



HOPE. HELP. HEALING.

KIDSPEACE



2022

Community Health Needs Assessment
(CHNA)



Community Health Needs Assessment (CHNA)

- Introduction

- KidsPeace conducts a Community Health Needs Assessment (CHNA) every 3 years as required of all nonprofit hospitals by the Affordable Care Act. (ACA)
- The purpose of the CHNA is to identify strengths and significant healthcare needs of the community.
- The findings of the CHNA are used to formulate and implement a plan to address and better serve the needs of the community.



DATA COLLECTION

- KidsPeace surveyed and solicited feedback from healthcare consumers who live in, and receive services in the Lehigh Valley.
- Additional data was obtained from entities serving both national and local interests, including but not limited to Substance Abuse and Mental Health Services Administration (SAMHSA), Us Dept. of Health and Human Services (HHS), National Alliance of Mental Illness (NAMI), Mental Health America (MHA), National Institute of Mental Health (NIMH), Centers for Disease Control (CDC), and the United States Census Bureau.



DEFINING OUR COMMUNITY

The Lehigh Valley – Lehigh and Northampton Counties

Lehigh County PA

<https://lehighcounty.org>



DEFINING OUR COMMUNITY cont.

The Lehigh Valley – Lehigh and Northampton Counties

Northampton County PA

<https://www.northamptoncounty.org>



DEFINING OUR COMMUNITY – Lehigh Valley

- Total estimated population – 689,167
- Residents who identify as Male – 49.1%
- Residents who identify as Female – 50.9%
- Homes where language other than English is spoken – 19.15%
- Uninsured residents under age 65 – 48,609
- Residents living in poverty – 67,774
- Foreign born residents – 69,152
- US born residents – 620,015
- Residents Under age 18 – 146,281
- Residents who are veterans – 34,396



SOCIAL DETERMINANTS OF HEALTH



SOCIAL DETERMINANTS OF HEALTH

- Social determinants of health (SDOH) describe the conditions in the environments where people are born, live, work, receive education, play, worship, socialize and age that affect a wide spectrum of health, functioning overall quality-of-life outcomes.
- Together, SDOH have a profound impact on wellness
- Wellness can be categorized into 4 main domains:
 1. Emotional
 2. Environmental
 3. Physical
 4. Social



SOCIAL DETERMINANTS OF HEALTH - EMOTIONAL

- **Emotional Wellness** refers to the emotional quality of an individual's experiences. It is impacted by a number of factors, that affect the ability to handle life's stresses and adapt to change and difficult times.



SOCIAL DETERMINANTS OF HEALTH – EMOTIONAL cont.

Amongst Adults...

- 1 in 5 people in the U.S. are affected by mental illness every year.
- 1 in 20 experience a serious mental illness
- 1 in 15 experience both a substance use disorder **and** mental illness
- 12+ million had serious thoughts of suicide
- 1 in 5 report that the pandemic has had a serious negative impact on their mental health
- Only 34% of those with mental illness receive treatment
- Only 50% of those with serious mental illness receive treatment



SOCIAL DETERMINANTS OF HEALTH – EMOTIONAL cont.

Amongst Adolescents...

- 1 in 6 experienced a major depressive episode (MDE)
- **3 million** had serious thoughts of suicide
- 1 in 5 of young people report the pandemic had a serious negative impact on their mental health
- Mental health-related emergency department visits increased by 31% since the onset of the pandemic



SOCIAL DETERMINANTS OF HEALTH – EMOTIONAL cont.

- Over 60% of youth in the U.S. with major depression did not receive any mental health services, while 1 in 3 of those who did didn't receive it consistently
- 8.1% of children had private insurance that did not cover mental health services
- Pennsylvania ranks 9th nationally for overall mental health, up from 15th in 2011
- On average, 1 person dies every 11 minutes from suicide in the U.S.
- In PA, over 2,000 lives are lost to suicide every year



SOCIAL DETERMINANTS OF HEALTH - ENVIRONMENTAL

- An environmental determinant of health is a description of physical, chemical and biological factors external to the individual that are known to influence quality of life and health outcomes.



SOCIAL DETERMINANTS OF HEALTH – ENVIRONMENTAL cont.

- 33% of adults in the Lehigh Valley are obese compared to 33% state wide
- 29.19% of households are at or below 200% of Federal Poverty Level, compared to 27.6% state wide
- Amongst adults in the Lehigh Valley 4.5% are unemployed compared to 4.2% state wide
- COVID-19 has been attributed to 2,380 deaths in the Lehigh Valley since the pandemic began (as of May 1, 2022)



SOCIAL DETERMINANTS OF HEALTH – ENVIRONMENTAL cont.

- There have been 27,032 cases of COVID -19 per 100,000 people in Lehigh County, and 28,206 cases per 100,000 people in Northampton County
- 26.7 of high-school age youth report regular use of tobacco products (including vape products containing nicotine)
- 6.6% of high-school age youth report they regularly smoke cigarettes
- Youth obesity varies by identified race with 22.2% amongst black youth, 19% amongst Hispanic youth, 11.8% amongst white youth and 7.3% amongst Asian youth



SOCIAL DETERMINANTS OF HEALTH – ENVIRONMENTAL cont.

- 25% of residents of the Lehigh Valley do not have easy access to exercise opportunities
- Residents of the Lehigh Valley report having 4.5 “mentally unhealthy days” out of every 30
- There is one Mental Health provider for every 435 people in the Lehigh Valley
- 24% of all children in the Lehigh Valley live in poverty, compared to 9% nationwide and 14% statewide
- 13.5% of households experience severe housing cost burdens



SOCIAL DETERMINANTS OF HEALTH – ENVIRONMENTAL cont.

- Air quality in the Lehigh Valley averages 8.8 on average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)
- Ensuring the safety of drinking water is important to prevent illness, birth defects, and death. Both Lehigh and Northampton counties have had drinking water violations in the last 3 years.
- Proximity to motor vehicle traffic exposes residents to ambient noise, toxic gases, and particulate matter, including diesel particulates. Based on the available evidence, living within a distance of roughly 100–300 meters is related to poorer health outcomes. The average resident lives within 544 meters of regular traffic.



SOCIAL DETERMINANTS OF HEALTH - PHYSICAL

- Physical Social Determinants of health describe the interaction of physical activity, health eating, mindful activities and sleep on overall wellness.



SOCIAL DETERMINANTS OF HEALTH - PHYSICAL

- 38% of residents report that they get insufficient sleep for optimal health
- 18% of residents engage in excessive binge drinking
- 10% of households experience regular food insecurity
- 28% of residents report receiving no regular physical activity
- 10% of all households experience regular food insecurity



SOCIAL DETERMINANTS OF HEALTH - SOCIAL

- Social determinants of health describe the economic and social conditions that influence individual and group differences in health status.



SOCIAL DETERMINANTS OF HEALTH – SOCIAL

- 90% of all residents 25 years of age and older have graduated high school.
- 5% of youth are “disconnected” meaning neither working nor in school
- Schools rank 3.0 out of 4.0 possible in reading scores
- Schools rank 3.0 out of 4.0 possible in math scores
- Schools rank 0.28 on a scale of 0 – 1 in school segregation, measuring the distribution of races and ethnicities amongst schools
- Spending per student on education is \$15,982 per pupil, above the statewide average



SOCIAL DETERMINANTS OF HEALTH – SOCIAL cont.

- 36,492, or 25% of children in the Lehigh Valley live in single-parent households
- Research suggests that the magnitude of risk associated with social isolation is similar to the risk of cigarette smoking. Furthermore, social support networks have been identified as powerful predictors of health related behaviors, suggesting that individuals without a strong social network are less likely to make healthy lifestyle choices than individuals with a strong network. In the Lehigh Valley, there are 348.5 associations per 10,000 residents giving it a county-level score of 10.3. By comparison, the state ranges from 6.9 to 24.7.



DATA – ACCESS TO CARE

- Over 600 consumers of mental health services in the Lehigh Valley were surveyed to assist in the creation of the implementation plan.
- Feedback was focused on the ease of obtaining care and the availability of subsequent follow-up care to continue treatment after the first encounter.



ACCESS TO CARE - DATA

- Within Lehigh and Northampton Counties it is easy to access mental health services when me or a loved one is not in immediate crisis.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
22%	20%	58%

- Within Lehigh and Northampton Counties, I can access someone able to give a prescription for mental health issues.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
22%	20%	58%

- Within Lehigh and Northampton Counties it is easy to find emergency mental health services when I or my loved one is in immediate crisis.

Strongly Disagree / Disagree	Neutral	Agree / Strongly Agree
22%	20%	58%



ACCESS TO CARE - DATA

- How long does it take to receive mental health services?

Less than 1 month	2 -3 Months	4 -5 Months	6 -7 Months	More than 8 Months
49%	17%	20%	6%	8%

- How long does it take to access a prescriber for a mental health issue?

Less than 1 month	2 -3 Months	4 -5 Months	6 -7 Months	More than 8 Months
54%	17%	11%	11%	7%

- I am confident that if I needed emergency mental health services, I would be able to do so within Lehigh or Northampton Counties.

Less than 1 month	2 -3 Months	4 -5 Months	6 -7 Months	More than 8 Months
99%				1%



DATA – CONSUMER FEEDBACK

Community consumer comments

- “The recommendations today will help us get where we need to be”
- “I appreciate the speed in which we were able to be evaluated”
- Thank you for the help and offering me options. I felt very safe in the care my son received”
- “I was nervous going in and didn’t know what to expect but now feel happy having a long-term relationship with KidsPeace”
- “Very helpful and saved us a lot of time versus going to the ER”
- “Thank you for your immediate assistance and counsel. We are so appreciative of your help at a time of great uncertainty for our daughter”
- “Staff took my concerns about the safety and welfare for my daughter very seriously, which means a lot to me as a mother”
- “Went great. Gave me the best information for my child”
- “Very happy KP was able to see us right away”
- “From phone call to appointment everyone helped me and was very nice”
- “Staff was so kind and compassionate and diligent in getting a doctor appointment set up ASAP”



ACCESS TO CARE - DATA

- There are an estimated 113,889 individuals with schizophrenia in PA
- There are and estimated 238,132 individuals with severe bipolar disorder in PA
- It takes 34.9 beds available for every 10,000 Pennsylvanians to adequately meet the acute care Psychiatric needs of the state
- Currently, Pennsylvania has 10.4 Psychiatric inpatient beds per 100,000 people.
- PA lost 516 inpatient Psychiatric beds since 2016
- Pennsylvanians suffering from severe mental illness are twice as likely to be incarcerated than hospitalized.



ACCESS TO CARE - DATA

- Annual cost of incarcerating people with severe mental illness exceeds \$140 million.
- Over one million adults in PA experienced severe emotional distress (SMD) in the last 6 months
- 27.1% of Pennsylvanians who experienced SMD who sought treatment, didn't receive it
- 42.6% of those who did not receive the treatment they sought reported it was because they could not afford it.



IMPLEMENTATION PLAN – ACCESS TO CARE

- Based on the assessment of needs, three primary priorities related to accessing care within the individual's own community were identified:
 1. Ensuring access to care in times of mental health crisis through increased use of walk-in services
 2. Ensure greater access to critical time sensitive inpatient care through reduction of denials due to no immediate bed availability
 3. Improve access to ongoing mental health care through greater use of tele-medicine



IMPROVING ACCESS TO CARE – Walk - Ins

YEAR	TOTAL WALK-INS	% REFERRED TO OUTPATIENT	% REFERRED TO ACUTE PARTIAL	% REFERRED TO INPATIENT	% OTHER
2018	708	52%	30%	6%	12%
2019	975	53%	26%	6%	15%
2020	628	49%	23%	5%	23%
2021	612	49.5%	24%	0.5%	26%



IMPROVING ACCESS TO CARE – INPATIENT NEED

Consumers who presented to the KidsPeace Children’s Hospital for acute (emergency) inpatient services, but were unable to be admitted due to the lack of a staffed bed being available at the time. *COVID-19 related staffing impacts began to materialize in the third quarter of 2020.

YEAR	TOTAL REFERRALS	REFERRALS DENIED DUE TO STAFFING	REFERRALS DENIED DUE TO NO BED AVAILABLE	% OF REFFERALS THAT WERE DENIED FOR LACK OF AVAIALBE BED
2019	5445	7	774	6%
2020*	5409	267	1,918	6%
2021	5225	1,112	1,983	5%
2022 (Through May 2022)	1859	1,156	10	0.5%



SOURCES OF DATA

- US Department of Health and Human Services (HHS) <https://hhs.gov>
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://samhsa.gov>
- United States Census Bureau <https://census.gov>
- National Alliance of Mental Illness (NAMI) <https://nami.org>
- Mental Health America (MHA) <https://mhanational.org>
- Community Commons <https://communitycommons.org>
- Centers for Disease Control (CDC) <https://cdc.gov>
- County Health Rankings <https://countyhealthrankings.org>



SOURCES OF DATA cont.

- Lehigh County Government <https://lehighcounty.org>
- Northampton County Government <https://northamptoncounty.org>
- Healthy People 2030 <https://health.gov>
- National Center for Biotechnology Information <https://ncbi.nlm.nih.gov>
- Lehigh Valley Planning Commission <https://www.lvpc.org>
- Pennsylvania Treatment Advocacy Center <https://www.treatmentadvocacycenter.org>
- NIH – National Library of Medicine <https://www.ncbi.nlm.nih.gov>
- USC Schaeffer Center for Health Policy and Economics <https://healthpolicy.usc.edu>

