2025 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), now a part of Jefferson Health, defines "community" as **all residents** living within the primary counties each licensed facility serves, as shown below.

LVH-Carbon	Carbon County
LVH-Dickson City	Lackawanna County
LVH-Hazleton	Luzerne County
LVH-Pocono	Monroe County
LVH-Cedar Crest, 17th Street, Tilghman	Lehigh County
LVH-Hecktown Oaks, Muhlenberg	Northampton County
LVH-Schuylkill	Schuylkill County

The CHNA includes secondary data pulled together from publicly available, state and local sources such as the Centers for Disease Control and the Census Bureau. This data was used to identify the top health and social needs in each identified community. For the 2025 CHNA, LVHN improved its process by developing a live, interactive dashboard based on this secondary data. The dashboard showcases tables and graphs related to a wide range of health-related topics and allows the user to filter for more information on specific counties and cities.

After the secondary data were collected, LVHN partnered with community and educational institutions to obtain input (primary data) from community members in each county to further explore the findings from the quantitative, publicly available data. These community partners conducted community conversations and key informant interviews to review the findings of the secondary data collection, allow community members to select the health issues they feel are most significant, and allow the community to identify any other needs not mentioned. The secondary and primary data were then combined into one Community Health Needs Assessment report 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. Once priority areas were selected, strategies were then developed to address prioritized health needs which are presented in LVHN's 2025 CHNA Implementation Plan.

Overview of the Needs Assessment 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 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.

Within the communities LVHN serves, the CHNA reports place a greater emphasis on individuals who are experiencing health disparities or who are at risk for negative health outcomes as a result of social and environmental factors influencing their health. Improving the health of the most vulnerable members of a community has been shown to improve health outcomes for all in the community. Access to quality health care is only one of the factors that contribute to the health of a population. Other factors such as health behaviors, the physical environment, and socioeconomic factors are actually more powerful predictors of health, illness and health care utilization over time. For this reason, the social drivers of health are a focus in this needs assessment report, and LVHN has adopted the Well-Being Portfolio as the framework for our community health strategy. This holistic framework incorporates both services that address urgent needs (such as acute care for illness or injury and assistance with meeting basic needs for food and shelter) and long-term investment in assuring that all people have what they need to thrive. Along these lines, the Well-Being Portfolio outlines seven vital conditions for health and well-being: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle. As we have assessed the health needs of people in the county, we have been sure to consider the role of health care in addressing both urgent needs and the broader vital conditions that contribute to the health of individuals and families in the region.

This introduction provides an overview of LVHN's 2025 CHNA process. The 2025 CHNA 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 is the Community Health Implementation Plan (CHIP), which outlines our plan to address the needs identified in the CHNA over the course of the next three years. The 2025 CHNA reports and Implementation Plan, as well as all past CHNA reports, are provided at lvhn.org/chna.

The 2025 LVHN CHNA is broken out into the following sections: Demographics, Social and Economic Factors, Health Behaviors, Health Outcomes. The reader will find call-out boxes throughout the CHNA reports that provide themes from key stakeholder interviews and community conversations. These reports have been reviewed and approved by Lehigh Valley Hospital's Board of Trustees as well as the Community Relations Committee of the board. The CHIP was also reviewed and approved by the various Hospital Campus Boards and ultimately the Lehigh Valley Hospital Board of Trustees.

Note: in the process of developing the 2025 CHNA and corresponding Implementation Plan, LVHN merged with Jefferson Health. This will be the final LVHN Community Health Needs Assessment. Going forward, plans will feature the Lehigh Valley region of Jefferson Health.

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 for each of our licensed facilities in order to address the local context of the different communities we serve. Therefore, LVHN has produced seven CHNAs for our Lehigh Valley Hospital (LVH) Campuses (see table below).

LVH-Carbon	Carbon County
LVH-Dickson City	Lackawanna County
LVH-Hazleton	Luzerne County
LVH-Pocono	Monroe County

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LVH-Cedar Crest, 17th Street, Tilghman	Lehigh County
LVH-Hecktown Oaks, Muhlenberg	Northampton County
LVH-Schuylkill	Schuylkill 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. The reports present a handful of key data points for each county; however, in addition, we have developed an interactive dashboard that presents a broader depth of health information about each county as well as the urban center in each county.

Summary of Impact of Implementation Plan for the 2025 Community Health Needs Assessment

LVHN's 2022 CHNA Implementation Plan used a prioritization process resulting in two primary initiatives for each county. To select meaningful and actionable priorities, each campus considered three factors: magnitude/impact, capacity, and alignment. The magnitude/impact component of the priority setting considered the scale of pressing needs in the community. The capacity component considered LVHN's ability to take on initiatives in different areas as well as the potential need to partner with other organizations. The alignment component considered the extent to which various potential priorities align with Lehigh Valley Health Network's current clinical, community, and population health goals. In priority-setting for 2025, the work done during the 2022 CHNA was reviewed to allow for building on past work. Below shows a summary of the priority areas selected for the 2022 Implementation Plan.

County	2022 CHNA Priorities	
Carbon	School-Based Behavioral Health	Access to Rural Primary and Preventive Care
Lackawanna	Food Access	Mental Health Prevention and Education
Luzerne	School-Based Behavioral Health & Preventive Health Services for Youth	Address Language Barriers to Improve Health Outcomes for Vulnerable Populations
Lehigh, Northampton	Mental Health Prevention and Education	School-Based Behavioral Health
Northampton	Housing Instability	
Monroe	Expansion of Behavioral Health	Diabetes Prevention
Schuylkill	Healthy Lifestyle	Access to Primary and Preventive Care in Rural Areas

Here are some highlights from the impacts seen between 2022 and 2025.

Carbon County: The School-Based Behavioral Health program doubled the number of referrals from about 50 to 100 from FY24 to FY25. Telehealth services, which were first offered in 2023, were expanded in 2024. LVH-C has made strides toward improving access to primary care during the 2022-2025 CHNA. There is now a primary care CRNP in Carbon County every day. In 2023, LVH-C added four primary care providers, and in FY24, one more was added. In FY25, a new Express Care was opened in Lehighton, and home-based care was added for elders.

Lackawanna County: In FY23, primary care providers collaborated with a new nutritionist in the community to meet patient needs and partnered with community-based organizations to hold a Thanksgiving food drive. In FY24, LVH-Dickson City offered a free summer lunch program that served up to 20 children/day, 3 days/week. In FY25, the lunch program was expanded to 4 days/week and served roughly 1,500 meals to children aged three through teens.

Luzerne County: In FY23, LVH-Hazleton leaders recruited a school-based therapist. That therapist was hired in FY24, and services began in the Hazleton School District. Virtual therapy appointments were also offered beginning in FY24. In FY23, LVH-H had an assessment completed to determine how the built environment could better serve Spanish speakers. Improvements were made in signs and directories. In FY24 interpreter services were added to the ED for day shift, and in FY25, second shift was added.

Schuylkill County: A variety of engaging activities were offered to encourage outdoor activities among residents. Shenandoah received a grant in FY23 and conducted a walking audit in FY24, which will lead to a borough plan. In FY24, LVH-Schuylkill sponsored a community health symposium which was attended by 95 people from 35 agencies and 10 sectors. In FY25, family medicine residents participated in community fitness activities to engage with people from the area.

Monroe: The Nurse Family Partnership was awarded a $17,000 grant for their 15-week Moving Beyond Depression therapy program. This followed a three-year grant for $899,000/year and an $86,600 grant, which were both received in FY23. As a result of those funds, breastfeeding rates have dramatically increased and very early referrals to Early Intervention have also increased. Also in FY23, a video was developed for the Overdose Fatality Review, and primary care providers were educated about substance use disorders. In FY24, a new psychiatrist was added. In FY25, a new community paramedicine program was started and suicide prevention trainings were offered through *Soul Shop*.

Lehigh and Northampton Counties: In FY23, 160 colleagues attended a presentation on suicide prevention. In FY23, 30 staff from Allentown non-profits were trained in Integrative Community Therapy (ICT), a community-based model for supporting mental health. In FY24, the trainees were supported as they began implementing ICT in the community. In FY25, the Department of Psychiatry offered 16 community events focused on mental health and reached about 700 people in the community. In all years, LVH was active in local, regional, and national-level alliances and task forces and presented many psychoeducational presentations in the community.

Methodology for the 2025 CHNA

Our process for our 2025 CHNA largely matched our process in 2022, with some important improvements. The CHNAs provide information about health care as well as other health factors followed by health outcomes. There are two types of data included in the CHNAs. 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 SparkMap from CARES at the University of Missouri Extension, which LVHN uses as the starting point for its CHNA, adding other key state and local data sources to the data provided through this health report. This data was summarized this year in an interactive dashboard made publicly available on lvhn.org/chna.

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 community conversations and key stakeholder interviews with community members and leaders. This type

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of data is referred to as *qualitative data*. For each campus, we partnered with an external community collaborator 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.

Primary Data Collection

In Carbon County, LVH-Carbon partnered with Eastcentral Area Health Education Center, a nonprofit located in Lehighton which focuses on improving healthcare access and building a quality healthcare workforce. In Lackawanna County, LVH-Dickson City partnered with Hailstone Economic, LLC which provides community-based data collection. In Lehigh and Northampton County, LVH-Cedar Crest, 17th St, Tilghman, Muhlenberg, and Hecktown Oaks partnered with two faculty members from Cedar Crest College. In Luzerne County, LVH-Hazleton partnered with Next Edge Strategies, an organization that focuses on strategic design and appreciative inquiry. The Institute for Public Health Research and Innovation at East Stroudsburg University was the community partner for LVH-Pocono in Monroe County. In Schuylkill County, the partner for LVH-Schuylkill was Schuylkill Connects, a small non-profit, community organizing group in the county.

The community conversations and interviews were conducted **between November 2024 and January 2025.** The table below gives a summary of the number of community conversations and interviews in each county, as well as the total number of people from which input was obtained.

County	Number of Participants in Community Conversations	Number of Key Stakeholder Interview Participants	Total Number of Participants
Carbon	41	5	46
Lackawanna	27	5	32
Lehigh	54	4	58
Luzerne	68	5	73
Monroe	54	6	60
Northampton	42	5	47
Schuylkill	24	5	29

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

Carbon County	
Community Meetings	**Key Stakeholders**
Three General Community Meetings at Bethany Wesleyan Church, Palmerton	Assistant Director, United Way of the Greater Lehigh Valley
One Virtual Community Meeting	Executive Director, Carbon County Community Foundation
Carbon/Monroe/Pike Mental Health and Developmental Services Employees	Coordinator, C/M/P Mental Health and Developmental Services
Lehighton Senior Center	Vice Chair,

	Jim Thorpe Rotary Club
	Administrator, Carbon County Area Agency on Aging
Demographic summary: N=48. Gender = 69% Female, 31% Male. Race = 94% White. Ethnicity = 94% non-Hispanic. Age range = 18 to 83. Average age = 49.	

Lackawanna County	
Community Meetings	**Key Stakeholders**
Amos Towers, Scranton (Older Adults)	Executive Director, Center for Health and Human Services Research and Action Board
Carbondale YMCA	CEO, The Clinics at Scranton Primary Healthcare Center
3 Virtual Meetings of General Community Members	Senior Program Officer, Moses Taylor Foundation
	President and CEO, United Way of Lackawanna, Wayne, and Pike
	President and CEO, The Wright Center
Demographic summary: N=31. Gender = 74% Female, 26% Male. Race = 81% White, 109Black/African American. Ethnicity = 94% non-Hispanic. Age range = 27 to 74. Average age = 51.	

Lehigh County	
Community Meetings	**Key Stakeholders**
Communities that Care, Whitehall/Coplay	Dean of Students, Cedar Crest College
Ripple Community Center	Director of Health Services, Cedar Crest College
Lehigh Carbon Community College	Director, Allentown Health Bureau
Communities that Care, Catasauqua	Director, Lehigh County SPORE (Special Program of Offenders in Rehabilitation and Education)
Promise Neighborhoods Lehigh Valley	Director of Science and Education, Lehigh Gap Nature Center
Neffs Union Church	CEO, Pinebrook Family Answers
Demographic summary: N=55. Gender = 74% Female, 26% Male. Race = 72% White, 21% Black/African American, 7% Multi-racial. Ethnicity = 89% non-Hispanic, 11% Hispanic. Age range =16 to 75. Average age = 55.	

Luzerne County	
Community Meetings	**Key Stakeholders**
Hazelton School Administration Office	Chamber of Commerce leadership
Hazleton Integration Project	Hazleton Integration Project leadership
Virtual meeting of social workers	Hazleton United Way leadership
Virtual meeting, Career Link, residents and workforce	Hazleton School District leadership

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Virtual meeting, Career Link, GED students	CAN-DO leadership
LVHN Community Health Symposium, Hazleton	
Demographics Unavailable	

Monroe County	
Community Meetings	**Key Stakeholders**
Nurse Family Partnership staff and WIC clients	VP Pocono Mountains United Way
Street to Feet homeless day center clients and staff	Administrator, PA CareerLink Monroe County
East Stroudsburg Area School District faculty and staff	Grants Manager, Monroe County Fiscal Affairs Office
Pocono YMCA	ExecutiveDirector, Monroe County Meals on Wheels
Western Pocono Public Library	Operations Director, PVEN Food Pantry
Pocono Mountain Public Library	Executive Director, Carbon/Monroe/Pike Drug and Alcohol Commission
	Associate Dean of Health Sciences, Northampton Community College (Monroe & Bethlehem Campuses)
Demographics not available	

Northampton County	
Community Meetings	**Key Stakeholders**
Fowler Literacy Center, Easton, community residents	Director, Bethlehem Health Bureau
Grace United Church of Christ, Northampton, community residents	Retired CEO, Pinebrook Family Answers
Greater Shiloh Church, Easton, community residents	CEO, United Way of the Greater Lehigh Valley
Hispanic Center Lehigh Valley, Bethlehem, senior residents	President, Northampton County Housing Authority
	Director of Corrections Northampton County

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Demographic summary: N=64. Gender = 60% Female, 40% Male. Race = 40% White, 35% Black/African American, 25% Multi-racial. Ethnicity = 32% non-Hispanic, 68% Hispanic. Age range = 25 to 79. Average age = 58.

Schuylkill County	
Community Meetings	**Key Stakeholders**
Washington Fire Company Community Ambulance Association, Ashland	Executive Director, Diakon (Senior Services)
Pottsville Free Public Library, Pottsville	County Commissioner, Schuylkill County
Open Doors Project, Pine Grove	Executive Director, Schuylkill Community Action
Schuylkill Haven Recreation Center, Schuylkill Haven	Executive Director, Schuylkill Area Community Foundation
Zoom meeting with residents from throughout the County	Director, Schuylkill Technology Center
Demographic summary N=15. Gender = 60% Female, 40% Male. Race = 93% White, 7% Multi-racial. Ethnicity = 100% non-Hispanic. Employment = 73% Employed, 20% Self-employed, 7% retired. Age range = 22 to 73. Average age = 50.	

Note: Demographic summaries include all available information and do not reflect all individuals spoken with.

Identification of Significant Health Needs and Prioritization Process

For the 2025 CHNAs, 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 health needs from the secondary data for each county/community.

Step 3: Community-based partners in each LVH region conducted community conversations and interviews based on the 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. 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 4: The secondary data and the primary data were brought together into one complete CHNA.

Step 5: The leadership at each campus reviewed the CHNA for that region 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.

Summary of Community Prioritization Needs for the 2025 Implementation Plan

Needs are listed in order of frequency with which they were mentioned. Every need was selected more than once by community stakeholders.

Carbon County Identified Health-Related Issues
Identified Health Needs
Potential barriers to health due to housing instability Social and economic disadvantage Negative outcomes for the older population Not all 3- and 4-year-olds are in pre-school Suicide Health-related needs of those living in rural areas

Lackawanna County Data Prioritization
Identified Health Needs
Social and economic disadvantages, particularly among the Latino population Health-related issues in the older population Lackawanna County has poor health outcomes compared to other counties in the state Obesity Potential barriers to health due to housing instability

Lehigh County Data Prioritization
Identified Health Needs
Potential barriers to health due to housing instability Suicides and mental health Health-related needs of the older population Access to equitable and quality healthcare Food insecurity Obesity

Luzerne County Data Prioritization
Identified Health Needs
Language barriers to healthcare Social and economic disadvantages, particularly among the Latino population Not all 3- and 4-year-olds are in pre-school Suicide

Monroe County Data Prioritization
Identified Health Needs

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Chronic disease burden
Access to healthcare
Social and economic disadvantages, particularly among the Latino population
Mental/behavioral health
Transportation to healthcare

Northampton County Data Prioritization
Identified Health Needs
Potential barriers to health due to housing instability
Access to healthcare
Health needs of the older population
Obesity
General needs of a growing Latino population

Schuylkill County Data Prioritization
Identified Health Needs
Potential barriers to health due to housing instability
Social and economic disadvantages
Schuylkill County has poor health outcomes compared to other counties in the state
Drug overdose and excessive drinking
Suicide

Below is a summary of the concerns that were brought forth by the community and the, from those, the concerns that were prioritized.

	Carbon	Dickson	Hazleton	Lehigh	North-ampton	Monroe	Schuylkill
Social/Economic Disadvantage*	✓	✓	✓	✓	✓		✓
Housing*		✓		✓	✓		✓
Older Adult Health*	✓	✓		✓	✓		
Mental Health, Suicide, Alcohol*	✓			✓	✓	✓	✓
Obesity*		✓		✓	✓		
Access to Health Care*				✓	✓	✓	
Language/Cultural Barriers			✓	✓			
Lack of Health Insurance			✓				
Cancer	✓						
County is among the least healthy		✓					✓
Chronic Disease Burden						✓	
Health outcomes of moms and babies						✓	✓
Rural health needs/Transportation						✓	✓

*Top priorities network-wide   ✓ Community Health Priorities   ✓ Being Addressed in 2025-2028 CHIP

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