A Health Assessment of the Pottstown Area:
A Report to the Pottstown Area Health and Wellness Foundation

David Barton Smith, Ph.D.
and DGA Partners Inc.

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Preface

The Pottstown Area Health and Wellness Foundation came into existence with the sale of the assets of the Pottstown Healthcare Corporation, the Pottstown Memorial Medical Center to Community Health Systems Inc. on July 1 2003. One of the first decisions of the Foundation was to commission an independent health assessment for the Pottstown Area. That assessment, authored by David Barton Smith and DGA Partners Inc., is presented in this report.

The report provides critical baseline information about the health and wellness of our community As a Foundation, we are using it to for planning and to guide grantmaking. We hope that other organizations will also use the report, as well as the household survey that was conducted in conjunction with it, as a resource to assist in their own planning efforts. Significant improvements in the health and wellness of the Pottstown Area will come only through the combined efforts and resources of many individuals and organizations that share a commitment and special affection for this community.

We are indebted to many members of this community that helped to make this report a reality. One thousand individuals in households across the region assisted in providing us information through a telephone survey. More than seventy key informants representing all the diverse organizations that provide health and human services in the area assisted the research team with their insights about the Pottstown Area and its needs. We also deeply appreciate the assistance of Joel Hersh and James Rankin of the Pennsylvania Department of Health's Bureau of Health Statistics and Research in completing some of the statistical analysis needed for this report. Special appreciation is also due Rose Crews, Office Coordinator for the Foundation, who assisted with great efficiency and humor in more than fulfilling all the extra demands imposed on her in terms of coordinating interviews and scheduling meetings. Finally, we would especially like to express our appreciation of Charles Palladino, Chair of the Foundation's Health Assessment Committee along with its members: Robert W. Boyce, Ted Drauschak, Catherine E. Endy, Reverend Burlington B. Latshaw, III. They assumed responsibility for overseeing and commenting on various stages of the project and assisting in providing resources for the study staff.

Health is a community affair and this was certainly the case in the production of this report. We look forward to continuing this effort together and to the improvement of the health and wellness of our community.

Milton D, Martyny
Chairman of the Board

David Kraybill
Executive Director

Executive Summary

Purpose

The Pottstown Area Health and Wellness Foundation engaged a consulting team to assist in carrying out an essential task in the first year of its existence: conduct an independent health assessment for the Pottstown Area. The Foundation hopes that the assessment will serve as a resource to all individuals and organizations concerned about the health and wellness of the Pottstown Area. The Foundation will also use the assessment to develop a plan for use of its resources which it will present to Orphan's Court of Montgomery County for approval. The plan will select areas highlighted in the assessment that make best use of its limited resources, fit with the Foundation's mission, and set a clear direction for the Foundation based on a solid understanding of the health needs of the area.

The assessment presented here is divided into four parts. The first section provides background on the Pottstown Area. The second presents statistical indicators that are useful for comparing the Pottstown Area's health to that of other areas. The third section provides the more qualitative story about the health problems of this population as told by knowledgeable community members. The final section summarizes the conclusions of the assessment and suggests some broad targets of opportunity where investments by the Foundation and/or other organizations could produce significant improvement in the health and wellness of the region.

Design

The Pottstown Area consists of 26 minor civil divisions in Berks, Chester and Montgomery Counties encompassing an approximate ten mile radius surrounding Pottstown Memorial Medical Center and a population of about 150,000. Often statistics in this report compare the Borough of Pottstown with the remaining parts of the Pottstown Area. The statistics describing the health and wellness of this area are drawn from five sources: (1) the U.S. Census, (2) the vital statistics system, (3) hospital discharge statistics, (4) state school and crime reporting systems and (5) a stratified random sample telephone survey of 1,000 households in the Pottstown Area. This information was supplemented with open ended interviews with more than 70 key informants who were selected to be representative of the agencies and organizations providing health and related services in the Pottstown Area. These included primary and specialty physicians, religious leaders, the leadership of Pottstown Memorial Medical Center, school superintendents, public officials from the Borough of Pottstown and managers from the agencies providing services to seniors, children and the poor. The interviews also included individuals responsible for behavioral health services and various types of regional planning in the Pottstown Area.

Results

1. The future health of the Pottstown Area is tied to the contradictory forces shaping its economic development.

- The Borough of Pottstown has yet to recover economically and psychologically from the devastating trauma of the closing of its major industrial plants that began in the 1970s. A sense of betrayal and suspicion continues to pervade discussions of current environmental concerns and the relatively large number of social service recipients seeking affordable housing in the Borough.
- Despite no change in population in the Borough of Pottstown in the last decade, population of the Pottstown Area grew by almost 18%, five times the rate of growth in Pennsylvania as a whole. The opening of the 422 corridor to development has tied a region that use to be insulated into the Greater Philadelphia Metropolitan area with all of the attendant advantages and problems.
- Residents expressed much concern and uncertainty about the environment, its possible link to cancer and other illnesses, and its impact on the long term development of the region.
- The strengths and opportunities of the region far outweigh its weaknesses and threats. Yet, most we talked with felt it will take vision, leadership, and sustained persistence to combine these contradictory forces into a regional strategy that will improve the health and wellness and reduce disparities within the region.

2. Differences in education, income, poverty and crime between the townships and boroughs in the Pottstown Area shape differences in the health of their residents.

- The percent of adults with at least a BA degree ranges from 12.4% in the Pottstown Borough to almost 60% in West Pikeland and median family incomes are closely related to these differences (r=.89).
- Unemployment rates, poverty rates, the percent of renter occupied housing, crime rates, and school test scores are closely related.
- These measures of social and economic distress appear to be reflected in the 1999-2001 age adjusted death rates for the Pottstown Borough that are 25% higher while in the remaining Pottstown Area 4% lower than the national rate. Pottstown Borough is a small town with big city problems and its age adjusted death rates are comparable to those of large cities such as Philadelphia. Years of life lost under 65 per 1,000 population in the Borough of Pottstown are twice that of the rest of the Pottstown Area. Years of life lost under 65 to cancer and accidents in the Pottstown Borough are twice the national rate.

3. *Family and neighborhood support and services help buffer individuals from health risks.*

- Strong family ties and the support of a variety of agencies appear to be related to fewer infant deaths and low birth weight infants in the Pottstown Area than the state as a whole.
- Social services agencies appear markedly adept at doing a lot with few resources and inventing ways to extend those resources through collaboration with other agencies.

4. *Access to care poses an additional barrier for many low and moderate income persons but they are generally more likely to report having received basic preventive and screening services.*

- Individuals with household incomes below 200% of the poverty level are more likely than others to report choosing not to see a physician, a dentist or fill a prescription because of the cost.
- Those below 200% of poverty are more likely to report meeting Healthy People 2010 guidelines in terms of Mammography, PSA and digital rectal exams, sigmoidoscopy/colonoscopy exams, flu shots and pneumonia vaccine. Efforts to assure these basic screening and preventive services for low and moderate income families would appear to be better organized and more accessible than for upper income families.

5. *The behavior of individuals exposes them to many preventable risks.*

- The rates of smoking and alcohol abuse are significantly higher in the Pottstown Area than in the nation as a whole.
- Pottstown Borough residents are more likely to be obese, less likely to engage in vigorous exercise and their school age children are twice as likely to be overweight than in the remaining Pottstown Area.
- 89% of adult residents of the Pottstown Area have at least one cardiovascular risk, roughly the same as the national rate (90%).

6. *The health of the Pottstown Area could be substantially improved.*

- Given its income and educational levels, the Pottstown Area should be doing substantially better than national rates both in terms of self ratings of health status and mortality statistics.
- The key targets of opportunity for such improvements in the higher income areas appear to lie in achieving greater compliance with vaccine and screening

guidelines and, in the more moderate income areas, in reducing behavioral risks and improving the physical and social environment.

Conclusions

These results of the Pottstown Area assessment and what we know about what produces improved health in a population suggests where to look in developing a broadly embraced vision and an action agenda for this community. The key lies in strengthening four protective layers that reduce the risk of illness and enhance wellness. The outer layer is the physical, social and economic environment. A healthy environment, one that protects the health of residents, fosters the trust and ability to solve regional problems together and assures individuals the opportunity for employment and to make a comfortable living, contributes to the health and wellness of an area. The second layer, the social support layer, includes the informal family and neighborhood supports and formal community organizations that help individuals through crises and in coping with the pressures of daily living. Such supports help prevent more serious acute health problems and do much to assure a higher quality of life to those with serious chronic medical conditions. The third layer assures access to appropriate health care. Delays in seeking care or obtaining appropriate screenings increase the morbidity and mortality of a population. Increased insurance coverage and better access to services will improve health outcomes. The fourth and final layer involves what the individual can do to reduce risks and improve health by making better choices. Individuals, with the proper support, education, and encouragement, can improve health and wellness by reducing behavioral risks, such as lack of exercise, smoking and an unhealthy diet, and taking the initiative to get the important screening and preventive services.

Success will require a broadly based community effort and judicious selection of a balanced health and wellness investment portfolio. The magnitude of the task, of course, dwarfs the resources of any single organization. The Pottstown Area Health and Wellness Foundation will need to partner with other community resources to support programs and initiatives. In addition, what we know about producing health suggests that focusing only on one of these layers and ignoring the others will not only be ineffective, but inappropriately focuses blame and absolves others of responsibility. Yet, the remarkable resilience of this community, its organizations and individuals, promises that combined effort will significantly improve the health and quality of life in the Pottstown Area.

A Health Assessment of the Pottstown Area

The song_____
The song of life____.
The song of life is played in the key of time.

Seconds tick minutes into hours for days to find.
As weeks couple bearing months that years combine
Into passing decades etched forever in the mind.
Friends in chorus, help harmonize the melody divine.

But____
But the tune____
The tune is ours, the tune is ours alone,
But the tune is ours, ours all alone to find. [1]

Introduction

Purpose of Report

The tune that must be found now is for Pottstown. The Pottstown Area Health and Wellness Foundation resulted from the sale of the assets of Pottstown Healthcare Corporation and Pottstown Memorial Medical Center to Community Health Systems, Inc. The Foundation, commonly know as a "conversion foundation," came into existence on July 1, 2003, with charitable assets exceeding $65 million.

The Foundation engaged a consulting team to carry out two essential tasks in the first year of its existence: (1) conduct an independent health assessment for the Pottstown Area and (2) use that assessment to develop a plan for the use of the Foundation's resources to be presented to Orphan's Court of Montgomery County for its approval. The plan will build on the findings of the assessment, make the best use of its limited resources, fit with the Foundation's mission, and set a clear direction for the Foundation based on a solid understanding of the health needs of the area. The more ambitious hope is that this process can combine the voices of this community into a "song of life" that realizes their shared vision of a healthy Pottstown Area community.

Organization of the Report

Imagine a person who asks their physician for a complete physical. The physician already knows a lot about this person before he enters the examining room from what he knows about the community the patient comes from. The physician will order a series of tests and do a physical exam, checking to make sure all of this is within the normal range. The physician will also take a complete history on the patient. That will include listening to

[1] Ronald C. Downie, "Song Tune," reprinted with permission of author.

the patient describe his or her health problems. As a result, the physician may diagnose some specific conditions that are affecting the patient's health and suggest either some additional diagnostic work or options for treatment.

A community health assessment does a similar examination for an entire population. The report of that assessment presented here is divided into four parts. The first section provides background on the Pottstown Area community. The second presents statistical indicators that are useful for comparing the Pottstown Area's health to that of other areas. The third section provides the more qualitative story about the health problems of this population as told by knowledgeable community members. The final section distills all this information and provides an assessment or diagnosis of the problems and some possible alternatives to consider in their treatment.

Improving Health

In many ways, however, treating a population is more complicated than treating an individual patient. Success requires many people and organizations sharing common goals and working effectively together to accomplish them. The *Healthy People 2010* initiative is the national effort to assess population health status and identify goals for improvement has set two basic health goals for such efforts:

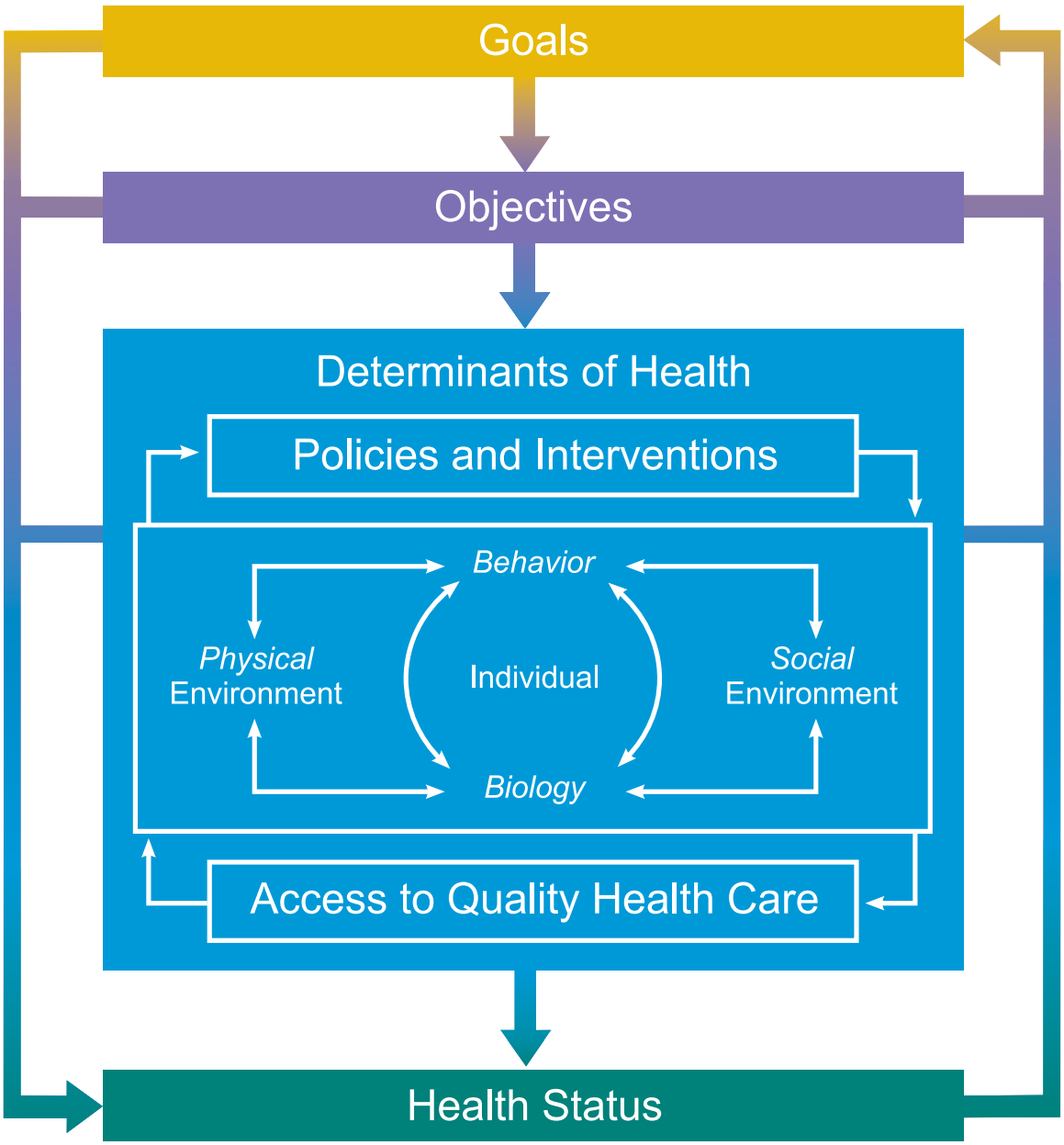
1. *Help individuals of all ages increase life expectancy and improve their quality of life.*
2. *Eliminate health disparities among different segments of the population.*

This report assesses the Pottstown Area's progress toward accomplishing these goals. It also assesses the special strengths and challenges these efforts face in the Pottstown Area, **Figure 1**, illustrates the process envisioned by *Healthy People 2010*.[1: 6] It provides a useful way to think about the mission statement of the Pottstown Area Health and Wellness Foundation and the role this report could play in shaping its initial strategic plan.[2] The *"Determinants of Health,"* the central core of **Figure 1** outlines a complex "physiology." The physical environment, the social environment, the capacities of individuals, their behavior, and access to quality health care all interact in shaping the health of a population. Health disparities among different segments of that population are similarly shaped by the

[2] The following was approved by the Board of the Pottstown Area Health and Wellness Foundation. *Mission: The Foundation exists to enhance the health and wellness of residents of the Pottstown Area. Vision: The Foundation will be the leading catalyst for continuous improvement of health and wellness in the Pottstown Area. The core principles of the Foundation are: (1) to hold as paramount the health and wellness of residents of the Pottstown Area, (2) to ensure a diversity of views is solicited, represented and considered, (3) to maximize resources through community partnership and (4) to regularly assess the Foundation's effectiveness in meeting its mission. The core policies of the Foundation are: (1) the Foundation will identify, select and provide grants to nonprofit Section 501 (c) (3) organizations that provide health and wellness related services in the Pottstown Area, (2) the Foundation will identify, select and invest in and conduct, as appropriate programs that will improve the health and wellness in the Pottstown area, (3) the Foundation will actively promote, support and conduct educational programs that enable Pottstown Area residents to improve their health and wellness, (4) the Foundation will engage in fundraising activities for the support of the Foundation and that assist in achieving the goals of community health and wellness and (5) the Foundation will monitor the agreements made between Community Health Services, Inc. and the former Pottstown Healthcare Corporation.*

cumulative effect of disparities in each of these components. The challenge is to design interventions and policies that influence each of these components so that the cumulative impact is improved health and reduced health disparities. In such a complex system, little things can make a big difference. Selecting the right things can create a "tipping point" and rapidly accelerated progress.[2] The next section of this report provides the basic background on the community in which these choices will be made.

Figure 1. Healthy People 2010 Health Improvement Process



Source: U.S. Department of Health and Human Services, 2000 p. 6.

I. Background

History

The history of an area determines how it defines its health and shapes its choices for a more healthy future. Few areas in this nation can match the richness of the Pottstown Area's legacy from the past. In 1700 this "beautifully wooded, gently rolling valley richly watered by streams" was home to the Lenni-Lenape tribe, members of the Delaware nation. "The land was abundantly fertile, with streams full of fish and woods abundant with game."[(3)]

The land in the Pottstown Area was also rich in iron ore. This began to attract iron masters from Philadelphia. Its hardwood forests offered a source for the production of charcoal to fire iron smelting furnaces and the forges where the iron was refined. The land also supplied the limestone for creating the flux for purifying the iron during the smelting process. The growing demand for iron products in the American colonies attracted blacksmiths and iron masters to the Pottstown Area beginning in 1716. They set up "iron plantations," acquiring large tracks of land and creating largely self sufficient operations for the production of iron. They used slaves, indentured servants and freemen to do the backbreaking work. By the time of the Revolution, the Colonial iron industry produced an estimated one-seventh of the world's iron, with Pennsylvania far outstripping the production of all the other colonies and much of this production concentrated in the Pottstown Area.[(4:25)] Many of the iron fire backs and stoves that heated homes in the colonies as well as the cannons used by the Colonial army to fight the British were produced in the Pottstown Area.

One of the most successful of the early iron masters was John Potts who set up a 1,000 acre plantation at the intersection of the Manatawny Creek and Schuylkill River. His manor house still stands overlooking the intersection of this creek and river, just above the town of "Pottsgrove," which he laid out in 1752 to house the workers in his enterprises. Pottsgrove was renamed Pottstown when it officially became a borough in 1815. "The Great Road," the 100 foot wide thoroughfare connecting Philadelphia with Reading runs in front of the mansion. High Street is the Pottstown section of this road serving as its main street, its width now comfortably permitting bicycle lanes as well as vertical parking spaces on both sides along its gracious length. The old route 422 or Ridge Pike that was The Great Road has now been replaced with an expressway that bypasses Pottstown. The lots and streets were laid out in a rectangular grid and the street names, as was the custom in colonial America, showed appropriate deference to British royalty (King, Queen, York and Hanover Streets, etc.). The physical layout of the town continues to reflect the persistence of the early social structure of the town with some of the lower income housing concentrated near the river and greater noise and pollution of the mills and plants where most worked. The higher income areas of the town are further away and on higher ground.

Jonathan Potts, one of the many offspring of Pottstown's founder, studied medicine with his cousin Benjamin Rush at Edinburgh, completing his training at the Pennsylvania Academy, later called the University of Pennsylvania. A member of the first medical class to graduate, he distinguished himself in the battle to control the spread of the smallpox

epidemic in Reading through inoculation and serving as the physician in charge of hospitals caring for the sick and wounded around Valley Forge. He died as a result of the difficulties of this wartime effort at age 36.

Pottstown has undergone many changes since the beginning of the Republic. Places of worship, still a magnet drawing people from the Greater Pottstown Area into the downtown were built in the 18th and 19th Century. In order of the arrival of a critical mass of adherents, places of worship were built by the Society of Friends, the Lutherans, Reformeds, Episcopalians, Presbyterians, Methodists, Baptists, Catholics, Russian Orthodox and Jews. Their period architecture adds an attractiveness and sense of place to the downtown area that is lacking in newer suburban areas. The 1834 Pennsylvania Public School law permitted municipalities to set up tax and administrative structures to create public schools. It took four years in Pottstown to set up such a structure. It met much resistance finally passing by only two votes. (3:67) The public school system now struggles for taxes for the improvements needed to assure a brighter future for the town. The only survivor of the diverse private academies that operated in the town in the 19th Century is the Hill School. Founded in 1851, the Hill School with its 200 acre campus remains the largest private boarding school in Pennsylvania. Its current enrollment is 485. It became coeducational in 1998. Pottstown provided the only public high school in the region up until 1956. State legislation encouraging regional consolidation, inadvertently had the reverse effect on this region. The areas surrounding Pottstown "consolidated" forming two fully self contained districts, Pottsgrove and Owen J. Roberts.

Pottstown played a role in the larger history of the nation in the 19th Century, serving as a way station organized by local abolitionists for the Underground Railroad. In the Civil War, many of its young men served as recruits to regiments of the Pennsylvania Volunteers organized to serve the Union cause.

Most significantly, however, Pottstown played a central role in the industrialization of the nation after the Civil War. The iron plantations were transformed into more industrial facilities owned by corporations. By the end of the 1890s three electric street car companies crisscrossed the town, connecting residents to their homes and the steel mills. The Pottstown Iron Company, after the merger of earlier mills, foundries and bridge shops were consolidated by Bethlehem Steel in 1931. The Pottstown Bethlehem Steel works produced the fabricated steel that is in the George Washington, Golden Gate, Niagara Falls Rainbow and many other bridges. Many of the buildings in Washington, New York, Boston and European capitals were constructed with steel fabricated at the Pottstown plant. In the 1950's this massive facility had a workforce that averaged about 1,800. Many of the factories in this boom town worked three shifts and the town was immersed in an industrial haze. The boom times ended in the late 1960s. The Firestone tire and rubber plant, established in 1944, closed in 1969. Bethlehem Steel closed their plant in 1971. Three thousand workers were laid off as a result. Many of the workers in these and other plants became casualties of the loss of a manufacturing base in the region. It continues to cast a shadow as reflected in the pessimistic attitudes of many long time residents. The economic impact of those events continues to reverberate through the community. For example, about

six months ago Firestone terminated the health benefits for its retirees creating new difficulties for many elderly Pottstown residents.

The human and social costs of such closings and mass layoffs have been well documented in many other communities. [5-7] These displacements can have a devastating impact on communities as well as the workers directly affected. Displaced workers report substantially higher rates of poor physical health (gastro intestinal problems, headaches, high blood pressure), depression, alcohol abuse and family conflicts. They have markedly less confidence in local and national leaders and in the future. The local towns strain to meet growing social needs with dwindling resources. Pessimism saps the life blood of these communities and their residents become increasingly hostile and suspicious of change.

The downward spiral in industrial employment continued in Pottstown into the 1990s. The Flagg pipe fitting works and Mrs. Smith's Pies closed. A booming state and national technological and service driven economy helped fund support for programs to soften these more recent blows. However, after 2000, the shift from a manufacturing to a service economy with its lower wages has had a growing local impact on people dependent on unskilled or semi skilled jobs. "A lot more people are now one paycheck away from homelessness," one service provider observed, noting the rise in requests for assistance with food, shelter and health care. The town has just begun to turn the corner while many of its residents continue to face difficulties finding employment at livable wages. The town struggles to balance these needs with a dwindling tax base.

The loss of much of the town's industrial base coincided with other changes that made many residents feel that they were increasingly vulnerable to becoming a place where others could dump their problems, both environmental and human.

The visible physical signs of these changes have added to the sense of discomfort of many long time residents. Those visible signs include the stacks and steam rising from the Limerick nuclear reactor that is a part of the town's skyline. The reactor went on line in 1986. Its construction and its operation offered jobs to the area. The concern about terrorists attacks led to distribution of free potassium iodide (KI) in an area within ten miles of the facility in 2002.[8] It was offered as an extra layer of temporary protection for the thyroid gland against cancer and hypothyroid conditions in the unlikely event of the release of radioactive iodine. It also offered a reminder of the region's potential environmental vulnerability. The Pottstown Landfill, operated by Waste Management, Inc. offers another visible symbol of that vulnerability. The landfill is located on 300 acres adjacent to the Borough of Pottstown in the township of West Pottsgrove. Waste Management, Inc. recently applied for a 40 acre vertical expansion. The 250-350 trucks that on an average day empty garbage at this site resulted in seven fold expansion in its size in the last twenty years.[9] While the source of garbage and medical waste has recently become more limited, the landfill has in the past received garbage from 17 states and Canada. It is the belief of many residents that cancer rates are elevated as the direct result of pollutants from the landfill. [10] A series of studies by the Montgomery County Health Department and the Pennsylvania Department of Health have been organized to assess these risks.[11] According to the local paper, the Pottstown Area has the largest concentration of dumps in

Pennsylvania, a state that has the dubious distinction of being the largest importer of garbage in the nation. [12] The Secretary of the Pennsylvania Department of Environmental Protection announced the refusal to approve a vertical expansion of the landfill on December 4, 2003 and an orderly closure has been ordered.[13]

The human problems that many in Pottstown feel are being dumped on them deeply divide this community. They result from the national deinstitutionalization movement that coincided with the decline in Pottstown's industrial base in the 1970's. The argument of reformers at that time was that community based settings were a more humane and effective way of caring for persons with mental disorders and disabilities. Later, such settings were also seen as a more cost effective way to treat persons with drug and alcohol dependency. As a result of these efforts, 435 residents of the Pennhurst School and Hospital for the retarded in the Pottstown Area were transferred to state-funded community homes after a 1977 ruling by federal judge, Raymond J. Broderick. They joined 719 others that had been previously transferred to community living arrangements as a result of that court's rulings. The Pennhurst facility has since been abandoned and now lies in ruins. Those previously served in this facility are now cared for in adult homes and other community settings. Similarly, the nearby Norristown State Psychiatric hospital in 1950 housed more than 4,000 patients and now houses only about 420. These drastic declines and growth of community based treatment resulted from The Mental Health Procedures Act of 1976, developments in the field of psychopharmacology and shifts in funding. Similar funding shifts more recently have encouraged community based living and outpatient treatment for those with drug and alcohol dependency. While the theory was that these individuals would be better served by integrating them into the broader community, in practice they tend to be concentrated in areas where rentals or purchases were affordable to those organizing group homes or arranging housing for these populations. Pottstown was one of these areas, placing those concerned with reversing the flight of private home owners and residential taxpayers at odds with social service providers trying to serve the needs of their clients.

Pottstown has always had a wealth of voluntary charitable efforts to care for those in need. Many of these organizations continue to struggle to meet needs in a less charitable environment that has tended increasingly to view those who need help as "outsiders" and those who provide for their care as attracting those outsiders. Family Services, as well as the hospital, was founded by the Kings Daughters in the late 19th Century. The local Salvation Army and Pottstown YMCA were also founded in the 19th Century. The Visiting Nurse Association was established in 1917 to serve a charitable social service mission. Only with the implementation of the Medicare Program in 1966 did they begin to receive a stable source of payment for care that had been predominantly provided as a charity. Competition with the for profit home care agency began in the 1970's and in the 1980's, faced with changes in payment that encouraged shorter length of stays, Pottstown Memorial Hospital set up its own home health agency. Just as the VNA, the hospital has faced growing competition in the last decade in a changing environment that has required it to function more as a business and less as a local charitable endeavor.

Healthcare in Pottstown

The development of healthcare in Pottstown mirrored the development in other once booming small industrial towns in the United States. In 1875 there were a total of approximately 12 physicians practicing in the Pottstown Area [(3)]. These general practitioners made house calls to the sick who were cared for in their own homes. As in other communities, Pottstown's first hospital emerged out of volunteer charitable work. The Watchful Circle of the Kings Daughters was founded in June 1888 by eleven young ladies under the Leadership of Alice Ecker. The group dedicated themselves to Christian Charity and had a Calling Committee that made visits to the sick in their homes. The Watchful Circle soon launched a campaign "to provide a hospital for the immediate care of persons suffering from recent bodily injury and acute diseases." Interested citizens generously contributed money and supported other fund raising activities. The cornerstone of Pottstown Hospital was laid 1892. Ninety-eight patients were treated in its first nine months of operation. Two nurses, both trained at Reading Hospital served as the hospital's staff. Pottstown Hospital set up its own school of nursing in 1894. Two students enrolled in its first nursing class. In 1952 $1.1 million was raised by citizens and an application was pending for federal Hill-Burton funds. The hospital in 1952 had 125 beds and the nursing school had forty-two students. The history written for the Bicentennial of Pottstown in that year notes that "there is no segregation whatsoever for race, creed or color; the hospital is dedicated to serving the sick and relieving the suffering of all mankind." [(3: 168)] The comment suggests that this was not common practice among hospitals in Pennsylvania at that time.

Pottstown's other hospital; Memorial was opened in 1914 in what was previously the home of Dr. W. H. Eck, a homeopathic physician. Construction on an expanded new facility with 72 beds was begun in 1946 and supported with federal Hill-Burton matching funds. The facility appears to have continued to play a role in between warring factions and schools of medicine that existed at the time of its founding, stocking homeopathic medications. The final return to the mainstream wasn't fully completed until the merger of the two hospitals and the construction of the new Pottstown Memorial Medical Center at its current site in 1973. The old Memorial now serves as an office building on High Street and the old Pottstown Hospital was converted to a nursing home. The building of the new Pottstown Memorial Medical Center was described by one person recalling these efforts as "the largest grass roots fund raising effort ever undertaken by the Pottstown community." It was a tribute to the community leaders at that time. The various lodges and fraternal groups contributed energy to the effort and many workers in the town's factories pledged several days a month wages to the drive. The hospital fund drive included substantial donations from local manufacturers. The fund drive was completed just as the manufacturing base of the town had begun to decline. As a result, the hospital that these charitable efforts created is now the town's largest employer.

A critical juncture for the hospital came about five years ago with the recognition of the need to greatly expand its emergency department. The industries that had helped with the fund drive for the new hospital in the 1970s were now all gone. A consultant hired to assess the feasibility of raising the funds concluded it was unrealistic given the current economic makeup of the community. The money could have been borrowed but trends in reimbursement did not encourage taking on more debt. The Board of the hospital focused on assuring the long term future of the hospital. After extensive negotiations and assurances

concerning capital investment in the physical plant and continued care of the medically indigent, the sale of the hospital to Community Health Systems, a for profit hospital system based in Brentwood, Tennessee was finalized on July 1, 2003. As one participant observed, "The basic situation was that nothing was going to get better in terms of the hospital operating independently and we wanted to make sure the town would have a high quality hospital. This was the most important thing in our minds. Creating a foundation or providing tax revenue for the town was not something we focused attention on." The resulting transfer of its assets to the newly created Pottstown Area Health and Wellness Foundation now shifts that attention.

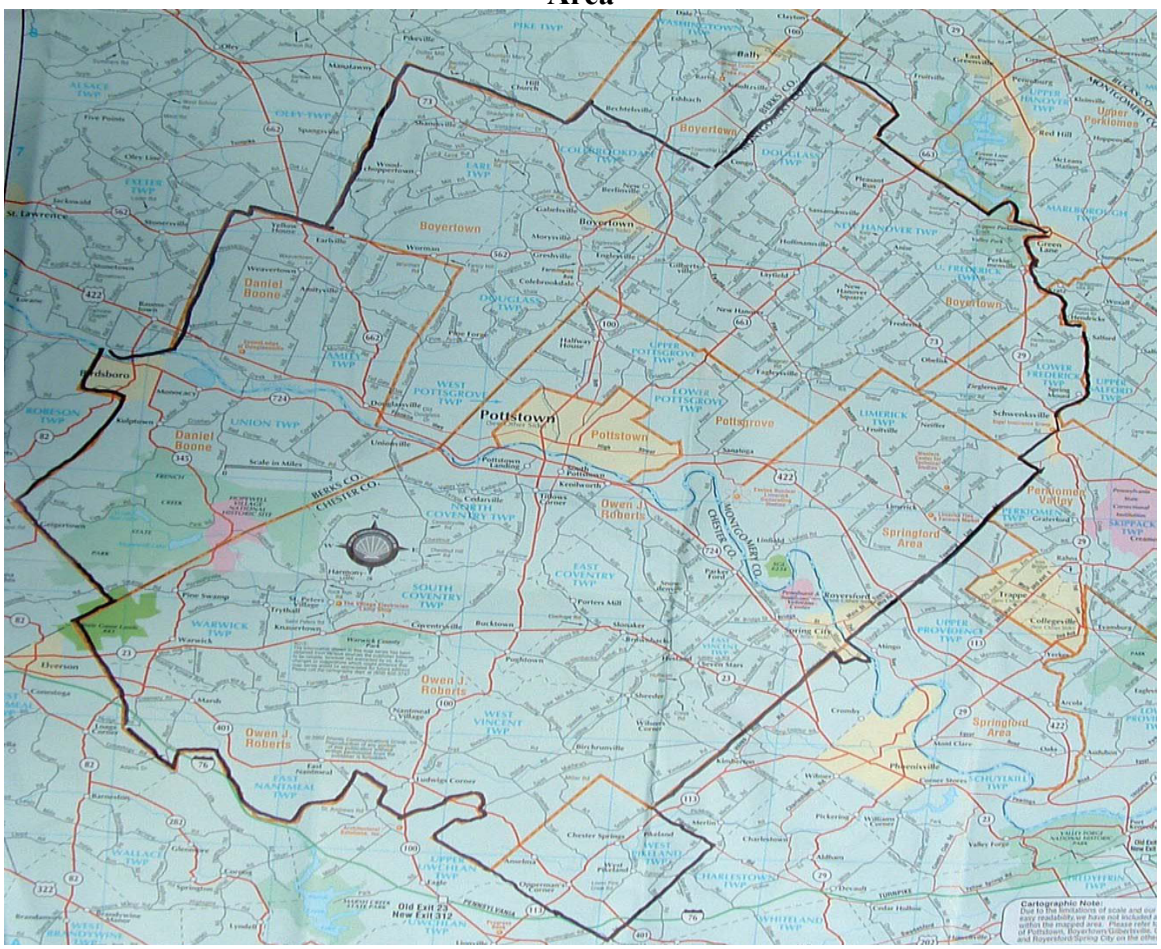
II. Statistical Measures of Health

The Pottstown Area

Figure II.1 presents a map of the Pottstown Area as defined by the Foundation. It encompasses 26 minor civil divisions located at the intersection of Berks, Chester and Montgomery Counties with a population of about 150,000. The area includes roughly a ten mile radius from Pottstown Memorial Medical Center and over 80% of the hospital's admissions. The bulk of the support for the hospital and its two earlier predecessors in the form of charitable contributions and volunteer efforts was drawn from this area. It encompasses the core area envisioned by the Tri-County Chamber of Commerce and the Tri-County Health Alliance and what has for more than 250 years been the Greater Pottstown community.

Statistics describing the health and wellness of this community are drawn from five sources: (1) the U.S. Census, (2) the vital statistics system, (3) hospital discharge statistics, (4) state school and crime reporting systems and (5) a survey of households in the Pottstown Area.

Figure II. 1. Pottstown Area Health and Wellness Foundation Service Area



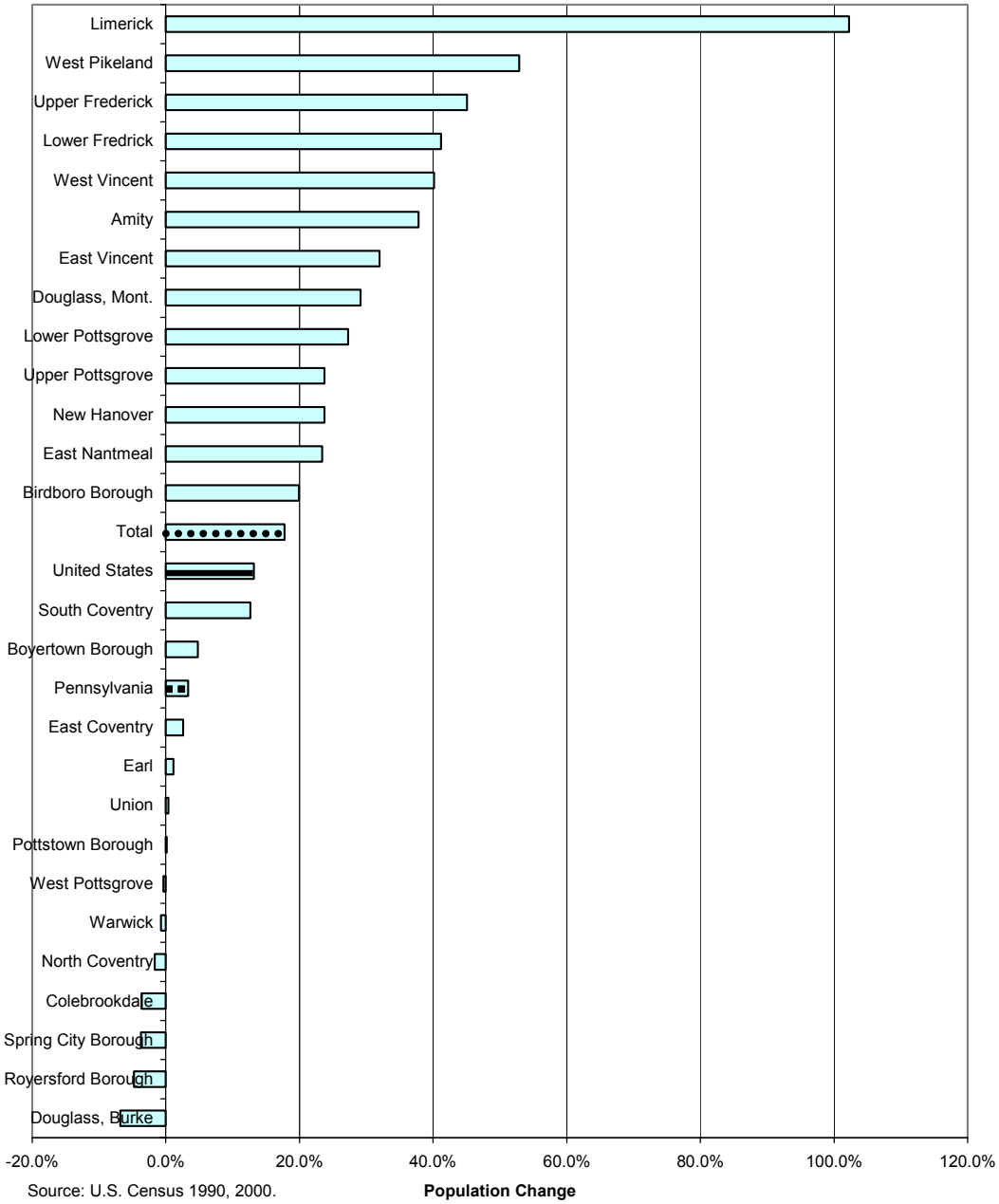
Source: Tri County Area Chamber of Commerce (Boundaries for the Pottstown Area Health and Wellness Foundation Service Area added).

Population

Demographic trends shape investment in a region. The broad acknowledgment of this basic truth is reflected now in the recent growth of chain stores and restaurants in the outlying high growth areas. The overall population of the Pottstown Area grew by almost 18% in the last decade, five times the rate of growth in Pennsylvania as a whole.

As indicated by **Figure II.2**, the growth was not uniform. West Vincent, Lower Frederick, Upper Fredrick West Pikeland and Limerick all experienced population growth of more than 40% radically transforming these areas in the process. In contrast, population declined in Douglass (Berks), Royersford Borough, Spring City Borough, Colebrookdale, North Coventry and Warwick, and remained stagnant in West Pottsgrove, Pottstown and Union. This decline or stagnation reflects little growth in new housing and an aging population.

Figure II.2 Population Change in the Pottstown Area 1990-2000



The overall age structure of the area reflects the general pattern of growth, with a larger proportion of the population under the age of fourteen, fewer in the 18-24 age group and a larger proportion of 35-54 year olds, as indicated in **Figure II.3**. In contrast to the United States and Pennsylvania, the distribution by age reflects the moving in of young families with young adults leaving. School construction has boomed to accommodate the young families moving into the new subdivisions constructed in the high growth areas. This growth has reduced the proportion of elderly as contrasted to Pennsylvania as a whole. The

Borough of Pottstown, however, follows more closely the pattern in the state as a whole, with a larger percent of its population over the age of 65.

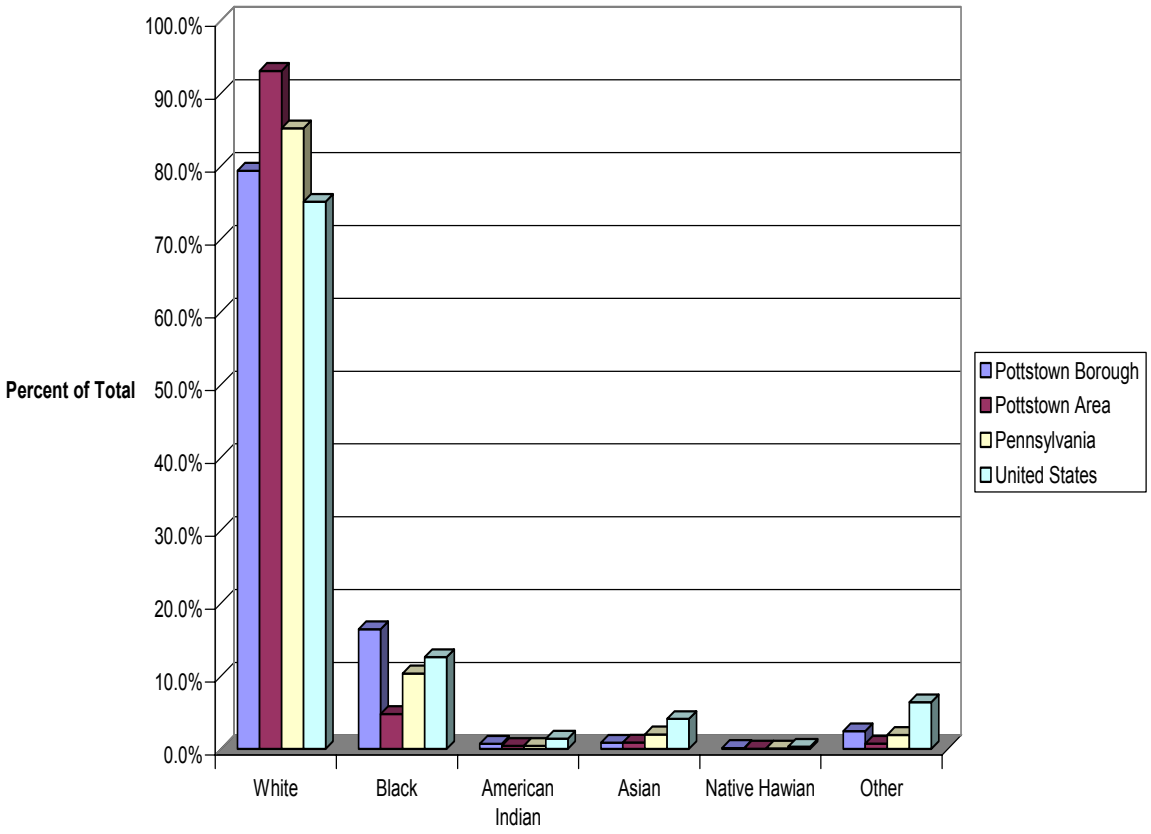
Figure II.3 Age Distribution Pottstown Borough, Area, Pennsylvania and the United States 2000

	Pottstown Borough	Pottstown Area	Pennsyl-vania	United States
UNDER 5	1,644	11,572	727,804	19,175,798
5-9	1,635	12,056	827,945	20,549,505
10-14	1,495	11,586	863,849	20,528,072
15-19	1,262	9,304	850,986	20,219,890
20-24	1,196	6,149	746,086	18,964,001
25-34	3,275	21,515	1,560,486	39,891,724
35-44	3,474	28,954	1,948,076	45,148,527
45-54	2,514	21,360	1,705,032	37,677,952
55-59	1,023	7,684	619,969	13,469,237
60-64	793	5,625	511,656	10,805,447
65-74	1,712	9,664	969,272	18,390,986
75-84	1,406	6,445	712,326	12,361,180
85+	430	2,060	237,567	4,239,587
Total	21,859	153,974	12,281,054	281,421,906
Percent of Total				
UNDER 5	7.5%	7.5%	5.9%	6.8%
5-9	7.5%	7.8%	6.7%	7.3%
10-14	6.8%	7.5%	7.0%	7.3%
15-19	5.8%	6.0%	6.9%	7.2%
20-24	5.5%	4.0%	6.1%	6.7%
25-34	15.0%	14.0%	12.7%	14.2%
35-44	15.9%	18.8%	15.9%	16.0%
45-54	11.5%	13.9%	13.9%	13.4%
55-59	4.7%	5.0%	5.0%	4.8%
60-64	3.6%	3.7%	4.2%	3.8%
65-74	7.8%	6.3%	7.9%	6.5%
75-84	6.4%	4.2%	5.8%	4.4%
85+	2.0%	1.3%	1.9%	1.5%
Total	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census 2000

The racial and ethnic composition of the region has yet to reflect the dramatic changes that took place between 1980 and 2000 in the inner suburbs of Philadelphia. As indicated in Figure II.4, a larger proportion of the population is white (93.1%) than in Pennsylvania with Blacks representing the largest minority in the region (4.3%) and over half of this minority population is concentrated in the Borough of Pottstown.

Figure II.4 Racial Composition of Pottstown, Pennsylvania and the United States

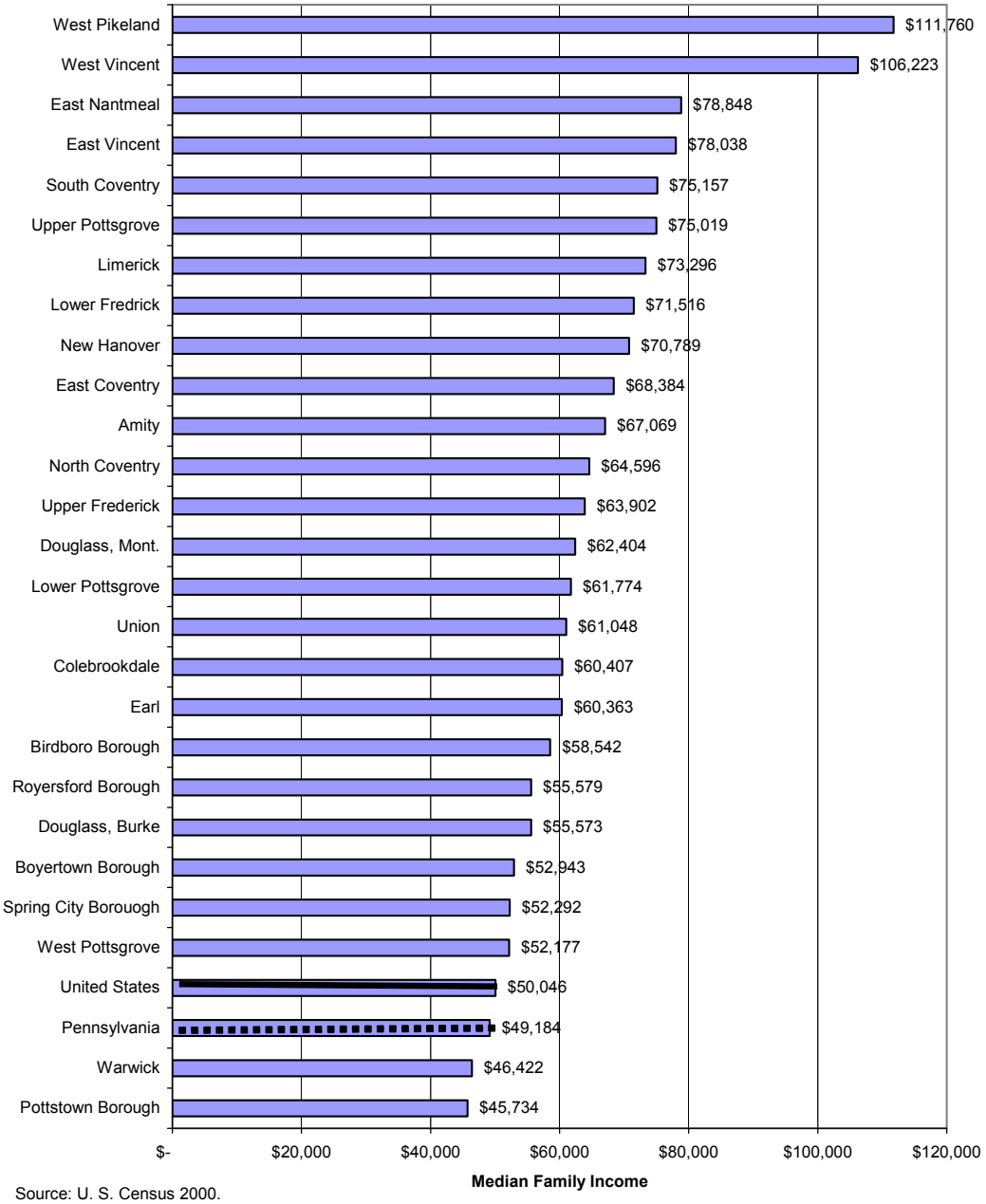


Source: U.S. Census 2000.

The Pottstown Area as a whole is a relatively affluent one that lacks the extremes in wealth and poverty that exist between other communities in the Philadelphia Metropolitan Area, as indicated in **Figure II.5**. This relative affluence and lack of extremes in income would lead one to expect relatively good health in the area's population. All but Pottstown and Warwick have median family incomes above the median income of Pennsylvania as a whole. Only West Pikeland and West Vincent have median family incomes more than twice the Pennsylvania median. Education levels tend to match income levels as shown in Figure II.6. The same townships with the highest median incomes (West Pikeland and West

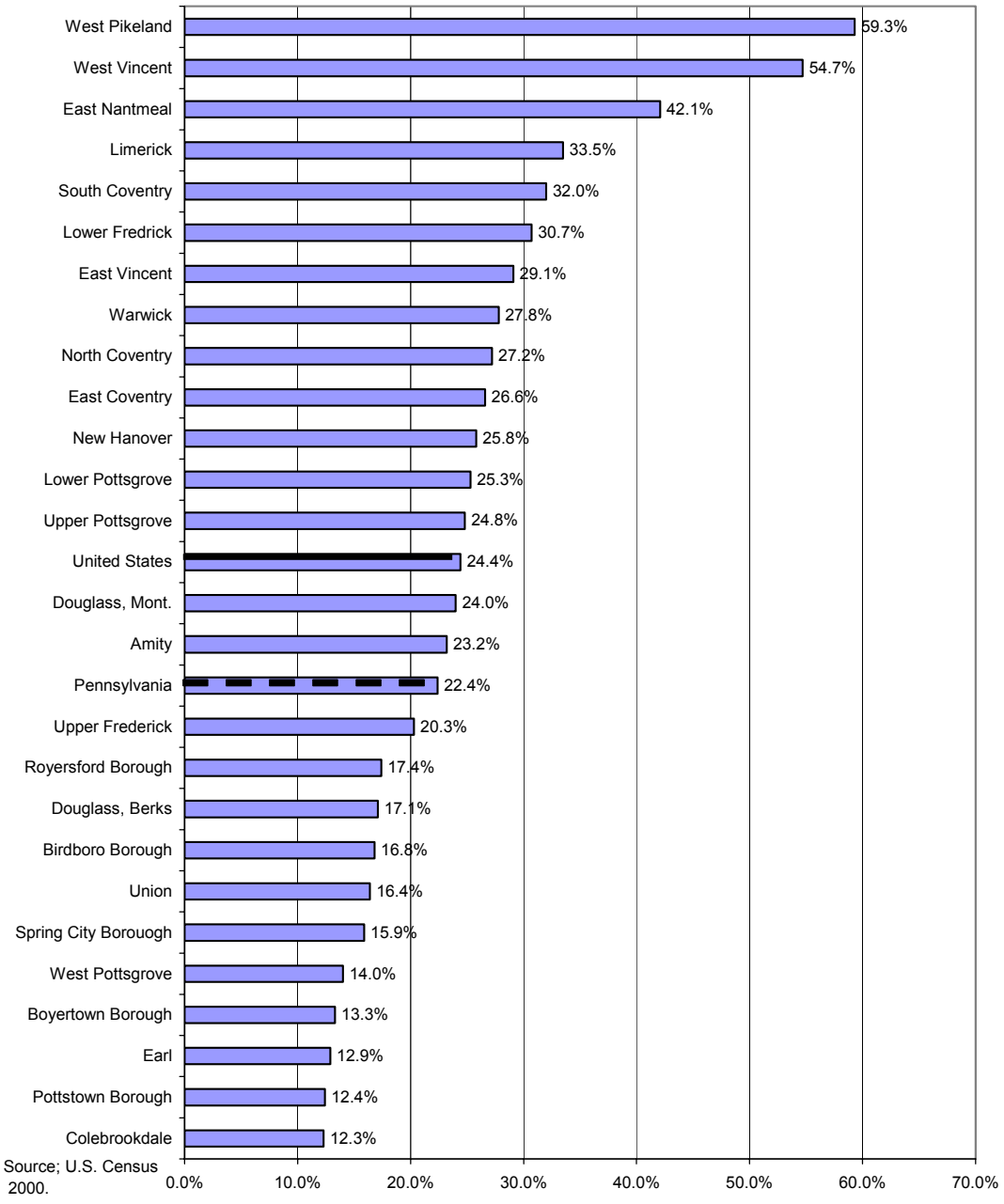
Vincent) had the highest proportion of adults over 25 with a Bachelor Degree or higher (59% and 55% respectively). About one third of the townships had a lower percentage of people that had a BA or better than in the State of Pennsylvania as a whole (22%).

Figure II.5 Median Family Income 2000 by Area



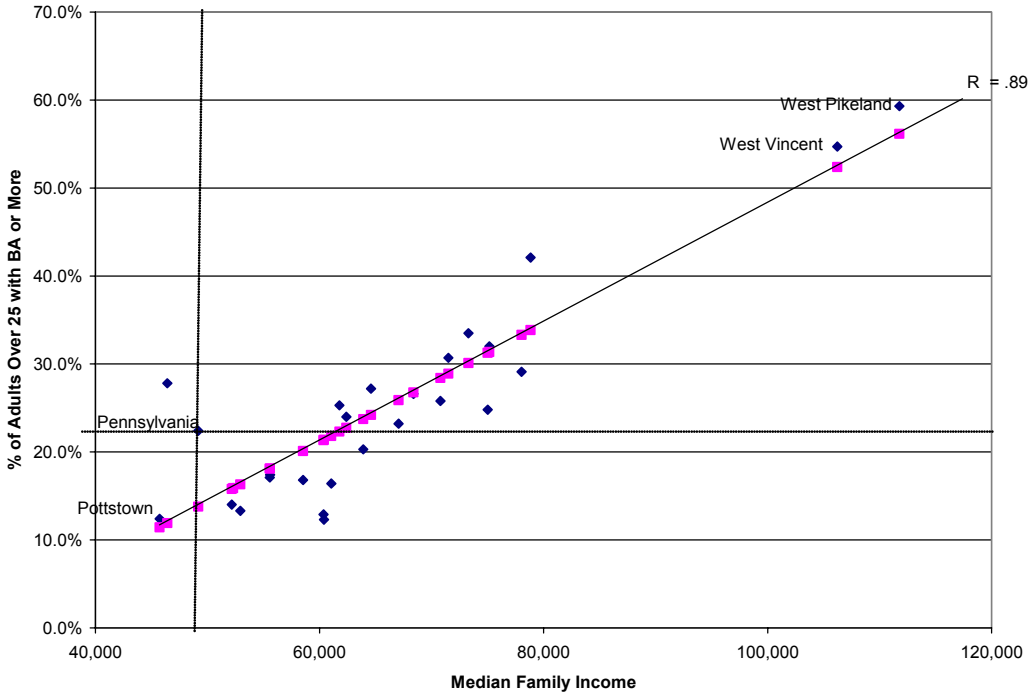
Source: U. S. Census 2000.

Figure II.6 Percent of Population Over 25 with a BA Degree or More



The relationship between education and income levels of townships is shown in **Figure II.7** ($R = .89$ $p<.001$). Pottstown is on the low end on both measures and West Pikeland and West Vincent stand out on the high end. Both the education and income levels of communities tend to be good predictors of health and wellness.

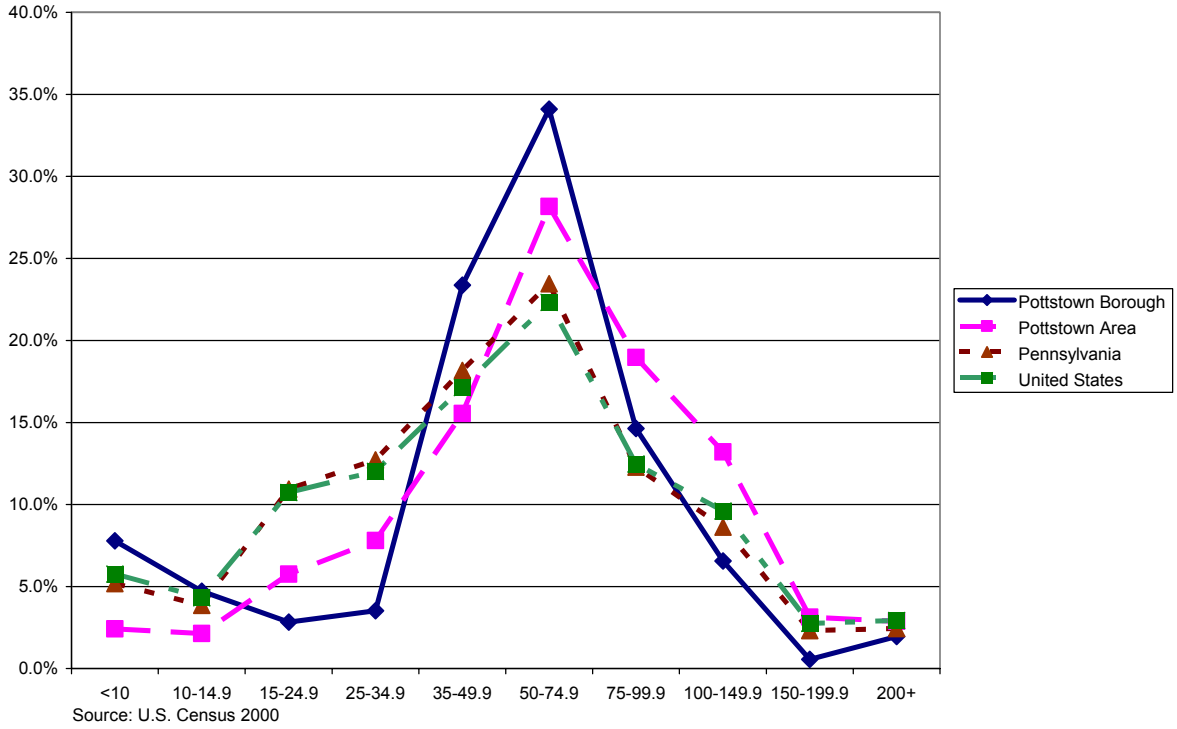
Figure II.7 Education and Income by Minor Civil Division in the Pottstown Area



Source: U.S. Census 2000.

As indicated in **Figure II.8**, the distribution of family income in Pennsylvania in 2000 closely matched that of the United States as a whole. In contrast, the Pottstown Area as a whole has a higher proportion of families with above average incomes and fewer with low incomes. For the Borough of Pottstown itself, a higher proportion falls in the middle range and the low end and fewer at the high end of the income distribution.

Figure II.8 Family Income Distribution by Area



Source: U.S. Census 2000

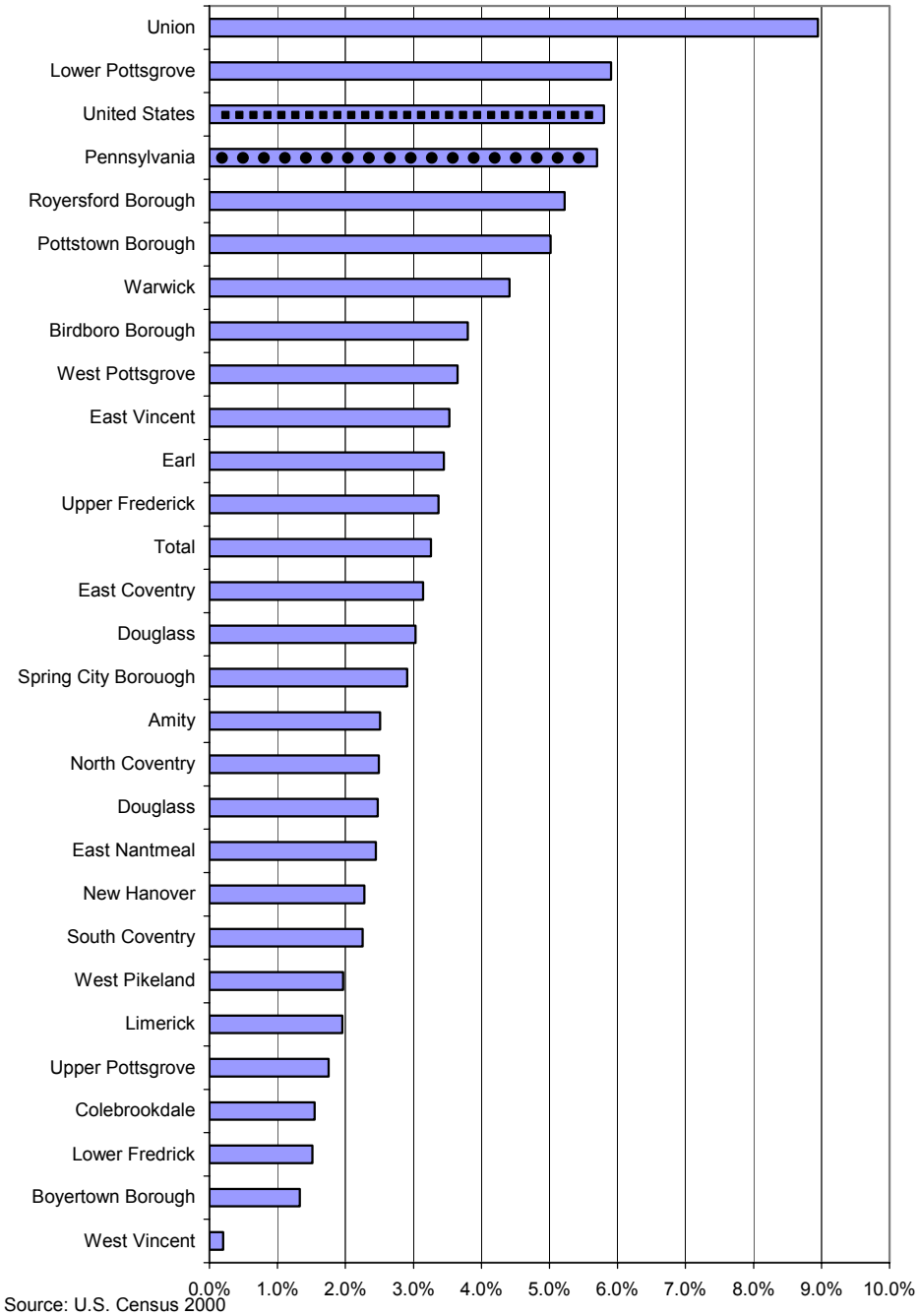
Elderly

The elderly have more needs for assistance and health care. Thirty four percent of the elderly (6,367 persons) living in the Pottstown Area have at least one disability. This is a somewhat lower rate of disability than for non institutionalized elderly persons in Pennsylvania (39%) and for the United States as a whole (42%) and suggests that a slightly less frail elderly population lives in their own homes in the Pottstown Area. Twenty eight percent of the elderly in the Pottstown Area (5,141 persons) were living alone in 2000, about the same percentage as in Pennsylvania and in the nation as a whole.

Economic Distress

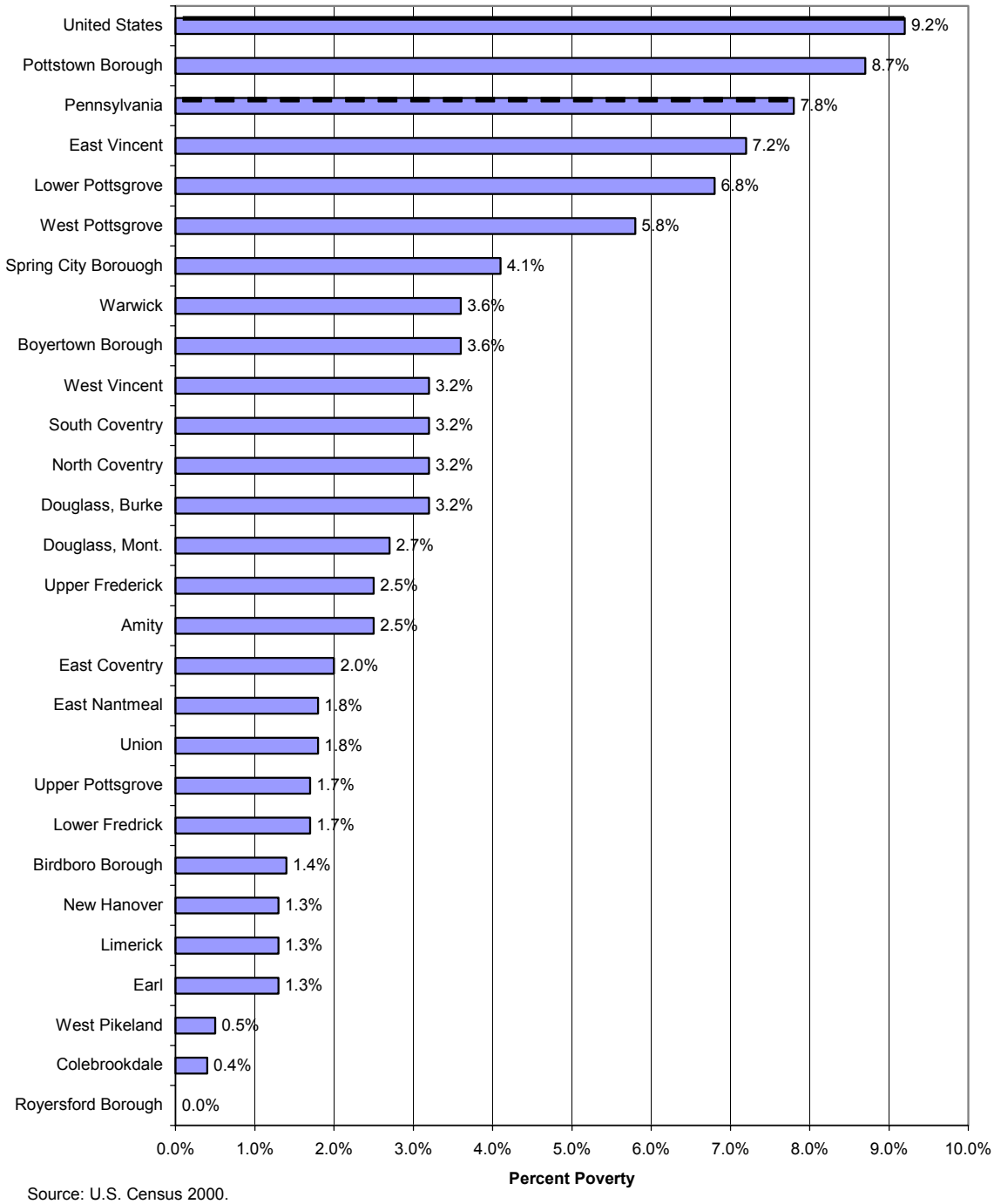
Economic distress affects the health of a population. The highest unemployment rates were in the township that also had the highest poverty rates and highest percent of rental occupied housing (See: **Figures II.8, II.9, II.10**). The Borough of Pottstown has the highest poverty rate, the fourth highest unemployment rate and the fourth highest rate of rental housing in the region. Yet, the Pottstown Area, as a whole, fares better on these indicators than Pennsylvania or the United States. Economic distress tends to be strongly related to the health and wellness of communities and this will be explored in the next section.

Figure II. 9 Unemployment Rates in the Pottstown Area, Pennsylvania and the United States 2000



Source: U.S. Census 2000

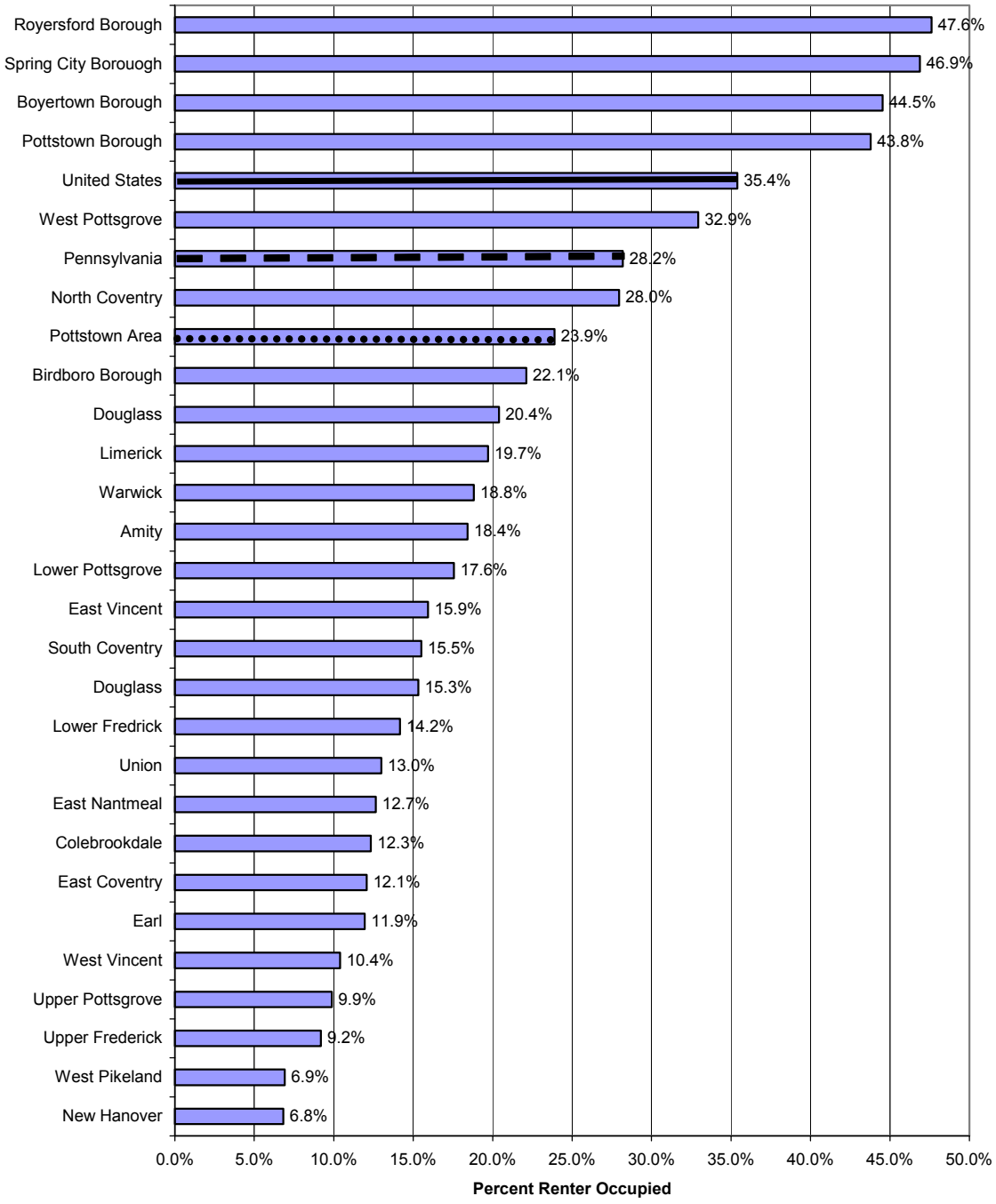
Figure II.10 Percent of Families in Poverty



Source: U.S. Census 2000.

Royersford data is reported as zero in the US Census.

Figure II.11 Percent Renter Occupied



2. Deaths

Figure II.12 compares "aged adjusted" death rates by selected cause of death for Pottstown, the Pottstown Area, the state and the nation as a whole. Age adjustment, described in the Appendix of this report, makes it possible to control for differences in the age structure in making comparisons. As is generally the conventional reporting in interpretable rates, no age adjusted rates were computed for those cells in the table for which fewer than 20 deaths were reported during 1999-2001. The Pennsylvania data were provided by the Bureau of Health Statistics and Research, Pennsylvania Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Figure II.12 Age Adjusted Death Rates and Total Deaths by Selected Cause 1999-2001

	Borough of Pottstown**	Area without Pottstown	Total Pottstown Area	Montgomery County	Pennsy-lvania	United States
Age Adjusted Death Rate						
DISEASES OF HEART	**282.1**	**234.6**	243.5	201.1	263.8	257.3
CANCER	**248.6**	202.8	208.6	188.9	205.6	198.8
STROKE	74.8	59.5	61.9	58.4	55.7	60.1
CHRONIC LOWER RESP.	**72.7**	45.8	50.1	36.2	39.4	44.4
ACCIDENTS	**60.6**	35.5	39.5	30.7	34.4	35.3
DIABETES MELLITUS	**38.7**	24.2	26.5	16.5	25.4	25.1
INFLUENZA/PNEUMONIA	*	25.0	23.7	20.1	18.9	23.1
NEPHRITIS/NEPHROSIS	*	17.2	18.0	13.6	17.8	13.5
SEPTICEMIA	*	12.0	13.9	16.3	17.1	11.3
ALZHEIMER'S	**37.2**	**23.8**	**26.5**	16.9	15.4	17.9
TOTAL	**1,086.1**	832.4	872.1	770.0	872.9	866.3
Total Deaths 1999-2001						
DISEASES OF HEART	233	810	1,043	5,725	121,274	2,136,094
CANCER	189	736	925	5,033	89,978	1,656,697
STROKE	61	200	261	1,655	26,017	498,565
CHRONIC LOWER RESP.	58	160	218	1,009	17,999	369,203
ACCIDENTS	44	125	169	768	13,529	297,297
DIABETES MELLITUS	30	88	118	446	11,318	209,027
INFLUENZA/PNEUMONIA	16	84	100	576	8,893	191,077
NEPHRITIS/NEPHROSIS	18	59	77	378	8,175	100,169
SEPTICEMIA	18	42	60	447	7,757	94,162
ALZHEIMER'S	32	77	109	496	7,466	147,926
TOTAL	855	2,922	3,777	21,097	389,170	7,211,175

Source:Commonwealth of Pennsylvania, Health Statistics and Research,
Selected Causes of Death by Age, MCD, and County,1999, 2000, 2001

US data: National Vital Statistics Reports Vol. 49, No. 8, Vol. 50 No. 15 and Vol 52 No. 3.

Age Standardization based on 2000 US Standard Million Population.

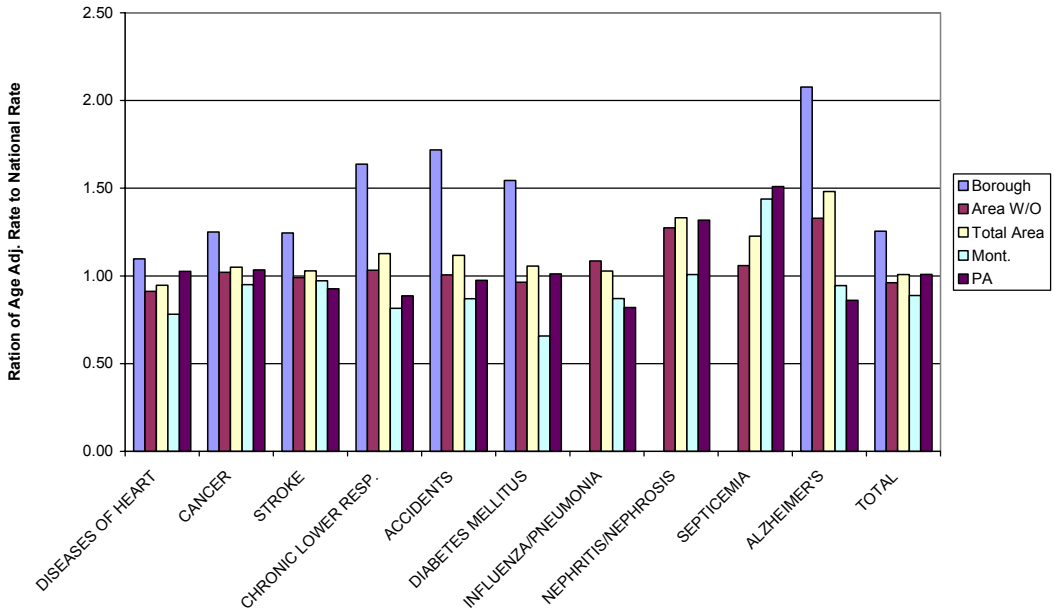
* Fewer than 20 cases

** Rates in Pottstown areas significantly higher or lower than national rates are noted in bold. (p<.05).

The age adjusted death rates for 1999-2001 for the Borough of Pottstown were significantly higher ($p < .05$) than state and national rates for all deaths, diseases of the heart, cancer, chronic lower respiratory disease, accidents and Alzheimer's. Rates for the Pottstown Area, excluding the Borough of Pottstown were about the same as state and national rates. Montgomery County as a whole had age adjusted rates generally lower than the state and national rates.

The age adjusted death rates for the Borough of Pottstown, the Pottstown Area, Montgomery County and Pennsylvania, relative to the United States as a whole, are compared in **Figure II.13**. The age adjusted total deaths of the Borough of Pottstown are 1.25 times higher and for the overall Pottstown area only 1.01 times the U.S. rate. The highest differences in death rates for the Borough of Pottstown and the United States were for Alzheimer's (2.08 times higher), accidents (1.72 times higher) chronic lower respiratory disease (1.64 times higher), Diabetes (1.54 times higher) and cancer (1.25 times higher). While income differences can perhaps explain some of the differences between the Borough of Pottstown and the outlying Pottstown Area, there are little differences in median incomes and poverty rates between Pottstown, Pennsylvania and the nation as a whole. In many respects, Pottstown Borough is a small town with big city problems. A perhaps more appropriate comparison is with large cities as presented in **Figure II.13a.** Pottstown Borough's age adjusted death rates are roughly identical to those of the City of Philadelphia, higher than Pittsburgh and substantially lower than those of Baltimore. Crude deaths for the Borough of Pottstown are lower than many cities of comparable size and age structure in Pennsylvania (e.g. Johnstown, Mckeesport, Hazelton, Scranton, Wilkes Barre, New Castle, Harrisburg, West Mifflin, and Altoona).[14:185]

Figrue II.13 Ratio of Age Adjusted Death Rates by Selected Cause of Death 1999-2001 by Area to National Rates



Source: PA Dept of Health and National Center for Health Statistics.

Figure II.13a. Large City Age Adjusted Death Rate Comparisons

	Borough of Pottstown	Philadelphia	Pittsburgh	Baltimore	Pennsy-lvania	United States
Age Adjusted Rate						
DISEASES OF HEART	282.1	297.5	257.2	348.0	263.8	257.3
CANCER	248.6	251.0	237.0	265.3	205.6	198.8
TOTAL	1,086.1	1,091.2	1,052.1	1,305.8	872.9	866.3
Ratio to US Rate						
DISEASES OF HEART	1.10	1.16	1.00	1.35	1.03	1.00
CANCER	1.25	1.26	1.19	1.33	1.03	1.00
TOTAL	1.25	1.26	1.21	1.51	1.01	1.00

Source: PA Department of Health and Big Cities Health Inventory 2003, National Association of County and City Health Officials, Benbow, N., editor. Washington, D.C. 2003. Washington, DC, Philadelphia, Pittsburgh, Baltimore and New York are based on 2000 data, Pottstown, Pennsylvania and the United States are based on 1999-2001 data.

Key to measuring quality of life is premature death. One measure of this, years of potential life lost before 65 per 100,000 population, is presented in **Figure II.14.** The number of years of life lost before 65 1999-2001 is twice as high in Pottstown as in the rest of the Pottstown Area and 40% higher than these rates in 2001 for Pennsylvania and the United States as a whole. Years life lost before 65 from cancer in the Borough of Pottstown is about twice as high as in these other areas.

Figure II.14 Years of Potential Life Lost under 65 per 1,000 persons under age 65

By Selected Causes of Death
Pottstown Region, 1999-2001(1)

	Pottstown Borough	Area Excluding Pottstown	Pottstown Area	Pennsyl-vania 2001 (2)	United States 2001 (2)
DISEASES OF HEART	4.8	3.9	4.0	5.6	5.6
CEREBROVASCULAR	(3)	0.9	1.0	0.8	1.0
CANCER	15.1	6.8	7.9	7.6	7.5
ACCIDENTS-ALL	12.1	5.8	6.7	8	8.2
CHRONIC LOWER REP	(3)	0.3	0.7	0.5	0.6
DIABETES	(3)	0.6	0.9	0.9	0.8
SUICIDE	(3)	2.2	2.4	2.6	2.6
TOTAL DEATHS	65.6	31.0	35.9	45.7	45.9

(1) Source: Bureau of Health Statistics and Research, Pennsylvania Department of Health.
The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
(2) Source: National Center for Health Statistics (NCHS) Vital Statistics System 2001
(3) < 20 Deaths.

3. Births

Between 1997 and 2002, 2,031 births were recorded in Pottstown and 10,110 in the Pottstown Area as a whole. As indicated in **Figure II.15**, the region fared relatively well in terms of infant death rates with 4.9 deaths per 1,000 births in Pottstown and 5.0 for the region as a whole, compared to 4.6 for Montgomery County and 6.0 for Pennsylvania as a whole.

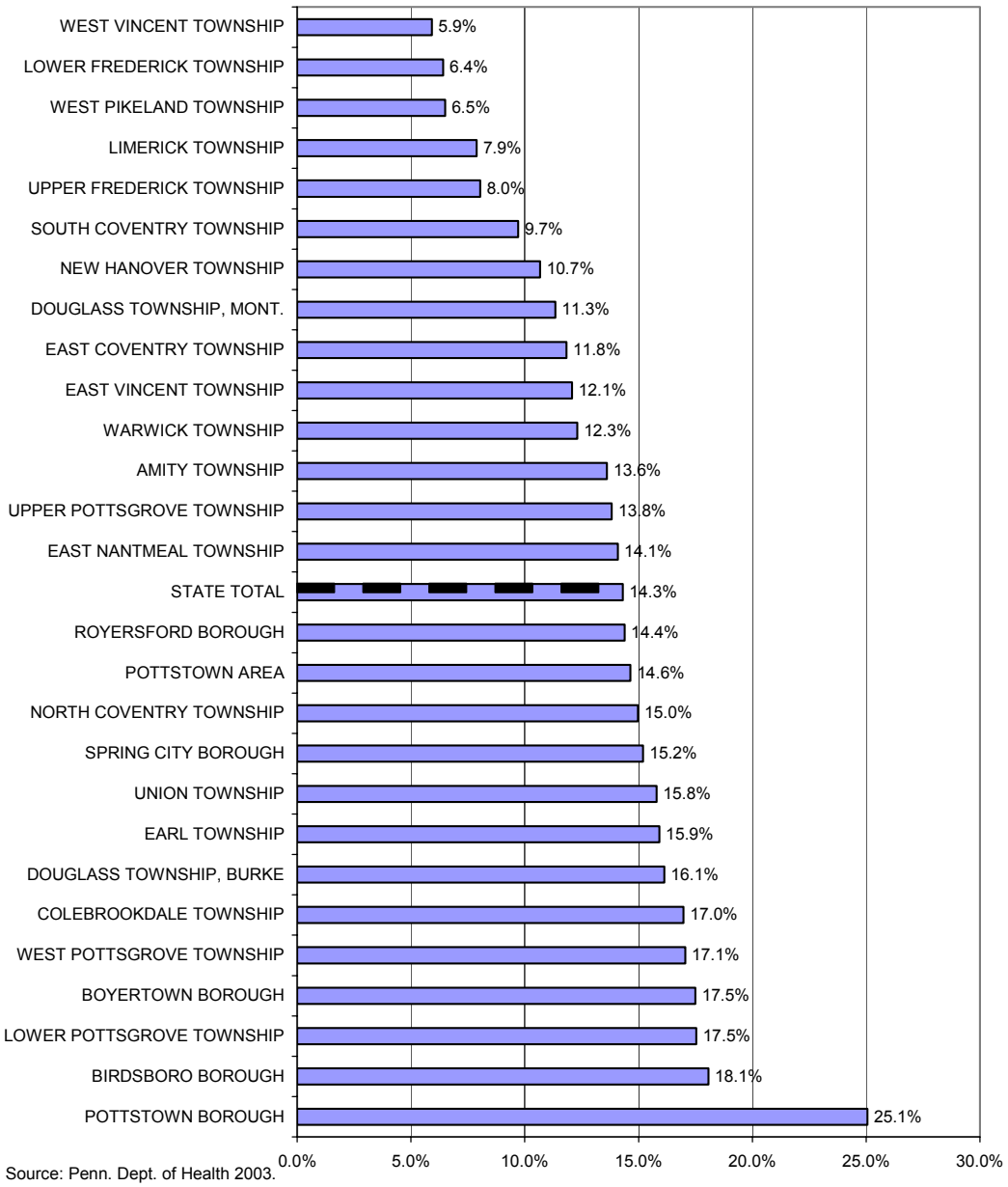
Figure II. 15. Infant Births, Deaths and Deaths Per 1,000 Live Births 1997-2003

	DEATHS	BIRTHS	DEATHS /1,000
BERKS			
BIRDSBORO BOROUGH	2	487	4.1
BOYERTOWN BOROUGH	2	320	6.3
AMITY TOWNSHIP	3	790	3.8
DOUGLASS TOWNSHIP	4	230	17.4
EARL TOWNSHIP	1	152	6.6
UNION TOWNSHIP	2	188	10.6
CHESTER			
SPRING CITY BOROUGH	1	248	4.0
EAST COVENTRY TOWNSHIP	1	230	4.3
NORTH COVENTRY TOWNSHIP	1	446	2.2
WEST PIKELAND TOWNSHIP	2	329	6.1
MONTGOMERY			
POTTSTOWN BOROUGH	10	2,031	4.9
ROYERSFORD BOROUGH	1	366	2.7
DOUGLASS TOWNSHIP	8	673	11.9
LIMERICK TOWNSHIP	6	1,445	4.2
LOWER FREDERICK TOWNSHIP	1	475	2.1
LOWER POTTSGROVE TOWNSHIP	2	955	2.1
NEW HANOVER TOWNSHIP	3	421	7.1
UPPER POTTSGROVE TOWNSHIP	1	324	3.1
POTTSTOWN REGION	51	10,110	5.0
TOTAL BERKS	175	27,421	6.4
TOTAL CHESTER	156	34,096	4.6
TOTAL MONTGOMERY	260	55,992	4.6
STATE TOTAL	5,232	866,059	6.0

Source: Penn. Department of Health 2003.

Prenatal care beginning within the first trimester of pregnancy is considered to be critical in assuring the health of the mother and infant. As indicated in **Figure II.16,** 14.6% of the births in the Pottstown Area received late or no prenatal care, slightly higher than the overall rate for Pennsylvania (14.3%). The highest percent of late or no prenatal care takes place in the Borough of Pottstown (25.1%).

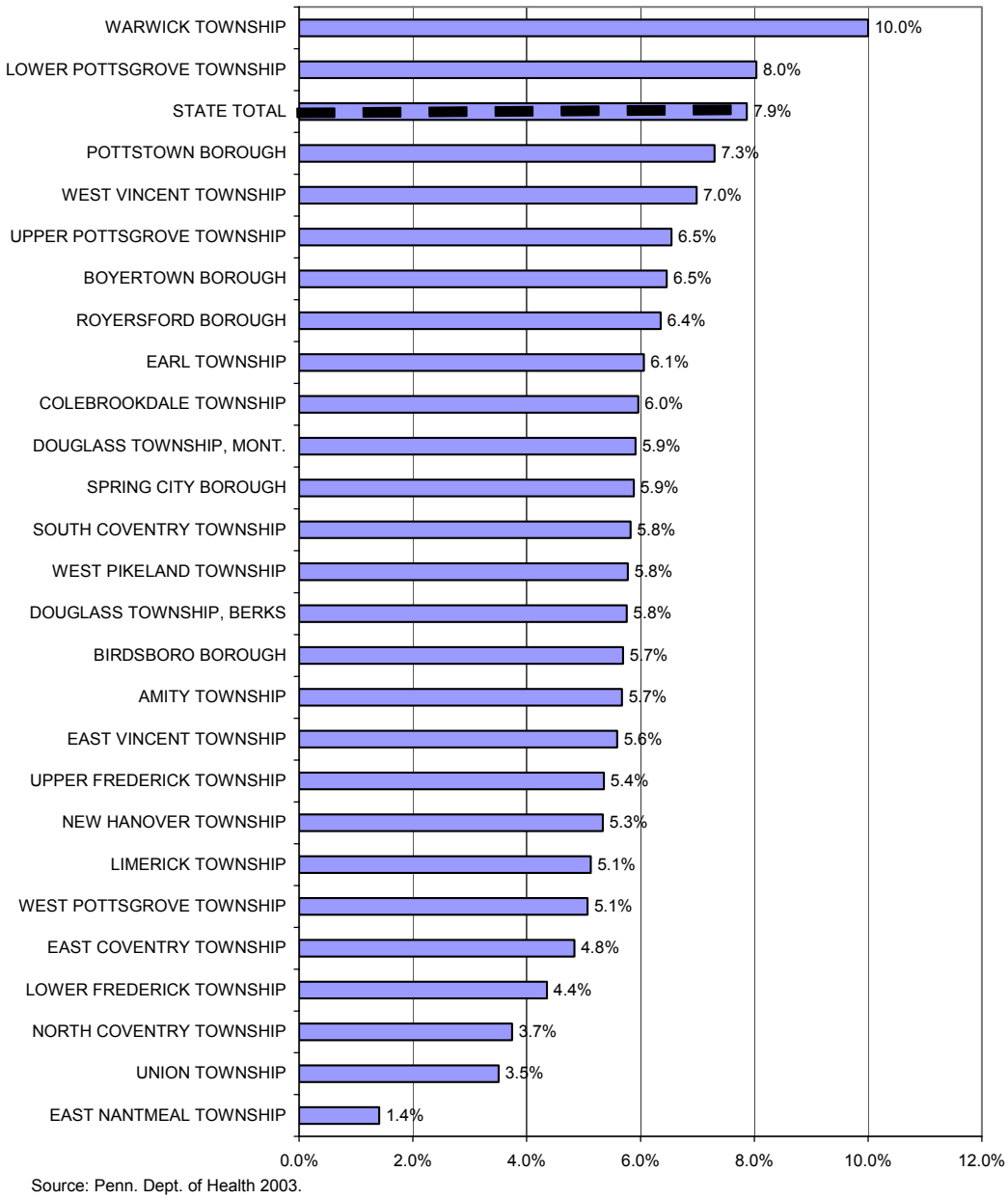
Figure II. 16. Percent of Births with Late or No Prenatal Care 1998-2002



Source: Penn. Dept. of Health 2003.

Low birth weight infants tend to experience high rates of medical and developmental problems. As indicated in **Figure II.17**, most of the regions townships and municipalities experienced a lower percent of low weight births than the state of Pennsylvania as a whole.

Figure II.17. Percent of Low Birth Weight (<2,500 Grams) Births 1998-2002

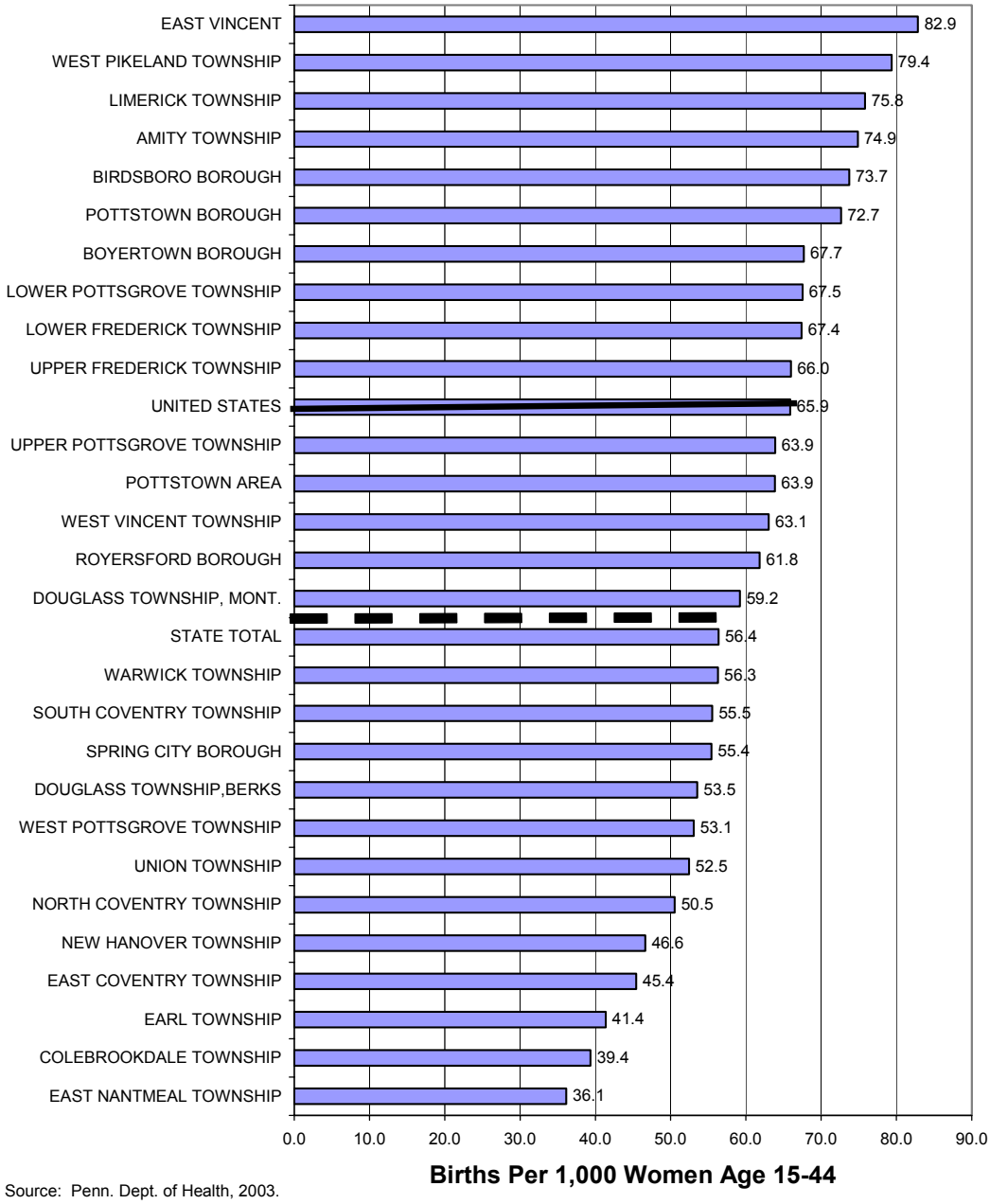


Source: Penn. Dept. of Health 2003.

Teen parents face many more challenges in raising healthy children. Of the 10,164 births taking place in the Pottstown Area between 1998 and 2002, 186 or 1.8% were to mothers under the age of 18. The Borough of Pottstown however had 75 of these teen births representing 4.5% of their births, higher than the state rate of 3.5%.

As indicated in **Figure II.18**, the highest fertility rates (births per 1,000 women 15-44) are along the 422 corridor to the East of Pottstown (East Vincent, West Pikeland and Limerick) and to the west (Amity and Birdsboro) where some of the more rapid population growth has taken place in the last decade.

Figure II. 18. Fertility Rate 1998-2002



Source: Penn. Dept. of Health, 2003.

4. Cancer Incidence Rates

In response to local concerns about the Pottstown Landfill, in the fall of 2003, the Pennsylvania Department of Health's Epidemiology Branch completed analysis of incidence of cases reported to the cancer registry between 1985 and 2002 for Zip code 19464. [11] The Zip code encompasses Pottstown, Lower, Upper and West Pottsgrove. Given the rare incidence of childhood cancers that are of particular concern to area residents, it was necessary to combine reports across the entire period existing in the registry. Even so, this resulted in only 54 childhood cases, limiting the conclusions that could be drawn. The observed and expected number of cases was based on overall Pennsylvania rates reported for 22 types of cancer. A total of 4,415 cancer cases were reported to the registry for this Zip code during these years. The expected number of cases was calculated by multiplying the age specific rates for Pennsylvania as a whole during three time periods (1985-89, 1990-94 and 1995-2002) by the population in this age group in the 19464 Zip code, accumulating a total from these age specific expected cases. **Figure II.19** summarizes the results for all cases and then specifically for pediatric cases (age <20).

The incidence ratio for all cancers (Observed/Expected) was .98, indicating that the number of cases in the Zip code did not differ significantly from what would be expected from cancer rates in Pennsylvania as a whole. Some incidence ratios did differ significantly from what one would expect by chance ($p < .05$): Pancreas (1.35), Melanoma (1.34), Breast (.92), Cervix (2.88), Thyroid (1.30) and Leukemia (1.31). Also for the 54 childhood cancers reported between 1985 and 2002, the incidence ratio for all cancers (1.35) and for Kidney-Renal Pelvis related cancers (4.32) was significantly higher than what would be expected by chance. The study concludes that, "based on the types of cancer in the area and the rates, there isn't any indication that the environment contributes to the cancer rates."[11 : 10] However, with regard to the landfill, the study does not address the concerns raised by environmental activists about a possible cluster of cancers and other diseases in the immediate vicinity of the land fill. A study of cancer rates in the Pottstown area by researchers at the University of Pittsburgh Cancer Center, after clearing review by the Bureau of Epidemiology of the Pennsylvania Department of Health is expected to be released later this year.

Figure II.19a & II.19b Observed Cancer Cases and Observed/Expected Incidence Ratios
ZIP code Area 19464 (Pottstown and Upper, Lower and West Pottsgrove)

a. All Cases

	Cases Observed	Standardized Incidence Ratio Observed/Expected
All Cancers	4,414	0.98
Mouth	86	0.94
Esophagus	44	0.96
Stomach	84	1,05
Pancreas	112	1.36+
Colon Rectum	630	0.98
Larynx	38	0.7
Lung	651	0.91
Melanoma	110	1.34+
Breast	651	0.92+
Uterus	131	0.93
Cervix	138	2.88+
Ovary	71	0.86
Prostate	521	0.93
Testicular	18	0.83
Kidney	118	1.18
Bladder	191	0.89
Brain/Nervous	68	1.15
Thyroid	58	1.3
Hodgkin Lymph.	29	1.04
NH. Lymphomas	150	0.97
Multiple Myeloma	35	0.8
Leukemia	123	1.31+

b. Pediatric Cases (Age <20)

	Observed Cases	Standardized Incidence Ratio Observed/Expected
All Cancers	54	1.35+
Leukemia	14	1.44
Brain-Nervous Sys	9	1.26
Hodgkin's disease	2	0.61
NH Lymphomas	4	1.58
Kidney-Renal-Pelvis	8	4.32+
Thyroid	1	0.98

Source: Bureau of Epidemiology, Pennsylvania Department of Health 2003
"+" Statistically significant P <.05. Expected values were based on age specific rates for Pennsylvania as a whole during 1985-89, 1990-94 and 1995-2002 multiplied by the Zip Code area population in that age group and then summed across all age groups.

5. Reportable Diseases

Figure II.19c summarizes the incidence and average annual rates per 100,000 population for the zip codes composing different parts of the Pottstown Area, the three counties that this area is a part and Pennsylvania as a whole**.** The AIDS rate is higher for Pottstown than the outlying area and Lyme disease rates in the area surrounding Pottstown are higher than Pottstown and substantially higher than the overall state rate. There is little significant difference in rates between these different geographic areas for the other reportable diseases listed in this figure.

Figure II.19c Reportable Disease Incidence and Average Annual Rates Per 100,000 for 1999-2001

	Total	Rate		Total	Rate
AIDs			**Lyme**		
Pottstown	11	6.5	Pottstown	117	52.0
Other Zips	13	3.2	Other Zips	383	71.0
Total Pottstown Area	24	4.2	Total Pottstown Area	500	65.4
Berks County	102	9.2	Berks County	332	29.9
Chester County	49	3.7	Chester County	2,257	172.7
Montgomery County	109	4.9	Montgomery County	1,205	53.9
Pennsylvania	4,795	13.1	Pennsylvania	7,860	21.5
Campylobacteriosis			**Rabies (Animals)**		
Pottstown	20	8.9	Pottstown	**	**
Other Zips	40	7.4	Other Zips	17	NA
Total Pottstown Area	60	7.8	Total Pottstown Area	**	**
Berks County	133	12.0	Berks County	36	NA
Chester County	180	13.8	Chester County	63	NA
Montgomery County	261	11.7	Montgomery County	42	NA
Pennsylvania	3,814	10.4	Pennsylvania	1,212	NA
Giardiasis			**Salmonellosis**		
Pottstown	31	13.8	Pottstown	26	11.6
Other Zips	69	12.8	Other Zips	62	11.5
Total Pottstown Area	100	13.1	Total Pottstown Area	88	11.5
Berks County	69	6.2	Berks County	131	11.8
Chester County	257	19.7	Chester County	168	12.9
Montgomery County	311	13.9	Montgomery County	325	14.5
Pennsylvania	3,270	8.9	Pennsylvania	4,336	11.9

Figure II.19c Reportable Disease Incidence and Average Annual Rates Per 100,000 for 1999-2001 (con.)

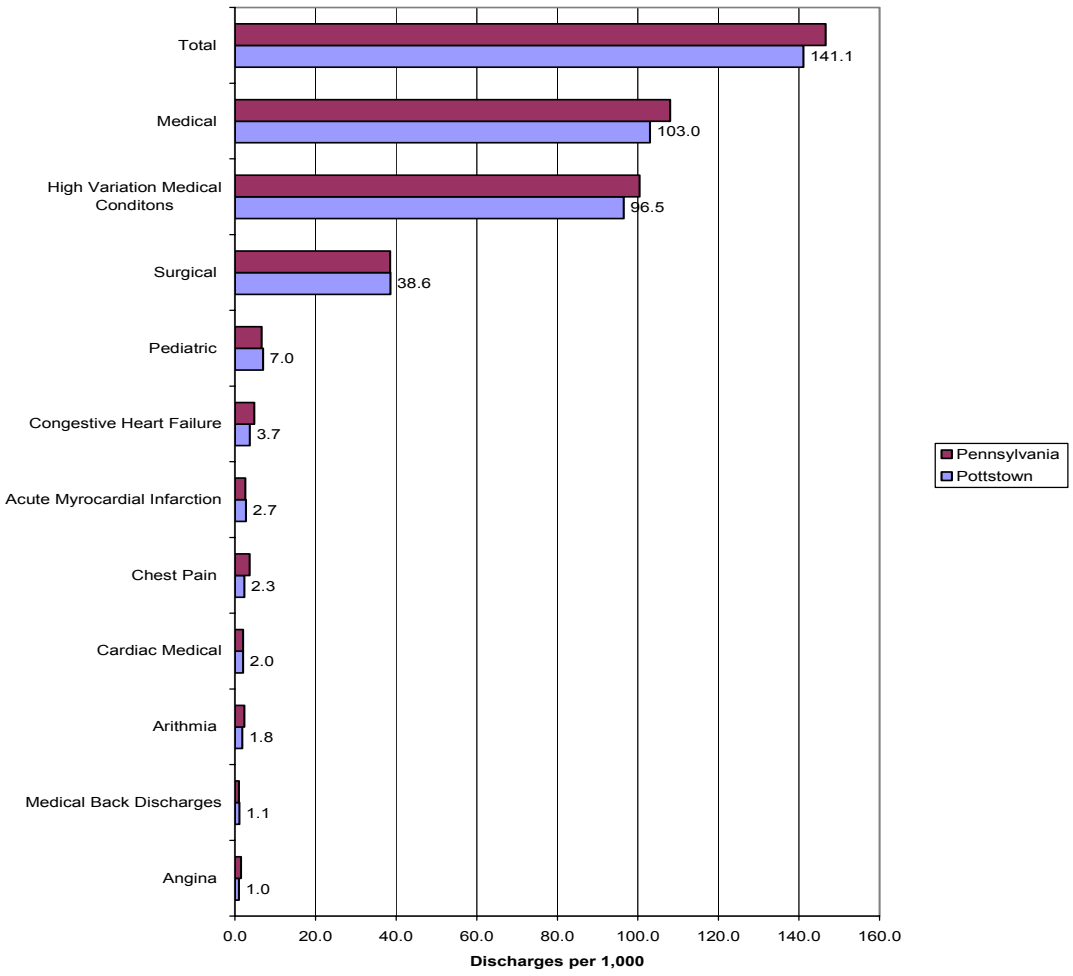
	Incidence	Rate		Incidence	Rate
Hepatitis: Type A			**Shigellosis**		
Pottstown	5	2.2	Pottstown	6	2.7
Other Zips	5	0.9	Other Zips	11	2.0
Total Pottstown Area	10	1.3	Total Pottstown Area	17	2.2
Berks County	16	1.4	Berks County	17	1.5
Chester County	43	3.3	Chester County	23	1.8
Montgomery County	55	2.5	Montgomery County	52	2.3
Pennsylvania	1,097	3.0	Pennsylvania	1,080	3
Hepatistis: Type B					
Pottstown	**	**			
Other Zips	9	6.7			
Total Pottstown Area	**	**			
Berks County	22	2.0			
Chester County	13	1.0			
Montgomery County	36	1.6			
Pennsylvania	864	2.4			

Source: Bureau of Health Statistics and Research, Pennsylvania Department of Health 2004 and U.S. Census 2000.
*Incidence and average annual rates for the Pottstown area, except for AIDS, include 2002.
**Pennsylvania Department of Health Policy restricts releasing exact numbers when the cell count is less than five. This helps ensure patient privacy.
The disease counts in this table included confirmed, probable and suspect cases, they may not include all cases during the reporting period due to reporting delays
Pottstown incidence and rates were based on ZIP codes 19464 and 19465. Other ZIPS included in the Pottstown Area for this table include: 19512, 19468, 19525, 19518, 19475, 19473, 19508, 19426,19435 and 18074.

6. Hospital Use Rates

Hospitalization rates offer an indirect indicator of the relative morbidity in a population. We rely here on a study conducted by the Dartmouth Medical School Center for Evaluative Clinical Services for Pennsylvania.[15] The rates were calculated using the Pennsylvania Health Care Cost Containment Council data base, for the Pottstown Hospital Service Area, a ZIP code defined area around Pottstown with a population of approximately 84,000 where the largest proportion of hospital admissions take place at Pottstown Memorial Hospital. **Figure II.20** summarizes the comparison between the Pottstown Hospital Service area use patterns and those of Pennsylvania as a whole. Age adjusted hospital discharge rates for the Pottstown hospital service were quite similar to those of the state as a whole. With the exception of pediatric and surgical discharge rates, the Pottstown Area rates are slightly lower than those for the state as a whole.

Figure II.20. Age Adjusted Discharges Rates Per 1,000 Population



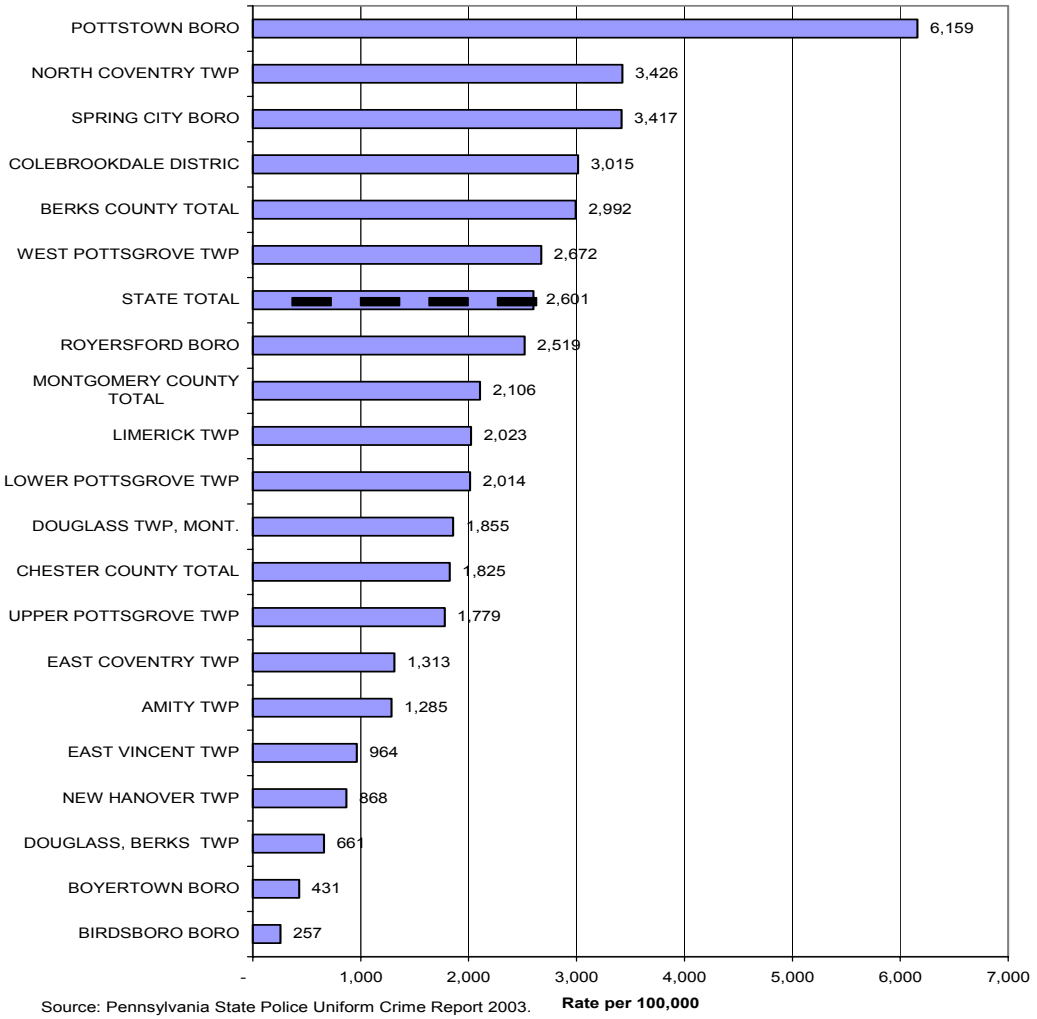
7. Other Indicators of the Health of Communities

The schools and criminal justice system provide many indicators that can be used to assess the health of communities. The most commonly used ones will be summarized here.

a. Uniform Crime Reports

Health is affected by the degree of social disorganization people face and community crime rates provide a good measure of this. **Figure II. 21** summarizes the Part I. Crime statistics, or more serious crimes submitted by various jurisdictions to the Uniform Crime Reporting System in 2002.[16] Pottstown, with the highest rate in the region, had a rate of Part I Crimes per 100,000 that was more than twice the state rate. In 2002 it reported one murder, thirteen rapes, sixty robberies, one-hundred and twenty five assaults and one-hundred and eighty-five burglaries.

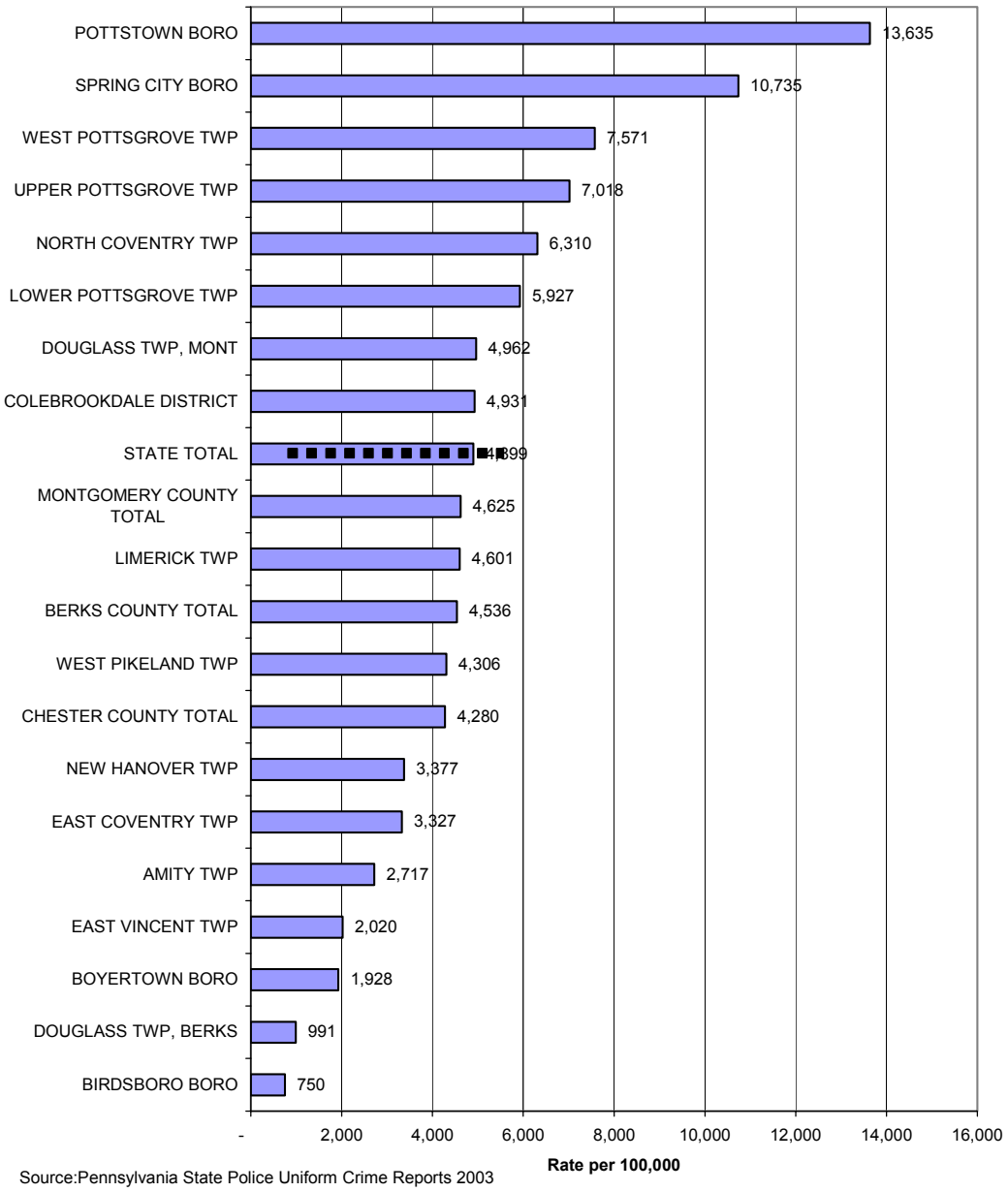
Figure II.21. Part I Crime Rate Per 100,000 Population by Submitting Jurisdiction 2002



Source: Pennsylvania State Police Uniform Crime Report 2003.

Figure II.22 summarizes the crime rate for Part 2 or more minor offenses for reporting jurisdictions. Pottstown has a rate that is 2.7 times the state rate. In 2002 this involved a total 2,982 such crimes were reported in Pottstown, including 747 acts of vandalism, 682 disorderly conducts, 342 assaults, 312 acts of drunkenness, 172 possession of narcotics, 105 driving while intoxicated, and 15 arrests for prostitution.

Figure II.22. Part II. Crime Rate Per 100,000 Population by Jurisdiction



Source:Pennsylvania State Police Uniform Crime Reports 2003

b. School District Demographics

Schools exert a critical influence on the long term health of individuals and are in turn shaped by the physical and economic health of the children and families they serve. **Figure II.23** summarizes the characteristics of the school districts serving the Pottstown Area. The Pottstown school district has the highest percent of children eligible for free or reduced cost lunches (43%) and the highest percent of special education enrollment (20%).

As indicated in **Figure II.24**, there is a strong inverse relationship between the percent of children from low income families and reading test scores. (R= .91, p<.001)

Figure II. 23 Pottstown Area School District Demographics

	Dropout rate (4)	Low Families (2)	Total Enrollment (7)	Special Ed Enrollment (5)	Percent Special Ed (5)	Limited English Proficiency Enrollment (6)	PSSA-Reading (3)	PSSA-Math (3)
State total	2.2	31%			13%		1320	1320
Boyertown Area School District	1.0	9%	6723	735	11%	12	1340	1370
Daniel Boone Area School District	2.5	13%	3160	384	12%	(1)	1370	1350
Owen J Roberts School District	0.9	9%	3957	541	14%	9	1380	1390
Pottstown School District Total	3.9	43%	3218	629	20%	16	1260	1280
Pottsgrove School District Total	1.9	15%	3250	355	11%	15	1370	1380
Spring-Ford Area Total	1.2	7%	6020	787	13%	22	1410	1400
Total Pottstown Area			26,328	3,431	13%			

Source: Pennsylvania Department of Education, 2003

(1) District not reporting

(2) http://www.pde.state.pa.us/k12statistics/lib/k12statistics/93-92thru2001-02PerEnLowInFam.xls
Percent of students receiving free and reduced lunch

(3) Performance Levels and Scaled Scores by District-Reading and Math-Grade 11
http://www.pde.state.pa.us/a_and_t/cwp/view.asp?A=3&Q=83730#exce

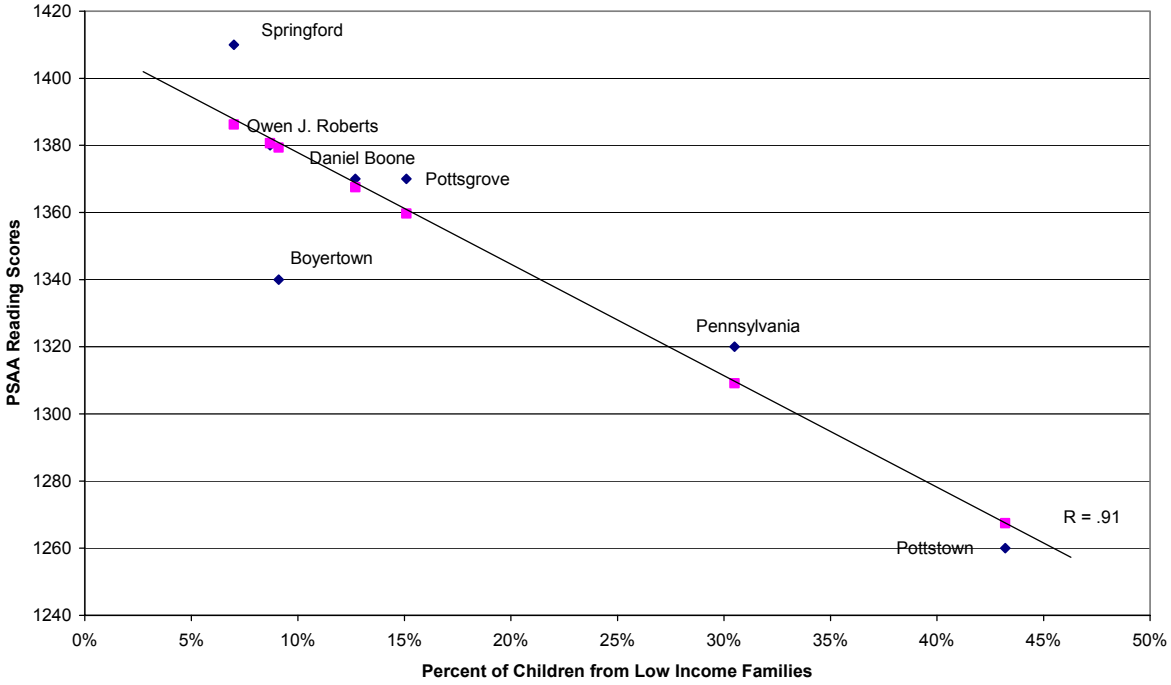
(4) http://www.pde.state.pa.us/k12statistics/lib/k12statistics/01-02pubdropsbyschool.pdf

(5) http://ed.hbg.psu.edu/documents/PennDataBooks/SpecialEd_01-02.pdf

(6) http://www.pde.state.pa.us/esl/lib/esl/LEP800_1999_-_2000_Student_Count_by_School.pdf LEP Counts by School-2001-2

(7) School Report Cards http://www.paprofiles.org/

Figure II.24 Pottstown Area School Districts by Percent of Children From Low Income Families and PSSA Reading Test Scores 2001-2



Source: Penn. Dept. of Ed. 2003.

7. Health Interview Survey

A telephone health interview survey was conducted of 1,000 households by PRC Inc. of Omaha, Nebraska in November and early December 2003. The questionnaire was adapted from the Center for Disease Control's Behavioral Risk Factor Survey conducted annually for Pennsylvania by the Pennsylvania Department of Health and by public health departments in most other states.[17] The survey was a stratified random probability sample designed to provide estimates of (1) the environmental factors affecting health, (2) access to care and preventive services, (3) behavioral risks and (4) health status of the adult population in the Pottstown Area. Five hundred adults in the Borough of Pottstown were interviewed and five hundred from the surrounding area. The over sampling of the Borough of Pottstown was designed to provide more reliable comparisons between the Borough and surrounding area. A similar survey of 1,000 households for the nation as whole was completed in the fall of 2003 by PRC enabling a comparison of the Pottstown Area with the United States as a whole. Both surveys are available for further analysis by community groups interested in using it for their own planning purposes. The survey results are available on the web using an easily mastered (five to ten minutes) software package. A copy of the survey instrument, sampling methodology, response rate and process for estimating confidence intervals around the sample estimates are supplied in an appendix to this report.

Figure II.25, presents a summary of the results comparing the Borough of Pottstown, the rest of the Pottstown Area and the United States as a whole.

1. Physical and Social Environment: Respondents were first asked an open ended question about what they felt was the health issue or concern for where more resources were needed. Cancer, concerns about the landfill, nuclear power station, air pollution and other environmental issues were frequently mentioned along with the more typically voiced concerns in community surveys about the cost of care, insurance and problems with caring for the elderly. While many have lived their whole lives in this community, about 20 percent have relocated to the area in the last five years. Pottstown Borough residents were more likely to mention proximity to relatives as a reason for living in the community, even though far fewer rated the conditions of the homes in their neighborhood as excellent. Reflecting the census statistics presented earlier, fewer Pottstown Borough residents had advanced degrees and fewer had household incomes above 200% of the poverty level. 5% of respondents in the Borough of Pottstown reported being a victim of a violent crime in the last five years and 5.1% reported being a victim of domestic violence in the last five years, higher than the outlying area and the nation as a whole.

2. Use of Services: Pottstown Borough residents reported more difficulty getting to see physicians and they were more likely to report that the cost of physician care and the cost of prescription medications caused them to avoid seeking care they felt that they needed. Nevertheless, in terms of preventive care and health screening, there was little difference between the Borough and the remaining area and most of these measures were close to Healthy People 2010 goals.

3. Behavioral Risks: Smoking rates are significantly higher in the Borough of Pottstown (31.3%) and the Pottstown Area as a whole (23.7%) than the United States (20.9%). Smoking rates for women of childbearing age were substantially higher throughout the Pottstown Area (36.2%) than the United States as a whole. Chronic drinking (6.3% of adults in the Pottstown Area have 60 or more drinks per month) and binge drinking (19% of adults in the Pottstown Area have had five or more drinks on one occasion in the last month) are higher than the national rate and well above *Healthy People 2010* goals. Pottstown Borough adults are more likely to be obese and less likely to engage in vigorous exercise than in the outlying Pottstown Area. Almost twice as many children age 6-17 (30.7%) in Pottstown Borough were reported to be overweight than in the outlying areas. Childhood obesity is associated with significant health problems in children and is an important early risk factor for much adult morbidity and mortality.[18] As indicated in **Figure II. 26**, adults that are obese in the Pottstown Area have significantly higher rates of poor health, high blood pressure, diabetes, chronic back pain and depression. Nationally, the medical costs of obesity have been estimated to account for 9.1% of all annual health expenditures or 93 billion dollars a year. [19]

4. Health Status: Pottstown Area residents, both in the Borough of Pottstown and in the outlying area, assessed their health as poorer than the nation as a whole. 14.8% rated their health as only fair or poor. A higher proportion of residents of the Borough of Pottstown reported the following chronic conditions: Chronic lung diseases, including bronchitis and emphysema, asthma, arthritis, major depression, migraine and severe headaches and diabetes than in the outer Pottstown Area and the nation as a whole.

Figure II.25 Houshold Survey Summary

1. Pottstown Area Environment

a. Physical Environment

What do you feel is the number one health issue or concern in your community that more resources are needed to address?	Borough of Pottstown	Area w/o Pottstown	Pottstown Area
(10 most frequent mentions)			
Cancer/Environment	21.6%	17.2%	17.8%
Landfill/Dump	9.4%	6.4%	6.9%
Power Plant	6.7%	4.9%	5.2%
Cost of Prescriptions	2.7%	4.0%	3.8%
Insurance	1.2%	3.8%	3.4%
Elderly Care	2.2%	3.0%	2.9%
Smoking	0.9%	2.8%	2.5%
Environmental Issues	2.2%	2.5%	2.5%
Cost of Health Care	0.4%	2.7%	2.3%
Air Pollution	3.2%	1.7%	1.9%
Average Number of Years in Residence	28.8	29.3	29.5
Resident for Five Years or Less	23.8%	19.5%	20.0%
Reasons for living in community (10 most frequent mentions)			
Respondent's Job	17.3%	20.8%	20.2%
Housing	6.7%	**17.5%**	15.5%
Relatives Here	**26.4%**	10.6%	13.4%
Spouse's Job	9.3%	12.2%	11.7%
Affordability	14.2%	9.7%	10.5%
Likes It	2.8%	9.4%	8.2%
Have Always Lived Here	6.5%	4.2%	4.6%
Quiet	0.6%	4.1%	3.5%
Medical Care	2.5%	2.8%	2.7%
Good Location	3.7%	2.1%	2.4%
Do you:			
Own Your Own Home or Condominium	56.3%	**78.6%**	75.3%
Rent a House	12.2%	6.3%	7.2%
Rent An Apartment	**26.1%**	8.7%	11.3%
Live in Subsidized Housing	2.6%	0.8%	1.1%
or Live With Your Parents or Other Relative	2.8%	5.6%	5.2%
Overall, how would you describe the condition of the homes in your neighborhood? Would you say:			
Excellent	15.8%	**37.2%**	34.1%
Very Good	32.0%	39.2%	38.2%
Good	**35.8%**	19.0%	21.5%
Fair	**13.0%**	4.2%	5.5%
or Poor	**3.5%**	0.3%	0.8%
Sample (n)	500	500	1,000
Weighted sample size	148	852	1,000
Total Adult Population (N)	16,260	94,115	110,375

Figure II.25 Pottstown Area Household Survey Summary (Con.)

b. Social Environment of Residents

Are you:	Borough of Pottstown	Area w/o Pottstown	Pottstown Area	US 2003
Married	41.4%	**65.0%**	61.5%	53.3%
Divorced	**15.3%**	8.8%	9.7%	10.7%
Widowed	12.6%	8.7%	9.3%	8.7%
Separated	2.5%	0.8%	1.0%	3.4%
Never Been Married	**22.1%**	12.7%	14.1%	21.9%
or A Member of an Unmarried Couple	6.2%	3.9%	4.3%	2.1%
What is the highest grade or year of school you have completed?				
Never Attended School or Kindergarten Only	0.0%	0.2%	0.2%	0.1%
Grades 1 through 8 (Elementary)	2.0%	2.2%	2.2%	2.5%
Grades 9 through 11 (Some High School)	12.2%	7.9%	8.5%	6.8%
Grade 12 or GED (High School Graduate)	41.6%	34.8%	35.8%	30.9%
College 1 Year to 3 Years (Some College or Technical School)	24.2%	25.3%	25.1%	28.7%
Bachelor's Degree (College Graduate)	15.5%	21.9%	20.9%	20.1%
Postgraduate Degree (Master's, M.D., Ph.D., J.D.)	4.5%	7.7%	7.3%	11.0%
Are you currently:				
Employed for Wages	51.6%	57.6%	56.7%	52.3%
Self-employed	4.5%	6.6%	6.3%	6.5%
Out of Work for More Than 1 Year	4.6%	1.1%	1.7%	1.9%
Out of Work for Less Than 1 Year	3.8%	3.3%	3.3%	3.7%
A Homemaker	7.2%	9.6%	9.3%	8.1%
A Student	1.3%	1.1%	1.1%	5.1%
Retired	19.3%	17.2%	17.5%	17.2%
or Unable to Work	7.8%	3.5%	4.1%	5.3%
Household Poverty				
Below Poverty	**9.9%**	3.1%	4.1%	10.3%
100%% to 200%% Poverty	24.1%	13.5%	15.0%	16.7%
Over 200%% Poverty	66.0%	**83.5%**	80.9%	73.1%
Age				
18 to 39	42.0%	35.9%	36.8%	43.7%
40 to 64	36.2%	47.3%	45.6%	39.1%
65/Over	**21.8%**	16.8%	17.5%	17.2%
Victim of a violent crime in your area in the past 5 years?	**5.0%**	1.0%	1.6%	2.8%
Victim of domestic violence in the past 5 years?	**5.6%**	1.8%	2.4%	3.3%
Sample (n)	500	500	1,000	1,000
Weighted sample size	148	852	1,000	1,000
Total Adult Population (N)	16,260	94,115	110,375	208,079,182

Figure II.25 Pottstown Area Household Survey Summary (Con.)

2. Use of Services

a. Access

	Borough of Pottstown	Area w/o Pottstown	Pottstown Area	US 2003
Rate health services available to them as excellent	13.6%	16.4%	16.0%	21.9%
Difficulty in past 12 months finding a doctor when needed one	10.0%	4.7%	5.5%	8.7%
Difficulty getting an appointment in last 12 months to see a doctor.	17.0%	17.8%	17.8%	13.3%
Needed to see a doctor but could not because of cost.	14.9%	8.4%	9.3%	11.5%
Needed to purchase prescription medication but could not because of cost.	21.5%	13.2%	14.4%	16.0%
Time in last 12 months when lack of transportation prevented or made it difficult from seeing a doctor or making a medical appointment	10.4%	4.1%	5.0%	5.8%
Needed to see a doctor but could not because of office hours were not convenient.	15.3%	21.4%	30.5%	14.6%
Was there a time during the past 12 months when you experienced difficulties or delays in receiving needed health care for ANY reason?	16.6%	13.4%	13.9%	15.1%
Is there a particular place that you usually go to if you are sick or need advice about your health? (Regular source of care)	85.5%	88.8%	88.3%	83.5%
Regular source of care is a doctor's office.	72.9%	79.1%	78.1%	62.1%
Gone to the emergency room about your health at least once in last year?	25.0%	20.8%	21.4%	20.7%
Visited a dentist in the last year?	59.4%	69.7%	68.2%	64.3%
Have government assisted healthcare coverage, such as Medicare, Medicaid, VA)	31.0%	20.0%	21.6%	29.8%
Do you have any health insurance provided through An HMO, where you must choose a doctor on a prescribed list, A PPO, where you may use any doctor, but get a discount for using one on the plan's list?	61.20%	70.2%	69.0%	66.9%
Any time during the last year when you had no coverage?	7.40%	6.2%	6.3%	NA

Figure II.25 Pottstown Area Household Survey Summary (Con.)

2. Use of Services

b. Preventive Care and Health Screening

	Borough of Pottstown	Area w/o Pottstown	Pottstown Area	US 2003	HP2010
Blood pressure taken by a doctor, nurse or other health professional in last 2 years	94.5%	94.2%	94.2%	95.5%	95.0%
Cholesterol in past five years?	83.0%	87.7%	87.1%	83.8%	80.0%
Routine checkup in last year?	62.9%	57.4%	58.2%	68.2%	NA
Women 40+ who had a mammogram in the past two years.	65.5%	77.6%	75.9%	79.6%	70.0%
Women 18+ who have had a pap smear in past three years	80.0%	85.8%	85.2%	77.8%	90.0%
Men 50+ who had a PSA or digital rectal exam in the last two years.	49.6%	54.8%	54.0%	74.9%	NA
Adults 50+ who have EVER had a sigmoidscopy/colonoscopic exam.	49.6%	54.8%	54.0%	53.7%	50.0%
Adults 50+ who have had a blood stool test within the last two years.	43.2%	44.4%	44.3%	45.1%	50.0%
Adults 65+ who have had a flu shot in the past year	73.5%	73.2%	73.3%	66.6%	90.0%
Adults 18-65 high risk who have had a flu shot in past year.	24.5%	32.7%	31.4%	38.6%	60.0%
Adults 65+ who have had a Pneumonia vaccine.	72.6%	71.7%	71.8%	62.0%	90.0%
Sample (n)	500	500	1,000	1,000	
Weighted sample size	148	852	1,000	1,000	
Total Adult Population (N)	16,260	94,115	110,375	208,079,182	

Figure II. 25 Pottstown Area Household Survey Summary (Con.)

3. Behavioral Risks

	Borough of Pottstown	Area w/o Pottstown	Pottstown Area	US 2003	HP 2010
Ever smoked? (>100 cigarettes in lifetime)	**54.9%**	47.6%	48.6%	45.8%	
Current smoker both sexes (regular or occasional)	**31.3%**	**23.7%**	**24.9%**	20.9%	12.0%
Women age 18-44 who smoke (regular or occasional)	**40.0%**	**35.5%**	**36.2%**	24.4%	
Currently use chewing tobacco or snuff.	4.0%	2.2%	2.5%	3.9%	0.4%
Current drinker (1+ drinks in last month)	50.9%	56.3%	55.5%	51.4%	
Chronic drinker (60 or more drinks last month).	**6.6%**	**6.2%**	**6.3%**	4.2%	
Binge drinker (5 or more drinks on one occasion).	**17.1%**	**19.3%**	**19.0%**	13.7%	6.0%
Driving in a typical month with driver too much to drink.	4.1%	2.8%	3.0%	4.5%	
Used an illegal drug or prescription drug not prescribed for you.	1.8%	1.0%	1.1%	3.3%	2.0%
Always use seatbelts when drive or ride in a car	**68.8%**	72.4%	71.8%	77.4%	92.0%
Obese	29.0%	23.7%	24.3%	25.7%	15.0%
Overweight	**67.9%**	65.8%	65.9%	62.1%	
Vigorous activity (20 minutes +) 3+ times a week.	**23.1%**	31.4%	31.0%	36.3%	30.0%
Children 6-17					
Overweight.	**30.7%**	16.6%	18.1%	na	
Child restraint or seatbelt when riding in car.	90.2%	92.6%	92.3%	88.1%	
Child always uses helmet when riding bicycle.	61.9%	60.7%	60.8%	43.2%	
At least one Cardiovascular Risk Factor.	90.80%	88.20%	88.60%	90.0%	

Figure II. 25 Pottstown Area Household Survey Summary (Con.)

4. Health Status and Chronic Conditions

	Borough of Pottstown	Area w/o Pottstown	Pottstown Area	US 2003
Health status excellent.	13.8%	16.4%	16.0%	**24.2%**
Health status fair or poor.	19.6%	13.9%	14.8%	10.0%
Physical health good for all of last 30 days	58.5%	62.9%	62.3%	61.6%
Ever suffered or been diagnosed with the following conditions:				
Chronic Lung Disease, Including Bronchitis or Emphysema?	**15.4%**	7.2%	8.5%	8.1%
Blindness or Trouble Seeing, Even When Wearing Glasses?	10.1%	6.9%	7.4%	8.7%
Deafness or Trouble Hearing?	10.8%	10.1%	10.2%	10.7%
Asthma?	12.2%	9.3%	9.8%	10.3%
Arthritis or Rheumatism?	**29.0%**	24.4%	25.1%	21.8%
Sciatica or Chronic Back Pain?	24.8%	21.9%	22.3%	21.3%
Chronic Heart Disease, Including Coronary Heart Disease, Angina, or a Heart Attack?	7.4%	7.9%	7.8%	7.0%
Stroke?	4.3%	2.6%	2.8%	2.8%
Cancer, Not Counting Skin Cancer?	5.2%	7.9%	7.5%	6.1%
Skin Cancer?	3.7%	6.8%	6.4%	5.5%
Osteoporosis?	6.6%	6.2%	6.3%	5.7%
Major Depression Diagnosed by a Doctor?	**15.5%**	9.6%	10.5%	8.5%
Sinusitis?	25.7%	23.1%	23.5%	18.7%
Nasal or Hay Fever Allergies?	27.1%	30.3%	29.9%	27.4%
Migraine or Severe Headaches?	**21.8%**	17.5%	18.2%	16.9%
Chronic Neck Pain?	11.3%	8.5%	8.9%	9.4%
Diabetes?	11.3%	6.6%	7.3%	8.7%
Ever told have high blood pressure?	28.6%	29.2%	29.1%	29.4%
Ever told had high cholesterol?	27.8%	26.7%	26.8%	25.1%
Sample (n)	500	500	1,000	1,000
Weighted sample size	148	852	1,000	1,000
Total Adult Population (N)	16,260	94,115	110,375	208,079,182

Source: PRC Pottstown Area Household Survey 2003.

Figure II. 26 Relationship Between Overweight and Health Conditions in the Pottstown Area[3]

	Not Overweight	Overweight	Moderately Obese	Severely Obese	All
Rate Health Poor	2.3%	3.0%	6.8%	7.2%	3.8%
Diabetes	4.2%	5.2%	12.6%	17.4%	7.3%
Major Depression	9.7%	9.7%	9.8%	20.3%	10.5%
Limited in Activities	10.5%	17.2%	19.7%	36.2%	16.8%
High Blood Pressure	14.3%	27.7%	49.3%	60.9%	29.1%
Chronic Back Pain	18.1%	21.0%	22.5%	37.7%	22.3%
n	306	377	152	69	904
% of Population	34%	42%	17%	8%	100%

Source: PRC Pottstown Area Household Survey 2003

Two factors exert a powerful influence on the results presented in Figure II.25: age and income. **Figure II.27** explores this influence on (1) access to care, (2) screening and prevention, (3) behavior risks, (4) stress and (5) overall health.

1. Access to Medical Services: Those over 65 report fewer cost problems in seeing a physician but similar problems in affording the cost of prescriptions as younger respondents, perhaps reflecting the current assistance to the elderly available through the Medicare Program. Those with household incomes less than 200% of the poverty level report more problems with the cost of prescriptions and medical visits and they and their children are less likely to have visited a dentist in the last year.

Persons under 65 and those with household incomes less than 200% of poverty were most likely to report receiving care from someone other than a nurse or doctor. The most frequently mentioned source of such care was from chiropractors and physical therapists. 6.3% of the adult population reported not having health insurance coverage at some time during the last year. Persons with incomes less than 200% of poverty were more than three times as likely as those with higher incomes to report not having coverage. Those without coverage had poorer health status than those that did and were four times as likely to report not getting medical care when they needed it because of cost. Those without health insurance coverage at some time during the last year were twice as likely to have used the emergency room in the last year.

2. Screening and Prevention: Those below 200% poverty are more likely to receive recommended screening and preventive services than those above 200% of poverty (mammograms for women over 40 in the past two years, PSA tests or digital rectal exams for men over 50 in the past two years, at least one sigmoidoscopy/colonscopy exam for

[3] Classification was estimated using the Body Mass Index (BMI) and the weight and height reported by respondents to the telephone survey. The BMI is computed by multiplying a person's weight in kilograms divided by their height in meters squared. (To estimate the BMI from pounds and inches use: weight in pounds divided by the square of a person's height in inches times 703). The following classification of BMI scores was used: Underweight: <18.5 , Normal: 18.5-24.9, Overweight: 25.0-29.9, Moderately Obese: 30.0-34.9, and Severely Obese: 35.0+,

adults over 50, seniors receiving flu shots in the last year and high risk individuals 18-64 receiving Pneumonia Vaccine).

3. Behavioral Risks: Those below 200% of poverty are more likely to be regular smokers but less likely to be binge drinkers. Behavioral risks decline with age.

4. Stress: Those with household incomes less than 200 percent of poverty are more likely to report symptoms of depression and stress. They are more likely to be victims of a violent crime or domestic violence in the last five years. Only about half of those reporting depression sought out help.

5. Health: The percent of individuals reporting limitation in activities and poor or fair health increases with age as one would expect. Those with household incomes less than 200% of poverty were more likely to report limitations in activities and poor or fair health.

Figure II.27 provides a more detailed view of this data with responses in sub populations that are significantly different than the overall responses indicated in bold.

Figure II.27 Age and Poverty Effects on Access and Health

	Age			Income		
	18-39	**40-64**	**65+**	**<200% Poverty**	**>200% Poverty**	**Overall**
1. Access to Medical Services						
Was there a time you could not see a doctor because of the cost?	11.8%	9.6%	2.3%	**22.5%**	5.6%	9.3%
Was there a time you needed a prescription but did not get it because you could not afford it?	13.8%	15.0%	13.2%	**31.8%**	10.0%	14.4%
Usual Source of Care: Particular place you usually go if you are sick or need advice about your health).	83.6%	93.0%	85.4%	90.5%	88.1%	88.3%
Visited a dentist in last year	64.2%	82.3%	59.4%	**46.5%**	73.8%	71.3%
Child visited dentist in last year	75.3%	91.7%	NA	**57.4%**	90.2%	83.3%
No time in past 12 months when child needed medical care could not get it.	96.0%	96.3%	94.4%	**89.7%**	97.8%	96.1%
Health care therapy or treatment in last year from someone other than a doctor or nurse?	16.8%	15.9%	10.0%	**20.0%**	14.3%	15.5%
Any time in the last year that you did not have health insurance coverage?	10.8%	4.5%	2.8%	**16.7%**	5.1%	6.3%
2. Screening and Preventive Services						
Female 40+ who have had mammogram within past two years	Inapt	73.8%	80.9%	**82.9%**	74.0%	75.9%
Men 50+ who have had PSA exam or digital rectal exam with the past two years	Inapt	37.2%	80.6%	52.9%	49.4%	48.2%
Adults 50+ who have EVER had Sigmoidoscopy/Colonoscopy	Inapt	51.8%	57.3%	**61.2%**	52.6%	54.0%
Seniors who have had flu shot within the past year	Inapt	Inapt	73.3%	78.8%	74.9%	73.3%
High risk 18-64 who have ever had a Pneumonia Vaccine.	8.7%	25.3%	Inapt	**31.2%**	22.1%	31.4%

Table II.27 (Con.)

	Age			Income		
	18-39	**40-64**	**65+**	**<200% Poverty**	**>200% Poverty**	**Overall**
3. Behavioral Risks						
Healthy weight	40.5%	43.0%	49.5%	59.9%	40.3%	43.6%
Child overweight	29.4%	12.4%	NA	22.9%	18.6%	18.1%
Regular Smoker	22.2%	19.4%	5.7%	21.7%	16.6%	17.9%
Chronic Drinker	7.0%	6.4%	4.6%	5.5%	6.7%	6.3%
Binge Drinker	31.2%	12.6%	10.8%	10.5%	23.0%	19.0%
4. Stress						
Major Depression Diagnosed by a Doctor.	9.3%	12.2%	8.8%	**18.9%**	8.3%	10.5%
Hypertension	7.3%	32.2%	**63.6%**	49.3%	21.8%	29.1%
Victim of Violent Crime in last five years.	2.5%	1.3%	0.7%	**3.5%**	1.6%	1.6%
Victim of domestic violence in the past five years.	2.7%	3.0%	0.0%	**6.7%**	2.0%	2.4%
Sought professional help for alcohol or drug related problems?	2.7%	8.2%	0.7%	**8.7%**	4.1%	4.8%
Have you had two years or more in your life when you have felt depressed or sad most days, even if you felt ok sometimes.	22.9%	23.5%	25.8%	**38.7%**	17.6%	23.4%
During the past 30 days, have you had at least one day where you have been bothered by emotional problems, such as feeling anxious, depressed or irritable.	67.0%	59.2%	**51.7%**	68.5%	60.1%	60.7%
During the past 30 days have you had at least one day where emotional problems kept you from doing your usual work?	27.8%	20.2%	30.9%	**40.5%**	19.6%	24.9%
During the past 30 days have you had at least one night where you felt that you did not get enough rest or sleep?	15.3%	33.4%	67.6%	37.3%	28.3%	32.3%
Persons with depression who have sought help.	54.7%	**66.7%**	11.7%	**65.8%**	46.6%	52.4%
Not limited in any way in any activities because of your physical mental or emotional problems?	89.4%	82.1%	72.4%	**67.4%**	87.9%	83.2%
Poor or Fair Health	5.0%	16.9%	24.8%	**30.8%**	10.0%	13.8%
Weighted Sample n	365	453	174	149	631	1,000

Source: PRC Pottstown Area Household Survey 2003.

8. Conclusions from the Quantitative Analysis

This section has analyzed information from the U.S. Census, the public health vital statistics system, hospitals, schools and the criminal justice system about the Pottstown Area. It also analyzed data from a survey of 1000 households. The combined findings suggest the following conclusions:

- Measures of income, education, housing and social disorganization are tightly related to the measures of health in a geographic area.

- Large health disparities exist between the Borough of Pottstown and the rest of the Pottstown Area.

- The Pottstown Borough compares well to the region in terms of birth related health statistics.

- The telephone survey, however, suggests that the Pottstown Area, as a whole, under performs on self assessment of health from what one would expect given its income and educational characteristics.

- The survey helps complete the picture, with the following findings:

    - Residents of the Pottstown Area and those below 200% of poverty are more likely to rate their health as fair or poor than in the nation as a whole. A higher proportion Pottstown Borough residents report having chronic lung diseases, asthma, arthritis, major depression, migraines and severe headaches and diabetes than in the outer Pottstown Area than in the nation as a whole.
    - Lower income residents report more difficulty getting access to care but are generally more likely to meet preventive and screening services Healthy People 2010 guidelines.
    - Smoking rates, smoking rates for women of childbearing age, chronic and binge drinking rates are higher in the Pottstown Area than in the nation as a whole.
    - Borough of Pottstown adults are more likely to be obese, less likely to engage in vigorous exercise and almost twice as likely to have school age children that are overweight than in the outlying area.
    - Behavioral risks tend to be highest among young adults (smoking, alcohol abuse, etc). Those below 200% of the poverty have higher rates of smoking, while those above 200% of poverty have higher rates of alcohol abuse.
    - Those below 200% of poverty are more likely to report symptoms of depression and stress and more than twice as likely to report hypertension.

- Residents list local environmental concerns including the landfill and power plant as major health concerns that they believe more resources need to be used to address.
- Pottstown Borough residents rated the conditions of the housing in their neighborhoods lower and were more likely to report being victims of a violent crime or domestic violence than those residing in the outlying areas.

A complex pattern emerges from these statistical indicators. The local community environment, income level of residents, access to services and individual behavioral risks shape their physical and emotional health. In the next section we will explore the more qualitative dynamics that underlie these relationships based on discussions with local experts.

III. Qualitative Assessment of Health

Introduction

Statistics help to identify problems, but by themselves provide little guidance on how to improve health and reduce health disparities in a community. The community members know more about this and can guide the design of solutions. Forty-three separate sessions were organized to listen to key community leaders and service providers. More than seventy individuals provided input. These included:

- Four physicians (two primary care, two specialty)
- Four church pastors and a rabbi
- Five individuals representing the leadership of the hospital and foundation.
- Four area school superintendents
- Five public officials from the Borough of Pottstown
- Five executives of voluntary agencies providing services to seniors.
- Six managers of programs for young persons, including four executives of area Y's
- Five directors of agencies providing shelter and other services to low income persons.
- Representatives of four agencies providing behavioral health services
- Five individuals responsible for various types of regional service planning in the Pottstown Area
- Two representatives of the Alliance for a Clean Environment.

Most were long term residents of the area, about evenly split between the Pottstown Borough and the outlying areas. Each had different assessments of the health of the area and how best to go about improving it. This section tries to distill the basic themes of these discussions. Such open ended conversations with a selected group of individuals may not be representative of opinions in the community and should be interpreted with caution.

However, they provide a way of fleshing out the statistics and brainstorming about problems and solutions.

Two members of the project team also attended the meeting scheduled by the Pennsylvania Department of Health on November 12, 2003 to share their analysis of cancer incidence and hear the concerns of community members.

Improving Health

Children

The first few years of life were viewed as critical. "No child should be left behind, but by the time they reach kindergarten, some are reading and others are putting the top of the pencil in their mouths because they think its candy," observed one educator. Efforts to support parents should start with the hospital discharge at birth. All parents want the very best for their children and those ambitions have to be nurtured from the very beginning. Research on brain development says that most of it is over by the age of five. These years are not only the key for the child but also key ones in building the expectations and skills of parents. Too many parents in the Pottstown Area have too limited expectations of their children and this feeds into fewer taking demanding advanced placement courses and competing for admission to the top colleges.

There are big gaps in what is available for children with learning difficulties and parents have little guidance. "I got it for my child after a determined struggle," observed a physician, "but probably only one out of ten gets the services that their children need and these kids fall through the cracks. We need advocates." There are services available to support keeping physically disabled children at home that are lacking for the mentally disabled.

"Divorce is brutal on kids" observed one minister. The number of children from single parent households in our District seems very high," an educator said. There are problems with loss of health insurance, lack of coverage of mental health services. There are also the "danger hours" between 4:00 and 7:00 for working parents of school aged kids often with few alternatives for latchkey children of all income levels.

Teen age depression seemed to be a growing problem from the perspective of several key informants. Isolated and lost, drug use often becomes a form of self medication. "The guidance counselors say there is a lot." Preventive mental health programs are needed for teens, the "learned optimism approach." Specially targeted and designed programs are helpful. A middle school big sister program was designed to deal with school bullies targeting girls and worked well.

Teen alcohol and drug problems are not limited to any income level. All are affected by a sometimes out of control youth culture that includes children in low income neighborhoods of Pottstown, Hill School students and affluent new suburban developments.

Heroin has begun to come back. Drugs such as ecstasy and marijuana have grown in use. Most of the alcohol and drug use is not in the schools and in most areas it tends more to alcohol than drugs. "The coaches seem to know what's going on."

Others noted a seeming rise in the number of children with asthma, attention deficit disorder, diabetes and the dramatic growth of school aged children requiring medications. These observations are consistent with national trends.

Adults and Families

What was remarkable about discussions about adult health problems was how little they focused on individual health problems and how much they focused on family problems. Families are important in Pottstown. Some respondents did note concerns about the high level of behavioral risks - obesity, lack of exercise and smoking. One physician spoke of the need for alternative forms of care and the resistance of colleagues. A pastor expressed frustration about the ability to find the "right" resources to assist members of his congregation with emotional problems. "I don't know who is good and it's expensive for those lacking insurance." One provider noted the need for a more holistic, family oriented approach to drug and alcohol treatment that focuses on working with the family in providing rehab at home and not the addict. This seemingly cost-effective approach is available only to those paying privately. The ministers saw the hospital Chaplain as an important connection to families. "Separating the physical from the spiritual is short sighted. We can do a better job of caring for families' fears and doubts by working together. We are all on the same team."

Seniors

Most had the impression that more frail elderly were living in the community longer. They attributed it to the Dutch farm traditions of independence and reluctance in seeking services. An elegant collaboration involved the housing of the senior center in the Pottstown YMCA, which is well attended by healthy seniors, combining exercise programs with other activities of the center. Care for frail seniors in their homes posed many challenges for providers of services. Insurance coverage creates gaps. IV therapies are limited to two home visits; wound care is available to only those that are homebound. As a result elderly spouses and children must take on daunting burdens in care for which they have little training. Medication management and dealing with the fragmented nature of services were left to the senior themselves or to a relative. Many seniors in the Pottstown Area were blue collar workers in hard industrial environments and are now struggling with lung cancer, heart disease and diabetes. Older persons struggling with fixed retirement incomes bag groceries and struggle to pay rising taxes. "They are now stressed by an environment that once nurtured them." Transportation is a particular challenge. "I do eight to ten house calls a day just because of the difficulty of getting them to the office," one physician said. The cost of prescriptions, the lack of affordable personal care, the difficulty working with

fragmented services and complex insurance requirements all weigh heavily on seniors and their families. Depression and other mental health issues are left largely unaddressed.

Eliminating Health Disparities

Poverty

The greatest health needs are associated with poverty. "People often come to us looking for rent money. Many more are one paycheck away from homelessness." A minimum wage of about $14.00 an hour could eliminate the need for all social services and perhaps many health services, one provider acknowledged. Poverty cuts both ways, people become poor because of health problems and develop health problems because of the stresses of living in poverty. "Communities are measured by how they care for the poor. When people are given a vision, they don't stay poor," one provider observed. The Pottstown cluster provides meals to about 100 to 150 persons through volunteers in 36 participating churches. The Pottstown school district struggles with some of the consequences of poverty. They provide a free or reduced cost lunch program to as many as half of the children they care for. They struggle with inevitable transience of poor families. "Now we have new performance and proficiency requirements. We have the most dedicated teachers and the greatest challenges, but instead of praise we get punishment," one educator observed.

Race and Ethnicity

Nationally there remain large racial and ethnic disparities in health and access to care that can't be fully explained by income or insurance. It appears likely that similar conditions exist in the Pottstown Area. To many we spoke with, race and ethnic relations in the Pottstown Area seem partly frozen in time**.** A Ku Klux Klan chapter in Boyertown still marches and, according to one informant, adds to the concerns about safety and trust that limit the willingness to engage in interracial partnerships between churches and other groups. One recent arrival, at a meeting of the Human Relations Commission for Pottstown observed, "Living together the way you do in terms of civil rights you're going to go crazy." Two thirds of the participants nodded assent and one third looked shocked and baffled. Many barriers remain to be overcome. Pottsgrove School District represents a horseshoe around Pottstown carved out in 1956 with, according to one observer, some racial and ethnic undercurrents. An outreach program for prostate screening in the African American community in Pottstown was unsuccessful. Black churches do not participate in the Pottstown cluster meal distribution program that occurs in a neighborhood that includes many of their members. African American seniors will not use the Senior Center at the Pottstown Y and that generation probably never will, one informant observed. The old segregated neighborhoods, such as Chicken Hill, have disappeared but the memories have not fully faded. They shape in subtle ways the trust and expectations of those seeking care and those providing it. Pottstown's black community, according to one informant, "has always felt that the Pottstown Hospitals have not taken care of them."

The newest arrivals, Mexican immigrants have raised concerns in the Pottstown community about the cost of services. As one representative of this community noted,"we get mixed signals. We are hard working and can be a key part of the engine for economic redevelopment. If Pottstown is going to have a Renaissance, it is going to come with the influx of new populations. When they get a foothold here the vacant stores will begin filling up with businesses. Their primary motivation for coming here is to get ahead. They will fix up their houses and pay their property taxes. They can help create a cosmopolitan atmosphere. Latin America is the largest growth market for exports. A bilingual and culturally competent workforce will be an asset to business development. Strategic investments can help facilitate this."

Major Themes

"This is a real community."

"This is a warm and welcoming community, an area where people value the quality of life and have a strong family focus," one informant observed. Almost all we spoke to talked with affection and pride about the Pottstown community. An observer from the outer ring of the Pottstown Area noted, "Pottstown is in resurrection and people feel passionately. They don't want to be disconnected from Pottstown. There is real affection. What is good for Pottstown is good for the larger community."

That sense of community is not with out its paradoxes. There is the old Pennsylvania stubbornness that resists change and is not receptive to formal services. Recruiting volunteers for meals on wheels and other service programs, according to one service director, is not as big a problem as it has become in other areas. The other side of this close and cohesive community is that it is not highly supportive of community services, particularly those that provided to individuals that are viewed in a moralistic way as unworthy. According to one service provider, the 19th Century distinctions between the "worthy" and "unworthy poor" still shape the way many people think about services.

Pottstown is also a community that is radically changing. "It is now an extension of the Philadelphia Metropolitan Area, not a town surrounded by farms," The outlying school districts include, "a mix of children from old time farming families and double income professional couples working in Philadelphia," a school official observed. One Pottstown official observed, however, that "the mindset in town is that change is bad." Most agencies self consciously attempt to preserve that sense of community by reinforcing it in the programs that are developed for children, adults and the elderly, insisting that they include something for helping the community.

"We are not a dump!"

Nothing has created more division in the Pottstown community than the "dumping" issue. It reflects the pride residents have in their community and the desire to protect and revive it.

The environment, as noted in the background section of this report, is a big issue in Pottstown. In its boom industrial years the environmental issues were largely ignored. "We have always been a smokestack town. There was a permanent haze over Pottstown during the boom years when all the factories worked three shifts." The community is now divided between those that define the major problem holding back redevelopment as the environment and those that define it as the "environmental zealots." Many have a relative with or have been a cancer survivor. "I don't remember so much illness; it started to grow in the 1980s." "No one has confidence in what is being done. We have a right to know."

A major impediment toward improving health and human services is the fear that it will serve as a magnet to attract those "other people." This includes the mentally disabled and ill and those needing drug and alcohol treatment. The earlier background section described the origins of this problem. "Those in the drug and alcohol group homes are considered handicapped, but they are handicapping us." Those in treatment are often lumped together with those using and selling drugs. "Pottstown is an ideal place, it's the classic pattern. Many of the people arrested drug dealing here have Philadelphia addresses. Crack cocaine is now big here. We can't stop it; all we can do is push it out of town. That's what Philly did to us, we'll do it to Pottsgrove." "We are overrun with social services agencies, drug rehabs. Pottstown and Norristown are unambiguously dumping grounds." "We don't have people going to jobs; we have people coming here for services."

It is difficult for service providers to counteract these concerns. Many of those they care for are long time residents, "worthy" recipients of care in a community that believes strongly in caring for its own. In a service economy, they see themselves as an important component of an engine for economic redevelopment rather than undermining these efforts. "Communities and societies are measured by how they care for the poor. Stronger communities create strong people; they become a magnet for the positive, not the negative. The scum are attracted to areas where there is hopelessness."

"We do a lot with a little."

The isolation of Pottstown in the far corner of Montgomery County, part of a community service area that overlaps three counties with limited resources has stimulated many creative solutions. The hospital rehab program uses the YMCA pool and that same facility serves as the location of the senior center, age integrating the seniors and creating other useful synergies. The meals on wheels program relies on the hospital dietary department to prepare the food, a church as the staging area for packing the meals and a loyal group of friendly volunteers for its delivery. The Boyertown Ys sliding scale child care center houses the Head Start program, which, in exchange for the space, provides screening for all the children. As an added benefit, the two programs economically integrate

the families and children under the same roof. Boyertown school pregnant teens receive practical training in infant care at this site and some have become professional childcare workers in the setting.

Many of these streamlined operations have struggled financially. Some in Pottstown relied on the Robert Smith Foundation (Mrs. Smith's Pies) to assist in supporting their infrastructure. These small grants of $30,000 to $100,000 helped provide basic support and required little in the way of paperwork. The Robert Smith Foundation was dissolved on January 1, 2001. At the same time, county and state support for many of these organizations was cut. No one has been able to make up the hole in their budgets and staff have been cut or their hours reduced. These agencies now look to the Pottstown Area Health and Wellness Foundation to help to sustain them rather than project specific grants that they lack the staff and infrastructure to undertake.

"Regionalization is the only solution."

"We are sitting in the middle of a corridor of development, until we become part of a regional plan, we will be a shrinking pit. There is a protectionist view in the Borough and a lot of scapegoating." Pottstown shares a drug and bomb sniffing dog with the other townships. "We have a regional dog, but not much else." This is changing. The Pottstown Regional Planning Commission, involving eight townships has begun working on a plan to build up use of the core city and insulate the outlying townships from overdevelopment. Montgomery County is attempting to regionalize health and social services and the Western Pottstown Region will be the first to implement such an effort. These efforts follow on the heels of the Tri-County Interagency Consortium that organized 1st call for help. They struck out on their own and had to learn to work together. The Tri County Health Partnership has also helped to set the stage for health related regional planning. These groups anticipated the conclusions of the recently released report by the Brookings Institution on the failure of Pennsylvania to create a coherent vision for economic development focused on the revitalization of its older cities and towns.(20)

The development of "civic leadership" to sustain these efforts and further breakdown barriers to regional communication and coordination would be useful. Training and staff development funds, the first to be cut from agency budgets, would provide effective leverage to facilitate this process.

Hope and Dreams

For many of the key informants interviewed the Pottstown Area Health and Wellness Foundation is "the big unknown" in shaping the future of the region. Many interviewees expressed their hopes and fears regarding what it will and will not do. There is both excitement and wariness. There was excitement about the new resources available to address issues in the community. However the following concerns were expressed: "The Foundation board is too rich and too successful. It has to reflect the whole community and not just the Rosedale section (or what the Rosedale section use to be!). The board needs to

push the envelope for community benefit. I'd hate to see the resources wasted on a lot of 'soft' vacuous projects. The board can't be timid; it needs to be a powerful advocate."

When asked, everyone had something to add to the wish list but most wishers were vague and general ones. The more specific suggestions involved (1) providing more coordinated and intensive services for young children, the elderly and the most needy, (2) creating more visible celebrations of wellness in the community, (3) helping to facilitate regional planning and development and (4) addressing the environmental concerns. Perhaps what best crystallizes the more general hopes and dreams of those we talked with was the ongoing development of the downtown area of Pottstown and the envisioned high speed train stop drawing families into a vibrant and fully revitalized downtown.

IV. Conclusions

This report has assessed the health of the Pottstown Area. This final section first summarizes those findings and then explores ways that (1) the life expectancy and quality of life of all ages could be improved and (2) the health disparities among different segments of the population could be eliminated.

A. The Health of the Pottstown Area

1) *The future health of the Pottstown Area is tied to the contradictory forces shaping its economic development.*
   a) The Borough of Pottstown has yet to recover from the devastating trauma of the closing of its major industrial plants that began in the 1970s. A sense of betrayal and suspicion continues to pervade discussions of current environmental concerns and the influx of social service recipients seeking affordable housing.
   b) At the same time, the overall population of the Pottstown Area grew by almost 18% in the last decade, five times the rate of growth in Pennsylvania as a whole. The opening of the 422 corridor to development has tied a region that use to be insulated into the Greater Philadelphia Metropolitan area with all of the attendant advantages and problems.
   c) The strengths and opportunities of the region far outweigh its weaknesses and threats. Yet, most we talked with felt it will take vision, leadership, and sustained persistence to combine these contradictory forces into a regional strategy that will improve the health and quality of life and reduce disparities within the region.
2) *Differences in education, income, poverty and crime between the townships and boroughs in the Pottstown Area shape differences in the health of their residents.*
   a) The percent of adults with at least a BA degree ranges from 12.4% in the Pottstown Borough to almost 60% in West Pikeland and median family incomes are closely related to these differences (r=.89).
   b) Unemployment rates, poverty rates, the percent of renter occupied housing, crime rates, and school test scores are closely related.

c) These measures of social and economic distress appear to be reflected in the death rates. Age adjusted death rates for the Pottstown Borough that are 23% higher and for the outlying area 6% lower than the national rate. Pottstown Borough is a small town with big city problems and its age adjusted death rates are comparable to those of large cities such as Philadelphia. Years of life lost under 65 per thousand population for the Borough of Pottstown is more than twice the rate for the outlying Pottstown Area.

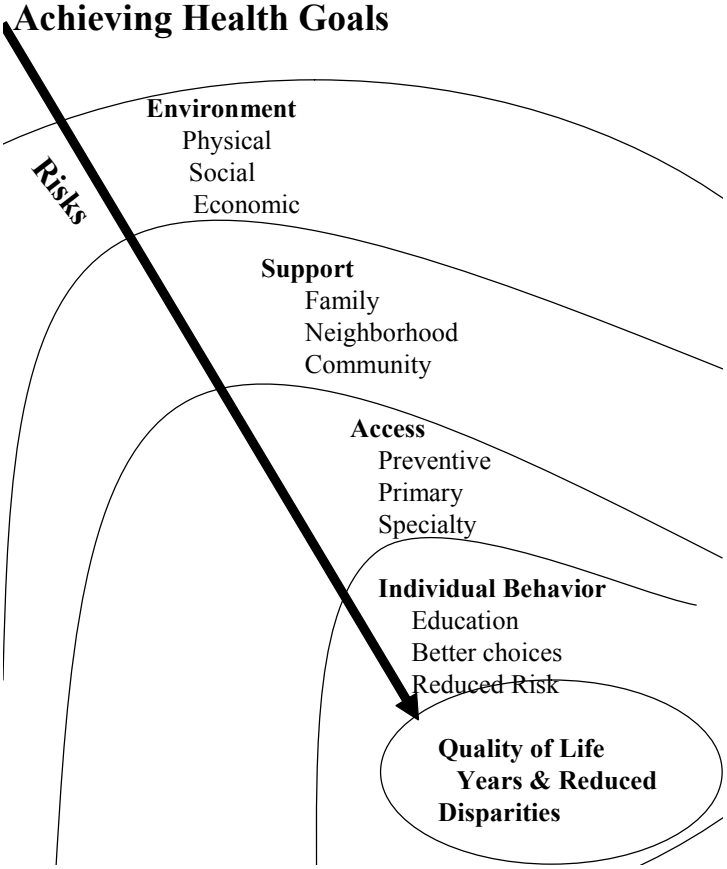
3) *Family and neighborhood support and services help buffer individuals.*
   a) Strong family ties and the support of a variety of agencies appear to be related to fewer infant deaths and low birth weight infants than the state as a whole.
   b) Social services agencies appear markedly adept at doing a lot with few resources and inventing ways to extend those resources through collaboration with other agencies.
4) *Access to care posses an additional barrier for many low and moderate income persons but they are generally more likely to report having received basic preventive and screening services.*
   a) Individuals with household incomes below 200% of the poverty level are more likely to report choosing not to see a physician, a dentist or fill a prescription because of the cost.
   b) Those below 200% of poverty are more likely to report to meeting *Healthy People 2010* guidelines in terms of Mammography, PSA and digital rectal exams, sigmoidoscopy/coloncopy exams, flew shots and pneumonia vaccine. Efforts to assure these basic screening and preventive services for low and moderate income families would appear to be better organized and more accessible than for upper income families.
5) *The behavior of individuals exposes them to many preventable risks.*
   a) Smoking rates and alcohol abuse is significantly higher in the Pottstown Area than in the nation as a whole.
   b) Pottstown borough residents are more likely to be obese, less likely to engage in vigorous exercise and their school age children are twice as likely to be overweight that in the outer Pottstown Area.
   c) 89% of adult residents of the Pottstown Area have at least one cardiovascular risk.
6) *The health of the Pottstown Area could be substantially improved.*
   a) Given its income and educational levels, the Pottstown Area should be doing substantially better than national rates both in terms of self ratings of health status and mortality statistics.
   b) The key targets of opportunity for such improvements in the higher income areas appear to lie in achieving greater compliance with vaccine and screening guidelines and, in the more moderate income areas, in reducing behavioral risks and improving the physical and social environment.

B. Improving the Health and Wellness of the Pottstown Area

These results of the Pottstown Area assessment and what we know about what produces improved health in a population suggests where to look in developing a broadly embraced vision and an action agenda for this community. The key lies in strengthening four protective layers that reduce the risk of illness and enhance wellness as summarized in Figure IV.1. The outer layer is the physical, social and economic environment. A healthy environment, one that protects the health or residents, fosters trust and the ability to solve regional problems together and assures individuals the opportunity for employment and to make a comfortable living, contributes to the health and wellness of an area. The second layer, the social support layer, includes the informal family and neighborhood supports and formal community organizations that help individuals through crises and in coping with the pressures of daily living. Such supports help prevent more serious acute health problems and do much to assure a higher quality of life to those with serious chronic medical conditions. The third layer assures access to appropriate health care. Delays in seeking care or obtaining appropriate screenings increase the morbidity and mortality of a population. Increased insurance coverage and better access to services will improve health outcomes. The fourth and final layer involves what the individual can do to reduce risks and improve health by making better choices. Individuals, with the proper support, education, and encouragement, can improve health and wellness by reducing behavioral risks, such as lack of exercise, smoking and an unhealthy diet, and taking the initiative to get the important screening and preventive services.

Success will require a broadly based community effort and judicious selection of a balanced health and wellness investment portfolio. The magnitude of the task, of course, dwarfs the resources of any single organization. The Pottstown Area Health and Wellness Foundation will need to partner with other community resources to support programs and initiatives. In addition, what we know about improving health and wellness suggests that focusing only on one of these layers and ignoring the others will not only be ineffective, but inappropriately focuses blame and absolves others of responsibility. Yet, the remarkable resilience of this community, its organizations and individuals, promises that a combined effort will significantly improve the health and quality of life in the Pottstown Area.

Figure IV.1 Defending Against Risks And Achieving Health Goals



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