COMMUNITY HEALTH NEEDS

2019 ASSESSMENT

HEALTH IS WHERE WE LIVE, LEARN AND WORK

Pottstown Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

Pottstown.TowerHealth.org

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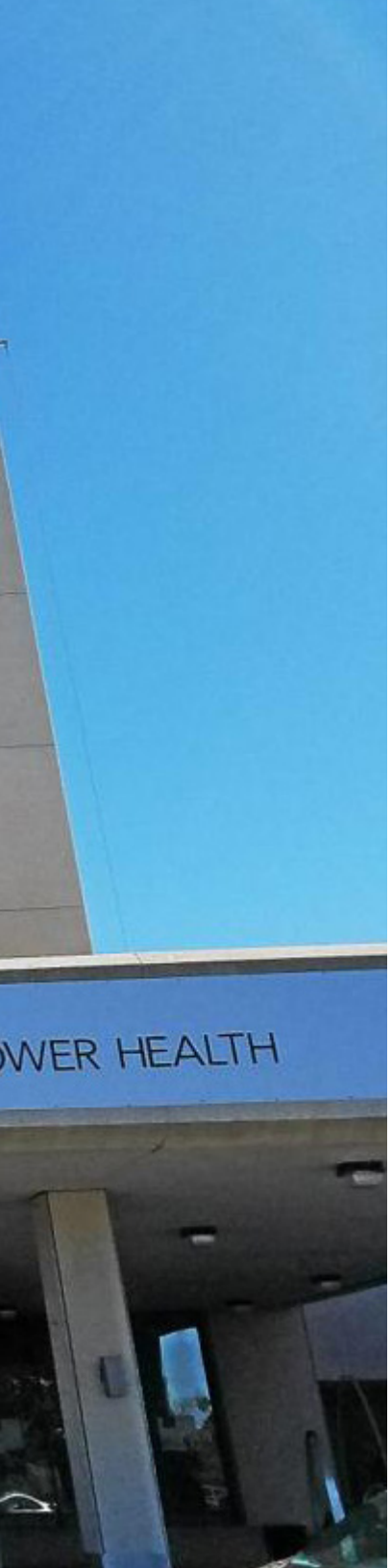
FEEDBACK ON POTTSTOWN HOSPITAL CHNA REPORT

Pottstown 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).



Pottstown Hospital and its surrounding communities truly are a great place to live, learn and work. Nestled along the Schuylkill River in a quaint community reminiscent of another era, featuring several historical landmarks, a beautiful riverfront and locally owned restaurants and shops there is a true sense of hometown pride. Uniquely positioned to serve three of the surrounding counties, residents are within miles of several metropolitan areas. It is our hope to maintain the small town hospital that offers word class healthcare in your backyard.

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 Pottstown 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 Pottstown 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 Pottstown 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 Pottstown Hospital's Primary Service Area.

On December 4, 2018, both Pottstown Hospital leadership and community members met to review the findings from the Pottstown Hospital assessment and to prioritize the identified needs. The strategies developed for addressing the findings in this document will be made publicly available in November 2019.

REPORT
SERVICE AREA

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 Berks, Chester and Montgomery counties which are considered the primary service area of Pottstown Hospital.

POTTSTOWN HOSPITAL

HEALING BEGINS HERE.

Pottstown Hospital, a 232-bed facility, is your community healthcare provider. Our full range of health services include inpatient and outpatient, medical and surgical, and diagnostic and emergency care, to name a few. We believe in the power of people to create great care. We are 1,150 healthcare professionals strong. Pottstown Hospital strives to exceed patient expectations, while delivering compassionate, safe, quality care. We work hard every day to be a place of healing, caring and connection for patients and families in the community we call home.

POTTSTOWN HOSPITAL MISSION

The Mission of Pottstown 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.

POTTSTOWN HOSPITAL VISION

Pottstown 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 POTTSTOWN HOSPITAL SERVICE AREA

Richard Newell

P resident & CEO
Pottstown Hospital

Pottstown 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, Pottstown 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, Pottstown 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 Pottstown 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, Pottstown Hospital, along with our community partners and Tower Health colleagues, will develop strategies to address each of the following health priorities:

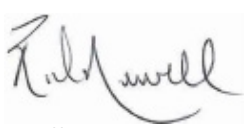
- Obesity
  - Reduce the number of overweight/obese residents
- Mental Health
  - Increase access to and integration of mental health services
- Addiction
  - Increase coordination and availability of services to treat addiction
- Access to Care
  - Decrease barriers to access healthcare

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.

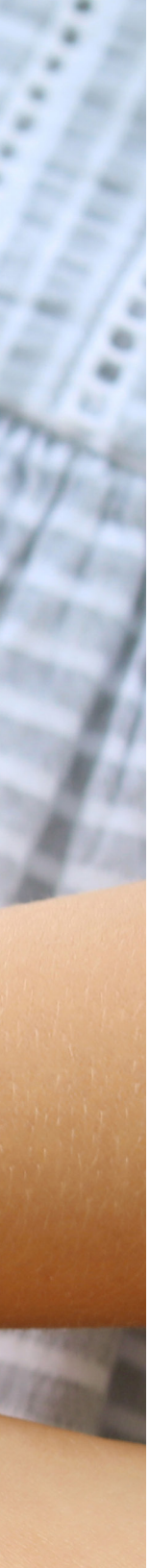
My sincere thanks to the community stakeholders who generously shared their time and input throughout the comprehensive CHNA process. I would also like to recognize the time and talent of the Pottstown Hospital CHNA Advisory Group, which was comprised of hospital staff and representatives from various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

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

Sincerely,



Richard Newell
President & Chief Executive Officer
Pottstown Hospital



HEALTH STARTS WHERE WE LIVE, LEARN AND WORK

In 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.

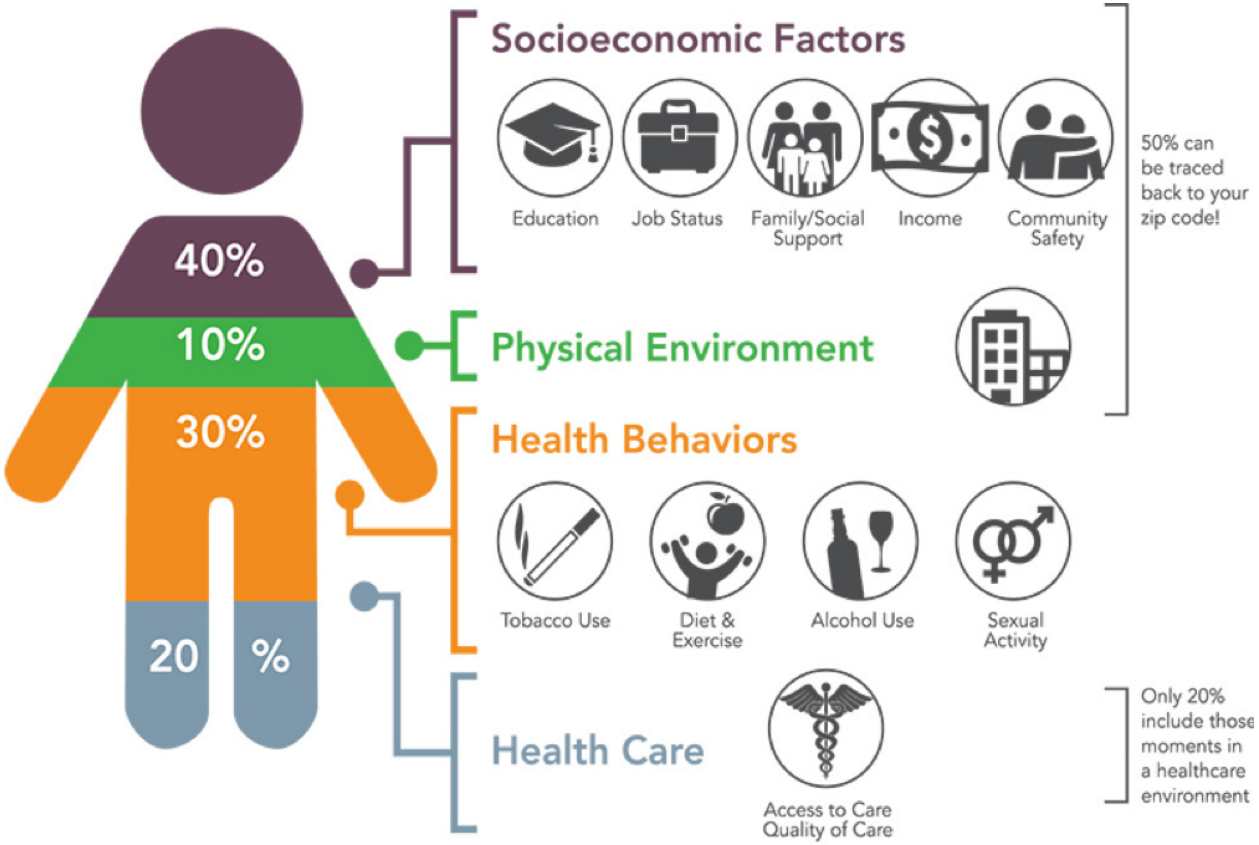
Where We Learn

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.

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.

Figure 2: Factors that Influence Health



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

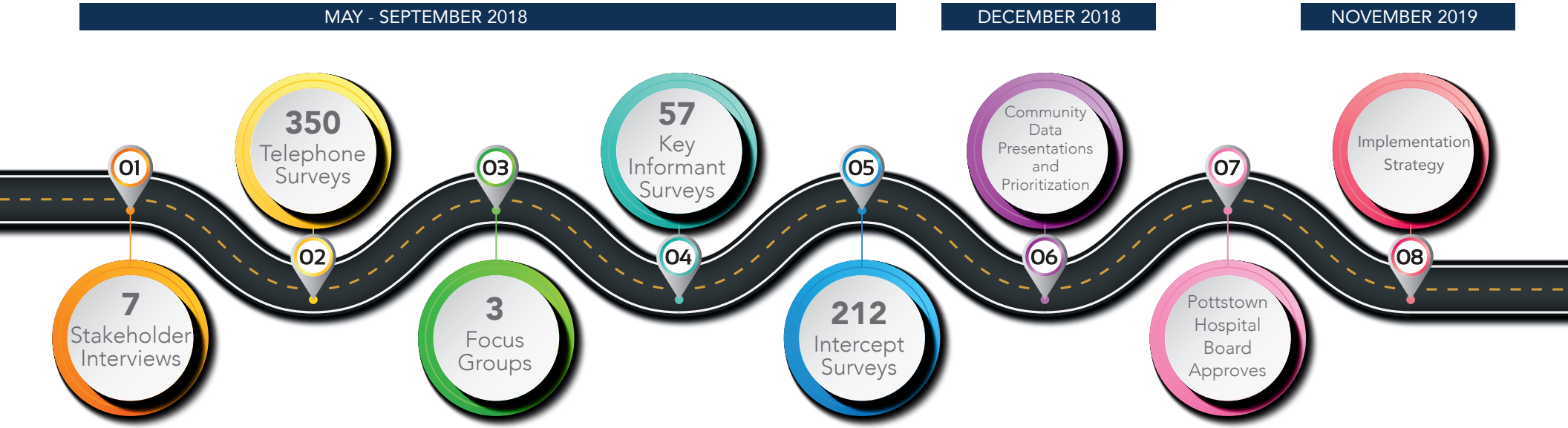
WHAT GOES IN TO YOUR HEALTH

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 Environics Analytics.

Source: Pottstown 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, 57 key informant surveys and 212 interecept surveys were completed along with 3 focus groups and 7 stakeholder interviews which were conducted with a wide range of residents, professionals and leaders in the Pottstown Hospital service area in order to understand the community needs and issues, as well as factors the impact health.

Figure 4, right, shows the representation of community organizations and/or stakeholders that Pottstown Hospital engaged.

Figure 4: Focus Group And Stakeholder Interview Representation

Source: Pottstown Hospital CHNA Primary Data Collection, Strategy Solutions, Inc. 2018

COMMON THEMES ON
THE FACTORS THAT IMPACT HEALTH

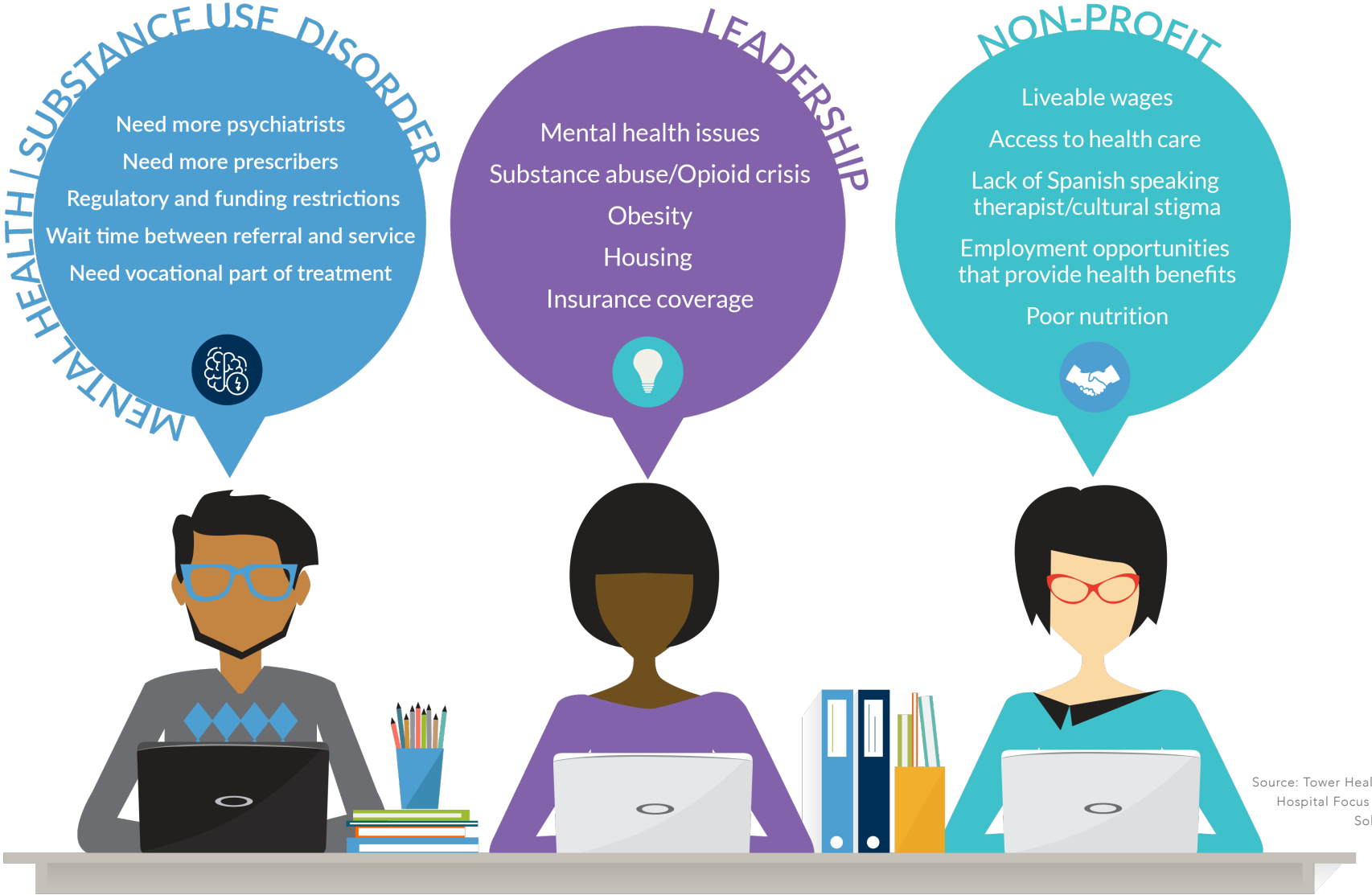
The following **Figure 5** shows the summary of identified needs. These needs were determined by the frequency mentioned by primary data sources or through negative trends or significant differences in secondary data. Appendix C lists all identified needs.

Figure 5: Common Themes On The Factors That Impact Health

Source: Pottstown 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



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

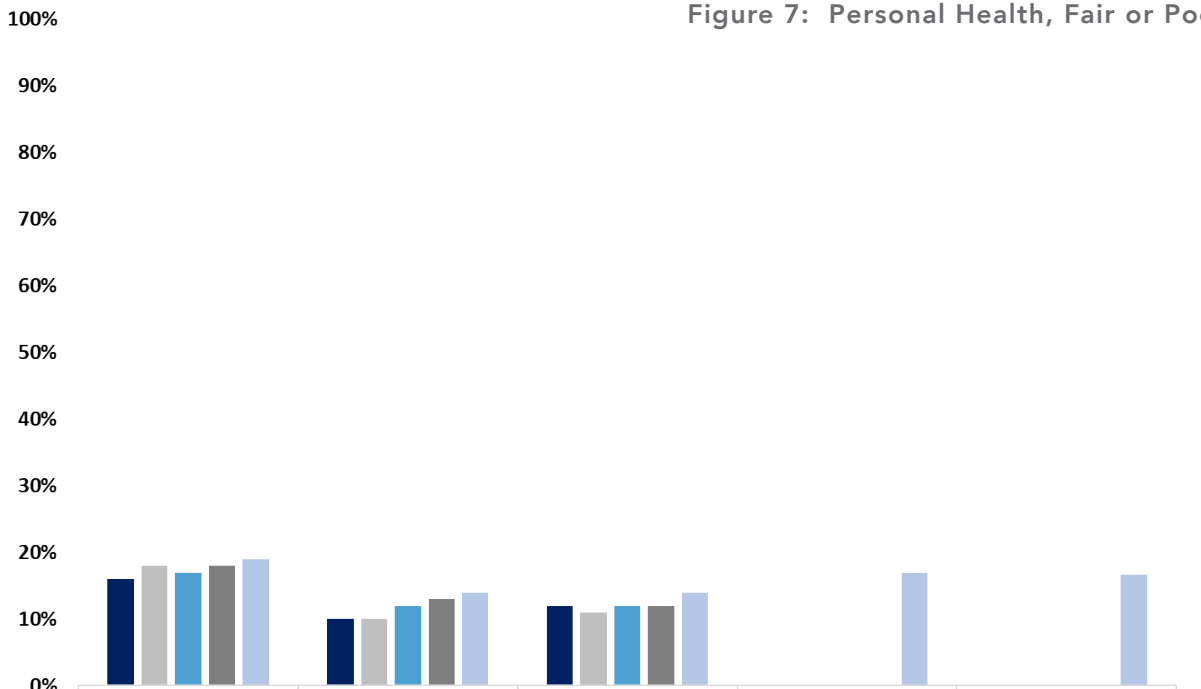
VISION FOR A **HEALTHY COMMUNITY**

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 everyone has access to quality, affordable healthcare. A healthy Pottstown would offer all residents access to a full continuum of physical and mental health services. Services and providers would represent the diveristy of the residents. Residents would have access to family sustaining wages and safe affordable housing. Individuals would have access to affordable healthy food, recreation and services to ensure they are living a healthy vibrant life.

OVERALL HEALTH STATUS

Figure 7 illustrates the percentage of adults in Berks, Chester and Montgomery counties who report their health as fair or poor. In Chester County, the percentage of residents who reported their health as fair or poor in 2011-2013 and 2012-2014 was significantly lower when compared to the state (17.0%) and nation (16.7%); however, it has been increasing since that time. Childhood is an important period in a young persons life. 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 Montgomery County 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



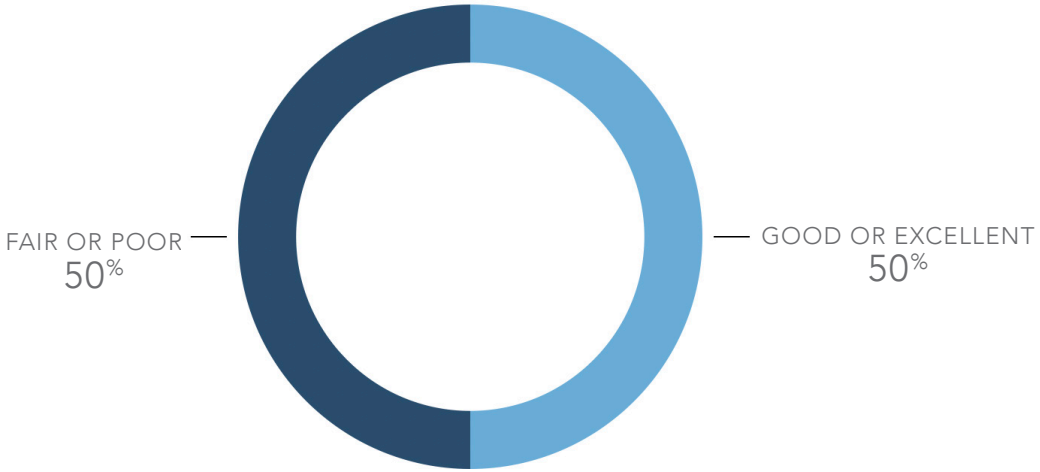
	Berks, Schuylkill Counties	Chester County	Montgomery County	Pennsylvania	United States (2016)
2011-2013	16.0%	10.0%	12.0%		
2012-2014	18.0%	10.0%	11.0%		
2013-2015	17.0%	12.0%	12.0%		
2014-2016	18.0%	13.0%	12.0%		
2015-2017	19.0%	14.0%	14.0%	17.0%	16.7%

WHAT THE COMMUNITY IS SAYING

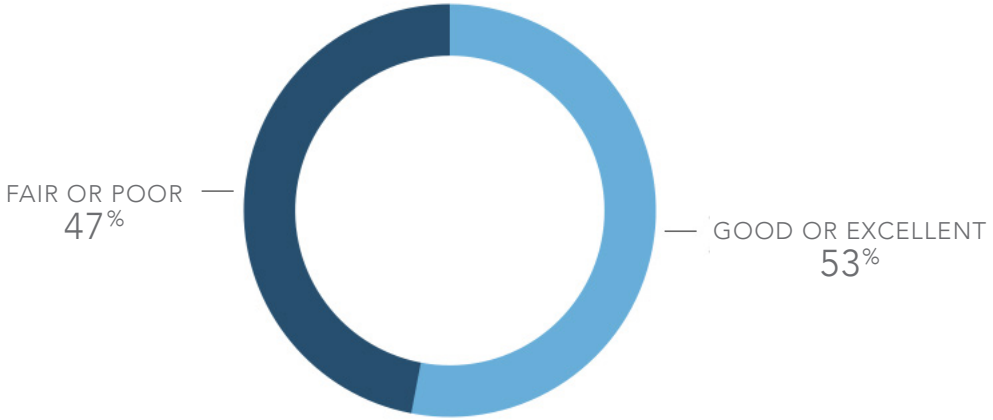
Half of focus group participants rated the overall health of the Pottstown Hospital community as fair or poor, which was slightly higher than the health status of the Tower Health overall community (47%). **Figure 8**, below, illustrates the overall health status of the community.

Figure 8: Overall, Health Status

POTTSTOWN HOSPITAL | FOCUS GROUPS



TOWER HEALTH | FOCUS GROUPS



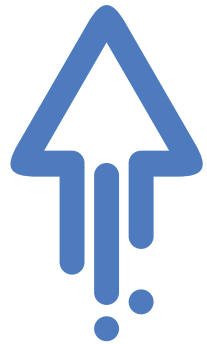
Source: Tower Health and Pottstown Hospital Focus Groups, Strategy Solutions, Inc., 2018

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

HEALTH IS
WHERE WE LIVE

Figure 9 shows that the population in the Pottstown Hospital Primary Service Area is projected to increase by 2.5% over the next five years.

Figure 9: Demographic Snapshot: Population



POTTSTOWN HOSPITAL PRIMARY SERVICE AREA
Projected to increase from
141,130 in 2018
to
144,644 in 2023

Table 1 shows the maritial status for residents in the Pottstown Hospital Primary Service Area. A little over a quarter of the residents (27.7%) have never married, while 52.7% are currently married, 10.4% are divorced, 6.3% are widowed and 2.9% are separated.

Table 1: Demographic Snapshot: Maritial Status

Marital Status	Pottstown Hospital Primary Service Area
Married	52.7%
Separated	2.9%
Divorced	10.4%
Widowed	6.3%
Never Married	27.7%

HOW GENDER IMPACTS HEALTH

Table 2 shows the population breakdown by gender in the service area. There are slightly more females (51.0%) in the Pottstown Hospital Primary Service Area than males (49.0%).

Table 2: Demographic Snapshot: Gender

Gender	Pottstown Primary Service Area
Male	49.0%
Female	51.0%

Source (Table 1 & 2, Figure 9): Claritas - Pop-Facts Premier 2018, Environics Analytics

Table 3 shows the significant differences by gender from the Pottstown 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

IMPACTS OF GENDER OF ACCESS TO HEALTHCARE			
	Male	Female	Overall
Have a routine place where people go for healthcare/advice about health	77.2%	89.8%	83.6%
Lack of transportation made it difficult or prevented 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 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 had a heart attack, be told that they have pre-diabetes or borderline diabetes or be 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

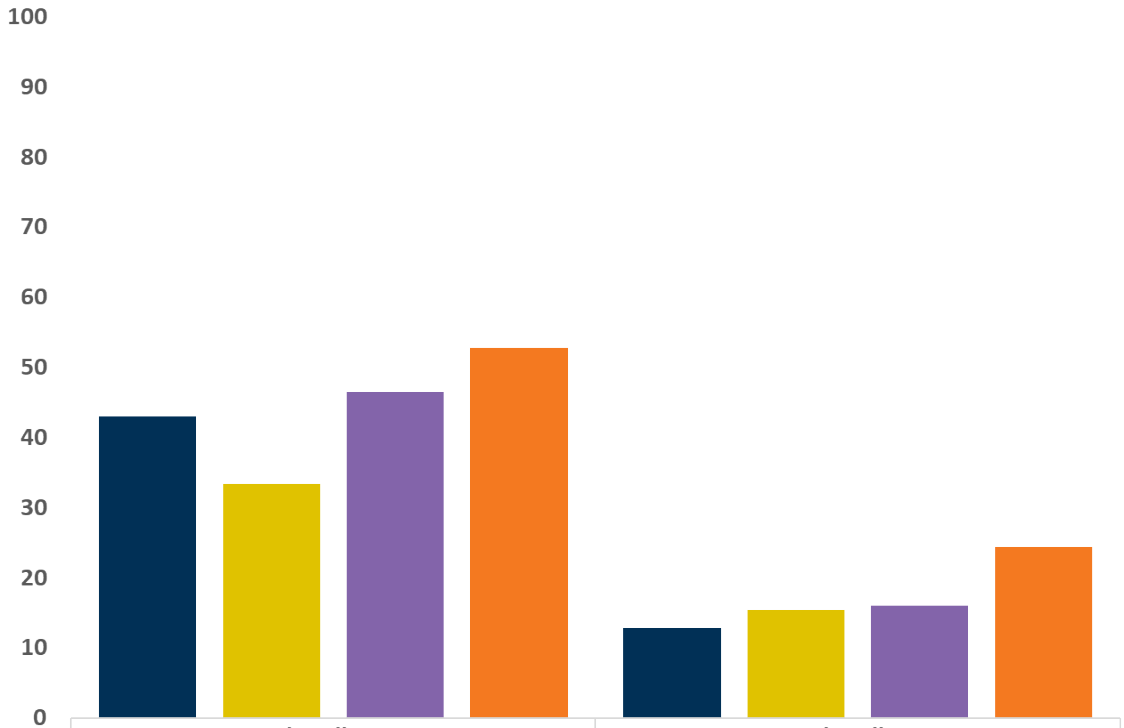
IMPACTS OF GENDER ON CHRONIC CONDITIONS			
	Male	**Female**	**Overall**
Suffer from or diagnosed with osteoporosis	4.2%	10.0%	7.2%
Ever told had a heart attack	6.7%	1.1%	3.8%
Ever told have pre-diabetes or borderline diabetes	9.9%	3.9%	6.8%
Ever told have high cholesterol	45.9%	33.1%	39.4%

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

IMPACTS OF GENDER ON BEHAVIORAL HEALTH

Figure 10 shows the signficant differences by gender for residents in Berks, Chester and Montgomery counties compared to the state for drug-induced mortality. The rate for both males and females in Berks and Chester counties are significantly lower when compared to the state, as is the rate for females in Montgomery County.

Figure 10: Drug-Induced Mortality

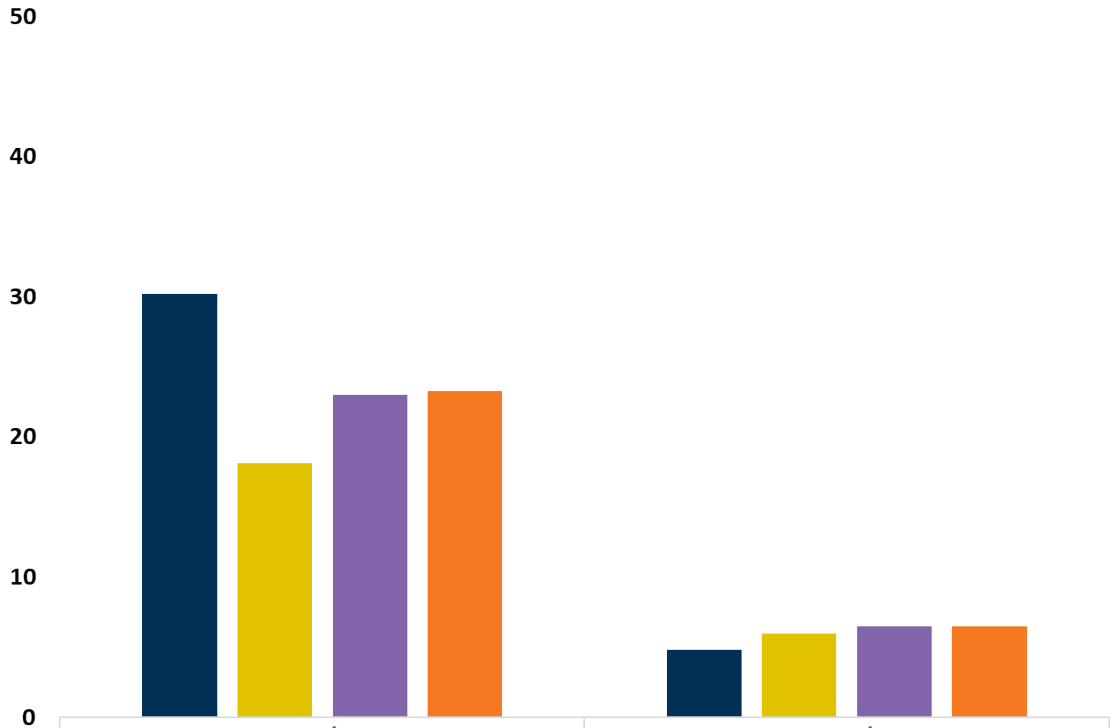


	Male, All Races	Female, All Races
Berks	43.0	12.8
Chester	33.3	15.3
Montgomery	46.4	16.0
Pennsylvania	52.7	24.3

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

Figure 11 illustrates the suicide mortality rate by gender for Berks, Chester, and Montgomery counties compared to the state. Although not significant, the suicide mortality rate for males in Berks County (30.2) is higher when compared to the state (23.3), while Chester County (18.1) is lower than the state for males. The suicide mortality rate in Montgomery County is comprable to the state for both males and females. The suicide mortality rate for females is lower in Berks County when compared to the other counties as well as the state. The rate for females in Chester and Montgomery counties is comparable to the state. All of the county male rates are much higher than the female rates.

Figure 11: Suicide Mortality

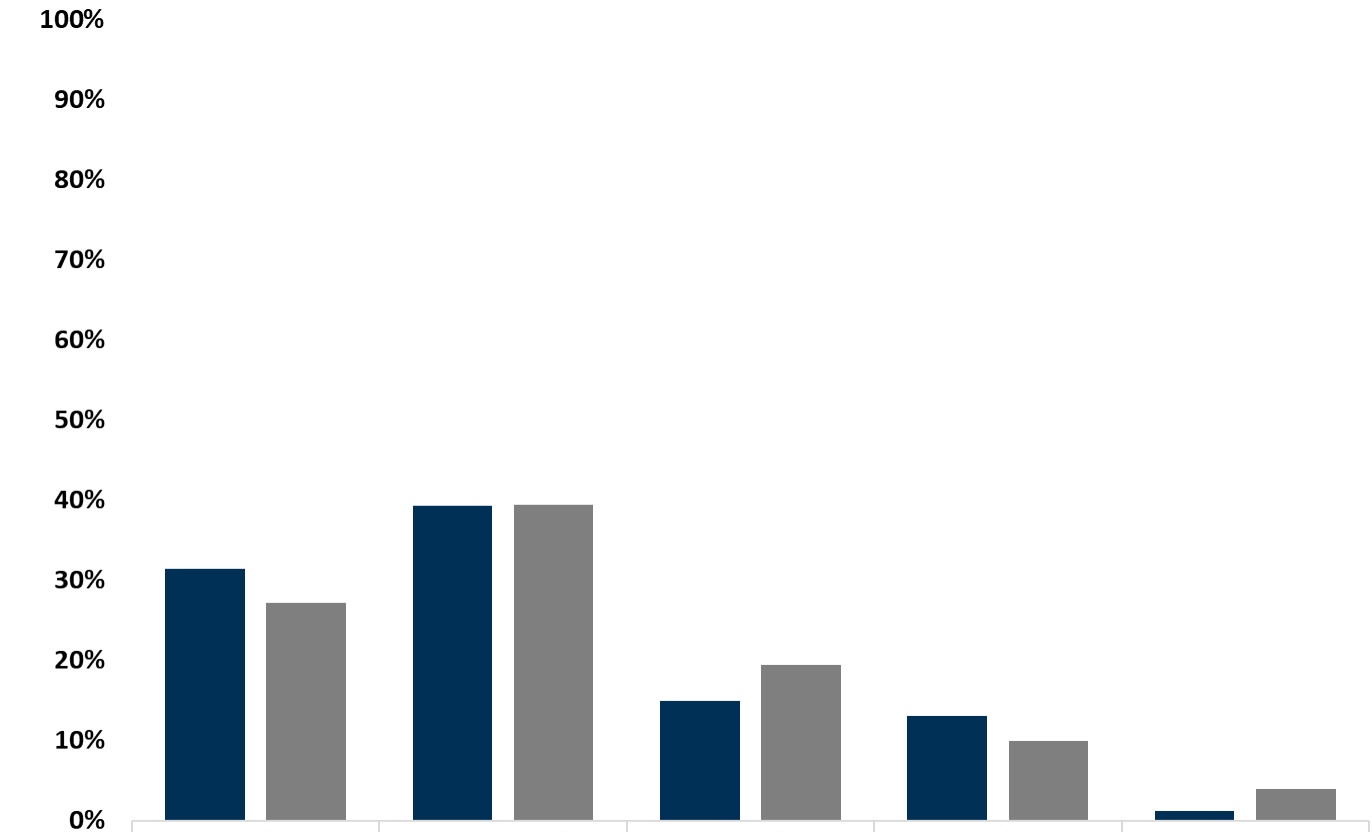


	Male	Female
Berks	30.2	4.8
Chester	18.1	6.0
Montgomery	23.0	6.5
Pennsylvania	23.3	6.5

Source: Department of Health Informatics, Pennsylvania Department of Health for Berks, 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



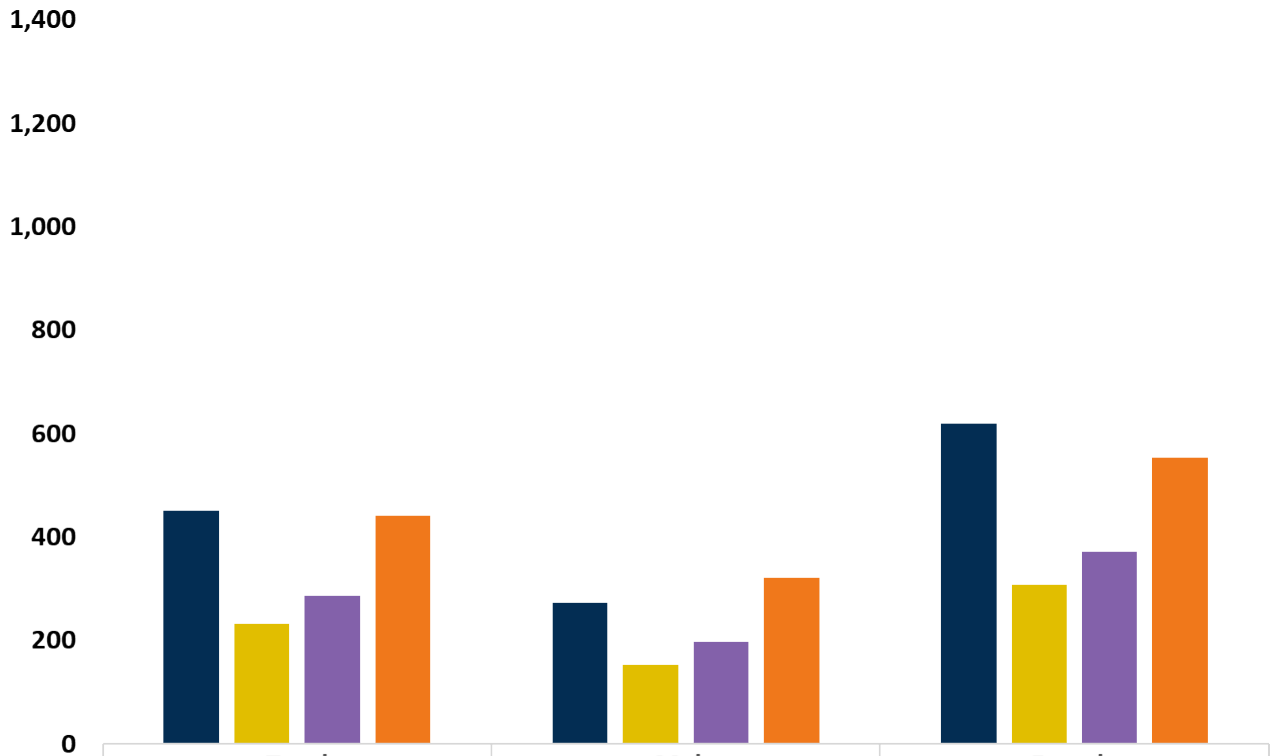
	Excellent	Very Good	Good	Fair	Poor
Male	31.5%	39.3%	14.9%	13.1%	1.2%
Female	27.2%	39.4%	19.4%	10.0%	3.9%

Source: 2018 Pottstown Hospital Community Survey, Professional Research Consultants

IMPACTS OF GENDER ON INFECTIOUS DISEASE

Figure 13 illustrates the significant differences by gender in Berks, Chester and Montgomery counties when compared to the state for Chlamydia. Females in Berks County (618.8) had a significantly higher Chlamydia rate when compared to females in Pennsylvania (554.0). The Chlamydia rate for males in Berks (273.2), Chester (152.1) and Montgomery (197.8) counties were all significantly lower when compared to the state (321.8). The rates for females in Chester (307.8) and Montgomery (370.7) counties were also significantly lower than the state rate.

Figure 13: Chlamydia Rate Per 100,000



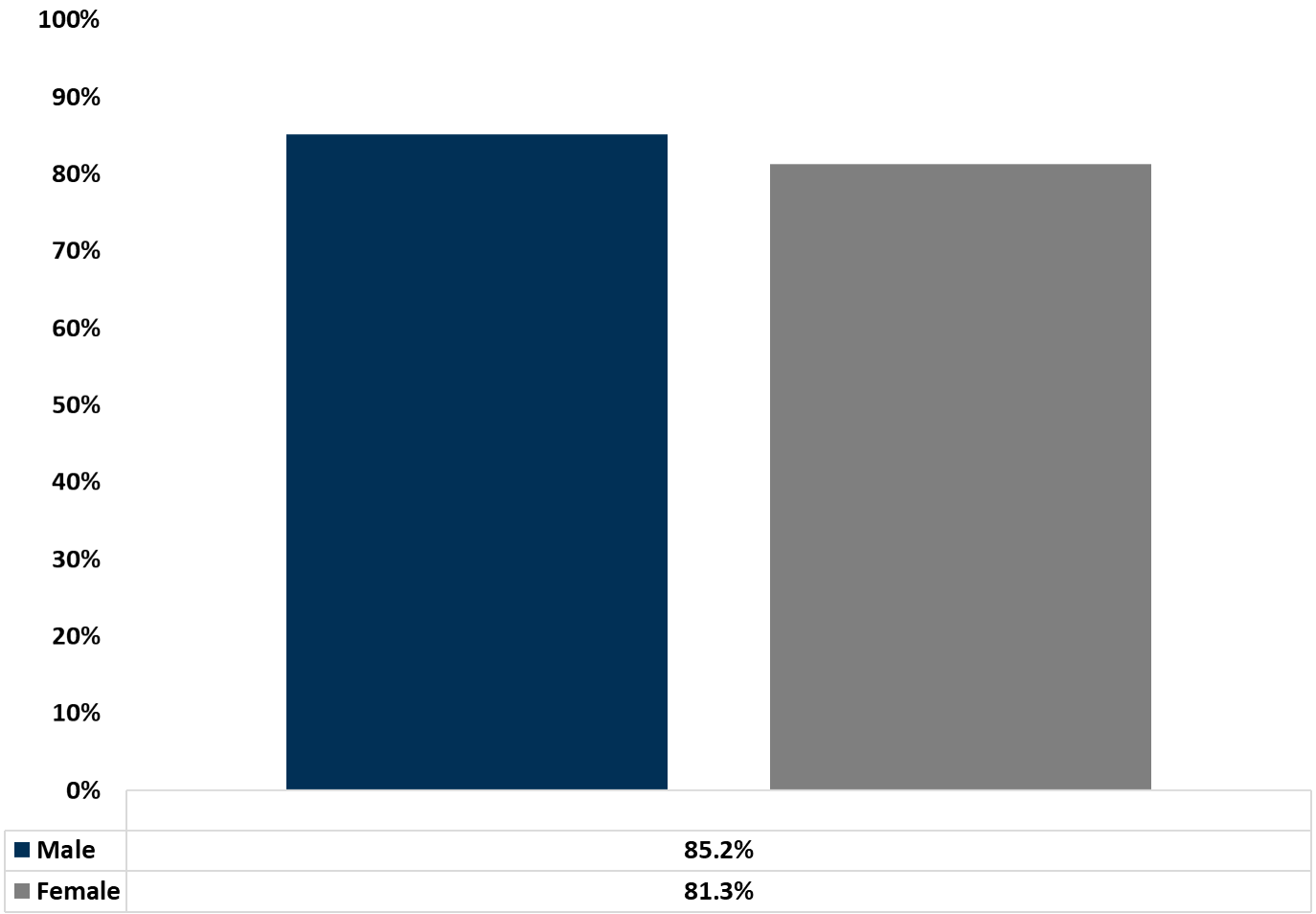
	Total	Male	Female
Berks	451.1	273.2	618.8
Chester	231.7	152.1	307.8
Montgomery	286.7	197.8	370.7
PA	440.8	321.8	554.0

Source: Department of Health Informatics, Pennsylvania Department of Health for Berks, 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 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 Physical Activity, Past Month



Source: 2018 Pottstown Hospital Community Survey, Professional Research Consultants

HOW AGE IMPACTS HEALTH

Table 5 shows the population breakdown by age in Pottstown Hospital's Primary Service Area. The median age is 40.8 and is projected to age slightly (41.7 in 2023).

Table 5: Demographic Snapshot: Age

Age	Pottstown Hospital Primary Service Area
Median Age	40.8
0 – 17 years	23.4%
18 – 34 years	19.3%
35 – 54 years	28.0%
55 – 64 years	13.9%
> 65 years	15.5%

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

IMPACTS OF AGE ON ACCESS TO CARE

Table 6 shows the significant differences by age for Pottstown Hospital community survey respondents for indicators related to access. 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.

Older respondents age 65 and over were significantly more likely to rate their health status as fair or poor, have had a routine check up in the past year and have had an eye exam.

Middle age (40 to 64) respondents were significantly more likely to have dental insurance and have difficulty getting an apppointment with a doctor.

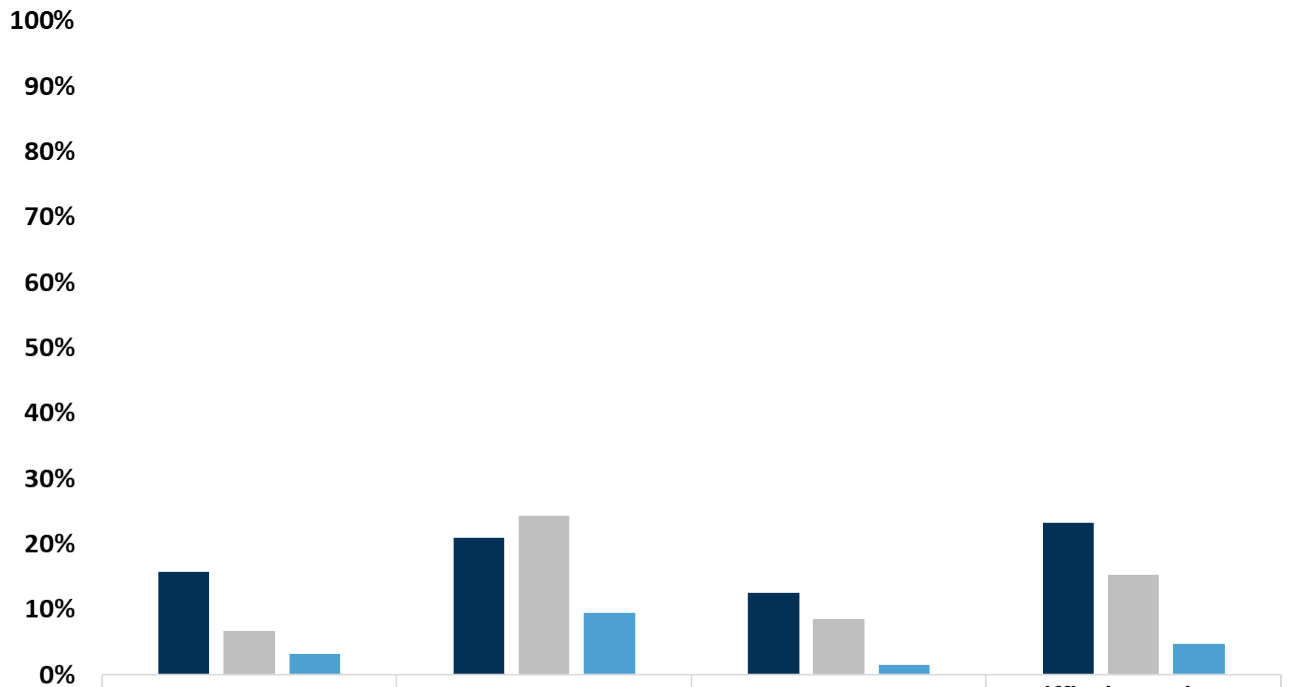
Table 6: Access to Care

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: Pottstown 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 repondents 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



	Needed medical care but had difficulty finding a doctor	Difficulty getting an appointment with doctor	Could not see a doctor due to cost	Difficulty seeing a doctor because office hours were not convenient
18 to 39	15.8%	21.0%	12.6%	23.3%
40 to 64	6.8%	24.4%	8.6%	15.3%
65 and Over	3.2%	9.5%	1.6%	4.8%

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

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%
Considered obese	52.5%	65.6%	70.5%	61.9%

Source: Pottstown 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%).

Table 8: How Age Impacts Health: Food and Nutrition

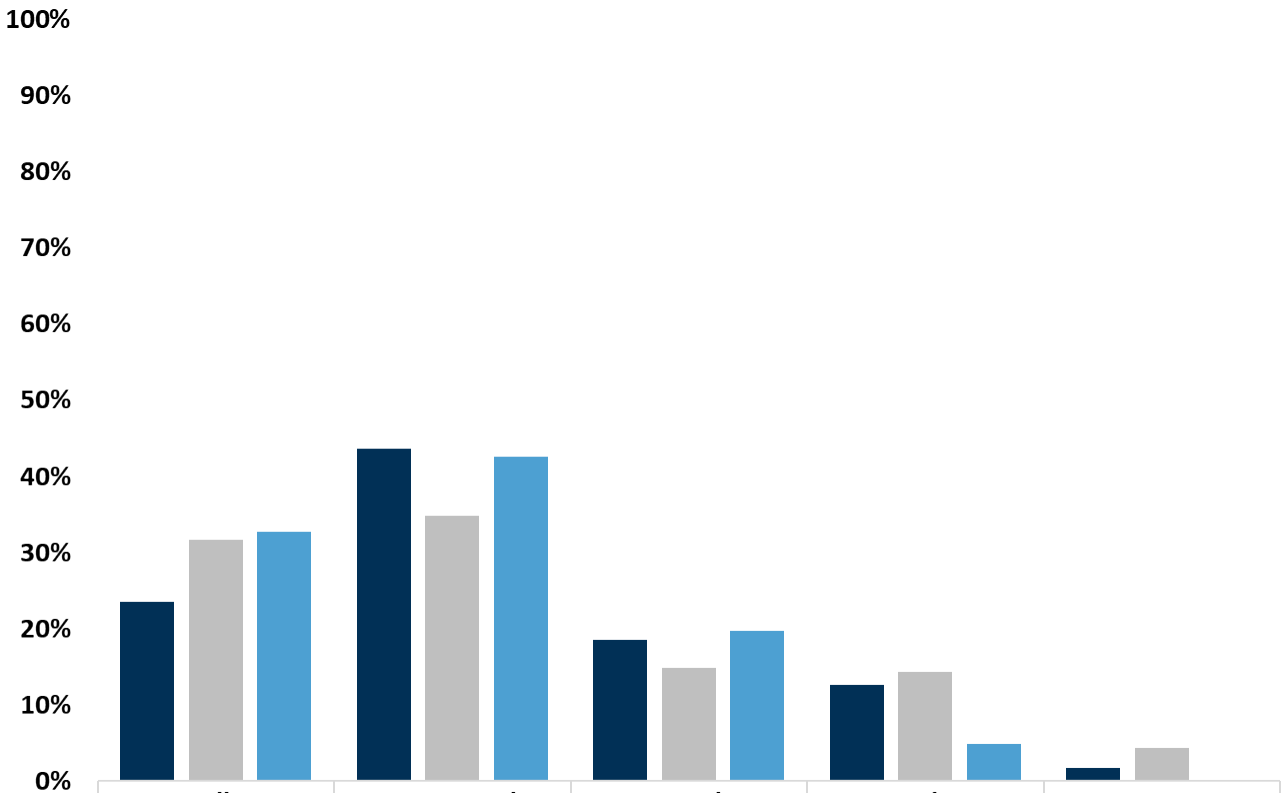
IMPACTS OF AGE ON FOOD AND NUTRITION				
	18 to 39	40 to 64	65 and Over	Overall
Worried food would run out before had money to buy more	20.8%	10.6%	6.5%	13.5%
Food purchased did not last and did not have money to buy more	20.8%	7.5%	6.2%	11.9%
Difficulty buying fresh fruits and vegetables at a price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

Source: Pottstown 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 (18.6%) were significantly more likely to rate their health as fair or poor when compared to older respondents.

Figure 16: Personal Mental Health Rating

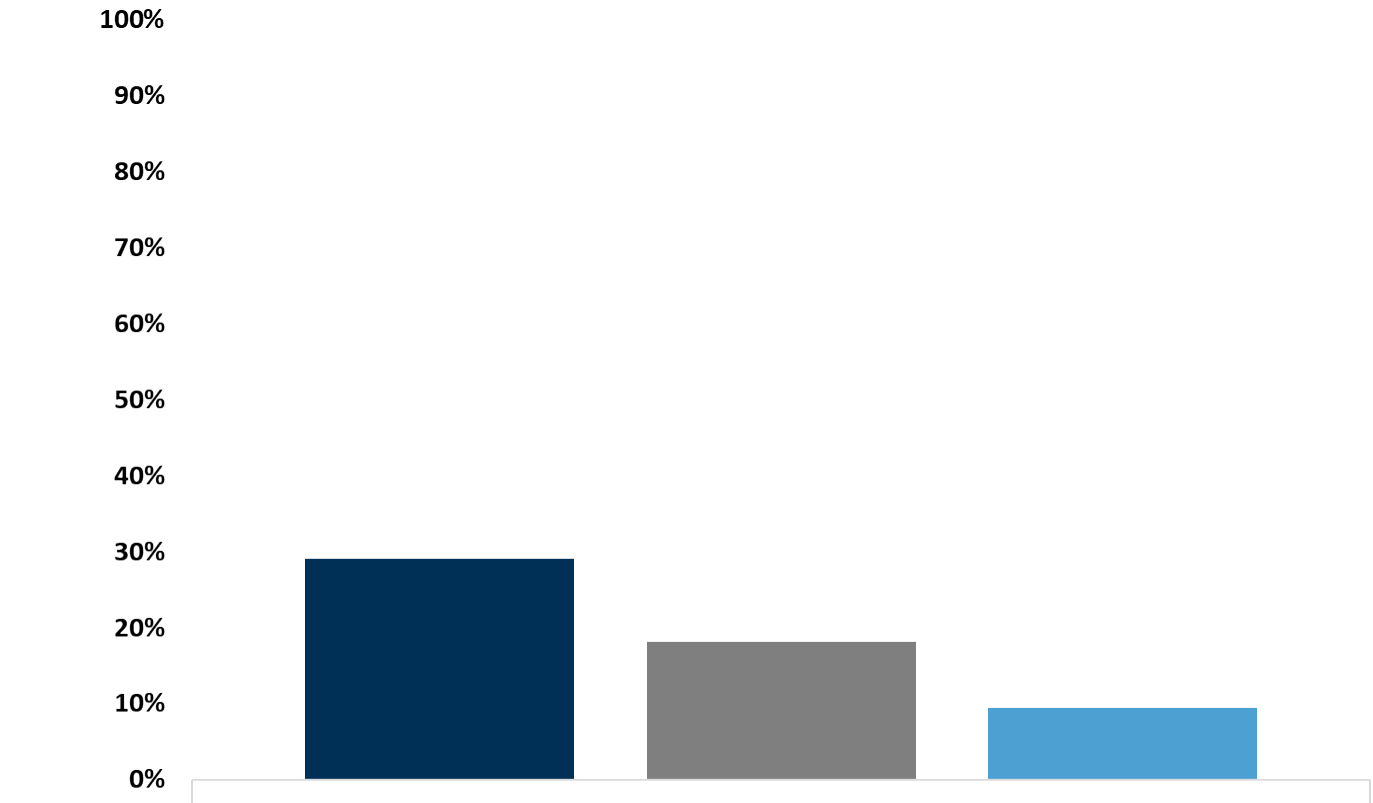


	Excellent	Very Good	Good	Fair	Poor
18 to 39	23.5%	43.7%	18.5%	12.6%	1.7%
40 to 64	31.7%	34.8%	14.9%	14.3%	4.3%
65 and over	32.8%	42.6%	19.7%	4.9%	0.0%

Source: Pottstown 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



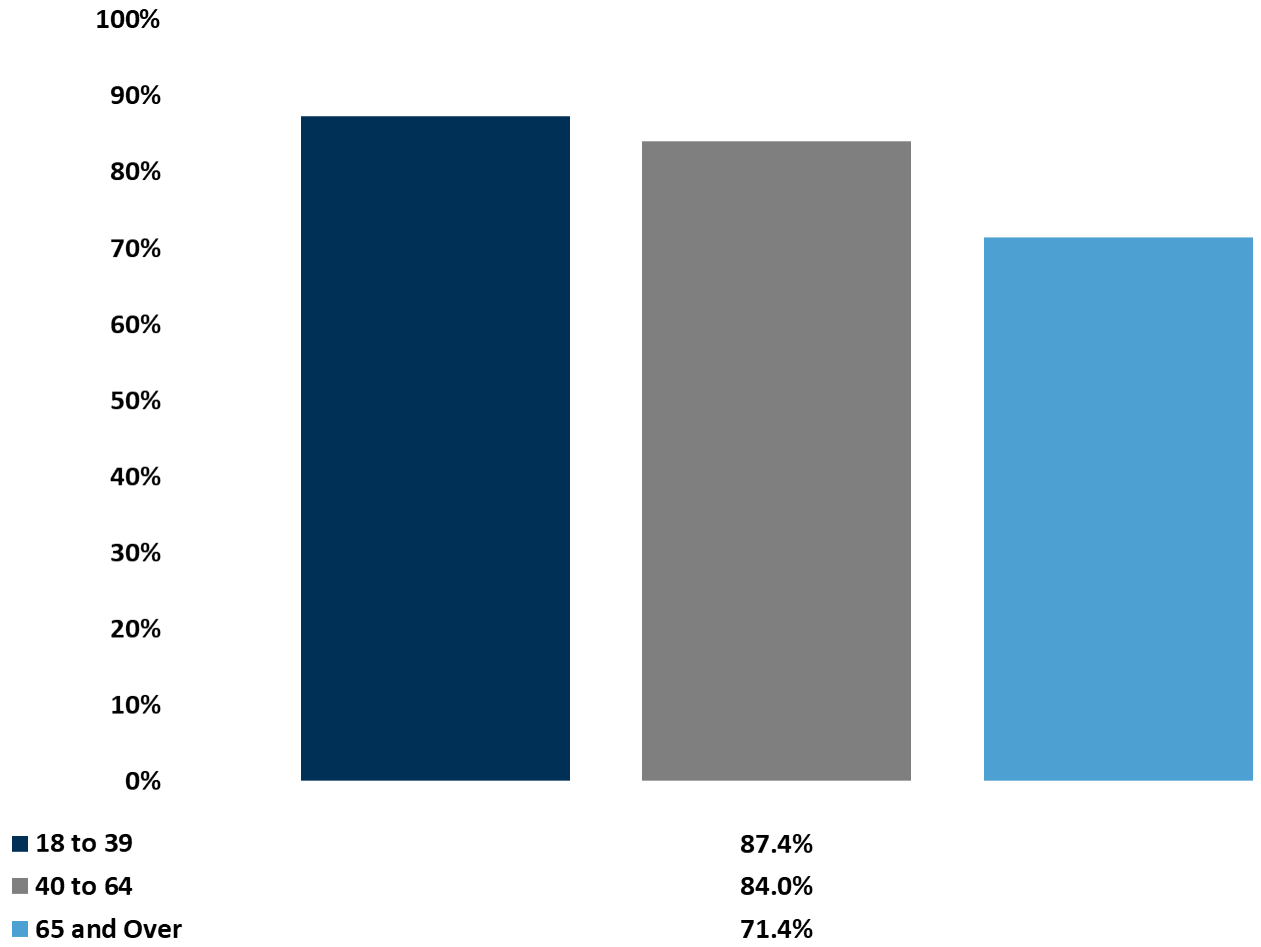
18 to 39	29.1%
40 to 64	18.1%
65 and Over	9.5%

Source: Pottstown 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

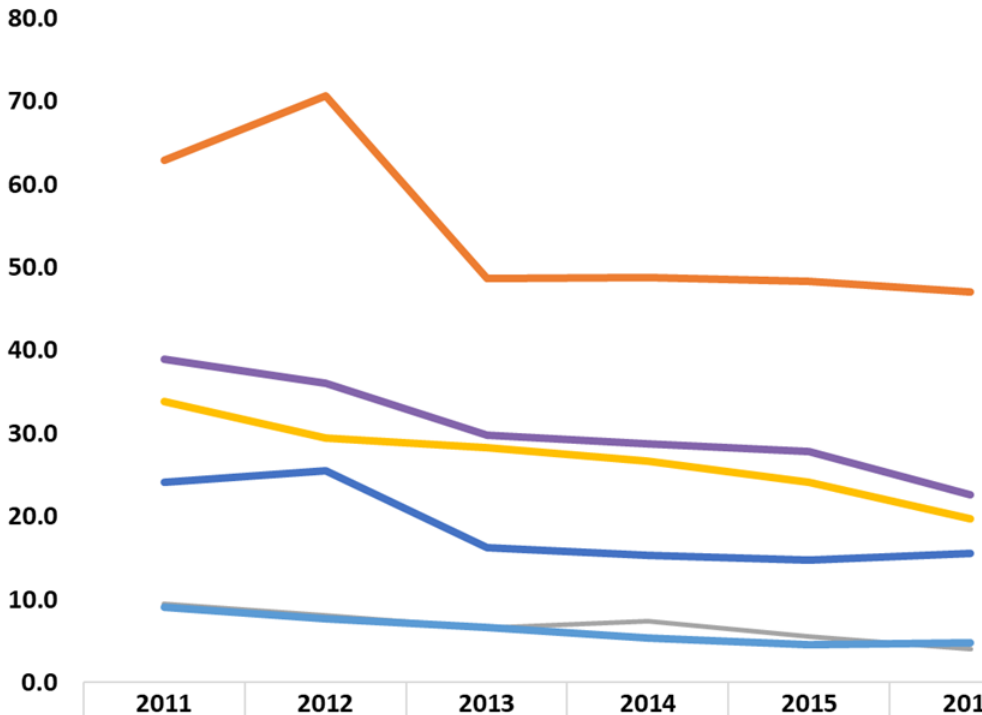


Source: Pottstown Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF AGE ON MATERNAL AND CHILD HEALTH

Figure 19 illustrates the teen pregnancy rate per 1,000 in Berks, Chester and Montgomery counties between 2011 and 2016. While decreasing in all counties for teens both Ages 15-17 and Ages 18-19, the rates are still significantly higher than the state rate in Berks County. The rates in Chester and Montgomery counties are both significantly lower than the state rates.

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

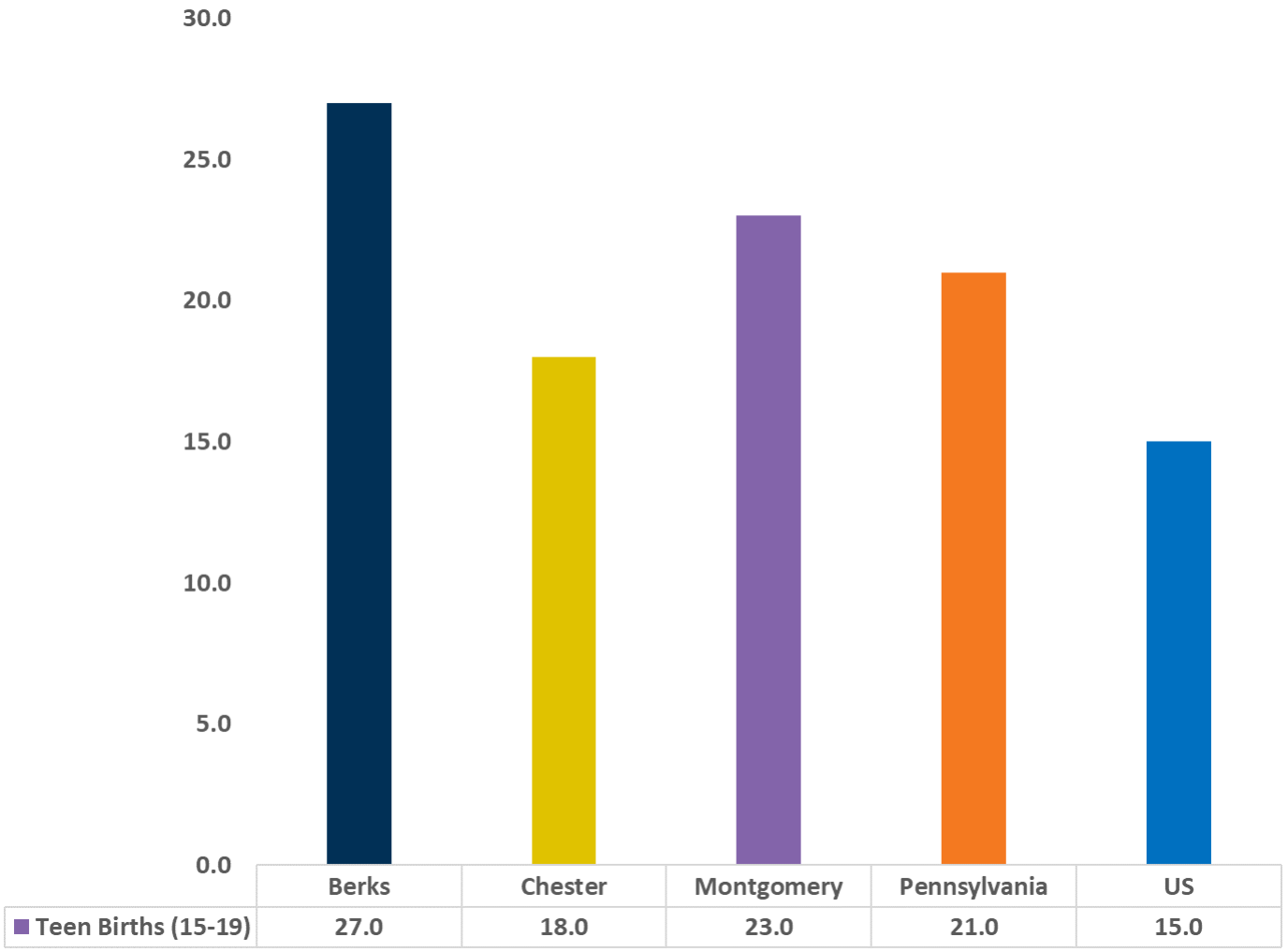


	2011	2012	2013	2014	2015	2016
Berks Ages 15-17	24.1	25.5	16.3	15.3	14.7	15.6
Berks Ages 18-19	62.9	70.7	48.7	48.8	48.3	47.0
Chester Ages 15-17	9.5	8.1	6.6	7.4	5.5	4.1
Chester Ages 18-19	33.9	29.4	28.3	26.7	24.1	19.7
Montgomery Ages 15-17	9.1	7.7	6.7	5.4	4.6	4.8
Montgomery Ages 18-19	38.9	36.1	29.8	28.8	27.8	22.6

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

Figure 20 below outlines the teen birth rate per 1,000 births for ages 15-19. The rate in Berks (27.0) and Montgomery (23.0) counties are higher than both the state (21.0) and the U.S. (15.0), while Chester County (18.0) is lower than the state.

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



	Berks	Chester	Montgomery	Pennsylvania	US
Teen Births (15-19)	27.0	18.0	23.0	21.0	15.0

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

HOW BEING A CHILD IMPACTS HEALTH

Childhood is an important period in a young persons 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 Pottstown Hospital Primary Service Area. In 2018, about one in five children (19.9%) in Berks County are living in poverty, which has decreased from 22.0% in 2014. The rate of children living in poverty in Chester County has decreased to 7.5%, while Montgomery County has fluctuated in recent years and was 7.8% in 2018. The percentage of youth living in single parent homes has remained relatively stable over the last five years, in Berks County with a slight increase observed between 2017 (35.6%) and 2018 (36.7%). The rate of children in single parent homes in Chester County is roughly half the rate of Berks (19.3%). Montgomery County is slightly higher at 20.8%.

The percentage of students graduating high school in Berks County in 2018 (83.9%) decreased from 2014 (84.7%), although not consistently. Disconnected youth (individuals age 16-19 who are neither working nor in school) remained steady at 12.3% in Berks County for 2017 and 2018, while Chester County has remained steady at 7.5% and Montgomery County has remained steady at 9.8%.

[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**				
Berks County	**2014**	**2015**	**2016**	**2017**	**2018**
High school graduation rates	84.7%	83.5%	84.6%	83.9%	83.9%
Children living in poverty	22.0%	21.2%	21.4%	19.9%	19.9%
Children living in single parent homes	35.7%	35.4%	35.6%	35.6%	36.7%
Disconnected youth	**	**	**	12.3%	12.3%
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 Berks, Chester and Montgomery counties, 2018

**New indicator and unavailable for prior years

Table 10 outlines the Pennsylvania Youth Survey Data for the Pottstown Hospital Primary Service Area. Youth in Berks County are slightly more likely to have used alcohol, marijuana and prescription narcotics in their lifetimes than youth in Chester and Montgomery counties and the state. While the percentages of students who report using a substance has fluctuated over the years data has been reported, overall usage has declined when looking at 2013 to 2017, with the exception of vaping nicotine, marijuana or hash oil and other substances (which has increased over the two years data is available).

Table 10: Youth Survey Data, 2017

PENNSYLVANIA YOUTH SURVEY DATA, 2017													
PAYS Data	**Berks County**			**Trend**	**Chester County**			**Trend**	**Montgomery County**			**Trend**	**PA**
Mental Health and Substance Abuse	**2013**	**2015**	**2017**	**+/-**	**2013**	**2015**	**2017**	**+/-**	**2013**	**2015**	**2017**	**+/-**	**2017**
Alcohol lifetime use	48.9%	47.0%	44.5%	-	41.8%	41.2%	41.4%	+	45.6%	42.1%	40.8%	-	43.3%
Marijuana lifetime use	20.8%	19.3%	19.2%	-	16.4%	16.0%	16.0%	-	19.0%	17.3%	17.1%	-	17.7%
% drove after drinking	2.6%	2.1%	2.0%	-	2.6%	1.5%	1.6%	+	2.2%	1.5%	1.4%	-	2.2%
% drove after marijuana use	3.8%	3.7%	2.6%	-	4.4%	3.4%	3.6%	+	4.0%	3.6%	3.6%	-	3.5%
Prescription narcotics lifetime use	8.0%	6.5%	5.3%	-	5.1%	4.3%	3.7%	-	5.5%	4.7%	3.9%	-	5.1%
Vaping/E-Cigarettes (30-day use)	ND	16.6%	14.6%	-	ND	12.3%	16.2%	+	ND	13.0%	15.7	-	16.3%
Vaping – just flavoring (past year)	ND	68.9%	66.5%	-	ND	69.4%	60.2%	-	ND	71.7%	64.8%	-	67.3%
Vaping – nicotine (past year)	ND	15.2%	17.9%	+	ND	21.1%	41.7%	+	ND	18.1%	31.6%	+	29.4%
Vaping – marijuana or hash oil (past year)	ND	8.9%	11.5%	+	ND	13.7%	18.5%	+	ND	12.3%	20.0%	-	12.6%
Vaping – other substance (past year)	ND	1.0%	1.7%	+	ND	1.7%	1.4%	-	ND	1.3%	1.4%	+	1.3%

Source: Pennsylvania Youth Survey for Montgomery and Philadelphia counties, 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 42.9% of the respondents. Young adults (14.2%) and children/youth (10.7%) were also identified as underserved populations.

HOW RACE IMPACTS HEALTH

Table 11 shows the demographic breakdown of residents in the Pottstown Hospital Primary Service Area. While the highest percentage of residents in the service area are Caucasian (86.6%), 7.4% are African American/Black and 3.8% are Hispanic/Latino. A small percentage (2.3%) are Asian.

Table 11: Demographic Snapshot: Race/Ethnicity

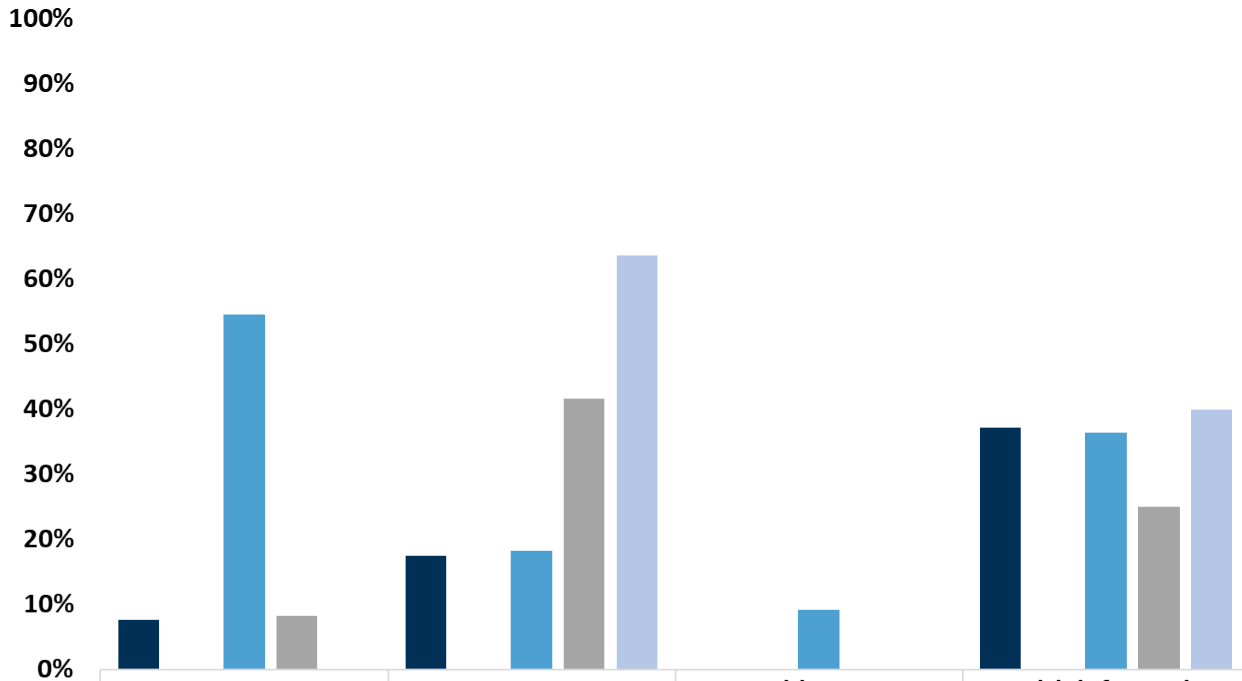
Race/Ethnicity	Pottstown Hospital Primary Service Area
Caucasian	86.6%
Hispanic/Latino	3.8%
African American/Black	7.4%
Asian	2.3%

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



	Needed medical care but had difficulty finding a doctor	Difficulty getting an appointment with doctor	Not able to see a doctor due to language or cultural barriers	Health information always spoken in a way easy to understand
Caucasian	7.7%	17.4%	0.0%	37.1%
African American	0.0%	0.0%	0.0%	0.0%
Hispanic	54.5%	18.2%	9.1%	36.4%
Asian	8.3%	41.7%	0.0%	25.0%
Other	0.0%	63.6%	0.0%	40.0%

Source: Pottstown 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. Berks County White residents (245.2) have a significantly higher cardiovascular disease mortality rate compared to the state rate (218.2), while Black residents (224.6) have a significantly lower rate for the same indicator compared to the state (299.9). White residents of Berks County (178.5) have a significantly lower rate of heart disease mortality when compared with the state (170.3). White residents of Chester and Montgomery counties have significantly higher rates of breast cancer than the state, while both counties also have rates that are lower than the state for lung cancer, cardiovascular disease, diabetes mortality and heart disease mortality in the White population. Montgomery also has significantly lower rates for lung/bronchus cancer, cardiovascular disease mortality and heart disease mortality among Blacks.

Table 12: Race/Ethnicity Impact Health: Chronic Disease

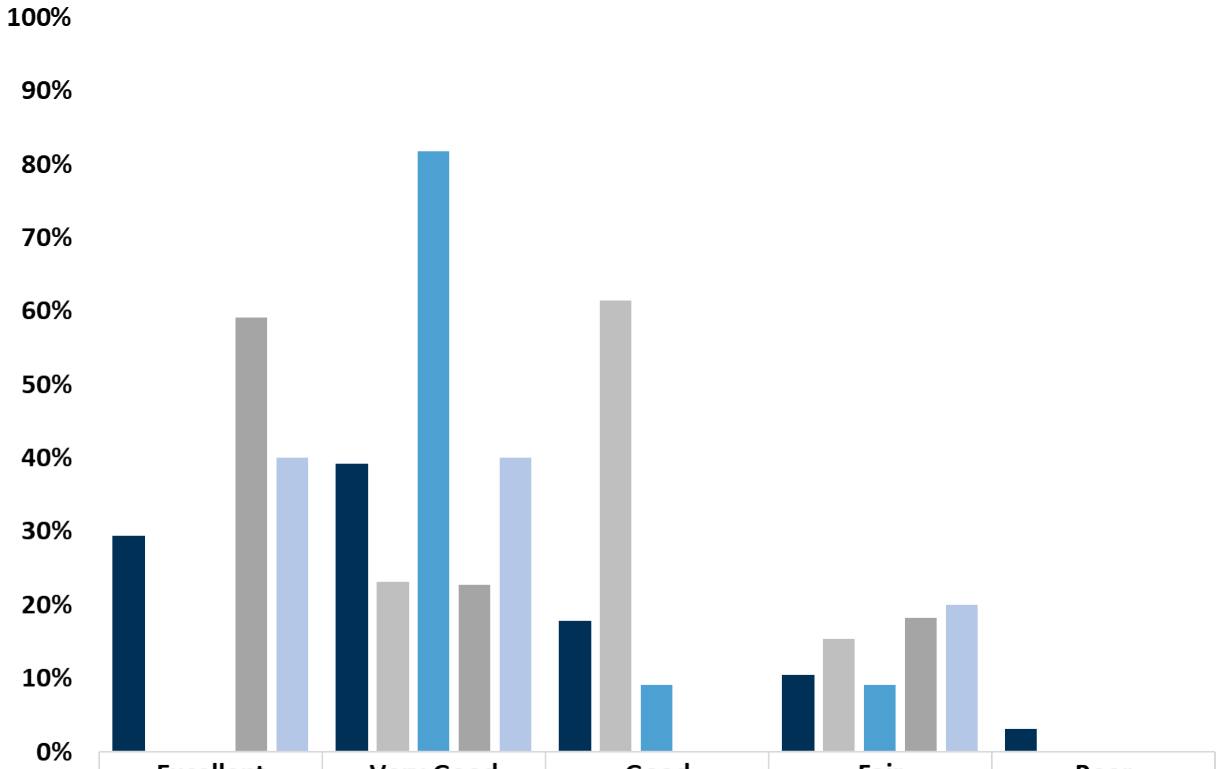
CHRONIC DISEASES BY RACE/ETHNICITY, PER 100,000				
Indicator	Berks	Chester	Montgomery	Pennsylvania
Breast cancer mortality, White	120.1	150.6	145.3	132.4
Breast cancer mortality, Hispanic	93.4	ND	ND	69.0
Breast cancer mortality, Black	ND	60.1	67.3	74.1
Lung/bronchus cancer mortality, White	66.3	54.4	53.7	62.7
Lung/bronchus cancer mortality, Black	ND	73.9	44.8	71.2
Lung/bronchus cancer mortality, Hispanic	ND	ND	ND	23.6
Cardiovascular disease mortality, White	245.2	178.2	198.1	218.2
Cardiovascular disease mortality, Black	224.6	304.6	251.1	299.9
Cardiovascular disease mortality, Hispanic	170.0	110.8	168.0	148.9
Diabetes mortality, White	18.1	10.3	10.6	19.1
Diabetes mortality, Black	ND	44.6	ND	30.3
Diabetes mortality, Hispanic	ND	ND	ND	20.5
Heart disease mortality, White	178.5	138.3	145.2	170.3
Heart disease mortality, Black	187.5	226.5	175.7	229.4
Heart disease mortality, Hispanic	103.1	84.4	109.8	111.2

Source: Department of Health Informatics, Pennsylvania Department of Health for Berks County, 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. Hispanic (81.8%) were significantly more likely to rate thier mental health as very good compared to other respondents.

Figure 22: Personal Mental Health Rating

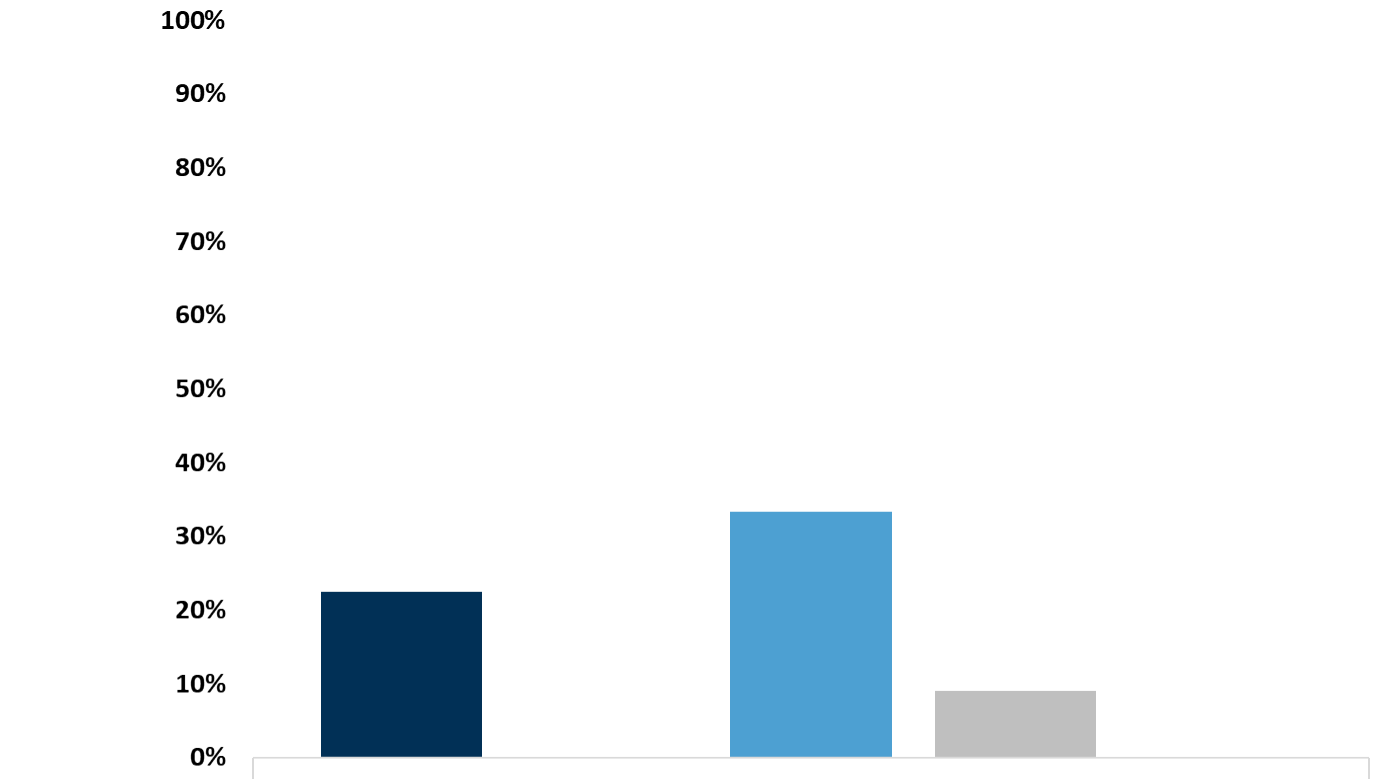


	Excellent	Very Good	Good	Fair	Poor
Caucasian	29.4%	39.2%	17.8%	10.5%	3.1%
African American	0.0%	23.1%	61.5%	15.4%	0.0%
Hispanic	0.0%	81.8%	9.1%	9.1%	0.0%
Asian	59.1%	22.7%	0.0%	18.2%	0.0%
Other	40.0%	40.0%	0.0%	20.0%	0.0%

Source: Pottstown 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



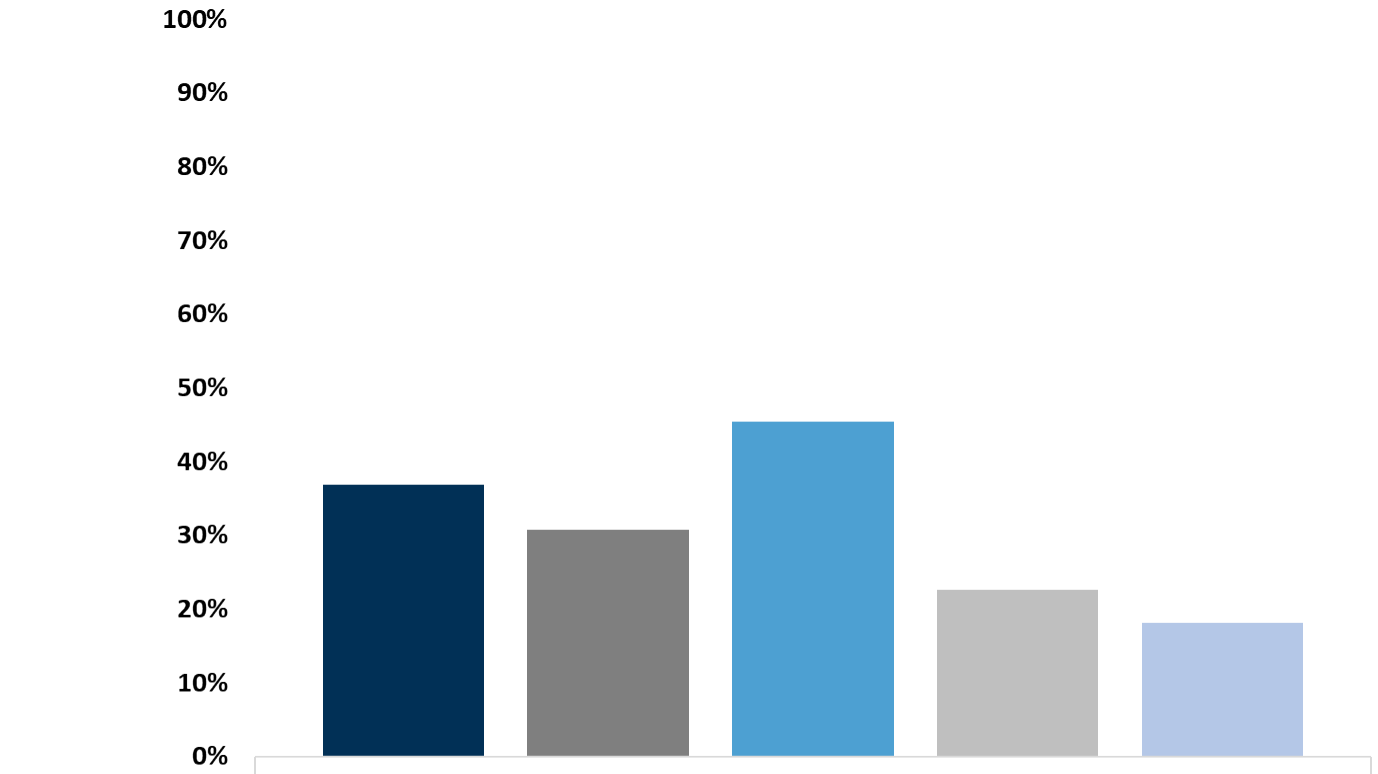
Caucasian	22.5%
African American	0.0%
Hispanic	33.3%
Asian	9.1%
Other	0.0%

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

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



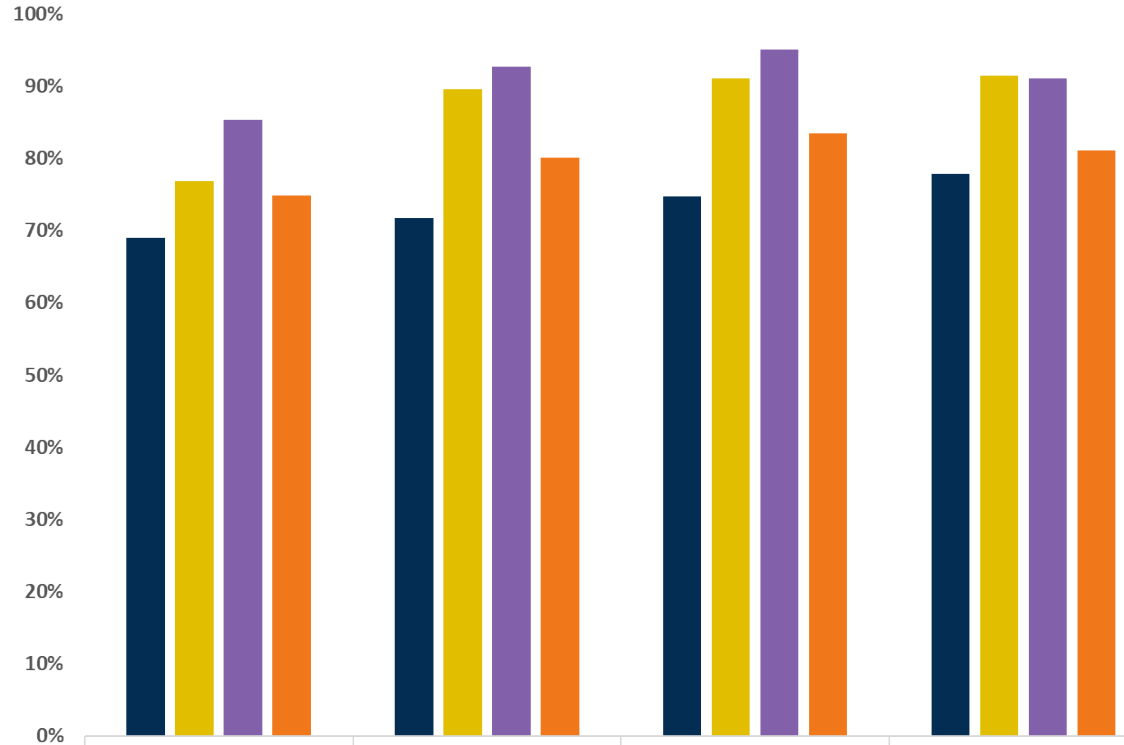
Caucasian	36.9%
African American	30.8%
Hispanic	45.5%
Asian	22.7%
Other	18.2%

Source: Pottstown 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. Compared to the state (74.8% black, 74.7% hispanic), a significantly smaller percentage of mothers who are black (69.0%) or Hispanic (71.7%) in Berks County report breastfeeding. When looking specifically at Hispanic women age 30-34 (74.7%), the percentage of mothers breastfeeding is also significantly lower when compared to the state (83.5%). Although not a racial disparity it is important to note that overall in Berks County the percentage of mothers who breastfeed (77.8%) is significantly lower when compared to the state (81.1%). 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

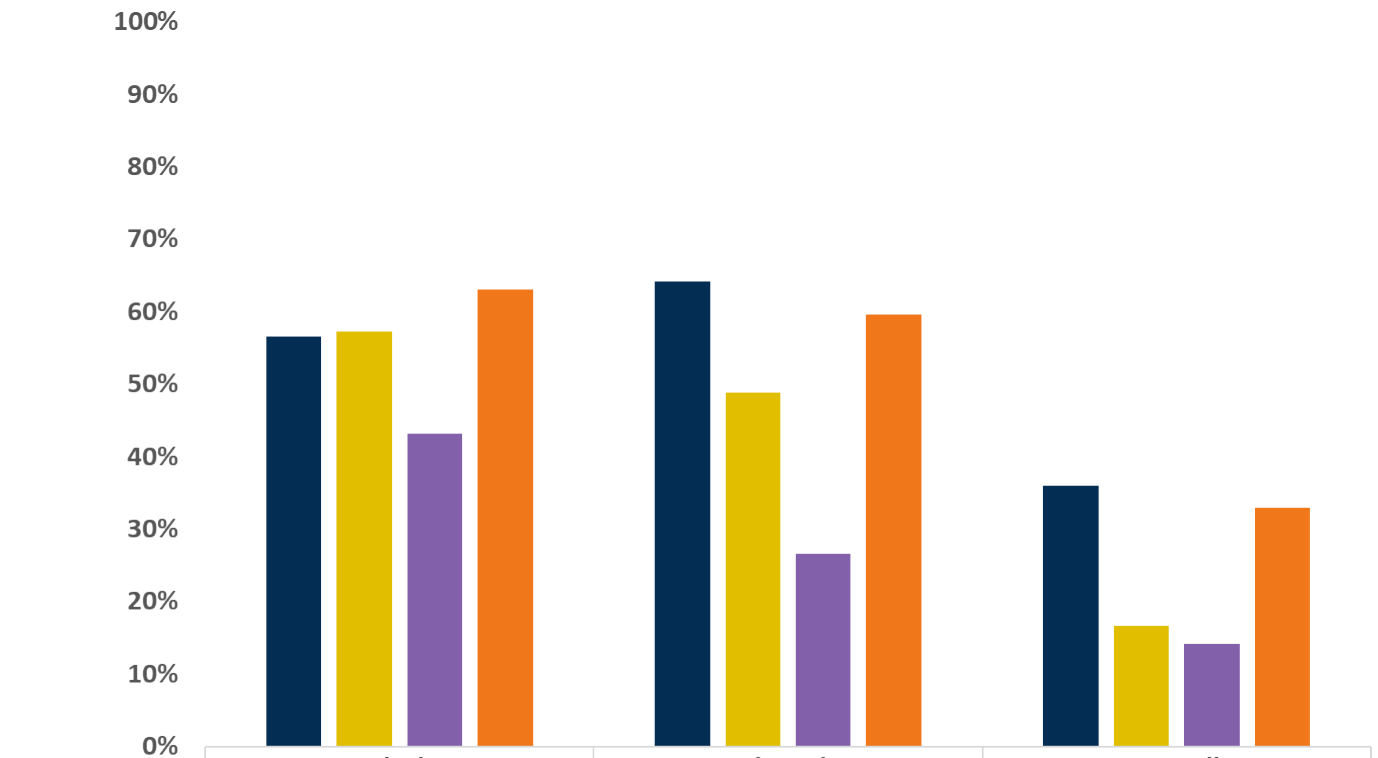


	Black	Hispanic	Hispanic, 30-34	Overall
Berks	69.0%	71.7%	74.7%	77.8%
Chester	76.8%	89.6%	91.1%	91.4%
Montgomery	85.3%	92.7%	95.0%	91.1%
Pennsylvania	74.8%	80.1%	83.5%	81.1%

Source: Department of Health Informatics, Pennsylvania Department of Health for Berks, 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 Berks (56.6%), Chester (57.2%) and Montgomery (43.2%) counties report using Medicaid Assistance when compared to the state (63.0%). The percentage for hispanic mothers in Berks County (64.2%) was significantly higher than the state (59.6%) while Chester (48.9%) and Montgomery (26.6%) counties were significantly lower. Overall, for Berks County a significantly higher percentage of mothers (36.0%) report Medicaid Assistance when compared to the state (32.9%) while Chester (16.7%) and Montgomery (14.2%) counties were significantly lower.

Figure 26: Mothers Reporting Medicaid Assistance



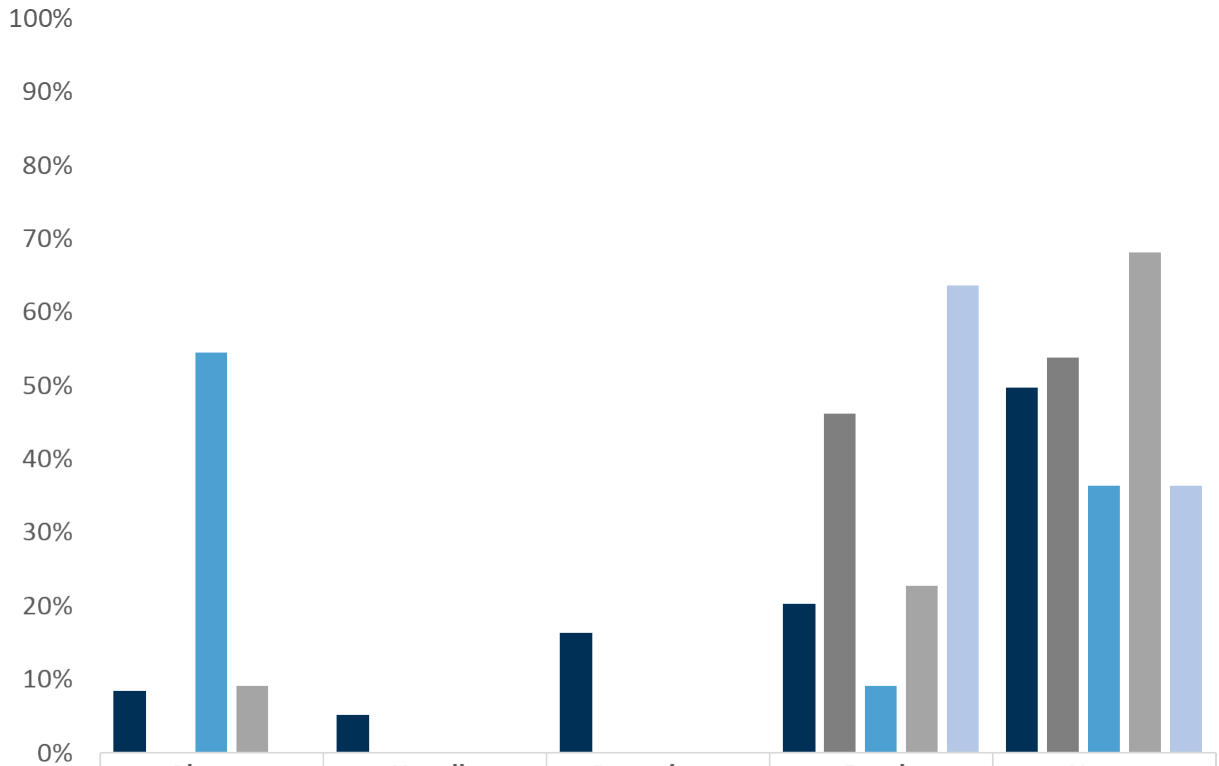
	Black	Hispanic	Overall
Berks	56.6%	64.2%	36.0%
Chester	57.2%	48.9%	16.7%
Montgomery	43.2%	26.6%	14.2%
Pennsylvania	63.0%	59.6%	32.9%

Source: Department of Health Informatics, Pennsylvania Department of Health for Berks, 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



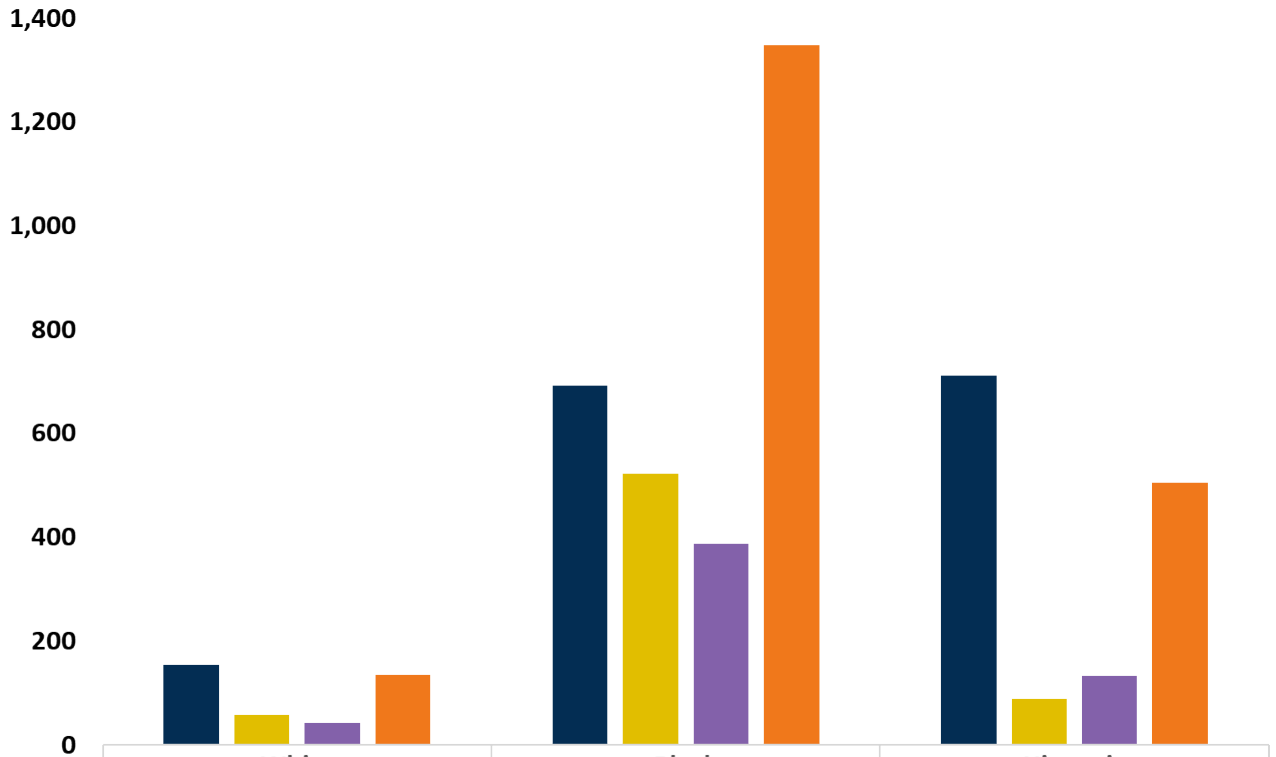
	Always	Usually	Sometimes	Rarely	Never
Caucasian	8.4%	5.2%	16.4%	20.3%	49.7%
African American	0.0%	0.0%	0.0%	46.2%	53.8%
Hispanic	54.5%	0.0%	0.0%	9.1%	36.4%
Asian	9.1%	0.0%	0.0%	22.7%	68.2%
Other	0.0%	0.0%	0.0%	63.6%	36.4%

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

IMPACTS OF RACE/ETHNICITY ON INFECTIOUS DISEASE

Figure 28 illustrates the Chlamydia rate per 100,000 for the county and state based on select race/ethnicity indicators. The Chlamydia rate in Berks County is significantly higher for White (154.6) and Hispanic (710.6) residents when compared to the state (135.4, 504.6 respectively), while the rates for both groups for Chester and Montgomery counties are significantly lower. The Chlamydia rate for Black residents is significantly lower in Berks (691.9), Chester (523.2) and Montgomery (388.2) counties when compared to the state (1348.6).

Figure 28: Chlamydia Rate, Per 100,000



	White	Black	Hispanic
Berks	154.6	691.9	710.6
Chester	58.5	523.3	89.2
Montgomery	41.5	388.2	133.2
PA	135.4	1348.6	504.6

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

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 32.1% of the respondents and 21.4% 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 Pottstown Hospital Primary Service Area residents own 1.9 vehicles. Most (84.1%) drive alone to work, while 6.7% of residents carpool to work. Very few residents in Pottstown Hospital's Service Area use public transportation, walk, bike or work at home.

Table 13: Demographic Snapshot: Transportation/Commuter Information

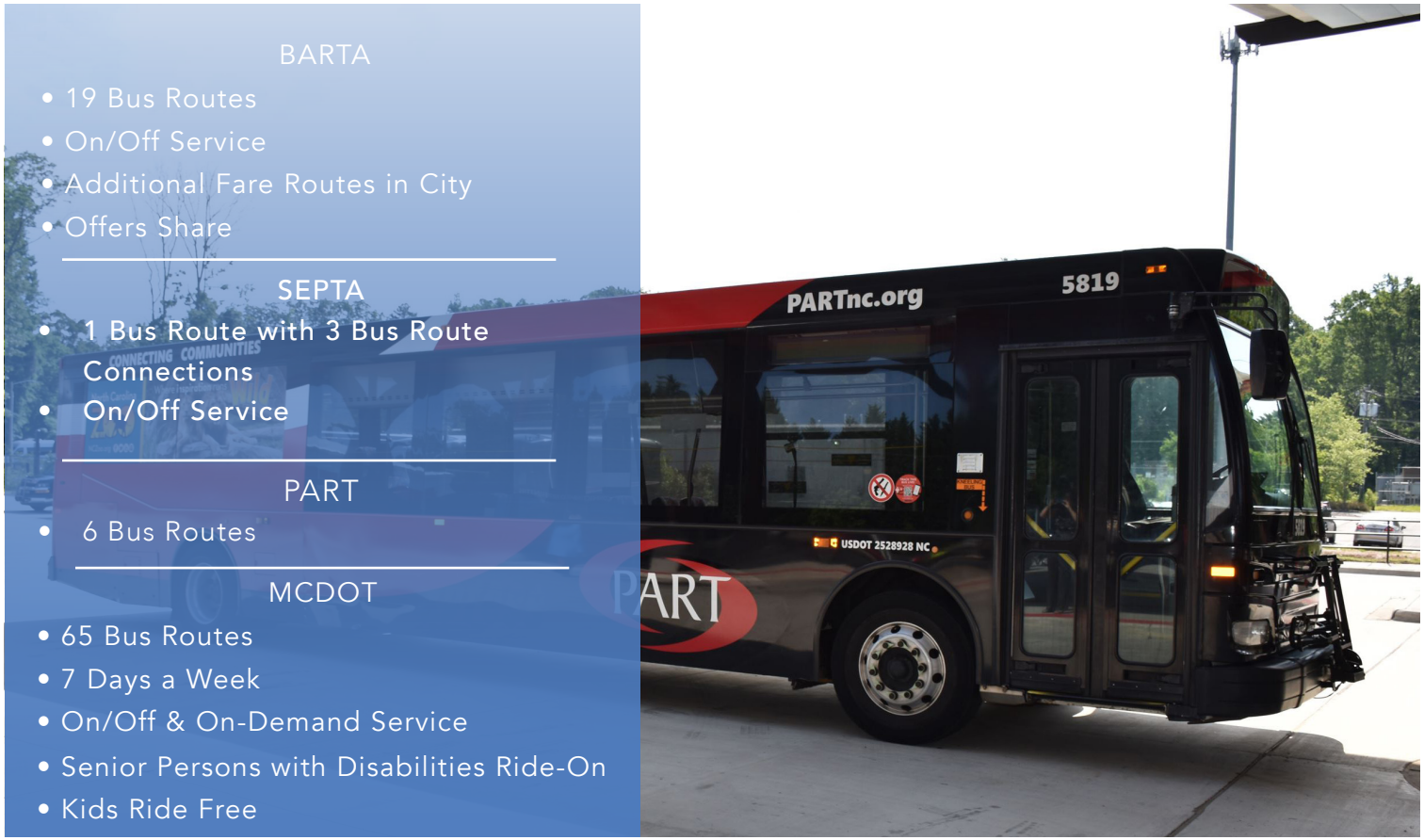
	Pottstown Hospital Primary Service Area
Average Number of Vehicles	1.9
Transportation to Work	
Drive Alone	84.1%
Carpool	6.7%
Public Transportation	1.0%
Walk	2.2%
Bicycle	0.2%
Work at Home	4.9%

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 Berks, 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.

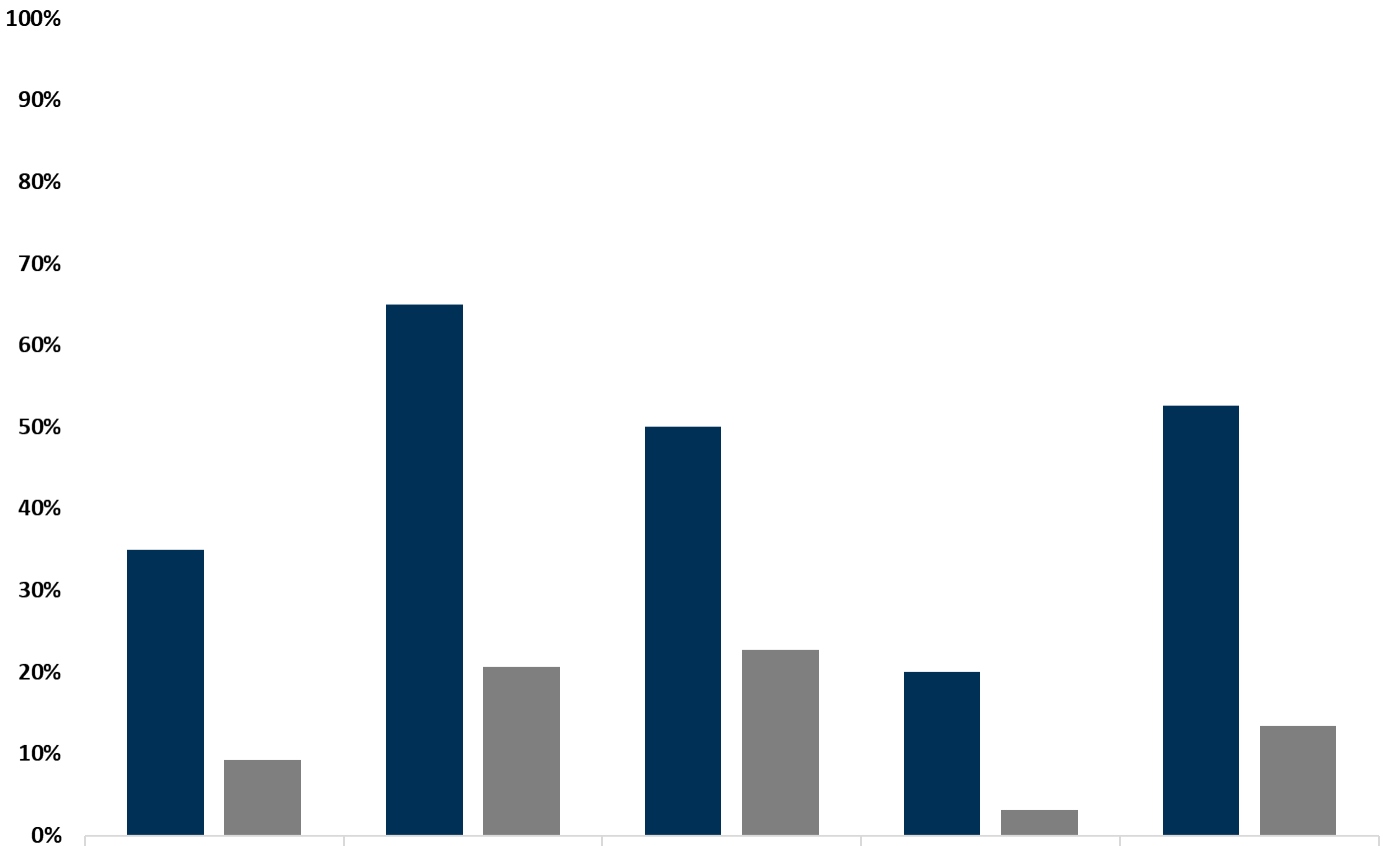
Figure 29: Public Transportation Systems Available in Berks, Chester and Montgomery Counties



Sources: Pottstown Area Rapid Transit, Berks Area Rapid Transit Authority

From the Pottstown 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, Pottstown Hospital Primary Service Area



	COPD	Arthritis	Chronic Back Pain	Kidney Disease	Asthma
Yes	35.0%	65.0%	50.0%	20.0%	52.6%
No	9.2%	20.6%	22.7%	3.1%	13.4%

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

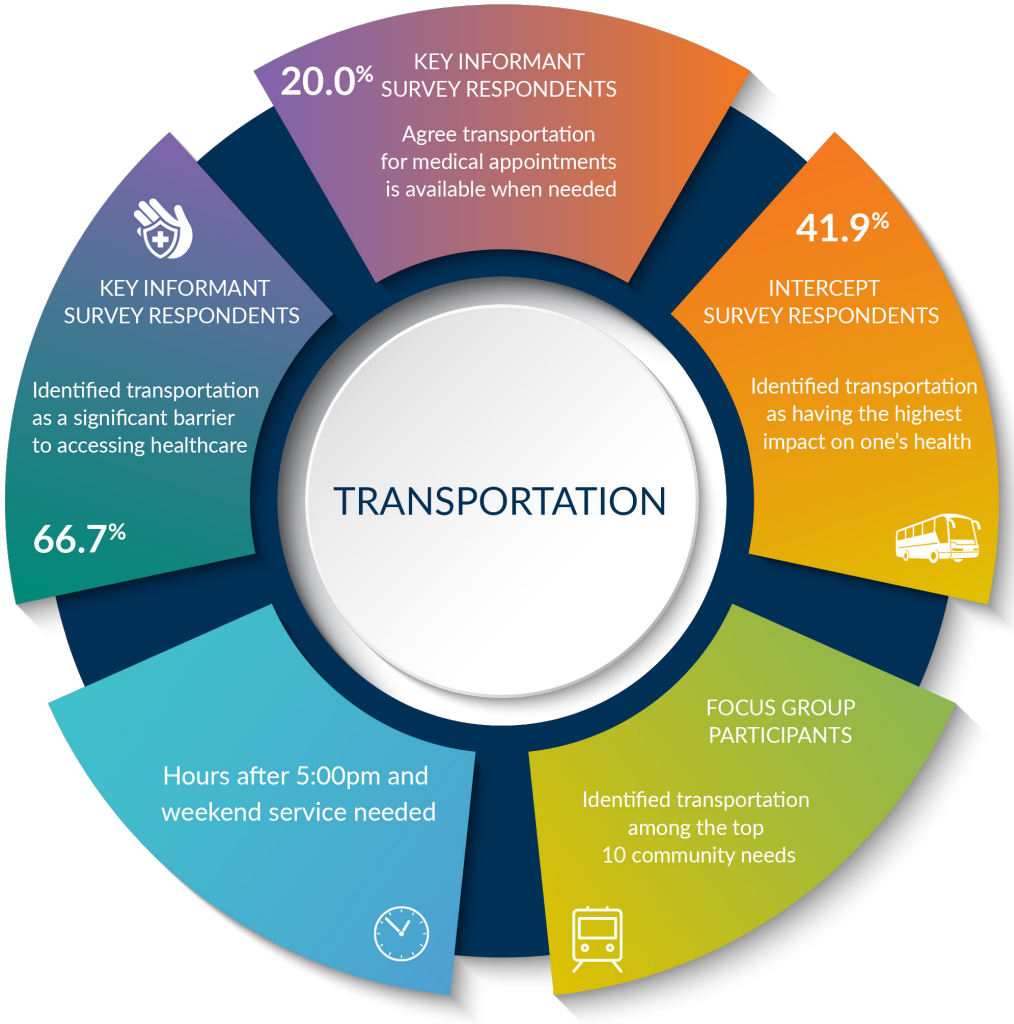
WHAT THE COMMUNITY IS SAYING

Figure 31 illustrates what was heard through survey respondents, focus group participants and stakeholder interviews regarding transportation and the needs of community members. Focus group participants identified transportation among the top 10 community needs. Two thirds (66.7%) of key informants indicated that transportation is a significant barrier in accessing healthcare and only 20.0% of key informants agreed that transportation for medical appointments is available when needed. Just under half (41.9%) of intercept survey respondents said transportation impacts health.

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

- Better access to transportation is needed
- 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
- Affordable transportation
- Cannot access grocery stores that sell fresh produce or exercise areas as no transportation
- Inability to navigate the transportation system
- Lack of transportation outside of the area to access specialty care
- Need for more senior transportation
- Needed transportation outside of cities; more rural area transportation

Figure 31: Primary Data Sources – Transportation



Sources: Pottstown Hospital 2018 Focus Groups, 2018 Intercept Survey, 2018 Key Informant Survey, 2018 Stakeholder Interviews, Strategy Solutions, Inc.

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 Pottstown Hospital Primary Service Area, the percentage of the population that is food insecure declined slightly over the past three years (Berks: 11.3% in 2016 to 9.4% in 2018, 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 all three counties (Berks: 2.9% in 2016 to 3.5% in 2018, 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 all three counties (Berks: 37.8% in 2016 to 51.0% in 2018, Chester: 17.2% to 22.0%, Montgomery: 18.6% to 28.0%).

Table 14: County Health Rankings: Nutrition Indicators

NUTRITION INDICATORS FROM COUNTY HEALTH RANKINGS									
	BERKS COUNTY			CHESTER COUNTY			MONTGOMERY COUNTY		
NUTRITION INDICATORS	2016	2017	2018	2016	2017	2018	2016	2017	2018
Food insecurity	11.3%	10.3%	9.4%	9.5%	8.6%	8.4%	10.7%	10.0%	9.7%
Limited access to healthy foods*	2.9%	2.9%	3.5%	5.9%	5.9%	6.2%	3.3%	3.3%	3.7%
Free or reduced lunch	37.8%	49.3%	51.0%	17.2%	23.1%	22.0%	18.6%	26.8%	28.0%

Source: County Health Rankings and Roadmaps for Berks, 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 Pottstown 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%).

Approximately half of intercept survey respondents indicated that poor nutrition (48.5%) or access to healthy food (50.0%) has the highest impact on ones health.

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

Stakeholders also talked about the residents lacking the ability to access fresh, affordable healthy food. Many suggested the need for nutrition education and healthy cooking demonstrations.

Figure 32: Community Food And Nutrition

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

HOW HOUSING IMPACTS HEALTH

Table 15 shows housing demographics for the residents in the Pottstown Hospital Primary Service Area. Most residents (75.6%) own their own home and reside in a single-family home (80.5%).

Table 15: Demographic Snapshot: Housing

	Pottstown Hospital Primary Service Area
Home Ownership	
Own	75.6%
Rent	24.4%
Residential Type	
Single Family	80.5%
Multi-Family	17.2%
Mobile Home/Trailer	2.3%

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

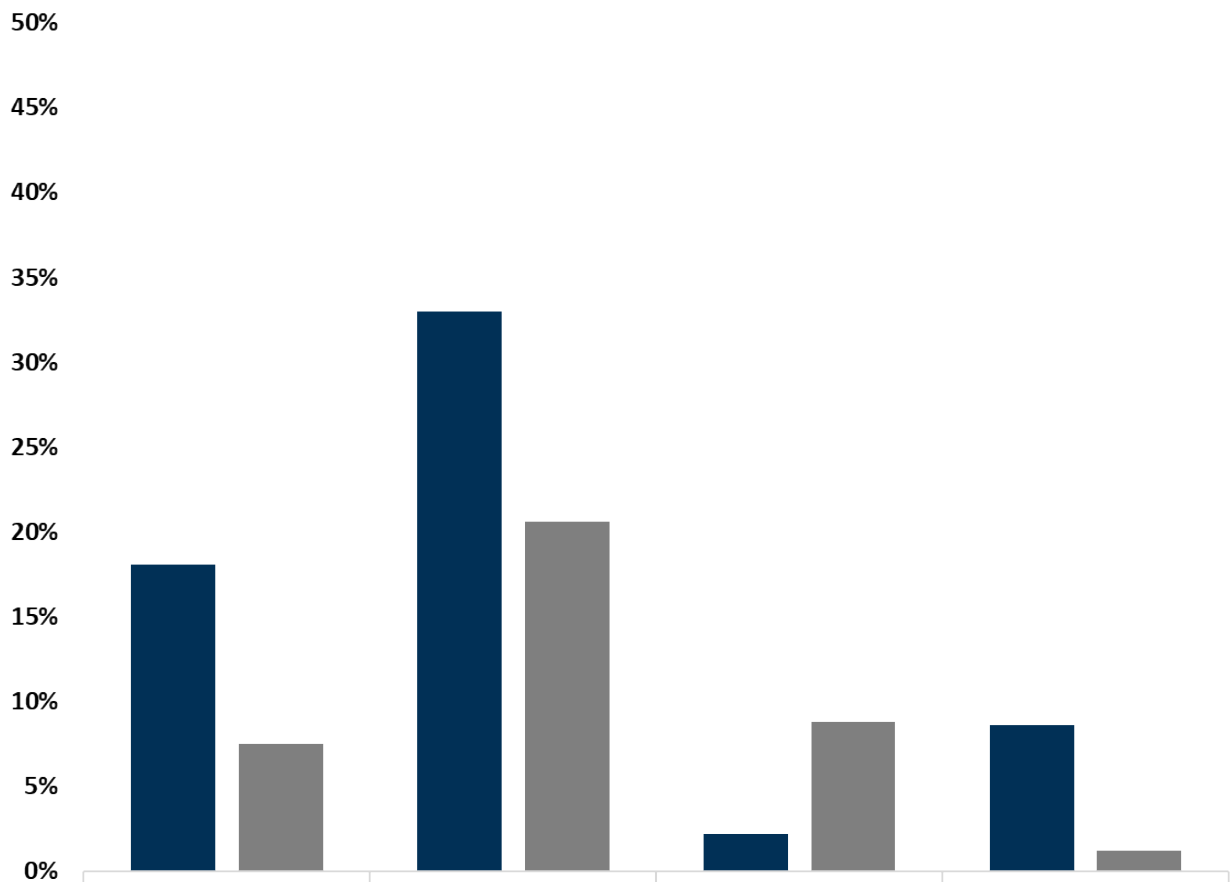
Living on the street or in homeless shelters exacerbates existing health problems and causes new ones. Chronic diseases – such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions – are difficult to manage under stressful circumstances and may worsen. Acute problems 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 Pottstown Hospital Primary Service Area. Those with housing insecurity are significantly more likely to have COPD, chronic back pain, and stroke.

Figure 33: Housing Insecurity Impact On Health



	COPD	Chronic Back Pain	Osteoporosis	Stroke
Always, Usually, Sometimes	18.1%	33.0%	2.2%	8.6%
Rarely, Never	7.5%	20.6%	8.8%	1.2%

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

HOMELESSNESS

According to the Point in Time Homelessness Survey conducted in January 2019, there were a total of 452 homeless individuals in Berks County compared to 403 homeless individuals in 2018. 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
Berks County 2018	23	28	0	0	51	237	155	11	0	403
Berks County 2019	27	19	0	0	46	305	137	11	0	452
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

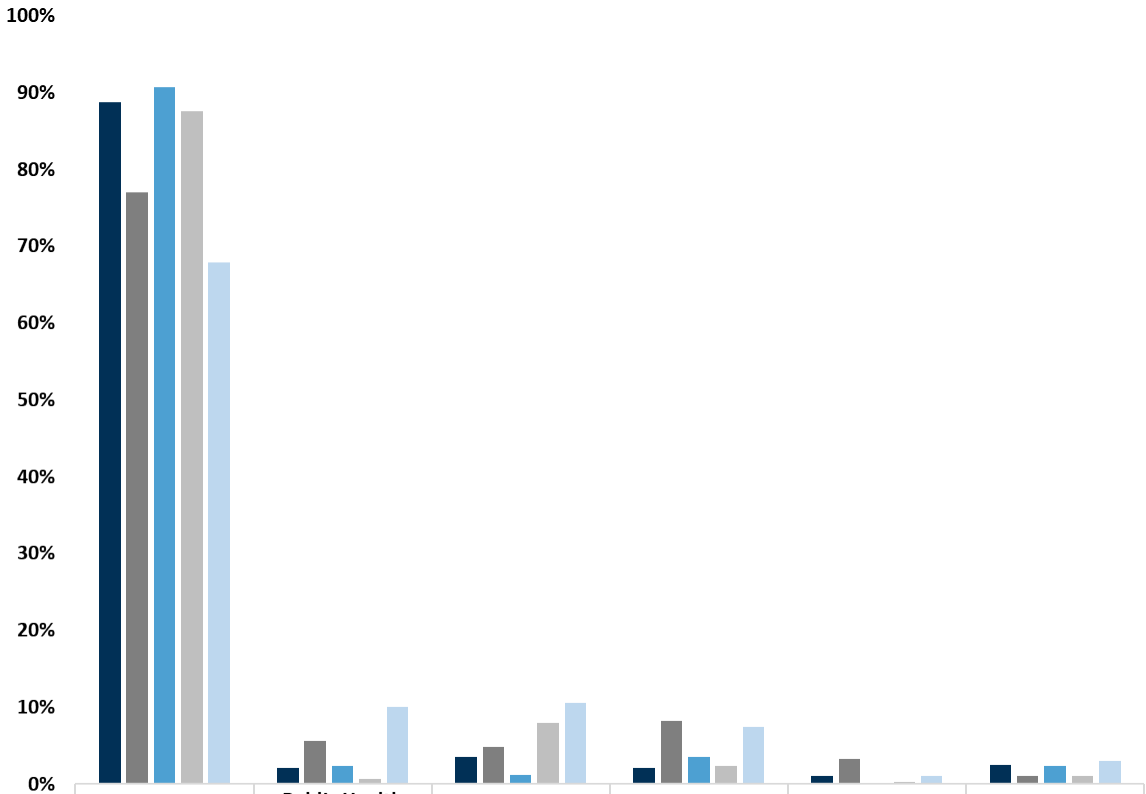
WHAT THE COMMUNITY IS SAYING

Over half (57.0%) of intercept survey respondents indicated that affordable and quality housing has the highest impact on ones health. Homeless individuals (67.9%) were one of the most frequently identified underserved populations by key informants.

HOW WHERE ONE LIVES IMPACTS HEALTH

Figure 34 illustrates the siginificant 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

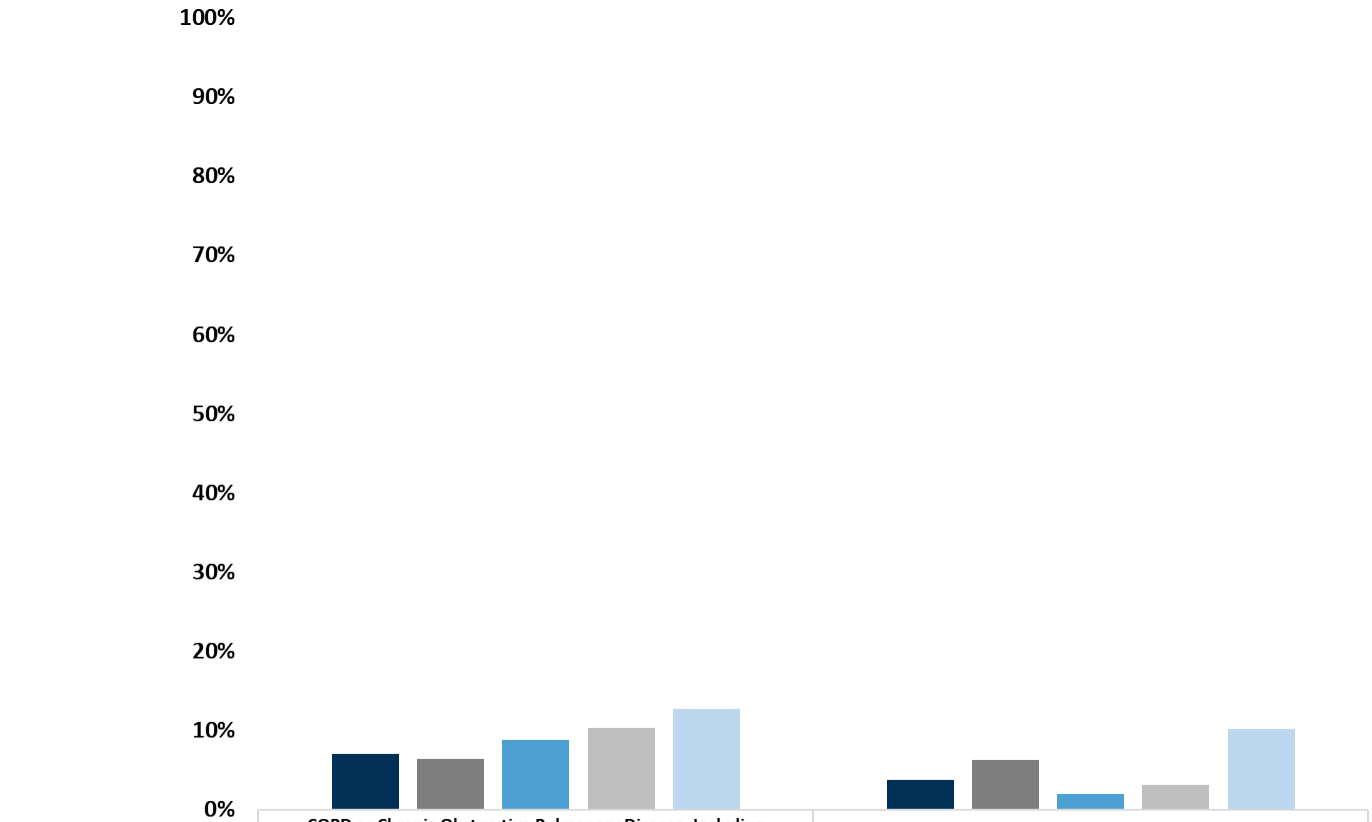


	Doctor's Office	Public Health Clinic	Urgent Care	Hospital ER	Military or VA	Other Place
Brandywine Area	88.7%	2.1%	3.5%	2.1%	1.1%	2.5%
Chestnut Hill Area	77.0%	5.6%	4.8%	8.2%	3.3%	1.1%
Jennersville Area	90.7%	2.3%	1.2%	3.5%	0.0%	2.3%
Phoenixville/Pottstown Area	87.6%	0.7%	7.9%	2.4%	0.3%	1.0%
Reading Area	67.9%	10.1%	10.5%	7.4%	1.0%	3.0%

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

Figure 35 illustrates the siginificant 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



	COPD or Chronic Obstructive Pulmonary Disease, Including Bronchitis or Emphysema	A Stroke
Brandywine Area	7.1%	3.8%
Chestnut Hill Area	6.4%	6.3%
Jennersville Area	8.8%	2.0%
Phoenixville/Pottstown Area	10.3%	3.2%
Reading Area	12.8%	10.2%

Source: Pottstown 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. Both Berks and Chester counties had a higher average daily air pollution particulate matter score (11.3 and 11.4 respectively) when compared to the state (10.4) while Montgomery County was slightly lower (10.0). All three 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
Berks County	11.3	Yes
Chester County	11.4	Yes
Montgomery County	10.0	Yes
Pennsylvania	10.4	N/A

Source: County Health Rankings and Roadmaps for Berks, 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:

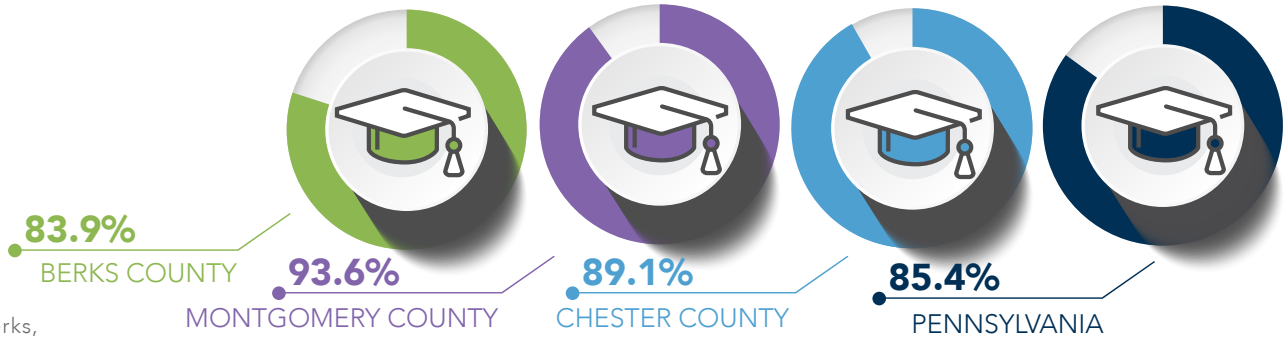
- A longer life
- Increased likelihood of obtaining or understanding basic health information and services to make appropriate healthcare decisions

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, Berks County high school graduation rates are lower than the state overall while Chester and Montgomery counties' rates are higher.

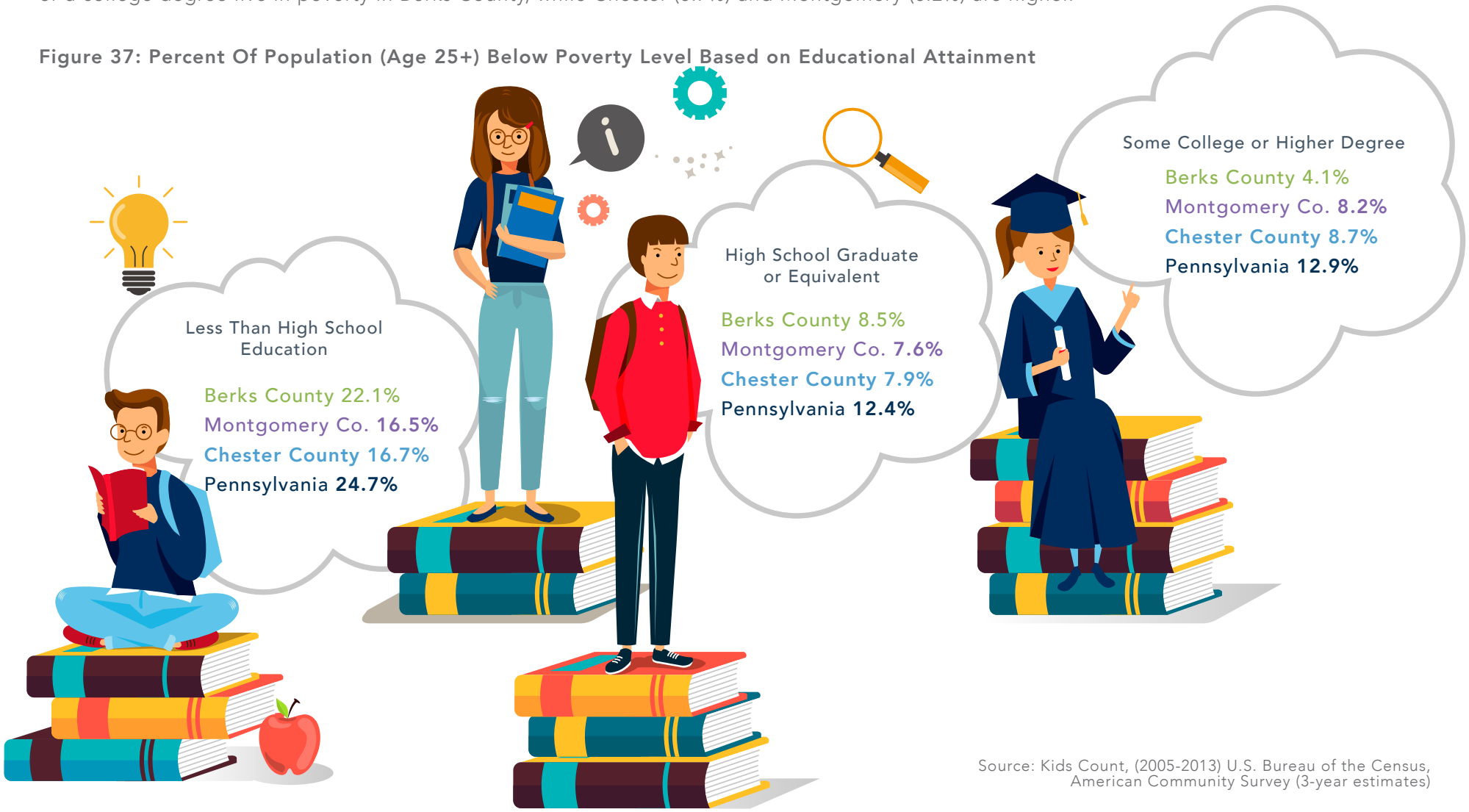
Figure 36: Demographic Snapshot: High School Graduation Rates



Source: County Health Rankings and Roadmaps for Berks, 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 Berks, Chester and Montgomery counties. Almost a quarter (22.1%) of those with less than high school education live in poverty in Berks County, while Chester (16.7%) and Montgomery (16.5%) are lower. Only 4.1% of those who have some college or a college degree live in poverty in Berks County, while Chester (8.7%) and Montgomery (8.2%) are higher.

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

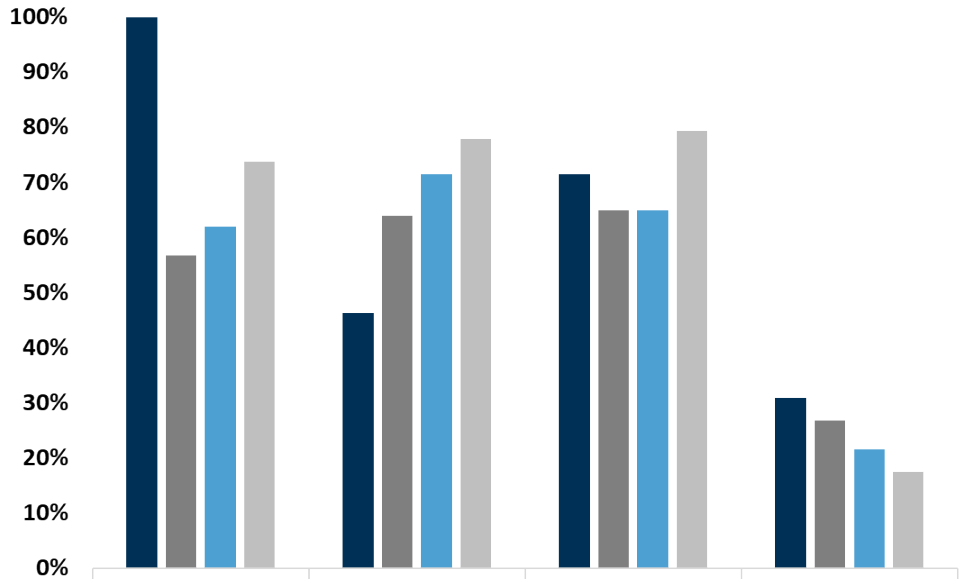


Source: Kids Count, (2005-2013) U.S. Bureau of the Census, American Community Survey (3-year estimates)

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 Pottstown 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

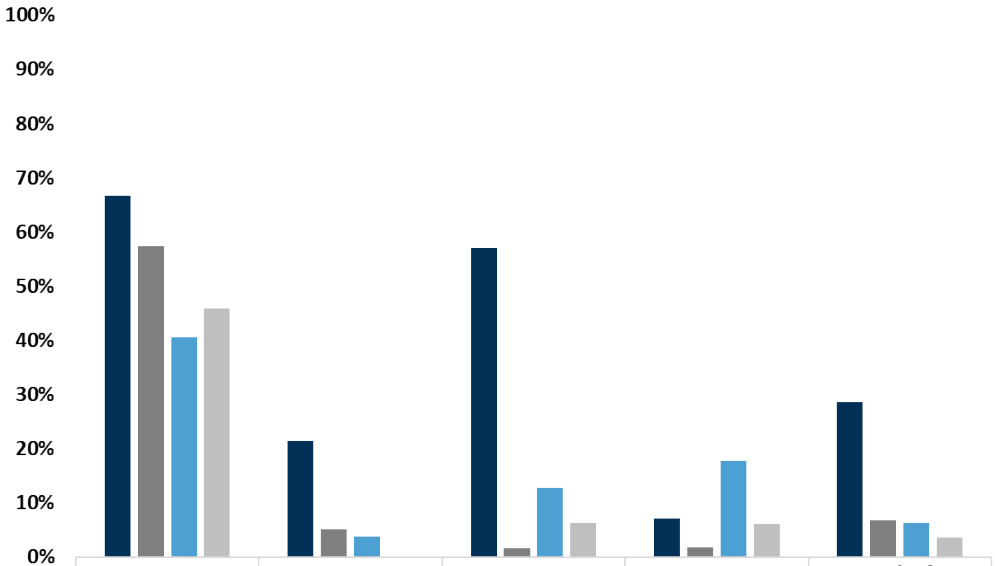


	Routine check-up, past year	Dental insurance/coverage	Dentist/dental clinic visit, past year	Gone to Emergency Room, past 12 months
Did Not Complete High School	100.0%	46.2%	71.4%	30.8%
High School Graduate	56.7%	63.9%	64.9%	26.7%
Some College/Tech School	62.0%	71.4%	64.9%	21.5%
College Grad	73.7%	77.8%	79.4%	17.5%

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

Figure 39 shows significant differences in terms of barriers community survey respondents in the Pottstown 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



	Need help reading health information	Lack confidence in ability to fill out health forms	Needed medical care but had difficulty finding a doctor	Could not see a doctor due to cost	Lack of transportation made it difficult or prevented from seeing a doctor
Did Not Complete High School	66.7%	21.4%	57.1%	7.1%	28.6%
High School Graduate	57.4%	5.0%	1.6%	1.7%	6.7%
Some College/Tech School	40.5%	3.8%	12.7%	17.7%	6.3%
College Grad	45.9%	0.0%	6.2%	6.1%	3.6%

Source: Pottstown 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 Pottstown 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

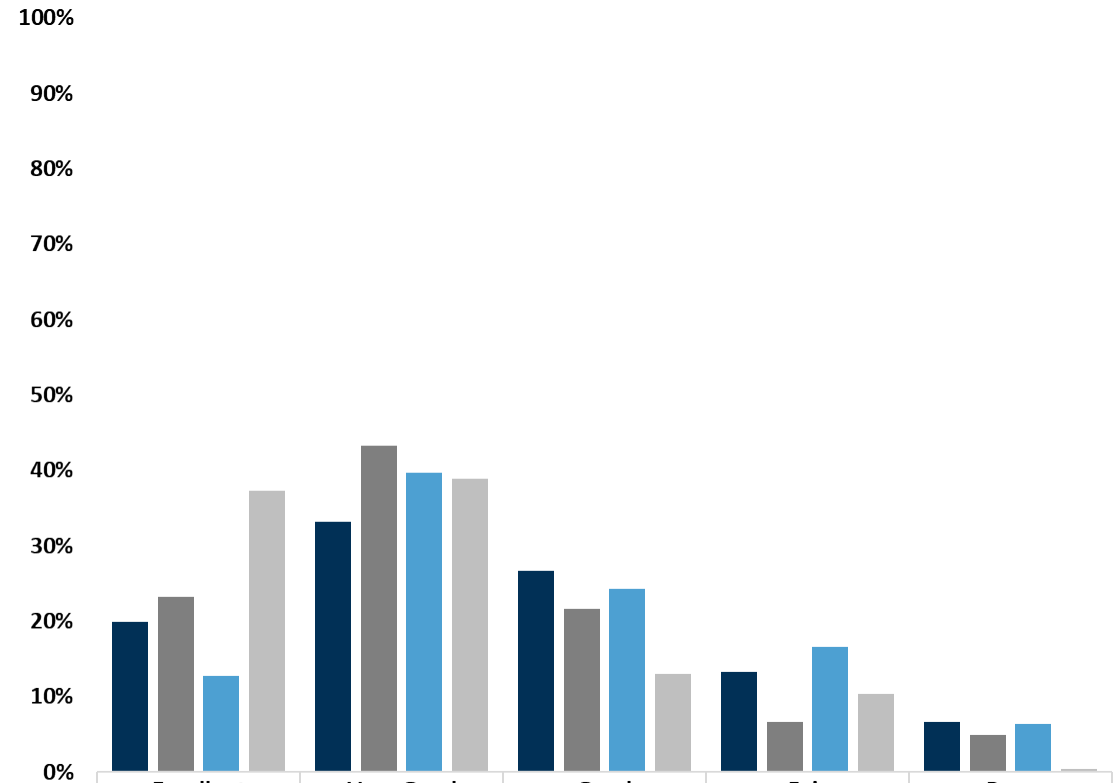
	Did Not Complete High School	High School Graduate	Some College/ Tech School	College Grad
Arthritis/Rheumatism	78.6%	28.3%	24.1%	18.0%
COPD	57.1%	11.7%	15.2%	4.6%
Kidney disease	21.4%	3.3%	5.0%	3.1%
Chronic back pain	50.0%	37.3%	25.0%	17.9%
Heart attack	35.7%	4.9%	1.3%	2.1%
Stroke	7.1%	8.3%	2.5%	1.0%
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: Pottstown Hospital Community Survey 2018, Professional Research Consultants

HOW EDUCATION IMPACTS BEHAVIORAL HEALTH

Figure 40 illustrates the community survey respondents in the Pottstown 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



	Excellent	Very Good	Good	Fair	Poor
Did Not Complete High School	20.0%	33.3%	26.7%	13.3%	6.7%
High School Graduate	23.3%	43.3%	21.7%	6.7%	5.0%
Some College/Tech School	12.8%	39.7%	24.4%	16.7%	6.4%
College Grad	37.3%	38.9%	13.0%	10.4%	0.5%

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

Table 19 shows the responses to the Pottstown 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

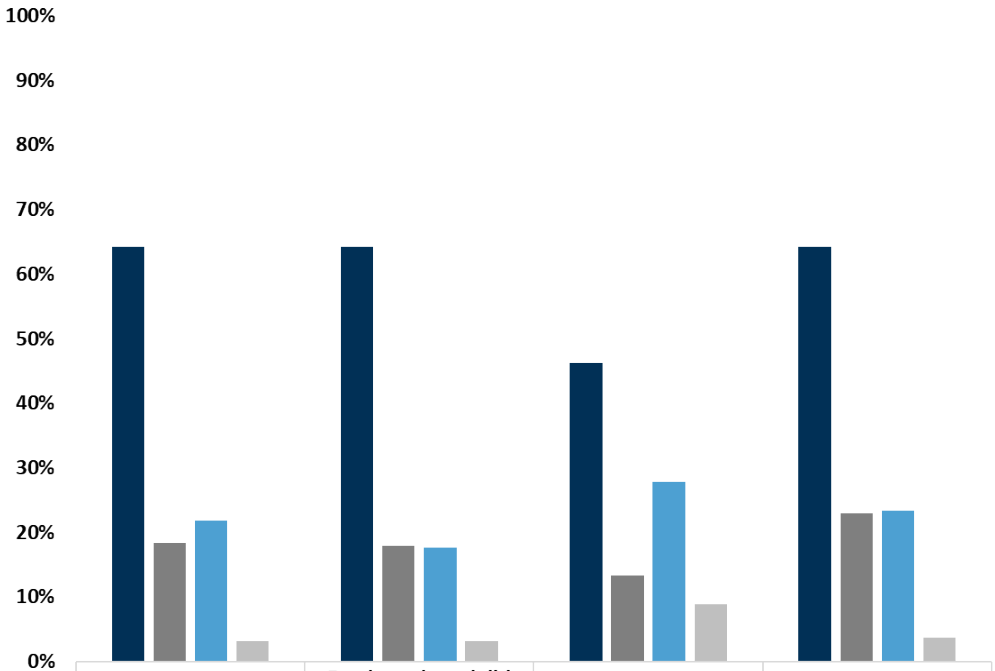
	Did Not Complete High School	High School Graduate	Some College/Tech School	College Grad
Depressed or sad, two or more years	42.9%	28.3%	42.5%	16.8%
Stress in one's life	85.8%	49.1%	67.1%	55.4%
Ever told have depression	64.3%	20.0%	24.1%	13.9%
Ever thought of taking own life	35.7%	3.3%	8.9%	2.1%
Taking 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: Pottstown 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 Pottstown 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



	Worried food would run out before had money to buy more	Food purchased did not last and did not have money to buy more	Difficulty buying fresh fruits and vegetables at a price can afford	Food insecure
Did Not Complete High School	64.3%	64.3%	46.2%	64.3%
High School Graduate	18.3%	18.0%	13.3%	23.0%
Some College/Tech School	21.8%	17.7%	27.9%	23.4%
College Grad	3.1%	3.1%	8.8%	3.7%

Source: Pottstown 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.

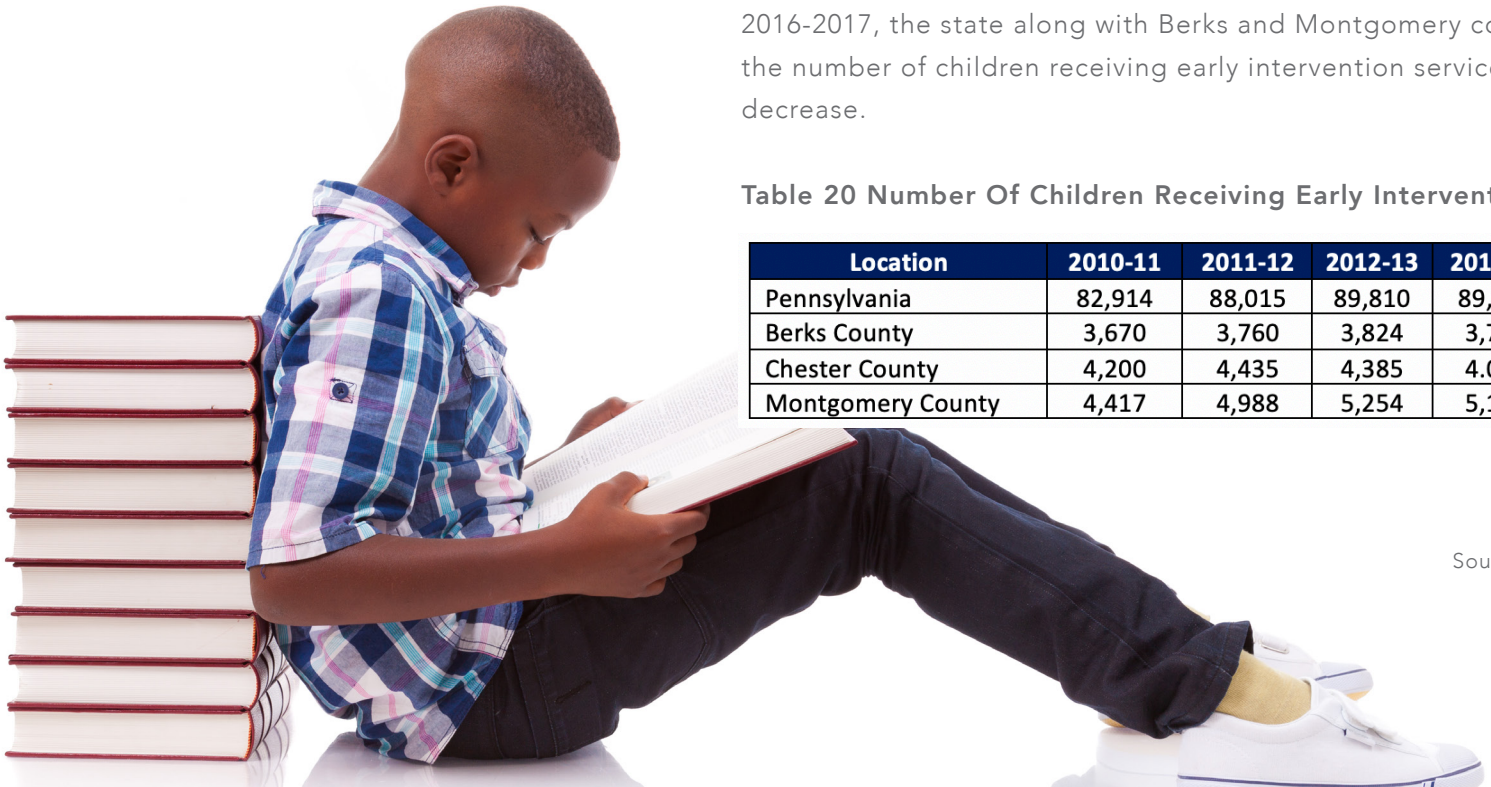


Table 20 shows that EI services have fluctuated in Berks, Chester and Montgomery counties as well as the state over the past several years. When looking at 2010-2011 compared to 2016-2017, the state along with Berks and Montgomery counties have seen an increase in the number of children receiving early intervention services, while Chester County saw a decrease.

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
Berks County	3,670	3,760	3,824	3,702	3,771	3,810	3,891
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:

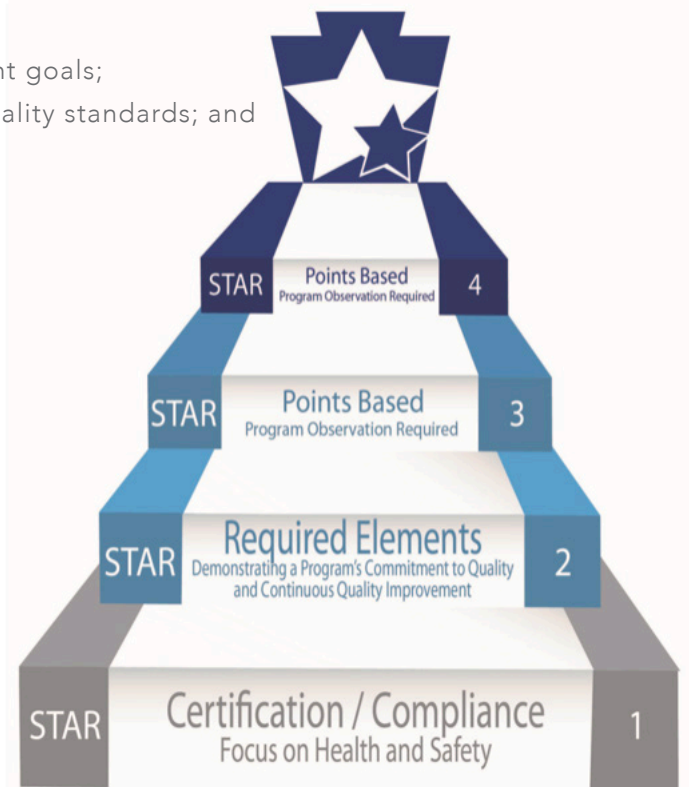
- A whole child approach to education is essential to meeting the holistic and individual needs of each and every child and family.
- Knowledgeable and responsive early care and education professionals are essential to the development of children and the support of families.
- Building and sustaining 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



Source: PA Keystone Stars Program

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 Berks, 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%
Berks County	Providers in STARS	Number	144	171	144	157	146	150	247
		Percent	48.6%	60.4%	52.9%	56.1%	52.7%	56.4%	96.1%
	Providers Not in STARS	Number	152	112	128	123	131	116	10
		Percent	51.4%	39.6%	47.1%	43.9%	47.3%	43.6%	3.9%
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 Berks, Chester and Montgomery counties and Pennsylvania who are eligible, enrolled and unserved by a child care subsidy. In Berks County there are over 6,000 children not being served by a child care subsidy who are eligible, which accounts for 80.9% of eligible children. The percentage of children being served in Chester County (1,270; 28.7%) is higher, but still lower than the state. Montgomery County's percentage of children served (38.1%) is higher than the other local counties and 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%
Berks County	Eligible	Number	8,010
		Percent	NA
	Enrolled	Number	1,529
		Percent	19.10%
	Unserved	Number	6,481
		Percent	80.9%
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. While the percentage in Berks County has been increasing, fewer children are receiving subsidized care in a Keystone STARS 3 or 4 facility when compared to children across the state. The percentage has also 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%
Berks County	16.4%	15.7%	15.7%	18.3%	31.8%
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 Berks and Chester counties 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
Berks (Urban-Mix)	High-quality pre-k	Number	2,276	2,360	2,548	NA
		Percent of all children ages 3-4	21.8%	22.6%	24.4%	NA
	Publicly funded, high-quality pre-k	Number	1,386	1,570	1,509	1,859
		Percent of all children ages 3-4	13.3%	15.0%	14.4%	18.2%
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 living below 300% poverty with accessing to high-quality pre-k has fluctuated in Berks, Chester and Montgomery counties with all counties showing an overall increase between 2013 and 2017. In 2017, all counties had a lower percentage of children receiving publicly funded high quality pre-k when compared to 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
Berks (Urban-Mix)	Publicly funded, high-quality pre-k	Number	1,386	1,570	1,509	1,859
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	20.7%	23.4%	23.8%	28.3%
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

WHAT THE COMMUNITY IS SAYING

Lack of childcare was not considered to be a significant barrier impacting access to health care by key informants. Half (50.8%) of intercept survey respondents identified education as having the highest impact on ones health, with 36.9% identifiying the lack of childcare as having the greatest impact.

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 Berks, Chester and Montgomery counties, with a slight increase in most recent years. When looking at 2011-12 to 2016-2017, there are more children enrolled in Head Start in all counties, with most enrolled in a federal program.

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

Location	Program	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17
Berks	**Total**	640	640	750	745	669	690
	Early Head Start	0	0	0	0	29	32
	Head Start - Federal	610	610	720	715	610	610
	Head Start - State	30	30	30	30	30	48
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

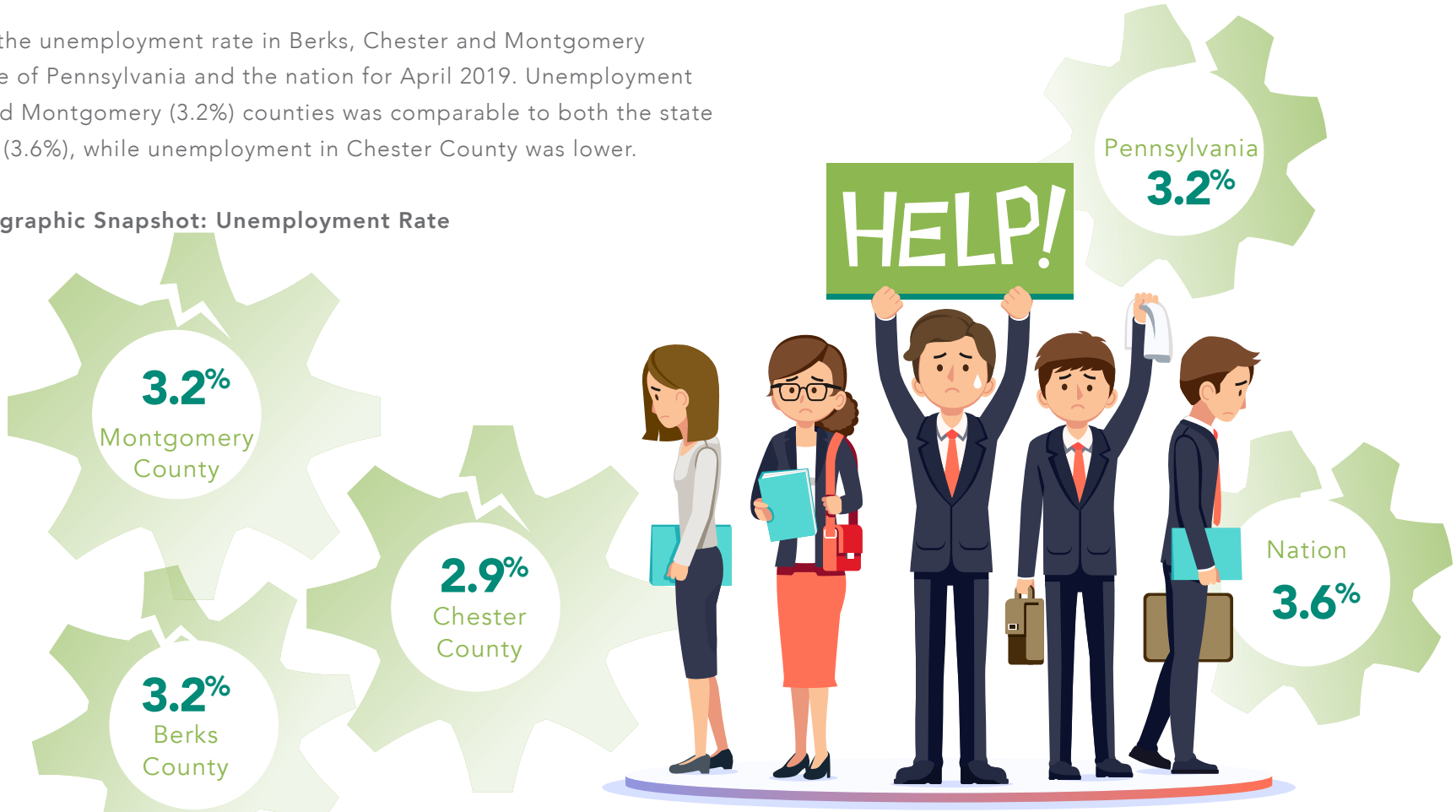
HEALTH IS
WHERE WE WORK

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

Figure 43: Demographic Snapshot: Unemployment Rate



Source: Center for Workforce Information and Analysis

Table 27 shows employment for Pottstown Hospital's Primary Service Area. Less than one-third (29.9%) of residents age 16 and older are not in the labor force, while 65.6% are currently employed. Of those employed, about two-thirds (65.3%) are employed in a white collar occupation.

Table 27: Demographic Snapshot: Employment

	Pottstown Hospital Primary Service Area
Employment Status	
Civilian Employed	65.6%
Civilian Unemployed	4.5%
In Armed Forces	0.0%
Not in Labor Force	29.9%
Occupational Classification	
White Collar	65.3%
Blue Collar	19.7%
Service and Farming	15.0%

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

WHAT THE COMMUNITY IS SAYING

Over half of the intercept survey respondents (53.9%) identified underemployment/unemployment as having the highest impact on one's health.

HOW INCOME IMPACTS HEALTH

As outlined in **Table 28**, the average and median household income levels for the Pottstown Hospital Primary Service Area are slightly higher than the state and nation. The number of families living in poverty for Pottstown Hospital Primary Service Area (5.1%) is lower than the state (9.2%) and nation (11.0%).

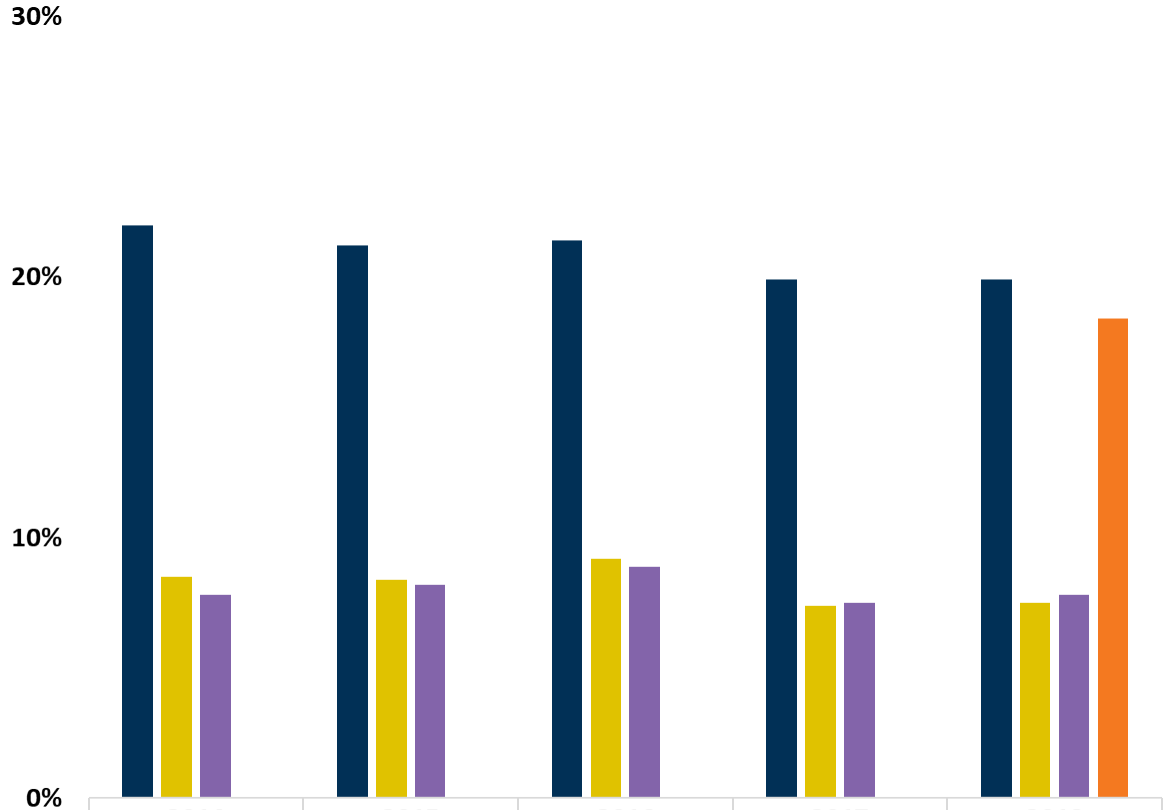
Table 28: Demographics Snapshot: Income

	Pottstown Hospital	PA	US
Average household Income	$97,149	$83,779	$86,278
Median Household Income	$76,914	$60,149	$60,133
Families Living in Poverty	5.1%	9.2%	11.0%

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

Figure 44 shows the percentage of children in Berks, Chester and Montgomery counties living in poverty. While this percentage has fluctuated between 2014 and 2018, in 2018, a slightly higher percentage of children in Berks County (19.9%) were living in poverty when compared to the state (18.4%). The percentages of children living in poverty in Chester County (7.5%) and Montgomery County (7.8%) in 2018 are less than half of the Berks County rate.

Figure 44: Children Living in Poverty

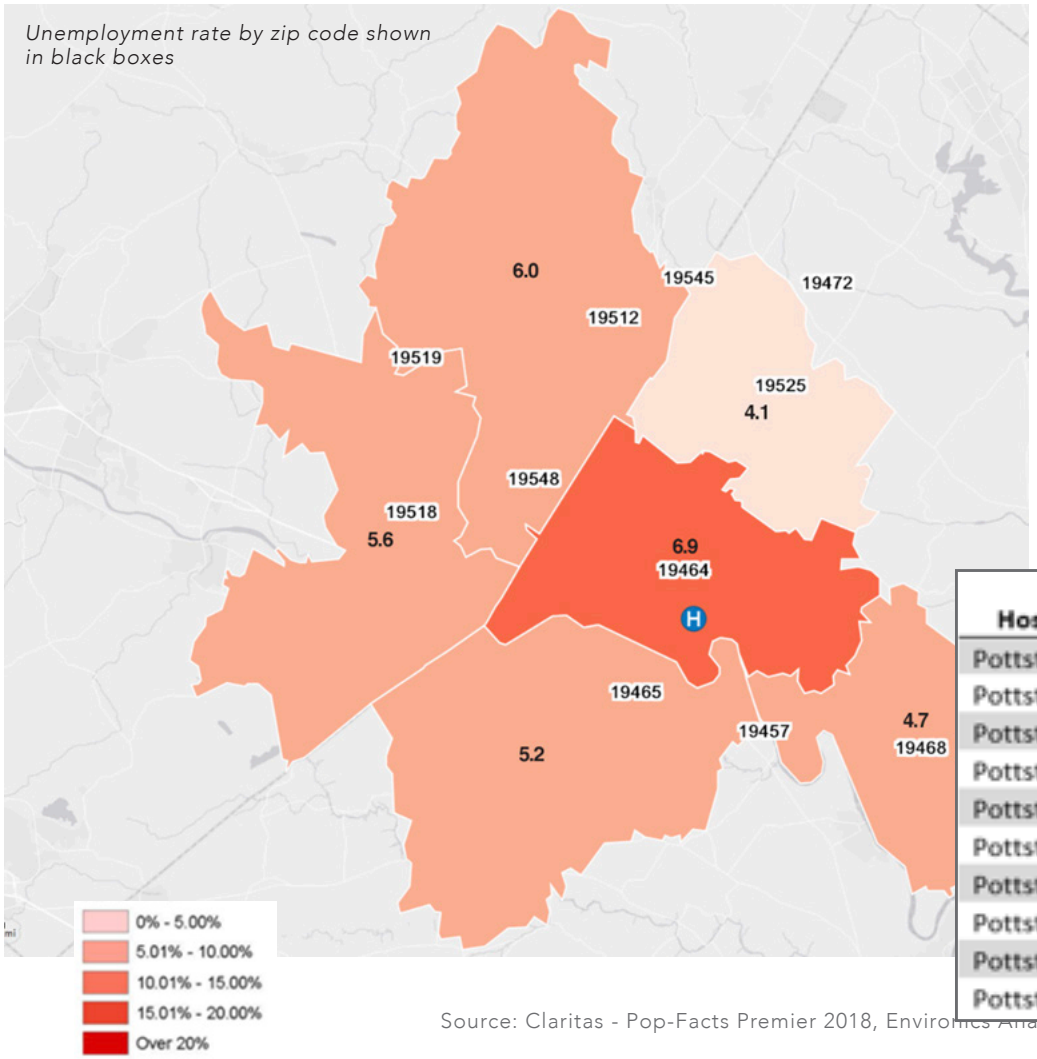


	2014	2015	2016	2017	2018
Berks County	22.0%	21.2%	21.4%	19.9%	19.9%
Chester County	8.5%	8.4%	9.2%	7.4%	7.5%
Montgomery County	7.8%	8.2%	8.9%	7.5%	7.8%
Pennsylvania					18.4%

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

Figure 45 illustrates poverty levels by zip code throughout the service area. Zip code 19464, the city of Pottstown where the hospital is located, as the highest poverty and unemployment rate when compared to neighboring zip codes.

Figure 45: Poverty Levels By Zip Code



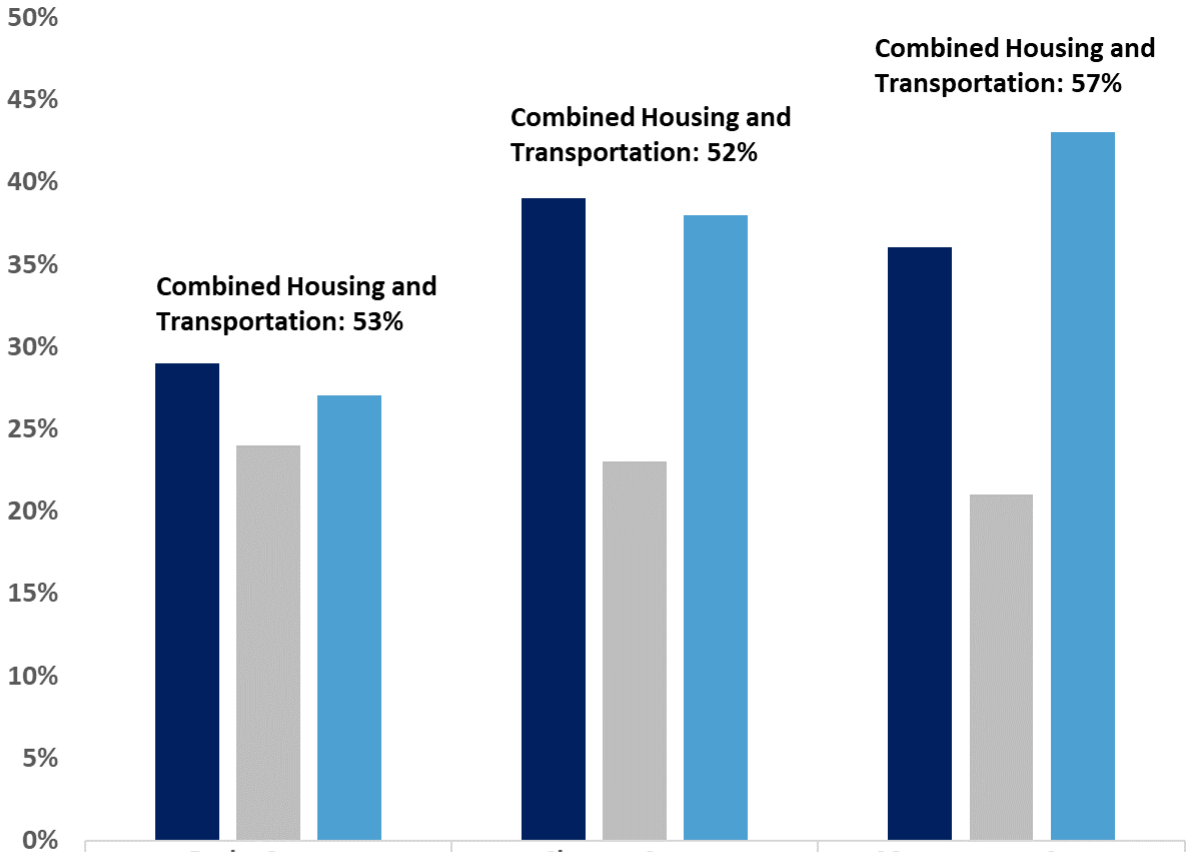
Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

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

Hospital	ZIP	Households	Households in Poverty	Poverty Rate	Unemployment
Pottstown	19464	17993	2359	13%	6.9
Pottstown	19465	6549	411	6%	5.2
Pottstown	19468	10201	576	6%	4.7
Pottstown	19472				
Pottstown	19512	7132	392	5%	6
Pottstown	19518	5471	393	7%	5.6
Pottstown	19519				
Pottstown	19525	5699	218	4%	4.1
Pottstown	19545				
Pottstown	19548				

Figure 46 illustrates the housing and transit burden for Berks, Chester and Montgomery counties. Combined housing and transit is considered a burden when it is at 45% or greater of one's household income. Berks County at 53%, Chester County at 52% and Montgomery County at 57% are all at a level considered to be a burden.

Figure 46: Housing and Transit Burden



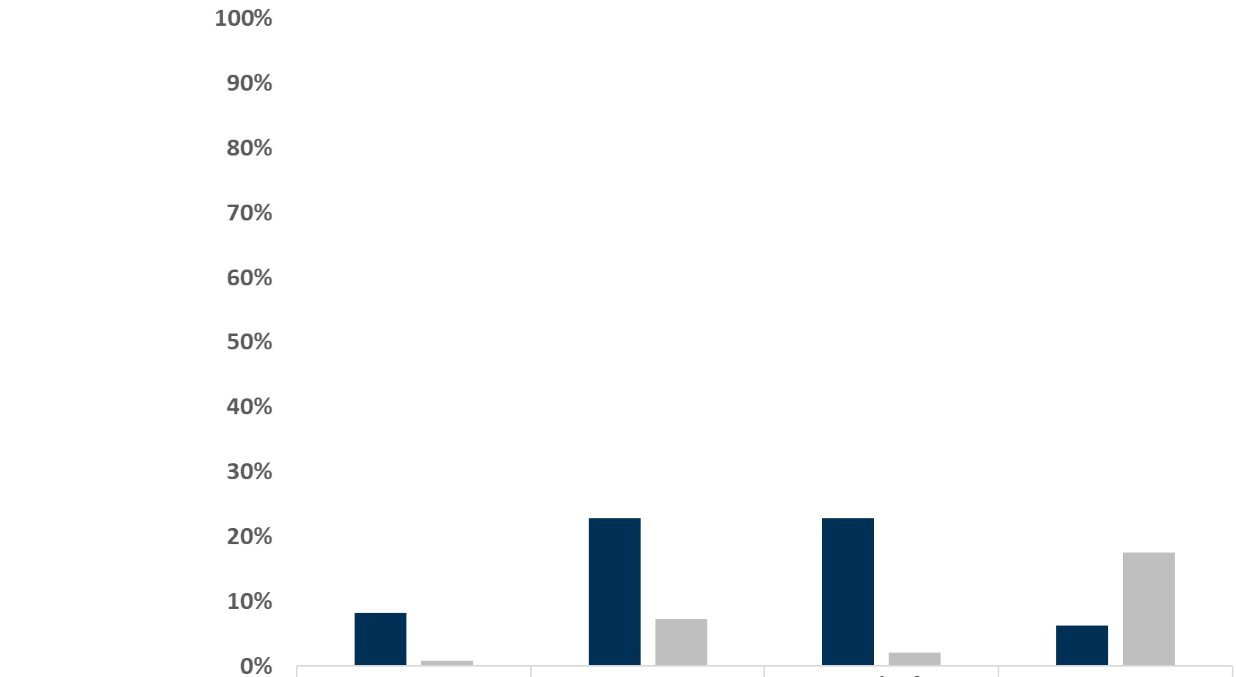
	Berks County	Chester County	Montgomery County
Housing	29%	39%	36%
Transportation	24%	23%	21%
Remaining Income	27%	38%	43%

Source: The Center for Neighborhood Technology, Housing and Transportation (H&T®) Affordability Index

HOW INCOME IMPACTS ACCESS TO CARE

Figure 47 shows the responses from the community survey who reside in Pottstown 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 47: Barriers to Care



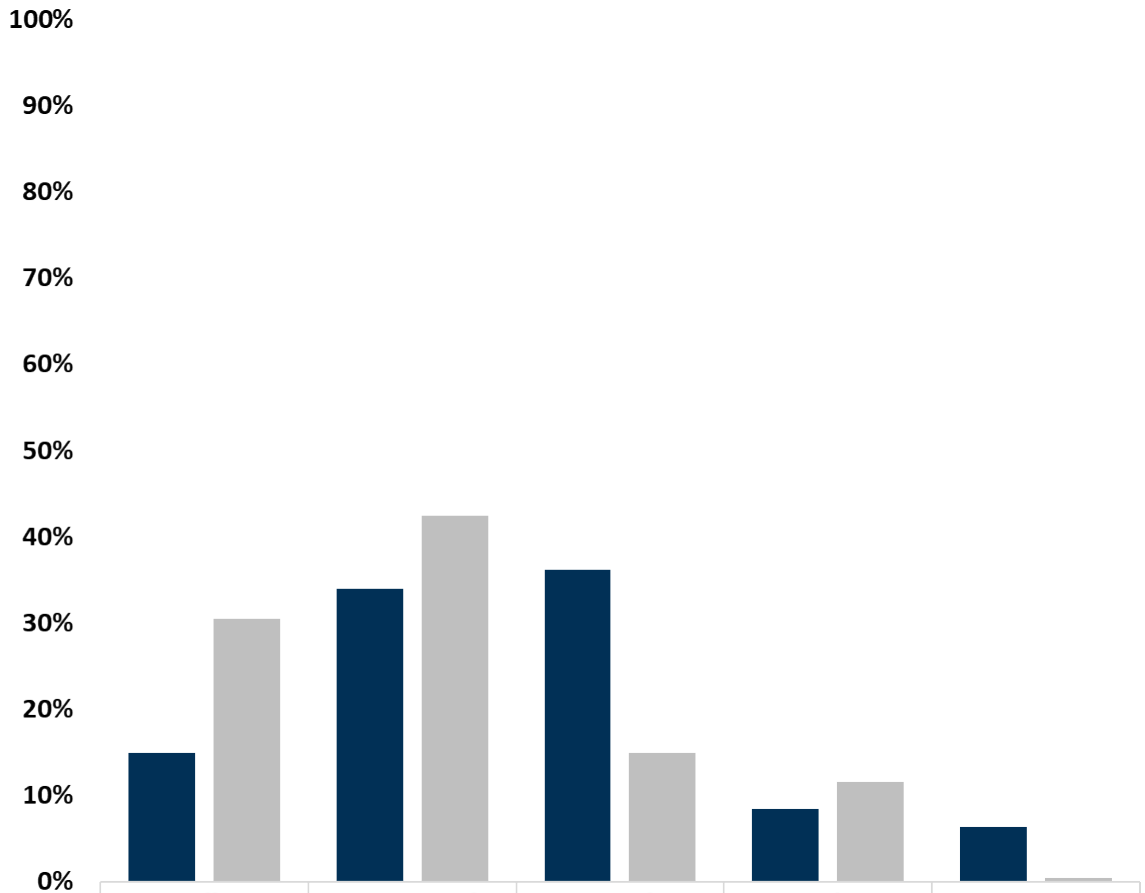
	Not confident in ability to fill out health forms	Needed medical care but had difficulty finding a doctor	Lack of transportation made it difficult or prevented from seeing a doctor	Difficulty seeing a doctor because office hours were not convenient
Below 200% Poverty	8.3%	22.9%	22.9%	6.3%
200% Poverty or Higher	0.9%	7.3%	2.2%	17.6%

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS BEHAVIORAL HEALTH

Figure 48 shows the community survey respondents personal mental health rating by poverty level. Community survey respondents in the Pottstown 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 48: Personal Mental Health Rating



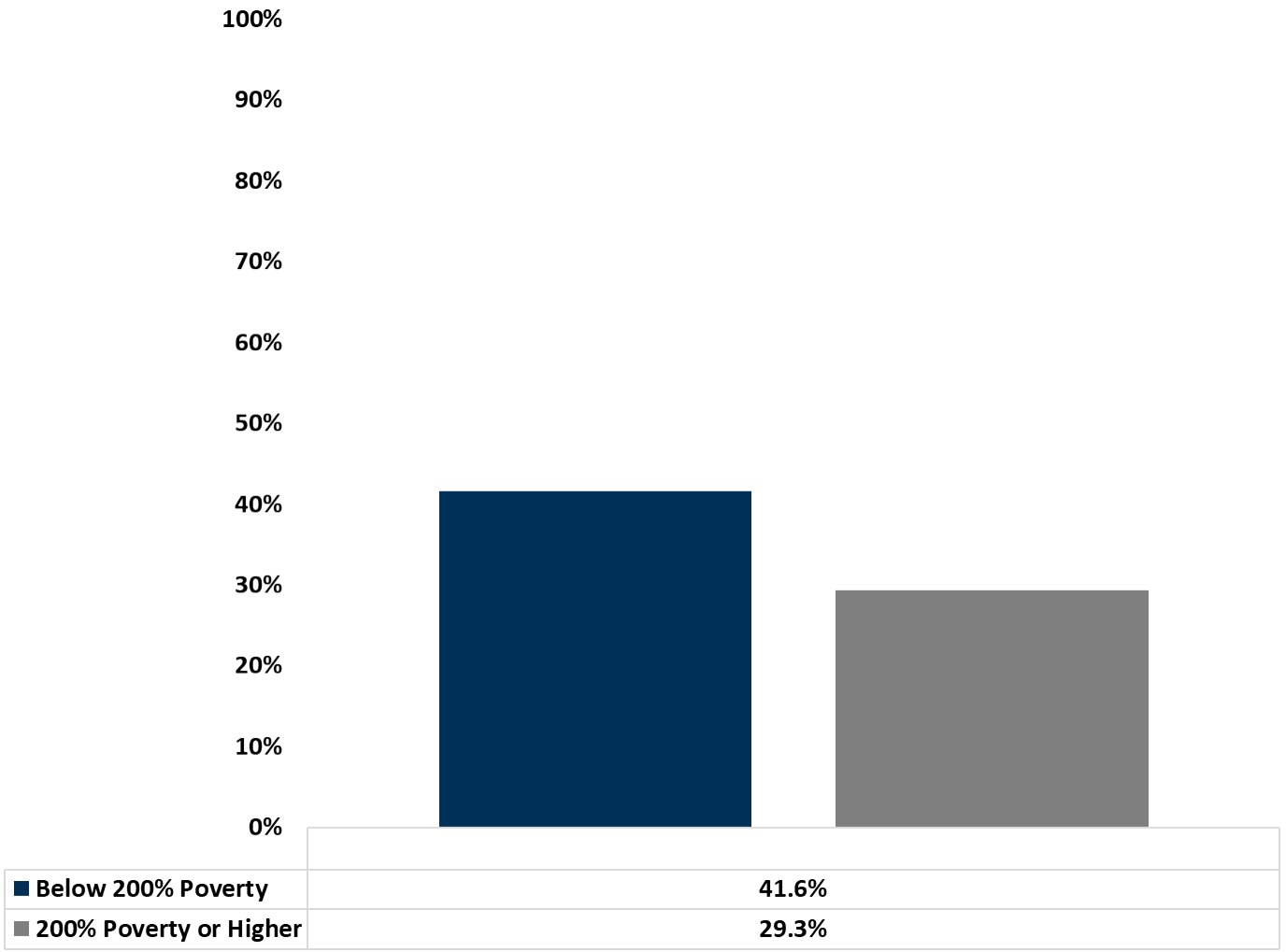
	Excellent	Very Good	Good	Fair	Poor
Below 200% Poverty	14.9%	34.0%	36.2%	8.5%	6.4%
200% Poverty or Higher	30.5%	42.5%	15.0%	11.6%	0.4%

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS PHYSICAL ACTIVITY

Figure 49 shows the community survey respondents who are considered to have insufficient activity level by poverty level. Community survey respondents in the Pottstown Hospital service area that are living below 200% were significantly more likely to report be physically inactive (41.6%) compared to respondents not living in poverty (29.3%).

Figure 49: Insufficient Activity Level

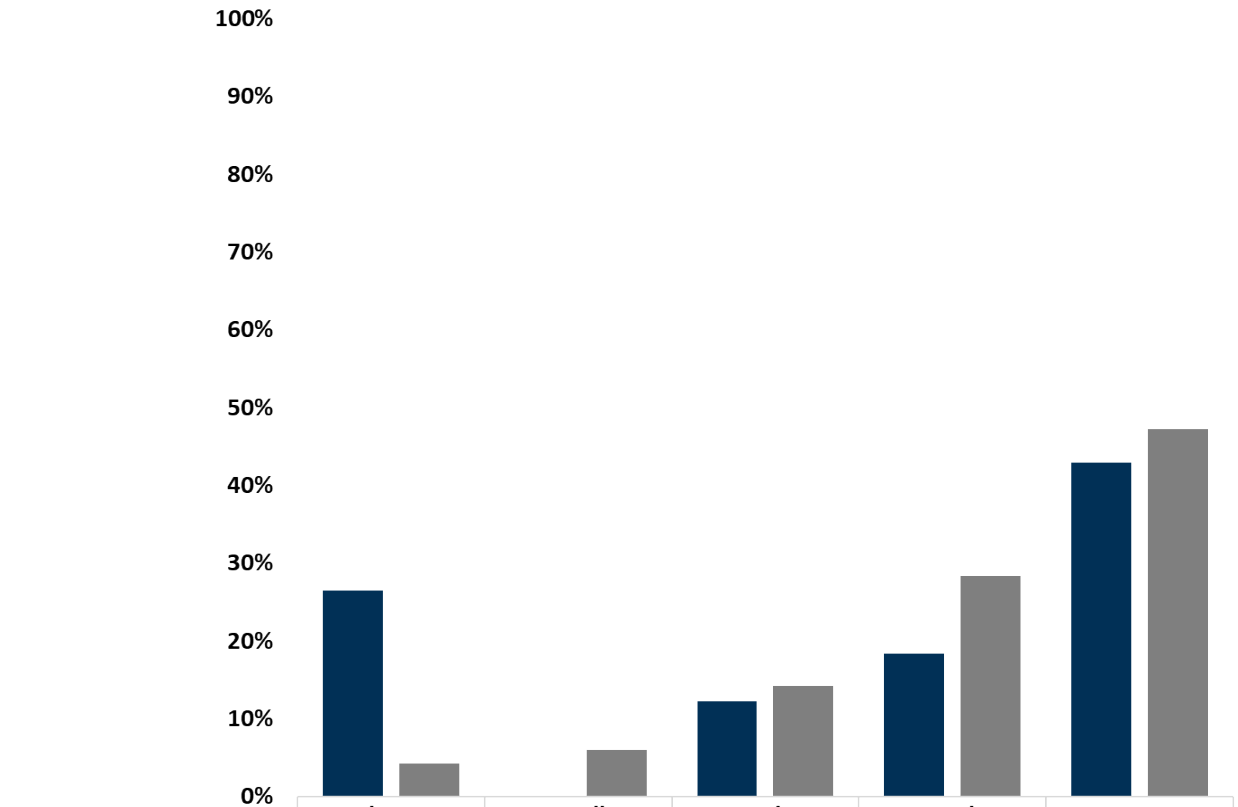


Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS HOUSING

Figure 50 shows the community survey respondents who have worried about having enough money for housing by poverty level. Community survey respondents in the Pottstown 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 50: Worried About Having Enough Money for Housing



	Always	Usually	Sometimes	Rarely	Never
Below 200% Poverty	26.5%	0.0%	12.2%	18.4%	42.9%
200% Poverty or Higher	4.3%	6.0%	14.2%	28.3%	47.2%

Source: Pottstown 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 (67.5%). Key informant survey respondents identified low-income/ poor residents (75.0%) as the most underserved populations.

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 51 shows that Berks County had a significantly higher percentage of overweight residents and a slightly higher percentage of obese residents when compared to the state. Both Chester and Montgomery County have rates that are lower than the state, with Chester County's rates significantly lower in 2015-2017.

Figure 51: Overweight/Obesity BRFSS Indicator, 2015-2017

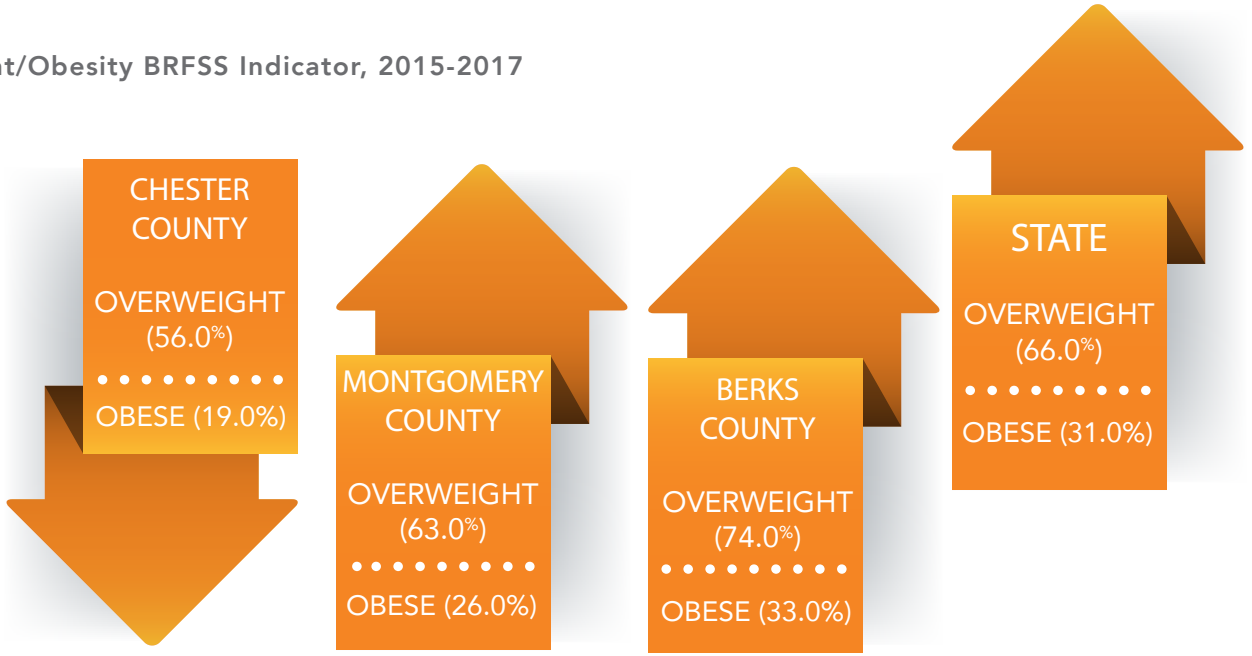


Figure 51 Source: Division of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health for Berks, Chester and Montgomery Counties, 2015-2017

Figure 52 Source (Page 93): County Health Rankings and Roadmaps for Berks, Chester and Montgomery counties, 2018

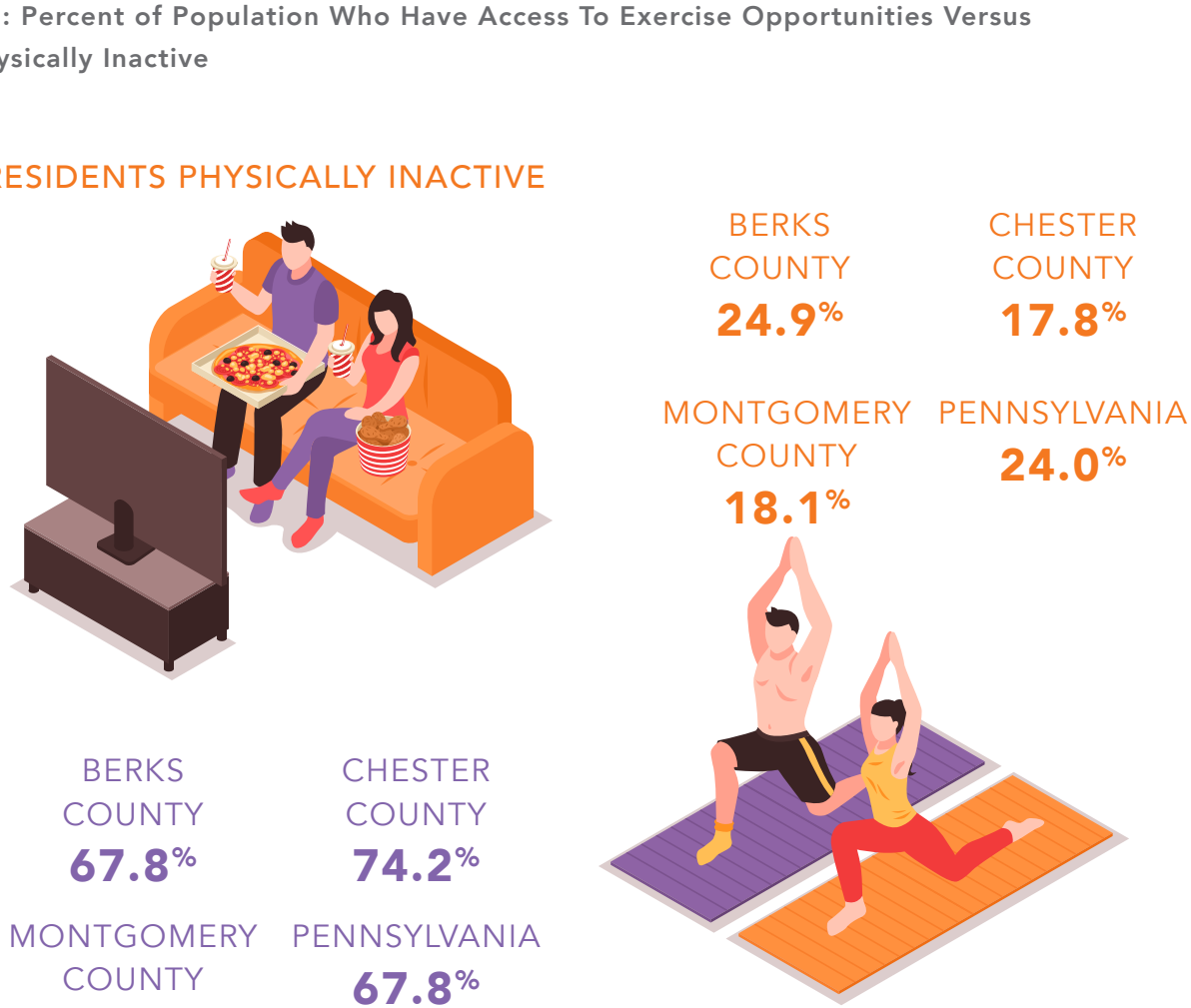
WHAT THE COMMUNITY IS SAYING

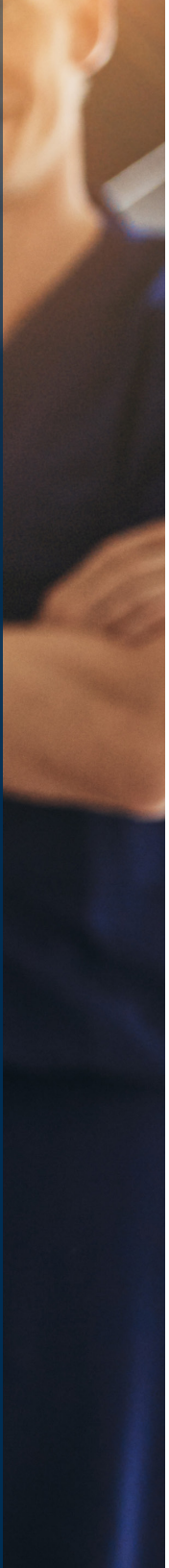
Over half of the community survey respondents (62.1%) had difficulty accessing safe and affordable places to exercise, and 16.9% report that they do not participate in physical activity or exercise. Approximately half of the intercept survey respondents identified obesity (53.3%) and poor nutrition (48.5%) as having the greatest impact on the health of an individual.

Focus group participants talked about the need for affordable recreation opportunities, noting that it is limited for those living in poverty. Stakeholders talked about the lack of physical activity among youth and the need for education around a healthy lifestyle.

Figure 52 outlines the percentage of the residents of the Pottstown Hospital Primary Service Area who are physically inactive versus having access to exercise opportunities. Berks County has a higher percentage than the state of physical inactivity, even though the access to exercise is comparable to the state. Both Chester and Montgomery counties have lower rates of residents that are physically inactive and higher access to exercise opportunities.

Figure 52: Percent of Population Who Have Access To Exercise Opportunities Versus Those Physically Inactive





ACCESS TO CARE

HOW ACCESS IMPACTS HEALTH

According to Disparities in Access to Health Care[4] there are eight main reasons why there are differences in health access:

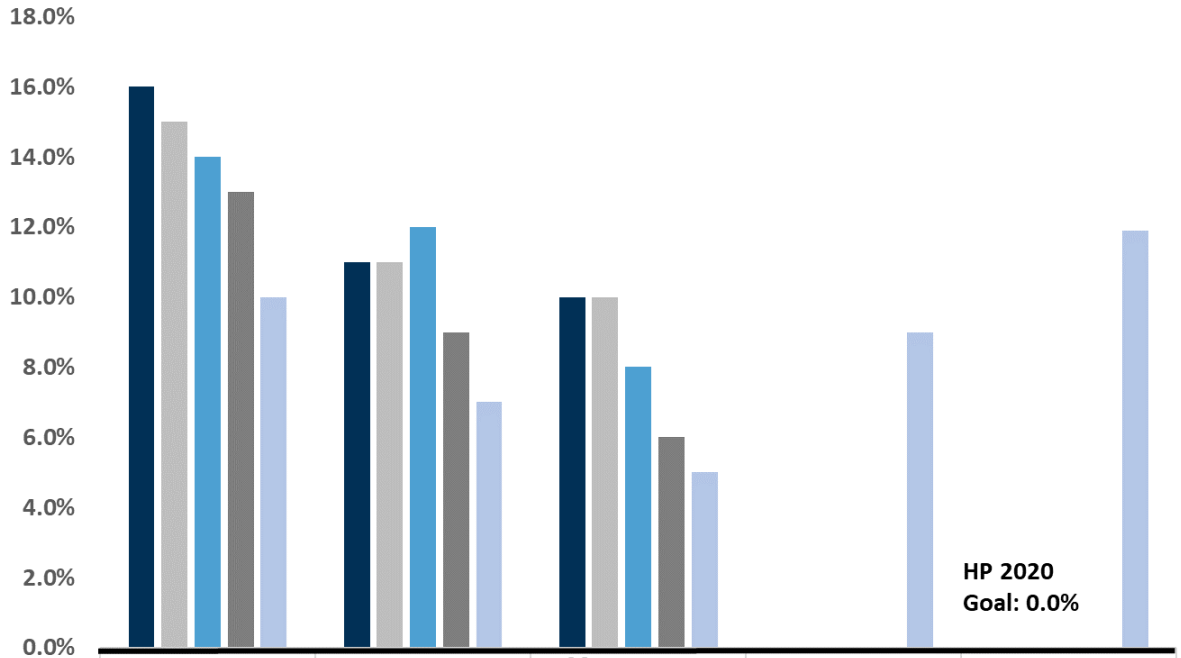
1. **Lack of health insurance** – Several racial, ethnic, socioeconomic and other minority groups lack adequate health insurance compared with the majority population. These individuals are more likely to delay healthcare and to go without the necessary healthcare or medication they should have been 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 53 shows the percentage of adults ages 18-64 who do not have health insurance in Berks, Chester and Montgomery counties, the state of Pennsylvania and the United States. The percentage of adults without health insurance has been decreasing in Berks County and in 2015-2017 (10.0%) was comparable to both the state (9.0%) and nation (11.9%), although it remains above the Healthy People 2020 Goal that all individuals will have health insurance. The percentages in Chester (7.0%) and Montgomery (5.0%) counties were lower than Berks County, the state and nation in 2015-2017 and have also been decreasing.

Figure 53: No Health Insurance (Ages 18-64)



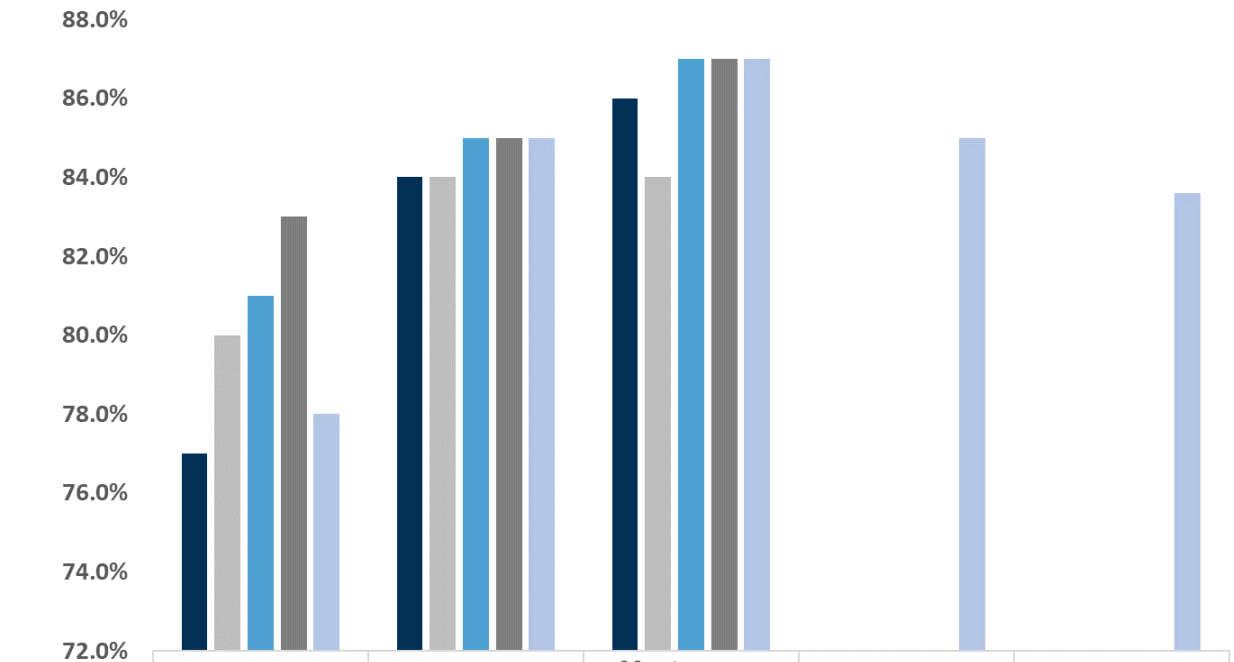
	Berks	Chester	Montgomery County	Pennsylvania	United States
2011-2013	16.0%	11.0%	10.0%		
2012-2014	15.0%	11.0%	10.0%		
2013-2015	14.0%	12.0%	8.0%		
2014-2016	13.0%	9.0%	6.0%		
2015-2017	10.0%	7.0%	5.0%	9.0%	11.9%

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

ROUTINE CARE

Figure 54 shows the percentage of adults who have had a routine checkup in the past 2 years. While the rates have fluctuated slightly in Berks County, in 2015-2017 (78.0%) significantly fewer residents have had a routine check up in the past 2 years when compared to the state (85.0%) and nation (83.6%). In Chester and Montgomery counties, the percentages are higher and more consistent with the 2015-2017 rates (85.0% and 87.0% respectively) and are higher than both the state and nation.

Figure 54: Routine Check Up, Past 2 Years



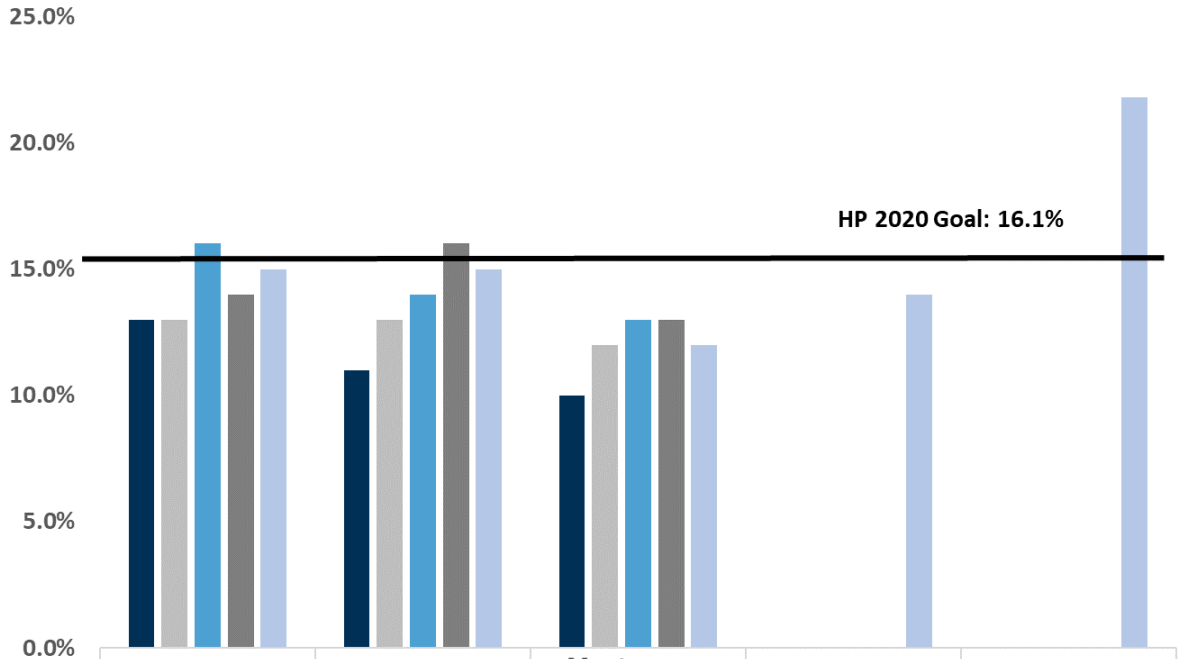
	Berks	Chester	Montgomery County	Pennsylvania	United States
2011-2013	77.0%	84.0%	86.0%		
2012-2014	80.0%	84.0%	84.0%		
2013-2015	81.0%	85.0%	87.0%		
2014-2016	83.0%	85.0%	87.0%		
2015-2017	78.0%	85.0%	87.0%	85.0%	83.6%

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

PERSONAL CARE PROVIDER

Figure 55 shows the percentage of adults who have reported they do not have a personal care provider. The percentage of adults who report they do not have a personal care provider has fluctuated in Berks County, and in 2015-2017 (15.0%) was comparable to the state (14.0%) but below the nation (21.8%) and Healthy People 2020 Goal (16.1%). Chester and Montgomery counties had been increasing between 2011 and 2016, but decreased slightly in 2015-2017 to 15.0% and 12.0% respectively.

Figure 55: No Personal Care Provider



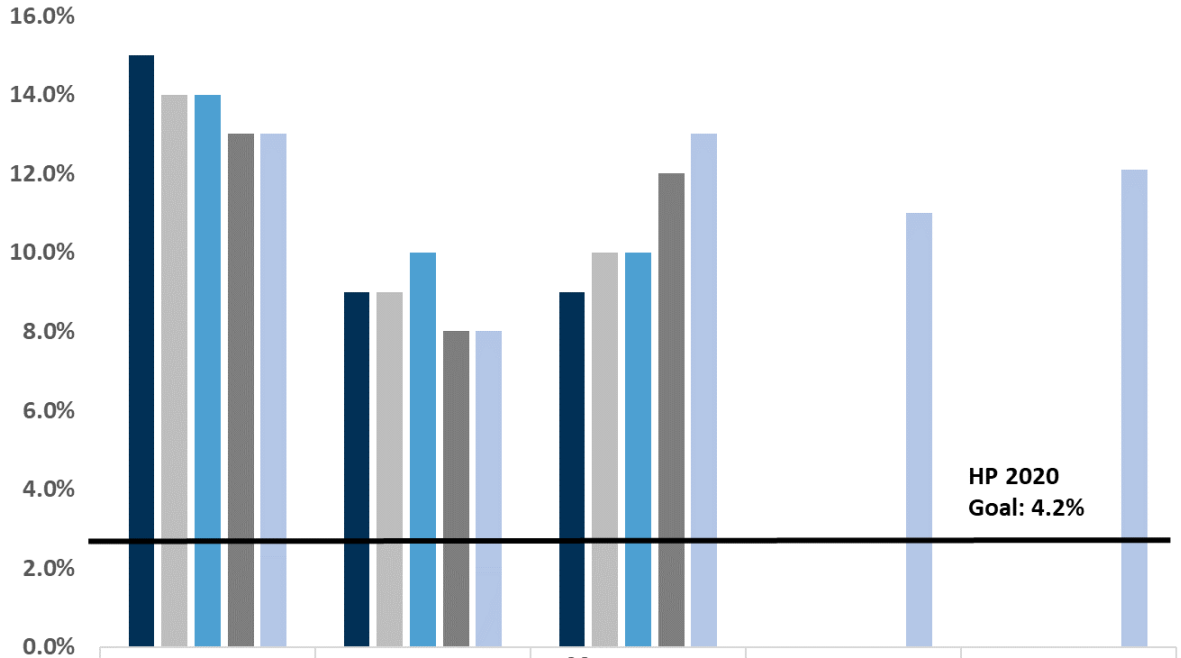
	Berks	Chester	Montgomery County	Pennsylvania	United States
2011-2013	13.0%	11.0%	10.0%		
2012-2014	13.0%	13.0%	12.0%		
2013-2015	16.0%	14.0%	13.0%		
2014-2016	14.0%	16.0%	13.0%		
2015-2017	15.0%	15.0%	12.0%	14.0%	21.8%

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

COULD NOT SEE A DOCTOR DUE TO COST

Figure 56 shows the percentage of adults who needed to see a doctor within the past year but could not due to cost. While the percentage of adults in Berks County who did not see a doctor due to cost has decreased since 2011-2013, in 2015-2017 (13.0%) remains above the state (11.0%) and is comparable to the nation (12.1%). The percentage in Chester County has fluctuated and in 2015-2017 (8.0%) was lower than the state and nation. The percentage of adults who could not see a doctor due to cost in Montgomery County has increased from 9.0% in 2011-2013 to 13.0% in 2015-2017, which was above the state and nation. The counties, state and nation are well above the Healthy People 2020 Goal of 4.2%.

Figure 56: Needed to See a Doctor But Could Not Due to Cost, Past Year



	Berks	Chester	Montgomery County	Pennsylvania	United States
2011-2013	15.0%	9.0%	9.0%		
2012-2014	14.0%	9.0%	10.0%		
2013-2015	14.0%	10.0%	10.0%		
2014-2016	13.0%	8.0%	12.0%		
2015-2017	13.0%	8.0%	13.0%	11.0%	12.1%

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

WHAT THE COMMUNITY IS SAYING

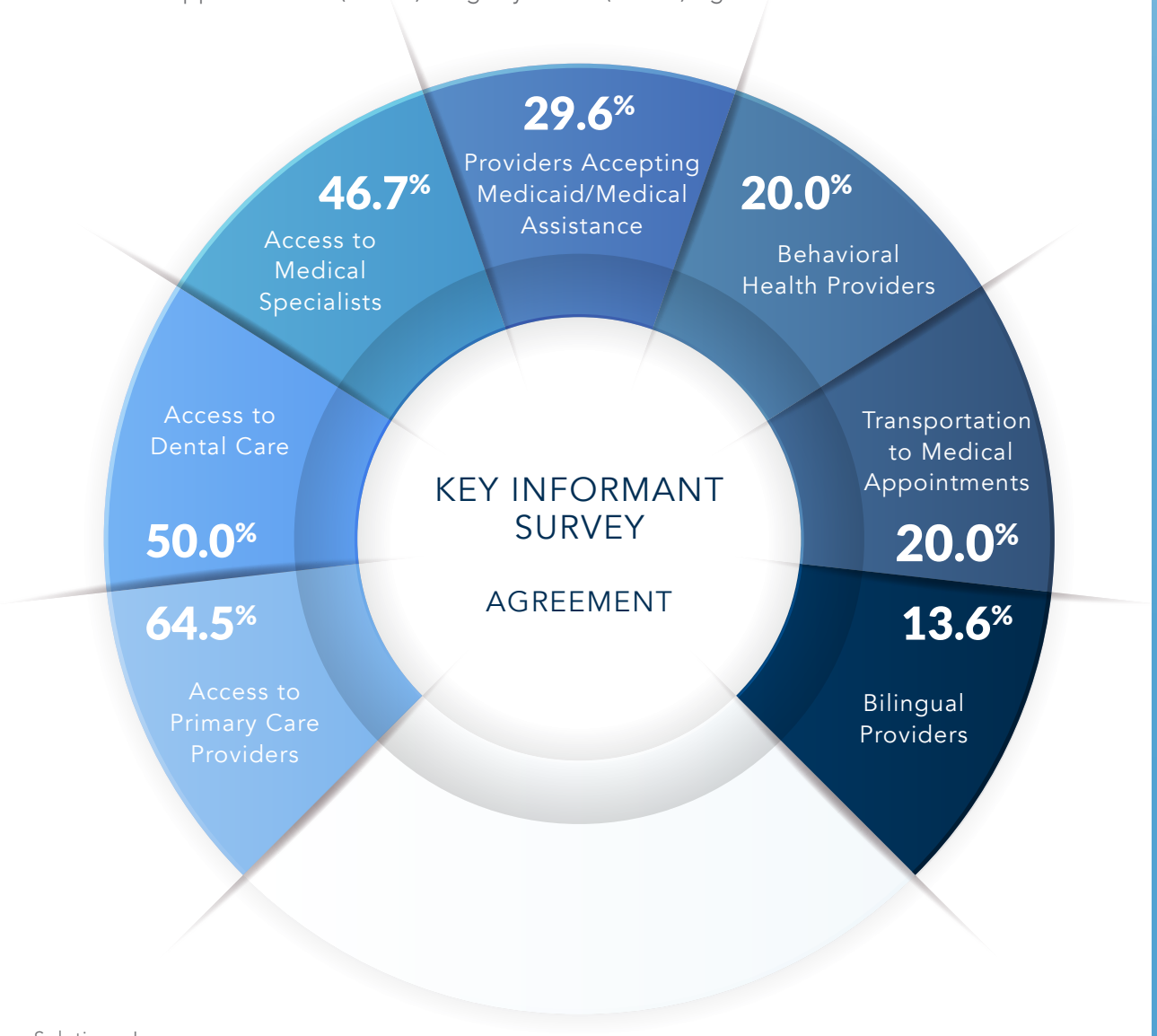
Figure 57 illustrates access to care based on the community survey for respondents who live in the Pottstown Hospital service area. Very few respondents (73.5%) have dental insurance, while most have health insurance. One third of respondents have had difficulty accessing healthcare in the past 12 months, with 20.1% unable to get an appointment and 15.9% unable to see a doctor due to inconvenient office hours.

Figure 57: Access to Care

Source: 2018 Pottstown Hospital Community Survey, Professional Research Consultants

Figure 58 shows the percentage of key informant survey respondents who agree that access to various healthcare and related services are available in the community. Almost two thirds (64.5%) agree that residents can access a primary care provider when needed. Approximately half agree there is access to dental care (50.0%) and medical specialists (46.7%). Just under one third (29.6%) agree there are a sufficient number of providers accepting Medicaid/Medical Assistance. One in five agree there are enough behavioral health providers (20.0%) or that transportation is available to medical appointments (20.0%). Slightly fewer (13.6%) agree that there is a sufficient number of bilingual providers.

Figure 58: Access to Care, Agreement



Source: 2018 Pottstown Hospital Key Informant Survey, Strategy Solutions, Inc.

WHAT THE COMMUNITY IS SAYING

Focus group participants talked about the cost of care and that not all employment offers health insurance. This group talked about the lack of Spanish speaking providers and transportation as barriers to accessing care. They also noted a lack of dental services and communication among agencies.

Stakeholders talked about the need for services for the uninsured and underinsured. They also noted the need for culture awareness training within the provider community.

WHERE DO WE
GO FROM HERE

Pottstown 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 those 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).

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Advancing Health. Transforming Lives.