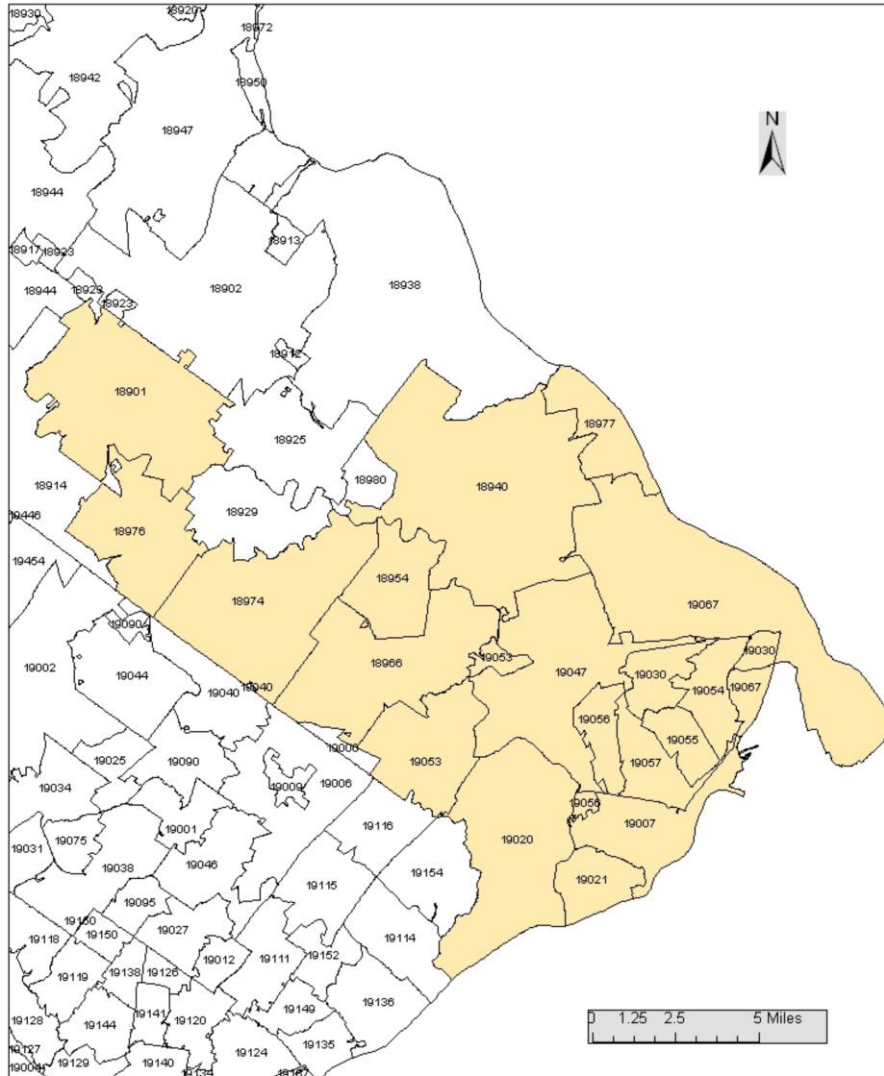




ST. MARY MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT



Prepared by The Research & Evaluation Group, PHMC; November 2012

PREPARED FOR:
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I. INTRODUCTION

PURPOSE AND METHODOLOGY

This report summarizes the results of an assessment of the health status and health care needs of residents of St. Mary Medical Center's service area. The needs assessment was conducted by Public Health Management Corporation, a private non-profit public health institute. 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.

This introduction includes a definition of the community assessed in the report, the demographic and socioeconomic characteristics of the residents, and the existing health care resources followed by II. Needs Assessment Process and Methods; III. Findings; and IV. Unmet Needs. Tables, maps, and a list of community members who participated in the needs assessment are included in the Appendices.

Quantitative information from the U.S. Census, Pennsylvania Department of Health vital statistics, and the Southeastern Pennsylvania Household Health Survey was analyzed for the hospital's 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. The unmet health care needs for this 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. In addition, for Household Health Survey measures, tests of significance were conducted to identify and prioritize unmet needs.

PHMC also collaborated with the participating hospitals to identify individuals living and/or working in the communities in the hospitals' service areas who could provide input to 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. (For a list of the names, titles, organizations, and area of expertise of community meeting participants, see Appendix A). The participating hospitals and PHMC worked together to obtain meeting venues, contact potential participants, and encourage attendance. Meeting participants were not compensated. Input from the community meeting participants, including county and local health department officials and public health experts, was used to further identify and prioritize unmet needs, local problems with access to care, and populations with special health care needs.

Qualitative information from the community meetings was analyzed by identifying and coding themes common to participants, and also themes that were unique. The resulting analysis was organized into major topic areas related to health status, access to care, special population needs, unmet needs, and health care priorities.



PUBLIC HEALTH MANAGEMENT CORPORATION QUALIFICATIONS

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 nonprofit public health institute that creates and sustains healthier communities and envisions a healthy community for all. PHMC uses best practices to improve community health through direct service, partnership, innovation, policy, research, technical assistance, and a prepared workforce.

PHMC's Research and Evaluation Group (REG) was uniquely qualified to provide comprehensive CHNA services to DVHC's not-for-profit member hospitals and facilities. 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 are public health experts who have conducted many CHNAs over the past twenty years for hospitals, health departments, foundations, and other non-profits.

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

- 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
- 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

PHMC's CHNA qualifications also include the Southeastern Pennsylvania Community Health Data Base (www.CHDBdata.org), which 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 the largest regional surveys of its kind. REG staff Francine Axler and Lisa R. Kleiner are the co-directors of the community health needs assessment.

Francine Axler, Senior Research Associate. 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, Senior Research Associate. For the past twenty-five years, Lisa has worked on a broad range of evaluation, research, and technical assistance projects. Lisa has conducted and coordinated over 25 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.



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 Workgroup consisted of representatives from the following collaborating hospitals, health systems, and organizations:

Collaborating Organizations
Abington Health
Aria Health
Bucks County Health Improvement Partnership
The Children's Hospital of Philadelphia
Crozer-Keystone Health System
Einstein Healthcare Network
Holy Redeemer
Jefferson Health System
Magee Rehabilitation Hospital
Main Line Health
Mercy Health System of SEPA
Penn Medicine (UPHS)
St. Mary Medical Center
Temple University Health System

The 24-member workgroup included representatives from 13 hospitals and health systems representing 35 (70 percent) 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.

Under the workgroup’s guidance, DVHC developed a scope of work to define the research services and other resources which hospitals might need to assist them in conducting community health needs assessments. Based on the scope of work, DVHC issued a request for proposal to identify highly qualified research partners who could support hospitals in conducting needs assessments.

After a rigorous evaluation process that included extensive input from workgroup members, Public Health Management Corporation (PHMC) was selected as the most appropriate research partner. PHMC’s selection was due in part to their Community Health Data Base’s in-depth, zip-code-level health information for the five-county region. In addition, many hospitals are familiar with this resource and are or have been database subscribers.



With direction and guidance from the workgroup, DVHC and PHMC then collaborated to develop the overall approach to conducting needs assessments for hospitals wishing to participate in the program. Twenty-seven DVHC member facilities participated in the program, as listed below.

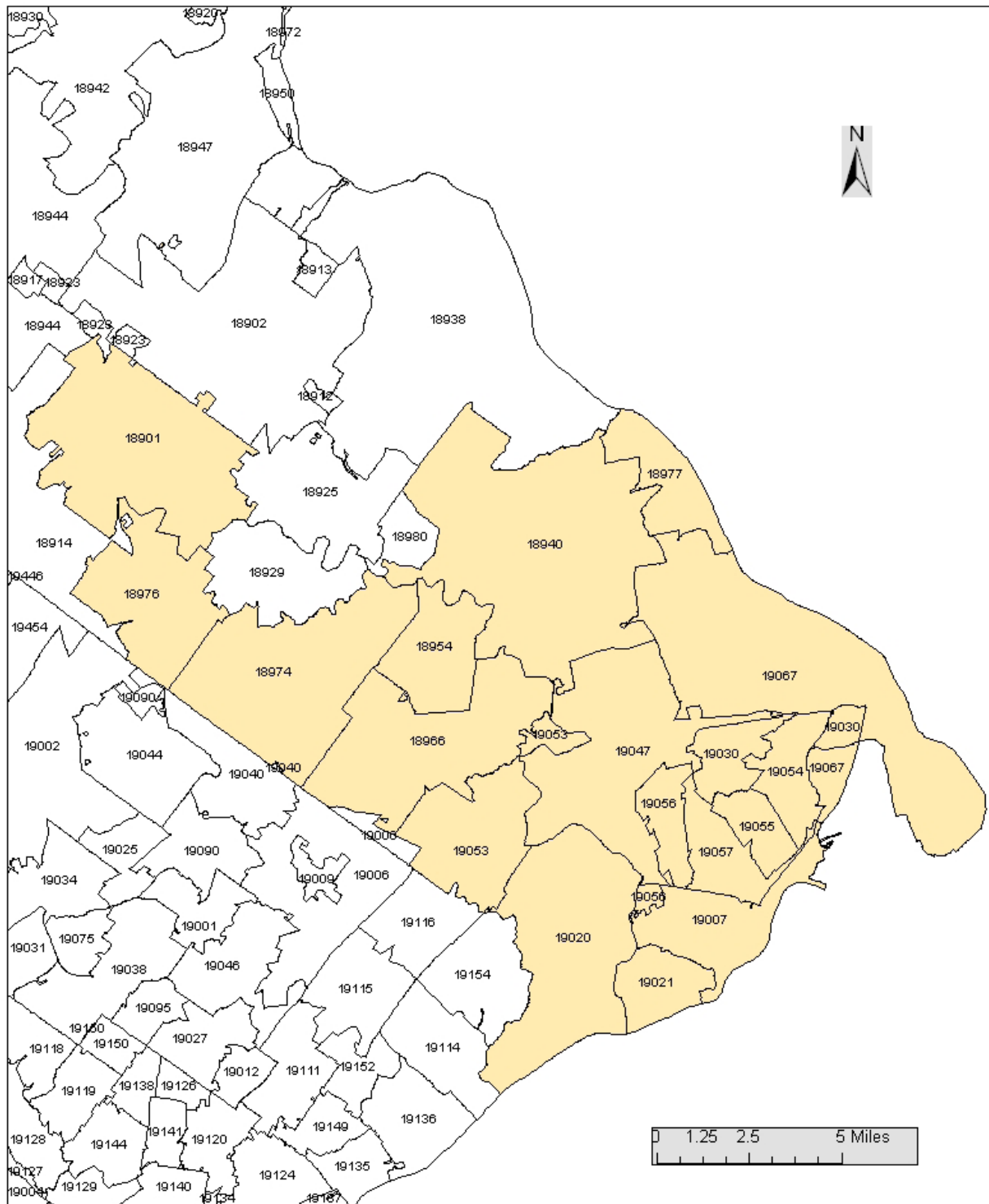
- | | |
|--|--|
| Abington Memorial Hospital | Grand View Hospital |
| Lansdale Hospital | Holy Redeemer Hospital |
| The Children's Hospital of Philadelphia | Mercy Fitzgerald Hospital |
| Crozer-Chester Medical Center | Mercy Philadelphia Hospital |
| Delaware County Memorial Hospital | Mercy Suburban Hospital |
| Springfield Hospital | Nazareth Hospital |
| Taylor Hospital | St. Mary Medical Center |
| Doylestown Hospital | Temple University Hospital |
| Eagleville Hospital | Jeanes Hospital |
| Einstein Medical Center Philadelphia | Fox Chase Cancer Center |
| Einstein Medical Center Elkins Park | Episcopal Hospital |
| Einstein Medical Center Montgomery | Hospital of the University of Pennsylvania |
| MossRehab | Pennsylvania Hospital |
| Belmont Behavioral Health Center for Comprehensive Treatment | Penn Presbyterian Medical Center |

COMMUNITY DEFINITION

St. Mary Medical Center is located in Langhorne in Bucks County, Pennsylvania. The hospital’s service area (2010 Pop. 446,200¹) was defined as the community for the purposes of this assessment. The service area includes the following ZIP codes in Bucks County, Pennsylvania:

St. Mary Medical Center
18901, 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, 19067

¹ Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Prepared by The Research & Evaluation Group, PHMC; November 2012



Community Demographics

This report includes a description of demographic and socioeconomic characteristics of the residents of St. Mary Medical Center's service area, as these characteristics are strong indicators of access to health care and good health. See Appendix A for complete demographic tables.

Population:

- **The total population of St. Mary Medical Center's service area increased to approximately 446,200 residents in 2010 from 438,700 residents in 2000.**
- The service area's population is projected to increase slightly in 2013 (to 446,900 residents) and increase again in 2018 (to 448,300 residents).

Demographic Characteristics

Age

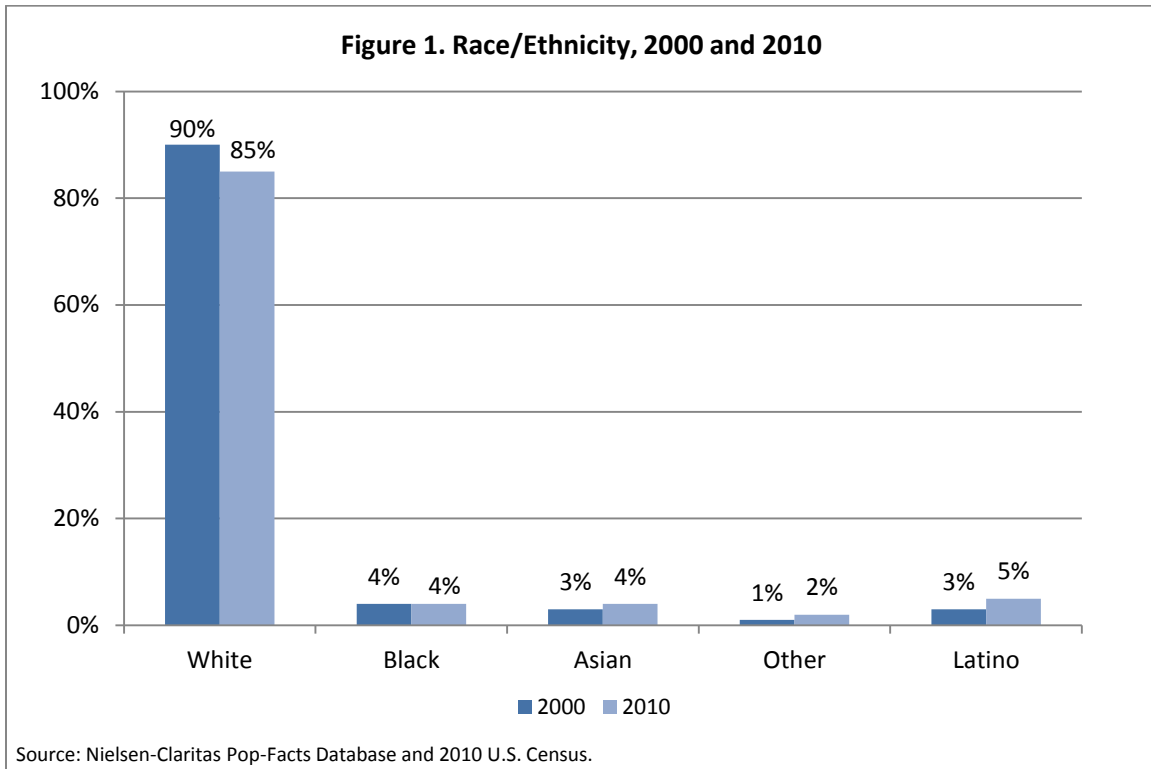
- In St. Mary Medical Center's service area, **just under one-quarter of residents are between the ages of 0-17 (22%), nearly one-third are 18-44 (32%), more than three in ten are 45-64 (31%), and 15% are 65 or older.**
- When comparing with 2000, the service area saw a **decrease in the percentage of younger residents**, including those ages 0-17 and ages 18-44, and **an increase in the percentage of older residents**, including those ages 45-64 and those age 65 and older.
- The trend toward an aging population in the service area is expected to continue through 2018.
- Age group population percentages in the service area are comparable with those of Bucks County and Pennsylvania as a whole.

Gender

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

Race/Ethnicity

- In St. Mary Medical Center's service area, **85% of residents identify as White, 5% identify as Latino, 4% identify as Black, 4% identify as Asian, and 2% identify as an "other" race/ethnicity.**
- The service area saw some changes in the racial/ethnic identity of its population from 2000 with increasing percentages of non-White residents; this trend is projected to continue through 2018 (Figure 1).
- In comparison to Bucks County, the service area has a slightly higher percentage of Black residents and Latino residents, and a smaller percentage of White residents.
- Overall, the service area has a higher percentage of White residents when compared with the state as a whole.



Latino Origin

- St. Mary Medical Center’s service area has a small Latino population that has largely remained consistent over time, with most Latino residents identifying Puerto Rican.
- The Latino population in the service area is projected to increase slightly through 2018.
- While the breakdown of specific origin among the Latino population in the service area is comparable with that of Bucks County as a whole, the service area has a slightly smaller percentage of Puerto Rican residents than the state of Pennsylvania.

Asian Origin

- In St. Mary Medical Center’s service area, **approximately 4% of residents identify as Asian.**
- Asian residents most commonly identified as Indian.
- When comparing with the county, there is little variation, however the service area has a slightly higher percentage of Indian residents than the state.

Language Spoken at Home

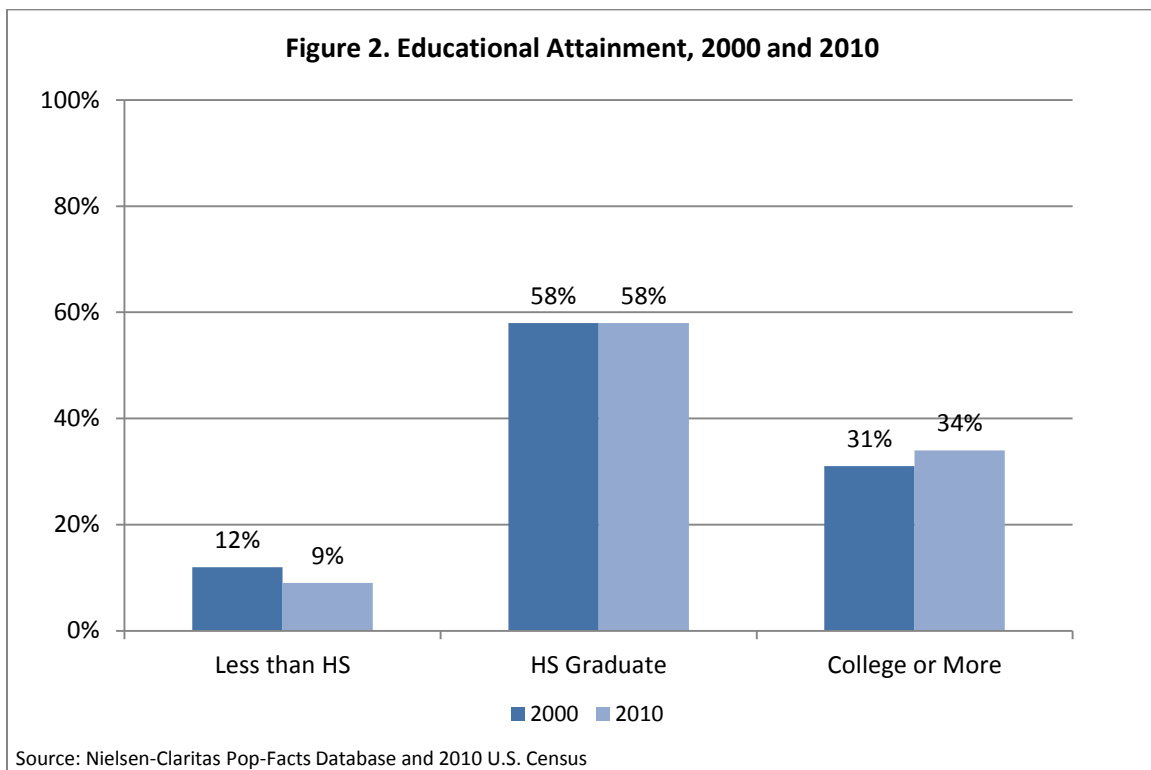
- **The majority of residents in the St. Mary Medical Center service area speak English at home (89%),** 3% speak Spanish, 2% speak an Asian language, and 7% speak an “other” language.
- The distribution of languages spoken in the home among residents in the service area largely reflects the languages spoken in Bucks County and the state as a whole.



Socioeconomic Indicators

Education

- **Less than one-tenth of residents in St. Mary Medical Center’s service area have less than a high school degree (9%), more than half of residents have a high school diploma (57%), and more than one-third have a college degree or more (34%).**
- The service area saw some improvement in educational attainment from 2000 (Figure 2).
- Educational attainment in the service area reflects that of residents in Bucks County.
- However, the service area (and the county as a whole) has a lower percentage of residents with less than a high school diploma and a **higher percentage of those with a college degree compared with Pennsylvania.**



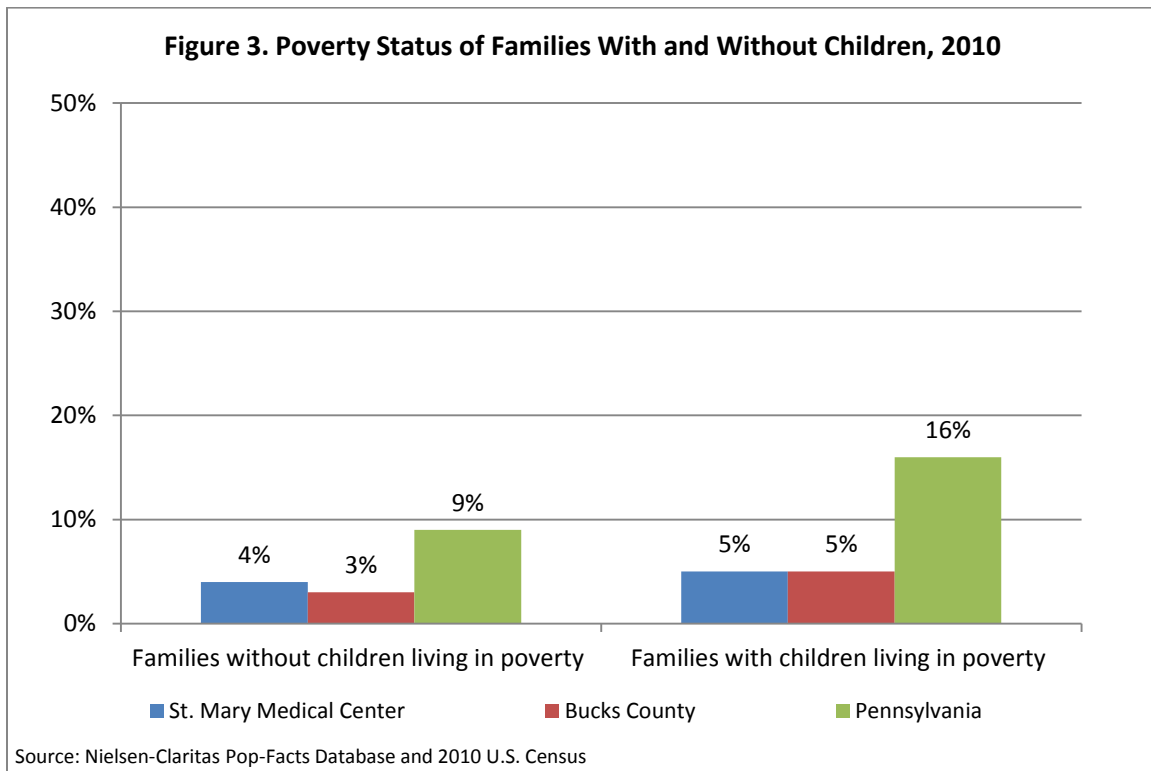
Employment

- **Approximately 96% of the service area’s residents are employed and 4% are unemployed.**
- The percentage of those who are unemployed is **projected to rise to 8% in 2013.**
- Employment percentages in St. Mary Medical Center’s service area reflect those of residents in Bucks County as a whole.
- **In comparison to the state of Pennsylvania, the service area has a higher percentage of employed residents.**



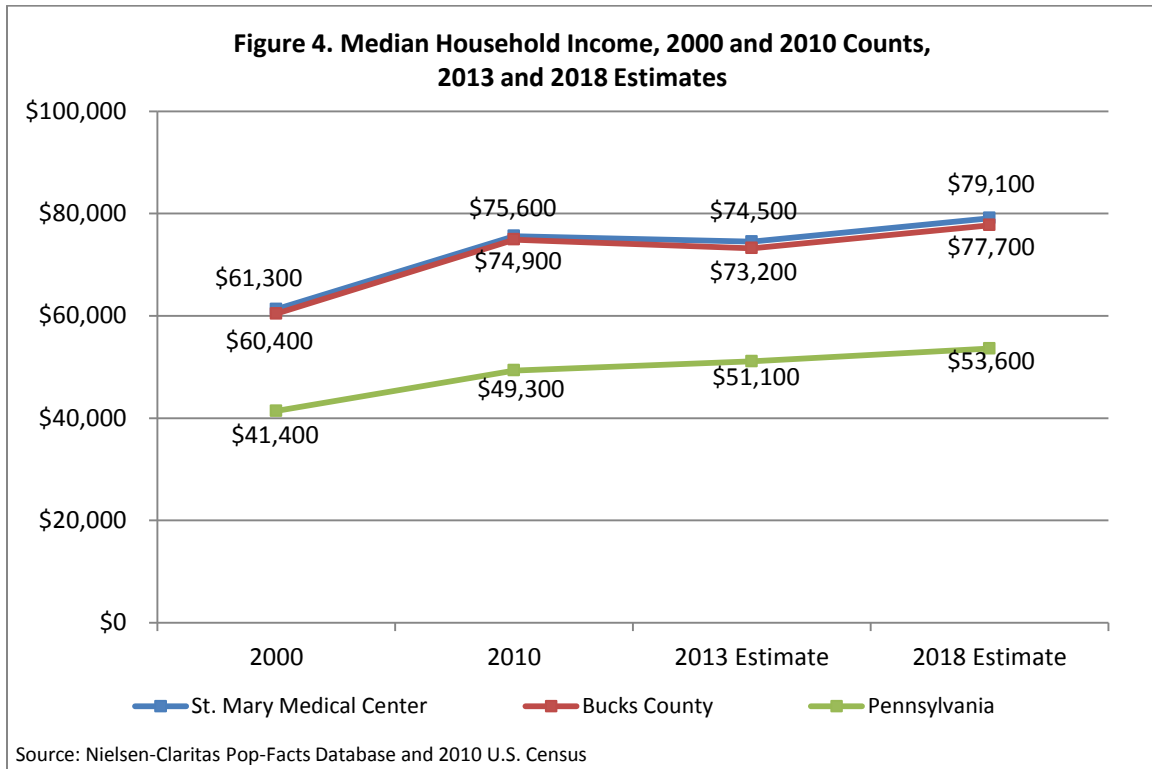
Poverty Status

- When looking at poverty status, **4% of families without children and 5% of families with children are living in poverty in St. Mary Medical Center’s service area.**
- The percentage of families without children living in poverty increased slightly from 2000 and the percentage of families with children is projected to increase in 2013.
- **The service area has comparable percentages of families who are living in poverty (both families with and without children) to Bucks County as a whole.**
- Compared with the state, however, the service area has lower percentages of both families without children who are living in poverty and families with children who are living in poverty (Figure 3).



Median Household Income

- **The 2000 median household income in the St. Mary Medical Center service area was approximately \$61,300, which increased to around \$75,600 in 2010.**
- Although 2010 saw an increase in the median household income, this number is projected to drop slightly to \$74,500 in 2013, and then rise again in 2018.
- **The median household income in the service area is slightly higher than that of Bucks County, and substantially higher than that of Pennsylvania as a whole. (Figure 4)**



Home Ownership

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

EXISTING HEALTH CARE 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 included in the resources list but not on the maps. 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 Maps 1 and 2 of the hospital’s service area and for Bucks County on Maps 3 and 4 in Appendix E.



II. NEEDS ASSESSMENT PROCESS AND METHODS

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

DATA ACQUISITION AND ANALYSIS

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

Data Sources and Dates

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

Community Health Needs Assessment Data Sources

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

PHMC Southeastern Pennsylvania Household Health Survey

The 2012 Southeastern Pennsylvania Household Health Survey questionnaire examines health status, utilization of and access to health care among adults and children in the five county area including Bucks, Chester, Delaware, Montgomery and Philadelphia counties. The survey includes many questions which have been administered and tested in national and local health surveys, including items from instruments developed by the following organizations: the National Center for Health Statistics (NCHS) for the National Health Interview Survey (NHIS), The Behavioral Risk Factor Surveillance System (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).

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



child under the age of 18.

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

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

U.S. Census

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

Vital Statistics

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



COMMUNITY REPRESENTATIVES

Information on the health status and health care needs of the residents of the hospital service area was also collected from the community through a series of community meetings with residents, public health representatives, service providers, and advocates knowledgeable about community health. PHMC held several meetings that were guided by a set of written questions. One of those meetings was held at the Middletown Country Club in Langhorne, PA on September 25, 2012. Twenty-one community leaders, providers, and public health representatives participated in these meetings. (For a list of participants' names, titles, and affiliations, please see Appendix A).

Additional community meetings were organized by the Lehigh Valley Research Consortium (LVRC). Two community meetings were held on November 13, 2012 in Bensalem, PA with clients from Bensalem Community Ministries. These participants were recruited over approximately ten days; consumers visiting the four community ministry facilities during these ten days were invited to indicate their interest in participating in the focus groups by completing a postcard. Promotional materials for these focus groups were widely distributed and indicated that all participants would receive small compensation for their time. A third community meeting was held on January 16, 2012 at the Middletown County Club in Langhorne, PA with behavioral and mental health providers. These participants were recruited by staff members of St. Mary Medical Center, representing public, private, and nonprofit mental and/or behavioral health agencies. These agencies included Foundations Behavioral Health, Bucks County Behavioral Health, Family Services Association, Libertae, Lenape Valley Foundation, Family Services Association, Care Management at St Mary's Medical Center, Bucks County Housing Group, Bucks County Drug and Alcohol Commission, and Lower Bucks Hospital. Findings from these meetings were incorporated into this report.

INFORMATION GAPS

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

The next section, Findings, summarizes the results of the needs assessment process.



III. FINDINGS

HEALTH NEEDS OF THE COMMUNITY

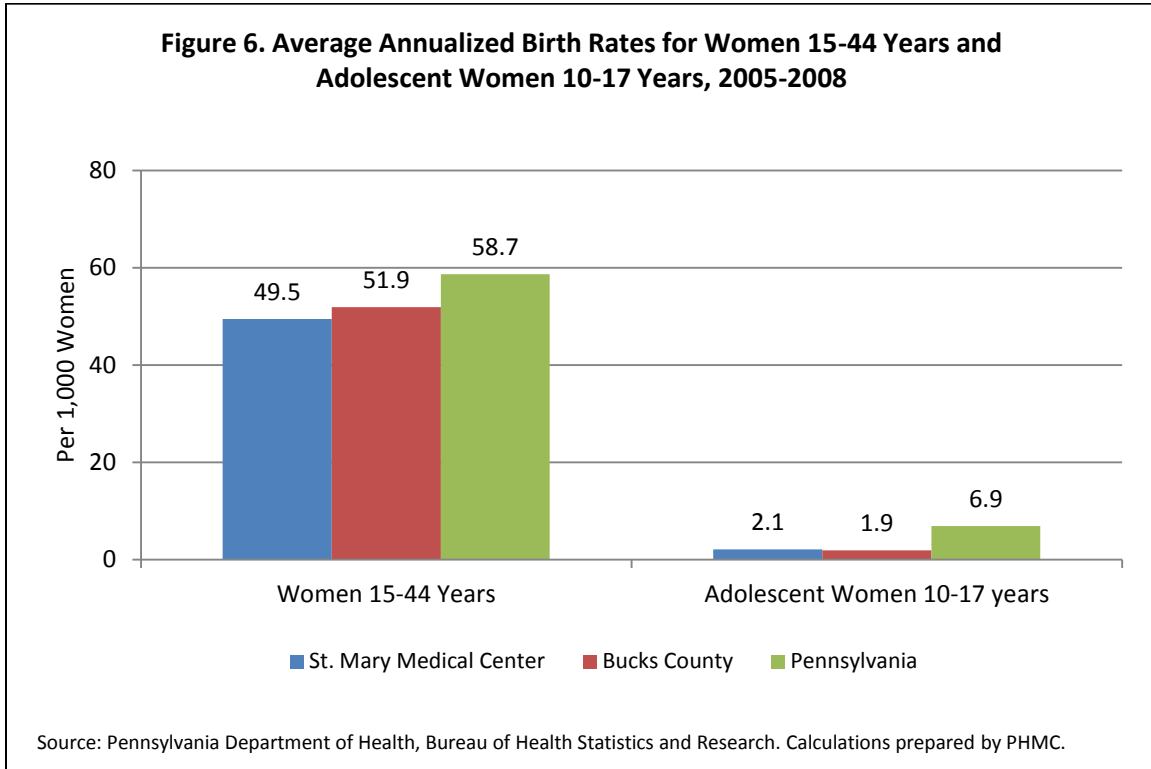
The health of a community can be assessed by comparing birth outcomes, self-reported health status and health conditions, communicable disease rates, self-reported health concerns and perceptions, and mortality rates to statewide indicators and Healthy People 2020 goals for the nation.

Birth Rate

- **There is an average of nearly 4,500 births annually to women in St. Mary Medical Center’s service area.**
- The birth rate in the service area (49.5 per 1,000 women 15-44 years of age) is generally comparable with the Bucks County rate (51.9) but lower than the Pennsylvania rate (58.7) (Figure 5).
- **Women of an “other” race have the highest birth rate (112.8), while White women have the lowest birth rate (44.9),** and are comparable with the county’s birth rate patterns.

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

- **In the service area, the adolescent birth rate is 2.1 per 1,000 women 10-17 years of age, which is comparable with the county rate (1.9) but much lower than the state rate (6.9)** (Figure 6).
- **The adolescent birth rate is highest for Latina women (11.0)** and lowest for White women (1.5). The racial and ethnic birth rates in the service area are comparable with the county’s adolescent birth rates but are generally lower than the state’s rates.

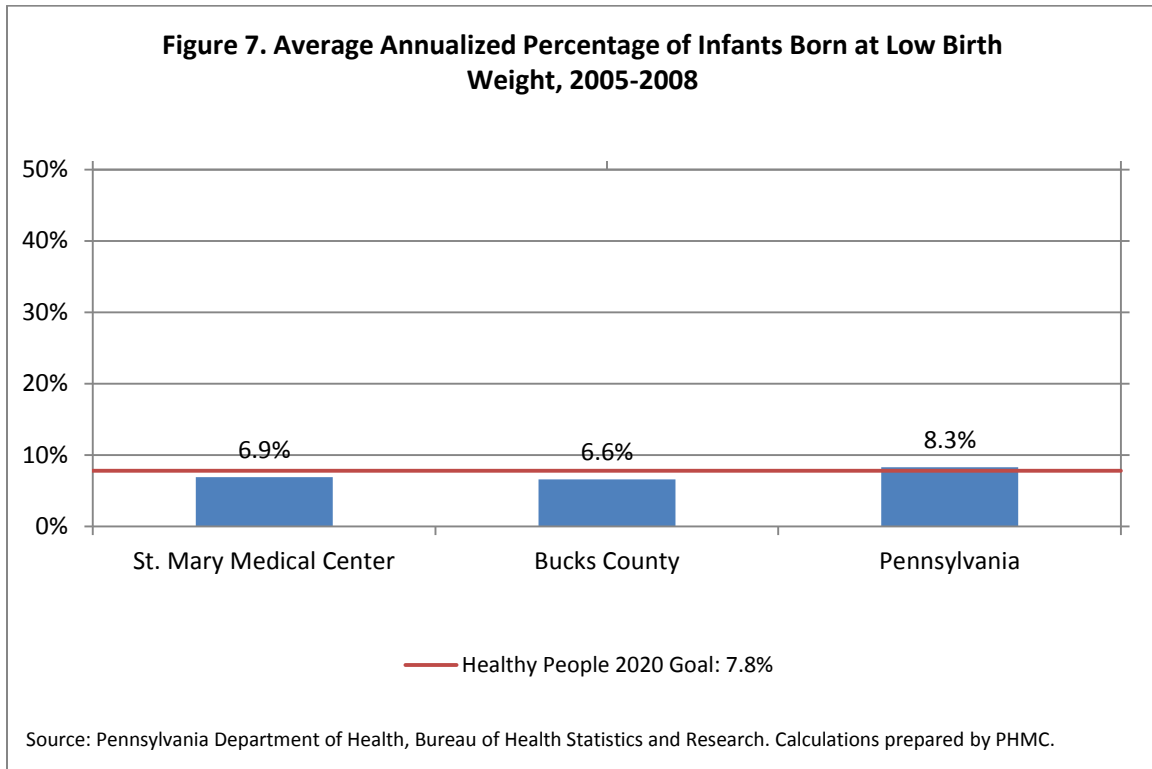


At the community meetings, one participant mentioned a dramatic surge in teenage pregnancies in one school district, where the number of pregnancies had increased to nearly 35 this year, and stressed the need for sexual health education.

Low Birth Weight

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

- **In St. Mary Medical Center’s service area, 6.9% of infants are low birth weight; this is comparable with the county average (6.6%) and the state average (8.3%) and is within the Healthy People 2020 guidelines.** This percentage represents an annual average of more than 300 low birth weight infants (Figure 7).
- The percentage of **low birth weight infants is highest among Black infants (9.5%)** and lowest for White infants (6.6%). In general, the racial and ethnic percentages of infants in the service area who are born at low birth weight are comparable with the county and the state.



Infant Mortality Rate

- **In St. Mary Medical Center’s service area, every year an average of 22 infants die before their first birthday, or 4.9 infant deaths per 1,000 live births.**
- The infant mortality rate for the service area is comparable with the county rate (4.4) and slightly lower than the state rate (7.5), and has **met the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.**

Self-reported Health Status

Fair or Poor Health

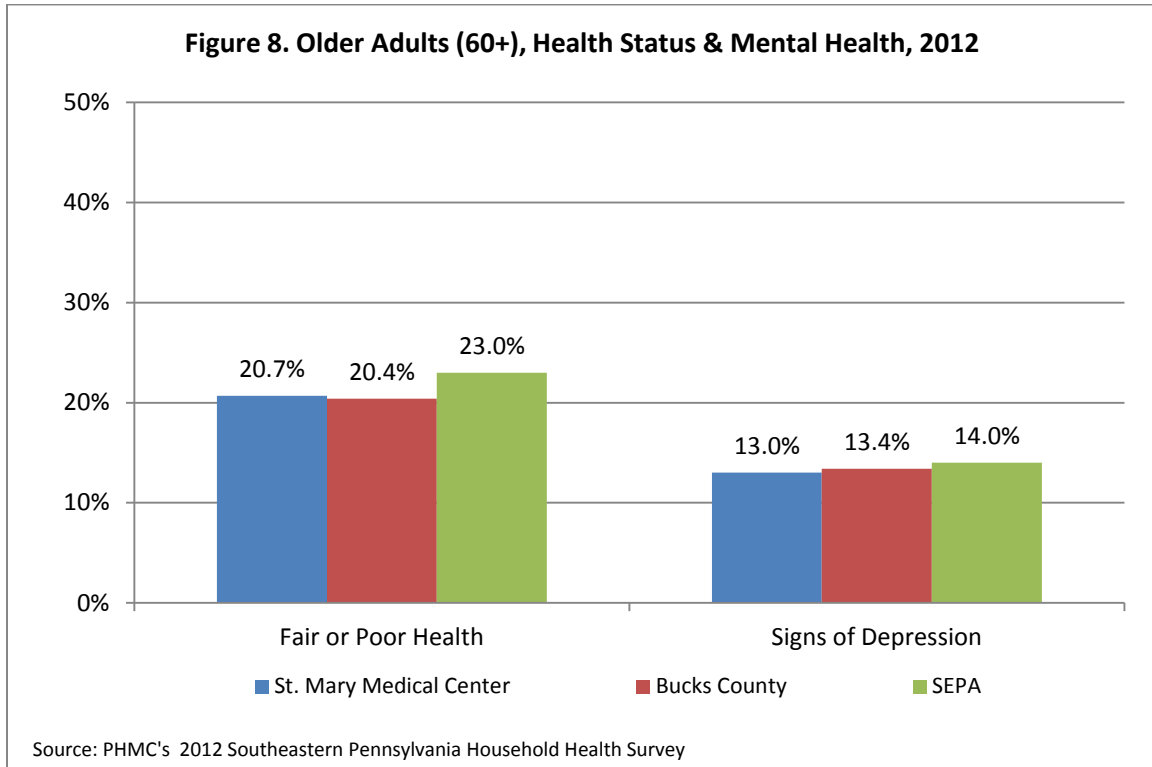
Self-reported health status is one of the best indicators of the population health. This measure has consistently shown to correlate very strongly with mortality rates.² In the St. Mary Medical Center service area, **the majority (85.6%) of adults rates their health as excellent, very good or good** (see Appendix D for Household Health Survey Tables). **However, a sizable percentage (14.4%) of adults are in fair or poor health, representing 50,400 adults.** This percentage is lower than the statewide average³ (16.8%), and the percentage in fair or poor health for the SEPA region as a whole (16.1%).

² 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.

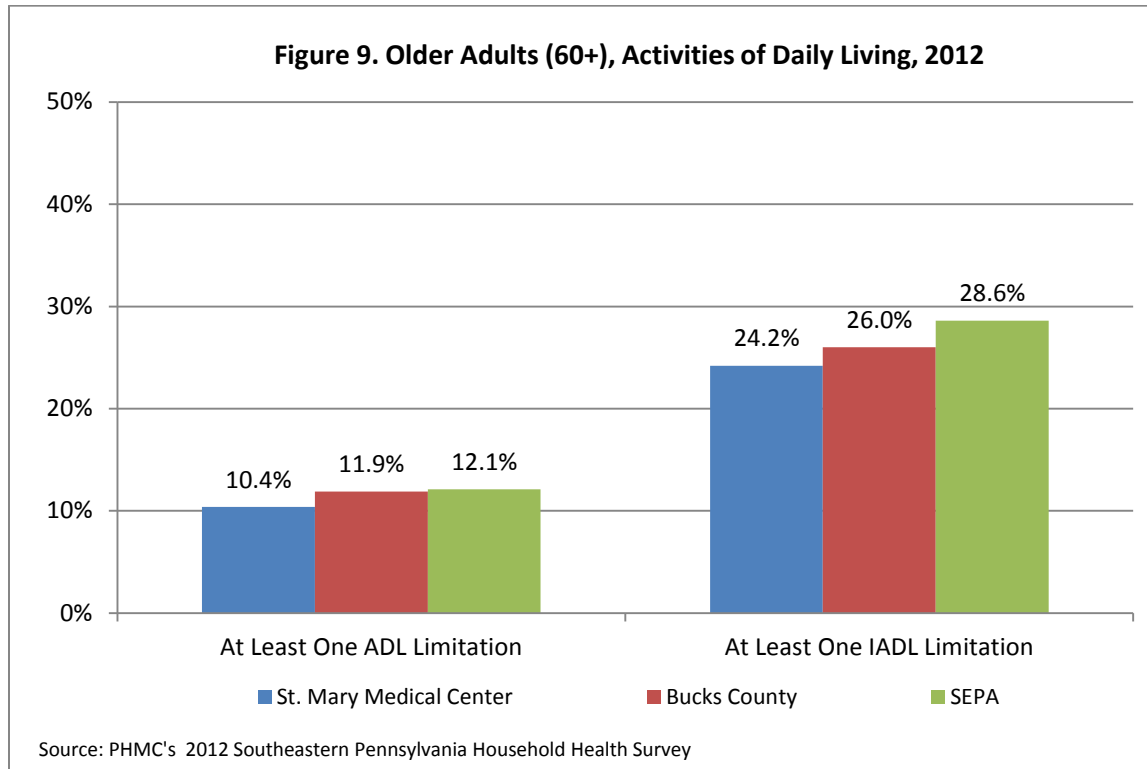
³ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



- Among older adults in the service area, 20.7% are in fair or poor health; this percentage represents 14,700 adults 60 years of age and older. The percentage of older adults in fair or poor health has increased since 2010, from 18.9% (Figure 8).



- One-quarter (24.2%) of older adults 60 years of age or older have at least one instrumental activities of daily living (IADLs) limitations and one in ten (10.4%) has at least one activities of daily living (ADLs) limitations (Figure 9).
- Just over 2% (2.5%) of children in the service area are in fair or poor health.

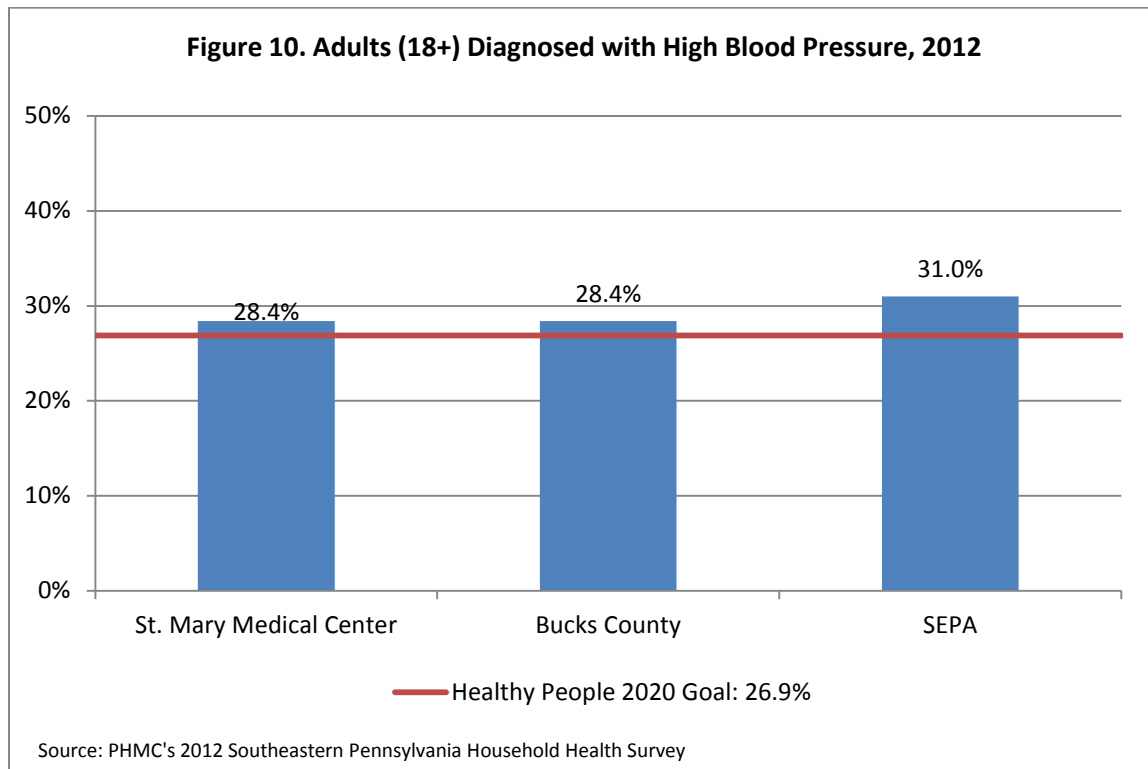


Health Conditions

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

- **Nearly three in ten (28.4%) adults have been diagnosed with high blood pressure; this represents 99,700 adults.** This percentage has slightly decreased from 32.1% in 2010, but is still higher than the Healthy People 2020 goal of 26.9% of adults with high blood pressure. In Pennsylvania, three in ten (31.0%) adults have high blood pressure.⁴ The percentage of adults in the service area with high blood pressure is lower than for the region as whole (31.0%) (Figure 10).

⁴ 2009 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

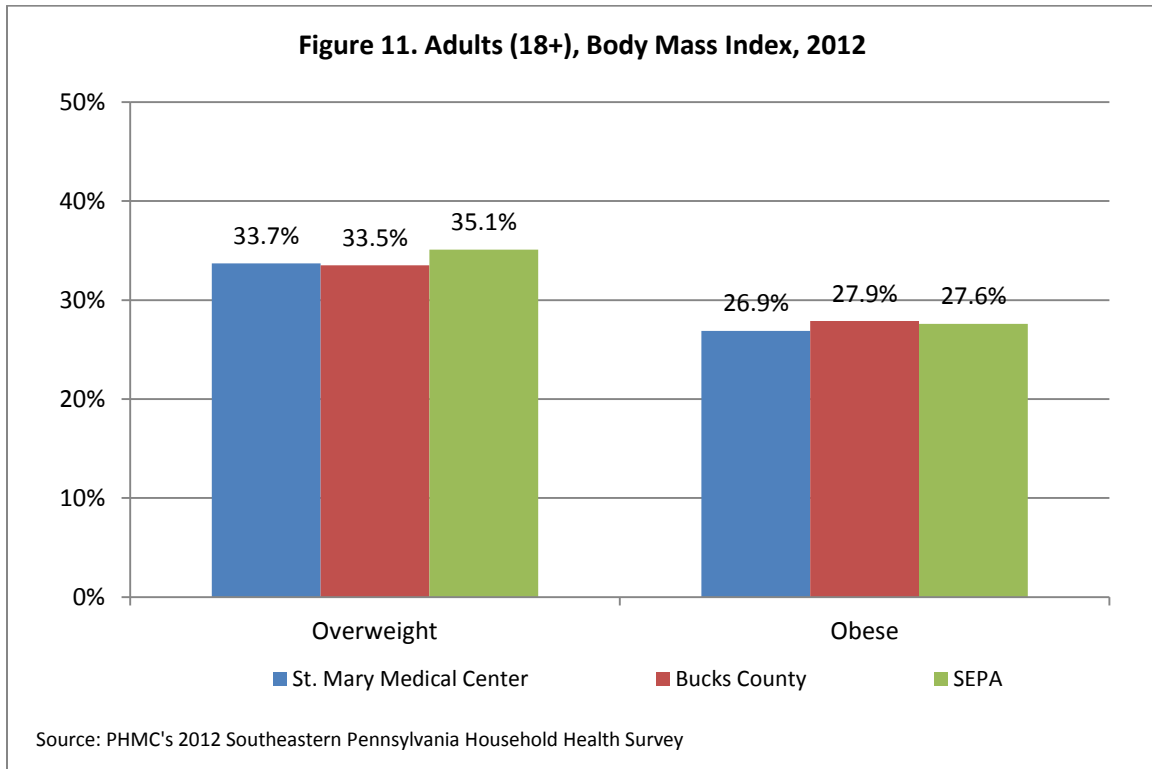


- **One in ten (10.9%) adults in the service area has been diagnosed with diabetes;** this percentage represents approximately 38,200 adults and is similar to the statewide percentage of 9.5% of adults diagnosed with diabetes.⁵ **The percentage of adults in the service area with diabetes is lower than for the region as a whole (12.4%).**
- **One in seven (14.7%) of adults in the service area have asthma.** This percentage is higher than for Pennsylvania (12.9%)⁶ but lower than for SEPA (16%). The percentage of adults with asthma in the service area is slightly lower than adults in Bucks County (15.3%).
- Nine percent (9.5%) of adults in the service area have had cancer at some point in their lives, representing 33,300 adults. **The percentage of adults who ever had cancer is similar to SEPA (8.7%).**
- **More than one-quarter (26.9%) of adults in the service area are obese and one-third (33.7%) of adults are overweight** (Figure 11). A similar percentage of adults are obese or overweight statewide (28.6% and 36.0%, respectively).⁷ The percentage of adults in the service area who are obese has increased since 2010 from 21.8% to 26.9% in 2012. The Healthy People 2020 goal for adult obesity is 30.6%.

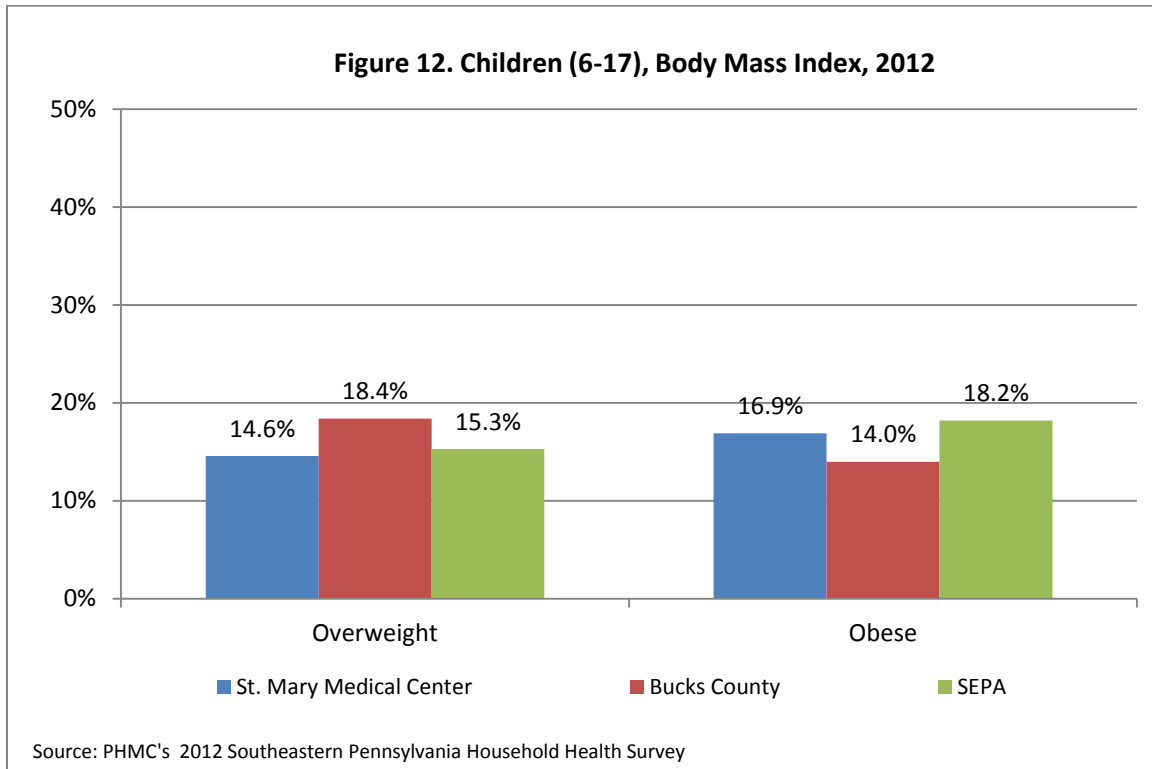
⁵ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

⁶ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

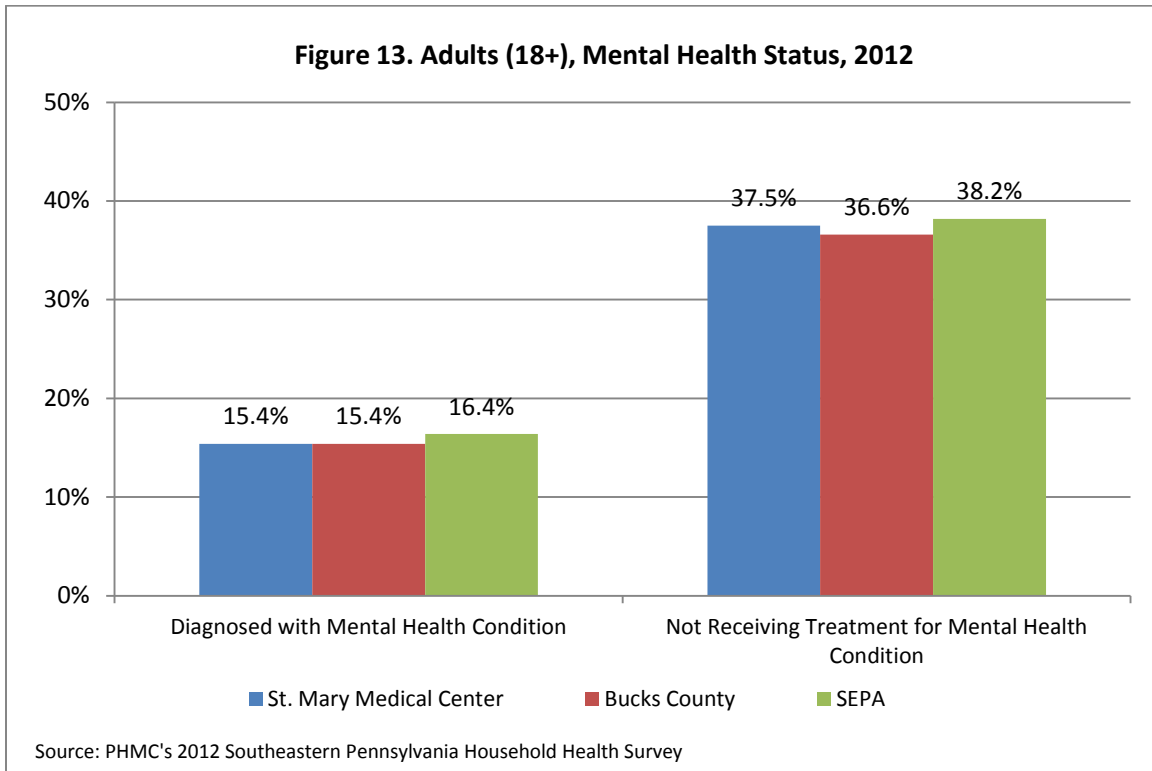
⁷ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



- 16.9% of children in the service area are obese and 14.6% are overweight (Figure 12). The percentage of obese children in the service area is lower than for SEPA as a whole (18.2%). The percentage of obese children in the service area has decreased from 18.7% in 2010 to 16.9% in 2012.



- **Nearly one in six (15.4%) adults in the service area has been diagnosed with a mental health condition;** this percentage represents 53,700 adults (Figure 13). **Of those with a mental health condition, more than one-third (37.5%) are not receiving treatment for the condition.**
- One in eight (13.0%) older adults in the service area has signs of depression, defined as having four or more depression symptom on a ten item scale. This percentage is lower than for the region as a whole (14%).
- Approximately 28,700 adults (8.3%) in the service area are in recovery for a substance abuse problem.



Mental health was a significant topic of discussion in all community meetings. Agency representatives from the community meetings held by LVRC noted that providers often lack the information necessary to refer individuals to mental health care and substance abuse treatment. Participants specifically stated that both in- and outpatient mental health services are difficult to obtain; specifically noting a shortage of psychiatric care, long waiting periods for services, gaps in continuity of care between inpatient discharge and outpatient services, as well as a lack of adequate case management services. Meeting participants also noted some alarming trends: an increase in suicides and an increase adolescent substance abuse, as well as a significant increase in the number of children and adolescents being diagnosed with autism.

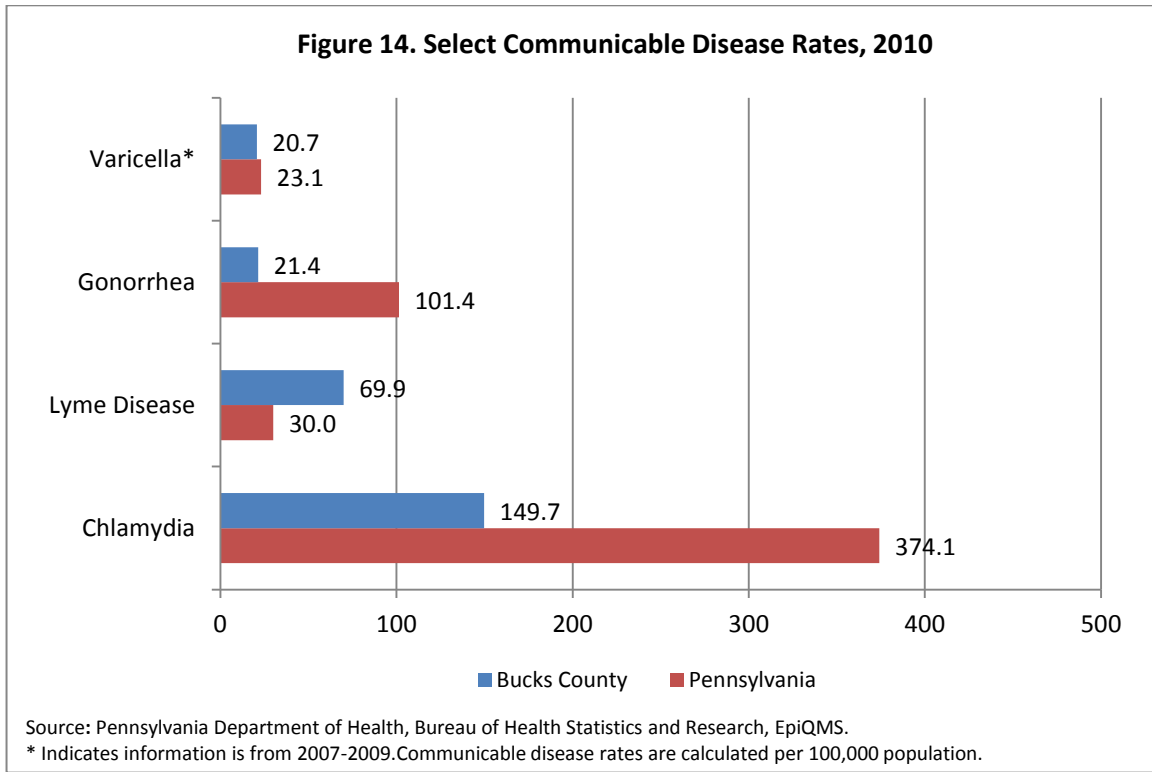
These participants also noted the broader social and environmental determinants shaping emergent mental health care needs. For example, many **participants discussed economic stress and associated income as a critical link between employment, health insurance, and health care.** Participants stated that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

In regards to the mental health of older adults, mental health providers who participated in the LVRC community meetings stressed the need to plan for the growing aging population in Bucks County. It was stated that *“estimates suggest that the older population in Bucks County will double in the next 20 years, bringing with it a need for more services for Alzheimer’s, dementia, and psychotic disorders common among the older adult population.”*



Communicable Diseases

The communicable diseases rates for Lyme disease and pertussis are higher in Bucks County compared with the state, whereas there are higher sexually transmitted disease rates for chlamydia and gonorrhea in the state compared with the county (Figure 14). There are comparable disease rates for chronic Hepatitis B, tuberculosis, and varicella (chicken pox).



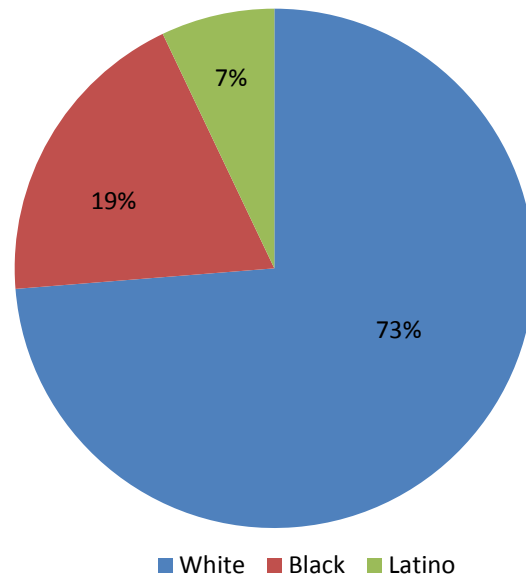
Morbidity

HIV and AIDS

- In Bucks County, there are 582 individuals who are living with HIV, including AIDS, representing a prevalence rate of 93.6 cases per 100,000 population. This prevalence rate is far below the state's rate (244.9).
- Among Bucks County residents who are living with HIV/AIDS, more than eight in 10 (82%) are men.
- Nearly three-quarters (73%) are White, one-fifth (19%) are Black, and 7% are Latino (Figure 15).



Figure 15. Racial and Ethnic Distribution of Individuals Living with HIV or AIDS, Bucks County, 2008



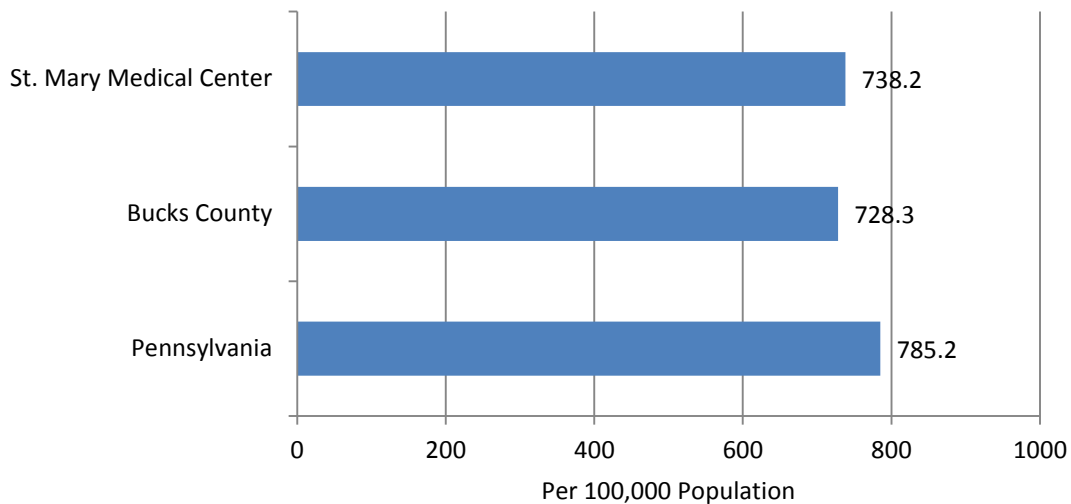
Source: Pennsylvania Department of Health, HIV/AIDS Investigation-Bureau of Epidemiology and American Community Survey.

Overall Mortality

- **The St. Mary Medical Center service area has a slightly higher overall death rate (738.2 per 100,000 population) than the county rate (728.3), but lower than the state rate (785.2)** (Figure 16).
- **In the service area, all cancers combined (173.9) and heart disease (173.8) are the leading causes of death**, whereas all cancers combined (172.6) is the leading cause of death in the county, and heart disease (203.2) is the leading cause of death in the state.
- The other three leading causes of death in the service area are: lung cancer (48.1), stroke (42.9), and female breast cancer (22.6).
- Death rates are generally comparable between the service area and the county; however, there is a higher heart disease death rate in the service area compared with the county.



Figure 16. Average Annualized Overall Mortality Rate, 2005-2008



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

Access and Barriers to Care

The Healthy People 2020 Goals for access to health care include:

- Increase the proportion of the population with health insurance to **100%**;
- Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care or prescription medicines to **9% overall** (4.2% for medical care, 5% for dental care and 2.8% for prescription medications); and
- Increase the proportion of persons with a usual primary care provider to **83.9%**.

Health Insurance Status

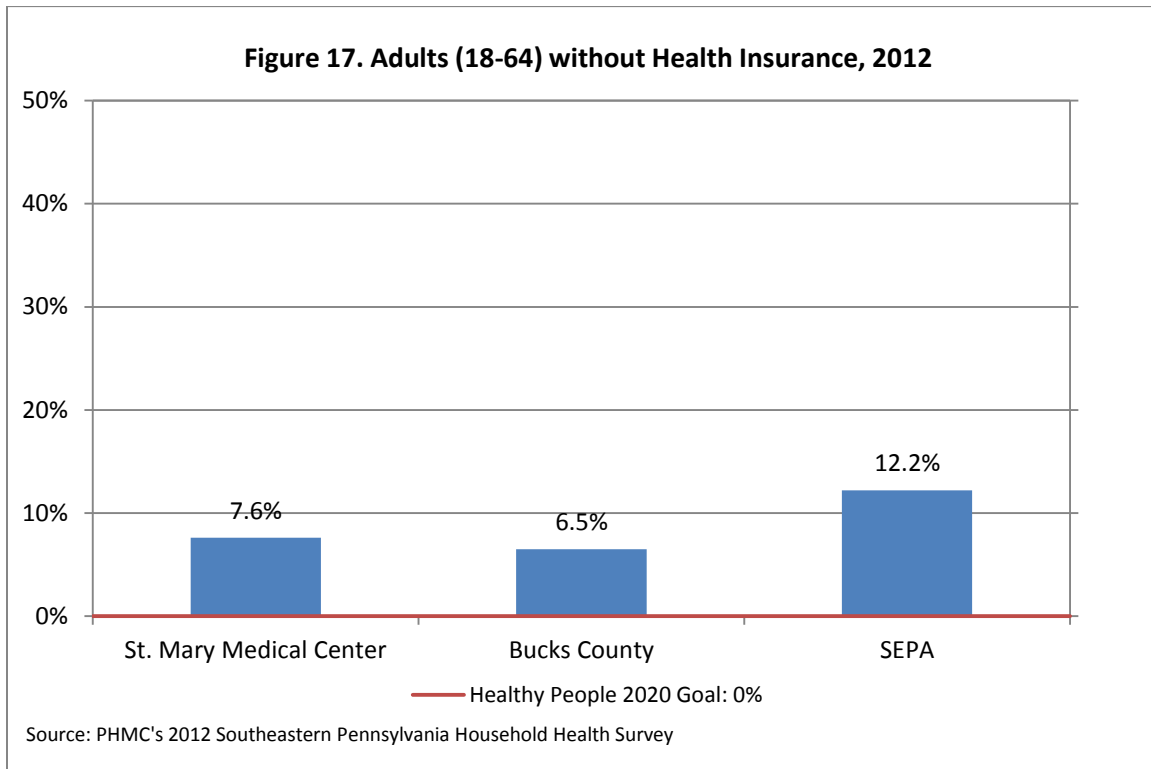
Having health insurance and a regular place to go when sick are important in ensuring continuity of care over time. The majority of adults (92.4%) in the service area have health insurance coverage. However, a sizable percentage of adults do not have any private or public health insurance; **7.6% of adults aged 18-64 in the service area are uninsured, representing 21,000 uninsured adults** (Figure 17). The percentage of uninsured adults in the service area has decreased since 2010 from 9.7% to 7.6% in 2012. **The percentage of adults in the service area without insurance is higher than for adults aged 18-64 in Bucks County (6.5%) and does not meet the Healthy People 2020 goal of 100% of adults with health coverage.**

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



because their family or personal income exceeded eligibility requirements. Others noted their frustration and confusion about why their applications for Medicaid had been denied.

Participants at the community meetings held by PHMC also noted that the majority of free clinic patients are either underinsured or uninsured. Community meeting attendees cited a lack of primary care physicians that accept Medicaid as a problem in the area. Additionally, for Medicaid patients to receive specialty care, travel to Philadelphia is often required.



Prescription Drug Coverage

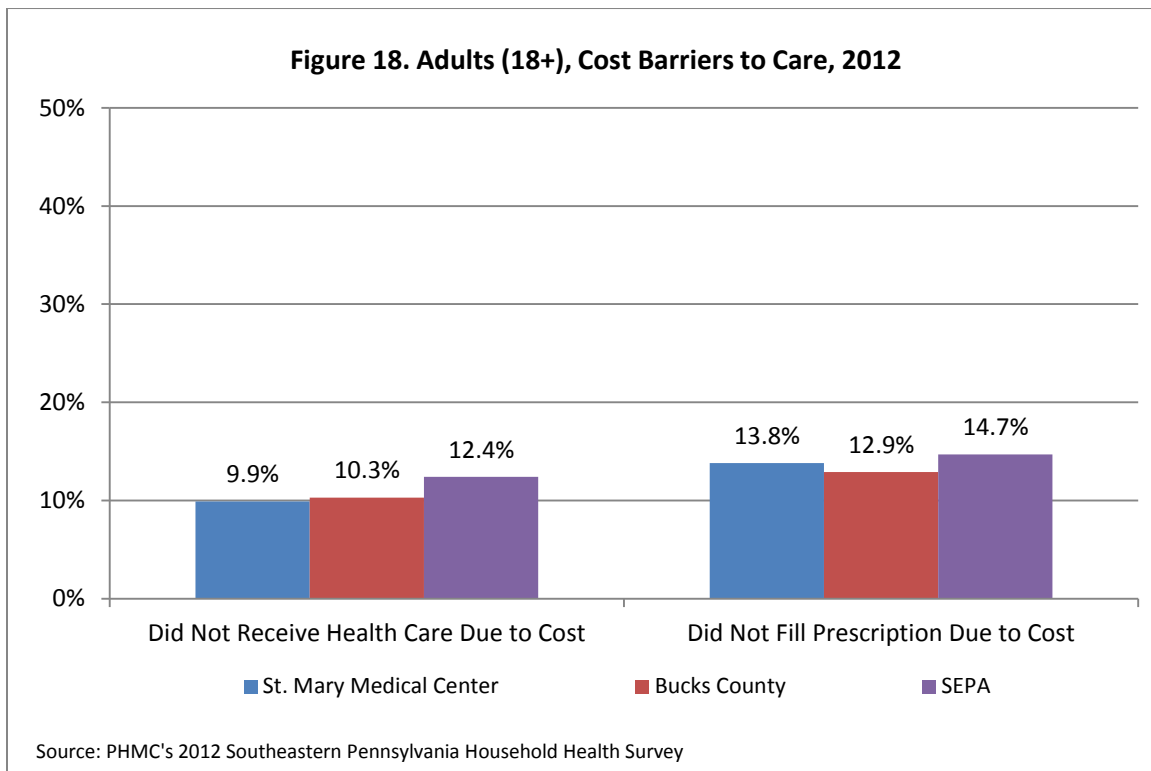
- **One in eight (12.6%) adults in the service area do not have prescription drug coverage.** This percentage represents 43,600 adults without this coverage and is higher than compared with the percentage without prescription coverage in 2010; in 2010 8.5% of adults did not have prescription drug coverage. The percentage of adults without prescription drug coverage in the service area is comparable with the percentage without prescription coverage in Bucks County (13.1%).

Community meeting participants from the LVRC meetings noted issues with the cost of prescription drugs and lack of adequate prescription drug coverage, particularly for those with chronic health conditions that require ongoing, expensive medication, such as diabetes. The gaps in prescription drug coverage for those covered by Medicaid were also a frequent refrain among participants.



Economic Barriers

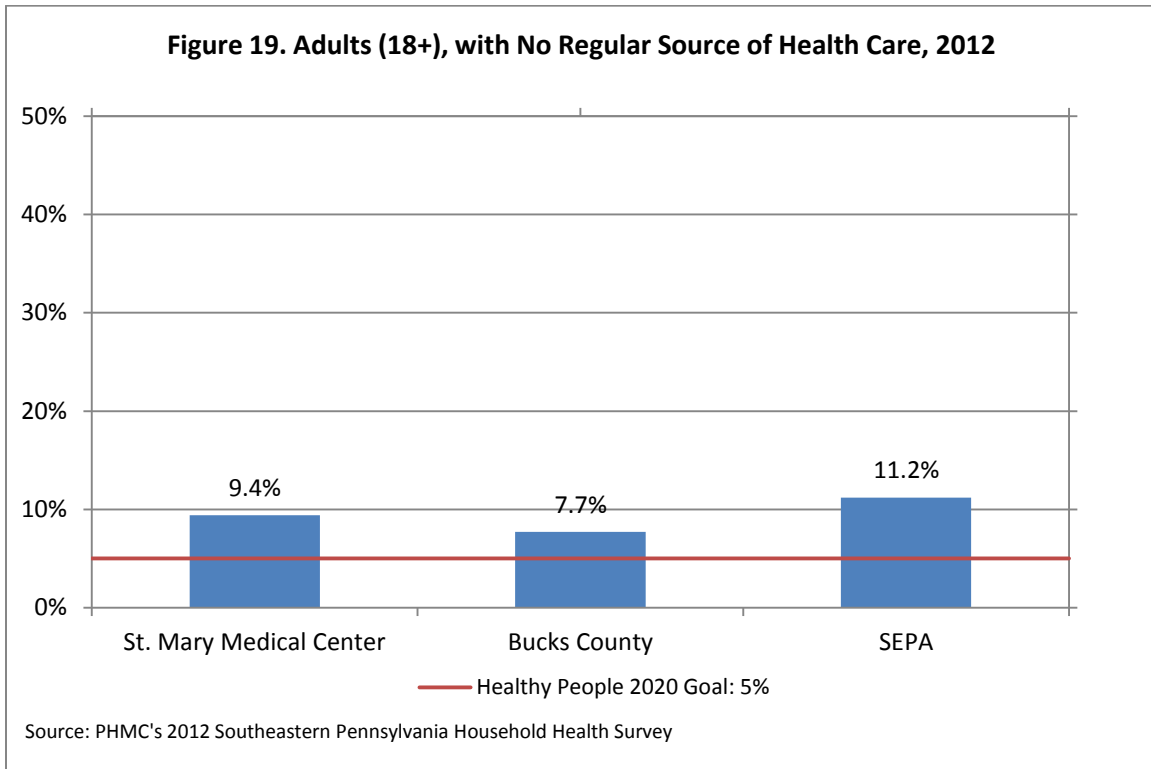
- With or without health insurance, **34,800 adults in the service area are unable to get needed care due to the cost of that care; 9.9% of adults reported that there was a time in the past year when they needed healthcare, but did not receive it due to the cost (Figure 18).**
- **About 48,500 adults in service area (13.8%) were prescribed a medication but did not fill the prescription due to cost in the past year.**
- **Nearly one in four (23.9%) adults in the service area in 2010 did not get dental care due to the cost of the visit.** This percentage is similar to adults in Bucks County (22.3%) and for SEPA (24.1%) as a whole.



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.

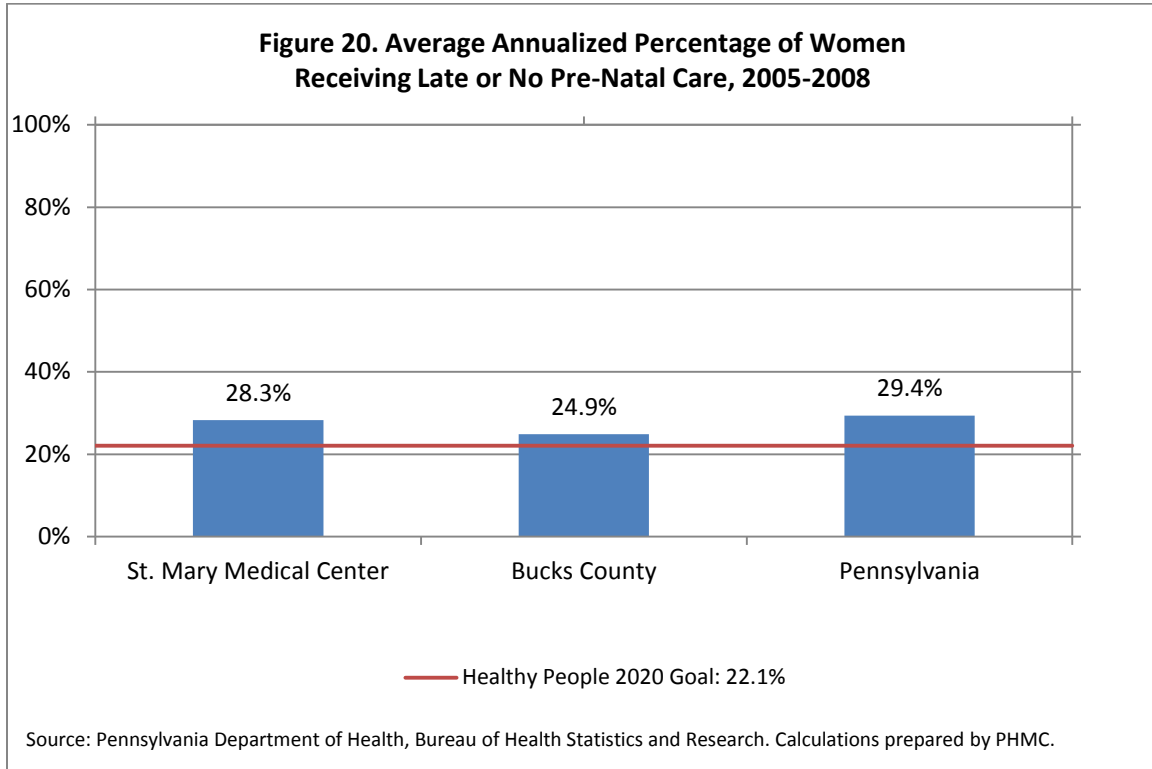
- **In the service area, 9.4% of adults do not have a regular source of care; this percentage represents approximately 33,000 adults (Figure 19).**
- **The percentage of adults in the service area with a regular source of care (90.6%) is higher than the Healthy People 2020 goal of 83.9%.**
 - Most children (97.6%) in the service area have a regular source of care. However, approximately 2,300 children in the service area do not have a regular source of care.



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.

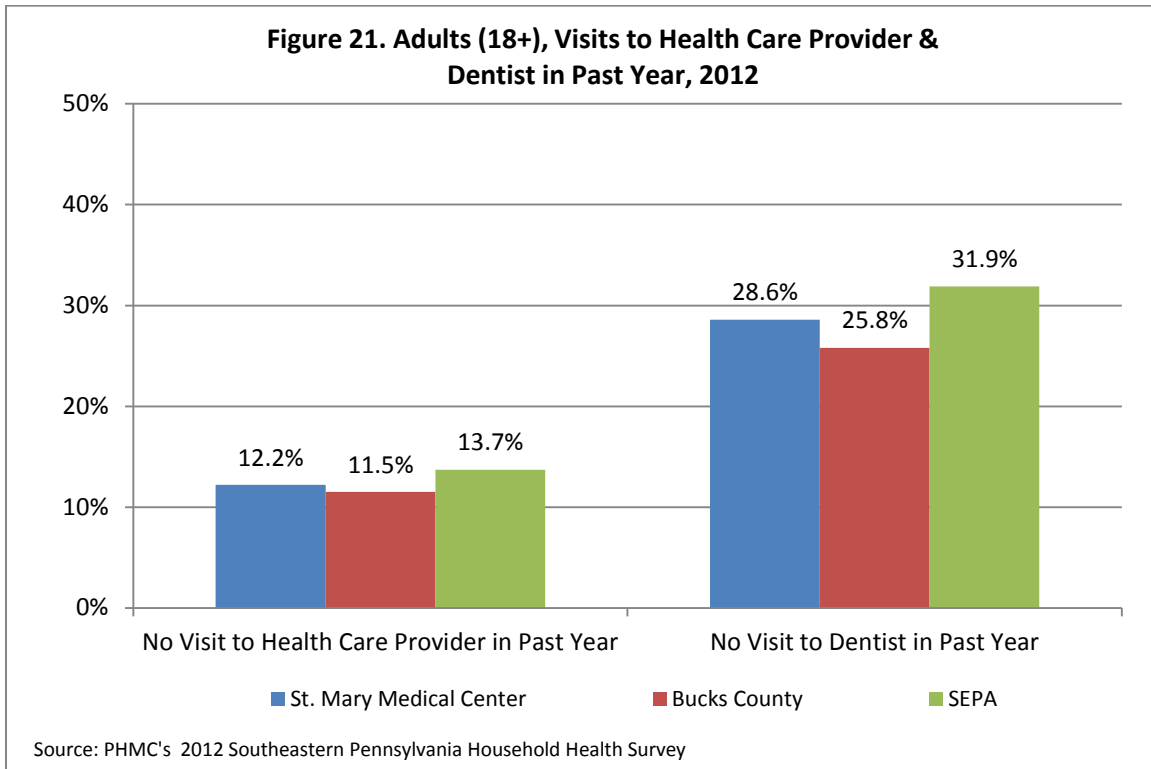
- Nearly three in four women in St. Mary Medical Center's service area (71.7%) receive early pre-natal care, which is comparable with the state average (70.6%) and has not met the Healthy People 2020 target goal (77.9%).
- **In fact, more than one-quarter of women (28.3%) begin receiving pre-natal care during the second or third trimester of pregnancy or receive no pre-natal care at all, representing an average of more than 970 women annually in the service area (Figure 20).**
- More than one-half of Black women (54.7%), compared with 24.6% of White women, receive late or no pre-natal care. In general, similar racial and ethnic pre-natal care patterns are found countywide and statewide.



Utilization of Services

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, one in eight (12.2%) adults did not visit a health care provider in the past year; this percentage represents 42,200 adults (Figure 21).**



Dental Visit

- **Nearly one in three (28.6%) adults in the service area did not visit a dentist in the past year; this percentage represents 100,100 adults. This percentage has increased since 2010 (24.5%) and is higher compared with adults in Bucks County (25.8%) (Figure 21).**
- The percentage of adults (28.6%) who did not visit a dentist in 2012 in the service area is comparable with adults statewide (29.0%).⁸
 - 5.6% of children in the service area did not visit a dentist in the past year. This percentage is higher than compared with children living in Bucks County (3.9%) but is lower than for children in SEPA as a whole (9.3%).

⁸ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



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

- **One in ten (9.5%) adults in the service area did not have a blood pressure test in the past year; this percentage represents 33,200 adults.** The percentage of adults who did not have a blood pressure test in the past year in the service area is comparable with adults in Bucks County (8.3%) and SEPA as a whole (10.4%).

Colonoscopy

Regular screenings beginning at age 50 are fundamental in preventing colorectal cancer.

- More than one in five (21.8%) 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.⁹

Pap Smear Test

- **More than four in ten (43.5%) women in the service area did not receive a Pap test in the past year.** This percentage represents approximately 77,100 women. The percentage of women who have not received a Pap Smear test in the past year is slightly higher in the service area compared with women in Bucks County (42.2%) and for SEPA as a whole (41.9%) (Figure 22).

Mammogram

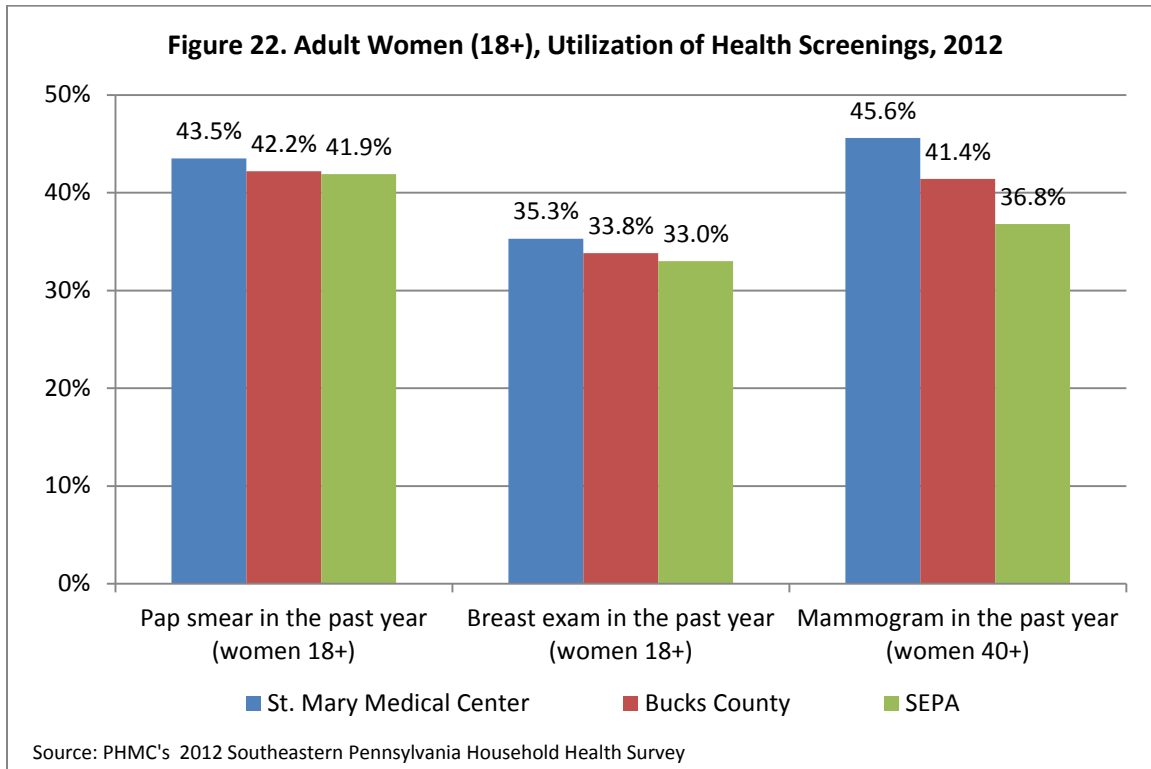
The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health.

- **Nearly one half (45.6%) of women age 40 or older in the service area is not receiving this screening annually. This is higher than the statewide percentage (42.0%)¹⁰ and for the region as a whole (36.8%).**

The findings from the PHMC community meetings showed that woman's health services, specifically obstetrical/gynecological care is a problem.

⁹ 2010 Behavioral Risks of Pennsylvania Adults, PA Department of Health.

¹⁰ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



PSA or Rectal Exams for Prostate Cancer

- **One half (50.1%) 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 who have not have a prostate exam in the past year is higher in the service area is higher than SEPA as a whole (45.4%). Statewide, 53% of men age 50 and over did not have this test.

Health Behaviors

Nutrition

According to the USDA’s MyPlate food guidelines, adults should eat 4-5 servings of fruits and vegetables daily.¹¹

- In the service area, **three quarters (73.4%) of adults do not reach this recommended goal.** Nationally, fewer than three-quarters of adults (74%) eat three or more servings of fruits and vegetables daily.¹²
- Fast foods are high in unhealthy calories, saturated fats, sugar, and salt. **One in six (16.1%) adults in the service area eat fast food two or more times a week.**

¹¹ 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>

¹² U.S. Centers for Disease Control and Prevention. State-Specific Trends in Fruit and Vegetable Consumption Among Adults, 2000-2009 (2011).



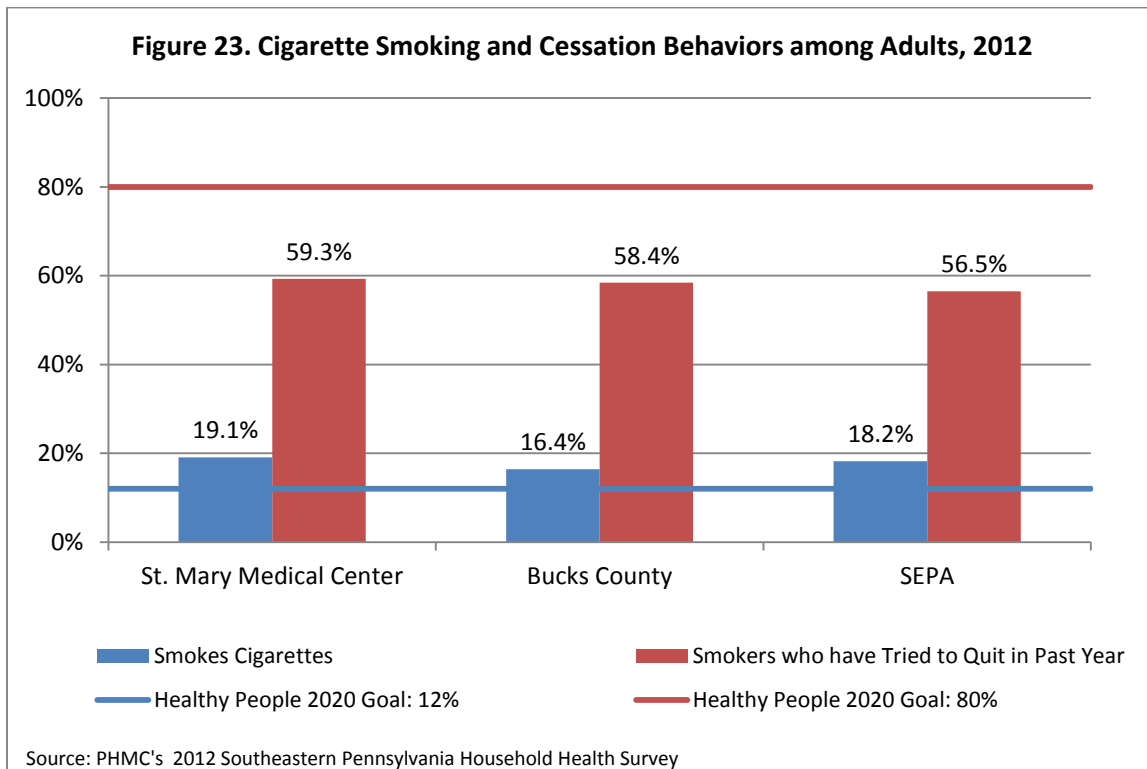
Exercise

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.¹³

- One in ten (10.7%) of adults in the service area do not participate in any exercise. More than one-half (56.4%) of adults exercise three or more days a week as recommended. The Healthy People 2020 goal is to reduce the percentage of adults who participate in no leisure time physical activity to 32.6%.

Tobacco Use

- **One in five (19.1%) adults in service area currently smokes; this percentage is slightly lower than the smoking rate statewide (22.4%), but higher than for SEPA as a whole (18.2%)** (Figure 23).
- The percentage of adults who smoke in the service area does not meet the Healthy People 2020 goal of 12%.¹⁴
- **Six in ten (59.3%) adults who smoke in the service area tried to quit in the past year.**
- The percentage of adults in the service area who smoke has remained constant since 2010; in 2010 19.4% of adults smoked cigarettes.



¹³ U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans, 2008.

¹⁴ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Alcohol Consumption

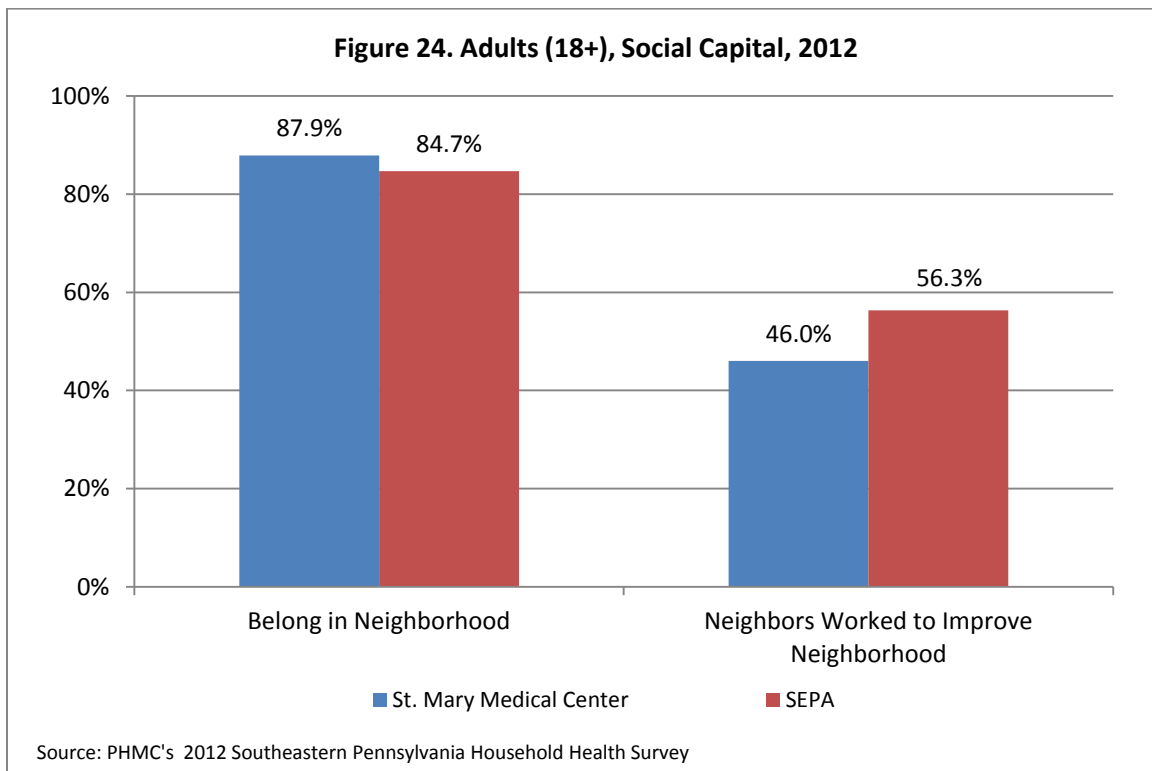
According to the Centers for Disease Control and Prevention (CDC), binge drinking is a common pattern of excessive alcohol use in the U.S. and is defined as five or more drinks on one occasion.¹⁵

- **One in three (32.0%) service area adults participated in binge drinking on one or more occasions in the past month.** The binge drinking percentage is higher than the statewide percentage of 18.3%.¹⁶

Social Capital and Neighborhood

Neighborhood factors have important roles in the overall health and well-being of residents. Social capital is one measure used to understand an individual’s neighborhood and role in that neighborhood.

- **The majority (87.9%) of adults in service area feel like they belong in their neighborhood and just under one-half (46.0%) have worked on a community project to improve the area** (Figure 24).



¹⁵ U.S. Centers for Disease Control and Prevention. Fact Sheets – Binge Drinking – Alcohol (2010).

¹⁶ 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.



Access and Barriers to Care

Community members identified many services which **residents have difficulty accessing, including mental health care, overall preventative and wellness care, and specific services for vulnerable populations such as the homeless.** Findings from the community meetings show that individuals were having difficulty in obtaining appointments with specialists, specifically dermatologists, endocrinologists, and orthopedic physicians.

Participants at both community meetings held by PHMC discussed additional services to which access is problematic, including women's health services. **Access to obstetrical/gynecological care was referred to as a major problem.** Community meeting participants specifically mentioned a lack of services for victims of sexual assault.

These community meeting participants also raised the issue of services surrounding food and nutrition. Community members mentioned that the number of people showing up to food pantries is two times above normal. One food pantry projected it is received approximately 29,000 visits last year alone. Simultaneously, individuals discussed the 28% reduction in state food to fill pantries. Pantries are now relying more on donations while also seeing the need and number of families seeking food services drastically increase. Families who are employed but may still be severely struggling in this economy were mentioned because while this population is not eligible for food stamps, they still have nutritional needs. Along a similar theme, attendees discussed the lack of emergency shelters in the area stating there were no domestic violence shelters serving Bucks County and only a few homeless shelters, all of which had waiting lists.

Community meeting participants from each community meeting held indicated that some special populations face additional access to care issues. Attendees reported that immigrant populations as well as non-English speakers have particular access issues. A lack of translation services was a major factor in limited access to health care services. Meeting participants mentioned Russian, Middle Eastern, and African populations (especially in Bensalem) as growing communities in the area that had difficulty assessing care. **Participants of the LVRC meetings specifically mentioned that language barriers also included a lack of understanding medical language/terminology thus making it hard for non-English speakers to understand physicians' instructions or how to obtain adequate medical care. It was noted that the combined effect of these obstacles leads to individuals to ignore medication protocol and/or avoid seeking treatment until medical conditions because medical emergencies.** Additionally, participants noted that language barrier and communication issues contribute to individuals' abilities to navigate the complex health care system. For example, several participants noted their frustration and a general sense of confusion concerning welfare and Medicaid eligibility requirements.

Findings from all community meetings showed that the lack of insurance and affordability of health care is a significant barrier to care. Attendees from the LVRC community meetings noted many residents are suffering due to the economy and are therefore underinsured or completely uninsured. Many fear financial ruin from medical bills if they seek care. These community meeting attendees cited restricted eligibility requirements for Medicaid as well as a lack of primary care physicians that accept Medicaid as primary problems in the area. Additionally, for any Medicaid patient to receive specialty care, travel to Philadelphia is often required.



There was a great deal of discussion of veterans' issues. Participants from the community meetings held by PHMC stated that there was not enough data collection relevant to the large returning vet population in Lower Bucks so it's difficult to provide needed services. The VA Hospital also has a huge backlog of processing vets for drug/alcohol and mental health services. Some vets (especially newly released/younger vets) are experiencing six-month waiting periods. Community members also mentioned the lack of providers that are able to accept TRICARE. In addition, meeting participants mentioned that brain injury waivers have essentially been stopped in PA so there is a huge lack of providers that address that need/specific injury.

Community members also identified the special difficulties often faced by children and adolescent populations. **Attendees at the meetings held by LVRC mentioned the need for case worker or management specialists for children to help coordinate the health care needs of children with conditions ranging from asthma to mental health issues.** They stressed a need for coordination among children health services. Community meeting participants from the PHMC meetings specifically mentioned that health services provided in schools by school nurses was a significant issue. Members stated that while school nurses are mandated to perform screenings, physicals, dental exams, there was almost 0% follow through. One community member stated: *"A child can have the same cavity in 9th grade that they had in 1st grade."*

Additionally, victims of child abuse were acknowledged as a population lacking health services. One participant from a community meeting held by PHMC stated that services for this population can only be found in a care clinic in the northern part of the county or at CHOP or St. Christopher's in Philadelphia. Participants in the PHMC community meetings mentioned an increase in teenage pregnancies in many school districts. It was stated that teenage pregnancy was up to approximately 35 this year when the average is 3-5 per year.

Findings from all community meetings highlighted issues around information access. The lack of communication and collaboration between providers and services was specifically stressed. Attendees mentioned the frequency of calls from caregivers to health care providers with questions about available resources. **Similarly, coordination within mental health care services was also described as problematic.** Participants from the LVCR meetings specifically noted the lack of coordination and communication between primary care physicians and psychiatric professionals. One agency representative believed this fracture was due to an absence of psychiatric professionals among primary physicians.

The lack of community awareness about services was identified as an issue. For example at the meetings held by PHMC, the Crisis Hotline for Bucks County was described as well-intentioned but underused; as well as missing key resource/referral information. Meeting attendees mentioned the frustration on part of some older adults when having to deal with technology to find services or information, for example, needing to use the Internet instead of speaking to a live person over the phone. This led to discussion regarding multigenerational health issues. **Findings from all meetings illustrated that the majority of participants supported the idea of developing a community directory of services for individuals, organizations, and providers to utilize.**

Social media technologies and smart phones were mentioned as technologies that should be utilized to share health information. These methods were mentioned as inexpensive, easy to use, and assessable by many. Texting health service information was mentioned as a potential means to reach



younger populations, however many meeting attendees noted the limitations of digital communication in reaching older adult populations.

PHMC meeting attendees mentioned that schools are a great way to reach parents. Teachers and nurses can send home information with students. These participants described reaching adults through retail clinics as a great opportunity to inform the community about health care services. Television was also mentioned, however, Lower Bucks County community meeting attendees noted that it was difficult to receive airtime due to changes made by Comcast. Comcast now requires organizations that used to receive free television time to buy time on a leased channel which can be prohibitively expensive. Other providers such as Verizon, DirecTV, and Dish were mentioned as being even more difficult with work with.

Additionally, community members who attended the LVCR meetings identified transportation as a barrier. The lack of public transportation and the cost of transportation were specific contributing factors mentioned. Participants noted that transportation and child care obstacles were often inter-related. It was noted that Paratransit services do not allow children to ride along with Medicaid adults to mental health services and, as a result, many individuals with children cancel or forgo appointments.



HEALTH NEEDS OF SPECIAL POPULATIONS

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

- Within the service area slightly more than one in three (35.4%) poor adults living below 150% of the federal poverty level are in fair or poor health compared with 10.6% of non-poor adults. More than one in eight White (13.5%) adults is in fair or poor health, followed by 9.5% of Latino and 7% of Black adults.
- Poor adults (34.1%) in the service area are slightly more likely to have high blood pressure compared with non-poor (30%) adults. In the service area, more than three in ten (32%) White adults have high blood pressure followed by 14.5% of Black and 14.1% of Latino adults.
- Poor adults are more likely to have been diagnosed with a mental health condition compared with the non-poor; about one-third (31.8%) of poor adults have been diagnosed with a mental health condition compared with about one in eight (13.2%) non-poor adults. Nearly one in five (18.8%) of Latino adults in the service area have been diagnosed with a mental health problem; this percentage is higher than for White (15.8%) and Black (2.9%) adults.
- Poor adults (38.7%) are two times more likely to smoke cigarettes compared with non-poor adults (17.3%).
- More than one in four (28.7%) poor adults in the service area is uninsured compared with 6.2% of non-poor adults. Nearly one-third of Latino adults (32.1%) are uninsured. Latinos are more likely to be uninsured than are Black (21.3%) and White (6.8%) adults.



COMMUNITY NEED SCORES (CNS)

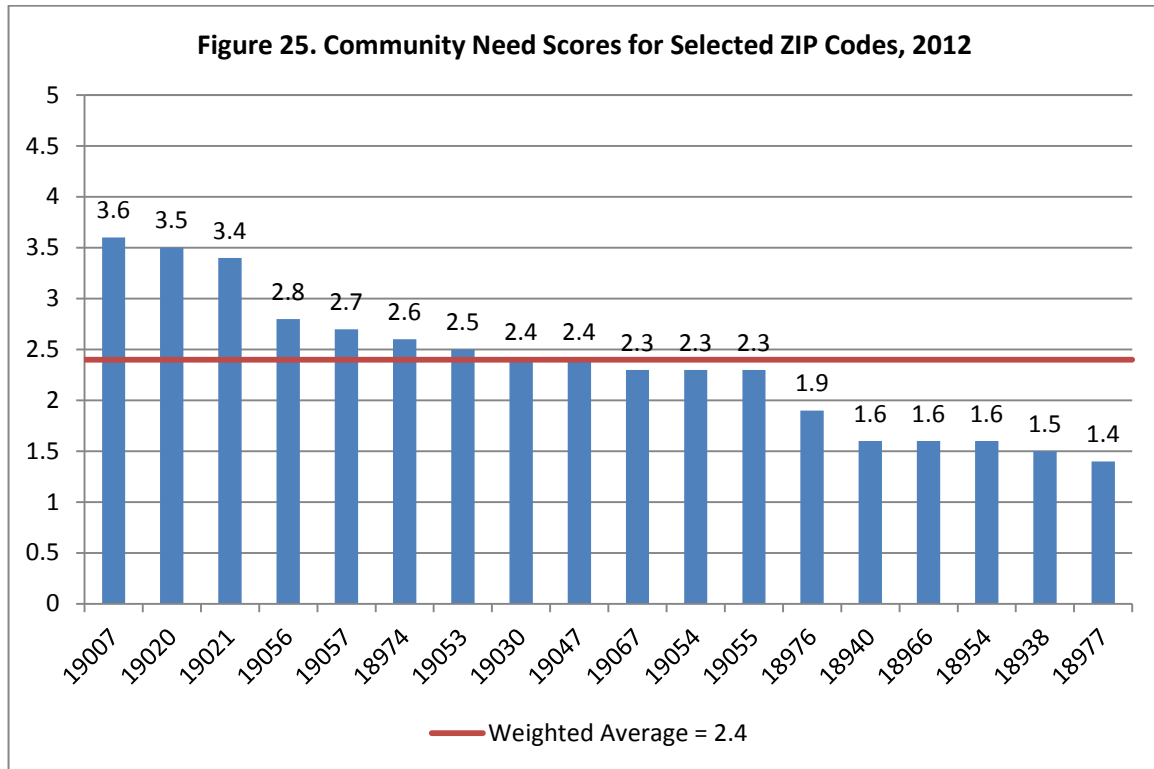
St. Mary Medical Center provided Community Need Scores for use in this report. The Community Need Score (CNS) is a single number from 1-5 that represents community health need for every populated Zip Code in the US. Areas of lowest need are represented by 1.0; areas of highest need are represented by 5.0. It is calculated by comparing and ranking multiple socioeconomic measures for a Zip Code with those of all other Zip Codes.¹⁷

Because the Community Need Score represents multiple measures, it may serve as an effective statistic to consider as part of a community needs assessment. Published studies using this approach have shown that communities with the highest scores were twice as likely to experience preventable hospitalization for manageable conditions — such as ear infections, pneumonia or congestive heart failure — as communities with the lowest scores.

Community need scores for eighteen ZIP Codes¹⁸ in were provided, closely aligning with the service area used throughout the report. (See Appendix F for complete Community Need Score tables for all of Bucks County). The weighted average Community Need Score for a ZIP Code in those provided is 2.4 out of five (Table 25). Seven ZIP Codes have higher scores, thus, additional need, as compared with that average. Those ZIPs with additional need include: 19007 (3.6), 19020 (3.5), 19021 (3.4) 19056 (2.8), 19057 (2.7), 18974 (2.6) and 19053 (2.5). The ZIP Code with the highest level of community need is 19007, Bristol, Pennsylvania. Bristol has the highest percentage among the provided ZIP Codes of families with children in poverty, older adults (65+) in poverty, minority racial or ethnic group, individuals without health insurance, and ranks second among the provided ZIP Codes in renters, single females with children in poverty, and those with no high school diploma. ZIP Codes 19020 and 19021, in Croydon and Bensalem, also have high community need scores.

¹⁷ The “Community Need Index”, R. Roth & E. Barsi, Health Progress, July/August 2005, Volume 86, Number 4.

¹⁸ The ZIP Codes include: 19007, 19020, 19021, 19056, 19057, 18974, 19053, 19030, 19047, 19067, 19054, 19055, 18976, 18940, 18966, 18954, 18938, 18977. ZIP Code 18938 is included in the Community Need Scores, but not in other sections of this report. ZIP Code 18901 is included in this report, but not in the Community Need Scores.



Quartile rankings were assigned to each of the provided ZIP Codes in the following categories: income, education, culture, insurance and housing. ZIP Codes were assigned ranks within the set of 18, and those ZIP Codes with higher Community Need typically ranked highest in several of these areas. For example, 19007 ranked highest in need and fell into the 5th quartile for housing, the 4th quartile for culture and the 3rd quartile for income, education and insurance. In contrast, 18977, Washington Crossing, Pennsylvania, had the lowest level of community need and ranked in the first quartile on four of five measures (income, education, insurance and housing).



V. UNMET COMMUNITY HEALTH NEEDS

UNMET NEEDS AND IDENTIFICATION PROCESS

The unmet health care needs for this 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. In addition, for Household Health Survey measures, tests of significance were conducted 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.

Overall, the findings show that the majority of residents in the St. Mary Medical Center service area are in good health. **The overwhelming majority (85.6%) of adults rates their health as excellent, very good or good.** However, the following areas of unmet needs have been identified as priority areas:

- **All cancers combined and heart disease are the leading causes of death in the service area (173.9 and 173.8 per 100,000 deaths, respectively).** The other three leading causes of death in the service area include lung cancer (48.1), stroke (42.9), and female breast cancer (22.6).
- Adults in St. Mary Medical Center service area are significantly less likely than adults in the remainder of Southeastern Pennsylvania to utilize certain services. **Compared with other adults in SEPA, a significantly lower percentage ($p < 0.01$) of women, 40 years of age or older, in the service area have not had a Mammogram in the past year.**

Additionally, while many overall health outcomes are better in this service area than in Southeastern Pennsylvania, the following items are areas that could be prioritized for improvement. Within the St. Mary Medical Center Service Area:

- more than one-quarter of pregnant women do not receive prenatal care in the first trimester;
- one in three adults has not had a dental visit in the past year;
- an increasing number of women in the service area are not having annual pap smear tests;
- one in five adults in the service area smoke cigarettes;
- binge drinking is common in the service area; and
- many adults are eating fewer than the recommended servings of fruits and vegetables.

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

Additionally, qualitative findings highlighted issues and obstacles related to receiving mental health services and thus mental health services should be identified as a priority area.

- It was noted that the health care system separates the administration and practice of mental and physical health, creating a system in which individuals are almost guaranteed to receive disconnected and uncoordinated care that makes it difficult to coordinate mental health care.



- Community meeting participants identified health insurance and cost/ability to pay for services as determinants to receiving mental health care. Individuals who lack insurance face barriers in accessing services.
- An overall shortage of psychiatric services and case management services was stressed.

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, many of these priority unmet needs are not within the hospital's mission. This list should be used to assist the hospital in addressing these priority unmet needs in their needs assessment implementation plan, and in developing an outcome measurement plan to document whether the programs that are implemented are having an impact on the service area population.



APPENDIX A: COMMUNITY MEETING ATTENDEES



Lower Bucks County Community Meeting
Community Health Needs Assessment

Middletown Country Club
Langhorne, PA
September 25, 2012

Sign-in Sheet

Organization	Area of Expertise
Family Service Association	Non-profit org providing behavioral health services, and emergency housing
HealthLink Medical Center	Leader of medically underserved low income; Health care provider; Community health center
Bristol Township School District	Health care provider; Academic Expert
Vita Education Services	Non-profit org; Academic Expert
Bucks County Housing Group	Non-profit org providing housing to homeless and low income
Bucks County Behavioral Health System	Health departments or agencies with special knowledge of the health needs of the community;
Child, Home and Community	Non-profit org working with young mothers
The Ivins Outreach Center	Non-profit org aiding youth, older adults, and families in crisis
Central Bucks School District	Health provider for school students
Bucks County Housing Group	Non-profit org providing housing to homeless and low income
Bucks County Housing Group	Non-profit org providing housing to homeless and low income
Bucks County Department of MH/DP	Health departments or agencies with special knowledge of the health needs of the community; Mental health
Bucks County Health Improvement Partnership (BCHIP)	Agencies with special knowledge of the health needs of the community; Non-profit collaborative addressing gaps in health services and improving the health status of the community
St. Bede the Venerable Catholic Church	Non-profit religious org; Healthcare provider
A Woman's Place	Non-profit supporting victims of domestic violence
YWCA Bucks County	Non-profit promoting health and wellness among women, children and families
Bucks County Drug & Alcohol Commission, Inc.	Health departments or agencies with special knowledge of the health needs of the community; Health care provider for substance abuse
Bucks County Behavioral Health System	Health departments or agencies with special knowledge of the health needs of the community; Mental health
NOVA (Network of Victim Assistance)	Non-profit supporting victims of serious crimes



Community Meeting – Focus Group Clients from Free Clinics Nov 13, 2012

18 Clients from Bensalem Community Ministries* & Bucks County Health Improvement Partnership Adult Clinic in Bensalem

- Children’s Health Center*
- Mother Bachmann Maternity Center*
- Family Resource Center*

Conducted by Lehigh Valley Research Consortium (LVRC)

LVRC Internal Review Board requires client names to remain anonymous

Community Meeting – Behavioral Health Service Providers Jan 16, 2013

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



APPENDIX B: CENSUS TABLES



St. Mary Medical Center Service Area - Table 1. Socio-Demographic Indicators, U.S. Census

Total Population		2000		2010		2013		2018	
		438,656		446,172		446,942		448,277	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Age	0-17	111,164	(25.3)	98,860	(22.2)	95,988	(21.5)	91,901	(20.5)
	18-44	165,592	(37.7)	143,754	(32.2)	141,694	(31.7)	140,908	(31.4)
	45-64	106,453	(24.3)	136,557	(30.6)	137,103	(30.7)	132,467	(29.6)
	65+	55,447	(12.6)	67,001	(15.0)	72,157	(16.1)	83,001	(18.5)
Gender	Male	214,238	(48.8)	217,827	(48.8)	218,155	(48.8)	218,692	(48.8)
	Female	224,418	(51.2)	228,345	(51.2)	228,787	(51.2)	229,585	(51.2)
Race/Ethnicity*	White	392,412	(89.5)	378,146	(84.8)	374,026	(83.7)	368,450	(82.2)
	Black	17,575	(4.0)	19,334	(4.3)	19,576	(4.4)	19,839	(4.4)
	Asian	11,947	(2.7)	19,530	(4.4)	21,213	(4.7)	23,554	(5.3)
	Other	5,004	(1.1)	7,557	(1.7)	8,177	(1.8)	9,072	(2.0)
	Latino	11,718	(2.7)	21,605	(4.8)	23,950	(5.4)	27,362	(6.1)
Language Spoken at Home	English	--	--	374,919	(88.6)	372,260	(88.1)	372,997	(88.1)
	Spanish	--	--	11,241	(2.7)	12,872	(3.0)	12,808	(3.0)
	Asian Language	--	--	9,171	(2.2)	8,703	(2.1)	8,651	(2.0)
	Other	--	--	27,630	(6.5)	28,793	(6.8)	28,787	(6.8)

*White, Black, Asian and Other races exclude Latinos.
Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



St. Mary Medical Center Service Area - Table 2. Latino Population by Specific Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		438,656		446,172		446,942		448,277	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Specific Origin	Cuban	488	(0.1)	790	(0.2)	577	(0.1)	649	(0.1)
	Mexican	2,451	(0.6)	4,858	(1.1)	6,371	(1.4)	7,253	(1.6)
	Puerto Rican	5,442	(1.2)	6,821	(1.5)	8,689	(1.9)	10,008	(2.2)
	Other	3,337	(0.8)	5,985	(1.3)	8,313	(1.9)	9,452	(2.1)

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

St. Mary Medical Center Service Area - Table 3. Population by Detailed Asian Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		438,656		446,172		446,942		448,277	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Asian Origin	Indian	5,553	(1.3)	8,925	(2.0)	9,740	(2.2)	10,818	(2.4)
	Cambodian	97	(0.0)	156	(0.0)	291	(0.1)	319	(0.1)
	Chinese	1,854	(0.4)	3,056	(0.7)	3,704	(0.8)	4,116	(0.9)
	Filipino	1,153	(0.3)	1,822	(0.4)	1,472	(0.3)	1,634	(0.4)
	Hmong	ND		ND		ND		ND	
	Japanese	240	(0.1)	372	(0.1)	268	(0.1)	301	(0.1)
	Korean	1,845	(0.4)	2,940	(0.7)	2,765	(0.6)	3,042	(0.7)
	Laotian	10	(0.0)	16	(0.0)	67	(0.0)	75	(0.0)
	Thai	66	(0.0)	102	(0.0)	237	(0.1)	264	(0.1)
	Vietnamese	489	(0.1)	774	(0.2)	1,160	(0.3)	1,277	(0.3)
	Other	708	(0.2)	1,158	(0.3)	1,606	(0.4)	1,814	(0.4)

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

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



St. Mary Medical Center Service Area - Table 4. Socio-Economic Indicators, U.S. Census

		2000		2010		2013		2018	
		438,656		446,172		446,942		448,277	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Education	Less than HS	34,350	(11.6)	26,984	(8.7)	21,619	(6.9)	21,825	(6.9)
	HS graduate	170,142	(57.7)	179,261	(57.6)	186,551	(59.7)	189,169	(59.8)
	College or more	90,372	(30.6)	104,717	(33.7)	104,301	(33.4)	105,344	(33.3)
Employment	Employed	225,078	(96.4)	235,466	(95.5)	230,622	(91.6)	233,416	(91.5)
	Unemployed	8,471	(3.6)	11,222	(4.5)	21,261	(8.4)	21,558	(8.5)
Poverty Status	Families living in poverty w/o children	1,286	(2.2)	4,378	(3.6)	4,777	(4.0)	4,871	(4.0)
	Families living in poverty with children	2,753	(4.6)	3,008	(5.3)	3,443	(6.6)	3,515	(6.7)
Housing Unit Type	Renter-occupied	39,207	(24.5)	41,948	(25.0)	42,339	(25.0)	42,846	(25.1)
	Owner-occupied	121,033	(75.5)	126,104	(75.0)	126,924	(75.0)	127,839	(74.9)
Median Household Income		61,303		75,643		74,496		79,106	

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



Bucks County

Table 5. Socio-Demographic Indicators, U.S. Census

Total Population		2000		2010		2013		2018	
		597,635		625,249		628,487		633,488	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Age	0-17	153,486	(25.7)	143,514	(23.0)	139,737	(22.2)	133,937	(21.1)
	18-44	224,997	(37.6)	197,589	(31.6)	194,860	(31.0)	194,226	(30.7)
	45-64	145,058	(24.3)	192,927	(30.9)	195,228	(31.1)	191,153	(30.2)
	65+	74,094	(12.4)	91,219	(14.6)	98,662	(15.7)	114,172	(18.0)
Gender	Male	293,182	(49.1)	306,663	(49.0)	308,124	(49.0)	310,286	(49.0)
	Female	304,453	(50.9)	318,586	(51.0)	320,363	(51.0)	323,202	(51.0)
Race/Ethnicity*	White	544,733	(91.1)	543,207	(86.9)	539,721	(85.9)	535,052	(84.5)
	Black	18,970	(3.2)	21,454	(3.4)	21,850	(3.5)	22,357	(3.5)
	Asian	13,545	(2.3)	23,893	(3.8)	26,281	(4.2)	29,705	(4.7)
	Other	6,382	(1.1)	9,913	(1.6)	10,779	(1.7)	12,071	(1.9)
	Latino	14,005	(2.3)	26,782	(4.3)	29,856	(4.8)	34,303	(5.4)
Language Spoken at Home	English	--	--	530,526	(90.0)	530,902	(89.4)	534,539	(89.4)
	Spanish	--	--	14,176	(2.4)	16,624	(2.8)	16,635	(2.8)
	Asian Language	--	--	10,688	(1.8)	11,578	(1.9)	11,601	(1.9)
	Other	--	--	33,944	(5.8)	34,809	(5.9)	34,925	(5.8)

*White, Black, Asian and Other races exclude Latinos.
Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 6. Latino Population by Specific Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		597,635		625,249		628,487		633,488	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Specific Origin	Cuban	650	(0.1)	1,096	(0.2)	1,086	(0.2)	1,233	(0.2)
	Mexican	3,046	(0.5)	6,142	(1.0)	7,527	(1.2)	8,603	(1.4)
	Puerto Rican	6,304	(1.1)	8,067	(1.3)	10,814	(1.7)	12,520	(2.0)
	Other	4,005	(0.7)	7,371	(1.2)	10,429	(1.7)	11,947	(1.9)

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

Table 7. Population by Detailed Asian Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		597,635		625,249		628,487		633,488	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Asian Origin	Indian	5,916	(1.0)	9,569	(1.5)	11,193	(1.8)	12,612	(2.0)
	Cambodian	123	(0.0)	195	(0.0)	383	(0.1)	431	(0.1)
	Chinese	2,237	(0.4)	3,767	(0.6)	4,602	(0.7)	5,206	(0.8)
	Filipino	1,264	(0.2)	2,016	(0.3)	2,119	(0.3)	2,405	(0.4)
	Hmong	ND		ND		ND		ND	
	Japanese	314	(0.1)	494	(0.1)	325	(0.1)	366	(0.1)
	Korean	2,099	(0.4)	3,383	(0.5)	3,483	(0.6)	3,937	(0.6)
	Laotian	22	(0.0)	39	(0.0)	183	(0.0)	207	(0.0)
	Thai	77	(0.0)	120	(0.0)	270	(0.0)	302	(0.0)
	Vietnamese	764	(0.1)	1,190	(0.2)	1,886	(0.3)	2,147	(0.3)
	Other	807	(0.1)	1,334	(0.2)	1,965	(0.3)	2,239	(0.4)

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

ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10.



Table 8. Socio-Economic Indicators, U.S. Census

		2000		2010		2013		2018	
		597,635		625,249		628,487		633,488	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Education	Less than HS	45,929	(11.4)	36,062	(8.4)	29,714	(6.8)	30,086	(6.8)
	HS graduate	231,058	(57.4)	247,040	(57.3)	254,329	(58.3)	258,558	(58.4)
	College or more	125,588	(31.2)	148,126	(34.3)	152,293	(34.9)	154,404	(34.9)
Employment	Employed	308,281	(96.5)	330,161	(95.6)	325,028	(91.9)	331,367	(91.9)
	Unemployed	11,128	(3.5)	15,162	(4.4)	28,668	(8.1)	29,246	(8.1)
Poverty Status	Families living in poverty w/o children	1,646	(2.1)	5,527	(3.2)	6,228	(3.7)	6,350	(3.7)
	Families living in poverty with children	3,430	(4.2)	3,808	(4.8)	4,525	(6.0)	4,621	(6.1)
Housing Unit Type	Renter-occupied	49,520	(22.6)	53,836	(22.9)	54,412	(23.0)	55,184	(23.0)
	Owner-occupied	169,205	(77.4)	181,013	(77.1)	182,566	(77.0)	184,607	(77.0)
Median Household Income		60,414		74,850		73,244		77,675	

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



Pennsylvania

Table 9. Socio-Demographic Indicators, U.S. Census

Total Population		2000		2010		2013		2018	
		12,281,026		12,702,379		12,785,546		12,910,005	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Age	0-17	2,922,256	(23.8)	2,792,155	(22.0)	2,760,909	(21.6)	2,735,591	(21.2)
	18-44	4,602,793	(37.5)	4,388,169	(34.5)	4,360,018	(34.1)	4,329,955	(33.5)
	45-64	2,836,833	(23.1)	3,562,748	(28.0)	3,572,415	(27.9)	3,485,718	(27.0)
	65+	1,919,144	(15.6)	1,959,307	(15.4)	2,092,204	(16.4)	2,358,741	(18.3)
Gender	Male	5,929,727	(48.3)	6,190,363	(48.7)	6,233,014	(48.8)	6,296,695	(48.8)
	Female	6,351,299	(51.7)	6,512,016	(51.3)	6,552,532	(51.2)	6,613,310	(51.2)
Race/Ethnicity*	White	10,484,203	(84.4)	10,094,652	(79.5)	10,010,316	(78.3)	9,886,505	(76.6)
	Black	1,224,612	(9.9)	1,327,091	(10.4)	1,363,150	(10.7)	1,416,944	(11.0)
	Asian	219,813	(1.8)	346,288	(2.7)	377,857	(3.0)	423,710	(3.3)
	Other	93,350	(0.8)	214,688	(1.7)	233,021	(1.8)	260,790	(2.0)
	Latino	394,095	(3.2)	719,660	(5.7)	801,202	(6.3)	922,056	(7.1)
Language Spoken at Home	English	--	--	10,772,932	(89.9)	10,833,087	(89.9)	10,922,744	(89.9)
	Spanish	--	--	515,279	(4.3)	508,744	(4.2)	512,994	(4.2)
	Asian Language	--	--	203,715	(1.7)	205,074	(1.7)	206,626	(1.7)
	Other	--	--	491,312	(4.1)	498,532	(4.1)	502,797	(4.1)

*White, Black, Asian and Other races exclude Latinos.
Source: Nielsen-Claritas Pop-Facts Database and 2010 U.S. Census.



Table 10. Latino Population by Specific Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		12,281,026		12,702,379		12,785,546		12,910,005	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Specific Origin	Cuban	10,349	(0.1)	18,289	(0.1)	21,079	(0.2)	24,204	(0.2)
	Mexican	55,196	(0.5)	126,192	(1.0)	139,869	(1.1)	161,250	(1.3)
	Puerto Rican	228,579	(1.9)	378,312	(3.0)	425,291	(3.3)	489,598	(3.8)
	Other	99,971	(0.8)	199,318	(1.6)	214,963	(1.7)	247,004	(1.9)

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

Table 11. Population by Detailed Asian Origin, U.S. Census

Total Population		2000		2010		2013		2018	
		12,281,026		12,702,379		12,785,546		12,910,005	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Asian Origin	Indian	57,232	(0.5)	102,096	(0.8)	113,804	(0.9)	127,642	(1.0)
	Cambodian	8,533	(0.1)	16,708	(0.1)	16,033	(0.1)	17,929	(0.1)
	Chinese	48,715	(0.4)	80,119	(0.6)	87,096	(0.7)	97,775	(0.8)
	Filipino	756	(0.0)	18,554	(0.2)	22,544	(0.2)	25,283	(0.2)
	Hmong	6,979	(0.1)	2,853	(0.0)	167	(0.0)	186	(0.0)
	Japanese	31,611	(0.3)	5,708	(0.0)	6,508	(0.1)	7,298	(0.1)
	Korean	2,215	(0.0)	39,755	(0.3)	42,507	(0.3)	47,755	(0.4)
	Laotian	14,508	(0.1)	2,854	(0.0)	3,079	(0.0)	3,446	(0.0)
	Thai	1,675	(0.0)	2,755	(0.0)	2,817	(0.0)	3,133	(0.0)
	Vietnamese	30,022	(0.2)	45,358	(0.4)	47,332	(0.4)	53,081	(0.4)
	Other	17,579	(0.1)	10,014	(0.1)	39,080	(0.3)	43,753	(0.3)

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



Table 12. Socio-Economic Indicators, U.S. Census

		2000		2010		2013		2018	
		12,281,026		12,702,379		12,785,546		12,910,005	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%
Education	Less than HS	1,494,731	(18.1)	1,003,960	(11.6)	1,032,950	(11.8)	1,052,892	(11.8)
	HS graduate	4,922,960	(59.6)	5,314,065	(61.4)	5,353,792	(61.3)	5,457,313	(61.3)
	College or more	1,846,734	(22.3)	2,336,804	(27.0)	2,347,391	(26.9)	2,392,861	(26.9)
Employment	Employed	5,653,298	(94.4)	5,842,995	(90.4)	5,964,251	(91.1)	6,042,982	(91.1)
	Unemployed	338,413	(5.6)	620,495	(9.6)	581,125	(8.9)	588,741	(8.9)
Poverty Status	Families living in poverty w/o children	62,290	(3.8)	297,387	(9.3)	298,155	(9.1)	301,570	(9.1)
	Families living in poverty with children	191,818	(12.3)	211,119	(15.9)	228,177	(15.3)	230,672	(15.3)
Housing Unit Type	Renter-occupied	1,370,694	(28.7)	1,527,182	(30.4)	1,543,211	(30.5)	1,566,008	(30.6)
	Owner-occupied	3,406,307	(71.3)	3,491,722	(69.6)	3,517,143	(69.5)	3,555,242	(69.4)
Median Household Income		41,440		49,288		51,142		53,619	

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



APPENDIX C: VITAL STATISTICS TABLES



**Table 1: Average Annualized Birth Rates for Women 15-44 Years
by Race and Ethnicity, 2005-2008**

	Service Area	Bucks County	Pennsylvania
	Rate (Number)	Rate (Number)	Rate (Number)
Total	49.5 (4,483)	51.9 (6,284)	58.7 (144,233)
White	44.9 (3,579)	48.0 (5,233)	52.6 (105,608)
Black	58.7 (265)	60.7 (290)	74.6 (21,237)
Asian	76.4 (293)	81.2 (351)	78.8 (5,298)
Other	112.8 (272)	111.3 (321)	92.6 (8,810)
Latina	109.2 (339)	110.9 (410)	110.0 (13,040)
Non-Latina	46.6 (4,072)	49.3 (5,792)	55.4 (129,559)

Notes:

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

White, Black, Asian and Other races include Latinas.

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

**Table 2: Average Annualized Birth Rates for Adolescent Women 10-17 Years
by Race and Ethnicity, 2005-2008**

	Service Area	Bucks County	Pennsylvania
	Rate (Number)	Rate (Number)	Rate (Number)
Total	2.1 (54)	1.9 (66)	6.9 (4,427)
White	1.5 (34)	1.4 (45)	3.7 (1,900)
Black	7.4 (10)	7.4 (11)	19.8 (1,653)
Asian	ND	ND	3.0 (42)
Other	ND	ND	19.0 (604)
Latina	11.0 (10)	10.2 (11)	25.5 (935)
Non-Latina	1.7 (42)	1.6 (53)	5.6 (3,400)

Notes:

The birth rate is calculated per 1,000 women 10-17 years of age.

White, Black, Asian and Other races include Latinas.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.

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



Table 3: Average Annualized Percentage of Infants Born at Low Birth Weight by Race and Ethnicity, 2005-2008

	Service Area	Bucks County	Pennsylvania
	Percent (Number)	Percent (Number)	Percent (Number)
Total	6.9 (309)	6.6 (419)	8.3 (12,022)
White	6.6 (236)	6.3 (332)	7.1 (7,552)
Black	9.5 (25)	9.5 (28)	13.6 (2,918)
Asian	7.7 (23)	8.2 (29)	8.0 (424)
Other	7.1 (20)	7.1 (23)	9.0 (795)
Latino/a	6.6 (23)	6.7 (28)	8.7 (1,142)
Non-Latino/a	6.8 (279)	6.6 (383)	8.2 (10,648)

Notes:
 Low birth weight is defined as an infant weighing less than 2500 grams (5.5 lbs.) at birth.
 White, Black, Asian and Other races include Latino/as.
 Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



**Table 4: Average Annualized Infant Mortality Rate
by Race and Ethnicity, 2005-2008**

	Service Area	Bucks County	Pennsylvania
	Rate (Number)	Rate (Number)	Rate (Number)
Total	4.9 (22)	4.4 (28)	7.5 (1,090)
White	5.1 (18)	4.1 (22)	6.4 (681)
Black	ND	ND	16.2 (348)
Asian	ND	ND	4.3 (23)
Other	ND	ND	ND
Latino/a	ND	ND	7.0 (92)
Non-Latino/a	5.1 (21)	4.6 (27)	7.6 (985)

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.

ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.

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



Table 5: Average Annualized Mortality Rates, 2005-2008

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

Notes:
Mortality rates are calculated per 100,000 population.
ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



Table 6: Currently Living with HIV, including AIDS by Gender and Race/Ethnicity, 2008		
	Bucks County	Pennsylvania
Total number currently living with HIV, including AIDS	582	30,479
Currently living with HIV, including AIDS (rate per 100,000)*	93.6	244.9
Gender (percentage)		
Male	82% (475)	N/A
Female	18% (107)	N/A
Race/Ethnicity (percentage)		
White	73% (427)	N/A
Black	19% (110)	N/A
Latino	7% (39)	N/A
Asian	ND	N/A
Other	ND	N/A
<p>Notes: ND=Not Displayed. Percentages are not calculated and displayed when the count is less than 10. N/A=Data are not available. *Rates calculated by PHMC using HIV prevalence estimates provided by the Pennsylvania Department of Health divided by population estimates from the 2008 American Community Survey. Source: Pennsylvania Department of Health, HIV/AIDS Investigations-Bureau of Epidemiology and American Community Survey.</p>		



Table 7: Communicable Disease Rates, 2010

	Bucks County	Pennsylvania
	Rate (Number)	Rate (Number)
Hepatitis B, Chronic	12.8 (80)	11.6 (1,470)
Tuberculosis	1.9 (12)	1.9 (238)
Lyme Disease	69.9 (437)	30.0 (3,805)
Pertussis*	6.6 (123)	4.0 (1,496)
Varicella*	20.7 (387)	23.1 (8,671)
Chlamydia	149.7 (936)	374.1 (47,518)
Gonorrhea	21.4 (134)	101.4 (12,883)
Syphilis, Primary & Secondary	ND	2.9 (369)

Notes:
 Communicable disease rates are calculated per 100,000 population.
 ND=Not Displayed. Rates are not calculated and displayed when the count is less than 10.
 * Indicates information is from 2007-2009.
 Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research, EpiQMS.



Table 8: Average Annualized Percentage of Women Receiving Late or No Pre-Natal Care by Race and Ethnicity, 2005-2008

	Service Area	Bucks County	Pennsylvania
	Percent (Number)	Percent (Number)	Percent (Number)
Total	28.3 (973)	24.9 (1,288)	29.4 (40,227)
White	24.6 (684)	21.7 (949)	24.0 (24,458)
Black	54.7 (114)	53.6 (124)	47.5 (9,051)
Asian	29.2 (60)	29.1 (76)	32.7 (1,604)
Other	45.8 (87)	44.7 (106)	45.9 (3,753)
Latina	47.3 (123)	45.9 (150)	45.4 (5,524)
Non-Latina	26.3 (823)	23.1 (1,107)	27.6 (33,988)

Note:
White, Black, Asian and Other races include Latinas.
Source: Pennsylvania Department of Health, Bureau of Health Statistics and Research. Calculations prepared by PHMC.



APPENDIX D: HOUSEHOLD HEALTH SURVEY TABLES



Table 1. Health Status

		Service Area		Bucks County		SEPA	
		2010	2012	2010	2012	2010	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Health Status	Excellent/Very Good/Good	305,800 (88.2)	299,300 (85.6)	425,800 (88.7)	421,200 (86.4)	2,577,100 (83.8)	2,623,800 (83.9)
	Fair/Poor	40,700 (11.8)	50,400 (14.4)	54,400 (11.3)	66,000 (13.6)	498,200 (16.2)	501,900 (16.1)
Mental Health	Diagnosed with mental health condition	49,900 (14.4)	53,700 (15.4)	67,500 (14.1)	75,000 (15.4)	448,900 (14.6)	513,200 (16.4)
	Receiving treatment for mental health condition	31,600 (64.1)	33,500 (62.5)	40,300 (60.2)	47,400 (63.4)	276,200 (61.7)	316,100 (61.8)
	High level of stress	134,000 (39.0)	N/A	185,000 (38.8)	N/A	1,141,200 (37.6)	N/A
	Currently in recovery	29,300 (8.5)	28,700 (8.3)	35,900 (7.5)	35,600 (7.4)	275,900 (9.0)	256,600 (8.3)
Body Mass Index	Overweight	123,600 (36.3)	115,700 (33.7)	172,400 (36.6)	159,600 (33.5)	1,075,100 (35.7)	1,074,300 (35.1)
	Obese	74,000 (21.8)	92,400 (26.9)	100,800 (21.4)	132,800 (27.9)	791,300 (26.3)	844,100 (27.6)
Chronic Health Conditions	Ever diagnosed with cancer	N/A	33,300 (9.5)	N/A	52,900 (10.8)	N/A	273,700 (8.7)
	Ever diagnosed with asthma	56,900 (16.4)	51,700 (14.7)	68,900 (14.4)	74,700 (15.3)	460,000 (15.0)	501,600 (16.0)
	Ever diagnosed with diabetes	26,900 (7.8)	38,200 (10.9)	40,100 (8.4)	52,800 (10.8)	334,000 (10.9)	388,800 (12.4)
	Ever diagnosed with high blood pressure	110,900 (32.1)	99,700 (28.4)	144,100 (30.1)	138,200 (28.4)	969,400 (31.6)	968,800 (31.0)

Notes: N/A equals not asked

High level of stress is defined as seven or higher on a 10 point scale.

Overweight is defined as having a BMI of 25-29 and obese is defined as having a BMI of 30 or greater.

Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys



Table 2. Health Insurance & Source of Care

	Service Area		Bucks County		SEPA	
	2010	2012	2010	2012	2010	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Uninsured (18-64)	27,200 (9.7)	21,000 (7.6)	34,900 (9.1)	24,700 (6.5)	283,500 (11.4)	300,100 (12.2)
No prescription drug coverage	27,200 (8.5)	43,600 (12.6)	40,200 (9.0)	63,000 (13.1)	270,700 (9.8)	577,400 (18.6)
No regular source of care	30,500 (8.8)	33,000 (9.4)	37,700 (7.8)	37,600 (7.7)	270,700 (10.3)	349,300 (11.2)
Note: N/A equals not asked						
Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys						



Table 3. Cost Barriers to Care

	Service Area		Bucks County		SEPA	
	2010	2012	2010	2012	2010	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
In the past year DID NOT...						
Receive health care due to cost	40,200 (11.6)	34,800 (9.9)	54,600 (11.3)	50,300 (10.3)	367,800 (12.2)	386,400 (12.4)
Receive dental care due to cost	82,700 (23.9)	N/A	107,300 (22.3)	N/A	740,200 (24.1)	N/A
Fill prescription due to cost	52,900 (15.2)	48,500 (13.8)	71,900 (14.9)	62,900 (12.9)	483,700 (15.7)	459,000 (14.7)
Note: N/A equals not asked Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys						



Table 4. Personal Health Behaviors

		Service Area		Bucks County		SEPA	
		2010	2012	2010	2012	2010	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Number of fruits and vegetables consumed in typical day	0-3 servings	223,700 (66.1)	254,900 (73.4)	310,100 (65.8)	341,400 (70.7)	2,152,200 (71.7)	2,274,200 (74.2)
	4 or more servings	114,500 (33.9)	92,200 (26.6)	161,400 (34.2)	141,500 (29.3)	848,900 (28.3)	792,700 (25.8)
How many times eaten at fast food restaurant in past week	None	224,200 (64.6)	198,200 (56.7)	309,300 (64.2)	290,600 (59.6)	1,841,200 (59.9)	1,806,400 (57.9)
	2 or more times	45,000 (13.0)	56,200 (16.1)	64,000 (13.3)	68,300 (14.0)	474,200 (15.4)	494,800 (15.8)
Number of times exercised in past month	None	27,400 (7.9)	37,500 (10.7)	40,600 (8.5)	51,600 (10.6)	326,700 (10.7)	352,000 (11.3)
	1-2 days per week	113,200 (32.8)	115,600 (32.9)	143,600 (30.0)	163,200 (33.4)	893,200 (29.2)	1,036,300 (33.1)
	3 or more days per week	204,300 (59.2)	197,900 (56.4)	293,600 (61.5)	273,800 (56.0)	1,843,400 (60.2)	1,739,900 (55.6)
Smokes Cigarettes		67,000 (19.4)	67,000 (19.1)	90,600 (18.9)	79,700 (16.4)	623,500 (20.3)	568,000 (18.2)
Have tried quitting smoking in past year (among smokers)		42,900 (64.0)	39,600 (59.3)	54,700 (60.4)	46,500 (58.4)	358,900 (57.7)	319,600 (56.5)
Consumed 5 or more drinks in past month on one or more occasion		N/A	60,200 (32.0)	N/A	74,600 (27.6)	N/A	483,800 (29.5)

Note: N/A equals not asked

Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys



Table 5. Utilization of Services

	Service Area		Bucks County		SEPA	
	2010	2012	2010	2012	2010	2012
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
In the past year DID NOT...						
Visit a health care provider	N/A	42,200 (12.2)	N/A	55,300 (11.5)	N/A	417,700 (13.7)
Visit a dentist	84,600 (24.5)	100,100 (28.6)	116,000 (24.2)	126,000 (25.8)	926,600 (30.2)	997,300 (31.9)
DID NOT have the following screenings...						
HIV test in the past year	279,400 (85.0)	282,900 (84.4)	387,200 (84.6)	396,400 (84.7)	2,314,000 (78.5)	2,355,700 (77.6)
Blood pressure test in the past year	23,700 (7.0)	33,200 (9.5)	40,100 (8.4)	40,500 (8.3)	290,100 (9.5)	324,400 (10.4)
Colonoscopy in past 10 years (adults 50+)	28,400 (21.0)	30,300 (21.8)	32,400 (17.8)	40,300 (20.3)	199,900 (18.0)	238,500 (20.2)
Pap smear in the past year (women)	73,100 (40.1)	77,100 (43.5)	97,300 (38.4)	105,400 (42.2)	618,000 (37.9)	696,800 (41.9)
Breast exam in the past year (women)	57,000 (31.2)	63,000 (35.3)	78,500 (30.9)	85,200 (33.8)	490,200 (30.1)	552,100 (33.0)
Mammogram in the past year (women 40+)	48,100 (34.3)	59,200 (45.6)	64,300 (34.1)	78,200 (41.4)	379,700 (34.6)	419,200 (36.8)
PSA or rectal exam for prostate cancer in past year (men 45+)	42,200 (40.7)	49,100 (50.1)	58,600 (40.7)	66,200 (47.8)	347,800 (41.9)	355,100 (45.4)

Note: N/A equals not asked

Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys



Table 6. Older Adult Health Status

		Service Area		Bucks County		SEPA	
		2010	2012	2010	2012	2010	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Health Status	Excellent/Very Good/Good	54,400 (81.1)	56,200 (79.3)	73,900 (81.5)	77,700 (79.6)	413,400 (76.7)	442,900 (77.0)
	Fair/Poor	12,600 (18.9)	14,700 (20.7)	16,800 (18.5)	19,900 (20.4)	125,400 (23.3)	132,100 (23.0)
Mental Health	Signs of Depression	6,300 (10.5)	8,700 (13.0)	6,400 (7.8)	12,500 (13.4)	52,800 (10.6)	75,400 (14.0)
Activities of Daily Living	At least one ADL	5,800 (8.7)	7,500 (10.4)	8,200 (9.0)	11,800 (11.9)	55,000 (10.2)	69,900 (12.1)
	At least one IADL	13,100 (19.5)	17,400 (24.2)	18,100 (19.8)	25,600 (26.0)	132,800 (24.5)	165,600 (28.6)

Notes: N/A equals not asked
 ADL refers to Activities of Daily Living. IADL refers to Instrumental Activities of Daily Living.
 Signs of depression is defined as having four or more depression symptoms on a ten item scale.
 Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys



Table 7. Selected Child Health Indicators

		Service Area		Bucks County		SEPA	
		2010	2012	2010	2012	2010	2012
		N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Health Status	Excellent/Very Good/Good	96,700 (98.7)	93,600 (97.5)	140,700 (98.6)	136,300 (97.6)	892,600 (96.8)	878,100 (95.4)
	Fair/Poor	1,300 (1.3)	2,400 (2.5)	1,900 (1.4)	3,400 (2.4)	29,600 (3.2)	42,000 (4.6)
Body Mass Index	Overweight	12,200 (19.0)	8,800 (14.6)	17,100 (18.4)	16,400 (18.4)	88,200 (15.6)	85,700 (15.3)
	Obese	12,000 (18.7)	10,200 (16.9)	16,200 (17.4)	12,500 (14.0)	108,500 (19.2)	102,200 (18.2)
No regular source of care		2,600 (2.6)	2,300 (2.4)	4,900 (3.4)	3,300 (2.3)	23,400 (2.5)	27,100 (3.0)
Did not visit dentist in the past year		6,500 (7.9)	4,300 (5.6)	8,200 (6.9)	4,500 (3.9)	65,800 (9.1)	68,000 (9.3)

Notes: N/A equals not asked

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.

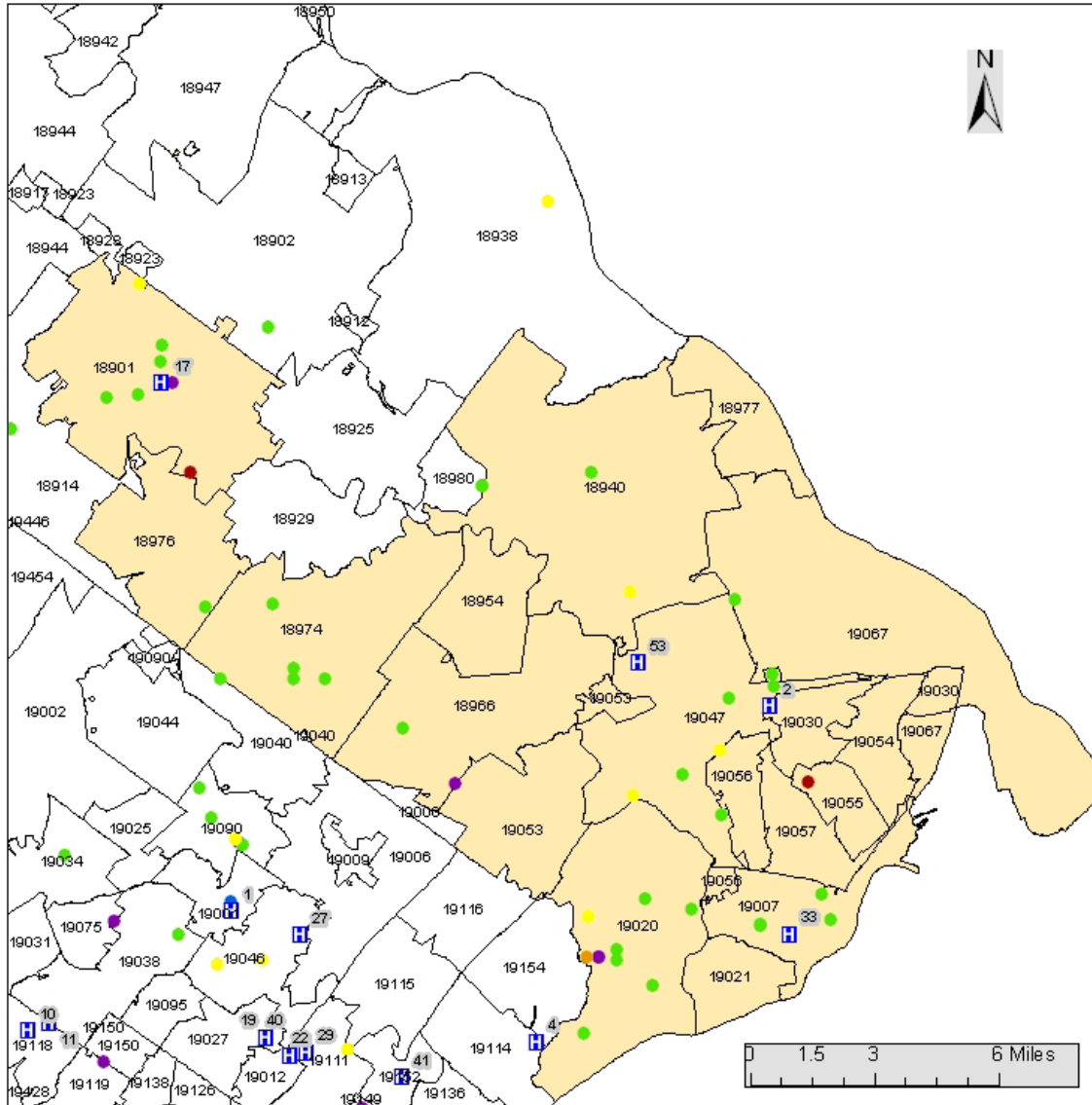
Source: PHMC's 2010 and 2012 Southeastern Pennsylvania Household Health Surveys



APPENDIX E: ASSET MAP



St. Mary Medical Center Service Area Health Care Services



Hospitals

- 1 Abington Memorial Hospital
- 2 Aria Health Bucks County
- 4 Aria Health Torresdale
- 10 Chestnut Hill Hospital
- 11 Chestnut Hill Rehabilitation Hospital
- 17 Doylestown Hospital
- 19 Einstein Medical Center Elkins Park

- 22 Einstein Medical Center Montgomery
- 27 Holy Redeemer Health System
- 29 Jeanes Hospital
- 33 Lower Bucks Hospital
- 40 MossRehab Hospital
- 41 Nazareth Hospital
- 53 St. Mary Medical Center

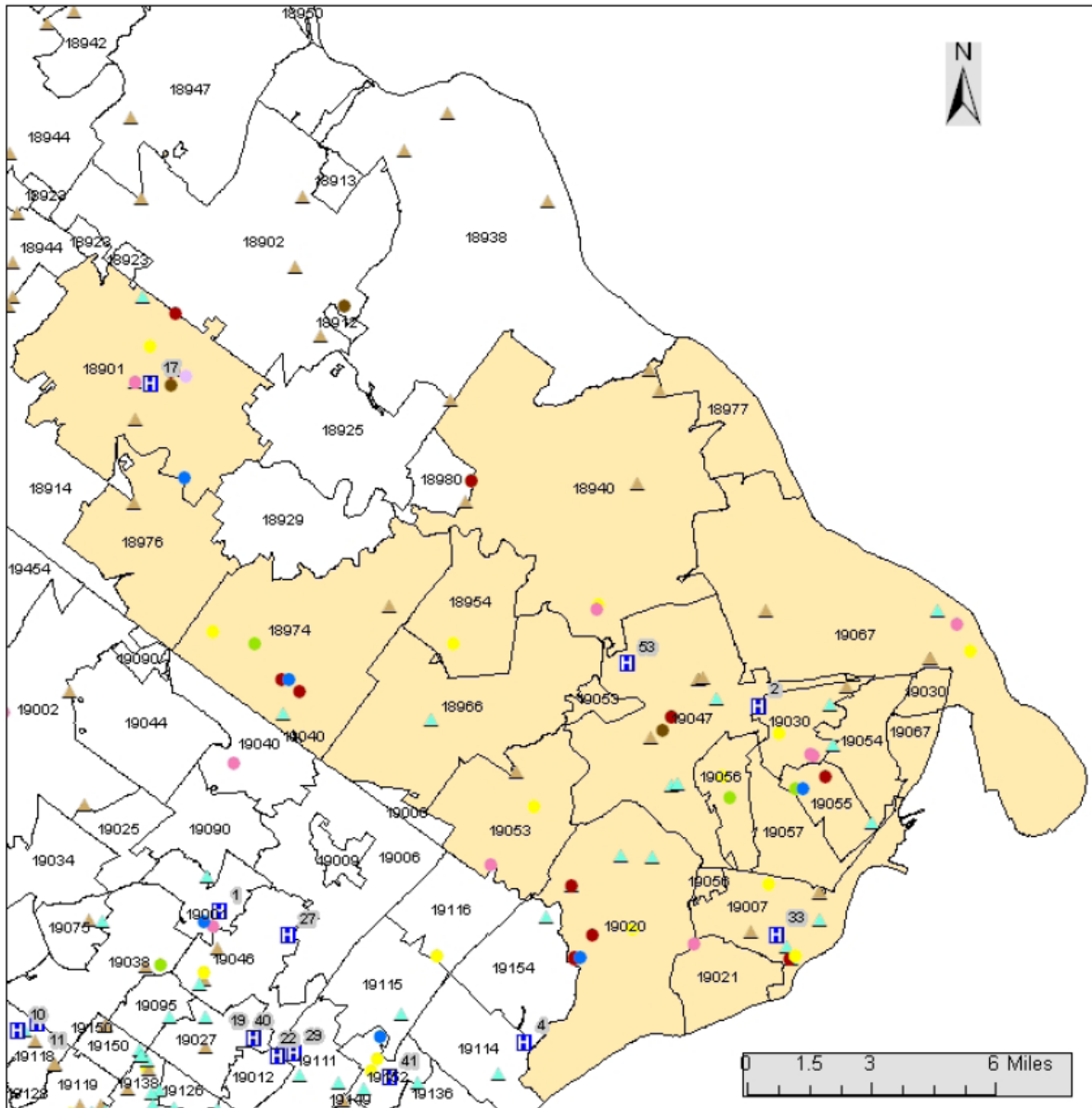
Health Care Services

- Community Health Clinic
- Health Department
- Mental Health/Substance Abuse Service
- Urgent Care Center
- Visiting nurse
- Women's Health Center

Prepared by The Research & Evaluation Group, PHMC; November 2012



St. Mary Medical Center Service Area Social Services



Hospitals

- | | |
|--|--------------------------------|
| 1 Abington Memorial Hospital | 22 Einstein Medical Center |
| 2 Aria Health Bucks County | Montgomery |
| 4 Aria Health Torresdale | 27 Holy Redeemer Health System |
| 10 Chestnut Hill Hospital | 29 Jeanes Hospital |
| 11 Chestnut Hill Rehabilitation Hospital | 33 Lower Bucks Hospital |
| 17 Doylestown Hospital | 40 MossRehab Hospital |
| 19 Einstein Medical Center Elkins Park | 41 Nazareth Hospital |
| | 53 St. Mary Medical Center |

Social Services

- Disability Services
- Homeless Services/Shelter
- Senior Center
- Social Services
- WIC Office
- YMCA/YWCA
- Youth Services

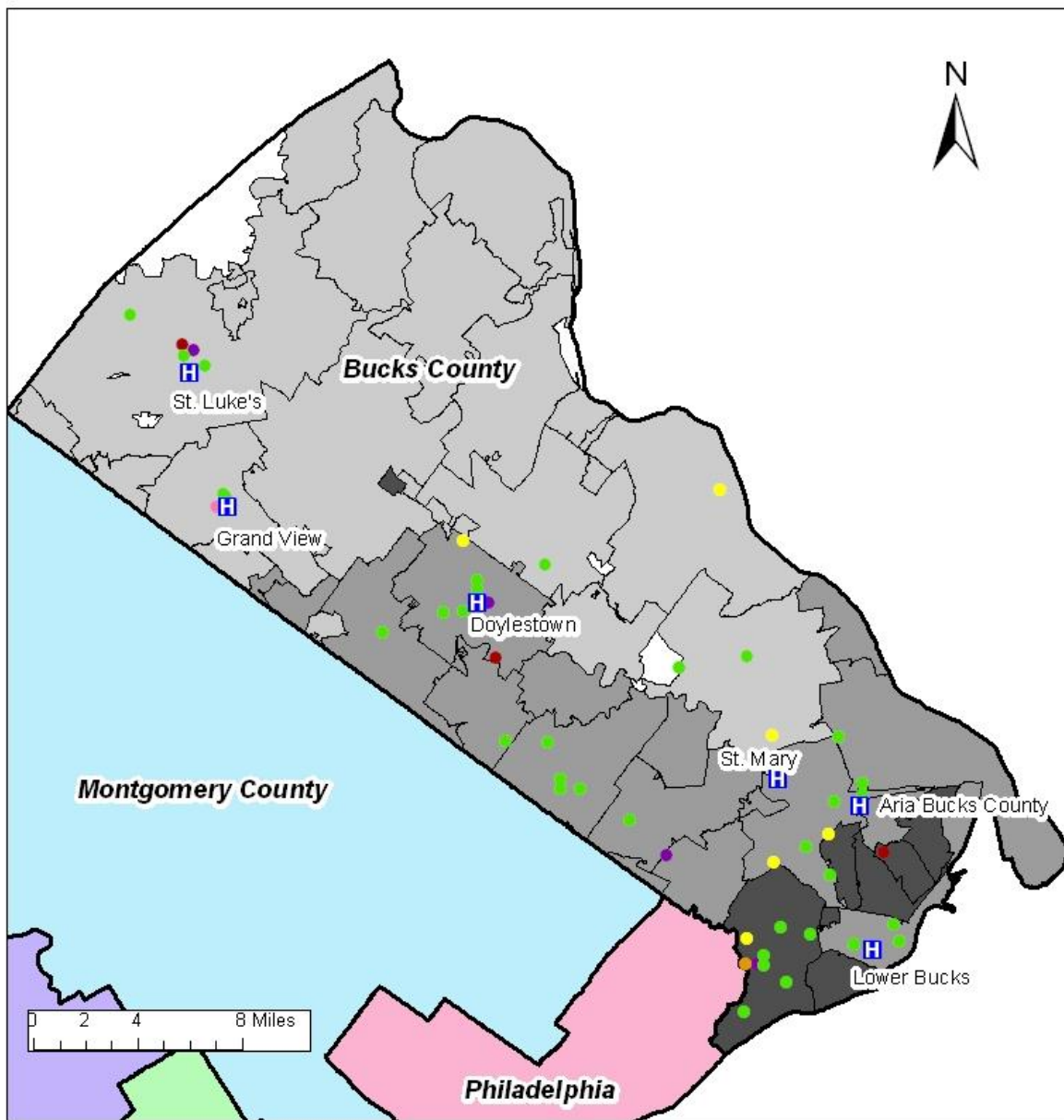
Food Sources

- ▲ Farmers Market
- ▲ Food Pantry

Prepared by The Research & Evaluation Group, PHMC; November 2012



Bucks County Assets - Health Care Services



**Population Density
(per square mile)**

- < 1000
- 1000 - 2600
- > 2600

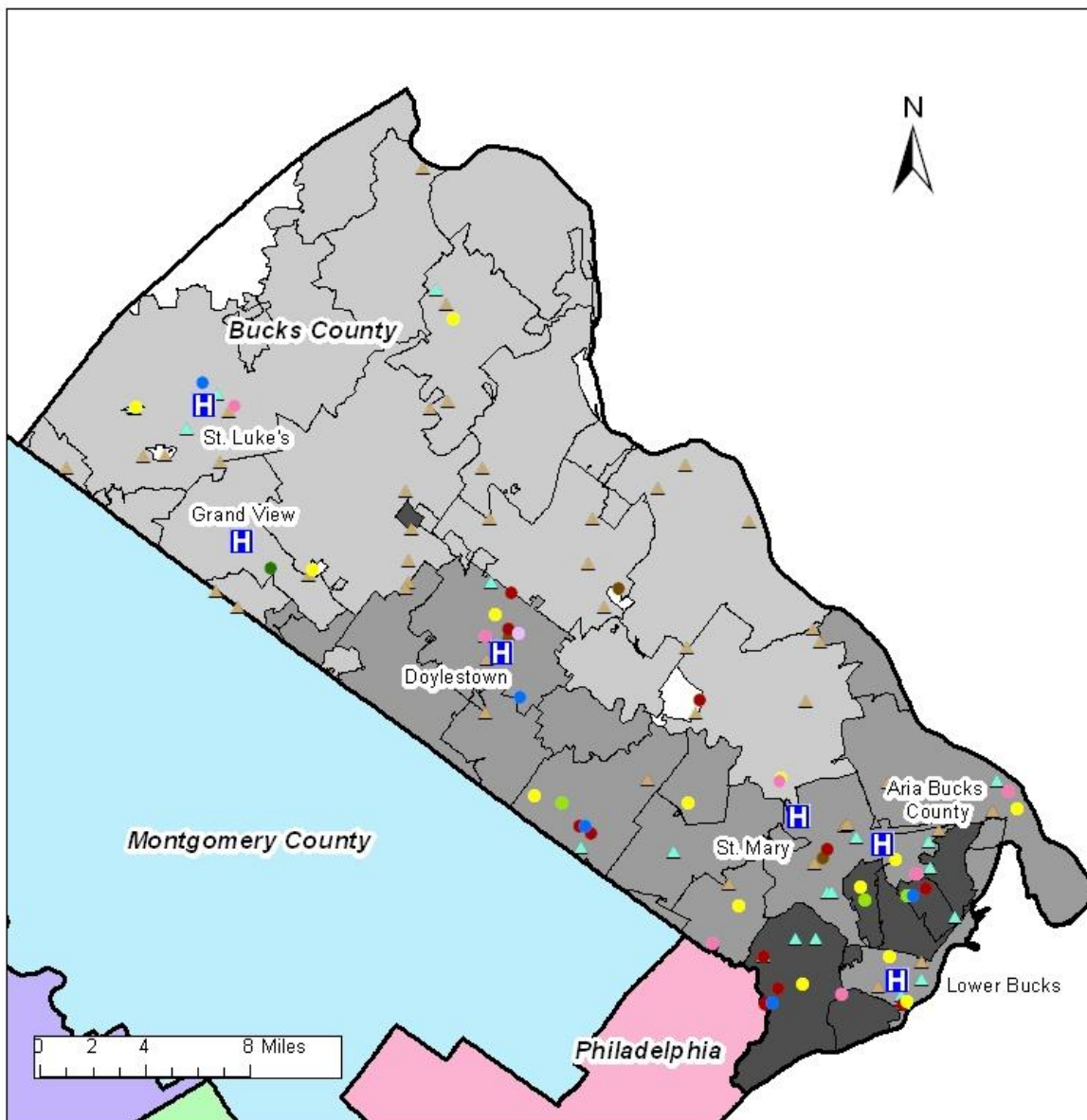
Health Care Services

- | | |
|---|--|
| H Hospital | ● Women's Health Center |
| ● Community Health Clinic | ● Mental Health/Substance Abuse Service |
| ● Health Department | ● Urgent Care Center |
| ● Dental Clinic | |

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



Bucks County Assets - Social Services



Population Density (per square mile)

- < 1000
- 1000 - 2600
- > 2600

Hospital

Social Services

- Disability Services
- Employment Center
- Homeless Shelter
- Senior Services
- Social Services
- WIC
- YMCA/YWCA
- Youth Services

Food Sources

- Farmers Market/Produce Stand
- Food Pantry

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



Hospitals - Bucks County					
Name	Address	City	State	Zip	Type
Aria Health Bucks County	380 N Oxford Valley Road	Langhorne	PA	19047	Hospitals
Doylestown Hospital	595 West State St	Doylestown	PA	18901	Hospitals
Grand View Hospital	700 Lawn Ave	Sellersville	PA	18960	Hospitals
Lower Bucks Hospital	501 Bath Road	Bristol	PA	19007	Hospitals
St Mary Medical Center	1201 Newtown-Langhorne Road	Langhorne	PA	19047	Hospitals
St. Luke's Hospital Quakertown	1021 Park Avenue	Quakertown	PA	18951	Hospitals
Health Assets - Bucks County					
St Mary Children's Health Center	2546 Knights Rd.	Bensalem	PA	19020	Community Health Center
Ann Silverman Community Health Clinic	595 W. State Street	Doylestown	PA	18901	Community Health Center
BCHIP Lower Bucks Clinic	2546B Knights Road	Bensalem	PA	19020	Community Health Center
HealthLink Medical Center	1775 Street Road	Southampton	PA	18966	Community Health Center
BCHIP Volunteer Doctors Care Upper Bucks	261 California Road	Quakertown	PA	18951	Community Health Center
Bethanna	1030 Second Street Pike	Southampton	PA	18966	Mental Health/Substance Abuse Center
Bucks County Mental Health Clinic	1270 New Rodgers Rd	Bristol	PA	19007	Mental Health/Substance Abuse Center
Bucks County Mental Health/Developmental	600 Louis Drive	Warminster	PA	18974	Mental Health/Substance Abuse Center
Bucks County Health Department Doylestown	1282 Almshouse Road	Doylestown	PA	18901	Health Department
Bucks County Health Department Levittown	7321 New Falls Road	Levittown	PA	19055	Health Department
Bucks County Health Department Quakertown	261 California Road	Quakertown	PA	18951	Health Department
BCHIP Children's Dental Program	700 Lawn Ave	Sellersville	PA	18960	Dental Care
Mother Bachmann Maternity Center	2560 Knights Road	Bensalem	PA	19020	Women's Health Center
Penndel Mental Health Center Inc	1517 Durham Road	Penndel	PA	19047	Mental Health/Substance Abuse Center
Philadelphia Mental Health Clinic	2288 Second St Pike	Newtown	PA	18940	Mental Health/Substance Abuse Center
Catholic Social Services	3400 Bristol Pike	Bensalem	PA	19020	Mental Health/Substance Abuse Center
Delaware Valley Children's Center	2288 Second Street Pike	Wrightstown	PA	18940	Mental Health/Substance Abuse Center
Delta Community Supports Inc	720 Johnsville Blvd	Warminster	PA	18974	Mental Health/Substance Abuse Center
Family Services Association of Bucks County	312 West Broad Street	Quakertown	PA	18951	Mental Health/Substance Abuse Center
Family Services Association of Bucks County	708 Shady Retreat Rd	Doylestown	PA	18901	Mental Health/Substance Abuse Center
Family Services Association of Bucks County	4 Cornerstone Drive	Langhorne	PA	19047	Mental Health/Substance Abuse Center
Foundations Behavioral Health System	833 East Butler Avenue	Doylestown	PA	19801	Mental Health/Substance Abuse Center
Ivyland Counseling Center	1210 Old York Road	Warminster	PA	18974	Mental Health/Substance Abuse Center
Lenape Valley Foundation	500 N West Street	Doylestown	PA	18901	Mental Health/Substance Abuse Center
Maternal Child Consortium Inc.	800 Clarmont Avenue	Bensalem	PA	19020	Mental Health/Substance Abuse Center
Pan American Mental Health Services Inc.	One North Wilson Avenue	Bristol	PA	19007	Mental Health/Substance Abuse Center
Project Transition	One Highland Drive	Chalfont	PA	18914	Mental Health/Substance Abuse Center
Live Well Services Inc	203 Floral Vale Boulevard	Yardley	PA	19067	Mental Health/Substance Abuse Center



New Vitae Inc	16-18 South Main Street	Quakertown	PA	18951	Mental Health/Substance Abuse Center
NHS Bucks County	2260 Cabot Blvd W	Langhorne	PA	19047	Mental Health/Substance Abuse Center
NHS Human Services	600 Louis Drive	Warminster	PA	18974	Mental Health/Substance Abuse Center
Penn Foundation Behavioral Health Service	807 Lawn Avenue	Sellersville	PA	18960	Mental Health/Substance Abuse Center
Project Transition	1700 Street Road	Warrington	PA	18976	Mental Health/Substance Abuse Center
Reach Intensive Psychiatric Rehabilitation	712 Lawn Avenue	Sellersville	PA	18960	Mental Health/Substance Abuse Center
Reach Out Foundation of Bucks County: Dual	152 Monroe Street	Penndel	PA	19047	Mental Health/Substance Abuse Center
The Light Program Inc.	711 Hyde Park	Doylestown	PA	18901	Mental Health/Substance Abuse Center
Today, Inc.	1990 North Woodbourne Road	Newtown	PA	18940	Mental Health/Substance Abuse Center
Today, Inc.: Prevention Services	3103 Hulmeville Road	Bensalem	PA	19020	Mental Health/Substance Abuse Center
Libertae Halfway House	5245 Bensalem Boulevard	Bensalem	PA	19020	Mental Health/Substance Abuse Center
Livengrin Foundation	4833 Hulmeville Road	Bensalem	PA	19020	Mental Health/Substance Abuse Center
Pyramid Healthcare Quakertown	2705 Old Bethlehem Pike	Quakertown	PA	18951	Mental Health/Substance Abuse Center
Southern Bucks Recovery Community Center	1230 Veterans Highway	Bristol	PA	19007	Mental Health/Substance Abuse Center
Women's Recovery Community Center	25 Beulah Road	New Britain	PA	18901	Mental Health/Substance Abuse Center
Aldie Counseling Center	2291 Cabot Boulevard West	Langhorne	PA	19047	Mental Health/Substance Abuse Center
No Longer Bound, Inc	1230 Norton Ave	Bristol	PA	19007	Mental Health/Substance Abuse Center
CVS Minute Clinic	1456 Ferry Rd.	Doylestown	PA	18901	Urgent Care Center
CVS Minute Clinic	200 S. Lincoln Ave.	Newtown	PA	18940	Urgent Care Center
CVS Minute Clinic	302 Bridge St.	New Hope	PA	18938	Urgent Care Center
Advanced Urgent Care Center	1413 E. Lincoln Highway	Levittown	PA	19056	Urgent Care Center
Advanced Urgent Care	1415 E. Lincoln Highway	Langhorne	PA	19047	Urgent Care Center
Allmed Comprehensive Care Center	2966 Street Rd	Bensalem	PA	19020	Urgent Care Center
Social Assets - Bucks County					
Name	Address	City	State	Zip Code	Type
BARC Developmental Services	4950 York Road	Holicong	PA	18928	Disability Services
Community Options	340 East Maple Avenue	Langhorne	PA	19047	Disability Services
Shared Support Inc	258 W Ashland Street	Doylestown	PA	18901	Disability Services
Woods Services Inc	RTS 213 & 413	Langhorne	PA	19047	Disability Services
Wellspring Clubhouse	700 South Main Street	Sellersville	PA	18960	Education/Employment Center
Family Resource Center	2546 Knights Road	Bensalem	PA	19020	Social Services
Kelly Family Center	2 Canals End Road	Bristol	PA	19007	Social Services
Kelly Family Center	4 Cornerstone Drive	Langhorne	PA	19047	Social Services
YWCA Bucks Landing Family Center	120 E. Street Road	Warminster	PA	18974	Social Services
YWCA Bucks Meadow Family Center	3131 Knights Road	Bensalem	PA	19020	Social Services
YWCA Country Commons Family Center	3338 Richelieu Road	Bensalem	PA	19020	Social Services
YWCA Creek side Family Center	2500 Knights Road	Bensalem	PA	19020	Social Services
American Red Cross Lower Bucks County Homeless Shelter	1909 Veteran's Highway	Levittown	PA	19056	Homeless Shelter



Bucks County Homeless Shelter	7301 New Falls Road	Levittown	PA	19055	Homeless Shelter
Bucks County Housing Group, Inc.	2324 Second Street Pike	Wrightstown	PA	18940	Homeless Shelter
Valley Youth House	800 N York Rd	Warminster	PA	18974	Homeless Shelter
Benjamin H. Wilson Senior Center	580 Delmont Ave.	Warminster	PA	18974	Senior Services
Bensalem Senior Citizens Center	1850 Byberry Road	Bensalem	PA	19020	Senior Services
Bristol Township Senior Center	2501 Bath Road,	Bristol	PA	19007	Senior Services
Central Bucks Senior Center	700 Shady Retreat Rd.	Doylestown	PA	18901	Senior Services
Chandler Hall Health Services, Inc.	99 Barclay Street	Newtown	PA	18940	Senior Services
Eastern Upper Bucks Seniors, Inc.	8040 Easton Road	Ottsville	PA	18942	Senior Services
Falls Township Senior Center	282 Trenton Road	Fairless Hills	PA	19030	Senior Services
Lower Bucks Senior Activity Center	Wood and Mulberry Sts.	Bristol	PA	19007	Senior Services
Middletown Senior Citizens Center	2142 Trenton Rd.	Levittown	PA	19056	Senior Services
Morrisville Senior Service Center	31 E. Cleveland Ave.	Morrisville	PA	19067	Senior Services
Neshaminy Senior Citizens Center	1842 Brownsville Rd.	Treose	PA	19053	Senior Services
Northampton Township Senior Center	165 Township Road	Richboro	PA	18954	Senior Services
Penridge Senior Center	146 E. Main St.	Silverdale	PA	18962	Senior Services
Upper Bucks Senior Citizens Center	2183 Milford Square Pike	Milford	PA	18337	Senior Services
Bucks County Children and Youth Social Services Agency	4259 West Swamp Rd	Doylestown	PA	18902	Social Services
Bucks County Housing Group, Inc	2324 Second Street Pike	Wrightstown	PA	18940	Social Services
Child Home & Community	144 Wood Street	Doylestown	PA	18901	Social Services
Northwestern Human Services of Bucks County	600 Louis Drive	Warminster	PA	18974	Social Services
The Salvation Army	215 Appletree Drive	Levittown	PA	19058	Social Services
Bensalem WIC Clinic	2546 Knights Road	Bensalem	PA	19020	WIC
Doylestown WIC Clinic	1282 Almshouse Road	Doylestown	PA	18901	WIC
Levittown WIC Clinic	7321 New Falls Road	Levittown	PA	19055	WIC
Quakertown WIC Clinic	261 California Road	Quakertown	PA	18951	WIC
Warminster WIC Clinic	605 Lou9s Drive, Suite 508B	Warminster	PA	18974	WIC
Central Bucks Family YMCA	2500 Lower St Road	Doylestown	PA	18901	YMCA/YWCA
Lower Bucks/Fairless Hills Family YMCA	601 S Oxford Valley Rd	Fairless Hills	PA	19030	YMCA/YWCA
Morrisville YMCA Child Care	200 North Pennsylvania Avenue	Morrisville	PA	19067	YMCA/YWCA
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
YWCA Glen Hollow Community Room	1100 Newportville Road	Croydon	PA	19021	YMCA/YWCA
YWCA Program Outreach Center	2425 Treose Road	Treose	PA	19053	YMCA/YWCA
Boy Scouts of America	1 Scout Way	Doylestown	PA	18901	Youth Services
Food Assets - Bucks County					
Name	Address	City	State	Zip Code	Type



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
Bolton Farm Market	1005 Main Street	Silverdale	PA	18962	Farmers Market/Produce Stand
Bristol Amish Market LLC	498 Green Lane	Bristol	PA	19007	Farmers Market/Produce Stand
Brumbaugh's Farm	2575 County Line Road	Telford	PA	18969	Farmers Market/Produce Stand
Charlann Farms FS	586 Stony Hill Rd	Yardley	PA	19067	Farmers Market/Produce Stand
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
Doylestown FM	West State Street & Hamilton Ave	Doylestown	PA	18901	Farmers Market/Produce Stand
Eastburn Farm	1085 Durham Road	Pineville	PA	18946	Farmers Market/Produce Stand
Fairless Hills Produce Center	636 Lincoln Highway	Fairless Hills	PA	19030	Farmers Market/Produce Stand
Field Karen & Mike	97 Styer's Lane	Langhorne	PA	19047	Farmers Market/Produce Stand
Hellerick's Family Farm	5500 Easton Road	Doylestown	PA	18902	Farmers Market/Produce Stand
Indian Valley Farmers Market	Main Street and Penn Avenue	Telford	PA	18969	Farmers Market/Produce Stand
Langhorne FM	E Richardson Ave	Langhorne	PA	19047	Farmers Market/Produce Stand
Lapinski Farm	1003 Middle Road	Dublin	PA	18917	Farmers Market/Produce Stand
Manoff Market Gardens	3157 Comfort Road	Solebury	PA	18963	Farmers Market/Produce Stand
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
Milk House Farm	1118 Slack Rd	Newtown	PA	18940	Farmers Market/Produce Stand
Myerov Family Farm	306 Elephant Rd	Perkasie	PA	18944	Farmers Market/Produce Stand
New Hope FM	182 W Bridge St	New Hope	PA	18938	Farmers Market/Produce Stand
None Such Farm Market	4458 York Road	Buckingham	PA	18912	Farmers Market/Produce Stand
Ottsville Farm	8230 Easton Rd	Ottsville	PA	18942	Farmers Market/Produce Stand
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
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
Shady Brook Farms	931 Stony Hill Rd	Yardley	PA	19067	Farmers Market/Produce Stand
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
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
Styer Orchard Inc	97 Styers Lane	Langhorne	PA	19047	Farmers Market/Produce Stand



Suelke's Roadstand	1912 Old York 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
Tabora Farm and Orchard	1104 Upper Stump Road	Chalfont	PA	18914	Farmers Market/Produce Stand
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
Traugers FM	335 Island Rd	Kintnersville	PA	18930	Farmers Market/Produce Stand
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 Srpings Farm	RT 663	Milford Square	PA	18935	Farmers Market/Produce Stand
Wrightstown FM	2203 Second St Pike	Wrightstown	PA	18940	Farmers Market/Produce Stand
Bristol Borough Community Action Group, I	99 Wood Street	Bristol	PA	19007	Food Pantry
Cares Cupboard	152 Monroe Avenue	Penndel	PA	19047	Food Pantry
Coordinating Council of Health and Welfare	73 Downey Drive	Warminster	PA	18974	Food Pantry
Country Commons Family Center Food Pantry	3338 Richlieu Rd	Bensalem	PA	19020	Food Pantry
Doylestown Food Pantry	470 Old Dublin Pike	Doylestown	PA	18901	Food Pantry
Emergency Relief Association of Lower Bucks	8525 New Falls Road	Levittown	PA	19054	Food Pantry
Family Service Association of Bucks Count	4 Cornerstone Dr.	Langhorne	PA	19047	Food Pantry
Greater Works Food Pantry	5918 Hulmeville Road	Bensalem	PA	19020	Food Pantry
Heaven's Bounty	455 Trumbauersville Road	Quakertown	PA	18951	Food Pantry
Jesus Focus Ministry	1150 Bristol Road	Southampton	PA	18966	Food Pantry
Loaves and Fishes Pantry	840 Trenton Road	Fairless Hills	PA	19030	Food Pantry
Mary's Cupboard	100 Levittown Parkway	Levittown	PA	19054	Food Pantry
Milford Square Shelter	2155 Milford Square Pike	Milford	PA	18935	Food Pantry
Morrisville Presbyterian Church	771 N. Pennsylvania Avenue	Morrisville	PA	19067	Food Pantry
New Britain Baptist Church Food Larder	Route 202 & Tamanend Avenue	New Britain	PA	18901	Food Pantry
No Longer Bound Bristol	5723 Watson & Norton Ave.	Bristol	PA	19007	Food Pantry
Penndel Food Pantry	349 Durham Road	Penndel	PA	19047	Food Pantry
Penridge	306 North 5th Street,	Perkasie	PA	18944	Food Pantry
Quakertown Food Pantry Quakertown,PA	50 North 4th Street	Quakertown	PA	18951	Food Pantry
Soulful Blessings Bristol	640 Race Street	Bristol	PA	19007	Food Pantry
The Lord's Pantry	4050 Durham Road	Ottsville	PA	18942	Food Pantry
Tifereth Israel Food Pantry	2909 Bristol Rd.	Bensalem	PA	19020	Food Pantry



Nursing Home	Organizati on Type*	#Licensed Beds**	# Set Up & Staffed Beds	#Medicare Certified Beds	#Medicaid Certified Beds	Percent Beds Occupied
Bucks County						
ATTLEBORO NURSING & REHAB CENTER	25	179	179	179	179	97.2
BELLE HAVEN	24	59	57	59	59	79.5
BRIARLEAF NURSING & CONVALESCENT CTR IN	25	178	178	178	178	98.3
BUCKINGHAM VALLEY REHAB & NURSING CENTE	25	130	130	130	130	96.0
CHANDLER HALL HEALTH SERVICES	21	53	53	53	53	97.2
CHRIST'S HOME RETIREMENT CENTER	21	24	24	24	24	93.2
CRESTVIEW CENTER	25	180	179	180	180	96.1
FOX SUBACUTE CENTER	25	60	60	60	60	90.0
GOLDEN LIVING CENTER DOYLESTOWN	25	120	120	120	120	93.9
GREENLEAF NURSING & CONVALESCENT CENTER	25	130	130	130	130	96.2
HERITAGE TOWERS	21	60	60	60	60	96.8
LANGHORNE GARDENS REHAB & NURSING CTR	25	120	120	120	120	93.9
LIFEQUEST NURSING CENTER	21	140	140	140	140	93.5
LUTHERAN COMMUNITY AT TELFORD	21	75	75	75	75	96.0
MAJESTIC OAKS	24	180	180	180	180	96.1
MANORCARE HEALTH SERVICES YARDLEY	25	150	150	150	150	91.6
MASONIC VILLAGE AT WARMINSTER	22	28	28	28	28	97.8
NESHAMINY MANOR HOME	12	360	360	360	360	98.2
PENNSWOOD VILLAGE	21	53	53	53	53	96.9
PHOEBE RICHLAND HEALTH CARE CENTER	21	143	120	143	143	96.3
PICKERING MANOR HOME	21	47	47	47	47	95.8
PINE RUN HEALTH CENTER	21	127	74	127	127	88.6
QUAKERTOWN CENTER	25	138	138	138	138	94.6
RENAISSANCE GARDENS AT ANNS CHOICE	21	66	66	66	0	86.7
RICHBORO REHAB & NURSING CENTER	25	82	82	82	82	93.8
ROCKHILL MENNONITE COMMUNITY	20	90	90	90	90	96.1
SILVER LAKE CENTER	21	174	174	174	174	94.0
STATESMAN HEALTH & REHABILITATION CTR	25	101	101	101	101	95.6
TWINING HALL	21	82	82	82	0	87.5
VALLEY MANOR NURSING & REHAB CENTER	25	180	180	180	180	97.5
WILLOWBROOKE COURT AT SOUTHAMPTON ESTAT	22	120	120	120	0	87.7
WOOD RIVER VILLAGE NURSING CENTER	25	17	17	17	0	87.3
COUNTY TOTAL	-	3,646	3,567	3,646	3,308	94.7



APPENDIX F: COMMUNITY NEED SCORES



Table 1. Community Need Scores for Zip Codes surrounding St. Mary Medical Center, 2012 – Part 1

ZIP Code	2012 Total Pop.	CNS	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank
19007	21,312	3.6	3	3	4	3	5
19020	55,666	3.5	3	3	5	3	5
19021	10,052	3.4	2	4	4	3	4
19056	15,348	2.8	1	2	4	2	5
19057	17,016	2.7	2	2	4	2	4
18974	41,478	2.6	1	2	4	2	4
19053	25,930	2.5	1	2	4	3	3
19030	12,488	2.4	2	2	3	2	4
19047	35,600	2.4	1	2	3	2	4
19067	51,300	2.3	1	1	4	2	3
19054	17,494	2.3	1	2	3	2	3
19055	13,670	2.3	1	3	3	2	2
18976	21,539	1.9	1	1	4	2	2
18940	29,258	1.6	1	1	4	2	1
18966	38,139	1.6	1	1	3	2	1
18954	9,746	1.6	1	1	3	2	1
18938	14,453	1.5	1	1	4	1	1
18977	4,425	1.4	1	1	3	1	1

Source: Nielsen Claritas, Inc and Truven Health Analytics, provided by St Mary Medical Center



Table 2. Community Need Scores for Zip Codes surrounding St. Mary Medical Center, 2012 – Part 2

ZIP Code	2012 Total Population	CNS	Poverty 65+	Poverty Families w/ Children	Poverty Single Female w/ children	No High School Diploma	Minority
19007	21,312	3.6	51.1%	10.2%	32.1%	15.4%	34.4%
19020	55,666	3.5	40.7%	9.4%	32.2%	12.0%	29.5%
19021	10,052	3.4	43.1%	7.1%	21.1%	15.8%	18.3%
19056	15,348	2.8	25.2%	4.0%	13.7%	9.3%	19.3%
19057	17,016	2.7	35.0%	8.5%	25.1%	10.3%	18.6%
18974	41,478	2.6	26.9%	5.9%	25.6%	8.7%	13.1%
19053	25,930	2.5	33.7%	5.2%	16.3%	8.6%	12.5%
19030	12,488	2.4	43.6%	0.9%	3.2%	11.1%	14.3%
19047	35,600	2.4	22.7%	3.8%	16.6%	8.4%	12.3%
19067	51,300	2.3	21.0%	4.0%	18.3%	5.6%	18.2%
19054	17,494	2.3	32.4%	3.2%	9.6%	10.7%	11.9%
19055	13,670	2.3	33.4%	3.9%	10.7%	11.7%	14.9%
18976	21,539	1.9	22.9%	0.6%	1.6%	4.6%	14.1%
18940	29,258	1.6	22.7%	1.5%	5.8%	2.5%	11.2%
18966	38,139	1.6	24.4%	2.5%	17.6%	4.9%	6.4%
18954	9,746	1.6	11.0%	3.0%	24.0%	3.8%	6.0%
18938	14,453	1.5	18.8%	2.7%	0.9%	5.1%	8.6%
18977	4,425	1.4	20.7%	1.7%	0.0%	1.6%	8.1%

Source: Nielsen Claritas, Inc and Truven Health Analytics, provided by St Mary Medical Center



Table 3. Community Need Scores for Zip Codes surrounding St. Mary Medical Center, 2012 – part 3

ZIP Code	2012 Total Population	CNS	Limited English	Un-employed	Uninsured	Renting
19007	21,312	3.6	13%	9%	10%	36%
19020	55,666	3.5	20%	9%	6%	38%
19021	10,052	3.4	10%	10%	6%	27%
19056	15,348	2.8	9%	7%	4%	31%
19057	17,016	2.7	5%	7%	5%	23%
18974	41,478	2.6	11%	8%	4%	22%
19053	25,930	2.5	14%	9%	5%	19%
19030	12,488	2.4	7%	6%	7%	27%
19047	35,600	2.4	7%	7%	3%	23%
19067	51,300	2.3	12%	7%	3%	20%
19054	17,494	2.3	6%	7%	5%	20%
19055	13,670	2.3	5%	8%	5%	16%
18976	21,539	1.9	13%	7%	3%	17%
18940	29,258	1.6	12%	5%	2%	9%
18966	38,139	1.6	13%	6%	3%	12%
18954	9,746	1.6	11%	6%	1%	4%
18938	14,453	1.5	8%	4%	4%	12%
18977	4,425	1.4	5%	2%	2%	8%

Source: Nielsen Claritas, Inc and Truven Health Analytics, provided by St Mary Medical Center

APPENDIX G: SIGNIFICANCE TABLES



Comparison of St. Mary Medical Center Service Area to Remainder of SEPA

Adults

Health Measure	
In recovery for alcohol or other drugs	ns
In fair or poor health	ns
Ever diagnosed with asthma	ns
Ever diagnosed with diabetes	ns
Ever diagnosed with cancer	ns
Ever diagnosed with high blood pressure	.05
Currently has health insurance (ages 18-64)	.001
Currently has prescription drug coverage	.001
Has a regular source of healthcare	ns
Did not fill prescription in past year due to cost.	ns
Did not receive care in past year due to cost	.01
Overweight or obese (BMI 25 or higher)	ns
Fewer than 4 servings of fruits and vegetables per day	ns
Consumed fast food two or more times in past week	ns
Fewer than 3 days with 30 minutes of exercise per week in past month	ns
Currently smokes cigarettes	ns
Tried to quit smoking in past year	ns



Problem drinking (5+ drinks in a day during past month)	ns
Visits to healthcare provider in past year	ns
Dental visit in past year	.01
Blood pressure taken in past year	ns
Pap test in past year (female)	ns
Breast exam in past year (female)	ns
Mammogram in past year (female 40+)	.001
Prostate screening in past year (male 45+)	ns
Colonoscopy or sigmoidoscopy in past year (50+)	ns

Elderly (65+)

Health Measure	
In fair or poor health	ns
Signs of depression (based on 4+ symptoms in 10 point scale)	ns
Any ADL limitations	ns
Any IADL limitations	ns



Children

Health Measure	
In fair or poor health	.05
Has a regular source of healthcare	ns
Dental visit in past year (ages 4+)	.05
Overweight or obese (BMI percentile \geq 85)	ns

KEY: **ns** = not significant, **.05** = statistically significant,
.01 = very statistically significant, **.001** = very highly statistically significant
Green = statistically significantly better than remainder of SEPA
Red = statistically significantly worse than remainder of SEPA