



REPORT TO THE COMMUNITY

Findings from the 2025
Lehigh Valley Health Network
Community Health Symposium

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Introduction



On Nov. 5, 2025, Lehigh Valley Health Network (LVHN), part of Jefferson Health, held its fourth annual community health symposium. This year, the symposium was hosted in the Poconos in conjunction with award-winning Lehigh Valley Hospital (LVH)–Pocono. The hospital is a Level III Trauma Center, offering complete heart care including open-heart surgery and comprehensive cancer care, among other services serving Monroe County residents.

Community health symposia gather the local community and take an assets-based approach to discussing opportunities for improving health. Having a symposium inside the community acknowledges the uniqueness of each one and educates the health system on how to best support the regions within its service area. We aim to recognize and embrace the already existing resources in the community while also learning of potential gaps and further opportunities to combine resources. At the same time, we focus the day on solution-focused conversations.

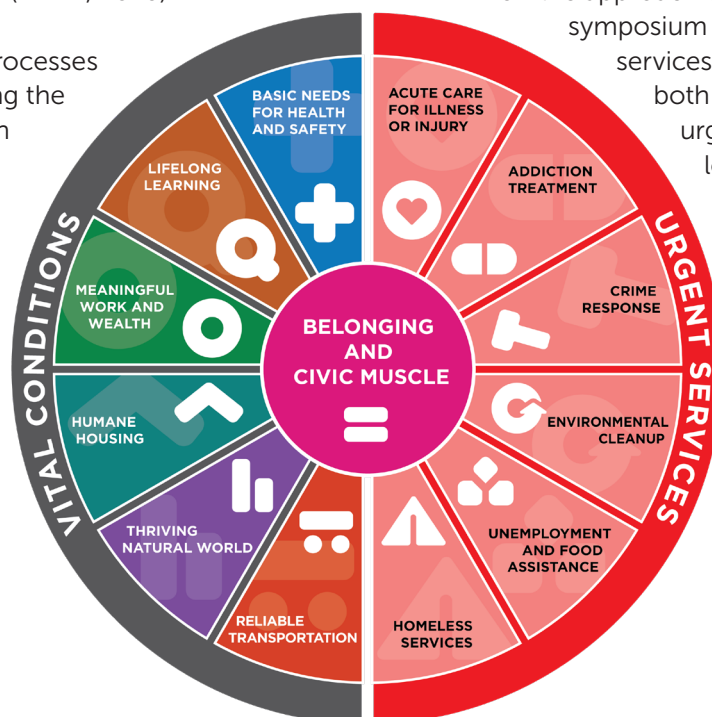
The Pocono symposium was informed by LVHN's 2025 Community Health Needs Assessment (CHNA) for Monroe County (LVHN, 2025).

This report describes the processes behind planning and holding the symposium and presents an analysis of thoughts and ideas collected from

the event. The report also covers suggested next steps that will continue the momentum achieved. It gives the health system a guide for supporting efforts that address the Vital Conditions for Health and Well-Being framework, which consists of elements needed for people in the community to thrive.

The framework centers on belonging and civic muscle. Its components are a thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning and reliable transportation. This framework emphasizes the importance of individuals, organizations and communities to work together to build a consensus

on the approach to quality of life. The symposium day highlighted local services and partners that meet both community members' urgent needs as well as long-term well-being.



Objectives

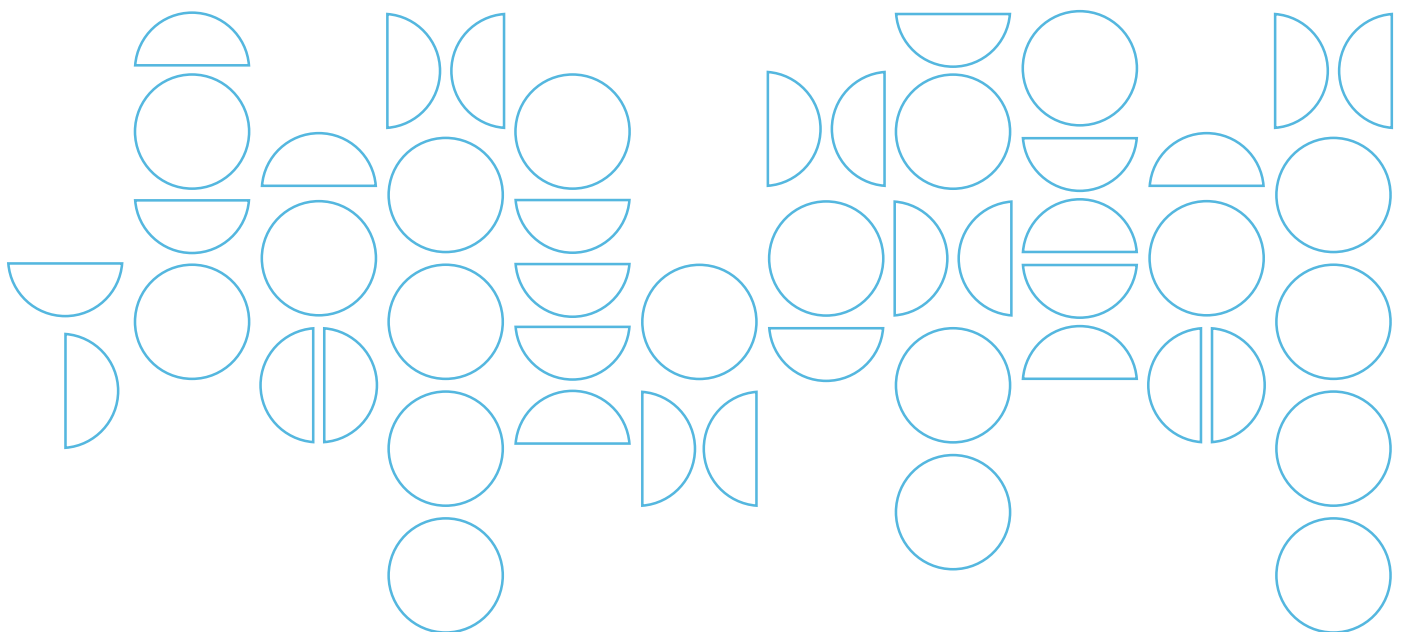


The four main objectives of our annual Community Health Symposia are:

1. Learn insights into factors that influence health from local community partners.
2. Identify ways in which local community partners are addressing the factors that impact health over time.
3. Discuss the evolving leadership role of large complex health care systems in addressing social determinants of health (SDOH).
4. Summarize a collective path forward and short-term next steps that allow all partners to contribute to improving community well-being.

In convening the leaders of regional hospitals and local community-based organizations, the Community Health Symposia strengthen existing relationships between organizations that are working to positively address SDOH for the region as well as the health outcomes of community residents. We aim to generate excitement among participants, solidify their commitment to community health, facilitate new and renewed connections among participants and define actionable next steps.

For the 2025 Pocono symposium, the speakers and small-group discussion topics were all informed by LVHN's Monroe County Community Health Needs Assessment which was completed in summer 2025.



Methodology



Planning committee

The planning committee for the 2025 Pocono Community Health Symposium included health system colleagues from the LVH–Pocono region including representatives from the operations team, marketing and medical staff. Colleagues from the Leonard Parker Pool Institute for Health (LPPIH), a subsidiary of Jefferson, facilitated the planning sessions and collaborated with the LVH–Pocono team.

Approach

The approach to the symposium was to create a day that was discussion-based and focused on collaborative solutions to improving health. Our aim was an immersive experience that provided a deep dive into community health, specifically in the Pocono region. Facilitators, who were local leaders in health care and community-based settings, engaged with participants in conversations. They aimed to elicit the participants' thoughts and concerns about the health of Pocono residents and ideas for actionable next steps. The qualitative information collected at the symposium focused on both the participants' current experiences and on the emerging process of improving the factors that impact health over time.

Participants

The invitation list for the symposium was compiled by the planning committee based on its members' knowledge of their community. The organizers focused on those who are knowledgeable about and involved in the Pocono region and whose work is aligned with the goals of the symposium. They strive for a diversity of sectors, perspectives and expertise. Using this purposive sampling, 114 local leaders from the health system and partnering organizations were invited to the symposium.

Agenda

The morning began with a few local speakers who each brought experience with, and passion for, the purpose and content of the symposium. Speakers' remarks were intended to inform and inspire participants, provide context and align them with the day's purpose. Throughout the remainder of the day, participants attended three small-group discussion sessions and a wrap-up session. The discussion topics for the breakout groups were aligned with LVH–Pocono current CHNA results and included the following topics:

1. Early childhood education
2. Food insecurity
3. Housing
4. Mental health

Each small-group session was co-led by a health system colleague and at least one leader from a community-based organization. Facilitators and recorders were trained by LPPIH colleagues prior to the symposium. At each of the sessions, facilitators provided brief presentations on their topic areas to begin interactive discussions. The bulk of each session was dedicated to facilitators engaging in conversation with participants. Guiding questions were provided to the group facilitators to ensure the conversations stayed focused on community health issues and collaboration. Facilitation questions included:

1. What is known or not known about your topic from the perspective of the community?
2. Where are opportunities for cross-sector collaboration?
3. What are some possible short-term next steps?

Highlights of the Day

Sixty people attended the symposium, which was held at East Stroudsburg University (ESU)'s Innovation Center. Ten sectors were represented including health care, government, mental health, K-12 education, academia, social services and philanthropy.

The symposium featured an opening from Samantha Shaak, PhD, Executive Director of LPPH and Vice President, Community Health at LVHN. Shaak welcomed participants and set the tone for the day by introducing the topics of community, partnerships and equity. This welcome was followed by three speakers: Kenneth Long, MBA, President of ESU; Christopher Barrett, President/CEO of Pocono Mountains Visitors Bureau; and Joseph Pinto, Regional Chief Operating Officer, LVH–Pocono, LVH–Dickson City and LVH–Hecktown Oaks.



GRAPHIC RECORDING BY C.BONNER OF ILLUSTRATING PROGRESS

Graphic illustrator Chrissie Bonner's visual summary of the day.



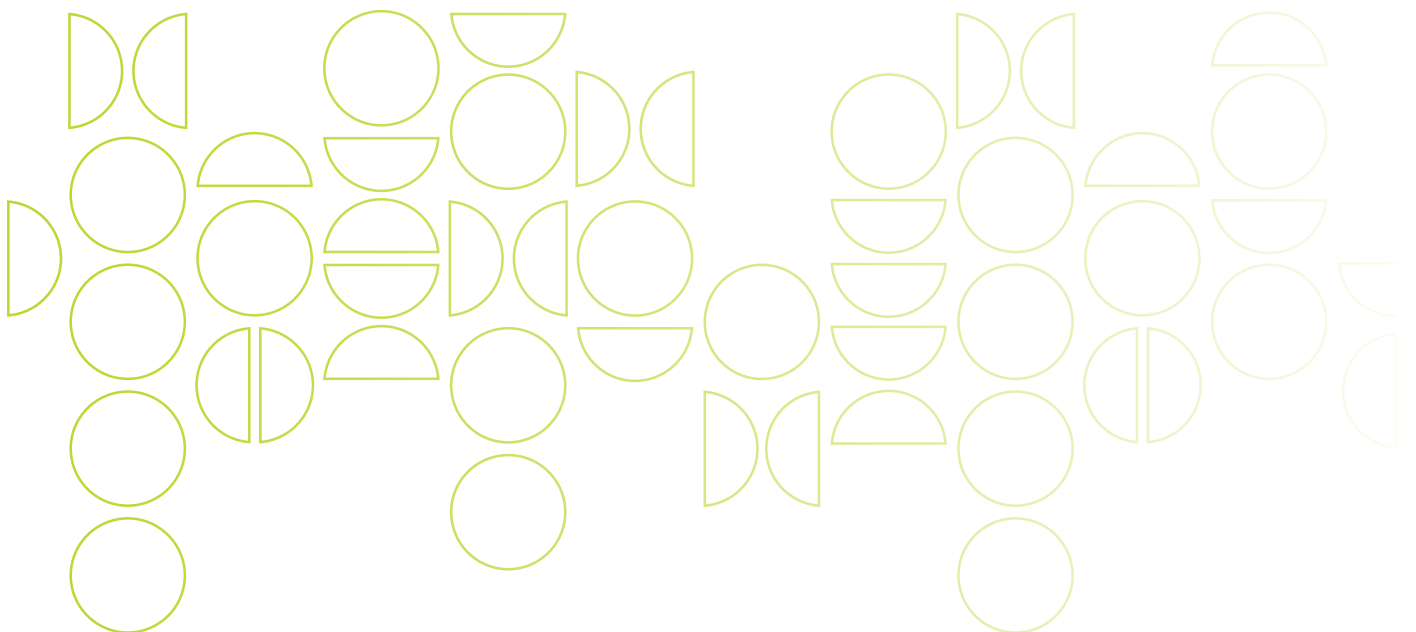
Long welcomed everyone to ESU and East Stroudsburg. He thanked health system leaders for their strong partnership with ESU, highlighting student health services, which are provided by Jefferson and have greatly expanded students' access to care. Long further explained that ESU graduates 400 students a year in the health professions, thereby helping to meet the growing need for health professionals. Finally, Long encouraged all in attendance to take the opportunity to gain insight from local community partners about the factors that influence health, to learn what those partners are doing and to visualize how we can all contribute to improving community well-being.

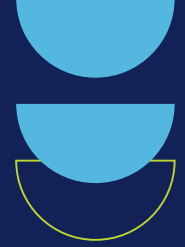
Barrett welcomed symposium attendees to the Pocono Mountains and encouraged everyone to take time to enjoy the area. He commented that the mountains are truly stunning and that they can provide some mental health relief – which, he acknowledged, everyone in attendance understands the value of. Barrett thanked the health system for coordinating the symposium and for its continued involvement and investment in the Pocono region.

Pinto presented the highlights of LVH–Pocono's community-based activities and the priorities identified by Jefferson's 2025 Monroe County CHNA.

Pinto explained the current state of health behaviors, health outcomes and health conditions in Monroe County and explained how the county compares with others in the state and nation. Pinto highlighted progress made in addressing two current CHNA priorities: behavioral health and obesity and diabetes.

Music and visual art provided additional, unique highlights of the day. East Stroudsburg North High Schools chorale and brass quintet performed musical selections during the lunch break. Chrissie Bonner, a graphic illustrator, visually recorded the keynote and breakout sessions of the day to illustrate key takeaways from the symposium. Participants engaged with her throughout the day as she worked on her visual summary of the discussions, and Bonner shared her work with the entire group during the wrap-up session.





What Did We Hear?

The LPPIH team completed a thematic analysis of the qualitative discussions that occurred throughout the day. The following inputs were included in the analysis: all notes from the recorders who documented the day's conversations; flip-chart discussion notes; and thoughts and ideas expressed by participants at the wrap-up session. A draft version of this report was also reviewed and edited by the facilitators. Key themes that emerged throughout the symposium are detailed in the following pages.

What Did We Hear?



Monroe County Residents Encounter Many Barriers to Seeking Help

DISTANCE AND TRANSPORTATION TO SERVICES



Geography and distance emerged as significant structural barriers in rural parts of Monroe County. Many essential services including child care, specialty medical care, mental health treatment and affordable food sources are spread across large areas. With limited public transportation, families often face long travel times, service schedules that do not meet their needs or routes that do not connect them to needed resources. One participant noted that it's not uncommon for people to drive "40 minutes each way just to get basic care."

For residents without reliable transportation, the barrier becomes even more problematic. Several participants shared examples of families skipping appointments, missing follow-up care or delaying services because travel felt impossible. As someone stated during a group discussion, "It's not that the services don't exist; they just aren't where the people are."

TECHNOLOGICAL BARRIERS



Technology, although helpful at times, was identified as a barrier to care. Many services now require families to complete online applications, upload documents, manage electronic portals or attend virtual appointments.

For residents without reliable internet access, computer skills or devices, these systems can be especially challenging to navigate. As one participant shared, "If it has to be done online, a lot of our families won't do it." These challenges are especially significant for individuals with limited English proficiency, some older adults and rural residents with inconsistent broadband.

Technology barriers also contribute to frustration and wasted time. People report that they and their clients or patients are being asked to enter the same information into multiple portals or retell their story to new clinicians because systems do not communicate with one another. Telehealth and online communication can be beneficial, but only when people have the tools, know how to use them and have a private place to use them. One participant stated that technology often "makes the process easier for the system, but not always for the people we're trying to help."

Early Childhood Education

There are significant gaps in child care availability, including limited subsidized options, long waitlists and extremely few Head Start slots (329 available for 7,744 eligible children).

Workforce shortages – including high turnover, low pay and limited training opportunities – affect early intervention, child care settings and Head Start programs.

Many families face barriers such as transportation, low income, language differences and a general "lack of collective understanding of resources available," which limit access to developmental and early learning supports.

Parents often fear judgment or feel stigma when seeking help, with participants noting concerns about "fear of being perceived as a failure."

Families often lack awareness of developmental milestones; several groups recommend promoting milestone education, including tools such as the Centers for Disease Control and Prevention app.

Referral systems across agencies are inconsistent, and warm handoffs between organizations are limited, leading families to "fall through the cracks."

Community outreach through pediatricians, obstetricians-gynecologists (OB-GYN) and trusted community leaders was emphasized as an opportunity to increase awareness and reduce stigma.



LACK OF AWARENESS



A recurring theme across all four topic areas was that many residents simply do not know what resources exist or how to access them. People often assume they are ineligible or are unsure where to begin the process.

Participants described situations where families remained unaware of programs designed specifically for them, whether early intervention supports, nutrition benefits, housing assistance or crisis mental health services. One provider observed, “We have resources, but people don’t find them until it’s too late.”

Information is frequently fragmented across agencies and presented in ways that are difficult to navigate. Residents may encounter multiple phone numbers, websites or forms without clear guidance on next steps. In addition, awareness campaigns often reach people only after a crisis has already developed. Participants consistently emphasized the value of simple, repeated messaging delivered by trusted messengers such as pediatricians, school leaders and community-based organizations. To increase awareness, it is important to ensure that people see resources being offered as relevant and accessible to them.

NAVIGATING HEALTH INSURANCE



Participants shared growing concerns about recent changes in insurance eligibility, recertification processes and coverage limits, particularly for families relying on Medicaid. Several organizations reported that families who had previously been continuously covered are now being required to reapply, with some losing coverage because they missed deadlines or did not understand the paperwork. Others described families who, after a small increase in income, suddenly became ineligible for assistance while still being unable to afford private plans. One participant summarized the situation by saying, “They make just a little too much, but not enough to actually pay for care.” These shifts are creating gaps in access, especially for children and adults with ongoing mental health, developmental or chronic health needs.

The discussions also reflected challenges around what insurance covers once people are enrolled. Families reported difficulty finding providers who accept Medicaid, long waits for specialty appointments and limits on outpatient behavioral health services. In several groups, participants expressed frustration that families are approved for coverage yet still cannot realistically obtain needed care. As one participant observed, “People technically have insurance, but access is still a dead end.”

Food Insecurity

Food insecurity and obesity often coexist; many rely on low-cost, processed foods because “the healthy choice is rarely the easier choice or the most cost-effective choice.”

Significant stigma prevents people from accessing food assistance, with participants noting a need to reduce shame and normalize use of SNAP, mobile markets and school meals.

Rural geography creates long distances to grocery stores, SNAP offices and farmers’ markets; for some, “it is easier to buy a pack of cigarettes than an apple.”

Many residents are food insecure but above SNAP income limits, leaving them without adequate support despite clear need.

Nutrition education, especially low-barrier and culturally aligned programs, was seen as essential; people benefit most when information is simple, hands-on and considerate of limited kitchen equipment.

Mobile produce markets, community gardens and double-SNAP programs were highlighted as strong community assets that could be expanded.

Workforce shortages in nutrition counseling and SNAP-Ed (which has been cut) limit preventive and educational outreach.

Partners emphasized policy needs, including better SNAP protections, support for food recovery programs and zoning or planning that improves food access.



STIGMA



Stigma continues to be one of the most powerful factors preventing people from accessing services. Community members described hesitation around seeking help for mental health needs, food assistance, developmental screening or housing support because they feared being judged. Parents worried that asking for help might signal they were not capable caregivers, while adults described embarrassment about applying for assistance programs. In several conversations, participants emphasized stigma causes people to “wait until the situation is severe” before turning to formal supports.

This pattern has real consequences. When families avoid resources out of shame or fear, they miss preventive opportunities and are more likely to enter systems during crisis. In multiple sessions, participants shared that individuals will quietly struggle rather than risk being labeled or misunderstood. One participant summarized this concern by stating that, “People need help, but they don’t want others to see them asking for it.” Reducing stigma must be a long-term and multipronged effort that involves both medical professionals and community members working together.

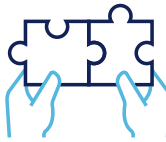
TRUST



Trust was also identified as a critical determinant of whether people seek services. Participants described residents who hesitated to share personal information because they were unsure how it would be used or worried about unintended consequences. For example, some families fear that disclosing problems with housing or child care might place them under scrutiny. In one discussion, a participant reflected that parents often worry that if they are honest, “something could be taken away.”

Past negative experiences with institutions also play a role. Building or rebuilding trust takes time and consistency. Participants emphasized that clear explanations, transparency about processes and respectful communication make a meaningful difference. As one participant put it, “If people don’t feel safe, they won’t tell you what’s really going on.” Trust directly impacts individuals’ decisions about where and whether to reach out for services.

INTERAGENCY COLLABORATION



Participants across all four topic areas at the symposium described the need for deeper, more-consistent collaboration among agencies and sectors. While many programs exist, individuals often struggle to navigate fragmented systems. In the early childhood discussions, participants highlighted challenges such as inconsistent referral practices and limited “warm handoffs” between organizations. Without strong coordination, families may fall through the cracks or become overwhelmed by multiple, disconnected steps.

Food system discussions similarly highlighted the effects of fragmentation. Agencies frequently work in parallel rather than in partnership, leading to duplication of efforts and missed opportunities for shared solutions. Regulatory differences between sectors – for example, restrictions around food distribution in medical settings – can create additional barriers. Participants emphasized that coordinated outreach, shared messaging and combined efforts could significantly improve access to nutritious food.

In the housing conversations, participants noted that system fragmentation often leads to preventable crises. For example, those experiencing eviction may lose connection to mental health care or other support simply because agencies are not working together in a coordinated way. The lack of integrated pathways means that providers often respond to crises rather than preventing them. Participants also expressed interest in ongoing interagency meetings to strengthen relationships, increase alignment and reduce service gaps.

Mental health discussions reinforced the importance of collaboration across primary care, schools, behavioral health providers and crisis services. Participants noted that while many resources exist, they are not always linked in ways that make it easy for people to access. Warm handoffs, co-located services and streamlined referral systems were identified as opportunities to improve community well-being. Across sectors, participants agreed that strengthening collaboration would improve efficiency, reduce duplication and create more reliable pathways to care.

Opportunities



There are significant opportunities to strengthen connections with community members along with early childhood education providers, food and nutrition organizations, housing partners and mental health services.

Across all four topic areas, participants described the importance of building trust and strengthening outreach to ensure that families feel welcomed into services. Suggestions that emerged included creating more personal, one-to-one interactions; increasing the visibility of existing supports; and making it easier for residents to understand and navigate available resources. Because technology can be a barrier, organizations need to continue to provide print materials and in-person services and provide easily accessed support to people who are using their web-based portals and services. Each sector noted that community members often do not know what programs exist, suggesting opportunities to immerse residents in consistent messaging about where to find help and how to access it.

Agencies can expand and strengthen the ways in which they share information about available services. Opportunities include distributing bilingual materials in places where people naturally gather, such as pediatric and OB-GYN offices, faith-based settings, barber shops, beauty salons and schools. Organizations can also leverage social media, waiting room screens, newsletters and parent-facing communication platforms to make resource information more accessible. Because many residents of the area face barriers such as transportation challenges, stigma or technology limitations, offering information in multiple formats – print, digital and verbal – can help ensure broader reach. Youth-serving organizations, schools and community centers can also help normalize conversations about milestones, healthy eating, housing stability and mental well-being by incorporating this information into regular programming.

There are also opportunities to expand bilingual and culturally responsive staffing. Many would benefit from clearer communication with providers across early childhood services, medical care, nutrition education and mental health supports. Strengthening career pathways for bilingual staff, offering incentives for interpretation training and providing opportunities to shadow professionals can help increase the availability of language-access resources. Organizations may also explore flexible, anonymous or virtual formats for education and support services, which can be particularly helpful for individuals who worry about stigma or public visibility.

Workforce development emerged as another key opportunity across all four domains. Agencies can collaborate to offer career exploration for youth and adults, provide tuition assistance, encourage cross-training and mentor new professionals who are entering early childhood, nutrition, housing navigation or behavioral health roles. Because workforce shortages were noted in every discussion – especially in child care, mental health and nutrition services – shared efforts to recruit, train and retain staff could have a meaningful impact on access and quality of care.

Finally, there are opportunities to improve access by expanding community-based and mobile support. These could include mobile food markets, school-based nutrition programs, community gardens, neighborhood hubs for mental health and housing navigation, and child development outreach embedded within trusted community locations. Coordinating transportation schedules, adding interpreter services to transit systems and ensuring that services are offered at times that work for working families would also enhance access. Strengthening service delivery in these ways can help address the isolation that many individuals experience – particularly in rural areas – and ensure that essential services are available where people already are.

Next Steps



Strengthen cross-sector collaboration

There is a clear opportunity to deepen collaboration across early childhood services, food and nutrition programs, housing supports and mental health providers. Partners often describe those in need encountering siloed systems, which leads to confusion and missed opportunities for support. Leveraging regional interagency groups would allow sharing of information, mapping of referral pathways and clarifying roles across sectors. Regular meetings would help identify service gaps, reduce duplication of efforts and improve continuity of care for residents. To this end, LVH–Pocono is committed to engaging more community-based partners in our ongoing Community Health Improvement Plan meetings. LVH–Pocono will also bring key community partners together annually to continue discussions and collaborations that were started or deepened at the symposium and to follow up on the opportunities identified.

Improve access through transportation and location-based solutions

Transportation barriers consistently limit access to child care, food resources, housing supports and mental health care. Strengthening partnerships with transportation providers, adjusting schedules to align with service needs and expanding neighborhood-based delivery models, such as mobile markets or on-site mental health services, could reduce these challenges. Creative approaches to access are necessary, particularly in rural areas where distances and limited routes discourage people from seeking care.

Build and sustain community-based infrastructure

There is a need to strengthen community-based infrastructure that supports connection, stability and well-being. Expanding community gardens, adding mobile food markets and neighborhood hubs and repurposing buildings for housing – as well as integrating behavioral health supports in primary care and other trusted locations – can help address underlying needs. Investing in local infrastructure helps connect the social and health supports that residents rely on, particularly in areas with limited existing resources.

Expand awareness and navigation of available services

Across all four domains, many people remain unaware of the services that already exist or struggle to navigate complex eligibility requirements. Participants emphasized the importance of meeting people where they are and using multiple communication channels so that people can identify support before reaching crisis. Since individuals are divided in the ability to access online information and services and in-person information and services, organizations need to streamline both approaches.

Housing

Housing instability is deeply connected to poor health outcomes; participants noted that individuals struggling with housing often skip medical or mental health appointments because the crisis of finding housing takes priority.

Residents reported rising costs across rent, utilities and transportation; even people with stable jobs or pensions struggle.

Homelessness creates significant stress on emergency departments when shelters are full or inaccessible; currently there is only one shelter in the county, and it does not allow families.

Workforce shortages in case management, home repair programs and elder support hinder efforts to stabilize housing for vulnerable populations.

Participants emphasized the need for eviction prevention, landlord mediation and first-time homebuyer support; several noted that mediation programs “are no longer operating.”

Isolation is a major issue in rural and gated communities; lack of public transportation contributes to social disconnection, especially for older adults.

Creative solutions such as tiny homes, repurposed schools and resorts, mixed-use housing and co-located community services were identified as promising approaches.

Families experiencing homelessness often fear seeking help because “parents ... fear their children will be taken from them,” creating a barrier to accessing resources.



Increase trust and reduce stigma

Fear, stigma and mistrust emerged as major barriers to help-seeking across early childhood, food access, housing and mental health. People may avoid screenings or available services because they fear judgment or negative consequences. Building trust through culturally responsive outreach, transparent communication and relationship-centered practices can help address these concerns. Reducing stigma requires consistent messaging across organizations and creating spaces where people feel safe, respected and understood.

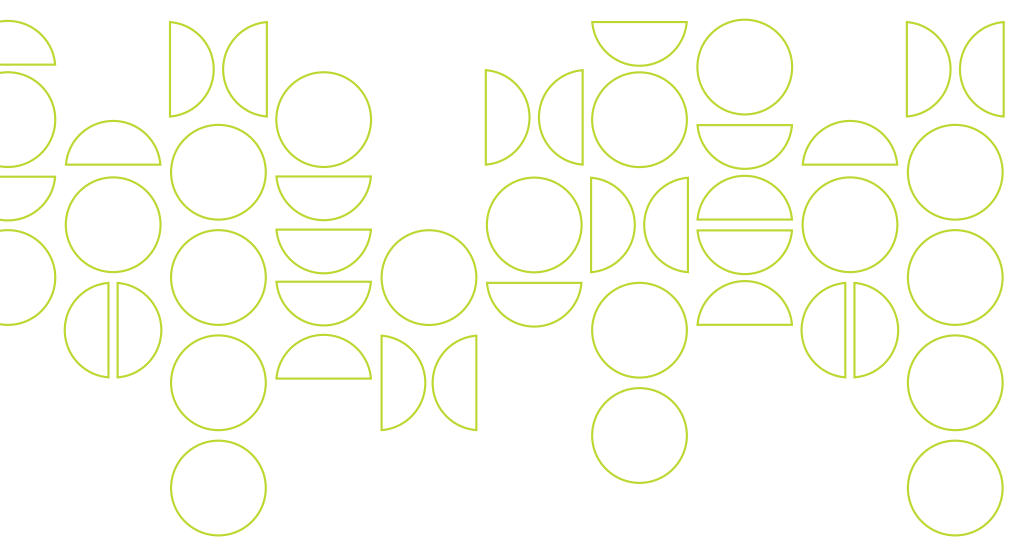
Enhance workforce capacity across all sectors

Workforce shortages affect every area reviewed, ranging from early childhood specialists to dietitians, case managers and mental health clinicians.

Strengthening workforce pipelines through career exploration, on-the-job learning, tuition support and cross-training would help stabilize services and improve quality. Nurturing a skilled workforce is essential for meeting community needs, especially in rural regions where recruitment and retention challenges persist.

Center prevention and early identification of needs

Participants consistently underscored the importance of prevention and early identification. Individuals and families benefit when developmental milestones are monitored early, when food or housing insecurity is identified before crisis and when mental health concerns are addressed proactively. Schools, pediatric offices and community organizations are key partners in sharing information and helping residents access services. Emphasis on prevention and strengthening upstream efforts can reduce long-term strain on individuals, families and systems.



Mental Health

High suicide rates, especially among young men and veterans, are a major concern, with 17 suicides in the county between January and October 2025 including 10 under age 40.

Participants repeatedly referenced social isolation and loneliness as root contributors to mental health concerns, especially in rural areas.

Access to mental health providers is limited; participants described “a dead end more often than not” when trying to find therapists or psychiatrists, including for college-age youth.

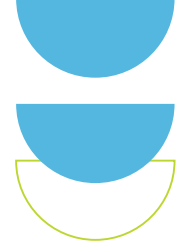
Many individuals lack coping strategies or emotional intelligence skills; participants stressed the need for teaching coping tools in childhood and adolescence.

Stigma continues to limit help-seeking, particularly in communities where therapy is not yet fully accepted. Participants noted the need to develop relationships with therapists “before there is a crisis.”

Schools face significant challenges in accessing specialized care for children, and many families must travel to other counties for services because of local shortages.

Crisis services including mobile teams, telehealth and 988 are valuable, but awareness remains inconsistent.

Efforts such as safeTALK, Integrative Community Therapy, ASIST, QPR and integrating behavioral health in primary care were identified as opportunities to strengthen prevention and early intervention.



Evaluation survey

An evaluation survey link was provided at the end of the event and by email following the event. Nineteen people completed the survey. Participants felt that they gained new knowledge from the event and that they would be interested in attending more events like the symposium (both survey items scored 4.5/5).

In response to the question, “What is one thing you’d like to see from Jefferson over the next year in terms of our work in the community?” participants asked that the health system continue to do more to collaborate with county and private agencies to allow for optimal coordination of care. Participants appreciated the opportunity to come together for the day, and as one stated, “This was a great opportunity to understand more about connecting the clinical setting with community resources.”

Dissemination of this report

All participants, facilitators, recorders and attendees will receive a copy of this report. The report will also be sent to any invitee who was unable to attend. The report will be posted on LVHN’s Community Health website. We encourage all those receiving the report to share it with multiple audiences.





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Joseph Pinto
*Regional Chief Operating Officer, LVH–Pocono,
LVH–Dickson City and LVH–Hecktown Oaks*

Planning Committee

Sandra Adams
Cheryl Arndt, PhD
Jessica Blasco
Jennifer Garcia, MS
Jonathan Goldner, MD
Joseph Pinto
Bridget Rassler
Samantha Shaak, PhD
Matt Trust, MS

Speakers

Christopher Barrett
Kenneth Long, MBA
Joseph Pinto

Facilitators

Molly Sweeny, MS, RDN
Heather Dickison, MSW
Tom Campbell
Michael Tukeva
Amanda Gordineer, MPS, RDN
Dushan Chacon Flores
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References

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