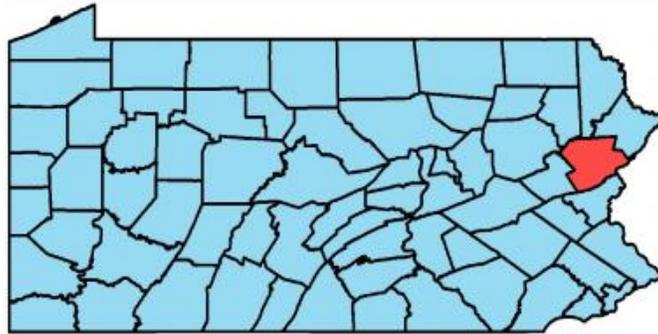


**2017 Comprehensive Community Health Needs Assessment
of Monroe County, Pennsylvania
Lehigh Valley Health Network-Pocono**



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MESSAGE TO THE COMMUNITY

Health and health care both rooted in community. In January 2017, Pocono Medical Center merged with Lehigh Valley Health Network (LVHN) to become Lehigh Valley Hospital – Pocono, building on more than 90 years of providing high quality health care “close to home.” LVHN’s mission “to heal, comfort, and care for the members of our communities...” is consistent with the community-focused traditions of Pocono Health System.

This year Lehigh Valley Health Network – Pocono (LVH-P) collaborated with LVHN’s Department of Community Health and East Stroudsburg University’s Institute of Public Health, Research and Innovation to perform an updated Community Health Needs Assessment. All non-profit health systems and hospitals are required by the Affordable Care Act to conduct a Community Health Needs Assessment (CHNA) every three years to identify the health needs of the communities they serve. The CHNA looks at a variety of factors that contribute to the overall health of a community—things like where we live and work, quantity and quality of life, health outcomes such as heart attacks, cancer and stroke, socio-economic factors such as employment and education, individual behaviors such as smoking or healthy eating, and access to health care.

Lehigh Valley Hospital-Pocono and Lehigh Valley Health Network are pleased to publish this 2017 Comprehensive Community Health Needs Assessment (CHNA) report for Monroe County. There is also an accompanying Guide to the Community Health Needs Assessment for LVH-P which provides a condensed summary of the report. It includes a “Frequently Asked Questions” section that describes the process used to produce the CHNA report. It then provides a summary of the factors that contribute to health in Monroe County. The Guide also briefly outlines how LVH-P will use this information to identify health and health care priorities for its implementation plan to be published later this year.

Everyone in the community plays a part in supporting health. “One of the marvelous things about community is that it enables us to welcome and help people in a way we couldn't as individuals. When we pool our strength and share the work and responsibility, we can welcome many people, even those in deep distress, and perhaps help them find self-confidence and inner healing” ([Vanier, 1989](#)). We are walking together in the journey to understand, discuss and address issues faced by members of our community—concerns that impact their health and ours. We will work together to create healthier communities – one relationship at a time.

METHODOLOGY

In accordance with IRS regulations, the LVH-P CHNA Steering Committee, comprised of representatives from LVH-P’s hospital leadership, LVHN’s Department of Community Health (DCH), and East Stroudsburg University’s Institute of Public Health, conducted its 2017 Community Health Needs Assessment (CHNA) for the LVH-P Campus. This group of leaders utilized a combination of quantitative (e.g., public health data) and qualitative (e.g., interviews and focus groups) data collection and analysis methods to analyze the needs of the community. The LVH-P CHNA Steering Committee made a concerted effort to ensure all members of the community within the primary service area, including all socioeconomic groups, the medically underserved, and minority populations, were represented in this assessment.

SERVICE AREA DEFINITION

Consistent with IRS guidelines at the time of data collection, the LVH-P Steering Committee defined the community it serves based on the geographic service area of LVH-P. For purposes of this assessment, data from Monroe County, the hospital’s primary service area, was analyzed.

DATA COLLECTION

Secondary Data Collection

This health profile provides a summary and analysis of a variety of publicly available health data sources relating to health status indicators, socioeconomic factors, and disease incidence and prevalence in Monroe County. Members of LVHN's DCH primarily pulled the secondary data from Community Commons, a comprehensive data platform that compiles publicly available data sources into one location for easy access and analysis. Some examples of data sources provided in Community Commons include the US Census, Center for Disease Control, and Department of Education. Additional secondary data was drawn from the Pennsylvania Department of Health, the 2016 County Health Rankings, and a recent community assessment completed by the United Way of Monroe County. Data sources are noted throughout the report. The secondary data was then analyzed by both the DCH and faculty of ESU to identify the needs and issues facing the region.

Primary Data Collection

The secondary data was validated using focus groups and key informant interviews to gather input about the health needs of Monroe County from community members, including representation from social service organizations, community leaders, community members, and individuals with specific knowledge of the needs of the underserved populations. This process allowed the LVH-P CHNA Steering Committee to corroborate or contradict the data findings and to begin to prioritize the health needs of the community.

Data Validation Process

Members of LVHN's DCH reviewed the secondary data and submitted it to ESU for validation. ESU Institute of Public Health colleagues facilitated three focus groups in April and May to discuss the data findings with members of the community of Monroe County. These groups included two leadership breakfasts, on April 9 and 28, 2017, at LVH-P where community leaders gathered to discuss the findings and provide input. ESU also facilitated a focus group for general members of the community at the Salvation Army in Stroudsburg on May 10, 2017 and initiated a series of key informant interviews with multi-sector stakeholders to round out the data validation efforts. The focus group questions pertained to the health-related content discovered in the secondary data analysis. Every effort was made to ensure that representation for the vulnerable populations (i.e. economically disadvantaged, minority, and medically underserved populations) were present at the meetings to provide input about the data. See Appendix for additional information.

Needs/Issues Prioritization Process

At the conclusion of the focus groups and key informant interviews, participants were presented the opportunity to reflect on community health needs discussed and to rank these needs as the top three priorities for Monroe County. These responses were combined based on consistent theming and converted into rank ordered summary scores for each theme identified.

REVIEW AND APPROVAL

The completed LVH-P CHNA report was presented to the Lehigh Valley Hospital-Pocono Board on May 11, 2017 for vetting and approval. Once accepted, representatives from LVH-P presented the report to the Lehigh Valley Health Network's Community Relations Committee on June 2, 2017. Finally, the report was presented to the Lehigh Valley Health Network's Board of Trustees on June 7, 2017 for approval.

EVALUATION OF 2014 COMMUNITY HEALTH NEEDS ASSESSMENT

The previous CHNA was completed in 2014, prior to regulations requiring evaluation of the CHNA implementation plan. Thus, robust evaluation data of prior CHNAs are not available; however, some tracking of CHNA-driven programming and initiatives was completed. Among the priorities stemming from the 2014 CHNA were a need for a) lifestyle-based initiatives to address obesity and related chronic diseases; b) the need to address smoking and smoking-related illnesses;

and c) goals to address the identified barriers to specialty care due to lack of providers with a particular emphasis on the need for mental health-related services. Progress toward each of these priorities is described below:

- a) LVH-P physicians and staff developed The Biggest Winner, a weight loss and lifestyle program emphasizing healthy eating, physical activity, positive messaging, and connections to primary care providers. Dr. Musa Tangoren, board certified Anesthesiologist, championed this program on behalf of the hospital in efforts to respond to the results of the previous Community Health Needs Assessment. Three biggest winner cohorts were run reaching a total of 570 community members, who have combined lost approximately 6,300 pounds.
- b) In addition to existing cessation services already available through LVH-P, an increase in lung cancer screenings was prioritized during CHNA implementation. A total of 524 people received screenings between 2014 and 2016. Lung cancer screenings are offered at each event the hospital participates in throughout the year. These screenings have resulted in 11 biopsies, seven positive lung cancer findings, and one metastatic renal cell carcinoma to the lung.
- c) LVH-P was part of a community coalition to identify mental health assets and barriers in the community as part of a larger strategy to better address these complex needs. Participants included the Pocono Alliance, the Institute for Public Policy & Economic Development at Wilkes University, East Stroudsburg University, and LVH-P leaders, in addition to a range of community agencies. Key recommendations included greater care coordination, integrated models of behavioral health care, community-based medication management strategies, and data sharing agreements among mental health agencies. The broader need for increased physician services was also acknowledged as part of the multi-year effort to merge Pocono Medical Center into LVHN as the newly named LVH-P.

CURRENT CHNA FINDINGS

QUALITY AND LENGTH OF LIFE

The 67 counties in Pennsylvania are rank ordered each year in terms of length of life and quality of life by the County Health Rankings™. A ranking of 1 would be considered as the most favorable in the state, in terms of length of life and quality of life, whereas a ranking of 67 would place that county as the least favorable. Quality of life refers to how healthy people feel while alive. It includes measures of overall health, physical health, mental health, and babies born at low birth weight. Quantity of life is defined by the County Health Rankings™ as premature deaths prior to age 75, based on mortality data.



WHO WE ARE: DEMOGRAPHIC CHARACTERISTICS

We are Urban and Rural

A total of 38.4% of the population is living in a rural area in Monroe County, compared to 21.3% in the state. Alternatively, 61.7% of residents live in an urban area, compared to 78.7% in the state. Urban areas are identified using population density, count, size thresholds, and development. Rural areas are classified as all areas that are not urban (US Census Bureau, 2010).

We are Growing

From 2000-2010 the total population within Monroe County grew by 22.4%, equaling 31,126 additional residents that moved into the county. Of these new residents, 13,091 (42% of the new growth) are Hispanic. Within the state of Pennsylvania, there has been a population change of 3.4%. A positive shift in total population over time impacts healthcare providers and the utilization of community resources (US Census Bureau, 2010).

We are Younger in Age

The largest proportion of individuals living in Monroe County (31.2%) are between the age of 45 - 64 years old; 29.1% are 20 - 44 years old, 20.7% are 5 – 19 years old; 8.6% are 65-74 years old; 5.8% are 75 years old or older; and 4.6% are under 5 years old (US Census Bureau, ACS 2011-2015). Overall, individuals living in Monroe County tend to middle aged or younger.

Age Distribution



We are Facing Financial Strains

Data suggests that 31.4%, or 51,915 Monroe County residents, are living in households with an income at or below 200% of the Federal Poverty Level (US Census Bureau, ACS 2011-15). Qualitative data collected from focus group discussions with various community leaders highlighted that poverty is a significant issue that creates barriers to accessing health care services, dental services, and healthy and nutritious foods, and it has contributed to an increase in the homeless population within Monroe County.

We are Not That Diverse

When comparing race alone, more than three quarters (78.1%) of individuals who are living in Monroe County are White. The majority of the population within Monroe County self-reported as Non-Hispanic (85.8%) and the remaining 14.2% self-reported as Hispanic or Latino. Pennsylvania data indicates that 6.4% of individuals in the state identify as Hispanic or Latino, compared to 17.1% of individuals who self-reported being Hispanic or Latino in the United States (US Census Bureau, ACS 2011-2015).

Race



Total Population by Race Alone (%)

| Report Area | White | Black | Asian | Native American /Alaska Native | Native Hawaiian /Pacific Islander | Other Race | Multiple Races |
|---------------|-------|-------|-------|--------------------------------|-----------------------------------|------------|----------------|
| Monroe County | 78.1 | 13.6 | 2.2 | 0.3 | 0.04 | 2.69 | 3 |
| Pennsylvania | 81.6 | 11 | 3 | 0.2 | 0.03 | 1.98 | 2.1 |
| United States | 73.6 | 12.6 | 5.1 | 0.8 | 0.17 | 4.7 | 3 |

We Speak a Variety of Languages

Community members living in Monroe County speak a variety of languages, in addition to English. The most common languages include: Spanish, Polish, and Russian (Monroe County Leaders Key Informant Interviews, 2017). A total of 4.7% of the population age five and older speak a language other than English at home and speak English less than "very well" (US Census Bureau, ACS 2011-2015).

We are Home to Many Individuals with Disabilities

Individuals with disabilities comprise a vulnerable population that requires targeted services and outreach by providers. A total of 14% of the civilian, non-institutionalized population in Monroe County have a disability, which is just above the state (13.5%) and national (12.4%) percentages (US Census Bureau, ACS 2011-2015).

HEALTH FACTORS

HEALTH BEHAVIORS

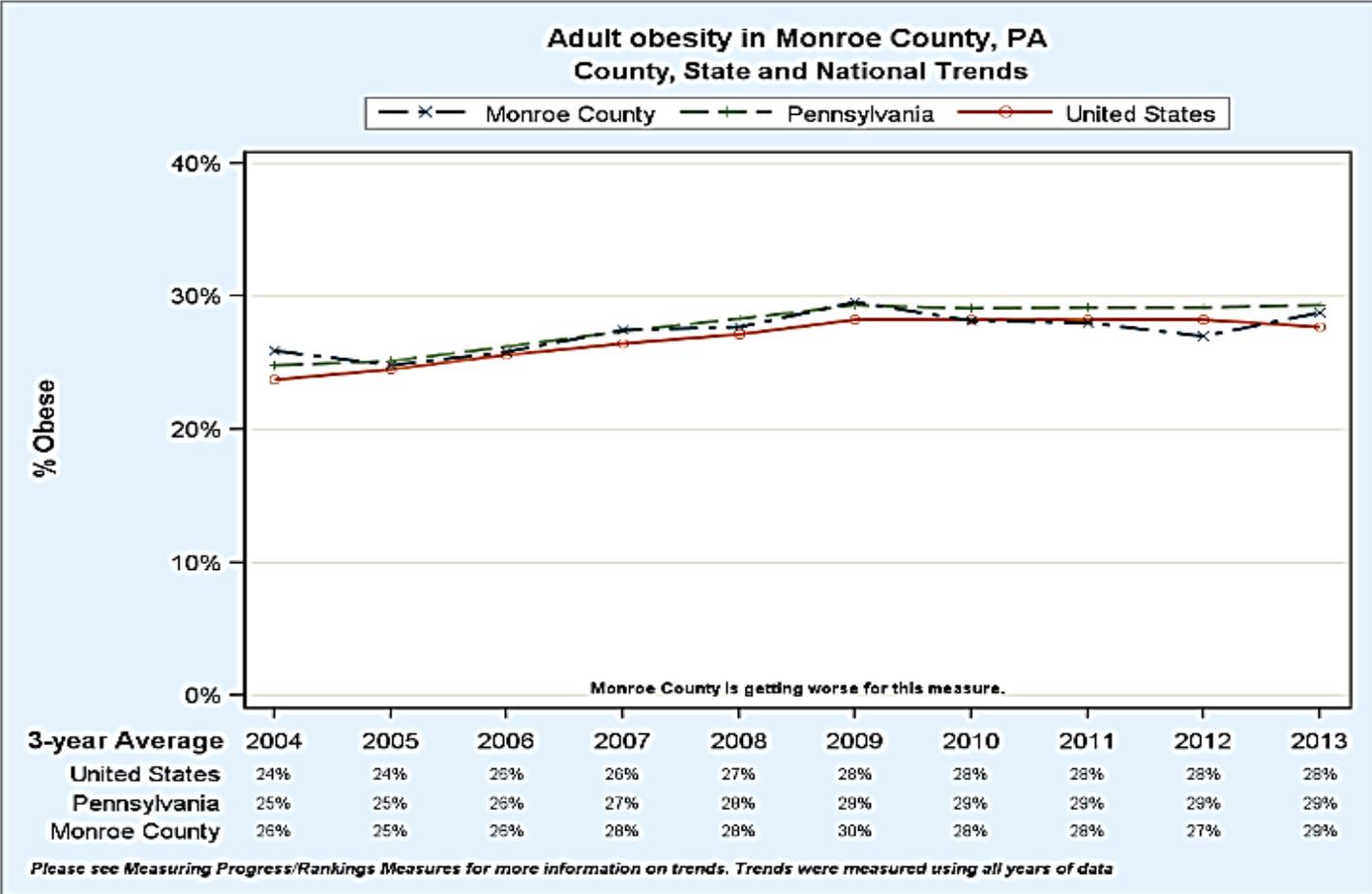
Diet & Exercise

Physical Inactivity: In Monroe County, data shows that 26% of adults aged 20 and older report no leisure time physical activity. This percentage of adults is higher than state (23%) and national percentages (19%). Compared to national trends, which have shown a decline in physical inactivity among adults since 2010, Monroe County has slowly increased this percentage since 2011 (County Health Rankings and Roadmaps, 2017), which was also reflected in the discussions in the focus groups.

Adult Obesity: A total of 29% of adults in Monroe County reported having a BMI of 30 or more, which signifies obesity and is in line with the percentage of adults across the state. However, this percentage is higher than the national average of 26%. As shown in the graph below, Monroe County has stayed on trend with the state and country, but no significant improvement has been shown (County Health Rankings and Roadmaps, 2017). Community conversations indicated that a lack of physical activity in the area may be a contributing factor to the higher rates of obesity in the county as well as poor diet or lack of healthy food options and high rates of a commuter population in the community.

Insufficient nutrition can hinder growth and development, while excessive calorie consumption, especially when paired with inadequate activity, can lead to being overweight or obese. This can increase the risk of coronary heart disease, diabetes, and some cancers (County Health Rankings and Roadmaps, 2017).

Adult obesity-related conditions, such as heart disease, stroke, type-2 diabetes, and certain forms of cancer, give rise to the leading causes of preventable deaths. Medical costs were found to be \$1,429 more in adults who were obese than those of normal weight (Centers for Disease Control and Prevention, 2016).



Source: County Health Rankings and Roadmaps, 2017

Overall Food Environment Index: The Robert Wood Johnson Foundation evaluates the food environment index across all counties in the nation. The index ranges for 0 (worst) to 10 (best) and equally weights two indicators for the estimate of the overall food environment. The first indicator, “limited access to healthy foods” estimates the percentage of the population that is low income and does not live close to a grocery store. The second indicator, “food insecurity” estimates the percentage of the population that does not have access to reliable source of food in the past year. Based on these two measures, Monroe County was rated as a 7.7 out of 10, suggesting the county is on the positive end of the continuum for food environment (County Health Rankings and Roadmaps, 2017).

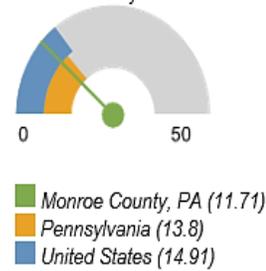
Limited Access to Healthy Food: Limited access to healthy foods is defined as the percentage of the population who are low-income and do not live close to a grocery store (County Health Rankings and Roadmaps, 2017). In Monroe County, 8% of the population have limited access to healthy foods compared to 4% in the state and 2% in the nation (County Health Rankings and Roadmaps, 2017). Focus group and key informant participants noted that there are limited healthy food options for people in the surrounding areas. Key informant interviews also highlighted that access to healthy foods and cost associated with healthy foods have caused barriers especially for individuals who have financial difficulties.

Food Insecurity: This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food. In Monroe County, the percentage of the total population experiencing food insecurity (11.7%) is lower than at the state or national level. Of the 19,710 food insecure individuals in the county, 7,440 of them are children (Feeding America, 2014).

| Report Area | Total Population | Food Insecure Population, Total | Food Insecurity Rate |
|-------------------|------------------|---------------------------------|----------------------|
| Monroe County, PA | 168,342 | 19,710 | 11.71% |
| Pennsylvania | 12,787,209 | 1,760,450 | 13.8% |
| United States | 318,198,163 | 47,448,890 | 14.91% |

Data Source: Feeding America. 2014. Source geography: County

Percentage of Total Population with Food Insecurity



Food insecurity in children have been linked to three specific issues: behavioral challenges, health problems, and repeating grades in elementary school (Pennsylvania Department of Health, 2016).

Alcohol & Drug Use

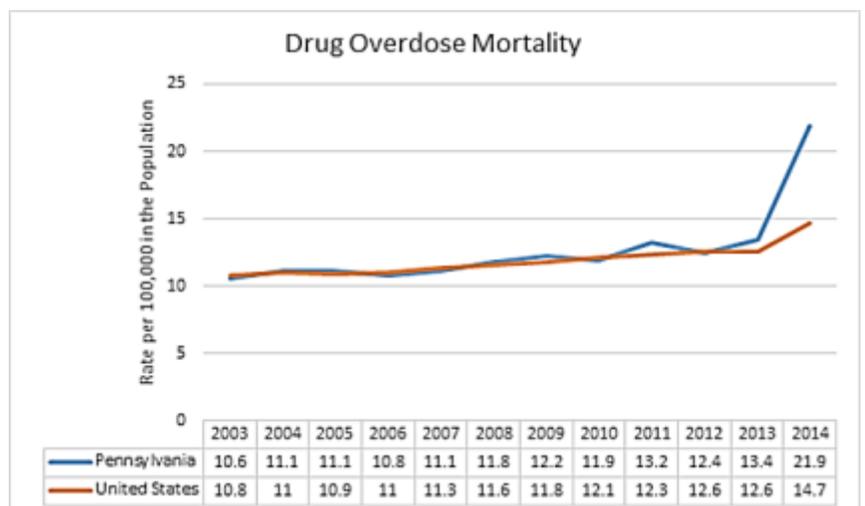
Alcohol Consumption: A quarter of adults, aged 18 years and older, self-reported heavy alcohol consumption, which is defined as more than two alcoholic drinks per day, on average, for males, and one alcoholic drink per day, on average, for females (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012). In comparison, 18% of adults in the state of Pennsylvania self-reported heavy alcohol consumption. The current percentage of adults reporting heavy alcohol consumption (24.5%) is comparable to the percentage previously reported in the 2014 Pocono CHNA. The focus groups and key informant interviews suggested that alcohol consumption is high, but it is not anymore of a problem than it is in other surrounding communities.

Extensive and prolonged alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease, and certain cancers (County Health Rankings & Roadmaps, 2017).

Drug Use: According to the Carbon-Monroe-Pike Drug & Alcohol Commission, INC., the most common drugs of choice among individuals in Monroe County are opiates (56%), cannabis (13%), and stimulants (6%) (Carbon Monroe Pike Drug and Alcohol Commission, 2015-2016 Annual Report). The national age-adjusted overdose rate was 16.3 per 100,000 in 2015, while in Pennsylvania the age-adjusted drug overdose rate was statistically higher at 26.3 per 100,000 (CDC, National Vital Statistics System, 2015). Drug overdose mortality rates have increased for the state from 2003 (10.6 per 100,000) to 2014 (21.9 per 100,000), with a particularly large jump between 2013 (13.4 per 100,000) to 2014 (21.9 per 100,000).

“The opiate epidemic is occurring on a national level, this is something that many communities throughout the nation are trying to combat” (Key Informant Interviewee, 2017).

Many community members discussed the strong link between overall mental health and drug use. A large portion of participants in focus groups and interviews felt that many of the drug problems in the community stem from an inadequate number of mental health providers and resources, suggesting there is a lack of services and providers for addiction and mental health issues within Monroe County. The majority of the services that are provided are inpatient mental health services, and few outpatient services are available.



Source: CDC, National Vital Statistics System, 2015

Tobacco Use

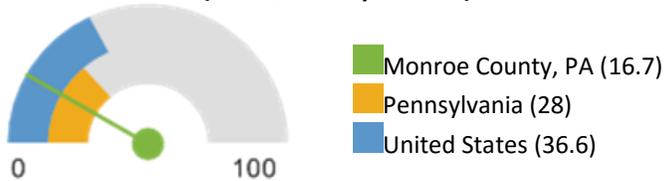
Current Smokers: A total of 17% of Monroe County adults are smoking cigarettes, in comparison to 18% of adults in Pennsylvania. According to the 2014 CHNA completed in Monroe County, tobacco usage has decreased from 23% to 17% (Pocono Medical Center CHNA, 2014).

A majority of premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs (County Health Rankings and Roadmaps, 2017).

Sexual Health

Teen Births: Teen Births are defined as the number of births per 1,000 female population, ages 15-19. Between 2008 -2014 the Monroe County teen birth rate was 16.7 per 1,000 females age 15 to 19, which was lower than Pennsylvania and national rates (CDC Nation Vital Statistics System, 2006-12).

Teen Birth Rate (Per 1,000 Population)



Sexually Transmitted Infections (STIs): There has been an increase in the number of Syphilis cases within the nation as well as within in Monroe County. Public health data also

indicates a decrease in the cases of Chlamydia and Gonorrhea infections within Monroe County; however, both of the STIs are asymptomatic most of the time and therefore could be under reported (County Health Rankings and Roadmap, 2017; CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013).

A lack of education within schools and access to barrier methods could lead to a community experiencing higher rates of STI's and diseases. The majority of sexually transmitted infections and disease cause tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STI's are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death. STI's also have a high economic burden on society. The direct medical costs of managing sexually transmitted infections and their complications in the US, for example, was approximately 15.6 billion dollars in 2008 (County Health Rankings and Roadmaps, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2014).

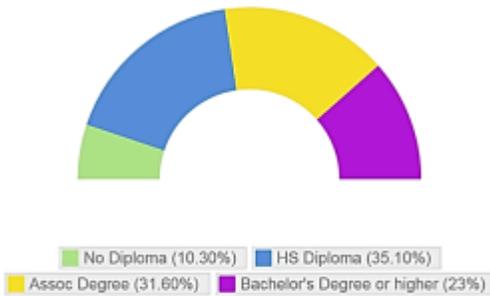
Within Monroe County, the HIV prevalence rate is 175 per 100,000 individuals, which is lower than the Pennsylvania prevalence of 299.6 per 100,000 residents (CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013).

SOCIAL AND ECONOMIC FACTORS

Educational Attainment

A majority of students in Monroe County (86.9%) received their high school diploma within four years (US Department of Education, 2014-2015). A total of 11,655 persons aged 25 and older, 10.3% of the total population, do not have a high school diploma (or equivalency) or higher (US Census Bureau, 2011-15). A total of 31.6% of the population aged 25 and older, or 35,631 individuals, have obtained an Associate's level degree or higher (US Census Bureau, ACS 2011-15). A total of 23% of the population aged 25 and older, or 25,986 have obtained a Bachelor's level degree or higher (US Census Bureau, ACS 2011-15).

Educational Attainment



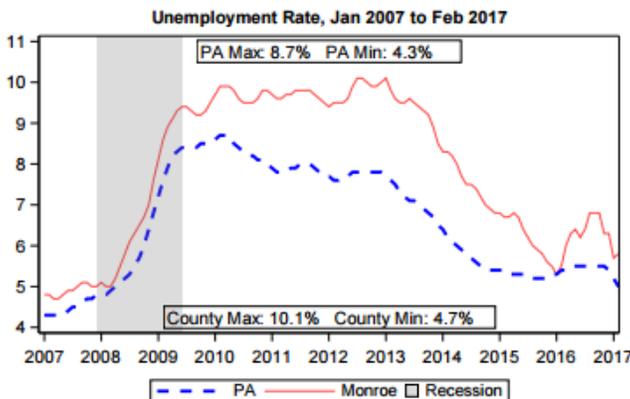
Research suggests education is one the strongest predictors of health (Freudenberg, Ruglis, 2007). Individuals with more schooling tend to make healthier choices and live healthier lives due to higher earning potential, access to better employment opportunities, and increased social supports (County Health Rankings and Roadmaps, 2017).

Employment

Top Employers: The top employers in Quarter Three of 2016 include: Federal Government Agencies, Aventis Pasteur Inc., Wal-Mart Associates Inc., Pocono Medical Center (now Lehigh Valley Health Network-Pocono), Pocono Mountain School District, Mount Airy Casino Resort, East Stroudsburg Area School District, Pleasant Valley School District, Kalahari Resorts, LLC, and PA State System of Higher Education (Pennsylvania Department of Labor and Industry Center for Workforce Information Analysis, 2017). Since these results have been published, St. Luke’s Hospital - Monroe Campus has also opened, creating additional jobs in the county. Discussion in focus groups and key informant interviews noted that a majority of these positions require long commutes to work and shift worker positions, which lead to limited physical activity, lack of nutritious foods, fewer social support systems, and limited time to obtain access to health services.

“Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide” (County Health Rankings and Roadmaps, 2017).

Unemployment Rate: This indicator reports the percentage of the civilian, non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). The overall unemployment rate in Monroe County (5.8%) is slightly higher than the rate for Pennsylvania (5.0%). The chart below highlights how unemployment fluctuated over the past decade.



| Local Area Unemployment Statistics | | |
|------------------------------------|--------|-----------|
| Feb. 2017 | County | PA |
| Unemployment Rate | 5.8% | 5.0% |
| Labor Force | 81,300 | 6,434,000 |
| Employed | 76,600 | 6,114,000 |
| Unemployed | 4,700 | 321,000 |

Notes: Current month’s data are preliminary. Data are seasonally adjusted.

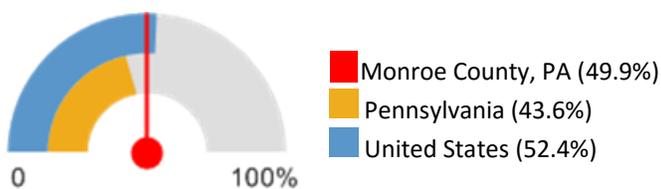
Source: Pennsylvania department of labor and industry center for workforce information analysis, 2017

Income & Poverty

Income: According to the United Way of Monroe County 2016 Needs Assessment, “The per capita income for Monroe County is \$25,266, which is \$3,646 less than Pennsylvania’s overall per capita income and \$3,289 less than the nation’s per capita income. Of the 57,661 households throughout Monroe County, just above 20% earn between \$50,000 and \$74,999 a year.” At either extreme, less than 10% of the households have an income less than \$15,000 and less than 10% have an income more than \$150,000. The median household income for Monroe County is \$66,783 which is lower than the state median but comparable to the national median (US Census Bureau, ACS 2011-15).

Children Eligible for Free and Reduced Lunch: Within Monroe County, 12,526 of 25,123 total public school students, or 49.9%, are eligible for Free/Reduced Price lunch. This number is between the overall state (43.6%) and national (52.4%) percentage (National Center for Education Statistics. 2013-2014). This indicator is relevant because it is an indicator of vulnerable populations, who are more likely to have greater health access and social support needs.

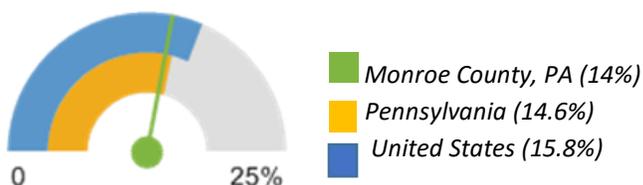
Percent Students Eligible for Free or Reduced Price Lunch



Source: National Center for Education Statistics, NCES - Common Core of Data, 2013-14

SNAP Usage: This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2010 and July 2011. Fourteen percent of the population in Monroe County are receiving SNAP benefits (US Census Bureau, 2013). Similar to the free and reduced lunch indicators, this indicator represents vulnerable populations.

Percent Population Receiving SNAP Benefits



Source: US Census Bureau, Small Area Income Poverty Estimates, 2013

Community Safety & Violence

Assault: The rate of violent crime offenses reported by law enforcement per 100,000 residents in Monroe County is 336.4 per 100,000 in the population, or 572 violent crimes (Federal Bureau of Investigation, Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data, 2010-12). This county rate compares to a rate of 362 per 100,000 for Pennsylvania and 395.5 per 100,000 for the US overall. Violent crime includes homicide, rape, robbery, and aggravated assault.

“There is a lack of community involvement and communication, which in turn could heighten the prevalence of crime within the community” (Key Informant Interviewee, 2017).

Rape: The rate of rape reported by law enforcement within Monroe County is 32.5 reported rapes per 100,000 individuals, higher than the Pennsylvania rate of 26.7 per 100,000. This statistic only measures reported rapes and does not measure other forms of sexual assault or misconduct. Victims/survivors of sexual assault or rape have significantly low reporting statistic which could lead to skewed findings (PCAR).

“A significant majority of sexual assault incidents are not reported because of victim blaming, being under the influence of drugs or alcohol, or the fear of facing the accused. The majority of the survivors of sexual assaults know their assailants” (Key Informant Interviewee, 2017).

Robbery: The rate of robbery that is reported by law enforcement per 100,000 residents within Monroe County is 61.5 per 100,000, compared to 126.6 per 100,000 individuals in the state of Pennsylvania.

Family and Social Support

Social or Emotional Support: Within Monroe County, almost one-fourth of the population (20.5%) indicated being without adequate social or emotional support. This number aligns closely with the overall Pennsylvania percentage (20.9%) and the national (20.7%) percentage (Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012). Our focus group and key informant interviews indicate that mental health and social support is a significant concern within Monroe County and was expressed as an increasing need.

Programming for Youth: Many focus group participants indicated a strong need for an increase in after school programs for children in the community because parents are commuting long distances for work, limiting the overall time spent at home with children. Children that have a smaller social support group often lead to a higher prevalence of mental health issues in the future.

Awareness of Resources in Community: Focus group conversations also all generally discussed the need to increase the awareness of resources throughout the community. There is a general belief that education about resources around the community could lead to overall better health outcomes. It was mentioned that due to the amount of time spent out of the area for work, Monroe County residents sometimes lack awareness of community-wide resources.

PHYSICAL ENVIRONMENT

Monroe County was rated in the lowest 10% of Pennsylvania counties (62 out of 67) for physical environment (County Health Ranking and Roadmaps, 2017). Factors contributing to this ranking are described in greater detail below.

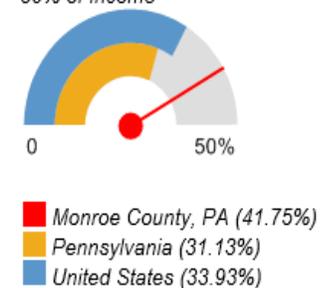
Housing Burden

This indicator provides information on the cost of monthly housing expenses for owners and renters and reflects overall affordability. The percent of the households where housing costs exceed 30% of total household income is greater in Monroe County (41.8%)

| Report Area | Total Households | Cost Burdened Households (Housing Costs Exceed 30% of Income) | Percentage of Cost Burdened Households (Over 30% of Income) |
|-------------------|------------------|---|---|
| Monroe County, PA | 57,297 | 23,919 | 41.75% |
| Pennsylvania | 4,958,859 | 1,543,699 | 31.13% |
| United States | 116,926,305 | 39,670,109 | 33.93% |

Data Source: US Census Bureau, American Community Survey, 2011-15. Source geography: Tract

Percentage of Households where Housing Costs Exceed 30% of Income



than in the state (31.1%) or the country (33.9%) (US Census Bureau, ACS, 2011-2015). High tax burdens drive a substantial portion of the housing burden indicator which leads to housing consuming a greater proportion of household income within the county than in many other areas. This impact is disproportionately felt by residents of lower socioeconomic status and reflects a community level need that places strain on social service agencies in the region. High taxes presented itself as a primary concern from many stakeholders in almost all community discussions.

Housing Quality

A healthy life is dependent on homes that are safe and free from any significant hazards. The Severe Housing Problem indicator reported within the County Health Ranking and Roadmaps provides insight into the housing environment within the county.

Households with one or more of the following housing problems, lack of complete kitchen facilities; lack of complete plumbing

facilities; severe crowding; or severely cost burdened, were termed as having a “severe housing problems.” Twenty-two percent of homes in Monroe County are classified as having a “Severe Housing Problem”. This number is drastically higher than the Pennsylvania average of 15%. The range in Pennsylvania is between 8 and 24% (County Health Ranking and Roadmaps, 2017).

“Post 9-11, there was large influx of residents who moved into the county from New York City creating a greater need for affordable good quality housing” (Focus Group, 2017).

Air and Water Quality

Overall air quality refers to the pollutants in the air which can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries, and automobiles react in the air. These particles are a significant problem to health due to their ability to become trapped in the lungs. On average, Monroe County has a lower density of fine particulate matter than Pennsylvania (County Health Ranking and Roadmaps, 2017). Further, air quality has improved since the year 2002 and consistently reads below the state average.

Air pollution is associated with increased asthma rates and can aggravate asthma, emphysema, chronic bronchitis, and other lung diseases. It causes damage to airways and lungs, and is linked to the risk of premature death due to heart or lung disease (Centers for Disease Control and Prevention, 2013).

According to County health Ranking and Roadmaps, Monroe County was marked for having a drinking water violation. A drinking violation is given to a community water system for going over a maximum contaminant level or maximum disinfectant level, or not meeting a correct treatment technique requirement (County Health Ranking and Roadmaps, 2017).

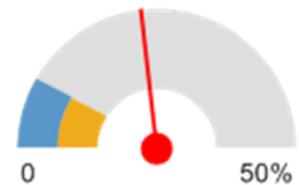
Transportation and Commuting

A significant proportion of Monroe County adults work outside the region, many in New York City, and thus endure lengthy commutes each day. The percentage of the population that commutes to work for over 60 minutes each direction is 23.2%, which is more than double that of the state (8.7%) and (US Census Bureau, ACS 2011-2015).

Percentage of Workers Commuting More than 60 Minutes

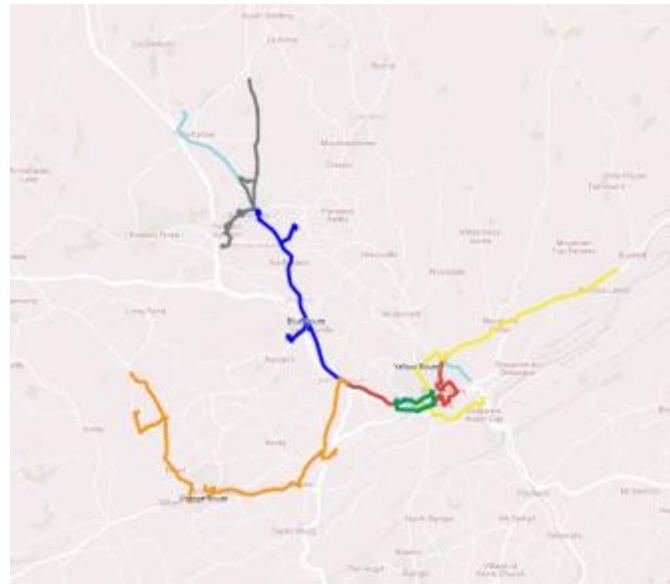
Increased dependence on driving is a major source of air pollution, which has been linked to respiratory illnesses, heart disease, pre-term births, and premature death (Robert Wood Johnson Foundation, 2012).

- Monroe County, PA (23.2%)
- Pennsylvania (8.7%)
- United States (8.5%)



Public transportation within Monroe County is limited. A recent survey of social service agencies conducted by the United Way of Monroe County identified transportation assistance as the largest gap in service. This is corroborated by a client survey – 28% of clients identified transportation as one of their top challenges they face daily. However, among those survey respondents, only about 11% reported receiving some type of assistance with transportation in the past two years. Clients responding to the survey frequently indicated that transportation both to work and places other than work would help them with their daily challenges. The map provided displays Monroe County Transit Authority (MCTA) bus routes within the county; many areas have no defined coverage. A deficiency in availability of robust public transport is again particularly salient for those of lower socioeconomic status (SES) and especially for those of low SES living in more distal regions of the county where MCTA does not travel. Consequences include social isolation; inability to obtain food, medications, and other necessities; and inability to travel to medical and other appointments.

Further compounding the challenge of public transportation is Monroe County’s low walkability, which limits physical activity opportunities, such as biking and walking. Monroe County has a walk score of 0 from Walk Score, a database that rates communities’ overall walkability. This demonstrates that Monroe County is primarily car-dependent and almost all errands require a car (Walk Score, 2017). Additional data from the National Children's Health Study, a biennial nationally representative survey of children's health, evaluated the overall accessibility of walking paths or established walking paths across the nation. Nationally they reported 74% of the population had access to walking routes/paths. The same question was asked in Monroe County and 57% of survey respondents (N=341) indicated accessible pathways.

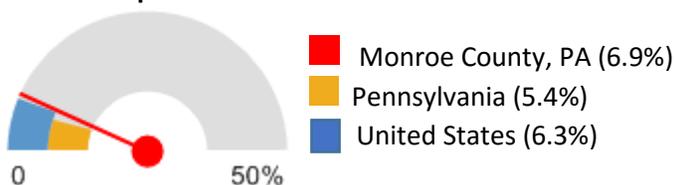


CLINICAL CARE

Access to Care

Uninsured: In Monroe County, a total of 13.5% of the population, age 18 to 64, do not have medical insurance, compared to 8.8% in PA and 13% nationally. The lack of medical insurance is greatest among the younger populations. More than 2,500 children under age 19 (6.9%) in Monroe County are uninsured, and this is above the percentages for Pennsylvania and the US (US Census Bureau, 2014).

Percent Population under 19 without Medical Insurance



Community members highlighted many issues with insurance in the community. Due to large portion of individuals who commute long distances in Monroe County, insurance affects overall access to care in the community. Many residents face issues when their insurance coverage is provided through jobs in surrounding

Overall lack of health insurance is considered a key driver of health status. A lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status (County Health Rankings and Roadmaps, 2017).

states. Problems develop when patients insurance requires them to see specific providers that are not always covered in the Monroe County service area. Focus group discussion further suggested that in order to increase care in the community for these high risk and high need individuals, an affordable clinic could be initiated in the community to provide some care for the needs of this specific population.

Populations Receiving Medicaid by Age Group:

The table to the left displays the percentage of the population receiving Medicaid broken down by age. In all three age brackets, the numbers remain fairly consistent with the state and national percentages.

| Population Receiving Medicaid by Age Group (%) | | | |
|--|--------------|-----------|--------|
| Report Area | Under Age 18 | Age 18-64 | Age 65 |
| Monroe County | 36.2 | 11.4 | 10.6 |
| Pennsylvania | 35.2 | 12 | 12.2 |
| United States | 37.9 | 12.1 | 14 |

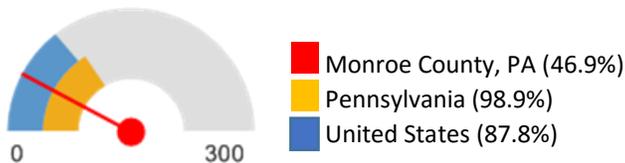
Source: US Census Bureau, ACS 2011-2015

Primary Medical Care: Doctors classified as "primary care physicians" by the AMA include General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Notably, the prevalence of primary care providers in Monroe County is 50% less than reported for Pennsylvania as a whole (46.9 per 100,000 vs. 98.9 per 100,000) and less than is reported nationally (87.8 per 100,000) (US Department of Health Human Services, HRSA, 2014).

"The number of residents within Monroe County without a primary care provider is detrimental to the overall patient health and possible preventative health services for Monroe County residents." (Focus Group, 2017).

County Health Rankings data suggests the prevalence of county residents without a primary care provider is 14.9% which exceeds that of the state (12.7%), a finding supported by focus group discussions detailing prohibitive wait times to be seen by providers and difficulty accessing the health care system.

Primary Care Physicians, Rate per 100,000 Pop.



Specialty Care Providers: Across the various focus groups, the need for more specialty care providers across all disciplines of care was highlighted. Mental health providers, including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care, are 50% less common in Monroe County than across Pennsylvania (89.5 per 100,000 vs 171.5 per 100,000 for Pennsylvania; County Health Rankings and Roadmap, 2016).

This lack of providers is a source of concern and frustration for community stakeholders and was raised as an issue by respondents throughout focus groups and interviews. The experiences relayed by many are reflected in the feedback from a school administrator- when a student presents in mental health crisis they are taken to the emergency department and often held there for hours until parents return from out-of-region work. When the student is eventually stabilized late at night, there is no clear next step and the burden falls on the family and, indirectly on the schools, to do something, yet not all families have the training to do so. This feedback also mirrors the reality expressed by practice managers, healthcare administrators, and community leaders who relayed a gap in the patient care continuum upon identification of a patient’s need for services across all specialty providers.

| Report Area | Estimated Population | Number of Mental Health Providers | Ratio of Mental Health Providers to Population (1 Provider per x Persons) | Mental Health Care Provider Rate (Per 100,000 Population) |
|-------------------|----------------------|-----------------------------------|---|---|
| Monroe County, PA | 166,313 | 149 | 1,116.2 | 89.5 |
| Pennsylvania | 12,782,379 | 21,927 | 583 | 171.5 |
| United States | 317,105,555 | 643,219 | 493 | 202.8 |

Source: County Health Rankings and Roadmap, 2016.

Drug and Alcohol Rehabilitation Services: Monroe County has two inpatient, non-hospital, treatment facilities which collectively served 279 clients who needed drug and alcohol rehabilitation services, but no inpatient hospital treatment facilities, (Pennsylvania Department of Health, 2016).

Dental Care: Similar to primary care provider’s availability, the prevalence of dental providers is 43% less in Monroe County (37.26 per 100,000) than across Pennsylvania as a whole (65.4 per 100,000). This indicator includes all dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. In addition, 26.9% of the county’s population reported no dental exam in the past year (US Department of Health and Human Services, 2015). Overall, adequate dental health care is imperative to ensure healthy aging.

Quality of Care

Clinical Preventive Interventions: Monroe County approximates or exceeds the state and national averages for several preventive services including Diabetes Management-Hemoglobin A1c Test (84.7% vs. 86.2% in state; Dartmouth College Institute for Health Policy Clinical Practice, 2014), colonoscopy screenings (66.1% vs. 62.1% in state; and for the percentage of adults who have been screened for HIV/AIDS (68.5% vs. 67.9% in state) (CDC, BRFSS, 2006-2012). In contrast, mammography screening rates in Monroe County are lower the state average (62.4% vs. 67.6%; Dartmouth College Institute for Health Policy Clinical Practice, 2014). Early pregnancy care--defined as care within the first trimester--for Monroe County women (67.5%) lags behind state (73.2%) and national averages (82.7%) (CDC, National Vital Statistics, 2007-2010). Medical care in the first trimester is associated with improved maternal and fetal/infant outcomes and thus has the potential to decrease long term health needs and health costs.

In focus groups and key informant interviews, it was noted that a number of resources for preventative care are not utilized. A large part of the community is unaware of the preventative interventions and services that are available to the community, many times free of charge. An overall greater awareness in the community may help prevent possible health complications in the future.

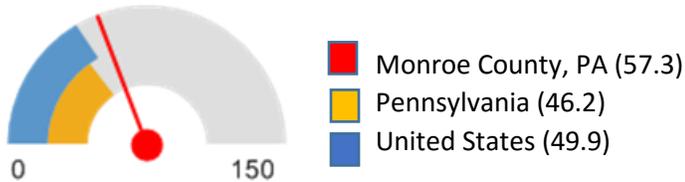
Hospital Utilization: Preventable hospital events are reflected in the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. This number is significantly higher in Monroe County in comparison to the rest of the state. Monroe County had a rate of 57.3 preventable hospital events per 1,000 Medicare enrollees, in comparison

of the state rate of 46.2 per 1,000 Medicare enrollees (Dartmouth College Institute for Health Policy Clinical Practice, 2014).

Focus group discussion highlighted that the number of residents without a primary care provider has increased the number of patients that are seen in the emergency departments (ED) of Monroe County. It was also expressed that the majority of specialty providers have exceedingly long wait times, forcing patients into the ED versus the respective specialty care provider for patient’s specific needs.

“It has been a long-standing theme in Monroe County where residents use the ER instead of going to a primary care physician” (Focus Group, 2017).

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Source: Dartmouth College Institute for Health Policy Clinical Practice, 2014.

HEALTH OUTCOMES

Monroe County ranked 53 out of 67 in terms of health outcomes in comparison to the other Pennsylvania Counties (County Health Rankings and Roadmaps, 2017). Monroe County has a very poor rating for health outcomes in comparison the entire state of Pennsylvania. In terms of general health status, 11.9% of adults, age 18 and older, self-report having poor or fair health.

LEADING CAUSES OF DEATH

In Monroe County, the leading cause of death across all age groups was from various types of cancer. The second leading cause of death was due to diseases of the heart (Pennsylvania Department of Health, 2016). Disease of the heart is a general term used to describe a variety of conditions, including coronary heart disease (CHD), cardiomyopathy, heart failure, hypertensive heart disease, inflammatory heart disease, pulmonary heart disease, cardiac dysrhythmias and valve heart disease (Chronic Disease Burden Report, 2011). During the CHNA process, a series of individuals indicated the need for more specialty care providers, including cardiologists. This is especially important in Monroe County with heart disease being a leading cause of death.

| Selected Major Causes of Death, Number and Average Annual Age-Adjusted Death Rate* (2012-2014) | | | | | |
|--|-------|-------|----------------------|-------|------|
| Cause | Total | Rate | Cause | Total | Rate |
| Cancer | 1,034 | 176.1 | Stroke | 151 | 28.0 |
| Diseases of Heart | 849 | 156.9 | Alzheimer’s Disease | 88 | 17.9 |
| C.L.R.R.** | 253 | 46.1 | Nephritis/Nephrosis | 83 | 15.7 |
| Accidents | 222 | 43.3 | Influenza/ Pneumonia | 60 | 11.3 |
| Diabetes Mellitus | 179 | 31.9 | Septicemia | 53 | 9.3 |

*Per 100,000 2000 U.S. standard million population. Age-adjusted rates are only comparable if the same standard million population was used in the calculation.

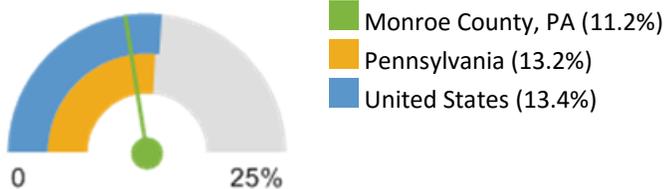
**Chronic Lower Respiratory Disease

| Selected Leading Causes of Death, Number by Age Group (2014) | | | | | | | | | |
|--|-----------|-------------------|-----------|-----------------------|-----------|-----------------------|------------|-----------------------|------------|
| Under 5 Years of Age | | 5-24 Years of Age | | 25-44 Years of Age | | 45-64 Years of Age | | 65 Years and Older | |
| Perinatal Conditions | 7 | Accidents | 15 | Accidents | 16 | Cancer | 110 | Cancer | 232 |
| | | Suicide | 3 | Suicide | 9 | Diseases of the Heart | 53 | Diseases of the Heart | 224 |
| | | Cancer | 2 | Diseases of the Heart | 8 | Accidents | 24 | C.L.R.D.** | 58 |
| | | | | Cancer | 7 | Diabetes Mellitus | 13 | Stroke | 47 |
| | | | | | | Suicide | 13 | Diabetes Mellitus | 43 |
| TOTAL | 12 | Total | 23 | Total | 61 | Total | 290 | Total | 947 |

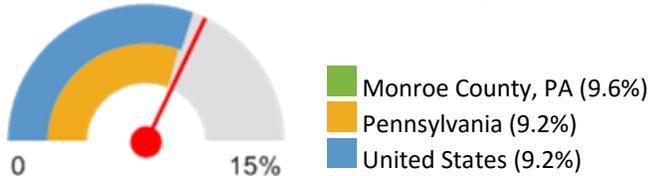
Source: Pennsylvania Department of Health, 2016.

CHRONIC CONDITIONS

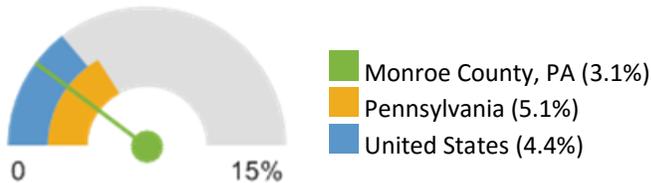
Percent Adults with Asthma



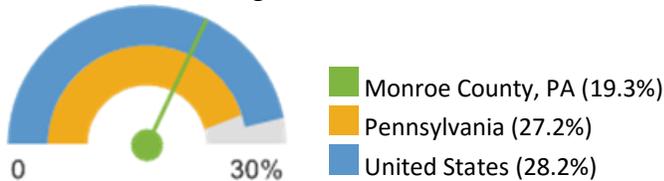
Percent Adults with Diagnosed Diabetes (Age-Adjusted)



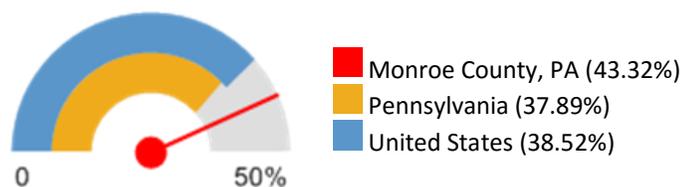
Percent Adults with Heart Disease



Percent Adults with High Blood Pressure



Percent Adults with High Cholesterol



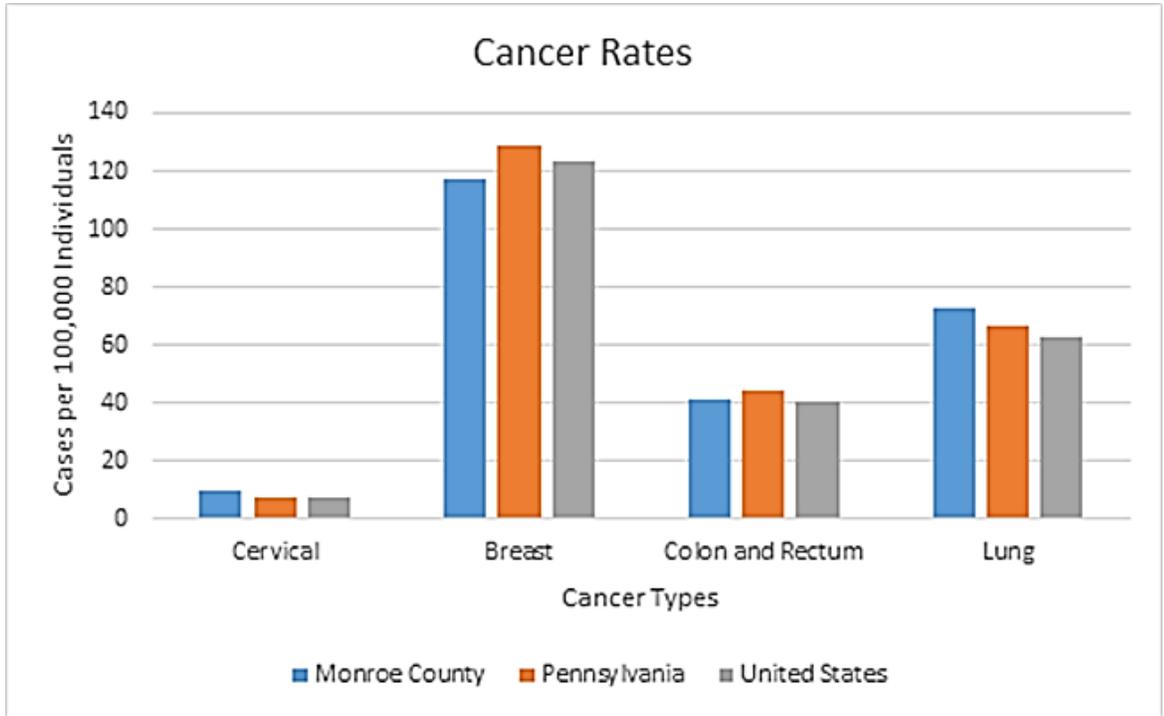
From the secondary data sources, Monroe County did not differ from national averages markedly in the incidence of Colon Cancer (41 vs. 40.59 per 100,000 nationally), Diabetes (11.2 vs. 10 per 100,000 nationally), and poor mental health days (3.9 vs. 3.5 per 100,000 nationally).

However, **Monroe County** had **lower rates of breast cancer** (117.4 vs. 123.41 per 100,000 nationally), **lower percentages of individuals diagnosed with asthma** (11.2% vs. 13.4% nationally), **heart disease** (3.1% vs. 4.4% nationally), **high blood pressure or hypertension** (19.3% vs. 28.16% nationally), **higher rates of lung cancer** (72.5 vs. 62.62 per 100,000 nationally), **cervical cancer** (9.3 vs. 7.6 per 100,000 nationally), and **higher percentages of adults diagnosed with diabetes and high cholesterol** (43.32% vs. 38.52% nationally).

(CDC, BRFSS, 2006-2012).

CANCER INCIDENCE

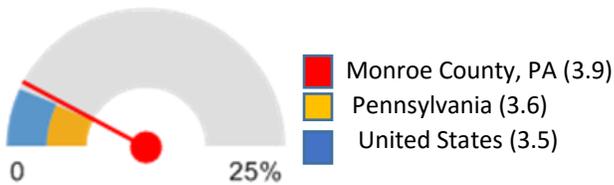
In Monroe County, the leading cause of death across all age groups was from various types of cancer. The graph shows the number of cancer cases per 100,000 people for Monroe County, Pennsylvania, and the United States, broken out by cancer type. This data has remained consistently high over the years, as reported in the previous 2014 CHNA (State Cancer Profiles, 2009-2013).



MENTAL HEALTH/POOR MENTAL HEALTH DAYS

This indicator reports the average number of mentally unhealthy days (during past 30 days) among survey respondents age 18 and older. Monroe county residents reported having 3.9 mentally unhealthy days per month (CDC BRFSS 2006-2012). This aligns closely with the state (3.6 days) and national (3.5 days). This quantitative data is divergent from what community members shared during focus groups and interviews. Many participants noted that the overall mental health in the community was perceived as a main concern. This difference may occur due to under reporting of mental health concerns or a lack of awareness of what it means to have “poor mental health”. The validity of this data may also be impacted by the stigma attached to mental health.

Average Number of Mentally Unhealthy Days per Month



“Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors, intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease), and premature death (US Surgeon General, National Prevention Strateg, 2014).

Morbidity for Selected Notifiable Disease: The below data indicates the average annual rates for selected notifiable disease. The highest reported incidence in Monroe County was for Chlamydia (229.1 per 100,000), followed by Gonorrhea (1,015 per 100,000), and Lyme disease (940 per 100,000) (Pennsylvania Department of Health, 2016). This finding is important because Chlamydia and Gonorrhea are both asymptomatic, leading to fewer individuals getting tested for sexually transmitted infections and diseases because they do not notice any symptoms. Also, Lyme disease is more prevalent within this area because of the mountainous terrain with a higher concentration of ticks.

| Reported Incidence and Average Annual Rate (per 100,000) for Selected Notifiable Diseases (2012-2014) | | | | | | | | |
|---|-------|-------|-----------------|-------|------|---------------|-------|------|
| | Total | Rate | | Total | Rate | | Total | Rate |
| Campylobacteriosis | 307 | 12.6 | Hep. B* Acute | <5 | ND | Pertussis | 405 | 16.6 |
| Chlamydia | 5,584 | 229.1 | Hep. B* Chronic | 623 | 25.6 | Salmonellosis | 365 | 15.0 |
| Chickenpox | 177 | 7.3 | HIV | 157 | 6.4 | Shigellosis | 25 | 1.0 |
| Giardiasis | 108 | 4.4 | Lyme Disease | 940 | 38.6 | Syphilis | 53 | 2.2 |
| Gonorrhea | 1,015 | 41.6 | Meningococcal** | 5 | ND | Tuberculosis | 58 | 2.4 |
| Hepatitis: Type A | 8 | ND | | | | | | |

*Hepatitis: Type B **Meningococcal Disease

Note: Communicable diseases with demographic counts of 1 to 4 are displayed as "5" to avoid potential identification of cases within certain geographic areas.

Source: Pennsylvania Department of Health, 2016

- Addressing cardiovascular risk factors such as obesity, lack of exercise, smoking, high cholesterol and diabetes.
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IDENTIFYING PRIORITIES FOR THE CHNA IMPLEMENTATION PLAN

Lehigh Valley Hospital-Pocono (LVH-P) will publish this CHNA report on its website by the end of June, 2017. The hospital will host a community forum on August 24, 2017 to highlight the findings in the report. Over the next few months, LVH-P will develop an implementation plan based on 3-4 of the priorities areas highlighted in this report and validated by the community. This implementation plan will build on initiatives from the previous CHNA implementation plan. Areas under consideration include:

- Improving rates of breast and lung cancer screening
- Mental health: based on the recommendations in the "Behavioral Health Continuum of Care" consensus document, focused efforts on greater care coordination, integrated models of behavioral health care, community-based medication management strategies, and data sharing agreements among mental health agencies.
- Alcohol and substance abuse: community and provider education, improved coordination of referrals with the county drug and alcohol system.
- Access to primary care, and to cancer, cardiovascular, and dental care services.
- Addressing cardiovascular risk factors such as obesity, lack of exercise, smoking, high cholesterol and diabetes.
- Gaining a better understanding of transportation barriers to health care access

Through the work of the Community Health Needs Assessment and Implementation plan, LVH-P seeks to:

- Deepen collaborative relationships with community-based organizations and explore ways to address high priority needs outlined in this report.
- Work to integrate the CHNA with LVHN's existing community and population health initiatives.