

# Anderson Campus Community Health Needs Assessment

## Executive Summary

### Background & Methodology:

As part of the Patient Protection and Affordable Care Act, all non-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years in order to remain a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. The goal of the assessment is to identify critical health disparities faced among residents within the community. The needs assessment must state every health priority addressed by community stakeholders, hospital professionals, or public health experts. Additionally, campus specific implementation plans have been crafted for each of the St. Luke's University Health Network (SLUHN) campuses in order to determine how resources will be allocated to address the specified health needs.

Our CHNA is comprised of both primary and secondary data. The primary data was collected through our community health surveys, where approximately 3,000 surveys were conducted in our seven campus geographic region. Primary data was also collected through 6 campus specific key stakeholder focus groups, where the main priority health needs were identified for each entity. Secondary data included the use of county level, state level, and national level data.

### Description of service area:

- The service area was defined by the patient zip codes for the top 80% of the population served by St. Luke's Anderson.
- The top four counties served by St. Luke's Anderson in Pennsylvania: Northampton, Lehigh, Monroe and Pike.
- There are a total of 17 zip codes included.
- St. Luke's Anderson patient (inpatient and outpatient) data showed that 43% were males and 57% were females.
- According to the US Census Bureau:
  - A total of 369,247 people live in the 474.16 square mile report area defined for this assessment
  - 22% are less than 18 years of age, 63% are 18-65, and 15% are 65 and over
  - 84% identify as White and 16% identify as Non-White (approximately 7% identify as Black)
  - 87% identify as Non-Hispanic and 13% identify as Hispanic
  - 27% fall at or below 200% of the Federal Poverty Level (FPL) in St. Luke's Anderson service area; this is slightly lower than the percentage for PA (31%) and for the U.S. (34%).
- Translators in Spanish are required at the St. Luke's Anderson campus based on Census Bureau's language data.
- St. Luke's Anderson patient data (inpatient and outpatient) indicates that 9% of patients are on Medical Assistance and 39% are on Medicare.

There are various socioeconomic, cultural, and environmental factors that constitute the social determinants of health, and they undoubtedly influence the health and well-being of our St. Luke's Anderson population. We live in an area where poverty is a prevalent issue and there are language barriers to care, which leaves vulnerable populations within our community. We were able to categorize the identified health needs into five major categories for the 2016-2019 CHNA cycle. These priority health categories are as follows.

### Health Priority #1: Improving Access to Care and Reducing Health Disparities

- The overall rate of primary care physicians per 100,000 population for the St. Luke's Anderson service area (72) is lower than the rate for Pennsylvania (80) and New Jersey (86) (Area Health Resource File, 2012).
- According to CHNA Survey data:
  - 71% of respondents saw their primary care provider in the past year; 68% of respondents with private insurance, 78% of respondents with Medicaid, 86% of respondents with Medicare, and 39% of uninsured respondents saw their primary care provider in the past year.
  - 66% of respondents saw a dentist in the past year; 74% of respondents with private insurance, 54% of respondents with Medicaid, 60% of respondents with Medicare and 46% of uninsured respondents saw a dentist in the past year.
  - 25% of respondents did not get eyeglasses due to high cost; 21% of respondents with private insurance, 33% of respondents with Medicaid, and 39% of uninsured respondents did not get eyeglasses due to high cost.
  - Postponement of care was strongly tied to insurance issues, with copay being too high (11%) and not having health insurance (11%) being in the top responses.
  - 13% of our respondents were unemployed; this unemployment rate is much greater than that reported for Pennsylvania (6%).
  - 20% of respondents have only a high school diploma and 9% did not finish high school.
  - 32% of respondents in the Anderson service area reported household incomes less than \$24,999. According to the US. Census Bureau, the median household income for 2009-2013 in Northampton County was \$60,097.

## **Health Priority #2: Promoting Healthy Lifestyles and Preventing Chronic Disease**

- In Northampton County, accidents were the leading cause of death for people ages 5-24 and 25-44 in 2012. For people ages 45 and older, the top two leading causes of death were heart disease and cancer, with cancer as the number one leading cause of death for those ages 45-64. Cancer was the number two cause of death for those ages 65 and older (Pennsylvania Department of Health –Division of Health Informatics, 2014).
- According to 2015 RWJ County Health Rankings 18% of Northampton County adults reported smoking, which is greater than the Healthy People 2020 target of 12%.
- According to CHNA Survey data:
  - Only 12% of respondents meet the FDA recommended 5 or more fruits/vegetables per day.
  - Only 16% are exercising 5 or more days per week, as recommended by the Healthy People 2020 target of exercising 30 minutes per day 5 days a week (set at 48%).
  - 37% of respondents were obese and 31% were overweight. Obesity rates are higher than national (28%) and state (30%) levels; additionally, 10% were recognized as being severely obese and 7% were morbidly obese. Overall, morbidly obese respondents had more chronic disease (73%) compared to those with healthy BMI's (36%).

## **Health Priority #3: Improving Mental/Behavioral Health**

- Survey data revealed that 38% of respondents reported one or more days of poor mental health in the past month.
- The ratio of the county population to the number of mental health professionals for Lehigh County (647:1), Monroe County (1,161:1) and Pike County (1,170:1) are worse than that for Northampton County (592:1) and Pennsylvania (623:1). U.S. top performers are at 386:1 (RWJ County Health Rankings 2015).
- CHNA Survey data also revealed a staggering 31% of respondents reported 1 or more episodes of binge drinking in the past month (5 or more drinks in one occasion), compared to 2015 RWJ County Health Rankings which reports Pennsylvania at 17% and counties performing at the 90<sup>th</sup> percentile nationally at 10%.

## **Health Priority #4: Improving Child & Adolescent Health**

- 35% of children under 18 are living at or below 200% of the Federal Poverty Level (FPL) (ACS 2009-13). This is less than Pennsylvania (39%) and the U.S. (44%); Living at 100% below FPL is \$24,250 for a family of 4.
- According to the 2015 RWJ County Health Rankings, Northampton County had a 9% Low Birth Weight rate, when compared to Pennsylvania (8%) and counties performing at the 90<sup>th</sup> percentile nationally (6%).
- In the St. Luke's Anderson service area as a whole, 44% of children are eligible for free/reduced price lunch. This percentage is the same as the percent of children eligible for free or reduced lunch in Pennsylvania and higher than New Jersey which is 38%, but it is lower than the national average of 52% (National Center for Education Statistics, Common Core of Data 2013-14).
- Lifetime usage of alcohol consumption amongst students in Northampton County was 47% and marijuana was 19%. In terms of prescription drug use, narcotics (i.e. pain management drugs) were most commonly used at 8% (PAYS, 2013).
- According to 2015 PSSA scores, the percentage of third graders reading below grade level ("Basic" or "Below basic" scores) ranged from 33% to 41% among Bangor Area School District elementary schools.

## **Health Priority #5: Improving Elder Health**

- According to the Lehigh Valley Research Council:
  - In 2014, in terms of chronic diseases, 55% elderly reported high blood pressure and 50% reported arthritis/rheumatic disease
  - In 2014, 22% of the elderly reported one or more falls over the past three months
  - In 2012, fall patient costs approximately \$234,423
- CHNA Survey data showed that 84% of our respondents over age 65 have a chronic disease.
- When reviewing 2015 RWJ County Health Rankings, social associations per 10,000 population, Northampton County is only at 11 compared to 12 for Pennsylvania and 22 for the counties performing at the 90<sup>th</sup> percentile nationally.

We already have many valuable services available to help improve health in our region, but a concentrated and sustained effort will be necessary among all those who contribute to our community's health to create new programs and continue existing programs to improve health status in our region. The needs discussed within the health categories served as our guide in creating an implementation plan to best address the needs of the St. Luke's Anderson service area.