



IMPLEMENTATION **STRATEGY**

2025

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LETTER FROM THE CEO

OUR MESSAGE TO THE COMMUNITY

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

As a healthcare leader, Pottstown 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 Pottstown 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,
Rich McLaughlin
Rich McLaughlin, MD
President & CEO, Pottstown Hospital



ABOUT THE REPORT

IMPLEMENTATION STRATEGY (IS)

A Community Health Needs Assessment (CHNA) is an organized process involving the community to identify and analyze community health needs. The process provides a pathway for communities to identify and prioritize health and social needs and to plan and act upon unmet and prioritized community health needs. The CHNA process undertaken by Pottstown Hospital incorporated input from participants who represent the broad interests of the community, including those knowledgeable of public health issues and the vulnerable, underserved, disenfranchised, hard-to-reach, and representatives of those populations served by each hospital. The CHNA documented what and where the need is, along with who is most affected.

Pottstown Hospital’s Implementation Strategy (IS) includes goals and strategies on how to address and how to solve key findings from the CHNA.

IRS MANDATE

The CHNA report is a complete review of primary and secondary data analyzing demographic, health, and socioeconomic data at the local, state, and national levels. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act (PPACA), requiring that nonprofit hospitals conduct CHNAs every three years. Pottstown Hospital’s CHNA report aligns with the parameters and guidelines established by the Affordable Care Act and complies with IRS requirements. Pottstown Hospital is proud to present its 2025 IS report to the community.

ABOUT POTTSTOWN HOSPITAL

Located in Pottstown, PA, and a member of Tower Health, Pottstown Hospital is a 213-bed hospital that offers a full range of health services, including inpatient and outpatient, medical and surgical, diagnostic, behavioral health and emergency care. Pottstown Hospital is accredited by The Joint Commission and has been recognized for its quality outcomes and clinical expertise across many service lines. Its cancer program is nationally recognized. The hospital also is a Primary Stroke Center; Joint Commission-certified for hip and knee replacement and heart failure. Pottstown Hospital has three outpatient therapy locations providing physical, occupational, and speech therapy services.

MISSION STATEMENT

Pottstown 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 STATEMENT

Proactively Advance Healthier Communities



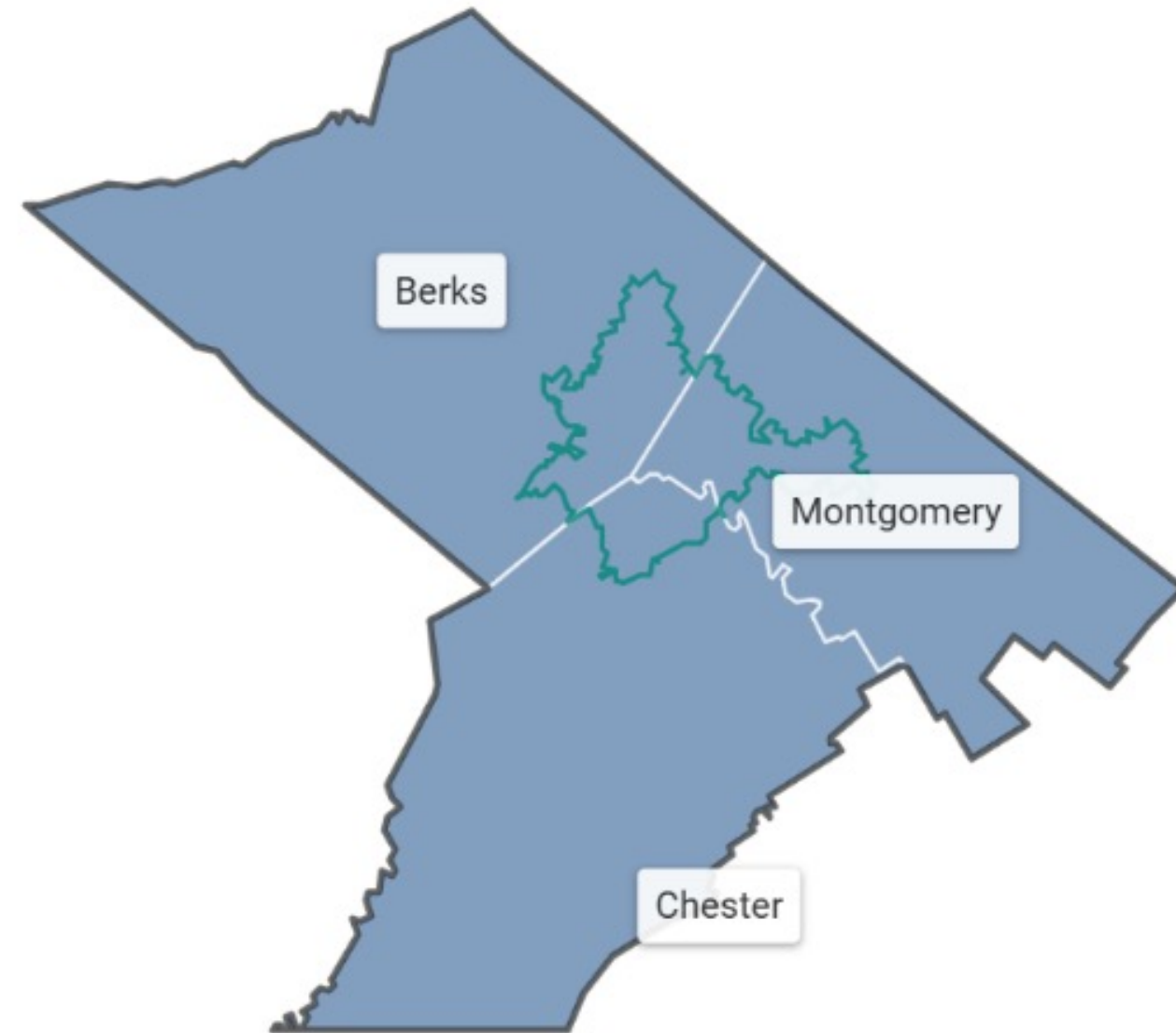
REPORT SERVICE AREA

Pottstown Hospital's primary service area (PSA) includes the zip codes listed below within Berks, Montgomery, and Chester County.

Figure 1: Pottstown Hospital's Primary Service Area Zip Codes

ZIP CODES	TOWNS
19430	Creamery, PA
19464	Pottstown, PA
19465	Coventry, PA
19470	Saint Peters, PA
19473	Skippack, PA
19478	Spring Mount, PA
19512	Boyertown, PA
19518	Douglassville, PA
19525	Gilbertsville, PA
19548	Pine Forge, PA
19545	New Berlinville, PA

Figure 2: Pottstown Hospital's Service Area



OUR FOCUS

Pottstown Hospital's 2025 Implementation Strategy (IS) is a key component of the community health needs assessment process as it delineates the strategies and goals designed to meet prioritized needs and sets the stage for action and execution of initiatives that effectively impact health outcomes and sustain improvements in health status across our communities.

Much of today's delivery of health care should acknowledge the social and economic factors that influence health. These factors, called social determinants of health (SDOH), include our race, income, education level, and livable home and community environments. Understanding the strong impact of SDOH requires us to step aside from our traditional health care approaches and to pursue innovative best practices to improve health. The 2025 IS was built on accomplishments and lessons learned, as well as the challenges and complexities, of 2022 CHNA and IS efforts.

A DEEPER PERSPECTIVE: CHNA PRIORITIES

The 2025 IS outlines Pottstown Hospital's continued focus on the whole person, is patient- and community-centered, and supports the optimal use of a plethora of health care and human service resources to improve health. Community participants emphasized the need to improve access to equitable care and behavioral health and to expand health education and prevention. Inequities such as demographical differences highlight the importance of weaving an equity focus within all areas of health.

The effectiveness of the 2025 IS is strengthened as we translate our understanding and knowledge of what the community told us into dynamic policies and best practices. Community input guides our efforts to diligently understand past successes and pitfalls in continuously improving the health of our communities through the following areas of focus:



A) ACCESS TO EQUITABLE CARE

Access to equitable care was strongly emphasized throughout all steps of data collection. 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.

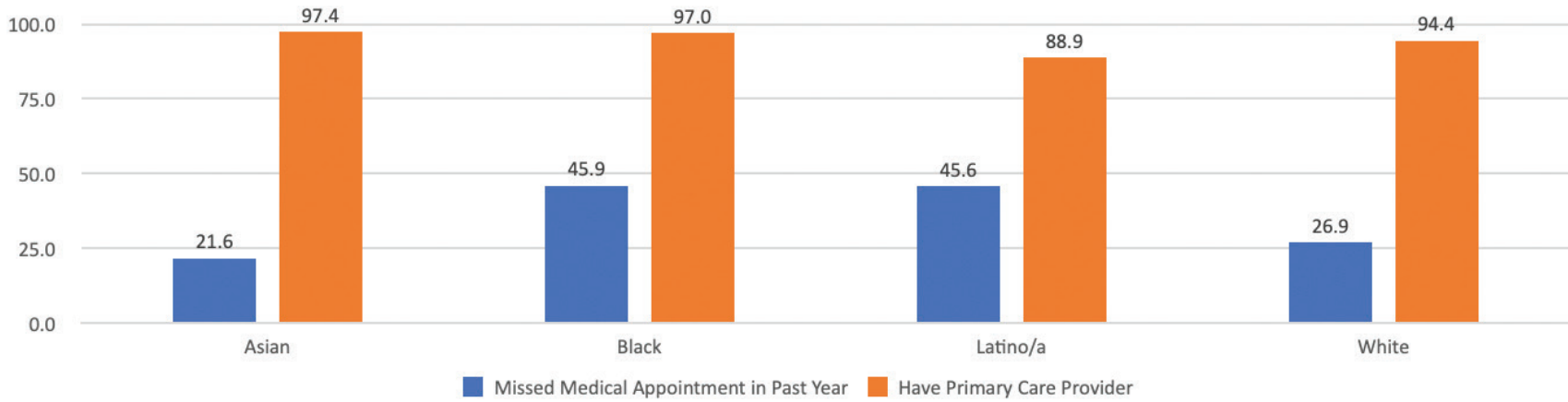
Focus groups and key informant interviews showed the need for expanded hours, more bilingual staff, interpreters, and culturally competent care.



Source: Access to Care LA, 2020

The chart below shows community survey respondents who missed a medical appointment in the last year, and who have a primary care provider. Respondents who identify as Hispanic or Latino were less likely to report having a primary care provider, while respondents who identified as Non-Hispanic Black and Hispanic or Latino were more likely to report having missed or delayed a medical appointment in the past year.

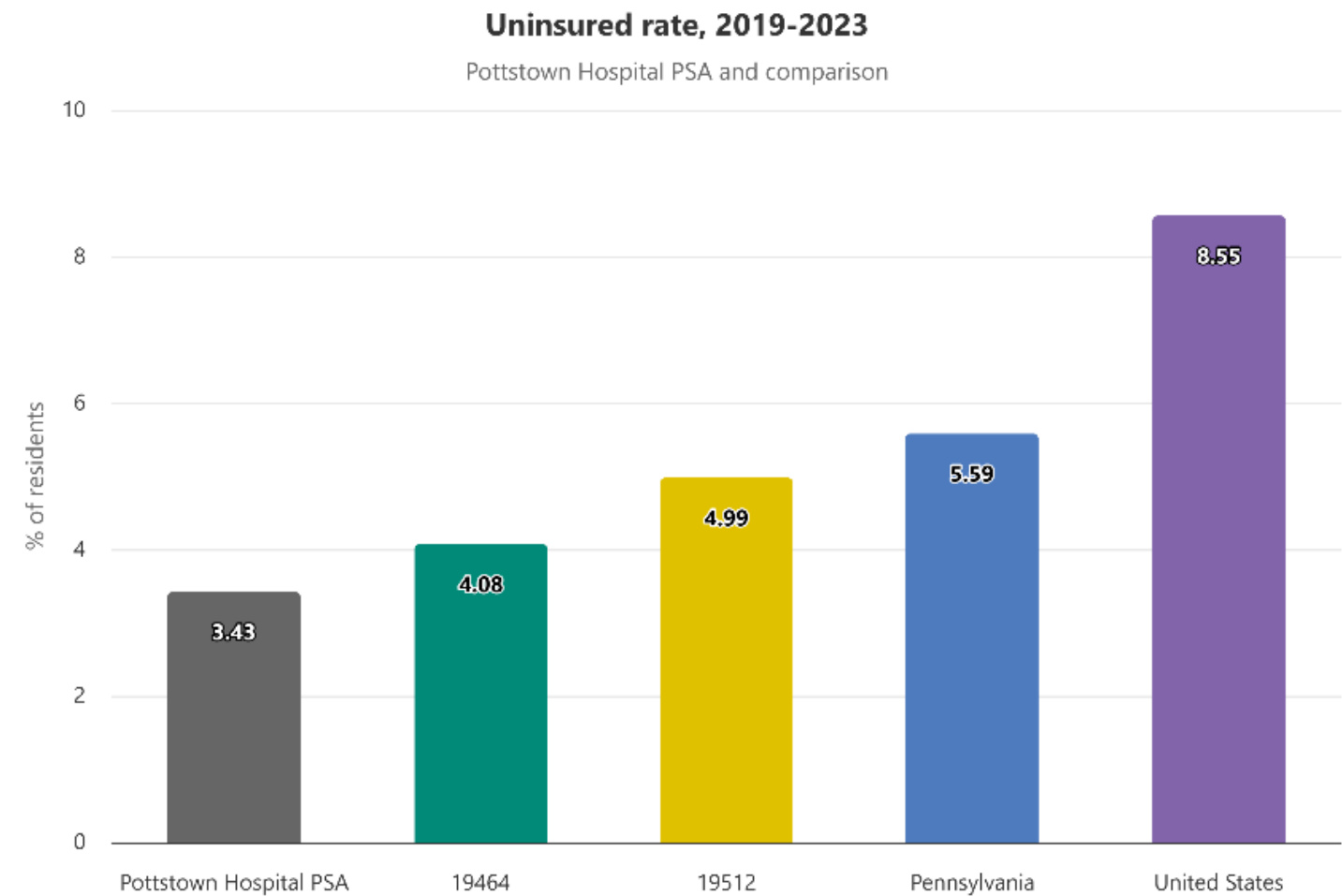
Figure 3: Access to Care – Survey Respondents



Source: Tower Health Community Survey, 2024

The uninsured rate in Pottstown Hospital’s PSA is 3.4%, significantly lower than the state of Pennsylvania’s rate of 5.6% and the national rate of 8.6%. Within the Pottstown Hospital’s PSA, the zip codes 19464 and 19512 have uninsured rates of 4.1% and 5.0%, respectively. These localized rates indicate varying levels of insurance coverage across different areas. Uninsured rates over time are shown in Figure 4 below.

Figure 4: Uninsured rate



Created on Metopio | metop.io/i/dw7twwm5 | 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).

GOAL:

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

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Utilize Community Health Professionals to improve access to care for vulnerable community members	Connect patients to primary and specialty care	X	X	X	200 patients referred	Community-based organizations FindHelp
	Identify and address SDOH	X	X	X	30% of patients have SDOH needs addressed	
	Conduct health literacy assessments		X	X	75% of patients/community members complete health literacy assessment	
Improve access to transportation	Utilize Ride Health platform to coordinate free transportation to and from appointments for eligible patients	X	X	X	220 rides provided (2025) 231 rides provided (2026) 243 rides provided (2027)	Pottstown Hospital Emergency Department Pottstown Hospital Case Management Ride Health
	Provide bus vouchers to patients in need	X	X	X	100 vouchers distributed	
Implement Street Medicine	Provide primary, preventative, and specialty care and referrals to vulnerable patients	X	X	X	700 patient encounters 40 new patients 40% of patients referred to primary care to complete an in-office visit	Access Services Community Health and Dental Care Delaware Valley Community Health Creative Health Services Mission First
Improve access to dental care	Implement Street Dental services for individuals experiencing homelessness	X	X	X	25 patient encounters 60% of patients referred to in-office care	

GOAL:

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

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Improve access to screening mammograms	Partner with Reading Hospital's Mobile Mammography Coach to provide screening mammograms to vulnerable populations	X	X	X	5 Mobile Mammography events coordinated 50 patients screened	Reading Hospital Mobile Mammography Coach
Create Ways to Listen to the Community	Convene a Community Advisory Board	X	X	X	4 meetings held	
	Conduct focus groups to better understand community needs and healthcare accessibility	X	X	X	1 focus group held	

B) BEHAVIORAL HEALTH

Behavioral Health includes the prevalence of mental health disorders and access to mental health services, addressing issues like depression and anxiety, and other disorders, as well as substance use disorders such as addiction to drugs and alcohol. Community members and leaders expressed the following unmet needs in the community:

- Mental health resources
- Increased service accessibility and adequacy
- Increased support for marginalized groups
- Transportation support
- Respect in medical settings



The table below shows the counts of Behavioral Health hospitalizations for Pottstown Hospital by health condition. The most common Behavioral Health hospitalizations were related to mental health:

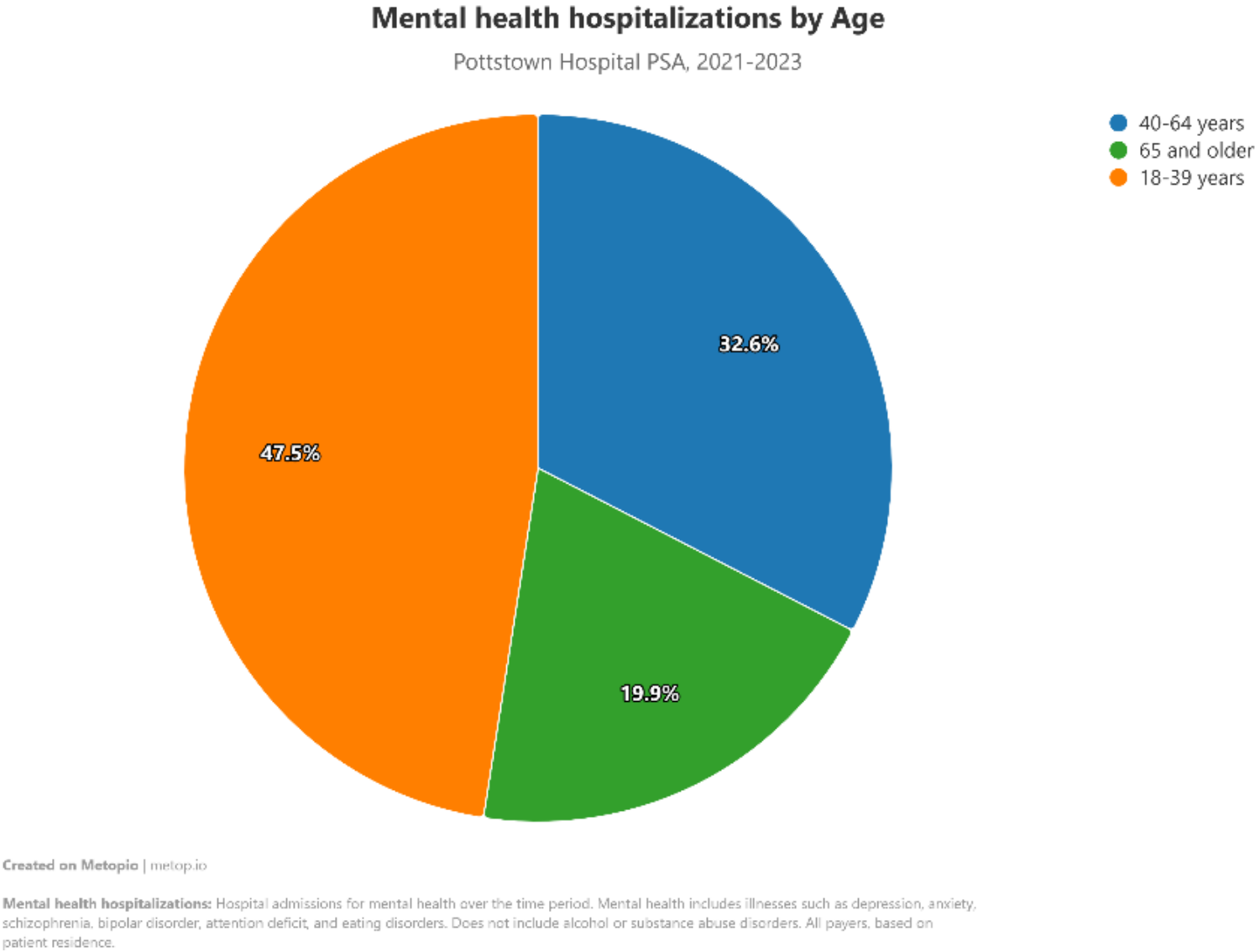
Figure 5: Count of hospitalizations

Health Condition	Number of Hospital Admissions, 2021-2023
Mental Health	1,297
Opioid-Related	854
Substance Use	531
Suicide and Self-Injury	149
Alcohol Use	362

Source: Pottstown Hospitalization Data, 2021-2023

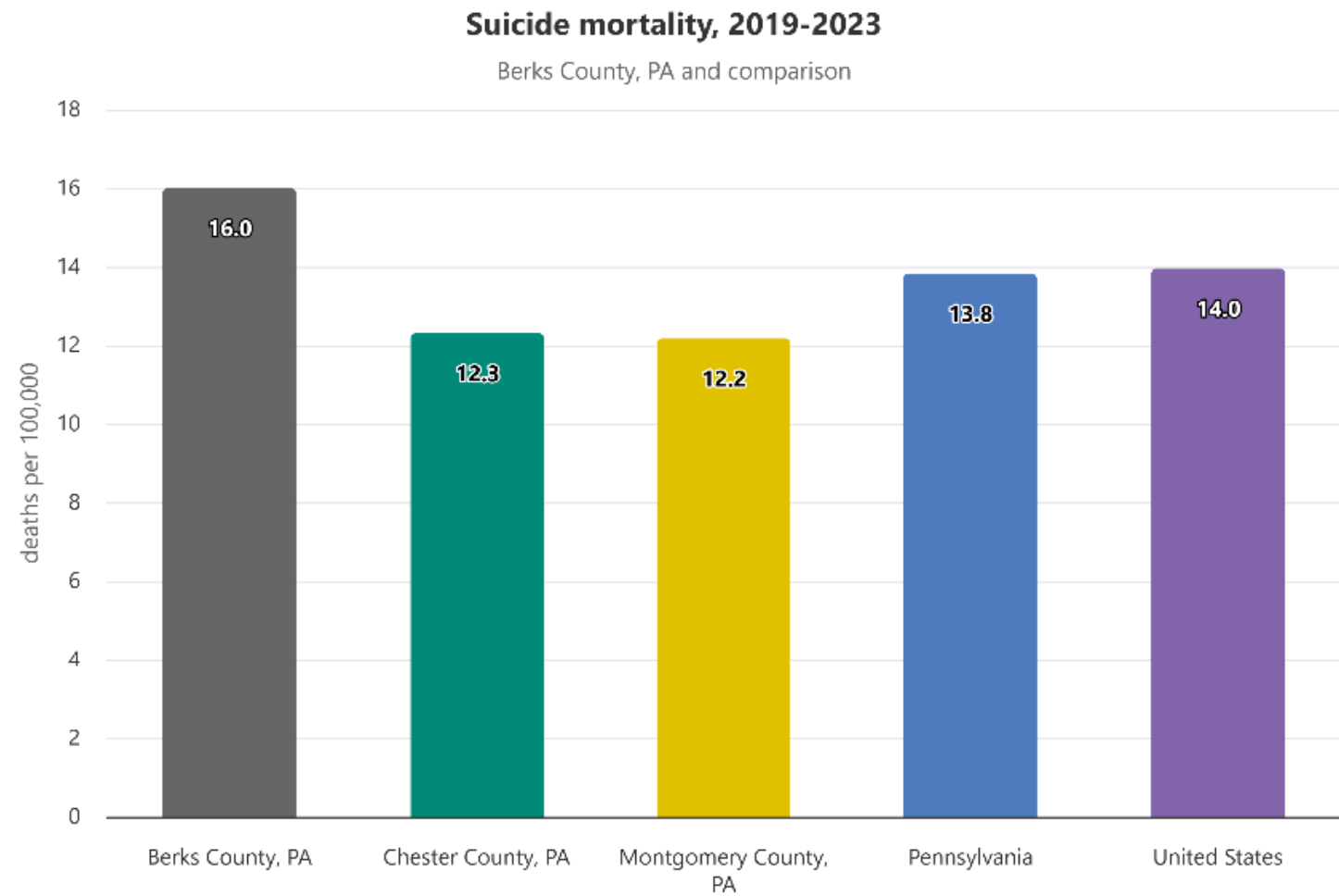
The chart below shows the mental health hospitalizations for the Pottstown Hospital PSA by age, with the most hospitalizations coming from individuals 18-39 years old.

Figure 6: Mental Health Hospitalizations by Age



Suicide mortality in Berks County, PA is notably higher than the national average, while Chester County and Montgomery County have lower rates. Pennsylvania’s overall rate is slightly below the national average. This indicates regional disparities within the state.

Figure 7: Suicide mortality



Created on Metopio | metopio | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System: Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

GOAL:

Improve access to behavioral health and behavioral health support services.

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Implement Street Psychiatry	Provide street and community-based psychiatric assessments and treatment to individuals experiencing homelessness	X	X	X	100 patient encounters	Phoenixville Hospital Psychiatry Residency Program
Increase mental health awareness and reduce stigma	Celebrate Mental Health Awareness Month through hospital and community-based outreach events		X	X	1 event held 200 community members reached	Pottstown Hospital Center for Behavioral Medicine
	Utilize social media to provide mental health education		X	X	6 social media posts 1,000 community members engaged	Pottstown Hospital Marketing and Communications
Improve access to Narcan	Provide Narcan education and distribution	X	X	X	40 people receive education and Narcan for community use	Pottstown Hospital Emergency Department
Increase body positivity among young adults	Provide education to high school students on body positivity	X	X	X	2 schools participate in presentations 50 students per year	Local high schools, colleges, and universities
Increase access to substance use treatment	Launch a Certified Peer Recovery Specialist Program in the Emergency Department	X	X	X	Establish program guidelines, policies, and protocols (2025) Engage 50 patients (2026 and 2027) 25% of patients connected to recovery services	Community Health and Dental Care Montgomery County Office of Drug and Alcohol

GOAL:

Improve access to behavioral health and behavioral health support services.

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Offer Suicide Prevention Training	Host Suicide Prevention Training in community	X	X	X	1 training conducted 12 community members trained	Montgomery County Suicide Prevention Task Force
Increase violence prevention services and trauma response for patients	Provide violence intervention services to patients in the Emergency Department and inpatient settings	X	X	X	Partnership and workflow with the Lincoln Center established (2025) 40 individuals receive intervention services (2026 and 2027) 60% of patientss connected to community-based services and support	The Lincoln Center
	Conduct Stop the Bleed trainings	X	X	X	3 trainings held	Montgomery County Street Medicine
	Provide gun safety education program	X	X	X	1 educational program held	

C) HEALTH EDUCATION AND PREVENTION

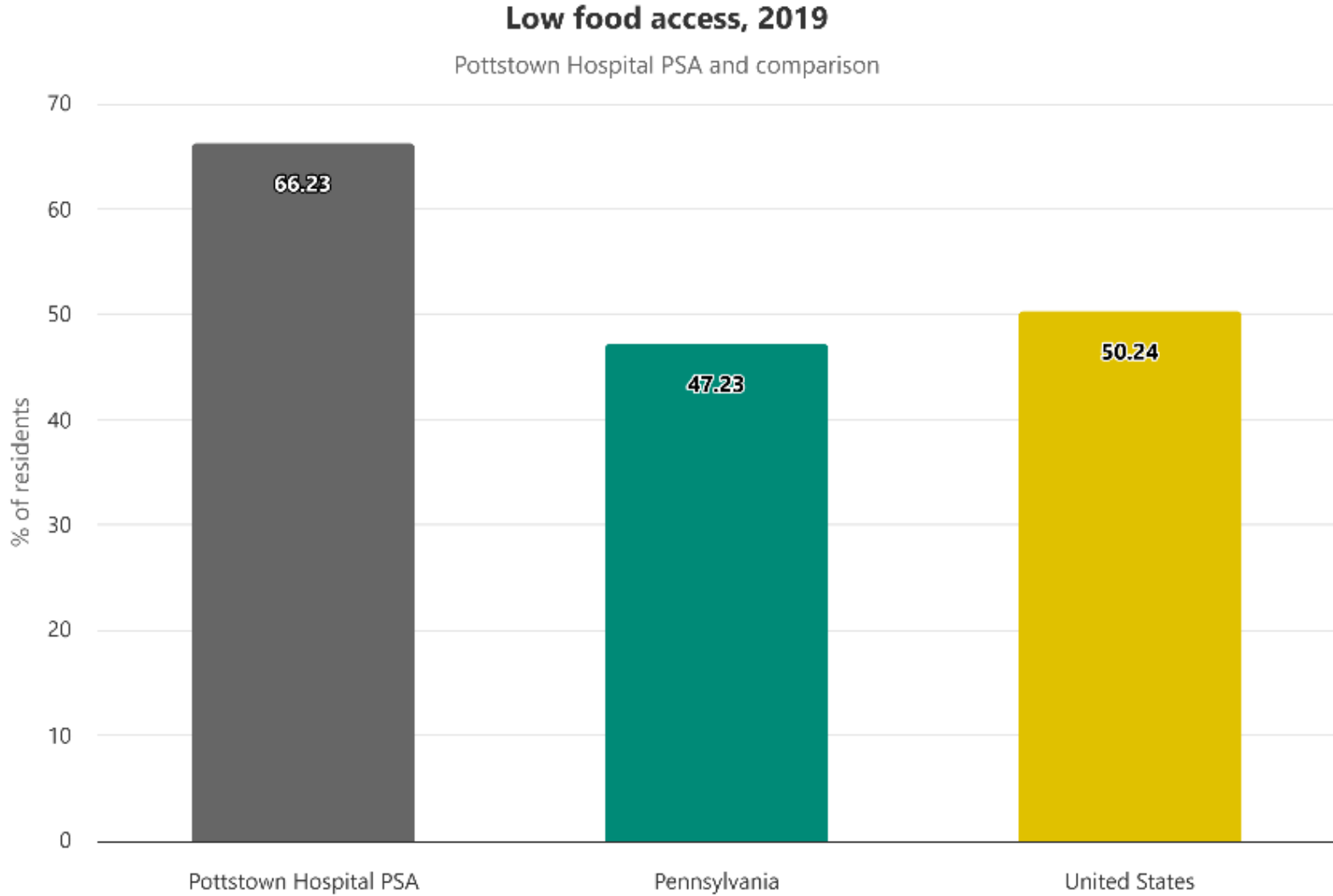
Health education and health literacy play a vital role in accessing care as knowledge and understanding empowers individuals to make informed health decisions and helps them effectively navigate today's complex health care delivery system. Providing health education to increase understanding of health issues enables patients and families to successfully implement treatment plans and is essential to managing chronic conditions and preventing complications or frequent hospitalizations. By improving health literacy and education on how to address and prevent chronic diseases and illness to the broader community, the health organization's paradigm shifts from treating disease to a focus on wellness, healthy behaviors, and positive health outcomes.

Community focus group participants and key informants noted successful programs in the community, including diabetes education, street medicine programs for individuals experiencing homelessness, and enhancing health literacy through community workshops. Community members noted a concerted effort to address health disparities. These health behaviors are pivotal in preventing chronic conditions and improving overall community health.



The low food access rate in Pottstown Hospital’s PSA is higher than the state and national averages. Low food access is defined as the 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.

Figure 8: Low food access



Created on Metopio | metop.io/73d9muioe | 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.

As shown in the table below, the Pottstown Hospital PSA has a higher rate of cholesterol screening, colorectal cancer screening, and mammography use, compared to the state and national averages. The rate of no exercise is lower than the state and national averages. The rate of cigarette smoking is lower than the Pennsylvania average, and higher than the United States average.

Figure 9: Health Behaviors Table

Section	Pottstown Hospital PSA	19464	19512	PA	United States
Cholesterol Screening <i>% of adults</i>	86.4	84.8	86.2	83.7	83.7
Cigarette Smoking Rate <i>% of adults</i>	15.2	16.7	16.9	16.5	14.6
Colorectal Cancer Screening <i>% of adults</i>	67.26	65.70	68.70	61.46	58.85
Mammography Use <i>% of adults</i>	77.8	75.9	77.4	77.1	75.7
No Exercise <i>% of adults</i>	21.2	22.8	23.5	22.9	23.7
Pap Smear Use <i>% of adults</i>	85.0	83.3	84.5	83.2	82.3

Source: Centers for Disease Control and Prevention (CDC) PLACES, 2021-2022

GOAL:

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

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Increase access to healthy foods	Youth Grow Farm	X	X	X	2,000 pounds of organic produce distributed 150 community members receive food	GreenAllies
	Community Garden	X	X	X	2 health education events held 40 staff and community members reached	
	Community Fridge	X	X	X	5,000 unique individuals served	Mission First
	Food Pharmacy	X	X	X	Develop programming and identify funding (2025 and 2026) Implement programming if funding secured (2027)"	
Provide health education and screenings for high-risk individuals	Participate in/host health education on diabetes, cardiovascular health, stroke, cancer, and obesity	X	X	X	15 events attended/hosted 1,000 community members receive education	Community-based organizations
	Provide community-based screenings	X	X	X	100 blood pressure screenings completed 75 BMI screenings completed 1 skin cancer screening event conducted	
	Design and distribute Stall Talk throughout the community	X	X	X	150 Stall Talk newsletters distributed 6 local organizations serve as partners	

GOAL:

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

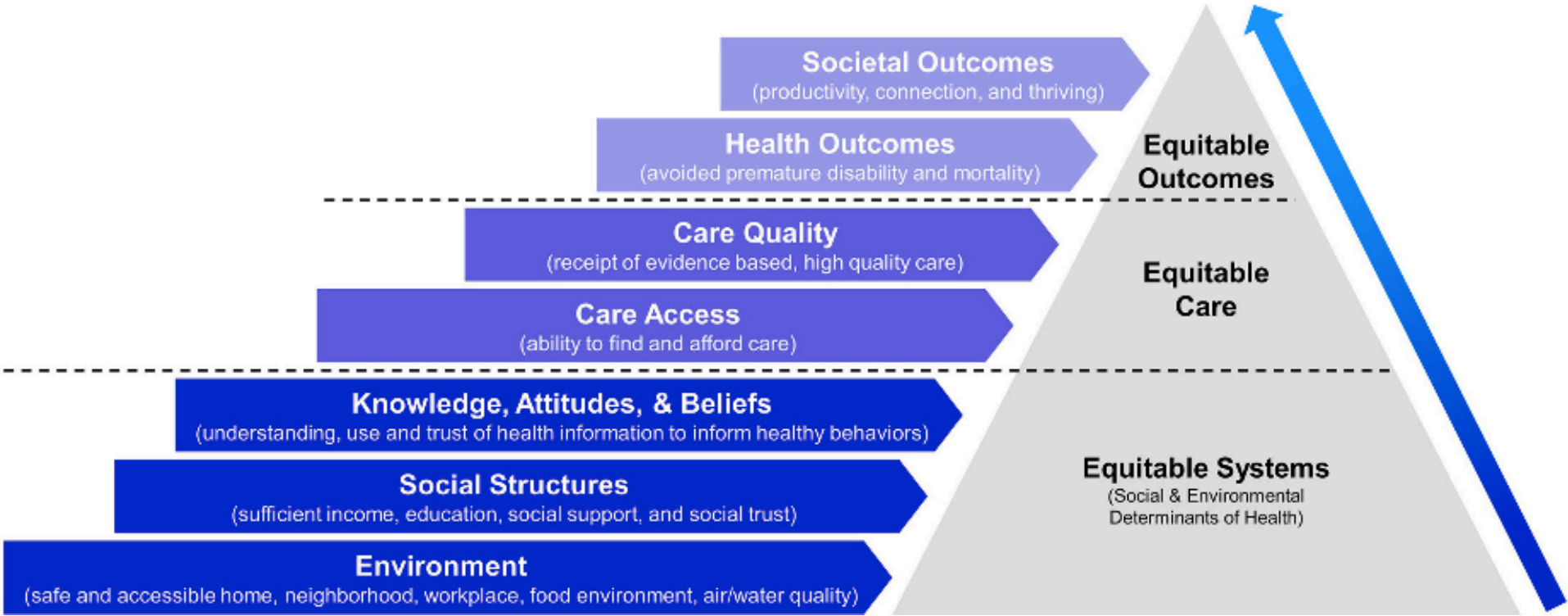
Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Engage with local school districts to further wellness education and programs	Provide school-based wellness education for staff and students	X	X	X	3 school-based programs conducted 200 students engaged 50 staff members engaged 60% report increase in knowledge following education	Local high schools, colleges, and universities



D) HEALTH EQUITY

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.

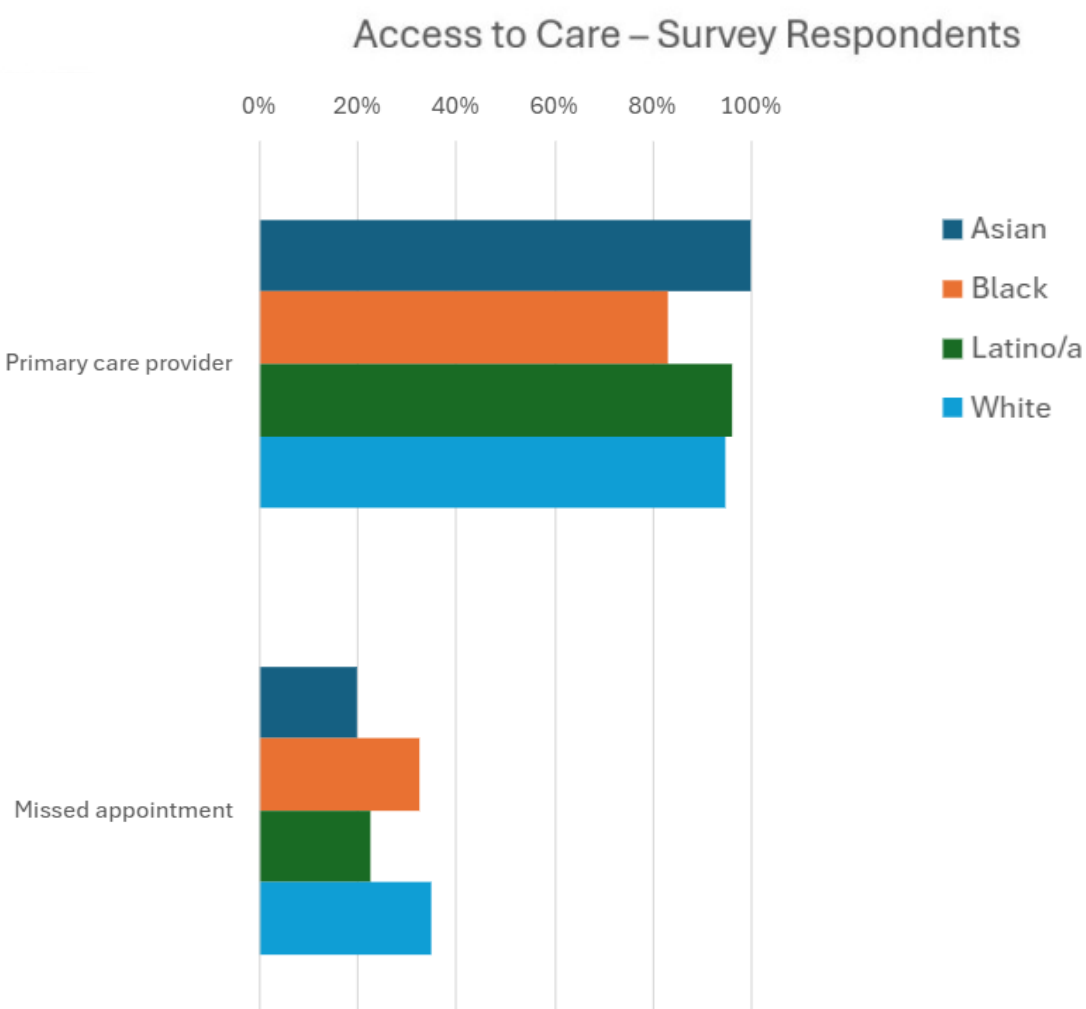
Figure 10: Health Equity Pyramid



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

Figure 11 shows Community Survey respondents who missed a medical appointment in the last year, and who have a primary care provider. Respondents who identify as Black were less likely to report having a primary care provider; respondents who identified as Black or White were more likely to report having missed or delayed a medical appointment in the past year.

Figure 11: Access to Care – Survey Respondents



Source: Tower Health Community Survey, 2024

GOAL:
Creating Health Equity

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Improve digital health literacy in the community	Provide community-based health literacy education		X	X	2 education events per year 30 community members engaged	
Implement a Health Equity Council	Convene a multidisciplinary Health Equity Council	X	X	X	6 meetings held	
	Develop and implement a Health Equity Plan targeting a specific health disparity in the community	X	X	X	Health Equity Plan established and approved by Board of Trustees Metrics reported to Board of Trustees	
Pathways Programs	Offer hands-on opportunities via the High School Internship Program	X	X	X	4 high school interns	Local high schools, colleges, and universities
	Provide observational experiences for high school and college students through Job Shadowing Program	X	X	X	25 unique students	
	Offer career exploration programming	X	X	X	1 career exploration event held	
Educate the community on available SDOH resources	Provide a SDOH resource guide on the Hospital's website, updating annually	X	X	X	# webpage visits	
	Distribute printed SDOH resource guides to patients and community members	X	X	X	500 brochures distributed	





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