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Guide to the 2017 Community Health Needs Assessment Lehigh Valley Hospital–Pocono

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Guide to the 2017 Community Health Needs Assessment Lehigh Valley Hospital–Pocono



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EXPLORING THE CHNA REPORT

Click on this link  to review complete details of the CHNA report.





MESSAGE TO THE COMMUNITY

Health and health care are both rooted in community. In January 2017, Pocono Medical Center merged with Lehigh Valley Health Network (LVHN) to become Lehigh Valley Hospital–Pocono, building on more than 100 years of providing high-quality health care “close to home.” LVHN’s mission “to heal, comfort and care for the members of our communities...” is consistent with the community-focused traditions of Pocono Health System.

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

LVH–Pocono is pleased to release this Guide to the 2017 Community Health Needs Assessment (CHNA) report. This Guide includes a “Frequently Asked Questions” section that describes the process used to produce the CHNA report. It then provides a summary of the factors that contribute to health in Monroe County and outlines how LVH–Pocono will use this information to identify health and health care priorities for its Implementation Plan to be published later this year.

We invite you to read this guide and portions of the full report, available here .

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, *Community and Growth*). We are walking together on 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.



FREQUENTLY ASKED QUESTIONS

WHAT IS THE COMMUNITY HEALTH NEEDS ASSESSMENT?

The Community Health Needs Assessment (CHNA) is a report that examines factors impacting the health and wellness of all the people in a particular geographic area served by a nonprofit hospital or health system.

WHY WAS A CHNA PERFORMED?

The Affordable Care Act requires tax exempt hospitals to conduct a CHNA every three years in collaboration with community stakeholders. Beyond this, the CHNA is important because it describes the current state of health in our region. It identifies potential areas in which LVH–Pocono and other organizations in the community can take steps to improve the health of our citizens.

HOW WAS DATA FOR THE CHNA REPORTS COLLECTED?

Shortly after the merger between Pocono Health System and Lehigh Valley Health Network was completed, a Lehigh Valley Hospital–Pocono Steering Committee was formed. The Steering Committee is made up of representatives from LVH–Pocono hospital leadership, Lehigh Valley Health Network Department of Community Health and East Stroudsburg University's Institute of Public Health, Research and Innovation. Community level data reports were generated using a data platform, Community Commons. Community Commons “provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities so you can thoroughly explore community health (communitycommons.org/about).” We used a combination of “secondary data” sources (e.g., publicly available data) and “primary data” (e.g., interviews and focus groups) to help flesh out a more complete picture of community needs. The LVH–Pocono CHNA Steering Committee made a concerted effort to ensure all members of the community within the primary service area, including all socioeconomic groups, the medically underserved and minority populations, were represented in this assessment.

WHAT DOES THE CHNA REPORT CONTAIN?

The information in the report includes:

- ▶ Statistics from local, state and national sources about disease, the environment, social factors and individual behaviors that impact health
- ▶ Data describing residents' experiences gathered through individual interviews and focus groups

The following are required elements of the CHNA:

- ▶ Demographic assessment of the community the hospital serves
- ▶ Residents' perceptions about current issues impacting their health
- ▶ Analysis of actual health care issues
- ▶ Assessment of current efforts to address health care issues
- ▶ Development of a three-year action plan that demonstrates the hospital and community coming together to address identified issues



WHAT TYPES OF INFORMATION ARE INCLUDED?

Health care services, social factors, environment and individual behaviors all have an impact on what it means to live healthy lives.

There are many factors that influence health beyond medical care, and they are presented in this report. They include:

- ▶ Access to care
- ▶ Clinical conditions (such as high cholesterol, diabetes, depression, anxiety)
- ▶ Education
- ▶ Environment
- ▶ Individual behaviors
- ▶ Supportive relationships with others

WHAT'S NEW SINCE THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT DONE IN 2014?

- ▶ Pocono Health System is now part of Lehigh Valley Health Network.
- ▶ In 2015, the CHNA requirements were updated. Here is a quick summary of those changes:
 - Health systems may build upon their prior CHNA.
 - Input from persons representing the broad interests of the community – including public health department representative(s), the medically underserved, low income and minority populations – must be solicited and considered.
 - The definition of “needs” was expanded to include financial, illness prevention, nutrition, social, behavioral and environmental factors.
 - A CHNA Implementation Plan must be developed and posted publicly on the health system's website within five months after the CHNA report is approved by the governing board of the health system. The CHNA Implementation Plan should focus on three to four priorities identified in the CHNA and include an evaluation of the impact of any actions taken to address these areas of need.

HIGHLIGHTS OF LVH-POCONO CHNA HEALTH PROFILE

PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT

Priorities identified in the 2014-2016 CHNA cycle included:

- ▶ Lifestyle-based initiatives to address obesity and related chronic diseases
- ▶ The need to address smoking and smoking-related illnesses
- ▶ Barriers to specialty care due to lack of providers, with emphasis on the need for mental health-related services.


The implementation plan demonstrated progress in these areas:

- ▶ Addressing obesity
- ▶ Addressing smoking and related illnesses
- ▶ Overcoming barriers to care due to lack of providers

Work initiated from the previous CHNA includes:

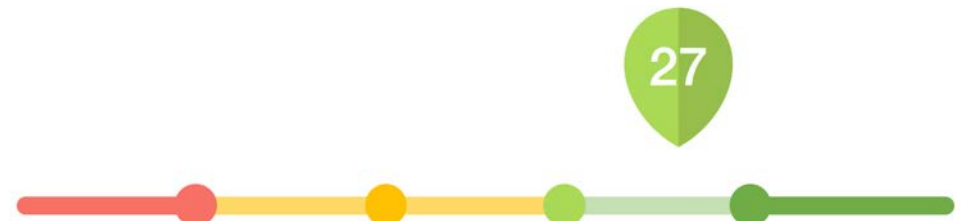
- ▶ Biggest Winner Challenge to combat obesity reached 570 community members, with a combined weight loss of approximately 6,300 pounds.
- ▶ Targeted smoking cessation programs were implemented.
- ▶ More than 500 people identified as being at risk for lung cancer received lung cancer screenings.
- ▶ The Pocono Alliance published “Behavioral Health Continuum of Care,” a summary of behavioral health in Monroe County, with recommendations for the future.

EXPLORING THE CHNA REPORT

Click on this link  to review complete details of the CHNA report.

QUALITY AND LENGTH OF LIFE

Monroe County ranks well for length of life in the state, but near the bottom for quality of life. Quantity of life is defined by the County Health Rankings™ as premature deaths prior to age 75, based on mortality data. Quality of life refers to how healthy people feel while alive. It includes measures of overall health, physical health, mental health and babies born at low birth weight.



Monroe County ranks 27 out of 67 in length of life compared to the rest of the counties in Pennsylvania.

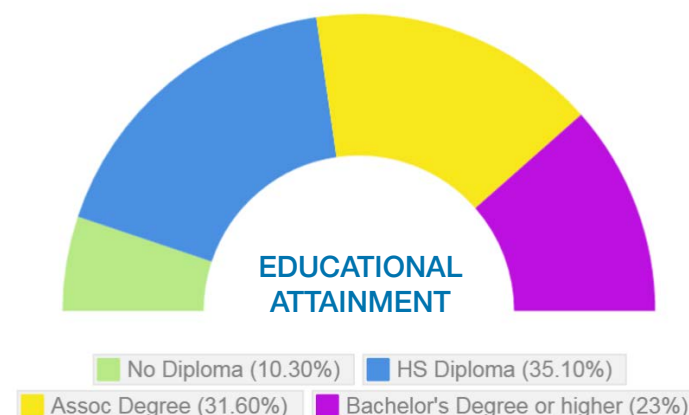
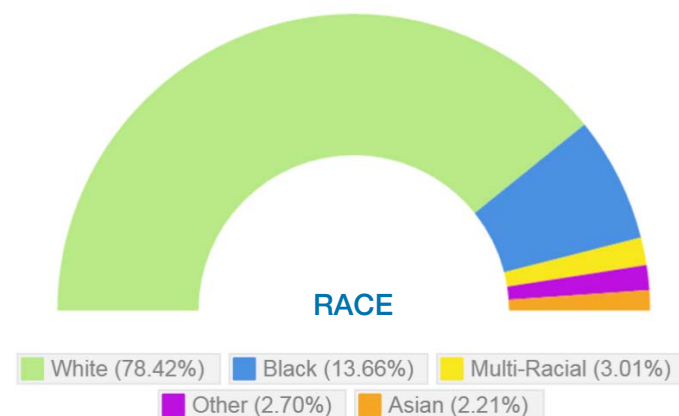
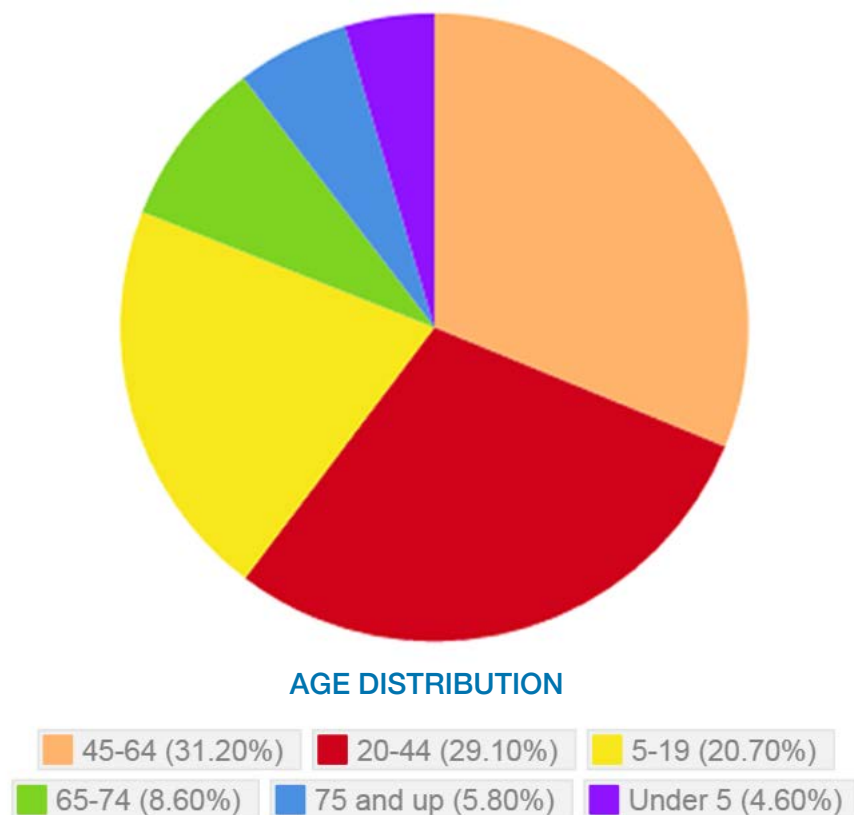


Monroe County ranks 65 out of 67 in quality of life compared to the rest of the counties in Pennsylvania.

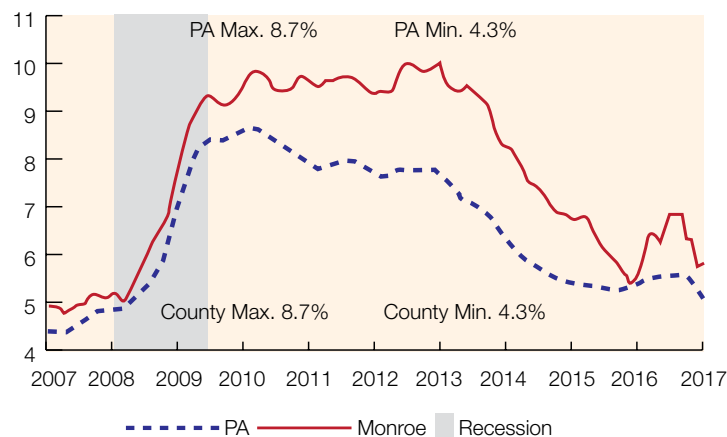
WHO WE ARE: DEMOGRAPHIC CHARACTERISTICS

Monroe County is urban and rural. From 2000 to 2010, the total population within Monroe County grew by 22.4%. The Hispanic population accounts for 42% of new growth.

- ▶ 14% of individuals in Monroe County have disabilities
- ▶ Beyond English, the most common languages spoken in Monroe County are Spanish, Polish and Russian.
- ▶ 31.4% of Monroe County residents are living in households with an income at or below 200% of the Federal Poverty Level.



UNEMPLOYMENT RATE, JAN. 2007–FEB. 2017



HEALTH FACTORS

There are some areas of concern in Monroe County, including opioid and alcohol addiction, sexually transmitted infections (STIs), obesity and social isolation. According to community members, some contributing factors include poorly integrated treatment programs, cultural factors, sedentary lifestyle and limited transportation.

Health Behaviors

Individual behaviors and choices affect health. Some of the issues prevalent in Monroe County are:

- ▶ High level of adult obesity
- ▶ Limited availability of healthy and fresh foods
- ▶ High rates of opioid use
- ▶ 25% of adults, age 18 years and older, self-reported heavy alcohol consumption

Social and Economic Factors

- ▶ Nearly 87% of Monroe County residents have a high school diploma or college degree.
- ▶ 49.9% of households are eligible for free or reduced-cost lunch, an indicator of financial disadvantage.

"THE OPIATE EPIDEMIC IS
OCCURRING ON A NATIONAL LEVEL.
THIS IS SOMETHING THAT MANY
COMMUNITIES THROUGHOUT THE
NATION ARE TRYING TO COMBAT."

- Key Informant Interviewee, 2017

- ▶ Median household income is \$67K. Per capita income is \$25,266, which is \$3,646 less than Pennsylvania's overall per capita income.
- ▶ According to the CDC, 1 in 5 individuals (20.5%) within Monroe County are without social or emotional support. This is in line with the national average.
- ▶ Focus groups indicated the need for increased after-school programming for youth due to parents having long commutes to and from work. They also suggested greater education in the community about the resources available in the county.

Physical Environment

- ▶ Monroe County ranks significantly higher than state and national averages in housing cost burden.
- ▶ 41.8% of households have housing costs greater than 30% of their income.
- ▶ Substandard housing is also a concern, and Monroe County ranks higher than the state average.
- ▶ 23.2% of the population commute over 60 minutes to work.
- ▶ Most residents of Monroe County are primarily dependent on driving. The county is considered to be a "low walkability community."

Clinical Care

- ▶ Compared to other parts of Pennsylvania, Monroe County residents have a higher percentage of uninsured individuals. Residents indicated that, while many have health insurance, they work at a distance and live in an area considered "out of network."
- ▶ Residents felt that an affordable clinic was needed to increase access to care for high-needs patients. Primary care is a significant need in Monroe County—there are 50% fewer primary care providers compared to the state of Pennsylvania. Focus groups indicated that the lengthy amount of time to see a physician makes it difficult to access quality care.
- ▶ Monroe County approximates or exceeds the state and national averages for several clinical services, including diabetes management/hemoglobin A1c test.
- ▶ In contrast, mammography rates in Monroe County are lower than the state average. It was noted in interviews that a large segment of the community is unaware of preventive services available within the community.

"POST 9/11, THERE WAS LARGE INFLUX OF RESIDENTS WHO MOVED INTO THE COUNTY FROM NEW YORK CITY, CREATING A GREATER NEED FOR AFFORDABLE, GOOD-QUALITY HOUSING."

- Focus Group, 2017





HEALTH OUTCOMES

Leading Causes of Death

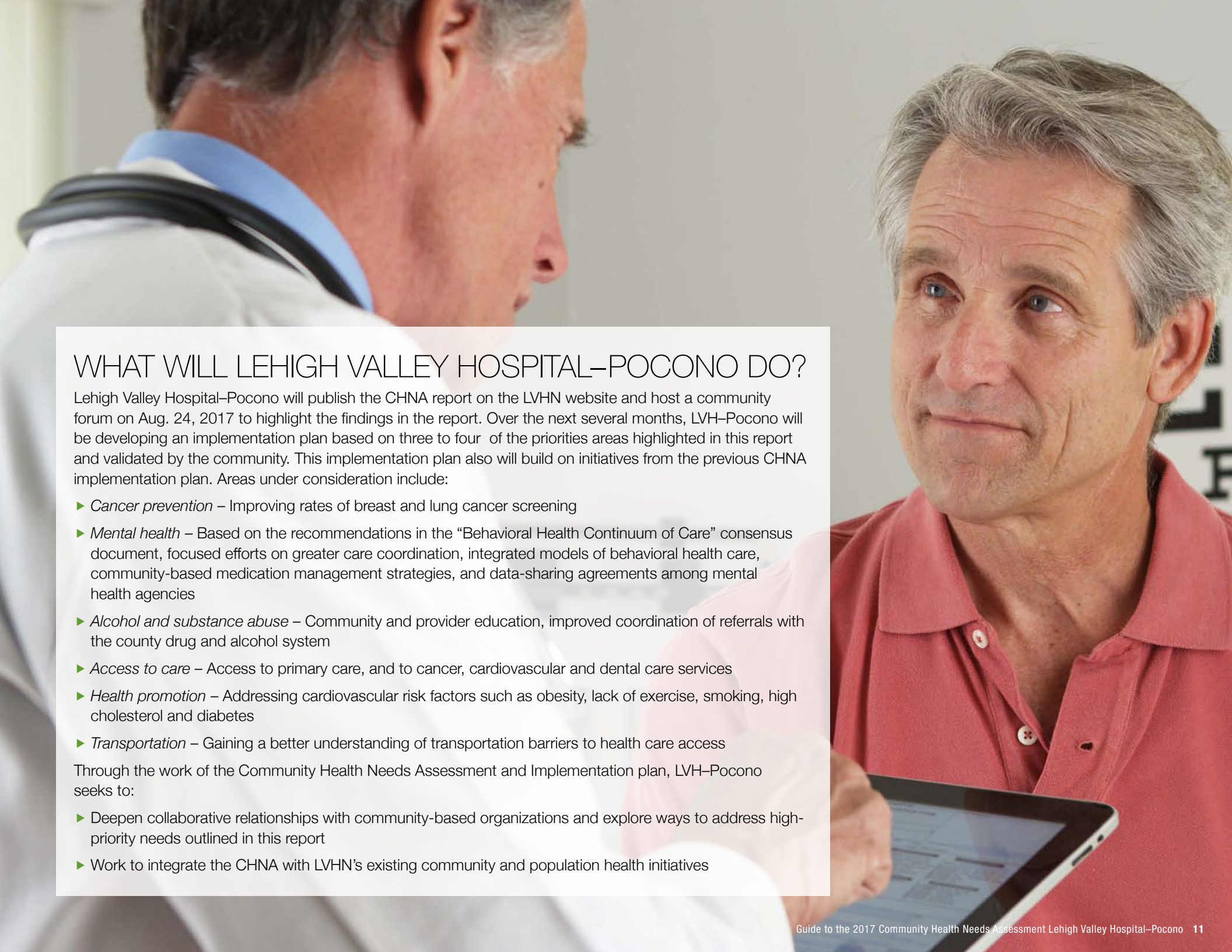
Monroe County ranks 53rd out of 67 Pennsylvania counties in terms of health outcomes. In terms of general health status, 11.9% of adults, age 18 and older, self-report having only fair or poor health.

Leading causes of death are:

- ▶ Diseases of the heart
- ▶ Cancer (Breast cancer and lung cancer are leading causes of cancer death.)
- ▶ Chronic lower respiratory disease (emphysema/ COPD)
- ▶ Stroke

Chronic Conditions

- ▶ In Monroe County, a lower percentage of adults have high blood pressure, asthma and heart disease than in other parts of Pennsylvania and the United States. However, Monroe County has a greater number of adults with diabetes and high cholesterol.
- ▶ Preventable hospitalization rates for “ambulatory sensitive conditions” such as asthma, heart failure and diabetes, are higher in Monroe County (57 per 1,000 hospitalizations) than in Pennsylvania as a whole (46 per 1,000).
- ▶ The county ranks slightly higher than the state and national averages on “mentally unhealthy days per month.” Poor mental health affects work performance, and family and community interaction.

A photograph of a doctor in a white coat with a stethoscope around his neck, looking down at a tablet held by a patient. The patient is an older man with grey hair, wearing a red polo shirt, looking up at the doctor. The background is a plain, light-colored wall.

WHAT WILL LEHIGH VALLEY HOSPITAL-POCONO DO?

Lehigh Valley Hospital-Pocono will publish the CHNA report on the LVHN website and host a community forum on Aug. 24, 2017 to highlight the findings in the report. Over the next several months, LVH-Pocono will be developing an implementation plan based on three to four of the priorities areas highlighted in this report and validated by the community. This implementation plan also will build on initiatives from the previous CHNA implementation plan. Areas under consideration include:

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

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

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

