Lehigh Valley Health Network

# LVHN Scholarly Works

# Community Strategies for Improving Health in Allentown: The Lens of Diabetes Health Disparities

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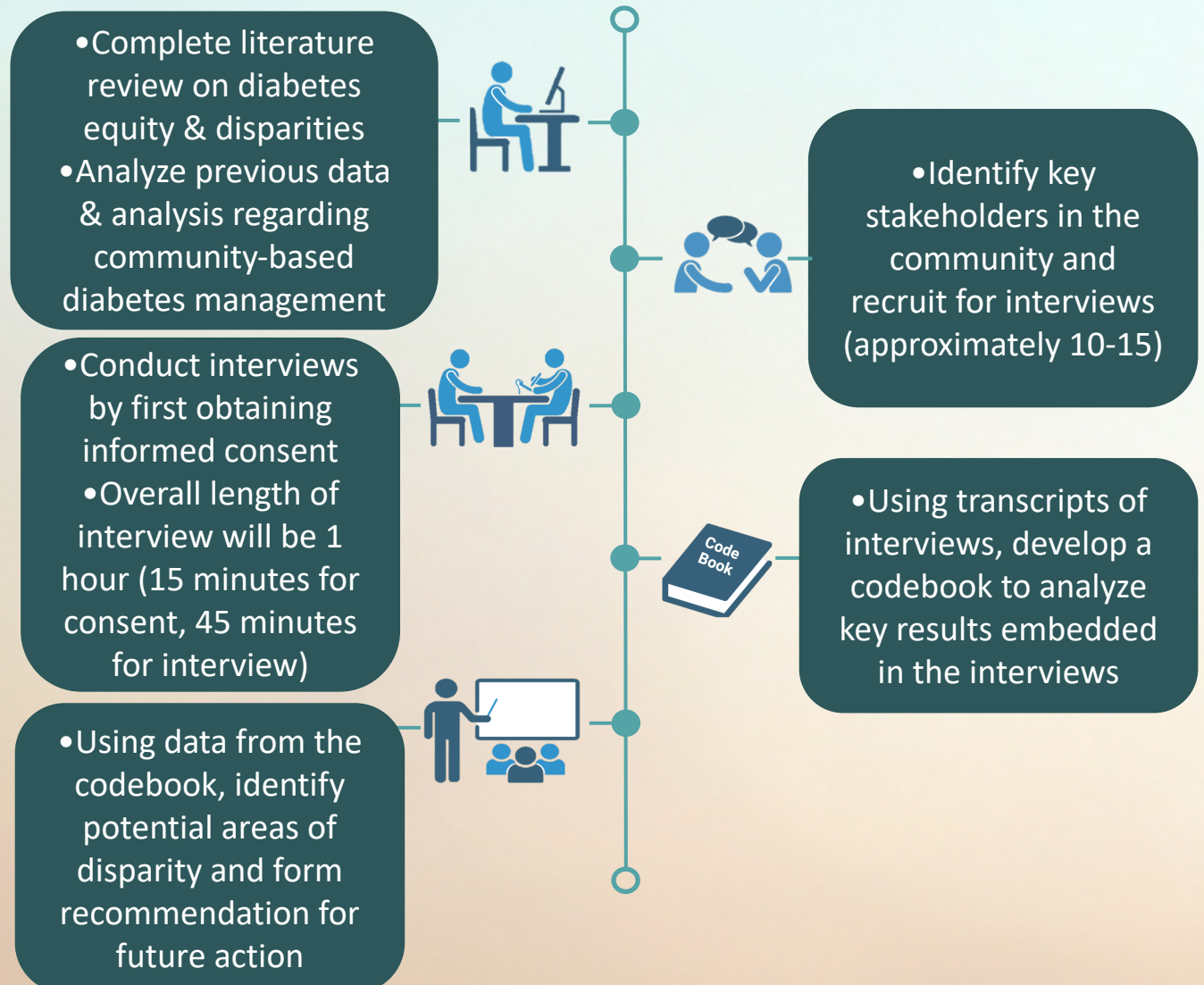
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## BACKGROUND

- Diabetes is a prevalent and costly concern in Pennsylvania, affecting approximately 11.1% of the adult population and cumulating approximately $9.0 billion in medical expenses per year[1].
- The prevalence of diabetes varies within different regions of the state, though this study specifically focuses on Lehigh County, where diabetes is most prevalent in downtown Allentown, Bethlehem, and north Whitehall in zip codes 18102, 18109, 18052, and 18018.
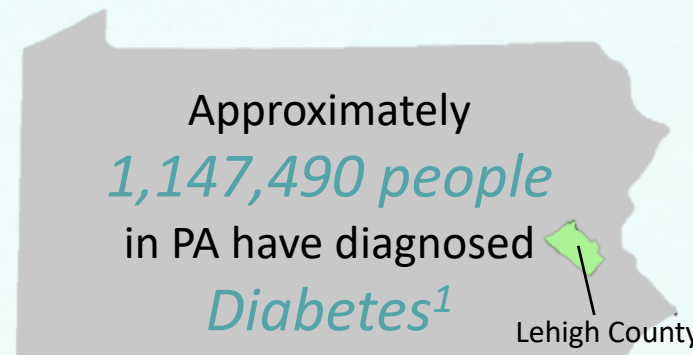
*The purpose of this study is to identify gaps in diabetes care in Lehigh County and to recommend strategies for improving the prevention, diagnosis and management of diabetes.*
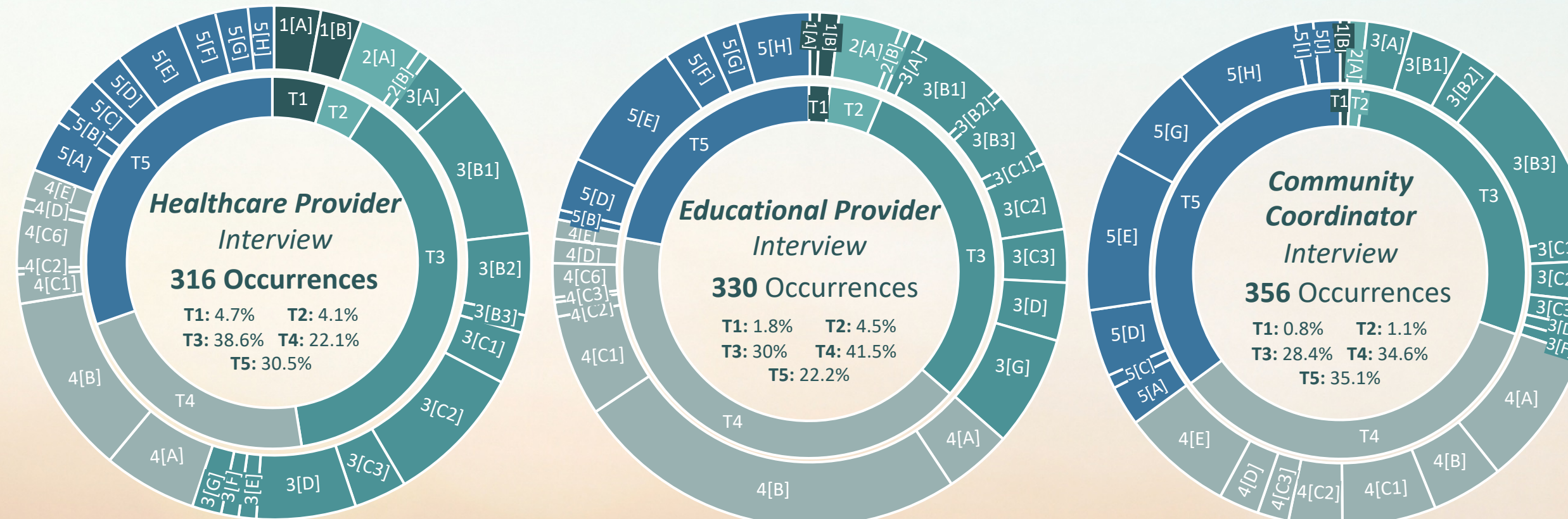
## METHODS

- Complete literature review on diabetes equity & disparities
- Analyze previous data & analysis regarding community-based diabetes management
- Conduct interviews by first obtaining informed consent
- Overall length of interview will be 1 hour (15 minutes for consent, 45 minutes for interview)
- Using data from the codebook, identify potential areas of disparity and form recommendation for future action
- Identify key stakeholders in the community and recruit for interviews (approximately 10-15)
- Using transcripts of interviews, develop a codebook to analyze key results embedded in the interviews

## Lehigh Valley Health Network, Allentown, Pennsylvania

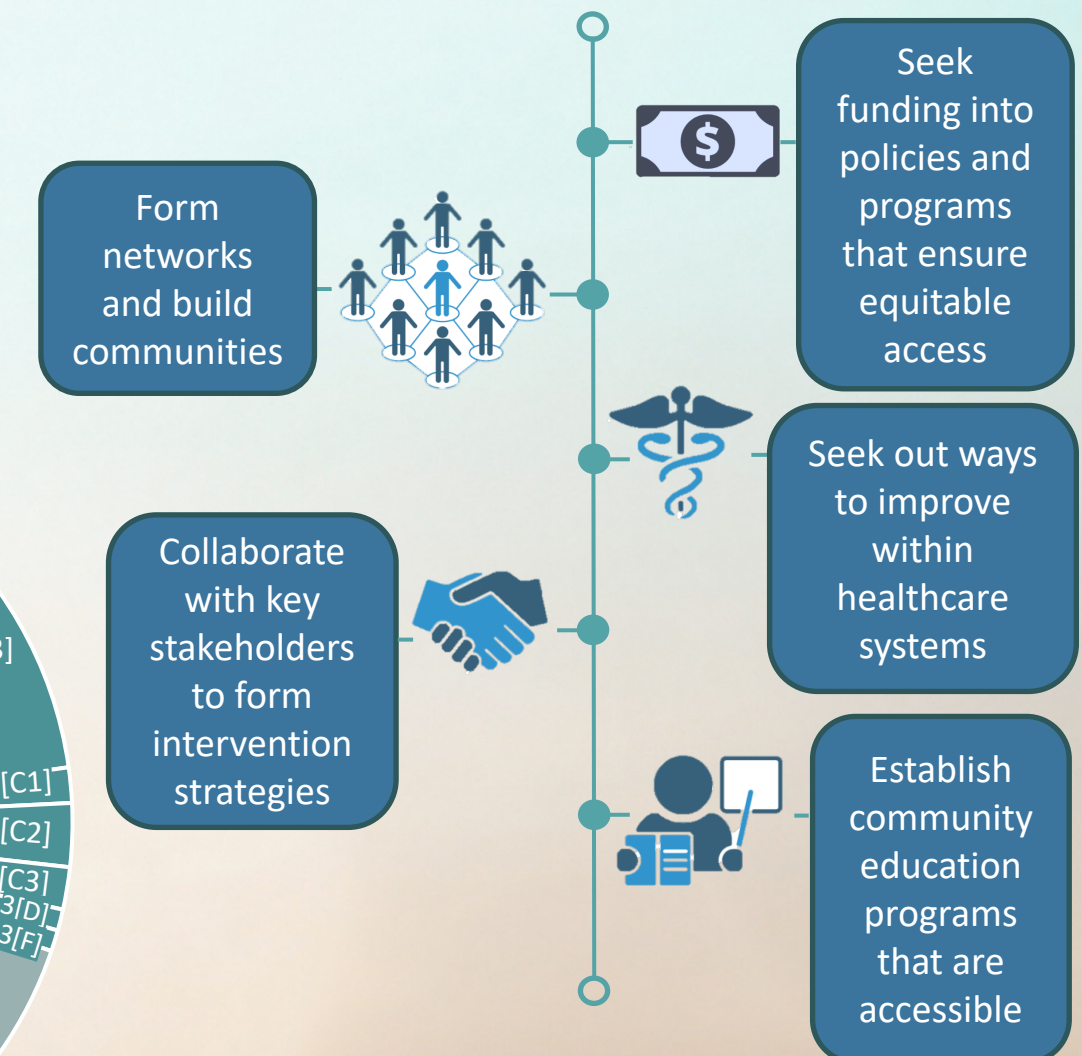| Theme 1: Holistic Health Perspective | Theme 2: Personalized Risk Awareness | Theme 3: Health Systems | Theme 4: Health Behaviors | Theme 5: Socioeconomic Factors |
|---|---|---|---|---|
| •Code [1A]: Physical Health Implications of Diabetes<br>•Code [1B]: Psychological Health Implications of Diabetes | •Code [2A]: Acknowledgment of Applied Risk<br>•Code [2B]: Genetic Factors | •Code [3A]: Importance for Healthcare Systems<br>•Code [3B]: Networking<br> •[3B]1: Outpatient<br> •[3B]2: Inpatient<br> •[3B]3: Community<br>•Code [3C]: Access<br> •[3C]1: Inpatient<br> •[3C]2: Outpatient<br> •[3C]3: Medication Medical Supplies<br>•Code [3D]: Variability<br>•Code [3E]: Informatics<br>•Code [3F]: Funding<br>•Code [3G]: Technology and Medical Devices | •Code [4A]: Desire to seek treatment & QOL consideration<br>•Code [4B]: Education<br>•Code [4C]: Lifestyle<br> •[4C]1: Diet & Food<br> •[4C]2: Exercise<br> •[4C]3: Alcohol, Drugs, and Nicotine<br> •[4C]4: Hygiene<br> •[4C]5: Stress<br> •[4C]6: Medications<br> •[4C]7: Criminal Background<br>•Code [4D]: Prevention<br>•Code [4E]: Community Building | •Code [5A]: Income Level & Social Class<br>•Code [5B]: Occupational Factors<br>•Code [5C]: Housing Conditions<br>•Code [5D]: Food Security and Access<br>•Code [5E]: Community Resources<br>•Code [5F]: Insurance<br>•Code [5G]: Geographics<br>•Code [5H]: Cultural and Language Factors<br>•Code [5I]: Race<br>•Code [5J]: Age<br>•Code [5K]: Gender |

Approximately
*1,147,490 people*
in PA have diagnosed
*Diabetes[1]*

Lehigh County

## RESULTS

*3 Interviews Coded with More Pending*



**Healthcare Provider** Interview
**316 Occurrences**
T1: 4.7%  T2: 4.1%
T3: 38.6%  T4: 22.1%
T5: 30.5%

**Educational Provider** Interview
**330 Occurrences**
T1: 1.8%  T2: 4.5%
T3: 30%  T4: 41.5%
T5: 22.2%

**Community Coordinator** Interview
**356 Occurrences**
T1: 0.8%  T2: 1.1%
T3: 28.4%  T4: 34.6%
T5: 35.1%

## DISCUSSION

- The preliminary results from the interviews in the study show not only significant sign of disparities in diabetes care, but also a wide range of issues that are believed to be impacting health equity in Lehigh County. There are also prevalent variations in codes seen by the participants depending on their respective stake in diabetes prevention, diagnosis, and management within Lehigh County.
- The preliminary results of the study have shown a need for targeted population-based public health interventions to improve diabetes care in Allentown, which will guide future action towards successfully addressing these gaps.

## FUTURE ACTION

- Form networks and build communities
- Seek funding into policies and programs that ensure equitable access
- Collaborate with key stakeholders to form intervention strategies
- Seek out ways to improve within healthcare systems
- Establish community education programs that are accessible

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