ROTHMAN
ORTHOPAEDIC SPECIALTY
HOSPITAL

Community Health Needs Assessment

June 2021

Acknowledgements

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Executive Summary

Rothman Orthopaedic Specialty Hospital (ROSH) is a Pennsylvania for profit organization located in Bucks County, Pennsylvania that considers its community benefit service area to include proximate portions of Bucks, Montgomery and Philadelphia counties where more than 1.2 million people live. This Community Health Needs Assessment (CHNA) utilizes information collected from the Public Health Management Corporation's household health survey, numerous secondary data and literature sources, and internal experts and external representatives of health care and community-based organizations who have knowledge of the health and social conditions of these communities.

ROSH's community benefit area is a diverse area with variable economic and structural barriers such as income, culture/language, education, insurance, and housing, that affect overall health in the suburban counties and very needy inner-city communities. Although some health status indicators are improving, many are below the Healthy People 2020 goals (note that there is not a Healthy People 2020 target for many of the health status measures described in this CHNA). Racial/ethnic and income disparities exist, and for most indicators, people of color and/or Hispanic origin fare worse than their white neighbors.

In addition to extensive information about the population residing in the community benefit areas, this CHNA includes focused section adults age 60+.

While the majority of health status measures indicate minimal to moderate deficiencies or hardship in suburban areas, there is a portion of the Philadelphia population in serious need of support for a variety of issues, and a significant regional issue with substance abuse. The following are health status measures related that do not meet the Healthy People 2020 goal in Bucks/Montgomery, Philadelphia County and/or the ROSH CB service areas:

- Insured adults
- Regular source of care (adults, age 60+)
- Obesity (adults, age 60+)
- Smokers (adults, age 60+)
- Smokers who tried to quit (adults, age 60+)
- Substance abuse mortality

In addition, the Pennsylvania Department of Health 2015-2020 State Health Improvement Plan's top 5 priorities for Southeastern Pennsylvania are:

- integration of healthcare and behavioral/mental healthcare
- preventive screenings
- obesity
- behavioral/mental health for adults
- primary care

Using the quantitative and qualitative data presented in this CHNA and a prioritization process, ROSH identified the following most important priority health needs within the scope of ROSH services for the population of the ROSH CB areas:

- Substance Abuse, especially Opioid addiction stemming from addiction to pain relievers
- Obesity as a causal factor for joint replacement
- Falls prevention efforts to reduce the bone fractures for elderly citizens
- Early detection of cancer

The Community Benefit Committee of Rothman Orthopaedic Specialty Hospital, working under the guidance of the Thomas Jefferson University Hospital Center for Urban Health, is responsible for developing implementation plans focusing on priority issues including the above listed most important health needs.

Introduction

Over the past century the major causes of morbidity and mortality in the United States have shifted from those related to communicable diseases to those due to chronic diseases. Just as the major causes of morbidity and mortality have changed, so too has understanding of health and what makes people healthy or ill. Research has documented the importance of the social determinants of health (for example, socioeconomic status and education), which affect health directly as well as through their impact on other health determinants such as risk factors. Targeting interventions toward the conditions associated with today's challenges to living a healthy life requires an increased emphasis on the factors that affect the current causes of morbidity and mortality, factors such as the social determinants of health. Many community-based prevention interventions target such conditions. Community-based prevention interventions offer three distinct strengths. First, because the intervention is implemented population-wide it is inclusive and not dependent on access to the health care system. Second, by directing strategies at an entire population an intervention can reach individuals at all levels of risk. And finally, some lifestyle and behavioral risk factors are shaped by conditions not under an individual's control. For example, encouraging an individual to eat healthy food when none is accessible undermines the potential for successful behavioral change. Community-based prevention interventions can be designed to affect environmental and social conditions that are out of the reach of clinical services.[1]

Description of Rothman Orthopaedic Specialty Hospital

On July 1, 2016, Thomas Jefferson University (TJU), a Pennsylvania nonprofit organization that is exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, acquired majority ownership (54%) of Rothman Orthopaedic Specialty Hospital (ROSH), a Pennsylvania for-profit hospital with physician ownership. ROSH is a 24-bed surgical hospital located in Bensalem, Pennsylvania. The 65,000 square-foot facility with six fully-equipped operating rooms with the latest medical instrumentation is equipped for joint replacements, orthopaedic surgery, pain management, spine surgery, sports medicine, foot and ankle surgery, shoulder and elbow surgery, and hand and wrist procedures. Ancillary services include laboratory, imaging, MRI, pharmacy and physical therapy. ROSH strives to provide quality and compassionate care for our patients, incomparable service to our physicians, an empowering workplace for our employees, many of whom live in our community, and a commitment to engagement with our community, setting the standard for superior, patient-focused health care.

ROSH is accredited by The Joint Commission for demonstrating compliance with the Joint Commission's national standards for health care quality and patient safety in hospitals. The Joint Commission's hospital regulations address important functions relating to the care of patients and the management of the hospital organization. The standards are developed in consultation with patients, health care experts, providers, and measurement experts.

ROSH employs approximately 140 employees who work with 35 physicians and serve more than 2,250 inpatients and almost 2,300 outpatient visits annually.

Models

With the growing burden of chronic disease, the medical and public health communities including ROSH are reexamining their roles and opportunities for more effective prevention and clinical interventions. The potential to significantly improve chronic disease prevention and impact morbidity and mortality from chronic conditions is enhanced by adopting strategies that incorporate a social ecology perspective, realigning the patient-physician relationship, integrating population health perspectives into the chronic care model, and effectively engaging communities.

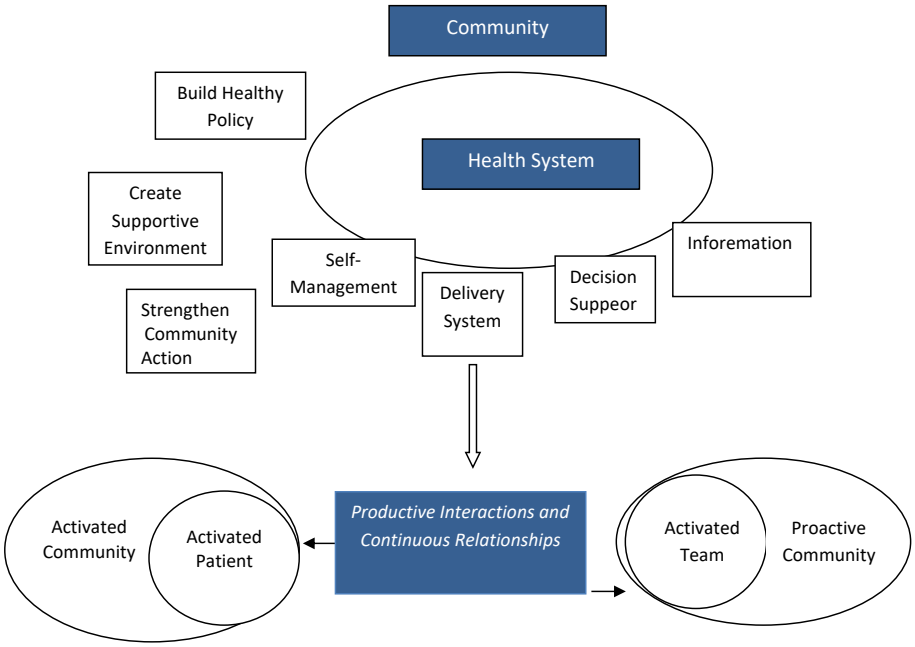
ROSH highly values the principles of community engagement articulated by the Centers for Disease Control and has built its community benefit efforts on a community engagement model.

Principles of Community Engagement[2]

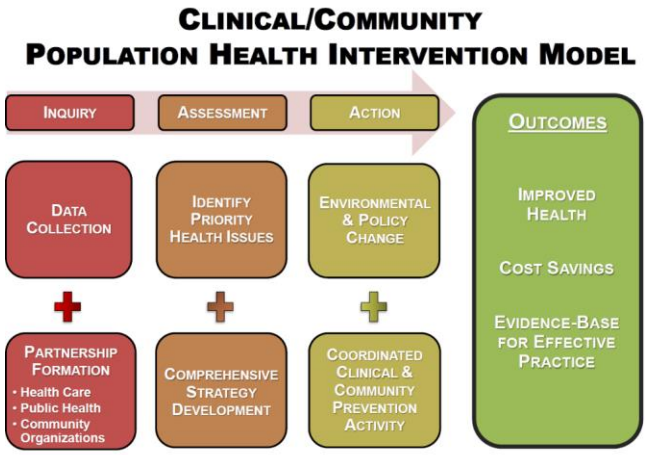
Principle	Key elements
Set Goals	• Clarify the purposes/goals of the engagement effort • Specify populations and/or communities
Study community	• Economic conditions • Political structures • Norms and values • Demographic trends • History • Experience with engagement efforts • Perceptions of those initiating the engagement activities
Build trust	• Establish relationships • Work with the formal and informal leadership • Seek commitment from community organizations and leaders • Create processes for mobilizing the community
Encourage self-determination	• Community self-determination is the responsibility and right of all people • No external entity should assume that it can bestow on a community the power to act in its own self-interest
Establish partnerships	• Equitable partnerships are necessary for success
Respect diversity	• Utilize multiple engagement strategies • Explicitly recognize cultural influences
Identify community assets and develop capacity	• View community structures as resources for change and action • Provide experts and resources to assist with analysis, decision-making, and action • Provide support to develop leadership training, meeting facilitation, skill building
Release control to the community	• Include as many elements of a community as possible • Adapt to meet changing needs and growth

Principle	Key elements
Make a long-term commitment	• Recognize different stages of development and provide ongoing technical assistance

ROSH also recognizes the value of an Expanded Chronic Care Model[3] as a framework for addressing chronic disease in a comprehensive way that respects clinical care, the health system, community, and patients as equal partners in meeting the triple aim of improving population health and the patient experience, and reducing per capita costs.



ROSH Community Health leaders with support of the Community Benefit Committee recommends using the following model[4] to guide planning and programmatic efforts, and to explain to internal and external stakeholders the rationale for the Community Health implementation plan.



Purpose of the Community Health Needs Assessment (CHNA)

Ongoing, unprecedented increases in the demand for healthcare are challenging for communities and healthcare providers in this era of limited fiscal resources. Regulatory changes also have resulted in new obligations. One of the mandates of the Health Care Reform Act is a Community Health Needs Assessment. Starting in 2013, every three years tax-exempt hospitals must conduct an assessment and implement strategies to address priority needs. The Health Reform Act spells out requirements for the Community Health Needs Assessment. This assessment is central to an organization's community benefit/social accountability plan. By determining and examining the service needs and gaps in a community, an organization can develop responses to address them.

A Community Health Needs Assessment is a disciplined approach to collecting, analyzing, and using data, including community input, to identify barriers to the health and well-being of its residents and communities, leading to the development of goals and targeted action plans to achieve those goals. The assessment findings can be linked to clinical decision making within health care systems as well as connected to community health improvement efforts. The assessment engages health care providers and the broader community by providing a basis for making informed decisions, with a strong emphasis on preventing illness and reducing health disparities.

Specifically, the Patient Protection and Affordable Care Act (PPACA) mandated a new section in the IRS Code –Section 501(r) for hospitals to obtain/maintain 501(c)(3) status:

- Each hospital facility must conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community health needs identified through the assessment
- The community health needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or public health expertise
- The CHNA must be made widely available to the public

The Department of Treasury and the IRS encourage cross institution collaboration. To that end the Healthcare Improvement Foundation, in partnership with the Hospital and Health System of Pennsylvania and the U.S. Department of Health and Human Services (Region 3) convened the region's hospitals in the Collaborative Opportunities to Advance Community Health (COACH) Project. COACH seeks to demonstrate the potential for significant population health impact through coordinated, collective action to establish effective systems for addressing the social determinants of health. In its first 18 months, COACH participants worked toward consensus on a shared strategy for collective adoption to address a specific need, identified food insecurity as a key need, and implemented a healthy food access pilot program. The next 18 months through mid-2018 will be focused on implementation of this shared strategy by participating hospitals and health systems, supported by diverse community stakeholders.[5]

Another example of collaboration is the Health Care Improvement Foundation's facilitation of a Montgomery County Hospital Partnership. The partnership's role is similar to COACH with an exclusive focus on Montgomery County, and involvement of all hospitals, whether profit or non-profit, as well as other health care providers. The participants initial focus is related to behavioral health. They prioritized data collection and analysis of the incidence and nature of visits to Montgomery County EDs by patients with behavioral health diagnoses with the goal of more effectively responding to the behavioral health needs of these patients. As part of efforts to build an infrastructure for a comprehensive referral system, the plan is to develop and widely disseminate an asset map of behavioral health resources in Montgomery County.[6]

Four principles are guiding the development of a strategy for leveraging community benefit programs to increase their influence: defining mutually agreed-on regional geographic boundaries to align both community benefit and accountable health community initiatives, ensuring that community benefit activities use evidence to prioritize interventions, increasing the scale and effectiveness of community benefit investments by pooling some resources, and establishing shared measurement and accountability for regional population health improvement.[7]

Overall Roles and Responsibilities

To undertake this mandate, ROSH formed a Community Benefit Committee. The committee is responsible for overseeing and recommending policies and programs to enhance the health status of communities served by the hospital based on the results of a community health needs assessment.

Specifically, the Committee was charged to:

- Oversee the conduct of a community health needs assessment at least every three (3) years.
- Review, and recommend for approval a Community Benefit Plan outlining long-term strategies based on a community health needs assessment and other objective sources of data, and recommend updates to such Plan.
- Guide and monitor the planning, development, and implementation of programs aimed at improving the health status of the local community consistent with the Community Benefit Plan.
- Establish criteria for priority-setting among potential community benefit activities and projects, consistent with clinical scope, financial capabilities, and resource limitations.
- Periodically make recommendations for program continuation or termination based on progress toward identified measurable objectives, available resources, level of community ownership, and alignment with criteria for priorities.
- Review and make recommendations regarding the annual Community Benefit Report, including the information provided to the IRS on Form 990. Additionally, identify opportunities for disseminating information to the public about the organization's community benefit activities.
- Review annual goals specifying principal work focus areas for the coming year. Review hospital financial assistance policies and practices and provide recommendations as necessary in an effort to increase efforts to communicate these policies.

The Community Benefit Committee are trustees, staff, physicians, nurses and other clinicians. The Committee may also invite, as guests, various representatives of the communities served by ROSH.

ROSH's Community Benefit areas are defined as the areas proximate to the hospital where more than half of patients reside. This includes communities in Bucks, Montgomery, and Philadelphia counties that are aggregated into 6 geographically contiguous regions defined by zip codes. For comparisons, the combined data for Bucks and Montgomery counties combined (Bucks/Mont) and Philadelphia county are provided. Two comparators are warranted due to the disparate populations of Philadelphia and its suburbs.

ROSH's Community Benefit Program adopts a comprehensive notion of health determinants that are spread across domains of behavioral risk, social and economic circumstances, and medical care. The balance and effects of many of these determinants, e.g. availability of healthy foods, parks and other safe places to play and exercise, and safe housing, are specific to ROSH's locale and are built into the Community Benefit Plan.

Community Health Needs Assessment Methods

Literature Review and Secondary Data Sources

In preparation for the community health needs assessment more than 20 secondary data sources were reviewed including:

- © 2017 The Claritas Company, © 2018 Truven Health Analytics LLC
- American Community Survey
- Behavior Risk Factor Surveillance System (BRFSS)
- Bucks County Area Agency on Aging
- Bucks County Planning Commission
- Centers for Disease Control and Prevention
- Community Commons
- Community Needs Index
- County Health Rankings and Roadmaps 2018
- Enroll America
- Feeding America – Map the Meal Gap
- Healthy People 2020
- Kaiser Family – State Health Facts
- Montgomery County Comprehensive Plan: Montco 2040: A Shared Vision
- Montgomery County Health Department
- Montgomery Office of Aging and Adult Services
- Pennsylvania Department of Health
- Philadelphia City Planning Commission
- Philadelphia Corporation for Aging
- Public Health Management Corporation - Household Health Survey
- US Census Bureau

- Various articles from academic journals
- Various articles from the popular press

Primary Data Sources:

As a collaborative effort, ROSH and Aria Health d/b/a Jefferson Health – Northeast conducted focus groups with 29 employee representatives of the community in 2 sessions during April 2018 (see table below). Focus group questions were designed to elicit the major health and social concerns of the neighborhood and larger community, barriers to accessing health and social services and improving lifestyles, perceptions about existing and/or potential interventions to address community health improvement, and what specifically ROSH and Jefferson Health – Northeast could do to improve the health of the community.

Organization	Position	Focus
Jefferson Bucks Hospital	Nurse Manager, Recovery Room	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Bucks Hospital	Executive Secretary	Communication, Cultural Competence
Jefferson Bucks Hospital	Charge Nurse	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Bucks Hospital	Security Officer	Safety and Violence Prevention
Jefferson Bucks Hospital	Nurse Manager	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Bucks Hospital	PC Technician	Cultural Competence
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Unit Clerk	Access to Care, Healthy Lifestyles, Cultural Competence, Social Determinants
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants

Organization	Position	Focus
Jefferson Frankford Hospital	Staff Nurse	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	ICU, CCU, Staff Nurse	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	ICU, CCU, Monitor Tech	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Nurse Assistant	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Cultural Competence, Chronic Care, Social Determinants
Jefferson Frankford Hospital	Food & Nutrition, Team Leader	Food Insecurity and Nutrition, Cultural Competence
Jefferson Frankford Hospital	Housekeeping, Lead Worker	Communication, Cultural Competence, Workplace
ROSH	Senior Manager of Imaging and Intake	Access to Care, Healthy Lifestyles
ROSH	Director of Perioperative Services	Access to Care, Healthy Lifestyles
ROSH	Director of Human Resources	Workforce/Cultural Competence
ROSH	Human Resources Coordinator	Workforce/Cultural Competence
ROSH	Director of Quality & Accreditation	Healthy Lifestyles
ROSH	Quality Liaison	Homeless, Poverty
ROSH	Respiratory Therapist	Communication, Older Adults
ROSH	Materials Manager	Safety and Violence Prevention
ROSH	Nurse Manager	Drug and alcohol programs Mental Health/Behavioral Health
ROSH	Director of Nursing	Chronic Care, Healthy Lifestyles, Social Determinants of Health
ROSH	Registered Health Information Manager	Nutrition/Food Insecurity

Four of the solicited individuals representing health care and community-based organizations who have knowledge of the health and underlying social conditions affecting health of people in their neighborhood and broader community responded to questions. These questions were designed to gain insight about health needs and priorities, barriers to improving community health, and the community assets and efforts already in place or being planned to address these issues and concerns.

Organization	Position	Focus
Bucks County Health Improvement Partnership	Health Risks Programs Manager	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Social Determinants
Jefferson Health – Northeast	Director of Volunteer Services	Access to Care, Healthy Lifestyles, Mental Health/Behavioral Health, Social Determinants, Older Adults, Communication
Frankford Community Development Corporation	Executive Director	Social Determinants, Nutrition and Food Insecurity, Economic development
Jefferson Frankford Hospital	Community Garden Volunteer	Nutrition and Food Insecurity, Communication

Additionally, recommendations from the Pennsylvania Department of Health 2015-2020 State Health Improvement Plan stakeholder meetings were considered. In March 2015, 177 attendees participated in six stakeholder meetings as part of a collaborative effort to identify key health issues. The top 5 priorities identified for Southeastern Pennsylvania were:

- integration of healthcare and behavioral/mental healthcare
- preventive screenings
- obesity
- behavioral/mental health for adults
- primary care

The 2017 Pennsylvania State Health Improvement Plan Annual Report describes mixed results on its target metrics, indicating that there is much need for continued work. [8]

Community Health Needs Assessment Findings

The results from the Community Health Needs Assessment are organized into the following categories:

- Demographics
- Social Determinants of Health
  - Education
  - Income and poverty
  - Access to healthy and affordable food
  - Employment and job training
  - Community safety
  - Family and social support
  - Built and natural environment
- Healthcare access
  - Health insurance
  - Transportation
  - Literacy
  - Cultural competence and language
- Health Status
  - Mortality
  - Morbidity
    - Mental health
    - Obesity and nutrition education
  - Preventive care and early detection of disease
  - Health behaviors
    - Smoking
    - Physical activity
    - Healthy and affordable food
    - Alcohol and substance abuse
  - Communication
- Special Populations
  - Older Adults

Bucks/Montgomery and Philadelphia Counties and ROSH Community Benefit Area Demographics

More than 3 million people live in Bucks (627,000), Montgomery (812,000), and Philadelphia (1,557,000) counties. The racial/ethnic profiles of Bucks and Montgomery counties is fairly similar to the profile of the Commonwealth of Pennsylvania's 78% non-Hispanic white, 11% non-Hispanic African American, 7% Hispanic or Latino, and 4% Asian distribution. The racial/ethnic distribution Philadelphia's population is very different: 36% non-Hispanic white, 41% non-Hispanic African American, 14% Hispanic or Latino, and 7% Asian.[9]

The proportion of residents aged less than 18 in Pennsylvania and Bucks, Montgomery, and Philadelphia counties is 21-22%. The proportion age 65+ is 17-18% in Pennsylvania, Bucks and Montgomery counties, and 13% in Philadelphia.

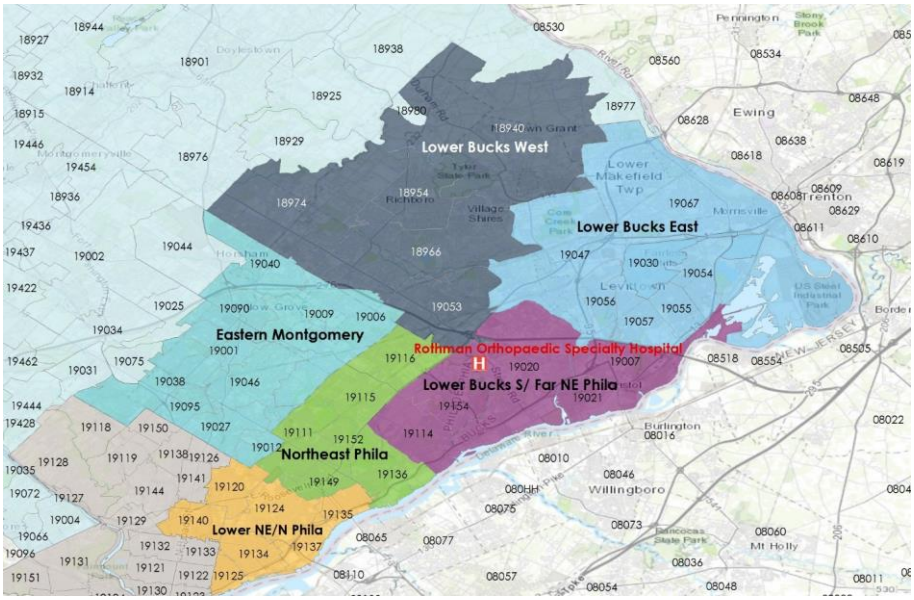
Median household income in Bucks ($80,100) and Montgomery ($84,200) counties is significantly higher than for Pennsylvania ($56,900), while the median household income in Philadelphia is much lower ($41,500). Two percent are not proficient in English in Pennsylvania and Bucks and Montgomery counties, and 6% in Philadelphia lack English proficiency.[a]

ROSH has geographically defined its community benefit (CB) area in the following way:

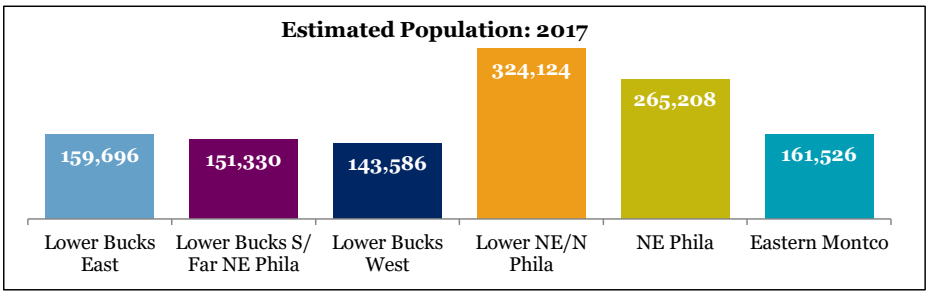
Region	Zip Codes
Lower Bucks East	19030, 19047, 19054, 19055, 19056, 19057, 19067
Lower Bucks S/ Far NE Phila	19007, 19020, 19021, 19114, 19154
Lower Bucks West	18940, 18954,18966, 18974, 19053
Lower NE/N Phila	19120, 19124, 19125, 19134, 19135, 19137, 19140
Northeast Phila	19111, 19115, 19116, 19136, 19149, 19152
Eastern Montgomery	19001, 19006, 19009, 19012, 19027, 19038, 19040, 19046, 19090, 19095

[a] Note: County Health Rankings data varies slightly from Claritas/Truven Health Analytics demographics

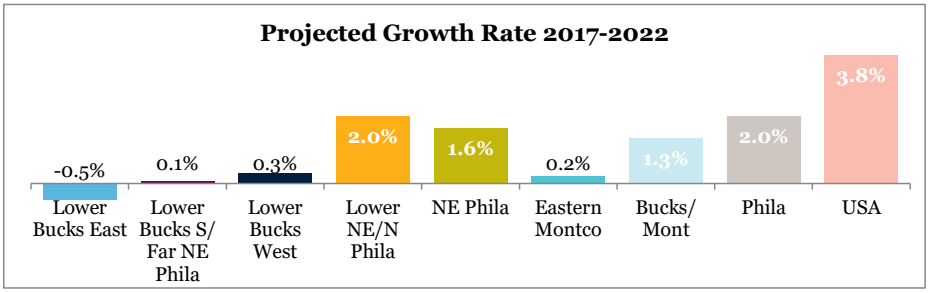
These zip codes define regions that are in Bucks, Montgomery, and Philadelphia counties. For comparative purposes throughout this document, the combined area of Bucks and Montgomery counties, or Bucks/Mont, and Philadelphia will be used. The map depicts these areas. Each area has been assigned a color which will be used throughout this report in graphs to depict that specific area.



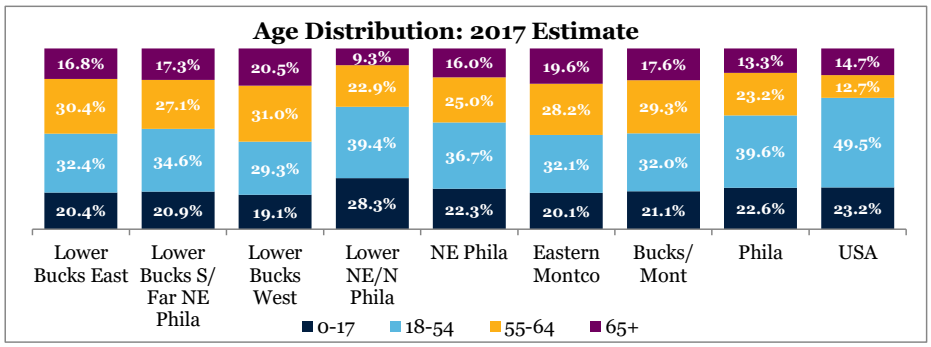
More than 1.2 million people live in ROSH's CB area. This represents 40% of all residents of Bucks, Montgomery, and Philadelphia Counties combined.



While Bucks/Mont anticipates a 1.3% increase in population between 2017 and 2022, this growth is in areas beyond the ROSH CB service areas. Lower NE/N Phila has the highest growth rate of the ROSH CB service areas. Compared to the United States, local populations are slower growing.



The gender distribution varies little across CB areas, ranging from 51 to 53% female. Lower NE/N Phila has a higher percent of youth ages 0-17 than the other ROSH CB areas, Bucks/Mont and the United States. Lower Bucks West and Eastern Montco have a higher percentage of adults aged 65+ than other CB areas, Bucks/Mont and the United States.



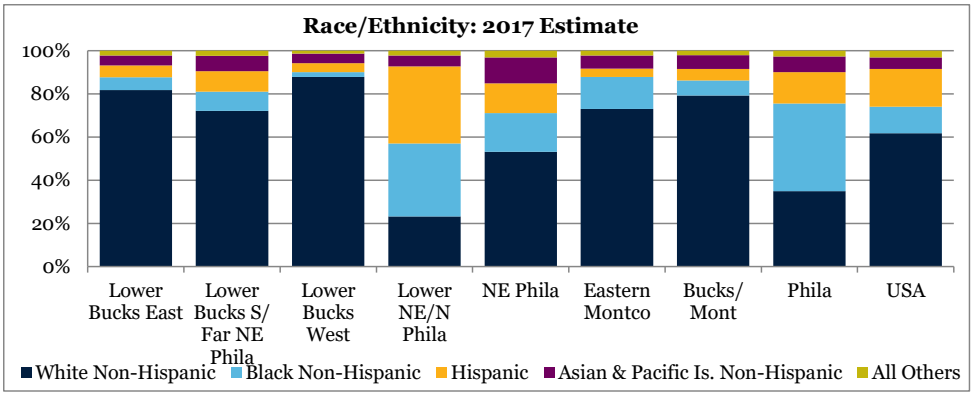
In Bucks/Mont, almost 75,000 residents identify themselves as Hispanic[b] and in Philadelphia, more than 228,000 people, or 15% of the population is Hispanic. Although they share a common language, each Hispanic community is culturally unique, and

[b] The terms Latino and Hispanic are both used in this document depending on the source of the data. According to the U.S. Census Bureau "Hispanics or Latinos are those people who classified themselves in one of the specific Spanish, Hispanic, or Latino categories ... -"Mexican," "Puerto Rican", or "Cuban"-as well as those who indicate that they are "another Hispanic, Latino, or Spanish origin." .... The terms "Hispanic," "Latino," and "Spanish" are used interchangeably."

internally diverse by gender, generation, class, and race. The highest concentration of Hispanics live in Lower NE/N Philadelphia (35.8%).

The Asian and Pacific Islander community in Bucks/Mont represents 7% of the total population (almost 93,000 residents) and according to the 2010 census, more than a third are of Asian Indian descent. There are also residents from Korea, China, the Philippines, and Vietnam, as well as Japan and other Asian countries. In Philadelphia, there are 115,000 residents with Asian backgrounds. According to the latest available census data, the highest proportion are from China, followed by people of Asian Indian, and Vietnamese descent. The remainder are from Cambodia, the Philippines, Korea, and other countries.[10]

Lower Bucks West is the least racial/ethnic diverse, with 87.9% of the population identifying as non-Hispanic White. The highest proportion of Asian and Pacific Islanders live in Northeast Philadelphia (12%), and the highest concentration of Black non-Hispanics[c] (33.8%) live in Lower NE/N Philadelphia.



[c] The terms black or African American are both used in this document depending on the source of the data. According to the Census Bureau website, these terms are used interchangeably and refer to people having origins in any of the black racial groups of Africa. (https://www.census.gov/prod/cen2010/briefs/c2010br-06.pdf)

Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health. (Healthy People 2020)[11].

To address social determinants of health, Healthy People 2020 uses a "*place-based*" approach that consists of five key areas: economic stability (poverty, employment status, access to employment, housing stability/homelessness); education (high school graduation rates, school environments, enrollment in higher education); social and community context (family structure, social cohesion, civic participation, incarceration); health and healthcare (access to health services including clinical and preventive care, access to primary care including wellness and health promotion programs); and neighborhood and built environment (crime and violence, access to healthy foods).

ROSH's community assessment focuses on social determinants of health through a "*community benefit neighborhood-based*" approach. The information about social determinants that follows relates to the overall population.

Two indices measure social determinants of health in ROSH's CB area counties: **County Health Rankings** and the **Community Need Index**.

1) In the **2018 County Health Factors Rankings** for Pennsylvania, Bucks County ranked 7th highest, Montgomery County ranked 4th, and Philadelphia ranked last among the 67 counties in the state using a variety of measures including social and economic factors.[12] The prior year Bucks was ranked 2nd and Montgomery first.
2) **Community Need Index -** In 2005 Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI accounts for the underlying economic and structural barriers that affect overall health. These barriers include those related to income, culture/language, education, insurance, and housing. Using 2015 data, the CNI gathers information about a community's socio-economy (percentage of elderly living in poverty; percentage of the uninsured or unemployed, etc). A score is then assigned to each barrier condition (with 1 representing less community need and 5 representing more community need). The scores are then aggregated across the barriers and averaged for a final CNI score (each barrier receives equal weight in the average). A score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers.[13]

The CNI score is highly correlated to hospital utilization – high need is associated with high utilization. The CNI considers multiple factors that limit health care access, and therefore may be more accurate than existing needs assessment methods. In addition, the most highly needy communities experience admission rates almost twice as high as the lowest need communities for conditions where appropriate outpatient care could prevent or reduce the need for hospital admission such as pneumonia, asthma, congestive heart failure, and cellulitis. The chart below provides the CNI for zip codes in ROSH's CB area. Almost all zip code areas in Philadelphia have a CNI above 3.0, compared to the suburban scores of 3.0 or less.

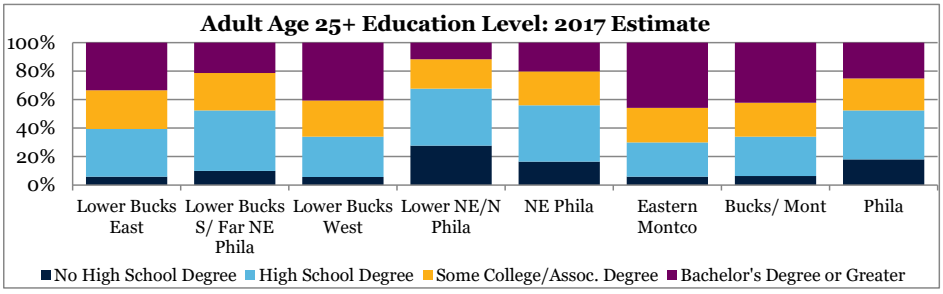
CNI Scores by ZIP Code

Lower Bucks East		Lower Bucks S/ Far NE Phila		Lower Bucks West		Lower NE/N Phila		Northeast Phila		Eastern Montgomery	
Zip Code	CNI Score	Zip Code	CNI Score	Zip Code	CNI Score	Zip Code	CNI Score	Zip Code	CNI Score	Zip Code	CNI Score
19030	2.8	19007	3.4	18940	1.4	19120	4.6	19111	4.0	19001	2.2
19047	2.0	19020	3.0	18954	1.2	19124	4.6	19115	3.2	19006	1.8
19054	2.2	19021	2.8	18966	1.2	19125	4.6	19116	3.4	19009	2.0
19055	2.0	19114	3.4	18974	2.0	19134	5.0	19136	3.8	19012	2.2
19056	2.6	19154	2.2	19053	1.8	19135	4.0	19149	4.0	19027	2.6
19057	2.4					19137	3.4	19152	3.6	19038	2.0
19067	2.0					19140	5.0			19040	2.2
										19046	2.0
										19090	2.2
										19095	2.8

Solutions are underway with new approaches. For example, Pieces Technology, Inc., a Dallas based company, links medical centers and community organizations via information systems to improve patient outcomes by enhancing clinical decision-making, providing more precise interventions, and addressing the social and economic determinants of health. [14]

Education

The level of education among residents in ROSH's CB area varies. Residents living in Lower Bucks West and Eastern Montco are more likely to have college degrees or higher (40.7% and 45.7% respectively) compared to Philadelphia (25.2%). Almost 28% of residents of Lower NE/N Philadelphia did not graduate from high school compared to Philadelphia (17.9%).

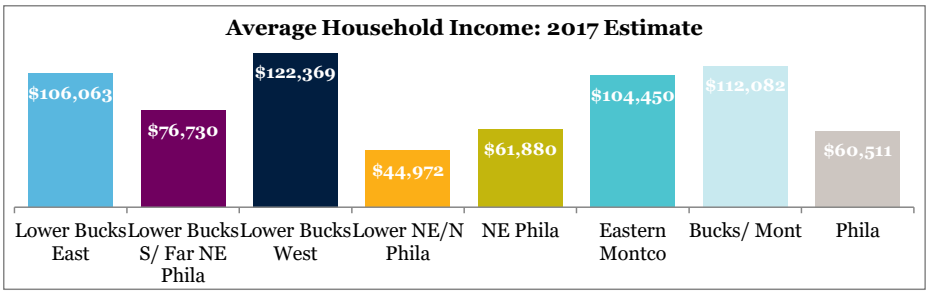


Education is one of the factors associated with health literacy. According to the U.S. Department of Health and Human Services, health literacy "is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions." Low literacy has been linked to poor health outcomes such as higher rates of hospitalization, less frequent use of preventive services, and higher costs. Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English, and people with compromised health status.[15] More detail on health literacy is provided later in this document.

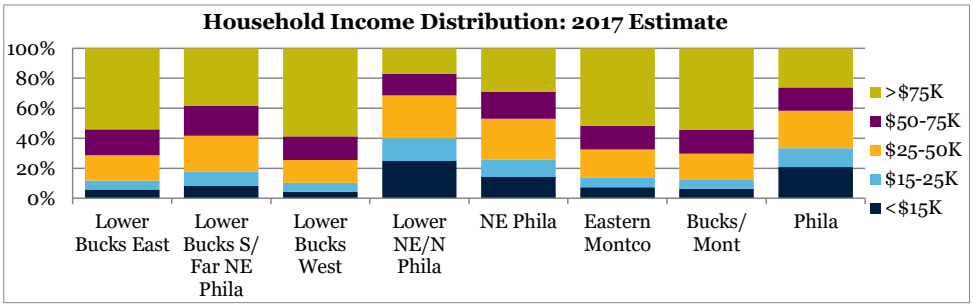
Income and Poverty

"Being poor in Montgomery County: "what's wrong with them" stigmatization. If you are poor you are marginalized."

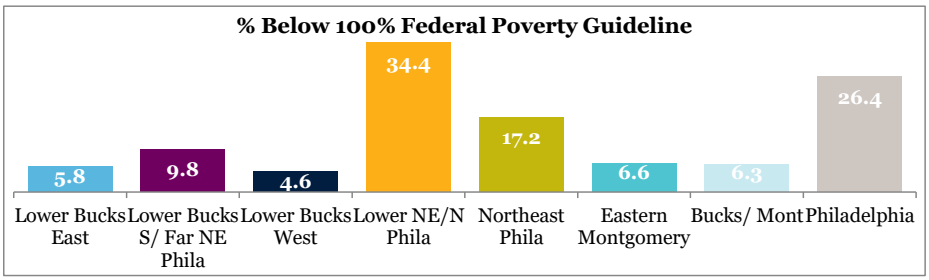
Income in the ROSH CB area is relatively high in suburban communities and lower in Philadelphia. Household income in Lower NE/N Philadelphia is very low.



While the majority of the population in suburban areas enjoy household incomes of more than $75,000, there is poverty concentrated in some communities, notably Lower NE/N Philadelphia, and there is poverty dispersed throughout the ROSH CB service areas. Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors.



In 2016, the federal poverty level (FPL) threshold for a family/household of four was $24,563.[16] Among ROSH's CB neighborhoods, residents living in Lower Northeast/ North Philadelphia are more likely to live below 100% poverty than others living in Bucks/Mont and Philadelphia.



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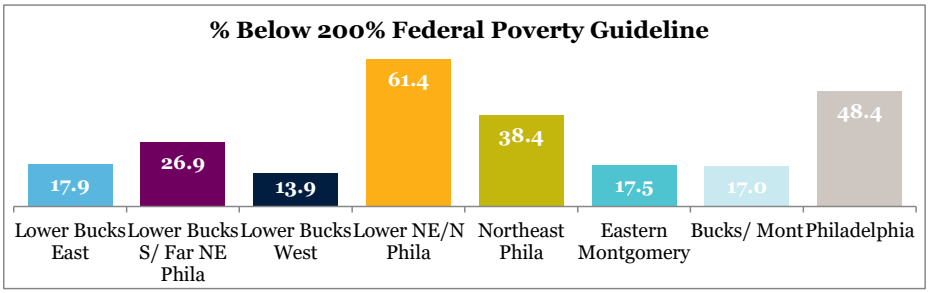
Subsequent data in this document compare rates between those living below 200% of the FPL and those above. The percentage of people living below 200% of the FPL in each region is much higher compared to people living below the 100% FPL. For example, while 5.8% of people in Lower Bucks East were below the 100% FPL, almost 18% are below the 200% FPL.



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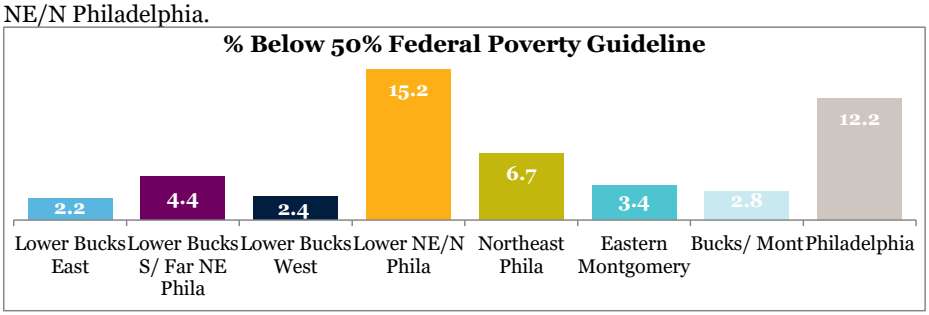
In addition, there are people living in deep poverty, defined as below 50% of the federal poverty level, in the ROSH CB area. The highest concentration deep poverty is in Lower NE/N Philadelphia.



Access to Healthy and Affordable Food

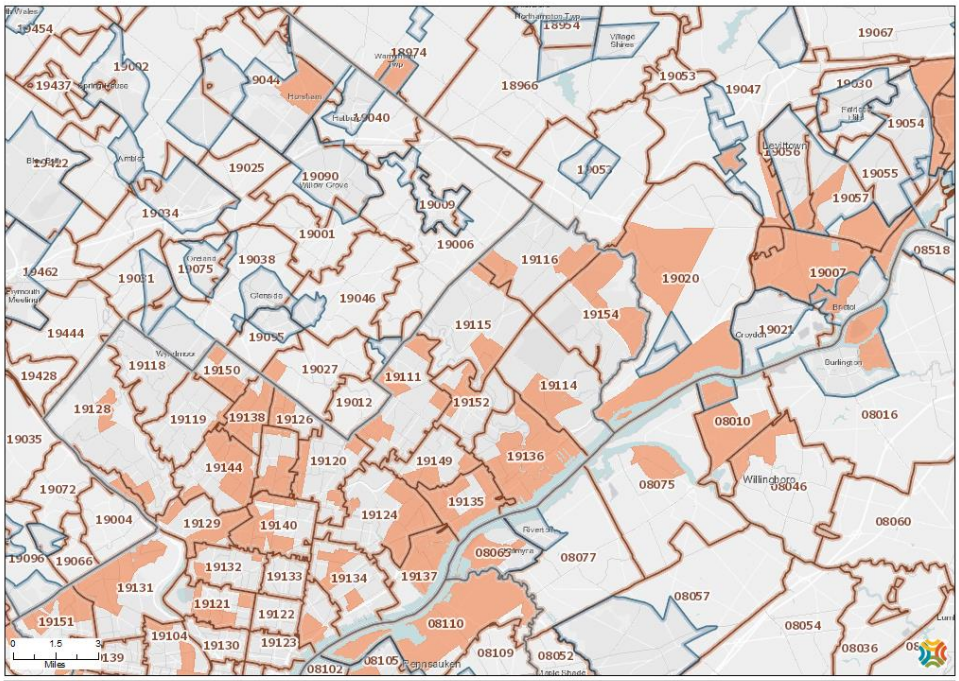
We can't eat healthier without healthy foods. (Frankford key informant)

"It is the hospital's garden but it is a community garden and we're trying to get more people in the community involved. I'm working … to teach people how to use the produce in ways that they will benefit from them. A lot of the times they're like "'what do I do with this squash?' but there are a lot of opportunities and we're trying to use synergies in this community so that everyone can benefit from it." (*Frankford key informant)*

Although Bucks and Montgomery counties are affluent, food insecurity affects approximately 9.3% of the population according to Feeding America – Map the Meal Gap. In Philadelphia, with large populations of low income residents, the average food insecurity rate is 21%. Food insecurity is concentrated in Philadelphia but present throughout the ROSH CB area.[17] In terms of population in ROSH's CB areas, this represents about 185,000

individuals.[18]

Food Desert Map



Map Legend

Food Desert Census Tracts, .5 Mi. / 10 Mi. by Tract, FARA 2015

Food Desert

Not a Food Desert

No Data

Community Commons, 3/23/2018

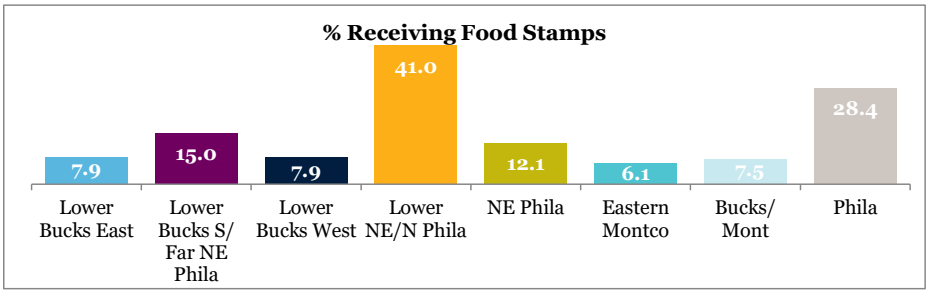
Food insecure adults are more likely to be at risk for diabetes, hypertension, and high cholesterol. Pregnant women who are food insecure are more likely to experience major depression, have low weight babies, and experience birth complications compared to women who are food secure. Seniors are also adversely affected by hunger.

Not surprisingly, a result of food insecurity is higher health care costs. According to an article by the Canadian Medical Association, households with low food security incurred health care expenses that were 49% higher than those who were food secure. Among those with very low food security (those who missed meals or ate smaller meals because they could not afford food), health care costs were 121% higher.[19]

Additionally, in a study of patients in an emergency department, food insecure patients were more likely than food secure patients to:

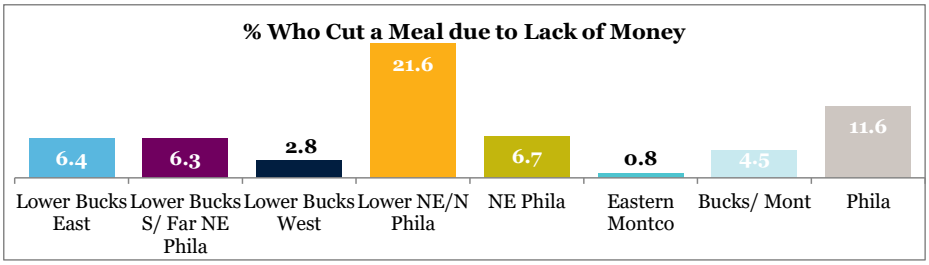
- report a variety of chronic and mental health problems including obesity
- delay paying for medication to have money for food
- take medication less often because they could not afford more
- choose between buying food and medicine
- get sick because they could not afford to buy medicine [20]

As of November 2017 in Pennsylvania, 1.85 million residents received food stamps through the Supplemental Nutrition Assistance Program (SNAP), a 1% decrease from the previous year.[21] Many of these recipients are working people; 41% are in the workforce and 16% work full time. In March 2017, 6% of Bucks County residents, 6.4% of Montgomery County residents, and 30.9% of Philadelphia County residents received SNAP benefits. In ROSH's CB area, the percentage of people receiving food stamps ranged from 6.1% in Eastern Montco to 41% in Lower NE/N Philadelphia.



PHMC Household Health Survey 2015

The percent of adults who reported cutting a meal due to cost is an indicator of food insecurity. While relatively few residents in most ROSH CB areas report skipping meals due to cost, the rate of missed meals in Lower NE/N Philadelphia is significantly higher.



PHMC Household Health Survey 2015

Some data is available about full service grocery stores. Although most of Montgomery County is within close proximity to one (or more) full service grocery stores, many of the more densely populated boroughs do not have a full-service grocery store. A recommendation of the Montgomery County Comprehensive Plan is that these places should encourage grocery stores, farmers' markets, community gardens, home gardens, and food safety net providers within their borders to provide fresh fruit and vegetable options.[22]

Between 2012 and 2014, 20 supermarkets closed in Philadelphia:[23] in early 2015, Bottom Dollar closed 46 stores in the Philadelphia region,[24] and in July 2015, A&P filed for bankruptcy and closed 3 stores in Philadelphia.[25] New stores are opening in the region such as Lidl, a German based grocer with a planned store in Port Richmond and other locations[26] but most often these stores are not located in the lower income areas.

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to healthy and affordable food include:

- Children are hungry; they do not always get a meal outside of subsidized school programs and the summer is problematic when they are not in school.
- The elderly are not aware of food prep programs and many may be going hungry.
- There are many fast food options and the community lacks healthier options.
- It's cheaper to eat at fast food establishments than better restaurants.
- Healthy foods are expensive and farmers markets are far away; there is no walkable access to fresh foods in Frankford.
- The Thriftway that served Frankford closed and other markets are too far away and too expensive. Some supermarkets in other areas are difficult to access.
- The produce truck no longer comes to Frankford.
- Using the bus to shop for food limits the amount of food that can be carried home.
- There are too many stop and go corner stores selling only processed food and no fresh food options in lower Northeast Philadelphia.
- Produce grown in the Frankford Hospital garden is distributed to the community.
- Many Asians in the Lower Northeast grow produce in small plots in front of their homes.

Recommendations include:

Commented [MC1]: Here and throughout the document, are these recommendations from the focus group or your proposed recommendations based upon the feedback? How do we dovetail these to an implementation plan that can be monitored and measured going forward?

- Post signs about SNAP at the hospitals, grocery stores, libraries and other places.
- Preferably establish a site or alternatively a resource book available to all residents for all services provided in the Frankford area (e.g. a list of food distribution places, services offered in the State Reps' offices, housing, and employment resources).

Employment and Job training

As of December 2017, unemployment in Bucks (3.7%) and Montgomery (3.4%) counties were among the lowest in the metropolitan area. These rates are lower than the U.S. average of 3.9%. The unemployment rate in Philadelphia was 5.6%. Unemployment decreased .1 to .3% in the 3 counties from the prior year.[27]

Weekly wages in Montgomery and Philadelphia Counties in Q3 2017 were tied for the second highest of any Pennsylvania county ($1,212). The Bucks County weekly wage at $934 was lower than the Pennsylvania average of $1,002.[28] Wages decreased in all areas from the previous year.

Compared to the employed, those not working in Bucks/Mont and Philadelphia are more likely to report their health as fair or poor, and have diabetes, high blood pressure, or a diagnosed mental health condition. In addition, unemployed adults are more likely to smoke compared to employed adults.

	Fair/Poor Health Status	Diabetes	High BP	Mental Condition	Smoker
Bucks/Mont Employed	7%	7%	21%	13%	12%
Bucks/Mont Not employed	25%	18%	46%	18%	13%
Philadelphia Employed	11%	8%	24%	14%	19%
Philadelphia Not employed	20%	13%	30%	29%	33%

PHMC Household Health Survey 2015

The implications of poor health on labor market outcomes are enormous for patients, families, employers and policy makers. Poorly managed health conditions have been associated with increased absenteeism, poor productivity, decreased job retention, and fragmented work histories. In a survey sponsored by Nationwide Better Health,[29] 85% of respondents reported that unplanned absences are normally due to a health condition, either their own or that of a family member. Half of these absences were due to a recurring health condition. Mental and physical health illnesses, personal problems, the need to be with their families or job-related stress also increase lost productivity at work. Absence management leads to a healthier workforce and keeps people on the job at full strength to maximize a company's productivity and profit.

For ROSH CB area's vulnerable adults, finding a job with family-sustaining wages is only the first hurdle on the path to economic stability. Because of physical and mental health challenges, a lack of peer support and limited work experience, low skilled adults often find it difficult to not only obtain jobs, but to retain their jobs. Once employed, many residents in these communities need to receive on-going counseling and support services to improve their work habits, manage work-related stress, balance family and work obligations, and effectively manage chronic health conditions.

According to Healthy People 2020, public health infrastructure is fundamental to the provision and execution of public health services at all levels. A strong infrastructure provides the capacity to prepare for and respond to both acute (emergency) and chronic (ongoing) threats to the nation's health. Infrastructure is the foundation for planning, delivering, and evaluating public health. As minority populations locally and the across the country increase, a more diverse public health workforce will be needed. In many areas, Hispanics and African Americans are underrepresented in the public health workforce. In addition, while there are Asian providers, language barriers across the area's diverse Asian communities exist. According to Cohen, Gabriel, and Terrell, increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care to our nation's burgeoning minority communities. A diverse health care workforce will help to expand health care access for the underserved, foster research in neglected areas of societal need, and enrich the pool of managers and policymakers to meet the needs of a diverse populace. The long-term solution to achieving adequate diversity in the health professions depends upon fundamental reforms of our country's precollege education system.[30]

There exists a growing literature related to the use of community health workers/navigators/coaches (CHWs) to increase the diversity of the workforce and in care management, facilitation of transitions of care, chronic disease management and bridging cultural divides. Interviews with organizations serving immigrants shared the need to train members of limited-English speaking communities in health professions including health care providers and community health workers. Developing a recruitment and training program for CHWs has the potential to provide job opportunities for minority populations and meaningful employment. It has also been shown to improve the quality and outcomes of care.[31]

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to employment and job training include:

- Schools are not always preparing students. In the Juniata section of Philadelphia, schools just pass the kids, while the schools in Northeast Philadelphia are more challenging. Teaching should be standard. Catholic schools are more demanding.

Recommendations include:

Commented [MC2]: Here and throughout the document, are these recommendations from the focus group or your proposed recommendations based upon the feedback? How do we dovetail these to an implementation plan that can be monitored and measured going forward?

- Preferably establish a site or alternatively a resource book available to all residents for all services provided in the Frankford area (e.g. a list of food distribution places, services offered in the State Reps' offices, housing, and employment resources).

Community Safety

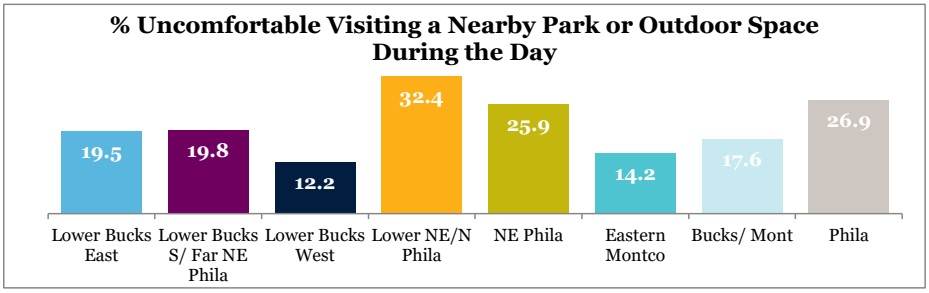
The health impacts of community safety include the impact of violence on the victim, symptoms of post-traumatic stress disorder (PTSD), psychological distress due to chronic exposure to unsafe living conditions and various other health factors and outcomes including birth weight, diet and exercise, and family and social support. Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and behaviors such as smoking in an effort to reduce or cope with stress. Exposure to violent neighborhoods has been associated with increased substance abuse and sexual risk-taking behaviors as well as risky driving practices.

Violent crime is represented as an annual rate per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery, and aggravated assault. Compared to the Pennsylvania average violent crime rate (333), Bucks (100) and Montgomery (163) counties are relatively safe places. However, the violent crime rates in Bucks and Montgomery counties equates almost 2,000 victims annually. In Philadelphia, the violent crime rate is 1,094 per 100,000, by far the highest rate in the state, accounting for almost 17,000 victims. The rate of violent crimes decreased in each of these counties between 2012 and 2014.[32]

Neighborhoods with high violence encourage isolation and therefore inhibit the social support needed to cope with stressful events. Research from Penn Medicine focusing on 10-24 year old primarily African American males, suggests that where they go and how they get there can mitigate or increase the risks of exposure to violence by gunfire and other weapons.[33] Additionally, exposure to the chronic stress of community violence and unsafe built environment contributes to the increased prevalence of certain illnesses, such as upper respiratory illness and asthma.

Domestic violence is also a concern in the community.

In ROSH's CB areas, between 12 and 32% of people reported being uncomfortable visiting a nearby park or outdoor space during the day. These concerns are likely to restrict physical activity.



PHMC Household Health Survey 2015

There are many programs to increase community safety and encourage physical activity and well-being. Among the community safety goals articulated in Montgomery County's Comprehensive plan are:

- right-sized roads, traffic calming, green streets, and sidewalks
- better walkability by installing sidewalks on county roads in appropriate locations when the roads are rebuilt and walkability audits with local communities
- bike-friendly improvements to roads in cooperation with PennDOT, bicycling organizations, and local municipalities

Similarly, Philadelphia's City Planning Commission drafted a Pedestrian and Bicycle plan in 2012 to support safe walking and bike riding throughout the City.

Programs are available at the local level. For example, Bensalem has a volunteer Town Watch program to help police prevent crime.

The Abington Township Police Department has multiple offerings to promote community safety and wellbeing including:[34]

- the C.A.P.T program, Citizens and Police Together, dedicated to reducing crime and fear of crime
- the Town Watch program to make neighborhoods safer
- APAIR, a program to connect people with substance use disorders to treatment options modeled after the Bensalem BPAIR program (Bensalem Police Assisting in Recovery)
- C.A.R.E. program (Crimes Against the Retired and Elderly), to teach seniors how to protect themselves
- Victim services unit, to assure victims are treated with respect and dignity

Philadelphia has a network of community, town, and block watch groups. Other safety initiatives include WalkSafePHL, to provide a safe corridor for students traveling to and from school, and partnerships with a variety of ethnic, cultural, and diversity groups.

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to community safety include:

- Safety is an issue in the Frankford community.
- The Frankford hospital "is in a bad spot."
- Prostitutes frequent playgrounds and parks in Philadelphia.

Recommendations include:

- Need more Police Athletic League (PAL) programs and safe places for children to hang out after school.

Family and Social Support

"The ones that used to be, that MADE Frankford, yeah, they're gone." (Frankford key informant)

"Social support stems from relationships with family members, friends, colleagues, and acquaintances. Social capital refers to the features of society that facilitate cooperation for mutual benefit, such as interpersonal trust and civic associations. Individual social support and cohesive, capital-rich communities help to protect physical and mental health and facilitate healthy behaviors and choices.

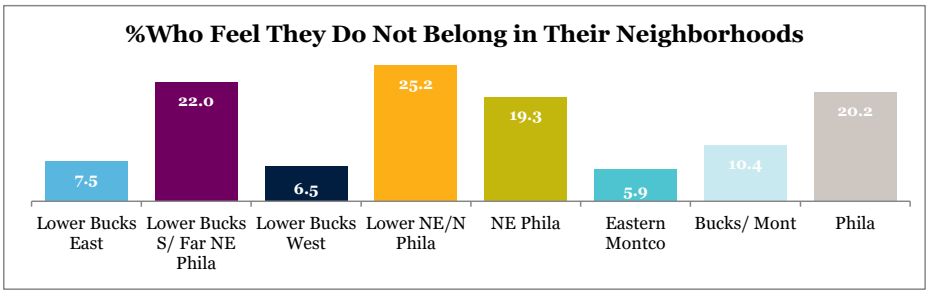
Socially isolated individuals have an increased risk for poor health outcomes. Individuals who lack adequate social support are particularly vulnerable to the effects of stress, which has been linked to cardiovascular disease and unhealthy behaviors such as overeating and smoking in adults, and obesity in children and adolescents.

Residents of neighborhoods with low social capital are more likely to rate their health status as fair or poor than residents of neighborhoods with more social capital, and may be more likely to suffer anxiety and depression. Neighborhoods with lower social capital may be more prone to violence than those with more social capital and often have limited community resources and role models. Socially isolated individuals are more likely to be concentrated in communities with limited social capital.

Individuals with higher educational attainment and higher status jobs are more likely to have greater social support than those with less education and lower incomes. Adults and children in single-parent households, often at-risk for social isolation, have an increased risk for illness, mental health problems and mortality, and are more likely to engage in unhealthy behaviors than their counterparts.

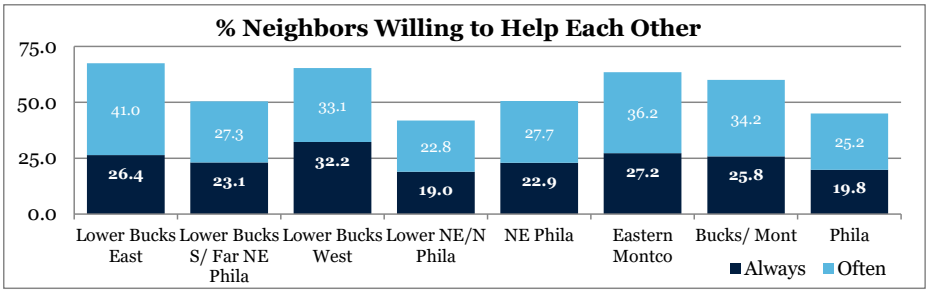
Adopting and implementing policies and programs that support relationships between individuals and across entire communities can benefit health. The greatest health improvements may be made by emphasizing efforts to support disadvantaged families and neighborhoods, where small improvements can have the greatest impacts." [35]

Connectedness to their neighborhoods varies among ROSH CB areas, with residents of Philadelphia communities most likely to disagree or strongly disagree with the statement "*I feel I belong in my neighborhood.*"



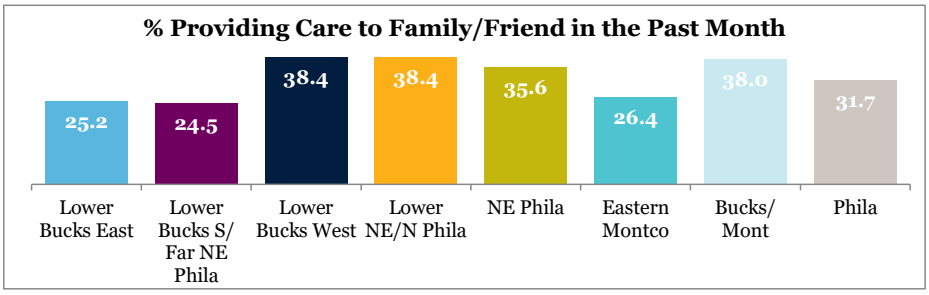
PHMC Household Health Survey 2015

Residents who are willing to help each other add to community connectedness. Lower NE/N Phila residents report a higher percent of neighbors who are less willing to help each other. Although not shown here, residents of Lower Bucks S/Far NE Phila report the highest rate (11.3%) of neighbors who are never willing to help each other.



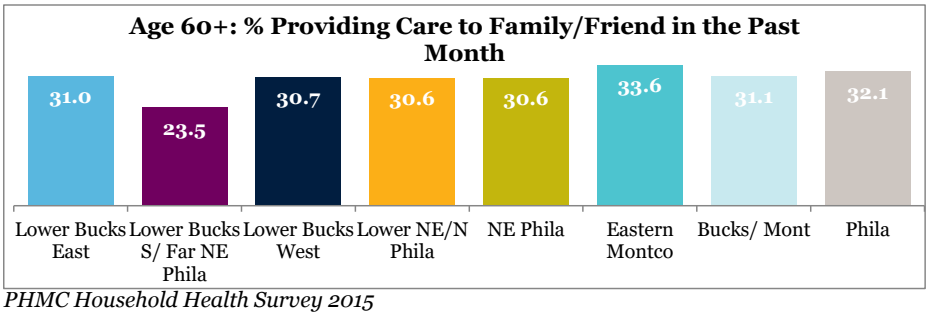
PHMC Household Health Survey 2015

More than a one-third of Lower Bucks West, Lower NE/N Phila, and NE Phila residents provide care for family or friends. In Lower Bucks East, Lower Bucks S/Far NE Phila, and Eastern Montco, the percentage was much lower, with approximately 25% of people assisting family or friends in the past month.



PHMC Household Health Survey 2015

The percentage of adults aged 60+ who provide care to family or friends is less than that of the total adult population, except in Lower Bucks East and Eastern Montgomery.



PHMC Household Health Survey 2015

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to family and social support include:

- As older adults move out and a new generation has moved into lower Northeast Philadelphia, the remaining residents feel a loss of community cohesiveness. Previously they knew everyone in the neighborhood and now they don't know more than 5 people on the block.
- Many corners in lower Northeast Philadelphia used to have bars where people socialized; these have been replaced by the stop and go corner stores.
- Churches offer a lot of community outreach and support. Parish nurses used to provide education.

Recommendations include:

- Utilize libraries as access points for health information and socialization.

Built and Natural Environment

"You got lots, you got abandoned homes, addicts living in them. They turn into crack homes or heroin homes. It makes our neighborhood look really bad." (Frankford key informant)

The public health community has become increasingly aware that the design of the built environment can have a major impact on the health of the public. For example, people living in communities with convenient, safe walking paths, bike lanes, bike racks, parks/playgrounds that are in good condition, and access to healthy, affordable food sources may be more physically active and have healthier diets. Conversely, poorer health indicators may be expected among residents of communities with high crime rates, few parks or walking paths, numerous alcohol and tobacco outlets, and little access to fresh food. The powerful influence of the built environment on health suggests that public health practitioners should be involved in planning and policy decisions related to land use, zoning and community design. Health practitioners can serve an essential role in collaborating with other professionals and working alongside neighborhood residents to create and promote healthy communities. Health practitioners need to engage in actions that support: (1) assessing the health impact of land use and community design options before decisions are made as well as after improvements are implemented; and (2) policymaking on issues related to the built environment to ensure protection from toxins, access to healthy food outlets, places to walk and recreate, and other health promoting environments.[36]

European research suggests that people who live proximate to areas of greenery are 3 times more likely to engage in physical activity and 40% less likely to be overweight.[37] A 2012 study in Philadelphia conducted by researchers from the University of Pennsylvania[38] found that greening vacant lots may affect health and safety. A subsequent study confirmed this hypothesis, quantifying the "greening" of vacant lots in Philadelphia: "greening" decreased gun violence 29.1% and all crimes 13.3% in the poorest neighborhoods.[39] Although vacant lots are not a significant issue in the suburbs, the study findings apply in ROSH's urban CB areas. Researchers found significantly lower levels of vandalism and stress among residents, as well as significantly higher levels of physical activity among residents in areas where abandoned lots were cleaned and greened. Green space may also, according to the research, build social ties that are important for health.

The availability of places to recreate and exercise and the availability of fresh produce can promote the health of residents.[40] Parks, recreation centers, schoolyards, and community gardens that are in good repair all help foster a sense of community, which leads to strong, safe neighborhoods.

Montgomery County's comprehensive plan, *Montco 2040: A Shared Vision*, addresses many issues related to health. Among its goals and success measures are:

- Improve transportation quality and expand options for county residents and workers
  Reduce pedestrian/vehicle and bike/vehicle accidents; increase pedestrian and bike commuters
- Provide more opportunities for residents to exercise and have healthy lifestyles
  Increase park users, increase farmers markets and farms

- Support housing choices and opportunities to meet the needs of all people
  Approve new municipal ordinances allowing affordable housing, accessory apartments, and special needs housing
- Enhance community character and protect neighborhoods
  Reduced emergency response time [41]

In addition, Montgomery County's *Walkability and Your Community Health, Safety, and Economics* report offers compelling evidence why walking is important to health, why walkable communities are desirable, and funding opportunities that communities can utilize to make their community friendlier for pedestrians and cyclists.[42]

Philadelphia's strategic plan, *Philadelphia 2035,* focuses on 3 themes: Thrive, Connect, and Renew, each with a health component.[43] The Thrive goal is for "residents to live in healthy neighborhoods served by well-maintained public facilities, such as libraries and recreation centers," the Connect theme's Complete Streets vision will accommodate all modes of transit including cycling and walking, and the Renew theme recognizes that open spaces benefit the health of the neighbors who visit them.

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to the built environment include:

- There are too many corner stores, outlets for cigarettes and alcohol and sometimes illegal drug sales, in lower Northeast Philadelphia.
- Asians in lower Northeast Philadelphia garden on their personal lots, but there is not much of a gardening culture elsewhere in the community.
- Neighbors in lower Northeast Philadelphia used to sweep streets and run fireplugs, but now the streets are dirty.
- There is a sense of hopelessness as conditions deteriorate in some lower Northeast Philadelphia neighborhoods. Vacant lots are problematic.
- The Port Richmond community has been successful resisting undesirable development.
- Gentrification moving north from Kensington concerns long term residents.
- Concentrations of Section 8 housing harbor domestic violence, drugs, and smoking.
- Slum lords in lower Northeast Philadelphia incur and ignore a host of Licensing and Inspection violations and rent to transient drug users who destroy property; nearby property values decrease.
- More safe, well maintained parks and playgrounds are needed. There are no Friends groups maintaining parks in Lower Northeast Philadelphia. Elders used to raise funds for playgrounds.
- Lower Northeastern Philadelphia streets are full of pot holes.

Recommendations include:

- Engage with Philadelphia More Beautiful Committee to pick up litter and beautify blocks (see www.philadelphiastreets.com/pmbc/ for more information)
- Provide free paint and flower pots for residents to use on their properties to improve neighborhoods and safety

- Limit zoning approvals for converting single family homes in lower Northeast Philadelphia to multiple unit rental properties; this will help control the number of problematic tenants residing in the community.

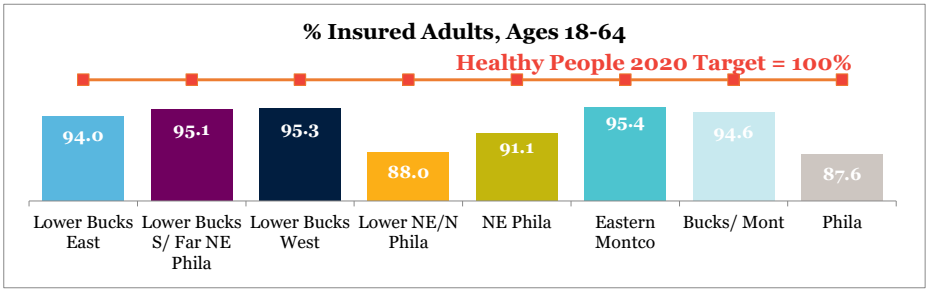
Health Care Access

Health care access is determined by multiple factors including health insurance, transportation, language and literacy, and cultural competency.

Health Insurance

Under the Affordable Care Act, millions of Americans became eligible for new coverage opportunities in 2014. In 2017, 8.8 million Americans enrolled for health insurance coverage through the federal marketplace despite cuts in funding and length of the enrollment period, including more than a million gaining new coverage.[44]

The Healthy People 2020 goal is insurance for everyone. In Bucks/Mont and Philadelphia, 5.4% and 12.4% of adults aged 18-64 respectively are uninsured. The percent of adults aged 18-64 without insurance ranges from 4.6% in Eastern Montgomery to 12% in Lower NE/N Phila. Black and Hispanic residents are more likely to be uninsured.[45]



PHMC Household Health Survey 2015

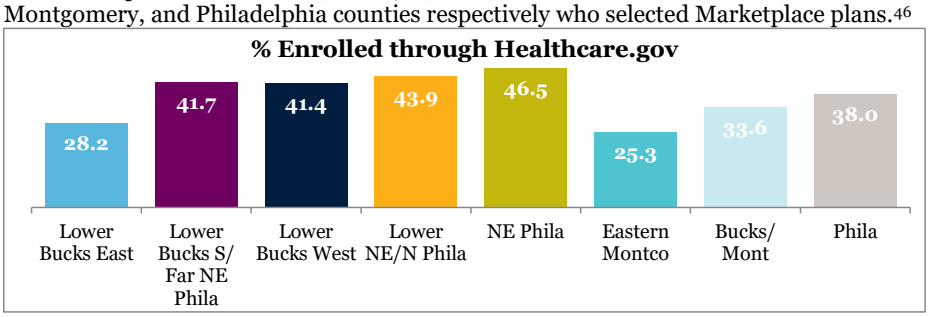
Cost was the most frequent reason given for not having insurance. Note: Only county data is presented because the sample sizes of uninsured respondents in the ROSH CB areas is too small for meaningful analysis.

	Bucks/Mont	Phila
Job status change	7.3	10.4
Ineligible due to age/left school	1.7	1.2

Employer doesn't offer coverage	12.0	4.6
High cost	50.7	43.7
Other *	28.3	40.0
* includes insurance company refused coverage; objections to ACA; difficulties using healthcare.gov; death or divorce		

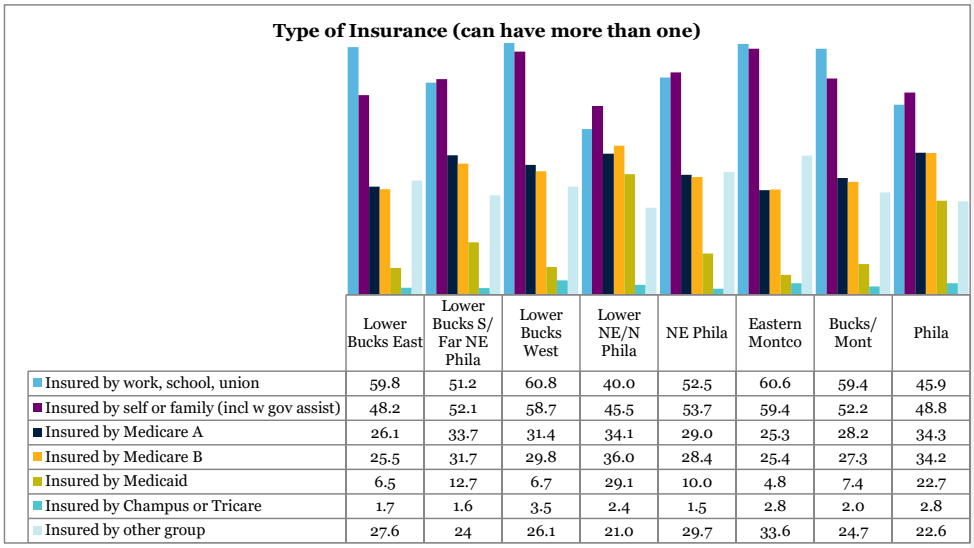
PHMC Household Health Survey 2015

About a third of the population in Bucks/Mont and close to 40% in Philadelphia enrolled for health insurance through Healthcare.gov. Fewer people in Eastern Montco and Lower Bucks East, areas with higher health insurance coverage rates, used Healthcare.gov, perhaps because they were already covered with satisfactory insurance. For the 2017 open enrollment period, there were 7,500, 9,376, and 18,003 new enrollees from Bucks, Montgomery, and Philadelphia counties respectively who selected Marketplace plans.[46]



PHMC Household Health Survey 2015

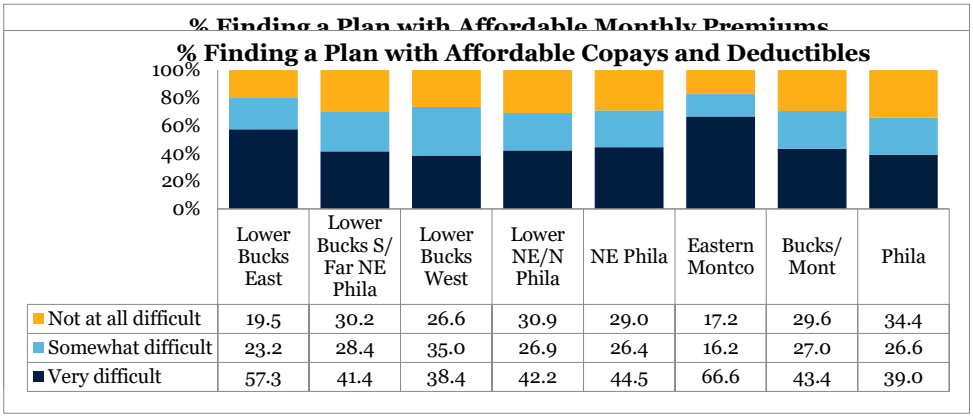
Except in Lower NE/N Phila, the majority of residents in ROSH CB areas have insurance through work, school, or a union. Lower NE/N Phila residents are more often covered by Medical Assistance and Medicare.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Insured by work, school, union	59.8	51.2	60.8	40.0	52.5	60.6	59.4	45.9
Insured by self or family (incl w gov assist)	48.2	52.1	58.7	45.5	53.7	59.4	52.2	48.8
Insured by Medicare A	26.1	33.7	31.4	34.1	29.0	25.3	28.2	34.3
Insured by Medicare B	25.5	31.7	29.8	36.0	28.4	25.4	27.3	34.2
Insured by Medicaid	6.5	12.7	6.7	29.1	10.0	4.8	7.4	22.7
Insured by Champus or Tricare	1.7	1.6	3.5	2.4	1.5	2.8	2.0	2.8
Insured by other group	27.6	24	26.1	21.0	29.7	33.6	24.7	22.6

PHMC Household Health Survey 2015

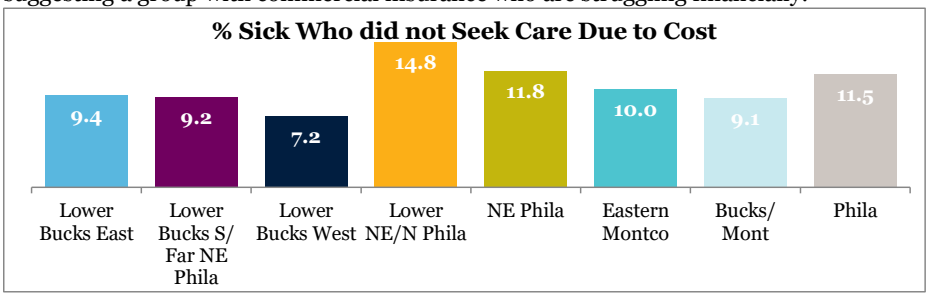
Affordability of health insurance premiums, co-pays, and deductibles is a concern for the majority of residents in ROSH's CB areas. Residents of Eastern Montco and Lower Bucks East, who enrolled least often through Healthcare.gov, reported the most difficulty finding plans with affordable premiums, co-pays, and deductibles. Perhaps this is because residents in these relatively affluent suburbs did not quality for subsidized health insurance plans.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Not at all difficult	19.5	30.2	26.6	30.9	29.0	17.2	29.6	34.4
Somewhat difficult	23.2	28.4	35.0	26.9	26.4	16.2	27.0	26.6
Very difficult	57.3	41.4	38.4	42.2	44.5	66.6	43.4	39.0

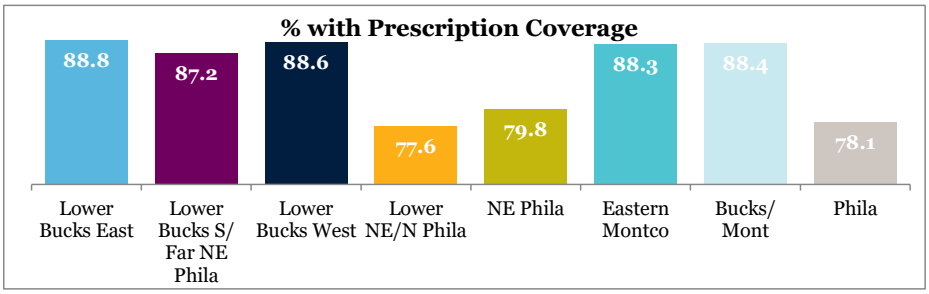
PHMC Household Health Survey 2015

Although Lower NE/N Phila residents reported slightly less difficulty finding an insurance plan with affordable premiums, co-pays and deductibles than residents of other areas, people from this area also reported the greatest frequency of not seeking care due to cost, suggesting a group with commercial insurance who are struggling financially.



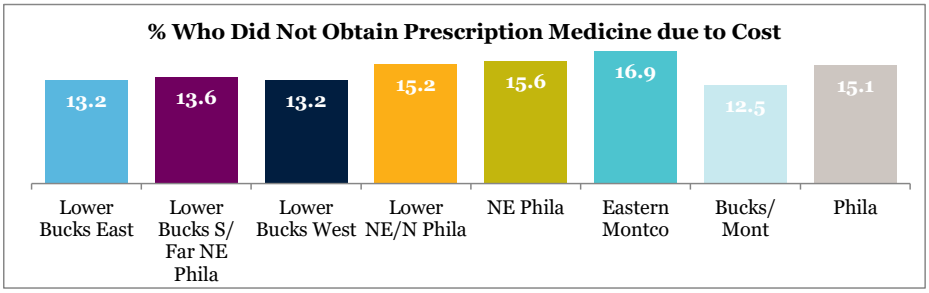
PHMC Household Health Survey 2015

In Bucks/Mont, 88.4% of people have prescription coverage, while in Philadelphia only 78.1% have such insurance.



PHMC Household Health Survey 2015

Throughout the ROSH CB service areas, one in every 7 to 8 people did not obtain medication due to cost.



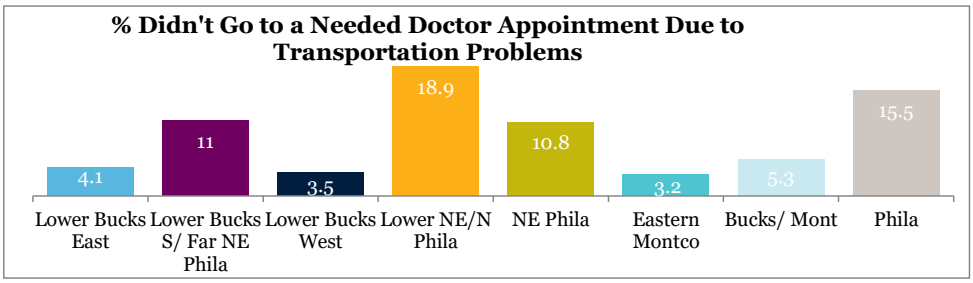
PHMC Household Health Survey 2015

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to health care costs include:

- Medical bills are too high for hospital workers
- Insurance drives home care options. Co-pay requirements can be prohibitive.

Transportation

Fewer than 5% of people in ROSH's suburban CB areas cancelled a doctor appointment due to a transportation problem, while almost 19% in Lower NE/N Philadelphia reported such a cancellation. Such cancellations may lead to negative health outcomes. For those in need, it is *"harder and harder to get to appointments or keep existing ones."*



PHMC Household Health Survey 2015

Each county in the ROSH CB service area has a system for medical transportation. For Bucks County Medical Assistance clients enrolled in the transportation program, Bucks County Transport provides free transportation to any health care service that is covered by Medical Assistance, including appointments with doctors, dentists, psychologists or psychiatrists, drug and alcohol treatment clinics, pharmacies for prescriptions, hospital outpatient services, and medical equipment suppliers. In Montgomery County, TransNet provides similar non-emergency transportation for Medical Assistance clients who are traveling to routine medical appointments. The TransNet program also reimburses costs for using public transportation or mileage, tolls, and parking if a private vehicle is used. In

Philadelphia County, the Medical Assistance Transportation Program (MATP) is run by LogistiCare Solutions. LogistiCare manages non-emergency medical transportation benefits for the medically fragile, disabled, and under-served and elderly enrolled in Medicaid and Medicare portions of managed care organizations. Through this program, clients receive tokens for SEPTA to go to medical appointments, or if unable to take public transportation, van service is available. Additionally, there are approximately 70 EMS companies in Bucks County, at least 20 ambulance agencies in the Montgomery County that are licensed as for-profit transportation ambulance organizations, and more than 70 ambulance companies based in Philadelphia.[47]

For emergencies, Bucks County's Department of Emergency Services runs the 9-1-1 system. Montgomery County, through its Department of Public Safety, operates the 9-1-1 system; coordinates public safety services among police, fire, and emergency medical responders; and provides public safety training. In Philadelphia, the Police Department dispatches police services and the Fire Department dispatches both fire and medic services via the 9-1-1 system.

Newer options for transportation are evolving. Launched in 2016, RoundTrip, is a portal that allows a nurse, social worker, or care manager to order a ride. RoundTrip is integrated with Lyft, and Uber Health is another option for transportation to medical appointments.[48]

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to transportation include:

- Affordable and accessible transportation is an issue for many
- The SEPTA stop serving Jefferson Health Northeast Bucks Hospital is not close to the hospital
- People who use bus transportation to Jefferson Torresdale Hospital have to walk up a big hill to the hospital
- Each town in Bucks County has a senior center but no transportation
- People using drugs make getting off and on SEPTA's Frankford El trains dangerous in Frankford and north.

Literacy

Health literacy is a stronger predictor of individual health status than age, income, employment status, education level or racial/ethnic group.[49] Inadequate health literacy, as measured by reading fluency, independently predicts all-cause mortality and cardiovascular death among community dwelling elderly persons.[50] Health literacy also contributes to disparities associated with race/ethnicity and educational attainment in self-rated health and some preventive measures.[51] Race/ethnicity (African American and Latino/Hispanic), age (older than 65), not completing high school, poverty, and not speaking English prior to entering school have also been associated with lower literacy levels.[52] Older adults are disproportionately more likely to have below basic health literacy than any other age group. Almost three in ten (29%) of people age 65 and over

have a health literacy level of below basic compared with 13% of people age 50–64 and 11% of people age 40-49.

Low patient literacy is associated with limited disease-related knowledge and self-management, poor adherence to treatment plans, and an increased likelihood of hospitalization. Preventable hospital admissions are also associated with poor health literacy.[53] The Joint Commission's National Patient Safety Goals specifically address communication issues related to provider-patient interaction.[54]

The health literacy of patients is often underestimated by health care providers and may not even be considered as a factor in patient care.[55, 56] The safety of patients cannot be assured without mitigating the negative effects of low health literacy and ineffective communications on patient care. However, there is more to health literacy than understanding health information. Health literacy also encompasses the educational, social, and cultural factors that influence the expectations and preferences of individuals, and the extent to which those providing healthcare services can meet those expectations and preferences.

In addition, the growing prevalence of chronic conditions and an aging population requires even more attention to effective strategies to address health literacy. Patients with poor health literacy have a complex array of communication difficulties, which may affect health outcomes. Such patients report worse health status and have less understanding about their medical conditions and treatment; they may have increased hospitalization rates. Professional and public awareness of the health literacy issue must be increased, beginning with education of medical students and physicians and improved patient-physician communication skills.[57]

Many experts suggest that low-literate adults should be educated using simple language geared to the layperson and taught using teach-back techniques to confirm patient understanding, as well as visual methods including pictures, multimedia, use of pill-boxes, and graphic medication schedules.[58]

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to health literacy include:

- It is difficult to navigate the health care system, especially for people who are under-educated and/or not proficient in English.
- Many people are illiterate.
- Family members who do not speak English rely on younger generations for translation.
- Blue phones and other language technologies are available in hospitals for translation for inpatients; translation is often an issue for outpatients. At ROSH, the Language Line is available in multiple care areas to serve the continuum of care.

Recommendations include:

- Primary care offices and other services would benefit from having a translation line.

Cultural Competence and Language

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.[59]

Assuring cultural competency is one of the main ingredients in closing the disparities gap in health care and is the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Health care services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Culture and language may influence: health, healing, and wellness belief systems; how illness, disease, and their causes are perceived by the patient/consumer; attitudes toward health care providers; and the delivery of services by a provider who looks at the world through his or her own limited set of values, which can compromise healing for patients from other cultures.

The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to health care delivery. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

As described above, ROSH's community benefit area serves increasingly diverse communities including immigrants and a growing elderly population.

Health Status

Mortality

Bucks, Montgomery, and Philadelphia counties rank 9th, 5th, and 66th (out of 67) respectively in Pennsylvania in terms of longevity.[60]

With the exception of increasing accidents and drug-induced deaths and decreasing cancer mortality, age adjusted mortality rates per 100,000 population, were relatively stable for between 2010 and 2016.[61]

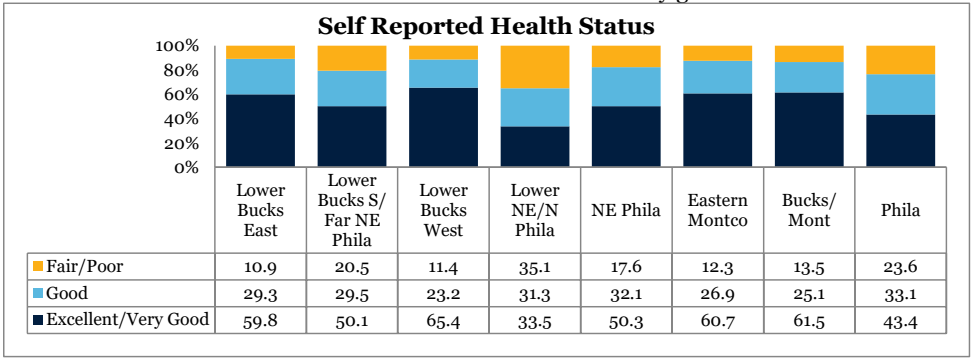
Cause	Bucks County Rate 2016	Mont-gomery County Rate 2016	Phila-delphia County Rate 2016	Bucks County Rate 2010	Mont-gomery County Rate 2010	Phila-delphia County Rate 2010	Bucks County # Deaths 2016	Mont-gomery County # Deaths 2016	Phila-delphia County # Deaths 2016
All	692.2	655.3	880.2	691.0	660.6	883.6	6,010	7,602	14,351
Malignant neoplasms	149.7	150.4	192.8	174.9	165.9	204.8	1,305	1,687	3,139
Accidents	56.4	47.7	68.6	34.3	33.4	43.5	372	432	1,082
Drug-induced	37.1	31.2	47.2	18.5	14.8	22.5	218	245	739
Falls	9.9	9.1	8.1	8.7	9.8	7.1	90	110	136
Accidents	56.4	47.7	68.6	34.3	33.4	43.5	372	432	1,082

Mortality rates can vary by racial/ethnic group. For example, non-Hispanic blacks have the highest age-adjusted mortality rates overall. In Bucks and Montgomery Counties, cancer mortality for non-hispanic whites and blacks was similar, compared to Philadelphia where the cancer mortality rate for non-hispanic blacks was higher than other racial/ethnic groups. In Montgomery and Philadelphia Counties, the age adjusted drug-induced mortality rate for non-hispanic whites was the highest of the racial/ethnic groups.

A recent study from the University of Pittsburgh Graduate School of Public Health found a significant decline in premature deaths for middle-aged African Americans. Dr. Edith Mitchell, a Thomas Jefferson University Hospital oncologist and director for the Center to Eliminate Cancer Disparities, posits that the improvements are due to advanced health screening and earlier detection, more health insurance, access to clinical trials, reductions in smoking and other pollutants, and higher incomes for some African Americans.[62] Most of these factors are discussed elsewhere in this CHNA.

Morbidity

Bucks, Montgomery, and Philadelphia counties rank 6th, 4th, and last of the 67 counties in Pennsylvania for overall health outcomes. Adults in ROSH CB area who report fair or poor health range from a low in Lower Bucks East (10.9%) to a high in Lower NE/N Phila (35.1%). These rates exceed the Healthy People 2020 goal of 10%. In contrast, almost two thirds of adults in Lower Bucks West rate their health as excellent or very good.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Fair/Poor	10.9	20.5	11.4	35.1	17.6	12.3	13.5	23.6
Good	29.3	29.5	23.2	31.3	32.1	26.9	25.1	33.1
Excellent/Very Good	59.8	50.1	65.4	33.5	50.3	60.7	61.5	43.4

PHMC Household Health Survey 2015

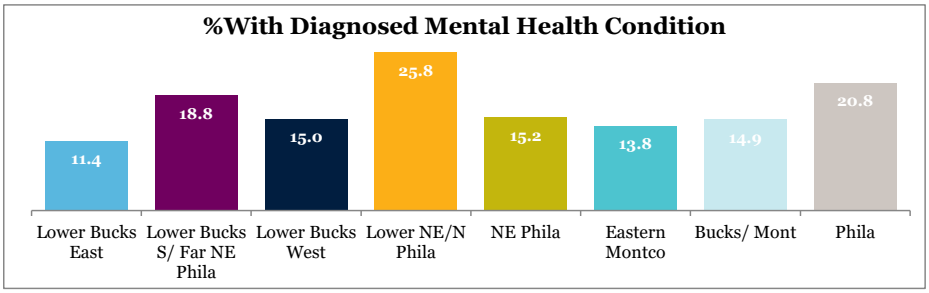
Adults in Bucks and Montgomery Counties were less likely to report poor physical health days (average number of physically unhealthy days in past 30 days - age-adjusted) than Pennsylvania residents while Philadelphians reported more poor physical health days. Similarly, Bucks and Montgomery residents reported fewer poor mental health days (average number of mentally unhealthy days in the past 30 days) than Pennsylvanians as a whole and Philadelphia residents reported more poor mental health days.

	Bucks	Montgomery	Philadelphia	Pennsylvania
Poor physical health days	3.0	3.0	4.1	3.5
Poor mental health days	3.4	3.1	4.6	3.9

Mental Health

Mental and physical health are inter-related. Mental health plays a major role in people's ability to maintain good physical health. However, mental illnesses, such as depression and anxiety, can limit the ability to integrate health-promoting behaviors into one's life. Conversely, physical health issues, such as chronic disease, can have a serious impact on mental health and may inhibit full participation in treatment and recovery.

Just under 15% of all adults in Bucks/Mont and almost 21% of adults in Philadelphia have been diagnosed with a mental health condition. Residents living in Lower NE/N Philadelphia report the highest rates with nearly 26% diagnosed with a mental health condition, while in Lower Bucks East 11.4% report such conditions.



PHMC Household Health Survey 2015

People living below 200% FPL are much more likely to have a mental health condition compared to those who live above 200% of the federal poverty level.

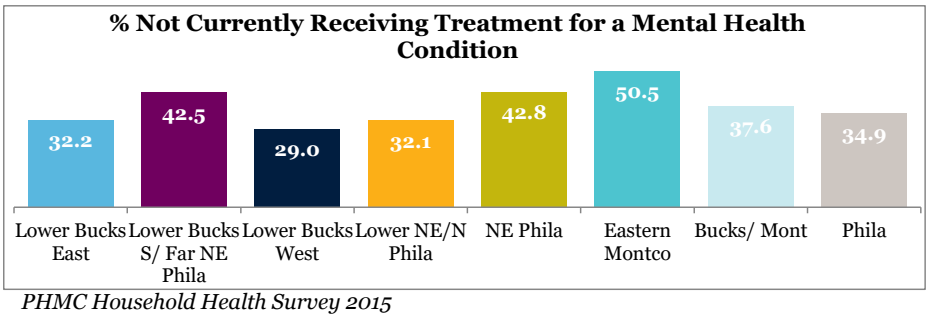
	< 200% Federal Poverty Level	>200% Federal Poverty Level
Bucks/Mont	23%	13%
Philadelphia	28%	15%

Diagnosed mental health conditions vary greatly by race/ethnicity, perhaps due to cultural perceptions regarding recognition and acceptance of mental disorders. Few non-Latino Asians are diagnosed with mental conditions.

	Black non-Latino	White non-Latino	Latino	Asian non-Latino *
Bucks/Mont	12.9%	15.6%	11.3%	4.9%
Philadelphia	18.5%	23.0%	29.6%	.7%

*Estimate based on small sample size; interpret with caution
PHMC Household Health Survey 2015

Almost four in ten of those with a mental health diagnosis in Bucks/Mont report they are not receiving treatment for their condition, and the percentage in Philadelphia is slightly lower. Among ROSH's CB areas, the percentage not receiving treatment varies greatly, with more than 40% not receiving treatment in Lower Bucks S/Far NE Philadelphia, NE Philadelphia, and Eastern Montco. The lower rate of diagnosed mental health conditions in Eastern Montco, coupled with a non-treatment rate above 50%, suggests an opportunity to diagnose and treatment people needing care.



PHMC Household Health Survey 2015

Mental Health issues for Older Adults are discussed in the Special Population section.

Healthy People 2020 objectives related to mental health include:

- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral to 87%
- Increase the proportion of adults with serious mental disorders who receive treatment to 72.3%
- Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment to 75.9%
- Increase the proportion of primary care physicians who screen adults aged 19 years and older for depression during office visits to 2.4%
- Reduce the suicide rate to the Healthy People goal of 10.2 per 100,000 population. The Pennsylvania rate in 2017 was 14.5;[63] in 2016 the rates in Bucks, Montgomery, and Philadelphia were 11.6, 10.6 and 10.4 respectively and all were rising.[64]

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to mental health include:

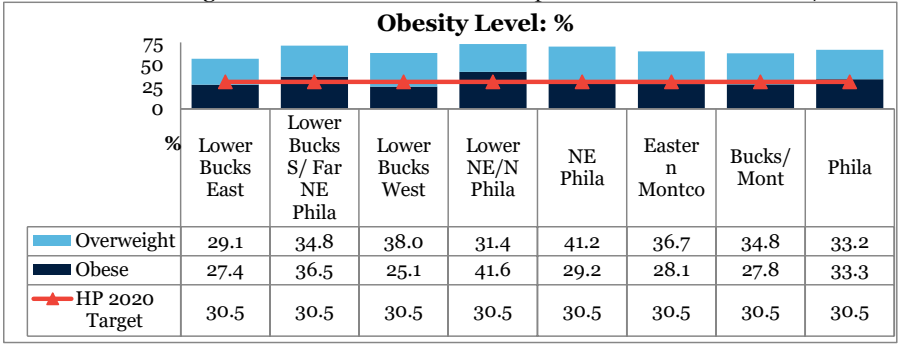
- Drugs, alcohol, and mental illness are inter-related.
- Pediatric mental health services are lacking; parents have problems accessing care for their children.
- Insurance provider lists are outdated.
- Patients on Medical Assistance just get prescriptions without "real counseling or follow-up."
- There are facilities where people stand in line all day and are still not be seen by closing time at 3 pm. Issues such as lack of transport or other social issues impede returning for care.
- If a patient cannot find professional help they will likely self-medicate with drugs and/or alcohol.

Obesity and Nutrition Education

In the United States, almost 36.5% of adults are obese, and in Pennsylvania, the self-reported obesity rate in 2016 was 30.3%.[65] Diet and body weight have been shown to be related to overweight/ obesity, malnutrition, iron deficiency anemia, heart disease, high blood pressure, dyslipidemia, Type 2 diabetes, osteoporosis, asthma, and some cancers. Increases in obesity related diseases are projected to be significant.[66]

Obesity Related Diseases in Pennsylvania			
	2010 Cases	**2030 Projection**	**%Change**
Heart disease	892,129	3,964,312	344%
Obesity related cancers	227,588	553,041	143%
Diabetes	1,135,646	1,731,248	52%
Hypertension	2,752,209	3,483,650	27%

The obesity rate in 4 of 6 ROSH CB areas is below the Healthy People 2020 goal of 30.5%. The rate of overweight and obese adults in Philadelphia service areas exceeds 70%.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Overweight	29.1	34.8	38.0	31.4	41.2	36.7	34.8	33.2
Obese	27.4	36.5	25.1	41.6	29.2	28.1	27.8	33.3
HP 2020 Target	30.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5

PHMC Household Health Survey 2015

People with incomes above 200% FPL are less likely to be obese compared to those below this level.

	< 200% Federal Poverty Level	**>200% Federal Poverty Level**
Bucks/Mont	32%	27%
Philadelphia	37%	30%

In addition, there are racial/ethnic disparities in obesity rates.

	Black non-Latino	White non-Latino	Latino	Asian non-Latino *
Bucks/Mont	28.6%	28.3%	32.6%	6.4%
Philadelphia	40.1%	29.3%	32.1%	9.8%

*Estimate based on small sample size; interpret with caution
PHMC Household Health Survey 2015

Overall, more than 318,000 adults in Bucks/Mont are obese and 398,000 are overweight. In Philadelphia, there are approximately 400,000 obese adults and another 399,000 who are overweight.

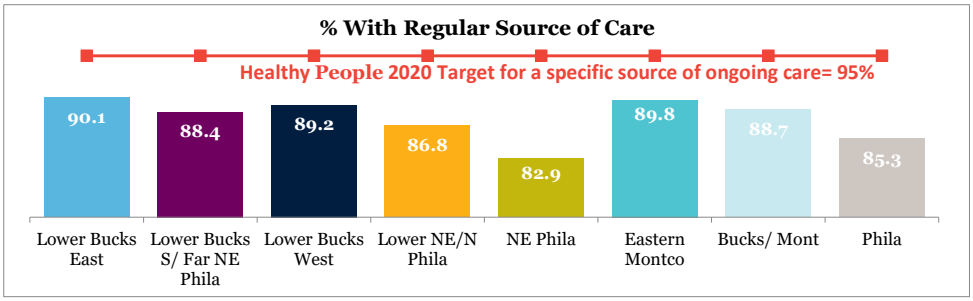
Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to obesity and nutrition education include:

- Most people are unreceptive to being told they are unhealthy and overweight.
- Many cannot eat healthier without access to heathy foods.
- There is a belief that cooking for oneself and family is very expensive.
- It's cheaper to eat the unhealthy options at fast food restaurants than go to full service restaurants.
- Primary care physicians will tell you to lose weight but not how to do it – or how to help your child; pediatricians do not specify how to help children loss weight.
- Specialist will offer coaching free as part of the visit.

Preventive Care and Early Detection of Disease

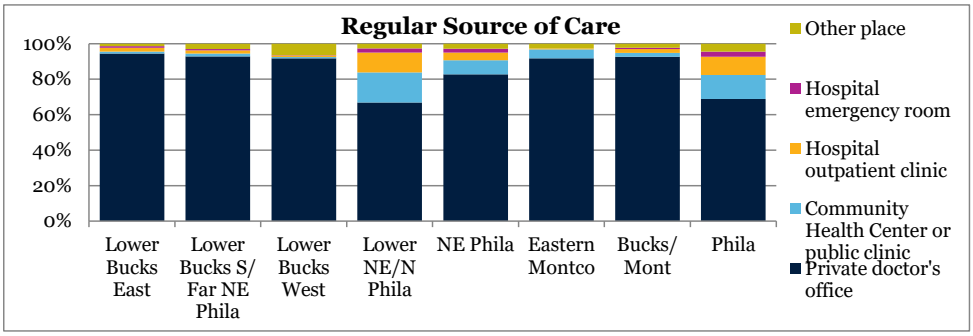
People who have a regular health care provider are more likely to have better health outcomes. Having a regular source of care can help to reduce health disparities and costs and increase preventive health screenings. This is key to detecting signs/symptoms that are precursors to disease and to detecting disease earlier when it is often more treatable.

Residents in ROSH CB areas do not meet the Healthy People 2020 target for having a specific source of ongoing care.



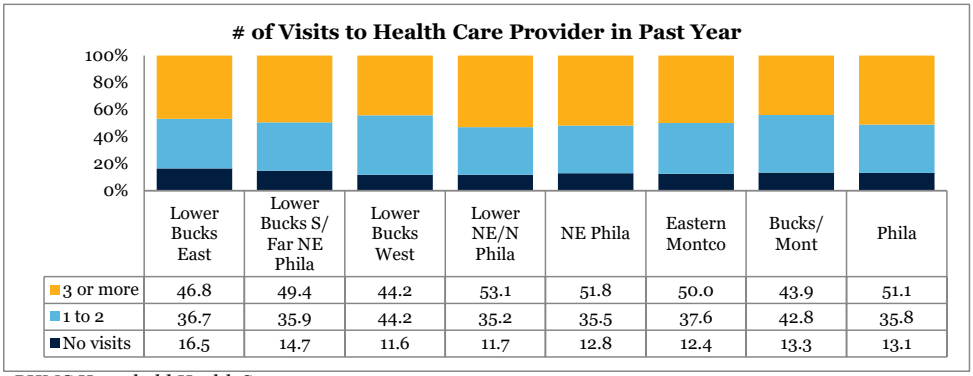
PHMC Household Health Survey 2015

The majority of residents receive their care in a private physician's office. Lower NE/N Philadelphia residents receive their regular care somewhat differently than residents in other ROSH CB areas: 67% are seen in a private doctor's office, 17% in a community health center or public clinic, and 11% in a hospital clinic.



PHMC Household Health Survey 2015

The majority of residents in ROSH CB areas visited a health care provider at least once in the past year. However, approximately 1 in 6 who live in Lower Bucks East did not visit a health care provider during the past year. Lack of health professional counseling and referral is known to negatively impact preventive screen rates. More Lower NE/N Philadelphia residents (53.1%) visited providers at least 3 times over the last year.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
3 or more	46.8	49.4	44.2	53.1	51.8	50.0	43.9	51.1
1 to 2	36.7	35.9	44.2	35.2	35.5	37.6	42.8	35.8
No visits	16.5	14.7	11.6	11.7	12.8	12.4	13.3	13.1

PHMC Household Health Survey 2015

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to a regular source of care include:

- Parents don't have time to get the physicals their children need to participate in sports programs.
- There are not enough hospital affiliated urgent care centers.

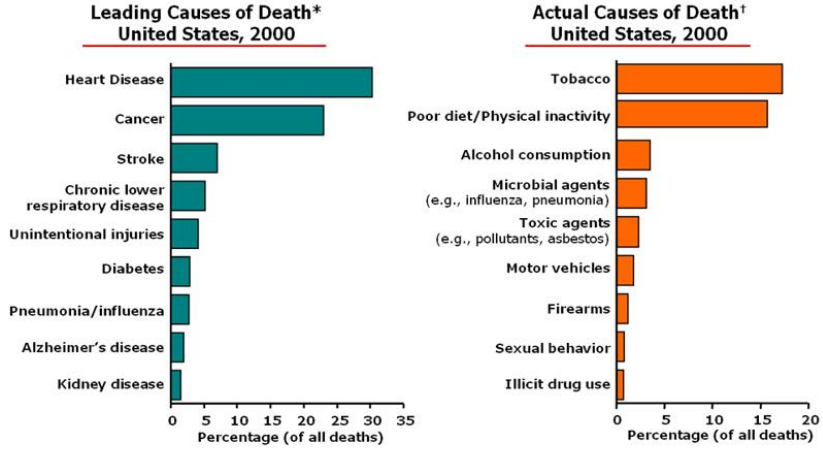
Recommendations include:

- Hospitals should offer free physicals.

- Institute community outreach programs to do education and outreach similar to a patient navigator in a hospital or parish nurse.

Health Behaviors

The figure below depicts the leading reported causes and actual causes of death in the United States at the turn of the century - tobacco, poor diet and lack of physical activity, and alcohol. Counseling for these health behaviors and policy changes to create a healthier environment and improved access to healthy affordable food are keys to improving health in the United States and ROSH community benefit service areas. Community-level initiatives such as tobacco-free restaurants and campuses, pedestrian-friendly cities, and increasing access to nutritious food sources play a critical role in changing health-related behaviors.



* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

The following describes the current health behaviors of adults in ROSH CB areas, Bucks/Mont, and Philadelphia.

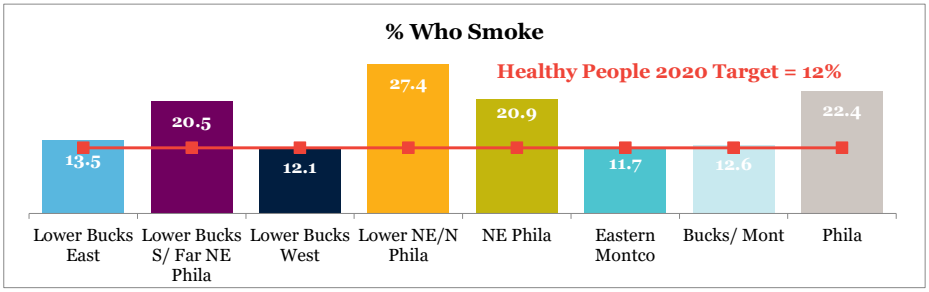
Smoking

Tobacco use is the single most preventable cause of death and disease in the United States. Tobacco use costs the U.S. $300 billion annually in direct medical expenses and lost productivity.[67] Close to 13% of Bucks/Mont residents smoke – a percentage just above the Healthy People 2020 target of 12% and the rate of smokers in Philadelphia, at 22.4% is well above the Healthy People 2020 target. In Bucks/Mont, nearly 22% of those living below 200% FPL smoke compared to 11% of those living above 200% FPL. Similarly in Philadelphia, the smoking rates are higher among people with lower incomes: nearly 29% of those living below 200% FPL smoke compared to 16.8% of those living above 200% FPL. In addition, racial ethnic variances in smoking rates differ by geography:

	Black non-Latino	White non-Latino	Latino	Asian non-Latino *
Bucks/Mont	12.7%	13.4%	9.6%	ND
Philadelphia	25.8%	21.4%	19.1%	9.1%

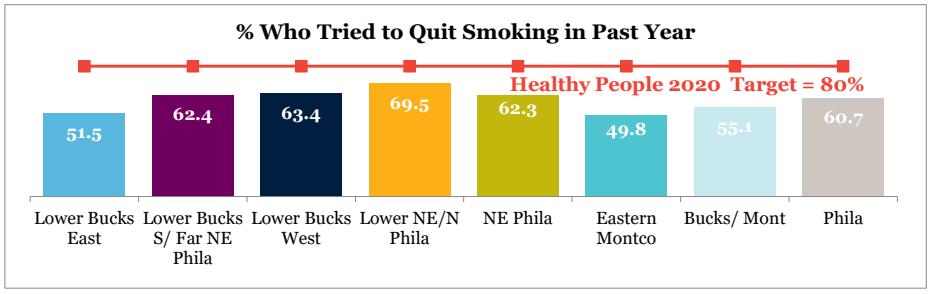
*Estimate based on small sample size; interpret with caution ND = No data
Source: *PHMC Household Health Survey 2015*

More than 1 in 5 adults living in Lower Bucks S/Far NE Phila, Lower NE/N Phila, and NE Phila smoke.



PHMC Household Health Survey 2015

Fifty-five percent of smokers in Bucks/Mont and almost 61% of Philadelphia's smokers attempted to quit smoking in the past year, rates much lower than the Healthy People 2020 target. Quitting attempts ranged from about half the smokers in Lower Bucks East and Eastern Montco trying to quit to almost 70% in Lower NE/N Phila attempting to quit.

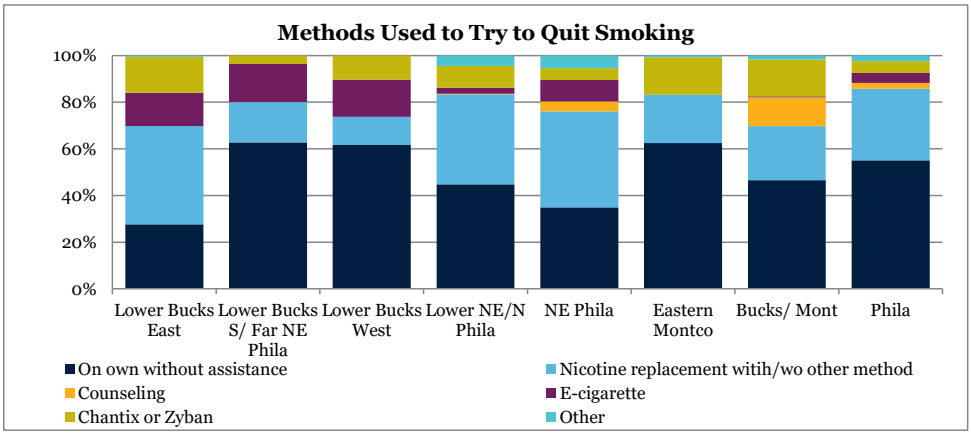


PHMC Household Health Survey 2015

Methods used to try to quit smoking vary across ROSH CB areas. Counseling was mentioned by a minority of smokers. Free smoking cessation resources are available at the state (PA QUIT Line and FAX to QUIT programs). The Bucks County Health Improvement Partnership (BCHIP) coordinates free smoking cessation programs on a rotating basis at many locations throughout Bucks County including six hospitals, parks and recreation

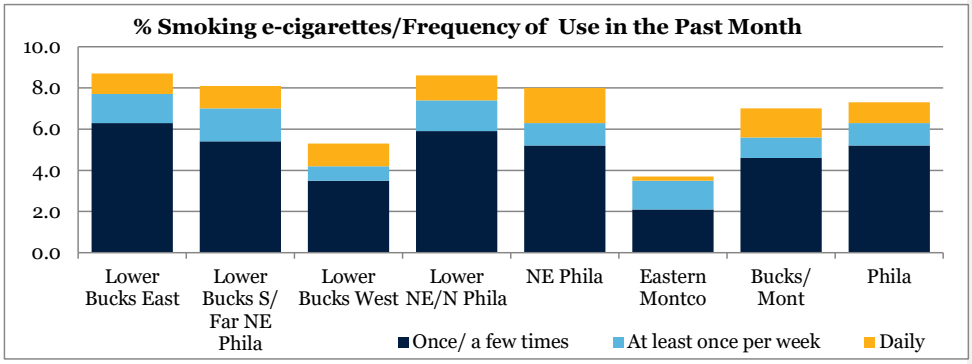
departments, and local churches.[68] The Coalition for a Tobacco-Free Montgomery County, a group of concerned individuals from businesses, organizations, health care and public health groups and the community, works to reduce tobacco use and exposure to tobacco smoke pollution. Philadelphia lawmakers have passed tax increases and continued tobacco control activities to reduce the number of smokers and have expanded types of smoke free places throughout the city.[69]

Newer Joint Commission standards require identifying the smoking status of patients and helping smokers develop a plan to quit.



PHMC Household Health Survey 2015

Fewer than 8% of Bucks/Mont and Philadelphia residents report smoking e-cigarettes, and less than 2% smoke e-cigarettes daily.



PHMC Household Health Survey 2015

Healthy People 2020 objectives related to smoking cessation include:

- Reduce cigarette smoking by adults to 12%
- Increase smoking cessation attempts by adults to 80%
- Increase recent smoking cessation success by adult smokers to 8% and adolescent smokers to 64%
- Increase tobacco screening in office-based ambulatory care setting to 68.6%
- Increase tobacco screening in hospital ambulatory care setting to 66.2%
- Increase tobacco cessation counseling in office based ambulatory care settings to 21.1%
- Increase tobacco cessation counseling in hospital ambulatory care settings to 24.9%

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to quitting smoking include:

- There are too many smokers, many of them are heavy smokers, and most are not interested in cessation information.
- Patients at the Bucks Hospital who are smokers are restricted from going out to smoke.
- Jefferson Health – Northeast surgeons encourage smoking cessation prior to surgery; people are slowly getting it.
- Livengrin (a substance abuse treatment organization with facilities in Bensalem, Northeast Philadelphia, and elsewhere in the region) offers smoking cessation programs.

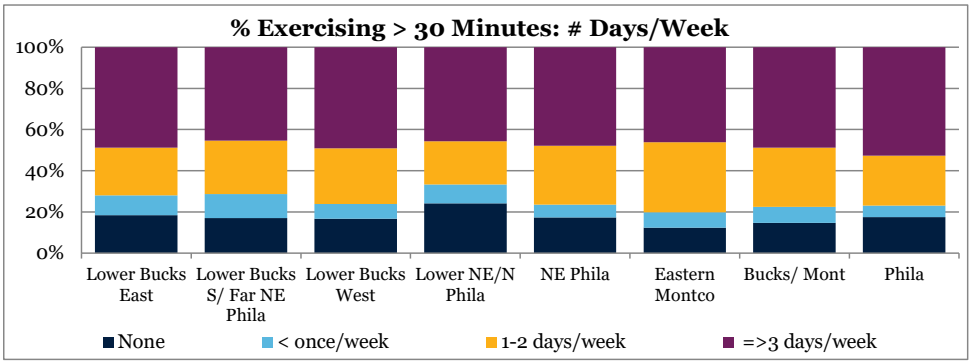
Physical Activity

Regular physical activity is important to reducing overweight and obesity rates and has been shown to lower adults' risk of early death, coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression. Among youth and adolescents, regular physical activity improves bone health, improves cardiorespiratory and muscular fitness, decreases body fat levels, and helps to reduce symptoms of depression. Even small increases in physical activity have been associated with benefits to health. People who are more physically active are more likely to have higher education levels, income, self-efficacy, support from others, access to exercise/recreational facilities they find to be satisfactory, and live in neighborhoods that are perceived to be safe. Advancing age, low income, lack of time, lack of motivation, perception of poor health, overweight/obesity and being disabled negatively impact physical activity. Healthy People 2020 supports a multi-disciplined approach to addressing physical inactivity. These approaches include expanding traditional partnerships (schools, health care, recreational organizations such as the YMCA and biking coalitions) to include non-traditional partners such as transportation, zoning, streets departments (sidewalks, street crossings), parks and recreation departments, and city planning. Policies that promote physical activity in schools, workplaces and childcare as well as improvements to the environment that support physical activity are needed (Healthy People 2020). Healthy People 2020 includes the following objectives:

- Increase the proportion of adults who participate in moderate aerobic physical activity for 150 minutes per week to 47.9%
- Increase the proportion of adolescents who meet the current federal guidelines for physical aerobic activity to 31.6%

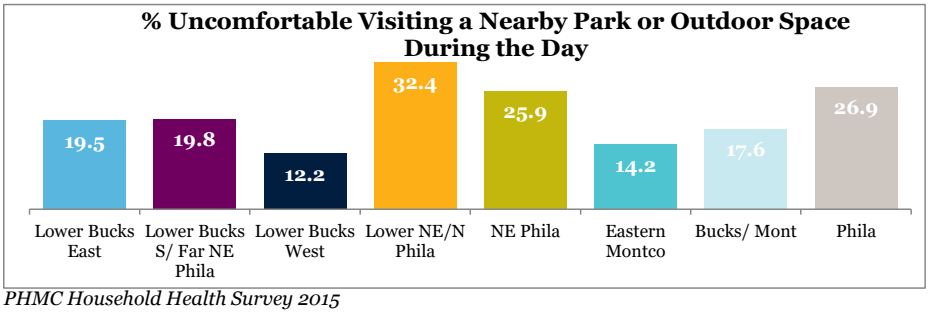
- Increase the proportion of physician office visits that include counseling or education related to physical activity for children and adults to 8.7%
- Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities

In Bucks/Mont, 51% of adults do not get the recommended daily amount of physical activity; in Philadelphia 47.4% exercise less than 3 days per week. While 22% and 23% of Bucks/Mont and Philadelphia adults respectively say they exercise less than once per week, a third of Lower NE/E Phila residents are physically active less than once weekly.



PHMC Household Health Survey 2015

Reported exercise patterns for residents of Lower NE/N Phila correspond to the proportion of adults who are comfortable visiting an outdoor space or park during the day. The frequency of exercise does not appear to be directly related to availability of safe outdoor areas for residents of other areas.



PHMC Household Health Survey 2015

The Bucks County Open Space and Greenways Plan includes recommendations to develop new trails and walking paths, support park and recreational facilities that meet year-round recreational needs, and encourage the planning of water-based recreational opportunities [70]

Montgomery County has been strategically working to improve the environment to increase opportunities for safe places for physical activity (See the Social Determinants section on the *Built Environment*).

Philadelphia has a number of initiatives including:

- the Philadelphia Pedestrian and Bicycle Plan which identifies strategies and recommendations to increase the number of people walking and bicycling by improving the safety, connectivity, convenience and attractiveness of the pedestrian and bicycle networks [71]
- The Philadelphia Trail Master Plan, with fourfold goals:
  - Connectivity - To build on the existing trail network, expand the network to reach underserved areas, and fill gaps in both the trail network and the bicycle and pedestrian networks.
  - Safety - To provide an off-road alternative to pedestrian and bicycle facilities.
  - Encouragement - To provide more opportunities for Philadelphians to engage in physical activity both for recreation and transportation
  - Open Space - To provide better access to the open space network and develop new open spaces [72]
- A series of community-based plans that include recommendations about parks and recreation [73]

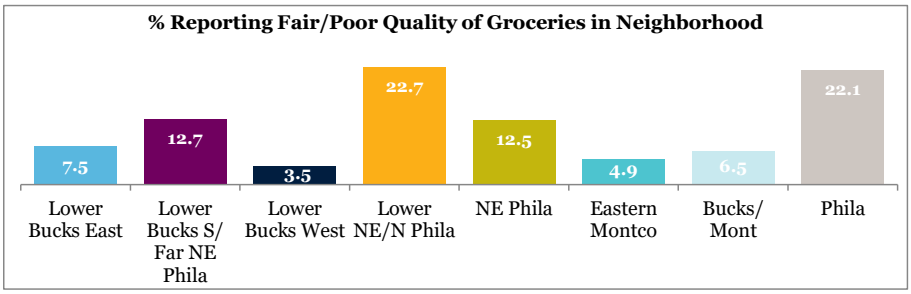
Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to physical activity include:

- Some use local parks but weather is an issue for half the year or less and transportation is an issue for some.
- There are plenty of gyms but they are not affordable.

Healthy and Affordable Food

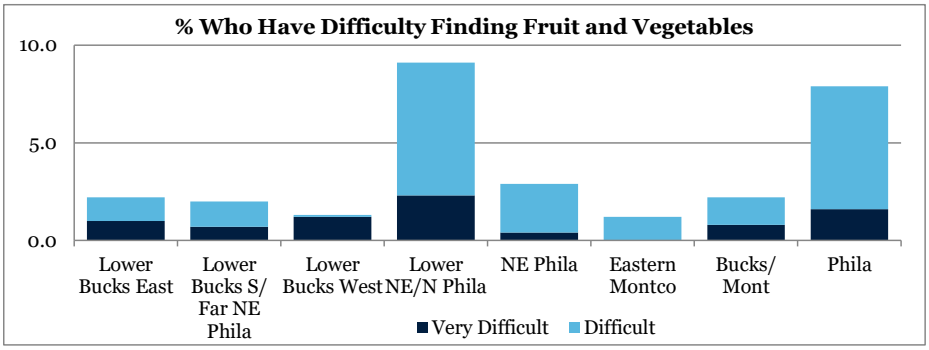
As mentioned previously, obesity is a major cause of concern both nationally and in Bucks/Mont and Philadelphia (see Morbidity section on Obesity). Interventions to address a healthier diet should include improving nutrition knowledge, attitudes, and skills of individuals, increasing access to healthy and affordable food through systems and policy changes, and access to food assistance programs. For example, retail venues that sell healthier food can impact diet and nutrition. Low income communities may have less access to healthier food choices. Marketing also has a major influence on people's food choices (Healthy People 2020).

PHMC Household Health Survey findings indicate that approximately 95% of suburban residents are satisfied with the quality of groceries available in their neighborhoods. In contrast, nearly a quarter of residents in Lower NE/N Phila rate the quality of groceries in their neighborhoods as fair to poor.



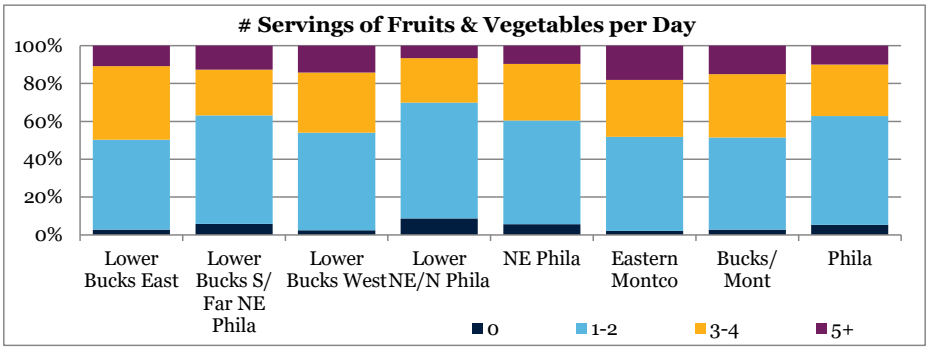
PHMC Household Health Survey 2015

Except in Lower NE/N Phila, very few residents in ROSH's CB areas report difficulty finding fruits and vegetables in their neighborhoods.



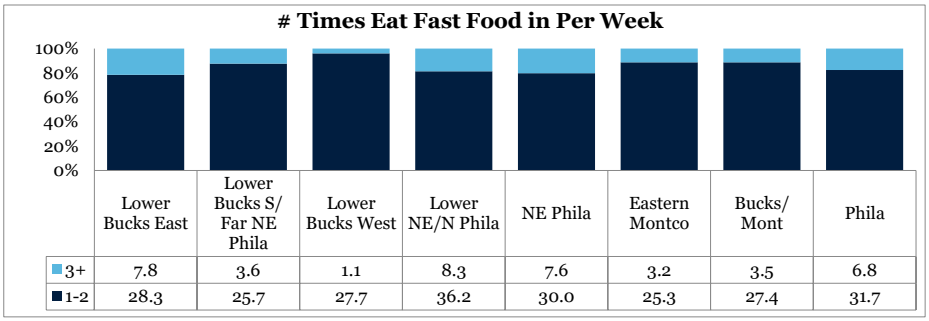
PHMC Household Health Survey 2015

Although access to fruits and vegetables is not problematic for most ROSH CB area residents, more than half of adults in ROSH CB areas report eating less than 3 servings of fruit and vegetables daily and more than 1 in 10 Lower NE/N Phila respondents said they ate no fruits and vegetables each day.



PHMC Household Health Survey 2015

Adults in Lower Bucks East, Lower NE/N Phila, and NE Phila eat food from fast food restaurants more frequently than adults in other ROSH CB areas and Bucks/Mont and Philadelphia.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
3+	7.8	3.6	1.1	8.3	7.6	3.2	3.5	6.8
1-2	28.3	25.7	27.7	36.2	30.0	25.3	27.4	31.7

PHMC Household Health Survey 2015

The tables below provide information on poverty and race/ethnicity related to healthy eating in Bucks/Mont and Philadelphia. Overall, poverty (<200% FPL) and minority race/ethnicity appear to negatively impact healthy eating lifestyles.

Healthy Eating Behaviors by Poverty

	Bucks/Mont < 200% FPL	Bucks/Mont > 200% FPL	Phila < 200% FPL	Phila > 200% FPL
%Ate < 3 servings of fruits/vegetables daily in past week	64	49	70	57
%Difficult/very difficult to find fruit in neighborhood	5	2	11	6
%Eat fast foods 3+ times/week	4	3	8	6

PHMC Household Health Survey 2015

Healthy Eating Behaviors Race/Ethnicity

	Bucks/ Mont % White non-Latino	Bucks/ Mont % Black non-Latino	Bucks/ Mont % Asian non-Latino*	Bucks/ Mont % Latino	Phila % White non-Latino	Phila % Black non-Latino	Phila % Asian non-Latino*	Phila % Latino
%Ate < 3 servings of fruits/ vegetables daily in past week	50	61	55	56	58	64	65	77
%Difficult/very difficult to find fruit in n'hood	2	4	1	4	4	11	3	12
%Eat fast foods 3+ times/week	3	5	0	4	5	8	3	9

*Estimate based on small sample size; interpret with caution
Source: *PHMC Household Health Survey 2015*

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to access to healthy and affordable food include (repeated from previous section on Access to Healthy and Affordable Food):

- Children are hungry; they do not always get a meal outside of subsidized school programs and the summer is problematic when they are not in school.
- The elderly are not aware of food prep programs and many may be going hungry.
- There are many fast food options and the community lacks healthier options.
- It's cheaper to eat at fast food establishments than healthier restaurants.
- There is a perception that healthy foods are expensive and farmers markets are far away.
- There is no walkable access to fresh foods in Frankford.
- The Thriftway that served Frankford closed and other markets are too far away and too expensive. Some supermarkets in other areas are difficult to access.
- The produce truck no longer comes to Frankford.
- Using the bus to shop for food limits the amount of food that can be carried home.
- There are too many stop and go corner stores selling only processed food and no fresh food options in lower Northeast Philadelphia.
- Produce grown in the Frankford Hospital garden is distributed to the community.

Recommendations include:

- Post signs about SNAP at hospitals and other places

Alcohol and other Substance Abuse

Dr. Loren Robinson "sees a heroin-related issue almost every shift at Lansdale that is a big change from even a few years ago. 'The heroin epidemic is a huge problem for Philadelphia and our state.' "[74]

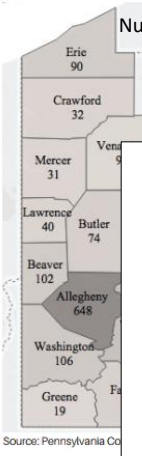
"I think it's such a taboo, something we don't talk about, behavioral health and drug addiction, so it's swept under the carpet and that's primarily the reason why we don't see resources … So I think it's the stigma attached to it." (Bucks County key informant)

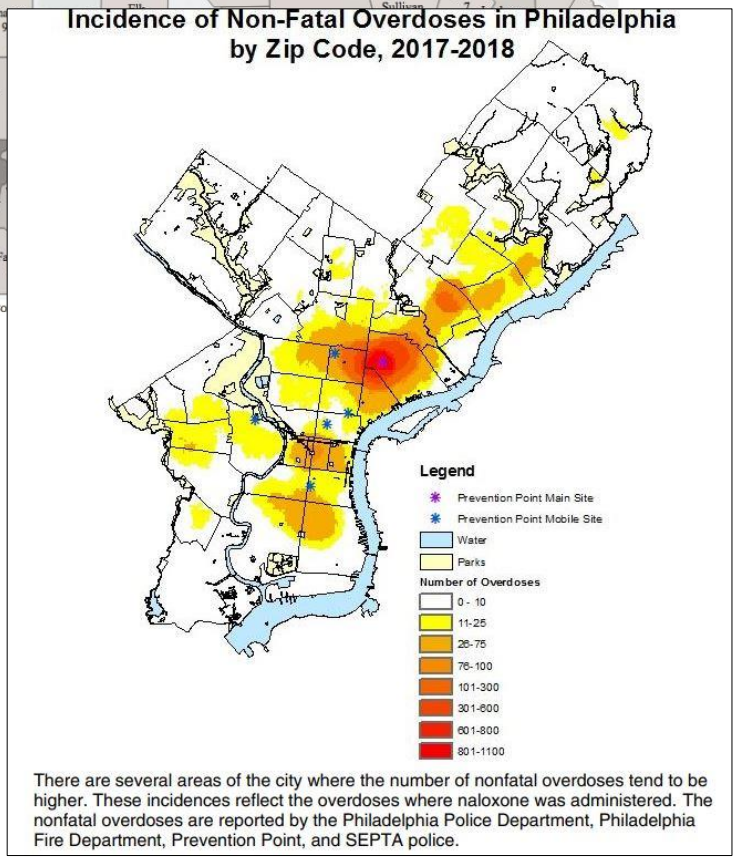
"That is the mean problem, the drugs". (Frankford key informant)

Almost 95% of people with substance use problems are considered unaware of their problem and as a result many do not seek care. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse significantly contribute to costly social, physical, mental, and public health problems including teenage pregnancy, HIV/AIDS, other sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide (Healthy People 2020). Binge drinking is particularly problematic.

Following President's Trump's October 2017 declaration that opioid misuse is national public health emergency, in January 2018, Pennsylvania Governor Tom Wolf issued a disaster declaration for the "heroin and opioid epidemic" that's killing Pennsylvanians every day.[75] In 2016, Pennsylvania had the 5th highest age-adjusted drug overdose mortality rate in the country (37.9 per 100,000).[76] The presence of an opioid, illicit or prescribed by a doctor, was identified in 85% of drug-related overdose deaths in Pennsylvania in 2016.[77] One out of every 550 patients initiated on an opioid prescription succumbs to an opioid-related cause of death 2.6 years later.[78] For the combined years 2011-2013, Pennsylvania led the country in drug overdose deaths among men ages 19 to 25; within Pennsylvania, Bucks County had the highest rate at 73.3 per 100,000 male residents in that age group, and Montgomery had the second highest rate at 41.6.[79] These rates far exceed the Healthy People 2020 substance abuse goal of 11.3 all-age deaths per 100,000 population.

Number of Drug-Related Overdose Deaths by County, Pennsylvania, 2016





To help, the Bensalem Police Department created BPAIR, Bensalem Police Assisting in Recovery, for any Bensalem resident struggling with substance abuse. Residents can go to the police department anytime 24/7 and ask for help. They will be paired with a volunteer "Navigator" who will accompany them using police department transport to Gaudenzia, a nearby treatment facility for assessment by a substance abuse professional. [80] Abington and other police departments implemented similar programs.

In addition to the drug related deaths, there are thousands of non-fatal overdoses.[81]

Philadelphia police officers carry Naloxone Overdose Kits as part of the Overdose Prevention and Intervention Program. During the first 18 months of the program, officers used the kits to save the lives of nearly 130 people.[82]

As part of the solution to the complicated problem of the opioid addiction, the Pennsylvania Prescription Drug Monitoring Program (PDMP) is integrating the PDMP system with the electronic health records (EHRs) and pharmacy management systems of all eligible health care entities in Pennsylvania. As of November 28, 2017, the PDMP shares data with 16 other states and D.C. Interstate sharing of data helps prescribers and pharmacists get a more complete picture of their patients' controlled substance prescription histories, regardless of which state they filled their prescription in.[83]

The Bucks County Health Improvement Partnership sponsors programs for opioid overdose survivors. Through this initiative, Certified Recovery Specialists (CSRs), individuals who are in recovery from the disease of addiction and are now employed by drug and alcohol rehabilitation organizations, go into the hospital to talk to patients who have been stabilized after an overdose and are ready to be discharged. They provide information, understanding, and assistance in getting the patient into a drug and alcohol rehabilitation program. By providing empathy and support when patients are most vulnerable, CSRs are successful getting addicts on a track to recovery.[84]

The Pennsylvania Department of Health's January 2018 Prescription Drug Monitoring Program (PDMP) Culture Change Assessment Report found that ROSH staff feel confident in their ability to perform a variety of actions with the PDMP. However, key opportunities to improve ROSH staff knowledge and skills relating to the PDMP are:

- Using the PDMP to Optimize Pain Management
- Referral to Treatment
- Tapering Practices

Additional recommended educational modules are:

- Integrating the PDMP into the Clinical Workflow
- Prescribing Guidelines
- Training on reducing stigma surrounding patients who engage in hazardous or unhealthy substance use
- Training to reduce uncertainties about providing treatment to patients who have or are at risk for developing substance abuse disorder

The goals of Healthy People 2020 related to substance abuse include:

- Reduce the proportion of adults reporting use of any illicit drug during the past 30 days. Target: 7.1%
- Reduce the past-year nonmedical use of pain relievers
- Reduce the past-year nonmedical use of tranquilizers
- Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives). Target: 5.5%
- Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older. Target: 24.4%

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to substance abuse include:

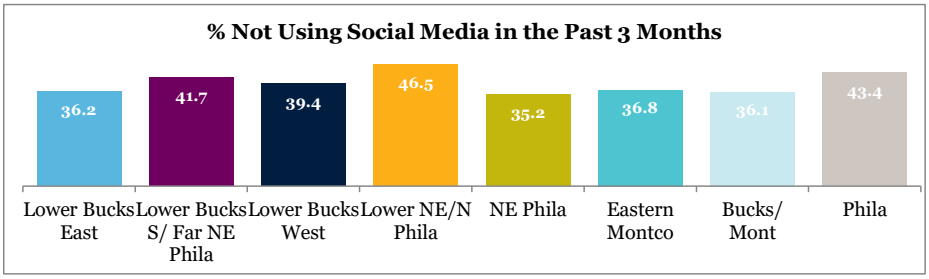
- Drug abuse is a major problem regardless of location, perhaps touching 3 in 5 families either directly or indirectly.
- Drug addiction is a taboo topic and a stigma attached is to dependency.
- In Bucks County, facilities exist and are "hidden in plain sight." For instance, in Levittown there are several homes for recovery but none of them are labeled.
- In Frankford, there are too many drug facilities (methadone clinics, halfway houses).
- In Frankford, parents have to teach children about drugs at a young age, destroying their innocence.
- Need better and consistent standards of care. Patients receive widely varied help based on their insurance provider – 4 days for Medicaid patients and 30 days for some other insurers. In the experience of one provider, only two clients successfully overcame addiction without private insurance.
- There are no pamphlets for support services.
- Alcoholics Anonymous offers a lot of help. The alcoholics sponsor is key, as is self-motivation.
- Jefferson Health Northeast's Bucks Hospital offers weekly AA, suicide prevention, and gambling addiction meetings.

Recommendations include:

- Offer drop-off sites for unused meds.
- Increase education on Narcon.
- Expand programming such as the BCHIPS grant at the Jefferson Health Northeast Bucks Hospital that funds professionals on site to place patients directly in treatment during limited weekend hours.
- Limit the number of Section 8 houses within neighborhoods.
- Change zoning regulations to reduce the number of corner stores (stop and go shops), where alcohol, cigarettes, and drugs may be sold.
- Work with politicians to take back control.

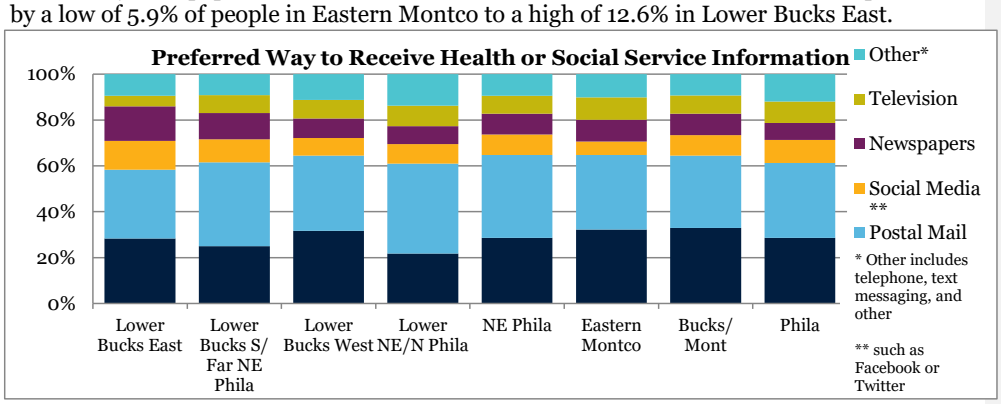
Communication

Between approximately 35 and 47% of ROSH CB area residents did not use social media in the past three months.



PHMC Household Health Survey 2015

E-mail and postal mail are the preferred ways to receive health or social service information, followed by newspapers and television in most ROSH CB areas. Social media was preferred by a low of 5.9% of people in Eastern Montco to a high of 12.6% in Lower Bucks East.



PHMC Household Health Survey 2015

Issues, challenges, unmet needs and priorities identified by key informants and focus group participants related to communication include:

- A key informant thought social media helps people access resources, but few respondents preferred to received health or social service information this way.

Recommendations include:

- Outreach via social media, a mailing list, and/or walking through the neighborhood (Frankford) with physical/tangible documentation such as offering a calendar of upcoming events or invitations to participate at the Jefferson Frankford Hospital Community Garden.
    - Utilize multiple modalities, such as social media and flyers in local stores, libraries, senior centers, bus stops, and food pantries to promote services.
    - In healthcare institutions, post signs, distribute flyers, disseminate information about various social services at inpatient and outpatient registration areas, use the room TV for information on services, provide information in new patient folders, and post information on bulletin boards.

Special Populations – Older Adults

Older adults are among the fastest growing age groups, and the first "baby boomers" (adults born between 1946 and 1964) turned 65 in 2011. Older adults are at high risk for developing chronic illnesses and related disabilities including diabetes mellitus, arthritis, congestive heart failure, and dementia. Illness, chronic disease, and injury can create physical and mental health limitations in older adults, affecting their ability to live independently at home. Regular physical activity is a protective factor for such declines. While most adults want to age in place and remain in their homes for as long as possible, the supports they need to do so may not be available. Caregivers are often family members or friends who volunteer and may not be prepared for the stressors of caregiving. Elder abuse by a caregiver has unfortunately become more common with up to 2 million older adults affected (Healthy People 2020).

The Healthy People 2020 objectives on older adults focus on:

- Increased adherence to a core set of clinical preventive services
- Increased older adult confidence in managing chronic health conditions
- Increased physical activity among those with reduced physical or cognitive impairment to 35.9%
- Increased proportion of the healthcare workforce with geriatric certification (target – physicians 3%; psychiatrists 4.7%; registered nurses 1.5%; physical therapist 0.7%; registered dietitians 0.33%)
- Reducing ED visits due to falls (Target: 4,711.6 ED visits per 100,000 due to falls among older adults)

Bucks, Montgomery, and Philadelphia counties each have Area Agencies on Aging, and in accordance with Pennsylvania Act 70 and the Older Americans Act, every four years each must prepare an Area Plan for Aging Services. For the years 2016-2020, consistent with the Pennsylvania Department of Aging (PDA) goals, each Agency on Aging established four main focus areas:

- Promoting existing services
- Improving access to services
- Enhancing quality of services
- Empowering the workforce

To meet its goals, the Bucks County plan[85] describes the following long-term services and supports:

The *Information and Referral* department typically receives more than 30,000 contacts annually from consumers, families, professions, and other stakeholders seeking services and supports for older adults.

Nutritional Services serve hot meals at lunch time Monday through Friday in the Congregate Meal program at 11 senior centers and 2 satellite centers. The Home Delivered Meals Program delivers to those in need who are unable to attend the senior center lunches.

In fiscal year 2015, a total of 148,700 meals were provided to 2,550 consumers. The goal is to satisfy 1/3 of food insecure seniors' recommended dietary allowance.

To promote community involvement and independence, partially subsidized transportation is available through the Shared Ride Program to take individuals age 65+ to destinations such as senior centers, medical facilities, human service agencies, libraries, adult day services, pharmacies, banks, retired and senior volunteer program assignments, and food shopping. There were 68,500 trips to approved destinations in fiscal year 2015.

The *APPRISE* Program offers health insurance counseling to older adults and their families. In fiscal year 2015, 3,200 people enrolled for benefits at county APPRISE events, 1,300 individuals received counseling about Medicare Part D benefits, and 571 disabled residents were contacted about available benefits.

The *Prime Time Health Program* provides information on a wide range of subjects to encourage disease prevention and health promotion such as falls prevention, exercise classes, health screenings, medication and alcohol use and misuse, and healthy cooking. In fiscal year 2015, 2,200 people participated in *Prime Time* Health activities.

The *Employment Assistance Program* aids unemployed adults age 55+ with incomes that do not exceed 125% of the federal poverty level with work-based training opportunities.

Volunteer Opportunities with a variety of non-profit organizations are available. During 2015, 470 volunteers provided 63,985 hours of service, valued at $1.51 million of volunteer service.

Senior Community Centers facilitate the social, emotional, and physical well-being of older adults. The county estimates more than 234,000 visits to senior centers in FY 2016.

Long Term Care uses care managers to assess residents for services such as medical assistance funding for nursing facility care, in-home services, adult day care, personal emergency response systems, home delivered meals, home modifications, counseling and behavioral health needs, and medical equipment and supplies. Subsidies depend on income level. During federal fiscal year 2015, 680 consumers benefited from a variety of services.

The *Nursing Home Transition* offers alternatives to residing in an institutional setting by offering supports to enable residents to transition to the community.

Older Adult Protective Services investigates reports alleging abuse, neglect, financial exploitation, and abandonment of older adults. In FY 2016, there were almost 750 Reports of Need and 455 Older Adult Protective Services investigations.

Ombudsman investigates and helps resolve complaints related to the health, safety, and rights of older residents receiving long term care services.
Legal Services provides benefits and rights counseling and legal representation to assist older adults.

The Montgomery County Office of Aging and Adult Services (MCAAS) plan for 2016-2020 highlights themes of awareness, training, and partnership. The following objectives are outlined to achieve goals: [86]

Promote Existing Services
- Foster stronger collaborative relationships within the county human services organization and with community partners to ensure widespread, comprehensive knowledge of all MCAAS programs and services
- Expand and enhance agency promotional materials to help connect older adults to all agency services

Improve Access to Services
- Enhance the referral process needed to access home and community-based service programs
- Maintain the partnership with PA LINK to promote a "no wrong door approach to services."
- Partner with area senior center sites to expand awareness and referrals

Enhance the Quality of Services
- Increase the knowledge base of all staff regarding services available through other county entities and new contracts
- Provide opportunities for providers, consumers, and informal caregivers to give feedback on county and subcontracted services
- Increase agency staff awareness about the unique needs of the aging LGBT population and work with the LGBT population to identify unmet needs
- Expand and improve data collection to ascertain best practices allowing older adults to remain at home safely
- Identify best practices of the MCAAS and other Volunteer Ombudsman programs

Empower the Workforce
- Provide resources for employment opportunities for minority, Limited English Proficiency, and rural individuals between ages 60-64
- Develop new resources for caregivers
- Provide staff training and enhance the work environment
- Develop resources to enable more use of new technologies that empower the workforce

Philadelphia Corporation for Aging (PCA), a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia, wrote the Area Plan 2016-2020.[87] To achieve the PDA and PCA goals, the following are PCA priorities:

Continue Support for Aging in Community
To assist older Philadelphians facing challenges with the integrity of their homes, access to reliable transportation, and safety and belonging in their neighborhoods, PCA will focus on building relationships and advocating around housing and transportation issues; increasing resources for the Safe Homes for Seniors initiative; and helping to position senior centers as the hubs of both community and aging-related resources.

Preparation of the Changing Environment of Managed Long Term Supports and Services To address changes resulting from the early 2018 implementation of Managed Long Term Supports and Services (MLTSS), PCA will work to address issues related to the continuation of home and community-based services during this transition and beyond. PCA will develop relationships and modify business practices as necessary to adapt to the new climate.

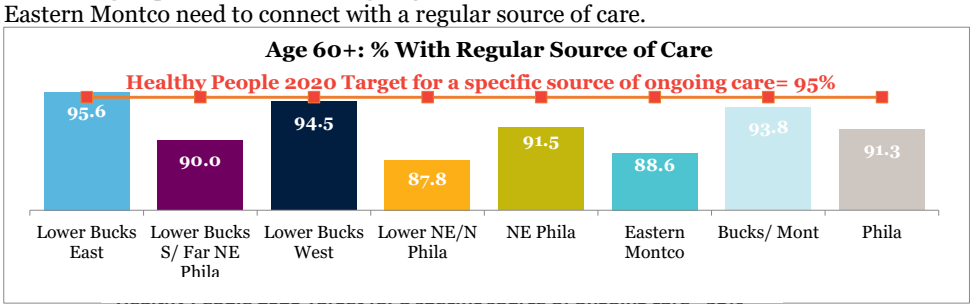
Enhancement of Community, Employee, and Providers Connection to PCA's Mission To reinforce PCA's commitment to serving Philadelphia's elders, it is important for PCA to ensure the recruitment and retention of staff dedicated to PCA's mission.

Health Status

Health status data for older adults is from the PHMC Household Health Survey conducted in 2015. The PHMC definition of older adults is 60+.

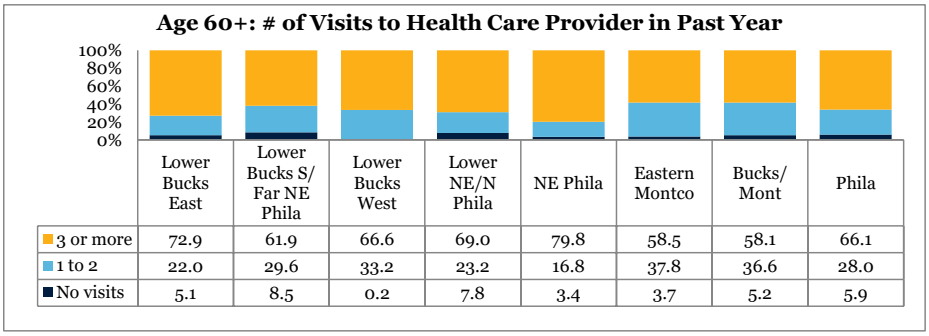
Access to Care

Only older adults in Lower Bucks East exceed the Healthy People 2020 goal of all people 65+ having a specific source for ongoing care. More older adults in Lower NE/N Phila and Eastern Montco need to connect with a regular source of care.



PHMC Household Health Survey 2015

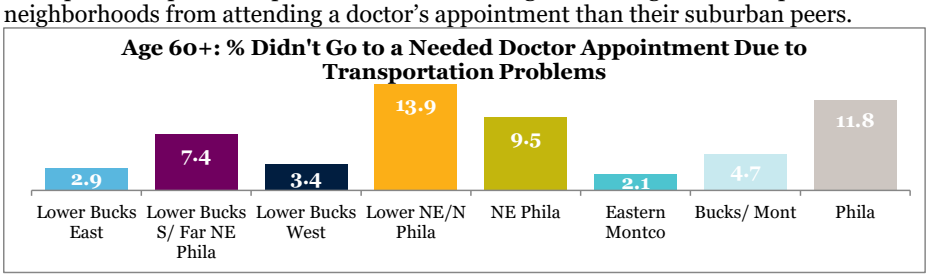
The majority of older adults throughout ROSH CB areas saw their health care provider three or more times in the previous year. Few older adults did not see a health care provider in the past year, with Lower Bucks S/Far NE Phila and Lower NE/N Phila residents recording highest percentages not visiting their health practitioner.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
3 or more	72.9	61.9	66.6	69.0	79.8	58.5	58.1	66.1
1 to 2	22.0	29.6	33.2	23.2	16.8	37.8	36.6	28.0
No visits	5.1	8.5	0.2	7.8	3.4	3.7	5.2	5.9

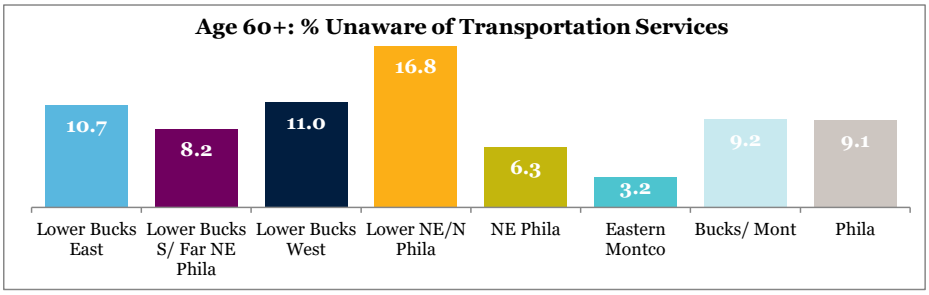
PHMC Household Health Survey 2015

Transportation problems prevented more adults age 60+ living in Philadelphia neighborhoods from attending a doctor's appointment than their suburban peers.



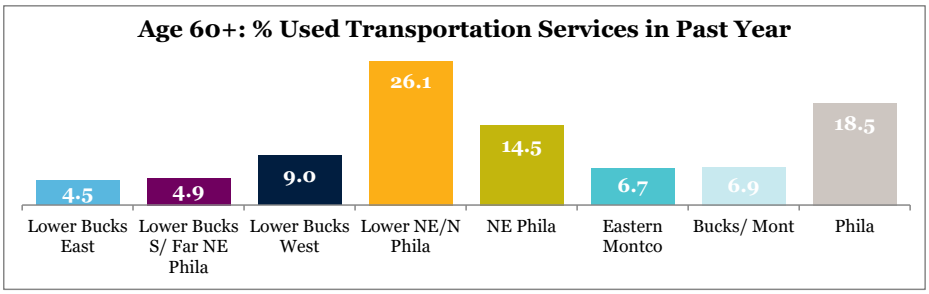
PHMC Household Health Survey 2015

One in six Lower NE/N Phila residents age 60+ are not aware of the transportation services that could assist them.



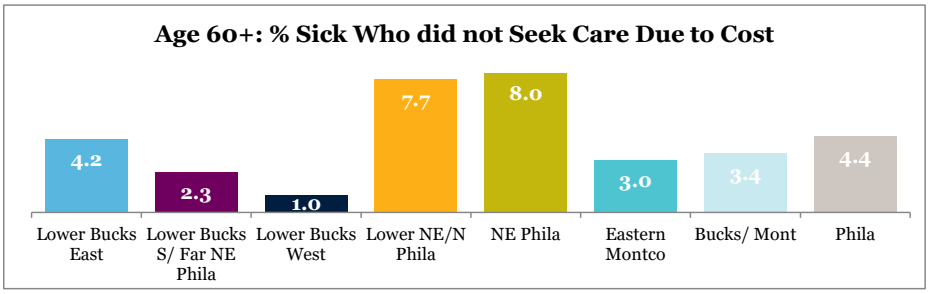
PHMC Household Health Survey 2015

Although more than one quarter of adults aged 60+ in Lower NE/N Phila used transportation services in the past year, many doctor appointments were still missed.



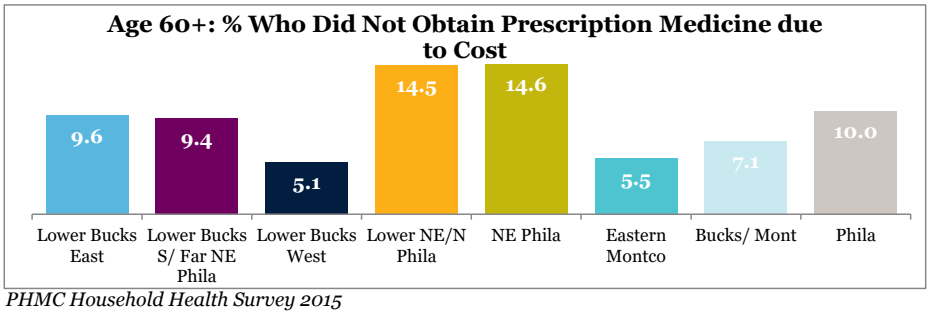
PHMC Household Health Survey 2015

In addition to transportation hardships, the cost of care and medications was also problematic for older adults in ROSH's CB areas, especially in Lower NE/N Phila and NE Phila.



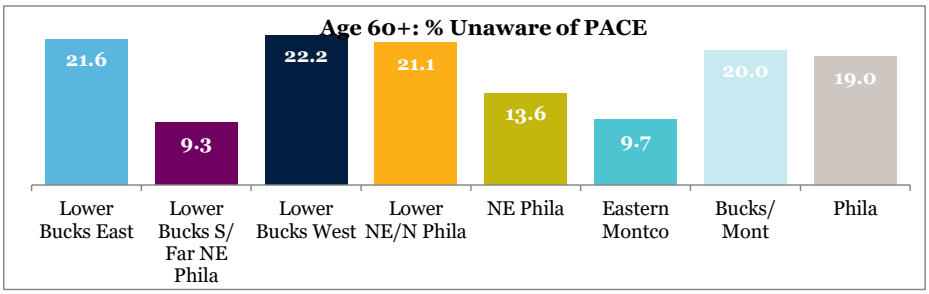
PHMC Household Health Survey 2015

Approximately twice as many adults aged 60+ reported not obtaining prescription medication as not seeking care due to cost.



PHMC Household Health Survey 2015

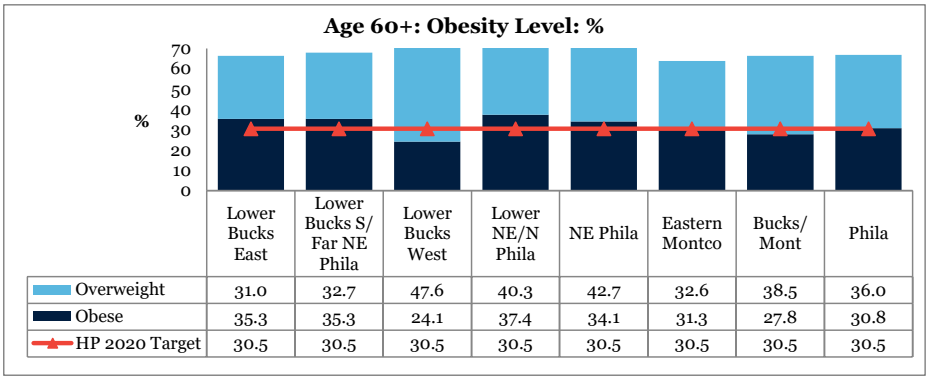
On average, one in 5 Bucks/Mont and Philadelphia adults age 60+ were unaware of PACE, Pennsylvania's Pharmaceutical Assistance Contract for the Elderly. Promoting this program will assist those who have hardship paying for prescriptions. In addition, some pharmaceutical companies have foundations to assist low income people obtain medication at reduced rates or for free.



PHMC Household Health Survey 2015

Chronic Disease

Obesity is an underlying cause of hypertension, heart disease, cancer, asthma and diabetes. The obesity rate among older adults is above the Healthy People 2020 target in all ROSH CB areas except Lower Bucks West. Sixty-four to 78% of adults aged 60+ in ROSH CB areas are obese or overweight.

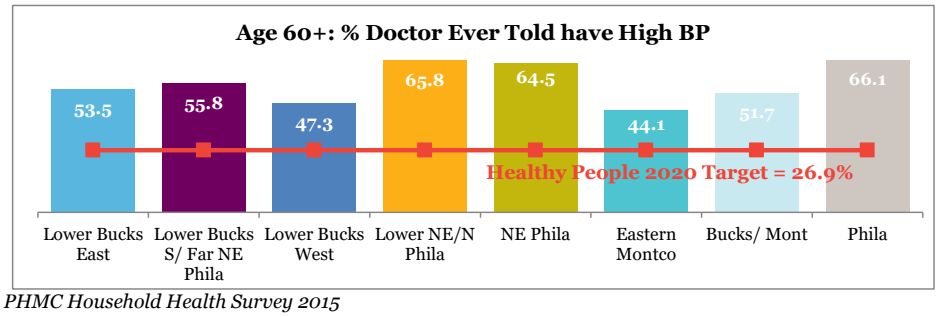


	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Overweight	31.0	32.7	47.6	40.3	42.7	32.6	38.5	36.0
Obese	35.3	35.3	24.1	37.4	34.1	31.3	27.8	30.8
HP 2020 Target	30.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5

PHMC Household Health Survey 2015

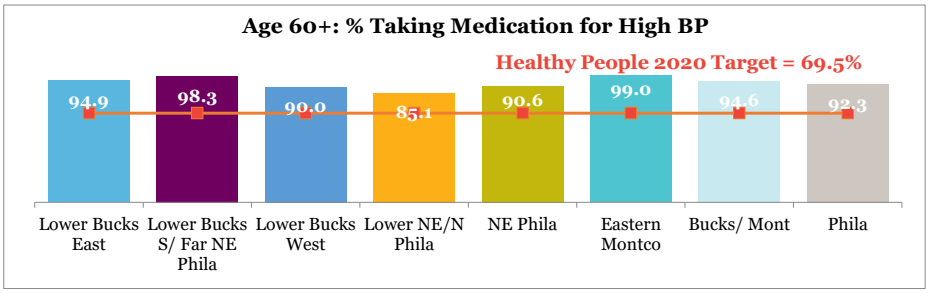
Ever had asthma rates range from 10.8% in Lower Bucks West to 19.5% in NE Phila.

Ever had high blood pressure rates are much higher than the total adult population, and are well over the Healthy People 2020 target.



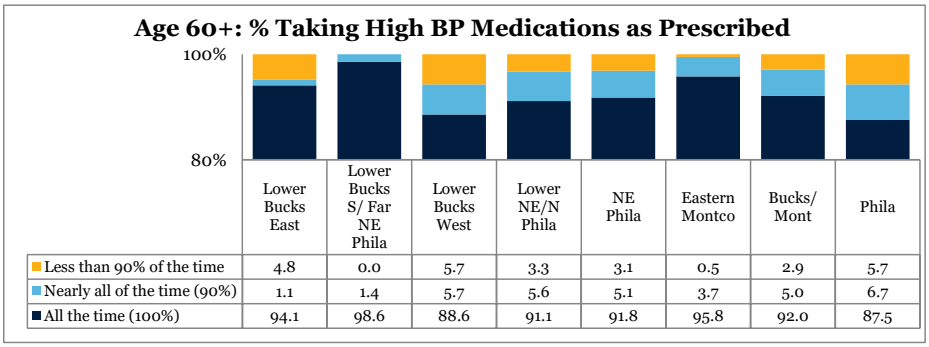
PHMC Household Health Survey 2015

Although above the Healthy People goal, fewer adults age 60+ living in Lower NE/N Phila report taking medication for hypertension.



PHMC Household Health Survey 2015

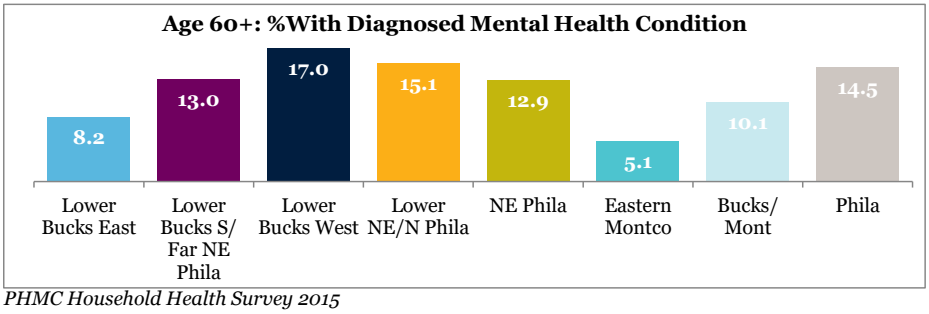
Approximately 9 of 10 take their blood pressure medication as prescribed. Hypertensive adults age 60+ living in Lower Bucks West are less compliant than other ROSH CB area residents.



	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Less than 90% of the time	4.8	0.0	5.7	3.3	3.1	0.5	2.9	5.7
Nearly all of the time (90%)	1.1	1.4	5.7	5.6	5.1	3.7	5.0	6.7
All the time (100%)	94.1	98.6	88.6	91.1	91.8	95.8	92.0	87.5

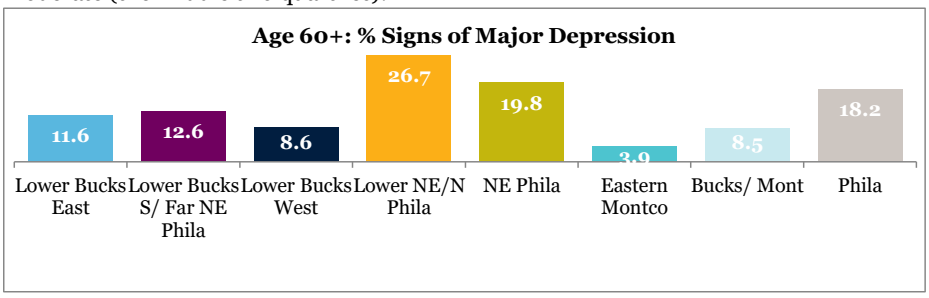
PHMC Household Health Survey 2015

Older adults in Lower Bucks West have a significantly higher rate of diagnosed mental health conditions compared to Bucks/Mont and the other suburban ROSH CB areas. Older adults Eastern Montgomery have a much lower rate of diagnosed mental health conditions than the suburban older adult population, suggesting that there may be undiagnosed cases.



PHMC Household Health Survey 2015

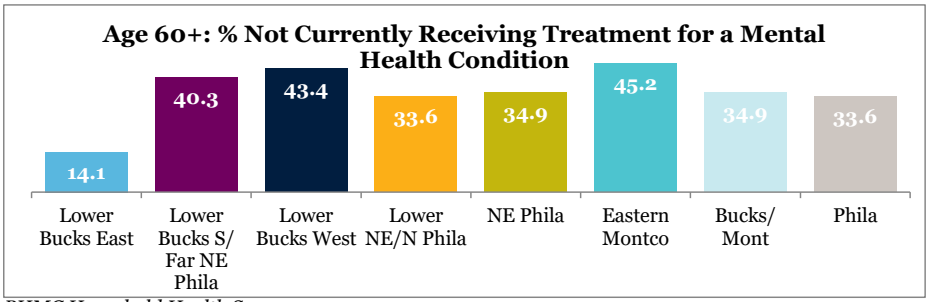
Major depression among older adults in Lower NE/N Phila and NE Phila is also much more prevalent than in the other ROSH CB areas and higher than Philadelphia. Adults age 60+ from Lower Bucks West, the area with the highest percent of diagnosed mental health conditions, did not exhibit a similarly high level of depression. The CDC CHSI methodology [d] rated older adult depression in both Bucks and Montgomery Counties in the least favorable quartile when compared to peer counties, and ranked Philadelphia as moderate (the middle two quartiles).



PHMC Household Health Survey 2015

However, most older adults in the ROSH CB areas are less likely to be receiving treatment for their mental health conditions than in Bucks/Mont and Philadelphia. Although relatively few adults age 60+ in Lower Bucks East were diagnosed with mental health conditions, a much higher percentage were receiving treatment. Challenges of the formal aging system to respond to mental health issues remains a barrier to serving the older adult population.

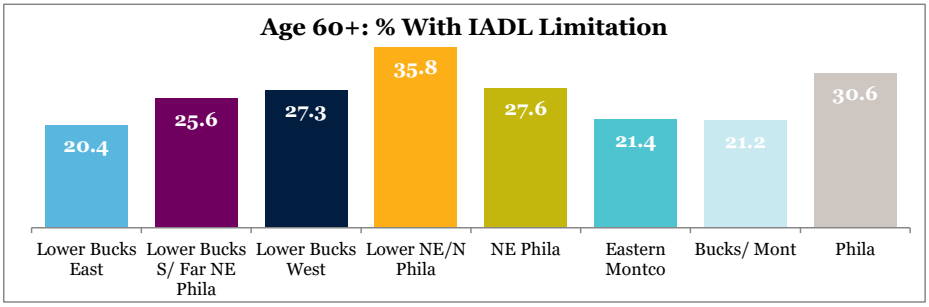
[d] 2015 report, no longer a supported methodology



PHMC Household Health Survey 2015

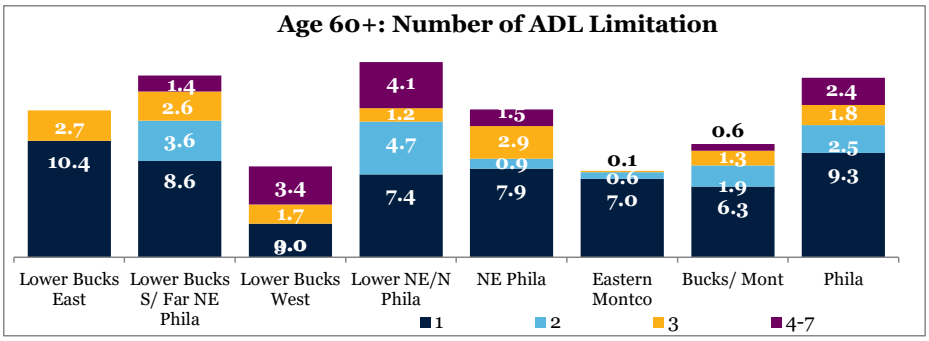
Alzheimer's and dementia are chronic conditions affecting the older adult population. Alzheimer's disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills, and eventually the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear in their mid-60s. Estimates vary, but experts suggest that more than 5 million Americans may have Alzheimer's. Alzheimer's disease is currently ranked as the sixth leading cause of death in the United States, but recent estimates indicate that the disorder may rank third, just behind heart disease and cancer, as a cause of death for older people.[88]

Ethnic minority background and income are associated with risk for functional health impairments, and the combination of poverty and ethnic minority background appears to increase that risk, as evidenced by the high rate of impairment Lower NE/N Phila. More than a fifth of adults age 60+ in Bucks/Mont and almost a third in Philadelphia have an Instrumental Activity of Daily Living (IADL) that limits their everyday functioning.



PHMC Household Health Survey 2015

Of those with an IADL, those living in Lower NE/N Phila had more limitations than older adults living in the other areas.



PHMC Household Health Survey 2015

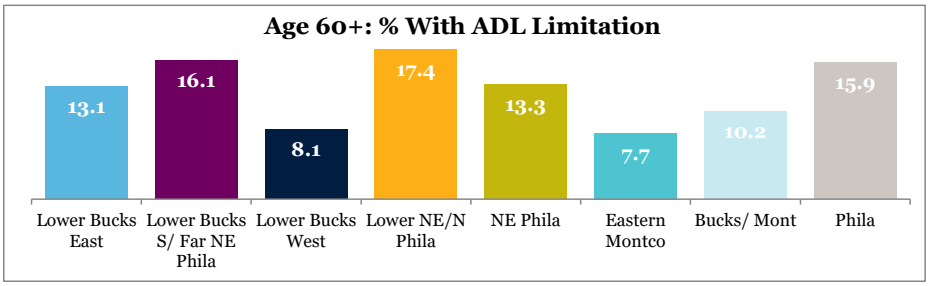
Deficits in IADLs vary by type of IADL and location. For most IADLs, older adults living in Lower Bucks S/ Far NE Phila and Lower NE/N Phila had the greatest need for assistance. Adults age 60+ in Lower Bucks West report the greatest need for assistance with walking.

%Age 60+ Completely Unable or Need Some Help To:

	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Use phone	0.0	3.1	2.5	4.2	1.3	0.1	1.5	1.9
Walk	9.5	15.5	22.3	18.4	8.8	5.2	9.9	11.7
Shop	10.5	13.5	16.6	20.0	18.4	5.7	10.5	16.2
Prepare meals	5.4	9.4	4.5	10.5	7.9	4.3	5.0	8.3
Do housework	18.0	23.8	13.6	23.4	21.9	17.9	15.8	23.5
Take medicine	2.3	5.2	4.6	6.0	1.8	0.0	2.4	3.9
Handle money	0.1	6.8	9.1	4.9	3.3	0.4	3.3	4.3

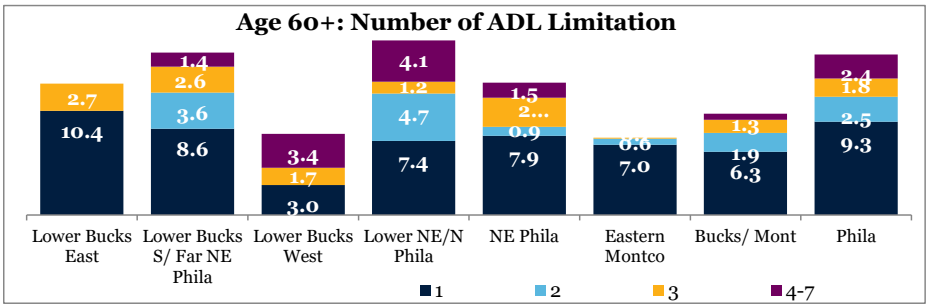
PHMC Household Health Survey 2015

Ten percent of older adults in Bucks/Mont and 16% in Philadelphia have at least one Activity of Daily Living (ADL) that limits their functioning, and the percentages with limitations in Lower Bucks S/Far NE Phila and Lower NE/N Phila areas is higher.



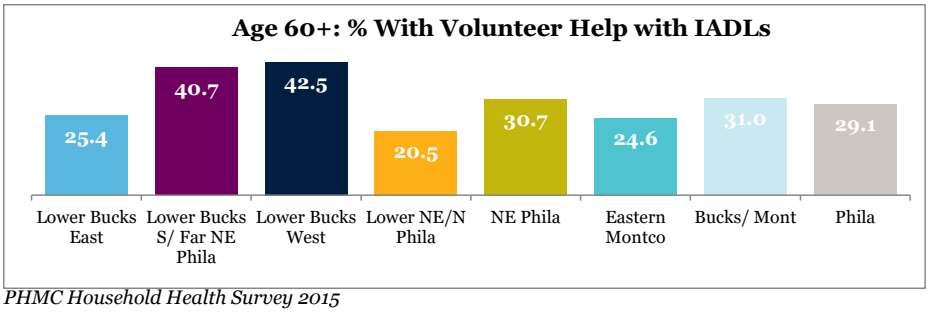
PHMC Household Health Survey 2015

Of those with an ADL, those living in Lower NE/N Phila and Lower Bucks West had the highest proportion of adults age 60+ with 3 or more ADLs.



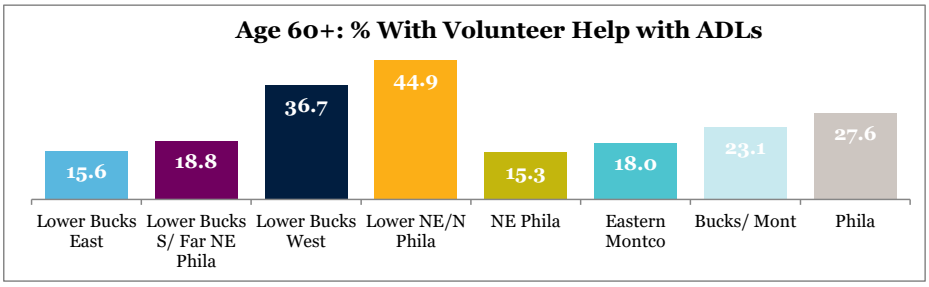
PHMC Household Health Survey 2015

Older adults in Lower Bucks S/Far NE Phila and Lower Bucks West received volunteer help with IADLs at rates higher than Bucks/Mont, Philadelphia, and other ROSH CB areas, while residents in Lower NE/N Phila received volunteer help less frequently.



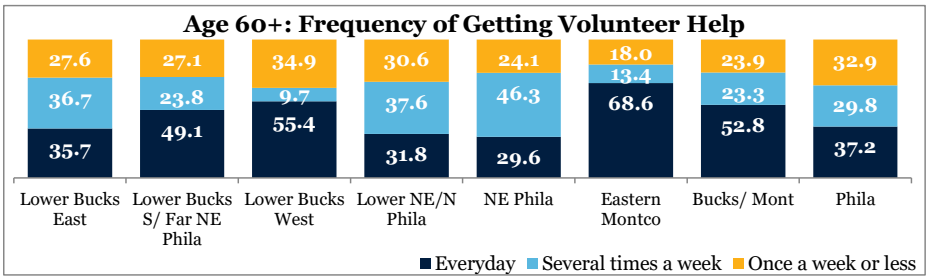
PHMC Household Health Survey 2015

However, volunteers helped older adults with ADL needs living in Lower NE/N Phila more often than seniors living in any other ROSH CB area, Bucks/Mont, or Philadelphia.



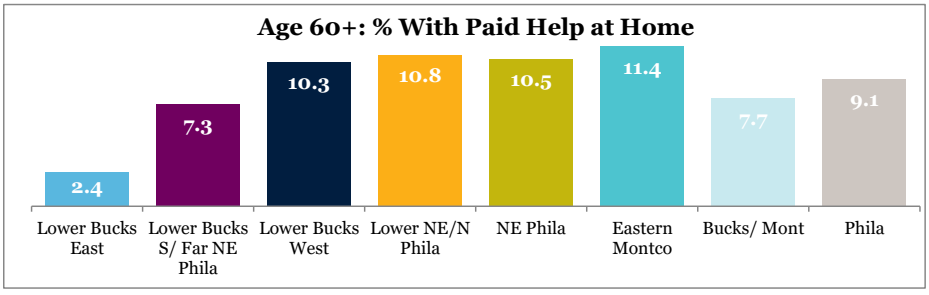
PHMC Household Health Survey 2015

The frequency of receiving volunteer help for either IADLs or ADLs varies greatly.



PHMC Household Health Survey 2015

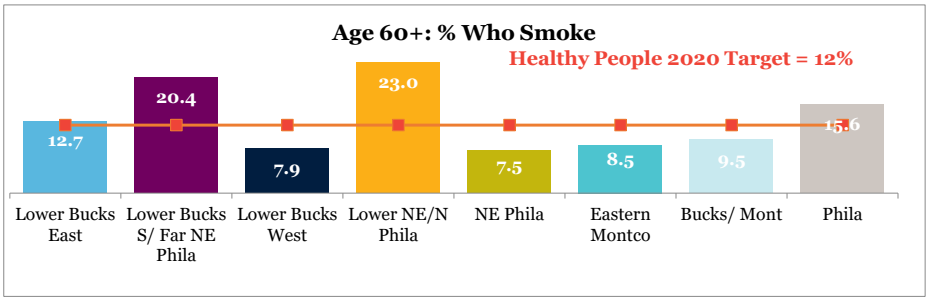
Older adults in Eastern Montco received paid assistance with ADLs slightly more than other areas, while few in Lower Bucks East had paid helpers.



Preventive Health Care Services

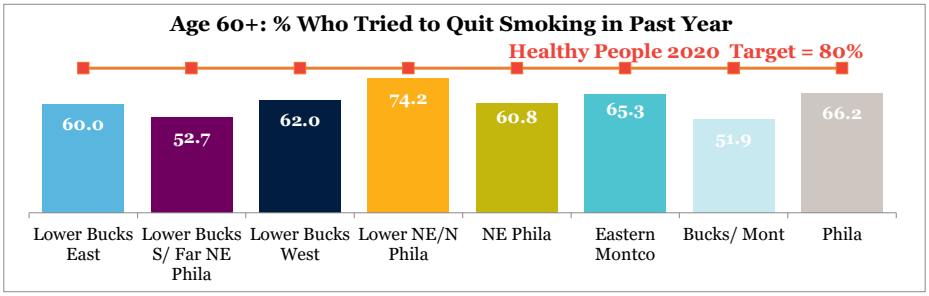
Health Behaviors - Smoking

Older adults in ROSH CB areas are less likely to be smokers than are all age adults. The percentage of older adults who smoke varies greatly among ROSH CB areas, and the prevalence of seniors who smoke in Lower Bucks S/Far NE and Lower NE/N Phila far exceeds the Healthy People 2020 target.



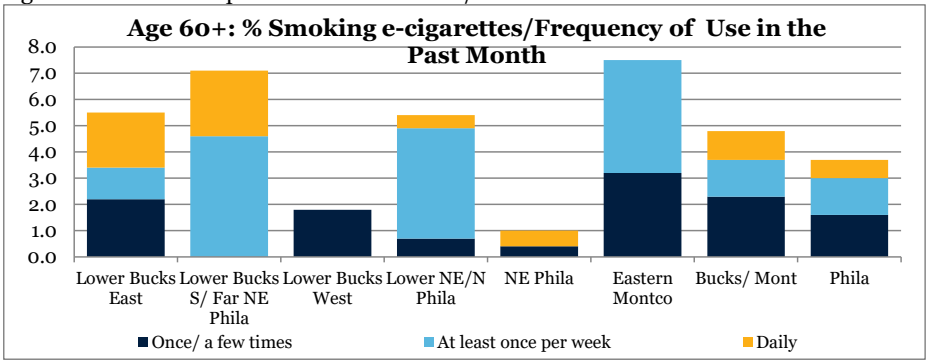
PHMC Household Health Survey 2015

Smokers in ROSH CB areas were less likely to have tried to quit smoking compared to the Healthy People 2020 goal. Health care professionals should refer patients to state and local free programs including FAX to QUIT and the Pennsylvania QUIT line.



PHMC Household Health Survey 2015

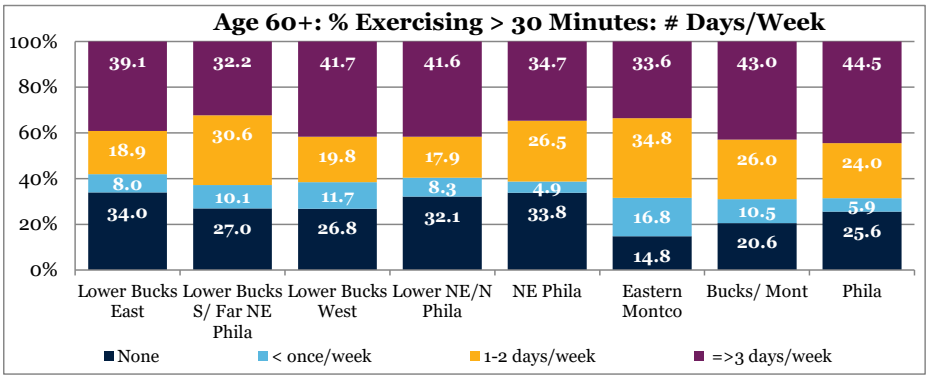
Seven percent or fewer older adult respondents smoke e-cigarettes. Daily use of e-cigarettes is most frequent in Lower Bucks S/Far NE Phila and Lower Bucks East.



PHMC Household Health Survey 2015

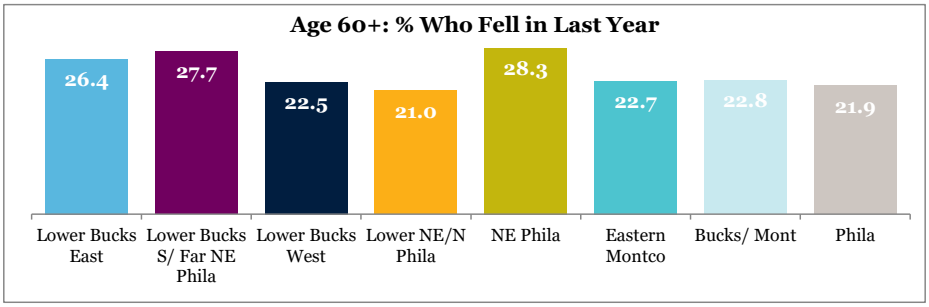
Health Behaviors - Physical Activity

Physical activity is important to healthy aging. It maintains muscle strength and bone density and helps to prevent weight gain and depression. Compared to other neighborhoods in ROSH's CB area, older adults in Lower Bucks East, Lower NE/N Phila, and NE Phila are more likely (approximately 1 in 3) to be physically inactive. In contrast, 85% of Eastern Montgomery adults age 60+ report being physically active at least once a week.



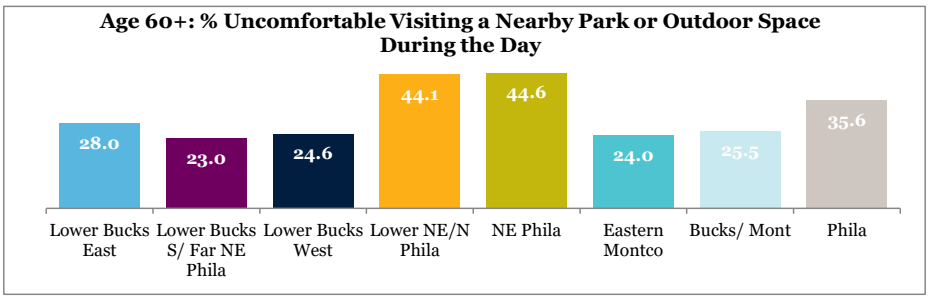
PHMC Household Health Survey 2015

As physical activity increases, so does falls risk. Residents of NE Phila and Lower Bucks S/Far NE Phila reported falling more than other nearby seniors. The more active Eastern Montco adults age 60+ did not report a higher fall rate despite their active lifestyles.



PHMC Household Health Survey 2015

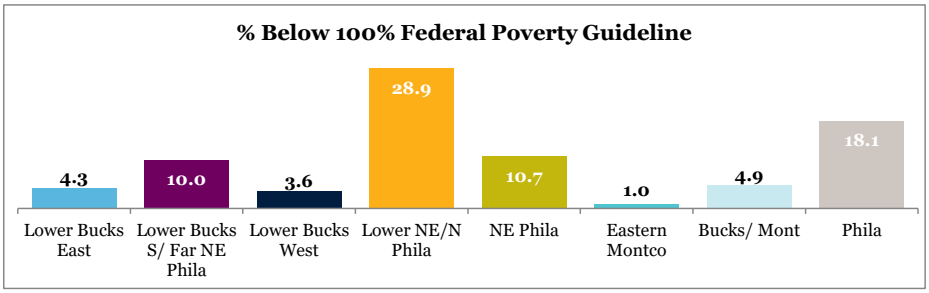
Physical activity in Eastern Montco may correspond to being more comfortable visiting a park or outdoor space during the day. However, comfort visiting parks or outdoor space did not result in increased physical activity for residents with a similar degree of security in Lower Bucks S/Far NE Phila or Lower Bucks West.



PHMC Household Health Survey 2015

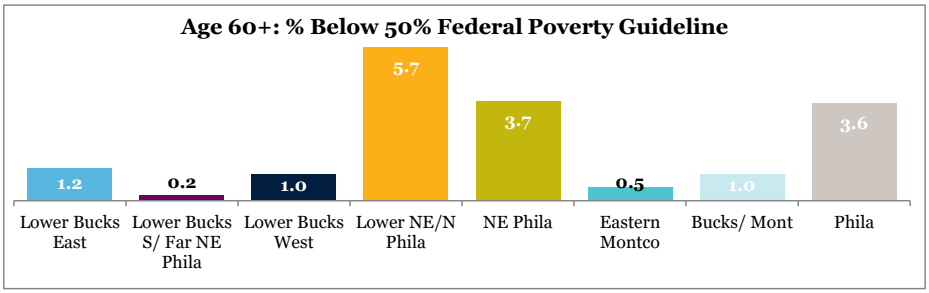
Poverty and Dual Eligibility

In 2015, the poverty threshold for an individual was $11,770 and a family/household of two was $15,930.[89] In Bucks/Mont and Philadelphia, the percentage of adults age 60+ living below 100% poverty is less than the poverty rate for the total population (6.3% and 26.4% respectively). However, as previously noted, poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors, factors that are exacerbated in older, more vulnerable populations.



PHMC Household Health Survey 2015

Some of these individuals live in deep poverty, with incomes below 50% of the federal poverty guideline. More people living in deep poverty reside in Lower NE/N Phila and NE Phila.



PHMC Household Health Survey 2015

According to a 2014 report prepared by the Montgomery County Planning Commission, Montgomery County estimated that 7,833 individuals age 65 and over are duel eligible for both Medicare and Medicaid. This population has a higher incidence of cognitive impairment, mental disorders, diabetes, pulmonary disease, and stroke. In addition to having lower incomes, they are more vulnerable, frail, and isolated than non-dual eligible elderly. These problems contribute to additional challenges with housing, food, and transportation. Sixty-one percent of this population lives in the community, and the remainder are in nursing facilities.

The report outlined the following 9 recommendations to plan a better future for Montgomery County's dual eligible elderly:

1. Pilot test managed long-term supports and services (MLTSS) program
2. Implement program of all-inclusive care for the elderly (PACE)
3. Explore "duel eligible specific" accountable care organization (ACO)
4. Develop and facilitate primary care medical homes (PCMHs)
5. Continue and expand primary care medical home severe mental illness integration program

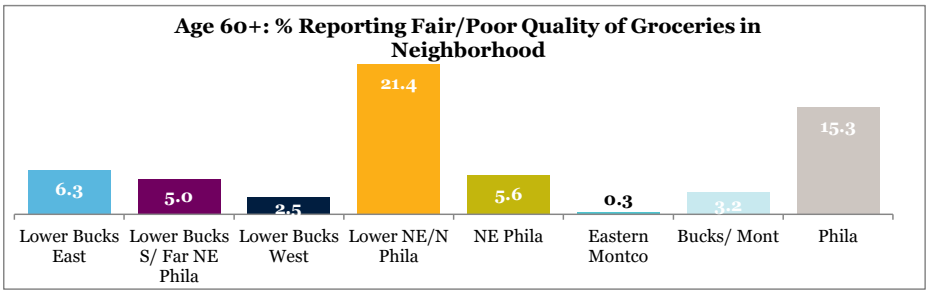
6. Push supports and services into naturally occurring retirement communities (NORCs) - "NORC PLUS supports and services" or "NORC as anchor for array of supports and services" model
7. Add independence at home (IAH) to home and community-base services (HCBS) waiver
8. Offer dual eligible targeted case management
9. Enhance dual eligible care setting transitions [90]

The Pennsylvania Health Law Project offers a series of publications to assist this population.[91]

Nutrition and Food Access

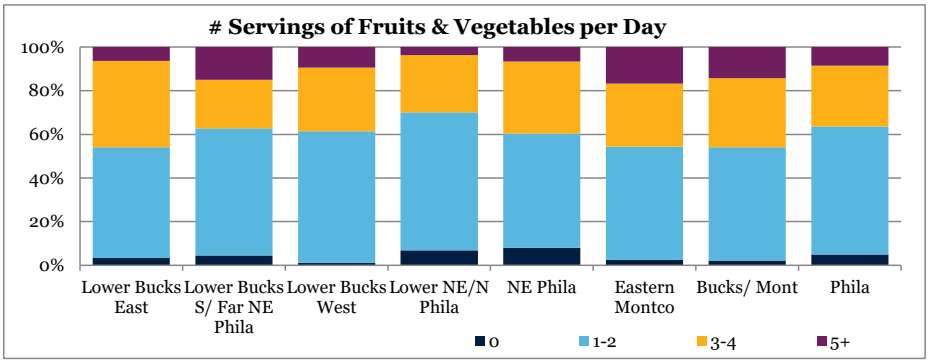
Access to healthy affordable food can play a role in the overall health of seniors. Some barriers that affect seniors related to having enough food are: inability to shop for oneself, lack of transportation, other living expenses, lack of familial support, knowledge of assistance programs, lack of affordable groceries, dementia, specific food diets or recommendations from doctors, and daunting paperwork.

Quality of groceries in their neighborhood is not an issue for many except in Lower NE/N Phila.



PHMC Household Health Survey 2015

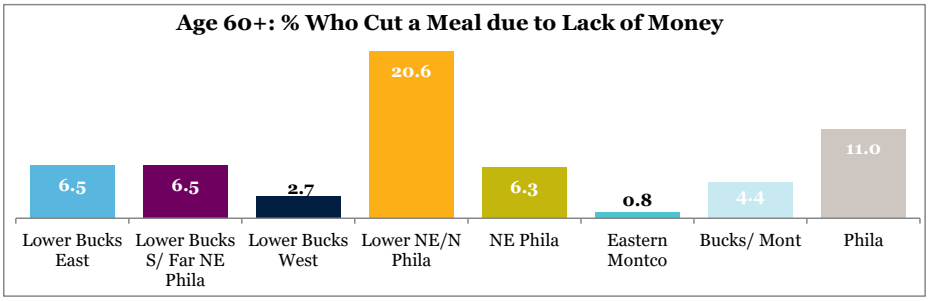
Eating at least 3 servings of fruits and/or vegetables each day ranges from a low of 30% in Lower NE/N Phila to about 46% in Lower Bucks East and Eastern Montco.



PHMC Household Health Survey 2015

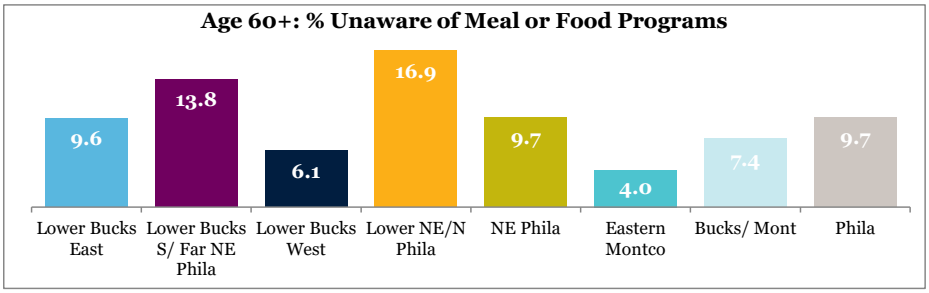
It is important to note that 1 in 5 Lower NE/N Phila seniors and smaller percentages of the adults age 60+ in the other ROSH CB areas cut a meal in the past month due to lack of money. This is a sign of food insecurity. Food insecure seniors are:

- 40% more likely to report an experience of CHF
- 53% more likely to report a heart attack
- 52% more likely to develop asthma
- 60% more likely to experience depression[92]



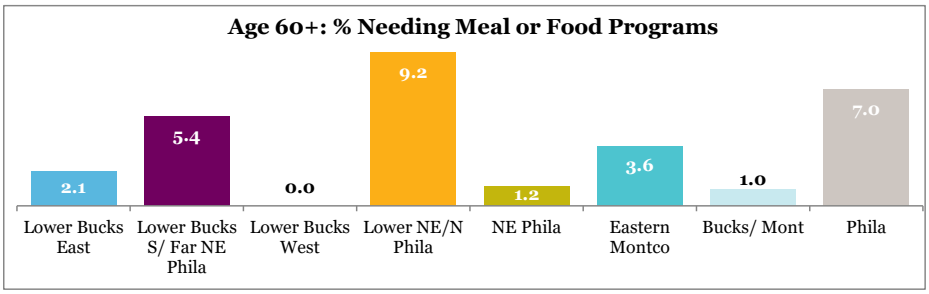
PHMC Household Health Survey 2015

Awareness of meal or food programs varied among ROSH CB area seniors, with the most unawareness in the areas with the highest need.



PHMC Household Health Survey 2015

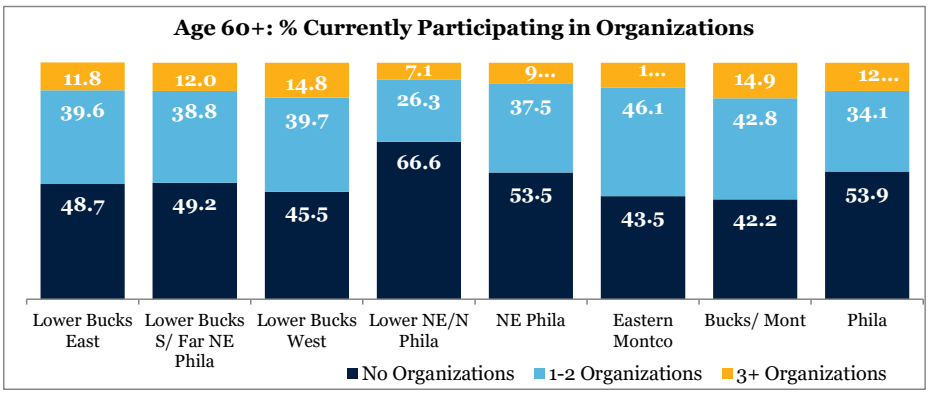
Although the numbers in need are relatively small, food insecurity is a significant issue for this population. Furthermore, since people taking medicine often need to take medicine with food, lack of food security may impede medication adherence.



PHMC Household Health Survey 2015

Social Connectedness

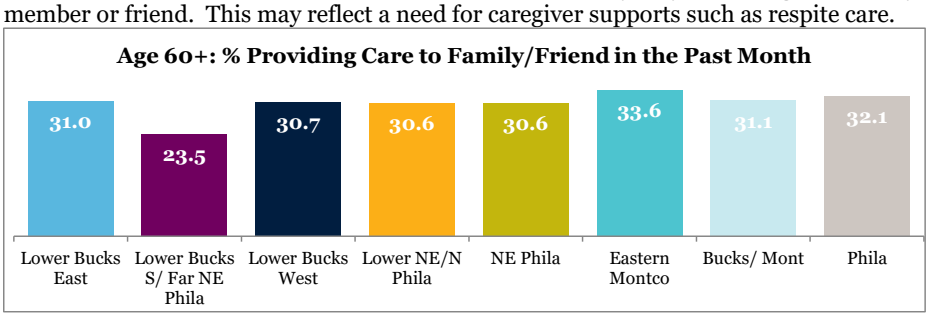
Feeling connections to the community is important to prevent isolation and depression in seniors. Social networks are protective factors for health and wellness. In all ROSH CB areas except Lower NE/N Phila and NE Phila, at least half of adults age 60+ participate in at least one organization. In Lower Bucks West, almost 1 in 7 participates in 3 or more



organizations.

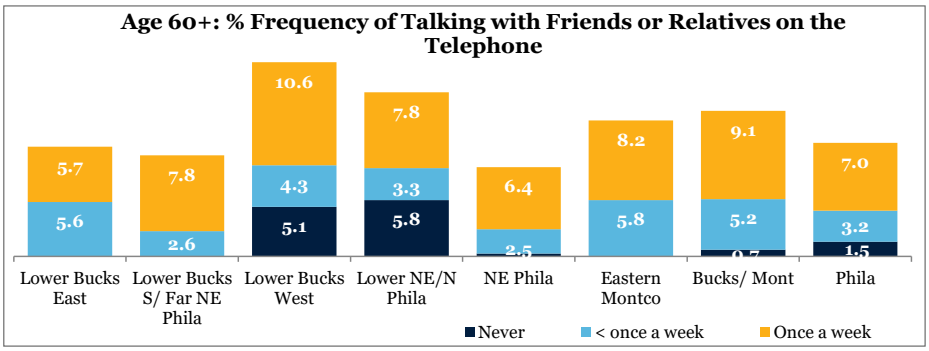
PHMC Household Health Survey 2015

Between 24% and 34% of older adults in ROSH CB areas say they are caring for a family member or friend. This may reflect a need for caregiver supports such as respite care.



PHMC Household Health Survey 2015

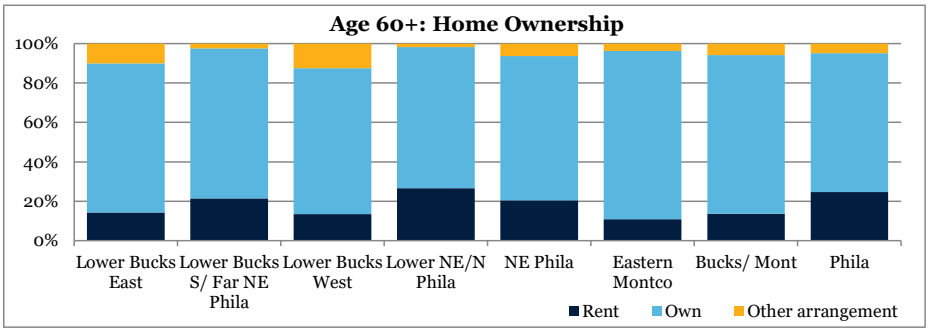
Seniors also stay connected by talking with friends and family on the telephone. The 5+% of adults in Lower Bucks West and Lower NE/N Phila who do not talk with friends or family are at higher risk for social isolation and the resulting health issues.



PHMC Household Health Survey 2015

Housing

In ROSH CB areas, between 72 and 85% of adults age 60+ own their homes.



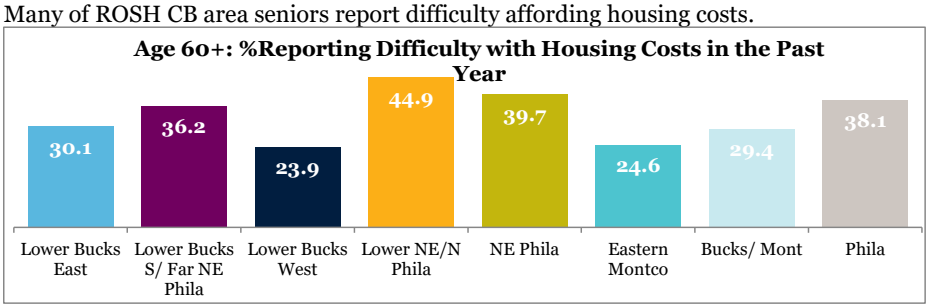
PHMC Household Health Survey 2015

Some older adults in ROSH CB areas are faced with home repairs that are not possible due to low fixed incomes. For elders who want to age in place, remaining in their homes for as long as possible is important emotionally and economically. Older homes often have stairs and are multiple dwellings. Having a home on the first floor is often not possible. These barriers affect seniors' ability to take care of basic needs and to participate fully in the community.

%Adults Age 60+ with Homes that Need Repair								
	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Roof	6.7	5.3	8.9	27.1	4.3	9.7	6.3	15.3
Plumbing	4.7	6.6	4.9	17.5	7.6	5.3	5.0	14.5
Heating	5.5	3.7	6.6	14.1	5.2	1.1	3.1	10.2

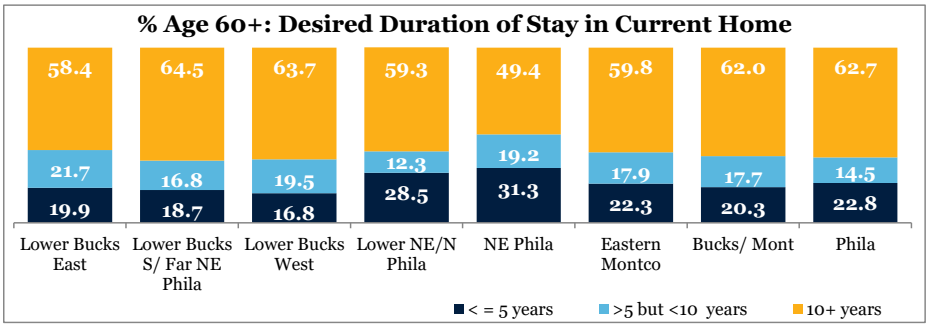
PHMC Household Health Survey 2015

Many of ROSH CB area seniors report difficulty affording housing costs.



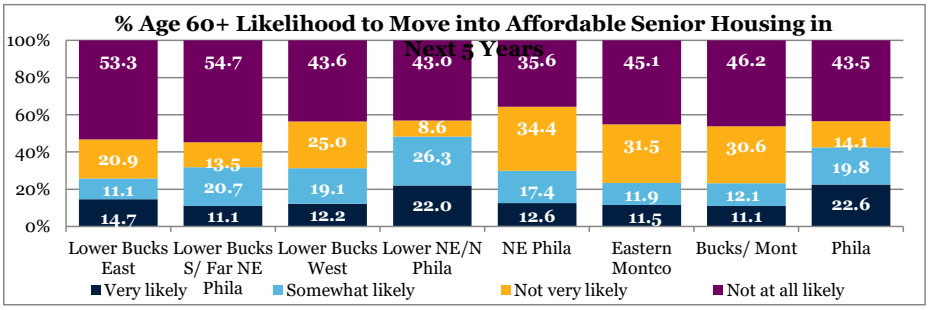
PHMC Household Health Survey 2015

On average, about one fifth of adults age 60+ plan on moving from their current home in less than 5 years. More residents of Lower NE/N Phila and NE Phila plan to move within 5 years.



PHMC Household Health Survey 2015

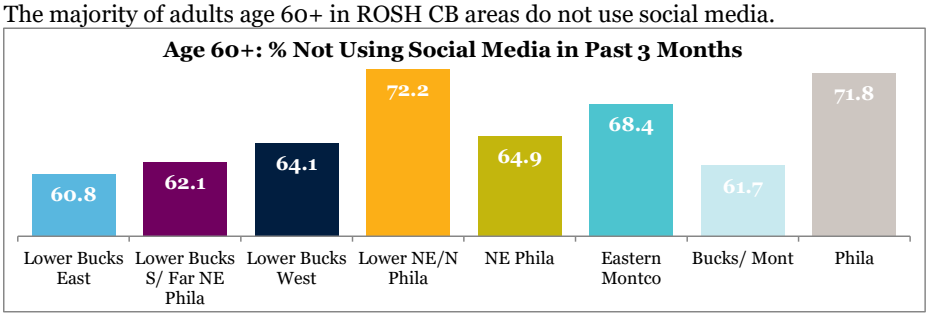
More older adults from Lower NE/N Phila say they are likely to move into affordable senior housing in the next 5 years.



PHMC Household Health Survey 2015

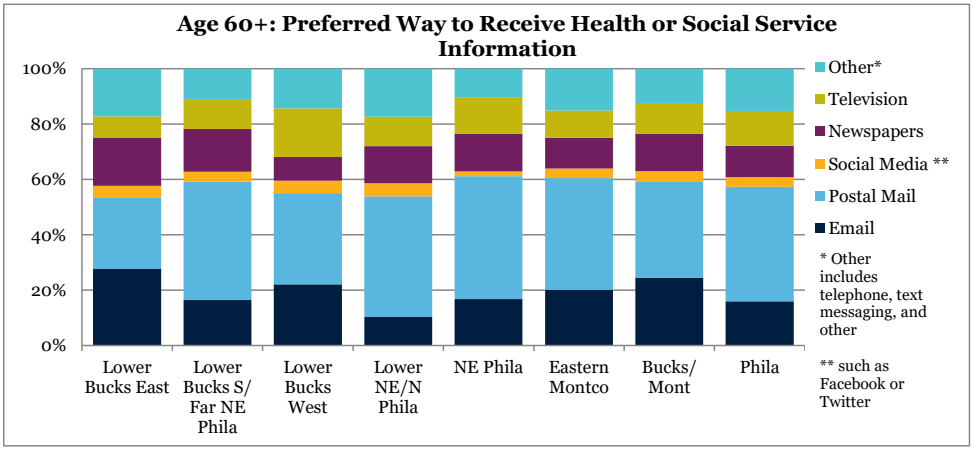
Communications

The majority of adults age 60+ in ROSH CB areas do not use social media.



PHMC Household Health Survey 2015

Postal mail is the preferred format to receive health or social service information in this age group. Email is also a desirable way to receive such information for some. Social media is not a preferred way for receipt of this type of information.



PHMC Household Health Survey 2015

Issues and challenges, unmet needs and priorities identified by key informants and focus group participants related to older adults included:

- **Well Elderly**
  - Many elderly go to local malls, sometimes by bus, and participate in walking clubs.
  - Senior centers offer a range of activities and some offer transportation. Clients at the Norris Square Older Adult Center (close to the Community Benefit service area) grow produce and make foods.
  - There is a lack of adult day programs in Lower Northeast Philadelphia.
  - Each town in Bucks County has a senior center but they do not provide transportation.
- **Safety**
  - Some elders are neglected by their families.
- **Communication**

    - Many elderly lack online access.
- **Care Coordination**
    - It is difficult for the elderly to navigate the health care system; they need help dealing with insurance companies.
    - Life Saint Mary's offers a PACE program (PA Acute Care for the Elderly) at the Neshaminy Interplex in Trevose that provides multiple beneficial services for the elderly to enable them to live independently at home. Income requirements are a barrier for some.
    - Older people want to see physician with an MD degree. Telehealth, DOs, and nurse practitioners are not preferable.
    - For older adults who need in-home assistance, lack of trust is a barrier that may impede some people from obtaining the services they need.
- **Care Giver Stress**
    - Fixed income strains the ability to afford care, medications, and living expenses. To get a break, families bring elder family relatives to the ER claiming the patient fell when in actuality the family just needs a respite.
    - Elderly day care centers can improve health for seniors and their families.
- **Transportation**
    - There are barriers to using wheelchair accessible transportation services. Bus drivers who service people in wheelchairs say it is not their job to bring riders from their homes to the bus, and that it is the responsibility of family members to bring wheelchair / disabled person onto the bus so driver is not liable. This is reported in Far Northeast Philadelphia and Bucks County.
    - Given that lack of driver assistance, key informants have concerns about the service passengers receive once they are on the vehicle.
    - SEPTA stops are not convenient to multiple hospitals.
    - Most senior centers do not provide transportation.
- **Food insecurity**
    - The elderly are not aware of food prep programs and many may be going hungry.
    - Some supermarkets offer senior citizen discounts on certain days.

Recommendations included:

- Institute community outreach programs to do education and outreach similar to a patient navigator in a hospital or parish nurse

Recommendations

To address the community health needs identified in the CHNA, recommendations for initiatives were prioritized based on secondary data findings, primary data gathered through key informant interviews, and the focus groups with community residents. Participants in key informant interviews and focus groups were asked to identify the health needs of the community and were then asked to identify those they felt were most important to address. They were also asked to recommend potential initiatives to address these needs.

The identified priority health needs and recommended initiatives were then grouped into the following domains:

- Internal organizational structure
- Access to care
- Chronic disease management
- Health screening and early detection
- Healthy lifestyle behaviors and community environment

To further prioritize these initiatives, a team of Community Benefit professionals developed thirteen criteria with weighted values. Scoring could range from 0-3 depending on the assigned weighted value. Community benefit professionals independently ranked each health need/issue using the agreed upon criteria. Criteria scores were then summed for each identified health need/issue and the totals were averaged using input from each scorer. The criteria and weighted values are provided below:

Criteria	Maximum Weighted Value
Does not meet HP 2020	2
Regional priority (SHIP priority for Southeastern Pennsylvania)	3
Disparity exists compared to Bucks/Mont or Philadelphia	3
Focus groups and key informants perceive problem to be important	2
Sub-population is special risk	3
Problem not being addressed by other agencies	1
Has great potential to improve health status	3
Positive visibility for ROSH	1
# people affected	3
Feasibility/resources available/existing relationships in place	2
Links to ROSH strategic plan and/or service line plan	2
Sustainability	2
Collaboration opportunities	2

The prioritization and rankings inform the implementation plan and the timeline for phasing in these interventions. The list below summarizes the results of the prioritization process:

Domain	Priority Health Needs/Issue	Ranking Score	Priority Level
Healthy Lifestyle Behaviors and Community Environment	Alcohol/ Substance Abuse	27.0	Most Important
Chronic Disease Management	Obesity	26.5	Most Important
Healthy Lifestyle Behaviors and Community Environment	Physical Activity	21.8	Most Important
Access to Care and Community Environment	Social and Health Care Needs of Older Adults	20.8	Most Important
Access to Care	Health Education, Social Services and Regular Source of Care	20.5	Most Important
Internal Organizational Structure	Hospital Readmissions	14.3	Important
Access to Care	Mental Health Services	14.3	Important
Healthy Lifestyle Behaviors and Community Environment	Access to Healthy Affordable Food and Nutrition Education	12.3	Important
Access to Care	Health Insurance	12.0	Important
Access to Care	Medication Access	11.5	Important
Healthy Lifestyle Behaviors and Community Environment	Food Security	11.3	Important
Access to Care	Access: Transportation	9.8	Less Important
Healthy Lifestyle Behaviors and Community Environment	Smoking Cessation	9.3	Less Important
Healthy Lifestyle Behaviors and Community Environment	Built Environment	8.8	Less Important
Healthy Lifestyle Behaviors and Community Environment	Community Safety	8.3	Less Important
Access to Care	Language Access, Health Literacy and Cultural Competence	6.5	Less Important
Internal Organizational Structure	Workforce Development and Diversity	5.0	Less Important

The Community Benefit Committee of Rothman Orthopaedic Specialty Hospital, working under the guidance of the Thomas Jefferson University Hospital Center for Urban Health, is responsible for developing CHNAs and resultant implementation plans focusing on priority

issues. Teams and leaders will be identified and responsible for the development and coordination of the 2018-2021 implementation plans subsequent to thorough review of the 2018 CHNA. The Community Benefit Committee will continue to monitor and guide the progress of the implementation plans.

In addition, ROSH professionals will collaborate with Jefferson Health colleagues to improve health status in conjunction with the hospital's partnerships. Best practices will be shared with the aim of enhancing infrastructure, stretching resources, and incorporating knowledge about social determinants of health and health literacy to better the population's health and well-being.

Appendix A - Hospital Asset Listing

Hospitals- Bucks County					
Name	Phone	Address	City	Zip	Website
Barix Clinics of Pennsylvania	267 572-3100	280 Middletown Blvd.	Langhorne	19047	www.barixclinics.com/bariatric-surgery-pennsylvania
Doylestown Health	215 345-2200	595 West State St	Doylestown	18901	www.doylestownhealth.org/
Grand View Health	215 453-4000	700 Lawn Ave	Sellersville	18960	www.gvh.org/
Jefferson Health NE Bucks County	215 949-5000	380 N Oxford Valley Road	Langhorne	19047	www.ariahealth.org/bucks-county
Lower Bucks Hospital	215 785-9200	501 Bath Road	Bristol	19007	www.lowerbuckshosp.com/
Rothman Orthopaedic Specialty Hospital	215 244-7400	3300 Tillman Dr	Bensalem	19020	rothmanorthohospital.com/
St Mary Medical Center	215 710-2000	1201 Newtown-Langhorne Rd	Langhorne	19047	www.stmaryhealthcare.org/
St. Luke's Hospital Quakertown	215 538-4500	1021 Park Avenue	Quakertown	18951	quakertown.slhn.org/Locations-Directions/Quakertown-Campus

Hospitals- Montgomery County					
Name	Phone	Address	City	Zip	Website
Abington Jefferson Health	215 481-2000	1200 Old York Road	Abington	19001	www.jefferson.edu/abington
Bryn Mawr Hospital	484 337-3000	130 South Bryn Mawr	Bryn Mawr	19010	www.mainlinehealth.org/brynmawr
Eagleville Hospital	610 539-6000	100 Eagleville Road	Eagleville	19403	www.eaglevillehospital.org/
Einstein Medical Center Montgomery	484 622-1000	559 West Germantown Pike	East Norriton	19403	www.einstein.edu/locations/einstein-medical-center-montgomery/
Holy Redeemer Health System	800 818-4747	1648 Huntingdon Pike	Meadowbrook	19046	www.holyredeemer.com/Main/Home.aspx
Lankenau Hospital	484 476-2000	100 Lancaster Ave	Wynnewood	19096	www.mainlinehealth.org/Lankenau
Abington-Lansdale Jefferson Health	215 368-2100	100 Medical Campus Dr	Lansdale	19446	www.jefferson.edu/abington
Mercy Suburban Hospital	610 278-2000	2701 DeKalb Pike	East Norriton	19401	www.mercyhealth.org/locations/mercy-suburban/

Hospitals- Montgomery County					
MossRehab Hospital	215 663-6000	60 Township Line Road	Elkins Park	19027	www.mossrehab.com
Physicians Care Surgical Hospital	610 495-3330	454 Enterprise Drive	Royersford	19468	www.phycarehospital.com/
Pottstown Memorial Medical Center	610 327-7000	1600 East High Street	Pottstown	19464	www.pottstownmemorial.com/pottstown-memorial-medical-center/Home.aspx
Valley Forge Hospital	610 539-8500	1033 W Germantown Pike	Norristown	19401	www.vfmc.net/index.html

Hospitals- Northeast and North Philadelphia				
Name	Phone	Address	Zip	Website
Albert Einstein Medical Center	215 456-7890	5501 Old York Rd	19141	www.einstein.edu/
Episcopal Campus of Temple U Hosp	215 707-1200	100 E Lehigh Ave	19125	episcopal.templehealth.org/content/default.htm
Friends Hospital	215 831-4600	4641 Roosevelt Blvd.	19124	friendshospital.com/
Hospital of Fox Chase Cancer Ctr	888 369-2427	333 Cottman Avenue	19111	www.foxchase.org/
Jeanes Hospital	215 728-2000	7600 Central Ave	19111	www.jeanes.com/content/default.htm
Kensington Hospital	215 426-8100	136 W. Diamond Street	19122	kensingtonhospital.org/
Jefferson Frankford Hospital	215 831-2000	4900 Frankford Avenue	19124	www.ariahealth.org/frankford
Jefferson Torresdale Hospital	215 612-4000	Red Lion and Knights Roads	19114	www.ariahealth.org/torresdale
Nazareth Hospital	215 335-6000	2601 Holme Ave	19152	www.mercyhealth.org/locations/nazareth-hospital/
St. Christopher's Hospital for Children	215 427-5000	160 E Erie Ave	19134	www.stchristophershospital.com/SitePages/Home.aspx
Shriners Hospitals for Children/ Philadelphia	215 430-4000	3551 N Broad St	19140	www.shrinershospitalsforchildren.org/philadelphia
Temple University Hospital	215 707-2000	3401 N. Broad Street	19140	tuh.templehealth.org/content/default.htm

Appendix B - Health Assets Listing

Health Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Aldie Counseling Center	215-642-3230	2291 Cabot Boulevard	Langhorne	19047	Mental Health/ Substance Abuse Center	http://www.aldie.org/
Aria -Jefferson Urgent Care	215-638-0666	2966 Street Road	Bensalem	19020	Urgent Care	https://www.ariahealth.org/urgent-care
BCHIP Lower Bucks Clinic	215-633-8397	2546B Knights Road	Bensalem	19020	Community Health Center	http://bchip.org/bchip_adult_health_clinic.html
Bethanna	215-355-6500	1030 Second Street Pike	Southampton	18966	Mental Health/ Substance Abuse Center	http://bethanna.org/
Bristol Bensalem Human Services Center (NHS)	610-260-4600	600 Louis Drive	Warminster	18974	Mental Health/ Substance Abuse Center	http://www.nhsonline.org/
Bucks County Health Department Levittown	(215) 547-3423	7321 New Falls Road	Levittown	19055	Health Department	http://www.buckscounty.org/government/healthservices/HealthDepartment
Bucks County Mental Health Clinic	215-788-5730	1270 New Rodgers Rd	Bristol	19007	Mental Health/ Substance Abuse Center	http://bucks.pa.networkofcare.org/mh/services/agency.aspx?pid=BucksCountyMentalHealthClinic_361_2_0
Bucks County Mental Health/ Development	215-773-9313	600 Louis Drive	Warminster	18974	Mental Health/ Substance Abuse Center	http://www.buckscounty.org/government/humanservices/MHDP
Delaware Valley Children's Center	215-598-0223	2288 2nd Street Pike, Ste. 6	Newtown	18940	Mental Health/ Substance Abuse Center	http://www.pmhccares.org/bucks/
Delta Community Supports Inc	215-953-9255	720 Johnsville Blvd	Warminster	18974	Mental Health/ Substance Abuse Center	http://www.deltaweb.org/
Family Services Association of Bucks County	215-757-6916	4 Corner-stone Drive	Langhorne	19047	Mental Health/ Substance Abuse Center	http://www.fsabc.org/
HealthLink Dental Center	215-364-4247	1775 Street Road	Southampton	18966	Community Health Center	http://www.healthlinkdental.org/
Libertae Halfway House	215-639-8681	5245 Bensalem Boulevard	Bensalem	19020	Mental Health/ Substance Abuse Center	http://www.libertae.org/
Live Well Services Inc	215-968-7600	203 Floral Vale Boulevard	Yardley	19067	Mental Health/ Substance Abuse Center	http://www.livewellservicesinc.com/
Livengrin Foundation	215-638-5200	4833 Hulmeville Road	Bensalem	19020	Mental Health/ Substance Abuse Center	https://www.livengrin.org/

Health Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Maternal Child Consortium Warwick Family Services	267-525-7000	800 Clarmont Avenue	Bensalem	19020	Mental Health/ Substance Abuse Center	http://www.warwickfamilyservices.com/
Merakey	215 788-8175	1200 Veterans Highway	Bristol	19007	Behavioral Health	http://www.merakey.org
Merakey	215 442-1570	600 Louis Drive, Unit 207	Warminster	18974	Behavioral Health	http://www.merakey.org
Mother Bachmann Maternity Center	215 245-4334	2546 Knights Road	Bensalem	19020	Women's Health Center	http://www.stmaryhealthcare.org/motherbachmannmaternitycenter
New Life of Community Health Services Inc.	215 638-8600	3103 Hulmeville Road	Bensalem	19020	Mental Health/ Substance Abuse Center	http://livewellservicesinc.com/contactus.aspx
NHS Bucks County	215 752-5760	2260 W. Cabot Blvd	Langhorne	19047	Mental Health/ Substance Abuse Center	http://www.nhsonline.org/
No Longer Bound Prevention and Training Services	215 788-9511	1230 Norton Ave	Bristol	19007	Mental Health/ Substance Abuse Center	http://www.uwbucks.org/resources/no-longer-bound-prevention-and-training-services/
Pan American Mental Health Services Inc.	215 788-6080	1 N. Wilson Avenue	Bristol	19007	Mental Health/ Substance Abuse Center	http://www.uwbucks.org/resources/pan-american-behavioral-health-clinic/
Penndel Mental Health Center Inc	215 752-1541	1517 Durham Road	Langhorne	19047	Mental Health/ Substance Abuse Center	http://www.penndelmhc.org/
Planned Parenthood	215 638-0629	Centre Plaza Shopping Center	Bensalem	19020	Reproductive Health	https://www.plannedparenthood.org/health-center/pennsylvania/bensalem/19020/bensalem-medical-center-2513-91410
Project Transition	215 997-9959	1 Highland Drive	Chalfont	18914	Mental Health/ Substance Abuse Center	http://www.projecttransition.com/
Reach Out Foundation of Bucks County: Dual Diagnosis	215 970-5462	152 Monroe Street	Penndel	19047	Mental Health/ Substance Abuse Center	http://rofbucks.com/
Southern Bucks Recovery Community Center	215 788-3738	1286 Veterans Highway	Bristol	19007	Mental Health/ Substance Abuse Center	https://www.councilsepa.org/locations/southern-bucks-recovery-community-center/

Health Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
St. Mary Children's Health Center	215 245-8873	2546 Knights Rd.	Bensalem	19020	Community Health Center	http://www.stmaryhealthcare.org/body.cfm?id=142
Seniors Helping Seniors	215 675-6402	65 W Street Road, Suite B101	Warminster	18974	Home care services provided by seniors	seniorcarebuckscounty.com/
Today, Inc.	215 860-1463	1990 North Woodbourne Road	Langhorne	18940	Mental Health/ Substance Abuse Center	todayinc.org/

Health Assets - Eastern Montgomery County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Abington Family Medicine of Abington Jefferson Health	215-481-2725	500 Old York Road, Suite 108	Jenkintown	19046	Community Health Center	http://www.jefferson.edu/abington
Abington-Jefferson Health Physicians	215-481-6334	1200 Old York Road	Abington	19046	Community Health Center	http://www.jefferson.edu/abington
Adult Health Center with Gwynedd-Mercy University	215-855-2899	51 Medical Campus Drive	Abington	19046	Community Health Center	http://www.jefferson.edu/abington
Ambulatory Services of Abington Jefferson Health	215-481-2180	1200 Old York Road	Abington	19046	Community Health Center	http://www.jefferson.edu/abington
Aldersgate Youth Service Bureau	215-657-4545	42 N. York Road	Willow Grove	19090	Mental Health/Substance Abuse Service	www.aldersgateservices.org
Corinne Santerian Newborn Center of Abington Jefferson Health	215-481-6605	1400 Old York Road, Suite D	Abington	19046	Community Health Center	http://www.jefferson.edu/abington
Dental Clinic of Abington Jefferson Health	215-481-2193	1200 Old York Road	Abington	19046	Community Health Center	http://www.jefferson.edu/abington
Financial Assistance Program of Abington Jefferson Health	215-481-2185	1200 Old York Road	Abington	19046	Community Service	http://www.jefferson.edu/abington
Jaisohn Medical Center	215-224-2000	6705 Old York Road	Philadelphia	19126	Community Health Center	http://jaisohn.com
Mental Health Association of Southeastern Pennsylvania	(215) 751-1800	1211 Chestnut St	Philadelphia	19107	Mental Health/ Substance Abuse Center	http://www.mhasp.org/

Health Assets - Eastern Montgomery County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Montgomery County Health Department Communicable Disease Clinic (Willow Grove Health Center)	215-784-5415	102 York Road, Suite 401	Willow Grove	19090	Community Health Center	www.montcopa.org/1048/Clinics
Montgomery County Health Department Communicable Disease Clinic	610-278-5145	1430 DeKalb Street	Norristown	19401	Community Health Center	www.montcopa.org/1048/Clinics
Montgomery County Mental Health	610-272-1899	1430 DeKalb Street	Norristown	19401	Mental Health/ Substance Abuse Center	www.montcopa.org
Montgomery County Mental Health	610-279-6100	50 Beech Drive	Norristown	19401	Mental Health Crisis Team	www.mces.org
Montgomery County Methadone Center	610-272-3710	316 DeKalb Street	Norristown	19401	Mental Health/ Substance Abuse Center	www.rhd.org
Norristown Public Health Center	610-278-5145	1430 DeKalb Street	Norristown	19401	Community Health Center (STD, HIV, IMMUN, TB)	www.pa-montgomeryco.civicplus.com
Norristown Regional Health Center	610-278-7787	1401 DeKalb St	Norristown	19401	Community Health Center	www.dvch.org
North Hills Health Center of Abignton Jefferson Health	215-572-0302	212 Girard Ave	Glenside	19038	Community Health Center	www.jefferson.edu/abington
OB/GYN Center of Abington Jefferson Health	215-481-6784	1200 Old York Road	Abington	19046	OB/GYN Care	http://www.jefferson.edu/abington
Personal Navigator Program of Visiting Nurses Association Community Services [VNACS]	1-800-591-8234	1421 Highland Avenue	Abington	19001	Community Health Center	http://www.vnacs.org/index.php?page=personal-navigator-program
Planned Parenthood Norristown	610-279-6095	1221 Powell Street	Norristown	19401	Reproductive Health/Sex Education	www.plannedparenthood.org
Salisbury Behavioral Health	215-884-5566	614 N. Easton Rd	Glenside	19038	Mental Health/ Substance Abuse Center	www.salisb.com
VNA Community Services	215-572-7880	1421 Highland Ave	Abington	19001	Visiting Nurse, Social Service	www.vnacs.org
VNA Community Services	610-272-3373	1109 DeKalb Street	Norristown	19401	Visiting Nurse, Social Service	www.vnacs.org

Health Assets - Eastern Montgomery County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Willow Grove Public Health Center	215-784-5415	102 York Road	Willow Grove	19090	Community Health Center	www.pa-montgomeryco.civicplus.com

Health Assets – Northeast and North Philadelphia					
Name	Phone	Address	Zip	Type	Website
Asociacion Puetorriquenos en Marcha (APM)	267 296-7200	4301 Rising Sun Ave	19140	Substance Abuse	apmphila.org/
COMAR	215 427-5800	2055 E Allegheny Ave	19134	Behavioral Health/ LGBTQI/ AIDS-HIV	www.comhar.org/
DVCH Maria de los Santos Health Center	215 291-2500	401 W. Allegheny Ave	19140	Health Center/Clinic	dvch.org
Aria – Jefferson Health's FastCare clinic	215-632-2636	9910 Frankford Avenue	19114	Health Center/Clinic	www.ariahealth.org/programs-and-services/aria-health-fastcare
Aria – Jefferson Health Urgent Care	215-934-3471	2451 Grant Avenue	19114	Urgent Care	www.ariahealth.org/urgent-care
DVCH Parkview Health Center	215 537-7695	841 E. Hunting Park Avenue	19124	Women's Health Center	dvch.org
Esperanza Health Center	215 831-1100	3156 Kensington Avenue	19134	Health Center/Clinic	esperanzahealth.com/wp/
Esperanza Health Center	215 302-3600	4417 N. 6th Street	19140	Health Center/Clinic	esperanzahealth.com/wp/
GPHA Hunting Park Health Center	215 228-9300	1999 W Hunting Park Ave	19140	Health Center/Clinic	www.gphainc.org/
GPHA Frankford Health Center	888-296-4742	4510 Frankford Ave	19124	Health Center/Clinic	www.gphainc.org/
Merakey (was Northeastern Human Services)	215 533-6204	4806 Frankford Ave, 2nd Floor	19124	Substance Abuse	www.merakey.org
Merakey	215 632-9040	11082 Knights Rd	19154	Mental Health /Substance Abuse	www.merakey.org
Merakey	215 427-1500	265 E. Lehigh Ave	19125	Children Behavioral Health	www.merakey.org

Health Assets – Northeast and North Philadelphia					
Name	Phone	Address	Zip	Type	Website
Northeast Treatment Center	215 286-5490	2205 Bridge St	19137	Mental Health /Substance Abuse	netcenters.org/
Northeast Treatment Center	215 451-7000	4625 Frankford Ave	19124	Mental Health /Substance Abuse	netcenters.org/
Northeast Treatment Center	215 831-6024	7520 State Rd	19136	Mental Health /Substance Abuse	netcenters.org/
Pathways to Recovery	215 731-2402	2301 E Allegheny Ave	19134	Substance Abuse	pathway-to-recovery.org/
People Acting to Help (PATH)	215 728-4651	8220 Castor Ave	19124	Mental Health /Substance Abuse	www.pathcenter.org/about.htm
Philadelphia Department of Health	215-686-5200				www.phila.gov/health/contact.html
Philadelphia Office of Mental Health	215-685-5400	1101 Market Street, 7th Floor	19107	Mental Health	dbhids.org/mental-health-services/
Planned Parenthood – Castor Avenue	215 745-5966	8210 Castor Avenue	19152	Reproductive Health	www.plannedparenthood.org/health-center/pennsylvania/philadelphia
Planned Parenthood – Far NE	215 464-2225	2751 Comly Road	19154	Reproductive Health	www.plannedparenthood.org/health-center/pennsylvania/philadelphia/19154/far-northeast-surgical-center-3441-91460
Prevention Point	267 408-5315	2315 Kensington Ave	19134	Substance Abuse	ppponline.org/
Public Health Center 10	215 685-0603	2230 Cottman Ave	19149	Health Center/Clinic	beta.phila.gov/services/mental-physical-health/city-health-centers/
Rising Sun Health Center	215 279-9666	5675 N. Front Street	19120	Health Center/Clinic	www.phmchealthnetwork.org/
Soar Corp	215 464-4450	9150 Marshall St, Suite 2	19111	Addictions	www.soarcorp.org/
Temple Two Program	215 707-3008	2401 N Broad	19140	Substance Abuse	
Wedge Medical Center	215 233-1100	3609 N Broad	19140	Substance Abuse	www.wedgepc.com/
Wedge Medical Center	215 744-3600	4243 Frankford Ave	19124	Substance Abuse	www.wedgepc.com/

Appendix C - Social Assets Listing

Social Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
American Red Cross Lower Bucks County Homeless Shelter	800- 810-4434	1909 Veteran's Highway	Levittown	19056	Homeless Shelter	www.uwbucks.org/resources/bucks-county-emergency-homeless-shelter/
AHTN Code Blue Shelter - Extreme Weather Shelter	215-550-3868		Fairless Hills	19030	Homeless Shelter	
Benjamin H. Wilson Senior Center	215-672-8380	580 Delmont Ave	Warminster	18974	Senior Services	www.wilsonseniorcenter.com/
Bensalem Senior Citizens Center	215-638-7720	1850 Byberry Road	Bensalem	19020	Senior Services	N/A
Bensalem WIC Clinic	215-244-2674	2546 Knights Road	Bensalem	19020	WIC	www.pawic.com/
Bristol Bensalem Human Services Center (NHS)	610-260-4600	600 Louis Drive	Warminster	18974	Mental Health/ Substance Abuse Center	www.nhsonline.org/
Bristol Borough Active Adult Center	215-788-9238	Wood and Mulberry Streets	Bristol	19007	Senior Services	N/A
Bristol Township Senior Center	215-785-6322	2501 Bath Road	Bristol	19007	Senior Services	www.theyounginheart.com/
Bucks County Children and Youth Social Services Agency	215-348-6900	4259 West Swamp Rd	Doylestown	18902	Social Services	www.buckscounty.org/LivingAndWorking/Services/ChildAbuse
Bucks County Homeless Shelter	215-949-1727	7301 New Falls Road	Levittown	19055	Homeless Shelter	www.buckscounty.org/livingandworking/services/homeless-shelters
Bucks County Housing Group, Inc.	215-598-3566	2324 Second Street Pike	Wrightstown	18940	Social Services	www.buckscounty.org/livingandworking/services/homeless-shelters
Chandler Hall Health Services, Inc.	215-860-4000	99 Barclay Street	Newtown	18940	Senior Services	ch.kendal.org/
Community Options	215-752-3729	340 E. Maple Avenue #102	Langhorne	19047	Disability Services	www.comop.org/

Social Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Falls Township Senior Center	215-547-6563	282 Trenton Road	Fairless Hills	19030	Senior Services	www.fallstwpseniorcenter.org/
St. Mary Family Resource Center	215 245-8563	2546 Knights Road	Bensalem	19020	Social Services	www.stmaryhealthcare.org/body.cfm?id=143
Levittown WIC Clinic	215 580-3570	7321 New Falls Road	Levittown	19055	WIC	www.pawic.com/local.php?cid=107
Life Rescue Mission	215 945-3983	260 Birch Drive	Levittown	19054	Homeless Shelter	
Lower Bucks/ Fairless Hills Family YMCA	215 949-3400	601 S. Oxford Valley Rd	Fairless Hills	19030	YMCA/YWCA	lbfymca.org/locations/fairless-hills-branch
Middletown Senior Citizens Center	215 945-2920	2142 Trenton Rd	Levittown	19056	Senior Services	N/A
Morrisville Senior Service Center	215 295-0567	31 E. Cleveland Ave	Morrisville	19067	Senior Services	www.morrisvilleseniorservicecenter.org/Home.html
Morrisville YMCA Child Care	215 736-8077	200 N. Pennsylvania Avenue	Morrisville	19067	YMCA/YWCA	www.lbfymca.org/locations/morrisville-branch
Neshaminy Activity Center	215 355-6967	1842 Brownsville Rd	Trevose	19053	Senior Services	neshaminyac.org/
Northampton Township Senior Center	215 356-8199	165 Township Road	Richboro	18954	Senior Services	www.northamptontownship.com/departments/senior-center-services.aspx
The Salvation Army	215 945-0717	215 Appletree Drive	Levittown	19058	Social Services	pa.salvationarmy.org/levittown
The Wellness Center at Fairless Hills YMCA	215 949-3400	555 S. Oxford Valley Road	Fairless Hills	19030	YMCA/YWCA	www.lbfymca.org/locations/fairless-hills-branch
Tri-Hampton YMCA (Newtown YMCA)	215 579-6200	190 S. Sycamore St	Newtown	18940	YMCA/YWCA	lbfymca.org/locations/tri-hampton-newtown-branch
United Way Bucks County	215 949-1660	413 Hood Ave	Fairless Hills	19030	Varied	www.uwbucks.org
Valley Youth House	215 442-9760	800 N. York Rd	Warminster	18974	Homeless Shelter	www.valleyyouthhouse.org/
Warminister WIC Clinic	215 442-1099	605 Louis Drive, Suite 508B	Warminster	18974	WIC	www.womeninfantschildrenoffice.com/warminster-wic-clinic-wc4052
Woods Services Inc.	215 750-4000	40 Martin Gross Dr	Langhorne	19047	Disability Services	www.woods.org/

Social Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
YWCA Bucks Landing Family Center	215 672-2974	120 E. Street Road, Apt. L4-2, L4-4	Warminster	18974	Social Services	www.uwbucks.org/resources/ywca-of-bucks-county/
YWCA Bucks Meadow Family Center	215 633-1768	3131 Knights Road, Apt. 6-20	Bensalem	19020	Social Services	www.uwbucks.org/resources/ywca-of-bucks-county/
YWCA Country Commons Family Center	215 639-5853	3338 Richlieu Road	Bensalem	19020	Social Services	www.uwbucks.org/resources/ywca-of-bucks-county/
YWCA Creekside Family Center	215 639-9550	2500 Knights Road, Apt. 160-01, 02	Bensalem	19020	Social Services	www.uwbucks.org/resources/ywca-of-bucks-county/
YWCA Glen Hollow Community Room	N/A	1100 Newportville Road	Croydon	19021	YMCA/YWCA	www.ywca.org/site/pp.asp?c=gwKUJbNYJxF&b=991971
YWCA Program Outreach Center	215 953-7793	2425 Trevose Road	Trevose	19053	YMCA/YWCA	www.ywca.org/site/pp.asp?c=gwKUJbNYJxF&b=991971

Social Assets- Eastern Montgomery County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Abington WIC Nutrition Center	215 887-8006	1128 Old York Road	Abington	19001	WIC	www.wicprograms.org/li/pa_19001_wic-office-abington
Abington YMCA	215 884-9622	1073 Old York Road	Abington	19001	YMCA/YWCA	philaymca.org/locations/abington/
CARIE	215 545-5728	1500 JFK Blvd	Philadelphia	19102	Senior Services	www.carie.org/
Cradle of Hope	215 572-5937	2238 Mount Carmel Ave	Glenside	19038	Homeless Services	cradleofhope.net/
Hatboro YMCA	215 674-4545	440 S. York Rd	Hatboro	19040	YMCA/YWCA	philaymca.org/locations/hatboro/
Penn Asian Senior Services	215 572-1234	6926 Old York Rd	Philadelphia	19126	Senior Services	passi.us/
Salem Adult Citizens	215 884-7664	610 Summit Ave	Jenkintown	19046	Senior Services	sbcoj.com/adultCitizens.aspx
Variety- The Children's Charity	215 735-0803	100 N. 18th St	Philadelphia	19103	Disability Services	varietyphila.org/

Social Assets- Northeast and North Philadelphia					
Name	**Phone**	**Address**	**Zip Code**	**Type**	**Website**
Juanita Park Older Adult Center	215 685-1490	1251 E Sedgley Ave	19134	Senior Services	www.angelfire.com/fl5/jpoac1/
Liddonfield Homes Senior Center	215 684-5950	8800 Jackson Dr	19136	Senior Services	
KleinLife: NE Phila	215 698-7300	10100 Jamison Ave	19116	Varied	kleinlife.org/
KleinLife: Rhawnhurst	215 745-3127	2101 Strahle Street	19152	Senior Services	kleinlife.org/adults-55/rhawnhurst/
Lutheran Settlement House Senior Center	215 426-8610	1340 Frankford Ave	19125	Senior Services	www.lutheransettlement.org/
Mann Older Adult Center	215 685-9844	3201 N 5th St	19140	Senior Services	
Northeast Family YMCA	215 632-0100	11088 Knights Rd	19154	YMCA/YWCA	philaymca.org/locations/northeast/
Northeast Older Adult Center	215 685-0576	8101 Bustleton Ave	19152	Senior Services	northeastolderadultcenter.org/
Olney Senior Program	215 424-4807	5900 N 5th St	19120	Senior Services	
Pathways to Housing Inc	215 390-6187	5201 Old York Rd	19141	Housing	dbhids.org/MAT
Peter Bressi Northeast Senior Center	215-831-2926	4744-46 Frankford Ave	19124	Senior Services	www.neccbh.org/peter-bressi-senior-center/

Social Assets- Northeast and North Philadelphia					
Name	**Phone**	**Address**	**Zip Code**	**Type**	**Website**
Philadelphia Brotherhood Mission	215 739-4517	401 East Girard Avenue	19125	Homeless Shelter	
Philadelphia Corp for Aging	215 765-9000	642 N Broad St	19130	Senior Services	www.pcacares.org/
Philadelphia Senior Center - Tioga Branch	215-227-9999	1531 W Tioga St	19140	Senior Services	philaseniorcenter.org/
Port Richmond Senior Center	215-685-9980	3068 Belgrade	19134	Senior Services	www.pcacares.org/service_provider/port-richmond-senior-center/
St Anne's Senior Citizen Center	215-423-2772	2607 E Cumberland St	19125	Senior Services	stannesseniorcenter.org/about/
St Bernard Satellite	215 624-5920	7340 Jackson St	19136	Senior Services	
WIC Aramingo Office	215 533-9597	2401 E Tioga St # A-4	19134	WIC	www.fns.usda.gov/wic/wic-contacts
WIC Frankfourd Ave Office	215 414-7000	4806 Frankford Ave	19124	WIC	www.fns.usda.gov/wic/wic-contacts
WIC Northeast Office	215 745-7251	7959 Bustleton Ave	19152	WIC	www.fns.usda.gov/wic/wic-contacts

Appendix D - Food Assets Listing

Food Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Active Acres Farms	215-860-6855	429 Stoopville Rd	Newtown	18940	Farmers Market/ Produce Stand	www.activeacresfarm.com
Amish Bristol Market	215-826-9971	498 Green Lane	Bristol	19007	Farmers Market/ Produce Stand	www.bristolamishmarket.com/
Bristol Amish Market LLC	215-826-9971	498 Green Lane	Bristol	19007	Farmers Market/ Produce Stand	www.bristolamishmarket.com/
Bristol Borough Community Action Group, Inc.	215-785-3296	99 Wood Street	Bristol	19007	Food Pantry	www.foodpantries.org/li/bristol-borough-community-action-group-inc
Cares Cupboard	215-750-7651	152 Monroe Street	Penndel	19047	Food Pantry	N/A
Charlann Farms	215-493-1831	586 Stony Hill Rd	Yardley	19067	Farmers Market/ Produce Stand	www.charlannfarms.com/
Coordinating Council of Health and Welfare	215-672-9422	73 Downey Drive	Warminster	18974	Food Pantry	www.foodpantries.org/li/coordinating-council-of-health-and-welfare-emergency-food-cupboard
Cornwalls United Methodist Church Harvest Ministry	215 639-5644	2284 Bristol Pike	Bensalem	19020	Food Pantry	cornwellsumc.org/harvest-ministries/
Country Commons Family Center Food Pantry	215-639-5853	3338 Richlieu Rd	Bensalem	19020	Food Pantry	www.foodpantries.org/li/ywca-of-bucks-county-country-commons-family-center-food-pantry
Emergency Relief Association of Lower Bucks County	215-547-1676	8525 New Falls Road	Levittown	19054	Food Pantry	www.ucclevittown.org/#!era/cfi3
Fairless Hills Produce Center	215-428-2420	636 Lincoln Highway	Fairless Hills	19030	Farmers Market/ Produce Stand	fhproduce.com/
Family Service Association of Bucks County	215-757-6916	4 Cornerstone Dr.	Langhorne	19047	Food Pantry	www.fsabc.org/

Food Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Fatima Catholic Outreach Center	215 639-4254	2913 Street Rd	Bensalem	19020	Food Pantry	www.whitepages.com/business/PA/Bensalem/fatima-catholic-outreach-center/b-158pns2
Greater Works Food Pantry	215-741-0525	5918 Hulmeville Road	Bensalem	19020	Food Pantry	www.foodpantries.org/li/greater-works-food-pantry
Jesus Focus Ministry	215-953-2000	1150 Bristol Road	Southampton	18966	Food Pantry	www.facebook.com/jfmpantry?rf=111665482197957
Langhorne FM	215-436-7448	E Richardson Ave	Langhorne	19047	Farmers Market/ Produce Stand	www.facebook.com/Langhorne-Borough-Farmers-Market-525475107572780/
Loaves and Fishes Pantry	215-946-5800	840 Trenton Road	Fairless Hills	19030	Food Pantry	N/A
Mary's Cupboard	215-949-1991	100 Levittown Parkway	Levittown	19054	Food Pantry	N/A
Milk House Farm Market	215-852-4305	1118 Slack Rd	Newtown	18940	Farmers Market/ Produce Stand	www.milkhousefarmmarket.com/
Morrisville Presbyterian Church	215-295-4191	771 N. Pennsylvania Avenue	Morrisville	19067	Food Pantry	mpcusa.net/
No Longer Bound Bristol	215-788-9511	5723 Watson & Norton Ave	Bristol	19007	Food Pantry	pa211.communityos.org/zf/profile/service/id/1582742
Penndel Food Pantry	215-750-4344	349 Durham Road	Penndel	19047	Food Pantry	N/A
Perkasie Farmers Market	215-257-5065	7th & Market St	Perkasie	18944	Farmers Market/ Produce Stand	www.facebook.com/PerkasieFarmersMarket
Philadelphia Christian Center		2990 Street Road	Bensalem	19020	Food Pantry	philachristiancenter.org/
Playwicki Farm Farmers Market	215-357-7300	2350 Bridgetown Pike	Feasterville	19053	Farmers Market/ Produce Stand	www.playwickifarm.org/
Produce Connection	215-788-6552	851 New Rodgers Road	Bristol	19007	Farmers Market/ Produce Stand	N/A
Snipes Farm and Education Center	215-295-1139	890 West Bridge Street	Morrisville	19067	Farmers Market/ Produce Stand	www.snipesfarm.org/
Solly Brothers	215-357-2850	707 Almshouse Rd	Ivyland	18974	Farmers Market/	www.sollyfarm.com/

Food Assets- Lower Bucks County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
					Produce Stand	
Soulful Blessings Bristol	215-788-1440	640 Race Street	Bristol	19007	Food Pantry	www.foodpantries.org/li/soulful-blessings
Styer Orchard Inc	215-712-9633	97 Styers Lane	Langhorne	19047	Farmers Market/ Produce Stand	www.styerorchard.com/
The Market at Styer Orchards	215-757-7646	1121 Woodbourne Road	Langhorne	19047	Farmers Market/ Produce Stand	newsite.styersmarket.com/
Thorpe Farmstand and Garden Center	215-862-4237	371 Stoneybrook Road	Newtown	18940	Farmers Market/ Produce Stand	N/A
Tifereth Israel Food Pantry	215-752-3468	2909 Bristol Rd	Bensalem	19020	Food Pantry	N/A
Wrightstown FM	215-378-3284	2203 Second St Pike	Wrightstown	18940	Farmers Market/ Produce Stand	wrightstownfarmersmarket.org/

Food Assets- Eastern Montgomery County						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Berachah Church Food Cupboard	215 379-8700	400 Ashbourne Road	Cheltenham	19012	Food Pantry	www.berachahchurch.org/food-pantry
Beth Sholom Congregation	215 887-1342	8231 Old York Road	Elkins Park	19027	Food Pantry	www.bethsholomcongregation.org/mitzvah-food-pantry
Calvary Assembly of God	215 886-0404	7910 Washington Lane	Wyncote	19095	Food Pantry	calvarywyncote.com/
Creekside Coop Market	215 557-4480	7909 High School Rd	Elkins Park	19117	Farmers Market/Produce Stand	creekside.coop
Glenside Farmers Market	215 565-6422	Glenside Ave. & Easton Rd.	Glenside	19038	Farmers Market/Produce Stand	agmap.psu.edu/businesses/index.cfm?fid=4684
Jenkintown Farmers Market	267 626-0030	Leedom St & Greenwood Ave	Jenkintown	19046	Farmers Market/Produce Stand	www.facebook.com/Jenkintown-Farmers-Market-111260468909750/
Jenkintown United Methodist	215 886-7250	328 Summit Avenue	Jenkintown	19046	Food Pantry	N/A
Jenkintown Wholefoods FM	215 481-0800	1575 The Fairway	Jenkintown	19046	Farmers Market/Produce Stand	www.wholefoodsmarket.com/stores/jenkintown
Loaves and Fishes Jenkintown United Methodist Church	215 886-7250	328 Summit Avenue	Jenkintown	19046	Food Pantry	food.jenkintown.net
Mitzvah Klein Food Pantry	215 698-7300	10100 Jamison Avenue	Philadelphia	19116	Food Pantry	www.jewishphilly.org/programs-services/mitzvah-food-project/about-mitzvah-food-project
New Life Presbyterian Church-Glenside	215 576-0892	567 N. Easton Road	Glenside	19038	Food Pantry	www.newlifeglenside.com
Willow Grove SDA Church	215 657-8364	1556 Fairview Ave	Willow Grove	19090	Food Pantry	willowgroveadventist.org

Food Assets- Northeastern and North Philadelphia					
Name	**Phone**	**Address**	**Zip Code**	**Type**	**Website**
AID for Friends	215 464-2224	12271 Townsend Road	19154	Food Pantry	www.aidforfriends.org/
Bethany AME Church	215 464-8381	8898 Ashton Road	19136	Food Pantry	
Bethel Baptist Church	215 426-1909	2210 E. Susquehanna Avenue	19125	Food Pantry	www.bbcphilly.com/food-pantry.html
Bethel Fellowship Franklin Mills	215 824-3000	903 Franklin Mills Circle	19154	Food Pantry	networks.whyhunger.org/organization/view/17970
Bethel Temple Community Bible	215 423-0986	228 E. Allegheny	19134	Food Pantry	www.betheltemplechurch.net/manna-bread-of-life-food-pantry
Bridesburg United Methodist Church	215 288-7505	2717 Kirkbride St	19137	Food Pantry	bridesburgmethodist.com/bridesburgmethodistchurch/Food_Pantry.html
Campbell AME Church	215 288-2748	1657 Kinsey Street	19124	Food Pantry	www.hungercoalition.org/food-pantries/campbell-ame-church-0
Casa Del Carmen	215 329-5660	4400 North Reese Street	19140	Green light food pantry	
Cast Your Cares	215 634-7445	2438 Kensington Ave	19125	Food Pantry	www.castyourcares.org/
Catholic Social Services	215 624-5920	7340 Jackson Stree	19136	Food Pantry	cssphiladelphia.org/?s=food
Cornerstone Community Church	215 426-3644	3167 Frankford Ave	19134	Food Pantry	www.cccphilly.com/index.html
Drueding Center	215 769-1830	413 W. Master Street	19122	Green light food pantry	www.druedingcenter.org/
Faith Assembly of God	215 535-8599	1926-1940 Margaret Street	19124	Food Pantry	www.hungercoalition.org/food-pantries/faith-assembly-god-0
Feast of Justice	215 268-3510	3101 Tyson Avenue	19149	Food Pantry	www.feastofjustice.com/copy-of-programs
Food and Wellness Network (FAWN)	215 346-7976	4200 Frankford Ave	19124	Food Pantry	volunteer.unitedforimpact.org/need/detail/?need_id=259791
Frankford Transportation Center Farmers Market		Frankford and Bustleton Aves	19124	Farmers Market	thefoodtrust.org/farmers-markets/market/frankford-transportation-center
Greater Philadelphia Asian Social Services Center	215 456-1662	4943 North 5th Street	19120	Food Pantry	www.gpasspa.org/

Food Assets- Northeastern and North Philadelphia					
Name	**Phone**	**Address**	**Zip Code**	**Type**	**Website**
Greensgrow Farmstand	215 427-2780 ext 5	2501 E Cumberland St	19125	Farmers Market	www.greensgrow.org/farmstand/
Holmecrest Residents Council		8133 Erdrick Drive	19136	Food Pantry	
Holy Innocents Social Minsistry	215-743-2600	1337 East Hunting Park Avenue	19124	Food Pantry	networks.whyhunger.org/organization/view/18001
Holy Redeemer Food Cupboard	215 856-1370	12265 Townsend Road	19154	Food Pantry	www.hungercoalition.org/food-pantries/holy-redeemer-food-pantry-pa-0
Hunting Park Farmer's Market		W Hunting Park Ave & Old York Rd,	19140	Farmers Market	
Iglesia Cristiana Avivamiento	215 856-3932	5500 Tabor Rd	19120	Food Pantry	www.avivamientophilly.com/food-with-love.html
Jewish Relief Agency	215 281-1101	10980 Dutton Road	19154	Food Pantry	www.jewishrelief.org/philly-food-distributions.html
Lifeway Baptist Church	215 990-2648	9554 Bustleton Avenue	19115	Food Pantry	www.lifewaybc.org/god/
Living Water United Church	267 388-6081	6250 Loretto Avenue	19111	Food Pantry	www.lwucc.org/
Lutheran Settlement House Senior Center	215-426-8610	1340 Frankford Ave	19125	Food Pantry	www.lutheransettlement.org/healthandnutritionat/
Mayfair Night Market		7300 Frankford Ave	19136	Farmers Market	
Mizpah SDA Church	215) 535-5995	4355 Paul Street	19124	Food Pantry	www.mizpahsda.org/ministries/community-services
Mitzvah Food Project Klein	215 832-0509	10100 Jamison Avenue	19116	Food Pantry	jewishphilly.org/need-help/direct-services/serving-vulnerable-populations/mitzvah-food-program/
Mount Nebo SDA Church	267 335-5198	5704 Fairhill Street	19120	Food Pantry	shekinapa.adventistchurch.org/#about
Oxford Circle Farmer's Market		900 E Howell St	19149	Farmers Market	
Oxford Village	215 807-2680	6150 Algon Avenue	19111	Food Pantry	www.hungercoalition.org/food-pantries/oxford-village-food-cupboard
Park and Tabor's Farmers Market		North Park Avenue and Tabor Road	19120	Farmers Market	

Food Assets- Northeastern and North Philadelphia					
Name	**Phone**	**Address**	**Zip Code**	**Type**	**Website**
Philadelphia Brotherhood Rescue Mission - Community Food Pantry	267 581-2755	401 East Girard Avenue	19125	Food Pantry	www.hungercoalition.org/food-pantries/philadelphia-brotherhood-rescue-mission-o
Powers Park Farmers Market		Almond and East Ann Streets	19134	Farmers Market	
River of Life Philadelphia	267-639-0314	701 E. Cornwall Street	19134	Food Pantry	www.riveroflifephil.com/ministries.html
Salvation Army - Citidel	215 722-5447	5830 Rising Sun Ave.	19120	Food Pantry	www.hungercoalition.org/food-pantries/salvation-army-citadel
Salvation Army Pioneer Corps	215.739.2365	1920 E. Allegheny	19134	Food Pantry	pa.salvationarmy.org/greater-philadelphia/food--shelter
Simple Way	215 423-3598	3234 Potter Street	19134	Food Pantry	www.thesimpleway.org/new-page/
St. Francis Inn	215 423-5845	2441 Kensington Ave	19125	Food Pantry	stfrancisinn.org/
St, Helena Food Cupboard	267 900-5935	6161 North 5th Street	19120	Food Pantry	www.hungercoalition.org/food-pantries/st-helena-food-bank
St. Michael's Lutheran Church	215 423-0792	2139 E. Cumberland Street	19125	Food Pantry	stmichaels1871.webs.com/
Saint Paul's Evangelical Lutheran Church	215 424-4800	5918 North 5th Street	19120	Food Pantry	pa211.communityos.org/zf/profile/service/id/1579088
Somerton Interfaith Food Bank	215 673-1117	510 Somerton Ave.	19116	Food Pantry	somertonfoodbank.webs.com/
Star of Hope Baptist Church	215 332-8320	7212 Keystone Street	19135	Food Pantry	www.hungercoalition.org/food-pantries/star-hope-baptist-church-community-food-cupboard
Triumphant Faith International Worship	215 324-7376	5316 Rising Sun Avenue	19120	Food Pantry	www.tfiwc.org/ministries
True Vine Community Church	267 908-4982	4610 Devereaux Street	19135	Food Pantry	www.blessphiladelphia.com/food-pantry/
Turning Points Frankford	215-268-5845	4346 Frankford Ave	19124	Food Pantry	www.nhc.fns.usda.gov/nhc/573721

Appendix E- Other Assets Listing

Other Assets- Bucks and Montgomery Counties						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Abington – Jefferson Health Clinics Information	215-481-2000	1200 Old York Road	Abington	19001	Other	www.jefferson.edu/abington
Aiding Our Neighbors	215-968-6208	188 S Canal St	Yardley	19067	Clothing	www.uwbucks.org/resources/aiding-our-neighbors/
Alzheimer's Association, Delaware Valley Chapter	800-272-3900	620 Freedom Blvd., Sute 101	King of Prussia	19046	Other	www.alz.org/delval/
Apple Child Care Services, Inc. Bucks County CCIS	215 348-1283	70 W. Oakland Avenue, Suite 102	Doylestown	18901	Children Services	www.buckschildcare.com
Bethany Christian Services of the Greater Delaware Valley	215 376-6200	7827 Old York Road	Elkins Park	19027	Children Services	www.bethany.org/philadelphia
Bridge of Hope BuxMont	267 932-8368	121 East Chestnut Street, Suite 205	Souderton	18964	Other	buxmont.bridgeofhopeinc.org/contact-us/general-contact-information/
Bucks County Association for the Blind And Visually Impaired – Thrift Shop	215 968-2010	400 Freedom Drive	Newtown	18940	Clothing	www.bucksblind.org/index.php?option=com_content&view=article&id=47&Itemid=57
Bucks County Children & Youth	800 282-5785	2325 Heritage Center Drive	Furlong	18925	Bridge Housing Program	www.buckscounty.org
Bucks County Health Department	215 348-6000	55 East Court Street	Doylestown	18901	Other	www.buckscounty.org/government/healthservices/Health Department
Bucks County Intermediate Unit #22	800 770-4822	705 Shady Retreat Road	Doylestown	18901	Bridge Housing Program	www3.bucksiu.org/site/default.aspx?PageID=1
Care & Share Thrift Shoppes, Inc.	215 723-0315	783 Route 113	Souderton	18964	Clothing	www.careandshareshoppes.org
Catalyst Center for Nonprofit Mangement	215 345-2727	936 Easton Rd	Warrington	18976	Other	catalystnonprofit.com/
Child, Home & Community, Inc.	215 348-9770	204 N. West St., Suite 101	Doylestown	18901	Children Services	www.chicinfo.org
Community Connection- Navicate	610 278-3522	Human Services Center 1st Floor 1430 DeKalb Street	Norristown	19401	Other	www.montcopa.org/index.aspx?NID=1586
Emilie United Methodist Church	215 945-5502	7300 New Falls Rd	Fairless Hills	19030	Clothing	emilieumc.com

Other Assets- Bucks and Montgomery Counties						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
Family Service Association of Bucks County	215 757-6916	4 Cornerstone Drive	Langhorne	19047	Children Services	www.fsabc.org
Lutheran Children and Family Service	215 881-6800	1256 Easton Road	Roslyn	19001	Children Services	www.lcfsinpa.org
MCC, Inc. (Maternal Child Consortium) & Warwick Family Services	267 525-7000	800 Clarmont Avenue	Bensalem	19020	Children Services	www.warwickfamilyservices.com
Montgomery County Health Department	610 278-5117	1430 DeKalb Street PO Box 311	Norristown	19404	Other	www.montcopa.org/index.aspx?nid=513
New Clothing Outreach Ministry c/o Evangelical Fellowship Chapel	215 355-9529	21 Beechwood Drive @ County Line Rd.	Huntingdon Valley	19006	Clothing	www.jlc.org/resources/county-resource-guide/bucks/new-clothing-outreach-ministry
Pennsylvania Department of Human Services	717 798-9019	P.O. Box 2675	Harrisburg	17105	Other	www.dhs.pa.gov/Feedback/index.htm#.VmG4HtCwOec
Personal Navigator Program of VNA	215 572-7880	1421 Highland Avenue	Abington	19001	Other	www.vnacs.org/index.php?page=personal-navigator-program
Roslyn Boys & Girls Club	215 572-1520	2818 Hammond Plaza	Roslyn	19001	Other	www.rbgclub.org
Souderton Area School District	215 723-6061	760 Lower Rd	Souderton	18964	Other	www.soudertonsd.org/
Successful Steps	215 781-8829	1230 New Rodgers Road, Suite F-3	Bristol	19007	Children Services	N/A
Suited For Success	215 781-0200	1230 Norton Avenue	Bristol	19007	Clothing	N/A
Sunday Breakfast Rescue Mission	215 741-1010	71 Bellevue Avenue	Penndel	19040	Clothing	www.sundaybreakfast.org
Teen Center	215 757-7823	Oxford Valley Mall (between JC Penney and Macy's) 2300 E. Lincoln Highway	Langhorne	19047	Children Services	www.fsabc.org/program/teen-center/
The Baby Bureau	215 688-0538	225 Newton Road	Warminster	18974	Clothing	thebabybureau.org/
The Housing Link	800 810-4434	275 Market St #509	Nationwide	19001	Housing	www.housinglink.org
The Partnership TMA of Montgomery County	215 997-9100	595 Bethlehem Pike	Montgomeryville	18936	Other	www.ptma-mc.org/

Other Assets- Bucks and Montgomery Counties						
Name	**Phone**	**Address**	**City**	**Zip Code**	**Type**	**Website**
The Riders Club Cooperative	215 836-1376	P.O Box 523	Flourtown	19031	Transportation	www.ridersclubcoop.org/
Valley Youth House (Bucks County)	215 442-9760	800 N. York Road, Bldg. #22	Warminster	18974	Children Services	www.valleyyouthhouse.org

Other Assets – Serving Northeastern and North Philadelphia					
Name	Phone	Address	Zip Code	Type	Website
Associated Services for the Blind and Visually Impaired	215 627-0600	919 Walnut Street	19107	Vision problems	asb.org/
BeeHive Thrift Store SBRM	215 922-6400 ext. 1036	7136 Rising Sun Ave	19111	Clothing	www.sundaybreakfast.org/what-we-do/thrift-store/
Circle Thrift	215 423-1222	2233 Frankford Ave	19125	Clothing	www.circlethrift.com/
Drueding Center	215 769-1830	413 W. Master Street	19122	Housing, lifeskills	www.druedingcenter.org/
First Class Thrift Store	4 84 800-1781	6392 Castor Ave	19149	Clothing	
Jewish Children and Family Services	267 256-2250	7901 Bustleton Avenue, Suite 206	19152	Senior Services, Counseling and Care Management	www.jfcsphilly.org/
Lighthouse Thrift Store	215 745-8780	6515 Rising Sun Ave # 1	19111	Clothing	
Marie's Closet	215 634-1510	2439 Kensington Ave	19125	Clothing	stfrancisinn.org/ministries/maries-closet-thrift-store/
Philadelphia Children and Youth	215 683-4347	1515 Arch St	19102	Children Serivces	beta.phila.gov/departments/department-of-human-services/
Philadelphia Department of Health	*215 686-1776*			Varied	www.phila.gov/health/
Rhawnhurst NORC (Naturally-occuring retirement community)	215 320-0351	8546B Bustleton Avenue	19111, 19114, 19115, 19116, 19149, 19152	Varied	jewishphilly.org/need-help/direct-services/serving-vulnerable-populations/northeast-norc/
The Riders Club Cooperative	215 836-1376	P.O Box 523, Flourtown	19031	Transportation	www.ridersclubcoop.org/
Urban Exchange Project	No listing	2050 Frankford Ave	19125	Clothing	urbanexchangeproject.com/
The VMC Thrift Store	267 731-6733	7128 Frankford Ave	19135	Clothing	www.vmcenter.org/

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