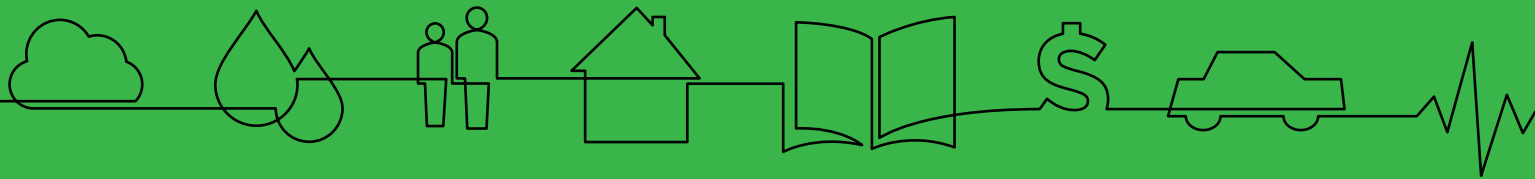


# Finding Our Way to Better Health

HEALTH PROFILE FOR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT



## About This Report

In 2014, Hazleton General Hospital merged with Lehigh Valley Health Network and became Lehigh Valley Hospital – Hazleton. Both hospital networks share similar cultures of integrity and collaboration and non-profit missions. Together, they now serve more than 100,000 people throughout the Hazleton area.

As the newest member to the Lehigh Valley Health Network, in 2015 Lehigh Valley Health Network strove to include LVHN- Hazleton in its system-wide Community Health Needs Assessment process. In line with its emphasis on collaboration, LVHN hospitals in Lehigh and Northampton Counties worked together with other health partners in the Lehigh Valley through the Health Care Council of the Lehigh Valley (HCC) to create a broad Community Health Needs Assessment Health Profile for all five non-profit health systems and the two health bureaus in Lehigh and Northampton Counties. In recognizing both the value of collaboration and the reality of regional differences, LVHN engaged 35th Street Consulting, LLC, the HCC project manager to conduct the same CHNA research process and tools used in the Lehigh Valley to craft a CHNA Health Profile for LVHN – Hazleton.

In response to the presence of two established collaborations that LVHN- Hazleton Hospital actively participates in – The Hazleton Integration Project (HIP) and Communities that Care (CTC) – the qualitative component of the development of the CHNA gathered key insights about community needs from representatives of those collaboratives through meetings and a focus group.

Woven throughout the discussions, significant entrenched problems were identified. However, the underlying sentiment expressed was *the desire and commitment to be involved in improving Hazleton, and a hope for the future.*

Underlying the solutions to the most significant problems was a common theme: Social support and commitment to community improvement would protect all Hazleton families and improve the health and quality of life for everyone.

This sentiment was captured best in the following quote:

**“You become a role model of how you can’t give up on Hazleton.”**

## Report Area



## Special focus areas



**What can one person do about it?** When you see this symbol on the following pages, it highlights steps you can take to make improvements for yourself, your neighborhood and the Lehigh Valley.



**From our focus groups.** In order to better understand what the statistics mean, for this report we conducted four key informant interviews, one meeting with representatives from local non-profit and government agencies, and one focus group of key community stakeholders. When you see this symbol, it represents the ideas shared directly from the individuals from the Hazleton area.

### 2020 GOAL

**What is Healthy People 2020?** Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. Released by the U.S. Department of Health and Human Services each decade, Healthy People reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action.

## Contents:

- Leading Causes of Death 6
- Factors that Contribute to Our Health and Well-Being 7
- Who Are We? 8
- Work and the Economy 13
- Education 16
- Intersection of Education and Income 19
- Healthy Behaviors 20
- Healthy Habits 23
- Drugs, Crime and Social Relationships 24
- Healthy Relationships 26
- Access to Health Care 28

## Credits:

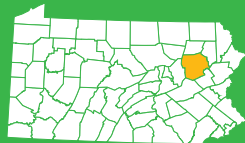
Thanks to the Community Health Department of LVHN and Hazleton Hospital staff for their support of the project. Thanks also to HIP and CTC for their generous input, space and time with this project. All research and writing was provided by 35th Street Consulting, LLC. Design provided by DOXA.

# Luzerne County is Struggling

## Length of Life and Quality of Life Rankings in PA, 2015

1 = best, 67 = worst

● Length of Life ● Quality of Life

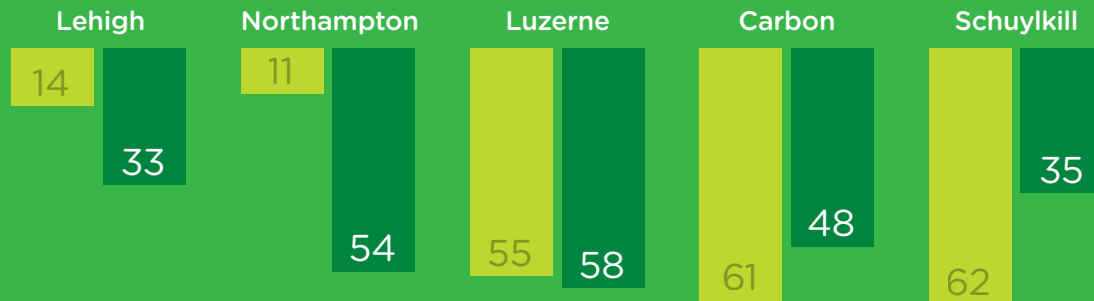


Length of Life

55

Quality of Life

58



The County Health Rankings use a model of population health that measures the variety of factors that can help make communities healthier places to live. The University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation has created County Health Rankings for Pennsylvania since 2010.





## How can we improve health?

We must first look at the things that influence health. This includes housing, education, our air and environment and our individual behaviors. It also includes supporting each other by building relationships with our neighbors and highlighting role models who have overcome adversity. These social factors and individual behaviors have a big impact on what it means to live healthy lives; together these changes work to restore pride in ourselves and our homes. If individuals and institutions work together to make small changes, we can improve the quality of our lives.



# Leading Causes of Death:

Before we understand how we can improve our health, we need to know the leading causes of death in Luzerne County, and how they compare to other geographies served by LVHN, Pennsylvania, the United States and Healthy People 2020 goals (where applicable). Since 2013, Luzerne County has seen an improvement in stroke and coronary heart disease deaths. Although heart disease death rates are improving in Luzerne County, they are still higher in Luzerne than any other geography included. In all other leading causes of death, Luzerne County has gotten worse since 2013. Luzerne County continues to have higher rates of death from diabetes, heart disease, and injury than any other geography included.

## Improving

- 2005 - 2009
- 2011 - 2013

## Getting Worse

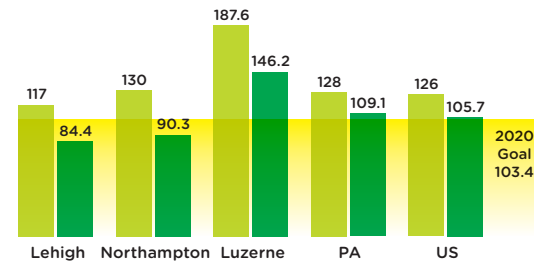
- 2005 - 2009
- 2011 - 2013

**NOTE** / Charts Depict Age Adjusted Deaths per 100,000

Source: CDC NVSS-M

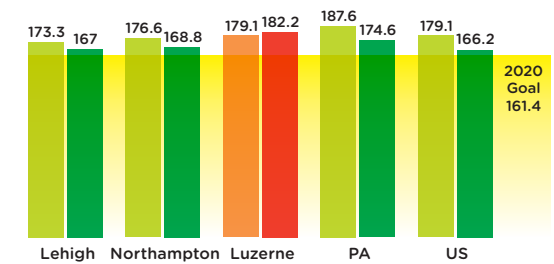
## Heart Disease Improving +

Coronary heart disease-related deaths



## Cancer Getting Worse -

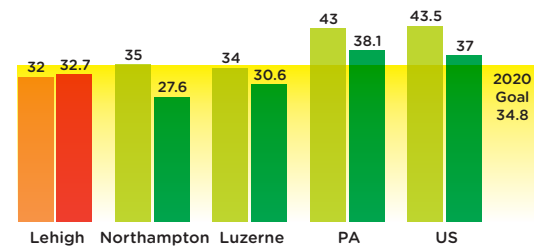
Number of deaths due to cancer (all Cancers)



## Stroke Improving +

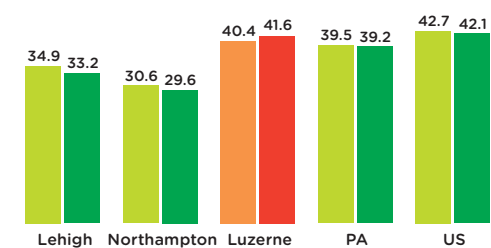
Exceeding HP 2020 Goal

Number of stroke deaths



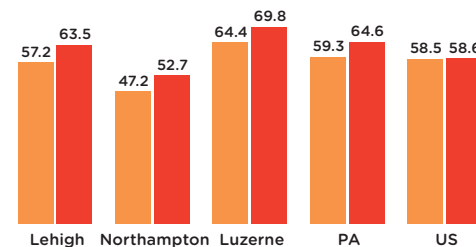
## Lung Disease Getting Worse -

Chronic lower respiratory disease deaths



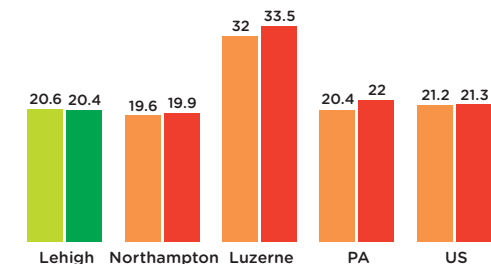
## Injury & Violence Getting Worse -

Number of deaths with an underlying cause of injury



## Diabetes Getting Worse -

Number of persons with diabetes as the underlying cause of death





# Factors that contribute to our health and well-being:

## Our Families, Our Homes and How We Spend Our Time

- o **Who We Are**
  - Population Change
  - Race
  - Ethnicity
  - Age
  - Language
  - Disability
- o **Work**
  - Employment
  - Income
  - Poverty
- o **How We Live**
  - Insurance
  - Housing
- o **Education and Schools**
- o **Intersections**
  - Culture and Language
  - Education and Income

## Taking Care of Our Bodies

- o **Healthy Behaviors**
  - Physical activity
  - Nutrition and Food Security
  - Obesity
- o **Healthy Habits**
  - Cigarettes
  - Alcohol
- o **Healthy Relationships**
  - Drugs, Crime and Social Relationships
  - Friends, Family and Community
  - Sexual Relations

## Medical Care and Local Institutions

- o **Access to Health Care**
  - Primary Care Providers
  - Making Connections
- o **Access to Mental Health Care**
  - Mental Health Providers
  - Barriers to Healthier Living
- o **Clinical Prevention Interventions**
  - Seniors
  - Moms and Babies



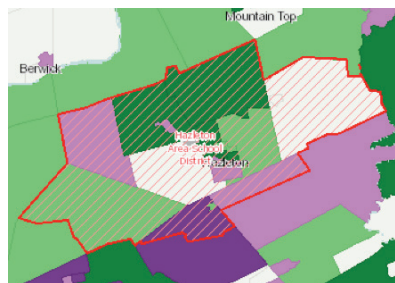


# Who Are We?

The Hazleton area is diverse and rapidly changing. Since 2000, the Hazleton area has seen dramatic changes in population, including both growth and population loss. The following maps demonstrate the areas of significant population growth, as well as the areas of population loss.

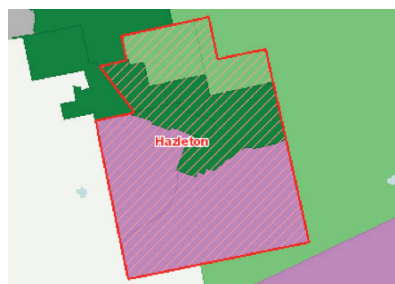
## Population Change, Percent by Tract, US Census 2000 - 2010

Data Source: US Census Bureau, Decennial Census, 2000 - 2010  
Tract: Maps created using Community Commons



### Hazleton Area School District

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Report Area



### City of Hazleton

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data
- Report Area



Not only did the number of residents in the Hazleton area change dramatically during the period from 2000-2010, but the racial and ethnic composition of the population also changed during that time. Based on data gathered at the county level for Luzerne County where Hazleton is located, the pattern of population change during this period appears similar. Population loss was primarily among white, non-Hispanics, and the population increases were primarily among Hispanics, as well as people in “Other Race” or “Multiple Race” categories.



# Who Are We?

## Total Population by Race Alone, Percent

Data Source: US Census Bureau, American Community Survey, 2010-14.  
Source geography: Tract

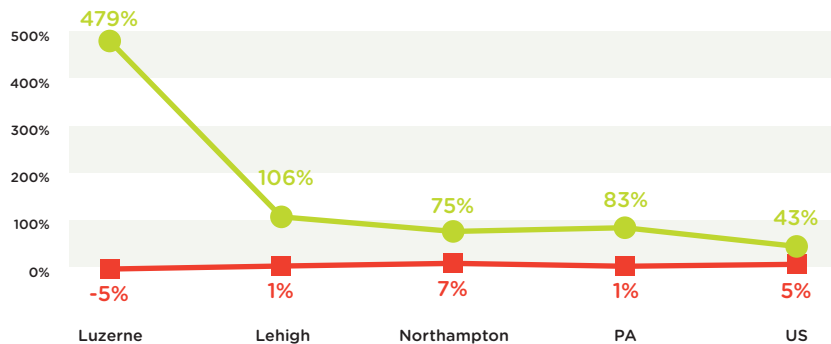
	White	Black	Asian	Some Other Race	Multiple Races
Hazleton	72.93%	5.23%	0.42%	15.62%	3.93%
Hazleton Area Secondary School District	86.65%	2.75%	0.6%	7.33%	2%
Carbon County, PA	96.06%	1.31%	0.49%	0.58%	1.36%
Luzerne County, PA	90.98%	3.77%	1%	2.37%	1.55%
Schuylkill County, PA	94.42%	2.82%	0.58%	0.82%	1.23%
Pennsylvania	81.9%	10.94%	2.96%	1.95%	2.04%
United States	73.81%	12.6%	5%	4.7%	2.91%

This population change has resulted in a significant population living in the City of Hazleton and in the Hazleton Area School District that identify as Hispanic or Latino, particularly in comparison to the other geographies.

## Percent Population Change (2000-2010) by Hispanic Origin

Data Source: US Census Bureau, Decennial Census, 2000 - 2010

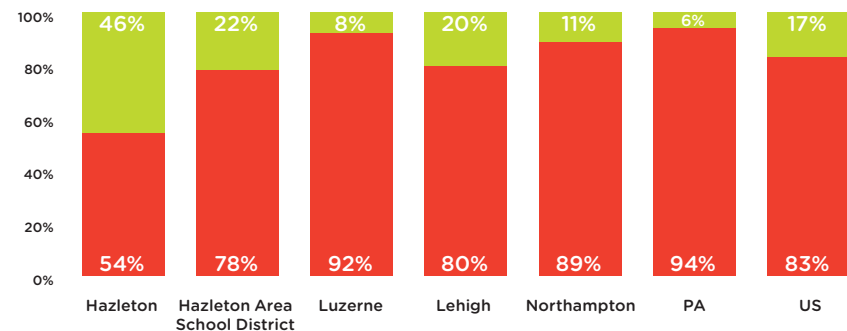
● Hispanic ■ Non-Hispanic



## Percent Hispanic and Non-Hispanic Population by Selected Geographies

Data Source: US Census Bureau, American Community Survey, 2010 - 2014

● Hispanic ● Non-Hispanic



# Who Are We?

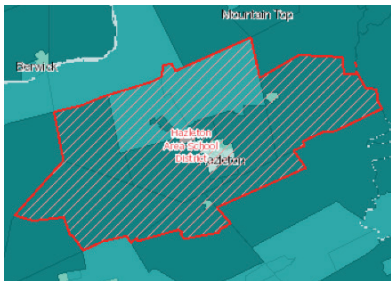
## A Tale of Two Cities

The ages and compositions of the new families to the Hazleton area also changed, particularly in the City of Hazleton. The City of Hazleton has many new families with children under the age of 17 who seem to be primarily concentrated in the areas of the City where the most substantial population increases have also taken place.

Mirroring similar patterns to the population increases and losses in the City of Hazleton, the median age of residents in the City of Hazleton appears to vary as well. According to this map, older residents appear to live in the southern sections of town where population loss was significant, while the younger residents appear to live on the northern end of town, where population growth has been most significant.

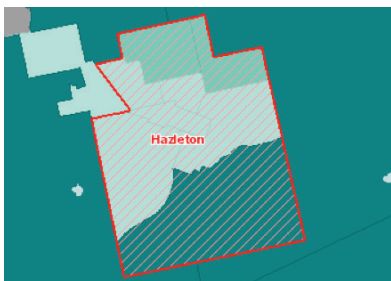
## Median Age by Tract, ACS 2010-14

Data Source: US Census Bureau, Decennial Census. 2000 - 2010  
Tract: Maps created using Community Commons



### Hazleton Area School District

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed
- Report Area



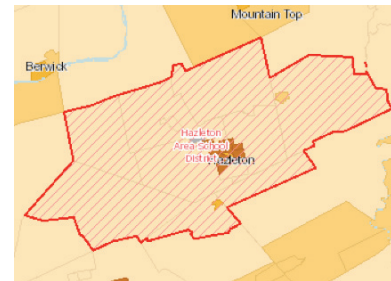
### City of Hazleton

- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed
- Report Area

The following maps show the concentration of population of children (under age 18) as well as seniors (ages 65+). It is evident that the City of Hazleton represents the greatest concentration of children within the Hazleton School district. The City of Hazleton itself also appears to be divided by age, with younger families living to the north, and seniors living to the south.

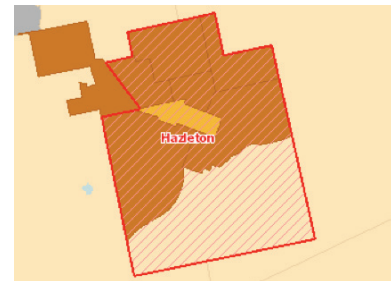
## Population Age 0-17, Percent by Tract, ACS 2010-14

Data Source: US Census Bureau, Decennial Census. 2000 - 2010  
Tract: Maps created using Community Commons



### Hazleton Area School District

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area



### City of Hazleton

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area

# Who Are We?

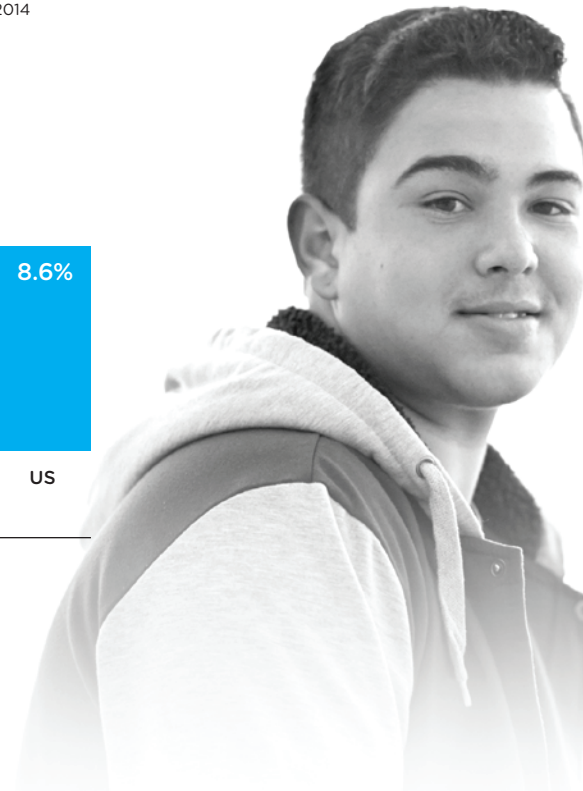
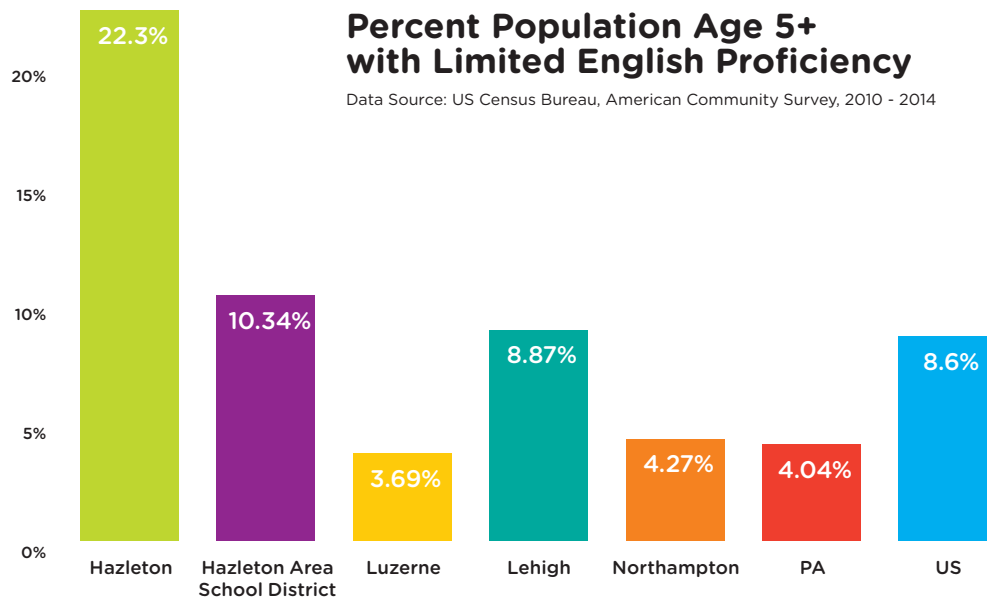
## Population with Limited English Proficiency

An inability of significant proportions of the population to speak English well limits the ability to access care, effective treatment of disease, and creates barriers to preventative health services. All of these barriers contribute towards not only increasing the incidence and severity of disease in a population, but also lowers the overall quality of life. The City of Hazleton has a significant population with Limited English Proficiency, even when compared to other geographies. The US Census Bureau defines Limited English Proficiency as: “The percentage of the population aged 5 and older who speak a language other than English at home and speak English less than “very well.”



**“It’s commonly understood that you don’t want to go to a doctor who is not from your culture, doesn’t speak your language, and around here there’s not many doctors that do.”**

**“What I think is a common theme is that we - meaning non-Hispanics - think that they [Hispanics] need to come to us to learn. And what I understand is there’s some fear in that. And we [non-Hispanics] need to go to them [Hispanics] and bridge that gap as well.”**

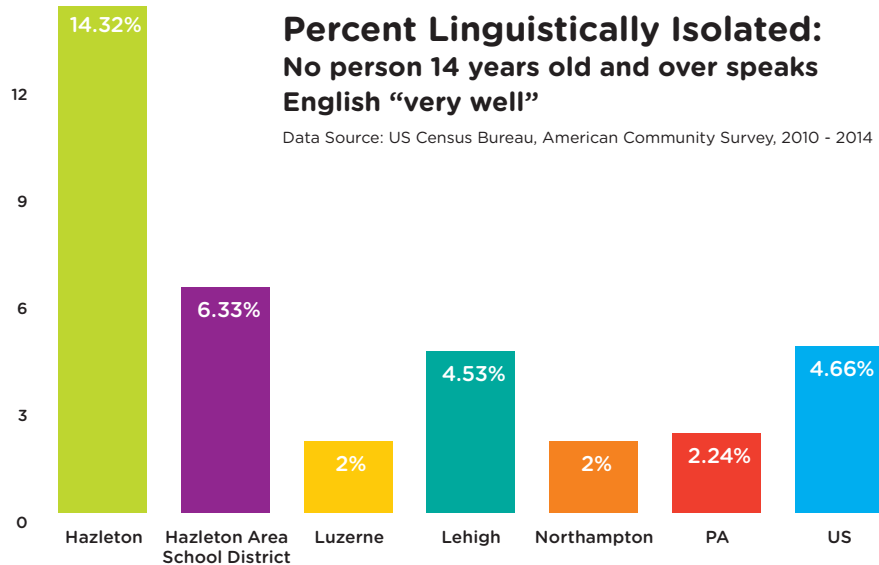




# Who Are We?

## Linguistically Isolated Population

At 14.24% of the overall population, the City of Hazleton has a significant linguistically isolated population, dramatically higher than all other compared geographies. A linguistically isolated population is defined by the US Census Bureau as, “This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speaks English “very well.”



“We need help understanding each other. This ties into poverty because if we can’t communicate effectively we can’t get better job, and it’s difficulty because we don’t understand each other.”



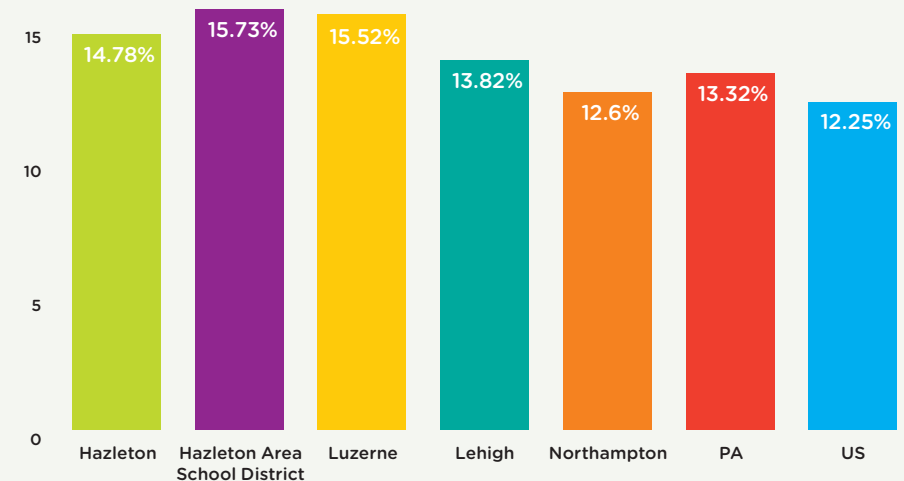
“We need to view it [language and culture] as a necessity. You know because otherwise we will always remain marginal. We will never become unified.”

## Disability

The all geographies feeding into the Hazleton Area School District have greater percentages of people with diagnosed disability than Pennsylvania and the United States.

## Percent Population with Diagnosed Disability

Data Source: US Census Bureau, American Community Survey, 2010 - 2014





# Work and the Economy

Hazleton is in an area rich with interstate transportation resources that have made it a hub for logistics, warehousing and transportation industries. The plentiful low skilled jobs available in the industrial parks that surround Hazleton have attracted low skilled job seekers, which have contributed to Hazleton’s significant population growth.



“The jobs are basically logistics jobs -packing and moving. They pay a livable wage but not much more so if you have kids and transport it’s not a lot.”

As a result, unemployment in Hazleton is at or slightly above national averages (5.8% in Luzerne County as of 12/15, compared to 5.4% nationally). However, the nature of the local industry is focused on developing partners and resources nationally and internationally rather than locally, and is a high volume, low wage industry.

“The industry itself is preventing us from getting high paying jobs... all of these industries we’ve invited here to help hold us down because they don’t have to hire you full time. That adds to our poverty level. People have to take multiple jobs to make ends meet.”

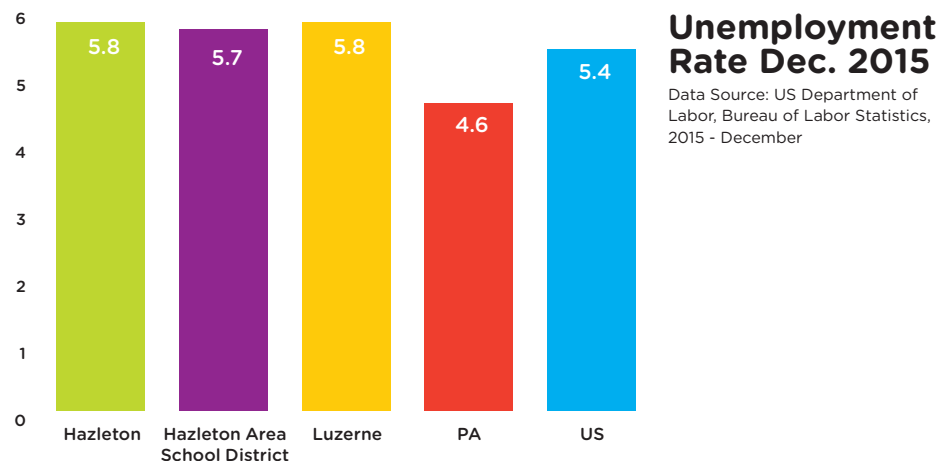
Many employers in the Hazleton area depend on a temporary, seasonal workforce. This results in many residents cycling through similar temporary jobs at different local companies every 80-90 days. Although this results in relatively consistent employment opportunities, it also contributes to instability, stress, and challenging advancement opportunities to full time work with benefits.

“What does that cycling through do to you? What kind of treadmill is that? Because then there’s no hope.”

“Those people never get to the basic level of security because they are constantly cycling through jobs.”

## Employment

Although the Hazleton area has low per capita income and a high percentage of people in households with children living below 100% of the Federal Poverty Level, unemployment is fairly consistent with state and national averages.

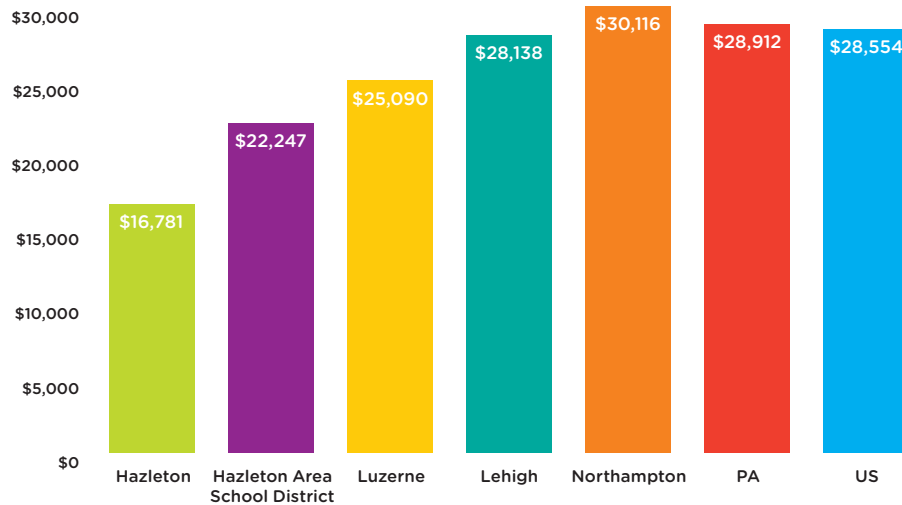


# Work and the Economy

As the following graphs depict, this has created a population that is working, yet saddled with poverty and relies on Medicaid for insurance.

## Per Capita Income by Selected Geography

Data Source: US Census Bureau, American Community Survey, 2010 - 2014



This means that although most people in Hazleton who are able to work do work, there are few working people who are able to meet all of their basic needs in order to do the extra things they should do to lead healthier lives. This adds to stress, anxiety, depression, limits social engagement opportunities, limits time to invest in increasing education, and limits access to healthy foods, health promoting activities, and limits access to health care. The concentration of working poor in Hazleton also strains the formal social support resources because people cannot rely on family and friends for financial support in times of crisis.

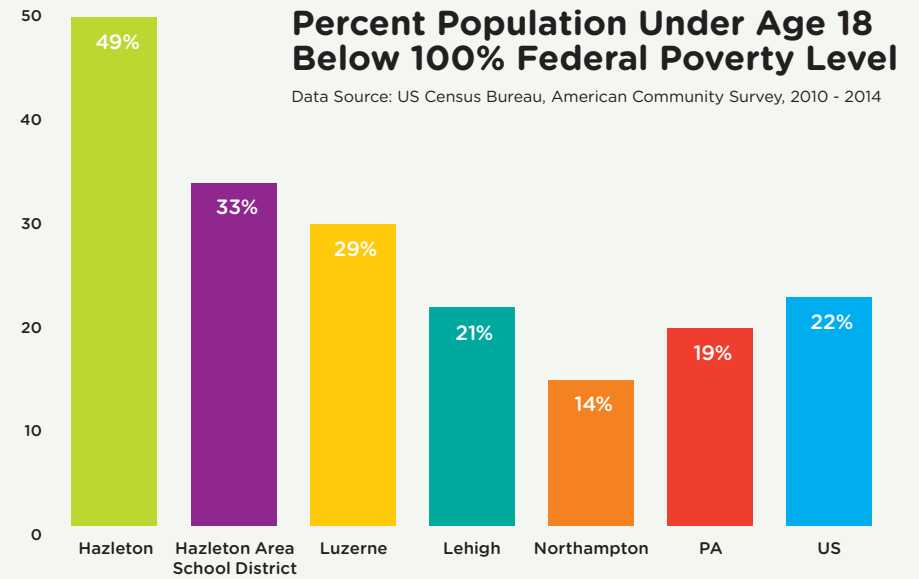
“Poverty level is a significant contributor to all the others - drugs, crime, mental health. It has to be the base level. It is a signpost to so many other quality of life issues.”

## Children Living in Poverty

The number of children in the City of Hazleton and in the Hazleton Area School district living below 100% of the Federal Poverty Level is dramatically higher than national averages. Poverty affects health because it limits the ability to secure decent affordable housing in safe neighborhoods; it limits access to healthy and ample foods, limits access to reliable and affordable transportation, and contributes to increased stress, anxiety and depression.

## Percent Population Under Age 18 Below 100% Federal Poverty Level

Data Source: US Census Bureau, American Community Survey, 2010 - 2014



Ensuring young people have a healthy start and the support they need to lead healthy lives is one of the most effective preventative measures for long and healthy lives. Significant numbers of children living in poverty makes this more challenging.

“Our youth: what type of environment are they living in now? Because they are in abject poverty now and if they had a better quality of life, would they be living longer?”

“You’re not getting things fixed when you are younger so if we have so much poverty it affects the length of life.”



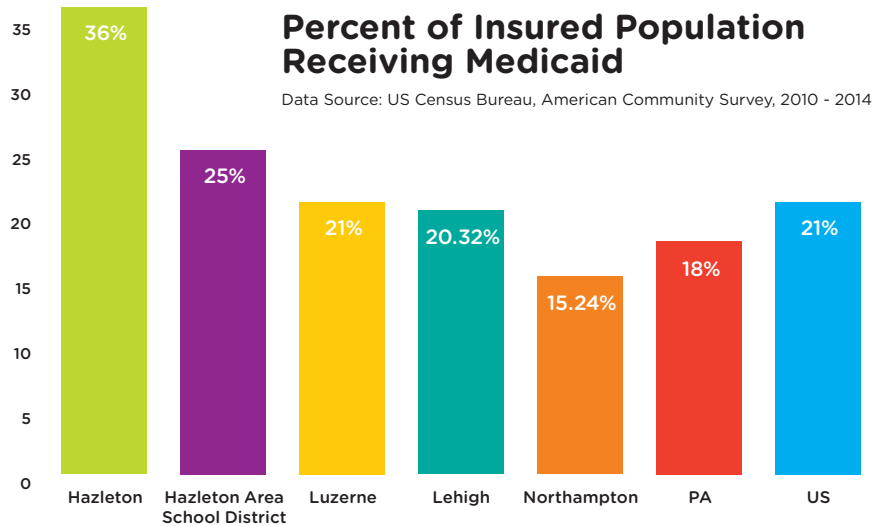
# How We Live

## Health Insurance

That means that although proportionately similar percentages of people are working in the Hazleton area compared to other geographies, workers are still relying on safety net services such as Medicaid and SNAP in large numbers. More than 1 in 3 residents of Hazleton who have insurance are insured through Medicaid. The City of Hazleton has double the percent of population receiving Medicaid than the average for Pennsylvania.

This is a significant concern for population health because for more than 1/3 of the population of Hazleton, they are able to access care only from providers who accept Medicaid. It also affects health because not all of Hazleton residents have health insurance; more than 14% of residents have no insurance at all. This means that combined, half of all people in Hazleton have either no insurance or Medicaid as their provider.

“They can’t afford to go to the doctor and can’t afford to get prescriptions filled so they end up in the ER when they’ve waited so long to get care.”

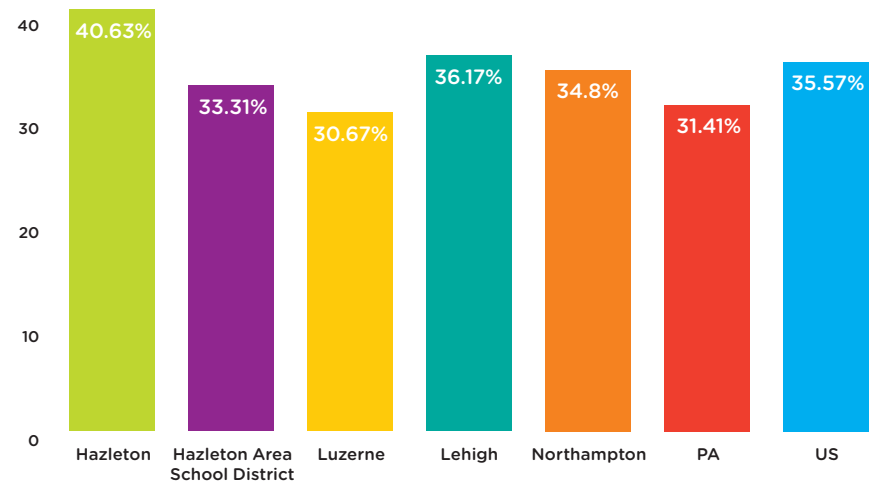


## Housing

As the Department of Housing and Urban Development describes in its strategic plan, “housing is a platform for health.” If one does not live in affordable, safe, sanitary and decent housing, it can create exposure to harmful environmental elements such as lead, add to stress, depression and anxiety due to cost burdens, overcrowding, security fears, which all contribute to ill health and lowered quality of life. The following table indicates that the City of Hazleton has a higher percentage of occupied housing units that are classified as “substandard” based on the US Census Bureau definition.<sup>1</sup>

## Percent Occupied Housing Units with One or More Substandard Conditions

Data Source: US Census Bureau, American Community Survey, 2010 - 2014



<sup>1</sup> This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent.



# Education and Schools

**“Education leads to better jobs and income, but also to longer and healthier lives. Research shows that better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.”**

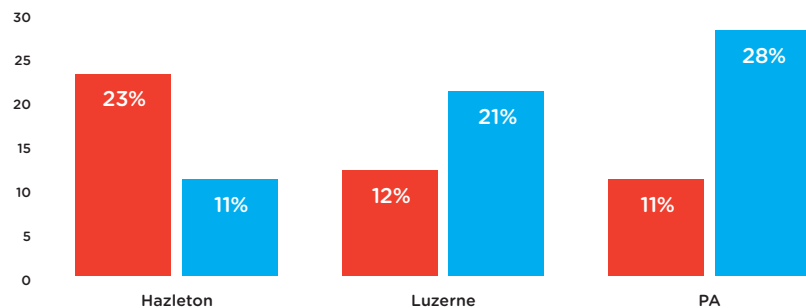
—Robert Wood Johnson Foundation, “Why does Education Matter So Much to Health?” December 2012 (updated March 2013)

Education affects health because limited educational attainment impacts employment opportunities and one’s capacity to increase wealth and access insurance. According to the US Census Bureau, adults age 25+ living in Hazleton (23%) are nearly twice as likely as other adults in Luzerne County (12%) or Pennsylvania (11%) to have not completed High School. Adults ages 25+ in Hazleton are also far less likely to have completed a Bachelor’s degree (11%) than adults in Luzerne County (21%) or Pennsylvania (28%).

## Education Status for Adults 25+

Data Source: US Census Bureau, 2009 - 2013

● With No HS Diploma ● With a BA or Higher



Focus group participants attributed this disparity in education in Hazleton to the lack of social mobility available in the economy of Hazleton, combined with the poor quality of life in the area.



**“One of the requirements of the [trade school] scholarships is that you have to make a commitment to work in the area for three years. That’s one of the things that deters the kids from applying for the scholarships. Because they don’t want to make the commitment to stay.”**

**“As a younger person if you’re given the opportunity to stay in the area where you know that things aren’t doing well or you could leave, you’re gonna wanna leave because you know there’s a lack of social mobility. That’s why scholarships like that aren’t going to work.”**

**“And frankly, education, if someone here gets educated, they’re headed out. As soon as they finish they’re gone.”**

**“It’s not that we don’t educate people in Hazleton. It’s that in order for them to get good jobs or life sustaining jobs they have to move. And so that keeps that 11% number woefully small.”**

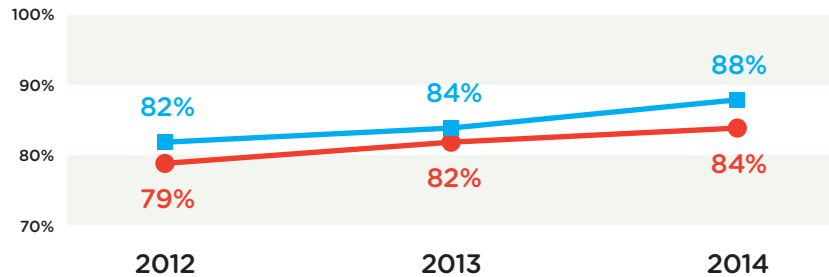
# Education and Schools

There is some progress being made in education, as the following graph describing on-time graduation rates presents. Although the Hazleton Area School District on-time graduation rates still rank below the Pennsylvania average, based on the most recently available data, Hazleton's on time graduation rates are steadily improving.

## 5 Year Cohort Graduation Rate - Students Who Graduate from High School Four Years After Their Ninth Grade Year

Data Source: PA Department of Education from KidsCount Data Center

● Hazleton ■ PA



Although improving graduation rates is very important, it is only the first step. Creating economic and social mobility opportunities in Hazleton, identifying role models from Hazleton or in Hazleton who have been successful, and building a local skilled workforce that cannot only meet the needs of the population, but grow other opportunities that increase the quality of life for all are necessary components.



**“We don’t have minority examples in this area in those positions that you can look at and see”**

**“Usually the only time you hear something about someone who graduated from Hazleton High School ever did is when they [do something bad]... normally there is no network of, ‘come back and tell us what you’ve done and help us help others succeed.’ They’re just in such a hurry to get out.”**

**In health care we’d love to engage more Spanish speakers in the medical fields but most [Spanish speaking adults in Hazleton] don’t have the education to get there. This goes to language and culture too. We could really use the help. We struggle daily with effective communication in health care arena. We all need help understanding each other. This ties into poverty because if we can’t communicate effectively can’t get better jobs, and it’s difficult because we don’t understand each other.**

**“You can be anything you want to be. And I’m going to support that in our education system to guide you towards what you want to be.”**



# Intersections: Culture and Language

## Culture and Language

The language barrier in the Hazleton area is significant, but focus group participants identified education as the key to addressing it. The suggestions were both for in school and outside of school interventions. The following in-school interventions were suggested.

“You have to look at everything out there and ask the question... in this day and age, why isn't Spanish already mandatory?”

“Making Spanish mandatory... if I take my children who come from the English homes and tell them from K forward that Spanish is mandatory whether you like it or not. You've just been given 12 years of Spanish education and you don't realize how valuable that is going to be in the rest of your life.”

“What would work really well here is some sort of mentor system between younger students and high school students. Because it keeps the high school students busy, they feel worthy, and they feel like they've done something great and they're being admired and the younger students have someone to admire, someone to look up to and an actual role model to look at because homes are broken and they may not have someone at home to look up to.”

“Social workers, guidance counselors - little things like that throughout the school would be enough to just cushion that or protect them a little bit. At least provide a little bit of support.”

These types of interventions - adding social support, mentorship, and bilingual education - were all strong ideas to create a resilient, educated young population with the language, academic and social skills necessary to create a healthier future for themselves and for Hazleton. It is clear that these types of solutions are not easy changes to make. Besides the cost and effort it takes to implement these changes, there is also a sense that there is entrenched public resistance to this type of change in the Hazleton area.

“Children do not have the same issues we have... children will be friends with anybody. Somewhere it's culturally driven in to them that someone who is not like me is not good.”

“The only resistance you'll ever find to bilingual education is from people who are not bilingual.”

“The resistance [to bilingual education] comes from the people who are having to adapt to that are afraid that maybe they're going to have to sacrifice something in order to integrate.”

However, in the meantime, it is clear that education in the areas of language and culture are necessary for adults as well, and need to occur outside of the formal classroom. This requires a change in thinking about who the targeted audience for language and cultural education should be, from only the mono-lingual Spanish speakers, to target equally stridently mono-lingual English speakers.

“I don't think it's fair for me to expect that the school is the only place to educate people.”

“We need to view it [language and culture] as a necessity. You know because otherwise we will always remain marginal.”

“Their perception is based on their fear of the unknown. It's different, I don't understand it, I better be afraid of it...Once we start to learn, we are not as afraid.”

“[I] would actually change me. People like me - I'm not talking about skin color - I'm talking about lack of education. I would make me understand other cultures and make me bilingual.”

# Intersections: Education and Income

**“Education and income are the two indicators that have been demonstrated to be the primary social determinants that impact population health.”**

–Community Commons

When the combination of income, education status, and age are overlaid on a map of Hazleton, it becomes clear that families with children carry the burden of both poverty and low educational attainment in Hazleton. The intersection of low income and low educational attainment impact health because lack of financial resources and a lack of education contribute to increased stress, affect one’s choices regarding the quality of one’s home, access to healthy foods, reliability of transportation, and access to increased employment opportunities.

## Vulnerable Population Footprint

### Median Age by Tract

Data Source: Health Resources and Services Administration: 2013  
Provider of Services File: 2015  
American Community Survey: 2009-13

- Vulnerable Populations Footprint, ACS 2009-13
- Hospitals, POS 2015



Combined with the proportion of residents of Hazleton ages 14+ who are not fluent in English, these factors affect the ability of many Hazleton residents to access health care and understand the information about health, disease and healthy living shared with them by health professionals.

Clearly, there is work to do to ensure that educational opportunities are more widely available to Hazleton area residents, and that the educational opportunities are in line with the employment opportunities that are available in the area that will support economic and social mobility. Participants in the focus group identified poverty, language and culture as key barriers.



**“We have a huge population living in poverty, and they have to choose between putting food on the table and eating themselves or paying to learn another trade. That’s probably part of the same reason why there’s a huge population that doesn’t have a college education because how can I? Where is the money coming from?”**

**“We’ve just got to get that message out there that there’s tons of opportunities in these industries if you’re willing to take an entry level job that you’re qualified for today.”**

**“If their parents aren’t educated and don’t understand, how do they articulate that to the child or support the child to say there is upward mobility?”**

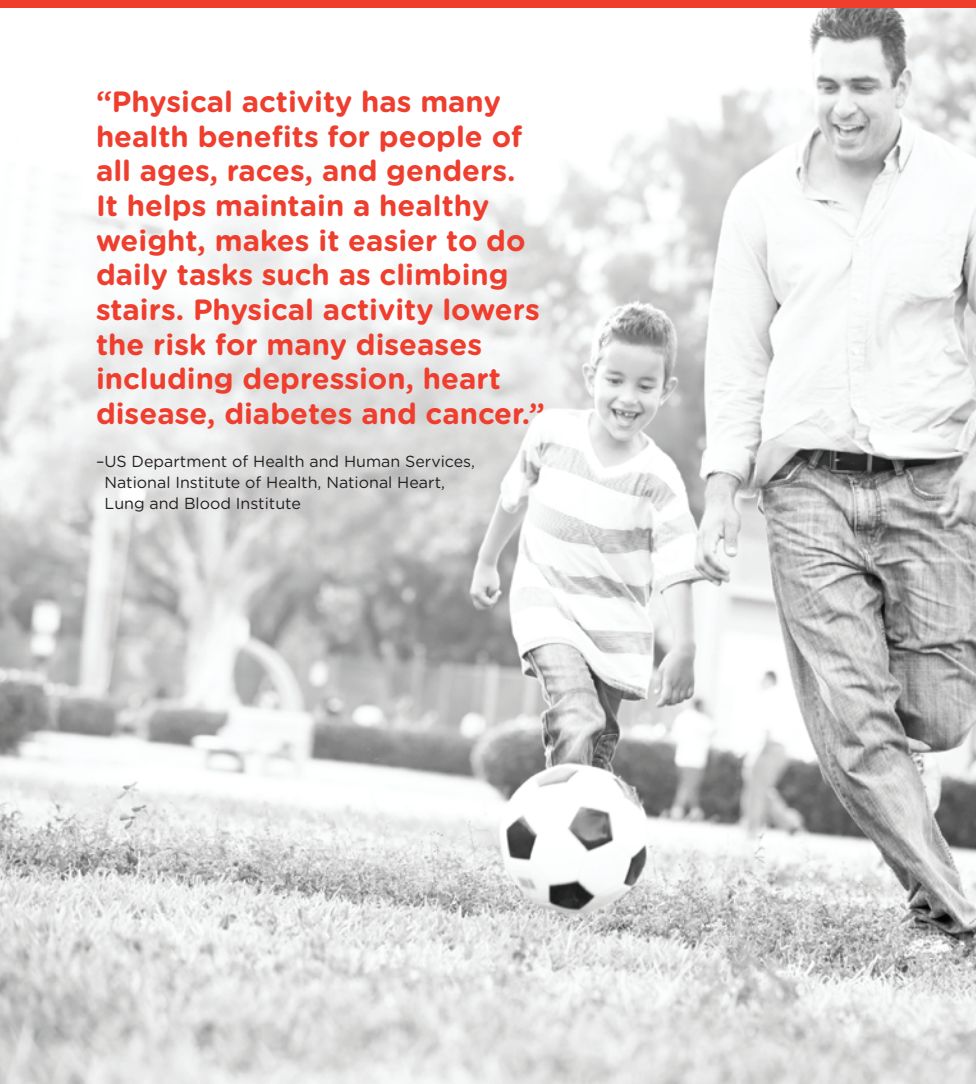
**“There is a pressure to succeed among minority children that ‘yeah, you could be a nurse but you want to be a doctor, that’s the more important thing, that’s the mark of success.’ And I think the best way to cushion that fear of not succeeding is to go back in education... in schools... to teach them self-confidence and things like that... Showing them something they could be.”**



# Healthy Behaviors

**“Physical activity has many health benefits for people of all ages, races, and genders. It helps maintain a healthy weight, makes it easier to do daily tasks such as climbing stairs. Physical activity lowers the risk for many diseases including depression, heart disease, diabetes and cancer.”**

-US Department of Health and Human Services, National Institute of Health, National Heart, Lung and Blood Institute



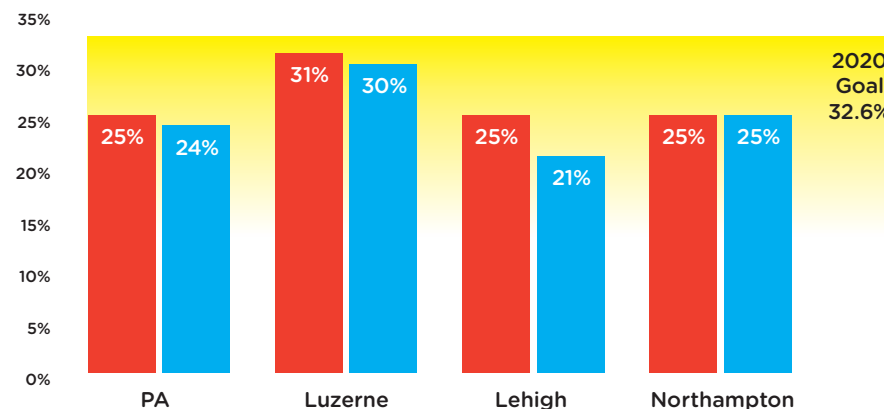
## Physical Activity

According to the County Health Rankings, people in Luzerne County are less physically active than the Pennsylvania average, but similar to national averages and meeting the Healthy People 2020 Goal. Nonetheless, 1 in 3 people in Luzerne County indicate they are physically inactive, which, if improved, would increase health.

## Physical Inactivity

Data Source: County Health Rankings, 2012, 2015

● 2012 ● 2015



# Healthy Behaviors: Nutrition and Food Security

## Where you live affects what you eat.

**Food Insecurity** measures the percentage of the population who did not have access to a reliable source of food in the past year. As the table below demonstrates, for residents of Luzerne County, that percentage was slightly higher than statewide averages.

**Limited Access To Healthy Food** describes the percentage of the low-income population in an area who do not have access to a grocery. The table below shows that Luzerne County is only slightly higher than the state average in this area. This is in part because of the high number of SNAP authorized food sellers in the City of Hazleton. According to the US Department of Agriculture, Food and Nutrition Service, USDA, as of 2014, Hazleton had a rate of 170 SNAP approved food stores per 100,000, versus a rate of 79 SNAP approved food stores per 100,000 in Pennsylvania.

**The Food Environment Index** combines food insecurity with limited access to healthy foods to create an index ranked 1-10, with 10 being a perfect score. As the table also illustrates, Luzerne County Ranks well on this index as well.

However, despite these factors regarding nutrition, the County Health Rankings still rank Luzerne County #50 out of 67 counties in Pennsylvania for health behaviors. This indicates that there remains some work still to do to improve other behaviors in Luzerne County besides healthy food access to improve health.

## County Health Rankings 2015

	Pennsylvania	Luzerne County	Lehigh County	Northampton County
Food Insecurity	14%	15%	13%	12%
Limited Access to Healthy Food	4%	5%	4%	4%
Food Environment Index	7.7	8.0	7.9	8.1
Health Behaviors Rank*	NA	#50	#26	#15

\* This ranks all 67 PA counties, #1 being best, #67 being worst





# Healthy Behaviors: Obesity

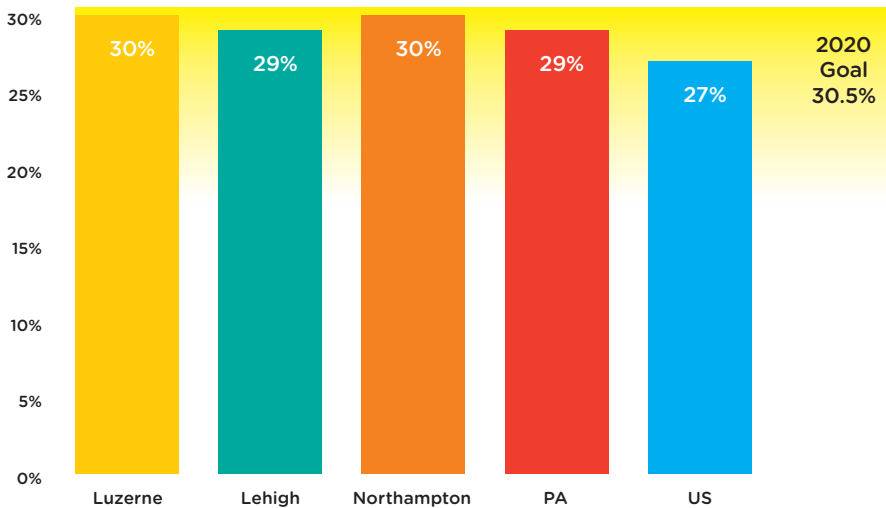
## Obesity

Obesity affects health because it is a risk factor for a wide range of chronic diseases including diabetes, heart disease and depression. Obesity affects people of all ages, races and income levels.

Overweight and obesity also contribute to poor health and early death, and are often a result of an imbalance resulting from poor diet and physical inactivity. Although Luzerne County reports adult obesity below the Healthy People 2020 Goal, 1 in 3 adults in Luzerne County reporting overweight and obesity.

## Adult Obesity by Geography

Data Source: County Health Rankings 2015, NHANES 2012

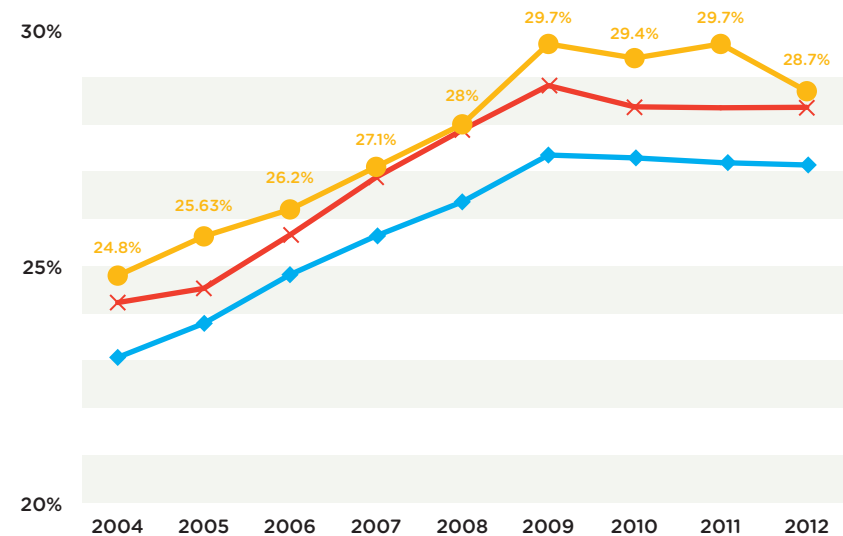


10-year trends in obesity in Luzerne County follow a similar pattern as both the United States and Pennsylvania. Although the percent of obese adults in Luzerne County is still higher than the state and the US, it seems to be decreasing, which represents movement in a healthy direction.

## Percent Obese Adults (BMI >30)

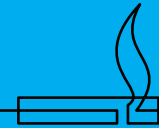
Data Source: County Health Rankings, 2012, 2015

● Luzerne × PA ◆ US



	2004	2005	2006	2007	2008	2009	2010	2011	2012
●	24.8	25.63	26.2	27.1	28	29.7	29.4	29.7	28.7
×	24.23	24.53	25.66	26.88	27.88	28.82	28.37	28.35	28.36
◆	23.07	23.79	24.82	25.64	26.36	27.35	27.29	27.19	27.14





# Healthy Habits: Reducing Cigarette and Alcohol Use

“Cigarette smoking and binge drinking harms nearly every organ of the body, causes many diseases, and reduces overall health in general.”

-CDC and NIH

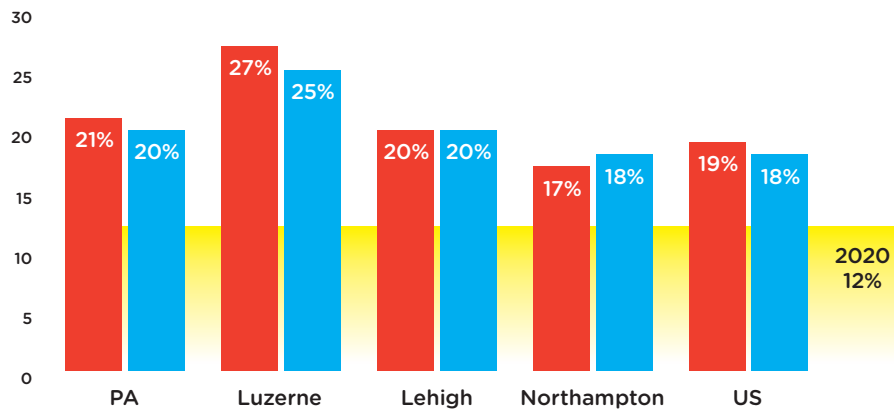
## Cigarettes

Smoking cigarettes has been proven to lead to a wide range of disease and early death. Despite efforts to curb smoking, Pennsylvania lags far behind the Healthy People 2020 Goals and national averages for smoking. According to the County Health Rankings, the percent of adult smokers in Luzerne County is two times higher than the Healthy People 2020 Goal of 12%.

### Percent of Adults Smoking Cigarettes

Data Source: County Health Rankings

● 2004-2010 ● 2006-2012



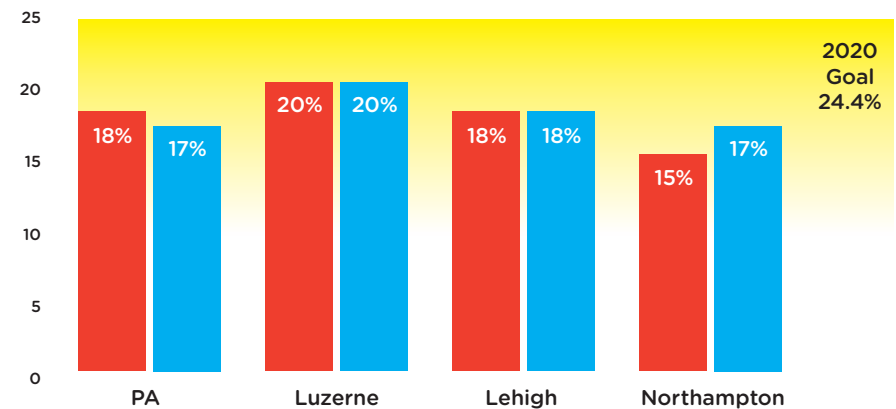
## Alcohol

Excessive use of alcohol can cause physical illness, as well as psychosocial issues that affect well being such as strained family relationships and difficulty at work. It also puts individuals and others at risk of injury due to impaired functioning. Although Luzerne County has met the Healthy People 2020 Goal for this indicator, 1 in 5 adults in Luzerne County still report that they engage in binge drinking or regular heavy drinking.

### Percent of Adults Reporting Binge or Heavy Drinking

Data Source: County Health Rankings, 2012, 2015

● 2004-2010 ● 2006-2012





# Healthy Relationships: Drugs, Crime and Social Relationships

Unfortunately, the rich transportation resources in the area have also attracted entrepreneurs who have created Hazleton as a significant distribution point in the narcotics trade for the area.

The proliferation of the drug trade in the City of Hazleton has brought with it an increase in violent crime.

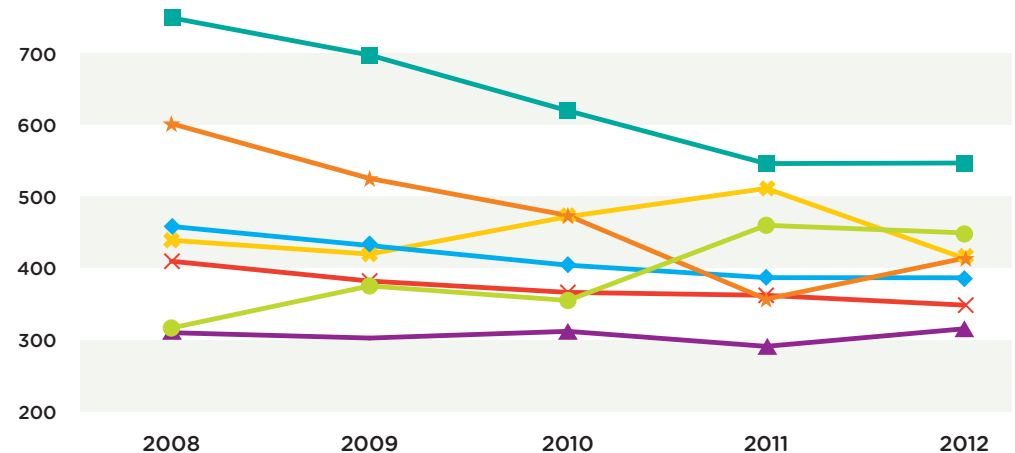


“We’re right in the crossroads of all those big interstates and people come by and drugs are available and heroin is very cheap now I hear.”

“Now it’s the same as the entrepreneurs who have set up all the other industry around this city, drug dealers are entrepreneurs...So, what ends up happening is not only do we bring drug dealers in here to buy their drugs and take them back with them to sell, we bring drug users here who come here to buy their drugs to use.”

## Type I Violent Crime Rate

Data Source: FBI, Uniform Crime Reports, prepared by the National Archive of Criminal Justice Data



	2008	2009	2010	2011	2012
● Hazleton	316.7	375.5	355.2	460.2	449.6
■ Allentown	750	697.9	620.2	546.4	547.2
▲ Bethlehem	310.2	302.7	312.1	291.1	315.7
★ Easton	602.2	525.6	473.9	357.1	414.2
× PA	410	382.3	366.5	362.4	348.7
◆ US	458.6	431.9	404.5	387.1	386.9
✱ Wilkes Barre	439.3	420	472.3	511.7	414.1

# Healthy Relationships: Drugs, Crime and Social Relationships

With the growth of the drug trade centered in Hazleton, the focus group participants felt that there are multiple sources and solutions to the problem. The group felt that those who sell drugs are not necessarily also drug users. Rather, drug dealers often are entrepreneurs who see selling drugs as the best or easiest way to make money in an impoverished area. Many felt that the drug dealing entrepreneurs in Hazleton came from impoverished households from Hazleton, and, if given the right support, direction and opportunity, would take a different career path.

“But the main thing was the community support was not there to help these people. So they’re the ones who are floundering.”

“If you really look at what drives people to want to do drugs you’ll find mental health is the real issue. I mean people aren’t happy around here. You see the quality of life is very low... And if you want to rehabilitate, there are no options for rehabilitation around here. So building a support system something like that would be great.”

However, at the source of the drug problem is the fact that the customer base for drugs is significant. Hazleton has been identified as a reliable source for drugs not only because of the transportation access, but also because drug sales have been allowed to occur on a broad scale in the open without significant consequences for the sellers or the buyers.

“You would be amazed at the number of people who come to Hazleton who are not from the area to buy their drugs... the only reason why that happens is because they feel safe. They know they can get away with it... Part of getting rid of the people flocking to Hazleton to commit crime is to make those people feel that they’re going to get caught if they come here.”



The solutions to the problem of drug users coming to Hazleton were many. The strongest interest was in building resilience among local people, youth in particular, to avoid drugs and drug culture, and to show alternatives other than drugs to address the despair generated by poverty and stress.

“...taking preventative measures to assess people who are going to be predisposed to certain, I mean the at risk people. They’re the ones in poverty; they’re the ones with mental health problems, the language barriers. And attempt to get to those people in the education system first, before the problem grows.”

“It’s [the drug trade] not going to *not* be here until I can take the people who are the would be potential drug dealers and tell them that you’re not destined to prison or death, there’s a better way of life for you.”

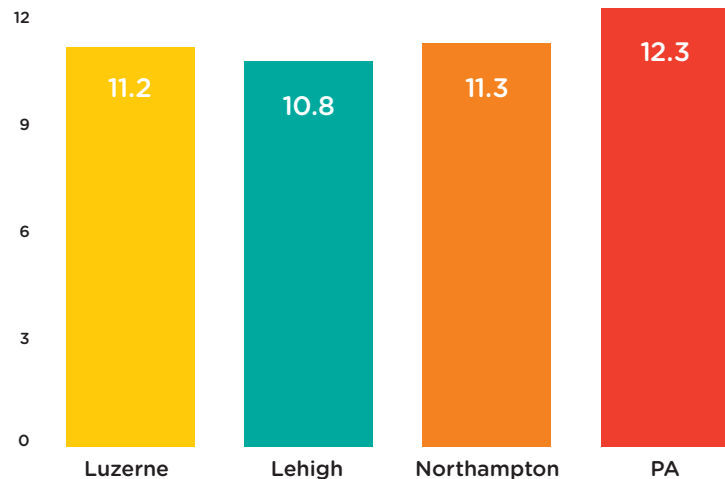
# Healthy Relationships: Friends, Family and Community

**Having friends and family you can count on for support has many benefits for overall health. A sense of belonging to a family or group can increase self-image and a sense of security.**

People in the Hazleton Area have put great emphasis into the role of social associations as a vehicle to improve the quality of life for all in Hazleton, and the local institutions, LVHN Hazleton Hospital in particular, have followed suit as well.

## Social Associations per 10,000 people

Data Source: County Health Rankings, 2015



This graph from 2012 demonstrates that compared to the state of Pennsylvania in general, Luzerne County has fewer social associations than the state. However, since 2012, collaborative efforts across disciplines and inclusive of a diversity of people have started a variety of new social associations. These groups have begun the important work of building social relationships, inviting cultural exchanges, building local capacity, and fostering new opportunities for the people of Hazleton. The following quotes from the focus group reflect the efforts made by people in Hazleton to increase social support and improve the quality of life for all.

“On an agency perspective, people ask for assistance because they can’t turn to a family member because they are in the same dire straights...family members don’t have the resources to borrow money and look for assistance... they have to look for resources from the community.”

“What would work really well here is some sort of mentor system between younger students and high school students. Because it keeps the high school students busy, they feel worthy, and they feel like they’ve done something great and they’re being admired and the younger students have someone to admire, someone to look up to and an actual role model to look at because homes are broken and they may not have someone at home to look up to.”

“What I think is a common theme is that we - meaning non-Hispanics - think that they [Hispanics] need to come to us to learn. And what I’m understanding is there’s some fear in that. And we [non-Hispanics] need to go to them [Hispanics] and bridge that gap as well.”

# Healthy Relationships: Sexual Relations

Untreated sexually transmitted infections in people of any age can lead to serious long-term health consequences including cancer, infertility and compromised mental health. Having a baby as a teenager can have negative consequences for the young parents, their children and society. Children born to teen parents are more likely to have lower education and health outcomes throughout their lives than children born to older parents.

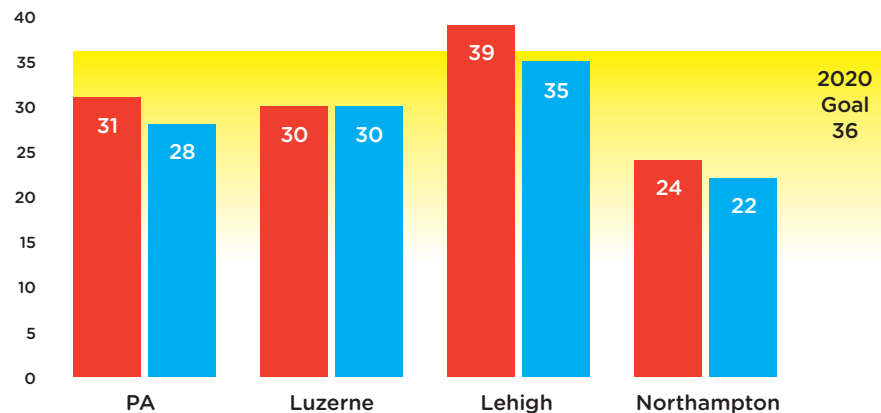
## Teen Births

Nationwide rates of teen births have been declining steadily. Although the teen birth rate for Luzerne County is lower than the Health People 2020 Goal of 36 per 1000 females ages 15-19, it has remained unchanged while rates in other areas have gone down.

### Teen Birth Rates, 2002 - 2012

Data Source: County Health Rankings, 2012, 2015

● 2002-2008 ● 2006-2012



## Sexually Transmitted Infections

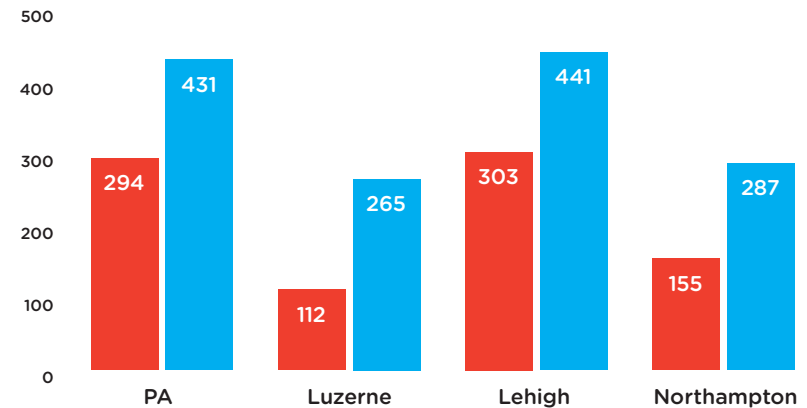
Chlamydia is the most common bacterial sexually transmitted infection in the US and is a significant source of morbidity, which has a negative impact on society and a high cost for treatment. Chlamydia infection is associated with unprotected sexual activities, which is an indicator of other potentially harmful behaviors and situations. Therefore, the rate of Chlamydia infection can be an effective measure of health behavior that has a negative impact on health and quality of life.

Since 2009, the rate of Chlamydia infection has increased nationwide, including in Luzerne County.

### Chlamydia Rate per 100,000 Population

Data Source: CDC (NCHSTP Atlas), 2009, 2012

● 2009 ● 2012







# Access to Health Care

“Access to affordable, quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access on its own—it is also necessary for providers to offer affordable care, be available to treat patients, and be in relatively close proximity to patients.”

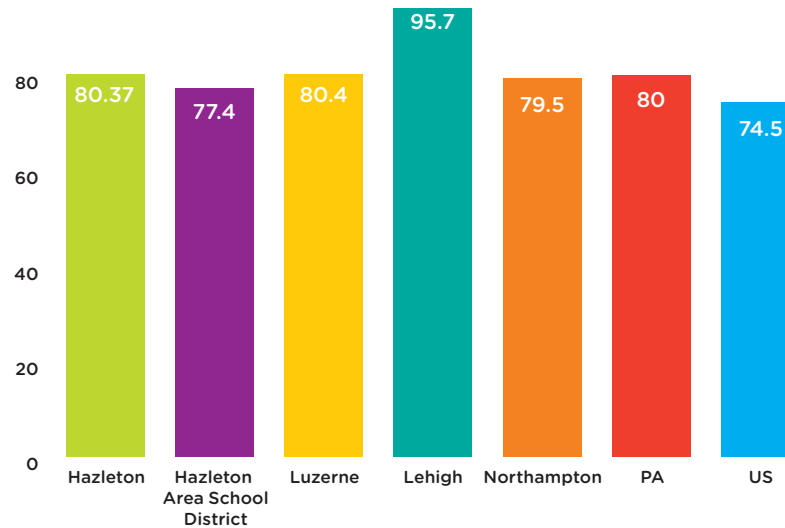
—County Health Rankings, 2015

## Primary Care Providers

Generally, Pennsylvania has more primary care providers per person than then national average, which is the case in general for Luzerne County, Hazleton Area School District, and the City of Hazleton in general. However, although this indicator demonstrates that there are primary care practitioners available, what this statistic does not show but was repeated often in the qualitative research is that there remains a shortage of primary care practitioners who can meet the linguistic, cultural and logistical needs of the community, as well as a shortage in the specialty areas – such as pediatrics – that are also needed due the changing demographics.

## Primary Care Physicians, Rate per 100,000 Pop.

Data Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.



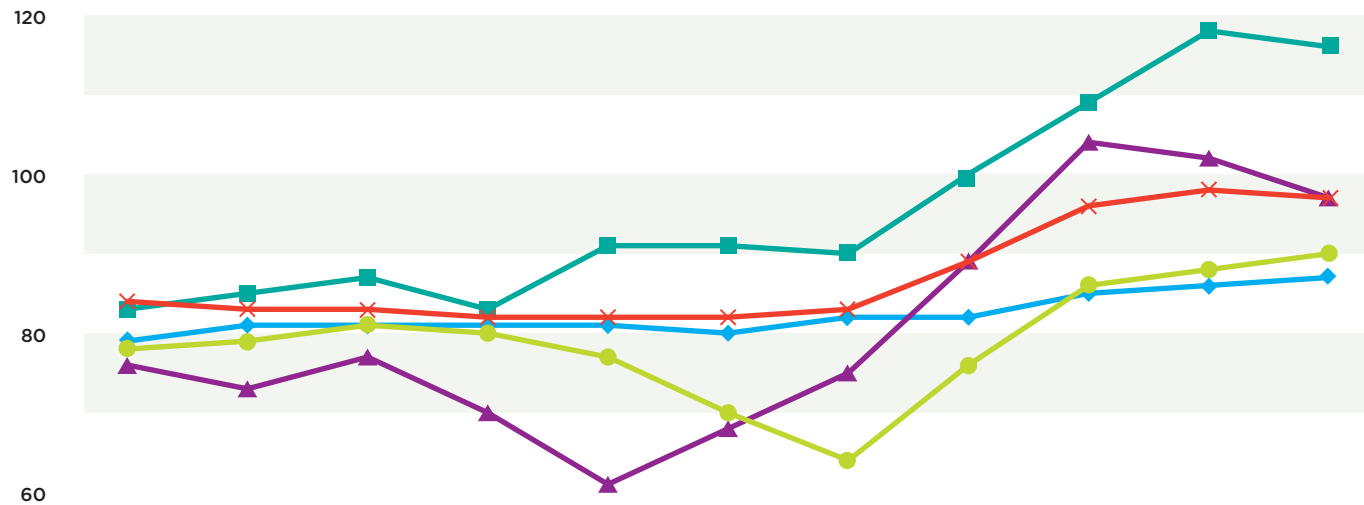
# Access to Health Care

## Making Connections

LVHN Hazleton Hospital has made great strides in working to address these issues of primary care access through opening the Emergicare Center and supporting the Hazleton Free Clinic. In the year that the Emergicare Center has been operational, usage has far exceeded any expectations, and has lead LVHN Hazleton Hospital to work towards expansion of the Emergicare resource to be able to better serve the community. The following chart demonstrates that while access to care has varied considerably over time in Luzerne County and challenges still exists, there have been improvements in connecting people with care in recent years.

## Access to Primary Care, Rate per 100,000 Pop. by Year, 2002 - 2011

Data Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2012.



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
● Luzerne	78	79	81	80	77	70	64	76	86	88	90
■ Lehigh	83	85	87	83	91	91	90	100	109	118	116
▲ Northampton	76	73	77	70	61	68	75	89	104	102	97
× PA	84	83	83	82	82	82	83	89	96	98	97
◆ US	79	81	81	81	81	80	82	82	85	86	87



# Access to Mental Health Care

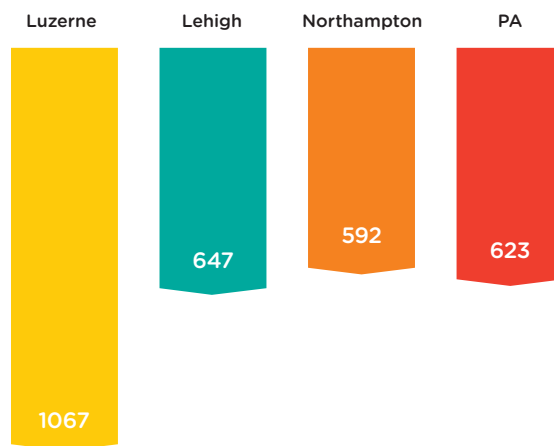
Mental health and physical well being are directly connected. Research shows that good mental health and a positive outlook improves physical health. Poor mental health increases the risk for many health problems including heart disease, cancer and diabetes. Poor physical health also puts people at greater risk for mental health problems, just as people with mental health problems are at greater risk for physical health problems.

## Mental Health Providers

The City of Hazleton and Luzerne County suffer from a shortage of mental health providers and services, including substance abuse counseling and treatment. According to the 2015 County Health Rankings, there are nearly 60% fewer mental health providers in Luzerne County than on average in Pennsylvania.

### Ratio of the Number of People per Area to Available Mental Health Providers

Data Source: County Health Rankings, 2015



## People in the Hazleton Area struggle with mental health issues including addiction

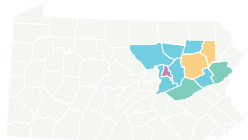
According to the Medicare Chronic Conditions Report (2012), more than 1 in 10 (11.1%) of seniors ages 65 and older in Luzerne County are undergoing treatment for depressive symptoms, despite the limited mental health care availability in the area. According to the 2013 Pennsylvania Youth Survey (PAYS), more than 1 in 3 teens in Luzerne County indicated they “felt depressed or sad most days in the last 12 months.” Fortunately, in the City of Hazleton, key stakeholders including LVHN Hazleton Hospital, have invested in forming Hazleton Communities that Care (CTC) whose mission strives to address the key risks identified through the PAYS and strengthen the assets outlined in the PAYS to improve outcomes for all youth in the Hazleton Area School District.

Mental health concerns including stress, hopelessness, and addiction were repeated often as significant issues in the focus groups, meetings and conversations with key stakeholders in Hazleton. Concerns expressed around mental health included a fear that the problem is greater than people realize, because there are such limited resources for any mental health care in Hazleton, that the amount of need is not being accurately captured.



**“If you really look at what drives people to want to do drugs you’ll find mental health is the real issue. I mean people aren’t happy around here. You see the quality of life is very low... And if you want to rehabilitate, there are no options for rehabilitation around here.”**

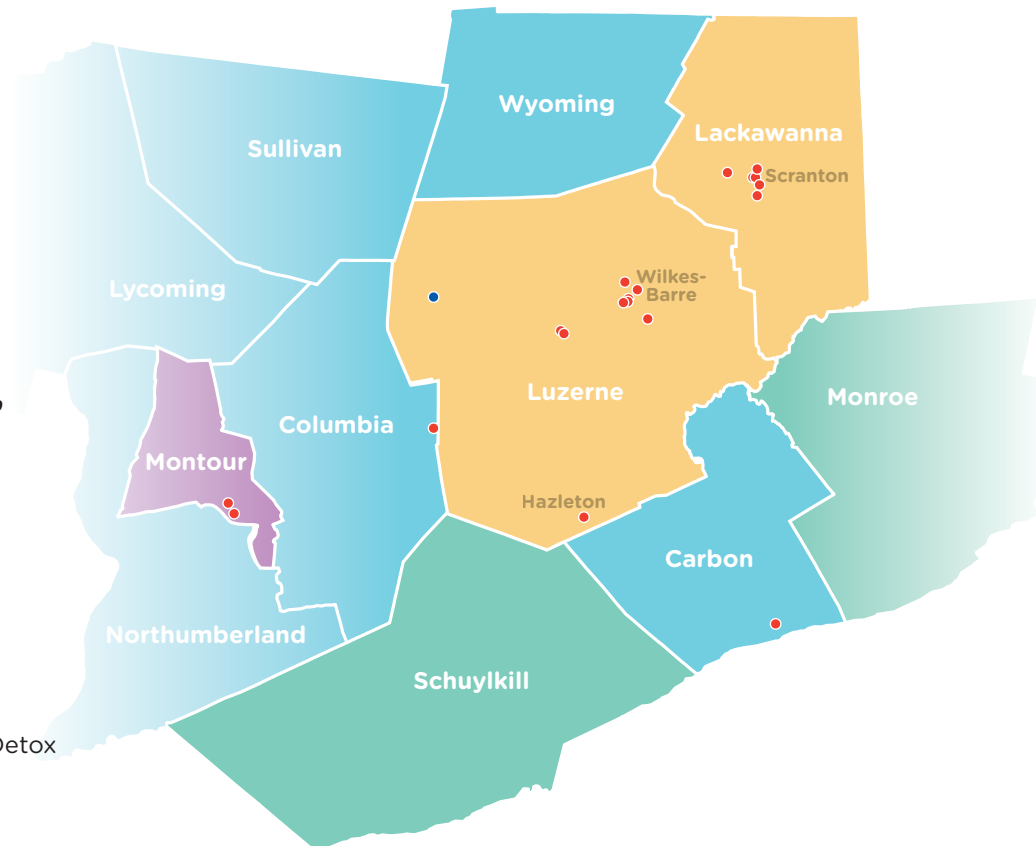
# Access to Mental Health Care



## Access to Mental Health Care Providers, Rank by County, CHR 2014

Data Source: Community Commons, 4/8/2016

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Mental Health Treatment Facilities, SAMHSA Nov. 2014
- Substance Abuse Facilities - Detox Services, SAMHSA Nov. 2014



As the Map above demonstrates, although Luzerne County does have mental health facilities, they are generally clustered around Wilkes-Barre, with only one facility, Northeast Counseling Services, serving the Hazleton School District area, which includes parts of Schuylkill and Carbon Counties. And, the nearest inpatient detox services are more than 30 miles away from Hazleton.

Many in the focus groups attributed the lack of resources for mental health including addiction services to reduced funding nationally for mental health services, as well as stringent regulations limited access to mental health care for uninsured and poor people. Focus group participants attributed these barriers to mental health care access as significant contributors to lowered overall health status, lowered quality of life over all, and increased crime in the Hazleton area.



“But the main thing was the community support was not there to help these people. So they’re the ones who are floundering.”

“There’s no long term help for you and because the doctors there say ‘well, you know you don’t meet this criteria’ and that’s because the doctors are governed by the rules and you don’t meet this criteria so you’re back out on the street when you know what you’re forcing the person with mental health issues to do? You’re forcing them to commit a crime. Because I’m the police I can’t do anything for that person until I can arrest them and put them in jail. It’s wrong.”

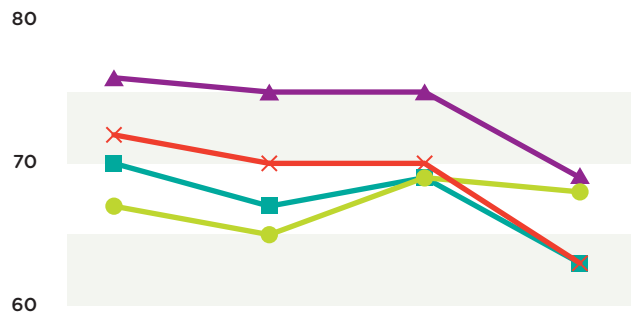
# Clinical Prevention Interventions: Seniors

## Preventable Hospital Stays

In recent years, Luzerne County has had variability in its rate of preventable hospital stays among the Medicare population. However, according to the County Health Rankings, Luzerne county is now trending towards improving this outcome.

## Preventable Hospital Stays Per 1000 Medicare Population, 2012 - 2015

Data Source: County Health Rankings, 2012-2015



	2012	2013	2014	2015
✕ PA	72	70	70	63
● Luzerne	67	65	69	68
■ Lehigh	70	67	69	63
▲ Northampton	76	75	75	69

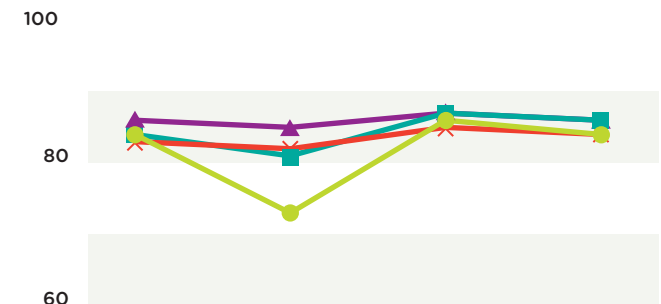
Reducing preventable hospital stays among the Medicare population includes improvements in identifying and preventing the escalation of existing health problems that can lead to hospitalization, therefore improving healthy living and reducing health care costs.

## Diabetic Monitoring

Evidence suggests that disease management programs that target chronic diseases can improve health outcomes and quality of care. Management of HbA1c blood glucose levels is considered the standard of care for diabetics, and represents how well diabetic patients are able to control their disease and prevent complications. The following graph represent the percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring in Pennsylvania, Luzerne, Lehigh and Northampton Counties from 2012-2015.

## Percentage of Diabetic Medicare Enrollees Age 65-75 That Receive HbA1c Monitoring, 2012 - 2015

Data Source: County Health Rankings, 2012-2015



	2012	2013	2014	2015
✕ PA	83%	82%	85%	84%
● Luzerne	84%	73%	86%	84%
■ Lehigh	84%	81%	87%	86%
▲ Northampton	86%	85%	87%	86%



# Clinical Prevention Interventions: Moms and Babies

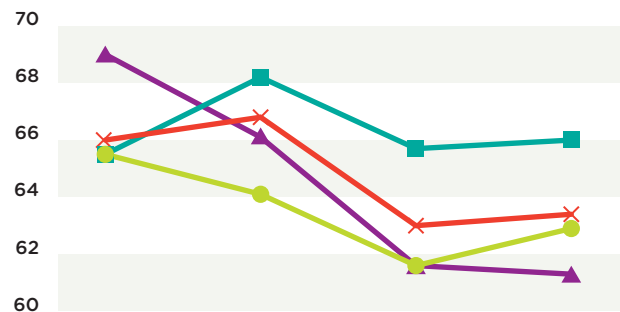
## Mammography

Breast cancer is the second most common form of cancer among women in the United States. Evidence suggests that mammography screening significantly reduces breast cancer mortality, particularly among older women. As the following graph represents, the percentage of female Medicare enrollees ages 67-69 that receive mammography screening has fallen across all of the selected geographies.

However, this also coincides with a change in screening guidelines, which now recommend less frequent screenings.

## Percentage of Female Medicare Enrollees Age 65-75 That Receive Mammography Screenings

Data Source: County Health Rankings, 2012-2015



	2012	2013	2014	2015
✕ PA	66	66.8	63	63.4
● Luzerne	65.5	64.1	61.6	62.9
■ Lehigh	65.5	68.2	65.7	66
▲ Northampton	69	66.1	61.6	61.3

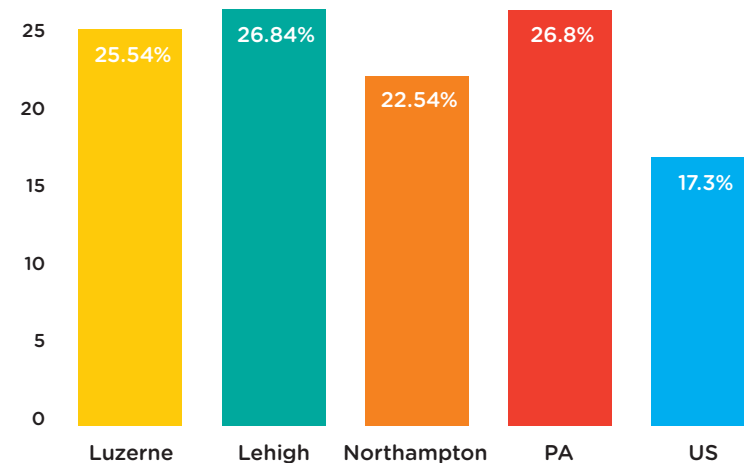
## Prenatal care

Prenatal care keeps moms and babies healthy. When doctors see pregnant women regularly throughout their pregnancy, they can spot health problems early, which often cures some problems and prevents other problems from affecting both moms and babies.

Engaging in prenatal care early significantly increases the chance that a mother and her baby will have a healthy pregnancy and a healthy birth, which helps ensure a healthy life path for the baby and mother. A lack of prenatal care suggests a barrier such as a lack of access to care, a lack of information or knowledge about pregnant care or its benefits, a mental health barriers such as depression or anxiety, or social barriers that influence a pregnant woman's ability and willingness to access care. Pennsylvania has significantly more pregnant women with later or no prenatal care than the national average. Although Luzerne County has a slightly better percentage of women accessing prenatal care than the Pennsylvania average, the table below still indicates that 1 in 4 pregnant women in Luzerne County receive late or no prenatal care during their pregnancy.

## Percentage of Mothers with Late or No Prenatal Care

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Res





**HEALTH PROFILE FOR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT**