

St. Luke's Network 2022 Community Health Needs Assessment Highlights



Executive Summary: The Community Health Needs Assessment (CHNA) is conducted every three years as part of the Patient Protection and Affordable Care Act. The following primary and secondary data is compiled to support the St. Luke's Network.

Key Findings

Overall Network assessment results highlight three main priority focus areas for our community health initiatives:

Access to Care **Prevention of Chronic Illnesses** **Mental and Behavioral Health**

These priority areas were determined based on the significant impact the social determinants of health place and provide a guide for our programs and other health initiatives that support our patients, care-workers, and communities. Findings from the 2022 CHNA highlight the differences within communities and systems that contribute to the prevalence of disease and poor health outcomes that contribute to a lack of optimal health for socially disadvantaged populations.

Economic Stability	Physical Environment	Education	Food	Community Safety
Employed: 48.4% Retired: 38.1% Unemployed: 9.1%	Cost burdened households in the Lehigh Valley: 38%*	22.3% of survey respondents have only a high school degree	Food environment index: PA (state): 8.4/10 Warren, NJ: 8.7/10*	89.9% agreed that their community was safe
Unemployment increased from 4.7% in January 2020 to 16.1% in April 2020, the highest observed since the Great Depression*	Asthma disproportionately affects low-income survey respondents making less than \$14,999 (19.7%) compared to respondents making \$60,000 and above (12.3%)	2.9% of respondents have not completed a degree	Food insecurity rates: PA: 12% NJ: 11.7%*	1 in 3 LGBT individuals feared seeking healthcare due to negative past experiences*
28.3% of households in PA live at 200% below the Federal Poverty Line (22.9% in NJ)*	An average of 6.7% of people in the service area did not have access to a car*	22.4% of respondents have a graduate degree	11.7% of students in PA (6-12) worried about running out of food one or more times in the past year*	7.6% of students in PA (6-12) reported being attacked on school property*

*Indicates a secondary data source

Access to Care

Health disparities are heavily influenced by social and economic factors. In the St. Luke's Network service area, survey data show some inequities seen in the population.

Access to Care	Total	Income	Ethnicity	Insurance
Primary Care Physician (visited within the last year)	81.7%	Less than \$24,999: 81% \$60,000 and above: 81%	Hispanic/Latino: 81% Non-Hispanic: 82%	Private Insurance: 77% Medicare: 91% Medicaid: 82% Uninsured: 43%
Dental Visit (visited within the last year)	68.3%	Less than \$24,999: 45% \$60,000 and above: 76%	Hispanic/Latino: 57% Non-Hispanic: 70%	Private Insurance: 62% Medicaid: 9% Uninsured: 30%
Reason for Missed Medical Appointment	Share of cost was too high: 7% Thought problem wasn't serious: 6% Couldn't get an appointment: 5%	4% missed an appointment because they couldn't get time off from work	10% of Hispanic/Latino respondents missed an appointment because the share of cost was too high	5% missed an appointment because insurance didn't cover what was needed

Demographics

Urban housing: 43.5%-94%

(varies by campus)

Zip codes (highest serving/county):

18102- Lehigh

18107- Northampton

18103- Northampton

Race and Ethnicity

White: 84.8%

Black: 6.9%

Asian: 2.4%

Other Race: 5.9%

Hispanic/Latino: 4.4% - 25.3%

(varies widely by campus)

Age

Under 18: 20-22%

18-64: 60-64%

65 and older: 16-20%

Sex:

Approximately 50/50 male and female

(varies slightly by campus)

*General data taken from the ACS 5-year estimates (2015-2019)

COVID-19 IMPACT

The impacts of COVID-19 have yet to be fully realized, but the increase in health disparities is already seen in many aspects of care.

- While 19% of adults prior to COVID-19 experienced a mental illness (10.8% of those uninsured), during the pandemic this number grew to a reported 53% of adults.^{1,2}
- More than 50 million people in the nation may experience food insecurity due to COVID-19.³
- The opioid epidemic and increased rates of substance use since the start of the pandemic are contributing to drastic increases in need for care and services for mental and behavioral health, with overdose rates increasing 18.2% since the start of the pandemic.⁴

¹<https://www.mhanational.org/issues/state-mental-health-america>

²<https://www.kff.org/>

³<https://www.feedingamerica.org/research/coronavirus-hunger-research>

⁴<https://emergency.cdc.gov/han/2020/han00438.asp>

Prevention of Chronic Illness

Addressing lifestyle behaviors related to physical activity and diet can influence and prevent chronic disease. Many needs are driven by socioeconomic factors as seen in the 2022 CHNA survey results below.

Chronic Illness	Percentage of Survey Respondents	Income	Ethnicity	Insurance
Diabetes	14.2%	Less than \$24,999: 20% \$60,000 and above: 12%	Hispanic/Latino: 15% Non-Hispanic/Latino: 14%	16% of respondents that have Medicaid or are uninsured are diabetic
Hypertension	39.6%	Less than \$24,999: 44% \$60,000 and above: 36%	Hispanic/Latino: 34% Non-Hispanic/Latino: 40%	34% of respondents that have Medicaid or are uninsured have hypertension
Hyperlipidemia	27.9%	Less than \$24,999: 29% \$60,000 and above: 27%	Hispanic/Latino: 22% Non-Hispanic/Latino: 29%	25% of respondents that have Medicaid or are uninsured have hyperlipidemia
Obesity	42.5%	Less than \$24,999: 52% 60,000 and above: 39%	Hispanic/Latino: 51% Non-Hispanic/Latino: 42%	40% of respondents that have Medicaid or are uninsured live with obesity

Mental and Behavioral Health

Mental and Behavioral Health are critical to the livelihood and welfare of our communities. Mental and Behavioral Health resources are insufficient across the nation. Our network continues to grow and address this need while working with community partners toward improving mental health ratios.

Mental Health	Percentage of Survey Respondents	Income	Ethnicity	Insurance
I have experienced at least one poor mental health day in the last 30 days	38.6%	Less than \$24,999: 51% \$60,000 and above: 35%	Hispanic/Latino: 42% Non-Hispanic/Latino: 38%	55% of respondents with Medicaid or are uninsured had at least one poor mental health day
<ul style="list-style-type: none"> • According to PAYS, 38% of children in Pennsylvania report feeling sad or depressed MOST days in the past 12 months • The ratio of mental healthcare providers is 450:1 in PA and 420:1 in NJ compared to 270:1 for U.S. top performers 				

