2019 Community Health Needs Assessment
Process Overview

Executive Summary

In an effort to improve the overall health and well-being of the community, all non-profit hospitals and health systems must identify and evaluate the needs of the communities they serve through a Community Health Needs Assessment (CHNA) every three years. For the purposes of the CHNA, Lehigh Valley Health Network (LVHN) defines "community" as **all residents** living within the primary counties each licensed facility serves, namely Lehigh, Northampton, Schuylkill, Luzerne, and Monroe Counties in Pennsylvania. The CHNA Health Profile includes secondary data pulled together from publically available, state and local sources such as the Center for Disease Control and the Census Bureau. This data was used to identify the top health and social needs in each identified community. LVHN then partnered with community and educational institutions to obtain input (primary data) from community members in each county in order to validate the findings of the secondary data collection. These community partners conducted focus groups and key informant interviews to review the findings of the secondary data collection and allow the community to identify any other needs not mentioned. The secondary and primary data were then combined into one Health Profile for each county, which provides an overview of the current state of health in each of the counties LVHN serves. These reports were reviewed by LVHN Executive leadership at each campus, and initial health needs were prioritized based on the communities input and LVHN's ability to make a difference on that health need. Next steps include developing strategies to address prioritized health needs which will be presented in LVHN's CHNA Implementation Plan.

Overview of the Health Profile Reports

As part of the Affordable Care Act, starting in 2013, all non-profit hospitals and health care systems are required to conduct a Community Health Needs Assessment (CHNA) every three years. The CHNA report examines the factors that impact the health and wellness of all the people in a particular geographic area. Beyond its regulatory function, the CHNA is an important overview of the current state of health in our region and identifies potential areas of concern which informs Lehigh Valley Health Network's (LVHN) population health management efforts.

LVHN's CHNA includes a Health Profile, a report that looks at all of the factors that go into making people in a particular area healthy. This includes social and environmental factors like employment, education and air quality, individual behaviors like smoking or healthy eating, and the quality and availability of health care in their area. This introduction provides an overview of the 2019 CHNA Health Profile and LVHN's CHNA process. The 2019 Health Profile combines data and information from local, state and national sources about disease, the environment, social factors and individual behaviors, with ideas, stories, and experiences from community members and leaders from throughout the counties served by LVHN. The second component of the LVHN's CHNA includes an Implementation Plan, which outlines our plan to address the needs identified in the Health Profile over the course of the next three years. The 2019 Implementation Plan will be shared as a separate report soon after the Health Profiles are released.

The 2019 LVHN CHNA Health Profile is broken out into three primary sections: Demographics, Health Factors, and Health Outcomes. The Demographics section includes information that provides a description of the individuals living in the community. The Health Factors section includes information about social factors, environmental factors, health behaviors,

and the quality and availability of health care in the area. The final section, Health Outcomes, looks at the occurrence of chronic conditions, such as asthma and heart disease, as well as rates of cancer and the leading causes of death. To increase the readability of the report, the community will find three types of call-out boxes throughout the CHNA Health Profiles. The first type summarizes some of the data presented on that page in order to provide easy-to-read, summary statements of important data about the community. These summary statements are also compiled into one list at the end of the Health Profile. The second type provides information from the interviews and focus groups. The third type of call-out box highlights data specific to LVHN patients, where it was relevant. These reports have been reviewed and approved by LVHN's Board of Trustees as well as the Community Relations Committee of the board.

Definition of Community

For the purposes of the Community Health Needs Assessment (CHNA), LVHN defines the community it serves as *all individuals* living within the counties that contain our hospital campuses. LVHN is required to produce a CHNA Health Profile for each of our licensed facilities in order to address the local context of the different communities we serve. Therefore, LVHN has produced four CHNA Health Profiles for our four different Lehigh Valley Hospital Campuses: Lehigh Valley Hospital – Cedar Crest, 17th Street, and Muhlenberg, Lehigh Valley Hospital – Schuylkill, Lehigh Valley Hospital – Hazleton, and Lehigh Valley Hospital – Pocono. For Lehigh Valley Hospital – Cedar Crest, 17th Street, and Muhlenberg, the community is defined as Lehigh and Northampton Counties (also known as the Lehigh Valley). We additionally assessed health needs within the City of Allentown to reflect the urban community surrounding our 17th Street campus. For Lehigh Valley Hospital – Schuylkill, the Health Profile presents the health needs of community members in Schuylkill County. For Lehigh Valley Hospital – Hazleton, the CHNA Health Profile provides information about the health needs for Luzerne County with specific information about the city of Hazleton where it was available. Finally, for Lehigh Valley Hospital – Pocono, the community is defined as residents within Monroe County.

Within the entire geographic population that makes up the communities we serve, we place a greater emphasis on including individuals in the community who are experiencing health disparities to a greater extent or who are at-risk for negative health outcomes as a result of the social and environmental factors influencing their health.

Summary of Impact of Implementation Plan for 2016 Community Health Needs Assessment

LVHN's 2016 CHNA Implementation Plan was broken out into four focus areas: community engagement, at-risk populations, access to care & health equity, and prevention & wellness. In the 2016 CHNA Implementation Plan, LVHN chose an approach that was wide-spread and comprehensive, including a large number of tactics at each campus in each of the four focus areas that address identified health needs. A summary impact report from the first two years of the implementation plan can be found on LVHN.org/community.

Methodology for the 2019 CHNA Health Profile

It is well documented that the clinical care provided to community members only accounts for a small portion of an individual's overall health[i]. There are many other factors that occur outside the doctor's office and hospital walls that influence health beyond medical care. They include:

- Social and economic factors, such as education, employment, and social support
- Physical environment factors, such as housing, transportation, and air quality
- Health behaviors, such as smoking, drinking, diet, and exercise

Therefore, the CHNA Health Profile provides information about health care as well as other health factors followed by health outcomes. There are two types of data included in the CHNA Health Profiles. The first type is *quantitative data,* or numbers and statistics about the overall population in the community. These statistics come from a variety of local, state and national sources including the Census, the Center for Disease Control, the Department of Education, and the Centers for Medicaid and Medicare Services. A majority of these data points are compiled together through a platform called the CARES Engagement Network Health Plan tool[ii], which LVHN uses as the starting point for its CHNA Health Profiles, adding other key state and local data sources to the data provided through this health report.

In addition, non-profit hospital systems are required to obtain input from individuals who represent the broad interests of the community, including those with public health expertise and the vulnerable populations. LVHN chose to obtain this input through focus groups and interviews with community members and leaders. This type of data is referred to as *qualitative data*. We partnered with an external community collaborator for each campus who has experience in qualitative data collection to conduct these focus groups and interviews on LVHN's behalf. This process provided community members with an independent and objective opportunity to identify and share their personal experiences and perspective on the most pressing health needs facing their community as well as where they would like LVHN to focus its attention.

In Lehigh and Northampton County, where Lehigh Valley Hospital – Cedar Crest, 17th Street, and Muhlenberg are located, LVHN partnered with two faculty members from Cedar Crest College. In Luzerne County, LVH-Hazelton partnered with the Institute for Public Policy and Economic Development, a research partnership of 12 colleges and universities in the Scranton/ Wilkes-Barre/ Hazleton Metropolitan Statistical Area. The Institute for Public Health Research and Innovation at East Stroudsburg University was the community partner for Monroe County, representing our LVH-Pocono campus. Finally, in Schuylkill County, which contains Lehigh Valley Hospital – Schuylkill, the partner was Schuylkill VISION, a small non-profit, community organizing group in the county. The focus groups and interviews were conducted **between June and August 2018** and below gives a summary of the number of focus groups and interviews in each county, as well as the total number of people from which input was obtained.

County	Number of Focus Groups	Number of Interviews	Total Number of Participants
Lehigh	6	4	58
Luzerne	4	3	42
Northampton	4	5	35
Monroe	5	5	48
Schuylkill	5	5	73

The following section provides a summary of the organizations represented in the focus groups and interview as well as a summary of the demographics of those who participated. Residents, including those from low-income populations, were also included in the focus groups and interview in each county.

Lehigh County	
Organizations Represented	**Demographics**
Allentown Health Bureau*	**Gender:** 64% Female, 36% Male
Allentown School District	**Average Age:** 64.7; **Age Range**: 16-96
Community Action Committee of the Lehigh Valley	**Race:** 88.7% White, 5.7% Black, 3.8% Multi-racial
Country Meadows Retirement Communities	**Ethnicity:** 72% non-Hispanic, 28% Hispanic
East Penn School Board	**Education:** 83% had at least some college or higher, 15% had a HS Degree or GED
Lanta Bus Company	**Employment:** 50% retired, 45% employed
Ripple Community, Inc.	
Whitehall Communities that Care	
Wild Cherry Knoll Housing Development	

*Governmental Public Health Department Representative

Luzerne County	
Organizations Represented	**Demographics**
Hazleton Area School District	**Gender: 45% female, 55% male**
Hazleton Chamber of Commerce	**Race/Ethnicity:** 37.8% Hispanic (of any race), 62.2% White Non-Hispanic
Hazleton Health & Wellness Center	**Employment:** 34.8% retired or not employed, 65.2% employed
Hazleton Integration Project	
Hazleton One Community Center	
United Way of Greater Hazleton	

Monroe County	
Organizations Represented	**Demographics**
East Stroudsburg South High School	**Gender:** 66.6% Female, 33.3% Male
East Stroudsburg University Wellness Education & Prevention	**Average Age:** 60.4; **Age Range:** 20-85
Lehigh Valley Hospital – Pocono Cancer Center Biggest Winner Program	**Race:** 64.9% White, 27% Black, 8.1% Other
Loder Senior Center	**Ethnicity:** 86.1% Non-Hispanic, 13.9%
Pleasant Valley Ecumenical Network Food	**Education:** 75.6% had at least some college

Pantry	or higher, 21.6% had a HS Degree or GED
Pocono Services for Family and Children	**Employment:** 41.1% Employed, 17.9% Retireds
Street to Feet Homeless Day Center	
United Way of Monroe County	

Northampton County	
Organizations Represented	**Demographics**
Bethlehem Area School District	**Gender:** 73.3% Female, 27.7%% Male
Bethlehem Health Bureau*	**Average Age:** 70.4; **Age range**: 33-88
Easton Community Center	**Race:** 93.3% White, 3.3% Black, 3.3% Other
Lehigh Valley Health Network Department of Psychiatry	**Ethnicity:** 76.7% non-Hispanic, 23.3% Hispanic
Moravian Village	**Education:** 76.6% had at least some college or higher, 23.3% had a HS Degree or GED
Nazareth Food Bank	**Employment:** 67% retired, 30% employed
Northampton County Department of Corrections	
Northampton County Mental Health	
Slate Belt Chamber of Commerce	

*Governmental Public Health Department Representative

Schuylkill County	
Organizations Represented	**Demographics**
Diakon Senior Center	**Gender:** 67% Female, 33% Male
Divine Mercy Catholic Church	**Average Age:** 48; **Age Range:** 17-82
Interfaith Health Network	**Race:** 83.7% White, 16.2% Other
Minersville Federally Qualified Health Center	**Ethnicity:** 65% Non-Hispanic, 35% Hispanic
New Ringgold Community Fire Company	**Education:** 37% some college or higher, 35% high school or GED, 21% less than high school
Nurse Family Partnership	**Employment:** 40% employed, 21% homemaker, 26% retired
Pottsville Area School District	
Schuylkill Community Action	
Schuylkill County Mental Health*	
St. Peter's UCC Church	

*Governmental Public Health Department Representative

Identification of Significant Health Needs and Prioritization Process

For the 2019 CHNA Health Profiles, LVHN put into place the following process in order to identify the leading health concerns within the community and prioritize potential areas to be addressed in the Implementation Plan.

Step 1: The CHNA Coordinating Team compiled and analyzed extensive quantitative, secondary data to determine the areas that highlighted health disparities or concerns at a population level for each county we serve.

Step 2: The CHNA Coordinating Team created a list of the top 10 – 15 health needs from the secondary data for each county/community.

Step 3: The CHNA Coordinating Team reviewed the secondary data and the list of leading health needs with the CHNA Executive Committee at each LVHN licensed facility.

Step 4: The Community Collaborator conducted focus groups and interviews based on the 10-15 leading health needs. Participants were first asked to share how they define health, and then vote on the three health needs that they felt were the most pressing in the community currently from among the leading health needs list. *In the tables below, those with (XXX) were mentioned the most by community members, followed by those with (XX) and then (X).* After an in-depth discussion regarding the top three most pressing health needs, participants were also able to identify any concerning health needs that were not a part of the available list.

Step 5: The secondary data and the primary data were brought together into one complete CHNA Health Profile.

Step 6: The CHNA Executive Committees reviewed the Health Profiles and then prioritized the leading health needs (with the addition of any the community identified that were not on the original list) based on three criteria: Magnitude/Impact, Capacity, and Alignment. Magnitude/Impact was defined as health-related issues that are perceived to be large-scale, pressing needs in the community. Capacity was defined as health-related issues that LVHN has already begun working on or that could be easily addressed through partnerships or individually. Alignment was defined as health-related issues that currently are or are going to be a priority area in the next few years for the network at-large. In the tables below, the areas that the LVHN Executive Committee felt met all three criteria are designated by (XXX), followed by (XX), and then (X).

Summary of Prioritization Needs for the 2019 Implementation Plan

Lehigh County Data Prioritization		
Identified Health Needs	**Community Priorities**	**LVHN CHNA Executive Team Priorities (Magnitude, Capacity, Alignment)**
Ethnic diversity/larger percentage of families with limited English proficiency	XX	XX
Teen pregnancy	-	XX
Health needs of a large young population	-	XX
Health needs of a large aging population	X	XXX
High school graduation rates/barriers to getting a high school	X	X

diploma		
4th grade reading proficiency	X	X
Children living in poverty	XX	X
Low food access	X	X
Housing cost and quality	X	X
Social isolation or lack of social support, depression, and suicide	XXX	XXX
Chronic health conditions (high blood pressure, heart disease, diabetes)	XXX	XXX
Cancer incidence	X	XXX
Access to preventative services	XX	XX
Substance Abuse	XX	XXX

Luzerne County Data Prioritization		
Identified Health Needs	**Community Priorities**	**LVHN CHNA Executive Team Priorities (Magnitude, Capacity, Alignment)**
Growing Hispanic population w/in Hazleton	XXX	XXX
Higher population with disabilities	-	X
Unemployment/types of employment (stable vs. unstable)	X	X
Education barrier	X	XX
Families/children living in poverty	-	X
Health behaviors	-	XXX
Housing cost and quality	-	X
Chronic health conditions (e.g. diabetes)	-	XXX
Cancer incidence	XX	XXX
Access to preventative services	X	XX
Access to dental care	-	X
Access to pregnancy care	-	XX

Monroe County Data Prioritization		
Identified Health Needs	**Community Priorities**	**LVHN CHNA Executive Team Priorities (Magnitude, Capacity, Alignment)**
Change in population over time	X	X
Growing diversity in Monroe County and language barrier	-	XX
Higher population with disabilities	-	X
Unemployment rate and types of employment available	XX	X
4th grade reading proficiency	-	X
Family and children living in poverty	XXX	XX
Low food access	XXX	XX
Health behaviors	XX	XXX
Housing cost and quality	X	X
Transportation	-	XXX

Social isolation or lack of social support	X	X
Chronic health conditions (e.g., diabetes)	XXX	XXX
Cancer incidence	-	XX
Access to preventative services	-	XXX

Northampton County Data Prioritization		
Identified Health Needs	**Community Priorities**	**LVHN CHNA Executive Team Priorities (Magnitude, Capacity, Alignment)**
Growth of community members of Hispanic origin	X	XX
Health needs of a large young population	X	XXX
Health needs of a large aging population	XX	XXX
Food access and SNAP/WIC benefits	X	X
Overweight	-	XX
Access to recreation fitness facilities, activities, physical inactivity	-	X
Housing	XX	X
Social isolation or lack of social support, depression, and suicide	XXX	XXX
Chronic health issues (asthma, heart disease, diabetes)	X	XXX
Cancer incidence	-	XX
Access to preventive care	XX	XXX
Low 4th grade reading proficiency	XX	X
Substance Abuse	XX	XXX
Mental Health	-	XXX

Schuylkill County Data Prioritization		
Identified Health Needs	**Community Priorities**	**LVHN CHNA Executive Team Priorities (Magnitude, Capacity, Alignment)**
Lack of diversity, influx of immigrants	-	X
Health needs of a large young population	X	X
Health needs of a large aging population	XX	XXX
Resources for veterans	X	X
Lack of job opportunities	X	X
Social isolation and lack of social support	-	X
Access to preventative services	X	X
Poor health behaviors	XXX	XXX
Access to health food	XX	X
Access to dental care	XX	XX
Medical care for chronic conditions	X	XX
Shortened life span due to diseases	-	X
High cancer incidence	X	XX
Access to mental health services	XXX	XXX
Cost of services	X	-

Transportation	X	X
Addiction/substance abuse	X	XXX

Summary of the Potential Priority Areas for the 2019 CHNA Implementation Plans

Based on the multiple inputs listed above, the preliminary cross-cutting areas for health improvement in the 2019 CHNA Implementation Plan Include:

- Increase capacity to **address mental health needs** across the continuum from prevention and de-stigmatization to intensive interventions, including **addressing drug abuse** in the community.
- Increase **outreach and community engagement** efforts in the community to make community members aware of the resources available to them and to provide health care and prevention services in the places where community members are located.
- Improve the ability of the healthcare system to **respond to the cultural needs** of our patients including providing services in languages they understand and being **responsive to cultural differences** in the populations we serve.
- Improve **access to care**, particularly around wait times for primary care, specialties, dental care, and mental health services and providing services in proximity to where people are living.
- Decrease the burden of the **social determinants of health** in the community.

Additional initial areas for health improvement for each county include:

Lehigh Valley – Lehigh and Northampton County

- Resources for patients to decrease the cost of medications
- Healthy food access

Luzerne County

- Health behavior change
- Access to cancer care and services

Schuylkill County

- Healthy Food Access
- Access to stable and affordable housing
- Health behavior change

Monroe County

- Diabetes and obesity rates
- Families living in poverty and low food access

Attachments

- Focus Group and Interview Guides and Summary of Focus Groups and Interviews for each county
- Fiscal Year 2017 and 2018 Implementation Plan Reports for the 2016 Community Health Needs Assessment

[i] http://www.countyhealthrankings.org/what-is-health
[ii] https://engagementnetwork.org/