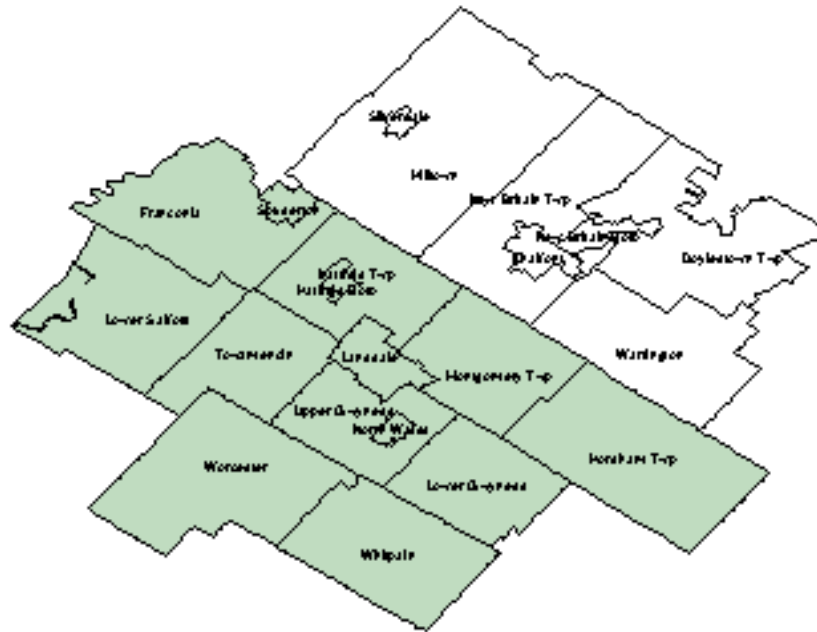


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# NORTH PENN COMMUNITY HEALTH NEEDS ASSESSMENT

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Submitted to:  
North Penn Community Health Foundation  
1101 South Broad Street  
Lansdale, PA

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260 South Broad Street  
Philadelphia, PA  
November, 2002

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# NORTH PENN COMMUNITY HEALTH NEEDS ASSESSMENT

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**November, 2002**

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# **NORTH PENN COMMUNITY HEALTH NEEDS ASSESSMENT**

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## **EXECUTIVE SUMMARY**



# NORTH PENN COMMUNITY HEALTH NEEDS ASSESSMENT

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## EXECUTIVE SUMMARY

This report presents findings from an assessment of the health care and social service needs of North Penn area residents conducted for the North Penn Community Health Foundation by the Philadelphia Health Management Corporation (PHMC), a private non-profit public health organization. The purpose of this assessment is to guide Foundation efforts to serve the community by improving the health and quality of life in the community. The methodology used in the needs assessment included collecting and analyzing information from a variety of primary and secondary sources, including: PHMC's 2000 Southeastern Pennsylvania Household Health Survey, the United States Census, the Pennsylvania Department of Health's vital statistics, as well as six focus discussion groups of residents and guided interviews with 20 key leaders in the community. The findings and recommendations highlighted in this executive summary and discussed in detail in the report are based on information from these sources. For many of the findings, the U.S. Surgeon General's goals for the nation for the Year 2010 (*Healthy People 2010*) are used as a benchmark to measure whether improvements in the North Penn area are needed. For other findings, the comments of key informants and focus group participants, as well as information from PHMC's 2000 Southeastern Pennsylvania Household Health Survey, are used to determine whether the findings indicate the need for new services or an expansion or refinement of existing services.

Although the overwhelming majority (90%) of adults in the North Penn area report being in excellent or good health, a substantial number - over 20,000 adults and 4,000 children - are in poor health. Many of these individuals face economic, systemic and social barriers to obtaining primary, preventive health care which can place an undue burden on the health care system through more serious, subsequent chronic health problems, increased absences from school and work, increased rates of communicable diseases, and the use of the emergency department visits for non-urgent conditions.

The key findings below highlight the specific areas in which programs sponsored by the Foundation could make a difference in the health and lives of residents in the North Penn area who are in need of services. The findings are followed by specific recommendations for programs in five priority areas of need: communication, primary care, preventive health care, services for non-English speakers, and voluntarism. This is followed by recommendations for programs in other areas which would be of service to the community.

## KEY FINDINGS

### Population Trends

Changes in the characteristics of the population of the North Penn area over time are helpful in pinpointing current and future needs for services. For example:

- **The total population of the area has grown 23.9%** over the past decade and is expected to continue to grow an additional 6.0% to 284,775 persons by 2005. This indicates that there will be a greater need for all types of services, and greater congestion in the area, particularly in Montgomery and Franconia Townships, where the greatest growth has occurred (growth of 76.9% and 57.2%, respectively).
- The racial and ethnic diversity of the area has increased by the immigration of sizeable numbers of immigrants. **By 2005, it is estimated that there will be over 6,000 Latinos and 14,000 Asians in the area.** Many of these immigrants speak little or no English, have low incomes, and do not have health insurance. This indicates a need for low cost health and social services which are linguistically appropriate and culturally sensitive.
- **Poverty** is associated with higher rates of acute and chronic illness and mortality, in part due to reduced access to medical care and decreased opportunity to engage in healthier behaviors. Despite the overall economic prosperity of the area, **over 12,000 North Penn area residents live in households with incomes at or below 150% of the Federal Poverty Level**, which was \$17,050 for a family of four in 2000. These 12,000 residents need low cost health and social services.

## Health Status

Persons in poor health use more health care services, accounting for a disproportionate share of health care costs. Although the overwhelming majority of adults in the North Penn area (90.1%) rate their health as good or excellent, one out of ten residents, or **over 20,000 North Penn area adults, are in fair or poor health**. Many of the health conditions experienced by these residents could be avoided or ameliorated through earlier, preventive care and changes in health habits. Several diseases in the North Penn area are more prevalent than standards established by the U.S. Surgeon General's goals for the nation. Programs which target prevention and early detection and treatment of these conditions are important in reducing the costly burden of these diseases in the North Penn area. These conditions are:

- **Cardiovascular disease.** Over 44,000 adults suffer from high blood pressure (22.0%), which does not meet the U.S. Surgeon General's Healthy People 2010 goal (16.0%). High blood pressure is an important factor in **strokes**, which cause disability and death. There are an average of The age-adjusted death rate due to stroke (70.2 per 100,000 population) in the North Penn area is substantially higher than the target rate set by Healthy People 2010 (48.0).
- **Cancer.** Many types of cancer can be prevented by changes in health behaviors, such as smoking and diet, and deaths can be prevented through early detection and treatment. In the North Penn area early detection and treatment of all cancers, and **female breast cancer** in particular, should be emphasized because rates for death due to cancer (189.6 and 158.7, respectively) and female breast cancer (27.8 versus 22.2) for the North Penn area are higher than the Healthy People 2010 target rate set by the U.S. Surgeon General.

## Access to Care

Access to a source of continuous, quality primary care is essential to good health. Three factors which serve as a barrier to accessing health care include:

- **not having health insurance**, or having inadequate insurance;
- **linguistic and cultural differences**; and
- **a lack of knowledge or awareness** that care is needed or where care can be accessed.

These are all barriers to care for many individuals in the North Penn area. For example:

**Nearly 9,000 adults in the area (4.3%) are without any private or publicly funded coverage.** Some of these adults may qualify for primary care coverage from adultBasic but may be unaware of its existence or their eligibility. However, adultBasic does not cover prescriptions or dental, vision or mental health care. There are few sources of low cost primary care locally. The nurse- managed clinic at Community Housing Services, Inc. in Lansdale is in the process of renovation and has limited hours and the other clinic for uninsured adults, HealthLink, is some distance away in Southampton, Bucks County. Suburban General Hospital's Family Practice Center in Norristown serves uninsured and underinsured adults but does not provide dental care or prescriptions. Moreover, many adults in the area are insured but are unable to afford the cost of insurance co-pays and deductibles. Others lack coverage for important ancillary items such as dental care, prescription medications, or eyeglasses and do not have the available income to pay for these items.

- In the past year, over 28,000 adults in the North Penn area were unable to obtain needed dental care due to the cost, over 15,000 were unable to afford filling a necessary prescription, and over 9,000 of were unable to afford needed health care.
- Over 21,000 North Penn area adults do not have prescription medical coverage.
- Over 45,000 area adults (22.6%) do not have dental insurance.

The nearest free dental clinic for North Penn residents is at HealthLink in Southampton, Bucks County, some distance away. Also, many adults may be unaware of the free prescriptions which are available through local pharmaceutical companies, or have a prescription which is not manufactured by those companies. This indicates a need for more support for primary care, dental care, and prescriptions for uninsured adults.

**Linguistic and cultural differences** also serve as a barrier to health care for many of the 8,000 Latino and 14,000 Asians in the area. Many of these individuals are uninsured because their employers do not provide health insurance or the employees cannot afford to have the cost deducted from their pay check. Those immigrants who are in this country illegally are not eligible for Medical Assistance or adultBasic. Many of these immigrants do not speak English. Hospital in-patients and out-patients who do not speak English can access translation services at Central Montgomery Medical Center by using the 24-hour AT&T language line conference call service or the hospital's bank of staff who are willing to



act as interpreters. However, few physicians or their staff in the area speak Spanish, and there are none who speak Bengali or Gujarati, the two Indian languages most commonly spoken by Indian immigrants. In addition, few physicians or their staff in the area speak Spanish, and there are none who speak Bengali or Gujarati, the two Indian languages most commonly spoken by Indian immigrants. Many patients bring family or friends to interpret for them, but this often results in poor quality care due to errors in translation and reticence on the part of the patient to discuss personal issues in front of a family member or friend. Existing translation services in this area which are available free of charge to the patient, such as those provided by Central Montgomery Medical Center and the Indian Valley Opportunity Council, cannot fill the current need. This is evidence that providing increased translation services for consumers of health and social services would improve their health status, avoiding more costly health problems in the long run.

## Health Behaviors

A healthy lifestyle is critical in preventing many serious health problems, since **poor health habits such as overeating and smoking cigarettes are directly related to serious illnesses**, such as heart disease, high blood pressure, and cancer. Cigarette smoking is responsible for 90% of all lung cancers, for example. However, **over 33,000 adults in the North Penn area (16.5%) smoke cigarettes**. This is above the Healthy People 2010 goal of 12.0%.

- **Two-fifths of area adults (40.9%) are overweight and 16.5% of area adults are obese**, which does not meet the Healthy People 2010 goal of 15.0% for obesity.

Existing programs aimed at improving health behaviors, such as those provided by the North Penn Visiting Nurse Association, should therefore be publicized more widely and enlarged to accommodate more classes, particularly those which address cigarette smoking and overweight.

## Preventive Screenings

- **Early detection and treatment of disease are also important in reducing health care costs.** Routine health screenings at recommended intervals are the best way to identify diseases at early stages while they may be treated most successfully. In the North Penn area, a substantial number of adult women, especially those who are aged 65 and over, do not receive regular screenings for breast and cervical cancer. This is particularly

important since the rate of death from breast cancer in the area does not meet the goal for the nation for the Year 2010. For example:

- **More than 21,000 women aged 40 and over (36.5%) did not have a mammogram in the past year as recommended by the American Cancer Society;** almost 25,000 women (26.6%) did not have a Pap test for cervical cancer in the past year; and 20,000 adult women (21.5%) did not have a clinical breast exam.

More outreach and education to encourage preventive screenings on a regular basis, especially for mammograms and clinical breast exams for older women, and more publicity for the existing breast health programs provided by the North Penn Visiting Nurse Association are therefore needed.

## **CONCLUSIONS AND RECOMMENDATIONS**

The North Penn area is experiencing population and residential changes. On the one hand, new homes and self-contained retirement communities for the middle and upper-class are increasing. At the same time, the population is becoming increasingly economically and ethnically diverse due to an increase in the number of immigrants, primarily from Asia and South and Central America. These immigrants and others with low incomes, primarily the working poor, compete for a limited amount of affordable rental housing. Also, many of the adults in these low income families lack adequate health insurance coverage and access to a regular source of primary preventive care. Transportation also poses a barrier to receiving health care, jobs, and child care for many residents. The challenge facing the North Penn area is to improve access to health care and other services by maximizing the existing network of health care and social service agencies.

Any new efforts should address the following priority needs:

## NORTH PENN ISSUES AND OPPORTUNITIES

PROBLEM	PRIORITY	OPPORTUNITIES
<p>1. Lack of knowledge of existence and means of accessing needed social and health care services</p>	<p><u>High</u>. Public and private funding for social and health care services is wasted if persons in need do not use them. Use of social and health care services by those in need prevents more serious physical and emotional problems which eventually require greater support from public systems.</p>	<ul style="list-style-type: none"> <li>• Establish and widely publicize a centrally-located, community-wide source of information on community health and social services, such as a website, which can be accessed at local public libraries and schools by persons without computers. Typical sponsoring organizations include local United Ways, hospitals, and community health coalitions.</li> <li>• Provide training to social service and health care providers on assisting clients to access existing services in the area;</li> <li>• Publicize services through PSAs, at community gatherings, print media, building on the work already done by the North Penn Interagency Consortium.</li> </ul>
<p>2. Lack of access to primary medical and dental care and prescriptions for uninsured and underinsured adults</p>	<p><u>High</u>. 8,000 adults lack health insurance; 44,000 lack dental insurance; 20,000 lack prescription coverage. Persons with health insurance are more likely to receive timely preventive medical and dental care, thereby avoiding costly emergency room and hospital charges for more serious conditions.</p>	<ul style="list-style-type: none"> <li>• Increase knowledge of existing insurance programs for low income adults and older adults (adultBasic and PACE), pharmaceutical company programs for prescriptions, and other sources of free ancillary health services, such as eyeglasses from the Lions Club, through presentations at community events, PSAs and print media and facilitate enrollment through physician and provider education and assistance with enrollment at hospitals, physician's offices, and community sites.</li> <li>• Consider increasing the capability of the Health and Wellness Center of Montco-Mercy Nursing &amp; Community Partnership &amp; Community Housing Center, by assisting the expansion of the current site, allowing them to provide more hours of service, and by increasing publicity for the clinic.</li> <li>• Consider funding which would allow the Suburban General Hospital Family Practice Center to allow them to provide dental care and prescriptions as well as primary care for adults and children who are uninsured or underinsured.</li> <li>• Consider encouraging the establishment of a clinic providing primary care, dental care, and prescriptions at low cost or free of charge for uninsured low income adults and children, modeled on the Suburban General Hospital Family Practice Center (primary care only), HealthLink, the Free Clinic of Doylestown Hospital, and Community Volunteers in Medicine in Chester County; and for free prescription, vision, and dental care the Phoenixville Area Community Services Health Programs.</li> </ul>

## NORTH PENN ISSUES AND OPPORTUNITIES

PROBLEM	PRIORITY	OPPORTUNITIES
<p>3. Failure to obtain preventive screenings as recommended and choosing unhealthy lifestyles, especially for groups who tend to not use preventive screenings as often as recommended: males, women aged 65 and over, non-English speaking immigrants, and those with low incomes.</p>	<p>High. Death rates for the North Penn area substantially exceed the U.S. Surgeon General's goals for the year 2010 for stroke and cancer. Death rates for female breast cancer are also above the Healthy People 2010 target. The percentage of residents with high blood pressure in North Penn is above the Healthy People 2010 goal. High blood pressure affects over 39,000 North Penn adults and is related to increased risk of death from stroke and heart disease. Many deaths due to high blood pressure and many cancers could have been prevented by changes in health habits, primarily in diet and in smoking cigarettes, and by early detection and treatment. Prevention and early detection and treatment of these diseases also decreases spending for health care services for the chronically ill. Behaviors which contribute to stroke, all cancers, and breast cancer should be targeted, and preventive screenings for these diseases should be encouraged.</p>	<ul style="list-style-type: none"> <li>• Enhance the capability of the North Penn Visiting Nurse Association to provide increased screenings and health education to the community, and to population subgroups who do not typically use preventive screenings, by increasing funding to serve a larger number of individuals and for increased publicity, particularly the programs which already provide low cost mammograms and clinical breast screens, high blood pressure screens, stroke risk assessment, and overweight. Coordinate and enhance efforts at smoking cessation and prevention with logical partners, such as the Montgomery County Health Department and the County smoking cessation and prevention program funded through the tobacco settlement.</li> </ul>

## NORTH PENN ISSUES AND OPPORTUNITIES

PROBLEM	PRIORITY	OPPORTUNITIES
<p>4. Linguistic and cultural barriers to health care and social services for non-English speaking residents due to a shortage or lack of translators and written materials in Spanish, Bengali, Gujarati, Vietnamese, Cambodian, and Korean.</p>	<p><u>High</u>. Recent increases in the number of non-English speaking immigrants to the area have made this need a priority. Immigrants may not be legal residents, may never have had adequate health care, and may lack insurance coverage. As such, they are very vulnerable to serious health problems and costly hospital stays. An AT&amp;T line for translations and interpreters at Central Montgomery Medical Center helps, but few translation services are available for primary care and social service appointments. Many immigrants bring a friend or relative to translate for them, but this may cause misinformation and may lead to a lack of disclosure of important information due to the lack of confidentiality. The diversity of Indian languages is a special problem, since currently there are no health care providers who speak Bengali or Gujarati, the language most Asian Indian immigrants speak. Translation services in Philadelphia will not travel to North Penn and their fees are unaffordable (\$60/hour).</p>	<ul style="list-style-type: none"> <li>• Provide more funding for translators for individuals who need primary care and speak Spanish, Korean, Vietnamese, Cambodian, Gujarati, or Bengali, at local agencies already providing such services, such as the Indian Valley Opportunity Center.</li> <li>• Encourage the identification and use of volunteer translators for individuals needing primary care through outreach to faith communities, whose congregants often provide these services on an ad hoc basis.</li> <li>• Encourage the growth of community outreach services at the Medical Center based on efforts at Elkins Park, Frankford, Northeastern, and Holy Redeemer.</li> <li>• Provide training for providers in understanding cultural differences and ways in which to improve communication.</li> </ul>
<p>5. Underutilization of the area's volunteers and potential volunteers due to a need for greater capabilities in agencies using volunteers and need for more central coordination of volunteer recruitment and assignment.</p>	<p><u>High to Moderate</u>. North Penn has a wealth of volunteer resources, primarily through its large and strong faith community. Many needs of area residents, including for affordable transportation, mentoring for children, home repairs for seniors, and respite for caregivers, are particularly conducive to volunteer programs and are already targeted by local agencies. However, the need for these services is greater than the supply of volunteers. In addition, volunteer efforts often falter after initial enthusiasm wanes.</p>	<ul style="list-style-type: none"> <li>• Investigate models which provide a central coordination service for volunteer efforts, such as Philly Cares.</li> <li>• Provide training for local non-profits on maintaining and extending their efforts at recruiting volunteers, coordinating efforts with other agencies, and identifying new projects.</li> </ul>

In addressing these issues, new services may not necessarily need to be created, but it will be necessary to make the existing services more accessible by providing support to coordinate activities among agencies and to fill in existing service gaps. Efforts to bring providers together from all sectors to plan how to best meet the needs of the community and how to inform and engage the community will be a good first step towards meeting the mission of the Foundation to improve the health and quality of life of all residents.

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## INTRODUCTION

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This report presents findings from an assessment of the health care and social service needs of North Penn area residents conducted for the North Penn Community Health Foundation. The purpose of this assessment is to steer Foundation efforts to serve the community by improving the health and quality of life in the community.

The assessment was conducted by the Philadelphia Health Management Corporation (PHMC), a private non-profit public health organization, under a grant from the Foundation. For purposes of this assessment, the North Penn area includes the following 24 communities in Montgomery and Bucks Counties:

<b>North Penn Service Area</b>	
<b>Montgomery County</b>	<b>Bucks County</b>
Franconia Township	Silverdale Borough
Souderton Borough	Hilltown Township
Hatfield Township	New Britain Township
Hatfield Borough	New Britain Borough
Lansdale Borough	Chalfont Borough
Montgomery Township	Doylestown Township
Horsham Township	Doylestown Borough
Lower Gwynedd Township	Warrington Township
Whitpain Township	Telford Borough
Worcester Township	
Upper Gwynedd Township	
Towamencin Township	
Lower Salford Township	
North Wales Borough	
Ambler Borough	
Telford Borough	

The methodology used in this needs assessment included collecting and analyzing information from a variety of primary and secondary sources, including: PHMC's 2000 Southeastern Pennsylvania Household Health Survey, the United States Census, the Pennsylvania Department of Health's vital statistics on births, birth outcomes, and deaths, as well as six focus discussion groups of residents and guided interviews with 20 key leaders in the community. These sources are described more fully in the next section on Methodology, followed by a profile of the area's residents; their health status and access to care, gaps in services, and conclusions and recommendations. Many of the findings and recommendations are based on the U.S. Surgeon General's goals for the nation for the Year 2010 (*Healthy People 2010*). These goals are used as a benchmark to measure

whether improvements in the North Penn area are needed. For other findings, the comments of key informants and focus group participants, as well as information from PHMC's 2000 Southeastern Pennsylvania Household Health Survey, are used to determine whether the findings indicate the need for new services or an expansion or refinement of existing services.



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## **METHODOLOGY AND DATA SOURCES**

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### **HOUSEHOLD HEALTH SURVEY**

Information on the health status, personal health behaviors, and access to and use of health care of 602 North Penn area adults was obtained from PHMC's 2000 Southeastern Pennsylvania Household Health Survey. Information was also obtained about the health of a randomly selected child in 213 households with children. The SEPA Household Health Survey is an extensive telephone survey of over 10,000 representative households in Bucks, Chester, Delaware, Philadelphia and Montgomery Counties. It has been conducted in Philadelphia since 1983 and in Southeastern Pennsylvania since 1991. The survey questionnaire includes many questions which have been administered and tested in national and local health surveys, including items from instruments developed by the following organizations: the Center for Health Administration Studies at the University of Chicago, the National Center for Health Statistics for the National Health Interview Survey, the Pennsylvania Department of Health for the Pennsylvania Health Risk Prevalence Survey, and the Older Americans Resources and Services Program for the Multi-level Assessment Instrument.

The 2000 survey was conducted using the Random Digit Dialing method to insure that all telephone households were eligible to be selected for the sample. Households in each of the five counties were selected to guarantee representation for all geographic areas and from all population subgroups so that the results can be generalized to the populations of these counties. Within each selected household, the Birthday Method was used to select the adult respondent for the interview. In households with children, information was obtained from a child proxy about a randomly selected child in the household.

### **UNITED STATES CENSUS**

Information on the socioeconomic and demographic characteristics of residents of the North Penn area from the 1990 U.S. Census of Population and Housing, and from 2000 estimates and 2005 projections, was analyzed. Estimates and projections were prepared for PHMC by Solucient, Inc.<sup>1</sup>

### **VITAL STATISTICS**

Information on births, deaths, and birth outcomes for 1997-2000 for the North Penn area was obtained from the Pennsylvania Department of Health. Mortality

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<sup>1</sup> At the time this needs assessment was conducted, the United States Bureau of the Census had not released 2000 Census files for Townships and Boroughs.

rates were age-adjusted using the Direct Method and the 2000 United States standard million population.

## **KEY INFORMANT INTERVIEWS**

Informational interviews were conducted with 20 key individuals with extensive knowledge of the health and safety needs in the North Penn area (See Appendix A for a list of key informants). The interviews followed a written interview guide, lasted approximately 45 minutes, and were conducted in person and by telephone. Question topic areas included the top health and social service needs of residents, barriers to those needs, and potential solutions. (See Appendix B for the Key Informant Guide).

## **FOCUS GROUPS**

Six focus discussion groups of North Penn area residents were held during August and September of 2002. Participants were recruited from a variety of community organizations. The six groups included: older adults aged 65 and over (2 groups from the North Penn PEAK and the Montgomery County RSVP), parents of young children from the Lansdale area (2 groups: the North Penn Visiting Nurse Association and the North Penn Boys' and Girls' Club), formerly homeless families from the Souderton area (1 group from Indian Valley Housing Corporation), and North Penn adults who volunteered as mentors for the Big Brothers/Big Sisters program (1 group). A total of 44 residents took part in the six focus groups. Participants were predominantly female (86.4%). Three-quarters (77.3%) of participants were white, 15.9% were African American, 2.3% were Asian, and 4.5% were from other racial groups. None of the participants were Hispanic or Latino. The age of participants ranged from 18-29 (20.5%) to 65 and over (36.4%). One-third (34.1%) of participants were aged 30-44 and 9.1% were aged 45-64.

The discussion groups lasted 1-2 hours, were audiotaped, and were led by a trained facilitator and a co-facilitator. The discussion followed a written guide which included questions on community health and safety concerns such as health care, recreation, employment, social services, and amenities. (See Appendix C for the focus group discussion guide). Focus group participants were compensated \$25 each for their time.

The findings from the U.S. Census, vital statistics, PHMC Household Health Survey, Key Informant Interviews and Focus Groups are described in the next section, beginning with a socioeconomic and demographic profile of North Penn area residents.

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# FINDINGS

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## **SOCIOECONOMIC AND DEMOGRAPHIC PROFILE**

The health of a community is largely related to the characteristics of its residents. Health status and access to care are often directly or indirectly affected by an individual's age, race, gender, education and ethnicity. Changes in these characteristics may also have an impact on service needs in the future. Therefore, a socioeconomic and demographic profile of the residents of the North Penn area is included below.

The tremendous growth in population the North Penn area has experienced in recent years has had a substantial impact on the community, increasing the demand for goods and services. For example, the overall population of the North Penn area has grown 23.9% over the past decade and is expected to continue to grow in the future. The total population increased from 229,920 persons in 1990 to 268,580 persons in 2000; it is expected to grow an additional 6.0% to 284,775 persons by 2005 (Table 1 in Appendix D and Figure 1 in Appendix E). Currently, the most populated areas in the North Penn area are Horsham (23,545 persons), Montgomery (21,550 persons), Whitpain (18,516 persons), and Towamencin (17,657 persons) Townships in Montgomery County; and Doylestown (17,292 persons) and Warrington (15,557 persons) Townships in Bucks County. Two geographic sub-areas that have seen the largest increases in their populations over the past decade are Montgomery Township, which has increased 76.9% (from 12,179 persons in 1990 to 21,550 persons in 2000) and Franconia Township, which has increased 57.2% (from 7,224 persons in 1990 to 11,357 persons in 2000). Both of these areas are expected to continue to lead in population growth in the next three years: Montgomery Township (15.9%, from 21,550 persons in 2000 to 24,977 persons in 2005), and Franconia Township (13.5%, from 11,357 persons in 2000 to 12,888 persons in 2005).

The increase in the number of persons in certain population sub-groups in the North Penn area also indicates the potential for an increased level of services to these populations. For example, older adults often have more health and social service needs due to the increased health problems associated with increasing age. The percentage of North Penn area adults aged 65 and over has increased over the past decade (12.9% in 1990 to 13.6% in 2000) and is expected to increase to 13.9% in 2005. This represents 39,584 persons, a 33.4% increase from 1990 (Table 1 and Figure 2). The percentage of adults aged 65 and over living in the North Penn area (13.6%) in 2000 was higher than the national average (12.4%), but was below the average for Pennsylvania as a whole (15.6%).

Changes in the racial and ethnic diversity of the North Penn area population are also important, since they may indicate the need for services which address the different cultural and economic barriers to care, and poorer health status, which these populations often experience. As shown in Figure 3, the racial and ethnic composition of the North Penn area is relatively homogenous; 92.4% of residents are white and 3.1% are African American (representing 8,364 persons). Two percent of residents (1.8%) are Latino; this represents 4,780 persons. The population has remained predominantly white over the past decade, as shown in Table 1. However, the racial and ethnic diversity of the area has increased by the influx of small but significant numbers of immigrants from Southeast Asia, the Indian subcontinent, Puerto Rico, and Central and South America. The Asian population, which includes Asian Indians as well as Southeast Asians, has increased from 2.7% in 1990 to 4.4% in 2000; it is expected to increase to 5.2% in 2005, representing 14,704 persons.

According to key informants who were interviewed for the needs assessment, Asians who have settled in the North Penn area include immigrants from Bangladesh, the State of Gujarat in India, Korea, Vietnam, and Cambodia. Many of these individuals were originally sponsored by area churches after the end of the Vietnam War in 1975. Latinos in the area are predominantly from Central and South America. Many immigrants work in the meat packing industry in Hatfield. Immigrants with a higher level of educational attainment also work in the pharmaceutical industry. The North Penn geographic sub-areas with the largest concentration of Asians are Whitpain (8.1%, representing 1,501 persons), Upper Gwynedd (8.1%, representing 1,134 persons) and Montgomery (7.8%, representing 1,697 persons) Townships. It is important to note that the Asian and Latino populations of the North Penn area are probably greater than U.S. Census figures indicate because many Asians and Latinos, as well as other racial and ethnic minorities, do not participate in the census due to language and cultural barriers. These immigrants often speak little or no English. For example, according to the U.S. Census, 1.1% of area residents are linguistically isolated (representing 2,060 residents) (Table 2).<sup>2</sup> Fears of deportation and their illegal immigration status often mean that they do not receive government benefits.

Inequalities in income and education underlie many health disparities in the United States. In general, population sub-groups that suffer the worst health status are also those that have the highest poverty rates and the least education. Overall, North Penn area residents have a high level of educational attainment (85.9% are high school graduates or better) (Table 2) and relatively high median incomes (Tables 3 and 4). This prosperity is expected to increase in the next few years. For example, the median household income has increased from \$45,896

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<sup>2</sup> Linguistically isolated is defined as persons 5 years of age and over who report that they speak a language other than English and do not speak English well or at all.

in 1990 (Table 3) to \$67,891 in 2000 (Table 4); it is expected to increase to \$80,273 by 2005 (Table 5).

Despite the overall prosperity of the area, over 12,000 (5.6%) North Penn area residents live in households with incomes at or below 150% of the Federal Poverty Level, which was \$17,050 for a family of four in 2000 (Table 2). In addition, 4,358 (4.9%) North Penn residents do not have a car or truck. Three North Penn area Boroughs have the highest rates of poverty in the area. One-in-ten individuals live in poverty in Souderton (11.3%), North Wales (10.2%) and Telford (9.9%) Boroughs. Souderton Borough also has the lowest percentage of adults with a high school diploma or better (66.5%). According to key informants, this relative concentration of poverty in these three Boroughs is due to the fact that most of the low cost rental housing in the area is located in apartments above shops.

Households with children headed by single women (6.7%, representing 5,652 households) are particularly at increased risk for poverty and therefore, poorer health (Table 2). The greatest concentrations of family households headed by single women are in Ambler Borough (12.0%), followed by Lansdale Borough (9.3%) and Warrington Township (8.0%). In addition, 5.3% of adults aged 65 and over in the North Penn area live in poverty, representing over 900 older adults. Their advancing age coupled with their poverty status places them at a high risk for poorer health. Moreover, three-fifths (64.3%; representing 973 persons) of these poor adults aged 65 and over live alone. As such, this group is more likely to be unable to afford ancillary medical services not covered by Medicare, such as prescriptions and dental care, and to lack an immediate partner for help and companionship.

Consistent with the relatively high level of educational attainment among area residents, two out of five residents (39.7%) are in professional occupations, followed by lower percentages of adults in sales (21.6%), labor (13.9%), crafts (13.4%), services (10.1%) and farming (1.3%) (Table 2). Within the North Penn area, Whitpain (54.4%, representing 3,856 persons) and Lower Gwynedd (54.1%, representing 2,122 persons) Townships have the highest percentage of professionals. The highest percentage of laborers are in Hatfield (26.5%, representing 348 persons) and Souderton (26.1%, representing 677 persons) Boroughs. These socioeconomic and demographic characteristics impact the health status of residents, as is shown in the next section of this report.

# **BIRTHS, BIRTH OUTCOMES, CAUSES OF DEATH, AND REPORTABLE DISEASES**

## **Births and Birth Outcomes**

An important factor in maternal and child health is early prenatal care. Timely and high quality prenatal care can help to prevent poor birth outcomes and improve maternal health by identifying women who are at high risk. An overwhelming majority of women in the North Penn area began prenatal care early in their pregnancies (Table 6). However, 7.0% began prenatal care after the first trimester. Although this percentage meets the Healthy People 2010 goal of 10.0%, it represents an average of 191 infants annually who are at an increased risk. While the overwhelming majority of infants in the North Penn area are of normal birthweight (2,500 grams or more), 6.4% are low birthweight (i.e., less than 2,500 grams), which does not meet the Healthy People 2010 goal of 5.0%. The infant mortality rate for the North Penn area (5.3 per 1,000 live births) does not meet the Healthy People 2010 goal of 4.5. The rate of births to mothers aged 15-17 in the North Penn area is 2.0, representing 27 births annually.

Nationally, maternal and child health indicators vary across racial sub-groups of the population. This pattern can also be observed in the North Penn area (Table 6). For example, 8.7% of non-white infants in the North Penn area are low birthweight (less than 2,500 grams) compared to 6.0% of white infants. This represents an average of 32 infants annually. Moreover, non-white women are three times more likely to receive late prenatal care than white women (15.5% versus 5.9%). The infant mortality rate is similar for non-whites and whites (5.8 versus 5.4). The adolescent birth rate is similar for whites and non-whites: 2.0 and 3.1, respectively.

The North Penn area has a lower percentage of low birthweight births (6.4%) than Bucks (7.0%) or Montgomery (6.6%) Counties; however, all three areas do not meet the Healthy People 2010 goal of 5.0% (Table 6). The North Penn area infant mortality rate (5.3) is similar to the Montgomery (5.5) and Bucks County (5.3) rates; all three areas do not meet the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births. The North Penn area has a lower percentage of women receiving late prenatal care (7.0%) than Montgomery (9.4%) or Bucks (7.7%) Counties; all three areas have met the Healthy People 2010 goal of 10.0%. The North Penn area adolescent birth rate (2.0) is also well below the rates for Montgomery (9.5) and Bucks (8.9) Counties.

## **Causes of Death**

In addition to self-reported health status and disease rates, the health of a population can be measured by the leading causes of death and by death rates for specific conditions. Which causes of death are most common in a population

are generally determined by population demographics, personal and lifestyle characteristics and social and structural factors.

The leading causes of death in the North Penn area in 2000 are shown in Figure 4. The three most common causes of death are heart disease (28.0%), cancer (25.2%) and stroke (9.5%). Nationally, the three leading causes of death nationally are the same. However, the percentage of deaths due to heart disease nationally (31.4%) is slightly higher than the percentage for the North Penn area (28.0%), while the percentages of death due to cancer (23.3%) and stroke (6.9%) for the nation were lower than for the North Penn area (28.0% and 9.5%, respectively) (Figure 5).

In addition, the North Penn area does not meet all of the goals set for mortality rates by Healthy People 2010 (Table 7). For example, the age-adjusted rate of deaths due to stroke (70.2 per 100,000 population) and cancer (189.6) in the North Penn area are substantially higher than the target rates set by Healthy People 2010 (48.0 and 158.7, respectively). The age-adjusted mortality rates for female breast cancer (27.8) and lung cancer (47.1) for the North Penn area are also higher than the Healthy People 2010 target rate (22.2 and 44.8, respectively). While heart disease is the leading cause of death for the North Penn area, the mortality rate (152.3) is well below the Healthy People 2010 target rate (166.0) (Figure 6). The age-adjusted rate of death due to homicide for the North Penn area (0.9) is lower than the target rate set by Healthy People 2010 (3.2).

The North Penn area has a higher mortality rate for stroke per 100,000 (70.2) than Bucks (62.8) and Montgomery (59.0) Counties; however, all three areas are above the Healthy People 2010 target rate of 48.0. The North Penn area also has a higher mortality rate for female breast cancer (27.8) than Bucks County (26.1), but a lower rate than Montgomery County (30.0). Rates in all three areas are above the Healthy People 2010 goal of 22.2 deaths per 100,000 female population. The North Penn area mortality rate for accidents (31.6) is above Montgomery (30.1) and Bucks (28.6) Counties.

The North Penn area has lower mortality rates for heart disease (152.3), cancer (189.6) and lung cancer (47.1) than Montgomery (156.6, 194.3 and 48.7, respectively) and Bucks (168.5, 202.0 and 56.5, respectively) Counties as a whole. The North Penn area has a lower mortality rate for suicide (7.9) than Montgomery (9.3) and Bucks (8.5) Counties; rates in all three areas are above the Healthy People 2010 goal of 6.0 suicides per 100,000 population. Additionally, the North Penn area has a lower mortality rate for homicide (0.9) than Montgomery (2.2) or Bucks (1.5) Counties; rates in all three areas are below the Healthy People 2010 goal of 3.2 homicides per 100,000 population.

## Reportable Diseases

Table 8 presents the average annualized rates of reportable diseases for the North Penn area.<sup>3</sup> Certain diseases must be reported to local health departments due to their communicable nature. With changes in behavior and environment and an increase in international trade and travel, surveillance and tracking of these diseases by local health departments is necessary to ensure that they are addressed and controlled.

Lyme disease is the most frequently reported infectious disease in the North Penn area (6.7 cases per 100,000 population). However, it has met the Healthy People 2010 goal of 9.7 new cases per 100,000 for states where it is endemic, such as Pennsylvania. Chlamydia is the second most frequently reported infectious disease in the North Penn area (5.5 per 100,000). The food borne disease, salmonella, is the third most reported infectious disease with a rate of 3.3 per 100,000 population; salmonella rates are below the Healthy People 2010 goal of 6.8 cases per 100,000. The incidence of other food borne diseases such as E. coli (0.7) and campylobacter (1.9) also meets Healthy People 2010 goals (1.0 and 12.3, respectively).

Hepatitis A, generally contracted orally through fecal contamination of food or water, is considered the least dangerous form of hepatitis because it does not lead to chronic inflammation of the liver. The incidence of hepatitis A in the North Penn area (0.3) is well below the Healthy People 2010 goal of 4.5 new cases per 100,000. Hepatitis B virus is the most widespread of the hepatitis viruses. The virus can pass from mother to child at birth or soon afterward; it can also spread through sexual contact, blood transfusions and needle sharing by intravenous-drug users. Hepatitis B can become a chronic disease which eventually develops into cirrhosis of the liver. The incidence of hepatitis B in the North Penn area (0.3) is well below the Healthy People 2010 goal of 3.8 new cases per 100,000. Hepatitis C is usually spread through contact with blood or contaminated syringes. In most cases, it causes only mild symptoms. In the North Penn area, no cases of hepatitis C were reported during 1999-2001. Childhood vaccinations against measles, mumps and rubella help prevent the risk of outbreaks. No cases of measles, mumps or rubella were reported for the North Penn area during 1999-2001.

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<sup>3</sup> Montgomery County portion of North Penn only; information for the Bucks County portion of North Penn was not available for 1999-2001.



## HEALTH STATUS

### Adults

Self-reported health status is one of the most reliable indicators of the health of an adult population. This measure has consistently been shown to correlate very strongly with outcomes in corresponding medical examinations. In general, the overwhelming majority of adults in the North Penn area (90.1%) rate their health as good or excellent. On the other hand, nearly one-in-ten North Penn area adults (9.9%; representing over 20,000 adults) are in fair or poor health.

A substantial number of adults - over 36,000 - (17.8%) have a chronic condition. Over 44,000 adults suffer from high blood pressure (22.0%), which does not meet the goal (16.0%) of the US Surgeon General in Healthy People 2010. One-in-five area adults (19.7%; representing over 40,000 adults) have high blood cholesterol, which also does not meet the Healthy People 2010 goal (17.0%). An additional 15.1%, or approximately 30,000 adults, have arthritis; over 13,000 (6.5%) have heart disease; 5.2%, or nearly 10,000 adults, have asthma; and 3.4%, or nearly 7,000 adults, have diabetes (Table 9).

Mental health is indispensable to personal well-being, family and interpersonal relationships, and the ability to adapt to change and cope with adversity. An individual with a depressive disorder is often unable to fulfill the daily responsibilities of being a spouse, partner or parent. Depression is also associated with other medical conditions, such as heart disease, cancer, and diabetes as well as anxiety and eating disorders. A substantial number of adults in North Penn also report that they suffer from poor mental health and stress (Table 9). For example, over 8,000 adults (4.0%) have a mental health condition, over 18,000 (9.2%) were depressed for three or more days in the past week, and 18.3% experienced extreme amounts of stress during the past year.

Due to the poorer health that accompanies advancing age, and disparities in health status and access to care, substantial differences in health status can be observed across the age, gender, racial, ethnic, and economic population subgroups of the North Penn area.

### Age

North Penn area adults aged 65 and over are more likely to suffer from poor health than younger adults due to the greater vulnerability to illness that accompanies advancing age (Table 9). For example, more than one-half of adults aged 65 and over (53.0%; representing over 20,000 older adults) have high blood pressure; two-in-five (42.7%) have arthritis; two-in-five (41.0%) have high blood cholesterol; more than a quarter (29.3%) have a chronic condition; and one-in-five (20.9%) have heart disease. In comparison to older adults, only 4.6% of adults aged 18-29, 9.9% of adults aged 30-44 and 30.4% of adults aged

45-64 have high blood pressure. The percentage of younger adults with arthritis or heart disease is also lower as one might expect: 0.8% of adults aged 18-29, 5.9% of adults aged 30-44 and 20.0% of adults aged 45-64 have arthritis; 2.0% of adults 30-44 and 8.2% of adults aged 45-64 have heart disease (Figure 7).

Older adults are also more likely to experience functional limitations due to changes associated with advancing age. As shown on Table 10, 3.9% (representing 1,900 persons) of North Penn adults aged 60 and over have at least one limitation in Activities of Daily Living, and nearly four times as many, 16.8% (representing 8,000 persons), have at least one limitation in Instrumental Activities of Daily Living. In addition, almost one out of ten adults aged 60 and over (9.7%; representing over 4,700 persons) has fallen in the past year. Many older adults also receive paid or informal services from friends and relatives in their homes to assist them with these functional limitations: 3.2% receive home health care services and 13.7% receive help with IADLs from friends or relatives.

Keeping active and receiving supportive services are key elements in maintaining older adults in their own homes. Although the overwhelming majority of adults aged 60 and over (88.4%) have heard of the activities at their local senior center, only 15.8% have ever used them (Table 10). Further, only 46.1% have heard of the Montgomery County Office of Aging and Adult Services, which provides information and funding for local older adult programs and senior centers. Smaller percentages have used supportive services such as meal and food programs (2.9%), transportation services (9.0%), and the PACE prescription program (1.4%). However, as shown in Table 10, there are older adults aged 60 and over who need, but do not receive, meal programs (1.6%), transportation services (1.9%), and PACE coverage for prescriptions (5.7%; representing over 2,700 persons). Other supportive services which assist older adults in remaining in their own homes are also needed in the North Penn area. For example, approximately 2,500 adults aged 60 and over (5.2%) need roof repairs, 2,100 need plumbing repairs (4.5%), and 1,100 need repairs to their heating or cooling systems (2.3%).

Older adults who participated in the focus groups were very concerned about their quality of life as they age, a factor which affects both mental and physical health. Two issues which they identified as being key to their future quality of life were the access to services which allow them to remain in their own homes, such as repairs and home health care, and access to affordable congregate housing with supportive services and/or long term care.

"I want to stay in my home for as long as I can. I like to garden and maintain our home. You have to want to do it. The longer you stay in your own home and do for your self is so much better. It provides a healthier outlook." (North Penn PEAK)

"I think the greatest fear for someone like myself who's single—alone in the home, is the fact of possible future care—home care. Though I have a policy—a home care policy for a three year period for when I'm really out of it—I think a lot of people feel the fear of getting to the point when they can't fend for themselves and there they are. And that's why they do sell off everything to move into one of these retirement communities." (North Penn PEAK)

"It's this middle strata that most of us are in—we can't afford to live in one of these retirement communities. It's for those who are very poor or very wealthy." (North Penn PEAK)

"My husband had Lyme disease which gave him encephalitis and meningitis, and for 16 months, it was just like ALS; he couldn't do anything. And he was on Medicare at that time and they did send somebody for 3 days a week, I couldn't move him myself—he was dead weight. And so every morning and every night, I would have to pay somebody to come and help me move him from bed to chair and chair to bed. We scraped and scrimped but we did it. And they wanted him in a nursing home. And I think that's one of the biggest concerns. What will happen if I have to go into a nursing home and I can't afford it?" (RSVP)

"Use my case: I became very ill and found that I couldn't stay at my home because I wasn't getting any better and the hospital found that they couldn't find anything wrong so they wouldn't take me back. So then you sign yourself into a personal care or assisted living. But it's when you graduate from that personal assisted care to independent living then where do you go? There's no where to go and you're thinking then: now, you don't want to use all your money up because it's expensive—very expensive, and if you're paying \$3,000 just for one room with a bathroom and your food and that's it, then that money's going to go very rapidly. So in my case, I'm thinking now, where can I go? And I hear others saying this: "Where can I go? And, "What can I do?" and "Where is the low-cost housing?" This is something that has recently happened to me." (RSVP)

In contrast to their poorer physical health, older adults are in better mental health than their younger counterparts (Table 9). Older adults are the least likely age group to report feeling depressed for three or more days in the past week (4.9%) compared to adults 30-44 (12.0%), adults aged 45-64 (10.1%) and adults aged 18-29 (5.9%). Only 4.5% of older adults have a mental health condition. Additionally, adults aged 65 and over (9.3%) are the least likely age group to have experienced extreme amounts of stress in the past year compared to adults aged 30-44 (22.9%), adults aged 45-64 (18.5%) and adults aged 18-29 (16.5%).

## **Gender**

While a similar percentage of men and women report being in fair or poor health (9.1% versus 10.6%), women are more likely to suffer from a chronic condition (22.6%), arthritis (21.5%), or diabetes (3.9%) than men (13.1%, 8.9% and 2.9%, respectively) (Table 9). This difference is due, in part, to the greater longevity of women compared to men. Men, on the other hand, are more likely to suffer from high blood pressure (24.1%) or heart disease (9.2%) than women (19.7% and 3.8%, respectively) (Figure 8). Consistent with national trends, women are more likely than men to report poor mental health, including a mental health condition (5.2% versus 2.9%) and depression lasting three or more days in the past week (11.5% versus 6.9%). Women are twice as likely as men to report extreme amounts of stress in the past year (24.8% versus 12.0%).

## **Race**

Nationally, racial differences in health status are often related to higher poverty rates and reduced access to care among minorities. Due to the greater longevity of the white population compared to non-whites, white adults in the North Penn area are more likely to have a chronic condition than non-white adults (18.2% versus 11.9%) (Table 9). A higher percentage of white adults have asthma than non-white adults (5.4% versus 1.7%). However, non-white adults are more likely to have high blood cholesterol (25.0%) or diabetes (10.2%) than white adults (19.5% and 3.1%, respectively).

## **Poverty**

Poverty adversely affects health status by decreasing access to care and contributing to life styles and behaviors which place individuals at increased risk for chronic diseases. Over 12,000 adults in the North Penn area live in households that are at or below 150% of the Federal Poverty Level. These poor adults are at a much higher risk for poor health than non-poor adults. For example, poor adults are four times more likely to be in fair or poor health than non-poor adults (36.4 versus 8.3%) (Table 9). In addition, poor adults are more likely to suffer from chronic health conditions than non-poor adults. For example, poor adults in the North Penn area are more likely to suffer from high blood pressure (46.9%), arthritis (38.8%), a chronic condition (24.3%), heart disease (12.7%) or diabetes (8.5%) than those not living in poverty (20.5%, 13.7%, 17.4%, 6.2% and 3.1% respectively). As is true nationally, poor adults in the North Penn area are far more likely to suffer from poor mental health than non-poor adults: one-in-nine suffer from a mental health condition (13.9%) and over one-quarter of poor adults (29.0%) report feeling depressed for three or more days in the past week compared to non-poor adults (3.5% and 8.0%, respectively). Nearly three-in-ten poor adults (30.5%) report suffering from extreme amounts of stress in the past year compared to 17.7% of non-poor adults (Figure 9).

## County Comparison

The overall physical and mental health status of adults of the North Penn area is better than the health status of adults of Montgomery and Bucks Counties as a whole. For example, the North Penn area has a lower percentage of adults in fair or poor health (9.9%) than Bucks (12.9%) or Montgomery (11.9%) Counties (Table 9). Additionally, North Penn area adults are less likely to have high blood pressure (22.0%), high blood cholesterol (19.7%), a chronic condition (17.8%), arthritis (15.1%), heart disease (6.5%), asthma (5.2%), or diabetes (3.4%) than Montgomery (22.5%, 22.9%, 22.0%, 17.8%, 8.2%, 5.9%, and 5.3%, respectively) or Bucks (23.5%, 23.7%, 23.0%, 18.1%, 9.1%, 5.7%, and 6.6%, respectively) Counties. While similar percentages of North Penn adults have been depressed for three or more days in the past week (9.2%) compared to Montgomery (9.9%) and Bucks (9.1%) Counties, North Penn area adults are less likely to have a mental health condition (4.0%) or to have experienced extreme amounts of stress in the past year (18.3%) than adults in Montgomery (5.0%, 9.9%, and 20.0%, respectively) or Bucks (7.0%, 9.1%, and 21.5%, respectively) Counties.

## Children

Children aged 0-17 constitute one-quarter of the North Penn area's total population (24.4%), representing over 65,000 children under age 18 (Table 1). Within this population, there are 24,706 children aged 0-6 (37.7%), 18,546 children aged 7-11 (28.3%) and 22,281 adolescents aged 12-17 (34.0%). The well-being of these children plays an essential role in the community's future.

Like their parents, the overwhelming majority (93.7%) of children in the North Penn area are in excellent or good health, representing 61,404 children (Table 11). However, 4,129 children (6.3%) are in fair or poor health. One-in-five area children (22.6%) have allergies, 13.6% have a chronic condition, and 8.9% have asthma.

Child health varies considerably across age sub-groups due to the effects of congenital conditions in infancy and delays in diagnosing certain conditions, such as asthma. Children aged 0-6 have the highest percentage of chronic conditions (16.9%) compared to children aged 12-17 (12.2%) and 7-11 (11.3%). However, the overall health of children aged 7-11 is slightly poorer than the overall health of children aged 0-6 and adolescents aged 12-17. For example, children aged 7-11 living in the North Penn area are more likely to have allergies (34.1%), asthma (12.8%) or a fair or poor health status (7.2%) than children aged 0-6 (13.3%, 8.7% and 5.1% respectively) and adolescents aged 12-17 (22.3%, 6.0% and 6.8%, respectively) (Figure 10).

The health status of North Penn area children is slightly worse than that of children in Montgomery or Bucks Counties as a whole (Table 11). For example, the North Penn area has a higher percentage of children in fair or poor health

(6.3%) than Montgomery (3.4%) or Bucks (3.0%) Counties. More specifically, the North Penn area has a higher percentage of children than Bucks or Montgomery Counties with the following specific conditions: asthma (8.9% versus 6.8% and 6.1%, respectively); a chronic condition (13.6% versus 10.2% and 10.2%, respectively); and allergies (22.6% versus 21.7% and 21.3%, respectively).

## ACCESS TO CARE

### Adults

Access to quality care across each of the components in the continuum of care is important to increase the quality and years of a healthy life for everyone. Poor health due to a lack of primary care can place an undue burden on the health care system through more serious chronic health problems later on, increased absences from school and work, increased rates of communicable diseases, and the use of the emergency department visits for non-urgent conditions. Structural, economic, and personal barriers can limit access to health care. Financial barriers include not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program. Structural barriers include the lack of primary care providers, medical specialists, or other health care professionals to meet special needs or the lack of health care facilities. Personal barriers include cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination. Improving health status therefore depends in part on ensuring that people have a usual source of care. Nationally, over 40 million Americans do not have a particular doctor's office, clinic, health center, or other place where they usually go to seek health care or health-related advice.<sup>4</sup>

Although the overwhelming majority (90.0%) of North Penn adults have a regular source of primary care, one out of ten North Penn area adults (10.0%; representing over 20,000 adults) have no physician they can go to if they are sick or have a question about their health (Table 12). The percentage of adults with a specific source of care is below the Healthy People goal of 96.0%. Additionally, 5.7% of area adults do not obtain care from a physician in private practice. Instead, they use a hospital outpatient clinic (1.4%) or some other facility (4.1%).

Health insurance provides access to health care. Nationally, persons with health insurance are more likely to have a primary care provider and to have received appropriate preventive care. Persons with health insurance are more likely to receive timely preventive medical and dental care, thereby avoiding costly emergency room and hospital charges for more serious conditions. Many individuals face economic, systemic and social barriers to obtaining primary, preventive health care which can place an undue burden on the health care system through more serious chronic health problems later on, increased absences from school and work, increased rates of communicable diseases, and the use of the emergency department visits for non-urgent conditions.

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<sup>4</sup> U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, D.C.: January 2000.

The overwhelming majority of adults in the North Penn area (95.7%) are insured (Table 12). However, 4.3% of adults are without private or publicly funded coverage; this represents 7,919 adults who are uninsured. This percentage is slightly below the Healthy People 2010 target of 96.0% of persons with health insurance. Adults may lack insurance coverage because they are unemployed and ineligible for Medical Assistance, or are employed in low-wage jobs where insurance is not provided or cannot afford to have their share of the cost of the insurance deducted from their pay. In fact, two-thirds (69.9%) of uninsured adults in the North Penn Area are employed full-time. Many of these adults without insurance coverage may be unaware that they are eligible for adultBasic, which provides preventive care, physician services, diagnostic testing, and inpatient and outpatient hospitalization for \$30 per month for uninsured adults who meet income eligibility requirements (maximum of \$36,200 for a family of four).

However, many adults in the area are insured but are unable to afford the cost of insurance co-pays and deductibles. Others lack coverage for important ancillary items such as dental care, prescriptions or eyeglasses and cannot pay for these items. For example, 10.5% of area adults do not have prescription medical coverage, as shown in Table 12. This represents more than 21,000 adults. Nearly one-quarter of area adults (22.6%) do not have dental insurance, representing over 45,000 adults. In the past year, over 28,000 area adults (13.9%) were unable to obtain needed dental care due to the cost, over 15,000 (7.7%) were unable to afford filling a necessary prescription, and over 9,000 were unable to afford needed health care. Nearly 6,000 area adults (2.9%) were unable to keep an appointment for necessary health care due to transportation problems.

Both key informants and focus group participants who were interviewed for this needs assessments cited a lack of insurance or lack of sufficient insurance coverage for low income working individuals and families as being one of the most pressing issues in the North Penn area. Adults and children who are uninsured or underinsured and in need of primary medical care can use the Family Practice Center of Suburban General Hospital in Norristown, which charges insured patients \$50 and uninsured patients \$34. Adults in need of primary care can use the CHS/MMP Health and Wellness Center in Lansdale, which charges uninsured patients a fee on a sliding scale basis. However, the Health and Wellness Center is undergoing renovation and its hours are limited. Adults can also use the Healthlink Clinic in Southampton, Bucks County, for medical and dental care. This clinic, although some distance from North Penn, provides care to employed, uninsured adults. Well and sick children without insurance, or who are insured through Medical Assistance or CHIP, can be seen at the North Penn Visiting Nurse Association's clinic in Lansdale. However, many key informants and focus group participants felt that knowledge of these clinics and their services was not general in the community.



The groups most affected by lack of insurance are adults under age 65, particularly men and women transitioning from TANFF; adults age 65 and over, for prescriptions and dental care; and immigrants who are not eligible for Medicare or Medicaid. Dental care is particularly problematic.

"With me in school part-time and working part-time, they cut me off now [from TANF]. The only thing I qualify for now is a doctor visit and emergency room. I don't qualify for no dental or specialty. I don't have no prescription." (IVHC)

"I have no dental coverage. My last dental bill was a shock like it was enough to be taken off my income tax—it was to that point." (North Penn PEAK)

Children are least likely to be uninsured, since they may receive coverage under the Children's Health Insurance Program (CHIP) if their family income is too high to qualify for Medical Assistance.

"We have PA Blue CHIP for our kids, and it's been fine. I found out about Blue CHIP through a friend. When my oldest son was born, he was born with his bladder on the outside. We didn't have insurance then—because my husband was in-between jobs, so medical assistance picked up everything. He had 6 surgeries in his first 6 months; they picked up everything." (VNA)

On the other hand, many parents who are insured through Medical Assistance cannot find a physician or dentist in the North Penn area who will accept the insurance provided by the managed care provider. Key informants report that many who cannot find a provider in the North Penn area simply go without medical or dental care until a condition becomes serious, forcing them to use the emergency room.

"I've that problem too with Keystone Mercy...They said that they had their quota met." (IVHC)

"There are very few dentists in the area will that accept any kind of insurance." (RSVP)

"Before I came to Souderton, I had a great doctor that I was completely satisfied with. That was in Delaware County. It's too far and there are very few places that take the insurance I had in this area. And it's just one of the worst HMOs I've dealt with." (IVHC)

"I normally go to (private physician) and because I have Keystone Mercy, (the private physician) won't take me because I don't live in the North Penn school district. I'm sure I could have found a doctor in Souderton,

but my friend said, "Go to the Visiting Nurse Children's Clinic." So I tried it, ever since then, they're great." (VNA)

"My big thing is dentists. Kids need their teeth cleaned every six months and it gets expensive if you don't have insurance. If they could do something like this—a well visit—where it's \$10.00 or \$20.00 a visit, it would be a big help. Plus, they're no dentists around. There needs to be some sort of dental place around—pediatric dental place." (VNA)

"Especially for dentists. I have to travel to Philadelphia to go to the dentist. And my two older ones have a lot of problems with their teeth. So I can be traveling to Philadelphia for 3 days out of the week for their dental. They really need to have a closer dentist that will accept Keystone Medical." (VNA)

"I scheduled an appointment for the dentist. But I called 20 dentists that were on the list and 18 of them did not even take it. Then I said, "Well why are you on the list then, you need to tell Keystone Mercy to take your name off the list." I lucked out because my case manager had known a dentist that did all my dental work last week. I had really bad pain... I had an infection. There was a place in Norristown, but I couldn't get in for 2 weeks. These other places only take so many and then they don't take anymore." (VNA)

"The dental care, that part, the only (thing) Keystone Mercy would pay for dental is preventive. I have very bad gum disease and with that HMO—and a lot of them—they don't take care of that. You have to pay for that and it can run into the thousands of dollars. I was very fortunate to have this dentist that took care of my tooth last week. He said he would see me through the whole entire procedure—the filling and everything for absolutely a zero balance." (IVHC)

Many parents who are insured, or whose children are insured, cannot afford the high out-of-pocket cost of items, such as immunizations for children and prescriptions for themselves, if they are not covered by their insurance plan.

"I do bring my kids here (North Penn Visiting Nurse Association) for their immunizations. I bring them here for their shots because they're not covered under our insurance plan; their well checks are but the shots are not. Shots are outrageous. One shot can be over \$100. Here I can bring a couple kids at a time if I need, and it's \$10 no matter how many shots you get. Being the shots are required, you have no choice; they shouldn't be so outrageous." (VNA)

"Blue CHIP covers their (children's) prescriptions. But for my husband and me, if we need a prescription, we have to pay for it. And they're outrageous." (VNA)

Some residents who do not have prescription coverage obtain free samples from their physician or obtain free medication from Merck, a local pharmaceutical company, but the medication must be manufactured by Merck and they must meet an income eligibility requirement. However, this service is usually not available on an on-going basis, causing patients to miss medication dosages or go without completely.

"There's a number of pharmaceuticals in the area that do provide a reduced cost for medication that they produce, they manufacture—I know Merck does, but you have to buy their drugs. But you need to meet their income qualifications." (RSVP)

My husband was ill for 10 years before he passed away. He used up all of our savings. Not that I regret that, but it's just the things that happened. So I'm on a very limited income now without a prescription plan. I was able to get [it] through the center [PEAK] from Merck free. Because as cheap as I could get it it would be \$65 and I just couldn't pull that out of the air. The last time I had gotten it free was from [physician group]; and then they changed hands. And so, when I came here [PEAK], they were able to get it for me." (North Penn PEAK)

"Most of the pharmaceutical companies, they have programs if you can't afford the medication, your doctor can write them a letter and they will provide you with the medication." (Boys' and Girls' Club)

"My doctor, who I've been going to for years, always gives me free samples; my doctor tells me that she would rather give them away than have them go to waste. When she retires, I'm really going to miss that. I save a lot of money that way. When my husband was diagnosed with high blood pressure, one of his pills is \$150 for a pill. " (Boys' and Girls' Club)

Many parents have insurance for their children, but not themselves, and cannot afford to pay for care for themselves. As a result, they often do not utilize preventive care at all for themselves.

"In all honesty, I really don't go anywhere. I just got insurance when I got pregnant. I lost my job about two weeks ago, but my employer is keeping my health benefits until after the baby is born. And then I'm going to have to find something. I'll have it for 6 months after the baby's born... I really don't go for myself. Up until I got pregnant, I don't think I've seen a doctor since my last child was born, which was 5 years ago." (VNA)

"I don't go anywhere. If I get sick, it's over-the-counter for 3 or 4 weeks until it clears up. I only go to the doctor right now if it's absolutely necessary. I'm 31. I lost my job because I got pregnant. They were required to pay for my insurance for three months after she was born because I said, 'I know why you got rid of me.'" (VNA)

"My kids are covered through MA—they all have Keystone Mercy. But I can't get it. My husband doesn't pay child support. So if I need anything, it's going to come from my pocket. But since I can't afford it, I don't go. I can't get Medical Assistance at all for myself. They say it's income. I'm raising 3 kids off of \$500 a month and they're telling me that I don't qualify. There's no way I can pay to get my own insurance. So I'm stuck." (IVHC)

Other parents who are uninsured travel long distances to obtain care for themselves at the Healthlink Clinic in Southampton, Bucks County at an affordable price.

"I go to HealthLink in Southampton. It's for working people who don't get insurance through work, but can't afford to pay for health insurance. I get dental, ob-gyn, all your check ups and all your medications. It's all covered free. There isn't a closer one that will do that, so I travel the distance if I need some care. A friend told me about them and then I called. It's for Montgomery and Bucks Counties. It takes an hour and a half to get there. And I work, so I would have to go in the middle of rush hour. I try to go before work. They're open 'til 8 or 9'oclock." (VNA)

Another serious barrier to receiving health care and services mentioned frequently by both focus group participants and key informants was a lack of knowledge about available services information on how to access them. Many key informants and focus group participants suggested that residents are generally unaware of the North Penn Interagency Consortium's Directory of Health and Human Services and hotline and that some written or Internet central source of information should be established and publicized widely.

"I think one of the big problems with the Transnet and even in the assisted living/55 and over retirement communities is that people aren't aware of what services are available. Unless you're involved in some kind of senior center, most people don't even know what's available or how to go about getting it. I think that's one of the big concern is how to go about getting this information out to seniors." (RSVP)

"People aren't aware of what's available. Yes, the County puts out a big, thick book of all the aging things, but by the time you go through it and so forth, and most people don't want to do that. I think it would be ideal, and I don't know if the Foundation could do it, where you could call in and

without giving your name, describe your situation and find out what's available. Or find out what does it cost to get into an assisted living community; real facts, not just hearsay. Something where people could do it from their own home without having to go out." (RSVP)

"If a group of people could get together to help the people access information. If an organization could be formed, that would be helpful." (Boys' and Girls' Club)

"Some type of communication where you could call up and find out what's available." (Boys' and Girls' Club)

"And whatever programs are out there that are free, there should be some kind of way to let people know about them, because a lot of people just don't know about them. And there's the attitude of some people. You have to change all of that." (Boys' and Girls' Club)

"Even an organization to help connect all of them together—a place where people can go and then they can send them out to different agencies." (Big Brothers/Big Sisters)

The disparities in access to care that exist among different age, gender, racial and economic subgroups of the population are reflected in information on access to care from PHMC's Household Health Survey. These findings are described below.

## **Age**

Younger adults are more likely to face economic barriers to primary care than older adults (65+). For example, an overwhelming majority of area adults are insured (95.7%); however, middle- and younger-aged adults are less likely to have insurance coverage than older adults. As shown in Table 12, 6.8% of adults aged 30-44 (representing 4,200 adults) are without insurance, compared to 5.3% of adults aged 18-29 (representing 2,000 adults), 3.1% of adults aged 45-64 (representing 2,000 adults), and 0.1% of adults aged 65 and over. In fact, adults aged 65 and over (99.9%) have met the Healthy People 2010 goal of 100.0% of adults aged 65 and over with health insurance.

Younger adults are also more likely to lack a regular source of care. Twice as many adults aged 18-29 (22.0%) have no regular source of care as adults aged 30-44 (9.9%), and more than three times as many as adults aged 45-64 (6.7%) and adults aged 65 and over (2.8%) (Table 12). Younger adults are more likely to seek care from a physician in private practice than older adults: one-in-twelve adults aged 65 and over (7.9%) do not seek care from a physician in private practice compared to 6.3% of adults aged 45-64, 5.7% of adults aged 30-44, and 2.2% of adults aged 18-29.

As shown in Table 12, North Penn area adults aged 65 and over often do not have prescription medical or dental care coverage, since these benefits are not included in Medicare coverage and must be purchased privately if the older adults is not eligible for Medicaid. Adults aged 65 and over are the most likely age group to lack prescription medical coverage (20.1%), even though they are often most likely to take one or more prescription medications. In comparison to older adults, 12.2% of adults aged 18-29, 8.4% of adults aged 45-64, and 6.8% of adults aged 30-44 lack prescription coverage. The percentage of North Penn area adults aged 65 and over without dental coverage (53.9%) is nearly twice the percentage (22.6%) for North Penn area adults of all ages. In comparison to older adults, adults aged 45-64 (18.9%), 30-44 (17.0%) and 18-29 (11.4%) are less likely to lack dental coverage.

"A lot of seniors have to decide, do I want my medicine or do I want food, I'm not in that category, but it's a need." (RSVP)

"A lot of older people are on a lot of medication. The state does have PACE but if you make \$1.00 over the limit...what is it \$14,500...you're out the door. And then you're just left hanging out to dry...Even though you may have an income higher than \$16,000 or higher than \$14,500, it's really a big concern to people." (RSVP)

"At this point, I have no prescription plan coverage. I have no dental plan coverage. So I had to neglect my teeth for the last couple of months when I took good care of them all my life." (North Penn PEAK)

Many older adults do not drive due to age-associated restrictions, and experience difficulties finding transportation, although a subsidized service is available for health care appointments.

"I think transportation is another [issue] —to and from doctor's, to and from the bank, to and from stores—the logistics of daily living where you're used to jumping in your car and driving 5 minutes or 10 minutes away, you can't do that; can't walk either; now you're stuck." (RSVP)

"And another thing, you have to give them 24 hours notice. But I had an emergency this morning. I had to run to the bank for my brother; if I didn't drive, I wouldn't be able to do it." (RSVP)

"If you want it for Monday, you have to call them [Transnet] Friday. And then if you needed it in the morning, and then, perhaps, another commitment in the afternoon. As it is, I think you can only take it once a day. Most of the elderly I know, the fact that they can't drive anymore is really devastating. Because there's a sense of freedom in being able to go

out. And you have to be very patient waiting for the cab; you have to wait half an hour for the cab." (RSVP)

## **Gender**

Reflecting national trends, men in the North Penn area are twice as likely to not have a regular source of care as women (13.7% versus 6.2%). While similar percentages of men and women are without health insurance (4.2% versus 4.4%), men are more likely to be without prescription medical coverage than women (12.2% versus 8.7%). However, women are three times more likely to cite cost as a reason for not filling a prescription than men (11.7% versus 3.8%).

## **Race and Ethnicity**

Non-whites in the North Penn area are more likely to experience barriers to care than are whites (Table 12). For example, non-white adults are more than twice as likely (25.4%; representing 4,700 adults) to be without a regular source of care than white adults (9.2%). Additionally, non-white adults are three times more likely to be without health insurance than white adults (16.9% versus 3.7%). Non-white adults are less able to afford needed care than white adults: non-whites are four times as likely to forgo needed health care (17.2% versus 3.9%), two times as likely to forgo dental care (26.3% versus 13.2%) and three times as likely to not fill a necessary prescription (19.4% versus 7.1%) than whites. Additionally, three times as many non-white adults (7.7%) cite transportation problems as a reason for not getting needed care as white adults (2.7%) (Figure 11).

Linguistic and cultural differences also operate as serious barriers to care for non-English speaking residents and for those whose cultural beliefs regarding health care differ from those of the American health care system. This is an important issue in the North Penn area, whose Latino and Asian population is growing. Languages which are commonly spoken by these immigrants include: Spanish, Vietnamese, Cambodian, Korean, Bengali and Gujarati. Many Latinos and Asians in the North Penn area do not speak English, or do not speak English well enough to communicate with a physician. For example, according to the U.S. Census, 1.1% of area residents are linguistically isolated (representing 2,060 residents). Hospital in-patients and out-patients who do not speak English can access translation services at Central Montgomery Medical Center by using the 24-hour AT&T language line conference call service or the hospital's bank of staff who are willing to act as interpreters. However, few physicians or their staff in the area speak Spanish, and there are none who speak Bengali or Gujarati, the two Indian languages most commonly spoken by Indian immigrants. Many patients bring family or friends to interpret for them, but this often results in poor quality care due to errors in translation and reticence on the part of the patient to discuss personal issues in front of a family member or friend. Existing translation services in this area which are available free of charge to the patient, such as

those provided by the Indian Valley Opportunity Council, cannot fill the current need. Translation services in Philadelphia will not travel to North Penn and their fees are unaffordable (\$60/hour). These barriers are compounded by the fact that some immigrants are here illegally, work in low wage jobs that do not provide insurance, and are not insured through Medical Assistance or private insurers.

## Poverty

Not surprisingly, poor adults experience greater barriers to obtaining health care than non-poor adults. For example, poor adults are more likely to lack a regular source of care than non-poor adults (12.4% versus 9.9%). Moreover, poor adults (17.1%, representing 2,000 adults) are more than five times as likely to lack health insurance as non-poor adults (3.6%). Similarly, poor adults are almost three times more likely than non-poor adults to cite cost as a reason for not getting necessary dental care (35.1% versus 12.7%) and two-and-a-half times more likely to forgo filling a prescription due to cost (16.6% versus 7.2%) (Figure 12). Moreover, poor adults are more likely to cite transportation problems as a reason for not getting needed care than non-poor adults (4.8% versus 2.8%).

Transportation to employment and child care are serious problems for North Penn residents with low incomes, particularly for single women with children.

"There's plenty of places [in Souderton] I can take my children—playgrounds and things I can walk to. But as far as finding a job around here, there's nothing around here that pays that's even worth walking there. I came down here when I left my husband. I have to find a decent job." (IVHC)

"It's really tough around here. There's one bus. And it runs in Souderton every hour and it just...it runs funny on the weekends and after 4 o'clock, it runs every two hours. With my situation, I have to leave work at a certain time, get to day care and be on that bus or I'm stranded for 2 hours. What am I going to do?" (IVHC)

"I [am] supposed to start Job Search in Norristown. I'm supposed to be there from 8:30 in the morning 'til 4:30 in the afternoon. There's no way that I can get from Norristown to day care by 5:00 to pick him up. I'm on three waiting lists." (IVHC)

"I lost my job three months ago because I didn't have any transportation and there's no transportation in my area. So I'm in a very tense situation right now; I have no money and I'm waiting for welfare again." (IVHC)

"I live in Souderton. I have 3 kids (ages 4, 3 and 4 months). I was working, but I had to leave because I couldn't find daycare. I'm looking now." (IVHC)



## County Comparison

Access to care in the North Penn area is similar to that in Montgomery and Bucks Counties as a whole, as shown in Table 12. For example, the North Penn area has a slightly higher percentage of adults without a regular source of care (10.0%) than Montgomery (8.8%) or Bucks (8.7%) Counties. However, relatively similar percentages of North Penn area, Montgomery and Bucks County adults are without health insurance (4.3%, 3.9% and 3.5%, respectively), do not seek care from a physician in private practice (5.1%, 5.5% and 3.6%, respectively), are insured through Medicaid (3.0%, 3.4% and 3.5%, respectively), are without prescription medical coverage (10.5%, 10.7 and 11.7%, respectively), are unable to afford needed health care (4.5%, 5.2% and 4.6%, respectively), are unable to afford filling a prescription (7.7%, 7.9% and 7.1%, respectively) and did not receive needed care due to transportation problems in the past year (2.9%, 3.3% and 4.8%, respectively).

North Penn area adults are slightly less likely to lack dental coverage (22.6%) than adults in Bucks (28.8%) or Montgomery (26.9%) Counties. Similarly, the North Penn area has a lower percentage of adults who did not receive dental care in the past year due to costs (13.9%) than Bucks (15.4%) or Montgomery (14.5%) Counties.

## Children

While the overwhelming majority (96.9%) of North Penn area children have access to a regular source of care, 2,000 children (3.1%) do not (Table 11). The percentage of children with a regular source of ongoing care has met the Healthy People 2010 goal of 96.0%. However, 5.3% have not visited the dentist within the past year, 2.5% do not have health insurance, 2.0% do not obtain care from a physician in private practice, and 0.9% have not had a checkup within the recommended time.

Access to health care also varies across different age subgroups of children. Adolescents aged 12-17 are more likely to lack health insurance (4.3%) than children aged 7-11 (2.6%) or aged 0-6 (0.7%) (Table 11). North Penn area children aged 0-6 are more likely to not obtain care from a physician in private practice (3.4%) than children aged 12-17 (1.4%) or those aged 7-11 (0.9%). Seven percent of children aged 7-11 (7.2%) have no regular source of care compared to 2.7% of children aged 0-6. These preschool aged children also are more likely not to have had a checkup within the recommended time (1.8%) than adolescents aged 12-17 (0.7%). Preschool aged children are also more likely to have not had a dental exam within the past year (10.6%) than children aged 7-11 (4.3%) or adolescents aged 12-17 (3.8%). A higher percentage of children aged 7-11 (5.5%) are insured through Children's Health Insurance Plan (CHIP) than adolescents aged 12-17 (1.5%) and preschool aged children (0.6%).

The North Penn area has a higher percentage of children without health insurance (2.5%) than Montgomery (1.8%) or Bucks (1.4%) Counties, and a higher percentage of children insured through CHIP (2.3%) than Bucks (2.1%) or Montgomery (1.0%) Counties. The North Penn area has a slightly higher percentage of children who have not had a checkup within the recommended time (0.9%) than Montgomery (0.5%) or Bucks (0.5%) Counties. However, the children in the North Penn area (29.3%) are slightly less likely than children in Bucks County (29.7%), but more likely than children in Montgomery County (33.1%), to need additional shots for school. The North Penn area and Montgomery County have similar percentages of children who do not obtain care from a physician in private practice (2.0% and 2.0%, respectively) compared to Bucks County (0.9%). The North Penn area has a lower percentage of children who have not had a dental exam in the past year (5.3%) than Montgomery (9.7%) or Bucks (8.6%) Counties.

## HEALTH BEHAVIORS

### Adults

Individual behaviors and environmental factors are responsible for about 70% of all premature deaths in the United States. Having a healthy lifestyle is crucial to maintaining good health. A poor diet, being overweight or obese, getting little or no exercise, drinking excessive amounts of alcohol on a regular basis, or smoking cigarettes can contribute to a host of serious health problems. These health problems can therefore be prevented to a great extent by changes in personal behavior.

Most adults in the North Penn area engage in healthy behaviors. For example, only 6.4% have had five or more drinks on five or more days in the past month (Table 13), slightly exceeding the Healthy People 2010 goal of 6.0%. An overwhelming majority (95.4%) wear seatbelts, which meets the Healthy People 2010 goal of 96.0%. However, 16.5% smoke cigarettes (representing 33,500 adults), which is above the Healthy People 2010 goal of 12.0%. Smoking cessation and prevention programs now being developed for the County with tobacco settlement funds should also be targeted for the North Penn area. One-half of area adults (53.2%) exercise more than three times a week, which exceeds the Healthy People 2010 goal of 30.0%. However, two-fifths of area adults (40.9%) are overweight and 15.2% report that their physician has recommended in the past year that they lose weight. Moreover, 16.5% of area adults are obese, which does not meet the Healthy People 2010 goal of 15.0%. The North Penn Visiting Nurse Association provides a wide variety of affordable programs on healthy lifestyles, including weight reduction and fitness. These programs should be expanded and publicized to encourage more residents to make changes in their health habits.

Health behaviors vary across different sub-groups of the population. Adults under age 65, males, racial and ethnic minorities and adults in poverty in the North Penn area are more likely to engage in unhealthy behaviors than older adults, women, whites and adults with higher incomes. These figures reflect national trends and are related to many complex social, biological and environmental factors, and should be used to target health education programs to these population subgroups. In addition, any programs which target these populations should be tailored to remove barriers to participation, whether economic or emotional.

### Age

For example, adults aged 45-64 are more likely to be obese (24.7%) than adults aged 65 and over (16.2%), 30-44 (14.1%) or 18-29 (7.2%) (Table 13). Additionally, 41.1% of adults aged 30-44 are overweight, followed by adults aged

18-29 (41.0%), adults aged 45-64 (41.0%) and adults aged 65 and over (40.0%).

Not surprisingly, younger adults are more likely to drink more than older adults: one-in-twenty adults aged 18-29 (20.8%) has had five or more drinks on five or more days in the past month compared to 4.1% of adults aged 45-64, and 3.5% of adults aged 30-44.

Adults aged 65 and over were more likely to have been advised by a physician to lose weight in the past year (20.5%) than adults aged 30-44(11.3%), and adults aged 18-29 (6.6%). Older adults are less likely to exercise regularly: 61.0% of adults aged 65 and over exercise less than three times a week compared to 50.5% of adults aged 45-64, 46.1% of adults aged 30-44, and 30.6% of adults aged 18-29 (Figure 13). Adults aged 65 and over are the least likely age group to smoke cigarettes (4.7%) compared to adults aged 18-29 (23.9%), adults aged 30-44 (23.0%) and adults aged 45-64 (11.0%).

### **Gender**

Nationally, men are more likely to engage in poor health behaviors than are women. Similarly, in the North Penn area, men are twice as likely to be overweight as women (55.1% versus 26.1%) (Table 13). However, a higher percentage of women are obese compared to men (19.1% versus 13.9%). Additionally, more women report being asked by their physician to lose weight in the past year than men (18.9% versus 11.4%). Women are less likely to exercise regularly than men: one-half of women (50.8%) exercise less than three times a week compared to 42.9% of men (Figure 14). Men are ten times more likely to report drinking five or more drinks on five or more days in the past month than women (11.3% versus 1.2%).

### **Race**

For many economic and cultural reasons, racial minorities nationally are more likely than non-minorities to engage unhealthy behaviors. As shown in Table 13, racial differences in health behaviors in the North Penn area are not as consistent as they are nationally. For example, although non-white North Penn area adults are more likely to be obese than white adults (25.5% versus 16.0%), a higher percentage of white adults are overweight than non-white adults (41.3% versus 29.8%). White adults are more likely to exercise less than three times a week than non-white adults (47.2% versus 39.9%). With respect to food security, non-white adults are twice as likely to have gone hungry because they could not afford food than white adults (5.3% versus 2.7%).

### **Poverty**

The health behaviors of poor adults are similar to those observed for non-whites. For example, poor adults in the North Penn area (11.9%; representing 1,500

adults) are more than five times as likely to have had to cut or skip a meal due to a lack of money than non-poor adults (2.2%) (Table 13). Poor adults are three times more likely to have gone hungry because they could not afford food than non-poor adults (4.3% versus 1.2%) (Figure 15). However, poor adults are twice as likely to be obese as non-poor adults (30.9% versus 15.7%). Poor adults are also more than twice as likely to have been advised by a physician to lose weight in the past year than non-poor adults (31.3% versus 14.2%). Poor adults are also less likely to exercise regularly: 65.8% versus 45.8%, respectively. One-quarter of poor adults (26.7%; representing 3,300 adults ) smokes cigarettes compared to 16.0% of non-poor adults.

### **County Comparison**

The health behaviors of North Penn area adults are generally better than those living in Montgomery and Bucks Counties as a whole (Table 13). The North Penn area has a lower percentage of adults who smoke cigarettes (16.5%) than Bucks (21.1%) or Montgomery (17.1%) Counties. A lower percentage of North Penn area adults have had to cut or skip a meal due to lack of money (2.8%) than Bucks (4.2%) or Montgomery (3.5%) Counties. North Penn area adults are also more likely to wear a seatbelt than Montgomery or Bucks County adults: only 4.6% of North Penn area adults seldom or never wear a seatbelt compared to 8.1% of Montgomery and 7.3% of Bucks County adults. Additionally, fewer North Penn area adults are obese (16.5%) than in Bucks (19.5%) or Montgomery (18.1%) Counties. However, a slightly higher percentage of North Penn area adults are overweight (40.9%) than in Bucks (39.2%) or Montgomery (36.8%) Counties. North Penn area adults are also less likely to exercise regularly: just under one-half of North Penn area adults (46.8%) exercise less than three times a week compared to adults in Montgomery (39.0%) or Bucks (38.8%) Counties. The North Penn area also has a higher percentage of adults who have had five or more drinks on five or more days in the past month (6.4%) than Bucks (4.6%) or Montgomery (4.2%) Counties.

### **Children**

Unintentional injuries are a leading cause of disability and death in children. Many childhood accidents are preventable. Fortunately, serious accidental injuries are relatively rare in the North Penn area; only 8.6% of North Penn area children were involved in an accident requiring medical attention in the past year; this represents 5,600 children (Table 11). In the North Penn area, 15.4% of children do not always or nearly always wear a bicycle helmet; however, 98.2% of children wear a seatbelt or are restrained in a car seat, which is above the Healthy People 2010 target of 92.0%.

Safety in school is of concern to many parents in the United States and locally. However, North Penn area parents are more often worried about their child's safety in traveling to and from school (7.0%) than their child's safety while in school (3.6%).

In addition to accidental injuries, many adult health problems can be prevented by learning good nutrition as a child, since overweight children are more likely to grow into overweight adults. In the North Penn area, 5.2% of children (representing 3,400 children) were advised to lose weight by a physician within the past year.

Health behaviors also vary within different age sub-groups of North Penn area children. Adolescents aged 12-17 were most likely to be involved in an accident (11.4%) compared to children aged 7-11 (8.7%) and children aged 0-6 (5.8%). Additionally, adolescents aged 12-17, not surprisingly, are more likely not to wear a bicycle helmet (36.8%) than children aged 7-11 (5.9%). However, children aged 7-11 (4.2%) are more likely to seldom or never wear a seatbelt than children aged 12-17 (1.4%). Six percent (5.8%) of parents of adolescents aged 12-17 (6.0%) often worry about their child while in school, followed by 1.7% for parents of children aged 7-11. Additionally, 8.7% of parents of adolescents aged 12-17 often worry about their child while traveling to and from school, followed by 5.5% of children aged 7-11 and 4.8% of parents of children aged 0-6.

Health behaviors among North Penn area children are similar to those in Montgomery and Bucks Counties as a whole. For example, North Penn area children (8.6%) were slightly less likely than children in Montgomery (10.4%) or Bucks (8.7%) Counties to be involved in an accident requiring medical attention in the past year. Parents in the North Penn area (7.0%) are less likely to worry about their child's safety while traveling between home and school than parents in Montgomery County (9.7%) but more likely than parents in Bucks County (6.0%). Additionally, parents in the North Penn area are also less likely to worry about their child's safety while in school (3.6%) than parents in Bucks (7.4%) or Montgomery (7.2%) Counties.

North Penn area children (15.4%) are equally likely to seldom or never wear a bicycle helmet as Montgomery County (15.3%) but more likely than children in Bucks County (19.5%). The percentage of children in the three areas who consistently wear seatbelts and bicycle helmets is similar.

## **PREVENTIVE CARE**

### **Adults**

Routine preventive screenings, which can detect health problems at earlier and more treatable stages, are vital to good health. While substantial numbers of North Penn area adults have had routine screenings in the recent past, a substantial percentage of adults have not (See Table 14). For example, a majority of adult men (53.1%) did not have a testicular exam in the past year; a majority of adults aged 50 and over (52.7%) did not have a colorectal exam in the past year. Two-fifths of adults (44.9%) did not have a vision test, have never been vaccinated against pneumonia (44.5%), a physical exam (41.8%), a blood cholesterol check (40.3%); or an influenza vaccination (40.1%) in the past year. In addition, more than one-third of women aged 40 and over (36.5%) did not have a mammogram in the past year. One-quarter of adult men aged 50 and over (27.7%) did not have a prostate exam and one-quarter of women (26.6%) did not have a Pap test for cervical cancer in the past year. One out of five adult women (21.5%) did not have a clinical breast exam; and one out of five adults (20.2%) did not have a routine dental exam.

Like health behaviors, the use of preventive screenings varies considerably across different population subgroups. As is true nationally, adults in the North Penn area who younger, non-white, male, or poor are less likely to obtain preventive screenings than older, female, white, or non-poor adults. This is due to a variety of complex individual and societal factors.

#### **Age**

For example, adults aged 30-44 are less likely to utilize preventive screenings than any other age group (Table 14). In the past year, 24.1% of adults aged 30-44 did not have a dental exam compared to 19.8% of adults aged 18-29, 18.6% of adults aged 45-64 and 15.1% of older adults 65 and over. A majority of adults aged 30-44 (54.8%) did not have a vision test compared to 45.6% of adults aged 45-64, 44.6% of adults aged 18-29 and one-quarter of adults aged 65 and over (21.7%). Adults aged 30-44 are also least likely to have had a blood pressure check (11.4%) compared to 10.7% of adults aged 45-64 and 9.8% of adults aged 18-29 and 0.4% of adults aged 65 and over. A majority of adults aged 30-44 (53.7%) did not have a blood cholesterol check compared to 49.0% of adults aged 18-29, 34.2% of adults aged 45-64 and 14.4% of adults aged 65 and over.

In addition, a majority of adults aged 30-44 (52.6%) did not have a physical exam in the past year compared to 40.4% of adults aged 45-64, 40.8% of adults aged 18-29 and 21.3% of adults aged 65 and over. Nearly three-fifths of adults aged 45-64 (56.7%) did not have an influenza vaccination compared to 53.9% of adults aged 30-44 and 19.9% of adults aged 65 and over. However, the percentage of adults aged 65 and over (80.1%) who have had an influenza

vaccination is below the Healthy People 2010 goal of at least 90.0% for adults aged 65 and over.

Similarly, nearly three-quarters of men aged 30-44 (71.2%) did not have a testicular exam compared to 51.3% of men aged 18-29, 44.4% of men aged 45-64, and 29.3% of men aged 65 and over. Moreover, 39.3% of men aged 45-64 did not have a prostate exam in the past year. Finally, over one-quarter of adults age 65 and over (27.8%) have never been vaccinated against pneumonia. The percentage of adults aged 65 and over who have been vaccinated against pneumonia (72.2%) is well below the Healthy People 2010 goal of 90.0% for adults aged 65 and over.

However, women aged 65 and over lag behind younger-aged women for Pap tests for cervical cancer, clinical breast exams and mammograms. Among women aged 65 and over, 41.3% did not have a Pap test in the past year, compared to 27.6% of women aged 45-64, 21.0% of women aged 18-29 and 20.7% of women aged 30-44. Over one-quarter of women aged 65 and over (28.6%) did not have a clinical breast exam in the past year, compared to 21.0% of women aged 18-29, 19.8% of women aged 45-64 and 19.8% of women aged 30-44.

### **Gender**

There is little variation between males and females in obtaining a dental exam (19.9% versus 20.4%), vision test (47.5% versus 42.2%), blood pressure reading (10.4% versus 8.0%) or physical exam (41.1% versus 39.5%). However, women are more likely to have not had an influenza vaccination in the past year (44.4%), colorectal exam (61.8%) or a pneumonia vaccination in their lifetime (61.6%) than men (33.4%, 43.1% and 46.4%, respectively).

### **Race**

Non-white adults living in the North Penn area are less likely to receive preventive screenings than white adults (Table 14). For example, non-white adults are less likely than white adults to have had a dental exam (29.4% versus 19.8%), vision test (51.4% versus 44.2%), influenza vaccination (76.6% versus 38.3%) or colorectal exam (55.8% versus 52.3%) in the past year (Figure 16). However, white adults are less likely than non-white adults to receive a blood cholesterol check (41.2% versus 23.6%), physical exam (42.7% versus 22.7%), Pap test (26.9% versus 12.5%), clinical breast exam (21.9% versus 8.2%), mammogram (36.9% versus 18.5%), or a testicular exam (54.1% versus 34.2%). This may reflect a recent increase nationally in the percentage of racial minorities receiving some types of preventive screenings, or more frequent testing due to the presence of illness.



## **Poverty**

Poor adults in the North Penn area are less likely than non-poor adults to receive preventive care. For example, adults in poverty are less likely to have had a dental exam (36.5% versus 19.3%), Pap test (54.1% versus 24.0%), or clinical breast exam (37.9% versus 19.9%). However, non-poor adults lag behind poor adults in vision testing (45.2% versus 37.3%), physical exams (42.6% versus 28.6%), colorectal exams (53.6% versus 43.9%), and mammograms (37.4% versus 28.3%).

## **County Comparison**

While many adults in the North Penn area have had preventive screenings in the past year, a higher percentage of North Penn area adults have not had a physical exam (41.8%), blood cholesterol check (40.3%), Pap test (26.6%), clinical breast exam (21.5%) or a mammogram (36.5%) than adults in Montgomery (39.3%, 37.6%, 24.7%, 18.4% and 31.1%, respectively) or Bucks (37.2%, 35.5%, 24.4%, 19.6% and 29.4%, respectively) Counties.

The next section presents Conclusions and Recommendations for the Foundation based on these Findings.

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## CONCLUSIONS AND RECOMMENDATIONS

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The North Penn area is experiencing population and residential changes. On the one hand, new homes and self-contained "retirement" communities for the middle and upper-class are being developed. At the same time, the population is becoming increasingly economically and ethnically diverse due to an increase in the number of immigrants, primarily from Asia and South and Central America. These immigrants and others with low incomes, primarily the working poor, compete for a limited amount of affordable rental housing. Also, many of the adults in these low income families lack adequate health insurance coverage and access to a regular source of primary preventive care. Transportation also poses a barrier to receiving health care, jobs, and child care for many residents.

The challenge facing the North Penn area is to improve access to health care and other services by maximizing the existing network of health care and social service agencies.

Any new efforts should address the following priority needs:

PROBLEM	PRIORITY	OPPORTUNITIES
<p>1. Lack of knowledge of existence and means of accessing needed social and health care services</p>	<p><u>High.</u> Public and private funding for social and health care services is wasted if persons in need do not use them. Use of social and health care services by those in need prevents more serious physical and emotional problems which eventually require greater support from public systems.</p>	<ul style="list-style-type: none"> <li>• Establish and widely publicize a centrally-located, community-wide source of information on community health and social services, such as a website, which can be accessed at local public libraries and schools by persons without computers. Typical sponsoring organizations include local United Ways, hospitals, and community health coalitions.</li> <li>• Provide training to social service and health care providers on assisting clients to access existing services in the area;</li> <li>• Publicize services through PSAs, at community gatherings, print media, building on the work already done by the North Penn Interagency Consortium.</li> </ul>
<p>2. Lack of access to primary medical and dental care and prescriptions for uninsured and underinsured adults</p>	<p><u>High.</u> 8,000 adults lack health insurance; 44,000 lack dental insurance; 20,000 lack prescription coverage. Persons with health insurance are more likely to receive timely preventive medical and dental care, thereby avoiding costly emergency room and hospital charges for more serious conditions.</p>	<ul style="list-style-type: none"> <li>• Increase knowledge of existing insurance programs for low income adults and older adults (adultBasic and PACE), pharmaceutical company programs for prescriptions, and other sources of free ancillary health services, such as eyeglasses from the Lions Club, through presentations at community events, PSAs and print media and facilitate enrollment through physician and provider education and assistance with enrollment at hospitals, physician's offices, and community sites.</li> <li>• Consider increasing the capability of the Health and Wellness Center of Montco-Mercy Nursing &amp; Community Partnership &amp; Community Housing Center, by assisting the expansion of the current site, allowing them to provide more hours of service, and by increasing publicity for the clinic.</li> <li>• Consider funding which would allow the Suburban General Hospital Family Practice Center to allow them to provide dental care and prescriptions as well as primary care for adults and children who are uninsured or underinsured.</li> <li>• Consider encouraging the establishment of a clinic providing primary care, dental care, and prescriptions at low cost or free of charge for uninsured low income adults and children, modeled on the Suburban General Hospital Family Practice Center (primary care only), HealthLink, the Free Clinic of Doylestown Hospital, and Community Volunteers in Medicine in Chester County; and for free prescription, vision, and dental care the Phoenixville Area Community Services Health Programs.</li> </ul>

PROBLEM	PRIORITY	OPPORTUNITIES
<p>3. Failure to obtain preventive screenings as recommended and choosing unhealthy lifestyles, especially for groups who tend to not use preventive screenings as often as recommended: males, women aged 65 and over, non-English speaking immigrants, and those with low incomes.</p>	<p>High. Death rates for the North Penn area substantially exceed the U.S. Surgeon General's goals for the year 2010 for stroke and cancer. Death rates for female breast cancer are also above the Healthy People 2010 target. The percentage of residents with high blood pressure in North Penn is above the Healthy People 2010 goal. High blood pressure affects over 39,000 North Penn adults and is related to increased risk of death from stroke and heart disease. Many deaths due to high blood pressure and many cancers could have been prevented by changes in health habits, primarily in diet and in smoking cigarettes, and by early detection and treatment. Prevention and early detection and treatment of these diseases also decreases spending for health care services for the chronically ill. Behaviors which contribute to stroke, all cancers, and breast cancer should be targeted, and preventive screenings for these diseases should be encouraged.</p>	<ul style="list-style-type: none"> <li>• Enhance the capability of the North Penn Visiting Nurse Association to provide increased screenings and health education to the community, and to population subgroups who do not typically use preventive screenings, by increasing funding to serve a larger number of individuals and for increased publicity, particularly the programs which already provide low cost mammograms and clinical breast screens, high blood pressure screens, stroke risk assessment, and overweight. Coordinate and enhance efforts at smoking cessation and prevention with logical partners, such as the Montgomery County Health Department and the County smoking cessation and prevention program funded through the tobacco settlement.</li> </ul>

PROBLEM	PRIORITY	OPPORTUNITIES
<p>4. Linguistic and cultural barriers to health care and social services for non-English speaking residents due to a shortage or lack of translators and written materials in Spanish, Bengali, Gujarati, Vietnamese, Cambodian, and Korean.</p>	<p><u>High</u>. Recent increases in the number of non-English speaking immigrants to the area have made this need a priority. Immigrants may not be legal residents, may never have had adequate health care, and may lack insurance coverage. As such, they are very vulnerable to serious health problems and costly hospital stays. An AT&amp;T line for translations and interpreters at Central Montgomery Medical Center helps, but few translation services are available for primary care and social service appointments. Many immigrants bring a friend or relative to translate for them, but this may cause misinformation and may lead to a lack of disclosure of important information due to the lack of confidentiality. The diversity of Indian languages is a special problem, since currently there are no health care providers who speak Bengali or Gujarati, the language most Asian Indian immigrants speak. Translation services in Philadelphia will not travel to North Penn and their fees are unaffordable (\$60/hour).</p>	<ul style="list-style-type: none"> <li>• Provide more funding for translators for individuals who need primary care and speak Spanish, Korean, Vietnamese, Cambodian, Gujarati, or Bengali, at local agencies already providing such services, such as the Indian Valley Opportunity Center.</li> <li>• Encourage the identification and use of volunteer translators for individuals needing primary care through outreach to faith communities, whose congregants often provide these services on an ad hoc basis.</li> <li>• Encourage the growth of community outreach services at the Medical Center based on efforts at Elkins Park, Frankford, Northeastern, and Holy Redeemer.</li> <li>• Provide training for providers in understanding cultural differences and ways in which to improve communication.</li> </ul>
<p>5. Underutilization of the area's volunteers and potential volunteers due to a need for greater capabilities in agencies using volunteers and need for more central coordination of volunteer recruitment and assignment.</p>	<p><u>High to Moderate</u>. North Penn has a wealth of volunteer resources, primarily through its large and strong faith community. Many needs of area residents, including for affordable transportation, mentoring for children, home repairs for seniors, and respite for caregivers, are particularly conducive to volunteer programs and are already targeted by local agencies. However, the need for these services is greater than the supply of volunteers. In addition, volunteer efforts often falter after initial enthusiasm wanes.</p>	<ul style="list-style-type: none"> <li>• Investigate models which provide a central coordination service for volunteer efforts, such as Philly Cares.</li> <li>• Provide training for local non-profits on maintaining and extending their efforts at recruiting volunteers, coordinating efforts with other agencies, and identifying new projects.</li> </ul>

In addressing these issues, new services may not necessarily need to be created, but it will be necessary to make the existing services more accessible by providing support to coordinate activities among agencies and to fill in existing service gaps. Efforts to bring providers together from all sectors to plan how to best meet the needs of the community and how to inform and engage the community will be a good first step towards meeting the mission of the Foundation to improve the health and quality of life of all residents.

## **APPENDIX A: LIST OF KEY INFORMANTS**

**LIST OF KEY INFORMANTS  
NORTH PENN COMMUNITY HEALTH NEEDS ASSESSMENT**

Kathleen Fitzgerald, Executive Director  
Kathy McCarter, Director, Community Health Education  
Lynn Marie Anderson, Director, Adult Day Services  
North Penn Visiting Nurse Association  
51 Medical Campus Drive  
Lansdale, PA 19446

Susan Kaufmann, R.N.  
Coordinator of Health Care  
North Penn School District

Jack Rosenfield, M.D.  
826 N. Broad Street  
Lansdale, PA 19446

Francis Jeyaraj, M.D.  
Lansdale Pediatric and Adolescent Medical Associates  
730 S. Broad Street  
Lansdale, PA 19446

Richard G. Detwiler  
Executive Director  
Indian Valley Opportunity Center  
104 Main Street  
Souderton, PA 18964

Karen Kispert  
Indian Valley Housing Corporation  
201 Main Street  
Souderton, PA 18964

Sr. Eleanor Peck  
Sr. Ellen Allen  
Social Ministries  
St. Stanislaus Catholic Church  
51 Lansdale Avenue  
Lansdale, PA 19446



Melissa Damast  
North Penn Interagency Consortium  
Helpline Center Office  
306 Madison Avenue  
Lansdale, PA 19446

Karen Forbes, Executive Director  
Lisa Moyer  
Big Brothers & Big Sisters of Montgomery County  
16 Susquehanna Avenue  
Lansdale, PA 19446

Linda Forrest  
Montgomery County Office of Aging  
and Adult Services - Norristown  
Montgomery County Human Services Center  
1430 Dekalb Street  
Norristown, PA 19404-0311

Doreen Fisher  
Montgomery County Office of Aging  
and Adult Services - Lansdale  
North Penn District Office  
421 West Main Street  
Lansdale, PA 19446

Jean Dilworth  
Community Housing Services, Inc.  
617 West Main Street  
Lansdale, PA 19446-2011

Larry Budner  
Children's Aid Society  
1314 Dekalb Street  
Norristown, PA 19401

Janet Skiba, M.S.W.  
Former Director  
Bucks County Division of Human Services

Amy Cummings-Leight  
Executive Director  
North Penn Senior Center  
315 West Main Street  
Lansdale, PA 19446

Gordian V. Ehrlacher, B. S.  
Public Health Administrator  
Bucks County Health Department  
Health Building (2<sup>nd</sup> floor)  
Neshaminy Manor Center  
Doylestown, PA 18901

## **APPENDIX B: KEY INFORMANT GUIDE**



**NORTH PENN COMMUNITY HEALTH FOUNDATION  
NEEDS ASSESSMENT  
KEY INFORMANT INTERVIEW GUIDE  
FOR COMMUNITY MEMBERS**

**INTERVIEWER:** \_\_\_\_\_

**DATE:** \_\_/\_\_/\_\_

**KEY INFORMANT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

*Introduction: The North Penn Community Health Foundation is conducting a study of the health and safety needs of the residents of its service area. As part of the study, we are interviewing leaders in the community who are knowledgeable about the area's residents and their needs. We would like to know your opinions, based on your experience serving the community.*

*First, I would like to ask you some questions about your perceptions of the needs of the community.*

1) What kind of organizations and/or issues are you involved with in the community as part of your responsibilities at your organization/business?

2) In your opinion, what types of major health and social problems do residents of the North Penn area face on a daily basis? By health and social problems, I am including economic, social, educational, environmental, and other barriers to health services and well-being.

(Probe for violence in the community, teen pregnancy, AIDS, crime, drugs and alcohol, domestic violence, problems of older adults, lack of public transportation and other access to health care, poor health behaviors and dangerous lifestyles, and environmental pollution)

3) What are the strengths that the community brings/can bring to addressing these issues?

4) Can you identify what you feel are the top five health issues or concerns in the community?

5) What effect do these health problems have on area residents, i.e., how is this a problem for them? Are some subgroups of residents impacted more seriously than others? Who?

6) How do you feel these problems affect you personally, your organization, and the community as a whole?

7) How well do the existing health and social services meet the demand? If they do not, are expanded services needed, or new types of services?

8) How effectively are the existing health and safety services addressing these problems? If they are not effective, why not?

9) Are there any existing health and social services in the community which are NOT needed? If so, which are not needed, and why not?

10) Is there a problem with a duplication of health and social services in the community? If so, which services are duplicative?

11) What existing financial and human resources could be tapped to better meet the needs of residents with these health problems?

12) Are there any organizations or individuals who should be involved in planning new approaches to these health problems? Who?

13) Are you a member of, or active in, any other organizations in the community, either as an individual or as a representative of your organization? If so, what are they?

14) Do you have any further comments? Thank you.

## **APPENDIX C: FOCUS GROUP GUIDE**

# THE NORTH PENN AREA COMMUNITY HEALTH PROJECT

## ADULT FOCUS GROUP QUESTIONS

### INTRODUCTION

You have been asked to participate in this discussion group because you are residents of the North Penn area. The North Penn Community Health Foundation has asked the Philadelphia Health Management Corporation to collect information on the health needs of residents of the North Penn area. The Philadelphia Health Management Corporation is a private, non-profit public health organization. The information from these discussion groups will be combined with other information we are collecting into a report which will be sent to the Foundation. Our conversation tonight will be recorded by a tape recorder because we do not want to miss anything you say. I want to assure you that everything you say here is confidential and your name will never be used in connection with anything you say in any written report that comes out of this group. My job is to act as moderator of the discussion and ask the questions. Since we have a lot of questions to get through tonight, I may have to cut short discussion of some questions to make sure we finish on time. Also, in order to make sure that everyone gets a chance to be heard, I ask that only one person talk at a time. Please feel free to leave and use rest rooms at any time during the discussion or to get up and help yourself to the refreshments.

In order to introduce everyone, let's go around the table. Please tell everyone your first name, the area of the county you live in, whether you're working, a homemaker, or retired, and who lives in your household with you. Is anyone here caring for another friend or family member? What do you do for them?

### QUESTIONS

1. How many people here have a doctor they can go to if they have a question about their health or are sick? What type of provider do you use: private practice doctor, clinic, emergency room, etc.?
2. Thinking back to your last visit to the place YOU usually go for health care, how satisfied were you with the visit? Why? What is the most important quality to look for in choosing a health care provider? Other important qualities? (Probe for quality of care, location, office hours, respectful treatment by staff, language spoken by staff, waiting time in office, waiting time to get an appointment.)
3. Thinking back to your last visit to the place YOUR CHILD(REN) usually go for health care, how satisfied were you with the visit? Why? What is the most important quality to look for in choosing a health care provider? Other important qualities? (Probe for quality of care, location,



office hours, respectful treatment by staff, language spoken by staff, waiting time in office, waiting time to get an appointment.)

4 Have YOU had a problem getting any health care and related services that you needed or thought you needed in the past two years? This includes primary care, emergency services, specialty care, dental care, prescriptions, eyeglasses, diagnostic tests, such as mammograms and prostate cancer screening. If so, what were they and what was the problem? (Probe for insurance problems, care after hours and on weekends, cost of prescriptions, preventive and diagnostic tests, eyeglasses, dental care, availability of specialists, transportation barriers)

5 Have YOUR CHILD(REN) had a problem getting any health care and related services that you needed or thought you needed in the past two years? This includes well child check ups, shots, emergency services, specialty care, dental care, prescriptions, eyeglasses, diagnostic tests, or screenings for hearing and vision problems. If so, what were they and what was the problem? (Probe for insurance problems, care after hours and on weekends, cost of prescriptions, preventive and diagnostic tests, eyeglasses, dental care, availability of specialists, transportation barriers)

6. We are also very interested in learning what types of problems affect the quality of life for residents of the North Penn area. How highly would you rate the quality of life here for yourselves and your family? Are there any issues that detract from the quality of life? Probe for lack of recreational activities for children and youth, quality affordable child care, school issues, employment, drugs and alcohol abuse, domestic violence, lack of public transportation to services.

7. Which are the most serious concerns? Why?

8. What services are available now to address these concerns? Are these services adequate? Are there any problems connected with getting these services?

9. What new services, if any, should be provided to address these needs?

10. What is the best way to reach individuals and families in the North Penn area with services, i.e., location of services, how to let people know about services, how to get them to participate in the project and feel involved, how to get people to use services?

## **APPENDIX D: TABLES**

**Table 1: Demographic Characteristics of the North Penn Area Population, 1990-2005**

	1990		2000		2005		Change 1990-2005	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
<b>Age</b>								
0-17	55,871	24.3%	65,533	24.4%	67,492	23.7%	11,621	20.8%
18-29	39,776	17.3%	37,064	13.8%	40,153	14.1%	377	0.9%
30-44	59,089	25.7%	62,848	23.4%	58,379	20.5%	-710	-1.2%
45-54	25,521	11.1%	40,018	14.9%	45,564	16.0%	20,043	78.5%
55-64	20,003	8.7%	26,590	9.9%	33,603	11.8%	13,600	68.0%
65-74	16,094	7.0%	18,801	7.0%	20,219	7.1%	4,125	25.6%
75-84	9,887	4.3%	12,623	4.7%	13,669	4.8%	3,782	38.2%
85+	3,679	1.6%	5,103	1.9%	5,696	2.0%	2,017	54.8%
65+	29,660	12.9%	36,527	13.6%	39,584	13.9%	9,924	33.4%
<b>Gender</b>								
Male	111,222	48.4%	130,260	48.5%	138,136	48.5%	26,914	24.2%
Female	118,698	51.6%	138,320	51.5%	146,639	51.5%	27,941	23.5%
<b>Race</b>								
White	217,406	94.6%	248,117	92.4%	260,026	91.3%	42,620	19.6%
African Ar	5,925	2.6%	8,364	3.1%	9,677	3.4%	3,752	63.3%
Asian	6,366	2.7%	11,782	4.4%	14,704	5.2%	8,338	130.9%
Native Arr	223	0.1%	317	0.1%	368	0.1%	145	65.0%
<b>Latino Origin</b>								
Latino	2,660	1.2%	4,780	1.8%	5,973	2.1%	3,313	124.5%
Non-Latin	227,260	98.8%	263,800	98.2%	278,802	97.9%	51,542	22.7%
TOTAL	229,920	100.0%	268,580	100.0%	284,775	100.0%	54,855	23.4%

Source: U.S. Census of Population and Housing (1990); Solucient, Inc. (2000 and 2005).

**Table 2: Socioeconomic Characteristics of North Penn Area Population, 1990**

	Number	Percent
<b>Below 150% of Poverty Level</b>	12,236	5.6%
<b>Female-Headed Households</b>	5,652	6.7%
<b>65+ Living Alone</b>	7,622	21.0%
<b>Selected Occupations</b>		
Professional	40,578	39.7%
Sales	22,056	21.6%
Laborer	14,212	13.9%
Service	10,358	10.1%
Farm	1,346	1.3%
Craft	13,628	13.4%
<b>No motor vehicle</b>	4,358	4.9%
<b>Linguistically isolated*</b>	2,342	1.1%
<b>High school graduate or higher</b>	132,120	85.9%

\* Linguistically isolated is defined as persons 5 years old and over who reported that they speak a language other than English and do not speak English well or at all.

Source: 1990 U.S. Census of Population and Housing

**Table 3: Demographic Characteristics of North Penn Area Population, 1990**

	<b>Number</b>	<b>Percent</b>
<b>Total Population</b>	229,920	100.0%
<b>Race</b>		
White	217,406	94.6%
African American	5,925	2.6%
Asian	6,366	2.7%
Native American	223	0.1%
<b>Latino Origin</b>		
Latino	2,660	1.2%
Non-Latino	227,260	98.8%
<b>Gender</b>		
Male	111,222	48.4%
Female	118,698	51.6%
<b>Age</b>		
0-17	55,871	24.3%
18-29	39,776	17.3%
30-44	59,089	25.7%
45-54	25,521	11.1%
55-64	20,003	8.7%
65-74	16,094	7.0%
75-84	9,887	4.3%
85+	3,679	1.6%
65+	29,660	12.9%
<b>Median Household Income</b>	\$45,896	

Source: 1990 U.S. Census of Population and Housing

**Table 4: Demographic Characteristics of North Penn Area Population, 2000**

	<b>Number</b>	<b>Percent</b>
<b>Total Population</b>	268,580	100.0%
<b>Race</b>		
White	248,117	92.4%
African American	8,364	3.1%
Asian	11,782	4.4%
Native American	317	0.1%
<b>Latino Origin</b>		
Latino	4,780	1.8%
Non-Latino	263,800	98.2%
<b>Gender</b>		
Male	130,260	48.5%
Female	138,320	51.5%
<b>Age</b>		
0-17	65,533	24.4%
18-29	37,064	13.8%
30-44	62,848	23.4%
45-54	40,018	14.9%
55-64	26,590	9.9%
65-74	18,801	7.0%
75-84	12,623	4.7%
85+	5,103	1.9%
65+	36,527	13.6%
<b>Median Household Income</b>	\$67,892	

Source: 1990 Solucient, Inc.

**Table 5: Demographic Characteristics of North Penn Area Population, 2005**

	<b>Number</b>	<b>Percent</b>
<b>Total Population</b>	284,775	100.0%
<b>Race</b>		
White	260,026	91.3%
African American	9,677	3.4%
Asian	14,704	5.2%
Native American	368	0.1%
<b>Latino Origin</b>		
Latino	5,973	2.1%
Non-Latino	278,802	97.9%
<b>Gender</b>		
Male	138,136	48.5%
Female	146,639	51.5%
<b>Age</b>		
0-17	67,492	23.7%
18-29	40,153	14.1%
30-44	58,379	20.5%
45-54	45,564	16.0%
55-64	33,603	11.8%
65-74	20,219	7.1%
75-84	13,669	4.8%
85+	5,696	2.0%
65+	39,584	13.9%
<b>Median Household Income</b>	\$80,274	

Source: Solucient, Inc.

**Table 6: Maternal and Child Health Indicators for North Penn Area by Race, 1997-2000**

Indicator	North Penn	Montgomery County	Bucks County	Healthy People 2010 Goal
<b>Indicator</b>				
Percent low birthweight <sup>1</sup>	6.4	6.6	7.0	5.0
Infant mortality rate <sup>2</sup>	5.3	5.5	5.3	4.5
Percent receiving late prenatal care <sup>3</sup>	7.0	9.4	7.7	10.0
Adolescent birth rate <sup>4</sup>	2.0	9.5	8.9	Not Applicable
<b>White</b>				
Percent low birthweight <sup>1</sup>	6.0	5.9	6.6	5.0
Infant mortality rate <sup>2</sup>	5.4	4.9	4.8	4.5
Percent receiving late prenatal care <sup>3</sup>	5.9	7.6	6.7	10.0
Adolescent birth rate <sup>4</sup>	2.0	6.8	7.5	Not Applicable
<b>Non-White</b>				
Percent low birthweight <sup>1</sup>	8.7	10.5	11.2	5.0
Infant mortality rate <sup>2</sup>	5.8	10.1	11.7	4.5
Percent receiving late prenatal care <sup>3</sup>	15.5	20.8	20.4	10.0
Adolescent birth rate <sup>4</sup>	3.1	27.9	27.2	Not Applicable

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup> <2,500 grams

<sup>2</sup> per 1,000 live births

<sup>3</sup> received no prenatal care in first trimester

<sup>4</sup> aged 15-17

Source: Healthy People 2010; PA Department of Health. All calculations are by PHMC.



**Table 7: Average Annualized Age-Adjusted Mortality Rates for Selected Causes of North Penn Area, 1997-2000**

<b>Cause of Death</b>	<b>North Penn</b>	<b>Montgomery County</b>	<b>Bucks County</b>	<b>Healthy People 2010 Goal</b>
<b>All deaths</b>	799.4	775.3	841.9	Not Applicable
<b>Heart disease</b>	152.3	156.6	168.5	166.0
<b>Lung cancer</b>	47.1	48.7	56.5	44.8
<b>Stroke</b>	70.2	59.0	62.8	48.0
<b>Cancer</b>	189.6	194.3	202.0	158.7
<b>Female breast cancer</b>	27.8	30.0	26.1	22.2
<b>Accidents</b>	31.6	30.1	28.6	Not Applicable
<b>Suicide</b>	8.2	9.3	8.5	6.0
<b>Homicide</b>	0.9	2.2	1.5	3.2

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup>Age-adjusted rates are computed by the direct method using the 2000 U.S. standard million population. Rates are per 100,000 population.

Source: PA Department of Health. All calculations are by PHMC.

**Table 8: Average Annualized Rates<sup>1</sup> of Reportable Diseases, North Penn Area<sup>2</sup>, 1999-2001 and Healthy People 2010 Goals**

<b>Disease</b>	<b>North Penn Average Rate</b>	<b>North Penn Area Average Number of Reported Cases</b>	<b>Healthy People 2010 Goal</b>
<b>Bacterial Meningitis</b>	0.4	4	Not Applicable
<b>Campylobacter</b>	1.9	19	12.3
<b>Chlamydia</b>	5.5	55	Not Applicable
<b>Cryptospor</b>	0.4	4	Not Applicable
<b>E. Coli</b>	0.7	7	1.0
<b>Giardiasis</b>	2.8	28	Not Applicable
<b>Gonorrhea</b>	1.3	13	19.0
<b>Hepatitis A</b>	0.3	3	4.5
<b>Hepatitis B</b>	0.3	3	3.8*
<b>Hepatitis C</b>	--	--	1.0
<b>Lyme Disease</b>	6.7	67	9.7
<b>Rabies</b>	0.4	4	Not Applicable
<b>Salmonella</b>	3.3	33	6.8
<b>Syphilis</b>	0.0	0.3	0.2

<sup>1</sup> Rates are per 100,000 population.

<sup>2</sup> Montgomery County only.

-- No cases reported.

\* This number represents an average. For adults aged 19-24, the Healthy People 2010 goal is 2.4 per 100,000; for adults aged 25-39, the Healthy People 2010 goal is 5.1; and for adults aged 40 and over, the Healthy People 2010 goal is 3.8.

The number of cases of reportable diseases for the Bucks County part of the North Penn area represent a six-month period (January - June 2002) and are insufficient to allow the calculation of reliable rates. There were 4 cases of Campylobacter, 4 cases of Giardiasis, 26 cases of Lyme Disease, 1 case of Hepatitis A and 2 cases of Infant Botulism.

Source: Montgomery and Bucks County Departments of Health

**Table 9: Health Status of North Penn Area Adults by Selected Socioeconomic and Demographic Characteristics**

	Age				Gender		Race		Poverty Status <sup>1</sup>		North Penn	Montgomery	Bucks
	18-29	30-44	45-64	65+	Male	Female	White	Non-White	Poor	Non-Poor	Total	County Total	County Total
<b># Adults</b>	37,064	62,848	66,608	36,527	98,478	104,569	187,615	15,432	12,236	190,811	203,047	526,521	454,945
<b>Percentage of adults in fair or poor health</b>	5.6	5.4	13.6	17.2	9.1	10.6	9.8	9.0	36.4	8.3	9.9	11.9	12.9
<b>Percentage of adults with:</b>													
<b>Arthritis</b>	0.8	5.9	20.0	42.7	8.9	21.5	15.1	14.4	38.8	13.7	15.1	17.8	18.1
<b>Asthma</b>	7.0	5.0	5.2	3.4	3.7	6.8	5.4	1.7	5.7	5.2	5.2	5.9	5.7
<b>Chronic condition</b>	6.8	13.3	23.4	29.3	13.1	22.6	18.2	11.9	24.3	17.4	17.8	22.0	23.0
<b>Diabetes</b>	N/C*	1.4	5.1	8.7	2.9	3.9	3.1	10.2	8.5	3.1	3.4	5.3	6.6
<b>Heart disease</b>	NC	2.0	8.2	20.9	9.2	3.8	6.9	N/C	12.7	6.2	6.5	8.2	9.1
<b>High blood pressure</b>	4.1	9.9	30.4	53.0	24.1	19.7	21.9	24.4	46.9	20.5	22.0	22.5	23.5
<b>High blood cholesterol</b>	1.8	13.0	27.0	41.0	18.1	21.3	19.5	25.0	18.6	19.8	19.7	22.9	23.7
<b>Mental health condition</b>	3.6	3.4	4.7	4.5	2.9	5.2	4.3	N/C	13.9	3.5	4.0	5.0	7.0
<b>Depressed three or</b>	5.9	12.0	10.1	4.9	6.9	11.5	9.1	10.7	24.0	8.0	9.2	9.9	9.1
<b>Experienced extreme</b>	16.5	22.9	18.5	9.3	12.0	24.8	18.2	16.6	30.5	17.7	18.3	20.0	21.5

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup>"Poor" is defined as at or below 150% of the Federal Poverty Level.

<sup>2</sup>"Extreme stress" ranges from 8 to 10 on a 1-10 point scale of stress levels experienced in the past year.

\* Not calculable. Small sample size precludes calculation of percentages. Sample size: N=602; projected number=203,047.

Source: 2000 PHMC SEPA Household Health Survey (N=602)

**Table 10: Functional Status and Use of Services of North Penn Area Adults Aged 60+**

	North Penn	Montgomery	Bucks
	Total	County Total	County Total
<b># Adults 60+</b>	48,528	145,537	100,542
<b>Percentage of adults 60+ with:</b>			
Fall in the past year	9.7	15.8	14.2
One or more ADL	3.9	5.6	6.8
One or more IADL	16.2	18.6	16.5
Formal care services in home	3.4	5.1	5.4
Informal help with ADLs <sup>1</sup>	N/C*	20.4	14.1
Informal help with IADLs <sup>2</sup>	13.7	32.4	15.8
<b>Percentage of adults 60+ who:</b>			
Have heard of County Agency on Aging	46.1	35.8	54.7
Have heard of activities at Senior Center	88.4	86.1	84.9
Have used activities at Senior Center	15.8	17.7	18.2
Have used meals/food programs	2.9	4.8	2.5
Have used transportation services	9.0	8.7	5.1
Have used PACE	1.4	4.5	4.7
<b>Percentage of adults 60+ who need:</b>			
Meal programs	1.6	0.9	1.1
Transportation services	1.9	3.1	2.5
PACE	5.7	5.1	7.2
Roof repairs	5.2	5.2	5.2
Plumbing repairs	4.5	6.5	4.6
Heating repairs	2.3	2.1	3.1

Note: Montgomery and Bucks totals are for the entire counties.

\* Not Calculable. Small sample size precludes calculation of sample percentages; sample size: n=144; projected number=48,528.

<sup>1</sup>Activities of Daily Living

<sup>2</sup>Instrumental Activities of Daily Living

Source: 2000 PHMC SEPA Household Health Survey (N=144)

**Table 11: Health Status and Health Behaviors of North Penn Area Children by Age**

	Ages			North Penn	Montgomery	Bucks
	0-6	7-11	12-17	Total	County Total	County Total
<b># Children</b>	24,706	18,546	22,281	65,533	167,461	151,313
<b>Percentage of children in fair or poor health</b>	5.1	7.2	6.8	6.3	3.4	3.0
<b>Percentage of children with:</b>						
<b>Asthma</b>	8.7	12.8	6.0	8.9	6.8	6.1
<b>Chronic condition</b>	16.9	11.3	12.2	13.6	10.2	10.2
<b>Allergies</b>	13.3	34.1	22.2	22.6	21.7	21.3
<b>Needing additional shots for school</b>	27.8	37.0	23.1	29.3	33.1	29.7
<b>No regular source of care</b>	2.7	7.2	N/C	3.1	3.4	1.6
<b>No insurance</b>	0.7	2.6	4.3	2.5	1.8	1.4
<b>Insurance through CHIP</b>	0.6	5.5	1.5	2.3	1.0	2.1
<b>Source of care is not physician in private practice</b>	3.4	0.9	1.4	2.0	2.0	0.9
<b>No checkup within recommended time</b>	1.8	N/C*	0.7	0.9	0.5	0.5
<b>No dentist visit within past year</b>	10.6	4.3	3.8	5.3	9.7	8.6
<b>Percentage of children who:</b>						
<b>Were advised by physician to lose weight</b>	N/A	5.5	6.0	5.2	5.4	7.1
<b>Were involved in accident requiring medical attention in past year</b>	5.8	8.7	11.4	8.6	10.4	8.7
<b>Seldom or never wear a bicycle helmet</b>	N/C	5.9	36.8	15.4	15.3	19.5
<b>Seldom or never wear a seat belt/use a car seat</b>	N/C	4.2	1.4	1.8	1.5	1.1
<b>Percentage of parents who:</b>						
<b>Often worry about child's safety while in school</b>	N/C	1.7	6.0	3.6	7.2	7.4
<b>Often worry about child's safety to and from school</b>	4.8	5.5	8.7	7.0	9.7	6.0

Note: Montgomery and Bucks totals are for the entire counties.

\* Not calculable. Small sample size precludes calculation of percentages. Sample size: N=213; projected number=65,533.

Source: 2000 PHMC SEPA Household Health Survey (N= 213)

**Table 12: Access to Care Among North Penn Area Adults by Selected Socioeconomic and Demographic Characteristics**

	Age				Gender		Race		Poverty Status <sup>1</sup>		North Penn	Montgomery	Bucks
	18-29	30-44	45-64	65+	Male	Female	White	Non-White	Poor	Non-Poor	Total	County Total	County Total
<b># Adults</b>	37,064	62,848	66,608	36,527	98,478	104,569	187,615	15,432	12,236	190,811	203,047	526,521	454,945
<b>Percentage of adults:</b>													
<b>No regular source of care</b>	22.0	9.9	6.7	2.8	13.7	6.2	9.2	25.4	12.4	9.9	10.0	8.8	8.7
<b>Uninsured</b>	5.3	6.8	3.1	0.1	4.2	4.4	3.7	16.9	17.1	3.6	4.3	3.9	3.5
<b>Source of care is not physician in private practice</b>	2.2	5.7	6.3	7.9	4.7	6.7	5.6	8.3	17.7	5.0	5.7	5.5	3.6
<b>Insurance through Medicaid</b>	6.4	2.8	0.3	5.1	3.1	2.9	2.7	8.5	9.5	2.6	3.0	3.4	3.5
<b>No prescription coverage</b>	12.2	6.8	8.4	20.1	12.2	8.7	10.0	21.2	11.4	10.3	10.5	10.7	11.7
<b>No dental coverage</b>	11.4	17.0	18.9	53.9	20.2	25.0	23.0	15.2	51.2	21.2	22.6	26.9	28.8
<b>Did NOT receive following services in past year due to cost:</b>													
<b>Health care</b>	1.7	8.4	4.3	N/C*	4.1	5.0	3.9	17.2	4.5	4.5	4.5	5.2	4.6
<b>Dental care</b>	8.8	21.5	13.0	5.0	12.8	15.0	13.2	26.3	35.1	12.7	13.9	14.5	15.4
<b>Prescription filled</b>	10.4	9.8	4.2	6.8	3.8	11.7	7.1	19.4	16.6	7.2	7.7	7.9	7.1
<b>Did NOT receive needed care due to transportation problems</b>	5.9	1.6	3.0	2.0	3.2	2.6	2.7	7.7	4.8	2.8	2.9	3.3	4.8

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup>"Poor" is defined as at or below 150% of the Federal Poverty Level.

\* Not calculable. Small sample size precludes calculation of percentages. Sample size: N=602; projected number=203,047.

Source: 2000 PHMC SEPA Household Health Survey (N=602)

**Table 13: Health Behaviors Among North Penn Area Adults by Selected Socioeconomic and Demographic Characteristics**

	Age				Gender		Race		Poverty Status <sup>1</sup>		North Penn	Montgomery	Bucks
	18-29	30-44	45-64	65+	Male	Female	White	Non-White	Poor	Non-Poor	Total	County Total	County Total
<b># Adults</b>	37,064	62,848	66,608	36,527	98,478	104,569	187,615	15,432	12,236	190,811	203,047	526,521	454,945
<b>Percentage of adults who:</b>													
<b>Cut a meal due to lack of money</b>	3.0	4.2	2.0	0.9	1.8	3.8	2.7	4.6	11.9	2.2	2.8	3.5	4.2
<b>Hungry because could not afford food</b>	2.1	2.2	0.7	N/C*	1.3	1.5	1.2	5.3	4.3	1.2	1.4	1.5	1.9
<b>Smoke cigarettes</b>	23.9	23.0	11.0	4.7	18.3	14.7	16.5	18.3	26.7	16	16.5	17.1	21.1
<b>Obese<sup>2</sup></b>	7.2	14.1	24.7	16.2	13.9	19.1	16.0	25.5	30.9	15.7	16.5	18.1	19.5
<b>Overweight<sup>3</sup></b>	41.0	41.1	41.0	40.0	55.1	26.1	41.3	29.8	27.8	41.5	40.9	36.8	39.2
<b>Physician recommended weight loss in past year</b>	6.6	11.3	21.5	20.5	11.4	18.9	14.6	26.4	31.3	14.2	15.2	18.5	18.5
<b>Exercise less than 3 times a week</b>	30.6	46.1	50.5	61.0	42.9	50.8	47.2	39.9	65.8	45.8	46.8	39.0	38.8
<b>Had 5 or more drinks on 5 or more days in the past month</b>	20.8	3.5	4.1	N/C	11.3	1.2	6.4	3.7	4.0	6.5	6.4	4.2	4.6
<b>Seldom or never wear a seatbelt</b>	4.4	5.2	3.6	5.7	6.1	3.1	4.4	9.7	16	4.0	4.6	8.1	7.3

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup>"Poor" is defined as at or below 150% of the Federal Poverty Level.

<sup>2</sup> "Obese" is defined as a Body Mass Index of 30 or more.

<sup>3</sup> "Overweight" is defined as a Body Mass Index of 25 to 29.

\* Not calculable. Small sample size precludes calculation of percentages. Sample size: N=602; projected number=203,047.

Source: 2000 PHMC SEPA Household Health Survey (N=602)

**Table 14: Use of Preventive Care Among North Penn Area Adults by Selected Socioeconomic and Demographic Characteristics**

	Age				Gender		Race		Poverty Status <sup>1</sup>		North Penn	Montgomery	Bucks County
	18-29	30-44	45-64	65+	Male	Female	White	Non-White	Poor	Non-Poor	Total	County Total	County Total
<b># Adults</b>	37,064	62,848	66,608	36,527	98,478	104,569	187,615	15,432	12,236	190,811	203,047	526,521	454,945
<b>Percentage who did NOT have the following tests or vaccinations in the past year:</b>													
<b>Dental exam</b>	19.8	24.1	18.6	15.1	19.9	20.4	19.8	29.4	36.5	19.3	20.2	23.5	22.5
<b>Vision test</b>	44.6	54.8	45.6	21.7	47.5	42.2	44.2	51.4	37.3	45.2	44.9	43.1	45.5
<b>Blood pressure reading</b>	9.8	11.4	10.7	0.4	10.4	8.0	9.0	12.3	9.8	9.2	9.2	9.1	9.0
<b>Blood cholesterol check</b>	49.0	53.7	34.2	14.4	42.7	37.9	41.2	23.6	37.3	40.4	40.3	37.6	35.5
<b>Physical exam</b>	40.8	52.6	40.4	21.3	41.1	39.5	42.7	22.7	28.6	42.6	41.8	39.3	37.2
<b>Influenza vaccination</b>	N/C*	53.9	56.5	19.9	33.4	44.4	38.3	76.5	41.0	39.9	40.0	40.9	40.6
<b>Colorectal exam (age 50+)</b>	N/A	N/A	54.9	19.9	43.1	61.8	52.3	55.8	43.9	53.6	52.7	54.3	49.7
<b>Pap test</b>	21.0	20.7	27.6	41.3	N/A	26.6	26.9	12.5	54.1	24.0	26.6	24.7	24.4
<b>Clinical breast exam</b>	21.0	19.8	19.8	28.6	N/A	21.5	21.9	8.2	37.9	19.9	21.5	18.4	19.6
<b>Mammogram (age 40+)</b>	N/A	39.6	34.0	39.1	N/A	36.5	36.9	18.5	28.3	37.4	36.5	31.1	29.4
<b>Testicular exam</b>	51.3	71.2	44.4	29.3	46.9	N/A	54.1	34.2	84.8	52.8	53.1	52.9	53.5
<b>Prostate exam (age 50+)</b>	N/A	N/A	39.3	12.4	27.7	N/A	27.7	34.2	13.9	28.4	27.7	27.7	25.6
<b>Percentage never vaccinated against pneumonia</b>	75.7	89.5	78.4	27.8	46.4	61.6	54.7	73.8	41.7	57.0	44.5	55.1	56.3

Note: Montgomery and Bucks totals are for the entire counties.

<sup>1</sup>"Poor" is defined as at or below 150% of the Federal Poverty Level.

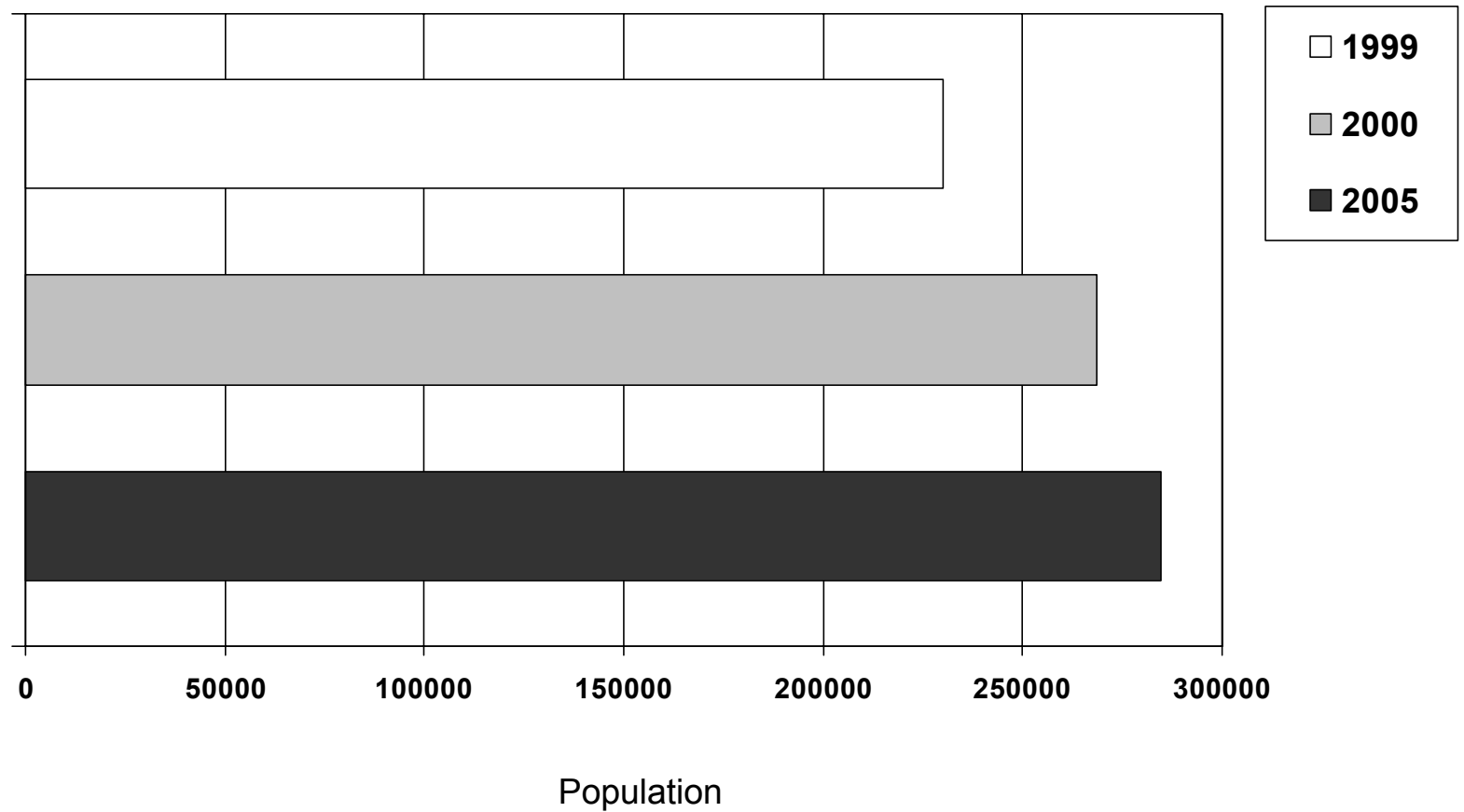
\* Not calculable. Small sample size precludes calculation of percentages. Sample size: N=602; projected number=203,047.

Source: 2000 PHMC SEPA Household Health Survey (N=602)



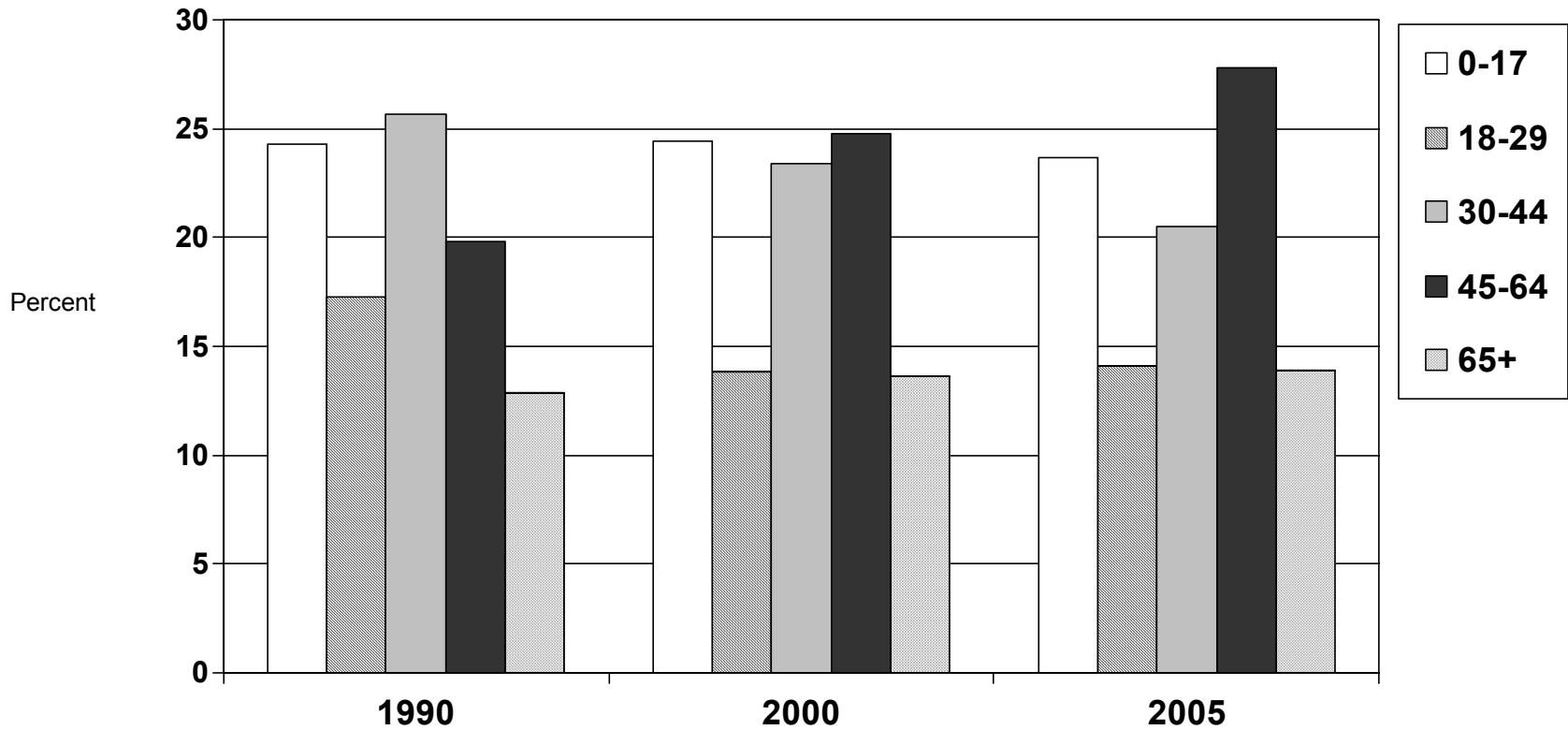
## **APPENDIX E: FIGURES**

# Figure 1: North Penn Area Population, 1990-2005



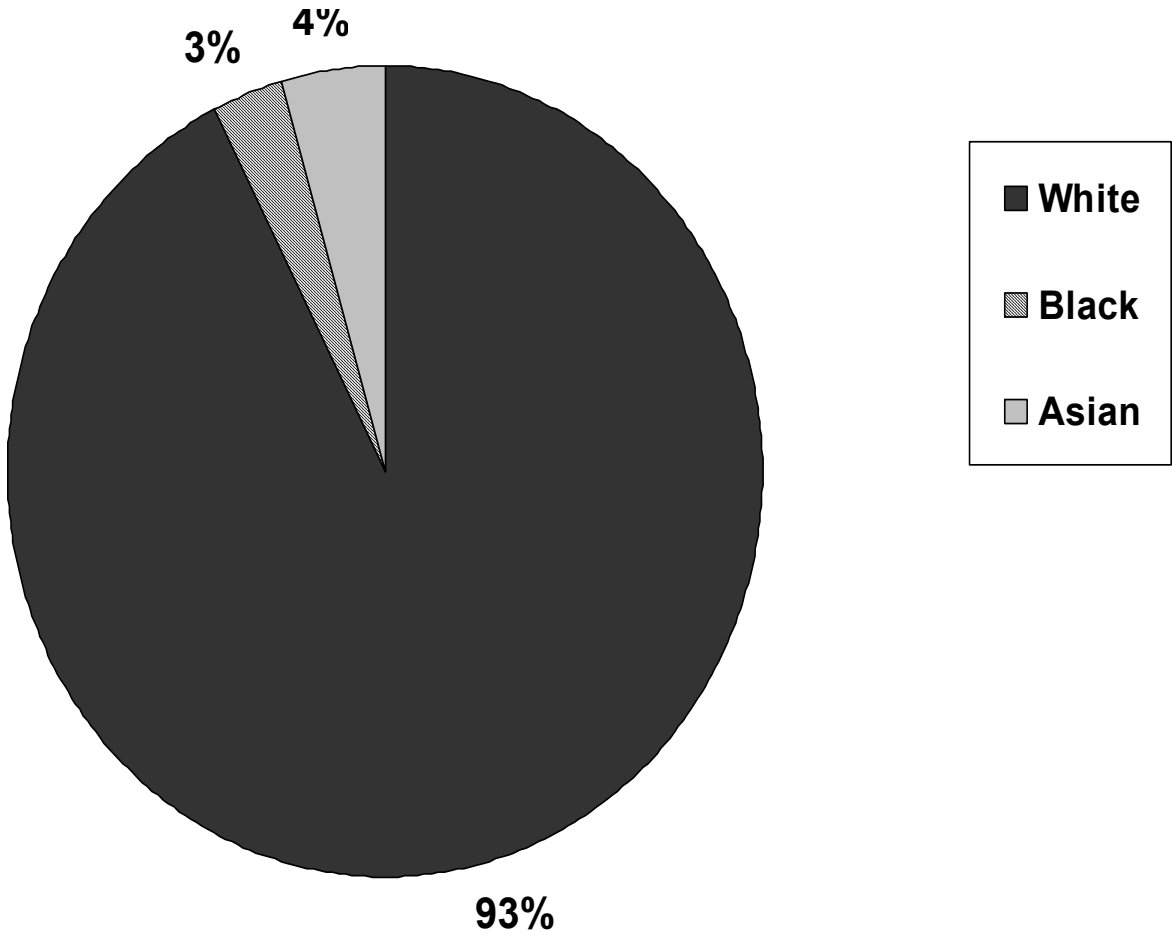
Source: Solucient, Inc. (2000 and 2005); U.S. Census of Population and Housing, 1990.

# Figure 2: Age Distribution of North Penn Area Population, 1990-2005



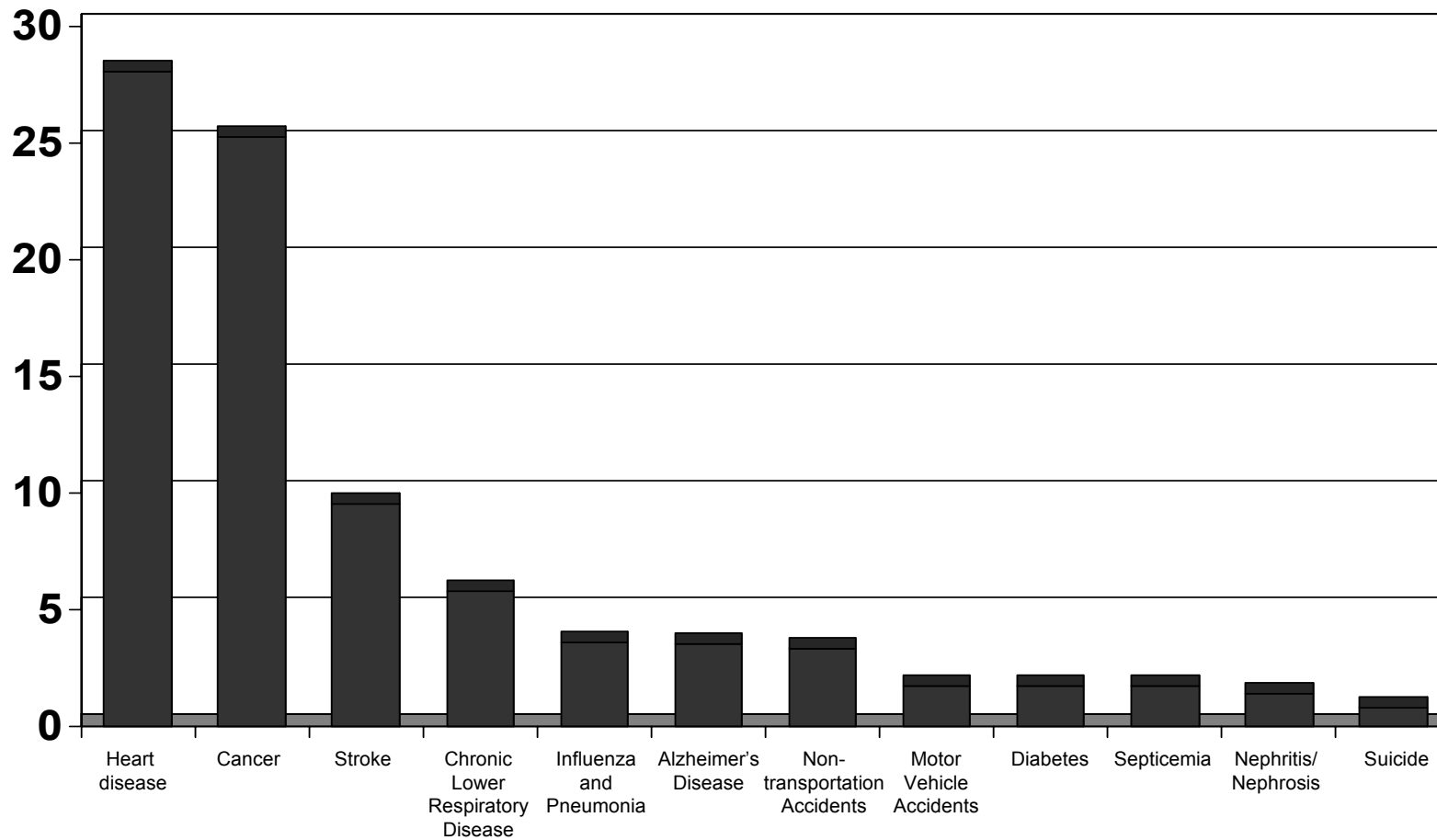
Source: Solucient, Inc. (2000 and 2005); U.S. Census of Population and Housing, 1990.

# Figure 3: Racial Distribution of the North Penn Area Population, 2000



Source: Solucient, Inc.

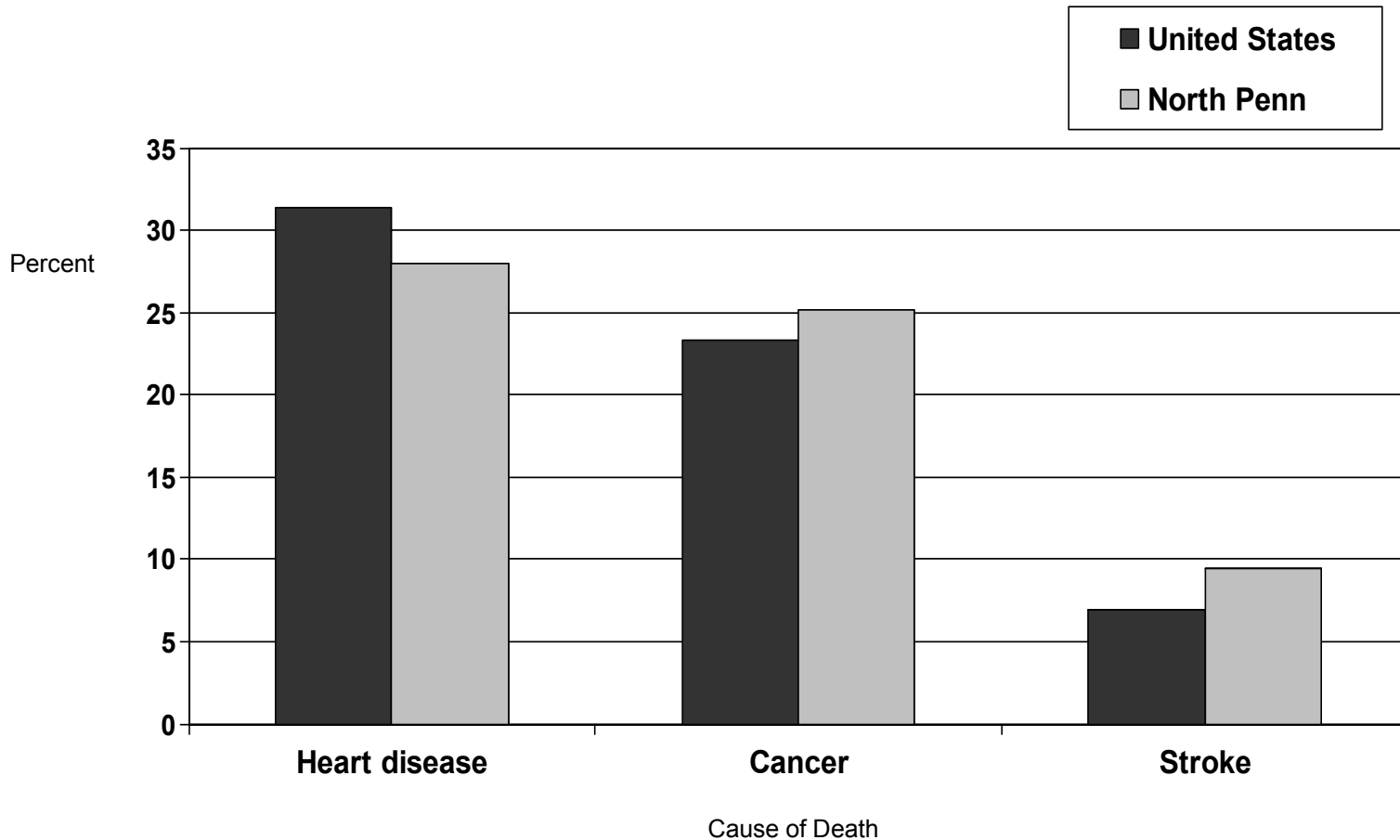
# Figure 4: Leading Causes of Death, North Penn Area



Source: PA Department of Health, 1997-2000

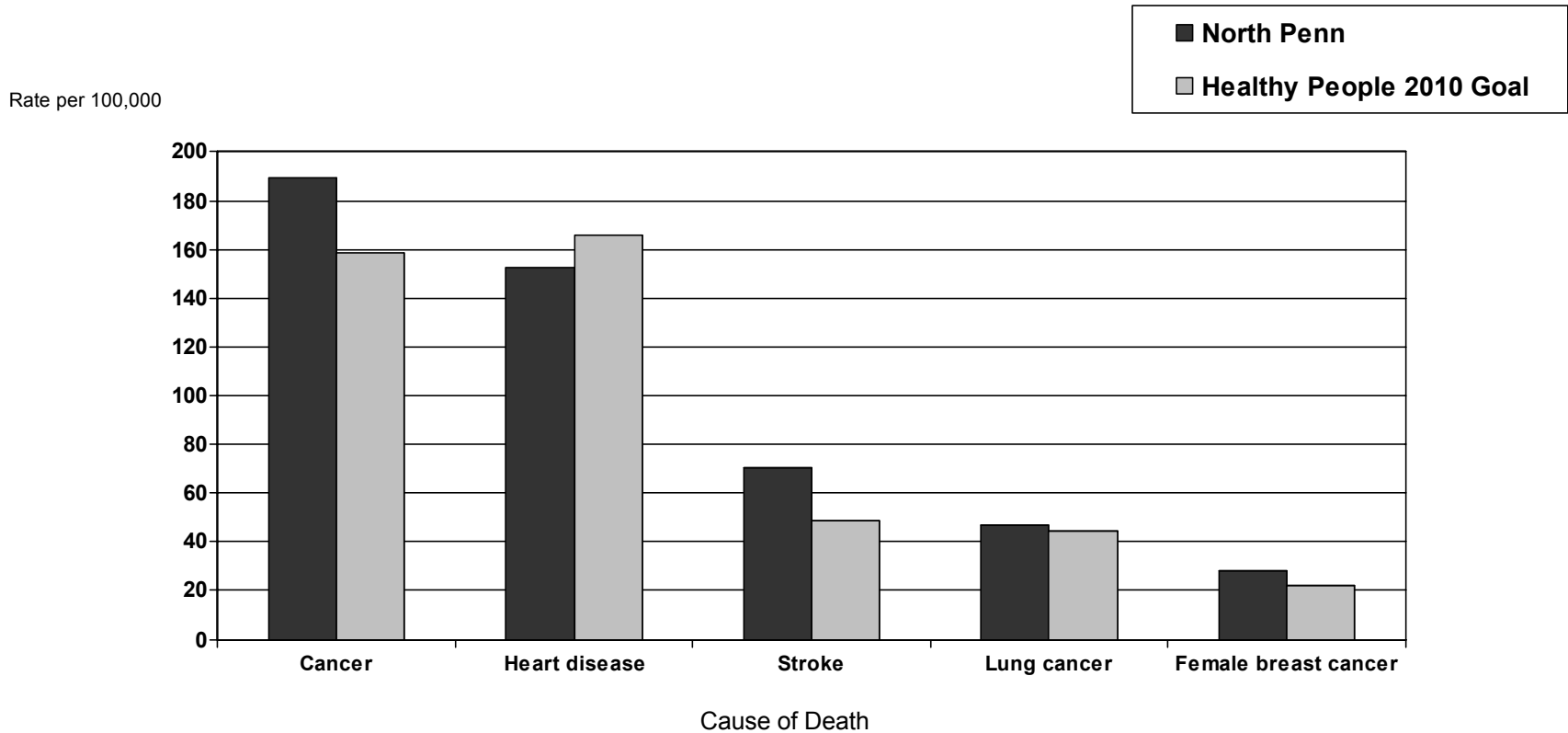
Cause of Death

# Figure 5: Top Three Causes of Death, North Penn and the United States



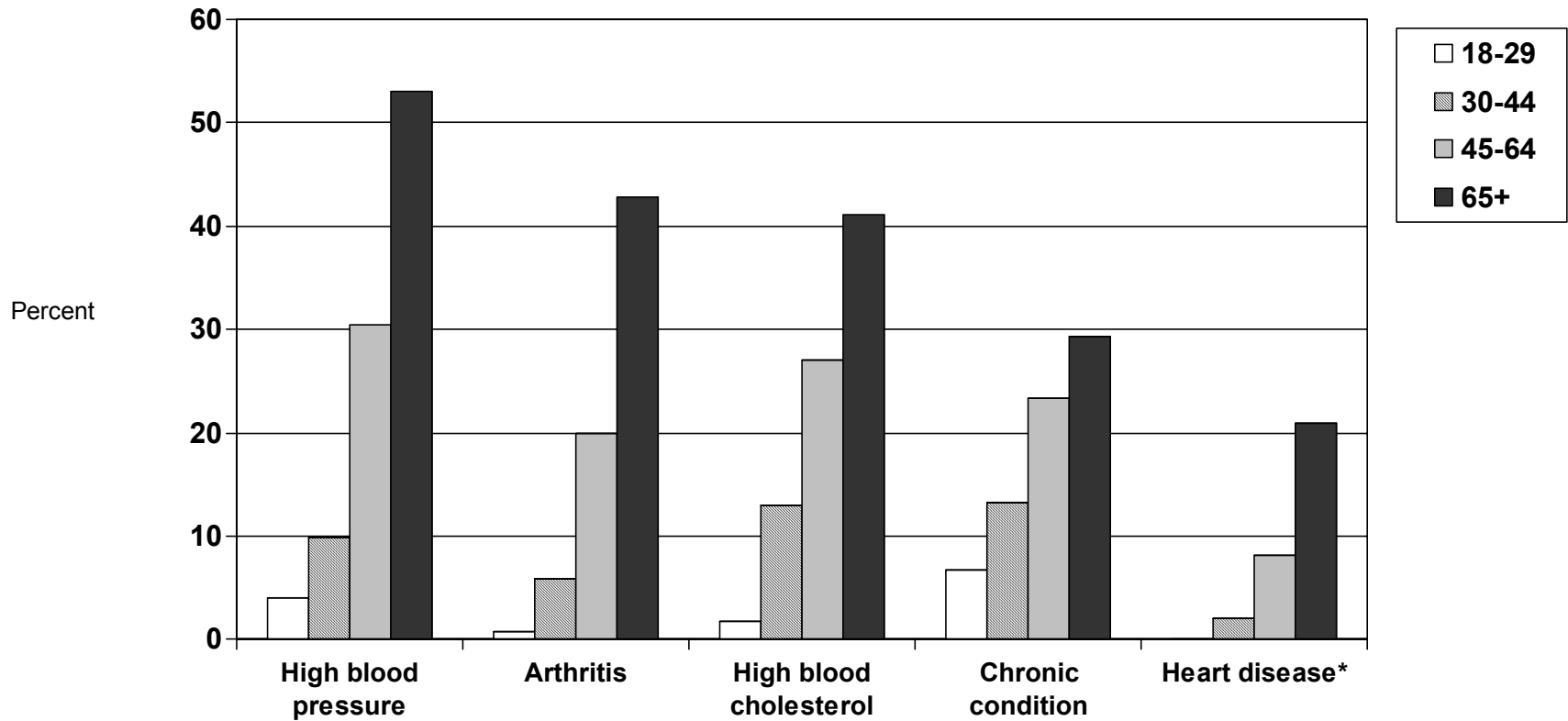
Source: PA Department of Health, 1997-2000

# Figure 6: Age-Adjusted Mortality Rates and Healthy People 2010 Target Rates for Selected Causes of Death, North Penn Area



Note: All rates are calculated by PHMC and are age-adjusted to the 2000 U.S. standard million population using the direct method.  
 Source: PA Department of Health, 1997-2000

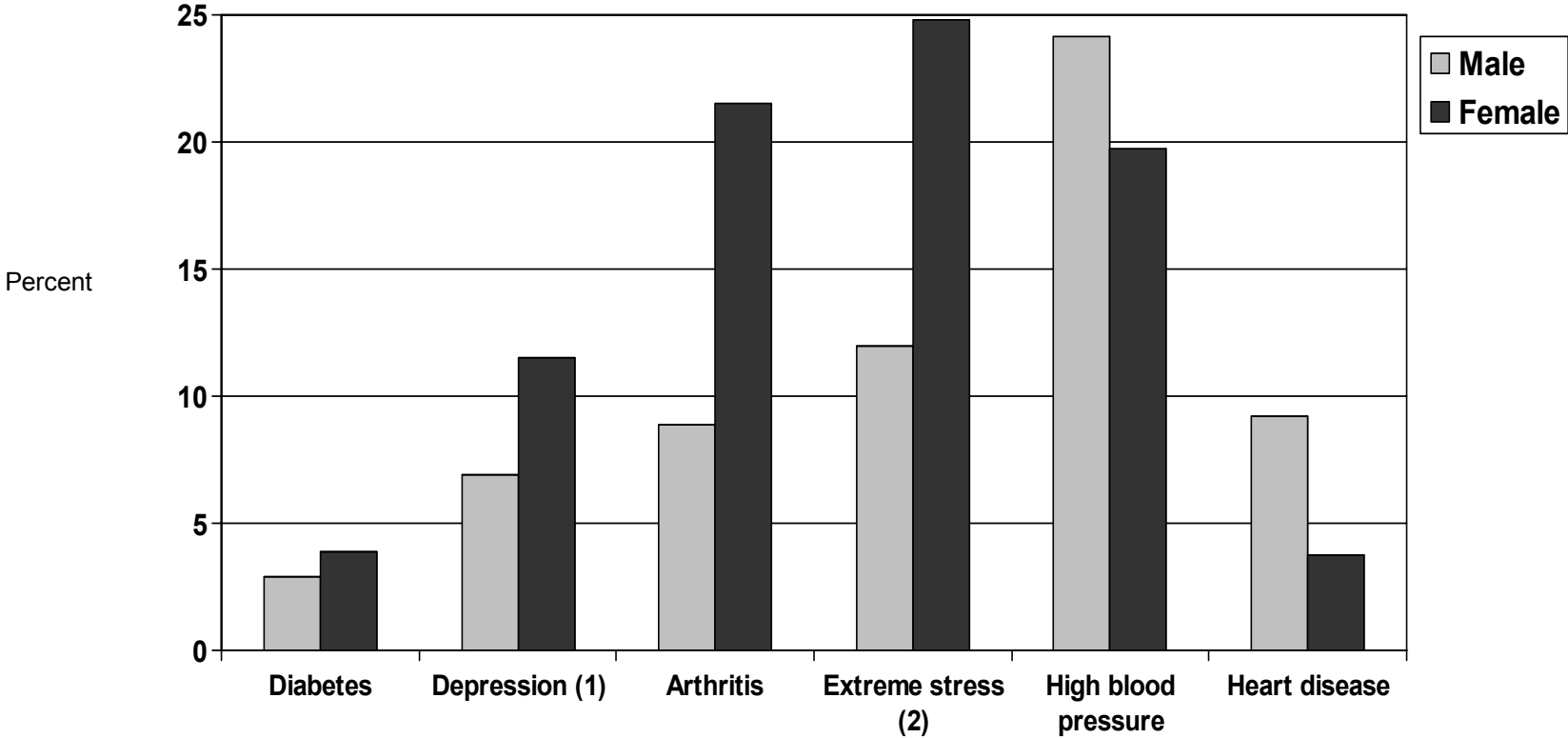
# Figure 7: Selected Health Conditions of North Penn Area Adults by Age



\* Not Calculable: Small sample size precludes calculation of percentages. Sample size: N=602; projected number=203,047.  
 Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

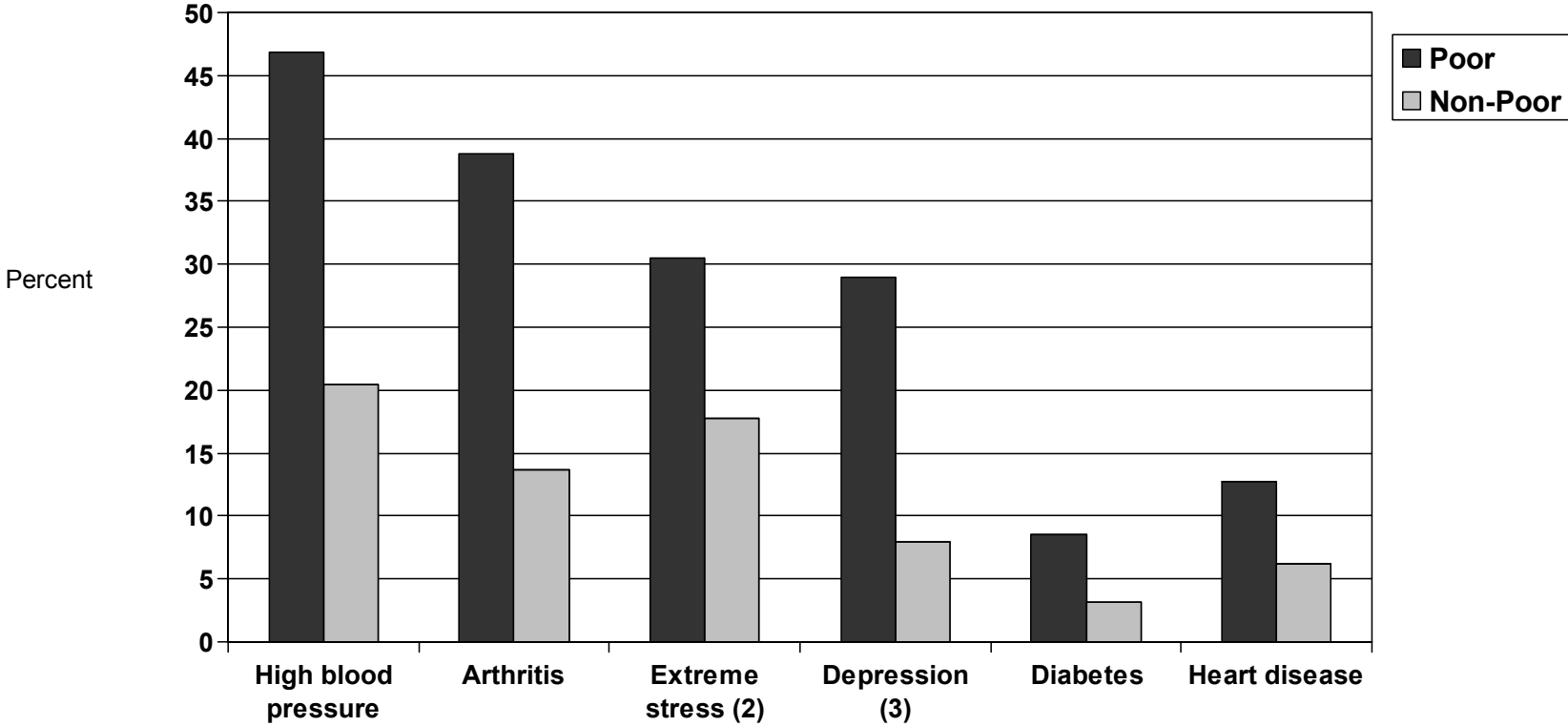


# Figure 8: Selected Health Conditions Among North Penn Area Adults by Gender



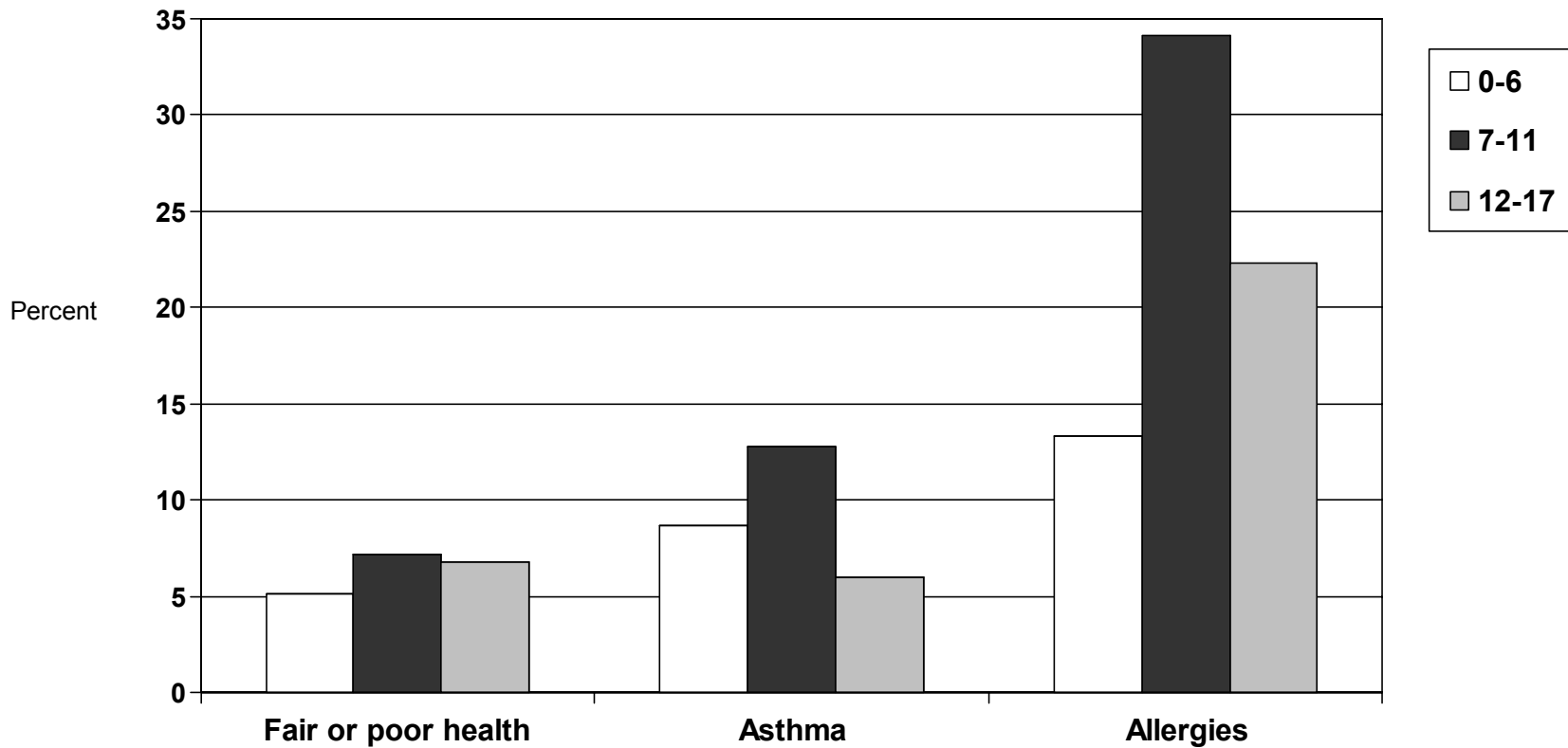
(1) Depressed respondents report being depressed three or more days in the past week.  
 (2) "Extreme stress" ranges from 8 to 10 on a 1-10 point scale of stress levels experienced in the past year.  
 Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 9: Selected Health Conditions Among North Penn Area Adults by Poverty Status (1)



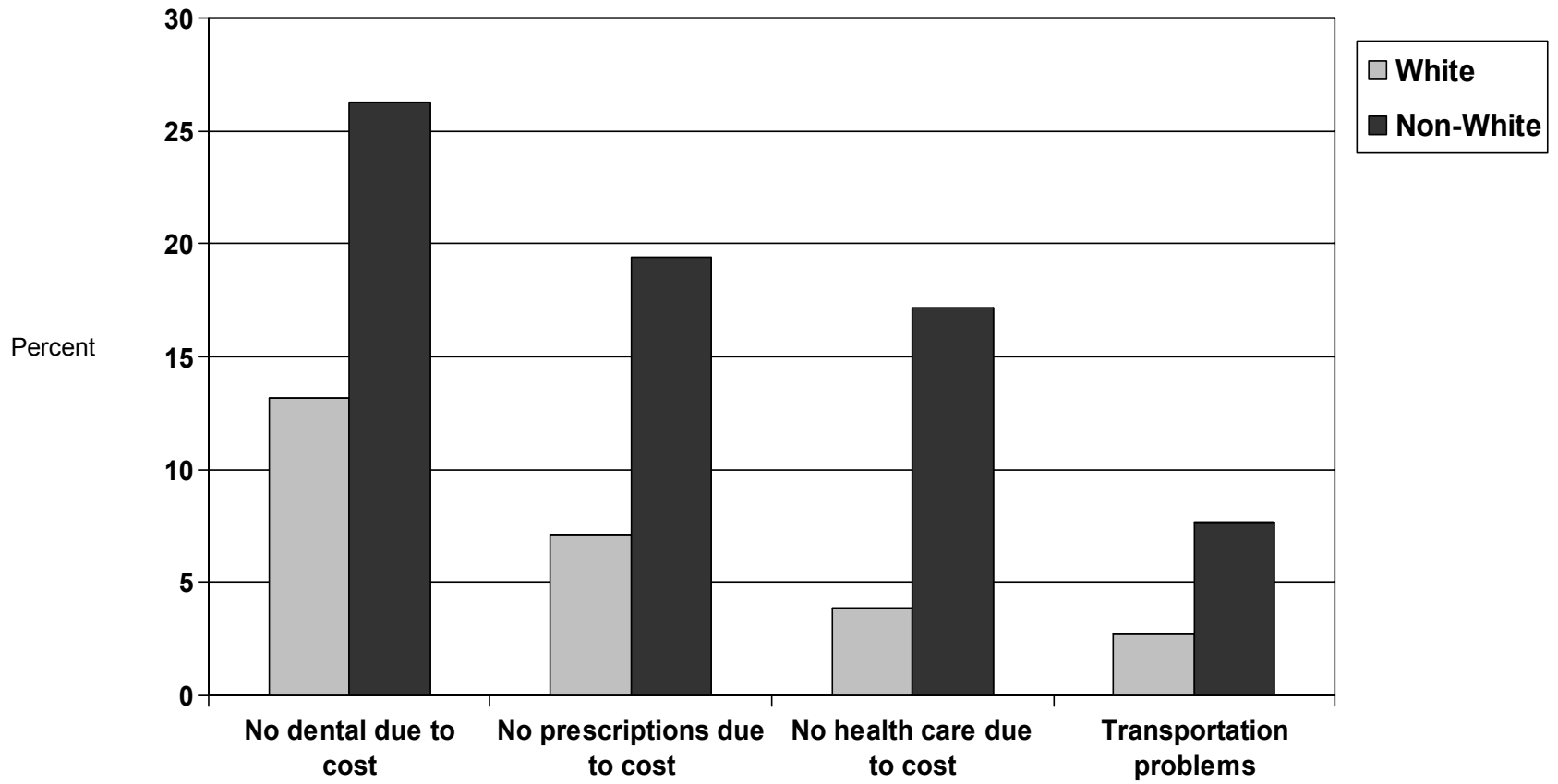
(1) Poor is defined as at or below 150% of the Federal Poverty Level.  
 (2) "Extreme stress" ranges from 8 to 10 on a 1-10 point scale of stress levels experienced in the past year.  
 (3) Depressed respondents report being depressed for three or more days in the past week.  
 Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 10: Health Status and Selected Health Conditions Among North Penn Area Children by Age



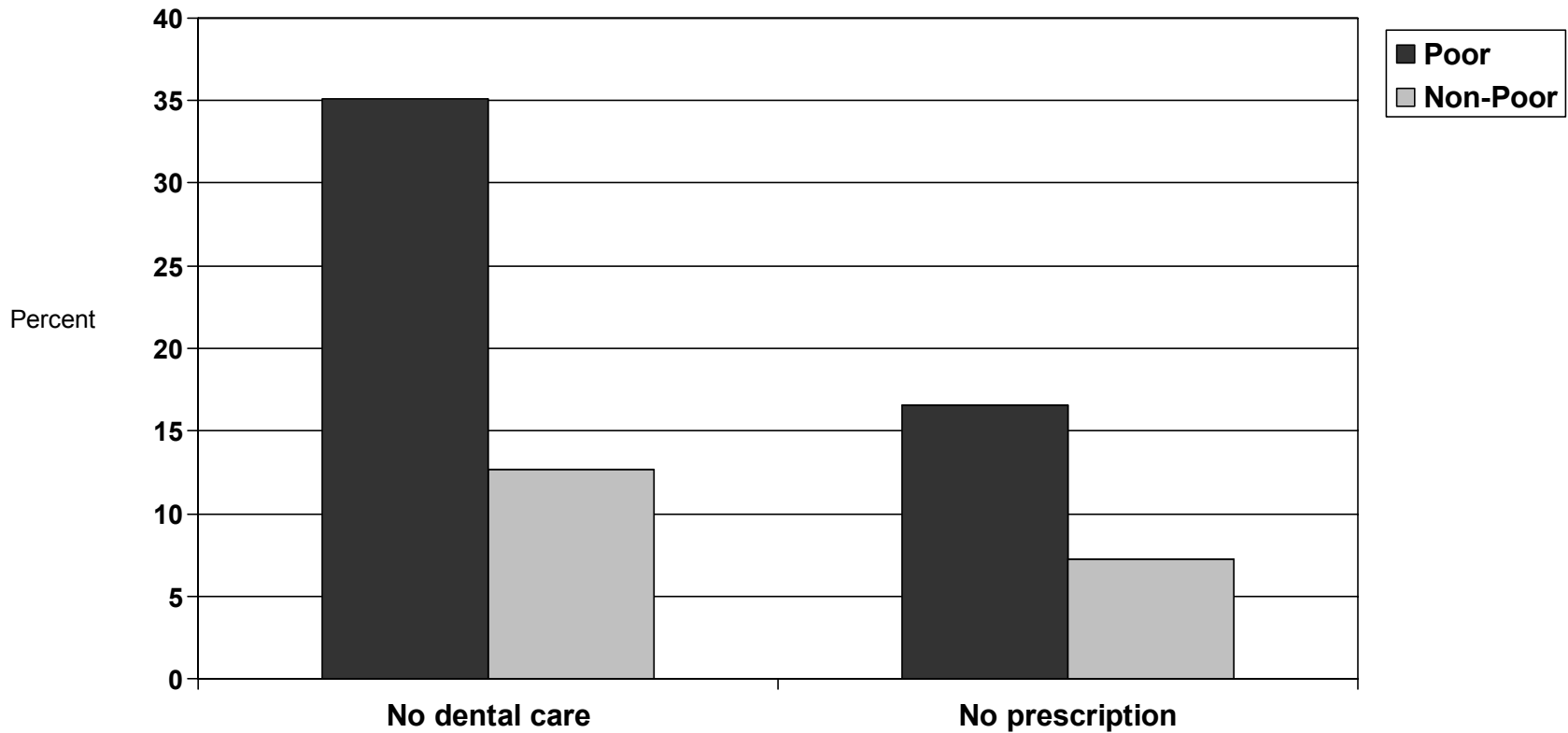
Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=213)

# Figure 11: Barriers to Health Care Among North Penn Area Adults by Race



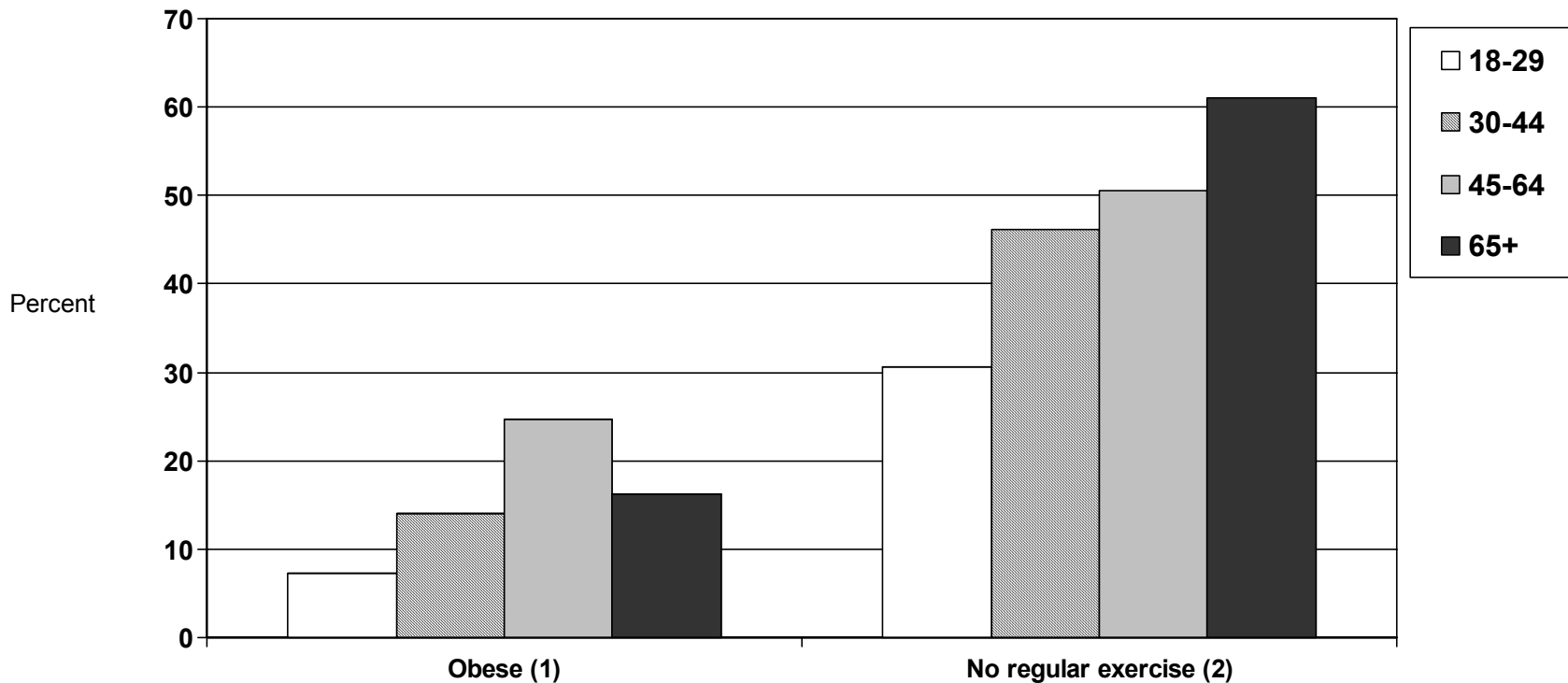
Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 12: Percentage of North Penn Adults Who Did NOT Get Dental Care or Fill a Prescription Due to Cost in the Past Year by Poverty Status (1)



(1) Poor is defined as at or below 150% of the Federal Poverty Level.  
Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 13: Obesity and Lack of Regular Exercise Among North Penn Area Adults by Age

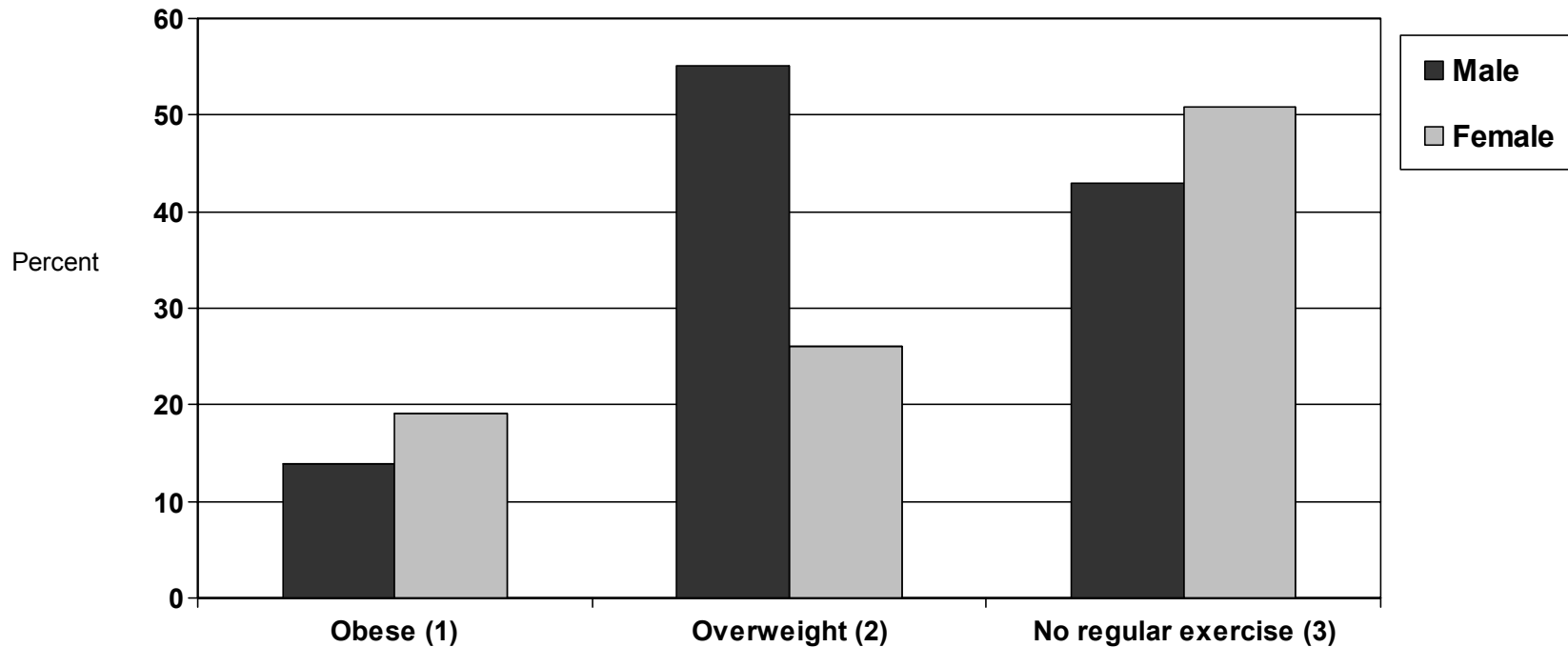


(1) "Obese" is defined as a Body Mass Index of 30 or more.

(2) "No regular exercise" is defined as exercising less than three times in the past week.

Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 14: Obese, Overweight and Lack of Regular Exercise Among North Penn Area Adults by Gender



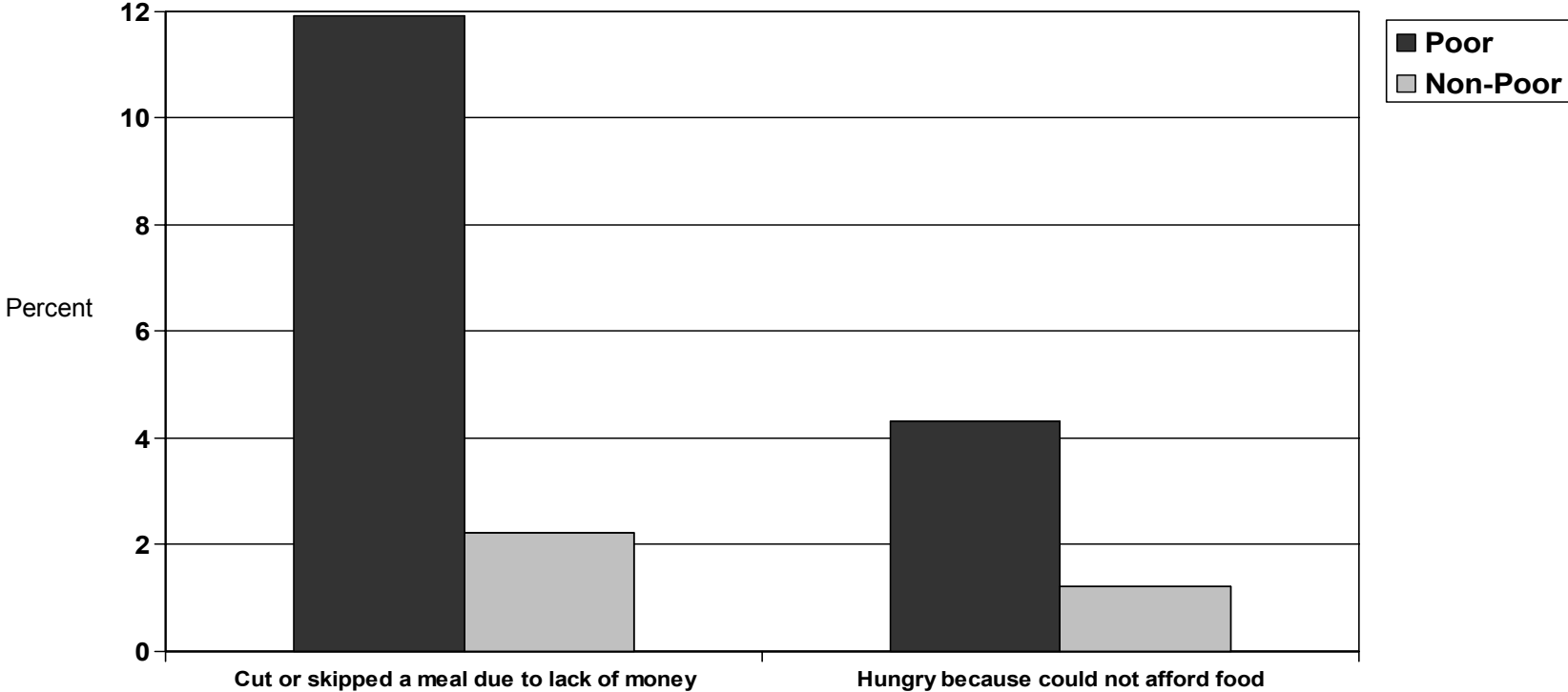
(1) "Obese" is defined as a Body Mass Index of 30 or more.

(2) "Overweight" is defined as a Body Mass Index of 25 to 29.

(3) "No regular exercise" is defined as exercising less than three times in the past week.

Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)

# Figure 15: Food Insecurity Among North Penn Area Adults by Poverty Status (1)

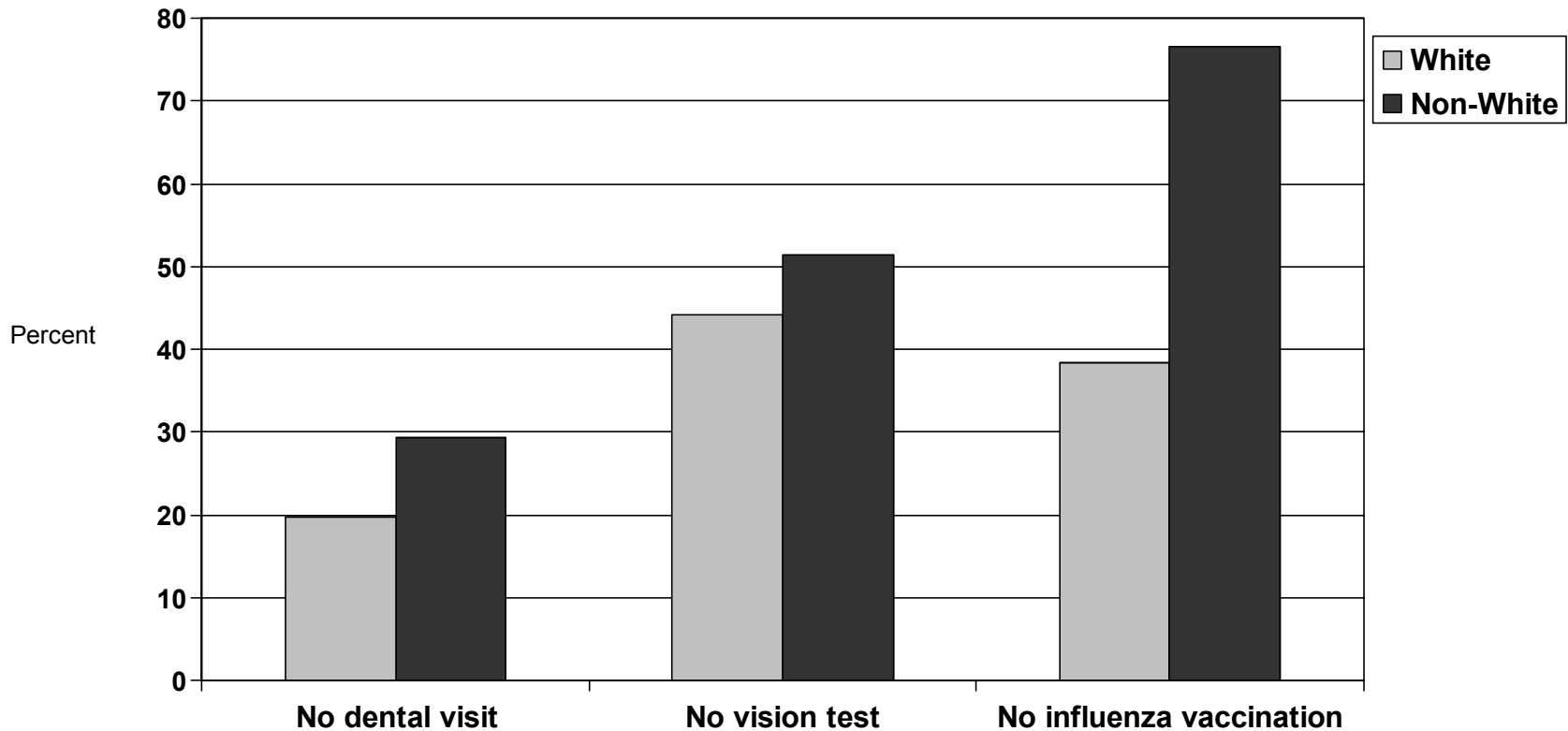


Note: Two measures of food security are cutting or skipping a meal due to lack of money and hunger due to inability to afford food.  
(1) Poor is defined as at or below 150% of the Federal Poverty Level.

Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)



# Figure 16: Percentage of North Penn Area Adults Who Did NOT Obtain Selected Screenings/Vaccinations Within the Past Year by Race



Source: PHMC Community Health Data Base. 2000 SEPA Household Health Survey (N=602)