Outline

• RoadMAPP Process and Participants
• Community Health Status Assessment
• Public Health System Assessment
• Forces of Change Assessment
• Community Engagement Assessment
• Strategic Questions and Themes
Preamble

Chester County consistently ranks among the best places to live and raise a family, and is one of the most desirable locations in the Middle Atlantic region. The county blends the best of everything: beautiful countryside, a strong sense of pride and history, strong and stable employment, excellent primary and secondary education, high household incomes, and access to art and culture locally and in nearby major metropolitan cities. Through the tireless efforts of a dedicated group of health and social service providers, Chester County was ranked as the healthiest of Pennsylvania's 67 counties in 2010 and 2013.

Across nearly every measure, Chester County is a leader:

- County government is rated AAA by Moody's
- One of the top 40 wealthiest counties in the US
- Named #10 Best County in the US to Raise a Family by Forbes Magazine
- West Goshen Township named #11 in America's 100 Best Small Towns by Money Magazine
- Unionville High School ranked #4 in the Commonwealth by US News
- More building permits were issued in Chester County between 2000-2009 than any other county in the Philadelphia region
- Median household income 68% higher than in PA
- A relatively low rate of poverty (3.9%)
- 48% of adults with a bachelor's degree compared to 26% in Pennsylvania
- Lowest unemployment rate (6.3% in 8/12) among the counties in Southeastern PA
- 91% of resident rate their health as good or excellent
- A low percentage (14%) of adults who smoke
- Only 0.9% of mothers did not receive prenatal care
- The lowest neonatal and infant mortality rates in Southeastern PA
Stakeholders and Participants

• The RoadMAPP process began in 2011 with the Co-Chairs forming a cross-functional and representative group of health care organizations, social service agencies, funders, faith-based organizations, and local government agencies.

Co-Chairs:
Paul F. Huberty, Senior Vice President, The Chester County Hospital and Health System
Margaret Rivello, Director, Chester County Health Department

Brandywine Health Foundation
ChesPenn Health Services
Chester County Community Dental
Chester County Department of Aging
Chester County Dept of Community Development
Chester County Community Foundation
Chester County Department of Human Services
Chester County Drug and Alcohol
Chester County Economic Development
Chester County EMS Council
Chester County Food Bank
Chester County Fund for Women and Girls
Chester County Prison
Community Volunteers in Medicine
Drexel University School of Public Health
Family Service of Chester County
Health Care Access

Health and Welfare Foundation
Holcomb Behavioral Health
Human Services
La Comunidad Hispana
Leland Leadership Group
Life Transforming Ministries
Maternal and Child Health Consortium
Neighborhood Health
Paoli Hospital
Pennsylvania Department of Health
Phoenixville Community Health Foundation
Phoenixville Hospital
The Clinic
United Way of Chester County
United Way of Southern Chester County
West Chester University
YMCA of Brandywine Valley

The Committee met monthly for 1½ years to complete the Assessment
RoadMAPP Process and Structure

- The Committee selected Mobilizing for Action through Planning and Partnerships (MAPP) to serve as the basis for the assessment
  - MAPP is a community-driven strategic planning tool for improving community health
  - Developed by National Association of County and City Health Officials and the Centers for Disease Control and Prevention
  - Applies strategic thinking to prioritize health issues and identify resources to address them
    - The current gold standard for health assessments
    - Employs holistic community-based approach
    - Anticipates and manages change
    - Engages the community and creates community ownership for health issues
- MAPP is not a one-time endeavor—it is meant to be an ongoing cycle, maintaining and expanding the original partnership and continuing to address community health in whatever ways are necessary
The MAPP process utilizes four assessments to guide decision making, prioritization of health needs, and development of the improvement plan.

- Community Engagement Assessment
- Forces of Change Assessment
- Community Health Status Assessment
- Local Public Health System Assessment
RoadMAPP Assessment vs. TCCHHS Service Area

- The RoadMAPP Assessment was conducted for the entire County of Chester (shown on the left). The resulting Implementation Plan for The Chester County Hospital and Health System focuses on its traditional service area – shown on the right – and home to more than 400,000 people.
  - The TCCHHS Service Area encompasses approximately 85% of the county and extends into western Delaware County.

All TCCHHS efforts will be highly coordinated with the other organizations that participated in RoadMAPP.
RoadMAPP to Health Vision

The Committee developed the following Vision Statement to guide their efforts:

To become a community where partners assure conditions in which individuals can be healthy and where individuals are empowered to manage their own health.
RoadMAPP Assessments: Health Status

- Community Engagement Assessment
- Community Health Improvement Plan
- Forces of Change Assessment
- Community Health Status Assessment
- Local Public Health System Assessment
## Demographic Profile

<table>
<thead>
<tr>
<th></th>
<th>Chester County</th>
<th>PA</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>Total Population</td>
<td>498,886</td>
<td>12.7M</td>
<td>308.7M</td>
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<tr>
<td>Median Age (years)</td>
<td>39.3</td>
<td>40.1</td>
<td>37.2</td>
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<tr>
<td>Children 0-14 Years</td>
<td>20.4%</td>
<td>17.9%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Adults 65+ Years</td>
<td>12.8%</td>
<td>15.4%</td>
<td>13.0%</td>
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</table>

### Race/Ethnicity

<table>
<thead>
<tr>
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<th>Chester County</th>
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<th>U.S.</th>
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<tbody>
<tr>
<td>Caucasian</td>
<td>82.1%</td>
<td>79.5%</td>
<td>63.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.5%</td>
<td>5.7%</td>
<td>16.3%</td>
</tr>
<tr>
<td>African American</td>
<td>5.9%</td>
<td>10.4%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>3.9%</td>
<td>2.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Indian/Alaskan</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1.5%</td>
<td>1.5%</td>
<td>2.3%</td>
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</table>

Source: US Census Bureau, 2010
Demographics

- Population growth over the next decade will be concentrated in the western half of the county.
- Population in the Boroughs and City of Coatesville tend to be younger than the county's overall population.
- The county's African American population tends to be concentrated in a few areas of the county; half of the population is located in just six municipalities.
- Similarly, the county's Hispanic population is concentrated in southern Chester County. According to the 2010 Census, nearly 60% of the population in Avondale and 50% of Kennett Square's residents are Hispanic.
- In 2010, there were more Hispanic residents (32,503) in Chester County than African American residents (29,388).
- More than one in ten residents (11.4%) in Chester County speak a language other than English at home.
Demographics

2010 Population by Municipality

Percent African American

Percent Hispanic

Percent Asian

Source: 2010 Census
2010 Population by Municipality: Percentage Black

Top 10
1 South Coatesville Borough
2 City of Coatesville
3 Lower Oxford Township
4 Valley Township
5 Modena Borough
6 Caln Township
7 Downingtown Borough
8 West Chester Borough
9 East Fallowfield Township
10 Parkesburg Borough

Bottom 10
73 Warwick Township
72 South Coventry Township
71 Newlin Township
70 Elverson Borough
69 Pennsbury Township
68 West Marlborough Township
67 East Nantmeal Township
66 West Pikeland Township
65 Honey Brook Township
64 Londonderry Township

Source: Community Profiles, Chester County Planning Commission
Demographics

2010 Population by Municipality: Percentage Hispanic

Top 10
1. Avondale Borough
2. Kennett Square Borough
3. West Grove Borough
4. Oxford Borough
5. New Garden Township
6. City of Coatesville
7. London Grove Township
8. Modena Borough
9. West Chester Borough
10. South Coatesville Borough

Bottom 10
73. Pennsbury Township
72. Willistown Township
71. East Pikeland Township
70. Elverson Borough
69. Warwick Township
68. Wallace Township
67. South Coventry Township
66. Honey Brook Township
65. East Coventry Township
64. East Brandywine Township

Source: Community Profiles, Chester County Planning Commission
Demographics

• Almost half (47.8%) of the adult population in Chester County graduated from a four-year college compared to 27.1% in Pennsylvania and 28.2% nationwide.

• Household income varies widely across the county from municipalities where 63% of households earn less than $50,000 per year (Coatesville) to municipalities where over 90% of households earn in excess of $50,000 (Charlestown).

• While county-wide 3.9% of families live in poverty, six municipalities have poverty rates in excess of 10%: Coatesville, South Coatesville, West Fallowfield, Modena, Avondale and Oxford.

• Unemployment rates in Coatesville, Modena and South Coatesville are significantly higher, and in some cases, double the rate for the county.
Demographics

Percent of Households Earning Less than $50,000/Year (2005-2009) by Municipality

The map shows the distribution of households earning less than $50,000/year across different municipalities in Chester County. The percentages are color-coded as follows:

- Light green: 8 - 10%
- Dark green: 10.1 - 30%
- Yellow: 30.1 - 50%
- Green: 50.1 - 63%
Demographics

Median Household Income (2005-2009) by Municipality

Top 10
1. Birmingham Township
2. Upper Uwchlan Township
3. Pocopson Township
4. Charlestown Township
5. Easttown Township
6. West Pikeland Township
7. East Marlborough Township
8. East Bradford Township
9. Pennsby Township
10. New Garden Township

Bottom 10
73. City of Coatesville
72. South Coatesville Borough
71. West Chester Borough
70. Downingtown Borough
69. Oxford Borough
68. Kennett Square Borough
67. Phoenixville Borough
66. West Fallowfield Township
65. Spring City Borough
64. Modena Borough

Source: Community Profiles, Chester County Planning Commission
Demographics

Percent of Families in Poverty (2006-2010) by Municipality

Top 10
1. City of Coatesville
2. South Coatesville
3. West Fallowfield
4. Modena
5. Avondale
6. Oxford
7. Atglen
8. West Chester
9. Honey Brook Township
10. Kennett Square

Bottom 10
73. Birmingham
72. Elverson
71. Franklin
70. Thornbury
69. Upper Uwchlan
68. West Marlborough
67. West Pikeland
66. East Pikeland
65. Schuylkill
64. East Bradford

County wide = 3.9%

Source: 2006-2010 American Community Survey
Demographics

Historical Unemployment Rates (2005-2009) by Municipality
Health Status: Cardiovascular

Cardiovascular Disease Death Rate, Chester County and PA, 2001-2010

Source: PA Dept of Health
Health Status: Cancer Incidence

Cancer Incidence and Death Rates, Chester County and PA, 2001-2010

Source: PA Dept of Health
Age-Adjusted Cancer Incidence Rates in Chester County (Based on data from 2004-2008)

Higher Cancer Incidence (Worse)
- Melanoma – Males & Females
- Female Breast
- Prostate

Lower Cancer Incidence (Better)
- Colon & Rectum – Males
- Lung – Males
- Cervix Uteri – Females
- Corpus/Uterus – Females

 Indicates a rate that is statistically lower than the PA rate (95% CI)

 Indicates a rate that is statistically higher than the PA rate (95% CI)
Health Status: Overweight

Percent Overweight (BMI ≥ 25), Chester County and PA

Source: Behavioral Risk Factor Surveillance Survey
Chester County ranked #1 in Pennsylvania for the number of mothers who did not smoke during the prenatal period.

Percentage of Mothers Reporting No Smoking During Prenatal Period
Chester County vs. All Other PA Counties, 2010

Statewide Average = 84.1%

Source: Pennsylvania Department of Health
Health Status: Maternal Child Health

- Of the 5,513 births in Chester County in 2010, only 0.9% of mothers received no prenatal care.

Live Births by Trimester of First Prenatal Visit
Chester County vs. PA, 2010

Source: Pennsylvania Department of Health
Health Status: Maternal Child Health

Percent 1st Trimester Prenatal Care by Year and Race/Ethnicity, Chester County PA

- All
- White
- Black
- Hispanic

Source: Pennsylvania Department of Health
The percentage of African American babies born with low birth weight is significantly higher compared to white and Hispanic babies.

### Percentage Low Birth Weight Births by Race
Chester County, 2005-2010

- **All:**
  - 2005: 6.8%
  - 2006: 7.2%
  - 2007: 7.1%
  - 2008: 7.0%
  - 2009: 6.0%
  - 2010: 6.1%

- **White:**
  - 2005: 6.3%
  - 2006: 6.6%
  - 2007: 6.1%
  - 2008: 6.2%
  - 2009: 6.1%
  - 2010: 5.5%

- **Black:**
  - 2005: 12.8%
  - 2006: 13.2%
  - 2007: 12.9%
  - 2008: 13.9%
  - 2009: 11.2%
  - 2010: 11.4%

- **Other (Includes Hispanic):**
  - 2005: 6.9%
  - 2006: 7.0%
  - 2007: 5.8%
  - 2008: 6.5%
  - 2009: 7.5%
  - 2010: 5.0%

- **Unknown:**
  - 2005: 12.0%
  - 2006: 11.4%
  - 2007: 10.9%
  - 2008: 11.1%
  - 2009: 10.9%
  - 2010: 3.7%

\(^1\)Low Birth Weight < 2500g

Source: Pennsylvania Department of Health
Overall, Chester County has the lowest rates of neonatal and infant mortalities among the five counties in southeastern Pennsylvania.

Neonatal and Infant Deaths per 1000 Live Births, 2010

Source: Pennsylvania Department of Health
Health Status: Maternal Child Health

• Infant mortality rates in Chester County are also significantly higher for black infants than all other races/ethnicities tracked.

Infant Mortality Rate per 1000 Live Births
Chester County, 2010

Source: Pennsylvania Department of Health
Health Status: Drug/alcohol use

Percent of Adults Who Participated in Binge Drinking on One or More Occasions During the Past Month

Source: Behavioral Risk Factor Surveillance Survey
Health Status: Drug/alcohol use

Chester County Adolescents Using Alcohol in Past 30 Days

6th Grade 8th Grade 10th Grade 12th Grade Overall

Source: Pennsylvania PAYS survey
Health Status: Drug/alcohol use


<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>CC 12th Grade</td>
<td>24.2</td>
<td>23.4</td>
<td>27.7</td>
</tr>
<tr>
<td>PA 12th Grade</td>
<td>22.9</td>
<td>16.4</td>
<td>18.5</td>
</tr>
</tbody>
</table>

Chester County's rate for Liquor Law Violations in the highest in southeastern Pennsylvania and the rate for DUI Offenses is second highest.
Health Status: Other

- Gonorrhea cases have increased in recent years, from 102 in 2009 to 182 in 2011, for a 78.4% increase.
- Based on 2008 data for Chester County, Falls are the most frequent cause of injuries that require hospitalization. For those over 75 years of age, Falls account for 72% of injuries that require hospitalization.
- While smoking among adults has declined consistently, the percentage of adults smoking in Pennsylvania remains above the national average.
- Tobacco use (of all kinds) among middle school and high school children declined significantly between 2000 and 2009.
- Cigarette sales in Pennsylvania declined by 28 percent between 2002 and 2009.
RoadMAPP Assessments: Public Health System

- Community Health Improvement Plan
  - Community Engagement Assessment
  - Forces of Change Assessment
  - Community Health Status Assessment
  - Local Public Health System Assessment
Public Health System

• The Public Health System Assessment focuses on all organizations and entities within the community that contribute to the public’s health

• Structure for assessment comes from the 10 Essential Public Health Services
  • The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of the local public health system
  • Developed by a CDC work group in 1994

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.
Public Health System: Map Layers

To help assess the public health system, a team developed GIS-based maps to analyze proximity of services to various population groups. Map layers included:

- Adult care facilities
- Drug/alcohol
- Education centers
- Emergency shelters
- Family centers
- Food
- Head Start
- Healthy Start
- Hospice
- Hospitals/clinics/urgent care
- Intellectual and Developmental Delay
- Information/referral agencies
- Libraries
- Medical offices
- Mental health
- Senior centers
- WIC offices
- Workforce development
- Youth development
- Transportation
- Age
- Race/Ethnicity
- Income
- Population density
Public Health System: Mapping Examples

Distribution of population age 65+ and location of senior centers
Public Health System: Mapping Examples

Percent of Households with Income <$50,000/year and location of food resources
Public Health System: Mapping Examples

Hispanic Population Distribution and Locations of Hospitals and Clinics
Public Health System: Key Findings

• Need for a centralized source of all available health and source services—must be accessible, well publicized, etc.

• Additional need for case management to navigate various systems—could be same as agency above (addresses systemic need)

• Increase cultural competence for African American community—find champions within existing communities to increase ability to communicate message(s)

• Increase resources for undocumented populations (becoming more restricted over time)
Forces of Change

• The Forces of Change assessment identifies 1) Factors, 2) Trends, and 3) External Events that will influence the delivery and access to health and social services

• Factors
  – Discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway

• Trends
  – Patterns over time, such as migration in and out of a community or technological changes

• Events
  – One-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation
<table>
<thead>
<tr>
<th>Factors</th>
<th>Challenges</th>
<th>Opportunities</th>
</tr>
</thead>
</table>
| • Public transportation is a problem (large, dispersed, urban/rural geographies) | • Everyone needs a car  
• Services are far away  
• Expensive to have satellite offices | • Working on trails  
• Walkable communities  
• Mobile vans  
• Technology to monitor health in the home |
| • Hidden and dispersed poverty throughout the county; newly poor individuals/families | • Lack of awareness  
• Invisible poverty (under-employed)  
• Lack of ongoing giving (seasonal, food donations, etc.) | • Decrease stigma of "need"  
• More advocacy for mixed housing |
| • High stress/fast paced schedules          | • Fear of job loss  
• Complexity (technology, global issues) | • Walking reduces stress  
• Build in rewards for rest and relaxation |
<table>
<thead>
<tr>
<th>Trends</th>
<th>Challenges</th>
<th>Opportunities</th>
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</thead>
<tbody>
<tr>
<td>• Decreased government funding</td>
<td>• Weak private funding (economic impact, financial markets)</td>
<td>• Collaboration</td>
</tr>
<tr>
<td>• More competition for limited resources</td>
<td></td>
<td>• Efficiencies, increased cost control and use of best practices</td>
</tr>
<tr>
<td>• Immigration and increasing cultural diversity</td>
<td>• Changing complexion of county</td>
<td>• Increased accountability – are the resources being put to their best possible use?</td>
</tr>
<tr>
<td>• Immigration and increasing cultural diversity</td>
<td>• Discrimination</td>
<td></td>
</tr>
<tr>
<td>• Immigration and increasing cultural diversity</td>
<td>• Communication issues</td>
<td></td>
</tr>
<tr>
<td>• Immigration and increasing cultural diversity</td>
<td>• Health care (no preventative)</td>
<td></td>
</tr>
<tr>
<td>• Aging baby boomers</td>
<td>• Sandwich generation</td>
<td>• Community enrichment</td>
</tr>
<tr>
<td>• Aging baby boomers</td>
<td>• Increased need for health care</td>
<td>• Strong work ethic</td>
</tr>
<tr>
<td>• Aging baby boomers</td>
<td>• Aging in place</td>
<td></td>
</tr>
<tr>
<td>• Aging baby boomers</td>
<td>• Delayed retirement</td>
<td></td>
</tr>
<tr>
<td>• Economic pressures – increase in poverty and foreclosures</td>
<td></td>
<td>• Opportunity for volunteers</td>
</tr>
<tr>
<td>• Economic pressures – increase in poverty and foreclosures</td>
<td></td>
<td>• Intergenerational familial help</td>
</tr>
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## Forces of Change: Events

<table>
<thead>
<tr>
<th>Events</th>
<th>Challenges</th>
<th>Opportunities</th>
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<tbody>
<tr>
<td>• Passage of the Affordable Care Act</td>
<td>• Magnitude</td>
<td>• Advocacy</td>
</tr>
<tr>
<td></td>
<td>• Still somewhat undefined</td>
<td>• Expand coverage (undocumented)</td>
</tr>
<tr>
<td></td>
<td>• Need for training of first line responders</td>
<td>• Educators give skills to navigate</td>
</tr>
<tr>
<td></td>
<td>• Capacity for primary care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Doesn’t cover everyone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enduring need for safety net</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Finding time/incentive for collaboration</td>
<td></td>
</tr>
<tr>
<td>• High Tech Act</td>
<td>• Mandated investments</td>
<td>• Availability of data to effectively manage populations</td>
</tr>
<tr>
<td></td>
<td>• Some organizations not inclined to share information</td>
<td>• Opportunity for self-management</td>
</tr>
<tr>
<td></td>
<td>• State health insurance exchange / cost of changing infrastructure</td>
<td>• Sharing of information among providers</td>
</tr>
<tr>
<td>• Transitions in Care / Navigation Systems</td>
<td></td>
<td>• Better outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Collaboration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coordination of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Groups come together to advocate</td>
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RoadMAPP Assessments: Community Engagement

- Community Engagement Assessment
- Forces of Change Assessment
- Community Health Improvement Plan
- Community Health Status Assessment
- Local Public Health System Assessment
Community Engagement

- To engage the broader community in the discussion, the RoadMAPP Committee held 10 facilitated Town Hall meetings between September-October 2012 and also implemented a Community Health Survey

10 Town Hall Meetings
7 Conducted in English and 3 in Spanish
Total Participants = 198

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<tr>
<th>Host Organization</th>
<th>Location</th>
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<tbody>
<tr>
<td>Alianza</td>
<td>Phoenixville</td>
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<tr>
<td>Communities that Care</td>
<td>Phoenixville</td>
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<tr>
<td>Coatesville Ctr for Comm Health</td>
<td>Coatesville</td>
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<tr>
<td>CYWA</td>
<td>Coatesville</td>
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<tr>
<td>Community Mental Health</td>
<td>West Chester</td>
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<td>St. Agnes Day Room</td>
<td>West Chester</td>
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<tr>
<td>Joseph’s People</td>
<td>Downingtown</td>
</tr>
<tr>
<td>Head Start</td>
<td>Kennett Square</td>
</tr>
<tr>
<td>Second Presbyterian Church</td>
<td>Oxford</td>
</tr>
<tr>
<td>Parkesburg Point</td>
<td>Parkesburg</td>
</tr>
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</table>

Community Engagement Survey
English & Spanish, Paper & Online
Total Participants = 888

The RoadMAPP process included input from more than 1000 members of the community
Community Engagement – Town Hall Findings

“What Makes a Community Strong?”

- A strong sense of community; people caring for one another
- Positive, skilled leadership
- Pride, hope, mutual respect
- Integration of diversity, i.e., lack of racism
- Good schools – education as a priority
- Good jobs
- Safe and affordable housing

- Safety (i.e., low crime)
- Accessible, affordable transportation
- Activities for youth; activities for families
- Parental involvement
- Recreational space(s)
- Strong social programs and services; assistance when you need it
Community Engagement – Town Hall Findings

"What are the challenges this community faces?"

- Lack of leadership over tough issues
- Lack of understanding that what works in one community may not work in another
- Jobs: number, types and location of jobs don’t match local populations
- Housing: Lack of safe and affordable housing
- Transportation (including lack of taxi services)
- High taxes
- Racism
- Poor communication from community leaders (locally and county-level)
- Lack of health insurance or inadequate insurance
- Affordable health care
- Teen pregnancy
- Inadequate social services
- Mental health services
- Substance Abuse treatment
- Not enough free/affordable programs and activities for young people and/or families
While common challenges were heard across most groups, there were a few critical issues that were frequently mentioned at specific locations.

**In Coatesville**

The need to address issues of violence and trauma

Concern over the quality of and access to healthcare

**In Coatesville and Parkesburg**

While issues of crime were mentioned by all groups, there were specific concerns expressed in these communities about being killed, kidnapped and/or raped

**In Phoenixville**

Concern over the quality of care and prejudice/bias
Community Engagement – Town Hall Findings

While the challenges were heard across most groups, there were a few critical issues that were frequently mentioned by specific groups.

Among Hispanics
Issues of communication
Too few Spanish-speaking health care providers
Too few translators
Consequently, a lack of sufficient explanation of health issues, care and treatment

Among African Americans and Hispanics
Prejudice and discrimination in the delivery of health services
Insensitivity from healthcare professionals
Dismissive and disrespectful behavior
Racism from police
Community Engagement – Town Hall Findings

What are the health challenges this community faces?"

– Lack of leadership in addressing health issues
– Individual feelings of powerlessness, “collective depression” in certain communities
– Access to services
– No insurance or inadequate insurance for poor and recently unemployed
– Physicians unwilling to take certain insurance coverage
– Location of services – need to travel to get there and no transportation
– Weeks and/or months to get an appointment
– Inadequate levels of specialty care (e.g., dental, addiction services)
– Issues in quality of care
– Competence of providers
– Discrimination in care and treatment of poor, Black and Hispanic individuals
– Poor care for those without insurance
– Inadequate resources that impact quality of care - “Can’t get a person on the phone.”
– Misallocation of public resources (e.g., health versus open space)
Community Health Engagement Survey

- A survey was designed and fielded in both English and Spanish
- Available online and through a paper survey
- Assistance was provided to those with reading comprehension difficulties
- Nearly 900 surveys were completed during September & October 2012
What do you think are the three most important factors that contribute to a 'Healthy Community'?

- Low Crime/Safe Neighborhoods: 44%
- Good Schools: 41%
- Good Jobs and Healthy Economy: 40%
- Access to Healthcare: 37%
- Good Place to Raise Children: 28%
- Healthy Behaviors and Lifestyles: 23%
- Affordable Housing: 19%
- Strong Family Life: 18%
- Clean environment: 16%

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Community Engagement – Survey Findings

What do you think are the three greatest 'health problems' in this community?

- Substance Abuse: 47%
- Mental Health Problems: 35%
- Aging: 32%
- Cancer: 27%
- Diabetes: 21%
- Heart disease and…: 20%
- Child Abuse/Neglect: 17%
- Domestic Violence: 15%
- Teenage Pregnancy: 13%

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What do you think are the three greatest 'risky behaviors' in our community?

- Alcohol Abuse: 51%
- Drug Abuse: 48%
- Being Overweight: 40%
- Poor Eating Habits: 28%
- Drunk Driving: 23%
- Lack of Exercise: 23%
- Dropping out of School: 18%
- Unsafe sex: 16%
- Tobacco Use: 15%

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“How would you rate...”

...your own health?”

- Very Healthy: 16.2%
- Healthy: 49.7%
- Somewhat Healthy: 27.5%
- Unhealthy: 4.3%
- Very Unhealthy: 1.1%

...the community’s health?”

- Very Healthy: 5.2%
- Healthy: 30.1%
- Somewhat Healthy: 52.9%
- Unhealthy: 9.0%
- Very Unhealthy: 1.8%

Community Engagement – Survey Findings

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Community Engagement – Survey Findings

Healthcare Coverage
- Yes: 83%
- No: 4%
- Missing: 14%

Household Income
- Missing: 13.5%
- <$25,000: 19.3%
- $25,001 to $35,000: 7.7%
- $35,001 to $55,000: 12.0%
- $55,001 to $75,000: 10.5%
- $75,000+: 37.0%

Education Level
- Missing: 4.3%
- Other: 0.2%
- Less than HS: 7.0%
- HS Diploma or GED: 21.5%
- Trade School/Special Training: 1.0%
- Some College: 3.2%
- College degree or Higher: 62.8%

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Development of Strategic Questions and Themes
Strategic Questions and Themes

Question #1

- How can the community expand the concept of cultural competence to ensure access and use of services?
  - Ensure early and adequate prenatal care for all women
  - Ensure compliance with health screening recommendations
  - Create an environment in which cultural competence is the norm
  - Ensure that all persons living in our community will have access to and utilize high quality, affordable health and social services

Question #2

- How can the community partner to provide a seamless, highly coordinated network of services that address an individual’s physical and behavioral health issues?
  - Increased coordination among health and human service providers
  - Increase number of patients/clients that are jointly managed across systems
Question #3

• How can the community increase awareness of and education about health and social services to help them meet their basic needs?
  – Increase employer benefit programs
  – Increase commitment to improve individual health

Question #4

• How can the community encourage and support individuals to take action in their own health management and well-being, including prevention?
  – Create environment in which health and social service resources and information are readily accessible
  – Public education regarding health and social services that are available to the community
Question #5

- How can community leaders help create supportive environments to ensure the health and safety of their communities?
  
  - Ensure that community leaders understand the issues related to health and social services specific to our community
  
  - Link community leaders to perceptible improvements in community health outcomes.
Conclusion

• RoadMAPP Health Assessment
  – Community Health Status Assessment
  – Public Health System Assessment
  – Forces of Change Assessment
  – Community Engagement Assessment

• Strategic Questions & Themes
  – Cultural Competence
  – Coordinated Network of Services
  – Awareness and Education
  – Personal Health Management
  – Community Leadership

Community Health Needs Assessment:
Implementation Plan FY2014