Tower Health Reading Hospital

APPENDICES

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Appendix A - Community Stakeholder Interviews

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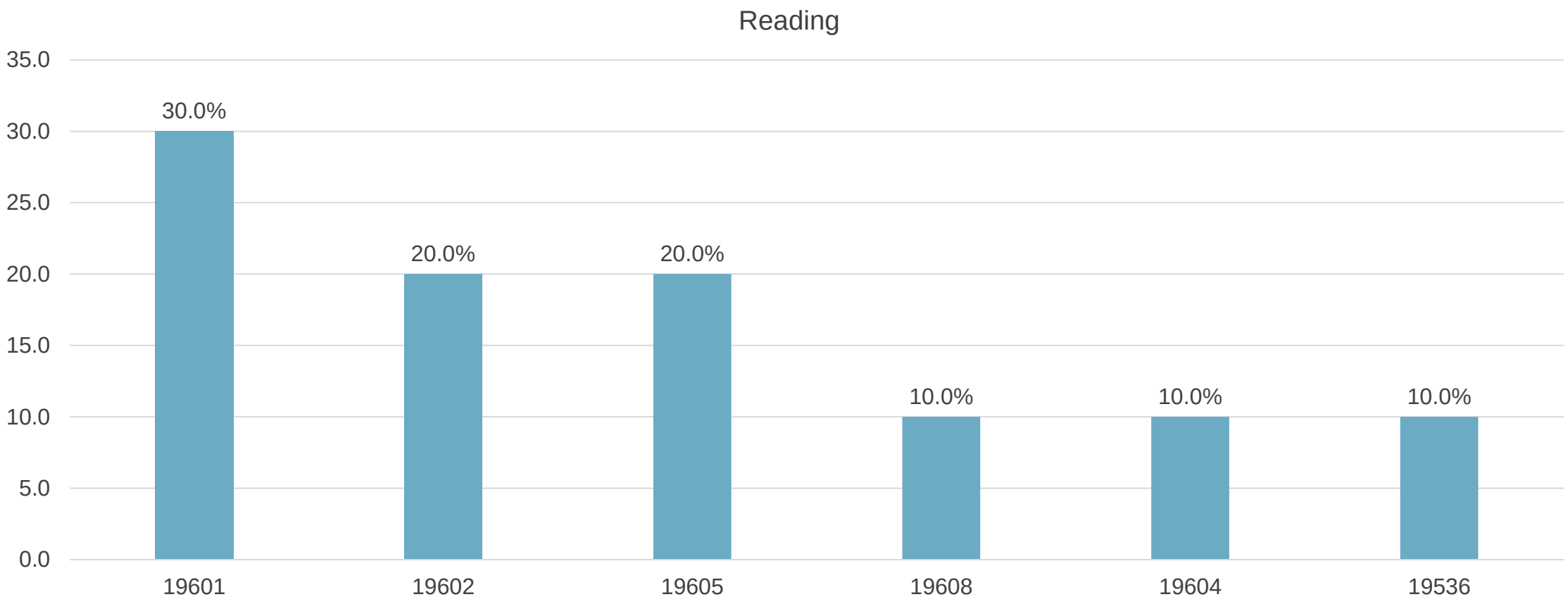
Introduction

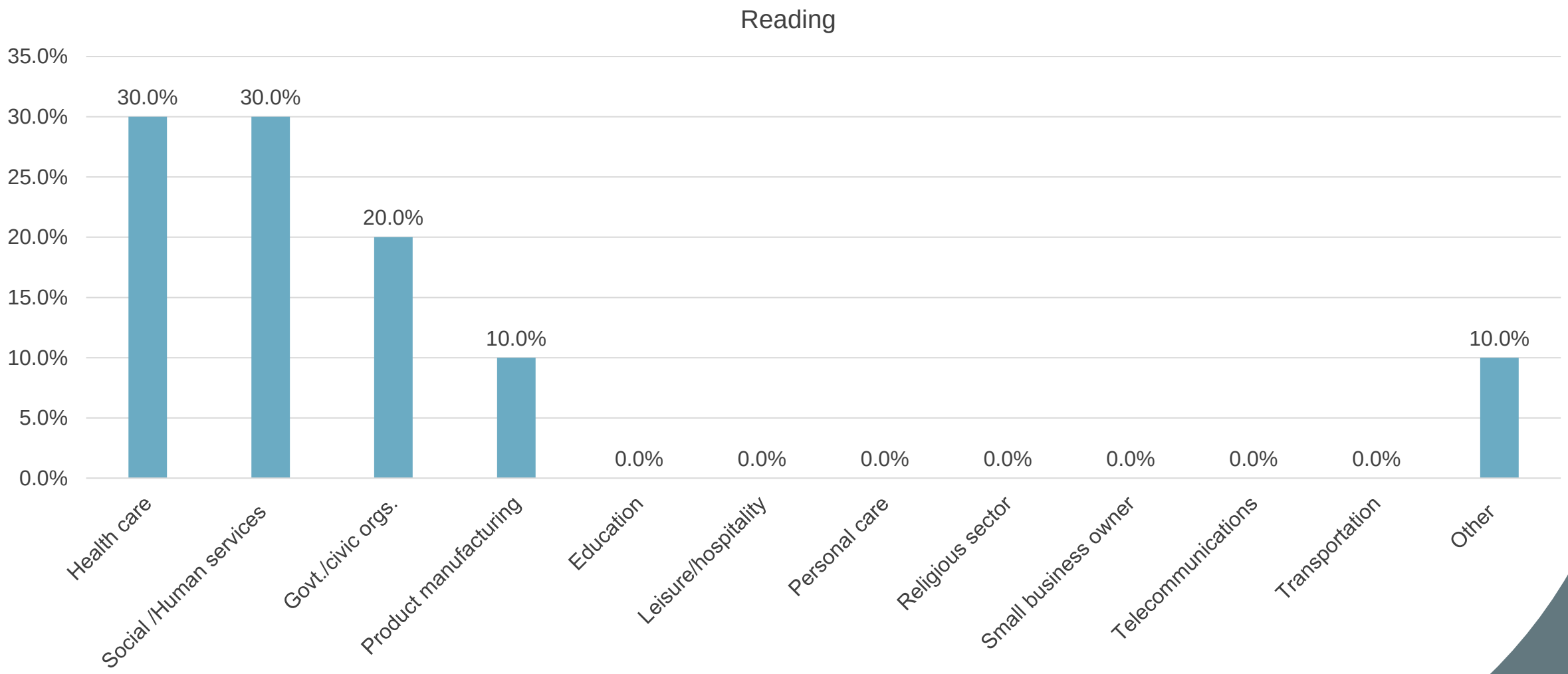
- Tripp Umbach worked closely with representatives from Tower Health to identify community stakeholders. An email was delivered to community stakeholders to introduce Tripp Umbach and define the stakeholders' role in the CHNA process. The email introduced the project and conveyed the importance of the CHNA for the community. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 30 to 45 minutes in duration. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and approved by Tower Health representatives. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, as well as ways to address those concerns. A diverse representation of community-based organizations and agencies were among the stakeholders interviewed.
- 10 community stakeholder interviews were conducted beginning in March 2021 within the hospital region. Industry leaders interviewed represented the below businesses:
    1. Berks Community Health Center
    2. East Penn Manufacturing, Inc.
    3. Greater Reading Chamber Alliance
    4. Helping Harvest
    5. PA House of Representatives
    6. Safe Berks
    7. Southern Central Transit Authority (BARTA)
    8. Tower Behavioral Health
    9. United Way of Berks County
    10. UPMC Health Plan

ZIP Code Where Work

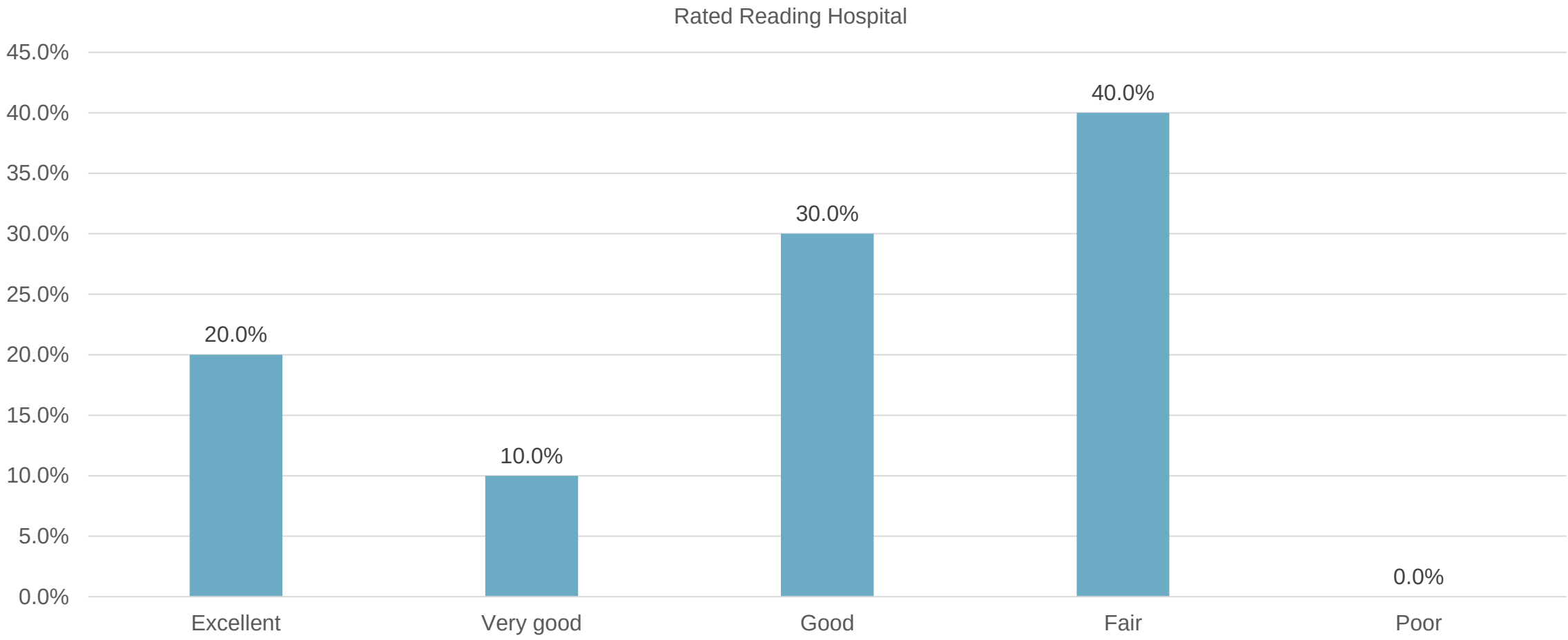


- 100% of community stakeholders worked in Berks County. (Not shown on graph.)

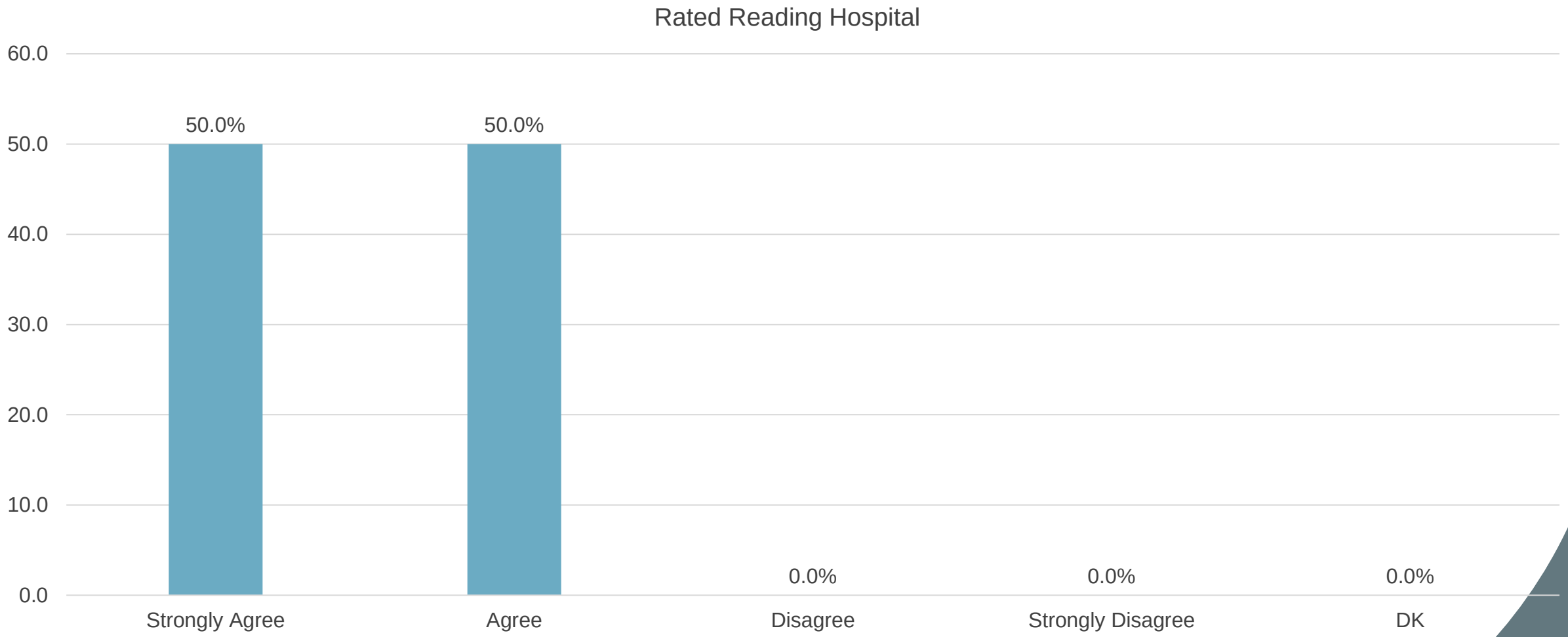
Represented Industry



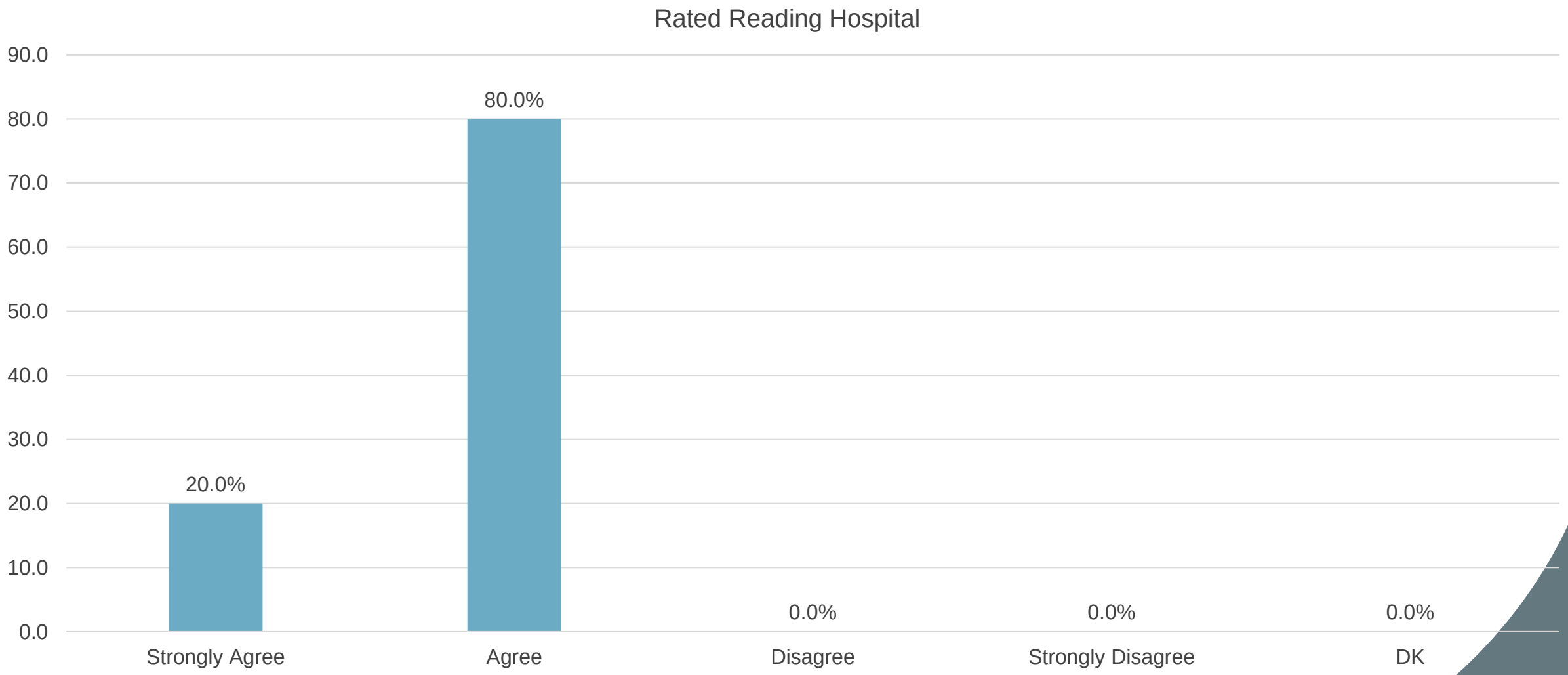
Rate Health and Human Services in Community



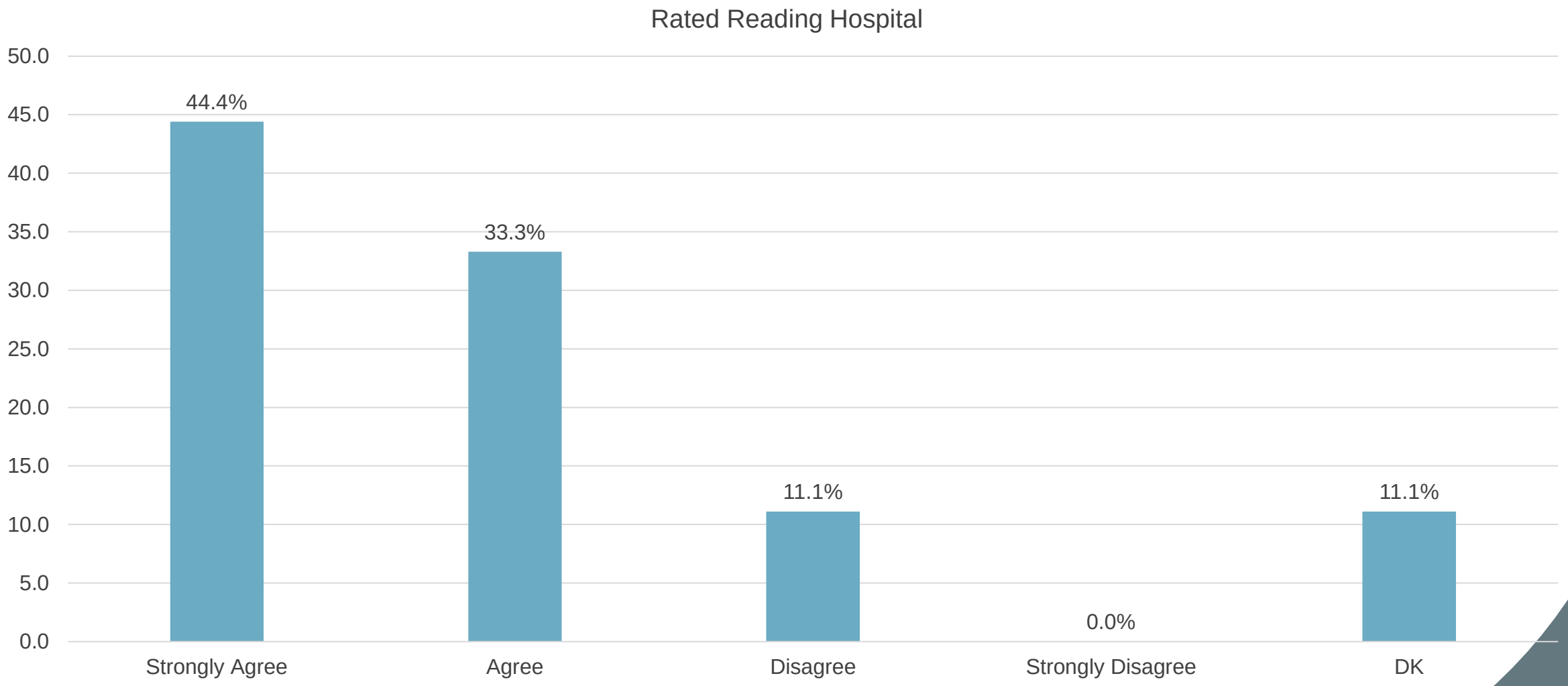
Rate How Hospital Offers High-Quality Health Care for the Community



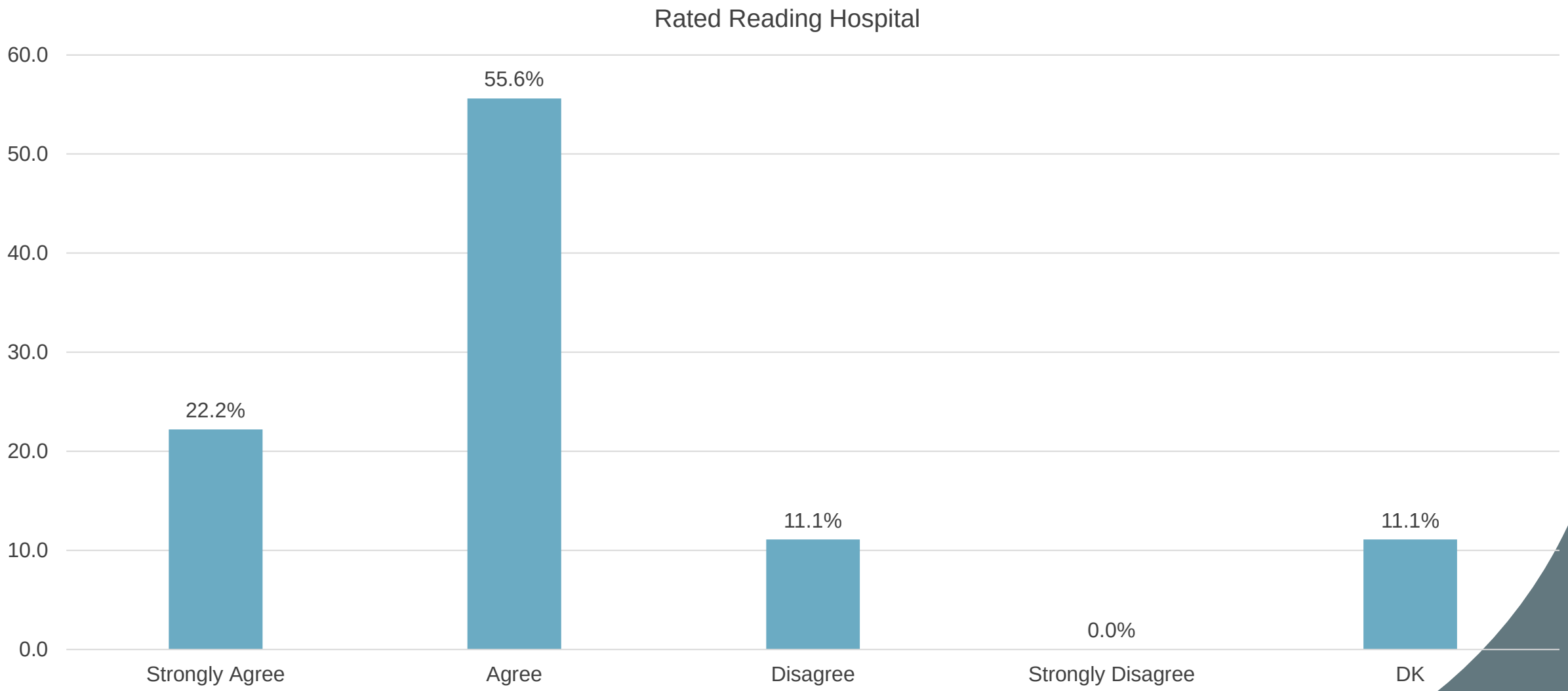
Rate How Hospital Addresses needs of Diverse and Disparate Populations



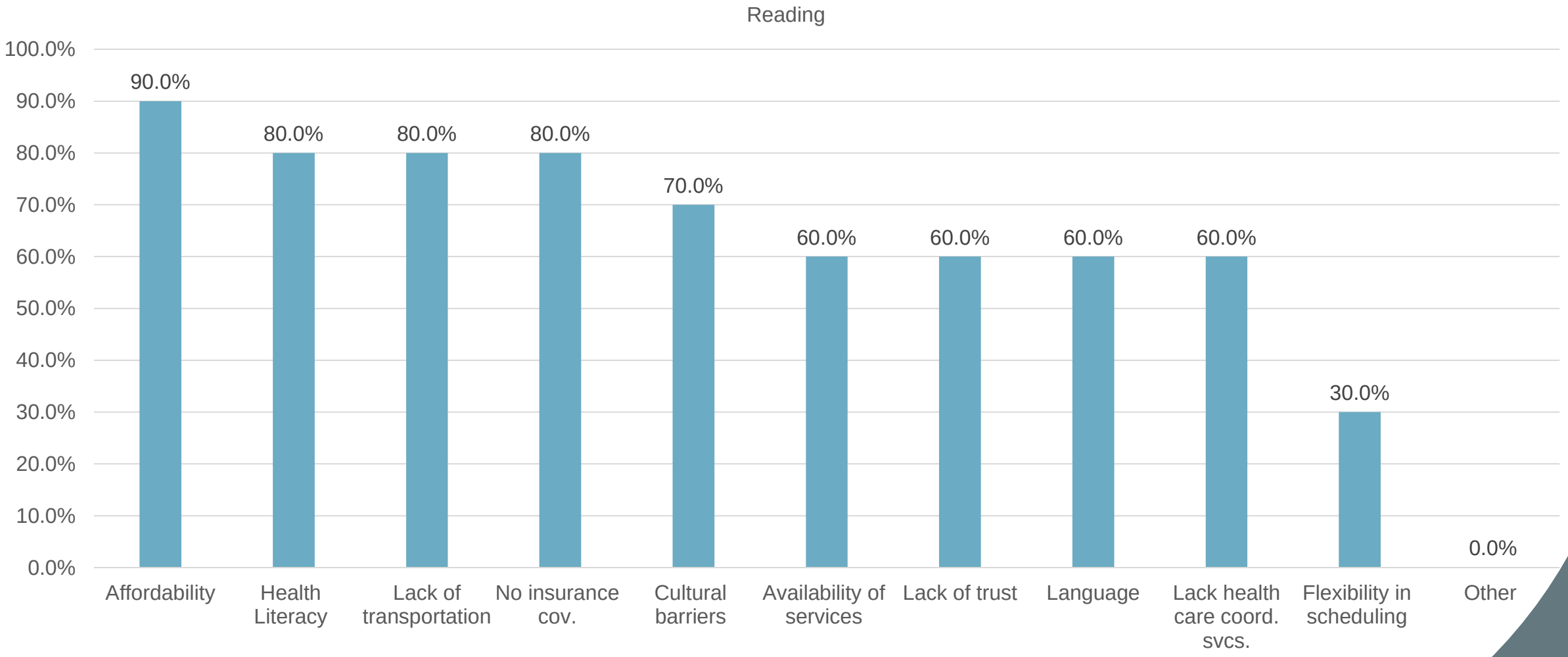
Rate How Hospital Ensures Access to Care Regardless of Race, Gender, Education, and Economic Status



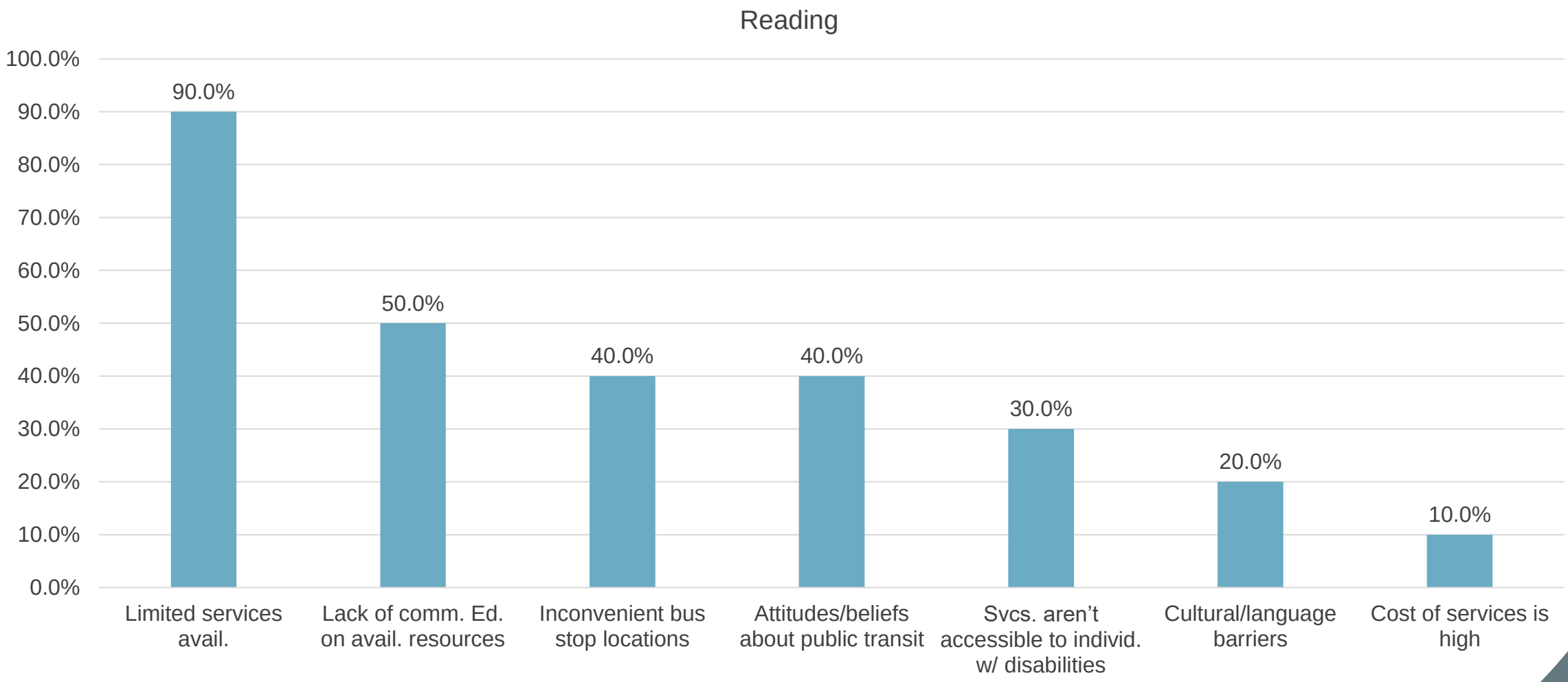
Rate How Hospital Works to Identify and Address Health Inequalities



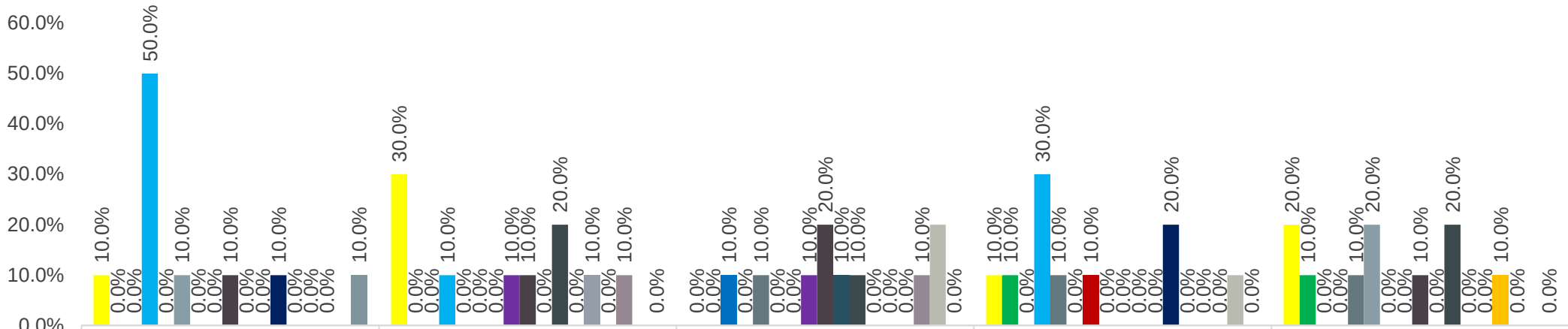
Perceived Barrier(s) for People Not Receiving Care or Services — Check all that apply



Following contributions to the transportation issues in the community — (Top three)



Top 5 persistent “Health Problems” in the community?



	Most Important = 1	2	3	4	5
Access to health foods	10.0%	30.0%	0.0%	10.0%	20.0%
Adolescent health	0.0%	0.0%	0.0%	10.0%	10.0%
Aging problems	0.0%	0.0%	10.0%	0.0%	0.0%
Behavioral/mental health	50.0%	10.0%	0.0%	30.0%	0.0%
Cancers	0.0%	0.0%	10.0%	10.0%	10.0%
Care for moms/babies	10.0%	0.0%	0.0%	0.0%	20.0%
Child abuse/neglect	0.0%	0.0%	0.0%	10.0%	0.0%
Dental health	0.0%	10.0%	10.0%	0.0%	0.0%
Diabetes	10.0%	10.0%	20.0%	0.0%	10.0%
Domestic violence	0.0%	0.0%	10.0%	0.0%	0.0%
Drug/alcohol use	0.0%	20.0%	10.0%	0.0%	20.0%
Homelessness	10.0%	0.0%	0.0%	20.0%	0.0%
Infectious diseases	0.0%	10.0%	0.0%	0.0%	0.0%
Injuries or violence	0.0%	0.0%	0.0%	0.0%	10.0%
Suicide	0.0%	10.0%	10.0%	0.0%	0.0%
Un/underemployment	0.0%	0.0%	20.0%	10.0%	0.0%
Other	10.0%	0.0%	0.0%	0.0%	0.0%

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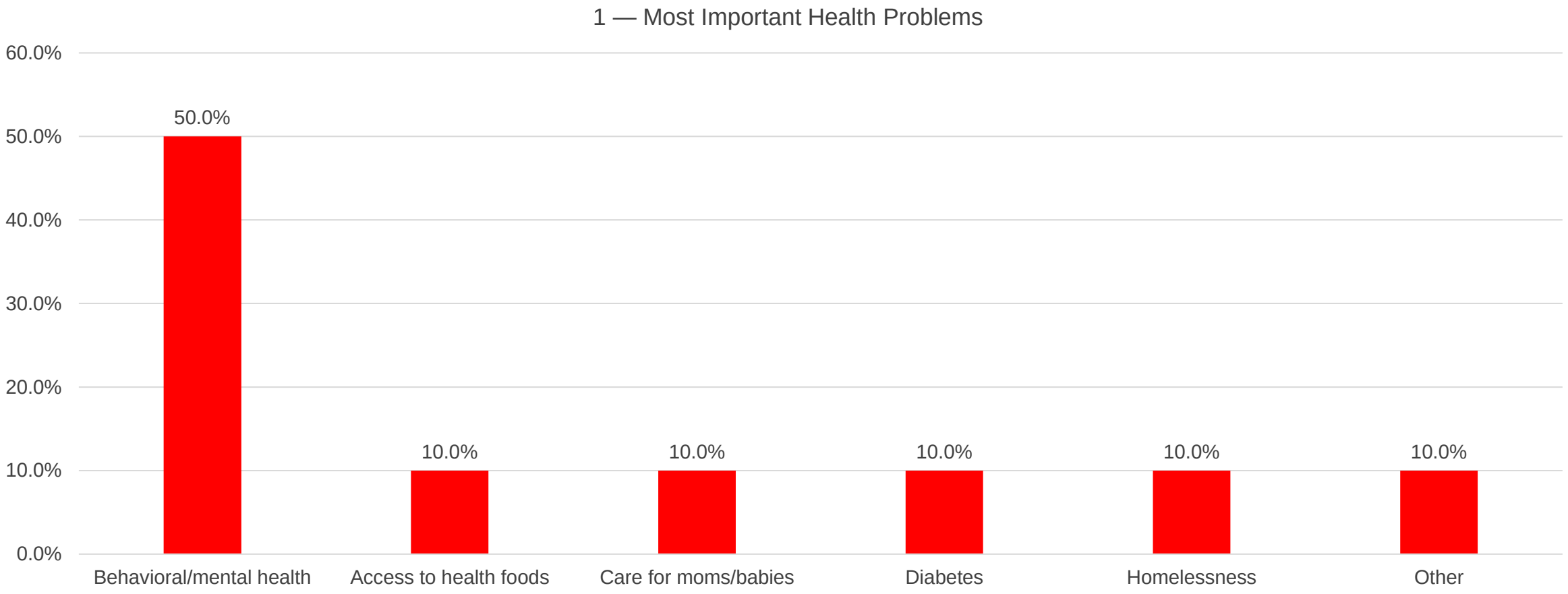

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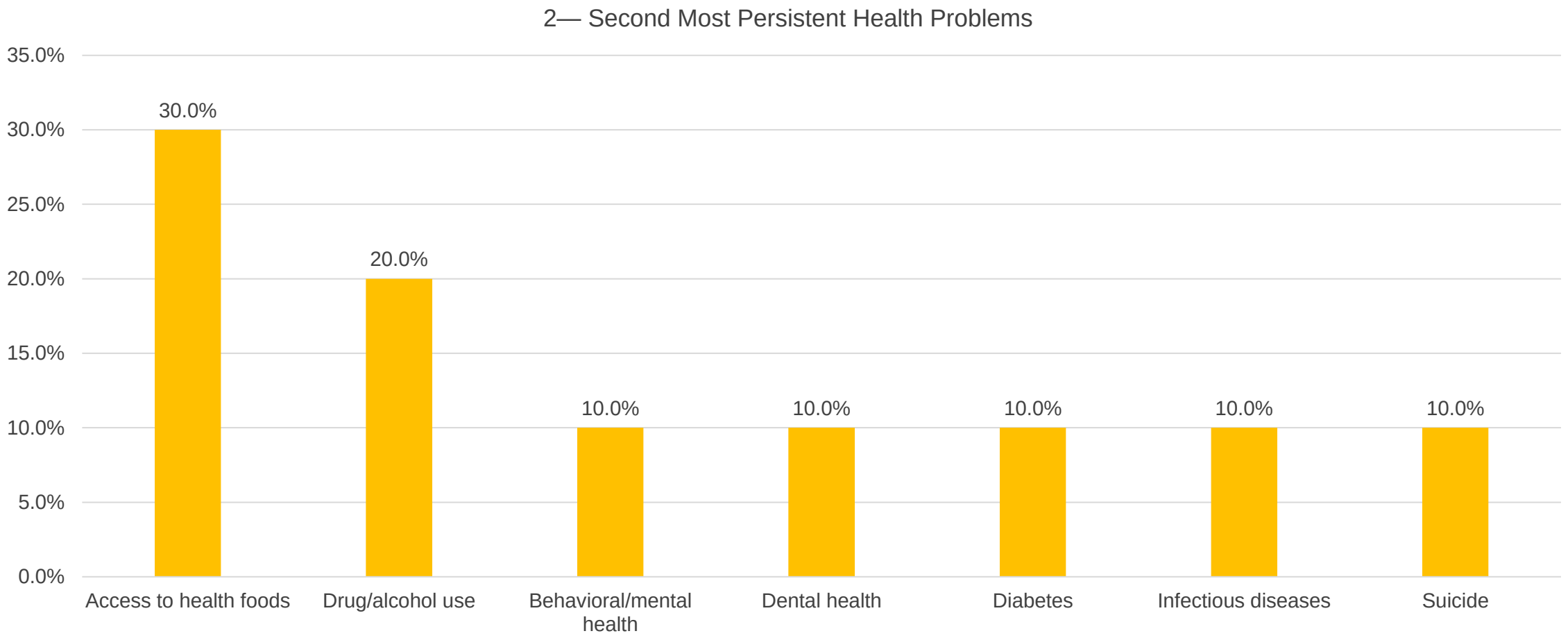

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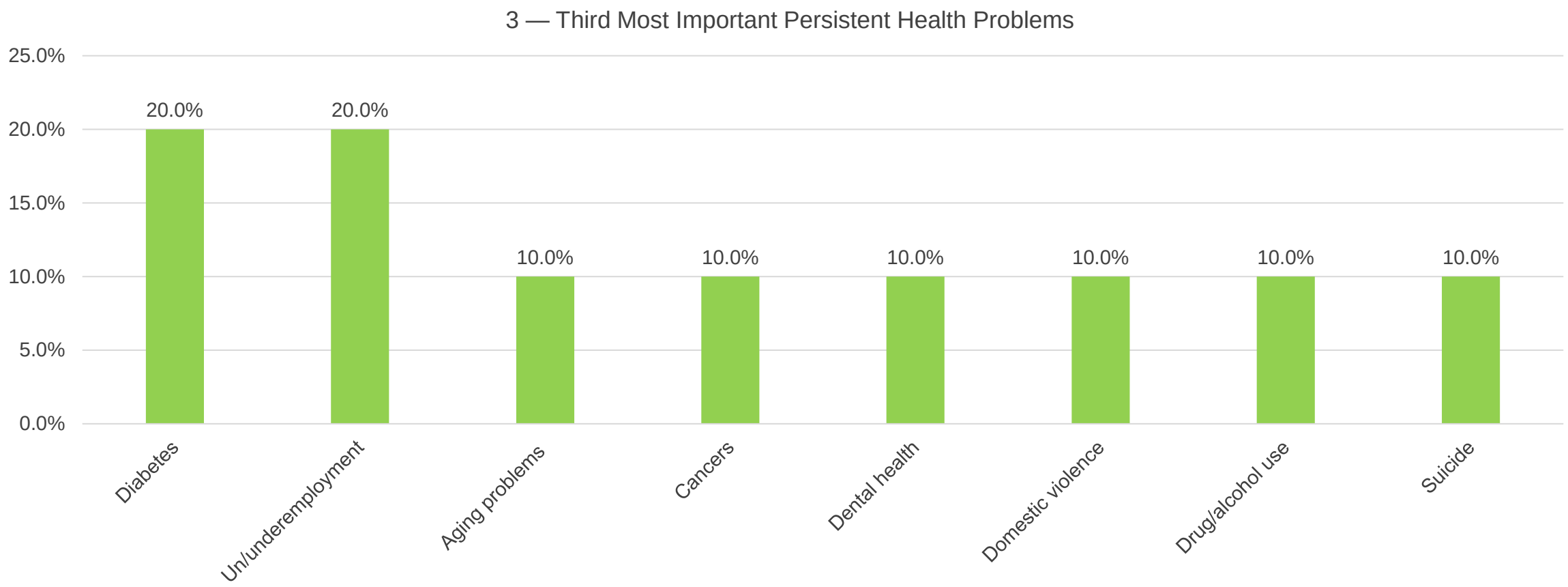

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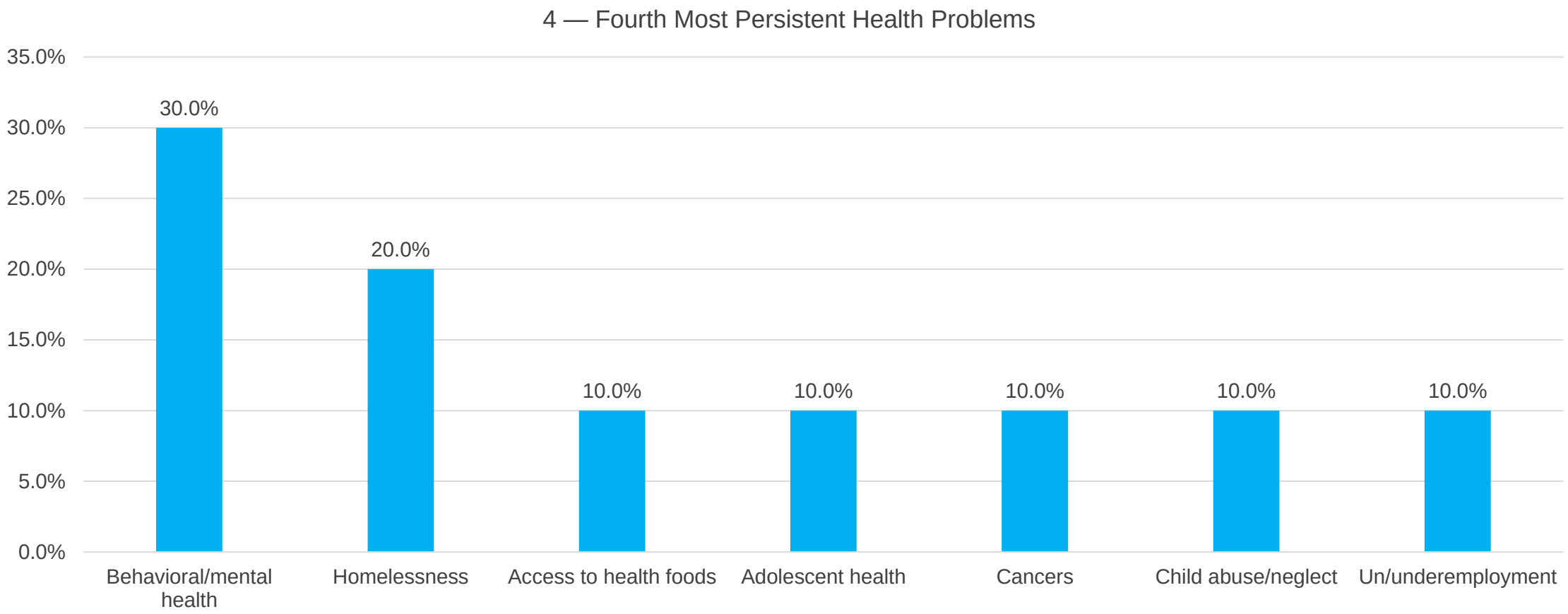

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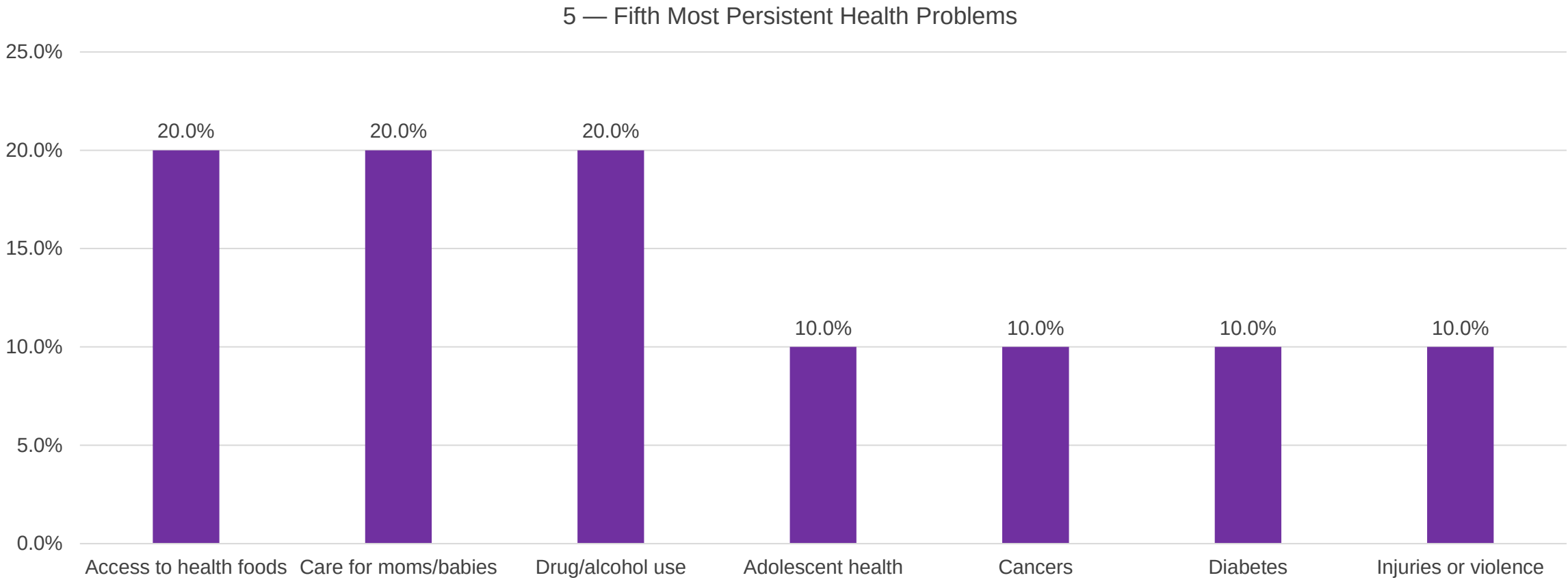
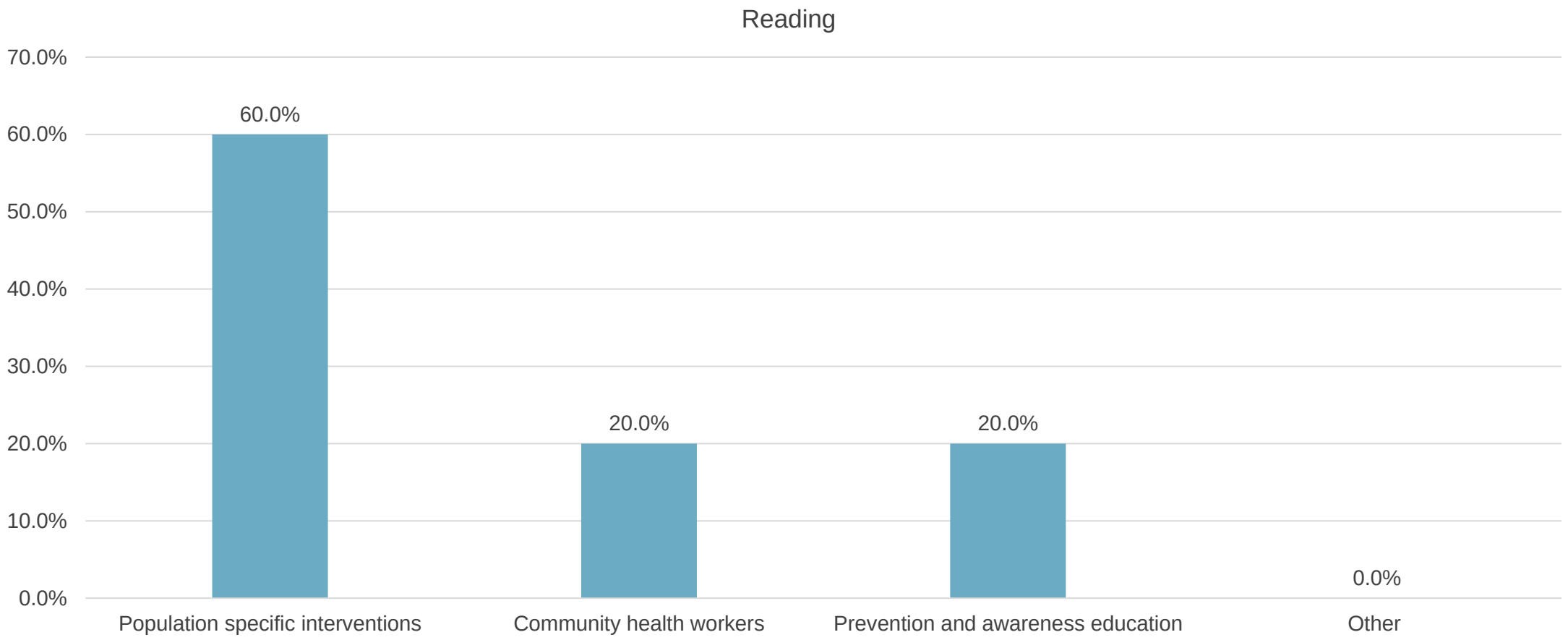
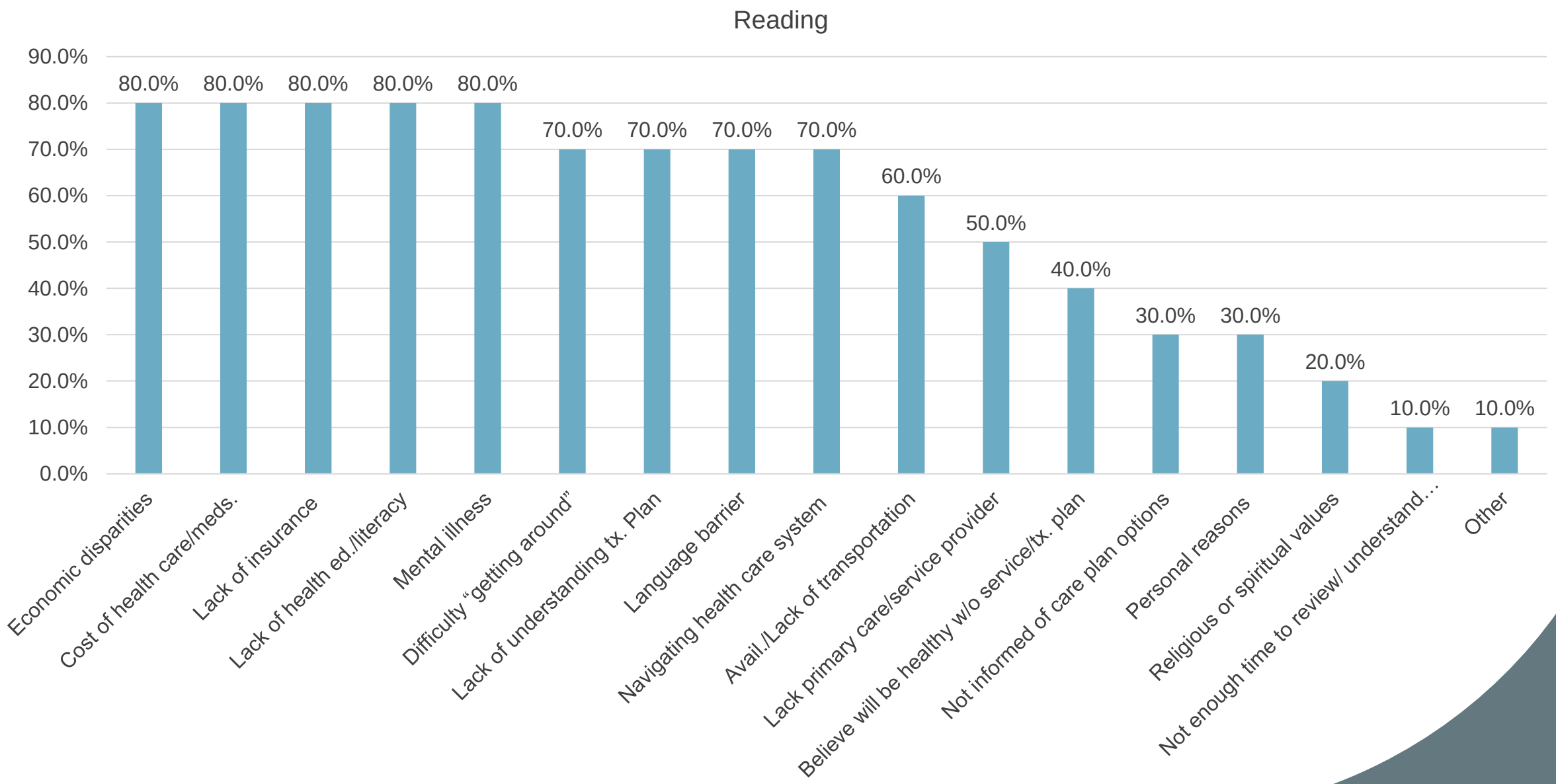


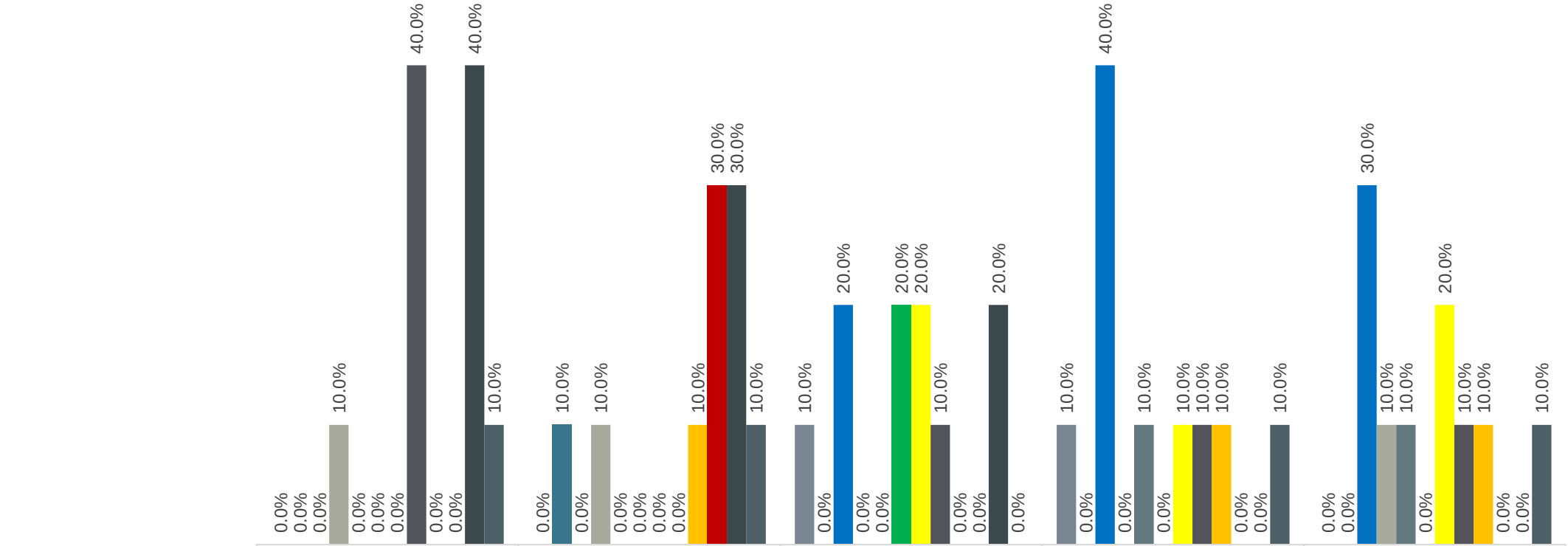
Type II diabetes, pre-diabetes and obesity affects many members of our community. What can we offer the community to achieve and maintain optimal health?



Most significant barriers to improving health and quality of life – Check all that apply

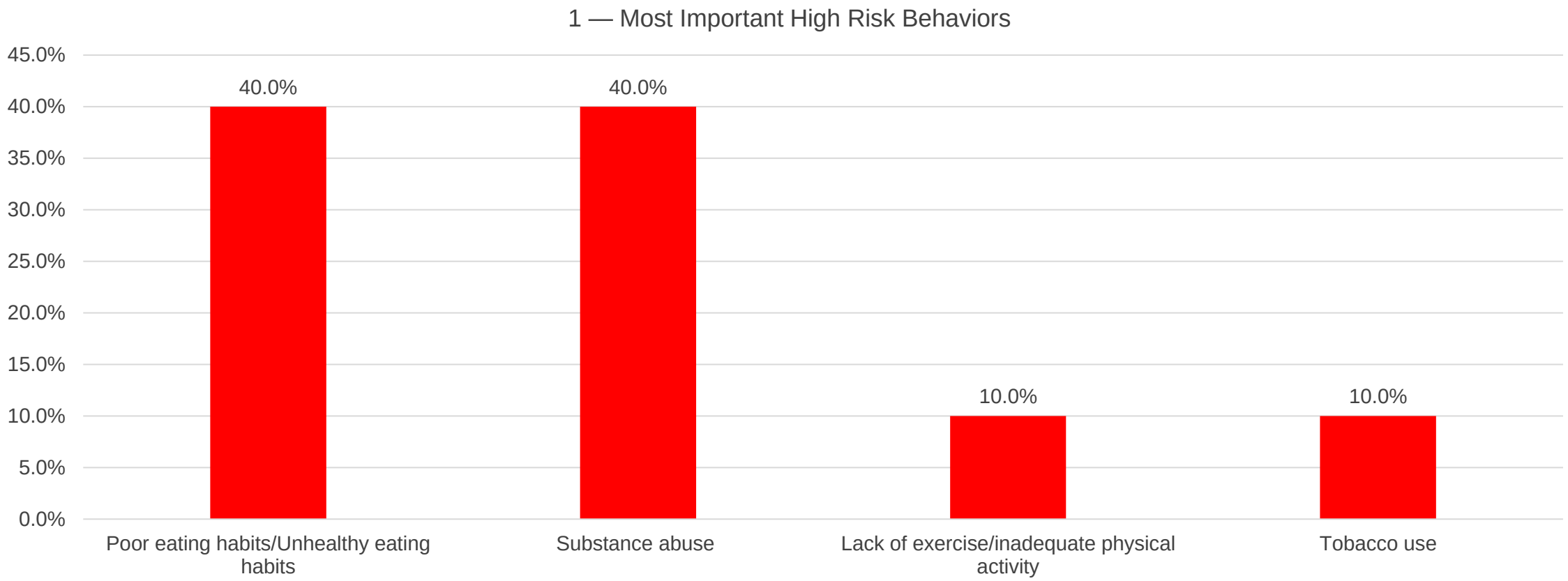


Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



	1 = Most Important	2	3	4	5
Dangerous driving	0.0%	0.0%	10.0%	10.0%	0.0%
Fighting	0.0%	10.0%	0.0%	0.0%	0.0%
Lack of education	0.0%	0.0%	20.0%	40.0%	30.0%
Lack of exercise/inadequate physical activity	10.0%	10.0%	0.0%	0.0%	10.0%
Not getting “shots” to prevent disease	0.0%	0.0%	0.0%	10.0%	10.0%
Unsafe sex/Not using birth control	0.0%	0.0%	20.0%	0.0%	0.0%
Not wearing a mask/follow social distancing guidelines	0.0%	0.0%	20.0%	10.0%	20.0%
Poor eating habits/Unhealthy eating habits	40.0%	0.0%	10.0%	10.0%	10.0%
Racism	0.0%	10.0%	0.0%	10.0%	10.0%
Social injustice	0.0%	30.0%	0.0%	0.0%	0.0%
Substance abuse	40.0%	30.0%	20.0%	0.0%	0.0%
Tobacco use	10.0%	10.0%	0.0%	10.0%	10.0%

Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



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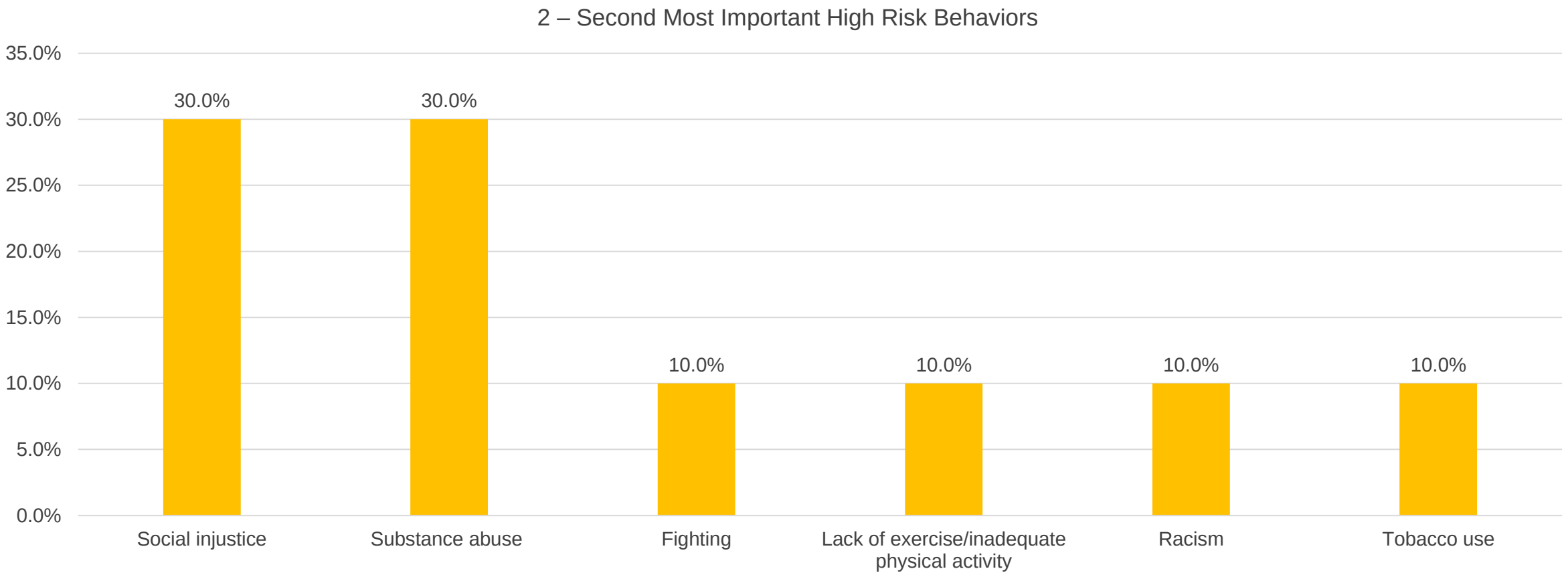

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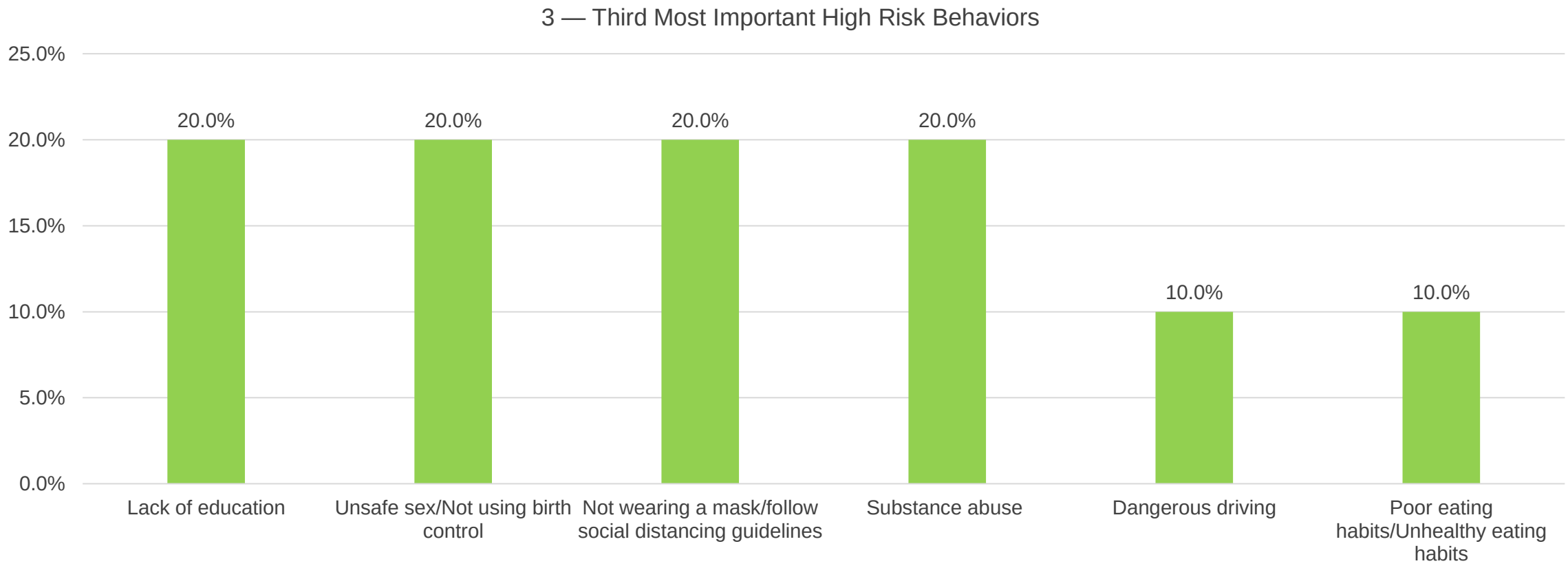

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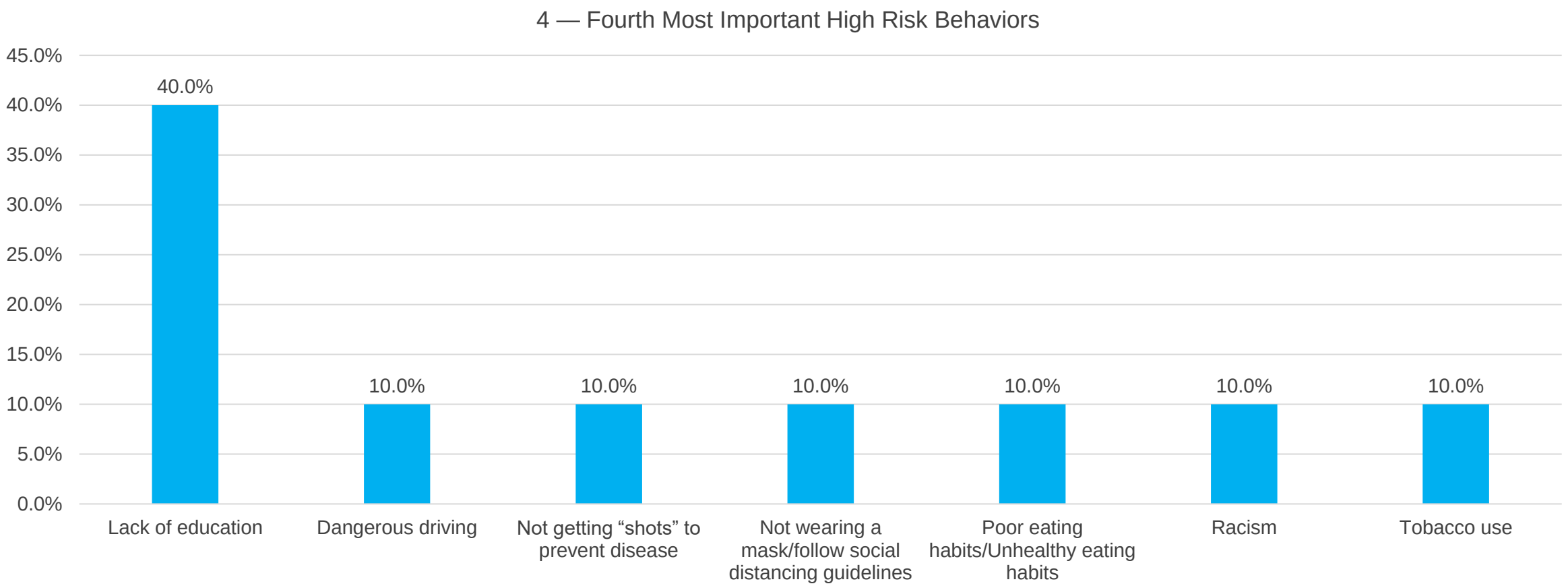

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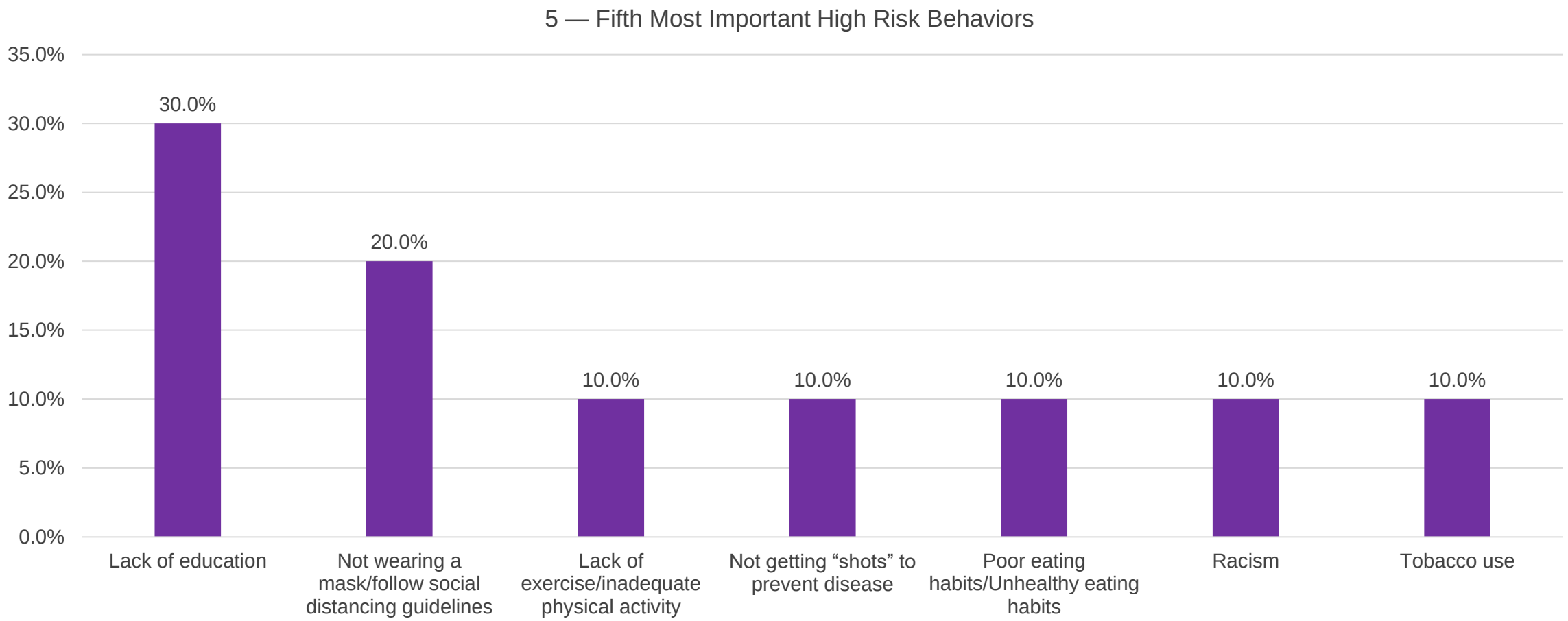
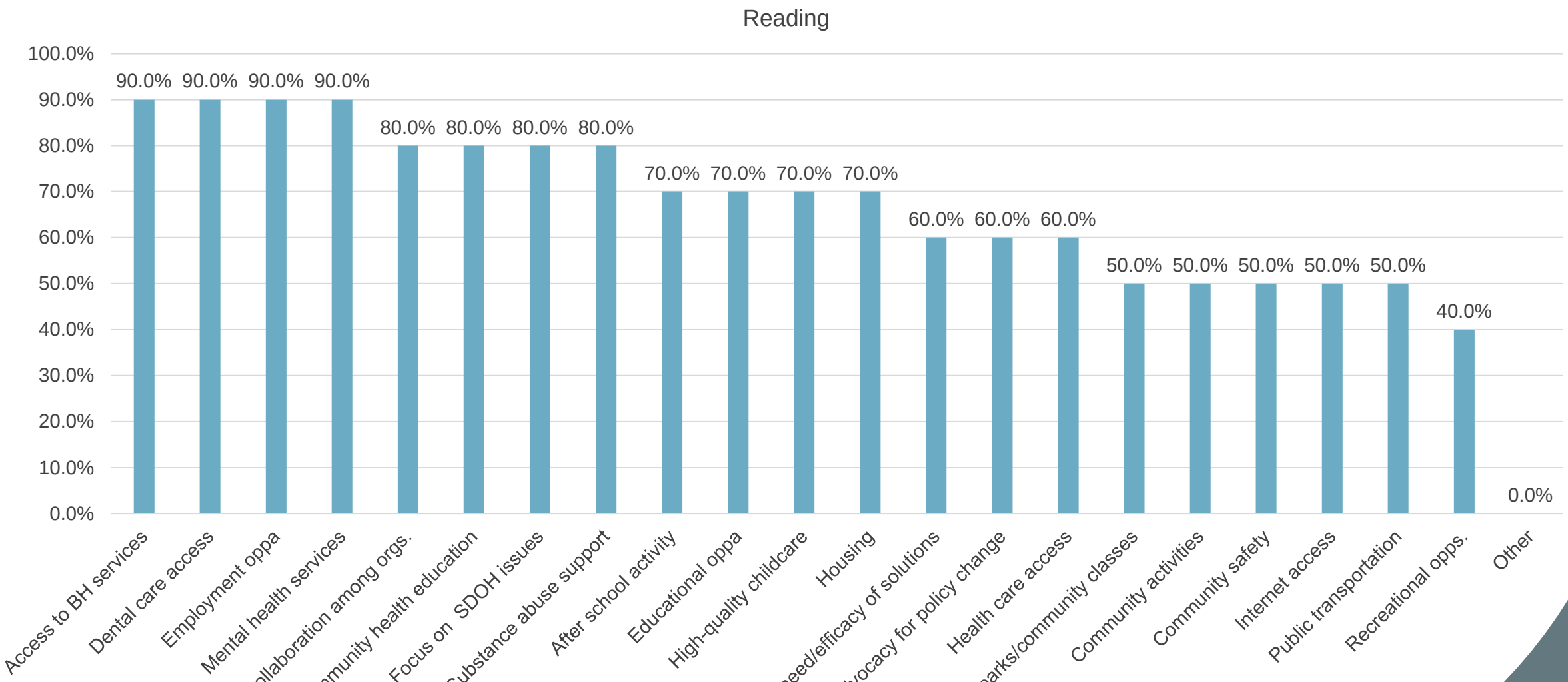
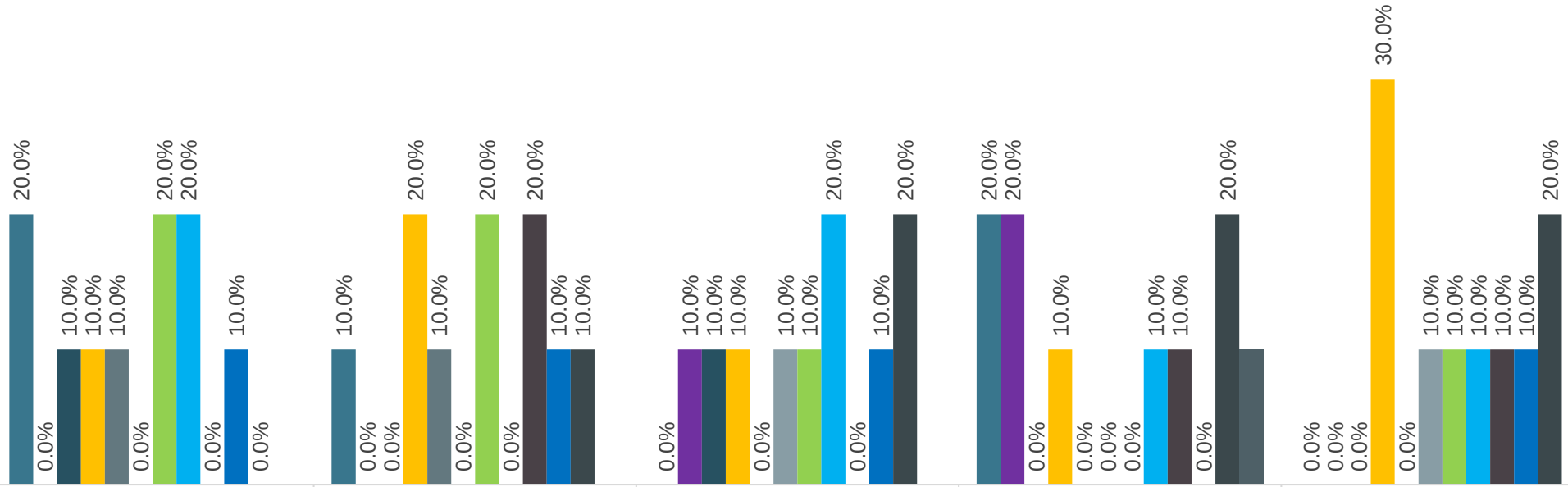


What would improve the quality of life for residents in your community? — Check all that apply



Top 5 populations that are the most vulnerable in the community?



	1 = Most Vulnerable	2	3	4	5
Children/youth	20.0%	10.0%	0.0%	20.0%	0.0%
Chronically ill	0.0%	0.0%	10.0%	20.0%	0.0%
Disabled	10.0%	0.0%	10.0%	0.0%	0.0%
Homeless	10.0%	20.0%	10.0%	10.0%	30.0%
Immigrant/Refugee	10.0%	10.0%	0.0%	0.0%	0.0%
LGBTQ	0.0%	0.0%	10.0%	0.0%	10.0%
Low-income	20.0%	20.0%	10.0%	0.0%	10.0%
Mentally ill	20.0%	0.0%	20.0%	10.0%	10.0%
Minorities	0.0%	20.0%	0.0%	10.0%	10.0%
Older adults	10.0%	10.0%	10.0%	0.0%	10.0%
Uninsured/underinsured	0.0%	10.0%	20.0%	20.0%	20.0%
Women	0.0%	0.0%	0.0%	10.0%	0.0%

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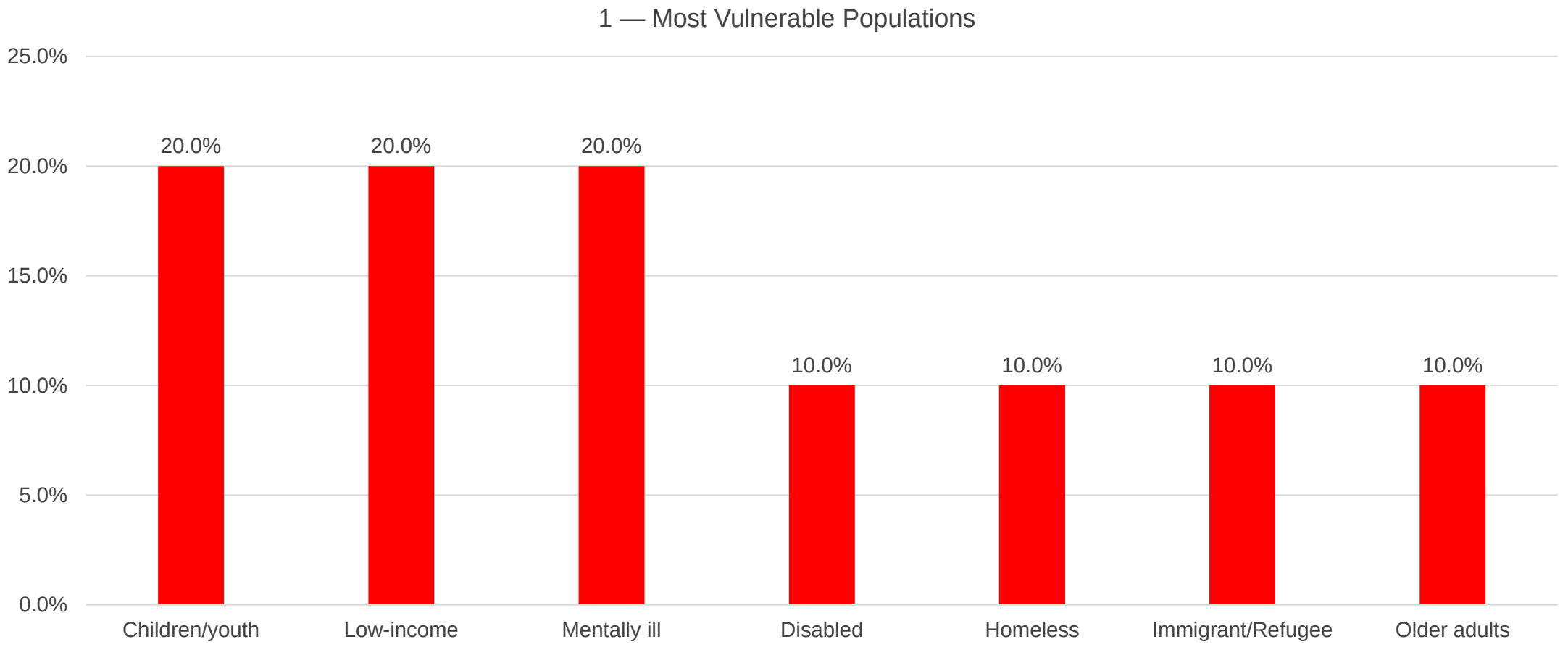

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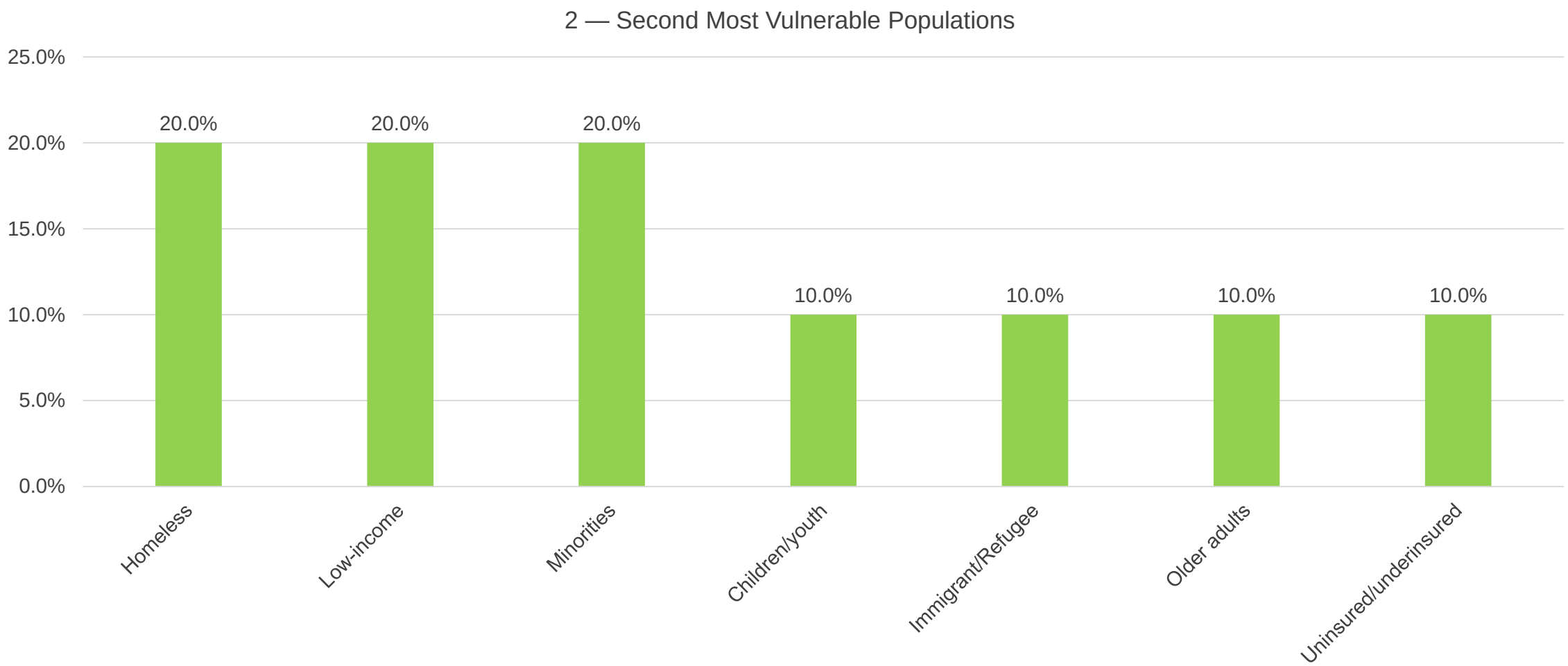

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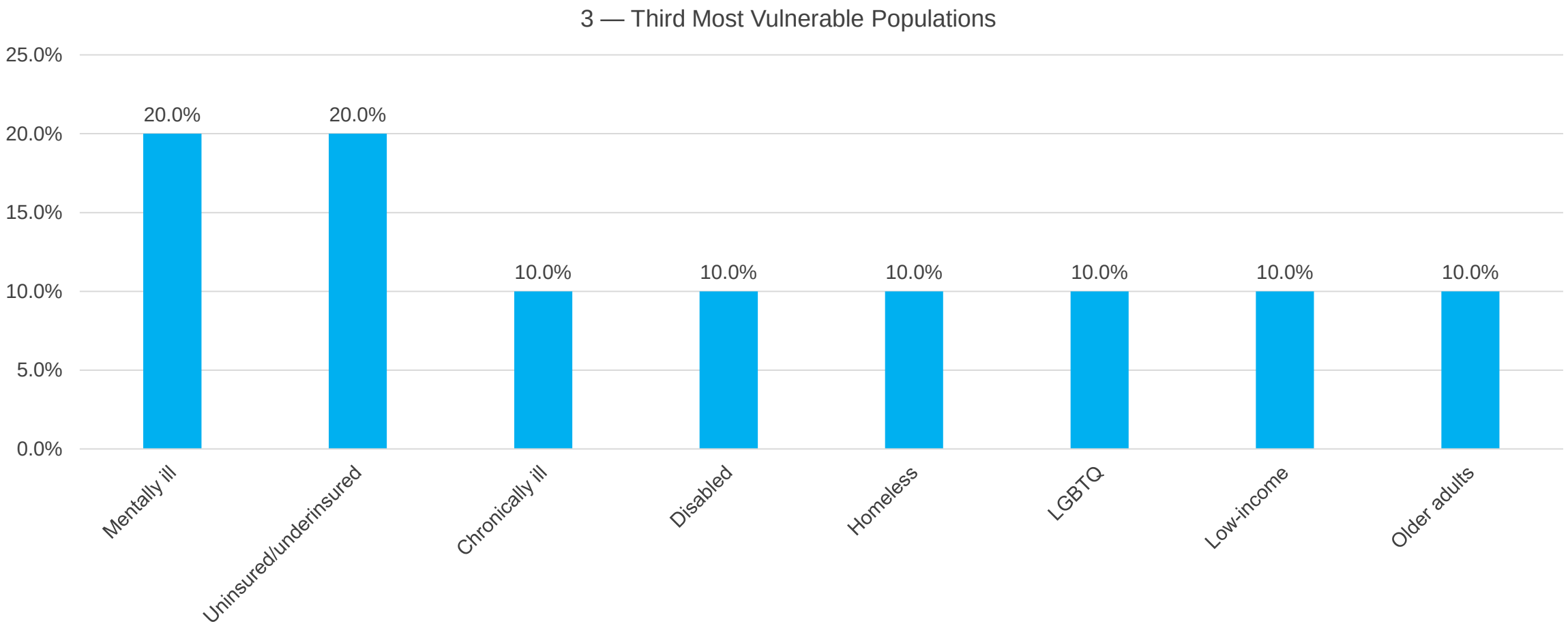

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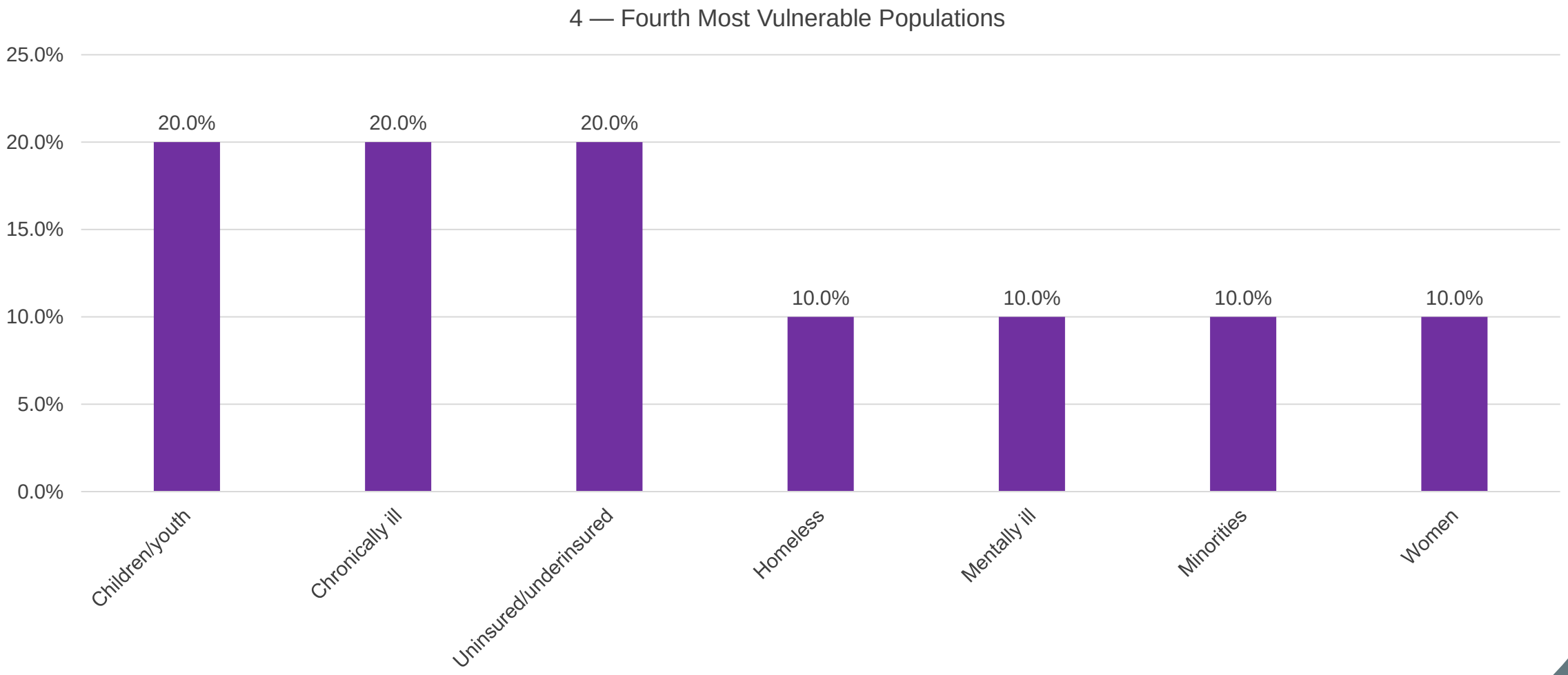

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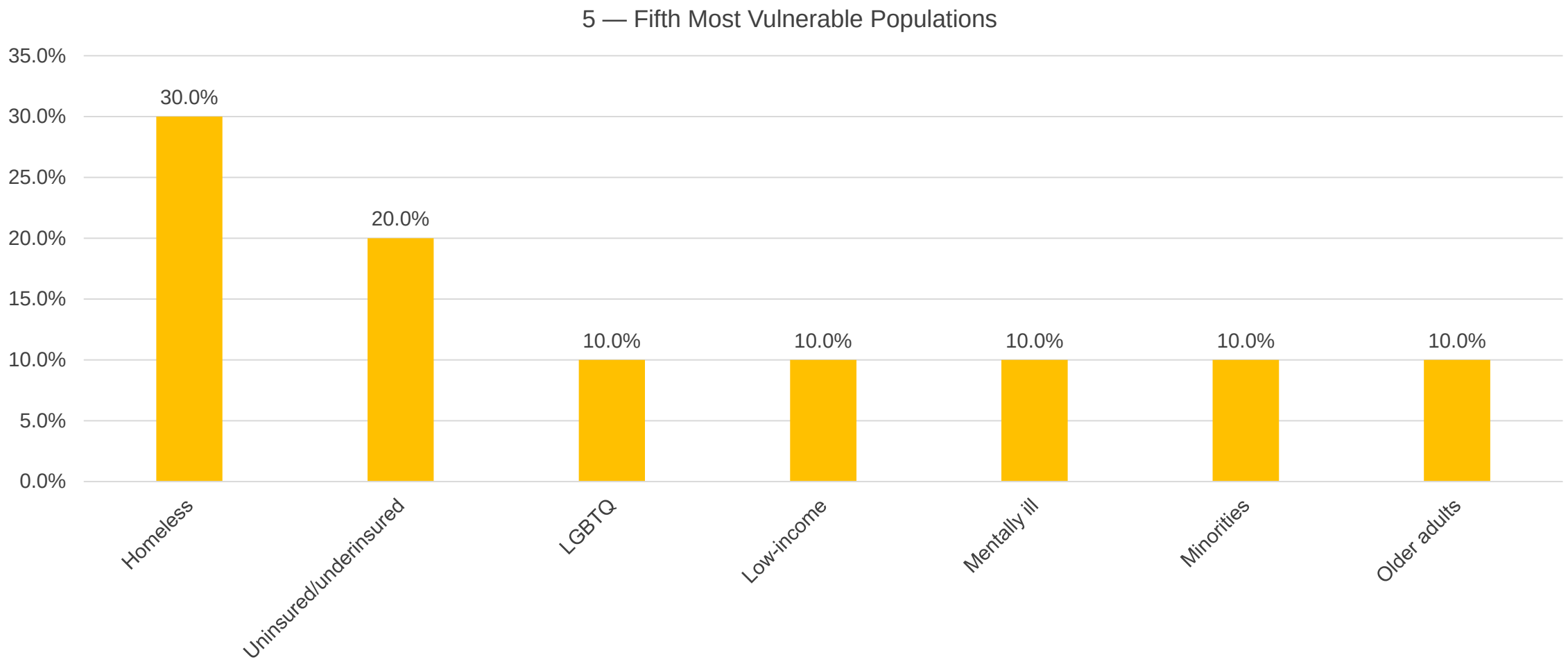
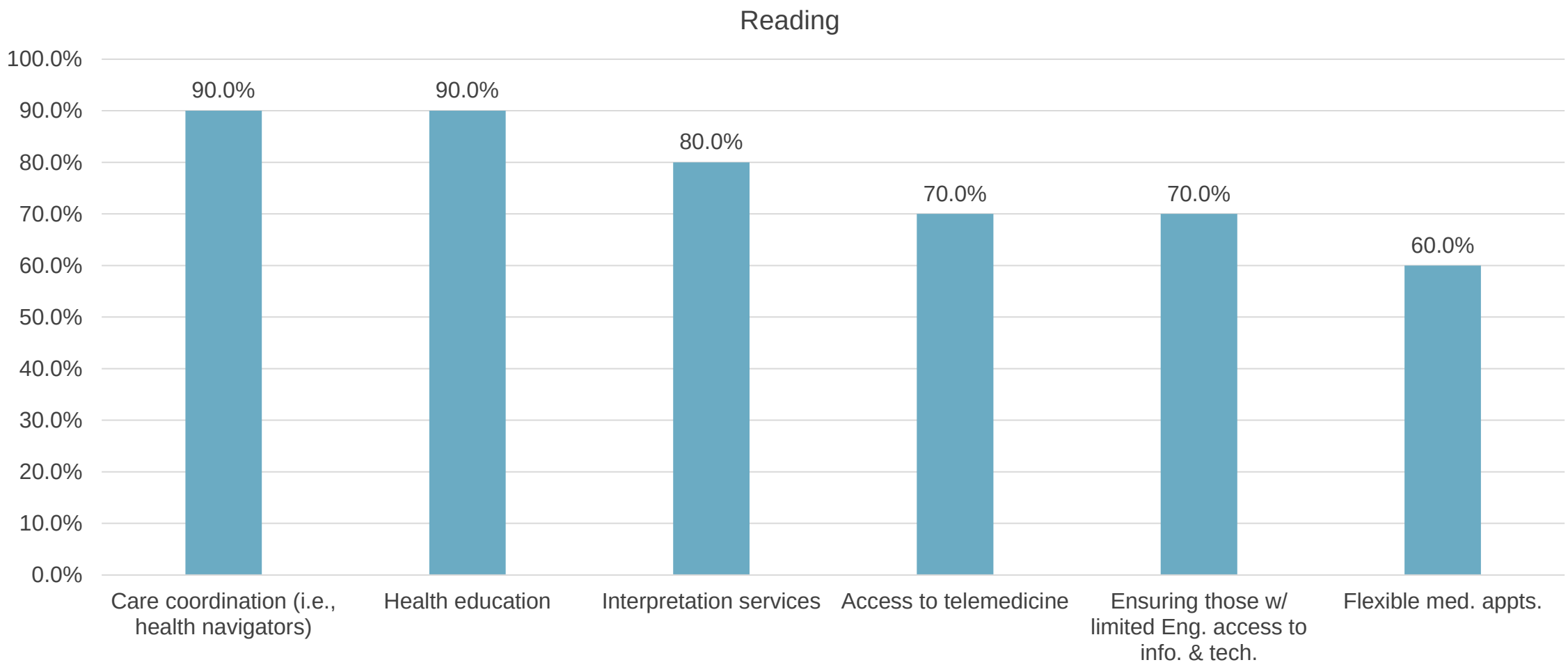
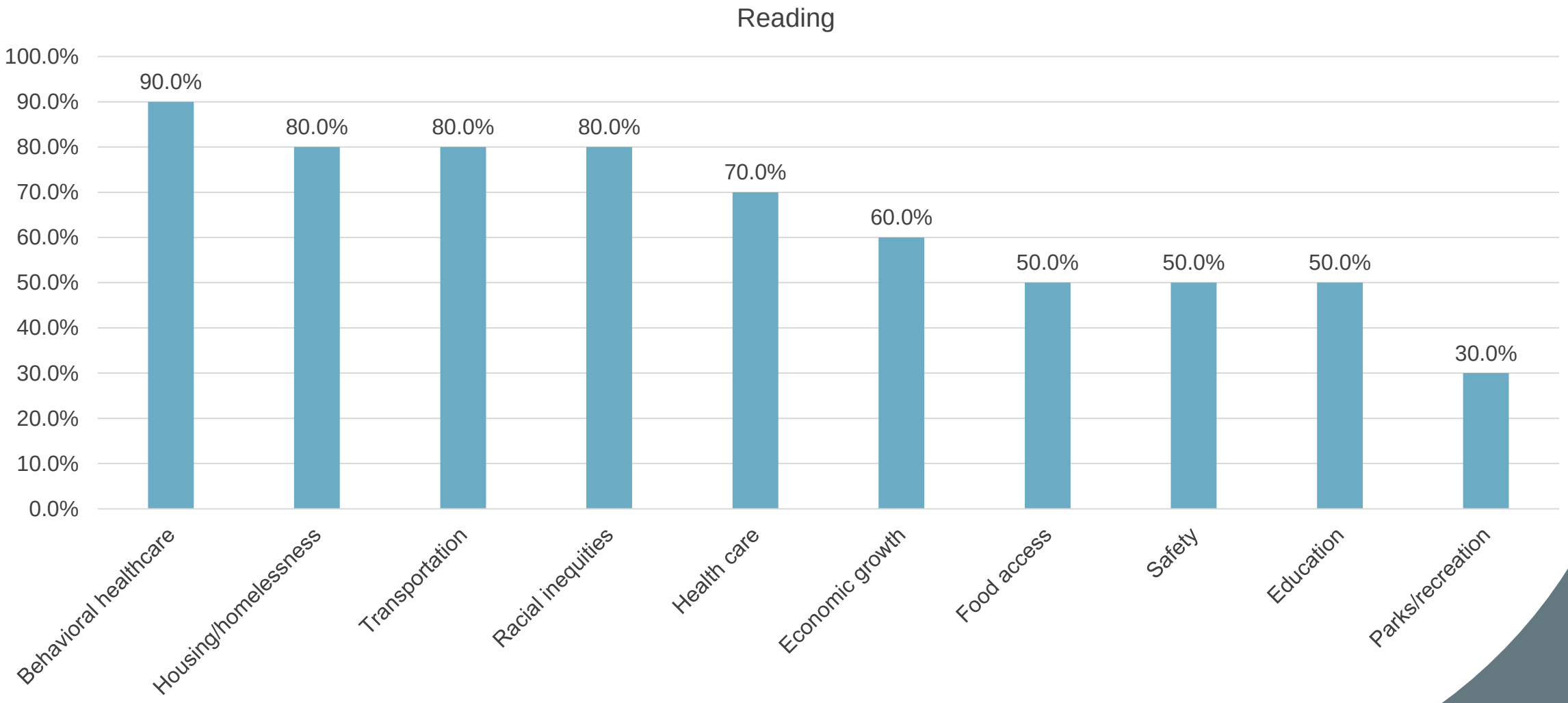


Solutions to help vulnerable populations meet their health needs — (Select all that apply)



What community needs are currently siloed and need further collaboration among non-profits, healthcare, government? (Check all that apply)



How did COVID-19 further impact care, specifically among the underserved and disenfranchised population(s)?

- With a poor economy there are consequences; it affected the poor the most.
- Further isolated the populations. Created more of a disconnect with care and services – the underserved put their care on the back burner.
- Access is/was the biggest issue. People were scared to get care. Transportation is/was a factor to health care services.
- Tower Health does a good job with education on COVID. The lack of education and awareness has made the population hesitant to seek care.
- Highlighted language barriers and lack of access to health. Getting the right word out regarding the virus. Disparities were shown for people of color.
- Underserved were already at a disadvantage due to their education level. The underserved stayed in their home and pushed off their need for services which further impacted their health.
- Limited access to care; highlighted the importance of broadband access; isolation and politicized response; and lack of coordinated leadership.
- It further prevented residents from getting screenings and care they needed. Residents were afraid of contracting the virus and interacting with health providers. Preventative care was placed on hold and people did not get the screenings they were supposed to receive.
- Made it more difficult to access services especially if they did not have their own transportation, access to care was more of a challenge if they did not have internet and/or had language barriers.

Did telemedicine and virtual platforms ease access to care? In what way?

- Made it easy to get care without jeopardizing health but the quality of care suffered.
- Eased access to those who were already connected and those who were comfortable with the connection to services. Folks who were not comfortable saw this as a disadvantage.
- Those who were not tech-savvy, did not have internet, and did not have phone data were unable to get care. Did not help underserved.
- Made it easier for people to communicate and continue to get care. It opened the telemedicine platform and removed the barriers of the pandemic. Transformative health care through this method.
- People were receptive to access to care by phone or online. It opened the door to this type of care.
- Certain populations like the elderly did not know how to use the virtual platform so there is a disconnect. Education plays a role to access and use of the platform.
- There are 6,000 properties in Berks County without access to the internet. We need a public health agency. The lack of coordination and focus was evident in the response locally to the pandemic. The biggest challenges facing our community are public and environmental health. The pandemic heightened the sense of isolation and alienation particularly among children, older adults, rural residents, and minorities. The opioid epidemic continues to be a challenge. The dismal efforts to do testing, distribute coherent information, and provide vaccinations highlighted the lack of a coordinated public health system. There is an opportunity to focus on health education and health care delivery with Drexel Medical School. Telemedicine, particularly in times of increased isolation, is vital. Limited access, lack of equipment, lack of education and training will continue to deprive significant population groups of adequate health care.
- Lost the human service and interaction. If a health provider provides poor service, the care would be extremely poor over the internet. Telemedicine services should be short-term as they served their purpose.

What actions could your hospital take to better address health disparities?

- Increase capacity of ED.
- Street Medicine program is great. This gets health services to people where they are and are comfortable with receiving care. Possibly provide mobile clinic services and office hours in a universal building.
- Address language barriers.
- Reading Hospital is always looking to address health disparities and that they do a good job, but they have limitations with resources (money); therefore, they cannot be the only one who is responsible as everyone should be responsible for the care and services provided.
- Reading has done a great job. They have health advice as a platform - this is a great program. They send a note to CBOs that says I need X, Y, and Z if the CBOs can help this allows for better coordination of care.
- They can do better do with health practices to expand programs.
- Advocate for government intervention for people who need coverage. There are enough providers and reasonable rates to operate functionally so they can give coverage to those who do not have access.
- Reading Hospital is an anchor institution - they are responsible for connecting people to services. They are doing a great job – adding community health workers will enhance the work and scope of the hospital.
- Tower Health has done a good job in cross-cultural education of their staff and addressing the health care needs of those with language challenges. They have done a good job of attempting to address food access and they have significantly expanded their work in behavioral health.
- Work more closely with business. Currently, our organization does not have a relationship with the hospital and we have thousands of employees who have insurance with Reading Hospital as their main hospital. There needs to be a relationship with commercial businesses even though our line of work is not in health care but we are connected in our community.
- Increased networking with social service community agencies to ensure warm handoffs to additional services and/or proper follow-up post medical care.

Excluding healthcare, what organizations should collaborate to address behavioral health in our community?

- Business community
- County administration
- Housing providers
- law enforcement/emergency services
- Medicare
- Mental health and substance abuse providers
- Organizations who work with this population specifically the organizations that support homelessness like the Reading Housing Authority.
- Schools
- Social service providers
- Substance abuse organizations
- United Way

What do you want the hospital to know that we haven’t already asked?

- Need to question if the hospital should play the role of being an advocate for and around public policy.
- Reading Hospital is an asset to the community. They think of the SDOH needs of the patients – they integrate heath into life issues. Reading has done great work and has been instrumental to improving the health of the region.
- The hospital needs to communicate the hospital’s future.

Public Commentary

1. Do you feel that the assessment you reviewed included input from community members and organizations?

Yes – 90%

No – 0%

Don’t know – 10%

2. Do you feel that the assessment you reviewed excluded any community members or organizations that should have been involved in the assessment?

Yes – 10%

No – 60%

Don’t know – 30%

3. Were there needs in the community related to health that were not present in the CHNA (e.g., physical health, mental health, medical services, dental services, etc.)?

Yes – 10%

No – 80%

Don’t know – 10%

4. Were the implementation strategy directly related to the needs identified in the CHNA?

Yes – 80%

No – 0%

Don’t know – 20%

Public Commentary

How did this CHNA and resulting Implementation plan benefit you and your community? If no, in what way would the implementation plan be beneficial to you and your community?

- Helped to look where the needs are – pockets were missing. People did not know what Reading Hospital had to offer – we need to see and capture those missing audience members.
- The overall connections from patients and people and bridging awareness of community services – like promoting 211. The database that the information is updated is fresh. The hospital has embraced the system and community networks.
- The previous assessment helped identify a need for increased mental health services which directly impacted the decision to open the Tower Behavioral Health facility.
- It helped with health disparities – homelessness, improving health outcomes, health literacy, etc. The report works to improve the overall health of the community.
- Provided strategies on how to move forward so we engage and cover more people. The goal is to improve the health of the community.
- We look at the data collected and we weave the information into our work. We enacted some initiatives as well as we used this information on strategic planning efforts short and long term internally.
- Benefited the folks of cultural diversity.
- Brought awareness to the barriers present in seeking preventative care, the need for community systems to work together, and how seeking medical care can sometimes be a silent cry for help in other aspects of an individual's life (domestic violence, financial concern, child abuse, etc.)

Public Commentary

Please share any additional feedback on the CHNA /Implementation Plan that was not covered already?

- Highlighted the health of each community and how health needs grew from the pandemic.
- Focus on underserved populations – like race and gender.

Tower Health Reading Hospital

Appendix B – Health Equity Focus Group

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Reading Hospital Health Equity Focus Group

Focus groups were conducted during June 2021 to collect information and capitalize on communication among health and human service providers. The focus groups enabled its participants to explore and clarify insights and perspectives in a manner that maximizes participation and builds on synergy. Designed to collect and synthesize in-depth information on community provider's thoughts and opinions related to health and health equity, the focus group questions directed participants to look at health and health equity through the broadest lens and scope. The health equity focus groups emphasized a two-fold aim:

1. Better understand barriers faced by vulnerable populations
2. Identify action steps to remove barriers to improve health equity

Facilitated focus group interactions expanded a delicate but challenging conversation regarding health equity and enabled community participants to examine changing perceptions, beliefs, and attitudes related to acknowledging contributors to health equity, identifying health disparities, and improving health equity. Through facilitation, an open and candid environment was created, allowing health and human service providers to speak openly and to share perspectives and real stories regarding the impact of health inequities and health disparities of the diverse populations they serve. The health equity focus groups composed of community representatives, clinical, and human service providers were encouraged to uncover and discuss a plethora of complex and compelling barriers, needs of the diverse and disparate populations they serve and to anticipate what actions should be undertaken to address health equity.

Discussion Area of the (7) health equity focus groups:

1. Contributors to health inequity (SDOH contributors to health inequality (i.e., transportation, education, low-income, lack of access to health care, uninsured/underinsured, and mistrust)
2. Impact of racial and social disparities on quality of care
3. Areas having the most impact on people being treated differently (e.g., education, race/ethnicity, income, insurance, not being able to speak English)
4. The magnitude of social and racial inequalities in health in the workplace, education, housing, and government areas
5. Identifying who is accountable for equitable health care
6. Obstacles and barriers to health equity
7. Recommendations to improve health equity
8. Call to action
9. Knowledge facilities need to know related to the community

The discussions among the health equity focus groups unveiled the following "Call to Action" recommendations: health equity and cultural

1. Building a diverse workforce that is reflective of the communities they serve.
2. Continuing to advance cultural competency, language, and translation services.

3. Improve patient engagement and increase awareness/communications of available services and programs both to the community as well as across the hospital.
4. Strengthening communication, partnerships and community engagement.
5. Continue the distribution of health information and reinforce health education.

The objectives of the focus groups were achieved as community participants openly and emphatically expressed care and concern for the disparate and vulnerable populations they serve.

1. Contributors to Health Inequity
Reading
• Language barriers • Transportation barriers • Inconvenient appt. times to single parents and working residents • Limits in insurance acceptance and network coverage • Physician shortage • Different forms of unconscious bias and stigmas • Fear among undocumented immigrants

2. Impact of Racial and Social Disparities and influence on Quality of Care Received
Reading
• Language- using children for translation results in misdiagnosis, communication errors and negative impact on care • Spanish speaking doctors and staff eliminate need for interpreters and improves lines of communication • Inequities are built into the infrastructure of health, race, and sex • Disrespect to mental health residents and aging populations • Seniors may not go for follow-up visits or see specialist • Economic disparities as doctors prescribe medicines patients cannot afford, may not know where to get the prescription or assistance on its costs

3. Impact of Patients Being Treated Differently

Reading

- Race/ethnicity - 54%
- Insurance coverage -23%
- Not speaking English - 23%

- Health care professions make assumptions and have preconceived notions based on race
- An FQHC board member was a patient – first comment was "why are you here and did you lose your job? It was an offensive assumption
- Biases within and among health care professionals - some assume that only low-level doctors work in FQHCs

4. How Big of a Problem are the Following Areas as Related to Social and Racial inequalities: health, workplace, education, housing, government?

Reading

- Health - 100% major problem
- Workplace - 62% major problem
- Education - 100% major problem
- Housing - 92% major problem
- Govt. - 92% major problem

- Addressing equity issues at a socioeconomic level
- Engage patients, do not make assumptions or make direct care decisions without their them
- Need grass roots organizations to be involved, ask questions (e.g., barbershops, local leaders)
- Patients are judged once they enter the door
- System constraint due to insurance mandates
- Transparency and time

Education:

- Low education levels and limited English parents have low comprehension levels
- Among lower income urban kids, school districts not receiving adequate funds to serve them
- Mismanagement of education funds, every student should get same dollar amount
- School system is set for failure, only wants to meet the mandates

5. Who Should Be Accountable?

Reading

- Govt. - 36%
- Other - 36%
- Health care system - 18%
- Personal/individual - 9%

- Majority wants wrap-around services
- Much of what the hospital can do is up to the payor
- Many people with different needs –how can hospitals survive?
- If we want the health care system to be compassionate, providing valued based-care must be a govt. based-fee service
- Govt. can finance but cannot fix everything, need collective impact-Insurance, health care, agencies, etc.
- Everyone is responsible for giving care to people
- We live in a top-down society with fear of rattling feathers. It takes a village to raise a child

6. Barriers and Obstacles That Stand In the Way

Reading

- Unsafe and affordable housing
- Racial representation among leaders — match the ppl they serve
- Adequate staff training to address biases
- Communication and engagement
- Orgs. and leaders must take risks to make a difference
- What we need to hear is not always well received
- Call to action among leaders
- Educate the public to make their own decisions
- Motivate residents to actively participate in their community and make changes

7. Recommendations to Address Health Inequities

Reading

- Improve language capacity, requiring physicians to learn a second language
- Broaden impact of leaders who are making a difference
- Improve care and quality of work life among employees
- Provide better treatment of employees to improve performance

8. Actions to Improve Health Equity (Call to Action)

Reading

- Recruit and hire a more diverse leadership and workforce
- Provide staff development on providing equitable care, diversity, and inclusion
- Assist leaders to become patient advocates and empathetic to patients
- Educate on servant leadership and lead by example

9. What the Hospital Needs to Know About the Community

Reading

- Accept each patient is an individual and do not make assumptions
- Health care evolves. Everyone is talking about health equity and institutional racism
- Need a health equity focus – improves better health outcomes
- Increase use of caseworkers (ppl may be illiterate. Issues with comprehension and ppl may need guidance).
- Providing resources is not adequate as population cannot comprehend materials

Capturing Data / Reduce Rates Among Ethnic Groups/Information and Identifying Interventions

Reading

Capturing Data

- Community has illiterate residents. Not always a language barrier issue
- Help those who are illiterate. We use telephone and What's Up app. We also walk ppl through paperwork process
- There are services on the hospital side — some communities have more resources
- Obtain education on different cultures and populations
- Help patients change behaviors, need more staff to make connections
- Interventions with ppl working in the community

Tower Health Reading Hospital

Appendix C – Leadership Focus Group

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Reading Hospital Leadership Focus Group

Focus groups were conducted during June 2021 to collect information and capitalize on communication with the leaders of Tower Health hospitals. The focus groups enabled its participants to explore and clarify insights and perspectives in a manner that maximizes participation and builds on synergy. Designed to collect and synthesize in-depth information on leadership's thoughts and opinions related to health and health equity, the focus group questions directed participants to look at health and health equity through the broadest lens and scope. It is often noted that (1) leadership commitment and involvement are vital to an organization's ability to address complex issues and (2) the beliefs and perspectives of leadership may have the greatest impact on how an organization achieves cultural competency and improves health equity.

The leadership focus groups emphasized a two-fold aim:

1. Better understand barriers faced by vulnerable populations
2. Identify action steps to remove barriers to improve health equity

Facilitated focus group interactions expanded a delicate but challenging conversation regarding health equity and enabled Tower Health leaders to examine changing perceptions, beliefs, and attitudes related to acknowledging contributors to health equity, identifying health disparities, and improving health equity. Through facilitation, an open and candid environment was created, allowing leaders to speak freely and honestly as essential to hear health equity perspectives and real stories regarding health equity and health disparities of the communities. Leadership focus groups composed of administrative, physicians and clinical, leaders were encouraged to uncover and discuss a plethora of complex and compelling barriers, the needs of the diverse and disparate populations they serve and to make recommendations on what actions may be undertaken to address health equity.

Key themes from the (7) leadership focus groups:

1. Contributors to Health Inequity (SDOH Contributors to Health Inequality (i.e., transportation, education, low-income, lack of access to health, uninsured/underinsured, and mistrust/trust factor)
2. Leadership Actions to Provide Equitable Care
3. Using Data to Identify Gaps
4. Use of Clinical Data
5. Staff Training
6. Consistently Providing Training to Staff towards Culturally and Linguistically Appropriate Care
7. Having Health Equity as an Organizational Priority

Key themes from the (7) leadership focus groups unveiled the following recommendations (Call to Action):

- ☐ Develop a plan to achieve health equity

Reading Hospital

- ☐ Importance of continuing to build a more diverse workforce at the leadership and staff levels; reflective of the community served
- ☐ Improve on the level of awareness related to available services and programs both to the community as well as across the health system
- ☐ Strengthening communication and community engagement. Solidify existing partnerships and collaborations. Creation of a community advisory board.
- ☐ Continuing to advance cultural competency, language, and translation services
- ☐ Sharing of information across the system regarding available services and programs as a few hospitals were not aware of the many programs available and active at the system level

The focus groups objectives were achieved as hospital leaders openly and emphatically expressed care and concern for the disparate and vulnerable populations they serve.

1. Contributors to Health Inequity
Reading
• Lack of access due to economics, education and language barriers • Mistrust created challenges of providing COVID vaccines to minority populations • Technology barriers • Transportation challenges • Health literacy • Limited access to care by undocumented groups • Inconvenience of health services for working and single parent families • Cultural practices that prohibit the seeking of needed care • Cultural bias, perceptions and assumptions toward ethnic groups

2. Leadership Actions to Provide Equitable Care
Reading
• Be adaptive and understand patient barriers • Open phone lines, reinvent our services • Be flexible, adaptive, and change the paradigm • Begin with the end, work backward for better results • Bring multiple perspectives to the table. Until we do that, we will bring our own unconscious bias • Create space to hear and listen • We think about what a patient wants and needs, but never ask them

3. Using Data to Identify Gaps

Reading

- D&I Council works with HR to address race and diversity of management and job categories
- In ambulatory setting, use PCMH scores and ZIP codes for risk assessment and to stratify people for vulnerability and need for assistance
- Collect data upfront – cannot assume gender, culture, language of employees
- Noted a disparity in Reading's mammogram rates to make the case for mobile mammography
- Look at hypertension, diabetes rates in terms of race/ethnicity on a more routine, standard basis
- Look at language gaps and interpreting services
- Look at gender ID and what required to reach those of different ID

4. Use of Clinical Data

Reading

- Proposes other languages in portals, website, and messaging to enable access to services
- Become more inclusive by transforming internal processes and treatment
- Improve patient understanding of discharge plan to reduce readmissions
- Looks at disparities by ZIP, gender and language etc.
- Use data to educate on prevention and available services such as mobile mammograms

5. Staff Training

Reading

In response to this question focus group participants offered plans and considerations for staff training:

- Hire/train more bilingual and medical interpretation staff
- Bridge the gap through one-on-one interactions
- Front desk staff should speak Spanish and make people more comfortable
- Train staff to step outside themselves, extend grace and empathy
- Assist staff to better understand patients that have MH, housing and other challenges that affect their life and health

6. Consistently Providing Training to Staff towards Culturally and Linguistically Appropriate Care

Reading

- Conducts SDOH screenings on consistent basis
- Needs to offer multiple language portals on our site as 40% of population would prefer Spanish
- Needs a better understanding of how to help the community. Doesn't have to be in the exam room
- Interpersonal staff provides better care to patients such as a pharmacist and those working in population health
- Have high readmissions as we send patients back to same conditions that made them sick in the first place

7. Having Health Equity as an Organizational Priority

Reading

- Make health equity a key leadership strategy
- Execute and align a comprehensive health equity plan, determine ownership, expectations and measurable actions
- Identify and engage active participants of health equity plan to ensure that no one is left behind
- Ensure resources and use of available community assets for the plan

Recommendations and Implementation Strategies

Reading

- Strengthen participation and input from all levels into the Health Equity Plan
- Create measurable goals and expectations and provide resources
- Plan priorities based on data and outcomes
- Build on organizational and community strengths and assets

Importance of leadership and governance team reflecting the diverse community it serves (Polling Question)

Reading

Very Important - 100%

- Must look beyond the executive team and look at boarder groups
- Making progress. The balance now is taking time to do it well.

Reading Hospital

Does your leadership team reflect its community? (Polling Question)
Reading
Yes - 15% No - 85% • Making progress, but must go beyond executive team to look at all levels and committees • D&I council –identifying gaps, participation in job fairs, skill-based workshops to recruit diverse talent • Many initiatives and explicit bias training underway to create a diverse and inclusive culture • In 2021, health equity is not an option- need executives, elected officials, medical staff as well as those we serve involved

Tower Health Reading Hospital

Appendix D - Key Informant Survey

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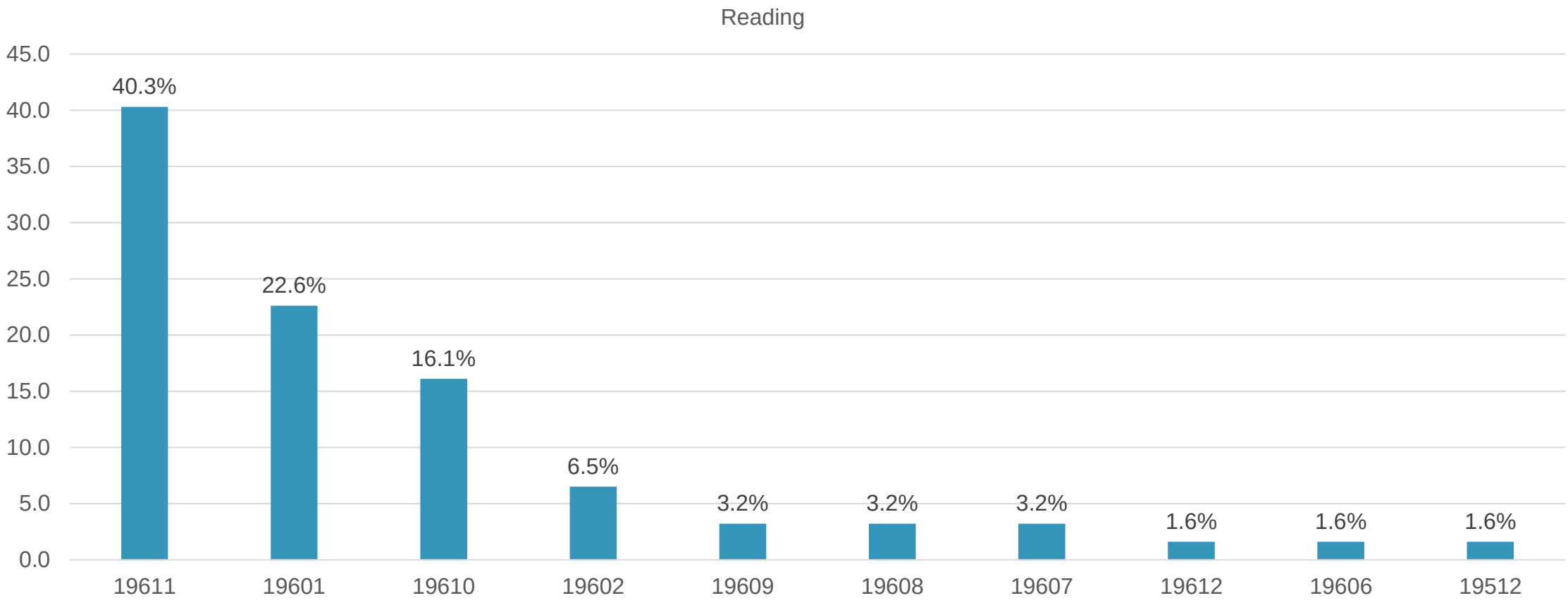
Introduction

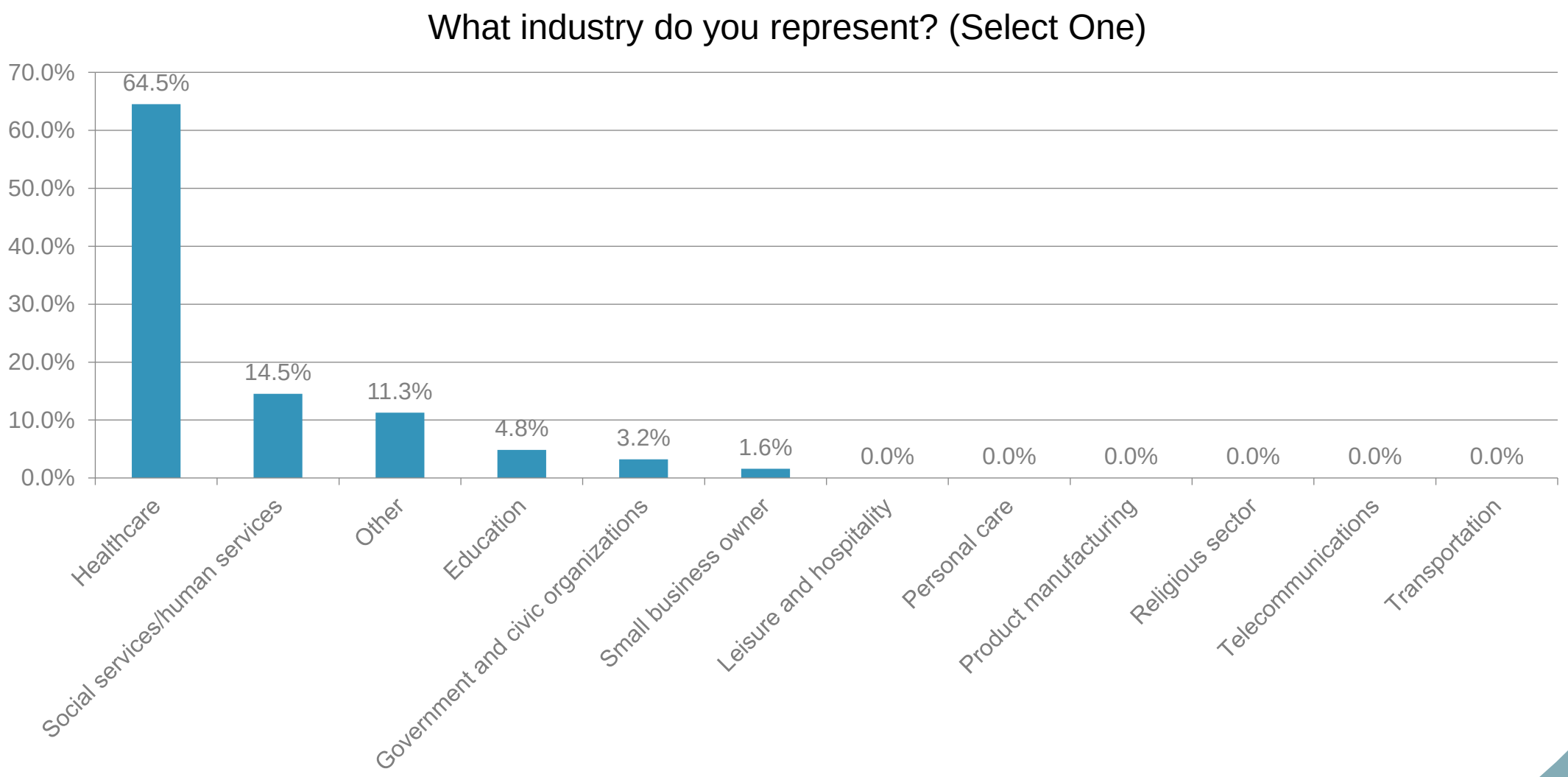
- Tripp Umbach worked closely with representatives from Tower Health to identify key informants in the region. A robust database was created to request survey participation from leaders in the region. An email was sent to key informants by representatives of Reading Hospital to introduce the CHNA process. The email introduced the project and conveyed the importance of the CHNA for Tower Health System and for the community.
- A key informant survey was programmed into Survey Monkey to collect feedback from respective populations.
- The data collection period ran from February 2021 – August 2021.

ZIP Code Where Work

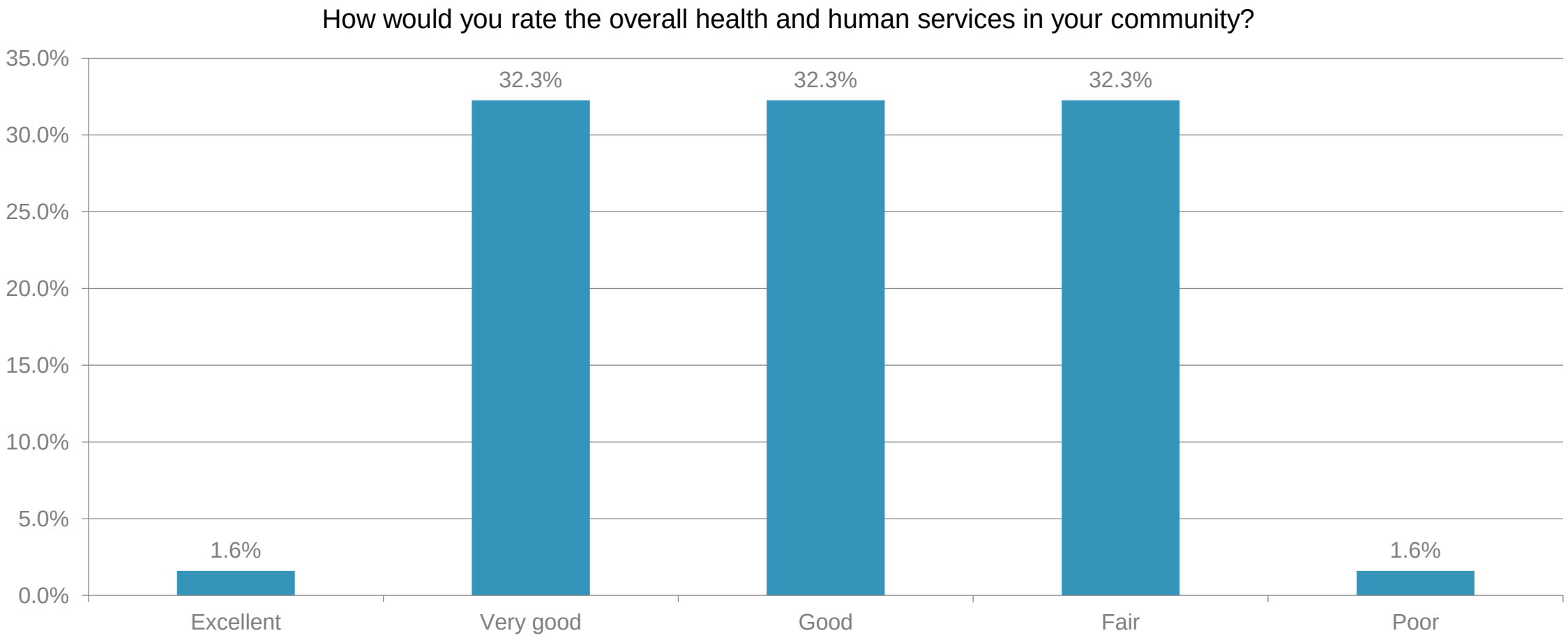


- 98.4% of key informants worked in Berks County and 1.6% worked in Montgomery County.

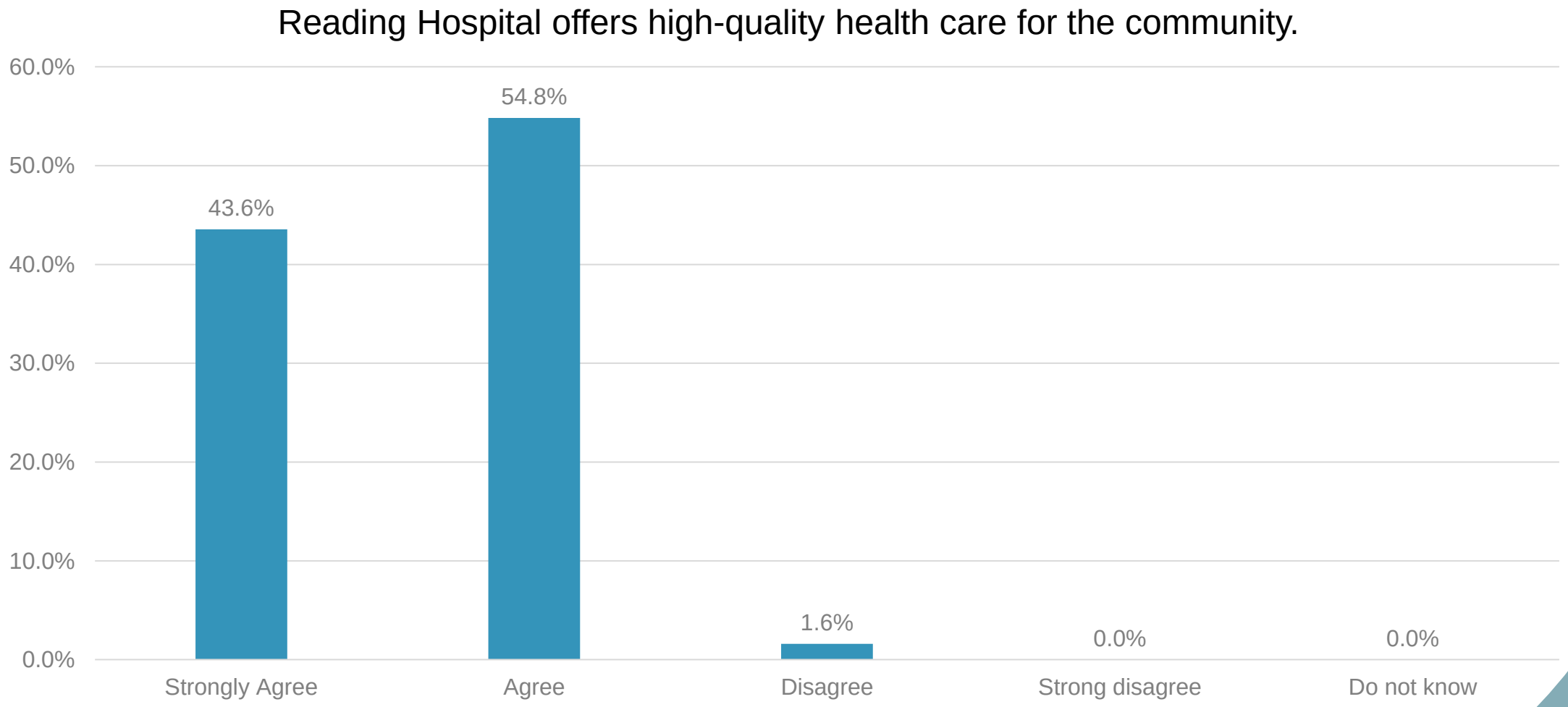
Represented Industry



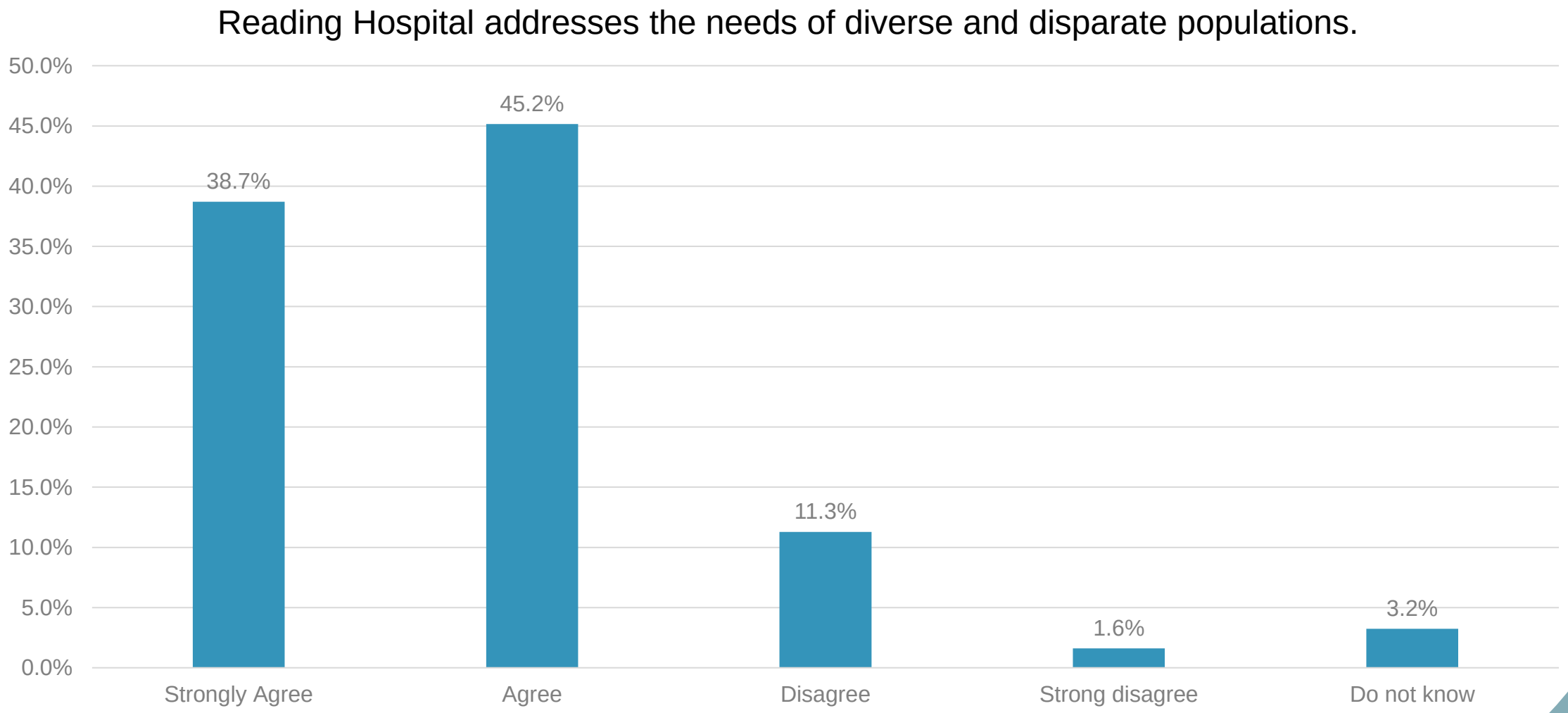
Rate Health and Human Services in Community



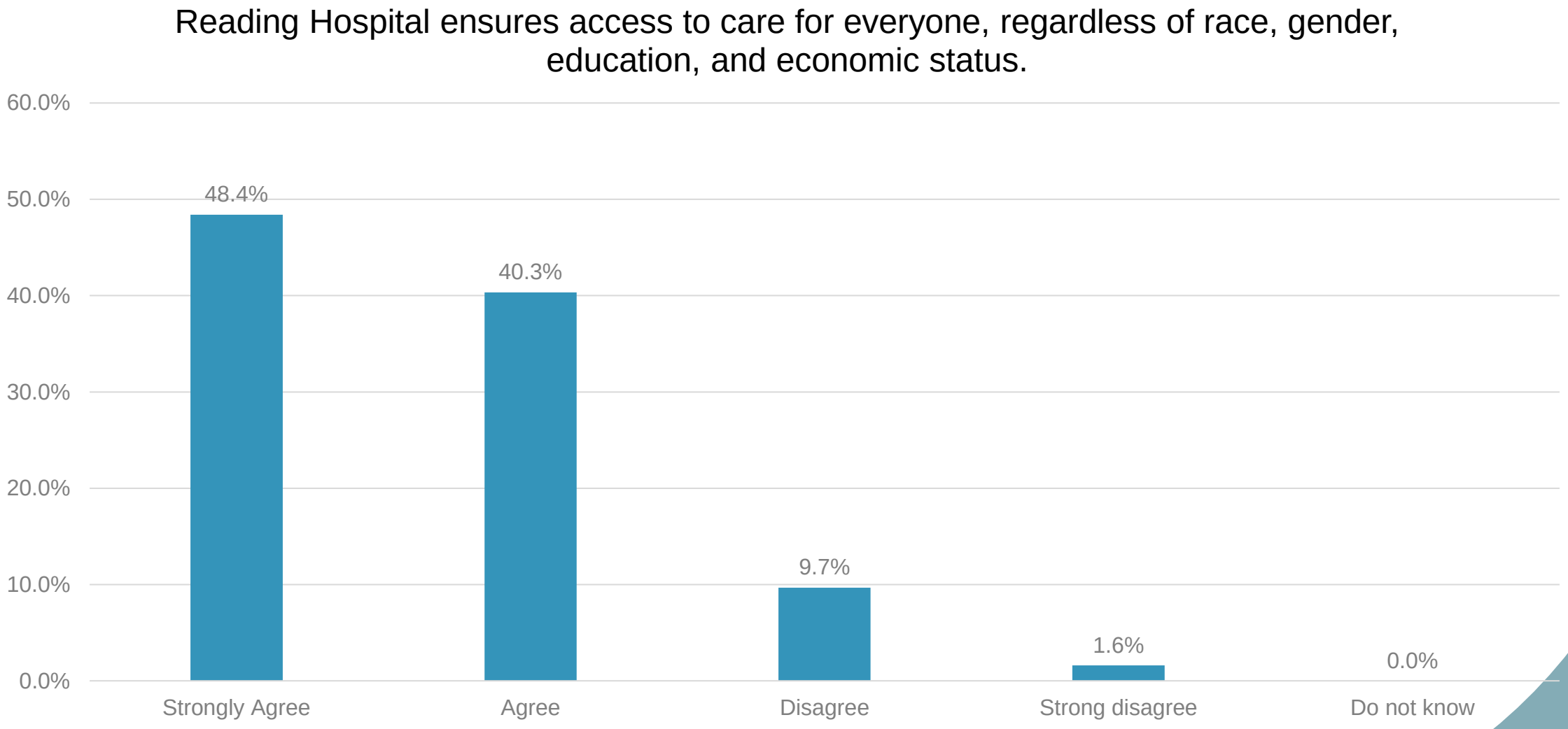
Rate How Hospital Offers High-Quality Health Care for the Community



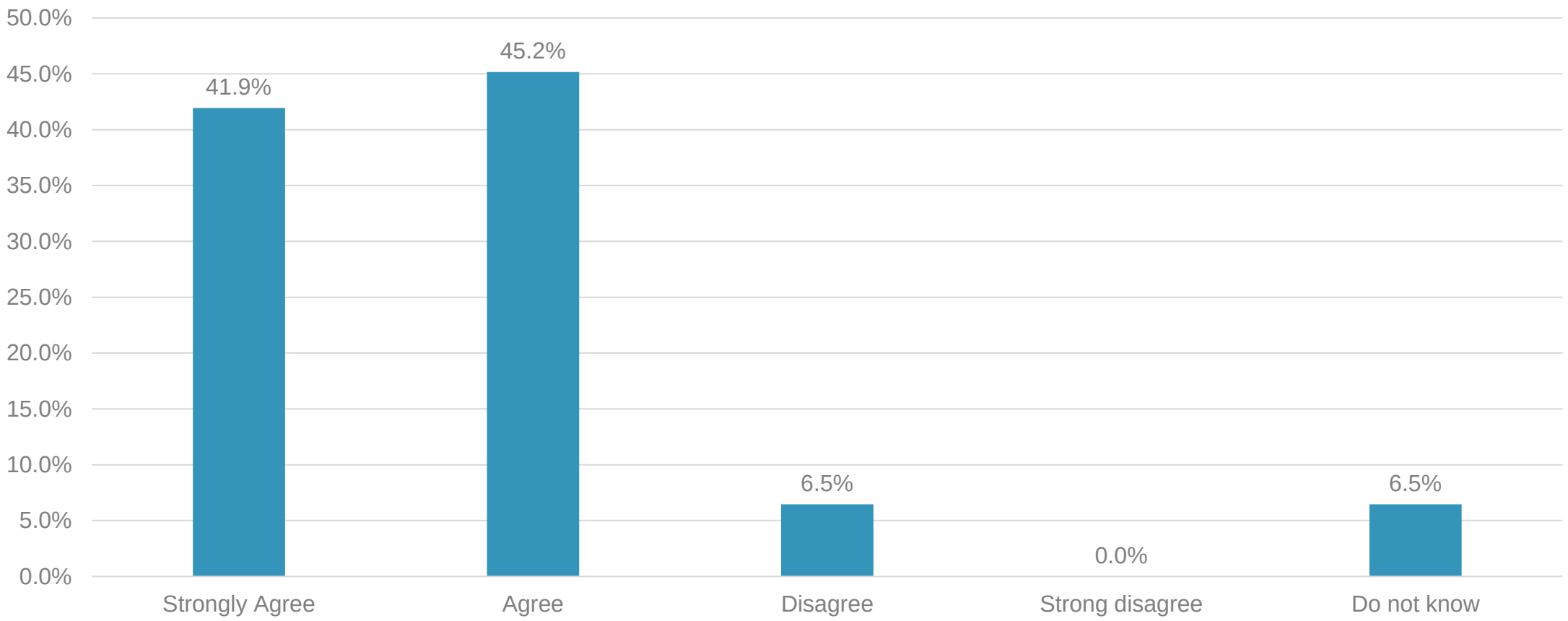
Rate How Hospital Addresses needs of Diverse and Disparate Populations



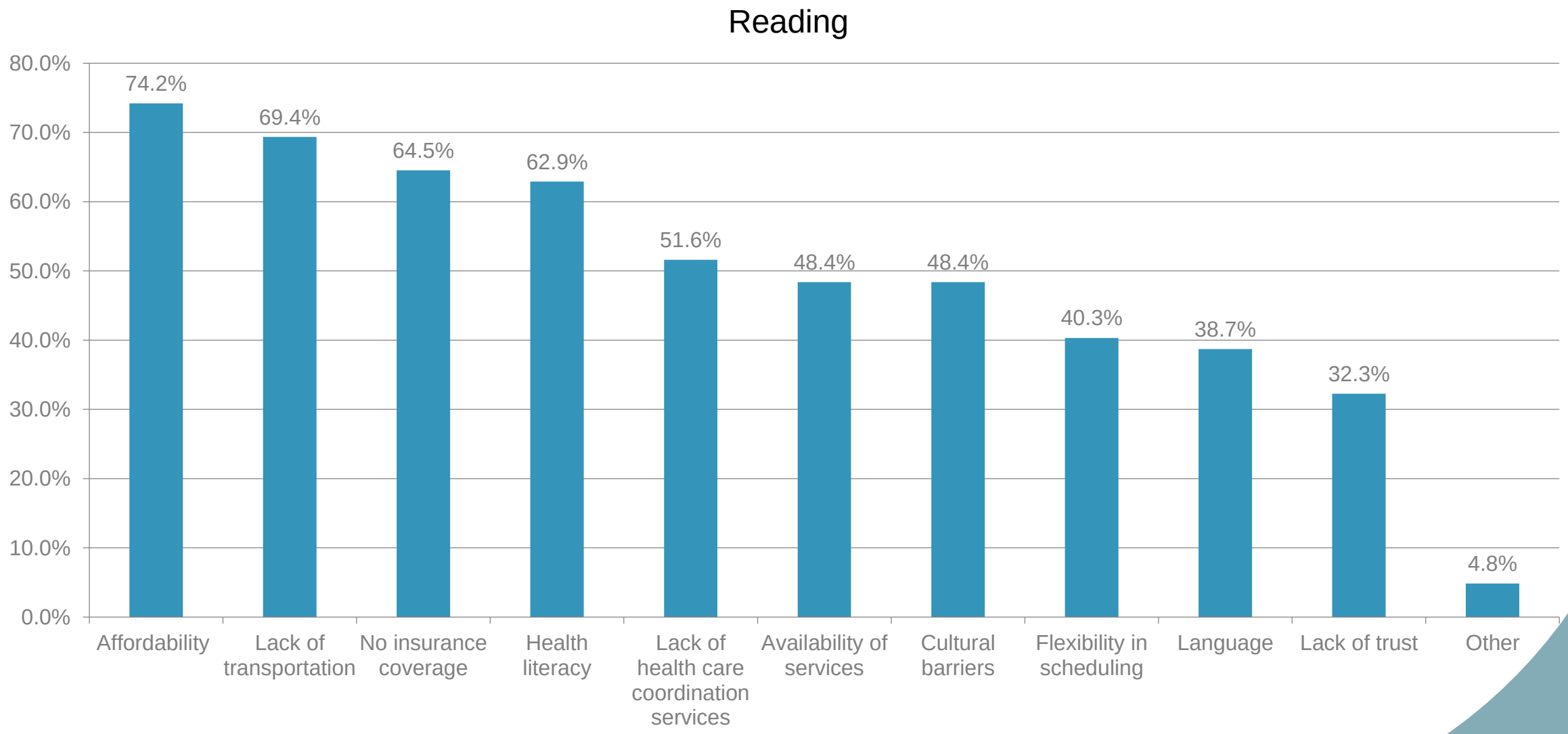
Rate How Hospital Ensures Access to Care Regardless of Race, Gender, Education, and Economic Status



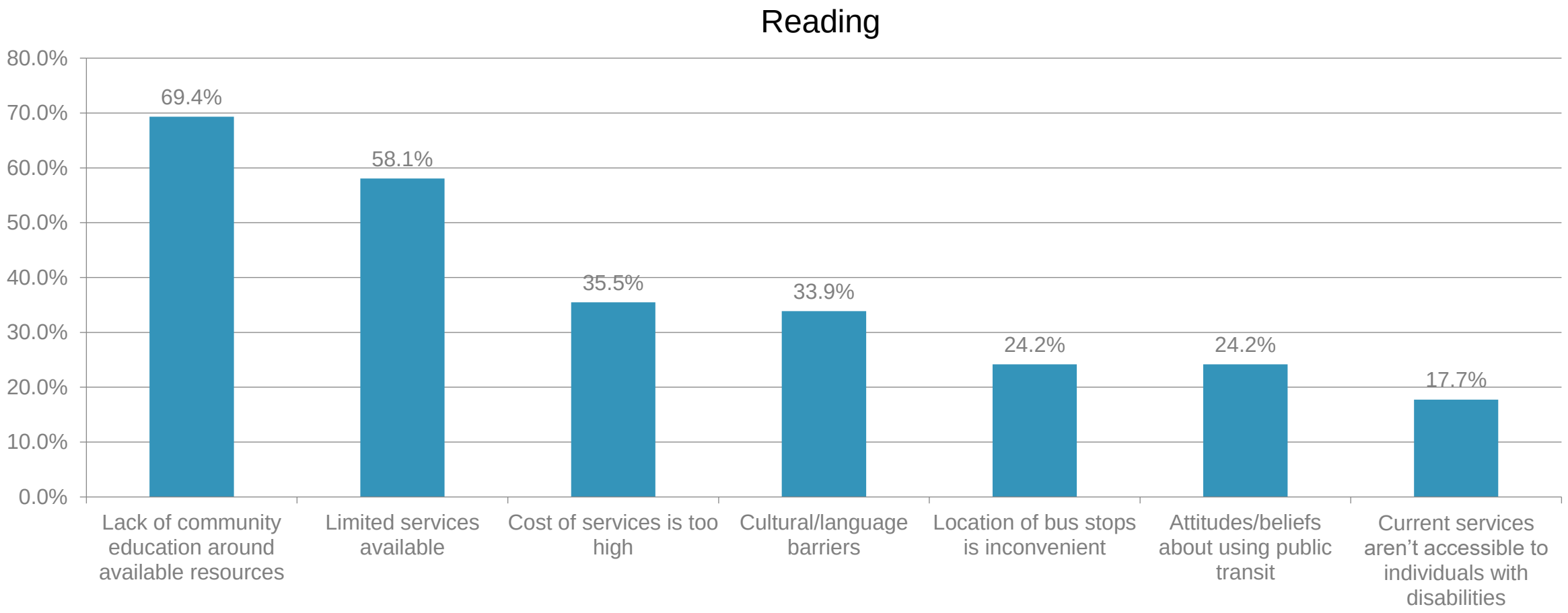
Rate How Hospital Works to Identify and Address Health Inequalities



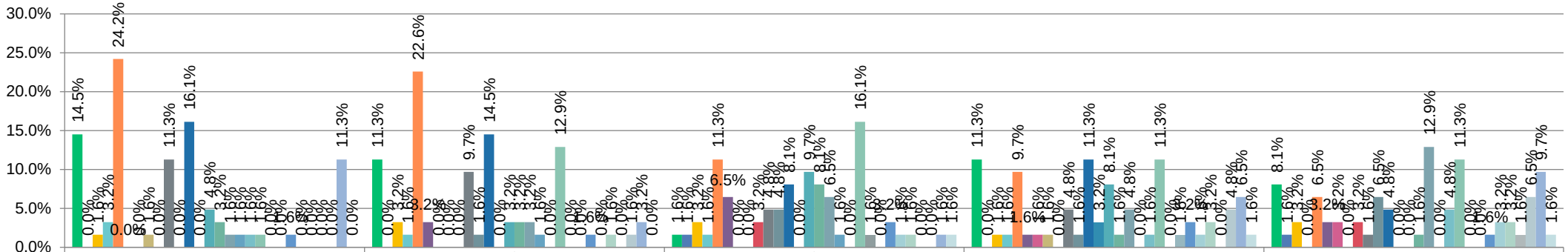
Perceived Barrier(s) for People Not Receiving Care or Services — Check all that apply



Following contributions to the transportation issues in the community — (Top three)

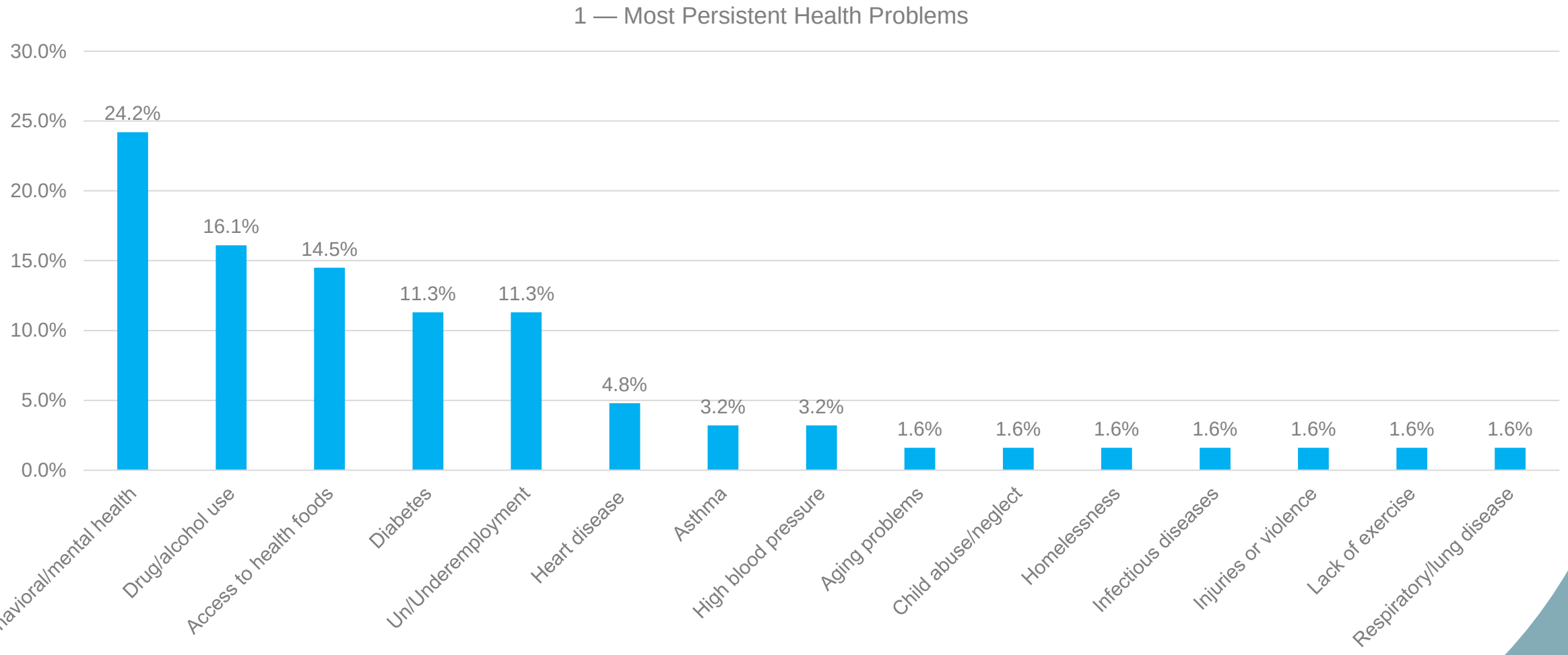


Top 5 persistent “Health Problems” in the community?

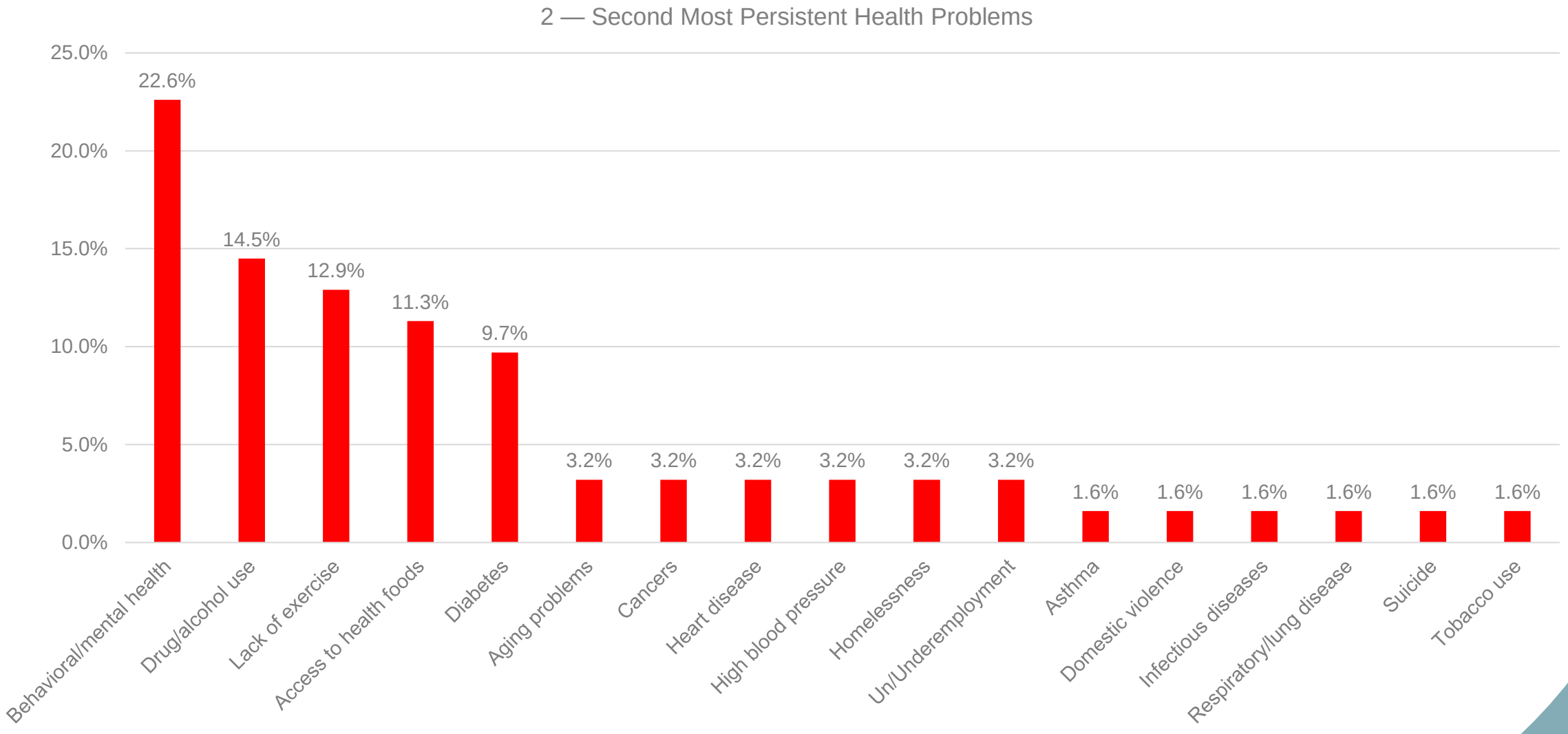


	Most Important = 1	2	3	4	5
Access to health foods	14.5%	11.3%	1.6%	11.3%	8.1%
Adolescent health	0.0%	0.0%	1.6%	0.0%	1.6%
Aging problems	1.6%	3.2%	3.2%	1.6%	3.2%
Asthma	3.2%	1.6%	1.6%	1.6%	0.0%
Behavioral/mental health	24.2%	22.6%	11.3%	9.7%	6.5%
Cancers	0.0%	3.2%	6.5%	1.6%	3.2%
Care for moms/babies	0.0%	0.0%	0.0%	1.6%	3.2%
Child abuse/neglect	1.6%	0.0%	0.0%	1.6%	0.0%
Dental health	0.0%	0.0%	3.2%	0.0%	3.2%
Diabetes	11.3%	9.7%	4.8%	4.8%	1.6%
Domestic violence	0.0%	1.6%	4.8%	1.6%	6.5%
Drug/alcohol use	16.1%	14.5%	8.1%	11.3%	4.8%
Family planning/birth control	0.0%	0.0%	0.0%	3.2%	0.0%
Heart disease	4.8%	3.2%	9.7%	8.1%	0.0%
High blood pressure	3.2%	3.2%	8.1%	1.6%	1.6%
Homelessness	1.6%	3.2%	6.5%	4.8%	12.9%
Infectious diseases	1.6%	1.6%	1.6%	0.0%	0.0%
Injuries or violence	1.6%	0.0%	0.0%	1.6%	4.8%
Lack of exercise	1.6%	12.9%	16.1%	11.3%	11.3%
Maternal/infant health	0.0%	0.0%	1.6%	0.0%	0.0%
Rape/sexual assault	0.0%	0.0%	0.0%	1.6%	0.0%
Respiratory/lung disease	1.6%	1.6%	3.2%	3.2%	1.6%
Stroke	0.0%	0.0%	1.6%	1.6%	3.2%
Suicide	0.0%	1.6%	1.6%	3.2%	3.2%
Teen pregnancy	0.0%	0.0%	0.0%	0.0%	1.6%
Tobacco abuse	0.0%	1.6%	0.0%	4.8%	6.5%
Unemployment/underemployment	11.3%	3.2%	1.6%	6.5%	9.7%
Other	0.0%	0.0%	1.6%	1.6%	1.6%

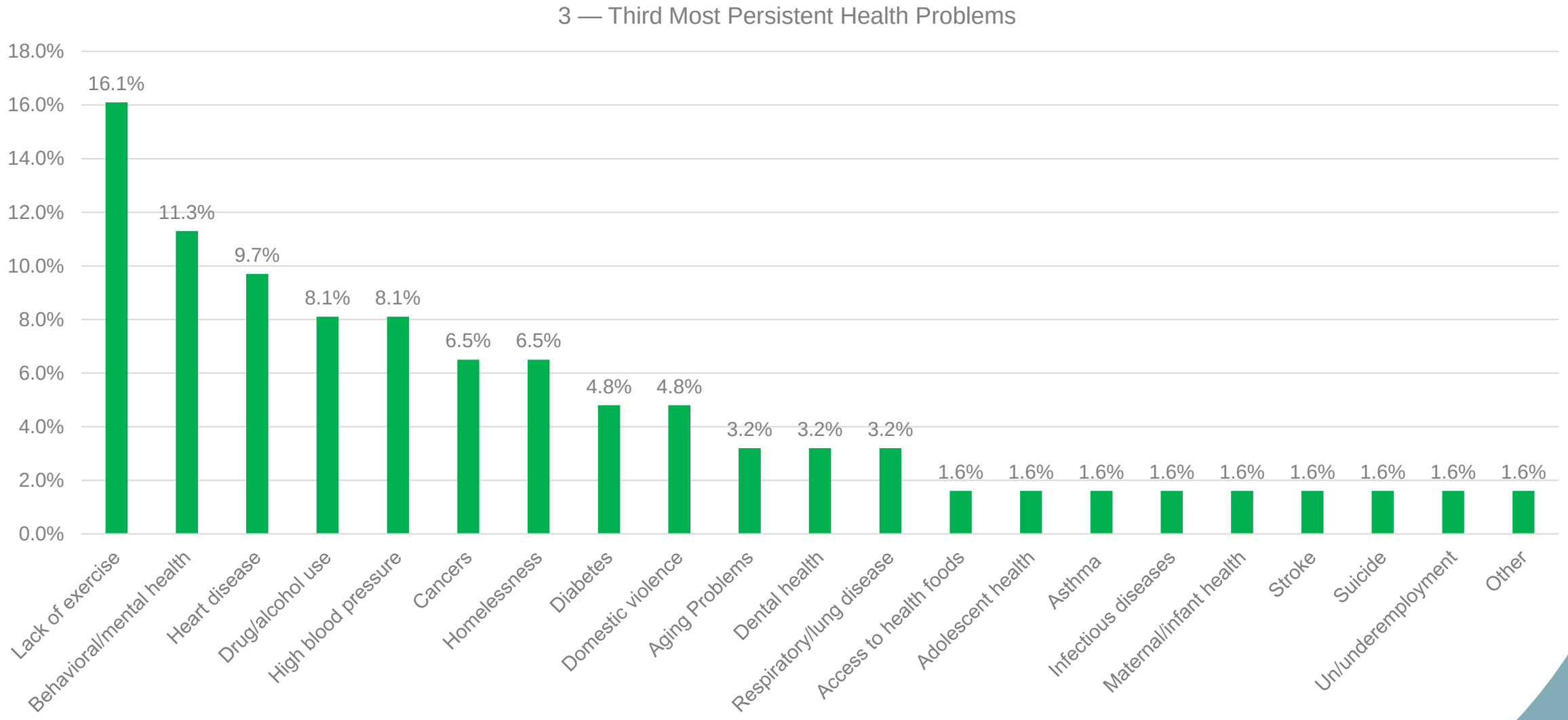
Top 5 persistent “Health Problems” in the community?



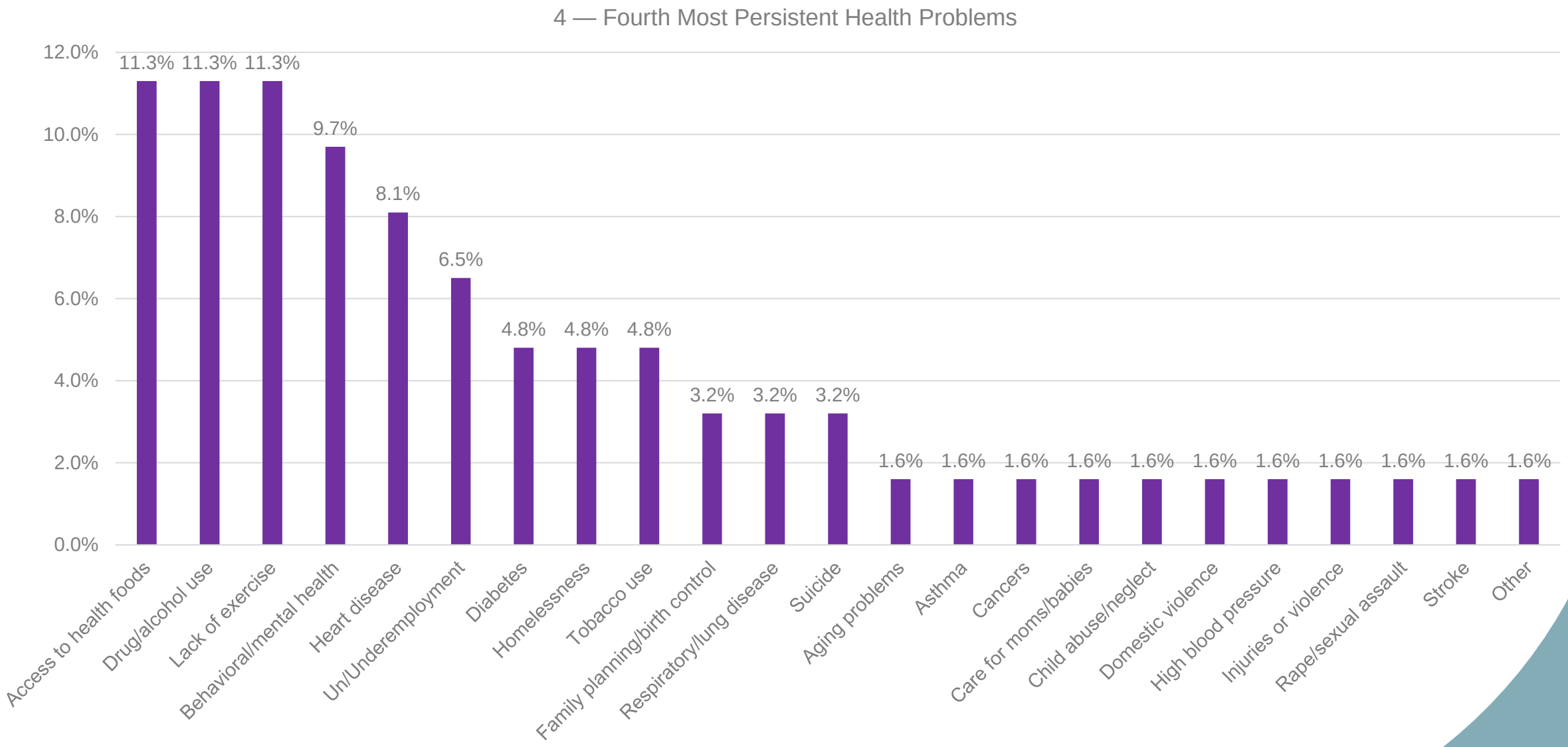
Top 5 persistent “Health Problems” in the community?



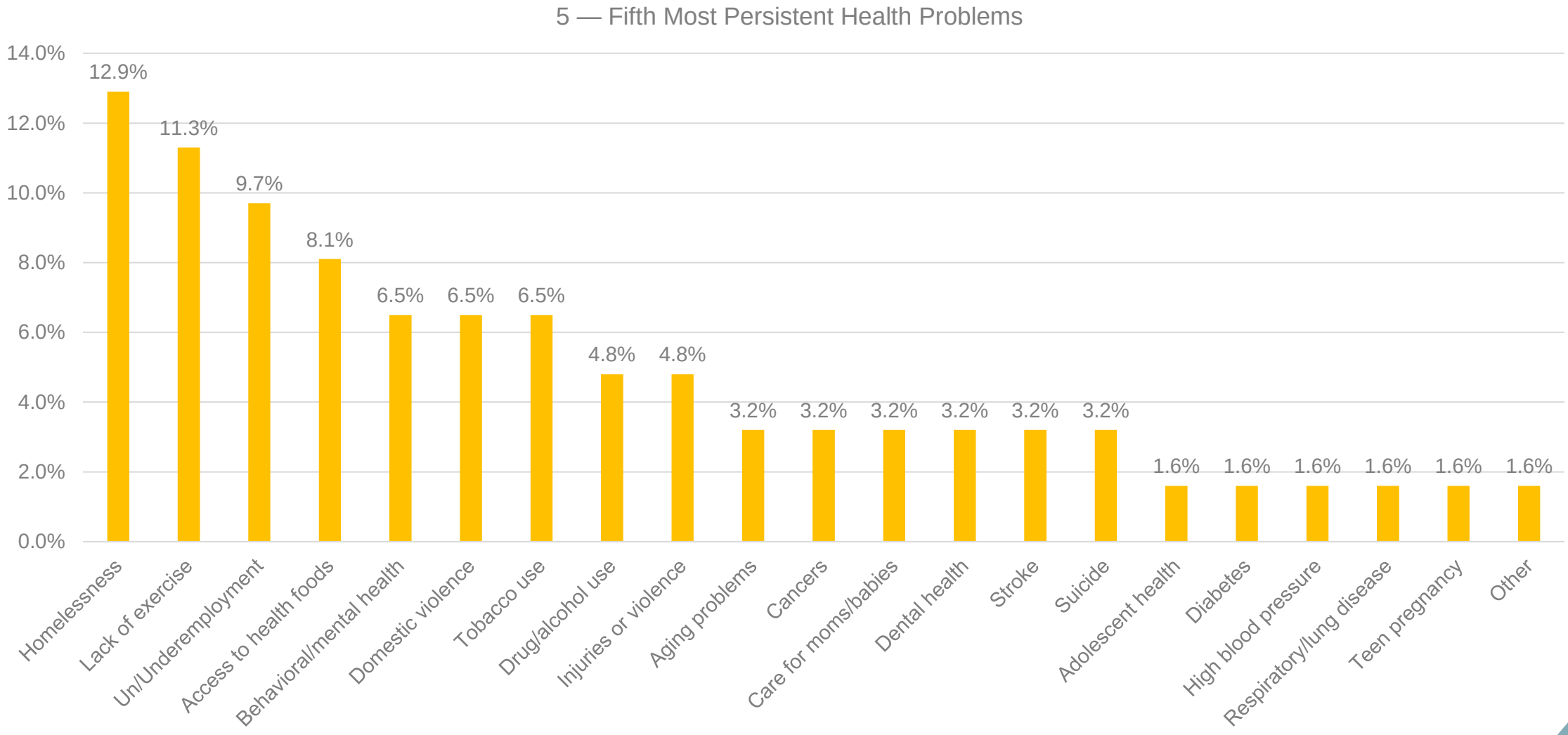
Top 5 persistent “Health Problems” in the community?



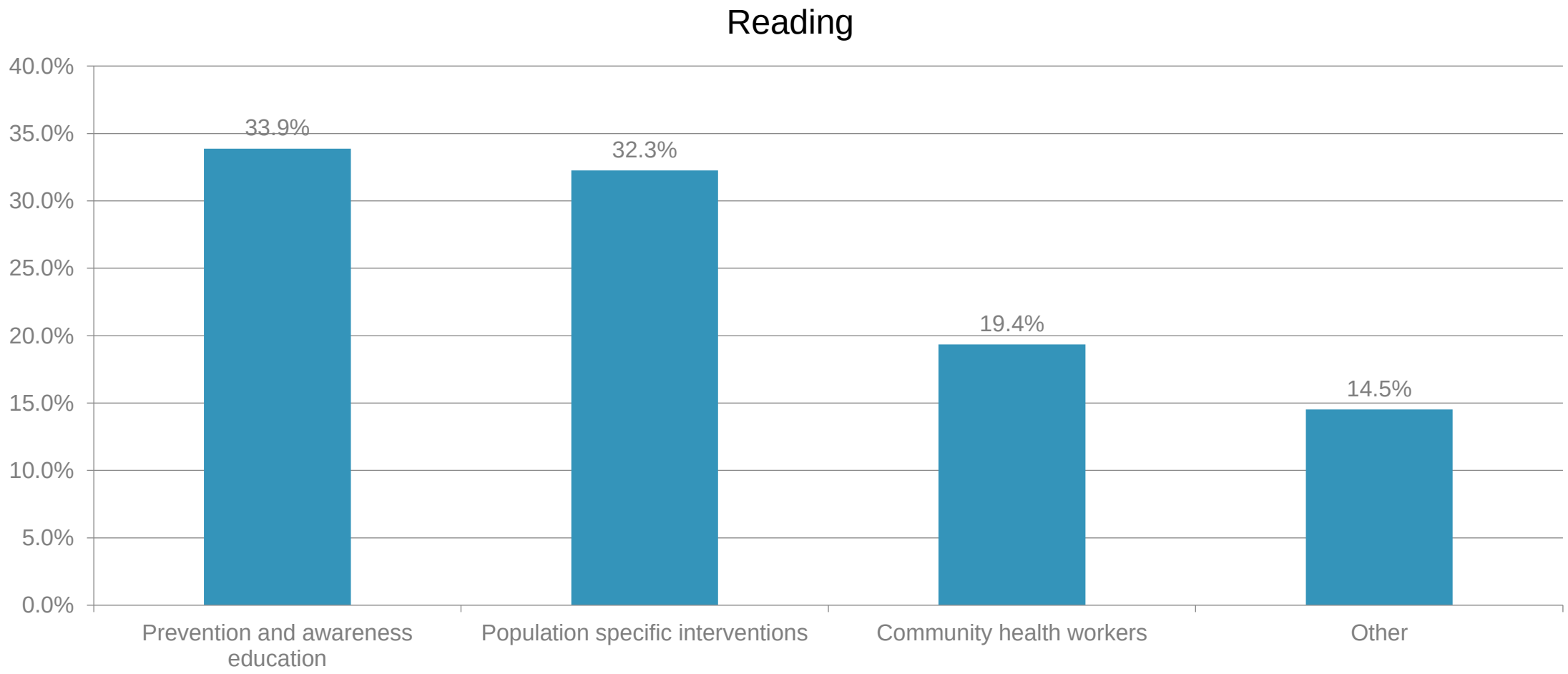
Top 5 persistent “Health Problems” in the community?



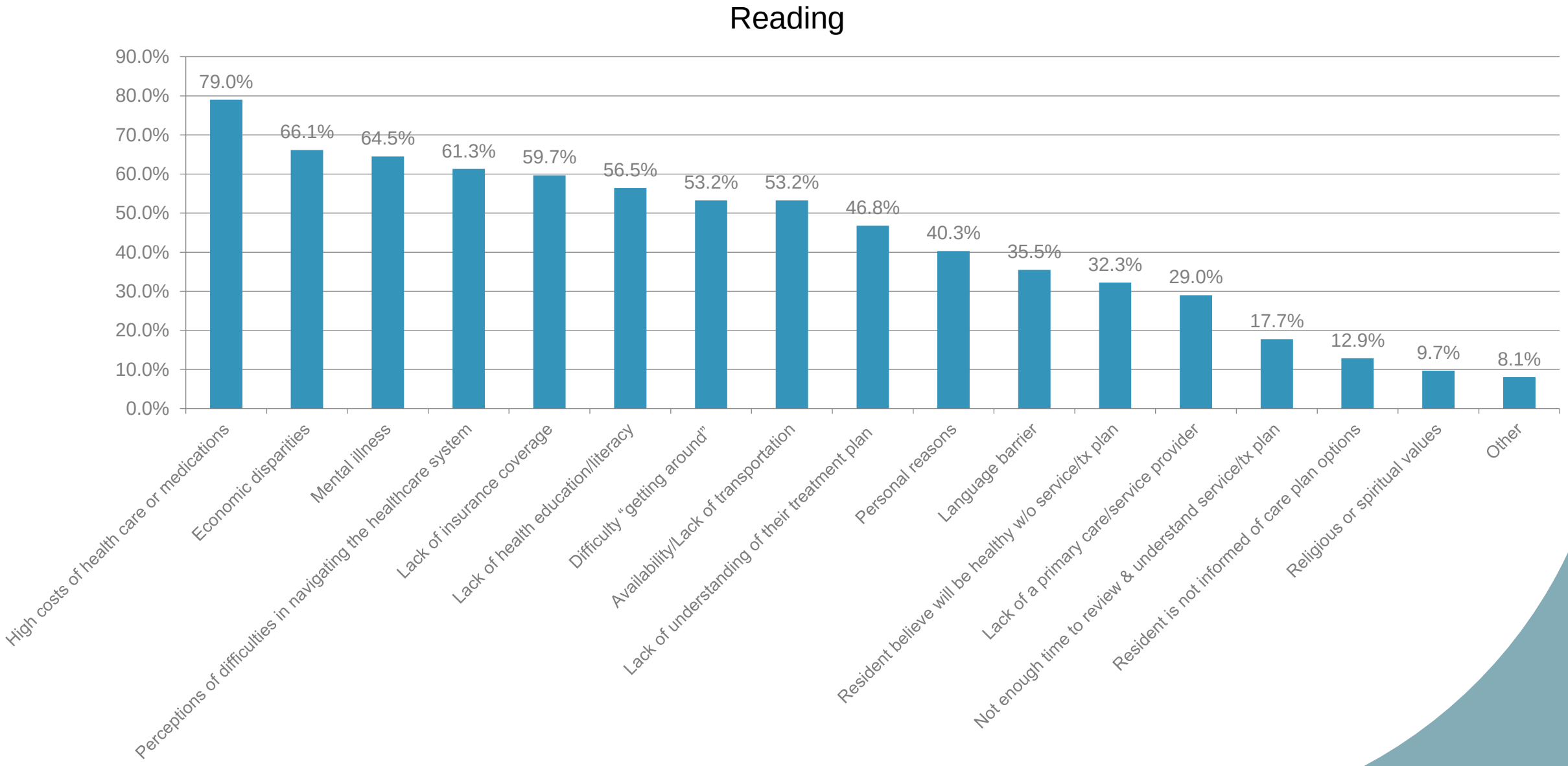
Top 5 persistent “Health Problems” in the community?



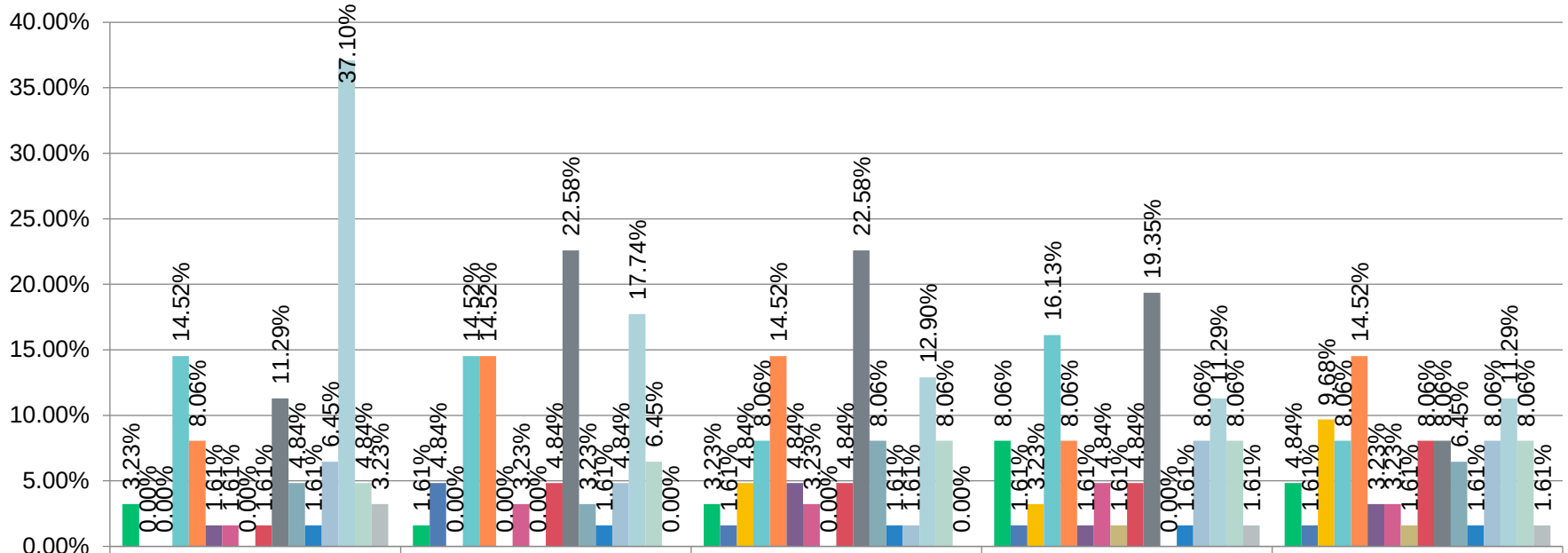
Type II diabetes, pre-diabetes and obesity affects many members of our community. What can we offer the community to achieve and maintain optimal health?



Most significant barriers to improving health and quality of life – Check all that apply

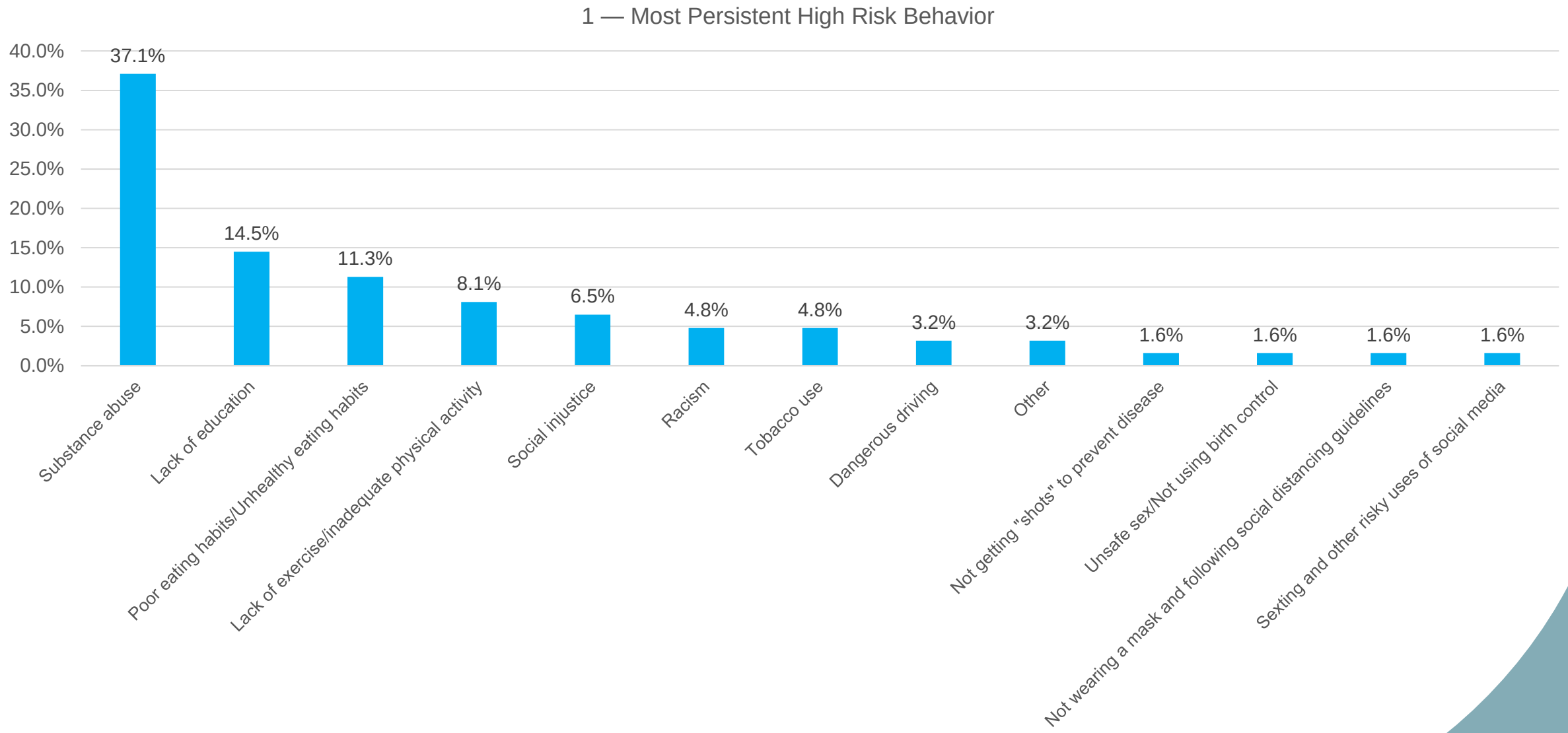


Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



	1 = Most Important	2	3	4	5
Dangerous driving	3.23%	1.61%	3.23%	8.06%	4.84%
Fighting	0.00%	4.84%	1.61%	1.61%	1.61%
Illegal activities like trespassing or vandalism	0.00%	0.00%	4.84%	3.23%	9.68%
Lack of education	14.52%	14.52%	8.06%	16.13%	8.06%
Lack of exercise/inadequate physical activity	8.06%	14.52%	14.52%	8.06%	14.52%
Not getting “shots” to prevent disease	1.61%	0.00%	4.84%	1.61%	3.23%
Unsafe sex/Not using birth control	1.61%	3.23%	3.23%	4.84%	3.23%
Not using seat belts/child safety seats	0.00%	0.00%	0.00%	1.61%	1.61%
Not wearing a mask and following social distancing guidelines	1.61%	4.84%	4.84%	4.84%	8.06%
Poor eating habits/Unhealthy eating habits	11.29%	22.58%	22.58%	19.35%	8.06%
Racism	4.84%	3.23%	8.06%	0.00%	6.45%
Sexting and other risky uses of social media	1.61%	1.61%	1.61%	1.61%	1.61%
Social injustice	6.45%	4.84%	1.61%	8.06%	8.06%
Substance abuse (i.e., alcohol/drug abuse)	37.10%	17.74%	12.90%	11.29%	11.29%
Tobacco use	4.84%	6.45%	8.06%	8.06%	8.06%
Other	3.23%	0.00%	0.00%	1.61%	1.61%

Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



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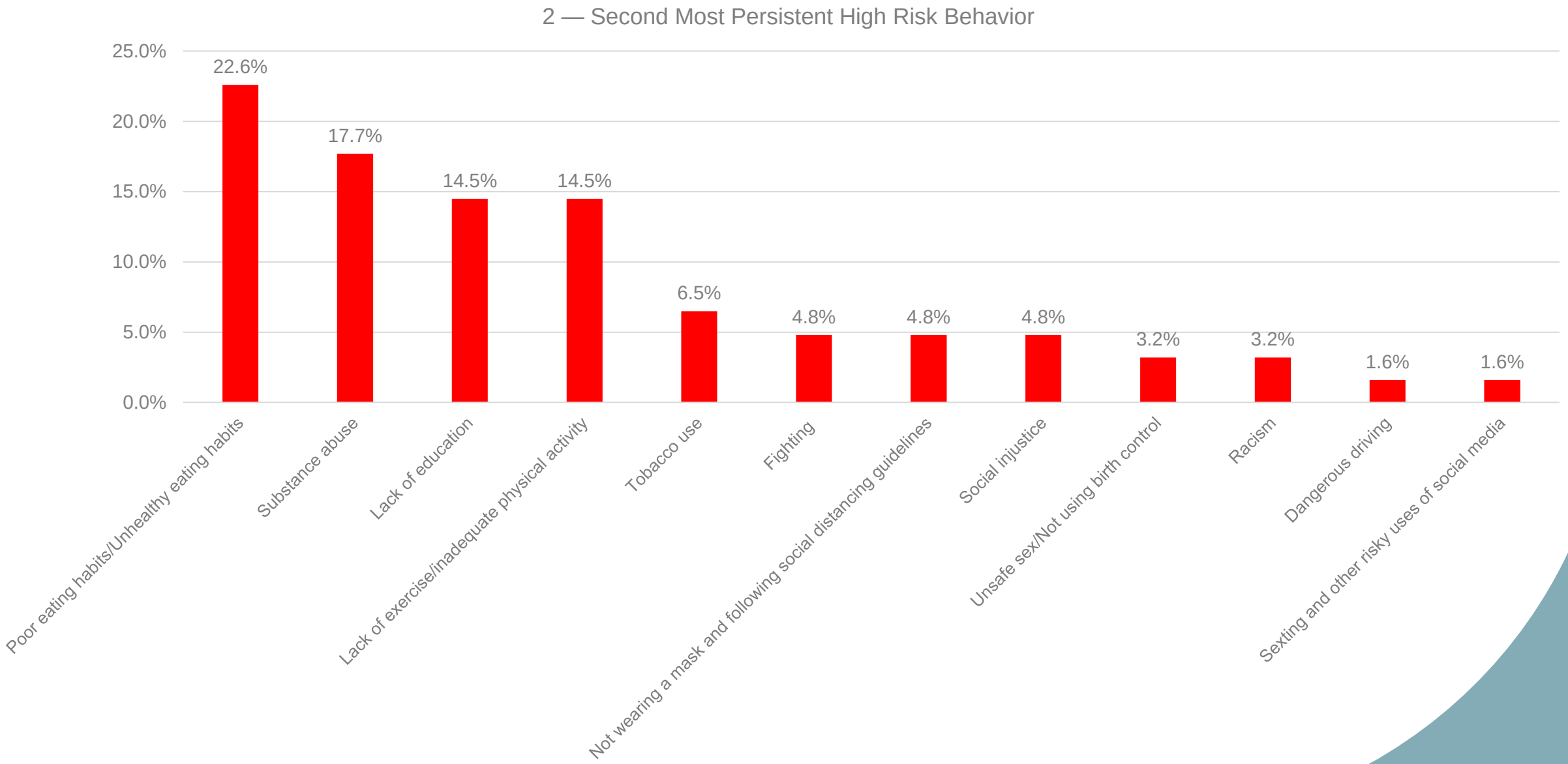

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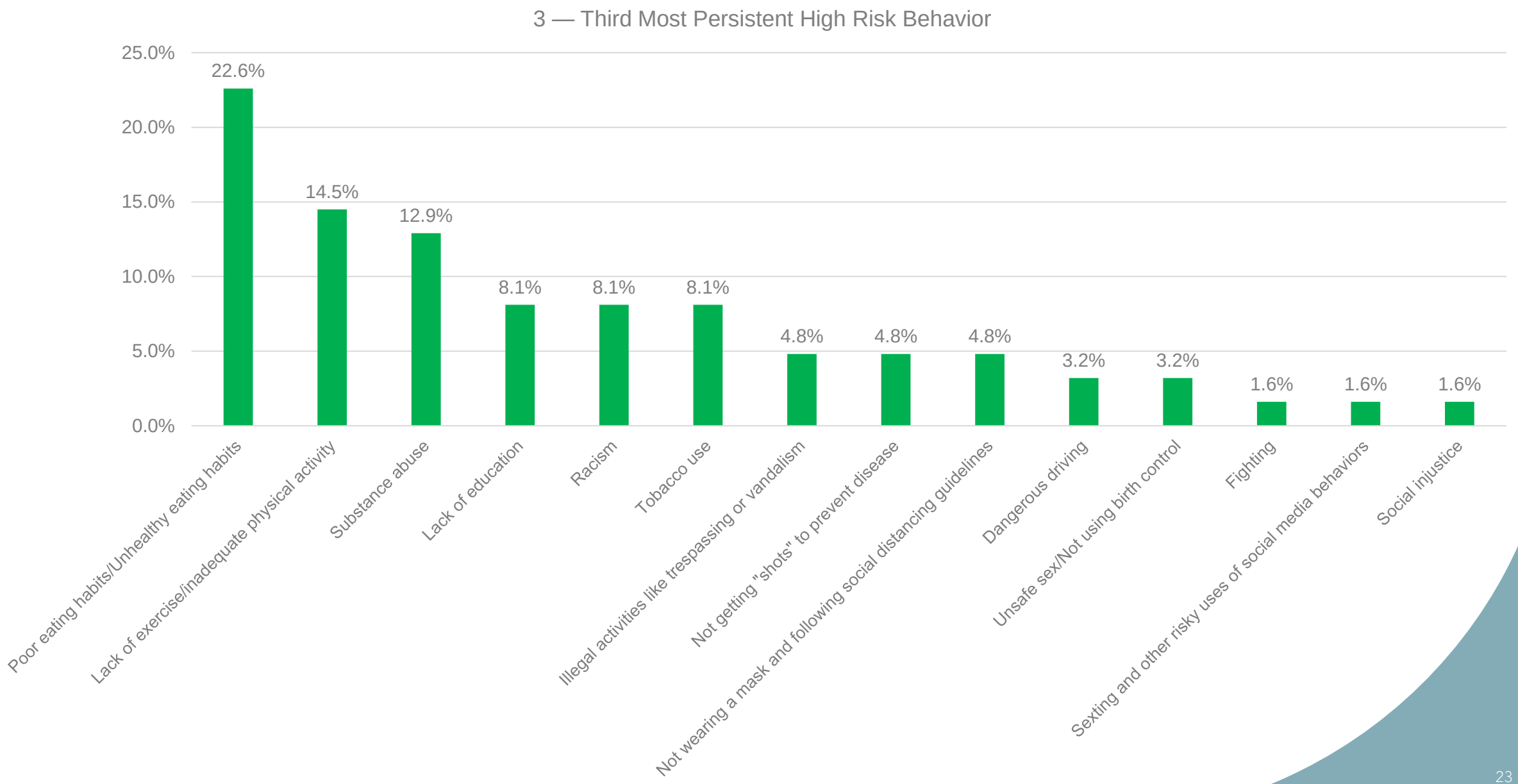

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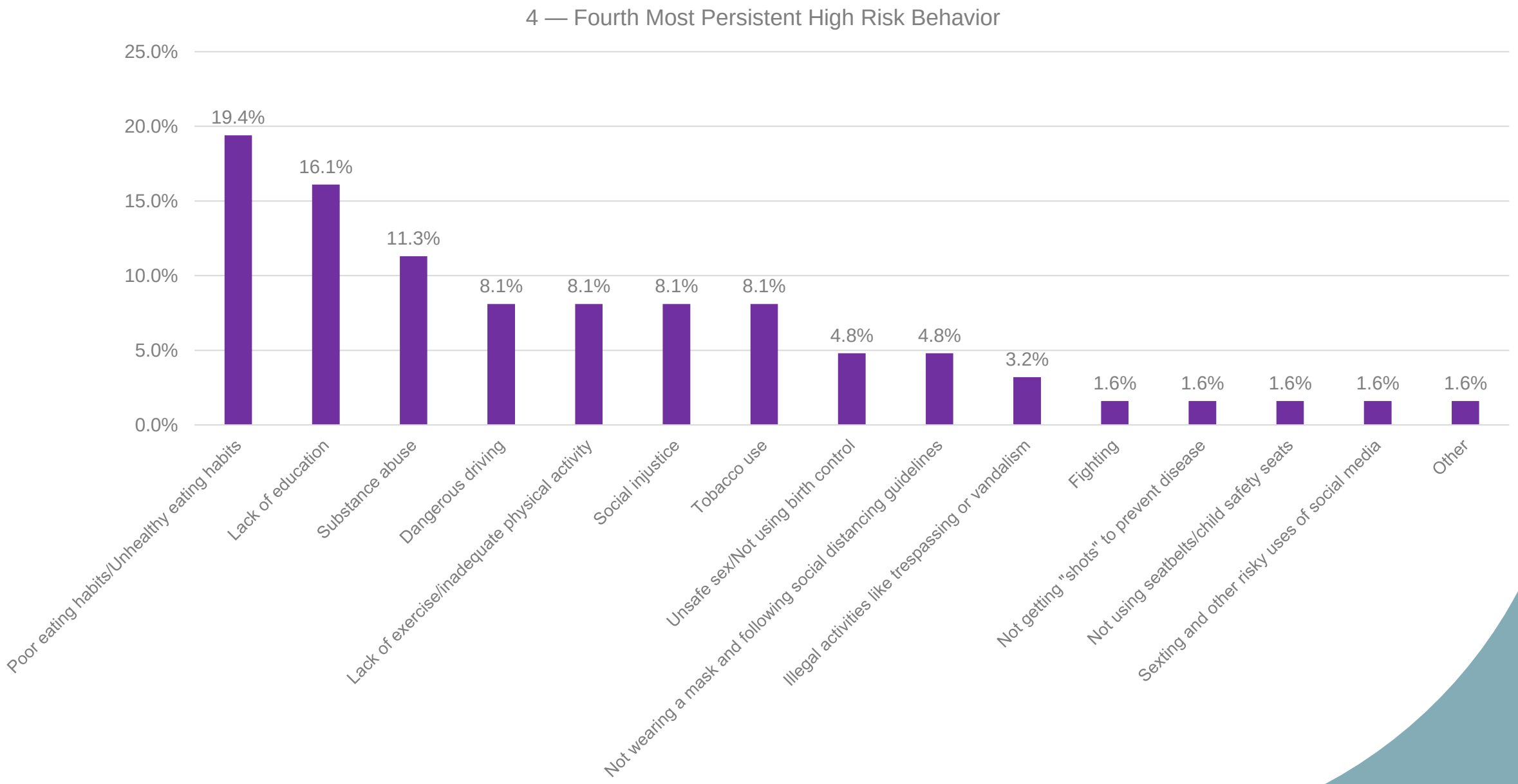

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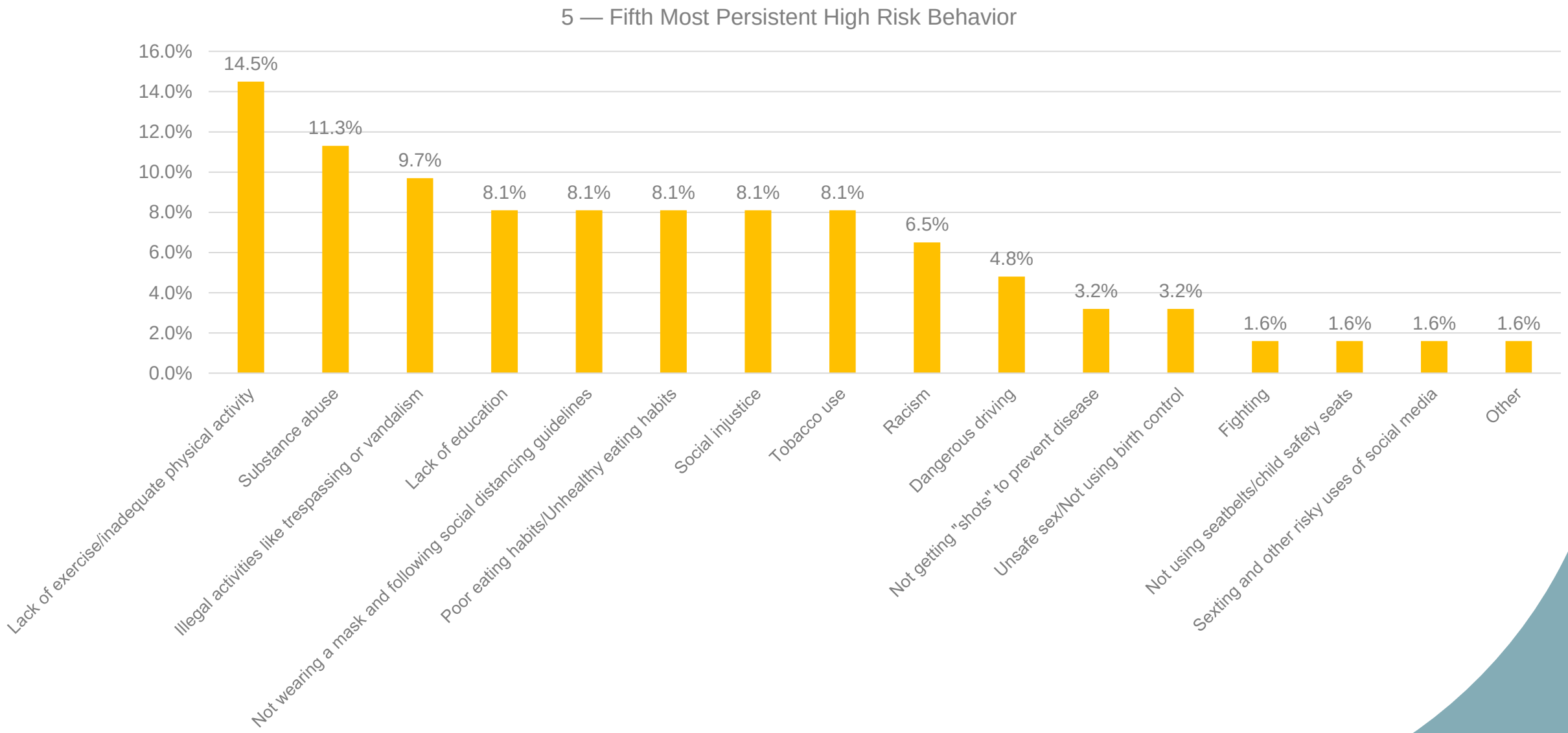
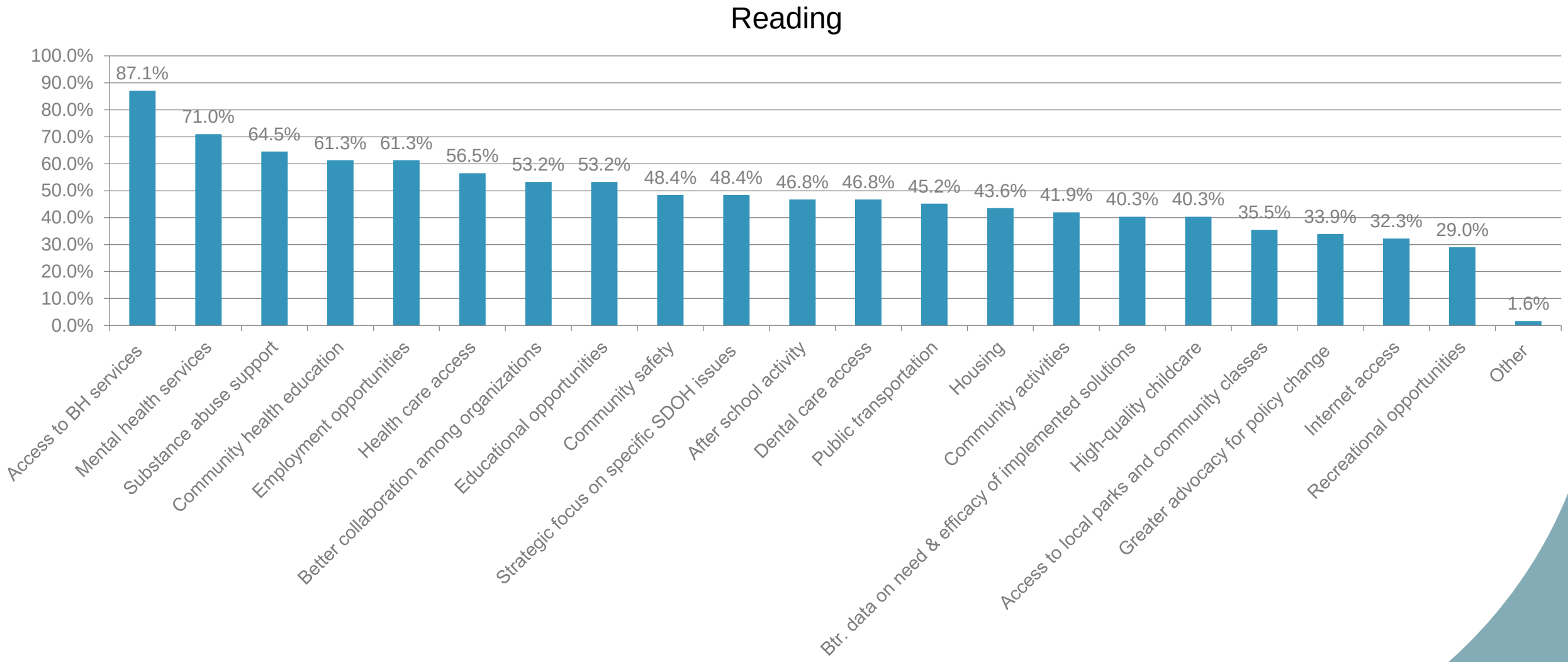
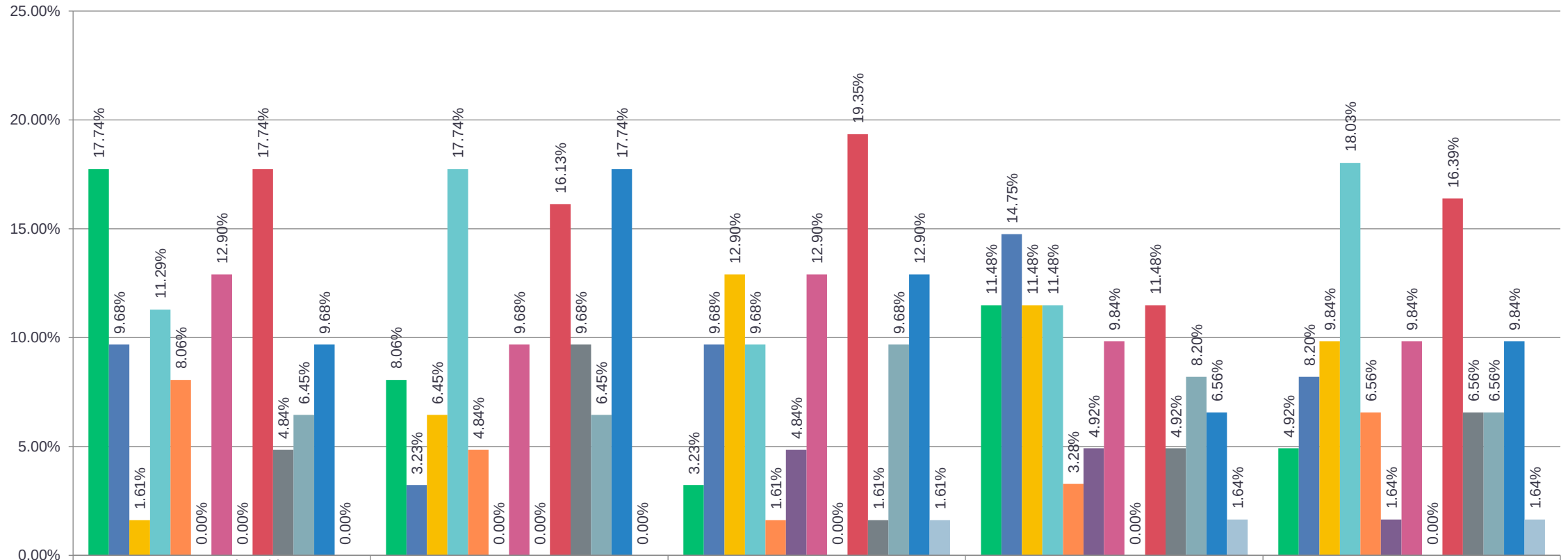


What would improve the quality of life for residents in your community? — Check all that apply

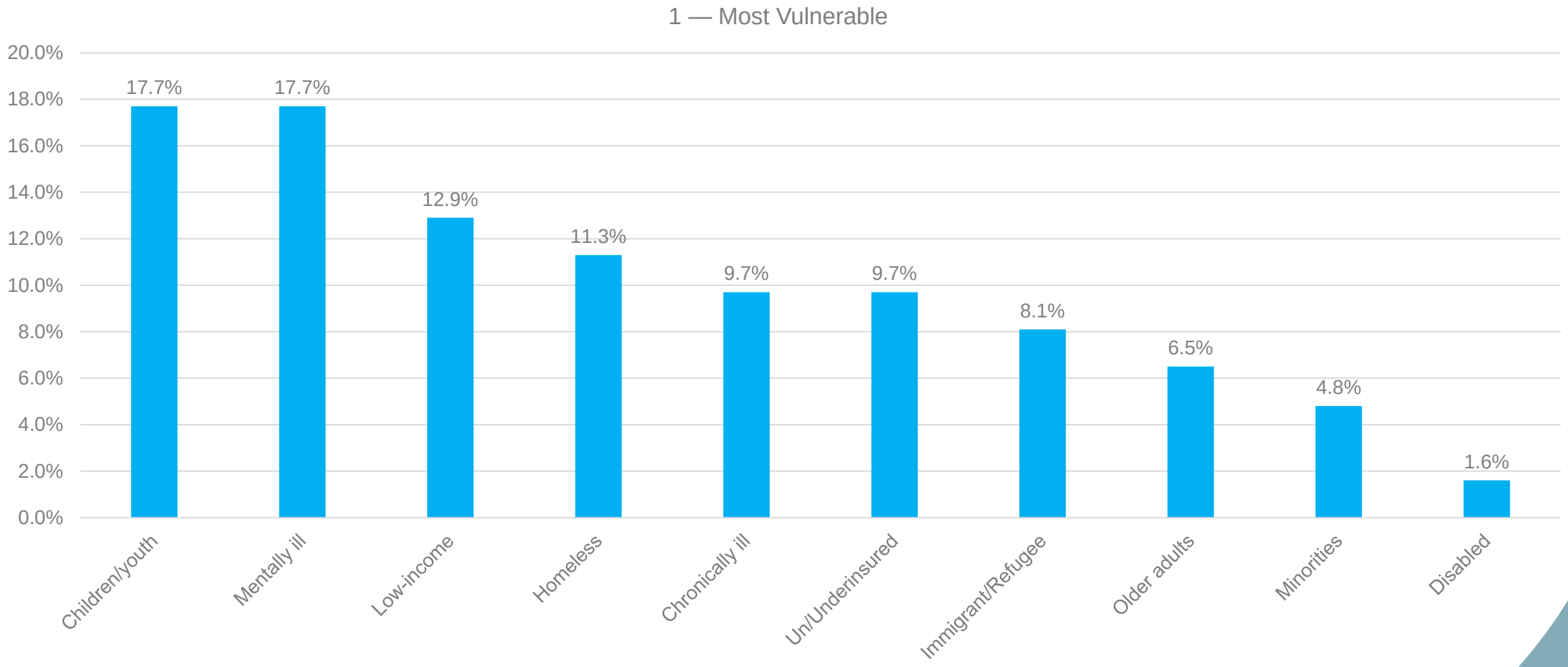


Top 5 populations that are the most vulnerable in the community?



	1 = Most Vulnerable	2	3	4	5
Children/youth	17.74%	8.06%	3.23%	11.48%	4.92%
Chronically ill	9.68%	3.23%	9.68%	14.75%	8.20%
Disabled	1.61%	6.45%	12.90%	11.48%	9.84%
Homeless	11.29%	17.74%	9.68%	11.48%	18.03%
Immigrant/Refugee	8.06%	4.84%	1.61%	3.28%	6.56%
LGBTQ	0.00%	0.00%	4.84%	4.92%	1.64%
Low-income	12.90%	9.68%	12.90%	9.84%	9.84%
Men	0.00%	0.00%	0.00%	0.00%	0.00%
Mentally ill	17.74%	16.13%	19.35%	11.48%	16.39%
Minorities	4.84%	9.68%	1.61%	4.92%	6.56%
Older adults	6.45%	6.45%	9.68%	8.20%	6.56%
Uninsured/underinsured	9.68%	17.74%	12.90%	6.56%	9.84%
Women	0.00%	0.00%	1.61%	1.64%	1.64%

Top 5 populations that are the most vulnerable in the community?



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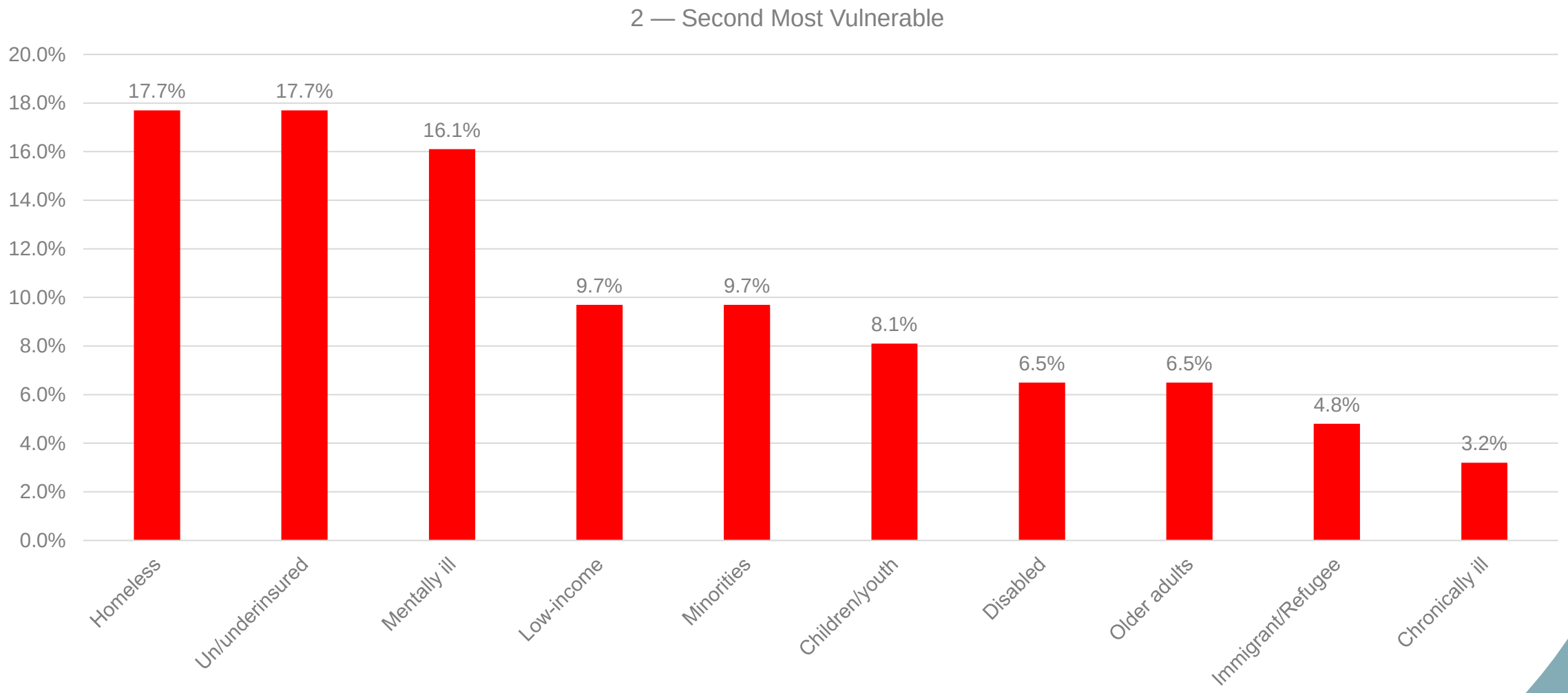

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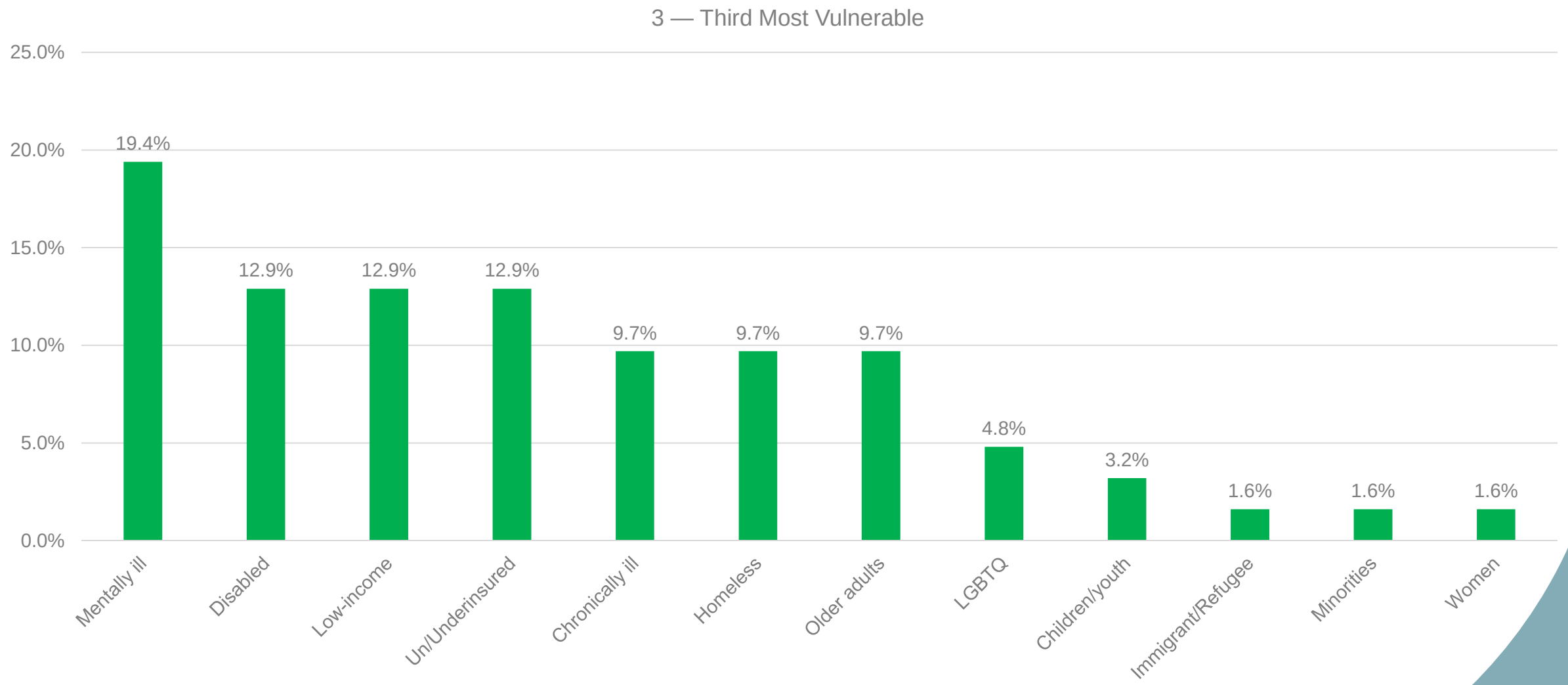

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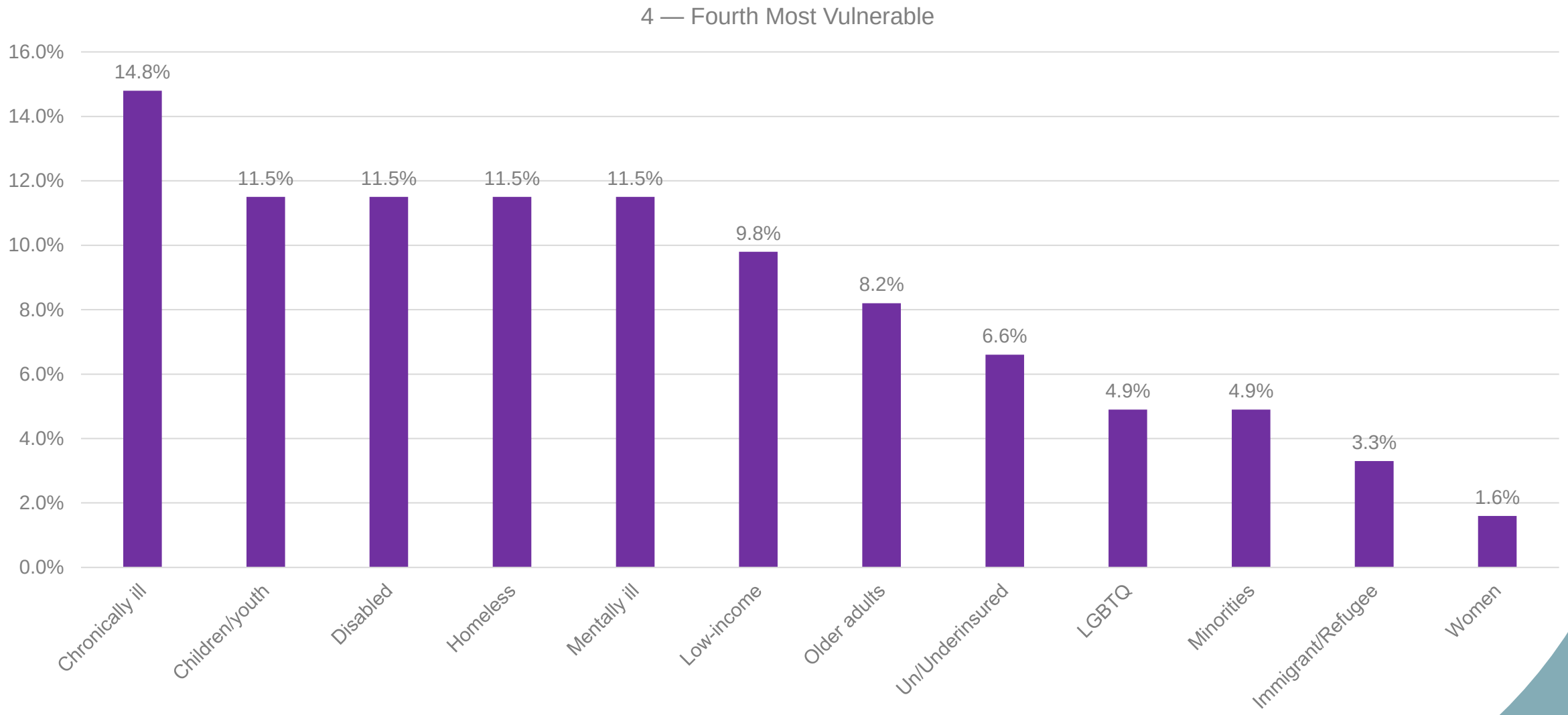

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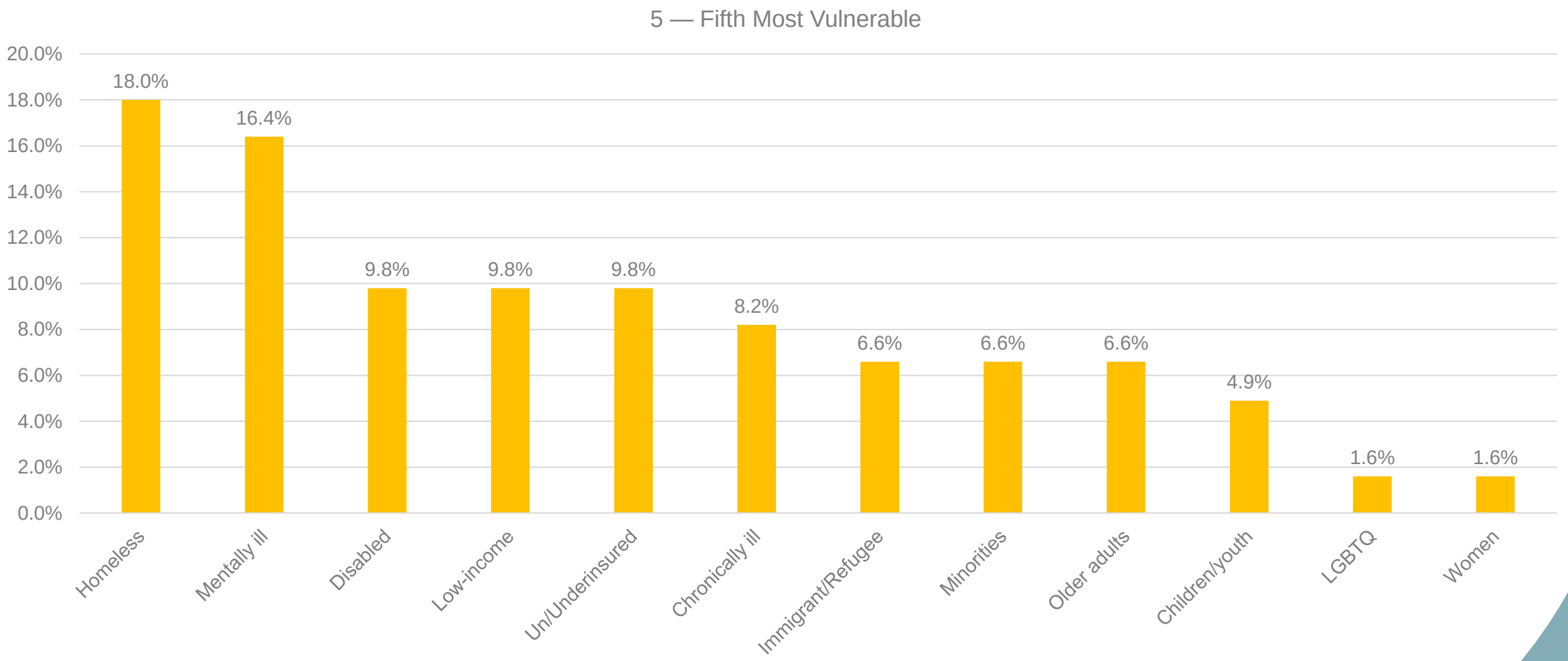
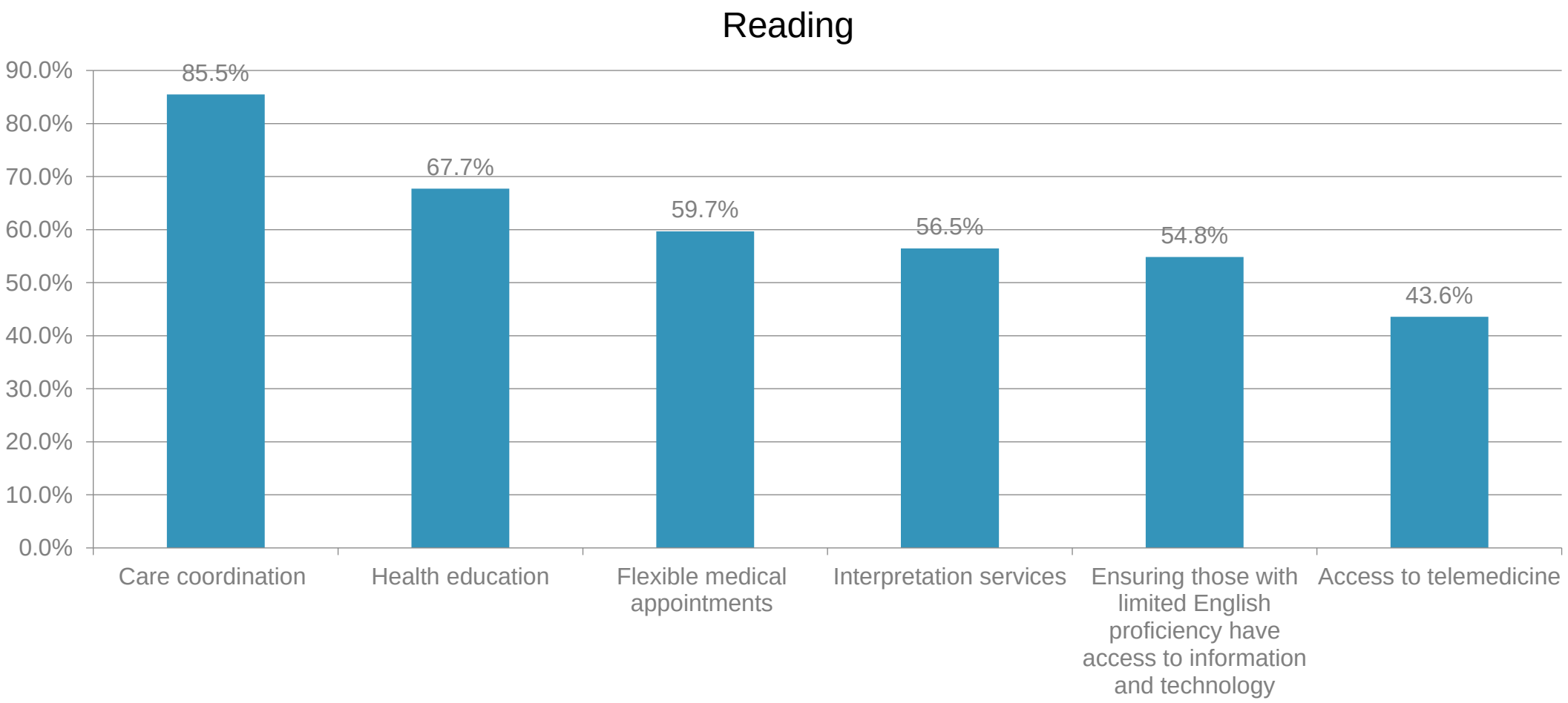
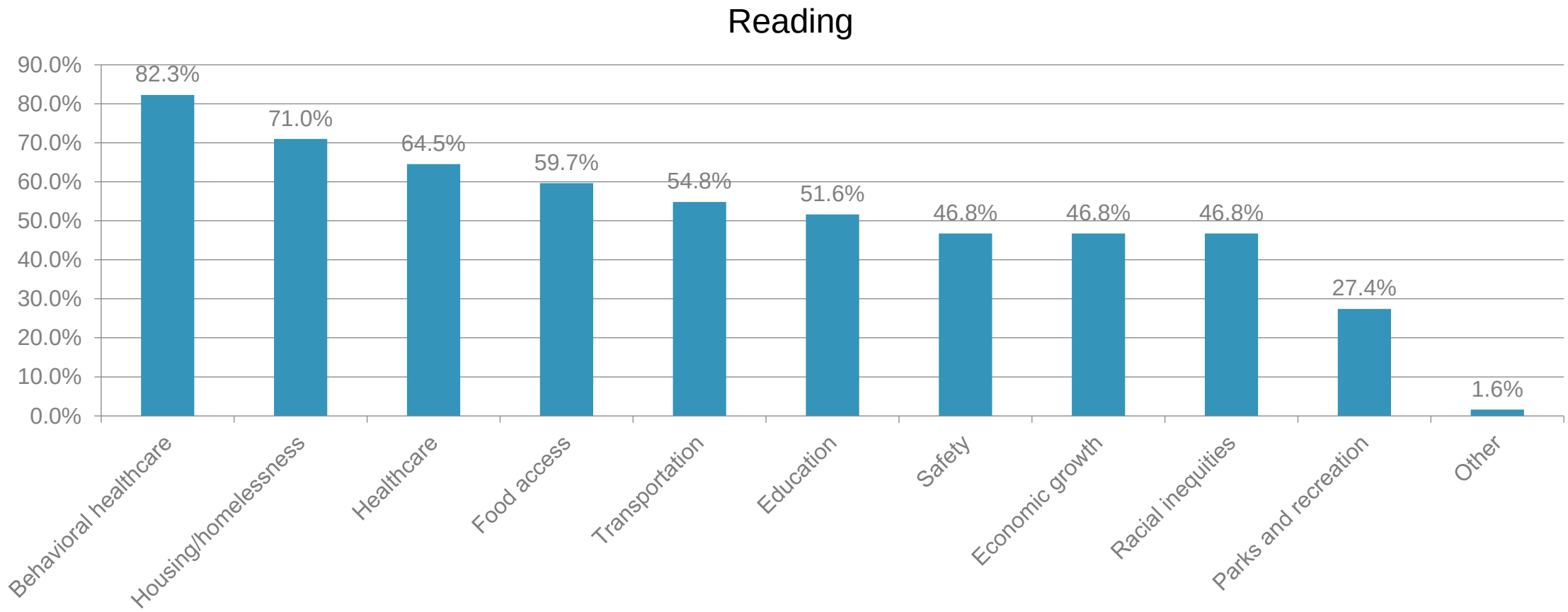


Solutions to help vulnerable populations meet their health needs — (Select all that apply)



What community needs are currently siloed and need further collaboration among non-profits, healthcare, government? (Check all that apply)



How did COVID-19 further impact care, specifically among the underserved and disenfranchised population(s)?

- It widened the economic and transportation gap, particularly, food access, health care, and housing.
- Patients avoided care in effort to avoid getting COVID
- Highlighted underlying heath care issues
- Denied access to services (not just health care) during lock down periods
- There is a greater dependence on internet access.
- Created more isolated
- Lack of transportation to in-person appointments
- Further displaced underserved and disenfranchised
- Families and the community cared of each other due to COVID
- Mental illness is surging
- Patient's not coming in until they are sick- choosing between work and staying safe, or staying home with kids, work, and being safe.
- Everything was slower and more difficult to access
- Children receiving services and nutritional meals at school were not getting them at home.
- For those victims of domestic violence, they spent more time with their abusers
- Elderly/disabled may not have been getting services at home
- It created a further gap in inequality and social injustice.
- More trust issues in communities of color
- When people are not seen in person, health, abuse, and mental health issues go unnoticed, and unreported.
- Many lost jobs and became further impoverished. Food insecurity became a much bigger issue and this further contributed to a widening income and quality of life gap.
- Homeless individuals couldn't go back to their shelters.
- Lot of misinformation
- Lack of in person connections (which many need) for those suffering with behavioral health issues.

Did telemedicine and virtual platforms ease access to care? In what way?

- Helped those with technology/broadband, computer skills and knowledge, and comfort using the platform
- Cost effective and efficient
- Helped those with disabilities ease access to care
- Eliminated transportation issues
- Provided some continuous access to care
- Gave comfort of care in safety of home
- Did not help underserved and vulnerable populations
- Quality of care was not stellar, diagnosis can be misread
- Underserved wanted in-person care
- Scheduling flexibility was convenient
- Platform allowed access to doctors and nurses without impacting the progress of the pandemic.

What actions could your hospital take to better address health disparities?

- Continue growth into food access and healthy lifestyle education, overall education
- Create community health centers for the homeless, low income, elderly for healthcare needs.
- Salaried home care for patients with no insurance for access to care
- Community service hot lines. Gives people a place to call with questions.
- Care for homeless individuals
- Bias training
- Continue to a mental health issues better psych care
- More of a personal touch. Provide personal assistance to elderly who are not tech-savvy.
- Increase access to mobile units, use street medicine - focusing on a different area of the city each day
- Easier access to appointments.
- Centralized referral system where we call patients to coordinate care and prior authorize.
- Need after hour nurse triage. This increases patient education after hours.
- Continued development of outreach and clinics to address population health
- Cultural training
- Clinics in the inner-city to serve the poor
- We serve the under-served and encourage them to come into our centers.
- Share data and get more info on health issues between different races
- Provide more "urgent care" facilities in underserved and remote areas.
- Increase the availability of the Street Medicine Team, increase outreach efforts.
- Additional funding for Community Health programs that assist underserved
- Care navigators that help with healthcare access but also compliance/follow-up to care
- Become a larger stakeholder in community wellness and address the social determinants of health
- Enhance partnerships with local nonprofits to lead efforts in breaking barriers and building bridges to our most vulnerable.
- Outreach and community partnerships
- greater number of underrepresented peoples among staff
- More interpreting services
- Better office hours
- Community outreach, visit communities , talk to people, bring a health bus around etc.
- Lower costs
- Increase salaries for entry-level employees at medical facilities
- Free clinics where people already gather church, library, and parks
- Having bilingual, bicultural frontline staff would be helpful.
- Education from our hospital into the different communities in our service area using our experts
- Accept high need high risk patients.
- Individualized treatment plans, collaboration between treatment providers, addressing provider fatigue

Excluding healthcare, what organizations should collaborate to address behavioral health in our community?

- Berks Coalition
- Businesses
- Children & Youth Services,
- civic organizations
- Coalition to End Homelessness
- Community health workers, nonprofit organizations
- Community residents
- Daniel Torres Hispanic Center
- Domestic abuse organizations
- Drug abuse treatment organizations
- Family Guidance Center
- Food access services, food banks
- Government, mayoral offices, local leaders
- Health and Human services
- Helping Harvest
- Homeless shelters
- Hope Rescue Mission
- Hope Rescue Mission
- Housing services
- Opportunity House
- Opportunity House
- Police
- Reading Public Library
- Recreation agencies
- Religious, faith-based organizations
- Safe Berks
- SAM Inc.
- Schools/education
- Senior Centers, agencies
- The Center for Mental Health
- Tower/Acadia
- United Way
- Veterans groups

What do you want the hospital to know that we haven't already asked?

- Reach communities community residents through affordable food and healthcare access. Make it as user friendly to engage the community.
- Patients need to be educated to be more proactive when it comes to their own health.
- Reading needs more credit and acknowledgement for the discounted/uncompensated care and community assistance provided.
- The Reading Hospital had been a very stable and strong entity in the community, providing exceptional health care to the community.
- People are having difficulty finding primary care doctors and appointments.
- The hospital continues to have a bias view of income disparities and patients based on race in hiring practices and as patients. Lack of appropriate oversight of Medical providers.
- Terminating health care providers at one hospital in the system turning a profit will make access to health care much worse without making the system profitable. It will delay the inevitable and make everything worse in the short and long term.
- Include more diversity and community representation in leadership would help build trust.
- We need to open community back up -have full access to the Hospital.
- Make it easier for folks to get better service
- Focus on improving basic health - not unique services (e.g., transplant services).
- Doing amazing work - keep it up.
- Physicians and APPs in should offer extended office hours
- Proud and relieved to have the Street Medicine program in our community. Keep up the excellent work.
- Need for dental care issues
- The need for equitable access and support for the most vulnerable to improve their health and wellness
- Expand care coordination for the underserved.
- Identify cultural barriers that may be interfering with access to medical needs
- Address education disparities in the city - especially poverty-related issues. Break the cycle of poverty.
- Reading Public Library has four community branches – seek partnerships
- Reading Hospital does a great job, making strides and moving the needs of the community forward. Measurable improvements in the past year.
- Removing a community detox program has an extreme negative impact on this community.

Tower Health Reading Hospital

Appendix E - Community Surveys

Reading Hospital
TOWER HEALTH
Advancing Health. Transforming Lives.

Introduction

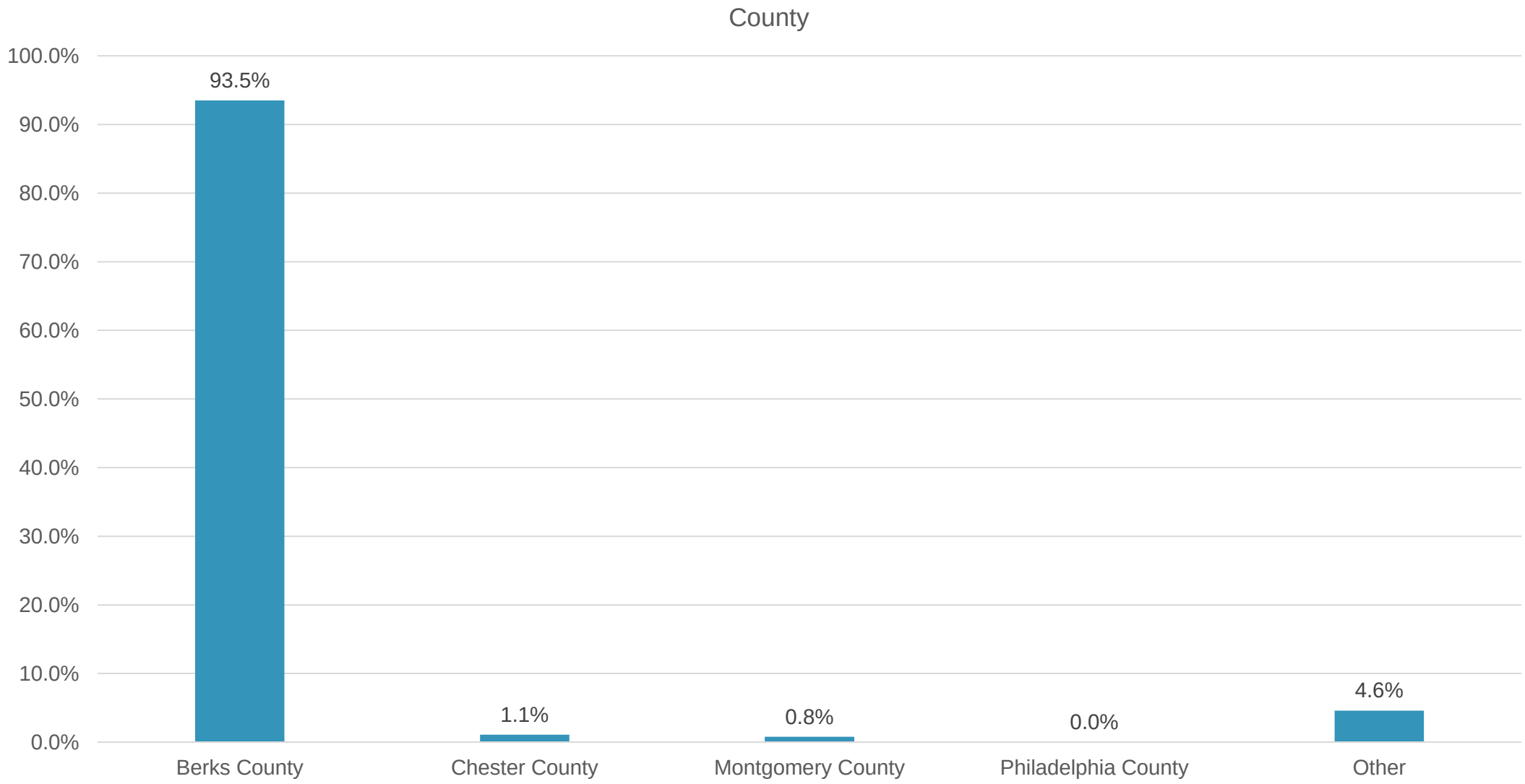
- A community survey was employed to collect input from populations within Reading Hospital's service area in order to identify health risk factors and health needs in the community.
- Working with the leadership from Reading Hospital the community survey was promoted on social media platforms, newspapers, hospital websites, relationships with community-based organizations, community associations, and clinics. Hundreds of surveys were collected from community residents.

➢ The survey was accessible on Survey Monkey and available in both English and Spanish. In total, 367 surveys were used for analysis. 331 surveys were collected in English and 36 surveys were collected in Spanish.

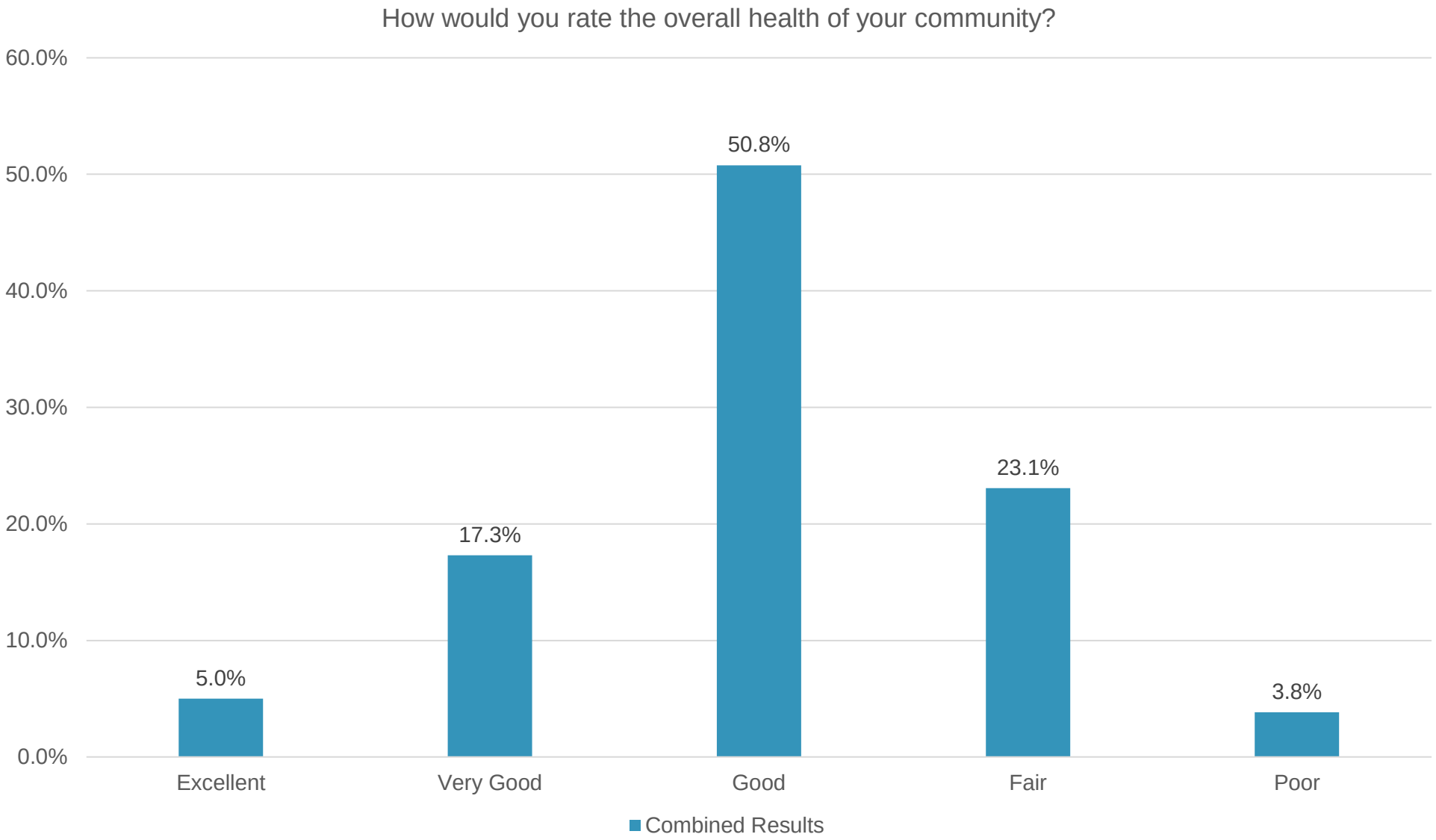
➢ The data collection period ran from July 2021 – September 2021.

Note: "Check all that apply" referenced within the PowerPoint refers to questions where the survey respondents have the ability to select more than one option/choice to the question.

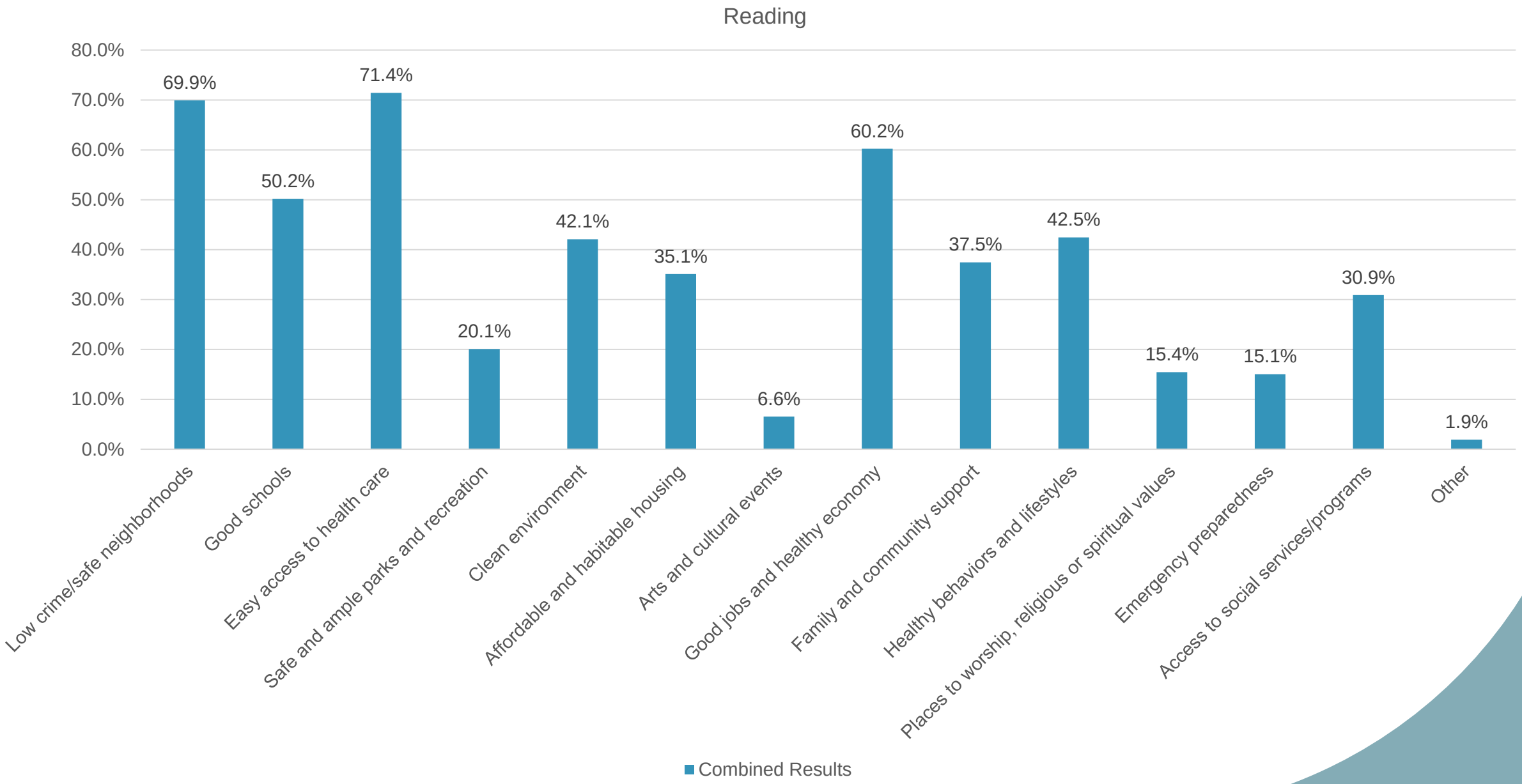
County Where Live



Rate Health and Human Services in Community



What Are the 5 Most Important Factors That Contribute to a “Healthy Community”?



Common Themes

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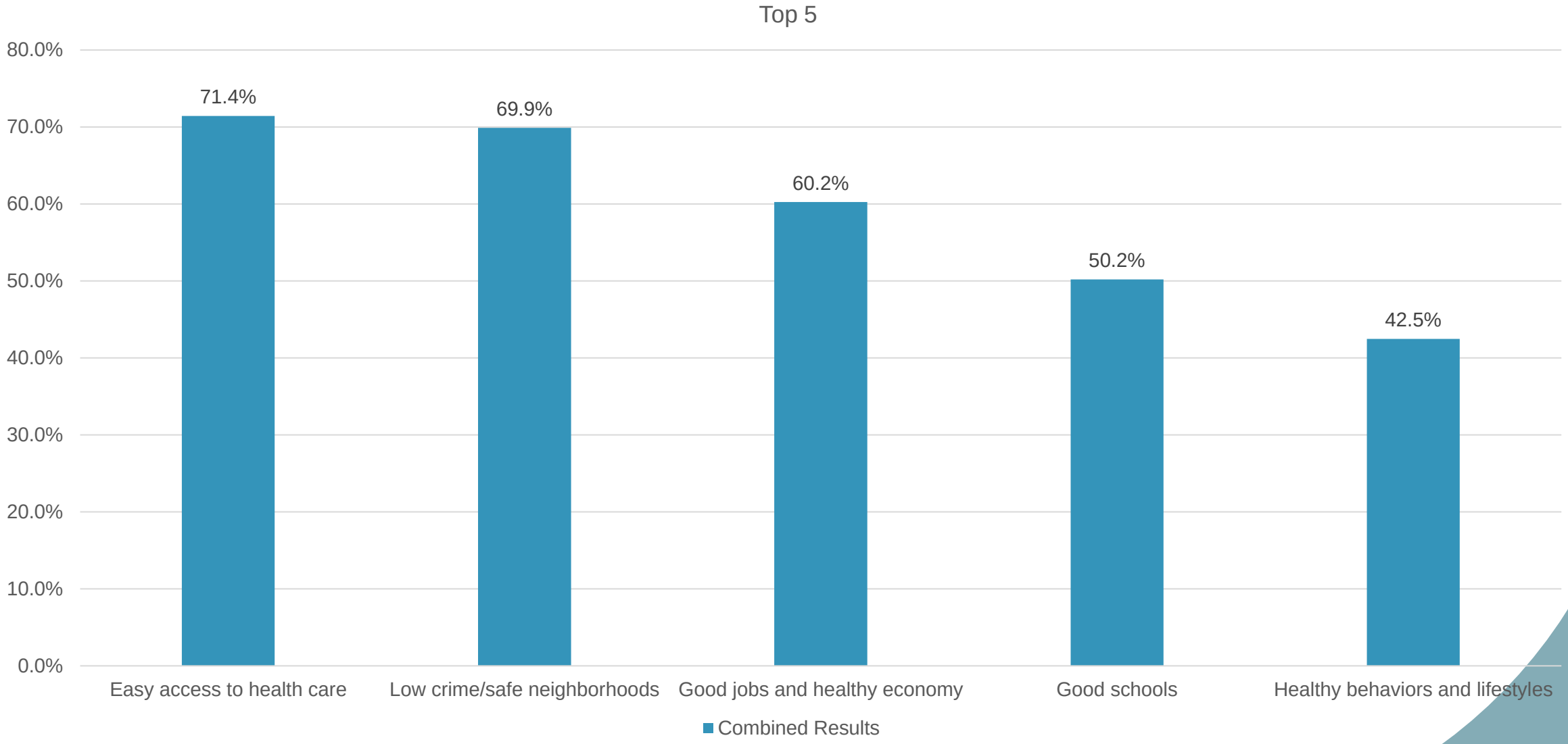
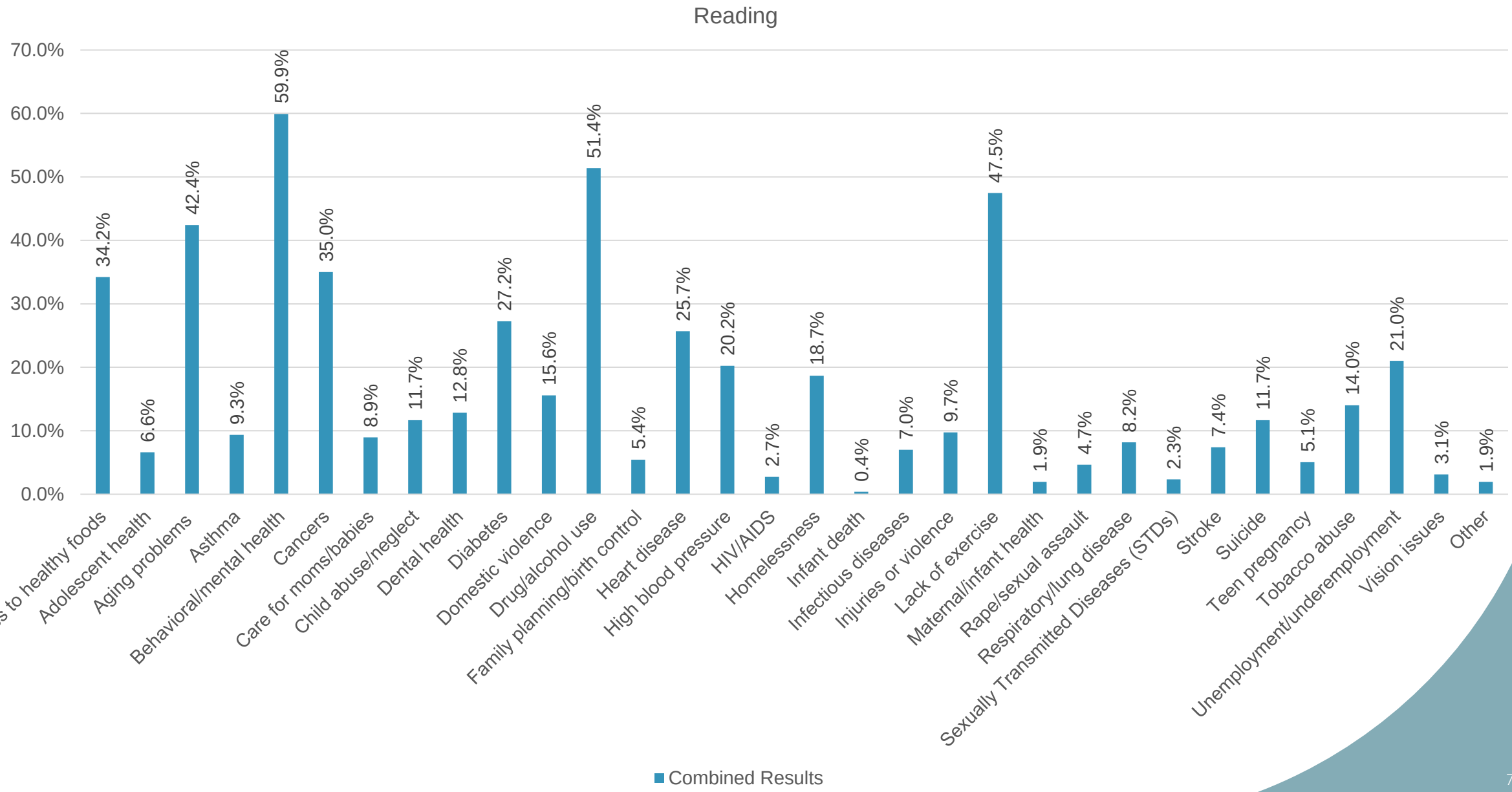


The above chart depicts the top 5 most important factors.

Top 5 persistent “Health Problems” in the community?



Common Themes

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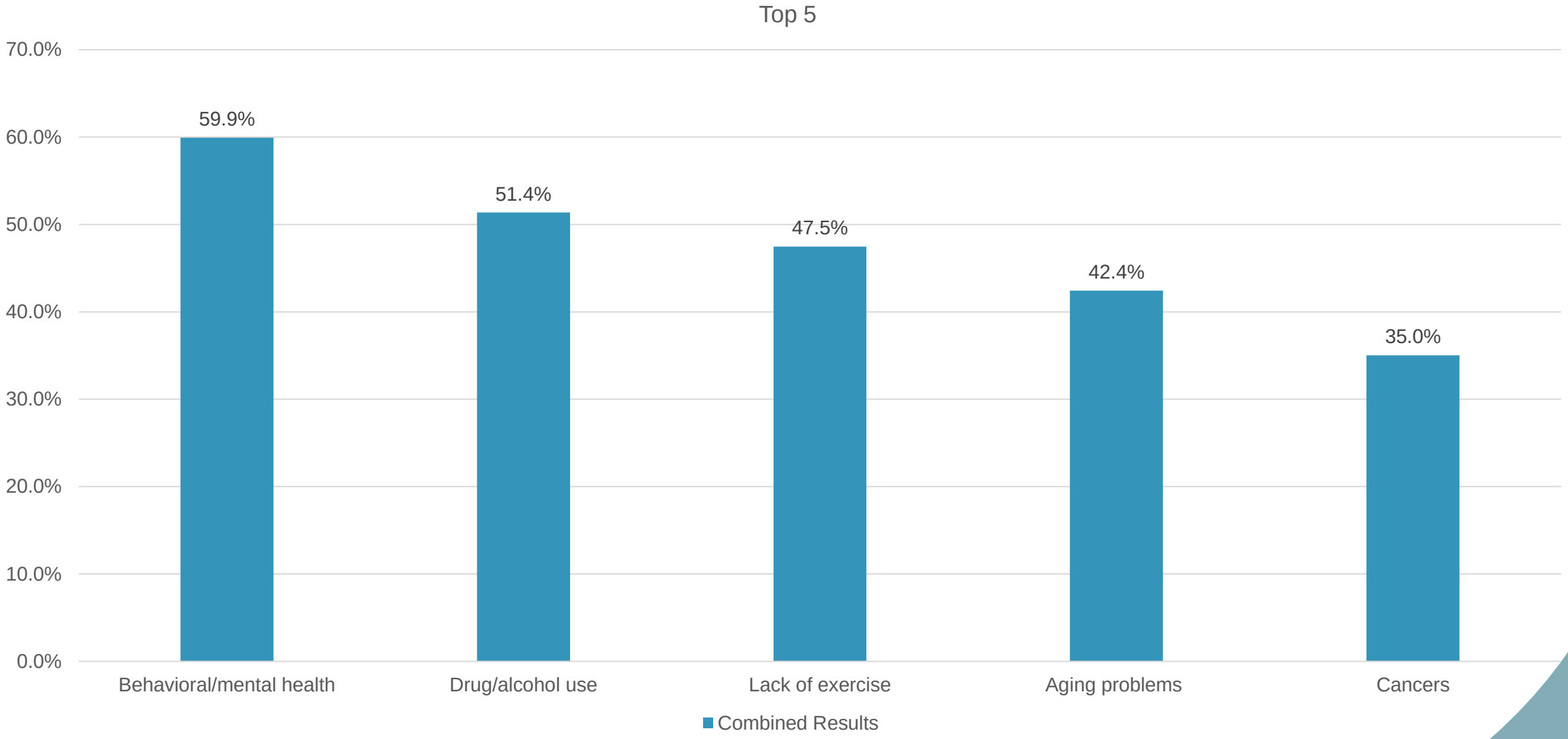
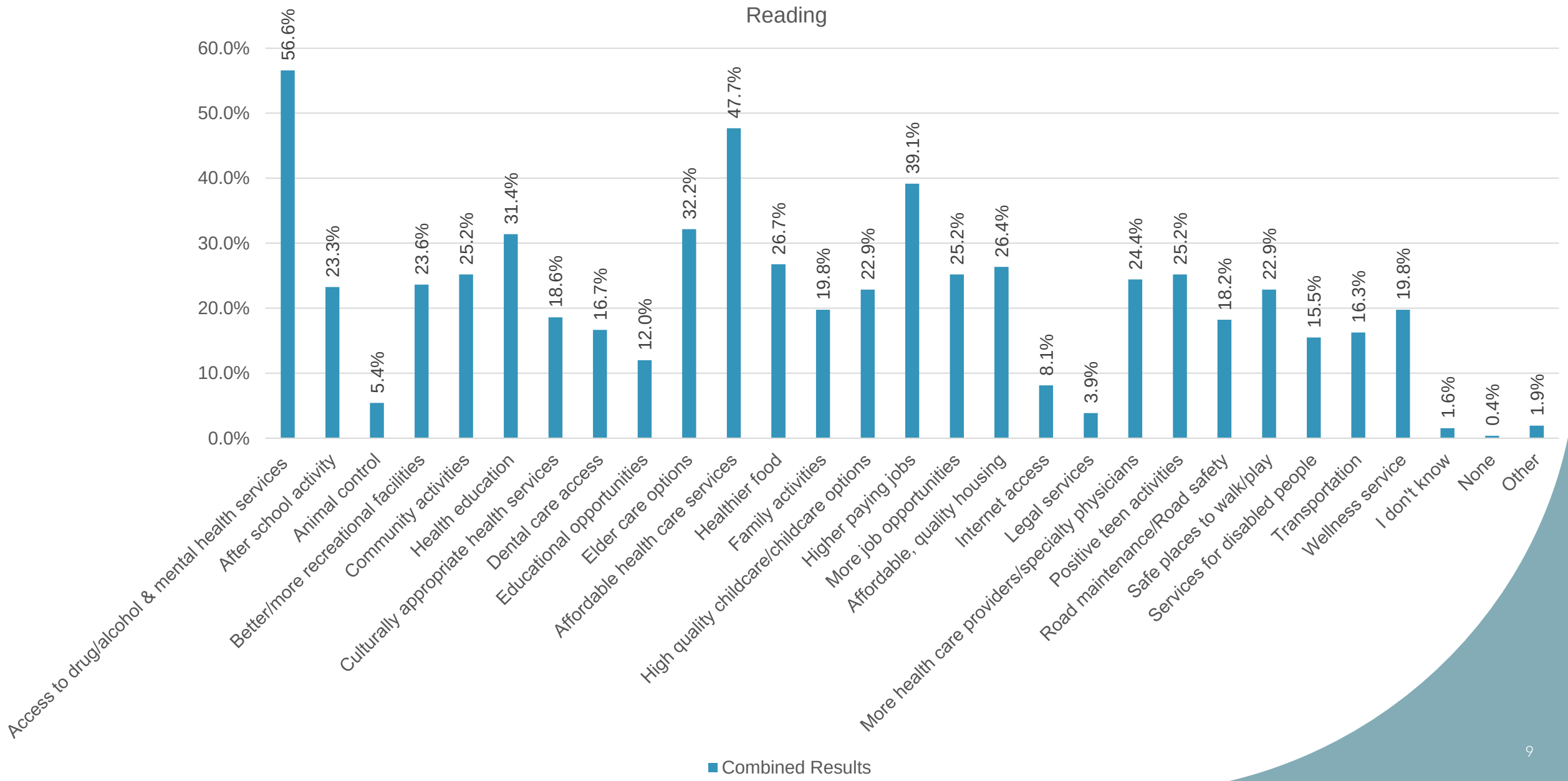


The above chart depicts the top 5 health factors.

What would improve the quality of life for residents in your community? — Check all that apply



Common Themes

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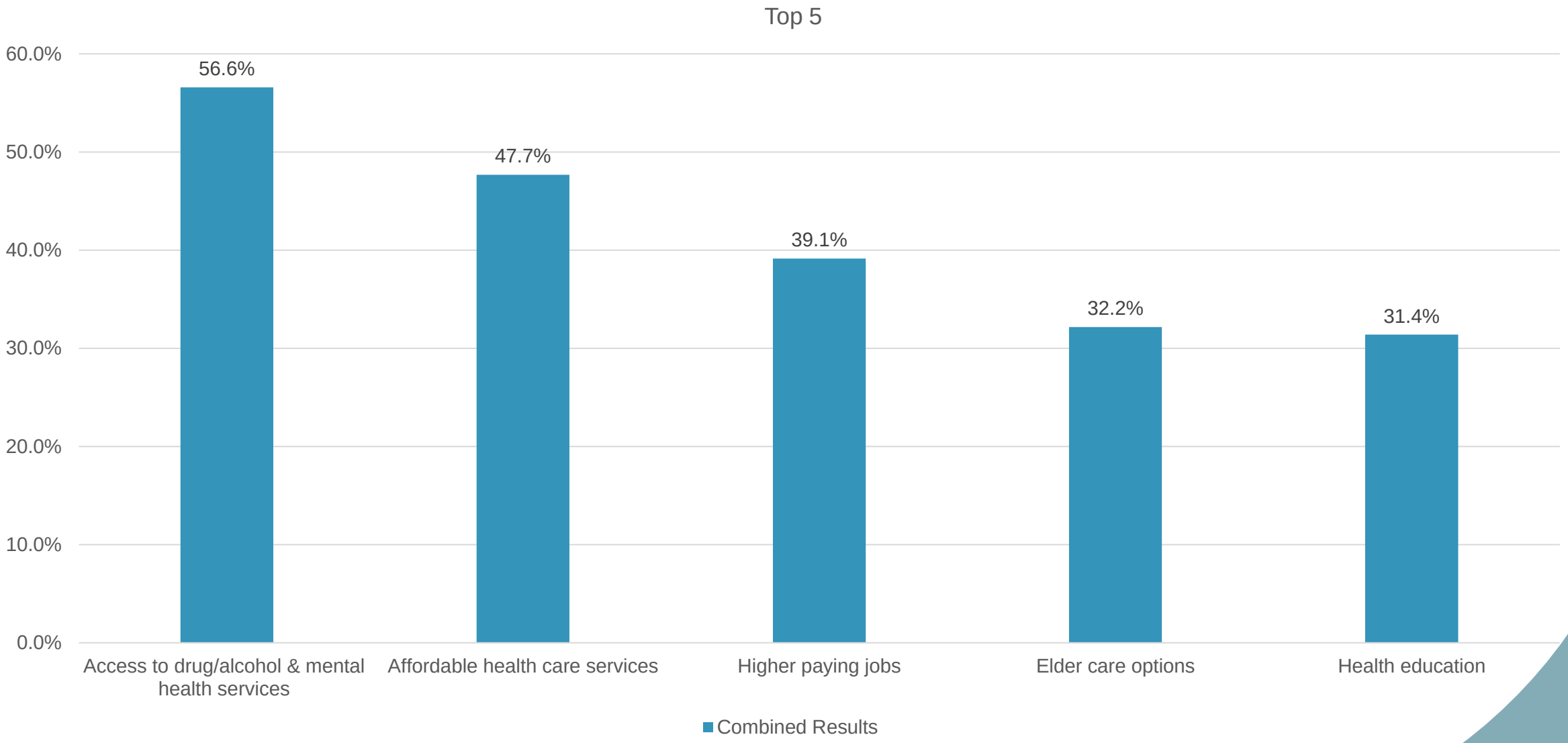
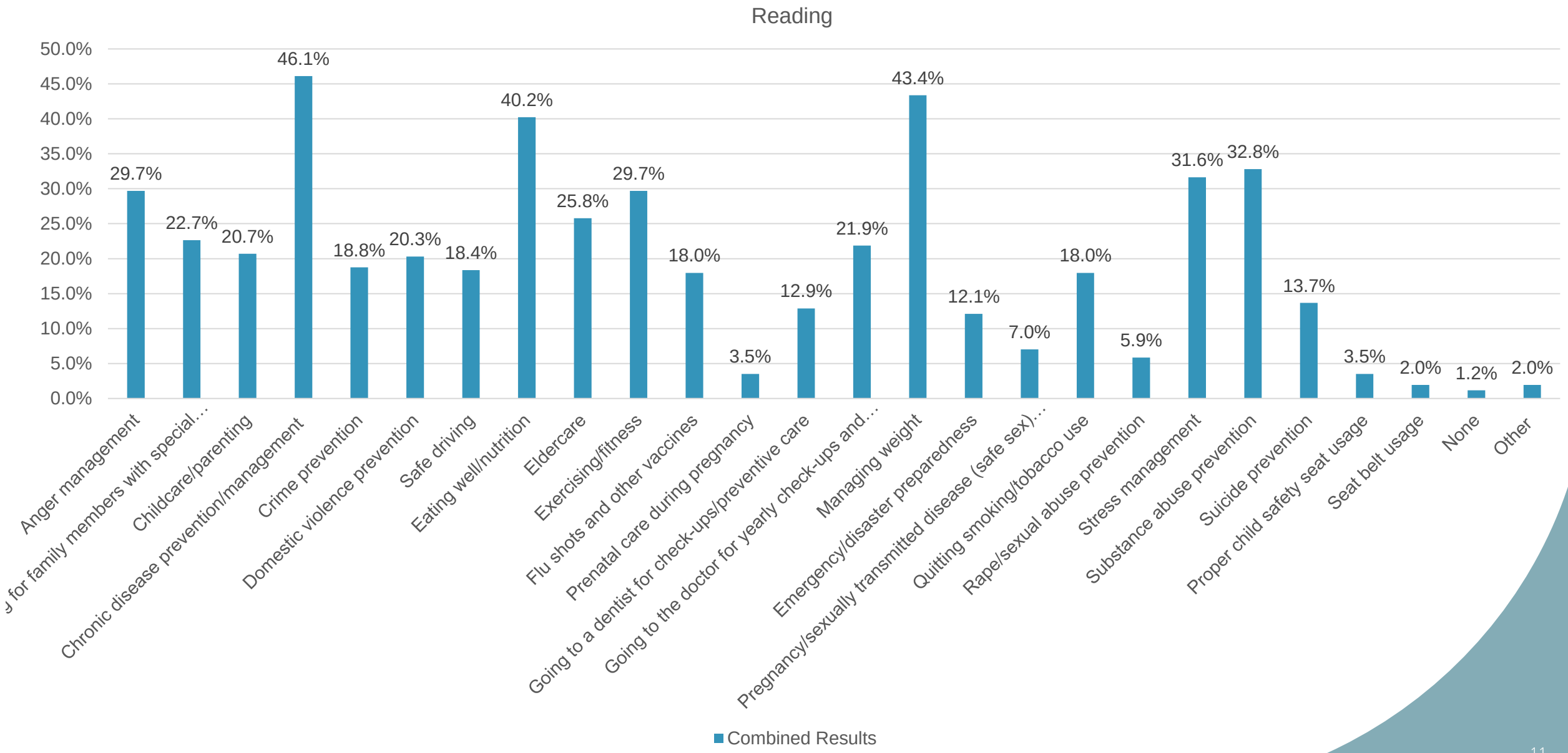


The above chart depicts the top 5 factors that would improve the quality of life for residents.

Select the Top 5 “Health Behaviors” People In Your Community Need More Information About



Common Themes

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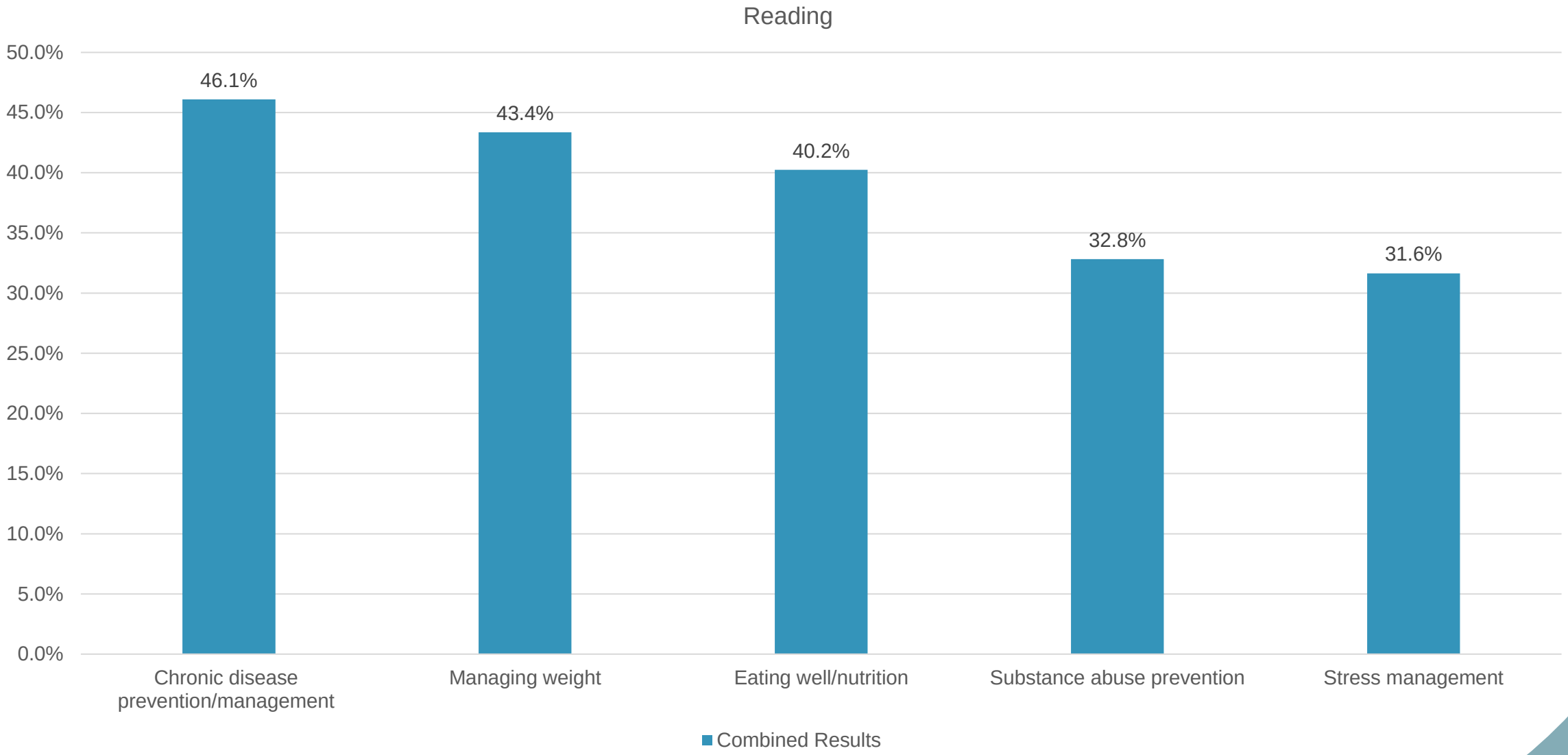
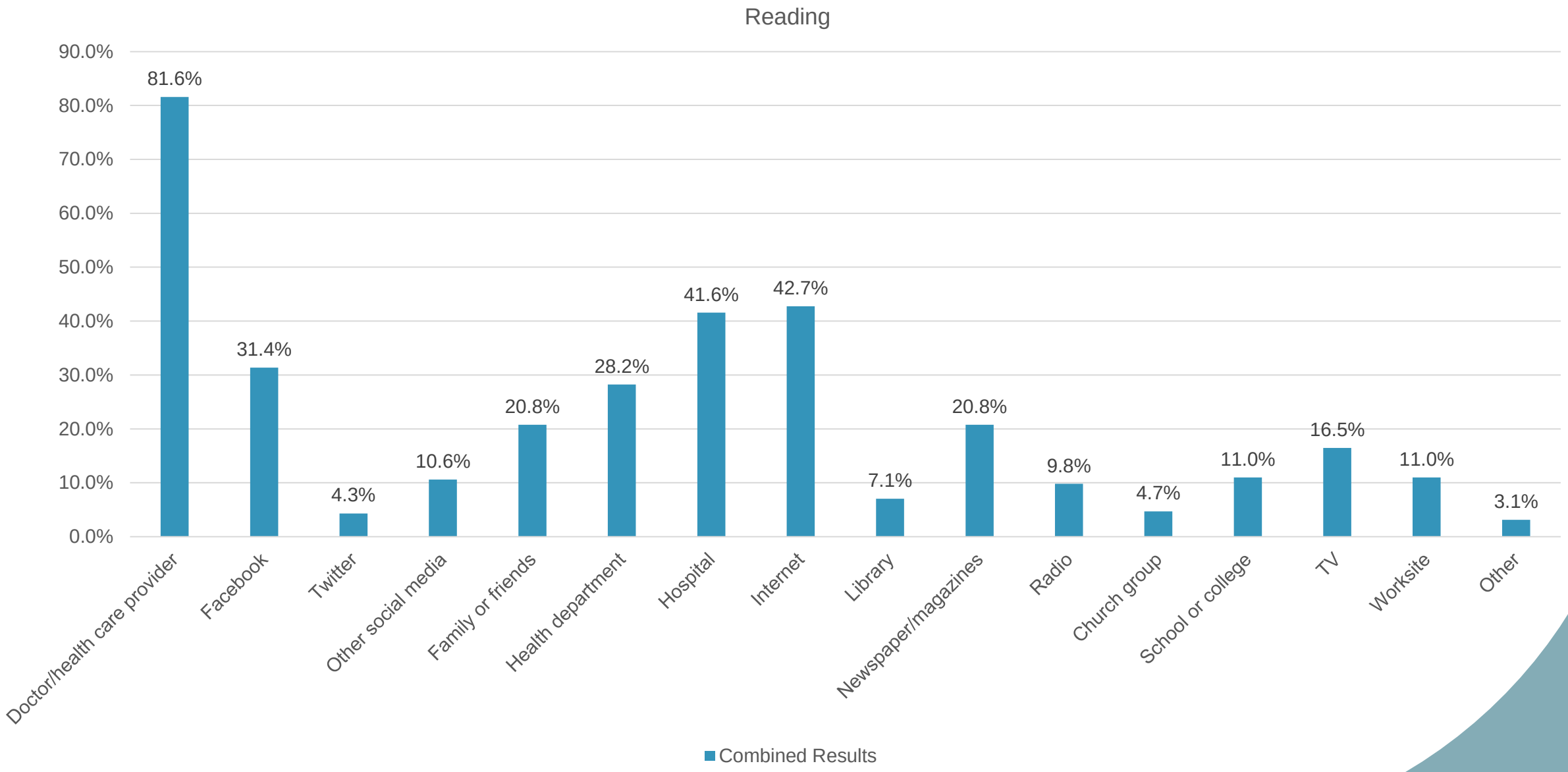
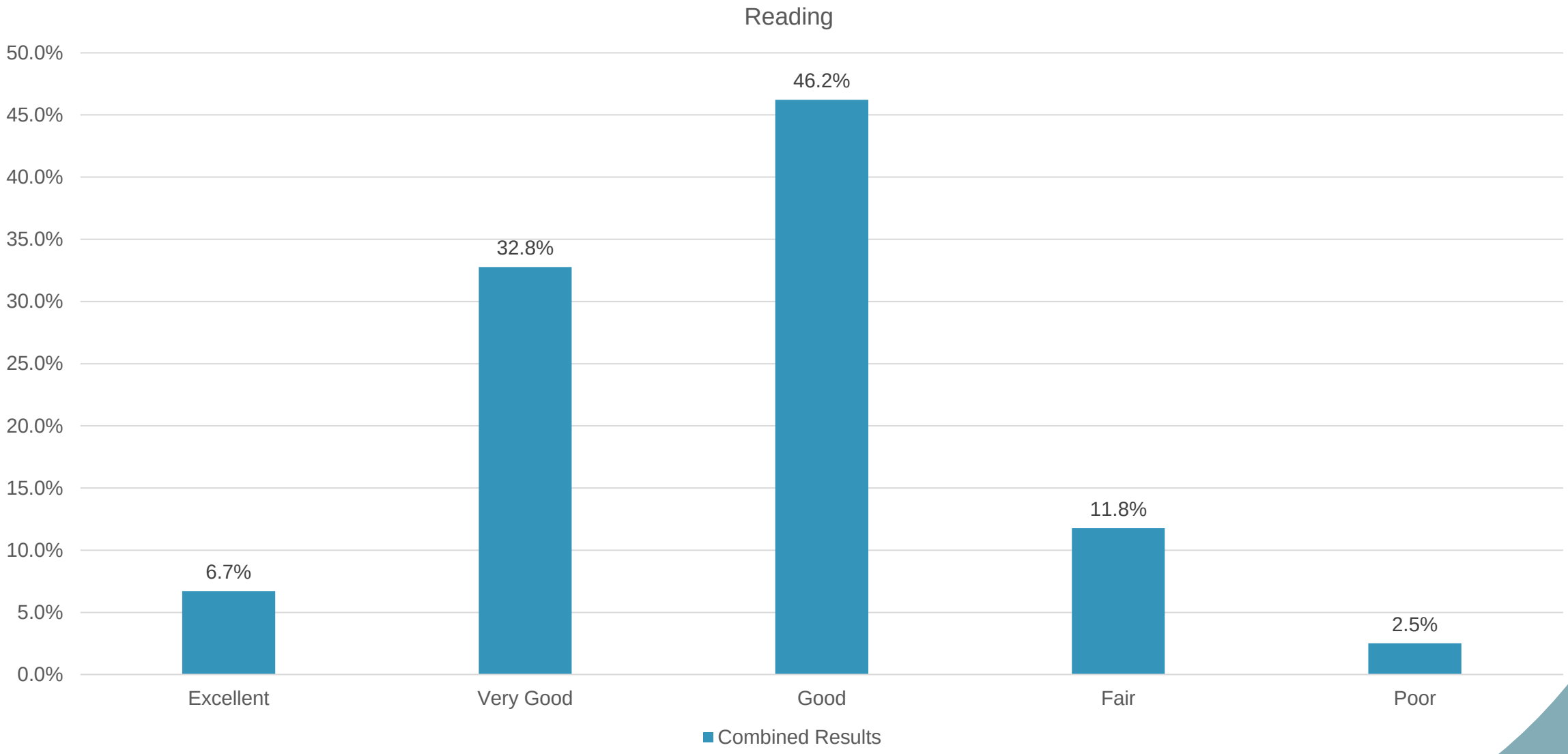


The above chart depicts the top 5 health behaviors people in the community need more information about by audience.

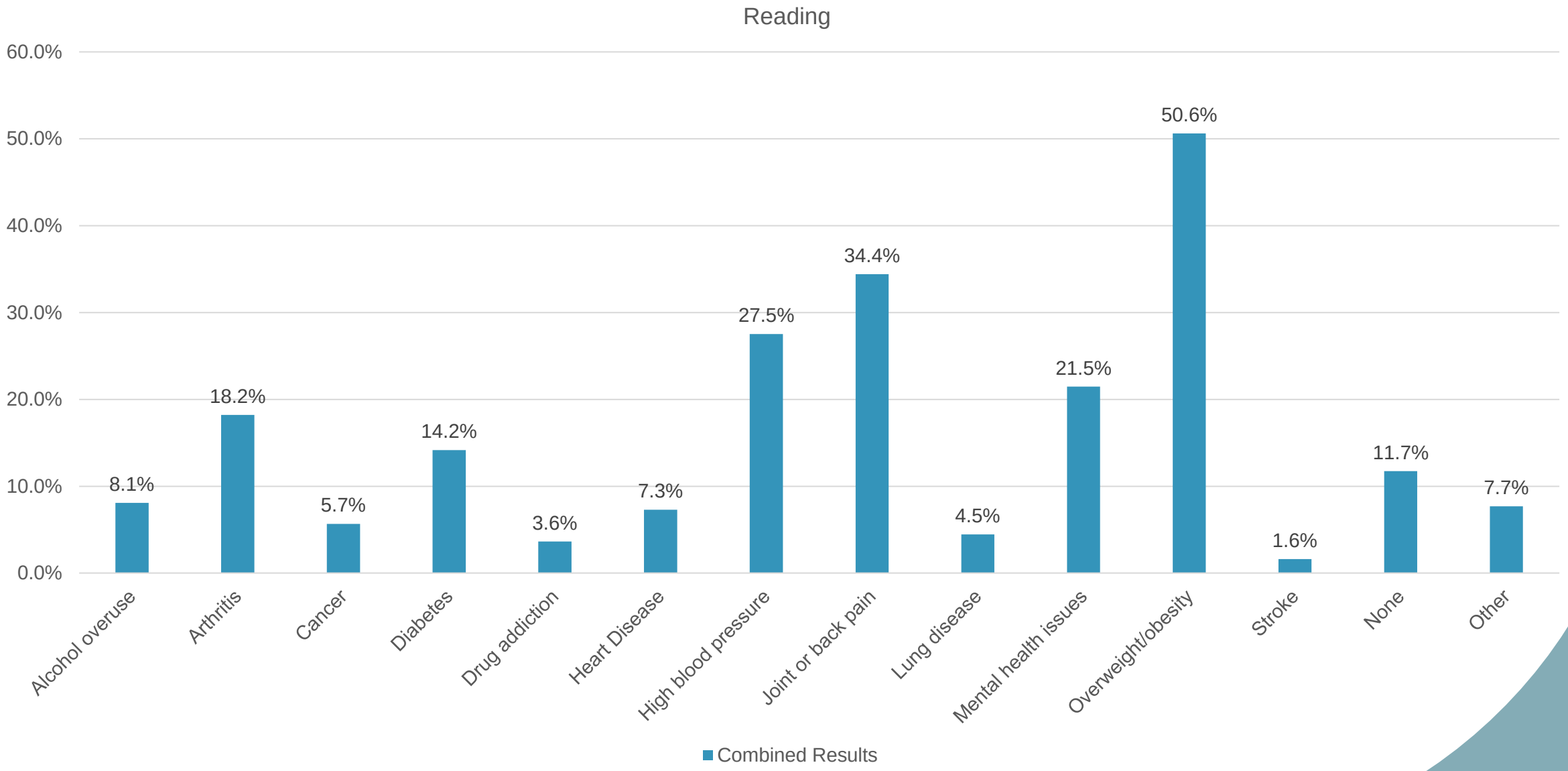
How Would You Like to Receive General Health Education Information (Check all that apply)



How Would You Describe Your Overall Health



Top 3 Health Challenges Currently Faced



Common Themes
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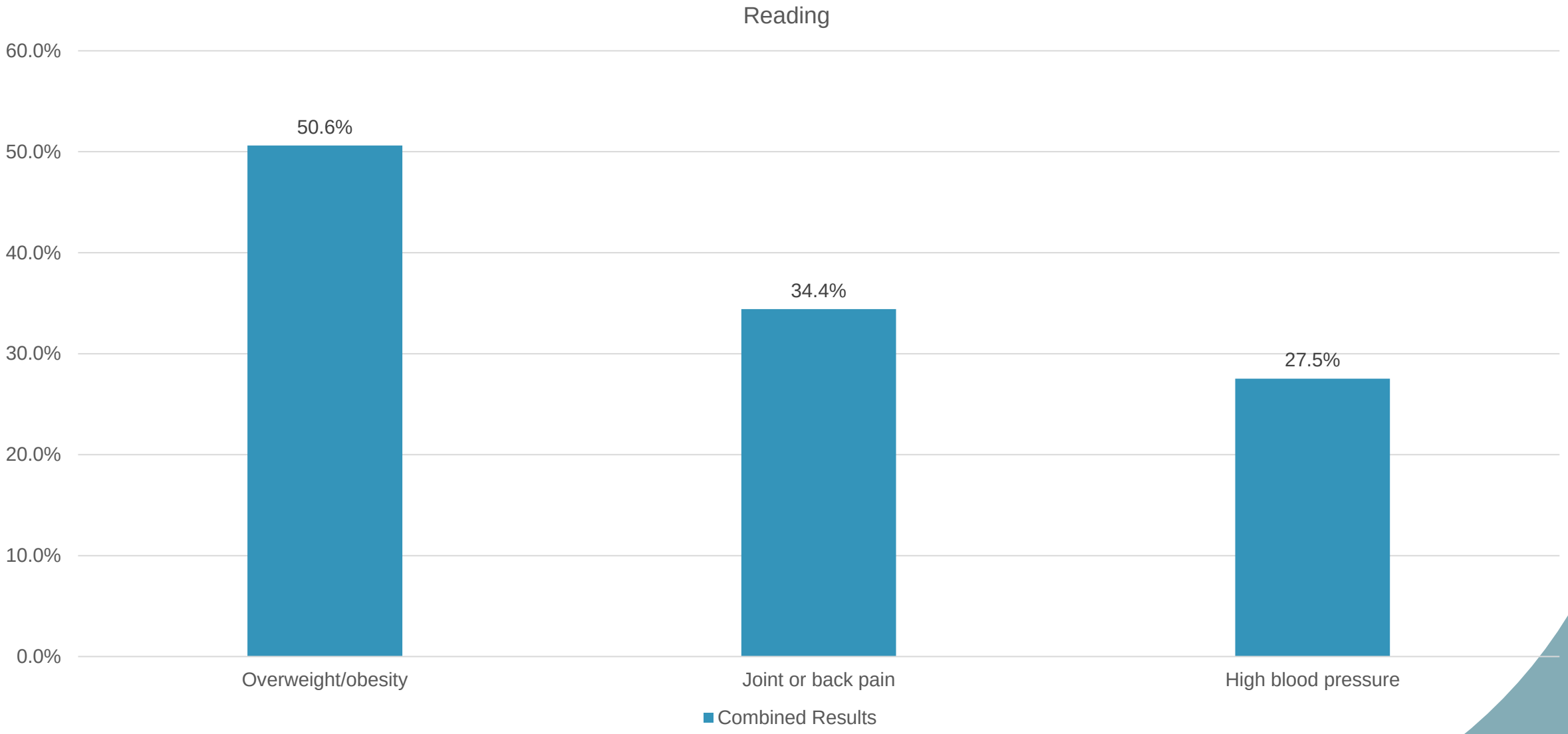
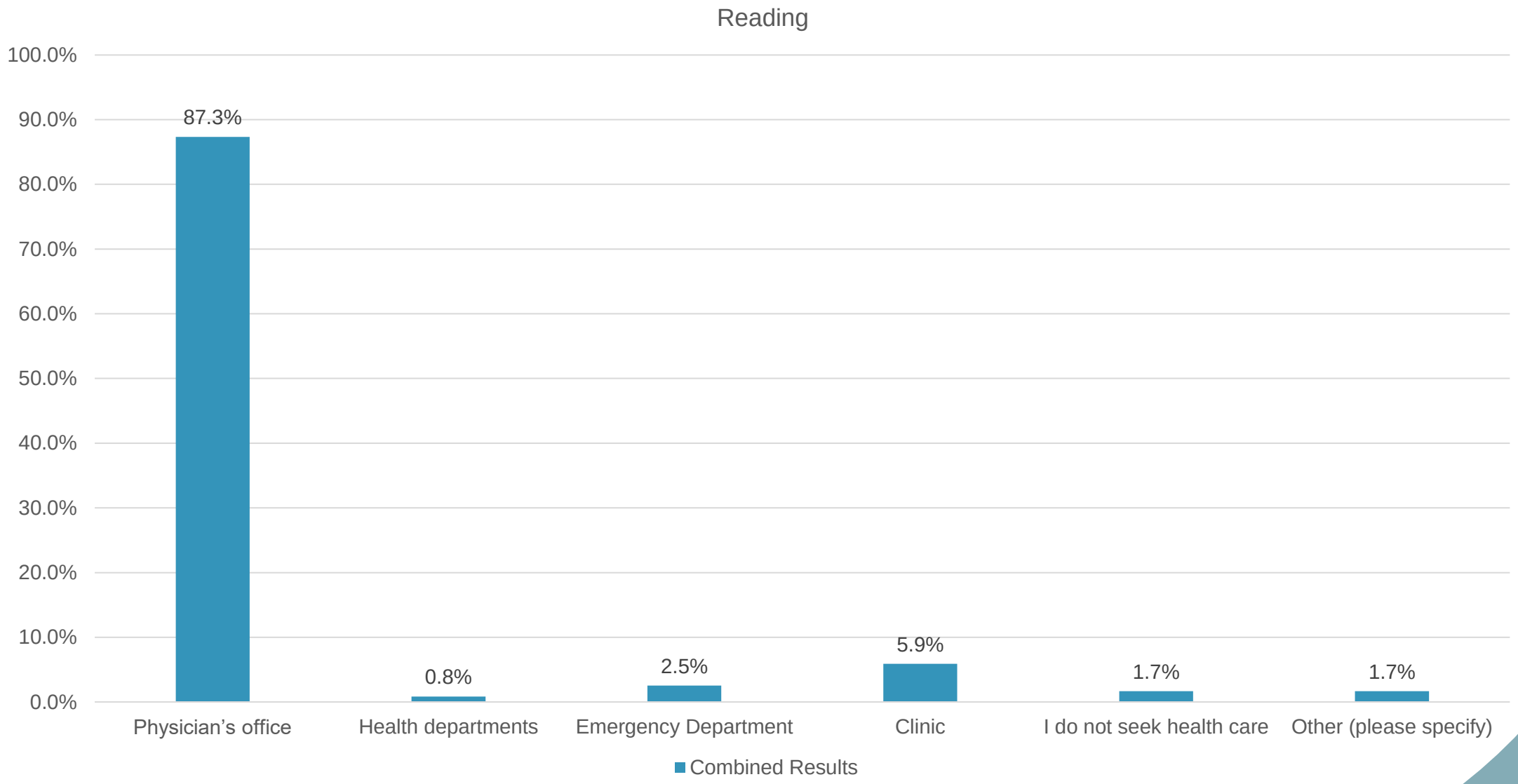
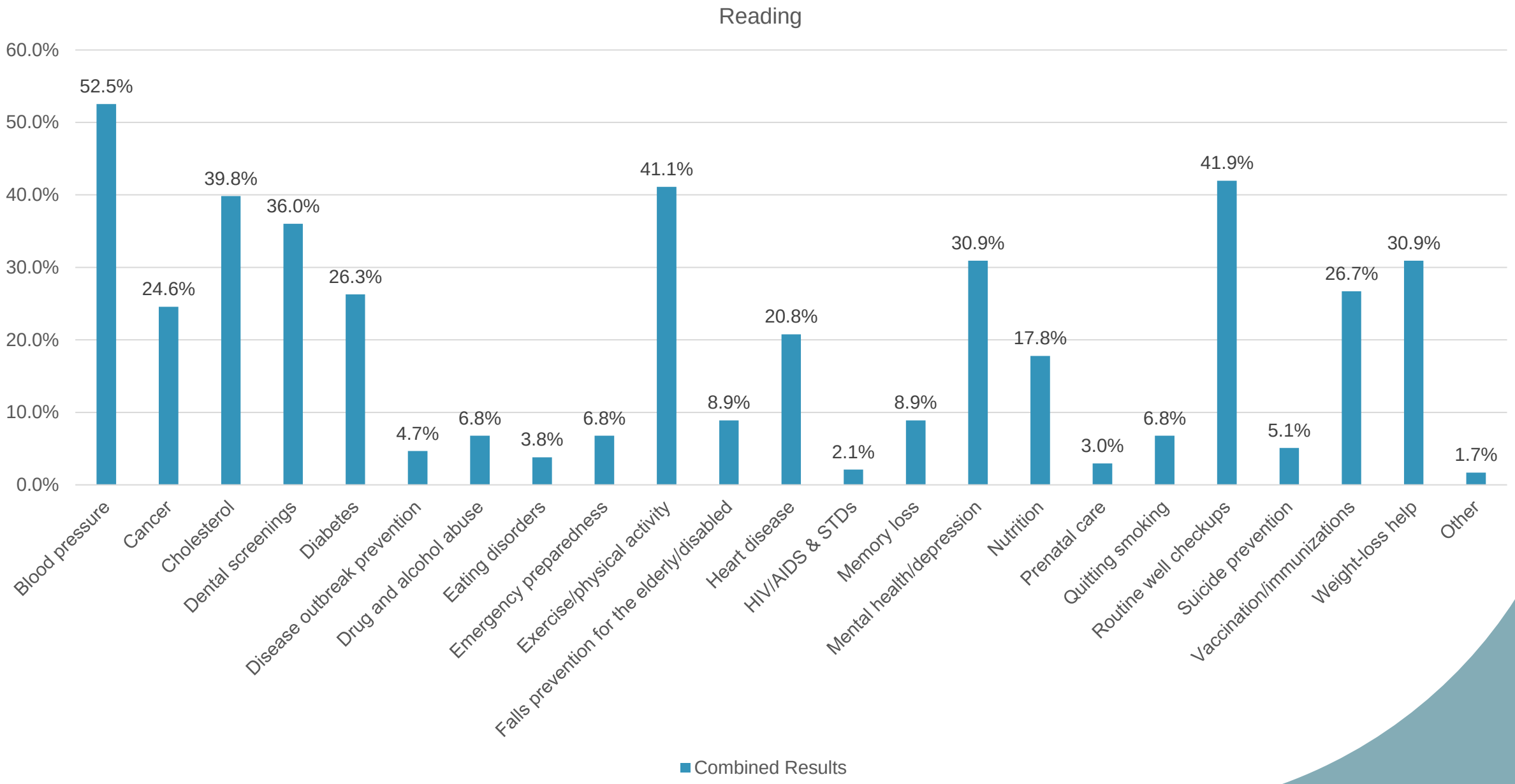


The above chart depicts the top 3 health challenges respondents currently face.

Where Do You Usually Go For Health Care?



What Types of Health Screenings and/or Services are Needed to Keep You and Your Family Healthy?



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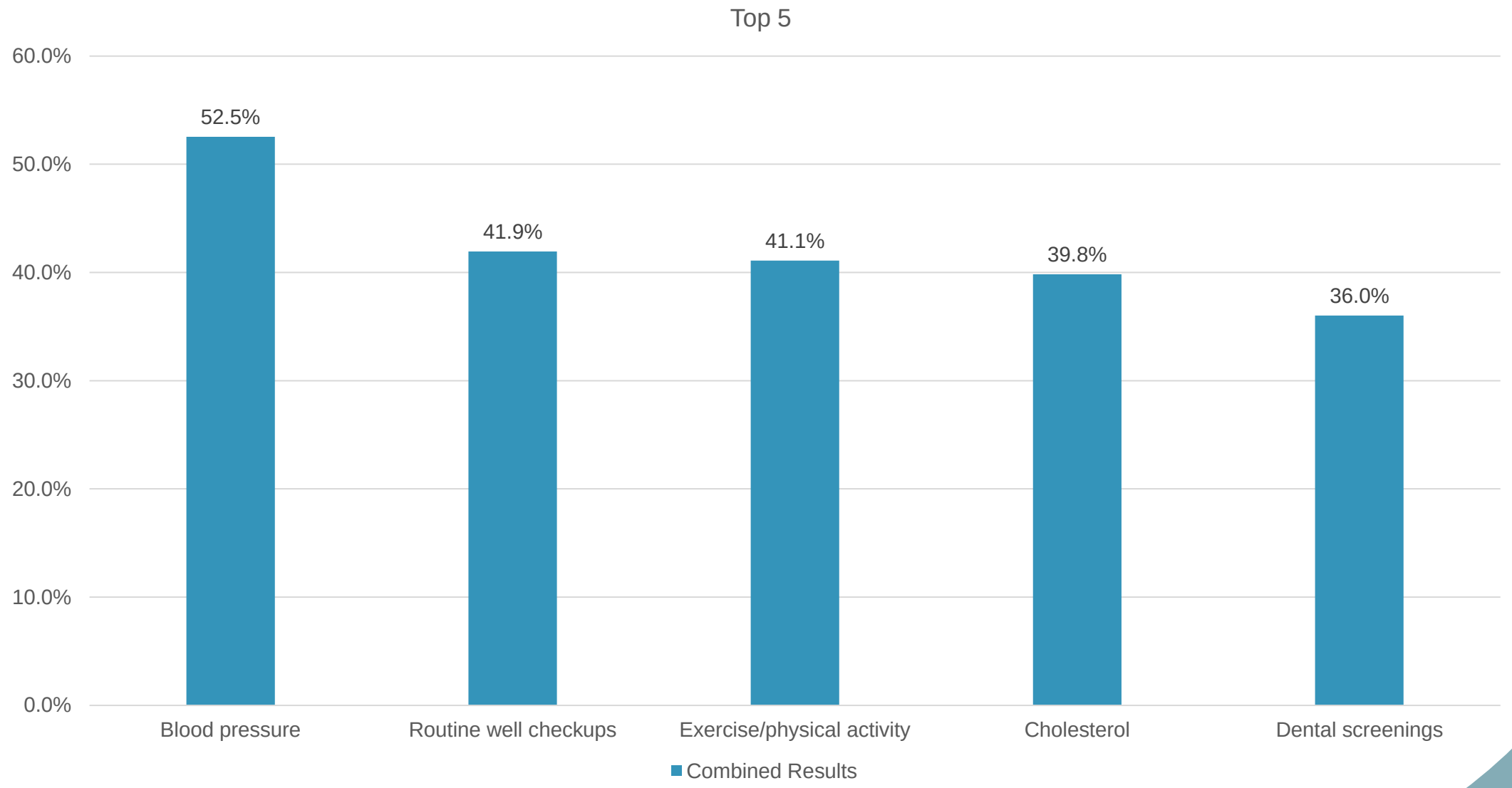
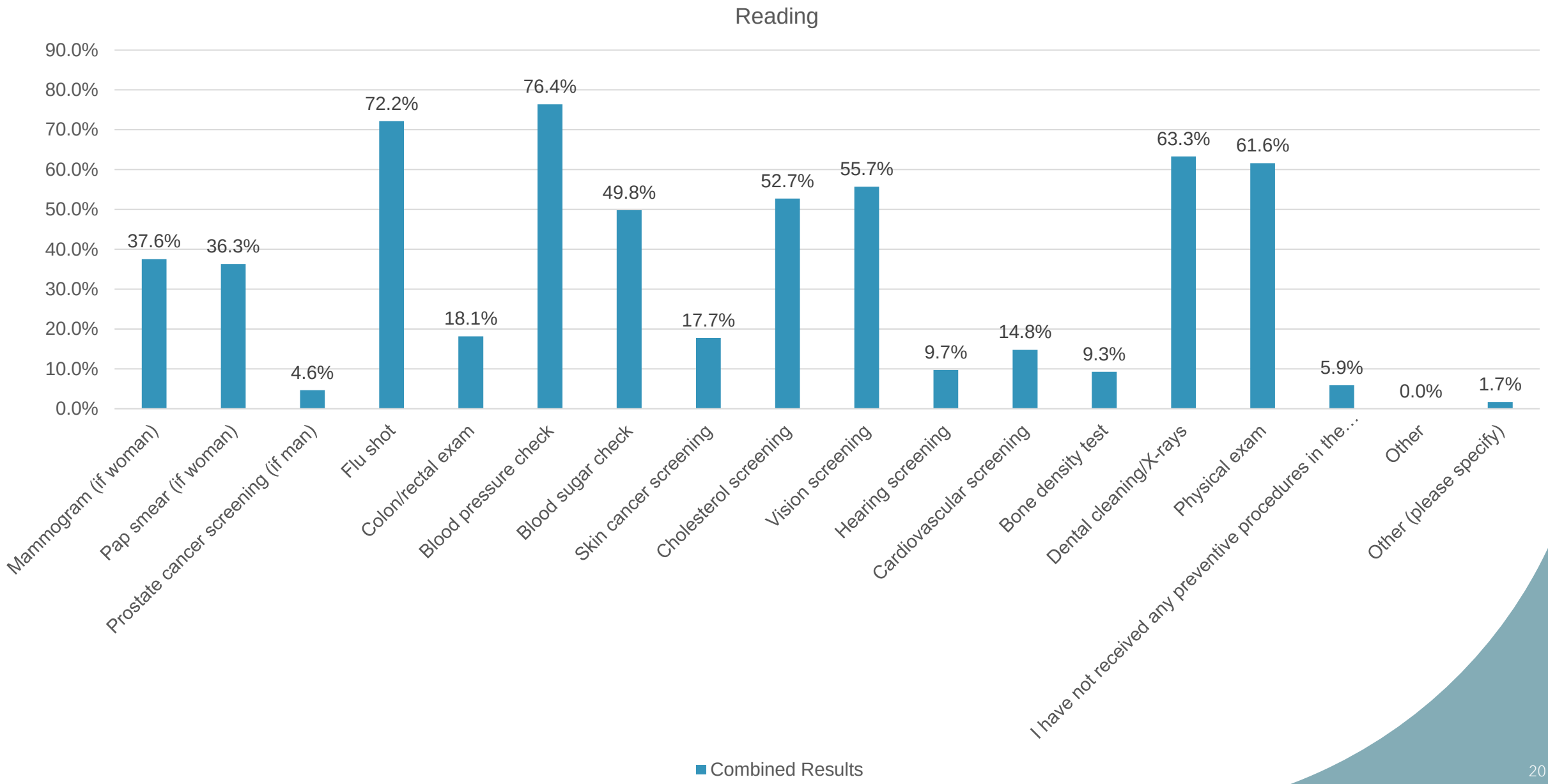


The above chart depicts the top 3 health challenges respondents currently face.

Which of the Following Preventive Procedures Have You Had in the Past 12 Months? (Check all that apply)



Common Themes

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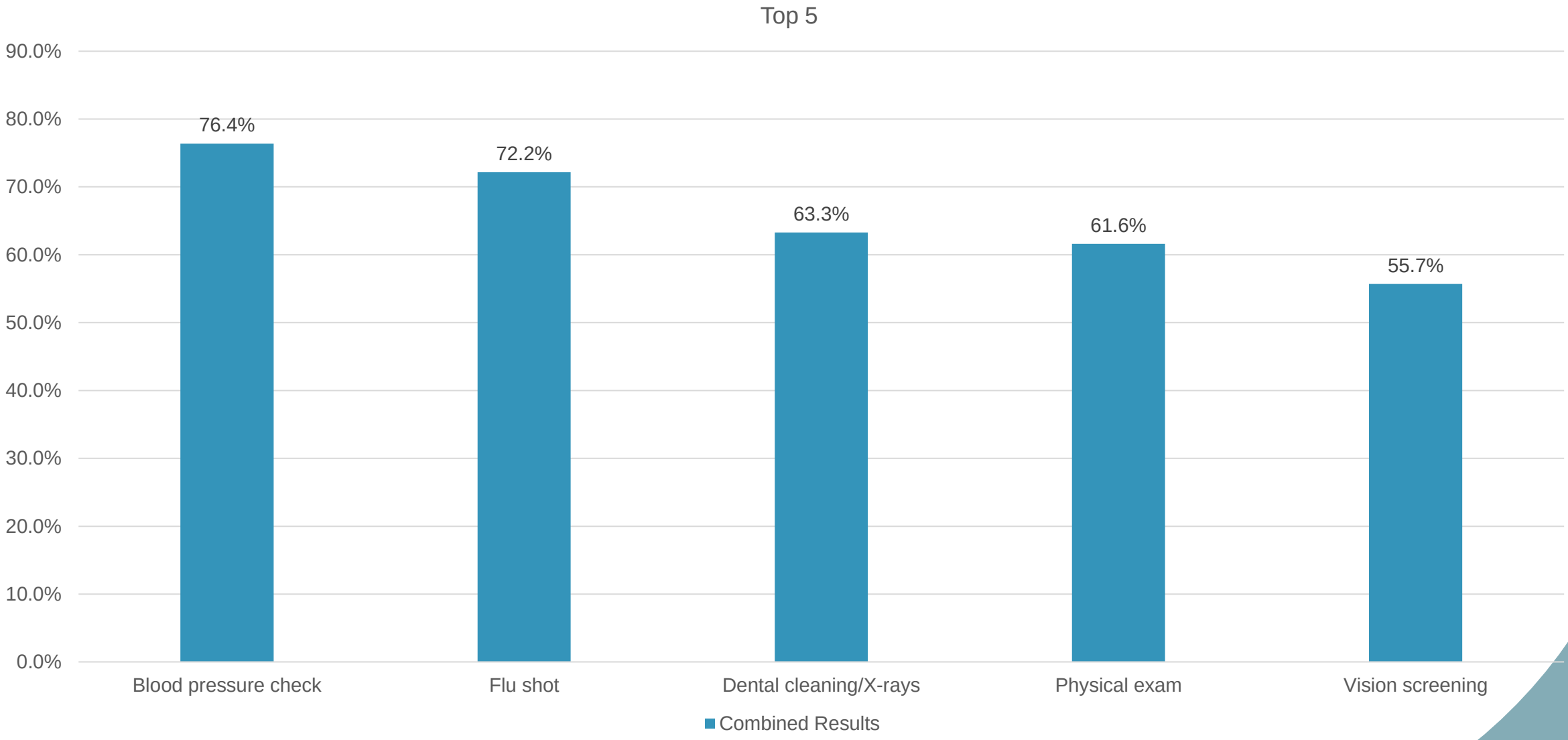
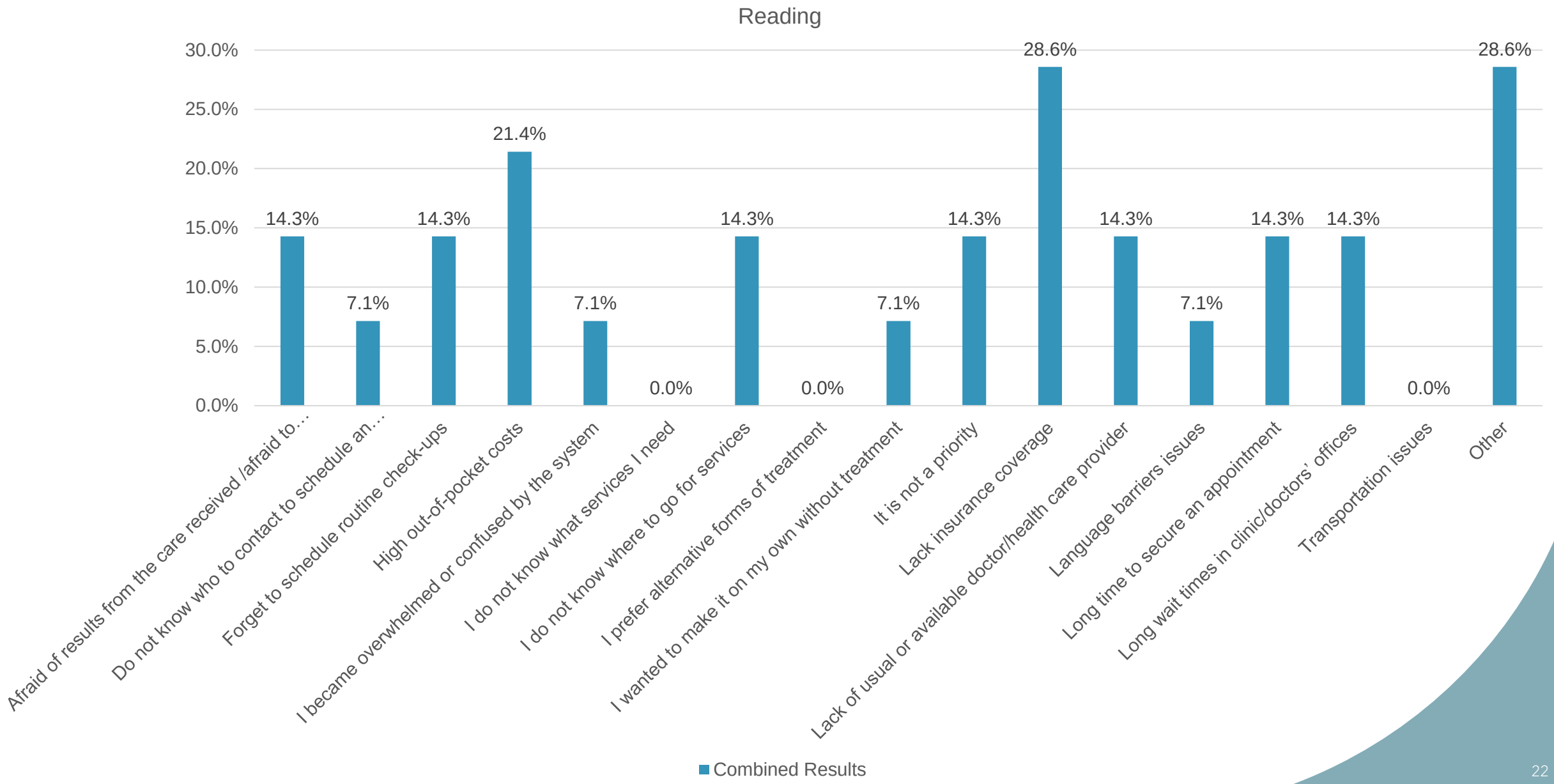
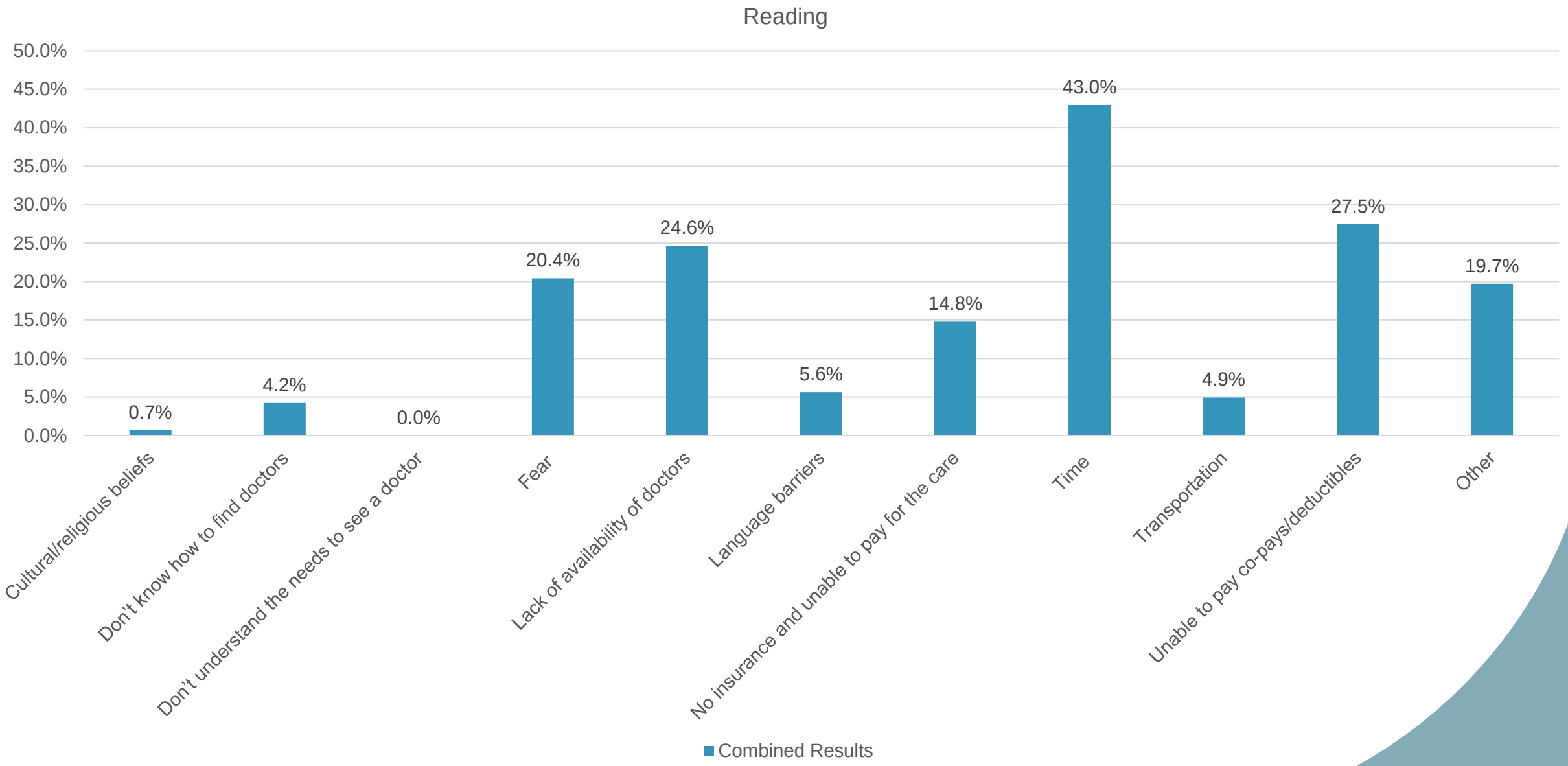


The above chart depicts the top 5 preventive procedures respondents had in the past 12 months.

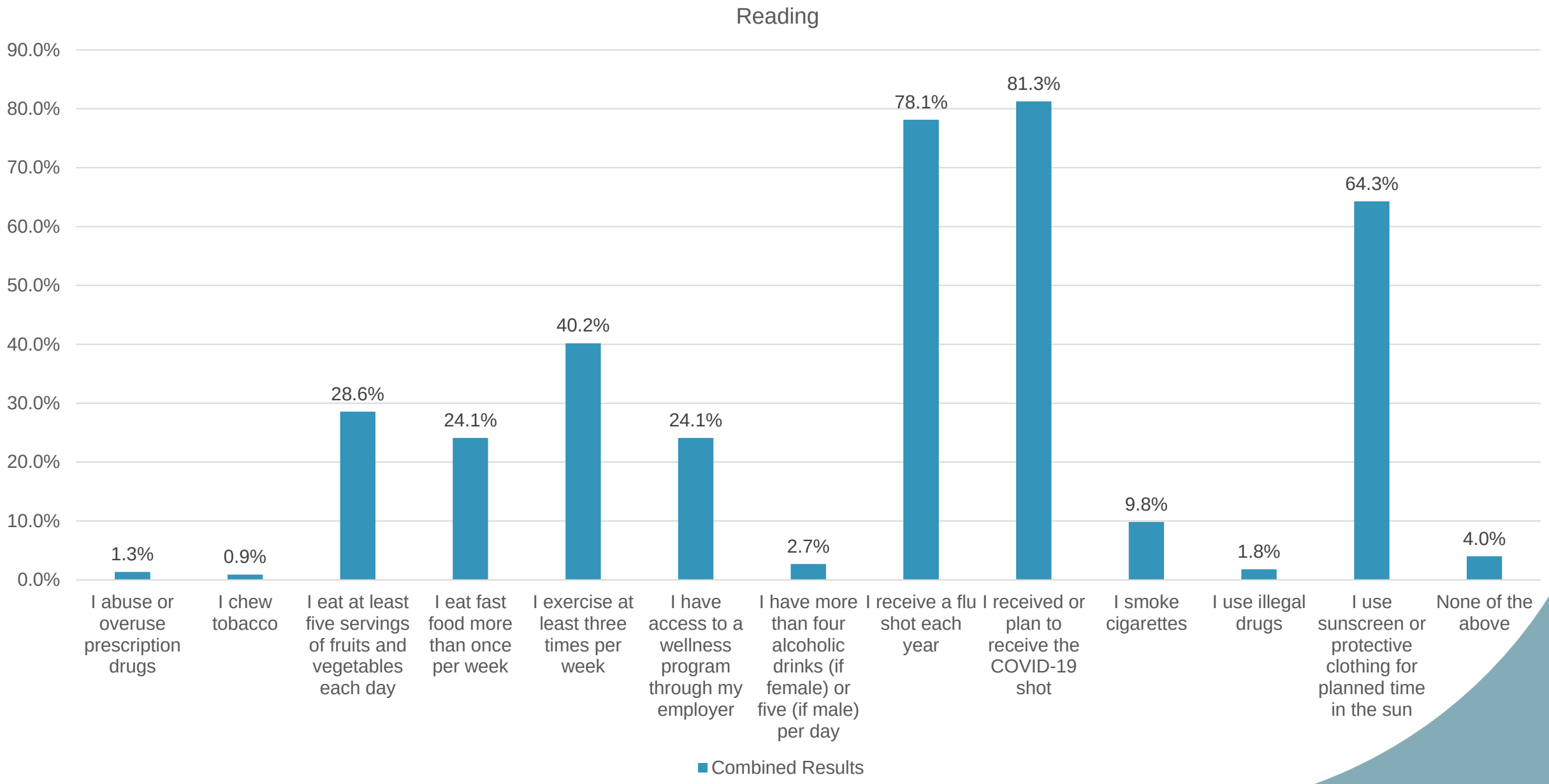
If You Have Not Received Preventive Care Services, Why Not?



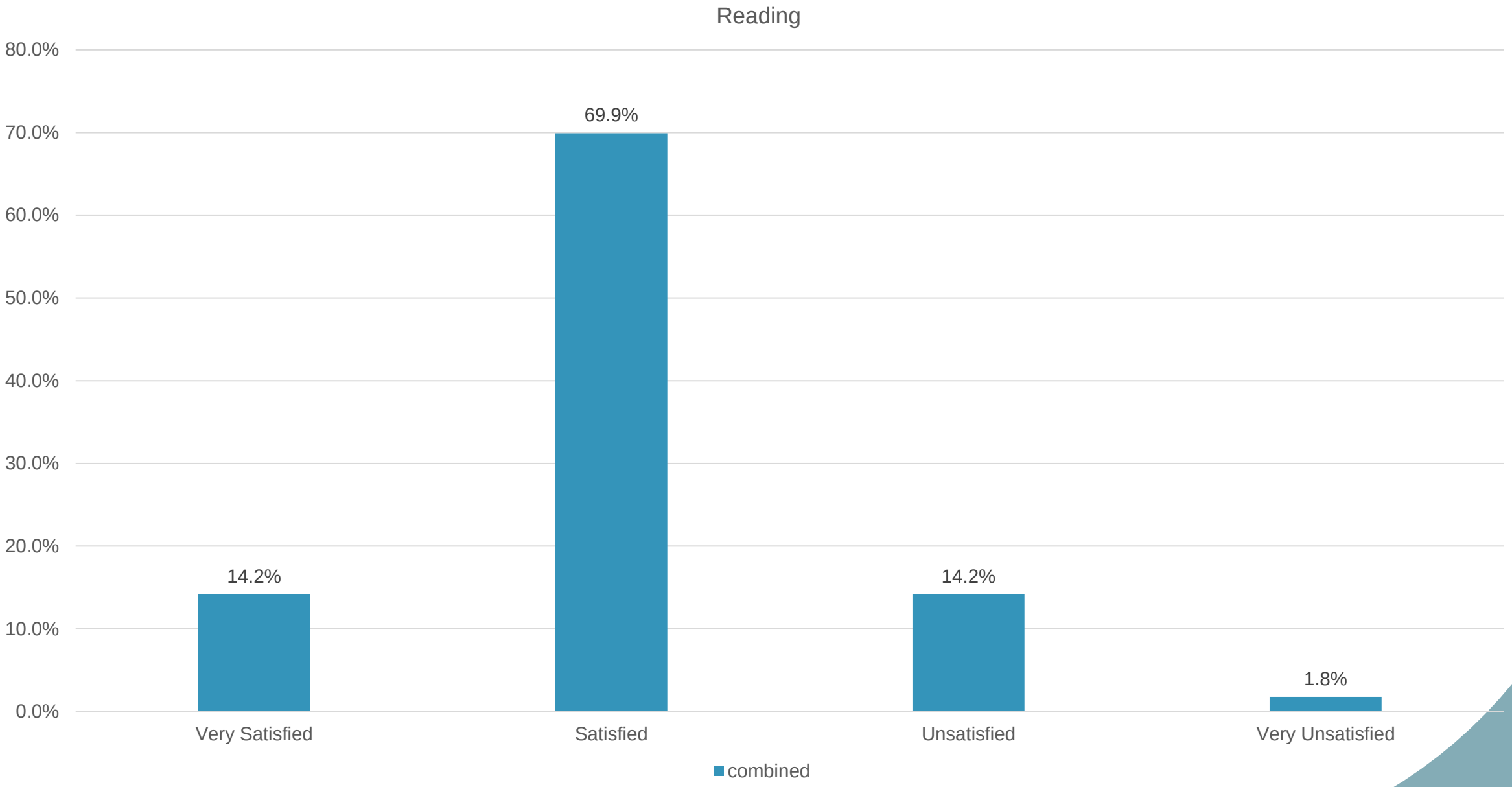
Are There Any Issues That Prevent You From Accessing Care? (Check all that apply)



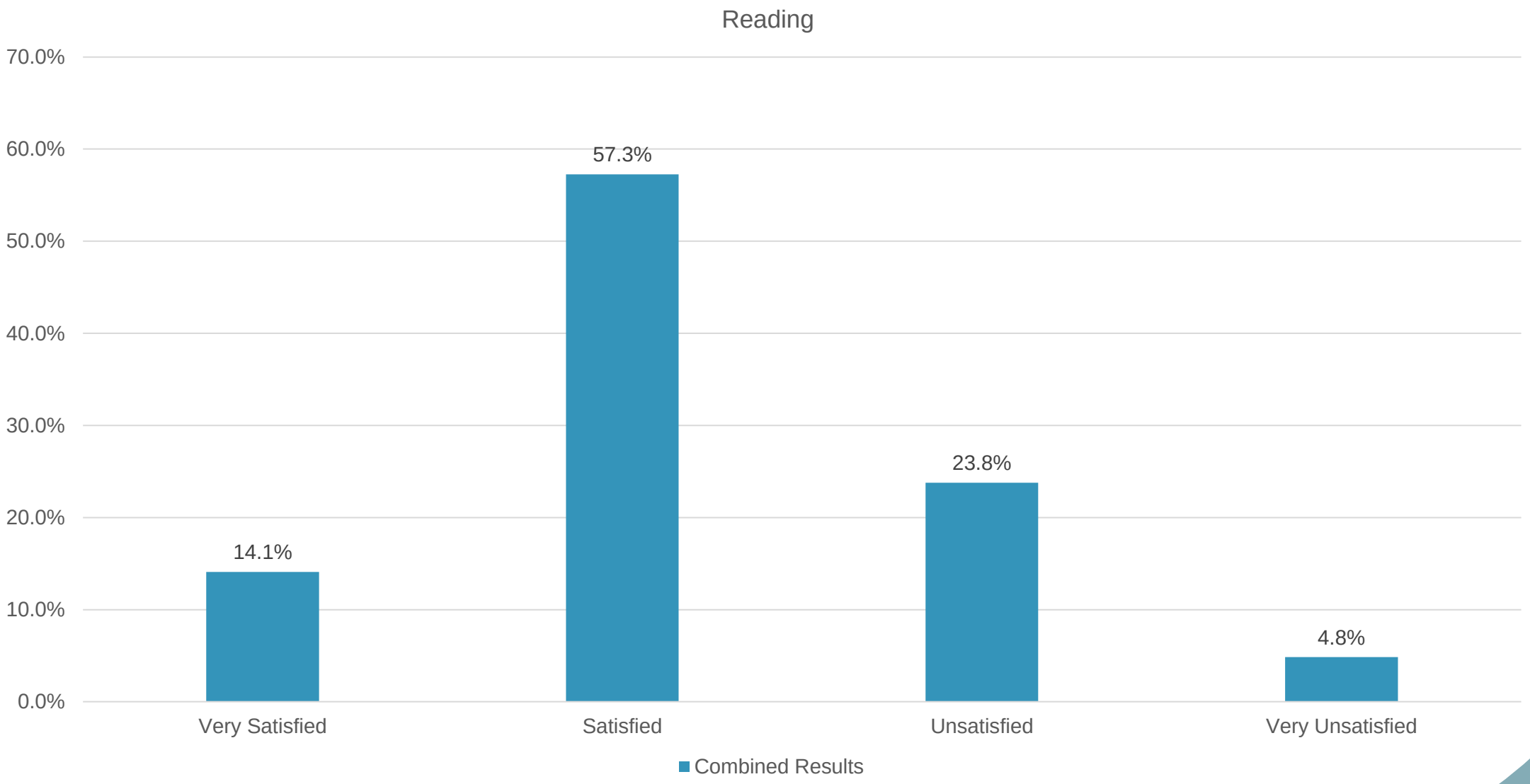
Please Choose All Statements That Apply To You (Check all that apply)



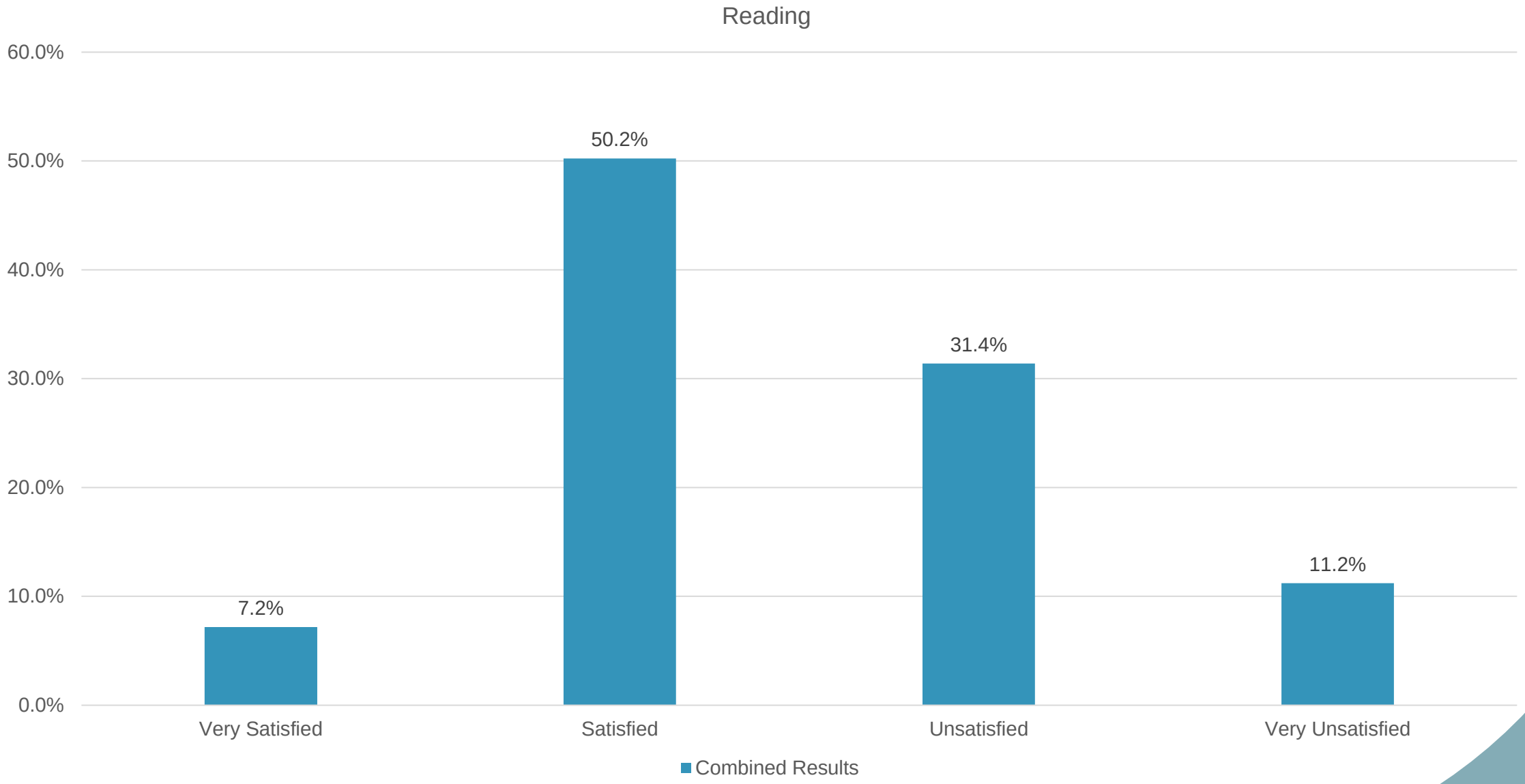
I Am Satisfied With The Quality Of Life In My Community



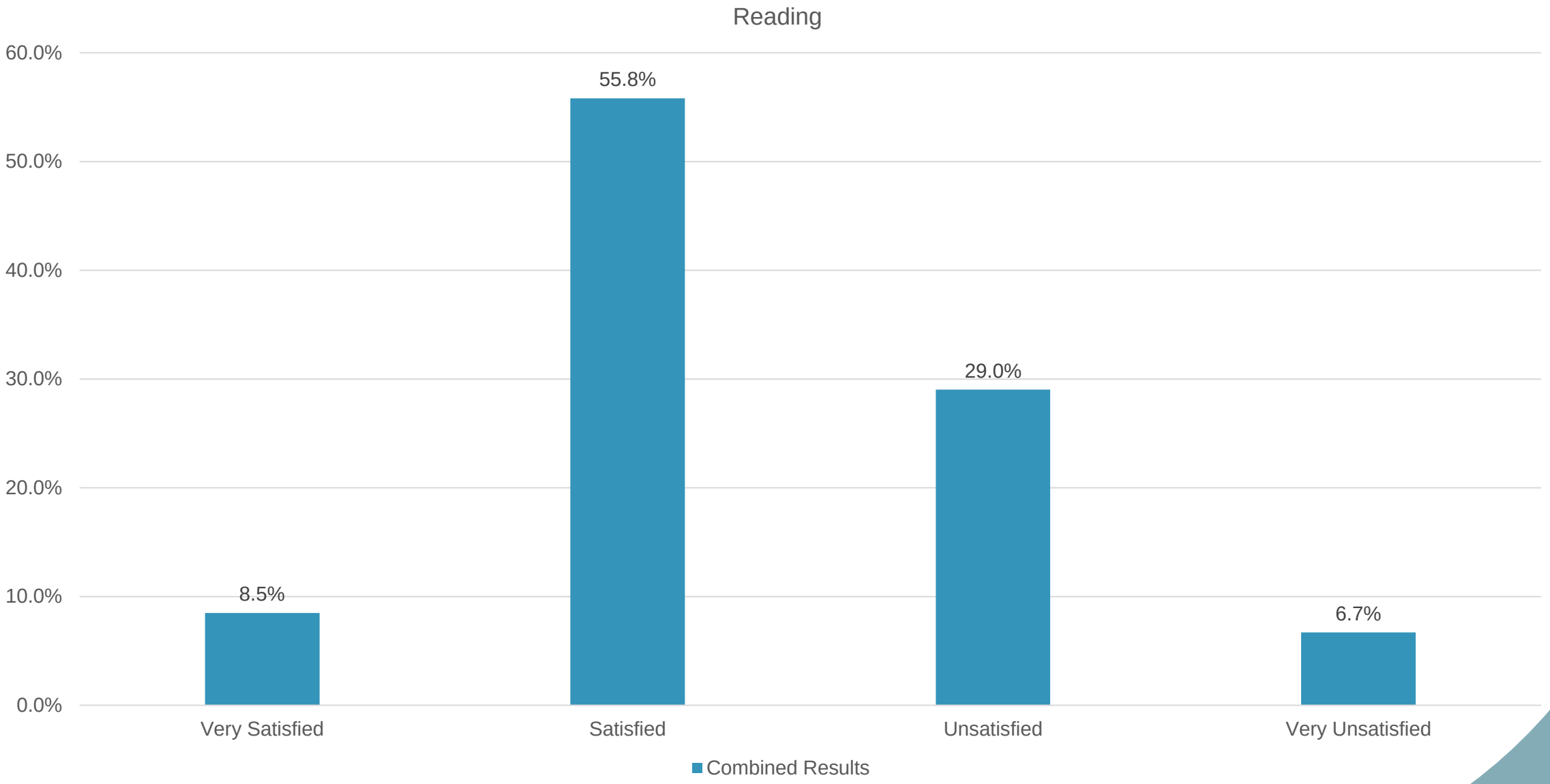
I Am Satisfied With The Health Care System in my Community



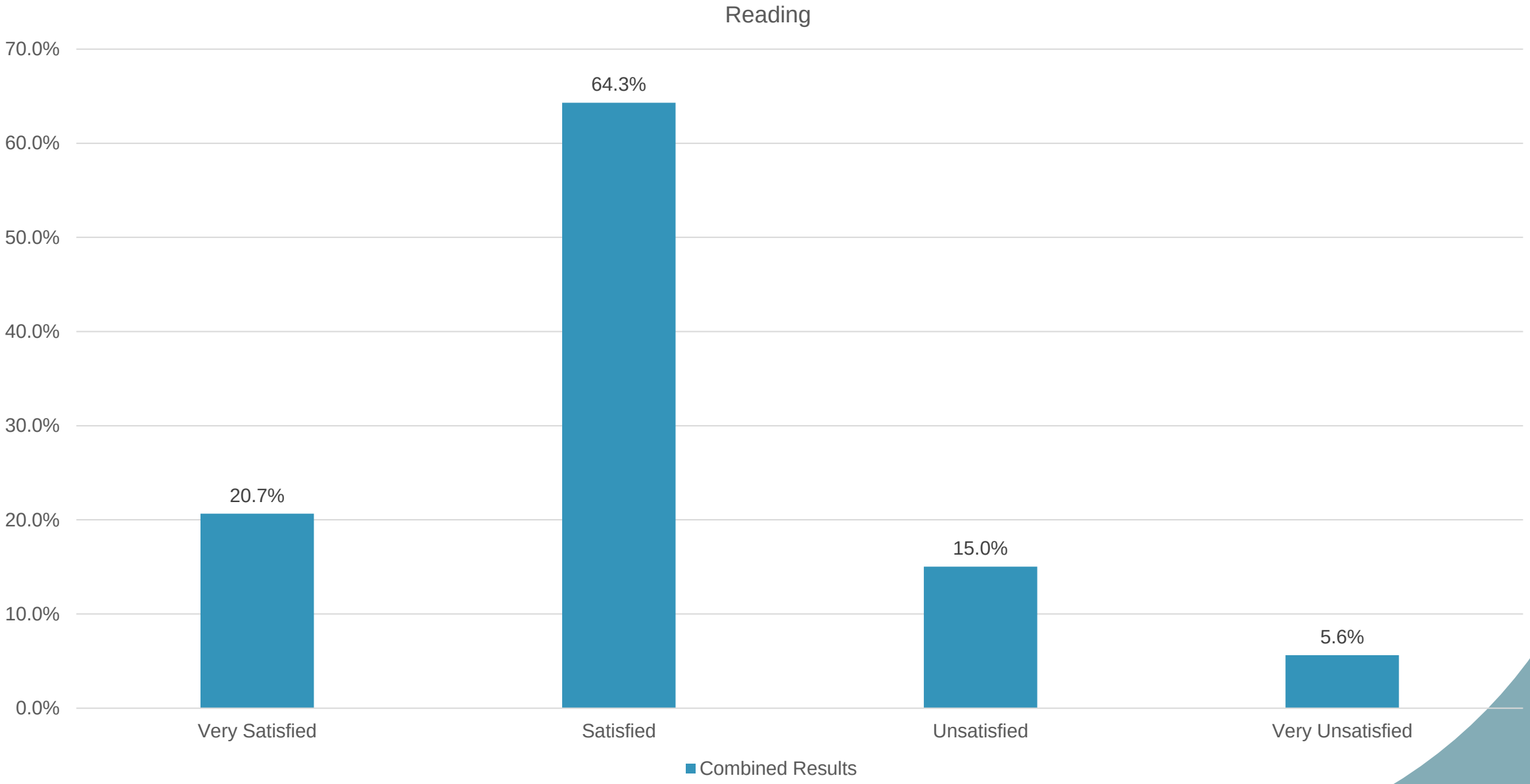
All individuals and groups in my community have the same and equal access to contributing and participating in the community's quality of life.



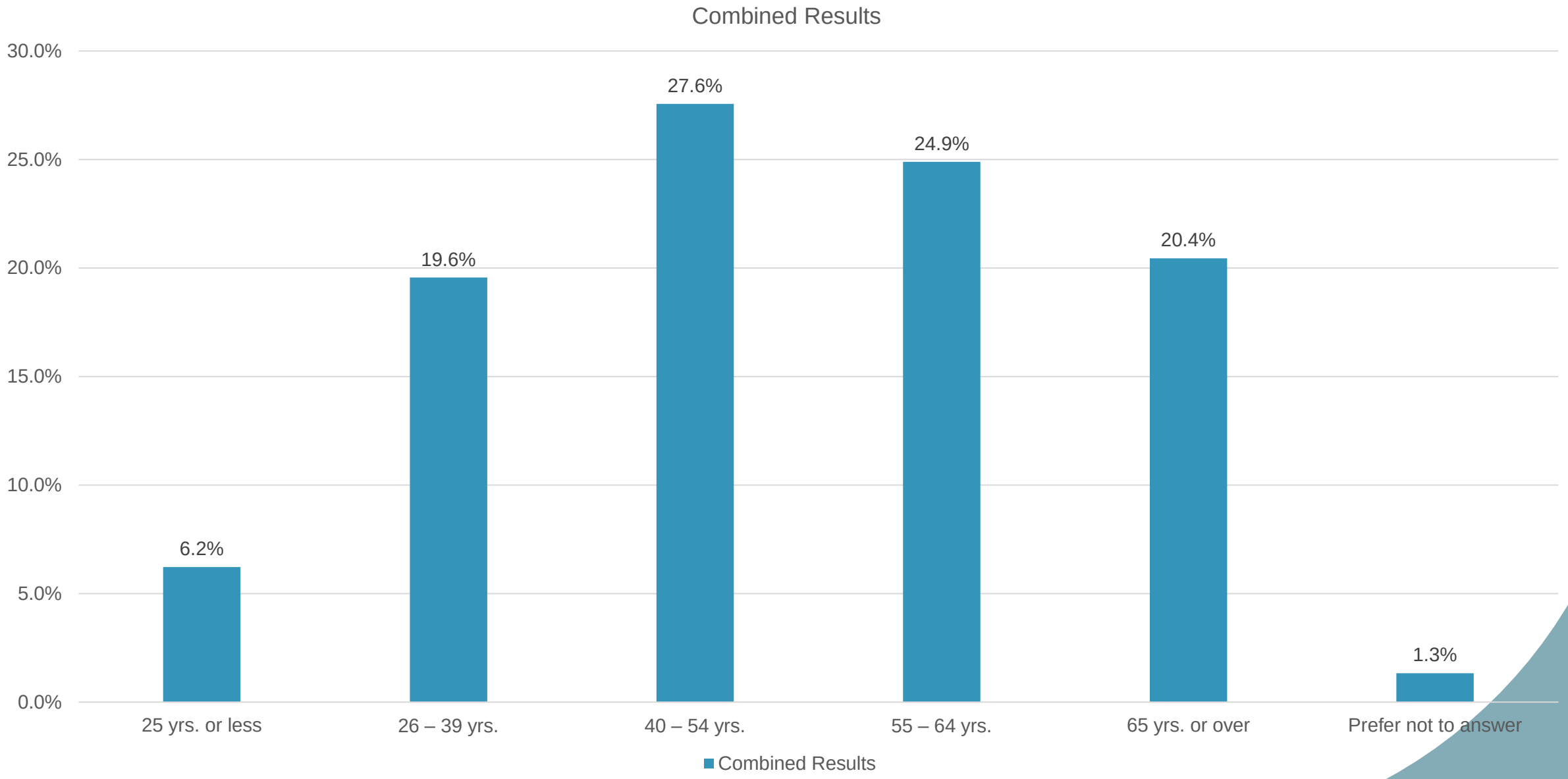
I Am Satisfied with the Amount of Health and Social Services in my Community



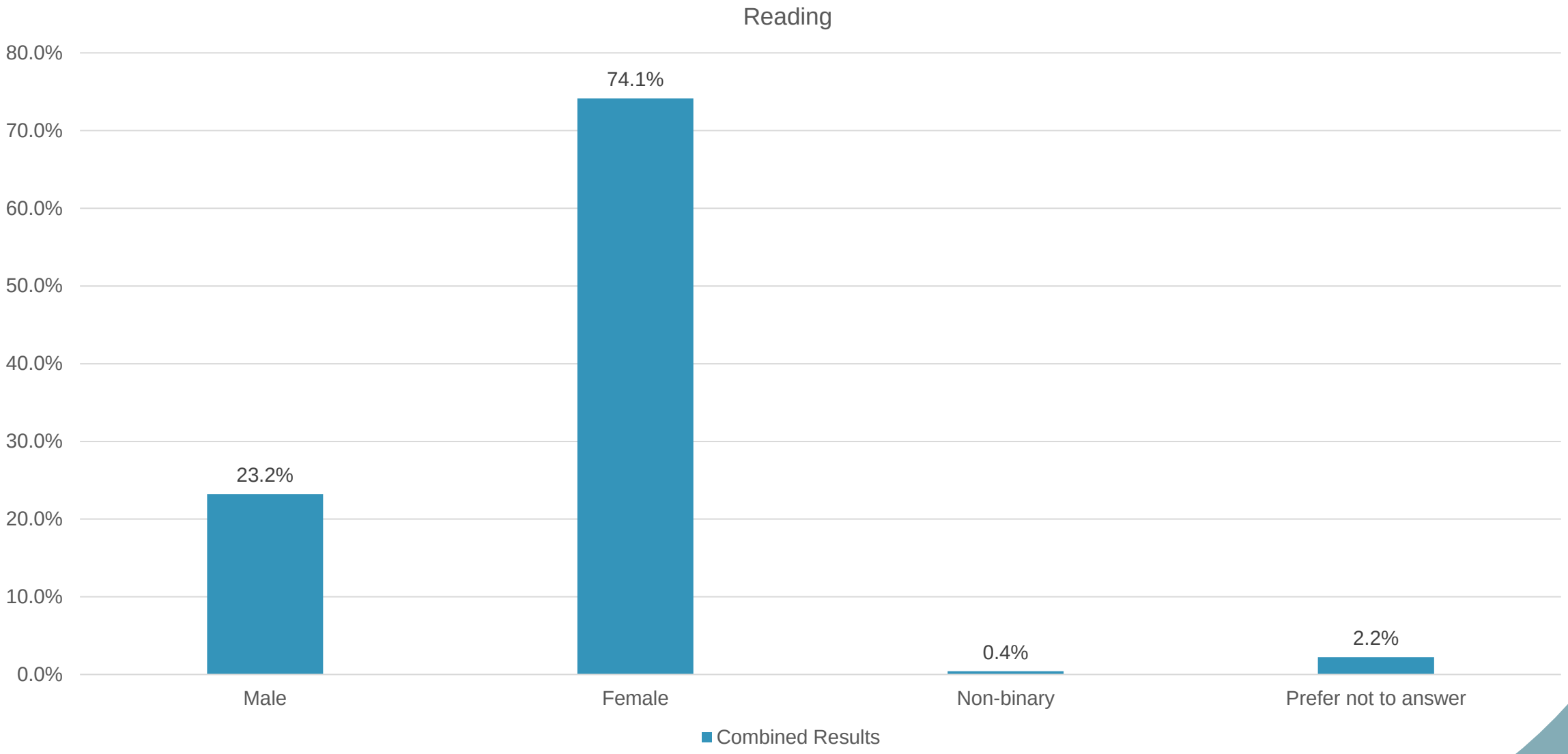
I Am Satisfied with the Diversity of my Health Care Providers



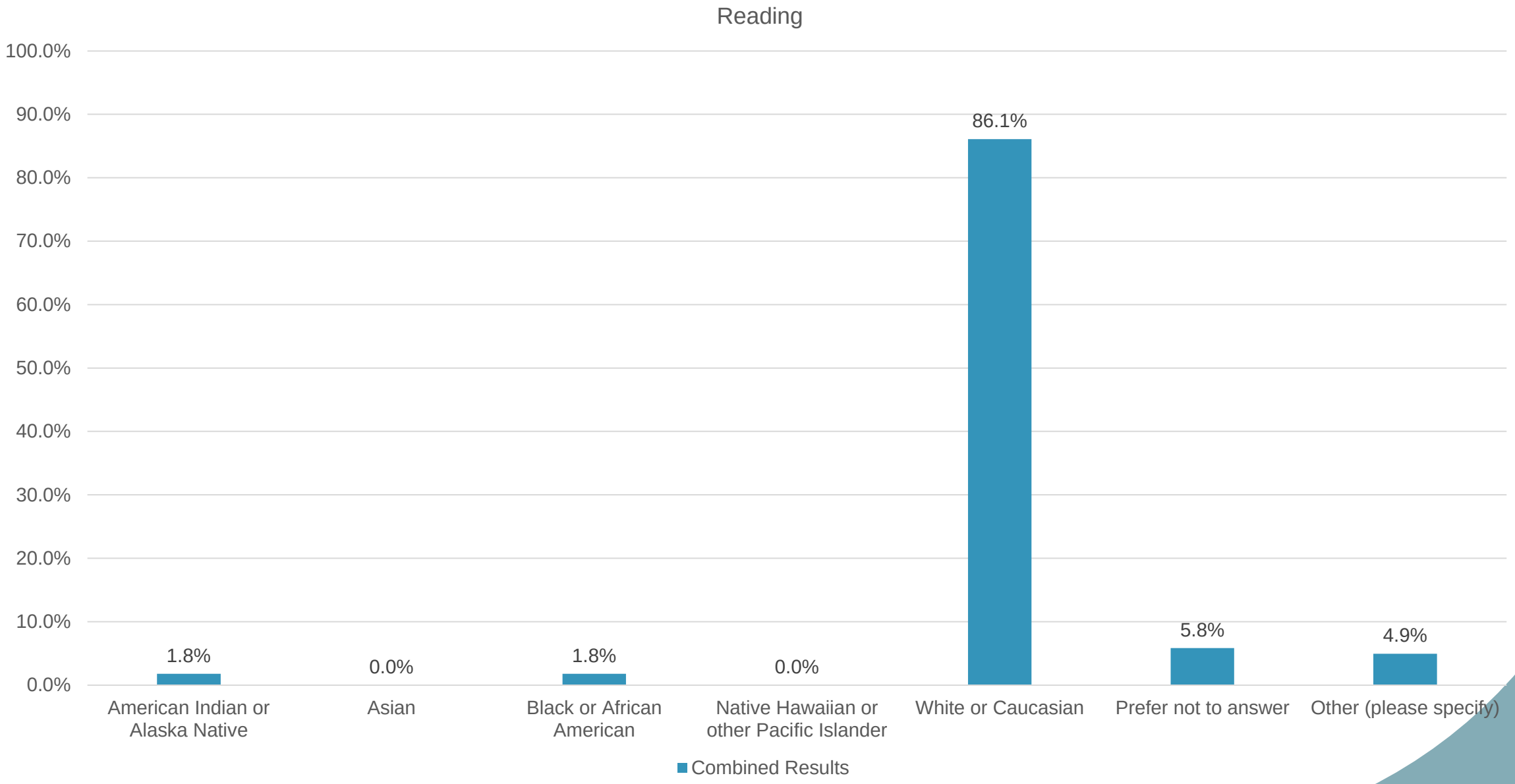
What is Your Age?



What is Your Gender?

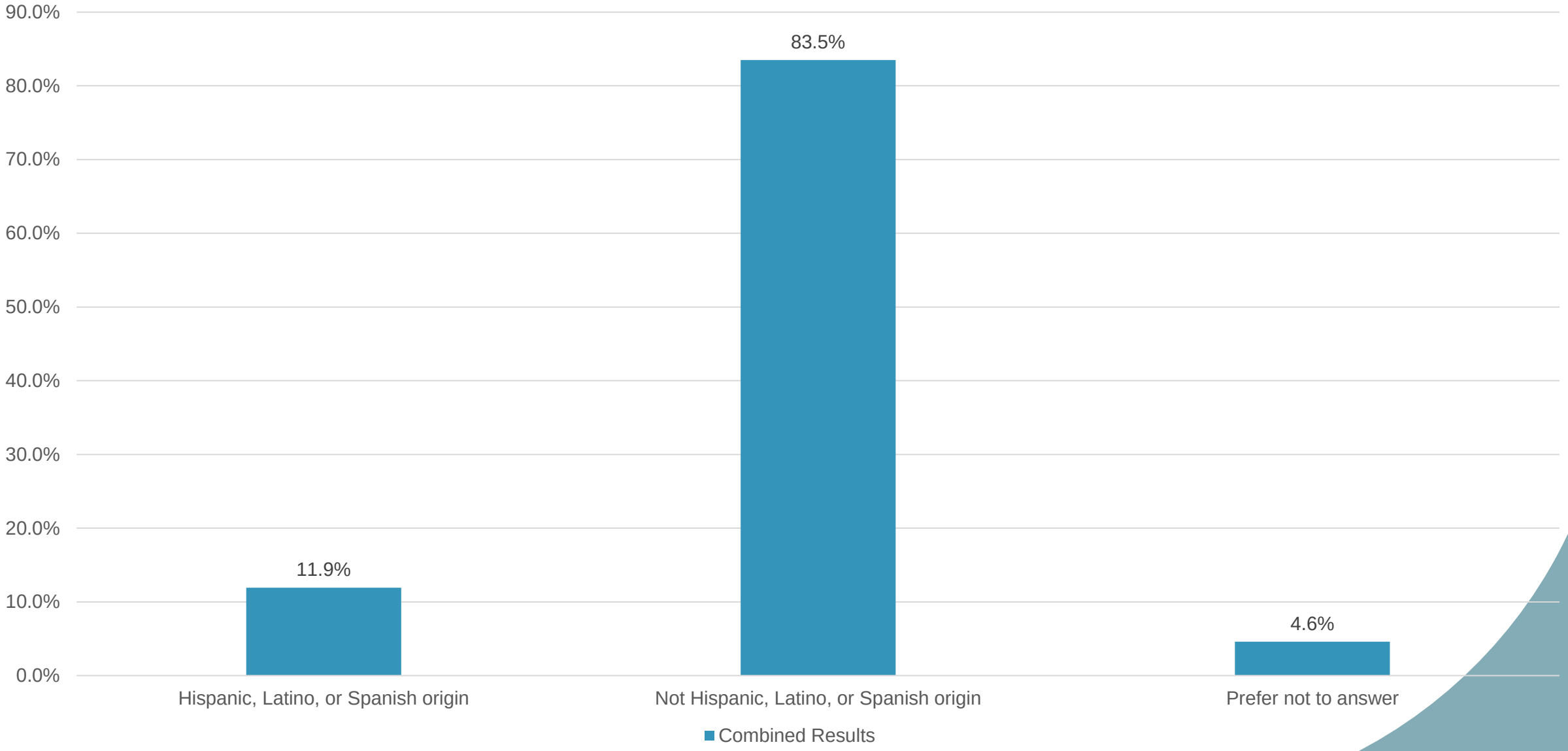


What is Your Race or Origin?

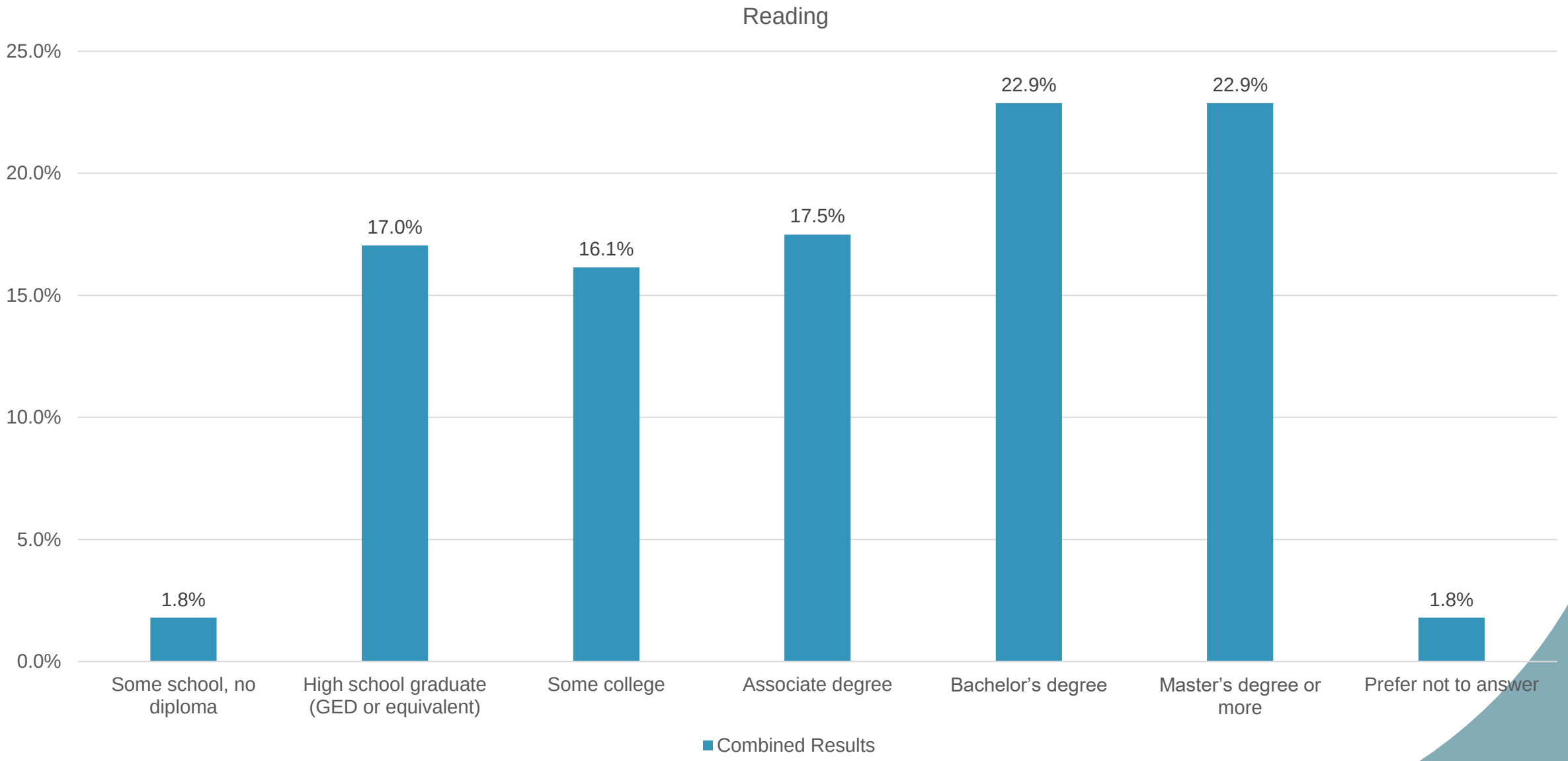


What is Your Ethnicity?

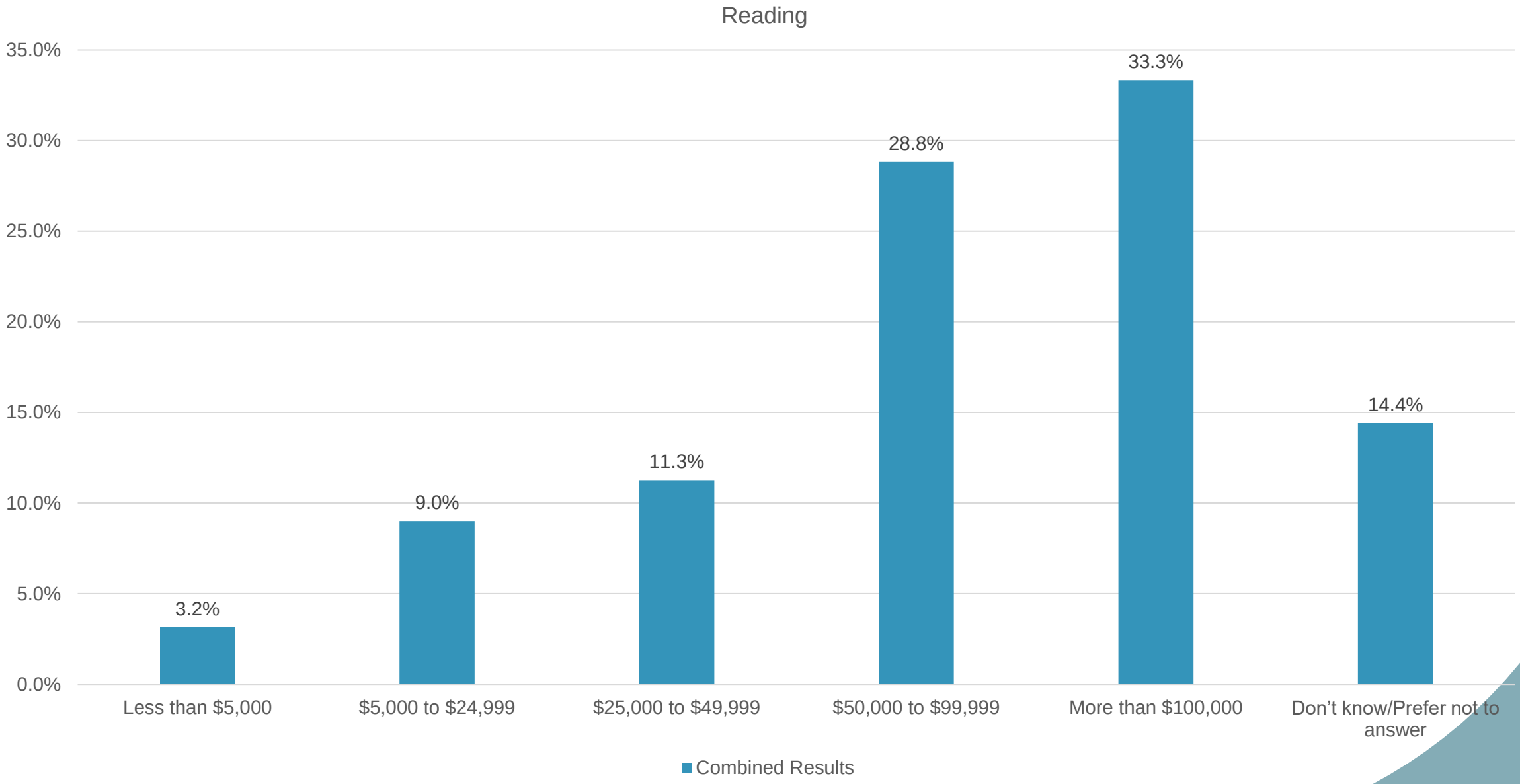
Reading



What is Your Highest Level of Education?



What is Your Annual Household Income?



Common Themes

Community

Important Factors to Healthy Community

1. Easy access to health care (English and Spanish)
2. Low crime/safe neighborhoods (English and Spanish)
3. Good jobs/economy (English and Spanish)
4. Good schools (English and Spanish)

Community Health Problems

- Behavioral health/Mental health (English and Spanish)
- Access to healthy foods (English and Spanish)

Improvement Quality of Life

1. Access to drug/alcohol/mental health services (English and Spanish)
2. Higher paying jobs (English and Spanish)

Neighborhood

Very Satisfied/Satisfied

- Quality of life in community – English (84.1%) and Spanish (83.3%)
- Health care system in the community – English (72.1%) and Spanish (58.4%)
- Same access to quality of life – English (57.3%) and Spanish (58.4%)
- Health and social services in the community – English (65.1%) and Spanish (50.0%)
- Diversity of health care providers – English (81.2%) and Spanish (66.7%)

Excellent/Very Good

- Health and human services in community – 22.6% of English and 17.7% of Spanish

Information

Type of Information Needed

- Managing weight (English and Spanish)

Method to Obtain Information

- General health information from their doctor/health care provider (English and Spanish)

Common Themes

Personal Health Assessment

Overall Health Excellent/Very good

- 39.8% of English
- 33.3% of Spanish

Health Behaviors and Problems

Persistent Health Problems

1. Behavioral/mental health (English and Spanish)
2. Drug/alcohol use (English and Spanish)
3. Access to healthy foods (English and Spanish)

Health Challenge

- Overweight/obesity (English and Spanish)

Needed Screenings

1. Blood pressure screenings, followed by exercise/physical activity, and dental screenings (English and Spanish)

Preventive Screenings past 12 months

- Flu shots, dental cleaning/x-rays, physical exam, and vision screening top preventive procedures (English and Spanish)
- Received the COVID-19 shot (English and Spanish)

Education & Prevention

Barriers to care

- Language barriers – 55.6% Spanish
- No insurance/unable to pay – 44.4% Spanish
- Cannot take time off - 45.9% of English
- Unable to pay co-pays/deductibles – 27.1%

Prevention

- English and Spanish speakers go to their physician's offices for health care services (most common).

Common Themes

Personal Assessment of Health

- 39.8% of English speakers would describe their health overall health as excellent/very good.
- 3.3% of Spanish speakers would describe their health overall health as excellent/very good.

Health Behaviors and Factors

- English and Spanish speakers reported behavioral/mental health and access to healthy foods were persistent health problems in the community.
- Overweight/obesity was the top common health challenge for both English and Spanish speakers.
- Blood pressure screenings was the top health service needed for both English and Spanish speakers to stay healthy. Followed by exercise/physical activity and dental screenings.
- Both English and Spanish respondents reported flu shots, dental cleaning/x-rays, physical exam, and vision screening as being the top common preventive procedures respondents had in the past 12 months.
- English speakers and Spanish speakers planned /received the COVID-19 shot was the top statements that applied to themselves.

Education & Prevention

- 55.6% of Spanish speakers reported language barriers prevent them from accessing care.
- 45.9% of English speakers reported time (cannot take time off) prevent them from accessing care.
- Both English and Spanish speakers go to their physician's offices for health care services.