LETTER TO THE COMMUNITY

OUR MESSAGE TO THE RESIDENTS OF THE BRANDYWINE HOSPITAL SERVICE AREA

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

The 2019 CHNA is the first needs assessment that Brandywine Hospital has completed as a nonprofit hospital. As part of the CHNA process, we conducted internal and external research including focus groups, stakeholder interviews and key informant surveys. In addition, a community survey was completed among 250 external stakeholders.

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

- **Access to Health Care**
  - Increase access to healthcare services by community members, particularly those considered vulnerable and/or living in underserved areas

- **Social Determinants of Health**
  - Identify and address Social Determinants of Health

- **Disease Prevention and Management**

- **Access to Behavioral Health Services**
  - Improve access to screening, assessment, treatment and support for behavioral health
  - Decrease stigma related to behavioral health

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

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

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

Sincerely,

Jeff Hunt
President & Chief Executive Officer
Brandywine Hospital
Brandywine Service Area

Our community encompasses select zip codes within Chester County, which represents the primary service area of Brandywine Hospital. The remaining zip codes in Chester County are considered part of Brandywine Hospital's secondary or tertiary markets.
Under new leadership, Brandywine Hospital continues to expand upon the medical staff and added enhanced services, including heart and lung surgery, vascular surgery, imaging services and more to meet the community’s needs. These changes have translated into national recognitions for quality and an outstanding patient experience in numerous specialties.

We work hard every day to be a place of healing, caring and connection for patients and loved ones in the community we call home.

BRANDYWINE HOSPITAL MISSION
The mission of Brandywine Hospital is to provide compassionate, accessible, high quality, cost effective healthcare to the community; to promote health; to educate healthcare professionals; and to participate in appropriate clinical research.

BRANDYWINE HOSPITAL VISION
Brandywine Hospital will be an innovative, leading, integrated provider dedicated to advancing the health and transforming the lives of the people we serve through excellent clinical quality; accessible, patient-centered, caring service; and unmatched physician and employee commitment.
While slightly lower than the Healthy People 2020 goal, the percentage of residents in Chester County who do not have a personal care provider has increased in recent years and is higher than the state of Pennsylvania.

No Personal Care Provider

Source: Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Chester County, 2011-2017, Healthy People 2020, Center for Disease Control
WHAT THE COMMUNITY IS SAYING

Over half (55.5%) of intercept survey respondents identified access to health care as having the highest impact on the health of an individual. The cost of health care (68.8%) was the highest identified socioeconomic factor that impacts the health of an individual by intercept survey respondents.

Stakeholder interview participants spoke about the challenges residents experience accessing care due lack of transportation and challenges navigating the health care system. Focus group participants also noted the cost of care and transportation as barriers to accessing needed care. They also highlighted the lack of service providers and the fact that many services have long wait lists. A few noted language as a barrier to accessing needed care.

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

Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants
Those with housing insecurity are significantly more likely to have COPD, coronary heart disease, or been told they have a heart attack. Those who do not worry about housing were significantly more likely to have skin cancer.

**Housing Insecurity Impact On Health**

<table>
<thead>
<tr>
<th></th>
<th>COPD</th>
<th>Skin Cancer</th>
<th>Heart Attack</th>
<th>Coronary Heart Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always, Usually, Sometimes</td>
<td>13.2%</td>
<td>1.1%</td>
<td>12.2%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Rarely, Never</td>
<td>4.9%</td>
<td>11.9%</td>
<td>4.5%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: Brandywine Hospital Community Survey, Professional Research Corporation, 2018
WHAT THE COMMUNITY IS SAYING

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

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

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

WHAT THE COMMUNITY IS SAYING

Around one in six (17.5%) 2019 community survey respondents were food insecure, while 14.1% find it very or somewhat difficult to buy fresh produce. Less than half of survey respondents (40.3%) report eating five or more servings of fruit and/or vegetables daily.

Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018
Males are more likely to have had a routine checkup in the past year or have had an eye exam in the past two years while women are more likely not to see a doctor due to cost, or have difficulty reading health information or seeing a specialist.

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Overall*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine checkup, past year</td>
<td>82.3%</td>
<td>67.3%</td>
<td>74.6%</td>
</tr>
<tr>
<td>Need help reading health information</td>
<td>39.3%</td>
<td>49.1%</td>
<td>44.3%</td>
</tr>
<tr>
<td>Could not see a doctor due to cost</td>
<td>7.3%</td>
<td>14.6%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Gone to Emergency Room, past 12 months</td>
<td>25.1%</td>
<td>21.6%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Difficulty seeing a specialist</td>
<td>7.8%</td>
<td>20.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Eye exam where pupils were dilated, past two years</td>
<td>78.5%</td>
<td>59.4%</td>
<td>68.5%</td>
</tr>
</tbody>
</table>

Community survey respondents who have transportation challenges are significantly more likely to have COPD, arthritis, chronic back pain, cancer, heart attack, coronary heart disease, stroke and asthma than other respondents.
The graph below illustrates chronic diseases experienced by the residents who indicated that they have had a transportation barrier for medical care in the past 12 months in the Community Survey. Respondents who experience transportation barriers were significantly more likely than other residents to have COPD, asthma, chronic back pain, cancer, had a heart attack, coronary heart disease, a stroke or asthma.

### Transportation Impact On Health Status, Chester County

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>33.3%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>50.0%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Chronic Back Pain</td>
<td>38.9%</td>
<td>18.9%</td>
</tr>
<tr>
<td>Cancer</td>
<td>16.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>27.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>Coronary Heart Disease</td>
<td>27.8%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Stroke</td>
<td>16.7%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>50.0%</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018
ACCESS TO BEHAVIORAL HEALTH SERVICES

Community survey respondents in the Brandywine Hospital service area that are living below 200% of the poverty level* were significantly more likely to report their personal mental health as fair or poor than those with higher incomes.

Personal Mental Health Rating

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 200% Poverty</td>
<td>22.4%</td>
<td>16.3%</td>
<td>40.8%</td>
<td>12.2%</td>
<td>8.2%</td>
</tr>
<tr>
<td>&gt; 200% Poverty</td>
<td>39.8%</td>
<td>35.7%</td>
<td>18.1%</td>
<td>5.0%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: Brandywine Hospital Community Survey 2018, Professional Research Consultants

*Note: https://www.thebalance.com/federal-poverty-level-definition-guidelines-chart-3305843
Female community survey respondents were significantly more likely to experience behavioral health challenges than males.

<table>
<thead>
<tr>
<th>Health Challenge</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed or sad, 2 or more years</td>
<td>21.2%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Stress in daily life (extremely or very stressful)</td>
<td>4.1%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Ever told have a depressive disorder</td>
<td>14.4%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Ever thought of taking own life</td>
<td>2.4%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Taking medication or receiving treatment for mental health</td>
<td>8.4%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Sought help for mental health services</td>
<td>25.1%</td>
<td>39.8%</td>
</tr>
<tr>
<td>Taken opioids</td>
<td>2.4%</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants
Hospital leaders and representatives from community agencies came together to review data compiled for the Community Health Needs Assessment. This group prioritized the most critical community needs identified as focus areas to hone in on areas of focus for the next three years. Hospital leaders met to review these prioritized needs, taking into consideration community needs, national benchmarks, and available resources. The following strategies were then identified to help address the identified priorities.

HEALTH PRIORITY: ACCESS TO HEALTH CARE

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

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>METRICS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase cultural awareness, diversity and inclusion</td>
<td>Conduct 5 Cultural Awareness trainings</td>
<td></td>
<td></td>
<td></td>
<td>5 sessions completed; 100 staff trained</td>
</tr>
<tr>
<td></td>
<td>Conduct train the trainer sessions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>80% reported increased cultural awareness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 trainers were educated</td>
</tr>
<tr>
<td>Develop, enhance and/or expand telemedicine</td>
<td>Increase telepsych presence in Phoenixville Hospital opportunities</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>5% increase year over year</td>
</tr>
<tr>
<td>opportunities</td>
<td>Expand telepsych to Jennersville Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase utilization of telemedicine for Stroke in 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Goal 1. Identify and address Social Determinants of Health (SDOH).

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>METRICS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and address SDOH in the clinical environment</td>
<td>Screen for SDOH in identified clinical areas</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>670 patients screened</td>
</tr>
<tr>
<td></td>
<td>Connect patients to appropriate resources</td>
<td></td>
<td></td>
<td></td>
<td>5% decrease in ED utilization</td>
</tr>
<tr>
<td></td>
<td>Provide navigation services to high risk patients</td>
<td></td>
<td></td>
<td></td>
<td>150 resource summaries generated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67 patients received navigation services</td>
</tr>
</tbody>
</table>

## Goal 2. Address transportation barriers.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>METRICS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement the Ride Health Program to reduce transportation barriers.</td>
<td>Implement pilot process</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Program implemented</td>
</tr>
<tr>
<td></td>
<td>Evaluate pilot and expand</td>
<td></td>
<td></td>
<td></td>
<td>38 rides provided</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5% decrease in missed visits in the Wound Care Center in CY 2020</td>
</tr>
</tbody>
</table>
**HEALTH PRIORITY: DISEASE PREVENTION AND MANAGEMENT**

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

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>METRICS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide disease screening and education opportunities to the primary service areas, particularly focusing on vulnerable populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase diabetes and hypertension screenings</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>50% increase in knowledge of how to manage their DM or HTN on a daily basis</td>
</tr>
<tr>
<td></td>
<td>Provide Low Dose CT</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>110 projected screenings for calendar year 2019</td>
</tr>
<tr>
<td></td>
<td>Provide breast cancer screenings</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>8% referred for further work up</td>
</tr>
<tr>
<td></td>
<td>Implement short and long term wellness initiatives</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Increase baseline participation in major ongoing Tower Health sponsored wellness programs to 25% within the next one year (Currently 18%)</td>
</tr>
<tr>
<td></td>
<td>Tower Wellness Programs</td>
<td></td>
<td></td>
<td></td>
<td>Maintain engagement in major short-term wellness initiatives at 60% or greater for fitness/nutrition programs and 20% or greater for mental/spiritual health programs</td>
</tr>
</tbody>
</table>

2019: 1695 screenings
114 or 6.7% had abnormal mammograms/recommended for biopsies
6.7% were referred to a breast specialist for further assessment prior to biopsy
Since 1/1/19 – 21 new diagnoses of Breast Cancer or 18% requiring surgical intervention
## HEALTH PRIORITY: ACCESS TO BEHAVIORAL HEALTH SERVICES

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

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>ACTION STEPS</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>METRICS PER YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm Handoff</td>
<td>Provide warm hand off for Brandywine inpatient and outpatients</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td># warm handoffs (increase from 66 to 80 in the next calendar year)</td>
</tr>
<tr>
<td>Increase mental health outpatient services on campus</td>
<td>Outpatient healthcare provider HSI, will be present on Brandywine’s campus</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>Will service 80% of Brandywine’s Behavioral Health population. Patients will receive a post discharge appointment within 7 days</td>
</tr>
<tr>
<td>Collaborate w/ Post Acute providers to decrease the number of Emergency Department Evaluations for Behavioral Issues</td>
<td>Establish behavioral health presence in three area nursing homes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>198 nursing home residents evaluated for behavioral issues eliminating an unnecessary ED transfer 3 nursing home collaborations</td>
</tr>
<tr>
<td>Train hospital employees to identify and address the signs of suicide ideation</td>
<td>Initiate a QPR program at Brandywine Hospital. (Question, Persuade, Refer)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>17 hospital employees were trained 100% increase in knowledge of how to address suicide ideation 0 referrals to a mental health professional</td>
</tr>
<tr>
<td>Increase access to mental health services in primary care practices</td>
<td>Integrate mental health services with primary Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>2 practices participating There will be 2 mental health professionals 1 provider who will see 6-8 patients per week 1 therapist who will see 3-4 patients per week</td>
</tr>
</tbody>
</table>
CONTACT/
Office: 201 Reeceville Rd, Coatesville, PA 19320
Phone: 610-383-8000
Brandywine.TowerHealth.org