2016

ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT

We, St. Mary Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. As a community of caring people, we are committed to extending and strengthening the healing ministry of Jesus.

June 30, 2106

St. Mary HEALTH

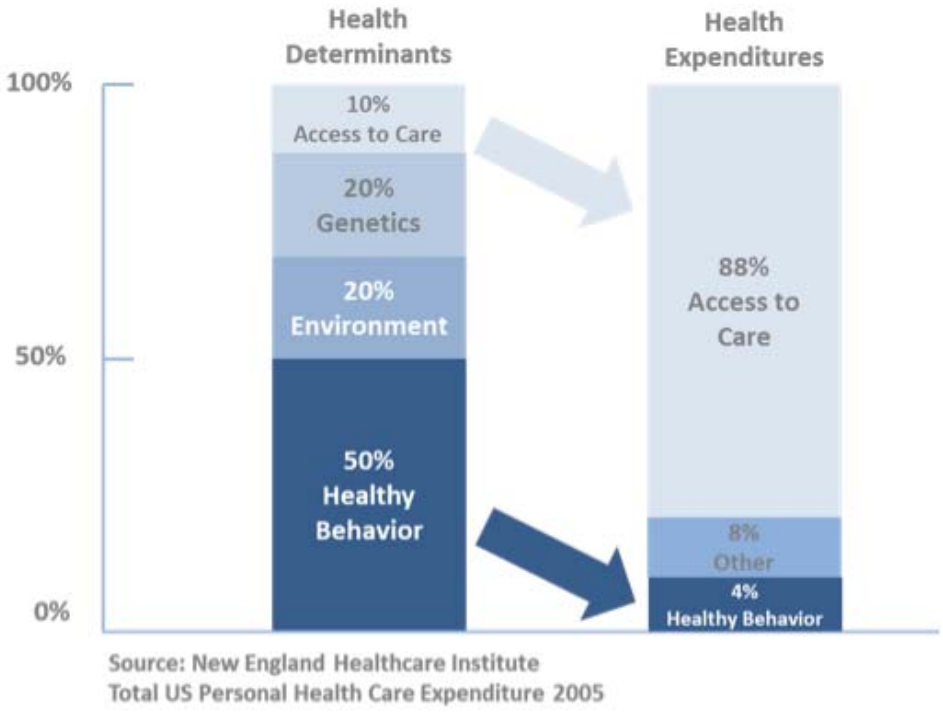
EXECUTIVE SUMMARY

Purpose of the Community Health Needs Assessment

Community health needs assessments and implementation strategies are required of non-profit hospitals as a result of the Patient Protection and Affordable Care Act enacted in 2010. These assessments create an opportunity for hospitals to have the information they need to develop community benefit programs and services for communities they serve. These community benefit programs and services are aimed at improving community health through direct investments in wellness and prevention both at the individual and community levels, and places population health as a key component in improving the quality and efficiency of health care.

Shift Towards Population Health

Population health is fundamentally about measuring health outcomes and their upstream determinants and using these measures to coordinate the efforts of public health agencies, community service organizations and healthcare systems to improve health.



Hospitals portfolio of just treating patients with both acute and chronic diseases/conditions is now **expanding their portfolio of community programs and services to include social, economic and environmental conditions that act as the primary determinants of individual and population health.**

EXECUTIVE SUMMARY

Community Health Needs Assessment Process & Methods

St. Mary contracted with Public Health Management Corporation (PHMC) to assist with our Community Health Needs Assessment. Data sources included the Household Health Survey, which examined health status, health behaviors and utilization of and access to health care **(963 interviews were conducted with adults residing in the hospital's service area, including 296 adults age 65 and over and 345 households with a selected child under the age of 18).** This was supplemented by data from the U.S. Census of Population and Housing, Claritas, Inc., Population Facts, and PA Department of Health Vitals Statistics. In addition, focus groups were conducted to gather input from healthcare providers, community partners (including individuals with expertise in public health, and special populations) and English and Spanish speaking clients from local clinics serving the poor to further identify unmet needs.

St. Mary primary service area is comprised of 18 zip codes surrounding St. Mary Medical Center and St. Mary Rehabilitation Hospital in Langhorne, PA, representing almost one-half million individuals (445,513) in 2015. A brief overview of the identification of the unmet needs for St. Mary service area residents and prioritization process is shown below.

Identification of Unmet Needs

Comparison of Health Findings & Social Determinants of Health for Service Area Residents to Local and National Benchmarks

Prioritization

PHMC Household Health Survey Measures of "Tests of Significance"

External and Internal Stakeholder Ranking of Unmet Needs

Simplex Method - Use of 5 close-ended survey questions asked for each need and answers associated with a score (Rating x Rank). Findings rank-ordered based on both perceived need and measured importance.

- Severity of health issue?
- Magnitude of population affected?
- Clear disparities/inequities (e.g., race/ethnicity, geography, gender, etc.)?
- Identified by Community/Collaborative group as health issue?
- Existing health system capacity to address?

EXECUTIVE SUMMARY

Unmet Health Needs and Social Determinants of Health

Needs that were consistently among the Top 5 Unmet Health Needs in the St. Mary service area are numbered below.

8 IDENTIFIED UNMET HEALTH NEEDS

Top 5 prioritized needs to be addressed

1. **Mental Health** (emphasis on those living near poverty, uninsured/underinsured)
2. **Routine Cancer Screenings** (in particular Women's Health Screenings)
3. Education programs to support Healthy Lifestyles
4. **Education programs to address Coronary Heart Disease/Cancer** (focus Older Adults)
5. **Access to Care**

Not addressing in Community Health Implementation Plan (not consistently in Top 5)

6. Falls Older Adults
7. Asthma
8. Affordable Food & Safe Places to Play

Mission & Social Determinants of Health to be Included in Plan

- Homelessness
- Obesity
- Tobacco

These findings were reviewed by St. Mary Mission and Community Health, St. Mary Medical Center Board of Directors Ministry Committee, and **adopted by St. Mary Rehabilitation Hospital Board on April 28, 2016 and St. Mary Medical Center Board of Trustees on May 9, 2016.** With this information, St. Mary will develop community benefit programs and services to address the top five prioritized needs and social determinants of health that are within our area of expertise as well as our mission to serve the vulnerable and underserved in our area. For further information on how St. Mary Medical Center and St. Mary Rehabilitation Hospital will address unmet health needs, and mission needs, we invite you to review our Community Health Improvement Plan this fall at www.stmaryhealthcare.org/communityhealth

EXECUTIVE SUMMARY

2016 Community Health Needs Assessment

St. Mary Medical Center & St. Mary Rehabilitation Hospital

Prepared by:
Public Health Management Corporation,
Community Health Data Base
Centre Square East
1500 Market Street
Philadelphia, PA 19102

TABLE OF CONTENTS

TABLE OF CONTENTS

I. ASSESSMENT

The **purpose** of the needs assessment is to **identify and prioritize community health needs** so that the hospital can develop strategies and implementation plans that benefit the public as well as satisfy the requirements of the Affordable Care Act.

PURPOSE

This report summarizes the results of an assessment of the health status and unmet health care needs of residents of the St. Mary Medical Center and St. Mary Rehabilitation Hospital service area.

- St. Mary Medical Center and St. Mary Rehabilitation Hospital are located in Langhorne, PA in Bucks County.
- The purpose of this needs assessment is to identify and prioritize community health needs so that St. Mary can develop strategies and implementation plans that benefit the public, as well as satisfy the requirements of the Affordable Care Act.
- The needs assessment was conducted by Public Health Management Corporation, a private non-profit public health institute.

This Assessment section includes:

- a definition of the community assessed in the report;
- a description of the previous needs assessment; and
- the qualifications of PHMC to conduct the assessment.

This section is followed by II. Process and Methods; III. Community Demographics; IV. Health of the Population; V. Access to Care; VI. Health Behaviors; VII. Existing Resources; VIII. Special Populations; and IX.Unmet Needs. Tables are included in the Appendices

COMMUNITY DEFINITION

The community (2015 Pop 445,513) for purposes of this needs assessment was defined as the Zip codes where **85% of St. Mary Medical Center's emergency department and inpatient admissions derive.**

The original St. Mary Hospital was founded in Philadelphia in 1860 by the Sisters of St. Francis of Philadelphia. St. Mary Hospital of Langhorne was founded in 1973. Licensed for 373 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 Rehabilitation Hospital is a free-standing 50 bed inpatient rehabilitation facility which offers highly specialized and comprehensive care to patients facing the challenges of recovering from complex illness or injury. The state-of-the-art hospital opened in spring 2014 in partnership with Centerre Healthcare Corporation (St. Mary Medical Center joint venture 59%).

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.

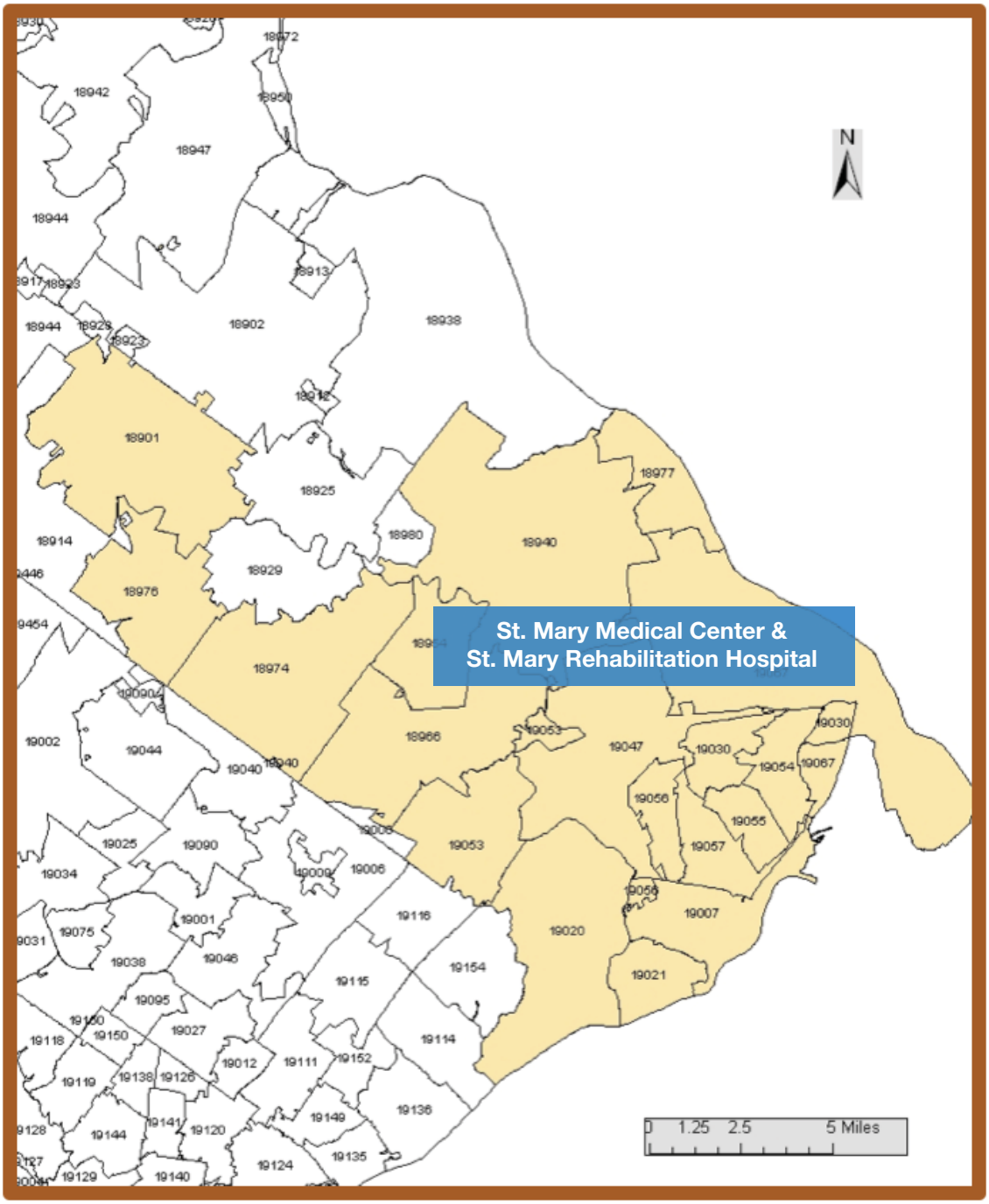
St. Mary service area is shown below, in Table 1 and Map 1.

TABLE 1. ST. MARY SERVICE AREA

Zip code	Post Office	County
18901	Doylestown	Bucks
18940	Newtown	Bucks
18954	Richboro	Bucks
18966	Southampton	Bucks
18974	Warminster	Bucks
18976	Warrington	Bucks
18977	Washington Crossing	Bucks
19007	Bristol	Bucks
19020	Bensalem	Bucks
19021	Croydon	Bucks
19030	Fairless Hills	Bucks
19047	Langhorne	Bucks
19053	Feasterville/Trevose	Bucks
19054	Levittown	Bucks
19055	Levittown	Bucks
19056	Levittown	Bucks
19057	Levittown	Bucks
19067	Morrisville/Yardley	Bucks

COMMUNITY DEFINITION

Map 1.
St. Mary Medical Center and St. Mary Rehabilitation Hospital Service Area



Prepared by Public Health Management Corporation

PREVIOUS NEEDS ASSESSMENT

In 2012, St. Mary Medical Center contracted with Public Health Management Corporation (PHMC) to assist with our Community Health Needs Assessment. Data sources included 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 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.

Findings were reviewed by PHMC, 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.

IMPACT OF 2013 ST. MARY COMMUNITY HEALTH NEEDS ASSESSMENT

Priority Area – Unmet Need	Action Taken/Initiatives	FY14 Impact	FY15 Impact
Access to Care - Lack of health insurance and routine source of care and screenings for uninsured and underinsured persons.	**Improved access to primary and preventive health services annually for the uninsured and underinsured by providing:** a) Enrollment assistance with Health Insurance Exchange, Medicaid/Children's Health Insurance Program and St. Mary Financial Assistance program b) Grant support for Bucks County Health Improvement Partnership Adult Clinic serving the uninsured c) Primary care services for uninsured/ underinsured low income children at the St. Mary Bensalem Community Ministries Children's Health Center and access to parenting support services d) Prenatal care and delivery services for uninsured low income pregnant women at the St. Mary Bensalem Community Ministries Mother Bachmann Maternity Center e) Mammograms for low income uninsured women age 40+ annually through St. Mary Breast Health Initiative f) Medications for low income uninsured patients following hospital discharge and up to 1 year if needed.	1. St. Mary trained 22 application counselors and established 6 enrollment centers in FY14. HIX Call Center & ACA Application Counselors: 1,559 contacts; 528 Enrolled (334 HIX Plan; 194 MA/ CHIP). 2. 81.1% of poor adults (below 150% poverty) in St. Mary service area between the ages 18-64 are insured. 80.7% of poor adults (below 100% poverty) in St. Mary service area between ages 18-64 are insured. 7.8% Medicaid rate for our service area. 3. FY13 to FY14 Patients visiting ED by insurance type were reported as follows: Uninsured patients declined 5% on average and Medicaid patients increased 86% on average for the first year the Health Insurance Exchange opened. 4. Delivered 477 for low income uninsured pregnant women at Mother Bachmann Maternity Center. Provided primary health care for 3,700 children in need at St. Mary Children's Health Center. 5. BHI Program + PHMC data HHS a. 495 Mammograms & Ultrasounds; 9 Biopsies, 5 positive for Breast CA. b. 45.6% (59,200) women age 40+ did not have a mammogram in the past year according to PHMC Household Health survey. 6. FY14 - 2,754 uninsured/underinsured who qualified for St. Mary financial assistance received $1,065,962 donated medications.	1. St. Mary trained 19 application counselors and established 7 enrollment centers in FY15. HIX Call Center & ACA Application Counselors: 1,228 contacts, 459 Enrolled (138 HIX Plan, 321 MA/CHIP). 65% Increase from last year, most likely due to MA expansion. 3,495 St. Mary eligible patients received financial assistance. 2. 91.5% of poor adults (below 150% poverty) in St. Mary service area between the ages 18-64 are insured. 87% of poor adults (below 100% poverty) in St. Mary service area between ages 18-64 are insured, primarily through Medicaid. Medicaid rates increased by 1% to 7.9% in our service area. 3. FY14 to FY15 Patients visiting ED by insurance type were reported as follows: Uninsured patients declined 27% on aver age and Medicaid patients increased 45% on average for the second year of the Health Insurance Exchange. MA patients were less sick when arriving at ED since rates of admission declined 12%. 4. Delivered 455 babies for low income uninsured pregnant women at Mother Bachmann Maternity Center. Provided primary care for 3,700 children in need at St. Mary Children's Health Center. 5. BHI Program + PHMC data HHS a. Mammograms & Ultrasounds = 456; 7 Biopsies, 1 positive for Breast CA.

IMPACT OF 2013 ST. MARY COMMUNITY HEALTH NEEDS ASSESSMENT

Priority Area – Unmet Need	Action Taken/Initiatives	FY14 Impact	FY15 Impact
			b. 39.5% (55,105) women age 40+ did not have a mammogram in the past year according to PHMC House hold Health survey. The 60.5% mammogram screening rate in FY15 represents an absolute increase in screening rate of 6.1% in a 2 year period. 6. FY15 - 2,800 uninsured/underinsured who qualified for St. Mary financial assistance received $1,379,820 donated medications (51% average increase in month-to-month cost of medications with highest months being Aug/Oct/Nov).
Homelessness - Lack of affordable housing in Bucks County.	**Partnered with local non-profit organizations (Family Service Association, Advocates for the Homeless and Those in Need, Bucks County Housing Link, Bucks County Housing Group, Sunday Breakfast Rescue Mission, Way Home, Inc., and the Family Promise of Lower Bucks) to improve access to eviction prevention resources and housing and case management services for homeless or those at risk of becoming homeless:** a) Provided grant support to local non-profit organizations serving the homeless and those experiencing a housing crisis including funds for Emergency Shelter housing, transitional and permanent supportive housing	1. Bucks County Housing Link (Family Service Association lead organization) established central intake line to assess and coordinate services for clients experiencing Housing Crisis (2-yr grant see FY15 outcomes). 2. Advocates for the Homeless and Those in Need – Emergency services for 700 individuals. 3. Sunday Breakfast Rescue Mission no grant requested in FY14. 4. Way Home housed 5 homeless males in congregate housing. 5. BCHG – 64 families in St. Mary Supportive Housing program (transitional 31 families, permanent 9 families). Percent exiting program to sustainable housing: 33% (avg. LOS 685 days) from Permanent Housing and 23% (avg. LOS 15mo.) from Transitional Housing Programs.	1. Clients experiencing Housing Crisis referred for services to Bucks County Housing Link- 7,029 Intake Screenings completed/3,420 SPDATs completed. 24.5% of callers are diverted to other community-based resources without entering the homeless service system; 15% of households were referred directly to emergency shelter; 62.5% of house holds identify as only needing short-term rental assistance and light touch case management to resolve their crisis; 13% of households need long-term rental subsidies and heavy case management.

IMPACT OF 2013 ST. MARY COMMUNITY HEALTH NEEDS ASSESSMENT

Priority Area – Unmet Need	Action Taken/Initiatives	FY14 Impact	FY15 Impact
		6. 43 Clients were waiting placement into St. Mary Supportive Housing Program in FY14.	2. Diversion Case Management 2-Year grant awarded due to increasing number of individuals on shelter wait list who can benefit from case management to avert their housing crisis. 3. Advocates for the Homeless and Those in Need – Emergency services for 987 individuals. 4. Sunday Breakfast Rescue Mission provided basic services and temporary housing for 180 homeless individuals. 5. Way Home housed 10 homeless males in congregate housing. 6. BCHG - 43 families in St. Mary Supportive Housing program (transitional 35 families, permanent 8 families). Percent exiting program to sustainable housing: 62% from Permanent Housing (avg. LOS 528 days) and 24% from Transitional Housing Programs (avg. LOS 9 months). 7. Family Promise of Lower Bucks not operational in FY15. 8. Increase in clients waiting placement into St. Mary Supportive Housing Program in FY15.
Obesity (Childhood & Adult) - Increased rates of obesity contributing to chronic disease risk (heart disease, stroke and type-2 diabetes).	**Promoted health through the consumption of healthful diets, recommended physical activity and achievement and maintenance of healthy body weights in adults & children including:** a) Partnered with Bucks County School Districts to identify and refer overweight or obese children during annual BMI screening to Families Living Well Programs (FLW)	1. All school districts conduct BMI screening and send parents information about Families Living Well for children with BMI >85 percentile. 10% referral rate from physicians. 2. 10 Schools Districts 3. Maintain 85% family graduation rate from KidShape® 8 week program. 100% completed outcomes tool.	1. All school districts conduct BMI screening and send parents information about Families Living Well for children with BMI >85 percentile. 10% referral rate from physicians. 2. 10 Schools Districts 3. Maintain 85% family graduation rate from KidShape® 8 week program. 100% completed outcomes tool.

IMPACT OF 2013 ST. MARY COMMUNITY HEALTH NEEDS ASSESSMENT

Priority Area – Unmet Need	Action Taken/Initiatives	FY14 Impact	FY15 Impact
	b) Provided FLW programs in Bucks County School Districts, with special emphasis in low income areas c) Partnered with St. Christopher's Foundation for Children "Farm to Families Initiative" to increase access to fresh and affordable fruits/vegetables in low income areas d) Provided grant support for Breast Feeding Resource Center to support breast feeding of infants up to 1 year for low income new mothers to reduce risk of childhood obesity e) Provided access to weight management program for vulnerable patient populations.	4. FY14 FLW: 14% increase vegetable consumption; 21% fruit consumption; 11% decrease screen time; and 10% increase physical activity by conclusion of 8 week program. 5. Farm to Families provided access to 1,465 boxes low cost fruits and vegetables to families, with 107 SNAP participants. 6. Breast Feeding Resource Center grant awarded. Site not established until FY15. 7. W2W 149 participants with 6.7 lbs. average weight loss per person over 10 weeks. 8. Group exercise participant count at Wellness Center 15,112 in FY14.	4. FY15 FLW: 18% increase vegetable consumption; 35% fruit consumption; 14% decrease screen time; and 12.3% increase physical activity by conclusion of 8 week program. 5. Farm to Families projected estimates will grow to over 1,900 boxes of low cost fruits and vegetables to families, with ~200 SNAP participants. 6. 285 moms sought lactation counseling at the Breast Feeding Resource Center. 48% were exclusively breast feeding at 3 months (greater than national avg. of 46% at 3 months). 7. Way to Wellness (W2W) 165 participants with 6.5 lbs. average weight loss per person over 10 weeks. According to St. Louis University 2-year analysis of pre and post survey results, W2W demonstrated significant improvements in nutritional and physical activity outcomes. Biometric data shows improvements in BMI and VO2 at completion of the 10-week program. 8. Group exercise participant count at Wellness Center 16,297 in FY15.
Diabetes (Adults) - Increasing rate of Type-2 diabetes in adults.	**Provided access to evidence-based diabetes self-management programs in the community** at Bucks County Senior Centers and Senior Residential Housing facilities in partnership with Stanford University and Penn State University.	1. Truven Index of Concentration for Diabetes was highest in Bristol followed by Bensalem. Stanford Diabetes Self-Management Program was offered in both Bristol and Bensalem. 2. 57 Stanford Diabetes Self-Management Program participants reported 10% reduction in their chronic disease interfering with ADLs, 62% increase in balance exercises, 32% increase in aerobic exercise and 25% increase in stretching/	1. Truven Index of Concentration for Diabetes continued to remain high in both Bristol (1) and Bensalem (2). Stanford Diabetes Self-Management Program was offered in both Bristol and Bensalem.

IMPACT OF 2013 ST. MARY COMMUNITY HEALTH NEEDS ASSESSMENT

Priority Area – Unmet Need	Action Taken/Initiatives	FY14 Impact	FY15 Impact
		strengthening exercise. 3. Dining with Diabetes class recruitment FY15. 4. Way to Wellness program for diabetic community members not budgeted for in FY14.	2. 8 Stanford Diabetes Self-Management Program participants reported 10% reduction in their chronic disease interfering with daily activities, 10% increase in balance exercises and 25% increase in aerobic exercise. 3. Dining with Diabetes mean A1C scores for the two classes (25) were maintained or had a non-significant increase at 3 month follow-up. 4. 10 diabetic participants completed the Way to Wellness program. Avg. 8.9 lb. weight loss per person over 10 weeks. Post program survey showed 40% improvement in both self -image and healthy lifestyle choices, and 50% increase in utilization of self-care strategies.
Behavioral Health - One-third of adults ever diagnosed with a mental health condition are not receiving treatment.	**Improved access to behavioral health services for low income/underinsured persons by ensuring access to appropriate, quality behavioral health care and case management services in partnership with non-profit organizations including Family Service Association, Libertae, Inc., Gaudenzia, Inc., Today, Inc., Bucks County Housing Group, Minding Your Mind, Peace Center:** a) Supported mental health services for low income persons/families with a mental health condition at community clinics b) Supported substance abuse stabilization/ recovery services for low income adolescents, pregnant women, adults and families cleared for rehab services c) Supported permanent supportive housing for chronically homeless largely due to mental health diagnosis d) Supported school-based anti-bullying and suicide prevention programs.	1. FSA/BCHIP/CHC – 43 patients referred for Mental Health counseling. 2. Gaudenzia Detox and Rehab facility opened FY15; Today Inc. 50 young adults completed detox stabilization program. 3. BCHG/Permanent Supportive Housing Program self-sufficiency statistics: 36% of clients completed their Associates Degree, 27% were employed full-time and 54% worked part-time with 22% increasing their income over time. 4. Peace Center delivered school-based anti-bullying program to 780 girls throughout 6 Bucks County Middle Schools. Minding Your Mind conducted outreach to Bucks County School Principles to gain approval to host program.	1. FSA/BCHIP/CHC – 25 patients referred for Mental Health counseling. 101 individual therapy sessions, 7 family therapy sessions, 3 psychiatric evaluations and 8 medicine monitoring sessions. 2. Gaudenzia - Operational Feb 2015. 31 patients completed detox and recovery stabilization program; Today Inc. grant requested in FY16. 3. BCHG/Permanent Supportive Housing Program self-sufficiency statistics: 33% of clients completed their Associates Degree, 11% were employed full-time and 22% worked part-time with 30% increasing their income over time. 4. Peace Center delivered school-based anti-bullying program to 1,234 girls throughout 6 Bucks County Middle Schools. Program survey results showed that students reported a ~25% reduction in bullying and ~30% reduction in cyber-bullying. Minding Your Mind delivered suicide prevention awareness school-based program to 660 students through out Middle Schools and High Schools in Bucks County.

PUBLIC HEALTH MANAGEMENT CORPORATION QUALIFICATIONS

PHMC uses best practices **to improve community health** through direct service, partnership, innovation, policy, research, technical assistance, and a prepared workforce.

Public Health Management Corporation (PHMC) is a 501(c) (3) non-profit corporation that was founded in 1972 to address problems in the organization and delivery of health and social services. PHMC is a public health institute that creates and sustains healthier communities and envisions a healthy community for all.

In 2013, PHMC completed 28 Community Health Needs Assessments for Southeastern Pennsylvania non-profit hospitals, and has been assessing the health needs of the community since 1972. For a comprehensive list of completed assessments, see Appendix A.

- PHMC's Community Health Data Base is uniquely qualified to provide comprehensive services to not-for-profit hospitals. It is the only public health institute in Pennsylvania, has many years' experience collaborating with health care stakeholders, and can facilitate the participation of these diverse groups as required by the ACA.
- PHMC staff is public health experts who have conducted many services over the past twenty years for hospitals, health departments, foundations, and other non-profits.
- Currently, PHMC is conducting Community Health Needs Assessments for the following hospitals and health systems in SEPA:
    - Crozer Keystone Health System
    - Doylestown Hospital
    - Einstein Healthcare Network
    - Grand View Health
    - Holy Redeemer Hospital
    - Main Line Health
    - Mercy Health System East
    - St. Mary Medical Center
    - Temple University Health System
    - The Children's Hospital of Philadelphia
    - University of Pennsylvania Health System

PHMC's service qualifications also include developing and maintaining the Southeastern Pennsylvania Community Health Data Base (www.CHDBdata.org).

- The CHDB provides an unmatched set of information on local community health needs that can be used to develop focused findings supported by reliable data. These data can also be used in developing priorities and rationales for strategic plans that are ACA compliant.

The biennial SEPA Household Health Survey collects information on more than 13,000 residents (children, adults, and seniors) living in the five-county SEPA region. The survey is the longest running community health survey in the United States, as well as one of the largest regional surveys of its kind.

PUBLIC HEALTH MANAGEMENT CORPORATION QUALIFICATIONS

Francine Axler and Lisa R. Kleiner are the co-directors of this Community Health Needs Assessment.

Francine Axler, Executive Director, Community Health Data Base. Since 1989, Francine has been actively involved in the field of public health and health promotion, specifically in the collection and dissemination of health status, health behaviors, and utilization of health services data for residents of Southeastern Pennsylvania. Francine is particularly focused on teaching health and human service providers how to utilize community level health data to develop needed, effective and targeted health promotion programs for vulnerable populations. Francine directs PHMC's Community Health Data Base. She has a degree in sociology and a graduate degree in public health education.

Lisa Kleiner, Manager of Operations, Community Health Data Base. For the past twenty-eight years, Lisa has worked on a broad range of evaluation, research, and technical assistance projects. Lisa has conducted and coordinated over 50 population and community needs assessments focusing on older adults, racial/cultural minorities, persons with behavioral health needs, homeless families, maternal and child health and other at-risk groups and communities. In addition to this expertise, Lisa has provided training and technical assistance to over 200 organizations to enable them to build their capacity to define and measure program outcomes and impact, tailoring the technical assistance to the specific needs of the organization and staff. Lisa has a law degree and a graduate degree in social work.

II. PROCESS AND METHODS

The five steps in the needs assessment process were:

1. defining the community;
2. identifying existing primary and secondary data and data needs;
3. collecting primary and secondary data;
4. analyzing data; and
5. preparing a written narrative report.

Additional hospital and geographic specific data are supplied in the Appendices to allow the St. Mary Medical Center and St. Mary Rehabilitation Hospital to further target community health needs. The data acquisition and analysis, community representatives, and information gaps 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.

Quantitative information from:

- the 2013 American Community Survey, and 2015 and 2020 Nielsen-Claritas Pop-Facts;
- Pennsylvania Health Department vital statistics on births, deaths, communicable diseases, and cancer incidence (2008-2012 and 2009-2012);
- PHMC's 2015 Southeastern Pennsylvania Household Health Survey was analyzed for the hospitals' service area using the Statistical Program for Social Sciences (SPSS).

Frequency distributions were produced for variables for multiple years of data so trends over time could be identified and described. In addition, for Household Health Survey measures, tests of significance were conducted comparing the service area to the HHS for Southeastern Pennsylvania to objectively identify and prioritize unmet needs.

In addition, quantitative data for each service area from the HHS was compared to health objectives for the United States from HP 2020, and to data collected for Pennsylvania from the Center for Communicable Diseases' 2014 Behavioral Risk Factor Surveillance Survey.

II. PROCESS AND METHODS

Qualitative information. PHMC also collaborated with St. Mary to identify individuals living and/or working in the communities in the hospital's service area who could provide input on the needs assessment as community members, public health experts, and as leaders or persons with knowledge of underserved racial minorities, low income residents, and/or the chronically ill. The hospital and PHMC worked together to obtain meeting venues, contact potential participants, and encourage attendance.

- Participants who could not attend were invited to send written comments, and these were incorporated into the report.
- Input from the community meeting participants, including county and local health department officials and public health experts, healthcare providers, and clients, was used to further identify and prioritize unmet needs, local problems with access to care, and populations with special health care needs.
- Client participants received a $25 grocery store gift certificate.

Qualitative information from the community meetings was analyzed by identifying and coding themes common to participants, and also themes that were unique. This information was organized into major topic areas related to health status, access to care, special populations, and unmet needs. These data sources are described in more detail in the next section.

The information from this needs assessment will be used by the hospital to develop a community health implementation plan.

PHMC SOUTHEASTERN PENNSYLVANIA HOUSEHOLD HEALTH SURVEY

A total of **963 interviews were conducted with adults** residing in the hospital's service area, including 296 adults age 65 and over and 345 households with a selected child under the age of 18.

St. Mary received input on the needs of the community, including the medically underserved, low-income, and minority populations from PHMC's 2015 Southeastern Pennsylvania Household Health Survey. The survey questionnaire examines health status and utilization of, and access to, health care among adults and children in the five-county area of Bucks, Chester, Delaware, Montgomery and Philadelphia Counties.

- The survey was conducted through telephone interviews with people 18 years of age and older living in 10,018 households in Southeastern Pennsylvania. Of this total sample of 10,018 adults, 963 adult survey respondents lived in St. Mary service area and participated in the survey. These 963 households also included 296 adults age 65 and over and 345 households with at least one child under the age of 18.
- 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 survey includes many questions that have been administered and tested in national and local health surveys:

- National Center for Health Statistics (NCHS) for the National Health Interview Survey (NHIS);
- The Behavioral Risk Factor Surveillance Survey (BRFSS);
- The California Women's Health Survey;
- The Social Capital Community Benchmark Survey (Kennedy School of Government, Harvard University); and
- The Survey on Childhood Obesity (Kaiser Family Foundation/San Jose Mercury News).

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.

The survey was administered for PHMC by Abt/SRBI, Inc., a research firm in New York City, between December 2014 and March 2015.

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 with more than one eligible adult, the Last Birthday Method was used to select the adult who last had a birthday as the respondent for the interview (with the exception of the cell phone sample).

- In households with children, the child under age 18 who most recently had a birthday was selected as the subject of 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.

Information from the survey was analyzed for the community as a whole and for the uninsured, medically underserved, poor, ethnic and racial minorities, children, and older adults. The results of the survey were taken into account in identifying the size and location of these medically underserved populations, their unmet health care needs, and any barriers they encounter to accessing services. Priorities among these needs were established by comparing the results of the 2015 HHS to Health People 2020 benchmarks, existing resources, and the hospital's existing programs and mission.

U.S. CENSUS

This report includes data on the characteristics of the hospital's service area residents, and residents of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties for the years 2013, 2015 and 2020. Data from the 2010 U.S. Census, estimates from the 2013 and 2015 American Community Survey, and the Nielsen-Claritas Pop-Facts Database projections for 2020 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

The most recent information on births, birth outcomes, deaths, cancer, and reportable diseases and conditions for residents of the hospitals' service areas and Southeastern Pennsylvania was obtained from the Pennsylvania Department of Health, Bureau of Health Statistics and Research.

- Five year (2009-2012) annualized average rates for natality and four year (2008-2012) annualized average rates for mortality and cancer incidence were calculated by PHMC.
- The most recent (2014) morbidity information and on rates of cancer incidence for 2008-2012 was also obtained from the Pennsylvania Department of Health, and rates were calculated by PHMC.
- Mortality rates were age-adjusted using the Direct Method and the 2000 U.S. standard million population.

The denominators for all 2008-2012 and 2009-2012 vital statistics rates for the county and state were interpolated from the 2010 U.S. Census and the 2015 American Community Survey. The number of women ages 15-44 and ages 15-17 was also interpolated from the 2010 US Census and 2015 American Community Survey.

COMMUNITY MEETINGS AND INTERVIEWS

The hospital solicited and took into account input from persons or organizations that represent the broad interests of the community it serves, including:

- Local city and county health departments from each of the five counties in SEPA;
- Members and/or representatives of medically underserved, low-income, and minority populations; and
- Written comments received on the most recent service and Implementation Strategy.

St. Mary solicited and took into account input from persons or organizations that represent the broad interests of the community it serves. In general, input was received on the unmet health care needs, existing health care resources, and special needs of minority and medically underserved populations. The community meeting was guided by a set of written questions that focused on participants' perceptions of the most important physical and behavioral health problems in the area, programs that successfully address these issues, gaps in services, barriers to care, vulnerable and underserved populations, and how to best reach individuals in the community.

This input was solicited from 78 service area community representatives of the medically underserved, low-income, and minority populations in the service area and from public health officials, social service providers, and clinicians. Potential participants for the meetings were identified by St. Mary staff working with PHMC, and invited by mail or electronic mail to attend the meeting.

- The input was received at community meetings on September 16th and 29th, 2015 (social service providers and clinicians), September 24, 2015 (English-speaking residents) and October 6, 2015 (Spanish-speaking residents) at Our Lady of Fatima Church, Bensalem, PA.
- Anyone who could not attend was invited to send written comments at any time. The community members attending the meeting represented the organizations listed below, and included local government, public health experts, and members and representatives of medically underserved, low-income, and minority populations.

Organizations representing medically underserved, low income and minority populations:

St. Mary Medical Center:
Care Management (3)
Oncology
Patient Care and CNO
Chief Medical Officer, St. Mary Physician Group
Coding Quality & Clinical
Anesthesia
Chief Medical Information Officer
Neuroscience Team Leader
Physician, St. Mary Physician Group
Community Health
Representatives from Cardiology, Orthopedics, Oncology and Neurology Service Lines
Medical Executive Committee Members
Mission & Community Health
Department of Radiology
Department of Medicine
Mother Bachmann Maternity Center & Children's Health Center
Executive Vice President & COO
ChoiceOne
Network of Victim Assistance
St. Mary Medical Center, Corporate Foundations Relations
The Peace Center, Girls Unlimited
Our Lady of Fatima, Parenting Center
VITA Education Services
HealthLink – Dental Clinic
Family Service Association
Libertae Halfway House and Libertae Family House
Advocates for Homeless and Those in Need
Lower Bucks Family YMCA
Bucks County Health Improvement Project
YWCA
Lower Bucks Family YMCA
Catholic Social Services
Guadenzia
Bucks County Housing Group
A Woman's Place (2)
Minding Your Mind Foundation
The Way Home
United Way

Local Government
Bucks County Drug & Alcohol Commission, Inc.
Bucks County Children and Youth (2)
Bucks County Division of Human Services
Bucks County Area Agency on Aging

INFORMATION GAPS

Quantitative information for socioeconomic and demographic information, vital statistics, and health data was available at the ZIP code 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.

III. COMMUNITY DEMOGRAPHICS

POPULATION SIZE

The population of the St. Mary service area is almost one-half million (445,513).

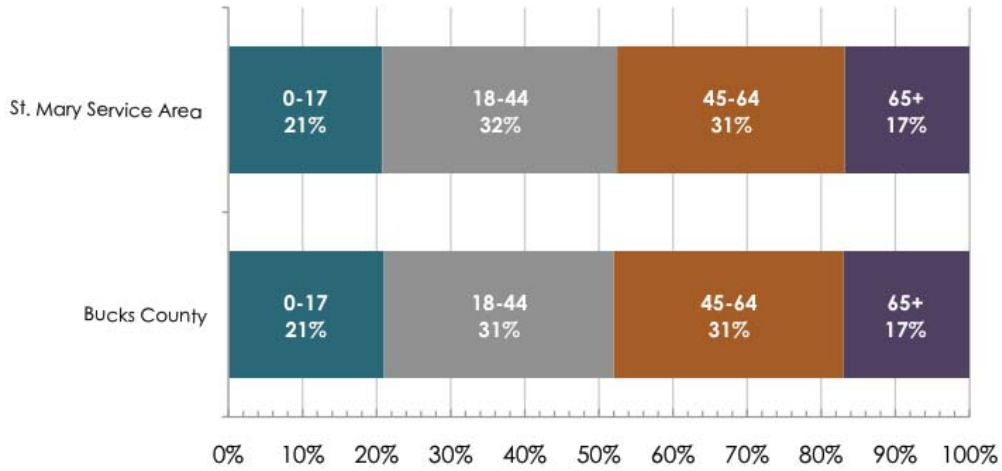
- It declined slightly between 2013 and 2015 from 446,942 to 445,513.
- The population is predicted to decline further to 445,266 by 2020.

Between 2015 and 2020 it is predicted that the population of Bucks County will increase from 627,549 to 630,991.

AGE

In 2015, 32% of residents of the St. Mary service area are between the ages of 18-44 (141,378) and 31% of residents are between the ages of 45-65 years of age (135,892).

Figure 1. Age Distribution of the Population, 2015



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

III. COMMUNITY DEMOGRAPHICS

Twenty-one percent of the population are children between the ages of 0-17 (91,478) and 17% are adults age 65 years or over (76,765).

- The population of 45-65 year olds is predicted to decline by 2% by 2020 despite holding steady since 2013. This is the only age group in the St. Mary service area predicted to decline into 2020.
- The 65+ age group is predicted to increase by 3% by 2020 and is the only age group in the St. Mary service area predicted to increase.
- The population growth trend by age group in the St. Mary service area closely mirrors the growth trend predicted for Buck County as a whole.

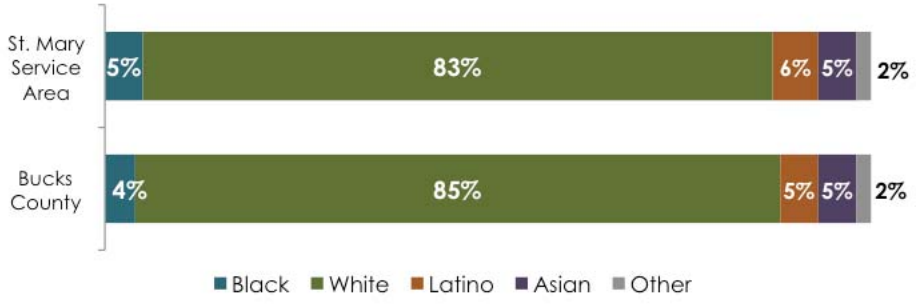
RACE/ETHNICITY

The majority of St. Mary service residents are White (83%), and about one in twenty residents are Black (5%).

Five percent of residents are Asian and 6% are Latino.

- This pattern is similar to the pattern in Bucks County as a whole.
- The Asian and Latino populations are expected to increase by about 1% each by 2020.
- The percentage of residents who identify as White is predicted to decrease by 2% by 2020.

Figure 2. Race and Ethnicity, 2015



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

III. COMMUNITY DEMOGRAPHICS

LANGUAGE SPOKEN AT HOME

The large majority of residents of the service area (87%) speak English at home.

- Three percent speak Spanish, 2% speak an Asian Language and 8% speak an "Other" language.
- It is predicted that the distribution of languages spoken at home will remain steady into 2020.

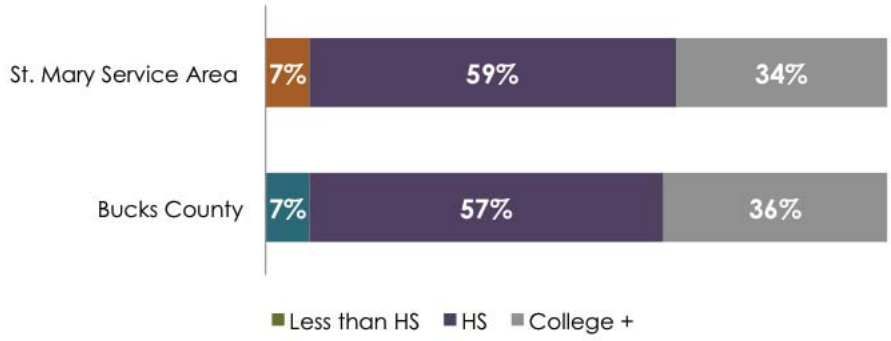
The service area has a relatively similar language pattern to Bucks County as a whole where 89% of the population speaks English at home, 3% speak Spanish, 2% speak an Asian language and 7% speak another language.

SOCIOECONOMIC INDICATORS EDUCATION

The majority of the service residents age 25 and over are high school graduates (59%).

- An additional one-third (34%) have a college degree or more.
- Seven percent of residents did not graduate from high school.
- The educational attainment of residents in the service area has remained fairly stable over time and is projected to remain similar to the current levels through 2020.
- The service has a similar educational attainment pattern to Bucks County as a whole.

Figure 3. Educational Attainment, 2015



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

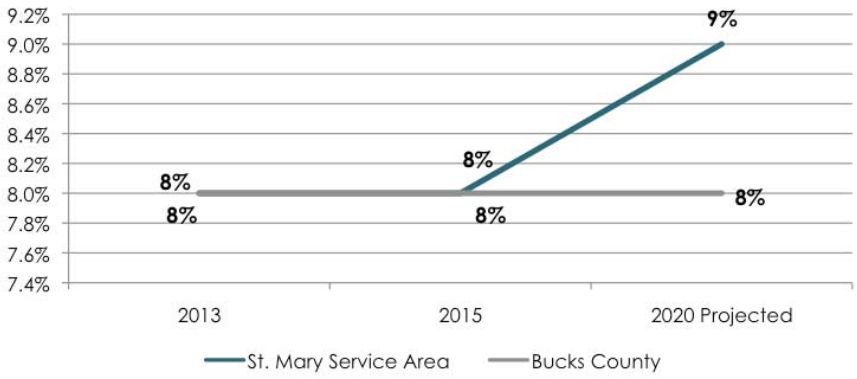
III. COMMUNITY DEMOGRAPHICS

EMPLOYMENT

The overwhelming majority of residents age 16 and over in the service area are employed (92%).

- The unemployment rate is 8%.
- The employment status of residents closely mirrors employment rates in Bucks County as a whole and has remained fairly stable over time.

Figure 4. Unemployment by CHNA Areas, 2013, 2015, and 2020



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

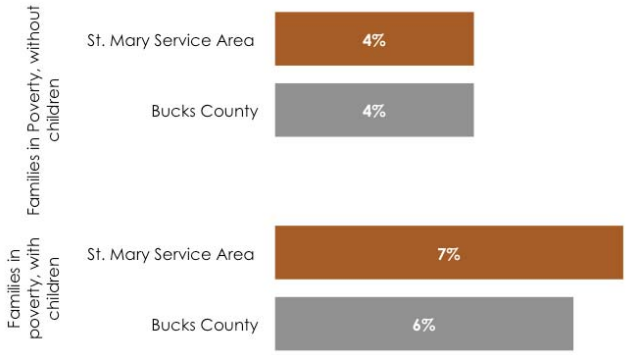
III. COMMUNITY DEMOGRAPHICS

POVERTY STATUS

Seven percent of families in the service area with children and 4% without children are living with incomes below 150% of the federal poverty level.

- This represents 8,500 families in poverty in the service area.
- There are 1% more families with children in the service area living in poverty than in Bucks County as a whole.

Figure 5. Families in Poverty, 2015



Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

III. COMMUNITY DEMOGRAPHICS

MEDIAN HOUSEHOLD INCOME

Overall, the median household income in the St. Mary service area is $77,466.

- This represents an increase from 2013 when it was $74,496 and it is predicted to grow to $81,224 by 2020.
- The median household income in the St. Mary service area is slightly higher than in Bucks County as a whole.

HOME OWNERSHIP

The majority of service area residents (80%) own their own home; 20% of residents rent.

- This pattern is similar to Bucks County as a whole, where 77% of residents own their homes and 23% rent.

Figure 6. Homeownership, 2015

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

IV. HEALTH OF THE COMMUNITY

The health of a community can be assessed by comparing birth outcomes, self-reported health status and health conditions, communicable disease rates, self-reported health concerns and perceptions, and mortality rates to statewide indicators and HP 2020 goals for the nation. This section examines information for the St. Mary service area. Data from Pennsylvania Vital Statistics, aggregated over a period of years, provide specific insights into these issues for the St. Mary service area.

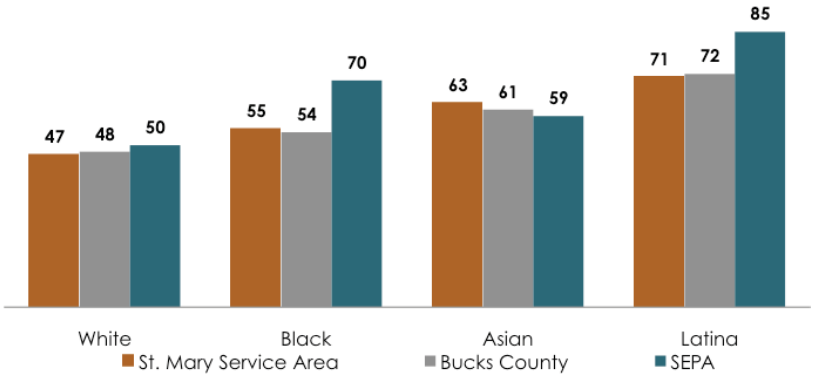
BIRTH OUTCOMES
FERTILITY RATES

There is an average of 4,025 births annually to women age 15-44 living in the St. Mary service area.

- This represents a fertility rate of 50 births per 1,000 women age 15-44.
- This fertility rate is similar to the overall Bucks County rate of 51 per 1,000.
- Latina (71 per 1,000; 346 births), Asian (63; 281 births) and Black women (55 per 1,000; 261 births) have the highest fertility rates among racial and ethnic groups in the service area.
- White women have the lowest fertility rate in the service area (47 per 1,000; 3,161 births).

IV. HEALTH OF THE COMMUNITY

Figure 7. Fertility Rates per 1,000 Women 15-44, 2009-2012

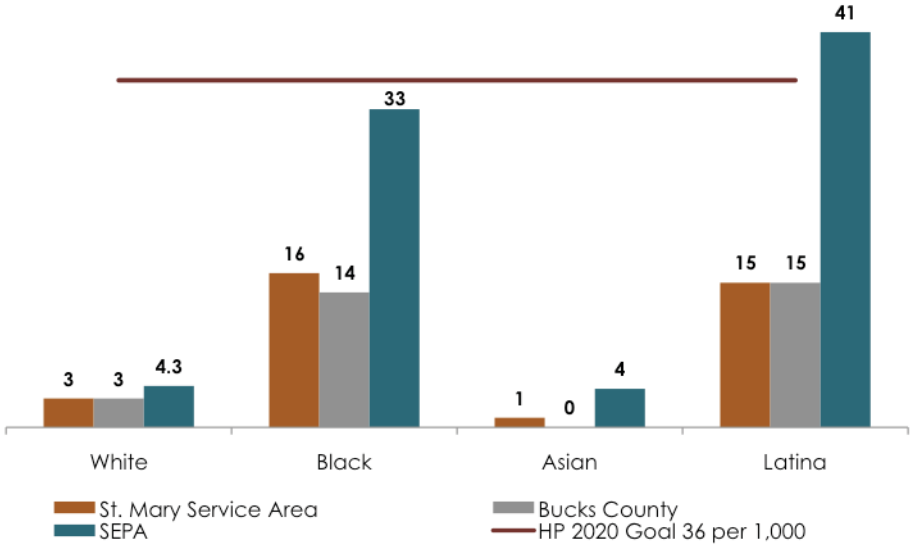


Infants born to teenagers have been associated with a number of negative birth outcomes, including prematurity and low birth weight, making it an important outcome to track.

In the St. Mary service area, the fertility rate of adolescent women age 15-17 is 5 per 1,000, representing an average of 43 births annually.

- This is almost the same as the fertility rate for 15-17 year old women in Bucks County (4 per 1,000).
- Black adolescent women aged 15-17 (16 per 1,000; 9 births) have the highest fertility rates in the service area followed, by Latina adolescents (15 per 1,000; 8 births).
- These rates are much higher than the fertility rate for Asian (1 per 1,000; 1 birth) and White (3 per 1,000: 26 births) women aged 15-17 in the service area.

Figure 8. Fertility Rates per 1,000 Women Aged 15-17, 2009-2012



Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

IV. HEALTH OF THE COMMUNITY

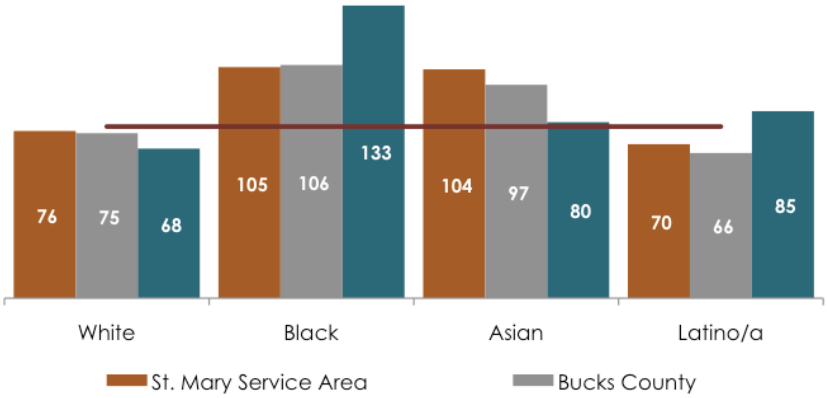
LOW BIRTH WEIGHT

Low birth weight infants (<2,500 grams or less than 5lb 8 oz.) are at greater risk for dying within the first year of life than infants of normal birth weight.

In the St. Mary service area, 81 infants per 1,000 live births are low birth weight.

- This rate does not meet the HP 2020 goal (78 per 1,000) and is higher than the Bucks County rate as a whole (78 per 1,000).
- Black (105 per 1,000; 28) and Asian (104 per 1,000; 29) infants have the highest rates of low birth weight in the service area.
    - The low birth weight rate for Asian infants in the service area is higher than the rate for Asian infants in Bucks County overall (97 per 1,000) and in SEPA (80 per 1,000).
- Only low birth weight rates for Latino (70 per 1,000; 24) and White (76 per 1,000; 242) infants in the service area meet the HP2020 goal of 78 per 1,000.

Figure 9. Low Birth Weight Births per 1,000, 2009-2012



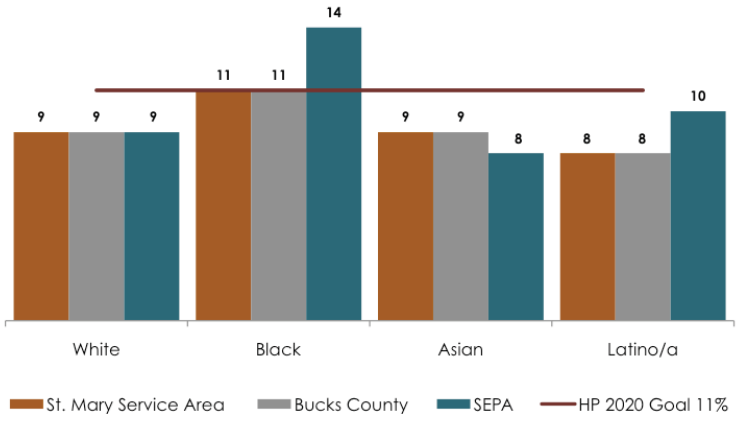
Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

PREMATURE BIRTH

There is an average of 379 premature births (less than 37 weeks gestation) annually to women living in the service area, representing 9% of all live births.

- This mirrors the percentage of premature births in Bucks County as a whole, which is also 9%.
- Black infants in the service area (11%) are most likely to be premature, followed by White (9%) and Asian (9%) infants, and Latina/o infants (8%).
- These percentages are similar to those for Bucks County for each racial and ethnic group.

Figure 10. Percentage of Premature Births, 2009-2012



Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

IV. HEALTH OF THE COMMUNITY

PRENATAL CARE

Receiving prenatal care during the first trimester of pregnancy can help ensure that health concerns are identified and addressed in a timely manner.

More than one-quarter of women in the service area (27%) receive prenatal care beginning after the first trimester or have no prenatal care.

- This does not meet the HP 2020 goal of 22.1%.
- This service area rate is 3% higher than the rate in Bucks County, which is 24%.
- Black (48%), Latina (42%), and Asian (25%) women in the service area are more likely to receive late or no prenatal care than White women (23%).
    - Not one of these percentages meets the HP2020 goal.
- With the exception of Latina women, all other racial and ethnic groups in the St. Mary service area have slightly higher percentages (between 1%-2%) of receiving late or no prenatal care than their counterparts in Bucks County.

IV. HEALTH OF THE COMMUNITY

MORTALITY

INFANT MORTALITY

Every year, an average of 25 infants living in the service area die before their first birthday.

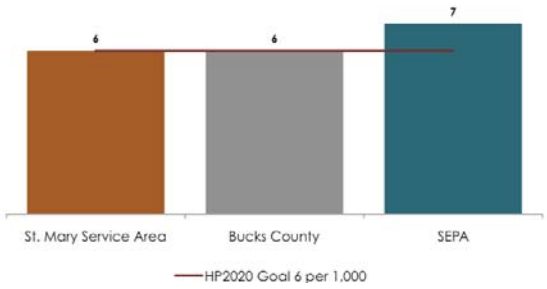
The service area infant mortality rate is 6 infant deaths per 1,000 live births.

- This meets the HP 2020 goal of 6 infant deaths per 1,000 live births.

Black infants (11 per 1,000; 3) and Latino/a infants (9 per 1,000; 3 have the highest rates of infant mortality in the service area while White (6 per 1,000; 20) and Asian (2 per 1,000; 1) infants have the lowest.

- Mortality rates for Black infants in the St. Mary service area do not meet the HP 2020 Goal.
- Infant mortality rates for Latino infants (9 per 1,000) are higher than the rates for their counterparts in Bucks County (7 per 1,000) and SEPA (6 per 1,000).

Figure 11. Infant Mortality per 1,000 Live Births, 2009-2012



Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

IV. HEALTH OF THE COMMUNITY

MORTALITY

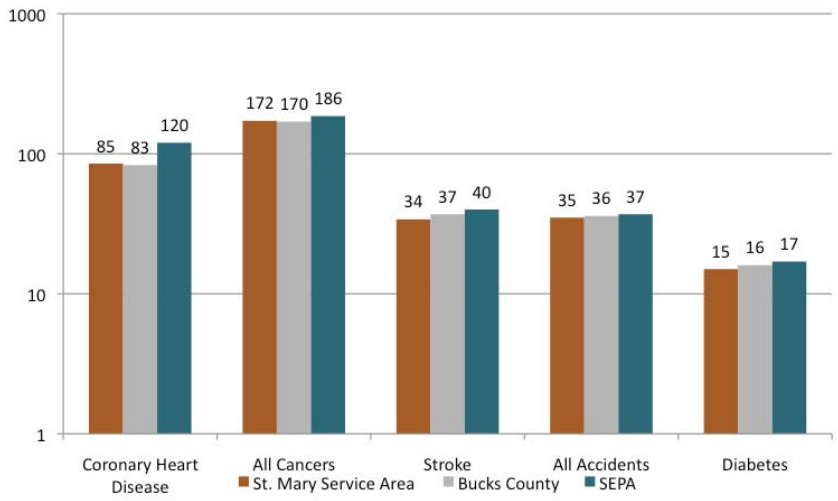
The overall mortality rate in the service area is 693 deaths per 100,000 population, representing 3,891 deaths.

- This is slightly higher than the rate in Bucks County as a whole (686 per 100,000; 5,232 deaths) but lower than the rate in SEPA (756 per 100,000; 34,900 deaths).

Cancer is the leading cause of death in the St. Mary service area (171.9 per 100,000; representing 958 deaths annually).

- This does not meet the HP2020 goal of 161 per 100,000.
  The other leading causes of death in the St. Mary service area are Coronary Heart Disease (85 per 100,000; 496 deaths), Accidents (35 per 100,000; 168 deaths), Stroke (34 per 100,000; 197 deaths), Diabetes (15 per 100,000; 84 deaths), and Suicide (12 per 100,000; 58 deaths).
- The rate for suicide in the St. Mary service area does not meet the HP2020 Goal of 10.2 per 100,000.

Figure 12. Mortality Rates per 100,000 population for Top Five Causes of Death, 2009-2012



Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research and 2010 U.S. Census. Calculations prepared by PHMC.

IV. HEALTH OF THE COMMUNITY

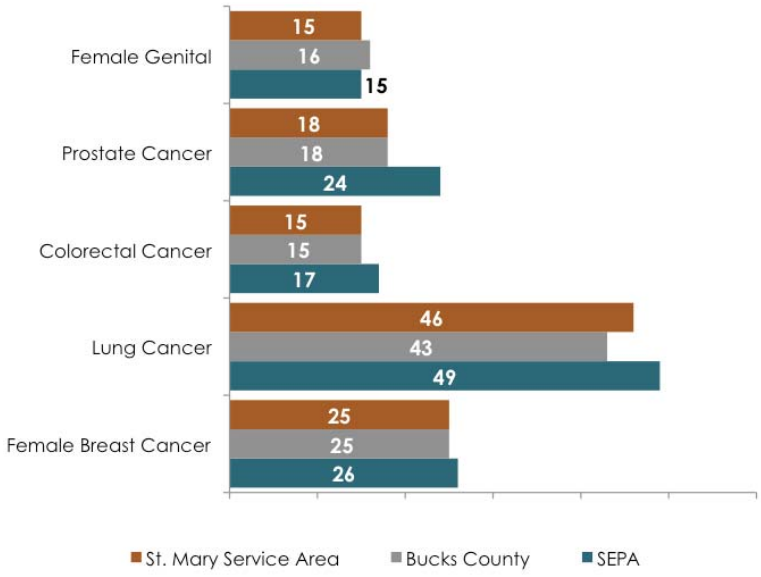
Among all cancer deaths in the service area, lung cancer has the highest site-specific mortality rate (46 per 100,000; 253 deaths) followed by female breast (25 per 100,000; 78 deaths), prostate (18 per 100,000; 38 deaths) and colorectal (15 per 100,000; 81 deaths) cancers.

- The only cancer mortality rates that meet the HP 2020 goals are colorectal and prostate.

Healthy People 2020 Objectives: Cancer Mortality

Lung cancer **45.5 per 100,000 people**
Female breast cancer **20.7 per 100,000 women**
Colorectal cancer **14.5 per 100,000 people**
Prostate cancer **21.8 per 100,000 men**

Figure 13. Cancer Mortality Rates per 100,000 for Selected Sites, 2009-2012



Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

IV. HEALTH OF THE COMMUNITY

MORBIDITY

HIV AND AIDS

The prevalence of individuals who are living with HIV or AIDS in Bucks County (7 per 100,000) is far below the rate in Philadelphia (46).

- This represents 122 persons in Bucks County and 2,100 persons in Philadelphia living with HIV/AIDS.
- HIV/AIDS rates are lower in Chester (6) and higher in Delaware (16) Counties.

COMMUNICABLE DISEASE

Delaware County has the highest Pertussis rate in SEPA (19), followed by Montgomery (18) and Bucks (16) Counties. Philadelphia County (9) has the lowest Pertussis rate in the region.

Chester County has the highest rate of Lyme disease (134), followed by Bucks (75) and Montgomery (44) Counties. Philadelphia (9) has the lowest Lyme disease rate in the region.

Philadelphia has the highest Chicken Pox rate in the region (14); the second highest rate is in Bucks County (10) followed by Montgomery County (7).

Chlamydia (163: 3,063) and Gonorrhea (23: 440) are at their lowest rates in the region in Bucks County, with Philadelphia having the highest rates (1,317 Chlamydia, 447 Gonorrhea).

CANCER

The incidence of all cancers in the service area is 516 per 100,000 population, representing an average of 2,823 new cancer cases annually.

- This rate is higher than the rate for cancer incidence in Bucks County (504: 3,809) and the rate in SEPA (513: 22,867).

Incidence rates of the most commonly occurring cancers include:

- 166 new cases of Female Genital Cancer (56 per 100,000)
    - This is comparable to Bucks County (56 per 100,000) and SEPA (58 per 100,000);

IV. HEALTH OF THE COMMUNITY

- 374 new cases of Prostate Cancer (142 per 100,000)
    - This is comparable to Bucks County (140 per 100,000) and lower than SEPA as a whole (152 per 100,000);
- 395 new cases of Female Breast Cancer (135 per 100,000)
    - This is just above Bucks County (133 per 100,000) and SEPA (133 per 100,000);
- 376 new cases of Lung Cancer (69 per 100,000)
    - The rate for Lung Cancer in Bucks County is lower than in the service area (64 per 100,000) and comparable to the SEPA region overall (69); and
- 233 new cases of Colorectal Cancer (42 per 100,000)
    - This is comparable to Bucks County (43 per 100,000 and lower than the SEPA region (47 per 100,000).

HEALTH STATUS

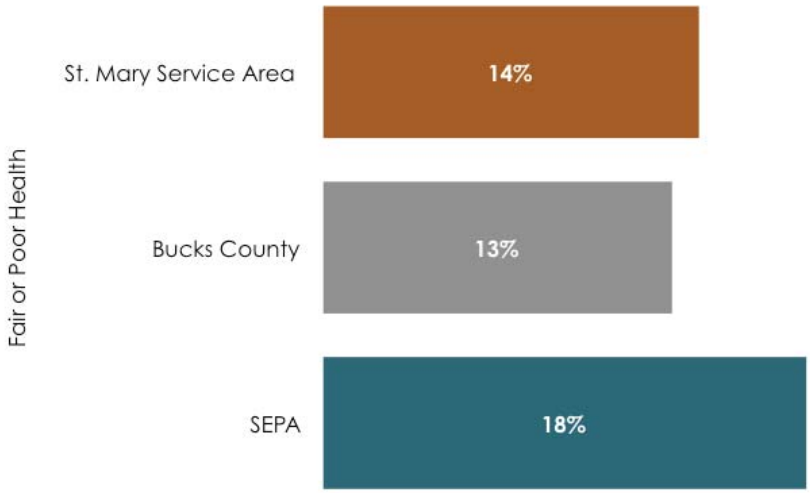
A **majority** of adults in the service area describe their health as excellent, very good or good

SELF-REPORTED HEALTH STATUS

Self-reported health status is one of the best indicators of population health. This measure has consistently shown to correlate very strongly with mortality rates.
About nine in ten area adults (89%) are in excellent, very good, or good health. This is comparable to Bucks County as a whole and higher than across SEPA (84%).

- About 48,100 adults in the St. Mary service area, (11%) are in fair or poor health.

Figure 14. Health Status of Adults 18+ by CHNA Areas, 2015



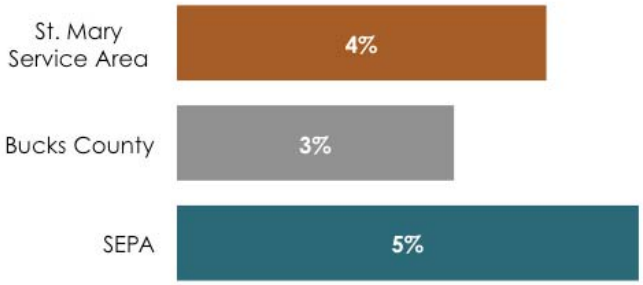
Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

[1] Idler EL, Benyamini Y. Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. Journal of Health and Social Behavior.1997; 21-37.

IV. HEALTH OF THE COMMUNITY

Four percent of children (3,800 children) are in fair or poor health.

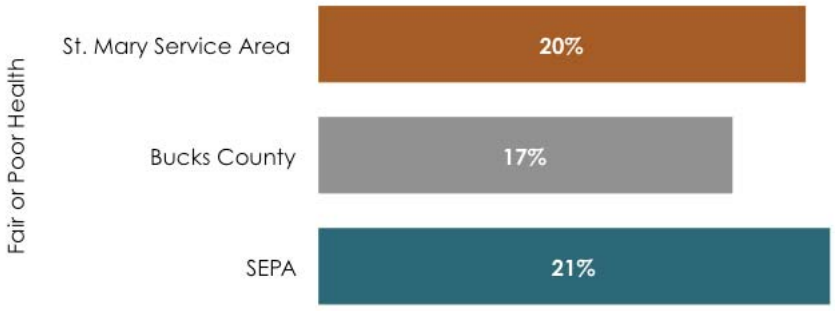
Figure 15. Children 0-17 in Fair or Poor Health, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Across the service area, one in five older adults age 60+ (20%) are in fair or poor health, which is comparable to SEPA as a whole (21%) and just higher than the proportion of older adults in fair or poor health across Bucks County (17%).

Figure 16. Health Status of Older Adults 60+, 2015



Source: PHMC's 2012 and 2015 Southeastern Pennsylvania Household Health Surveys

IV. HEALTH OF THE COMMUNITY

Instrumental Activities of Daily Living (IADLs)

IADLs are activities related to living independently, such as using the telephone, shopping, cleaning, cooking, paying bills, and taking medication

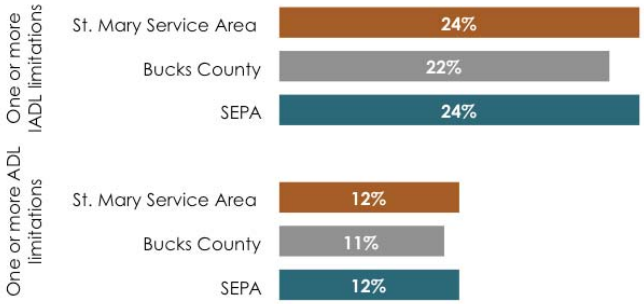
Activities of Daily Living (ADLs)

IADLs are activities related self-care, such as eating, dressing, grooming, walking indoors, bathing, and getting in and out of bed.

About one-quarter of older adults in the service area, 24% or about 26,800, have at least one limitation in the Instrumental Activities of Daily Living (IADLs).
About 12% or 13,700 adults have at least one limitation in the Activities of Daily Living (ADLs).

Community meeting participants mentioned that falls were a serious problem for older adults in the service area. The CDC reports that one in three older adults falls each year, though few seek medical attention. Within the St. Mary service area, 26% of older adults had fallen in the past year. This is slightly higher than in Bucks County as a whole (23%) and SEPA (22%).

Figure 17. ADL and IADL Limitations, Older Adults 60+, 2015



Source: PHMC's 2012 and 2015 Southeastern Pennsylvania Household Health Surveys

[2] http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

IV. HEALTH OF THE COMMUNITY

SPECIFIC HEALTH CONDITIONS

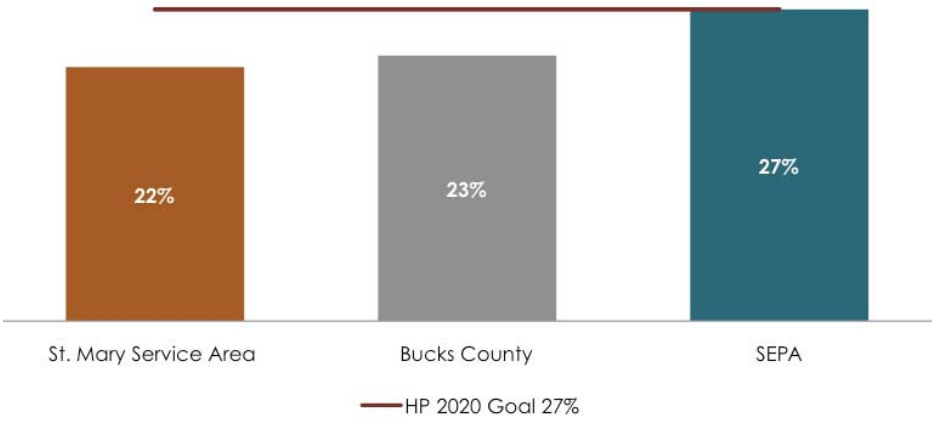
High blood pressure, diabetes, asthma, cancer, and mental health conditions are chronic illnesses that require ongoing care.

HYPERTENSION

More than one in five adults in the St. Mary service area (22%, age-adjusted, or 101,300 adults) have been diagnosed with high blood pressure.

- This meets the Healthy People 2020 goal of 27%.
- Among adults with high blood pressure in the service area, 4% report not taking all or nearly all of their medication all of the time.
- Half of older adults in the service area (51%, or about 56,000) have been diagnosed with high blood pressure.

Figure 18. High Blood Pressure, Adults 18+ (age-adjusted), 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

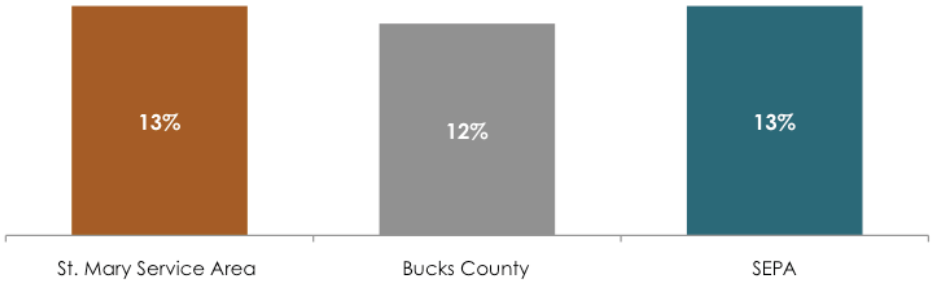
IV. HEALTH OF THE COMMUNITY

DIABETES

About 44,900 adults in the St. Mary service area, 13%, have been diagnosed with diabetes.

- This is comparable to the percentage across SEPA (13%), and within Bucks County (12%).
- More than one in five older adults in the service area (21%) has diabetes; this represents 23,300 older adults.

Figure 19. Diabetes, Adults 18,+ 2015

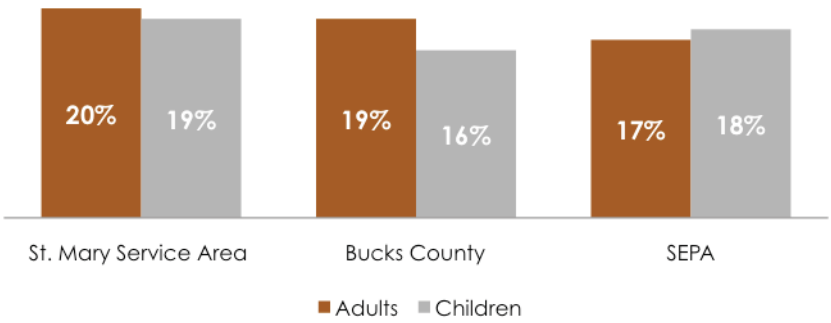


Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

ASTHMA

Across the service area, about 70,200 adults (20%) have been diagnosed with asthma. Nearly one in five children (19%) have been diagnosed with asthma; this represents 17,000 children in the St. Mary service area, and is comparable with childhood asthma rates in SEPA overall, but higher than the rate in Bucks County (16%).

Figure 20. Asthma, Adults 18+ and Children 0-17, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

IV. HEALTH OF THE COMMUNITY

Adults and children who have been diagnosed with asthma may experience barriers to care due to their socioeconomic status. For example, adults living in households with incomes below 150% of the federal poverty level (29%) are more likely to have asthma than non-poor adults (19%). The same holds true for children diagnosed with asthma; 25% of poor children have asthma compared to 18% of non-poor children.

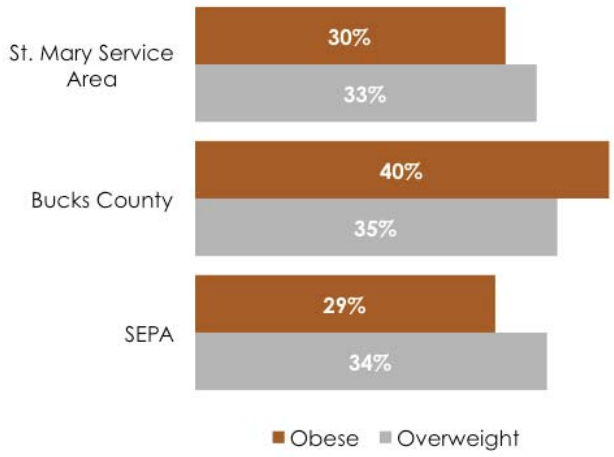
Community meeting attendees listed obesity as one of the leading health issues in the service area.

OVERWEIGHT AND OBESITY

Overweight and obesity are strongly correlated with high blood pressure, diabetes, cancer, heart disease, and asthma. The Healthy People 2020 goal for obesity is 30.6% of adults age 20 and older. The St. Mary service area meets this goal.

- Nearly three in ten service area adults age 20 and over (28%) are obese, and 33% are overweight.
    - This represents approximately 215,700 adults who are overweight or obese in the St. Mary service area.

Figure 21. Obese and Overweight Adults (18+), 2014-2015



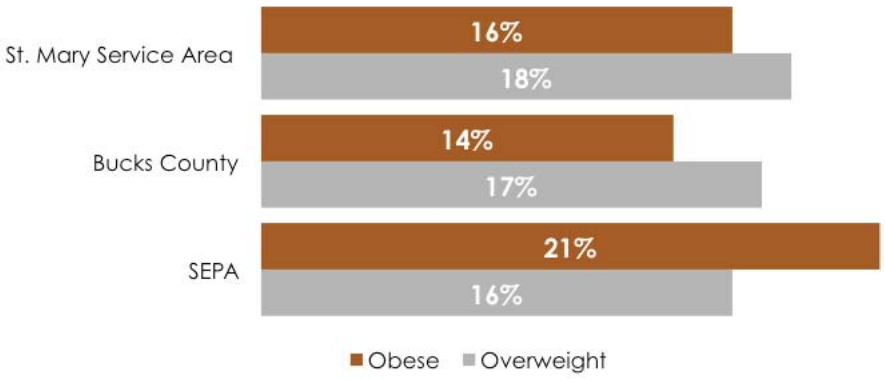
Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

IV. HEALTH OF THE COMMUNITY

Participants in community meetings noted that diet and exercise were particular concerns for children. They noted that in some areas it is not safe for children to play outside alone and that kids are more interested in electronic devices than physical activity. Clinicians mentioned that parents are afraid to let their children play outside. Attendees also discussed concerns about malnutrition, even among children who are consuming enough calories.

- About 9,700 children in the service area (16%) are classified as obese, and 18% are overweight.

Figure 22. Obese and Overweight Children (0-17), 2015

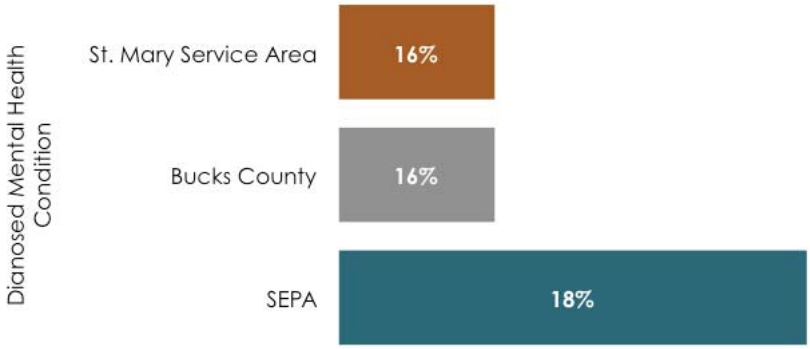


Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

MENTAL AND BEHAVIORAL HEALTH

Approximately 56,800 adults in the service area, 16%, have been diagnosed with a mental health condition. This is comparable to Bucks County as a whole.

Figure 23. Mental Health Status of Adults 18+, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Of those with a mental health condition, 35% are not currently receiving treatment for the condition.

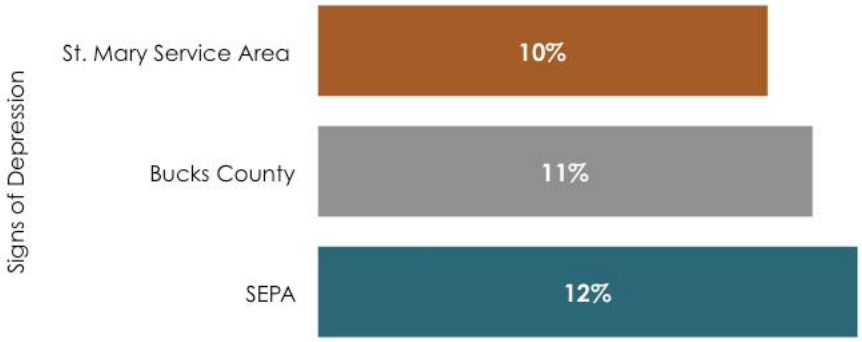
- Community meeting attendees listed depression as one of the leading health issues in the service area, and listed concerns about suicide and self-harm among teens.
- Accessing mental and behavioral health care in the service area can be a challenge, noting difficulty scheduling appointments, comorbid conditions, affordability and stigma as barriers.
- Quality of mental health care for low income residents was listed as a concern, and some area residents feel like mental health providers push medication without therapy.
- Participants also noted that addiction prevention services are not available.
- Clinical staff noted over-reliance on emergency departments for mental health concerns.

CESD-10

The Center for Epidemiological Studies Depression Scale (CESD) is a twenty-item scale used to screen for depression. The ten-item scale used by the Southeastern Pennsylvania Household Health survey, CESD-10, is a less burdensome tool that has been shown to be a valid measure of risk of depression in older adults.

One in ten older adults in the service area, 10% or about 10,200, have four or more signs of depression on the CES-D 10 Item Depression Scale. This is comparable to SEPA (12%) and Bucks County (11%).

Figure 24. Signs of Depression in Older Adults 60+, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

About 6,900 older adults in the St. Mary service area, 6%, report speaking to friends or relatives less than once a week.

Community meeting attendees noted that some older adults in the area have a difficult time living alone, but that they can't afford assisted living.

[3] Irwin M, Artin K, Oxman MN. Screening for Depression in the Older Adult: Criterion Validity of the 10-Item Center for Epidemiological Studies Depression Scale (CES-D). Arch Intern Med. 1999; 159(15):1701-1704. doi:10.1001/archinte.159.15.1701. http://archinte.jamanetwork.com/article.aspx?articleid=1105625

[4] Amtmann D, Kim J, Chung H, Bamer AM, Askew RL, Wu S. et al. Comparing CESD-10, PHQ-9, and PROMIS depression instruments in individuals with multiple sclerosis. Rehabil Psychol. 2014;59:220–9. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4059037/

V. ACCESS AND BARRIERS TO HEALTH CARE

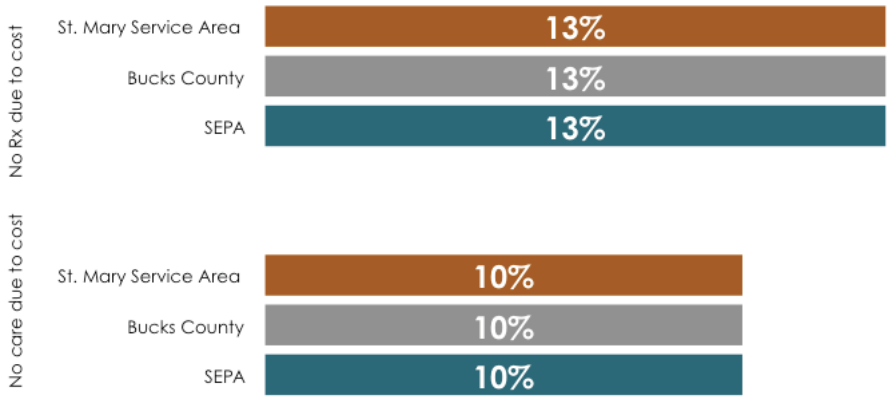
Having a regular source of care, a person residents can go to if they are sick or have a question about their health, is important as people who have a regular source of care are more likely to seek care when they are sick compared with those who do not. This allows people to receive earlier, less expensive treatment, get well sooner, and prevents costly complications and longer illnesses.

ECONOMIC BARRIERS

With or without health insurance, one in ten adults in the service area were unable to get needed care due to the cost of that care; 10% of adults, about 34,300, reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost.

About 47,400 adults in the St. Mary service area (13%) were prescribed a medication but did not fill the prescription in the past year due to cost.

Figure 25. Cost Barriers to Care, Adults, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

V. ACCESS AND BARRIERS TO HEALTH CARE

Community meeting attendees talked about healthcare providers and pharmacies not accepting insurance plans, and about residents of the service area not understanding their coverage. Attendees also discussed high deductibles making paying for care difficult, even with insurance. A lack of health insurance is an ongoing problem for undocumented immigrants in the community.

HEALTH INSURANCE STATUS

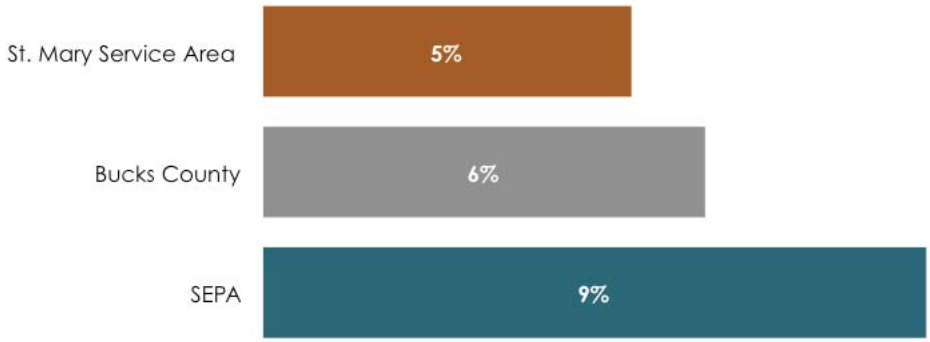
Having health insurance is important in ensuring access to care and continuity of care over time. The service area (95%) does not meet the Healthy People 2020 goal of 100% health insurance coverage.

The majority of adults (95%) in the service area have health insurance coverage.

However, a number of adults aged 18-64 do not have any private or public health insurance; 5% of adults aged 18-64 in the service area are uninsured, representing 13,700 uninsured adults.

This percentage of uninsured adults is comparable to Bucks County as a whole (6%), and lower than the SEPA region, where 9% of adults are uninsured.

Figure 26. No Health Insurance, Adults 18-64, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

More than one in ten adults in the service area (11% or 39,500) does not have prescription drug coverage.

V. ACCESS AND BARRIERS TO HEALTH CARE

Figure 27. No Prescription Drug Insurance, Adults, 2015

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Nearly four in ten adults in the St. Mary service area (38% or about 20,400) enrolled in health insurance plans through the Federal Marketplace since 2013.

PRIMARY CARE

Participants in community meetings described adults putting off their own healthcare, overwhelmed with more immediate needs. Non-emergency care is put off to take care of day-to-day needs. Some mentioned frustration with primary care providers sending too many patients to specialists. Spanish-language primary and specialty care can be difficult to find as well.

Having a regular source of care is important since people who have a regular source of care are more likely to seek care when they are sick compared with those who do not.

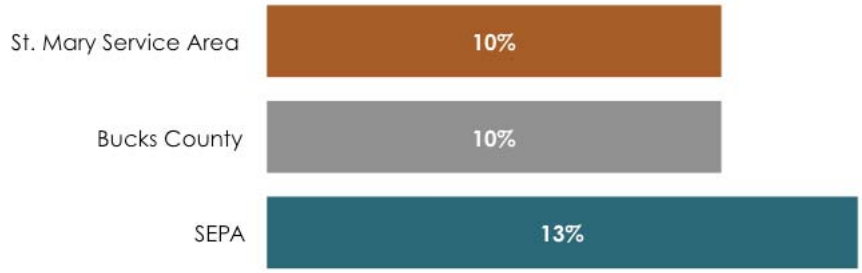
V. ACCESS AND BARRIERS TO HEALTH CARE

In the St. Mary service area, 10% of adults (about 33,900) do not have a regular source of primary care they can consult if they are ill or have a question about their health.

The service area meets the Healthy People 2020 goal, with fewer than 26.1% of adults having no regular source of care.

- Approximately 2,400 children in the service area (3%) do not have a regular source of care.

Figure 28. No Regular Source of Care, Adults, 2015



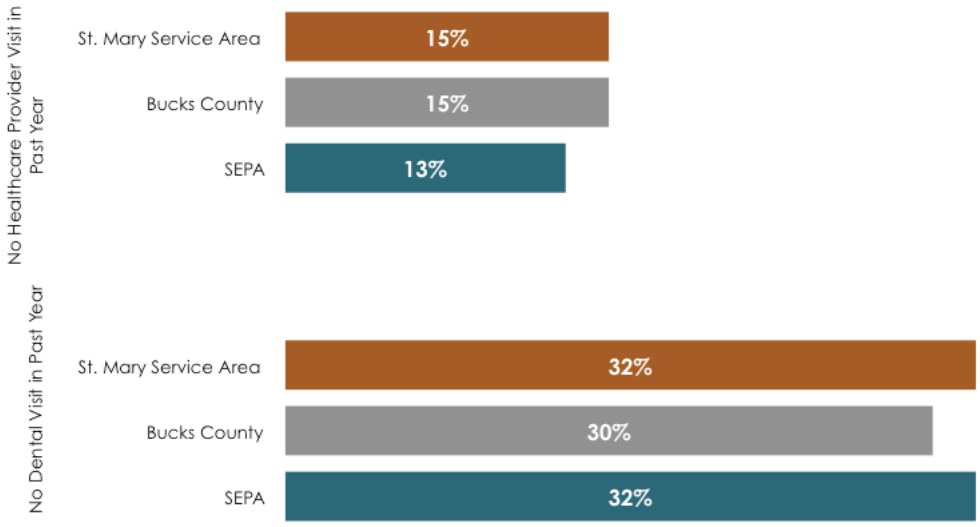
Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

V. ACCESS AND BARRIERS TO HEALTH CARE

PREVENTIVE CARE

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. In the St. Mary service area, 15 % of adults did not visit a health care provider in the past year; this percentage represents 51,500 adults.

Figure 29. Healthcare Provider and Dental Visits, Adults, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Nearly one-third of adults in the service area (32% or about 112,700) did not have a dental visit during the past year. This is comparable to Bucks County (30%) and SEPA as a whole (32%). About 11,500 children in the service area (13%) did not have a dental visit during the past year.

Participants in community meetings noted that poor dental health can lead to both poor diet and self-esteem issues. They explained that dental care can be difficult for adults to afford with or without dental insurance, and said that too few dentists in the area accept Medicaid.

V. ACCESS AND BARRIERS TO HEALTH CARE

RECOMMENDED SCREENINGS

The following screenings have been recommended for preventative health for adults. As described below, many in the service area are not accessing these services.

BLOOD PRESSURE

About 34,400 adults in the service area (10%) did not have a blood pressure test in the past year. This is comparable to the surrounding area.

COLONOSCOPY

Regular screenings beginning at age 50 are recommended to prevent colorectal cancer.

Three in ten adults 50 years of age and older in the service area (30%) did not have a colonoscopy in the past ten years. Screening rates in the St. Mary service area are comparable to the surrounding area.

PAP SMEAR TEST

The Healthy People 2020 goal for cervical cancer screenings is 93% of women screened according to the most recent guidelines. The St. Mary service area does not meet this goal. Approximately 95,000 women aged 18 and over in the service area (52%) did not receive a Pap test in the past year. This is higher than the rates in SEPA as a region (48%), and across Bucks County (49%).

V. ACCESS AND BARRIERS TO HEALTH CARE

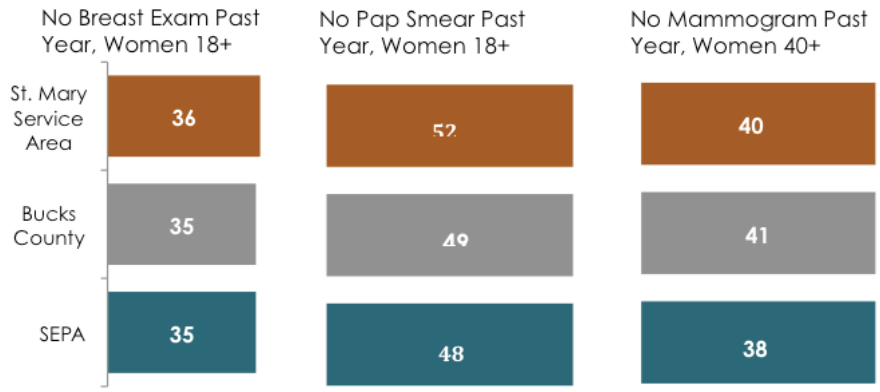
MAMMOGRAM

Clinical staff at community meetings expressed concerns about insured women not getting necessary screenings, citing both costs and confusion about the guidelines.

Within the service area, 40% of women age 40 or older did not have a mammogram in the past year. This represents 55,100 women in the St. Mary area, and is comparable to Bucks County as a whole.

The American College of Radiology (ACR) and Society of Breast Imaging (SBI) continue to recommend that women get yearly mammograms starting at age 40. The Healthy People 2020 goal for screening mammography is 81.1% of age appropriate women screened. The service area does not meet this goal. Two out of five women aged 40 and over did not have a mammogram in the past year, 40% or about 55,100. Across Bucks County, 41% of women were unscreened and throughout the SEPA region, 38% did not receive mammograms.

Figure 30. Women's Health Screenings, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

PSA OR RECTAL EXAMS FOR PROSTATE CANCER

Almost half of men aged 45 years and older in the St. Mary service area (48%) did not have a screening for prostate cancer in the past year. Across the SEPA region, 49% of men were unscreened, while in Bucks County 51% of men were unscreened.

VI. HEALTH BEHAVIORS

NUTRITION

Community meeting participants noted that while there is a large network of food pantries in the area, the need exceeds the available resources.

According to the USDA's MyPlate food guidelines, adults should eat 4-5 servings of fruits and vegetables daily.

In the St. Mary service area, 75% of adults do not reach this recommended goal. This is comparable Bucks County (76%) and SEPA as a whole (77%).

Fast foods are often high in unhealthy calories, saturated fats, sugar, and salt. About Three in ten adults in the service area (31% or about 109,200) reported eating fast food in the past week.

EXERCISE

The U.S. Department of Health and Human Services' 2008 Physical Activity Guidelines for Americans recommends that adults (ages 18-64) get 2.5 hours of moderate aerobic physical activity each week.

More than one-quarter of adults in the service area (27%) do not participate in any exercise, and more than half (52%) exercise fewer than three times each week.

- Across SEPA, 22% report not exercising.
- The percentage of adults who exercise fewer than three times each week in the service area is comparable to Bucks County as a whole, where 51% report exercising fewer than three times each week.

[5] The U.S. Departments of Agriculture, (2011). Dietary Guidelines Consumer Brochure. Retrieved online on October 23, 2012 at http://www.choosemyplate.gov/food-groups/downloads/MyPlate/DG2010Brochure.pdf

[6] U.S. Department of Health and Human Services.2008 Physical Activity Guidelines for Americans, 2008.

VI. HEALTH BEHAVIORS

TOBACCO USE

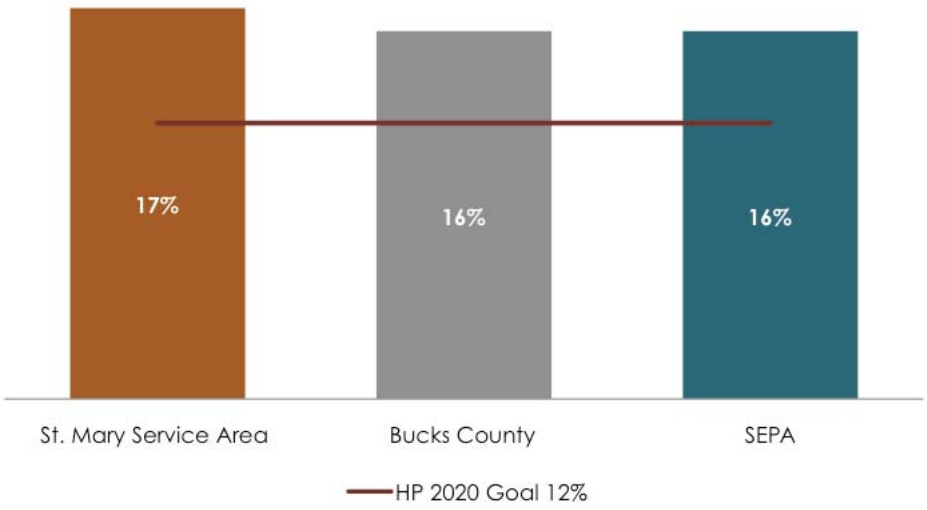
The percentage of adults who smoke in the service area **does not meet** the Healthy People 2020 goal of 12%. The percentage of smokers who have tried to quit in the past year **does not meet** the Healthy People 2020 goal of 80%.

Concerns were raised in community meetings about tobacco use among pregnant women and parents of newborns, each group is particularly motivated to quit.

In the St. Mary service area, 17% of adults smoke cigarettes. This represents approximately 52,400 adults. This is comparable to SEPA as a whole and Bucks County, each at 16%.

Within the service area, 58% of smokers have tried to quit during the past year. This is comparable to Bucks County as a whole (57%) and the SEPA region (59%), but does not meet the Healthy People 2020 goal of 80% of smokers trying to quit.

Figure 31. Adult Smokers, 2015



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

VII. EXISTING RESOURCES

The existing health and social services in the service area, and for Southeastern Pennsylvania as a whole, were inventoried for this report. Information on health and social services was obtained by internet searches and from the Yellow Pages. Health services included: acute care general hospitals; inpatient psychiatric hospitals and long-term psychiatric facilities; and rehabilitation hospitals. Skilled and intermediate care nursing facilities were not included. Health services also included community health centers and clinics, urgent care centers, and state, city, and county health department service locations. Existing social services which were inventoried included: food pantries, WIC centers, farmer's markets, and soup kitchens; community outpatient mental health and mental retardation services; senior services; social work services; homeless and domestic violence shelters; and YMCA's. These existing health care and social service resources are shown on the maps of the hospital's service area and for Philadelphia in Appendix F.

VIII. SPECIAL POPULATIONS

One of the goals of this needs assessment was to identify health needs of special populations across the St. Mary service area. This section focuses on selected health status and access to care needs of special populations in the service area.

HISPANIC/LATINO POPULATIONS

The St. Mary service area has a small but growing proportion of the population who identify as Latino/Hispanic (6%). This represents nearly 25,000 individuals in the service area. At the community meetings, including one specifically for Spanish-speaking consumers, the following issues were discussed as particular problems for this population:

- Language barriers:
  - In the service area, more than 3% of the population speaks Spanish at home, representing nearly 14,500 people.
  - Care providers do not often speak Spanish, and in-person interpretation services are not usually available.
  - Consumers who speak English, but with an accent, or who do not have a medical vocabulary in English, report being treated with impatience when speaking English to providers.
  - Literacy issues: materials are often not provided in Spanish, and some people who are fluent in Spanish are not literate in Spanish, especially older people. Medical and health related terms are hard to understand, even if materials are in Spanish.
- This community perceived a lack of providers for a variety of types of health care services:
  - Not enough adult primary care practitioners are available, particularly primary care for older adults' more complex needs.
  - Referrals to specialists or other services are difficult to get from primary providers and are not completed in a timely fashion.
  - Mental Health services have extremely long waiting times.
  - Health Education resources are lacking for the Latino community in the service area.
- Issues around cultural sensitivity, trust, and prejudicial treatment:
  - In the community meetings, consumers described confusion at being told by local providers that they could not receive services at those locations for various reasons. Consumers questioned whether the provided reasons were true, wondering if their ethnicity was the real reason.
  - Consumers also complained that in many cases, patients who came in after they did were seen first, and perceived this as a prejudicial practice aimed at Hispanic/Latino patients.
  - Bedside manner of doctors:
    - Some are offended or impatient when asked to explain or speak more slowly.
    - Some act like they know what is best and don't consider the patient's stated wishes or needs.

- Some people in the Latino community have undocumented legal status, which adds challenges:
    - Undocumented immigrants cannot get health insurance;
    - Even though some do not have insurance, social service providers said that some regard financial assistance with medical care as a 'handout" that they don't want to take; and
    - Some are afraid to get involved in the system.

FAMILY PLANNING AND MATERNAL HEALTH

Maternal health was raised as a concern in the community meetings, specifically around family planning and prenatal care.

- Family planning:
    - Community meeting attendees reported that there are not enough family planning services in the service area for women who would like to prevent pregnancy, especially for young women.
    - The birth rate for young women age 15-17 is slightly higher in the St. Mary service area (4.6 per 1,000 young women) than Bucks County overall (4.0 per 1,000), and this trend is the case for all ethnicities.
- Compared to women in all of Bucks County, slightly more women in the service area have late or no prenatal care, with more than one in four (27%) not receiving timely care.
    - At the community meeting for Spanish-speaking consumers, women reported being turned away from providers without even an examination because of the perceived risk of the pregnancy.
    - According to one consumer, women with "high risk" pregnancies have trouble finding prenatal care providers, and are told to go to Philadelphia or Abington, which is difficult to do logistically
        - Women with diabetes who become pregnant are sent to even more hard-to-reach specialists.

VIII. SPECIAL POPULATIONS

LOW AND MODERATE INCOME POPULATIONS

The St. Mary service area, comprised mainly of Bucks County communities, appears to be wealthy when compared to other parts of SEPA.

However, the high median income (nearly $77,500) and low poverty rates belie some of the economic need that is present in this service area. Nearly one in fifteen (7%) households with children in the service area is living in poverty, as are 4% of households without children.

The community meeting participants emphasized the challenges that low income populations in this area face when accessing health care and other health-impacting resources. In addition, they discussed some of the ways that families with moderate incomes are struggling to pay their bills and access health care due to high housing costs, medical bills, and other expenses, while still having too much income to qualify for aid programs. As one meeting attendee stated, "the economy is still in crisis for our working class families."

Consumers and social service providers alike report that it is very challenging to find primary care providers who accept Medicaid and many of the affordable insurance plans available through healthcare.gov.

- Although more adults in this area were more likely to have a regular source of care than other SEPA adults, one in ten (10%) still did not have a source of care, and one in seven (15%) did not see a health care provider in the past year.

Sometimes a physician will take insurance but the hospital they have admitting privileges at does not take that insurance. The need to get lab work done separately from a doctor's visit is also very logistically challenging, especially for low income populations. Some individuals end up using the emergency department because the primary care providers do not have space in their schedule for urgent care appointments—particularly the few that take all insurance providers.

Transportation to health care providers is a huge issue in the service area, according to the community meeting attendees.

- Services are difficult to reach in the evening or on the weekend because of bus schedules, including to the St. Mary campus.
- For those with insurance-related challenges finding providers, transportation outside the area to the provider who will take the insurance is an additional barrier.
- Specialist referrals are often in Philadelphia, which can be a very long, multi-stage trip on public transportation.

VIII. SPECIAL POPULATIONS

Homelessness or unstable housing makes medical outcomes worse for individuals with chronic conditions.

- Lower and moderate income families often experience unstable housing due to the cost of housing in the area.
- Community meeting attendees reported that overcrowded, multigenerational or extended family housing is common, and reported that overcrowded housing is linked to mental, behavioral, and/or physical health challenges in all generations of residents.

Stress: Medical staff note that they see more families where adults work 2 or 3 jobs each to support the family, and perceive that this is linked to a set of family issues:

- According to the social service providers, stress-related depression is often an underlying issue in the lower income population, that places them at increased risk for substance abuse, suicide, and more subtle behavior health issues that affect their relationships with people and their physical health.
    - Abusive relationships with children and other adults in the household.
    - Parents neglecting their own routine health care.

Lack of access to exercise for both adults and children. In fact, Household Health Survey data indicates that both adults and children in the service area were less likely than peers in other areas of SEPA to meet physical activity guidelines. More than one in four (27%) adults did not exercise at all in the past month and a majority (52%) did not exercise three or more times per week. One in five (20%) children had not exercised 3 times per week.

Dental health: Although the frequency of adult dental visits was similar in the service area to other areas in SEPA, lack of affordable dental care is a serious issue across lower income populations in the service area. About one in three (32%) adults did not visit a dentist in the past year.

- Health care providers reported that before they are able to treat their patients for their serious health conditions, such as cancer, or heart disease, they often need to refer their lower income patients to have serious and neglected dental issues resolved.
- Pregnant women also often have health-threatening dental problems.
- According to social service providers, lower and moderate income adults who lose their teeth frequently have serious issues with nutrition, which can become part of a vicious cycle of chronic health issues.

VIII. SPECIAL POPULATIONS

OLDER ADULTS

As in Bucks County overall, the older adult population in the St. Mary service area has grown and is expected to continue to grow. Currently, 17% of the population in the service area is age 65 or older, and this is expected to increase to 20% by 2020. Nearly 77,000 older adults currently live in the service area.

Older adults generally have increased needs for medical care and other social services due to the effects of advancing age. However, in this service area, the community meeting attendees discussed how older adult needs in these communities were particularly challenging and faced particular barriers.

According to the community meetings, many older adults would prefer to remain in their own homes and rely on family caregivers, but this is often challenging

- More than other areas in SEPA, older adults wanted to stay in their homes. More than four in five older adults (82%) reported a desire to stay in their home for more than 5 years, with most (62%) planning to stay ten or more years.
- However, more than one in four (26%) had experienced a fall in the past year, one in four (24%) needed assistance with instrumental activities of daily living (like shopping, managing medications, or cleaning), and one in eight (12%) needed assistance with more basic activities of daily living such as bathing or walking.
- If outside home health care is needed, community meeting attendees raised concerns that these services can be expensive yet be poor in quality at the same time.
- It can also be difficult to obtain medical equipment needed to allow older adults to function at home.
- Older adults living at home can become isolated, which can lead to depression. One in ten (10%) of the older adults in the service area had signs of depression in the Household Health Survey.

IX. UNMET NEEDS

The unmet health care needs for the St. Mary service area were identified and prioritized 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. The current needs assessment, conducted by Public Health Management Corporation, builds upon previously identified unmet health needs using more recent data to review the following health needs and priorities:

- Access to care;
- Homelessness;
- Obesity (childhood and adult);
- Diabetes (adults);
- Behavioral health

Data Sources for Unmet Needs

Southeastern Pennsylvania Household Health Survey
Pennsylvania Vital Statistics
Feedback from Community Meetings held within the service area

In addition, for Household Health Survey variables, statistical tests of significance were conducted to help to identify and prioritize unmet needs.

Lastly, input from the community meeting participants was also used to further identify and prioritize unmet needs, local problems with access to care, and populations with special health care needs.

The following are the major findings of this assessment.

In the St. Mary service area the overwhelming majority of adults (89%) are in excellent, very good, or good physical health. However, 11% (1 in 9) are in fair or poor health.

However, about one-quarter of older adults in the service area (26,800) has at least one limitation in the Instrumental Activities of Daily Living (IADLs). Community meeting participants mentioned that falls were a serious problem for older adults in the service area.

IX. UNMET NEEDS

More than one in five adults in the St. Mary service area (22%, or 101,300 adults) have been diagnosed with high blood pressure. Cancer is the leading cause of death in the service area (171.9 per 100,000; representing 958 deaths annually).

The rate of death from all cancers (171.9)is higher than the surrounding Bucks County area (169.7 per 100,000), and the Healthy People 2020 goal of 161.4 or fewer, suggesting that access to care for preventative screenings is an issue.

Being overweight or obese can be correlated with heart disease, cancer, high blood pressure, diabetes, and asthma. Nearly three in ten service area adults age 20 and over (28%) are obese, and 33% are overweight (217,700). About 9,700 children in the service area (16%) are classified as obese, and 18% are overweight. Community meeting attendees listed obesity as one of the leading health issues in the service area.

Mental health is an important factor in one's overall well-being. In the St. Mary service area, approximately 56,800 adults (16%) have been diagnosed with a mental health condition. While this is comparable to Bucks County as a whole, this represents a substantial number of people with a serious mental health condition. Furthermore, community meeting attendees listed depression as one of the leading health issues in the service area, and listed concerns about suicide and self-harm among teens. The suicide rate in the St. Mary service area (12.3 per 100,000) is higher than SEPA as a whole (10.9), and does not meet the Healthy People 2020 goal of 10.2 or fewer.

Having health insurance and a regular place to go when sick are important to ensuring continuity of care over time. The service area does not meet the Healthy People 2020 goals of 100% coverage.

While the overwhelming majority of adults (95%) in the service area have health insurance coverage, a sizable percentage of adults aged 18-64 do not have any private or public health insurance; 5% of adults aged 18-64 in the service area are uninsured, representing 13,700 uninsured adults. A total of 39,500 adults (11%) do not have prescription coverage. Community meeting attendees noted that the cost of co-pays and deductibles makes accessing healthcare difficult for middle-income residents.

For most of the SEPA Household Health Survey indicators, the findings for the service area were statistically better or the same as the region as a whole. Two indicators, however, were statistically worse than the region as a whole and could be prioritized for improvement. These areas are:

- Percentage of adults (18+) ever diagnosed with asthma
- Percentage of adults (18+) who exercise regularly

IX. UNMET NEEDS

Analysis of the quantitative and qualitative data collected shows that the unmet health care needs of the residents of this service area include the following prioritized needs:

- Access to primary regular health care for adults and children.
- Access to routine cancer screenings for adults, in particular, access to women's health screenings should be improved.
- Access to quality mental health care for adults and children, particularly those individuals living in or near poverty, and who are uninsured or underinsured.

Priority unmet needs in this area also include increased educational programs to address:

- Heart/ blood vessel disease, and cancer management for all residents, with a special focus on older adults;
- Access to low cost health insurance; and
- Nutrition and physical activity, particularly for children.

Many of these unmet needs are already being addressed in the service area by the hospital, other health care providers, government, and local non-profits. Some of the unmet needs highlighted in this section are not within the hospital's mission. This list should be used to assist the hospital in addressing needs in their Community Health Implementation Plan.

APPENDIX A: PHMC'S COMMUNITY AND POPULATION ASSESSMENTS

APPENDIX A: PHMC'S COMMUNITY AND POPULATION ASSESSMENTS

A list of community and population assessments PHMC has completed includes:

- 28 Community Health Needs Assessments for DVHC Member Hospitals, 2012
- Berks County Community Health Needs Assessment, 2012
- Philadelphia Health Care Trust Needs Assessment, 2011
- School District of Philadelphia Head Start Needs Assessment, 2010
- Jewish Federation of Greater Philadelphia Older Adult Needs Assessment, 2010
- Main Line Area Older Adults Needs Assessment, 2010
- William Penn Foundation Youth Development Initiative Population Studies, 2006, 2008, 2010
- National Nursing Centers Consortium Northeast Philadelphia Needs Assessment, 2009
- Latino Youth Needs Assessment, 2009
- National Children's Study Montgomery County Vanguard Center Needs Assessment, 2008
- Planned Parenthood of Bucks County LGBTQ Needs Assessment, 2007
- Project HOME North Philadelphia Needs Assessment, 2006
- Children's Hospital of Philadelphia Early Head Start Needs Assessment, 2003 and 2006
- Philadelphia Corporation for Aging Older Adults Needs Assessment, 2004
- North Penn (Montco) Community Health Special Populations Needs Assessment, 2003
- North Penn (Montco) Community Health Needs Assessment, 2002
- Brandywine Health Foundation Community Needs Assessment, 2002
- Philadelphia Chinatown Health Needs Assessment, 2001
- Philadelphia Latino Community Health Needs Assessment, 2001
- Burlington County, NJ Homeless Veterans Needs Assessment, 2001
- Phoenixville Community Health Foundation Special Populations Needs Assessment, 2000
- American Red Cross (SEPA Chapter) Needs and Impact Assessments, 1999
- Berwick, Pennsylvania Community Health Needs Assessment, 1999
- East Parkside Needs Assessment, 1999
- Phoenixville Community Health Foundation Needs Assessment, 1999
- City of Philadelphia Office of Housing and Community Development Elderly Housing Needs Assessment, 1997
- Presbyterian Foundation Assisted Living Assessment of West Philadelphia, 1997
- Five County (NJ) Elderly Health Needs Assessment, 1997
- Suburban Camden County Health Needs Assessment, 1997
- Bucks County Community Health Needs Assessment - Quantitative Analysis, 1994; Update, 1997
- Cumberland, Gloucester, and Salem Counties Health Needs Assessments, 1996
- Presbyterian Foundation Assisted Living Assessment of South and North Philadelphia, 1996
- Montgomery County Health Department Maternal and Child Health Needs Assessment - quantitative data analysis, 1996
- Haddington Area Needs Assessment, 1996
- Partnership for Community Health in the Lehigh Valley - implementation phase, 1996
- Delaware Valley Health Care Council Regional Health Profile, 1996
- City of Camden Needs Assessment, 1996
- Paoli Memorial Hospital Needs Assessment, 1994

APPENDIX A: PHMC'S COMMUNITY AND POPULATION ASSESSMENTS

- Northeast Philadelphia Partnership for a Healthier Community - qualitative data analysis, 1994
- Misericordia Hospital Community Health Needs Assessment , 1993
- Crozer-Keystone Health System, Delaware County Needs Assessment - quantitative data analysis, 1993
- Chester County Title V Maternal and Child Health Needs Assessment , 1993
- Chester County Maternal and Child Health Consortium Needs Assessment, 1993
- Bucks County Title V Maternal and Child Health Needs Assessment , 1993

APPENDIX B: U.S. CENSUS TABLES

KEY

Trends over time are shown as a brown line at the end of the table.

APPENDIX B: U.S. CENSUS TABLES

St. Mary Service Area

Table 1. Socio-Demographic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	446,942	445,513	445,266	-0.4%
Age				
0-17	95,988 21.5%	91,478 20.5%	86,110 19.3%	
18-44	141,694 31.7%	141,378 31.7%	141,482 31.8%	
45-65	137,103 30.7%	135,892 30.5%	129,595 29.1%	
65+	72,157 16.1%	76,765 17.2%	88,079 19.8%	
Gender				
Male	218,155 48.8%	217,554 48.8%	217,537 48.9%	
Female	228,787 51.2%	227,959 51.2%	227,729 51.1%	
Race/Ethnicity*				
White	374,026 83.7%	368,565 82.7%	358,907 80.6%	
Black	19,576 4.4%	21,124 4.7%	22,979 5.2%	
Asian	21,213 4.7%	22,515 5.1%	25,703 5.8%	
Other	8,177 1.8%	8,467 1.9%	9,410 2.1%	
Latino	23,950 5.4%	24,842 5.6%	28,267 6.3%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

St. Mary Service Area

Table 2. Economic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	446,942	445,513	445,266	-0.4%
Income				
Median Household Income	$74,496	$77,466	$81,224	
Education				
Less than HS	21,619 6.9%	21,434 6.9%	21,647 6.8%	
HS Graduate	186,551 59.7%	186,047 58.9%	188,360 59.0%	
College or More	104,301 33.4%	108,277 34.3%	109,051 34.2%	
Employment				
Employed	230,622 91.6%	228,161 91.6%	230,809 91.5%	
Unemployed	21,261 8.4%	21,053 8.4%	21,341 8.5%	
Poverty Status				
Families living in poverty WITHOUT children	4,777 4.0%	5,068 4.2%	5,137 4.2%	
Families living in poverty WITH children	3,443 6.6%	3,418 6.5%	3,457 6.5%	
Housing Unit Type				
Renter-occupied	42,339 25.0%	42,290 24.9%	42,548 24.9%	
Owner-occupied	126,924 75.0%	127,298 75.1%	128,114 75.1%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

St. Mary Service Area

Table 3. Language Spoken at Home, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	446,942	445,513	445,266	-0.4%
Language Spoken at Home				
English	372,260 88.1%	368,278 87.1%	368,525 87.1%	
Spanish	12,872 3.0%	14,441 3.4%	14,384 3.4%	
Asian Language	8,703 2.1%	8,259 2.0%	8,173 1.9%	
Other Language	28,793 6.8%	31,890 7.5%	31,811 7.5%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

Bucks County

Table 1. Socio-Demographic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	628,487	627,549	630,991	0.4%
Age				
0-17	139,737 22.2%	132,887 21.2%	124,713 19.8%	
18-44	194,860 31.0%	194,408 31.0%	195,984 31.1%	
45-65	195,228 31.1%	194,969 31.1%	188,680 29.9%	
65+	98,662 15.7%	105,285 16.8%	121,614 19.3%	
Gender				
Male	308,124 49.0%	307,761 49.0%	309,507 49.1%	
Female	320,363 51.0%	319,788 51.0%	321,484 50.9%	
Race/Ethnicity*				
White	539,721 85.9%	533,412 85.0%	523,857 83.0%	
Black	21,850 3.5%	23,645 3.8%	26,010 4.1%	
Asian	26,281 4.2%	28,188 4.5%	32,795 5.2%	
Other	10,779 1.7%	11,221 1.8%	12,631 2.0%	
Latino	29,856 4.8%	31,083 5.0%	35,698 5.7%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

Bucks County

Table 2. Economic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	628,487	627,549	630,991	0.4%
Income				
Median Household Income	$73,244	$76,011	$80,013	
Education				
Less than HS	29,714 6.8%	29,443 6.8%	29,872 6.7%	
HS Graduate	254,329 58.3%	253,037 57.4%	257,613 57.5%	
College or More	152,293 34.9%	158,315 35.9%	160,643 35.8%	
Employment				
Employed	325,028 91.9%	322,054 91.9%	328,872 91.9%	
Unemployed	28,668 8.1%	28,362 8.1%	28,959 8.1%	
Poverty Status				
Families living in poverty WITHOUT children	6,228 3.7%	6,756 4.0%	6,857 4.0%	
Families living in poverty WITH children	4,525 6.0%	4,681 6.1%	4,726 6.1%	
Housing Unit Type				
Renter-occupied	54,412 23.0%	54,329 22.9%	54,820 22.8%	
Owner-occupied	182,566 77.0%	183,272 77.1%	185,321 77.2%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

Bucks County

Table 3. Language Spoken at Home, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	628,487	627,549	630,991	0.4%
Language Spoken at Home				
English	530,902 89.4%	527,108 88.5%	530,576 88.6%	
Spanish	16,624 2.8%	17,784 3.0%	17,805 3.0%	
Asian Language	11,578 1.9%	10,827 1.8%	10,796 1.8%	
Other Language	34,809 5.9%	39,669 6.7%	39,765 6.6%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

SEPA

Table 1. Socio-Demographic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	4,055,414	4,085,892	4,155,027	2.5%
Age				
0-17	921,995 22.7%	912,553 22.3%	905,435 21.8%	
18-44	1,459,355 36.0%	1,466,580 35.9%	1,467,792 35.3%	
45-65	1,095,631 27.0%	1,100,328 26.9%	1,081,639 26.0%	
65+	578,433 14.3%	606,431 14.8%	700,161 16.9%	
Gender				
Male	1,952,081 48.1%	1,968,505 48.2%	2,006,783 48.3%	
Female	2,103,333 51.9%	2,117,387 51.8%	2,148,244 51.7%	
Race/Ethnicity*				
White	2,516,792 62.1%	2,522,832 61.7%	2,491,661 60.0%	
Black	887,701 21.9%	883,437 21.6%	892,616 21.5%	
Asian	236,279 5.8%	245,564 6.0%	276,714 6.7%	
Other	85,668 2.1%	89,556 2.2%	99,961 2.4%	
Latino	328,974 8.1%	344,503 8.4%	394,075 9.5%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

SEPA

Table 2. Economic Indicators, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	4,055,414	4,085,892	4,155,027	2.5%
Income				
Median Household Income	$58,640	$60,593	$64,164	
Education				
Less than HS	328,304 12.1%	313,807 12.1%	324,596 11.4%	
HS Graduate	1,460,282 53.8%	1,481,278 53.7%	1,528,644 53.8%	
College or More	923,668 34.1%	964,698 35.0%	989,974 34.8%	
Employment				
Employed	1,892,813 90.1%	1,887,350 89.4%	1,931,682 89.4%	
Unemployed	207,607 9.9%	223,853 10.6%	228,765 10.6%	
Poverty Status				
Families living in poverty WITHOUT children	100,280 10.0%	107,242 10.6%	109,240 10.7%	
Families living in poverty WITH children	74,730 15.3%	79,104 16.4%	80,512 16.4%	
Housing Unit Type				
Renter-occupied	525,424 33.8%	531,087 33.9%	543,310 34.0%	
Owner-occupied	1,028,653 66.2%	1,037,570 66.1%	1,055,837 66.0%	

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX B: U.S. CENSUS TABLES

SEPA

Table 3. Language Spoken at Home, U.S. Census

	2013 N %	2015 N %	2020 N %	Trend %
Total Population	4,055,414	4,085,892	4,155,027	2.5%
Language Spoken at Home				
English	3,230,195 84.9%	3,237,025 84.3%	3,299,197 84.4%	———
Spanish	220,237 5.8%	229,436 6.0%	233,098 6.0%	———
Asian Language	131,283 3.5%	138,267 3.6%	139,938 3.6%	———
Other Language	221,918 5.8%	233,526 6.1%	236,863 6.1%	———

Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census

APPENDIX C: VITAL STATISTICS TABLES

KEY

Blue shading indicates HP2020 Goal has not been met.
Bar graphs in right column show differences between areas.

APPENDIX C: VITAL STATISTICS TABLES

Table 1. Average Annualized Fertility Rates for Women 15-44 Years by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

	St. Mary Rate per 1,000 Number	Bucks County Rate per 1,000 Number	SEPA Rate per 1,000 Number
All Women 15-44	49.8 4,025	50.5 5,662	59.9 49,720
Race/Ethnicity*			
White	46.5 3,161	47.9 4,641	50.0 25,570
Black	55.1 261	54.1 281	69.9 14,412
Asian	63.2 281	61.2 339	58.7 3,380
Other	71.2 263	72.7 328	87.6 4,848
Latina	70.5 346	72.1 432	84.7 6,106
Non-Latina	47.9 3,633	48.8 5,179	56.3 42,708

Notes:

The fertility rate is calculated per 1,000 women 15-44 years of age.

White, Black, Asian and Other races include Latinas.

***Unknown race and ethnicity appear only for the total.**

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 2. Average Annualized Fertility Rates for Women 15-17 Years by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

	St. Mary Rate per 1,000 Number	Bucks County Rate per 1,000 Number	SEPA Rate per 1,000 Number	
All Women 15-17	4.6 43	4.0 54	15.7 1,299	
Race/Ethnicity*				
White	3.4 26	3.1 36	4.3 209	
Black	15.5 9	14.3 9	33.1 769	
Asian	1.3 1	1.0 1	4.3 18	
Other	12.8 6	11.6 7	38.5 244	
Latina	15.2 8	14.7 10	40.6 309	
Non-Latina	3.9 34	3.4 43	12.7 951	

Notes:

The fertility rate is calculated per 1,000 women 15-17 years of age.
White, Black, Asian and Other races include Latinas.
***Unknown race and ethnicity appear only for the total**
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 3. Average Annualized Low Birth Rates by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

		St. Mary Rate per 1,000 Number	Bucks County Rate per 1,000 Number	SEPA Rate per 1,000 Number	
All Live Births		80.7 326	77.9 443	90.6 4,525	
Race/Ethnicity*					
	White	76.2 242	74.5 347	67.6 1,736	
	Black	104.9 28	106.4 30	133.0 1,926	
	Asian	104.0 29	97.3 33	79.5 269	
	Other	80.6 21	78.2 26	89.3 435	
	Latino/a	69.8 24	65.7 29	85.1 522	
	Non-Latino/a	80.7 294	78.0 406	90.0 3,860	

Notes:

Low birth weight is defined as an infant weighing less than 2500 grams (5.5 lbs.) at birth. The low birth weight rate is calculated per 1,000 live births.
White, Black, Asian and Other races include Latino/as.
***Unknown race and ethnicity appear only for the total.**
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 4. Average Annualized Percentage of Infants Born Prematurely by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

	St. Mary Percentage Number	Bucks County Percentage Number	SEPA Percentage Number	
All Live Births	9.4 379	9.3 523	10.2 5,058	
Race/Ethnicity*				
White	9.3 294	9.1 424	8.6 2,192	
Black	11.4 30	11.4 32	13.6 1,955	
Asian	8.9 25	9.0 31	7.7 258	
Other	8.5 22	8.3 27	9.8 476	
Latino/a	8.1 28	7.8 34	9.7 591	
Non-Latino/a	9.5 344	9.3 481	10.2 4,325	

Notes:

Prematurity is defined as the birth of an infant before 37 weeks gestation. The percentage of infants born prematurely is calculated as a percentage of all live births that have birth certificate data on gestational age.

White, Black, Asian and Other races include Latino/as.

***Unknown race and ethnicity appear only for the total.**

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 5. Average Annualized Percentage of Women Receiving Late or No Pre-natal Care by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

		St. Mary Percentage Number	Bucks County Percentage Number	SEPA Percentage Number	
All Live Births		26.6 1,048	24.3 1,350	35.8 17,051	
Race/Ethnicity*					
	White	23.2 722	21.3 973	24.1 6,045	
	Black	48.2 123	47.4 129	51.7 6,905	
	Asian	24.8 68	23.3 78	33.0 1,073	
	Other	44.2 112	45.0 142	51.3 2,373	
	Latina	42.1 141	42.2 176	49.3 2,875	
	Non-Latina	24.9 888	22.6 1,152	33.5 13,756	

Notes:

The percentage of women receiving late or no pre-natal care is calculated as the percentage of all live births that have birth certificate data on receipt of prenatal care.

Late prenatal care is defined as not having a recorded prental care visit in the 1st or 2nd trimesters, or none at all.

White, Black, Asian, and Other races include Latina/os.

***Unknown race and ethnicity only appear for the total.**

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 6. Average Annualized Infant Mortality Rate by Race and Ethnicity, 2009-2012, in St. Mary Medical Center Service Area

	St. Mary Rate per 1000 Number	Bucks County Rate per 1000 Number	SEPA Rate per 1000 Number	
All Live Births	6.2 25	5.8 33	7.3 365	
Race/Ethnicity*				
White	6.2 20	5.8 27	5.4 139	
Black	10.5 3	11.5 3	13.4 194	
Asian	1.8 1	2.2 1	3.6 12	
Other	7.6 2	6.1 2	4.0 20	
Latino/a	8.6 3	6.9 3	5.7 35	
Non-Latino/a	5.9 22	5.7 30	7.5 322	

Notes:

Infant mortality is defined as the death of an infant within the first year of birth and is calculated per 1,000 live infant births.
White, Black, Asian and Other races include Latino/as.
***Unknown race and ethnicity is included only in the total.**
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 7. Age-Adjusted Annualized Mortality Rates for Selected Causes of Death, 2009-2012, in St Mary Hospitals' Service Areas

	Healthy People 2020 Goal Rate per 100,000	St Mary Hospital Rate per 100,000 Avg. Number	Bucks Rate per 100,000 Avg. Number	SEPA Rate per 100,000 Avg. Number
All Causes of Death		692.8 3,891	685.9 5,232	756.38 34,900
All Cancers	161.4	171.9 958	168.9 1,288	183.9 8,325
Female Breast Cancer	20.7	24.5 78	25.3 109	25.6 664
Lung Cancer	45.5	45.8 253	43.3 328	49.0 2,193
Colorectal Cancer	14.5	14.5 81	14.6 112	16.6 758
Prostate Cancer	21.8	17.6 38	17.9 53	24.3 421
Female Genital		15.2 47	15.5 65	17.7 452
Coronary Heart Disease	103.4	85.4 496	82.6 648	119.7 5,657
Stroke	34.8	34.0 197	37.2 290	40.3 1,917
HIV/AIDS	3.3	0.4 2	0.5 4	3.6 152
Homicide	-	1.2 5	1.2 8	9.4 374
Suicide	10.2	12.3 58	12.8 84	10.9 458
All Accidents	-	35.3 168	36.0 236	37.0 1,576
Motor Vehicle Accidents	-	7.2 33	8.1 51	6.0 248
Accidental Drug/Alcohol Poisoning	-	2.9 13	3.2 19	3.6 1,576
Diabetes	66.6*	15.0 84	15.7 121	17.4 796

Highlighted cells do not meet HP2020 Goal.

Note:

Mortality rates are calculated per 100,000 population.

Denominators to calculate age-adjusted rates to the Standard 2000 population derive from 2010 Census ZCTA data broken down into 19 age groups.

Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.

*Methodology Notes:

Diabetes-related mortality data are derived from the multiple-cause-of-death files. Data include all mentions of diabetes on the death certificate, whether as an underlying or a multiple cause of death. Diabetes is approximately three times as likely to be listed as multiple cause of death than To more closely approximate whether the HP goal of 66.6 is being reached, one can multiply the rate we are providing by 4.

APPENDIX C: VITAL STATISTICS TABLES

Table 8. Currently Living with HIV/AIDS by County, 2014

	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County	Pennsylvania	
	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	
Currently Living with HIV, including AIDS	6.5 122	5.6 85	15.8 265	6.4 155	45.7 2,106	11.3 4,320	

Note:

*Rates calculated by PHMC using HIV prevalence estimates provided by the Pennsylvania Department of Health divided by

Source: Pennsylvania Department of Health, HIV/AIDS Investigations-Bureau of Epidemiology and American Community Survey.

APPENDIX C: VITAL STATISTICS TABLES

Table 9. Communicable Disease Rates by Pennsylvania County, 2013 and 2014

	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County	Pennsylvania	
	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	Rate per 100,000 Number	
Hepatitis B, Chronic	13.2 248	8.2 124	34.7 583	21.3 513	30.8 1,422	14.0 5,361	
Tuberculosis	1.6 30	1.6 24	3.2 53	2.3 55	6.1 283	1.9 732	
Lyme Disease	74.5 1,300	134.0 2,022	19.1 320	43.6 1,062	9.4 435	37.2 14,200	
Pertussis	15.8 297	14.3 216	19.2 323	18.0 434	8.6 396	9.6 3,666	
Chickenpox	10.0 187	7.0 106	3.1 52	7.3 175	13.9 641	8.3 3,157	
Chlamydia*	163.0 3,063	183.4 2,766	457.9 7,691	220.7 5,324	1316.7 60,702	406.7 155,395	
Gonorrhea*	23.4 440	41.0 619	114.6 1,924	40.9 986	446.6 20,587	110.0 42,043	
Syphilis, Primary and Secondary*	2.0 37	0.9 14	2.4 41	2.1 50	15.5 714	3.2 1,236	

Note:
Communicable disease rates are calculated per 100,000 population
***Indicates that data are from 2013**
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, EpiQMS

APPENDIX C: VITAL STATISTICS TABLES

Table 10. Cancer Incidence Rates, 2008-2012, in St. Mary Medical Center Service Area

	St. Mary Rate per 100,000 Avg. Number	Bucks County Rate per 100,000 Avg. Number	SEPA Rate per 100,000 Avg. Number	
All Selected Cancer Sites	515.9 2,823	503.8 3,809	512.7 22,867	
Selected Cancer Sites				
Female Breast	135.0 395	133.4 542	132.7 3,204	
Colorectal	42.1 233	42.5 323	47.0 2,106	
Female Genital	55.9 166	56.3 230	57.8 1,419	
Prostate	141.6 374	139.7 515	151.8 3,113	
Lung, Bronchus, and Trachea	68.5 376	63.9 482	68.6 3,057	
Leukemia	12.4 64	12.6 90	12.6 550	
Melanoma of the Skin	27.0 147	27.2 204	20.9 922	
Non-Hodgkin Lymphoma	24.6 136	23.5 177	21.3 946	
Stomach	6.7 37	6.3 48	7.3 327	
Small Intestine	2.5 14	2.3 17	2.6 115	
Liver and Intrahepatic Bile Duct	7.3 42	6.7 54	9.8 458	
Pancreas	14.0 79	13.8 106	14.2 641	
Bone and Articular Cartilage	1.1 5	1.0 6	1.0 40	
Urinary Bladder	26.7 150	26.4 202	24.3 1,092	
Kidney and Renal Pelvis	17.6 97	16.7 127	17.6 783	
Brain and Other Central Nervous System	7.8 40	7.7 54	7.1 302	
Thyroid	22.4 110	20.8 143	18.5 774	
Hodgkin Lymphoma	3.7 16	3.7 22	3.3 134	
Other Cancer	64.1 343	63.1 466	64.7 2,883	

HP2020 Goal for colon cancer: 39.9 new cases per 100,000 population. Highlighted cells do not meet HP2020

Note:

Incidence rates are calculated per 100,000 population. Denominators to calculate age-adjusted rates to the Standard 2000 population derive from 2010 Census ZCTA data broken down into 19 age groups.

Sources: Pennsylvania Department of Health, Bureau of Health Statistics and Research and 2010 U.S. Census. Calculations prepared by PHMC.

APPENDIX C: VITAL STATISTICS TABLES

Table 11. Cancer Mortality Rates, 2009-2012, in Saint Mary Medical Center CHNA Area

	HP 2020 Goal	St. Mary Hospital	Bucks	SEPA
		Rate per 100,000 Avg. Number	Rate per 100,000 Avg. Number	Rate per 100,000 Avg. Number
All Selected Cancer Sites		171.9 958	169.7 1,294	185.7 8,403
Selected Sites				
Female Breast	20.7	24.5 78	25.4 109	25.6 664
Colorectal	14.5	14.8 82	15.0 115	17.1 779
Female Genital		15.2 47	15.5 65	17.7 452
Lung, Bronchus, and Trachea	45.5	45.9 253	43.4 329	49.4 2,212
Prostate Cancer	21.8	17.6 38	18.0 54	24.3 426
Leukemia		7.3 40	7.0 52	7.0 315
Melanoma of the Skin	2.4	3.4 19	3.6 27	2.9 130
Non-Hodgkin Lymphoma		7.0 40	6.8 52	6.5 293
Stomach		3.4 19	2.9 22	3.7 166
Small Intestine		0.3 2	0.3 2	.4 20
Liver and Intrahepatic Bile Duct		5.8 33	5.5 43	7.1 327
Pancreas		11.9 68	12.1 94	12.6 570
Bone and Articular Cartilage		ND ND	ND ND	0.4 17
Urinary Bladder		4.4 25	4.7 37	4.7 219
Kidney and Renal Pelvis		3.7 21	3.4 26	3.6 166
Brain and Other Central Nervous System		4.4 25	4.9 37	4.0 177
Thyroid		0.7 4	0.6 5	0.6 26
Hodgkin Lymphoma		0.6 3	0.5 3	0.4 16
Other Cancer Sites		29.2 163	29.1 222	31.4 1,430

HP 2020 goal for female breast cancer is 20.7 deaths per 100,000 women.
HP2020 Goal for colorectal cancer: 14.5 deaths per 100,000 population.
HP2020 Goal for prostate cancer: 21.8 deaths per 100,000 males.
HP2020 Goal for melanoma: 2.4 deaths per 100,000 population.
Highlighted cells do not meet HP2020 Goal.

Sources:

Pennsylvania Department of Health, Bureau of Health Statistics and Research and 2010 U.S. Census. Calculations prepared by PHMC.

Incidence rates are calculated per 100,000 population. Denominators to calculate age-adjusted rates to the Standard 2000 population derive from 2010 Census ZCTA data broken down into 11 age groups.

ND=Not Displayed. Rates are not calculated and displayed when there are less than six occurrences of the event over the course of 2008-2012.

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

KEY

Blue shading indicates HP2020 Goal has not been met.
Bars graphs in right column show differences between areas.

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 1. Health Status of Adults 18+, 2015

	Service Area N %	Bucks County N %	SEPA N %
Overall Health Status			
Excellent/Very Good/Good	305,700 86.4	461,300 87.0	2,604,600 82.3
Excellent/Very Good/Good (age adjusted)*	88.52	88.8	83.8
Fair/Poor	48,100 13.6	69,000 13.0	560,800 17.7
Healthy People 2020 Goal for Good or Better Health: 79.8%. Highlighted cells do not meet HP2020 Goal.			
Mental Health			
Diagnosed with mental health condition	56,800 16.2	82,400 15.7	551,400 17.5
Receiving treatment for mental health condition	36,700 64.7	51,700 62.8	344,100 62.6
Body Mass Index, Adults 20+			
Overweight	112,900 33.0	177,000 34.5	1,057,800 34.4
Obese	102,800 30.0	147,300 28.7	926,500 30.1
Obese (age adjusted)*	28.3	40.2	29.3
Healthy People 2020 Goal for Obesity is 30.6% of adults 20+. Highlighted cells do not meet HP2020 Goal. Overweight is defined as having a BMI of 25-29 and obese is defined as having a BMI of 30 or greater.			
Chronic Health Conditions			
Ever diagnosed with asthma	70,200 19.8	103,100 19.4	539,300 17.0
Ever diagnosed with diabetes	44,900 12.7	62,600 11.8	401,500 12.7
Ever diagnosed with high blood pressure	101,300 28.7	157,800 30.6	1,051,100 33.3
High BP (age adjusted)*	22.3	22.5	27.4
Not taking prescribed BP medication all or nearly all the time	3,400 3.9	6,400 4.7	46,300 5.2
Not taking prescribed BP medication all or nearly all the time (age adjusted)*	2.2	5.7	5.7
Healthy People 2020 Goal for adults with hypertension is 26.9% or fewer, and for adults with hypertension taking medication, 69.5% or more. Highlighted cells do not meet HP2020 goal.			

Notes:

*Age adjusted using the direct method and the 2000 U.S. standard million population.

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 2. Health Insurance and Access to Care for Adults 18+, 2015

	Service Area	Bucks County	SEPA	
	N	N	N	
	%	%	%	
Insurance Status				
Uninsured (18-64)	13700	24,600	214,200	
	4.9	6.0	8.6	
No RX insurance	39500	39,538	503,100	
	11.4	11.4	16.2	
Enrolled in Marketplace plan since 2013	20,400	29,100	198,200	
	38.0	35.0	36.3	
Healthy People 2020 Goal for health insurance is 100% of all adults. Highlighted cells do not meet HP2020 goal.				
Access to Care				
No regular source of care	33,900	54,400	400,600	
	9.6	10.3	12.7	
In the past year did not…				
Receive health care due to cost	34300	51,700	323,400	
	9.7	9.8	10.2	
Fill a prescription due to cost	47,400	69,400	419,800	
	13.4	13.1	13.3	
Healthy People 2020 Goal for adults with no regular source of care is 26.1% Highlighted cells do not meet HP2020 goal.				

Notes:

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 3. Personal Health Behaviors of Adults 18+, 2015

	Service Area	Bucks County	SEPA
	N %	N %	N %
Diet and Nutrition			
Fewer than four servings of fruits and vegetables in a typical day	257,700 75.3	391,700 75.8	2,369,100 77.1
Ate fast food in the past week	109,200 30.9	166,400 31.4	1,087,700 34.3
Cut a meal in the past year due to cost	5,600 5.4	9,300 5.5	61,500 6.6
Physical Activity			
Did not exercise in the past month	93,600 26.5	132,300 25.0	685,400 21.7
Exercised fewer than 3 days per week	183,800 52.0	271,600 51.3	1,526,800 48.4
Comfortable visiting neighborhood outdoor space during the day	286,900 82.9	420,300 81.3	2,431,800 78.2
Healthy People 2020 Goal for no leisuretime physical activity is 32.6%. Highlighted cells do not meet HP 2020 Goal.			
Cigarette Smoking			
Smokes cigarettes*	52,400 16.6	74,300 16.0	538,700 15.5
Tried to quit smoking in past year (among smokers)	30,500 58.2	42,700 57.4	316,300 58.7
Used e-cigarettes once or more in past month	26,100 7.4	39,800 7.5	217,900 6.9
Someone smokes cigarettes inside home	42,600 12.0	53,600 10.1	372,100 11.7
Healthy People 2020 Goal for cigarette smoking is 12%, Goal for smokers trying to quit is 80%, and goal for smokefree homes is 87%. Highlighted cells do not meet HP2020 Goal.			

Notes:

***Age adjusted using the direct method and the 2000 U.S. standard million population.**

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 4. Utilization of Services by Adults 18+, 2015

	Service Area	Bucks County	SEPA	
	N %	N %	N %	
Healthcare Visits				
Did not visit healthcare provider in past year	51,500 14.7	75,900 14.5	411,000 13.2	
Did not visit dentist in past year	112,700 32.1	157,600 30.0	1,012,900 32.1	
Health Screenings				
Did not ever have HIV test	212,800 62.7	330,000 65.2	1,576,200 52.2	
Did not have blood pressure test in past year	34,400 9.8	50,900 9.8	280,700 8.9	
Did not have colonoscopy in past 10 years (adults 50+)	61,200 29.5	96,100 29.6	527,400 29.6	
Did not have Pap test in past year (women 18+)	95,000 52.0	134,200 49.2	798,700 47.5	
No Pap test (age adjusted)*	12.3	12.2	13.3	
Did not have clinical breast exam in past year (women 18+)	65,800 35.9	94,700 34.6	593,200 35.2	
Did not have mammogram in past year (women 40+)	55,100 39.5	87,600 40.7	462,200 37.5	
No mammogram (age adjusted)*	23.2	24.5	19.5	
Did not have PSA or rectal exam for prostate cancer in past year (men 45+)	49,300 47.8	80,800 50.7	435,900 49.4	

Healthy People 2020 Goal for cervical cancer screenings is 93%, mammograms is 81.1%.
Highlighted cells do not meet HP 2020 Goal.

Notes:

*Age adjusted using the direct method and the 2000 U.S. standard million population

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 5. Health Status and Service Needs of Older Adults 60+, 2015

	Service Area N %	Bucks County N %	SEPA N %
Health Status			
Excellent/Very Good/Good	88,800 80.5	129,500 82.8	689,900 79.3
Fair/Poor	21,600 19.5	27,000 17.2	180,000 20.7
Fallen in past year	28,900 26.1	36,500 23.3	191,500 22.0
Activities of Daily Living			
At least one ADL limitation	13,700 12.4	17,900 11.4	105,400 12.1
At least one IADL limitation	26,800 24.3	35,000 22.4	210,400 24.1
ADL refers to Activities of Daily Living. IADL refers to Instrumental Activities of Daily Living.			
Mental Health and Social Isolation			
Signs of depression	10,200 10.0	15,700 10.8	97,400 12.1
Talks to friends or relatives less than once a week	6,900 6.3	9,000 5.8	49,000 5.7
Signs of depression is defined as having four or more depression symptoms on a ten item scale.			
Health Conditions			
Diagnosed with asthma	12,000 10.9	18,000 11.5	106,600 12.3
Diagnosed with high blood pressure	56,000 50.6	85,900 54.8	493,600 56.8
Diagnosed with diabetes	23,300 21.3	31,700 20.4	194,400 22.4
Diagnosed with arthritis (2012)	46,200 51.8	134,500 27.6	440,100 52.8
Wishes to Remain in Current Home			
Five years or less	17,400 17.9	28,800 20.3	162,500 20.4
More than five years, less than ten	19,800 20.3	26,100 18.4	124,500 15.6
Ten or more years	60,300 61.8	87,000 61.3	508,900 63.9
Home Care			
Paid for care in the home in past year	6,700 6.1	12,100 7.7	67,600 7.8
Needs meal or food programs	900 0.8	900 0.6	25,000 3.1
Needs transportation services	4,200 4.1	4,500 3.1	47,300 6.1

Notes:

*Age adjusted using the direct method and the 2000 U.S. standard million population.

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 6. Selected Child (Ages 0-17) Health Indicators, 2015

	Service Area N %	Bucks County N %	SEPA N %
Health Status			
Excellent/Very Good/Good	87,500 95.9	132,300 96.7	867,600 95.3
Fair/Poor	3,800 4.1	4,500 3.3	42,700 4.7
Diagnosed with asthma	17,000 18.6	21,600 15.8	167,500 18.4
Access to Care			
No regular source of care	2,400 2.6	4,000 2.9	31,800 3.5
Did not visit dentist in past year	11,500 12.6	19,700 14.4	161,000 17.7
Did not receive needed dental care due to cost	4,200 4.6	4,900 3.6	35,000 3.8
Body Mass Index (age 6+)			
Overweight	11,100 18.2	16,400 17.4	93,400 16.2
Obese	9,700 15.9	13,400 14.2	123,500 21.4
Overweight is calculated for children 6-17 years and is defined as scoring in the 85th-94th BMI-for-age percentile. Obese is calculated for children 6-17 years and is defined as scoring in the 95th of greater BMI-for-age percentile.			
Nutrition and Physical Activity			
Fewer than four servings of fruits and vegetables in a typical day	61,900 73.4	91,200 73.8	579,300 74.0
Exercised fewer than 3 times per week (age 3+)	16,900 20.4	23,500 19.3	140,800 18.1
Early Childhood Education			
Average number of hours/week in ECE setting (age 0-6)	15.8	14.3	13.6

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 7. Adults Diagnosed with Asthma, 2015

Age	18-44 years old	45-64 years old	65+ years old
	32,948	31,303	5,985
	27.0	20.3	7.7

Ethnictiy	White	Black	Latino	Asian	Other
	58,192	ND	5,882	4,553	1,575
	19.4	ND	38.3	27.1	39.0

Source of Care	Does not have a regular source of care	Does have a regular source of care
	6,078	64,159
	18.0	20.1

Poverty Level	Living in household *below* 150% poverty level	Living in household *above* 150% poverty level
	10,253	59,984
	28.7	18.9

Insurance Status (age 18-64)	Uninsured	Insured
	4,109	60,143
	30.0	22.9

Education Level	Did not graduate high school	High school graduate
	2,524	67,718
	16.4	20.0

Smoking Habits	Smokes cigarettes	Does not smoke cigarettes
	7,878	61,943
	15.0	20.8
	Someone smokes inside home	No smoking inside home
	11,637	58,600
	27.3	18.8

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 8. Children 0-17 Diagnosed with Asthma, 2015					
Age	0-6 years old	7-12 years old	13-17 years old		
	24,900	33,000	32,000		
	27.7%	36.7%	35.6%		
Ethnictiy	White	Black	Latino	Asian	Other
	12,500	ND	2,100	7,800	ND
	18.8%	ND	20.1%	8.5%	ND
Source of Care	Does not have a regular source of care	Does have a regular source of care			
	800	16,200			
	36.2%	18.2%			
Poverty Level	Living in household *below* 150% poverty level	Living in household *above* 150% poverty level			
	3,600	13,500			
	24.9%	17.5%			
Smoking	Someone smokes inside home	No smoking inside home			
	400	16,600			
	6.6%	19.4%			
Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey					
ND=Not displayed. N less than 30 cases.					

APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLE

Table 8. Children 0-17 Diagnosed with Asthma, 2015

Age	0-6 years old	7-12 years old	13-17 years old
	24,900	33,000	32,000
	27.7%	36.7%	35.6%

Ethnictiy	White	Black	Latino	Asian	Other
	12,500	ND	2,100	7,800	ND
	18.8%	ND	20.1%	8.5%	ND

Source of Care	Does not have a regular source of care	Does have a regular source of care
	800	16,200
	36.2%	18.2%

Poverty Level	Living in household *below* 150% poverty level	Living in household *above* 150% poverty level
	3,600	13,500
	24.9%	17.5%

Smoking	Someone smokes inside home	No smoking inside home
	400	16,600
	6.6%	19.4%

Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

ND=Not displayed. N less than 30 cases.

APPENDIX E: SIGNIFICANCE TESTING

KEY

Green = the value for this variable for the CHNA area is significantly better than for the remainder of SEPA

Red = the value for this variable for the CHNA area is

APPENDIX E: SIGNIFICANCE TESTING

Comparison of the St. Mary Medical Center Service area to Remainder of SEPA Adults (18-64)	
KEY: NS = not statistically significant, .05 = statistically significant, .01 = highly statistically significant, .001 = very highly statistically significant. Green = significantly better than remainder of SEPA, Red = significantly worse than remainder of SEPA	
Health Measure	**Significance level**
In fair or poor health	0.001
Ever diagnosed with high blood pressure	0.001
Ever diagnosed with diabetes	NS
Ever diagnosed with asthma	0.01
Overweight (age 20+) (BMI percentile = 25 - 29.9)	NS
Obese (age 20+) (BMI percentile = 30 or higher)	NS
Ever diagnosed with a mental health condition	NS
Receive treatment for a mental health condition	NS
Did not receive care in past year due to cost	NS
Did not fill prescription in past year due to cost	NS
Currently uninsured (ages 18-64)	0.001
Looked into buying insurance through healthcare.gov	0.05
Difficult to find a plan with affordable monthly premiums	NS
Difficult to find a plan with affordable copays and deductibles	NS
Does not have a regular source of healthcare	0.001
No visits to healthcare provider in past year	NS
No dental visit in past year	NS
Blood pressure not taken in past year	NS
No colonoscopy or sigmoidoscopy in past 10 years (50+)	NS
No pap test in past 3 years (female 21-65)	NS
No breast exam in past year (female)	NS
No mammogram in past 2 years (female 50-74)	NS
No prostate screening in past year (male 45+)	NS
Consumed fast food three or more times in past week	NS
Fewer than 4 servings of fruits and vegetables per day	NS
<3 days with 30 minutes of exercise/week,past month	0.05
Currently smokes cigarettes	0.05
Tried to quit smoking in past year	NS
Low social capital	0.001
Older Adults (60+)	
In fair or poor health	NS
Any ADL limitations	NS
Any IADL limitations	NS
Signs of depression (4+ symptoms in 10 point scale)	NS
Children (0-17)	
In fair or poor health	NS
Overweight (BMI percentile = 85 – 94.9)	NS
Obese (BMI percentile = 95 or higher)	0.05
Has no regular source of healthcare	NS
Fewer than 4 servings of fruits and vegetables per day	NS
<3 days with 30 minutes of exercise/week,past month	NS
Examined by dentist in the past year	0.05

APPENDIX F: RESOURCE LISTS

APPENDIX F: RESOURCE LISTS

APPENDIX F: RESOURCE LISTS

BUCKS COUNTY HOSPITALS	ADDRESS			
Aria Health Bucks County	380 N Oxford Valley Rd.	Langhorne	PA	19047
Doylestown Hospital	595 West State St	Doylestown	PA	18901
Grand View Health	700 Lawn Ave	Sellersville	PA	18960
Lower Bucks Hospital	501 Bath Road	Bristol	PA	19007
St. Luke's Hospital Quakertown Campus	1021 Park Avenue	Quakertown	PA	18951
St. Mary Medical Center	1201 Newtown-Langhorne Rd.	Langhorne	PA	19047

APPENDIX F: RESOURCE LISTS

BUCKS COUNTY HEALTH CLINICS AND OTHER HEALTHCARE PROVIDERS

(*includes mental health centers, acute care, rehabilitation centers, behavioral health centers, urgent care centers, etc.)

NAME	ADDRESS				TYPE
Aldie Counseling Center	2291 Cabot Boulevard West	Langhorne	PA	19047	Psych Rehab
American Red Cross Lower Bucks County Homeless Shelter	1909 Veteran's Highway	Levittown	PA	19056	Homeless Shelter
Ann Silverman Community Health Clinic	595 W. State Street	Doylestown	PA	18901	Community Health Center
BARC Developmental Services	4950 York Road	Holicong	PA	18928	Community Home Services
BCHIP Lower Bucks Clinic	2546B Knights Road	Bensalem	PA	19020	Community Health Center
BCHIP Children's Dental Program	700 Lawn Ave	Sellersville	PA	18960	Dental Care
Bethanna	1030 Second Street Pike	Southampton	PA	18966	Community Home Services
Bucks County Housing Group, Inc.	2324 Second Street Pike	Wrightstown	PA	18940	Community Home Services
Bucks County Mental Health Clinic	1270 New Rodgers Rd	Bristol	PA	19007	Community Home Services
Bucks County Mental Health/Developmental Programs	600 Louis Drive	Warminster	PA	18974	Community Home Services
Catholic Social Services	3400 Bristol Pike	Bensalem	PA	19020	Partial Hospitalization/Outpatient
Chandler Hall Health Services, Inc.	99 Barclay Street	Newtown	PA	18940	Partial Hospitalization
St. Mary Children's Health Center	2546 Knights Road	Bensalem	PA	19020	Community Health Center
Community Options	340 East Maple Avenue	Langhorne	PA	19047	Partial Hospitalization
Delaware Valley Children's Center	2288 Second Street Pike	Wrightown	PA	18940	Outpatient
Delta Community Supports Inc	720 Johnsville Blvd	Warminster	PA	18974	Outpatient
Bucks County Health Department Doylestown Health Office	1282 Almshouse Road	Doylestown	PA	18901	County Health Department
Emergency Health Services	911 Freedom Way	Ivyland	PA	18974	Outpatient
Family Service Association Of Bucks County	312 West Broad Street	Quakertown	PA	18951	Outpatient

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Family Service Association Of Bucks County	708 Shady Retreat Rd	Doylestown	PA	18901	Outpatient
Family Service Association Of Bucks County	4 Cornerstone Drive	Langhorne	PA	19047	Outpatient
Foundations Behavioral Health System	833 East Butler Avenue	Doylestown	PA	19801	Outpatient
Healthlink Dental Clinic	1775 Street Road	Southampton	PA	18966	Community Health Center
Ivyland Counseling Center	1210 Old York Road	Warminster	PA	18974	Outpatient
Lenape Valley Foundation	500 N West Street	Doylestown	PA	18901	Outpatient
Bucks County Health Department Levittown Office	7321 New Falls Road	Levittown	PA	19055	County Health Department
Libertae Halfway House	5245 Bensalem Boulevard	Bensalem	PA	19020	
Live Well Services Inc	203 Floral Vale Boulevard	Yardley	PA	19067	
Livengrin Foundation	4833 Hulmeville Road	Bensalem	PA	19020	
Maternal Child Consortium Inc	800 Clarmont Avenue	Bensalem	PA	19020	
Mother Bachman Maternity Center	2546 Knights Road	Bensalem	PA	19020	
New Life Of Community Health Services Inc	3103 Hulmeville Road	Bensalem	PA	19020	
New Vitae Inc	16 18 South Main Street	Quakertown	PA	18951	
NHS Bucks County	2260 Cabot Blvd W	Langhorne	PA	19047	
NHS Human Services	600 Louis Drive	Warminster	PA	18974	
No Longer Bound, Inc.	1230 Norton Ave	Bristol	PA	19007	
PAN American Mental Health Services Inc	One North Wilson Avenue	Bristol	PA	19007	
Penn Foundation Behavioral Health Services & Recovery Center	807 Lawn Avenue	Sellersville	PA	18960	
Penndel Mental Health Center Inc	1517 Durham Road	Penndel	PA	19047	
Philadelphia Mental Health Clinic	2288 Second St Pike	Newtown	PA	18940	
Project Transition	1700 Street Road	Warrington	PA	18976	

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Pyramid Healthcare Quakertown	2705 Old Bethlehem Pike	Quakertown	PA	18951	
Bucks County Health Department Quakertown Office	261 California Road	Quakertown	PA	18951	County Health Department
Reach Intensive Psychiatric Rehabilitation Program	712 Lawn Avenue	Sellersville	PA	18960	
Reach Out Foundation Of Bucks County: Dual Diagnosis	152 Monroe Street	Penndel	PA	19047	
Shared Support Inc	258 W Ashland Street	Doylestown	PA	18901	
Southern Bucks Recovery Community Center	Bristol Office Center	Bristol	PA	19007	
St. Mary Children's Health Center	2546 Knights Rd.	Bensalem	PA	19020	
The Light Program Inc	711 Hyde Park	Doylestown	PA	18901	
Today, Inc.	1990 North Woodbourne Road	Newtown	PA	18940	
Today, Inc.: Prevention Services	3103 Hulmeville Road	Bensalem	PA	19020	
BCHIP Volunteer Doctors Care Upper Bucks Clinic	261 California Road	Quakertown	PA	18951	
Wellspring Clubhouse	700 South Main Street	Sellersville	PA	18960	
Women‘S Recovery Community Center	25 Beulah Road	New Britain	PA	18901	
Woods Services Inc	RTS 213 & 413	Langhorne	PA	19047	

APPENDIX F: RESOURCE LISTS

BUCKS COUNTY COMMUNITY CENTERS AND SERVICE ORGANIZATIONS

(*includes: senior centers, family resource centers, homeless shelters, community/rec centers, YMCAs/YWCAs, etc.)

NAME	ADDRESS				TYPE
Benjamin H. Wilson Senior Center	580 Delmont Ave.	Warminster	PA	18974	Senior Center
Bensalem Senior Citizens Center	1850 Byberry Road	Bensalem	PA	19020	Senior Center
Boy Scouts of America	1 Scout Way	Doylestown	PA	18901	Youth Services
Bristol Township Senior Center	PO Box 1078	Levittown	PA	19058	Senior Center
Bucks County Children And Youth Social Services Agency	4259 West Swamp Rd	Doylestown	PA	18902	Social Service Agency
Bucks County Housing Group, Inc.	2324 Second Street Pike	Wrightstown	PA	18940	Homeless Shelter
Bucks County Homeless Shelter	7301 New Falls Road	Levittown	PA	19055	Homeless Shelter
Central Bucks Family YMCA	2500 Lower St Road	Doylestown	PA	18901	YMCA/YWCA
Central Bucks Senior Center	700 Shady Retreat Rd.	Doylestown	PA	18901	Senior Center
Child Home & Community	144 Wood Street	Doylestown	PA	18901	Social Service Agency
Eastern Upper Bucks Seniors, Inc.	8040 Easton Road	Ottsville	PA	18942	Senior Center
Falls Township Senior Center at St. Mary Children's Health Center	282 Trenton Road	Fairless Hills	PA	19030	Senior Center
Family Resource Center	2546 Knights Road	Bensalem	PA	19020	Family Center
Indian Valley Boys & Girls	115 Washington Ave	Souderton	PA	18964	Youth Services
Kelly Family Center	Canal's End Plaza	Bristol	PA	19007	Family Center
Kelly Family Center	4 Cornerstone Drive	Langhorne	PA	19047	Family Center
Lower Bucks Senior Activity Center	Wood and Mulberry Sts.	Bristol	PA	19007	Senior Center
Lower Bucks/Fairless Hills Family YMCA	601 S Oxford Valley Rd	Fairless Hills	PA	19030	YMCA/YWCA
Middletown Senior Citizens Center	2142 Trenton Rd.	Levittown	PA	19056	Senior Center
Morrisville Senior Service Center	31 E. Cleveland Ave.	Morrisville	PA	19067	Senior Center

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Morrisville YMCA Child Care	200 North Pennsylvania Avenue	Morrisville	PA	19067	YMCA/YWCA
Neshaminy Senior Citizens Center	1842 Brownsville Rd.	Trevose	PA	19053	Senior Center
North Penn Valley Boys & Girls	16 Susquehanna Ave	Lansdale	PA	19446	Youth Services
Northampton Township Senior Center	165 Township Road	Richboro	PA	18954	Senior Center
Northwestern Human Services Of Bucks County	600 Louis Drive	Warminster	PA	18974	Social Service Agency
Pennridge Senior Center	146 E. Main St.	Silverdale	PA	18962	Senior Center
The Salvation Army	215 Appletree Drive	Levittown	PA	19058	Social Service Agency
The Wellness Center	555 S. Oxford Valley Road	Fairless Hills	PA	19030	YMCA/YWCA
Tri-Hampton YMCA	190 Sycamore St	Newtown	PA	18940	YMCA/YWCA
Upper Bucks County YMCA	401 Fairview Ave	Quakertown	PA	18951	YMCA/YWCA
Upper Bucks Senior Citizens Center	2183 Milford Square Pike	Milford	PA	18337	Senior Center
Valley Youth House	800 N York Rd	Warminster	PA	18974	Homeless Shelter
YWCA Bucks Landing Family Center	120 E. Street Road	Warminster	PA	18974	Family Center
YWCA Bucks Meadow Family Center	3131 Knights Road	Bensalem	PA	19020	Family Center
YWCA Country Commons Family Center	3338 Richlieu Road	Bensalem	PA	19020	Family Center
YWCA Creekside Family Center	2500 Knights Road	Bensalem	PA	19020	Family Center
YWCA Glen Hollow Community Room	1100 Newportville Road	Croydon	PA	19021	YMCA/YWCA
YWCA Program Outreach Center	2425 Trevose Road	Trevose	PA	19053	YMCA/YWCA

APPENDIX F: RESOURCE LISTS

BUCKS COUNTY FOOD DISTRIBUTION

(*includes: Chain Supermarkets, Food Pantries, Farmers Markets/Produce Stands, etc.)

NAME	ADDRESS				TYPE
Acme	28 West Rd	Newtown	PA	18940	Chain Supermarket
Acme	2301 Pasqualone Blvd	Bensalem	PA	19020	Chain Supermarket
Acme	1336 Bristol Pike	Cornwell Heights	PA	19020	Chain Supermarket
Acme	105 East Street Road	Feasterville Trevose	PA	19053	Chain Supermarket
Acme	6800 New Falls Road	Levittown	PA	19057	Chain Supermarket
Acme	545 West Trenton Ave	Morrisville	PA	19067	Chain Supermarket
Acme	480 N Main St	Doylestown	PA	18901	Chain Supermarket
Acme	2301 Pasqualone Blvd	Bensalem	PA	19020	Chain Supermarket
Acme	505 West Butler Avenue	Chalfont	PA	18914	Chain Supermarket
Acme	105 East Street Road	Feasterville Trevose	PA	19053	Chain Supermarket
Acme	6800 New Falls Road	Levittown	PA	19057	Chain Supermarket
Acme	545 West Trenton Ave	Morrisville	PA	19067	Chain Supermarket
Acme	48 West Road	Newtown	PA	18940	Chain Supermarket
Acme	808 East Street Road	Warminster	PA	18974	Chain Supermarket
Active Acres Farms	429 Stoopville Road	Newtown	PA	18940	Farmers Market/Produce Stand
Amish Bristol Market	498 Green Lane	Bristol	PA	19007	Farmers Market/Produce Stand
Bedminster Orchard	1024 Kellers Church Road	Perkasie	PA	18944	Farmers Market/Produce Stand
Bensalem Wic Clinic	St. Mary Childrens Center	Bensalem	PA	19020	WIC Center
Bjs Wholesale Club	616 N. West End Blvd.	Quakertown	PA	18951	Chain Supermarket
BJs Wholesale Club	200 Easton Road	Warrington	PA	18976	Chain Supermarket

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
BJs Wholesale Club	350 Commerce Blvd.	Fairless Hills	PA	19030	Chain Supermarket
Bolton Farm Market	1005 Main Street	Silverdale	PA	18962	Farmers Market/Produce Stand
Bottom Dollar Food	2134 Street Road	Bensalem	PA	19020	Chain Supermarket
Bottom Dollar Food	11 Bellevue Avenue	Penndel	PA	19047	Chain Supermarket
Bottom Dollar Food	371 West Broad Street	Quakertown	PA	18951	Chain Supermarket
Bottom Dollar Food	23 Bustleton Pike	Feasterville-Trevose	PA	19053	Chain Supermarket
Bristol Amish Market LLC	498 Green Lane	Bristol	PA	19007	Farmers Market/Produce Stand
Bristol Borough Community Action Group, Inc.	99 Wood Street	Bristol	PA	19007	Food Pantry
Brumbaugh's Farm	2575 County Line Road	Telford	PA	18969	Farmers Market/Produce Stand
Cares Cupboard	152 Monroe Avenue	Penndel	PA	19047	Food Pantry
Charlann Farms FS	586 Stony Hill Rd	Yardley	PA	19067	Farmers Market/Produce Stand
Coordinating Council of Health and Welfare	73 Downey Drive	Warminster	PA	18974	Food Pantry
Costco	100 Veterans Way	Warminster	PA	18974	Chain Supermarket
Country Commons Family Center Food Pantry	3338 Richlieu Rd	Bensalem	PA	19020	Food Pantry
Deep Well Farm	1400 Fennel Road	Pennsburg	PA	18073	Farmers Market/Produce Stand
Deere Acres	2165 Trumbauersville Road	Quakertown	PA	18951	Farmers Market/Produce Stand
Derstine's Food Distributor	3245 State Rd	Sellersville	PA	18960	Food Distributor
Doylestown FM	West State Street & Hamilton Avenue	Doylestown	PA	18901	Farmers Market/Produce Stand
Doylestown Food Pantry	470 Old Dublin Pike	Doylestown	PA	18901	Food Pantry
Doylestown WIC Clinic	Bucks County Health Department	Doylestown	PA	18901	WIC Center
Eastburn Farm	1085 Durham Road	Pineville	PA	18946	Farmers Market/Produce Stand
Emergency Relief Association of Lower Bucks	United Christian Church	Levittown	PA	19054	Food Pantry

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Fairless Hills Produce Center	636 Lincoln Highway	Fairless Hills	PA	19030	Farmers Market/Produce Stand
Family Service Association of Bucks County	4 Cornerstone Dr.	Langhorne	PA	19047	Food Pantry
Field Karen & Mike	97 Styer's Lane	Langhorne	PA	19047	Farmers Market/Produce Stand
Genuardi's	73 Old Dublin Pike	Doylestown	PA	18901	Chain Supermarket
Genuardi's	2890 S Eagle Rd	Newtown	PA	18940	Chain Supermarket
Genuardi's	2200 Neshaminy Blvd	Bensalem	PA	19020	Chain Supermarket
Genuardi's	168 N Flowers Mill Rd	Langhorne	PA	19047	
Genuardi's	2395 York Rd	Jamison	PA	18929	Chain Supermarket
GIANT Food Stores	200 Town Ctr	Doylestown	PA	18901	Chain Supermarket
GIANT Food Stores	4357 W Swamp Rd	Doylestown	PA	18902	Chain Supermarket
GIANT Food Stores	471 Oxford Valley Rd	Fairless Hills	PA	19030	Chain Supermarket
GIANT Food Stores	4001 New Falls Rd	Levittown	PA	19056	Chain Supermarket
GIANT Food Stores	1465 W Broad St	Quakertown	PA	18951	Chain Supermarket
GIANT Food Stores	2721 Street Rd	Bensalem	PA	19020	Chain Supermarket
GIANT Food Stores	901 S West End Blvd	Quakertown	PA	18951	Chain Supermarket
GIANT Food Stores	3 Doublewoods Rd	Langhorne	PA	19047	Chain Supermarket
GIANT Food Stores	1055 Bustleton Pike	Feasterville	PA	19053	Chain Supermarket
GIANT Food Stores	250 Doublewoods Rd	Newtown	PA	18940	Chain Supermarket
GIANT Food Stores	466 Second Street Pike	Southampton	PA	18966	Chain Supermarket
GIANT Food Stores	6542 Logan Square	New Hope	PA	18938	Chain Supermarket
GIANT Food Stores	4275 County Line Rd	Chalfont	PA	18914	Chain Supermarket
GIANT Food Stores	720 West Street Rd	Warminster	PA	18974	Chain Supermarket
GIANT Food Stores	5858 Easton Rd	Plumsteadville	PA	18949	Chain Supermarket
GIANT Food Stores	389 Easton Rd	Warrington	PA	18976	Chain Supermarket

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
GIANT Food Stores	2395 York Rd	Jamison	PA	18929	Chain Supermarket
GIANT Food Stores	1153 N 5th St	Perkasie	PA	18944	Chain Supermarket
Greater Works Food Pantry	5918 Hulmeville Road	Bensalem	PA	19020	Food Pantry
Heaven's Bounty Quakertown,PA18951	Quakertown Church of the Brethren	Quakertown	PA	18951	Food Pantry
Hellerick's Family Farm	5500 Easton Road	Doylestown	PA	2E+05	Farmers Market/Produce Stand
Indian Valley Farmers Market	Main Street and Penn Avenue	Telford	PA	18969	Farmers Market/Produce Stand
Jesus Focus Ministry	1150 Bristol Road	Southhampton	PA	18966	Food Pantry
JP Kocsis Grocery	1810 Gallows Hill Rd	Kintnersville	PA	18930	Chain Supermarket
Keystone Opportunity Center	104 Main Street	Souderton	PA	18964	Food Pantry
Langhorne FM	E Richardson Ave	Langhorne	PA	19047	Farmers Market/Produce Stand
Lapinski Farm	1003 Middle Road	Dublin	PA	18917	Farmers Market/Produce Stand
Levittown WIC Clinic	Government Services Center	Levittown	PA	19055	WIC Center
Loaves and Fishes Pantry	First United Methodist Church	Fairless Hills	PA	19030	Food Pantry
Manoff Market Gardens	3157 Comfort Road	Solebury	PA	18963	Farmers Market/Produce Stand
Mary's Cupboard	100 Levittown Parkway	Levittown	PA	19054	Food Pantry
Maximucks Farm Market	5793 Long Lane Road	Doylestown	PA	18902	Farmers Market/Produce Stand
Mccardles Holiday Farm	4316 Mechanicsville Road	Mechanicsville	PA	18934	Farmers Market/Produce Stand
Milford Square Shelter	2155 Milford Square Pike	Milford	PA	18935	Food Pantry
Milk House Farm	1118 Slack Rd	Newtown	PA	18940	Farmers Market/Produce Stand
Morrisville Presbyterian Church	771 N. Pennsylvania Avenue	Morrisville	PA	19067	Food Pantry
Myerov Family Farm	306 Elephant Rd	Perkasie	PA	18944	Farmers Market/Produce Stand
New Britain Baptist Church Food Larder	Route 202 & Tamanend Avenue	New Britain	PA	18901	Food Pantry
New Hope FM	182 W Bridge St	New Hope	PA	18938	Farmers Market/Produce Stand

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
No Longer Bound Bristol	5723 Watson & Norton Ave.	Bristol	PA	19007	Food Pantry
None Such Farm Market	4458 York Road	Buckingham	PA	18912	Farmers Market/Produce Stand
Ottsville FM	8230 EASTON RD	Ottsville	PA	18942	Farmers Market/Produce Stand
Pathmark	500 Lincoln Hwy	Fairless Hills	PA	19030	
Penn Vermont Fruit Farm	831 Rolling Hills Road	Bedminster	PA	18910	Farmers Market/Produce Stand
Penn View Farm	1433 Broad Street	Perkasie	PA	18944	Farmers Market/Produce Stand
Penndel Food Pantry	349 Durham Road	Penndel	PA	19047	Food Pantry
Pennridge	306 North 5th Street,	Perkasie	PA	18944	Food Pantry
Perkasie Farmers Market	7TH & MARKET ST	Perkasie	PA	18944	Farmers Market/Produce Stand
Playwicki Farm Farmers Market	2350 Bridgetown Pike	Feasterville	PA	19053	Farmers Market/Produce Stand
Plumsteadville Grange Farm Market	5901 Route 611, Easton Road	Plumsteadville	PA	18947	Farmers Market/Produce Stand
Produce Connection	851 New Rodgers Road	Bristol	PA	19007	Farmers Market/Produce Stand
Quakertown Farmers Market	201 Station Road	Quakertown	PA	18951	Farmers Market/Produce Stand
Quakertown Food Pantry	50 North 4th Street	Quakertown	PA	18951	Food Pantry
Quakertown WIC Clinic	Government Services Center	Quakertown	PA	18951	WIC Center
Richboro Shop N Bag	1023 2nd St Pike	Richboro	PA	18954	Chain Supermarket
Save-A-Lot	1625 Haines Rd	Levittown	PA	19055	
Save-A-Lot	1851 St Road	Bensalem	PA	19020	
ShopRite	2200 Bristol Road	Bensalem	PA	19020	
ShopRite	2200 Neshaminy Blvd	Bensalem	PA	19020	
ShopRite	547 S Oxford Valley Rd	Fairless Hills	PA	19030	
ShopRite	942 W St Road	Warminster	PA	18974	
Snipes Farm	890 West Bridge Street	Morrisville	PA	19067	Farmers Market/Produce Stand
Snipes Farm & Education Center	890 West Bridge Street	Morrisville	PA	19067	Farmers Market/Produce Stand

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Solebury Orchards	3325 Creamery Road	New Hope	PA	18938	Farmers Market/Produce Stand
Solly Brothers	707 Almshouse Rd	Ivyland	PA	18974	Farmers Market/Produce Stand
Soulfull Blessings Bristol	Second Baptist Church of Bristol	Bristol	PA	19007	Food Pantry
Styer Orchard Inc	97 Styers Lane	Langhorne	PA	19047	Farmers Market/Produce Stand
Suelke Roadstandsuelke's Roadstand	1912 Old Route 309	Sellersville	PA	18960	Farmers Market/Produce Stand
Sunflower Kings Farm	1455 Benner School Road	Trumbauersville	PA	18970	Farmers Market/Produce Stand
Sunflower King's Farm	State & Hamilton St	Doylestown	PA	18901	Farmers Market/Produce Stand
Superfresh	323 West Bridge St.	New Hope	PA	18938	Chain Supermarket
Superfresh	1601 Big Oak Rd	Yardley	PA	19067	
Superfresh	800 2nd Street	Richboro	PA	18954	Chain Supermarket
Superfresh	332 W Bridge St	New Hope	PA	18938	Chain Supermarket
Tabora Farm and Orchard	1104 Upper Stump Road	Chalfont	PA	18914	Farmers Market/Produce Stand
The Lord's Pantry	4050 Durham Road	Ottsville	PA	18942	Food Pantry
The Market at DelVal College	2100 Lower State Road	Doylestown	PA	18901	Farmers Market/Produce Stand
The Market At Styer Orchards	1121 Woodbourne Road	Langhorne	PA	19047	Farmers Market/Produce Stand
Thorpe Farmstand And Garden Center	371 Stoneybrook Road	Newtown	PA	18940	Farmers Market/Produce Stand
Tifereth Israel Food Pantry	2909 Bristol Rd.	Bensalem	PA	19020	Food Pantry
Traugers FM	335 Island Rd	Kintnersville	PA	18930	Farmers Market/Produce Stand

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS				TYPE
Warminster WIC Clinic	Bucks County Dept Of Health	Warminster	PA	18974	WIC Center
Wegman's	1405 Main St,	Warrington	PA	18976	Chain Supermarket
Wildemore Farm	977 Upper Stump Road	Chalfont	PA	18914	Farmers Market/Produce Stand
Winding Brook Farm LLC	3014 Bristol Road	Warrington	PA	18976	Farmers Market/Produce Stand
WINDY SPRINGS FARM	RT 663	Milford Square	PA	18935	Farmers Market/Produce Stand
Wrightstown FM	2203 Second St Pike	Wrightstown	PA	18940	Farmers Market/Produce Stand

APPENDIX F: RESOURCE LISTS

BUCKS COUNTY PHARMACIES

NAME	ADDRESS			
Alltown Pharmacy	1137 Bustleton Pike	Feasterville-Trevose	PA	19053
Belmont Pharmacy	3571 Hulmeville Road	Bensalem	PA	19020
Bensalem Pharmacy	2112 Street Rd	Bensalem	PA	19020
Bristol Borough Pharmacy	1020 Bristol Pike	Bristol	PA	19007
Budget Drug Store	1137 Bustleton Pike	Feasterville-Trevose	PA	19053
Burns Pharmacy	82 N Pennsylvania Ave	Morrisville	PA	19067
Cane & Able Inc	169 W Lincoln Hwy	Langhorne	PA	19047
Contract Pharmacy Service	125 Titus Ave	Warrington	PA	18976
CVS	160 S Main St	Doylestown	PA	18901
CVS	1456 Ferry Road	Doylestown	PA	18901
CVS	4361 Swamp Road	Doylestown	PA	18901
CVS	298 W Butler Ave	Chalfont	PA	18914
CVS	200 S Lincoln Ave	Newtown	PA	18940
CVS	755 Durham Rd	Newtown	PA	18940
CVS	8310 Easton Road	Ottsville	PA	18942
CVS	7 York Rd	Warminster	PA	18974
CVS	455 W Street Road	Warminster	PA	18974
CVS	2193 York Road	Jamison	PA	18929
CVS	2250 Bristol Road	Bensalem	PA	19020
CVS	3811 Neshaminy Blvd	Cornwall Heights	PA	19020

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS			
CVS	901 Bristol Pike	Croydon	PA	19021
CVS	298 E Street Rd	Feasterville	PA	19053
CVS	590 W Trenton Ave	Morrisville	PA	19067
CVS	101 Oxford Valley Rd	Woodside	PA	19067
CVS	3943 Hulmeville Road	Bensalem	PA	19020
CVS	1862 West Maple Ave	Langhorne	PA	19047
CVS	4214 Woodbourne Road	Levittown	PA	19055
CVS	302 West Bridge Street	New Hope	PA	18938
CVS	402 Route 313	Perkasie	PA	18944
CVS	1201 N. Fifth Street	Perkasie	PA	18944
CVS	1034 Second Street	Richboro	PA	18954
CVS	16 East Afton Avenue	Yardley	PA	19067
CVS	1675 Langhorne-Yardley Road	Yardley	PA	19067
Drugstore-Direct Inc	171 Rittenhouse Cir	Bristol	PA	19007
Family 1 Pharmacy	4005 Veterans Hwy	Levittown	PA	19056
Grand Plaza Pharmacy	965 Bristol Pike	Bensalem	PA	19020
Harris Pharmacy & Home Health	511 East Street	Doylestown	PA	18901
Heritage Pharmacy	1091 General Knox Rd	Washington Crossing	PA	18977
Horsham Square Pharmacy	30000 Anns Choice Way	Warminster	PA	18974
Knights Road Pharmacy	2788 Knights Road	Bensalem	PA	19020
Langhorne Pharmacy	172 N Pine St	Langhorne	PA	19047
Makefield Town Pharmacy	99 Makefield Rd	Yardley	PA	19067
Mat's Pharmacy	701 Bristol Pike	Croydon	PA	19021

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS			
Max-Well Pharmacy Services	375 W St Road	Warminster	PA	18974
Medical Plaza Pharmacy	240 Middletown Blvd	Langhorne	PA	19047
Medicine Shoppe	95 York Road	Warminster	PA	18974
Mill Street Pharmacy	416 Mill St	Bristol	PA	19907
Neshaminy Pharmacy	5417 Neshaminy Blvd	Bensalem	PA	19020
New-Care Pharmacy	711 Bustleton Pike	Feasterville-Trevose	PA	19053
Nu-Way Pharmacy	1627 Haines Rd	Levittown	PA	19055
Giant Pharmacy Department	4001 New Falls Rd	Levittown	PA	19056
Riccio Family Pharmacy	2217 Bristol Pike	Bensalem	PA	19020
Rite Aid	472 N Main St	Doylestown	PA	18901
Rite Aid	306 Town Ctr	New Britain	PA	18901
Rite Aid	1745 S Easton Rd	Doylestown	PA	18901
Rite Aid	5176 Cold Springs Creamery Rd	Doylestown	PA	18902
Rite Aid	6542 H Logan Square	New Hope	PA	18938
Rite Aid	5835 Easton Rd	Plumsteadville	PA	18949
Rite Aid	6542 H Logan Square	New Hope	PA	18938
Rite Aid	345 W Broad Street	Quakertown	PA	18951
Rite Aid	1465-15 W Broad St	Quakertown	PA	18951
Rite Aid	1080 S West End Blvd	Quakertown	PA	18951
Rite Aid	410 2nd Street Pke	Village Shires	PA	18966
Rite Aid	599 York Rd	Warminster Heights	PA	18974
Rite Aid	452 Pond St	Bristol	PA	19007
Rite Aid	244 Commerce Circle	Bristol	PA	19007

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS			
Rite Aid	600 Lincoln Highway	Fairless Hills	PA	19030
Rite Aid	1 Summit Square	Langhorne	PA	19047
Rite Aid	96 N Flowers Mill Rd	Langhorne	PA	19047
Rite Aid	1852 Brownsville Rd	Trevose	PA	19053
Rite Aid	8716 New Falls Rd	Levittown	PA	19054
Rite Aid	4537 New Falls Rd	Levittown	PA	19056
Rite Aid	833 W Trenton Ave	Morrisville	PA	19067
Rite Aid	657 Heacock Rd	Yardley	PA	19067
Rite Aid	696 Stony Hill Rd	Yardley	PA	19067
Rite Aid	6912 New Falls Road	Levittown	PA	19057
Rite Aid	1 Ice Cream Alley	Newtown	PA	18940
Rite Aid	519 Constitution Ave	Perkasie	PA	18944
Rite Aid	1465-15 W Broad St	Quakertown	PA	18951
Rite Aid	800 Bustleton Pike	Richboro	PA	18954
Rite Aid	1039 2nd St Pike	Richboro	PA	18954
Sellersville Pharmacy	218 S Main St	Sellersville	PA	18960
Street Road Pharmacy	3532 Street Rd	Bensalem	PA	19020
Transition Pharmacy	4 Neshaminy Interplex Dr	Feasterville-Trevose	PA	19053
Village Shires Pharmacy	1464 Buck Rd	Holland	PA	18966
VIP Pharmacy	516 S. Oxford Valley Rd	Fairless Hills	PA	19030
Walgreens	2319 York Road	Jamison	PA	18929
Walgreens	690 2nd Street Pike	Village Shires	PA	18966
Walgreens	10 York Road	Warminster	PA	18974

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS			
Walgreens	2435 Street Rd	Cornwall Heights	PA	19020
Walgreens	2 E Street Rd	Feasterville	PA	19053
Walgreens	8500 New Falls Rd	Levittown	PA	19054
Walgreens	5200 New Falls Rd	Levittown	PA	19056
Walgreens	1211 Oxford Valley Rd	Levittown	PA	19057
Whitman Pharmacy	4950 York Road	Doylestown	PA	18902
Village Compounding Pharmacy	1428 Easton Road	Warrington	PA	18976
Windsor Pharmacy	1508 Haines Rd	Levittown	PA	19055
Yorke Pharmacy	5524 New Falls Rd	Levittown	PA	19056
Lifestream Pharmacy	847 Easton Road	Warrington	PA	18976
Weis Pharmacy	73 Old Dublin Pike	Doylestown	PA	18901
ShopRite Pharmacy	942 W Street Rd	Warminster	PA	18974
Wegmans Pharmacy	1405 N Main Street	Warrington	PA	18976
Kmart Pharmacy	176 W St Rd	Feasterville-Trevose	PA	19053
Giant Pharmacy Department	471 S Oxford Valley Rd	Fairless Hills	PA	19030
Oxford Valley Pharmacy	403 S Oxford Valley Rd	Fairless Hills	PA	19030
Target Pharmacy	2331 E Lincoln Hwy	Langhorne	PA	19047
Target Pharmacy	401 Easton Rd	Warrington	PA	18976
Target Pharmacy	800 Rockhill Dr	Bensalem	PA	19020
Target Pharmacy	610 N West End Blvd	Quakertown	PA	18951
Acme Sav-On Pharmacy	1336 Bristol Pike	Bensalem	PA	19020
Acme Sav-On Pharmacy	2301 Pasqualone Blvd	Bensalem	PA	19020
Acme Sav-On Pharmacy	480 N Main Street	Doylestown	PA	18901

APPENDIX F: RESOURCE LISTS

NAME	ADDRESS			
Acme Sav-On Pharmacy	105 E Street	Feasterville	PA	19053
Acme Sav-On Pharmacy	505 W Butler Ave	Chalfont	PA	18914
Acme Sav-On Pharmacy	808 E Street Rd	Feasterville-Trevose	PA	19053
Walmart Pharmacy	100 E Street Rd	Warminster	PA	18974
Walmart Pharmacy	3461 Horizon Blvd	Bensalem	PA	19020