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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 Nazareth 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 Nazareth Hospital

Nazareth Hospital is a member of Mercy Health System, the largest Catholic healthcare system serving the Delaware Valley. 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.

Established in 1940 by the Sisters of the Holy Family of Nazareth, Nazareth Hospital is located in Philadelphia, Pennsylvania and is a 205-bed acute care hospital with 28 skilled nursing beds serving the Northeast Philadelphia community. In 2014, the Hospital admitted 8,628 patients, cared for 50,000 people in the Emergency Department and had 143,000 outpatient registrations. Nazareth is dedicated to being a transforming, healing presence in the community it serves. The Hospital addresses the diverse health needs of individuals at every stage of life and ensures quality care is available to every patient regardless of their socioeconomic status. This is the core of Nazareth Hospital’s Catholic identity and mission.

Nazareth Hospital provides high-quality healthcare services, education and disease prevention programs. A hospital nationally ranked for clinical outcomes, Nazareth has received the following designations from accrediting organizations:

- Primary Stroke Center Certification – The Joint Commission
- Hip and Knee Replacement Certification – The Joint Commission
- The Joint Commission Gold Seal of Approval and National Recertification for its Congestive Heart Failure Program

Nazareth was also the recipient of the following awards:

- The American Heart Association’s Get With The Guidelines Gold Performance Award for Heart Failure
- Named one of America’s 100 Best Hospitals for Stroke Care by Healthgrades in 2012
- Healthgrades’ five-star ratings 11 years in a row
- Six time recipient of Healthgrades’ Stroke Care Excellence Award
- Get With The Guidelines Performance Awards from the American Stroke Association
In 2012, Nazareth expanded the community’s access to emergency hip fracture repair and cardiovascular care with its therapeutic hypothermia program. An affiliate of St. Mary Heart and Vascular Care, Nazareth is nationally accredited by Corazon, Inc. to provide life-saving emergency angioplasty for patients suffering heart attacks, as well as heart diagnostics, a state-of-the-art catheterization lab, a Vein Center and the Center for Wound Healing and Hyperbaric Medicine. Nazareth’s Balance Program is designed to prevent falls and improve quality of life for people with conditions that place them at risk. Nazareth offers PET/CT for cancer diagnosis, staging and treatment. In addition to the advanced diagnostic and treatment technologies for cancer, which include digital mammography and Image-Guided Radiation Therapy, Nazareth is an affiliate of Jefferson’s Sidney Kimmel Cancer Center. In 2014, the hospital opened a new infusion suite to proved patients with a serene, comforting environment for receiving chemotherapy and other infusion treatments.

Nazareth’s healthcare team has continually demonstrated its commitment to the well-being of the community it serves. A comprehensive community outreach program offers free education, screening and health events throughout the year. The Community Health Needs Assessment (CHNA) was a one-year process. In 2012, Nazareth 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 Nazareth 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-driven regional health ministry, we will become the recognized leader in improving the health of our communities and each person we serve. We will be known as the most trusted health partner for life.

**Mission**

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

Nazareth Hospital is located in Northeast Philadelphia. The hospital's service area (2010 Population 322,200)\(^1\) was defined as the community for the purposes of this assessment. The service area includes the following zip codes in Philadelphia, Pennsylvania:

19152, 19136, 19115, 19149, 19114, 19135, 19111, 19116

Nazareth Hospital Service Area

\(^1\) Nielsen-Claras Pop-Facts Database and 2010 U.S. Census.
This report includes a description of demographic and socioeconomic characteristics of the residents of Nazareth 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 Nazareth Hospital’s service area increased to approximately 322,200 residents in 2010 from 305,400 residents in 2000.

Age
In the service area, more than one-fifth of residents are between the ages of 0-17 (22%), nearly two-fifths are 18-44 (38%), one-quarter are 45-64 (25%), and 15% are 65 and older.

Gender
Approximately 49% of the service area is male and 51% is female.

Race/Ethnicity
In Nazareth Hospital’s service area, 63% of residents identify as White, 15% identify as Black, 11% identify as Latino, 9% identify as Asian, and 2% identify as another race/ethnicity. When looking specifically at the Latino population in the service area, Latino residents most commonly identify as Puerto Rican. In the service area, approximately 9% of residents identify as Asian. (Figure 1)

![Figure 1. Race/Ethnicity of Nazareth Hospital's Service Area, 2000 and 2010 US Census](image)

Language Spoken at Home
More than three-quarters of the residents of Nazareth Hospital's service area speak English at home (78%); 13% speak an “other” language, 5% speak Spanish, and 4% speak an Asian language.
2. Socioeconomic Indicators

Education
Less than one-fifth of Nazareth Hospital's service area residents have less than a high school degree (17%), nearly two-thirds have graduated from high school (64%), and nearly one-fifth have a college degree or more (19%).

Employment
The majority of residents in the service area are employed (95%) and 5% are unemployed.

Poverty Status
When looking at poverty status, 8% of families without children and 12% of families with children are living in poverty.

Median Household Income
The 2000 median household income in the service area was approximately $38,800, which increased to $47,300 in 2010. The median household income in Nazareth Hospital's service area is higher than that of the county and slightly lower than that of the state (Figure 2).

Home Ownership
In the service area, nearly four in 10 residents rent their home (37%) and more than six in 10 own their home (63%).
The Community Need Score

Community Need Score² (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 Nazareth Hospital service area is 4.0 on a scale of 1.0 to 5.0, indicating an area of high need. Scores for individual zip codes in the service area range from a low of 3.4 in zip code 19114 to a high of 4.6 in zip code 19135 (Figure 3).

C. Existing Health Care Resources

Nazareth Hospital is one of four hospitals within its service area including Aria Health Torresdale, Fox Chase Cancer Center and Jeanes Hospital.

Within the Nazareth service area, there are two (2) Urgent Care Centers and one (1) Public Health Center.

Social services in the Nazareth service area include three (3) Senior Services and one (1) WIC Office.
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 are described in more detail below.

It should be noted that Nazareth Hospital 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, Nazareth’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 (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.

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>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Census of Population and Housing</td>
<td>2000, 2010</td>
</tr>
<tr>
<td>Claritas, Inc. Pop-Facts</td>
<td>2013, 2018</td>
</tr>
<tr>
<td>Pennsylvania Department of Health</td>
<td>2005-2008</td>
</tr>
<tr>
<td>PHMC Southeastern Pennsylvania Household Health Survey</td>
<td>2010, 2012</td>
</tr>
</tbody>
</table>
PHMC Southeastern Pennsylvania Household Health Survey

The 2012 Southeastern Pennsylvania Household Health Survey questionnaire examined 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 included many questions which have been administered and tested in national and local health surveys.

The 2012 Household Health Survey was conducted through telephone interviews with people 18 years of age and older living in 10,018 households in Southeastern Pennsylvania. All telephone households within Bucks, Chester, Delaware, Montgomery and Philadelphia Counties were eligible to be selected for the sample, as were cell phone users. Households in each of the five counties were selected to guarantee representation from all geographic areas and from all population subgroups. When needed, the interviews were conducted in Spanish. A total of 818 interviews were conducted with adults residing in Nazareth Hospital's service area, including 231 adults ages 65 and over and 194 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 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 population of Nazareth Hospital’s service area residents and residents of Philadelphia 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, Philadelphia County, and the state 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. Morbidity information, including information on HIV and AIDS cases, is not available at the Zip code level and, therefore, is presented for the county only. The denominators for all 2005-2008 natality and morbidity 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 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 Nazareth Hospital’s service area residents was also collected from the community through two community meetings with residents, public health representatives, service providers, and advocates knowledgeable about community health. Forty-two community leaders, providers, public health representatives, and residents participated. Refer to Appendix A for the list of participants’ organization 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, and mortality rates to county and state 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 4,200 births annually to women in Nazareth Hospital’s service area. The birth rate in the service area (75.1 per 1,000 women 15-44 years of age) is slightly higher than the Philadelphia County rate (71.1) and much higher than the Pennsylvania rate (58.7)

- Within the service area, Latina women have the highest birth rate (143.3), while White women have the lowest birth rate (55.3). The racial and ethnic birth rates are generally higher in the service area compared with Philadelphia 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 8.9 per 1,000 women 10-17 years of age, which is below the county rate (17.1), but similar with the state rate (6.9).

- Within the service area, the adolescent birth rate is highest for Black women (32.6) and lowest for White women (4.2). The adolescent birth rate for Black women is higher in the service area compared with their counterparts in the county (20.5) and the state (19.8).

As was mentioned during community meetings, there are no longer any hospital-based delivery services in Northeast Philadelphia. As such, families have to go outside of the area for delivery and for maternal and infant follow-up care.

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, 8.3% of infants are low birth weight. This percentage is slightly below the Philadelphia County average (11.3%), the same as the state average (8.3%), and has nearly met the Healthy People 2020 target goal (7.8%). The percentage of infants in the service area who are born at low birth weight represents an annual average of approximately 350 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 (12.1%) and lowest for Asian (7.1%) and White (7.0%) infants. 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 28 infants die before their first birthday, representing an infant mortality rate of 6.6 infant deaths per 1,000 live births.

- The service area's infant mortality rate is below the Philadelphia County rate (12.2) and is comparable to the Pennsylvania rate (7.5), but has not met the Healthy People 2020 target goal of 6.0 infant deaths per 1,000 live births.
2. Causes of Death

Overall Mortality

The overall death rate in the service area (773.2 deaths per 100,000 population) is lower than the county rate (931.2) and the state rate (785.2).

- Heart disease is the leading cause of death in the service area (196.1), 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 (189.2), lung cancer (54.0), stroke (35.9), and female breast cancer (24.3).

3. Disease Prevalence and Condition

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.

![Figure 4. Communicable Disease Rates, 2010](image)

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 state’s 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.
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 Nazareth Hospital service area, the majority of adults (81%) are in excellent, very good, or good. However, a sizable percentage of adults (19%) are in fair or poor health, representing 48,200 adults. This percentage is slightly higher than the statewide average (16.8%) and for the Southeastern Pennsylvania (SEPA) region as a whole (16.1%). Among older adults in the service area, 24% are in fair or poor health. This percentage represents 12,100 adults 65 years of age and. Nearly six percent of children in the service area (5.6%) 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:

- More than one-third of adults (36.9%) have been diagnosed with high blood pressure, representing 93,500 adults. This percentage has increased from 29.8% in 2010 and is higher than the Healthy People 2020 goal of 26.9% of adults with high blood pressure. In Pennsylvania, three in 10 adults (31.0%) have high blood pressure. The percentage of adults in the service area with high blood pressure is higher than the region as whole (31%) but is similar to Philadelphia County (37.5%)

- One in seven adults (14%) has been diagnosed with diabetes; this percentage represents approximately 35,500 adults and is higher than the statewide average (9.5%). The percentage of adults in the service area with diabetes is higher than for the SEPA region as a whole (12.4%).

- One in seven adults (14.6%) has asthma. This percentage is higher than the percentage of adults with asthma in Pennsylvania (12.9%) but is lower than in the SEPA region (16%) and in Philadelphia County (19.4%).

- One in 10 adults (10.3%) has had cancer at some point in their lives, representing 26,100 adults. The percentage of adults who ever had cancer is higher than in the SEPA region as a whole (8.7%).

- More than one-quarter of adults (28.1%) are obese, and more than one-third (37%) are overweight. A similar percentage of adults are obese or overweight statewide (28.6% and 36.0%, respectively). The percentage of adults in the service area who are obese has remained steady since 2010, and meets the Healthy People 2020 goal for adult obesity (30.6%).

(Figure 5)

![Figure 6. Adults (18+), Body Mass Index, 2012](image)

Source: PHMC’s 2012 Southeastern Pennsylvania Household Health Survey

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4 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
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.
• One-quarter of children ages 6-17 in the service area (24.6%) 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 nearly doubled from 12.9% in 2010 to 24.6% in 2012. Similarly, the percentage of overweight children in the service area has nearly doubled from 8.7% in 2010 to 16.9% in 2012.

![Figure 6. Children (6-17), Body Mass Index, 2012](image)

Source: PHMC’s 2012 Southeastern Pennsylvania Household Health Survey

• Nearly sixteen percent of adults (15.8%) have been diagnosed with a mental health condition; this percentage represents 40,100 adults. Of those with a mental health condition, more than one-third (36.5%) are not receiving treatment for the condition (Figure 7).

![Figure 7. Adults (18+) Mental Health Status, 2012](image)

Source: PHMC’s 2012 Southeastern Pennsylvania Household Health Survey

• Nearly one in 10 older adults in the service area (8.2%) has signs of depression, which is defined as having four or more depression symptoms on a ten-item scale. This percentage is lower than for Philadelphia County (18.1%) and the SEPA region as a whole (14%).

• Approximately 16,600 adults (6.6%) are in recovery for a substance abuse problem.

• Community participants cited some challenges residents with mental health and/or substance abuse issues experience, including the stigma associated with having a mental health condition or in seeking treatment for their issues and getting publicly-funded care for their mental health or substance abuse issue.
B. Access and Barriers to Care

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

- The majority of adults in Nazareth Hospital’s service area (84.8%) have health insurance coverage. However, a sizable percentage of adults 18-64 years (15.2%) do not have any private or public health insurance, representing 30,200 uninsured adults (Figure 8).

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

**Prescription Drug Coverage**

One in five adults in the service area (21%) does not have prescription drug coverage. This percentage represents 53,400 adults without this coverage and is more than twice as high compared to the percentage without prescription coverage in 2010 (8.9%).

- 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, 42,100 adults in the service area are unable to get needed care due to the cost of that care; 16.6% 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.

- Nearly one-quarter of adults in the service area (23.5%) in 2010 did not get dental care due to the cost of the visit. This percentage is lower than for adults in Philadelphia County (26.8%) and similar to that 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, 10.3% of adults do not have a regular source of care; this percentage represents approximately 26,100 adults.
- The percentage of adults in the service area with a regular source of care (89.7%) has met the Healthy People 2020 goal (83.9%).
  - Most children in the service area (95.4%) have a regular source of care. However, approximately 3,400 children in the service area do not have a regular source of care.
- Among adults with a regular source of care in the service area, the majority (85.1%) seeks care at a private Doctor’s office, while 6% go to a community health center or public clinic.
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.

- Six in 10 women in Nazareth Hospital’s service area (61.0%) receive early pre-natal care, which is higher than the Philadelphia County average (52.3%), but below the state average (70.6%) and has not met the Healthy People 2020 target goal of 77.9%.
- In fact, four in 10 women in the service area (39.0%) receive pre-natal care starting in the second or third trimester of pregnancy or no pre-natal care at all, representing an average of nearly 1,300 women annually in the service area.
- Nearly one-half of Black women in the service area (48.3%) receive late or no pre-natal care compared to 32.9% of White women. In general, the racial and ethnic percentages of women in the service area receiving late or no pre-natal care are below the county averages and either comparable with or higher than the state averages.

Preventive Care
Regular health screenings can help identify health problems in the early stage, thereby helping to improve chances for treatment and cure and helping individuals to live longer, healthier lives. In the service area, one in nine adults (11.9%) did not visit a health care provider in the past year, representing 28,800 adults.

Dental Visit
More than one-third of adults in the service area (35.7%) did not visit a dentist in the past year; this percentage represents 90,400 adults. This percentage is slightly higher than the percentage in 2010 (34.8%), but is lower than adults in Philadelphia County (41.2%). The percentage of adults (35.7%) who did not visit a dentist in 2012 in the service area is higher than for adults statewide (29.0%).

- One in five children in the service area (19%) did not visit a dentist in the past year. This percentage is higher than for children living in Philadelphia County (15.1%) and SEPA as a whole (9.3%).

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

Blood Pressure
One in 10 adults in the service area (10.1%) did not have a blood pressure screening in the past year; this percentage represents 25,300 adults. The percentage of adults in the service area who did not have a blood pressure test in the past year is similar to adults in 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 five adults ages 50 years and older in the service area (19.5%) did not have a colonoscopy in the past 10 years. Statewide, 65% of adults ages 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 is more than three times higher in 2012 compared to 2010 (19.5% versus 6.2%, respectively).

Pap Smear Test
More than one-half of women in the service area (53.8%) did not receive a Pap smear to test for cervical cancer in the past year. This percentage represents approximately 69,000 women. The percentage of women who have not received a Pap smear more than doubled from 2010 (21.4%) and is higher in the service area compared to women in Philadelphia County (40.9%) and in SEPA as a whole (41.9%).

Mammogram
The American Cancer Society recommends annual mammograms beginning at age 40 for women in good health. Four in 10 women ages 40 years and older in the service area (40.2%) did not get this test in the past year.

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10. 2010 Behavioral Risks of Pennsylvania Adults, PA Department of Health
PSA or Rectal Exams for Prostate Cancer

More than four in 10 men ages 45 years and older in the service area (42.7%) did not have a screening for prostate cancer in the past year. This percentage is slightly lower than in SEPA as a whole (45.4%). Statewide, 53% of men ages 50 and over did not have this test.

Tobacco Use

• Nearly one in five adults in the service area (18.3%) currently smokes; this percentage is lower than the smoking rate statewide (22.4%) and similar to that in SEPA as a whole (18.2%) The percentage of adults in the service area who smoke does not meet the Healthy People 2020 goal of 12%.11

• The percentage of adults in the service area who smoke has decreased from 25.7% in 2010.

• More than one-half of adults in the service area who smoke (54.7%) 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 consuming five or more drinks on one occasion.12

More than one-third of service area adults (34.1%) participated in binge drinking on one or more occasion in the past month. Binge drinking is defined as having five or more servings of alcohol on an occasion. The binge drinking percentage in the service area is higher than the statewide percentage of 18.3%.13

11 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
12 2011 Behavioral Risks of Pennsylvania Adults, PA Department of Health.
C. Health Needs of Special Populations

One of the goals of this needs assessment is 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.

Health Status and Chronic Health Conditions

- Within Nazareth Hospital’s service area, three in 10 adults living below 150% of the federal poverty level (33.3%) are in fair or poor health compared to 16.4% of adults not living in poverty. Similar percentages of Latino (22.4%), Black (22.1%), and White (19.8%) adults are in fair or poor health.
- One-third of both poor (34%) and non-poor (33.2%) adults in the service area have high blood pressure. In the service area, 37.8% of Black adults, 35.8% of White adults, and 21.2% of Latino adults have high blood pressure.
- Nearly twice the percentage of poor adults in the service area (23.8%) has been diagnosed with a mental health condition compared to non-poor adults (12%). Similar proportions of White (15.4%), Black (14.6%), and Latino (13.3%) adults in the service area have been diagnosed with a mental health condition.
- A higher proportion of poor adults (30%) smoke cigarettes compared to non-poor adults (20.1%). More than one-quarter of Latino adults (26.5%) smoke cigarettes, followed by 23.4% of White adults, and 15% of Black adults.
- Nearly one-third of adults in the service area living in poverty (32.3%) are uninsured compared to 8.3% of adults not living in poverty. Black (18.8%) and Latino (18.8%) adults are twice as likely to be uninsured compared to White adults (9.4%).

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.
- Nazareth 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 in 2011. 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 2 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.

Veteran Population

- While the Philadelphia Veterans Affairs Medical Center provides care to veterans, community meeting participants in the Northeast noted difficulty some veterans experience when seeking to access the VA system. As was noted, many younger veterans lack health insurance coverage, have physical disabilities or brain injuries, and there are long wait times to receiving their VA benefits—sometimes six to 12 months. For older veterans, it was noted that many do not know which services they are eligible to receive and have difficulty completing the necessary paperwork to receive services.

## IV. RESPONSE TO FINDINGS

### A. Unmet Needs and Identification Process

The unmet health care needs for Nazareth 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.

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 drugs;
- Dental care;
- Needed health care; and
- Cigarette smoking

### Priority Unmet Needs

The identified priorities of unmet healthcare needs for Nazareth’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>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 cause of death among residents: Cancer</td>
<td>Cancer</td>
</tr>
<tr>
<td>Leading cause of death among residents: Heart Disease</td>
<td>Cardiovascular</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>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>Linguistically and culturally appropriate services, including interpreters and health literature</td>
<td>Language</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>Dental care low income populations</td>
<td>Dental Care</td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td>Health Insurance</td>
</tr>
<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>Prescriptions for older adults and low income populations</td>
<td>Prescription Coverage</td>
</tr>
<tr>
<td>Early Prenatal care</td>
<td>OB/GYN</td>
</tr>
</tbody>
</table>
B. Unmet Needs Prioritization Process

Nazareth Hospital’s approach to community health needs is to focus its response to needs that are both documented in the assessment and that 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 Nazareth 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 Nazareth 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 Nazareth mission?

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

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

Priority 1: Improve access to cardiovascular services and achieve targeted outcomes.
Priority 2: Improve access to oncology services and achieve targeted outcomes.
Priority 3: Improve access to healthcare services particularly to persons who are poor and vulnerable.

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

C. Implementation Strategy

Upon confirmation by the governing board of the priorities, Nazareth 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.
### Appendix A: Community Meetings’ Attendees

A total of 24 participants attended the community meetings facilitated by Public Health Management Corporation. The table below lists the organizations with which the participants are affiliated and their area of expertise.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Area of Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society</td>
<td>Leaders of medically underserved low income and minority populations with chronic disease needs in the community (cancer)</td>
</tr>
<tr>
<td>Arthritis Foundation</td>
<td>Special knowledge or expertise in public health (arthritis); Leaders of medically underserved low income and minority populations with chronic disease needs (arthritis); Nonprofit organization</td>
</tr>
<tr>
<td>Board Member</td>
<td>Special knowledge or expertise in public health; Nonprofit organization focused on child safety</td>
</tr>
<tr>
<td>Burholme EMS</td>
<td>Health care provider (emergency services)</td>
</tr>
<tr>
<td>Citizens Bank</td>
<td>Private business</td>
</tr>
<tr>
<td>Community Advisory Board Member</td>
<td>Special knowledge of medically underserved low income and minority populations with chronic disease needs in the community served by the hospital facility</td>
</tr>
<tr>
<td>Community College of Philadelphia</td>
<td>Academic expert</td>
</tr>
<tr>
<td>Conroy Caterers</td>
<td>Private business</td>
</tr>
<tr>
<td>Deer Meadows</td>
<td>Special knowledge or expertise in public health (seniors); Nonprofit organization- senior center; Health care provider</td>
</tr>
<tr>
<td>DePaul House</td>
<td>Special knowledge or expertise in public health (homeless); Nonprofit organization with a focus on housing; Health care provider (physical and behavioral)</td>
</tr>
<tr>
<td>Executive Communications Officer</td>
<td>Special knowledge of medically underserved low income and minority populations with chronic disease needs in the community served by the hospital facility; Health care provider</td>
</tr>
<tr>
<td>Katie’s Foundation for Child Safety</td>
<td>Special knowledge or expertise in public health; Nonprofit organization focused on child safety</td>
</tr>
<tr>
<td>Philadelphia Dept. of Health</td>
<td>Public Health Expert. Health departments or agencies with special knowledge of the health needs of the community; Community health centers, including those focused on medically underserved, low income minorities with chronic diseases</td>
</tr>
<tr>
<td>Holmesburg United Methodist Church</td>
<td>Nonprofit organization- religious</td>
</tr>
<tr>
<td>Holy Family University</td>
<td>Academic expert</td>
</tr>
<tr>
<td>Holy Redeemer Hospital</td>
<td>Leaders or members of medically underserved low income and minority populations with chronic disease needs in the community served by the hospital facility; Health care provider</td>
</tr>
<tr>
<td>Imaging Management Associates (IMA)</td>
<td>Health care provider</td>
</tr>
<tr>
<td>Immaculate Mary Home</td>
<td>Special knowledge or expertise in public health (seniors); Nonprofit organization, religious ; Health care provider</td>
</tr>
<tr>
<td>Jeanes Hospital</td>
<td>Special knowledge of medically underserved low income and minority populations with chronic disease needs in the community served by the hospital facility; Health care provider</td>
</tr>
<tr>
<td>Organization</td>
<td>Area of Expertise</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Local government officials</td>
<td>Public Health Policy</td>
</tr>
<tr>
<td>Mercy Health System</td>
<td>Health care provider focused on medically underserved, low income and minority populations with chronic disease</td>
</tr>
<tr>
<td>Nativity BVM</td>
<td>Nonprofit organization-religious</td>
</tr>
<tr>
<td>Nazareth Hospital</td>
<td>Leaders or members of medically underserved low income and minority populations with chronic disease needs in the community served by the hospital facility; Health care provider</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. Nazareth 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>
<tbody>
<tr>
<td>Primary care for low-income adults, including reducing wait times in making appointments with health care providers</td>
<td>Primary Care</td>
<td>Low Income/ Homeless</td>
<td>• 16.6% 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.</td>
</tr>
</tbody>
</table>
| Leading cause of death among residents: Cancer | Cancer | Residents | • Cancer is the second leading cause of death, all forms of cancer 189.2 per 100,000 population; lung cancer 54.0 and female breast cancer 24.3.  
• One in five adults, ages 50 years and older (19.5%) did not have a colonoscopy in the past 10 years.  
• More than one-half of women (53.8%) did not receive a Pap smear to test for cervical cancer in the past year.  
• Four in 10 women ages 40 years and older (40.2%) did not receive a mammogram in the past year.  
• More than four in 10 men ages 45 years and older (42.7%) did not have a screening for prostate cancer in the past year. |
| Leading cause of death among residents: Heart disease | Cardio | Residents | • Heart disease is the leading cause of death, 196.1 per 100,000 population. |
| High blood pressure prevalence among residents, which is a risk factor for heart disease and stroke | High Blood Pressure | Residents | • More than one-third of adults (36.9%) have been diagnosed with high blood pressure, reflecting an increase from 29.8% in 2010, which is higher than the Healthy People 2020 goal.  
• One in 10 adults in the service area (10.1%) did not have a blood pressure screening in the past year; this percentage represents 25,300 adults. |
| Overweight and obese children and adults | Overweight/ Obesity | Adults/ Children | • Obesity is a contributing factor to heart disease stroke and diabetes.  
• More than one-quarter of adults (28.1%) are obese, and more than one-third (37%) are overweight.  
• One-quarter of children ages 6-17 (24.6%) are obese, and 16.9% are overweight; both figures have nearly doubled since 2010. |
| Smoking prevention, interventions, and cessation programs | Smoking Cessation | Residents | • A higher proportion of poor adults (30%) smoke cigarettes, compared to non-poor adults (20.1%). More than one-quarter of Latino adults (26.5%) smoke cigarettes, followed by 23.4% of White adults, and 15% of Black adults. |
## 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>
<tbody>
<tr>
<td>Linguistically and culturally appropriate services, including interpreters and health literature</td>
<td>Language</td>
<td>Immigrant</td>
<td>• More than three-quarters of the residents speak English at home (78%); 13% speak an “other” language, 6% speak Spanish, and 4% speak an Asian language.</td>
</tr>
</tbody>
</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                   | • There were an estimated 6,180 homeless persons in the Philadelphia County Continuum of Care regional zone at any one point in time in 2011.  
• 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. |
| Dental care low income populations                                                  | Dental Care            | Older Adults/ Low Income/ Homeless | • Nearly one-quarter of adults (23.5%) did not receive dental care due to the cost of the visit.                                                                                                           |
| Health insurance coverage                                                           | Health Insurance       | Low Income/ Homeless       | • 15.2% of adults are without insurance below the Healthy People 2020 goal of 100% of adults with health coverage.  
• Nearly one-third of adults are living in poverty (32.3%) are uninsured compared to 8.3% of adults not living in poverty. Black (18.8%) and Latino (18.8%) adults are twice as likely to be uninsured compared to White adults (9.4%). |
| Mental health for area residents, particularly low-income residents                  | Mental Health          | Residents/ Low Income/ Homeless | • 15.8% of adults have been diagnosed with a mental health condition; and 36.5% are not receiving treatment.  
• Nearly twice the percentage of poor adults (23.8%) has been diagnosed with a mental health condition compared to non-poor adults (12%).  
• Similar proportions of White (15.4%), Black (14.6%), and Latino (13.3%) adults have been diagnosed with a mental health condition. |
| Substance abuse treatment for residents, including low-income residents               | Substance Abuse        | Residents/ Low Income/ Homeless | • 6.6% of adults are in recovery for a substance abuse problem.                                                                                                                                       |
| Prescriptions for older adults and low income populations                             | Prescription Coverage   | Older Adults/ Low Income/ Homeless | • One in five adults (21%) do not have prescription drug coverage.  
• 21.9% adults were prescribed a medication but did not fill the prescription due to cost in the past year.                                                                                           |
| Early Pre-natal care                                                                 | OB/GYN                 | Low Income                 | • Four in 10 women (39.0%) receive pre-natal care during the second or third trimester of pregnancy or no pre-natal care at all.  
• Nearly one-half of Black women (48.3%) receive late or no pre-natal care compared to 32.9% of White women.                                                                |