

# COMMUNITY HEALTH ASSESSMENT ALLENTOWN HEALTH BUREAU MAPP 2.0 Framework

May 1, 2024

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#### **Executive Summary**

The 2023-2024 Community Health Needs Assessment (CHNA) is the initial effort of the City of Allentown, Pennsylvania, and their Allentown Health Bureau to conduct a community-wide health improvement effort compliant with Professional Health Accreditation Board (PHAB) mandates. The MAPP or Mobilizing for Action through Planning and Partnerships framework was used, with the project initiated in May of 2023, prior to the introduction of the MAPP 2.0 framework. This report, however, is based on the MAPP 2.0 framework, with components like the Local Public Health Status Assessment from the MAPP 1.0 framework.

The project tenure for the Community Health Needs Assessment was from late May 2023 to January 2024 (nine months), with oversight provided by a Community Health Assessment Leadership Team (CHALT) of approximately 20 representatives. The Allentown Health Bureau conducted a stakeholder analysis to review the necessary representatives of Allentown including those from disproportionately impacted communities.

Broader community input occurred for the four MAPP assessments with an average input of 50 individuals.

- 1. Community Health Status Assessment (CHSA): September 2023
- 2. Forces of Change Assessment (FOCA): October 2023
- 3. Local Public Health Status Assessment (LPHSA): November 2023
- 4. Community Themes and Strengths Assessment (CTSA): January 2024

In February 2024, three priorities were identified for the Community Health Improvement Plan with CHIP teams formed to address these strategies. This process will be completed by May 31, 2024. The three priorities are:

- 1. Upward Economic Mobility and Health
- 2. Housing and Health
- 3. Loneliness and Social Isolation and Health

#### **Overview of the City of Allentown**

The City of Allentown, located in eastern Pennsylvania, is the third largest city in the Commonwealth with a population of 127,804. Allentown is the largest municipality in the eastern region of Pennsylvania known as the Lehigh Valley. The Lehigh Valley, which comprises Lehigh and Northampton Counties, is one of the fastest-growing regions in Pennsylvania and includes the cities of Allentown, Bethlehem, and Easton.

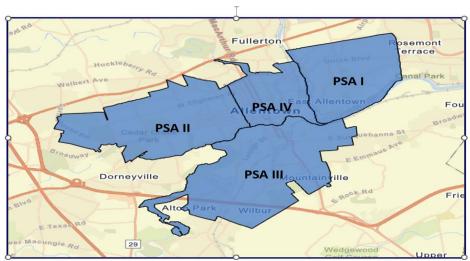
Amidst an economic resurgence, many communities within the City of Allentown are burdened by persistent economic distress. Across the City, the poverty rate is 23.3%, and the median household income is \$47,700. Compared to the Allentown-Bethlehem-Easton metropolitan area, Allentown has a poverty rate twice as high, and a median household income that is lower by one-third. Economic disparity illustrates the reality and the persistence of a citywide prime-age employment gap of 6.1%. The gains of a growing, prosperous regional economy are not being shared by all, especially here in the City of Allentown. Regionwide, there is a noticeable disparity in access to opportunity between different racial and ethnic groups. White individuals are twice as likely to live in an area with very high opportunity compared to Non-Whites. Just 38% of the Hispanic/Latino community in our region have



high access to opportunity, 40-points less than white individuals. This disparity is especially pronounced within the City of Allentown, a now majority-minority city following the 2020 Census.

Allentown is a diverse city with 54.5% identifying as Hispanic/Latino and 47.5% identifying as non-native English speaking. Skills and education gaps are the fundamental barriers to employment for Allentown residents. Among this subset of the city, 25% of prime-age residents are not high school graduates. Language barriers accentuate this gap: individuals who do not speak English at home are over three times less likely to graduate from high school compared to those who do. Low educational attainment and proficient skills render many of the higher paying local jobs inaccessible to many within this area. A consequence of this incompatibility is the challenge many residents face arranging transportation to work. Despite 90% of residents traveling to work outside of their neighborhood, one in every three households in this area are without a personal vehicle.

The City of Allentown is located in Lehigh County, with porous zip-code boundaries that cross beyond the city and even Lehigh County. The resolution to this dilemma is to use ESRI (Environmental System Research Institute Inc.), an American geographic information system (GIS) software company best known for its ArcGIS product. ESRI divides the City of Allentown into four quadrants by the Police Service Area (PSA), ensuring that data collected represents Allentown only. These four quadrants are further defined as:



PSA I: Fast-Side	PSA II: West-Side	PSA III: South-Side	PSA IV: Central City

City & Quadrant	Total Population	Median Household Income	Bachelor's Degree or Higher	Total Households	No Health Care Insurance	English not Prime Language
City of Allentown	127,804	\$47,703	17.2%	46,465	18,914	15.8%
PSA 1: East Side	16,851	\$47,932	22.7%	6,341	5,343	37%
PSA II: West End	43,415	\$52,238	33.6%	16,077	6,425	12%
PSA III: South Side	31,431	\$51,676	20.5%	11,781	4,652	20%
PSA IV: Center City	16,105	\$34,912	11.1%	12,266	5,343	29%

City & Quadrant	WHITE	BLACK	MULTI-RACE	OTHER RACE	HISPANIC
City of Allentown	37.6%	13.3%	15.7%	30.5%	54.5%
PSA 1: East Side	42.4%	11.6%	15.1%	28.2%	45.1%
PSA II: West End	43.6%	13.1%	13.6%	26.1%	45.1%
PSA III: South Side	39.3%	11.0%	17.1%	29.6%	55.1%
PSA IV: Center City	26.7%	11.6%	15.1%	28.2%	52.0%

#### **Summary of Community Health Needs Assessment Findings**

#### **Community Health Status Assessment**

The Community Health Status Assessment (CHSA) analyzed quantitative population health data from a variety of primary and secondary data across the region. The data was used to identify important health issues and disparities across age, gender, racial, and population subgroups in the City of Allentown. The findings from this assessment assist with the development of the Community Health Improvement Plan (CHIP) by demonstrating how and where resources should be allocated to meet the City of Allentown needs.

#### **Forces of Change Assessment**

The Forces of Change Assessment (FOCA) contextualized the social, political, and economic forces that influence the Allentown public health system. A wide array of local, state, and national forces were identified as key influences on the quality of life and health outcomes of the community and local public health system. Some of the forces identified include homelessness, poverty, increases in violent crime, loneliness and social isolation with the need for 'third places', structural racism and health inequities, housing conditions, access to mental health, long commutes for well-paying jobs, and air pollution.

#### **Local Public Health System Assessment**

The Local Public Health System Assessment (LPHSA) measured the capacity of the Allentown public health system to provide the ten essential public health services and meet equity standards. The results of the assessment identified the strengths and weaknesses in the region's public health system and highlighted opportunities for improving services through a health equity framework. *The findings from the assessment identified many areas of opportunities as critical to improving the regional public health system, including the need to improve data sharing, increase community engagement, resolve workforce issues and funding, strengthen local partners, and ensure that a strong system is in place for providing the 10 essential public health services.* 

#### **Community Themes and Strengths Assessment**

The Community Themes and Strengths Assessment (CTSA) captured Allentown residents' perceptions of quality of life, strengths, and assets of the region through organized focus groups and a regional hospital collaborative community health needs survey. The assessment results were divided into three separate categories: accessibility, affordability, and acceptability. Regarding accessibility, the built environment including housing access and safety concerns were identified as key factors critical to improving quality of life in the City of Allentown. Barriers to accessing social benefits, high costs and copays, and income disparities were commonly raised issues of affordability. Common concerns regarding acceptability in Allentown were discrimination and stigma, equity in all things, mental health and substance use, and lack of support for vulnerable populations.

#### **Prioritization Process and Determination**

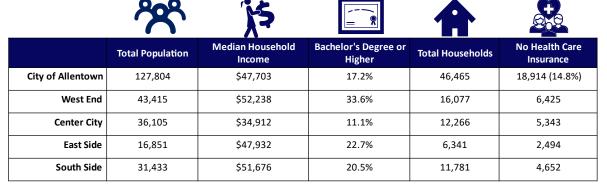
Key issues were identified through the MAPP assessments and were then organized and presented to the Community Health Assessment Leadership Team in a meeting held on February 19, 2024. The Advisory Team came to a consensus on the measures used to prioritize the findings and identify the priority areas including the severity of the issue, its impact on health, and the ability to address root causes. The three priorities that surfaced throughout the Community Health Assessment were: (1) Upward economic mobility (2) Stable, safe, and affordable housing, and (3) Loneliness and social isolation.



### 1. Community Context Assessment

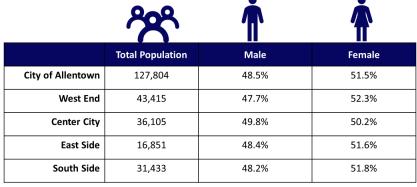
#### **Community Profile**

**DEMOGRAPHICS:** Overview



Source: ESRI, 2022.

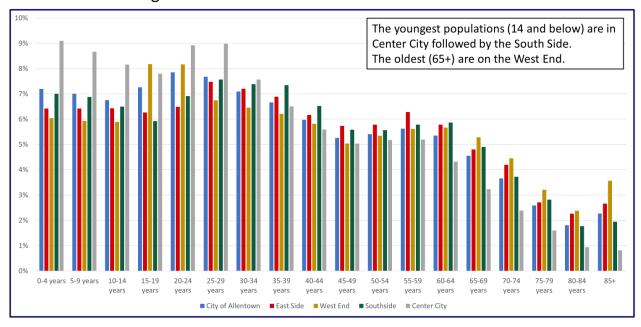
According to the United States Census Bureau, between 2010 and 2020 the City of Allentown saw an increase of 6.64% or 7,841 residents. There was an increase in the Hispanic population of 35.2% or 17,780 residents and a decrease in the non-Hispanic population of 14.71% or 9,938 individuals.



Source: ESRI, 2022.



### **DEMOGRAPHICS:** Age



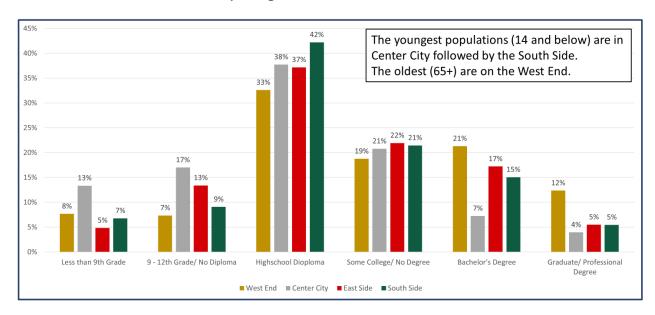
### **DEMOGRAPHICS:** Race/ Ethnicity

The highest percentage of Hispanics is in Center City, followed by the South Side.



Source: ESRI, 2022.

#### **DEMOGRAPHICS:** Education by Neighborhood



#### **SOCIOECONOMICS:** Financial Security - Poverty

\$49,939

Median Household income in the City of Allentown

\$69,440

Median Household income in Lehigh County

\$67,587

Median Household income in Pennsylvania

0.44

City of Allentown Income Inequality – GINI Index Value

0.45

Income Inequality - GINI Index Value in Lehigh County

0.47

Income Inequality - GINI Index Value in Pennsylvania 23.2%

% of Persons in Poverty in the City of Allentown

12.1%

% of Persons in Poverty in Lehigh County

11.8%

% of Persons in Poverty in Pennsylvania 34.9%

City of Allentown % of Children (under 18) in Poverty

19.2%

% of Children (under 18) in Poverty in Lehigh County

16.4%

% of Children (under 18) in Poverty in Pennsylvania

Source: American Community Survey, U.S. Census Bureau, 2022

GINI Index: measure of statistical dispersion intended to represent the income inequality, the wealth inequality, or the consumption inequality within a nation or a social group; 1 = perfect inequality, 0 = total equality.

#### SOCIOECONOMICS: Income by Neighborhood

\$52,099

Median Household income in the West End

\$76,087

Average Household income in the West End

\$28,552

Per Capital Income in the West End

Source: ESRI, 2022.

\$37,839

Median Household income in Center City

\$57,174

Average Household income in the Center City

\$19,748

Per Capital Income in Center City

\$47,779

Median Household income in the East Side

\$62,486

Average Household income in the East Side

\$23,629

Per Capital Income in the East Side

\$54,629

Median Household income in the South Side

\$72,112

Average Household income in the South Side

\$27,128

Per Capital Income in the South Side

Median: Is the value in the middle of a data set, meaning that 50% of the data points have a value smaller or equal to the median 50% of the data points have a value higher or equal to the median.

Average: A single number taken as the representative of a list of numbers, usually the sum of the numbers divided by how many numbees in the list. Per Capita: For each person; in relation to people taken individually.

12

#### SOCIOECONOMICS: Insured/Uninsured - Disabled

9.5%

Adult Population Uninsured in the City of Allentown

9.5%

Adult Population Uninsured in Lehigh County

8.4%

Adult Population Uninsured in Pennsylvania

5.3%

Uninsured Children in the City of Allentown

5.4%

Uninsured Children in Lehigh County

5.9%

Uninsured Children in Pennsylvania 16.2%

% Population with Disabilities in the City of Allentown

12.7%

% Population with Disabilities in Lehigh County

13.9%

% Population with Disabilities in Pennsylvania

Source: American Community Survey, U.S. Census Bureau, 2022

#### **Built Environment**

#### **SOCIAL DETERMINANTS OF HEALTH**

Social Determinants of Health are the non-medical factors that influence health outcomes. They are the conditions in the environment in which people are born, grow, live, learn, work, play, worship, and age that shape health.



#### SOCIAL DETERMINANTS OF HEALTH (continued-2)

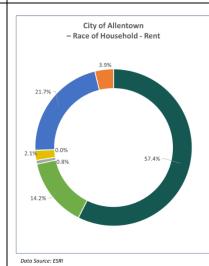
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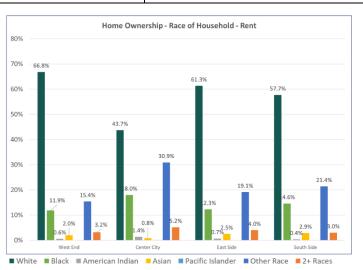
#### **Neighborhood and Built Environment**

#### HOHEING

	HOOSINA				
Measure	Data Source	Geography			
Home	US Census Bureau, ACS, 2021 & ESRI	City of Allontown & Quadrants			
Rental	US Cellsus Bureau, ACS, 2021 & ESKI	City of Allentown & Quadrants			

Race





Measure	Data Source	Geography
Housing Affordability	US Census Bureau, ACS, 2017-2021	City of Allentown & Quadrants

46,645

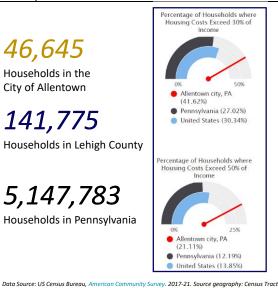
Households in the City of Allentown

*141,775* 

Households in Lehigh County

*5,147,783* 

Households in Pennsylvania



26,418 (59%)

Renter Occupied Households in the City of Allentown

*50,042* (35%)

Renter Occupied Households in Lehigh County

**1,586,866** (31%)

Renter Occupied Households in Pennsylvania

Eviction Rate in the City of Allentown

1.9%

**Eviction Rate in Lehigh** County

1.8%

Eviction Rate in Pennsylvania

9

#### **SOCIAL DETERMINANTS OF HEALTH (continued-3)**

Social Determinants of Health are the non-medical factors that influence health outcomes. They are the conditions in the environment in which people are born, grow, live, learn, work, play, worship, and age that shape health.

Measure	Data Source	Geography
Housing Vacancies	US Census Bureau, ACS, 2021 & ESRI	City of Allentown & Quadrants
	700	
1 261	622	
1,261	600	



For Rent

52

Rented, Not Occupied

300

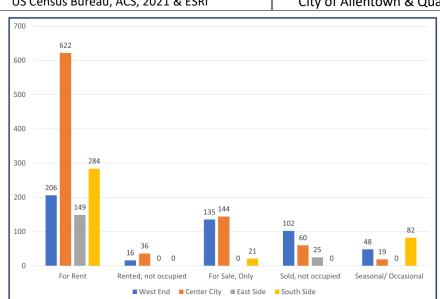
For Sale Only

187

Sold, not occupied

149

Seasonal/Occasional



Measure		Da	ta Source			Geography	
Housing Severe Conditions		US Census Bui	s Bureau, ACS, 2017-2021			City of Allentown	
Occupied H Units with more subst conditions	1 or	43.5% City of Allentown	31.3% Lehigh County	<b>27.</b> 2 State of P	<b>90</b> ennsylvania	31.5% United States	
Severe Subs Housing	standard		16.9% Lehigh County	<b>15.</b> 3	<b>8%</b> ennsylvania	18.5% United States	
Housing Qu Overcrowd	,	<b>7.9%</b> City of Allentown	2.7% Lehigh County	<b>1.8</b> 9 State of P	<b>6</b> ennsylvania	4.6% United States	

This indicator reports the number and percentage of owner- and renter-occupied housing units with at least one of the following conditions:

- 1) Lack of complete plumbing facilities,
- 2) Lack of complete kitchen facilities,
- 3) With 1.51 or more occupants per room,

Data Source: ESRI

- 4) Selected monthly owner costs as a percentage of household income is greater than 50%, and
- 5) Gross rent as a percentage of household income is greater than 50%.

This data is used to identify homes where the quality of living and housing is considered substandard.



#### **SOCIAL DETERMINANTS OF HEALTH (continued-4) Neighborhood and Built Environment FOOD INSECURITY** Access to nutritious food Measure **Data Source** Geography % Living in Food Deserts US Department of Agriculture, Food Access Research City Atlas, 2019 % Receiving SNAP benefits Feeding America, 2021 City US Census Bureau, City & County Business Patterns, **Fast Food Restaurants** City **Grocery Stores** US Census Bureau, City & County Business Patterns, City

#### Healthy Eating: Food

Food Insecurity Rate in the City of Allentown

10.6%

Food Insecurity Rate in Lehigh County

8.9% Food Insecurity Rate in Percent Households Receiving SNAP Benefits

0% 40%

Allentown city, PA (29.63%)

Pennsylvania (13.40%)

United States (11.37%)

Percentage of Total Population Receiving SNAP Benefits

0% 25%

Pennsylvania (13.3%)

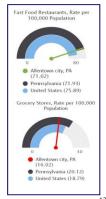
United States (12.6%)

Population Living in Food Deserts in the City of Allentown

18,184

Population Living in Food Deserts in Lehigh County

800,303
Population Living in Food Deserts in Pennsylvania



ata Source: US Census Bureau\(\)merican Community Survey 2017-21. Source geography: Trac

Percent population with no	11.9%	18.5%	18.9%
Healthy Food Outlet	Lehigh County	State of Pennsylvania	United States
Percent population with Low	39.2%	24.5%	32.3%
Healthy Food Access	Lehigh County	State of Pennsylvania	United States
Percent population with	41.9%	44.1%	43.8%
Moderate Healthy Food Access	Lehigh County	State of Pennsylvania	United States
Percent population with High	5.9%	11.2%	<b>5.1%</b> United States
Healthy Food Access	Lehigh County	State of Pennsylvania	

SOCIAL DETERMINANTS OF HEALTH (continued-5)					
	Neighborhood and Built Environment				
TRANSPORTATION					
Measure	Data Source	Geography			
Residents with no Motor Vehicle	US Census Bureau, American Community Survey, 2021	City & County			



16.2% of 7,341 of Allentown households have no motor vehicle compared to 8% for Lehigh County and 11% in the Commonwealth of Pennsylvania and 8% for the United States.

Measure	Data Source	Geography
Persons 16+ commuting more	US Census Bureau, American Community Survey, 2018-	Labiah County DA
than 60 minutes to work	2022	Lehigh County, PA

Report Area	Population Age 16+ that Commutes to Work	Population Commuting More than 60 Minutes	Population Commuting More than 60 Minutes, Percent
Lehigh County, PA	161,253	11,840	7.34%
Pennsylvania	5,466,237	471,448	8.62%
United States	138,386,938	12,273,797	8.87%



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2018-22.

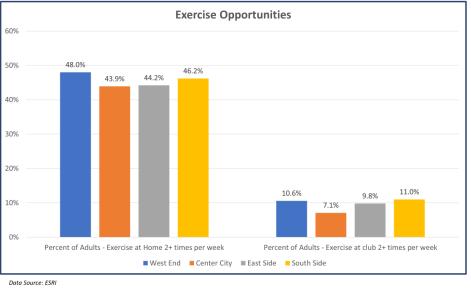
SOCIAL DETERMINANTS OF HEALTH (continued-6)										
Neighborhood and Built Environment										
	PHYSICAL ACTIVITY OPPORTUNITIES									
Measure		Data Source		Geography						
Active Living & Exercise	U.S. Census Bur	eau, America Com	munity Survey, 2021	Census Tract						
Active Living - Established, Rate per 100,000 Population	<b>10.1</b> City of Allentown	10.2 Lehigh County	12.3 State of Pennsylvania	11.9 United States						
Adults Age 20+ with No Leisure Time Physical Activity Percent		19.6% Lehigh County	21.2% State of Pennsylvania	22.1% United States						
Access to Exercise Opportunities - Percentage of Population with Access to Exercise Opportunities		85.2% Lehigh County	86.1% State of Pennsylvania	84.3% United States						
Recreation and Fitness Facility Access - Establishments, Rate per 100,000 Population	10.1 City of Allentown	10.5 Lehigh County	12.7 State of Pennsylvania	11.9 United States						

45.6%

City of Allentown - Percent of Adults - Exercise at Home 2+ times per week

9.6%

City of Allentown - Percent of Adults - Exercise at club 2+ times per week

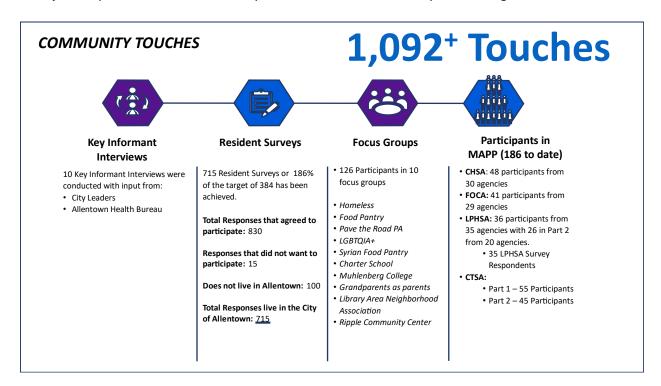


#### Community Strengths & Assets (Community Themes & Strengths Assessment)

The Community Themes and Strengths Assessment captured Allentown resident perceptions of quality of life, strengths, and assets of the region through organized focus groups and a regional hospital collaborative community health needs survey. The assessment results were divided into three separate categories: accessibility, affordability, and acceptability. Regarding accessibility, the built environment including housing access and safety concerns were identified as key factors critical to improving quality of life in the City of Allentown. Barriers to accessing social benefits, high costs and copays, and income disparities were commonly raised issues of affordability. Common concerns regarding acceptability in Allentown were discrimination and stigma, equity in all things, mental health and substance use, and lack of support for vulnerable populations.

Components of the Community Themes and Strengths Assessment resulted in 1,092 community touches.

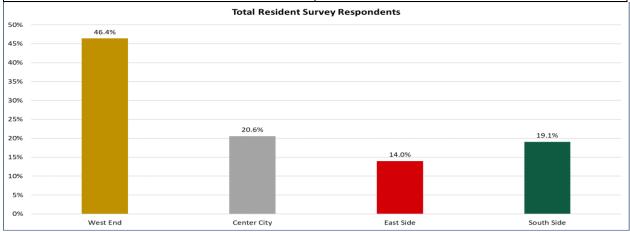
- a) Key Informant Interviews: 10 interviews were conducted with city leaders and the Allentown Health Bureau
- b) Resident survey: 715 surveys were conducted with City of Allentown residents
- c) Focus Groups: 125 participants provided input in 16 focus groups
- d) Overall CHA participants in the MAPP process: 186 stakeholders
- e) Incorporation of the Community Health Needs Assessment by the two regional health networks.



#### **Resident Surveys**

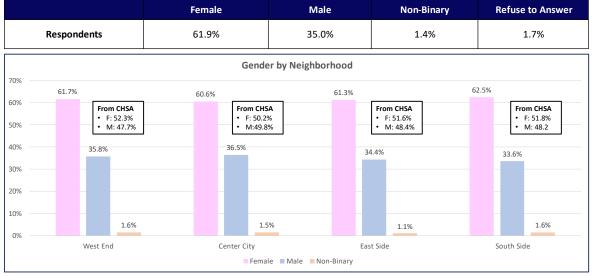
The City of Allentown resident survey respondents totaled 715, a statistically representative sample that exceeded the target by 186% (initial sample frame was 384 total resident surveys).

CITY OF ALLENTOWN DEMOGRAPHICS	RESIDENT SURVEY RESPONDENTS
43,415 or 34% from the West End	154 or 46.4% from the West End
36,105 or 28.3% from Center City	147 or 20.6% from Center City
16,851 or 13.2% from the East Side	100 or 14.0% from the East Side
31,433 or 24.6% from the South Side	137 or 19.0% from the South Side
127,804 total population	715 total respondents



#### **DEMOGRAPHICS:** Gender

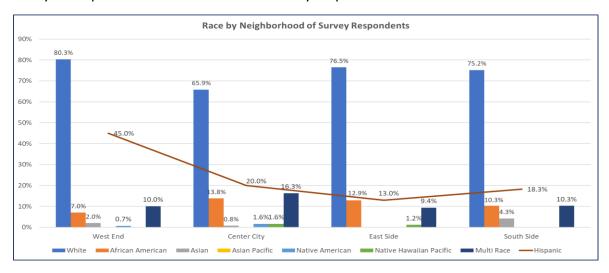
Nationwide experience is that females respond to surveys 2.5x more than males—this is 1.8 times.



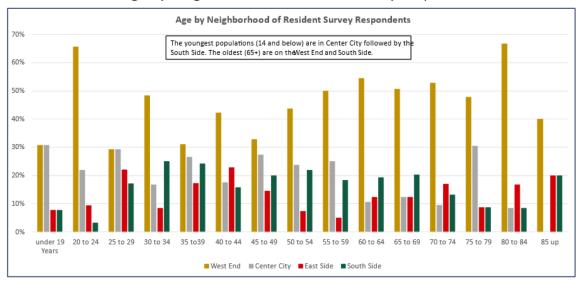
CHSA: Community Health Status Assessment



The race/ethnicity of Survey respondents was 31% White (37), 36% Black (43), and 2% Asian (2). Ethnicity of Hispanics was 35% of resident survey respondents.



#### **DEMOGRAPHICS:** Age by Neighborhood of Resident Survey Respondents



Almost a third of respondents speak a language other than English (31.6%), with 15.7% of these residing in a limited English-speaking household. Of the 31.6% who speak a language other than English, these languages are Spanish (85%), Arabic (2.8%), German (1.9%), French (1.4%), Kora (0.9%) and then 16 other languages at 0.5% equating to 3 or 4 respondents each.

The educational level of resident survey respondents showed that 24.1% have a bachelor's degree, and 45.1% have a bachelor's degree or higher (graduate degree at 21.0%).

	Less than 9 Grade	9 to 12 Grade	Highschool or GED	Associate, Vocational	Some College no Degree	Bachelors Degree	Graduate Degree	Other
Respondents	3.6%	8.3%	14.9%	12.5%	13.9%	24.1%	21.0%	1.7%



#### **CONTENT RESPONSES**

#### **Quality of Life Perceptions**

STATEMENT	RESPONSE	RESPONSE BY RESPONDENTS (RACE/ETHNIC & GENDER
Good healthcare in	64.3%	Race/Ethnic: 69.2% White, 41.9% Black, 52.7% Hispanic
Allentown	04.3%	Gender: 63% of females, 66.4% of males
Good place to raise kids	35.5%	Race/Ethnic: 34.2% White. 35.5% Black, 40.3% Hispanic
dood place to raise kids	33.3%	Gender: 37.2% Female, 33.5% Male
Cood place to grow old	41.5%	Race/Ethnic: 48.7% White. 43.5% Black, 42.4% Hispanic
Good place to grow old	41.5%	Gender: 44.4% Female, 52.1% Male
Feen emis ennertunities	50.3%	Race/ Ethnic: 50.3% White, 46.8% Black, 47.7% Hispanic
Economic opportunities	30.3%	Gender: 55.4% Female, 15.5% Male
Allentown is a safe place	35.4%	Race/Ethnic: 33.8% White 37.1% Black, 37.0% Hispanic
There is support in	46.8%	Race/Ethnic: 47.8% White, 44.3% Black, 45.6% Hispanic
Allentown in times of need	40.8%	Gender: 53.3% Female, 48.8% Male

### **Community Improvements**

Which of these issues most affect your quality of life?

QUALITY OF LIFE STATEMENT	PERCENT	RANKING	WEST END	CENTER	EAST SIDE	SOUTH
QUALITY OF LIFE STATEMENT	OF ALL	BY ALL	WEST END	CITY	EAST SIDE	SIDE
Low income/Poverty	14.2%	1	15.5%	12.3%	5.9%	7.2%
Pollution (air, water, and land)	13.3%	2	14.8%	10.7%	15.4%	11.6%
Violent Crime	11.6%	3	10.8%	11.6%	14.9%	10.8%
Homelessness/ Unstable housing	9.8%	4	9.9%	11.3%	7.4%	9.6%
Theft	8.4%	5	8.5%	5.3%	10.6%	10.4%
Lack of Community Support	7.3%	6	7.4%	12.3%	5.9%	7.2%
Lack of/ Not Enough Health	6.0%	7	6.7%	6.6%	3.2%	6.0%
insurance	6.0%	,	0.7 /6	0.076	3.2%	0.076
No or No Good Jobs	5.9%	8	6.5%	5.3%	3.7%	7.2%
Drug/Alcohol Abuse	5.6%	9	5.0%	6.0%	5.9%	6.0%
Discrimination/ Racism	5.4%	10	5.4%	2.8%	9.0%	6.0%
Hopelessness	4.8%	11	3.6%	5.3%	4.3%	7.2%
Dropping out of school	2.5%	12	2.0%	5.0%	1.6%	1.2%
Neglect & Abuse: Elder	1.4%	13	1.1%	2.5%	0.5%	1.6%
Neglect & Abuse: Child	1.1%	14	1.4%	0.3%	00%	2.0%
Teen Pregnancy	1.0%	15	0.9%	1.6%	1.1%	0.4%
Neglect & Abuse: Adult	0.6%	16	0.5%	0.9%	0.5%	0.4%

**Top 5 Percentages** 



Which of the following services are needed to improve your neighborhood?

SERVICES TO IMPROVE NEIGHBORHOOD	PERCENT OF ALL	RANKING BY ALL	WEST END	CENTER CITY	EAST SIDE	SOUTH SIDE
More affordable housing	11.4%	1	11.9%	16.8%	12.4%	15.1%
Road maintenance and safety	7.8%	2	8.2%	4.4%	8.8%	9.2%
Higher paying jobs	7.7%	3	9.3%	8.4%	6.9%	9.6%
More affordable health services	6.3%	4	6.4%	6.0%	6.9%	9.6%
Better/more recreational facilities	6.2%	5	6.4%	4.4%	9.7%	3.3%
Counseling/ support groups for mental health	5.9%	6	6.7%	5.0%	6.5%	6.6%
Transportation options	5.8%	7	6.2%	5.7%	6.0%	6.6%
Better/healthier food choices	5.6%	8	6.5%	5.7%	4.6%	4.8%
Sidewalk safety	5.2%	9	5.7%	3.0%	4.6%	6.3%
Elder Care options	4.9%	10	4.7%	5.0%	4.6%	4.0%
Positive teen activities	4.7%	11	3.9%	4.7%	4.6%	3.3%
Child Care options	4.0%	12	4.3%	2.7%	3.7%	3.3%
Services for disabled people	4.0%	13	3.3%	4.7%	4.1%	3.7%
Animal Control	3.8%	14	3.3%	4.4.%	4.1%	1.8%
Healthy family activities	3.8%	15	3.1%	2.7%	4.1%	4.4%
Jobs	3.6%	16	2.8%	5.0%	1.8%	2.6%
Drug and Alcohol Use Prevention	3.5%	17	2.5%	5.0%	2.8%	3.7%
Drug/ Alcohol/Tobacco treatment	2.8%	18	2.1%	4.7%	1.4%	1.5%
Number of health care providers	1.7%	19	1.8%	0.3%	0.5%	2.2%
Culturally and linguistically appropriate services	1.4%	20	0.8%	1.3%	1.8%	1.1%

**Top 5 Percentages** 

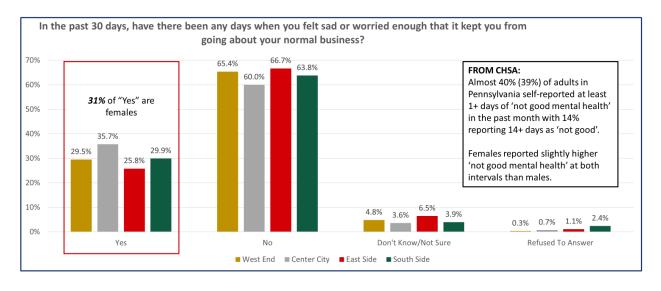
#### **Personal Health**

Would you say, in general, that your health is?

	Excellent	Very Good	Good	Fair	Poor	RTA
Respondents	11.8%	28.0%	36.7%	17.6%	4.6%	1.3%

In the past 30 days, have there been days when you felt sad or worried enough that it kept you from going about your normal business?

	Yes	No	Don't Know/ Not Sure	Refused to Answer
Respondents	30.5%	64.0%	4.4%	1.1%



In the past 12 months, did you or your family have a problem getting the health care you needed from any provider-hospital, doctor, nurse, dentist, or other?

# Over a third (35.2%) said Yes with details listed below by All Resident Survey Respondents and by Quadrant in the City of Allentown)

HEALTHCARE NEED	PERCENT OF ALL	WEST END	CENTER CITY	EAST SIDE	SOUTH SIDE
Yes, Dentist	12.9%	11.8%	18.6%	9.0%	12.4%
Yes, Specialist	7.0%	4.6%	4.5%	4.9%	3.0%
Yes, Primary Care/ General Practitioner	6.9%	1.0%	0.6%	1.6%	1.2%
Yes, Mental Health	6.5%	1.0%	0.6%	1.6%	0.6%
Yes, Pharmacy/Prescription	4.4%	6.2%	7.3%	6.6%	6.5%
Yes, Eye Care/ Ophthalmologist	4.3%	2.6%	2.3%	2.5%	1.8%
Yes, OB/GYN	2.3%	1.3%	2.3%	2.5%	1.8%
Yes, Pediatrician	1.7%	4.1%	4.5%	4.1%	5.3%
Yes, Urgent Care Center	1.4%	6.9%	4.5%	7.4%	8.9%
Yes, VA	1.0%	7.7%	6.2%	5.7%	7.1%
Yes, Health Department	1.0%	1.5%	0.6%	3.3%	1.8%
Yes, Medical Clinic	0.9%	0.5%	0.6%	1.6%	1.2%
Don't Know/ Not Sure	2.0%	1.8%	3.4%	3.3%	-
No	47.4%	49.0%	44.1%	45.9%	48.5%

**Top 5 Percentages** 

Which of these problems prevented you or your family from getting the health care you needed?

PROBLEMS PREVENTING GETTING HEALTHCARE					
Wait for an appointment was too long	17.2%				
No health insurance	13.2%				
Health insurance didn't cover what I or we needed	13.2%				
Our share of the cost (deductible or copay) was too high	11.7%				
Could not get an appointment	11.2%				
The dentist would not take my/our health insurance	8.1%				
Hours did not fit my job or home demands	6.3%				
Didn't know where to go	5.9%				
No way to get there (transportation issues)	5.3%				
The doctor would not take my/our health insurance	3.2%				
The eye care professional (optometrist/ ophthalmologist) would not take my/our health	3.1%				
The pharmacy would not take my/our health insurance	1.6%				

Where do you get most of your health-related information?

SOURCES OF HEALTH INFORMATION						
Doctor/Nurse Pharmacist	19.2%					
Friends & Family	15.9%					
Internet	13.9%					
Hospital	9.6%					
Health Department	9.6%					
Book/Magazines	8.7%					
TV/Radio	7.7%					
Pharmacist	7.2%					
Church	4.3%					
Child's School	2.9%					
Help Lines	1.0%					

#### **Health Conditions**

Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

RESIDENT SURVEY							CHSA COMPARISON		
HEALTH COND	OITIONS	White	Black	Hispanic	Female	Male	Allentown	Lehigh County	PA
Depression	45.7%	47.5%	46.7%	42.0%	46.8%	39.6%	20.7%	20.7%	19.3%
Obesity	40.6%	41.7%	41.4%	41.9%	44.7%	32.2%	31.7%	31.7%	29.9%
Hypertension	37.8%	37.8%	43.1%	39.0%	34.4%	41.5%	61.6%	61.6%	58.5%
High cholesterol	31.6%	33.5%	24.6%	32.5%	27.4%	38.2%	56.6%	56.3%	52.7%
Asthma*	23.8%	21.4%	32.2%	32.1%	22.7%	23.4%	5.8%	5.85	5.3%
Diabetes	15.5%	12.7%	27.6%	22.5%	14.0%	17.7%	9.7%	9.7%	8.3%
Osteoporosis	14.0%	13.3%	15.8%	15.9%	17.3%	5.7%`			
Cancer	10.3%	10.8%	12.1%	7/7%	9.9%	11.0%	9.8%	9.8%	9.1%

Hypertension and High Cholesterol frequently exist but are not diagnosed.

<sup>\*</sup> Health Conditions - Difference between 'ever had' asthma and 'currently'

#### **Disability Status**

	Yes, Walking	Yes, Emotional	Yes, Hearing	Yes, Daily Living	Yes, Vision	Yes, Other
Respondents	27.0%	22.2%	17.1%	10.8%	9.2%	13.7%

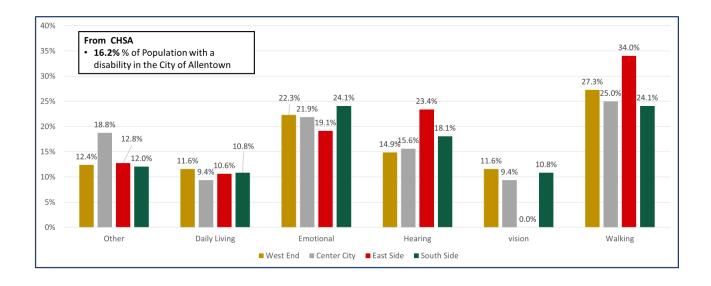
The most common disability is ambulatory 27%, with the East Side reporting the highest rate of difficulty walking at 34.0%.

The second highest is emotional, which can include cognitive disorders like autism spectrum disorder. It is over a fifth of reported disabilities at 22.2% with South Side reporting the highest percentage at 24.1%.

The third highest is deafness or difficulty hearing at 17.1%. The East Side reports the highest rates at 23.4%.

Fourth highest is disability expressed as limitations in Activities of Daily Living at 10.8%. The West End as the highest reported ADL disability at 11.6%.

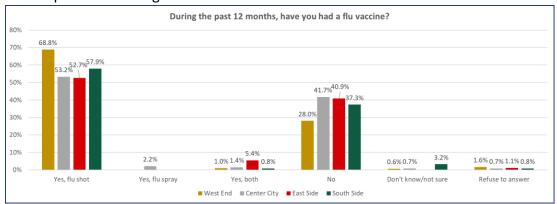
Fifty is difficulty with vision at 9.2% with the West End reporting the highest issue at 11.6%.



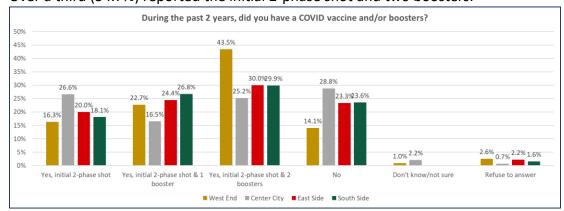
#### **Preventive Measures**

The two preventive measures queried in the Resident Survey related to adult flu shots and COVID-19 vaccinations.

- Resident survey respondents report a 63% compliance with having an influenza vaccine.
  - Almost two-thirds (60.7%) of resident survey respondents reported receiving a flu shot in the past year;
  - Almost 1% (0.4%) received flu spray or mist; and
  - 1.9% reported receiving both.



- Resident survey respondents reported the following data for COVID vaccinations resulting in 75.9% having a COVID vaccine and/or boosters in the past two years.
  - o Almost one-fifth (19.4%) reported the initial 2-phase shot;
  - Over one-fifth (21.8%) reported the initial 2-phase shot and one booster; and
  - Over a third (34.7%) reported the initial 2-phase shot and two boosters.



#### **Focus Groups**

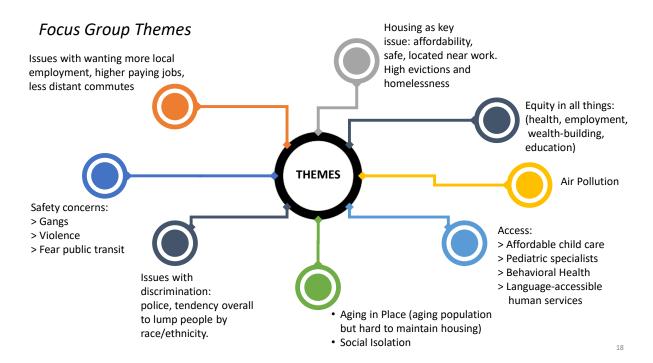
Ten (10) focus groups were held in the City of Allentown in November and December of 2023.

126 participants (average of 8 people/group) *Gender:* 72 women (57%) and 54 men (43%)

Race: 45 White (36%), 43 Black (34%), 2 Asian (2%)

Ethnicity: 36 Hispanic (29%)

Focus Group	Demographics	Participants
Homeless	5 females, 12 men – 6 White, 11 Black	17
Food Pantry	5 female, 3 male; 4 Hispanic, 3 White, 1 Black	8
Pave the Road PA	Spanish-Speaking (17 females, 8 males)	25
LGBTQIA+	2 female, 1 male; 1 White, 2 Black	3
Syrian Food Pantry	8 females, 2 males; 6 White, 2 Black, 2 Hispanic	10
Charter School	3 boys, 7 girls – All Black	10
Muhlenberg College	13 female, 1 male: 4 White, 8 Black, 2 Asian	14
Grandparents as Parents	All female, All White – 3 grandparents, 1 relative	4
Library Area Neighborhood	4 males and 4 females: All White	8
Ripple Community Center	7 females, 20 men; 13 White, 9 Black, 3 Hispanic	27
Total		126



#### FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment or FOCA was conducted in two parts. On October 12<sup>th</sup> we reviewed the process and sought input from the group on the eight forces and underlying trends, with an interim, on-line survey to rank input. On October 26<sup>th</sup>, this input was reviewed and discussed.

#### Forces are a broad all-encompassing category that includes trends, events, and factors.

Trends are patterns over time such as migration in and out of a community or growing disillusionment with government.

Factors are elements such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway that impact trends.

Events are one-time occurrences such as a hospital closure, a natural disaster, the passage of new legislation of a major event (i.e. COVID).

Forces were grouped into the eight categories defined below						
Social (4 or 12%) A social issue is a problem that reduces the quality of life of people.	Economic (4 or 12%) An economic issue relates to scarce resources in light of needs.	Political (3 or 9%) A political issue involves government or politics but can cross into social or economic issues.	Technology (4 or 12%) Technological issues involve improvements in processes that increase productivity.			
Environmental (4 or 12%) Issues where human activity impacts the environment and environmental factors that affect human health.	Scientific/Health (5 or 15%) Biophysical impact on an individual and the community at large.	Legal (5 or 15%) Legal issues are based on the current practice of law.	Ethical (5 or 15%) Ethical issues define issues of right and wrong (may differ from legal).			

Results showed that responses by Forces were evenly distributed.



#	FORCE	PERCENTAGE
1	Economic - Affordable housing	63.6%
2	Social - Poverty and its impact on families and older adults	52.4%
3	Technology - Not having access to internet	50.0%
4	Political - Polarization	42.9%
5	Scientific/Health - High stress situation/ lifestyles	42.9%
6	Legal - Systemic racism	42.9%
7	Ethical - Treatment of and lumping together of groups of folks by issues such	
	as race, ethical, addiction	40.9%
8	Ethical - Lack of feeling connected/ welcomed/ included	40.9%
9	Ethical -Continued stigma around the need for additional support - such as	
	food stamps or WIC	40.9%
10	Social - Affordable Housing	38.1%
11	Social - Access to mental healthcare	38.1%
12	Political - Federal definition on poverty is outdated and doesn't account for	
4.0	working poor	38.1%
13	Scientific/Health - Increased sedentary lives - Obesity	38.1%
14	Environmental - Old residential housing stock	36.4%
15	Scientific/Health - Very few options (almost none) for the poor and uninsured	33.3%
16	Legal - Criminalization of unsheltered	33.3%
17	Economic - Rising costs	31.8%
18	Technology - Technology having a large impact on people's mental health,	24.00/
10	especially in young people	31.8%
19	Environmental - Air quality concerns	31.8%
20	Political – Dysfunctional government out of touch with average person's life	28.6%
21	Scientific/Health – Substance use access to treatment and services	28.6%
22	Scientific/Health – Difficulty accessing mental health services	28.6%
23	Legal-Free Services for asylum seekers	28.6%
24	Legal – Individuals are aware of their rights	28.6%
25	Legal – Eviction rates in Allentown are among the highest in Pennsylvania	28.6%
26	Economic - Safe, quality, affordable and accessible child care	27.3%
27	Economic - Investment continues to leave some neighborhoods behind	27.3%
28	Technology - Improper use or lack of understanding on how to use technology	27.20/
20	available  Tash polagy, Tash polagy, dayalons factor than community residents, agencies	27.3%
29	Technology - Technology develops faster than community residents, agencies and organizations	27.3%
30	Environmental - Sustaining community centers	27.3%
31	Environmental - Access to green space	27.3%
32	Environmental - Increased truck traffic and road congestion due to population	27.3/0
52	expansion and warehousing	27.3%
33	Ethical - Treatment of the unhoused	27.3%
34	Ethical - Bigger mindset than 'Not in my Backyard" (NIMBY)	27.3%
	Lancar Digger minuser than Not in my backyara (Minub)	27.370



#### COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES: TWO REGIONAL HEALTH NETWORKS

Comparison of findings from the four Assessments and those of the two regional health networks show congruence.

COMMUNITY HEALTH STATUS ASSESSMENT	FORCES OF CHANGE ASSESSMENT	COMMUNITY THEMES AND STRENGTHS ASSESSMENT	TWO HEALTH SYSTEMS PRIORITIES
Access to Care: Health Care Workforce	Economic - Affordable housing	Homelessness	<ol> <li>Access to Care</li> <li>Chronic Disease Prevention</li> <li>Mental and Behavioral Health</li> <li>COVID-19</li> </ol>
Environmental Health: Air Pollution	Social - Poverty and its impact on families and older adults	Lack of affordable housing	<ol> <li>Mental Health Prevention &amp; Education</li> <li>School-Based Behavioral Health</li> </ol>
Behavioral Health: Substance Use & Opioid	Technology - Not having access to the internet	Need for higher paying jobs	
Social Determinants of Health: Homelessness, Housing	Political - Polarization	Substance Use	
Social Determinants of Health: Upward Economic Mobility	Scientific/Health - High-stress situation/ lifestyles	Violence/ Crime	
Social Determinants of Health: Employment with long commutes to better-paying jobs	Legal - Systemic racism	School safety, access to services	
Social Determinants of Health: Isolation & Loneliness	Ethical - Treatment of lumping together groups by issues such as race, ethics, addiction	Discrimination	
Social Determinants of Health: Violence	Ethical - Lack of feeling connected/ welcomed/ included	Available, affordable health care	
	Ethical -Continued stigma	Food access	
	Social - Affordable Housing	Air pollution/ quality	

#### St. Luke's Health Network

#### 1. Access to Care 2. Chronic Disease Prevention 3. Mental and Behavioral Health 4. COVID-19

#### 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

**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 about (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 out of food one or more times in the past year*  11.7% of students in PA (6-12) worried about running out of food one or more times in the past year*						
	*Indicates a s	econdary 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

. <u>Urban housing:</u> 43.5%-94% Zip codes (highest serving/county):

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

ACS 5-year estimat (2015-2019)

#### COVID-19 IMPACT

yet to be fully realized, but the increase in health disparities is already seen in many aspects of care.

- to COVID-19 experienced a mental illness (10.8% of those uninsured), during the pandemic this number grew to a reported 53% of adults.<sup>1,2</sup>
- More than 50 million people in the nation may experience food insecurity
- 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.<sup>4</sup>

https://www.feedingamerica.org/re search/coronavirus-hunger-research tps://emergency.cdc.gov/han/20 /han00438.asp

#### Prevention of Chronic Illness

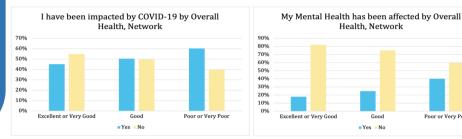
Addressing lifestyle behaviors related to physical activity and diet can influence and prevent chronic disease. Many needs are driven by socioeconomics as seen in the 2022 CHNA survey results below.

Chronic Illness	Percentage of	Income	Ethnicity	Insurance
	Survey Respondents			
Diabetes	14.2%	Less than \$24,999: 20%	Hispanic/Latino: 15%	16% of respondents that have Medicaid or
		\$60,000 and above: 12%	Non-Hispanic/Latino: 14%	are uninsured are diabetic
Hypertension	39.6%	Less than \$24,999: 44%	Hispanic/Latino: 34%	34% of respondents that have Medicaid or
		\$60,000 and above: 36%	Non-Hispanic/Latino: 40%	are uninsured have hypertension
Hyperlipidemia	27.9%	Less than \$24,999: 29%	Hispanic/Latino: 22%	25% of respondents that have Medicaid or
		\$60,000 and above: 27%	Non-Hispanic/Latino: 29%	are uninsured have hyperlipidemia
Obesity	42.5%	Less than \$24,999: 52%	Hispanic/Latino: 51%	40% of respondents that have Medicaid or
		60.000 and above: 39%	Non-Hispanic/Latino: 42%	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	Income	Ethnicity	Insurance	
	Survey Respondents				
I have experienced at least	38.6%	Less than \$24,999: 51%	Hispanic/Latino: 42%	55% of respondents with Medicaid	
one poor mental health day		\$60,000 and above: 35%	Non-Hispanic/Latino: 38%	or are uninsured had at least one	
in the last 30 days				poor mental health day	
<ul> <li>According to PAYS, 38% of children in Pennsylvania report feeling sad or depressed MOST days in the past 12 months</li> </ul>					
<ul> <li>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</li> </ul>					



### **Lehigh Valley Health Network**

#### 1. Mental Health Prevention & Education

#### 2. School-Based Behavioral Health

#### LEHIGH COUNTY (LVH-CEDAR CREST AND LVH-17TH STREET)

- 1. Mental health prevention and education
- HEALTH CONCERN: Increasing mental health concerns, including increased substance abuse and the stigma associated with mental health needs
- APPROACH FOR 2022–2025: Decrease stigma and increase the skills of professionals and community members to recognize mental health concerns and promote mental wellness
- · COMMUNITY PARTNERS (if applicable):
- · METRICS OF SUCCESS:
- The number of behavioral health awareness events LVHN is a partner of or hosts
- The number of mental health awareness or skillbuilding trainings held and the number of participants



#### 2. School-based behavioral health services

- NEED PRIORITIZED: Increasing mental health concerns, including increased substance abuse, particularly among youth
- APPROACH FOR 2022–2025: Increasing access to behavioral health care for students by providing access to on-site or telehealth care, and provide services to students and their families using trauma-informed, evidence-based, family-allied and culturally responsive approaches
- COMMUNITY PARTNERS (if applicable):
   Allentown School District, East Penn School District, Executive Education Academy Charter School, Lehigh Career and Technical Institute, Southern Lehigh School District. Whitehall School District

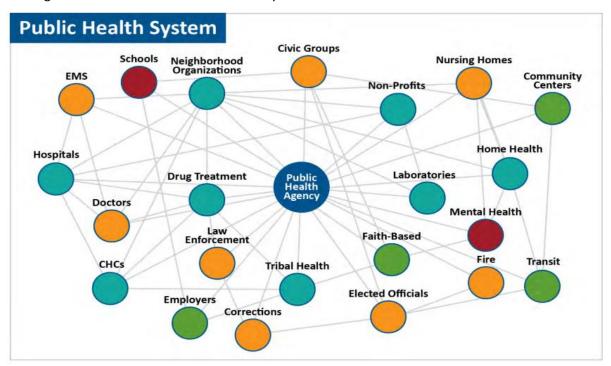
#### · METRICS OF SUCCESS:

- The number of students provided mental health services within the county
- Strengths and Difficulties Questionnaire
- The number of youth with a positive screening for suicide during treatment (C-SSRS)
- Rates of depression, anxiety, and substance abuse among those youth served
- Improvement in youths' ability to function in school
- In-kind hours provided

#### 2. Community Status Assessment

#### Introduction

The Community Health Status Assessment is a measure of the local public health system in the City of Allentown, encompassing all public and private health providers including the two regional health care systems, three federally qualified health centers, emergency services, and the numerous community-based organizations that provide social services. This assessment investigates the network of institutions providing health and human services in the City of Allentown.



#### Methodology

This assessment analyzed quantitative population health data and identified important health issues that affect the City of Allentown. On September 14, 2023, a half-day session was presented of five (5) categories of social and epidemiologic data. These categories were:

- 1. Behavioral Health: Mental health (emotional, psychological, and social well-being) and substance use (use of selected substances including alcohol, tobacco, inhalants, prescription drugs with possible dependence).
- **2. Chronic Disease**: Conditions that are persistent (last one year or more) and require ongoing medical attention and/or limit activities of daily living.
- **3. Communicable Disease:** Infectious disease transmissible by contact with infected individuals.
- **4. Environmental Health:** Monitoring factors like air or water pollution that affect health and disease.
- **5. Maternal and Child Health:** Health of mothers, infants, and children with maternal referring to health of the mother during pregnancy, birth, and post-natal, and newborn health at birth and the first month of life.



#### COMMUNITY HEALTH STATUS ASSESSMENT

#### **Key Findings**

#### **BEHAVIORAL HEALTH**

MENTAL HEALTH (emotional, psychological, and social well-being) and SUBSTANCE USE (use of selected substances including alcohol, tobacco, inhalants, prescription drugs with possible dependence.)

Access	Data Source
Access Issues & Recommendations	Equitable Access to Mental Health and Substance Use Care:
	An Urgent Need. NORC (National Opinion Research Center at
	the University of Chicago, July 25, 2023

#### **ACCESS ISSUES FOR BEHAVIORAL HEALTH**

- 57% of consumers seeking behavioral health treatment did not receive care in at least one case (compared to 32% for physical health).
- 40% of insured consumers using an in-network behavioral health clinician had to contact four or more in-network clinicians before they could schedule an appointment (compared to 14% for physical health).
- 39% of consumers in employer-sponsored health plans used at least one out-of-network behavioral health clinician for outpatient care (compared to 15% for physical health).
- 87% of consumers receiving behavioral health care from physical health provider organizations thought they needed additional help from a behavioral health specialist (this was 98% for adolescents).

#### PROPOSED RECOMMENDATIONS TO EXPAND ACCESS

- Fast-track network credentialing
- Reduce administrative burdens to access
  - · Pre-Authorization
  - Retrospective claim audits
- · Increase reimbursement rates in shortage areas
- Examine, at the state level, the logic of medication prescription by level of behavioral health clinician

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Study, 2022 2021 Behavioral Health Risks of Pennsylvania Adults (pa.gov).

- Almost 40% (39%) of adults in Pennsylvania self-reported at least 1+ days of 'not good mental health' in the past month with 14% reporting 14+ days as 'not good'.
- Females reported slightly higher 'not good mental health' at both intervals than males.
- The highest 'not good mental health' self-reports of 1+ days were among respondents with some college and college degrees, with the highest rates of 14+ days among less than high school degree respondents.
- The highest age group was 18-29-year-olds for both intervals.
- The income level with the highest reported 'not good mental health' was less than \$15,000 per year.
- The highest race/ethnic group was Blacks.
- LGBTQ reported twice 'not good' mental health than straight sexual orientation for 1+ days of 'not good mental health' and 3x for 14+ days.

#### Have you ever been told you have a depressive disorder?

- Almost 20% (19%) of adults in Pennsylvania self-reported being told that they have a depressive disorder.
- Females reported higher percentages of depression than males.
- The highest age group was 18-29 year olds.
- Rates of reported depression were even among all education levels.
- The income level with the highest reported rates of depression was less than \$15,000 per year.
- The highest race/ethnic group reporting depression was Whites.
  - LGBTQ reported almost 3x (2.65) higher rates of depression than straight.



#### **BEHAVIORAL HEALTH (continued-2)**

MENTAL HEALTH (emotional, psychological, and social well-being) and SUBSTANCE USE (use of selected substances including alcohol, tobacco, inhalants, prescription drugs with possible dependence.)

Workforce	Measure	Data Source	Geography
MH Workforce	Ratio MH Providers:	Centers for Medicare & Medicaid, July 2023	City
	Population		

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Allentown city, PA	126,336	279	452.8	220.8
Lehigh County, PA	376,018	831	452.5	221
Pennsylvania	12,953,571	32,643	396.8	252
United States	331,855,734	981,414	338.1	295.7



Mortality	Measure	Data Source	Geography
Deaths of Despair	Deaths due to intentional self-harm (suicide), alcohol-related disease, and drug overdose	Centers for Disease Control & Prevention, 2016-2020	City & County

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Allentown city, PA	123,449	322	52.2	50.2
Lehigh County, PA	367,572	960	52.2	50.2
Pennsylvania	12,796,413	39,858	62.3	60.8
United States	326,747,554	806,246	49.4	47.0



Pennsylvania (60.8)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Allentown city, PA	No data	No data	No data	No data	No data
Lehigh County, PA	56.1	47.6	No data	No data	42.7
Pennsylvania	65.0	59.8	15.0	21.1	51.3
United States	55.6	38.6	14.3	64.3	34.6

#### **BEHAVIORAL HEALTH (continued-3)**

SUBSTANCE USE (use of selected substances including alcohol, tobacco, inhalants, prescription drugs with possible dependence)

Workforce	Measure	Data Source	Geography
SUD Workforce	Ratio SUD Providers:	Centers for Medicare & Medicaid, July 2023	City
	Population		

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Allentown city, PA	125,845	6	2	1.59
Lehigh County, PA	374,557	15	54	14.4.
Pennsylvania	13,002,700	516	1,488	11.44
United States	334,735,155	17,088	83,285	24.8



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), July 2023, Source geography: Address



Addiction/Substance Abuse Providers, CMS NPPES July 2023
 Allentown city, PA

Addiction/Substance Abuse Providers, CMS NPPES July 2023

Substance Use Disorder	Data Source	Geography
<b>CMS-Chronic Conditions</b>	Centers for Medicare & Medicaid – Chronic Conditions, 2018	City & County

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Drug/Substance Use Disorder	Percentage with Drug/Substance Use Disorder
Allentown city, PA	10,693	272	2.5%
Lehigh County, PA	42,320	1,077	2.5%
Pennsylvania	1,360,967	43,488	3.2%
United States	33,499,472	1,172,214	3.5%



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018. Source geography: County

Alcohol Use	Data Source	Geography
Excessive Drinking	CDC, Behavioral Risk Factor Surveillance System, 2020	County

The percentage of adults self-reporting excessive drinking is 19.75% in Lehigh County, compared to 20.7% in Pennsylvania and 19.0% in the U.S. For women, binge drinking is 4 or more drinks consumed on one occasion (one occasion = 2-3 hours). For men, binge drinking is 5 or more drinks consumed on one occasion. Excessive or heavy drinking is at least one binge episode in the last month.

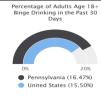
Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Lehigh County, PA	286,450	56,563	19.75%
Pennsylvania	10,146,578	2,100,189	20.70%
United States	256,451,565	48,725,797	19.00%



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2020. Source geography: County

Report Area	Total Population	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)
Lehigh County, PA	375,539	16.50%	17.70%
Pennsylvania	12,964,056	16.47%	18.18%
United States	331,893,745	15.50%	16.70%



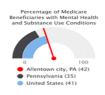


#### BEHAVIORAL HEALTH (continued-4)

SUBSTANCE USE (use of selected substances including alcohol, tobacco, inhalants, prescription drugs with possible dependence)

Emergency Department Utilization	Data Source	Geography
Opioid Use Disorder ED	Mapping Medicare Disparities, 2021 from CMS	City & County
Utilization		

Report Area	Medicare Beneficiaries	Opioid Use Disorder Emergency Department Utilization, Rate per 100,000 Beneficiaries
Allentown city, PA	19,352	42
Lehigh County, PA	71,228	42
Pennsylvania	2,616,214	35
United States	58,652,883	41



MortalityData SourceGeographyDeath from Opioid OverdoseCDC National Vital Statistics, 2016-2020City & County

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Allentown city, PA	123,449	80	12.9	13.8
Lehigh County, PA	367,572	238	12.9	13.8
Pennsylvania	12,796,413	14,512	22.7	24.1
United States	326,747,554	256,428	15.7	16.0



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: Country

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Allentown city, PA	No data	No data	No data	No data	No data
Lehigh County, PA	13.8	19.9	No data	No data	17.1
Pennsylvania	25.7	26.2	2.8	9.5	22.2
United States	20.0	16.3	1.9	11.3	8.6

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.

Fentanyl-related Overdoses	Data Source	Geography
	Allentown death data from City Coroner, 2016-2022	Allentown

Out of 531 total drug-related deaths from 2016-2022, 47% or 250 involved fentanyl.

Drug Overdoses (all substances)	Data Source	Geography
	Commonwealth of Pennsylvania-Department of Health, 2018-22	Allentown

Commonwealth of Pennsylvania-Department of Health, 2018-22   Alientown					vn	
2018	2019	2020	2021	20	)22	
• 58 City of Allentown residents overdosed within the City of Allentown out of a total of 159 overdoses within Lehigh County.	62 City of Allentown residents overdosed within the City of Allentown out of a total of 160 overdoses within Lehigh County.	78 City of Allentown residents overdosed within the City of Allentown out of a total of 181 overdoses within Lehigh County.	85 City of Allentown residents overdosed with the City of Allentown out of a total of 198 overdoses within Lehigh County.	resident: with the	n out of a 1 <b>69</b> es within	
There were 11     additional overdoses     that occurred within     the City of Allentown     that were not     Allentown residents.	There were 17     additional overdoses     that occurred within     the City of Allentown     that were not     Allentown residents.	There were 15     additional overdoses     that occurred within     the City of Allentown     that were not     Allentown residents.	There were 23 additional overdoses that occurred within the City of Allentown that were not Allentown residents.	that occi the City that wer	al overdoses urred within of Allentown	



#### **CHRONIC DISEASE**

CHRONIC DISEASE: Persistent conditions (last 1 year or more) that require ongoing medical attention and/or limit activities of daily living.

RISK FACTORS			
Tobacco Use: Measures	Data Source	Geography	
Adults (18+) as current smokers &	U.S. Census Bureau. ACS. 2017-2021	Census Tract	
Minors involved in Smoking			
Violations			

Tobacco Usage - Adults 18+ as Current Smokers (crude)

*16.7% 17.1%* 

14.3%

Lehigh County

State of Pennsylvania

**United States** 

Minor Involved in Smoking Violations Percentage

11.5% 13.5%

12.2%

Lehigh County

State of Pennsylvania

**United States** 

Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Census Tract

Alcohol Use: Measure	Data Source	Geography
Liquor Stores & Alcohol Use Disorder	US Census Bureau, ACS, 2017-2021 &	County
	Centers for Medicare & Medicaid. 2021	County

#### **Liquor Store, Estimated** Rate per 100,000

13.4

City of Allentown

13.4

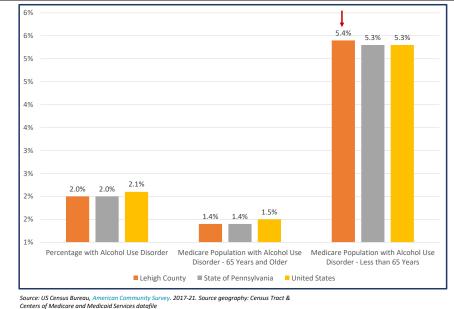
Lehigh County

14.1

State of Pennsylvania

10.5

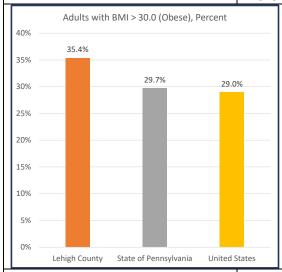
**United States** 

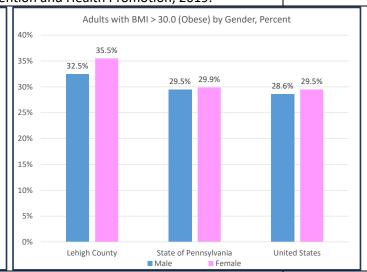


#### **CHRONIC DISEASE (continued-2)**

CHRONIC DISEASE: Persistent conditions (last 1 year or more) that require ongoing medical attention and/or limit activities of daily living.

Obesity: Measure	Data Source	Geography
Adults with BMI>30	Source: Centers for Disease Control and	
& Obese by Gender	Prevention, National Center for Chronic Disease	County
	Prevention and Health Promotion, 2019.	





Senior Falls & Injuries: Measure	Data Source	Geography
Falls & Injuries for 2018 & Projected	Pennsylvania Department of Aging, 2022 &	U.S.
2030 by Gender/ Age/ Race-Ethnicity	Centers for Disease Control & Prevention, 2022	0.3.

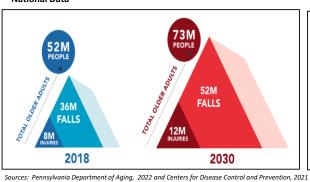
Almost 30% of Pennsylvanians age 65 and older have reported a fall in the past 12 months

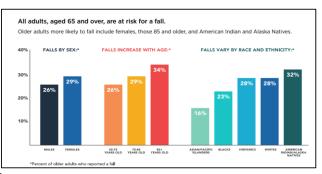
Less than 50% of all falls are reported

**20%** of falls cause a serious injury

**95%** of hip fractures are caused by falls

#### National Data







#### **CHRONIC DISEASE (continued-3)**

CHRONIC DISEASE: Persistent conditions (last 1 year or more) that require ongoing medical attention and/or limit activities of daily living.

PREVALENCE			
Disability: Measure	Data Source	Geography	
Disability by Gender & Age	US Census Bureau, American Community Survey.	Census Tract	
and by Type of Disability	2017-21	Census mact	

16.2%

City of Allentown

*12.7%* 

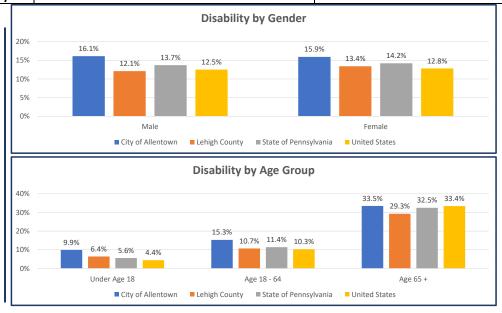
Lehigh County

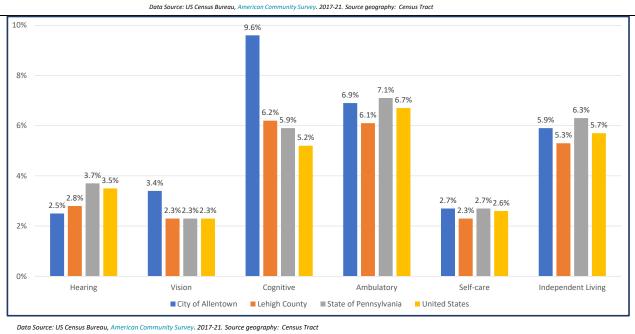
13.9%

State of Pennsylvania

12.6%

**United States** 





#### **CHRONIC DISEASE (continued-4)**

CHRONIC DISEASE: Persistent conditions (last 1 year or more) that require ongoing medical attention and/or limit activities of daily living.

PREVALENCE		
Heart Disease: Measure	Data Source	Geography
Adults 18+ diagnosed with	Centers for Disease Control & Prevention,	
Coronary Heart Disease &	Behavioral Risk Factor Surveillance System, 2021 & Centers for	County
Medicare Cohort	Medicare & Medicaid- Chronic Conditions, 2018	

Report Area	Total Population	Adults Age 18+ Ever Diagnosed with CHD (Crude)	Adults Age 18+ Ever Diagnosed with CHD (Age- Adjusted)
Lehigh County, PA	375,539	6.50%	5.50%
Pennsylvania	12,964,056	6.64%	5.36%
United States	331,893,745	6.10%	5.20%

Percentage of Adults Age 18+ Ever Diagnosed with Coronary Heart Disease

0% 7%

Lehigh County, PA
(6.50%)

Pennsylvania (6.64%)

United States (6.10%)

Note: This indicator is compared to the state average.

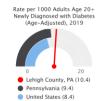
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
Lehigh County, PA	42,320	10,451	24.7%
Pennsylvania	1,360,967	371,157	27.3%
United States	33,499,472	8,979,902	26.8%

Percentage of Reneficiaries with	
beneficiaries with	i Heart Disease
0%	60%
<ul><li>Lehigh Co (24.7%)</li></ul>	unty, PA
<ul><li>Pennsylva</li></ul>	nia (27.3%)
<ul><li>United Sta</li></ul>	ites (26.8%)

Diabetes: MeasureData SourceGeographyAdults, 20+ newly<br/>diagnosed with diabetesCenters for Medicare & Medicaid, National Center for Chronic<br/>Disease Prevention, 2019County

Report Area	Population Age 20+	Adults Age 20+ Newly Diagnosed with Diabetes	Adults Age 20+ Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1,000
Lehigh County, PA	24,836	2,732	10.4
Pennsylvania	880,888	89,727	9.4
United States	21,574,096	1,889,103	8.4



Cancer: MeasureData SourceGeographyNew Cancer Cases-all sitesState Cancer Profiles, 2016-2020County & State

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Lehigh County, PA	459,294	2,251	490.1
Pennsylvania	17,036,799	79,630	467.4
United States	383,976,486	1,698,328	442.3



#### **CHRONIC DISEASE (continued-5)**

CHRONIC DISEASE: Persistent conditions (last 1 year or more) that require ongoing medical attention and/or limit activities of daily living.

DEATHS			
Mortality- Leading Causes of	Data Source	Geography	
Death: Measure	Duta Jource	Geography	
Death Rates by Cancer for all	Centers for Disease Control and Prevention, CDC National		
causes	Vital Statistics System. Accessed via CDC WONDER, 2016-	County & State	
	2020.		

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Lehigh County, PA	367,572	3,543	192.8	148.7
Pennsylvania	12,796,413	140,603	219.8	157.7
United States	326,747,554	2,998,371	183.5	149.4



United States (149.4)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-20.

Mortality-All Heart Disease: Measure	Data Source	Geography
Death Rates for All Heart	Centers for Disease Control and Prevention, CDC National Vital	County & State
Disease	Statistics System. Accessed via CDC WONDER, 2016-2020.	County & State

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Lehigh County, PA	367,572	3,731	203.0	148.6
Pennsylvania	12,796,413	162,305	253.7	175.4
United States	326,747,554	3,294,101	201.6	164.8



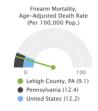
Mortality- Coronary Heart Disease: Measure	Data Source	Geography
<b>Death Rates for Coronary</b>	Centers for Disease Control and Prevention, CDC National Vital	County & State
Heart Disease	Statistics System. Accessed via CDC WONDER, 2016-2020.	County & State

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Lehigh County, PA	367,572	1,708	92.9	68.9
Pennsylvania	12,796,413	87,674	137.0	94.9
United States	326,747,554	1,838,830	112.5	91.5



Mortality-Firearms: Measure	Data Source	Geography
Death Rates by Firearms	Centers for Disease Control and Prevention, CDC National Vital Statistics System. Accessed via CDC WONDER, 2016-2020.	County & State

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Lehigh County, PA	367,572	177	9.6	9.1
Pennsylvania	12,796,413	8,138	12.7	12.4
United States	326,747,554	203,100	12.4	12.2



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2016-2020.



#### **COMMUNICABLE DISEASE**

## COMMUNICABLE DISEASE: Infectious disease transmissible by contact with infected individuals.

PREVENTION				
Immunization Series: Measure Data Source Geography				
Immunization Rate by Series	Pennsylvania Department of Health, 2018-	State		
	2022			

#### **Immunization Rates by Series**

88.5% DTap 1 81.3% DTap 2 76.9% DTap 3 69.2% DTap 4	77.6% Pneumonia 1 72.4% Pneumonia 2 67.7% Pneumonia 3 55.6% Pneumonia 4	85.6% Polio 1 79.9% Polio 2 75.8% Polio 3	89.6% Hepatitis B 1 79.5% Hepatitis B 2 70.6% Hepatitis B 3	80.3% Hib 1 75.6% Hib 2 70.4% Hib 3	77.9% <sub>MMR</sub>
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LEGEND: Diphtheria, Tetanus, Pertussis Hib: Haemophilus influenzae MMR: Measles, Mumps, Rubella

Source for all slides: Pennsylvania Department of Health, 2018-2022

INCIDENCE				
nfluenza: Measure		Data Source		Geography
nfluenza A & B Cases		City of Allentown, 2018	3-2022	City
4500				
4000				4048
4000				
3500				
3000				
3000				
2500				
2000				
2000				
1500				
1000	910			
475			596	
500 277	143	401 259		
0	145		25	58
2018	2019	2020	2021	2022
	1	■ Influenza A ■ Influenza B		



#### **COMMUNICABLE DISEASE (continued-2)**

## COMMUNICABLE DISEASE: Infectious disease transmissible by contact with infected individuals.

INCIDENCE (continued)COVID: MeasureData SourceGeographyCOVID CasesCity of Allentown, 2018-2022City

*30,327* 

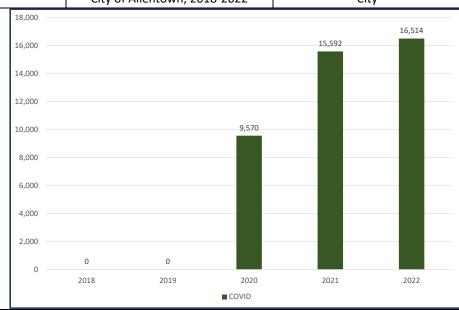
Per 100,000 Population Lehigh County

27,546

Per 100,000 Population Pennsylvania State

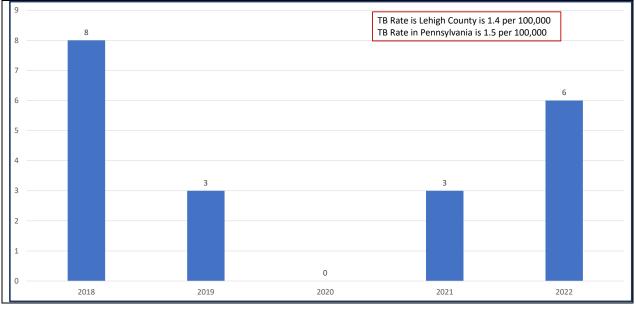
31,100

Per 100,000 Population Unites Stats



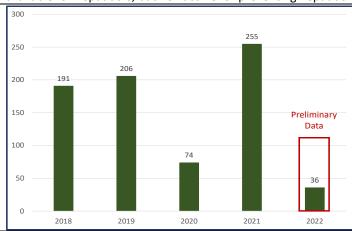
Tuberculosis: Measure	Data Source	Geography
Active Tuberculosis Cases	City of Allentown, 2018-2022	City

Some cases require Directly Observed Therapy by the Allentown Health Bureau to ensure medication receipt.



# COMMUNICABLE DISEASE (continued-3) COMMUNICABLE DISEASE: Infectious disease transmissible by contact with infected individuals. Hepatitis: Measure Data Source Geography Pennsylvania Department of Health, 2018-2020 & Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB prevention, 2020. City, County & State

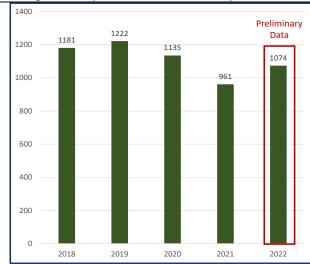
Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). HCV is a bloodborne virus. Transmission is through sharing needles, syringes, or other drug-injection equipment; from the gestational parent to baby during pregnancy or at birth; or rarely through sexual contact. For certain persons, hepatitis C is a short-term illness, but for more than half of persons who become infected with HCV, it becomes a long-term, chronic infection. Chronic hepatitis C is a serious disease that can result in cirrhosis, liver cancer, and death. Persons might not be aware of their infection because they do not have symptoms. Since 2013, highly effective, well-tolerated curative treatments have been available for hepatitis C, but no vaccine for preventing hepatitis C is yet available.



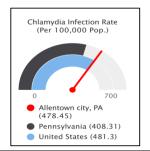
Area	Hepatitis C	Rate per 100,000 in 2020
Allentown	74	57.9
Lehigh County	211	56.9
Pennsylvania	7,615	59.6
United States	107,300	40.7

SEXUALLY TRANSMITTED DISEASE				
Chlamydia: Measure	Data Source	Geography		
Pennsylvania Department of Health, 2018-2020 & Centers for Disease Control and				
Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB prevention, 2020.				

Chlamydia is the most common sexually transmitted infection and is caused by bacteria. There are no symptoms in the initial stages, but can cause health problems at a later stage including infertility and pelvic inflammatory disease. About 1 in 20 sexually active women between the ages of 14 and 24 has had Chlamydia. Lehigh County ranks 6<sup>th</sup> among all Pennsylvania counties in Chlamydia incidence



Area	Chlamydia Infections	Rate per 100,000 in 2020
Allentown	593	478.4
Lehigh County	1,767	478.5
Pennsylvania	52,272	408.3
United States	1,579,885	476.7



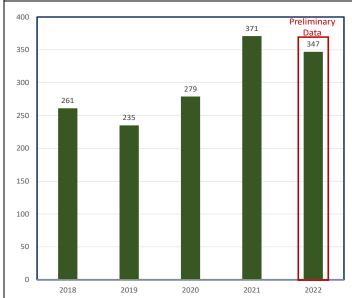


#### **COMMUNICABLE DISEASE (continued-4)**

## COMMUNICABLE DISEASE: Infectious disease transmissible by contact with infected individuals.

SEXUALLY TRANSMITTED DISEASE				
Gonorrhea: Measure Data Source Geography				
Pennsylvania Department of Health, 201	City, County & State			
Prevention, National Center for HIV/AIDS	, Viral Hepatitis, STD and TB prevention, 2020.			

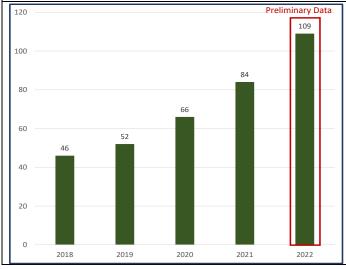
Gonorrhea is a sexually transmitted bacterial infection caused by the bacteria Neisseria gonorrhea. It often affects the urethra, rectum, or throat. Lehigh County ranks 8<sup>th</sup> among all Pennsylvania counties for gonorrhea cases



Area	Gonorrhea	Rate per 100,000 in 2020
Allentown	279	218.3
Lehigh County	1,003	148.1
Pennsylvania	18,280	142.8
United States	677,769	204.5

Syphilis: Measure	Data Source	Geography
Pennsylvania Department of Health, 2018-2020 & Centers for Disease Control and		City, County & State
Prevention, National Center for HIV/AIDS	. Viral Hepatitis, STD and TB prevention, 2020.	

Syphilis is a sexually transmitted infection caused by the bacterium Treponema pallidum subspecies pallidum. The signs and symptoms of syphilis vary depending in which of the four stages it presents.



Area	Syphilis	Rate per 100,000 in 2020
Allentown	66	5.3
Lehigh County	175	4.7
Pennsylvania	624	7.4
United States	17,671	5.4



#### **ENVIRONMENTAL HEALTH**

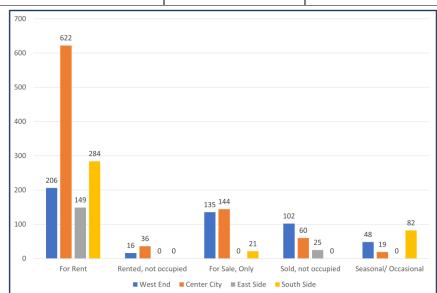
**ENVIRONMENTAL HEALTH: Monitoring factors like air or water pollution that affect health** and disease.

HOUSING				
Vacant Housing: Measure Data Source Geography				
Vacant Housing Units in Allentown by Type	ESRI. 2022	City		
(Sold, Rented, Seasonal)	L3KI, 2022	City		



149

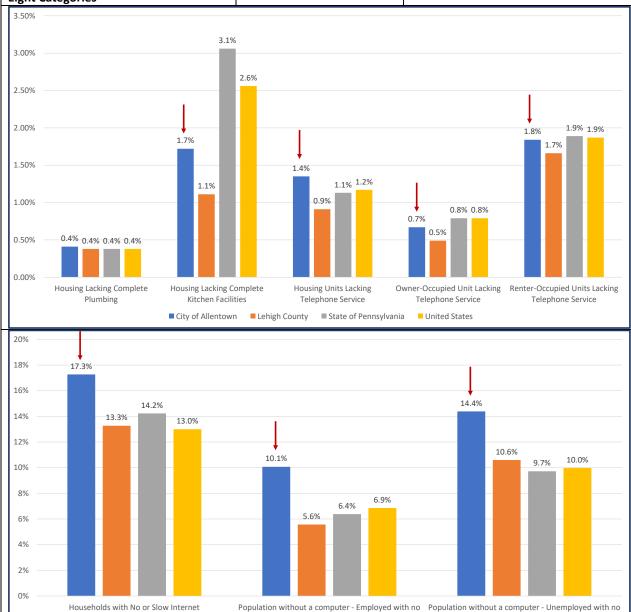
Seasonal/ Occasional



#### **ENVIRONMENTAL HEALTH (continued-2)**

ENVIRONMENTAL HEALTH: Monitoring factors like air or water pollution that affect health and disease.

HOUSING			
Housing Condition: Measure Data Source Geography			
Housing Condition: listed by Eight Categories	ESRI, 2022	City	





computer or internet

■ State of Pennsylvania

United States

■ Lehigh County

■ City of Allentown

computer or internet

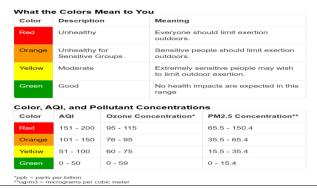
#### **ENVIRONMENTAL HEALTH (continued-3)**

**ENVIRONMENTAL HEALTH: Monitoring factors like air or water pollution that affect health and disease.** 

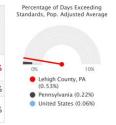
POLLUTION			
Air Quality: Measure Data Source Geography			
Air Quality Index & Particulate Matter	Air Quality Index: www.pa.gov	City	

Air quality index (AQI) and PM2.5 or particulate matter air pollution as of 9/6/2023

42 pm 2.5 AQI 67



Report Area	Total Population	Average Daily  Ambient Particulate  Matter 2.5	Number of Days Exceeding NAAQS Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Lehigh County, PA	349,497	8.50	2.00	0.51%	0.53%
Pennsylvania	12,702,379	9.30	1.00	0.19%	0.22%
United States	308,464,901	8.64	0.00	0.06%	0.06%



In 2020, Pennsylvania led the country for the highest amount of premature deaths per capita caused by air pollution. Pennsylvania ranks third to California and New York for air pollution. Exposure to air pollution can cause health implications including asthma, decreased lung function, irregular heartbeat, heart attack, and premature death. Lehigh Valley ranked seventh worst out of 28 urban areas and rural counties in Pennsylvania in 2020 with 51 days in which air pollution was in potentially unhealthy levels. Two measures of air pollution are particulate matter (pm2.5) and the air quality index. Particulate matter is of most concern in the Lehigh Valley with a score of 42 pm in the orange or unhealthy range. The Air Quality Index or AQI at 67 is moderate, in the yellow range, dangerous for sensitive people. The most prominent pollutants found in the air are nitrogen dioxide (NO<sub>2</sub>) and sulfur dioxide (SO<sub>2</sub>). These are released from vehicles and from factories or where combustion takes place. Black carbon is another key pollutant due to high traffic volume.

Water Quality: Measure	Data Source	Geography
Drinking Water Quality	www.epa.gov	City

The top 6 chemical compounds in the water supply in Allentown have the potential health effects:

- 1. Bromodichloromethane Potential effect: Cancer
- 2. Chloroform Potential effect: Cancer
- 3. Haloacetic acids Potential effect: Cancer
- 4. Hexavalent Chromium Potential effect: Cancer
- 5. Radium Potential effect: Cancer
- 6. Total trihalomethanes Potential effect: Cancer



#### **ENVIRONMENTAL HEALTH (continued-4)**

ENVIRONMENTAL HEALTH: Monitoring factors like air or water pollution that affect health and disease.

IMPACT ON HEALTH				
Asthma: Measure Data Source Geography				
Medicare population with Asthma	US Census Bureau, American Community Survey,	Census Tract		
	2011-19			

5.8%

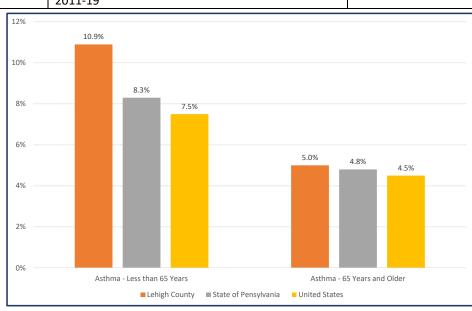
Medicare Population with Asthma in Lehigh County

5.3%

Medicare Population with Asthma in Pennsylvania

5.0%

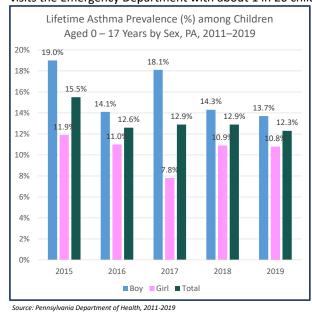
Medicare Population with Asthma in the United States

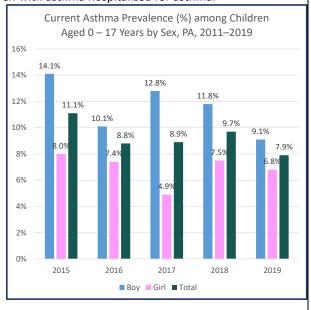


Source: US Census Bureau, American Community Survey. 2017-21. Source geography: Census Tract

Childhood Asthma: Measure	Data Source	Geography
Children 0-17 with Asthma	Pennsylvania Department of Health, 2011-2019	State

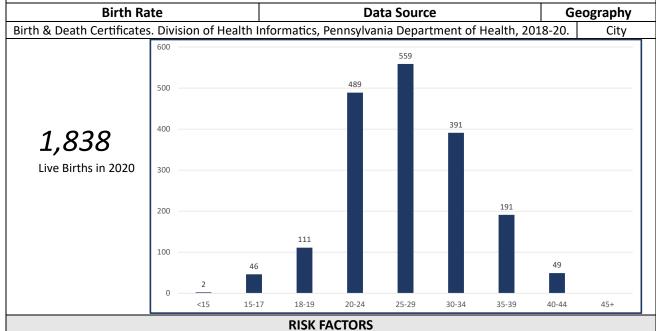
More than half of children with asthma had one or more attacks in 2016. Every year, 1 in 6 children with asthma visits the Emergency Department with about 1 in 20 children with asthma hospitalized for asthma.





#### **MATERNAL AND CHILD HEALTH**

MATERNAL AND CHILD HEALTH: Health of mothers, infants, and children with maternal referring to health of mother during pregnancy, birth, and post-natal, and newborn health at birth and the first month of life.



Birth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2018-20. City

Finding: 5.62% of pregnant women in Allentown did not receive prenatal care until after the first three months of pregnancy, equivalent to Lehigh County, compared to 6.4% in the Commonwealth of

**Data Source** 

No Prenatal Care in first trimester

Pennsylvania and 6.1% for the U.S. 40% 35.0% 35% 33.4% 30.3% 30.1% 30% 28.6% 25% 20% 15% 10% 5% 0% Black White Asian/PI\* Multi-Race Hispanic



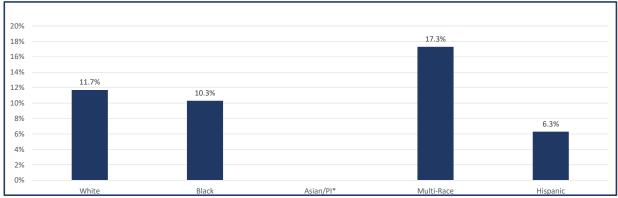
Geography

#### MATERNAL AND CHILD HEALTH (continued-2)

MATERNAL AND CHILD HEALTH: Health of mothers, infants, and children with maternal referring to health of mother during pregnancy, birth, and post-natal, and newborn health at birth and the first month of life.

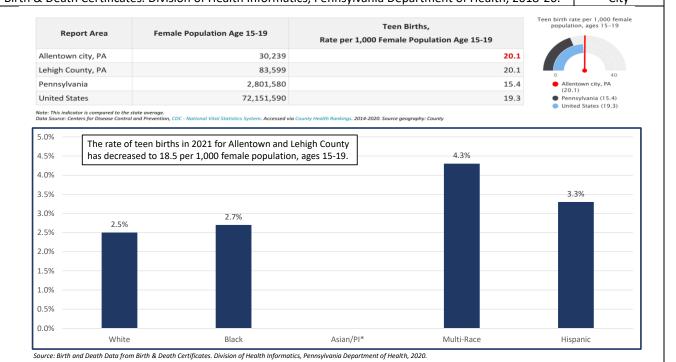
## RISK FACTORS Smoking during Pregnancy: Measure Birth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2018-20. City

**Finding**: 7.9% of pregnant women in Lehigh County smoked during pregnancy, compared to 8.7% in Pennsylvania and 5.5% in the United States. The highest rates of smoking were reported nationwide by White, non-Hispanic women. Smoking while pregnant is related to pre-term birth, low birthweight, miscarriage, birth defect, and increased risk of sudden infant death syndrome.



Sources: CDC WONDER, Natality Public Use Files, 2020 & Birth and Death Data from Birth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2020.

Teen Birth Rate: MeasureData SourceGeographyBirth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2018-20.City



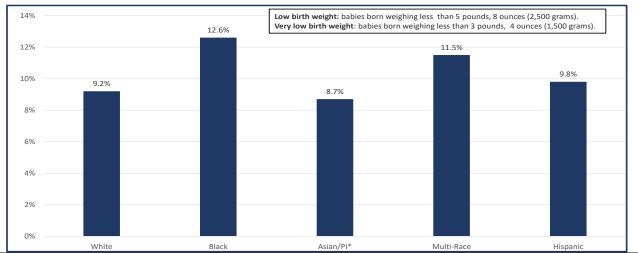


#### **MATERNAL AND CHILD HEALTH (continued-3)**

MATERNAL AND CHILD HEALTH: Health of mothers, infants, and children with maternal referring to health of mother during pregnancy, birth, and post-natal, and newborn health at birth and the first month of life.

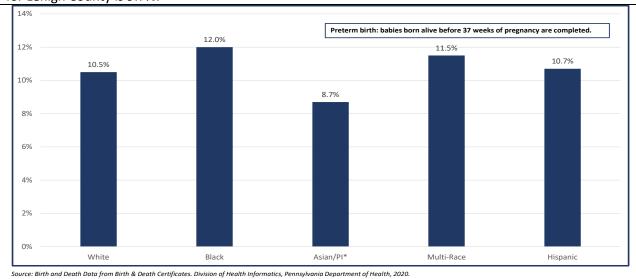
BIRTHS			
Low Birthweight: Measure	Data Source	Geography	
Birth & Death Certificates, Division of Health Informatics, Pennsylvania Department of Health, 2018-20.		Citv	

For the time period of 2014-2020, there were 1,010 infants born with low birth weight in Allentown or 8.3% of all births, equivalent to Lehigh County. This compares to 8.0% in Pennsylvania, and 8.2% in the U.S. The racial distribution for that six-year period was 13% non-Hispanic Black, 9% Hispanic, and 7% non-Hispanic White. As seen below, these figures for LBW have stayed the same for Blacks, and worsened for Hispanics and Whites. For the time period of 2014-2020, there were 79 infants born with very low birth weight in Allentown or 1.8% of all births.



Pre-Term Births: MeasureData SourceGeographyBirth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2018-20.City

**Finding**: Preterm birth is the leading cause of newborn deaths and lead to lifetime challenges including cerebral palsy, visual and hearing impairments and intellectual disabilities. The rate of preterm births in the U.S. rose to 10.5% in 2021, the highest rate since 2007. The rate for Pennsylvania is 9.8% of live births, and for Lehigh County is 9.7%.

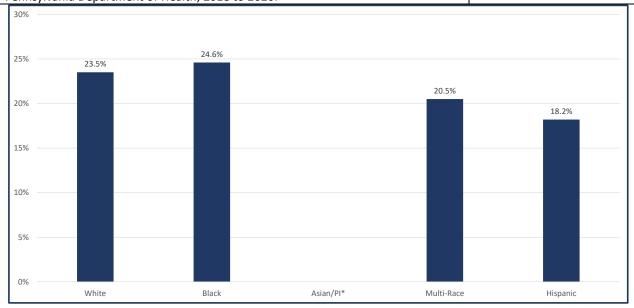




#### **MATERNAL AND CHILD HEALTH (continued-4)**

MATERNAL AND CHILD HEALTH: Health of mothers, infants, and children with maternal referring to health of mother during pregnancy, birth, and post-natal, and newborn health at birth and the first month of life.

BIRTHS			
Mothers that did not Breast Feed: Measure	Geography		
Birth and Death Data from Birth & Death Certificate	City		
Pennsylvania Department of Health, 2018 to 2020.	City		



Source: Birth and Death Data from Birth & Death Certificates. Division of Health Informatics, Pennsylvania Department of Health, 2018 to 2020.

DEATHS			
Infant Mortality By Age, Sex, Race: Measure	Geography		
Birth and Death Data from Birth & Death Certif	City		
Informatics, Pennsylvania Department of Healt	City		

12
Infant Deaths in 2020

Infant Deaths from 2016-2020			
RACE AND SEX	TOTAL DEATHS	< 28 DAYS	28 – 364 DAYS
White – Male	23	18	5
White – Female	21	15	6
Black – Male	10	6	4
Black – Female	12	12	0
Other – Male	7	3	4
Other – Female	9	7	2
TOTAL	87	64	23
TOTAL LIVE BIRTHS 2016-2020	12,168		



#### 3. Community Partner Assessment

#### STAKEHOLDER ANALYSIS LED BY COMMUNITY HEALTH ASSESSMENT LEADERSHIP TEAM

#### **Structure of Planning Groups**

- Leadership: A team of five leaders from the City of Allentown met weekly with consultants from Kulik Strategic Advisers to design, discuss, and guide the Community Health Assessment. This process lasted from May, 2023 through February, 2024, and was followed by intensive ongoing development of the three Community Health Improvement Plan or CHIP Action teams from March through April, 2024.
- Community Health Assessment Leadership Team or CHALT: A 20-member advisory leadership team met to guide the selection of community stakeholders, review the information gathered in the four MAPP assessments, and guide Allentown Health Bureau leadership in prioritizing the identified issues into the three priority areas.
- **Stakeholder Group:** A 50-member Stakeholder Group was formed in May 2023, with orientation in July to the CHNA process. They were involved in each of the four MAPP assessments and provided input on a local level resulting in the three priority areas.

**Appendix A** lists the composition of the Allentown Health Bureau leadership, the Community Health Assessment Leadership Team members, and the Stakeholder Group.



#### LOCAL PUBLIC HEALTH STATUS ASSESSMENT

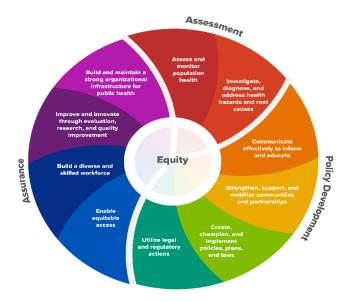
#### Introduction

The Local Public Health Systems Assessment (LPHSA) is a measure of the local public health system in the City of Allentown. This encompasses all public and private health providers, including the two regional health care systems, public and private clinics, emergency services, and the numerous community-based organizations that provide social services. This assessment investigates the network of institutions providing health and human services in the region. Participants in the LPHSA, both part 1 on November 10<sup>th</sup> and part 2 on December 6<sup>th</sup>, consisted of 43% members of the public health work force and 57% community representatives, ranked as displayed below:

SECTOR: 43% Public Health and 57% Community			
43%	15	Local Health Department	
20%	7	Non-Profit Organizations	
9%	3	Mental & Behavioral Health	
6%	2	Health Care/Health Systems	
6%	2	Housing & Housing Development	
3%	1	Emergency Services	
3%	1	Community Organizations	
3%	1	Social Service Providers/Civic Organizations	
3%	1	Media	
3%	1	Business	
3%	1	Academia/Education	

#### Methodology

This assessment consists of three components -- Assessment (two essential services), Policy Development (four essential services), and Assurance (four essential services), covering the ten Essential Public Health Services (EPHS)—and consists of 30 model standards and 108 performance measures centered around the prevailing concept of Equity.





The City of Allentown conducted this assessment in two parts—on November 10, 2023, an introductory session informed the stakeholders (40 attendees) of the ten EPHS and this framework, explaining the three components and the services provided by the City of Allentown and its Allentown Health Bureau.

The group was then instructed to complete a survey ranking the services they felt they had knowledge and input about, in a "skip-question" on-line survey occurring from November 9 to December 4, 2023. Responses were provided in aggregate on December 6th, with input about findings and feedback on how scores could improve.

Rankings were based on scoring criteria in four bands based on the extent to which participants believed that the standard was met. Participants were asked to rank public health performance based on their knowledge of that area.

RANK	SCORE	EXTENT TO WHICH STANDARD IS MET
1	No Activity	0%
2	Minimal Activity	1-25%
3	Moderate Activity	26-50%
4	Significant Activity	51-75%
5	Optimal Activity	76-100%

#### **Key Findings of LPHSA**

EPHS Functions	EPHS Service	DESCRIPTION	2023 SCORE	RANK
Assessment:	1	Assessment and monitor population health	49%	6 <sup>th</sup>
59% Significant	2	Investigate, diagnose, and address health hazards and root causes	66%	1 <sup>st</sup>
	3	Communicate effectively to inform and educate	55%	3 <sup>rd</sup>
Policy Development:	4	Strengthen, support, and mobilize communities and partnerships	53%	<b>4</b> <sup>th</sup>
51% Significant	5	Create, champion, and implement policies, plans, and laws	46%	8 <sup>th</sup>
Significant	6	Utilize legal and regulatory actions	53%	4 <sup>th</sup>
	7	Enable equitable access	57%	2 <sup>nd</sup>
Assure:	8	Build a diverse and skilled workforce	48%	7 <sup>th</sup>
49% Moderate	9	Improve and innovate through evaluation, research, and quality improvement	51%	5 <sup>th</sup>
	10	Build and maintain a strong organizational infrastructure for public health	41%	9 <sup>th</sup>
OVERALL			52% - Significant	



#### 4. Priorities

- 1. Upward Economic Mobility and Health
- 2. Housing Support and Health
- 3. Loneliness and Social Isolation and Health

#### 5. Appendices

#### A. Community Health Assessment Leadership and Stakeholder Groups

These tables were completed by the City of Allentown Project Leadership Team with identification of approximately 20 members as the Community Health Assessment Leadership Team or CHALT. The Stakeholder group was formed through analysis with the CHALT membership to ensure equitable and diverse representation, with almost 50 persons participating in the four MAPP assessments.

**Goal:** To identify members to participate in the Community Health Advisory Leadership Team (CHALT) that guides input from community representatives. This input was vital to the Community Partner Assessment to ensure that review of the individual systems, process, and capacities represent the entire community to determine the capacity to address health inequities at an individual, systemic, and structural level.

The CHALT provided input into the development process of the MAPP Assessments:

- (1) Community Health Status Assessment (CHSA) or Epidemiology Profile is a quantitative overview of the demographics, socioeconomics, and health status/risks of the City of Allentown with detail by the four quadrants.
- (2) Forces of Change Assessment (FOCA) is a qualitative brainstorming/ranking of Eight Forces and Trends impacting City of Allentown health and well-being.
- (3) Local Public Health System Assessment (LPHSA) is a quantitative review of compliance with the Ten Essential Public Health Services; and
- (4) Community Themes and Strengths Assessment (CTSA) displays qualitative themes from Focus Groups held with hard-to-reach subgroups with integration of findings of Community Health Needs Assessment from regional healthcare networks.

#	NAME	TITLE	AGENCY	
1	David Synnamon	Health Director		
2	Garry Ritter	Associate Director, Environmental Health		
3	Belle Marks	Associate Director, Personal Health Services	Allentown Health Bureau	
4	Terry Fasano	Operations Director	Allentown Health Bureau	
5	Yvonne Kingon	Manager, Public Health Engagement and Outreach		
6	Matthew Tuerk	Mayor, City of Allentown		
7	Laura Ballek-Cole	Manager of Civic Innovation	City of Allentown, Mayor's Office	
8	Lucinda Wright	Equity and Inclusion Coordinator		
9	Vicky Kistler	Community & Economic Development Director	City of Allentown	
	NAME	TITLE	AGENCY	
10	Ellen Denizard	Community Engagement Manager	Star Community Health Partners (FQHC) (St. Luke's Health Network)	
11	Rehab Tabchi	Medical Director	Star Community Health	
12	Nathan Boateng	Director, Community Engagement & Marketing	Valley Health Partners Community Health Center	
13	Rajika Reed	Vice President, Community Health	St. Luke's University Health Network	
14	Whitney Szmodis	Epidemiologist, Community Health	St. Luke's University Health Network	
15	Anne Baum	President	Lehigh Valley Network: Reilly Children's Hospital	
16	Won Choi	College of Health	Lehigh University School of Public Health	
17	Elizabeth Dolan	Dean, College of Health		



	STAKEHOLDER GROUP FOR CITY OF ALLENTOWN, PA COMMUNITY HEALTH ASSESSMENT: 2023-2024			
#	Name	Title	Organization	
1	Abigail Goldfarb	Executive Director	The Lehigh Conference of Churches	
2	Allie Kleintop	Dietitian	Allentown Health Bureau	
3	Allison E. Frantz	Coordinator	Suicide Prevention Coalition, Lehigh County	
4	Andrea Wilson	Education Director	Casa Guadalupe Center	
5	Anne Burdine	Director, Dietetic Internship	Cedar Crest College	
6	Belle Marks	Associate Director, Personal Health Services	Allentown Health Bureau	
7	Ben Stephens	housing and Homeless Service Manager	The Lehigh Conference of Churches	
8	Beth Dolan	Dean, College of Health	Lehigh University	
9	Beth Halpern	Director, Community Engagement	Muhlenberg College	
10	Betsy Robles	Property Manager	PMI	
11	Brenda Johnson	Interim Director	Salvation Army Emergency Shelter	
12	Brynnmarie Dorsey	Executive Director, Health & Counseling Service	Muhlenberg College	
13	Carmen Bell	Senior Director Healthy Aging	United Way of the Greater Lehigh Valley	
14	Chloe Cole-Wilson	Program Coordinator	Valley Youth House	
15	Christina Graham	Data & Evaluation Manager	Bradbury-Sullivan LGBT Community Center	
16	David Synnamon	Health Director	Allentown Health Bureau	
17	Deanna Shisslak	Program Manager	Lehigh Valley Health Network	
18	Elias Schoen	MD	St. Lukes/Star Community Health	
19	Elisa Coyle	Senior GIS Analyst	City of Allentown	
20	Elizabeth Dolan	Dean, College of Health	Lehigh University	
21	Ellen Denizard	Community Engagement Manager	Star Community Health	
22	Emily Grigonis	Associate Director	Crime Victims Council of Lehigh Valley	
23	Erik McGaughey	CEO	Meals on Wheels, Greater Lehigh Valley	
24	Erin Barron	Clinical Services Manager	Allentown Health Bureau	
25	Garry Ritter	Assoc. Director Environmental Health	City of Allentown	
26	Goldfarb Abby	Executive Director	Lehigh County Conference of Churches	
27	Joshua Houck	Manager, Emergency Preparedness	Lehigh Valley Health Network	
28	Laura Cole	Manager of Civic Innovation	City of Allentown	
29	Lauren Amann	Supervisor of School-Based Services	Valley Youth House	
30	Lee Laubach	Emergency Management Coordinator	EMA	
31	Maribel Tandazo	Senior Director of Community Impact	Greater VALLEY YMCA	
32	MaryEllen Shiels	Manager, Public Health Emergency Preparedness	Allentown Health Bureau	
33	Missy Wise	Empowerment and Engagement Director	United Way of Greater Lehigh Valley	
34	Nate Boateng	Director, Community Engagement and Marketing	Valley Health Partners Community Health Center	
35	Nilda Colledge	Injury Prevention Manager	City of Allentown	
36	Pratibha Kamble	Clinical Supervisor	Omni Health services Inc	
37	Rachel Ackley RDN, LDN	Dietetic Internship Clinical Coordinator	Cedar Crest College	
38	Rehab Tabchi, DO	Faculty for Family Medicine Residency and Medical Director for Star Community Health	St. Luke's Sacred Heart Campus	



#	Name	Title	Organization
39	Rick Daugherty	Executive Director	Lehigh Valley Active Life
40	Sara Ullmer	Supervisor of Crisis Advocacy, Volunteers, Special Events	Crime Victims Council
41	Sheila Alvarado	Legislative Assistant	State Rep. Peter Schweyer
42	Stevie Wolst	Environmental Field Services Manager	Allentown Health Bureau
43	Susan Dalandan	Coordinator	Lehigh Valley Food Policy Council
45	Tanya Hook	Director	Lehigh County Emergency Services
46	Tina Amato	Nutrition and Physical Activity Manager	Allentown Health Bureau
47	Tom Brodhead	Communicable Disease Manager	Allentown Health Bureau
48	Vicky Kistler	Director of Department of Community and Economic Development	City of Allentown
49	Yvonne Kingon	Manager, Public Health Engagement and Outreach	Allentown Health Bureau
50	William Carver	Public Health Paramedicine Specialist	Allentown Health Bureau

