



Needs Assessment Report – 2008

A Health Survey of the Pottstown Area Community
Pottstown, PA

Released July, 2009



POTTSTOWN AREA
Health & Wellness
FOUNDATION

Promoting Healthy Living

www.pottstownfoundation.org

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Introduction

In 2003, the Pottstown Area Health & Wellness Foundation conducted its first Needs Assessment, reporting on the state of the community's health in the Pottstown area. Because it was the first of its kind for this community, the report was comprehensive in nature and included necessary background details such as the history of the area, its economy, its population as well as an assessment of local health. The information collected for the 2003 report was then compared to state and/or national data of the same kind in order to assess this region in context against those backdrops.

The information provided by that first Health Assessment in 2003 helped guide the Pottstown Area Health & Wellness Foundation (PAHWF) in the development of its four grant-making goals:

1. Reduce behavioral risks
2. Improve access to medical services
3. Enhance formal and informal supports
4. Improve the physical and social environment

PAHWF recently celebrated its fifth anniversary of community health and wellness grant giving, and has funded over \$11 million in projects in the four areas outlined above.

One of the purposes of the 2008 Needs Assessment is to compare the health and behaviors today to the baseline developed five years ago and to evaluate the community in its efforts to improve health and achieve healthier lifestyles. We were particularly interested in determining: in what areas are residents improving their health, what areas are in need of more work, what areas are remaining static, what are the community health concerns, what facilities do people use, where do they get their health information, to whom do they turn with health questions? These are some of the fundamental questions the 2008 Needs Assessment asks and attempts to answer in order to track changes in health and behavior that occur in the community over time.

Because the US Census is conducted on even decades every ten years, the 2008 Needs Assessments is somewhat like a standalone interim report, and it establishes the jumping off points upon which improvements may be made. The next Needs Assessment (2012) will closely follow the next US census chronologically and will add depth to the snapshot of our region by allowing further comparison of this area with the state and nation as a whole. A National Health Survey was conducted in 2007 by interviewers of the US Census Bureau for the Centers for

Disease Control and Prevention's National Center for Health Statistics, and that health survey is used in this Needs Assessment in lieu of US Census data to compare the Pottstown area to the US.

The "Pottstown Area Community" as referred to in this report is the area bounded by a circle with a ten-mile radius centered in Pottstown Borough, including seven school districts and 28 zip codes (See box on page 6 for a complete zip code list). For the purposes of the survey, the population was broken down by school district because there is a tremendous amount of preventive health and wellness work being done at the school district level and it is a relevant way to divide the area conceptually. **However, it is important to note that when sub-regions are referred to by school district name (as they are throughout the report), they are solely geographic designations and are not referencing any individual school districts beyond the geographic description.**

This area is in essence a microcosm of the nation as a whole, with an urban core represented by Pottstown Borough, surrounded by outlying suburbs and rural areas. The data of this study are similar to other geographic areas with similar populace mixes of larger scales. Likewise, the more affluent suburbs have pockets of lower income sub-populations within them, lending more heterogeneity to individual communities than might be assumed at first glance.

The 2008 Needs Assessment Report is based on data collected from a health survey, described below. The health survey was conducted in partnership with Natural Marketing Institute, a firm which studies test markets to gauge the impact of interests and attitudes on behaviors. A new component of the investigation in the 2008 health survey includes questions about people's motivation and level of interest regarding health. In order to move toward being a healthier community, it is first necessary to understand what people are interested in, not interested in, and motivated by. For those reasons, this survey asked what was important to people and what they would be interested in doing to improve their health, if they were interested at all. With this added layer of information, it is hoped that a greater understanding about motivation and behaviors can be gained.

This report attempts to combine the pure science of data collection and analysis with the real people behind the numbers. Several actual Pottstown area residents' stories, which reflect larger group beliefs and behaviors are summarized and are peppered throughout the report to personalize it and to add illustration to the statistical landscape.

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19457	19460	19464	19465	19468	19470	19472
19473	19475	19492	19503	19504	19505	19508
19512	19518	19520	19525	19542	19545	19548

Zip Codes included in 2008 Health Survey

Methodology

Following the same methodology as the Needs Assessment of 2003 (published in 2005), the 2008 Needs Assessment began with an in-depth Qualitative survey, followed by a Quantitative component: both are described below. The Qualitative segment consisted of hour-long interviews with 25 community residents comprising a broad demographic mix geographically, economically, and educationally. In the 2003 Needs Assessment Qualitative section, 70 residents were chosen to be interviewed based on their longevity, leadership, and familiarity with the community. In contrast, the 2008 Needs Assessment Qualitative section interviewed 25 community members who were selected for demographic breadth and diversity.

Interviewees were asked to discuss their health, their lives, and their communities. Respondents were given disposable cameras to record their environments, communities and health & wellness as seen through their eyes. Latino respondents were intentionally over-represented in this section of the research in order to ensure that this growing population was understood and heard. In-person interviews were conducted at four different sites in the region; participants were offered a stipend for their time.

The purpose of the Qualitative segment was to conduct in-person interviews to enrich and deepen the Quantitative component of the research. While the twenty-five hour-long interviews added context to the overall study, it is important to note that they serve principally as a backdrop for the statistically significant portion of the research, the Quantitative Investigation.

How do our neighbors live?

Genevia – A retired senior who lives and breathes being fit for life, swims daily at 5:30 AM, eats a low carbohydrate, low fat, high fiber diet, and considers health and wellness to be the only way of life. She enjoys working hard to stay healthy and puts a great effort into maintaining this lifestyle. Eating healthy and exercising regularly are choices that have become lifelong habits and now come naturally for Genevia and people like her, who strive to do whatever it takes to be healthy.

The Quantitative portion of the Needs Assessment was performed by interviewing 1402 adult residents over the telephone. A telephone survey organization was engaged by the consulting firm, NMI, to conduct the 71-item questionnaire. Respondents were selected to represent a statistically diverse range of educational background, age, gender, economic status, and geographic location. Telephone interviews lasted approximately thirty minutes. The respondents were selected randomly and screened to result in a pool of participants reflecting a balance in gender and residence throughout the entire geographical Pottstown area.

The questionnaire consisted of 71 questions of various types: multiple parts, yes-no, ranking on a numeric scale, etc. The questions, wherever possible, were left unchanged from the previous Needs Assessment to ensure reproducibility of data over time*. The Quantitative survey's intent was to capture insights into the following areas:

- Self-assessed health status
- Availability of health care services
- Presence of medical conditions
- Tobacco, alcohol, and drug use
- Nutrition
- Physical activity and weight control
- Mental health

Note: This study was conducted with a random sample of the population and is scientifically valid. By chance, the sample population selected was older than the average population of 36.8 years. The implications of this slightly older population may show results that reflect generational differences in attitudes, health status, and behaviors to a more pronounced degree than would be demonstrated by a younger population.

*Several of the questions, however, were changed in order to improve the quality of the data collected.

Results

Qualitative Investigation

The Qualitative portion revealed a broad range of lifestyles, health status, and attitudes on health and wellness in the Pottstown area. There are several distinct groups that illustrate this range of attitudes and behaviors. At one end of the spectrum, one such group goes to great lengths to be as healthy as possible and is actively engaged in its attempt to maximize good health. This group is also interested in learning about healthy living, is pro-active, and engages in positive lifestyle behaviors such as good nutrition and exercise, avoiding unhealthy behaviors such as smoking, etc. This group believes achieving and maintaining health is paramount and makes a large effort to be healthy, even if substantial lifestyle modification and effort are required. A second group, at the other extreme, does not go to great lengths to engage in healthy behaviors but does so knowingly and by choice, as this group isn't greatly concerned about health. While the majority of people fall in between these two extremes, this illustrates the diversity of views and behaviors held in the same community and are not unlike what is found in the nation as a whole.

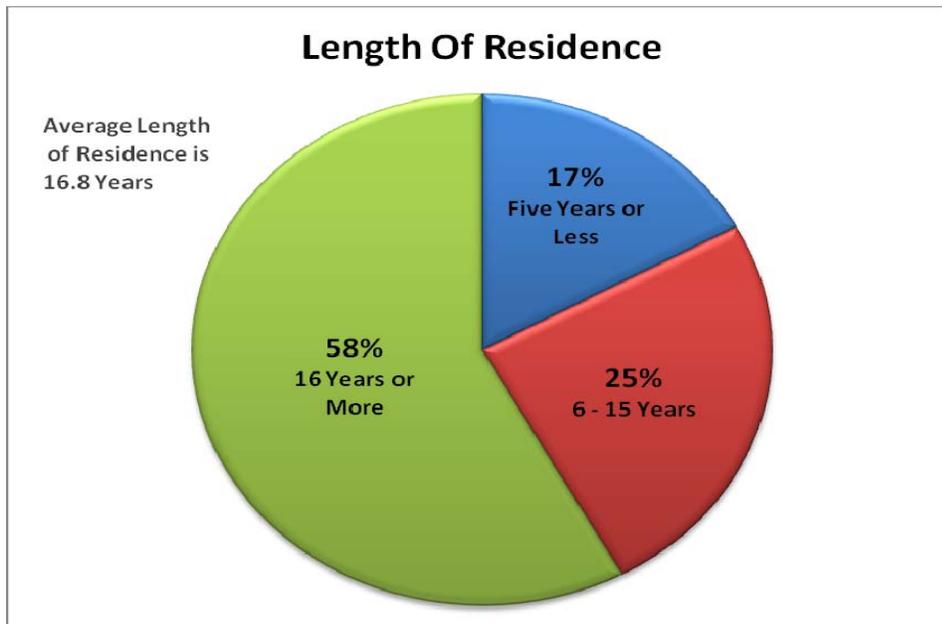
Results

Quantitative Investigation

Demographics

The surveyed population of 1402 adults is older than the overall population, with almost half of those taking the survey in the over 55 age group (46%). Thirty-five percent of the people surveyed are ages 4-54, and 19% are under 40 years old. The average age is 53 years old (average age in PA, 36.8 years). Pottstown residents have the oldest average age (54.7 years), and Perkiomen Valley has the youngest average age (50.3 years). Males and females are equally represented. Seventeen percent of people have moved to the area in the last five years (3% fewer than the 20% of the last survey), 25% have lived here for 6-15 years, and 58% have lived here for 16 or more years (See Chart 1). Perkiomen Valley area has the highest percentage of people who have moved here in the last 5 years (21%), and Spring-Ford has the highest percentage of people who have lived here more than five years (89%). The average length of time lived here is 16.8 years. Seventy percent of those 55 and over have lived in the area for 21 years or more.

Ninety-four percent of residents identify themselves as white, 3% as African-American, 2% as Hispanic, and 1% as other (See Chart 2). In the 2000 US Census, the population breakdown was 75% white, 12.3% Black/African American, 3.6% Asian, and 9.9% Other. Twelve point five percent were of Hispanic origin (Hispanic can be of any race). The average household size is 2.8 people, with the number of children fairly evenly distributed by age, with slightly fewer in the youngest age group. Fifty-six percent of people report having no children (49.5% nationally). Over 80% of people have Internet access.



Much of the Pottstown Area Community has lived here for a long time. It is a fairly settled and maturing population, with a slowing in the rate of influx compared with five years ago.

Chart 1 – Length of Residence – Pottstown Area

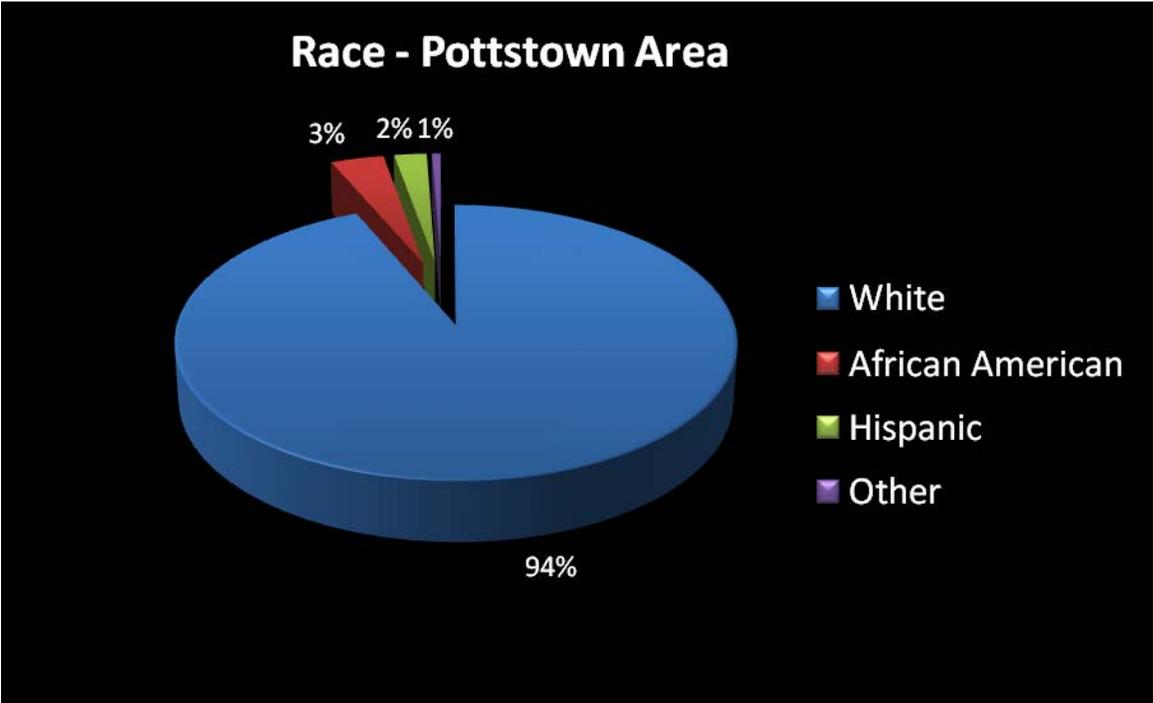


Chart 2 – Race – Pottstown Area

The area is overwhelmingly white, which is not significantly different from five years ago.

Income

Fifty eight percent of households have an income below \$75,000, and 42% earn over \$75,000. The highest proportion of people making under \$75,000 live in Pottstown, and the highest proportion of people making over \$75,000 live in Collegeville. The top three median income districts are Perkiomen Valley (\$86,130/yr), Owen J. Roberts (\$78,280/yr), and Spring-Ford (\$76,800/yr). In contrast, Pottstown has the lowest median income, at \$39,480/yr. This is 20% lower than the PA median income of \$49,155 (2006 and 2007) and the US median income of \$50,233 (2007). In the region as a whole, the mean income is \$76,890 per year, and median income is \$65,200 per year.

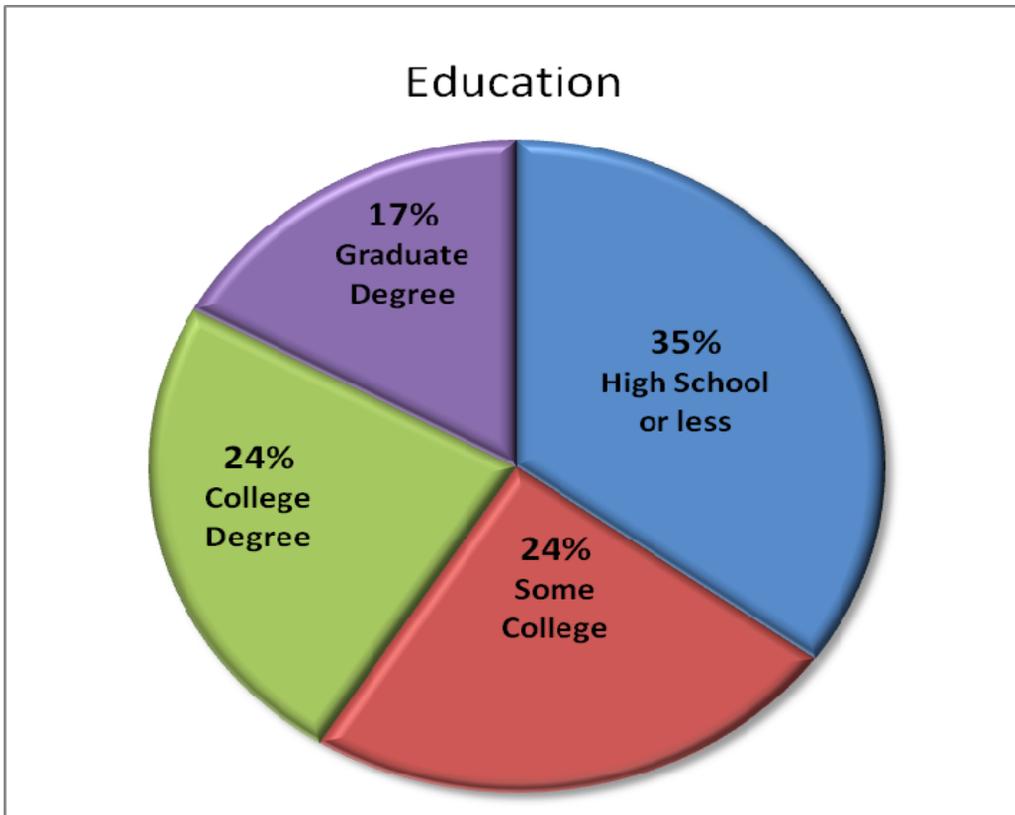


Chart 3 – Education – Pottstown Area

This is an educated area - Nationally, 27% of people have a college degree or higher (2007).

Education

In the region as a whole, 35% of people have a high school degree or less, 25% have some college but did not complete a bachelor’s degree, 20% have a college degree, and 17% have a graduate degree (See Chart 3). This shows a decrease in percent of people with high school degrees or less (47% in 2003), no change in percentage with some college and college degrees, and there is an increase in percent with post-graduate degrees from 2003. The top three districts by education level attained are Perkiomen Valley, Owen J. Roberts, and Spring-Ford. Boyertown is in the middle, with Pottsgrove, Daniel Boone, and Pottstown making up the bottom three.

KEY FINDINGS

Health Self-Assessment

Twenty two percent of people report having excellent health, which is significantly higher than the 16% reported in 2003. Fifty eight percent of people surveyed reported excellent or very good health, slightly fewer than the nation's 61%. The percentage of people reporting good health, 26%, is the same as the nation, and a slightly higher percentage of people here, 16% report fair or poor health than the nation's 13%. This shows no change from 2003 (See Chart 4).

The average self-rating on quality of health is 3.6 out of 5 – a little more than half way between Good and Very Good. Over 70% of people with incomes over \$75,000 a year report Excellent or Very Good health: this is the single highest group of people reporting Excellent or Very Good health. Other groups reporting Excellent or Very Good health in high percentages are Perkiomen Valley School District, Owen J. Roberts School District, and people under 40 years old. The groups reporting the lowest levels of Good health are, by far, those with lower income, those in Pottstown, and those in Daniel Boone School District.

Health Conditions

The survey inquired about the following nine specific medical diagnoses: high cholesterol, obesity/overweight, major depression, diabetes, asthma, cancer (exclusive of skin cancer), chronic heart disease, chronic lung disease, and stroke. Two thirds of people report having at least one of the medical conditions inquired about in the past two years. Those over age 55 reported having a larger number of the nine conditions more frequently than most other groups. However, ALL the conditions were reported at significantly higher rates in the

How do our neighbors live?

Gary – A volunteer lifeguard who describes himself as a walking risk factor for physical problems, believes interpersonal relationships, a sense of belonging, and community are most important, preferring happiness and foods that taste good to pursuing physical health. At the opposite end of the spectrum of health concern from Genevia, Gary and people like him know they should eat healthier and exercise more but don't, because they don't believe that they can alter the eventual outcome. They prefer not to make efforts to change their behavior, but are aware that there may be a price to pay regarding their health. For them, enjoying the here and now are most important.

lower income groups and in Pottstown (except for diabetes, which is highest in Pottsgrove).

Percentages of people who report having those medical conditions are as follows:

	<u>Pottstown Area</u>	<u>US (2007)</u>	<u>Pottstown Area (2003)</u>
• Overweight/Obesity	66%	61%	66%
• High Cholesterol	32%	38%	26.8%
• Major Depression	12%	10%	10.5%
• Diabetes	11%	11%	7.3%
• Asthma	10%	7%	9.8%
• Cancer	9%	5%	7.5%
• Heart Disease	7%	11%	7.8%
• Lung Disease	4%	6%	8.5%
• Stroke	3%	3%	2.8%

Overweight/obesity is the most frequently reported condition at 66% of people overall, which is slightly higher than the national averages of 35% overweight and 26% obese (61% total).

Overweight/obesity is found in larger numbers of people over 55 (33%), in women (33%), and in Boyertown (36%). High cholesterol is the second most common medical condition reported, highest in Boyertown. Major depression is reported more by Pottstown residents, women and those with lower incomes. Rates of both high cholesterol and chronic heart disease are higher in men, in those over 55, and in those with lower incomes. Pottsgrove reports higher rates of diabetes (15.9%, compared with 10.6% of all those surveyed, which is still above the national average of 7.6%) than the other groups.

Perkiomen Valley has the lowest rate of medical conditions, which corresponds with its lowest average age. Owen J. Roberts has the second oldest population (after Pottstown), but surprisingly ranks second (after Perkiomen Valley, the youngest district) in people reporting they have none of the medical conditions (44.2% of Owen J. Roberts respondents report having none). In contrast, Pottstown (28.1%) and Daniel Boone (37%) residents report having none of the nine conditions the least frequently.

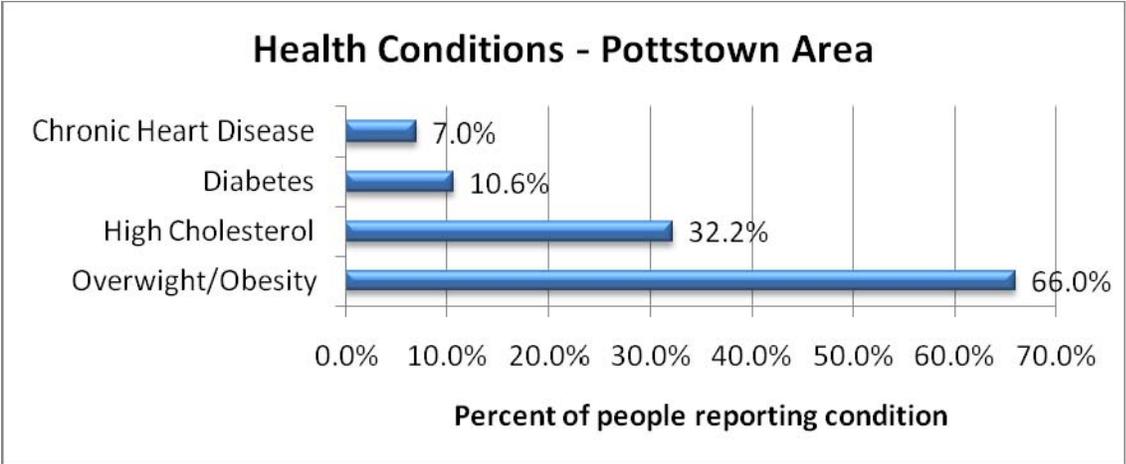


Chart 4 - Health Conditions – Pottstown Area

Overweight and obesity are widespread in this area.

Over the five year interval between surveys, there was no change in self-reported overweight/obesity. However, the proportion of people with high cholesterol increased by 5 percentage points and with diabetes increased 4 percentage points. Chronic lung disease decreased by five percentage points and the percentages of people reporting major depression, asthma, cancer, chronic heart disease, and stroke are not changed significantly over the time interval.

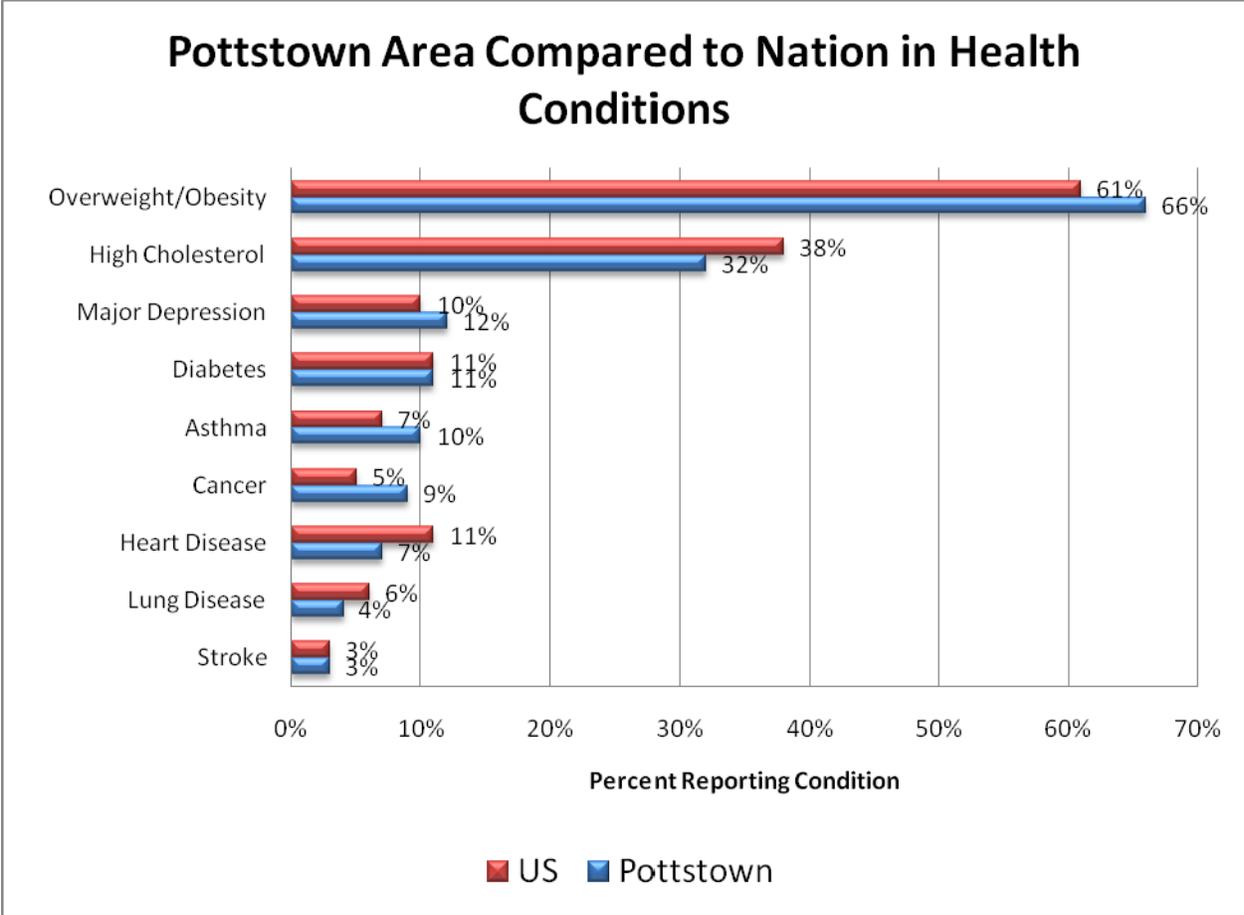


Chart 5 - Health Conditions – Pottstown Area Compared to US

Screenings

Overall, a high percentage of the population in all groups have regular screenings including breast self-examinations, mammograms, Prostatic Specific Antigen testing, and digital rectal exams, regardless of income. Younger and older women conduct breast self exams less than women ages 40-54, and about 70% of all women have had a mammogram in the past 2 years (down from 76% in 2003). More lower income women have had at least one mammogram than women with incomes over \$75,000. Ninety-eight point six percent of women have had a Pap smear, two thirds within the last year, although more women in the higher income group had their last Pap test more recently than women in the lower income group. The highest rate of women who have never had a Pap smear is found in Pottstown, at 4.2%, more than double the next highest rate of never having had a Pap smear in any other locality.

Health Behaviors

Over 70% of people report that they have made changes to improve their health, and those who have begun doing so starting at an average age of just under 39 years of age.

A large majority of people (77.3%) turn to a doctor for information when they have a health question or concern. The second leading health information resource is the Internet (35.6%), and the third leading source is friends or family (24.3%).

BMI/Weight

Body Mass Index (BMI) is a tool used to gauge body size by incorporating both weight and height measures. Being overweight (high BMI) increases the risk for a host of medical problems, and being obese (very high BMI) greatly increases the medical risk. Height and weight were reported by respondents, and BMI's were then calculated.

Two thirds of Pottstown area respondents report Body Mass Indexes that categorize them as overweight or obese (66%). Over a third of the adult population is overweight (38%), over a quarter have BMI's that categorize them as obese (27%), one third report having normal BMI's (34%), and 1% are underweight (See Chart 6). The largest proportion of people who report being overweight/obese is those over 55 (72%), has lower incomes (67%), and is male (75% of males, 57% of females). These trends reflect the same patterns as the nation, although the incidence of overweight and obesity are slightly higher here, and the proportion of people who report a normal weight is slightly lower in this area than in the nation. The location with the largest percentage of overweight/obese people is Pottstown by a very large margin (74%), followed by Daniel Boone (69%). The lowest overweight/obese groups are Owen J. Roberts and Perkiomen Valley, each with just over 61% who report being overweight/obese.

In the past two years, slightly more than half of people have changed their eating plans in order to lose weight, with higher rates in the groups earning over \$75,000, females, those under 55 years of age, and Pottsgrove.

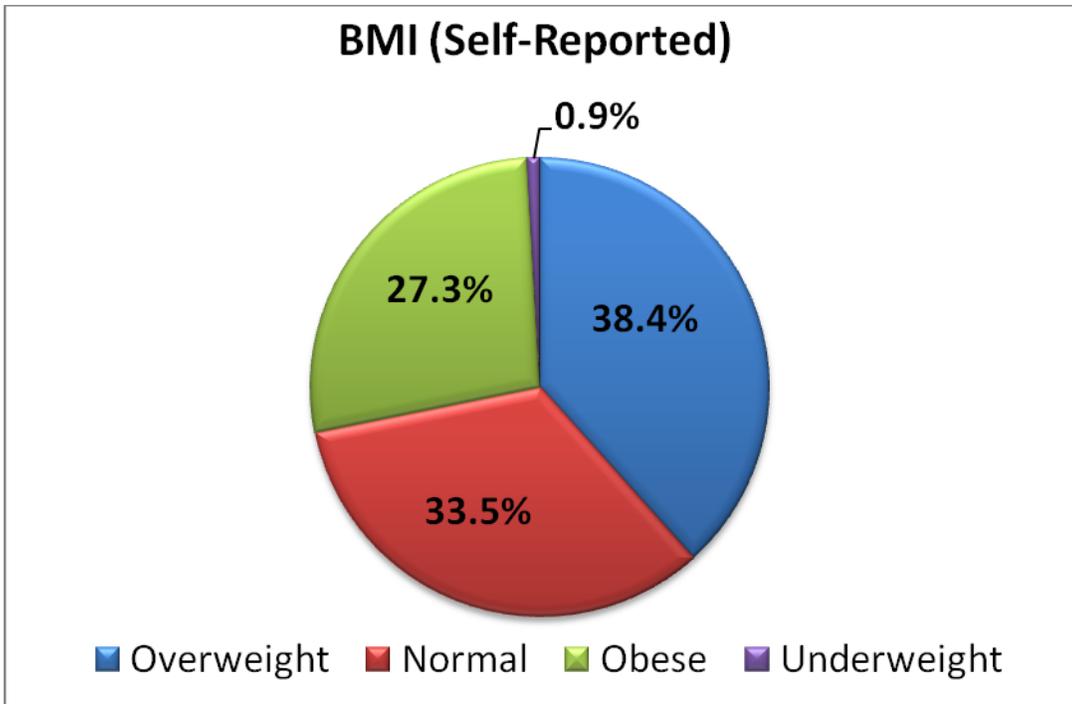


Chart 6 – Body Mass Index – Pottstown Area

Only a third of people are not overweight.

Smoking

The three categories of smokers in the Pottstown Area compared with the US are listed below and then discussed in more detail.

	Pottstown Area	US
Current smokers	20%	20%
Never smoked	55%	59%
Have quit smoking	25%	21%

- Although 20% of area residents are current smokers, this is a 4.2% decrease from the last survey
- Fewer people in this area have never been smokers than in the nation as a whole

- More people have quit than in the US overall
- Men and women smoke in equal proportions in the Pottstown area, whereas nationally, more men than women smoke (by 4%)
- The highest percentages of current smokers live in Pottstown and Boyertown, and the lowest percentage of current smokers live in Perkiomen Valley
- Fifty-five percent of people have never smoked, significantly lower numbers of younger people have ever smoked than older groups, and those over 55 smoke more cigarettes a day than younger smokers
- Forty percent of people under 40 have smoked at some time, although 53% of those do not smoke currently

These patterns imply that public health measures have helped shape behavior on the critical issue of smoking. Pottstown, Pottsgrove, and Daniel Boone have the highest percentage of people who currently smoke. The average number of cigarettes smoked is just under a pack a day. Those with low incomes smoke fewer cigarettes daily but have smoked for longer. Those with low incomes are also more likely to be current smokers and less likely to have quit than those with higher incomes, following the pattern of the country as a whole. Spring-Ford is a pocket with both the heaviest smokers and the largest percentage of people who never smoked, as well as the second highest length of time smoking (2nd after Pottstown).

Exercise

Thirty percent of people do not exercise (vigorously for more than 20 minutes), and 66% of people report exercising vigorously for 20 minutes or more at least three days per week. This is much higher than the nation, where 61% of people report that they do not exercise vigorously for even ten minutes or more, and 24% of people exercise for at least 10 minutes three days a week. The largest groups of those who do not work out are those earning less than \$75,000 per year, regardless of where they live, but

How do our neighbors live?

Kay – An uninsured dairy farmer who home schools her six children, has received free child immunizations for the past 16 years and feels that because the family is uninsured, they can't afford to get sick. People like Kay are dedicated to staying healthy and preventing health problems, believing that good nutrition plays a key role in wellness. This group believes nutrition is the primary tool for maintaining good health and tries to balance diet and exercise.

particularly Pottstown, Pottsgrove, and Daniel Boone residents. The group with the highest exercise frequency is Owen J. Roberts, which is also the group with the largest response that exercise is an essential part of life. The average frequency of exercise in all groups is 3.5 days per week (See Graph Below).

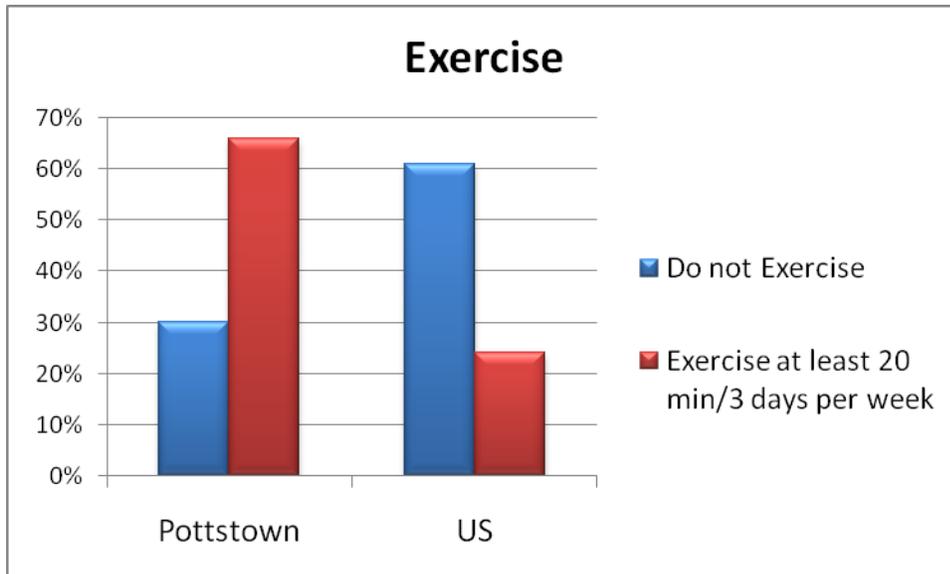


Chart 7 – Exercise Level – Pottstown Area and US

Many more people in this area exercise regularly than nationally, and nationally, many more people never exercise than here.

Diet and Nutrition

There is some inconsistency on the topic of diet and nutrition in this section of the survey. Many people express that they know what to eat, claim they eat healthy food, and value healthy eating as an important component of good health, but their reported behavior does not follow this knowledge. The majority of people (87.3%) consider eating healthfully to be a vital part of their life, feel it is important to eat nutritious foods (96.4%), read labels (76.4%), and only 12.8% of people eat fast food at least 2-3 times a week. However, almost three quarters (72.4%) say they should eat better but don't, over half eat unhealthy food when out at restaurants (55.1%), and well over a third (38.3%) say taste is more important than health. Here we see the dichotomy between knowledge and behavior when it comes to nutrition.

Owen J. Roberts and Boyertown rank highest on the question of importance of eating healthy foods. Pottstown, Pottsgrove, and Daniel Boone residents are more likely to choose products based on cost (all three), have a higher percentage of people who eat fast food at least 2-3 times a week (Pottstown), most often eat unhealthy foods when out at restaurants (Daniel

Boone and Pottstown), and know they should eat healthier but don't (all three). These districts in particular can benefit from programs directed at improving nutritional practices.

Across all groups, about half of people take a daily vitamin or mineral. In contrast, herbal supplements are never used at all by two thirds of people and only 14% of people use them daily.

Emotional Health

Over 75% of respondents say they have not struggled with an emotional problem for significant periods of time, but over half say they have sought help from a mental health professional in the past 2 years.

Pottstown and Daniel Boone report the highest rates of depression (17.6% and 16.2%) of all groups, with low income people reporting higher rates of depression than average as well. In a separate question, Daniel Boone and Pottstown reported the highest rates of having some type of emotional issue (over 30%). Although Owen J. Roberts residents report lower rates of any emotional issues (21%), of those who do, they have the highest rates of seeking help from mental health professionals (58.9%). In the national health survey, the way the questions were worded, 10% of respondents met the criteria for full diagnosable clinical depression and 13% for anxiety.

Stress/Stressors

The average reported level of stress is 4.5 on a scale of one to ten, with 11% of people reporting no stress at all, and 3.7% reporting maximal stress. Men report significantly lower levels of stress than women, and women aged 40-54 report the highest levels of stress. Stress level decreases with advancing age and increases with increasing income. Higher reported stress is significant in people who have moved to the area in the past 5 years. Owen J. Roberts reports the lowest stress level, and Pottstown and Daniel Boone report the highest.

Sixteen possible major life changes were listed. Over 70% of people reported at least one major life change in the last two years. Specifically, in order of descending frequency, the responses are:

- Health problems (26.5%)
- Death of a loved one (25.2%)
- Change in financial stability (24.8%)

- Job change or conflict (23.5%)
- Depression of self or loved one (20.3%)
- Move (11.5%)
- Loss of job (9.2%)
- Problem child (8.4%)
- Marriage (7.4%)
- Birth of child (6.8%)
- Other (6.7%)
- Drug dependency of loved one (6.6%)
- Divorce/separation/break-up (4.6%)
- Victim of crime (3.2%)
- Loss of home (1.3%)
- Imprisonment (.6%)

The most common life change reported is health problems, and the group with the highest percentage of having experienced any major life change is the under 40 age group.

The geographic area with the highest percentages of reported major life changes in the past two years is by far Pottstown. Pottstown, at 21.2%, has twice the rate of recent moves of any other district. Pottstown also had the highest rate of job change or conflict (30.1%), loss of job (14.1%), change in financial stability (33.5%), death of a loved one (32.5%), and divorce or break-up (8.2%). Daniel Boone is second highest after Pottstown in most of these adverse life change categories, including depression of self, loved one, or family member. The area with the highest percentage of people experiencing no reported major life change is Owen J. Roberts, which also reports the lowest rate of health problems, job change or conflict, is second lowest in recent move, loss of job, death of a loved one, and other adverse life events.

The rates of depression are much higher when it is referred to as a major life change rather than an emotional problem and when loved ones or family members are included in the question. When depression was referred to as a life change rather than as an emotional problem and self or loved one were inquired about, over 20% of people reported experiencing

depression as a major life change in the past 2 years. Groups with the highest reports of depression in self or loved one are:

- Women (24.5%)
- Those who have lived here five years or less (24.5%)
- Those under 40 (24.3%)
- Those with lower incomes (23.5%)

Geographically, Pottstown (27.4%) and Daniel Boone (25.1%) have by far the highest rates of self-reported depression of self or a loved one in the past two years. Spring-Ford has the lowest (14.1%); Owen J. Roberts has the second lowest (17.2%).

Other pertinent results are that Perkiomen Valley has the second highest rate of divorce or break-up (6.4%) and the lowest percentage of reported loss of job (6.5%), Pottsgrove has the highest report of births (9.5%) and the second highest report of being a crime victim (5.2%), Pottstown has the highest percentage of recent marriage (9.1%), Owen J. Roberts has the second highest percentage of reporting a problem child (9.9%), Spring-Ford reports the lowest change in financial stability (20.6%) or death of a loved one (21%).

The overall rate of domestic violence is reported as 1.5%, higher in younger and lower income groups, as well as in Pottstown School District, where being a victim of domestic violence is reported by 4.2% of residents. This is on par with national domestic violence rates and is assumed to continue to be under-reported here as it is on the national level, especially in this type of survey.

Alcohol/Drugs

Approximately a quarter of all those surveyed report that they do not drink alcohol at all (same as US), and the majority of people who report using alcohol consume about two drinks on one or two days of the week. Spring-Ford and Perkiomen Valley have the most people who drink 3 or more drinks at a time, once or twice a week (binge drinking with high abuse potential). The highest numbers of people who report drinking more than seven drinks in a sitting live in

How do our neighbors live?

Dana – A steel mill worker with a family history of alcoholism and heart disease, exercises and drinks non-alcoholic beer because he doesn't want to die young from alcoholism or heart disease as all the other males in his immediate family did. Dana takes over 25 dietary supplements daily. He and people like him believe that using supplements are the most important way to stay healthy.

Perkiomen Valley, and Owen J. Roberts has a higher percentage of people who drink 7 days a week than other districts. Most surprisingly, the group with the highest percentage of people who drink 7 days a week is people over 55, at 7.1% (average number of all people who drink 7 days a week is 5%), but in general, increasing age is associated with less use of alcohol. Paralleling the nation, higher income correlates with more use of alcohol and less abstaining from alcohol.

Fewer than 2% of people report taking illegal prescription drugs (lower than the 8% national rate) or having sought help for drug or alcohol-related problems. However, this type of self-reported event may be under-disclosed.

Health Care Services/Access

Overall, people are very satisfied with the health care they are receiving. Sixty-eight percent feel it is Excellent or Very Good, and 89% of people are captured when the response “Good” is included, with the average rating just below Very Good. This level of satisfaction is an increase from the last health survey, where 52% of people rated available health care services as Excellent or Very Good. Only 3.5% of people believe health care they receive is Poor, with Daniel Boone reporting the lowest ratings.

Over 90% of people had no difficulty finding a doctor when they needed medical care in the last 12 months, (4 percentage points lower than in the last Needs Assessment) and 97.8% report they did not have trouble getting their child medical care when needed (96.1% in 2003). Geographically, Boyertown, Pottstown and Daniel Boone had higher percentages of people who had difficulty finding a doctor compared with Spring-Ford, which had the lowest percentage of people. This topic was addressed slightly differently in the national health survey, where 15% of adults reported not having a usual place of health care.

Over three quarters of respondents say their children have received dental care in the past six months, but 13% have never been to a dentist. The groups with the lowest percentage of children who have ever seen a dentist are in Boyertown and Pottsgrove.

Satisfaction with area health care access is high, with 80% of respondents reporting high or very high satisfaction with quality of health care, 11.3% expressing dissatisfaction, and 8.2% not knowing or caring. Daniel Boone reports the lowest satisfaction percentages and highest rates of not knowing/not caring. Satisfaction with area hospitals has a similar breakdown to satisfaction with access.

Health Insurance

Overall, 9% of people report that no one in their household has health insurance, 6% of people report having no health insurance for themselves, and 2.6% report having no health insurance for their children. In the 2003 survey, 6.3% reported not having health insurance within the past year, but the question did not distinguish between individuals and households, so it is impossible to draw conclusions about changes in percentages of people being uninsured in the interval between surveys. Note that the health survey was done before the dramatic economic changes in the US in 2008-2009, so the numbers of people without health insurance may already be different today from a year ago.

Thirty one percent of people have some type of government assisted healthcare coverage; the most frequent type reported being Medicare, which makes up 22% of the respondents. The groups with the largest percent of people receiving government assisted health insurance are low income (42%), people over 55 years of age (48%), and Pottstown (43%), which also has the largest group of Medicare recipients (34% of Pottstown residents).

Motivation to Improve Health

Overall, people are interested in improving their health; only slightly over 10% of people are not at all interested, and almost twice that number is extremely interested. Women express higher motivation than men in improving their health, and the groups least interested in improving their health are those over age 55 (13% not at all interested), those with incomes less than \$75,000 (12.7% not at all interested), and men (12.8% not at all interested).

The reasons stated as motivators, in order of reported frequency, are as follows:

1. To have good overall health
2. To be healthy enough to enjoy family
3. To stay active and participate in activities
4. To not get sick
5. To be healthy enough to care for others

These priorities reflect healthy views on quality of life as opposed to quantity or self-directed goals. In the middle of ranked motivational factors are:

6. To prevent specific health problems

7. To live a long life
8. To feel good about oneself
9. To treat existing health problems
10. To improve mental alertness

The weakest motivators to improve health are:

11. To manage stress
12. Doctor recommendations
13. Improvement of appearance
14. Improvement of athletic performance

The population groups stating the highest interest in preventing health problems are Pottstown, Boyertown, and women (much more than men). Those with the least interest in prevention are Perkiomen Valley and men.

Stress did not come in as a strong health motivator, and is 11th out of 14 motivators, but there are pockets where stress is felt more strongly. The strongest desire to manage stress is expressed by residents of Pottstown, Pottsgrove, and women. The least motivation to manage stress is reported by men.

Additional discussion on health motivators

Across the board, women rated all motivating reasons to improve health more strongly than men. Not surprisingly, those over age 55 were very strongly interested in treating existing health problems, but an additional pocket of people motivated to treat existing health problems is Pottsgrove.

Beliefs about Health and Wellness

Respondents assigned importance levels to four factors concerning health and wellness beliefs, on a scale from 1 (Not At All Important) to 5 (Extremely Important). Below are the results, listed from most to least important:

#1: Maintaining proper weight:

- Overall rating average: 3.89 – just below Very Important on scale of 1-5

- Most important to females, Owen J. Roberts, Spring-Ford
- Least important to males, Pottstown

#2: Consumption of Healthy Foods:

- Overall rating average: 3.88 – just below Very Important on scale of 1-5
- Most important to Owen J. Roberts, Boyertown, females
- Least Important to males, Daniel Boone, Pottsgrove, Perkiomen Valley

#3: Exercise Programs:

- Overall rating average: 3.67 – between Somewhat Important and Very Important on scale of 1-5
- Most important to high income, Owen J. Roberts
- Least Important to males, low income, Daniel Boone, Pottstown, Pottsgrove

#4: Alternative Healthcare:

- Overall rating average: 2.80 – under Somewhat Important on scale of 1-5
- Most important to Pottstown, Pottsgrove, over 55
- Least important to high income, Perkiomen Valley, Owen J. Roberts
- Alternative health care practitioners are not frequently consulted for inquiries on health questions or concerns (1.4% of people, 80% of which are referring to chiropractors)

Other Beliefs and Practices Related to Wellness

Additional questions were asked about how much people agreed with 12 other beliefs and practices. The twelve beliefs and practices, listed in descending order of strength and frequency averages of agreement are:

(First quartile)

1. It is important to prepare nutritious meals at least 2-3 times a week
2. People believe they have a good support system
3. People get regular medical check-ups

(Second quartile)

4. People take whatever means are necessary to control their own health
5. Relief of stress would improve quality of life
6. Very motivated about maintaining/improving health

(Third Quartile)

7. Spirituality is important
8. Religious fellowship is important
9. Desire a trusted source to help sort out conflicting health information

(Fourth Quartile)

10. Interested in trying new approaches to health management
11. Welcome health coaching from professionals
12. Confused about what to do to live healthier

Community Ties

On a scale of one to ten, the average sense of connectedness to one's community is just under 5, with roughly equal proportions of people feeling extremely connected as those who do not feel connected at all. Residents who have lived here for five years or less feel less connected in higher numbers. The top three groups reporting a strong connection to community are Boyertown (24.1%), Owen J. Roberts (21%), and Spring-Ford (17.0%). The three groups reporting a lack of connection to the community most strongly are Daniel Boone (46.8%), Perkiomen Valley (45.3%), and Pottsgrove (36.9%). Pottstown reports a lack of sense of community the least of all the geographical groups (11.8% feel not at all connected).

Community Facilities

The three types of area facilities used most are hospitals, faith based organizations, and parks and recreation facilities, while 10% of people have used no community facilities in the past year. Within parks and recreation, people under 40, with high incomes, and Perkiomen Valley used facilities the most, while Daniel Boone has the most people who have used none of the area facilities. Perkiomen Valley and Spring-Ford use area walking and biking trails the most.

School Programs

Rates of involvement in individual school health and wellness-related programs (as reported by adults for children and/or adults) are as follows: Boyertown, 16.9%; Daniel Boone, 54%; Owen J. Roberts, 23.5%; Perkiomen Valley, 26.6%; Pottsgrove, 25.4%; Pottstown, 25.4%; Spring-Ford, 19.3%.

Services

In ranked order, the types of services people are most highly satisfied with are quality healthcare, good hospitals, and area fitness programs. People are slightly less satisfied with availability of health and wellness information, and the least satisfaction is demonstrated for services with low mass participation rates, such as alternative health care, support groups, nutrition programs, etc.

Percentages of people throughout the Pottstown area who are aware of certain specific services are as follows: Pottstown Parks and Recreation, 63.1%; Pottstown Public Library, 60.6%; YWCA of Pottstown, 60.5%; Pottstown Police Athletic League, 56.1%; Pottstown Area Senior Center, 44.5%; Ricketts Community Center, 38.3%; Creative Health Services, 37%; Pottstown Family Center, 20.8%; Royersford Outreach, 12.9%; Pottstown Early Action Kindergarten Program, 11.7%; Boyertown Area Wellness Council, 11.2%; TriCounty Community Network, 9.9%; Maternal and Child Health Consortium of Chester County, 9.1%; ACLAMO, 8.8%.

The percentages of people aware of Pottstown Parks and Recreation facilities is 63% overall, with fairly consistent percentages by most subgroups. Exceptions to this are the much higher rates of awareness in Pottstown and Pottsgrove (88% and 83% of people aware), and the lower awareness rates of Pottstown Parks and Recreation services in Perkiomen Valley and Spring-Ford (38% and 56%), as well as those who have lived in the area for less than five years.

Barriers

The barriers to use of services are most frequently listed as lack of time, awareness of available services, finances/cost, and not feeling part of the community. Cost is a larger barrier for those with lower incomes. Overall, almost two thirds of respondents feel that safety is not a barrier which prevents them from using more services. By far, Boyertown has the largest number of people reporting that safety is a major barrier preventing them from using more services (15.1%), and Pottstown and Pottsgrove have the most people reporting that safety is a minor

barrier (36.8% and 31.8% of people, respectively). Perkiomen Valley and Spring-Ford had the largest number of people reporting that safety is not a barrier at all.

Interest in Community-Based/Wellness Services

The services people would most like to see provided, in order of interest, are:

- 1) Free health assessments and screenings
- 2) Outdoor recreation activities
- 3) Seminars about various health topics
- 4) Health and nutrition education topics
- 5) Regional directory of alternative practitioners

Some interest was shown for:

- 6) Child mentorship
- 7) Prevention education on alternative health
- 8) Community walking club
- 9) Community garden
- 10) Adult sports

Services people are least interested in are:

- 11) Adult mentorship
- 12) Support groups
- 13) Community mural
- 14) Community weight loss
- 15) Smoking Cessation

How do our neighbors live?

Robin – A woman with Bipolar Disorder who was homeless a year ago and is dependent on her case worker for support, Robin says health and wellness for her mean being able to keep a roof over her head and live better than she did growing up. Robin and people like her are neutral on most health issues, price conscious, and are aware that healthy eating and exercise are important but find them too bothersome and time-consuming to make substantial efforts over the long-term. They are trying to get by and often make food choices based on convenience or low cost.

Specific Populations of Note

Women

This study shows women are more stressed and report having more depression than men, but are also more highly motivated to make changes to improve their health and are more interested in preventive health than men.

Lower Income

People with incomes below \$75,000 in the Pottstown Area Community have the same disadvantages and vulnerabilities as lower income groups nationwide. In this study, those with incomes under \$75,000 reported:

- The largest percentage of people with fair or poor overall health
- The largest proportion of people who are overweight or obese
- Highest percentages with high cholesterol and heart disease
- Higher percentages with depression
- The most women who have never had a Pap smear
- Higher percentage of women who have had a mammogram (likely a result of public health screening efforts)

Pottstown

Bearing in mind that there are low income residents throughout the Pottstown Area Community, there is a focused concentration of people in Pottstown itself which make it stand alone on many fronts of disadvantage. Of the seven geographical areas studied, Pottstown district has:

- The lowest average income (average \$51,660, median \$39,480)
- The highest proportion of people who earn less than \$50,000 (59%)
- The second highest proportion of people who report fair or poor health (21%)
- The lowest reporting of none of the medical conditions inquired about (28%)
- The highest percentage reporting depression (18%)

- The largest proportion who are overweight or obese (74%)
- The highest percentage of smokers (24%)
- The highest rate of domestic violence (4.2%)
- The most government assisted health care (43%)
- The highest percentage of people who do not exercise (36%)
- The most interest in organized adult sports (33%)
- The highest percentages of people reporting recent major life changes and stressors
- The highest percentage of residents who have recently moved (21%)
- The highest percentage of residents with a high school education or less (45%) and the lowest percentage of residents with a college (15%) or graduate degree (7%)

Summary – Interpretations and Implications

Comparisons with the previous Needs Assessment

This study suggests that the well-known rapid rate of growth in the Pottstown area is slowing, as three percentage points fewer people have moved to the area in the last five years (17%) than in the five years previous.

In the five year interval between the 2003 and 2008 Needs Assessments, there have been some changes in the health of the Pottstown Area Community. The rates of high cholesterol and diabetes both increased, which correlates with the obesity epidemic nationwide. The percentage of people with chronic lung disease decreased slightly, which parallels the decrease in current smokers. The percentages of people reporting depression, asthma, cancer, chronic heart disease, and stroke stayed the same during that time interval.

A large majority of people are very satisfied with the health care they are receiving: The percent of people who consider the health care they receive to be excellent or very good rose from 52% to 68%, an increase by sixteen percentage points in the last five years.

In the previous Needs Assessment, the need for better medical access for some of the population was uncovered. As a direct result of this finding, a new Community Health Center, Community Health and Dental Care, was funded and opened on Robinson Street in Pottstown in October, 2008. This new Community Health Center, co-located with Creative Health Services,

a Community Behavioral Health Center, may be able to serve these populations. This increase in medical resources will hopefully ease the burdens on those seeking care, particularly now that the number of uninsured has risen.

Health Differences for Lower Income Group

There continues to be a health gap for lower income residents and certain geographic pockets, particularly in Pottstown. Lower income residents are more likely to report their health as fair or poor, more likely to report low motivation to improve health, more likely to smoke (but less likely to drink alcohol), and report having significantly more of each of the nine medical conditions inquired about in the health survey. Compared to those who make over \$75,000 annually, those who make under \$75,000 report almost twice the occurrence of asthma, major depression, and cancer, over twice the occurrence of diabetes and heart disease, almost three times the occurrence of chronic lung disease, and almost four times the occurrence of stroke. In fact, 70% of diabetics in the Pottstown Area Community have incomes lower than \$75,000 per year. The exceptions for this income group are that they are not less likely to have had health screening tests such as mammograms and they have not had more difficulty finding medical care for their children when needed, which align with public and government-funded health efforts. The creation of Community Health and Dental Care is a direct response to the previous Needs Assessment findings and the priorities of assuring access to medical care for all and to enhance formal supports, and time will allow assessment of how well this new entity is meeting the community's needs.

Exercise, overweight and obesity

One of the most striking positive notes of the research is how much people in the Pottstown area have incorporated vigorous exercise into their lifestyles. This area appears to be much more active than the nation, and it would be of great interest to ascertain if this difference actually exists beyond self-reports. Whether it is because of the young and affluent, the available parks and recreation, heightened awareness that exercise is an essential component of good health, or other factors is uncertain, but for a good deal of the local population, this preventive measure should have a positive impact on health outcomes and give its population healthy advantages.

Unfortunately, the benefits of active lifestyles in a large number of residents may be offset by the high rate of overweight and obesity, which is higher here than in the nation, and significantly higher in Pottstown. The obesity epidemic is not only "out there", it is here at home; the health conditions associated with obesity continue to rise. It is possible that the efforts by those who have changed their behaviors have not paid off yet medically, it may be

that those who remain obese and overweight may be becoming sicker, or other factors may account for the decreases in obesity and increases in exercisers in the face of more obesity-related illnesses— it may simply be too soon in the local and national battle against obesity to tell. Or, perhaps, as the nation comes to terms with the need to change diet, behavior and lifestyle in order to become healthier, so must the Pottstown area make efforts to become more actively engaged in the physical health of its community.

Schools

A section of the survey addressed awareness by the adult public of wellness-related school programs in order to determine if schools are a central access point for health and wellness information in the community. The school wellness programs are new (under five years old at most) and targeted at school-aged children, so it is not surprising that these programs are not globally recognized by the full community. While the majority of adults may not yet be aware of the preventive health measures being done by the schools, the Health and Wellness Programs offered by the schools are an essential and primary link to the Pottstown community's future health, as they are establishing early, life-long, healthy knowledge and behaviors for children. In order to further enhance these programs, it would be beneficial for the schools to continue to expand their leadership role as a central producer and delivery system for the preventive health message beyond the realm of the student population and school staff. By serving as a community link for the Pottstown area at large, all residents will be able to embrace and learn more about the schools' outstanding work in health and prevention. To date, schools have been leaders in the concept of small steps affecting big changes.

Emotional Health

The apparent contradiction of people's denying that they have any emotional health problems while half the population sought help for a mental health issue in the past two years may speak to the stigma around mental health. Many people do not consider themselves as having an emotional "problem", but are increasingly willing to seek help through therapy to assist with struggles they have at times. Thus as stigma about mental and emotional health decreases, more people may be willing to seek help even though they do not identify themselves as having a mental issue. This is reinforced by the high proportion of people under 40 who have sought mental health help (66.5%) compared to those over 55 (42.7%). Throughout this report, it has been demonstrated that there are many in this community who face hardships of many kinds. Since the fundamental purpose of this project is to improve the health of the community, it would be remiss of the community not to address the emotional difficulties people face: this Needs Assessment shows significant difficulty in people's lives, whether it be major life changes, financial hardship, poor health, a sense of isolation, or outright depression. Shoring up

emotional supports will strengthen the core of this community's infrastructure, its people and programs. This will take openness, collaboration and much thought on the part of the Pottstown Area Community, but the conversation must be started and continued with conviction.

The local picture

Congruently, while large-scale initiatives may take place nation-wide, abundant research demonstrates that in order to engage people in any purposeful behavior or attitude changes, implementation must be pronounced at the local level. This report may serve to encourage conversations at the local level which can lead to future community collaborations and involvement in its own health. This study demonstrates that there are some groups which feel a very strong sense of community, and that strength is felt right here in Pottstown. Pottstown has few people who don't feel tied to the community yet is the poorest district of the seven studied, has the highest reported rate of depression, and does not have a high rate of participation or use of facilities. In addition, Pottstown has higher rates of overweight and obesity and the poorest self-reported health status overall of the seven districts. There is something about Pottstown that is cohesive despite all the obstacles life presents. Pottstown's challenges will best be faced if this cohesive community rallies together to move forward collaboratively. Pottsgrove is very similar to Pottstown in its challenges but reports a lower connection to community. Boyertown has the highest percentage of people who feel extremely tight knit as a community and a low need to feel more connected to their community, but have the highest level of safety concerns as a factor for not utilizing area facilities more.

By contrast, Perkiomen Valley, with high average incomes, the heaviest binge drinking, the highest number of people who are young, many of whom have moved here in the last five years and feel that lack of time is their biggest stressor, do not yet feel a strong sense of community but would like to do so. Owen J. Roberts is a unique area with the highest average income, the lowest reported health conditions, and a very high sense of connection to community. This district is highly participatory and, across the board, seems to have a positive and optimistic outlook as a group. They consume more than average amounts of alcohol, have the lowest reported levels of emotional struggles but receive the most emotional help from professionals of all the districts. They report that exercise, health, and nutrition are important parts of their daily lives, and report the lowest levels of stress. There is something about the Owen J. Roberts area that leads to its residents' reporting that life is good.

In contrast to this, the Daniel Boone group reports a low sense of connection to community but reports not wanting to be more connected. This group has the lowest participation rate in programs and use of facilities and the highest percentage of people who have used none of the

listed choices in the past year, but ranks first in involvement in school health and wellness programs. They report higher rates of depression, emotional issues, and stress, as well as the smallest percentage of people with no physical medical conditions. The Daniel Boone group is lacking cohesiveness and acknowledges emotional challenges, although people don't verbalize a need for change. Spring-Ford has the oldest average age, the longest residency longevity, and has the largest percentage of smokers.

The above are some of the factors that make up a community's unique personality, and demonstrate the types of nuances that can be of significant benefit to a community in planning how to be most effective in reaching the people in their corner of this region. While a great deal is being done to improve the physical environment, the social and community environments need consideration as well. Educational programs, health seminars, screenings, parks and recreation programs and other public services are in demand and can serve the triple function of providing specific service, decrease behavioral risk, as well as work toward unifying the community.

The big picture

One of the most interesting results of this study is the fact that the Pottstown Area Community is reflective of the nation demographically, and has many similarities in terms of health as well. The implications for this are that this small region in Southeastern Pennsylvania is an area that can guide other communities in what measures are effective in making the community healthier and which are not. National public health efforts to move forward on particular health issues are shown by the examples that the number of people who have ever smoked has decreased, that percentages of people who have received routine health screenings such as mammograms are unaffected by income, etc. These changes reflect the large and broad efforts that have begun at the national level and been implemented locally to help people to make positive changes in their lives. This study shows that when a positive change is made in the Pottstown area, the strategies and tactics implemented to create change may be effective elsewhere.

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