



COMMUNITY HEALTH NEEDS

2019 IMPLEMENTATION STRATEGY

HEALTH IS WHERE WE LIVE, LEARN, AND WORK



TOWER HEALTH

Advancing Health. Transforming Lives.

[TowerHealth.org](https://www.towerhealth.org)

LETTER TO THE COMMUNITY

OUR MESSAGE TO THE RESIDENTS OF THE TOWER HEALTH SERVICE AREA

Tower Health is committed to meeting the health needs of our region and growing with our communities to provide access to high quality care, close to home. To achieve this goal, we must understand the community's evolving unmet health needs. To that end, Tower Health — in collaboration with our six acute-care hospitals and community partners — completed the 2019 Community Health Needs Assessment (CHNA), which identifies the region's health priorities and our collective path forward.

Based on the results of this process, our health system, hospitals, and community partners worked together to develop strategies to address each of the following regional health priorities:

- Access to Health Care
 - Increase access to healthcare services by community members, particularly those considered vulnerable and/or living in underserved areas
- Social Determinants of Health
 - Identify and address Social Determinants of Health
- Disease Prevention and Management
- Access to Behavioral Health Services
 - Improve access to screening, assessment, treatment and support for behavioral health
 - Decrease stigma related to behavioral health

As a healthcare leader, Tower Health is committed to advancing health and wellness in all the communities we serve. Our work extends far beyond the walls of our hospitals and health system. Together with our community partners focused on the health needs in our communities, we are implementing life-changing programs and services.

Clint Matthews

P resident & CEO
Tower Health



My sincere thanks to the 3,404 citizens and stakeholder participants throughout all of the Tower Health communities who generously offered their time and valuable insights during the comprehensive CHNA process. I would also like to recognize the time and talent of each hospital's advisory groups, comprised of hospital staff and representatives from community organizations.

The most important aspect of the CHNA process is community partnership and engagement. Resident feedback pertaining to the health status of the community is integral to planning and executing interventions, programs, and activities. Each of our community partners brings significant and unique expertise. We look forward to our continued work together to ensure that vulnerable individuals receive the care and services they need. We are much stronger together than we would be individually, and the community benefits from our collaboration.

I am grateful for your continued feedback, involvement, and support. Together, we are "*Advancing Health, Transforming Lives*" across our region.

Sincerely,

A handwritten signature in black ink, appearing to read "Clint Matthews". The signature is fluid and cursive, with a long horizontal stroke at the end.

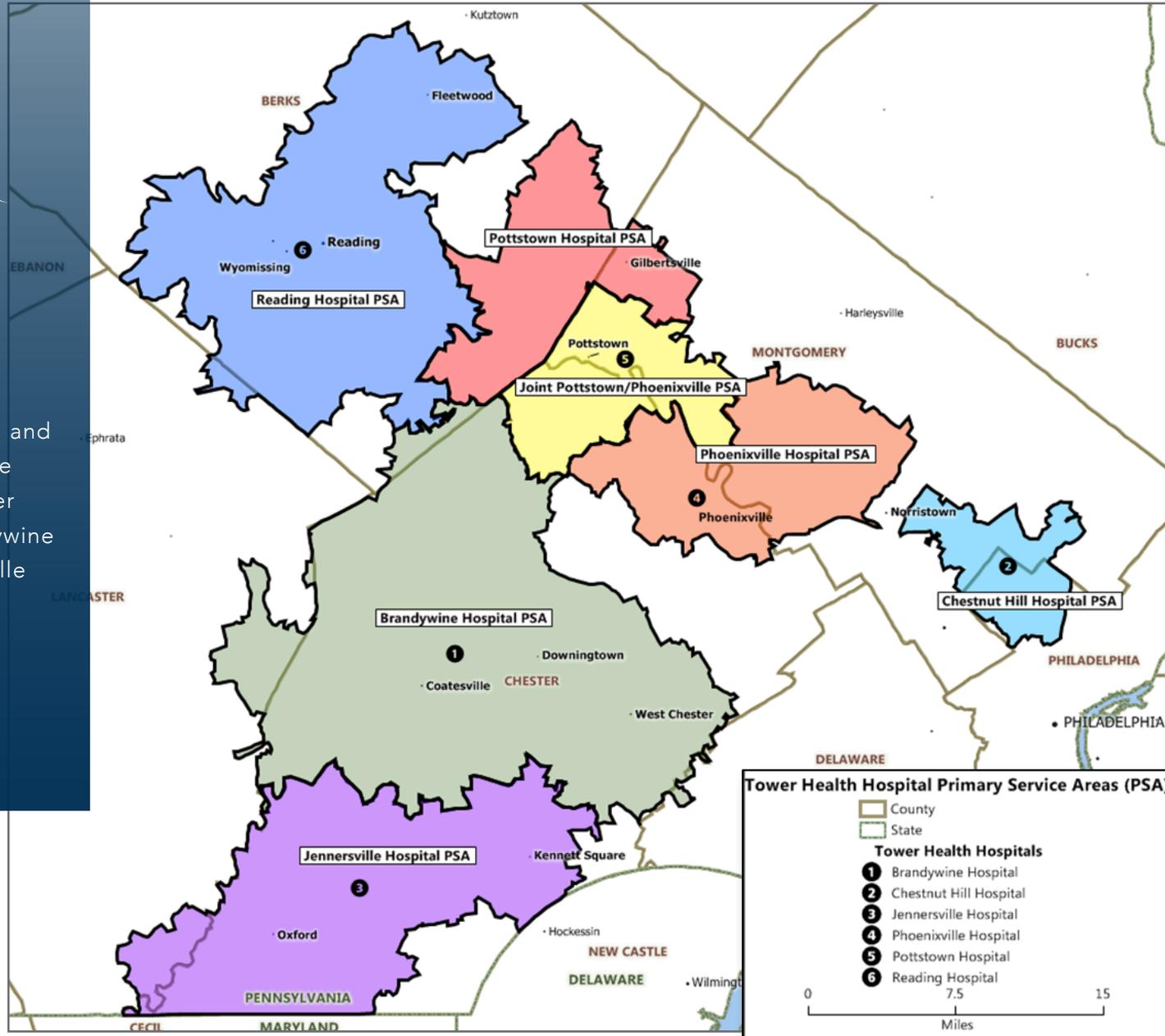
Clint Matthews
President & Chief Executive Officer
Tower Health

TOWER HEALTH SERVICE AREA



Tower Health Service Area

Our community encompasses the entire county of Berks, along with portions of Chester, Montgomery, and Philadelphia counties, which represents the primary service area of Tower Health. Tower Health, is made up of six hospitals: Brandywine Hospital, Chestnut Hill Hospital, Jennersville Hospital, Phoenixville Hospital, Pottstown Hospital, and Reading Hospital.



TOWER HEALTH

ADVANCING HEALTH. TRANSFORMING LIVES.

Tower Health, which formed and began operations on October 1, 2017, is a strong, regional, integrated healthcare provider/payer system that offers leading-edge, compassionate healthcare and wellness services to a population of 2.5 million people.

Together, our six hospitals and other entities provide a full range of medical care — from prevention, screenings, and education; to the latest clinical services and surgeries available; to rehabilitation. We also offer wellness programs and public health services that ensure our communities are the healthiest they can be. Our caring, highly skilled physicians and staff are committed to patient safety and patient satisfaction.

With more than 12,000 team members, Tower Health includes:

- Reading Hospital, a teaching hospital based in West Reading;
- Brandywine Hospital in Coatesville;
- Chestnut Hill Hospital, a teaching hospital in Philadelphia;
- Jennersville Hospital in West Grove;
- Phoenixville Hospital in Phoenixville; and
- Pottstown Hospital in Pottstown.

We also operate Reading Hospital Rehabilitation at Wyomissing and Reading Hospital School of Health Sciences.

Tower Health also includes the Tower Health Medical Group which is a connected network of more than 2,000 physicians, specialists, and providers across 125 convenient locations. Tower Health at Home is another critical service which provides home healthcare services throughout the region. A network of 22 urgent care facilities across the service area are also provided by Tower Health Urgent Care.

Collaboration across Tower Health enables our hospitals, providers, leadership, and staff to leverage best practices across the health system. Our patients benefit from access to a broad range of services — all right here in our region.

TOWER HEALTH MISSION

The mission of Tower Health 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.

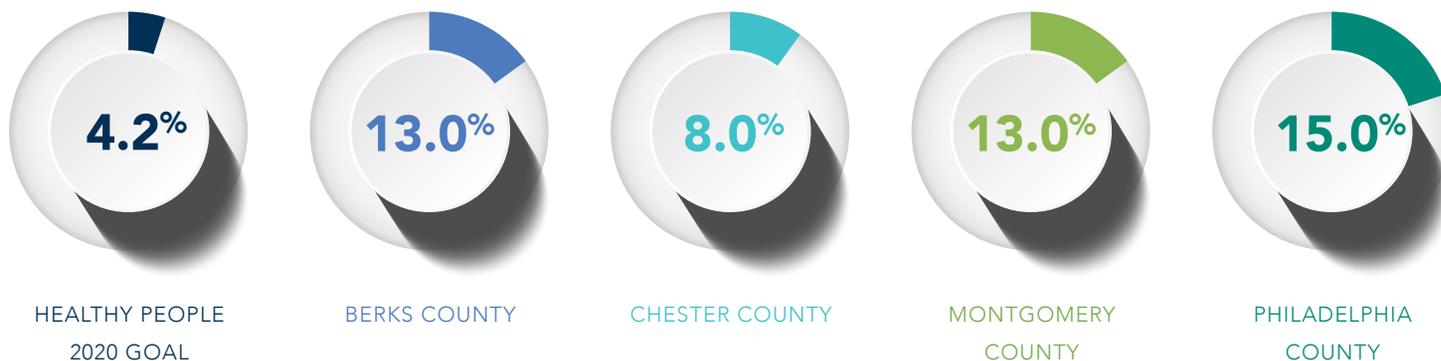
TOWER HEALTH VISION

Tower Health 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.

OUR PRIORITY FOCUS AREAS

1 ACCESS TO HEALTHCARE SERVICES

The percentage of residents in the Tower Health Service Area who could not see a doctor in the past year due to cost is double, triple, or higher than the Healthy People 2020 goal:



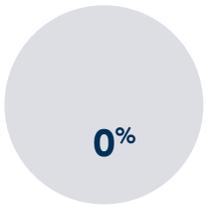
Source: Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Berks, Chester, Montgomery and Philadelphia counties, 2011-2017, Healthy People 2020, Center for Disease Control 2018



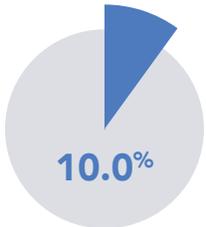
WHAT THE COMMUNITY IS SAYING

Stakeholder interview participants spoke about the challenges residents experience accessing care due to cost, lack of transportation, and cultural or language barriers. They also noted the need for more dental care.

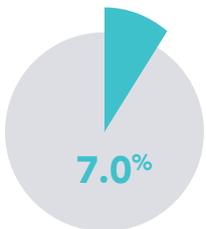
Focus group participants also noted the cost of care and transportation as barriers to accessing needed care. They highlighted the difficulty navigating the healthcare system and challenges with insurance. A few noted that people are fearful of what the doctor is going to tell them.



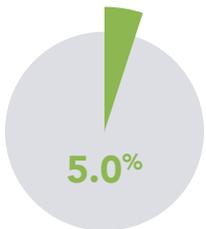
HEALTHY PEOPLE
2020 GOAL



BERKS COUNTY



CHESTER COUNTY



MONTGOMERY
COUNTY



PHILADELPHIA
COUNTY

Substantial percentages of residents in the Tower Health service area have experienced difficulty accessing health care:



Source: Tower Health Community Survey, Professional Research Consultants, 2018

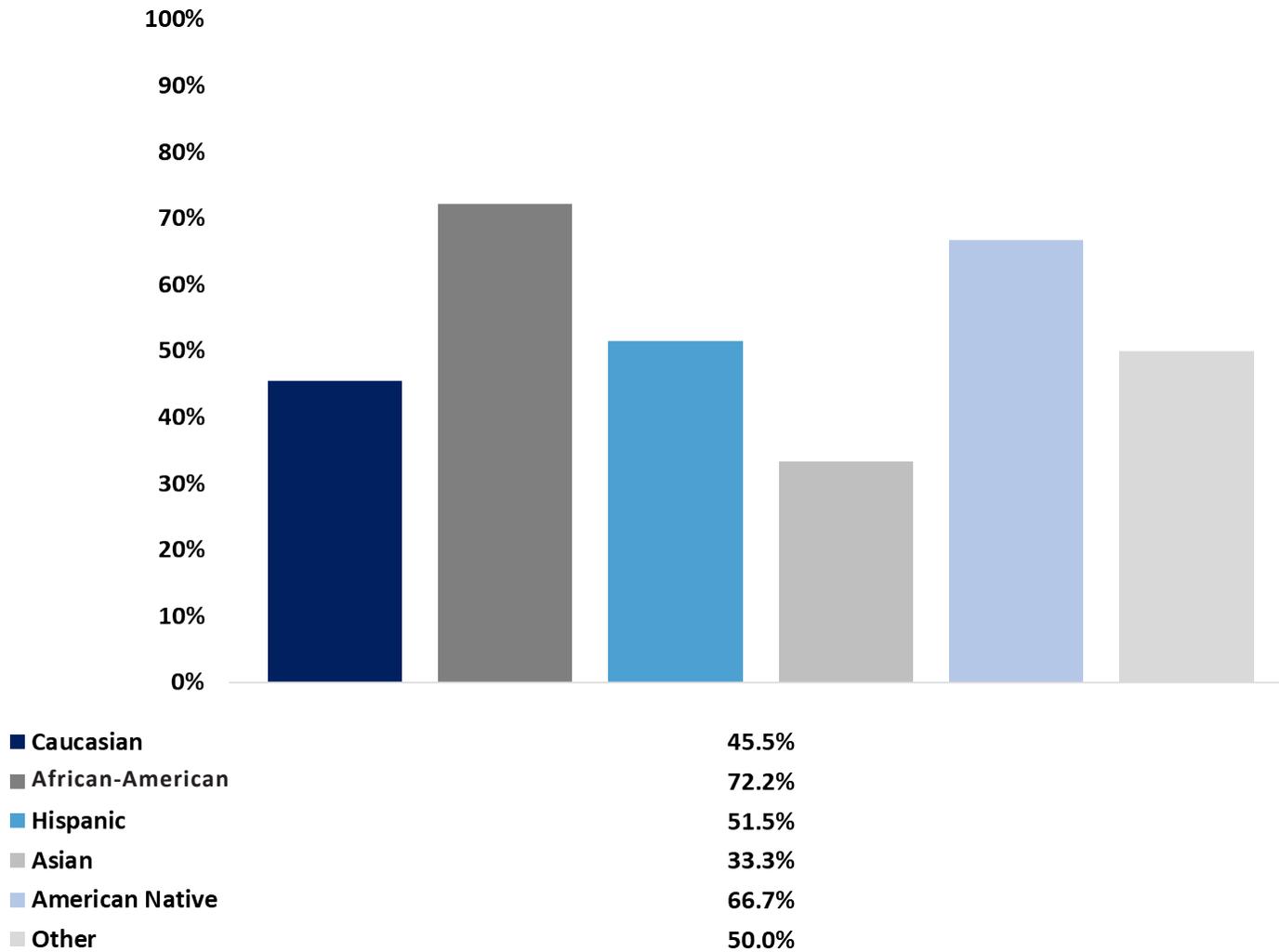
The percentage of residents who do not have health insurance is substantially above the Healthy People 2020 goal.

Source: Healthy People 2020, Center for Disease Control 2018



2 SOCIAL DETERMINANTS OF HEALTH

The graph below depicts the percentage of community survey respondents, by race/ethnicity, who have worried about having enough money for housing. African-American respondents were significantly more likely to worry about having enough money for housing than other respondents.



Source: Tower Health Community Survey, Professional Research Consultants, 2018



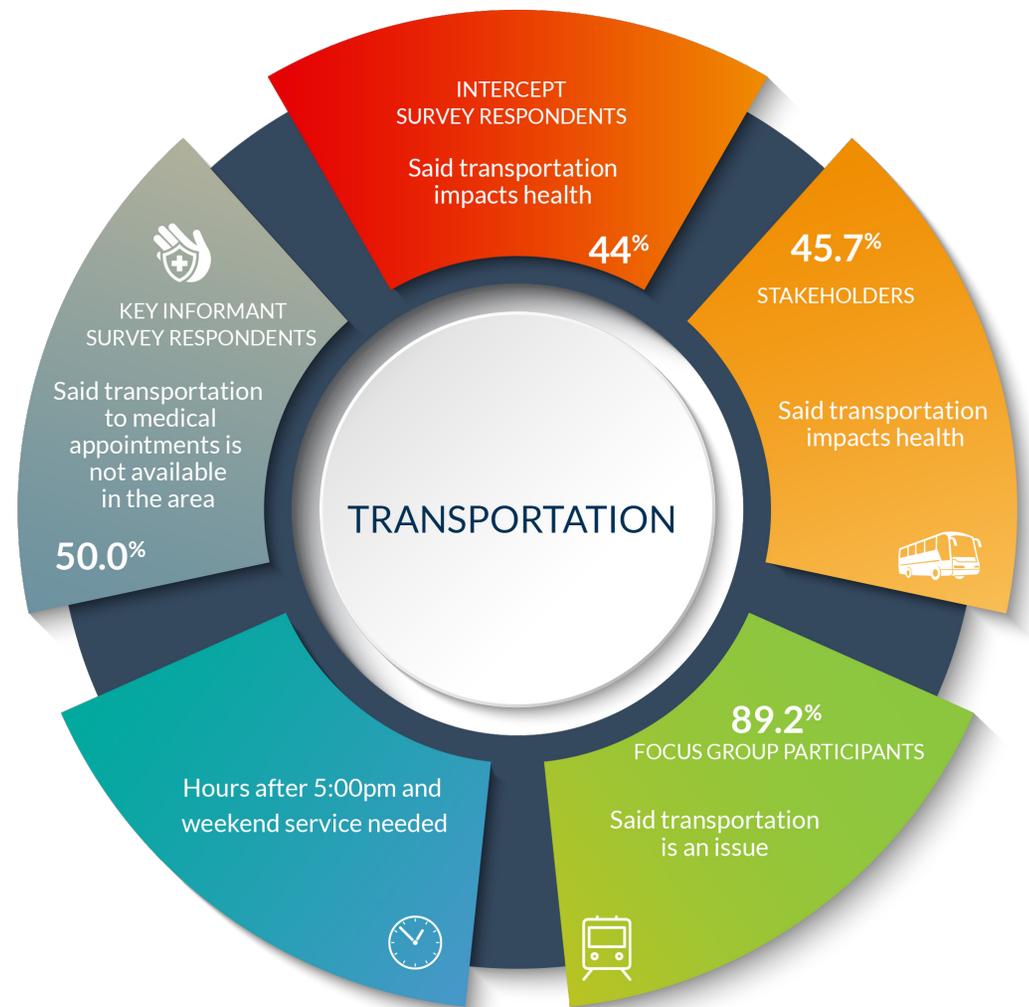
WHAT THE COMMUNITY IS SAYING

Primary research participants from the 2019 CHNA had much to say about the relationship between transportation and health.

Issues identified in focus groups, intercept surveys, and key informant surveys due to a lack of transportation include:

- Better access to transportation is needed
- Lack of evening and weekend transportation options
- 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 there is no transportation
- Inability to navigate the transportation system
- Lack of transportation outside of the area to access specialty care
- Need for more senior transportation
- Need transportation outside of cities; more rural area transportation

Primary Data Sources – Transportation



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



WHAT THE COMMUNITY IS SAYING

One in five (19.4%) respondents were food insecure, while 16.0% find it very or somewhat difficult to buy fresh produce. Almost two-thirds of survey respondents (62.2%) report eating five or more servings of fruit and/or vegetables daily.



Source: Tower Health Community Survey, Professional Research Consultants, 2018

3 DISEASE PREVENTION AND MANAGEMENT

Males are more likely to have had a routine checkup or a pneumonia shot in the past year while women are more likely to have had a dental visit in the past year.

Impacts of Gender on Access to Healthcare

	Male	Female	Overall
Routine checkup within the past year	79.3%	72.3%	75.6%
Dental visit within the past year	72.0%	75.9%	74.0%
Pneumonia shot	46.4%	37.8%	41.8%

Source: Tower Health Community Survey, Professional Research Consultants, 2018

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 asthma and obesity. Respondents ages 18 to 39 were significantly more likely to have asthma while those ages 40 to 64 were significantly more likely to be considered obese compared to other respondents.

Impacts of Age on Chronic Conditions

Ever Been Told That You Have:	18 to 39	40 to 64	65 and over	Overall
COPD/asthma	7.3%	9.1%	13.8%	9.3%
Arthritis/rheumatism	8.4%	26.1%	49.3%	24.1%
Sciatica or chronic back pain	13.4%	24.8%	30.5%	21.7%
Cancer (not skin)	1.2%	7.8%	20.6%	7.8%
Skin cancer	3.0%	7.1%	19.8%	8.0%
Osteoporosis	0.6%	8.1%	18.6%	7.4%
Heart attack (MI)	3.2%	4.7%	9.0%	5.0%
Kidney disease	2.8%	4.6%	7.9%	4.6%
Angina or coronary heart disease	1.2%	5.8%	11.2%	5.2%
Stroke	4.2%	5.4%	8.6%	5.5%
Asthma	21.7%	17.5%	13.0%	18.2%
Diabetes	7.8%	14.5%	20.9%	13.2%
Overweight	34.4%	35.6%	38.5%	35.7%
Obese	27.8%	36.4%	32.1%	32.5%

Community survey respondents living below 200% of the poverty line* were significantly more likely to have been told they have arthritis, COPD, osteoporosis, kidney disease, asthma, heart attack, heart disease, stroke, or are obese compared to respondents not living below 200% poverty. Those living above 200% poverty were significantly more likely to have been told they have skin cancer.

	200% Poverty or Higher	Below 200% Poverty
Arthritis/ Rheumatism	30.7%	52.6%
COPD	6.1%	15.9%
Skin Cancer	8.5%	5.3%
Osteoporosis	5.2%	12.1%
Kidney Disease	3.3%	7.4%
Asthma	9.8%	18.2%
Heart Attack	3.5%	8.7%
Heart Disease	3.1%	8.0%
Stoke	3.5%	9.4%
Obese	29.1%	40.8%

Source: Tower Health Community Survey, Professional Research Consultants, 2018

*Note: <https://www.thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843>

Chronic disease mortality rates for certain diagnoses are significantly higher in Berks, Montgomery and Philadelphia counties than across

CHRONIC DISEASE MORTALITY	Berks	Chester	Montgomery	Philadelphia	PA
Breast Cancer Mortality Rate per 100,000	17.7	19.2	23.2	23.8	21.4
Bronchus and Lung Cancer Mortality Rate per 100,000	45.5	33.6	35.7	50.9	40.9
Colorectal Cancer Mortality Rate per 100,000	11.6	11.1	13.4	19.4	14.7
Prostate Cancer Mortality Rate per 100,000	16.4	18.1	17.9	30.7	19.2
Heart Disease Mortality Rate per 100,000	179.6	142.4	146.0	215.8	175.8
Heart Failure Mortality Rate per 100,000	25.5	16.8	20.8	25.8	23.9
Coronary Heart Disease Mortality Rate per 100,000	111.5	95.5	95.5	146.3	107.6
Cardiovascular Mortality Rate per 100,000	244.8	184.6	200.3	274.1	225.8
Cerebrovascular Mortality Rate per 100,000	49.7	34.0	43.0	42.1	36.8
Diabetes Mortality Rate per 100,000	18.9	12.4	11.0	21.4	20.2

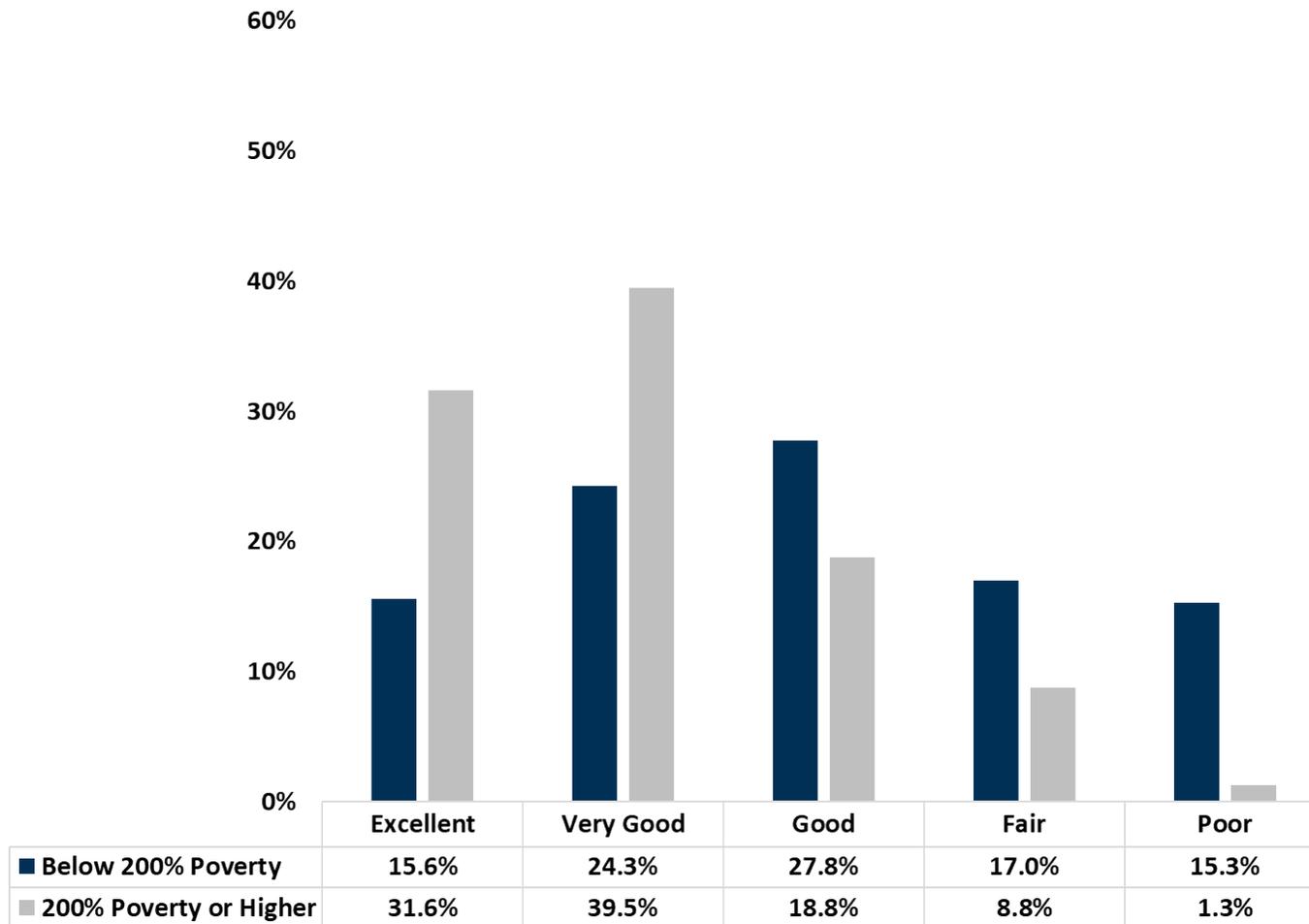
Source: Tower Health Community Survey, Professional Research Consultants, 2018

Note: The numbers in red are significantly higher than the state while those numbers in blue are significantly lower than the state.

4 ACCESS TO BEHAVIORAL HEALTH SERVICES

Community survey respondents in the Tower Health service area that are living below 200% of the poverty line* were significantly more likely to report their personal mental health as fair or poor than those with higher incomes.

Personal Mental Health Rating

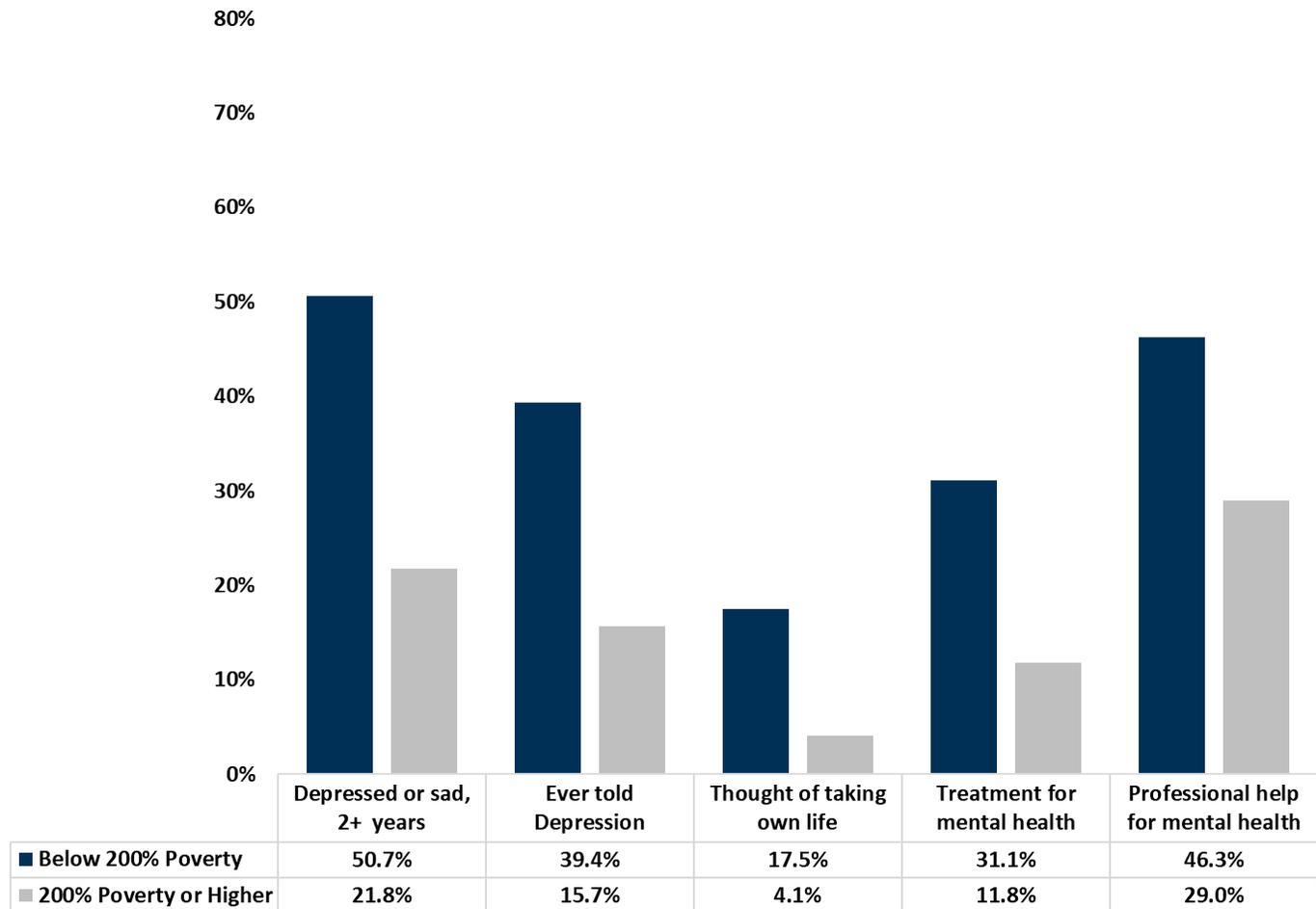


Source: Tower Health Community Survey, Professional Research Consultants, 2018

*Note: <https://www.thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843>

Community survey respondents living below 200% of the poverty line were significantly more likely to have been depressed or sad for two or more years, to have ever been told they have depression, thought of taking their own life, or be receiving treatment compared to those with higher incomes.

Mental Health Indicators



Source: Tower Health Community Survey, Professional Research Consultants, 2018



- Berks County has fewer mental health providers than the state average.
- Berks and Philadelphia County residents are more likely to suffer from insufficient sleep than the remainder of the state.
- Chester County residents are more likely to be excessive drinkers than the state overall.
- Berks, Chester, and Montgomery counties have higher rates of alcohol-impaired driving deaths compared to the rest of the state.

Mental Health and Substance Abuse	Berks	Chester	Montgomery	Philadelphia	PA
Mental Health Providers	843:1	494:1	360:1	466:1	559:1
Insufficient Sleep	39.0%	31.3%	33.4%	43.2%	37.9%
Excessive Drinking	19.5%	24.0%	19.2%	18.8%	20.5%
Alcohol Impaired Driving Deaths	32.2%	43.9%	32.4%	25.5%	30.1%

Residents of Philadelphia County are significantly more likely to have poor physical or mental health days preventing usual activities than the state overall.

PA BEHAVIORAL RISK FACTORS SURVEILLANCE SURVEY	Berks	Chester	Montgomery	Philadelphia	PA
Poor Physical or Mental Health Preventing Usual Activities in the Past Month	26.0%	19.0%	25.0%	29.0%	24.0%
Mental Health Not Good 1+ Days in the Past Month	37.0%	37.0%	37.0%	46.0%	38.0%

Hospital leaders and representatives from community agencies came together to review data compiled for the Community Health Needs Assessment. This group prioritized the most critical community needs identified as focus areas to hone in on areas of focus for the next three years. Hospital leaders met to review these prioritized needs, taking into consideration community needs, national benchmarks, and available resources. The following strategies were then identified to help address the identified priorities.

1 HEALTH PRIORITY: ACCESS TO HEALTHCARE

Goal 1. Increase access to healthcare services by community members, particularly those considered vulnerable and/or living in underserved areas.

STRATEGIES	ACTION STEPS	YEAR			METRICS PER YEAR
		2019	2020	2021	
Increase cultural awareness	Conduct 1 Cultural Awareness Training per month	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12 sessions completed 360 staff trained 75% reported increased cultural awareness
Enhance access to Specialty Care	Develop a plan that includes utilizing technology such as: virtual office visits, telecart, mobile apps and telemedicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Decrease patient outmigration
	Implement the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Enhance the use of remote patient monitoring	Include obese, diabetic, and CHF patients	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500 patients will be monitored remotely 75% will achieve improved health outcomes
Streamline access to care facilities	Implement the Tower Access Project	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Design and develop advanced access center Open advanced access center across ambulatory and specialty care service lines

2 HEALTH PRIORITY: SOCIAL DETERMINANTS OF HEALTH

Goal 1. Identify and address Social Determinants of Health (SDOH)

STRATEGIES	ACTION STEPS	YEAR			METRICS PER YEAR
		2019	2020	2021	
Identify and address SDOH in the clinical environment	Screen for SDOH in identified clinical areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30,000 patients screened 10% decrease in ED utilization 10,000 resource summaries generated 3,000 patients provided navigation
	Decrease ED Utilization				
	Connect patients to appropriate resources				
	Provide navigation services to high risk patients				
Implement Ride Health	Develop a workflow, implementation plan, and guidelines for Ride Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program implemented 500 rides provided
	Implement Ride Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

3 HEALTH PRIORITY: DISEASE PREVENTION AND MANAGEMENT

Goal 1. Implement chronic disease prevention and management programs in the primary service area, specifically targeting vulnerable populations.

STRATEGIES	ACTION STEPS	YEAR			METRICS PER YEAR
		2019	2020	2021	
Increase disease screening and education opportunities to the primary service areas, particularly focusing on vulnerable populations	Provide disease screenings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36 screening sessions
	Host education sessions				36 education sessions
Tower Wellness Programs	Implement short and long term wellness initiatives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Increase baseline participation in major ongoing Tower Health sponsored wellness programs to 25% within the next one year (Currently 18%)</p> <p>Maintain engagement in major short-term wellness initiatives at 60% or greater for fitness/nutrition programs and 20% or greater for mental/spiritual health programs</p>

4 HEALTH PRIORITY: ACCESS TO BEHAVIORAL HEALTH SERVICES

Goal 1. Improve access to screening, assessment, treatment and support for behavioral health.

STRATEGIES	ACTION STEPS	YEAR			METRICS PER YEAR
		2019	2020	2021	
Tower Behavioral Health	Build a new 144-bed inpatient behavioral health facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Construction complete

Goal 2. Decrease stigma related to behavioral health

STRATEGIES	ACTION STEPS	YEAR			METRICS PER YEAR
		2019	2020	2021	
Provide Mental Health First Aid Training	Offer training four times per year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	120 participants



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TOWER HEALTH

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