

# COMMUNITY HEALTH NEEDS

## 2025 ASSESSMENT



ADVANCING HEALTH. TRANSFORMING LIVES.

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# ABOUT THE REPORT

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The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the Phoenixville Hospital primary service area (PSA).

In this process, we directly engaged community members and key stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, we can better allocate resources towards efforts to improve community health and wellness.

From February through December 2024, Phoenixville Hospital conducted the data collection and analysis phase of its CHNA process using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 framework. This planning framework is one of the most widely used for CHNAs. It focuses on community engagement, partnership development, and seeking channels to engage people who have often not been part of the decision-making process. Primary data for the CHNA was collected through four channels:

- Community surveys
- Key informant interviews
- Online leadership survey
- Focus groups

Secondary data for the CHNA were aggregated on Metopio's data platform and included: hospital utilization data and secondary sources including, but not limited to, the American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS) Survey, Centers for Disease Control and Prevention PLACES, and the Decennial Census.

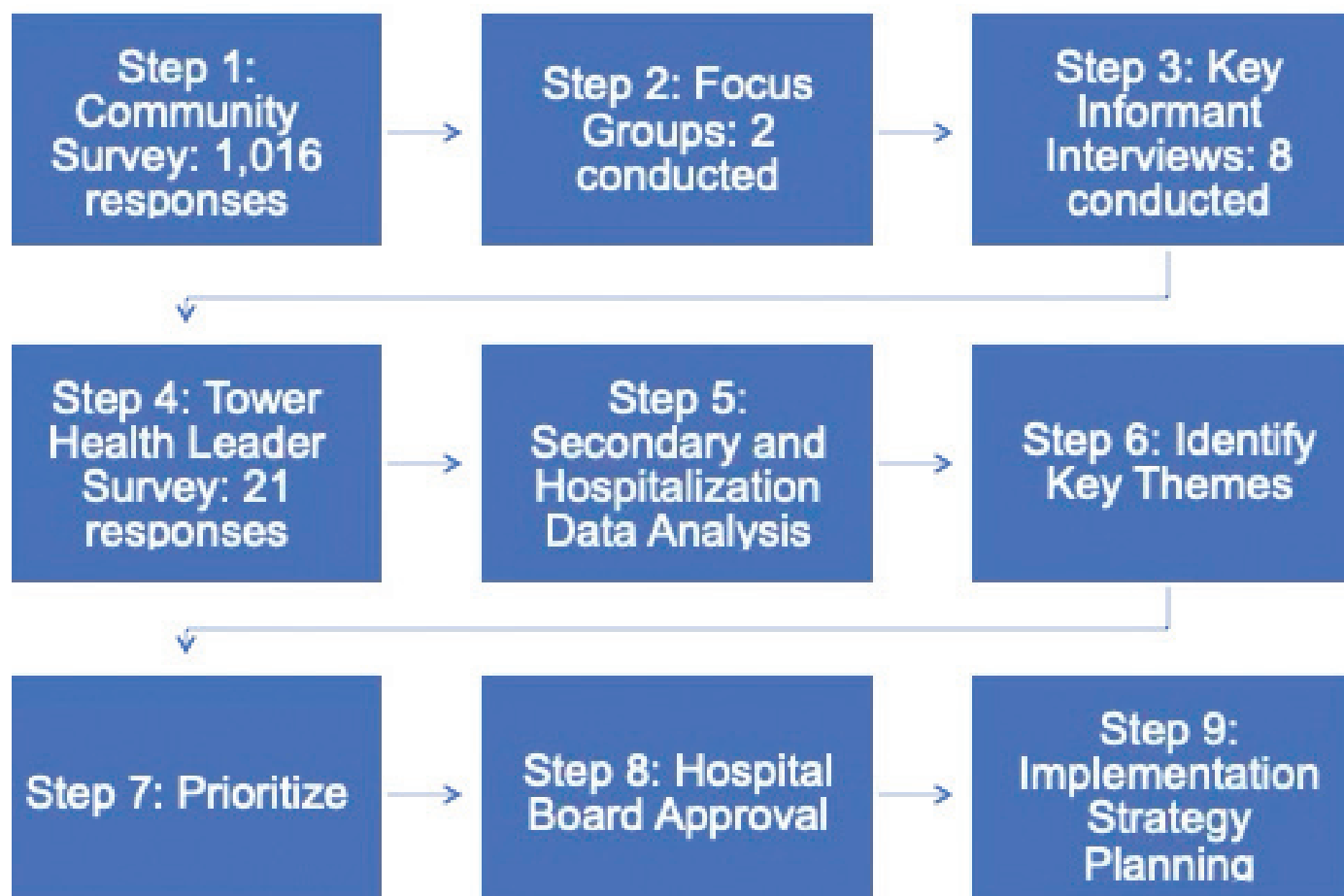
## Community Engagement Infographic



Source: Phoenixville Hospital 2022, CHNA Report



Figure 1: Community Health Needs Assessment Timeline



# COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment also serves to satisfy requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act (ACA) of 2010. The following table cross-references related sections to provide understanding into which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990, Schedule H, t.

Section	Description	Page(s)
Part V Section B Line 3a	<i>A definition of the community served by the hospital facility</i>	10
Part V Section B Line 3b	<i>Demographics of the community</i>	12-19
Part V Section B Line 3c	<i>Existing healthcare facilities and resources within the community that are available to respond to the community's health needs</i>	62-63
Part V Section B Line 3d	<i>How the data was obtained</i>	1-3
Part V Section B Line 3e	<i>The significant health needs of the community addressed by the hospital facility</i>	20-60
Part V Section B Line 3f	<i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	20-60
Part V Section B Line 3g	<i>The process for identifying and prioritizing community health needs and services to meet community health needs</i>	62
Part V Section B Line 3h	<i>The process for consulting with persons representing the community's interests</i>	22
Part V Section B Line 3i	<i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	5-7

# EVALUATION OF IMPACT: 2022 IMPLEMENTATION STRATEGY

## EVALUATION OF 2022 CHNA IMPLEMENTATION STRATEGY

### HEALTH PRIORITY: EQUITABLE ACCESS TO HEALTH CARE

Goal: Increase access to equitable care by community members, particularly those considered disparate and vulnerable populations.

Strategy	Action Items & Metrics
Nurse Outreach	<ul style="list-style-type: none"><li>• Community health nurses provided health information and resource referrals to vulnerable populations in the community to address unmet health needs</li></ul>
Ride Health	<ul style="list-style-type: none"><li>• Utilized Ride Health platform to coordinate free transportation to and from appointments for eligible patients</li></ul>
Access to Telemedicine	<ul style="list-style-type: none"><li>• Collaborate with community organizations serving seniors to provide technology education to older adults</li><li>• Provide telehealth education to older adults</li></ul>
Access Center/ MyTowerHealth	<ul style="list-style-type: none"><li>• Promoted MyTowerHealth portal to encourage patients to manage individual health</li></ul>



## HEALTH PRIORITY: BEHAVIORAL HEALTH

Goal: Improve access to screening, assessment, and support for behavioral health services.

Strategy	Action Items & Metrics
Awareness of Behavioral Health Resources	<ul style="list-style-type: none"><li>• Invited community organizations which provide behavioral health to participate in hospital community programs</li><li>• Hosted 2nd annual Mental Health Resource Fair</li></ul>
Community Behavioral Health Programs	<ul style="list-style-type: none"><li>• Provided programs on behavioral health issues to the community</li><li>• Hosted Mental Health First Aid training</li></ul>
Outpatient Behavioral Health Services	<ul style="list-style-type: none"><li>• Offered services to allow patients to be discharged while establishing outpatient care</li></ul>
Behavioral Health Social Media Campaign	<ul style="list-style-type: none"><li>• Engaged community members with monthly social media posts focused on behavioral health issues</li></ul>
Tower Employee Wellness Initiatives	<ul style="list-style-type: none"><li>• Promoted RethinkCare app to support employees' personal, professional, and parental needs</li><li>• Implemented Marvin Telemedicine Program providing digital behavioral health services for hospital staff</li><li>• Launched Well-Being Index to assess provider burnout and developed resources to mitigate stressors</li><li>• Hosted monthly pet therapy dog visits for staff</li></ul>

## HEALTH PRIORITY: HEALTH EDUCATION AND PREVENTION

Goal: Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items & Metrics
Chronic Disease Education	<ul style="list-style-type: none"><li>• Provided health education programs focused on older adult/senior population</li><li>• Provided chronic disease specific education to other vulnerable populations including low income, veterans, and others</li><li>• Provided chronic disease education at nurse outreach sites</li></ul>

Strategy	Action Items & Metrics
Spanish/Portuguese speaking community-based Outreach	<ul style="list-style-type: none"> <li>• Collaborated with organizations to survey Spanish and Portuguese community regarding health</li> <li>• Developed outreach plan for Spanish/Portuguese community</li> </ul>
Blood Pressure Screenings	<ul style="list-style-type: none"> <li>• Performed blood pressure screenings at outreach and community events</li> </ul>
Cancer Prevention and Screening	<ul style="list-style-type: none"> <li>• Provided tobacco cessation vaping education to students and parents</li> </ul>
Vaccine Partnership	<ul style="list-style-type: none"> <li>• Partnered with community organizations to provide flu vaccinations</li> </ul>
Tower Employee Wellness Initiatives	<ul style="list-style-type: none"> <li>• Conducted Know Your Numbers Campaign (BMI, BP, lipids, A1C) through Virgin Health app</li> <li>• Engaged employees with PCP</li> <li>• Encouraged engagement with Virgin Health platform for wellness-based education and activities</li> </ul>

## HEALTH PRIORITY: HEALTH EQUITY

Goal: Increase health equity by addressing social determinants of health and providing culturally competent care.

Strategy	Action Items & Metrics
Health Equity Council	<ul style="list-style-type: none"> <li>• Established Health Equity Council</li> <li>• Completed Health Equity Assessment and reviewed Transformation Action Plan</li> <li>• Created Health Equity Action and Evaluation Plans to identify and address disparities through actionable strategies</li> <li>• Developed Health Equity dashboard report to communicate plan and progress</li> <li>• Frontline staff educated on importance of collecting race, ethnicity, and language (REL) data with patients and staff</li> </ul>
Expand Language Access- Provide Certified Medical Interpreter Training	<ul style="list-style-type: none"> <li>• Trained bilingual staff to become Certified Medical Interpreters</li> <li>• Enhanced Advanced Access Center phone prompts to include Spanish options</li> </ul>
Diversity, Equity, and Inclusion	<ul style="list-style-type: none"> <li>• Monthly educational programs offered to staff</li> <li>• Provided education through internal newsletters and communication campaigns</li> </ul>

# ABOUT PHOENIXVILLE HOSPITAL

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Located in Phoenixville, PA, and a member of Tower Health, Phoenixville Hospital is a 144-bed facility that provides comprehensive medical services through emergency room visits, inpatient admissions, outpatient procedures and community outreach programs. Phoenixville Hospital's services include an award-winning cardiovascular program, a fully accredited cancer center, NAPBC-accredited breast health center, an acute inpatient rehabilitation center, and a large robotic surgery program. Phoenixville Hospital is accredited by The Joint Commission and has been recognized for its quality outcomes and clinical expertise across services lines that include advanced joint replacement surgery, advanced heart failure care, and the designation as a Primary Stroke Center.

## MISSION

Phoenixville Hospital is an organization that serves our patients and engages with our communities to provide health and healing to all of those in need. We are committed to clinical excellence and innovation; education; equitable access to care; creating a sense of belonging; and improving the health and wellness in the communities we serve.

## VISION

Proactively Advance Healthier Communities





# LETTER TO THE COMMUNITY

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Phoenixville Hospital 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, Phoenixville Hospital — in collaboration with our local community partners — completed the 2025 Community Health Needs Assessment (CHNA), which identifies the region's health priorities and our collective path forward.

As a healthcare leader, Phoenixville Hospital 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. My sincere thanks to the nearly 2,000 citizens and stakeholder participants throughout all of the Phoenixville Hospital communities who generously offered their time and valuable insights during the comprehensive CHNA process. I'd also like to recognize the time and talent of our hospital's advisory group, 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 very grateful for your continued feedback, involvement, and support. Together, we are Advancing Health and Transforming Lives across our region.



Sincerely,

A handwritten signature in blue ink, appearing to read 'Rich McLaughlin'.

Rich McLaughlin, MD  
President & CEO, Phoenixville Hospital

For this assessment, the community is defined as the geography included in the map shown in **Figure 2**. The community encompasses the entire geography of Chester and Montgomery Counties. Phoenixville Health Equity Priority Areas are highlighted in dark blue. This includes 19460, 19475, 19453, and 19464. When looking at hospital utilization data, the Phoenixville Hospital Primary Service Area is used, which includes the table on the next page.

**Phoenixville PSA Counties**  
Showing counties within this region

The map displays the Phoenixville PSA region, which includes parts of Montgomery and Chester counties. Montgomery County is highlighted in blue, and Chester County is highlighted in light blue. The map shows various towns and townships, including Reading, Pottstown, Norristown, and Chester. The Delaware River is visible on the right side of the map.

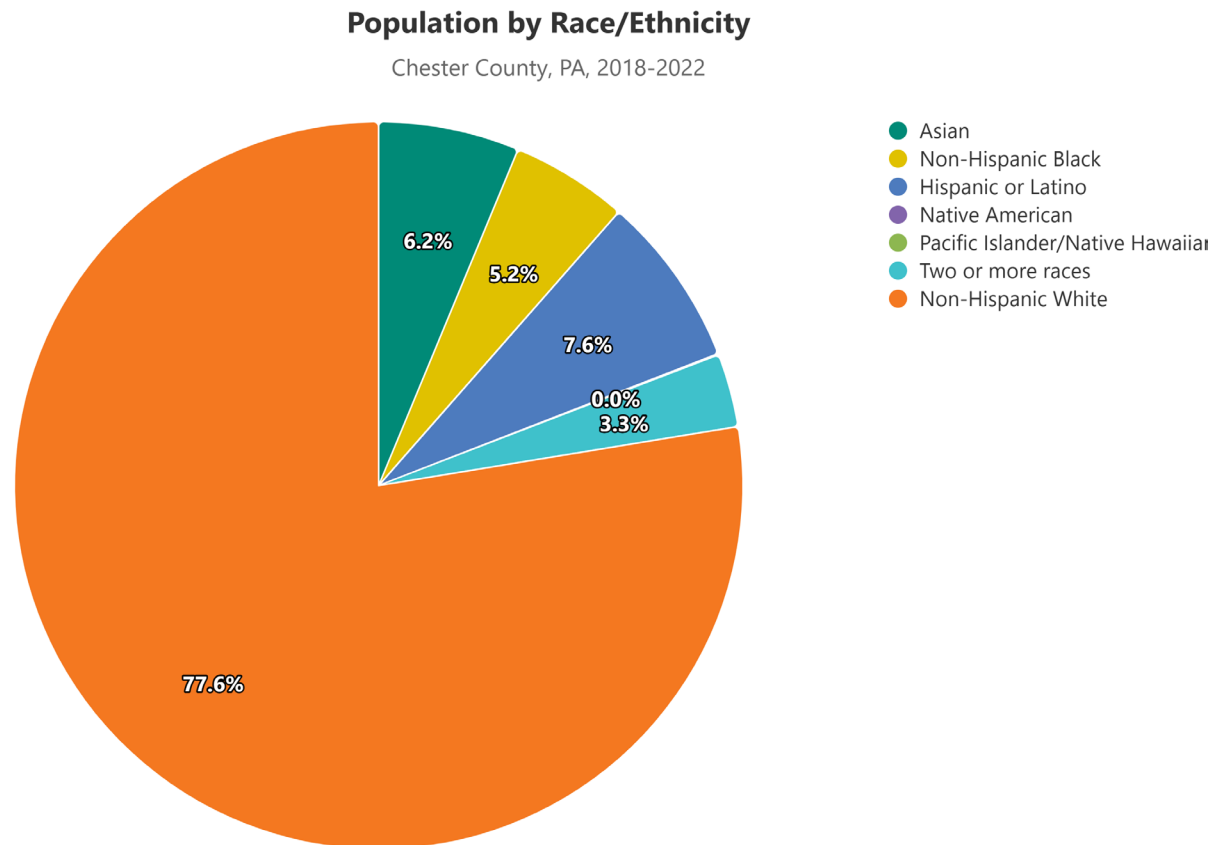
Figure 3: Phoenixville Hospital Primary Service Area Zip Codes

ZIP CODE	NAME
19403	Audubon
19407	Audubon
19408	Eagleville
19409	Fairview Village
19415	Eagleville
19426	Collegeville
19442	Kimberton
19453	Mont Clare
19456	Oaks
19457	Parker Ford
19460	Phoenixville
19464	Pottstown Borough
19465	Pottstown Coventry
19468	Royersford
19470	Saint Peters
19474	Skippack
19475	Spring City
19481	Valley Forge
19482	Valley Forge
19490	Worcester
19493	Valley Forge
19494	Valley Forge
19495	Valley Forge
19496	Valley Forge



# COMMUNITY AT A GLANCE

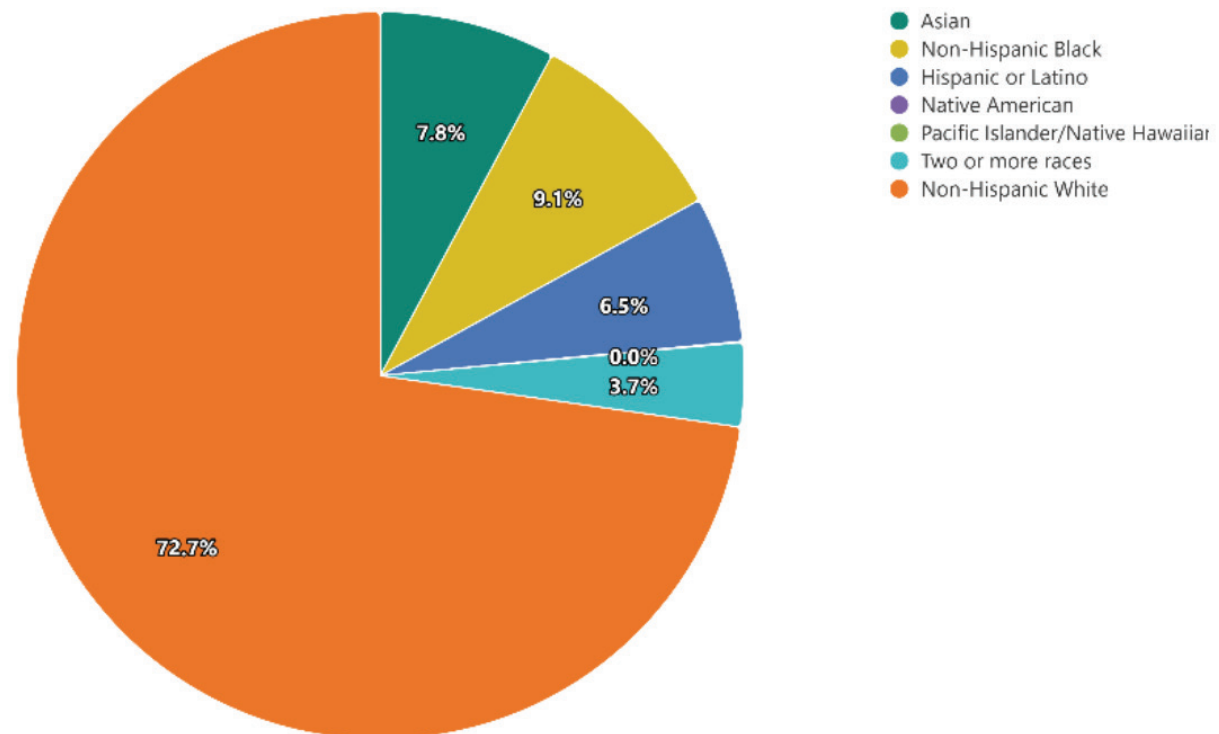
Figure 4: Population by Race/Ethnicity



Created on Metopio | [metopio.io/i/nshsphtn](https://metopio.io/i/nshsphtn) | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)  
Population: Average population over the time period.

## Population by Race/Ethnicity

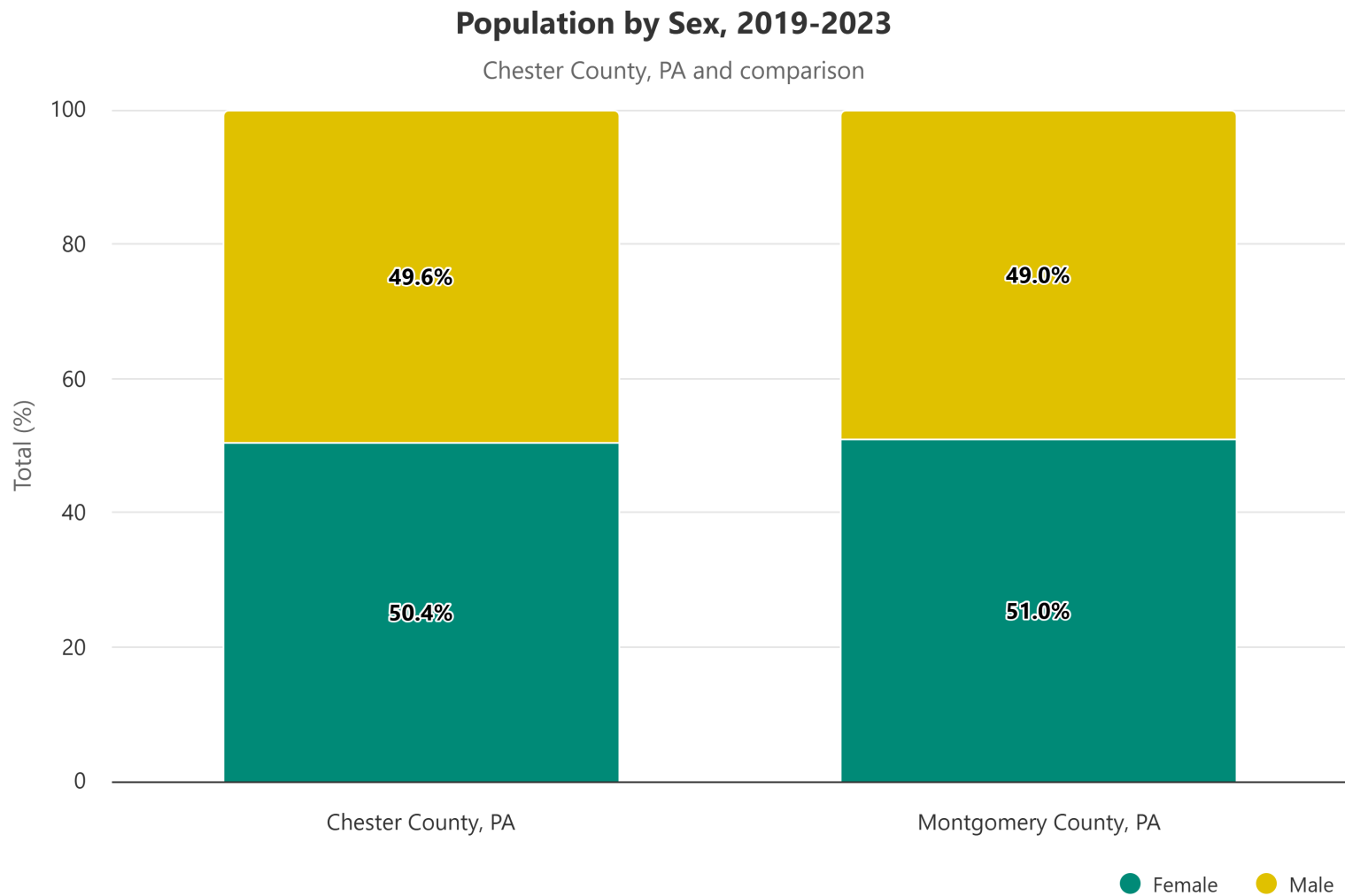
Montgomery County, PA, 2019-2023



Created on Metopio | metopio.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)

Population: Average population over the time period.

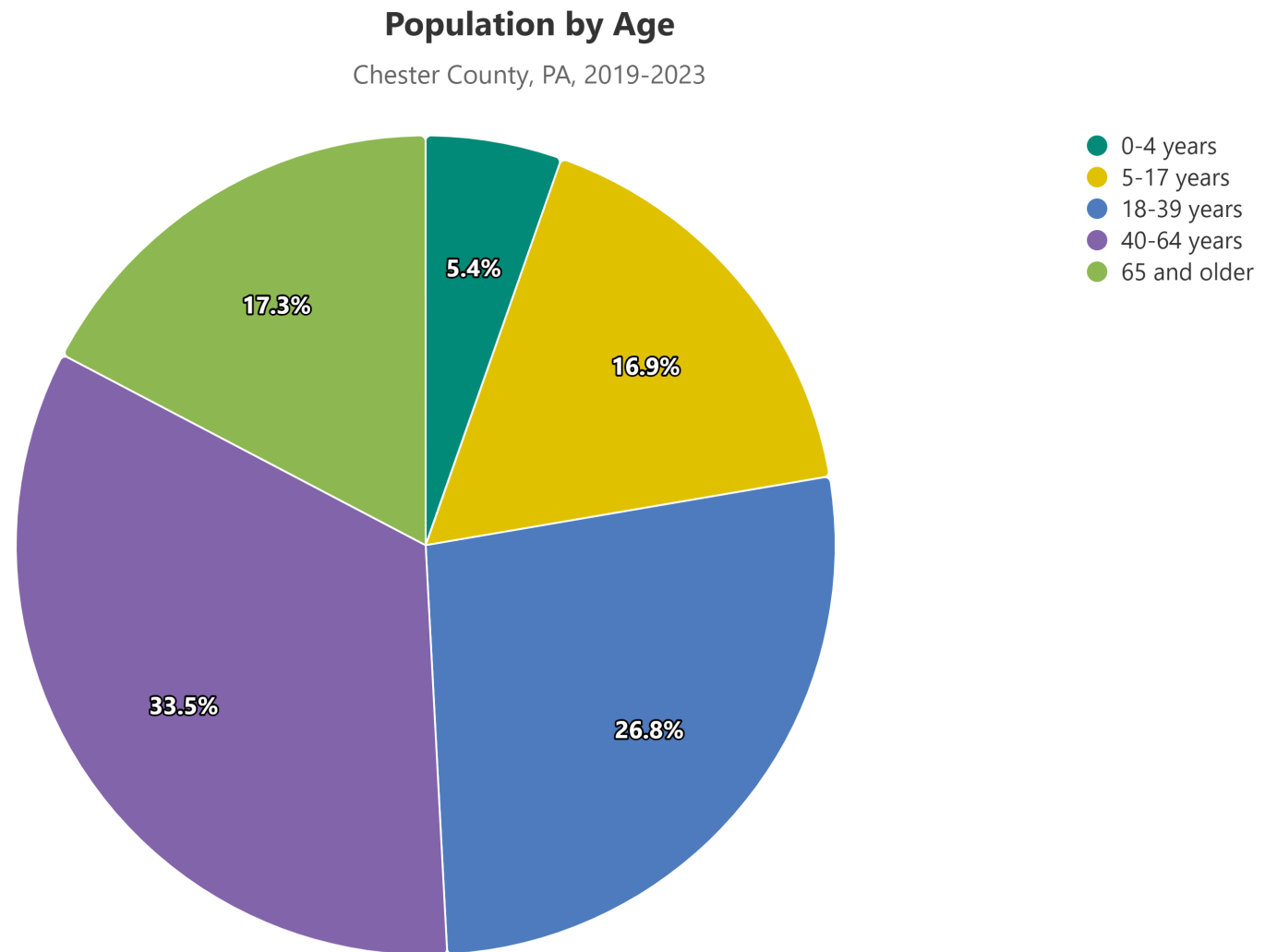
Figure 5: Population by Sex



Created on Metopio | [metop.io/i/6xbencob](https://metop.io/i/6xbencob) | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)  
Population: Average population over the time period.



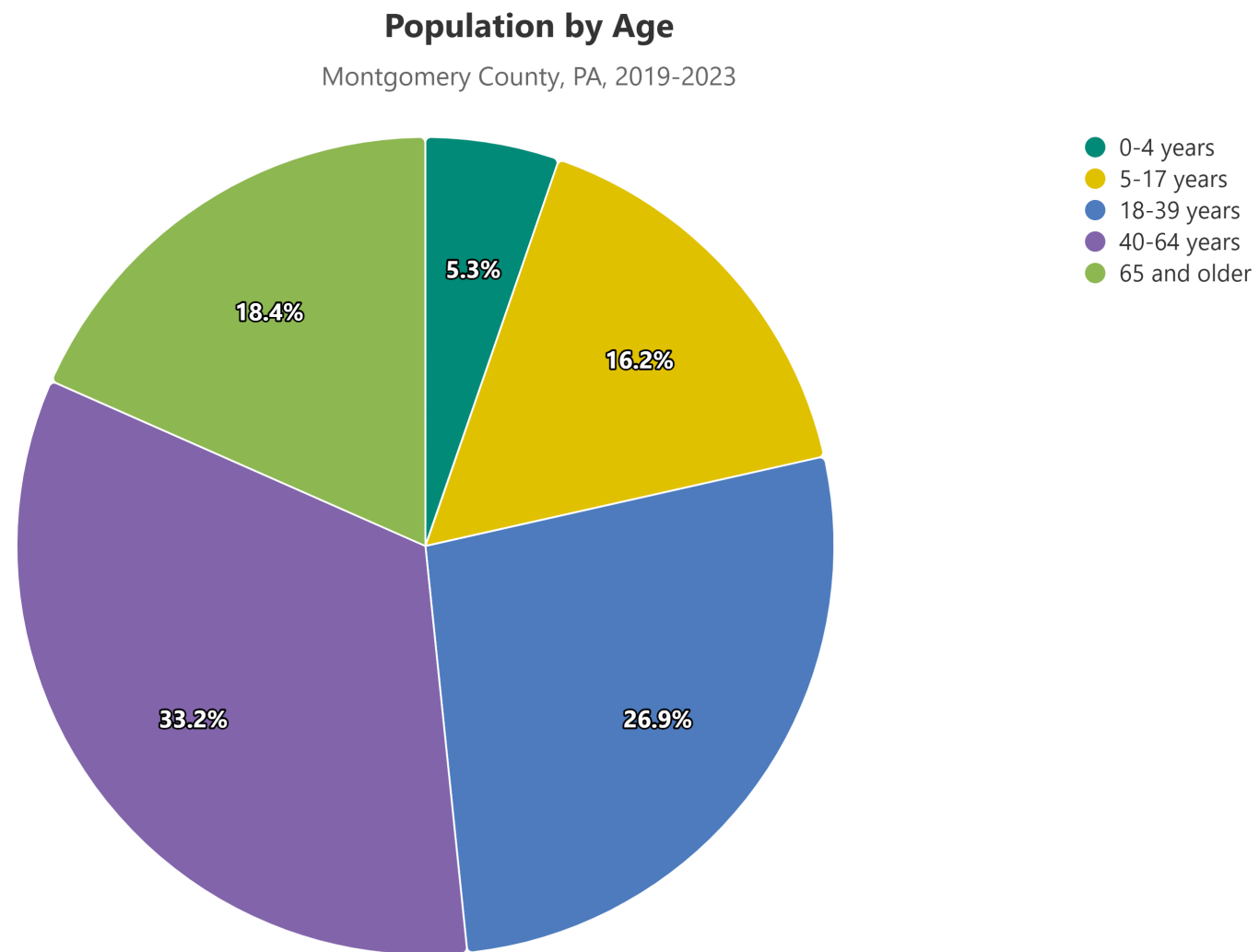
Figure 6: Population by Age



Created on Metopio | [metop.io/i/s8a3bf3](https://metop.io/i/s8a3bf3) | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)

Population: Average population over the time period.

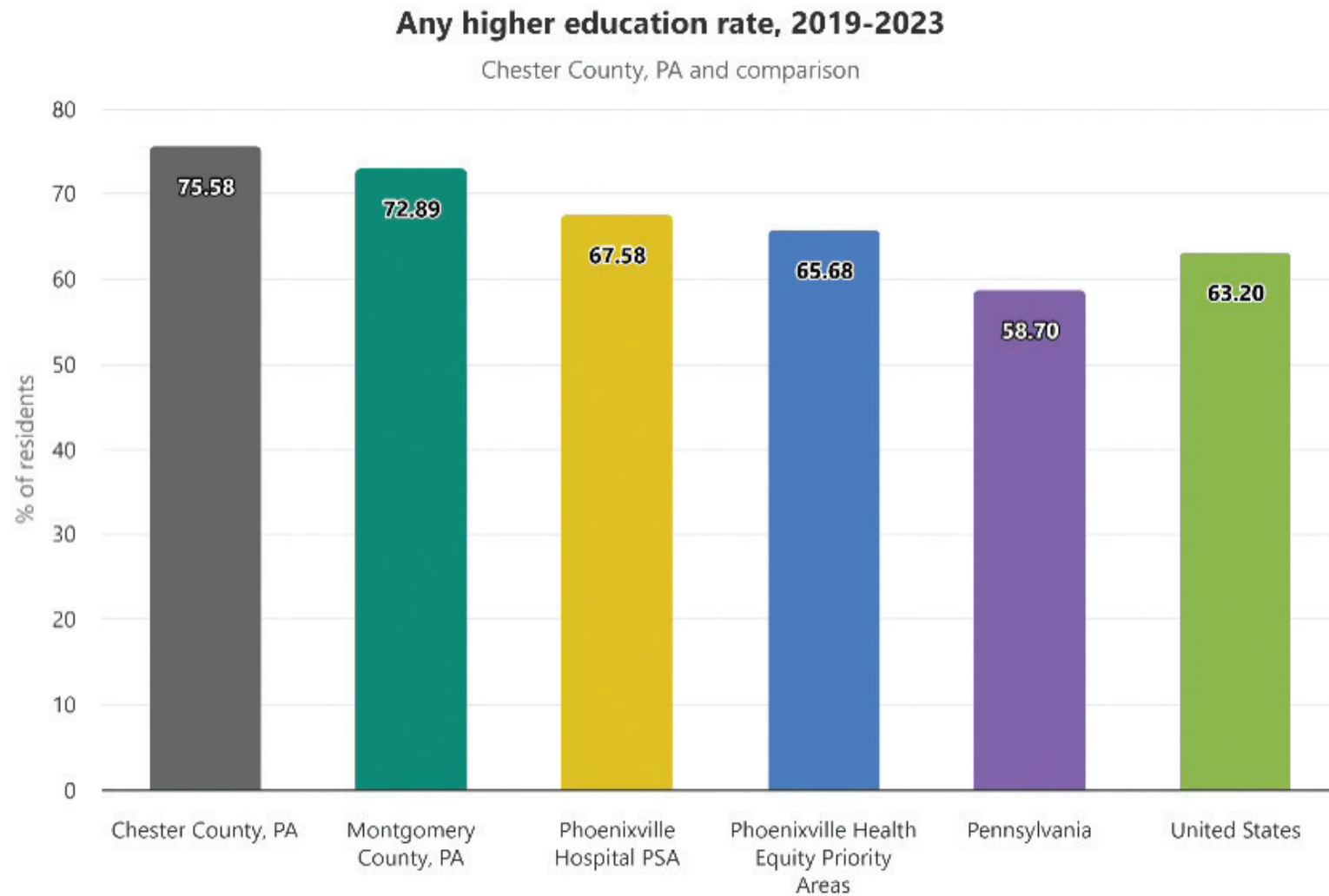
Figure 6: Population by Age



Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)

Population: Average population over the time period.

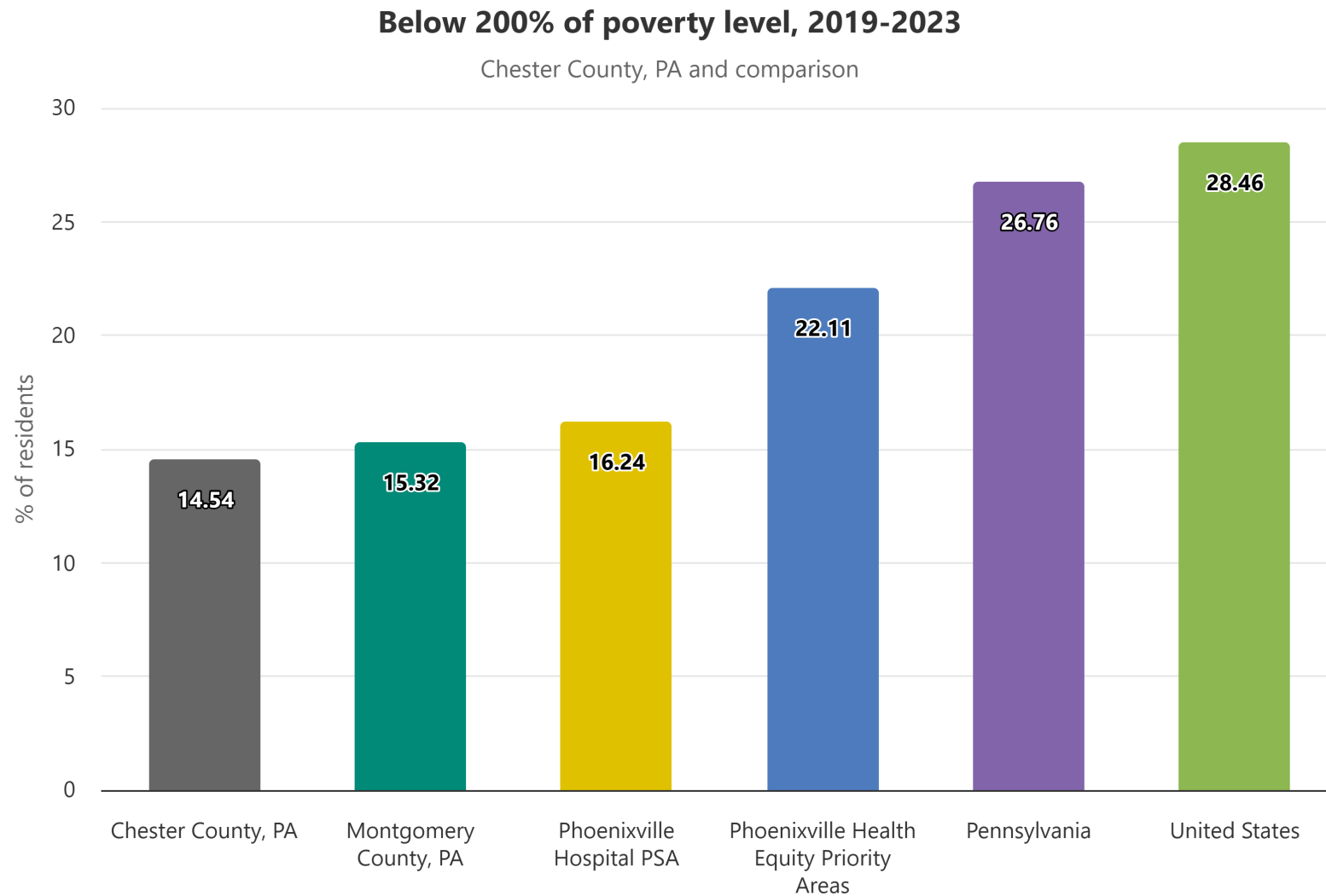
Figure 7: High school graduation rate



Created on Metopio | [metop.io/l/apoojg76](https://metop.io/l/apoojg76) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Any higher education rate: Residents 25 or older with any post-secondary education, including less than 1 year

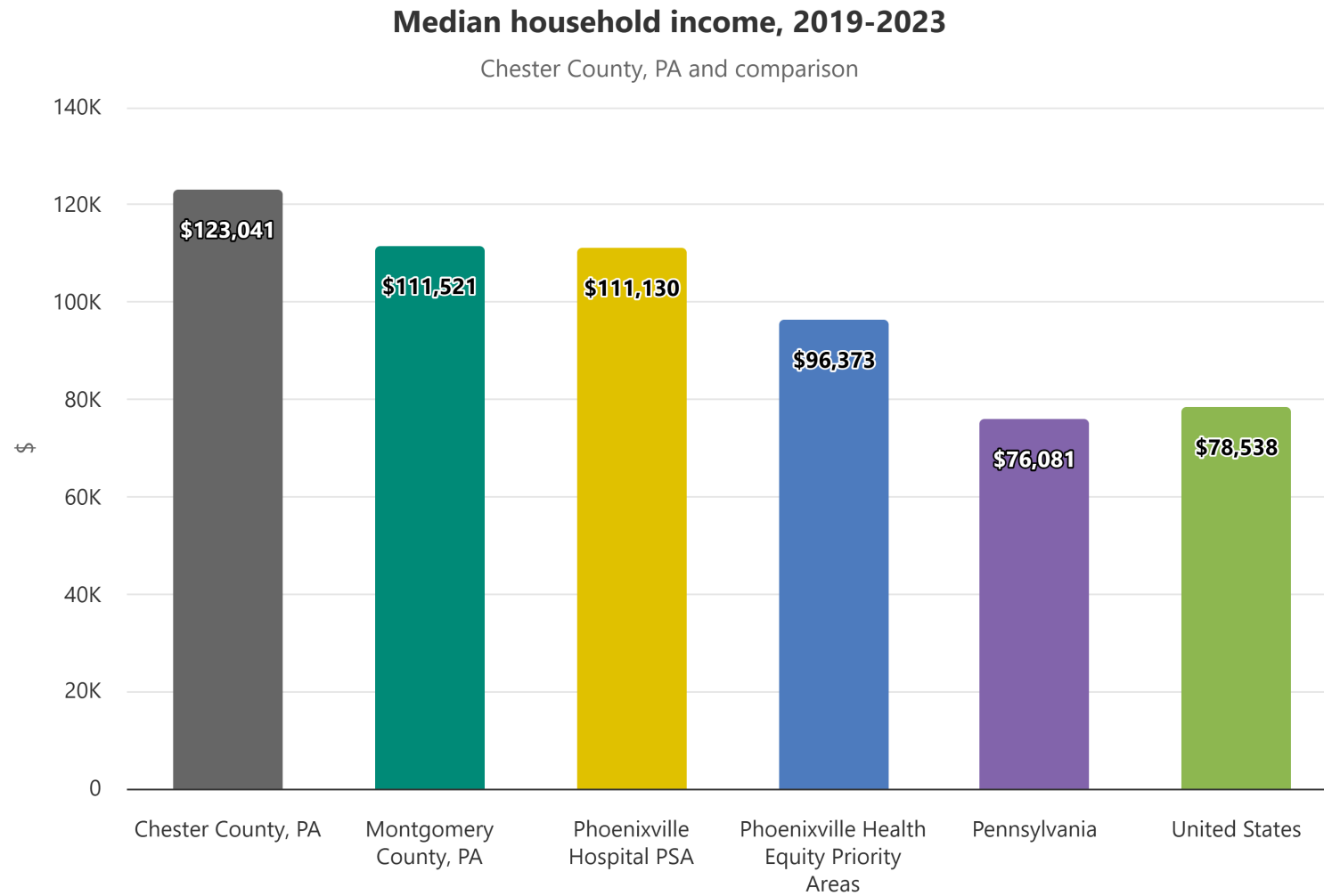
Figure 8: Below 200% of poverty level



Created on Metopio | [metop.io/i/y7nt223g](https://metop.io/i/y7nt223g) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

**Below 200% of poverty level:** Individuals in families that are below 200% of the federal poverty level, past 12 months income.

Figure 9: Median Household Income



Created on Metopio | [metop.io/i/dwjmu7iq](https://metop.io/i/dwjmu7iq) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

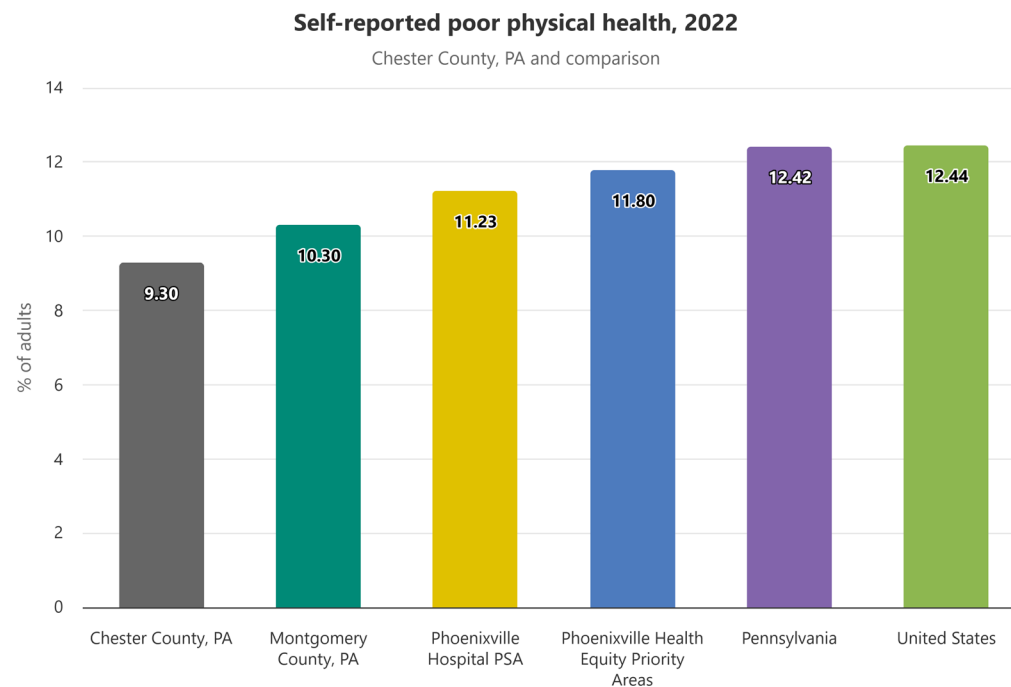


# OVERALL HEALTH

Overall health encompasses an overarching evaluation of the population's physical and mental well-being, such as life expectancy, self-reported health, and overall quality of life indicators. This encompasses a broad spectrum of community health challenges, including healthcare access, mental health services, social determinants of health, and disparities in healthcare delivery.

**Figure 10** Community members in Chester and Montgomery Counties are less likely to self-report their health as fair or poor compared to state and national rates.

*Figure 10: Fair or poor self-reported health*

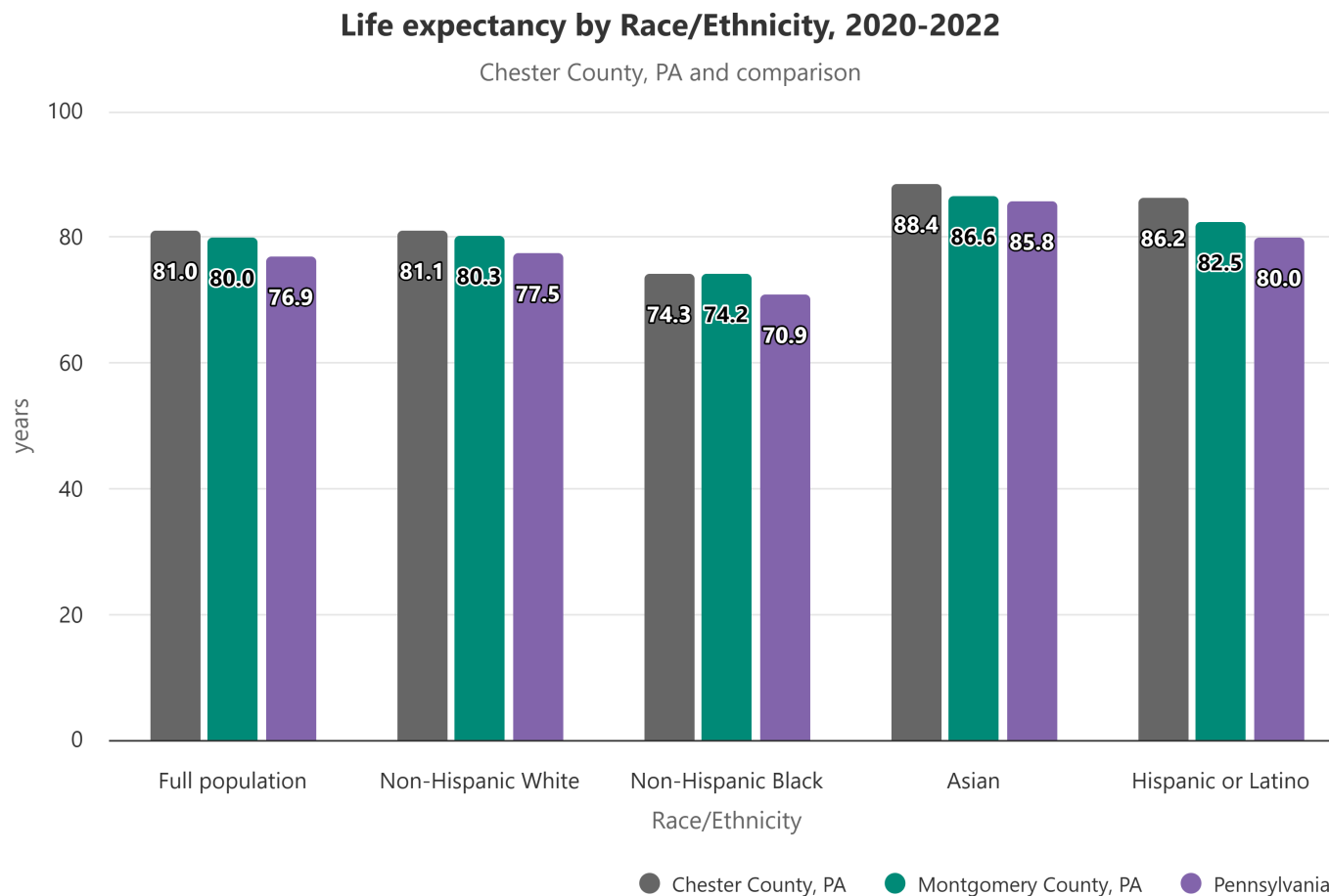


Created on Metopio | [metopio.io/t/9rkeehr](https://metopio.io/t/9rkeehr) | Data source: Centers for Disease Control and Prevention (CDC); PLACES

**Self-reported poor physical health:** Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

The life expectancy in Chester County, PA (80.95) and Montgomery County, PA (80.02) exceed the state average of 76.94. Notably, Asian residents in both counties have the highest life expectancy, with Chester County at 88.38 and Montgomery County at 86.57, while the lowest life expectancy is observed in the Non-Hispanic Black population. The data highlights significant disparities in life expectancy across different racial and ethnic groups within these counties and Pennsylvania as a whole.

Figure 11: Life expectancy



Created on Metopio | [metop.io/i/fjqy561p](https://metop.io/i/fjqy561p) | Data source: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI)  
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

# COMMUNITY VOICE

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Qualitative data for the CHNA was collected through three channels:

- Key informant interviews
- Online hospital leadership survey
- Focus groups (topics included health care literacy, health care access barriers, and violence)

Transcripts from all key informant interviews and focus groups for this health assessment report, primary and secondary data were gathered and analyzed for the following top health themes and issues. A closer look at the data for each of these themes will be provided in the report.

- Health Equity
- Access to Care
- Health Behaviors
- Behavioral Health
- Chronic Disease
- Social Determinants of Health

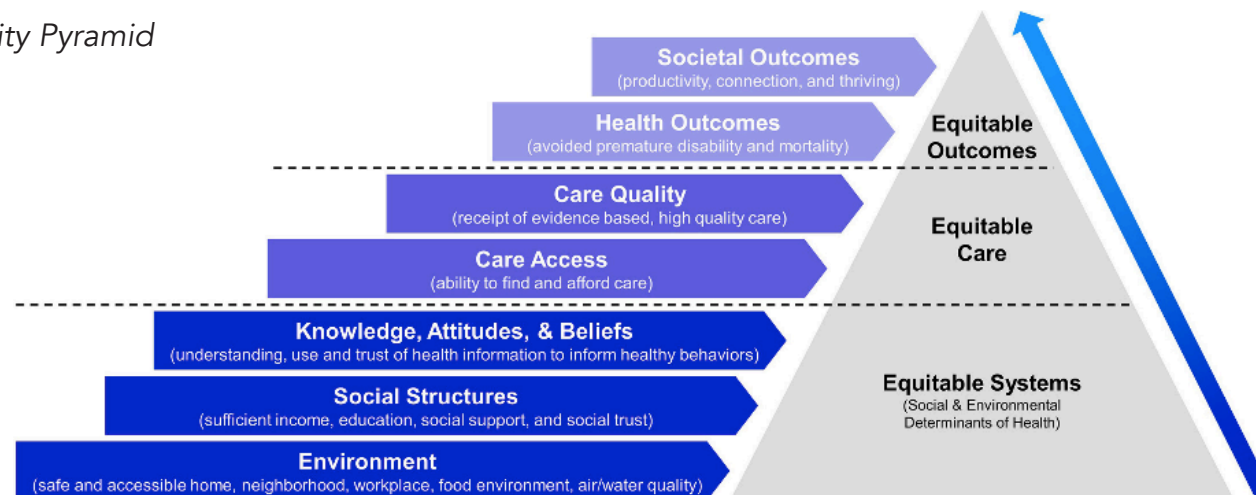
# HEALTH EQUITY

Access to equitable care and health equity were strongly emphasized throughout all steps of data collection and are connected to all key health themes listed in this report. As a result, in the following themes, you will see data broken out by race, ethnicity, gender, age, and zip code when relevant.

When assessing diverse and disparate populations, many social factors and barriers to health care access and services (e.g., lack of transportation, inadequate language and interpretation services, lack of insurance coverage, and cultural bias and discrimination) were uncovered. These barriers have a very dramatic impact on community members' ability to access quality health care and achieve a higher quality of life.

Understanding and addressing the needs of diverse and disparate populations is a significant challenge for health care organizations. As a critical aspect of improving health equity and decreasing health disparities, there is a continued effort to enhance the provision of culturally competent and linguistically appropriate care to a very diverse service area as defined by racial and ethnic communities with various cultural beliefs and perceptions, health practices, and behaviors as well as a distrust of the health care delivery system.

Figure 12: Health Equity Pyramid



Source: Prentice et al,  
Advancing health equity in  
the aftermath of COVID-19:  
Confronting intensifying  
racial disparities

As shown in the image below, about one in five black adults and one in ten Hispanic, Asian, and American Indian or Alaska Native (AIAN) adults reported unfair treatment by a health care provider due to race or ethnicity.

Figure 13: Unfair Treatment by a Health Care Provider Due to Race or Ethnicity (Kaiser Family Foundation National Survey)

Percent who say that a doctor or other health care provider treated them unfairly or with disrespect in the past three years because...					
	Hispanic	Black	Asian	AIAN	White
...their race or ethnic background	11%	18%	10%	12%	3%
...some other factor, such as their gender, health insurance status, or ability to pay for care	14%	18%	11%	26%	13%
...were treated unfairly or with disrespect for any reason	17%	24%	15%	29%	14%

Source: KFF Survey on Racism, Discrimination, and Health (June 6-August 14, 2023)



# ACCESS TO CARE

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Access to care involves issues such as navigating the healthcare system, understanding health information, and overcoming barriers like language, transportation, and insurance coverage. Community members from focus groups and interviews described challenges including the complexity of navigating healthcare systems, the need for culturally and linguistically appropriate health materials, and the difficulties faced by uninsured or underinsured populations. These barriers significantly impact the effectiveness of healthcare delivery and the overall well-being of the community.

Focus group participants and key informants highlighted several key issues affecting access to healthcare. These include the difficulty of navigating healthcare systems described as maze-like, the challenge of health literacy among populations with limited education, and the systemic barriers faced by non-English speakers and immigrants. There are also concerns about the lack of follow-through in healthcare provision, such as obtaining medications or continuing therapy, and the reliance on emergency rooms for primary care due to lack of access to regular medical services.



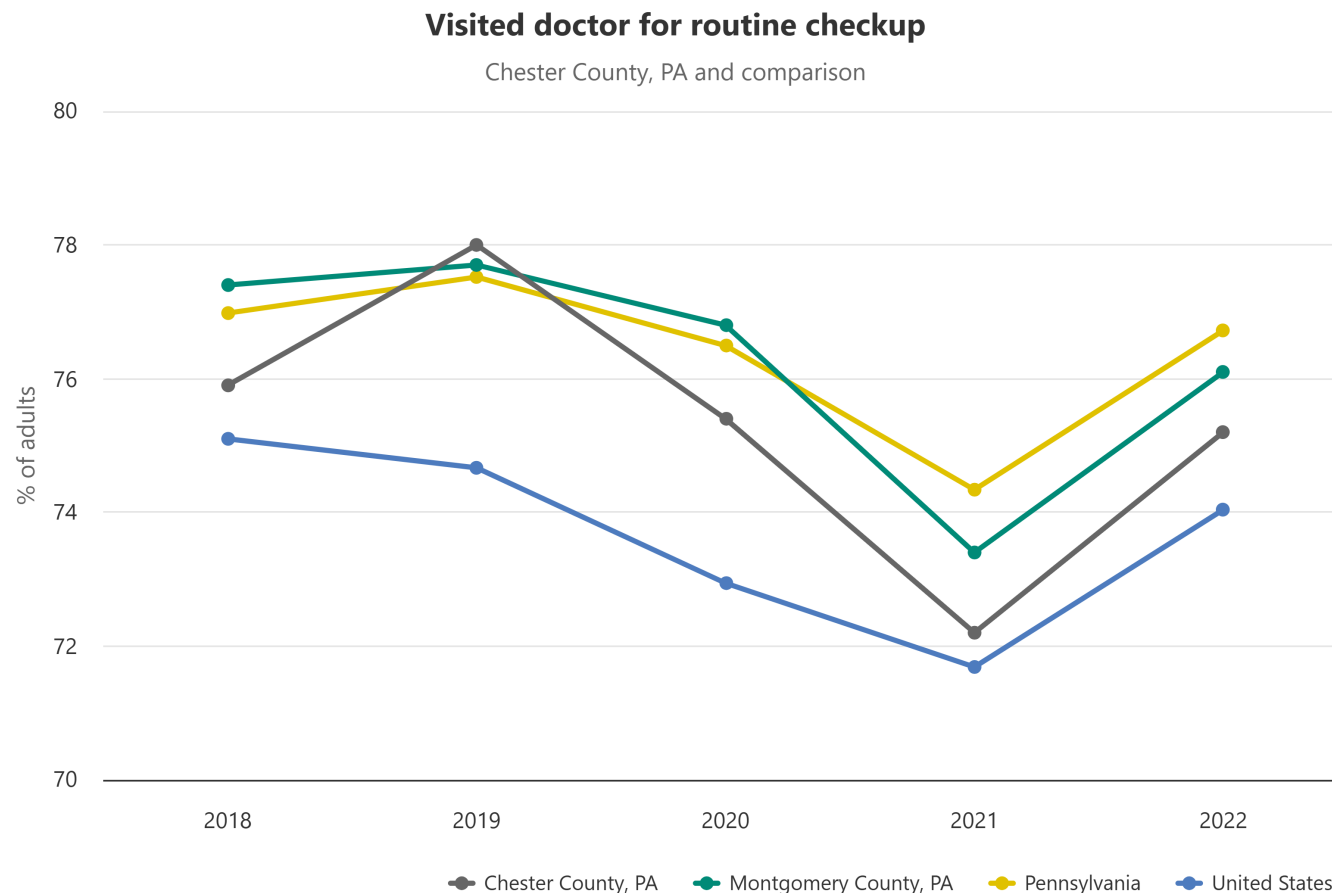
Source: Access to Care LA, 2020

Routine checkups are essential for maintaining good health, early detection of diseases, and management of health issues. The percentage of people visiting doctors for routine checkups in Chester County, PA, and Montgomery County, PA, has remained relatively stable from 2018 to 2022, with Chester County showing a slight decline in 2021. Pennsylvania and the United States as a whole have seen a slight decrease in routine checkup visits over the same period, with the national average being consistently lower than Pennsylvania's. Chester County and Montgomery County have generally had higher rates of routine checkups compared to the national average.

"Navigating the healthcare system isn't easy. It's like a maze, you know, sometimes you get bounced around a lot."

– Community Member in Healthcare Access Barriers Focus Group

Figure 14: Visited doctor for routine checkup (2018-2022)

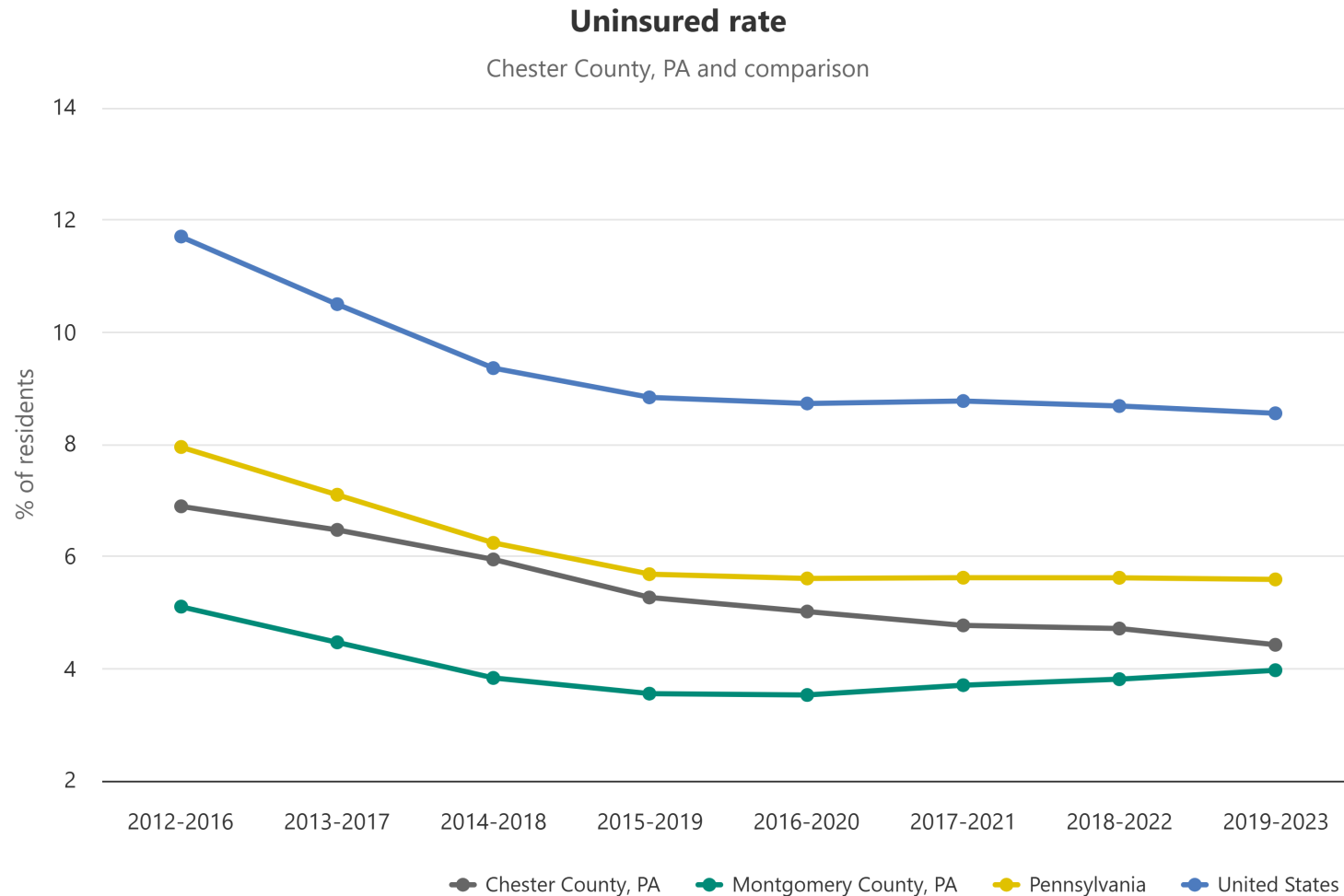


Created on Metopio | [metopio.io/i/tfpr38oq](https://metopio.io/i/tfpr38oq) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

**Visited doctor for routine checkup:** Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

The uninsured rate in Chester County, PA, and Montgomery County, PA, has consistently been lower than the state and national averages from 2012 to 2023. Both counties have seen a steady decline in their uninsured rates over this period, reflecting broader trends in Pennsylvania and the United States. The data indicates significant improvements in insurance coverage across all regions, with Chester County showing the most notable decrease.

Figure 15: Uninsured rate (2012-2023)

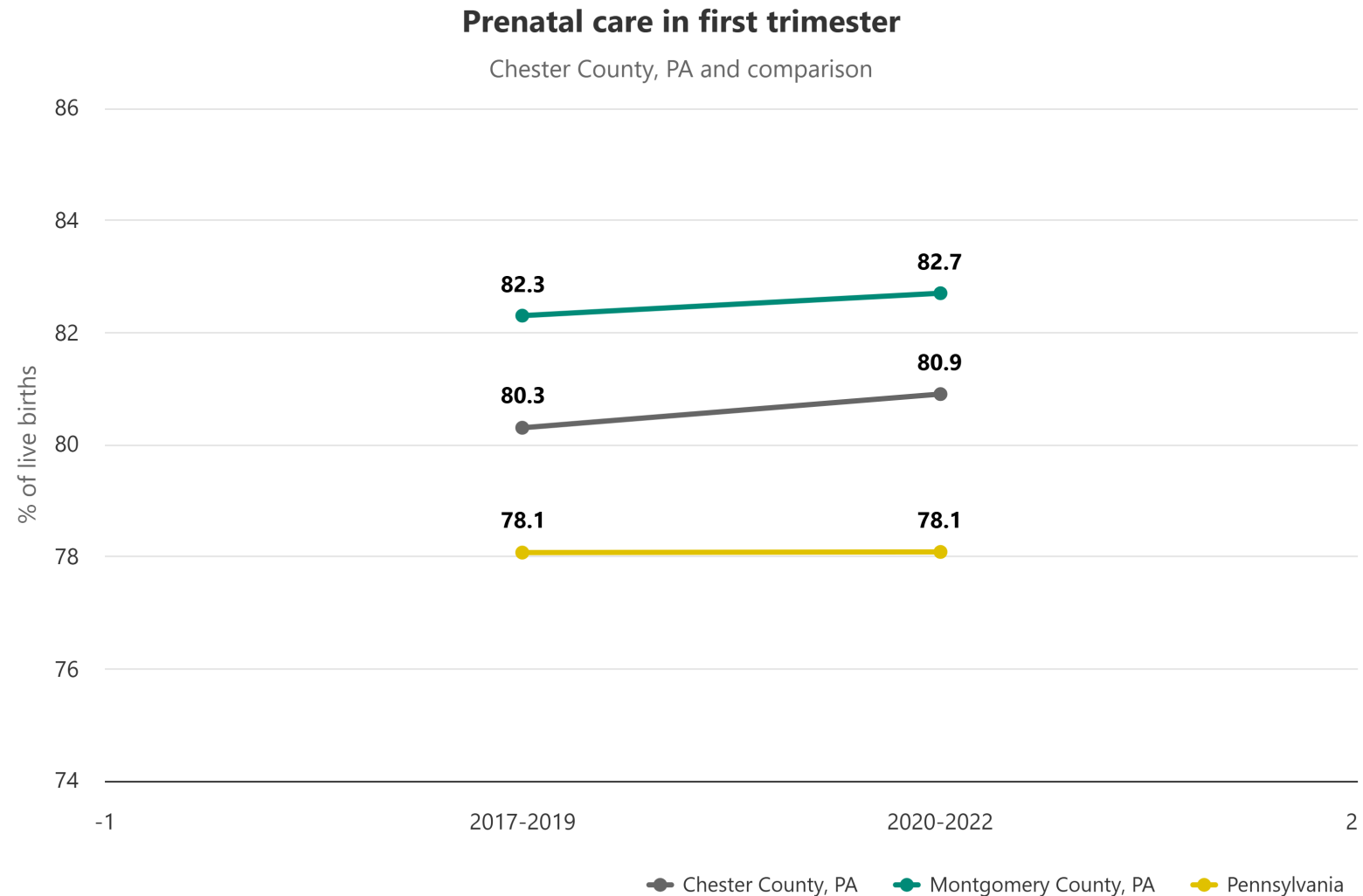


Created on Metopio | [metop.io/i/dqcjuya4](https://metop.io/i/dqcjuya4) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Prenatal care in the first trimester is a critical health metric, reflecting early intervention and maternal health outcomes. In Chester County, PA, and Montgomery County, PA, the rates of prenatal care in the first trimester have consistently been higher than the state average from 2017 to 2022.

Figure 16: Prenatal care in first trimester (2017-2022)



Created on Metopio | [metop.io/i/sojt8mxy](https://metop.io/i/sojt8mxy) | Data source: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

**Prenatal care in first trimester:** Estimated percentage of live births with first trimester prenatal care.

# HEALTH BEHAVIORS

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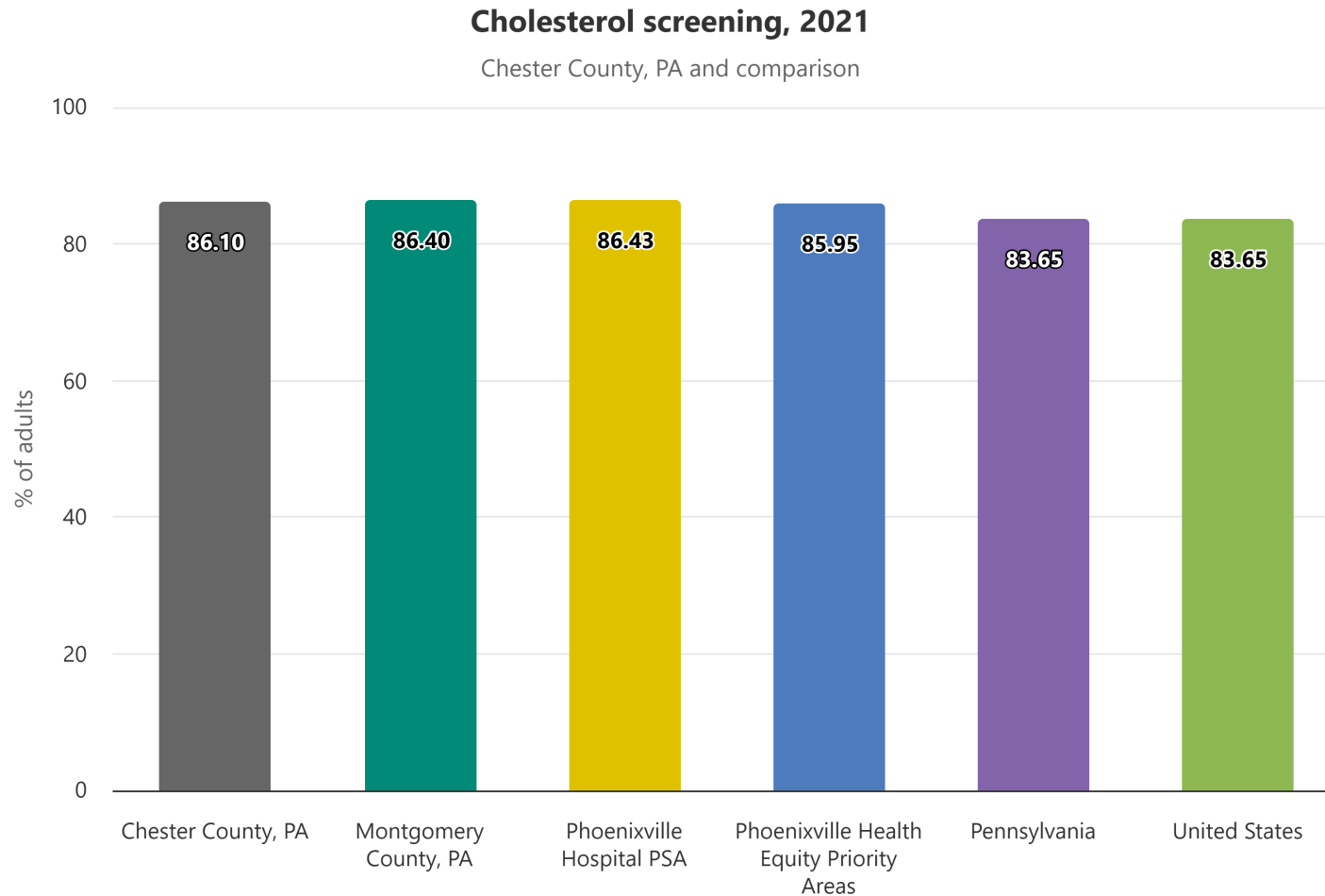
*Health behaviors pertain to the actions individuals take that affect their health and well-being, ranging from diet and exercise to managing chronic conditions and accessing healthcare services. Effective management of health behaviors is critical for preventing and controlling diseases, enhancing physical and mental health, and improving quality of life. Community members expressed various challenges related to health behaviors, including difficulties in managing weight, controlling blood sugar levels, and accessing credible health information and resources. The importance of support groups and community resources like healthcare providers, telehealth, and online information portals is emphasized as instrumental in helping individuals manage their health effectively.*

*Individuals in the community expressed struggles with maintaining long-term success in weight management and blood sugar control despite trying various diets and exercise routines. Additionally, the coverage of health insurance and the availability of healthcare providers who accept Medicare and Medicaid are significant concerns, especially for those managing chronic diseases and mental health conditions.*



Cholesterol screening rates in Chester County, PA and Montgomery County, PA are higher than the national average. The priority zip codes in Phoenixville also exhibit a higher screening rate compared to the national average. These localized insights highlight the importance of targeted healthcare initiatives in specific regions.

Figure 17: Cholesterol screening (2021)

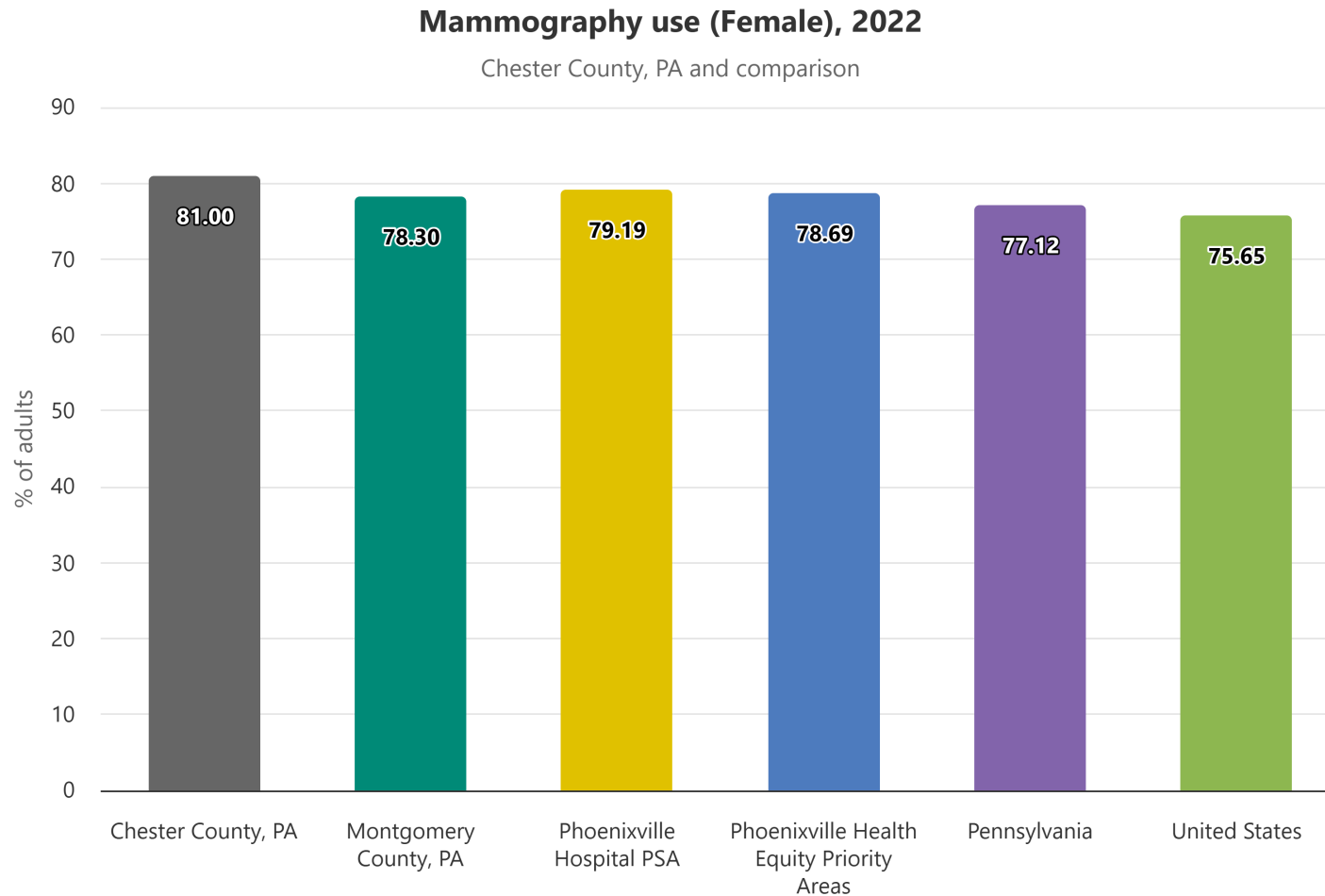


Created on Metopio | [metopio.io/i/uzmmgmv6](https://metopio.io/i/uzmmgmv6) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

**Cholesterol screening:** Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.

The data represents the percentage of female adults aged 50-74 who reported having a mammogram within the previous two years across various zip codes in Pennsylvania. Chester County and Montgomery County both have higher rates than the state and national averages. Overall, the data shows a general trend of high mammography use in the specified areas.

Figure 18: Mammography use (2022)

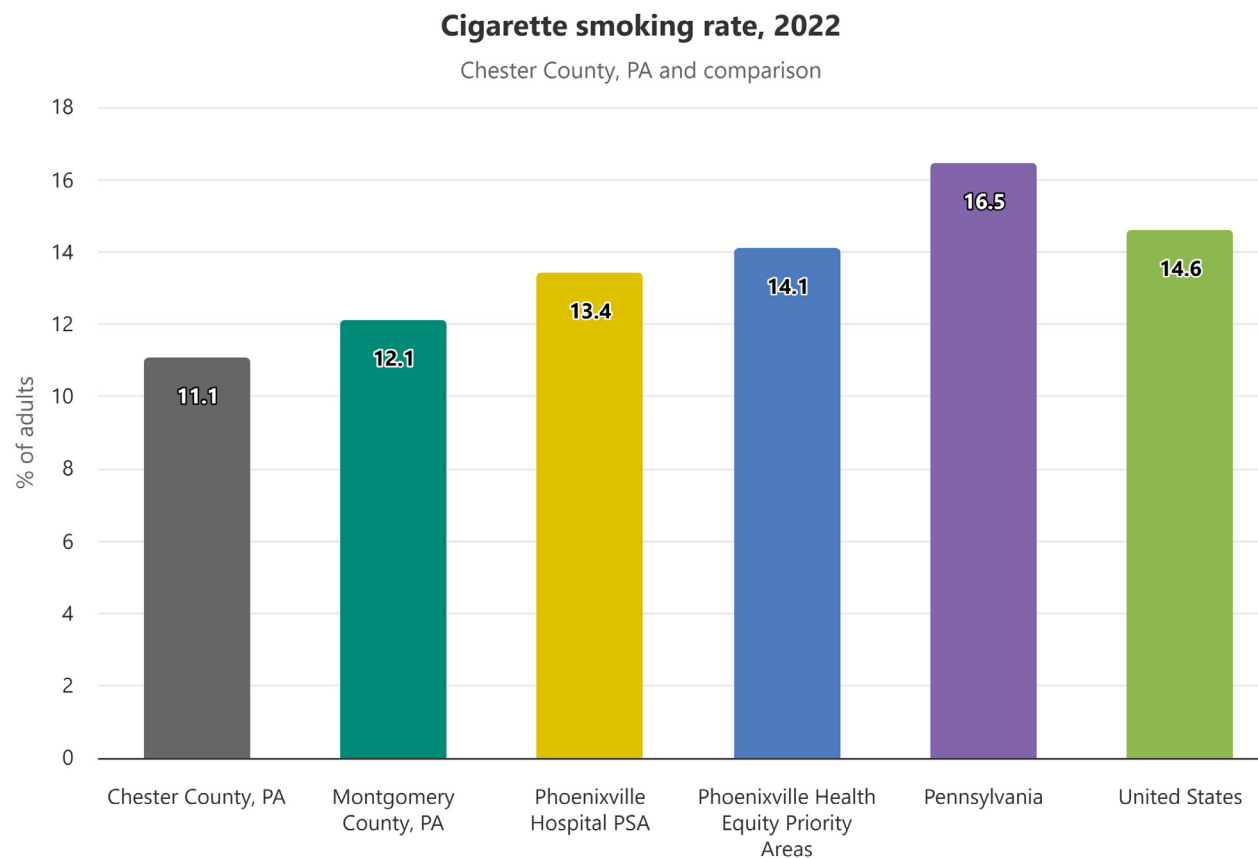


Created on Metopio | [metopio.io/i/u8p25yxz](https://metopio.io/i/u8p25yxz) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

**Mammography use:** Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Cigarette smoking rates vary across Chester County, Montgomery County, Pennsylvania, the United States, and Phoenixville Health Equity Priority Areas. Chester County has the lowest rate at 11.1%, while Montgomery County and Phoenixville Health Equity Priority Areas have slightly higher rates at 12.1% and 14.1%, respectively. Pennsylvania and the United States have the highest rates at 16.5% and 14.6%, respectively.

Figure 19: Cigarette smoking rate (2022)



Created on Metopio | [metop.io/i/c9zu2nhv](https://metop.io/i/c9zu2nhv) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012),  
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Additionally, 7.0% of Community Health Survey respondents in Chester and Montgomery Counties reported vaping (Tower Health Community Health Survey, 2024). This rate is higher among youth, with 9.1% of Chester County students in grades 6-12 reporting vaping. This rate is as high as 22.4% among 12th graders (Pennsylvania Youth Survey, 2023).

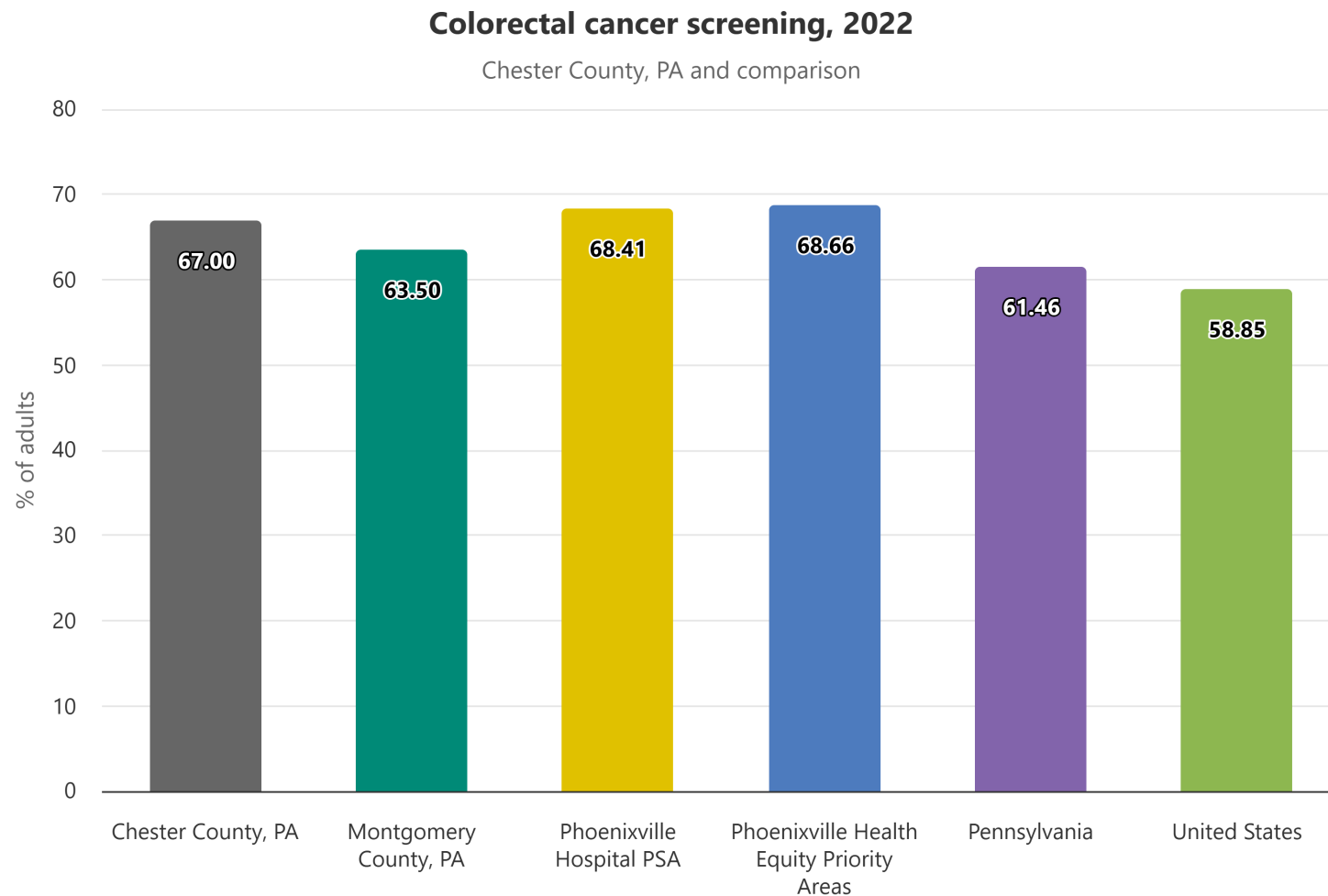
*Figure 20: Vaping/e-cigarette use by grade*

Grade	Chester County, 2023	Pennsylvania
6th	1.8	4.6
8th	4.5	10.4
10th	10.5	15.0
12th	22.4	25.2
All	9.1	13.9

*Source: Pennsylvania Youth Survey, 2023*

Colorectal cancer screening rates vary across different locations, with Chester County, PA having the highest rate at 67.0%. The Phoenixville Health Equity Priority Areas also show a high screening rate of 68.7%, indicating effective local health initiatives. Overall, Pennsylvania and the United States have lower screening rates, at 61.5% and 58.9% respectively, highlighting the need for improved outreach and education on the importance of colorectal cancer screenings.

Figure 21: Colorectal cancer screening (2022)

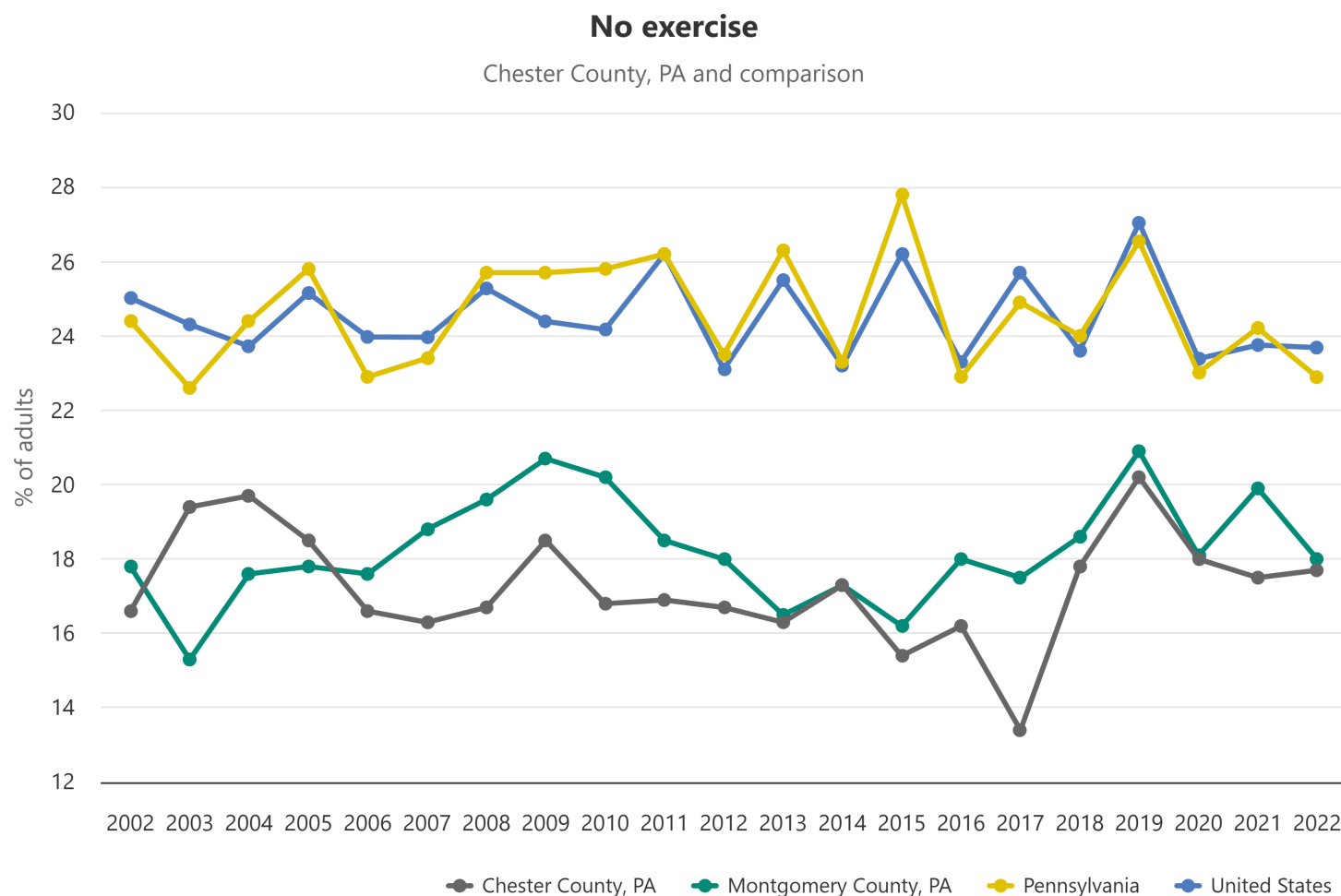


Created on Metopio | [metop.io/i/5sdpfv93](https://metop.io/i/5sdpfv93) | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

**Colorectal cancer screening:** Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Exercise rates in Chester County, PA and Montgomery County, PA have generally fluctuated over the years, with Chester County showing a slight decrease in recent years. Pennsylvania and the United States have experienced similar trends, with rates slightly decreasing in the past few years. The data indicates a need for continued efforts to promote physical activity across these regions.

Figure 22: Reported no exercise (2012-2022)



Created on Metopio | [metopio.io/i/8ot8vkig](https://metopio.io/i/8ot8vkig) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

**No exercise:** Percent of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”



# BEHAVIORAL HEALTH

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“Even if you have insurance, finding mental health providers is really, really tough.”

–Focus Group Participant

Behavioral health includes mental health and substance use disorders. During focus groups and key informant interviews, community members noted challenges related to mental health services. Conditions such as depression, anxiety, and the impacts of trauma, were discussed. The community faces serious challenges in providing adequate mental health care, with specific difficulties around access to services, the stigmatization of mental health issues, especially within immigrant communities, and the scarcity of bilingual mental health support.



Community members pointed out the particular struggles within immigrant communities where mental health continues to be stigmatized, and individuals fear seeking help.

The table below shows the counts of Behavioral Health hospitalizations for Phoenixville Hospital by topic; most Behavioral Health hospitalizations were related to mental health and opioids:

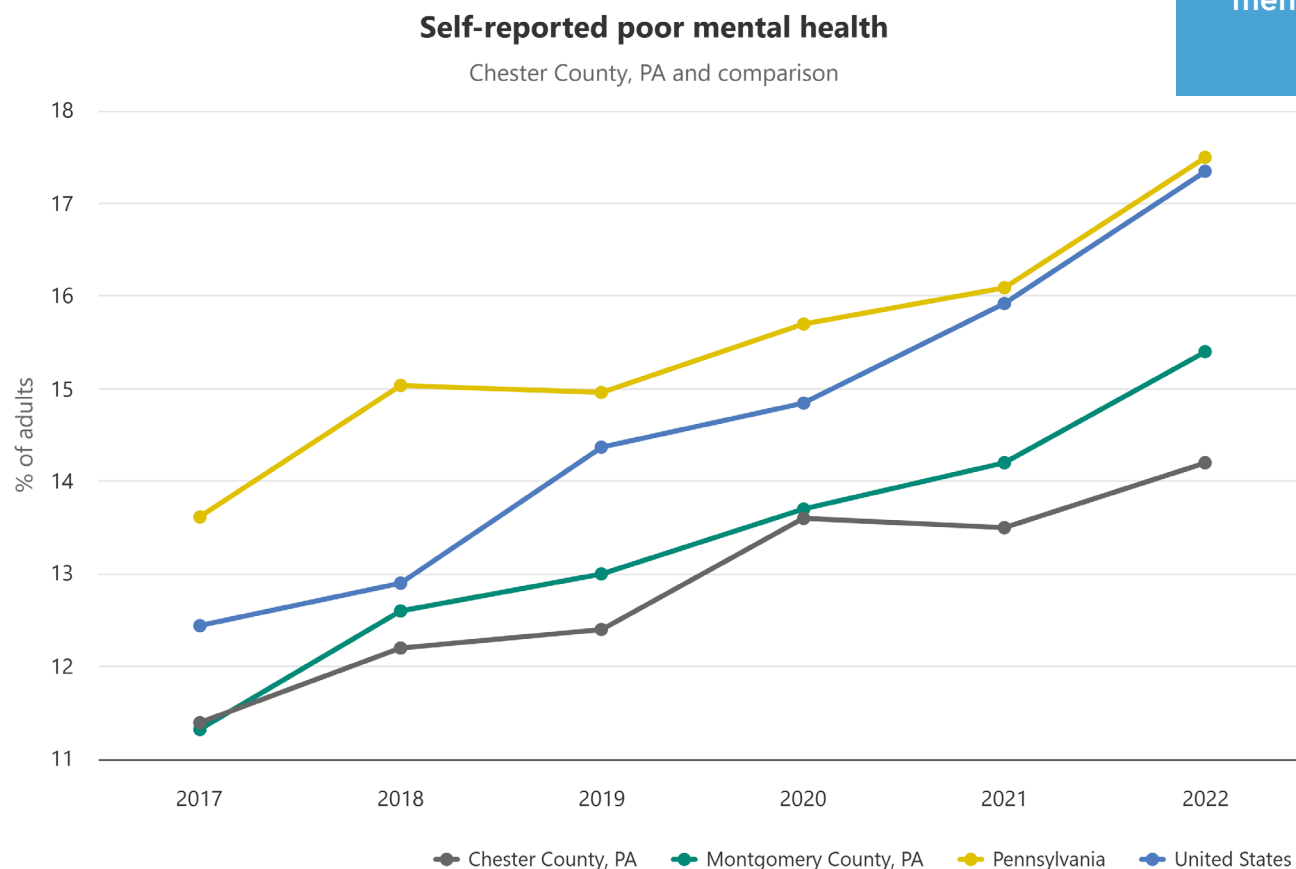
*Figure 23: Count of hospital admissions*

Health Condition	Number of Hospital Admissions, 2021-2023
Mental Health	1,431
Opioid-Related	997
Substance Use	658
Suicide and Self-Injury	160
Alcohol Use	491

*Source: Phoenixville Hospitalization Data, 2021-2023*

Self-reported poor mental health in Chester County, PA and Montgomery County, PA has increased over the years, with Chester County showing a higher rate in recent years. Pennsylvania and the United States have also seen a rise in self-reported poor mental health, with the national rate surpassing that of both counties in 2022. The data indicates a growing mental health crisis across all levels.

Figure 24: Poor self-reported mental health (2017-2022)



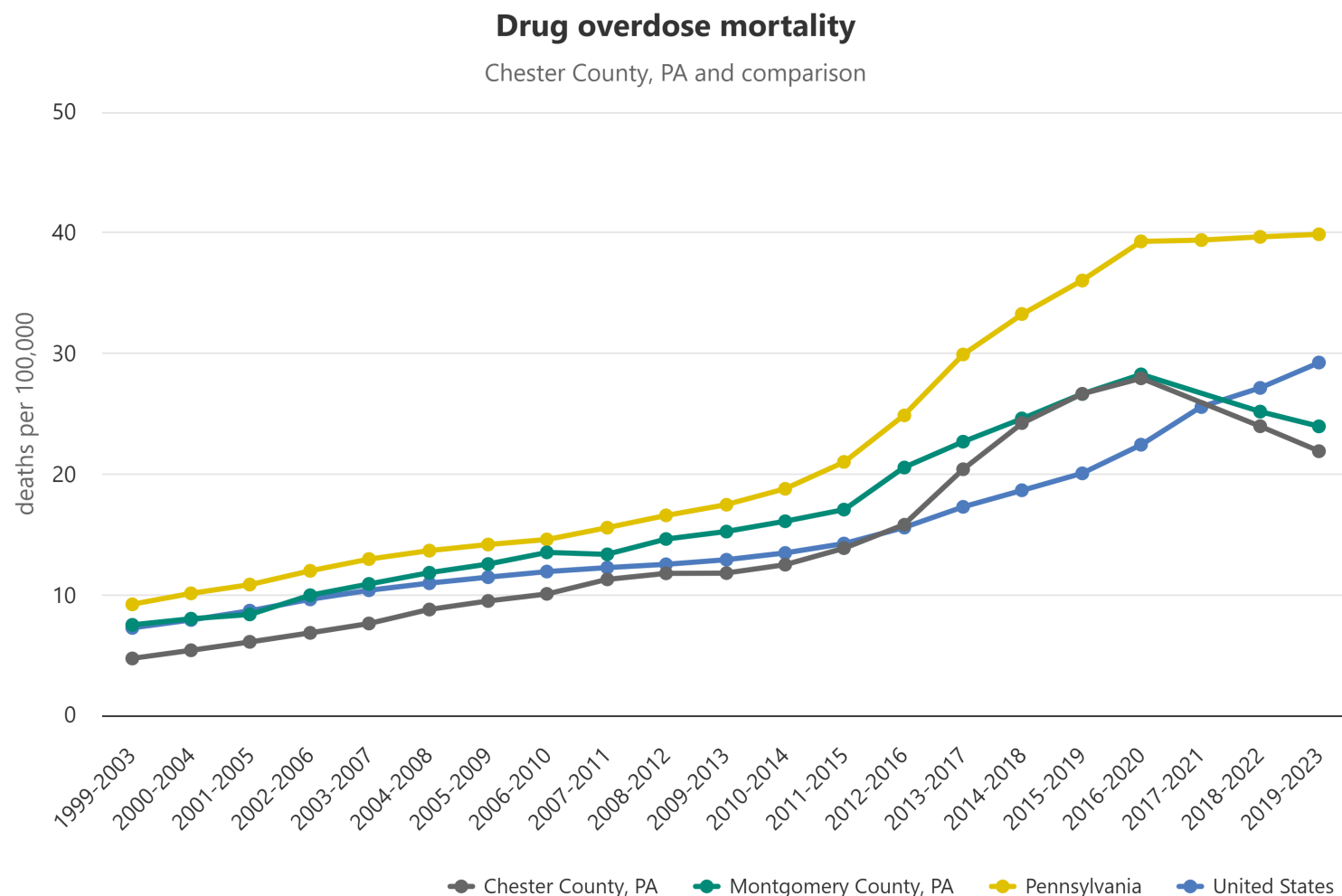
Mental Health was the top ranked health issue by Phoenixville Hospital and Tower Health Corporate leaders surveyed. 47.2% of Phoenixville Hospital and Tower Health Corporate leaders surveyed said the hospital should create and lead new initiatives to address mental health.

Created on Metopio | metopio.io/i/6rb8qh4e | Data source: Centers for Disease Control and Prevention (CDC); PLACES

**Self-reported poor mental health:** Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Drug overdose mortality in Chester County, PA, and Montgomery County, PA, have been decreasing since 2016-2020, and are now lower than both the state and national averages. However, these rates are still significantly higher than the baseline rate of 1999-2003.

Figure 25: Drug Overdose Mortality (1999-2022)



Created on Metopio | [metopio.io/i/4zuion3p](https://metopio.io/i/4zuion3p) | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

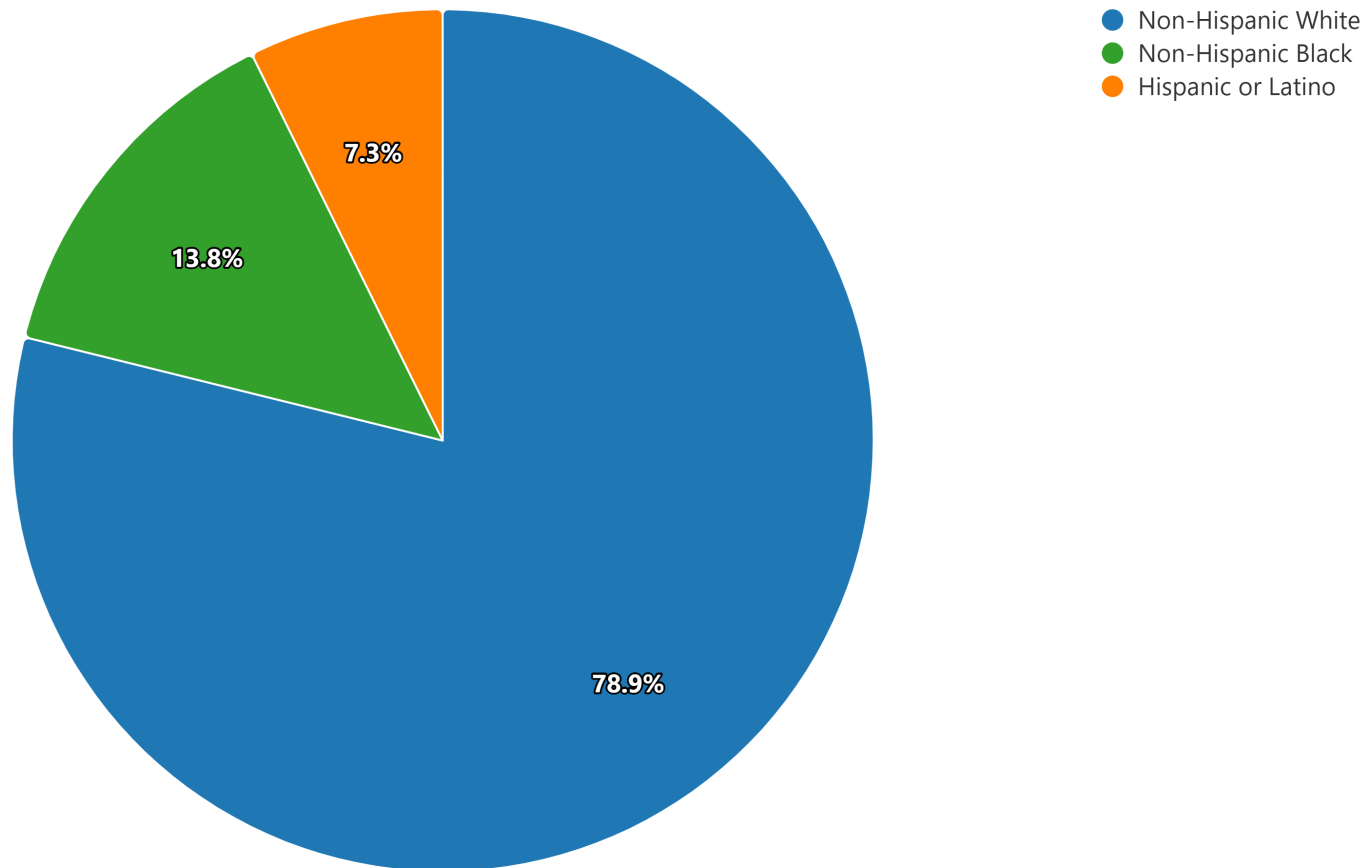
**Drug overdose mortality:** Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

The chart below shows from 2021-2023, the majority of Phoenixville Hospital Emergency Department visits related to substance use were among the Non-Hispanic White population.

Figure 26: Substance use Emergency Department visit by Race/Ethnicity (2021-2023)

### Substance use emergency department visits by Race/Ethnicity

Phoenixville Hospital PSA, 2021-2023

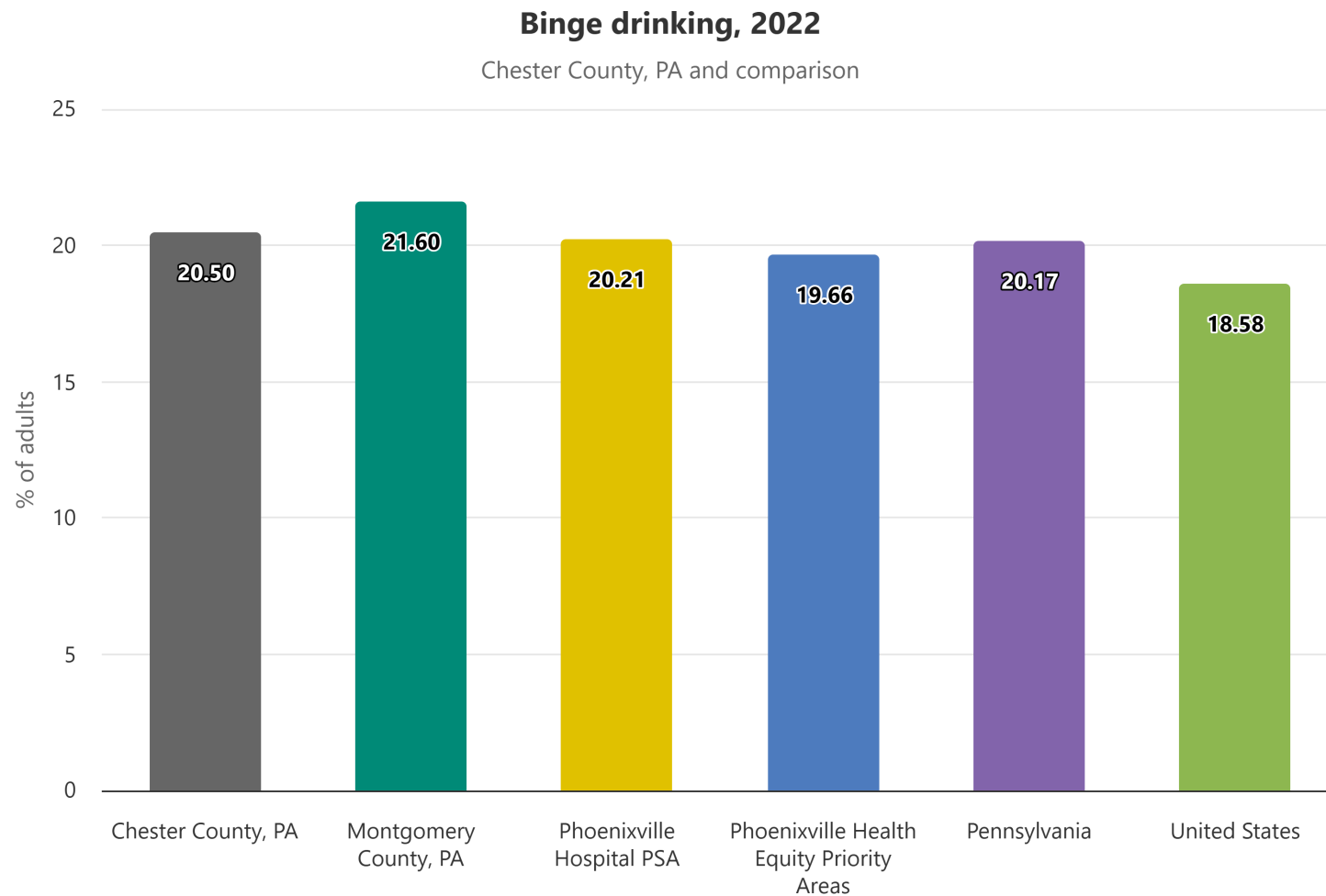


Created on Metopio | [metop.io/i/6ede2wmy](https://metop.io/i/6ede2wmy)

**Substance use emergency department visits:** Emergency department visits for substance use over the time period. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. All payers, based on patient residence.

Chester County and Montgomery County in Pennsylvania have higher rates of binge drinking (five or more drinks (men) or four or more drinks (women) ) compared to the national average. Phoenixville Hospital PSA and Phoenixville Health Equity Priority Areas have slightly lower rates, but still exceed the national average. Overall, Pennsylvania has a higher binge drinking rate than the United States as a whole.

Figure 27: Binge Drinking (2022)



Created on Metopio | [metop.io/i/5pk9zyk6](https://metop.io/i/5pk9zyk6) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

**Binge drinking:** Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

# CHRONIC DISEASE

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Chronic diseases such as diabetes, obesity, heart disease, and mental health disorders pose significant challenges to community health, particularly in settings with diverse demographics like Phoenixville. Community members described concerns related to the provision of adequate healthcare services, including mental health support and chronic disease management. Additional difficulties including securing sufficient medical services, navigating health systems, and overcoming barriers such as transportation and health literacy. The need for comprehensive services that are accessible and tailored to the community's varied needs is evident. Additional challenges noted included financial limitations and language barriers.



The table below shows the counts of chronic disease hospital admissions for Phoenixville Hospital by condition. The top conditions were heart failure and preventable chronic condition:

Figure 28: Count of hospital admissions (2021-2023)

Health Condition	Number of Hospital Admissions, 2021-2023
Asthma	162
Stroke	941
COPD	728
Heart Failure	1,546
Hypertension	248
Diabetes	937
Heart Attack	699
Preventable Chronic Disease*	5,548

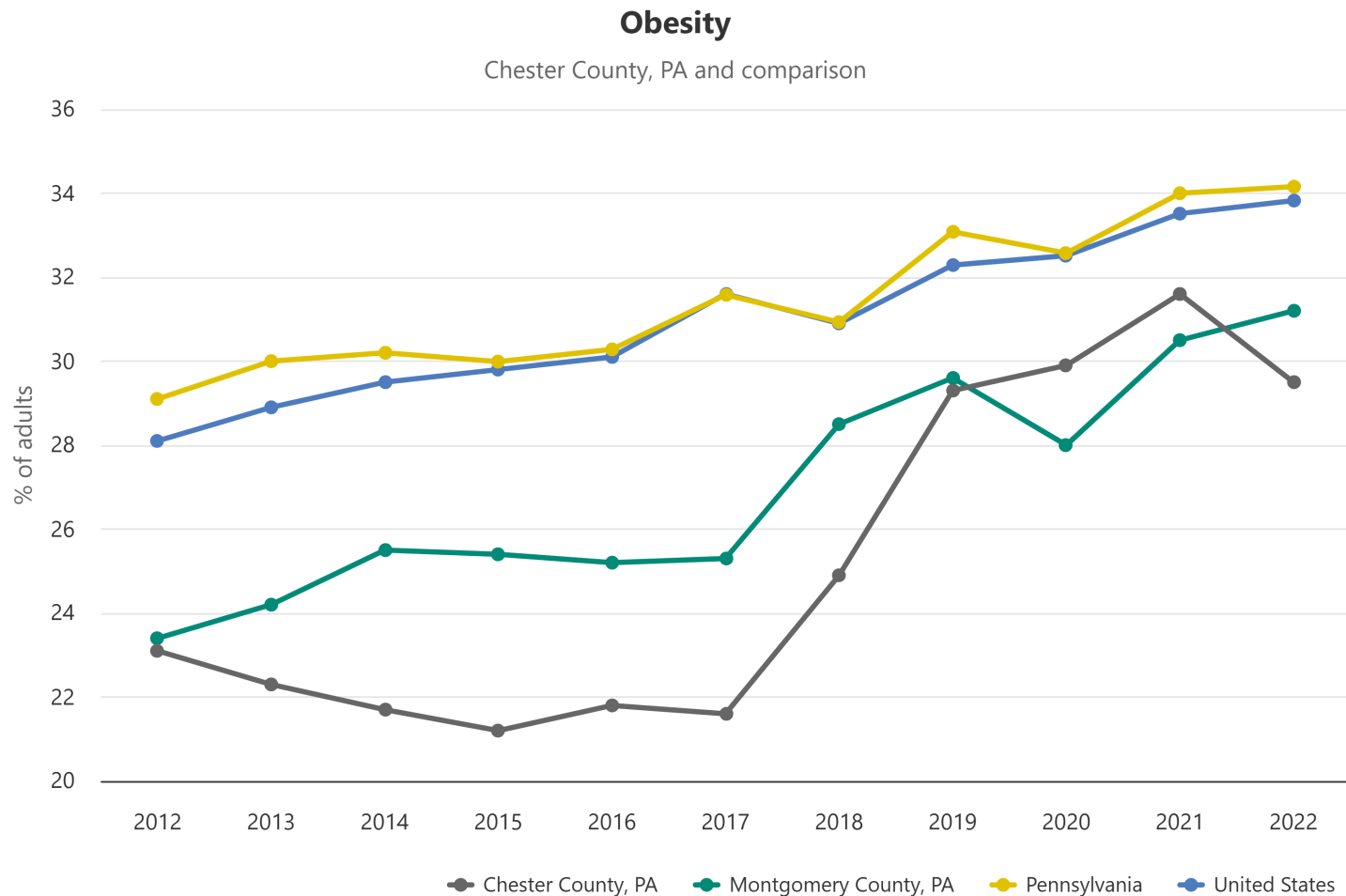
Source: Phoenixville Hospitalization Data, 2021-2023

Phoenixville Hospital admissions for preventable chronic conditions over the time period. Potentially preventable hospitalizations caused by ambulatory care sensitive chronic conditions (those best treated in an outpatient setting). This is a Prevention Quality Indicator (PQI #92), a metric for tracking potentially avoidable hospitalizations. All payers, based on patient residence.



Obesity rates in Chester County, PA, and Montgomery County, PA, have generally been lower than the state and national averages over the past decade. However, both counties experienced a significant increase in obesity rates in 2019 and 2021. The rising trend in obesity rates is a concern for both local and national health authorities.

Figure 29: Obesity (2012-2022)

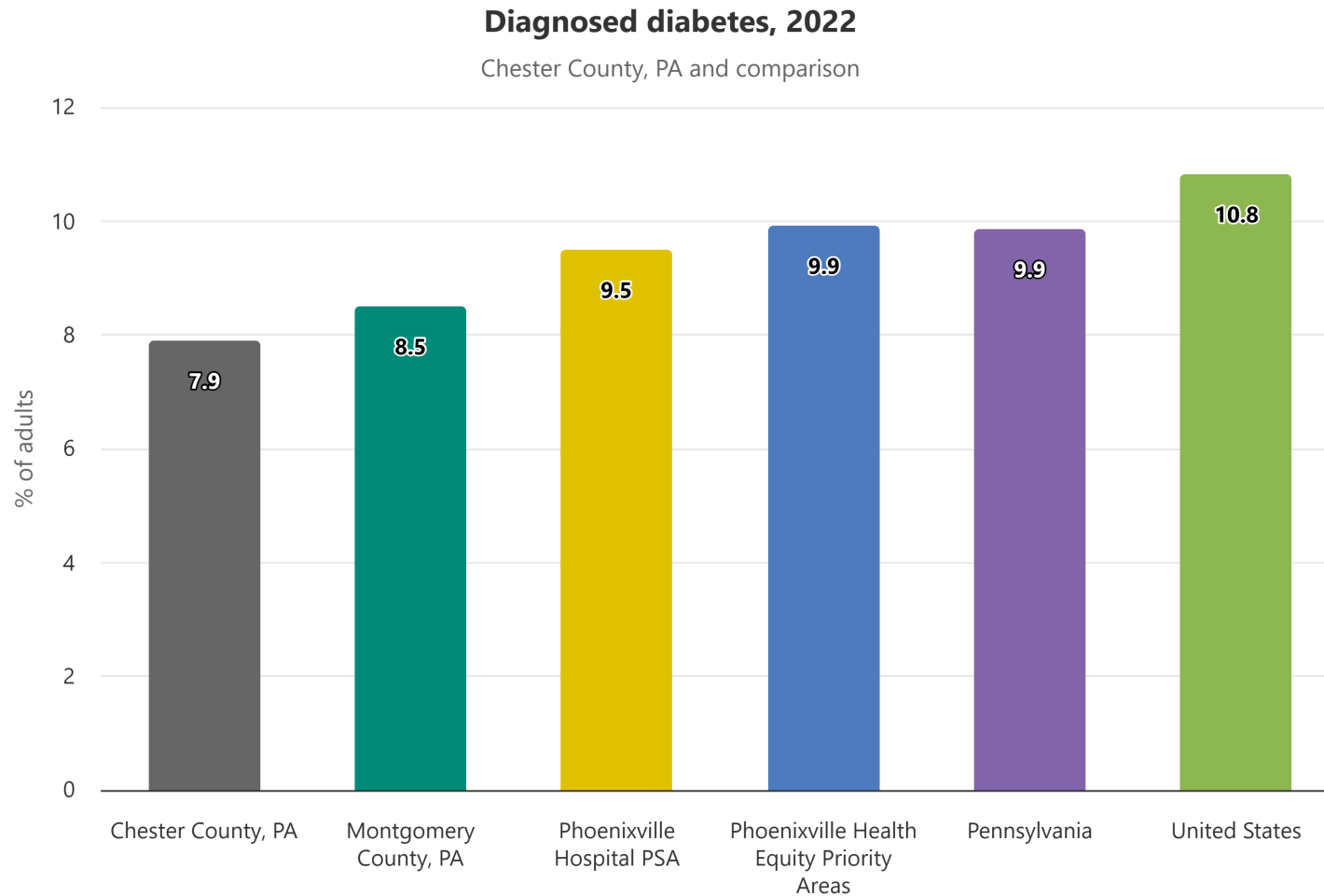


Created on Metopio | [metopio.io/i/7qanioep](https://metopio.io/i/7qanioep) | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

**Obesity:** Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Diagnosed diabetes rates vary across different areas, with Chester County, PA having the lowest rate at 7.9% and Montgomery County, PA slightly higher at 8.5%. Pennsylvania as a whole reports a rate of 9.9%, while the United States has an even higher rate of 10.8%. The Phoenixville Health Equity Priority Areas also show a relatively high rate of 9.9%.

Figure 30: Diabetes (2022)

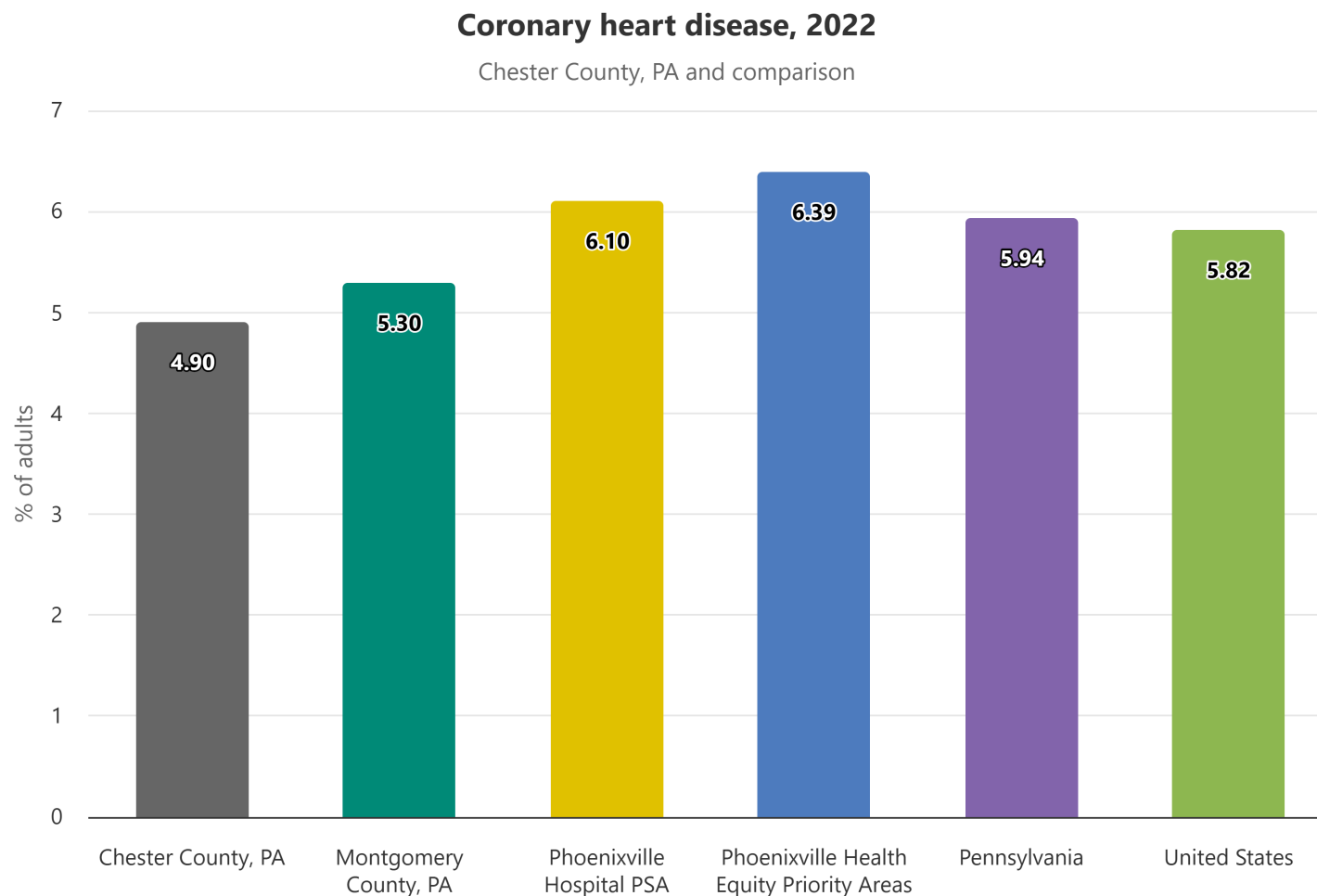


Created on Metopio | [metop.io/i/9yvg88hx](https://metop.io/i/9yvg88hx) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)

**Diagnosed diabetes:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Coronary heart disease rates vary across Chester County, Montgomery County, and the Phoenixville Health Equity Priority Areas, with Phoenixville having the highest rate at 6.4%. Pennsylvania's rate is slightly higher than the national average of 5.8%.

Figure 31: Coronary heart disease (2022)

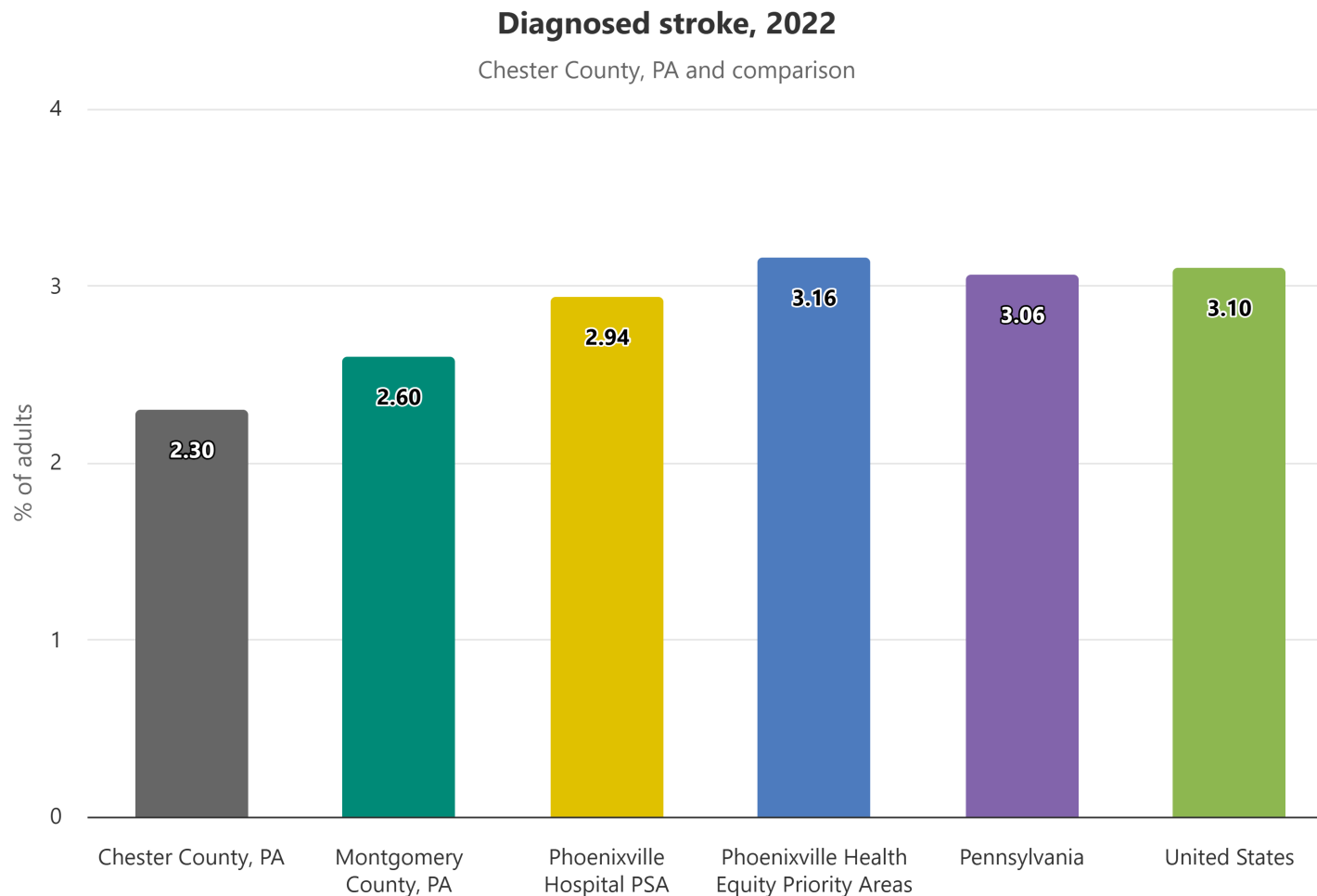


Created on Metopio | [metop.io/i/nyr1chbv](https://metop.io/i/nyr1chbv) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

**Coronary heart disease:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have angina or coronary heart disease. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

The chart below shows the rate of diagnosed strokes. Chester County, PA, has the lowest rate at 2.3, while Phoenixville Health Equity Priority Areas have the highest at 3.16. The overall rate in Pennsylvania is 3.06, slightly lower than the national average of 3.1.

Figure 32: Diagnosed stroke (2022)

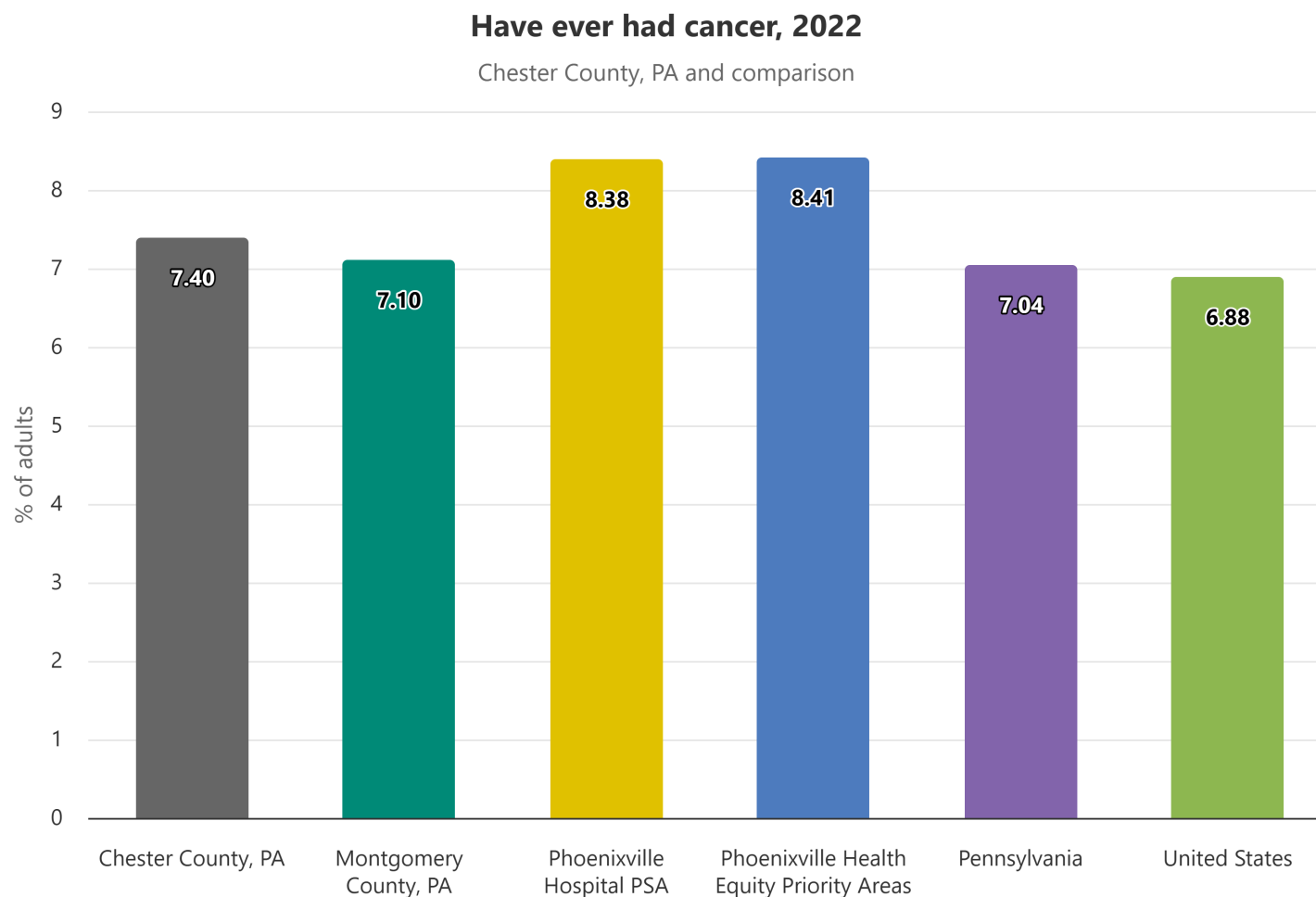


Created on Metopio | [metopio.io/i/84yq4udv](https://metopio.io/i/84yq4udv) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

**Diagnosed stroke:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Have ever had cancer rates vary across different areas, with Chester County, PA, having the highest rate at 7.4%. Pennsylvania's overall rate is slightly lower at 7.0%, while the United States has a rate of 6.9%. Notably, the Phoenixville Health Equity Priority Areas have the highest rate at 8.4%.

Figure 33: Have ever had cancer (2022)

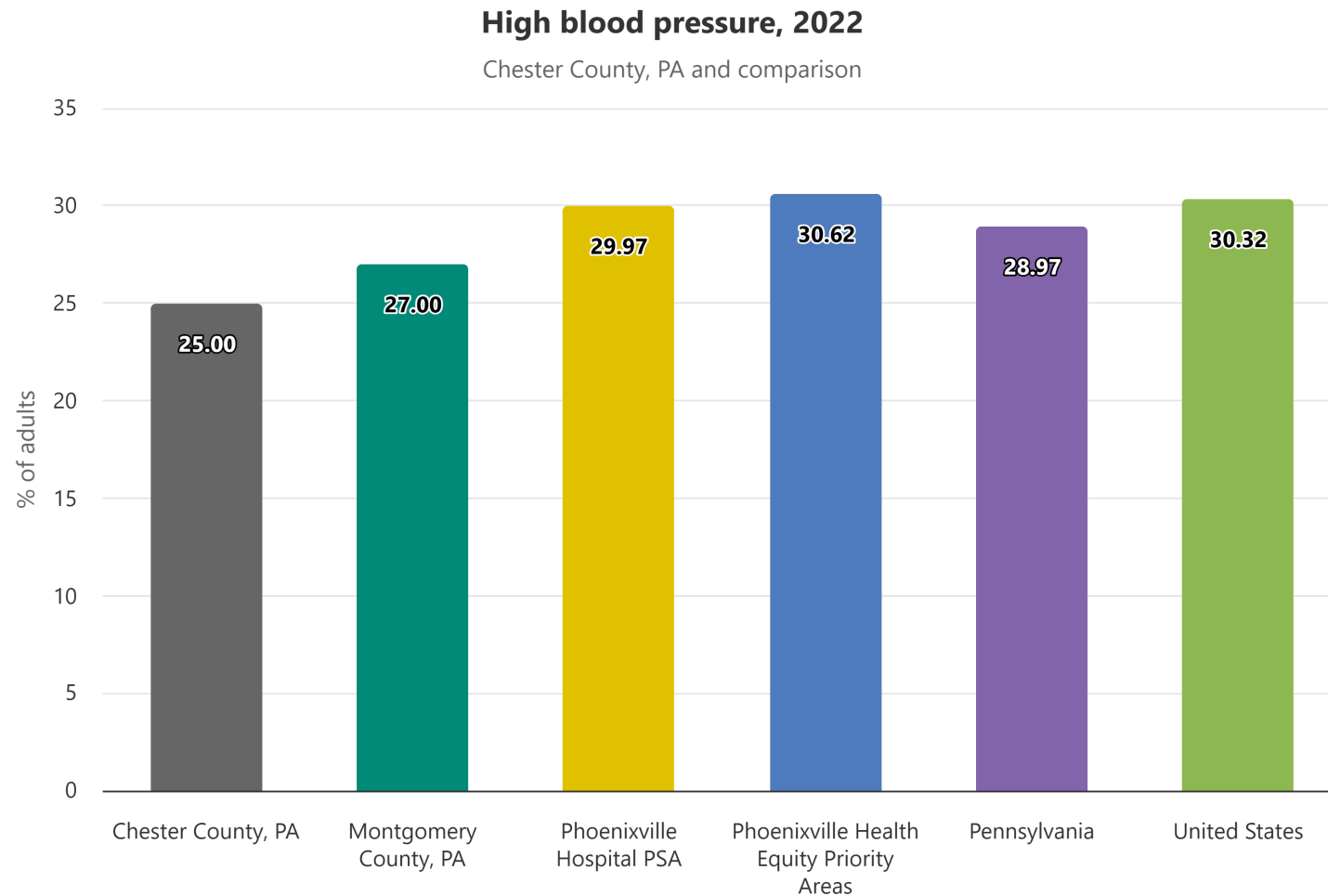


Created on Metopio | [metopio.io/i/x3r2h377](https://metopio.io/i/x3r2h377) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))

**Have ever had cancer:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

High blood pressure is a prevalent health issue across various regions, with the United States having an overall rate of 30.3%. Chester County and Montgomery County in Pennsylvania have slightly lower rates of 25.0% and 27.0%, respectively. However, the Phoenixville Health Equity Priority Areas exhibit a higher rate of 30.6%, indicating a significant health concern in these areas.

Figure 34: High blood pressure (2022)



Created on Metopio | [metopio.io/i/vhdq5xnt](https://metopio.io/i/vhdq5xnt) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)  
**High blood pressure:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

# SOCIAL DETERMINANTS OF HEALTH

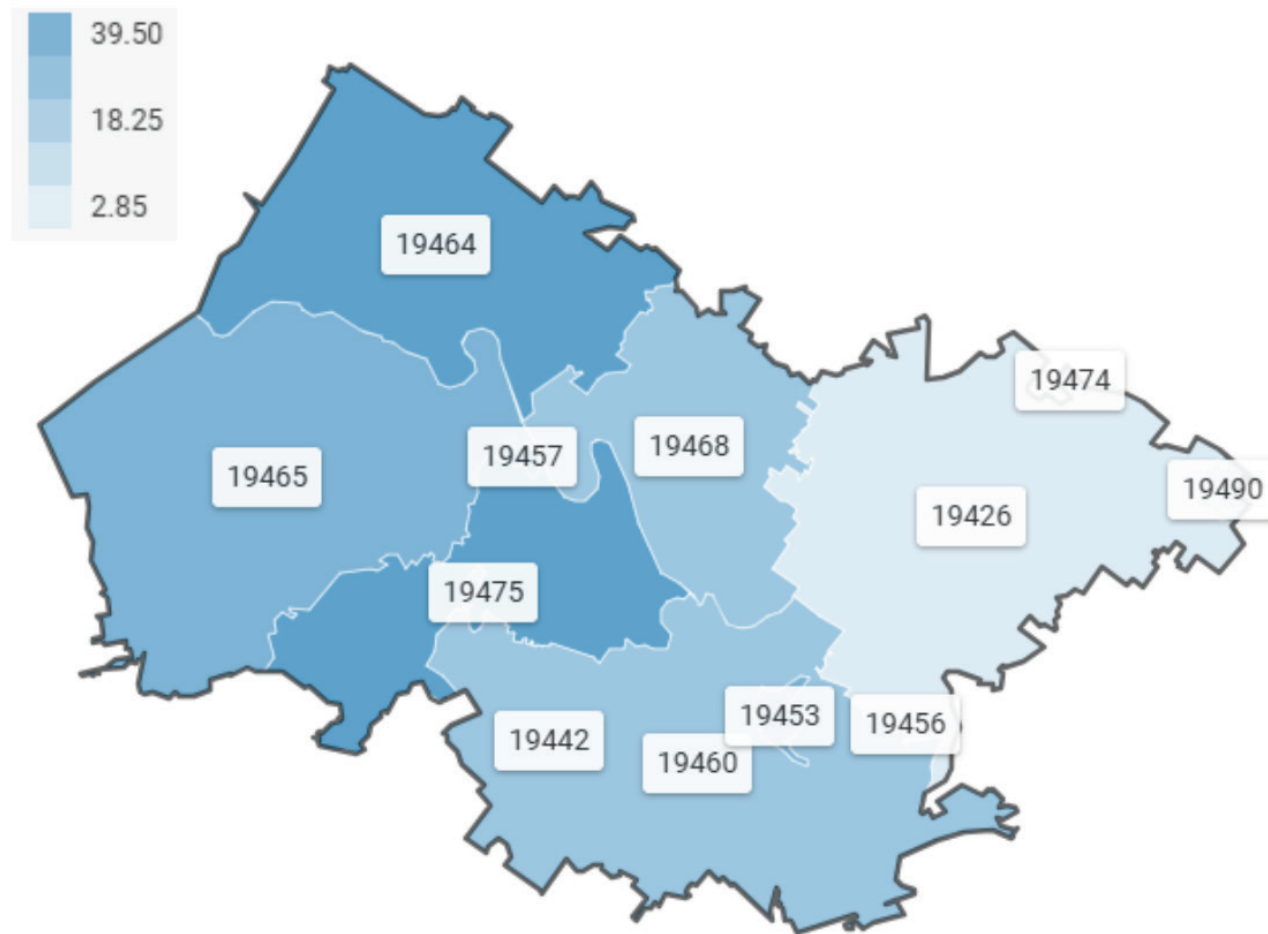
As defined by the Centers for Disease Control and Prevention (CDC), the Social Determinants of Health are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. This also includes the broader forces and systems that shape everyday life conditions.

*Figure 35: The CDC Five Social Determinants of Health*



The Social Vulnerability Index (SVI) was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. The SVI ranks places on 15 social factors, including unemployment, minority status, and disability. The SVI combines the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability). The data provided shows the SVI for the Phoenixville Hospital PSA, with 19456 and 19474 having the lowest vulnerability at 2.85 and 8.78, and 19464 having the highest at 39.5. These rankings can help prioritize resources and support for the most vulnerable communities in the event of a disaster or outbreak.

Figure 36: Social Vulnerability Index (2022)



Source: Centers for Disease Control and Prevention, 2022



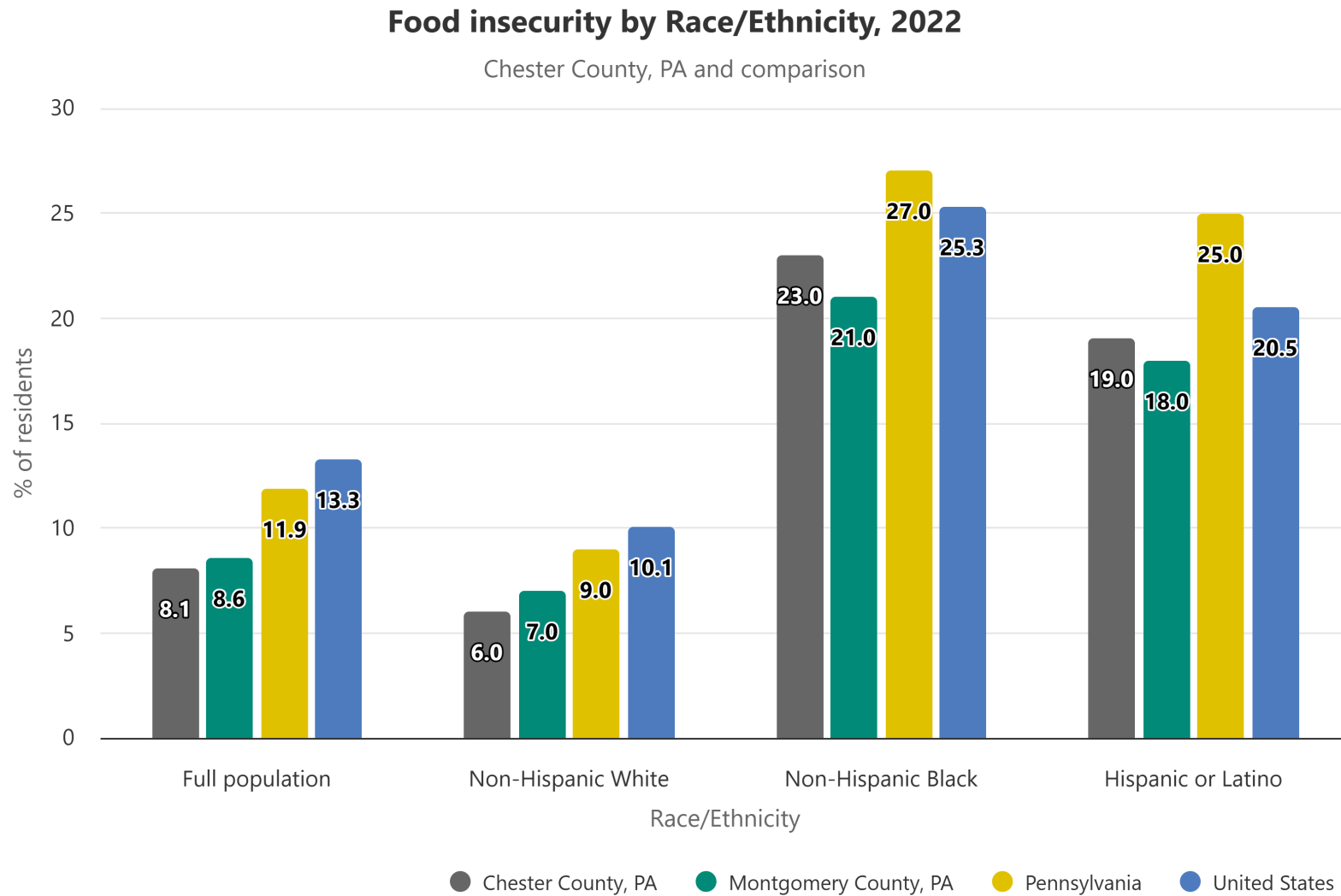
# FOOD ACCESS

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Food insecurity rates vary significantly across different racial and ethnic groups in Chester County, Montgomery County, Pennsylvania, and the United States. Non-Hispanic Black and Hispanic or Latino populations experience higher rates of food insecurity compared to the full population and Non-Hispanic White populations. This disparity is evident at both the county and state levels, as well as nationally.



Figure 37: Food insecurity by Race/Ethnicity (2022)

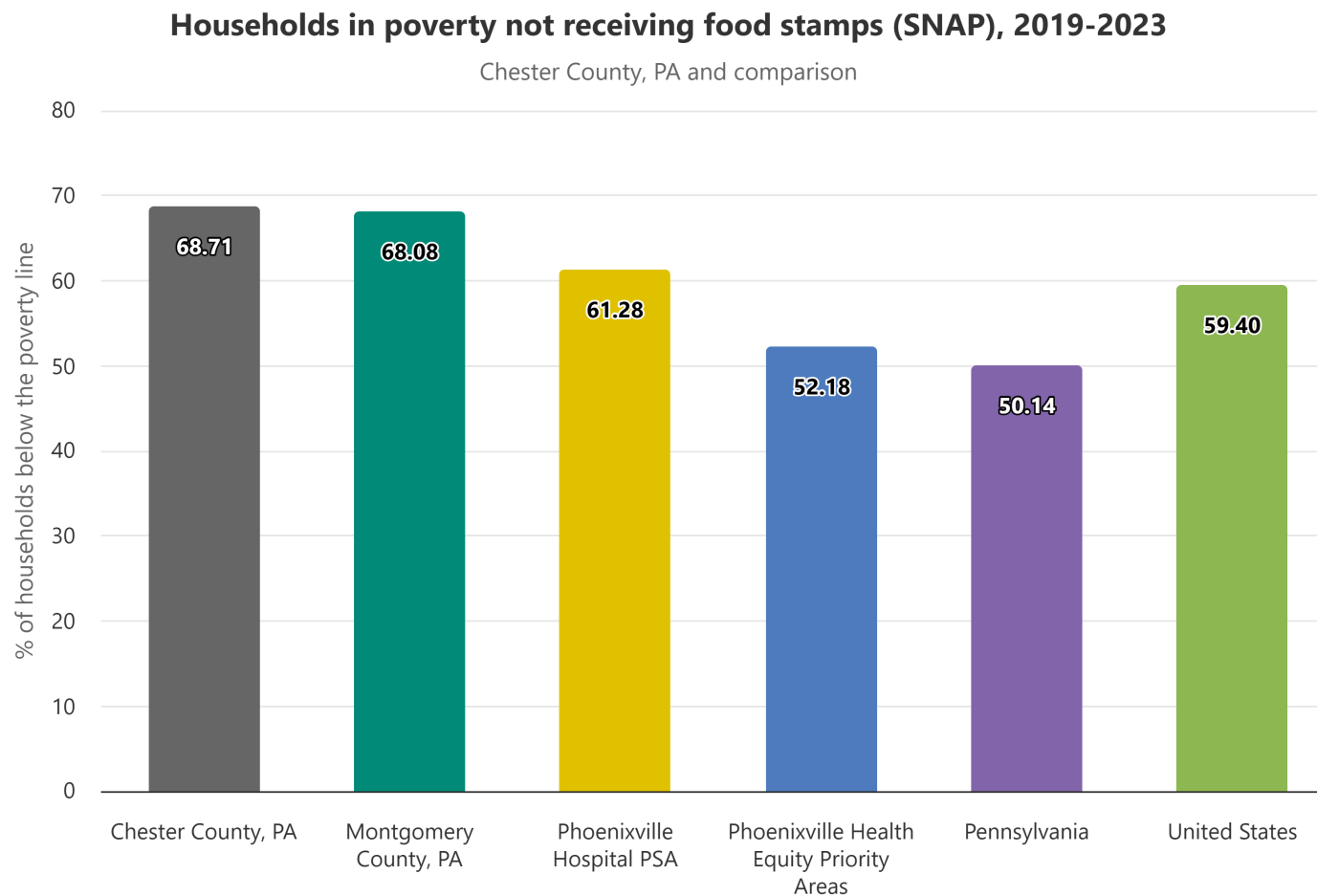


Created on Metopio | [metop.io/i/u5zzv47k](https://metop.io/i/u5zzv47k) | Data source: Feeding America: Map the Meal Gap

**Food insecurity:** Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Households in poverty not receiving food stamps (SNAP) are a concern across various regions. Chester County, PA, and Montgomery County, PA, have notably high percentages, at 68.71% and 68.08% respectively.

Figure 38: Households in poverty not receiving food stamps (SNAP) (2019-2023)

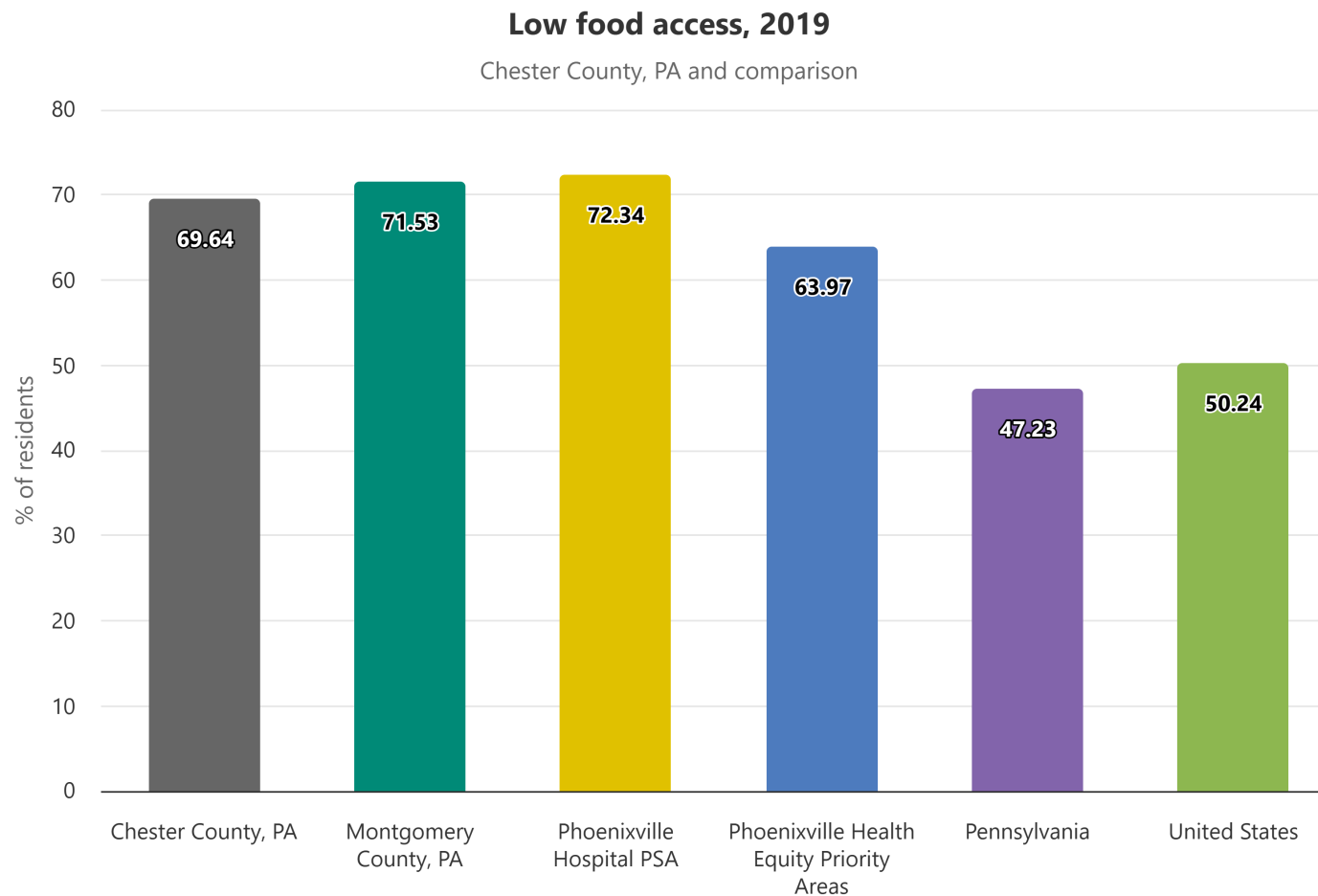


Created on Metopio | [metopio.io/i/1977my4u](https://metopio.io/i/1977my4u) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

**Households in poverty not receiving food stamps (SNAP):** Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

Low food access is described as the percent of residents who have low access to food, defined solely by distance: further than ½ mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area. The data highlights low food access in various areas, with Chester County and Montgomery County in Pennsylvania showing high percentages of 69.64% and 71.53%, respectively. Phoenixville Hospital PSA has the highest rate at 72.34%, while the Phoenixville Health Equity Priority Areas have a lower rate of 63.97%. Overall, Pennsylvania's low food access rate is 47.23%, slightly lower than the national average of 50.24%.

Figure 39: Low food access (2019)



Created on Metopio | [metopio.io/i/xz14crb7](https://metopio.io/i/xz14crb7) | Data source: US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas

**Low food access:** Percent of residents who have low access to food, defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area.

# HOUSING

"Housing is through the roof here, and then that just trickles down to everything else, food, medicine, transportation, childcare."

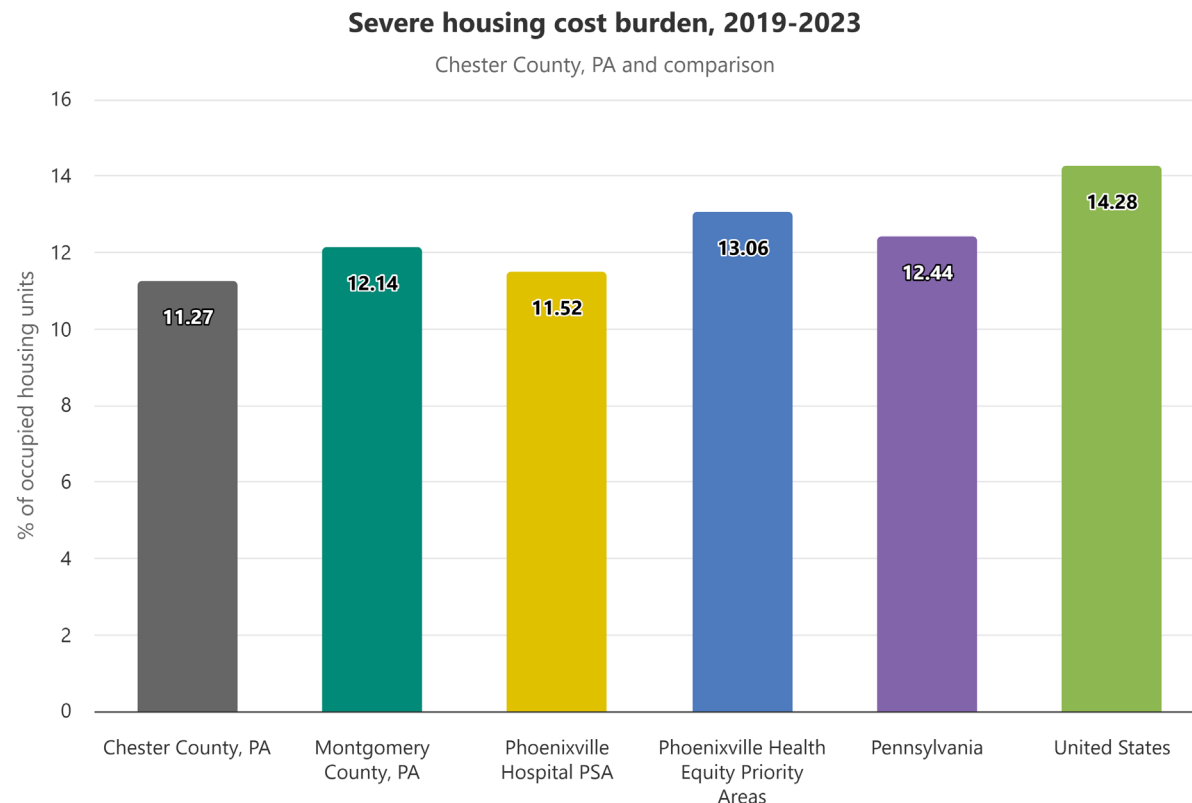
– Key Informant Interview

Severe housing cost burden is a significant issue across various locations in Pennsylvania and the United States. Chester County and Montgomery County in Pennsylvania have rates of 11.3% and 12.1%, respectively, while the Phoenixville Health Equity Priority Areas have a rate of 13.1%. The national average is notably higher at 14.3%.

Figure 40: Severe housing cost burden (2019-2023)

## Severe Housing Cost Burden:

Households spending more than 50% of income on housing are considered severely housing cost-burdened.

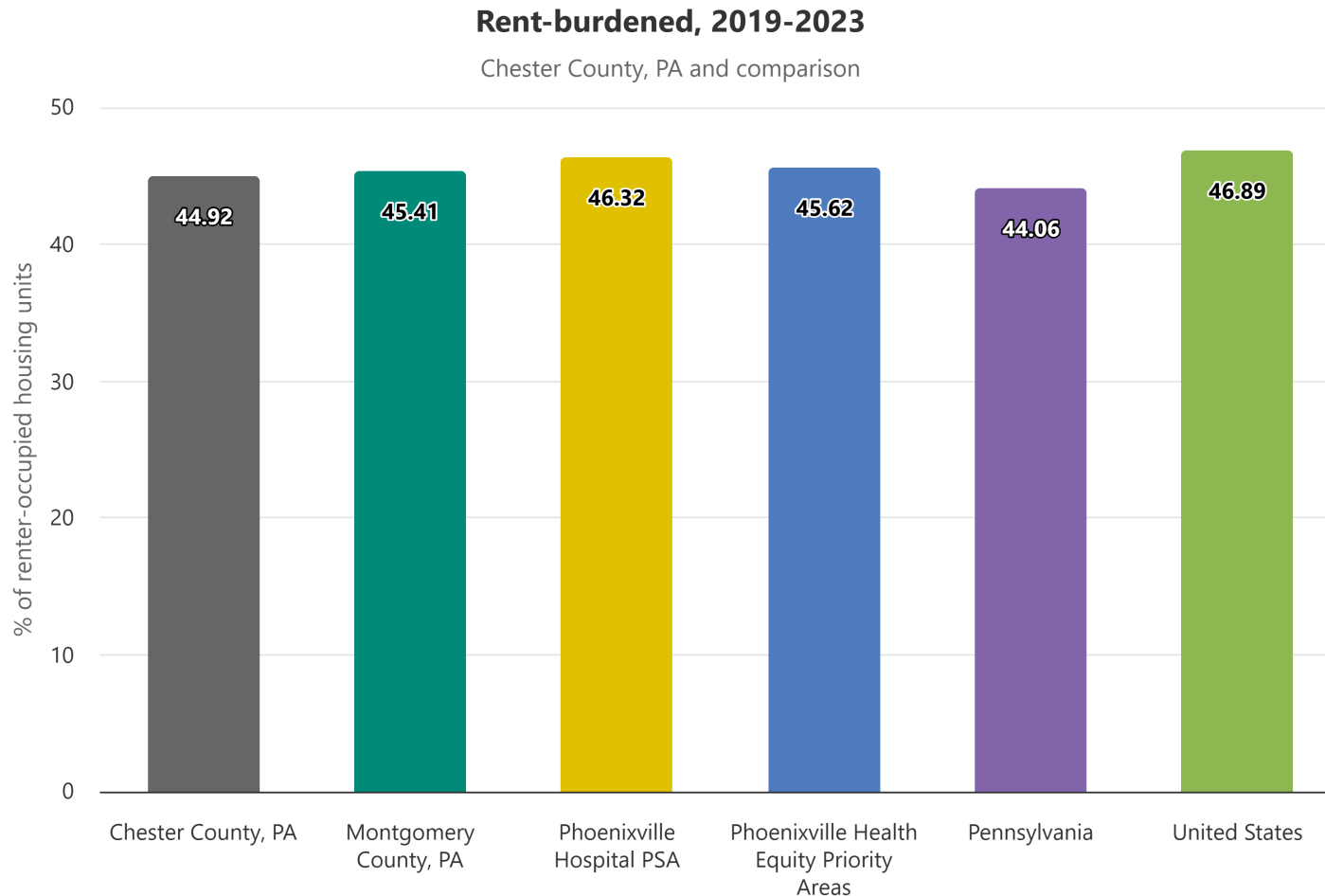


Created on Metopio | [metopio.io/i/khnsbs99](https://metopio.io/i/khnsbs99) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

**Severe housing cost burden:** Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Rent-burdened households in the United States face a significant financial strain, with 46.89% of households spending more than 30% of their income on rent. Chester County, PA, and Montgomery County, PA, have slightly lower rates of rent burden, at 44.92% and 45.41% respectively. However, the Phoenixville Hospital PSA and Phoenixville Health Equity Priority Areas have higher rates, at 46.32% and 45.62% respectively, indicating a localized issue in these areas.

Figure 41: Rent-burdened (2019-2023)



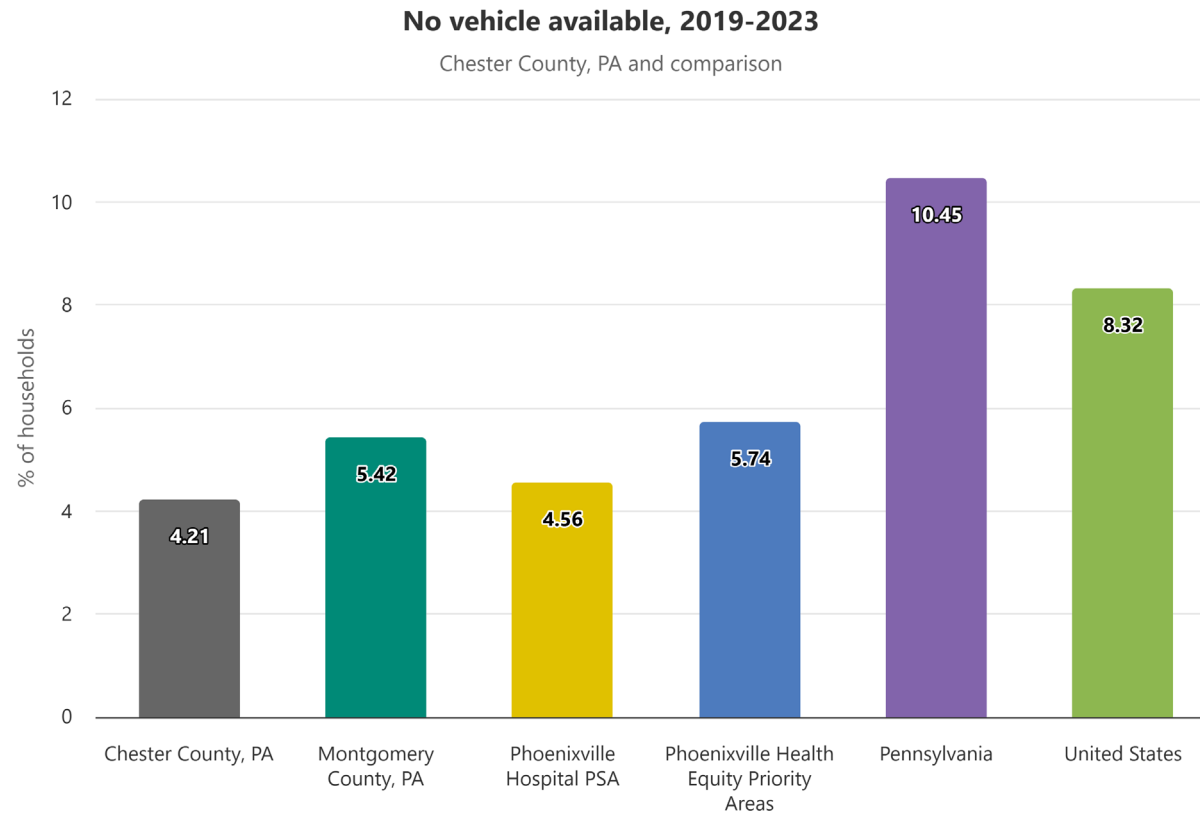
Created on Metopio | [metop.io/i/vm7a341w](https://metop.io/i/vm7a341w) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25070)

**Rent-burdened:** Households spending more than 30% of income on rent are considered rent-burdened. Rent costs do not include utilities, insurance, or building fees.

# TRANSPORTATION

The data shows the percentage of households with no vehicle available in various locations. Chester County, PA, has the lowest rate at 4.21%, while Pennsylvania and the United States have higher rates at 10.45% and 8.32%, respectively. Notably, Phoenixville Health Equity Priority Areas have a rate of 5.74%, which is higher than Chester County but lower than the national average.

Figure 42: No vehicle available



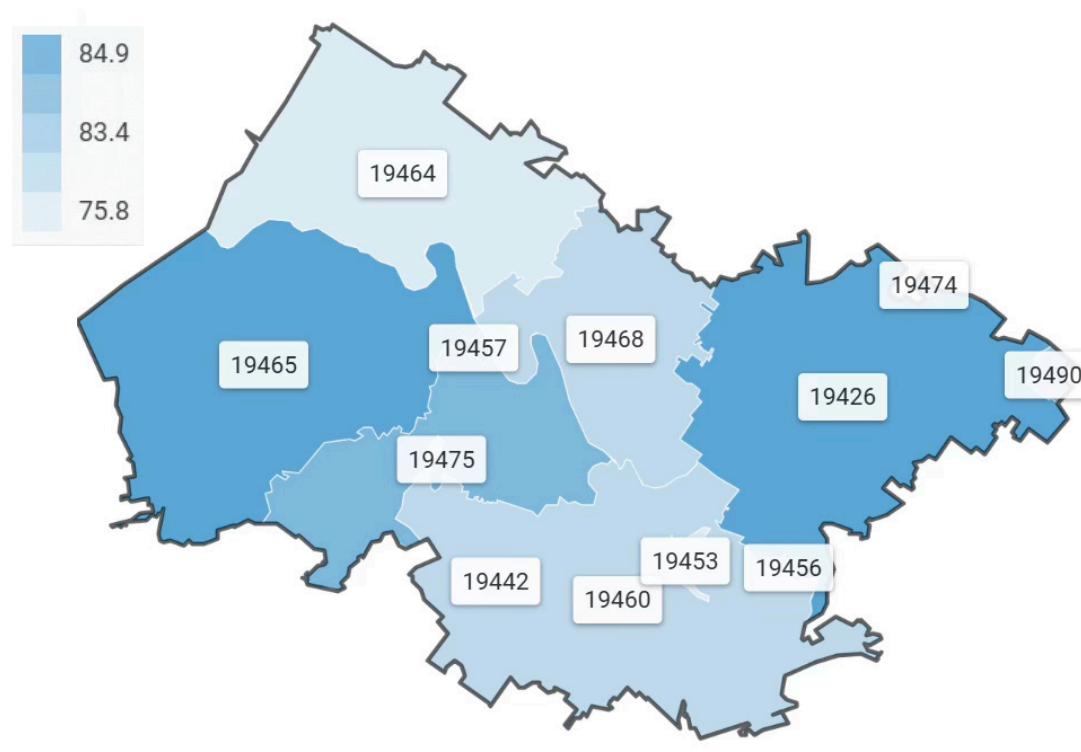
Created on Metopio | metop.io/i/8opi3jx2 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

No vehicle available: Percent of occupied households with no vehicles available.

# SOCIAL AND COMMUNITY CONTEXT

The Social Engagement Index measures elements of civic engagement and social isolation, influenced by neighborhood resiliency and barriers to social engagement. The index scores for zip codes in the Phoenixville Hospital PSA range from 75.8 to 84.9. Higher scores indicate more social engagement, reflecting factors like neighborhood stability and fewer barriers to civic participation. These scores highlight the varying levels of social engagement across different locations.

Figure 43: Social Engagement Index (2019-2023)

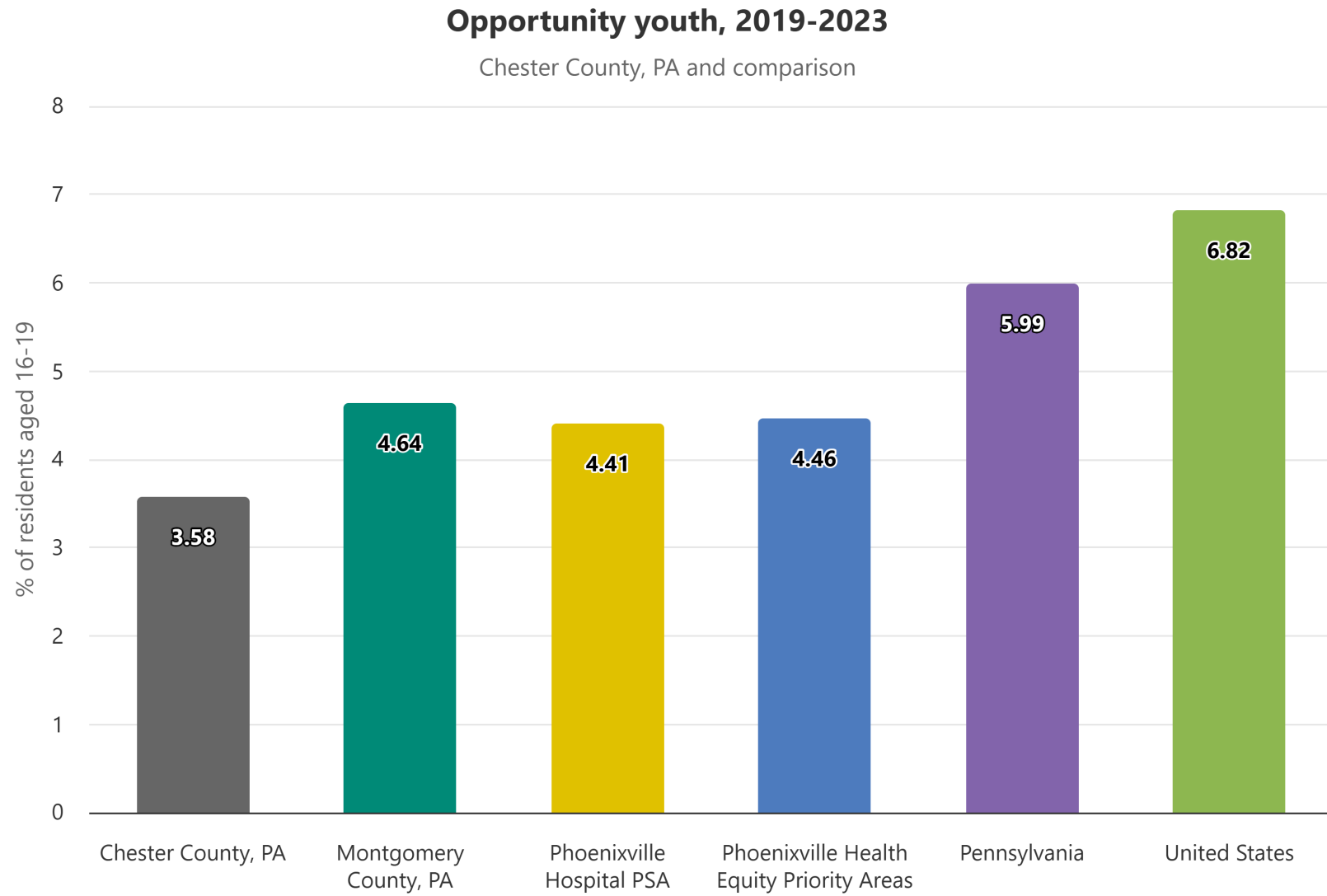


Source: Metopio, 2019-2023



Opportunity youth, defined as young people aged 16-24 who are neither in school nor employed, represent a significant concern in various regions. Chester County, PA, has the lowest rate at 3.58%, while the United States average is 6.82%.

Figure 44: Opportunity youth (2019-2023)



Created on Metopio | [metop.io/i/x63j5mka](https://metop.io/i/x63j5mka) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

**Opportunity youth:** Percent of residents aged 16-19 who are neither working nor enrolled in school.



# PRIORITIZATION AND RESOURCES IN THE DEFINED COMMUNITY

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The top health issues identified following the 2025 CHNA include:

- Access to Equitable Care
- Behavioral Health
- Health Education and Prevention
- Health Equity

The top health issues prioritized by Phoenixville Hospital incorporate all the top health needs identified by the CHNA process. As a result, there are no significant health needs that were not prioritized.

The CHNA report was adopted by the Governing Body in June, 2025.

Questions or comments regarding the CHNA can be sent via email to [PhxCommunityHealth@towerhealth.org](mailto:PhxCommunityHealth@towerhealth.org).

Phoenixville Hospital, along with internal and external stakeholders, will begin to develop goals and strategies to address the top health issues. Existing resources in the defined community are listed on the next page:

***Phoenixville Hospital would like to acknowledge its many community partners. Together, we are Advancing Health and Transforming Lives across our region.***

## **Existing Healthcare Facilities and Resources within the Community**

- Alianzas de Phoenixville
- Ann's Heart
- Behavioral Health Providers
- Bethel Baptist Church – Phoenixville
- Chester County Food Bank
- Chester County Health Department
- Community churches
- Community Health and Dental Clinic
- First United Church of Christ – Spring City
- Health Care Access
- Kate's Casa
- King Terrace
- Local Police/Fire/Townships
- Local Businesses
- Montgomery County Health Department
- Open Hearth
- Orion Communities
- Owen J Roberts School District
- Perkiomen Valley Chamber of Commerce
- Pet Therapy organizations
- Phoenixville Area Community Services (PACS)
- Phoenixville Area School District
- Phoenixville Area Senior Center
- Phoenixville Area YMCA
- Phoenixville Community Health Foundation
- Phoenixville Free Clinic
- Phoenixville Library
- Phoenixville Recreation Department
- Phoenixville Regional Chamber of Commerce
- Pope John Paul II High School
- Project Outreach
- Renaissance Academy
- Ride Health
- Senior Living Communities
- Spring Valley YMCA
- St. Mary's Franciscan Shelter
- State and Local Representatives
- Steel Town Village
- Springford Area School District
- Technical College High School- Pickering Campus
- Tower Direct
- Vincent Heights
- Whitehall VA Housing

# APPENDIX 1:

# COMMUNITY SURVEY

An online survey was conducted from February to May of 2024, with 1,016 respondents from Chester County. Survey responses were weighted by race/ethnicity, age, and gender to reflect the underlying community. Responses were not weighted by income and education. Weighted responses by race/ethnicity, age and gender are shown below.

Race/Ethnicity		Gender Identity	
White	76.0%	Female/Women	48.5%
Black	7.0%	Male/Men	47.6%
Prefer not to answer	5.8%	Prefer not to answer	1.2%
Latino/a	4.3%	(blank)	2.8%
Asian	4.0%	Non-binary	0.4%
Two or more races	2.8%		
American Indian or Alaska Native	0.1%		

Age	
18-39	33.3%
40-64	45.0%
65+	18.0%
(blank)	3.7%

# APPENDIX 2:

## SOURCES

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In addition to the Tower Health Community Survey, described in **Appendix 1**, secondary and hospitalization data was accessed through Metopio via a contract with Tower Health. The following data sources were accessed through the portal:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention WONDER
- Centers for Medicare and Medicaid Services, National Provider Identifier
- Feeding America
- FBI Crime Data Explorer
- Health Resources and Services Administration
- National Cancer Institute
- National Vital Statistics System-Mortality
- PLACES
- Tower Health utilization data
- United Way ALICE Data

Data is presented for the most recent years available for any given source. Due to variations in data collection timeframes across different sources, some datasets are not available for the same time spans.

Data availability ranges from census track to national geographies. The most relevant and localized data is reported.

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