



Bryn Mawr Rehab Hospital

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Bryn Mawr Rehabilitation Hospital Community Health Assessment

May 2013

Table of Contents

Introduction <ul style="list-style-type: none"> • The process and methods used to conduct the assessment 	Page # 3
Overview of Health Priorities Identified for the Community <ul style="list-style-type: none"> • Criteria, Supporting Observations and Process for Selecting Priorities 	4-7
Population and Demographics <ul style="list-style-type: none"> • Description of Community Served 	8-21
Community Analysis <ul style="list-style-type: none"> • Health Status and Chronic Conditions • Preventive Health • Health and Safety • Access to Care • Older Adults 	22-32 33-39 40-44 45-52 53-58
Input from the Community: Perception of Health Care Related Issues	59-94
Appendix <ul style="list-style-type: none"> • Data Sources and Dates, Data Gaps • Input from the Community - Organizations • Contributors with Special Knowledge • Community Resources • Priorities not being addressed at this time 	96-98 99-105 106-108 109-111 112



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Main Line Health System (MLH) has conducted a Community Health Needs Assessment (CHNA) at each of its hospitals with the purpose to better understand and respond to the health care needs of its communities. This CHNA, finalized in March 2013 is specific to Bryn Mawr Rehabilitation Hospital (BMRH), and builds upon a previous System-wide Main Line Health CHNA which was completed and published in 2009.

The Process

The CHNA was compiled by analyzing population and demographic data and comparing health indicators such as health status, health conditions and incidence rates to local, regional and national rates. Additional comparisons were made to understand influences on health such as the use of preventive health services, access to care, health and safety and factors influencing the health of older adults. Some select economic, educational and behavioral influences were also reviewed. The data presented in the report were obtained from both public and proprietary sources. Input was also sought to represent broad interests of the community and obtained via a series of community surveys.

The BMRH report contains information and commentary specific to the BMRH community health needs assessment area. MLH also conducted a CHNA report for each of its other system hospitals: Lankenau Medical Center (LMC), Bryn Mawr Hospital (BMH), Paoli Hospital (PH) and Riddle Hospital (RH).



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Community Health Needs

This CHNA contains information on numerous health indicators in various sections of the report including: population and demographics, community-based data and community survey results. This information was utilized to understand the health status and identify the health needs of the community. Subsequently, the following criteria was considered to select community health need priorities.

- The health indicator is at lower performance than the regional, state and national benchmark, or the Healthy People 2020 target (HP2020)
- The health indicator reflects a national focus for improvement
- There are community stakeholder interests in the health indicator
- A special population was identified that warrants additional services

Additionally, a number of data observations were developed from which the following priorities were identified. These priorities are all of equal importance.

- Obesity / Diabetes
- Falls (within the Senior Population)
- Cardiovascular Health / Stroke
- Arthritis
- Injury Prevention: Concussions and Impaired / Distracted Driving
- Cultural / Diversity

Supporting data for the selection of the health priorities follows.

This information is also contained throughout the CHNA document.



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Focus area:	Criteria:	Worse than benchmarks or unhealthy trend	National Focus for Improvement	Community stake - holder interest	Sub-group population with special needs
Obesity / Diabetes			✓	✓	
Cardiovascular Health / Stroke			✓	✓	
Arthritis	✓		✓	✓	
Concussion			✓	✓	✓
Injury Prevention: Falls			✓	✓	✓
Injury Prevention: Distracted Driving			✓	✓	✓
Cultural / Diversity				✓	✓

Obesity / Diabetes

- The percentage of adults who are obese in the BMRH area (20%), is lower than the percent for Southeastern PA (SEPA). However, with one in five persons being obese, this represents a large population with a significant risk factor for many poor health conditions. Individuals who are overweight and obese have an increased risk for type 2 diabetes, heart disease and certain types of cancer. Diabetes can also be a cause of non-traumatic lower-limb amputations.

Cardiovascular Health / Stroke

- Heart disease is the leading cause of death in the U.S. and stroke is the third leading cause of death, together making them among the most widespread and costly health problems facing the nation. Identifying and controlling risk factors such as high blood pressure and high cholesterol for cardiovascular disease is critical to impacting the health of the community.¹



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¹ Healthy People 2020: www.healthypeople.gov/2020/topicsobjectives2020

Arthritis

- In the BMRH area, arthritis was reported as the most common chronic condition among adults. Arthritis affects approximately one in five adults and continues to be the most common cause of disability in the U.S.¹. The goal of treatment is to reduce pain, improve function and prevent further joint damage.

Concussion

- BMRH provides an accredited brain injury program and a mild traumatic brain injury (also known as post concussion syndrome) outpatient program. Traumatic Brain Injury (TBI) is a contributing factor to a third of all injury-related deaths in the U.S. and about 75% of TBIs that occur each year are concussions or other forms of mild TBI (per the CDC). During the last decade, ED visits for sports- and recreation-related TBIs, including concussions, among children and adolescents, increased by 60%. BMRH recognizes the importance of the continuum of care from prevention education to inpatient and outpatient treatment.

Injury Prevention- Falls

- In the BMRH area, approximately one in four older adults has fallen in the past year, which can cause injury, hospitalization and rehabilitation. Older adults are among the fastest growing age groups and 60% will manage more than one chronic condition by 2030. There is a national focus on the older adult population emphasizing the importance to promote healthy outcomes through a variety of programs such as disease and injury prevention education, promotion of self management, socialization, caregiver support and collaboration among hospitals, older adults, government, community and advocacy resources.¹



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Injury Prevention – Distracted Driving:

- BMRH provides Cruisin' Not Boozin'®, an award-winning program developed to bring children, teenagers and young adults face-to-face with the devastating consequences of distracted or impaired driving. According to the CDC, in 2009, over 5,400 people were killed in distracted driving crashes and 448,000 were injured. A study by Pew Research states that one in three (34%) texting teens ages 16-17 say they have texted while driving, and half (52%) of cell-owning teens ages 16-17 say they have talked on a cell phone while driving.

Cultural / Diversity

- There are pockets of diverse populations in the BMRH community. Although there is limited information on these sub-populations, they may contain persons with varying health needs. This has prompted BMRH, as part of the MLH System, to also make cultural/diversity a priority.

Bryn Mawr Rehabilitation Hospital will address these priorities with action plans to positively influence the health and well-being of the BMRH community.



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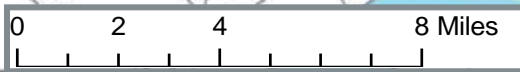
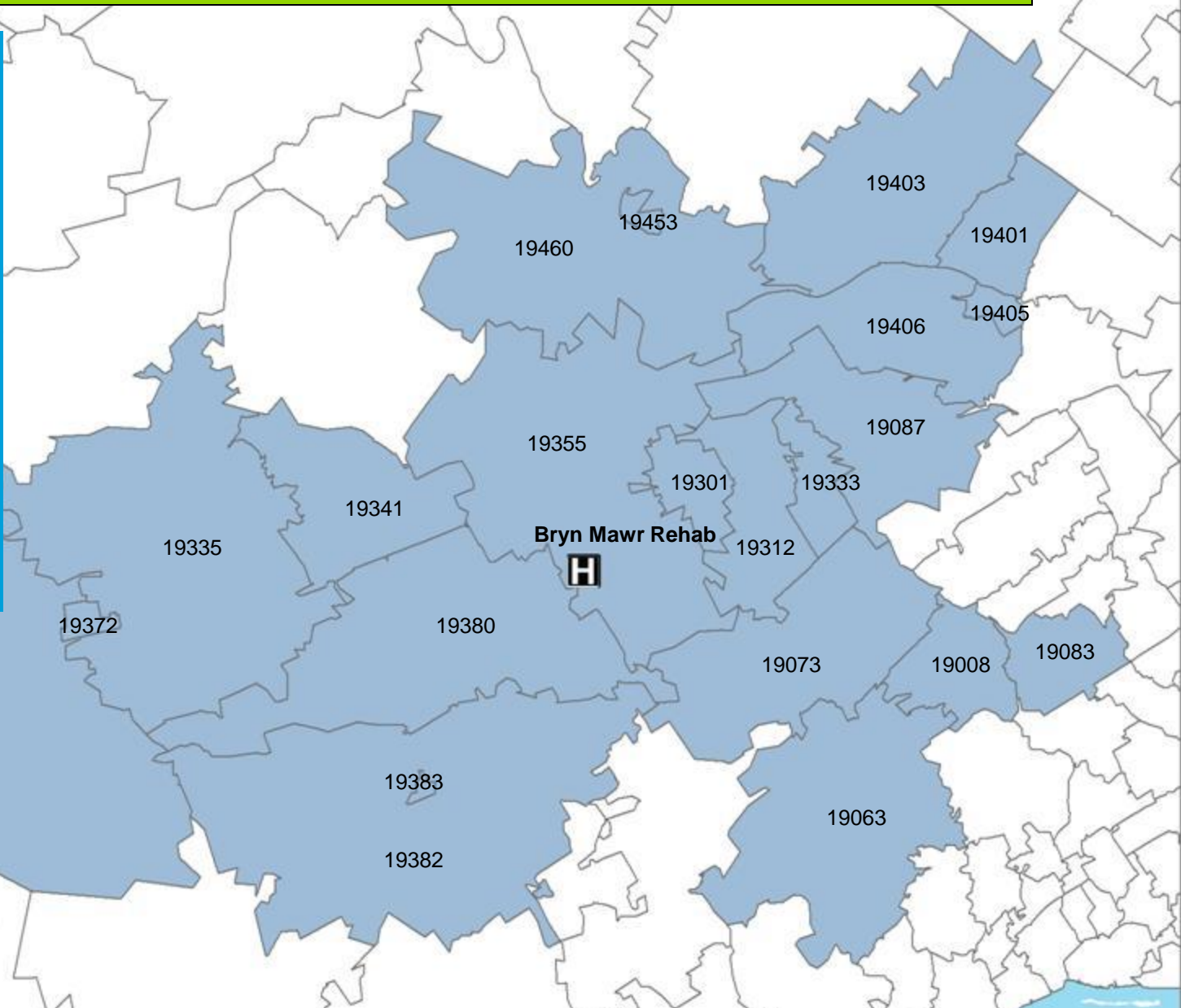
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Population and Demographics

Bryn Mawr Rehabilitation Hospital Community Health Needs Assessment Area

- 19008 BROOMALL
- 19063 MEDIA
- 19073 NEWTOWN SQUARE
- 19083 HAVERTOWN
- 19087 WAYNE
- 19301 PAOLI
- 19312 BERWYN
- 19320 COATESVILLE
- 19333 DEVON
- 19335 DOWNINGTOWN
- 19341 EXTON
- 19355 MALVERN
- 19372 THORNDALE
- 19380 WEST CHESTER
- 19382 WEST CHESTER
- 19401 NORRISTOWN
- 19403 NORRISTOWN
- 19405 BRIDGEPORT
- 19406 KING OF PRUSSIA
- 19453 MONT CLARE
- 19460 PHOENIXVILLE



Population counts and projections

Areas	Total Population			
	2012 Pop	2017 Pop	Change	% Change
Bryn Mawr Rehab	580,791	599,957	19,166	3.3%
SEPA	4,041,357	4,122,948	81,591	2.0%

The total population of the BMRH CHNA area is expected to increase by 3.3% between 2012 and 2017.

Source: Truven Health.

Socio-demographics

2012 Household (HH) Data			
Areas	No. of Households	Median Income	Pct of Adults with College Degree
Bryn Mawr Rehab	221,856	\$82,402	55%
SEPA	1,551,576	\$68,192	42%

Overall, the BMRH CHNA area is affluent with 55% of the adults in the area having a college degree and the median household income is over \$82,000.

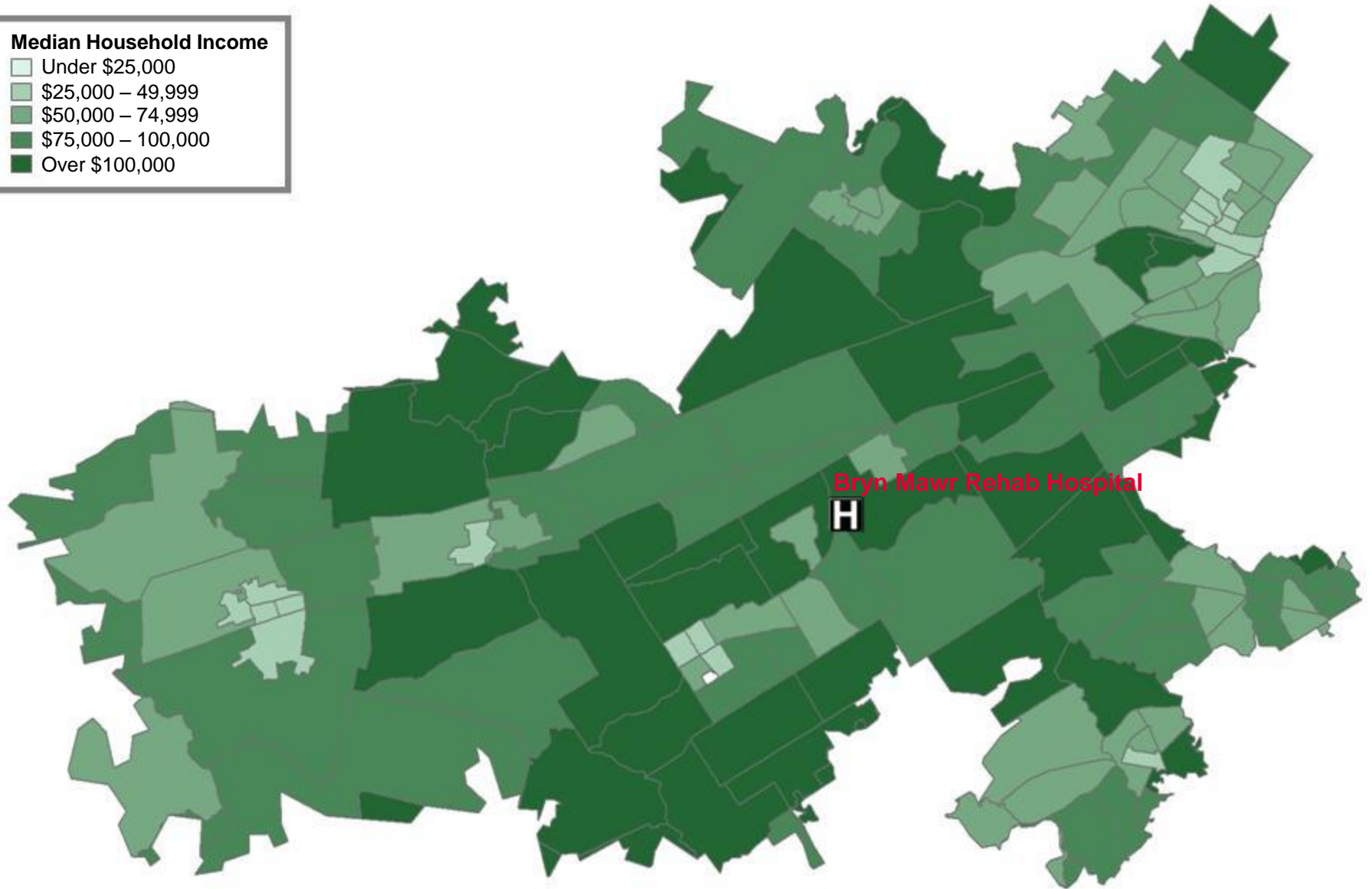
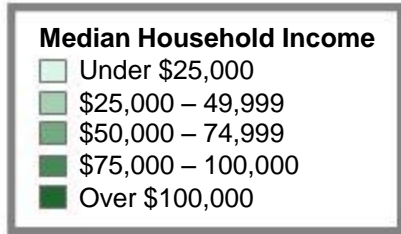


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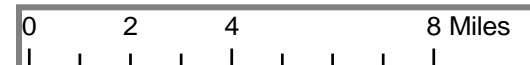
BMRH Median Household Income by Census Tract 2006-2010*



*Five Year Inflation-Adjusted Income to 2010.

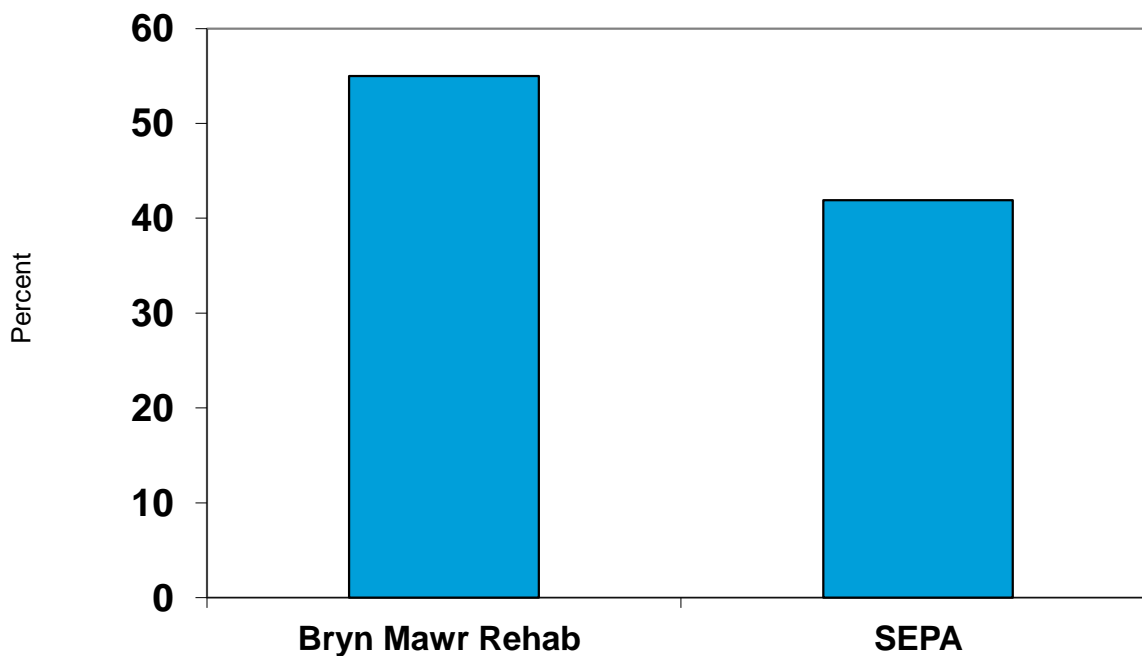
Note: Census tracts with small sample sizes are non-shaded.

Source: US Census Bureau.



Education

Percentage of adults with college degree or higher



Higher education levels, as seen in the BMRH CHNA area, are associated with jobs that provide health insurance. Seventy-five percent of the residents of the area have private health insurance.

Numerous public health studies link educational attainment with health and well-being. Those who are better off in both education and income have the best health outcomes, including decreased mortality-morbidity and longer life spans.



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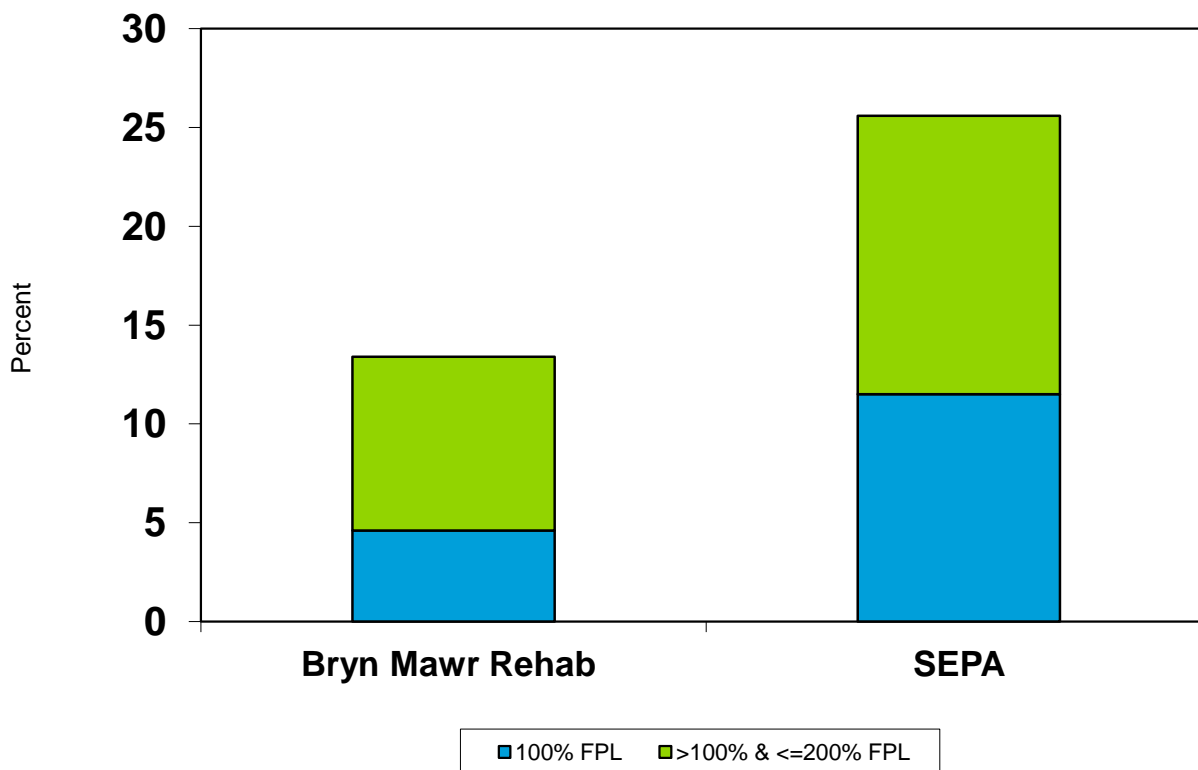
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; C. Cannuscio, University of Pennsylvania, "The impact of the economic crisis on your health," presentation at the Philadelphia College of Physicians, March 2009.

Poverty status

100 and 200 percent of the federal poverty level (FPL)



The BMRH CHNA area has a relatively small proportion of total households living at the federal poverty level (FPL).

In 2009, a family of four earning \$22,050 would be living at the FPL.



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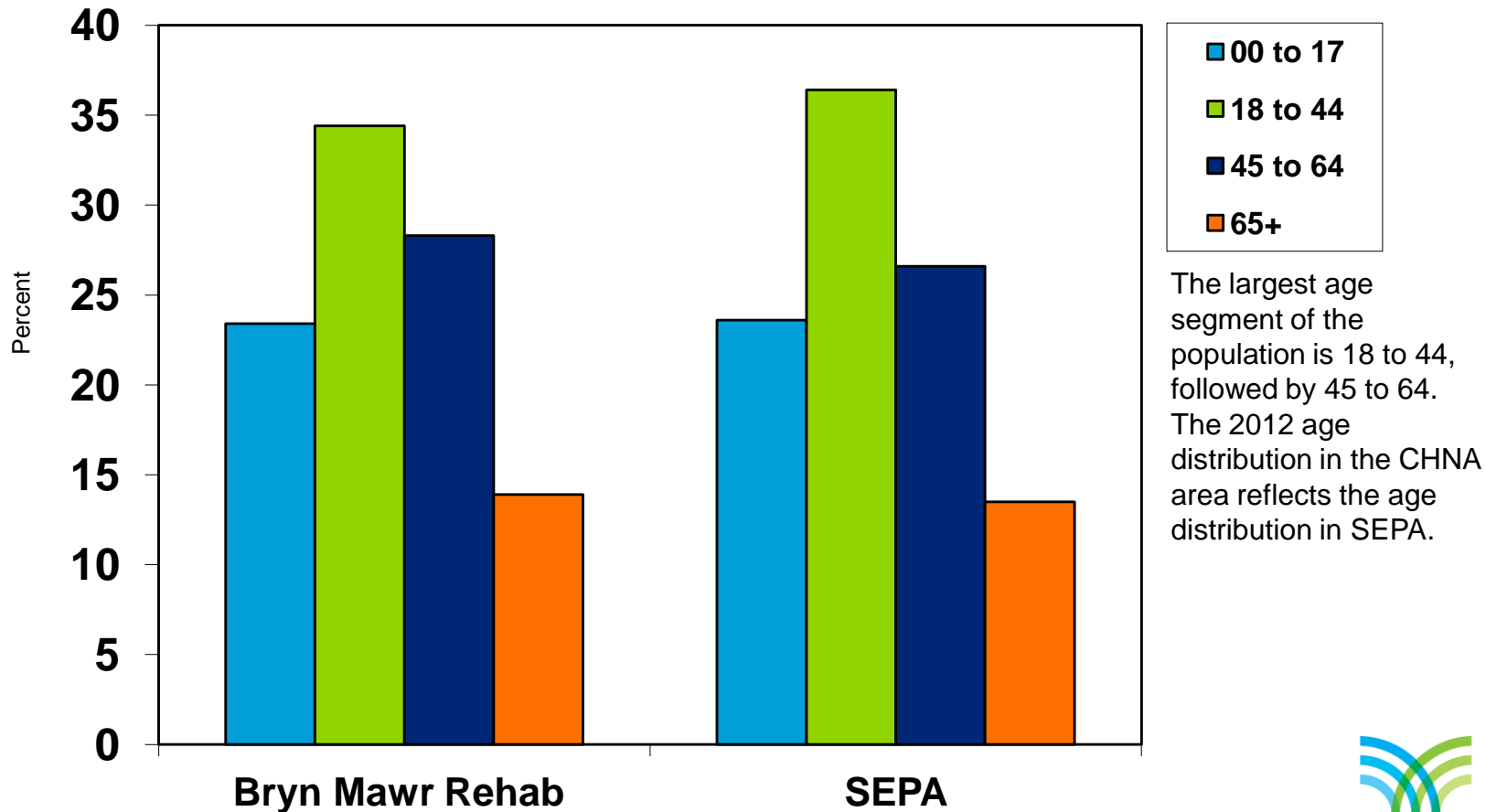
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; U.S. Department of Health and Human Services.

Age distribution

Percentage of population by age group – 2012



The largest age segment of the population is 18 to 44, followed by 45 to 64. The 2012 age distribution in the CHNA area reflects the age distribution in SEPA.

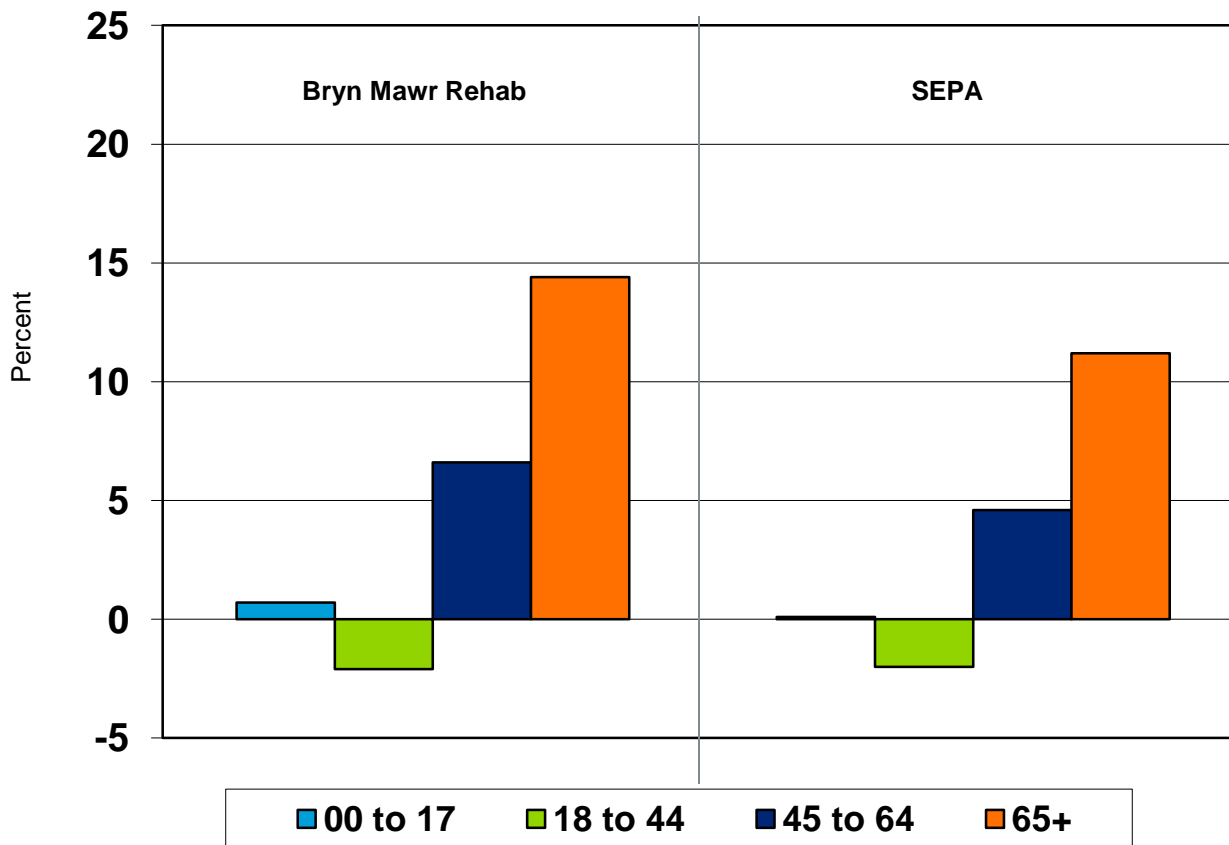


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Projected shift – 2012 to 2017

Percentage change of population by age group



While the age distribution of the BMRH CHNA area currently reflects the distribution of SEPA, the BMRH CHNA area is aging more rapidly than the SEPA population. This aging population may require more rehabilitation services. This represents the continued aging of the baby boomer generation.

The BMRH area is also seeing a larger increase than SEPA in the population ages 0-17.



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Source: Truven Health.

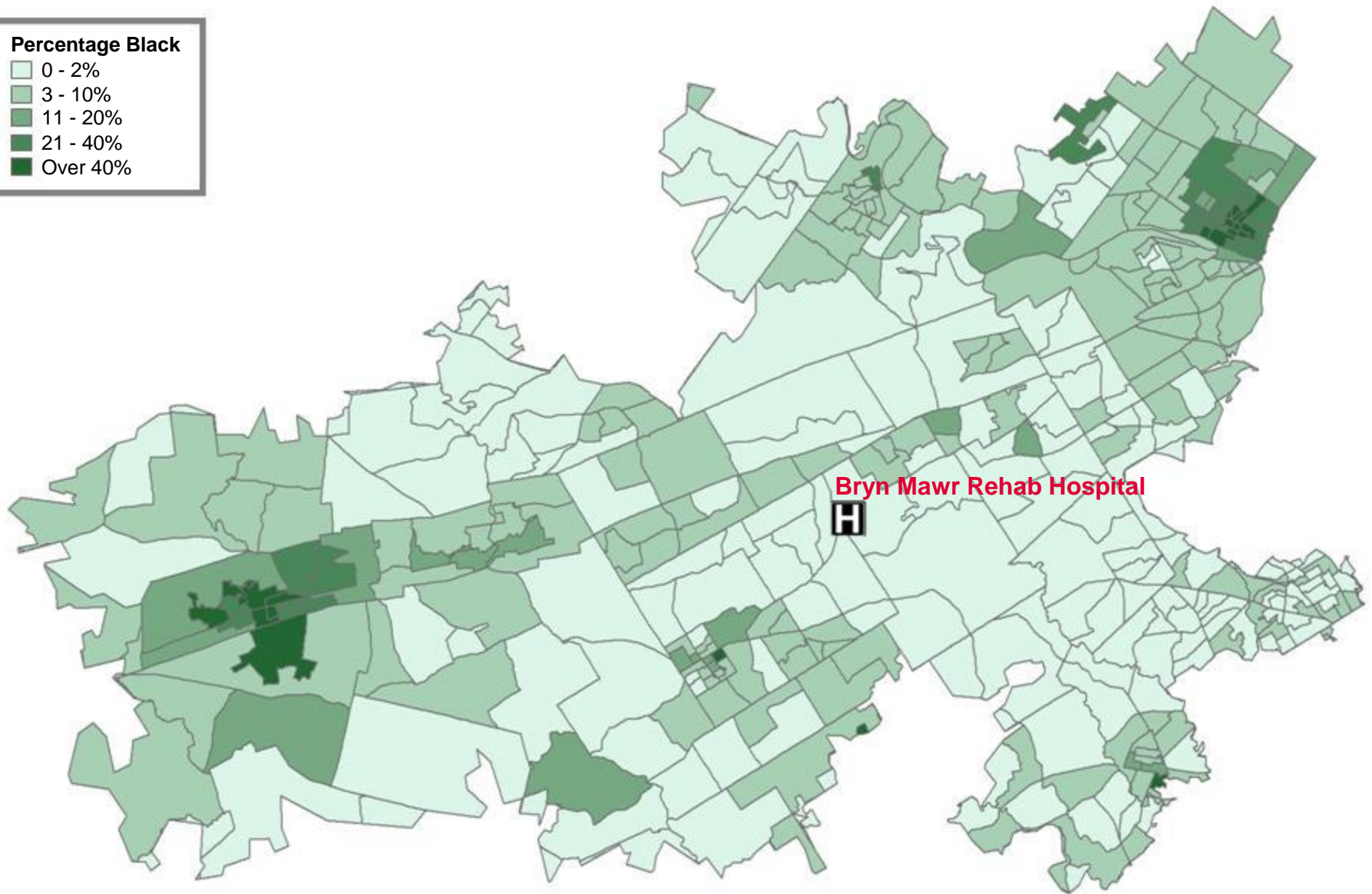
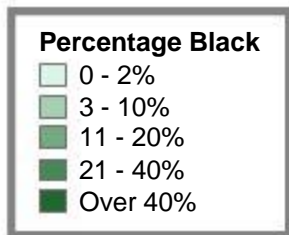
Race/Ethnicity

Percentage of population by racial and ethnic group – 2012

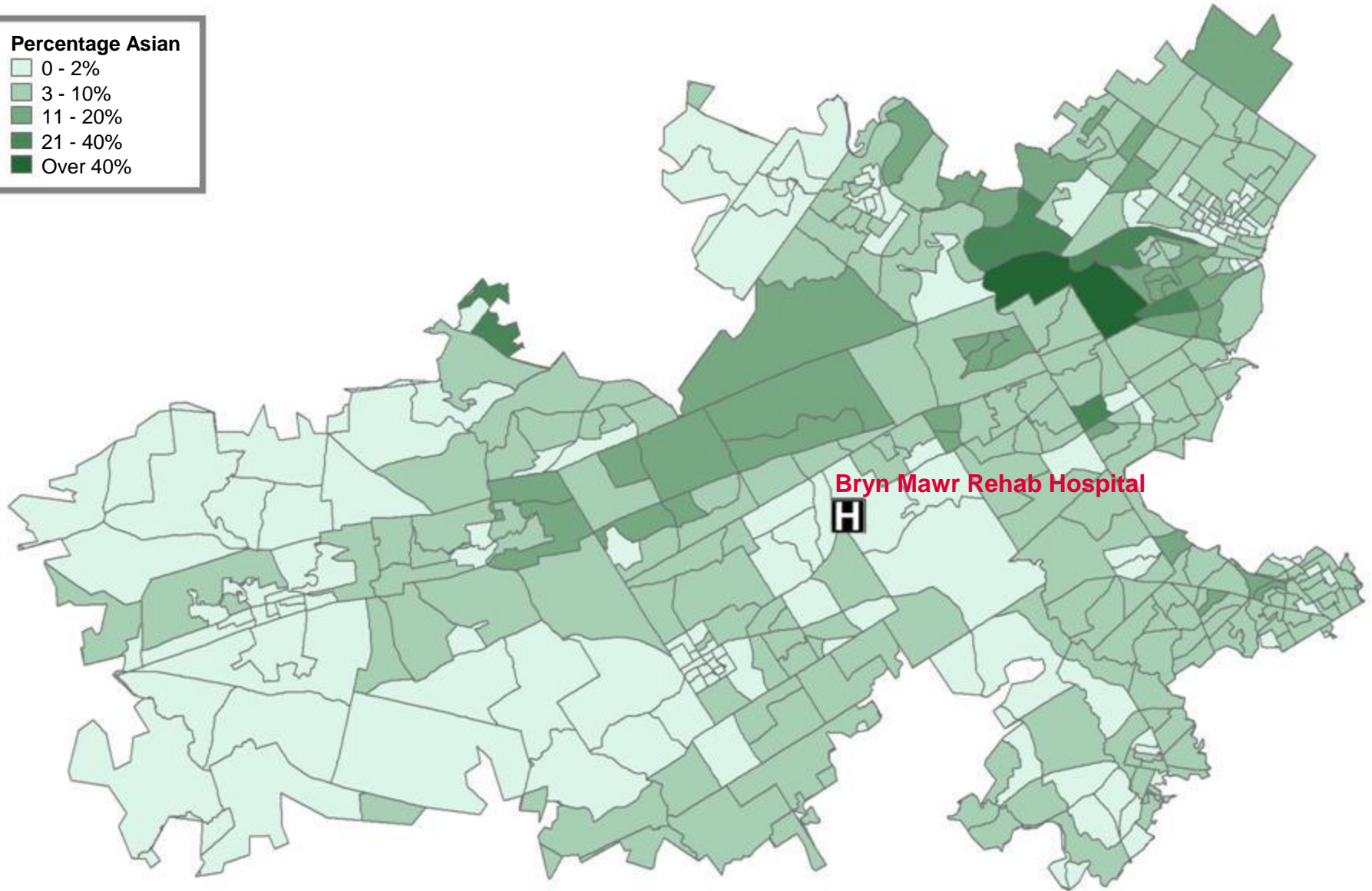
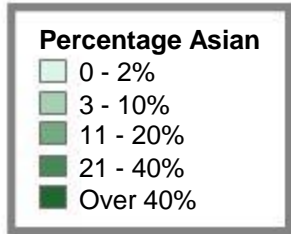
Area	White	Black	Hispanic	Asian	Other
Bryn Mawr Rehab	78.7	7.9	5.8	5.8	1.9
SEPA	62.6	21.8	7.9	5.7	2.1

The majority of residents in the BMRH CHNA area are white. Blacks represent the next largest group at 7.9% of the population; followed by Hispanics and Asian, both at 5.8% of the population.

BMRH Percentage Black by Census Block Group – 2010

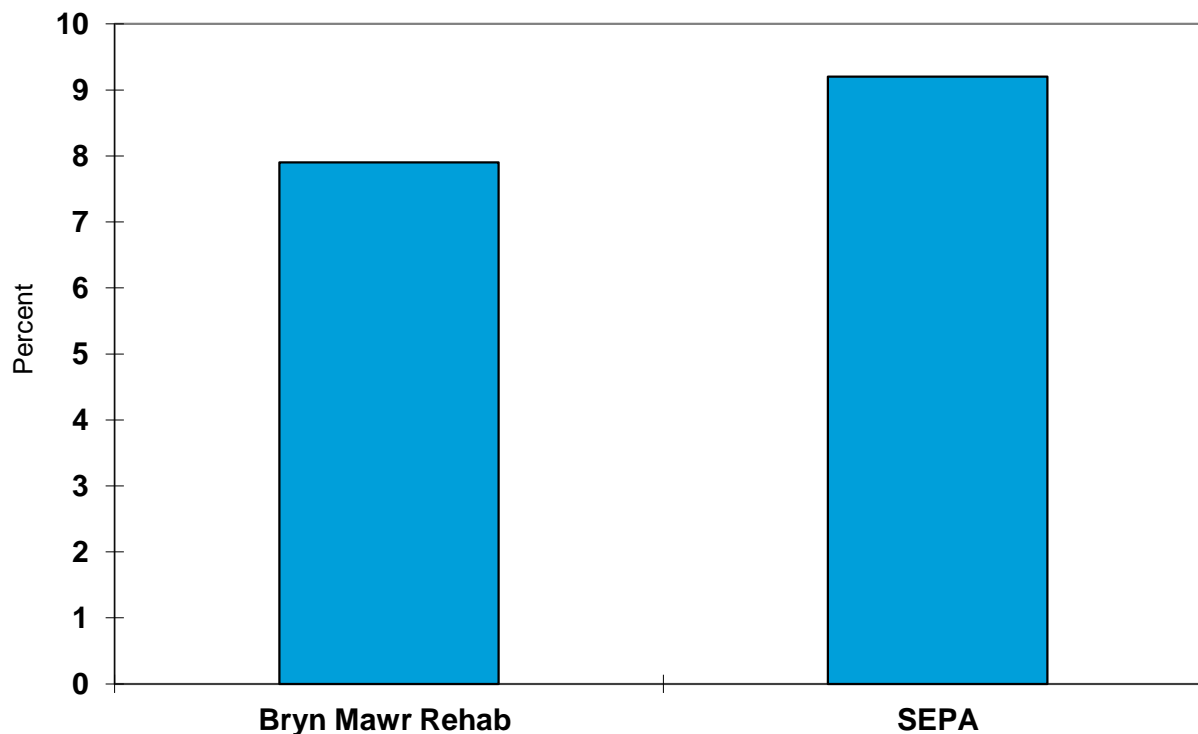


BMRH Percentage Asian by Census Block Group – 2010



Immigration

Percentage of adults born in another country



A resident of the BMRH CHNA area is less likely to have been born in a foreign country compared to residents in SEPA (9.2%) and the country (12.5%). The largest proportions of these households are in the 19401 Norristown zip code, specifically in Norristown Borough.



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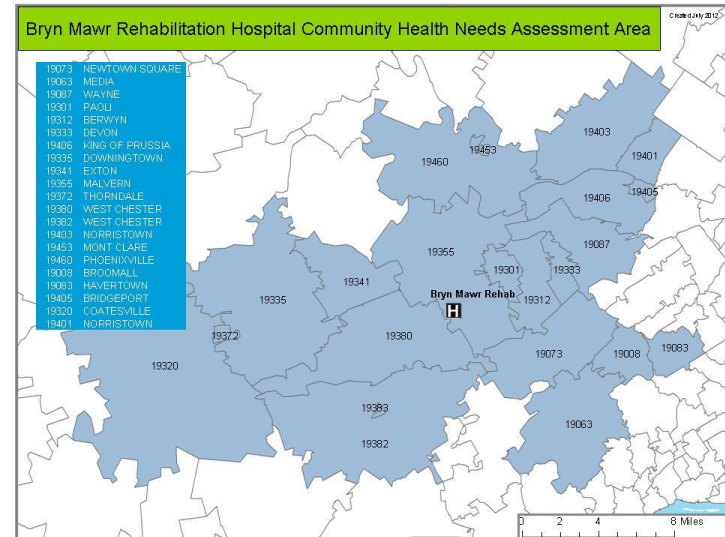
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010;
U.S. Census Bureau, American Community Survey, 2009.

Observations – community characteristics

Geography – The Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment (CHNA) area includes 21 geographical zip codes. The geography covers parts of Chester, Delaware and Montgomery Counties in Pennsylvania. These zip codes represent 45% of the hospital's inpatients discharges and 70% of the hospital's outpatient visits.



Community Characteristics – The population of the CHNA area is predominately white. The non-white population is concentrated in several communities within the service area. The high percentage of college educated adults along with a higher household income correlates to an overall healthier population in the CHNA area.

Aging – The BMRH CHNA area is increasing in population and in the proportion of adults in the oldest age category. This growing and aging population suggests the need additional age-related rehabilitation needs.

Adolescents & Teens – This increasing younger population could be susceptible to additional accidental injuries and sport-induced concussions.



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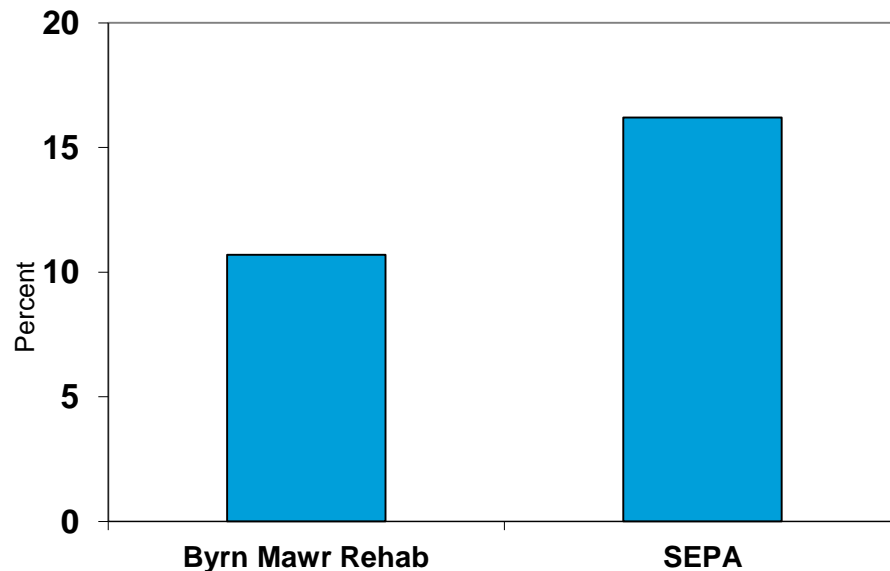
Community Analysis

**Health Status and Chronic
Conditions**

Health status

PA BRFSS: 16.0%

Adults self-reported health status – fair or poor



Adults in the BMRH CHNA area are less likely to report being in fair or poor health than SEPA residents in total. Interestingly, when adults in this area were asked to rate their “physical health,” 20% rated it fair or poor. This is similar to another survey of former BMRH patients in which 24% rated their health status as fair or poor.

Self-reported health status correlates with a number of socio-economic indicators, such as poverty and race. Fair or poor health is also correlated with chronic conditions. For instance, 44.0% of adults with a chronic condition are in fair/poor health vs. 11.5% without a chronic condition (SEPA).

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2008, 2010; “My Healthcare Voice” online panel, April 2012; Bryn Mawr Rehab Community Health Needs Survey, September 2012



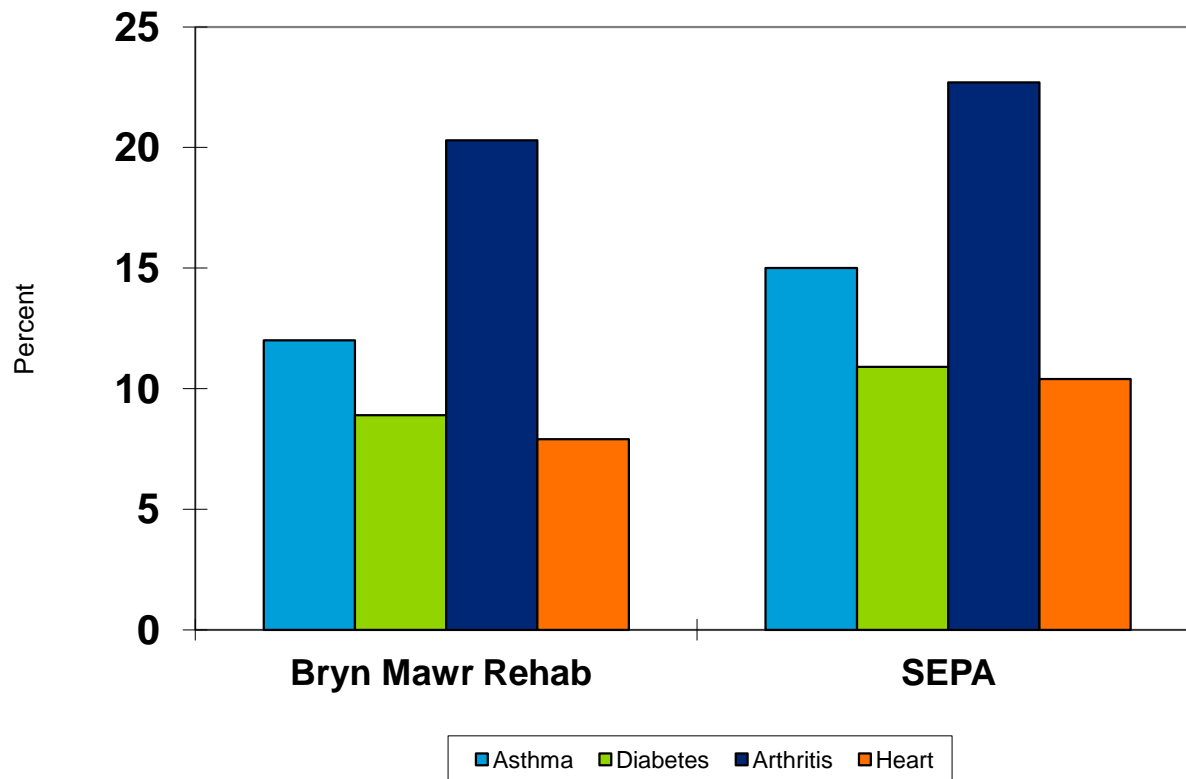
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Types of chronic conditions – all adults

Adults who have a chronic condition by type of condition*



Arthritis is the most common chronic condition among adults across the BMRH CHNA area. However, the percentage of adults in the CHNA area is lower than SEPA.

Arthritis is a condition that may require rehabilitation services. “Living with Arthritis” is an existing BMRH program serving the community.

*Q1: “Have you ever been told by a doctor or other health professional that you have or had: a. Asthma; b. Heart disease, including angina, congestive heart failure, a heart attack or other heart problems; c. Diabetes?” Q2: “Do you have arthritis, such as osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, or lupus?”

Note: The heart disease survey question is not comparable to BRFSS because BRFSS includes stroke.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010 for Asthma & Diabetes, 2008 for Arthritis & Heart Problems.



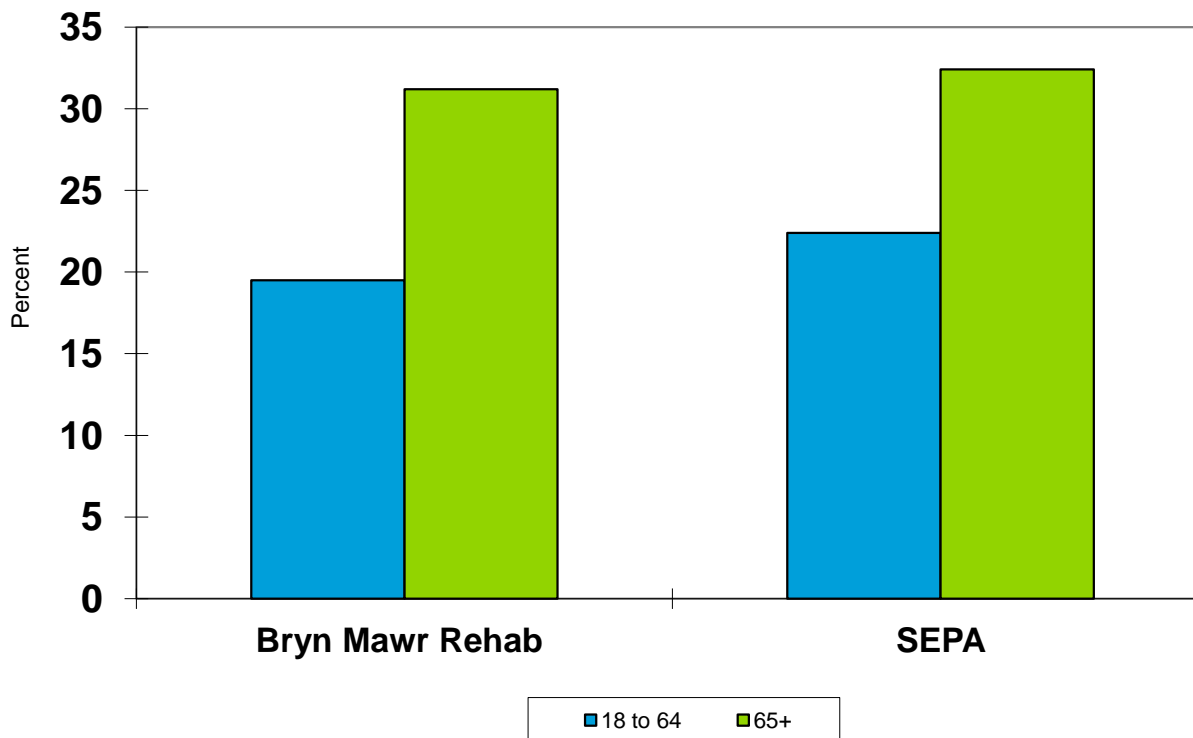
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Chronic condition – adults by age group

Percentage of adults with a chronic condition



About one in three older adults are coping with a chronic condition, similar to that of SEPA.

The percentage of adults ages 18-64 with chronic conditions is slightly lower than the SEPA population.

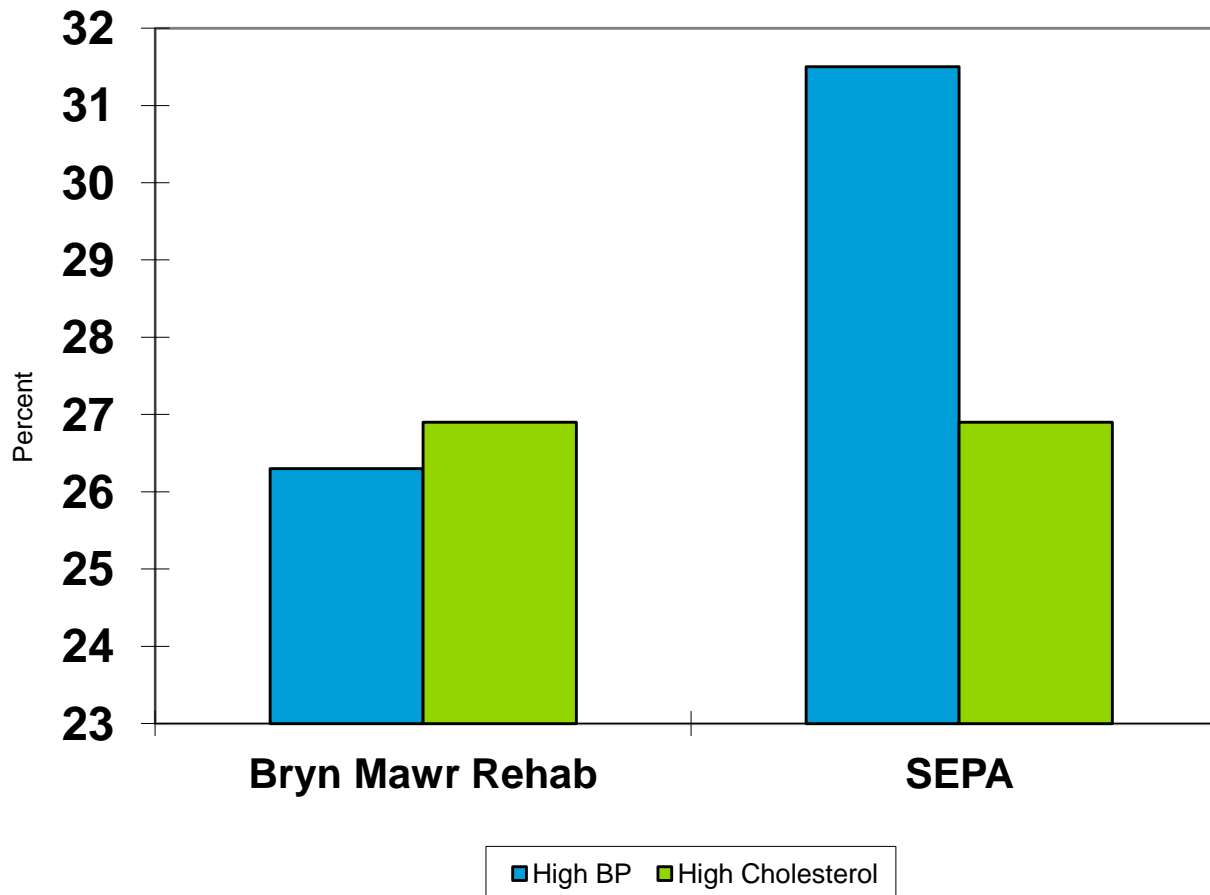


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Heart disease – risk factors

Adults with high blood pressure and high cholesterol



Healthy People 2020:
26.9% High Blood Pressure
13.5% High Cholesterol

The BMRH CHNA area is below SEPA in terms of the percentage of adults with high blood pressure and similar to adults in SEPA who have high cholesterol.

The BMRH CHNA area percent for high blood pressure (26.3%) is slightly below the Healthy People target (26.9%). However, the percent for high cholesterol (26.9%) is above the healthy People target (13.5%).



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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010
High BP and 2008 for High Cholesterol.

Diabetes by age

Percentage of adults diagnosed* with diabetes by age

	18-64	65+
Bryn Mawr Rehab	6.7	18.5
SEPA	8.2	21.9

About one in five older adults have diabetes.

BMRH CHNA area residents are less likely to report having diabetes by age than the SEPA population.

*Q: "Have you ever been told by a doctor or other health professional that you have or had diabetes?"

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

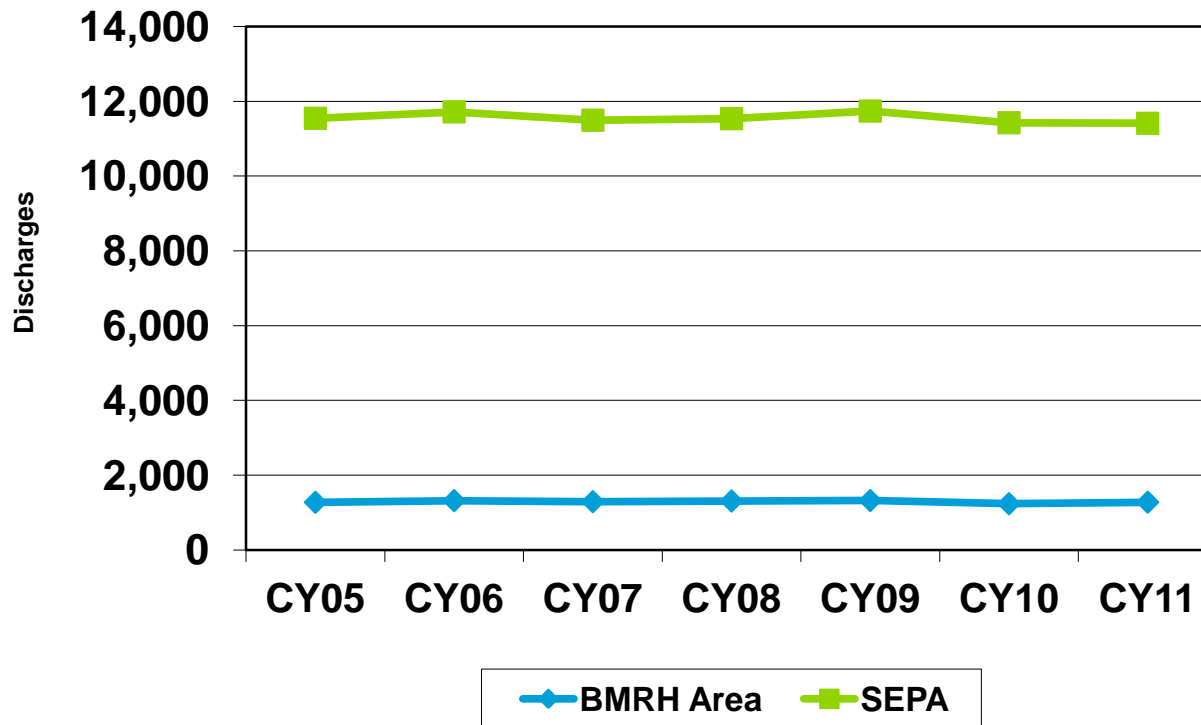


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PriDx stroke discharges from acute hospitals



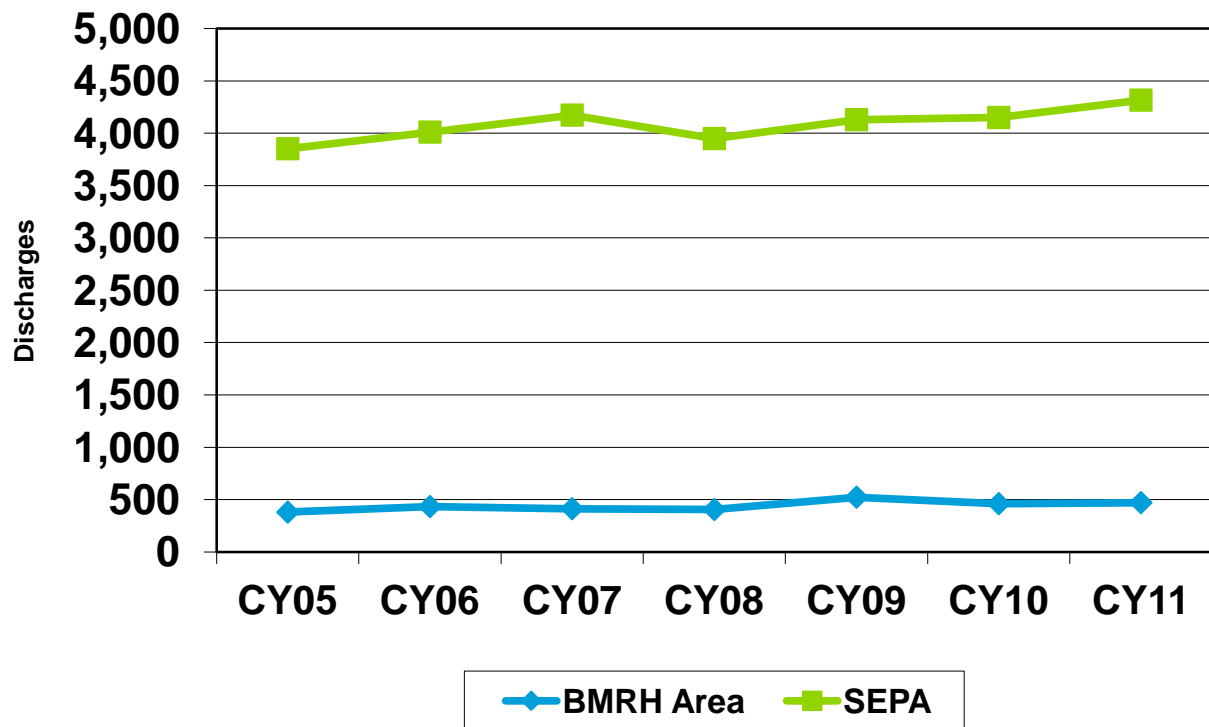
The number of residents from the BMRH CHNA area admitted to Pennsylvania acute care hospitals with a primary diagnosis of stroke has been level. The number of stroke discharges has declined slightly in SEPA.



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PriDx brain injury – trauma discharges from acute hospitals



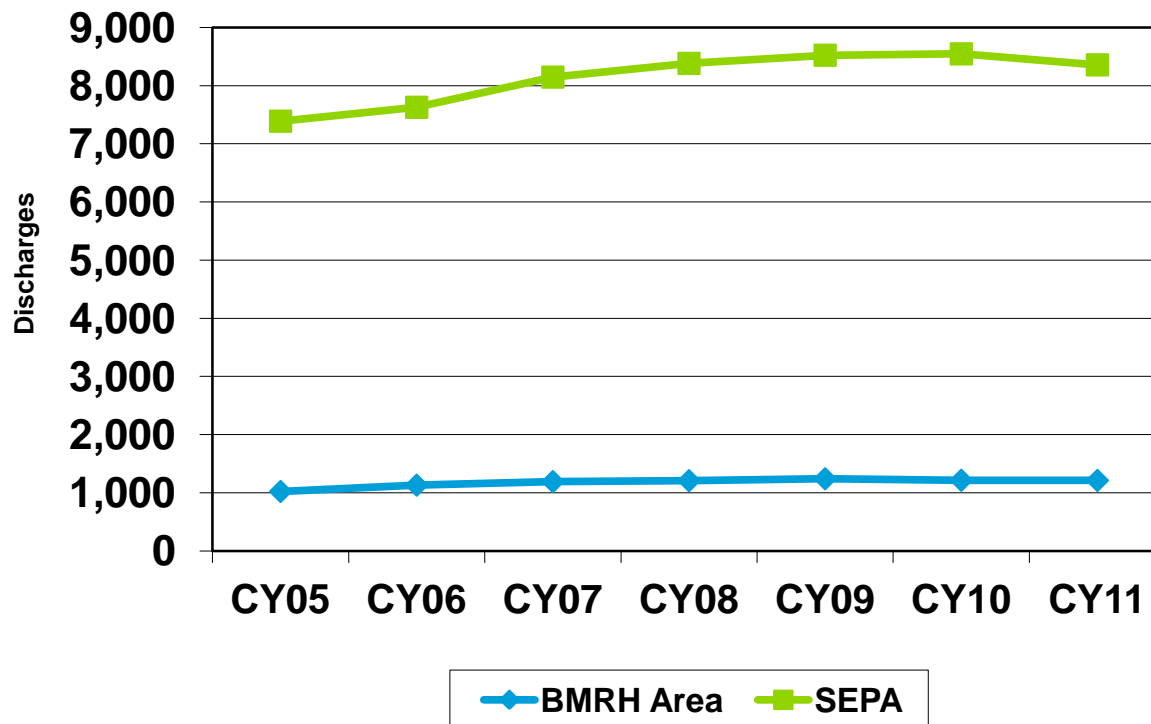
The number of SEPA residents admitted to Pennsylvania acute care hospitals with a primary diagnosis of brain injury has been steadily increasing. The volumes in the BMRH CHNA area have also been increasing slightly.



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Knee replacement discharges from acute hospitals



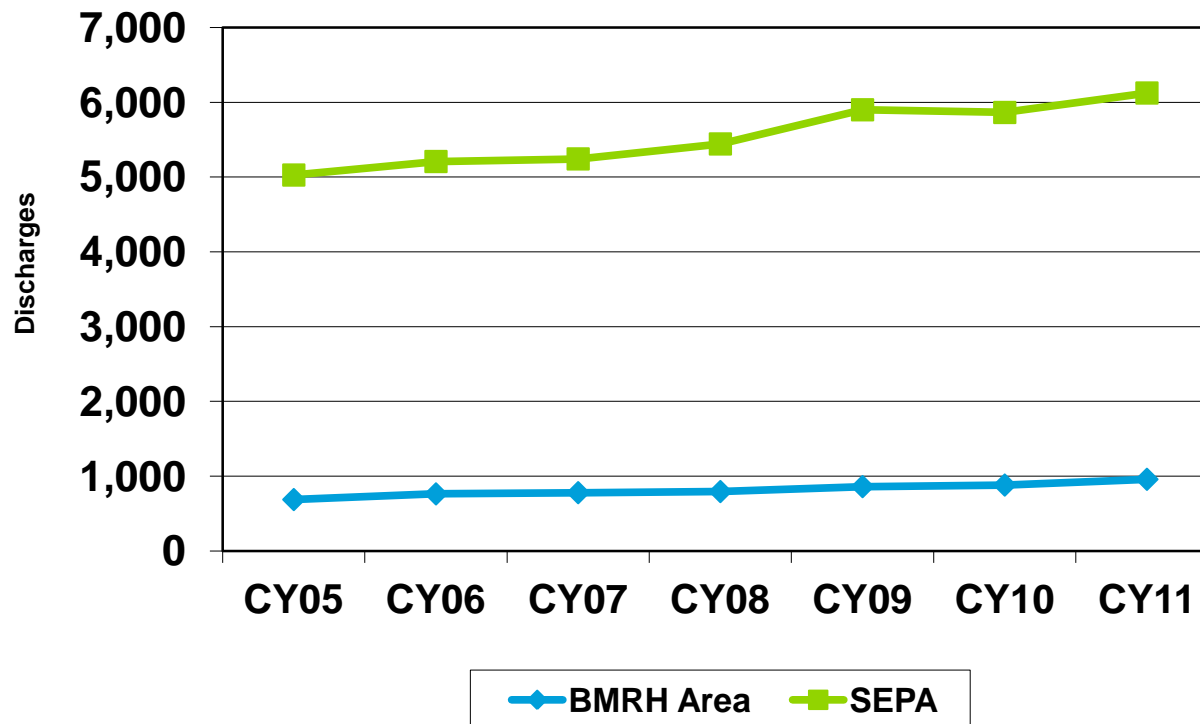
The number of BMRH CHNA area residents admitted to Pennsylvania acute care hospitals for a knee replacement has been relatively flat as compared to SEPA.



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Hip replacement discharges from acute hospitals



The number of residents from the BMRH CHNA area and from SEPA admitted to Pennsylvania acute care hospitals for a hip replacement has been steadily increasing. This upward trend reflects the aging of the population.



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Observations – health status and chronic conditions

Arthritis – It is the most common of the chronic condition in the BMRH CHNA area, although the percentage of residents reporting having arthritis is less than residents of SEPA. BMRH has a “Living with Arthritis” program.

Stroke – The number of admissions with a primary diagnosis of stroke to PA hospitals from the BMRH CHNA area has been steady, however, the volume from SEPA has been declining. While the number of discharges have been level in the area, community survey data indicate that over 75% of residents either don't know or are unsure of the term FAST (F= Face droop; A= Arm drift downward, S= Slurred speech and T= Time to treatment) as related to the recognition of someone having a stroke.

Traumatic Brain Injury – The number of admissions of residents with a primary diagnosis of traumatic brain injury to Pennsylvania acute hospitals has been increasing. Further study may be necessary as to the reasons for this increase.

Joint Replacements – While the number of admissions for orthopedic knee replacements has been declining in recent years, the number of hip replacements have continued to increase. The relationship between falls by seniors and hip replacements may need to be investigated further.



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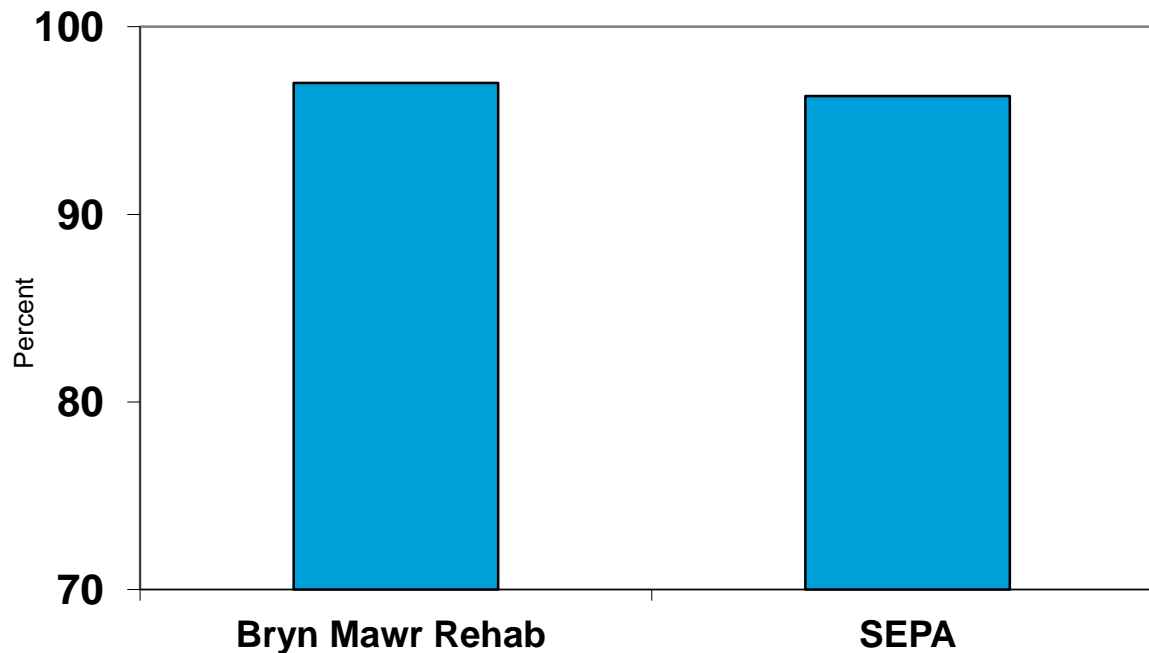
Community Analysis

Preventive Health

Testing for heart disease risk factors

Healthy People 2020: 92.6%

Adults who have had their blood pressure checked



Residents in the BMRH CHNA area exceed the SEPA testing rate as well as the Healthy People 2020 target.



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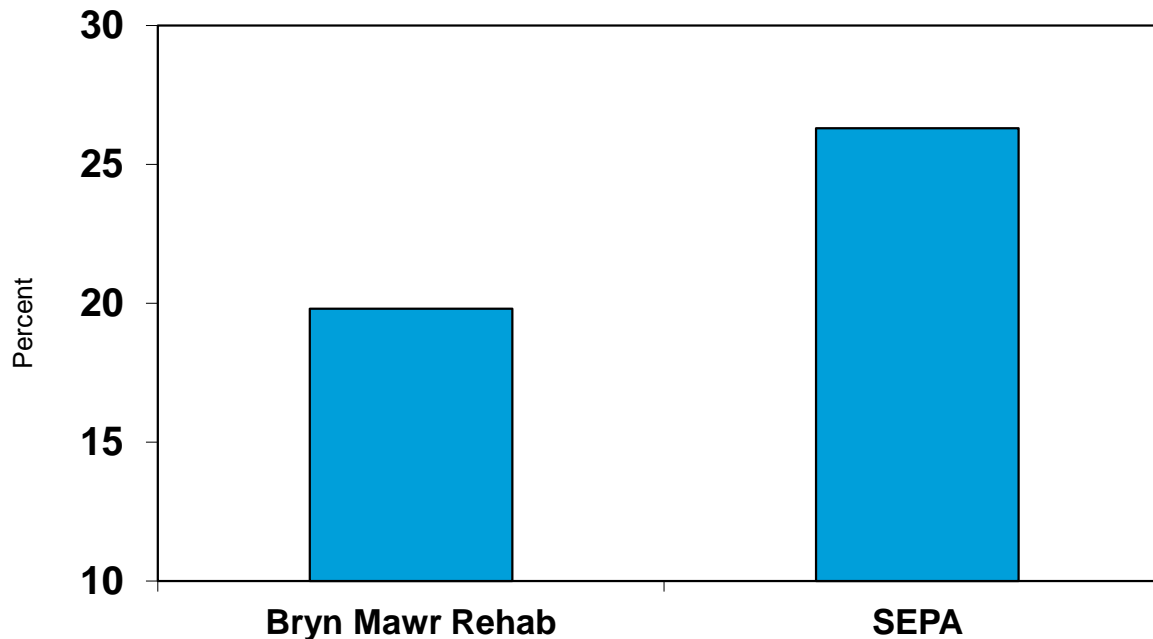
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Adult obesity

Healthy People 2020: 30.5%
PA BRFSS 2010: 29%

Percent of adults who are obese



The percentage of adults who are obese in the BMRH CHNA area (20%) is lower than in the SEPA (26%) and is under the Healthy People 2020 target (30.5%). Generally there has been an increase in adult obesity in the overall MLH area as well as in SEPA.

Obesity is a risk factor for poor health and chronic conditions such as heart disease and diabetes as well as stroke.

“Obese” individuals are determined by the Basal Metabolic Index (BMI) calculation of height and weight.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; PA Behavioral Risk Factor Surveillance Survey 2007.



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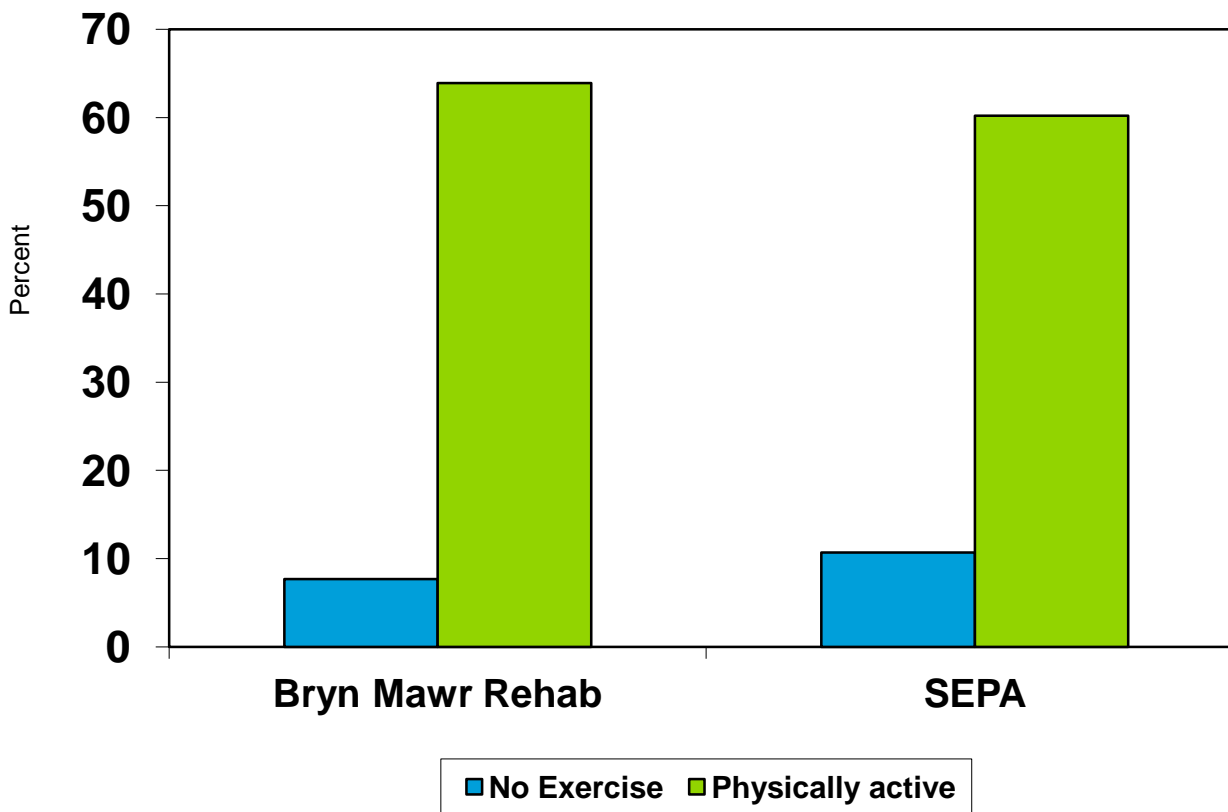
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Exercise

No exercise:
 Healthy People 2020: 32.6%
 PA BRFSS 2010: 26%
Regular physical Activity:
 Healthy People 2020: 47.9%

Adults who exercise or are physically active on a regular basis



The majority of adults in the BMRH CHNA area report being “physically active” on a regular basis. This exercise profile is better than that of adults in SEPA.

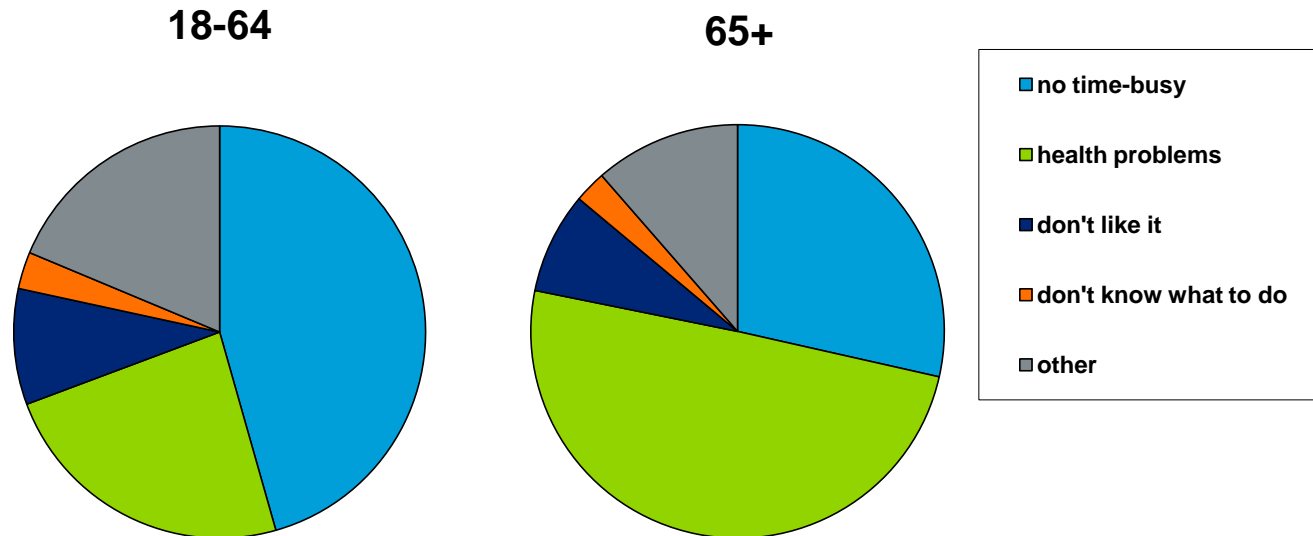


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*Note: Physically active represents exercising 3-7 days per week.
 Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.*

Barriers to exercise by age



The barriers to exercise vary by age – older adults are more likely to report that “health problems” prevent them from getting exercise, whereas younger adults say they don’t have the time or they are too busy.

Some of the “other” barriers include a perception that exercise is too expensive, that the individual is already in good health and doesn’t need to exercise, that there is no place in the neighborhood to walk, run or bike and no child care.

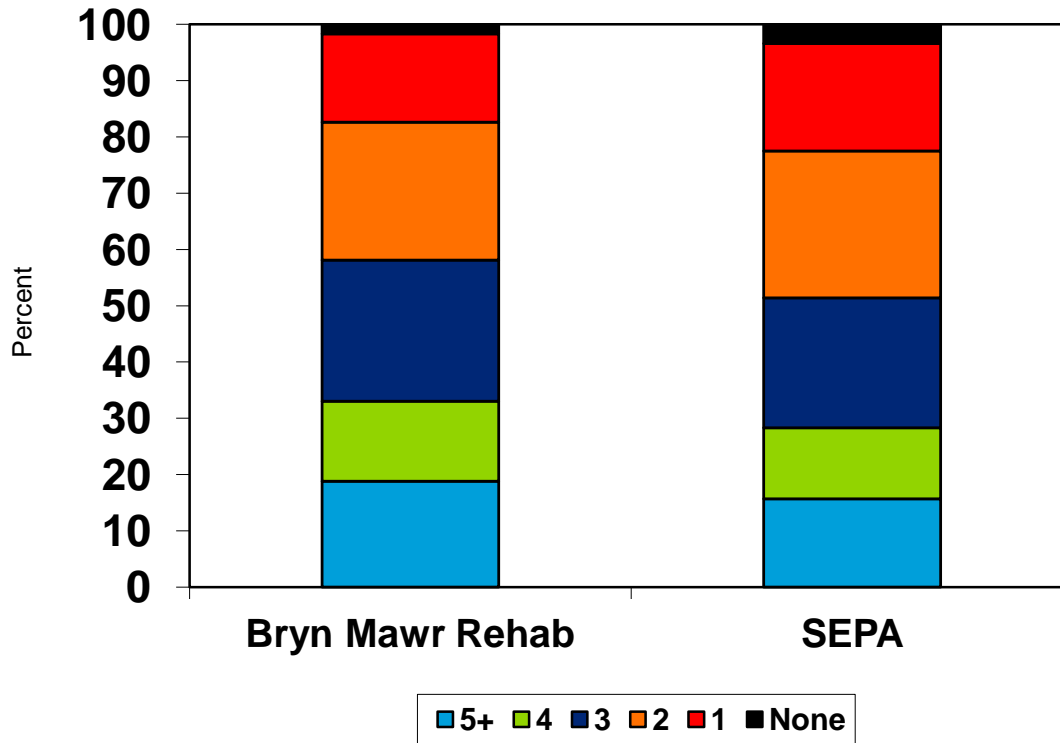


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Nutritional goal

Servings of fruits and vegetables eaten on a daily basis



When compared to the state-wide average, adults in the BMRH CHNA area are far behind in daily consumption of fruit and vegetables. In Pennsylvania, 25% of adults indicated in 2007 they were eating fruits and vegetables five or more times a day compared to 16% in the MLH area.

Children’s consumption of fruit and vegetables is remarkably similar to adults’. Only 18.9% of children in the Main Line area ate five or more servings a day. (State comparison not available for children.)



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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; Pennsylvania Behavioral Risk Factor Surveillance Survey, 2007.

Observations – preventive health

Obesity – While the percentage of adults in the BMRH CHNA area who are obese is lower than for adults in SEPA, obesity remains an issue. Both adult and childhood obesity have been mentioned as a health problem in surveys of our community including school health nurses and community leaders. Obesity is a risk factor for poor health and chronic conditions such as heart disease and diabetes as well as stroke.

Blood Pressure Checks: Ninety-seven (97%) of adults in the BMRH CHNA area had their blood pressure checked in the last two years.

Exercise: An active population may indicate the continuing need for orthopedic knee replacements as the population ages but wants to remain active.

Healthy Eating: Adults of the BMRH CHNA area eat healthier than adults in SEPA. BMRH has a healthy eating program entitled “Osteoporosis Prevention through Nutrition and Exercise.”



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Community Analysis

Health and Safety

Pennsylvania drinking and driving statistics – 2010

- Arrest data
 - Under 18: Driving under the influence: 459 arrests
 - Total: Driving under the influence: 51,402 arrests
- Alcohol impaired driving fatalities
 - Under 21: 51 (1.5 per 100,000 population)
 - Total: 433 (3.4 per 100,000 population)
- 2000-2010 change in alcohol-impaired driving fatalities
 - Under 21: -42.1%
 - Total: -21.5%

There were 51 fatalities as a result of under 21 drivers impaired by alcohol. In recent years, several have occurred in Chester County. BMRH sponsors the “Cruisin’ Not Boozin’” peer-to-peer education program for high school students in the region.

Nationally in 2009, among drivers ages 15-20, one third who were involved in fatal crashes had been drinking alcohol.

Similarly, in 2010, alcohol was involved in 31% of all traffic deaths in the United States.



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Distracted driving

How big is the problem?

- In 2009, more than 5,400 people died in crashes that were reported to involve a distracted driver and about 448,000 people were injured.
- Among those killed or injured in these crashes, nearly 1,000 deaths and 24,000 injuries included cell phone use as the major distraction.
- The proportion of drivers reportedly distracted at the time of a fatal crash has increased from 7% in 2005 to 11% in 2009.
- When asked whether driving feels safer, less safe, or about the same as it did five years ago, more than 1 in 3 drivers say driving feels less safe today. Distracted driving—cited by 3 out of 10 of these drivers—was the single most common reason given for feeling less safe today.

Distracted driving activities include cell phone use, texting and eating. Using in-vehicle technologies (such as navigation systems) can also be sources of distraction. While any of these distractions can endanger the driver and others, texting while driving is especially dangerous because it combines all three types of distraction.



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Concussions

Chronic traumatic encephalopathy (CTE) can begin years before an athlete goes 'pro' (as reported by NPR):

- Some health experts are less focused on adults who enter impact-heavy sports and more concerned about young athletes who do not have a medical field team at their disposal when a concussion occurs. Dr. Shireen Atabaki, a pediatric professor and brain injury specialist at Children's National Medical Center, conducted a survey of 22 large EDs and found that only one had a specific concussion diagnostic tool for children.
- About half of high school athletes say that they have had a concussion or symptoms of one at least once during their football playing career according to some surveys, Atabaki said. The majority of concussions are resolved in about two weeks, but about 20% "go on to have prolonged symptoms lasting more than two weeks," and it is "more frequent in the younger population."
- According to Atabaki, "the data is very alarming" given that concussions often go unreported at the high school level. When she treats student athletes in the ED, "the first thing they ask is 'when can I go back and play?'"

As of July 1, 2012, Pennsylvania law requires (Summary provided by the Pennsylvania Medical Society):

- Student and parent/guardian must sign an information sheet on concussions
- Coaches must take training courses
- Schools may hold informational meetings
- Students with concussion symptoms must be removed from play
- Students must be cleared to return to play
- Schools may penalize coaches who don't comply

Sources: Excerpted from *The Advisory Board Company*, August 9, 2012: Martin, "[Love of Sports Can Start Early. So Can Injuries](#)," NPR, 8/7/12; Martin, "[Can the NFL keep fans excited and players safe?](#)," NPR, 8/7/12; Martin, "[Is there a 'concussion crisis' in sports?](#)," NPR, 8/7/12; Pennsylvania Medical Society – <http://www.pamedsoc.org/MainMenuCategories/Government/LawsAffectingPhysicians/Concussion-overview.html>



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Observations – health and safety

Drinking and Driving – Drinking and driving is a safety concern for all ages. While there has been a decline in under age 21 fatalities, any fatality in this age group should be a concern. Education programs such as the BMRH “Cruisin not Boozin” program may be instrumental in the continued decline in under age drinking and driving.

Distracted Driving – Distracted driving has become a safety concern as the percentage of persons with cell phones and texting devices has increased.

Concussions – While concussions are receiving a lot of press in professional sports, there is also a growing concern about concussions with athletes (both male and female) in youth sports as well as high school and college athletics. Beginning July 1, 2012, legislation took effect that provides better monitoring of concussions in Pennsylvania’s interscholastic athletes. BMRH has a program entitled “Concussions and Sports.”



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Community Analysis

Access to Care

Health insurance status - 2011

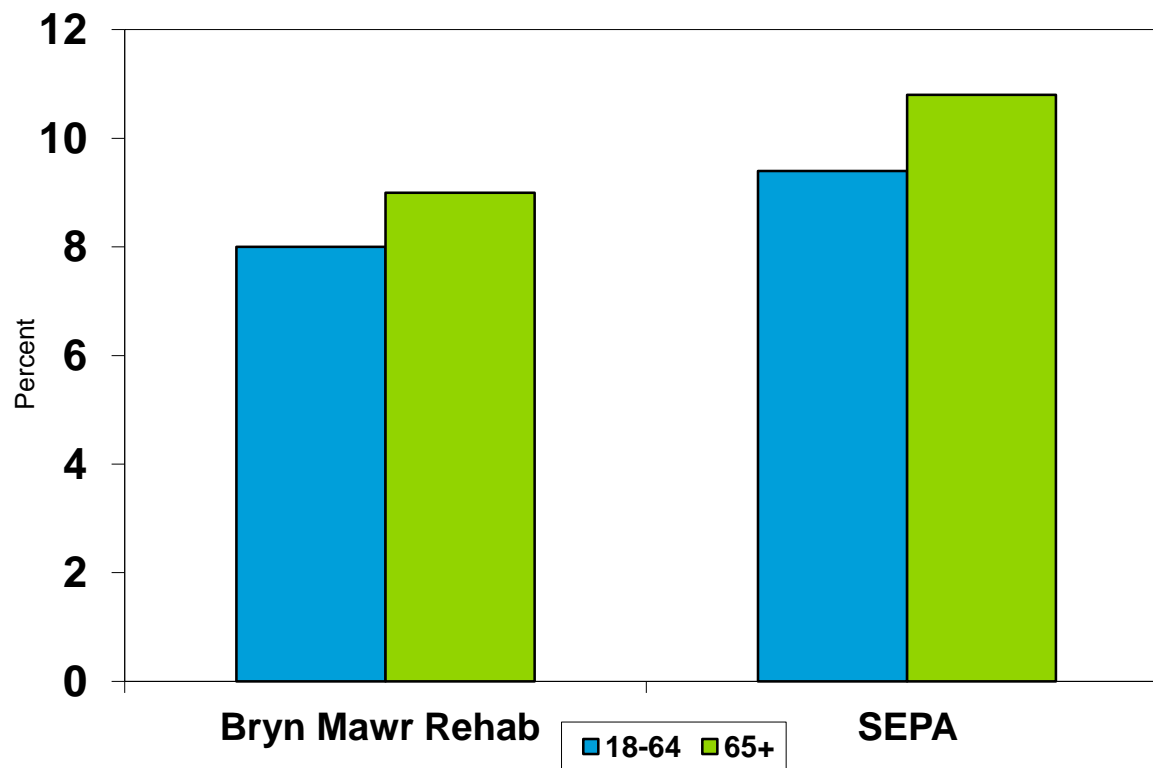
	Uninsured	Medical Assistance	Medicare	Private
Bryn Mawr Rehab	4.6%	6.7%	14.2%	74.5%
SEPA	12.1%	14.5%	14.2%	59.1%

Three out of four residents (75%) of the BMRH CHNA area have private health insurance and another 14% are insured by Medicare.

Source: Truven Health.

No prescription coverage

Adults who lack insurance coverage for prescriptions



About 10% of older adults lack prescription drug coverage (2010), while about 8% younger adults in the BMRH CHNA area lack coverage. The BMRH CHNA rates are lower than SEPA.

Eleven percent (11%) of former BMRH patients surveyed indicated that insurance co-pays were an issue in receiving needed medications.



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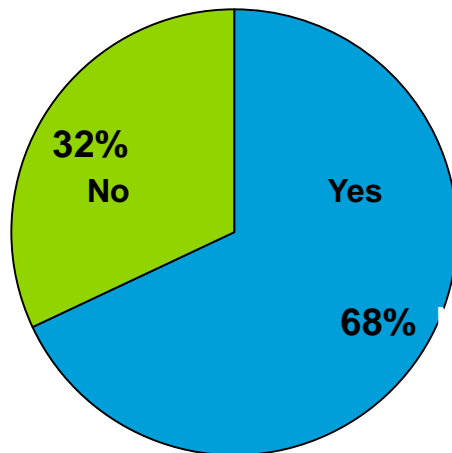
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; Bryn Mawr Rehab Health Needs Assessment, September 2012.

Changes in insurance coverage - 2012

Adults in the MLH service area who report that their health insurance coverage changed during the past year



More than two-thirds of the respondents reported some kind of change to their health insurance benefits.



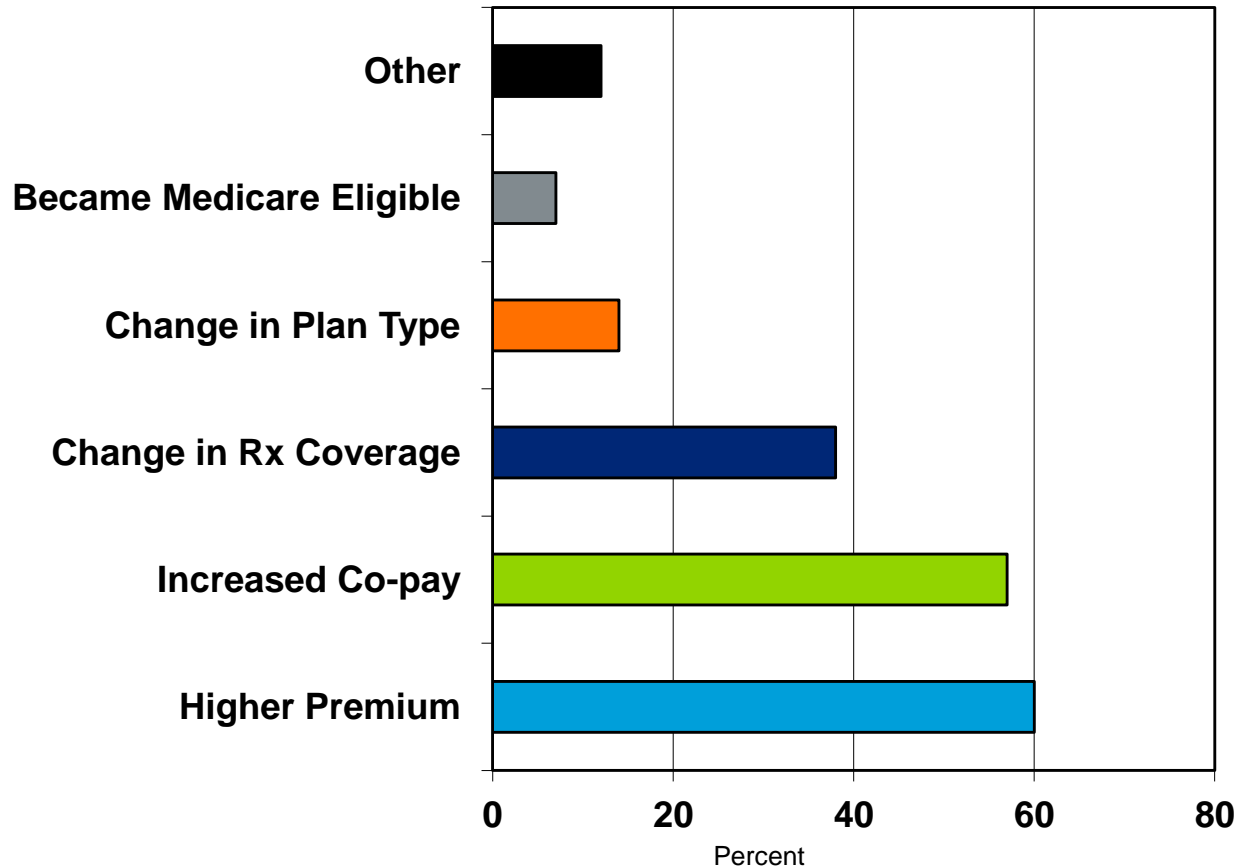
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Source: "My Healthcare Voice" consumer panel, March 2012.

Insurance changes - 2012

Reasons for change in health care coverage in the MLH area



The main reason for loss of coverage is unemployment, but respondents also lost health insurance benefits due to employer discontinuation or a change in jobs.



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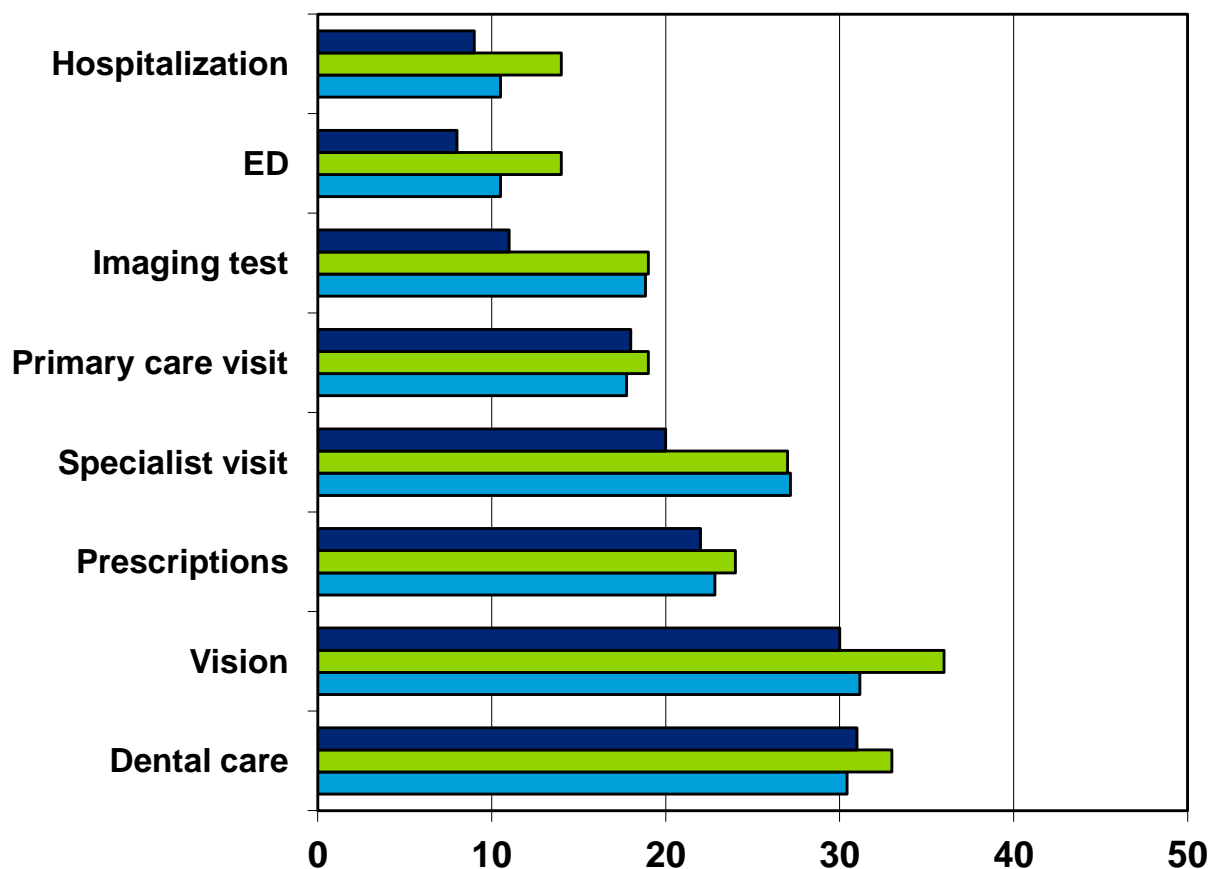
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Source: "My Healthcare Voice" consumer panel, March 2012.

Price sensitivity - 2012

Respondents saying “YES” to increased avoidance



There has been a general improvement from 2011 in residents reporting delaying or avoiding health care because of cost. However, care is still being avoided. Census data support these findings.

Q. “In the past 12 months, have you or a member of your household avoided or delayed receiving any of the following healthcare services because of cost?”

Sources: U.S. Census Bureau, “Health status, Health insurance and medical service utilization: 2010, 2012; “My Healthcare Voice” consumer panel, 2010, 2011, March 2012.



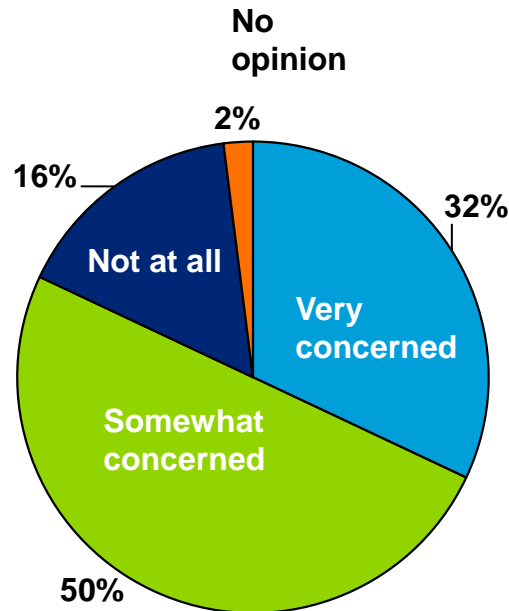
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Concern about seeking care – time off work

Adults who would be concerned about seeking health care for a medical condition that would require short- or long-term disability leave in today's economic climate



More than three out of four adults are concerned about taking time off from work to receive medical care.



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Observations – access to care

Health Care Affordability – While there are relatively few people in the BMRH CHNA area who have no health insurance, recent economic conditions are creating a strain on the system due to increases in unemployment and out-of-pocket expenses. Health care affordability may be an even larger issue for those who have had to undergo rehabilitation care that involved loss of job, time away from work or complete disability. Health care affordability has been mentioned in several of our community health surveys (community leaders and public elected officials). Sixteen (16%) percent of former BMRH patients indicated that insurance co-pays were an issue in receiving needed medications.



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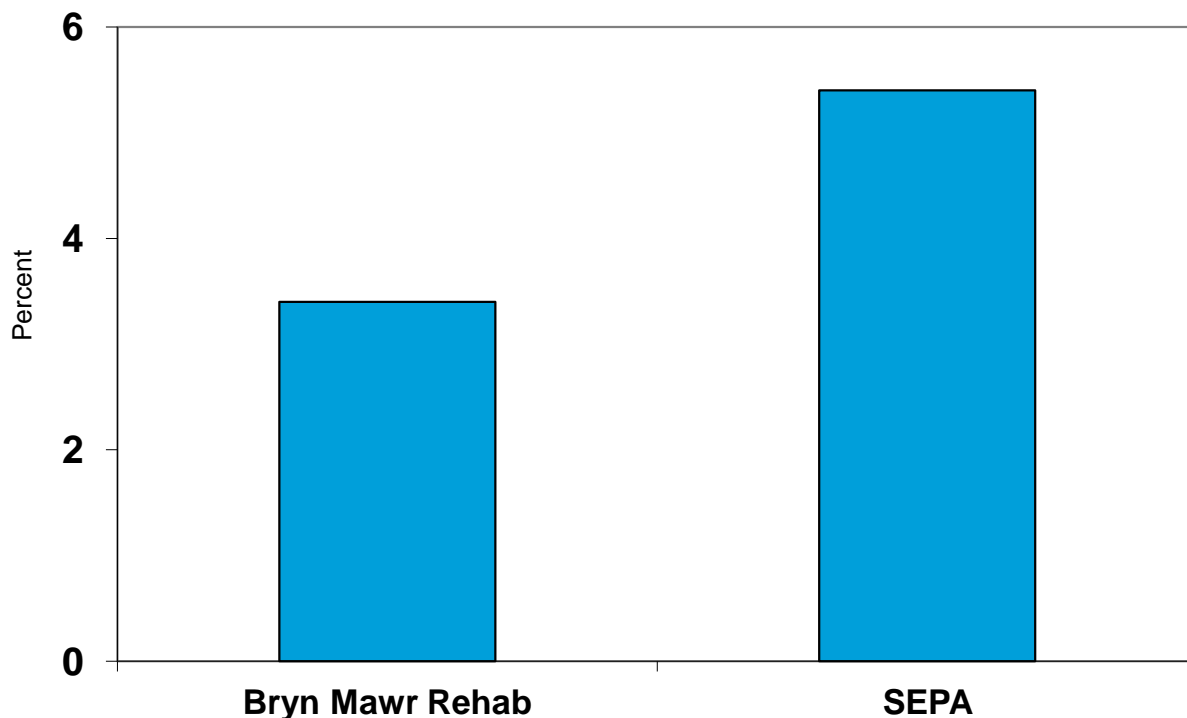
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Community Analysis

Older Adults (65+)

Transportation

Older adults (65+) who had to cancel a doctor's appointment due to a transportation problem



Transportation does not appear to be a barrier for most adults in the BMRH CHNA area. While this data is not specific to adults with physical disabilities, BMRH survey data from former patients indicate that lack of public transportation to BMRH is not a limiting factor in getting to treatments. (Note: Bryn Mawr Rehab Hospital is not currently served by a SEPTA bus route.)



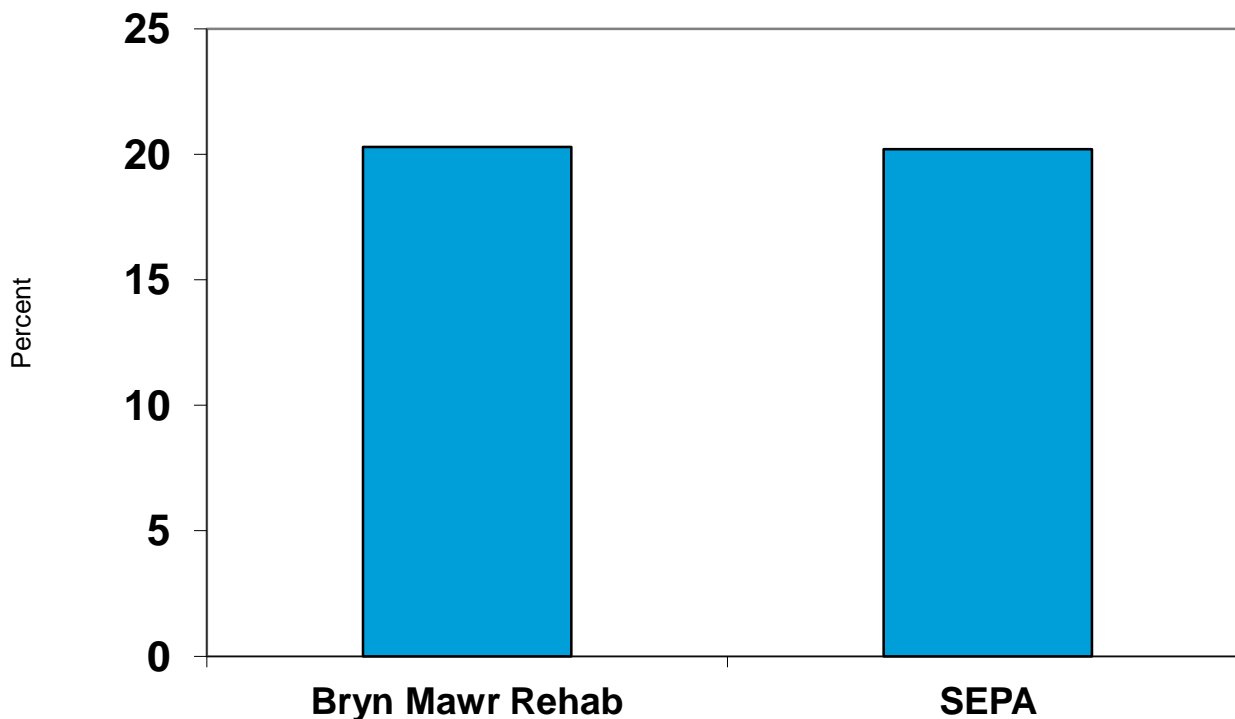
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2008.

Falls

Older adults who have fallen within the past year



Falls are one measure of success in terms of being able to live independently. About one in five older adults in the BMRH CHNA area reported falling in the previous year. The percentage of falls in the BMRH CHNA area is similar to SEPA. BMRH has a fall prevention program for older adults entitled “Home Safe Home.”



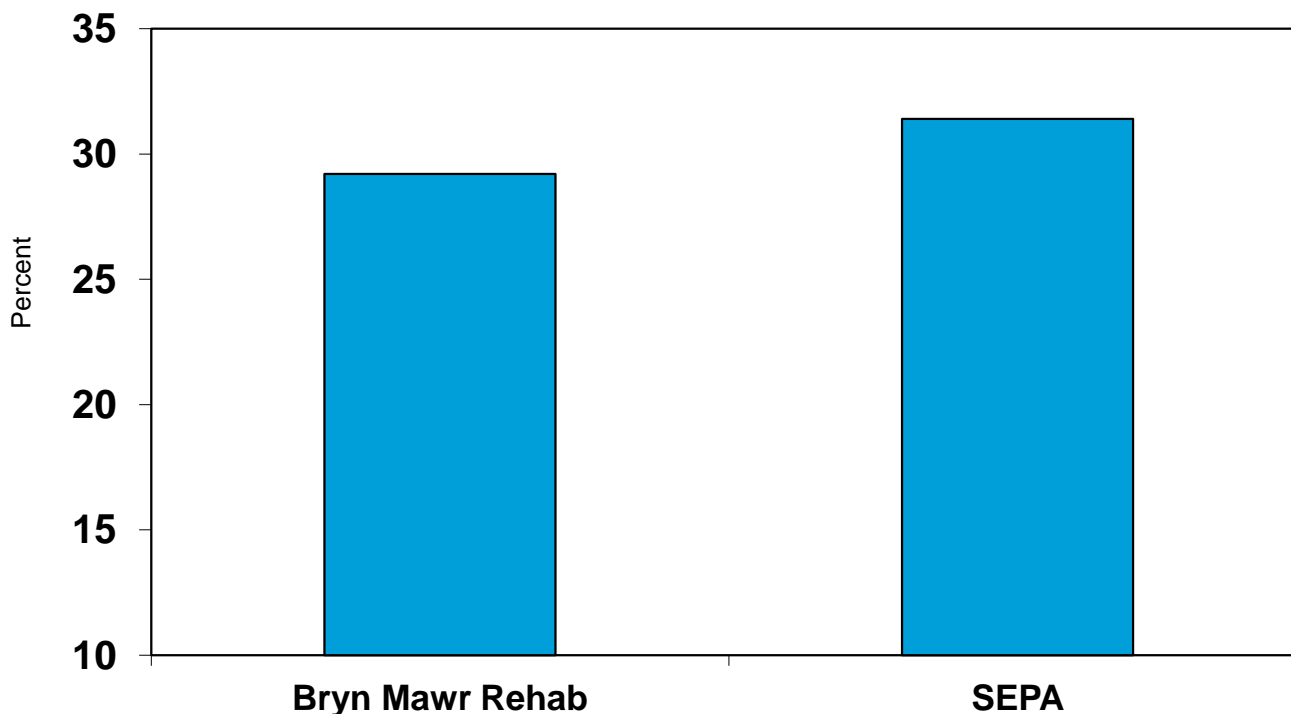
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Caregivers

Adults providing care for another adult with disabilities or illness



Almost 30% of the adults in the BMRH CHNA area provide care to another adult. The percentage of all adults (18 years of age or older) caring for an adult 60 or older with a long-term disability or illness is steadily increasing.



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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Use of formal in-home care

Percent of older adults (65+) who use formal care and how services were paid

Area	Uses formal care	Medi-care	Medi-caid	Private insurance	Out of pocket (Self/Family)	Agency
Bryn Mawr Rehab	8.5%	59.9%	0.0%	9.1%	15.0%	16.0%
SEPA	7.7%	47.2%	4.2%	20.2%	19.8%	8.5%

In the greater MLH area, the 8.5% of older adults who use formal home care services represent nearly 9,000 people.

Medicare is the most common payer for these services.

Note: "Formal" care is defined as having someone provide services in your home, such as medical injections, changing bandages, help with grooming, cooking or shopping. The person could be someone from an agency or someone you hired. Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



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Observations – older adults

Falls – Falls are one measure of success in terms of being able to live independently. About one in five older adults reported falling in the previous year. The percentage of falls in the BMRH CHNA area is similar to SEPA. BMRH has a fall prevention program for older adults entitled “Home Safe Home.”

Transportation - Transportation does not appear to be a barrier most adults in the BMRH CHNA area. While this data is not specific to adults with physical disabilities, BMRH survey data from former patients indicates that lack of public transportation to BMRH is not a limiting factor in getting to treatments. (Note: Bryn Mawr Rehab Hospital is not currently served by a SEPTA bus route.)



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Input from the Community

**Perception of Health Care
Related Issues**

Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

- Community Physical Health ←
- BMRH Community Health Needs*
- School Nurse
- Elected and Appointed Officials
- Community Leaders
- Public Safety Officers - Ambulance, Fire and Police
- Main Line Health Care Providers

*Survey of persons who were a patient of BMRH or affiliated site within the past year



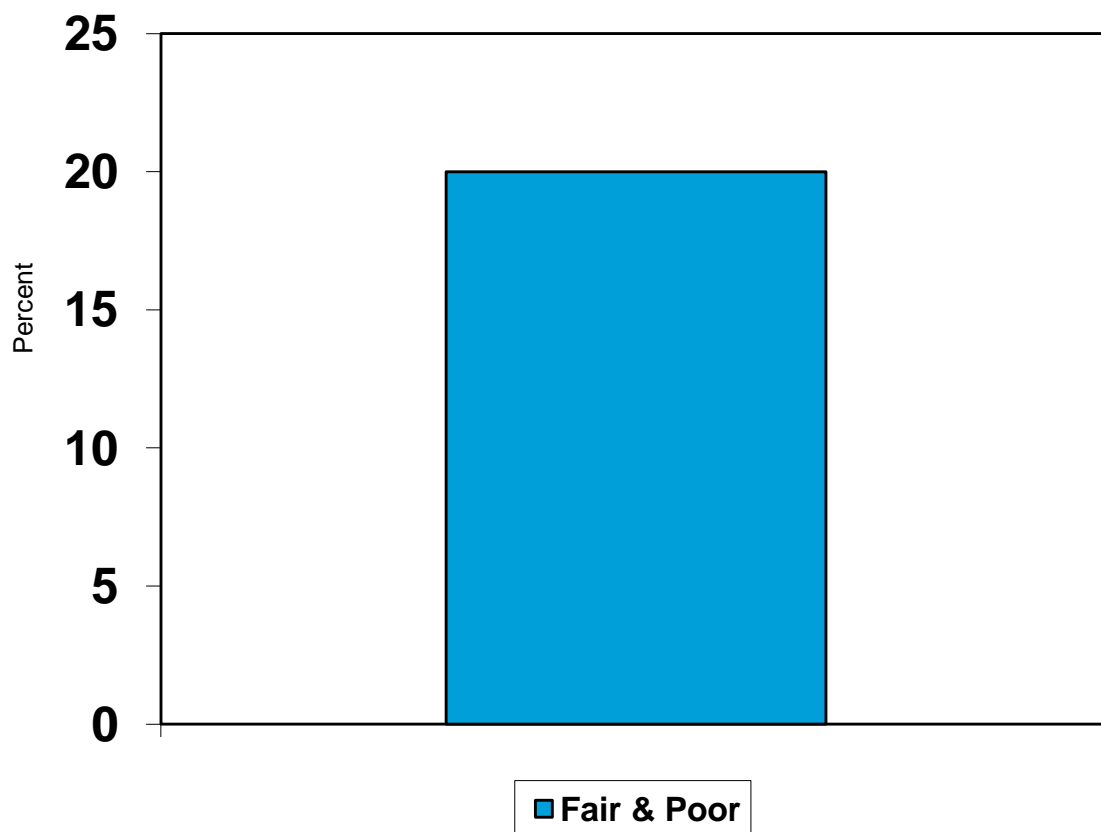
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Current health status relating to physical impairments or disabilities

Percentage of respondents whose physical health status is fair or poor



When survey respondents in the area are specifically asked about their “physical health,” 20% respond that it is fair or poor. This response is a higher percentage than when residents are asked about their general health (12%). Research indicates that on average people have more unhealthy physical days than unhealthy emotional (overall health) days and thus may be reflected in self-assessed physical health status.



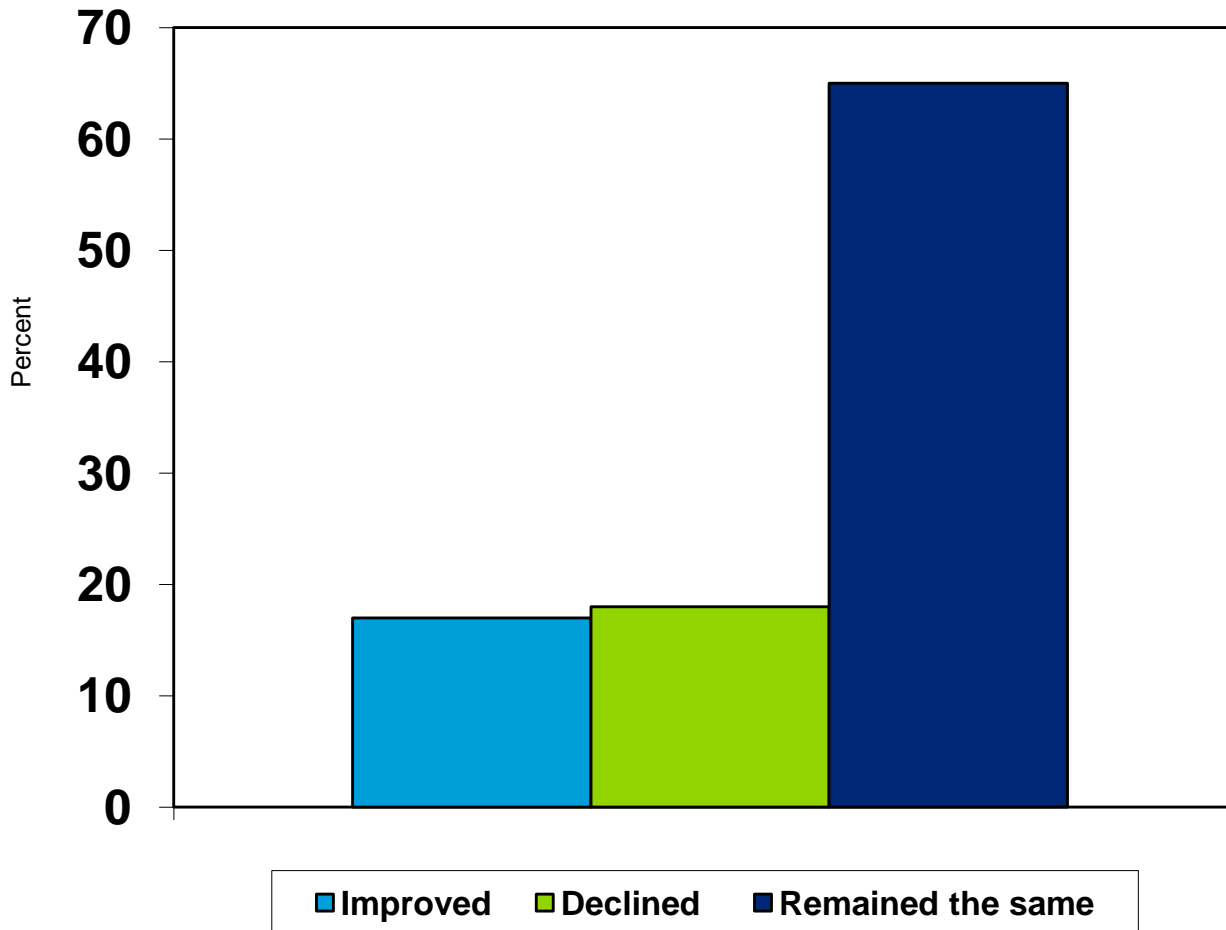
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Physical health status changed in the past year

Percentage of respondents whose physical health status changed



Residents of the area reporting declines in physical health were off-set by those whose health improved. About 65% of area residents reported their physical health status did not change over the past year.



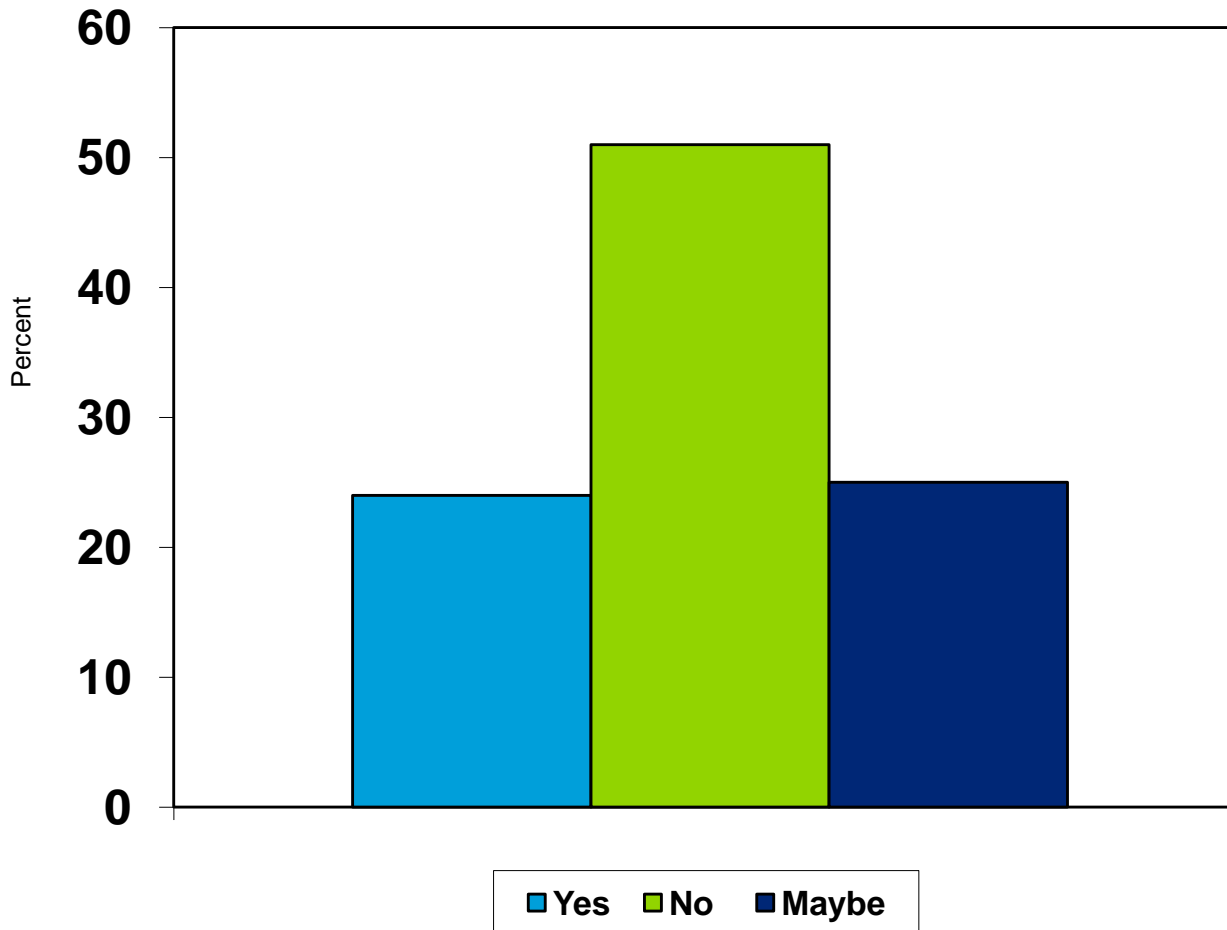
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Source: My Healthcare Voice online panel survey, April 2012.

Can define the meaning of the term FAST in relation to the possible onset of a STROKE

Percentage of respondents who can define the meaning FAST in reference to a stroke



FAST: Face droop?
Arm drift downward?
Slurred speech? Time is for Time

Only 24% of residents know the signs for the onset of a stroke. Further education to the general public may be necessary to improve the recognition of a stroke.



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Common factors that could increase the chances of having a stroke

Percentage of respondents who identify each of the following as a contributing factor for increasing the risk of a stroke

Contributing Factors to Stroke	Total Percent
High Blood Pressure	96%
Family History	90%
Obesity	88%
Use of Tobacco	83%
Use of Alcohol	64%

Area residents have general understanding of contributing factors that increase the risk of a stroke. Knowledge about the impact of alcohol use is lagging.



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Safety measures that can reduce brain and spinal cord injury

Percentage of respondents who identify each of the following as a safety measure for reducing brain and spinal cord injuries

Safety Measures for Reducing Injuries	Total Percent
Seat belts	98%
*Having a designated driver	90%
Grab bars in bathrooms	86%
Home window guards	57%

Area adult residents have a general understanding of safety measures to reduce brain and spinal cord injuries. BMRH has a falls prevention program entitled “Home Safe Home”.



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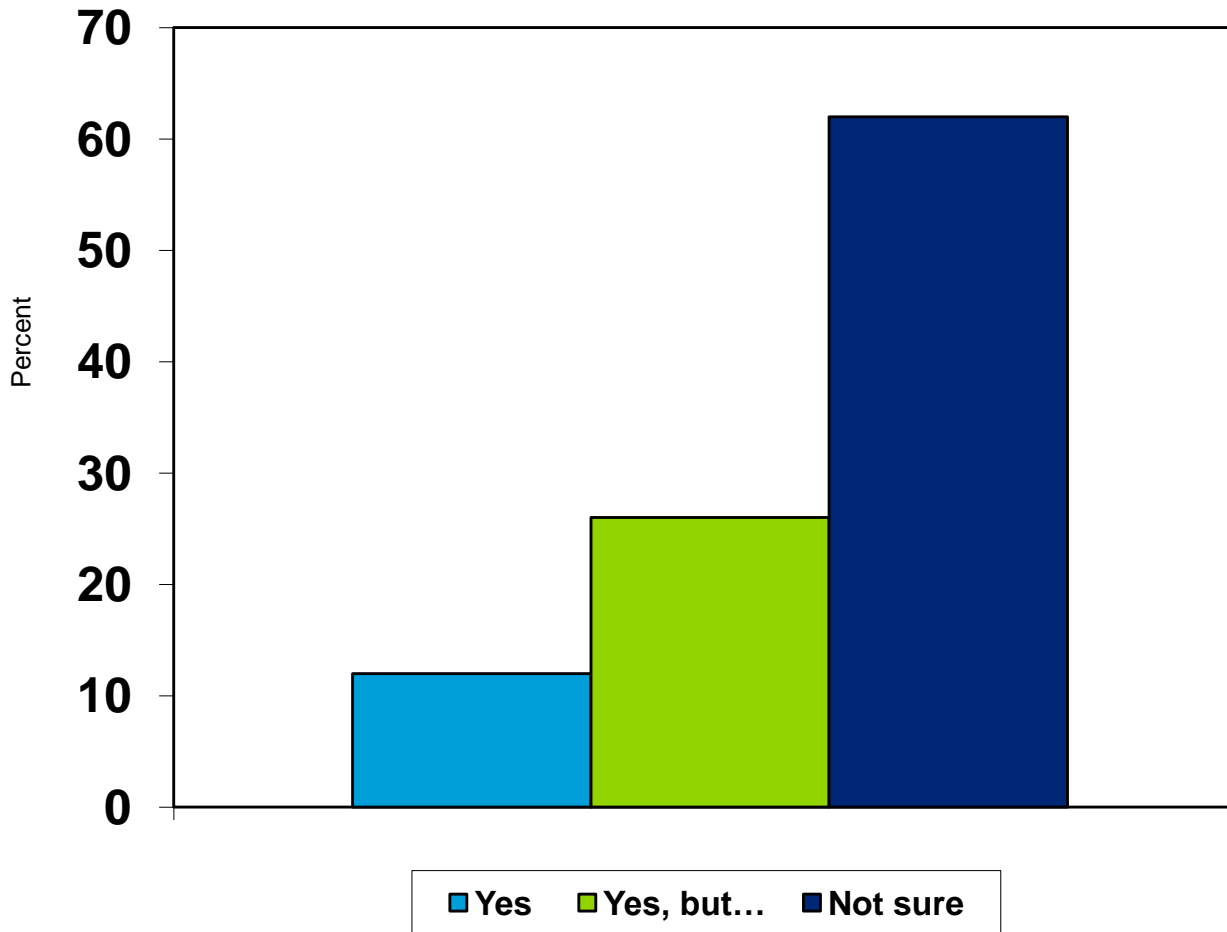
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**Designated driver: used when respondents have drunk alcohol
Source: My Healthcare Voice online panel survey, April 2012.*

Awareness of education programs in schools and communities about practicing safety measures

Percentage of respondents who are aware of educational programs



About 38% of area residents are aware of education programs in local schools to teach safety and injury prevention.



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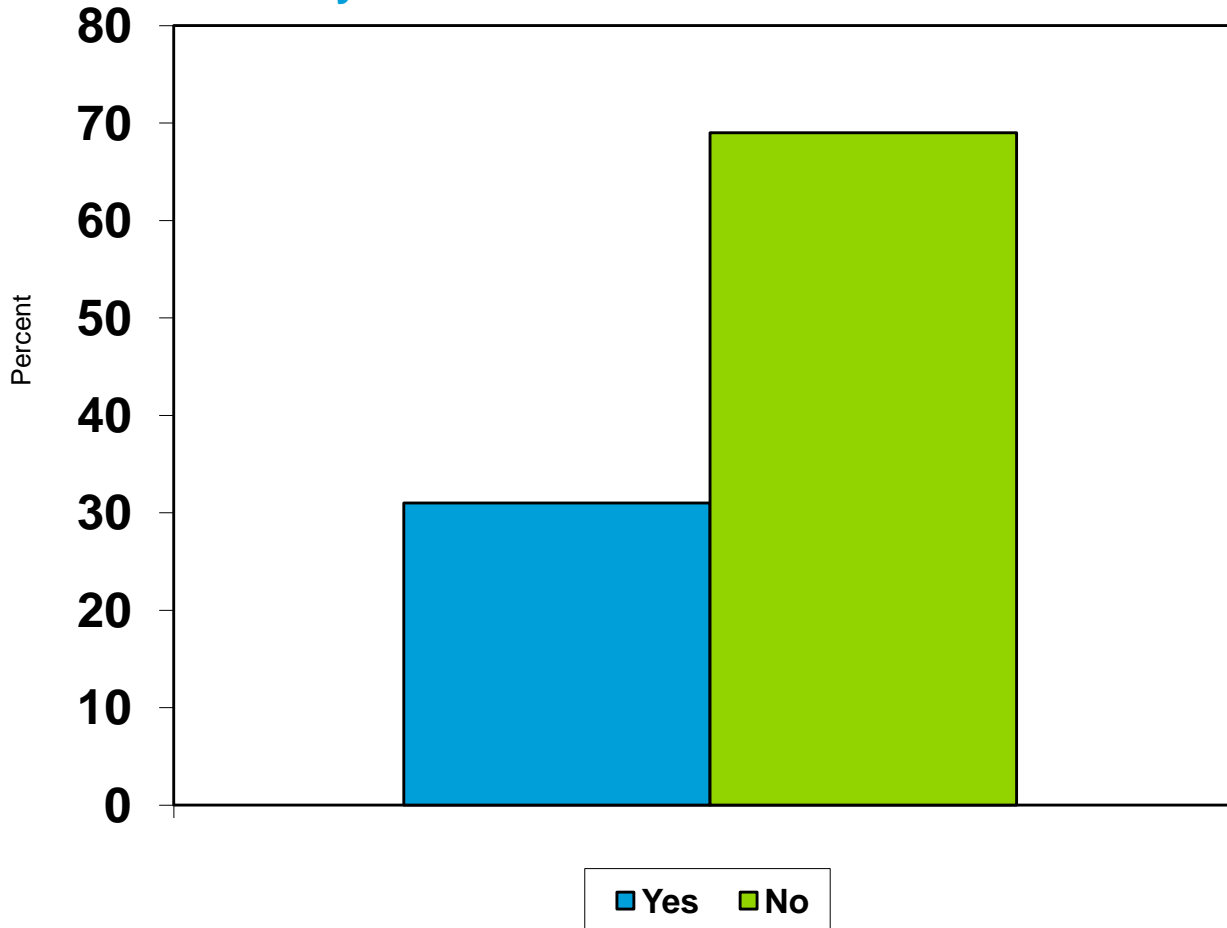
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**Yes, but...: respondents do not know much about programs that provide adequate safety measures
Source: My Healthcare Voice online panel survey, April 2012.*

Activity limitations due to chronic back pain

Percentage of respondents who have some type of pain that limits their daily activities



About 30% of area residents report having chronic back pain. Nearly everyone has low back pain sometime. According to the National Institutes of Health, men and women are equally affected. It occurs most often between ages 30 and 50, due in part to the aging process, but also as a result of sedentary life styles with too little (sometimes punctuated by too much) exercise. The risk of experiencing low back pain from disc disease or spinal degeneration increases with age.



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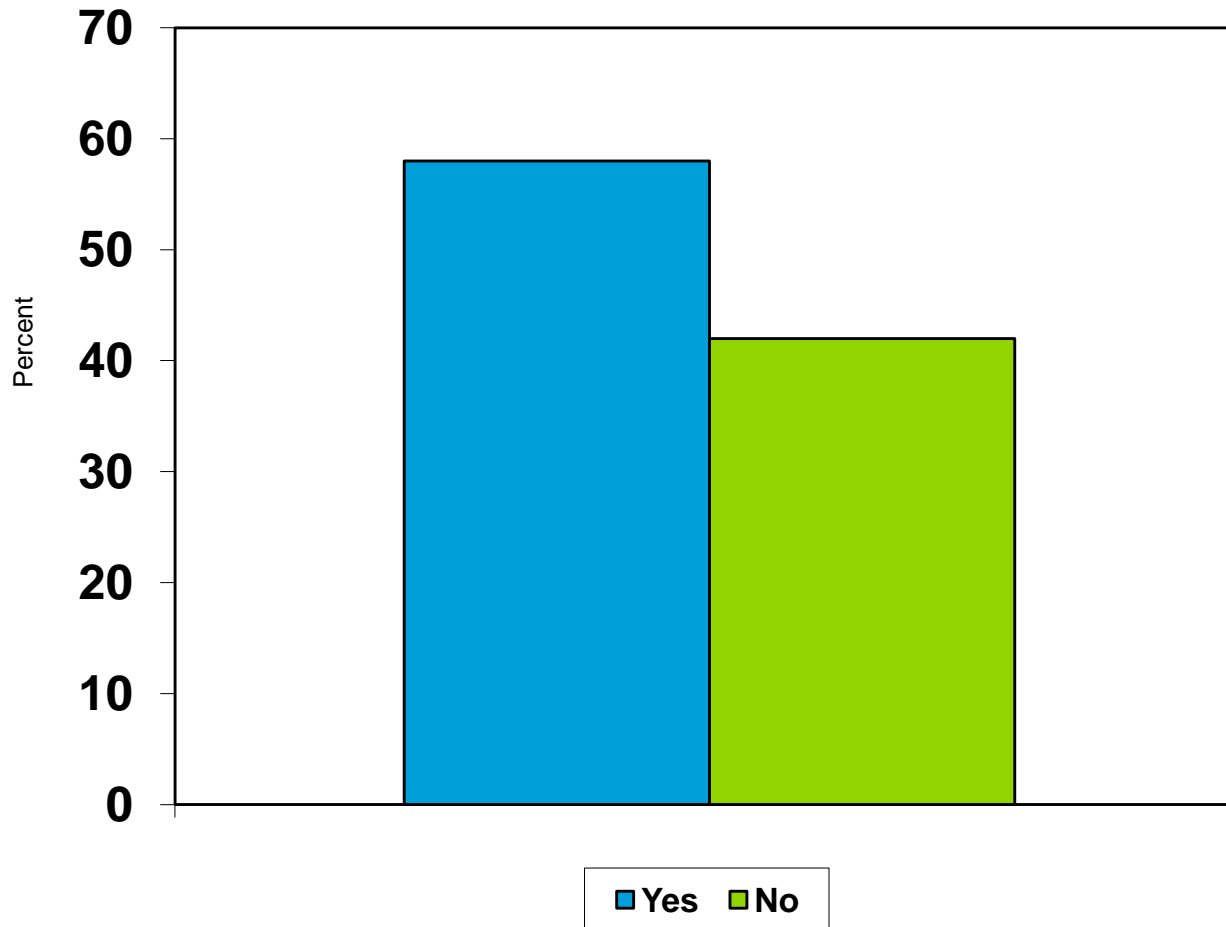
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Sources: My Healthcare Voice online panel survey, April 2012; National Institute of Neurological Disorders and Stroke.

Currently receiving treatment for chronic back pain

Percentage of respondents with chronic back pain currently being treated



Of those persons with chronic back pain, 58% report currently receiving some type of medical treatment.



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What does the abbreviation for the physician specialty PM&R stand for?

- 17.4% of respondents who completed the CHNA Physical Health survey knew that the abbreviation PM&R stands for Physical Medicine and Rehabilitation. PM&R physicians are nerve, muscle, bone and brain experts who treat injury or illness non-surgically to decrease pain and restore function. (American Academy of Physical Medicine and Rehabilitation)



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Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

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- BMRH Community Health Needs* ←
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*Survey of persons who were a patient of BMRH or affiliated site within the past year.



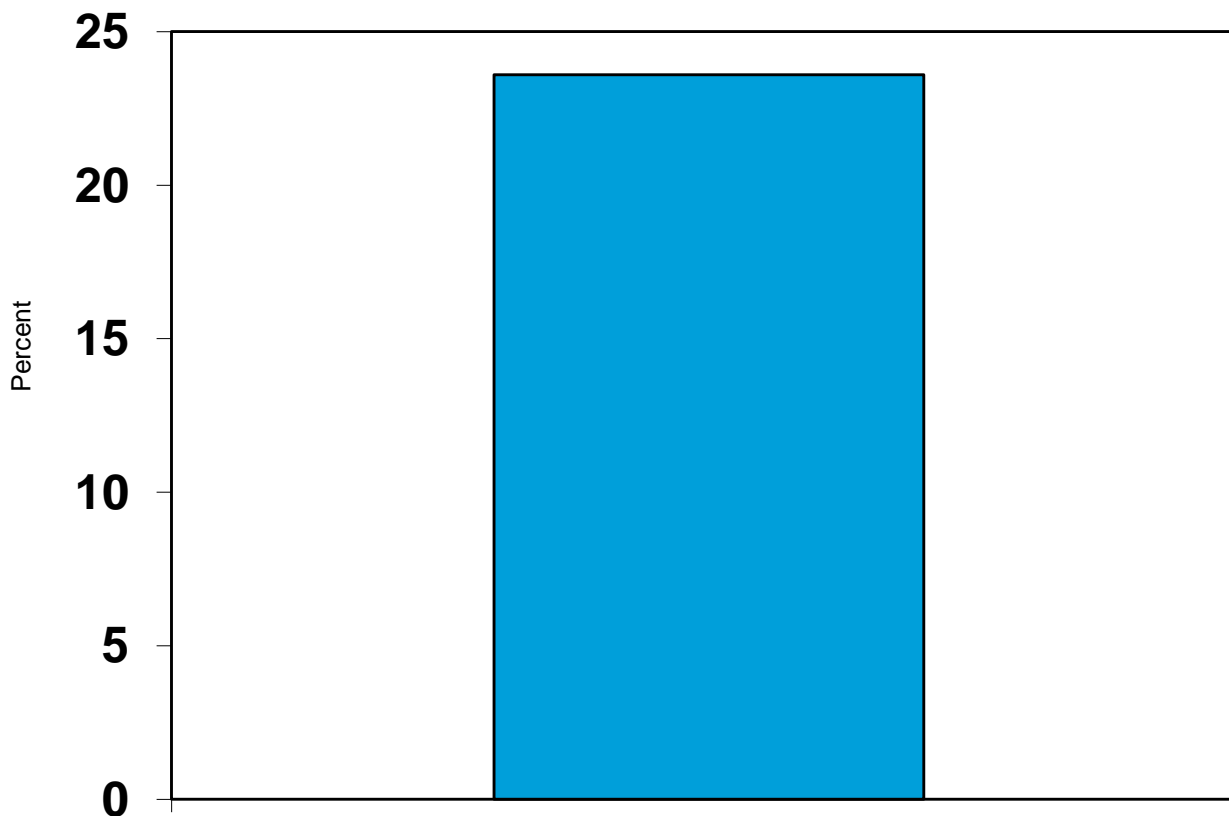
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Health status

Percentage of respondents whose health status is fair and poor



About 24% of former patients currently rate their health status as fair or poor. This compares to 20% of community residents who rate their physical health as fair or poor or who rate their overall health status as fair or poor (12%).



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Source: Bryn Mawr Rehab Hospital Community Health Needs Survey, September 2012.

Limitations on daily activities

Percentage of respondents whose current health status is limited

Daily Activity	Percent Limitations
Mobility	32%
Self Care	14%
Learning new skills or activities	6%
Communicating your needs or communicating with others	4%
Social interactions	3%
Working	11%
Wheelchair mobility	1%
Other	12%

Mobility (32%) and self care (14%) are the activities of daily living that former patients identified as currently being a limiting factor in their daily lives.

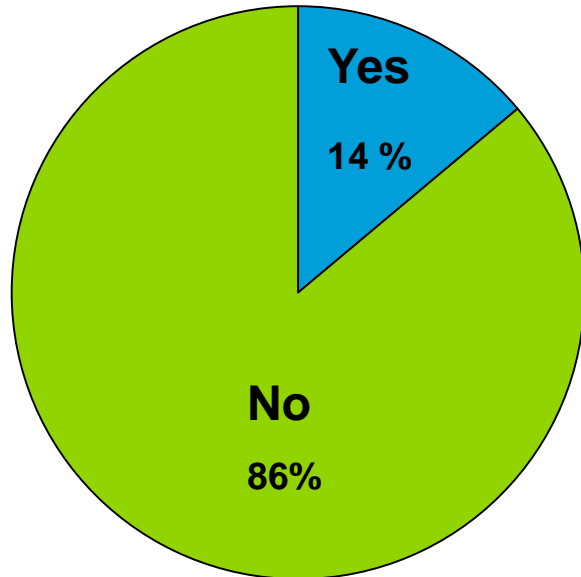


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Assistance in daily activities

Do you require assistance with your activities of daily living?



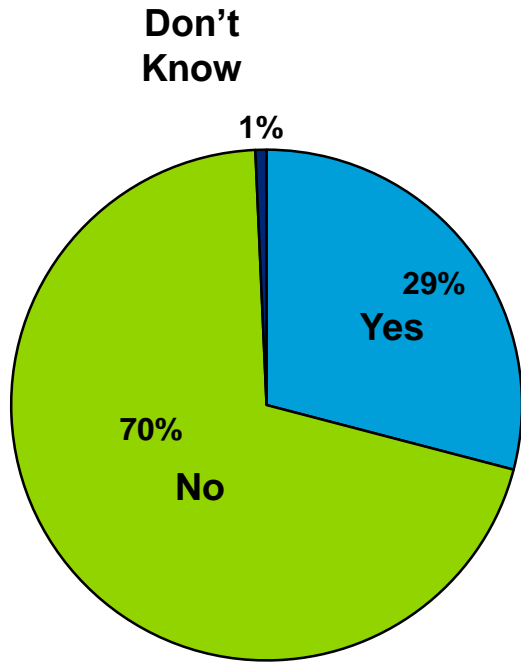
If yes, who generally helps you with your activities of daily living?

People that help with activities of daily living	Percent*
Family members	62%
Paid home health aides	43%
Someone else	19%
Neighbors or friends	5%

Former patients who need help with their activities of daily living (14%) are most likely to receive assistance from family member and/or home health aides.

*Respondents were allowed multiple choices so total exceeds 100%
 Source: Bryn Mawr Rehab Hospital Community Health Needs Survey, September 2012.

Do you currently use any special equipment or assistive device in your daily activities?



If yes, what kind of special equipment or assistive device do you currently use?

Special Equipments	Percent
Walker/cane	88%
Wheelchair	44%
Hearing aid	40%
Railing / bar / other	35%
Motorized wheelchair / scooter	35%
Ramp	30%
Vehicle to move wheelchair	14%
Lifts/chairs/other Mechanized assists	14%
Lift/carrier	12%
Voice activated control devices	9%

Of the 29% BMRH former patients who currently use special equipment, most reported using a walker/cane or wheelchair. This is logical since the majority of respondents to the survey are ages 65 and over and have required rehabilitation care in the past year.



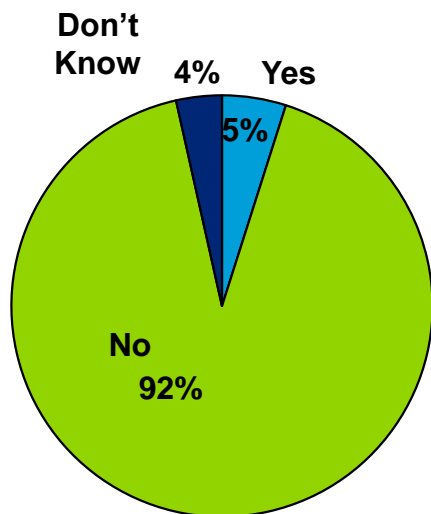
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Source: Bryn Mawr Rehab Hospital Community Health Needs Survey, September 2012.

Is there any special equipment or type of assistive devices that you currently need but do not have?



If yes, what kind of special equipment or assistive device do you currently need but do not have?

Special Equipments	Percent
Vehicle to move wheelchair	71%
Hearing aid	57%
Voice activated control devices	29%
Hearing assistance	29%
Lift/carrier	29%
Ramp	29%
Lifts/chairs/other Mechanized assists	29%
Motorized wheelchair	14%
Railing/bar/other non mechanized assists	14%
Artificial limb	14%

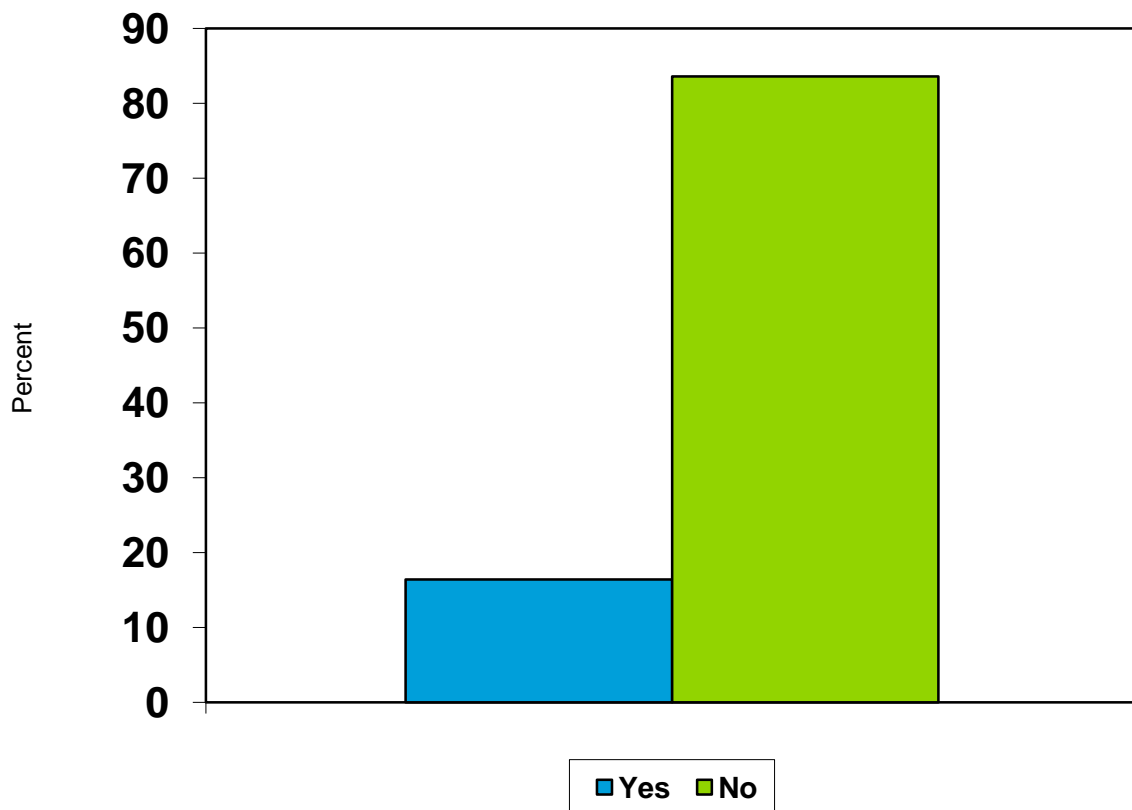
Only 5% of former BMRH patients do not have the needed special equipment. A vehicle to move a wheelchair is the most sought after equipment.



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If you have health insurance, do you have a co-pay amount that limits your ability to access health services?



About 16% of BMRH former patients have insurance co-pays that limit their ability to access health care services.

Additionally, the local Community Economic Survey previously conducted identified increasing co-pays as one reason for area residents delaying or avoiding health care services.

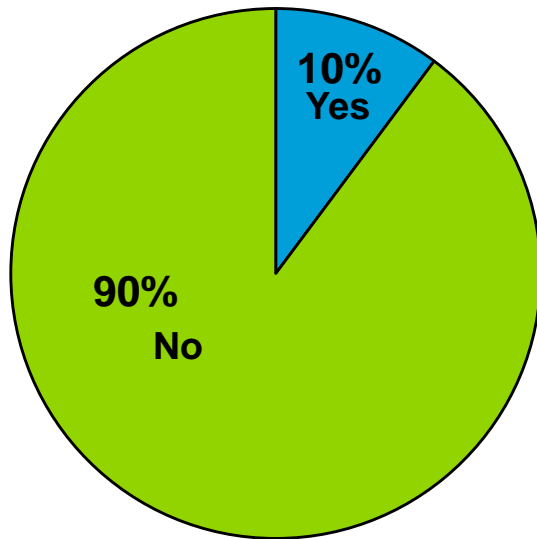


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Is a lack of public transportation to Bryn Mawr Rehab Hospital a problem for you?



Bryn Mawr Rehab Hospital (BMRH) is not currently located along a public transportation route, although some of its outpatient centers are close by to public transportation. Management was concerned that the lack of public transportation may limit patients from receiving needed care. However only 10% reported it to be an issue. Of note is that only about 3% of seniors in the CHNA area have transportation issues.



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Do you have a need for education on the following?

Topic	Percent
Nutrition	6%
Bowel Management	5%
Bladder Management	4%
Falls	4%
Diabetes	2%
Stress Management	2%
Adaptive Driving	1%
Wound Care	1%

Four (nutrition, falls, diabetes and stress management) of the top six education topics identified by former BMRH patients are issues also noted throughout this assessment. Many of them were also identified as top issues at the other Main Line Health hospitals. Bowel and bladder management are topics that may be specific rehabilitation services.



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Source: Bryn Mawr Rehab Hospital Community Health Needs Survey, September 2012.

Have you or your family/significant others discussed the need for respite care?

Respite Care	Percent
No, I have no need for respite care.	93%
Yes, currently receiving respite care	5%
Yes, but not available	2%

Ninety-three (93%) percent of former patients indicated that they did not need access to a respite care program; only 2% needed access to a program, but one was not available.



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Source: Bryn Mawr Rehab Hospital Community Health Needs Survey, September 2012.

Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

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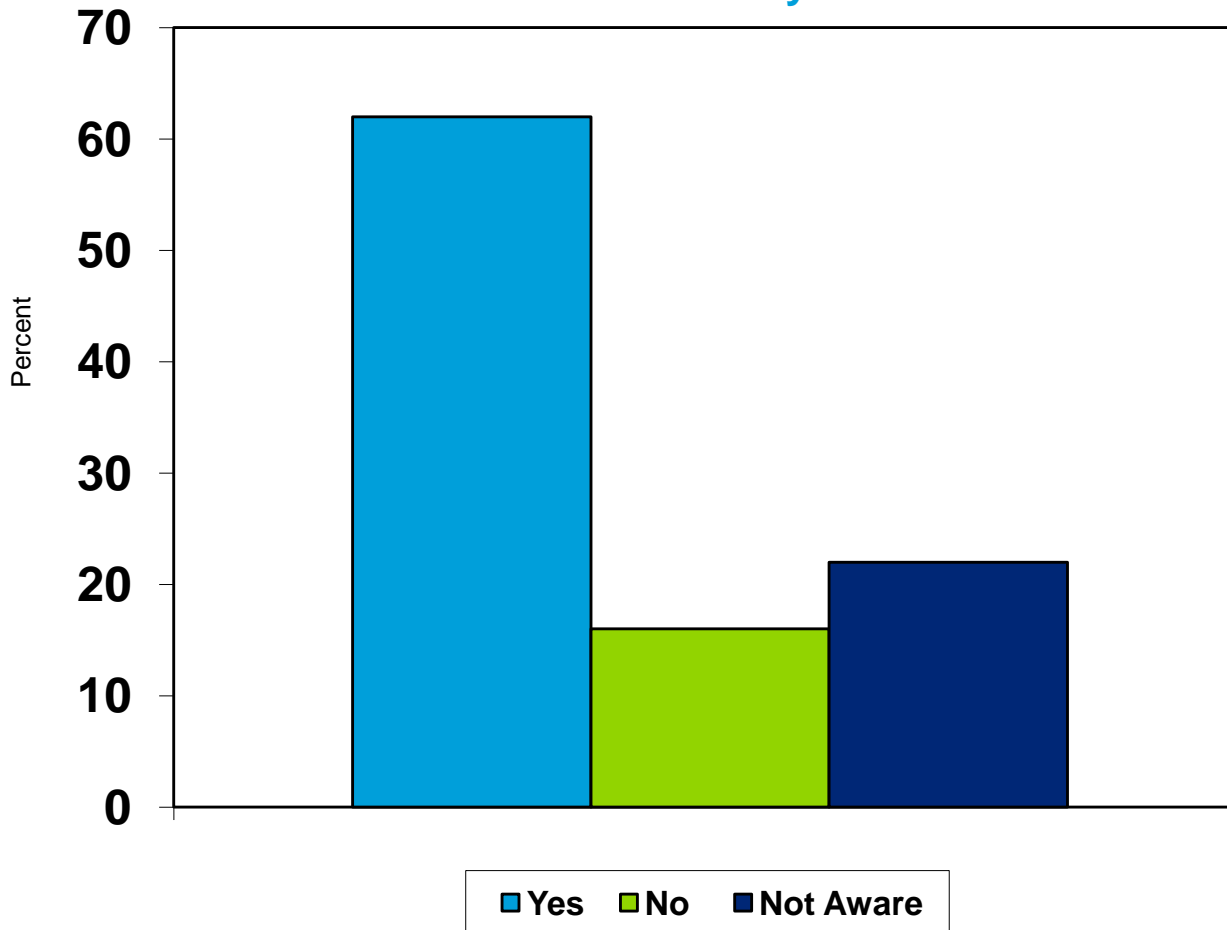
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School implemented guidelines for better monitoring of concussions

Percentage of respondents whose schools implemented programs to monitor concussions effectively



Pennsylvania law requires schools to have a concussion awareness and response program for their interscholastic athletic program. High school/middle school nurses are generally aware of this program, although they may not be the responsible party for the school's program.



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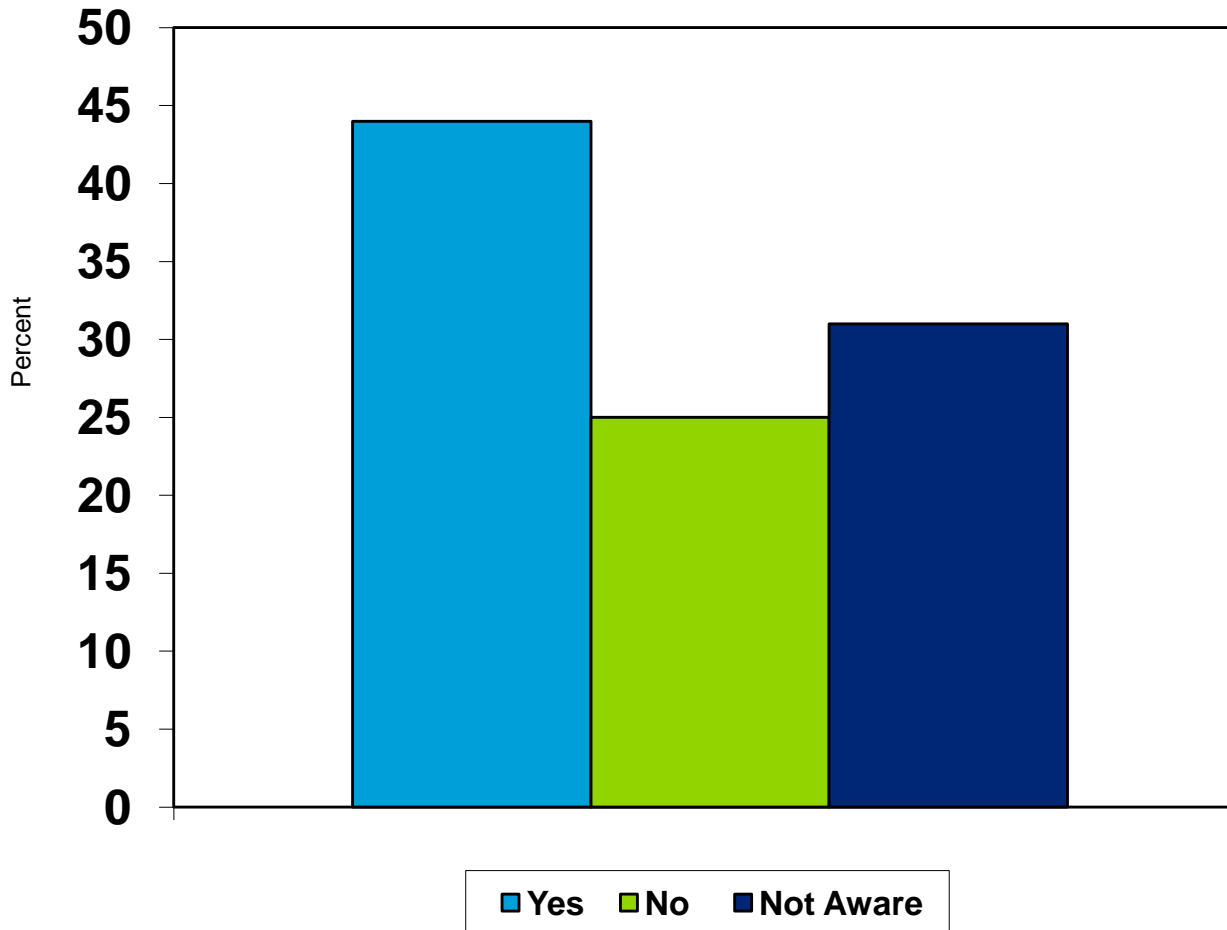
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Includes all responses.

Source: School Nurse Survey, June 2012.

Cognitive baseline testing provided for student athletes at risk for concussions

Percentage of respondents whose schools provide baseline testing for concussions



Pennsylvania law requires schools to have a concussion awareness and response program for their interscholastic athletic program. According to high school/middle school nurses, about 25% of schools have not implemented baseline monitoring for concussions of student athletes.



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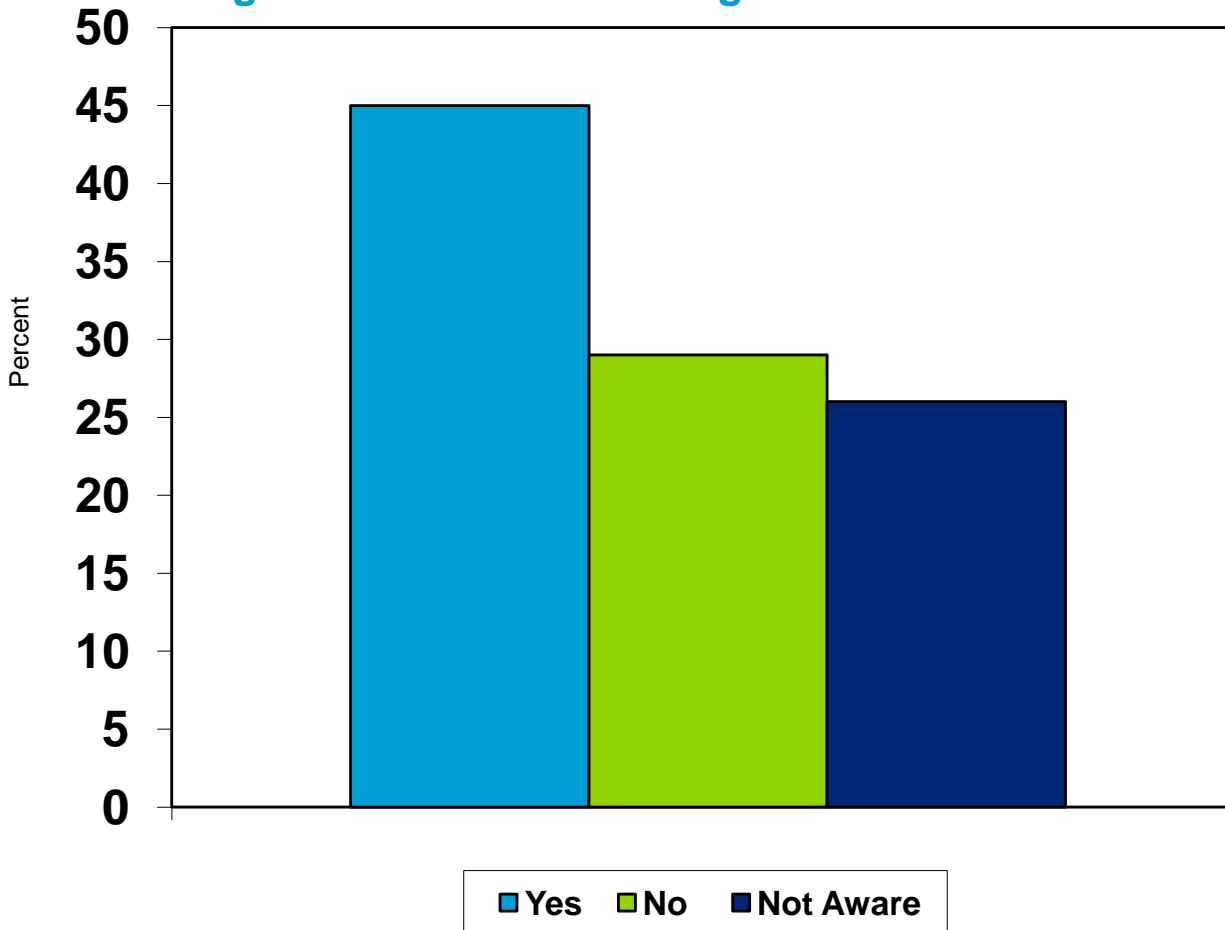
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Includes all responses.

Source: School Nurse Survey, June 2012.

School awareness programs on dangers of distracted driving

Percentage of respondents whose schools provided programs on the dangers of distracted driving



According to school nurses, about 30% of schools do not have specific programs on distracted driving.



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Includes all responses.

Source: School Nurse Survey, June 2012.

Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

- Community Physical Health
- BMRH Community Health Needs*
- School Nurse
- Elected and Appointed Officials ←
- Community Leaders
- Public Safety Officers - Ambulance, Fire and Police
- Main Line Health Care Providers

*Survey of persons who were a patient of BMRH or affiliated site within the past year



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Top health care concerns for constituents

The top health care issues identified by local elected and appointed officials

Top Issues
Affordability
Senior Care
Additional Issues
Insurance
Education
Prevention
Obesity
Mental Health
Addiction

The top issues, along with the other issues reported, reflect those identified throughout the assessment and are most likely top-of-mind with the public official's constituents.



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Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

- Community Physical Health
- BMRH Community Health Needs*
- School Nurse
- Elected and Appointed Officials
- Community Leaders ←
- Public Safety Officers - Ambulance, Fire and Police
- Main Line Health Care Providers

*Survey of persons who were a patient of BMRH or affiliated site within the past year



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Top health care concerns for local communities

The top health care issues identified by leaders of local community organizations

Top Issues
Senior Care
Affordability/Insurance
Healthy Living (wellness, exercise, fitness, stress management)
Obesity (adult & childhood)
Access to health services
Cardiac (Heart) care

The list of top health care concerns for local communities as identified by community leaders in the Main Line Health hospitals' CNHA areas reflect issues identified throughout the assessment.



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Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

- Community Physical Health
- BMRH Community Health Needs*
- School Nurse
- Elected and Appointed Officials
- Community Leaders
- Public Safety Officers - Ambulance, Fire and Police ←
- Main Line Health Care Providers

*Survey of persons who were a patient of BMRH or affiliated site within the past year

Top health care concerns for constituents

The top healthcare issues identified by local public safety officers (ambulance, fire and police)

Top Issues
Having enhanced first responder & EMS services in the community
Affordability/Insurance
Alcohol or Drugs
Senior Care

Three of the top four health care concerns expressed by local public safety officers reflect issues identified throughout the assessment. The top issue identified is the concern of local public safety officers in having sufficient and well maintained first responder and EMS services in their communities.



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Bryn Mawr Rehabilitation Hospital (BMRH) Community Health Needs Assessment

Community Surveys

- Community Physical Health
- BMRH Community Health Needs*
- School Nurse
- Elected and Appointed Officials
- Community Leaders
- Public Safety Officers - Ambulance, Fire and Police
- Main Line Health Care Providers ←

*Survey of persons who were a patient of BMRH or affiliated site within the past year



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Major findings from the MLH physician medical staff

The top issues impacting the quality of health of patients and the community

OVERALL TOTAL*
Busy schedules, no time to make healthy choices
Patient compliance and motivation
Stress
Affordability of medical/surgical health care
Availability of primary care
Underemployment or unemployment

MLH physicians noted what they thought were the top issues impacting the health of the community. Their responses generally reflect the issues found throughout the assessment. However, persons reporting in the Community Survey did not directly mention their own compliance to medical regimens or healthy lifestyles as impacting their health.

*Overall Total includes responses from the medical staff of the Main Line Health acute hospitals.
Source: MLH Health Care Providers Survey, September 2012.



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Major findings from the MLH physician medical staff

The top medical issues that have the greatest impact on the health of the community

OVERALL TOTAL*
Obesity
Diabetes
Heart Disease
Substance Abuse: Smoking
Cancer
Substance Abuse: Drugs & Alcohol

MLH physicians selected these as the top medical issues that have the greatest impact on the health of the community. They are also similar to those identified throughout the assessment.



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*Overall Total includes responses from the medical staff of the Main Line Health acute hospitals.
Source: MLH Health Care Providers Survey, September 2012.

Major findings from the MLH physician medical staff

The top pediatric health issues that are most concerning

OVERALL TOTAL*
Drug, tobacco, alcohol
Obesity
Poor dietary or exercise choices; Mental/behavior health

Drugs, tobacco and alcohol and obesity are top pediatric health issues in the CHNA areas as identified by medical staff of the hospitals. These top issues are found throughout the assessment.



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**Overall Total includes responses from the medical staff of the Main Line Health acute hospitals.
Source: MLH Health Care Providers Survey, September 2012.*

Major findings from the MLH physician medical staff

The top senior health issues that are most concerning

OVERALL TOTAL*
Care giving support
Smoking
Dementia
Chronic conditions
Obesity

A variety of issues in the CHNA areas are identified as top issues among the hospitals. "Caregiving support" is the top senior health issue.



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**Overall Total includes responses from the medical staff of the Main Line Health acute hospitals.
Source: MLH Health Care Providers Survey, September 2012.*

COMPREHENSIVE REPORT
APPENDIX



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Data sources utilized to compile the Community Health Needs Assessment

- Community-based public health data (Community Health Data Base) provided by Public Health Management Corp (PHMC) including data from the Southeastern Pennsylvania Household Health Survey (2002 to 2010)
 - One of largest, local health surveys in the country
 - Assesses health needs of local population
 - Provides “public health expertise”
- Truven Health (formerly Thomson-Reuters prior to June 2012)
 - Population data with projections
 - Insurance estimates
- Pennsylvania Department of Health
- Select national and state comparative data
 - CDC: Behavioral Risk Factor Surveillance System (BRFSS) 2010
 - CDC: Healthy People Targets 2020



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Comparative benchmarks utilized in the Community Health Needs Assessment

United States: Healthy People 2020 is a joint initiative managed by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) that provides target measures. Public health goals, established by the Healthy People 2020 initiative, are provided where similar indicators are available.

Pennsylvania: Some benchmarks are provided to the state population per the 2010 Behavioral Risk Factor Surveillance System (BRFSS), which is a part of a national health monitoring initiative supported by the CDC.

Regional/Southeastern PA (SEPA): Where state and national indicators are not available, a regional benchmark is provided based on the five counties included in the PHMC Southeastern Pennsylvania Household Health Survey (Bucks, Chester, Delaware, Montgomery and Philadelphia). Another useful benchmark is the other MLH System hospitals, as health needs vary based on the characteristics of each Hospital's community.



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Data Availability and Data Gaps

Despite having access to numerous data resources, data specific to the mental health status and mental health needs of the population are significantly lacking for the zip code-based hospital CHNA areas. Available data reviewed included general statistics on adults diagnosed with depression or other mental health issues; adults receiving treatment (undefined) for mental health issues; and adults with stress. Mental health issues of prevention and treatment involve multi-dimensional societal and health issues that make determining need for services difficult to assess.

Sample sizes within the PHMC Community Health Data Base for certain racial/ethnic and religious sub-populations were too small to draw meaningful conclusions on certain indicators. Additional data sources and follow-up research are being used to further assess the health status of identified sub-populations.



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Input utilized to compile the Community Health Needs Assessment

- Community Physical Health Survey
- BMRH Community Health Needs Survey
- School Nurse Survey
- Elected and Appointed Officials Survey
- Community Leaders Survey
- Public Safety Officers Survey - Ambulance, Fire and Police
- Main Line Health Care Providers Survey



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Public Health Departments or Organizations

- Chester County Health Department
- Delaware County Intercommunity Health Coordination
- Montgomery County Health Department
- Montgomery County Aging and Adult Services

Organizations Serving Persons in Need

- ARCH (Area Residents Caring and Helping)
- Adult Care of Chester County
- Audubon YMCA
- Brandywine Valley YMCA, Jennersville Branch
- Bryn Mawr Partnership
- Bryn Mawr Presbyterian Church
- Cancer Support Community (formerly The Wellness Community of Phila)
- Caring People Alliance @WPCC
- Catholic Social Services
- Christ Lutheran Church
- Community Volunteers in Medicine

Organizations Serving Persons in Need (continued)

- Community YMCA of Eastern Delaware
- ElderNet of Lower Merion and Narberth
- Elwyn
- First Baptist Church of Malvern
- Golden Slipper Center for Seniors
- Great Valley Senior Center
- Health Promotion Council
- Kindred Hospital- Havertown
- Lower Merion Counseling Services
- Maternal and Child Health Consortium of Chester County
- Maternity Care Coalition
- New Courtland Elder Services
- New Horizons Senior Center
- Pennsylvania Home of the Sparrow
- Pennsylvania State Police
- Phoenixville Community Health Foundation
- Positive Aging in Lower Merion Senior Center



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*List includes respondents from the MLH Service Area

Organizations Serving Persons in Need (continued)

- Pottstown Area Health and Wellness Foundation
- Project Outreach
- St Norbert Parish
- Surrey Services for Seniors
- The Church of the Good Samaritan
- The Clinic of Phoenixville
- United Way of Chester County
- Upper Main Line YMCA
- Upper Merion Senior Service
- Wayne Senior Center
- Women's Resource Center

Other Organizations Active in the Community

- Colonial Electric Supply
- Delaware County Library System
- Delaware County Chamber of Commerce
- Dunwoody Village
- Maris Grove
- Penn Liberty Bank
- The Conestoga Group
- TriCounty Area Chamber of Commerce



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*List includes respondents from the MLH Service Area

The public safety survey responses are from a wide geography and include community first responders that provide emergency services and community outreach

- Aston-Beechwood Fire Company
- Berwyn Fire Company
- Brandywine Hospital Medic 93
- Brookhaven Police
- Broomall Fire Company
- Bryn Mawr Fire Company
- Downingtown Police Dept
- East Brandywine Fire Company
- Easttown Township Police Department
- Garden City Fire Company
- Good Fellowship Ambulance
- Goshen Fire Company
- Honey Brook Fire Company EMS
- Limerick Township Police
- Ludwigs Corner Fire Company
- Malvern Fire Company
- Marple Township Ambulance Corps
- Media Fire Company
- Newtown Township Police Department
- Penn Wynne- Overbrook Hills Fire Company
- Radnor Fire Company
- Tredyffrin Township Police Department
- Upper Providence Township Dept of Fire & Emergency Services
- Upper Providence Township Police
- West Goshen Township Police Department
- West Whiteland Fire Company



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*List includes respondents from the MLH Service Area

The public officials survey responses came from a wide geography. Public officials serve the public's interest.

- Borough of West Chester
- County of Delaware
- East Caln Township
- Lower Merion Township
- Media Borough
- PA House of Representatives- District 188
- PA House of Representatives- District 157
- PA House of Representatives- District 160
- Spring City Borough
- Swathmore Borough

*List includes survey respondents from the MLH Service Area



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The school nurse survey responses came from a wide geography and include schools that have attendance from children of all socio-economic backgrounds

- Aronimink Elementary School
- Arrowhead Elementary School
- Bayard Rustin High School
- Benjamin B. Comegys School
- Beverly Hills Middle School
- Bradford Heights Elementary School
- Brandywine-Wallace Elementary School
- Charles F. Patton Middle School
- Charles Kelly Elementary School
- Coebourn Elementary School
- Concord Elementary School
- Culbertson Elementary School
- Delaware County Christian School
- Devon Elementary School
- Downingtown Area High School - East
Campus Downingtown High School
West
- Downingtown Middle School
- Drexel Hill Middle School
- Eagleville Elementary School
- East Goshen Elementary School
- East Vincent Elementary School
- Episcopal Academy
- Fern Hill Elementary School
- Friends Central Lower School
- Friends School Haverford
- Garnet Valley Elementary School
- Glenwood Elementary School
- Great Valley School District
- Henderson High School
- High School of the Future
- Highland Park Elementary
- Hill Top Preparatory School
- Hillcrest Elementary School
- Hillendale Elementary
- Hillside Elementary School
- Holy Child Academy
- Immaculate Heart of Mary
- Indian Lane Elementary School
- John Bartram High School
- John S Jenks School



*List includes respondents from the MLH Service Area

The school nurse survey responses came from a wide geography and include schools that have attendance from children of all socio-economic backgrounds (cont'd)

- Lamberton School
- Limerick Elementary
- Lionville Elementary School
- Lionville Middle School
- Manoa Elementary School
- Marple Newtown High School
- McMichael Elementary School
- Mitchell Elementary School
- Morton Elementary School
- Nether Providence Elementary School
- Norristown High School
- Oaks Elementary School
- Paul Robeson High School for Human Services
- Paul V. Fly Elementary School
- Penncrest High School
- Radnor Elementary School
- Roxborough High School
- Schuylkill Elementary
- Shaw Anna H. Middle School
- Shawmont School
- Springfield High School
- St. Donato's School
- St. Francis de Sales School
- St. Francis of Assisi School
- St. Laurence School
- Stetson Middle School
- Stonehurst Hills Elementary School
- Sugartown Elementary School
- Upper Darby High School
- Upper Darby Kindergarten Center
- Upper Providence Elementary
- Uwchlan Hills Elementary School
- Valley Forge Military Academy
- West Bradford Elementary School
- West Chester East High School
- Westbrook Park Elementary School
- William Levering School
- Woodland Academy
- Woodlynde School
- Worcester Elementary School
- Worrall Elementary School



*List includes respondents from the MLH Service Area

- Sharine Davis: Davis is Community Outreach Manager. She holds a Bachelor of Science degree in Nutrition and Dietetics from Immaculata University. Davis has experience in leading the community and professional health education for the public and medical community for a national hospice company and she has been the Director of Admissions and Intake for another major hospice agency. At BMRH she is the Manager of Community Outreach where she leads three community programs along with community education.
- Cheryl Tolerico West, PT, DPT: West graduated with a Masters of Science in Physical Therapy from Beaver College (now Arcadia University) in 1989 and was awarded a Doctorate of Physical Therapy from Temple University in 2006. She is the Supervisor for Inpatient Physical Therapy and for the Brain Injury Unit at BMRH. West has a comprehensive understanding of patient needs and is a clinical mentor for seating and positioning, assistive technology evaluations such as prescription of manual and power wheelchairs, patient home assessments, and evaluation and treatment of patients with spinal cord injuries and other neurological disorders. She is a Pennsylvania Delegate to the American Physical Therapy Association House of Delegates, Secretary of the Southeast District of the Pennsylvania Physical Therapy Association (PPTA), and PPTA Legislative Ambassador, all of which advocate for the profession of physical therapy often with direct consequences for patient care. West is also involved in the community as a track team coach, a volunteer for Community Backstop (local area non-profit helping families in need) and with various school functions.



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- Berwood Yost: Yost is Director of the Floyd Institute for Public Policy and also the Director of the Center for Opinion Research at Franklin and Marshall College where he also teaches courses in research methods and public health. He has substantial applied experience designing and implementing public opinion research using both qualitative and quantitative methods, and has conducted funded research on behalf of government, business, nonprofit organizations, public utilities, higher education and the media.
- Lynne Kotranski, Ph.D.: Kotranski is Managing Director for Research and Evaluation for the Public Health Management Corporation. She has over 25 years of experience conducting and managing diverse research, program evaluation and related technical assistance projects on the local, state and national level. The Research and Evaluation Group works with study design, quantitative and qualitative data collection and analysis, development of surveys and other instruments, conducting community and population needs assessments and working with individuals and organizations to address research and training needs. Kotranski and her staff provide assistance in identifying data needs, measure outcomes, and produce practical reports for program monitoring and planning.



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- Francine Axler: Axler is Senior Research Associate for Public Health Management Corporation. She has been actively involved in the field of public health and health promotion, specifically in the collection and dissemination of health status, health behaviors, and utilization of health services data for residents of Southeastern Pennsylvania. Her focus is on teaching health providers how to utilize community level health data to develop needed, effective and targeted health promotion programs for vulnerable populations. She directs the PHMC Community Health Data Base, has a degree in sociology and a graduate degree in public health education.



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There are a variety of local and county government agencies, community service organizations, non-profit public health organizations and advocacy groups that provide needed services to individuals and families in the community. PH has working relationships with many of these organizations and will continue to enhance its working relationship with these community resources to improve the health status of its community. Some of these resources include, but are not limited to:

- American Heart Association
- Chester County Health Department
- The Arthritis Foundation – Eastern Pennsylvania Chapter
- Diabetes Association – Greater Philadelphia
- National Multiple Sclerosis Society
- Chester County Department of Aging
- Chester County Highway Safety
- United Way of Southeastern Pennsylvania
- Chester County Economic Development Council
- Great Valley Senior Center
- ALS Association of Greater Philadelphia
- National Multiple Sclerosis Society
- ALS Clinic at Pennsylvania Hospital and ALS Center of Hope at Hahnemann Hospital
- Melmark Home in Berwyn
- CADES in Swarthmore
- Inglis House
- Fox Subacute Centers at Warrington
- Clara Burke Subacute Center in Plymouth Meeting



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MLH Hospitals serve populations in counties including, but not limited to: Chester, Delaware, Montgomery and Philadelphia. These hospitals provide services and additional resources for the community.

Chester County

- Brandywine Hospital
- Chester County Hospital
- Devereux Children's Health Center
- Jennersville Regional Hospital
- LifeCare Hospitals of Chester County
- Main Line Health - Paoli Hospital
- Main Line Health - Bryn Mawr Rehabilitation Hospital
- Phoenixville Hospital

Delaware County

- Crozer Chester Medical Center
- Delaware County Memorial Hospital
- Kindred Hospital - Delaware County
- Kindred Hospital - Havertown
- Mercy Fitzgerald Hospital
- Main Line Health - Riddle Hospital
- Springfield Hospital
- Taylor Hospital

Montgomery County

- Abington Memorial Hospital
- Brooke Glen Behavioral Hospital
- Eagleville Hospital
- Holy Redeemer Hospital and Medical Center
- Horsham Clinic
- Lansdale Hospital
- Main Line Health - Bryn Mawr Hospital
- Main Line Health - Lankenau Medical Center
- Mercy Suburban Hospital
- Montgomery County MH / MR Emergency Service
- Montgomery Hospital Medical Center
- Physicians Care Surgical Hospital
- Pottstown Memorial Medical Center
- Valley Forge Medical Center and Hospital



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MLH Hospitals serve populations in counties including, but not limited to: Chester, Delaware, Montgomery and Philadelphia. These hospitals provide services and are additional resources for the community.

Philadelphia County

- Albert Einstein Medical Center
- Aria Health
- Belmont Center for Comprehensive Treatment
- Chestnut Hill Hospital
- CTCA-Eastern Regional Medical Center
- Fairmount Behavioral Health System
- Friends Hospital
- Good Shepherd Penn Partners Specialty Hospital
- Hahnemann University Hospital
- Hospital of Fox Chase Cancer Center
- Hospital of the University of Pennsylvania
- Jeanes Hospital
- Kensington Hospital
- Kindred Hospital - Philadelphia
- Kindred Hospital/South Philadelphia

Philadelphia County (continued)

- Kirkbride Center
- Magee Rehabilitation Hospital
- Mercy Philadelphia Hospital
- Methodist Hospital Moss Rehabilitation Hospital Nazareth Hospital
- Penn Presbyterian Medical Center
- Pennsylvania Hospital
- Roxborough Memorial Hospital
- Saint Joseph's Hospital - Philadelphia
- Shriners Hospital for Children - Philadelphia
- St. Christopher's Hospital for Children
- Temple University Hospital
- The Children's Hospital of Philadelphia
- Thomas Jefferson University Hospital



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- Due to the special nature of the BMRH patients, and since the BMRH CHNA service area has significant overlap with some of the other MLH Hospitals, BMRH has identified those health needs that are specific to its population and is addressing all of the needs identified. BMRH is a specialty hospital that provides physical and cognitive rehabilitative services primarily for individuals who have had joint replacements, strokes, spinal cord illness or injury and brain injury. The needs identified in the assessment include education and the identification of risk factors for areas such as obesity, cardiovascular/stroke, arthritis and injury prevention, all of which contribute to these conditions. These needs are throughout the BMRH CHNA service area.
- In its survey of the rehabilitative patient population, BMRH anticipated that there would be unmet needs in such areas as transportation, respite care and assistive devices. However, survey results showed that these needs were already being met for the vast majority of the population (95%+). Consistent with its mission which states in part “We continually strive for excellence...by contributing to the community through education, research and prevention of disability,” BMRH will continue to work with its rehabilitative population to meet existing needs with a focus on education, to minimize the effects of unhealthy choices which might result in an acute condition subsequently requiring post-acute care.
- While licensed as an acute care hospital, BMRH does not have an emergency department, does not perform surgical procedures and does not deliver babies. It does care for medically complex patients for whom a post-acute level of care is medically necessary and beneficial to their continued progress toward recovery. Community-based hospitals, academic medical centers and other health care providers meet the acute care needs for the BMRH community, while BMRH serves as the post-acute resource for the community.



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