

RoadMAPP to Health

Community Health Needs Assessment: 2016



Penn Medicine
Chester County Hospital

Outline

- I. General Information
- II. Purpose
- III. The Community Served
- IV. Process and Methods to Conduct CHNA
- V. Description of Community Input and Processes
- VI. Identification and Prioritization of Community Health Needs
- VII. Community Resources
- VIII. Method to make CHNA Available to Public
- IX. Impact of Previous Community Health Improvement Plan

I. General Information



Penn Medicine

Chester County Hospital

General Information

Contact Person: Michael Duncan, CEO Chester County Hospital

Date of Written Report: March, 2017

Web Site Link: www.chestercountyhospital.org

Date Written Report Made Public: March, 2017

Date Written Report Required to be Adopted: June 30, 2016

II. Purpose



Penn Medicine

Chester County Hospital

Purpose

- This Written Report is being conducted in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501 (c)(3) to conduct a community health needs assessment at least once every three years. The required Written Plan of Implementation Strategy is set forth in a separate written document. This Written Plan is intended to satisfy each of the applicable requirements set forth in Internal Revenue Code section 501(r) regarding conducting the CHNA for the Facility.
- Included in this section is the Vision and Mission of Penn Medicine Chester County Hospital (PMCCH), and also that of the RoadMAPP to Health Partnership group with whom the Hospital collaborates to assess and plan for the health needs of the shared community.

Penn Medicine Chester County Hospital

OUR VISION

To be the
**LEADING
PROVIDER
of CARE in**
THE REGION AND
A NATIONAL MODEL FOR
**QUALITY, SERVICE
EXCELLENCE,
AND
FISCAL
STEWARDSHIP.**

OUR VALUES

i

INNOVATION

Anticipate,
innovate, and
adapt to a changing
environment.

C

COLLABORATION

Advance
the team toward
our Vision.

A

ACCOUNTABILITY

Collective and
individual
accountability for
superior results.

R

RESPECT

Value self,
others, and
diversity.

E

EXCELLENCE

Strive to exceed
expectations on
quality, safety, and
satisfaction.

RoadMAPP to Health Vision and Mission

The committee of partners working together to address the health needs of Chester County is called RoadMAPP to Health. In 2016 we adopted a new vision and mission. Behind this change is the intent to build stronger partnerships to support the priority areas, implement innovative strategies and inclusively coordinate the efforts of all groups within the county working to create a culture of wellness.

VISION

Chester County is the Healthiest County in the Country

MISSION

Advocate for Policies and Practices that Promote Health and Wellness in all Communities throughout Chester County

III. The Community Served

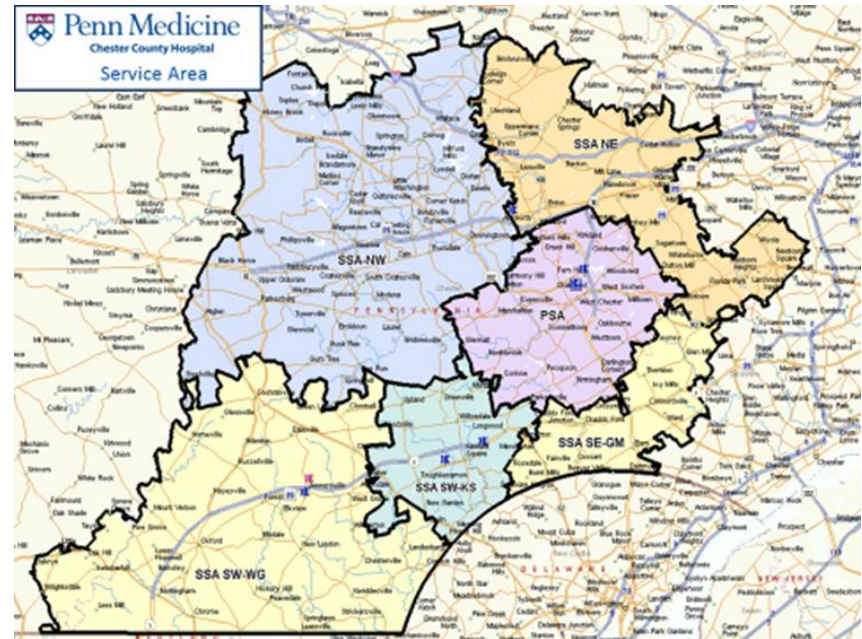


Penn Medicine

Chester County Hospital

RoadMAPP Assessment vs. PMCCH Service Area

- The RoadMAP Assessment was conducted for the entire County of Chester (left). The resulting Implementation Plan for Penn Medicine Chester County Hospital focuses on its traditional service area (right) and coordinates efforts to address identified needs with many other organizations in the partnership, and throughout the county.



Community Demographic Profile

Demographics

2010-2014	Chester County	Pennsylvania	United States
Total Population	512,784	12,787,209	318,857,056
Gender			
Male	49.1%	48.7%	49.2%
Female	50.9%	51.3%	50.8%
Age			
Children (> 18)	23.50%	21.10%	23.10%
Adults 18-64	62.0%	62.2%	62.4%
Adults 65 and older	14.50%	16.70%	14.50%
Race/Ethnicity			
White	86.7%	82.9%	77.4%
Black	6.4%	1.6%	13.2%
Asian	4.8%	3.3%	5.4%
Indian/Alaskan	0.3%	0.3%	1.2%
Hispanic (any race)	7.1%	6.6%	17.4%
Two or More Races	1.7%	1.8%	2.5%

Source: American Community Survey

Community Demographic Profile

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Hispanic (any race)	7.1%	6.6%	17.4%
Two or More Races	1.7%	1.8%	2.5%
Household Structure			
Married-Couple Families	58.4%	48.3%	48.4%
Male Household	3.2%	4.8%	4.8%
Female Household	8.4%	12.0%	13.0%
Education (Age 25 and Older)			
Less than high school	7.2%	11.0%	13.6%
High school or GED	23.7%	36.8%	28.0%
Some college or Associate's degree	20.3%	24.1%	29.1%
Bachelor's degree	29.3%	17.1%	18.3%
Graduate or professional degree	19.5%	11.0%	11.0%

Source: American Community Survey (1)

Community Demographic Profile cont'd.

2010-2014	Chester County	Pennsylvania	United States
Total Population	512,784	12,787,209	318,857,056
Language Spoken at Home			
Speak a language other than English	12.10%	10.50%	20.90%
Disability¹			
Under 18 Years	3.1%	5.0%	4.1%
18-64 years	5.8%	10.8%	10.2%
65 and older	26.3%	34.9%	36.3%
Veterans Status²	7.8%	9.1%	8.7%

¹ Percent of total noninstitutionalized population (and of each age group) reporting at least one of the six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, independent living difficulty

² Civilian Population 18 years and over

Demographics

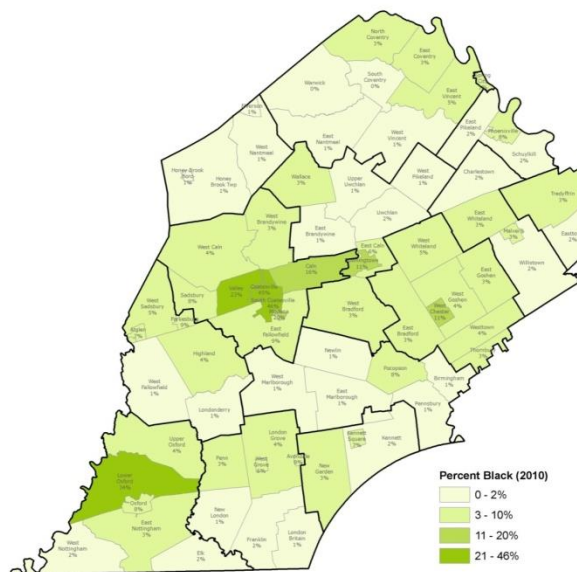
- Population growth over the next decade will be concentrated in the western half of the county.
- Population in the Boroughs and City of Coatesville tend to be younger than the county's overall population.
- The county's African American population tends to be concentrated in a few areas of the county; 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 (12.1%) in Chester County speak a language other than English at home. This has increased since the prior CHNA.

Source: United States Census Bureau

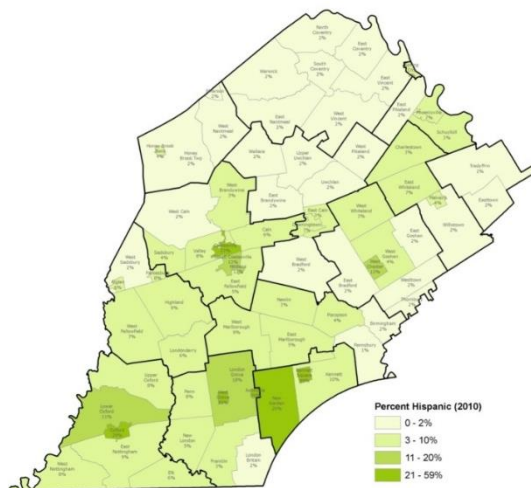
Demographics

2010 Population by Municipality

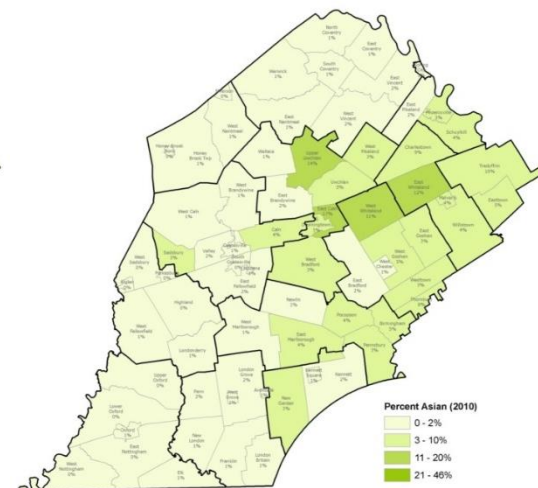
Percent African American



Percent Hispanic



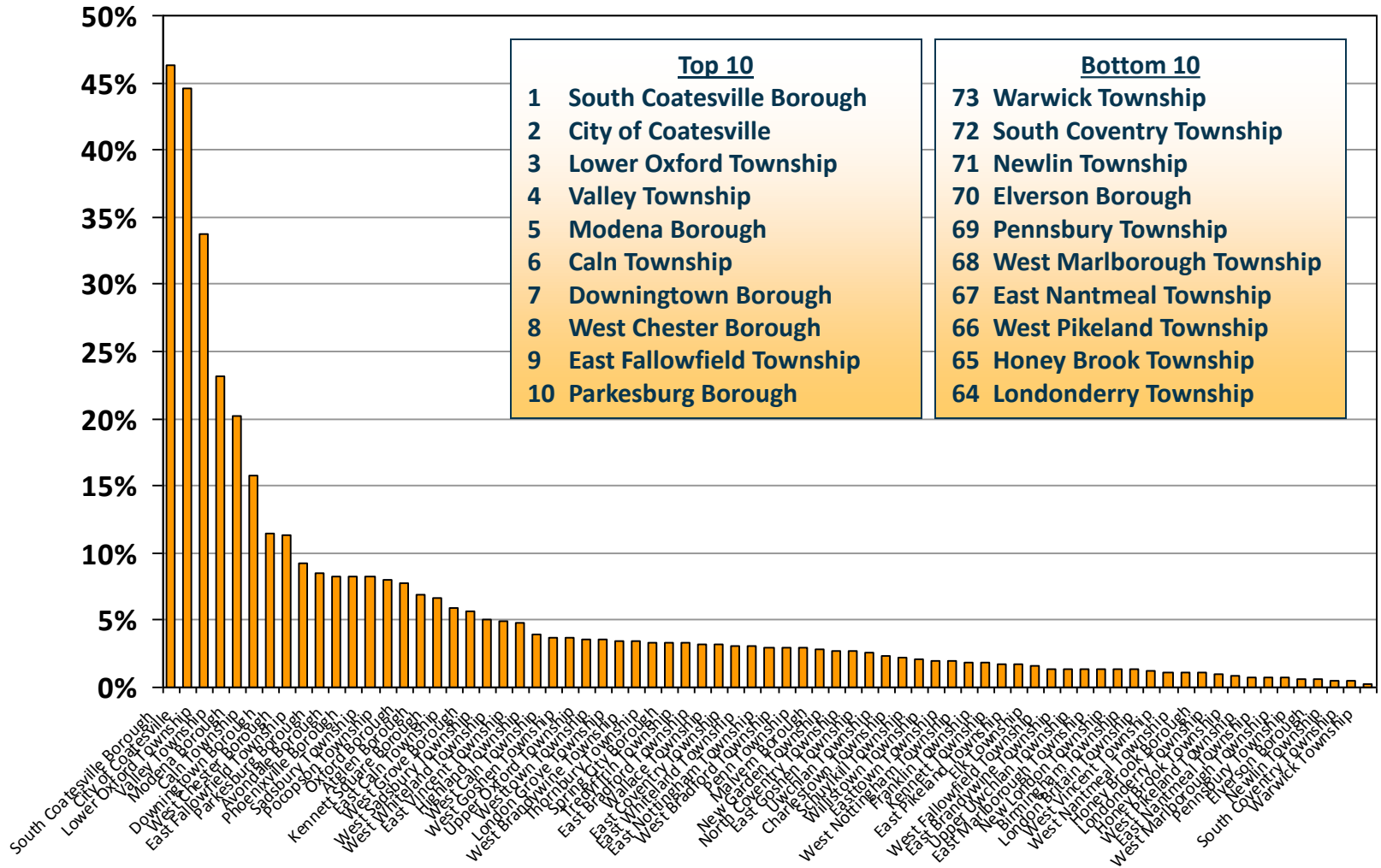
Percent Asian



Source: United States Census 2010

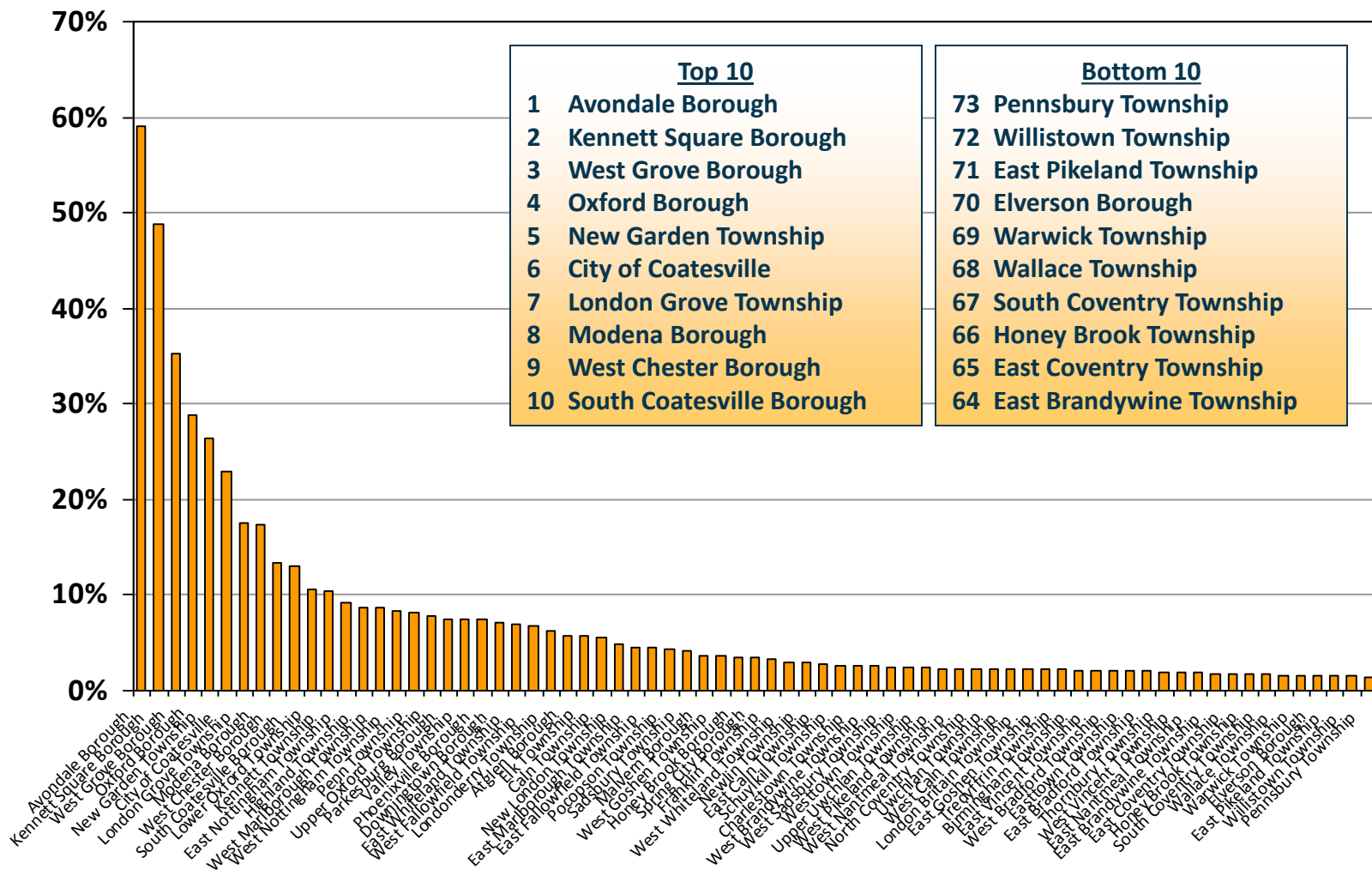
Demographics

2010 Population by Municipality: Percentage Black



Demographics

2010 Population by Municipality: Percentage Hispanic



Demographics

- In Chester County 29.3% of the population graduated from a four-year college compared to 17.1% in Pennsylvania and 18.3% nationwide.
- Median household income is \$85,976 but varies widely across the county with the lowest among municipalities in the northwest and southwest such as Coatesville, and highest among areas in the northeast such as Charlestown and Birmingham.
- While county-wide 7.1% of individuals live in poverty, six municipalities have poverty rates in excess of 15%: Coatesville, Modena, West Fallowfield, Oxford Borough, Avondale and Honey Brook.
- Unemployment rates in Coatesville, Modena and South Coatesville continue to be significantly higher, than elsewhere in the county.

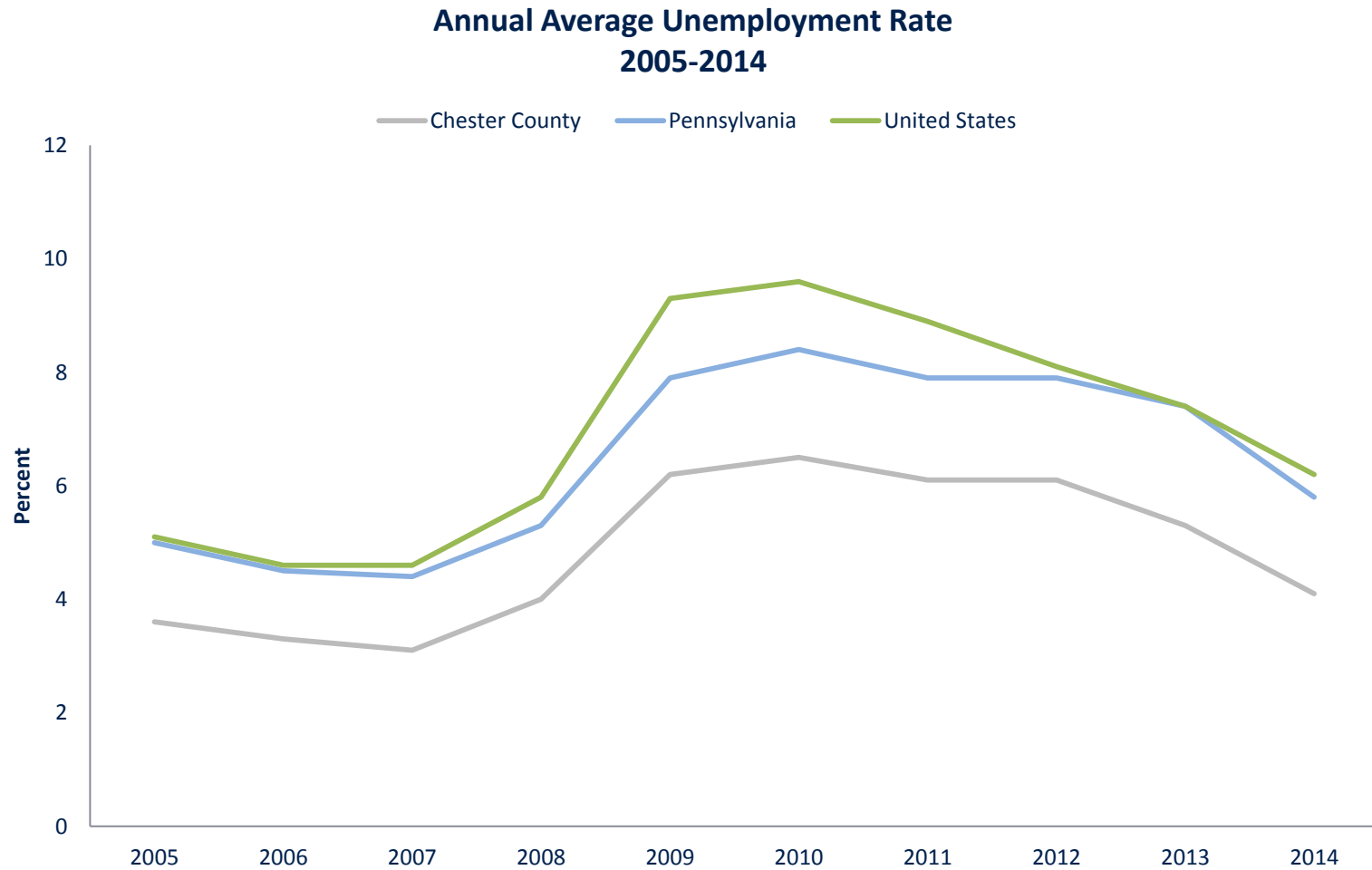
Demographics

Housing and Income

	Chester County	Pennsylvania	United States
Housing units, 2014	194,095	5,578,393	132,741,033
Homeownership rate, 2010-2014	75.3%	69.5%	64.4%
Median value of owner-occupied housing units, 2010-2014	\$323,600	\$164,900	\$175,700
Households, 2010-2014	185,306	4,957,736	116,211,092
Persons per household, 2010-2014	2.65	2.49	2.63
Per capita money income in the past 12 months (2011 dollars), 2010-2014	\$42,323	\$28,912	\$28,555
Median household income, 2010-2014	\$86,093	\$53,115	\$53,482
Persons below poverty level, percent, 2010-2014	7.1%	13.5%	15.6%

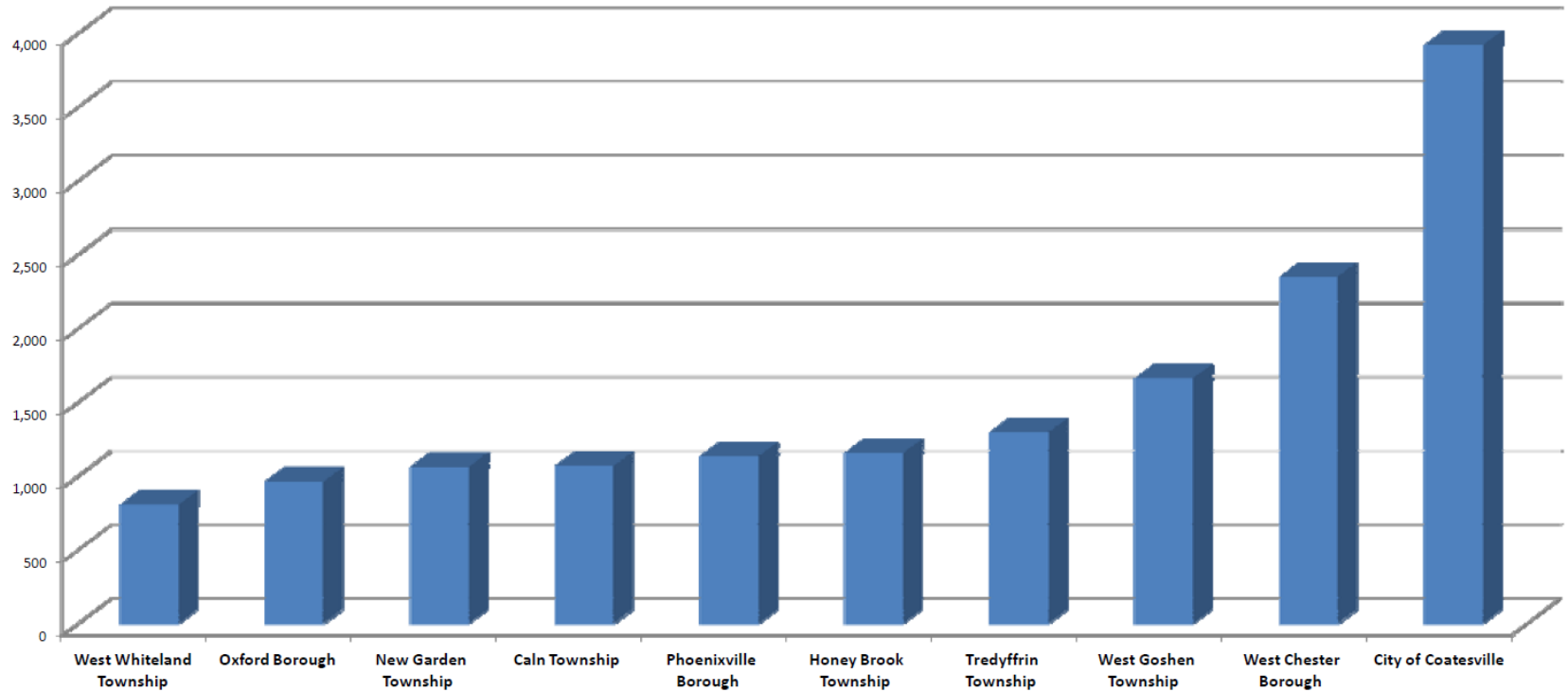
Source: American Community Survey (1)

Demographics



Numbers Below Poverty by Municipality

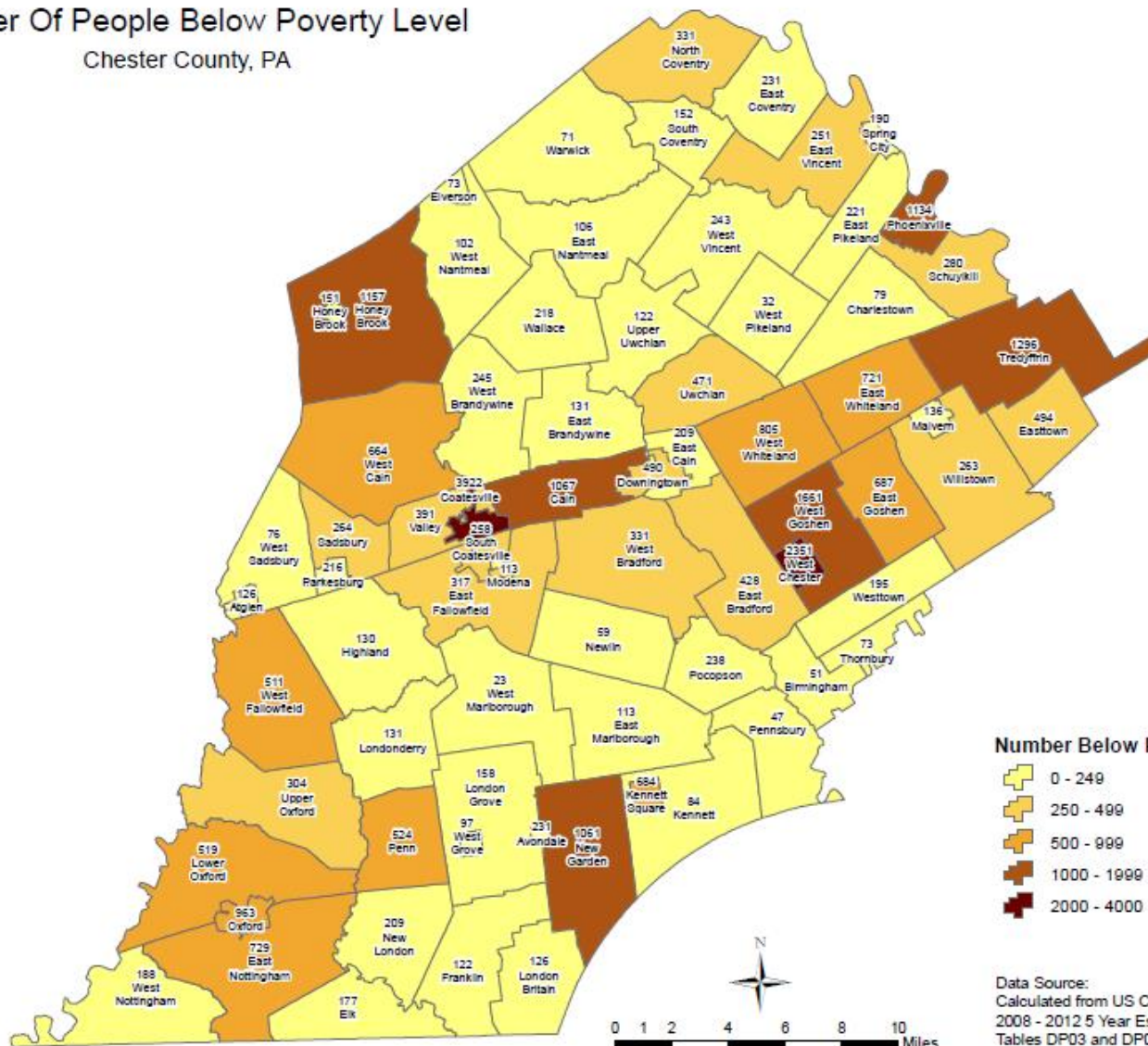
Chester County Municipalities with Highest # of People Below Poverty Level



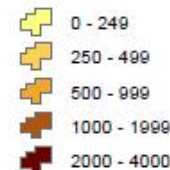
Number of People Below Poverty

Number Of People Below Poverty Level

Chester County, PA

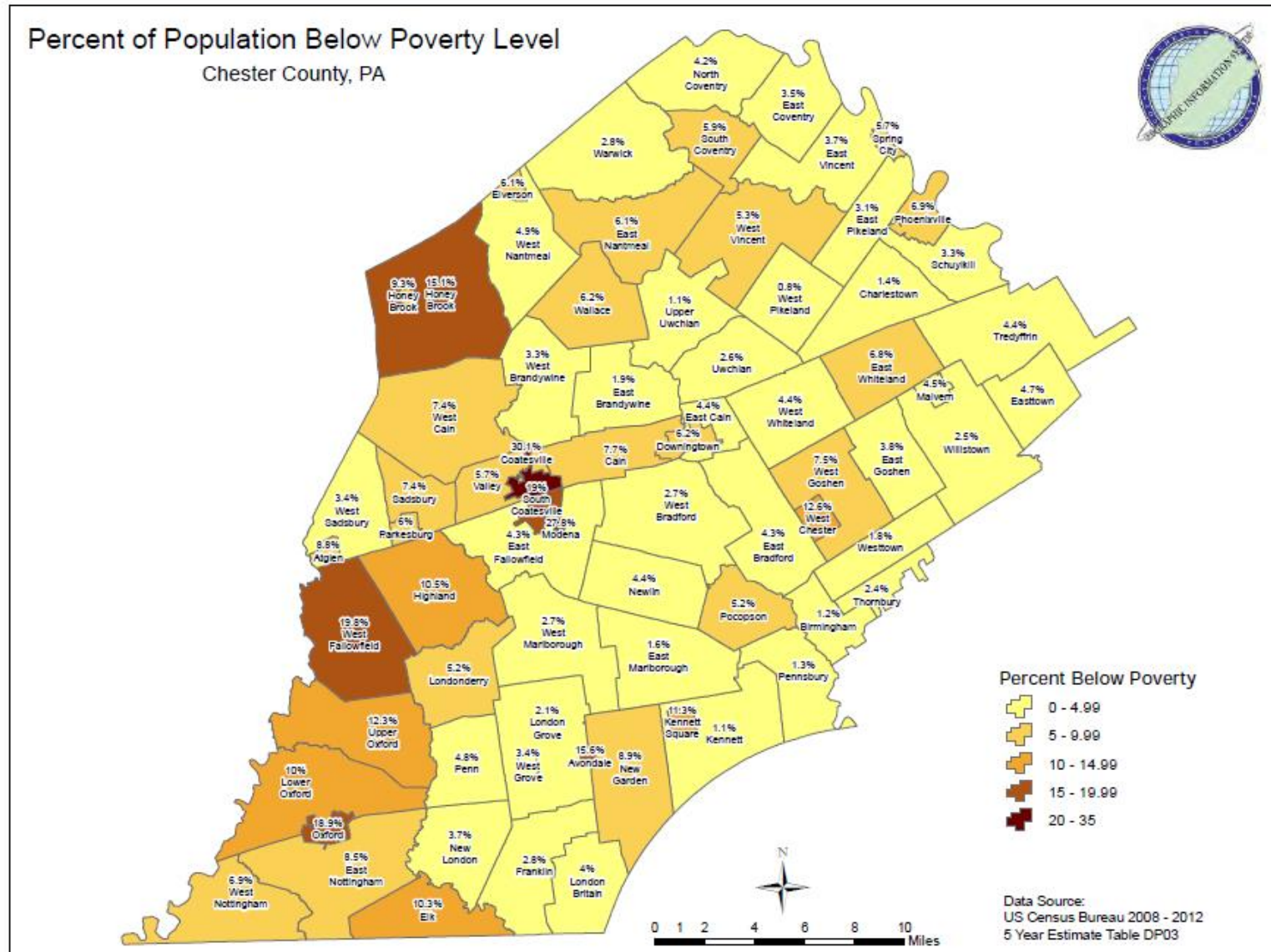


Number Below Poverty

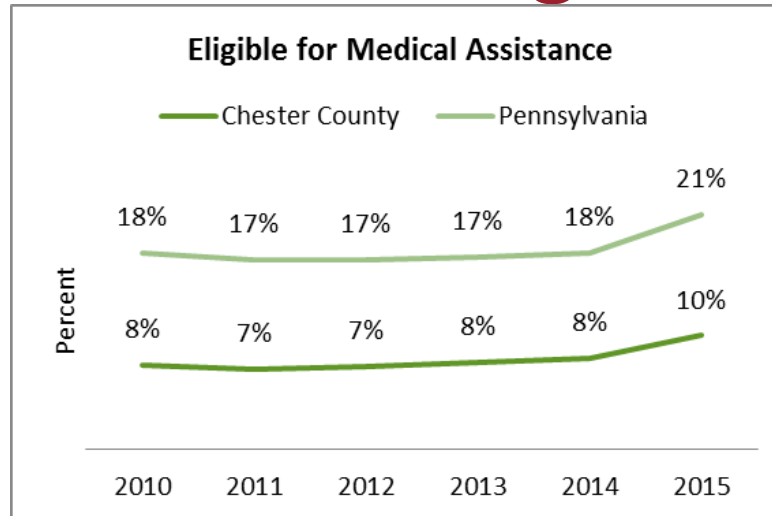


Data Source:
Calculated from US Census Bureau
2008 - 2012 5 Year Estimate
Tables DP03 and DP05

Percent Below Poverty by Municipality



Adults and Children Eligible for Assistance



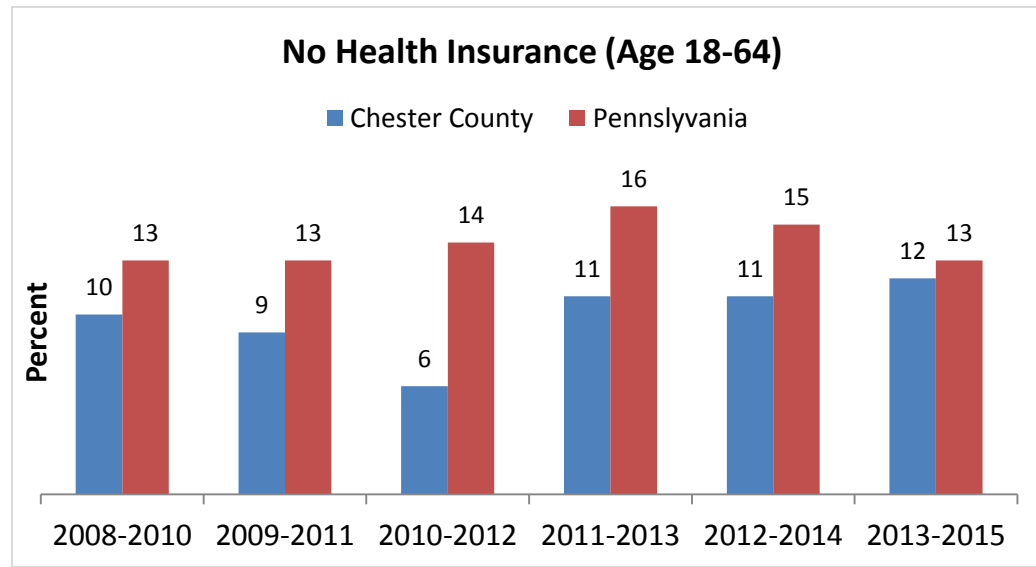
Source: PA Dept. of Public Welfare.
DPW by the Number (Online) 2010-2012.

Medical Assistance is a joint state/federal program that pays for health care services for eligible low-income Pennsylvania residents. Nearly 1.9 million residents in Pennsylvania are served by this program.

Source: Pennsylvania Medicaid Program. Benefits.gov (Online) 2013.

In Chester County, the percentages of people who are eligible for MA and TANF have remained relatively constant since 2010; however, in 2015 there was a notable increase. A similar increase was seen in 2015 in the state, as well. This increase is reflective of the expanded eligibility criteria that took effect in 2015. The percentage of Chester County residents eligible for these programs is lower than Pennsylvania.

No Health Insurance



A lower percentage of Chester County residents between the age of 18 and 64 do not have health insurance, compared to Pennsylvania residents.

Age: In Chester County, younger people, age 18-44, more commonly did not have health insurance (15%) compared to those age 45-64 (8%).

Gender: Males living in Chester County more commonly did not have health insurance (14%) compared to females (9%).

Source: Behavioral Risk Factor Surveillance System. EDDIE (Online) 200502014.

IV. Process and Methods



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Our Process: RoadMAPP to Health

Chester County has consistently been ranked as one of the healthiest counties and best places to live, work, and raise a family. To maintain this status, and to address health needs that affect the served population, it was recognized that the efforts of many individuals, agencies and organizations needed to be coordinated to have the greatest impact on the overall health of the community. To this end a partnership was formed in 2011 to develop a comprehensive plan to serve the health needs of the county. The Mobilizing for Action through Planning and Partnerships (MAPP) was selected as the strategic planning tool to improve community health.

The committee worked over two years to implement the RoadMAPP to Health for Chester County for the timeframe of 2014 – 2019. Thus, the initial foundation of this health improvement initiative remains current. The data to assess the current health status of the community was refreshed in April of 2016. At the same time the RoadMAPP process was also re-evaluated to fit the evolving needs of the partnership.

This document will review the original development strategies on which the plan was formed, present the revisions to the RoadMAPP plan, and present the current specific needs of the county residents served by Penn Medicine Chester County Hospital.

Road MAPP Partnership

- The RoadMAPP partnership is a dynamic group of engaged community leaders from diverse sectors within the community working to drive change within each of the priority areas.
- The following slides list the many active and dedicated partners to this process.

Road MAPP Partnership

- Chester County Health Department
- Penn Medicine Chester County Hospital
- United Way of Chester County
- Brandywine Health Foundation
- ChesPenn Health Services
- Chester County Community Dental
- Chester County Department of Aging
- Chester County Community Development
- Chester County Community Foundation
- Chester County Human Services
- Chester County Drug and Alcohol
- Chester County Economic Development
- Chester County Dept. of Emergency Services
- Chester County EMS Council
- Chester County Food Bank
- Chester County Fund for Women and Girls
- Chester County Library & District Center
- 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 System

Road MAPP Partnership (continued)

- 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 Southern Chester County
- West Chester University
- YMCA of Brandywine Valley
- ACTIVATE - Chester County
- Capacity for Change
- Catholic Social Services
- Cerebral Palsy Association of Chester County
- Chester County Assistance Office
- Chester County Facilities & Parks
- Chester County Department of MH/IDD
- Chester County Human Resources
- Chester County Intermediate Unit
- Chester County Juvenile Probation

Road MAPP Partnership (continued)

- Chester County Planning Commission
- Chester County Youth Center
- Child and Family Focus
- The COAD Group
- Coatesville Center for Community Health
- Community Care Behavioral Health
- Crime Victims' Center of Chester County
- Domestic Violence Center of Chester County
- Growing Healthy Families, Inc.
- Horizon House
- Jennersville Regional Medical Center
- Main Line Health
- Med Center 100
- MLK Community Development Corporation
- Neighbors in Action/Kennett Senior Center
- Oxford Neighborhood Services Center
- Pam Bryer Consulting
- Path Forward Foundation
- Philadelphia Freedom Valley YMCA

Road MAPP Partnership (continued)

- Path Forward Foundation
- Philadelphia Freedom Valley YMCA
- Planned Parenthood Southeastern PA
- The Institute for Behavior Change
- Transformation Initiative
- Visiting Nurse Assn of Pottstown & Vicinity
- Volunteer English Program
- West Chester Area School District
- West Chester Area Senior Center

Review of RoadMAPP Process and Methods

- The originally selected Mobilizing for Action through Planning and Partnerships (MAPP) continues 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 information gained from initial assessment processes that established priorities for action will serve until 2019.

MAPP Overview

Roadmap to Health Goal

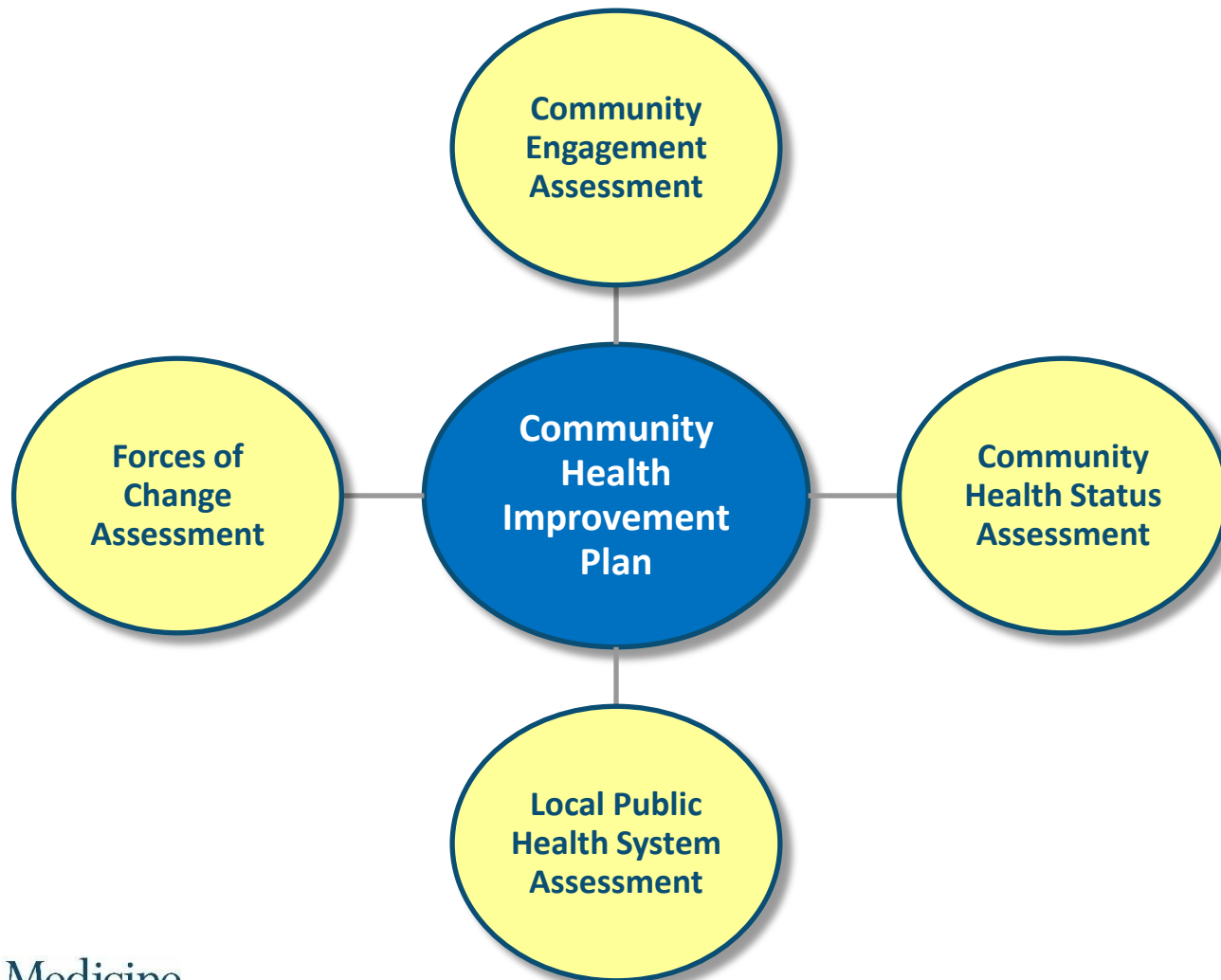
To better serve the people of Chester County by collaborating with organizations that take action, make an impact, and work to improve health and quality of life throughout the county

MAPP Process



RoadMAPP Process and Structure

The MAPP process utilized four assessment to guide decision making, prioritization of health needs, and the continued development of the improvement plan.



Data Sources

Data Sources

- American Cancer Society
- Behavioral Risk Factor Surveillance Survey
- Bureau of Labor Statistics
- Center for Disease Control and Prevention, National Center for Health Statistics
- Chester County Department of GIS Data and Map Products
- Chester County Department of Health
- Chester County Department of Human Services ReferWEB
- Chester County PAYS Survey on Teenage Alcohol and Drug Use
- Chester County Planning Commission
- Healthy People 2020, healthypeople.gov
- Pennsylvania Cancer Registry and the Pennsylvania Cancer Control Program
- Pennsylvania Commission on Crime and Delinquency
- Pennsylvania Department of Health, Bureau of Health Statistics and Research
- Pennsylvania Department of Labor and Industry
- Pennsylvania Department of Public Welfare
- Pennsylvania Uniform Crime Statistics, Pennsylvania State Police
- Public Health Management Corporation
- US Census Bureau

Other Collection Techniques (in initial phase of RoadMAPP

- Town Hall Meetings conducted by the Leland Leadership Group in September-October 2011
- Community Survey (electronic/paper, English/Spanish) conducted in September-October 2011
- Open Forum public meeting held on February 1, 2013

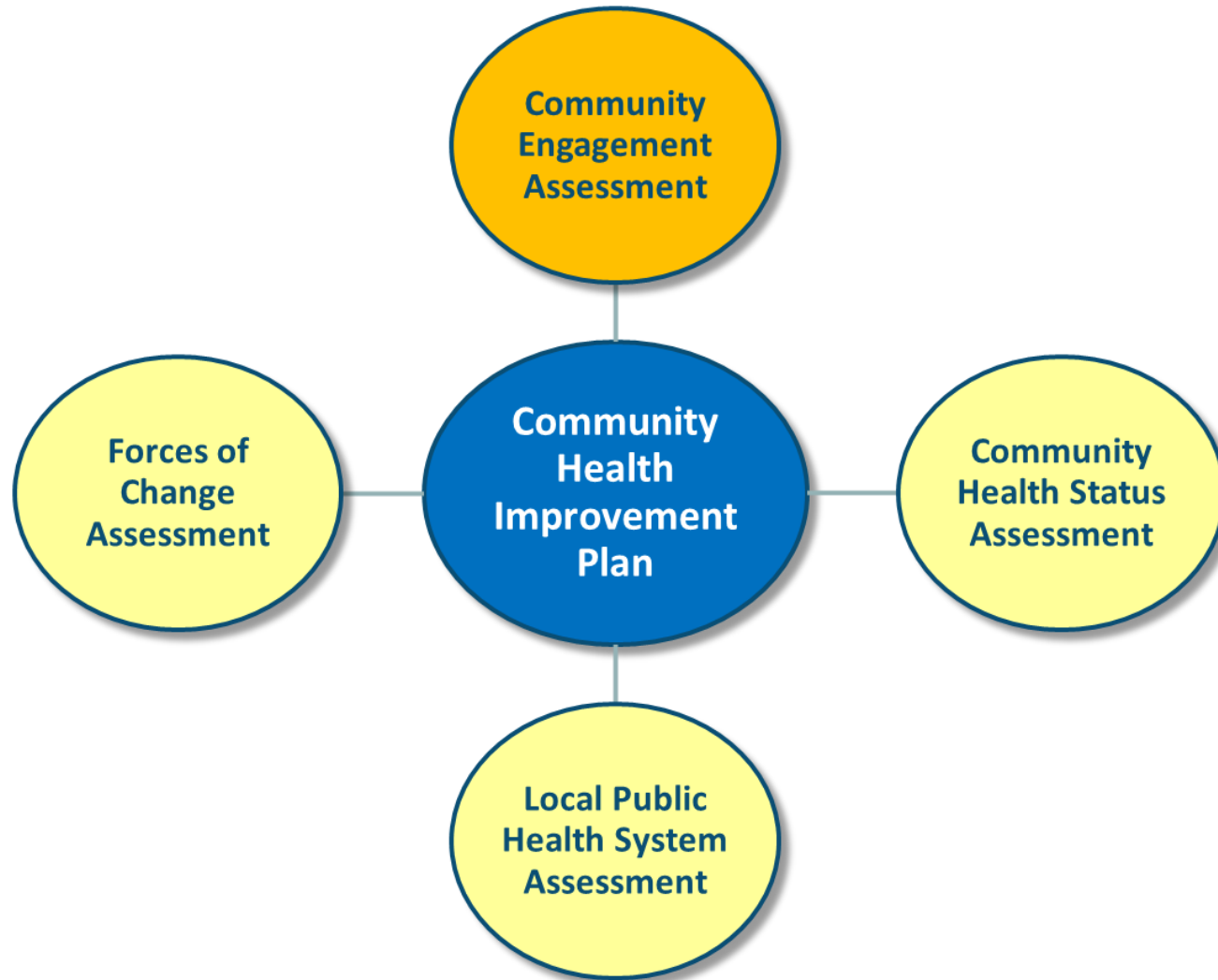
V. Description of Community Input & Process



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Road MAPP Assessments: Community Engagement



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

Host Organization

Alianza

Communities that Care

Coatesville Ctr for Comm Health

CYWA

Community Mental Health

St. Agnes Day Room

Joseph's People

Head Start

Second Presbyterian Church

Parkesburg Point

Location

Phoenixville

Phoenixville

Coatesville

Coatesville

West Chester

West Chester

Downingtown

Kennett Square

Oxford

Parkesburg

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

Residents who were unable to attend a Town Hall meeting were offered an opportunity to participate via paper and online surveys.

The image shows two versions of a community health assessment survey. The top form is in English, titled 'Chester County Community Health Assessment RoadMAPP to Health'. It includes instructions for participants and a list of 15 questions about community health issues. The bottom form is in Spanish, titled 'Evaluación de la Salud Del Condado de Chester RoadMAPP Para la Salud'. It also includes instructions and a list of 15 questions about community health issues. Both forms are designed to be filled out by community members to provide input on local health concerns.

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

Source: Chester County Health Assessment Report from
Town Meeting Data Collection Strategy. The Leland Leadership Group, September 2012)

Community Engagement: Town Hall Meetings

“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

Source: Chester County Health Assessment Report from Town Meeting Data Collection Strategy. The Leland Leadership Group, September 2012)

Community Engagement: Town Hall Findings

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

Source: Chester County Health Assessment Report from
Town Meeting Data Collection Strategy. The Leland Leadership Group, September 2012)

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

Consequentially, 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

Source: Chester County Health Assessment Report from
Town Meeting Data Collection Strategy. The Leland Leadership Group, September 2012)

Community Engagement: Town Hall Meetings

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)

Source: Chester County Health Assessment Report from Town Meeting Data Collection Strategy. The Leland Leadership Group, September 2012)

Community Engagement: Survey Findings

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

Chester County Community Health Assessment
RoadMAPP to Health

Thank you for taking a few minutes to answer the questions below.

The purpose of this survey is to get your opinions about community health problems in Chester County. We will use this information to identify the most pressing problems which can be addressed through community action.

Thanks again for answering the questions below. If you have any questions, please contact us at the information at the end of this survey.

1. In the following list, what do you think are the three most important factors that contribute to a "Healthy Community"? (Those factors which most improve the quality of life in a community.)

Check only three:

<input type="checkbox"/> Good place to raise children	<input type="checkbox"/> Positive race relations
<input type="checkbox"/> Low crime / safe neighborhoods	<input type="checkbox"/> Good jobs and healthy economy
<input type="checkbox"/> Low level of child abuse	<input type="checkbox"/> Strong family life
<input type="checkbox"/> Good schools	<input type="checkbox"/> Healthy behaviors and lifestyles
<input type="checkbox"/> Access to health care (e.g., family doctor)	<input type="checkbox"/> Low adult death and disease rates
<input type="checkbox"/> Parks and recreation	<input type="checkbox"/> Low infant deaths
<input type="checkbox"/> Clean environment	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Arts and cultural events	

2. In the following list, what do you think are the three most important "health problems" in this community? (Those problems which have the greatest impact on overall community health.)

Check only three:

<input type="checkbox"/> Aging problems (health needs of the elderly)	<input type="checkbox"/> Infant death
<input type="checkbox"/> Cancers	<input type="checkbox"/> Infectious diseases (e.g., Hepatitis, TB, etc.)
<input type="checkbox"/> Child abuse / neglect	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Motor vehicle crash injuries
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rape / sexual assault
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Resistant / drug diseases
<input type="checkbox"/> Firearm-related injury	
<input type="checkbox"/> Heart disease and risk	
<input type="checkbox"/> High blood pressure	
<input type="checkbox"/> HIV / AIDS	
<input type="checkbox"/> Homicide	

3. In the following list, what do you think are the three most important "health problems" in this community? (Those problems which have the greatest impact on overall community health.)

Check only three:

<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Being overweight
<input type="checkbox"/> Dropping out of school	<input type="checkbox"/> Drug abuse
<input type="checkbox"/> Drunk driving	<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Poor eating habits	

Evaluación de la Salud Del Condado de Chester
RoadMAPP Para la Salud

Gracias por tomar unos minutos para contestar las siguientes preguntas.

El propósito de esta encuesta es para obtener sus opiniones sobre los problemas de salud de la comunidad en el Condado de Chester. Usaremos esta información para identificar los problemas más urgentes que pueden resolverse por la acción comunitaria.

Gracias de nuevo por responder a las siguientes preguntas. Si usted tiene alguna pregunta, póngase en contacto con nosotros en la información al final de esta encuesta.

1. En la siguiente lista, ¿qué cree usted que son los tres factores más importantes que contribuyen a una "Comunidad Saludable"? (Esos factores cuales más mejoran la calidad de vida en una comunidad.)

Por favor, marque sólo tres:

<input type="checkbox"/> Un buen lugar para criar a los hijos	<input type="checkbox"/> Artes y eventos culturales
<input type="checkbox"/> Baja criminalidad / vecindarios seguros	<input type="checkbox"/> Las relaciones raciales positivas
<input type="checkbox"/> El bajo nivel de abuso de menores	<input type="checkbox"/> Los buenos empleos y la economía sana
<input type="checkbox"/> Las buenas escuelas	<input type="checkbox"/> La vida familiar fuerte
<input type="checkbox"/> El acceso a la atención de la salud (por ejemplo, médico de familia)	<input type="checkbox"/> Comportamientos y estilos de vida saludables
<input type="checkbox"/> Parques y recreación	<input type="checkbox"/> Muerte baja de adultos y las tasas de enfermedades
<input type="checkbox"/> Ambiente limpio	<input type="checkbox"/> Mortalidad infantil baja
<input type="checkbox"/> La vivienda asequible	<input type="checkbox"/> Los valores religiosos o espirituales
	<input type="checkbox"/> Otro _____

2. En la siguiente lista, ¿qué cree usted que son los tres más importantes "problemas de salud" en esta comunidad? (Los problemas que tienen el mayor impacto en la salud de la comunidad en general.)

Por favor, marque sólo tres:

<input type="checkbox"/> Problemas de envejecimiento (las necesidades de salud de las personas mayores)	<input type="checkbox"/> Muerte Infantil
<input type="checkbox"/> Cáncer	<input type="checkbox"/> Enfermedades infecciosas (por ejemplo, la hepatitis, tuberculosis, etc.)
<input type="checkbox"/> Abuso infantil / negligencia	<input type="checkbox"/> Problemas de salud mental
<input type="checkbox"/> Los problemas dentales	<input type="checkbox"/> Lesiones por accidentes de vehículos
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Violencia / abuso sexual
<input type="checkbox"/> Violencia Doméstica	<input type="checkbox"/> Enfermedades Respiratorias / enfermedad de los pulmones
<input type="checkbox"/> Lesiones relacionadas con el arma de fuego	<input type="checkbox"/> Enfermedades de Transmisión Sexual (ETS)
<input type="checkbox"/> Las enfermedades del corazón y derrame cerebral	<input type="checkbox"/> Abuso de Sustancias (alcohol y / o drogas)
<input type="checkbox"/> La presión arterial alta	<input type="checkbox"/> Suicidio
<input type="checkbox"/> VIH / SIDA	<input type="checkbox"/> El embarazo adolescente
<input type="checkbox"/> Homicidio	<input type="checkbox"/> Otros _____

3. En la siguiente lista, ¿qué cree usted que son las tres más importantes "conductas de riesgo" en nuestra comunidad? (Esas conductas que tengan el mayor impacto en la salud de la comunidad en general.)

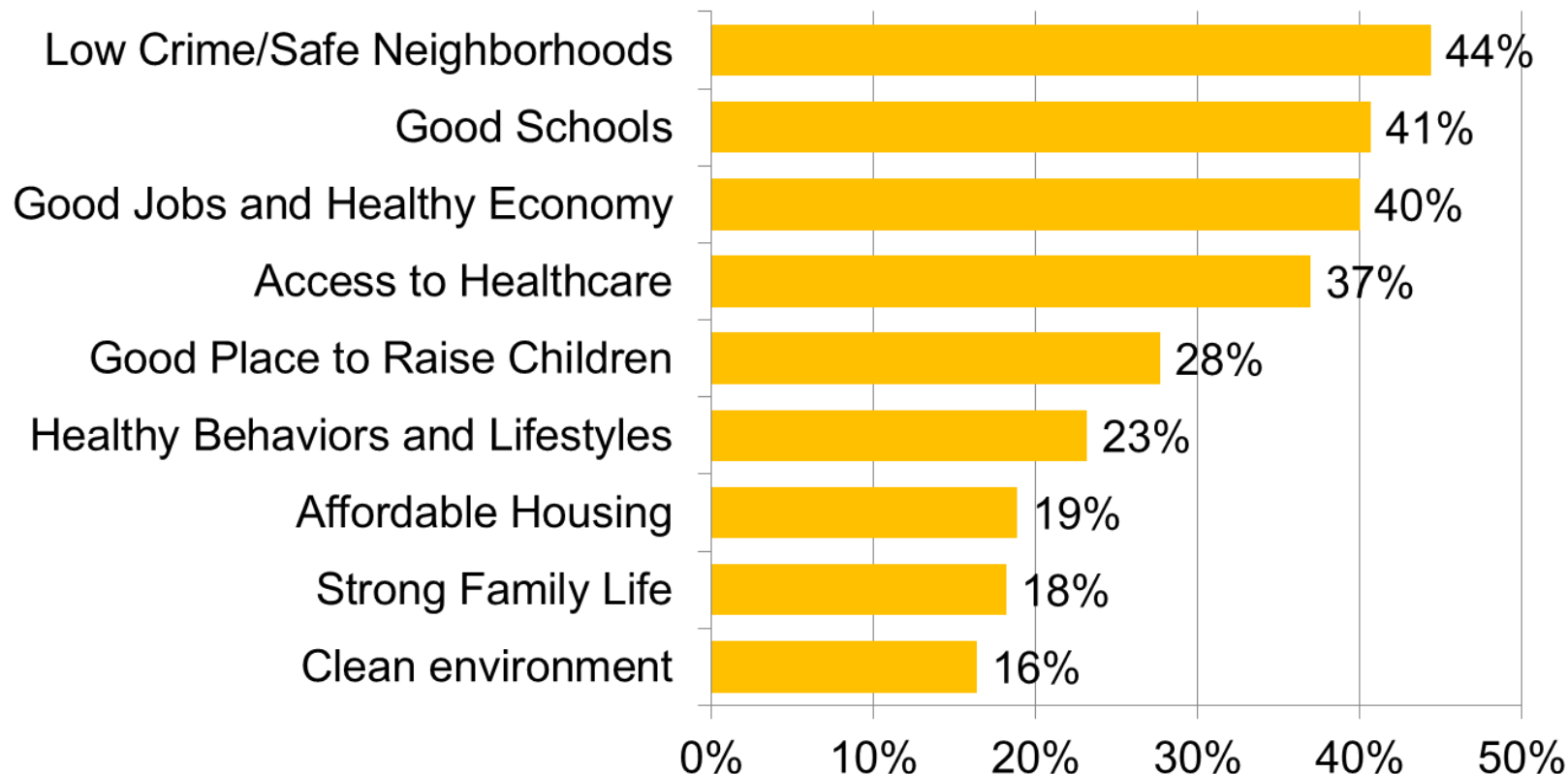
Por favor, marque sólo tres:

<input type="checkbox"/> Abuso del alcohol	<input type="checkbox"/> No recibiendo "vacunas" para prevenir la enfermedad
<input type="checkbox"/> El exceso de peso	<input type="checkbox"/> Racismo
<input type="checkbox"/> Abandono de escuela	<input type="checkbox"/> El consumo de tabaco
<input type="checkbox"/> Abuso de drogas	<input type="checkbox"/> No usar un método anticonceptivo
<input type="checkbox"/> Conducir ebrio / embriagado	<input type="checkbox"/> No utilizar los cinturones de seguridad / asientos de seguridad para niños
<input type="checkbox"/> Falta de ejercicio	<input type="checkbox"/> Relaciones sexuales sin protección
<input type="checkbox"/> Los malos hábitos alimenticios	
<input type="checkbox"/> Otro _____	

Por favor, use el reverso para más preguntas.

Community Engagement: Survey Findings

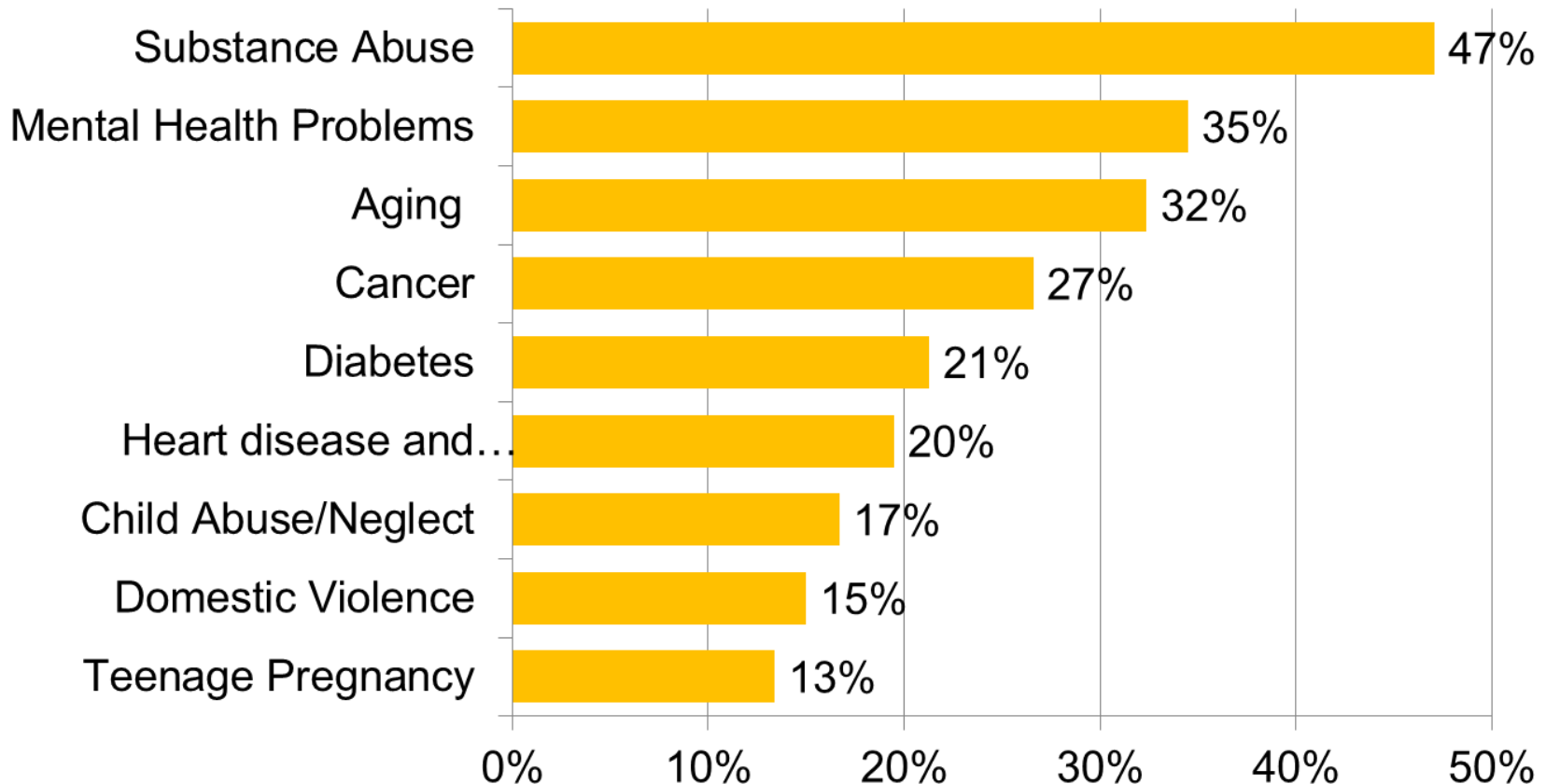
What do you think are the three most important factors that contribute to a 'Healthy Community'?



N=888

Community Engagement: Survey Findings

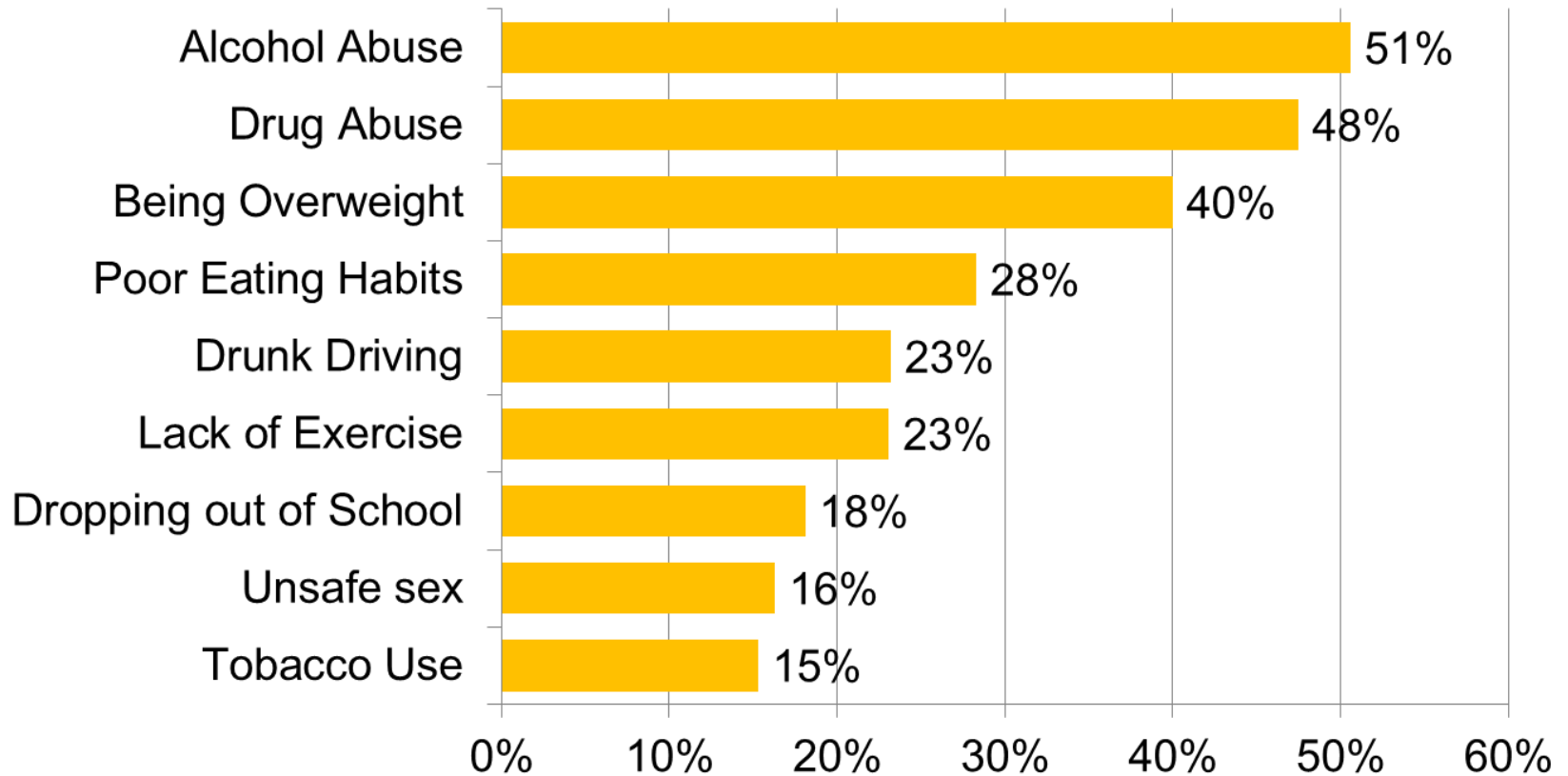
What do you think are the three greatest 'health problems' in this community?



N=888

Community Engagement: Survey Findings

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

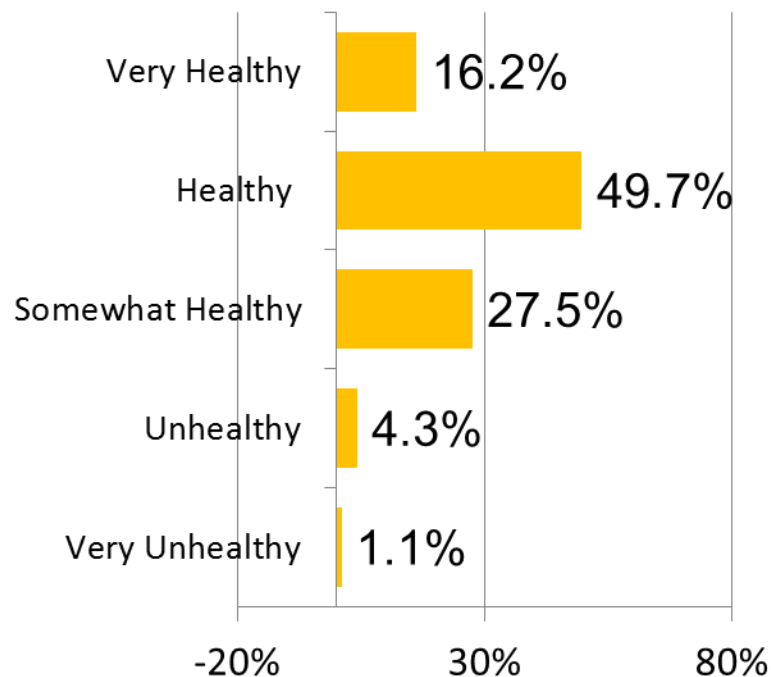


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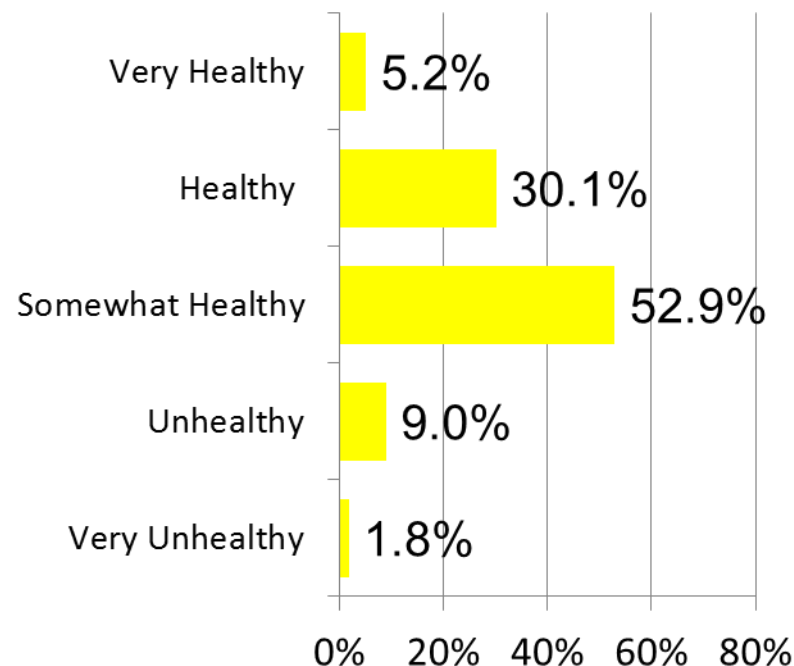
Community Engagement: Survey Findings

“How would you rate...

.... your own health?”



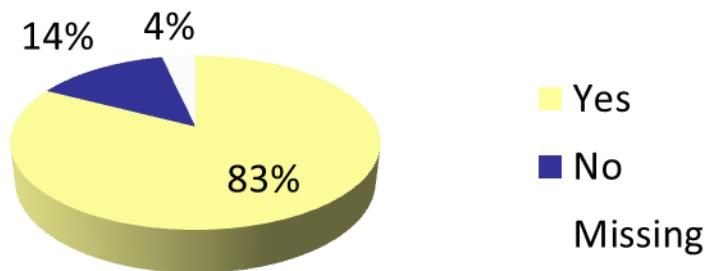
.... the community's health?”



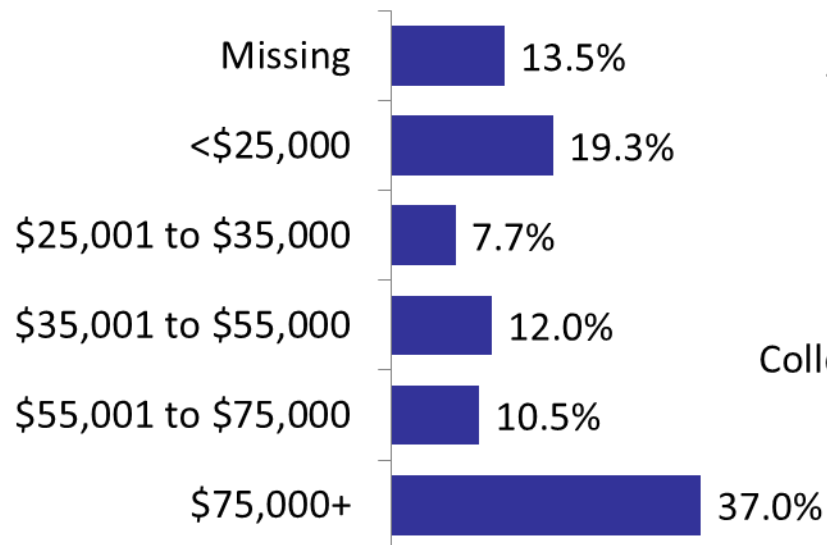
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Community Engagement: Survey Findings

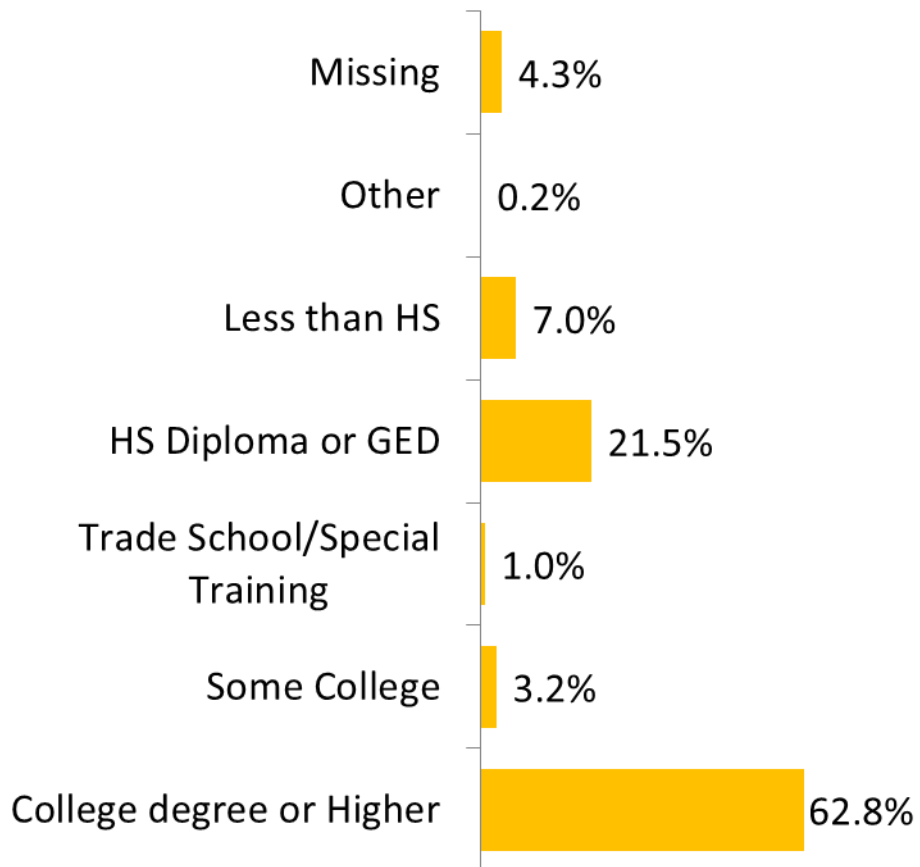
Healthcare Coverage



Household Income



Education Level

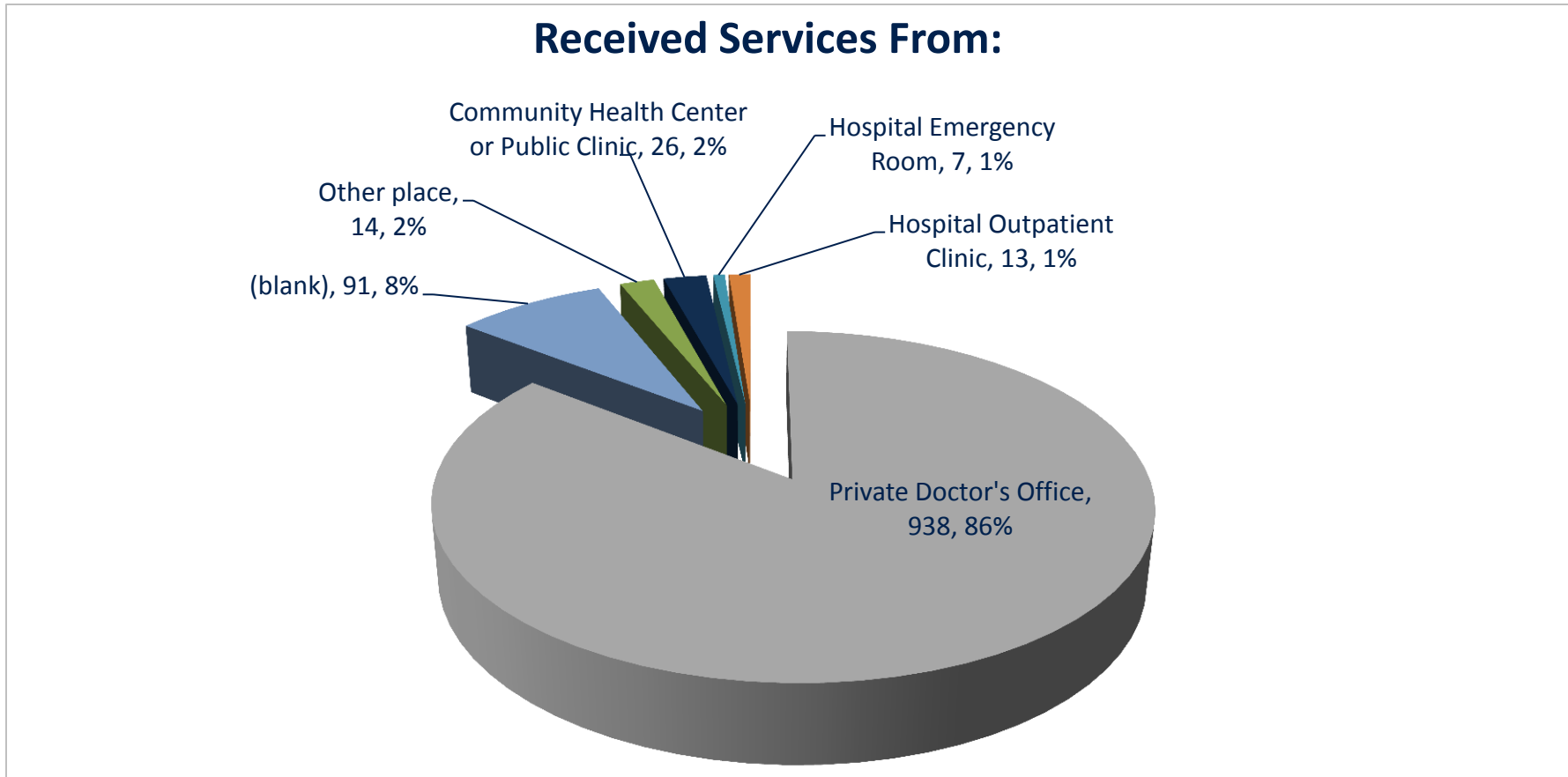


2014-2015 Household Health Survey

- For purposes of the RoadMAPP partnership, the 2012 community engagement survey remains relevant for the initial five-year plan. However, PMCCH reviewed more recent data abstracted from the 2014-2015 Public Health Management Corporation's (PHMC) Southeastern Pennsylvania (SEPA) Household Health Survey for the purpose of evaluating specific preventive health practices important to community health marketing and outreach efforts for specific ongoing initiatives.
- The survey was conducted by phone and the responses evaluated included those of 1096 male and female individuals living in the hospital's service area only.

Received Health Care Services From:

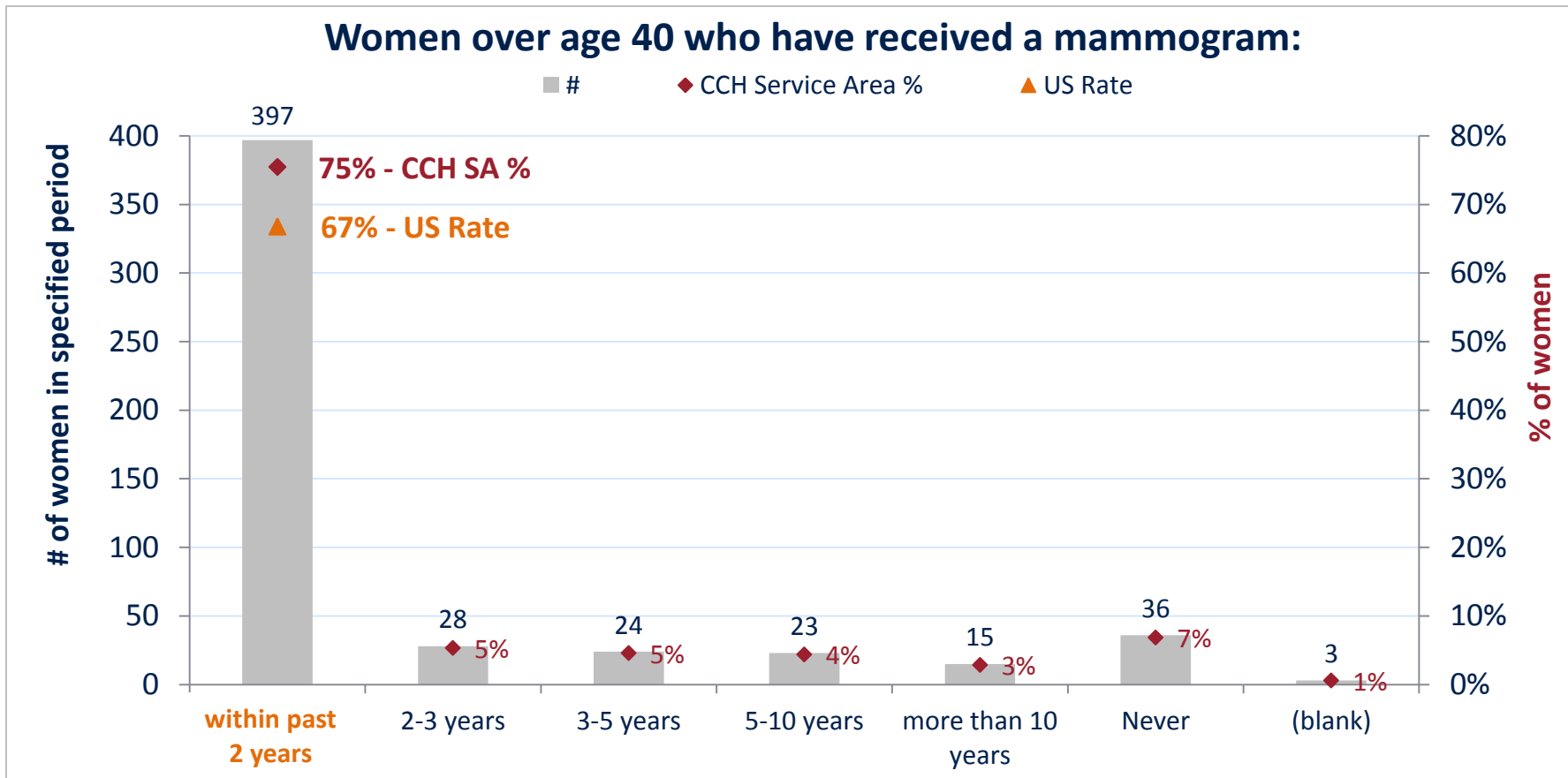
- Survey question explored where people choose to go when in need of health care services.



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

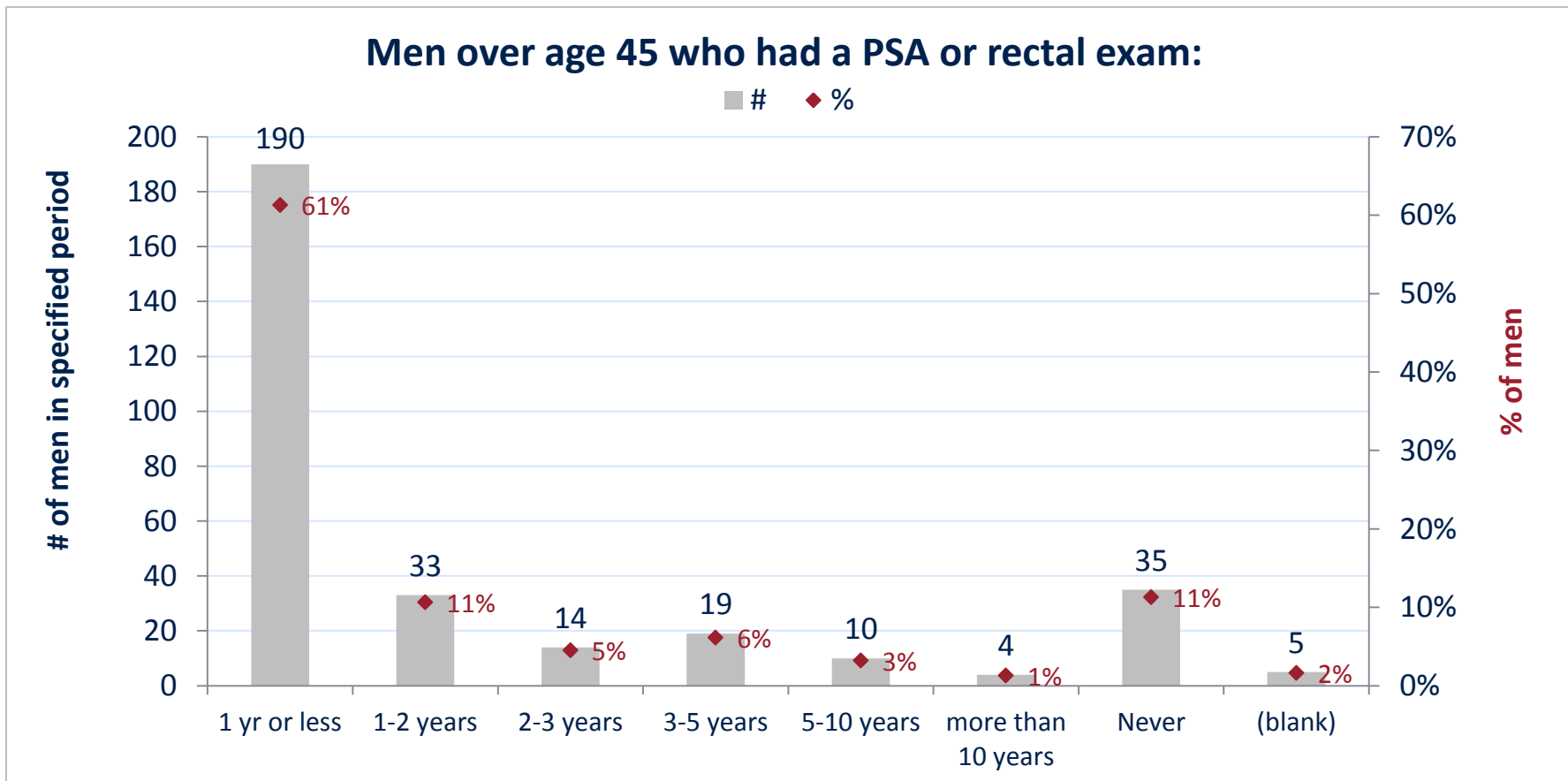
Women Over Age 40 Who Have Received a Mammogram:

- CDC National Center for Health Statistics – 2015 Mammography Use Table showed that 66.8% of women over 40 had a mammogram within the past 2 years. Responses for women in CCH SA was 75%.



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

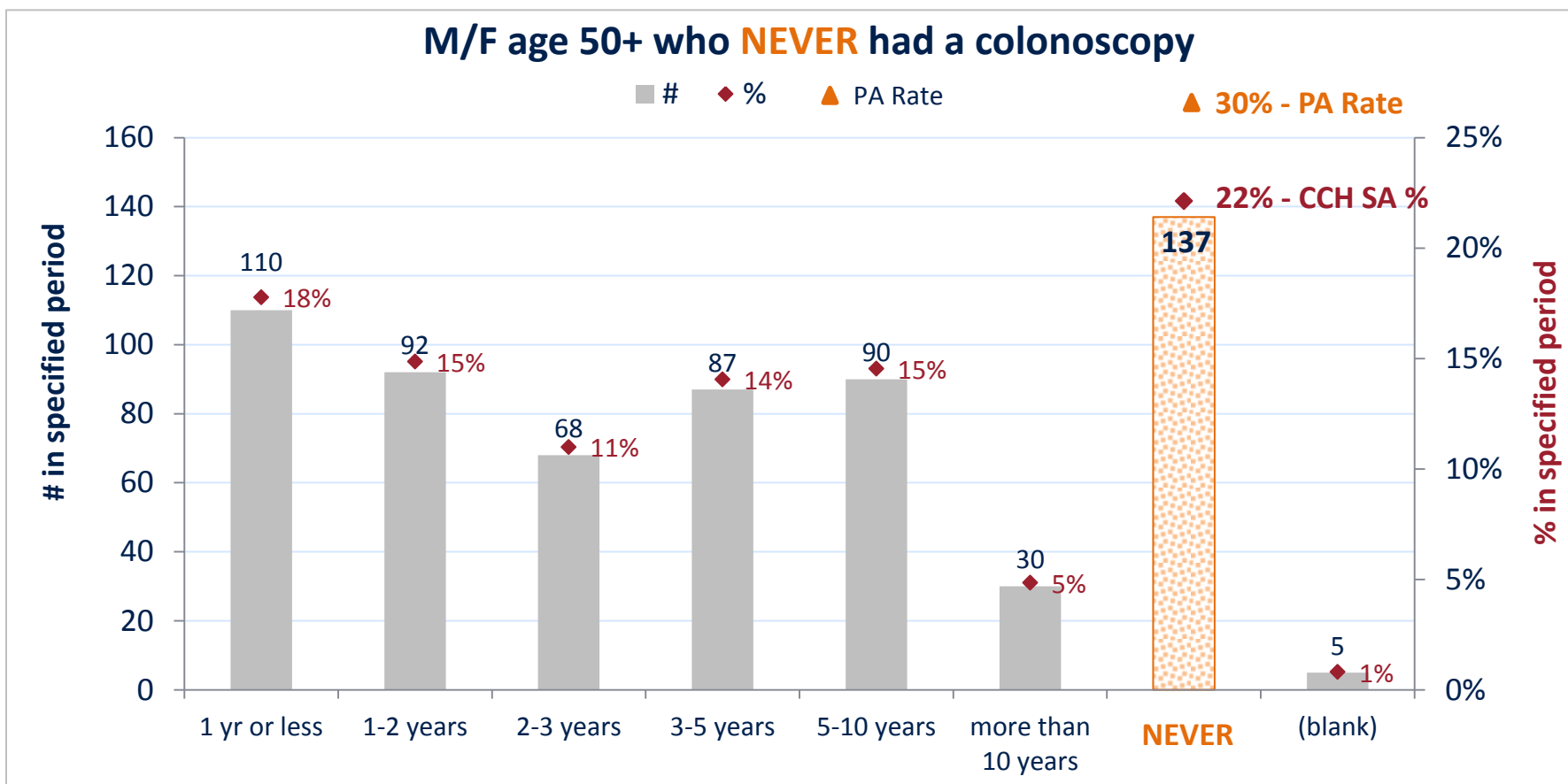
Men over age 45 who had a PSA or rectal exam:



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

M/F age 50+ Who NEVER Had a Colonoscopy

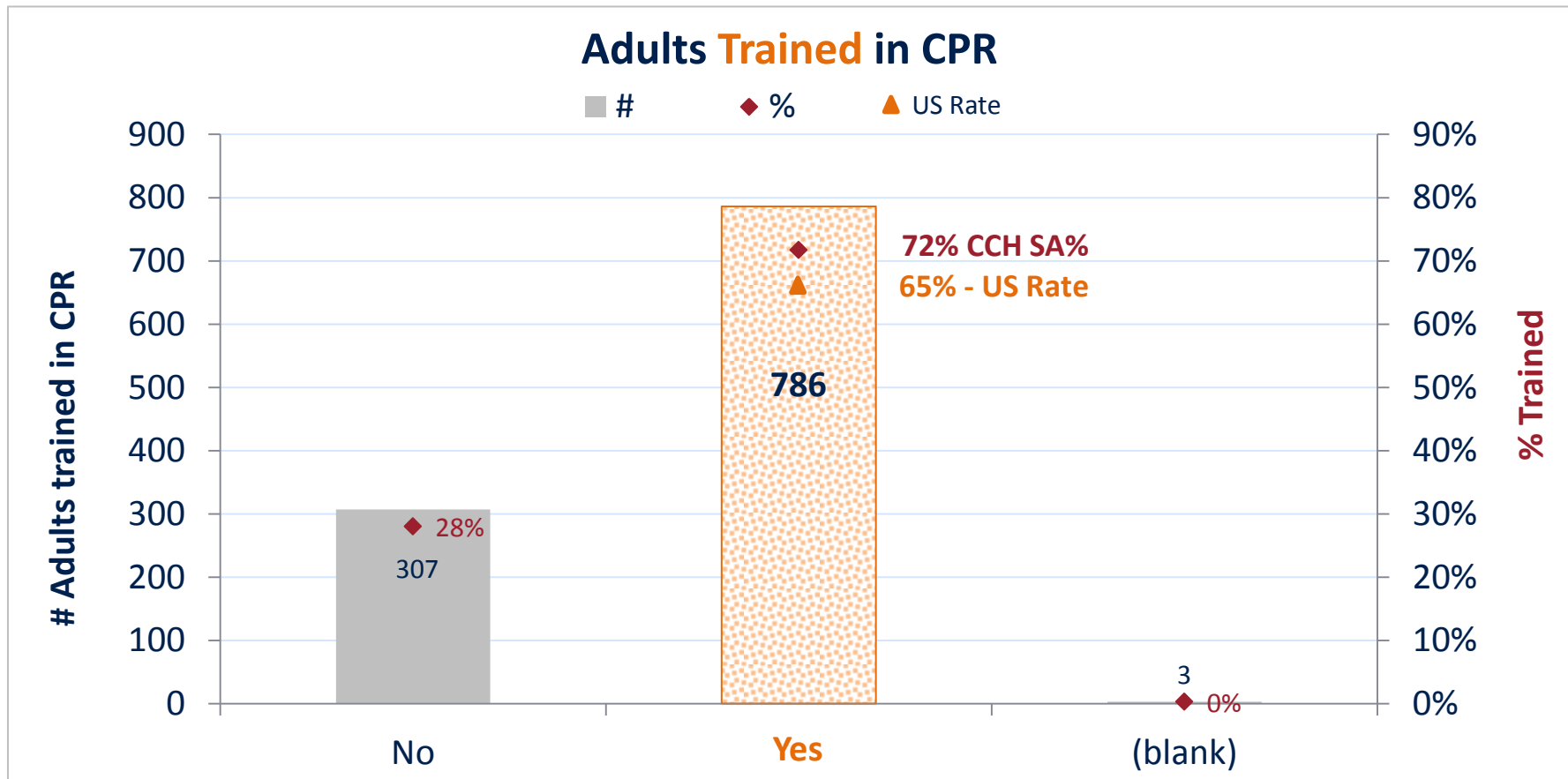
- American Cancer Society, Surveillance Research, 2014 – Colorectal Cancer Screening prevalence among Adults Age 50 Years and Older by State, 2012. The Study showed PA ranked 20th with just over 30% Never screened. CCH SA Respondents % Never is below this level and close to the National Colorectal Cancer Roundtable goal of "80% by 2018"



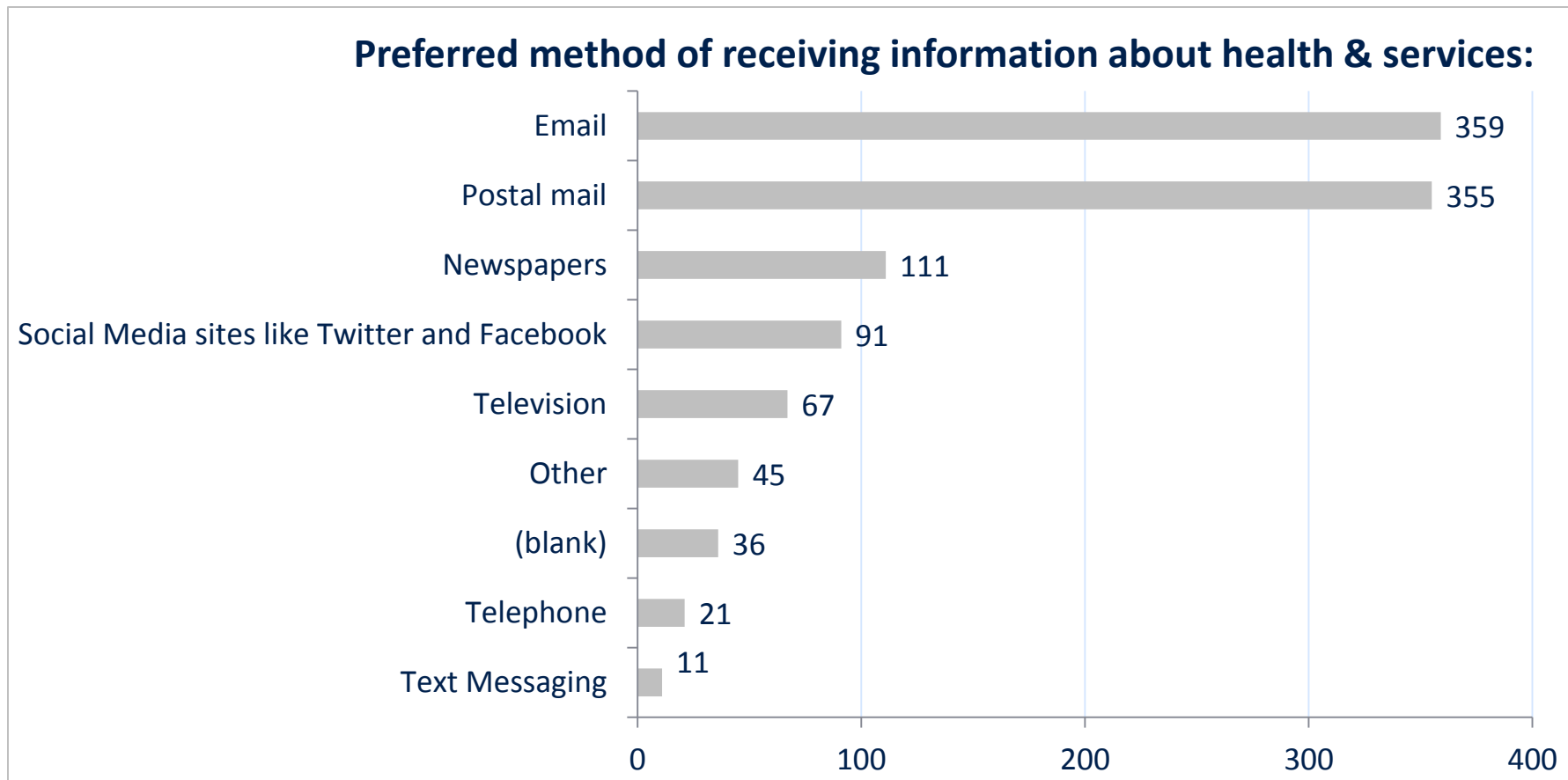
Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Adults Trained in CPR

- American Heart Association, news release, Nov. 12, 2016 - An American survey of 9,011 adults states approx. 18% of American adults have current training in CPR, and about 65% have received training at some point. Likelihood of ever having CPR training was 43% higher among those with higher education and 7% higher among those with higher household incomes.
- 19.9% of respondents in the CCH SA had current CPR Training, while 72% received training at some point. This is likely due to the higher education and household incomes in our service area.



Preferred Method of Receiving Information About Health & Services:



Source: PHMC's 2015 Southeastern Pennsylvania Household Health Survey

Summary

Health Care Service Choice

- The majority (86%) of respondents receive their care in a physician's office with only 1% stating they use the Emergency Department for this purpose.
 - An initiative has been underway within the community to encourage regular physician visits and use of the Emergency Room only for true emergencies. This data is encouraging and reinforces the continuation of this effort.

Mammogram at Age-Appropriate Interval

- 58% of women over 40 years of age reported having had a mammogram within one year or less, and 7% indicated they had never had a mammogram.
 - PMCCH has a breast cancer taskforce and is in the process of launching a Healthy Women program that offers underserved women free mammograms and cervical screenings.
 - An ongoing effort will be made to educate on breast health and compliance with age appropriate screening mammograms.

Summary

PSA or Rectal Exam in Men over 45

- 61% of men over 45 surveyed had had a PSA or rectal exam in the past year and 11% responded they had never had either. This is the most common cancer among men, but research has not yet proven that the benefits of testing outweigh the harms of testing and treatment. Testing is a personal decision.
- This data would suggest that more men are deciding to be tested than not.

Individuals Aged 50 and Older Who Never Had a Colonoscopy

- At only 22% of people over 50 stating they have never had a colonoscopy, respondents in our service area are very close to the goal of 80% (*of people able to state they have had a colonoscopy*) by 2018, and ahead of the state at 30%.
- Improving the rate of colonoscopy is an important initiative for PMCCH Oncology Program and community outreach on this subject will remain a top objective.

Summary

Adults Trained in CPR

- 72% of those surveyed had received training in CPR compared with 65% in an American Survey conducted by the American Heart Association.
- PMCCH has a county-wide initiative to train individuals in Hands-Only CPR to increase survival rates from Sudden Cardiac Arrest.
- Though our service area data is positive, it will remain our goal to address the 28% who have never received this training.

Preferred Method of Receiving Information

- The preferred methods of receiving information about health and health services were email and postal mail by a significant margin.
- The spread of responses would seem to confirm that use of a variety of methods continues to be important to reach a broad audience of healthcare consumers.

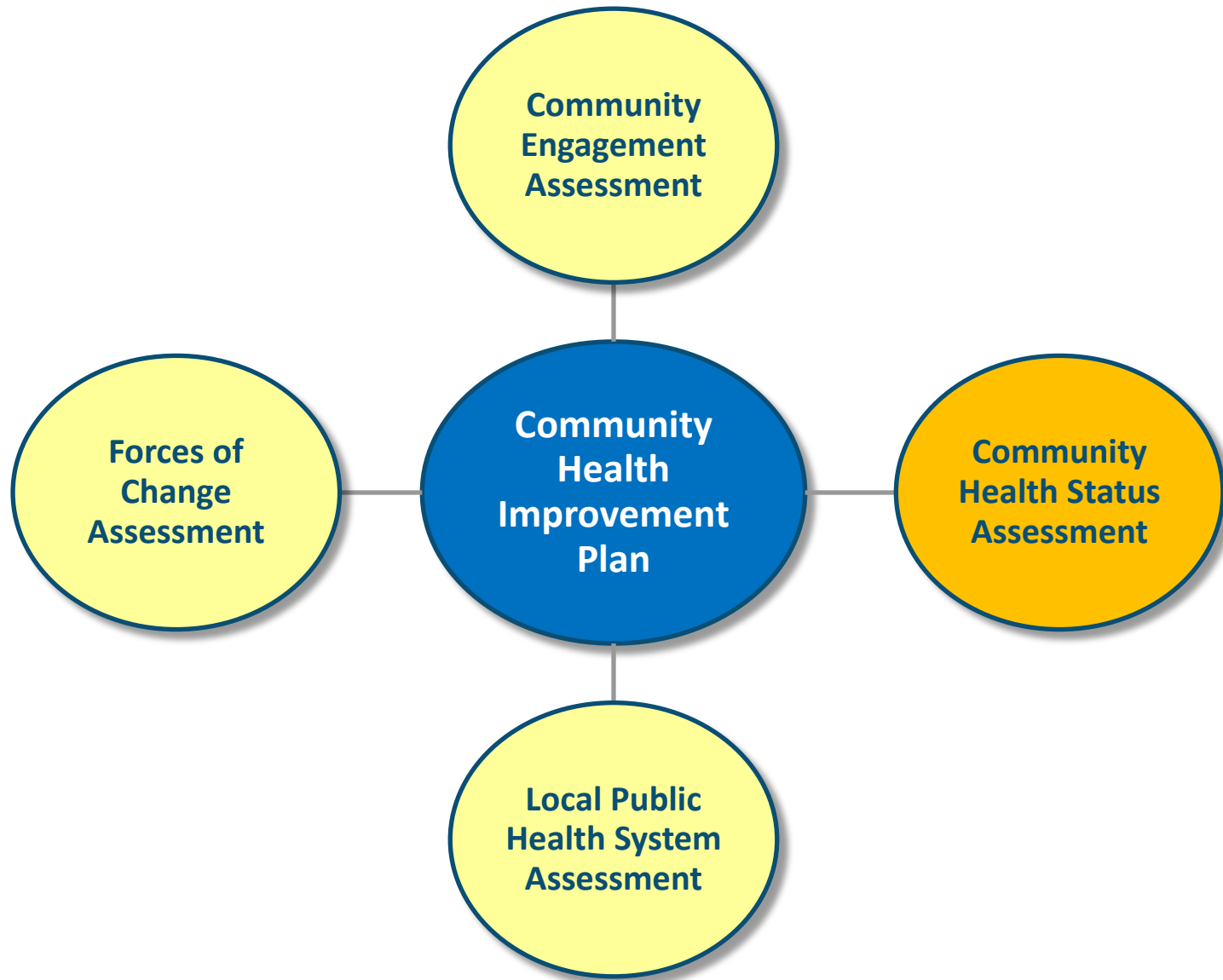
VI. Identification & Prioritization of the Community's Health Needs



Penn Medicine

Chester County Hospital

RoadMAPP Assessments: Health Status

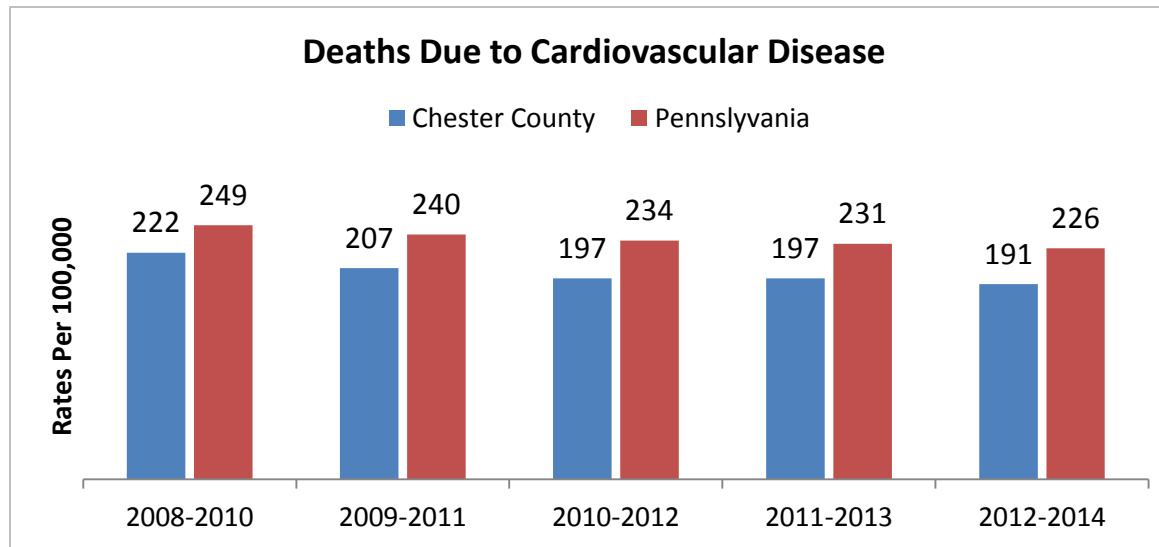


Most Common Causes of Death

Most Common Causes of Deaths	Percent of Deaths in Each Age Group
Age: Overall, all ages	
Heart Disease	25%
Malignant neoplasms (cancers)	25%
Cerebrovascular Disease (stroke)	5%
Chronic Lower Respiratory Disease	5%
Accidents (non-MVA)	3%
Age: Under 15 years	
Perinatal Conditions	42%
Congenital Abnormalities	18%
Accidents (non-MVA)	6%
Age: 15-24 years	
Motor Vehicle Accidents (MVA)	24%
Accidents (non-MVA)	25%
Intentional Self Harm (suicide)	21%
Age: 25-44 years	
Accidents (non-MVA)	23%
Malignant neoplasms (cancers)	18%
Intentional Self Harm (suicide)	11%
Age: 45-64 years	
Malignant neoplasms (cancers)	40%
Heart Disease	17%
Accidents (non-MVA)	6%
Age: 65-74 years	
Malignant neoplasms (cancers)	40%
Heart Disease	17%
Chronic Lower Respiratory Disease	6%
Age: 75 and older	
Heart Disease	30%
Malignant neoplasms (cancers)	18%
Cerebrovascular Disease (stroke)	6%

Source: PA Dept. of Health

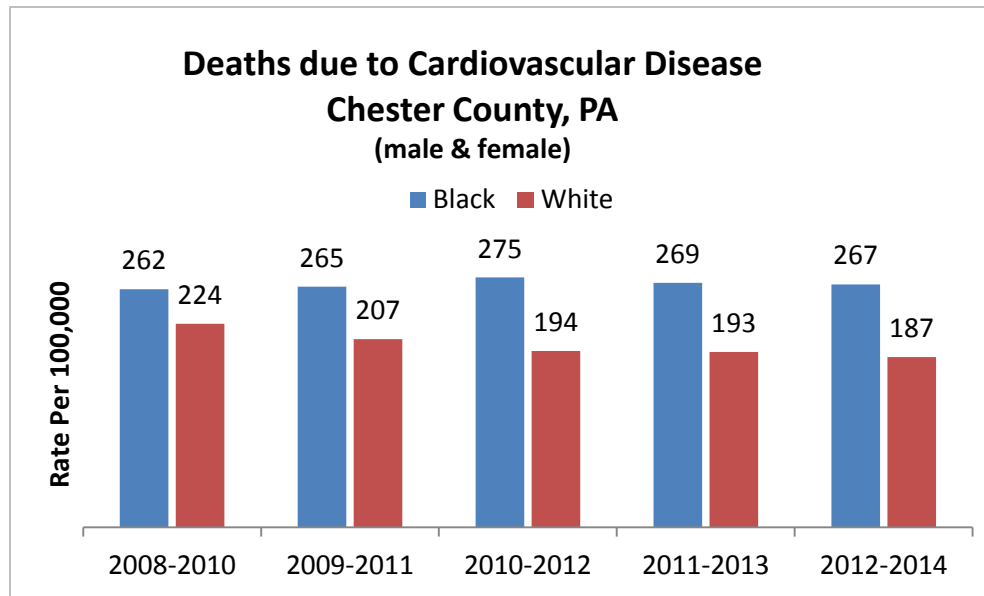
Health Status: Cardiovascular Disease



The rate of deaths due to cardiovascular disease is lower in Chester County than in Pennsylvania. However, heart disease is still among the most common causes of deaths in Chester County.

Source: PA Department of Health. County Health Profiles

Heart Disease: Age, Gender, Race/Ethnicity



Age: Chester County residents age 85 and older had the highest rate of deaths due to cardiovascular disease (5488.3). The rate of deaths due to cardiovascular disease increased with age.

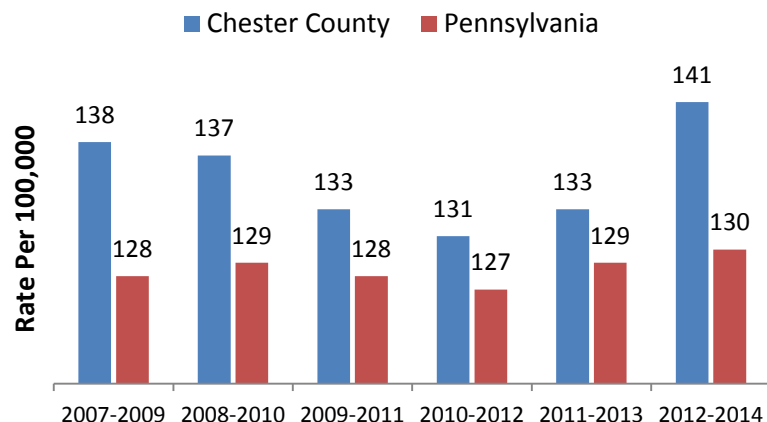
Gender: Males in Chester County had a higher rate of deaths due to cardiovascular disease (217.1) compared to females (170.3).

Race/Ethnicity: The rate of deaths due to cardiovascular disease for Black men in Chester County (267.8) was higher than for White men (213.7). Similarly, the rate of deaths due to cardiovascular disease for Black women in Chester County (260.8) was higher than for White women (166.0).

Source PA Dept. of Health. Deaths. EDDIE (online)
2012-2014

Health Status: Breast Cancer

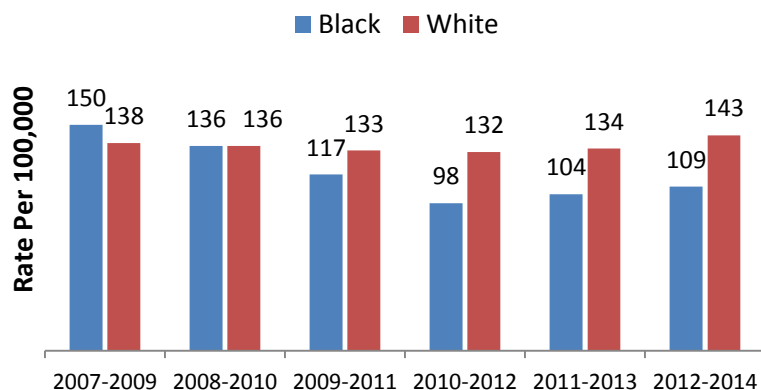
Female Breast Cancer Incidence



Breast cancer is tracked through the Pennsylvania Cancer Registry. The breast cancer rates shown are for invasive female breast cancer in Chester County and Pennsylvania. The breast cancer rates for Chester County are higher than the rates for the state.

Age: Women age 70-74 (511.8) and age 75-79 (621.2) have the highest rates of invasive breast cancer in Chester County.

Female Breast Cancer Incidence by Race Chester County, PA



Race/Ethnicity: In 2012-2014, the invasive breast cancer incidence for White females (142.5) was greater than that for Black females (109.2) in Chester County. In PA, the rate of breast cancer in white females (131.9) was higher than the rate in black females (126.3).

Source: Cancer Incidence. EDDIE(Online) 2012 - 2014

Health Status: Breast Cancer

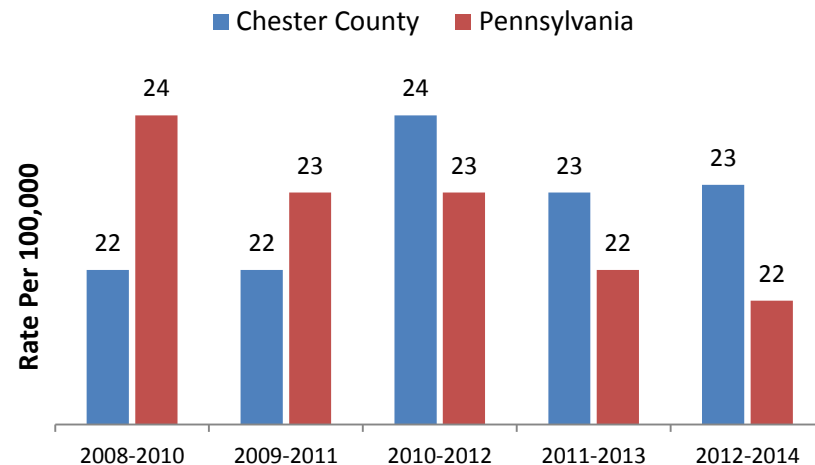
The rate of deaths due to female breast cancer in Chester County compared to Pennsylvania is similar.

Age: In Chester County, women age 85 and older had the highest rate of deaths due to breast cancer (215.9). Overall, the rate of deaths due to breast cancer increased with age.

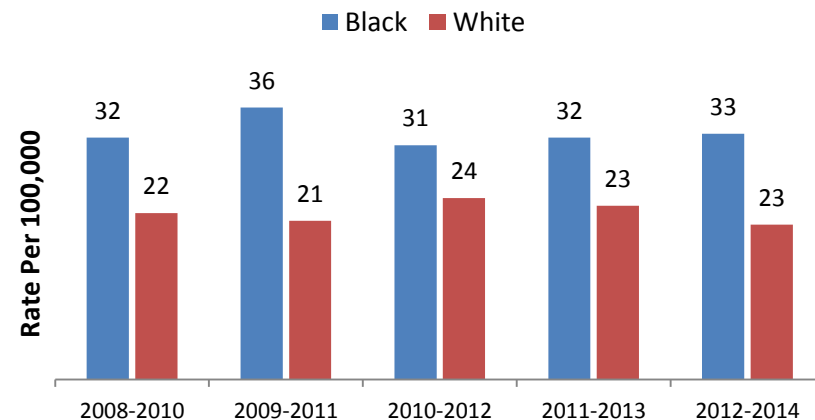
Race/Ethnicity: In Chester County, although Black women have a lower rate of breast cancer incidence, they have a higher rate of death due to breast cancer compared to White women.

Source: Pennsylvania Dept. of Health.
Deaths. EDDIE (Online) 2012-2014.

Female Breast Cancer Deaths

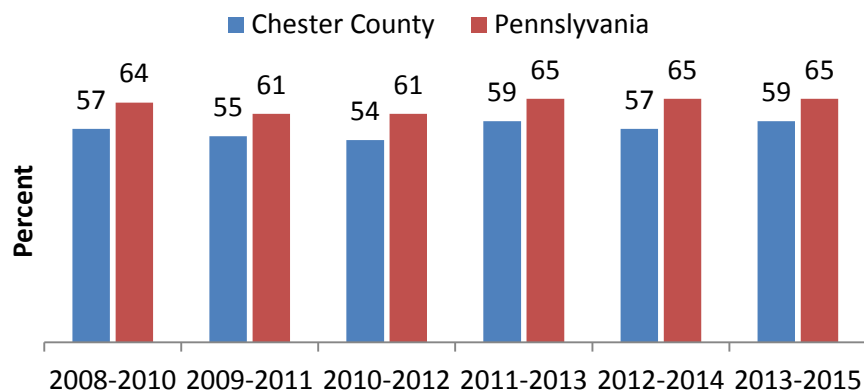


Female Breast Cancer Deaths by Race Chester County



Health Status: Overweight

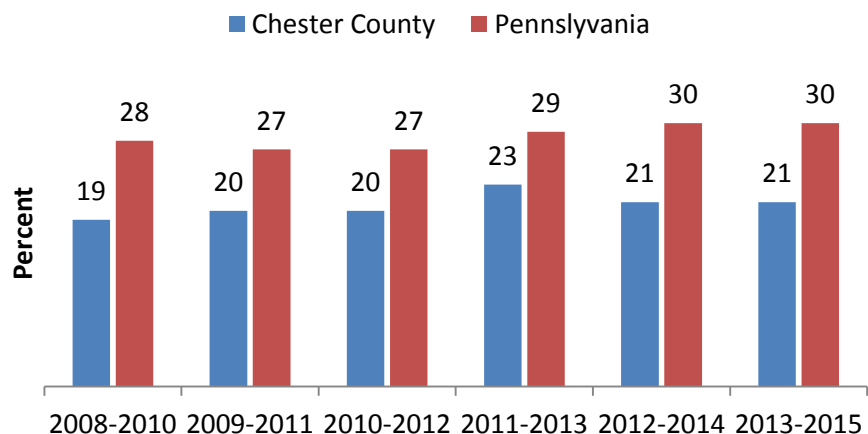
**Overweight and Obese
BMI 25 and Greater**



Age: In Chester County, the age group 45-64 had more respondents with BMI equal to or greater than 25 (68%) compared to those age 18-44 (48%), and 65 and older (64%).

Education: Those respondents with education less than or equal to a high school diploma (63%) were more likely to have a BMI equal to or greater than 25 compared to respondents with a college degree (53%) in Chester County.

Obese (BMI 30 or Higher)



Gender: Males were more likely to be overweight or obese (68%) compared to females (49%) in Chester County.

Health Status: Maternal & Child Health

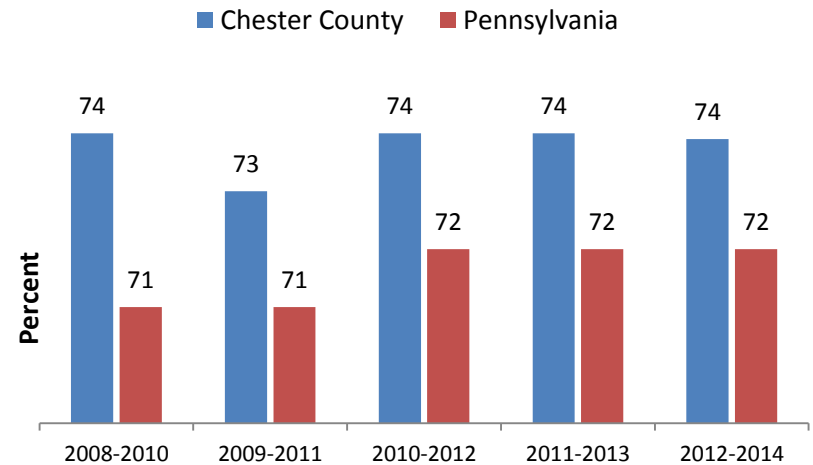
Pregnant women in Chester County are more likely to receive prenatal care in the first trimester compared to pregnant women in Pennsylvania overall.

Age: In Chester County, less than half of pregnant women age 15-17 (40.1%) and age 18-19 (43.5%) receive prenatal care during the first trimester. About half of pregnant women age 20-24 receive prenatal care during the first trimester (53%). Pregnant women age 25 and older have higher percentages of prenatal care during the first trimester, ranging from 71.8% to 82.3%

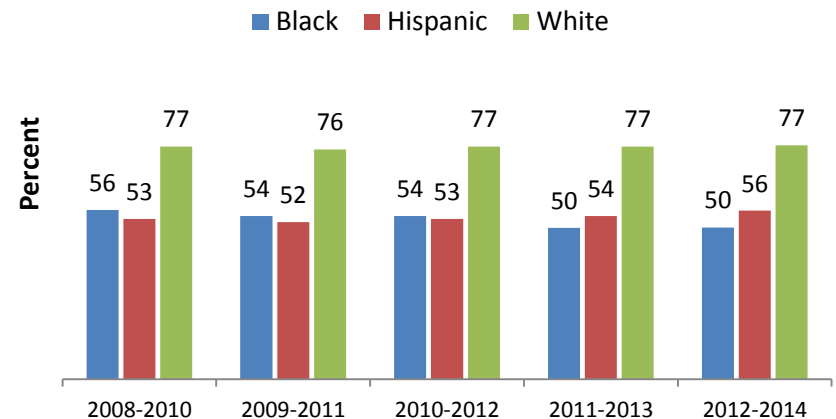
Race/Ethnicity: In Chester County, Black and Hispanic pregnant women have similar rates of prenatal care during the first trimester, and are lower than the rates for White pregnant women.

(Source: Birth EDDIE (Online) 2012-2014.)

Prenatal Care in First Trimester

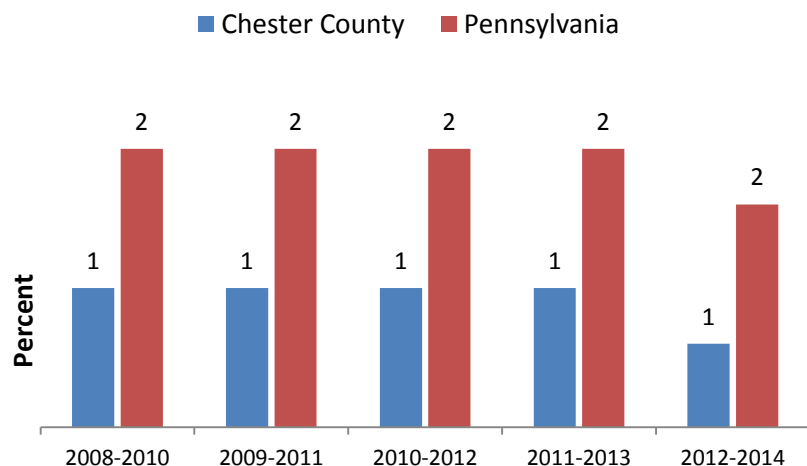


**Prenatal Care in First Trimester
Chester County, PA**



Health Status: Maternal & Child Health

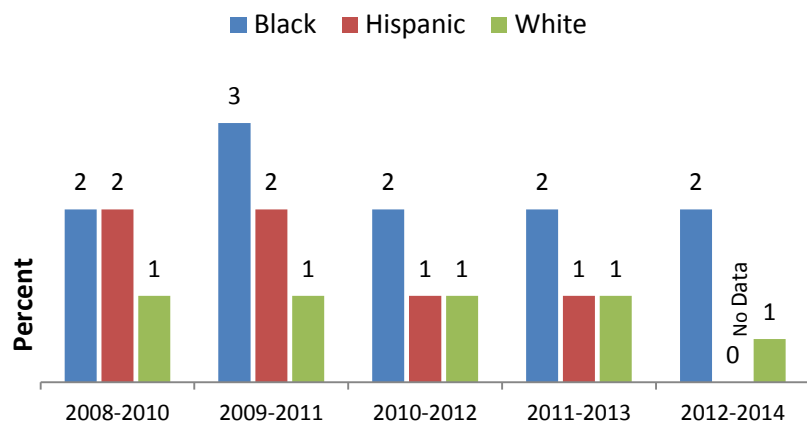
No Prenatal Care



Chester County's percentage of pregnant women receiving no prenatal care during pregnancy is half of Pennsylvania's rate.

Age: In Chester County, pregnant women age 20-24 have the highest percentage of no prenatal care (1.0%).

No Prenatal Care Chester County, PA



Race/Ethnicity: In Chester County, a higher percentage of Black and Hispanic pregnant women receive no prenatal care during pregnancy compared to White pregnant women.

Source: Births.EDDIE (Online) 2012-2014)

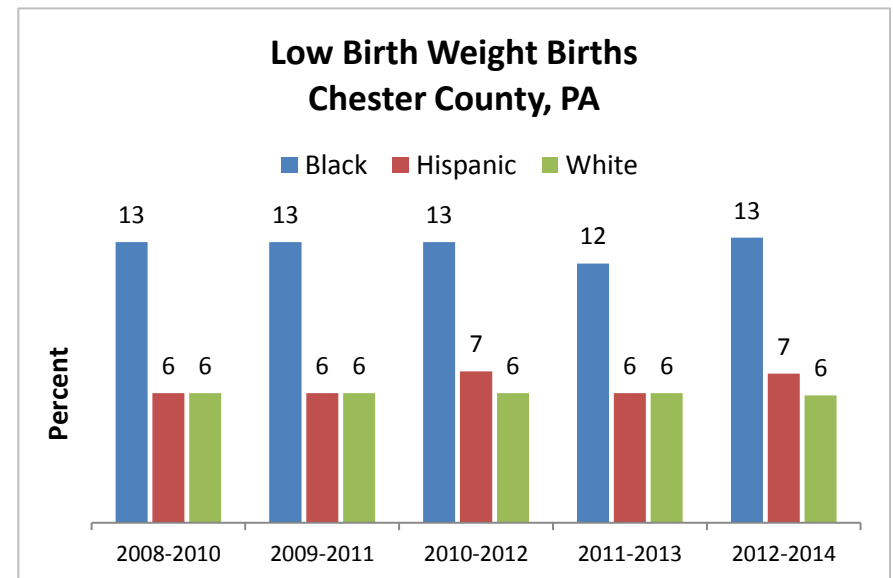
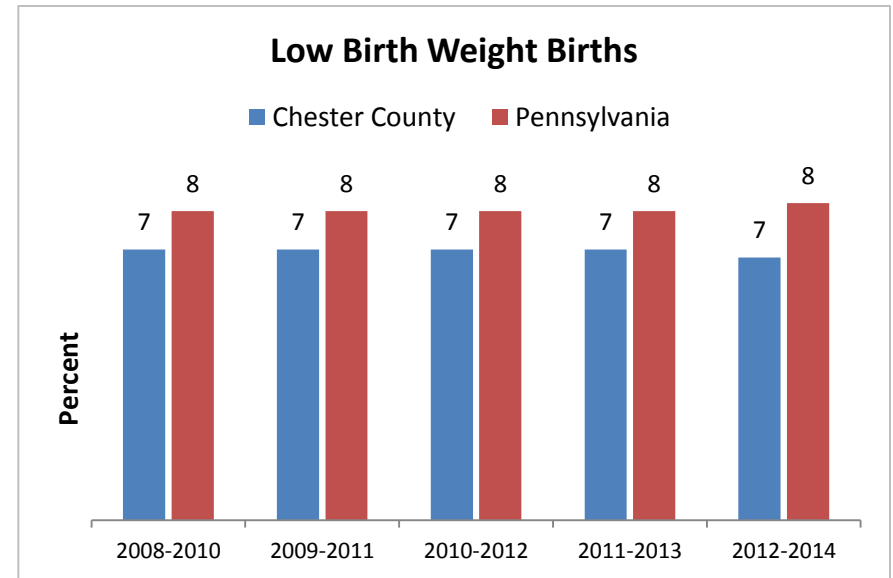
Health Status: Maternal & Child Health

Low birth weight is defined as babies born at less than 2500 grams or less than 5 pounds and 9 ounces. The percentage of babies born at low birth weight is lower in Chester County than in Pennsylvania.

Age: In Chester County, women age 40 to 44 have the highest percentage of low birth weight babies (9.9%) compared to other age groups. All other age groups have a percent low birth weight between 6.1% and 8.5% .

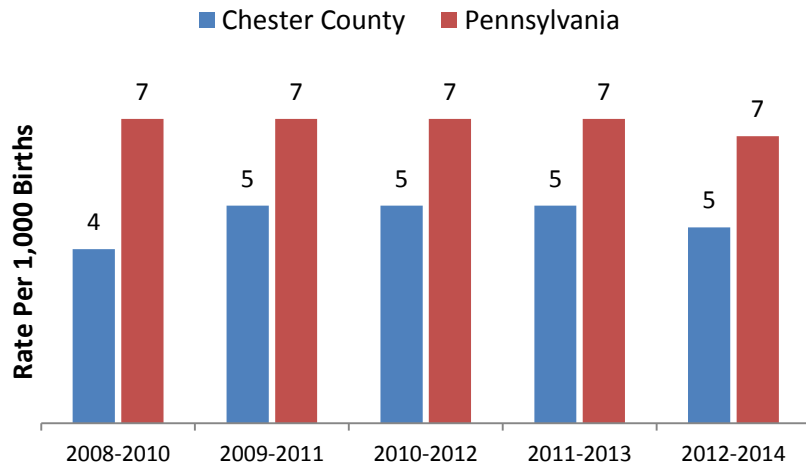
Race/Ethnicity: Black women in Chester County have approximately double the percentage of low birth weight babies compared to White and Hispanic women.

Source: Births.EDDIE (Online) 2012-2014)



Health Status: Maternal & Child Health

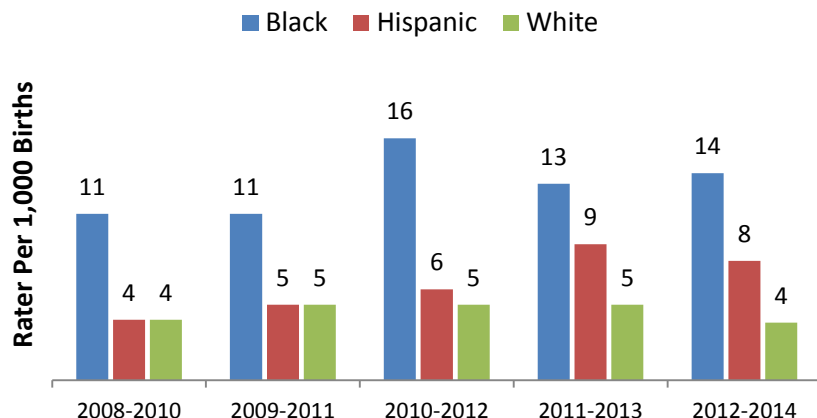
Infant Deaths



Infant mortality refers to infant deaths that occur under one year of age. Neonatal deaths refer to infant deaths that occur within the first 27 days of life. Postneonatal deaths refer to infant deaths that occur between one month (28 days) and 364 days of age.

Age: In Chester County, the infant mortality rate is highest among infants less than 28 days of age (3.6 per 1,000 live births). The infant mortality rate for infants age 28-364 days of age is 0.9 per 1,000 live births .

Infant Deaths Chester County, PA



Race/Ethnicity: In Chester County, the infant mortality rate for babies born to Black mothers is greater than that for Hispanic or White mothers.

Source: Births.EDDIE (Online) 2012-2014)

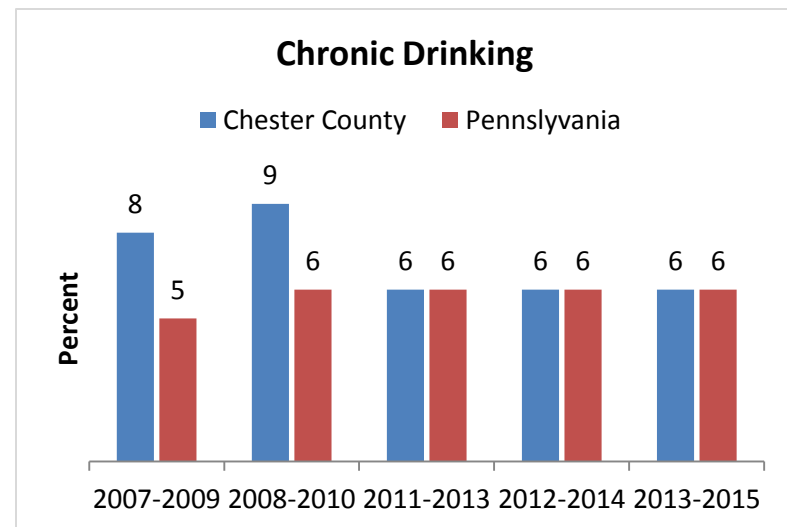
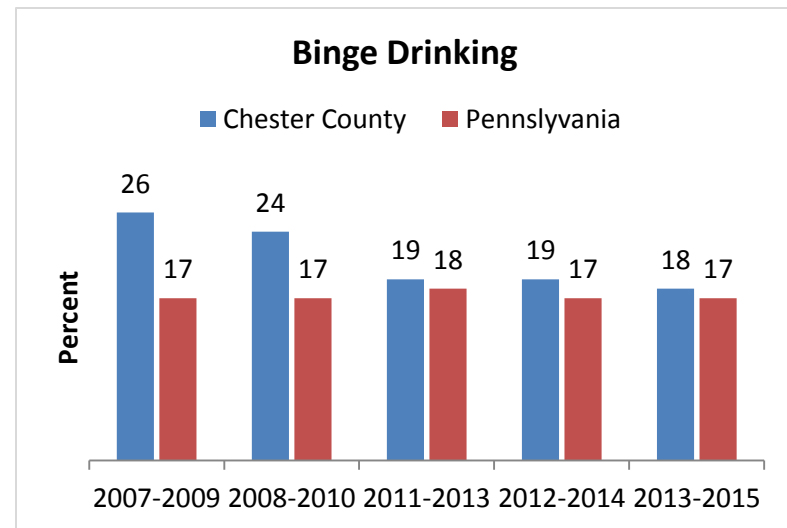
Health Status: Alcohol Consumption

Binge drinking is defined by males having 5 or more drinks on one occasion and females having 4 or more drinks on one occasion. Chester County residents (18%) more commonly indicated binge drinking compared to PA residents (17%).

Age: In Chester County, the age group 18-44 reported the highest percentage of binge drinkers (28%) compared to the other age groups: 45-64 (17%), 65 and older (3%). With regard to chronic drinking, the highest percentage was in age groups 18-44 (7%), compared to the other age groups: 45-64 (5%), 65 and older (6%).

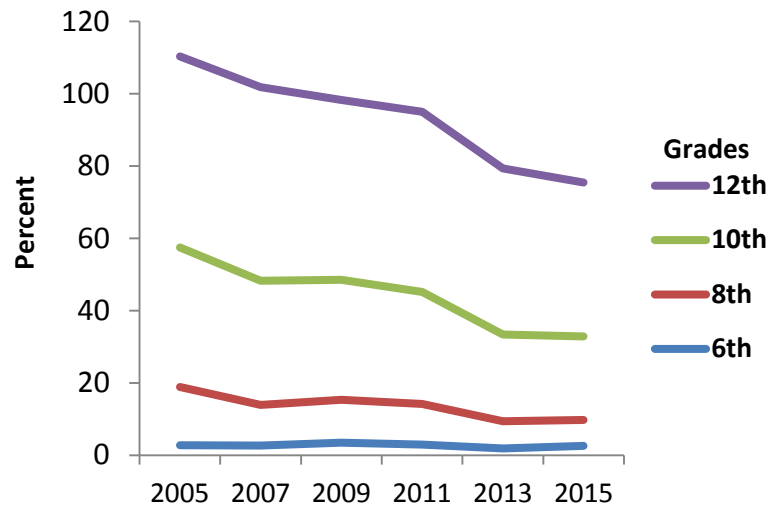
Education: Fewer respondents with an educational level of less than or equal to a high school diploma (17%) reported binge drinking compared to respondents with a college degree (18%) within Chester County.

Gender: In Chester County, males more commonly reported binge drinking (26%) compared to females (8%).



Health Status: Alcohol Consumption

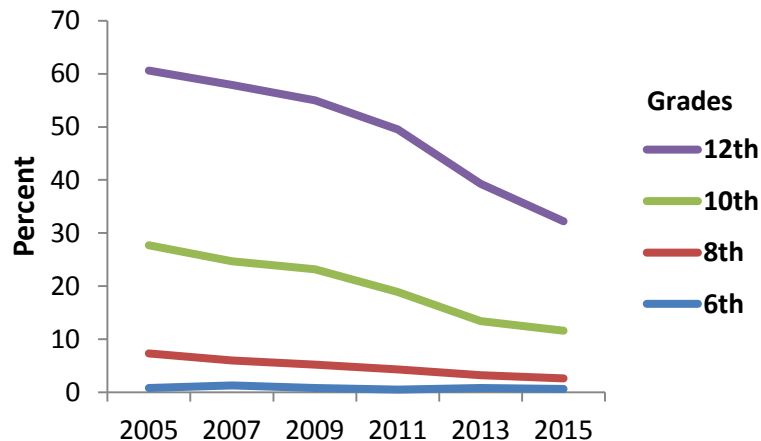
Adolescent Alcohol Use in Past 30 Days



Alcohol use in the past 30 days is a better indicator of regular alcohol use compared to lifetime use. Adolescent alcohol use in the past 30 days has shown fairly steady declines from the 2005 to 2015.

The percentage of adolescents using alcohol increases with grade level. In Chester County, 42.5% of 12th grade students and 23.1% of 10th grade students reported using alcohol. The percentage of Chester County 12th graders using alcohol is higher than the Pennsylvania (37.6%) average.

Adolescent Binge Drinking



Binge drinking is defined as a report of five or more drinks in a row within the past two weeks. Studies have shown that binge drinking is related to higher probabilities of drinking and driving and injury due to intoxication.

Health Status: Other Observations

- The percentage of county residents who do not exercise regularly increased by 11% since 2010. (Source: Community Health Database Southeastern PA Household Health Survey. 2006-2115)
- In 2015, 48% of women in the county reported not having a Pap smear test during the past year. The same is reported for Southeastern PA.
- (Source: Community Health Database Southeastern PA Household Health Survey. 2006-2115)
- Black women in Chester County have a higher rate of deaths due to breast cancer compared to White women, though they have similar rates of incidence. The Lower Oxford area of Southern Chester County has a higher mortality rate among Black women than other areas. (Source: PA Dept. of Health)
- Black males have both higher incidence and mortality rates than White males for lung, colon and rectal and prostate cancers. (Source: PA Dept. of Health)

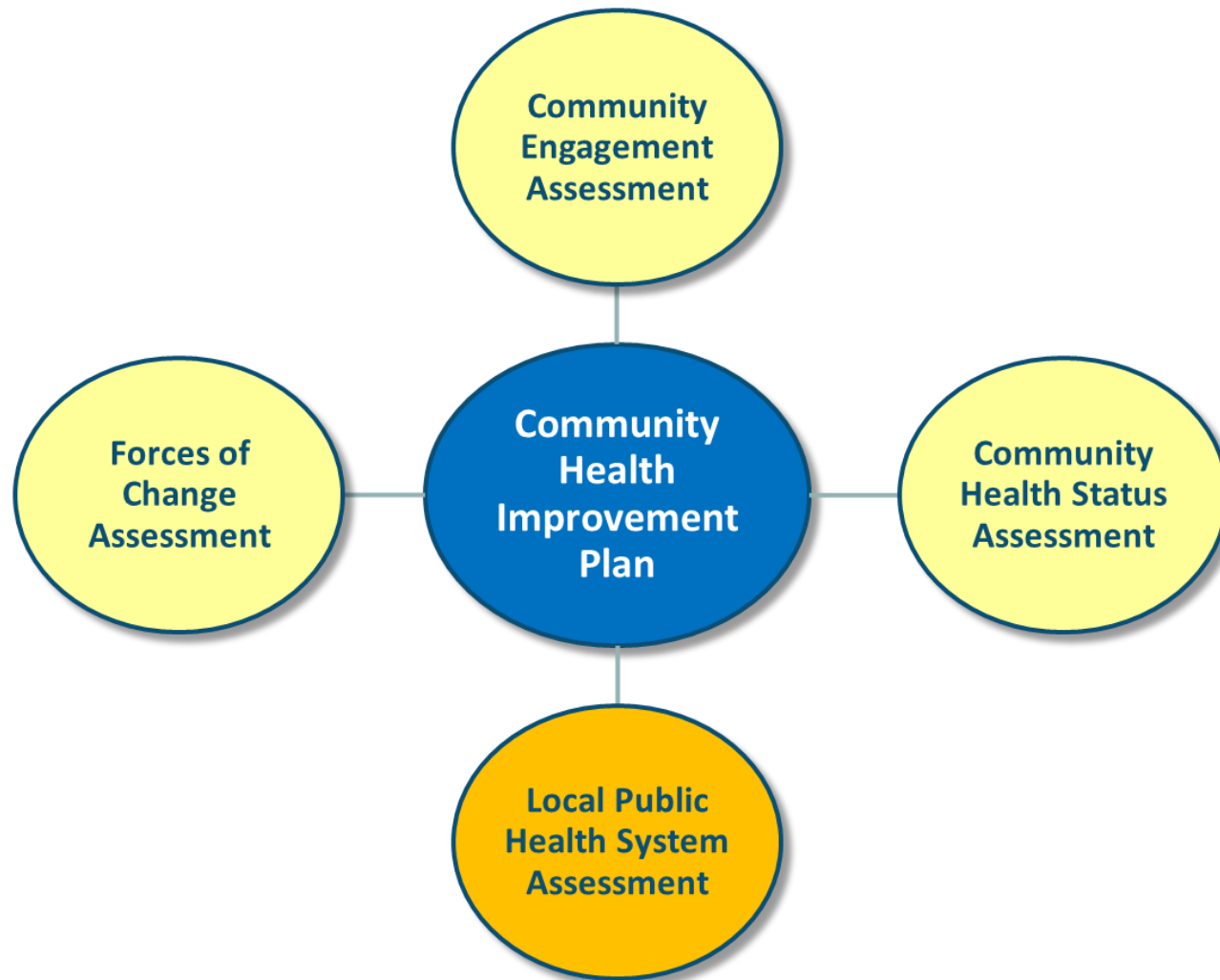
Health Status: Other Observations

- Melanoma incidence rates in Chester County remain higher than the state. (Source: PA Dept. of Health)
- The highest incidence of melanoma occurred in the 80-84 age group, and is highest among males. Deaths due to melanoma are also higher among males. (Source: Cancer Incidence: EDDIE (Online) 2010-2012)
- Crime Index Offenses in 2015 indicate that Part II offenses, though overall lower than the region or the state, are higher for DUI, liquor law violations and drunkenness compared to the Southeastern PA region and the state. (Source: PA State Police. Annual Crime in PA Reports. Pennsylvania Uniform Crime Reporting System (Online) 2015)
- The percentage of adults in Chester County who report smoking all or most days has steadily declined and is slightly less at 15.3% than the Southeastern PA region at 17.1%. (Source Community Health Database Southeastern Pennsylvania Household Health Survey. 2015)
- The percentage of adolescents who report smoking cigarette in the past 30 days has steadily declined since 2003. (Source: Pennsylvania Youth Survey Report for Chester County. 2003-2013)

Preamble to Remaining Assessments

- The following sections will provide information regarding the assessments conducted by the original RoadMAPP Partnership reported in the 2014 CHNA.
- Because the plan was developed for 2014-2019, they remain the relevant facts supporting the identified priority areas on which our Implementation Plan is built, using the updated Health Status assessment presented earlier in this document.

RoadMAPP Assessments: Public Health System



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.
 1. 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.

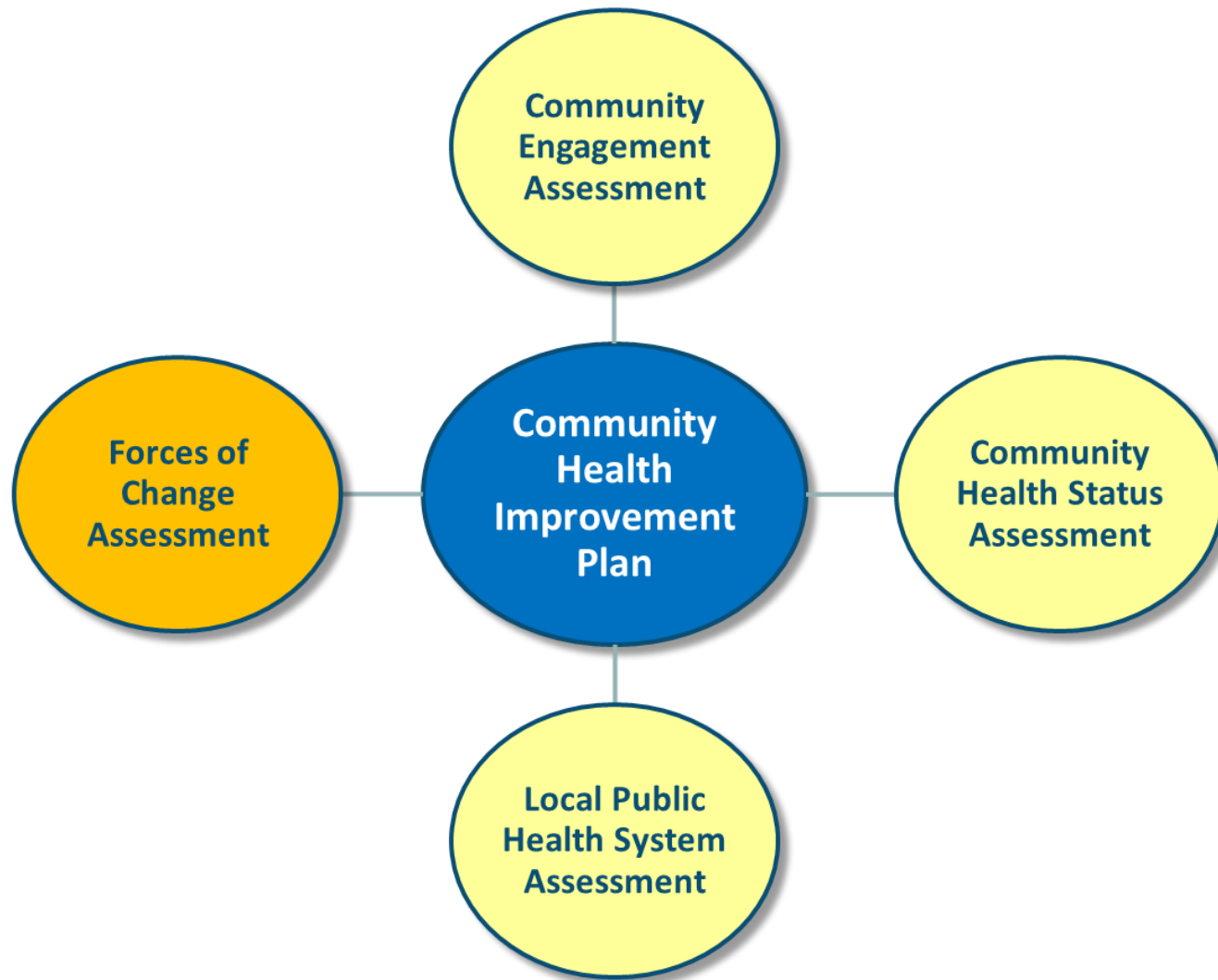
Public Health System: Map Layers

- 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: 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)

RoadMAPP Assessments: Forces of Change



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

Forces of Change: Factors

Factors	Challenges	Opportunities
<ul style="list-style-type: none">Public transportation is a problem (large, dispersed, urban/rural geographies)	<ul style="list-style-type: none">Everyone needs a carServices are far awayExpensive to have satellite offices	<ul style="list-style-type: none">Working on trailsWalkable communitiesMobile vansTechnology to monitor health in the home
<ul style="list-style-type: none">Hidden and dispersed poverty throughout the county; newly poor individuals/families	<ul style="list-style-type: none">Lack of awarenessInvisible poverty (under-employed)Lack of ongoing giving (seasonal, food donations, etc.)	<ul style="list-style-type: none">Decrease stigma of "need"More advocacy for mixed housing
<ul style="list-style-type: none">High stress/fast paced schedules	<ul style="list-style-type: none">Fear of job lossComplexity (technology, global issues)	<ul style="list-style-type: none">Walking reduces stressBuild in rewards for rest and relaxation

Forces of Change: Trends

Trends	Challenges	Opportunities
<ul style="list-style-type: none"> Decreased government funding More competition for limited resources 	<ul style="list-style-type: none"> Weak private funding (economic impact, financial markets) 	<ul style="list-style-type: none"> Collaboration Efficiencies, increased cost control and use of best practices Increased accountability – are the resources being put to their best possible use?
<ul style="list-style-type: none"> Immigration and increasing cultural diversity 	<ul style="list-style-type: none"> Changing complexion of county Discrimination Communication issues Health care (no preventative) 	<ul style="list-style-type: none"> Community enrichment Strong work ethic
<ul style="list-style-type: none"> Aging baby boomers 	<ul style="list-style-type: none"> Sandwich generation Increased need for health care Aging in place Delayed retirement 	<ul style="list-style-type: none"> Opportunity for volunteers Intergenerational familial help
<ul style="list-style-type: none"> Economic pressures – increase in poverty and foreclosures 		

Forces of Change: Events

Events	Challenges	Opportunities
<ul style="list-style-type: none"> • Passage of the Affordable Care Act 	<ul style="list-style-type: none"> • Magnitude • Still somewhat undefined • Need for training of first line responders • Capacity for primary care • Doesn't cover everyone • Enduring need for safety net • Finding time/incentive for collaboration 	<ul style="list-style-type: none"> • Advocacy • Expand coverage (undocumented) • Educators give skills to navigate
<ul style="list-style-type: none"> • High Tech Act 	<ul style="list-style-type: none"> • Mandated investments • Some organizations not inclined to share information • State health insurance exchange / cost of changing infrastructure 	<ul style="list-style-type: none"> • Availability of data to effectively manage populations • Opportunity for self-management • Sharing of information among providers • Better outcomes • Collaboration
<ul style="list-style-type: none"> • Transitions in Care / Navigation Systems 		<ul style="list-style-type: none"> • Coordination of care • Groups come together to advocate

Resulting 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

Strategic Questions and Themes

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

Strategic Questions and Themes

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.

Summarized and Prioritized Key Findings

- **Key Finding #1:** Pregnant Hispanic and African American women seek prenatal care later in their pregnancies compared to Caucasian women. As a result, the percentage of African American babies born in Chester County with low birth weight is significantly higher compared to white and Hispanic babies. Further, infant mortality rates in Chester County are also higher for black infants (13.62 per 1000) than all other races/ethnicities tracked (3.99 overall).
- **Key Finding #2:** More than one in ten residents (11.4%) in Chester County speak a language other than English at home. Based on input from the Hispanic community, the health care and social service system across the county has too few Spanish-speaking health care providers and translators. Consequently, there is a perceived lack of sufficient explanation of health issues, care and treatment options.
- **Key Finding #3:** Cancer incidence rates for melanomas, breast cancer and prostate cancer are statistically higher in Chester County than in Pennsylvania. Cancer experts in the county believe that the higher rates are due, in part, to aggressive screening programs that detect cancers in their earlier and more treatable stages, but organization wish to continue their efforts to educate the public on actions that they can take to reduce their long-term risk of cancer.

Summarized and Prioritized Key Findings

- **Key Finding #4:** While the percentage of overweight adults in Chester County is lower than the statewide average (56% vs. 64%), the rate remains high. Organizations across the county need to continue efforts to encourage and support individuals to take action in their own health management and well-being, including prevention.
- **Key Finding #5:** Based on a community-wide survey, respondents rated “substance abuse” and “mental health problems” as the top two greatest health problems facing the community. In addition, alcohol abuse, drug abuse and obesity were rated at the top three riskiest behaviors.
- **Key Finding #6:** Alcohol use among high school students remains high with 50% of 12th graders reporting using alcohol in the past 30 days; 33% of 10th graders; and 22% of 8th graders.
- **Key Finding #7:** The community would benefit from a centralized repository of all available health and social services that is easily accessible and well publicized.

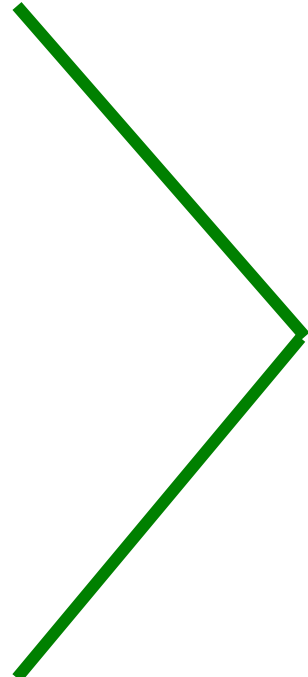

Key Priorities Streamlined for 2017

Upon the reflection by the Partnership on the updated Community Health Assessment data and the progress made since the original plan it became evident that the original five priorities did not need to change, but they needed to be streamlined.

Priority Areas for Health Improvement

- The five original priorities have been streamlined into three:
 - Wellness and Disease Prevention
 - Coordinated Behavioral & Physical Health
 - Social, Environmental & Economic Factors
- The remaining two are now considered “connecting threads” between the other two.
 - Cultural Competence & Health Equity
 - Awareness of Community Resources

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
 - **Prioritized Key Findings**
 - **Development of specific plan for Penn Medicine Chester County Hospital**
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**Community Health
Improvement Plan**

2017

VII. Community Facilities and Other Resources



Penn Medicine

Chester County Hospital

Resources

The vast network of RoadMAPP partners indicated earlier in this report list some of the important resources within the community available to collaborate on significant health problems. Among those particularly related to the identified needs of the CHNA are:

- Maternal Child Health Consortium
- Chester County Health Department Nurse Family Partnership
- La Comunidad Hispana
- Community Volunteers in Medicine
- United Way of Chester County
- ChesPenn Health Services
- Chester County EMS council
- Chester County Food Bank
- Holcomb Behavioral Health
- West Chester Area School District
- West Chester Senior Center

Resources (continued)

Collaboration is a key feature of effective community outreach to address health status. The following is a list of community partners for outreach and education.

- Faith Community Nursing Taskforce
- Community Care Coalition of Chester County
- Communities That Care (CTC)
- Chester County Health Department
- Tobacco Coalition of Chester County
- Drug taskforce
- American Heart Association
- American Cancer Society
- West Chester YMCA
- Aiden's Foundation

Resources (continued)

- Several significant resources allowing the hospital to address the health status needs of the community are actual departments of the hospital engaged in community benefit and community outreach. These include:
 - Community Health Education
 - Childbirth Education
 - Diabetes and Nutrition Services
 - The Prenatal Clinic
- Services are offered in several campus locations that allow for improving and expanding access to care. These include:
 - Penn Medicine Southern Chester County
 - Kennett Medical Campus
 - Fern Hill Medical Campus
 - Penn Medicine Exton
 - Penn Medicine Valley Forge

VIII. CHNA Report Widely Available to the Public



Penn Medicine

Chester County Hospital 100

Public Availability of CHNA

- This document is posted on the hospital website at:
www.chestercountyhospital.org.
- The document is downloadable by the public and may also be requested as a printed and mailed version by:
 - calling the Wellness Call Center to make the request at (610-738-2300)
 - submitting the request online at
www.chestercountyhospital.org/contact-us

IX. Evaluation of Prior CHNA Impact



Penn Medicine

Chester County Hospital 102

Implementation Plan Highlights

The 2014-2016 Community Health Implementation Plan addressed how PMCCH would respond to the five prioritized needs for health improvement within its major service areas. The following represents significant actions taken:

African American Infant Mortality and Maternal Prenatal Care:

- A taskforce was initiated in 2014 to address barriers and needs. PMCCH subsidizes the salary of a nurse practitioner in the ChesPenn Clinic located in a low income area with a high African American population density to enhance access to care for these women.
- PMCCH continues to subsidize the prenatal and delivery costs of uninsured women through the Prenatal Clinic. Low birth weight incidence has been maintained at 4% which is well below the 2020 goal of 7.8% (low being good).
- A prenatal clinic in Kennett Square continues to serve the needs of this Hispanic community, both eliminating barriers and providing culturally sensitive care.

Impact Highlights

Interpreter and Translation Services

- 100% of hospital interpreters complete a Profluent and ACTFL speaking test and a 40-hour training program before providing interpreter services.
- The language line is was made capable of interpreting for 74 languages and is maintained at all times for healthcare interpreter needs.
- Bilingual dietitian added to outpatient program to address needs of Hispanic women with gestational diabetes.
- Successfully prepared for review by JCAHO for “Advancing Effective Communication, Cultural Competence and Patient and Family-Centered Care”.
- Penn Family Medicine of New Garden continues to provide primary care to the Hispanic community in this area of Chester County.

Impact Highlights

Cancer screening and prevention programs

- Linda Creed breast cancer screenings offered to uninsured women twice yearly.
- Large scale breast cancer awareness event provided to African American women in Oxford, PA area where mortality rates from breast cancer were noted to be significantly higher than white counterparts.
- Breast cancer presentations offered at La Comunidad Hispana and to Mushroom Farm workers in Kennett Square area to reach Hispanic women.
- Survivorship Care Plans implemented
- Psychosocial Counseling implemented – Cancer Care Connections
- Participation in Wellness Days - Unite for Her
- Sponsorship and participation in annual Relay for Life events with ACS.
- Ongoing Support Group offerings for:
 - Coping with Cancer (all cancers, and one for Gyn Onc)
 - Art Therapy
 - Renew, Refresh, Revitalize
 - Survivorship Next Steps (English and Spanish)
- Free Smoking Cessation programs offered monthly.

Impact Highlights

Chronic Disease Prevention

- National Diabetes Prevention Program implemented with 4 cohorts completed.
- Outpatient diabetes program expanded to two additional sites to improve access to care (West Grove and Valley Forge).
- Annual average of 40 blood pressure screenings at community sites.
- Lifestyle management support group implemented to support behavior change for weight management and other lifestyle behaviors.
- County-wide outreach education conducted on emergency response to a sudden cardiac arrest with improvements noted in both survival and arrival by ambulance rather than private vehicle.
- Annual average of community health programming 400 programs reaching 10,000 individuals through classes, community events and educational services.
- Participation in Activate Chester County initiative to reduce rates of obesity.
- Senior HealthLink program has an average of 7000 senior contacts annually via blood pressure screenings, educational programs, fall prevention programs etc.

Impact Highlights

Additional Areas of Impact

- PMCCH developed and implemented a Paramedicine Program to address the multifactorial needs of high risk patients being discharged to home.
- Implemented a Patient and Family Advisory Committee in 2016.
- Active involvement of Emergency Medicine in Chester County Opioid Taskforce.