City of Allentown
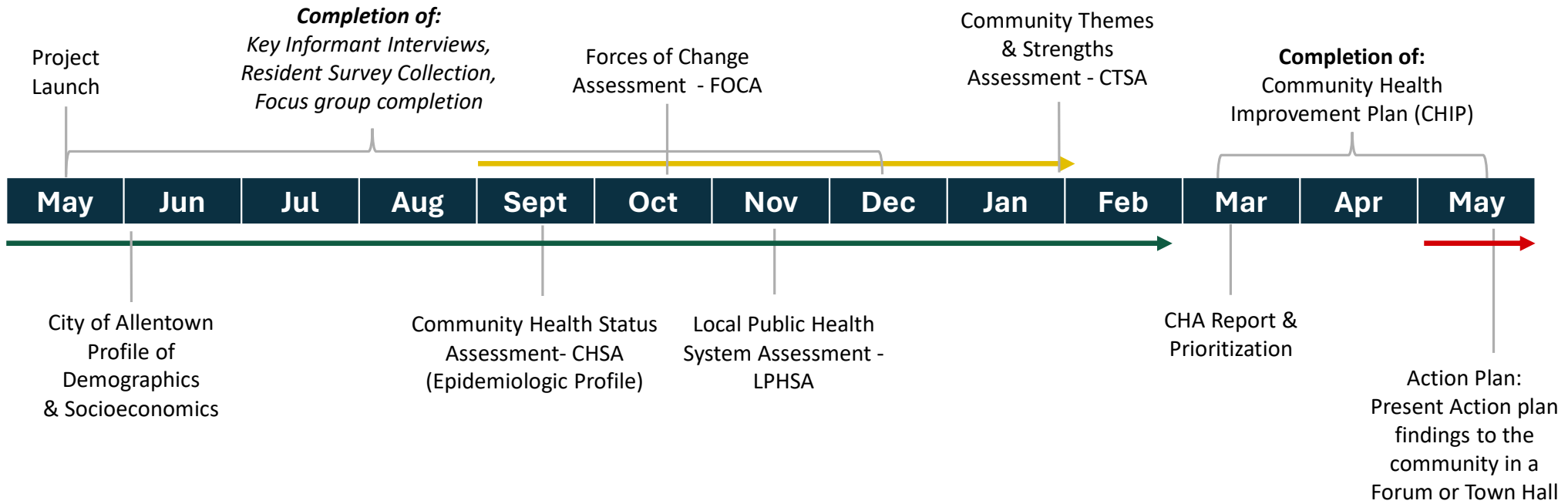
Community Health Needs Assessment

May 15, 2024

Allentown Community Health Improvement Project Timeline

Project Launch

Completion of:
Key Informant Interviews, Resident Survey Collection, Focus group completion

Forces of Change Assessment - FOCA

Community Themes & Strengths Assessment - CTSA

Completion of:
Community Health Improvement Plan (CHIP)

May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May

City of Allentown Profile of Demographics & Socioeconomics

Community Health Status Assessment- CHSA (Epidemiologic Profile)

Local Public Health System Assessment - LPHSA

CHA Report & Prioritization

Action Plan: Present Action plan findings to the community in a Forum or Town Hall

Two of the MAPP assessments are Quantitative (CHSA & LPHSA) and two are Qualitative (CTSA & FOCA).

The Forces of Change Assessment, Local Public Health System Assessment and Community Themes & Strengths Assessment were completed in two parts with participant's input collected via on-line survey between the sessions.

Project Approach

A *Community Health Needs Assessment (CHNA)* determines the individual and community health of an area through a structured framework. In this assessment we used the *Mobilizing for Action through Planning & Partnership (MAPP)* framework.

- **Purpose of MAPP:** To assess the environment related to public health and well-being using local resources with input from local health systems, community-based organizations, community advocates, and others.

This process consisted of four assessments:

1) **Community Health Status Assessment** or snapshot of health and social factors in the City of Allentown;
2) **Forces of Change**, or qualitative brainstorming of Forces and underlying Trends impacting health status;
3) **Local Public Health System Assessment** or rank of Public Health using the 10 Essential Public Health Services;
4) **Community Themes and Strengths Assessment**, or integration of Residents surveyed on health, focus group input, and the results of the two local health networks health assessments.

The City then ranks priorities based on MAPP findings, leading to strategies around priority areas, forming the **Community Health Improvement Plan (CHIP).**

Community Health Status Assessment (CHSA) – *Assessment 1*

DEMOGRAPHIC & SOCIOECONOMICS BY PSA	SOCIAL DETERMINANTS OF HEALTH	BEHAVIORAL HEALTH	MATERNAL CHILD HEALTH	CHRONIC DISEASE & INJURY PREVENTION	COMMUNICABLE DISEASE	ENVIRONMENTAL HEALTH BY PSA
Demographics: • Population • Sex • Age • Race/ Ethnicity • Language • Education **Socioeconomics:** • Poverty – Adults & Children • Median Income • Crime • Insured/ Uninsured	**Housing:** • Ownership/ Rent • Affordability • Housing Problems **Food:** • Insecurity Rate • Food Deserts • Healthy Eating **Physical Activity:** • Access to Exercise • People with Disabilities **Transportation** • No Vehicle • Long Commute	• Mental Health Workforce • Substance Use Providers • Behavioral Health Access Issues • Risk Factors • Deaths of Despair • Substance use: Alcohol & Opioid use • Mortality: Drug, Opioid and Fentanyl	• Live Births • Low Birth Weight • Very Low Birth Weight • No Prenatal Care • Pregnant Women that Smoked • Preterm Births • Births to mothers who did not breastfeed • Infant Deaths • Maternal Deaths	**Causes of Death:** • Cardiovascular • Diseases of the Heart • Stroke • Lung Cancer • Female Breast Cancer • Intentional Self Harm • Assault • Motor Vehicle Accidents **Risk Factor Deaths:** • Tobacco • Alcohol/Drugs • Obesity • Senior Falls	**Immunization Series:** • DTaP • Pneumonia • Polio • Hepatitis B • Hib • MMR **Cases:** • Influenza A & B • COVID • Active TB **STD's:** • Chlamydia • Gonorrhea • Syphilis • Hepatitis B & C	**Housing:** • Age of Housing Stock • Vacant Units • Housing Conditions **Pollution:** • Air • Water **Environmental Factors:** • Asthma • Child Asthma

Forces of Change Assessment (FOCA) – *Assessment 2*

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 or a major event (i.e. COVID).

| FORCES WERE GROUPED INTO THE EIGHT CATEGORIES DEFINED BELOW			
Social: A social issue is a problem that reduces the quality of life of people.	**Economic:** An economic issue relates to scarce resources in light of needs.	**Political:** A political issue involves government or politics but can cross into social or economic issues.	**Technology:** Technological issues involve improvements in processes that increase productivity such as Internet connectivity or a digital divide.
Environmental: Issues where human activity impacts the environment and environmental factors that affect human health.	**Scientific/Health:** Biophysical impact on an individual and the community at large.	**Legal:** Legal issues are based on the current practice of law.	**Ethical:** Ethical issues define issues of right and wrong (may differ from legal).

Local Public Health System Assessment (LPHSA) – *Assessment 3*

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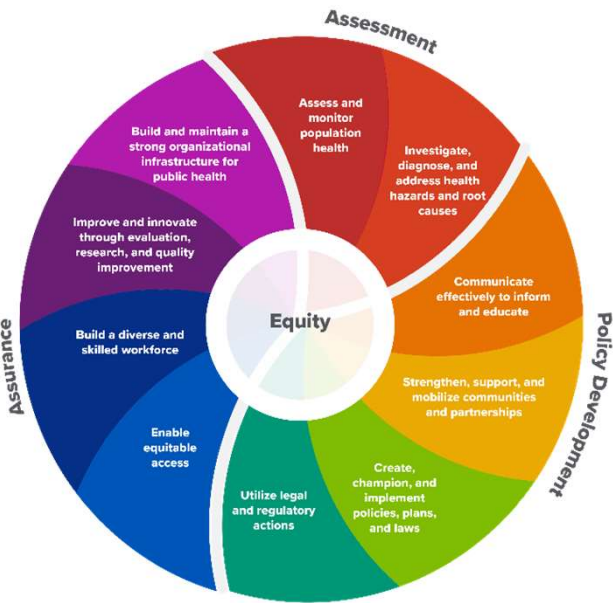
EPHS Functions	EPHS Service	DESCRIPTION	2023 SCORE	RANK
Assessment: 59% -- Significant	1	Assessment and monitor population health	49%	6th
	2	Investigate, diagnose, and address health hazards and root causes	66%	1st
Policy Development: 51% -- Significant	3	Communicate effectively to inform and educate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

Community Participation

1,137⁺ Touches

Key Informant Interviews

10 Key Informant Interviews were conducted with input from:
- City Leaders
- Allentown Health Bureau

Resident Surveys

715 Resident Surveys or 186% of the target of 384 has been achieved.

Total Responses that agreed to participate: 830

Responses that did not want to participate: 15

Do not live in Allentown: 100

Total responses that live in the City of Allentown: 725

Focus Groups

126 Participants in 10 focus groups

- *Homeless*
- *Food Pantry*
- *Pave the Road PA*
- *LGBTQIA+*
- *Syrian Food Pantry*
- *Charter School*
- *Muhlenberg College*
- *Grandparents as parents*
- *Library Area Neighborhood Association*
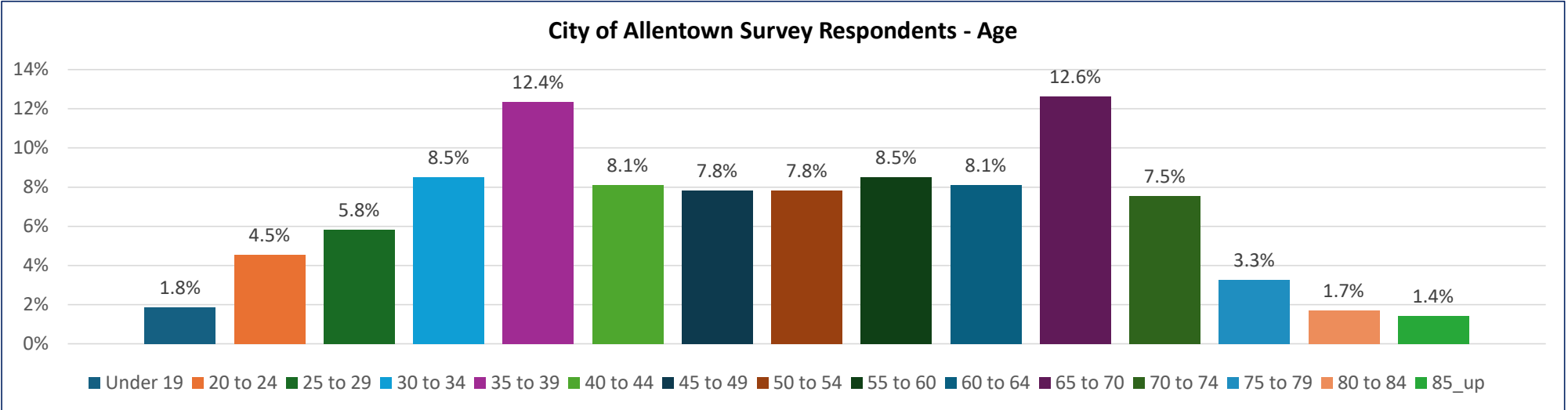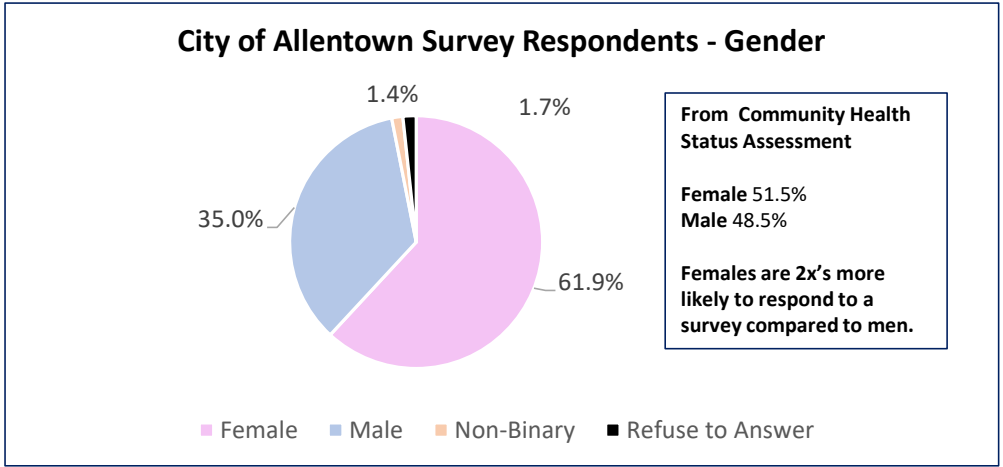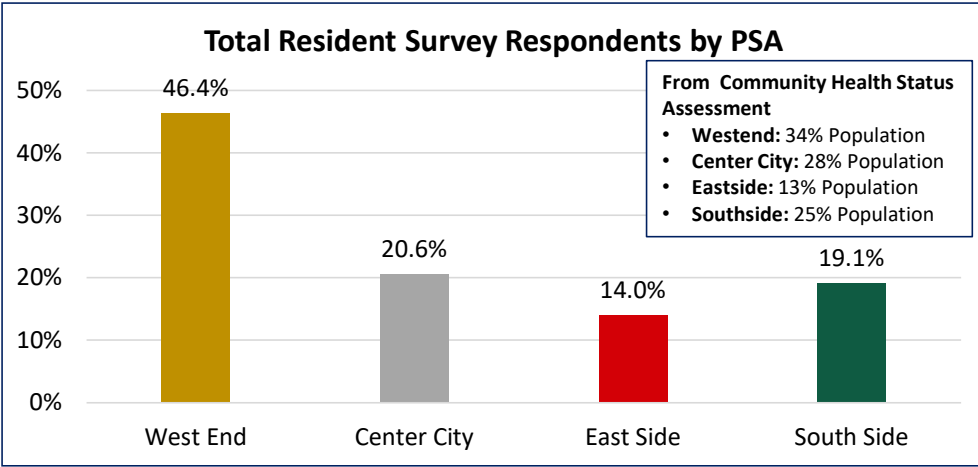- *Ripple Community Center*
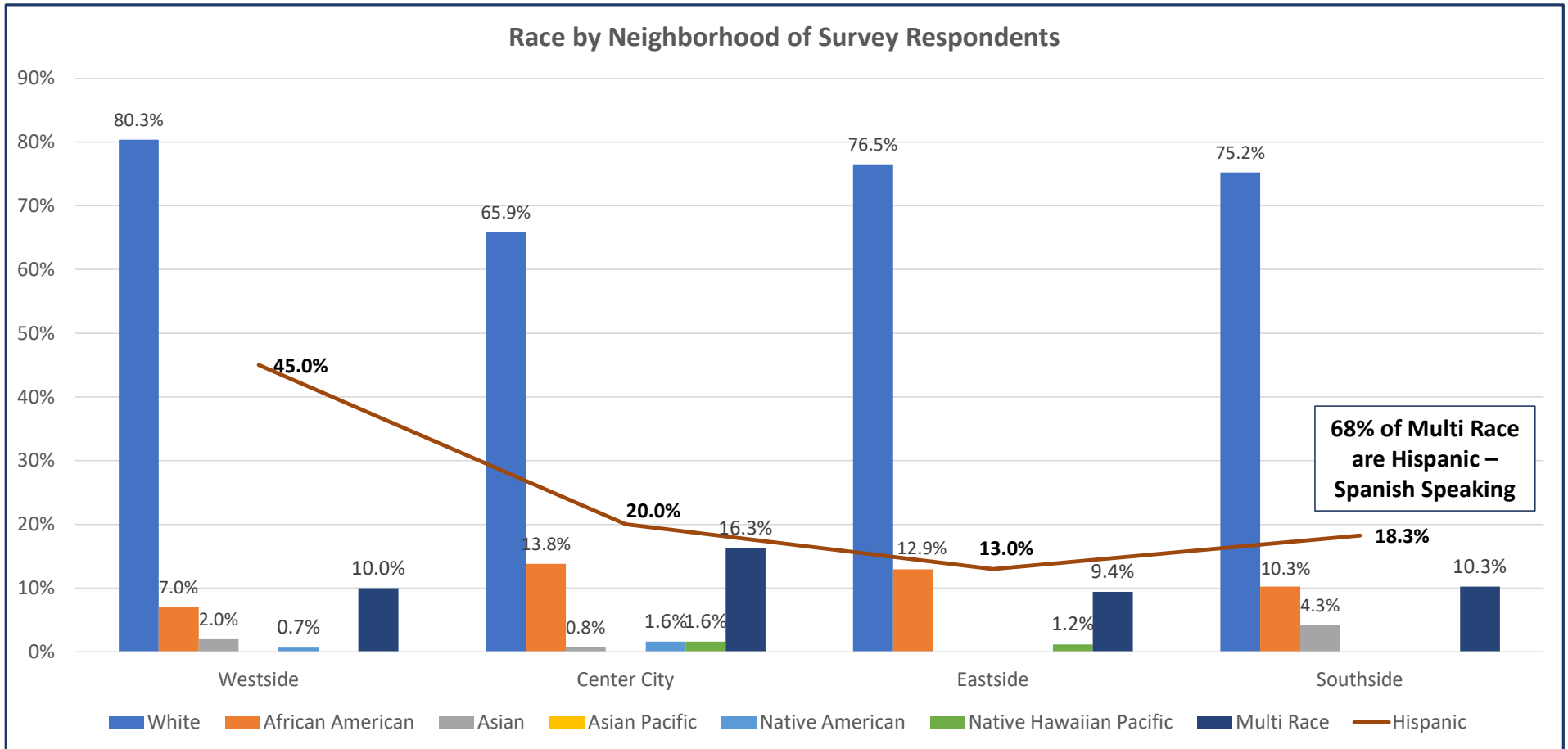
Participants in MAPP

- **CHSA**: 48 participants from 30 agencies
- **FOCA**: 41 participants from 29 agencies
- **LPHSA**: 36 participants from 35 agencies with 26 in Part 2 from 20 agencies.
  - 35 LPHSA Survey Respondents
- **CTSA:**
  - Part 1 – 55 Participants
  - Part 2 – 45 Participants

Community Resident Input

725 Resident Survey

Total Resident Survey Respondents by PSA

- West End: 46.4%
- Center City: 20.6%
- East Side: 14.0%
- South Side: 19.1%

From Community Health Status Assessment
- **Westend:** 34% Population
- **Center City:** 28% Population
- **Eastside:** 13% Population
- **Southside:** 25% Population

City of Allentown Survey Respondents - Gender

- Female: 61.9%
- Male: 35.0%
- Non-Binary: 1.4%
- Refuse to Answer: 1.7%

From Community Health Status Assessment

Female 51.5%
Male 48.5%

Females are 2x's more likely to respond to a survey compared to men.

City of Allentown Survey Respondents - Age

- Under 19: 1.8%
- 20 to 24: 4.5%
- 25 to 29: 5.8%
- 30 to 34: 8.5%
- 35 to 39: 12.4%
- 40 to 44: 8.1%
- 45 to 49: 7.8%
- 50 to 54: 7.8%
- 55 to 60: 8.5%
- 60 to 64: 8.1%
- 65 to 70: 12.6%
- 70 to 74: 7.5%
- 75 to 79: 3.3%
- 80 to 84: 1.7%
- 85_up: 1.4%

DEMOGRAPHICS: Race/ Ethnicity of Survey Respondents

Race by Neighborhood of Survey Respondents

68% of Multi Race are Hispanic – Spanish Speaking

Legend: White | African American | Asian | Asian Pacific | Native American | Native Hawaiian Pacific | Multi Race | Hispanic

Neighborhood	White	African American	Asian	Native American	Native Hawaiian Pacific	Multi Race	Hispanic
Westside	80.3%	7.0%	2.0%	0.7%		10.0%	45.0%
Center City	65.9%	13.8%	0.8%		1.6%	16.3%	20.0%
Eastside	76.5%	12.9%			1.2%	9.4%	13.0%
Southside	75.2%	10.3%	4.3%			10.3%	18.3%

Community Resident Input

City of Allentown Survey Respondents - Race

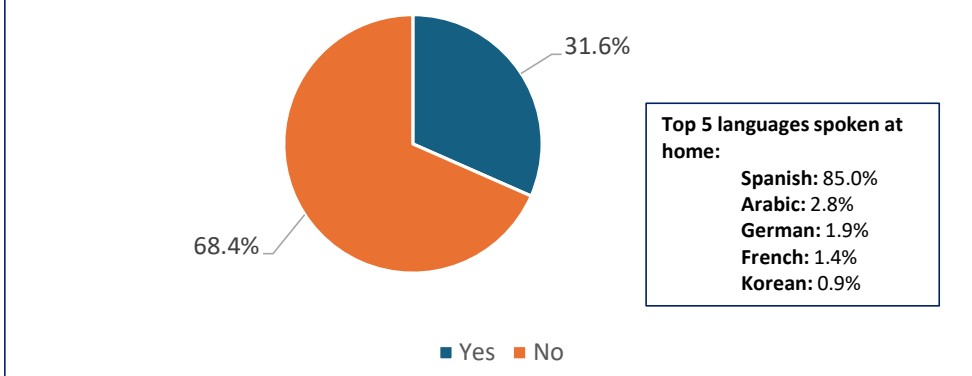| Race	Percentage
White	75.7%
Multi Race	11.4%
African American	9.8%
Asian	1.9%
Native American	0.6%
Native Hawaiian Pacific	0.5%
Asian Pacific	0.2%
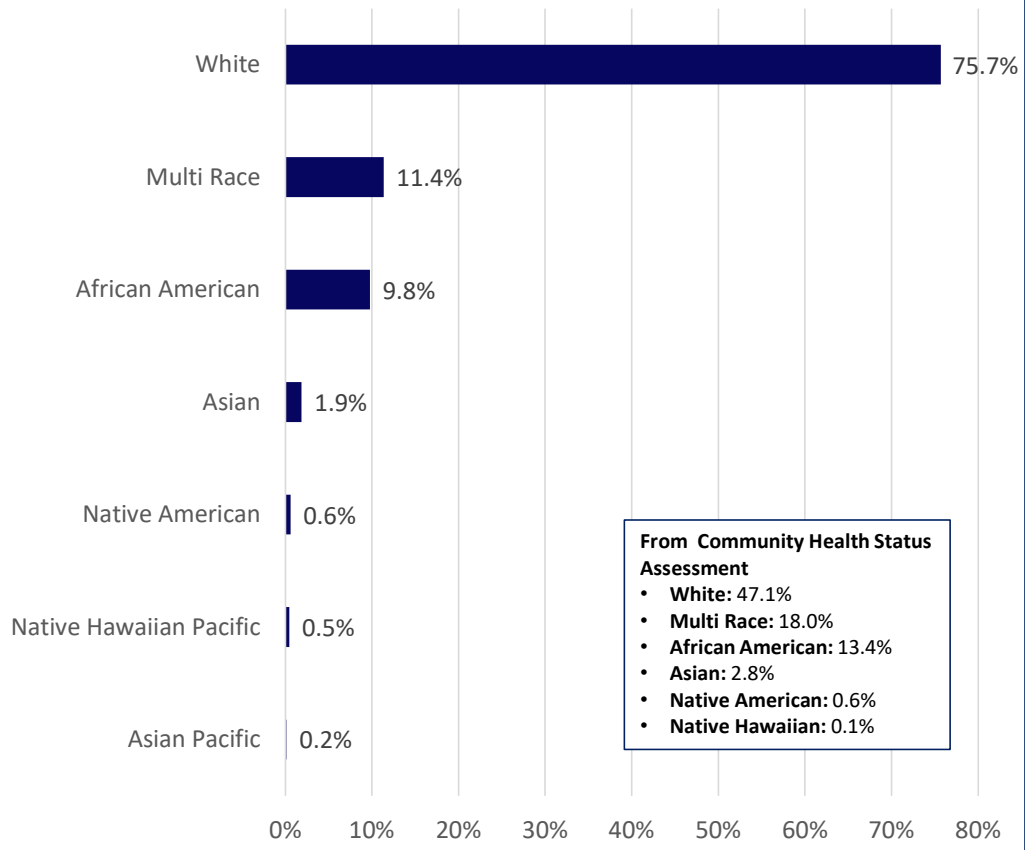
From Community Health Status Assessment
- **White:** 47.1%
- **Multi Race:** 18.0%
- **African American:** 13.4%
- **Asian:** 2.8%
- **Native American:** 0.6%
- **Native Hawaiian:** 0.1%

Hispanic Survey Respondents by PSA

PSA	Percentage
West End	45.0%
Center City	20.0%
East Side	13.0%
South Side	18.3%
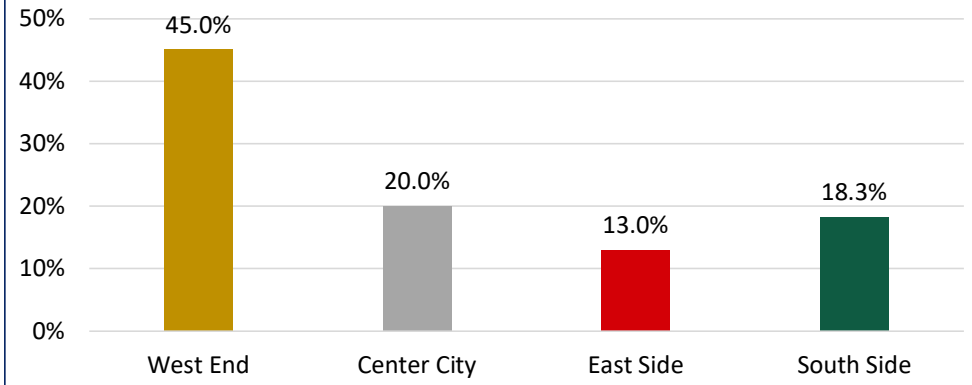
Other Languages Spoken at Home – Survey Respondents

- Yes: 31.6%
- No: 68.4%

Top 5 languages spoken at home:
- **Spanish:** 85.0%
- **Arabic:** 2.8%
- **German:** 1.9%
- **French:** 1.4%
- **Korean:** 0.9%

Community Health Needs Assessment Findings by Assessment

COMMUNITY HEALTH STATUS ASSESSMENT	FORCES OF CHANGE ASSESSMENT	COMMUNITY THEMES AND STRENGTHS ASSESSMENT	TWO REGIONAL HEALTH NETWORKS
Access to Care: Health Care Workforce	Economic - Affordable housing	Homelessness	1. Access to Care 2. Chronic Disease Prevention 3. Mental and Behavioral Health 4. COVID-19
Environmental Health: Air Pollution	Social - Poverty and its impact on families and older adults	Lack of affordable housing	Mental Health Prevention & Education School-Based Behavioral Health
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	

Prioritization Process and Determination

1 **Loneliness & Social Isolation:** Associated with increased mortality risk from various causes, including cardiovascular disease, cancer, respiratory illness, and mental health challenges; impacting Youth & elderly, White males 45 years+ that are unemployed, Low-Income residents, African-Americans and Hispanics, and Veterans.

2 **Safe, Stable & Affordable Housing:** Poor-quality housing is linked to negative health outcomes, such as chronic diseases, injuries, and mental health issues impacting Low-Income residents, African-Americans and Hispanics, Seniors.

3 **Upward Economic Mobility:** Economic disparities and financial insecurity impact health outcomes and lifespan, particularly among low-income residents, African Americans and Hispanics, Seniors. Lack of access to resources for wealth acquisition and education correlates with decreased health and well-being.

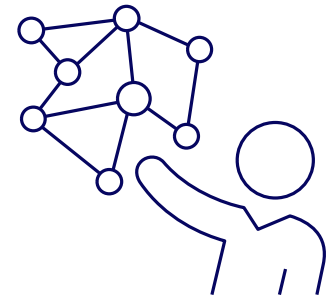# Community Health Improvement Plan (CHIP) Process

Schedule a CHIP Action Team meeting every two weeks for up to 3 meetings with an estimated 3-5 teams per priority.

Determine Goals, Objectives, Action Steps, Performance Metrics, Evidence-based Interventions, and Outcomes for each Priority Area.

Assist in identifying community partners to play a role in improving each priority indicator.

The CHIP action plan will be finalized in June 2024.

Questions?