



COMMUNITY HEALTH NEEDS

2019 ASSESSMENT

HEALTH IS WHERE WE LIVE, LEARN AND WORK



TABLE OF CONTENTS

1. About the Report.....	5
2. Letter to the Community.....	8
3. Health Starts Where We Live, Learn and Work	11
4. How Did We Get Here.....	14
5. Overview of Community Engagement Around the Factors that Impact Health.....	15
6. Common Themes on the Factors that Impact Health.....	16
7. Health is Where We Live.....	20
8. Health is Where We Learn.....	66
9. Health is Where We Work.....	82
10. Activity Makes for a Healthier You.....	90
11. Access to Care.....	93
12. Where Do We Go From Here	101



FEEDBACK ON PHOENIXVILLE HOSPITAL CHNA REPORT

Phoenixville Hospital welcomes questions and comments on its CHNAs through a link provided on its Community webpage under Community Health Needs Assessment under Contact Us ([click here](#)). The CHNA can be accessed online at ([click here](#)).



Phoenixville Hospital and its surrounding communities truly are a great place to live, learn and work. Rich in history, Phoenixville offers residents a vibrant culture that forms a close-knit community. Positioned at the junction of the Schuylkill River and French Creek, this community offers a beautiful backdrop while offering easy access to neighboring metropolitan areas. Through strong collaboration, we hope to continue to strengthen services available to our residents meeting the unique needs of each individual.



ABOUT THIS REPORT

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community, promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population health.

Facilitated by Strategy Solutions, Inc., the Phoenixville Hospital CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association and ensures compliance with Internal Revenue Service (IRS) guidelines. The process has taken into account input from those who represent the broad interests of the communities served by Phoenixville Hospital including those with knowledge of public health, the medically underserved and populations with chronic disease.

The demographic data in this report is based on the primary service area of Phoenixville Hospital and the Tower Health region (where there are comparisons) based on zip code. The secondary data in this report

is provided at the county level. The primary research includes stakeholder interviews, focus groups, key informant surveys and intercept surveys. Strategy Solutions, Inc. also utilized the services of Professional Research Consultants, Inc. to complete a population telephone survey (referred to as the Community Survey). This survey was conducted to provide a more in-depth analysis of Behavioral Risk Factors Surveillance System questions to gauge the health and needs of Phoenixville Hospital's Primary Service Area.

On November 6, 2018, the leadership team of all hospitals that make up Tower Health met to review the findings from the assessment and to prioritize the identified needs. On December 4, 2018, both Phoenixville Hospital leadership and community members met to review the findings from the Phoenixville Hospital assessment and to prioritize the identified needs. The strategies developed for addressing the findings in this document will be made publicly available November 2019.



Figure 1: Report Service Area

For this assessment, the community is defined as the geography included on the map shown in **Figure 1**. The community encompasses specific zip codes within Chester and Montgomery counties and are considered the primary service area of Phoenixville Hospital.

REPORT SERVICE AREA



PHOENIXVILLE HOSPITAL

HEALING BEGINS HERE.

Phoenixville Hospital is your community healthcare provider; a 137-bed facility with an award-winning cardiovascular program, a fully-accredited cancer center, and the area's largest Robotic Surgery Center. We believe in the power of people to create great care. We provide comprehensive medical services through approximately 25,000 emergency room visits, 8,200 inpatient admissions, and more than 500 community outreach programs annually. We work hard every day to be a place of healing, caring and connection for patients and families in the community we call home.

PHOENIXVILLE HOSPITAL MISSION

The Mission of Phoenixville Hospital is to provide compassionate, accessible, high quality, cost effective healthcare to the community; to promote health; to educate healthcare professionals; and to participate in appropriate clinical research.



PHOENIXVILLE HOSPITAL VISION

Phoenixville Hospital will be an innovative, leading regional health system dedicated to advancing the health and transforming the lives of the people we serve through excellent clinical quality; accessible, patient-centered, caring service; and unmatched physician and employee commitment.

LETTER TO THE COMMUNITY

OUR MESSAGE TO THE RESIDENTS OF THE PHOENIXVILLE HOSPITAL SERVICE AREA

Phoenixville Hospital is committed to meeting our community's health needs and growing with our community to provide high-value, quality care close to home. To achieve this goal, we must understand the community's evolving unmet health needs. To that end, Phoenixville Hospital — in collaboration with all Tower Health hospitals and our local community partners — conducted a comprehensive 2019 Community Health Needs Assessment (CHNA), which identifies local health priorities and recommends a collective path forward.

Hospitals are required to conduct a CHNA every three years to retain their nonprofit status. Tower Health was formed in October 2017, and at that time, Phoenixville Hospital and the four other newly acquired hospitals — all of which had previously been for-profit facilities — began the research for the 2019 CHNA.

The 2019 CHNA is the first needs assessment that Phoenixville Hospital has completed as a nonprofit hospital. As part of the CHNA process, we conducted internal and external research including focus groups, stakeholder interviews, and key informant surveys. In addition, a community survey was completed among 350 external stakeholders. Based on the results of this process, Phoenixville Hospital, along with our community partners and Tower Health colleagues, will develop strategies to address each of the following health priorities:

Stephen Tullman



resident & CEO

Phoenixville Hospital



- Obesity
 - Reduce the number of overweight/obese residents
- Mental Health
 - Increase access to and integration of mental health services
- Addiction
 - Increase coordination and availability of services to treat addiction
- Access to Care
 - Decrease barriers to access healthcare

Our commitment to advance the health and wellness of our community extends far beyond the walls of our hospital. Together with our partners, we are developing and implementing innovative programs and services that will bring positive health improvements to our community.

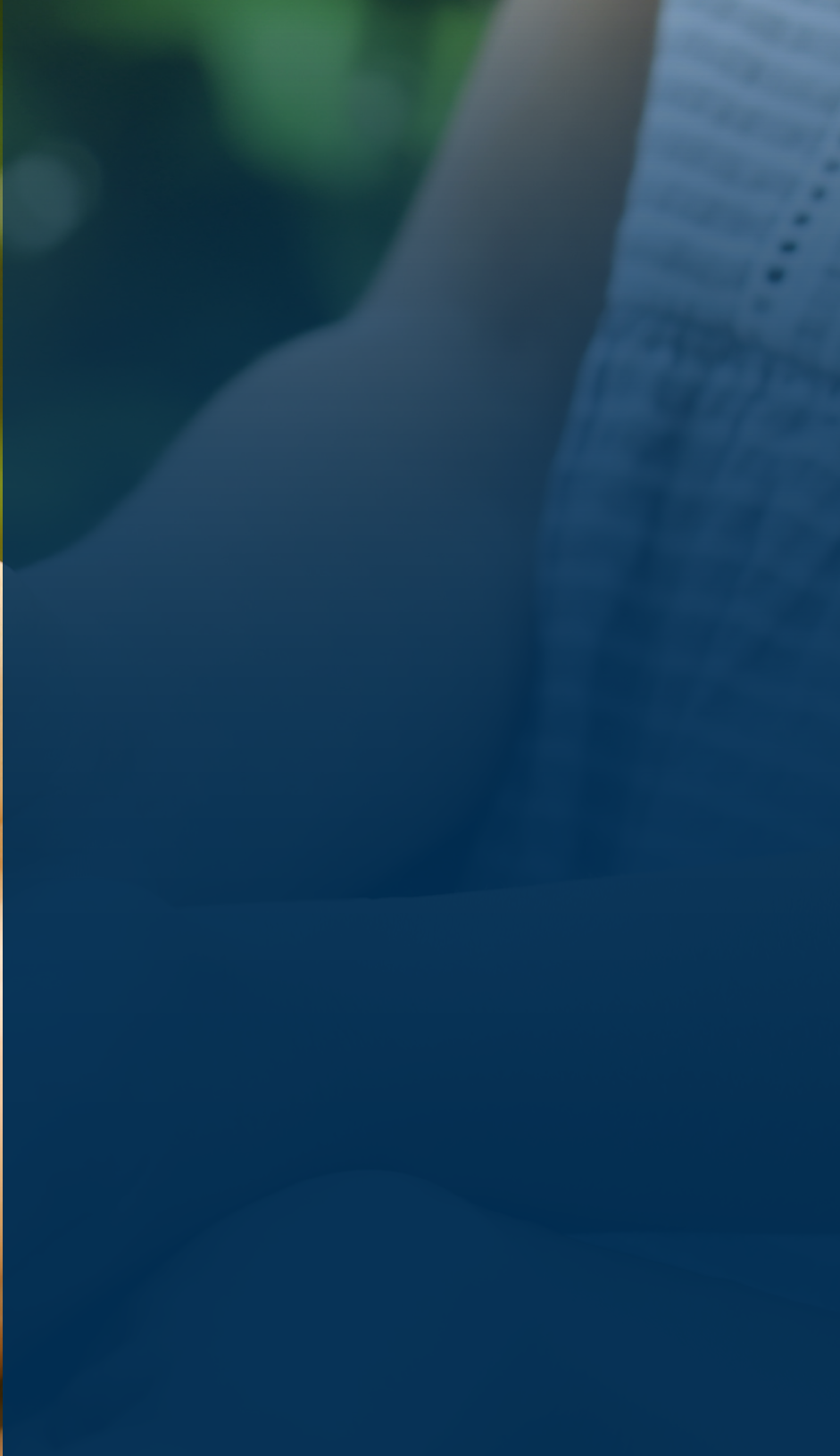
My sincere thanks to the community stakeholders who generously shared their time and input throughout the comprehensive CHNA process. I would also like to recognize the time and talent of the Phoenixville Hospital CHNA Advisory Group, which was comprised of hospital staff and representatives from various community organizations.

We are grateful for your continued feedback, involvement, and support. Together, we are Advancing Health and Transforming Lives in our community.

Sincerely,



Stephen Tullman
President & Chief Executive Officer
Phoenixville Hospital



HEALTH STARTS WHERE WE LIVE, LEARN AND WORK

I

n order to improve health and create a healthy community, we must not only focus on health status, we must also look at those factors that impact health.

The American Public Health Association (APHA) defines a healthy community as one “that:

- *Meets everyone’s basic needs such as safe, affordable and accessible food, water, housing, education, health care and places to play;*
- *Provides supportive levels of economic and social development through living wages, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;*
- *Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and*
- *Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.”¹*

These factors that create a healthy community have a big impact on a person’s ability to make healthy choices and, ultimately, be healthy. If individuals and organizations work together to make changes, we can improve the quality of our lives.

When looking at Robert Wood Johnson Foundation’s Vulnerable Populations Portfolio, a person’s health is impacted by where and how we live, learn, work and play, and it is important that a community looks at the role that nonmedical factors play in where health starts— long before illness—in our homes, schools and jobs.

¹ http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag

Where We Live

In America, a person's health is influenced as much by the zip code they live in as the health insurance coverage they have. No environment is more influential on health than the home. By 'home,' we mean the type of housing, the safety of the neighborhood, a family's access to transportation, food security, the age of family members, culture, etc. Only solutions aimed at addressing environmental hazards, safety in the home and neighborhood, and basic needs such as housing, transportation and food will truly address health.



Where We Work

People work to make money, and use the money to buy shelter, food and clothing, and to stay healthy. Work is an essential means to an end. For the vast majority of Americans, employment is still the primary source of income, and therefore critical to their life and livelihood. One's type of employment often dictates their benefits and wages. Health status is directly related to having a living wage and health insurance.

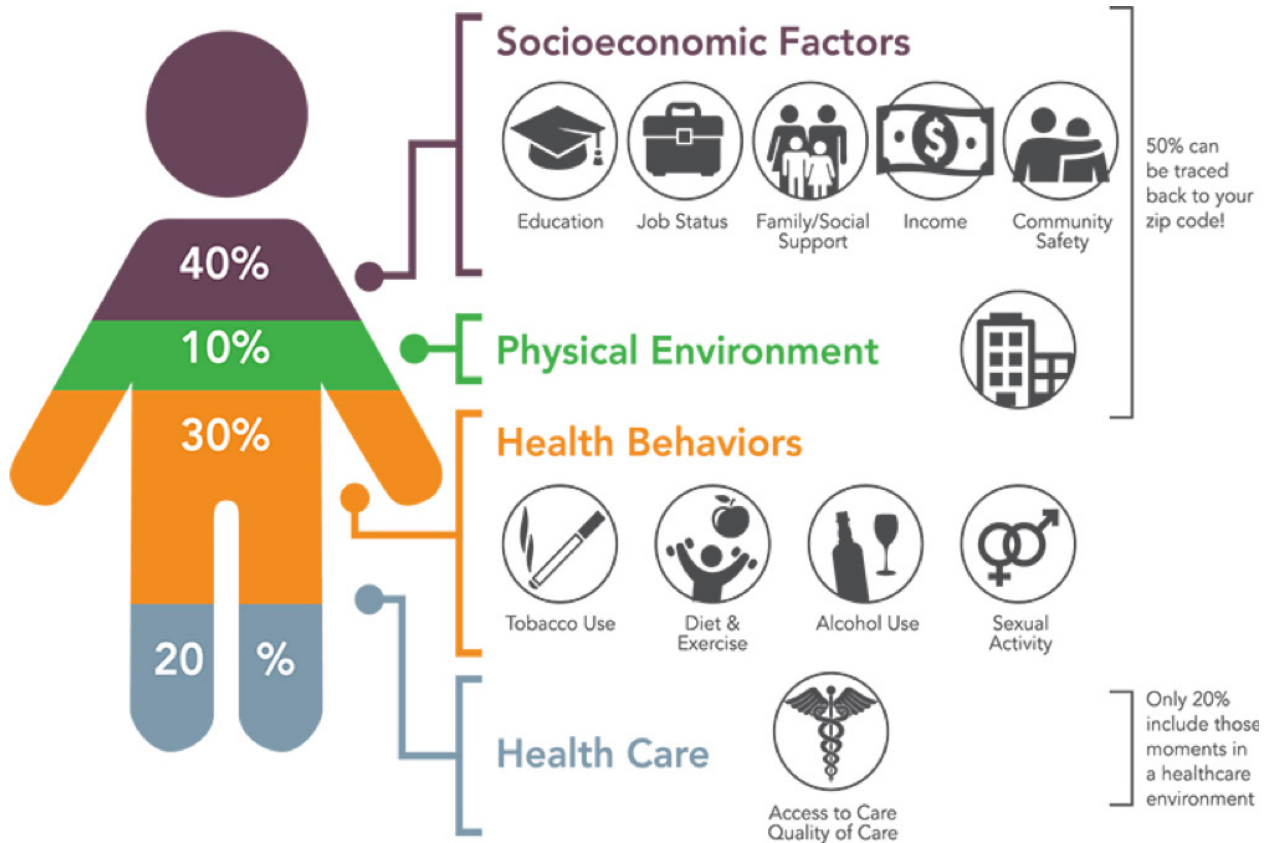


Where We Learn

We all know that better education leads to better career opportunities, but it also can lead to a longer and healthier life. If a person does not graduate from high school, they are likely to earn less money and struggle to make ends meet. They are also likely to work longer hours and maybe even two jobs just to feed their family and live in a compromised neighborhood without access to healthy food. They are not likely to be as healthy as a post-secondary educated professional. Education is also linked to health literacy which is a person's ability to obtain, process, and understand basic health information and services to make appropriate health decisions. Other factors that impact how people learn are their access to internet/broadband service and computers.



Figure 2: Factors that Influence Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

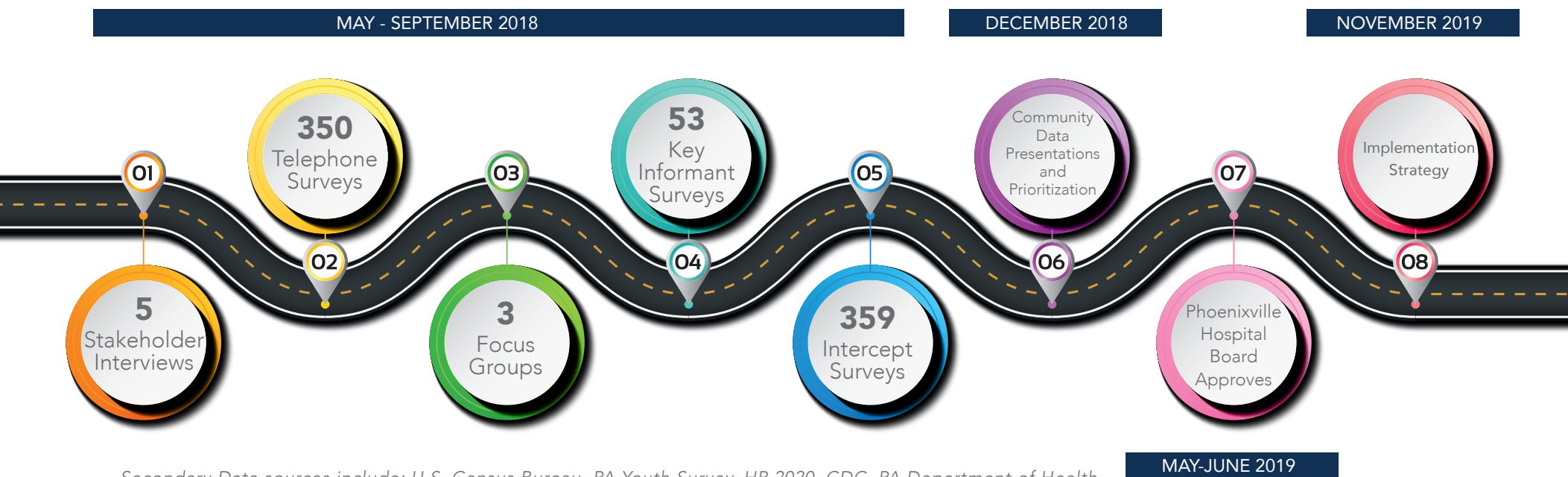
WHAT GOES IN TO YOUR HEALTH

There are a variety of factors that influence the health of an individual, often referred to as Social Determinants of Health (SDOH). This report will explore all of them as they relate to the health in the service area. Social Determinants of Health (SDOH) are complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic and cultural constructs, as well as place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods and availability of healthful food. **Figure 2**, left, illustrates factors that influence health.

HOW DID WE GET HERE

This assessment is intentionally designed to frame health status in the context of “factors that impact health.” Data from numerous qualitative and quantitative sources were used to validate the findings, using the data CHNA roadmap outlined in **Figure 3**.

Figure 3: 2019 CHNA Roadmap



Secondary Data sources include: U.S. Census Bureau, PA Youth Survey, HP 2020, CDC, PA Department of Health Vital Statistics and BRFSS, Claritas - Pop Facts Premier 2018 and Envirionics Analytics.

Source: Phoenixville Hospital Primary and Secondary Data Collection, Strategy Solutions, Inc.

DATA LIMITATIONS

The primary and secondary data collected for this assessment includes several limitations. Much of the secondary data is from the County level and is not specific to the Hospital’s service area due to geographic limitations of currently available data. In addition, researchers were limited to the collection of the most recent publicly available data sources of which many are two (2) or more years old. All primary data is also qualitative and does not necessarily reflect a representative sample of the service area since it was collected through convenience sampling. The Pennsylvania Department of Health performs statistical analysis to determine indicators where a county is significantly different when compared to the state. Indicators where a county is significantly lower when compared to the state are noted on a chart with blue numbers, while those that are significantly higher are noted with red numbers. It is important to note that not all indicators that are significantly higher when compared to the state are negative (i.e. a higher percentage of mothers who breastfeed is positive for the county). The color coding simply reflects areas that of statistical significance and whether are not the county is significantly higher or lower when compared to the state. In this report rates are reported per 100,000 residents unless otherwise noted.

OVERVIEW OF COMMUNITY ENGAGEMENT AROUND THE FACTORS THAT IMPACT HEALTH

COMMUNITY ENGAGEMENT

As part of this needs assessment, during the months of May through September 2018, 350 telephone surveys, 53 key informant surveys and 359 intercept surveys were completed, along with 3 focus groups and 5 stakeholder interviews which were conducted with a wide range of residents, professionals and leaders in the Phoenixville Hospital service area in order to understand the community needs and issues, as well as factors the impact health.

Figure 4 below shows the representation of community organizations and/or stakeholders that Phoenixville Hospital engaged.

Figure 4: Focus Group And Stakeholder



COMMON THEMES ON THE FACTORS THAT IMPACT HEALTH

The following **Figure 5** shows the summary of identified needs. These needs were determined by the frequency mentioned by primary data sources or through negative trends or significant differences in secondary data. Appendix C lists all identified needs.

Figure 5: Common Themes On The Factors That Impact Health



Source: Phoenixville Hospital Primary and Secondary Data Collection, Strategy Solutions, Inc.



Figure 6 shows the top five community health needs by focus group type.

Figure 6: Top 5 Community Needs by Focus Group Type



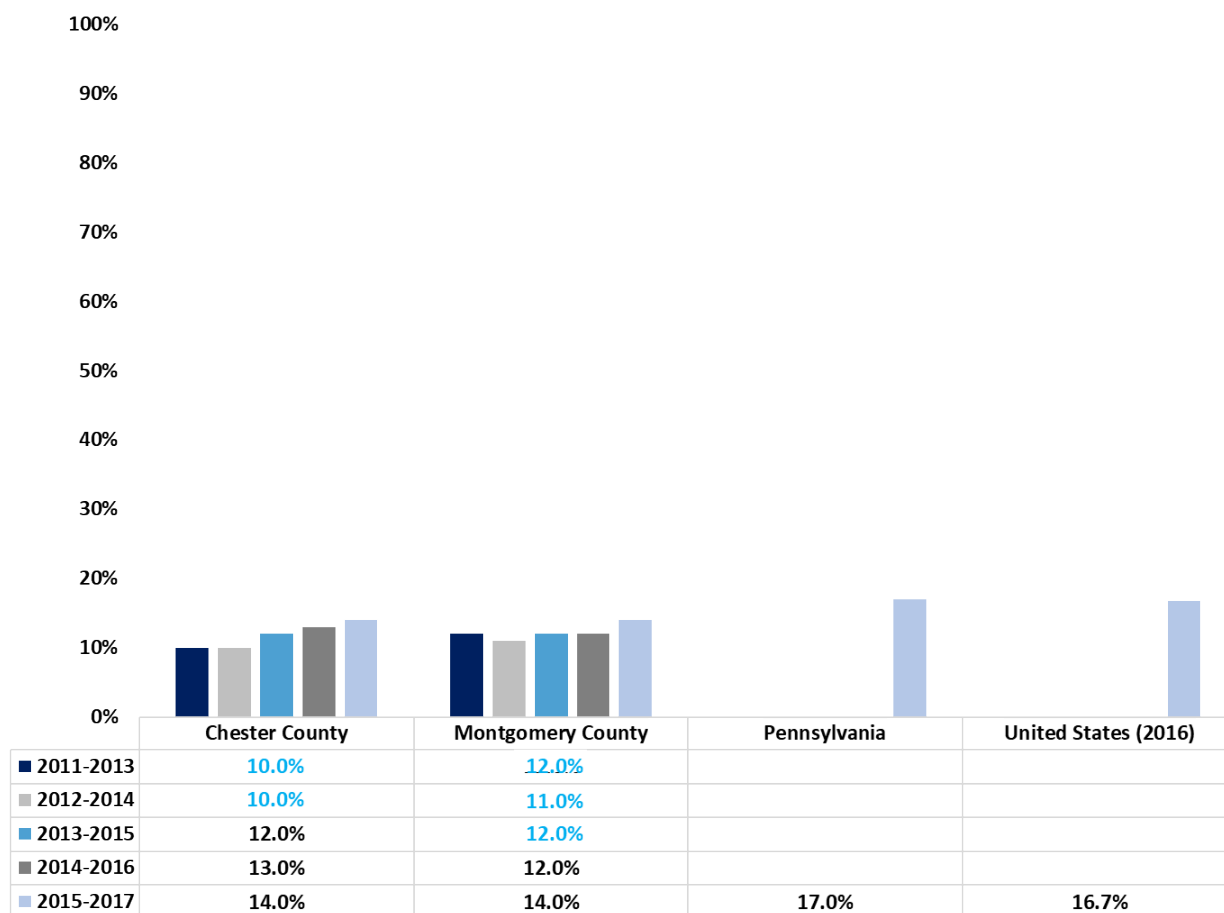
VISION FOR A HEALTHY COMMUNITY

According to focus group and interview participants, as well as survey respondents, “a healthy community” is one where the focus is on health and wellness and where everyone has access to quality, affordable healthcare. A healthy Phoenixville would offer all residents access to a full continuum of physical and mental health services. Services and providers would represent the diversity of the residents. Services would be accessible to all residents so that they could get the needed care around the schedule of the individual. Transportation would be available to ensure all residents can get where they need to be. Care would be easy to navigate with coordinated support for those with complex needs.

OVERALL HEALTH STATUS

Figure 7 illustrates the percentage of adults in Chester and Montgomery counties who report their health as fair or poor. The percentage of adults in Chester County who report their health as fair or poor was significantly lower when compared to the state in 2011-2013 and 2012-2014, although has been increasing ever since. In 2011-2013 to 2013-2015, the percentage of adults in Montgomery County who reported their personal health as fair or poor had been significantly lower when compared to the state. While the percentage of adults who report their health as fair or poor has increased in Chester and Montgomery counties in 2015-2017 (14.0%) it remains lower than both the state (17.0%) and nation (16.7%).

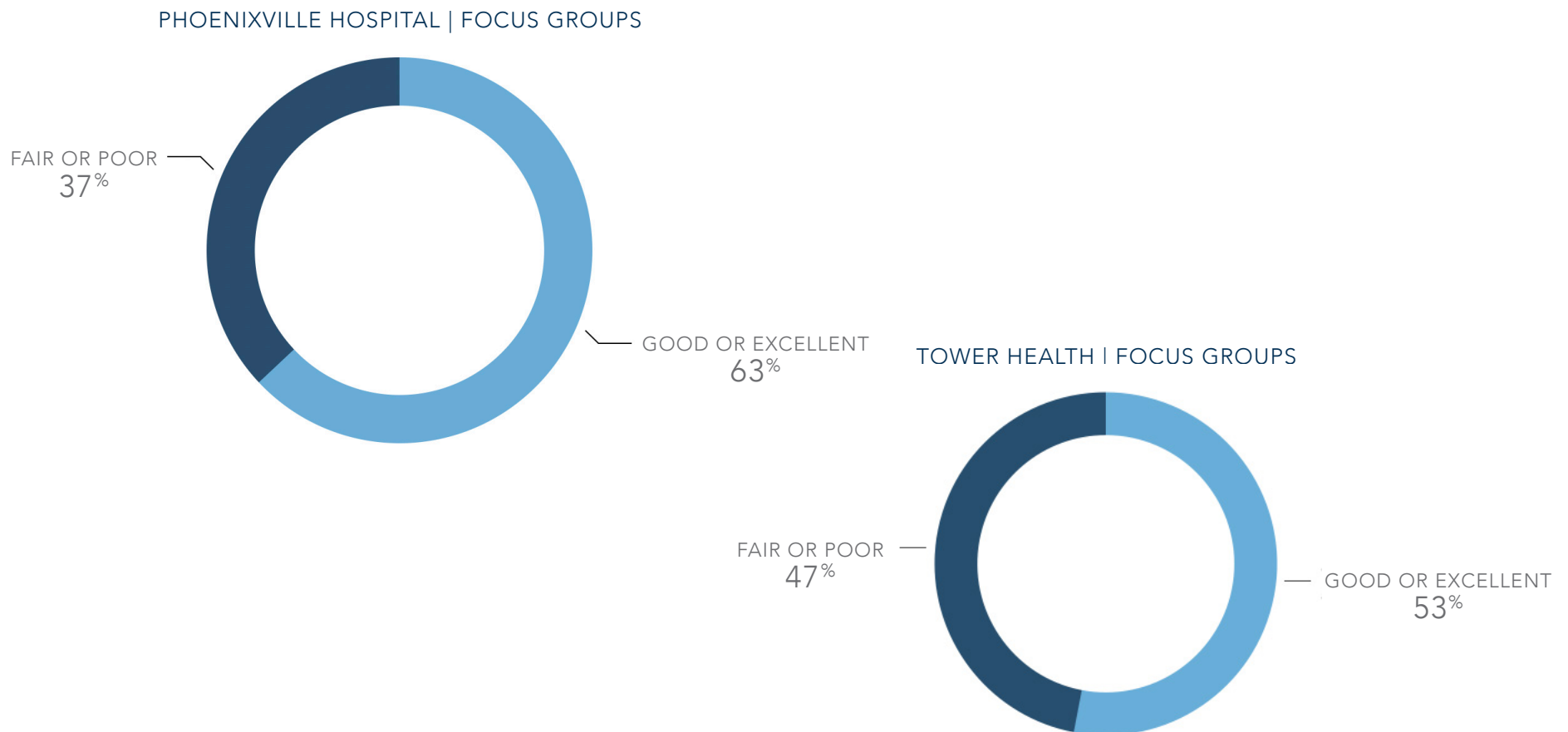
Figure 7: Personal Health, Fair or Poor



WHAT THE COMMUNITY IS SAYING

Just over one third (37%) of focus group participants rated the overall health of the Phoenixville Hospital community as fair or poor, which was slightly lower than the health status of the Tower Health overall community (47%). **Figure 8**, below, illustrates the overall health status of the community.

Figure 8: Overall, Health Status



Source: Tower Health and Phoenixville Hospital Focus Groups, Strategy Solutions, Inc., 2018

Sources (Figure 7, pg 18): Department of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2017, Centers for Disease Control, 2016



HEALTH IS WHERE WE LIVE

Figure 9 shows that the population in the Phoenixville Hospital Primary Service Area is projected to increase over the next five years, with a projected increase of 2.5%.

Table 1 shows the marital status for residents in the Phoenixville Hospital Primary Service Area. Just under one third of the residents (29.7%) have never married, while 52.2% are currently married, 9.2% are divorced, 5.7% are widowed and 3.2% are separated.

Table 1: Demographic Snapshot: Marital Status

Marital Status	Phoenixville Hospital Primary Service Area
Married	52.2%
Separated	3.2%
Divorced	9.2%
Widowed	5.7%
Never Married	29.7%

HOW GENDER IMPACTS HEALTH

Table 2 shows the population breakdown by gender in the service area. There is a comparable amount of females (50.6%) and males (49.4%) in the Phoenixville Hospital Primary Service Area.

Figure 9: Demographic Snapshot: Population



PHOENIXVILLE HOSPITAL PRIMARY SERVICE AREA
 Projected to increase from
 233,949 in 2018
 to
 239,879 in 2023

Table 2: Demographic Snapshot: Gender

Gender	Phoenixville Hospital Primary Service Area
Male	49.4%
Female	50.6%

Table 3 shows the significant differences by gender from the Phoenixville Hospital community survey. Male respondents were significantly more likely to have an eye exam compared to female respondents. Females are significantly more likely to have a routine place where they go for healthcare/advice about health. They are also more likely to have had a transportation barrier to care or to have difficulty seeing a doctor because the office hours were not convenient.

Table 3: Demographic Snapshot: Gender on Access to Healthcare

	Male	Female	Overall*
Have a routine where people go for healthcare/advice about health	77.2%	89.8%	83.6%
Lack of transportation made it difficult or prevented them from seeing a doctor	2.3%	8.9%	5.7%
Difficulty seeing a doctor because office hours were not convenient	11.6%	20.0%	15.9%
Eye exam where their pupils were dilated past two years	67.9%	64.2%	66.0%

**Note: On this table and throughout this CHNA the word overall is used to indicate the percentage for all respondents in the service area from the community survey.*

IMPACTS OF GENDER ON CHRONIC CONDITIONS

Table 4 illustrates significant differences based on gender from the community survey. Male respondents were significantly more likely to have ever been told they had a heart attack, been told that they have pre-diabetes or borderline diabetes or been told that they have high cholesterol compared to female respondents. Female respondents were more likely to suffer from or be diagnosed with osteoporosis.

Table 4: Demographic Snapshot: Gender on Chronic Conditions

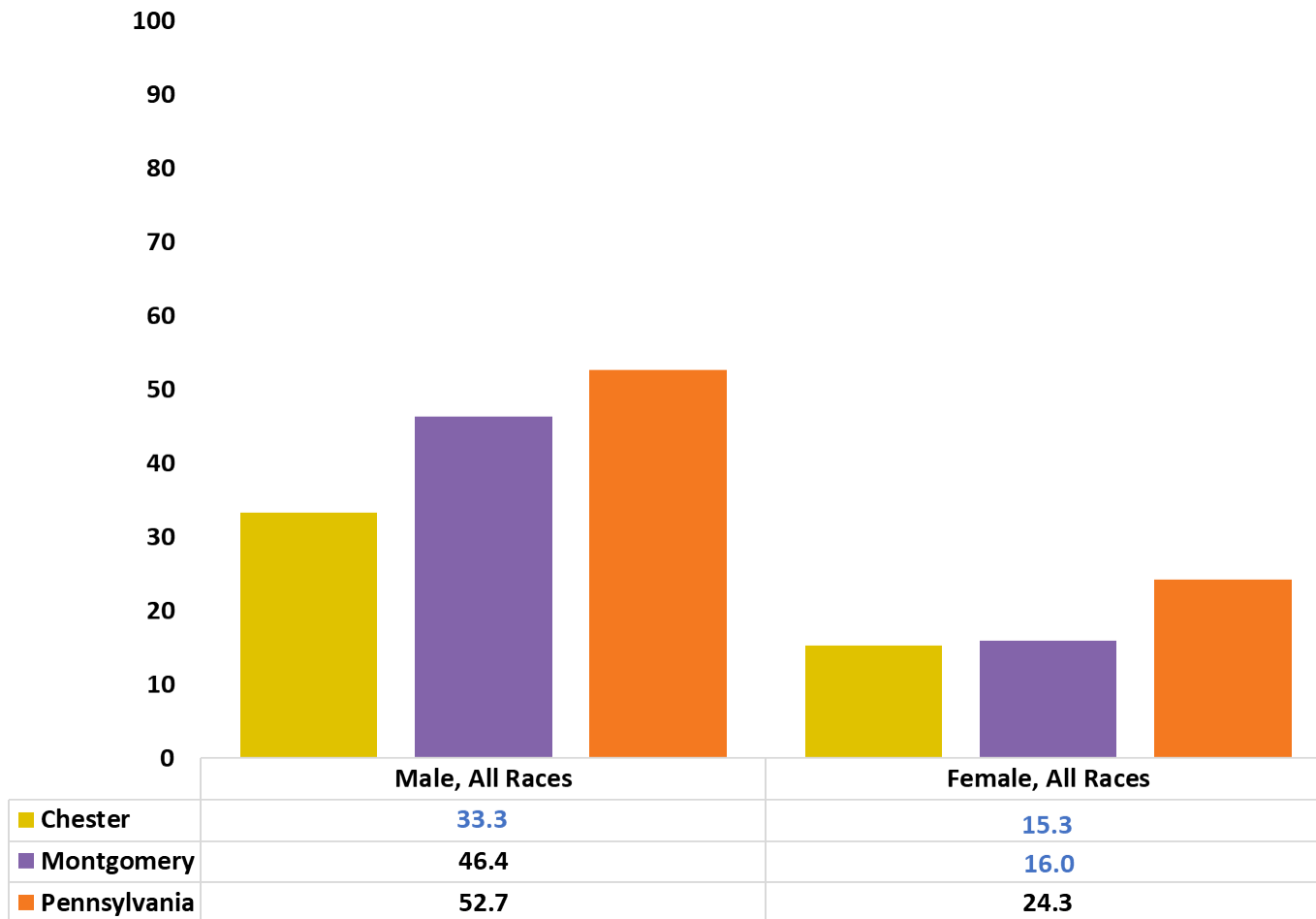
	Male	Female	Overall
Suffer from or diagnosed with osteoporosis	4.2%	10.0%	7.2%
Ever told had a heart attack	6.7%	1.1%	3.8%
Ever told have pre-diabetes or borderline diabetes	9.9%	3.9%	6.8%
Ever told have high cholesterol	45.9%	33.1%	39.4%

Source (Table 3 & 4): 2018 Phoenixville Hospital Community Survey, Professional Research Consultants

IMPACTS OF GENDER ON BEHAVIORAL HEALTH

Figure 10 shows the significant differences by gender for residents in Chester and Montgomery counties compared to the state for drug-induced mortality. The rate for both males (33.3) and females (15.3) in Chester County were significantly lower when compared to the state (52.7 for males and 24.3 for females) as is the rate for females (16.0) in Montgomery County.

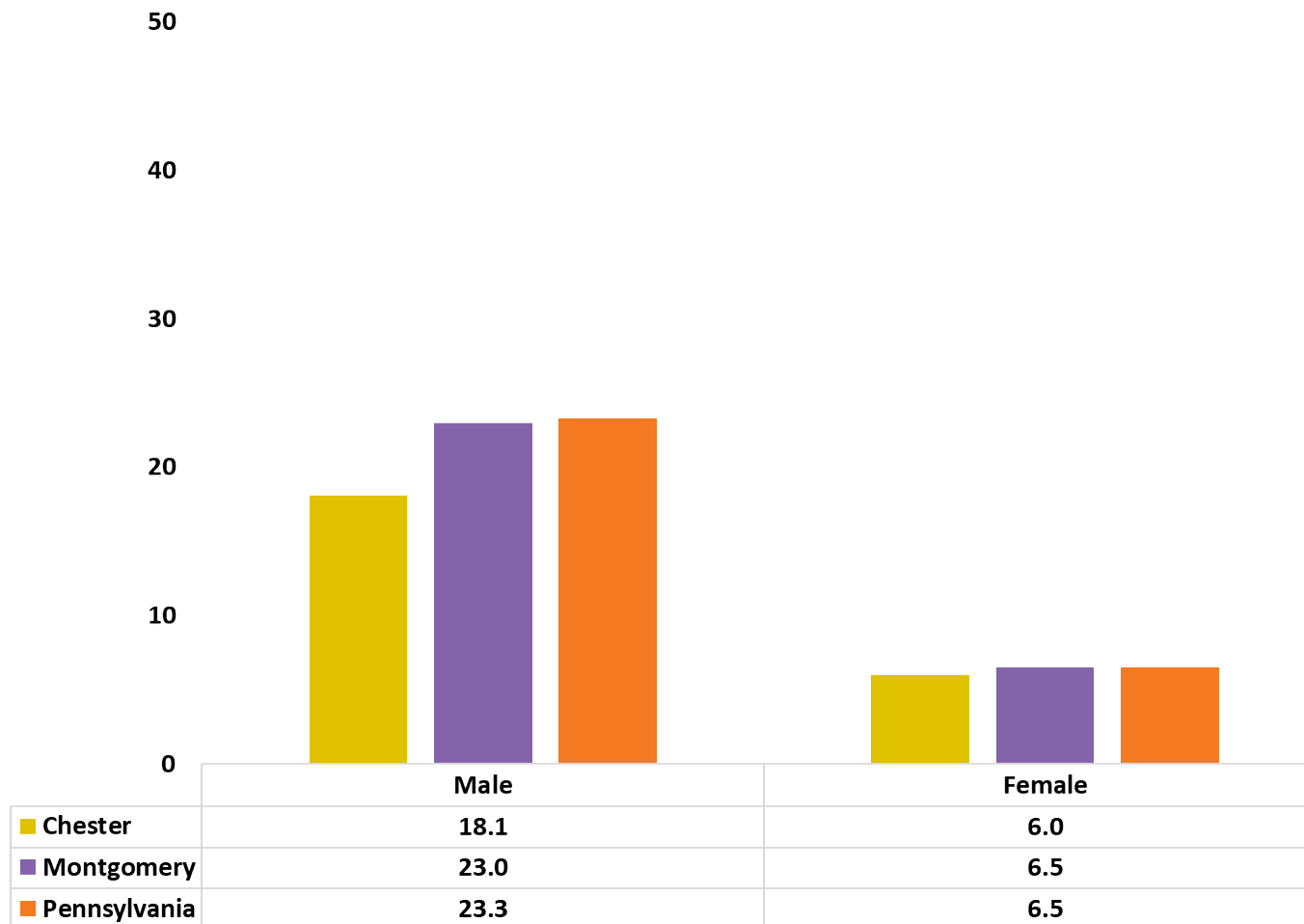
Figure 10: Drug-Induced Mortality



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016

Figure 11 illustrates the suicide mortality rate by gender for Chester and Montgomery counties compared to the state. Although not significant, the suicide mortality rate for males in Chester County (18.1) was lower when compared to the state while the rate in Montgomery County (23.0) was comparable to the state (23.3). All of the county male rates are much higher than the female rates.

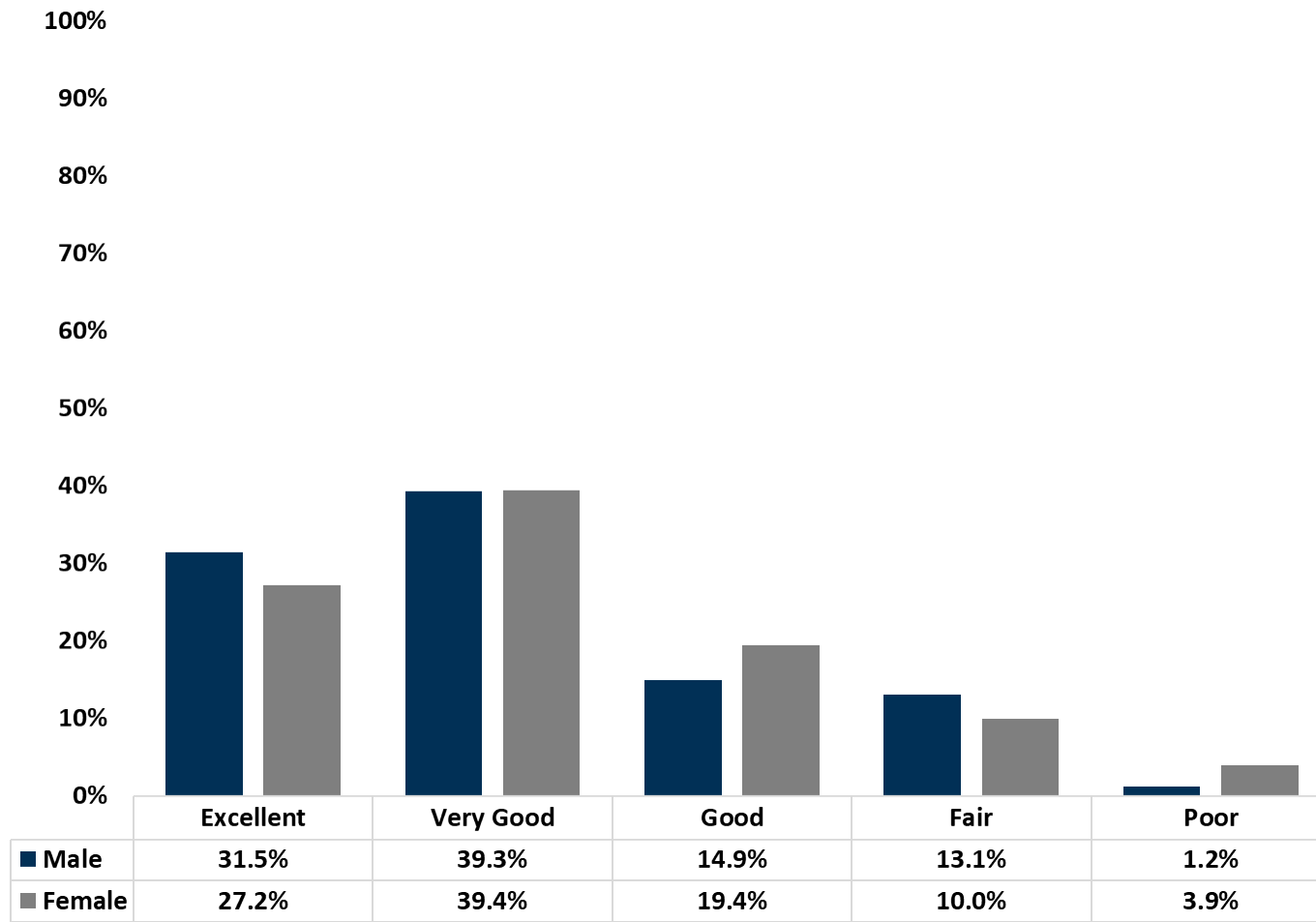
Figure 11: Suicide Mortality



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016

Figure 12 illustrates responses to the community survey regarding personal mental health status. Male respondents were significantly more likely to rate their mental health as excellent (31.5%) or fair (13.1%) compared to female respondents (27.2% and 10.0%).

Figure 12: Personal Mental Health Rating

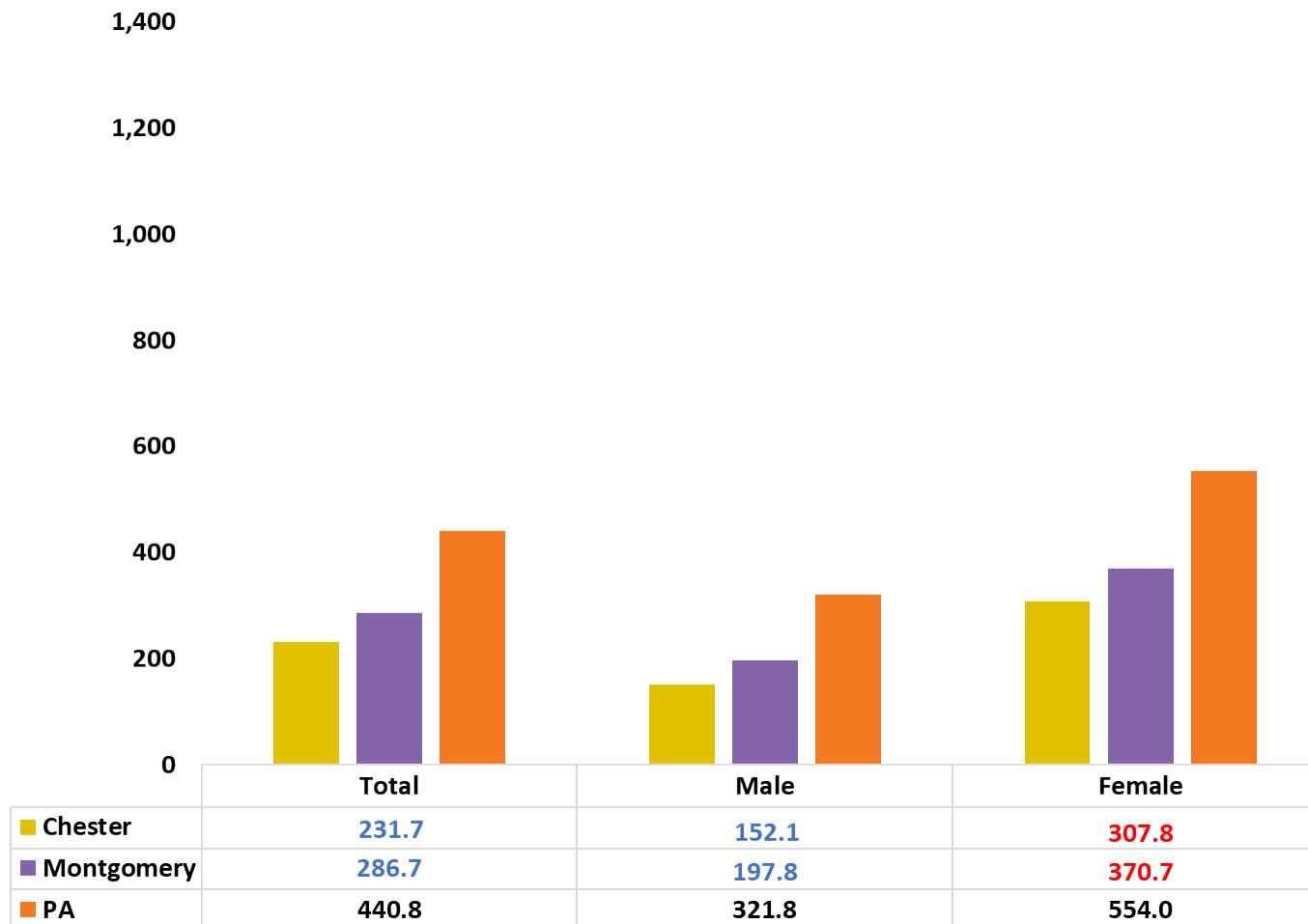


Source: 2018 Phoenixville Hospital Community Survey, Professional Research Consultants

IMPACTS OF GENDER ON INFECTIOUS DISEASE

Figure 13 illustrates the significant differences by gender in Chester and Montgomery counties when compared to the state for Chlamydia. The Chlamydia rate for males in Chester (152.1) and Montgomery (197.8) counties were significantly lower when compared to the state (321.8). The rates for females in Chester (307.8) and Montgomery (370.7) counties were significantly higher than the state rate (554.0). When looking overall at both Chester (231.7) and Montgomery (286.7) counties the Chlamydia rate is significantly lower in the counties than in the state (440.8).

Figure 13: Chlamydia Rate Per 100,000

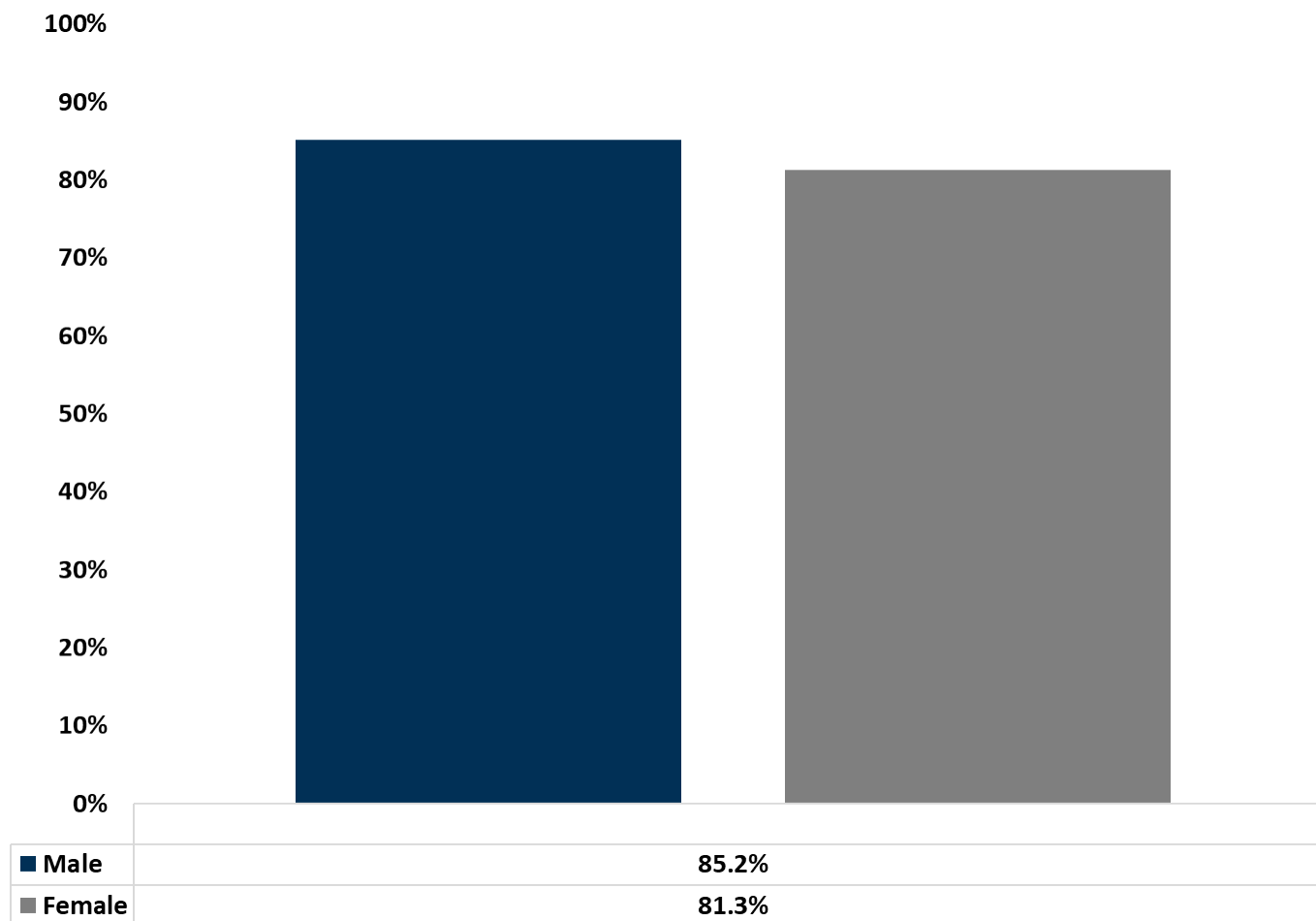


Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016

IMPACTS OF GENDER ON PHYSICAL ACTIVITY

Figure 14 shows the significant differences by gender from the community survey respondents who report they have participated in an activity to strengthen their muscles in the past month. Male respondents (85.2%) were significantly more likely to have participated in physical activity within the past month than female respondents (81.3%).

Figure 14: Participated in Activity to Strengthen Muscles, Past Month



HOW AGE IMPACTS HEALTH

Table 5 shows the population breakdown by age in Phoenixville Hospital's Primary Service Area. The median age is 40.6 and is projected to age slightly (41.6 in 2023).

Table 5: Demographic Snapshot: Age

Age	Phoenixville Hospital Primary Service Area
Median Age	40.6
0 – 17 years	22.7%
18 – 34 years	20.1%
35 – 54 years	28.1%
55 – 64 years	13.7%
> 65 years	15.4%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

IMPACTS OF AGE ON ACCESS TO CARE

Table 6 shows the significant differences by age for Phoenixville Hospital community survey respondents for indicators related to access, physical activity and mental health. Younger respondents age 18 to 39 were significantly more likely not to have health insurance and to go to urgent care for routine health care or advice about health. This age group was also more likely to have difficulty seeing a doctor because the hours were not convenient and difficulty seeing a specialist. This group was significantly less likely to rate their personal health as fair or poor compared to other respondents.

Older respondents age 65 and over were significantly more likely to have had a routine check up in the past year and have had an eye exam. This group was significantly less likely to have dental insurance or to have difficulty getting an appointment with a doctor.

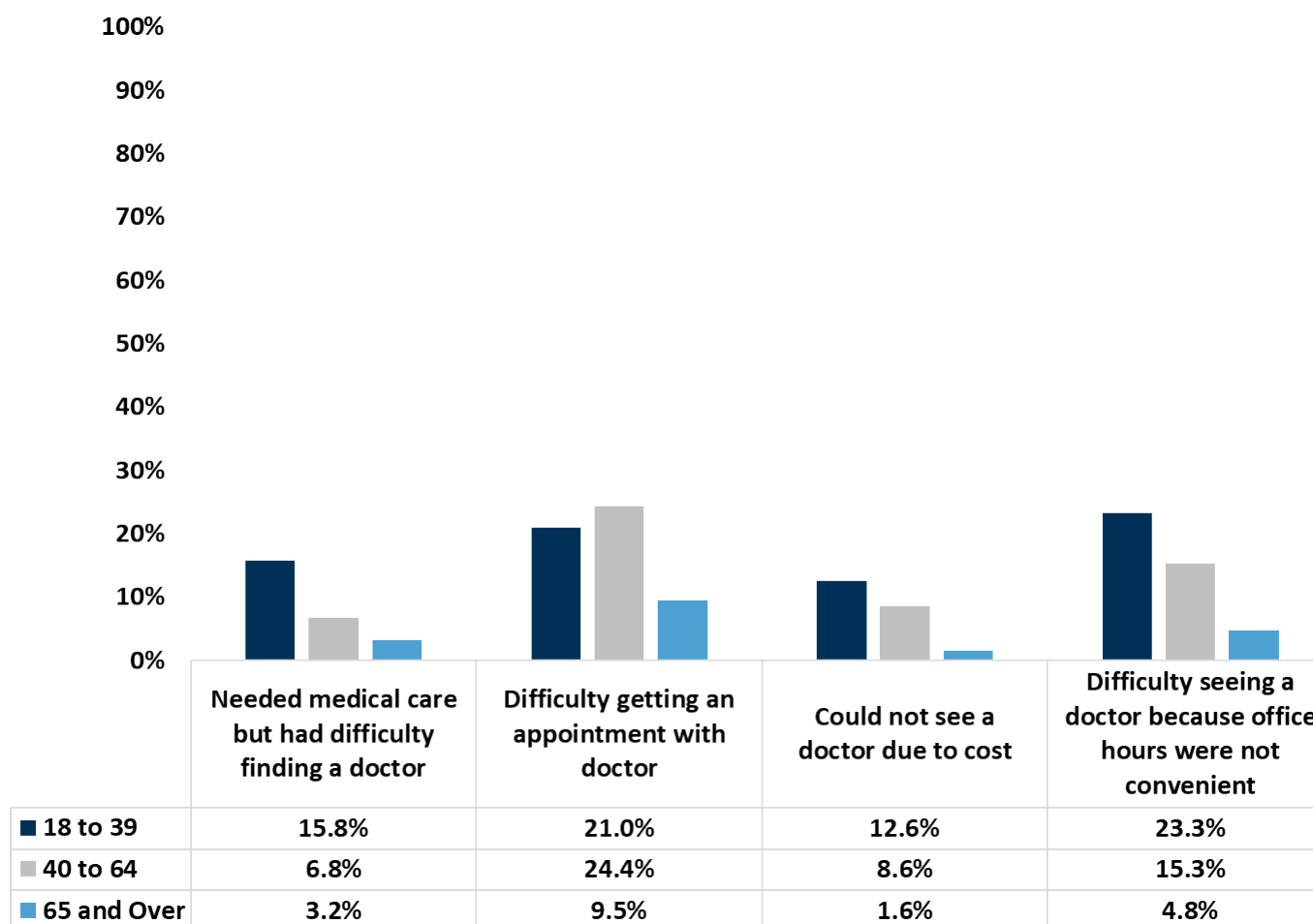
Table 6: Access to Care

Access Indicators	18 to 39	40 to 64	65 and Over
Personal health rating, fair or poor	7.1%	14.4%	15.0%
Do not have health insurance	8.4%	2.5%	0.0%
Go to urgent care for routine healthcare/advice about health	15.1%	4.5%	5.4%
Routine check-up, past year	59.7%	70.2%	85.5%
Dental insurance/coverage	78.8%	78.9%	46.0%
Needed medical care but had difficulty finding a doctor	15.8%	6.8%	3.2%
Difficulty getting an appointment with doctor	21.0%	24.4%	9.5%
Could not see a doctor due to cost	12.6%	8.6%	1.6%
Difficulty seeing a doctor because office hours were not convenient	23.3%	15.3%	4.8%
Visited a dentist/dental clinic, past year	66.4%	77.6%	76.2%
Difficulty seeing a specialist	22.7%	16.0%	7.9%
Eye exam where pupils were dilated, past two years	51.7%	69.8%	87.1%

Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

Figure 15 illustrates barriers to care community survey respondents experience that were significantly different based on the age of the respondent. Community survey respondents age 18 to 39 were significantly more likely to experience barriers when accessing care compared to older respondents. These younger respondents were significantly more likely to have difficulty finding a doctor, not being able to see the doctor due to cost, or being unable to see a doctor because office hours were not convenient. Respondents age 40 to 64 are significantly more likely to have difficulty getting an appointment with a doctor.

Figure 15: Barriers To Care



IMPACTS OF AGE ON CHRONIC CONDITIONS

Table 7 identifies chronic disease-related indicators from the community survey that are significantly impacted by age. Older residents age 65 and over were significantly more likely to have been told that they have all of the chronic conditions listed below with the exception of COPD. Respondents age 18 to 39 were significantly more likely to have COPD compared to their older counterparts.

Table 7: How Age Impacts Health: Chronic Disease

IMPACTS OF AGE ON CHRONIC DISEASE				
Ever Been Told That You Have:	18 to 39	40 to 64	65 and Over	Overall
Arthritis/rheumatism	11.8%	25.6%	39.7%	23.4%
COPD (Including bronchitis or emphysema)	15.8%	6.3%	12.5%	10.8%
Cancer	0.0%	6.8%	19.0%	6.7%
Skin cancer	1.7%	5.6%	20.6%	7.0%
Osteoporosis	0.0%	6.3%	23.8%	7.4%
Sciatica or chronic back pain	18.5%	24.4%	34.9%	24.3%
Had a heart attack	3.4%	1.9%	9.7%	3.8%
Heart disease	0.0%	3.1%	11.5%	3.5%
Pre-diabetes or borderline diabetes	4.7%	5.2%	17.0%	6.9%

Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018



IMPACTS OF AGE ON FOOD AND NUTRITION

Table 8 shows the significant differences by age for food and nutrition related items from the community survey. Respondents age 18 to 39 were significantly more likely to worry they would run out of food before they had money to buy more (20.8%), that food purchased did not last and they did not have money to buy more (20.8%) or have difficulty buying fruits and vegetables at a price they could afford (26.0%) compared to other respondents.

Table 8: How Age Impacts Health: Food and Nutrition

IMPACTS OF AGE ON FOOD AND NUTRITION				
	18 to 39	40 to 64	65 and Over	Overall
Worried food would run out before had money to buy more	20.8%	10.6%	6.5%	13.5%
Food purchased did not last and did not have money to buy more	20.8%	7.5%	6.2%	11.9%
Difficulty buying fresh fruits and vegetables at a price can afford	26.0%	7.5%	14.3%	15.2%

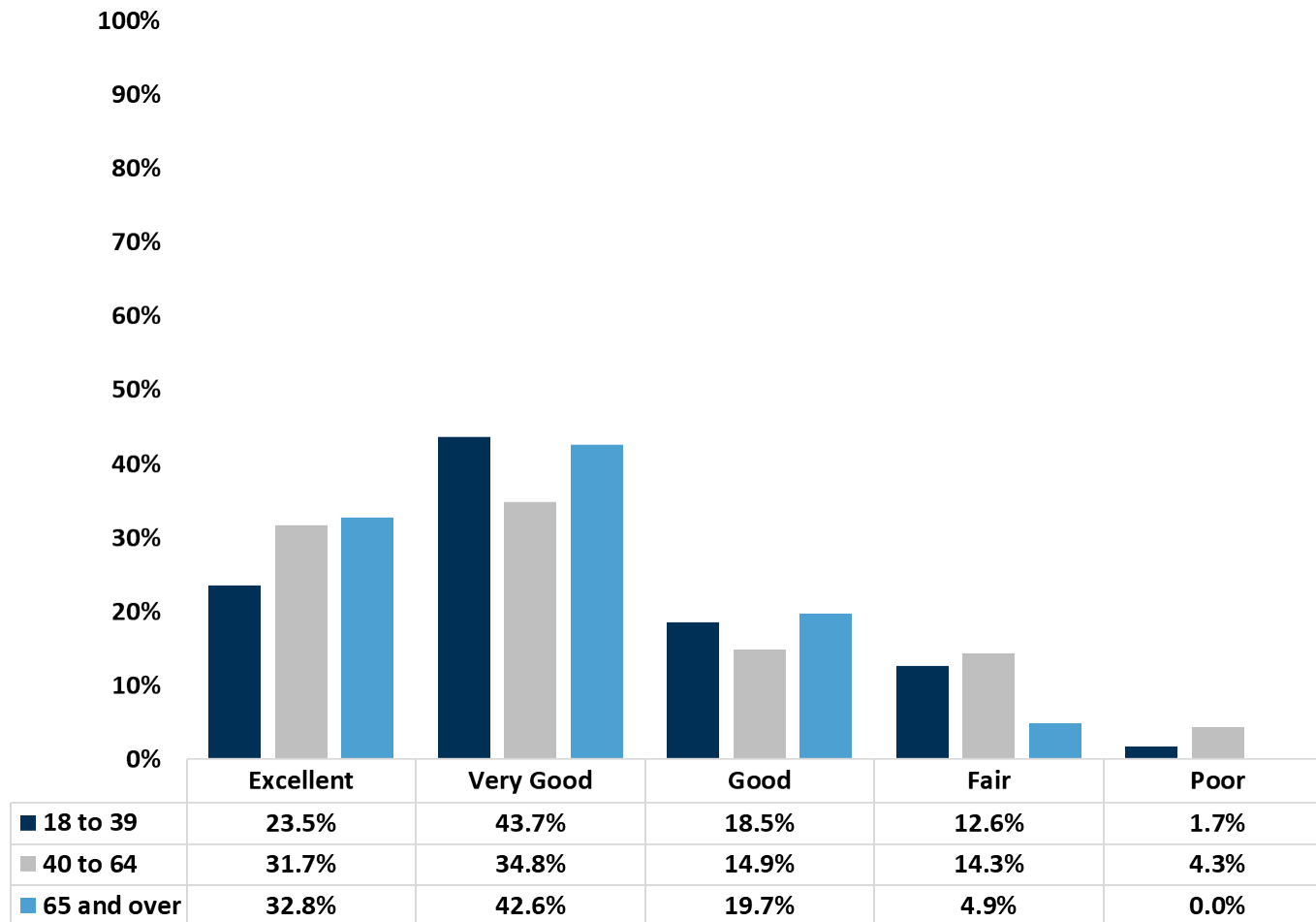
Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018



IMPACTS OF AGE ON BEHAVIORAL HEALTH

Figure 16 illustrates the significant differences for personal mental health rating by age of community survey respondent. Community survey respondents age 40 to 64 were significantly more likely to rate their health as fair or poor (18.6%) when compared to older respondents.

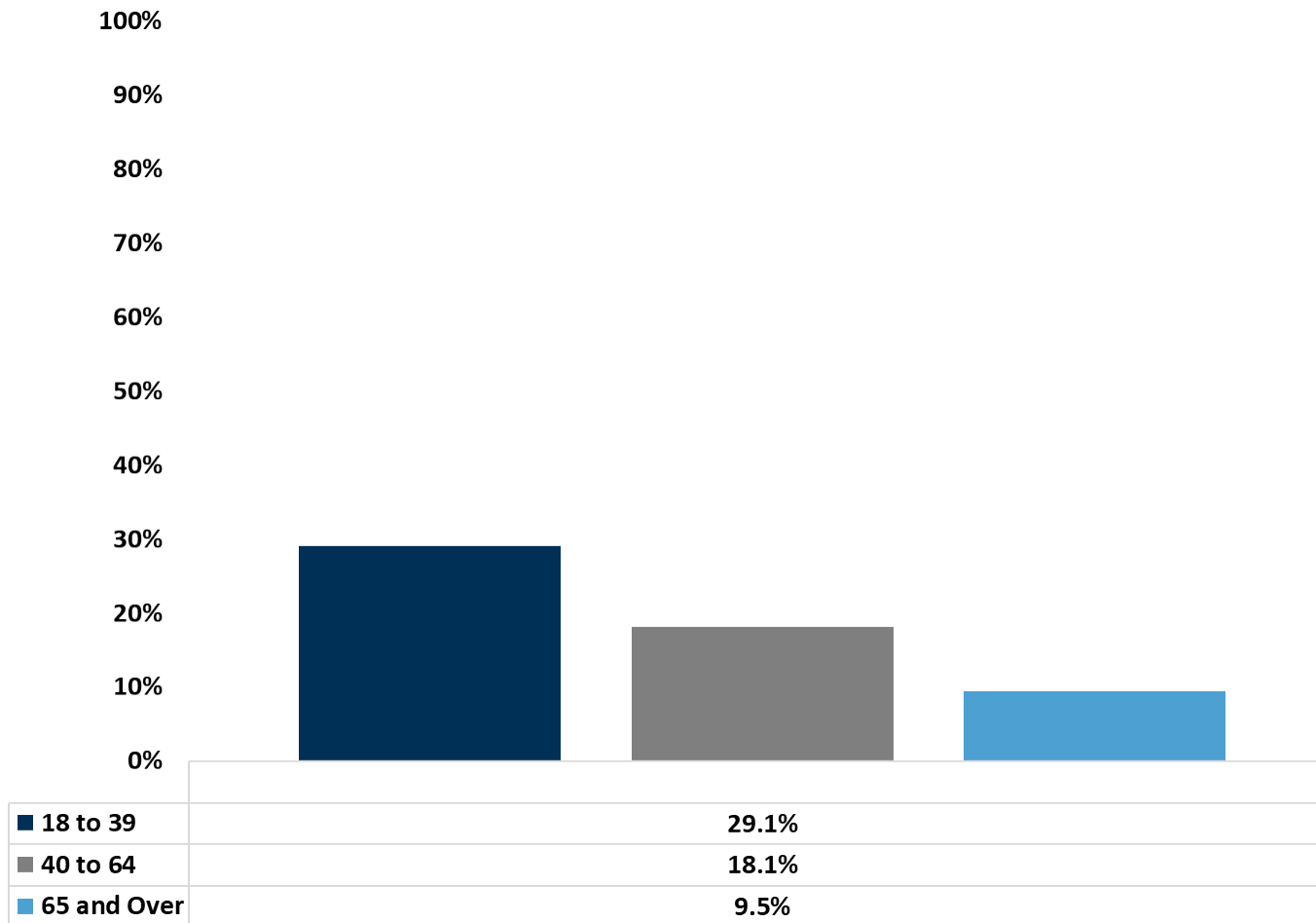
Figure 16: Personal Mental Health Rating



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

Figure 17 shows the significant differences by age for community survey respondents who report binge drinking. Binge drinking is defined as males having 5 or more drinks on one occasion and females having 4 or more drinks on one occasion. Respondents ages 18 to 39 were significantly more likely to report binge drinking (29.1%) compared to older respondents.

Figure 17: Binge Drinking

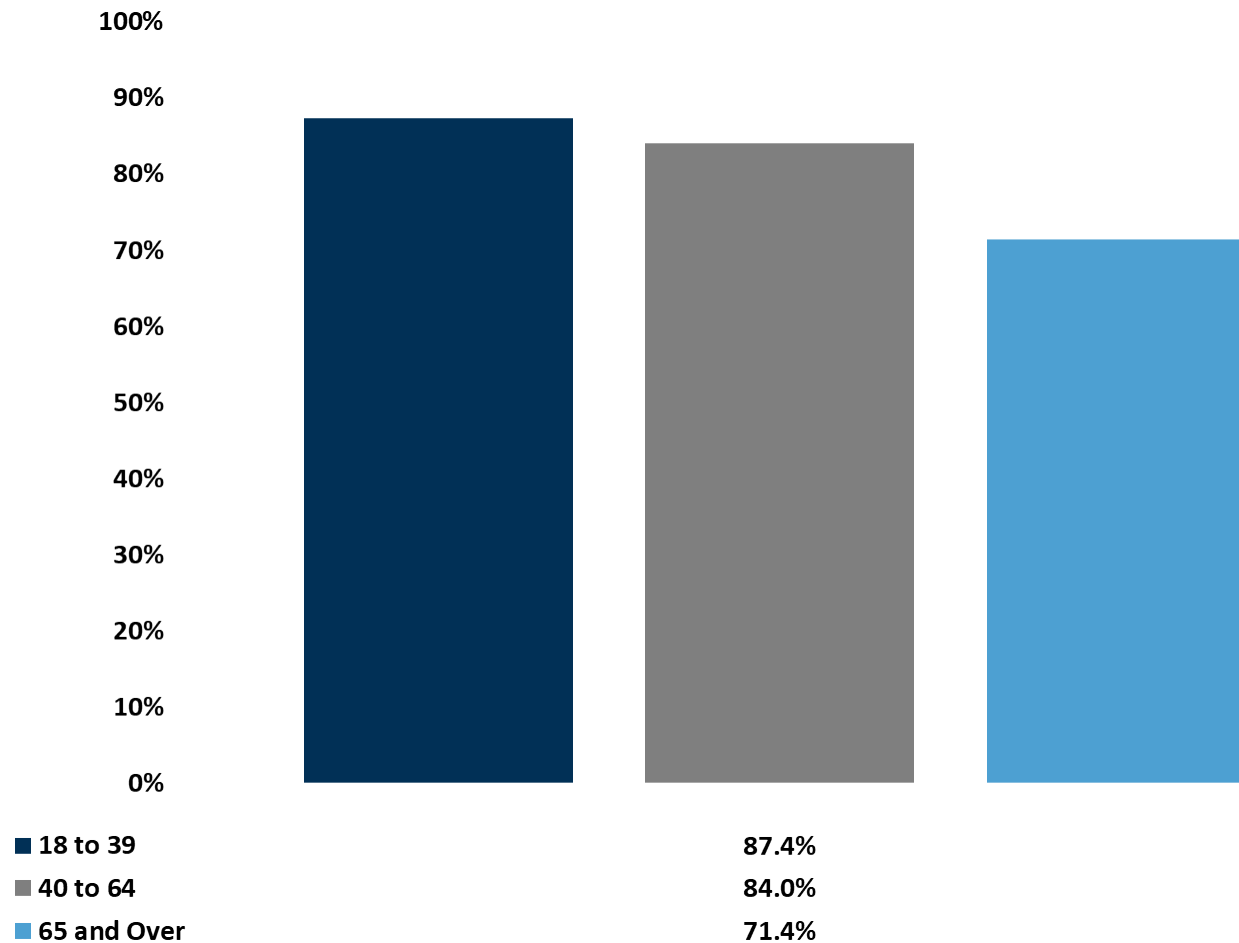


Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF AGE ON PHYSICAL ACTIVITY

Figure 18 shows the significant differences for community survey respondents who have participated in physical activity over the past month by age of respondent. Older respondents (age 65 and over) were significantly less likely to have participated in physical activity when compared to younger respondents.

Figure 18: Participated in Physical Activity, Past Month

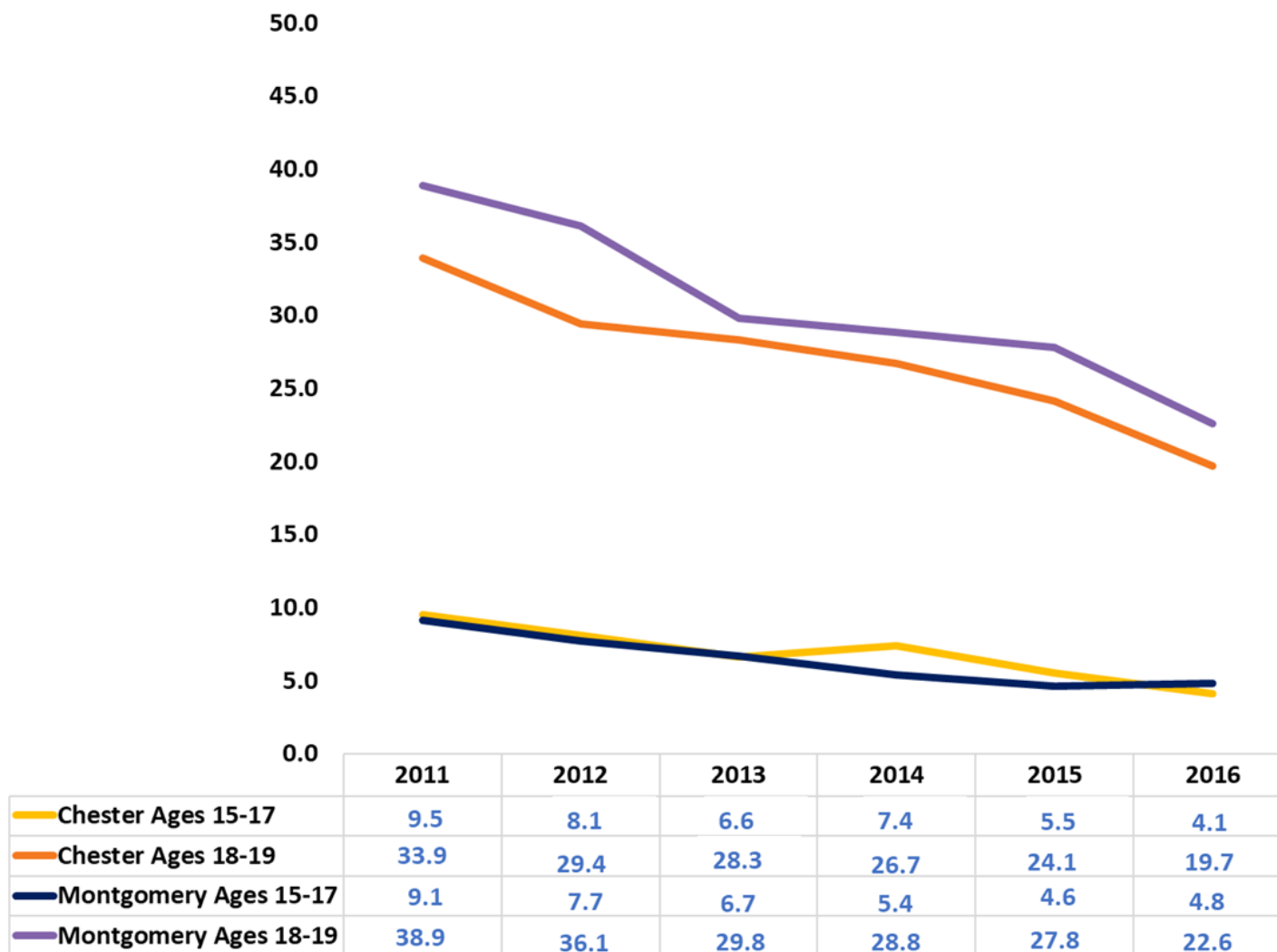


Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF AGE ON MATERNAL AND CHILD HEALTH

Figure 19 illustrates the teen pregnancy rate per 1,000 in Chester and Montgomery counties between 2011 and 2016. The rates in Chester and Montgomery counties are both significantly lower than the state for teens ages 15-17 and teens ages 18-19. Compared to 2011 the 2016 rates in each county and each age group have decreased.

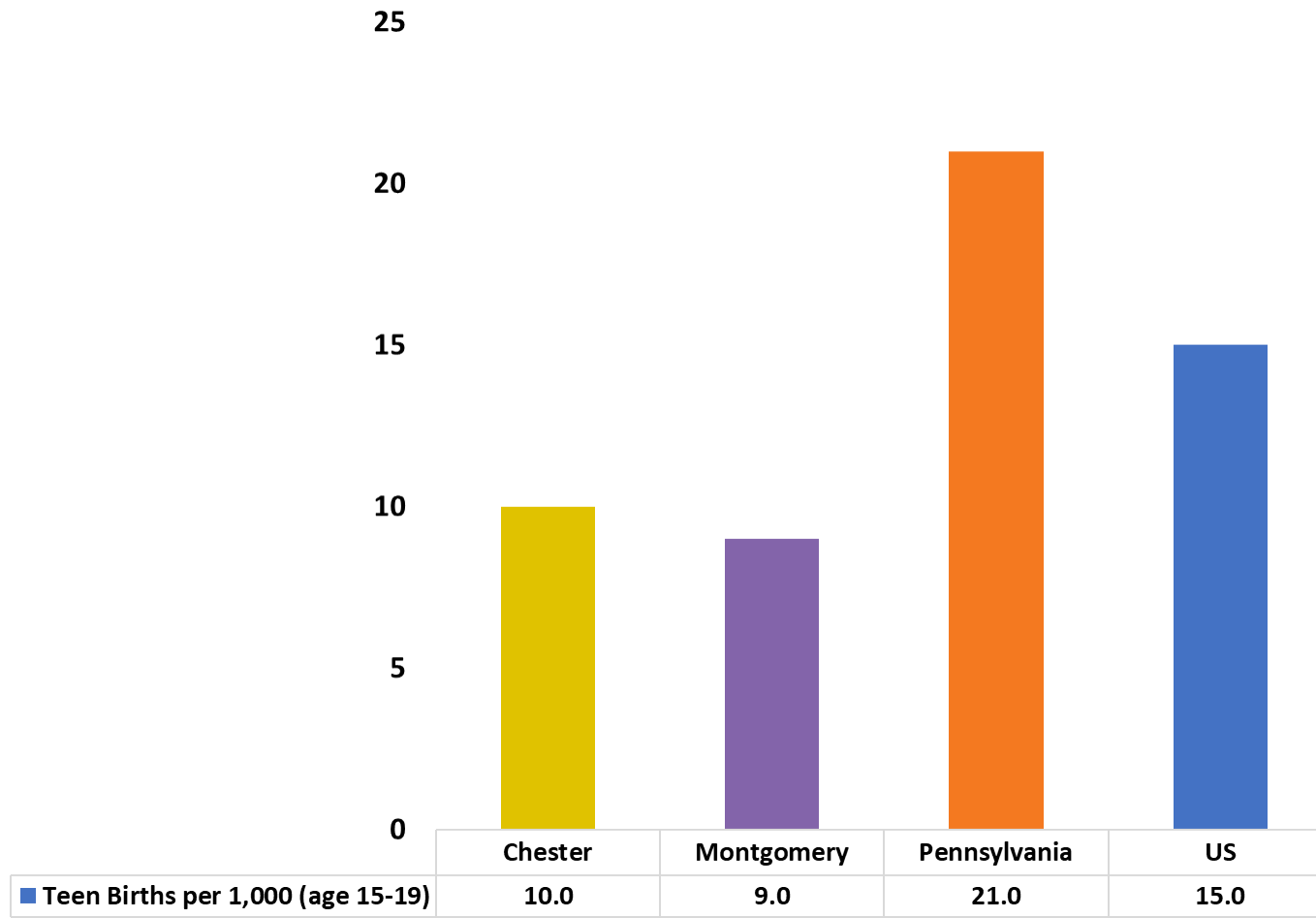
Figure 19: Teen Pregnancy Rate Per 1,000, Chester And Montgomery Counties



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016.

Figure 20 below outlines the teen birth rate per 1,000 births for ages 15-19. Although not significant the rate in Chester (10.0) and Montgomery (9.0) counties was much lower than both the state (21.0) and nation (15.0).

Figure 20: Teen Births Per 1,000 Age 15-19



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016.

HOW BEING A CHILD IMPACTS HEALTH

Childhood is an important period in a young person's life. Children need safe housing, food, medical, proper educational stimulation and nurturing relationships for healthy development. The first years of life build the foundation for future cognitive, emotional and behavioral skill development. Strong relationships with caregivers and stable, safe environment play a pivotal role in building a strong foundation for later growth and learning.

As of 2017, there were 83.1 million Millennials in the United States (those born between 1982 and 2000), according to the U.S. Census Bureau. Just like the Baby Boom generation before it, this cohort of young people carries influence. In the healthcare space, Millennials are prompting greater emphasis on technology, faster delivery of care, telemedicine adoption, a fee-for-outcome model and a shift toward consumer-oriented service.²

Table 9 outlines the youth-related data from the County Health Rankings for the counties that are related to the Phoenixville Hospital Primary Service Area. High school graduation rates have increased in both Chester and Montgomery counties from 2014 to 2018. The percentage of children living in poverty has decreased in Chester County from 8.5% in 2014 to 7.5% in 2018. Although the percentage of children living in poverty has fluctuated over the years compared to 2014, the 2018 percentage is the same in Montgomery County. The percentage of children living in single parent homes has increased in Chester County from 17.2% in 2014 to 19.3% in 2018. The percentage has remained relatively consistent in Montgomery County. Disconnected youth are those teens and young adults ages 16-19 who are neither working nor in school, while only two years' worth of data is available the percentages have not changed in either county.

² JT Ripton, Five ways Millennials are changing the healthcare industry. Becker's Hospital Review. March 1, 2017.

Table 9: How Being a Child Impacts Health: Youth-Related Indicators

COUNTY HEALTH RANKINGS YOUTH-RELATED INDICATORS					
COUNTY HEALTH RANKINGS	Youth-Related Indicators				
Chester County	2014	2015	2016	2017	2018
High school graduation rates	86.1%	84.7%	81.6%	89.0%	89.0%
Children living in poverty	8.5%	8.4%	9.2%	7.4%	7.5%
Children living in single parent homes	17.2%	17.7%	18.1%	18.6%	19.3%
Disconnected youth	**	**	**	7.5%	7.5%
Montgomery County	2014	2015	2016	2017	2018
High school graduation rates	92.6%	92.1%	92.5%	93.6%	93.6%
Children living in poverty	7.8%	8.2%	8.9%	7.5%	7.8%
Children living in single parent homes	20.6%	20.4%	21.1%	20.9%	20.8%
Disconnected youth	**	**	**	9.8%	9.8%

Source: County Health Rankings and Roadmaps for Chester and Montgomery counties, 2018

**New indicator and unavailable for prior years

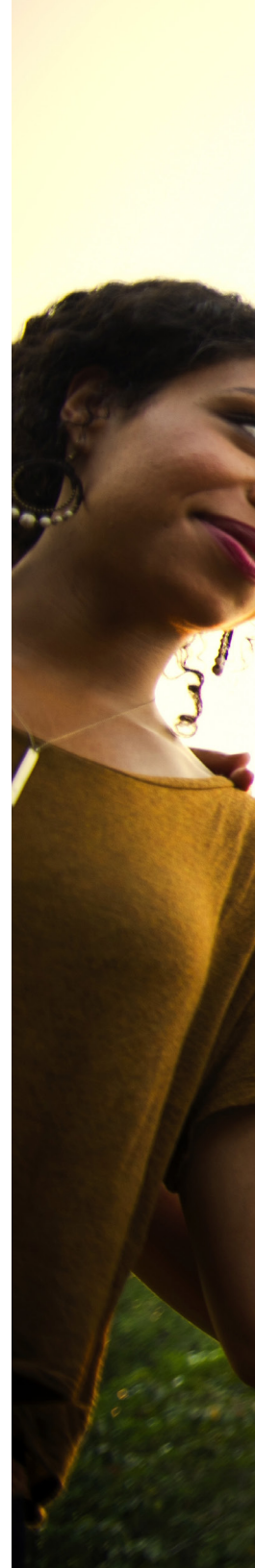
Table 10 outlines the Pennsylvania Youth Survey Data for Chester and Montgomery counties which make up the Phoenixville Hospital Primary Service Area. The percentage of students who report lifetime use of alcohol or marijuana has decreased in Montgomery County while remaining steady in Chester County. In both Chester and Montgomery counties the percentage of students who report lifetime prescription narcotics use has decreased. E-cigarette/vaping use has increased in both counties, between 2015 and 2017.

Table 10: Youth Survey Data, 2017

PAYS Data	Chester County			Trend +/-	Montgomery County			Trend +/-	PA 2017
	2013	2015	2017		2013	2015	2017		
Mental Health and Substance Abuse									
Alcohol lifetime use	41.8%	41.2%	41.4%	+	45.6%	42.1%	40.8%	-	43.3%
Marijuana lifetime use	16.4%	16.0%	16.0%	-	19.0%	17.3%	17.1%	-	17.7%
% drove after drinking	2.6%	1.5%	1.6%	+	2.2%	1.5%	1.4%	-	2.2%
% drove after marijuana use	4.4%	3.4%	3.6%	+	4.0%	3.6%	3.6%	-	3.5%
Prescription narcotics lifetime use	5.1%	4.3%	3.7%	-	5.5%	4.7%	3.9%	-	5.1%
Vaping/E-Cigarettes (30-day use)	ND	12.3%	16.2%	+	ND	13.0%	15.7	-	16.3%
Vaping – just flavoring (past year)	ND	69.4%	60.2%	-	ND	71.7%	64.8%	-	67.3%
Vaping – nicotine (past year)	ND	21.1%	41.7%	+	ND	18.1%	31.6%	+	29.4%
Vaping – marijuana or hash oil (past year)	ND	13.7%	18.5%	+	ND	12.3%	20.0%	-	12.6%
Vaping – other substance (past year)	ND	1.7%	1.4%	-	ND	1.3%	1.4%	+	1.3%

Source: Pennsylvania Youth Survey for Chester and Montgomery County, 2017

ND = No data available





WHAT THE COMMUNITY IS SAYING



Key Informant survey respondents were asked to identify underserved populations in the community. Seniors/aging/elderly were identified as underserved by 33.3% of the respondents. Young adults (27.9%) and children/youth (13.9%) were also identified as underserved populations.

HOW RACE IMPACTS HEALTH

Table 11 shows the race/ethnicity breakdown of residents in the Phoenixville Hospital Primary Service Area. While the highest percentage of residents in the service area are Caucasian (82.5%), 7.9% are African American/Black, 5.8% are Asian and 4.1% are Hispanic/Latino.

Table 11: Demographic Snapshot: Race/Ethnicity

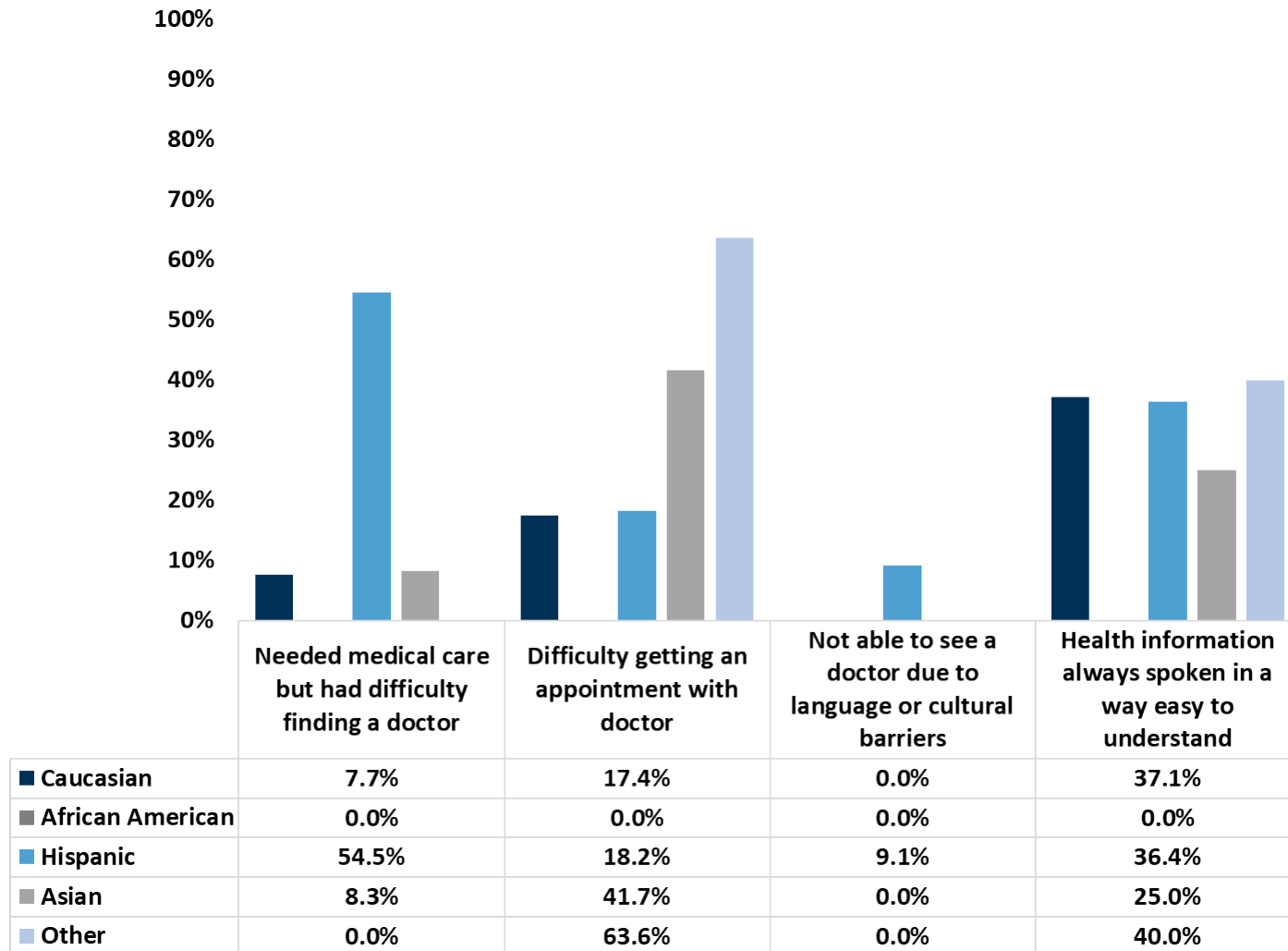
Race/Ethnicity	Phoenixville Hospital Primary Service Area
Caucasian	82.5%
Hispanic/Latino	4.1%
African American/Black	7.9%
Asian	5.8%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

IMPACTS OF RACE/ETHNICITY ON ACCESS TO CARE

Figure 21 illustrates barriers to care that community survey respondents report having experienced that are significantly different based on the race/ethnicity of the respondent. Survey respondents had the option to classify themselves as “other race” indicating that they did not identify with one of the response options. Those respondents who selected “other race” were significantly more likely to have experienced difficulty getting an appointment with a doctor or had challenges with health information always spoken in a way that was easy to understand. Hispanic respondents were significantly more likely to have difficulty finding a doctor and were not able to see a doctor due to language or cultural barriers.

Figure 21: Barriers To Care



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF RACE/ETHNICITY ON CHRONIC CONDITIONS

Table 12 below outlines chronic diseases by ethnicity that are significantly different when compared to the state. The numbers in red are significantly higher than the state while those numbers in blue are significantly lower than the state. White residents of Chester and Montgomery counties have significantly higher rates of breast cancer mortality than the state, while both counties also have rates that are lower than the state for lung cancer mortality, cardiovascular disease mortality, diabetes mortality and heart disease mortality in the White population. Montgomery also has significantly lower rates for lung/bronchus cancer mortality, cardiovascular disease mortality and heart disease mortality among Blacks.

Table 12: Race/Ethnicity Impact Health: Chronic Disease

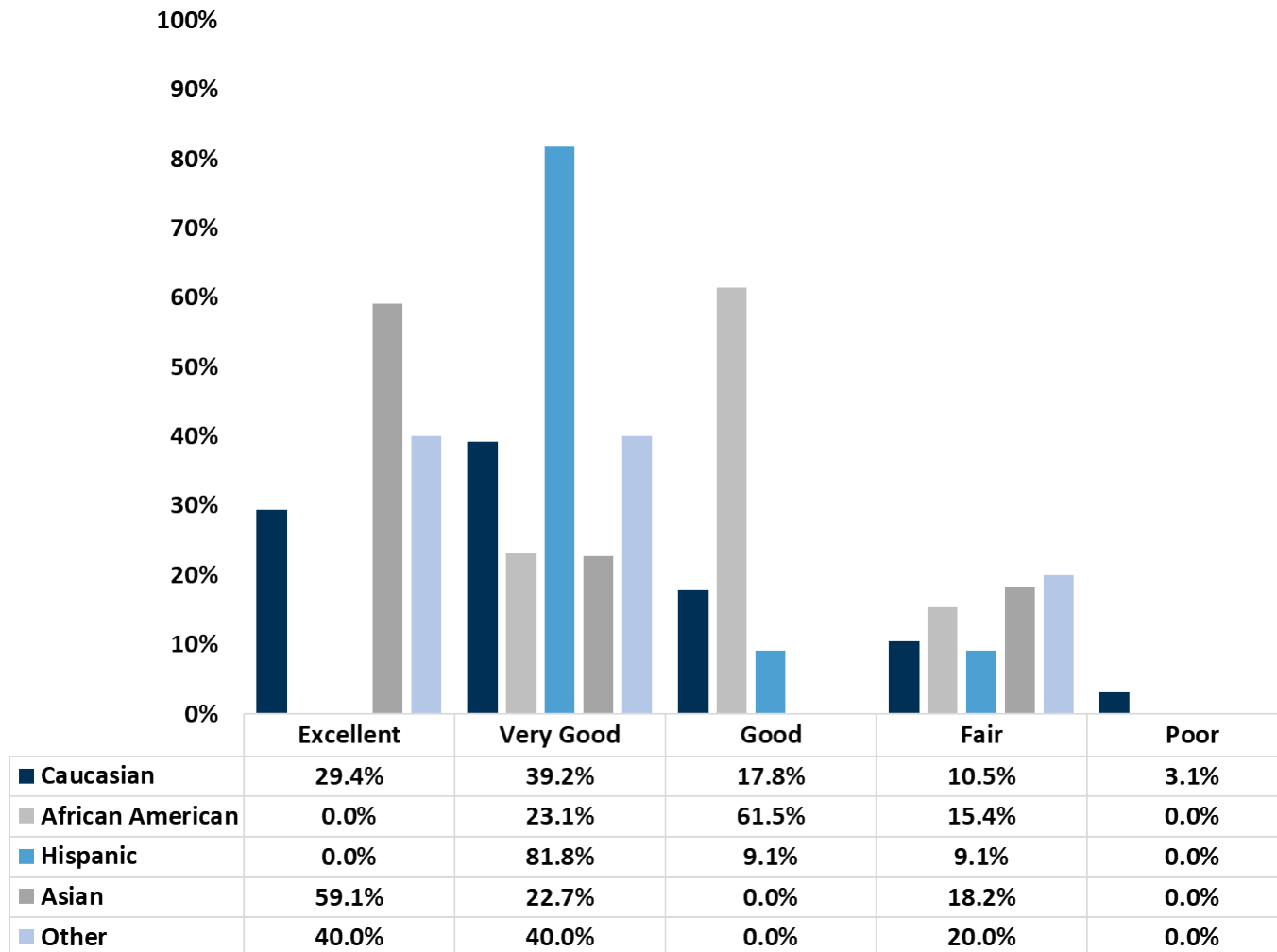
Indicator	Chester	Montgomery	Pennsylvania
Breast cancer mortality, White	150.6	145.3	132.4
Breast cancer mortality, Hispanic	ND	ND	69.0
Breast cancer mortality, Black	60.1	67.3	74.1
Lung/bronchus cancer mortality, White	54.4	53.7	62.7
Lung/bronchus cancer mortality, Black	73.9	44.8	71.2
Lung/bronchus cancer mortality, Hispanic	ND	ND	23.6
Cardiovascular disease mortality, White	178.2	198.1	218.2
Cardiovascular disease mortality, Black	304.6	251.1	299.9
Cardiovascular disease mortality, Hispanic	110.8	168.0	148.9
Diabetes mortality, White	10.3	10.6	19.1
Diabetes mortality, Black	44.6	ND	30.3
Diabetes mortality, Hispanic	ND	ND	20.5
Heart disease mortality, White	138.3	145.2	170.3
Heart disease mortality, Black	226.5	175.7	229.4
Heart disease mortality, Hispanic	84.4	109.8	111.2

Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2015 and 2016

IMPACTS OF RACE/ETHNICITY ON BEHAVIORAL HEALTH

Figure 22 shows the significant differences from community survey respondents by race/ethnicity for their personal mental health rating. Respondents who identified as Other were more likely to rate their mental health as fair or poor (20.0%) compared to other respondents.

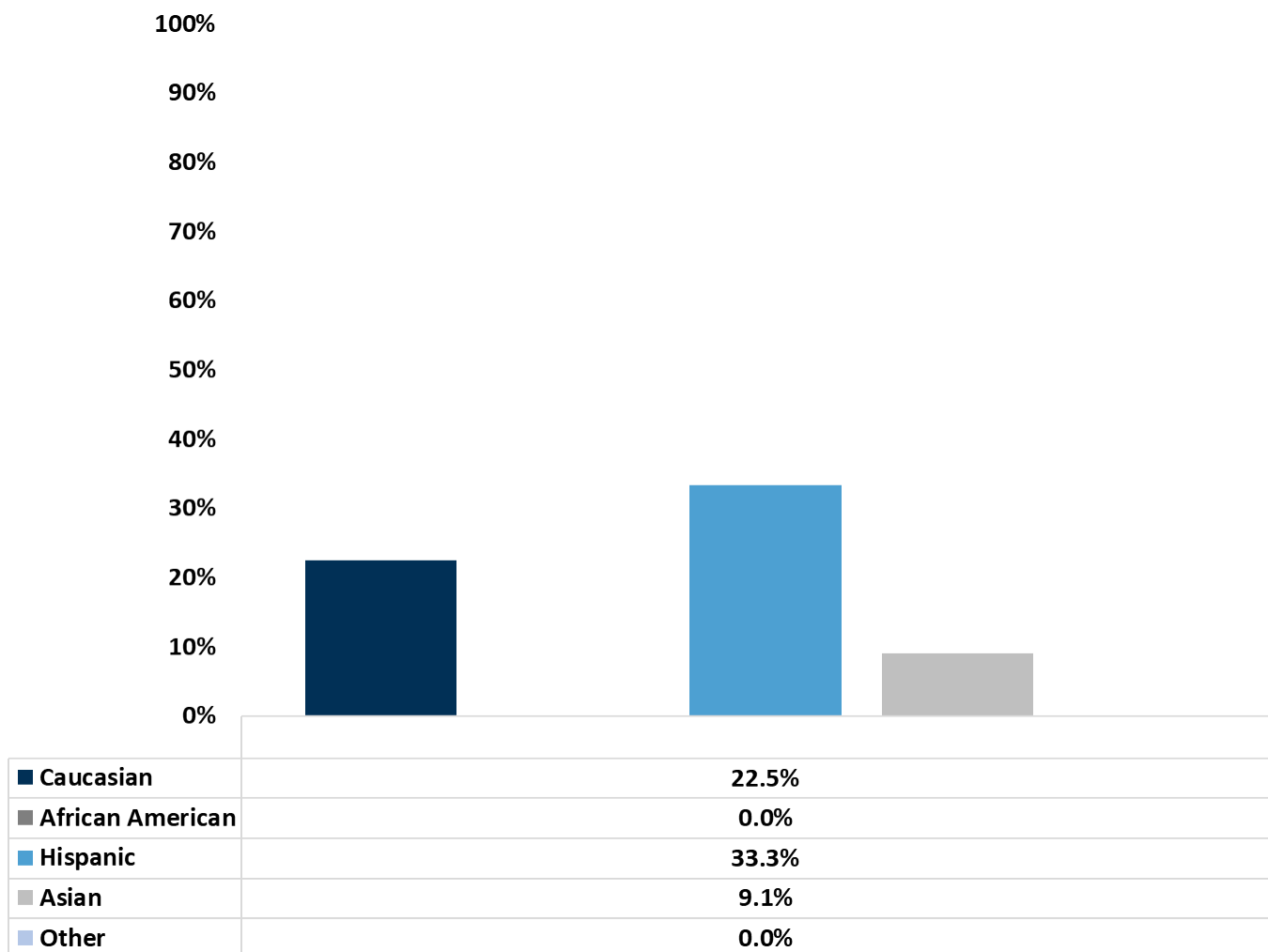
Figure 22: Personal Mental Health Rating



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

Figure 23 shows the significant differences by ethnicity for community survey respondents who report binge drinking. Binge drinking is defined as males having 5 or more drinks on one occasion and females having 4 or more drinks on one occasion. Hispanic respondents were significantly more likely to report binge drinking than other respondents.

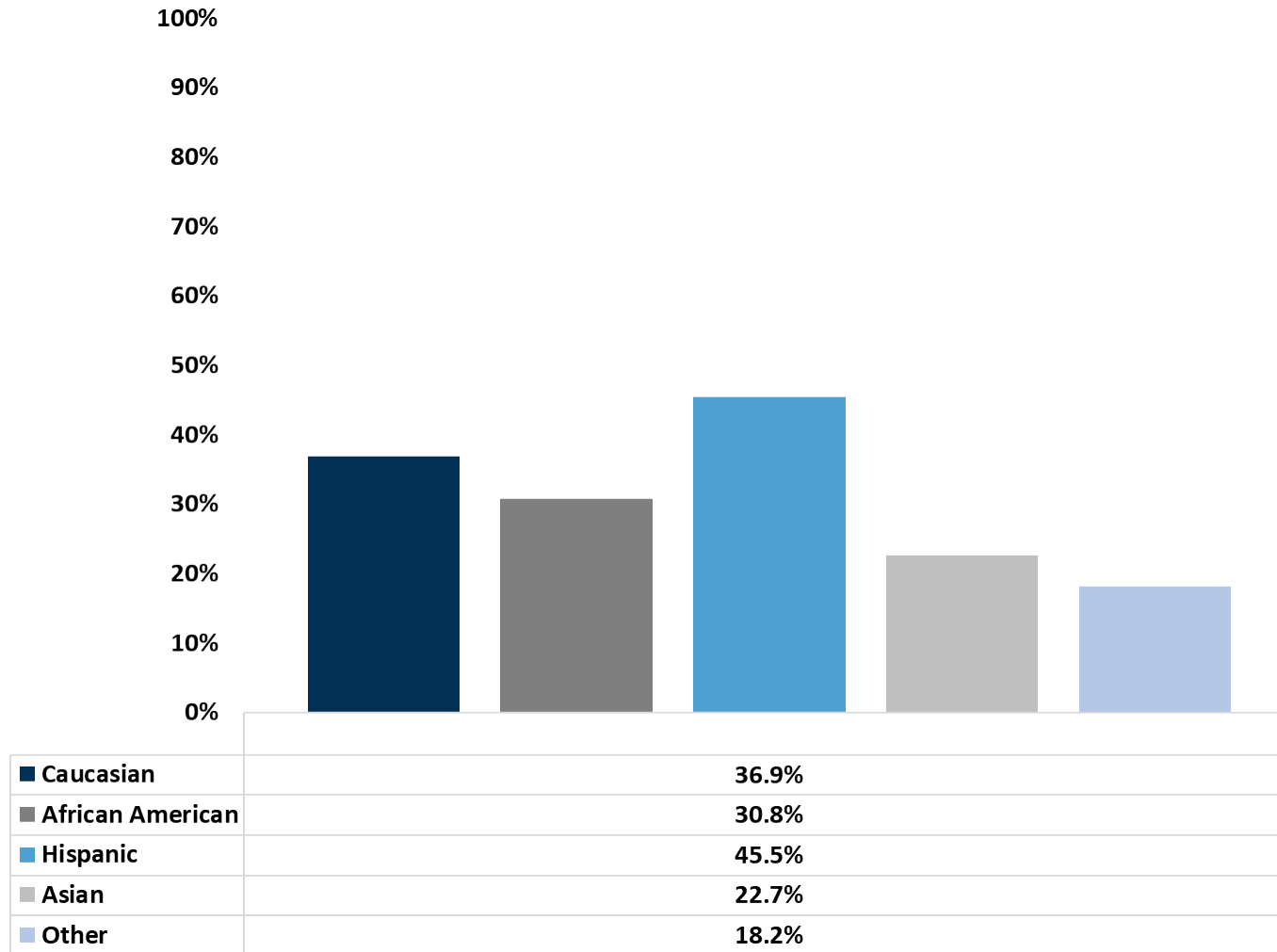
Figure 23: Binge Drinking



IMPACTS OF RACE/ETHNICITY ON PHYSICAL ACTIVITY

Figure 24 shows the percentage of respondents to the community survey who have insufficient physical activity by race/ethnicity. Hispanic respondents were significantly more likely to have insufficient physical activity compared to other respondents.

Figure 24: Insufficient Physical Activity



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF RACE/ETHNICITY ON MATERNAL AND CHILD HEALTH

Figure 25 illustrates significant differences by race for mothers who breastfeed. In Chester and Montgomery counties, the percentages of mothers who breastfeed are significantly higher than the state for Hispanic women overall, Hispanic women age 30-34 and for all women. The percentage for Black women in Montgomery County is also significantly higher.

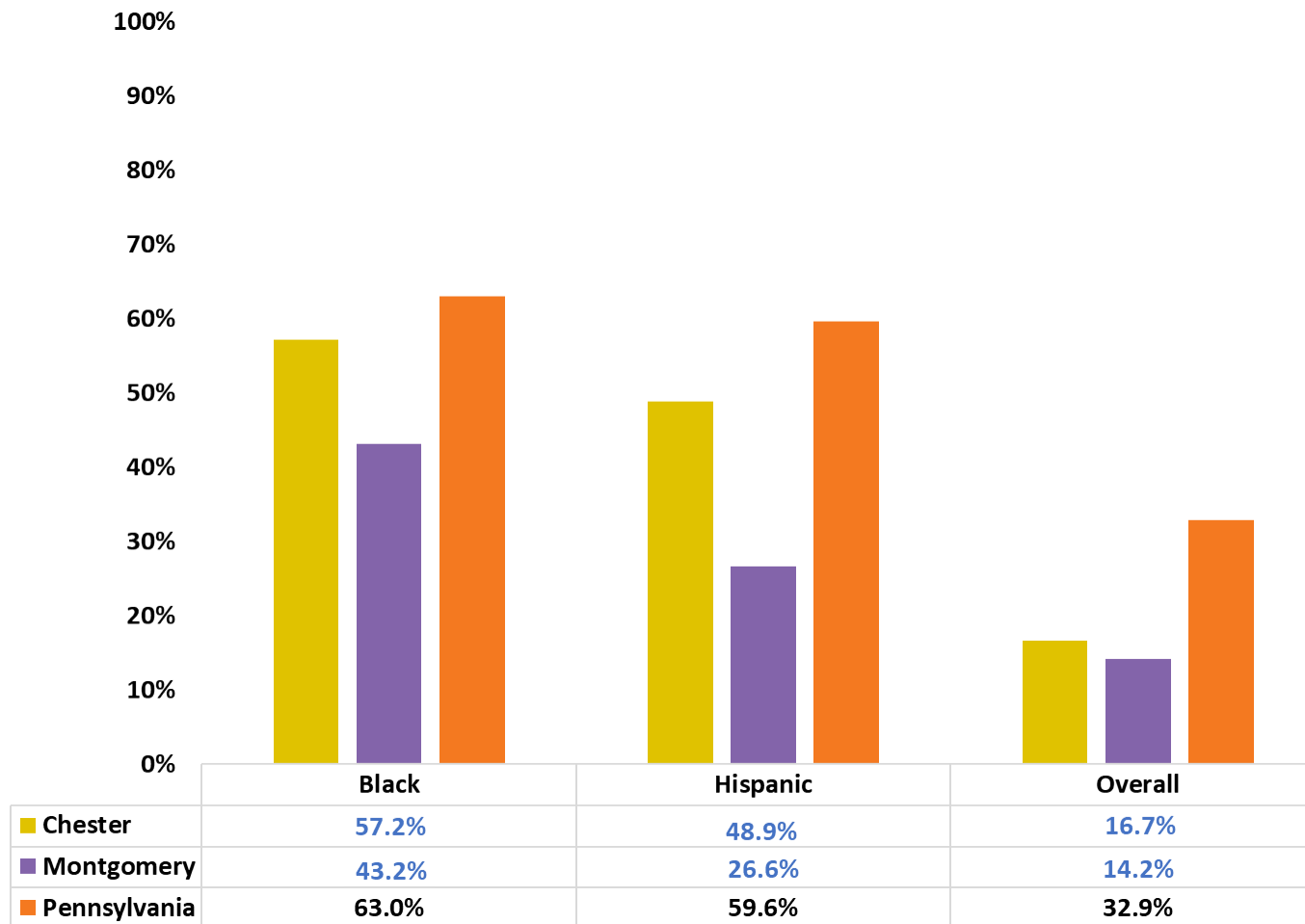
Figure 25: Breastfeeding by Race



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016.

Figure 26 illustrates significant differences by race/ethnicity for mothers who report Medicaid Assistance. When compared to the state a significantly lower percentage of Black mothers in Chester (57.2%) and Montgomery (43.2%) counties report using Medicaid Assistance when compared to the state (63.0%). A significantly lower percentage of Hispanic mothers in Chester (48.9%) and Montgomery (26.6%) counties also report Medicaid Assistance. When looking at mothers overall, both counties are also significantly lower when compared to the state.

Figure 26: Mothers Reporting Medicaid Assistance



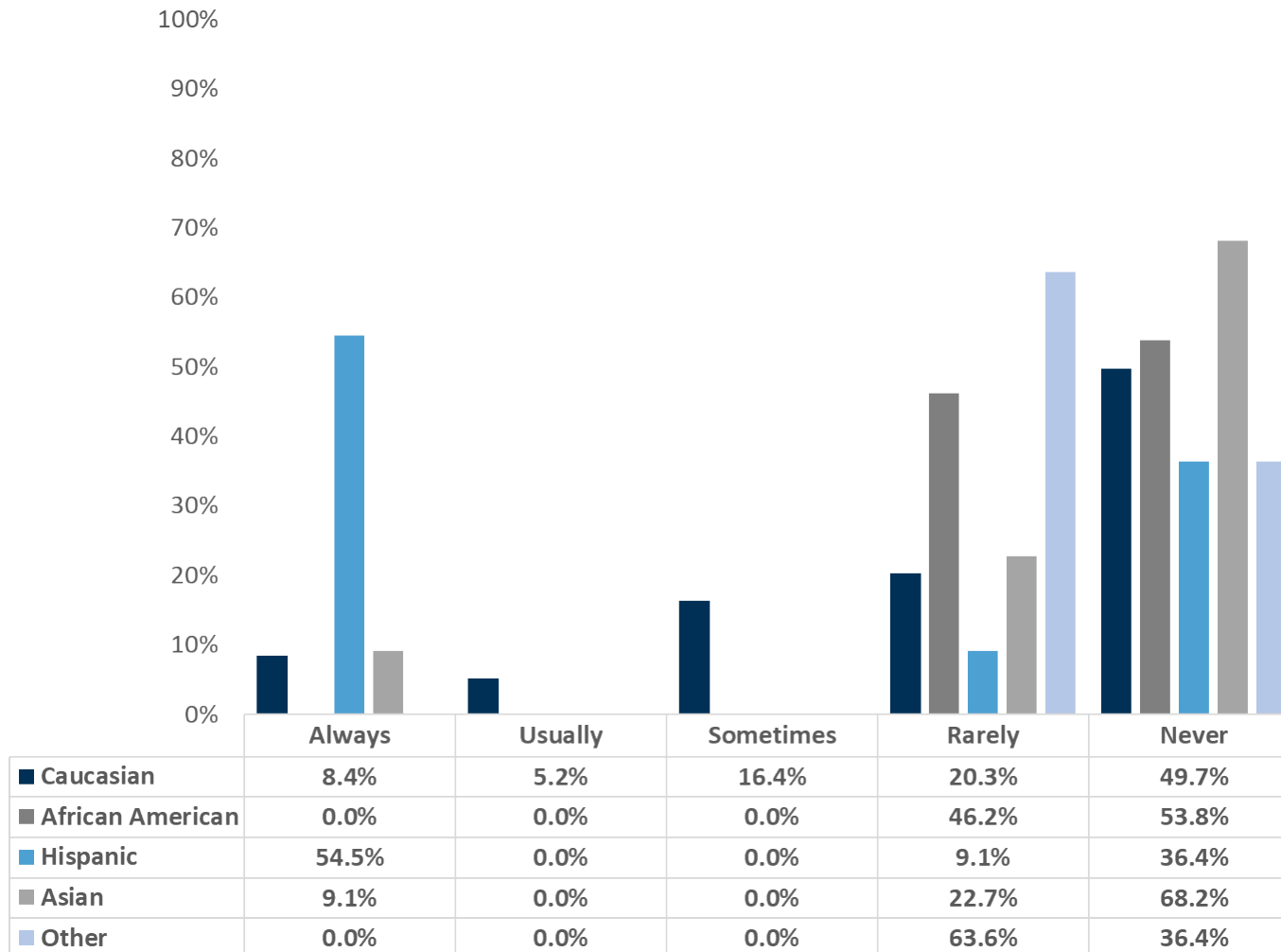
Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016.



IMPACTS OF RACE/ETHNICITY ON HOUSING

Figure 27 illustrates the percentage of community survey respondents, by race/ethnicity, who have worried about having enough money for housing. Hispanic respondents were significantly more likely to always worry about having enough money for housing than other respondents.

Figure 27: Worried About Having Enough Money for Housing

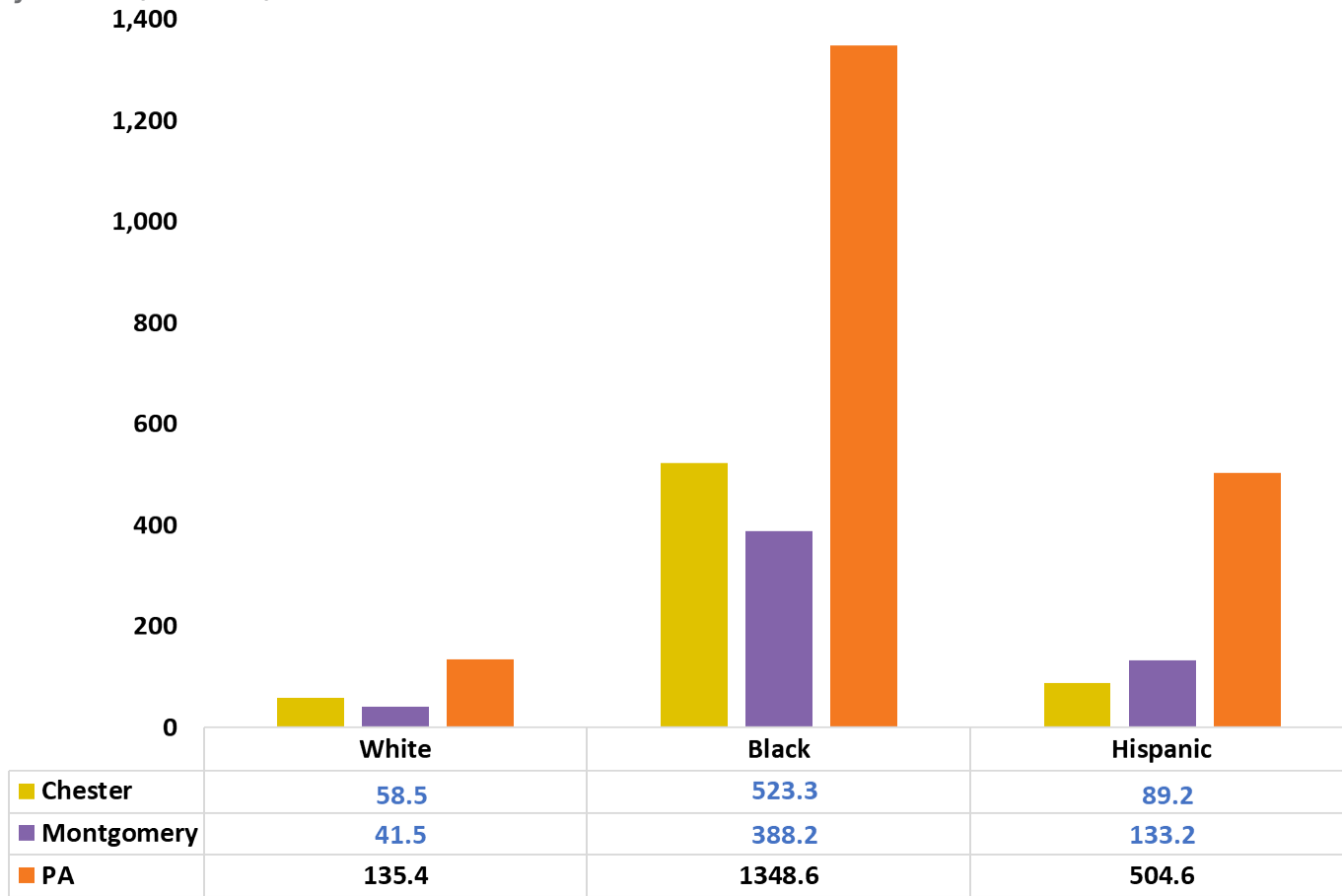


Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF RACE/ETHNICITY ON INFECTIOUS DISEASE

Figure 28 illustrates the Chlamydia rate per 100,000 for Chester and Montgomery counties and the state based on select race/ethnicity indicators. The Chlamydia rate for white, black and hispanic residents is significantly lower in Chester and Montgomery counties when compared to the state.

Figure 28: Chlamydia Rate, Per 100,000



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2016.



WHAT THE COMMUNITY IS SAYING

Key Informant survey respondents were asked to identify underserved populations in the community. The Hispanic/Latino population was identified as underserved by 47.2% of the respondents and 16.7% identified Black/African Americans.

HOW TRANSPORTATION IMPACTS HEALTH

People need transportation to access health services, to earn a living, to get to school and be part of a community.

Table 13 shows that on average the Phoenixville Hospital Primary Service Area residents own 1.9 vehicles. Most (82.6%) drive alone to work, while 6.1% work at home.

Table 13: Demographic Snapshot: Transportation/Commuter Information

	Phoenixville Hospital Primary Service Area
Average Number of Vehicles	1.9
Transportation to Work	
Drive Alone	82.6%
Carpool	6.4%
Public Transportation	1.8%
Walk	2.2%
Bicycle	0.1%
Work at Home	6.1%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics



Figure 29 illustrates the public transportation system information that is available on the Internet regarding transportation available in Chester and Montgomery counties for residents to utilize for medical appointments, shopping, entertainment, exercise, etc.

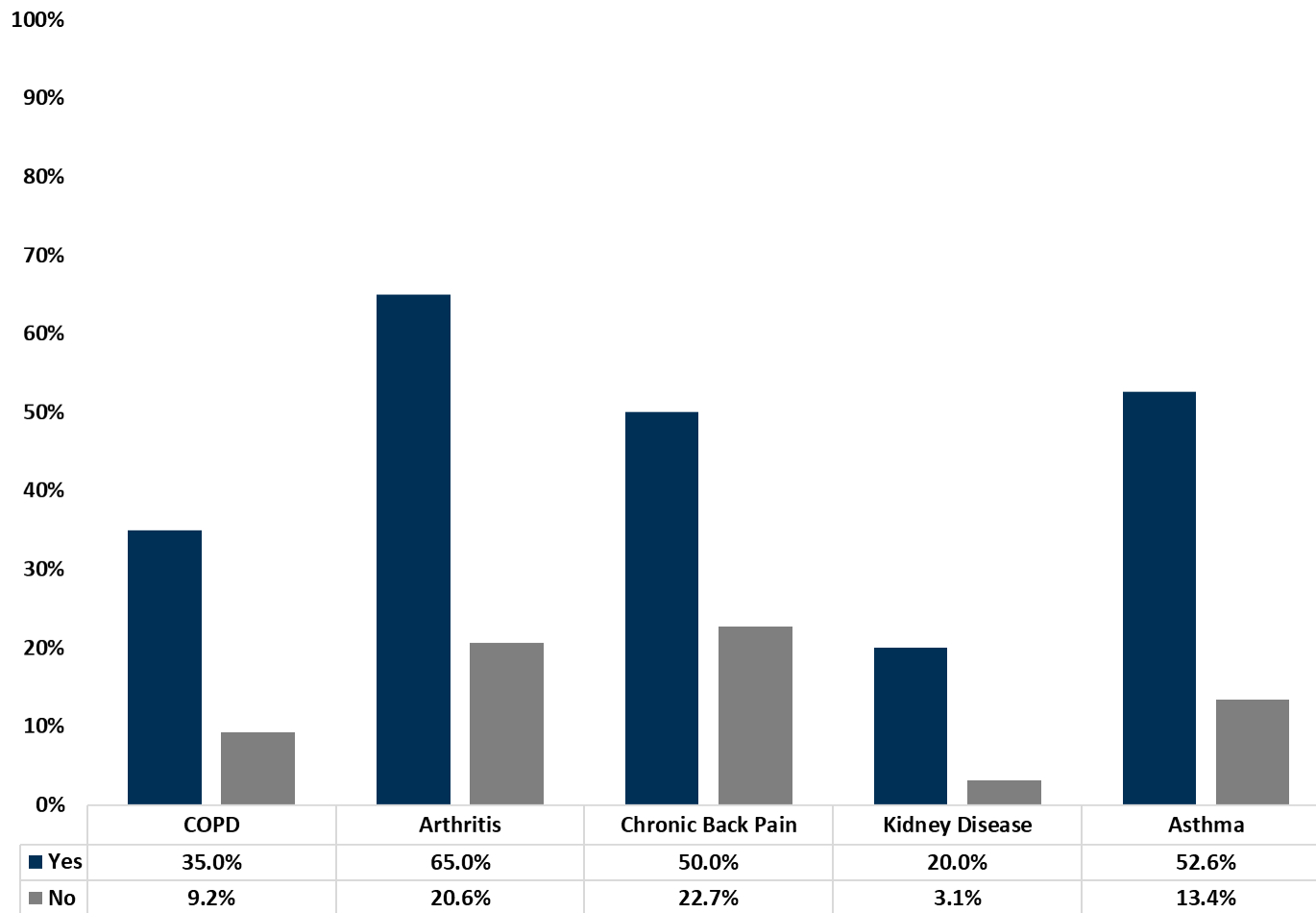
While other transportation options may be available for people who are aware of them, the information about the options may not be readily accessible.

Figure 29: Public Transportation Systems Available in Chester and Montgomery Counties



From the Phoenixville Hospital community survey, **Figure 30** illustrates the chronic diseases experienced by the residents who indicated that they have had a transportation barrier for medical care in the past 12 months. Respondents who experience transportation barriers were significantly more likely than other residents to have COPD, arthritis, chronic back pain, kidney disease and asthma.

Figure 30: Transportation Impact On Health Status, Phoenixville Hospital Primary Service Area



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018



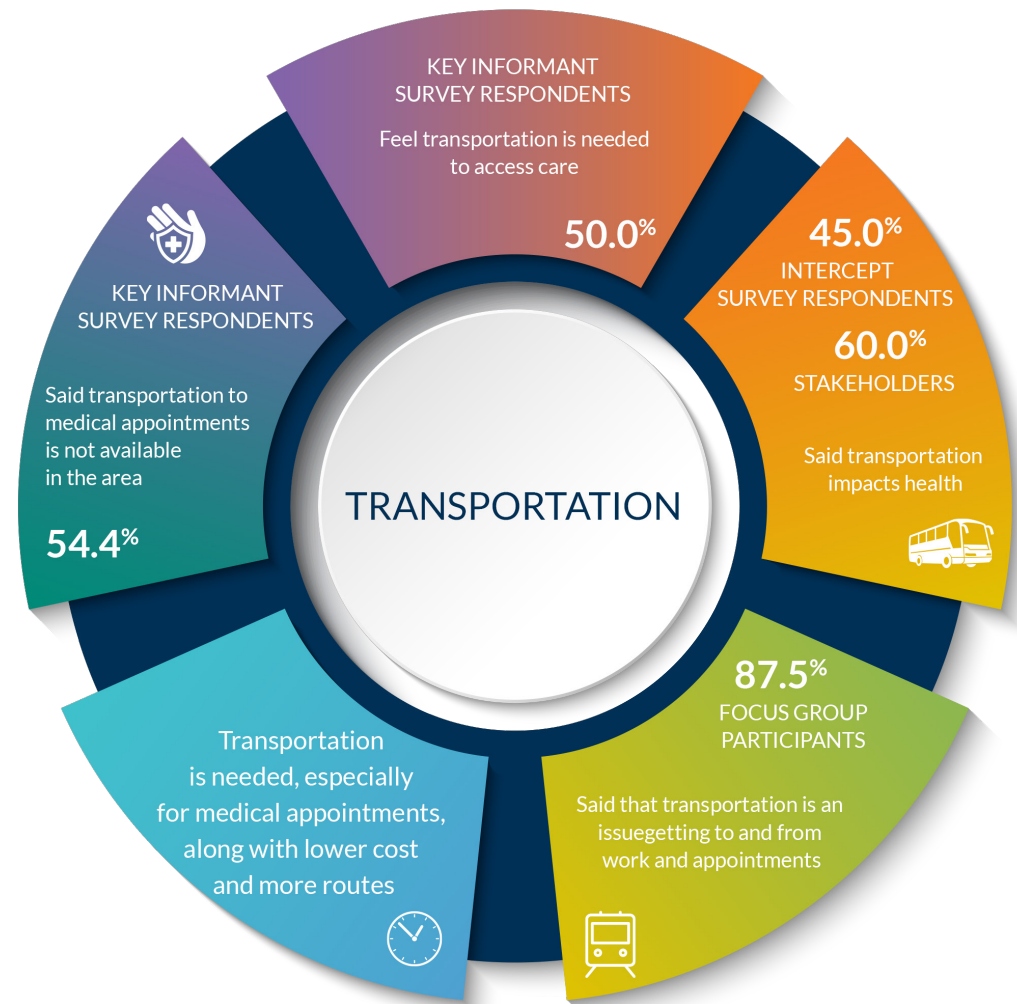
WHAT THE COMMUNITY IS SAYING

Figure 31 illustrates what was heard through survey respondents, focus group participants and stakeholder interviews regarding transportation and the needs of community members. Most (87.5%) of the focus group participants said that transportation is an issue getting to and from work and appointments. Half (50.0%) of key informant survey respondents feel transportation is needed to access care and 54.4% do not think transportation is available in the area. Stakeholders also expressed that transportation impacts health (60.0%) as did 45.0% of intercept survey respondents.

Issues mentioned by focus group participants, intercept survey and key informant survey respondents and stakeholders due to issues related to a lack of transportation include:

- Better access to transportation is needed
- Need cheaper transportation
- Lack of evening and weekend transportation options
- Transportation options are limited and time intensive
- Hours spent accessing transportation in order to get to an appointment; often causes cancellations
- Affordable transportation is needed throughout the region
- Can't access grocery stores that sell fresh produce or exercise areas as no transportation
- Inability to navigate the transportation system
- Need for more senior transportation
- Needed transportation outside of cities; more rural area transportation

Figure 31: Primary Data Sources – Transportation



HOW FOOD IMPACTS HEALTH

Food acts as medicine to prevent, maintain and treat disease. The food we eat provides information and materials to our bodies that they need to function properly. If we do not get the right information, our metabolic processes suffer and our health declines. If we get too much food, or food that gives our bodies the wrong instructions, we can become overweight, undernourished and at risk for the development of diseases and conditions, such as arthritis, diabetes and heart disease.

Table 14 indicates that in the counties that are represented in the Phoenixville Hospital Primary Service Area, the percentage of the population that is food insecure declined slightly over the past three years (Chester: 9.5% in 2016 to 8.4% in 2018, Montgomery: 10.7% in 2016 to 9.7% in 2018). However, the percentage of the population with limited access to healthy foods has increased in both counties (Chester: 5.9% to 6.2%; Montgomery: 3.3% to 3.7%). The percentage of children receiving free and reduced-price lunches has also increased in both counties (Chester: 17.2% to 22.0%, Montgomery: 18.6% to 28.0%).

Table 14: County Health Rankings: Nutrition Indicators

NUTRITION INDICATORS	CHESTER COUNTY			MONTGOMERY COUNTY		
	2016	2017	2018	2016	2017	2018
Food insecurity	9.5%	8.6%	8.4%	10.7%	10.0%	9.7%
Limited access to healthy foods*	5.9%	5.9%	6.2%	3.3%	3.3%	3.7%
Free or reduced lunch	17.2%	23.1%	22.0%	18.6%	26.8%	28.0%

Source: County Health Rankings and Roadmaps for Chester and Montgomery counties, 2018

**Limited Access to Healthy Foods is the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.*



WHAT THE COMMUNITY IS SAYING

Figure 32 illustrates the percentage of residents in the Phoenixville Hospital service area who participated in the community survey and their responses to food related questions. Just over one-third of survey respondents (34.4%) report eating five or more servings of fruit and/or vegetables daily. Some of the respondents find it very or somewhat difficult to buy fresh produce (15.0%) or are considered food insecure (14.1%).

Just under half of intercept survey respondents indicated that poor nutrition (46.5%) has the highest impact on ones health, while over half identified access to healthy food (59.1%).

Focus group participants discussed the the lack of access to affordable healthy foods noting that residents have poor nutrition given these limitations.



HOW HOUSING IMPACTS HEALTH

Table 15 shows housing demographics for the residents in the Phoenixville Hospital Primary Service Area. Most residents (75.5%) own their own home and reside in a single-family home (78.5%).

Table 15: Demographic Snapshot: Housing

Phoenixville Hospital Primary Service Area	
Home Ownership	
Own	75.5%
Rent	24.5%
Residential Type	
Single Family	78.5%
Multi-Family	19.7%
Mobile Home/Trailer	1.8%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

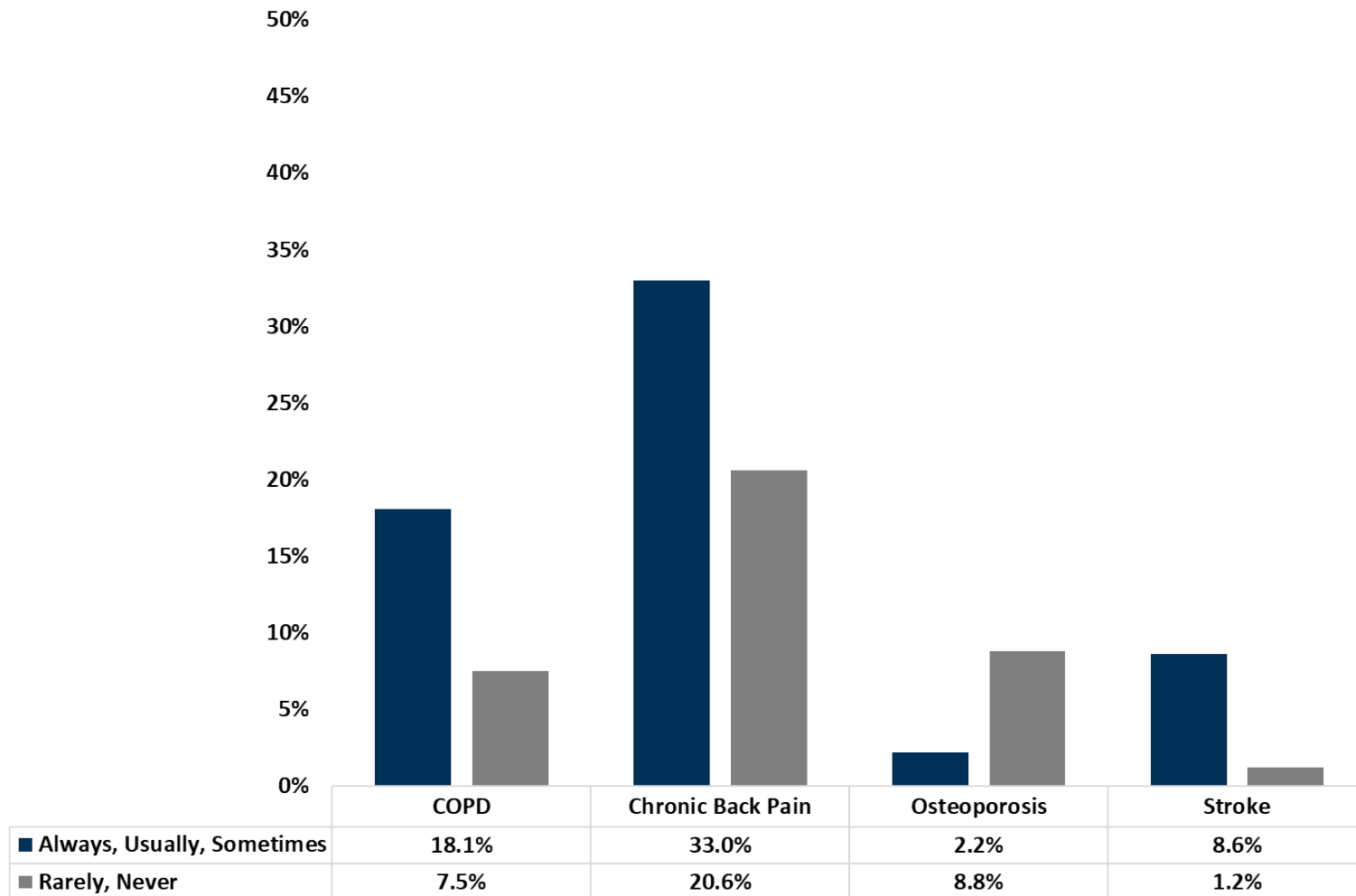
Living on the street or in homeless shelters exacerbates existing health problems and causes new ones. Chronic diseases – such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions – are difficult to manage under stressful circumstances and may worsen. Acute problems such as infections, injuries and pneumonia are difficult to heal when there is no place to rest and recuperate. Living on the street or in shelters also brings the risk of communicable disease (such as STDs or TB) and violence (physical, sexual and mental) because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often stolen, lost or compromised due to rain, heat or other factors.

Stable housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of healthcare because it prevents new conditions from developing and existing conditions from worsening.³

³ National Health Care for the Homeless Council. What is the relationship between health, housing and homelessness? 2019

Figure 33 illustrates the impact of housing on chronic conditions in the Phoenixville Hospital Primary Service Area, the impact of housing on chronic conditions. Those with housing insecurity are significantly more likely to have COPD, chronic back pain, and stroke.

Figure 33: Housing Insecurity Impact On Health



Source: Phoenixville Hospital Community Survey, Professional Research Corporation, 2018

HOMELESSNESS

According to the Point in Time Homelessness Survey conducted in January, Chester County had 528 homeless individuals in 2019 compared to 579 in 2018. Montgomery County had 246 individuals in 2019 compared to 291 in 2018. This is outlined in **Table 16**. Not all counties report data by type of shelter or by household.

Table 16: Homelessness, January 2019

HOMELESS POINT IN TIME SURVEY, JANUARY										
	HOUSEHOLDS					INDIVIDUALS				
	Emergency	Transitional	Unsheltered	Safe Haven	Total	Emergency	Transitional	Unsheltered	Safe Haven	Total
Chester County 2018	164	256	13	0	433	266	300	13	0	579
Chester County 2019	149	268	13	0	430	209	299	20	0	528
Montgomery County 2018	143	22	18	0	183	226	45	20	0	291
Montgomery County 2019	124	13	19	0	156	184	43	19	0	246

Source: Individual County Continuum of Care Homeless Statistics, 2019



WHAT THE COMMUNITY IS SAYING

Over half (60.6%) of intercept survey respondents indicated that affordable and quality housing has the highest impact on one's health. Homeless individuals were one of the most frequently (69.4%) identified underserved population by key informants.



HOW WHERE ONE LIVES IMPACTS HEALTH

Figure 34 illustrates the significant differences by hospital from the community survey in terms of where respondents typically go for health care. Respondents in the Phoenixville/Pottstown Area were least likely to go to a Public Health Clinic (0.7%) for care and/or advice about their health compared to respondents from other areas.

Figure 34: Where Residents Go For Care

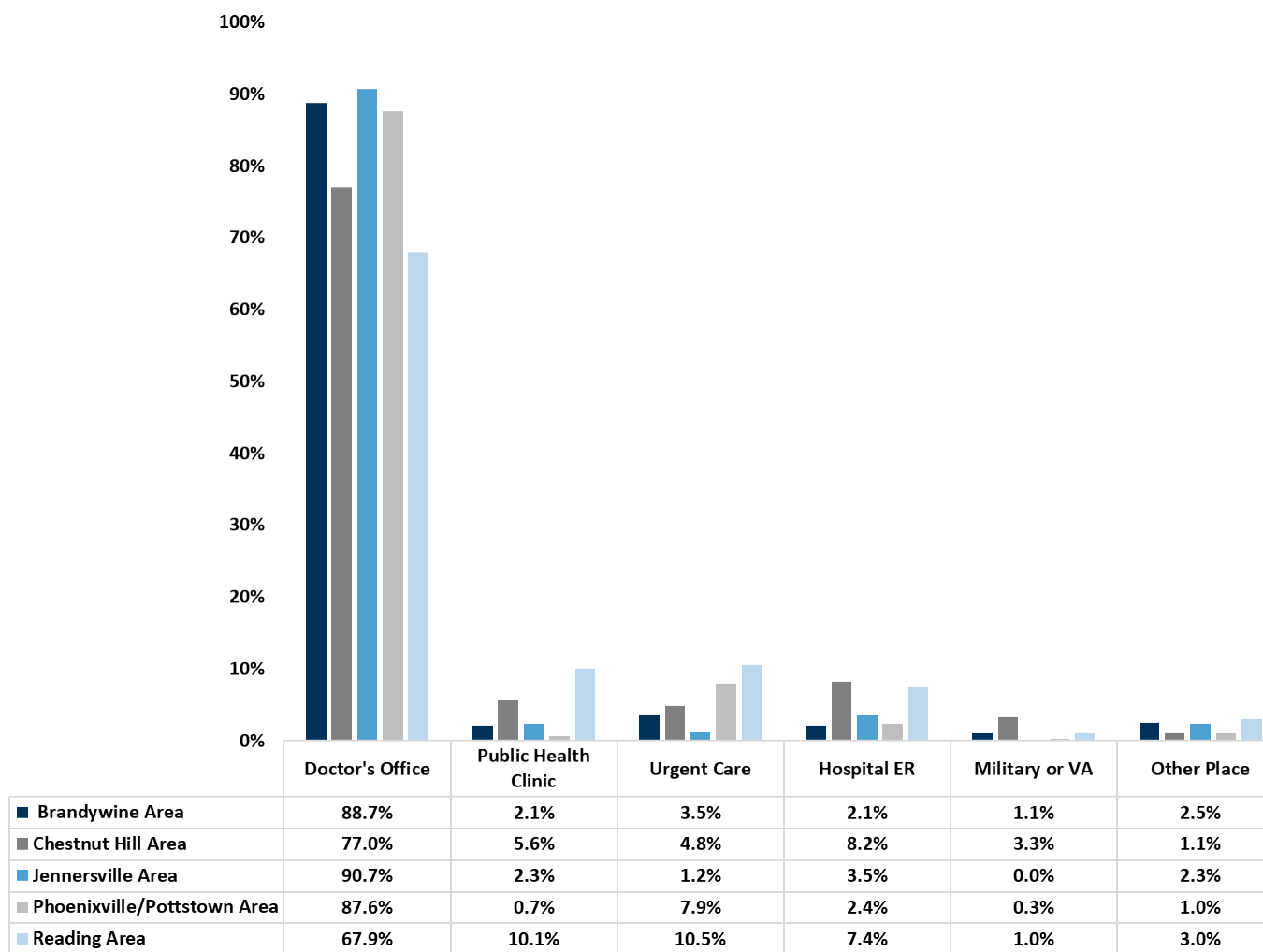
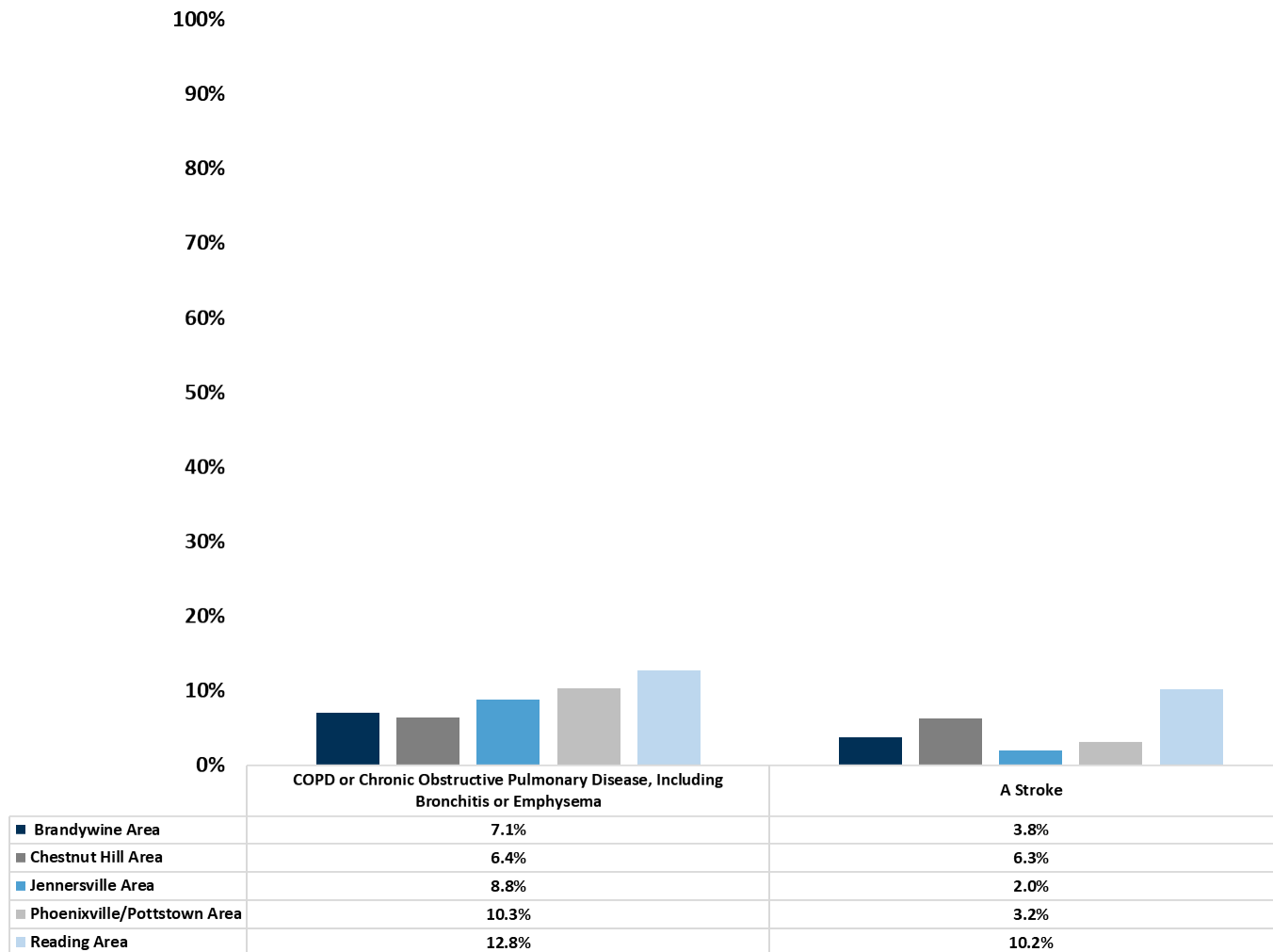


Figure 35 illustrates the significant differences by hospital from the community survey in terms of respondents who have ever been told they have a chronic condition. Respondents in the Phoenixville/Pottstown Area were more likely to have ever been told they have COPD compared to respondents in most other areas.

Figure 35: Health Conditions



Source: Phoenixville Hospital Community Survey, Professional Research Consultants, 2018

HOW ENVIRONMENT IMPACTS HEALTH

Table 17 shows the daily average air-pollution particulate matter score as well as the presence of drinking water violations in 2018. Chester County had a higher average daily air pollution particulate matter score (11.4) when compared to the state (10.4) while Montgomery County was slightly lower (10.0). Both counties also had the presence of a water violation.

Table 17: Air and Water Quality

	Air pollution - particulate matter	Drinking water violations
	Average Daily PM2.5	Presence of violation
Chester County	11.4	Yes
Montgomery County	10.0	Yes
Pennsylvania	10.4	N/A

Source: County Health Rankings and Roadmaps for Chester and Montgomery counties, 2018







HEALTH IS WHERE WE LEARN

Education plays a role in the health and well-being of a population. Dropping out of school is associated with multiple social and health problems. Individuals with less education are more likely to experience a number of health risks, such as:

- Obesity
- Substance abuse
- Intentional and unintentional injuries

Higher levels of education are associated with:

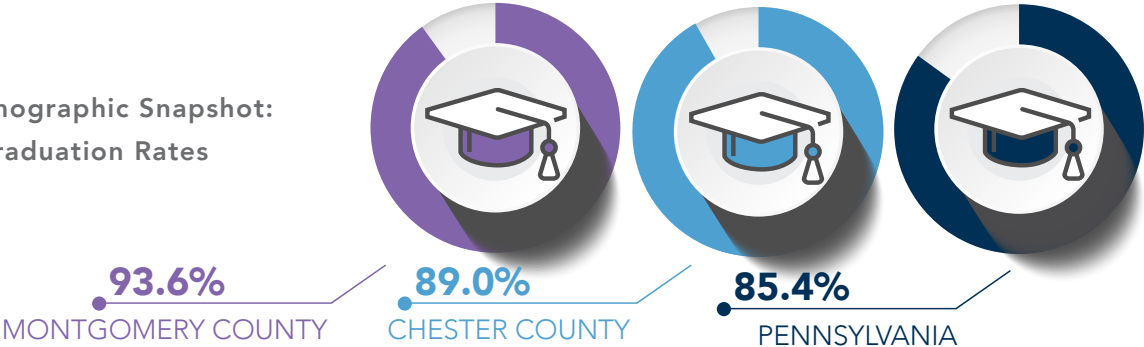
- A longer life
- Increased likelihood of obtaining or understanding basic health information and services to make appropriate healthcare decisions

HOW EDUCATION IMPACTS HEALTH

Low education levels can be barriers to health. This is seen in those residents who have less than a high school education. These individuals are significantly more likely to report their health as fair or poor, to struggle with food, housing and access to health care.

As **Figure 36** illustrates, Chester (89.0%) and Montgomery (93.6%) counties graduation rates are higher when compared to Pennsylvania (85.4%).

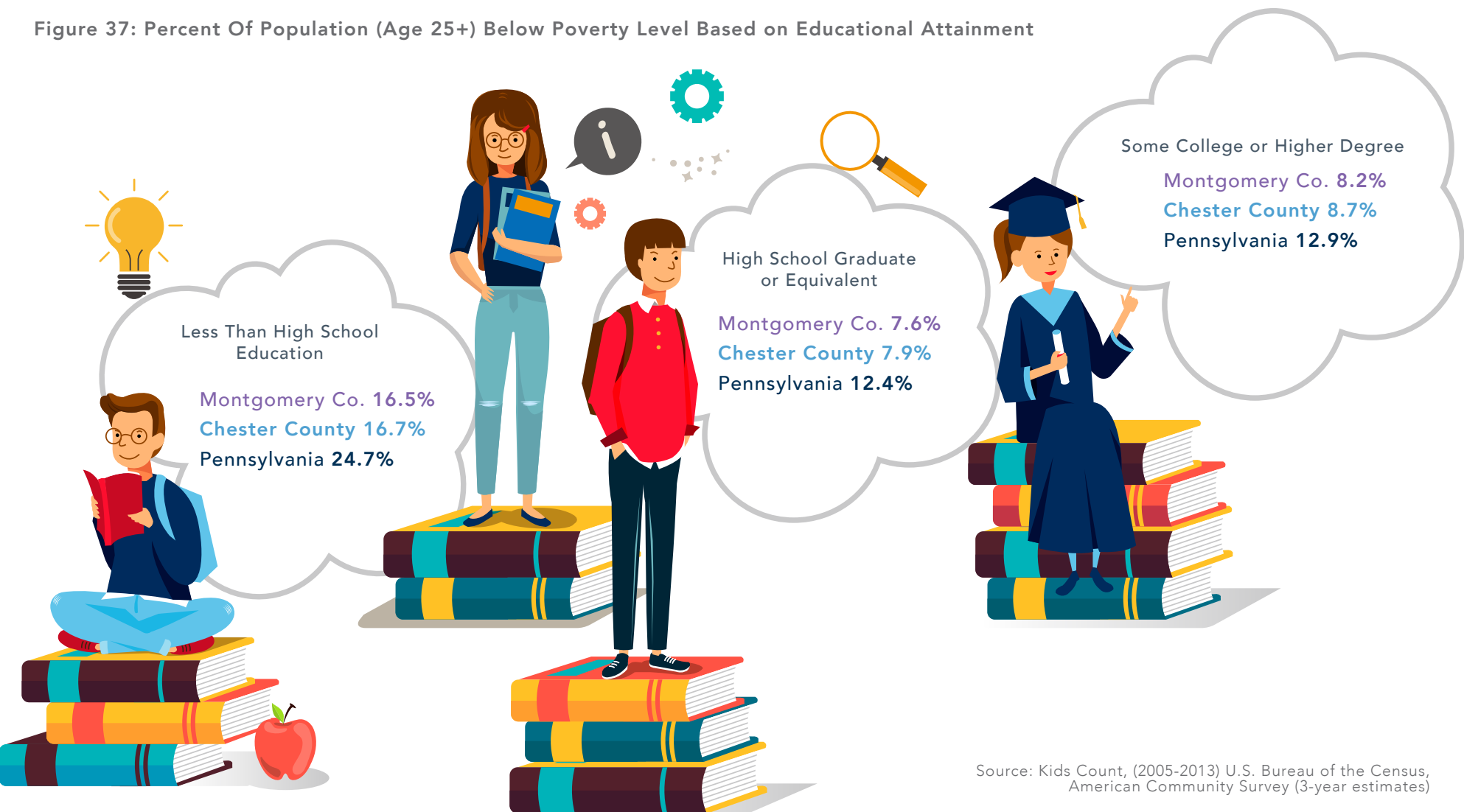
Figure 36: Demographic Snapshot: High School Graduation Rates



Source: County Health Rankings and Roadmaps for Chester and Montgomery counties, 2018

Generally, the higher the education level, the lower the percentage of the population that lives in poverty. The poverty level by educational attainment is shown in **Figure 37** for Chester and Montgomery counties when compared to the state. A smaller percentage of residents in both Chester and Montgomery are living in poverty regardless of level of educational attainment.

Figure 37: Percent Of Population (Age 25+) Below Poverty Level Based on Educational Attainment

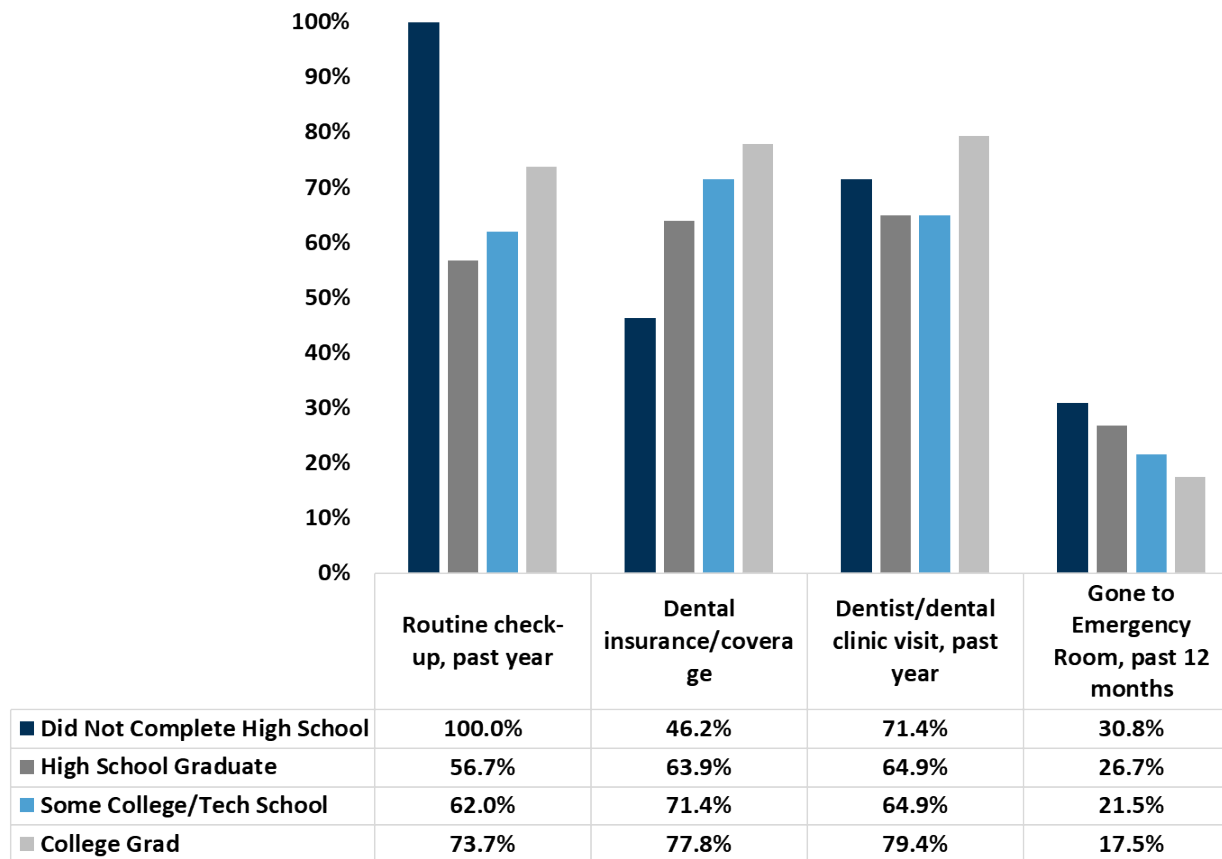


Source: Kids Count, (2005-2013) U.S. Bureau of the Census, American Community Survey (3-year estimates)

HOW EDUCATION IMPACTS ACCESS TO CARE

Figure 38 shows significant differences for access to care indicators based on highest level of educational attainment from the community survey respondents who reside in the Phoenixville Hospital’s service area. Those respondents who did not complete high school were significantly more likely to have had a routine check up in the past year when compared to other respondents, although they are also significantly more likely to have gone to the emergency room in the past 12 months. This group were significantly less likely to have dental insurance. College graduates were significantly more likely to have visited a dentist in the past year when compared to other respondents.

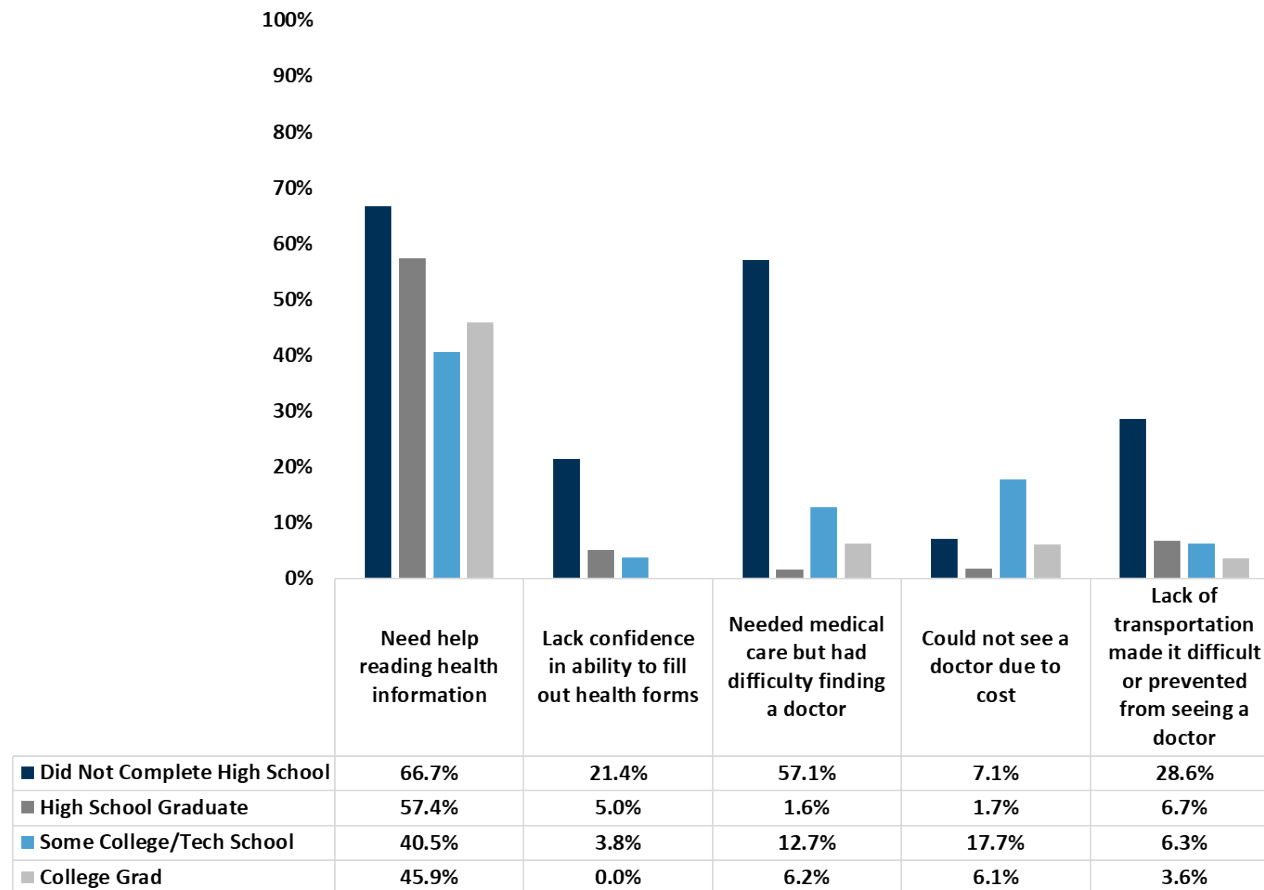
Figure 38: Access To Care



Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

Figure 39 shows significant differences in terms of barriers community survey respondents in the Phoenixville Hospital service area experience based on their educational attainment. Survey respondents with less than a high school education were significantly more likely to need help reading health information, to lack confidence in filling out health forms, to have been unable to find a doctor when needed or to have the lack of transportation prevent them from seeing a doctor when compared to other respondents. Those respondents with some college or technical school were significantly more likely to have cost be a barrier to seeing a doctor.

Figure 39: Barriers to Care



Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

HOW EDUCATION IMPACTS CHRONIC CONDITIONS

Table 18 illustrates the percentage of community survey respondents who experience the following chronic conditions that were significantly different based on educational attainment. Respondents from the Phoenixville Hospital service area who did not graduate high school were significantly more likely to have ever been they have the following chronic conditions, with the exception of a stroke. Respondents who have a high school diploma as their highest level of educational attainment were significantly more likely to have been told they have had a stroke compared to other respondents.

Table 18: Chronic Conditions

	Did Not Complete High School	High School Graduate	Some College/ Tech School	College Grad
Arthritis/Rheumatism	78.6%	28.3%	24.1%	18.0%
COPD	57.1%	11.7%	15.2%	4.6%
Kidney disease	21.4%	3.3%	5.0%	3.1%
Chronic back pain	50.0%	37.3%	25.0%	17.9%
Heart attack	35.7%	4.9%	1.3%	2.1%
Stroke	7.1%	8.3%	2.5%	1.0%
Diabetes	50.0%	18.5%	8.2%	11.7%
Pre-diabetes or borderline diabetes	44.4%	10.4%	7.1%	3.6%
High cholesterol	92.9%	30.0%	32.1%	40.9%

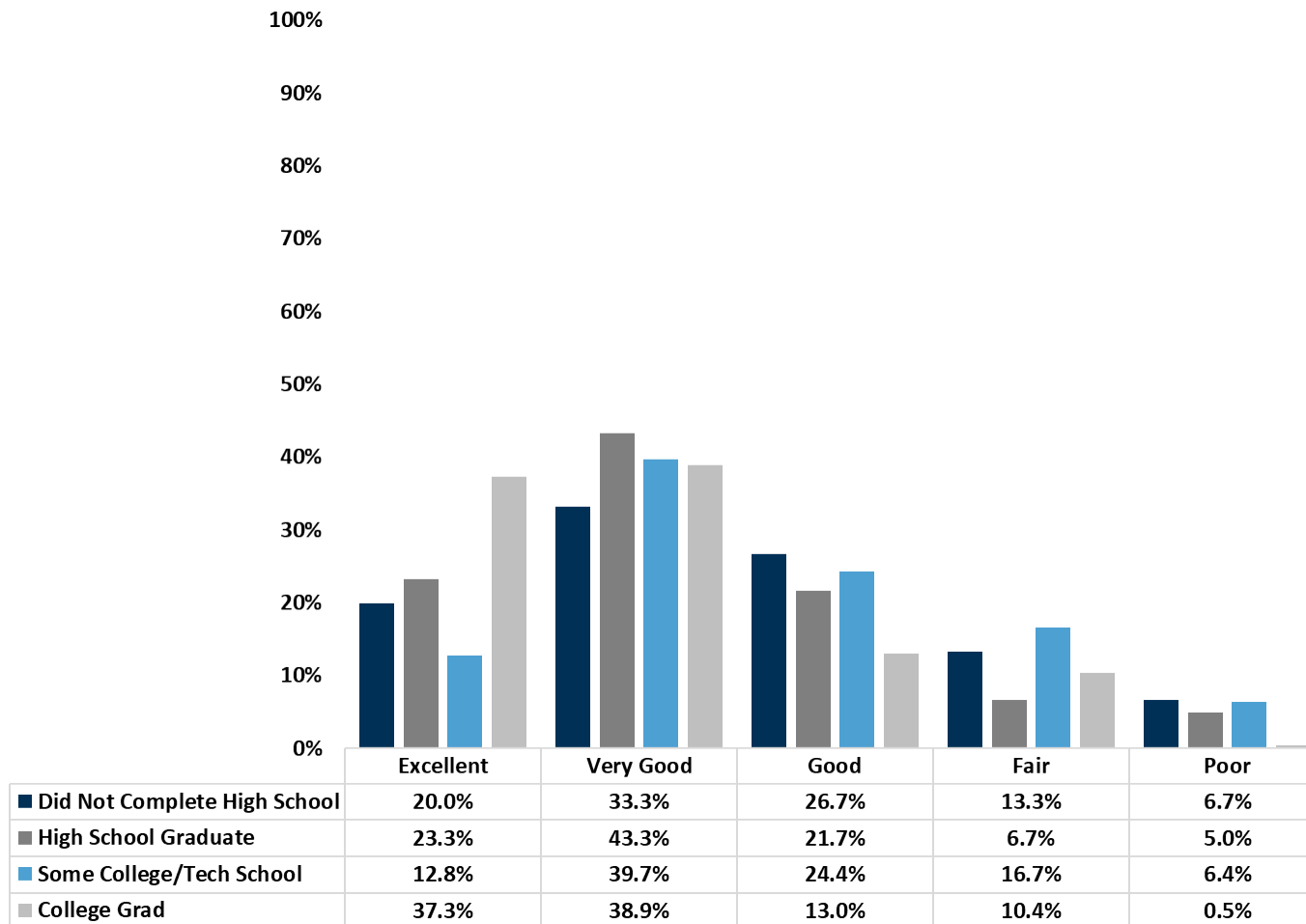
Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants



HOW EDUCATION IMPACTS BEHAVIORAL HEALTH

Figure 40 illustrates the community survey respondents in the Phoenixville Hospital service area by education for how they rated their own personal mental health status. Those with some college as their highest level of educational attainment were significantly more likely to rate their mental health as fair or poor (23.1%) compared to other respondents.

Figure 40: Personal Mental Health Status



Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

Table 19 shows the responses to the Phoenixville Hospital community survey where significant differences exist by educational attainment. Respondents who did not complete high school were significantly more likely to have been depressed or sad for two or more years, to have stress in their life, ever been told they have depression, thought of taking their own life, or to be taking medication or seeking services for mental health.

Table 19: Mental Health Indicators

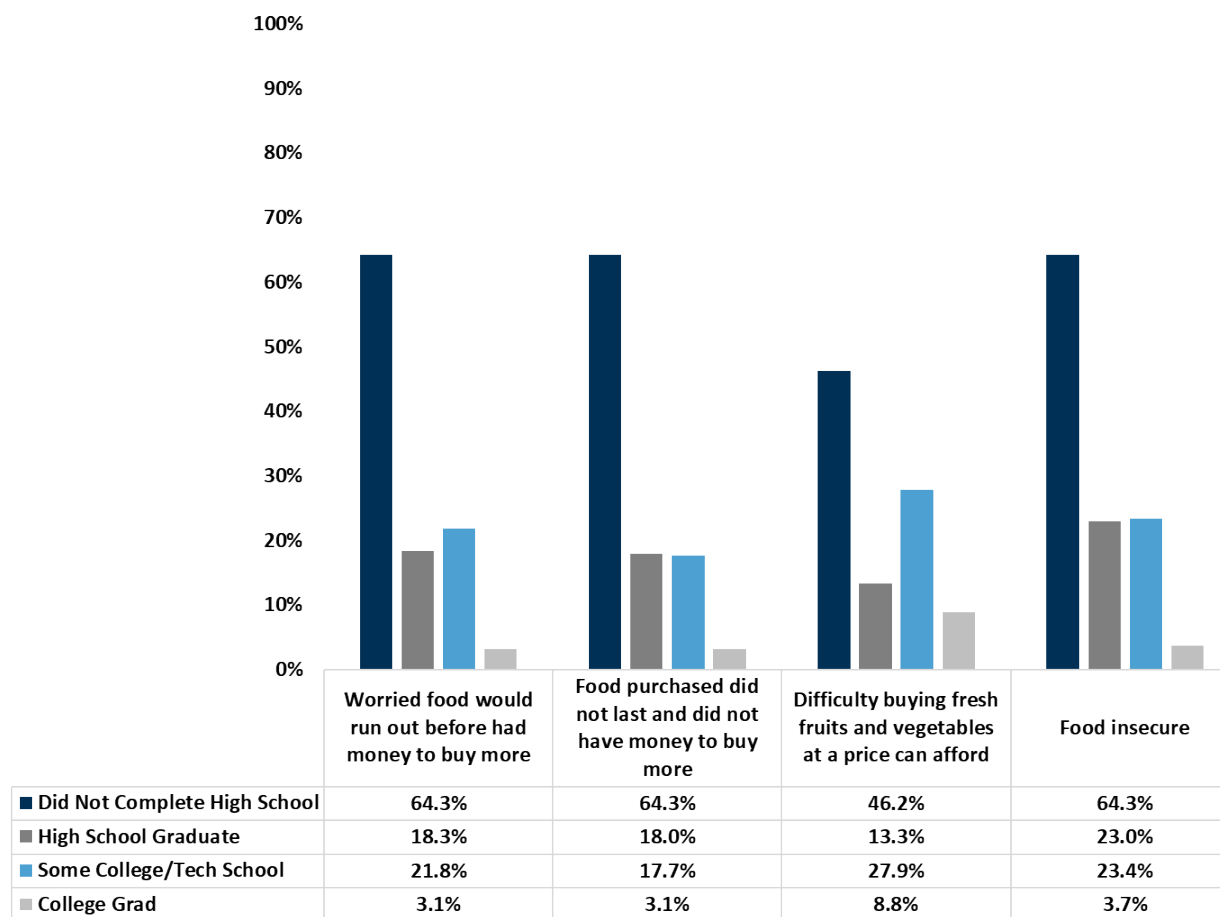
	Did Not Complete High School	High School Graduate	Some College/Tech School	College Grad
Depressed or sad, two or more years	42.9%	28.3%	42.5%	16.8%
Stress in one's life	85.8%	49.1%	67.1%	55.4%
Ever told have depression	64.3%	20.0%	24.1%	13.9%
Ever thought of taking own life	35.7%	3.3%	8.9%	2.1%
Taking medication or receiving treatment for mental health	64.3%	14.8%	13.8%	9.7%
Ever sought help for mental health services	64.3%	25.0%	43.8%	24.1%

Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

HOW EDUCATION IMPACTS FOOD AND NUTRITION

Figure 41 shows the responses to the food related questions on the Phoenixville Hospital community survey where significant differences exist based on educational attainment. Those who did not complete high school were significantly more likely to have worried about running out of food, had food not last and did not have money to buy more, have difficulty buying fresh produce or be food insecure than respondents with higher levels of educational attainment.

Figure 41: Food Indicators By Education



Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

HOW EARLY CARE AND EDUCATION IMPACTS HEALTH

Early education is an important period in a child's life. Children need safe housing, food, medical care, proper educational stimulation and nurturing relationships for healthy development. The first years of life build the foundation for future cognitive, emotional and behavioral skill development. Strong relationships with caregivers and stable, safe environments play a pivotal role in building a strong foundation for later growth and learning.

EARLY INTERVENTION

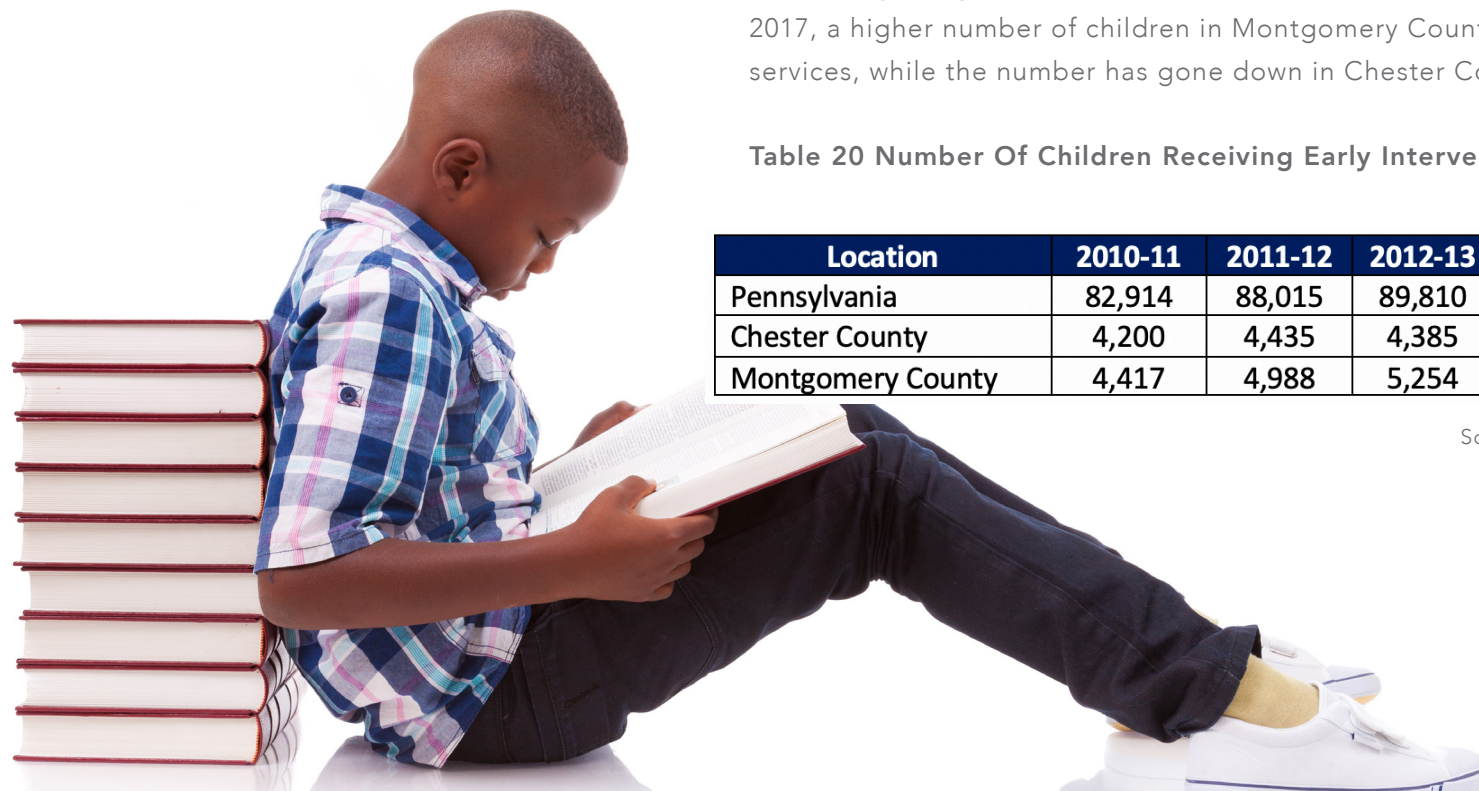
Early Intervention (EI) provides individualized services and supports to families of children birth to school age who have developmental delays or disabilities. Supports and services differ depending on the child's and family's needs and focus on enhancing the child's physical (including vision and hearing), cognitive, communication, social, emotional and adaptive development while providing parent education and support as needed.

Table 20 shows that the number of children receiving EI services has fluctuated in Chester and Montgomery counties as well as the state. Overall when looking at 2010-2011 to 2016-2017, a higher number of children in Montgomery County and the state are receiving EI services, while the number has gone down in Chester County.

Table 20 Number Of Children Receiving Early Intervention Services

Location	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Pennsylvania	82,914	88,015	89,810	89,654	89,166	90,690	94,306
Chester County	4,200	4,435	4,385	4,054	3,797	3,789	3,963
Montgomery County	4,417	4,988	5,254	5,166	5,271	5,541	5,845

Source: PA Departments of Education and Human Services,
Office of Child Development and Early Learning



EARLY CHILDHOOD: EARLY CARE AND EDUCATION

Keystone STARS is Pennsylvania's Quality Rating and Improvement System (QRIS). A QRIS is a continuous quality improvement systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Keystone STARS is a program of Pennsylvania's Office of Child Development and Early Learning (OCDEL).

Keystone STARS is a responsive system to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. The system is guided by three core principles:

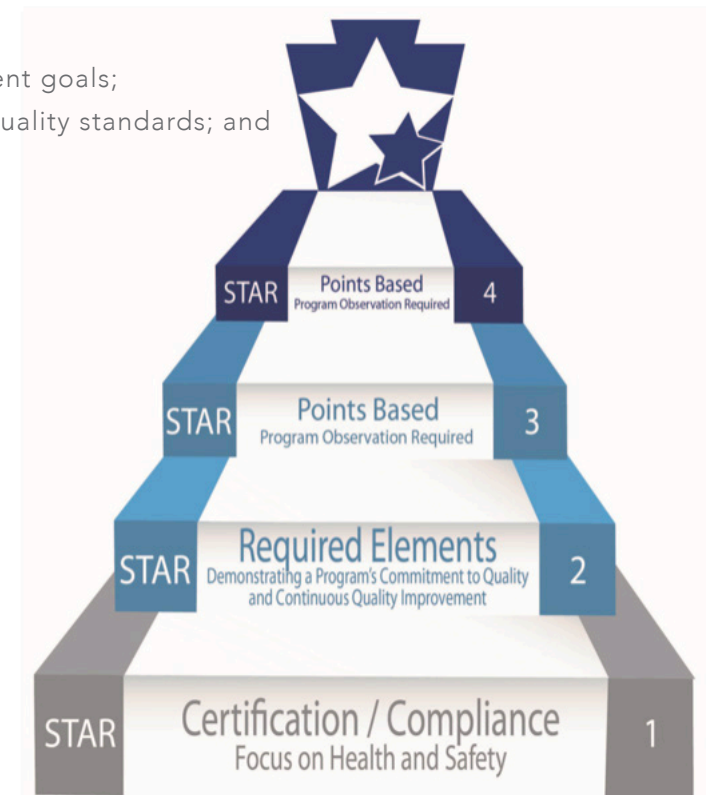
- A whole child approach to education is essential to meeting the holistic and individual needs of each and every child and family.
- Knowledgeable and responsive early care and education professionals are essential to the development of children and the support of families.
- Building and sustaining ongoing positive relationships among children, families, early care and education professionals and community stakeholders is essential for the growth and development of every child.

Keystone STARS has four primary goals:

- To improve the quality of early care and education;
- To support early care and education providers in meeting their quality improvement goals;
- To recognize programs for continuous quality improvement and meeting higher quality standards; and
- To provide families a way to choose a quality early care and education program.

Figure 42 illustrates the different star levels.

Figure 42: Keystone Star Levels



As outlined in **Table 21** below, the percentage of child care providers in the Keystone Stars program has increased in recent years. As of September 2018, only a small percentage of providers in Chester and Montgomery counties and the state overall are not participating, with the local counties comparable to the state.

Table 21: Regulated Child Care: Total Providers And Keystone Stars Participation

	Program Type	Data Type	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Sep-18
Pennsylvania	Providers in STARS	Number	4,459	4,491	3,895	3,883	3,792	3,860	6,983
		Percent	51.8%	53.6%	47.6%	48.5%	49.20	51.4%	95.1%
	Providers Not in STARS	Number	4,141	3,889	4,283	4,128	3,916	3,646	362
		Percent	48.2%	46.4%	52.4%	51.5%	50.8%	48.6%	4.9%
Chester County	Providers in STARS	Number	112	121	104	108	103	106	152
		Percent	56.9%	65.8%	56.2%	59.0%	61.3%	65.8%	98.1%
	Providers Not in STARS	Number	85	63	81	75	65	55	3
		Percent	43.1%	34.2%	43.8%	41.0%	38.7%	34.2%	1.9%
Montgomery County	Providers in STARS	Number	282	301	261	254	263	261	427
		Percent	61.4%	66.0%	57.9%	56.7%	60.0%	59.90%	95.0%
	Providers Not in STARS	Number	177	155	190	194	175	175	20
		Percent	38.6%	34.0%	42.1%	43.3%	40.0%	40.1%	4.5%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

According to the Office of Child Development and Early Learning nearly 205,000 children under age 5 need subsidized child care so their parents can reliably participate in the workforce and financially support their families. Child care provides not only peace of mind to working parents but an opportunity for young children to develop, grow and learn. Research indicates that access to high quality child care increases the likelihood that children enter school ready to success and their parents remain employed.

Table 22 shows the number and percent of children under the age of 5 in Chester and Montgomery counties and Pennsylvania who are eligible, enrolled and unserved by a child care subsidy. The percentage of unserved children in Chester County (71.3%) is slightly higher than the state (70.8%) while the percentage of unserved children in Montgomery County (61.9%) is just below the state.

Table 22: Child Care Subsidy - Eligibility and enrollment of children under 5 years

Location	Under Age 5	Data Type	Oct-17
Pennsylvania	Eligible	Number	204,850
		Percent	NA
	Enrolled	Number	59,730
		Percent	29.2%
	Unserved	Number	145,120
		Percent	70.8%
Chester County	Eligible	Number	4,420
		Percent	NA
	Enrolled	Number	1,270
		Percent	28.7%
	Unserved	Number	3,150
		Percent	71.3%
Montgomery County	Eligible	Number	6,380
		Percent	NA
	Enrolled	Number	2,431
		Percent	38.1%
	Unserved	Number	3,949
		Percent	61.9%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

Table 23 shows the percentage of children receiving subsidized childcare in Keystone STARS 3 or 4 facilities. The percentage of children receiving subsidized care in a Keystone STARS 3 or 4 facility has been increasing in both Chester and Montgomery counties and are higher when compared to the state.

Table 23: Children Receiving Subsidized Child Care in Keystone STARS 3 or 4 Facilities

Location	June 2013	June 2014	June 2015	June 2016	June 2017
Pennsylvania	23.5%	23.7%	22.9%	23.0%	32.2%
Chester County	25.4%	28.5%	30.1%	29.1%	38.6%
Montgomery County	28.1%	28.4%	30.9%	32.1%	48.3%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

According to the Office of Child Development and Early Learning in **Table 24**, on page 79, high-quality pre-k includes the distinct counts of PA Pre-K Counts, Head Start Supplemental Assistance Program and Keystone STARS 3 and 4 enrollments; Head Start; school district pre-k; accredited or PDE licensed nursery school; providers accredited by an accreditation recognized by the Pennsylvania Office of Child Development and Early Learning. Publicly funded, high-quality pre-k includes the distinct count of PA Pre-K Counts, Head Start Supplemental Assistance Program and Child Care Works enrollments in Keystone STARS 3 and 4; Head Start; and school district pre-k.

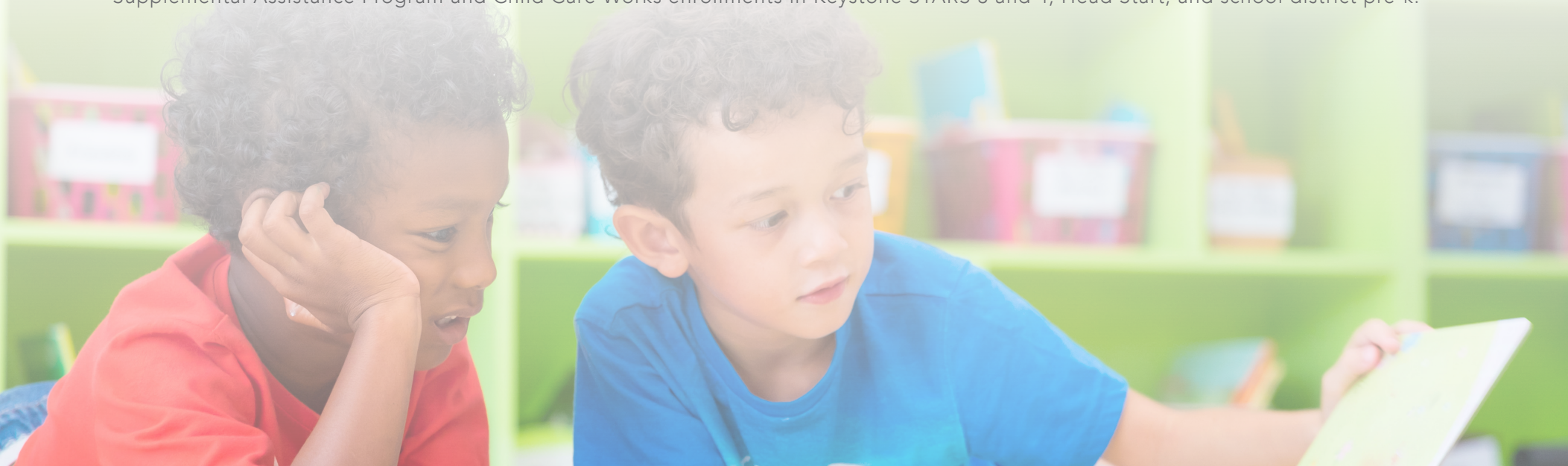


Table 24 shows the number and percent of children (ages 3-4) with access to high-quality Pre-K programs. The percentage of children in the counties with access to high-quality pre-k has been increasing while those in publicly funded high-quality pre-k has fluctuated. Slightly fewer children age 3-4 in Chester County have access to high-quality pre-k when compared to the state, while slightly more children have access in Montgomery County.

Table 24: Children (Ages 3-4) With Access to High-Quality Pre-K

Location	Type	Data Type	2013	2014	2015	2017
Pennsylvania	High-quality pre-k	Number	87,966	92,471	94,043	106,707
		Percent of all children ages 3-4	29.6%	31.1%	31.7%	36.2%
	Publicly funded, high-quality pre-k	Number	52,933	56,206	55,242	68,972
		Percent of all children ages 3-4	17.8%	18.9%	18.6%	23.4%
Location	Type	Data Type	2013	2014	2015	2017
Chester (Urban)	High-quality pre-k	Number	3,556	3,874	3,907	NA
		Percent of all children ages 3-4	27.0%	29.4%	29.7%	NA
	Publicly funded, high-quality pre-k	Number	666	944	901	1,031
		Percent of all children ages 3-4	5.1%	7.2%	6.8%	8.3%
Montgomery (Urban)	High-quality pre-k	Number	6,589	7,137	7,341	NA
		Percent of all children ages 3-4	34.1%	36.9%	38.0%	NA
	Publicly funded, high-quality pre-k	Number	1,041	1,121	1,129	1,825
		Percent of all children ages 3-4	5.4%	5.8%	5.8%	9.5%

Table 23 shows the number and percent of children ages 3-4 that were below 300% poverty with access to publicly funded, high-quality pre-k programs. The percentage of children ages 3-4 that are below 300% poverty with access to publicly funded high quality pre-k programs has been increasing, although both counties remain below the state.

Table 23: Children (Ages 3-4) Below 300% Poverty With Access to Publicly Funded High-Quality Pre-K

Location	Type	Data Type	2013	2014	2015	2017
Pennsylvania	Publicly funded, high-quality pre-k	Number	52,933	56,206	55,242	68,972
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	29.6%	31.1%	31.4%	39.4%
Location	Type	Data Type	2013	2014	2015	2017
Chester (Urban)	Publicly funded, high-quality pre-k	Number	666	944	901	1,031
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	15.8%	20.9%	17.3%	23.2%
Montgomery (Urban)	Publicly funded, high-quality pre-k	Number	1,041	1,121	1,129	1,825
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	17.4%	17.9%	15.1%	27.7%

Source Table 22 (pg 79) and Table 23: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

HEAD START

Head Start is the national commitment to give every low-income child, regardless of circumstances at birth, an opportunity to succeed in school and in life. In the 50 years since its inception, Head Start has improved the lives of more than 32 million children and their families. In addition to life and school preparedness, Head Start is also the nation's laboratory for early learning innovation. It offers a unique whole child/whole family program design coupled with a delivery system that includes local programs, national standards, monitoring, professional development, and family engagement. The commonwealth, through the Head Start Supplemental, creates new slots to supplement the resources provided through this federal program and to further reduce the unmet need felt in rural, suburban, and urban communities.

As illustrated in **Table 26**, the number of children enrolled in Head Start programs has fluctuated over the past few years in both Chester and Montgomery counties. When looking at 2011-12 to 2016-17, both counties have seen an increase in overall Head Start enrollment.

Table 26: Children Enrolled in Head Start Programs, Chester and Montgomery Counties

Location	Program	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17
Chester	Total	446	459	568	592	466	467
	Early Head Start	0	0	0	0	123	124
	Head Start - Federal	427	427	537	542	238	238
	Head Start - State	19	32	31	50	105	105
Montgomery	Total	572	692	706	734	197	678
	Early Head Start	180	180	228	244	197	228
	Head Start - Federal	478	478	478	490	0	450
	Head Start - State	34	34	0	0	0	0

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning



WHAT THE COMMUNITY IS SAYING

Lack of child care was not considered to be a significant barrier impacting access to health care by key informants. Over half (56.8%) of intercept survey respondents identified education as having the highest impact on one's health, while 33.3% identified the lack of childcare as having the greatest impact.



HEALTH IS WHERE WE WORK

HOW EMPLOYMENT IMPACTS HEALTH

A person who is unemployed or working a low wage or undesirable job is more at risk for health problems than those employees who are working full time. This may be partially a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is linked to early death, poorer general and mental health and psychological distress, higher use of medications and medical services as well as hospitalizations.

Figure 43 shows the unemployment rate in Chester and Montgomery counties, the state of Pennsylvania and the nation for April 2019. Unemployment in Montgomery County (3.2%) was comparable to both the state (3.2%) and nation (3.6%), while unemployment in Chester County (2.9%) was lower.

Figure 43: Demographic Snapshot: Unemployment Rate



Table 27 shows employment for Phoenixville Hospital’s Primary Service Area. Just under one-third (30.6%) of residents age 16 and older are not in the labor force, while 65.6% are currently employed. Of those employed, most (70.7%) are employed in a white collar occupation.

Table 27: Demographic Snapshot: Employment

Phoenixville Hospital Primary Service Area	
Employment Status	
Civilian Employed	65.6%
Civilian Unemployed	3.8%
In Armed Forces	0.0%
Not in Labor Force	30.6%
Occupational Classification	
White Collar	70.7%
Blue Collar	15.0%
Service and Farming	14.3%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics



WHAT THE COMMUNITY IS SAYING

Half of the intercept survey respondents (50.0%) identified underemployment/unemployment as having the highest impact on one’s health.

HOW INCOME IMPACTS HEALTH

As outlined in **Table 28**, average and median household income levels for the Phoenixville Hospital Primary Service Area are higher than the state and nation. The number of families living in poverty for Phoenixville Hospital Primary Service Area (4.3%) is much lower than the state (9.2%) and nation (11.0%).

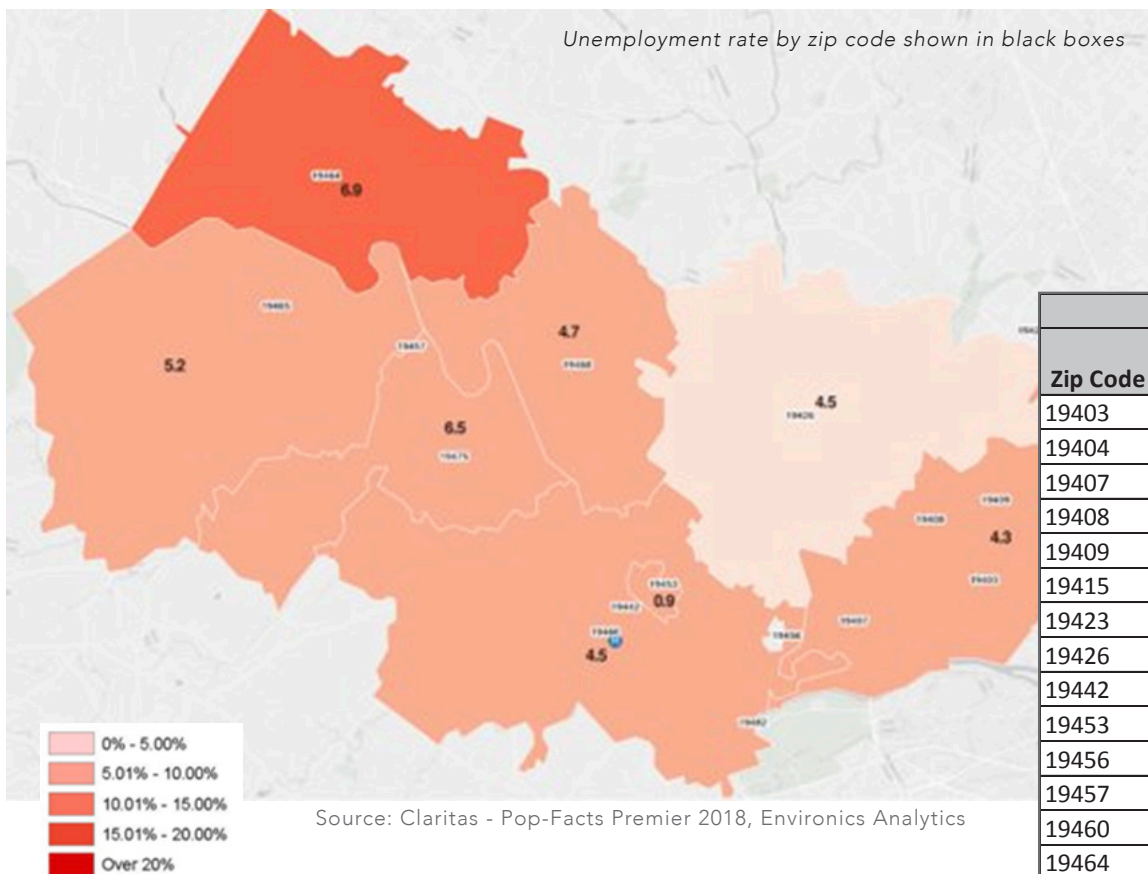
Table 28: Demographics Snapshot: Income

	Phoenixville Hospital	PA	US
Average household Income	\$116,838	\$83,779	\$86,278
Median Household Income	\$87,268	\$60,149	\$60,133
Families Living in Poverty	4.3%	9.2%	11.0%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

Figure 44 illustrates poverty levels by zip code throughout the service area. The City of Pottstown in zip code 19464 has the highest level of residents living in poverty at 13.1%. None of the service area zip codes have poverty rates over 20%.

Figure 44: Poverty Levels By Zip Code



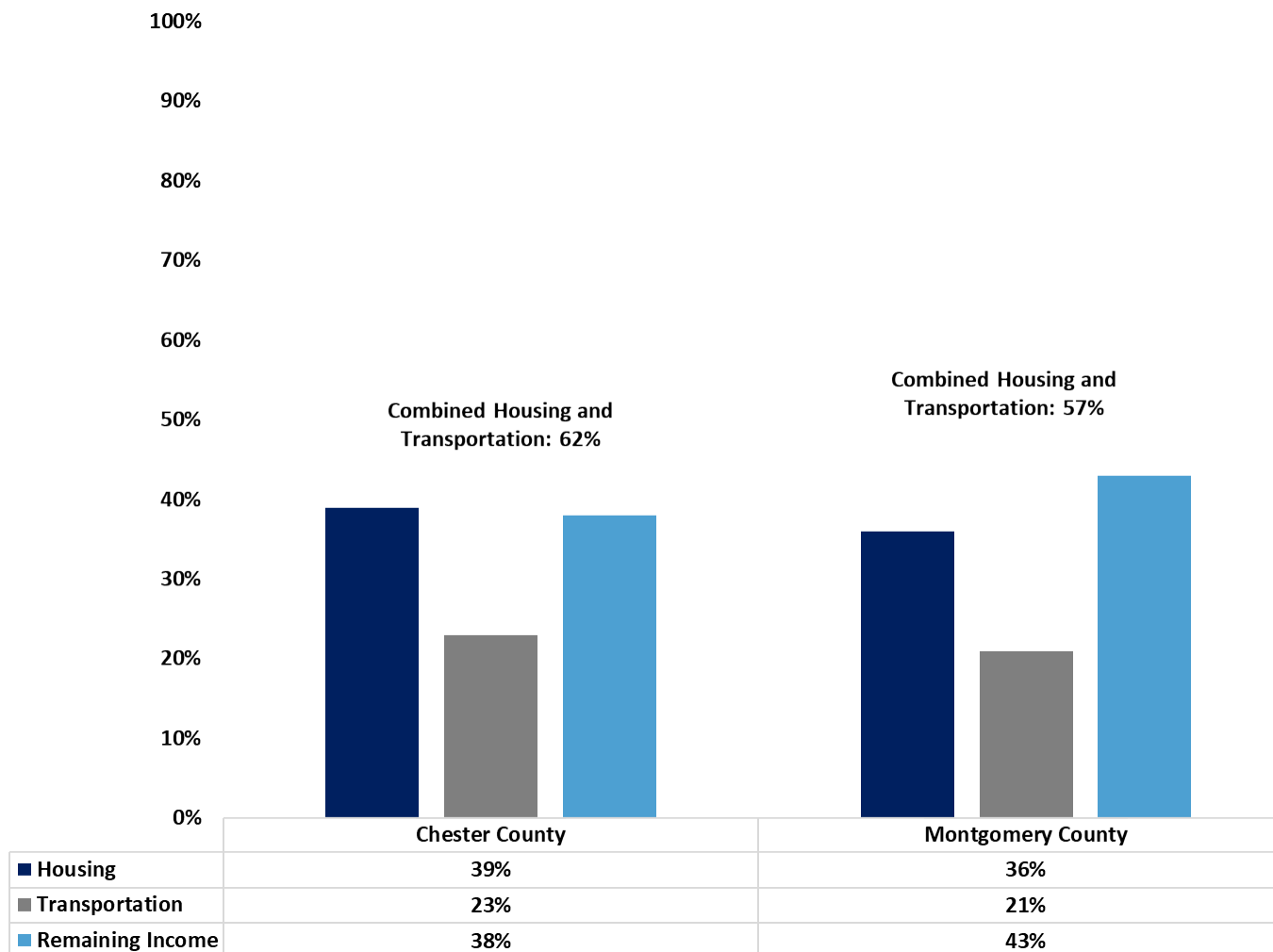
Phoenixville Hospital Primary Service Area					
Zip Code	City	Households	Households in Poverty	Poverty Rate	Unemployment
19403	Norristown	17610	917	5.2%	4.3%
19404	Included with 19403				
19407	Included with 19403				
19408	Included with 19403				
19409	Included with 19403				
19415	Included with 19403				
19423	Included with 19426				
19426	Collegeville	12579	417	3.3%	4.5%
19442	Kimberton				
19453	Mont Clare	679	66	9.7%	0.9%
19456	Included with 19460				
19457	Included with 19465				
19460	Phoenixville	16103	1130	7.0%	4.5%
19464	Pottstown	17993	2359	13.1%	6.9%
19465	Pottstown	6549	411	6.3%	5.2%
19468	Royersford	10201	576	5.6%	4.7%
19475	Spring City	4048	262	6.5%	6.5%
19481	Included with 19460				
19482	Included with 19460				

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

Poverty Rate as of 11/15/18:
 Source: 2012 - 2016 American Community Survey
 Unemployment Rate as of 11/15/18:
 Source: U.S. Census Bureau, Census 2010 Summary File 1

Figure 45 illustrates the housing and transit burden for Chester and Montgomery counties. Combined housing and transit is considered a burden when it is at 45% or greater of one’s household income. Chester County at 62% and Montgomery County at 57% are all at a level considered to be a burden.

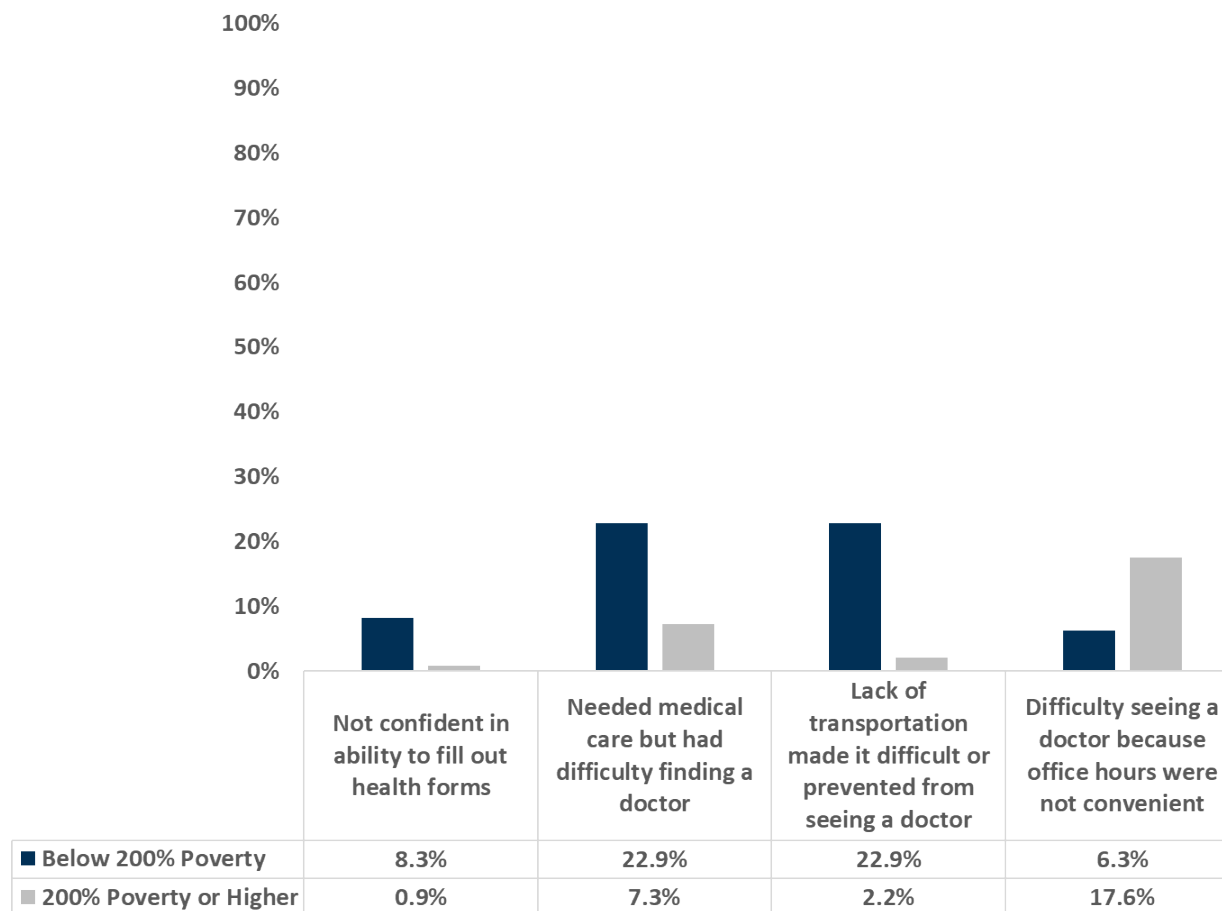
Figure 45: Housing and Transit Burden



HOW INCOME IMPACTS ACCESS TO CARE

Figure 46 shows the responses from the community survey residents who reside in Phoenixville Hospital’s service area where significant differences by poverty exist that impact access to care. Respondents living below 200% poverty were significantly more likely to not be confident in their ability to fill out health forms, to have needed medical care but had difficulty finding a doctor or had the lack of transportation prevent them from seeing a doctor. Those respondents living 200% below poverty or higher were significantly more likely to have been unable to see a doctor due to inconvenient office hours compared to other respondents.

Figure 46: Barriers to Care

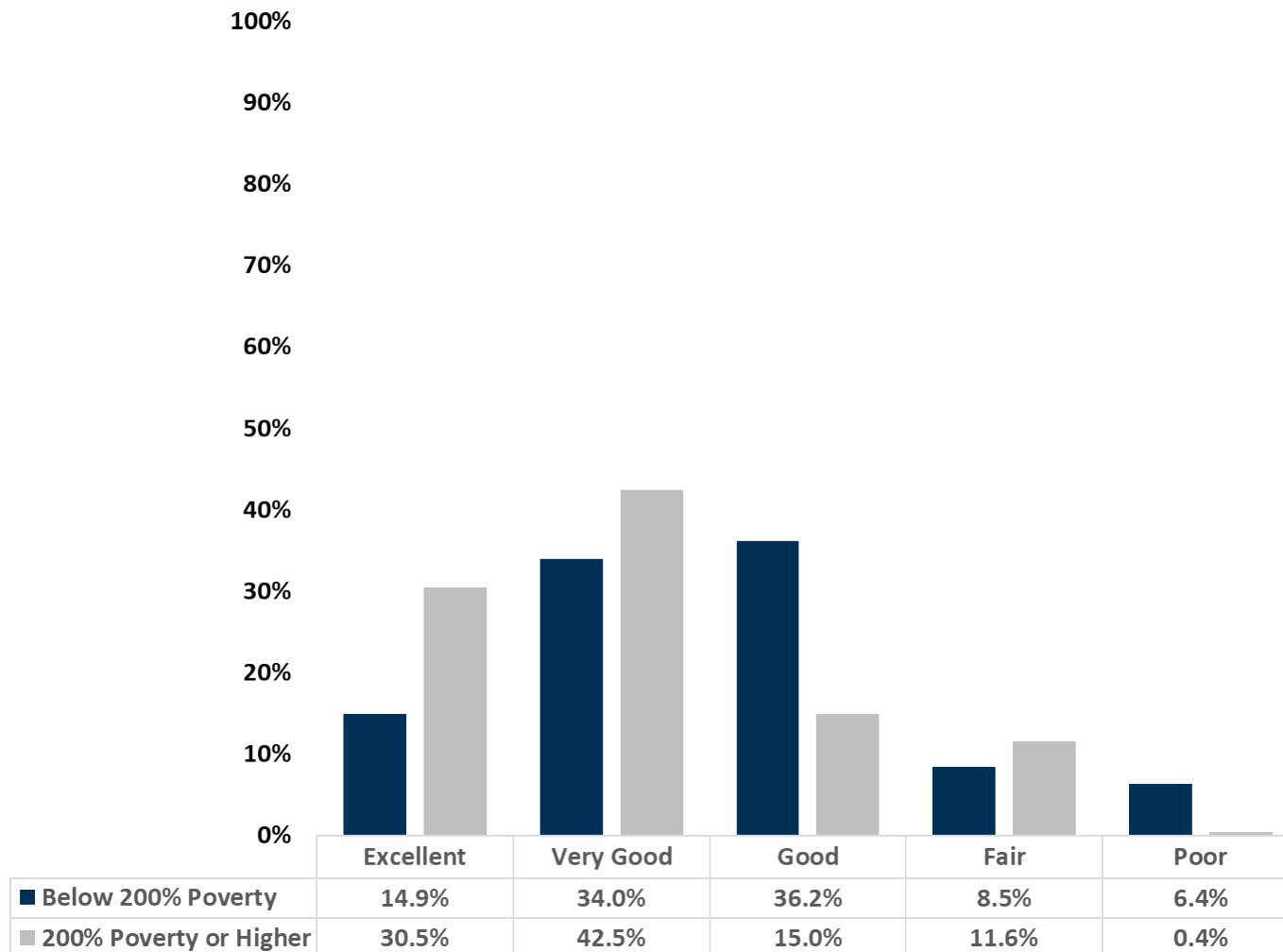


Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS BEHAVIORAL HEALTH

Figure 47 shows the community survey respondents personal mental health rating by poverty level. Community survey respondents in the Phoenixville Hospital service area that are living below 200% poverty were significantly more likely to report their personal mental health as good (36.2%) or poor (6.4%) compared to respondents not living in poverty (15.0% and 0.4% respectively).

Figure 47: Personal Mental Health Rating

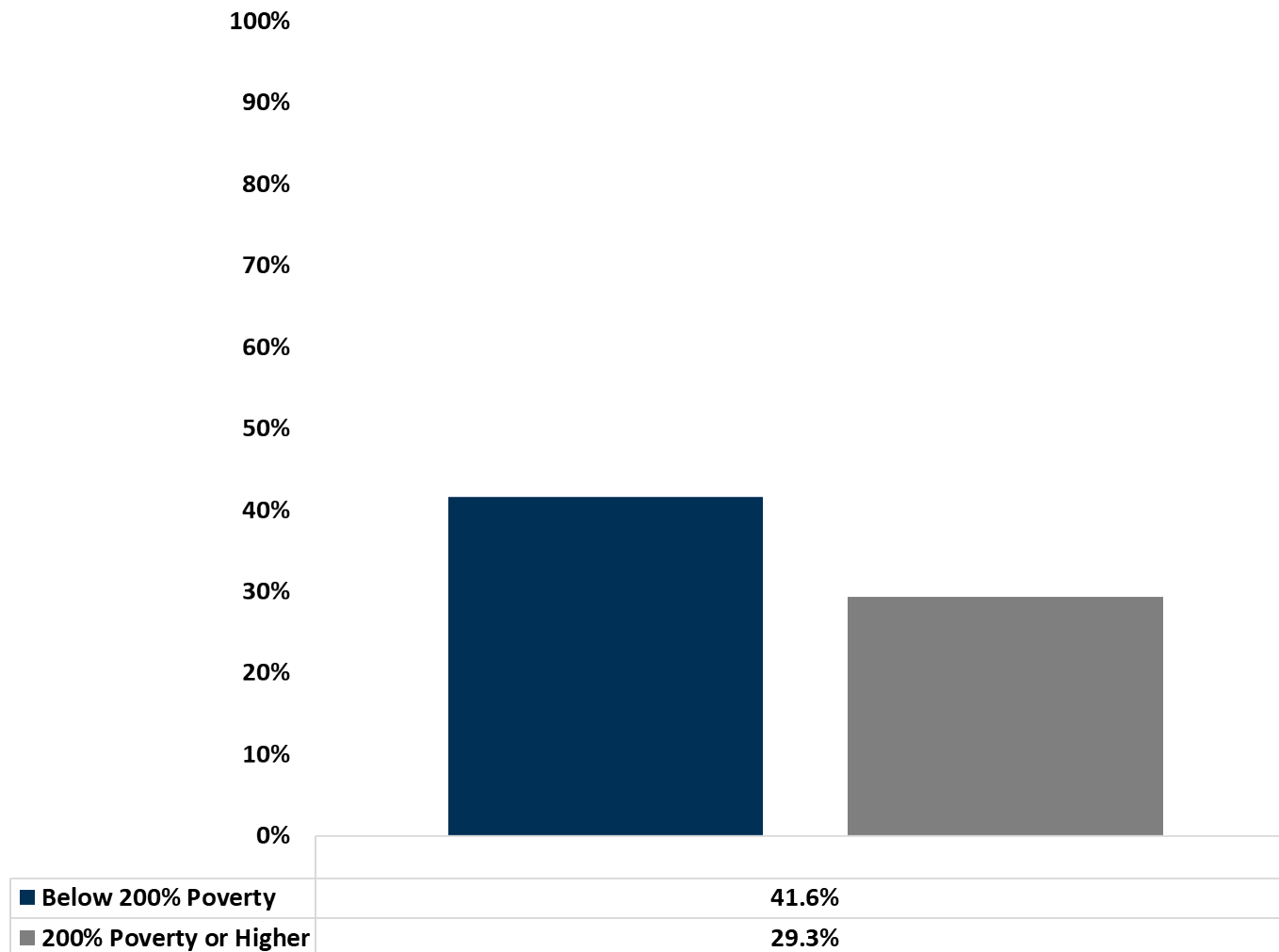


Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS PHYSICAL ACTIVITY

Figure 48 shows the community survey respondents who are considered to have insufficient activity level by poverty level. Community survey respondents in the Phoenixville Hospital service area that are living below 200% were significantly more likely to report being physically inactive (41.6%) compared to respondents not living in poverty (29.3%).

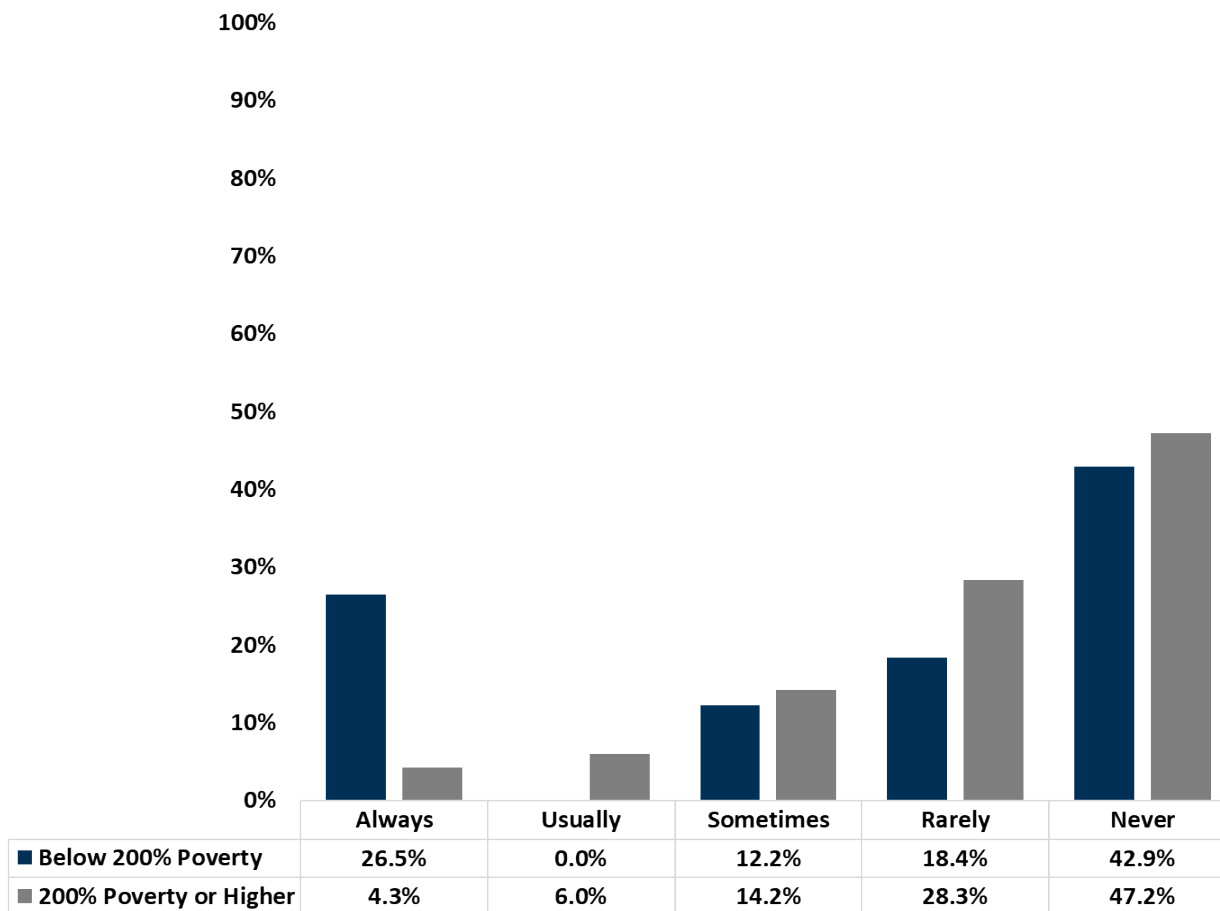
Figure 48: Insufficient Activity Level



HOW INCOME IMPACTS HOUSING

Figure 49 shows the community survey respondents who have worried about having enough money for housing by poverty level. Community survey respondents in the Phoenixville Hospital service area that are living below 200% were significantly more likely to always worry about having enough money for housing (26.5%) compared to respondents not living in poverty (4.3%).

Figure 49: Worried About Having Enough Money for Housing



Source: Phoenixville Hospital Community Survey 2018, Professional Research Consultants



WHAT THE COMMUNITY IS SAYING

Intercept survey respondents rated income as the second highest factor impacting one’s health (67.9%). Key informant survey respondents identified low-income/poor residents (75.0%) as the most underserved population.



ACTIVITY MAKES FOR A HEALTHIER YOU

HOW ACTIVITY IMPACTS HEALTH

Obesity can be greatly reduced through regular aerobic exercise and physical activity. Recreation activities, such as running, brisk walking, swimming and bicycling are excellent for elevating the heart rate and lowering the incidence of heart disease, obesity and type 2 diabetes if done regularly.

Figure 50 shows that Chester County had a significantly lower percentage of overweight and obese residents, while Montgomery County had a slightly lower percentage of obese residents when compared to the state. Montgomery County's obesity rate (26.0%) increased over the past year.

Figure 50: Overweight/Obesity BRFSS Indicator, 2015-2017

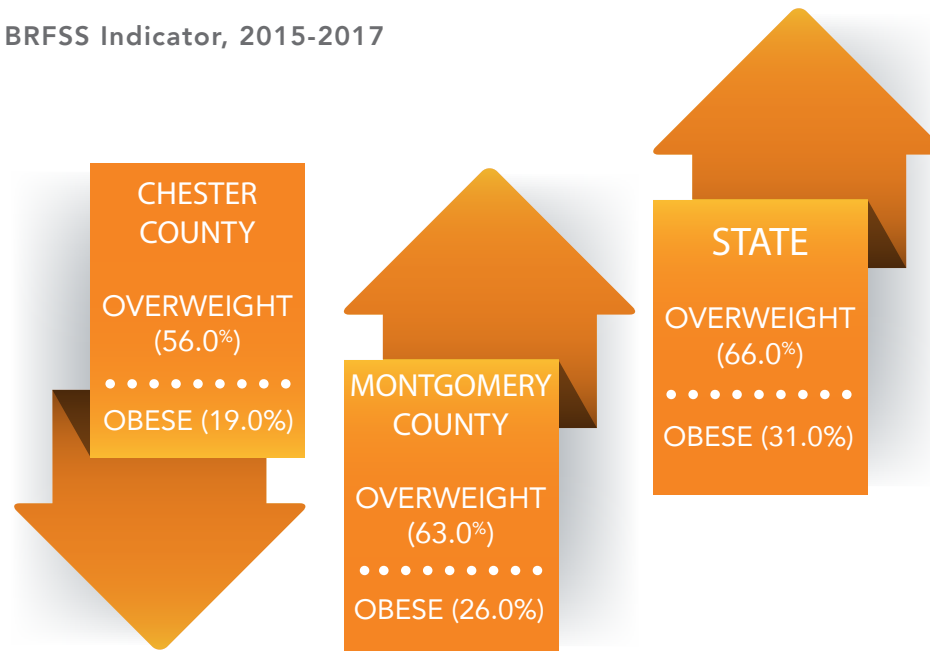


Figure 50 Source: Division of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health for Chester and Montgomery Counties, 2015-2017

Figure 51 Source (Page 91): County Health Rankings and Roadmaps for Chester and Montgomery counties, 2018



WHAT THE COMMUNITY IS SAYING

Over half of the community survey respondents (62.1%) had difficulty accessing safe and affordable places to exercise, and 16.9% report that they do not participate in physical activity or exercise. Approximately half of the intercept survey respondents identified obesity (52.5%) and poor nutrition (46.5%) as having the greatest impact on the health of an individual.

Focus group participants talked about the need for affordable recreation opportunities. Stakeholders talked about the need for youth recreation centers.

Figure 51 outlines the percentage of the residents of the Phoenixville Hospital Primary Service Area who are physically inactive versus having access to exercise opportunities. Both Chester and Montgomery counties have lower rates of residents that are physically inactive and higher access to exercise opportunities than the state.

Figure 51: Percent of Population Who Have Access To Exercise Opportunities Versus Those Physically Inactive

RESIDENTS PHYSICALLY INACTIVE



CHESTER COUNTY	MONTGOMERY COUNTY
17.8%	18.1%

PENNSYLVANIA
24.0%

CHESTER COUNTY	MONTGOMERY COUNTY
74.2%	89.1%

PENNSYLVANIA
67.8%



ACCESS TO EXERCISE OPPORTUNITIES



HOW ACCESS IMPACTS HEALTH

A ccording to Disparities in Access to Health Care⁴ there are eight main reasons why there are differences in health access:

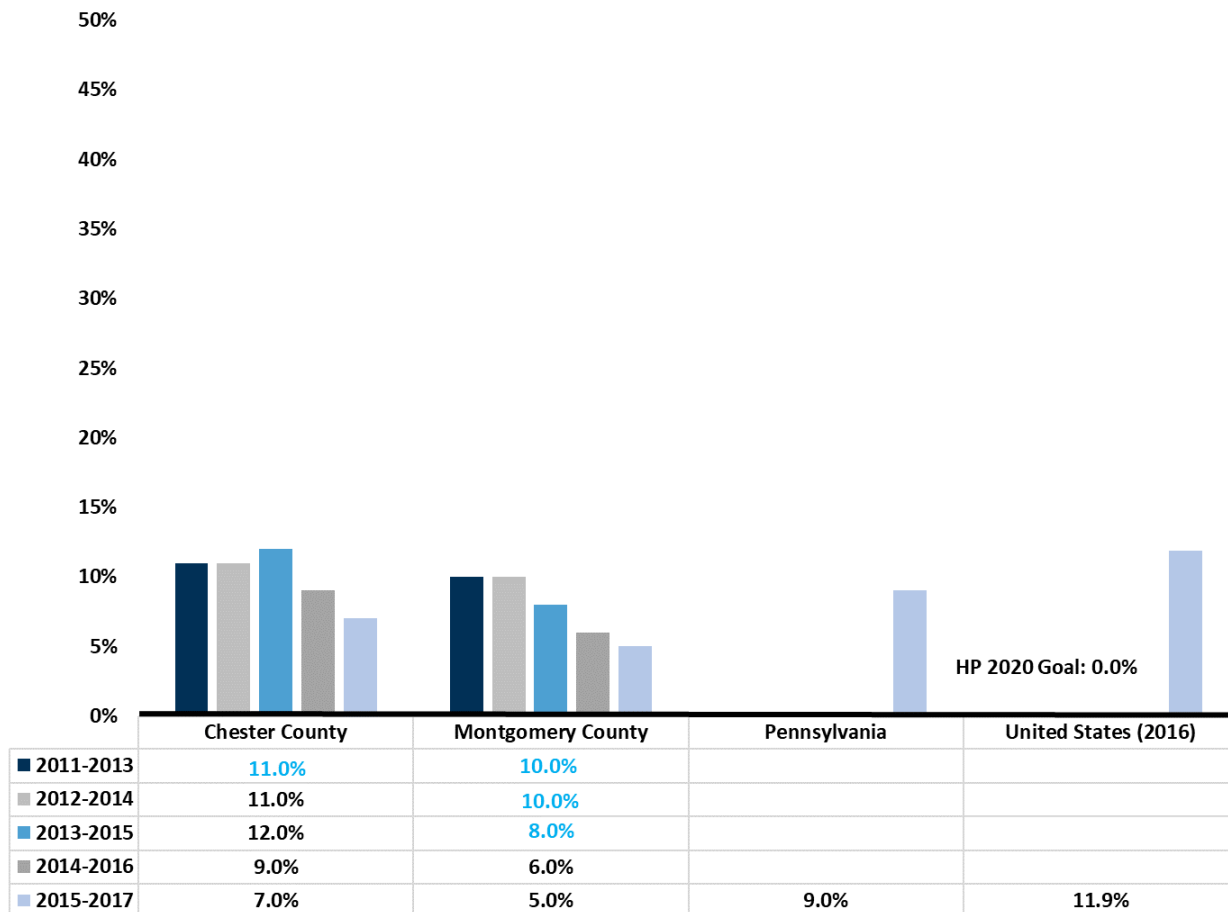
- 1. Lack of health insurance** – Several racial, ethnic, socioeconomic and other minority groups lack adequate health insurance compared with the majority population. These individuals are more likely to delay healthcare and to go without the necessary healthcare or medication they should have been prescribed.
- 2. Lack of financial resources** – Lack of available finance is a barrier to healthcare for many Americans but access to healthcare is reduced most among minority populations. Racial and ethnic minorities are often given a health insurance plan that limits the amount of services available to them as well as the number of providers they can use.
- 3. Irregular source of care** – Compared to white individuals, ethnic or racial minorities are less likely to be able to visit the same doctor on a regular basis and tend to rely more on clinics and emergency rooms. Without a regular healthcare source, people have more difficulty obtaining their prescriptions and attending necessary appointments.
- 4. Legal obstacles** – Low-income immigrant groups are more likely to experience legal barriers. For example, insurance coverage through Medicaid is not available to immigrants who have been resident in the U.S for less than five years.
- 5. Structural barriers** – Examples of structural barriers include lack of transport to healthcare providers, inability to obtain convenient appointment times and lengthy waiting room times. All of these factors reduce the likelihood of a person successfully making and keeping their healthcare appointment.
- 6. Lack of healthcare providers** – In areas where minority populations are concentrated such as inner cities and rural areas, the number of health practitioners and diagnostic facilities is often inadequate.
- 7. Language barriers** – Poor English language skills can make it difficult for people to understand basic information about health conditions or when they should visit their doctor.
- 8. Age** – Older patients are often living on a fixed income and cannot afford to pay for their healthcare. Older people are also more likely to experience transport problems or suffer from a lack of mobility, factors that can impact their access to healthcare. With 15% of the older adults in the U.S not having access to the internet, these individuals are also less likely to benefit from the valuable health information that can now be found on the internet.

⁴ <https://www.news-medical.net/health/disparities-in-access-to-health-care.aspx>

HEALTH INSURANCE

Figure 52 shows the percentage of adults ages 18-64 who do not have health insurance in Chester and Montgomery counties, the state of Pennsylvania and the United States. The percentages of adults without health insurance in Chester County was significantly lower in 2011-2013 (11.0%) when compared to the state and has steadily been decreasing since 2013-2015. At 7.0% in 2015-2017, it is lower than the state (9.0%) and nation (11.9%). The percentage of adults without health insurance in Montgomery County was significantly lower than the state for years 2011-2013 through 2013-2015 and has been declining since 2012-2014. In 2015-2017 the percentage of adults without health insurance (5.0%) in Montgomery County was also lower than both the state and nation. The counties, state and nation all remain above the Healthy People 2020 Goal for no adult to be without health insurance.

Figure 52: No Health Insurance (Ages 18-64)

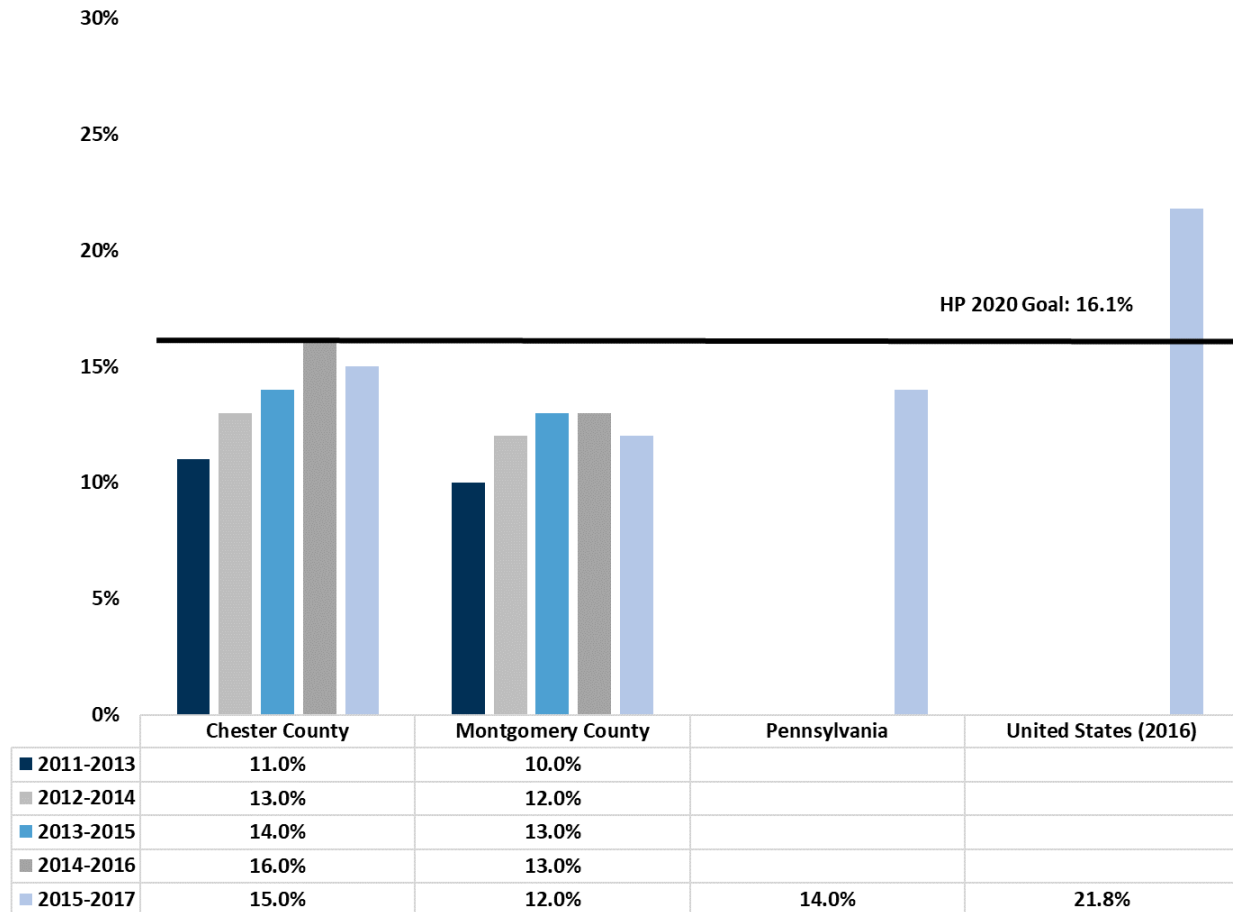


Source: Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2017, Healthy People 2020, Center for Disease Control

PERSONAL CARE PROVIDER

Figure 53 shows the percentage of adults who report they do not have a personal care provider. The percentage of adults who report they do not have a personal care provider in Chester and Montgomery counties had been increasing between 2011 and 2016 and decreased slightly in 2015-2017 to 15.0% and 12.0%, respectively. Although not significantly different, Chester County is just above the state, while Montgomery County is below. Both counties are lower when compared to the nation and meet the Healthy People 2020 Goal of 16.1% of adults reporting do not have a personal care provider.

Figure 53: No Personal Care Provider

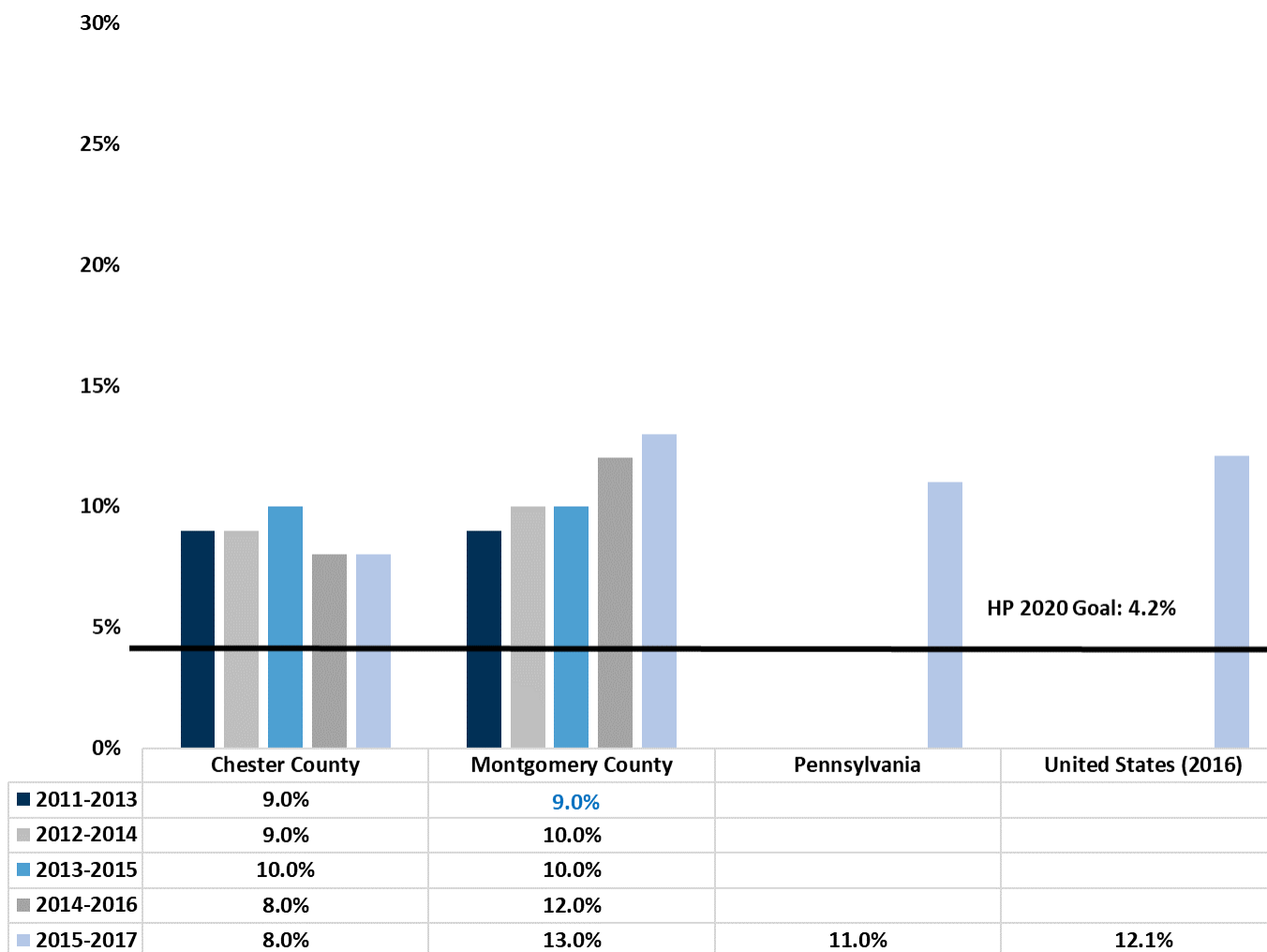


Source (Figure 55 & 56, Pg 96): Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Chester and Montgomery counties, 2011-2017, Healthy People 2020, Center for Disease Control

COULD NOT SEE A DOCTOR DUE TO COST

Figure 54 shows the percentage of respondents who needed to see a doctor within the past year but could not due to cost. The percentage of adults in Montgomery County in 2011-2013 (9.0%) who could not see a doctor was significantly lower when compared to the state, although has been increasing ever since. In 2015-2017 (13.0%) it was higher than the state (11.0%) and just above the nation (12.1%). While the percentage of adults who needed to see a doctor but could not due to cost has fluctuated in Chester County, and in 2015-2017 (8.0%) is lower than the state and nation. Both counties, the state and nation are above the Healthy People 2020 Goal (4.2%).

Figure 54: Needed to See a Doctor But Could Not Due to Cost, Past Year







WHAT THE COMMUNITY IS SAYING

Figure 55 illustrates access to care based on the community survey for respondents who live in the Phoenixville Hospital service area. Very few respondents (73.5%) have dental insurance, while most have health insurance. One third of respondents have had difficulty accessing healthcare in the past 12 months, with 20.1% unable to get an appointment to see a doctor, and 15.9% unable to see a doctor due to inconvenient office hours.

Figure 55: Access to Care

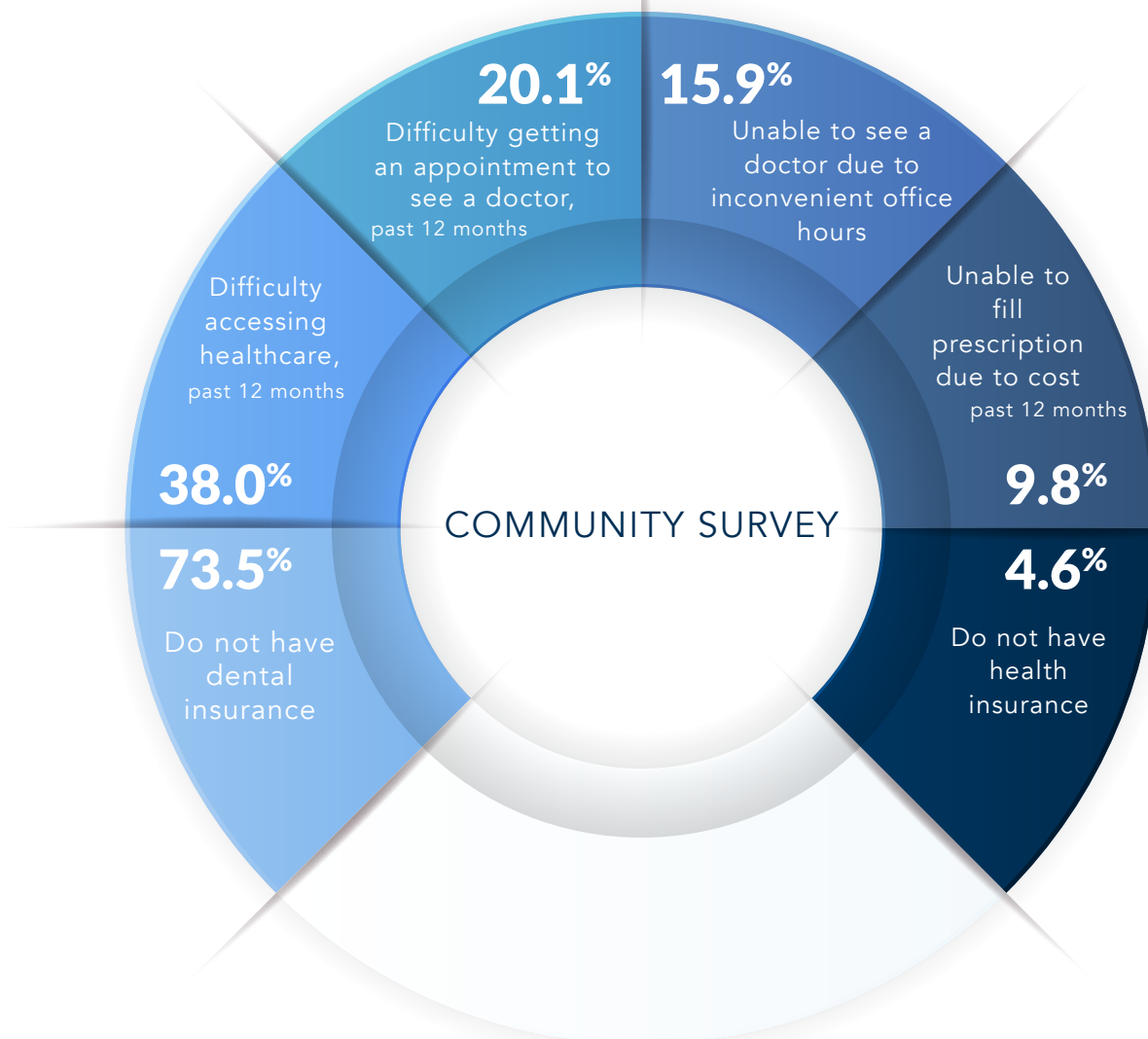
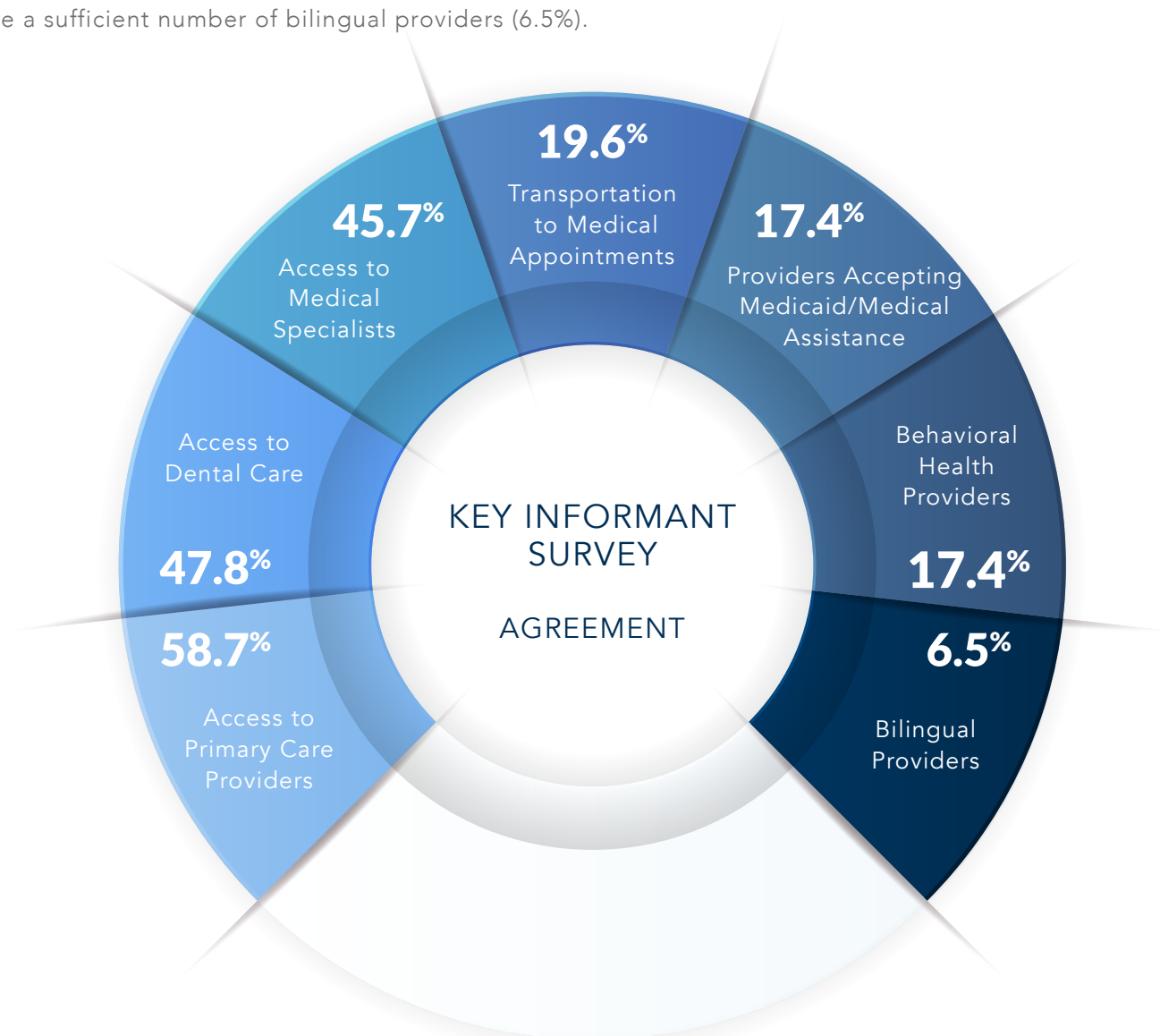


Figure 56 shows the percentage of key informant survey respondents who agree that access to various healthcare and related services are available in the community. Just over half (58.7%) agree that residents can access a primary care provider when needed, while just under half agree there is access to dental care (47.8%) and medical specialists (45.7%). One in five (19.6%) agree there is transportation to medical appointments, with 17.4% agreeing there are enough providers accepting Medicaid/Medical Assistance or enough behavioral health providers. Very few (6.5%) agree there are a sufficient number of bilingual providers (6.5%).

Figure 56: Access to Care, Agreement





WHAT THE COMMUNITY IS SAYING

Focus group participants talked about the challenges accessing care related to insurance, the complexity of the system and lack of transportation. They talked about the need for extended hours of service as well as the need for cultural training for hospital staff. This group also noted the need for more Spanish speaking professionals.

Stakeholders talked about the need for services for the uninsured and underinsured. Stakeholders talked about barriers to care including transportation. They added that healthcare is needed for the transgender community as well as for migrant workers.

WHERE DO WE GO FROM HERE

Phoenixville Hospital, along with internal and external stakeholders, will begin to develop goals and strategies (known as the Implementation Strategy) to address the findings of the 2019 Community Health Needs Assessment.

The CHNA documented what and where the need is, along with who is most affected. The Implementation Strategy will address how to solve these needs.

Common themes and issues rose to the top as the assessment was being conducted. Key community health needs include: Access to Behavioral Health Services, Access to Health Services, Improving Socioeconomic Factors (Social Determinants of Health), and Chronic Disease (Management and Prevention).





CONTACT//

Office: 140 Nutt Road, Phoenixville, PA 19460

Phone: 610-983-1000

E-mail: PhoenixvilleHospitalPrograms@towerhealth.org

Phoenixville.TowerHealth.org



Phoenixville Hospital

TOWER HEALTH

Advancing Health. Transforming Lives.