



# Mercy Fitzgerald Hospital 2013-2015 Community Health Needs Assessment

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## A MESSAGE FROM THE INTERIM PRESIDENT & CHIEF EXECUTIVE OFFICER

Guided by its mission and vision, Mercy Health System (MHS) is dedicated to strengthening the health of our communities and creating a holistic healing ministry where compassionate care and quality healthcare intersect. MHS has a long history of serving the entire community, with a special concern for the disadvantaged and most vulnerable.

In the past, Mercy Health System has employed different methods to assess and address the health needs of the communities it serves within the Philadelphia Region. This year, MHS conducted the 2013-2015 Community Health Needs Assessment for each of its hospitals by bringing together representatives from many health and human service provider agencies to complete a collaborative health assessment. The purpose was to gain a distinct understanding of the most pressing health issues affecting our communities that our hospitals could positively impact, as well as develop an implementation strategy to improve the overall health of our communities. On behalf of the Board of Directors and Executive Leadership, I am pleased to present the 2013-2015 Community Health Needs Assessment for Mercy Fitzgerald Hospital, which was completed in collaboration with other member hospitals of the Delaware Valley Healthcare Council.

As a leading provider of healthcare in the region, Mercy Health System constantly strives for clinical excellence and providing person-centered care to those we serve. The outcomes revealed in this assessment will assist MHS in its continued efforts to make a distinct impact in the lives of individuals, their families and our communities.

Sincerely,

A handwritten signature in black ink that reads "Susan Croushore". The signature is written in a cursive, flowing style.

Susan Croushore  
President & Chief Executive Officer  
Mercy Health System



## I. EXECUTIVE SUMMARY

### A. Overview of Mercy Fitzgerald Hospital

Mercy Fitzgerald Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley, founded as a ministry of the Sisters of Mercy. Mercy Health System supports the Delaware Valley with four acute care hospitals, a home health organization, several wellness and ambulatory centers, physician practices, a federal PACE program and a managed care plan.

Established in 1933, Mercy Fitzgerald Hospital, located in Darby, Pennsylvania, is a 204-bed acute care community teaching hospital serving a large number of economically fragile neighborhoods in Southeast Delaware County and West/Southwest Philadelphia. In 2014, the Hospital admitted 8,804 patients, cared for 40,202 people in the Emergency Department and saw 151,002v outpatient registrations. Mercy Fitzgerald Hospital is dedicated to being a transforming, healing presence in the community it serves while addressing the diverse health needs of individuals at every stage of life and ensuring quality care is available to every patient regardless of their socioeconomic status. This is the core of Mercy Fitzgerald Hospital's Catholic identity and mission.

Mercy Fitzgerald Hospital offers a full array of acute care services and health programs to promote the physical and spiritual well-being of its patients and community. A hospital ranked for high-quality clinical outcomes, Mercy Fitzgerald has received the following recognitions from accrediting organizations:



- Named a Top Performer on Key Quality Measures(R) by th Joint Commission
- Certified as a Primary Stroke Center by The Joint Commission



- Named A Best Hospital in the Philadelphia Metro Area by U.S. News and World Report along with Mercy Philadelphia Hospital



- Designated as a Blue Distinction Center for Cardiac Care by Independence Blue Cross
- One of six facilities in Pennsylvania to receive the Excellence in Health Care Compliance Award from the PA Department of Health in 2014



- Designated as a Blue Distinction Center for Bariatric Surgery by Independence Blue Cross
- Accredited Chest Pain Center with PCI



- Named a Bariatric Surgery Center of Excellence by American Society for Bariatric and Metabolic Surgery



- Designated Institute of Quality for Bariatric Surgery by Aetna
- Recipient of the American Heart Association Get With The Guidelines Gold Award for Heart Failure Care and the Gold Plus Award for Stroke Care



**MERCY FITZGERALD HOSPITAL** is home to comprehensive heart and vascular care, cancer care, bariatrics, orthopedics and ambulatory services, advanced diagnostic and interventional radiology, diabetes education, an endoscopy center, a sleep center, wound care, behavioral health services, acute inpatient rehabilitation, physical and occupational therapy. In addition, affiliations with Penn Medicine Heart and Vascular Network and the Jefferson Neurosciences Network bring world-class cardiovascular and neurosurgical services, respectively, to the communities served by the hospital.

Beyond the Hospital walls, Mercy Fitzgerald Hospital's healthcare team continually demonstrates its commitment to the well-being of the communities Mercy Fitzgerald serves. A comprehensive community outreach program offers free education, screenings and health events throughout the year, including the popular and free Dine with the Docs series. The Hospital also works collaboratively with first responders and local organizations to be a healing presence in its communities, especially in times of emergencies and disasters.

The Community Health Needs Assessment (CHNA) was a one-year process. In 2012, Mercy Fitzgerald, through Mercy Health System, collaborated with 28 hospitals through the Delaware Valley Healthcare Council (DVHC) to contract with the Public Health Management Corporation (PHMC), a 501(c)(3) private non-profit public health institute, to assist with data collection, research and initial prioritization of the health needs in the individual communities. As described later in this document, the community's unmet priority healthcare needs were identified based on the analysis of the data and community input. The needs were then prioritized to select those needs on which Mercy Fitzgerald Hospital will focus:

**Priority 1:** Improve access to cardiovascular services and achieve targeted outcomes.

**Priority 2:** Improve access to oncology services and achieve targeted outcomes.

**Priority 3:** Improve access to health care services particularly to persons who are poor and vulnerable.

### **Vision**

As a mission-driven regional health ministry, we will become the recognized leader in improving the health of our communities and each person we serve. We will be known as the most trusted health partner for life.

### **Mission**

We, Mercy Health System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. In fulfilling our mission, we have a special concern for persons who are poor and disadvantaged.

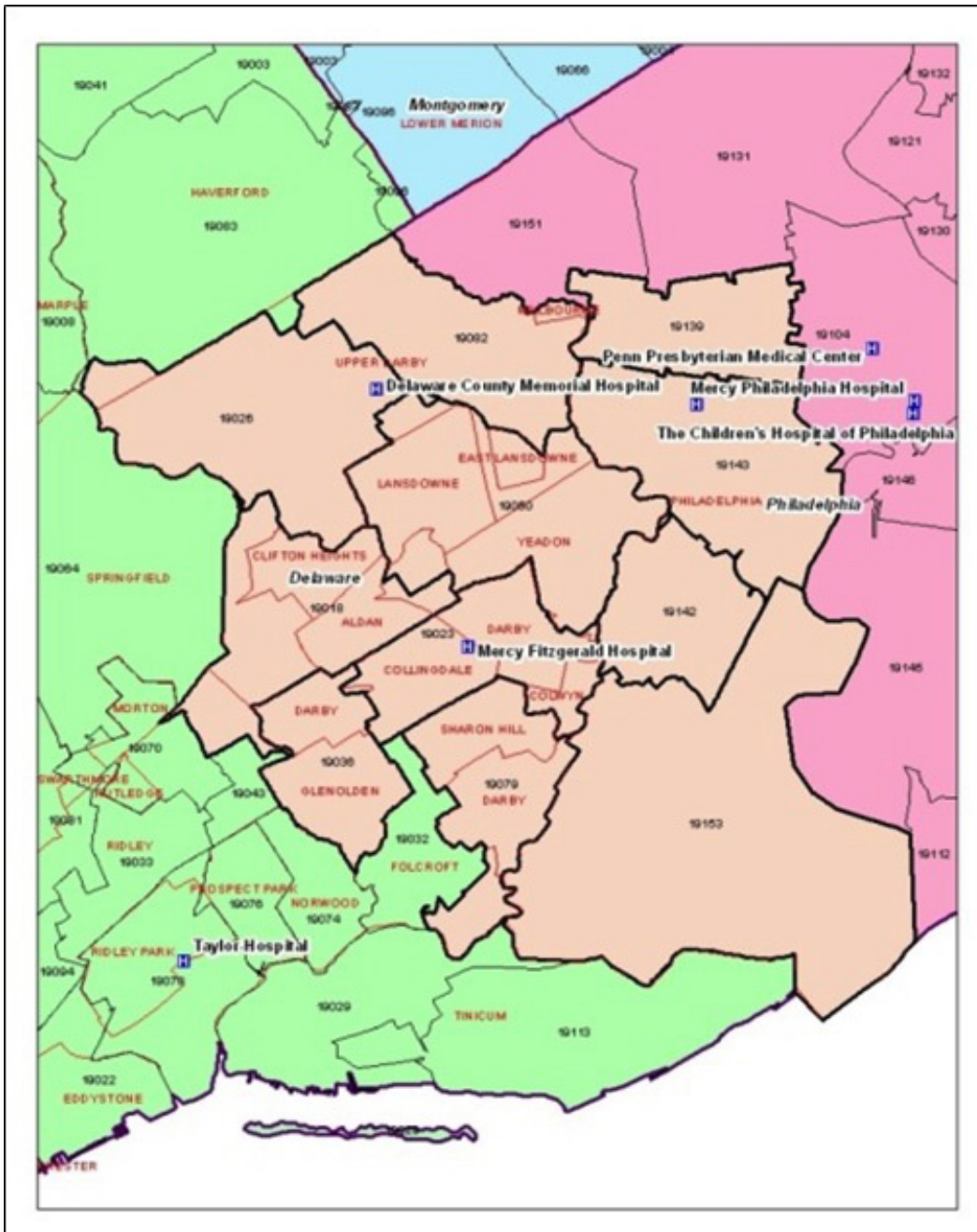


## B. Community We Serve

Mercy Fitzgerald Hospital, located in Darby, Pennsylvania serves a large number of economically fragile neighborhoods in Southeast Delaware County and West/Southwest Philadelphia. The hospital's service area (2010 Population 315,000<sup>1</sup>) was defined as the community for this assessment. The service area includes the following zip codes:

19023, 19050, 19142, 19143, 19153, 19018, 19082, 19079, 19036, 19139, 19026

### Mercy Fitzgerald Hospital Service Area



<sup>1</sup> Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.

This report includes a description of demographic and socioeconomic characteristics of the service area residents as these characteristics are strong indicators of access to health care and good health.

## 1. Demographic Characteristics

### Population Size

The total population of the service area decreased to approximately 315,000 residents in 2010 from 321,400 residents in 2000 .

### Age

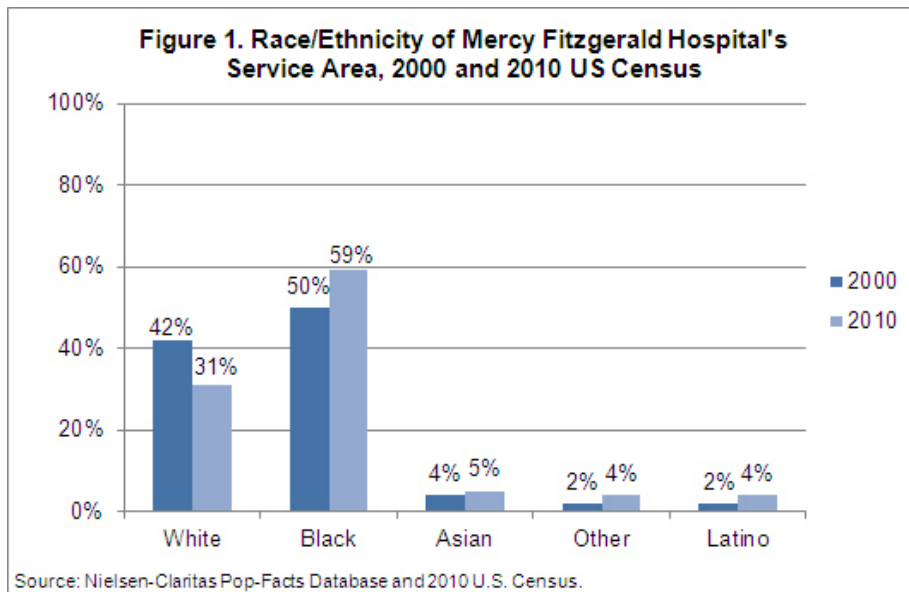
In the service area, more than one-quarter of residents are between the ages of 0-17 (26%), nearly four in ten are 18-44 (38%), one-quarter are 45-64 (25%), and 12% are 65 or older.

### Gender

Approximately 46% of the service area's population is male and 54% is female.

### Race/Ethnicity

Approximately three in ten residents of the service area identify as White (31%), nearly six in ten identify as Black (59%), 5% identify as Asian, 3% identify as Latino, and 3% identify as an "other" race/ethnicity. The service area saw some changes in the racial/ethnic identity of its population from 2000, with increases in the percentage of residents who identify as non-White. These changes are projected to continue through 2018. (Figure 1)



### Language Spoken at Home

The majority of residents in the service area speak English at home (88%), 4% speak an Asian language, 3% speak Spanish, and 6% speak an "other" language.

## 2. Socioeconomic Indicators

### Education

Less than one-fifth of residents of the service area have less than a high school degree (17%), more than six in ten have graduated from high school (63%), and one-fifth have a college degree or more (20%).

### Employment

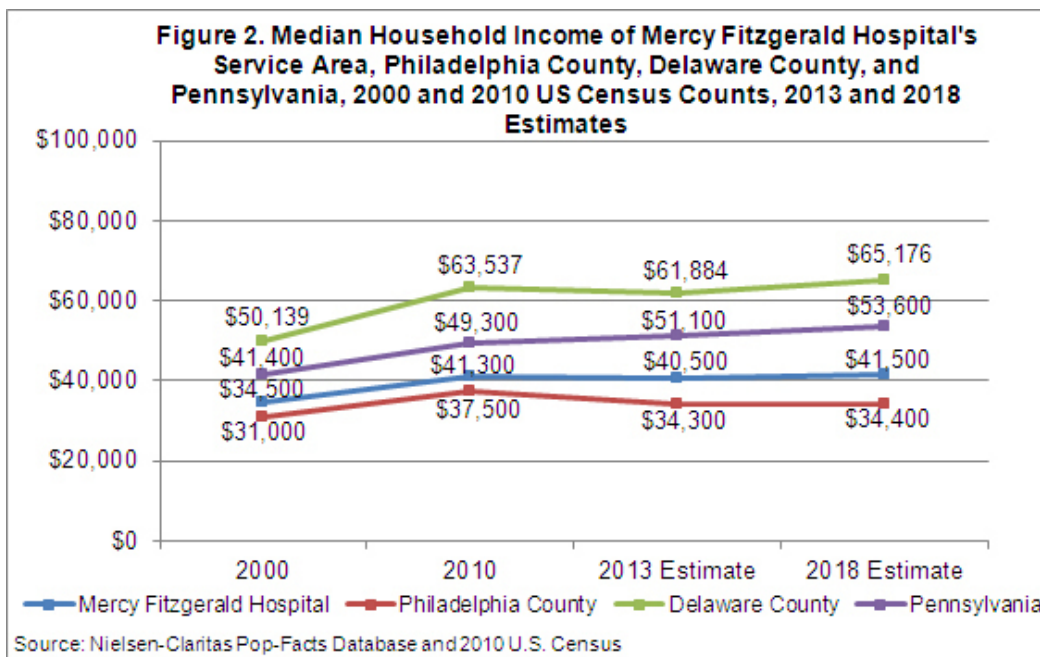
Approximately 90% of the service area's residents are employed and 10% are unemployed.

### Poverty Status

When looking at poverty status, approximately 16% of families without children and nearly one-quarter of families with children (23%) are living in poverty in the service area.

### Median Household Income

The 2000 median household income in the service area was approximately \$34,500, which increased to \$41,300 in 2010. The median household income in the service area is lower than in Delaware County and Pennsylvania as a whole, but higher than in Philadelphia County. (Figure 2)



### Home Ownership

More than four in ten residents of the service area are renters (42%) and nearly six in ten own their home (58%).

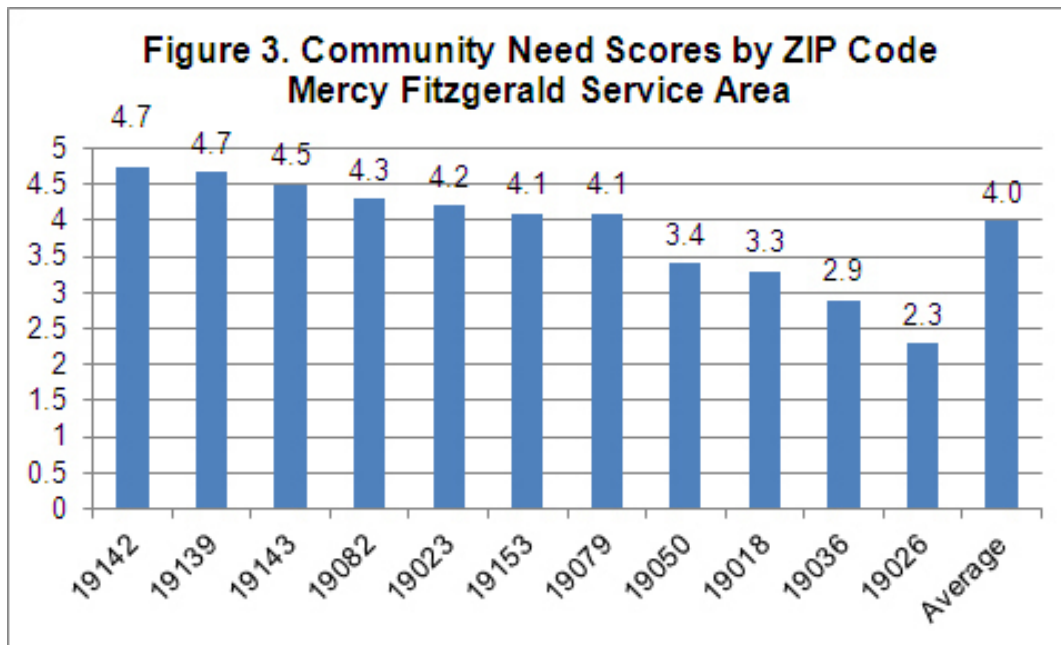


## Community Need Score

The Community Need Score (CNS)<sup>2</sup> uses many of the socioeconomic indicators from the U.S. Census to assign a community need score to each zip code in the U.S. The indicators are drawn from five major factors affecting health (income, culture/language, education, insurance, and housing). They are used to measure the multiple factors which are known to limit health care access. The Community Need Score (CNS) is a composite value derived from scores on five perceived barriers to better health status. The barrier values are based on quintile ranks of statistics for one or more socioeconomic measures.

A score of 1.0 to 5.0 is assigned to each community, with 1.0 indicating a community with the lowest need and 5.0 a community with the highest need. A high correlation exists between a high CNS and high rates of hospital utilization, including those conditions which are preventable with adequate primary care. Rates of hospital use in communities with the highest needs (5.0) are 60% higher than those in communities with low needs (1.0).

The total CNS for Mercy Fitzgerald's service area is 4.0 on a scale of 1.0 to 5.0, indicating an area of high need. Scores for individual zip codes in the service area range from a low of 2.3 in zip code 19026 to a high of 4.7 in zip code 19142 (Figure 3). Three Philadelphia zip codes (19142, 19139, and 19143) rank highest in need in the service area.



Source: Catholic Health East, Thompson Reuters 2012. Prepared by PHMC.

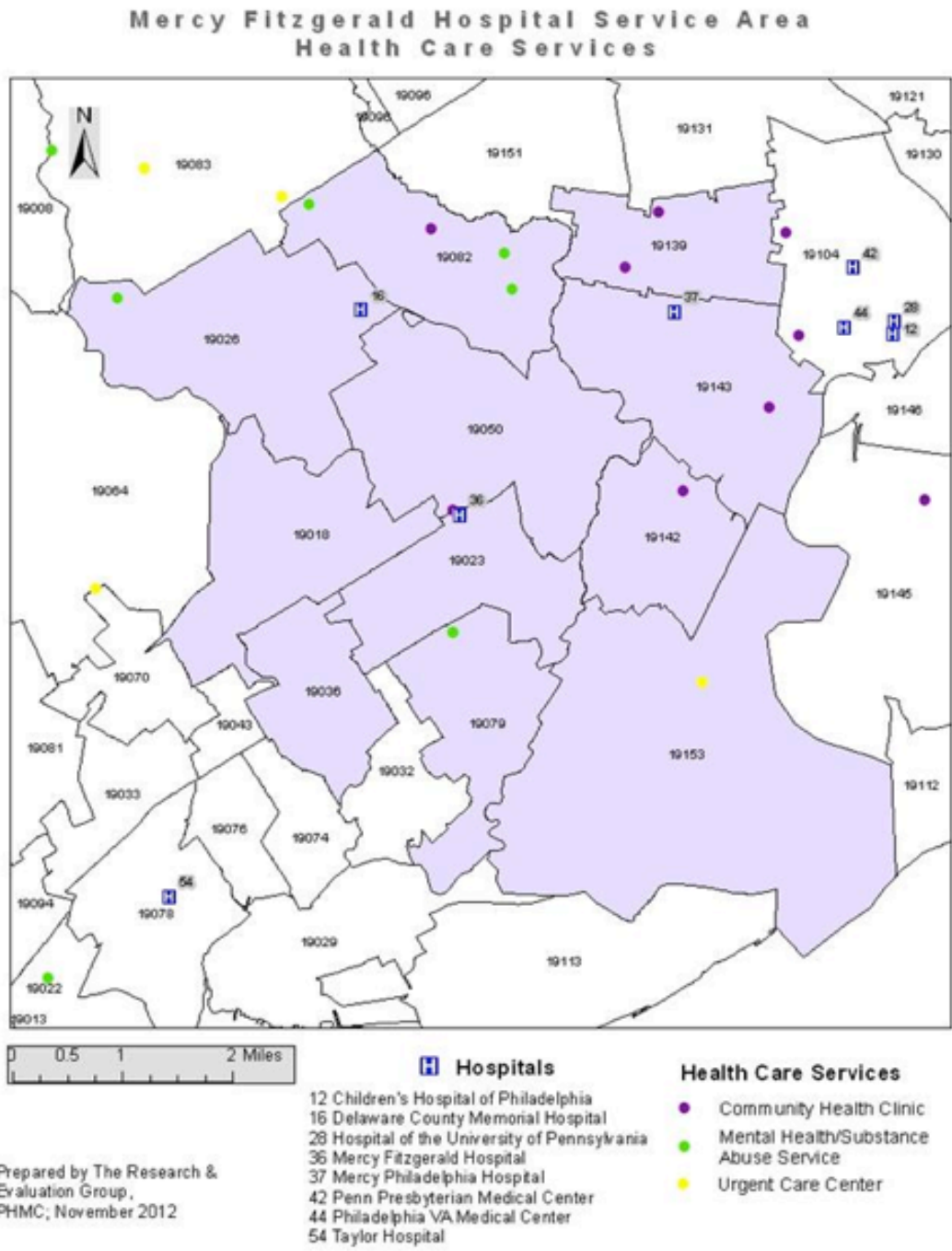
<sup>2</sup> Community Need Score, Catholic Health East, data – 2012 The Nielsen Company, 2012 Thomson Reuters.

### C. Existing Health Care Resources

Mercy Fitzgerald is one of three hospitals within its service area including Delaware County Memorial Hospital and Mercy Philadelphia Hospital. An additional five hospitals are located adjacent to its service area and they include: Crozer-Chester Medical Center, Riddle Hospital, Springfield Hospital, Taylor Hospital, and Community Hospital.

Mercy Fitzgerald offers a Community Health Clinic. Within the service area, there are a total of six (6) Community Health Clinics, seven (7) Mental Health/Substance Abuse Services and three (3) Urgent Care Centers.

Social services in Mercy Fitzgerald service area include: Thirteen (13) Senior Services programs, one (1) Women's Center, one (1) Pregnancy Crisis Center, Two (2) WIC programs, three (3) YMCA's, Two (2) Salvation Army Community Centers and one (1) Homeless Shelter.



## II. PROCESS AND METHODS

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

It should be noted that Mercy Fitzgerald had conducted an earlier CHNA in 2010. In comparing the 2010 CHNA, the overall identified health needs were similar to the findings of the 2013-2015 CHNA. However, with the assistance of PHMC, Mercy Fitzgerald's 2013-2015 Community Health Needs Assessment was far more robust.

### A. Data Acquisition and Analysis

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

### B. Collaborative Process

In February 2011, Delaware Valley Healthcare Council of HAP (DVHC), the membership association for hospitals in the five-county region of southeastern Pennsylvania, established a Community Health Needs Assessment Workgroup to assist hospitals in:

- Understanding Affordable Care Act (ACA) requirements and Internal Revenue Service guidance around community health needs assessments.
- Identifying the best resources, tools, and services for conducting needs assessments.

The 24-member workgroup included representatives from 13 hospitals and health systems representing 35 (70%) of 48 DVHC-member not-for-profit hospital facilities in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. The group held a series of meetings to review ACA requirements with policy experts from the American Hospital Association and consider the types of resources that might be needed to conduct needs assessments.

### C. Data Sources

Primary and secondary research data are included in the CHNA analysis. The quantitative information for the needs assessment was obtained from the sources listed below for the most recent years available.

Data Source	Dates
U.S. Census of Population and Housing	2000, 2010
Claritas, Inc. Population Facts	2013, 2018
Pennsylvania Department of Health	2005-2008
PHMC Southeastern Pennsylvania Household Health Survey	2010, 2012
Community Need Score, Catholic Health East, data – 2012 The Nielsen Company, 2012 Thomson Reuters.	2012



### **PHMC Southeastern Pennsylvania Household Health Survey**

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

The 2012 Household Health Survey was conducted through telephone interviews with people 18 years of age and older living in 10,018 households in Southeastern Pennsylvania. All telephone households within Bucks, Chester, Delaware, Montgomery, and Philadelphia counties were eligible to be selected for the sample, as were cell phone users. Households in each of the five counties were selected to guarantee representation from all geographic areas and from all population subgroups. When needed, the interviews were conducted in Spanish. A total of 828 interviews were conducted with adults residing in the service area, including 230 adults age 65 and over and 182 households with a selected child under the age of 18.

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

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

## **U.S. Census**

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

## **Vital Statistics**

The most recent information on births, birth outcomes, deaths, and reportable diseases and conditions for residents of the hospital service area and Delaware and Philadelphia Counties was obtained from the Pennsylvania Department of Health, Bureau of Health Statistics and Research. Four-year (2005-2008) annualized average rates for natality and mortality were calculated by PHMC. Mortality rates were age-adjusted using the Direct Method and the 2000 U.S. standard million population. The most recent (2010) morbidity information was also obtained from the state Department of Health, and rates were calculated by PHMC. Morbidity information, including information on HIV and AIDS cases, is not available at the zip code level and, therefore, rates are presented for the county only. The denominators for all 2005-2008 vital statistics rates for the county and state were interpolated from the 2000 and 2010 U.S. Census. The number of women ages 15-44 and the number of female adolescents ages 10-17 were also interpolated from the 2000 and 2010 US Census.

## **Community Need Score**

The Community Need Score (CNS) assists in identifying additional areas of unmet need in our service area. A single number represents the overall community health need for every populated zip code in the U.S. and demonstrates a link between community need, access to care, and preventable hospitalizations. The CNS is based on the original Community Need Index (CNI) developed by Dignity Health (formerly Catholic Health West) and Solucient, Inc. (now part of Truven Healthcare). Catholic Health East (CHE) internally developed the CNS value based on the CNI methods and 2012 data licensed from Nielsen, Inc. (formerly Claritas) and Truven Healthcare.

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

## **D. Community Representatives**

The data was further enhanced through qualitative primary research which was the input from the four community meetings facilitated by PHMC. The data gathered from the community meetings further defined the unmet healthcare needs: local problems with access to care and populations with special healthcare needs. The 59 participants in the community meetings included residents, public health representatives, services providers, and advocates knowledgeable about community health. Refer to Appendix A for the list of the participants' organizations and areas of expertise.

## **E. Information Gaps**

Quantitative information for socioeconomic and demographic information, vital statistics, and health 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. FINDINGS

#### A. Health Needs of the Community

The health of a community was 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 Healthy People 2020 goals for the nation. The process also included data from the PHMC Household Health Survey and enhanced from the results of the community meetings.

##### 1. Birth Outcomes

###### Birth Rate

Data reveal an average of more than 5,100 births annually to women in the service area

- The birth rate in the service area (77.6 per 1,000 women 15-44 years of age) is higher than the Philadelphia (71.1) and Delaware County rates (61.0), and the Pennsylvania rate (58.7).
- Within the service area, Latina women have the highest birth rate (197.5), while White women have the lowest birth rate (57.1). Racial and ethnic minority birth rates are higher for women in the service area compared to the two counties and the state.

Teenage pregnancy has been associated with a number of negative birth outcomes, including prematurity and low birth weight, making it an important outcome to track.

- In the service area, the adolescent birth rate is 14.6 per 1,000 women 10-17 years of age, which is generally comparable to the Philadelphia County rate (17.1), but higher than the Delaware County rate (6.1) and state rate (6.9).
- Within the service area, the adolescent birth rate is highest for Latina women (38.9) and lowest for White women (3.3). The Latina adolescent birth rate is higher in the service area than in the Latina adolescent birth rate in Philadelphia County (31.5), Delaware County (24.1), and the state (25.5).

###### Low Birth Weight

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

- In the service area, 11.9% of infants are low birth weight. This percentage is comparable to the Philadelphia County average (11.3%), but slightly higher than the Delaware County average (8.4%) and the state average (8.3%), and has not met the Healthy People 2020 target goal (7.8%).
- The percentage of infants born at low birth weight in the service area represents an annual average of more than 600 infants weighing less than 2,500 grams at birth.
- In the service area, the percentage of low birth weight infants is highest among Black infants (14.2%) and lowest for White infants (6.9%). In general, the racial and ethnic characteristics of low birth weight infants in the service area are comparable to the two counties and the state.

###### Infant Mortality

In the service area, every year an average of 63 infants die before their first birthday, representing an infant mortality rate of 12.2 infant deaths per 1,000 live births.

- The service area's infant mortality rate is the same as the Philadelphia County rate (12.2), but is higher than the Delaware County (7.7) and state rates (7.5), and has not met the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.



## 2. Causes of Death

### Overall Mortality

The overall death rate in the service area (893.7 deaths per 100,000 population) is lower than the Philadelphia County rate (931.2), but is higher than the Delaware County (773.3) and the Pennsylvania rates (785.2).

- Heart disease is the leading cause of death in the service area (233.5), Philadelphia County (232.3), Delaware County (200.2), and the state (203.2).
- The other four leading causes of death in the service area are: all forms of cancer (207.5), lung cancer (62.0), stroke (48.5), and female breast cancer (26.3).
- Death rates for a number of conditions (all forms of cancer, lung cancer, colorectal cancer, heart disease, HIV/AIDS, and homicide) are higher in the service area compared with Delaware County and state rates, but comparable with Philadelphia County rates.

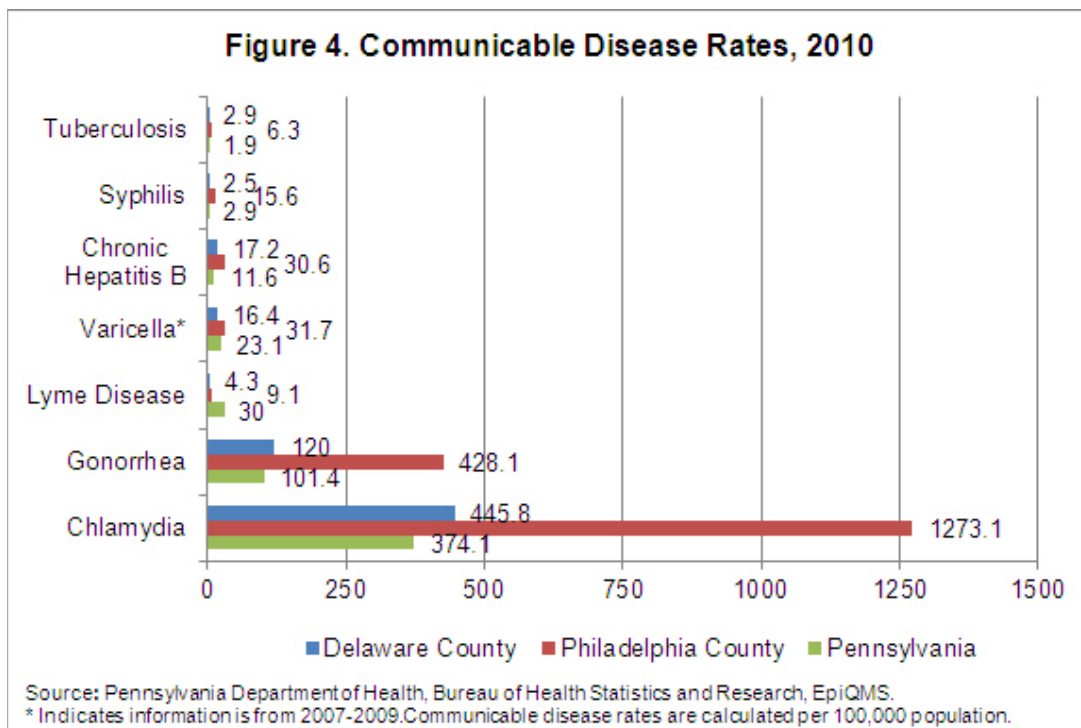
### Morbidity

The prevalence rate of individuals who are living with HIV or AIDS is nearly five times higher in Philadelphia County (1,121.6 cases per 100,000 population) than Delaware County (246.6) and the state (244.9).

## 3. Disease Prevalence and Conditions

### Communicable Diseases

The communicable disease rates for chronic Hepatitis B, Tuberculosis, Varicella (chicken pox), Chlamydia, Gonorrhea, and Syphilis (primary and secondary) in Philadelphia County are higher than the rates in Delaware County and the state. The rate of Pertussis (Whooping cough) in Delaware County is comparable to the Philadelphia County and state rates, while the rate of Lyme disease is higher in Philadelphia County than Delaware County, but below the state rate. (Figure 4)



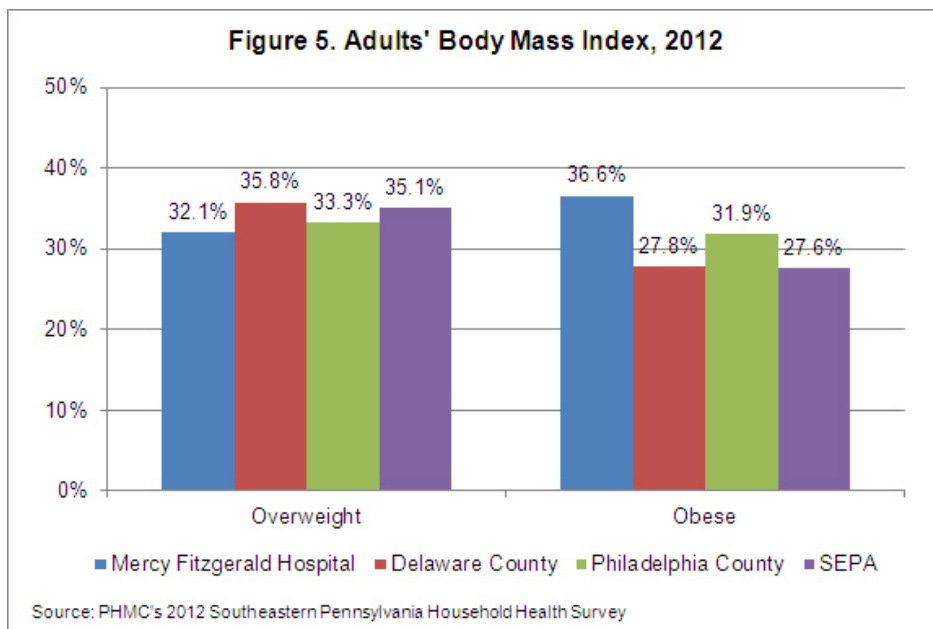
## Self-reported Health Status

Self-reported health status is one of the best indicators of population health. This measure has been consistently shown to correlate very strongly with mortality rates.<sup>3</sup> In the service area, the majority of adults (80.4%) rate their health as excellent, very good, or good. However, a sizable percentage of adults (19.6%) or 46,200 adults are in fair or poor health. This percentage is higher than the statewide average<sup>4</sup> (16.8%), and for the Southeastern Pennsylvania (SEPA) region as a whole (16.1%). Only two percent (2.2%) of children in the service area are in fair or poor health. Among older adults in the service area, 26.7% are in fair or poor health; this percentage represents 10,200 adults 65 years of age and older.

## Health Conditions

High blood pressure, diabetes, asthma, cancer, and mental health conditions are common illnesses that require ongoing care. In the service area:

- Four in ten (40%) or 94,200 adults have been diagnosed with high blood pressure. This percentage of adults with high blood pressure has slightly increased from 38% in 2010 and is higher than the Healthy People 2020 goal of 26.9%. In Pennsylvania, three in ten (31.0%) adults have high blood pressure.<sup>5</sup> The percentage of adults in the service area with high blood pressure is higher than for the region as a whole (31%) and surrounding Delaware and Philadelphia Counties (30% and 37.5%, respectively).
- One in seven (14.4% or 33,400 adults) has been diagnosed with diabetes; this percentage and is higher than the statewide percentage of 9.5% of adults diagnosed with diabetes.<sup>6</sup> The percentage of adults in the service area with diabetes is similar to surrounding Delaware (12.3%) and Philadelphia (16%) Counties and the region as a whole (12.4%).
- More than one in six (17.2%) adults has asthma. This percentage is higher than in Pennsylvania (12.9%)<sup>7</sup> but similar to that in the SEPA region (16%). The percentage of adults with asthma in the service area is higher than in Delaware County (14.2%) and lower than percentage in Philadelphia County (19.4%).
- About eight percent (7.8%) of adults has had cancer at some point in their lives, representing 18,500 adults. The percentage of adults who ever had cancer is similar for the SEPA region (8.7%).
- More than one-third (36.6%) of adults are obese, and slightly less than one-third (32%) of adults are overweight (Figure 5). A lower percentage of adults are obese (28.6%) statewide, and a higher percentage of adults are overweight statewide (36%).<sup>8</sup> The percentage of adults in the service area who are obese has increased since 2010, when 32.3% of adults were obese. The Healthy People 2020 goal for adult obesity is 30.6%.



<sup>3</sup> 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.

<sup>4</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

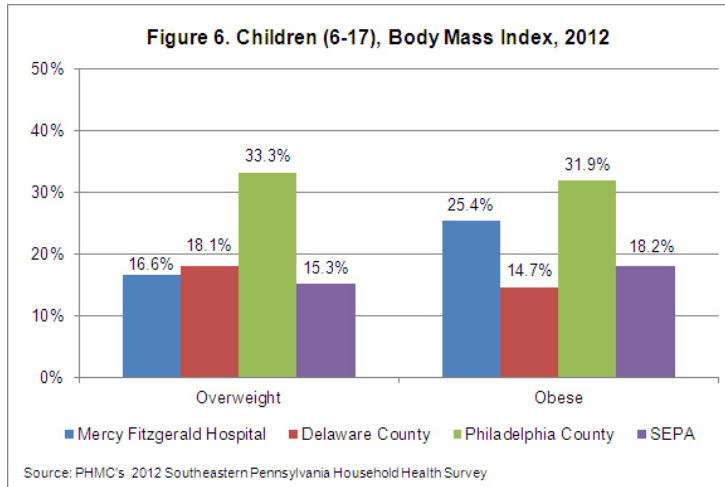
<sup>5</sup> 2009 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

<sup>6</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

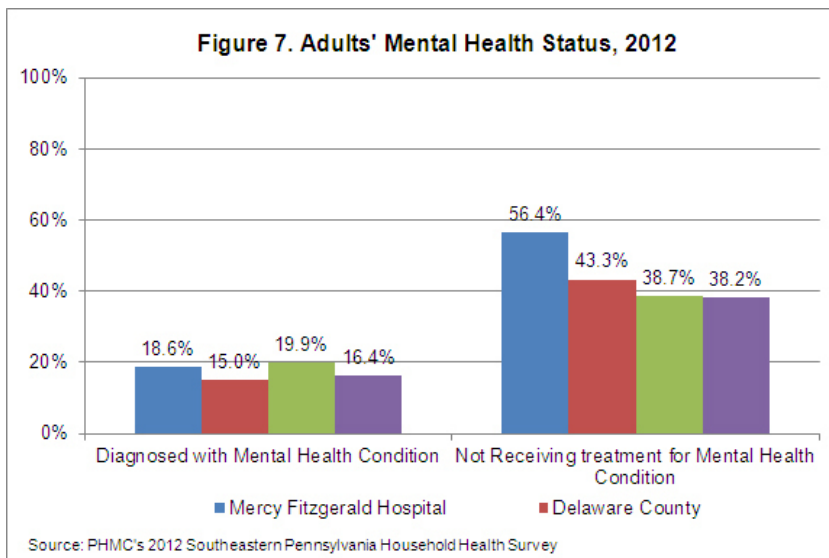
<sup>7</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

<sup>8</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

- One-quarter (25.4%) of children in the service area are obese, and one in six (16.6%) are overweight (Figure 6). The percentage of obese children in the service area is higher than for surrounding Delaware County (14.7%) and SEPA as a whole (18.2%). The percentage of obese children in the service area has decreased from 35.4% in 2010, while the percentage of overweight children in the service area has increased from 12.5% in 2010.



- Community participants felt that children are consuming unhealthy foods and that they lack physical activity, leading to obesity. Participants suggested increased education directed towards families, perhaps through the schools. Parents may not provide the necessary education. Food pantries used to provide education in conjunction with their service, but the funding was eliminated.
- Nearly one in five (18.6%) adults has been diagnosed with a mental health condition; this percentage represents 43,900 adults (Figure 7). Of those with a mental health condition, more than one-half (56.4%) are not receiving treatment for the condition.
  - One in eight (12.6%) older adults in the service area has signs of depression, which is defined as having four or more depression symptoms on a ten-item scale. This percentage is lower than the percentage in Philadelphia County (18.1%) and the region as a whole (14%).
  - Approximately 29,000 adults (12.4%) are in recovery for a substance abuse problem.

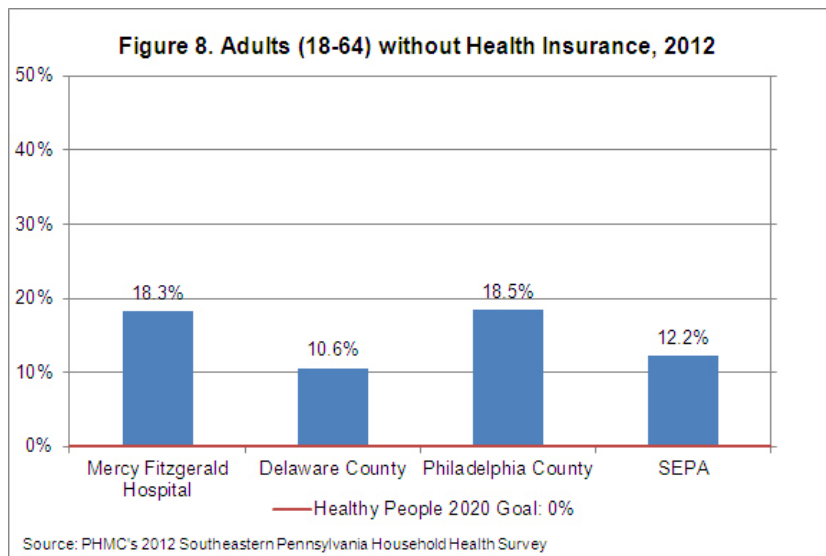


Community meeting participants also identified problems accessing mental health and substance abuse treatment. Community members felt that there was a shortage of drug treatment providers for low income populations. There is an especially high need for treatment programs for individuals with both mental health and substance abuse disorders and for drug treatment programs for individuals with Post Traumatic Stress Disorder.

## B. Access and Barriers to Care

Having health insurance and a regular place to go when sick are important in ensuring continuity of care over time.

- The majority of adults (81.7%) in the service area have health insurance coverage. However, a sizable percentage of adults aged 18-64 do not have any private or public health insurance; 18.3% of adults aged 18-64 in the service area are uninsured, representing 34,700 uninsured adults. (Figure 8)



### Prescription Drug Coverage

Nearly one-quarter (23.6%) of adults in the service area do not have prescription drug coverage. This percentage represents 54,800 adults without this coverage and is nearly double the percentage without prescription coverage in 2010; in 2010, 12% of adults did not have prescription drug coverage.

- The percentage of adults without prescription drug coverage in the service area is higher than the percentage without prescription coverage in Delaware County (17.6%) and similar to that in Philadelphia County (24.5%).

### Economic Barriers

- With or without health insurance, 42,000 adults in the service area are unable to get needed care due to the cost of that care; 17.8% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost.
- About 37,400 adults in service area (15.9%) were prescribed a medication but did not fill the prescription in the past year due to cost.
- Three in ten (29.7%) adults in the service area in 2010 did not get dental care due to the cost of the visit. This percentage is slightly higher than in Delaware and Philadelphia Counties (25.2% and 26.8%, respectively), and SEPA as a whole (24.1%).

### Utilization of Services

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.

- In the service area, 12.4% of adults do not have a regular source of care; this percentage represents approximately 29,000 adults.

Community participants cited a lack of awareness of services as a significant barrier to health care in the area. Some participants identified a need for a resource directory for both residents and providers that listed not only the name of the organization, but precisely what services they provide to which populations.



## Pre-Natal Care

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

- More than one-half of women in the service area (54.4%) receive early pre-natal care, which is comparable to the Philadelphia County average (52.3%), but below the Delaware County average (69.0%), the state average (70.6%), and has not met the Healthy People 2020 target goal (77.9%).
- In fact, more than four in 10 women in the service area (45.6%) receive pre-natal care starting in the second or third trimester of pregnancy or no pre-natal care at all, representing an average of more than 2,100 women annually in the service area.
- More than one-half of Black women in the service area (53.1%) receive late or no pre-natal care compared to 26.5% of White women. In general, the percentages of racial and ethnic minority women receiving late or no pre-natal care are higher in the service area than Delaware County and the state, but lower than for minority women in Philadelphia County.

## 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 service area, 15.9% of adults did not visit a health care provider in the past year; this percentage represents 36,000 adults.

### Dental Visit

More than one-half (55.1%) of adults in the service area did not visit a dentist in the past year; this percentage represents 129,100 adults. This percentage has increased since 2010 (42%), and is higher than the percentage for Delaware (32.3%) and Philadelphia (41.2%) counties and the SEPA region as a whole (31.9%). The percentage of adults (55.1%) who did not visit a dentist in 2012 in the service area is nearly twice the percentage for adults statewide (29.0%).<sup>9</sup>

- One in eight (12.9%) children in the service area did not visit a dentist in the past year. This percentage is higher than for children living in Delaware County (8.1%) and SEPA as a whole (9.3%), but is lower than for children living in Philadelphia County (15.1%).

## Recommended Screenings

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

### Blood Pressure

Nearly one in seven (13.9%) adults in the service area did not have a blood pressure test in the past year; this percentage represents 32,600 adults. The percentage of adults who did not have a blood pressure test in the past year in the service area is higher than for adults in Delaware (11%) and Philadelphia (11.5%) counties and SEPA as a whole (10.4%).

### Colonoscopy

Regular screenings beginning at age 50 are fundamental in preventing colorectal cancer. One in seven (14.4%) adults 50 years of age and older in the service area did not have a colonoscopy in the past ten years. Statewide, 65% of adults age 50 and over have had a colon cancer screening in the past ten years.<sup>10</sup> The percentage of adults in the service area who did not have a colonoscopy in the past ten years is slightly lower in 2012 compared to 2010 (14.4% vs. 16.4%, respectively).

### Pap Smear Test

Four in ten (43%) women in the service area did not receive a Pap smear in the past year. This percentage represents approximately 54,800 women. The percentage of women in the service area who have not received a Pap smear in the past year is similar compared to women in Delaware (44.8%) and Philadelphia (40.9%) counties and SEPA as a whole (41.9%).

<sup>9</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

<sup>10</sup> 2010 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



### **Mammogram**

The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health. About one in three (32.2%) women age 40 or older in the service area did not receive this test in the past year. This is lower than the statewide percentage (42.0%)<sup>11</sup> and for the region as a whole (36.8%).

### **PSA or Rectal Exams for Prostate Cancer**

More than one-half (52.2%) of men aged 45 years and over in the service area did not have a screening for prostate cancer in the past year. The percentage of men in the service area who have not had a prostate exam in the past year is higher than the percentages of men who have not had a prostate exam in the past year in Delaware (47.6%) and Philadelphia (45.1%) Counties and SEPA as a whole (45.4%). Statewide, 53% of men age 50 and over did not have this test.

### **Tobacco Use**

- One-quarter (24.3%) of adults in the service area currently smokes; this percentage is similar to the smoking rate statewide (22.4%) and higher than the rate for SEPA as a whole (18.2%).
- The percentage of adults who smoke in the service area does not meet the Healthy People 2020 goal of 12%.<sup>12</sup>
- The percentage of adults in the service area who smoke has slightly decreased since 2010; in 2010, 26.4% of adults smoked cigarettes.
- Nearly two-thirds (63.9%) of adults in the service area who smoke tried to quit in the past year.

### **Alcohol Consumption**

According to the Centers for Disease Control and Prevention (CDC), binge drinking is a common pattern of excessive alcohol use in the U.S. and is defined as five or more drinks on one occasion.<sup>13</sup> More than one-third (34.4%) of service area adults participated in binge drinking on one or more occasions in the past month. The binge drinking percentage is almost twice as high as the statewide percentage of 18.3%.<sup>14</sup>

<sup>11</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

<sup>12</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

<sup>13</sup> U.S. Centers for Disease Control and Prevention. Fact Sheets – Binge Drinking – Alcohol (2010).

<sup>14</sup> 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

## C. Health Needs of Special Populations

One of the goals of this needs assessment was to identify the health needs of special populations across the service area. The following section focuses on the health status and access to care needs of special populations in the service area, including poor adults, the uninsured, racial and ethnic minorities, and homeless persons.

### Health Status and Chronic Health Conditions

- Within the service area, nearly twice as many poor adults living below 150% of the federal poverty level (31.6%) are in fair or poor health compared to non-poor adults (16.1%). A higher proportion of Black adults (24.4%) are in fair or poor health compared to Latino (18.5%) and White (18.1%) adults.
- A somewhat higher percentage of poor adults (45.3%) in the service area have high blood pressure compared to non-poor (35.7%) adults. In the service area, nearly one-half (44.7%) of Black adults have high blood pressure followed by 35.7% of Latino adults and 32.6% of White adults.
- Nearly twice the proportion of poor adults (24.7%) have been diagnosed with a mental health condition compared to non-poor adults (12.7%). More Latino adults (20%) have been diagnosed with a mental health condition compared with Black (17.5%) and White (17%) adults.
- A higher percentage of poor adults (30.8%) smoke cigarettes compared to non-poor adults (22.5%).

### Insurance Status

- The percentage of poor adults in the service area who are uninsured is twice that of non-poor adults (23.2% vs. 11.9%, respectively). More than one-quarter (26.1%) of Latino adults are uninsured compared to 17% of Black adults and 11% of White adults.

### Language and Cultural Barriers

- Cultural and language barriers were identified by all four community groups as prominent barriers to care. Participants reported that West African immigrants need printed materials translated into French.

### Older Adults

- Older adults were recognized as a special population. Due to funding cuts, resources for the aging are lacking. More and more people are becoming caregivers and are in need of information on services. They also need coaching on how to become more prevention-oriented, rather than seeking services in crisis.

### Homeless Persons

The U.S. Department of Housing and Urban Development (HUD) has established a point-in-time methodology to assess unduplicated sheltered and unsheltered homeless individuals via reports submitted by regional zones called Continuum of Care (CoC).

- Homeless persons are a population with special health care needs. Despite their relatively large numbers, homeless persons are very difficult to reach with health and social services, and suffer from poorer health than the rest of the population. The health problems of homeless people are broad and multidimensional, contributing to excess mortality. Many homeless persons have histories of mental illness and drug and alcohol abuse. In addition, many homeless adults experience significant dental problems and vision impairments. Homeless people also experience poor access to health care, leading to delayed identification of health problems, increased reliance on emergency departments, and higher rates of hospitalization, often for preventable conditions.
- Mercy Fitzgerald Hospital is within the CoC area that includes Upper Darby, Chester, and Haverford in Delaware County. There were an estimated 648 homeless persons in the Delaware County CoC area at any one point in time in 2011.<sup>15</sup> This homeless population accounts for only 1.3% of the homeless population of the state. The number of homeless persons in this area decreased by ten percent (9.5%) from 716 in 2011. Of these total homeless persons, 250 were individuals and 398 were living in families. There are 106 family households.

<sup>15</sup> Source: The 2011 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report, Dec-2011

## IV. RESPONSE TO FINDINGS

### A. Unmet Needs and Identification Process

The unmet health care needs for Mercy Fitzgerald’s 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. Input from the four groups of 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.

For the majority of health indicators, the findings for the service area are statistically significantly worse than the remainder of SEPA, and, therefore, should be prioritized for improvement. These indicators are, for adults:

- Fair or poor health status;
- Hypertension;
- Overweight or obese;
- No health insurance coverage;
- No prescription drug coverage;
- Did not receive care in the past year due to cost;
- No dental visit in the past year;
- Did not have a blood pressure test in the past year;
- Smokes; and
- In recovery for alcohol or other drugs.

#### Priority Unmet Needs

The identified priorities of unmet healthcare needs for Mercy Fitzgerald’s service area are identified in the following table. Many of these priority unmet needs are already being addressed in the service area by the hospital, other health care providers, government, and local non-profits. In addition, some of these priority unmet needs are not within the hospital’s mission. This list is used to assist the hospital in identifying and prioritizing the unmet needs to be addressed in their needs assessment implementation strategy, and in developing an outcome measurement plan to document whether the programs that are implemented are having an impact on the service area population.

Priority Unmet Needs	Service Category
Mental health for area residents, particularly low-income residents	Mental Health
Mental health treatment for the Latino population	
Primary care for low-income adults, including reducing wait times in making appointments with healthcare providers	Primary Care
Leading causes of death among residents: cancer, female breast cancer and lung cancer	Cancer
Leading cause of death among residents: heart disease	Cardiovascular
Leading cause of death among residents: Stroke	Stroke
High blood pressure prevalence among residents, which is a risk factor for heart disease and stroke	High Blood Pressure
For Black and low-income residents, high rates of hypertension and diabetes	Diabetes
For Black residents, high rates of hypertension and diabetes, and high rates of diabetes in the Latino population	
Significantly higher percentage of overweight and obese children and adults	Overweight/ Obesity
Smoking prevention, interventions, and cessation programs	Smoking Cessation

Priority Unmet Needs	Service Category
Access to an ongoing source of health care for homeless persons in this service area – Primary Care, Mental Health, Substance Abuse, Dental Care, and Vision	Homeless – Health Care
Linguistically and culturally appropriate services, including interpreters and health literature in African languages in particular	Cultural/ Immigration
Growing immigrant population	
The large percentage of older adults in poor health	Poor Health
Dental care for older adults and low income populations	Dental Care
Vision care for older adults and low income populations	Vision
Early prenatal care	OB/GYN
Programs that reduce infant mortality among all residents and low birth weight births, especially among Black women	
Teen pregnancy	
Prescriptions for older adults and low income populations	Prescription Coverage
Understanding and trust in the publicly funded health care and insurance system among low income residents, particularly City Health Centers and Federally Qualified Health Centers in Philadelphia	Trust in System

## B. Unmet Needs Prioritization Process

Mercy Fitzgerald Hospital's approach to community health need is to focus on responding to those needs that are both documented in the assessment and intersect with the Hospital's strengths, vision and mission. The Mercy Health System Prioritization Workgroup reviewed and prioritized the defined health needs. The priority setting method utilized to determine the community health needs that Mercy Fitzgerald would respond to was the Nominal Group Planning Method where voting and ranking of the needs was determined after group discussions. The specific questions considered for each identified priority healthcare need were:

- Does the healthcare need affect a specific vulnerable population?
- Do existing programs in the community address the healthcare need?
- Does Mercy Fitzgerald have the capability to address the healthcare need?
- Will the community support intervention to address the healthcare need?
- Will addressing the healthcare need be in alignment with the Mercy Fitzgerald mission?

This prioritization process resulted in the identification of three priorities that address: (1) the mission objectives to improve access of health care for the vulnerable population; (2) the clinical objectives to improve health risk behaviors contributing to disease; and, (3) objectives to improve access to screenings and education to both the general and underserved residents of the community. The outcome of the prioritization process by priority unmet need is included in Appendix B.

Mercy Fitzgerald Hospital will focus on the following three priorities and associated needs:

**Priority 1:** Improve access to cardiovascular services and achieve targeted outcomes.

**Priority 2:** Improve access to oncology services and achieve targeted outcomes.

**Priority 3:** Improve access to healthcare services particularly to persons who are poor and vulnerable.

The specific programs and strategies for each of the three priorities are detailed under the Mercy Fitzgerald Hospital Community Health Implementation Strategy.

## C. Implementation Strategy

Upon confirmation by the governing board of the priorities, Mercy Fitzgerald completed the Community Health Implementation Strategy. The implementation strategy is a community benefit approach to address the community health priorities of unmet needs by executing evidence based programs to measure outcomes. The implementation strategy is to be updated on an annual basis with the 2013 implementation strategy start date of July 2013.



# APPENDIXES

## APPENDIX A: COMMUNITY MEETINGS' ATTENDEES

A total of 59 participants attended the community meetings facilitated by Public Health Management Corporation. The table below is the list of the organizations that the participants are affiliated with and their area of expertise.

Organization	Area of Expertise
52nd Street Business Association	Community-based organization. Leader of medically underserved minority population
AIDS Care Group	Non-profit organization with special knowledge of low income and minority underserved adults in the community; Health care provider focused on medically underserved, low income and minority populations with chronic disease (HIV/ AIDS)
Blessed Virgin Mary Church	Community-based organization. Health care provider focused on medically underserved, low income and minority populations with chronic disease
Chapel of Good Shepherd	Community-based organization. Leader of medically-underserved low income and minority population with chronic disease needs in the community
Chesspenn Health Services	Community Health Center focused on medically underserved, low income and minority populations; Public Health
Chester City	Local government official; Local Public health Department
Chester NAACP	Leader, medically underserved low income minority with chronic disease needs in the community served by the hospital
Crozer-Keystone Health System	Health Care Provider; Public Health
Darby Free Library	Community-based organization
Delaware County	Public Health expert; Health Department with special knowledge of health needs of the community
Delaware County Department of Intercommunity Health	Public Health expert; Health Department with special knowledge of health needs of the community
Delaware County Intermediate Unit	Academic expert with special knowledge of special needs children
Delaware County Medical Society	Public health expert; Nonprofit organization
Delaware County Office of Housing and Community Development/Darby CDC	Local government official. Housing.
Delaware County Office of Services for the Aging	Local government official; Older adults
Delaware County Recorder of Deeds	Local government official
Delmar Pharmacy	Private Business – Pharmacist
Domestic Abuse Project	Healthcare consumer advocate
Primary Care Physician	Health Department with special knowledge of health needs of the community
Family Practice and Counseling Network - Health Annex	Public Health; Community Health Center focused on medically underserved, low income, minorities, and chronic disease
Friendship Circle Senior Center	Community-based organization with special knowledge of low income underserved older adults with chronic disease
Good Neighbor Senior Care	Non-profit org providing care management for older adults; Health care consumer advocate

## APPENDIX A: COMMUNITY MEETINGS' ATTENDEES

Organization	Area of Expertise
Grace-Community United Methodist Church	Leader, medically underserved low income minority with chronic disease needs in the community served by the hospital
Health Partners	Managed Care Organization
Intercultural Family Services Healthy Start	Public Health; Nonprofit community-based organization focused on maternal and child health issues
Maternity Care Coalition	Public Health; Nonprofit to improve maternal and child health and wellbeing through direct services and advocacy
Mercy Fitzgerald Hospital	Health care provider; Emergency medical services; Health care provider focused on medically underserved, low income and minority populations with chronic disease
Mercy Health System SEPA	Health care provider focused on medically underserved, low income and minority populations with chronic disease
Mercy Philadelphia Hospital	Public health expert; Health care provider focused on medically underserved, low income and minority populations with chronic disease
PathWaysPA	Non-profit organization with special knowledge of low income and minority underserved adults in the community
PBS Consulting	Leader of medically underserved minority population
Philadelphia Corporation for Aging	Nonprofit organization serving as Philadelphia county's Area Agency on Aging
Philadelphia Health Center 3	City Community Health Center focused on medically underserved, low income and minority populations; Public Health expert
Philadelphia Health Center 4	City Community Health Center focused on medically underserved, low income and minority populations; Public Health expert
Senior Community Services	Community-based organization with special knowledge of low income underserved older adults with chronic disease
Sickle Cell Disease Association of American, Philadelphia Delaware Valley Chapter	Nonprofit organization that serves persons and families affected by sickle cell disease; Leader of medically underserved minority population with chronic disease
St. Cyprian Roman Catholic Church	Public health. Health care provider.
The Enterprise Center CDC	Community-based organization; Leader of medically underserved minority population
United Healthcare Community Plan	Managed Care Organization
United Way of Greater Philadelphia and Southern New Jersey	Local non-profit organization
Upper Darby Senior Center	Community-based organization with special knowledge of low income underserved older adults with chronic disease
VITAS Hospice	Health care provider specializing in end of life care. Special knowledge or expertise in public health (end of life)
Wal-Mart, Glenolden, PA	Private Business – Pharmacist
Widener School of Nursing	Public Health
Youth Service, Inc.	Nonprofit that strengthens the family unit, helping at-risk teens and promoting child safety

## APPENDIX B: RESPONSE TO UNMET HEALTH NEEDS

Many of the priority unmet needs listed in the table below are already being addressed in the service area by the hospital, other health care providers, government, and local non-profits. Mercy Fitzgerald Hospital's approach to community health need is to focus on responding to those needs that are both documented in the assessment and intersect with its strengths, vision and mission. These needs were also used in developing an implementation strategy to document whether the programs that are implemented are having an impact on the service area population.

Priority Unmet Needs	Service Category	Target Population	Rationale
Mental health for area residents, particularly low-income residents	Mental Health	Residents/ Low Income/ Homeless/ Latino	<ul style="list-style-type: none"> <li>Nearly one in five (18.6%) adults has been diagnosed with a mental health condition.</li> <li>Nearly twice the proportion of poor adults (24.7%) has been diagnosed with a mental health condition compared to non-poor adults (12.7%).</li> </ul>
Mental health treatment for the Latino population			<ul style="list-style-type: none"> <li>More Latino adults (20%) have been diagnosed with a mental health condition compared with African-American (17.5%) and White (17%) adults.</li> </ul>
Primary care for low-income adults, including reducing wait times in making appointments with healthcare providers	Primary Care	Low Income/ Homeless	<ul style="list-style-type: none"> <li>17.8% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost.</li> </ul>
Leading causes of death among residents: cancer, female breast cancer and lung cancer	Cancer	Residents	<ul style="list-style-type: none"> <li>Cancer is the second leading cause of death, all forms of cancer 207.5 per 100,000 population.</li> <li>One in seven (14.4%) adults 50 years of age and older did not have a colonoscopy in the past ten years.</li> <li>Four in ten (43%) women did not receive a Pap smear in the past year.</li> <li>About one in three (32.2%) women age 40 or older in the service area did not receive mammogram in the past year.</li> <li>More than one-half (52.2%) of men aged 45 years and over did not have a screening for prostate cancer in the past year.</li> </ul>
Leading cause of death among residents: heart disease	Cardiology	Residents	<ul style="list-style-type: none"> <li>Heart disease is the leading cause of death, 233.5 per 100,000 population. The rate exceeds the county at 232.2 and the state at 203.2.</li> </ul>
Leading cause of death among residents: Stroke	Stroke	Residents	<ul style="list-style-type: none"> <li>The third leading cause of death is stroke, 48.5 per 100,000 population.</li> </ul>

Priority Unmet Needs	Service Category	Target Population	Rationale
High blood pressure prevalence among residents, which is a risk factor for heart disease and stroke	High Blood Pressure	Residents	<ul style="list-style-type: none"> <li>• Four in ten (40%) adults have been diagnosed with high blood pressure.</li> <li>• A higher percentage of poor adults (45.3%) have high blood pressure compared to non-poor (35.7%) adults.</li> </ul>
For African-American and low-income residents, reduce rates of hypertension and diabetes	Diabetes	Low Income/ African-American/ Latino	<ul style="list-style-type: none"> <li>• Nearly one-half (44.7%) of African-American adults have high blood pressure followed by 35.7% of Latino adults and 32.6% of White adults.</li> </ul>
For African-American residents, high rates of hypertension and diabetes, and high rates of diabetes in the Latino population			
Significantly higher percentage of overweight and obese children and adults	Overweight/ Obesity	Adults/ Children	<ul style="list-style-type: none"> <li>• Obesity is a contributing factor to hear disease, stroke and diabetes.</li> <li>• More than one-third (36.6%) of adults are obese, and slightly less than one-third (32%) of adults are overweight.</li> <li>• More than one-third (36.6%) of adults are obese, and slightly less than one-third (32%) of adults are overweight.</li> </ul>
Smoking prevention, interventions, and cessation programs	Smoking Cessation	Residents	<ul style="list-style-type: none"> <li>• A higher percentage of poor adults (30.8%) smoke cigarettes compared to non-poor adults (22.5%).</li> <li>• One-quarter (25.4%) of children in the service area are obese, and one in six (16.6%) are overweight</li> </ul>
Access to an ongoing source of health care for homeless persons in this service area – Primary Care, Mental Health, Substance Abuse, Dental Care, and Vision	Homeless – Health Care	Homeless	<ul style="list-style-type: none"> <li>• 648 homeless in Upper Darby/Chester/Haverford/Delaware County Continuum of Care (CoC).</li> <li>• 6,180 homeless in Philadelphia County CoC.</li> <li>• Homeless persons report unmet needs for medical or surgical care, prescription medications, mental health care or counseling, eyeglasses, and dental care. The most frequently cited reasons for each type of unmet need were inability to afford care and lack of health insurance coverage.</li> </ul>
Linguistically and culturally appropriate services, including interpreters and health literature in African languages in particular	Cultural/ Immigration	Immigrant	<ul style="list-style-type: none"> <li>• Meeting participants reported that West African immigrants need printed materials translated into French and added that among immigrant populations, hospitals are unfavorably viewed as government entities.</li> <li>• Community members also identified that the African populations from Liberia, Mali, the Ivory Coast, Ethiopia, and Sierra Leone as experiencing language and cultural barriers to health care.</li> </ul>
Growing immigrant population			

Priority Unmet Needs	Service Category	Target Population	Rationale
The large percentage of older adults in poor health	Poor Health	Older Adults	<ul style="list-style-type: none"> <li>Among older adults, 26.7% are in fair or poor health.</li> </ul>
Dental care for older adults and low income populations	Dental Care	Older Adults/Low Income/Homeless	<ul style="list-style-type: none"> <li>Three in ten adults (29.7%) did not get dental care due to the cost of the visit. Community meeting participants reported that children and adults enrolled in Medical Assistance have difficulty finding dental care providers who accept Medical Assistance.</li> </ul>
Vision care for older adults and low income populations	Vision	Older Adults/Low Income/Homeless	<ul style="list-style-type: none"> <li>Community meeting participants reported that children and adults enrolled in Medical Assistance have difficulty finding vision care providers who accept Medical Assistance.</li> </ul>
Early prenatal care	OB/GYN	Low Income	<ul style="list-style-type: none"> <li>More than four in 10 women (45.6%) receive pre-natal care during the second or third trimester of pregnancy or no pre-natal care at all.</li> </ul>
Programs that reduce infant mortality among all residents and low birth weight births, especially among African-American women		African-American	<ul style="list-style-type: none"> <li>Infant mortality rate of 12.2 infant deaths per 1,000 live births.</li> </ul>
Teen pregnancy		Teen	<ul style="list-style-type: none"> <li>The average annualized teen birth rate of 14.6 per 1,000 women 10-17 years of age is more than twice that of the state which is 6.9.</li> </ul>
Prescriptions for older adults and low income populations	Prescription Coverage	Older Adults/Low Income/Homeless	<ul style="list-style-type: none"> <li>Nearly one-quarter (23.6%) of adults in the service area do not have prescription drug coverage. 15.9% were prescribed a medication but did not fill the prescription in the past year due to cost. Many older adults have problems affording prescription medications.</li> </ul>
Understanding and trust in the publicly funded health care and insurance system among low income residents, particularly City Health Centers and Federally Qualified Health Centers in Philadelphia	Trust in System	Low Income	<ul style="list-style-type: none"> <li>Community meeting participants felt that people need to trust the messenger first before they can use resources.</li> </ul>





# Mercy Fitzgerald Hospital

A member of Mercy Health System

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