2013

St. Mary Medical Center Community Health Needs Assessment & Plan

St. Mary Medical Center

St. Mary Medical Center Community Health Needs Assessment & Plan 2013

Accepted by St. Mary Medical Center Board of Trustees as a Component of the Community Benefit Plan

Approved on May 13, 2013

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Executive Summary

Licensed for 374 beds, St. Mary Medical Center in Langhorne, PA, is the most comprehensive medical center in the area. St. Mary provides advanced care across four primary Centers of Excellence – cardiology, oncology, orthopedics, and emergency and trauma services. St. Mary Its compassionate staff of more than 700 physicians, 3,000 colleagues, and 1,100 volunteers is committed to providing excellence in patient safety and quality care. As a faith-based organization, St. Mary Medical Center has clearly defined its vision to serve the needs of those who entrust their lives to us, cherishing the whole person – physically, emotionally, and spiritually – with special commitment for the poor and underserved. St. Mary's outreach to the poor and underserved includes its Community Ministries in Bensalem - the Mother Bachmann Maternity Center, Children's Health Center and Family Resource Center - as well as ongoing support for the Adult Health Clinic operated by the Bucks County Health Improvement Partnership.

St. Mary Hospital was founded in 1973 by the Sisters of St. Francis of Philadelphia. Responding to community need was central to their mission and remains so today. As a not-for-profit organization, we take great pride in our commitment to reinvest our resources for the benefit of the community and to provide those less fortunate free access to medical care and other supportive services that can improve their health and empower them to become independent and self-sufficient. Our community benefit includes not only uncompensated medical care and financial assistance (charity care) for the uninsured and underinsured, but also community education and wellness programs, grants and in-kind donations to other nonprofit community partner organizations.

In 2012, St. Mary Medical Center had 23,278 in-patient visits; 293,934 out-patient visits, of which 71,288 were seen in our Emergency Department. St. Mary Community Ministries Children's Health Center served 3,072 pediatric patients and there were 439 newborn deliveries to mothers cared for at Mother Bachman Maternity Center. St. Mary Community Ministries also provides dedicated space for the Bucks County Health Improvement Partnership Lower Bucks Clinic, a non-profit organization where residents receive free health care. The Bucks County Health Improvement Partnership Lower Bucks Clinic saw 1,186 patients through 8,328 free clinic visits in 2012.

In 2012, St. Mary Medical Center was one of 28 hospitals in the Delaware Valley to contract with Public Health Management Corporation (PHMC) to assist with data collection and initial prioritization of the health needs in our service area. Data sources included completion of the Household Health Survey which examined health status, health behaviors and utilization of and access to health care for adults and children for 977 households in our service area (including 216 adults age 60+ and 300 households with children under the age of 18). This phone survey was supplemented by data from the U.S. Census of Population and Housing, Claritas, Inc., Population Facts, PA Department of Health Vitals Statistics, and the Community Need Score (tool used to evaluate where the neediest populations reside using socioeconomic indicators affecting access to care).

The unmet health care needs for St. Mary Medical Center service area were identified by comparing the health status, access to care, health behaviors, and utilization of services for our residents to results for the county and state and the Healthy People 2020 goals for the nation. In addition, for Household Health Survey measures, tests of significance were conducted to objectively identify unmet needs. Focus groups were conducted to gather input from our Community Partners, including individuals with an expertise in public health, and special populations to further identify unmet needs, local problems with access to care, and populations with special health care needs was completed over a 5 month time period.

Findings were reviewed by Public Health Management Corporation, St. Mary Mission and Community Health, St. Mary Medical Center Board of Directors Ministry Committee and St. Mary Medical Center Board of Trustees. Priority needs were rank ordered based on both perceived and measured importance and alignment with St. Mary mission and objectives. Three community benefit themes emerged from this process which include both mission-oriented objectives to address access to care for the underserved and vulnerable populations, as well as, objectives to address unhealthy behaviors contributing to disease and access to preventative screenings or services for the both the broader community and the underserved.

Unmet Health Needs	Why address these issues ?
Access to Care **Uninsured** **No Medical Care due to cost** **No Dental Care**	7.6% of adults ages 18-64 are uninsured; 9.9% did not receive healthcare due to cost in the past year; 28.6% adults did not visit a dentist in the past year.
Homelessness	~969-1,069 homeless in Bucks County in 2012.
Adult & Childhood Obesity	Heart disease is second leading cause of death in service area; 26.9% of adults are obese. Obesity related conditions include heart disease, stroke and diabetes; 16.9% of children are obese. Obesity is one of the leading causes of Type 2 diabetes.
Diabetes	10.9% of adults have been diagnosed with diabetes.
Prenatal Care	28.4% of women are not accessing prenatal care in the first trimester or not at all.
Mammogram & Pap Screening	All cancers combined leading causes of death in service area; 45.6% of women 40+ did not get Mammogram and 43.5% of women did not get a Pap Test in the past year.
Mental Health	15.4% diagnosed with mental health condition (depression, anxiety, bipolar disorder). 37.5% are not receiving treatment.
Smoking Cessation	19 .1% adults report they are smoking. All cancers combined and heart disease is the leading causes of death, with lung cancer in the top three cancer related deaths.

As a faith-based healthcare organization, providing services that benefit the community is core to our Catholic identity. While encouraged by the regulations that require non-profit tax exempt hospitals to provide access to healthcare services for those in need, we are ultimately compelled by our mission to extend the healing ministry of Jesus. The St. Mary Medical Center response to the health needs identified in this assessment will be managed by Mission and Community Health. St. Mary Mission and Community Health will continue to engage our community partners in implementing evidence-based strategies to improve the health of the community we serve, with a special commitment to the poor and underserved.

Because this work is so crucial to our identity, we have established leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of community benefit planning activities that are integrated into our multi-year strategic plans.

The Community We Serve

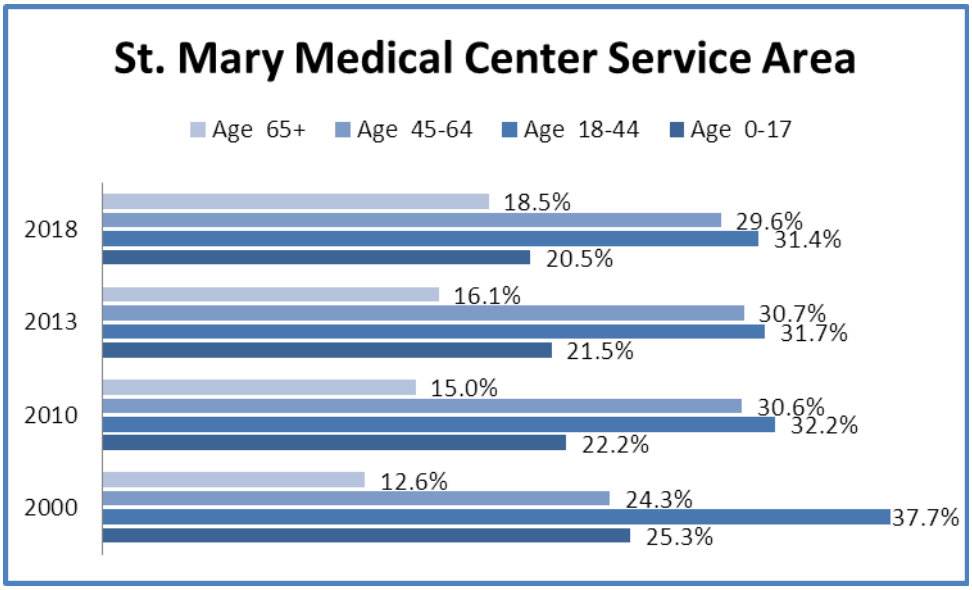
St. Mary Medical Center, located in Langhorne in Bucks County PA, serves a large portion of the residents in the lower half of Bucks County. **The total population of St. Mary Medical Center's service area increased to approximately 446,200 residents in 2010 from 438,700 residents in 2000**. The service area's population is projected to increase slightly in 2013 (to 446,900 residents) and increase again in 2018 (to 448,300 residents).

Demographic Characteristics

Age & Gender

In St. Mary Medical Center's service area, **just under one-quarter of residents are between the ages of 0-17 (22%), nearly one-third are 18-44 (32%), more than three in ten are 45-64 (31%), and 15% are 65 or older**.

When comparing with 2000, the service area saw a **decrease in the percentage of younger residents,** including those ages 0-17 and ages 18-44, and **an increase in the percentage of older residents,** including those ages 45-64 and those age 65 and older. The trend toward an aging population in the service area is expected to continue through 2018.



Source: Socio-Demographic Indicators St. Mary Service Area (U.S. Census & Projections) 2000, 2010, 2013, 2018.

Approximately 49% of the service area's population is male and 51% is female; these percentages are projected to remain static through 2018 and are comparable with the gender breakdowns of both Bucks County and Pennsylvania as a whole.

Race/Ethnicity

In St. Mary Medical Center's service area, **85% of residents identify as White, 5% identify as Latino, 4% identify as Black, 4% identify as Asian, and 2% identify as an "other" race/ethnicity**. The service area saw some changes in the racial/ethnic identity of its population from 2000 with increasing percentages of non-White residents; this trend is projected to continue through 2018. St. Mary Medical Center's service area has a small Latino population that has largely remained consistent over time, with most Latino residents identifying Puerto Rican. The Latino population in the service area is projected to increase slightly through 2018. In St. Mary Medical Center's service area, **approximately 4% of residents identify as Asian**. Asian residents most commonly identified as Indian.

Language Spoken at Home - **The majority of residents in the St. Mary Medical Center service area speak English at home (89%),** 3% speak Spanish, 2% speak an Asian language, and 7% speak an "other" language. This is expected to stay at these rates by 2018.

Population	Service Area (18 zip codes)	Bucks County	Pennsylvania
Total	**446,172**	**630,126**	**12,763,536**
Caucasian	84.8%	86.6%	79.2%
Hispanic or Latino	4.8%	4.4%	5.9%
Asian	4.4%	4.1%	2.9%
African American	4.3%	3.9%	11.3%
Language other than English Spoken at Home	**11.9%** Other 6.8%, 3% Spanish, 2.1% Asian	**10.6%** Other 5.9%, 2.8% Spanish, 1.9% Asian	**10%** Other 4.1%, 4.2% Spanish, 1.7% Asian
Median Household Income	**$75,643**	**$76,019**	**$51,651**
Poverty Level	4%	3%	9%
Families without children	5%	5%	16%
Families with children			
Insurance Status	7.8% (23,700)	7.8% (36,700)	13.2% (403,200 – SEPA)
Medical Assistance	7.6% (21,000)	6.5%	12%
Uninsured			
Age Groups (Years)			
65+ Yrs	67,001 (15.0%)	89,758 (14.3%)	1,919,075 (15.6%)
45-64 Yrs	136,557 (30.6%)	191,997 (30.5%)	2,836,657 (23.1%)
19-44 Yrs	143,754 (32.2%)	203,091 (32.2%)	4,254,648 (34.7%)
0-18 Yrs	98,860 (22.2%)	145,280 (23.1%)	3,270,584 (26.5%)

Education & Employment

Less than one-tenth of residents in St. Mary Medical Center's service area have less than a high school degree (9%), more than half of residents have a high school diploma (57%), and more than one-third have a college degree or more (34%). The service area saw some improvement in educational attainment from 2000.

Approximately 96% of the service area's residents are employed and 4% are unemployed.
The percentage of those who are unemployed is **projected to rise to 8% in 2013**. Employment percentages in St. Mary Medical Center's service area reflect those of residents in Bucks County as a whole.

Poverty Status

When looking at poverty status, **4% of families without children and 5% of families with children are living in poverty in St. Mary Medical Center's service area**. The percentage of families without children living in poverty increased slightly from 2000 and the percentage of families with children is projected to increase in 2013. **The service area has comparable percentages of families who are living in poverty** (both families with and without children) **to Bucks County as a whole**.

Despite the relative affluence of our service area, disparities exist. There are significant pockets of poverty. This is evidenced by the examining the homeless count in our county. There is a point-in-time count conducted by Department of Housing and Urban Development (HUD) each January. In 2012, the point-in-time count showed there was between 954-1,000 persons in emergency shelters, transitional housing, or doubled-up in other at-risk housing situations. There were 46 unsheltered singles at that time point. One area where unsheltered singles "call home", is a tent city set-up in Bristol, Bucks County.

Food insecurity is another disparity that exists in our service area. Community members who attended the community meetings reported that the number of people showing up to food pantries is two times above normal. One food pantry projected it received approximately 29,000 visits last year alone. Simultaneously, individuals discussed the 28% reduction in state-funded food to fill pantries. Parties are now relying on donations while also seeing the need and number of families seeking food services drastically increase.

Median Household Income & Housing

The 2000 median household income in the St. Mary Medical Center service area was approximately $61,300, which increased to around $75,600 in 2010. Although 2010 saw an increase in the median household income, this number is projected to drop slightly to $74,500 in 2013, and then rise again in 2018. **The median household income in the service area is slightly higher than that of Bucks County**.

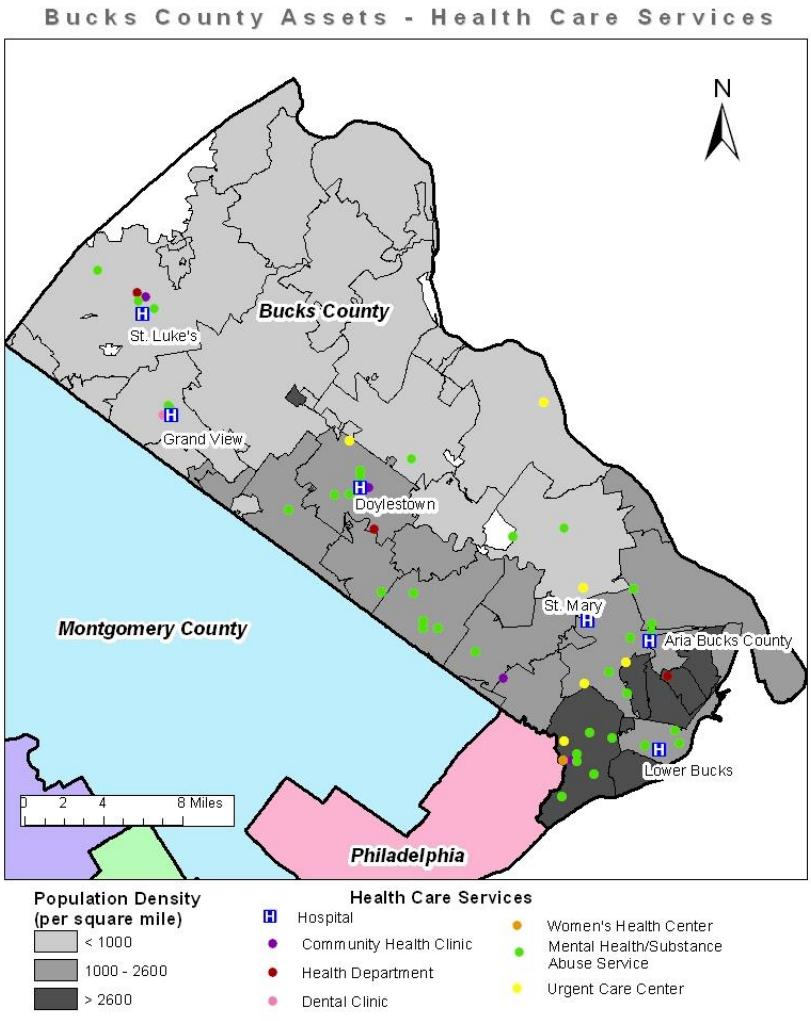
Approximately one-quarter of residents in St. Mary Medical Center's service area rent their home (25%) and three-quarters own their home (75%). The percentage of residents who own their home in the service area is slightly lower than that of Bucks County, but higher than that of the state as a whole.

Lack of affordable housing permanent housing was cited by our Community Partners as one of the key barriers in keeping our community healthy. With a high monthly rent or mortgage payment, residents are often forced to makes choices between paying their rent or mortgage and delaying or forgoing medical treatment. In Bucks County, the fair market value (FMR) for a two-bedroom apartment is $1,195. In order to afford this level of rent and utilities – without paying more than 30% of income on housing – a household must earn $3,730 monthly or $44,760 annually. In Bucks County, a minimum wage worker earns an hourly wage of $7.25 (PA state rate). In order to afford the FMR for a two-bedroom apartment, a minimum wage earner must work 119 hours per week, 52 weeks a year. In Bucks County, the estimated mean (average) wage for a renter is $12.47. In order to afford the FMR for a two-bedroom apartment at this wage, a renter must work 69 hours per week, 52 weeks per year. Or, working 40 hours per week year-round, a household must include 1.7 workers earning the mean renter wage in order to make the two-bedroom FMR affordable.

Existing Health Care Resources

St. Mary Medical Center is one of four hospitals within our primary service area. St. Mary Community Ministries operates two health clinics is Bensalem, including the Mother Bachmann Maternity Center, the Children's Health Center and provides support for the Bucks County Health Improvement Partnership Adult clinic in Bensalem. There are 28 facilities offering Mental Health/Substance Abuse Services; 6 Urgent Care Centers; and the Health Department which offers services at two locations.

Social Services in St. Mary service area offered include: 11 Senior Services Facilities, 3 Disability Service providers, 8 YWCA/YMCA facilities, 4 YWCA Family Centers, 3 Homeless Shelters, 4 WIC sites, and 12 Social Service Agencies.



Unshaded zipcodes are postal or business zipcodes and do not have census population data.
Prepared by The Research & Evaluation Group, PHMC; November 2012

Needs Assessment Process and Methods

The steps in the needs assessment process were: defining the community; identifying existing primary and secondary data and data needs; collecting primary and secondary data; analyzing data; and preparing a written narrative report. The data acquisition and analysis are described in more detail below.

DATA ACQUISITION AND ANALYSIS

Both primary and secondary and quantitative and qualitative data were obtained and analyzed for this needs assessment. Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results which are consistent across more than one data source.

Data Sources and Dates

Quantitative information for this needs assessment was obtained from sources listed below for the most recent years available.

Community Health Needs Assessment Data Sources

Data Source	Dates
U.S. Census of Population and Housing	2000, 2010
Claritas, Inc. Pop-Facts	2013, 2018
Pennsylvania Department of Health	2005-2008
PHMC Southeastern Pennsylvania Household Health Survey	2010, 2012
Community Need Score	2012

U.S. Census and Claritas, Inc. Pop-Facts

This report includes data on the population of St. Mary Medical Center service area residents and residents of Bucks County and the state along with socio-demographic and socioeconomic characteristics for the years 2000, 2010, 2013 and 2018. Data from the 2000 U.S. Census, the 2010 American Community Survey, and the Nielsen-Claritas Pop-Facts Database were also used. The Nielsen-Claritas Pop-Facts Database uses an internal methodology to calculate and project socio-demographic and socioeconomic characteristics for non-census years, relying on the U.S. Census, the Current Population Survey, and the American Community Survey.

Vital Statistics (PA Department of Health)

The most recent information on births, birth outcomes, deaths, and reportable diseases and conditions for residents of the hospital service area and Bucks County was obtained from the Pennsylvania Department of Health, Bureau of Health Statistics and Research. Four year (2005-2008) annualized average rates for natality and mortality were calculated by PHMC. Mortality rates were age-adjusted using the Direct Method and the 2000 U.S. standard million population. The most recent (2010) morbidity information was also obtained from the state

Department of Health, and rates were calculated by PHMC. Morbidity information, including information on HIV and AIDS cases, is not available at the ZIP code level and, therefore, rates are presented for the county only. The denominators for all 2005-2008 vital statistics rates for the county and state were interpolated from the 2000 and 2010 U.S. Census. The number of women ages 15-44 and the number of adolescents ages 10-17 were also interpolated from the 2000 and 2010 US Census.

PHMC Southeastern Pennsylvania Household Health Survey

The 2012 Southeastern Pennsylvania Household Health Survey questionnaire examines health status, utilization of and access to health care among adults and children in the five county area including Bucks, Chester, Delaware, Montgomery and Philadelphia counties. The survey includes many questions which have been administered and tested in national and local health surveys.

The 2012 Household Health Survey was conducted through telephone interviews with people 18 years of age and older living in 10,018 households in Southeastern Pennsylvania. All telephone households within Bucks, Chester, Delaware, Montgomery and Philadelphia counties were eligible to be selected for the sample, as were cell phone users. Households in each of the five counties were selected to guarantee representation from all geographic areas and from all population subgroups. When needed, the interviews were conducted in Spanish. A total of 977 interviews were conducted with adults residing in the St. Mary Medical Center service area, including 216 adults age 60 and over and 300 households with a selected child under the age of 18.

The 2012 Southeastern Pennsylvania Household Health Survey was administered for PHMC by Social Science Research Solutions, Inc. (SSRS), a research firm in Media, Pennsylvania, between May and September 2012. All interviews were administered by telephone. Most households (8,009 total) were contacted on home phones ("landlines") using a computerized Random Digit Dialing (RDD) methodology so that households with unpublished numbers and residents who had recently moved would be included in the sample. A total of 2,009 cell phone interviews were conducted with adults in the five county area. Cell phone respondents received the same survey questionnaire as landline respondents.

The sample for this study was drawn from all telephone households in the five counties. The final sample of interviews is representative of the population in each of the five counties so that the results can be generalized to the populations of these counties. Within each selected household, the Last Birthday Method was used to select the adult respondent for the interview (with the exception of the cell phone sample). In households with more than one eligible adult, the adult who last had a birthday was selected as the adult respondent. In households with children, the person under age 18 who most recently had a birthday was selected for the child interview. The survey incorporates over-samples of people ages 60-74 and 75 and older to provide a sufficient number of interviews for separate analyses of the responses of people in these subgroups.

Community Need Score

The Community Need Score (CNS) assists in identifying additional areas of unmet need in our service area. A single number represents the overall community health need for every populated Zip code in the U.S. and demonstrates a link between community need, access to care, and preventable hospitalizations. The CNS is based

on the original Community Need Index (CNI) developed by Dignity Health (formerly Catholic Health West) and Solucient, Inc. (now part of Truven Healthcare). Catholic Health East (CHE) internally developed the CNS value based on the CNI methods and 2012 data licensed from Nielsen, Inc. (formerly Claritas) and Truven Healthcare.

For each Zip code in the U.S., the CNS aggregates five socioeconomic indicators/barriers to health care access that are known to contribute to health disparities related to income, education, culture/language, insurance and housing. We use the CNS tool to identify those communities with the greatest needs and those who can benefit the most from both health and social services. Areas of lowest need are represented by 1.0; areas of highest need are represented by 5.0.

Community Representatives

Information on the health status and health care needs of the residents of the hospital service area was also collected from the community through a series of community meetings with residents, public health representatives, service providers, and advocates knowledgeable about community health. PHMC held several meetings that were guided by a set of written questions. A total of 42 community leaders, providers, public health representatives, and residents participated in these meetings.

Additional community meetings were organized by the Lehigh Valley Research Consortium (LVRC). One community meeting was held with 18 clients from Bensalem Community Ministries. These participants were recruited over approximately ten days; consumers visiting the four community ministry facilities during these ten days were invited to indicate their interest in participating in the focus groups by completing a postcard. Promotional materials for these focus groups were widely distributed and indicated that all participants would receive small compensation for their time. A third community meeting was held with 13 behavioral and mental health providers. Findings from these meetings were incorporated into this report.

Information Gaps

Quantitative information for socioeconomic and demographic information, vital statistics, and health data was available at the ZIP code cluster level for the service area. To fill potential gaps in information, these data were supplemented by detailed information about the service area obtained from community meetings.

Findings

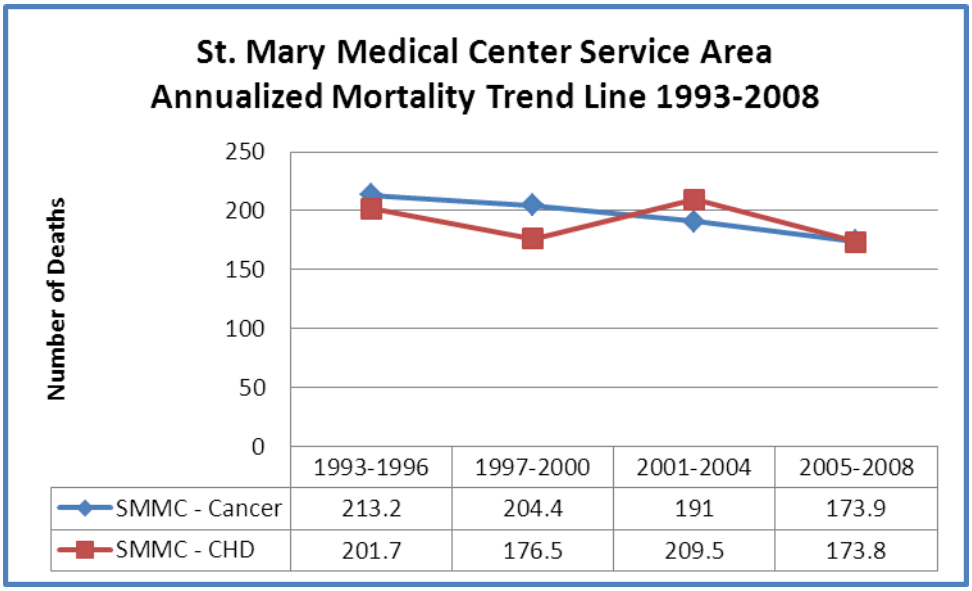
The unmet health care needs for this service area were identified by comparing the health status, access to care, health behaviors, and utilization of services for residents of the service area to results for the county and state and the Healthy People 2020 goals for the nation. In addition, for Household Health Survey measures, tests of significance were conducted to objectively identify unmet needs. Lastly, input from the community meeting participants was also used to further identify unmet needs, local problems with access to care, and populations with special health care needs.

Disease Prevalence and Conditions

Overall, the findings show that the majority of residents in the St. Mary Medical Center service area are in good health. **The overwhelming majority (85.6%) of adults rates their health as excellent, very good or good.**

Although deaths due to cancer has been declining, it is still the leading cause of death in our service area, as shown by the Mortality trend line in blue.

All cancers combined and heart disease is the leading causes of death in the service area (173.9 and 173.8 per 100,000 deaths, respectively). The other three leading causes of death in the service area include lung cancer (48.1), stroke (42.9), and female breast cancer (22.6).



	1993-1996	1997-2000	2001-2004	2005-2008
SMMC - Cancer	213.2	204.4	191	173.9
SMMC - CHD	201.7	176.5	209.5	173.8

According to the Centers for Disease Control (CDC), chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S. Chronic diseases are the leading causes of death and disability in the U.S. Seven out of ten deaths among Americans each year are from chronic diseases. Heart disease, cancer and stroke account for more than 50% of all deaths each year. Obesity related conditions include heart disease, stroke and diabetes. It is not surprising that obesity has become a major health concern not only for the U.S. but for our service area as well.

Obesity Adults/Children and Obesity Related-Conditions

Obesity related conditions include heart disease, stroke and diabetes. Heart disease is the second leading cause of death in the St. Mary service area. **More than one-quarter (26.9%) of adults in the service area are obese and one-third (33.7%) of adults are overweight**. A similar percentage of adults are obese or overweight statewide (28.6% and 36.0%, respectively). The percentage of adults in the service area who are obese has increased since 2010 from 21.8% to 26.9% in 2012.

According to the USDA's MyPlate food guidelines, adults should eat 4-5 servings of fruits and vegetables daily. In the service area**, three quarters (73.4%) of adults do not reach this recommended goal.** Nationally, fewer than three-quarters of adults (74%) eat three or more servings of fruits and vegetables daily. Fast foods are high in unhealthy calories, saturated fats, sugar, and salt. **One in six (16.1%) adults in the service area eat fast food two or more times a week.**

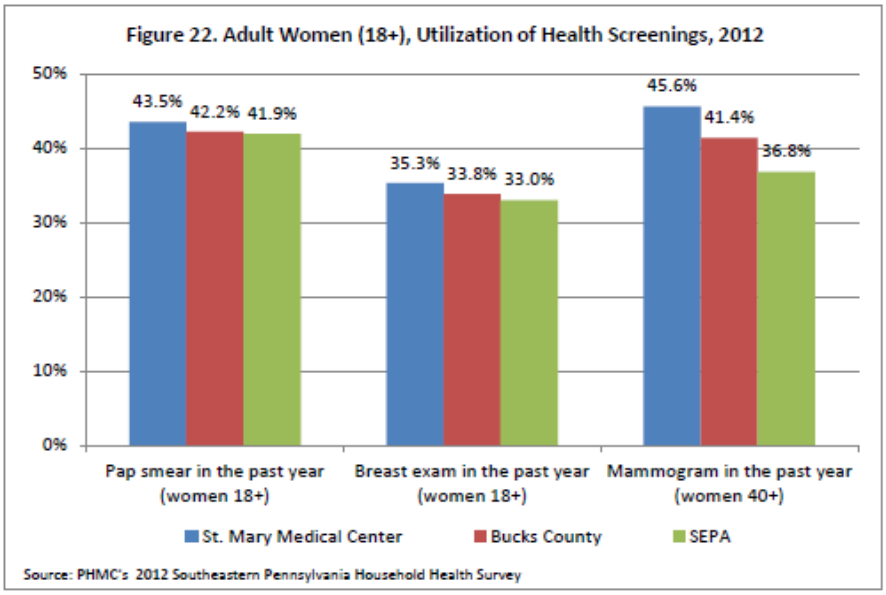
One in ten (10.9%) adults in the service area has been diagnosed with diabetes; this percentage represents approximately 38,200 adults and is similar to the statewide percentage of 9.5% of adults diagnosed with diabetes.

In our service area, **1/3 of children are overweight (14.6%) or obese (16.9%).** Although the percentage of obese children in the service area has decreased from 18.7% in 2010 to 16.9% in 2012, experts warn that unless the childhood obesity epidemic is reversed, excess weight could reduce average life expectancy by five years or more over the next several decades. According to the Robert Wood Johnson Foundation, obese adolescents are more likely to become obese adults. Among 16- and 17-year-olds, 80% of obese boys and 92% of obese girls will become obese adults, while only 21% of peers who are neither obese nor overweight will become obese adults. Furthermore, obese and overweight youths are more likely to have key risk factors for cardiovascular disease than their peers. A national study of 12- to 17-year-olds found that 42.9 percent of obese youths and 22.3 percent of overweight youths had unhealthy cholesterol or triglyceride levels, compared with only 14.2 percent of their normal-weight peers.

Women's Health

Regular health screenings can help identify health problems before they start. Early detection can improve chances for treatment and cure and help individuals to live longer, healthier lives. Adults in St. Mary Medical Center service area are significantly less likely than adults in the remainder of Southeastern Pennsylvania to utilize certain services. The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health. **Compared with other adults in SEPA, a significantly lower percentage ($p<0.01$) of women, 40 years of age or older, in the service area have not had a Mammogram in the past year. Nearly one half (45.6%) of women age 40 or older in the service area is not receiving this screening annually. This is higher than the statewide percentage (42.0%) and for the region as a whole (36.8%).**

Furthermore, **more than 4 in 10 (43.5%) women in the service area did not receive a Pap test in the past year.** This percentage represents approximately 77,100 women. The percentage of women who have not received a Pap Smear test in the past year is slightly higher in the service area compared with women in Bucks County (42.2%) and for SEPA as a whole (41.9%).



Maternal and Infant Health

There is an average of nearly 4,500 births annually to women in the St. Mary Service Area. The birth rate in the service area (49.5 per 1,000 women 15-44 years of age) is generally comparable with the Bucks County rate (51.9) but lower than the Pennsylvania rate (58.7). Women of an "other" race have the highest birth rate (112.8), while white women have the lowest birth rate (44.9), and are comparable with the county's birth rate patterns.

Teenage pregnancy has been associated with a number of negative birth outcomes, including prematurity and low birth weight, making it an important outcome to track. In the service area, the adolescent birth rate is 2.1 per 1,000 women 10-17 years of age, which is comparable with the county rate (1.9) but much lower than the state rate (6.9). The adolescent birth rate is highest for Latina women (11.0) and lowest for White women (1.5). The racial and ethnic birth rates in the service area are comparable with the county's adolescent birth rates but are generally lower than the state's rates.

Since late or no prenatal care is associated with a number of negative birth outcomes, including prematurity and low birth weight, it is an important outcome to track. Receiving pre-natal care during the first trimester of pregnancy can help ensure that health concerns are identified and addressed in a timely manner. Nearly three in four women in St. Mary Medical Center's service area (71.7%) receive early pre-natal care, which is comparable with the state average (70.6%) and has not met the Healthy People 2020 target goal (77.9%). **In fact, more than one-quarter of women (28.3%) begin receiving pre-natal care during the second or third trimester of pregnancy or receive no pre-natal care at all, representing an average of more than 970 women annually in the service area**. More than one-half of Black women (54.7%), compared with 24.6% of White women, receive late or no pre-natal care. In general, similar racial and ethnic pre-natal care patterns are found countywide and statewide.

These findings were supported by statements made by our Community Partners at the PHMC community meeting, that woman's health services, specifically obstetrical/gynecological care, is a problem in Bucks County overall.

Despite the lack of prenatal care in the first trimester for just over one-quarter of women in our service area, our percentage of low birth weight infants is well within the Healthy People 2020 guidelines. In our service area, 6.9% of infants are low birth weight, this is comparable to county average 6.6% and the state average 8.3%. The percentage of low birth weight infants is highest among Black infants 9.5%. The infant mortality rate for the service area is 4.9/1,000 live births comparable with the county rate 4.4/1,000 live births and slightly lower than the state rate 7.5/1,000 live births and has met the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.

Mental Health / Substance Abuse

Nearly one in six (15.4%) adults in the service area has been diagnosed with a mental health condition; this percentage represents 53,700 adults. **Of those with a mental health condition, more than one-third (37.5%) are not receiving treatment for the condition.** One in eight (13.0%) older adults in the service area has signs of depression, defined as having four or more depression symptom on a ten item scale. This percentage is lower than for the region as a whole (14%). Approximately 28,700 adults (8.3%) in the service area are in recovery for a substance abuse problem. Binge drinking is common in our service area.

Mental health was a significant topic of discussion in all community meetings. Agency representatives from the community meetings held by LVRC noted that providers often lack the information necessary to refer individuals to mental health care and substance abuse treatment. Participants specifically stated that both in- and outpatient mental health services are difficult to obtain; specifically noting a shortage of psychiatric care, long waiting periods for services, gaps in continuity of care between inpatient discharge and outpatient services, as well as a lack of adequate case management services.

These participants also noted the broader social and environmental determinants shaping emergent mental health care needs. For example, many participants discussed economic stress and associated income as a critical link between employment, health insurance, and health care. Participants stated that access to mental health care and services is defined by insurance, cost, and ability to pay; thus individuals who lack health insurance and the income to pay for services face significant barriers to care.

Smoking Cessation

Cigarette smoking causes cancer and heart disease, the top leading causes of death our service area. We know that cigarette smokers are 2–4 times more likely to develop coronary heart disease than nonsmokers and the smoking approximately doubles a person's risk for stroke. **One in five (19.1%) adults in service area currently smokes; this percentage is slightly lower than the smoking rate statewide (22.4%), but higher than for SEPA as a whole (18.2%)**. The percentage of adults who smoke in the service area does not meet the Healthy People 2020 goal of 12%. Six in ten (59.3%) adults who smoke in the service area tried to quit in the past year. The percentage of adults in the service area who smoke has remained constant since 2010; in 2010 19.4% of adults smoked cigarettes.

Access to Care

Having health insurance and a regular place to go when sick are important in ensuring continuity of care over time. The majority of adults (92.4%) in the service area have health insurance coverage. However, a sizable percentage of adults do not have any private or public health insurance; **7.6% of adults aged 18-64 in the service area are uninsured, representing 21,000 uninsured adults**.

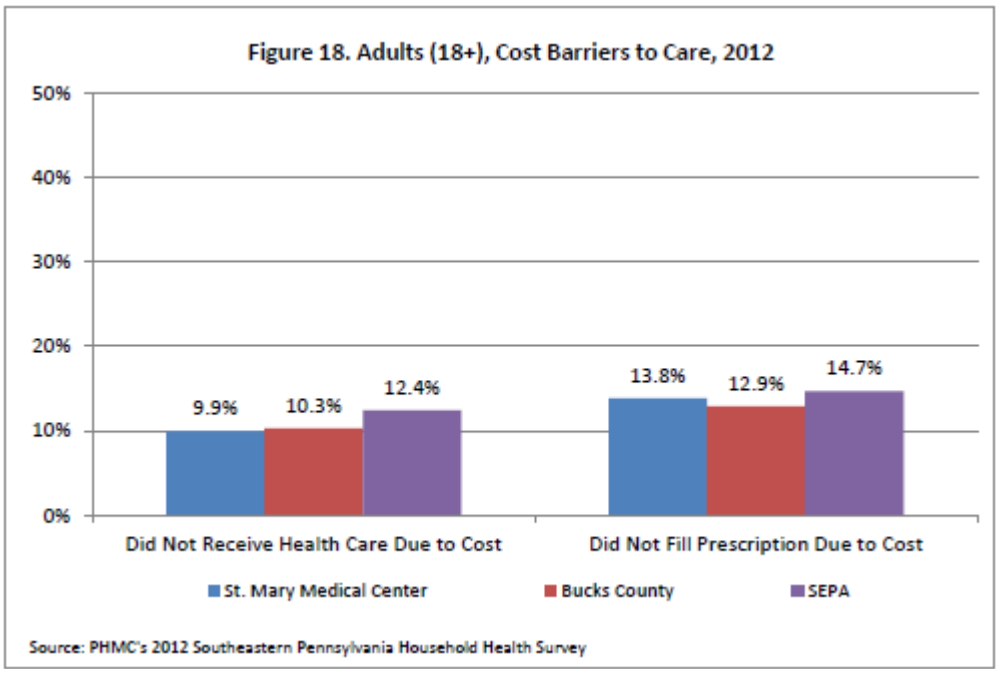
The percentage of uninsured adults in the service area has decreased since 2010 from 9.7% to 7.6% in 2012. The percentage of adults in the service area without insurance is higher than for adults aged 18-64 in Bucks County (6.5%) and does not meet the Healthy People 2020 goal of 100% of adults with health coverage. 7.8% of adults ages 18-64 years are covered by Medicaid in our service area. This number has increased each year.

Qualitative findings show that **uninsured and underinsured populations within the service area have limited access to health care**; this is more difficult for children and recent immigrants. Uninsured and underinsured adults and children have difficulty access routine and preventive care. In addition, those covered by Medicaid have difficulty finding providers that accept their insurance.

With or without health insurance**, 34,800 adults in the service area are unable to get needed care due to the cost of that care; 9.9% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost**.

About 48,500 adults in service area (13.8%) were prescribed a medication but did not fill the prescription due to cost in the past year.

Nearly one in four (23.9%) adults in the service area in 2010 did not get dental care due to the cost of the visit. This percentage is similar to adults in Bucks County (22.3%) and for SEPA (24.1%) as a whole.



Attendees at all the community meetings mentioned the lack of insurance and affordability of health care, resulting in part from restricted eligibility for Medicaid, as a primary area of concern. Many participants at the community meetings held by LVRC noted that they were ineligible for Medicaid because their family or personal income exceeded eligibility requirements.

Participants at the community meetings held by PHMC also noted that the majority of free clinic patients are either underinsured or uninsured. Community meeting attendees cited a lack of primary care physicians that accept Medicaid as a problem in the area.

Health Needs of Special Populations

One of the goals of this needs assessment was to identify the health needs of special populations across the service area. The following section focuses on the selected health status and access to care needs of special populations in the service area. Within the service area slightly more than one in three (35.4%) poor adults living below 150% of the federal poverty level are in fair or poor health compared with 10.6% of non-poor adults. More than one in eight White (13.5%) adults is in fair or poor health, followed by 9.5% of Latino and 7% of Black adults.

Poor adults (34.1%) in the service area are slightly more likely to have high blood pressure compared with non-poor (30%) adults. In the service area, more than three in ten (32%) White adults have high blood pressure followed by 14.5% of Black and 14.1% of Latino adults.

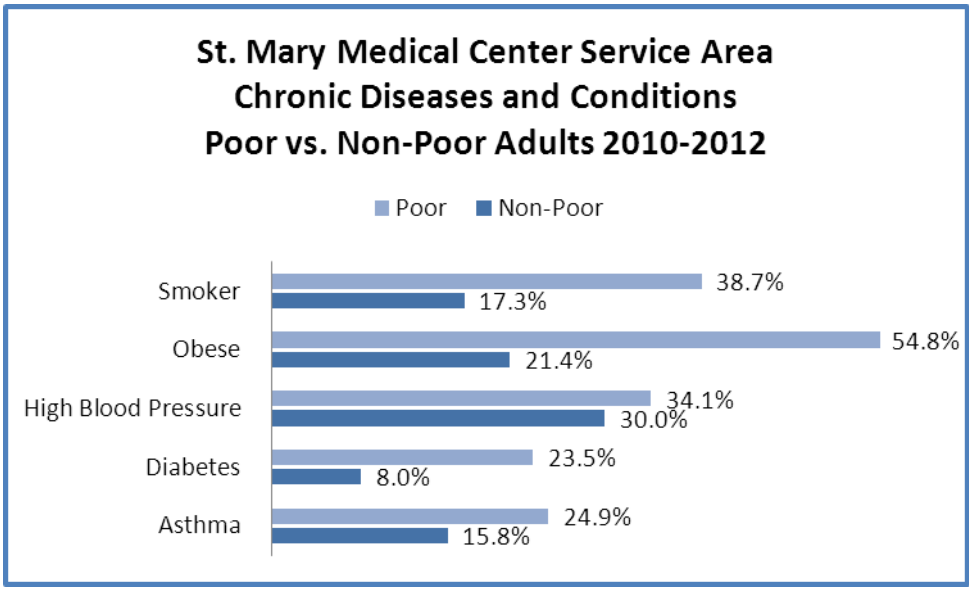
Poor adults are more likely to have been diagnosed with a mental health condition compared with the non-poor; about one-third (31.8%) of poor adults have been diagnosed with a mental health condition compared with about one in eight (13.2%) non-poor adults. Nearly one in five (18.8%) of Latino adults in the service area have been diagnosed with a mental health problem; this percentage is higher than for White (15.8%) and Black (2.9%) adults.

Poor adults (38.7%) are two times more likely to smoke cigarettes compared with non-poor adults (17.3%).

More than one in four (28.7%) poor adults in the service area is uninsured compared with 6.2% of non-poor adults. Nearly one-third of Latino adults (32.1%) are uninsured. Latinos are more likely to be uninsured than are Black (21.3%) and White (6.8%) adults.

According to the PHMC Household Health Survey in 2010 and 2012, chronic diseases such as asthma (24.9%) and diabetes, (23.5%) occur at a greater prevalence in poor adults vs. non-poor adults (asthma 15.8% and diabetes 8.0%).

Source: PHMC Household Healthy Survey 2010 and 2012.



Response to Findings

The unmet health care needs for this service area were identified by comparing the health status, access to care, health behaviors, and utilization of services for residents of the service area to results for the county and state and the Healthy People 2020 goals for the nation. In addition, for Household Health Survey measures, tests of significance were conducted to objectively identify unmet needs. Focus groups were conducted to gather input from our Community Partners, including individuals with an expertise in public health, and special populations to further identify unmet needs, local problems with access to care, and populations with special health care needs was completed over a 5-month time period.

The key findings and unmet health needs were reviewed by PHMC and St. Mary Mission and Community Health. A two step priority setting process was utilized (Simplex Method). A rating score was assigned 1-5 based on population impact. Five closed-ended questions were evaluated based on each need.

- How many people are affected by a problem?
- What are the consequences of not addressing the problem?
- Are existing programs addressing this issue?
- How important is this problem to community members?
- How does this problem affect vulnerable populations?

Then the unmet health needs were rank ordered based on both perceived and measured importance and alignment with St. Mary mission and objectives. Ranking scale was 1-3 based on level of importance, (3) overriding importance, (2) important, (1) worthy of consideration, but not a major factor. The rating and ranking scores were multiplied to determine the numeric score for each identified need.

Identified Unmet Health Needs

St. Mary Mission and Community Health convened with our Community Advisory Council to review the findings and to validate proposed priorities. The Community Advisory Council consisted of other non-profit organizations including the Health Department, Behavioral Health service providers, Social Service agencies, and those organizations providing services to the homeless. The following priorities were confirmed through this process:

Unmet Need	Comparisons				Rank
Indicators	Service Area 2012	Bucks 2012	Trends 2010 vs. 2012	HP2020	Score
Uninsured (18-64)	7.6% **21,000**	6.5% **24,700**	**Better** 27,200 in 2010	0%	**M**
Did not receive health care due to cost	9.9% **34,800**	10.3% **50,300**	**Better** 40,200 in 2010	4.2%	**M**
Homeless	n/a	954-1,000	**Better** ~1,069 in 2010	n/a	**M**
Adult Obesity	26.9% **92,400**	27.9% **132,800**	**Worse** 21.8% in 2010	30.6%	**66**
Childhood Obesity	16.9% **10,200**	14.0% **12,500**	**Better** 18.7% in 2010	n/a	**63**
Adults with Diabetes	10.9% **38,200**	10.8% **52,800**	**Worse** 7.8% in 2010	n/a	**57**
Mothers who received LATE or NO prenatal care	28.3% **973**	24.9% **1,288**	**Data from '05-'08**	n/a	**54**
No Mammogram in past 1 yr (40+)	45.6% **59,200**	41.4% **78,200**	**Worse** 34.3% in 2010	n/a	**51**
Mental Health Diagnosis	15.4% **53,700**	15.4% **75,000**	**Worse** 14.4% in 2010	n/a	**45**
Smoking	19.1% **67,000**	16.4% **79,700**	**Same** 19.4% in 2010	12%	**41**
Did not have a Pap Test in past year	43.5% **77,100**	42.2% **105,400**	**Worse** 40.1% in 2010	n/a	**34**
Did not visit a dentist in the past year	28.6% **100,100**	25.8% **126,000**	**Worse** 84,600 in 2010	n/a	**30**
Binge Drinking	32% **60,200**	27.6% **74,600**	Not asked in 2010	n/a	**n/a**

M = St. Mary Mission objective
n/a = not available

Unaddressed Identified Needs

Smoking - According to the Centers for Disease Control (CDC), cigarette smoking is the number one risk factor for lung cancer. In the United States, cigarette smoking causes about 90% of lung cancers. People who smoke are 15 to 30 times more likely to get lung cancer or die from lung cancer than people who do not smoke. Smoking can cause cancer almost anywhere in the body. Smoking causes cancer of the mouth, nose, throat, larynx, esophagus, bladder, kidney, pancreas, cervix, stomach, blood, and bone marrow. Although the rate of smoking in our service area has remained steady for past 2 years at about 19%, we have not met the Healthy People 2020 national target of reducing the smoking rate to 12%. Smoking contributes to the development of both cancer and heart disease, as well as other co-morbidities. The Bucks County Health Improvement Partnership, comprised of members from 6 hospitals in the Bucks County area, has had a long-standing commitment to reducing the smoking rate by offering smoking cessation classes throughout Bucks County. In fact, Bucks County Health Improvement Partnership offered 29 classes in 2012. In the past year alone, almost 60% of smokers have tried to quit smoking. Bucks County Health Improvement Partnership offers counseling, classes and access to on-line resources as well. Since smoking cessation is being addressed by Bucks County Health Improvement Partnership in our service area, St. Mary will not be duplicating services.

Dental Care - In the past year, 100,100 (28.6%) adults did not visit a dentist. This number has increased from 84,600 (24.5%) in 2010. Healthy People national goal has been set to reduce the proportion of persons who are unable to obtain or delay dental care to 5% by 2020. St. Mary Medical Center does not have the capacity or expertise to provide dental care services. However, St. Mary has an ongoing partnership with Bucks County Health Improvement Partnership to support their efforts in providing dental care to adults and children in the Ann Silverman clinic in Doylestown.

Binge Drinking- Although binge drinking was common in our service area in 2012, this health behavior question was not asked in the Household Health Survey in 2010. St. Mary Mission and Community will see if there is a trend in the 2014 Household Health Survey. Our Emergency Department (ED) does see cases of alcohol intoxication, but it less than 1% of our total ED volume. More input is required to further analyze binge drinking behaviors in our county and this is beyond the expertise of St. Mary Medical Center to fully understand this scope of this issue.

St. Mary Medical Center Community Health Improvement Plan 2013

Three community benefit themes that emerged from this process include both mission-oriented objectives to address access to care for the underserved and vulnerable populations, as well as, objectives to address unhealthy behaviors contributing to disease and access to preventative screenings or services for the both the broader community and the underserved.

The St. Mary Community Health Improvement Plan reflects the overall approach to community benefit by targeting the connection between identified needs of the community and the key strengths and mission commitments of our organization necessary to build a healthy community. The Community Health Improvement Plan is integrate into our multi-year strategic and annual operating planning process. An overview of the St. Mary Medical Center Community Health Improvement Plan is shown on the next page.

St. Mary Medical Center Community Health Improvement Plan 2013			
Priority Area	**Rationale**	**Target Population**	**Response to Unmet Health Need** **Program Delivery & Measurable(s)**
Access to Care Uninsured No Care due to Cost	7.6% uninsured ages 18-64; 9.9% did not receive healthcare due to cost in the past year.	Low income adults and children	Provide access to healthcare for 3,200 children Children's Health Center Partner/Fund - Bucks County Health Improvement Partnership and HealthLink Adult clinics for increased healthcare access Expand Outreach Efforts – Enroll 1,200 community members in Medical Assistance/Children's Health Insurance Program/Financial Assistance.
Homeless	~969-1069 homeless in Bucks County in 2012.	Low income adults and children	Provide/Partner - 26 Families transitional/permanent housing - Bucks County Housing Group Partner/Fund - 250 individuals in Emergency Shelter - Family Service Association; Partner/Fund - 55 unsheltered singles access to basic services - Sunday Breakfast Rescue Mission.
Adult Obesity (BMI ≥ 30)	Heart disease is second leading cause of death in service area; 26.9% of adults are obese. Obesity related conditions include heart disease, stroke and diabetes.	Adults	Provide - 4 Way to Wellness 10-Wk Sessions for Colleagues, Community; and Breast Cancer Survivors 14-Wk Maintenance program.
Childhood Obesity (BMI 95th percentile)	16.9% of children are obese. Obesity is one of the leading causes of Type 2 diabetes.	Children and families	Provide/Partner - Families Living Well 10 School Districts; 5 schools in low income areas. Provide/Partner – Share Program low income areas
Diabetes Adults	10.9% of adults have been diagnosed with diabetes.	Adults with diabetes	Provide/Partner - 7 Chronic Disease Self-Management Program and 5 Diabetes Self-Management Program in partnership with Care Management, Senior Centers, Bucks County Area Agency on Aging, St. Mary Diabetes Education Center and Langhorne Physician Services.
Maternal and Infant Health	28.4% of women are not accessing prenatal care in the first trimester or not at all.	Uninsured pregnant teens and women	Provide/Partner - 440 deliveries Mother Bachman Maternity Center; Parenting classes - Child, Home & Community; Develop/Implementation Outreach Plan to minority community including (Philadelphia Race Track) to increase access to early prenatal care.
Mammogram Screening	All cancers combined leading causes of death in service area; 45.6% of women 40+ did not get Mammogram in past yr.	Low income uninsured women age 40+	Partner/Fund - 5 Support Groups (reaching 1,750 individuals) - Libertae, Inc.; 6 Families with chronically homeless with mental health or substance abuse diagnosis in permanent supportive housing units - Bucks County Housing Group.
Mental Health	15.4% diagnosed with mental health condition (depression, anxiety, bipolar disorder). 37.5% are not receiving treatment.	Adults with mental health / substance abuse diagnosis; Pregnant women with substance abuse diagnosis	Partner/Fund - 5 Support Groups (reaching 1,750 individuals) - Libertae, Inc.; 6 Families with chronically homeless with mental health or substance abuse diagnosis in permanent supportive housing units - Bucks County Housing Group.
Pap Tests	43.5% women did not get Pap Test in past yr.	Low income women	Partner /Fund- Pap Tests - Bucks County Health Improvement Partnership. Partner - Increase access for all Bucks County Health Improvement Partnership patients to Gynecological services - Women's Health Associates of Bucks County.
Smoking Cessation	19 .1% adults report they are smoking.	Smokers	Not Addressing/Duplication of Services – 29 classes provided by Bucks County Health Improvement Partnership.
Dental Care	28.6% adults did not visit a dentist in the past yr.	Adults/children	Not Addressing/Duplication of Services – Addressed through Bucks County Health Improvement Partnership Children's Dental Program and HealthLink/Ann Silverman Clinic
Binge Drinking	32% consumed 5 more drinks in the past month on one occasion.	Adults	Not Addressing /Not Area of Expertise – This question was not asked in 2010, not able to assess for trend. Not area of expertise.

ATTACHMENTS

Appendix A: Community Meeting Attendees

Appendix B: Census Tables, Vital Statistics, PHMC Household Health Survey

Appendix C: Community Need Score Table

Appendix A: Community Meetings & Focus Group Participants

Community Meeting – Lower Bucks County Sept 25, 2012	
Organizations	**Area of Expertise**
A Woman's Place	Non-Profit/Supporting Domestic Violence victims and awareness
Bristol Township School District	School District/Health provider for students
Bucks County Behavioral Health	Health Dept/agency with special knowledge of the health needs of the community/mental health
Bucks County Drug and Alcohol Commission, Inc.	Health Dept/agency with special knowledge of the health needs of the community/Substance Abuse Service Provider
Bucks County Health and Human Services	Health Dept/agency with special knowledge of the health needs of the community/mental health
Bucks County Health Improvement Partnership	Non-Profit collaborative/Six Hospitals in Bucks County addressing gaps in health services and improving the health status of low income Bucks County residents
Bucks County Housing Group	Non-profit/Case management and Transitional and Permanent Supportive Housing Services for homeless in Bucks County
Bucks County Mental Health & Mental Retardation	Health Dept/agency with special knowledge of the health needs of the community/mental health
Central Bucks School District	School District/Health provider for students
Family Service Association	Non-profit/Social Service Agency providing behavioral health services/case management/emergency housing
Healthlink Medical Center	Non-profit/Healthcare clinic for uninsured working adults
The Ivins Outreach Center	Non-profit/Supports and coordinates access to services for existing social service agencies
Morrisville Presbyterian Church	Non-profit religious organization/Social Services for elderly
NOVA	Non-profit supporting victims of serious crimes
St. Bede Parish House	Non-profit religious organization/Parish Nurse Health Coordinator
VITA Education Services	Non-profit/ESL and GED education services
YWCA Bucks County	Non-profit/Promoting health and wellness among women, children and families

Appendix A: Community Meetings & Focus Group Participants

Community Meeting – Focus Group Clients from Free Clinics Nov 13, 2012	
18 Clients from Bensalem Community Ministries* & Bucks County Health Improvement Partnership Adult Clinic in Bensalem • Children's Health Center* • Mother Bachmann Maternity Center* • Family Resource Center*	**Conducted by Lehigh Valley Research Consortium (LVRC)** ***LVRC Internal Review Board requires client names to remain anonymous***

Community Meeting – Behavioral Health Service Providers Jan 16, 2013	
Organization	**Area of Expertise**
Bucks County Behavioral Health	Health Dept/agency with special knowledge of the health needs of the community/mental health
Bucks County Drug & Alcohol Commission, Inc.	Health Dept/agency with special knowledge of the health needs of the community/Substance Abuse Service Provider
Bucks County Housing Group	Non-profit/Case management and Transitional and Permanent Supportive Housing Services for homeless in Bucks County
Family Service Association	Non-profit/Social Service Agency providing behavioral health services/case management/emergency housing
Foundations Behavioral Health	Non-profit/Behavioral Health Services for children, adolescents and young adults.
Horizon Health	Behavioral Health Service Provider Lower Bucks Hospital.
Libertae	Non-profit/Social Service Agency/Behavioral Health Service Provider/Half-way House for women with children in recovery
St. Mary Medical Center	Non-profit/Hospital

Appendix B: Census Tables, Vital Statistics, PHMC Household Health Survey

St. Mary Community Health Needs Assessment Demographic Data		Source	Year	St. Mary Service Area		Bucks County		PA	
				Number	%	Number	%	Number	%
AGE	0-17	Claritas & US Census	2010	98,860	22.2	143,514	23	2,792,155	22
	18-44	Claritas & US Census	2010	143,754	32.2	197,589	31.6	4,388,169	34.5
	45-64	Claritas & US Census	2010	136,557	30.6	192,927	30.9	3,562,748	28
	65+	Claritas & US Census	2010	67,001	15.0	91,219	14.6	1,959,307	15.4
GENDER	Male	Claritas & US Census	2010	217,827	48.8	306,663	49	6,190,363	48.7
	Female	Claritas & US Census	2010	228,345	51.2	318,586	51	6,512,016	51.3
RACE / ETHNICITY	White	Claritas & US Census	2010	378,146	84.8	543,207	86.9	10,094,652	79.5
	Black	Claritas & US Census	2010	19,334	4.3	21,454	3.4	1,327,091	10.4
	Asian	Claritas & US Census	2010	19,530	4.4	23,893	3.8	346,288	2.7
	Other	Claritas & US Census	2010	7,557	1.7	9,913	1.6	214,688	1.7
	Latino	Claritas & US Census	2010	21,605	4.8	26,782	4.3	719,660	5.7
LANGUAGE SPOKEN AT HOME	English	Claritas & US Census	2010	374,919	88.6	530,526	90	10,772,932	89.9
	Spanish	Claritas & US Census	2010	11,241	2.7	14,176	2.4	515,279	4.3
	Asian Language	Claritas & US Census	2010	9,171	2.2	10,688	1.8	203,715	1.7
	Other	Claritas & US Census	2010	27,630	6.5	33,944	5.8	491,312	4.1
EDUCATION	Less than High School	Claritas & US Census	2010	26,984	8.7	36,062	8.4	1,003,960	11.6
	High School graduate	Claritas & US Census	2010	179,261	57.6	247,040	57.3	5,314,065	61.4
	College or more	Claritas & US Census	2010	104,717	33.7	148,126	34.3	2,336,804	27
EMPLOYMENT	Employed	Claritas & US Census	2010	235,466	95.5	330,161	95.6	5,842,995	90.4
	Unemployed	Claritas & US Census	2010	11,222	4.5	15,162	4.4	620,495	9.6
POVERTY STATUS	Families living in poverty w/o children	Claritas & US Census	2010	4,378	3.6	5,527	3.2	297,387	9.3
	Families living in poverty with children	Claritas & US Census	2010	3,008	5.3	3,808	4.8	211,119	15.9
MEDIAN HOUSEHOLD INCOME		Claritas & US Census	2010	$75,643		$74,850		$49,288	
HOUSING UNIT TYPE	Renter-occupied	Claritas & US Census	2010	41,948	25	53,836	22.9	1,527,182	30.4
	Owner-occupied	Claritas & US Census	2010	126,104	75	181,013	77.1	3,491,722	69.6

Appendix B: Census Tables, Vital Statistics, PHMC Household Health Survey

St. Mary Community Health Needs Assessment Data				St. Mary Area		Bucks County		PA	
		Source	Year	Number	Rate	Number	Rate	Number	Rate
MORTALITY RATES*	All Causes	PA Dept of Health	2005-2008	3,757	738.2	4,974	728.3	124,136	785.2
	All Cancer	PA Dept of Health	2005-2008	899	173.9	1,200	172.6	28,616	184.7
	Female Breast Cancer	PA Dept of Health	2005-2008	66	22.6	94	24.1	2,082	23.9
	Lung Cancer	PA Dept of Health	2005-2008	248	48.1	330	47.5	7,852	50.9
	Colorectal Cancer	PA Dept of Health	2005-2008	83	15.9	108	15.6	2,802	17.8
	Prostate Cancer	PA Dept of Health	2005-2008	42	8.1	59	8.5	1,448	8.9
	Heart Disease	PA Dept of Health	2005-2008	887	173.8	1,150	168.2	33,297	203.2
	Stroke	PA Dept of Health	2005-2008	218	42.9	304	44.6	7,017	42.5
	HIV/AIDS	PA Dept of Health	2005-2008	ND		ND		344	2.7
	Homicide	PA Dept of Health	2005-2008	ND		11	1.8	721	6.1
	Suicide	PA Dept of Health	2005-2008	52	10.7	73	11.1	1,404	10.9
	Motor Vehicle Crashes	PA Dept of Health	2005-2008	38	7.9	54	8.5	1,434	11.2
	Accidental Drug/Alcohol Poisoning	PA Dept of Health	2005-2008	10	2.1	12	1.8	463	3.8

*Average Annualized Mortality Rates are calculated per 100,000 population.				St. Mary Area		Bucks County		PA	
		Source	Year	Number	%	Number	%	Number	%
MATERNAL & INFANT HEALTH *Highest birth rates Latina women	Prenatal Care (Late or not at all)	PA Dept of Health	2005-2008	970	28.3	1,288	24.9%	40,277	29.4
	Annual birth rate (women ages 15-44)*	PA Dept of Health	2005-2008	4,483	n/a	6,284	n/a	144,233	n/a
	Adolescent birth rate (10-17 yrs)*	PA Dept of Health	2005-2008	54	n/a	66	n/a	4,427	n/a
	Low Birth Weight (Infants weighing <5.5 lbs at birth) - *Highest in Black women*	PA Dept of Health	2005-2008	309	6.9%	419	6.6%	12022	8.3%
	Infant mortality rate	PA Dept of Health	2005-2008	4.9/1,000 live births		4.4/1,000 live births		7.5/1,000 live births	

Communicable Disease Rates are calculated per 100,000 population.				St. Mary Area		Bucks County		PA	
		Source	Year	Number	Rate	Number	Rate	Number	Rate
COMMUNICABLE DISEASE RATES	Hepatitis B, Chronic	PA Dept of Health	2010	n/a	n/a	80	12.8	1,470	11.6
	Tuberculosis	PA Dept of Health	2010	n/a	n/a	12	1.9	238	1.9
	Lyme Disease	PA Dept of Health	2010	n/a	n/a	437	69.9	3,805	30.0
	Pertussis	PA Dept of Health	2007-2009	n/a	n/a	123	6.6	1,496	4.0
	Varicella	PA Dept of Health	2007-2009	n/a	n/a	387	20.7	8,671	23.1
	Chlamydia	PA Dept of Health	2010	n/a	n/a	936	149.7	47,518	374.1
	Gonorrhea	PA Dept of Health	2010	n/a	n/a	134	21.4	12,883	101.4
	Syphillis	PA Dept of Health	2010	n/a	n/a	ND	ND	369	2.9

Appendix B: Census Tables, Vital Statistics, PHMC Household Health Survey

St. Mary Community Health Needs Assessment Data				St. Mary Area		Bucks County		SEPA	
		Source	Year	Number	%	Number	%	Number	%
ACCESS TO CARE (Adults)	Uninsured (18-64 y/o)	PHMC HHS	2012	21,000	7.6	24,700	6.5	300,100	12.2
	Medicaid	PHMC HHS	2012	25,800	7.8	36,700	7.8	395,600	13.0
	No prescription drug coverage	PHMC HHS	2012	43,600	12.6	63,000	13.1	577,400	18.6
	No regular source of care	PHMC HHS	2012	33,000	9.4	37,600	7.7	349,300	11.2
	Did not receive healthcare due to cost	PHMC HHS	2012	34,800	9.9	50,300	10.3	386,400	12.4
	Did not receive dental care due to cost (not in 2012 survey)	PHMC HHS	2010	82,700	23.9	107,300	22.3	740,200	24.1
	Did not fill prescription due to cost	PHMC HHS	2012	48,500	13.8	62,900	12.9	459,000	14.7
ACCESS TO CARE (Children)	No regular source of care	PHMC HHS	2012	2,300	2.4	3,300	2.3	27,100	3.0
	Did not visit a dentist in past year	PHMC HHS	2012	4,300	5.6	4,500	3.9	68,000	9.3
PREVENTION SERVICES	Did not have blood pressure checked in past year	PHMC HHS	2012	33,200	9.5	40,500	8.3	324,400	10.4
	Colonoscopy in past 10 years (adults 50+)	PHMC HHS	2012	30,300	21.8	40,300	20.3	238,500	20.2
	Pap Smear in past year (women)	PHMC HHS	2012	77,100	43.5	105,400	42.2	696,800	41.9
	Mammogram in past year (women 40+)	PHMC HHS	2012	59,200	45.6	78,200	41.4	419,200	36.8
	PSA or rectal exam for prostate cancer in past year (men 45+)	PHMC HHS	2012	49,100	50.1	66,200	47.8	355,100	45.4
PERSONAL HEALTH BEHAVIORS	Did not reach 4 or more servings fruits & vegetables per day	PHMC HHS	2012	254,900	73.4	341,400	70.7	2,274,200	74.2
	Did not exercise at all in past month	PHMC HHS	2012	37,500	10.7	51,600	10.6	352,000	11.3
	Exercise 1-2 days per week in past month	PHMC HHS	2012	115,600	32.9	163,200	33.4	1,036,300	33.1
	Smokes cigarettes	PHMC HHS	2012	67,000	19.1	79,700	16.4	568,000	18.2
	Once had an alcohol or drug problem (currently in recovery)	PHMC HHS	2012	28,800	8.5	35,600	7.4	256,600	8.3
	Substance abuse problem diagnosed by physician	PHMC HHS	2012	6,700	1.9	10,100	2.1	69,600	2.2

Appendix B: Census Tables, Vital Statistics, PHMC Household Health Survey

St. Mary Community Health Needs Assessment Data				St. Mary Area		Bucks County		SEPA	
		Source	Year	Number	%	Number	%	Number	%
HEALTH STATUS & CHRONIC CONDITIONS *(Data for Adults, unless specified)*	Excellent, very good, good	PHMC HHS	2012	299,300	85.6	421,200	86.4	2,623,800	83.9
	Fair or poor health	PHMC HHS	2012	50,400	14.4	66,000	13.6	498,200	16.2
	Older Adults 60+ Excellent, very good, good	PHMC HHS	2012	56,200	79.3	77,700	79.6	442,900	77.0
	Older Adults 60+ Fair or poor health	PHMC HHS	2012	14,700	20.7	19,900	20.4	132,100	23.0
	Adult Overweight BMI 25-29	PHMC HHS	2012	115,700	33.7	159,600	33.5	1,074,300	35.1
	Adult Obese BMI≥30	PHMC HHS	2012	92,400	26.9	132,800	27.9	844,100	27.6
	High Blood Pressure	PHMC HHS	2012	99,700	28.4	138,200	28.4	968,800	31.0
	Diabetes	PHMC HHS	2012	38,200	10.9	52,800	10.8	388,800	12.4
	Asthma	PHMC HHS	2012	51,700	14.7	74,700	15.3	501,600	16.0
	Child Overweight 85th-94th percentile	PHMC HHS	2012	8,800	14.6	16,400	18.4	85,700	15.3
	Child Obese 95th percentile or higher	PHMC HHS	2012	10,200	16.9	12,500	14	102,200	18.2
MENTAL HEALTH	Diagnosed with mental health condition (bipolar, anxiety, depression)	PHMC HHS	2012	53,700	15.4	75,000	15.4	513,200	16.4
	Older Adults signs of depression (4 or more depression symptoms on a 10 item scale)	PHMC HHS	2012	8,700	13.0	12,500	13.4	75,400	14.0

Appendix C: Community Need Score (CNS) for Areas Surrounding St. Mary Medical Center 2012

			5 Barrier Quintile Ranks					Barrier Components								
			1	2	3	4	5	1a	1b	1c	2	3a	3b	4a	4b	
City	ZIPCode	**Community Need Score**	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank	Poverty 65+	Poverty Families w/ Children	Poverty Single Female w/ children	No High School Diploma	Minority	Limited English	Un-employed	Uninsured	Total Population
		2012	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**	**2012**
Bristol	**19007**	**3.6**	3	3	4	3	5	51%	10%	32%	15%	34%	13%	9%	10%	**21,312**
Bensalem	**19020**	**3.5**	3	3	5	3	5	41%	9%	32%	12%	29%	20%	9%	6%	**55,666**
Croydon	**19021**	**3.4**	2	4	4	3	4	43%	7%	21%	16%	18%	10%	10%	6%	**10,052**
Levittown '56	**19056**	**2.8**	2	2	2	2	5	25%	4%	14%	9%	19%	9%	7%	4%	**15,348**
Levittown '57	**19057**	**2.7**	2	2	4	2	4	35%	9%	25%	10%	19%	5%	7%	5%	**17,016**
Warminster	**18974**	**2.6**	1	2	4	2	4	27%	6%	26%	9%	13%	11%	8%	4%	**41,478**
Feasterville/Trevose	**19053**	**2.5**	1	2	4	3	3	34%	5%	16%	9%	12%	14%	9%	5%	**25,930**
Fairless Hills	**19030**	**2.4**	2	2	3	2	4	44%	1%	3%	11%	14%	7%	6%	7%	**12,488**
Langhorne	**19047**	**2.4**	1	2	3	2	4	23%	4%	17%	8%	12%	7%	7%	3%	**35,600**
Morrisville/Yardley	**19067**	**2.3**	1	1	4	2	3	21%	4%	18%	6%	18%	12%	7%	3%	**51,300**
Levittown '54	**19054**	**2.3**	1	2	3	2	3	32%	3%	10%	11%	12%	6%	7%	5%	**17,494**
Levittown '55	**19055**	**2.3**	1	3	3	2	2	33%	4%	11%	12%	15%	5%	8%	5%	**13,670**
Warrington	**18976**	**1.9**	1	1	4	2	2	23%	1%	2%	5%	14%	13%	7%	3%	**21,539**
Newtown	**18940**	**1.6**	1	1	4	2	1	23%	2%	6%	2%	11%	12%	5%	2%	**29,258**
Southampton	**18966**	**1.6**	1	1	3	2	1	24%	2%	18%	5%	6%	13%	6%	3%	**38,139**
Richboro	**18954**	**1.6**	1	1	3	2	1	11%	3%	24%	4%	6%	11%	6%	1%	**9,746**
New Hope	**18938**	**1.5**	1	1	4	1	1	19%	3%	1%	5%	9%	8%	4%	4%	**14,453**
Washington Crossing	**18977**	**1.4**	1	1	3	1	1	21%	2%	0%	2%	8%	5%	2%	2%	**4,425**
Weighted Ave		**2.4**	**2**	**2**	**4**	**2**	**3**	**29%**	**5%**	**18%**	**8%**	**16%**	**12%**	**7%**	**4%**	**434,914**

St. Mary Medical Center

It's your health. Expect more.

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