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A MESSAGE FROM THE INTERIM PRESIDENT & CHIEF EXECUTIVE OFFICER

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

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

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

Sincerely,

Susan Croushore
President & Chief Executive Officer
Mercy Health System
I. EXECUTIVE SUMMARY

A. Overview of Mercy Philadelphia Hospital

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

Founded by the Sisters of Mercy in 1918, Mercy Philadelphia Hospital, located in Philadelphia, Pennsylvania, is a 178-bed acute care teaching hospital serving the West and Southwest Philadelphia communities. The Hospital’s mission is characterized by a dedication to the poor and disadvantaged and providing compassionate care to all patients. In 2014, Mercy Philadelphia admitted 8,765 patients, treated 47,953 people in the Emergency Department and saw 76,649 outpatient registrations. Mercy Philadelphia is dedicated to being a transforming, healing presence in the community it serves while addressing the diverse health needs of individuals at every stage of life and ensuring quality care is available to every patient regardless of their socioeconomic status. This is the core of Mercy Philadelphia’s Catholic identity and mission.

Mercy Philadelphia provides high quality healthcare services, education and disease prevention programs. Clinical excellence and patient safety are top priorities at Mercy Philadelphia. The Hospital has been consistently recognized for its achievements in these areas, including:

- Named a Best Hospital in the Philadelphia Metro Area by U.S. News and World Report along with Mercy Fitzgerald Hospital.
- Designated Primary Stroke Center by the Joint Commission
- Breast Imaging Center of Excellence by the American College of Radiology
- A Lung Screening Center
- Recipient of the Get with the Guidelines Gold Award for Heart Failure
- Recipient of the Gold Plus Award for Stroke Care
- Mercy Health System Performance Excellence Award for a successful medication management program
Mercy Philadelphia’s comprehensive services include emergency, surgical, cardiac, critical care, oncology, wound care and hyperbarics, gastroenterology, mental wellness, physical and occupational rehabilitation, vascular, interventional and diagnostic radiology. Mercy Cancer Care is accredited by The American College of Surgeons Commission on Cancer, and affiliated with the Sidney Kimmel Cancer Network at Jefferson. In addition, affiliations with Penn Medicine Heart & Vascular Network and the Jefferson Neuroscience Network bring world-class cardiovascular and neurosurgical services, respectively, to the communities served by the hospital.

Mercy Philadelphia’s healthcare team has continually demonstrated its commitment to the well-being of the community it serves. Through countless community outreach efforts, including free monthly screenings, including the popular and free Dine with the Docs series, community health fairs and alliances with community organizations and leaders, the Hospital impacts the lives of thousands of residents annually.

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

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

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

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

**Vision**

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

**Mission**

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

Mercy Philadelphia Hospital is located in Southwest Philadelphia. The hospital's service area (2010 Population 230,600\(^1\)) was defined as the community. The service area includes the following zip codes in Philadelphia, Pennsylvania:

19143, 19139, 19131, 19142, 19104

Mercy Philadelphia Hospital Service Area

\(^1\) Nielsen-Clartas Pop-Facts Database and 2010 U.S. Census.
C. Community Demographics

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

1. Demographic Characteristics

Population Size

The total population of Mercy Philadelphia Hospital’s service area decreased to approximately 230,600 residents in 2010 from 241,200 residents in 2000.

Age

In the service area, just more than one-fifth of residents (22%) are between the ages of 0-17, 45% are 18-44, 21% are 45-64, and 12% are 65 and older.

Gender

Approximately 46% of Mercy Philadelphia Hospital's service area is male and 54% is female.

Race/Ethnicity

In the service area, nearly three-quarters (73%) of residents identify as Black, 15% identify as White, 6% identify as Asian, 3% identify as Latino, and 3% identify as another race/ethnicity. When looking specifically at the Latino population in the service area, approximately 1,500 residents identify as Puerto Rican. In Mercy Philadelphia Hospital’s service area, approximately 5% of residents identify as Asian.

The service area saw some small changes in the racial/ethnic identity of its population from 2000 (Figure 1).

![Figure 1: Race/Ethnicity of Mercy Philadelphia Hospital’s Service Area, 2000 and 2010 US Census](source)

Language Spoken at Home

The majority of residents (87%) of Mercy Philadelphia Hospital’s service area speak English at home; 5% speak an “other” language at home, 4% speak Spanish, and another 4% speak an Asian language.
2. Socioeconomic Indicators

Education
More than one-fifth of residents in the service area have less than a high school degree (22%), nearly six in 10 have graduated from high school (59%), and 19% have a college degree or more.

Employment
Approximately 85% of residents of the service area are employed and 15% are unemployed.

Poverty Status
When looking at poverty status, one-quarter of families without children (25%) and one-third of families with children (33%) are living in poverty in the service area.

Median Household Income
The 2000 median household income in the service area was approximately $24,200, which increased to $28,300 in 2010. The median household income in the service area is lower than that of the county and Pennsylvania as a whole. (Figure 2)

Home Ownership
In Mercy Philadelphia Hospital’s service area, more than one-half (54%) of residents rent their home and 45% own their home.
The Community Need Score

The Community Need Score (CNS) uses many of the socioeconomic indicators from the U.S. Census, to assign a community need score to each zip code in the U.S. The Community Need Score (CNS) is a composite value derived from scores on five perceived barriers to better health status. The barrier values are based on quintile ranks of statistics to one or more socioeconomic measures.

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

The total CNS for the Mercy Philadelphia Hospital service area is 4.6 on a scale of 1.0 to 5.0, indicating an area of high need. The service area ranks 5.0, or the highest need, in the areas of insurance and housing.

The service area ranks lower, but still in the high-need range, in the areas of income, education, and culture. Scores for individual zip codes in the service area range from a low of 4.4 in zip code 19131 to a high of 4.7 in zip codes 19104, 19142, and 19139. (Figure 3)

Figure 3. Community Need Scores by ZIP Code, Mercy Philadelphia Hospital Service Area


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D. Existing Health Care Resources

Mercy Philadelphia is one of six hospitals within its service area including Belmont Behavioral Health, Children’s Hospital of Philadelphia, Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, and Philadelphia VA Medical Center.

Within the Mercy Philadelphia service area, there is one (1) Urgent Care Center and a total of six (6) Community Health Clinics including two (2) Public Health Centers.

Social services in Mercy Fitzgerald service area include three (3) Community Centers, five (5) Senior Services, two (2) WIC, one (1) YMCA/YWCA, three (3) Homeless Shelters, and one (1) Education/Employment Centers.
II. Process and Methods

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

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

A. 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.

B. Collaborative Process

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

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

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

C. Data Sources

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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Dates</th>
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<tbody>
<tr>
<td>U.S. Census of Population and Housing</td>
<td>2000, 2010</td>
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<tr>
<td>Claritas, Inc. Population Facts</td>
<td>2013, 2018</td>
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<tr>
<td>Pennsylvania Department of Health</td>
<td>2005-2008</td>
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<tr>
<td>PHMC Southeastern Pennsylvania Household Health Survey</td>
<td>2010, 2012</td>
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<tr>
<td>Community Need Score, Catholic Health East, data – 2012</td>
<td>2012</td>
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The 2012 Southeastern Pennsylvania Household Health Survey questionnaire examined health status and utilization of, and access to, health care among adults and children in the five-county area, including Bucks, Chester, Delaware, Montgomery and Philadelphia Counties. The survey included many questions that have been administered and tested in national and local health surveys.

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

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

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

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

Vital Statistics

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

Community Need Score

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

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

D. Community Representatives

Information on the health status and health care needs of Mercy Philadelphia Hospital’s service area residents was also collected from the community through community meetings with residents, public health representatives, service providers, and advocates knowledgeable about community health. A total of 31 community leaders, providers, public health representatives, and residents participated. Refer to Appendix A for the list of participants’ organizations and areas of expertise.

E. Information Gaps

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

A. Health Needs of the Community

The health of a community 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. The process also included data from the PHMC Household Health Survey and enhanced from the results of the community meetings.

1. Birth Outcomes

Birth Rate

There is an average of nearly 3,500 births annually to women in Mercy Philadelphia Hospital’s service area. The birth rate in the service area (62.9 per 1,000 women 15-44 years of age) is lower than the Philadelphia County rate (71.1) but higher than the Pennsylvania rate (58.7).

- Within the service area, Latina women have the highest birth rate (102.5), while White women have the lowest birth rate (20.7). The racial and ethnic birth rate patterns are generally lower in the service area compared with women the county and the state.

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

- In the service area, the adolescent birth rate is 20.3 per 1,000 women 10-17 years of age, which is slightly higher than the county rate (17.1), but three times higher than the state rate (6.9).

- Within the service area, the adolescent birth rate is 21.1 for Black women, which is comparable to the adolescent birth rate for Black women in the county (20.5) and the state (19.8). A small number of cases within the service area precludes further racial and ethnic comparisons.

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 the service area, 13.8% of infants are low birth weight. This percentage is slightly higher than the Philadelphia County average (11.3%) and the state average (8.3%), and has not met the Healthy People 2020 target goal (7.8%) (Figure 8). The percentage of infants born at low birth weight in the service area represents an annual average of more than 480 infants weighing less than 2,500 grams at birth.

- In the service area, the percentage of low birth weight infants is highest among Black infants (14.5%) and lowest for Asian infants (6.1%). In general, the racial and ethnic percentages of infants in the service area who are born at low birth weight are comparable to infants in the county and the state.

Infant Mortality Rate

In the service area, every year an average of 51 infants die before their first birthday, representing an infant mortality rate of 14.5 infant deaths per 1,000 live births.

- The service area’s infant mortality rate is slightly higher than the Philadelphia County rate (12.2) and nearly twice as high as the Pennsylvania rate (7.5), and has not met the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.
2. Causes of Death

Overall Mortality
The overall death rate in the Mercy Philadelphia Hospital service area (959.7 deaths per 100,000 population) is higher than the Philadelphia County rate (931.2) and the Pennsylvania rate (785.2).

- Heart disease is the leading cause of death in the service area (247.8), the county (232.2), and the state (203.2).
- The other four leading causes of death in the service area are: all forms of cancer (212.7), lung cancer (61.1), stroke (52.7), and female breast cancer (29.0).
- The death rates for heart disease and stroke are higher in the service area compared with the county and the state.
- Additionally, the homicide rate in the service area (31.8) is higher than the county rate (24.6) and is five times higher than the state rate (6.1).

Morbidity
In Philadelphia County, there are 16,234 individuals who are living with HIV, including AIDS, representing a prevalence rate of 1,121.6 cases per 100,000 population. This prevalence rate is five times higher than the Pennsylvania rate (244.9).

- Among Philadelphia residents who are living with HIV or AIDS, more than two-thirds (69%) are men. Two-thirds (66%) are Black, one-fifth (21%) are White, more than one-tenth (12%) are Latino, and 1% are Asian.

3. Disease Prevalence and Conditions

Communicable Diseases
The communicable disease rates for chronic Hepatitis B, Tuberculosis, Varicella (chicken pox), Chlamydia, Gonorrhea, and Syphilis (primary and secondary) in Philadelphia County are higher than state rates while the county rate for Lyme Disease is lower compared to the state rate (Figure 4). The county rate for Pertussis (whooping cough) is comparable to the state rate.

Self-Reported Health Status
Self-reported health status is one of the best indicators of population health. This measure has consistently shown to correlate very strongly with mortality rates. In the Mercy Philadelphia Hospital service area, the majority of adults (74.7%) are in excellent, very good, or good health. However, a sizable percentage of adults (25.3%) are in fair or poor health, representing 45,800 adults. This percentage is higher than the statewide average (16.8%), and the Southeastern Pennsylvania (SEPA) region as a whole (16.1%). Among older adults in the service area, 35.1% are in fair or poor health. Nearly eight percent of children in the service area (7.6%) are in fair or poor health.

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4 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
Health Conditions

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

• Four in 10 adults (43%) have been diagnosed with high blood pressure; this percentage represents 78,100 adults. This percentage has remained steady since 2010 and is higher than the Healthy People 2020 goal of 26.9% of adults with high blood pressure. In Pennsylvania, three in 10 (31.0%) adults have high blood pressure.\(^5\)

• The percentage of adults in the service area with high blood pressure is higher than for the region as whole (31%) and the surrounding Philadelphia County (37.5%).

• Nearly one in five adults (18.6%) has been diagnosed with diabetes; this percentage represents approximately 33,700 adults and is higher than the statewide percentage of 9.5% of adults diagnosed with diabetes.\(^6\) The percentage of adults in the service area with diabetes is higher than for the region as a whole (12.4%).

• Nearly one in five adults in the service area (18.9%) has asthma. This percentage is higher than the percentage of adults with asthma in Pennsylvania (12.9%)\(^7\) and in the SEPA region (16%).

• Six percent of adults (6.5%) have had cancer at some point in their lives, representing 11,900 adults. The percentage of adults in the service area who ever had cancer is lower than for the SEPA region as a whole (8.7%).

• More than one-third of adults (36.6%) are obese, and three in 10 adults (29.7%) are overweight (Figure 5). A smaller percentage of adults are obese statewide (28.6%) and a higher percentage of adults are overweight statewide (36.0%).\(^8\) The percentage of adults in the service area who are obese has increased slightly from 34.6% in 2010. Obesity in the service area does not meet the Healthy People 2020 goal of 30.6%.

\(^5\) 2009 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.
\(^8\) 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
• Nearly three in 10 children in the service area (28.9%) are obese, and 16.9% are overweight (Figure 6). The percentage of obese children in the service area is higher than for SEPA as a whole (18.2%). The percentage of obese children in the service area has decreased from 32% in 2010 to 28.9% in 2012.

• Nearly one-quarter of adults (23%) have been diagnosed with a mental health condition; this percentage represents 41,700 adults. Of those with a mental health condition, 44% are not receiving treatment for the condition (Figure 7).

• Nearly one in five older adults in the service area (21%) has signs of depression, which is defined as having four or more depression symptoms on a ten-item scale. This percentage is higher than for the region as a whole (14%).

• Approximately 28,700 adults in the service area (15.9%) are in recovery for a substance abuse problem.
B. Access and Barriers to Health Care

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

• The majority of adults in the service area (79.6%) have health insurance coverage. However, a sizable percentage of adults do not have any private or public health insurance; 20.4% of adults aged 18-64 in the service area are uninsured, representing 29,600 uninsured adults (Figure 8).

![Figure 8. Adults (18-64) without Health Insurance, 2012](image)

Prescription Drug Coverage

One in four adults in the service area (26%) does not have prescription drug coverage. This percentage represents 46,300 adults without this coverage and is nearly twice as high as the percentage without prescription coverage in 2010 (13.6%).

• The percentage of adults without prescription drug coverage in the service area is similar to the percentage without prescription coverage in Philadelphia County (24.5%).

Economic Barriers

• With or without health insurance, 28,800 adults in the service area are unable to get needed care due to the cost of that care; 15.9% of adults reported that there was a time in the past year when they needed health care, but did not receive it due to the cost.

• About 25,200 adults in the service area (13.9%) were prescribed a medication but did not fill the prescription due to cost in the past year.

• Nearly three in 10 adults in the service area in 2010 (29.5%) did not get dental care due to the cost of the visit. This percentage is higher than for adults in Philadelphia County (26.8%) and SEPA (24.1%) as a whole.

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, 15.4% of adults did not visit a health care provider in the past year; this percentage represents 26,400 adults.
Pre-Natal Care
Receiving pre-natal care during the first trimester of pregnancy can help ensure that health concerns are identified and addressed in a timely manner.

- More than four in 10 women in Mercy Philadelphia Hospital's service area (46.0%) receive early pre-natal care, which is below the Philadelphia County average (52.3%), and far below the state average (70.6%) and has not met the Healthy People 2020 target goal of 77.9%.

- In fact, more than one-half of women in the service area (54.0%) receive pre-natal care starting in the second or third trimester of pregnancy or no pre-natal care at all, representing an average of more than 1,600 women annually in the service area. More than six in 10 women of another race in the service area (61.9%) receive late or no pre-natal care compared to 33.1% of White women. The percentage of women of another race in the service area receiving late or no pre-natal care far exceeds their counterparts in Philadelphia County (50.5%) and the state (45.9%).

Preventative Care
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.

Community participants spoke about other issues related to access, noting the importance of having a medical home or having continuity of care where health problems can be identified more quickly; and also about the need to have more convenient care available, where people who are sick will not have to wait days for a medical appointment to see a health care provider.

Dental Visit
Nearly one-half of adults in the service area (48.6%) did not visit a dentist in the past year, representing 87,800 adults. This percentage is higher than that for adults in Philadelphia County (41.2%) and for the SEPA region as a whole (31.9%). The percentage of adults in the service area who did not visit a dentist (48.6%) is higher than for adults statewide (29.0%).

- Fifteen percent of children in the service area (15.4%) did not visit a dentist in the past year. This percentage is higher than for children living in SEPA as a whole (9.3%).

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

Blood Pressure
One in eight adults in the service area (12.7%) did not have a blood pressure test in the past year; this percentage represents 22,700 adults. The percentage of adults in the service area who did not have a blood pressure test in the past year is similar for Philadelphia County (11.5%) and SEPA as a whole (10.4%).

Colonoscopy
Regular screenings beginning at age 50 are fundamental in preventing colorectal cancer. One in nine adults 50 years of age and older in the service area (11.6%) did not have a colonoscopy in the past 10 years. Statewide, 65% of adults age 50 and over have had a colon cancer screening in the past 10 years. The percentage of adults in the service area who did not have a colonoscopy in the past 10 years\(^9\) has decreased from 17% in 2010 to 11.6% in 2012 and is lower than the percentages in Philadelphia County (17.2%) and the SEPA region as a whole (20.2%).

Pap Smear Test
Four in 10 women in the service area (43%) did not receive a Pap smear to test for cervical cancer in the past year. This percentage represents approximately 43,300 women. The percentage of women who have not received a Pap smear increased from 36% in 2010 and is similar compared to women in Philadelphia County (40.9%) and in SEPA as a whole (41.9%).

\(^9\) 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
\(^10\) 2010 Behavioral Risks of Pennsylvania Adults, PA Department of Health
Mammogram
The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health. Nearly three in 10 women ages 40 and older in the service area (28.9%) did not receive a mammogram in the past year. This percentage is lower than the statewide percentage (42.0%)\(^ {11}\), the percentage in Philadelphia County (34.8%), and the percentage in the region as a whole (36.8%).

PSA or Rectal Exams for Prostate Cancer
One-half of men ages 45 years and over in the service area (50.3%) did not have a screening for prostate cancer in the past year. The percentage of men in the service area who have not had a prostate exam in the past year is lower for Philadelphia County (45.1%) and SEPA as a whole (45.4%). Statewide, 53% of men ages 50 and over did not have this test.

Tobacco Use
• One-quarter of adults in the service area (25.1%) currently smoke; this percentage is similar to the smoking rate statewide (22.4%) and higher than the percentage for SEPA as a whole (18.2%).
• The percentage of adults who smoke in the service area does not meet the Healthy People 2020 goal (12%).\(^ {12}\)
• The percentage of adults in the service area who smoke decreased slightly from 27% in 2010.
• Six in 10 adults in the service area who smoke cigarettes (62%) have tried to quit in the past year; however, this percentage falls short of the Healthy People 2020 target goal (80%).

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.\(^ {13}\) More than one-third of service area adults (35.3%) participated in binge drinking on one or more occasions in the past month. The binge drinking percentage in the service area is higher than the statewide percentage (18.3%)\(^ {14}\) and is similar to Philadelphia County (33.6%).

\(^ {11}\) 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
\(^ {12}\) 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
\(^ {13}\) U.S. Centers for Disease Control and Prevention.Fact Sheets – Binge Drinking – Alcohol (2010).
\(^ {14}\) 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
C. Health Needs of Special Populations

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

Health Status and Chronic Conditions

• Within the service area, two times as many adults living below 150% of the Federal Poverty Level are in fair or poor health compared to adults living above that poverty level (38.2% vs. 18.2%, respectively). One-third (33.3%) of Latino adults are in fair or poor health followed by 29% of Black adults and 14.5% of White adults.

• In the service area, one-half of Black adults (50%) have high blood pressure followed by 35.8% of Latino adults and 20.5% of White adults.

• The percentage of Black adults in the service area who have diabetes (20.7%) is more than twice the percentage for Latino adults (8.3%) and more than three times the percentage for White adults (6.2%).

• A higher proportion of poor adults (25.7%) have been diagnosed with a mental health condition compared to non-poor adults (14.6%). The percentage of Latino adults who have been diagnosed with a mental health condition (39.3%) is more than twice the percentage of White adults (19.3%) and Black adults (17.9%).

• A higher proportion of poor adults (33.5%) smoke cigarettes compared to non-poor adults (21.1%). Nearly three in 10 Black (29.6%) and Latino (28.6%) adults smoke cigarettes compared to 15.2% of White adults.

• One in five adults in the service area living in poverty (20.5%) does not have any public or private health insurance compared with 16.9% of non-poor adults.

Homeless Persons

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

• Homeless persons are a population with special health care needs. Despite their relatively large numbers, homeless persons are very difficult to reach with health and social services, and suffer from poorer health than the rest of the population. The health problems of homeless people are broad and multidimensional, contributing to excess mortality. Many homeless persons have histories of mental illness and drug and alcohol abuse. In addition, many homeless adults experience significant dental problems and vision impairments. Homeless people also experience poor access to health care, leading to delayed identification of health problems, increased reliance on emergency departments, and higher rates of hospitalization, often for preventable conditions.

• Mercy Philadelphia Hospital is within the Philadelphia County Continuum of Care (CoC). There were an estimated 6,180 homeless persons in the Philadelphia County CoC at any one point in time.\(^\text{15}\) The Philadelphia CoC homeless population accounts for two-fifths of the state’s homeless population (40.9%). The number of homeless persons in this area increased by nearly two percent from 6,084 in 2010. Of these total homeless persons, 3,328 were individuals, while 2,852 were living in families. There are 918 family households.

IV. Response to Findings

A. Unmet Needs and Identification Process

The unmet health care needs for Mercy Philadelphia Hospital’s service area were identified and prioritized by comparing the health status, access to care, health behaviors, and utilization of services for residents of the service area to results for the county and state and the Healthy People 2020 target goals for the nation. 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. Additionally, tests of statistical significance were conducted on all Household Health Survey data comparing the results of residents in the service area with residents living in the remainder of SEPA, and are reported, where significant.

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

• Hypertension;
• Overweight or obese;
• Health insurance coverage;
• Prescription drug coverage;
• Dental care; and
• Cigarette smoking.

Priority Unmet Needs

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

<table>
<thead>
<tr>
<th>Priority Unmet Need</th>
<th>Service Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health for area residents, particularly low-income residents</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Substance abuse treatment for residents, including low-income residents</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Primary care for low-income adults, including reducing wait times in making appointments with health care providers</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Leading causes of death among residents: all cancer, female breast cancer and lung cancer</td>
<td>Cancer</td>
</tr>
<tr>
<td>Leading cause of death among residents: heart disease</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>For Black and low-income residents, high rates of hypertension and diabetes</td>
<td>Diabetes</td>
</tr>
<tr>
<td>High blood pressure prevalence among residents, which is a risk factor for heart disease and stroke</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Access to an ongoing source of health care for homeless persons in this service area – Primary Care, Mental Health, Substance Abuse, Dental Care, and Vision</td>
<td>Homeless – Health Care</td>
</tr>
<tr>
<td>Linguistically and culturally appropriate services, including interpreters and health literature</td>
<td>Language</td>
</tr>
<tr>
<td>Overweight and obese children and adults</td>
<td>Overweight/ Obesity</td>
</tr>
<tr>
<td>Smoking prevention, interventions, and cessation programs</td>
<td>Smoking Cessation</td>
</tr>
<tr>
<td>Leading causes of death among residents: stroke</td>
<td>Stroke</td>
</tr>
<tr>
<td>Priority Unmet Need</td>
<td>Service Category</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Dental care for older adults and low income populations</td>
<td>Dental Care</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td>Health Insurance</td>
</tr>
<tr>
<td>Prescriptions for older adults and low income populations</td>
<td>Prescription Coverage</td>
</tr>
<tr>
<td>OB/GYN care, including early pre-natal care and delivery for pregnant women</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td></td>
</tr>
<tr>
<td>Infants born at low birth weight</td>
<td></td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

B. Prioritization of Community Health Needs

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

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

This prioritization process resulted in the identification of three priorities that address: (1) the mission objectives to improve access of health care for the vulnerable population; (2) the clinical objectives to improve health risk behaviors contributing to disease; and, (3) objectives to improve access to screenings and education to both the general and underserved residents of the community. The outcome of the prioritization process by priority unmet need is on Page 7.

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

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

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

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

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

C. Implementation Strategy

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Area of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>52nd Street Business Association</td>
<td>Community-based organization. Leader of medically underserved minority population.</td>
</tr>
<tr>
<td>ActionAIDS</td>
<td>Nonprofit organization providing services works in partnership with people living with or affected by HIV/AIDS, to sustain and enhance their quality of life.</td>
</tr>
<tr>
<td>Aid for Friends</td>
<td>Nonprofit organization that provides emergency shelter, transitional housing and other supportive services to individuals and families facing homelessness.</td>
</tr>
<tr>
<td>Communities In Schools of Philadelphia, Inc.</td>
<td>Nonprofit organization providing services to youth to help them stay in school.</td>
</tr>
<tr>
<td>Delaware Valley Healthcare Council of HAP</td>
<td>Nonprofit organization of hospitals in the Delaware Valley.</td>
</tr>
<tr>
<td>Health Promotion Council of SEPA</td>
<td>Public health; nonprofit organization with focus on health.</td>
</tr>
<tr>
<td>Maternity Care Coalition</td>
<td>Public Health. Nonprofit to improve maternal and child health and wellbeing through direct services and advocacy.</td>
</tr>
<tr>
<td>Mental Health Association of Southeastern Pennsylvania</td>
<td>Nonprofit organization providing mental health and social services and advocacy for adults, families, and youth.</td>
</tr>
<tr>
<td>Mercy Health System SEPA</td>
<td>Health care provider.</td>
</tr>
<tr>
<td>Mercy Philadelphia Hospital</td>
<td>Public health. Health care provider focused on medically underserved, low income and minority populations with chronic disease.</td>
</tr>
<tr>
<td>Metropolitan Area Neighborhood Nutrition Alliance (MANNA)</td>
<td>Nonprofit organization focused on nutrition, especially for underserved low income and minority persons living with HIV/AIDS.</td>
</tr>
<tr>
<td>PBS Consulting</td>
<td>Leader of medically underserved minority population.</td>
</tr>
<tr>
<td>Philadelphia Corporation for Aging</td>
<td>Nonprofit organization serving as Philadelphia county's Area Agency on Aging.</td>
</tr>
<tr>
<td>Philadelphia Health Center #10</td>
<td>Public health; Community Health Center focused on medically underserved low income and minority populations.</td>
</tr>
<tr>
<td>Philadelphia Health Center 3</td>
<td>Community Health Center focused on medically underserved, low income and minority populations; Public Health.</td>
</tr>
<tr>
<td>Philadelphia Health Center 4</td>
<td>Community Health Center focused on medically underserved, low income and minority populations; Public Health.</td>
</tr>
<tr>
<td>Seventh Senatorial District</td>
<td>Local government official.</td>
</tr>
<tr>
<td>Sickle Cell Disease Association of American, Philadelphia Delaware Valley Chapter</td>
<td>Nonprofit organization that serves persons and families affected by sickle cell disease. Leader of medically underserved minority population with chronic disease.</td>
</tr>
<tr>
<td>St. Cyprian Roman Catholic Church</td>
<td>Public health. Health care provider.</td>
</tr>
<tr>
<td>The Enterprise Center CDC</td>
<td>Community-based organization. Leader of medically underserved minority population.</td>
</tr>
<tr>
<td>Organization</td>
<td>Area of Expertise</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Youth Service, Inc.</td>
<td>Nonprofit that strengthens the family unit, helping at-risk teens and promoting child safety.</td>
</tr>
<tr>
<td>PATH, Inc.</td>
<td>Special knowledge or expertise in public health-behavioral health, intellectual disabilities; Health care provider.</td>
</tr>
<tr>
<td>Philadelphia Fire Dept./EMS</td>
<td>Health care provider- emergency services.</td>
</tr>
<tr>
<td>Philadelphia Police Dept. 15th Dist.</td>
<td>Agency with special knowledge of the health needs of the community.</td>
</tr>
<tr>
<td>Philadelphia Police Dept. 7th Dist.</td>
<td>Agency with special knowledge of the health needs of the community.</td>
</tr>
<tr>
<td>Rhawnhurst NORC at Jewish Federation of Greater Philadelphia</td>
<td>Special knowledge or expertise in public health (older adults); Nonprofit organization – religious with a focus on seniors.</td>
</tr>
<tr>
<td>Senior Care Partners</td>
<td>Special knowledge or expertise in public health(seniors); Health care provider.</td>
</tr>
<tr>
<td>St. Jerome Parish</td>
<td>Nonprofit organization-religious.</td>
</tr>
<tr>
<td>Temple Beth Ami</td>
<td>Nonprofit organization- religious.</td>
</tr>
<tr>
<td>VITAS Hospice</td>
<td>Special knowledge or expertise in public health (end of life); Healthcare provider.</td>
</tr>
</tbody>
</table>
APPENDIX B: RESPONSE TO UNMET HEALTH NEEDS

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

<table>
<thead>
<tr>
<th>Priority Unmet Needs</th>
<th>Service Category</th>
<th>Target Population</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Mental health for area residents, particularly low-income residents | Mental Health | Residents/ Low Income/ Homeless | • Nearly one-quarter of adults (23%) have been diagnosed with a mental health condition. Of those with a mental health condition, 44% are not receiving treatment for the condition.  
• A higher proportion of poor adults (25.7%) have been diagnosed with a mental health condition compared to non-poor adults (14.6%). The percentage of Latino adults who have been diagnosed with a mental health condition (39.3%) is more than twice the percentage of White adults (19.3%) and Black adults (17.9%).  
• Homeless persons report unmet needs for mental health. |
| Substance abuse treatment for residents, including low-income residents | Substance Abuse | Residents/ Low Income/ Homeless | • Approximately 15.9% adults are in recovery for a substance abuse problem. Access to recovery services is difficult for Low income residents and the homeless. |
| Primary care for low-income adults, including reducing wait times in making appointments with health care providers | Primary Care | Low Income/ Homeless | • 15.9% 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. |
| Leading causes of death among residents: all cancer, female breast cancer and lung cancer | Cancer | Residents | • All cancers combined are the second leading causes of death, 212.7 per 100,000 population.  
• Nearly three in 10 women ages 40 and older (28.9%) did not receive a mammogram in the past year.  
• Four in 10 women (43%) did not receive a Pap smear in the past year.  
• One-half of men ages 45 years and over (50.3%) did not have a screening for prostate cancer in the past year.  
• One in nine adults 50 years of age and older (11.6%) did not have a colonoscopy in the past 10 years. |
| Leading cause of death among residents: heart disease | Cardio | Residents | • Heart disease is the leading cause of death at 247.8 per 100,000 population the rate exceeds the county at 232.2 and the state at 203.2. |
| For Black and low-income residents, high rates of hypertension and diabetes | Diabetes | Low Income/ African-American | • Nearly one in five adults (18.6%) has been diagnosed with diabetes.  
• The percentage of Black adults who have diabetes (20.7%) is more than twice the percentage for Latino adults (8.3%) and more than three times the percentage for White adults (6.2%). |
| High blood pressure prevalence among residents, which is a risk factor for heart disease and stroke | High Blood Pressure | Residents | • Four in 10 adults (43%) have been diagnosed with high blood pressure. |
## Appendix B: Response to Unmet Health Needs

<table>
<thead>
<tr>
<th>Priority Unmet Needs</th>
<th>Service Category</th>
<th>Target Population</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| Access to an ongoing source of health care for homeless persons in this service area – Primary Care, Mental Health, Substance Abuse, Dental Care, and Vision | Homeless – Health Care | Homeless          | • 6,180 homeless in Philadelphia County CoC.  
• Homeless persons report unmet needs for medical or surgical care, prescription medications, mental health care or counseling, eyeglasses, and dental care. The most frequently cited reasons for each type of unmet need were inability to afford care and lack of health insurance coverage. |
| Linguistically and culturally appropriate services, including interpreters and health literature | Language               | Immigrant         | • 13% residents do not speak English at home; 5% speak an "other" language at home, 4% speak Spanish, and another 4% speak an Asian language.  |
| Overweight and obese children and adults                                             | Overweight/ Obesity    | Adults/ Children  | • Obesity is a contributing factor to heart disease, stroke and diabetes.  
• More than one-third of adults (36.6%) are obese, and three in 10 adults (29.7%) are overweight.  
• Nearly three in 10 children (28.9%) are obese, and 16.9% are overweight. |
| Smoking prevention, interventions, and cessation programs                             | Smoking Cessation      | Residents         | • A higher proportion of poor adults (33.5%) smoke cigarettes compared to non-poor adults (21.1%).  
• Nearly three in 10 Black (29.6%) and Latino (28.6%) adults smoke cigarettes compared to 15.2% of White adults. |
| Deaths resulting from stroke among residents                                         | Stroke                 | Residents         | • The third leading cause of death is stroke, 52.7 per 100,000 population. |
| Dental care for older adults and low income populations                                | Dental Care            | Older Adults/ Low Income/ Homeless | • Nearly three in 10 adults (29.5%) did not get dental care due to the cost of the visit. |
| Health insurance coverage                                                            | Health Insurance       | Low Income/ Homeless | • One in five adults living in poverty (20.5%) do not have any public or private health insurance compared with 16.9% of non-poor adults.  |
| Prescriptions for older adults and low income populations                              | Prescription Coverage  | Older Adults/ Low Income/ Homeless | • One in four adults in the service area (26%) do not have prescription drug coverage and 13.9% were prescribed a medication but did not fill the prescription due to cost in the past year. Many older adults have problems affording prescription medications. |
| OB/GYN care, including early pre-natal care and delivery for pregnant women           | OB/GYN                 | Low Income/ Teen   | • One-half of women (54.0%) receive pre-natal care during the second or third trimester of pregnancy or no pre-natal care at all.  |
| Infant mortality rate                                                                 |                        |                   | • Infant mortality rate is 14.5 infant deaths per 1,000 live births.  |
| Infants born at low birth weight                                                      |                        |                   | • 13.8% of infants are low birth weight.  |
| Teen pregnancy                                                                        |                        |                   | • The adolescent average birth rate is 20.3 per 1,000 women 10-17 years of age, exceeding the State rate of 6.9.  |

Appendix B Updated May 2015