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2019 Community Health Needs Assessment Health Profile Lehigh Valley Hospital–Pocono

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2019 Community Health Needs Assessment Health Profile Lehigh Valley Hospital-Pocono



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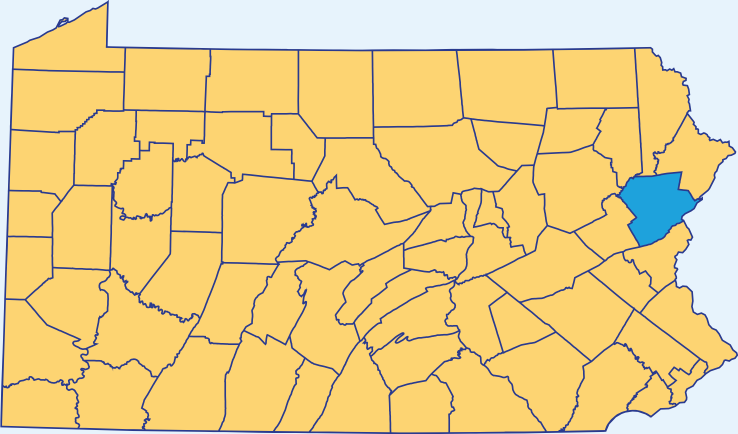


Focus group feedback

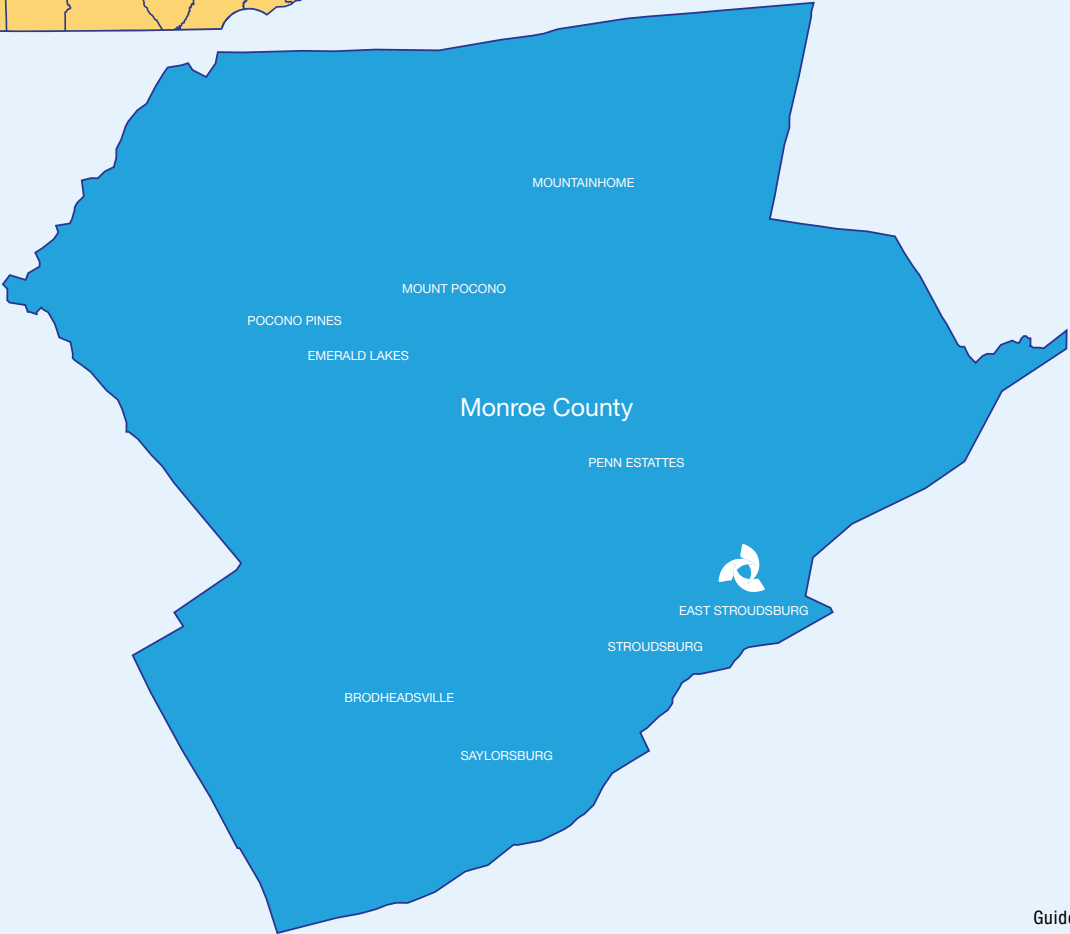


Lehigh Valley Health Network (LVHN) statistics

HEALTH PROFILE FOR MONROE COUNTY



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WHO WE ARE: DEMOGRAPHICS

TOTAL POPULATION

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Monroe County	167,126	608.26	274.76
Pennsylvania	12,783,977	44,742.38	285.72
United States	318,558,162	3,532,068.58	90.19

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

URBAN AND RURAL POPULATION

Percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Population	Urban Population	Rural Population	% Urban	% Rural
Monroe County	169,842	104,701	65,141	61.65	38.35
Pennsylvania	12,702,379	9,991,287	2,711,092	78.66	21.34
United States	312,471,327	252,746,527	59,724,800	80.89	19.11

Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract



167,126 people live in Monroe County.

The population of Monroe County is evenly divided among those age 5–17, 45–54, 55–64 and age 65+. Almost half of the population is 45 or older.

PERCENT POPULATION CHANGE (2000–2010) BY RACE

Report Area	% White	% Black	% Native American/ Alaska Native	% Asian	% Native Hawaiian/ Pacific Islander	% Other Race	% Multiple Race
Monroe County	7.19	167.83	91.95	125.50	97.50	117.57	77.16
Pennsylvania	-0.74	12.50	46.30	58.81	6.91	59.73	67.23
United States	5.80	15.43	22.56	43.72	47.37	24.2	32.61

Data Source: US Census Bureau, Decennial Census. 2000–10. Source geography: Tract

POPULATION GROWTH

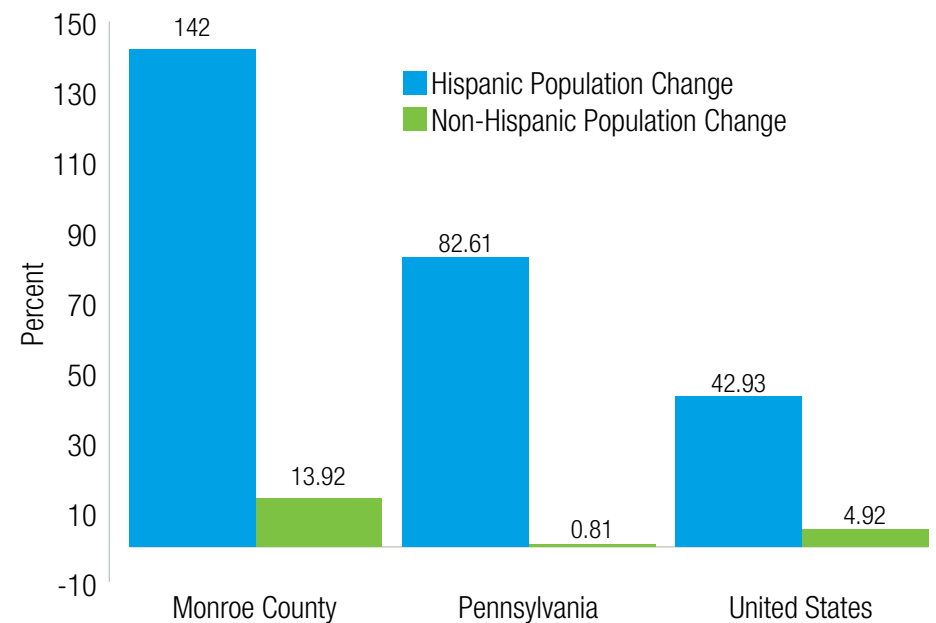
CHANGE IN TOTAL POPULATION

A significant positive or negative shift in total population over time that impacts health care providers and utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000–2010	% Population Change, 2000–2010
Monroe County	138,716	169,842	31,126	22.44
Pennsylvania	12,281,049	12,702,379	421,330	3.43
United States	280,405,781	307,745,539	27,339,758	9.75

Data Source: US Census Bureau, Decennial Census. 2000–10. Source geography: Tract

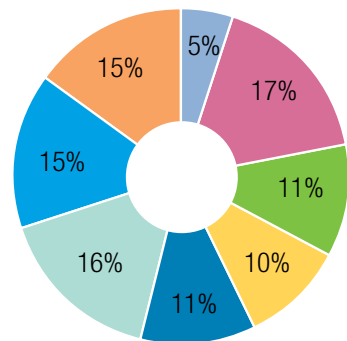
Population Change (2000–2010) by Hispanic Origin



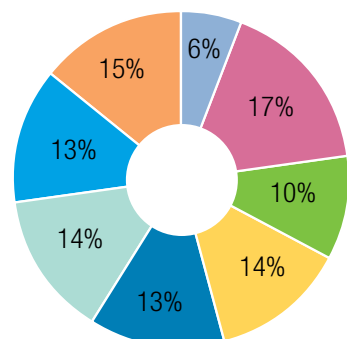
POPULATION AGE

Number and percentages of people in the community by age in the designated geographic area

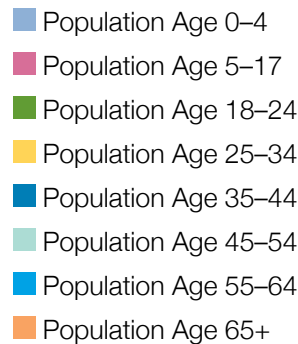
	Monroe County	Pennsylvania	United States
Total Population	167,126	12,783,977	318,558,162
Population Age 0-4	7,587	714,598	19,866,960
Population Age 5-17	27,806	2,004,573	53,771,807
Population Age 18-24	18,495	1,243,213	31,368,674
Population Age 25-34	17,346	1,608,855	42,881,649
Population Age 35-44	18,848	1,536,388	40,651,910
Population Age 45-54	27,299	1,842,705	43,895,858
Population Age 55-64	24,762	1,762,338	40,061,742
Population Age 65+	24,983	2,084,386	44,615,477



MONROE COUNTY



UNITED STATES



PENNSYLVANIA

POPULATION UNDER AGE 18

Report Area	Total Population	Population Age 0-17	% Population Age 0-17
Monroe County	167,126	35,393	21.18
Pennsylvania	12,783,977	2,704,268	21.15
United States	318,558,162	73,612,438	23.11

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

FAMILIES WITH CHILDREN

A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage or adoption.

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), % of Total Households
Monroe County	57,127	40,649	17,753	31.08
Pennsylvania	4,961,929	3,195,577	1,402,621	28.27
United States	117,716,237	77,608,829	37,299,113	31.69

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

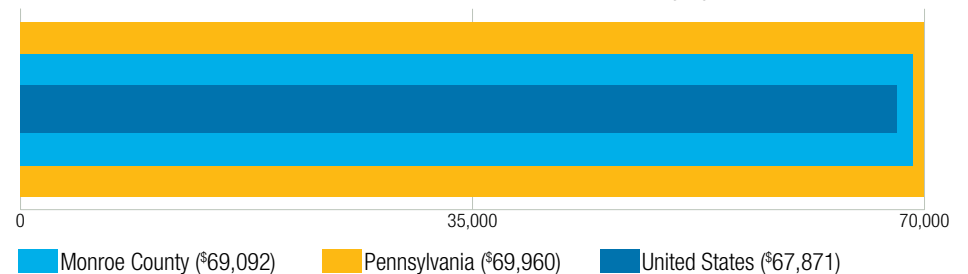
FINANCIAL HEALTH

MEDIAN FAMILY INCOME

Median family income based on latest five-year American Community Survey estimates. Family income includes incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
Monroe County	40,649	\$80,965	\$69,092
Pennsylvania	3,195,577	\$90,446	\$69,960
United States	77,608,829	\$90,960	\$67,871

Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract



DIVERSITY AND LANGUAGE

TOTAL POPULATION BY GENDER

Report Area	Male	Female	% Male	% Female
Monroe County	82,532	84,594	49.38	50.62
Pennsylvania	6,255,042	6,528,935	48.93	51.07
United States	156,765,322	161,792,840	49.21	50.79

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

POPULATION AGE 18 AND OLDER BY GENDER

Percentage of population who are age 18 and older, by gender.

Report Area	Age 18–64				Age 65+			
	Males		Females		Males		Females	
	N	%	N	%	N	%	N	%
Monroe County	52,905	64.10	53,845	63.65	10,549	12.78	13,452	15.90
Pennsylvania	3,952,665	63.19	3,993,797	61.17	811,266	12.97	1,215,859	18.62
United States	98,851,301	63.06	99,913,791	61.75	18,244,716	11.64	25,876,504	15.99

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

TOTAL POPULATION BY RACE ALONE

Report Area	White		Black		Asian		Native American/ Alaska Native		Native Hawaiian/ Pacific Islander		Other		Multiple	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Monroe County	129,349	77.40	23,320	13.95	3,563	2.13	539	0.32	84	0.05	5,077	3.04	5,194	3.11
Pennsylvania	10,402,743	81.37	1,410,563	11.03	401,979	3.14	24,947	0.20	4,463	0.03	253,514	1.98	285,768	2.24
United States	233,657,078	73.35	40,241,818	12.63	16,614,625	5.22	2,597,817	0.82	560,021	0.18	15,133,856	4.75	9,752,947	3.00

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

TOTAL POPULATION BY ETHNICITY ALONE

Report Area	Total Population	Non-Hispanic Population	% Population Non-Hispanic	Hispanic or Latino Population	% Population Hispanic or Latino
Monroe County	167,126	142,652	85.36	24,474	14.64
Pennsylvania	12,783,977	11,940,813	93.40	843,164	6.60
United States	318,558,162	263,359,055	82.67	55,199,107	17.33

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

HISPANIC POPULATION BY RACE ALONE, PERCENT (N = 24,474)

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Races
Monroe County	63.37	8	0.45	0.49	0.27	19.45	7.97
Pennsylvania	55.5	6.78	0.37	1.26	0.25	27.83	8.03
United States	65.75	2.07	0.34	0.93	0.09	26.19	4.62

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

NON-HISPANIC POPULATION BY RACE ALONE, PERCENT (N = 142,652)

Report Area	White	Black	Asian	Native American/ Alaska Native	Native Hawaiian/ Pacific Islander	Some Other Race	Multiple Races
Monroe County	79.8	14.98	2.42	0.29	0.01	0.22	2.27
Pennsylvania	83.2	11.33	3.34	0.12	0.02	0.16	1.83
United States	74.94	14.85	6.24	0.79	0.19	0.26	2.74

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

POPULATION WITH LIMITED ENGLISH PROFICIENCY BY ETHNICITY ALONE

Percentage of population age 5 and older who speak a language other than English at home and speak English less than “very well.”

Report Area	Total Pop. Age 5+	Linguistically Isolated	% Linguistically Isolated
Monroe County	159,539	2,497	1.57
Pennsylvania	12,069,379	277,936	2.30
United States	298,691,202	13,393,615	4.48

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract



Between July 2017 and June 2018, 416 phone encounters with interpreters took place in LVH–Pocono inpatient and outpatient settings.



Over 75 percent of the county identifies as white and another 14 percent are black. Less than 2 percent speak a language other than English at home and speak English less than “very well.”



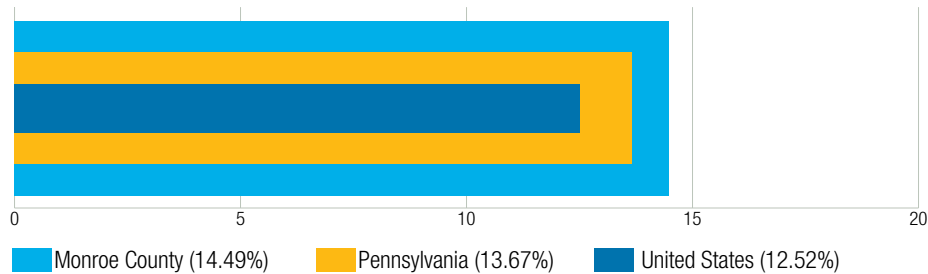
DISABILITIES AND VETERANS

POPULATION WITH ANY DISABILITY

Percentage of total civilian non-institutionalized population with a disability. A disability is defined as individuals who report any one of the following six disability types: 1) hearing difficulty, 2) vision difficulty, 3) cognitive difficulty, 4) ambulatory difficulty, 5) self-care (bathing and dressing) difficulty, 6) independent living (doing errands alone) difficulty.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	% Population with a Disability
Monroe County	166,133	24,080	14.49
Pennsylvania	12,579,598	1,719,069	13.67
United States	313,576,137	39,272,529	12.52

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract




VETERAN POPULATION

Percentage of population age 18 and older who served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps or Coast Guard, or who served in the U.S. Merchant Marine during World War II.

Report Area	Total Population Age 18	Total Veterans	Veterans, % of Total Population
Monroe County	131,619	10,758	8.17
Pennsylvania	10,074,933	840,258	8.34
United States	243,935,157	19,535,341	8.01

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

 Just over 1,800 veterans in Monroe County have received care at LVHN.



Veterans make up 8.17 percent of the population of Monroe County.

HEALTH FACTORS

SOCIAL AND ECONOMIC FACTORS

UNEMPLOYMENT RATE

Total unemployment in Monroe County for the current month was 5,240 or 6.4 percent of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted).

The top five employers in Monroe County in 2017 were the federal government, Aventis & Pasteur Inc., Walmart, Pocono Mountain School District, and Lehigh Valley Health Network–Pocono (Department of Labor and Industry, Center for Workforce Information and Analysis).

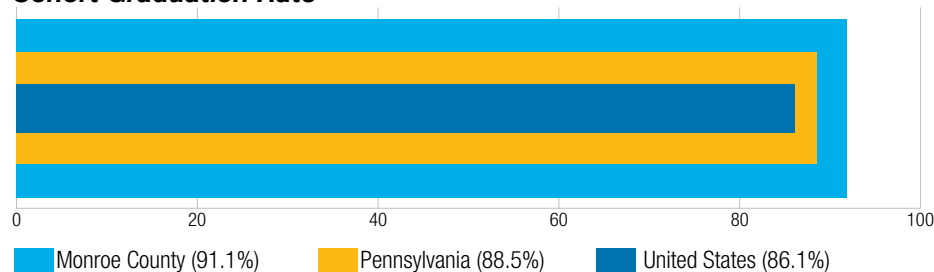
EDUCATION

High School Graduation Rate

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Monroe County	2,232	2,033	91.1
Pennsylvania	122,067	108,049	88.5
United States	3,135,216	2,700,120	86.1

Data Source: US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES. 2015–16. Source geography: School District

Cohort Graduation Rate



44.21 percent of fourth-graders are not proficient or worse in terms of reading level in Monroe County.



Community members who participated in focus groups and interviews discussed challenges to health literacy and find it difficult to understand all of the instructions and recommendations of physicians.

Population Education Level, Age 25+

Report Area	Total Population	No High School Diploma		Bachelor's Degree or Higher	
		N	%	N	%
Monroe County	113,238	11,833	10.45	26,672	23.55
Pennsylvania	8,849,846	925,686	10.46	2,595,950	29.33
United States	213,649,147	27,818,380	13.02	64,767,787	30.32

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

Population with No High School Diploma by Ethnicity Alone

Report Area	Hispanic			Non-Hispanic		
	No HS Diploma	Total Pop	% No HS Diploma	No HS Diploma	Total Pop	% No HS Diploma
Monroe County	2,116	24,474	15.80	9,717	142,652	9.73
Pennsylvania	132,021	843,164	31.41	817,980	11,940,813	9.75
United States	10,512,401	55,199,107	35.10	17,716,693	263,359,055	9.76

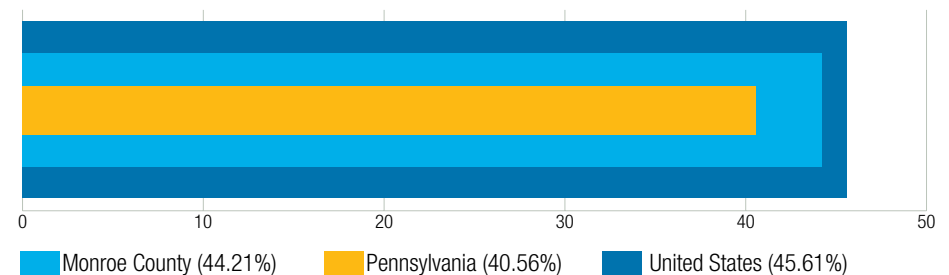
Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

Student Reading Proficiency (Fourth Grade)

Percentage of children in grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test.

Report Area	Total Students with Valid Test Scores	% of Students 'Proficient' or Better	% of Students 'Not Proficient' or Worse
Monroe County	1,759	55.79	44.21
Pennsylvania	119,743	59.44	40.56
United States	3,393,582	49.67	45.61

Data Source: US Department of Education, EDData. Accessed via DATA.GOV. 2014–15. Source geography: School District



INCOME AND POVERTY

Population and Children below 200 Percent of Federal Poverty Level

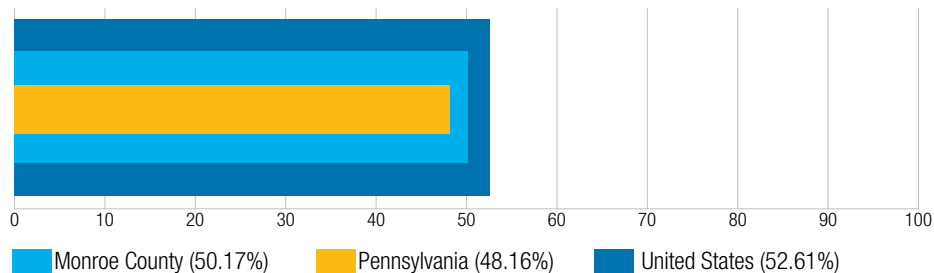
Report Area	General Population			Children		
	Total Population	Population at or Below 200% FPL	% at or Below 200% FPL	Children Under Age 18	Children at or Below 200% FPL	% at or Below 200% FPL
Monroe County	167,126	49,928	30.33	34,959	13,851	39.62
Pennsylvania	12,783,977	3,736,519	30.21	2,658,853	1,040,438	39.13
United States	318,558,162	104,390,198	33.61	72,456,096	31,364,270	43.29

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract

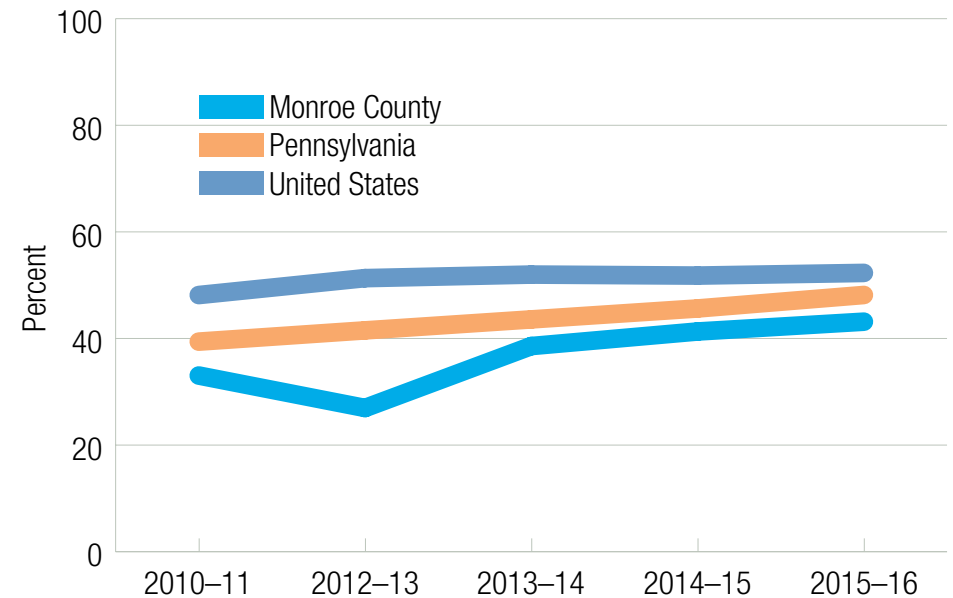
Children Eligible for Free/Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	% Free/Reduced Price Lunch Eligible
Monroe County	23,358	11,719	50.17
Pennsylvania	1,704,502	802,045	48.16
United States	50,611,787	25,893,504	52.61

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015–16. Source geography: Address



Children Eligible for Free Lunch, By Year



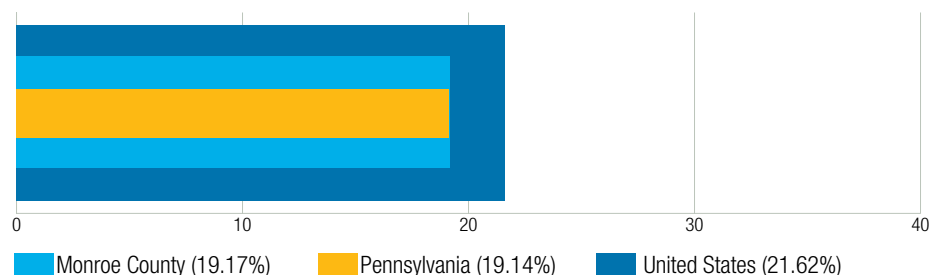
Most of the focus groups and interviews included discussions about the high level of poverty in the county and challenges that families and community members face in trying to achieve economic stability. Many mention the lack of viable employment opportunities and high cost of housing, including real estate taxes, as drivers of health and excessive stress. This instability is due to both the housing recession that still impacts the area and companies moving their businesses elsewhere. As a result, the community is largely made up of working poor, and many community members are at risk for financial danger.

Population Receiving Medicaid

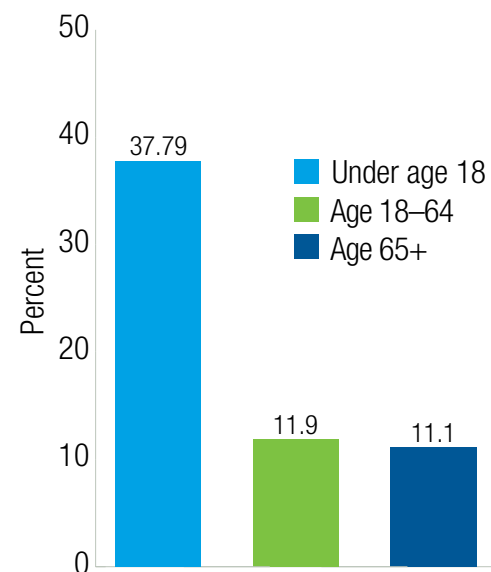
Percentage of population with insurance enrolled in Medicaid (or other means-tested public health insurance)

Report Area	Population with Any Health Insurance	Population Receiving Medicaid	% of Insured Population Receiving Medicaid
Monroe County	149,890	28,734	19.17
Pennsylvania	11,579,382	2,216,468	19.14
United States	276,875,891	59,874,221	21.62

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract



Population Receiving Medicaid by Age Group

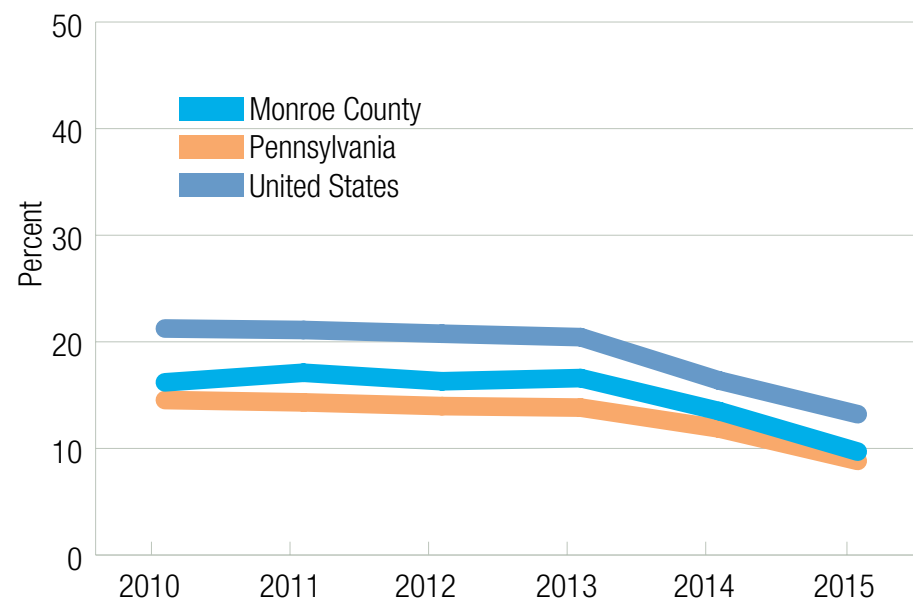


Uninsured Population by Age Group, Percent

Report Area	% Under Age 18	% Age 18–64	% Age 65+	% Total Population
Monroe County	5.26	9.70	0.74	8.63
Pennsylvania	4.25	8.83	0.49	7.10
United States	5.05	13.21	0.91	10.5

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2015. Source geography: County

Uninsured Population Age 18–64, Percent by Year



19.2 percent of insured population in Monroe County is receiving Medicaid.

FOOD ACCESS

Food Environment Index

Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights limited access to healthy foods and food insecurity. There are many facets to a healthy food environment, such as cost, distance and availability of healthy food options. This measure includes access to healthy foods by considering distance an individual lives from a grocery store or supermarket.

Report Area	Food Environment Index
Monroe County	8.0
Pennsylvania	8.2

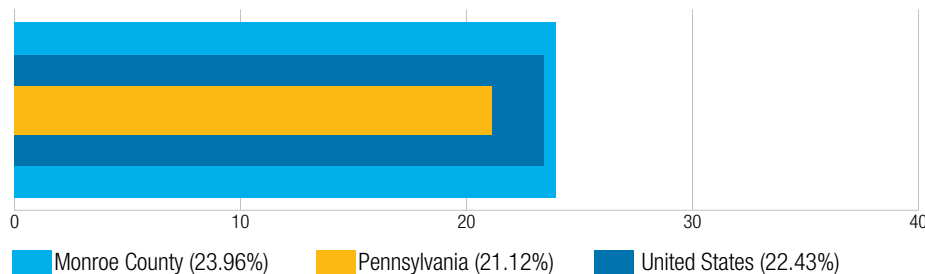
Data Source: USDA Food Environment Atlas, 2015

Low Food Access

Percentage of population living more than ½ mile from nearest supermarket, supercenter or large grocery store

Report Area	Total Pop.	Pop. with Low Food Access	% Population with Low Food Access
Monroe County	169,842	40,686	23.96
Pennsylvania	12,702,379	2,682,905	21.12
United States	308,745,538	69,266,771	22.43

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract



Nearly a quarter of the population in Monroe County has low food access, and 13.4 percent receive SNAP benefits.

Food Insecurity Rate

Estimated percentage of population who 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.

Report Area	General Population			Population under Age 18		
	Total	Food Insecure, Total	Food Insecurity Rate	Total	Food Insecure, Total	Food Insecurity Rate
Monroe County	168,342	19,710	11.71	38,902	7,440	19.12
Pennsylvania	12,787,209	1,760,450	13.80	2,716,253	564,440	20.78
United States	318,198,163	47,448,890	14.91	73,580,326	17,284,530	23.49

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

Population Receiving SNAP Benefits

Average percentage of population receiving Supplemental Nutrition Assistance Program (SNAP) benefits between July 2014 and July 2015

Report Area	Total Population	Population Receiving SNAP Benefits	% Population Receiving SNAP Benefits
Monroe County	166,397	22,244	13.4
Pennsylvania	12,802,503	1,863,359	14.6
United States	321,396,328	44,567,069	13.9

Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2015. Source geography: County



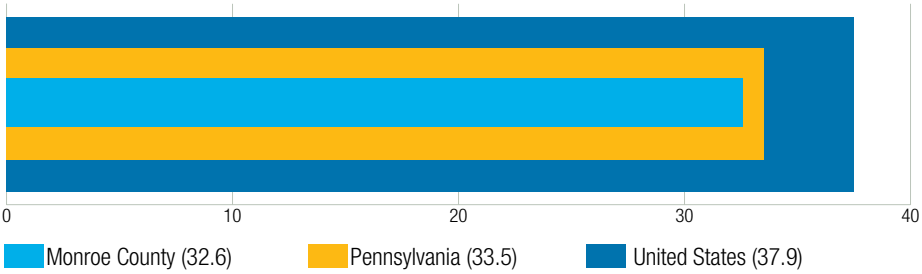
There are numerous mentions of lack of access to healthy food options from individuals who participated in focus groups and interviews. Many mention that while there are food pantries, they often aren't able to provide healthy foods and do not support dietary restrictions people have been given. Some community members feel they have to choose between buying food and buying medications. Overall, need outpaces available resources for supporting a healthy life through healthy food options.

VIOLENT CRIME

Rate of violent crime offenses reported by law enforcement per 10,000 residents. Violent crime includes homicide, rape, robbery and aggravated assault.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 10,000 Pop.)
Monroe County	168,296	549	32.6
Pennsylvania	12,755,946	42,790	33.5
United States	311,082,592	1,181,036	37.9

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012–14. Source geography: County

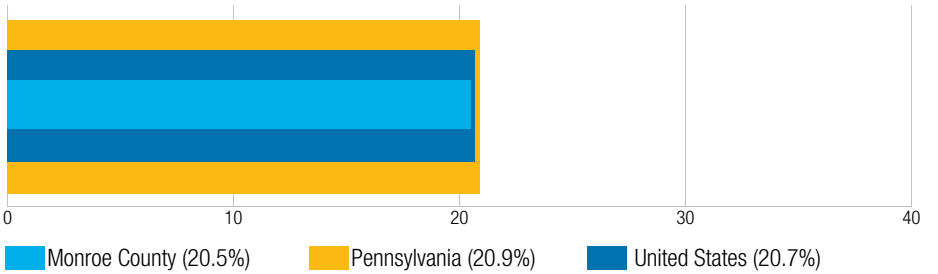


SOCIAL AND EMOTIONAL SUPPORT

Percentage of adults age 18 and older who self-report they receive insufficient social and emotional support all or most of the time.

Report Area	Total Population Age 18+	Estimated Pop. without Adequate Social/Emotional Support	% Age-Adjusted
Monroe County	128,002	26,368	20.5
Pennsylvania	9,857,384	2,070,051	20.9
United States	232,556,016	48,104,656	20.7

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006–12. Source geography: County



20 percent of the adult population in Monroe County reports not having sufficient social and emotional support.



Two of the focus groups concentrated on seniors living in the community, and they acknowledge lack of social supports and access to social interactions within Monroe County. They often do not feel safe being out at night, face transportation barriers to getting around, and do not know where to go to have additional social opportunities.

HEALTH BEHAVIORS

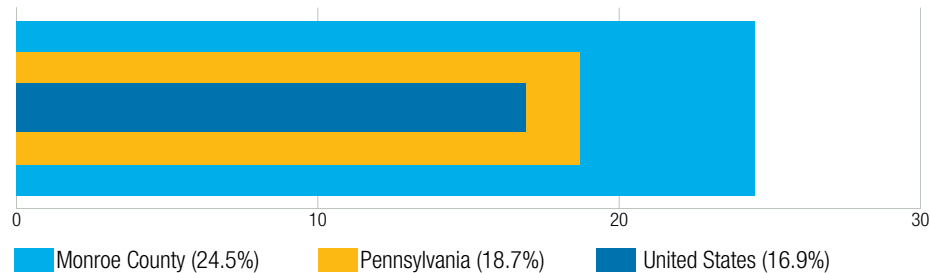
ALCOHOL AND DRUG USE

Alcohol Consumption

Percentage of adults age 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).

Report Area	Total Population Age 18+	Est. Adults Drinking Excessively	% Age-Adjusted
Monroe County	128,002	30,976	24.50
Pennsylvania	9,857,384	1,705,327	18.70
United States	232,556,016	38,248,349	16.90

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



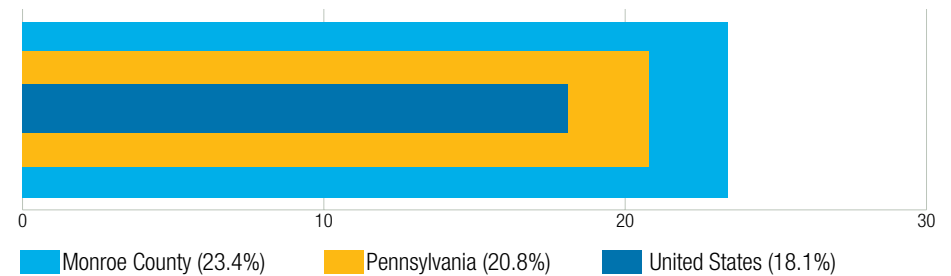
TOBACCO USE

42.51 percent of adults in Monroe County report ever smoking more than 100 cigarettes.

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	% Age-Adjusted
Monroe County	128,002	30,080	23.4
Pennsylvania	9,857,384	1,961,619	20.8
United States	232,556,016	41,491,223	18.1

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Percentage of Adults Smoking



In 2016, there were 973 DUI/DWI cases in Monroe County, representing a 27.6 percent decrease from 2011 to 2016 (The Unified Judicial System of Pennsylvania, County Caseload Statistics).

24.5 percent of community members report heavy alcohol consumption.



There is an increasing concern about drug use in the community, particularly around heroin, and community members who participated in focus group and interviews note that it is now affecting all levels of community members. Some community members suggest increased drug testing at job sites and incentive programs for those struggling with addiction.

DIET AND PHYSICAL FITNESS

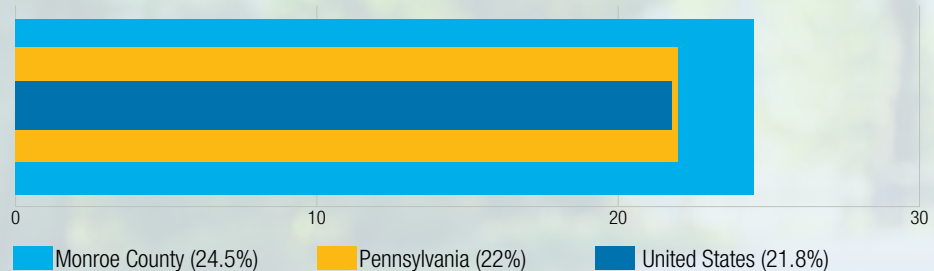
Physical Inactivity

Adults age 20 or older who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?"

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	% Population with no Leisure Time Physical Activity
Monroe County	125,043	32,261	24.5
Pennsylvania	9,697,156	2,244,307	22.0
United States	234,207,619	52,147,893	21.8

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

Percent Population with No Leisure Time Physical Activity



Focus group and interview participants note lack of affordable or no-cost public spaces for working out and increasing physical activity.

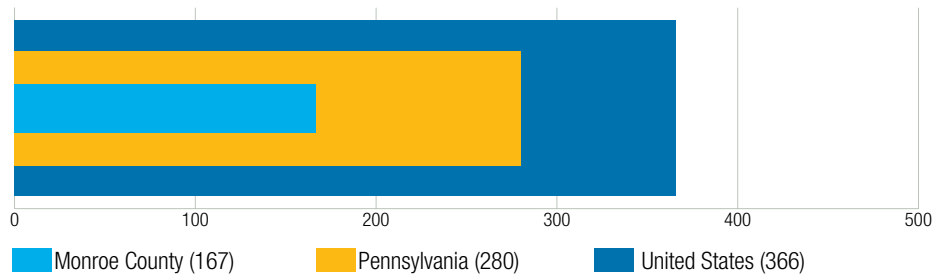
SEXUAL HEALTH

Teen Births

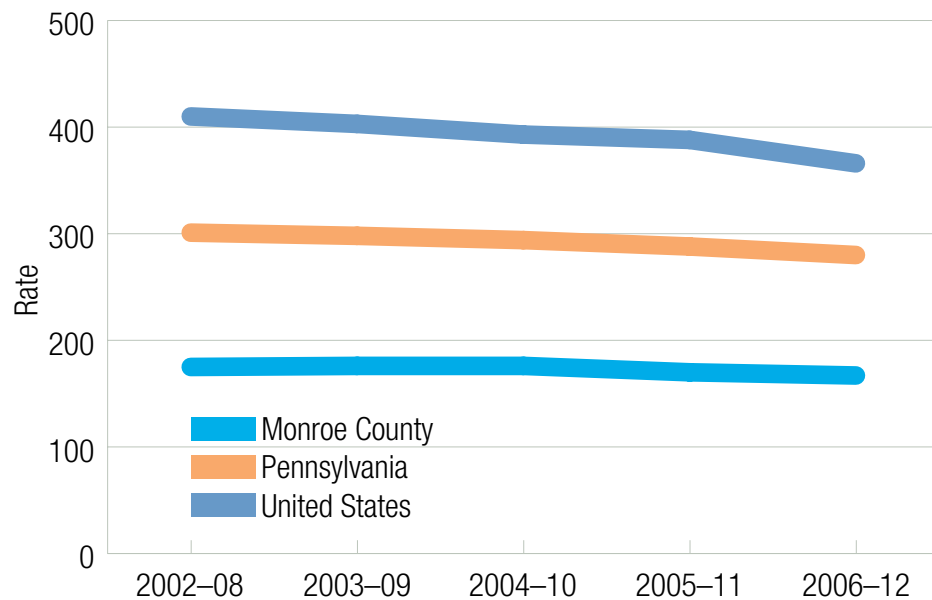
Rate of total births to women ages 15–19 per 10,000 female population age 15–19

Report Area	Female Population Age 15-19	Births to Mothers Age 15-19	Teen Birth Rate (Per 10,000 Population)
Monroe County	7,147	119	167
Pennsylvania	442,601	12,393	280
United States	10,736,677	392,962	366

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006–12. Source geography: County



Births to Women Age 15-19, (Rate per 10,000 Population) by Time Period



Births to Women Age 15-19, Rate per 10,000 Population female age 15-19, by Race/Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Monroe County	140	164	290
Pennsylvania	185	594	716
United States	246	549	620

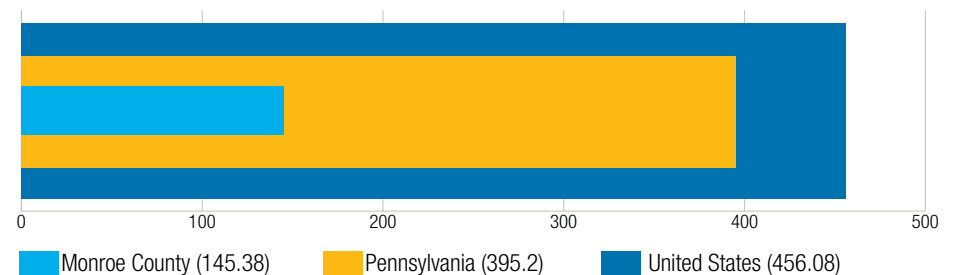
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006–12. Source geography: County

STI – Chlamydia Incidence

Incidence rate of chlamydia cases per 100,000 population

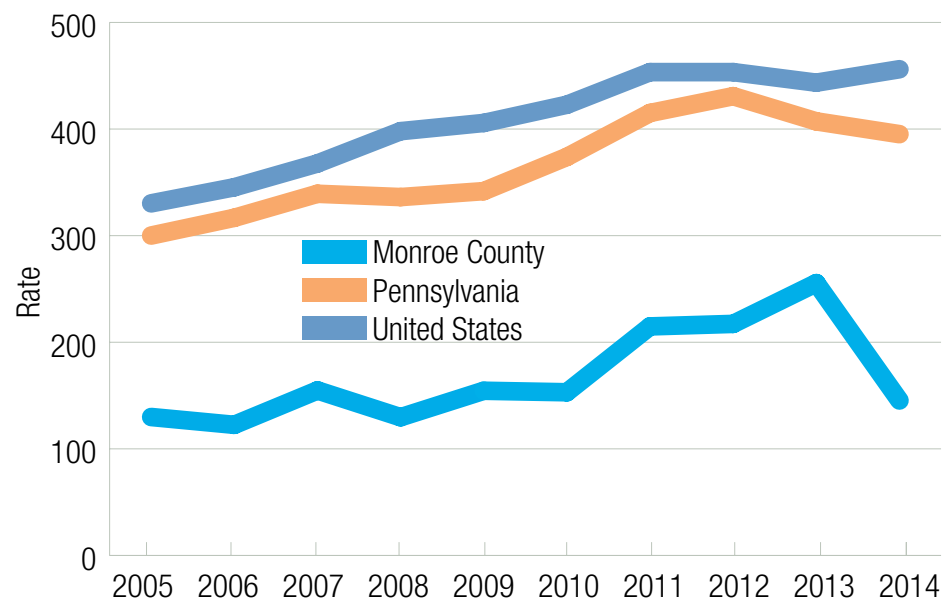
Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Monroe County	167,148	243	145.38
Pennsylvania	12,774,545	50,485	395.2
United States	316,128,839	1,441,789	456.08

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

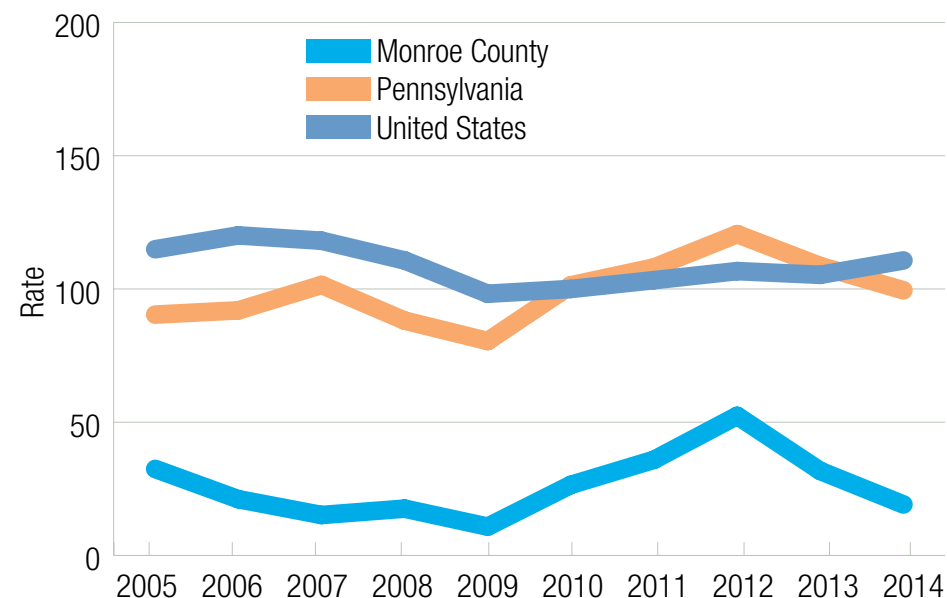


In Monroe County, for every 10,000 adolescents in the community about 167 give birth as teenagers.

Chlamydia Incidence Rate (Per 100,000 Population) by Year



Gonorrhea Incidence Rate (Per 100,000 Population) by Year

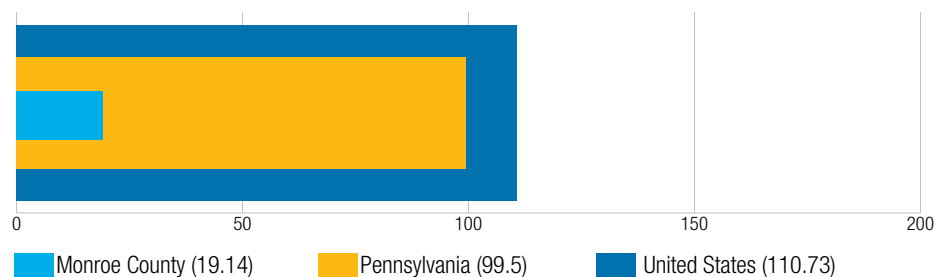


STI – Gonorrhea Incidence

Incidence rate of gonorrhea cases per 100,000 population

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Monroe County	167,148	32	19.14
Pennsylvania	12,773,869	12,710	99.50
United States	316,128,839	350,062	110.73

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County

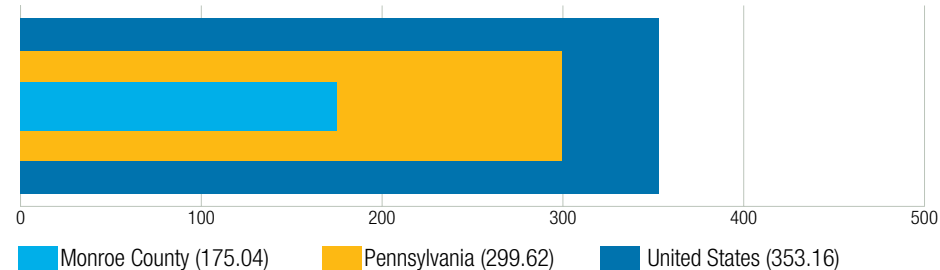


STI – HIV Prevalence

Prevalence rate of HIV per 100,000 population

Report Area	Population Age 13+	Population with HIV/AIDS	Population with HIV/AIDS, Rate (Per 100,000 Pop.)
Monroe County	143,398	251	175.04
Pennsylvania	10,862,772	32,547	299.62
United States	263,765,822	931,526	353.16

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013. Source geography: County



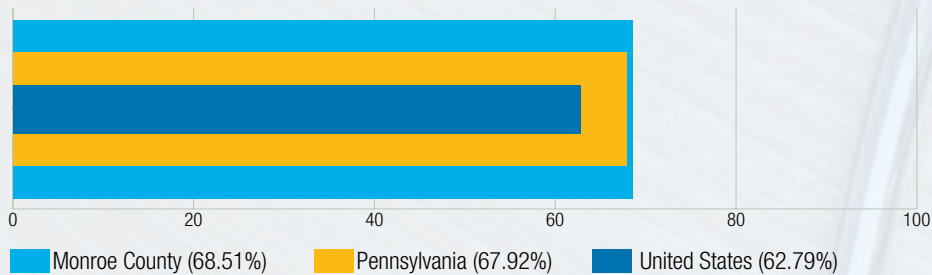
HEALTH SCREENINGS

HIV Screenings

Percentage of adults age 18–70 who self-report they have never been screened for HIV.

Report Area	Survey Population (Adults Age 18+)	Total Adults Never Screened for HIV/ AIDS	% Adults Never Screened for HIV/ AIDS
Monroe County	131,829	90,316	68.51
Pennsylvania	8,948,560	6,077,953	67.92
United States	214,984,421	134,999,025	62.79

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County



Health Screenings

Mammogram

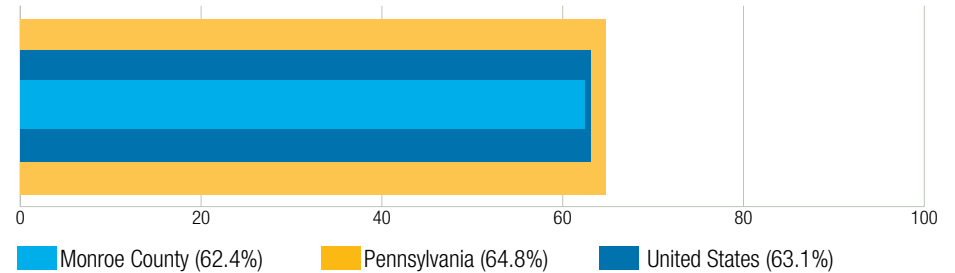
Percentage of female Medicare enrollees, age 67–69, who have received one or more mammograms in the past two years.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees		
		N	N with Mammogram in Past 2 Years	% with Mammogram in Past 2 Years
Monroe County	17,858	1,643	1,024	62.4
Pennsylvania	1,053,822	91,755	59,441	64.8
United States	26,753,396	2,395,946	1,510,847	63.1

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.
Source geography: County



A total of 15,792 mammograms were provided at LVH–Pocono in 2017.



Pap Test

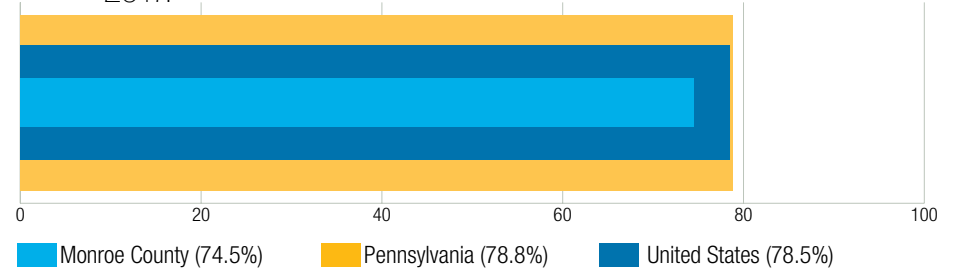
Percentage of women age 18 and older who self-report they have had a Pap test in the past three years.

Report Area	Female Population Age 18+	Estimated Number with Regular Pap Test	% Age-Adjusted
Monroe County	104,339	77,941	74.5
Pennsylvania	8,337,831	6,395,116	78.8
United States	176,847,182	137,191,142	78.5

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006–12. Source geography: County



A total of 8,111 PAP tests were completed at LVH–Pocono in 2017.



Sigmoidoscopy or Colonoscopy

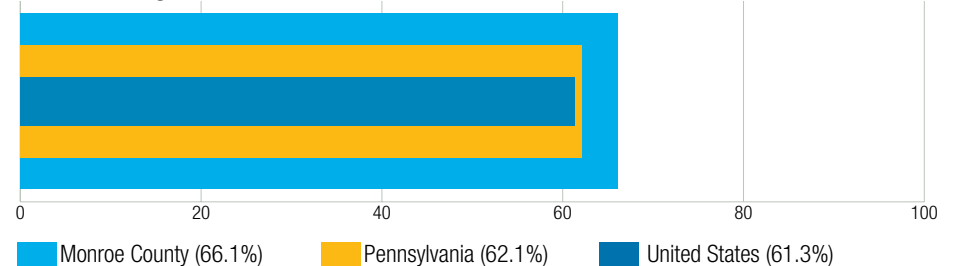
Percentage of adults 50 and older who self-report they have ever had a sigmoidoscopy or colonoscopy.

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	% Age-Adjusted
Monroe County	42,286	28,670	66.1
Pennsylvania	3,524,771	2,301,675	62.1
United States	75,116,406	48,549,269	61.3

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006–12. Source geography: County



A total of 1,108 colonoscopies were provided at LVH–Pocono in 2017.

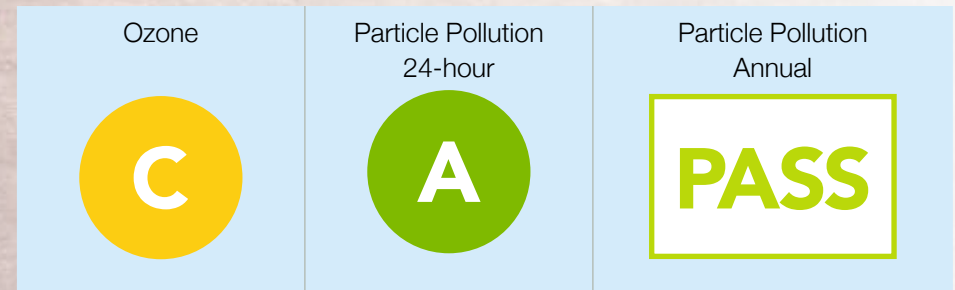




PHYSICAL ENVIRONMENT

AIR QUALITY

If you live in Monroe County, the air you breathe needs your support.



Data Source: American Lung Association 2017 State of the Air Report

HOUSING

Housing Cost Burden

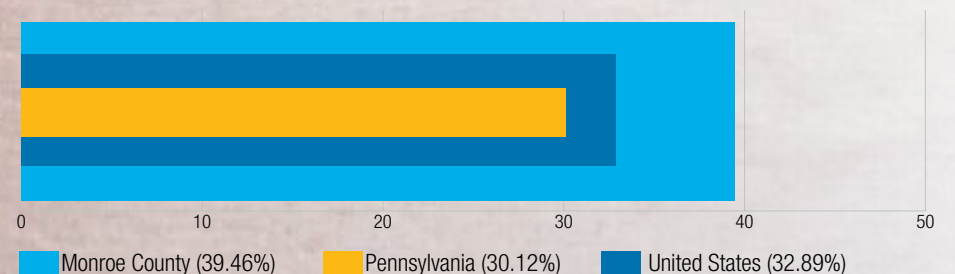
Percentage of households where housing costs exceed 30 percent of total household income. This indicator provides information on cost of monthly housing expenses for owners and renters. Information offers a measure of housing affordability and excessive shelter costs.

Report Area	Total Households	Cost Burdened Households	% of Cost Burdened Households
Monroe County	57,127	22,545	39.46
Pennsylvania	4,961,929	1,494,667	30.12
United States	117,716,237	38,719,430	32.89

Data Source: US Census Bureau, American Community Survey. 2012–16. Source geography: Tract



39.46 percent of households spend more than 30 percent of total income on housing.

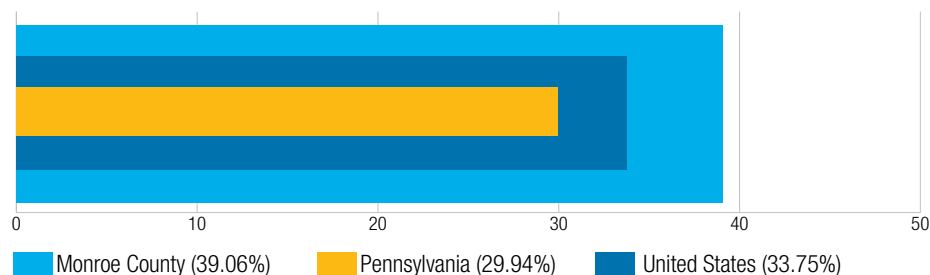


Substandard Housing

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

Report Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	% Occupied Housing Units with One or More Substandard Conditions
Monroe County	57,127	22,311	39.06
Pennsylvania	4,961,929	1,485,705	29.94
United States	117,716,237	39,729,263	33.75

Data Source: US Census Bureau, American Community Survey, 2012–16. Source geography: Tract



Because of the rural layout of the county, community members indicate that transportation is often a barrier for accessing services, food and health care. They ask for better coordination between transportation companies and health care systems, and note that it would be helpful for multiple health care services to be located together thus allowing patients to get all of their needs met at once. In addition, receiving prescriptions that cover a longer period of time would be beneficial as it would minimize physicians visits and copays.

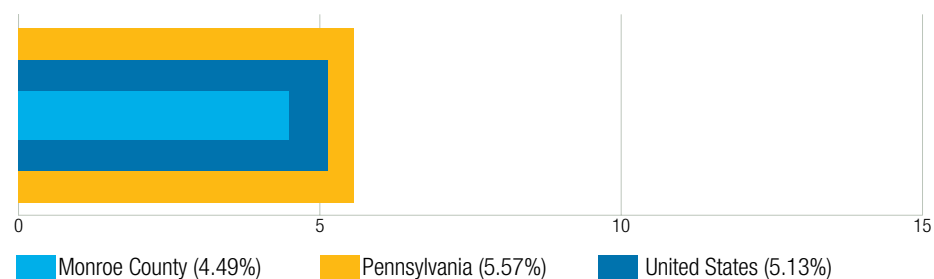
TRANSPORTATION AND COMMUTING

Use of Public Transportation

Percentage of population using public transportation as primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	% Population Using Public Transit for Commute to Work
Monroe County	75,073	3,368	4.49
Pennsylvania	5,922,289	329,912	5.57
United States	145,861,221	7,476,312	5.13

Data Source: US Census Bureau, American Community Survey, 2012–16. Source geography: Tract



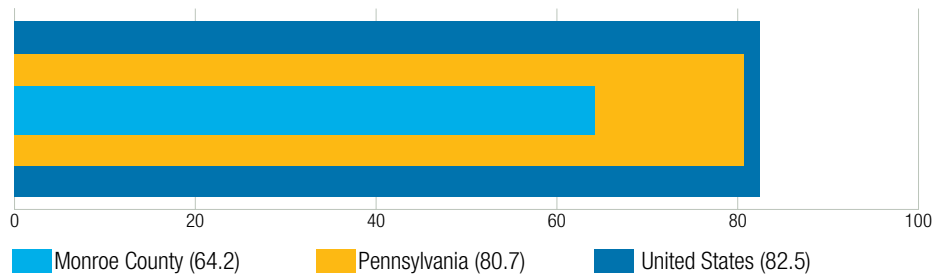
ACCESS TO COMMUNITY INFRASTRUCTURE

SNAP-Authorized Food Stores

Number of SNAP-authorized food stores as a rate per 10,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores and convenience stores authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 100,000 Population
Monroe County	169,842	109	64.2
Pennsylvania	12,702,379	10,257	80.7
United States	312,411,142	257,596	82.5

Data Source: US Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Locator. Additional data analysis by CARES. 2017. Source geography: Tract



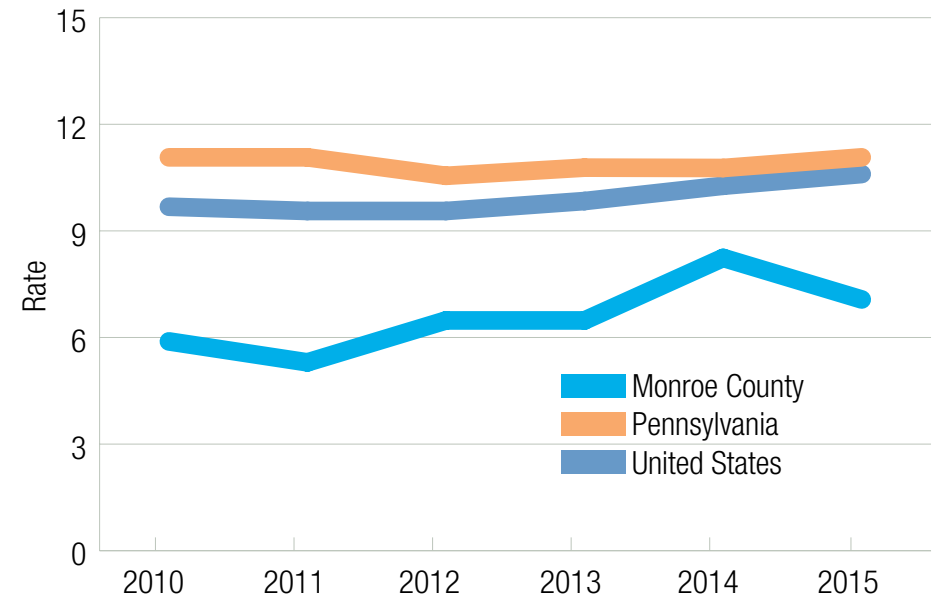
WIC-Authorized Food Stores

The number of food stores that accept Women, Infants and Children (WIC) benefits per 100,000 population.

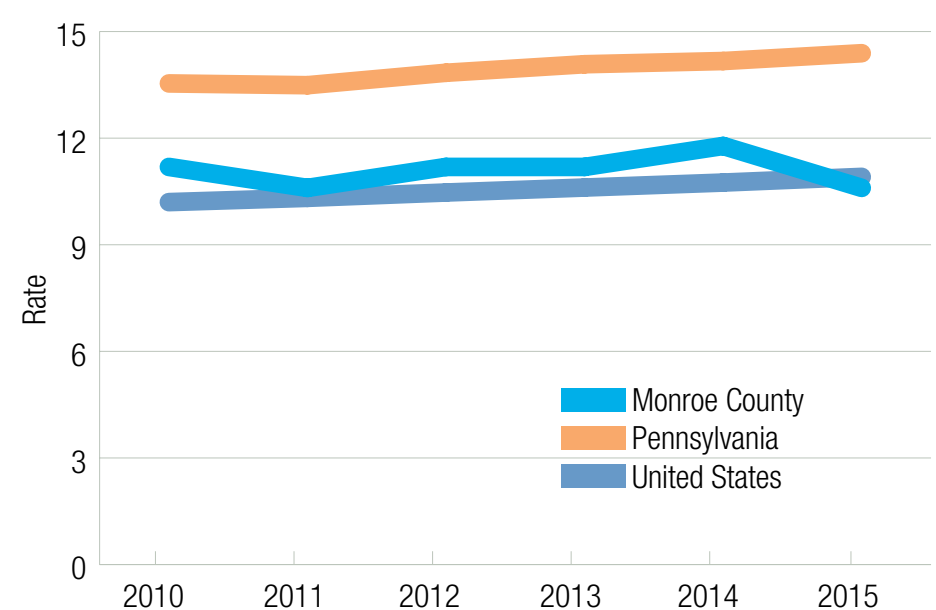
Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Monroe County	169,884	11	6.5
Pennsylvania	12,844,373	2,138	16.6
United States	318,921,538	50,042	15.6

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011. Source geography: County

Recreation and Fitness Facilities, Rate per 100,000 Population, by Year



Beer, Wine and Liquor Stores, Rate per 100,000 Population by Year



CLINICAL CARE

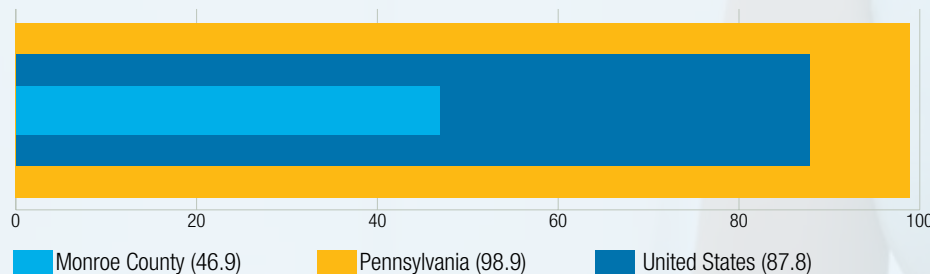
A lack of access to care presents barriers to good health. Supply and accessibility of facilities and physicians, rate of uninsurance, financial hardship, transportation barriers, cultural competency and coverage limitations affect access. Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions. (Courtesy of CARES Engagement Network)

ACCESS TO PRIMARY CARE

Number of primary care physicians per 100,000 population. 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. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded.

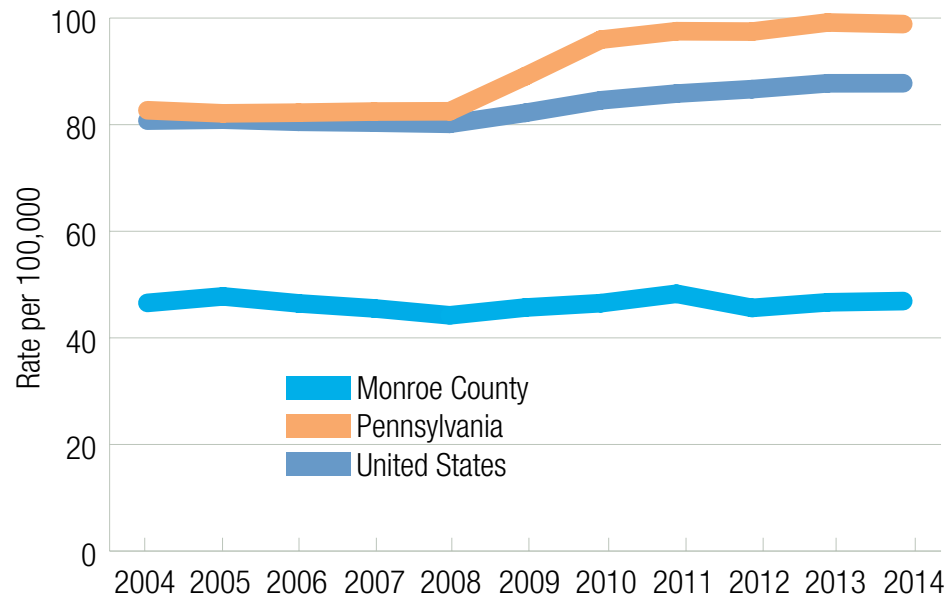
Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Monroe County	166,314	78	46.9
Pennsylvania	12,787,209	12,643	98.9
United States	318,857,056	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County



LVHN has about 21 primary care and pediatric outpatient practices in Monroe County.

Access to Primary Care, Rate (Per 100,000 Population) by Year

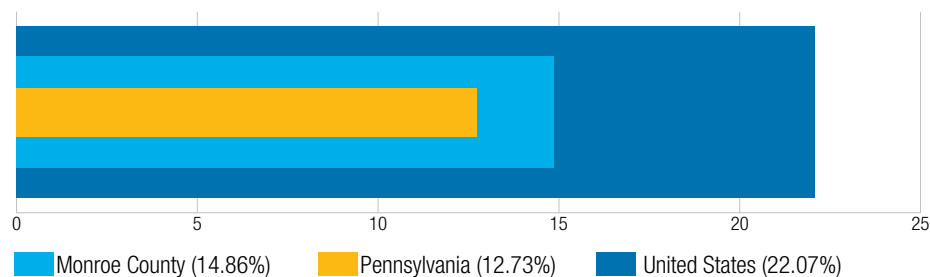


Lack of a Consistent Source of Primary Care

Percentage of adults age 18 and older who self-report they do not have at least one person who they think of as their personal doctor or health care provider.

Report Area	Survey Population (Adults Age 18+)	Total Adults Without Any Regular Doctor	% Adults Without Any Regular Doctor
Monroe County	143,838	21,369	14.86
Pennsylvania	9,777,605	1,244,908	12.73
United States	236,884,668	52,290,932	22.07

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County

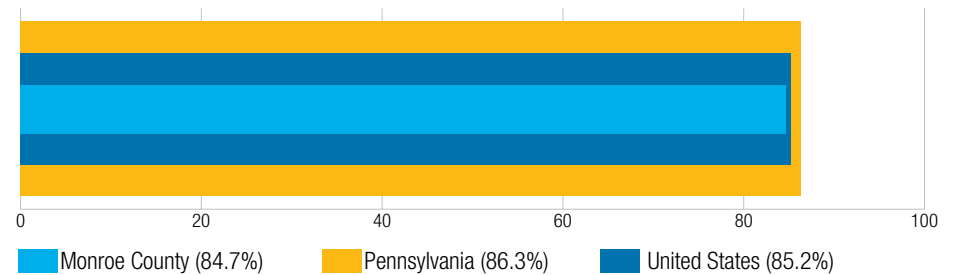


DIABETES MANAGEMENT

Percentage of Medicare patients with diabetes who have had a hemoglobin A1c (hA1c) test, a blood test that measures blood sugar levels, administered by a health care professional in the past year.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	% Medicare Enrollees with Diabetes with Annual Exam
Monroe County	17,858	2,597	2,200	84.7
Pennsylvania	1,053,822	123,915	106,920	86.3
United States	26,753,396	3,314,834	2,822,996	85.2

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

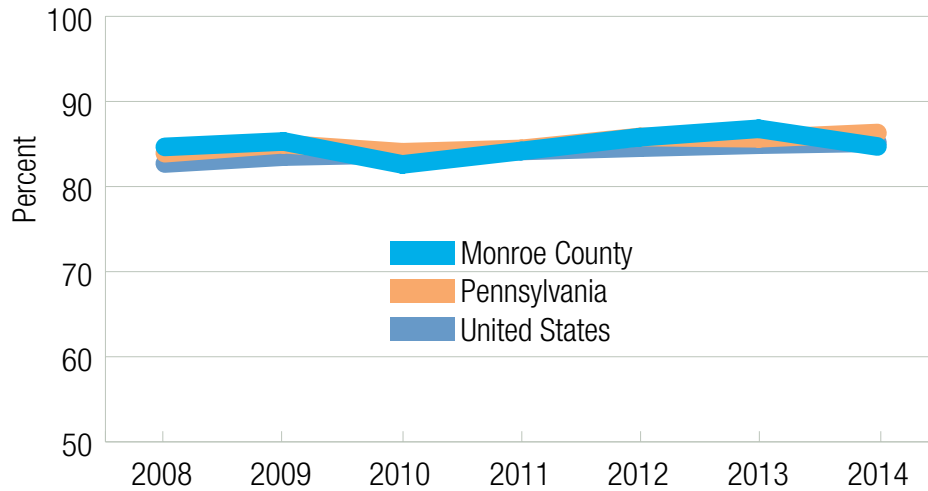


14.9 percent of adults report they do not have a regular doctor. Among those with diabetes receiving Medicare, 85 percent receive their annual exam.



Community members who participated in focus groups and interviews note their desire to have multiple health care services located in one place so they could get all their health care needs addressed at one time.

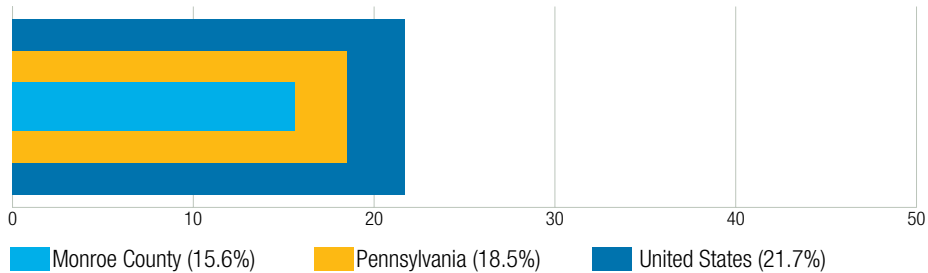
Percent of Medicare Beneficiaries with Diabetes with Annual Hemoglobin A1c Test by Year



HIGH BLOOD PRESSURE MANAGEMENT

Report Area	Total Population Age 18 +	Total Adults Not Taking Blood Pressure Medication	% Adults Not Taking Medication
Monroe County	228,935	35,601	15.6
Pennsylvania	9,857,384	1,828,367	18.5
United States	235,375,690	51,175,402	21.7

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006–10. Source geography: County

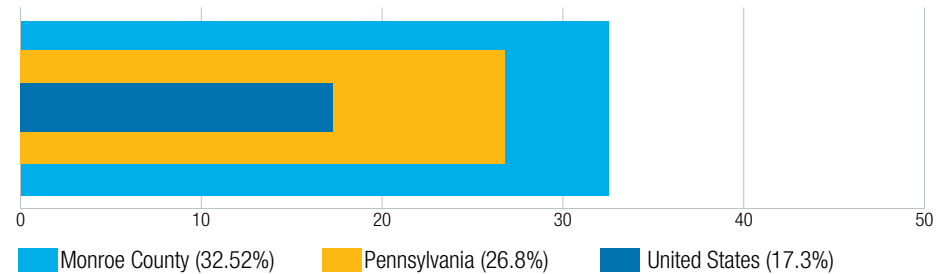


ACCESS TO PRENATAL CARE

Percentage of women who do not obtain prenatal care during first trimester of pregnancy

Report Area	Total Births	Prenatal Care in First Trimester	Prenatal Care Not Reported	Late or No Prenatal Care	%, Late or No Prenatal Care
Monroe County	6,346	3,533	2,064	749	32.52
Pennsylvania	589,741	391,570	157,982	40,189	26.80
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.30

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007–10. Source geography: County



32.5 percent of pregnant women receive late or no prenatal care in Monroe County.

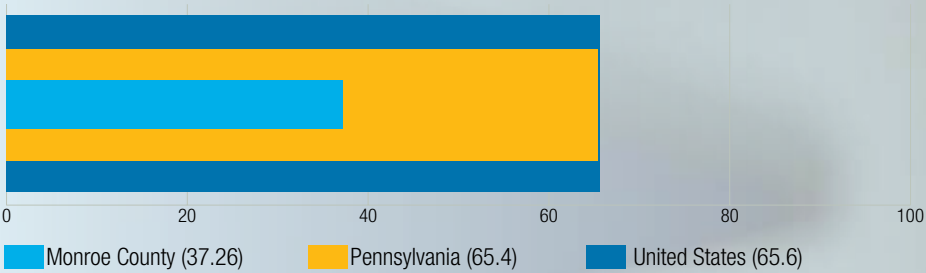
ACCESS TO DENTAL CARE

Access to Dentists

Number of dentists per 100,000 population. This indicator includes all dentists, qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Monroe County	166,397	62	37.26
Pennsylvania	12,802,503	8,368	65.40
United States	321,418,820	210,832	65.60

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County



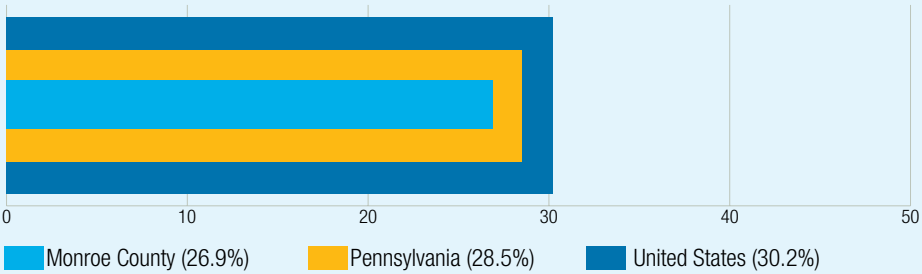
Over a quarter of adults report they have not had a dental exam in the past year.

Dental Care Utilization

Percentage of adults age 18 and older who self-report they have not visited a dentist, dental hygienist or dental clinic within the past year.

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	% Adults with No Dental Exam
Monroe County	126,525	34,060	26.9
Pennsylvania	9,857,384	2,804,554	28.5
United States	235,375,690	70,965,788	30.2

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006–10. Source geography: County

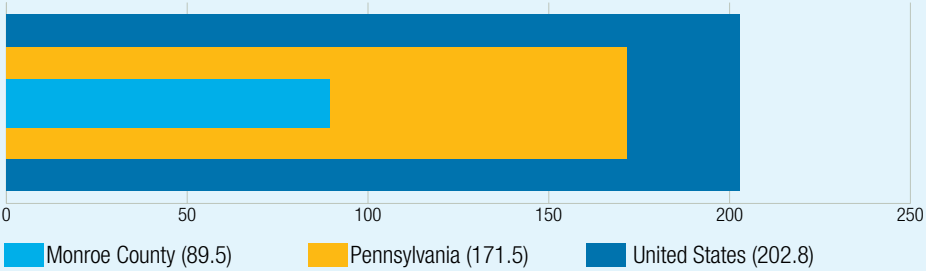


ACCESS TO MENTAL HEALTH PROVIDERS

Rate of county population to number of mental health providers including psychiatrists, psychologists, clinical social workers and counselors who specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Mental Health Care Provider Per 100,000 Pop.
Monroe County	166,313	149	89.5
Pennsylvania	12,782,379	21,927	171.5
United States	317,105,555	643,219	202.8

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County



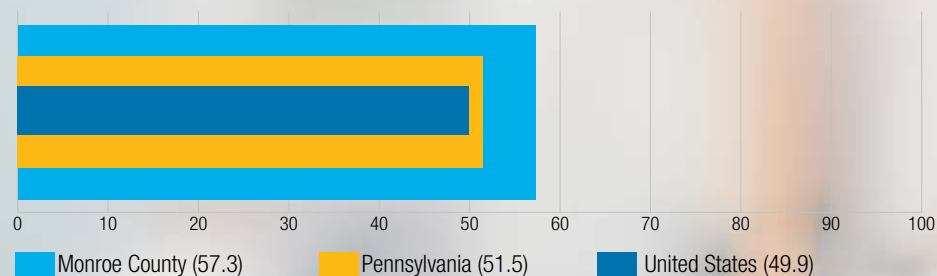
PREVENTABLE HOSPITAL EVENTS

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 that could have been prevented if adequate primary care resources were available and accessed by those patients.

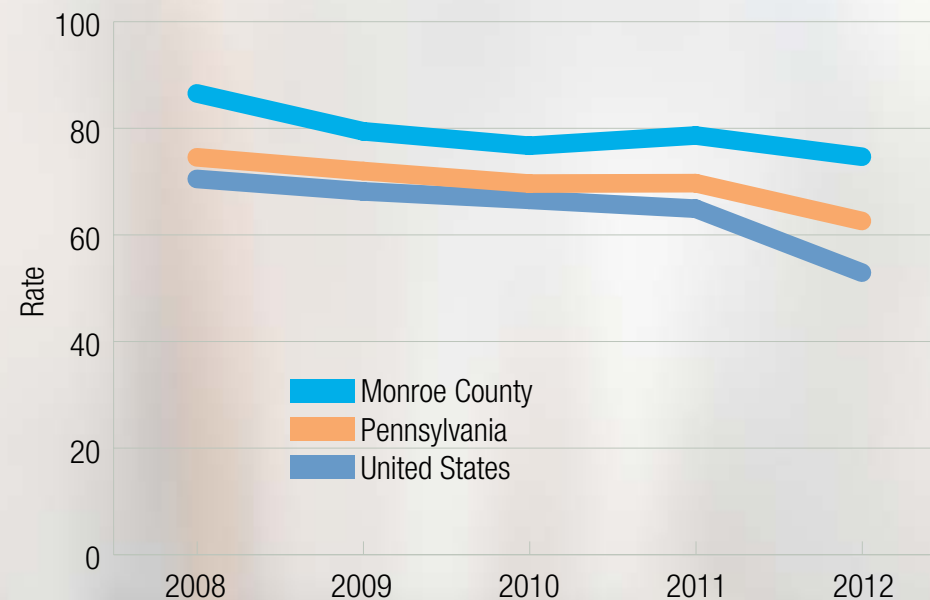
Report Area	Total Medicare Part A Enrollees	Ambulatory Care-Sensitive Condition Hospital Discharges	Ambulatory Care-Sensitive Condition Discharge Rate
Monroe County	19,336	1,107	57.3
Pennsylvania	1,185,487	61,097	51.5
United States	29,649,023	1,479,545	49.9

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.

Source geography: County



Rate of Ambulatory Care-Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries) by Year



HEALTH OUTCOMES

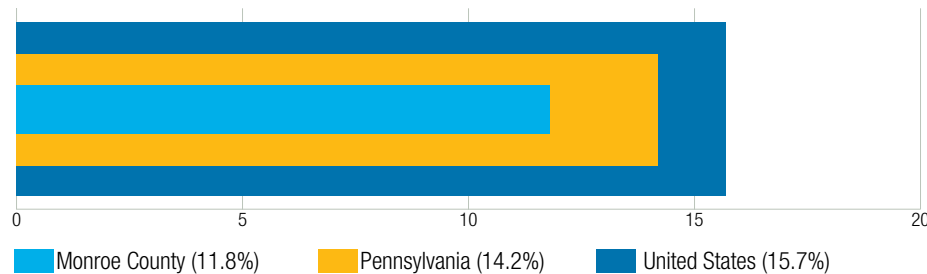
OVERALL HEALTH OUTCOMES

GENERAL HEALTH

Within the report area, 11.8 percent of adults age 18 and older self-report having poor or fair health in 2016. The highest-performing counties in the U.S. stand at 12 percent. In Monroe County, community members reported having 3.6 poor physical health days per month on average, according to County Health Rankings.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	% Age-Adjusted
Monroe County	128,002	15,232	11.8
Pennsylvania	9,857,384	1,518,037	14.2
United States	232,556,016	37,766,703	15.7

Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006–12. Source: County



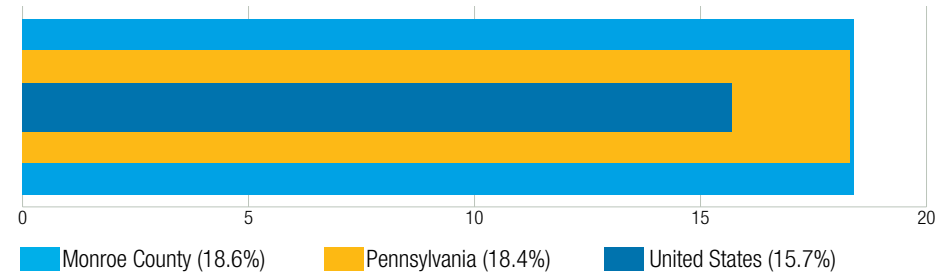
DENTAL HEALTH

Percentage of adults age 18 and older who self-report six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection.

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	% Adults with Poor Dental Health
Monroe County	126,525	23,490	18.6
Pennsylvania	9,857,384	1,814,547	18.4
United States	235,375,690	36,842,620	15.7

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006–10. Source: geography: County

3.6
POOR PHYSICAL HEALTH DAYS
PER MONTH REPORTED BY
RESIDENTS IN MONROE COUNTY



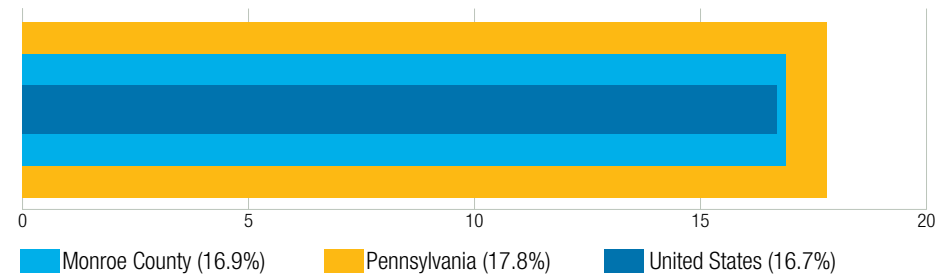
MENTAL HEALTH

Individuals within Monroe County report an average of four poor mental health days per month. Average for Pennsylvania was 4.3 days per month, according to County Health Rankings (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the University of Wisconsin RWJ County Health Rankings, 2016 County Estimates).

Depression (Medicare Population)

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	% with Depression
Monroe County	23,320	3,941	16.9
Pennsylvania	1,381,208	245,323	17.8
United States	34,118,227	5,695,629	16.7

Data Source: Centers for Medicare and Medicaid Services. 2015. Source: geography: County



Focus groups and interviews highlighted the growing mental health needs of the community, particularly around depression.



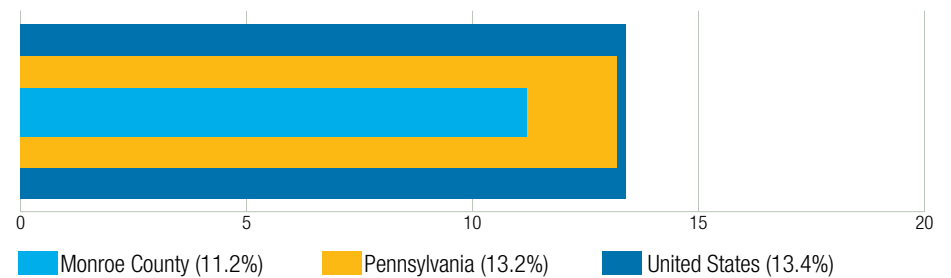
CHRONIC CONDITIONS

ASTHMA PREVALENCE

Percentage of adults age 18 and older who self-report they have ever been told by a doctor, nurse or other health professional they have asthma.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	% Adults with Asthma
Monroe County	143,153	16,103	11.2
Pennsylvania	9,780,692	1,293,643	13.2
United States	237,197,465	31,697,608	13.4

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County



11 percent of adults in Monroe County report having asthma. 10 percent of adults report having diabetes, 3 percent report having heart disease, and 43 percent have high cholesterol.



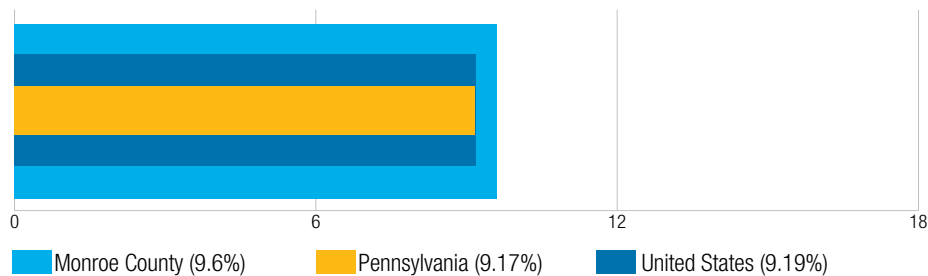
The burden of chronic conditions also is mentioned by many participants in focus groups and interviews. Diabetes, joint pain/pain management and hypertension are most often mentioned as commonly occurring chronic conditions, and they impact daily life, financial health and overall independence. Participants acknowledge seeing a primary care provider is often feasible, but getting into specialists is challenging in terms of scheduling, cost and transportation. This is compounded by the inability to follow recommendations given to maintain their chronic condition and financial barriers to care.

DIABETES PREVALENCE

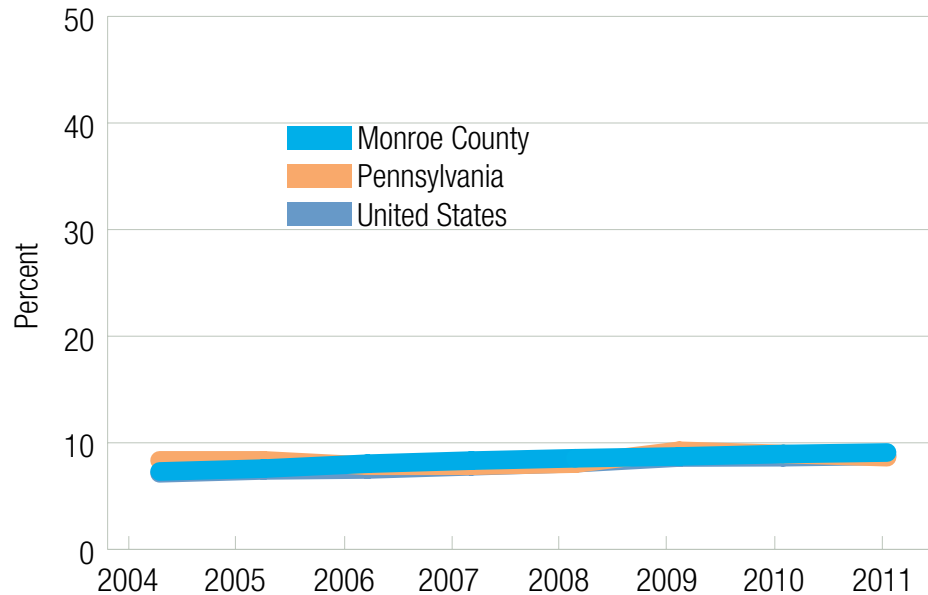
Percentage of adults age 20 and older who have ever been told by a doctor they have diabetes.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	% Age-Adjusted
Monroe County	125,018	14,002	9.60
Pennsylvania	9,702,557	1,028,685	9.17
United States	236,919,508	23,685,417	9.19

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County



Percent Adults with Diagnosed Diabetes, by Year

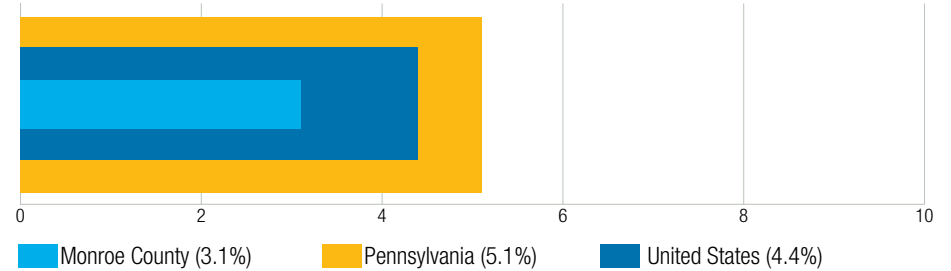


HEART DISEASE PREVALENCE

Percentage of adults who were told by a doctor they have coronary heart disease or angina.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	% Adults with Heart Disease
Monroe County	143,393	4,513	3.1
Pennsylvania	9,757,195	500,791	5.1
United States	236,406,904	10,407,185	4.4

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County

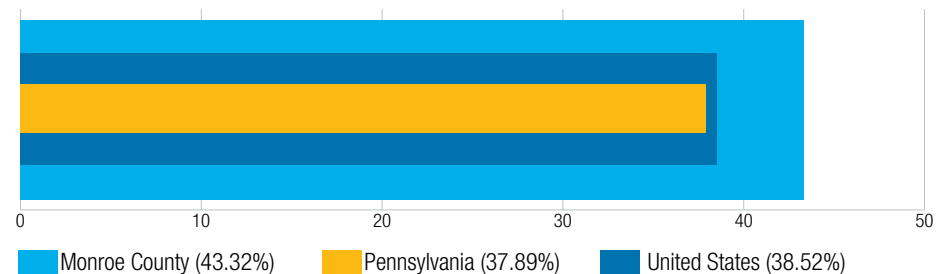


HIGH CHOLESTEROL PREVALENCE

Percentage of adults age 18 and older who self-report they have ever been told by a doctor, nurse or other health professional they have high blood cholesterol.

Report Area	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	% Adults with High Cholesterol
Monroe County	109,362	47,378	43.32
Pennsylvania	7,669,036	2,906,160	37.89
United States	180,861,326	69,662,357	38.52

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County



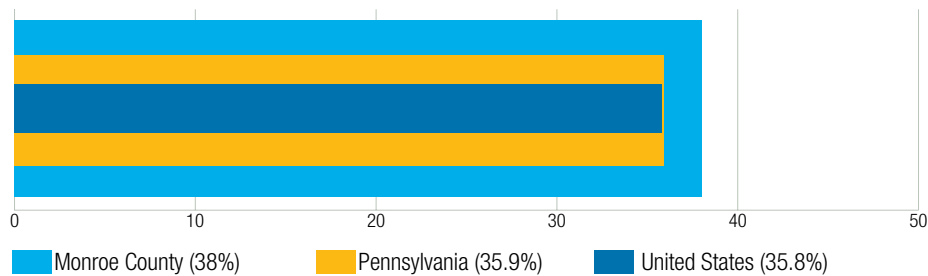
OVERWEIGHT AND OBESITY

Overweight

Body mass index (BMI) between 25.0 and 30.0 (overweight)

Report Area	Survey Population (Adults Age 18+)	Total Adults Overweight	% Adults Overweight
Monroe County	134,658	51,206	38.0
Pennsylvania	9,320,559	3,350,133	35.9
United States	224,991,207	80,499,532	35.8

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011–12. Source geography: County

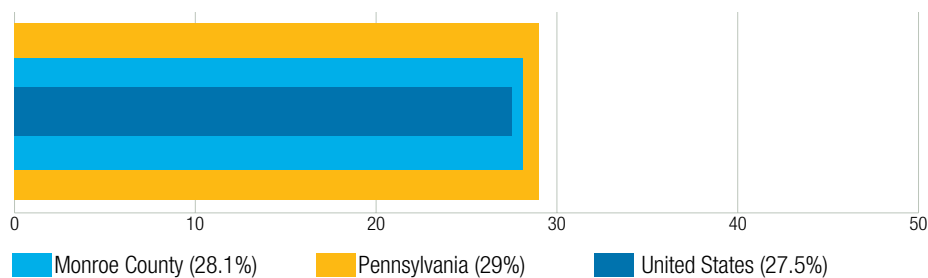


Obesity

Body mass index (BMI) greater than 30.0 (obese) in report area

Report Area	Total Population Age 20+	Total Adults Obese	% Adults Obese
Monroe County	124,854	35,958	28.1
Pennsylvania	9,696,134	2,844,376	29.0
United States	234,188,203	64,884,915	27.5

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

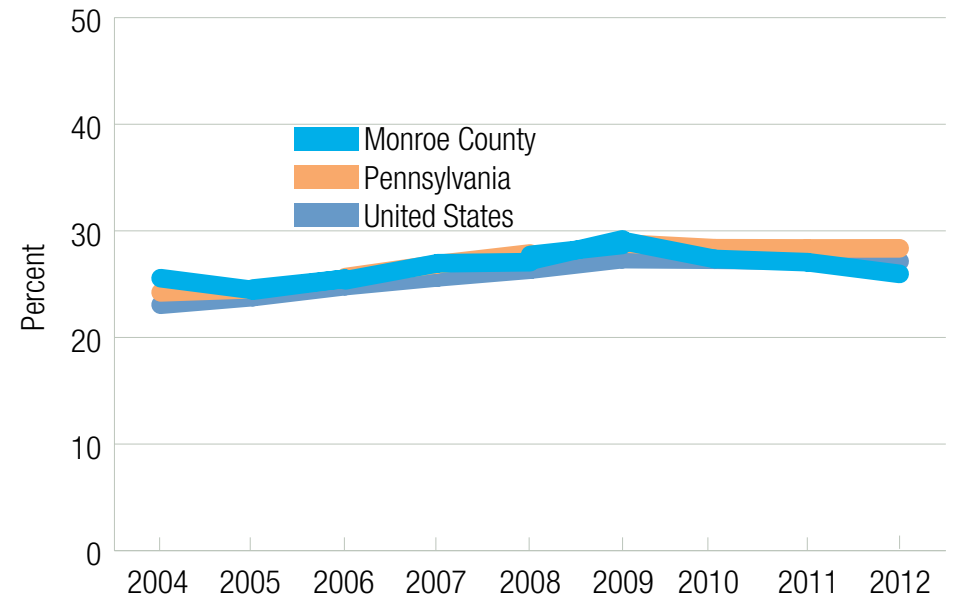


Adults Obese (BMI > 30.0) by Gender

Report Area	Total Males Obese	% Males Obese	Total Females Obese	% Females Obese
Monroe County	18,248	29.3	17,710	26.9
Pennsylvania	1,401,512	29.67	1,442,867	28.19
United States	32,051,606	27.92	32,833,321	27.06

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

Percent Adults Obese (BMI > 30.0), by Year



38 percent of adults in Monroe County are overweight, and 28 percent are obese.

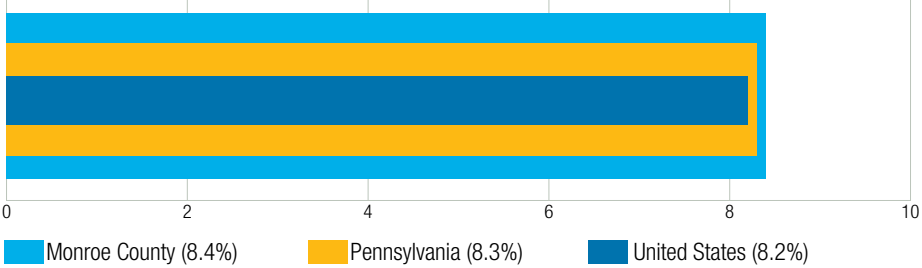
BIRTH OUTCOMES

LOW BIRTH WEIGHT

Percentage of total births that are low birth weight (under 2,500g)

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, % of Total
Monroe County	11,270	947	8.4
Pennsylvania	1,031,597	85,623	8.3
United States	29,300,495	2,402,641	8.2
HP 2020 Target	<= 7.8		

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006–12. Source geography: County

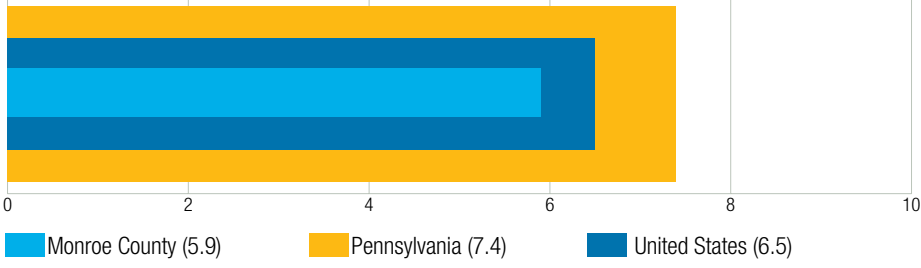



INFANT MORTALITY

Rate of deaths to infants less than 1 year of age per 1,000 births

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 10,000 Births)
Monroe County	8,145	48	5.9
Pennsylvania	733,495	5,428	7.4
United States	20,913,535	136,369	6.5
HP 2020 Target	<= 6.0		

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006–10. Source geography: County

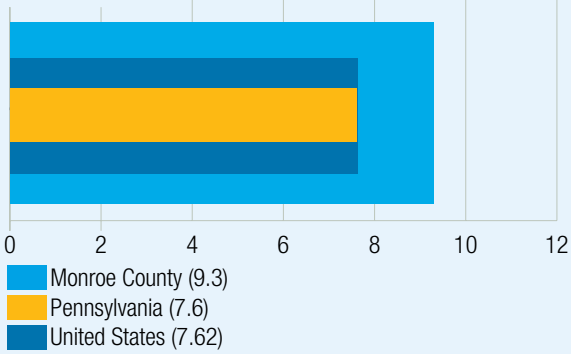




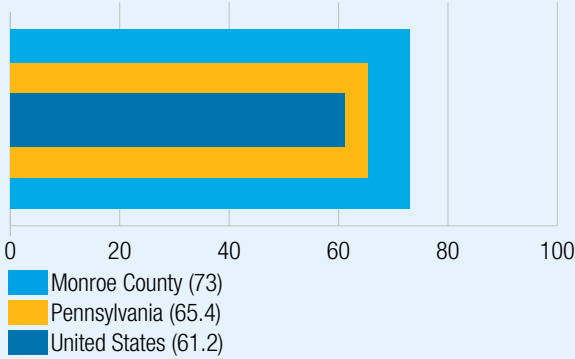
Among babies born in Monroe County, 8.4 percent were born at low birth weight, which is above the Healthy People 2020 goal of 7.8 percent.

ANNUAL CANCER INCIDENCE (RATE PER 100,000 POPULATION)

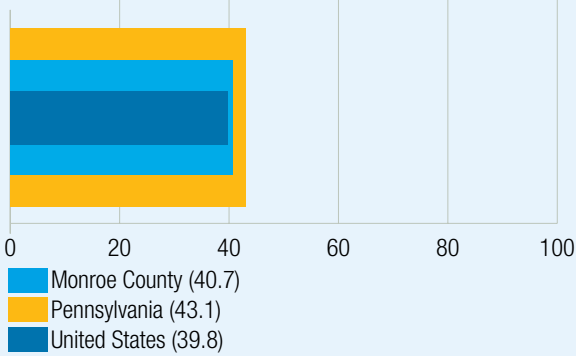
CERVICAL CANCER



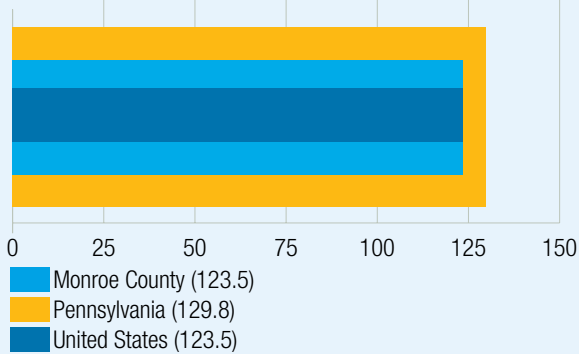
LUNG CANCER



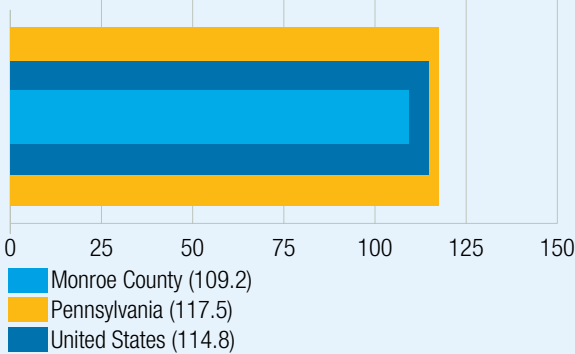
COLON AND RECTUM CANCER



BREAST CANCER



PROSTATE CANCER



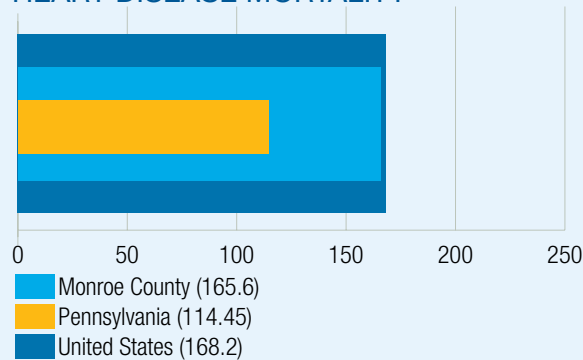
The most common type of cancer in Monroe County is breast cancer followed by prostate cancer. The rates of cervical and lung cancer are higher in Monroe County than in Pennsylvania or the United States.

LEADING CAUSES OF DEATH AGE-ADJUSTED DEATH RATE (PER 100,000 POPULATION)

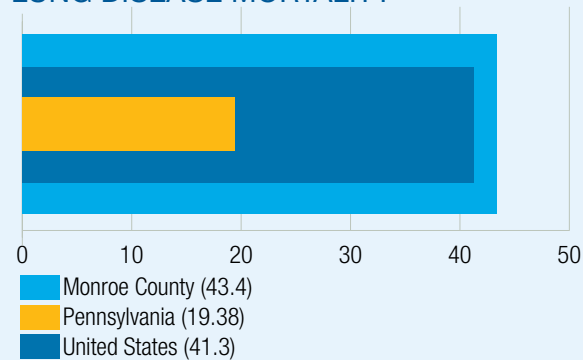
Rate of drug-related overdose deaths per 100,000 people in the county: 24.1 (41th worst in the state, N = 41). The greatest overdose deaths were due to heroin and then fentanyl. PA drug-related overdose death rate per 100,000

people in 2016 was 36.5, an increase from 26.7 per 100,000 people in 2015. U.S. drug overdose death rate per 100,000 people in 2015 was 16.3.

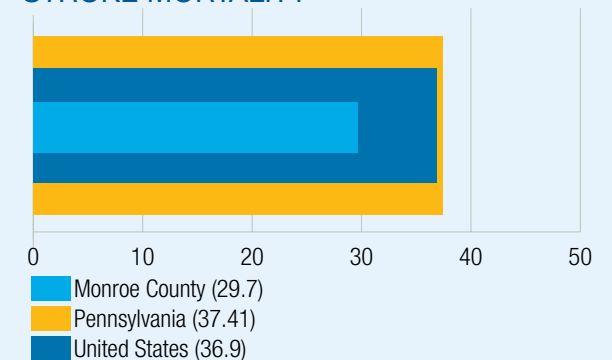
HEART DISEASE MORTALITY



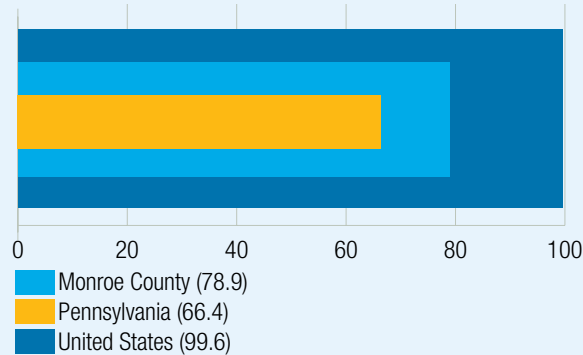
LUNG DISEASE MORTALITY



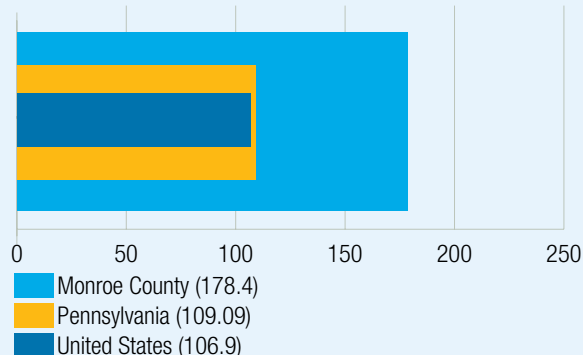
STROKE MORTALITY



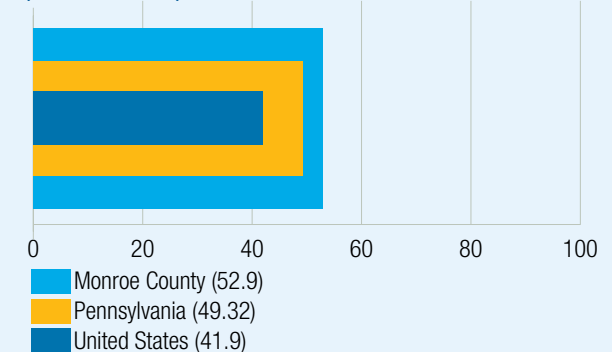
CORONARY HEART DISEASE MORTALITY



CANCER MORTALITY



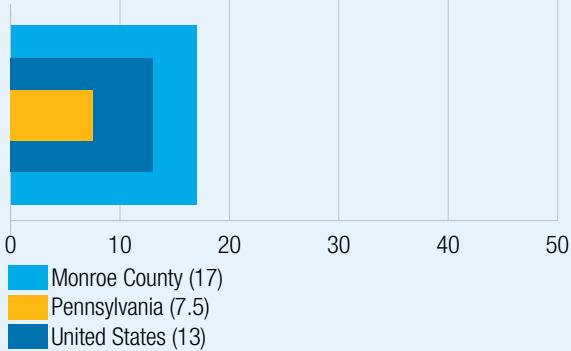
UNINTENTIONAL INJURY (ACCIDENT) MORTALITY



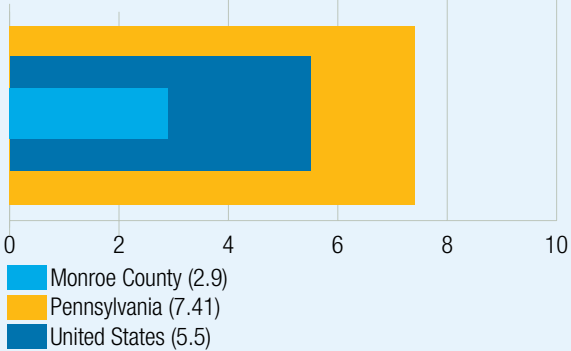
Cancer is the leading cause of death in Monroe County, followed by heart disease.

LEADING CAUSES OF DEATH AGE-ADJUSTED DEATH RATE (PER 100,000 POPULATION)

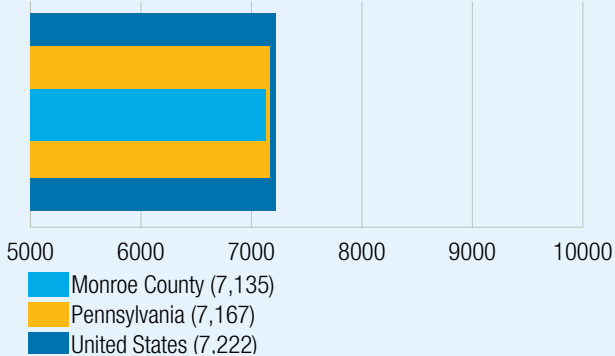
SUICIDE DEATH



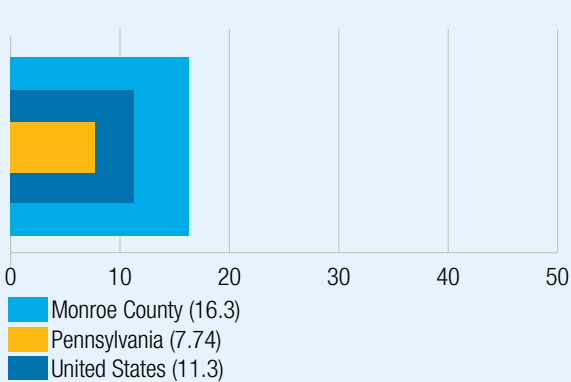
HOMICIDE



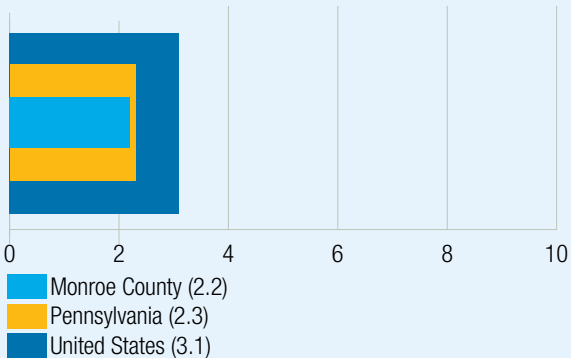
YEARS OF POTENTIAL LIFE LOST



MOTOR VEHICLE CRASH DEATH



PEDESTRIAN MOTOR VEHICLE CRASH DEATH



SUMMARY OF DATA

- 167,126 people live in Monroe County. The population of Monroe County is evenly divided among those age 5–17, 45–54, 55–64 and age 65+. Almost half of the population is 45 or older. 21.18 percent of the population is under 18.
- Between July 2017 and June 2018, 416 phone encounters with interpreters took place in LVH–Pocono inpatient and outpatient settings.
- Over 75 percent of the county identifies as white and another 14 percent are black. Less than 2 percent speak a language other than English at home and speak English less than “very well.”
- The median family income in Monroe County is \$69,092.
- Veterans make up 8.17 percent of the population of Monroe County.
- 44.12 percent of fourth-graders are not proficient or worse in terms of reading level.
- 19.2 percent of insured population in Monroe County is receiving Medicaid.
- Nearly a quarter of the population in Monroe County has low food access, and 13.4 percent receive SNAP benefits.
- 20 percent of the adult population in Monroe County reports not having sufficient social and emotional support.
- In Monroe County, for every 10,000 adolescents in the community about 167 give birth as teenagers
- In 2016, there were 973 DUI/DWI cases in Monroe County, representing a 27.6 percent decrease from 2011 to 2016 (The Unified Judicial System of Pennsylvania, County Caseload Statistics). 24.5 percent of community members report heavy alcohol consumption.
- 39.46 percent of households spend more than 30 percent of total income on housing.
- LVHN has about 21 primary care and pediatric outpatient practices in Monroe County.
- 14.9 percent of adults report they do not have a regular doctor. Among those with diabetes receiving Medicare, 85 percent receive their annual exam.
- 32.5 percent of pregnant women receive late or no prenatal care in Monroe County.
- Over a quarter of adults report they have not had a dental exam in the past year.
- 11 percent of adults in Monroe County report having asthma. 10 percent of adults report having diabetes, 3 percent report having heart disease, and 43 percent have high cholesterol.
- 38 percent of adults in Monroe County are overweight, and 28 percent are obese.
- Among babies born in Monroe County, 8.4 percent were born at low birth weight, which is above the Healthy People 2020 goal of 7.8 percent.
- The most common type of cancer in Monroe County is breast cancer followed by prostate cancer. The rates of breast, prostate and colon cancer are higher in Monroe County than in Pennsylvania or the United States.
- In 2016, the Pennsylvania Department of Health listed cancer and heart disease as the top two leading causes of death in Monroe County.

ONCOLOGY COMMUNITY NEEDS ASSESSMENT MONROE COUNTY

INTRODUCTION

The Cancer Institute at Lehigh Valley Health Network is an accredited program with the American College of Surgeons Commission on Cancer. As a part of this accreditation, we are required to conduct a triennial community health needs assessment (CHNA) to address health care disparities and barriers to cancer care. From this CHNA, we will establish or enhance navigation processes and identify resources to address barriers to care each year of the three-year cycle. The CHNA assesses the cancer program's community and local population, evaluates socioeconomic characteristics, demographic characteristics, behavioral/psychosocial characteristics (e.g., tobacco use) and the cancer burden of the community served.

DESCRIPTION OF FACILITY

Dale and Frances Hughes Cancer Center at Lehigh Valley Hospital–Pocono provides a full line of cancer services to our community. Our mission is to provide the most technologically advanced cancer therapy and treatment in order to offer every patient the optimal chance for cure. Our team of experienced physicians and staff are dedicated to providing state-of-the-art care, utilizing a multidisciplinary approach, to bring the most recent medical advances close to home. Attention will be given to the medical, emotional, financial, nutritional and psychological needs of each patient and their family.

We offer a full range of services, including:

- Advanced cancer treatment and therapy
- Information on prevention and screening
- Genetic testing
- Educational programs
- Social services, support groups and counseling
- Nutritional and dietary counseling
- Holistic therapy
- Clinical trials
- Medical, radiation and surgical services
- Plastic and reconstructive services
- Chemotherapy and immunotherapy infusions/injections

Hughes Cancer Center is home to the most technologically advanced radiation therapy equipment including:

- Edge™ radiosurgery system – Dale and Frances Hughes Cancer Center is the first cancer center in the region to offer this brand-new, minimally invasive technology used to treat a wide range of cancerous and noncancerous tumors throughout the body including those of the lung, brain and spine. Edge radiosurgery is capable of delivering higher doses of radiation to destroy cancer cells. There's no cutting, no anesthesia and no in-hospital stay with this treatment.
- Calypso® extracranial tracking – This system, used hand-in-hand with the Edge™ Radiosurgery System, enables radiation oncologists to accurately track tumors to keep them in the path of the radiation beam at all times.
- Stereotactic body radiation therapy (SBRT) – This treatment procedure is similar to stereotactic radiosurgery, except that it targets tumors outside the central nervous system.
- RapidArc™ – Breakthrough technology
- Intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT) – These systems use computer technology to optimize the delivery of radiation. Hughes Cancer Center was one of the first cancer centers nationwide to offer IMRT and one of the first 50 centers in the world to offer IGRT.
- Space OAR® system – Reduces rectal injury in men receiving prostate cancer radiation therapy by acting as a spacer and pushing the rectum away from the prostate.
- Brachytherapy
- Prostate seed implantation allows for precise treatment of cancer in the prostate gland. Hughes Cancer Center currently serves as a large referral source for patients from many states and countries.
- Savi® brachytherapy for breast cancer – This approach uses a catheter balloon inserted into the lumpectomy cavity, and radiation is delivered by a high dose rate (HDR) unit/source. There is no residual radiation and no need for aftercare or hospitalization.
- HDR (High-dose radiation)
- LDR (Low-dose radiation)

In January 2017, Pocono Medical Center joined 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.

All nonprofit 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. Additionally, cancer centers accredited by the American College of Surgeons Commission on Cancer are required to conduct a cancer specific CHNA. 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, socioeconomic factors impacting cancer incidence, individual behaviors such as smoking or healthy eating, access to health care and barriers to screening, prevention and treatment.

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.

BASIC FACTS ABOUT CANCER

WHAT IS CANCER?

- Cancer is a group of diseases related to the uncontrolled growth and spread of abnormal cells.
- Death can occur if growth of abnormal cells spreads.
- If detected early and treated promptly, many cancers can be cured.

WHAT CAUSES CANCER?

- Tobacco, diet and obesity are major contributors to cancer.
- Other contributors are believed to include alcohol consumption, sedentary lifestyle, occupation, family history, viruses/biologic agents, prenatal factors/growth, reproductive factors, socioeconomic status, environmental pollution, ionizing/ultraviolet radiation and some drugs/prescription medicines.

HOW IS CANCER PREVENTED?

- Primary prevention includes avoiding cancer-causing exposures like tobacco, sun exposure, excess and dietary fat.
- Secondary prevention includes early detection and treatment of benign precursor lesions.

HOW IS CANCER TREATED?

- Surgery, radiation, chemotherapy, hormones and immunotherapy/targeted therapy.

WHO GETS CANCER?

- Cancer strikes all segments of the population.
- Occurrence of cancer rises with age and exposure to risk factors.

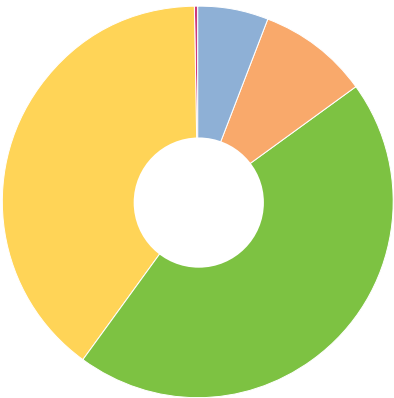
WHAT ARE THE MOST COMMON CANCERS?

- In Pennsylvania, the top 10 cancers by incidence rate are breast, prostate, lung and bronchus, colon and rectum, uterine, bladder, melanoma of skin, thyroid, non-Hodgkin lymphoma and kidney.

LEHIGH VALLEY CANCER INSTITUTE COMMUNITY SURVEY

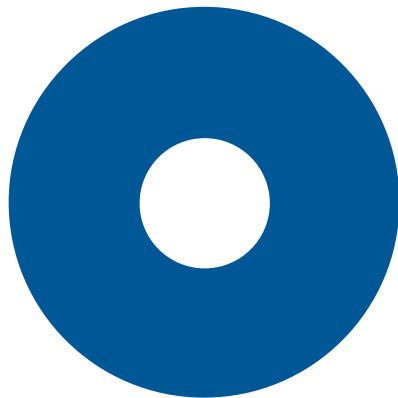
MONROE COUNTY (N = 507)

AGE



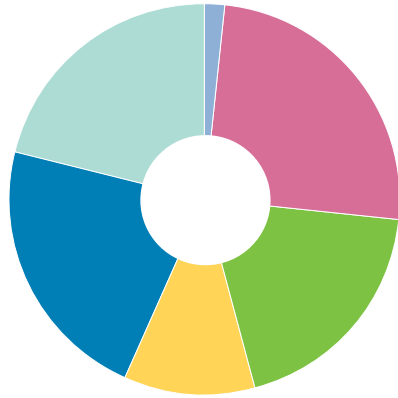
- 18–25 (.02%)
- 26–39 (6%)
- 40–49 (9%)
- 50–64 (45%)
- 65 and older+ (39.8%)

PRIMARY LANGUAGE



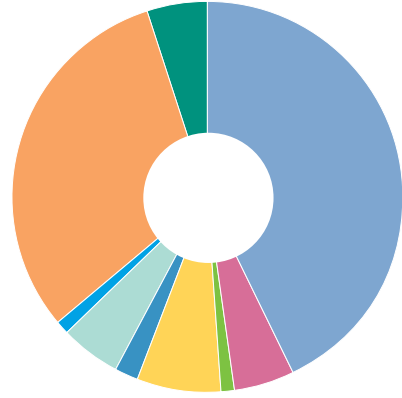
- English (99.8%)
- Other (0.2%)

EDUCATION LEVEL



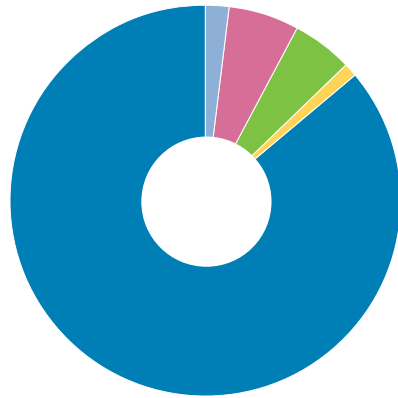
- Less than high school (1.8%)
- High School/GED (25%)
- Some college, no degree (19%)
- Associate's Degree (11%)
- Bachelor's Degree (22%)
- Graduate or Prof. Degree (21%)

EMPLOYMENT STATUS



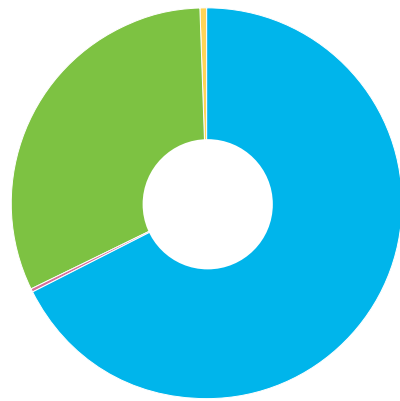
- Homemaker full-time (2%)
- Student full-time (.2%)
- Retired (43%)
- Employed full-time (31%)
- Employed part-time (7%)
- Self-employed full-time (5%)
- Self-employed part-time (5%)
- Unemployed for <1 year (1%)
- Unemployed for > 1 year (1%)
- Not working because of illness or injury (5%)

RACE



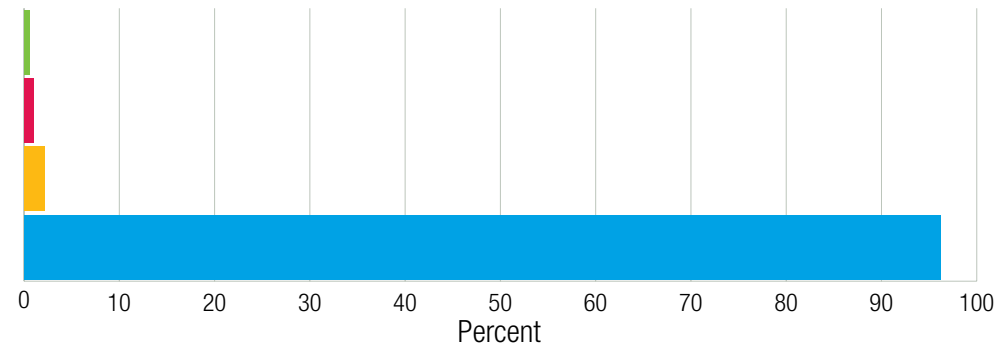
- Black/African American (6%)
- Hispanic/Latino (5%)
- White (86%)
- Multiracial (1%)
- Other (2%)

GENDER IDENTITY



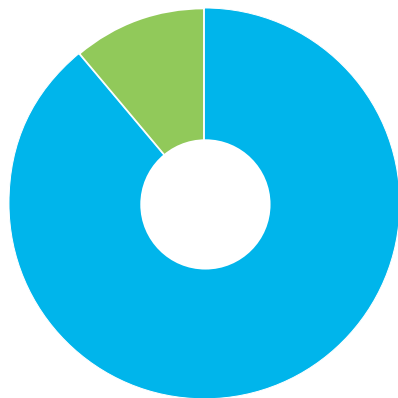
- Male (31.8%)
- Female (67.6%)
- Transgender (0.4%)
- Prefer not to disclose (0.2%)

SEXUAL ORIENTATION



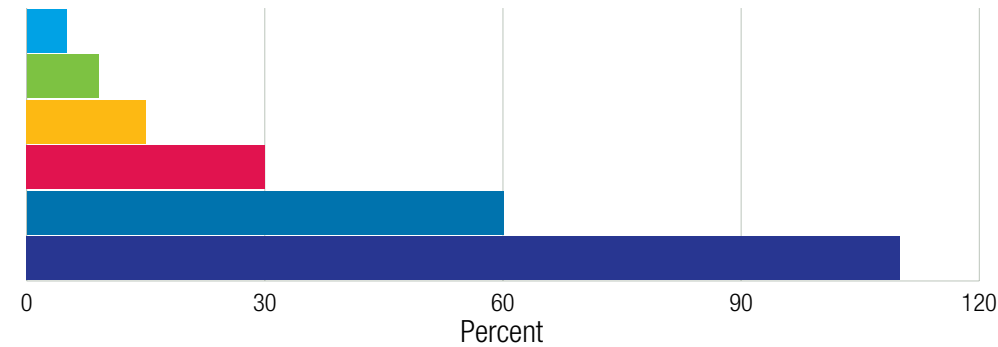
- Straight not Lesbian or Gay (96.2%)
- Bisexual (0.6%)
- Prefer not to disclose (2.2%)
- Lesbian or Gay (1%)

MILITARY VETERAN



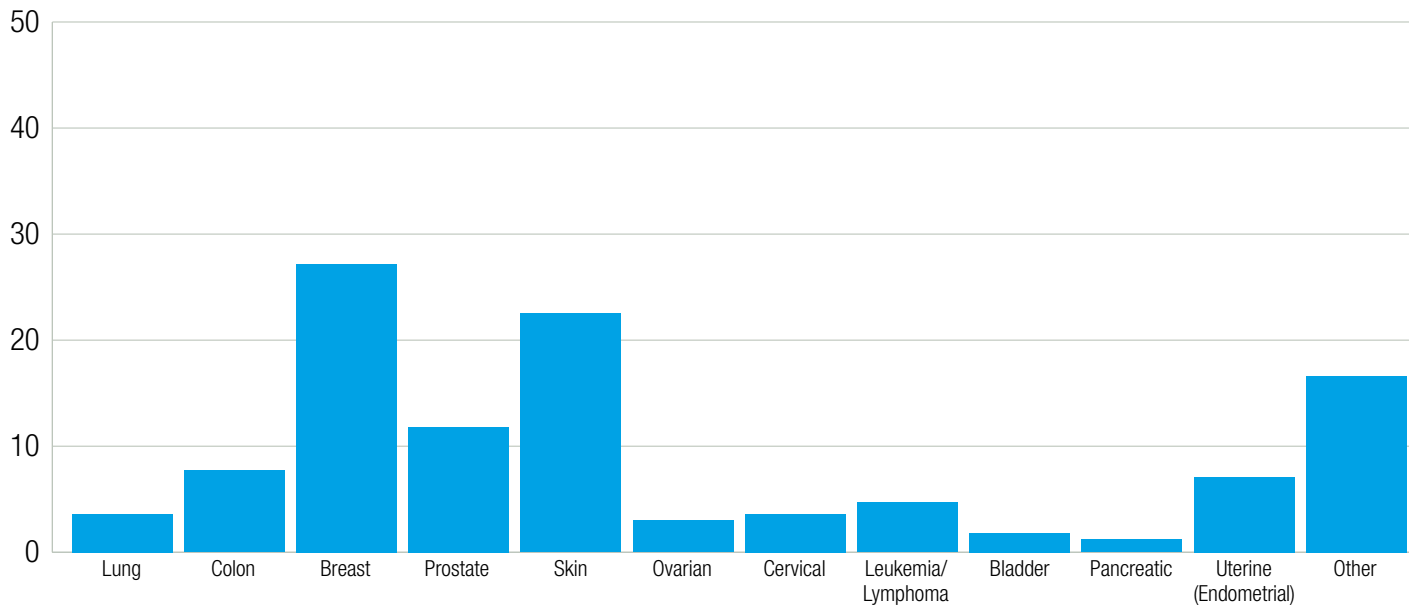
- Yes (10.9%)
- No (89.1%)

MILITARY DEPLOYMENT



- Operation Enduring Freedom (5)
- Persian Gulf War (15)
- Other (60)
- Iraq War (9)
- Vietnam War (30)
- None of these (117)

INDIVIDUALS WITH AT LEAST ONE PREVIOUS CANCER DIAGNOSIS



ARE YOU BEING TREATED RIGHT NOW?

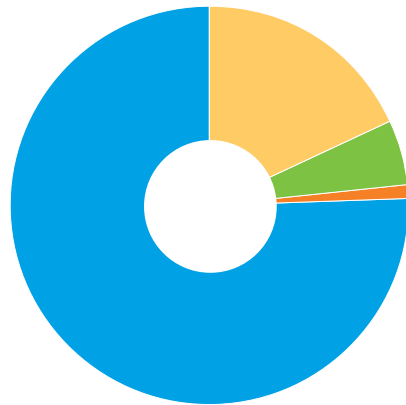
Yes (33.1%) No (66.9%)

HAS ANYONE IN YOUR IMMEDIATE FAMILY HAD CANCER?

Yes (68.4%) No (31.6%)

- Among respondents, 15.5% (N = 53) have had someone talk to them about genetic counseling.
- 30.4% (N = 154) have had a family member receive hospice care for cancer.
- 11.7% (N = 59) had a family member receive palliative care.
- 56.3% (N = 274) said they would consider participating in a clinical trial.
- 94.6% (N = 300) of women over the age of 40 reported ever having a mammogram done.
- Among male respondents (N = 158) 19% always practice testicular self-exams, 51.9% practice sometimes, and 29.1% never practice self-exams.
- Nearly all (N = 500) of respondents reported having been screened for some type of cancer (including skin, cervical, prostate, oral and lung).
- The most common reason respondents did not get a screening was they did not know they needed a screening (13.9%, N = 69). Other reasons included not having a provider, lack of transportation, fear of possible results and lack of access to a screening.

IMPORTANCE OF CANCER SCREENINGS TO YOUR HEALTH



- Very Important (75.3%)
- Important (18.1%)
- Somewhat Important (5.4%)
- Not Important (1.2%)

FREQUENCY OF APPLYING SUNSCREEN BEFORE OUTDOOR ACTIVITIES

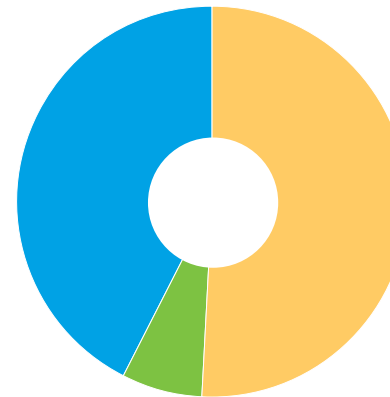


- Always (24.8%)
- Sometimes (56.7%)
- Somewhat Important (18.5%)
- Not Important (0%)

TOBACCO USE CIGARETTES N = 33 OTHER N = 5

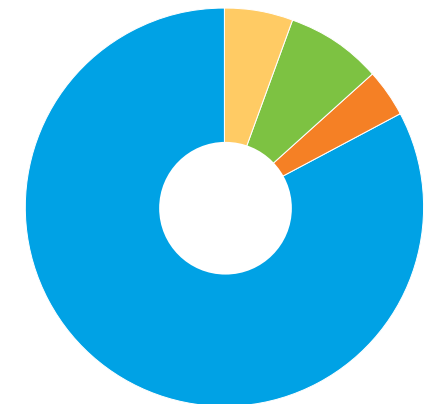
- 93.8% of current users use these products daily
- 75% (N = 378) are never exposed to smoke or vapor in their home

ARE YOU A CURRENT OR FORMER TOBACCO USER?



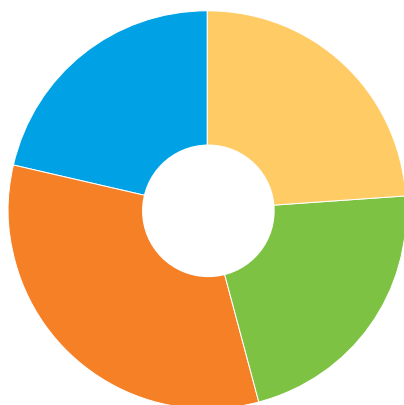
- Yes, I am a current user (6.7%)
- Yes, I am a former user (42.3%)
- No, I have never used these products (51%)

HOW LONG AGO DID YOU QUIT USING TOBACCO PRODUCTS?



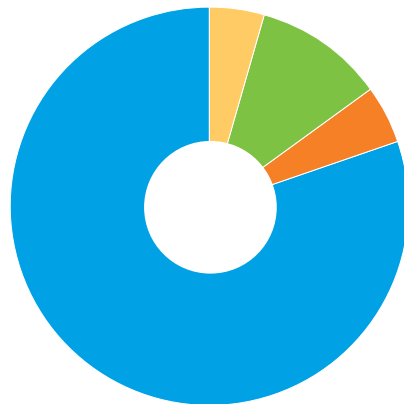
- Within the last year (5.6%)
- More than 1–3 years ago (8%)
- More than 3–5 years ago (3.8%)
- More than 5 years ago (82.6%)

FREQUENCY OF EXERCISING FOR 30 MINUTES OR MORE AT A TIME



- Daily (22%)
- 1–2 times a month (21.2%)
- 1–2 times a week (32.8%)
- Never (24%)

FREQUENCY OF HAVING TEETH CLEANED



- Every year (90%)
- Every 2 years (10.5%)
- More than 5 years (4.5%)
- Don't know (4.9%)

HOW MANY TIMES DURING THE PAST 30 DAYS DID YOU HAVE 2 OR MORE DRINKS IN AN EVENING?

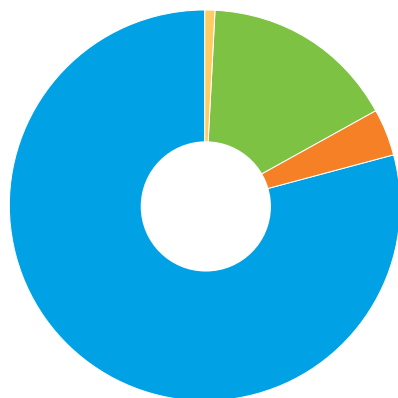


- Never (56.9%)
- 1–5 (28.3%)
- 6–10 (7.5%)
- More than 10 (7.3%)

PERCENT OF RESPONDENTS AWARE OF CANCER INSTITUTE SERVICES	N = 349
Treatment options (surgery, chemotherapy, radiation therapy)	70.5%
Complimentary valet parking	65.9%
Hospice	57.9%
Support group	54.4%
Nutrition counseling	44.7%
Cancer clinical trials (prevention and treatment)	39.0%
Social work	38.1%
Pastoral services	33.5%
Pain management clinic	30.9%
Patient educators	25.5%
Financial counseling	24.6%
Classes (preparing for breast surgery)	23.2%
Patient navigators	22.6%
Genetic counseling	20.1%
Limited transportation service	20.1%
Complementary therapies (reiki, acupuncture)	19.8%
Psychosocial counseling	18.3%
Online cancer fact sheets	17.2%
Interpreter services	15.2%

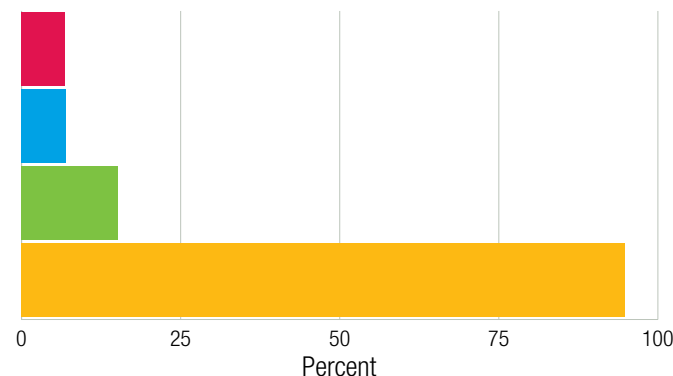
- 69.6% of respondents (N = 352) had not been immunized against HPV. 22.7% (N = 115) were unsure. 4.7% (N = 24) received the immunization.
- 28.6% (N = 145) were immunized against hepatitis B, while 40% (N = 203) were not. 29.6% (N = 150) did not know whether they received it.
- Of respondents with children age 11–26 (N = 182), 38.4% said their children were not immunized against HPV. 47.8% said their children were immunized. 13.7% said they were unsure.
- 70.1% of respondents (N = 333) rely on their medical providers for obtaining medical information. 55.4% (N = 263) rely on the Internet, 41.3% (N = 196) rely on family and friends, and 17.1% (N = 81) rely on TV for their information.
- 14.5% of respondents (N = 73) come in contact with one or more of the following: asbestos, pesticides, solvents, benzene, formaldehyde. 46.5% of those said this is related to their profession.

WHEN WAS YOUR LAST PHYSICAL EXAM?



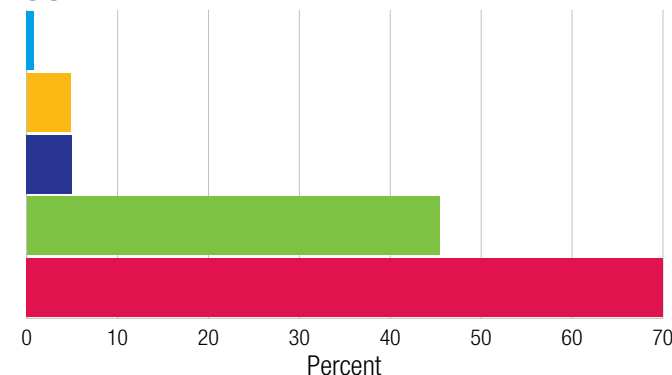
- Less than one year (79%)
- 1–3 years (16%)
- More than 3 years (4%)
- Never had a physical (1%)

WHICH HEALTH CARE LOCATIONS DO YOU USUALLY GO TO WHEN YOU ARE SICK OR NEED ADVICE ABOUT YOUR HEALTH?



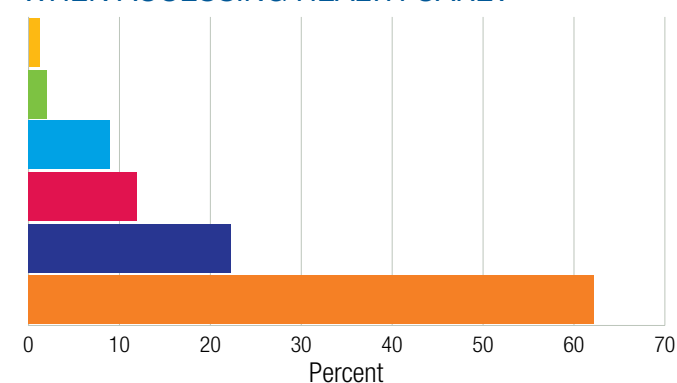
- Internet/Online Visit 6.8%
- Hospital Emergency Dept. 7%
- Urgent Care 15.2%
- Doctor's Office 94.8%

WHAT TYPE OF HEALTH INSURANCE DO YOU CURRENTLY HAVE?



- No insurance 0.8%
- Medicaid 4.8%
- Veterans Coverage 4.9%
- Medicare 45.4%
- Private 70%

WHAT IS THE BIGGEST OBSTACLE YOU FACE WHEN ACCESSING HEALTH CARE?



- No transportation 1.2%
- No insurance 2%
- Not sure what's available 9%
- Location of services 11.9%
- Time/scheduling 22.3%
- N/A 62.2%

■ When asked, "Have you ever chosen NOT to fill a prescription because the medication was too expensive?", 14.5% (N = 73) said yes, but not often. 3.8% (N = 19) said yes, often.

COMPLEMENTARY THERAPY UTILIZATION:

- 60.8 percent of respondents (N = 1,961) said that they would be interested in using complementary, integrative or alternative offered by LVHN.
- 25.7 percent of those surveyed (N = 856) use complementary, alternative, or integrative medicine products or services.
- Of those, 30 percent (N = 259) said those services were recommended by their doctor.
- The most utilized services were chiropractic, massage therapy, relaxation techniques and yoga.

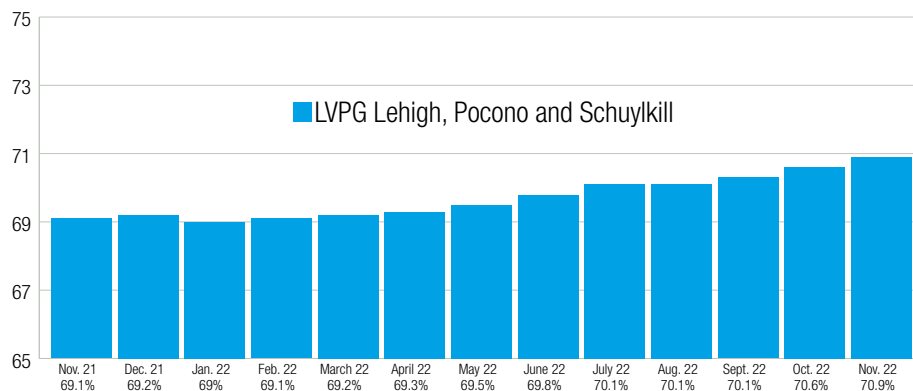
LVHN SCREENING DATA

LVHN MAMMOGRAPHY SCREENING RATES

Mammography screening rates at LVHN have sustained the improvement from 2017 where a goal of 70 percent was established (Source: CIBIT Quality Dashboard). LVHN Executive Dashboard demonstrates continued commitment to increase the percentage of women 50-74 who have had a mammogram within 27 months. The network continued its commitment to improving screening rates by increasing the goal to 73 percent in the Lehigh region. Mobile mammography started in October 2018 and offers great promise for reaching a broader audience in the community. Within the first 11 business days they were able to screen 124 patients. Of those, 38 had a mammogram within two to three years, 25 had not had a mammogram in greater than four years, and 13 had their first mammogram ever (ages spanned 41-60). According to the CDC National Center for Health Statistics (cdc.gov/nchs/fastats/mammography.htm), the rate of women age 40 and over who had a mammogram within the past two years was 65.3 percent (2015). With a goal of 70 percent, LVHN is exceeding the national rate.

At LVH-Pocono, 25,945 mammograms were provided in fiscal 2018. Of those, 19,777 were screening and 6168 were diagnostic.

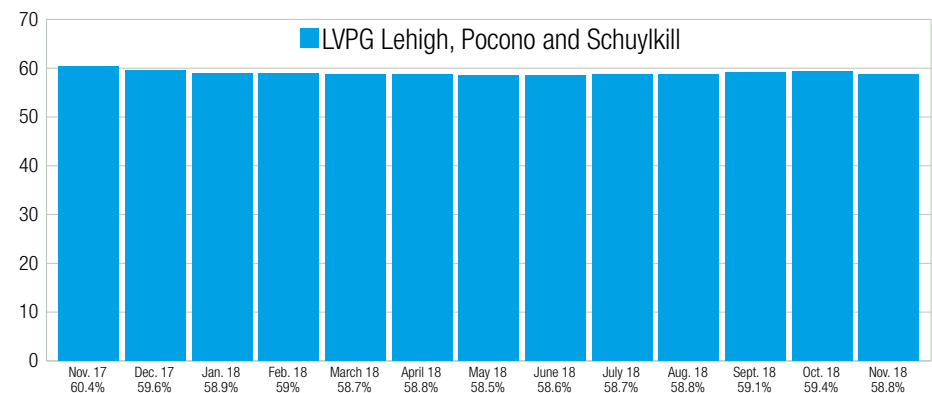
LVPB BREAST CANCER SCREENING RATES



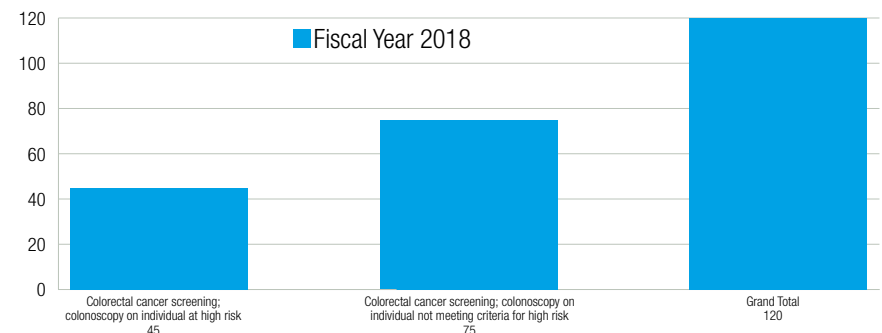
LVHN COLON SCREENING RATES

Colonoscopy screening rates at LVHN improved between 2016 and 2017, but have remained mostly flat in 2018 (Source: CIBIT Quality Dashboard). For 2018 year to date, LVHN Executive Dashboard demonstrates incremental improvement, but with continued efforts needed to achieve a 60 percent goal in all service regions for adults 50-75 having an appropriate screening for colorectal screening (FOBT or colonoscopy). According to NCQA, 2017 national colorectal screening rates were between 59.3 percent and 71.1 percent (ncqa.org/hedis/measures/colorectal-cancer-screening/). The American Cancer Society had an initiative of 80 percent by 2018, which was not achieved, and there continue to be barriers to reaching this goal. According to the American Cancer Society's Colorectal Cancer Facts & Figures 2017-2019, about one-third of adults do not get screened, and screening prevalence varies greatly based on race, insurance status and state. Continued focus is needed to remove barriers and increase screening rates. At LVH-Pocono, 120 colonoscopies were provided in 2018.

COLORECTAL CANCER SCREENING RATES

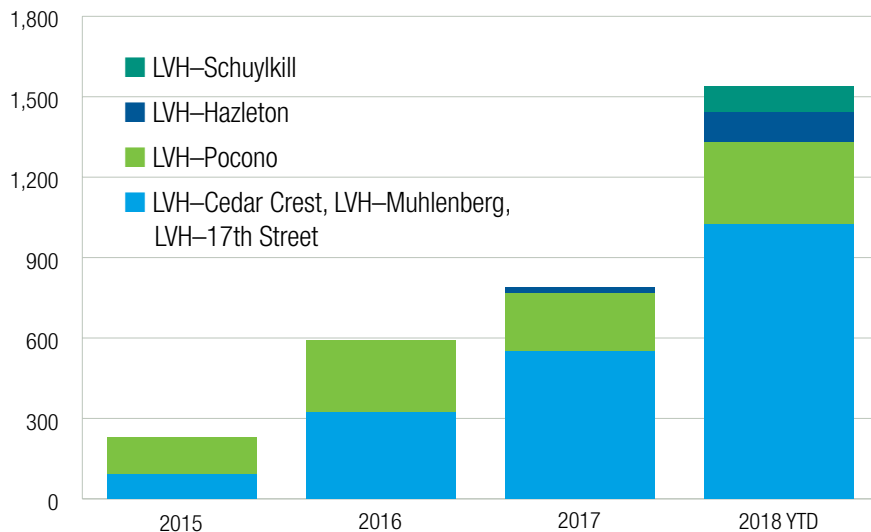


FY 2018 LVH-POCONO COLONOSCOPY SCREENINGS



LVHN LOW-DOSE LUNG CT SCREENING RATES

At LVH-Pocono, 306 low-dose lung CT (LDCT) screenings were completed in 2018 YTD, which is 87 more than the year prior with two months remaining to add to that total. In fiscal year 2018, LVHN demonstrated its commitment to expanded access by establishing a network goal of 135-157 LDCTs per month. Also in FY18, LVH-Pocono held a lung screening event where participants signed up and completed lung screenings on the same day. Additionally, 32 radon kits were distributed and 32 surveys collected; there was a 100 percent increase in knowledge about lung screenings, radon testing and smoke cessation. Shared decision-making visits continue to be a barrier to LDCT.



LVH STATISTICS FROM TUMOR REGISTRY

LVH-POCONO PREVALENCE BY DISEASE SITES

2017 ANALYTIC CASES BY PRIMARY BODY SITE

PRIMARY SITE	TOTAL
Head and Neck	27
Digestive Organs	97
Esophagus	9
Stomach	5
Small Intestine	3
Colon	39
Rectosigmoid Junction	2
Rectum	14
Anus and Anal Canal	5
Liver and Bile Ducts	4
Gallbladder	1
Other Biliary Tract	3
Pancreas	12
Other Digestive Organs	0
Thorax	109
Bronchus and Lung	106
Thymus	0
Heart Mediastinum Pleura	3
Musculoskeletal/Soft Tissue Sites	4
Blood and Bone Marrow	34
Skin	10
Breast	149
Female Genital Organs	42
Vulva	1
Vagina	1
Cervix Uteri	6
Corpus Uteri	20
Uterus Nos	2
Ovary	10
Other Female Genital Organs	2
Placenta	0

PRIMARY SITE	TOTAL
Male Genital Organs	49
Penis	1
Prostate Gland	47
Testis	0
Other and Unspecified Male Genital Organs	1
Urinary Tract Organs	46
Kidney	8
Kidney, Renal Pelvis	1
Ureter	1
Urinary Bladder	35
Other and Unspecified Urinary Organs	1
Central Nervous System	8
Meninges	2
Brain	5
Other Nervous System	1
Endocrine Glands	7
Thyroid Gland	7
Adrenal Gland	0
Other Endocrine Glands	0
Other	1
Other Ill Defined Sites	0
Retroperitoneum and Peritoneum	1
Lymph Nodes	21
Unknown Primary	17

621
ANALYTIC CASES

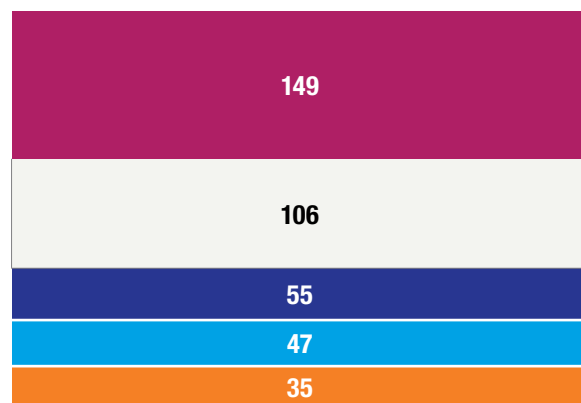
Source: LVH Tumor Registry 10/22/2018

2017 LVH-POCONO ANALYTIC CASES STAGING-SELECT SITES BY STAGE OF DISEASE

BREAST		LUNG		PROSTATE		COLON /RECTAL		URINARY/BLADDER	
Stage	Volume	Stage	Volume	Stage	Volume	Stage	Volume	Stage	Volume
Stage 0	24	Stage 0	1	Stage 0	0	Stage 0	0	Stage 0	15
Stage 1	73	Stage 1	38	Stage 1	12	Stage 1	13	Stage 1	6
Stage 2	36	Stage 2	10	Stage 2	27	Stage 2	5	Stage 2	3
Stage 3	9	Stage 3	26	Stage 3	1	Stage 3	15	Stage 3	1
Stage 4	5	Stage 4	30	Stage 4	6	Stage 4	10	Stage 4	4
Stage unknown	2	Stage unknown	1	StageN/A	0	StageN/A	0	StageN/A	1
TOTAL	149	TOTAL	106	Stage unknown	1	Stage unknown	12	Stage unknown	5
				TOTAL	47	TOTAL	55	TOTAL	35

Source: LVH Tumor Registry

TOP FIVE MOST PREVALENT CANCER SITES TREATED AT LVH-POCONO AND LVH-MUHLENBERG CY 2017



- Breast
- Prostate
- Lung
- Urinary/Bladder
- Colon/Rectal

Source: LVHN Tumor Registry

2017 LVH-POCONO AGE AT DIAGNOSIS FOR TOP FIVE DISEASE SITES

INCIDENCE OF BREAST CANCER									
Age at diagnosis	0–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	3	17	34	39	39	15	2	149
INCIDENCE OF LUNG CANCER									
Age at diagnosis	0–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	0	3	16	40	29	16	2	106
INCIDENCE OF PROSTATE CANCER									
Age at diagnosis	0–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	0	0	9	19	12	6	1	47
INCIDENCE OF COLON CANCER									
Age at diagnosis	10–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	1	5	6	13	10	6	0	41
INCIDENCE OF RECTAL CANCER									
Age at diagnosis	0–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	0	1	4	4	0	5	0	14
INCIDENCE OF URINARY/BLADDER CANCER									
Age at diagnosis	0–29	30–39	40–49	50–59	60–69	70–79	80–89	90–100	TOTAL
(N)	0	0	1	4	11	10	8	1	35

Source: LVHN Tumor Registry

TOP 5 CANCER PRIMARIES, LVH-POCONO (5-YEAR COMPARISON)

SITE DESCRIPTION	2013	2014	2015	2016	2017
Breast	116	148	138	149	149
Bronchus and Lung	123	110	90	112	106
Colorectal	67	60	65	58	55
Prostate	64	41	40	47	47
Urinary/Bladder	32	48	28	34	35

INCIDENCE BY COUNTY OF RESIDENCE – ANALYTIC CASES

COUNTY OF RESIDENCE	2017	PERCENT
Beaver	1	0.16
Carbon	12	1.93
Lackawanna	3	0.48
Luzerne	2	0.32
Monroe	509	81.96
Northampton	21	3.38
Pike	62	9.98
Schuykill	1	0.16
Wayne	5	0.81
Out of state	5	0.81
TOTAL	621	100.00

RESOURCES AVAILABLE TO OVERCOME BARRIERS ON-SITE OR BY REFERRAL

CARE COORDINATION

NURSE NAVIGATORS BY DISEASE SITE

When patients learn they have cancer, they may feel overwhelmed and scared. Patients and their families may have questions and concerns. Nurse navigators are available to support them through this difficult time. Nurse navigators can:

- Offer emotional support and teach about the diagnosis and treatment
- Help patients communicate with their physicians
- Provide guidance for decision-making about choices in care
- Direct patients to support services and community resources to assist with treatment-related supplies, financial concerns and transportation
- Assist with coordination of all members of the health team
- Guide patients to survivorship services when treatment is complete

MULTIDISCIPLINARY CONSULTATION

Disease-site specific visits, facilitated by nurse navigators, are an opportunity to meet with all of the care providers at one time. During the conference the team will provide a combined written document reflecting the scope of your condition and unified recommendation for the best course of care. Patients will have time to discuss concerns and ask questions of the group. A nurse navigator will be there along the way to help support before, during and after the visit. This is currently available for lung and breast cancers.

CULTURAL AND LINGUISTIC

INTERPRETER SERVICES/CULTURAL COMPETENCY

The following resources are available to assist those who are most comfortable with interpretation services: we have on-site interpreters, employees trained in medical interpretation, contracted sign language interpreters, video remote interpreter services via iPad, telephonic interpretation via CyraCom phones and translation services for written materials.

CULTURAL SENSITIVITY

LVHN provides regular training on cultural competency and maintains a website of resources to support understanding of all cultural backgrounds and the unique needs of our patients. We record information in the medical record to help ensure that we are being respectful of, and meeting the cultural needs of, all patients we serve.

ECONOMIC/LOGISTICS

HELP WITH MEDICAL ASSISTANCE/DISABILITY

Patients who need assistance with obtaining state medical assistance or disability are referred to our partner company, PATHS, who will assist patients in signing up for needed services.

HELP SELECTING INSURANCE PLANS

Patients who need assistance in understating their Medicare insurance, prescription plans or making informed choices about plan selection of Medicare, Medigap and Medicare Advantage plans are referred to the hospital financial counselor who is certified to provide insurance guidance support. Additionally, support can be found through the Area Agency on Aging (1-800-783-7067).

ONCOLOGY SOCIAL WORKERS

We understand cancer affects both patients and their loved ones in many different ways. Our social workers provide resources to assist with financial difficulties, transportation and community resources. Our social workers are also able to connect patients with philanthropic endowment funds held by the cancer center to assist patients in need. Our oncology social workers meet with every patient and conduct an emotional needs-based assessment.

KOMEN FOUNDATION 2018–2019

Dale and Frances Hughes Cancer Center was awarded a grant (\$34,756.00) from Susan G. Komen of Northeastern Pennsylvania to provide preventive screening and diagnostic mammograms, MRIs, ultrasounds, transportation, educational and survivorship services.

THE MELANIE HUMPHREY BREATH OF LIFE FUND 2018

In November of 2018 the Melanie Humphrey Breath of Life Fund was honored to sponsor the Shine a Light on Lung Cancer awareness event at Dale and Frances Hughes Cancer Center. Melanie's Miles annual 5K was held on

Nov. 11th. This year over 200 runners participated at Blair Academy cross-country course with all proceeds supporting the Breath of Life fund.

The purpose of this fund is to minimize the financial and emotional impact of a lung cancer diagnosis and treatment for both patients and their family. Melanie Humphrey Breath of Life Fund provides up to \$500 to both male and female patients of the Dale and Frances Hughes Cancer Center for basic living expenses. Basic living expenses include: rent, food/groceries, gas, child care, utilities, medication and other expenses. In addition to direct patient support, the Melanie Humphrey Breath of Life Fund also will assist with funding necessary to support awareness and education of lung cancer screening, symptoms and prevention.

ONCOLOGY FINANCIAL COORDINATORS/ORAL CHEMO NURSE

Our financial coordinators are available to help minimize the confusion and stress that can be caused by financial concerns. They will answer questions about health insurance, precertification requirements, medical bills and financial assistance options. Our colleagues may be able to help patients receive free or reduced-cost services and medicine at LVHN, as well as access financial aid through cancer support agencies and pharmaceutical assistance programs.

HEALTHY WOMAN PROGRAM (1-800-215-7494)

We connect women to the Healthy Woman Program. The Healthy Woman Program is a free breast and cervical cancer early detection program of the Pennsylvania Department of Health. It is funded by the Department of Health and through a grant it receive from Centers for Disease Control and Prevention. Free services for those meeting the eligibility standards include:

- Clinical breast examination
- Mammogram
- Pelvic examination and Pap test
- Follow-up diagnostic tests for an abnormal screening result

BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT PROGRAM (BCCPT)

We connect under/uninsured patients for whom breast or cervical cancer is detected to a follow-on program from Health Woman to BCCPT. Patients may be eligible for free treatment through the Pennsylvania Department of Human Services' (DHS) Breast and Cervical Cancer Prevention and Treatment Program.

PUBLIC TRANSPORTATION

MCTA buses stop at LVH-Pocono on the Red Route. Monroe County Transit Authority can provide more information.

TAXI VOUCHERS

On a limited basis, patients who express a need for transportation assistance, and are unable to use other services, can be provided vouchers for taxi services to and from treatment and doctors' appointments.

POCONO PONY AND SHARE RIDE

Pocono Pony is a Monroe County public transportation service. We are able to offer vouchers for bus service to residents of Monroe County. Share Ride is available for seniors and persons with disabilities.

PIKE COUNTY SHARE RIDE

Pike County Transportation Department offers senior transportation access to medical, financial and social services. There are three programs: Shared Ride, Medical Assistance Transportation and People with Disabilities. They also provide transportation to grocery shopping, banking and post office on scheduled days. There is a reduced fare with proof of age for residents over 65.

CANCER CARE

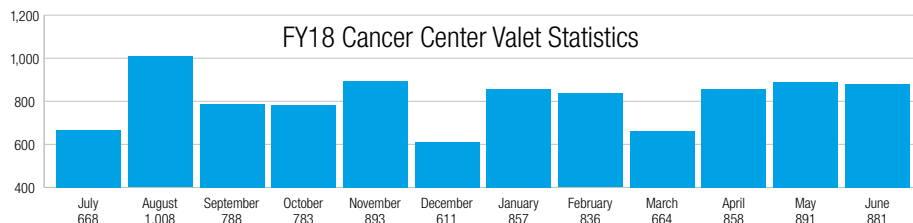
Cancer Care program is a partner who is able to reimburse patients for transportation costs for medical care.

ACS ROAD TO RECOVERY

Patients with transportation needs are referred to the American Cancer Society's Road to Recovery program.

VALET PARKING

Valet parking is available free of charge at our center. Our visitor assistants help people in and out of their vehicle and park the car for them. This is especially helpful for those who are debilitated or have mobility challenges.



EMOTIONAL, SPIRITUAL AND PSYCHOSOCIAL

ONCOLOGY COUNSELING SERVICES

A diagnosis of cancer upsets the balance of so many aspects of your life. One part that may not receive enough attention is your own mental well-being. Our licensed clinical social worker and therapists, by referral, are experts in cancer care and can help you find ways to manage the emotional roller coaster cancer puts you on, and provide you with the tools you need to maintain your sense of well-being. We also help family members and caregivers cope and feel less distressed.

CREATIVE EXPRESSION

This program is a social worker-led service that meets weekly to help patients who have finished treatment use different art-based projects to help express emotions they are dealing with after the cancer experience.

PET THERAPY

A group of volunteers brings dogs through our treatment and waiting areas to help reduce stress and provide comfort for our cancer patients and visitors.

PASTORAL CARE

Spiritual support can help you face difficult news about your illness or find peace in a time of turmoil. Our chaplains are available to help you at your request and make regular rounds throughout the different cancer departments. We also have a quiet chapel available for meditation and reflection in the main hospital and a meditation room within the cancer center.

FINALITY BELL

The final day of cancer treatment is a significant milestone. Patients are able to make a sound to call out this transition in their journey. Patients are encouraged to ring the finality bell to mark completion of treatment or for a major milestone/transition. We ring it three times; once for love, once for hope/courage and once more for all those who could not.



ACCESS TO RESEARCH

ONCOLOGY CLINICAL TRIALS

Being a member of Memorial Sloan Kettering Cancer Alliance and Michigan Cancer Research Consortium National Community Oncology Research Program (NCORP), provides our patients access to hundreds of leading-edge and increasingly innovative science in clinical trials. We have a team of oncology dedicated clinical trial nurse navigators who support patients through decision-making, enrollment and treatment. If a patient wishes to participate in a trial that cannot be offered locally, our nurse navigators have fast-track processes to facilitate enrollment at a partner site.

SUPPORT DURING AND AFTER TREATMENT

ONCOLOGY NUTRITIONAL ASSESSMENT AND COUNSELING

Dietitians are available to meet with patients and families before, during and after treatments to assess nutritional needs, determine appropriate goals and strategies to reach those goals and offer education. They make nutrition recommendations to help with the management of treatment-related side effects. Dietitians also may provide guidance for healthy eating, supplement use and weight management, both during and after treatment. Our dietitians also offer their expertise through our community outreach programs including presentations, cooking demonstrations and participation in health fairs.

ONCOLOGY GENETIC RISK ASSESSMENT AND COUNSELING

You may be concerned about your family's risk for cancer, particularly if more than one relative has had a similar health condition. We can help assess your family's inherited risk for developing cancer by utilizing genetic and medical history tools both live and via telehealth services. If genetic testing is warranted, a discussion between patient and provider determines the most appropriate type of testing (single gene vs. multi-gene panels). Genetic test results as well as personal and family risk factors help clinicians personalize a medical management and surveillance plan. Patients who test positive are invited to attend the genetics multidisciplinary clinic where an annual appointment continues to offer recommendations for cancer risk reduction.

CANCER REHABILITATION

If you are suffering from fatigue, weakness, balance problems, lymphedema or other symptoms related to your condition and treatment, our trained rehabilitation therapists can help provide relief or recommend steps you can take to improve your symptoms through physical, occupational and speech therapy. We offer referral to specialized programs in lymphedema detection and management, osteoporosis education, fatigue management, breast cancer, pelvic floor rehabilitation, management of issues related to head and neck cancer, and post-rehabilitation fitness.

REIKI MANUAL THERAPY

Reiki is a light touch manual therapy from Japan that supports the whole person. Reiki can have a relaxing effect similar to meditation in that it is designed to reduce anxiety and promote comfort. The practitioner, a trained volunteer, places his/her hands over positions on the body along energy centers and pathways on the head, neck, shoulders and upper chest, abdomen, legs and feet (similar to those used by acupuncturists). The practitioner's hands are held flat against the receiver's body in a stationary manner in each position for at least three minutes or more. The receiver may feel warmth or coolness, tingling or relaxation, or may feel nothing during a session. Sometimes people fall asleep as they become more relaxed. The Reiki session will still be effective even if the person is asleep. The therapy is offered free to outpatients receiving cancer treatment or follow-up care in the Cancer Center.

MASSAGE THERAPY

Massage therapy is a manual therapy that helps to relieve tension or pain. This service is provided on-site by volunteers for active cancer patients.

ENERGIZING WITH EXERCISE

This free service is offered by our partner at The Learning Institute. Cancer patients and survivors can take part in this exercise program to minimize fatigue and side effects of cancer.

END-OF-LIFE AND GRIEF SUPPORT

PALLIATIVE CARE

Palliative care is specialized medical care for people with serious illnesses. Its focus is on providing patients with relief from symptoms, pain and stress of a serious illness with the goal of improving quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses and other specialists who work with the patient's other doctors to provide an extra layer of support.

HOSPICE

When you, your loved one and a physician decide emotional and physical needs should be the focus of care, it's time to consider hospice. At Lehigh Valley Health Network, we are dedicated to helping those on the final passage live their lives to the fullest in the time they have left. We provide a full range of services to allow you or your loved one peace, comfort, courage and dignity in your own home or in our hospice unit. Nurses are on-call 24 hours a day, seven days a week. We provide hospice services to people in all settings – whether you live alone, with someone else or in a long-term care facility.

Hospice is generally covered by Medicare, Medical Assistance, HMOs and other managed care and private insurance plans. Thanks to the generosity of grateful family members and community donors, Lehigh Valley Hospice is able to care for eligible patients regardless of their ability to pay.

We encourage you to call hospice as soon as you change your focus from cure to comfort and care. We can help organize your life, draw upon available resources and prepare for what's ahead, as well as provide relief from pain and other symptoms. Getting hospice involved early may give you more quality time with loved ones.

PASTORAL CARE

We offer spiritual support and guidance through our Pastoral Care Department. A chaplain can help you and your family identify the sources of your fear and find strength through your faith, other meaningful value systems or spiritual resources from the community that may be of special importance.

PREVENTION, SCREENING AND MISCELLANEOUS SERVICES

TOBACCO CESSATION PROGRAM

We offer referral to the Tobacco Treatment Program to increase your chances for living smoke-free. As an over-the-phone and face-to-face counseling service, we are here for you if you are ready to quit smoking or using tobacco products. Programs like ours have been scientifically proven to increase your chances of living a smoke-free life. Enrolling in our Tobacco Treatment Program will help you get through the physical and psychological withdrawal associated with quitting smoking.

TOBACCO CESSATION PA FREE QUITLINE

The PA Free Quitline is a free, evidence-based tobacco cessation service available to all Pennsylvanians through the Department of Health. Annually, the PA Free Quitline provides services to over 13,000 Pennsylvanians. Participants are self-referred by calling 1-800-QUIT-NOW or 1-855-DEJELO-YA (335-3569) [Spanish]. Providers refer by Fax to Quit or electronic referral methods. Patients can enroll online via PA.Quitlogix.org.

SCREENING SERVICES

LVHN has cancer screening services available for all cancers. We can connect uninsured and underinsured patients with low-cost or free screening services directly and through our partners like the local health bureaus. This year a mobile mammography coach was added to provide additional access for the community.

MOBILE MAMMOGRAPHY COACH

Mobile mammography was successfully implemented in October 2018. The mammography coach is available to visit communities served by LVHN, and beyond. The goal of the coach is to increase access to this important screening technology, especially in underserved areas of our community. This is done through partnership with employers and community partners.

PLASTIC SURGERY

Part of the healing process can mean easing or erasing the sign of disfigurement from disease treatment. If you're thinking about reconstructive or plastic surgery, it's important for you to research the capabilities of the surgeon and the supporting clinical team. The plastic surgery professionals at Lehigh

Valley Health Network are here to help consider your options and provide treatment that can correct or mask physical reminders.

WOUND CARE

We offer wound care services by referral. For patients with long-lasting (chronic) or a cancer-related wound, LVPG Wound Healing has the most experience in the region to help treat your condition. They are located at Lehigh Valley Hospital–Cedar Crest in Allentown, Pa., and Lehigh Valley Hospital–Muhlenberg in Bethlehem, Pa.

PATIENT RESOURCE CENTER

Free educational materials are available; including brochures, books and access to nationally recognized cancer-focused websites. Information about support services also can be found here. This educational information is available by request from any of our colleagues. Additionally, a dedicated computer with NCI education materials (bilingual and touch screen) is located on the second floor of the cancer center.

EDUCATIONAL PROGRAMS

Educational programs for patients and families are provided throughout the year; schedules are available by calling 888-402-LVHN.

COMMUNITY PARTNERS

AMERICAN CANCER SOCIETY (ACS)

The American Cancer Society offers programs and services to help people with cancer and their loved ones understand cancer, manage their lives through treatment and recovery, and find the emotional support they need. The help is free. They also can help connect patients to other free or low-cost resources available in the area. ACS's Road to Recovery Program provides transportation to and from treatment for people who do not have a ride and are unable to drive themselves.

LEUKEMIA LYMPHOMA SOCIETY (LLS)

LLS is the leading source of free, highly specialized blood cancer information, education and support for patients, survivors, families and health care professionals. They touch patients in their communities through chapters across the U.S. and Canada. They advocate for blood cancer survivors and their families, helping patients navigate their cancer treatments and ensuring they have access to quality, affordable and coordinated care.

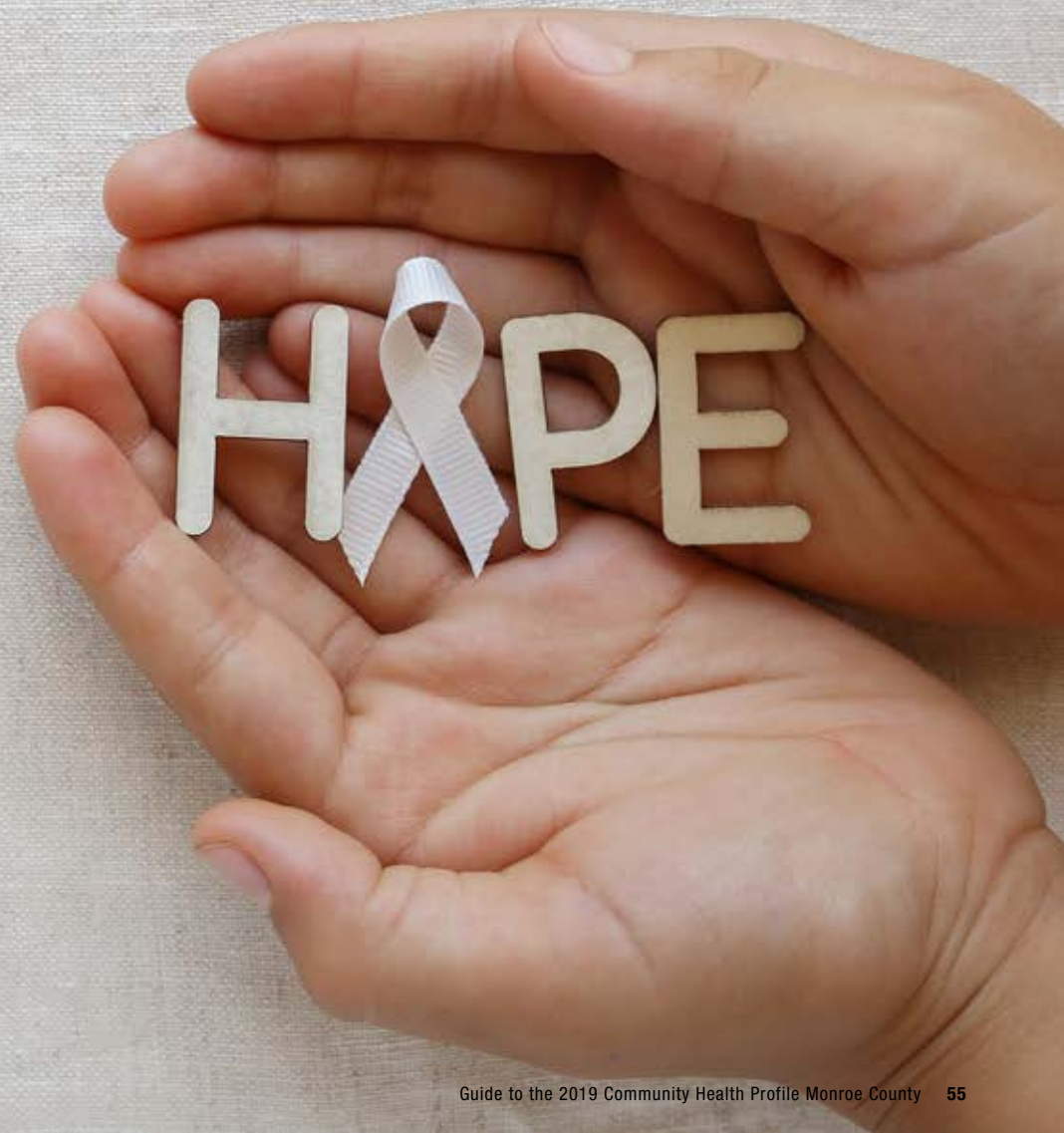
BARRIERS TO CARE

LOGISTICAL/ECONOMIC

Public transportation within Monroe County is limited. 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 rural 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. While transportation support is available, the demand continues to be high as patients and families continue to balance working schedules with clinical services as well as the distance to services.

In Monroe County, 19 percent of the population is receiving Medicaid. Overall lack of health insurance is considered a key driver of health status. A lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services, and this contributes to poor health status (County Health Rankings and Roadmaps, 2017).

Access to phase I clinical trials and bone marrow transplant (and precursor services) are not presently offered at LVH requiring patients to travel away from their support system and experience logistical/economic challenges. In the future, offering CAR-T at one of our LVH–Pocono locations may be an important service offering to minimize patients' need to travel further distances out of the area.



Mobile mammography was successfully implemented in October 2018. Reducing barriers to screening can be improved through full utilization of the new coach and increased partnership with community and industry. Additional access and expansion of open-access scheduling also may play a role in improved screening. Monroe County has higher than Pennsylvania and U.S. incidence rates of cervical and lung cancers. Outreach, prevention and screening planning may benefit from a focus on these issues.

Employment opportunities in Monroe County continue to be tenuous, impacting poverty and insurance status. While financial navigation, social worker and nurse navigation support are in place, the uncertainty of the federal regulatory climate, insurance marketplace, expansion of high-deductible plans, prescription medication costs (oral chemotherapy, etc.) and uncertain economic opportunities are driving up patient financial obligations. This will likely require the need for ongoing and additional support in addressing financial barriers to care. As demand increases, available funding sources often run dry. Expansion of philanthropy efforts to ensure patient assistance funds are replenished will be important to ensuring continuation and/or expansion of patient support for both medical and nonmedical needs.



CULTURAL/LINGUISTIC/SOCIAL

Patients with limited English proficiency (LEP) are less likely to receive all recommended health care services according to a number of studies. There is a continued need to support and expand the knowledge for those with LEP that professional interpretation services are available in several formats to ensure continued efforts on decreasing language as a barrier to care.

Tobacco utilization in Pennsylvania continues to outpace national rates. Early intervention and education is critical to breaking the tobacco cycle. Continued efforts to prevent or reduce tobacco utilization would be beneficial to the community.

Incidence of lung cancer in Monroe County is higher than both the state and national average. Lung screening will continue to play an important role in finding lung cancer early especially in a population that is at higher utilization of tobacco.

A quarter of Monroe County adults report they have not had a dental exam in a year. This means they also are missing the opportunity for oral cancer screening done as a part of an annual dental exam. Given the rate of tobacco use, it would be important to create different screening opportunities for this population.

Culturally, Pennsylvanians are at higher than national rates of obesity and lower than national rates of physical activity. In Monroe County, about 38 percent of the population is overweight. According to the National Cancer Institute, cancers associated with obesity include: meningioma, esophageal, multiple myeloma, kidney, endometrium, ovary, breast, liver, gallbladder, thyroid, stomach, pancreas and colorectal. cancer.gov/about-cancer/causes

According to survey respondents, only 27 percent indicated they always wear sunscreen, and 14 percent said they never use it. Continued efforts to promote prevention of skin cancers through the use of sunscreen will be necessary.

COMMUNICATION

Lack of knowledge about wellness behaviors for prevention and healthy behaviors during treatment can contribute to the cancer burden. Educational outreach on prevention, early detection and self-care during treatment will continue to be key in supporting the community. Focused efforts for increasing screening rates for early detection also will be important for the community as even those without economic barriers are missing routine screenings.

While all cancer screening services are available, timely access is a challenge for some screening services, and in general, utilization continues to lag behind in desired performance rates. Ongoing work to expand the number of eligible patients receiving routine screenings, on schedule, should continue to be an area for gap reduction. Ongoing efforts to eliminate both provider and consumer confusion resulting from conflicting recommendation schedules should persist.

Coordination and smoother transitions from inpatient to outpatient care has been identified as an opportunity for improvement.

Health literacy continues to be an area of focus to ensure that all patients can comfortably understand their condition and its management for safety and effectiveness. There may be opportunities to include patient/family advisers on patient education and other committees to ensure patient/family thoughts and needs are represented firsthand.

PROVIDER/SYSTEM CENTERED

As the network expands, lack of shared medical records will provide challenges in efficiency and care coordination. Efforts are underway to expand the centralization to a single electronic medical record (EMR) platform to allow patients to move more seamlessly between sites of care and special services.

This was the first year our survey included questions regarding integrative medicine use and interest. Surprisingly, the results from the survey indicated that 60 percent of respondents would be interested in using complementary/integrative medicine (CAM) if it were offered by LVHN, and 25 percent were currently using some type of CAM intervention. While there are some limited CAM offerings within the network (e.g., Reiki, chiropractic, acupuncture), there is clearly a strong desire for a more organized and comprehensive approach to education and offerings from a trusted source. There is an opportunity for LVH to become a leader in providing evidenced-based complementary interventions to our oncology and cancer survivor community, be a resource for safe practices, and fulfill an unmet need. The following list of interventions was included for inquiry about use of complementary/integrative medicine: The top five are listed in bold.

- Herbs, aromatherapy/**essential oils**, **relaxation techniques** (meditation, guided imagery, deep breathing, progressive relaxation), **chiropractic/osteopathic manipulation**, special diets (vegetarian, macrobiotic, Atkins, Ornish, etc.), high-dose vitamins, homeopathy, **yoga, massage**, tai chi, acupuncture, accupressure, energy healing/Reiki, qi gong, hypnosis,

biofeedback, folk medicine (curanderismo, native american healing), ayurveda, chelation, traditional chinese medicine (tcm), movement therapies (Feldenkrais, Alexander, Pilates, rolfing, Trager, Watsu), balneotherapy (hydrotherapy), reflexology, cryotherapy, Bach flower remedies, Healing Touch/Chi Nei Tsang.

Reasons given for seeking complementary intervention (top five in bold):

- Breathing, cure my cancer, digestive, **general overall wellness**, immune support, infection, **pain**, prevent cancer/return of cancer, sexual health, skin/hair/nails, **sleep, stress/anxiety/tension, weight**, other.

The need for more specialty care providers across all disciplines of care was highlighted. 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. Patients wish to have more clinical care close to home. This feedback also mirrors the reality expressed by practice managers, health care 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. Expansion of services and specialty providers requires a delicate balance between focusing specialized services to certain locations to ensure volumes allow for high quality of care delivery and fulfilling the desire for replication of services for convenient access.

Staffing shortages of physicians, nurses and clinical assistants, as well as increased provider burn out, create barriers to care. It will be important to ensure there are efforts in place to train, retain and recruit qualified medical professionals to preserve access to care with the aging population.

Limited surgical providers at regional locations often prevents patients from being able to receive initial care closest to home. Increasing surgical and specialty provider access at regional centers could help minimize barriers to care. Some strategies may include being proscriptive about which centers will be able to offer specific services, rotation of disease site experts to regional centers, and/or telehealth offerings.

While palliative care programs are available, there continues to be a gap in patient/family and provider use and acceptance. Even with that gap, the existing demand often exceeds the capacity/timeliness needs of the population. Additionally provider and patient perceptions often stand in the way of early connection to palliative care. Gaining agreement on oncology and palliative care provider roles and imbedding palliative care into oncology practices/departments may help reduce barriers.

ACCREDITATIONS



- ▶ Member, Memorial Sloan Kettering Cancer Alliance
- ▶ Member, Michigan Cancer Research Consortium National Community Oncology Research Program (NCORP)
- ▶ Commission on Cancer (CoC) Accredited
- ▶ American College of Radiology (ACR)- Radiation Oncology Practice Accreditation
- ▶ American College of Radiology (ACR)- Lung Cancer Screening Center
- ▶ American College of Radiology (ACR)- Mammography
- ▶ American College of Radiology (ACR)- Breast Imaging Center of Excellence Designation (BICOE)
- ▶ National Accreditation Program for Breast Centers (NAPBC) – Breast Health Services Accreditation
- ▶ National Quality Measures for Breast Centers (NQMBC) Certified Quality Breast Center of Excellence™ – Breast Health Services
- ▶ American Association of Gynecologic Laparoscopists (AAGL) - Center of Excellence for Minimally Invasive Gynecology (COEMIG)
- ▶ The Joint Commission

REFERENCES AND ADDITIONAL SOURCES OF CANCER INFORMATION IN PENNSYLVANIA

AMERICAN CANCER SOCIETY

[Cancer Facts and Figures 2018](#)

CANCER SUPPORT COMMUNITY

[Access to Care in Cancer 2016: Barriers and Challenges. November 2016.](#)

NATIONAL CANCER INSTITUTE

[Understanding Cancer, Cancer Statistics and Cancer Disparities](#)

NATIONAL CANCER INSTITUTE

[Cancer State Profiles - Pennsylvania](#)

PENNSYLVANIA DEPARTMENT OF HEALTH

[Cancer Facts and Figures: Pennsylvania, 2017](#)

PENNSYLVANIA DEPARTMENT OF HEALTH

The Burden of Cancer in Pennsylvania: Calculating Costs, Understanding Impacts, Exploring Interventions. Pennsylvania, 2017

PENNSYLVANIA DEPARTMENT OF HEALTH

[Cancer Statistics](#)



