. The collapse of the steel industry in the 1970s left Allegheny County in economic ruin. The population has declined by approximately 24% since its peak in 1960.² Residents who could afford to relocate or retrain did so, leaving many who worked in the declining manufacturing sector to confront financial hardship and unemployment.³ Industrial decline exacerbated existing disparities in education, employment, income, poverty and access to care, particularly for the county’s black residents.

Today, Allegheny County is undergoing an economic and physical transformation, driven in part by Pittsburgh’s riverfront vision plan, which aims to revitalize the city center. Urban renewal in the city core has resulted in gentrification, with young people moving back to Pittsburgh
Attracted to employment in the technology industry.4 Meanwhile, older, low-income residents are relocating to the county’s outlying suburbs, known as the “suburban ring,” in search of affordable housing.4

Allegheny County is leveraging its strengths in cross-sectoral collaborations and strong civic institutions for positive change. With the county health department leading the charge, hundreds of engaged county residents and a cadre of over 80 partners are forging cross-sectoral relationships, examining health disparities, mapping local assets, and building consensus around health and strategic priorities. The impact of this collaborative approach is yet to be realized but lays the groundwork for transformative improvement in residents’ health and well-being.

**Education, Employment, and Income Inequality**

Allegheny County’s urban center revitalization, economic growth, and job opportunities have not benefited all residents equally. Education and income inequality, unemployment, and poverty—key drivers of inequities in health and well-being—continue to affect the region’s black population disproportionately.

Within Allegheny County, almost 80% of the population is white, about 13% is black, 3% is Asian, and less than 2% is Hispanic/Latino.4 Overall, Allegheny County residents have higher rates of educational attainment than residents of Pennsylvania or the United States as a whole.4 However, racial disparities exist in educational attainment, a linchpin to higher-paying jobs.

Black residents are almost half as likely to attain a bachelor’s degree or higher (17%) compared with whites (38%), although the majority of the county’s 30,000 online job postings require at least a college degree. Black and Hispanic/Latino workers are more likely to work in blue collar industries, like retail and recreation.

Among the county’s black residents, median household income ($27,321) is less than half that of white households ($56,943).4 Black residents are more likely than their white counterparts to experience unemployment, live in poverty or have children who live in poverty, and spend more than 30% of their income on housing (Figure 1).7

**Disease Risks in Allegheny County**

As is generally seen in the United States, heart disease and cancer are the two leading causes of mortality in Allegheny County. Each accounts for 23% of deaths nationally9 and for about 25% and 23% of deaths, respectively, in Allegheny County. The county faces challenges in promoting behavioral change, such as lowering smoking rates and fostering environmental conditions, which could mitigate cancer risk.

Overall, the incidence of cancer is slightly higher in Allegheny County (501 per 100,000 residents) than in the state of Pennsylvania (489 per 100,000 residents), specifically for lung and breast cancer. Cigarette smoking, the number one risk factor for lung cancer and the strongest predictor of lung cancer deaths,8,9 is higher among adults in Allegheny County (23%) than the state (21%) and the nation (19%). Lung cancer rates are consistently higher among men than women and are especially high among black men and lower-income people.10,11 Exposure to hazardous air toxins is another cancer risk. In a 2011 analysis by the U.S. Environmental Protection Agency (EPA), Allegheny County ranked in the top 5% of U.S. counties with the highest cancer risk due to air toxins, with a risk of 203 per million. The county ranking represents a 3% improvement in air quality over the course of 6 years.12 Among U.S. census tracts examined in the EPA study, Pittsburgh’s Uptown neighborhood, located in the city center on the banks of the Monongahela River, ranked sixth of the top 10 U.S. census tracts with the highest cancer risk due to air toxins.13 While air quality has improved in recent years, reducing air pollution remains an important challenge.

In addition to lung cancer deaths, black residents struggle with a significantly higher overall cancer burden in Allegheny County than white residents, even though incidence of many types of cancer is higher among the white population. For example, black residents (242 per 100,000 residents) are more likely to die from cancer than white (180 per 100,000 residents) and experience an increased incidence of breast, cervical, colorectal, and prostate cancers.14

The risk of developing or dying from cancer is not the only outcome with significant racial inequalities. Infant mortality rates in Allegheny County decreased between 2008 (8%) and 2012 (5%). However, infant mortality rates are almost three times higher among black residents than among white.15

Opioid use and homicide rates in Allegheny County also reflect significant gender and racial disparities. In 2015, 422 deaths in the county were attributed to opioid overdose, higher than in any prior year.
Mirroring national trends, white males between the ages of 18 and 44 have the highest rates of opioid-related overdose deaths. And similar again to national patterns, homicides in Allegheny County are more likely to occur among black adult residents, who are both more likely to be arrested for and be victims of murder.

HIGH INSURANCE COVERAGE, UNEQUAL ACCESS TO CARE
Allegheny County is home to some of the most acclaimed hospitals in the United States, and residents have higher levels of health insurance coverage (92%) compared with the national average (89%). The region’s largest health system, the University of Pittsburgh Medical Center (UPMC), includes more than 20 hospitals and 500 doctor’s offices and is a leader in national and international transplants and pediatric medicine.

Despite the availability of top-notch medical services in the county and exceptionally high levels of insurance, patients experience barriers to health care access. County residents experience disparities in employment-based insurance coverage (Figure 2). Overall, black residents are less likely to have insurance coverage, employer-provided insurance, or to maintain a primary care provider than whites, which may be related to higher unemployment levels in the black community.

Allegheny County also has a shortage of primary care physicians in several low-income neighborhoods. Specifically, six communities along the riverfront report shortages of primary care physicians, and four of these communities are located within downtown Pittsburgh (Hazelwood, Hill District, Homewood-Brushton, Manchester), directly adjacent to UPMC (Figure 3).

Physical displacement to the suburbs has intensified inequity between Allegheny County’s black and white communities by reducing access to transportation and health care along the outskirts of the county. Although the county has an extensive public transit bus and light rail system, many suburban residents do not live within easy walking distance of bus transportation, which may affect access to health care services.

Rebuilding Allegheny County
Allegheny County is one of six home-rule counties in the state, which authorizes it to structure local government, create policies, and perform functions not denied by the constitution and can thus affect all municipalities in the county.

In one of the only county health departments in Pennsylvania, the newly hired Allegheny County health director recently forged a close working relationship with the county executive and Pittsburgh’s mayor to implement progressive initiatives and policies across the city, with funding support from legacy foundations (The Heinz Endowments and Andrew W. Mellon Foundation).

Allegheny County, with a comprehensive plan, consensus building and resident engagement, collaborative relationships across key decision makers, and access to funding support, has the infrastructure and means to enact meaningful county-wide policies and initiatives.

BLUEPRINT FOR EQUITY
In 2005, Allegheny County engaged residents in a series of 65 public meetings spanning 3 years to establish a shared economic and infrastructure vision for Allegheny County, which culminated in the adoption of a comprehensive county plan in 2008. The county’s comprehensive plan provided a blueprint for improving equitable access, brownfield transformation, transportation systems linking major economic centers, an extensive greenway system, diversified economy, and quality affordable housing. Grant projects are underway to improve land use, parks and recreation, and transportation.

In 2010, Pittsburgh’s riverfront vision plan aims to revitalize downtown Pittsburgh and “seeks to create a habitat that humans will live and work in during the next century that is healthy, safe, and sustainable.” Developers, emerging industries, county and city government, and legacy foundations are working together to execute the Pittsburgh’s riverfront vision plan. Consensus building across the community during foundational stages of planning development lay the groundwork for future initiative and policy success.

PLAN FOR A HEALTHIER ALLEGHENY
With a goal of addressing long-standing disparities in health outcomes and building a healthier community for all residents, the Allegheny County Health Department undertook a comprehensive health planning effort in 2014–2015. The “Plan for a Healthier Allegheny” (PHA), unveiled in May 2015, reflected input from hundreds of county residents and more
FIGURE 3. ALLEGHENY COUNTY
MEDICALLY UNDERSERVED AREAS, 2012

KEY:

- MEDICALLY UNDERSERVED AREA
- MEDICALLY UNDERSERVED POPULATION

10 MILES

Source: Community Commons, 2012
than 70 stakeholder organizations in local government, business, health care, university, foundation, and nonprofit entities. PHA occurred in two phases: a community health assessment that identified the strengths and weaknesses of Allegheny County, followed by a community health plan that determined the county’s major health priorities, overarching goals, and strategies that could be implemented in a coordinated way.

To engage county residents in the process, the health department produced an online health indicator survey to identify health concerns, drawing responses from more than 1,000 residents. Health concerns were also identified by more than 400 county residents during 14 community meetings. Data on top health concerns were stratified by race, gender, and geography.

The following goals emerged from this process, to be addressed over the coming 3-5 years:

- identifying and addressing gaps in barriers to accessible and affordable, person-centered high-quality health care;
- decreasing preventable chronic disease by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors;
- reducing pollution and other environmental hazards by using coordinated, data-driven interventions;
- reducing morbidity and mortality by improving the health and quality of life for women, infants, children, and caretakers, especially in vulnerable communities; and
- reducing morbidity and mortality related to mental health and substance abuse.

Annual action steps have been identified by workgroups, which meet quarterly to review progress and adjust plans. An annual PHA progress report will describe performance and determine future implementation and planning.

**CREATING EQUITABLE EMPLOYMENT OPPORTUNITIES**

To develop systems that link potential employees to existing job opportunities, Pittsburgh’s mayor and the Allegheny County Executive jointly appointed members of the Three Rivers Workforce Investment Board. Comprising employers, educators, labor unions, policy makers, and community-based organizations, the Board participates in efforts to link career and technology training centers to better prepare the county’s workforce for technology-centered job opportunities.

Another group advocating for better opportunities, the Pittsburgh Community Reinvestment Group, is made up of community leaders focused on economic justice and resource equity for low- and moderate-income Allegheny County residents. Current activities include a mortgage and loan program, transit development advocacy, and financial literacy and education counseling.

**CHRONIC DISEASE INITIATIVES**

To promote a greater awareness of health and healthy behaviors, the Allegheny County health department has administered the “Live Well Allegheny” campaign, a county-wide initiative that partners with local schools, restaurants, and communities.

Live Well Allegheny hosts healthy activity events, including community walks and runs, and educational opportunities to learn about healthy lifestyle choices. The health department also offers a “Live Well” designation that confirms partners’ participation in the campaign through action steps, such as offering incentives for employees to walk or bike to work, supporting farmers’ markets, and developing indoor and outdoor walking trails. Thus far, 33 of the 130 municipalities in Allegheny County are designated Live Well communities.

Through Richard King Mellon Foundation funding and in partnership with local nonprofits, the Live Well Allegheny campaign also works to address food access issues in food desert communities throughout the county. Current activities include launching a mobile fresh fruit and vegetable market and expanding use of Electronic Benefit Transfer and Supplemental Nutritional Assistance Program benefits at farmer’s markets. The federal government recently spotlighted the Live Well campaign as a new and innovative approach to health and wellness initiatives.

**Sharing Economic Prosperity**

The range of multi-sectoral collaborations for health in Allegheny County, in combination with extensive economic revitalization efforts, suggest a path forward toward greater health equity. Future reports will examine the extent to which these efforts are having a positive, equitable influence on the health and well-being of all Allegheny County residents. They will also examine the extent to which stakeholders can leverage the strengths of the region’s philanthropic, health, and technology sectors to address priority health concerns.

The following questions merit additional attention:

- In what ways is Allegheny County addressing economic disparities throughout the county that are either unaffected by or possibly exacerbated by progress in Pittsburgh?
- What impact has Allegheny County’s Plan for a Healthier Allegheny had on improving the health of all residents? Which goals have realized success? Which goals have been re-evaluated?
- In what ways is Allegheny County addressing health inequity throughout the county, and specifically among low-income residents? What are the social and economic drivers influencing homicide and opioid rates in the Allegheny County? To what extent has Allegheny County addressed the social determinants of homicide, drug-related deaths, and cancer mortality?
• What are the narratives that drive or inform health in specific populations of concern, such as low-income and black communities, and how do key leaders use them for civic engagement around health?

• In what ways do the existing nonprofit and health department initiatives reach low-income residents, especially black residents?

• In what ways has gentrification and revitalization affected health and wellness of county residents, both within the city center and in surrounding suburbs? How has gentrification affected access to resources and promoted health and well-being?

• In what ways have plans for revitalization been successful? What success stories or models of economic revitalization can be scaled up to address other drivers of health and well-being? What have been the health and well-being impacts for those displaced by inner city revitalization?

• To what extent are other coalitions and collaborations addressing the social, structural, and economic drivers being leveraged to consider their role in health and well-being, and what efforts have been tried to link across? What are key facilitators and barriers to initiating and/or maintaining those linkages?
References