

St. Luke's Allentown and Sacred Heart 2022 Community Health Needs Assessment Highlights

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 Allentown and Sacred Heart Campuses.

Demographics*

Population: 365,473
Population Density: 1156.17
Urban housing: 94%
Zip codes (highest serving/county):
 18102- Lehigh
 18103- Lehigh
 18104- Lehigh

Race and Ethnicity

White: 78.6%
 Black: 7.7%
 Asian: 3.5%
 Other Race: 10.3%
 Hispanic: 25.3%

Age

Under 18: 22.7%
 18-64: 61.1%
 65 and older: 16.5%

Sex at Birth

Male: 49.1%
 Female: 50.9%

ALICE

In Lehigh county, 35% of people (Allentown City, 43%) are considered Asset Limited Income Constrained Employed

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 of the social determinants of health 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 related 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: 51.1% Retired: 33.9% Unemployed: 10.7%	67.2% of respondents in the Allentown and Sacred Heart service area own/mortgage their home	22.8% of Allentown and Sacred Heart respondents have only a high school degree	16.6% of children in Lehigh county were projected to be food insecure in 2021	85% of Allentown and Sacred Heart respondents agreed that their community was safe
48.1% of patients visiting the ED 5+ times made less than \$14,999 per year	Asthma disproportionately affects low-income survey respondents making less than \$14,999 (19.6%) compared to respondents making \$60,000 and above (9.3%)	4.3% of Allentown and Sacred Heart respondents have not completed a degree	Food insecurity rates: Lehigh county: 13.5% in 2020, a 34% increase from 2019	19.5% of LGBT individuals in Lehigh county had ever been the victim of violence*
32% of households in the Allentown and Sacred Heart service area live at 200% below the Federal Poverty Line*	16.7% of LGBT individuals in Lehigh county reported ever being homeless*	21.7% of Allentown and Sacred Heart respondents have a graduate degree	15.5% of households in the service areas receive Supplemental Nutrition Assistance Program (SNAP)	15.9% of students in Lehigh County reported being attacked on school property*

*Indicates a secondary data source



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
Respondents experiencing at least one poor mental health day per month	37.3%	Less than \$24,999: 49% \$60,000 and above: 33%	Hispanic: 42% Non-Hispanic: 36%	51% of respondents with Medicaid or are uninsured had at least one poor mental health day

• According to PAYS, 38.3% of students in Lehigh county report feeling sad or depressed MOST days in the past 12 months

• The ratio of mental healthcare providers is 510:1 in Lehigh county (compared to 450:1 in PA and 270:1 for U.S. top performers)

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>

Access to Care

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

Access to Care	Total	Income	Ethnicity	Insurance
Primary Care Physician (visited within the last year)	82%	Less than \$24,999: 80% \$60,000 and above: 81%	Hispanic: 79% Non-Hispanic: 82%	Private Insurance: 77% Medicare: 94% Medicaid: 80% Uninsured: 54%
Dental Visit (visited within the last year)	67%	Less than \$24,999: 47% \$60,000 and above: 88%	Hispanic: 53% Non-Hispanic: 71%	Private Insurance: 61% Medicaid: 11% Uninsured: 28%
Reason for Missed Medical Appointment	Share of cost was too high: 6% Thought problem wasn't serious: 6% Couldn't get appointment: 4%	4.9% missed an appointment because they couldn't get time off from work	9% of Hispanic respondents missed an appointment because the share of cost was too high (7% non-Hispanic)	5% missed an appointment because insurance didn't cover what was needed

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 status as seen in the 2022 CHNA survey results below.

Chronic Illness	Percentage of Survey Respondents	Income	Ethnicity	Insurance
Diabetes	13.6%	Less than \$24,999: 19% \$60,000 and above: 11%	Hispanic: 16% Non-Hispanic: 13%	15% of respondents that have Medicaid or are uninsured are diabetic
Hypertension	38.6%	Less than \$24,999: 37% \$60,000 and above: 35%	Hispanic: 31% Non-Hispanic: 40%	28% of respondents that have Medicaid or are uninsured have hypertension
Hyperlipidemia	27.1%	Less than \$24,999: 27% \$60,000 and above: 26%	Hispanic: 23% Non-Hispanic: 28%	26% of respondents that have Medicaid or are uninsured have hyperlipidemia
Obesity	44.2%	Less than \$24,999: 54% 60,000 and above: 38%	Hispanic: 54% Non-Hispanic: 42%	57% of respondents that have Medicaid or are uninsured live with obesity

