IMPLEMENTATION **STRATEGY**

2025

ADVANCING HEALTH. TRANSFORMING LIVES.

Reading Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

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LETTER FROM THE **CEO**

OUR MESSAGE TO THE COMMUNITY

Reading 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, Reading 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.

Reading Hospital - in collaboration with all Tower Health facilities and our community partners - completed the 2025 Community Health Needs Assessment (CHNA) which identifies our region's health priorities. Working with our organizational and community partners, Reading Hospital has used the results of this assessment as a foundation to develop tactics to address each of the identified health priorities:

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

As a healthcare leader, Reading Hospital is passionate about advancing health and wellness in all the communities we serve. Our work extends far beyond the walls of our hospital, outpatient locations and health system. Together with our community partners, we focused on the health needs in our communities and are implementing life-changing programs and services.

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,

Charles F. Barbera MD, MBA, MPH, FACEP
President and Chief Executive Officer, Reading 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 Reading 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.

Reading 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. Reading Hospital's CHNA report aligns with the parameters and guidelines established by the Affordable Care Act and complies with IRS requirements. Reading Hospital is proud to present its 2025 IS report to the community.

ABOUT
READING HOSPITAL

Reading Hospital is the flagship, Magnet Recognized, acute care hospital of Tower Health. Located in West Reading, Pennsylvania, Reading Hospital is a 697-bed hospital that is home to many top-tier specialty care centers. Reading Hospital has been recognized for its quality outcomes and clinical expertise across service lines. In 2024, Reading Hospital was recognized by Newsweek as one of the World's Best Hospitals. Healthgrades® has recognized Reading Hospital as one of America's 50 Best Hospitals for 2024. This is the third year in a row (2022-2024) Reading Hospital has been in the top one percent of hospitals nationwide for overall clinical performance. It is also listed as one of America's 100 Best Hospitals for eight consecutive years.

MISSION STATEMENT

Reading 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

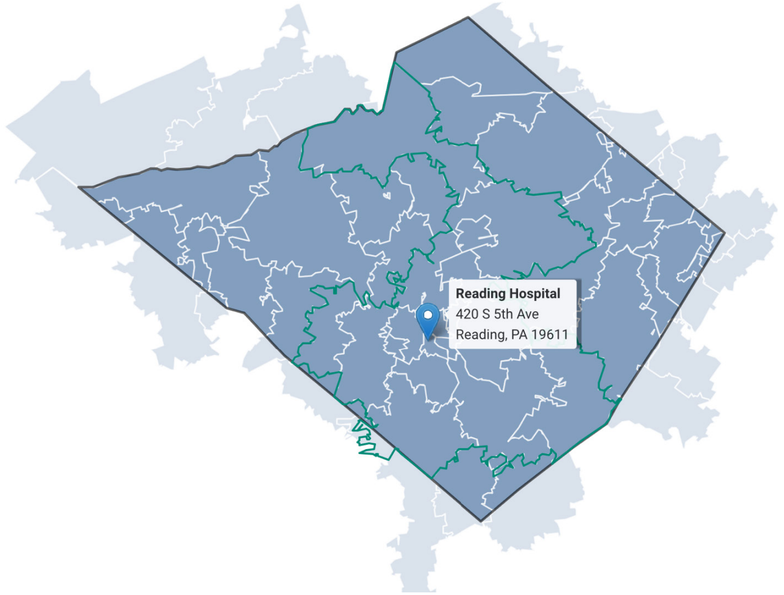
SERVICE AREA

Reading Hospital's primary service area (PSA) includes the zip codes listed below within Berks County.

Figure 1: Reading Hospital Primary Service Area Zip Codes

ZIP	NAME	ZIP	NAME
19508	Birdsboro	19602	Reading South
19510	Blandon	19603	Reading
19518	Douglassville	19604	Reading East
19519	Earlville	19605	Laureldale
19522	Fleetwood	19606	Exeter
19526	Hamburg	19607	Shillington
19540	Mohnton	19608	Sinking Spring
19554	Shartlesville	19609	West Lawn
19560	Temple	19610	Wyomissing
19564	Virginville	19611	West Reading
19565	Wernersville	19612	Reading
19601	Reading Center City		

Figure 2: Berks County



OUR FOCUS

Reading 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 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 Reading 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:

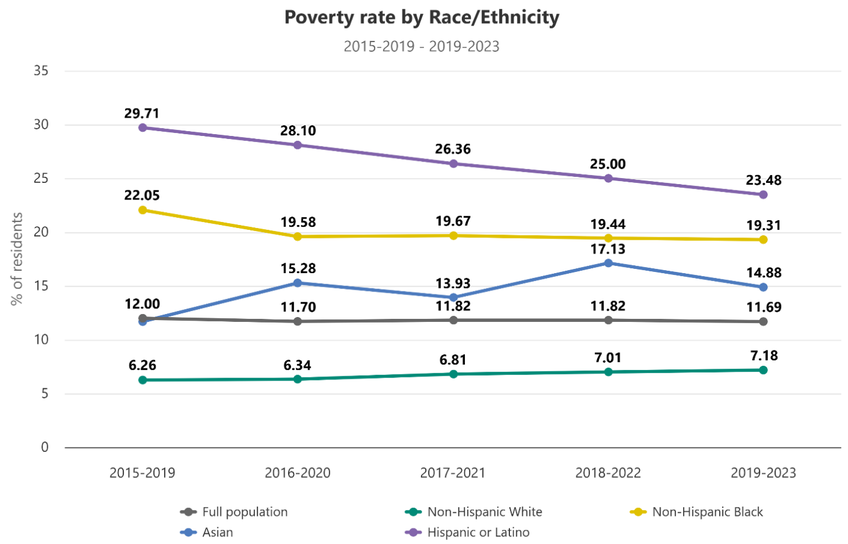
A) ACCESS TO EQUITABLE CARE

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.

The chart below shows the poverty rate by race and ethnicity in Berks County. In Berks County, the poverty rate among Hispanic or Latino residents has consistently been the higher than other racial and ethnic groups. Non-Hispanic Black residents have also experienced high poverty rates. The poverty rates for Non-Hispanic White and Asian residents have been significantly lower.

Figure 3: Poverty by Race/Ethnicity

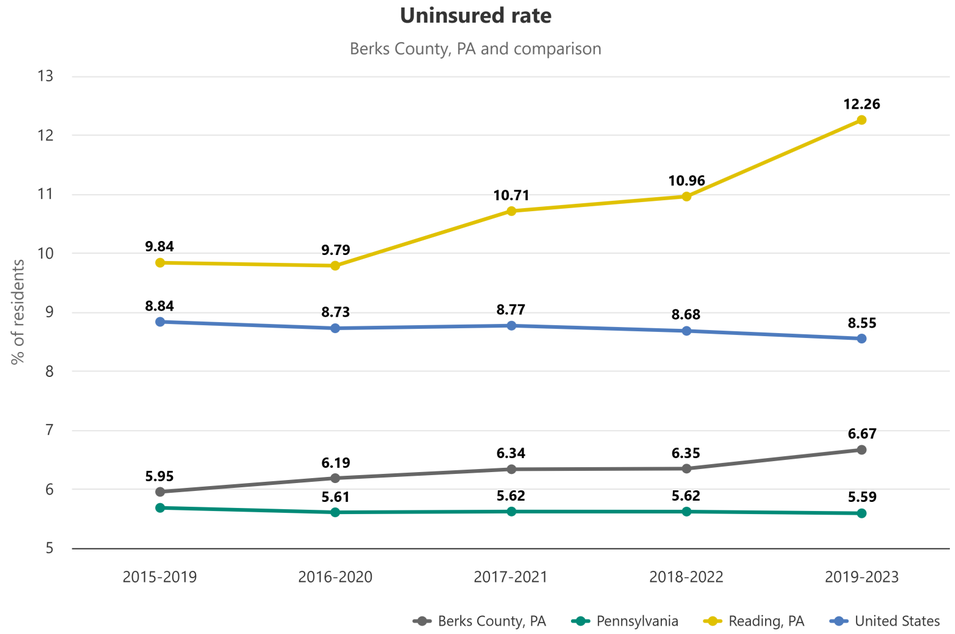


Created on Metopio | metop.io/i/vgk728xf | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

The uninsured rate in Berks County, PA is 6.67%, which is lower than the national average of 8.55%. However, Reading, PA has consistently recorded a higher uninsured rate with most recent data at 12.26%, indicating a disparity within the county. Uninsured rates over time are shown in **Figure 4** – below.

Figure 4: Uninsured rate



Created on Metopio | metop.io/i/iencrnrz | **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
Street Medicine	Provide primary, preventative, and specialty care and referrals to vulnerable patients	X	X	X	1,500 patients seen 3,000 patient encounters	City Light Ministry Hope Rescue Mission Lighthouse Women's & Children Center Mary's Shelter New Journey Community Outreach YMCA of Reading & Berks County United Way of Berks County Reading Hospital Foundation
	Develop a plan to increase utlization of the telemedicine kiosk		X		Plan developed by FY 2026	
	Provide point of care Hepatitis C testing	X	X	X	200 patients tested	
	Support rapid HIV testing at Reading Hospital's Center for Public Health	X	X	X	150 patients tested	
	Provide intensive case management to patients	X	X	X	400 patients receive case management services 1,600 hours of case management	
	Offer Community Health Worker (CHW) services to patients	X	X	X	400 patients receive care coordination through CHW 150 referrals to community-based organizations	
Mobile Mammography Coach	Coordinate community-based screening events	X	X	X	150 screening events	Community-Based Organizations Reading Hospital Foundation
	Conduct screening mammograms for community members	X	X	X	1,100 community members screened	
	Support system-wide mammography equity efforts	X	X	X	50% of screening events in identified vulnerable ZIP codes	

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
Remote Patient Monitoring	Increase heart failure RPM Program enrollment	X	X	X	100% of enrollment capacity Decrease 30-day all cause heart failure readmissions	
Social Determinants of Health (SDOH)	Conduct SDOH screenings	X	X	X	51% of in-patient adults screened upon admission	FindHelp Reading Hospital: Case Management Inpatient Nursing Units Population Health Quality Tower Health Medical Group
Community Connection Program	Connect patients to primary and specialty care	X	X	X	500 patients referred	Community-based organizations Faith-based organizations FindHelp Health Equity Community Collaborative (HECC)
	Identify and address SDOH	X	X	X	30% of patients have SDOH needs addressed	
	Improve access to prenatal care through Community Health Worker interventions		X	X	SOP created 25 prenatal patients reached 50% of prenatal patients reached have 1 home visit completed	
Ride Health	Utilize Ride Health platform to coordinate free transportation to and from appointments for eligible patients	X	X	X	5,000 rides provided	Ride Health Tower Direct

B) BEHAVIORAL HEALTH

Behavioral Health includes the prevalence of mental health disorders, access to mental health services, addressing issues like depression, anxiety, and other psychological disorders, as well as substance use disorders such as addiction to drugs and alcohol. Mental Health was the top ranked health issue by Reading Hospital and Tower Health Corporate leaders surveyed, with 45.7% saying the hospital should create and lead new initiatives to address mental health.

The 2025 CHNA IS embraces addressing the needs of these high-risk populations and provides behavioral health services, support systems, human services and housing support. Successful behavioral health outcomes require data sharing among clinicians and collaborative case management.

Community members and leaders expressed the following unmet needs in the community:

- Outreach programs
- Addiction medicine
- Mental health resources, especially for children and adolescents
- Additional mental health providers
- Increased access to gender-affirming care
- Increased support for individuals experiencing homelessness, substance use disorders, and individuals with chronic mental health challenges

The table below shows the counts of Behavioral Health hospitalizations for Reading Hospital by health condition. The most common Behavioral Health hospitalizations were related to opioids and substance use:

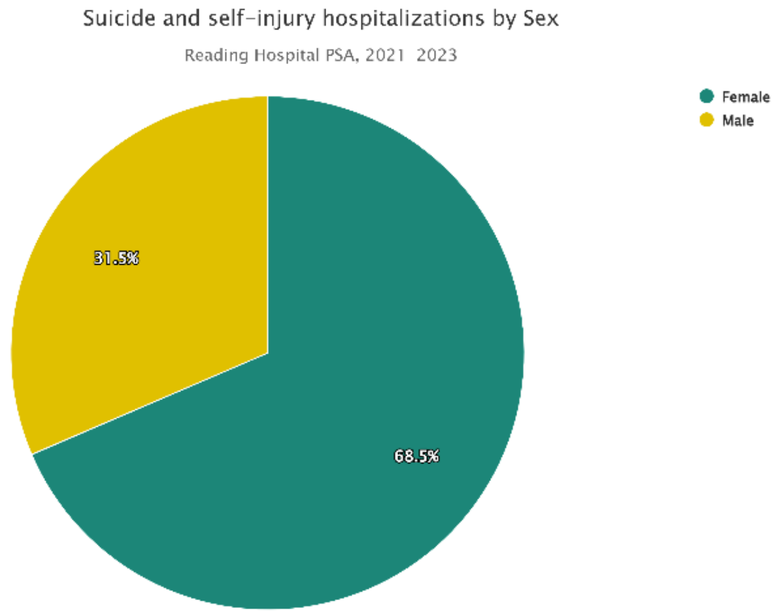
Figure 5: Count of hospitalizations

Health Condition	Number of Hospital Admissions, 2021-2023
Mental Health	1,197
Opioid-Related	2,546
Substance Use	1,434
Suicide and Self-Injury	284
Alcohol Use	876

Source: Reading Hospitalization Data, 2021-2023

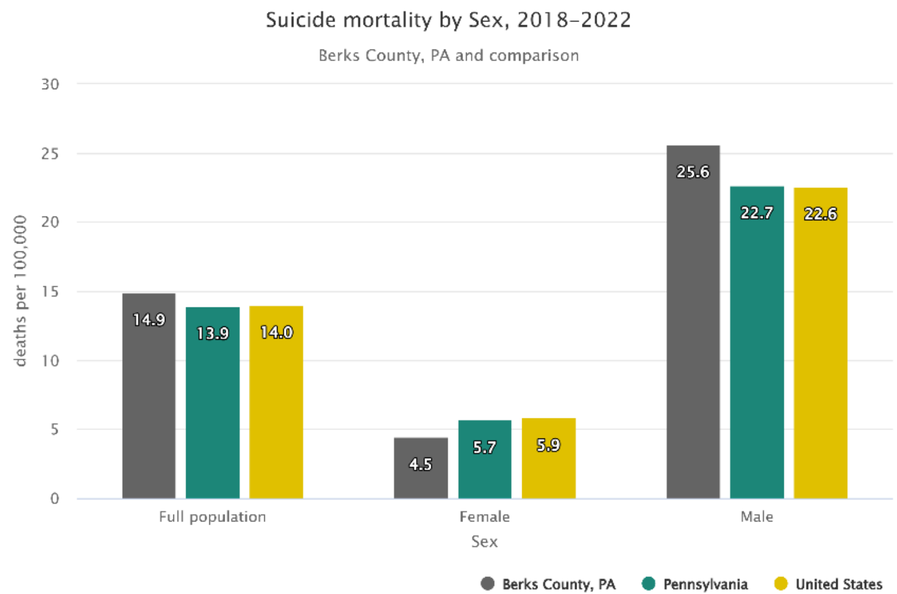
Figure 6 shows from 2021-2023, the majority of suicide and self-injury hospitalizations came from females at 68.5%, compared to males at 31.5%. However, **Figure 7**, shows the overall suicide mortality rate for Berks County, which is higher among males.

Figure 6: Suicide and self-injury hospitalizations



Suicide and self-injury hospitalizations: Hospital admissions for suicide and self injury over the time period. All payers, based on patient residence.

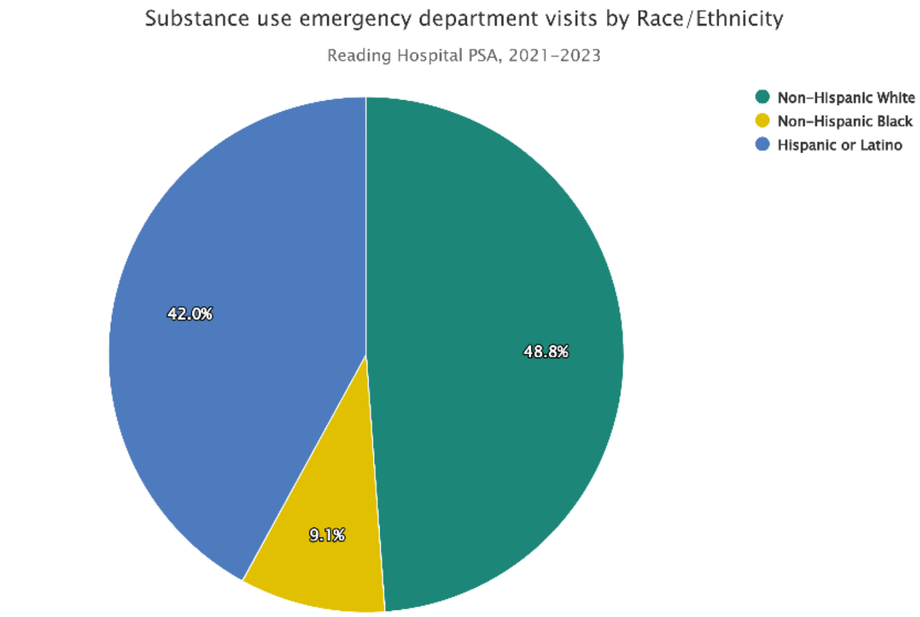
Figure 7: Suicide mortality by sex



Created on Metopio | metop.io/i/ajmwgkbo | **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."

Figure 8 shows from 2021-2023, nearly half of Reading Hospital Emergency Department visits related to substance use were among the Non-Hispanic White populations, followed closely by the Hispanic or Latino population.

Figure 8: Substance Use Emergency Department Visits



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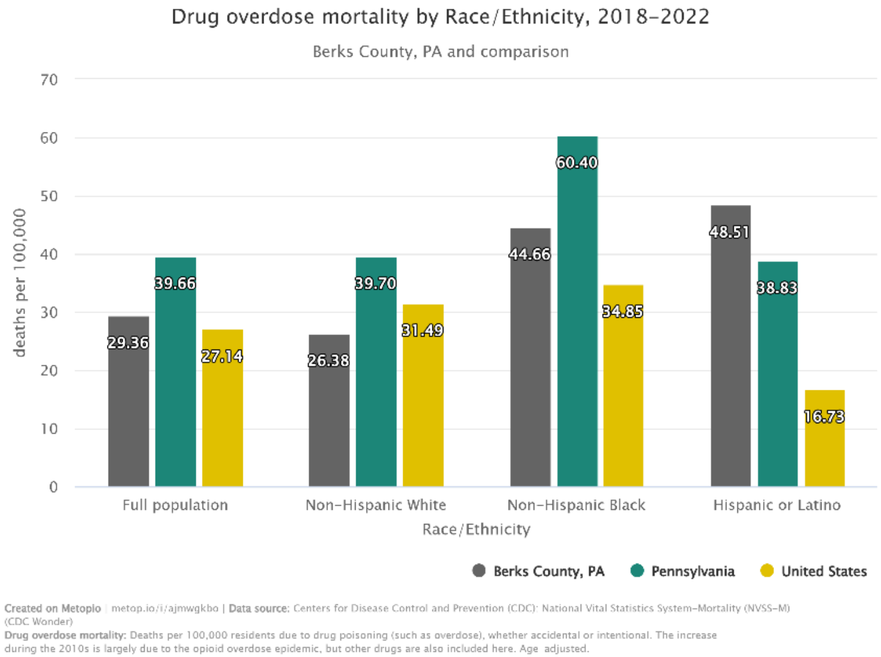
Substance use emergency department visits: Emergency department visits for substance use over the time period. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. All payers, based on patient residence.

Figure 9 Drug overdose mortality rates vary significantly across different racial and ethnic groups, as evident from the chart. In Berks County, PA, the overdose mortality rate for the full population is 29.36, with Non-Hispanic Black individuals experiencing the highest rate at 44.66, followed by Hispanic or Latino individuals at 48.51, and Non-Hispanic White individuals at 26.38. This indicates a disproportionate impact of drug overdoses on Non-Hispanic Black and Hispanic or Latino communities in the county.

Figure 9: Drug Overdose Mortality



GOAL:

Improve access to behavioral health and behavioral health support services.

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Opioid Use Disorder Center of Excellence	Screen patients for Opioid Use Disorder (OUD) and appropriate level of care via the ASAM placement model	X	X	X	400 patient encounters 75% receive resource referrals	Berks County Children & Youth Berks County Probation Office Berks Community Health Center Recovery Coaching Services
Soft Landing Program	Screen patients for Substance Use Disorder (SUD) and appropriate level of care via the ASAM placement model	X	X	X	97% of all patients complete ASAM (intake, follow up, and discharge) 1,000 patient encounters 115 unique patients	Berks County Children & Youth Berks County Probation Office Berks Community Health Center Council on Chemical Abuse Nurse Family Partnership Parents as Teachers Recovery Coaching Services THMG Obstetrics and Maternal Child Health
Mental Health First Aid (MHFA) Training	Train Reading Hospital staff to conduct Youth MHFA Trainings		X		2 staff complete Youth MHFA Instructor training	National Council for Mental Wellbeing
	Conduct Hospital-based and community-based MHFA Trainings		X	X	6 MHFA Trainings completed 180 people trained	
Mental Health Awareness	Celebrate Mental Health Awareness Month through hospital and/or community-based outreach events		X	X	2 events hosted or attended	
	Utilize social media to provide mental health education		X	X	6 social media posts 1,000 community members engaged	

GOAL:

Improve access to behavioral health and behavioral health support services.

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Tower Employee Wellness Initiatives	Support mental health and well-being of employees by offering services via Marvin and the Employee Assistance Program	X	X	X	95% use of service satisfaction rate reported	Mayo Clinic

C) HEALTH EDUCATION AND PREVENTION

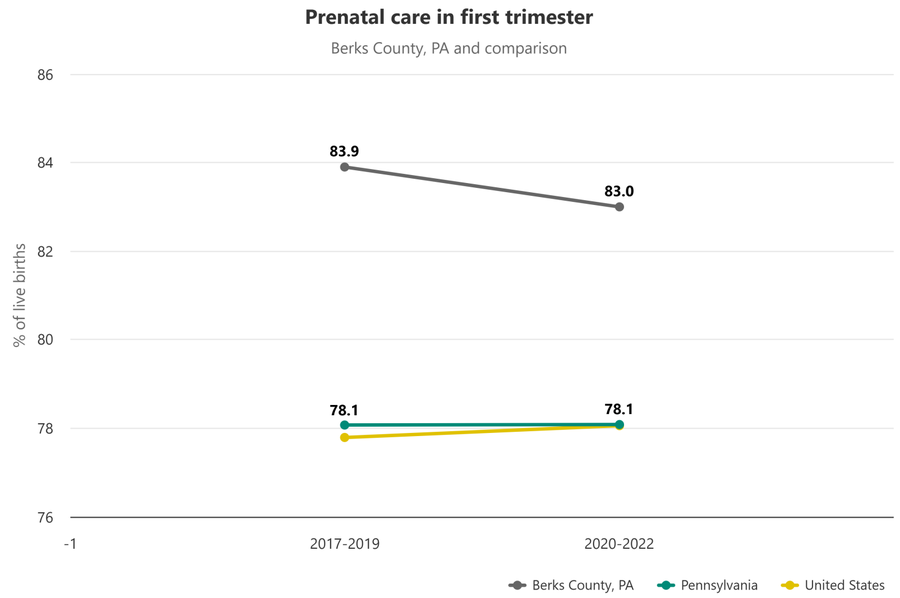
Health education and health literacy play a vital role in accessing care as knowledge and understanding empowers individuals to make informed health decisions and helps them effectively navigate today's complex health care delivery system. Providing health education to increase understanding of health 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 members and leaders expressed the following unmet needs in the community:

- Resources for those struggling with addiction, trauma, or mental health conditions
- Support groups
- Access to healthy foods
- Nutrition and health education
- Access to preventive services

Berks County, PA, consistently outperforms both Pennsylvania and the United States in terms of early prenatal care engagement. From 2017 to 2019, 83.9% of expectant mothers in Berks County received early prenatal care, compared to 78.07% in Pennsylvania and 77.79% nationally. Although there was a slight decline to 83.0% in the 2020-2022 period, Berks County maintained its higher engagement rate. These sustained rates of early prenatal care in Berks County not only highlight the effectiveness of local healthcare outreach and education programs but also underscore the positive impact on maternal and infant health outcomes in the community. Maintaining and enhancing such programs is crucial for continuing to support the well-being of mothers and their babies.

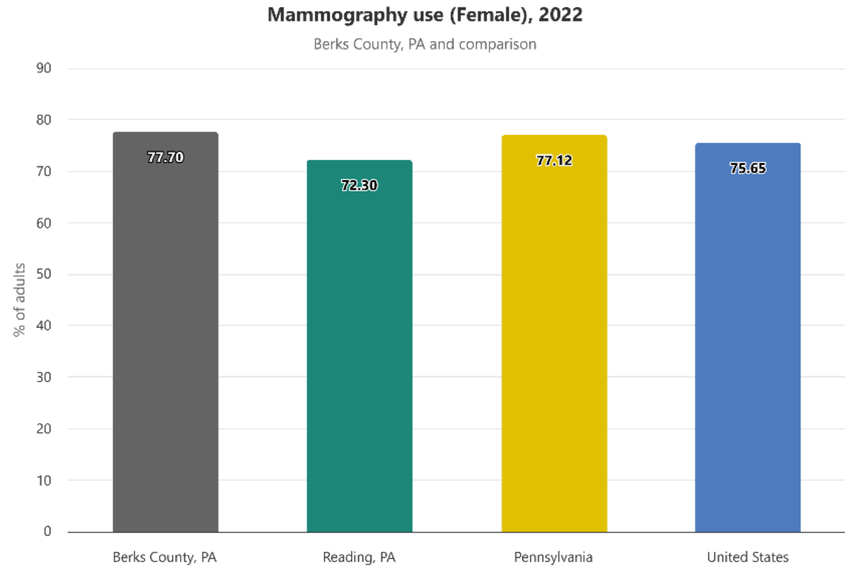
Figure 10: Early prenatal care



Created on Metopio | metop.io/i/fyk53kot | **Data source:** HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool
Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

Mammography usage varies slightly but significantly across different regions, reflecting localized healthcare engagement and public health policy effectiveness. While mammography usage in Berks County, PA, is higher than state and national rates, the City of Reading has a significantly lower utilization rate.

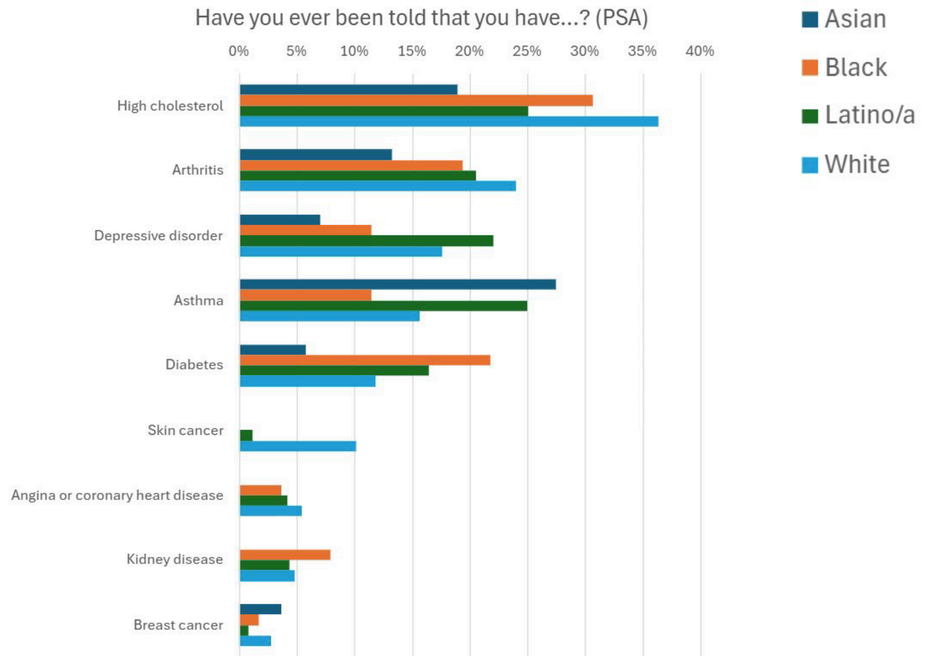
Figure 11: Mammography use



Created on Metopio | metop.io/i/1nf8m6x3 | **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.

Figure 12 shows reported chronic conditions by survey respondents. Respondents who identified as White were more likely to report high cholesterol, arthritis, heart disease and skin cancer. Respondents who identify as Black were more likely to report diabetes and kidney disease. Respondents who identify as Latino/a were more likely to report depressive disorder. Respondents who identify as Asian were more likely to report asthma and breast cancer.

Figure 12 Chronic Disease by Race/Ethnicity



Source: Tower Health Community Survey, 2024

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
Community OutReach & Engagement (CORE) Programs	Participate in community based health and education events	X	X	X	50 events	Community-based organizations
	Conduct blood pressure screenings	X	X	X	200 blood pressure screenings	
	Conduct free breast cancer screening events	X	X	X	12 screening events 50 community members screened	
	Conduct free cervical cancer screening events	X	X	X	12 screening events 80 community members screened	
	Conduct free prostate cancer screening events	X	X	X	1 screening event 30 community members screened	
	Provide hands-only CPR and AED training	X	X	X	200 people trained	
	Provide community volunteer opportunities to employees	X	X	X	15 volunteer events 250 staff participants	
	Provide sponsorship dollars to eligible community-based organizations with similar community benefit objectives	X	X	X	100% of allocated funds distributed to eligible organizations	
Community Health Worker Training	Identify CHW to become certified as a Medical Interpreter		X	X	1 CHW obtained certification	
	Educate CHWs to conduct blood pressure screenings		X	X	100% of CHWs complete required training and competencies	

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
EmpowerED: Thrive with Diabetes	Create EmpowerED SOP	X			SOP created	Reading Hospital Certified Diabetes Educators Tower Health: Medical Librarian Population Health Tower Health Medical Group Endocrinology & Diabetes Center
	Identify CHW to complete training and testing to become a Certified Health Education Specialist	X			1 CHW obtained certification	
	Develop educational information		X		Curriculum developed	
	Enroll patients in program		X	X	25 patients enrolled	
	Host educational/support group events	X	X		2 events conducted 50% of participants report improved diabetes self-management	
Breast Cancer Education	Provide mammography education at community events	X	X	X	25 community events	
	Host 1 education event for the community	X	X	X	100 community members reached	
Trauma Education	Provide trauma education at community-based events	X	X	X	2 events attended 100 community members reached	
	Conduct Stop the Bleed Trainings	X	X	X	15 events held 200 community members trained	
	Conduct LifeSavers: First Responder Skills Trainings	X	X	X	2 events held 75 people reached	
	Host annual Fall Prevention Day event	X	X	X	60 community members attended	
	Coordinate trauma-informed care trainings for employees and community members	X	X	X	4 trainings held 200 people trained	YWCA Tri-County Area

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
Violence Prevention Initiatives	Implement a Hospital-Based Violence Intervention Program (HVIP)	X	X	X	75% of eligible patients engaged 25% of engaged patients enrolled	
	Provide referrals to community-based organizations to address SDOH	X	X	X	30% of patients have SDOH needs addressed	
	Develop and implement a gun lock/safe distribution program	X	X	X	Program developed 100 gun locks/safes distributed	
Health Equity Education	Provide health equity and social determinants of health education for healthcare and community professionals	X	X	X	3 events held 50% of participants report increased knowledge of health equity and SDOH 50% of participants report increased knowledge of complex social and health factors that contribute to healthcare disparities	Health Equity Community Collaborative
	Host poverty and re-entry simulations for healthcare and community professionals	X	X	X	2 events held 50% of participants report understanding influence of personal biases and values of working with diverse individuals, especially those living in poverty or re-entering after prison	Health Equity Community Collaborative Pennsylvania Area Health Education Center (PA AHEC)
	Host birthing justice film screening with facilitated debriefing and conduct pre- and post-surveys		X	X	1 film screening held 75% of participants report improved cultural competency and reduced bias	

GOAL:

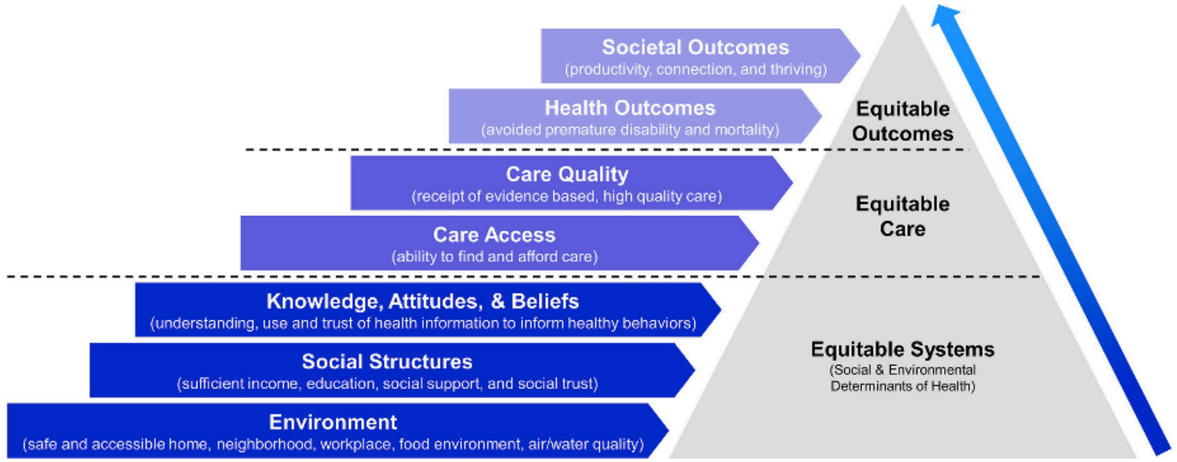
Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Health Equity Education	Develop patient-led health equity education materials	X	X	X	2 educational/social media collateral developed	Health Equity Community Collaborative
	Facilitate unconcious bias and microaggressions training for employees	X	X	X	6 trainings conducted	Reading Hospital: Culture & Belonging Human Resources
Berks Trail Challenge	Plan and execute annual Berks Trail Challenge encouraging exploration of local parks and trails through a free, mindful leisure activity	X	X	X	350 participants per year	Berks County Parks & Recreation Department Blue Mountain Eagle Climbing Club Natural Lands Daniel Boone Homestead Reading Public Musuem Nolde Forest US Army Corps of Engineers (Blue Marsh Lake)
	Promote guided hikes offered in English and Spanish	X	X	X	6 guided hikes per year 70 participants per year	

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 13: 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 14: Unfair Treatment by a Health Care Provider Due to Race or Ethnicity

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	American Indian/ Alaska Native	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)

GOAL:
Creating Health Equity

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Health Equity Council	Review stratified health outcomes and quality indicators to identify healthcare disparities and create health equity plan	X	X	X	1 health equity plan created	Reading Hospital: Nursing Population Health Quality Strategy
	Create health equity dashboard and share with Reading Hospital board and leadership	X	X	X	Health equity dashboard created Dashbard shared with stakeholders	Reading Hospital: Board of Directors Hospital Leadership Information Technology Quality Strategy
Health Equity Community Collaborative (HECC)	Formalize partnerships with community- and faith-based organizations (CBOs and FBOs) via Memorandum of Understanding (MOUs)	X	X	X	10 MOUs signed	Community-based organizations Faith-based organizations FindHelp
	Hold community education events	X	X	X	2 events held	
	Connect CBOs and FBOs with patients through CCP referrals	X	X	X	50% of patients report successfully connecting with CBOs and/or FBOs	
REL Data Collection	Improve accurate collection of REL data through staff training	X	X	X	100% of staff trained 75% of patients REL data collected	Reading Hospital: Culture & Belonging Human Resources
Patient and Family Advisory Council (PFAC)	Launch Patient and Family Advisory Council	X			Council launched	Reading Hospital Patient Experience
	Convene Patient and Family Advisory Council		X	X	6 PFAC meetings held	

GOAL:
Creating Health Equity

Strategy	Action Items	2025	2026	2027	Metrics (per year)	Partners
Expand Language Access	Audit and align policies to ensure timely access to communication assistance services	X	X	X	Policies audited and relevant interventions developed	Reading Hospital Interpreting Services
	Expand use of interpretation services	X	X	X	Conduct staff training to increase interpreter utilization	
	Train current bilingual staff to become Certified Medical Interpreters		X	X	30 staff trained	
	Offer Spanish as a Second Language to employees	X	X	X	100 staff trained	
Pathways Programs	Offer hands-on opportunities via the High School Internship Program to Berks County seniors	X	X	X	30 high school interns	Berks County School Districts
	Provide observational experiences for high school and college students through Job Shadowing Program	X	X	X	250 unique students 750 experiences	High school and college students
	Provide hands-on experience for college students through Health Equity in Healthcare Internship	X	X	X	4 interns hired 75 patient intercept surveys collected	Albright College Alvernia University Penn State University, Berks and World Campuses
	Launch Surgery in Action Program focusing on careers in the Operating Room for middle school and high school students	X	X	X	4 sessions 400 students	Berks County high schools
	Launch Career Inspiration Days providing engaging activities to expose students to healthcare careers	X	X	X	4 sessions 360 unique students	Berks County middle schools
	Partner with Sisters in Stem to provide interactive STEM opportunities to girls in grades 4-6	X	X	X	4 sessions 80 student interactions	Reading Science Center

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Reading Hospital
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