COMMUNITY HEALTH NEEDS

2019 IMPLEMENTATION STRATEGY

HEALTH IS WHERE WE LIVE, LEARN, AND WORK

Pottstown Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

Pottstown.TowerHealth.org

LETTER TO THE COMMUNITY

OUR MESSAGE TO THE RESIDENTS OF THE POTTSTOWN HOSPITAL SERVICE AREA

Richard Newell

P resident & CEO
Pottstown Hospital

Pottstown Hospital is committed to meeting our community's health needs and growing with our community to provide high-value, quality care close to home. To achieve this goal, we must understand the community's evolving unmet health needs. To that end, Pottstown Hospital — in collaboration with all Tower Health hospitals and our local community partners — conducted a comprehensive 2019 Community Health Needs Assessment (CHNA), which identifies local health priorities and recommends a collective path forward.

The 2019 CHNA is the first needs assessment that Pottstown Hospital has completed as a nonprofit hospital. As part of the CHNA process, we conducted internal and external research including focus groups, stakeholder interviews, and key informant surveys. In addition, a community survey was completed among 200 external stakeholders.

Based on the results of this process, Pottstown Hospital, along with our community partners and Tower Health colleagues, worked to develop strategies to address each of the following health priorities:

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

Our commitment to advance the health and wellness of our community extends far beyond the walls of our hospital. Together with our partners, we are developing and implementing innovative programs and services that will bring positive health improvements to our community.

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

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

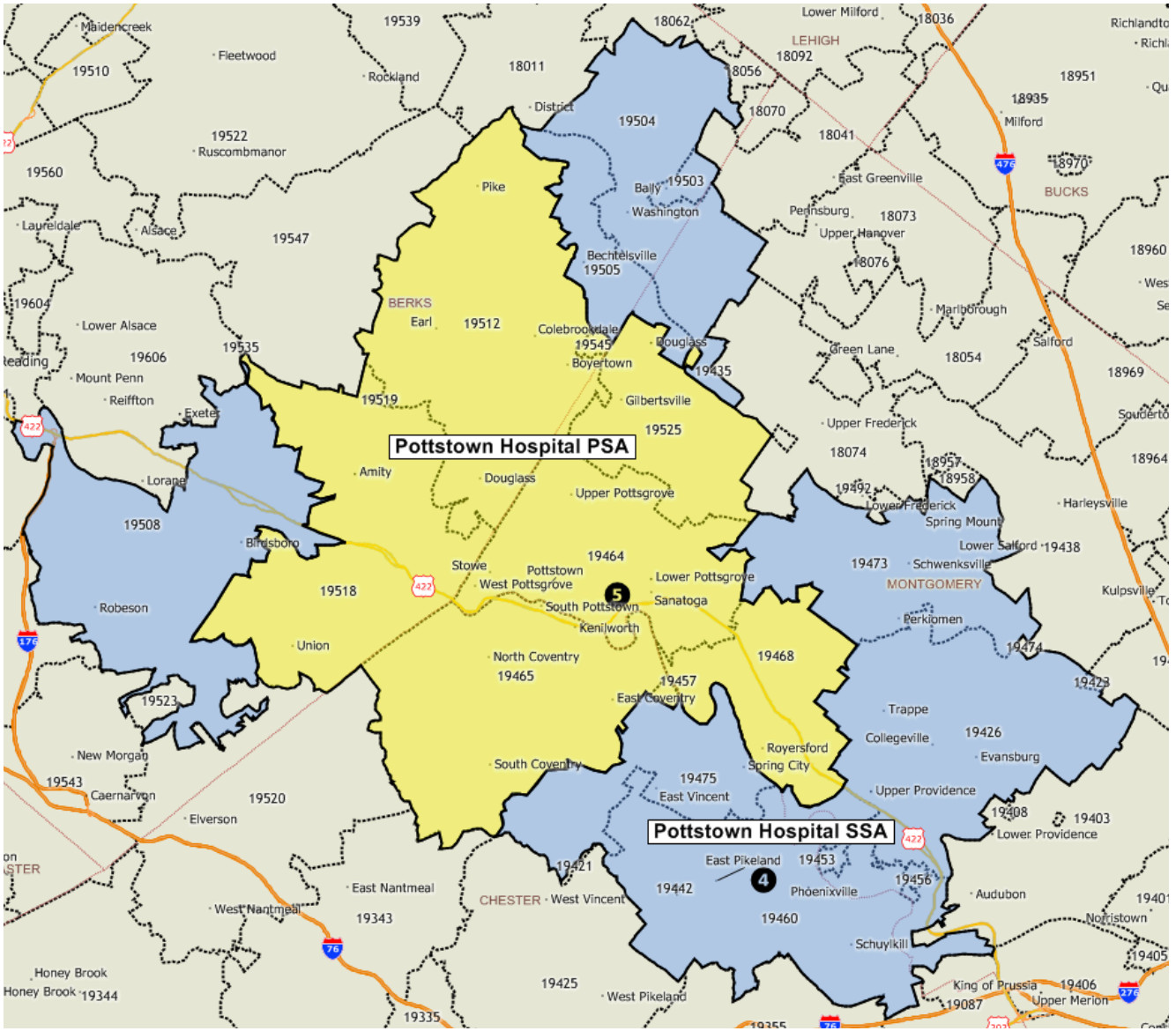
Sincerely,

Richard Newell
President & Chief Executive Officer
Pottstown Hospital

POTTSTOWN HOSPITAL
SERVICE AREA

Pottstown Service Area

The community encompasses specific zip codes within Berks, Chester and Montgomery counties which are considered the primary service area of Pottstown Hospital.



POTTSTOWN HOSPITAL

HEALING BEGINS HERE.

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

POTTSTOWN HOSPITAL MISSION

The mission of Pottstown Hospital – Tower Health is to enhance the overall health status of the community we serve by providing compassionate, accessible, high quality, and cost effective care.

POTTSTOWN HOSPITAL VISION

Pottstown Hospital – Tower Health will become the hospital of choice for our community by demonstrating exceptional quality performance through its:

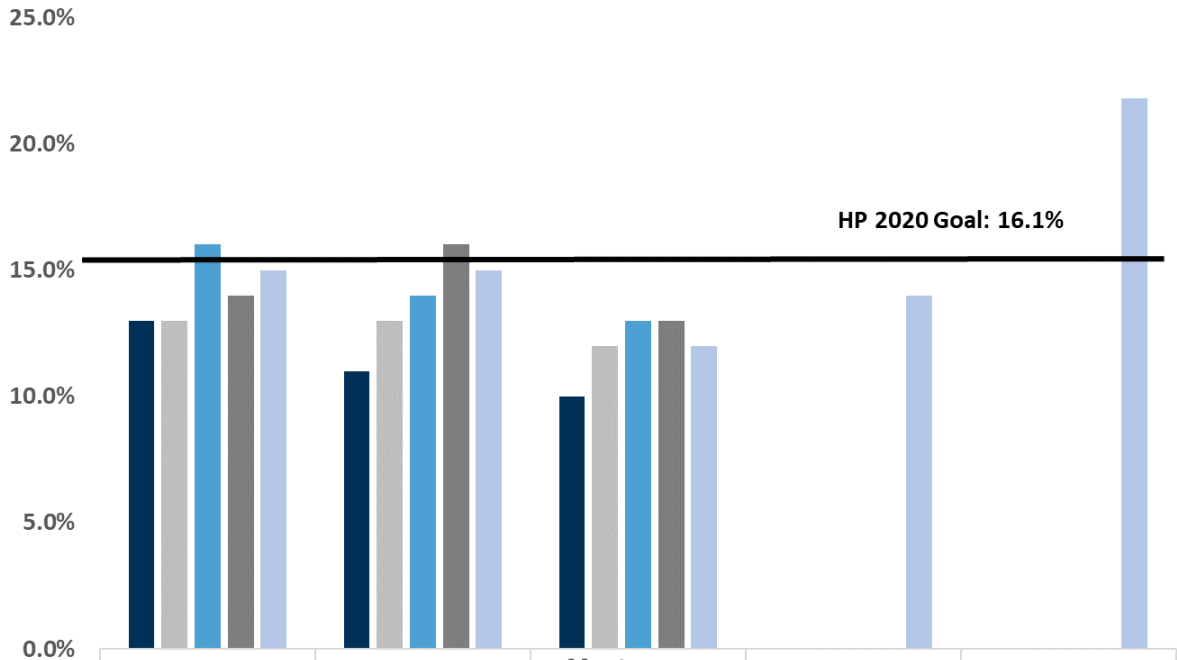
- Skilled physicians and clinical staff
- Excellent clinical performance and outcomes
- Accessible Care
- Personalized, compassionate, and comforting care

OUR PRIORITY
FOCUS AREAS

1 ACCESS TO HEALTH CARE SERVICES

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

No Personal Care Provider



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

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

WHAT THE COMMUNITY IS SAYING

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

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

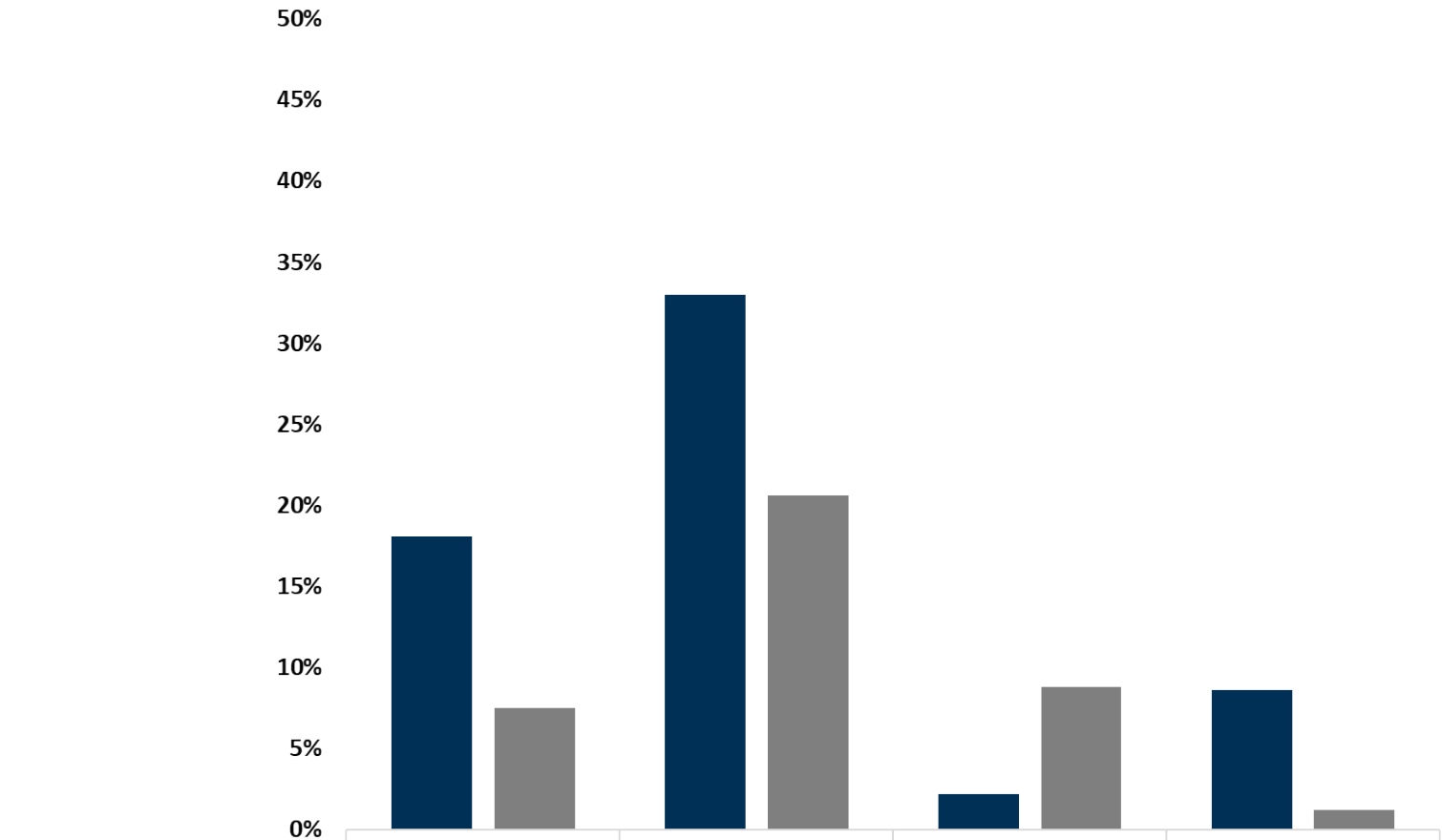
Substantial percentages of residents in the Pottstown Hospital service area have experienced difficulty accessing health care:

Source: 2018 Pottestown Hospital Community Survey, Professional Research Consultants

2 SOCIAL DETERMINANTS OF HEALTH

Those with housing insecurity are significantly more likely to have COPD, chronic back pain, and stroke.

Housing Insecurity Impact On Health



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

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

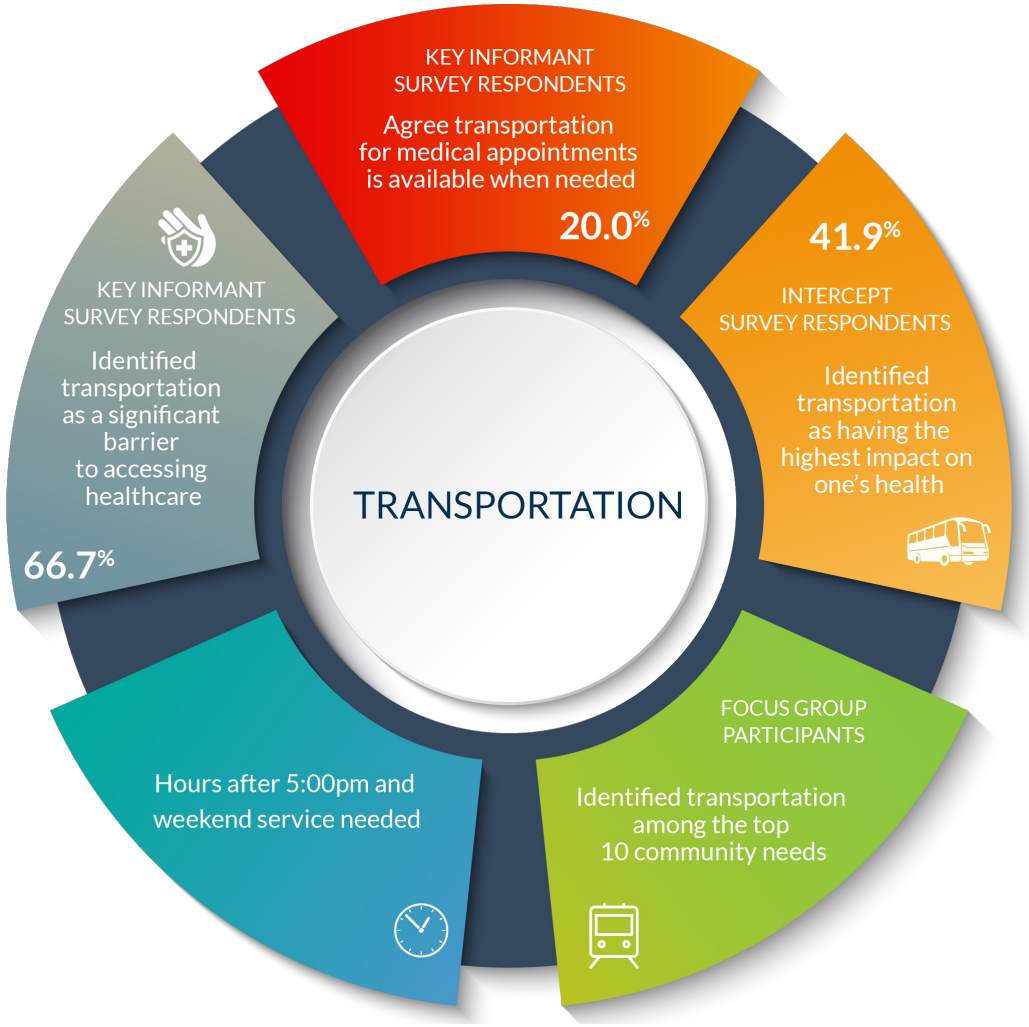
WHAT THE COMMUNITY IS SAYING

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

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

- Better access to transportation is needed
- Lack of evening and weekend transportation options
- Transportation options are limited and time intensive
- Hours spent accessing transportation in order to get to an appointment
- Affordable transportation
- Cannot access grocery stores that sell fresh produce or exercise areas as no transportation
- Inability to navigate the transportation system
- Lack of transportation outside of the area to access specialty care
- Need for more senior transportation
- Need transportation outside of cities; more rural area transportation

Primary Data Sources – Transportation



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

WHAT THE COMMUNITY IS SAYING

Just over one-third of survey respondents (34.4%) report eating five or more servings of fruit and/or vegetables daily. Some of the respondents find it very or somewhat difficult to buy fresh produce (15.0%) or are considered food insecure (14.1%).

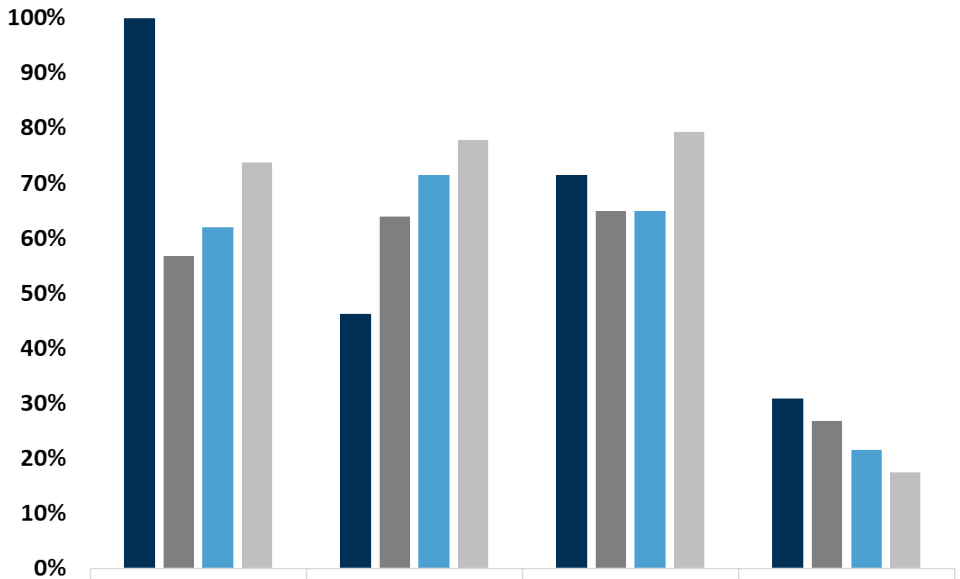
Community Food And Nutrition

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

3 DISEASE PREVENTION AND MANAGEMENT

The chart below shows significant differences for access to care indicators based on highest level of educational attainment from the community survey respondents who reside in Pottstown Hospital's service area. Those respondents who did not complete high school were significantly more likely to have had a routine check-up in the past year when compared to other respondents, although they are also significantly more likely to have gone to the emergency room in the past 12 months. This group was significantly less likely to have dental insurance. College graduates were significantly more likely to have visited a dentist in the past year when compared to other respondents.

Access To Care



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

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

Older residents age 65 and over were significantly more likely to have been told that they have all of the chronic conditions listed below with the exception of COPD. Respondents age 18 to 39 were significantly more likely to have COPD compared to their older counterparts.

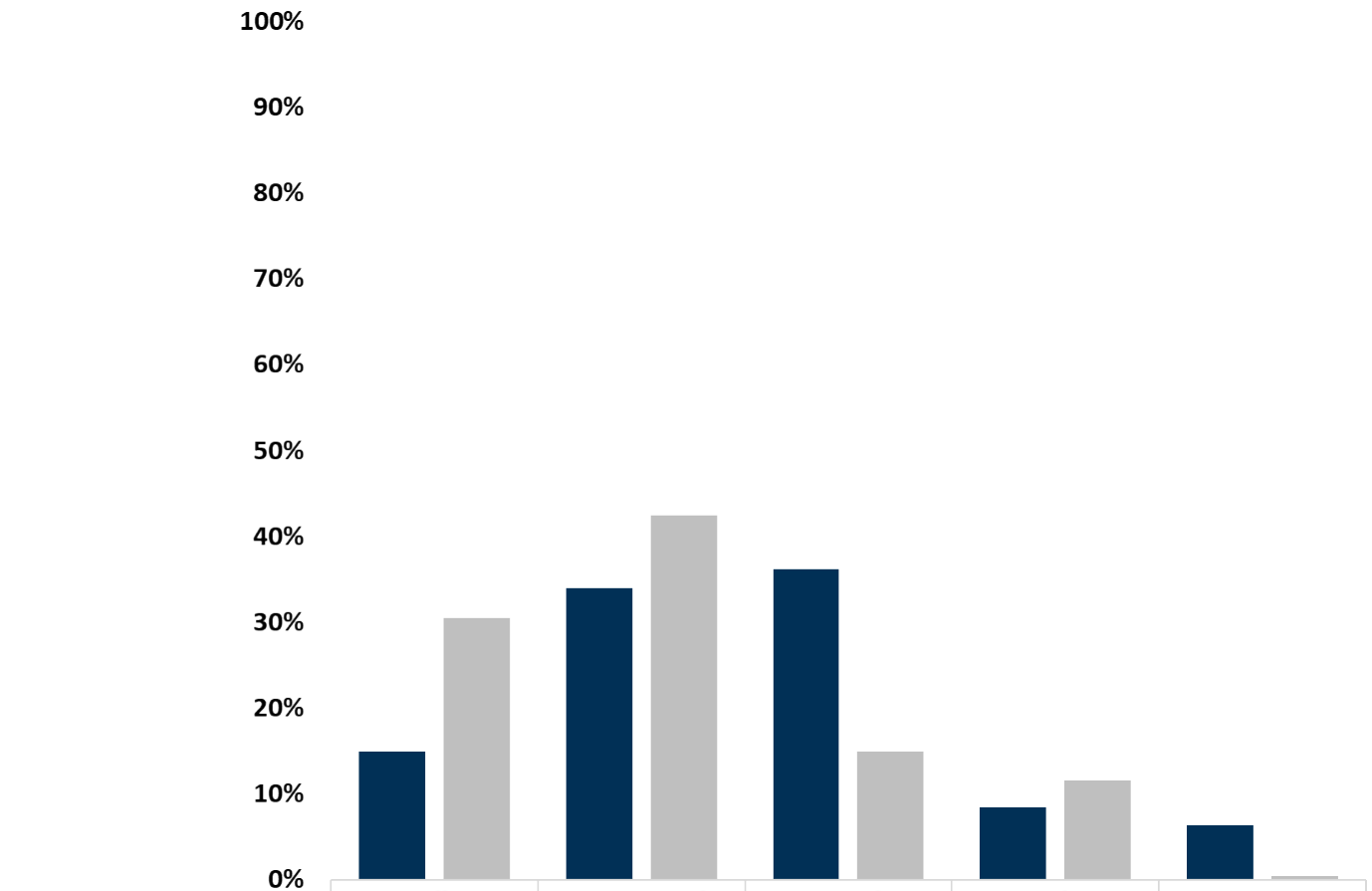
IMPACTS OF AGE ON CHRONIC DISEASE				
Ever Been Told That You Have:	18 to 39	40 to 64	65 and Over	Overall
Arthritis/rheumatism	11.8%	25.6%	39.7%	23.4%
COPD (Including bronchitis or emphysema)	15.8%	6.3%	12.5%	10.8%
Cancer	0.0%	6.8%	19.0%	6.7%
Skin cancer	1.7%	5.6%	20.6%	7.0%
Osteoporosis	0.0%	6.3%	23.8%	7.4%
Sciatica or chronic back pain	18.5%	24.4%	34.9%	24.3%
Had a heart attack	3.4%	1.9%	9.7%	3.8%
Heart disease	0.0%	3.1%	11.5%	3.5%
Pre-diabetes or borderline diabetes	4.7%	5.2%	17.0%	6.9%
Considered obese	52.5%	65.6%	70.5%	61.9%

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

4 ACCESS TO BEHAVIORAL HEALTH SERVICES

Community survey respondents in the Pottstown Hospital service area that are living below 200% of the poverty level* were significantly more likely to report their personal mental health as good (36.2%) or poor (6.4%) compared to respondents not living in poverty (15.0% and 0.4% respectively).

Personal Mental Health Rating



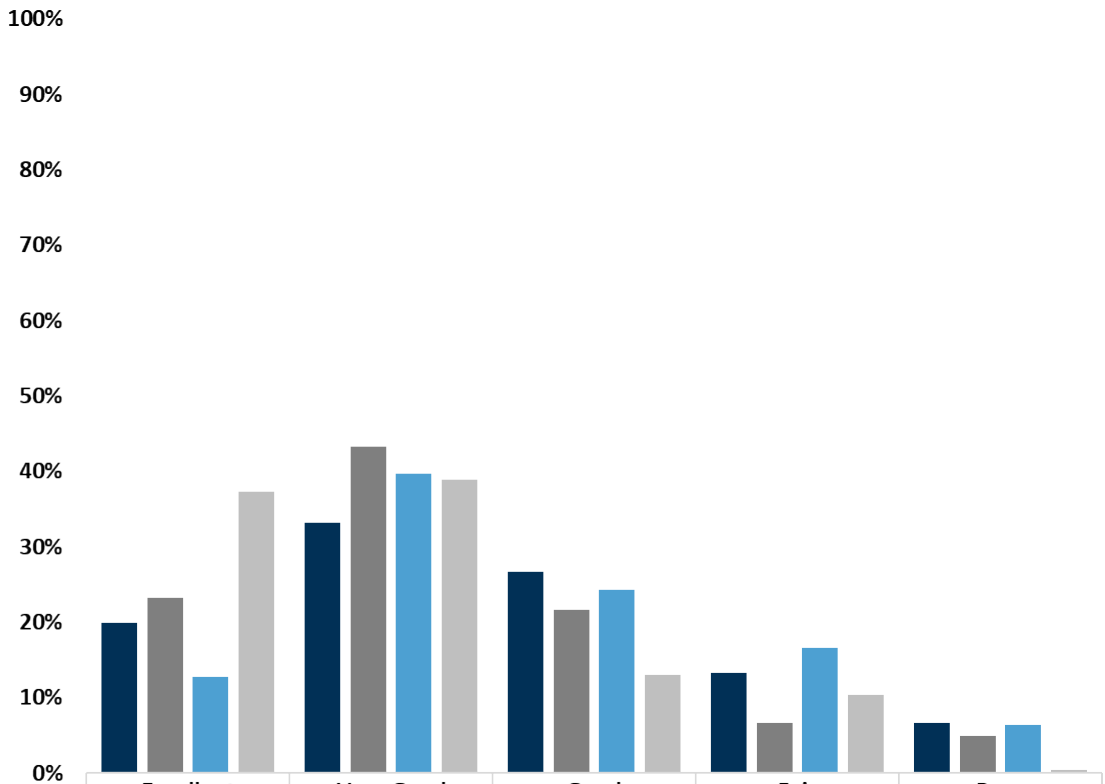
	Excellent	Very Good	Good	Fair	Poor
Below 200% Poverty	14.9%	34.0%	36.2%	8.5%	6.4%
200% Poverty or Higher	30.5%	42.5%	15.0%	11.6%	0.4%

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

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

Those with some college as their highest level of educational attainment were significantly more likely to rate their mental health as fair or poor (23.1%) compared to other respondents.

Personal Mental Health Status



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

Source: Pottstown Hospital Community Survey 2018, Professional Research Consultants

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

1 HEALTH PRIORITY: ACCESS TO HEALTH CARE

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

STRATEGIES	ACTION STEPS	YEAR 2019	2020	2021	METRICS PER YEAR
Increase cultural awareness, diversity and inclusion	Two hospital staff to attend training at Reading Hospital	☑	☐	☐	6 trainings 180 participants 75% of participants show increase in knowledge
	Implement Cultural Awareness Training for hospital staff	☐	☑	☑	
Partner with Creative Health Services to increase access to primary care for behavioral health patients	Finalize schedule and develop workflow	☑	☐	☐	50 patients seen/quarter 75% patients report reduced barriers to care 60% report increased likeliness of seeing a provider regularly
	Treat patients at Creative Health Services	☑	☑	☑	
Streamline access to care facilities	Implement the Tower Access Project	☑	☐	☐	Design and develop advanced access center Open advanced access center across ambulatory and specialty care service lines
Partner with Community Health and Dental Care to provide immediate follow up appointments post discharge	Identify pick up time and location at hospital; finalize work flow	☑	☐	☐	50 patients transported # of services received by patients at CHDC
	Transport patients to CHDC	☐	☑	☑	

2 HEALTH PRIORITY: SOCIAL DETERMINANTS OF HEALTH

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

STRATEGIES	ACTION STEPS	YEAR 2019	2020	2021	METRICS PER YEAR
Implement SDOH in Emergency Department	Identify workflow & budget	☑	☐	☐	1,860 patients screened 5% increase in office visits 5% decrease in ED utilization 186 patients receiving navigation
	Pilot test the program	☑	☐	☐	
	Implement the SDOH project	☐	☑	☑	
Implement the Ride Health Program to reduce transportation barriers	Identify workflow & budget	☑	☐	☐	Program implemented 200 rides provided
	Implement Ride Health Program	☑	☑	☑	

3 HEALTH PRIORITY: DISEASE PREVENTION AND MANAGEMENT

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

STRATEGIES	ACTION STEPS	YEAR 2019	YEAR 2020	YEAR 2021	METRICS PER YEAR
Increase diabetes and hypertension screenings	Build relationship with Medical Group	✓	✓		200 patients screened 10% referred for follow up # patients screened (vulnerable) 10 community educational events attended
	Onsite referral & apppointments			✓	
Tower Wellness Programs	Implement short and long term wellness initiatives	✓	✓	✓	Increase baseline participation in major ongoing Tower Health sponsored wellness programs to 25% within the next one year (Currently 18%) Maintain engagement in major short-term wellness initiatives at 60% or greater for fitness/nutrition programs and 20% or greater for mental/spiritual health programs
Develop a community garden	Identify location, hours, and staff to implement program	✓			3 educational events 100 participants at events Post Survey: 75% increased knowledge 40% willing to change behavior
	Plant and harvest fruits and vegetables		✓	✓	
	Provide nutrition education, food demonstrations, and free fruits and vegetables		✓	✓	

3 HEALTH PRIORITY: DISEASE PREVENTION AND MANAGEMENT

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

STRATEGIES	ACTION STEPS	YEAR 2019	2020	2021	METRICS PER YEAR
Increase physical activity and knowledge of healthy eating habits among school aged youth	Build relationship with local school districts and attend their wellness committee meetings	☑	☑	☑	300 youth participants 3 events attended/hosted 5 school districts reached 75% increased knowledge
	Participate in school wellness activities for youth	☐	☑	☑	
Provide disease specific education and screening programs	Provide disease sprecific education	☑	☑	☑	10 events attended/hosted 500 participants 10% referred to care
	Provide lung cancer screeening	☑	☑	☑	3 screenings 20 participants % referred to care % early detection
	Provide breast cancer screening	☑	☑	☑	
	Provide skin cancer screenings	☑	☑	☑	

4 HEALTH PRIORITY: ACCESS TO BEHAVIORAL HEALTH SERVICES

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

STRATEGIES	ACTION STEPS	YEAR 2019	YEAR 2020	YEAR 2021	METRICS PER YEAR
Warm handoff	Implement a warm handoff program in the ED	☑	☑	☑	100 warm handoffs 40 engaged in treatment
Improve Access	Partner with Tower Behavioral Health to increase access to inpatient treatment options	☑	☑	☑	Tower Behavioral Health is a new initative. Metrics will be updated at a later date.
Strengthen Pottstown Hospital's website to include behavioral health resources	Identify areas to improve website	☑	☑	☐	Updated website by June 30, 2021
	Update website	☐	☑	☑	
Increase awareness of resources available	Participate in community based health education and awareness events	☑	☑	☑	4 events 75 participants 75% increased knowledge 40% willing to change behavior

4 HEALTH PRIORITY: ACCESS TO BEHAVIORAL HEALTH SERVICES

Goal 2. Decrease stigma related to behavioral health.

STRATEGIES	ACTION STEPS	YEAR 2019	YEAR 2020	YEAR 2021	METRICS PER YEAR
Partner with community organizations to design and implement an anti-stigma campaign targeting workplaces and employees in 19464	Work with community organizations to identify and build a campaign	☑	☑	☐	15 businesses with campaign 3 educational events 150 participants 75% increased knowledge
	Disseminate the campaign	☐	☑	☑	
	Host events to build awareness of campaign	☐	☑	☑	

CONTACT//

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