

St. Luke's University Health Network 2016 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 hospital network, county, state, and national level data. The following health priorities, one through five, include all of the network campuses and service areas surrounding them.

Description of service area:

The service area was defined by the inpatient and outpatient zip codes (45 zip codes in total) for the top 80% of the population within the SLUHN. According to the US Census Bureau Community Survey (2009-2013) 5-year estimates, 83% of the SLUHN service area is White and 17% identify as Non-White (6% Black). Additionally, 84% of the population is Non-Hispanic and 16% is Hispanic. 30% of individuals are living in households that fall below 200% of Federal Poverty Level (FPL). CHNA survey data showed that 63% of Hispanic survey respondents reported having an income less than \$24,999 compared to 19% of Non-Hispanic respondents.

Health Priority 1: Improving Access to Care and Reducing Disparities

- The overall ratio of primary care physicians per population in the SLUHN service area is unfavorable especially in the more rural counties we serve (2015 RWJ County Health Rankings).
- CHNA survey data revealed that overall 71% of respondents (69% with private insurance and 41% with no insurance) saw their PCP within the last year. 69% of respondents (51% making less than \$24,999 and 82% making over \$60,000) saw their dentist within the last year. And, 26% of respondents could not afford to pay for eyeglasses in the past year.
- Based on our service areas and Census Bureau's language data, translators/interpreters in Spanish are required at the Bethlehem, Allentown and Anderson campuses, with Allentown and Bethlehem also requiring Arabic translators/ interpreters.
- SLUHN patient data (inpatient and outpatient) indicates that 19% of patients have Medical Assistance and 34% have Medicare.

Health Priority 2: Promoting Healthy Lifestyles and Preventing Chronic Disease

- According to CHNA Survey data: Only 11% of respondents meet the FDA recommended 5 or more fruits/vegetables per day; Only 16% are exercising 5 or more days per week; 39% of respondents were obese and 32% were overweight – both higher than national (28%) and state (30%) obesity levels.
- Overall 56.4% of CHNA survey respondents reported having at least one chronic disease.

Health Priority 3: Improving Mental/Behavioral Health

- Survey data revealed that 36% of respondents reported one or more days of poor mental health in the past month.
- All SLUHN campus counties have fewer mental health professionals per population compared to the top performing U.S. counties, with Carbon, Monroe and Schuylkill Counties having the greatest need. (2015 RWJ County Health Rankings).
- CHNA Survey data also revealed 28% of respondents reported one or more episodes of binge drinking in the past month. This is significantly higher than state and top performing county averages (2015 RWJ County Health Rankings).

Health Priority 4: Improving Child & Adolescent Health

- All counties in the SLUHN service area have higher low birth weight percentages than U.S. top performers (6%).
- 40% of children under 18 in our SLUHN service area are living at or below 200% of the Federal Poverty Levels (FPL). Living at 100% below FPL is \$24,250 for a family of 4.
- In the SLUHN service area as a whole, 44% qualify for the free/reduced lunch program. Rates differ within service area schools: Allentown at 87%, Bethlehem at 53%, Bangor at 44%, Panther Valley at 75%, and Quakertown at 30%.
- 2015 PSSA scores for third graders reading below grade level ranged from 11% in Quakertown (Trumbauersville ES) to 81% in Allentown (Central ES) School District Elementary Schools.

Health Priority 5: Improving Elder Health

- CHNA Survey data showed that 83% of our respondents within the SLUHN service area over age 65 have a chronic disease. High blood pressure is the most common condition with patients over age 65.
- We see that all seven counties we serve have low levels of social associations (2015 RWJ County Health Rankings). Social associations are important for health status and outcomes.