



Bryn Mawr Hospital

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Bryn Mawr Hospital Community Health Assessment

May 2013

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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 Hospital (BMH), 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 and mortality 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, mental health, children's health 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 BMH report contains information and commentary specific to BMH as well as comparative information from two other suburban MLH System acute care hospitals: Paoli Hospital (PH) and Riddle Hospital (RH). MLH also conducted a CHNA for its other system hospitals: Lankenau Medical Center (LMC) and Bryn Mawr Rehabilitation Hospital (BMRH). However, these reports are separate due to the characteristics of the communities they serve.



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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 health need priorities were identified. The priorities are of equal importance.

- Cancer
- Obesity / Diabetes
- Cardiovascular Health / Stroke
- Senior Care
- 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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Criteria: Focus area:	Worse than benchmarks or unhealthy trend	National Focus for Improvement	Community stake - holder interest	Sub-group population with special needs
Senior Care	✓	✓	✓	✓
Cardiovascular / Stroke	✓	✓	✓	
Obesity / Diabetes	✓	✓	✓	
Cancer	✓	✓	✓	
Cultural / Diversity			✓	✓

Senior Care

- In the BMH CHNA area, older adults make up 16.6% of the population, which is greater than Southeastern PA (SEPA) at 13.5%. The 65 plus age group also has the greatest expected percent change of population, representing the continued aging of the baby boomer generation. Nearly 70% of older adults plan on staying in their current homes for 10 years. One in seven older adults has fallen in the past year which can cause injury or hospitalization. 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, care giver support and collaboration among hospitals, older adults, government, community and advocacy resources.



Cardiovascular Health/ Stroke

- Heart disease rates (prevalence) are higher in the BMH service area than in SEPA for arrhythmia, congestive heart failure, hypertension and ischemic heart disease. Approximately one in four adults has high blood pressure and/or high cholesterol. Heart disease is the leading cause of death in the U.S. and stroke is the third leading cause of death. Controlling risk factors, such as high blood pressure and high cholesterol for cardiovascular disease, is critical to impacting the health of the community.¹

Obesity / Diabetes

- The percentage of obese adults in the BMH area is 19%, which is below the SEPA level of 26%. However, the percentage of obese adults has been trending upward since 2002. In 2010, 22.6% of children age six plus were overweight or obese. Additionally, obesity was identified as one of the top health concerns by community leaders, school nurses and other community members. Individuals who are overweight and obese have an increased risk for type 2 diabetes, heart disease and certain types of cancer.

Cancer

- The cancer incidence rates for breast, colorectal, prostate and lung cancer are higher in the BMH area than in SEPA. The percentage of adults who smoke is 14%, which is above the HP2020 target of 12%, and smoking is a risk factor for lung cancer. Reducing risk factors, early detection and providing a continuum of care from evidence-based screening and appropriate follow up, can increase survival rates and reduce the burden of cancer in the U.S.¹

Cultural / Diversity

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

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

¹ Healthy People 2020 (HP 2020): www.healthypeople.gov/2020/topicsobjectives2020

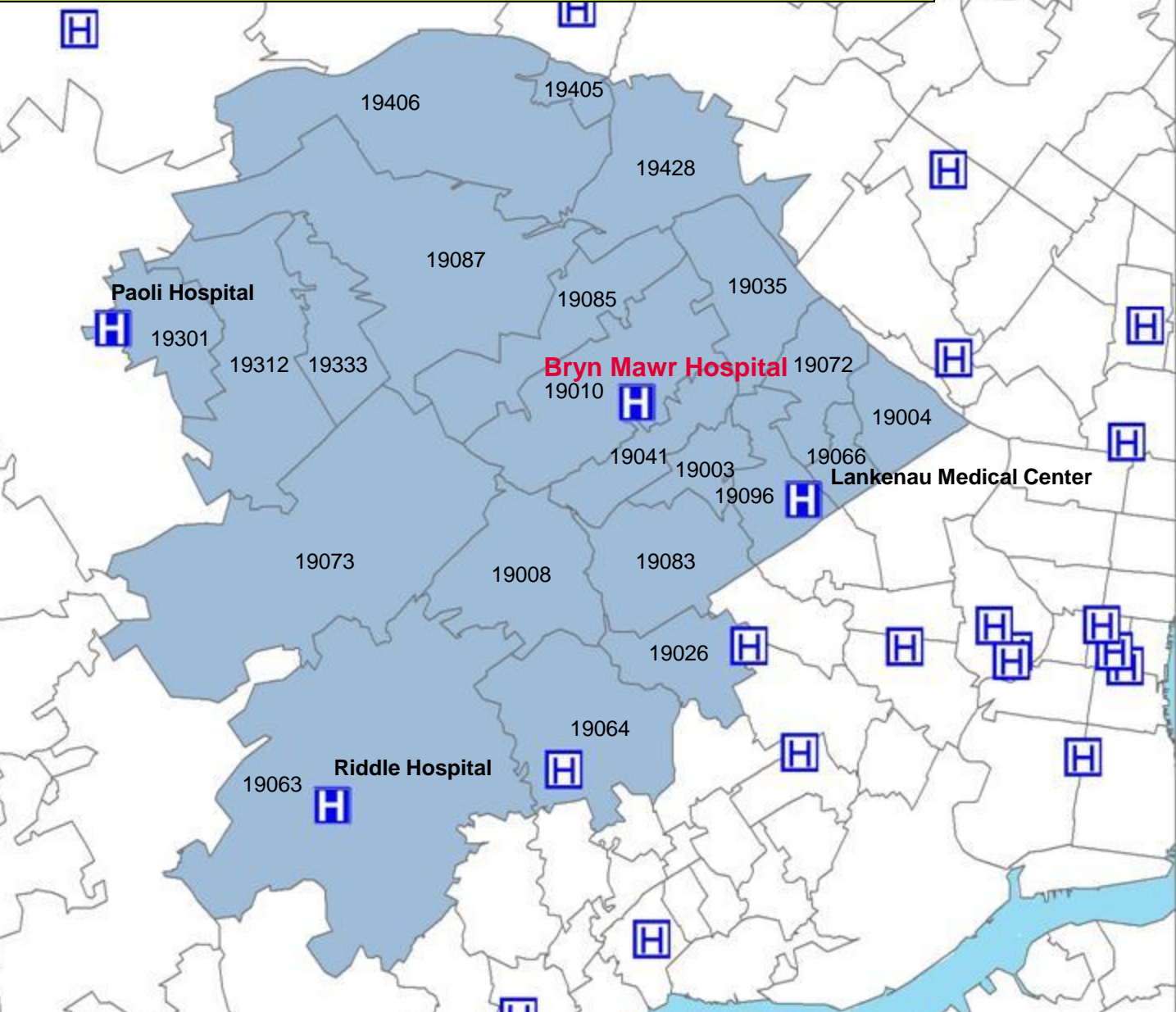
Population and Demographics

Bryn Mawr Hospital Community Health Needs Assessment Area

Acute Hospitals

-  MLH
-  Non-MLH

19003	ARDMORE
19004	BALA CYNWYD
19008	BROOMALL
19010	BRYN MAWR
19026	DREXEL HILL
19035	GLADWYNE
19041	HAVERFORD
19063	MEDIA
19064	SPRINGFIELD
19066	MERION STATION
19072	NARBERTH
19073	NEWTOWN SQUARE
19083	HAVERTOWN
19085	VILLANOVA
19087	WAYNE
19096	WYNNEWOOD
19301	PAOLI
19312	BERWYN
19333	DEVON
19405	BRIDGEPORT
19406	KING OF PRUSSIA
19428	CONSHOHOCKEN



Population counts and projections

Areas	Total Population			
	2012 Pop	2017 Pop	Change	% Change
Bryn Mawr	360,217	362,103	1,886	0.5%
Paoli	468,713	488,447	19,734	4.2%
Riddle	179,612	185,409	5,797	3.2%
SEPA	4,041,357	4,122,948	81,591	2.0%

The Bryn Mawr CHNA area population is expected to be flat over the next five years with a percentage change of 0.5%.

Source: Truven Health.



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Socio-demographics

2012 Household (HH) Data			
Areas	No. of Households	Median Income	Pct of Adults with College Degree
Bryn Mawr	140,492	\$84,966	59%
Paoli	175,511	\$87,632	60%
Riddle	68,263	\$89,524	52%
SEPA	1,551,576	\$68,192	42%

The population of the Bryn Mawr CHNA area reflects a range of socio-demographic characteristics as indicated in the following map.

Overall, the CHNA is affluent, with 59% of the adults in the area having a college degree and the median household income nearly \$85,000.

Note: CHNA area median household incomes are reflective of the zip codes in the area but should be used as reference only.

Sources: Truven Health and PHMC Southeastern Pennsylvania Household Health Survey, 2010.



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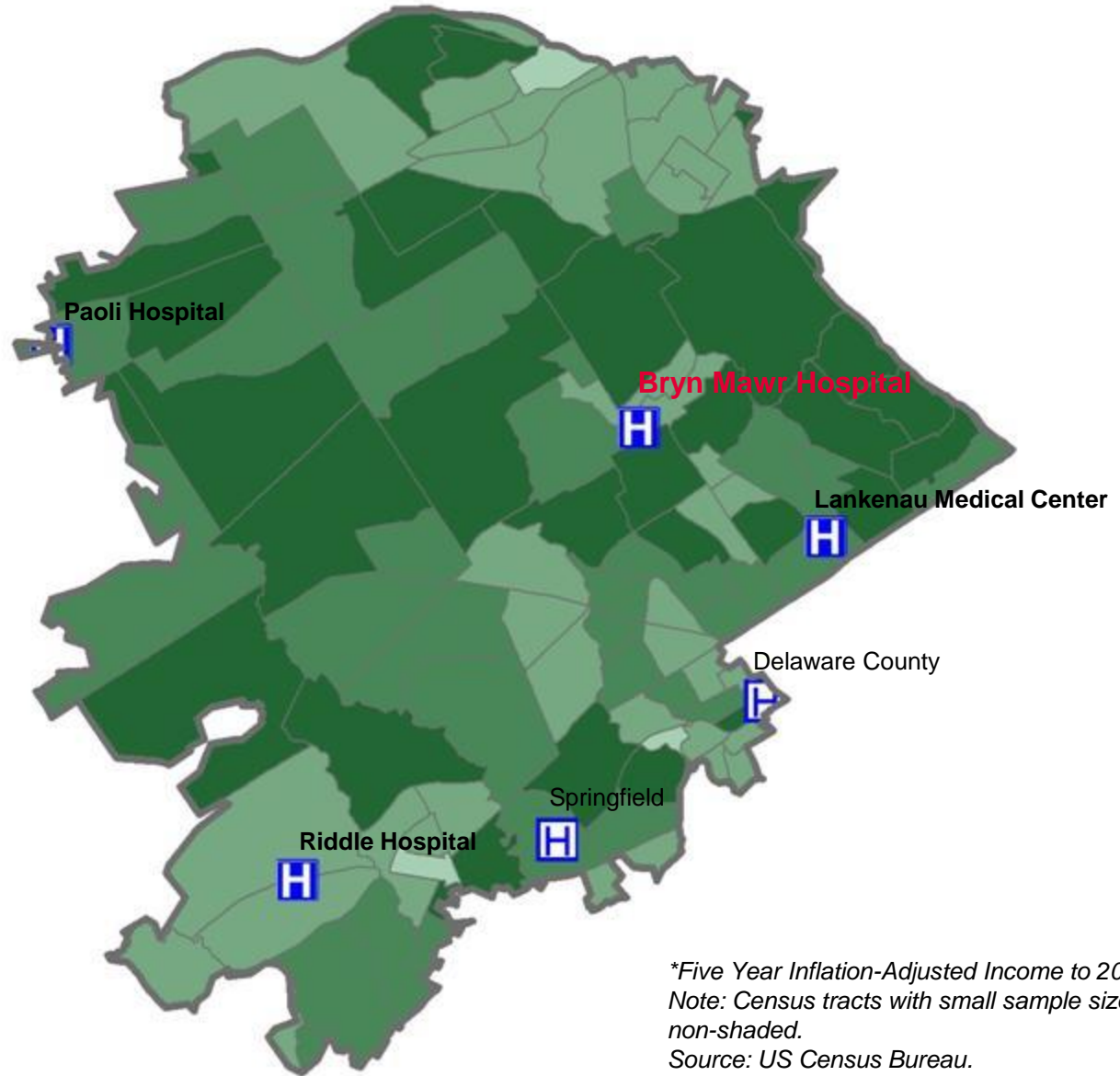
BMH Median Household Income by Census Tract 2006-2010*

Median Household Income

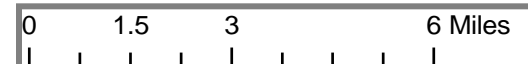
- Under \$25,000
- \$25,000 – 49,999
- \$50,000 – 74,999
- \$75,000 – 100,000
- Over \$100,000

Acute Hospital

- MLH
- Non-MLH

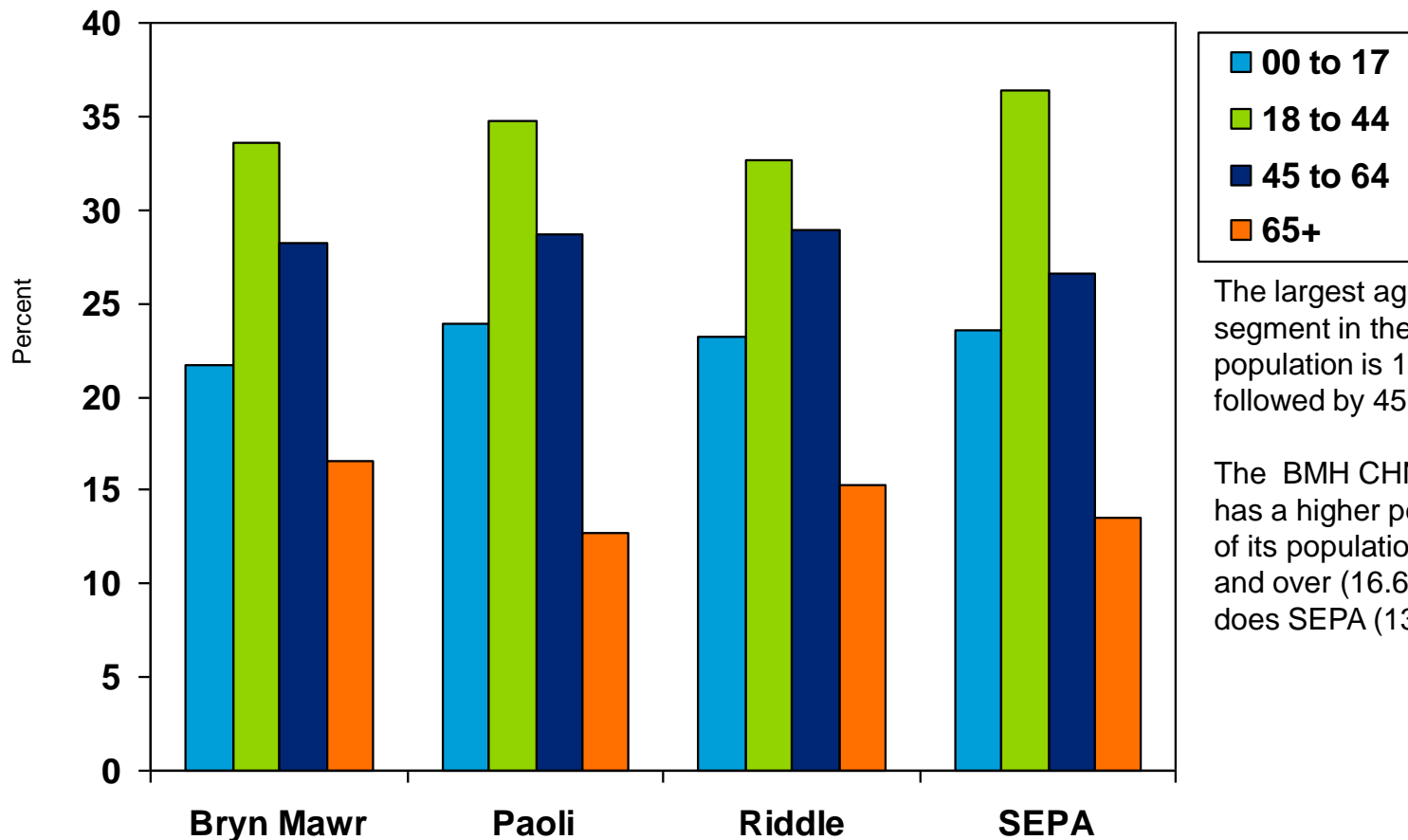


*Five Year Inflation-Adjusted Income to 2010.
Note: Census tracts with small sample sizes are non-shaded.
Source: US Census Bureau.



Age distribution

Percentage of population by age group – 2012



The largest age segment in the population is 18 to 44, followed by 45 to 64.

The BMH CHNA area has a higher percentage of its population age 65 and over (16.6%) than does SEPA (13.5%)

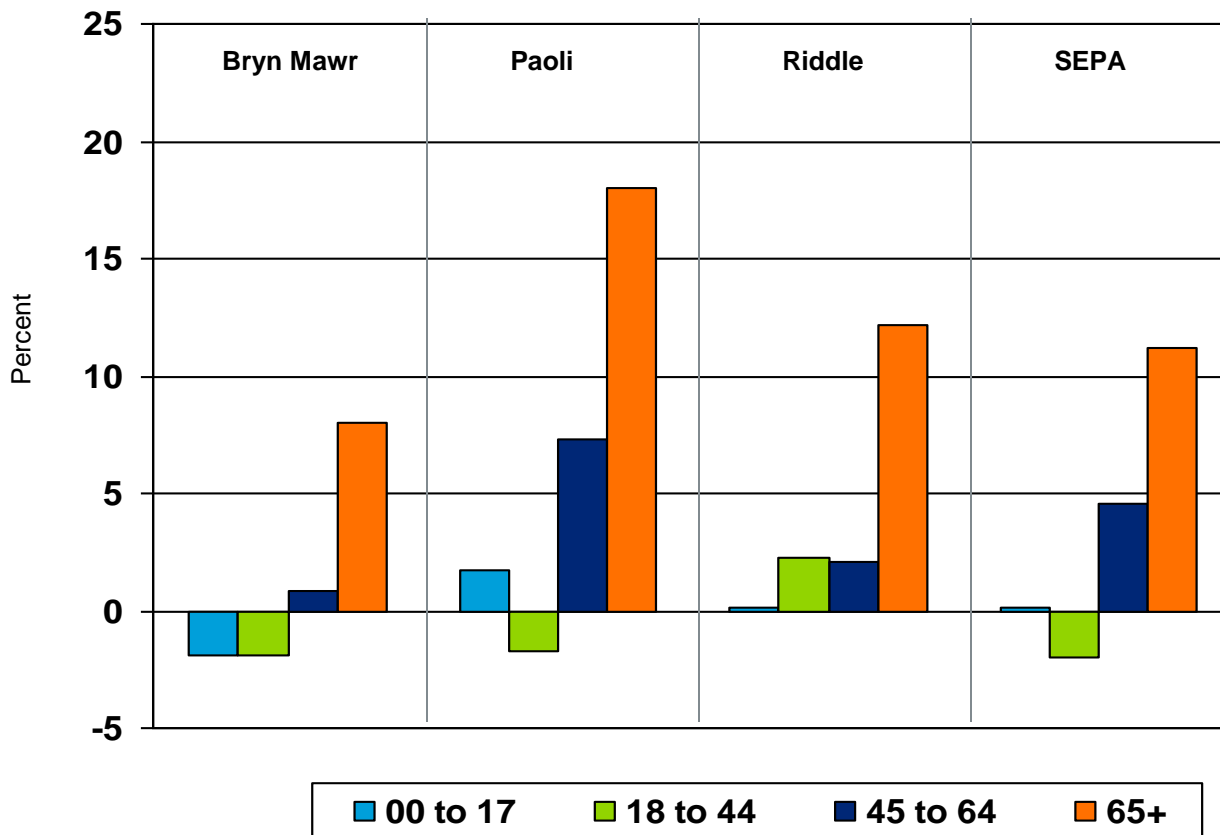


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Projected shift – 2012 to 2017

Percentage change of population by age group



The 65+ age segment shows the largest growth. This represents the continued aging of the baby boomer generation.

Source: Truven Health.

Race/Ethnicity

Percentage of population by racial and ethnic group – 2012

Area	White	Black	Hispanic	Asian	Other
Bryn Mawr	84.8	4.4	2.7	6.5	1.7
Paoli	83.1	4.8	3.7	6.7	1.7
Riddle	84.5	7.5	2.4	3.9	1.6
SEPA	62.6	21.8	7.9	5.7	2.1

The Bryn Mawr CHNA area is predominately white at 85% of the population compared to 63% in SEPA. The percentage of the population that is black or Asian is shown in the following maps.

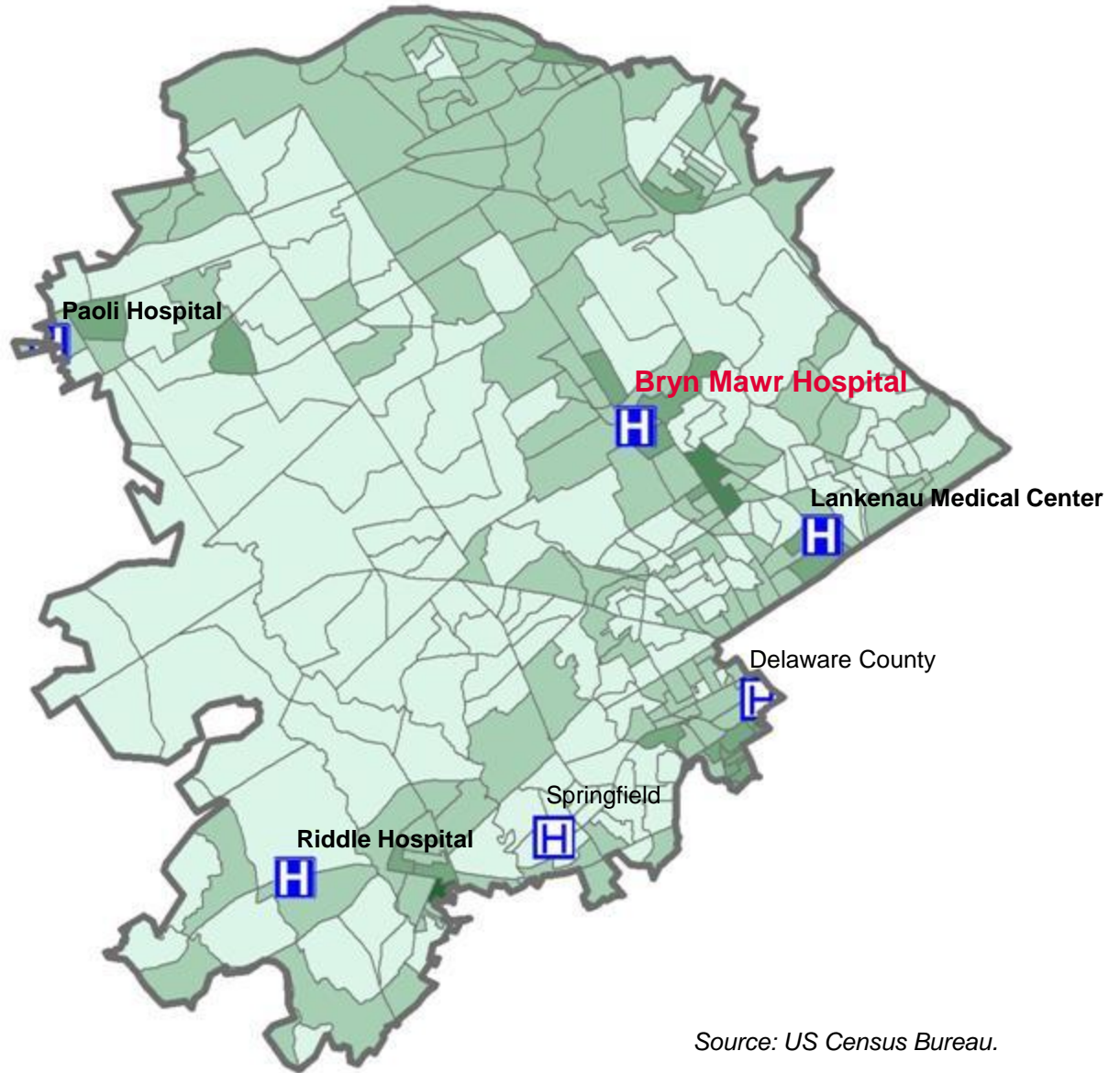
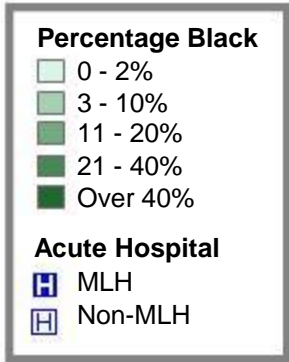
Sources: Truven Health.



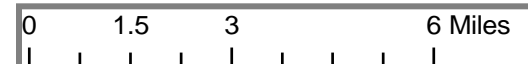
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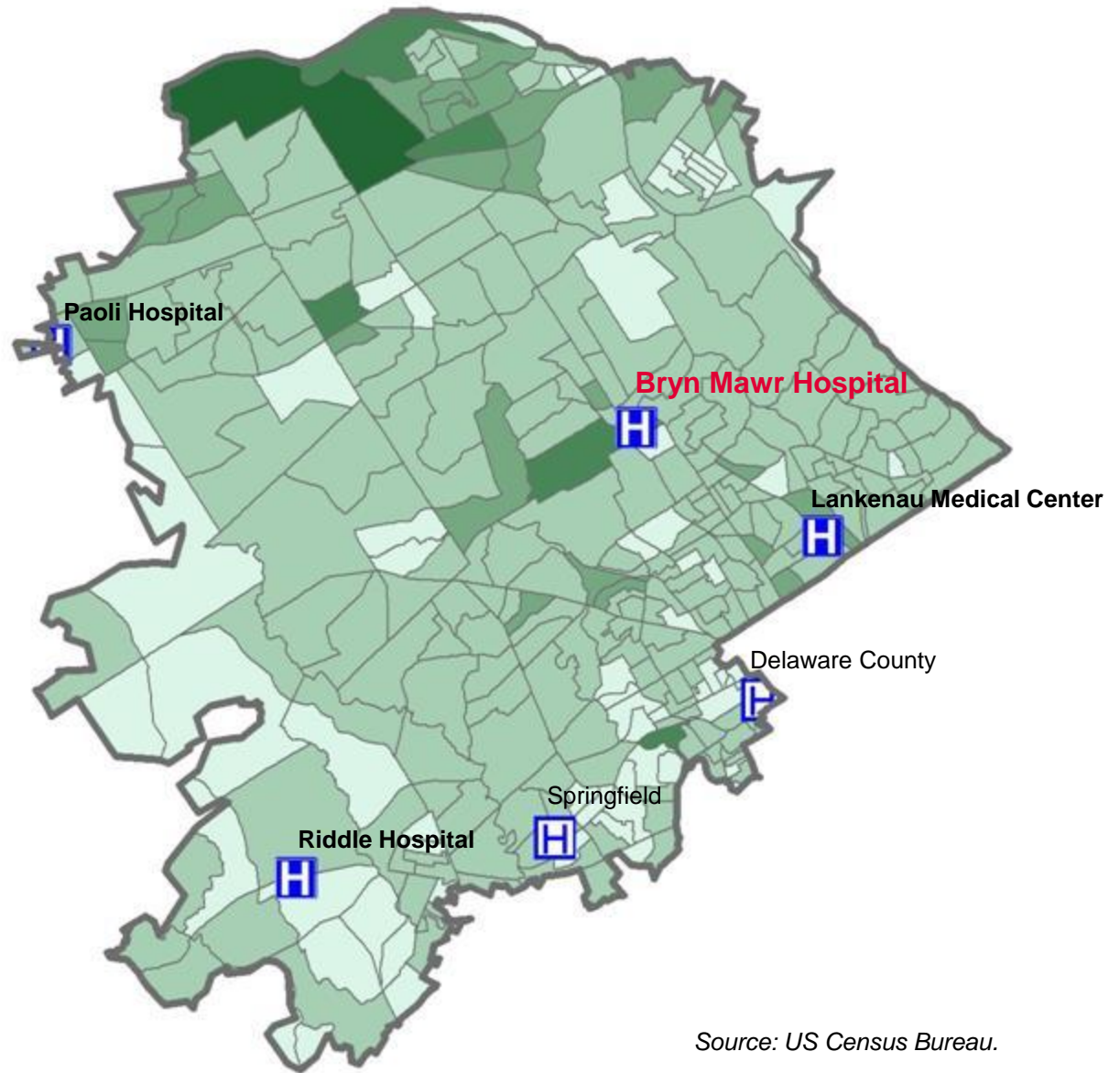
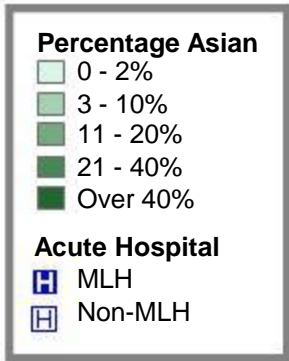
BMH Percentage Black by Census Block Group – 2010



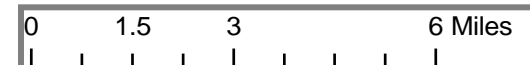
Source: US Census Bureau.



BMH Percentage Asian by Census Block Group – 2010



Source: US Census Bureau.



Religion

Percentage of population by religion – 2010

Area	Christian*	Catholic	Jewish	None	Other
Bryn Mawr	26.4	40.0	9.6	14.8	9.1
Paoli	34.3	34.8	3.2	17.2	10.4
Riddle	34.1	40.3	2.8	14.9	7.9
SEPA	36.4	33.9	4.9	14.2	10.6

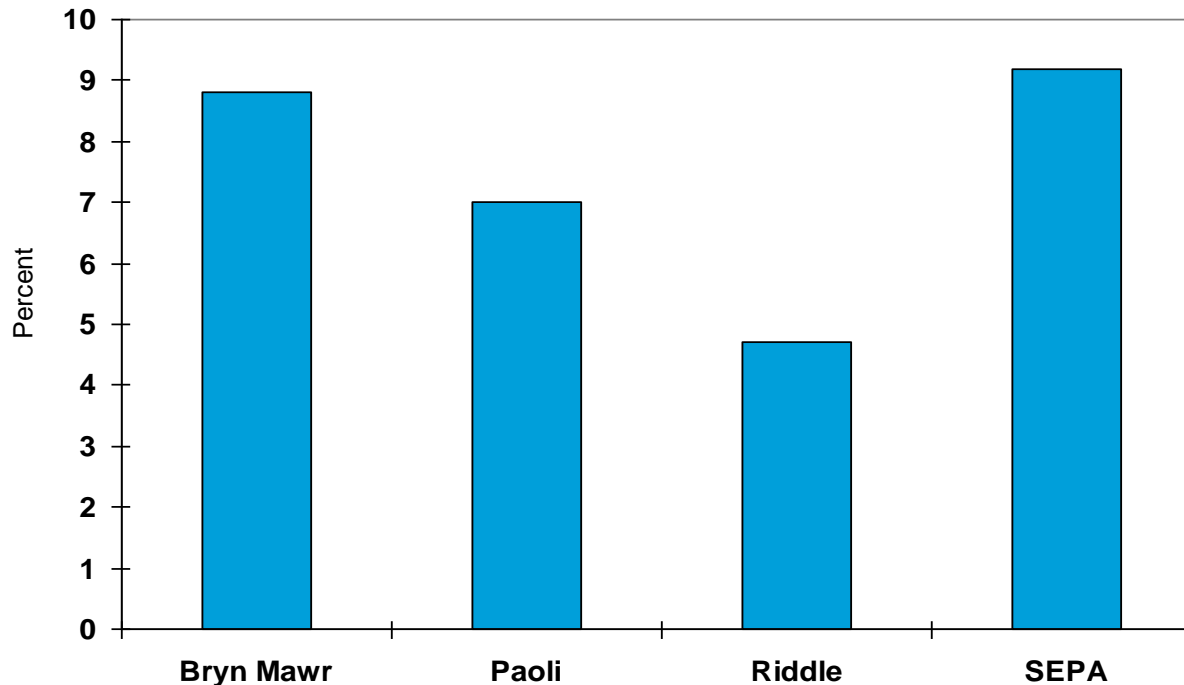
The religious make-up of the Bryn Mawr CHNA area is primarily comprised of Catholic and Christian populations. Also of note is the higher Jewish population, nearly double of the percentage of the population in SEPA.

*Includes Protestant, Presbyterian/Baptist/Other Christian Denominations
Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



Immigration

Percentage of adults born in another country*



Residents (8.8%) of the Bryn Mawr CHNA area are less likely to have been born in a foreign country compared to residents in the region (9.2%) and the country (12.7%), but more likely compared to the other suburban areas displayed in the graph.

*Q: "In what country were you born?"

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

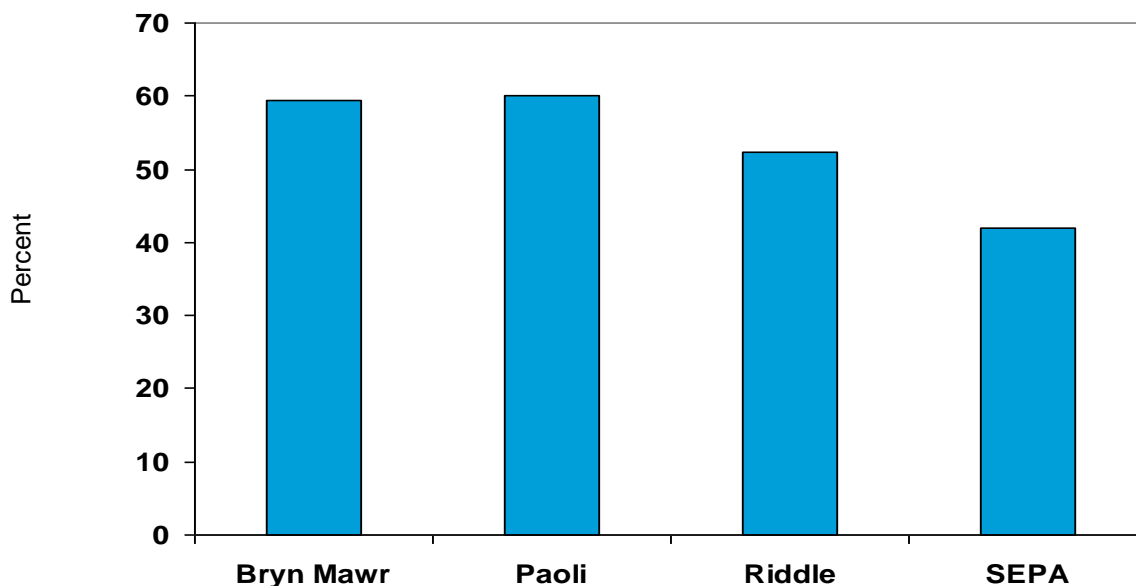


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Education

Percentage of adults with college degree or higher



Higher education levels, as seen in the Bryn Mawr area (59.4%), are associated with jobs that provide health insurance.

Numerous public health studies link educational attainment with health and well-being. Those who have a higher level of both education and income have the best health outcomes, including decreased mortality-morbidity and longer life spans.

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.

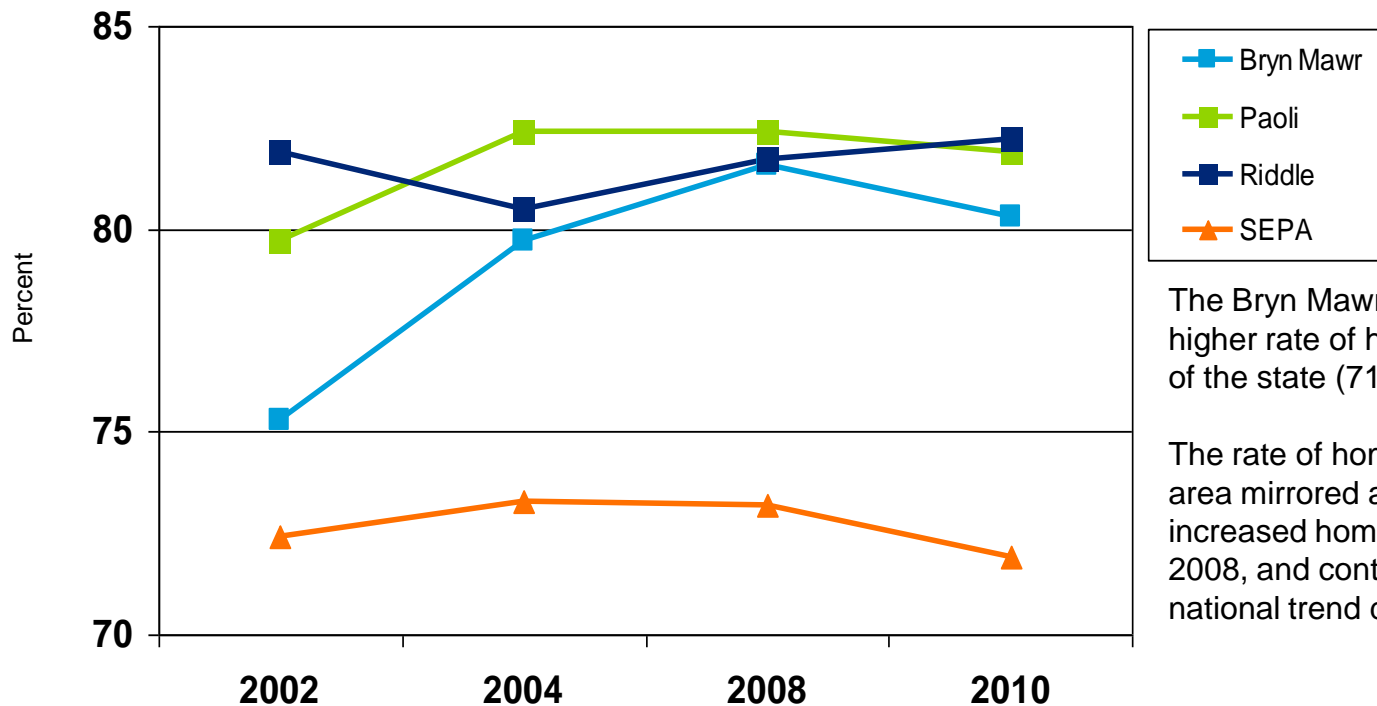


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Home ownership

Percentage of adults who own their own home by year



The Bryn Mawr CHNA area has a higher rate of homeownership than that of the state (71.0%) or country (66.6%).

The rate of homeownership in the BMH area mirrored a national trend toward increased homeownership through 2008, and continues to imitate a national trend during the recent decline.

Sources: U.S. Census Bureau, American Community Survey, 2010;
PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2008, 2010.

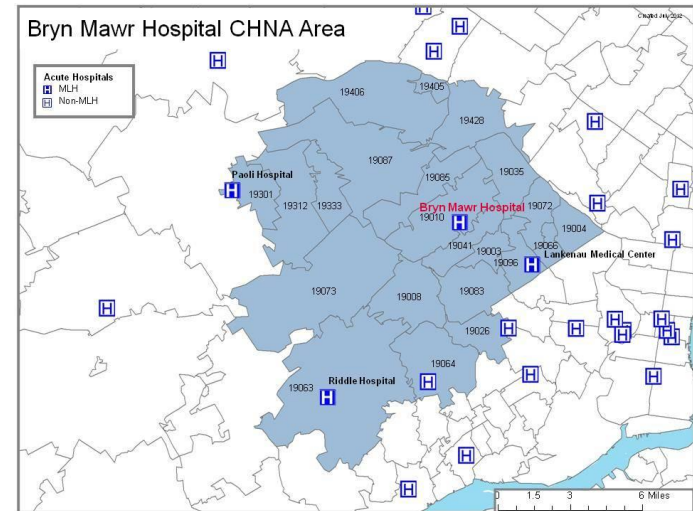


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Observations – community characteristics

Geography -- The Bryn Mawr Community Health Needs Assessment (CHNA) area touches upon a wide range of communities. The CHNA area reaches from Bala Cynwyd in the east to Paoli in the west, and from Media in the south to King of Prussia in the north. The zip codes included in the assessment area are those zip codes where Bryn Mawr Hospital provides health care services to 10% or more of the population; twenty-two (22) USPS defined geographic zip codes meet the criteria for inclusion. These twenty-two zip codes account for 68.2% of the total discharges at Bryn Mawr Hospital.



Community Characteristics -- The area has a high percentage of college-educated adults and most zip codes have a high household median income. A high level of homeownership also indicates a high degree of stability in the area. As in any area, there are pockets of the population (see median income map) that are not as affluent as the area in total.

Ageing -- The Bryn Mawr CHNA area has a substantial older (age 65+) population (16.6%) which is projected to be the fastest growing of the age segments.

Pediatrics -- The age 0-17 population is expected to decline; it currently accounts for 21.7% of the Bryn Mawr CHNA area population.

Sub-Populations -- The population is predominately white. The statistics do not show a high-percentage of any one sub-population in the area. The largest racial sub-population is Asian at 6.5%.

Regarding religion, the Bryn Mawr CHNA area has a Jewish population (9.6%) nearly double the percentage of the Jewish population (4.9%) in SEPA.



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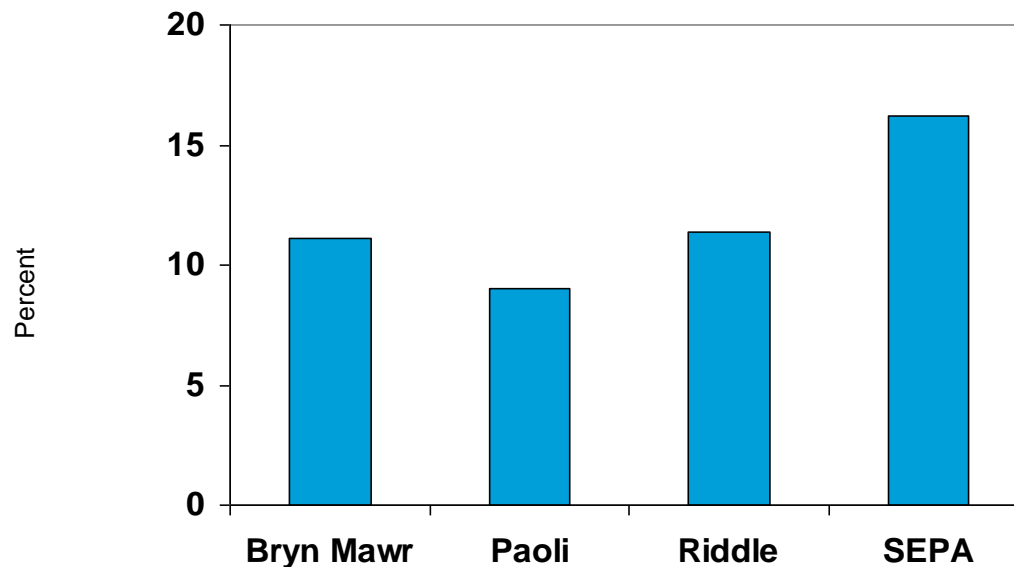
Community Analysis

**Health Status and Chronic
Conditions**

Health status

PA BRFSS 2010: 16.0%

Adults self-reported health status – fair or poor



Adults are less likely to report fair or poor health in the Bryn Mawr CHNA area (11.1%) compared to SEPA (16.2%). This difference is reflective of the affluence of the area. The “My Healthcare Voice” online panel covering a comparable area reported a similar 12% of adults having “fair” or “poor” health.

Self-reported health status correlates with socio-economic indicators, such as poverty. Respondents from the 2010 PHMC Household Health Survey are nearly three times more likely to report fair or poor health if living under the 200% FPL (31.1%) compared to respondents over the 200% mark (11.1%). 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 (2008 survey – SEPA area).

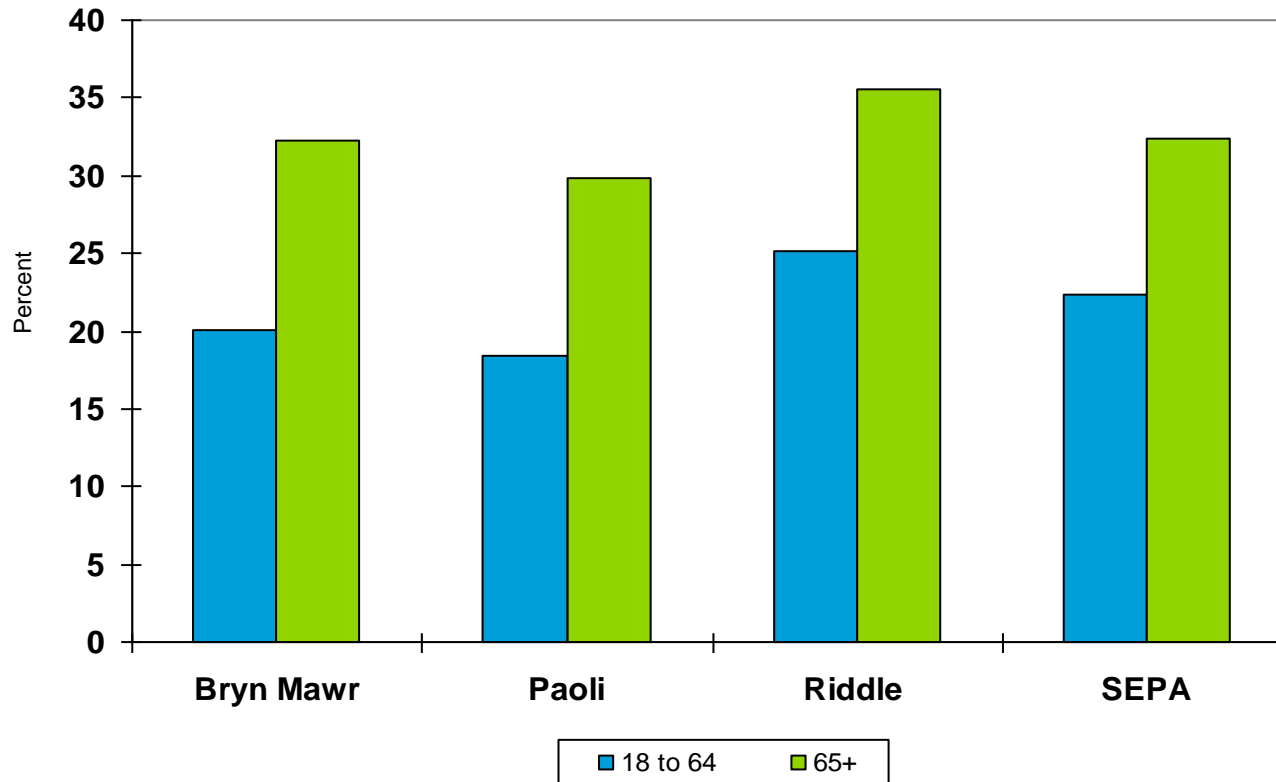


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Chronic condition – adults by age group

Percentage of adults with a chronic condition



About one in three older adults are coping with a chronic condition, more than the other adult age group.

Bryn Mawr area residents have a lower percentage of adults with a chronic condition in the 18-64 age group compared to SEPA.

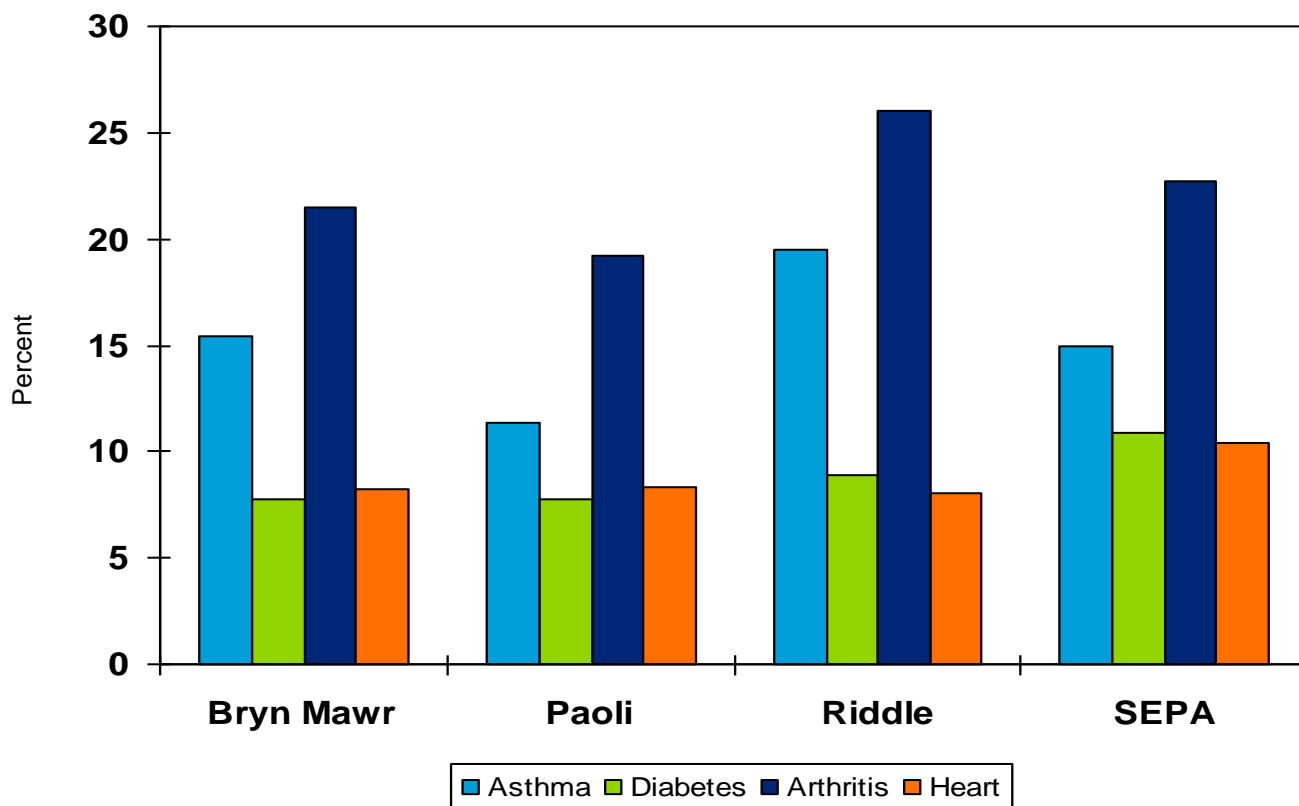


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Types of chronic conditions – all adults

Adults who have a chronic condition by type of condition*



Arthritis is the most common chronic condition among adults in the Bryn Mawr CHNA area.

The Bryn Mawr area rates for diabetes and heart problems are lower than SEPA rates while asthma and arthritis rates are similar.

*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 AND Diabetes, 2008 for Arthritis & Heart Problems.



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Diabetes by age

Percentage of adults diagnosed with diabetes by age*

	18-64	65+
Bryn Mawr	6.3	13.1
Paoli	5.5	17.4
Riddle	8.0	12.5
SEPA	8.2	21.9

Older adults (age 65+) in the Bryn Mawr area are more likely than younger adults to have been diagnosed with diabetes. A lower percentage of adults in the Bryn Mawr area reported being diagnosed with diabetes than adults in SEPA.

*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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Prevalence of heart disease

Heart Disease Estimates: 2011 Prevalence Rates (Per 1,000)*

Area	Population	Arrhythmias	Congestive Heart Failure	Hypertension	Ischemic Heart Disease
Bryn Mawr	359,499	54.04	24.45	272.14	53.97
Paoli	465,662	45.41	19.78	243.67	44.15
Riddle	184,581	50.68	23.84	265.91	51.27
SEPA	4,066,681	46.41	21.47	254.28	47.84

The heart disease prevalence rates are higher in the Bryn Mawr CHNA area than SEPA.

**Prevalence is the number of persons with a specified condition in the population at any one time.*

Note: CHNA area rates are calculated on county age/sex rate applied to the age/sex zip code populations in the CHNA area. These rates may not reflect variations in local cases.

Source: Thomson Reuters.



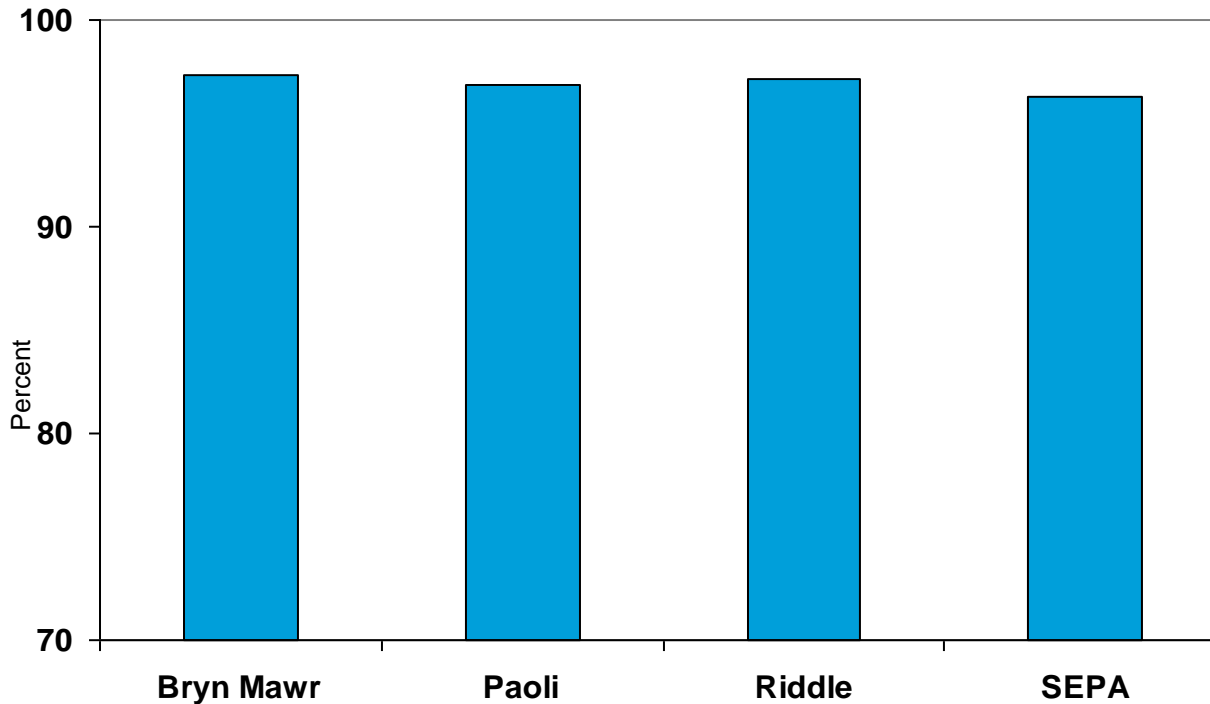
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Screening for heart disease risk factors

Healthy People 2020: 92.6%

Adults who have had their blood pressure checked in the past years



Shown in the chart are the percentage of adults who have had their blood pressure tested in the past two years.

Residents in the Bryn Mawr CHNA area exceed the regional testing percentage as well as the Healthy People 2020 goal.

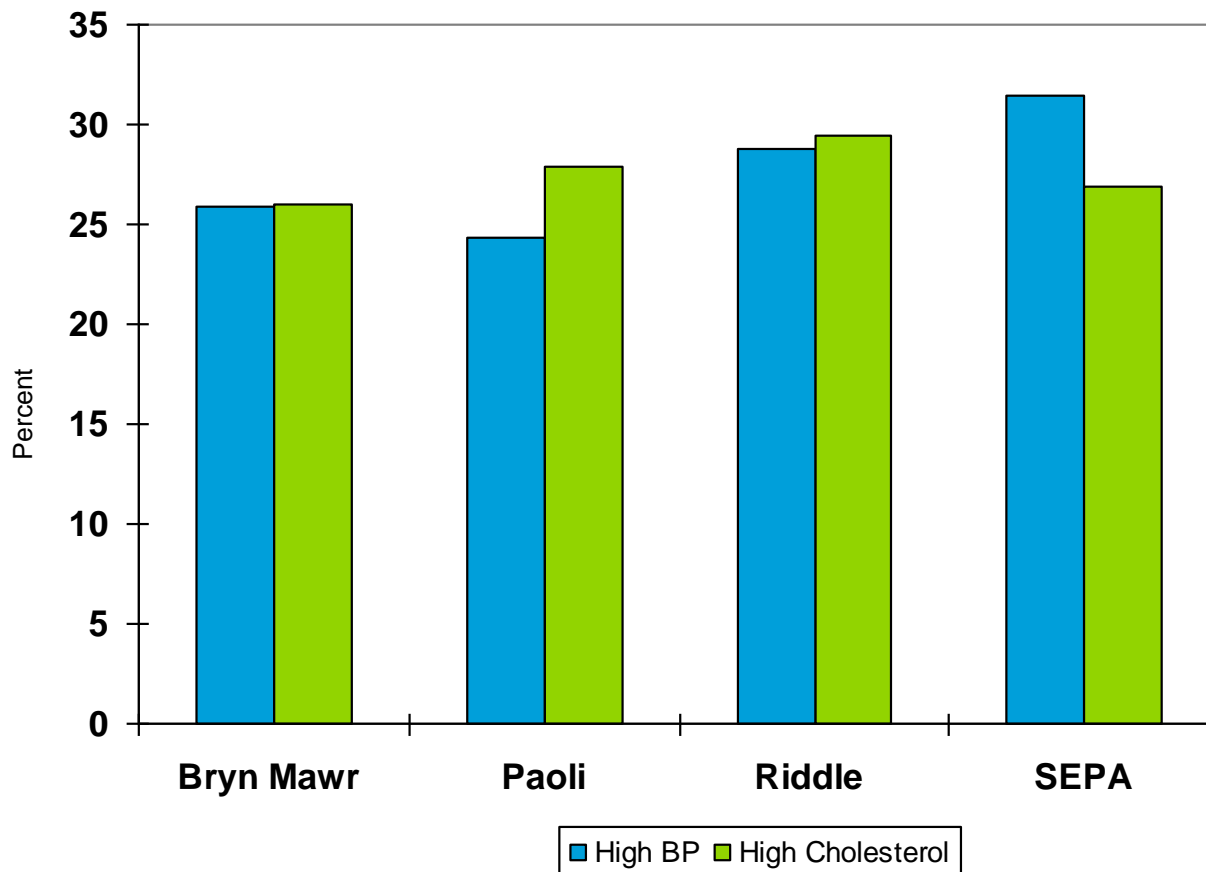


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Heart disease risk factors

Adults with high blood pressure and high cholesterol



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

The Bryn Mawr area is below SEPA in terms of high blood pressure and similar for high cholesterol rates.

The Bryn Mawr CHNA area compares favorably since it is below (25.9%) the Healthy People target (26.9%) for hypertension. However, it is above (26.0%) the target for hypercholesterolemia (13.5%) which is unfavorable.



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

Hypertension & high blood pressure by age

Percentage of adults diagnosed with hypertension or high blood pressure*

	18-64	65+
Bryn Mawr	18.3	52.6
Paoli	17.4	53.2
Riddle	22.2	55.9
SEPA	25.0	58.9

Adults in the Bryn Mawr CHNA area are less likely than adults in SEPA to have been diagnosed with hypertension or high blood pressure. Older adults are six times more likely than young adults to have been diagnosed with hypertension.

*Q: "Have you ever been told by a doctor or other health professional that you have high blood pressure or hypertension?"

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



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Cancer incidence

Cancer Estimates - 2011 Incidence Rates (Per 100,000)*

Area	Population	Breast	Cervical	Colorectal	Lung	Pancreas	Prostate
Bryn Mawr	359,499	91.91	5.09	61.18	71.86	17.08	107.88
Paoli	465,662	58.82	4.69	43.02	56.78	14.38	101.45
Riddle	184,581	109.98	4.93	68.78	72.99	15.96	113.95
SEPA	4,066,681	61.61	5.25	49.67	53.24	15.08	80.19

The cancer incidence rates are higher in the Bryn Mawr CHNA area than the rest of the region except for cervical cancer which is below the regional rate.

**Incidence equals the number of new cases occurring each year in a given population.
Note: CHNA area rates are calculated on county age/sex rate applied to the age/sex zip code populations in the CHNA area. County rates may not totally synch to local cases.
Source: Thomson Reuters.*



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Leading causes of death

Average age-adjusted mortality rates per 100,000 people

Area	All causes	Heart	Stroke	Lung cancer	Breast cancer	Accidents/ drugs	Pneumonia	Suicide
Bryn Mawr	627.16	166.76	44.49	39.23	26.23	22.49	19.01	6.25
Paoli	671.61	190.69	40.40	43.04	25.42	22.72	19.08	7.54
Riddle	732.38	195.62	51.64	46.41	28.44	29.19	21.42	8.03
SEPA	788.71	201.30	47.44	52.01	26.55	34.22	16.86	9.04

The mortality rates are better in the Bryn Mawr CHNA area than the rest of the region except for pneumonia which is higher than the regional rate; breast cancer is statistically close to the SEPA rate. The mortality rates in the Bryn Mawr area are lower than Riddle for all causes, but vary by cause as compared to the Paoli area.



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Source: PHMC Community Health Data Base - Pennsylvania Department of Health official death records 2003-2006. Details about age adjustment methodology are available for review.

Observations – chronic conditions

Health Status -- The Bryn Mawr CHNA area is overall a healthy population; only 11.1% of the adults report their health to be fair or poor. The health of the population is reflective of the good socio-demographic characteristics of this population.

Chronic Conditions -- About one in three older adults have a chronic condition in the Bryn Mawr CHNA area.

Arthritis -- It is the most common of the chronic conditions for adults.

Diabetes -- The percentage of adults diagnosed with diabetes in the Bryn Mawr area is lower than SEPA. The CDC has reported that the number of Americans diagnosed with diabetes has tripled since 1980. This increase has been linked to obesity, inactivity and old age. However, between 1997 and 2006, deaths rates for people with diabetes dropped substantially.

Heart Disease -- Bryn Mawr CHNA residents and their health care providers are doing an excellent job in screening for clinical risk factors, namely high blood pressure. The prevalence of heart disease is higher than the SEPA population; over one in four adults have high blood pressure or high cholesterol with significantly more adults age 65+ having high blood pressure. Heart disease is the leading cause of death in the Bryn Mawr CHNA area.

Stroke -- Stroke is another primary cause of mortality.

Cancer -- Cancer is a leading cause of death in the Bryn Mawr area as it is in the state. Prostate and breast cancer have the highest incidence rates of cancer in the Bryn Mawr area; there are higher incidence rates for breast, colorectal, lung and prostate cancer than in the SEPA population. Public health efforts regarding cancer focus on prevention and detection of the disease by addressing risk factors such as smoking cessation, diet and exercise. These issues are covered in detail in the next section.



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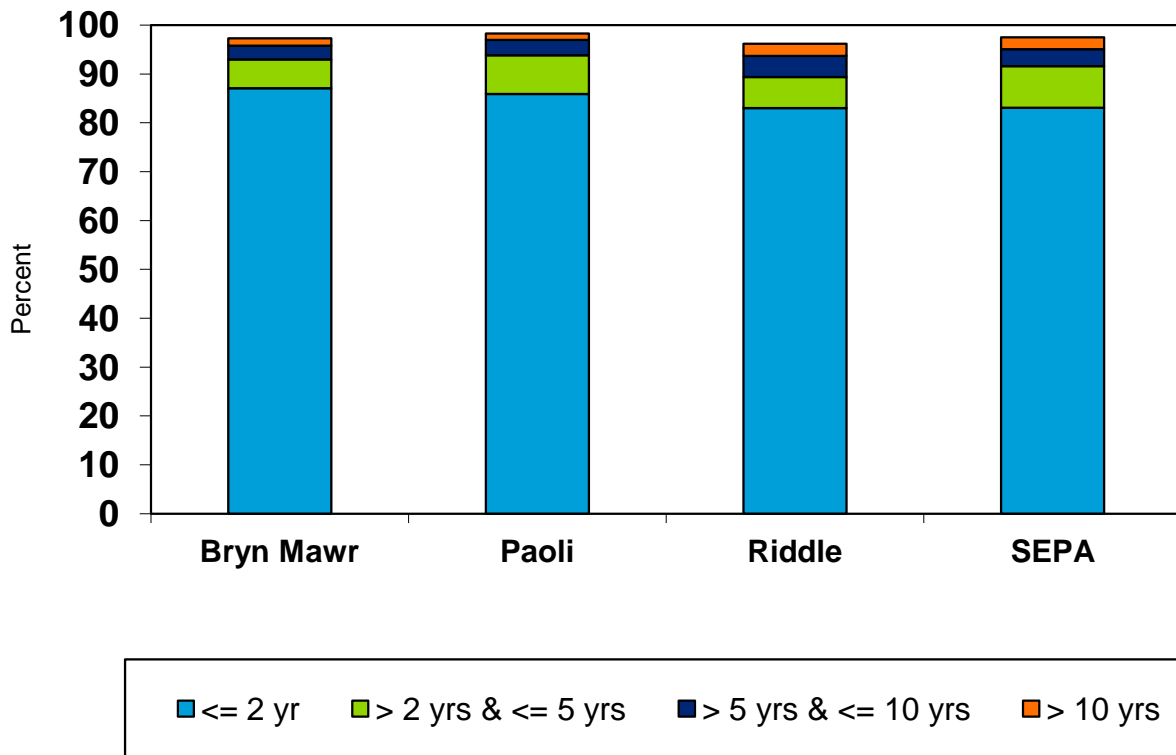
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Community Analysis

Preventive Health

Cervical cancer screening

Time since last PAP test (age 21-65)



The majority of women 21 to 65 years of age have received a PAP test within the last two years. PAP screening rates are similar between the Bryn Mawr CHNA area and SEPA.

Note: PAP tests should not begin until age 21 and will vary by age and previous diagnosis according to the American Cancer Society (ACS) guidelines.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

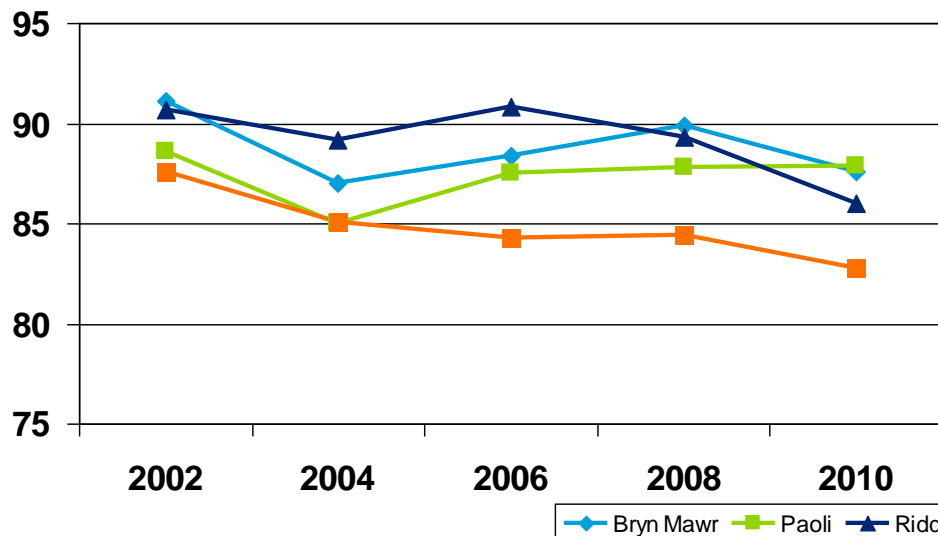


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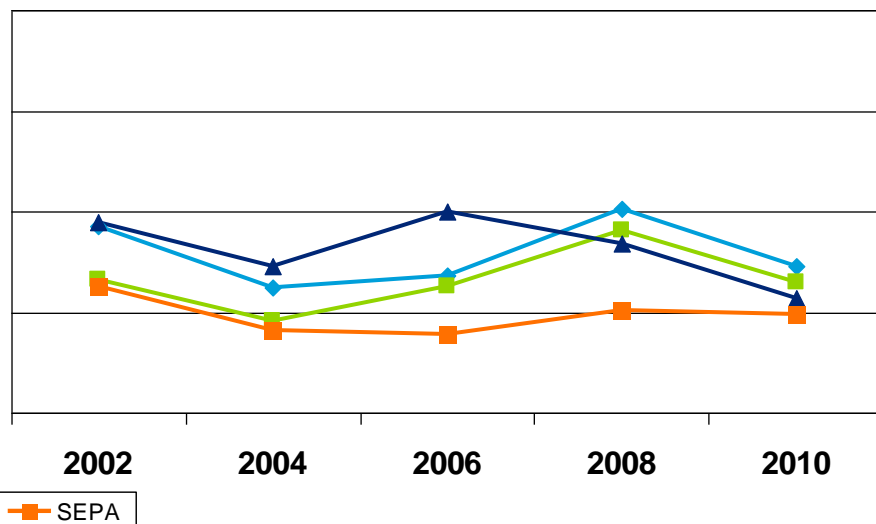
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Cancer screenings: breast screening*

Clinical Breast Exam (CBE) (age 18+)



Mammogram (age 40+)



Breast screening rates in the Bryn Mawr CHNA area have been fairly stable over the last several years. Screenings rates in SEPA have been consistently lower than the Bryn Mawr area.

Note: CBE should occur about every three years for women in their 20s and 30s and every year for those over the age of 40 according to the American Cancer Society (ACS) guidelines; the ACS continues to recommend that yearly mammograms begin for women at age 40.

**Screenings within last two years.*

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010.

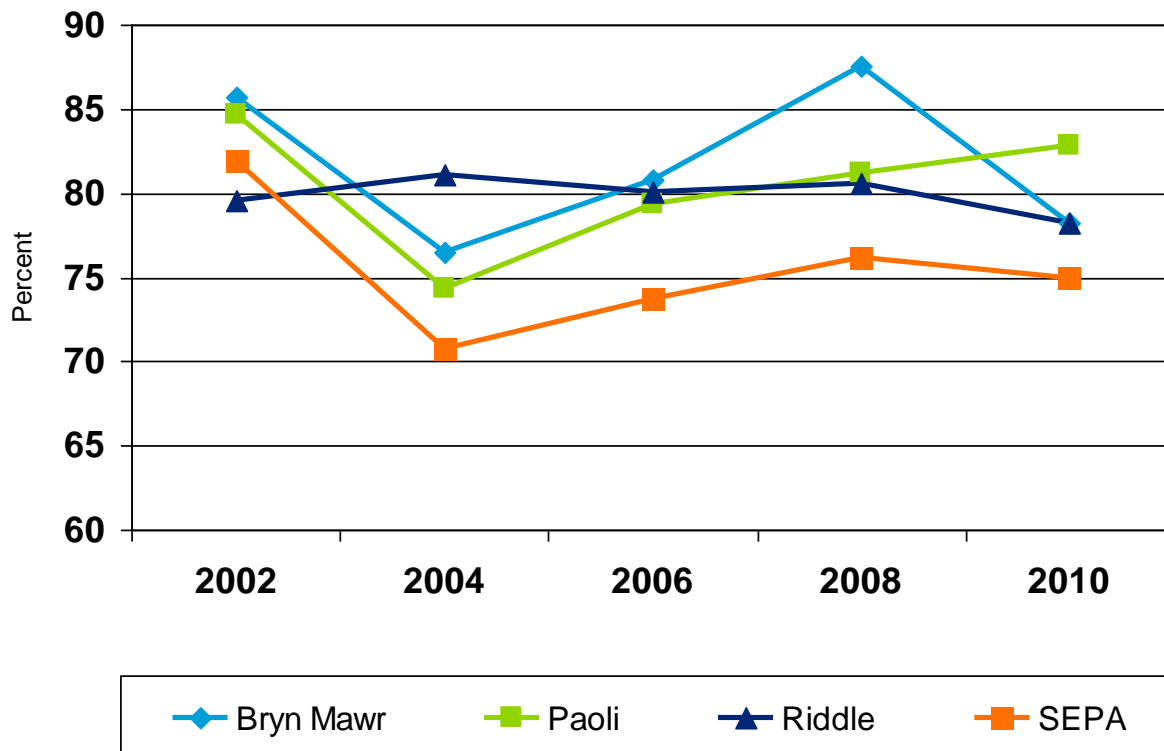


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Cancer screenings: prostate

Men who received prostate exam within the past two years (age 50+)



The prostate cancer screening rate in the Bryn Mawr area has remained higher than SEPA. The rates differ from area to area and over time among the Main Line Health suburban hospitals.

The prostate exam is a PSA and/or digital rectal exam. The American Cancer Society (ACS) recommends that beginning at age 50, men should discuss with their doctor the pros and cons of testing for prostate cancer; for black men, the discussion should occur at age 45 if there is a family history before age 65. Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010.

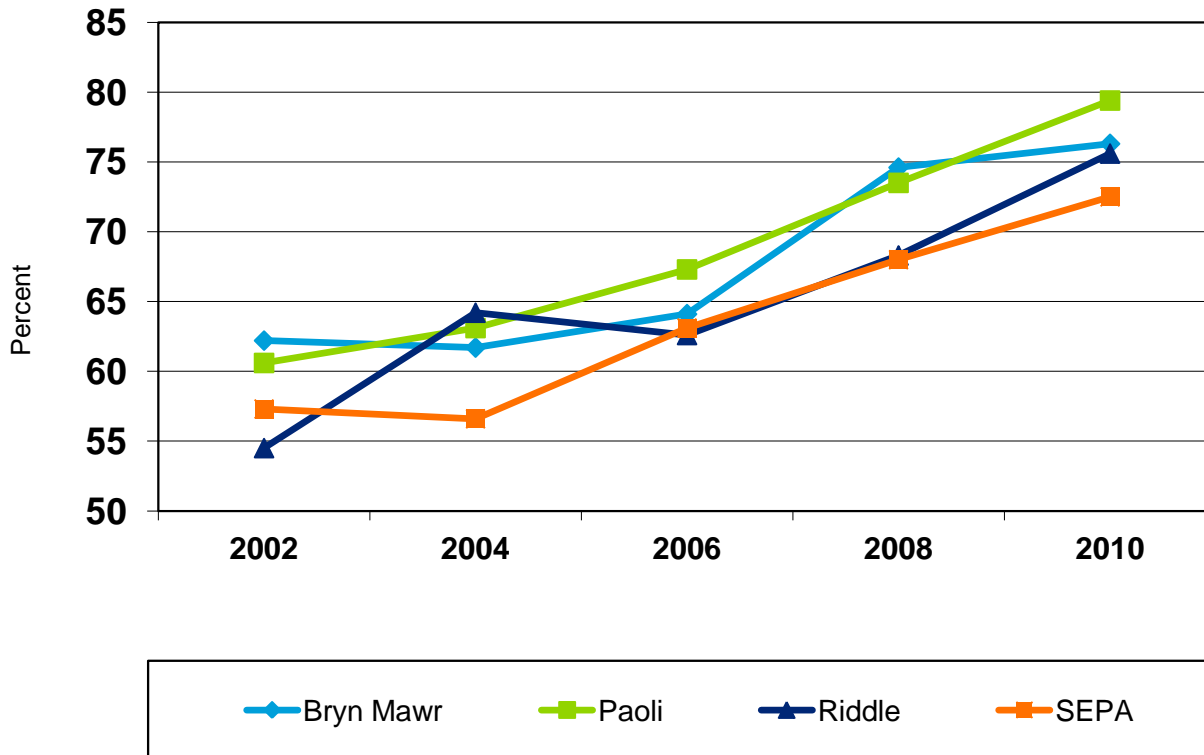


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Cancer screenings: colon

Adults who have received a colonoscopy or sigmoidoscopy* (age 50+)



The trend of adults receiving a colon cancer screening is increasing in the Bryn Mawr CHNA area.

*Q: "About how long has it been since you last had a colonoscopy or a sigmoidoscopy? These tests are performed to screen for colorectal cancer."

Recommended screening intervals vary by test but should begin for men and women at age 50.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010.



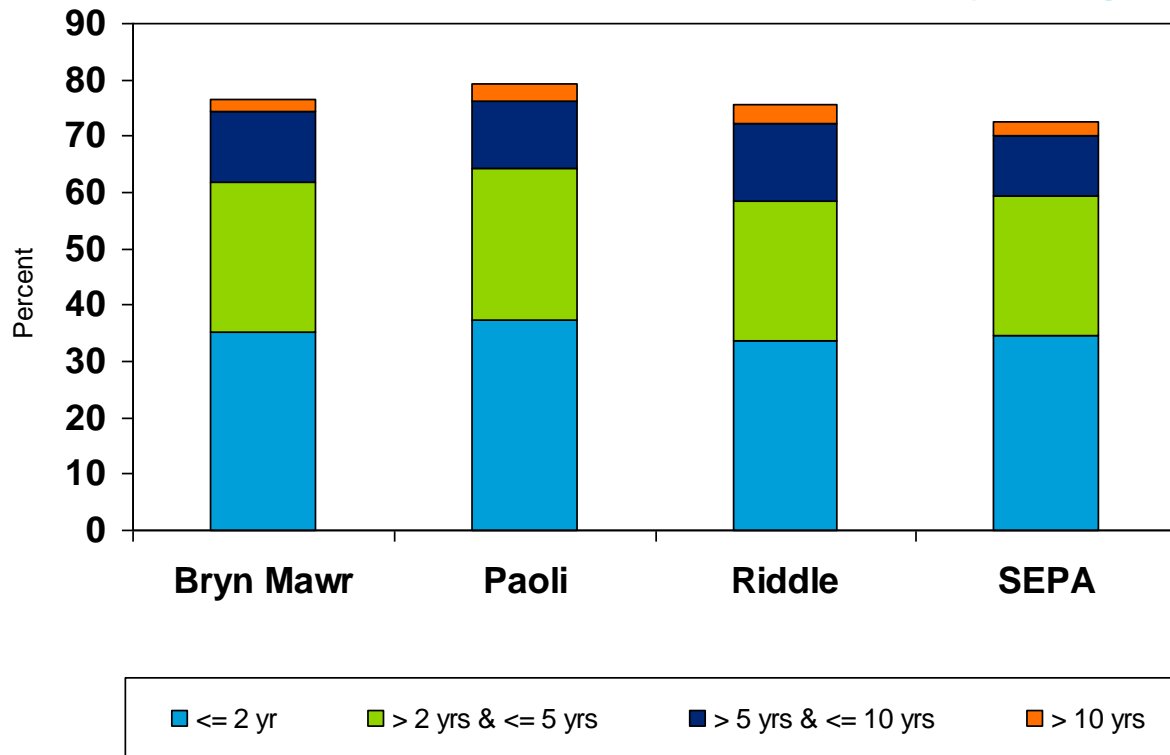
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Cancer screenings: colon

Healthy People 2020: 70.5% (Ages 50-75)

Adults who have received a colonoscopy or sigmoidoscopy (Age 50+)

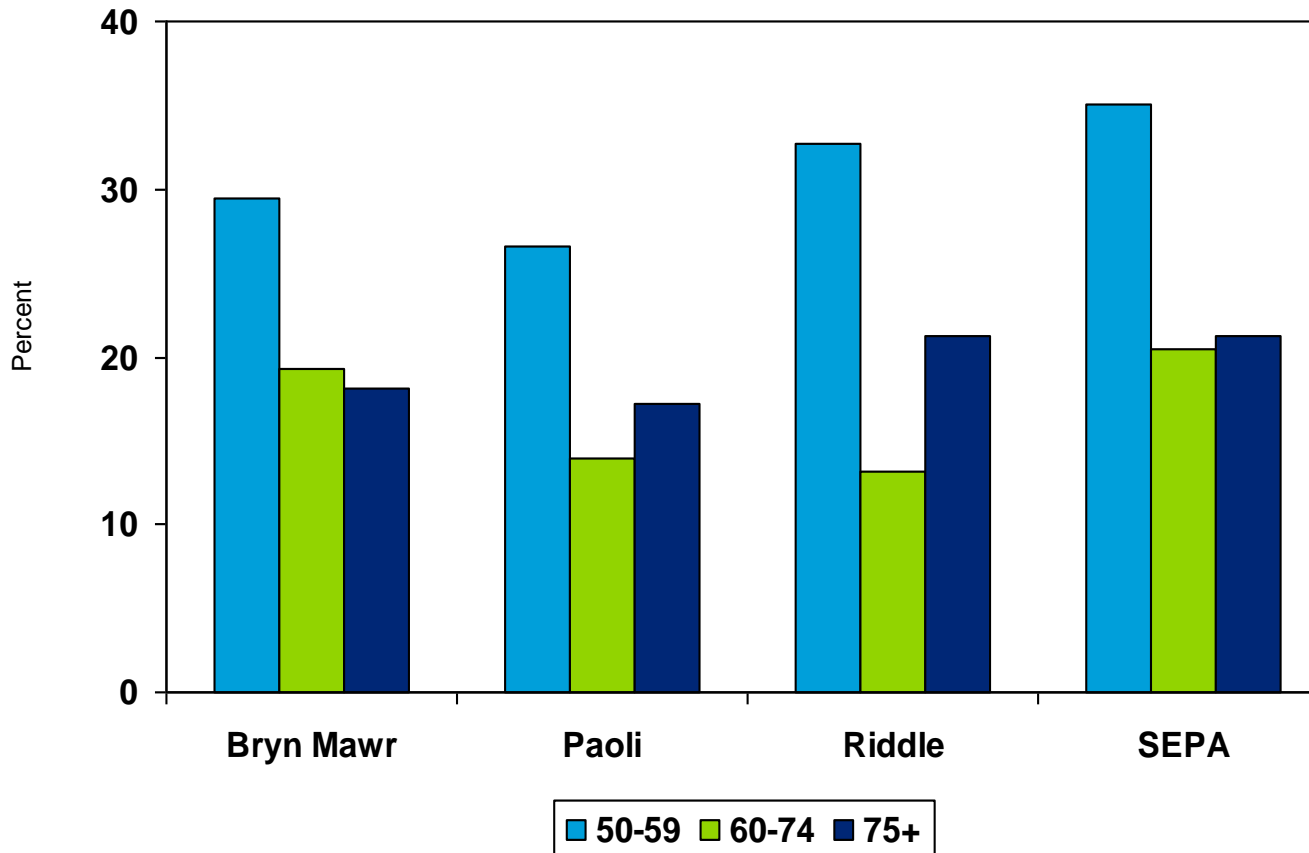


The majority of those who have been screened in the Bryn Mawr CHNA area were screened in the past five years.

Recommended screening intervals vary by test after age 50.
 Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Colon cancer screenings by age

Adults who have never received a colonoscopy or sigmoidoscopy (Age 50+)



The age group of 50-59 is less likely to have received a colon cancer screening than those who are in the age group 60-74 or 75 plus.

Compared to SEPA, Bryn Mawr has a lower percentage of adults over the age of 50 who have never had a colon cancer screening.



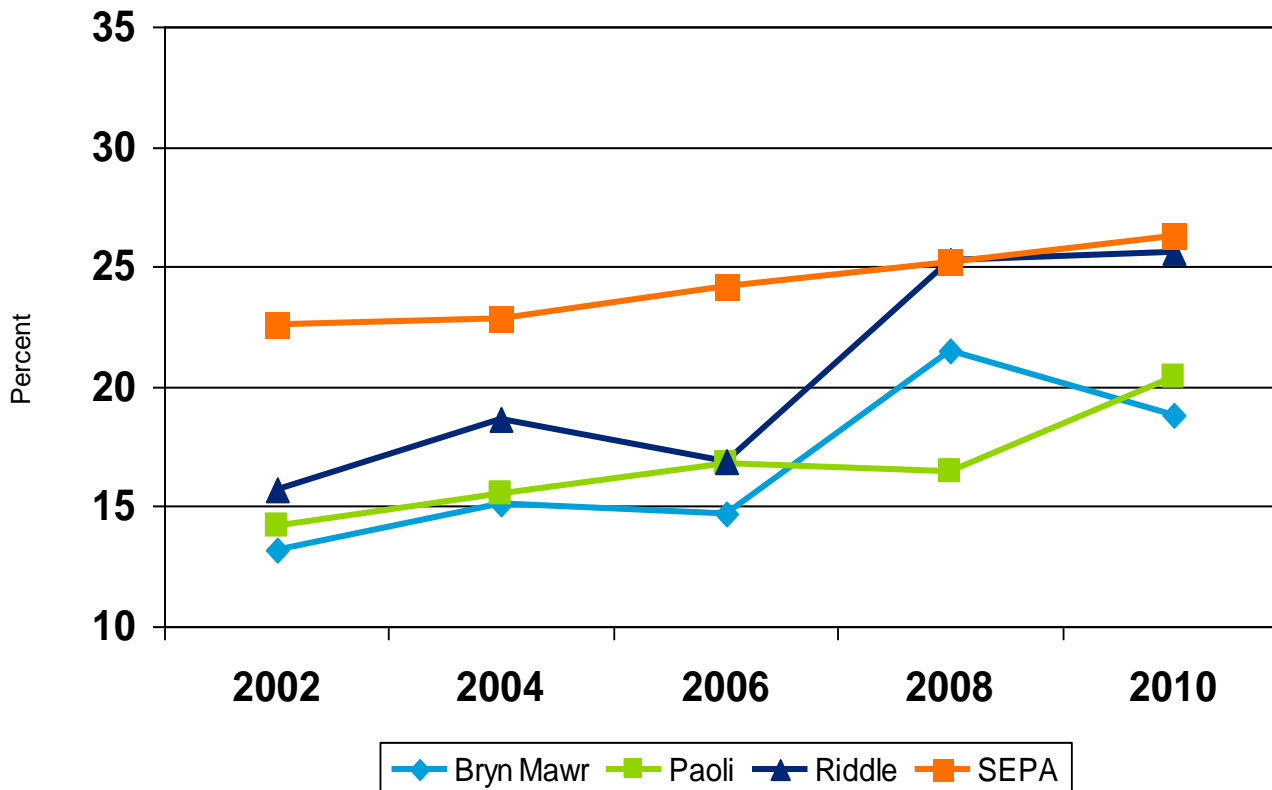
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Adult obesity

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

Percent of adults who are obese



While the percent of obese adults in the Bryn Mawr CHNA area (19%) is lower than in the state (29%) and lower than the Healthy People target (30.5%), obesity has been increasing.

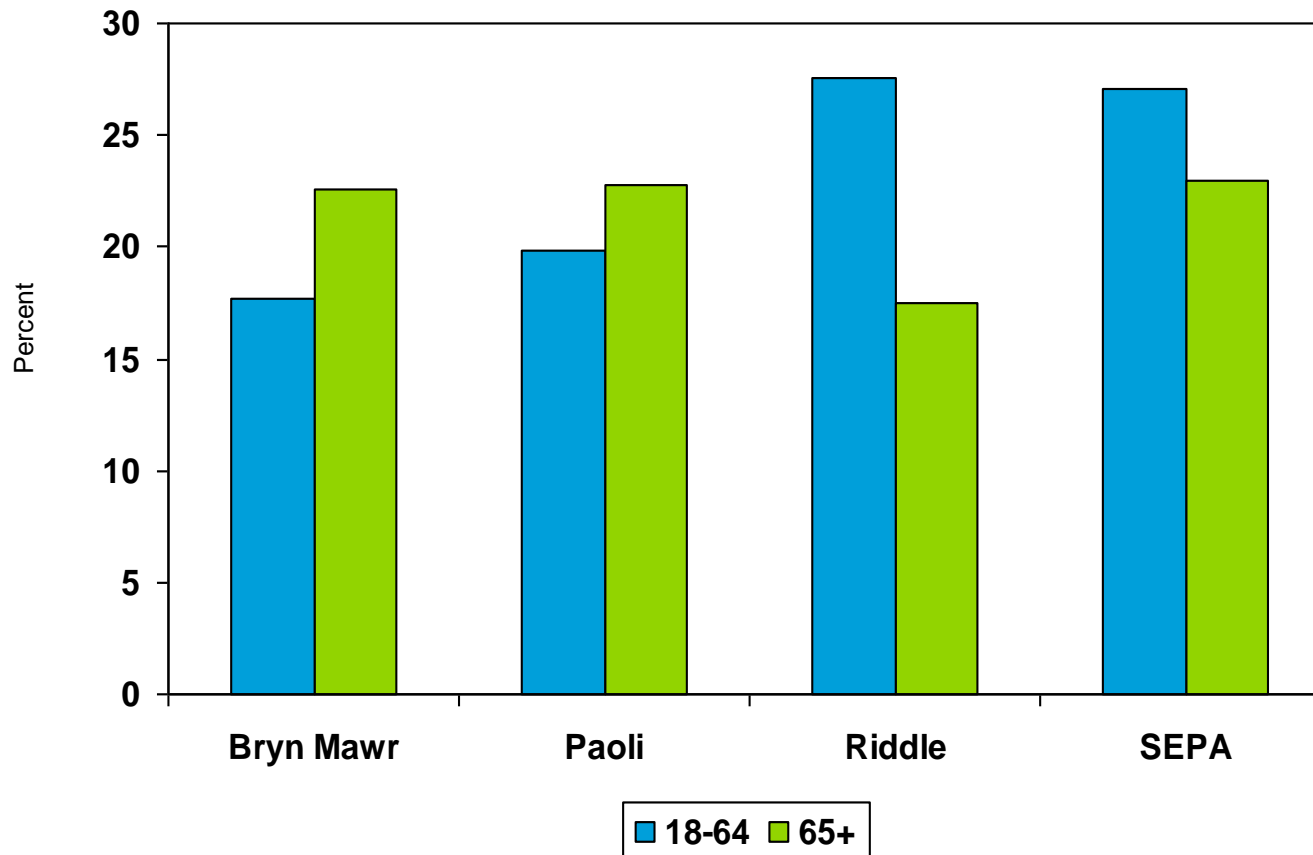
Obesity is a risk factor for poor health and chronic conditions such as heart disease, diabetes and stroke.

“Obese” individuals are determined by the Basal Metabolic Index (BMI) calculation of height and weight.
Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010.



Adult obesity

Adults who are obese by age



There is a higher percentage of obesity in older adults than in younger adults in the Bryn Mawr CHNA area.

The CDC has reported that obesity in older adults is related to the increase in diabetes in this age group.



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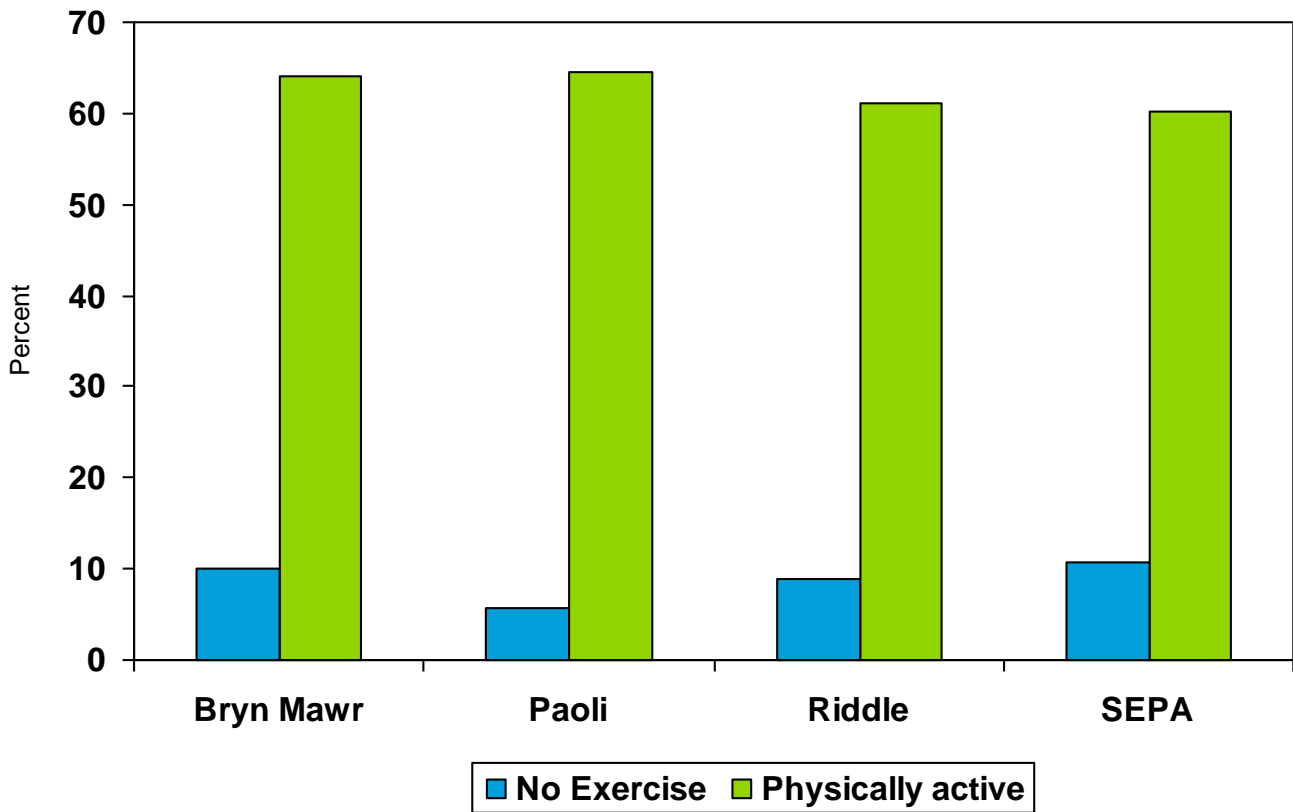
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

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



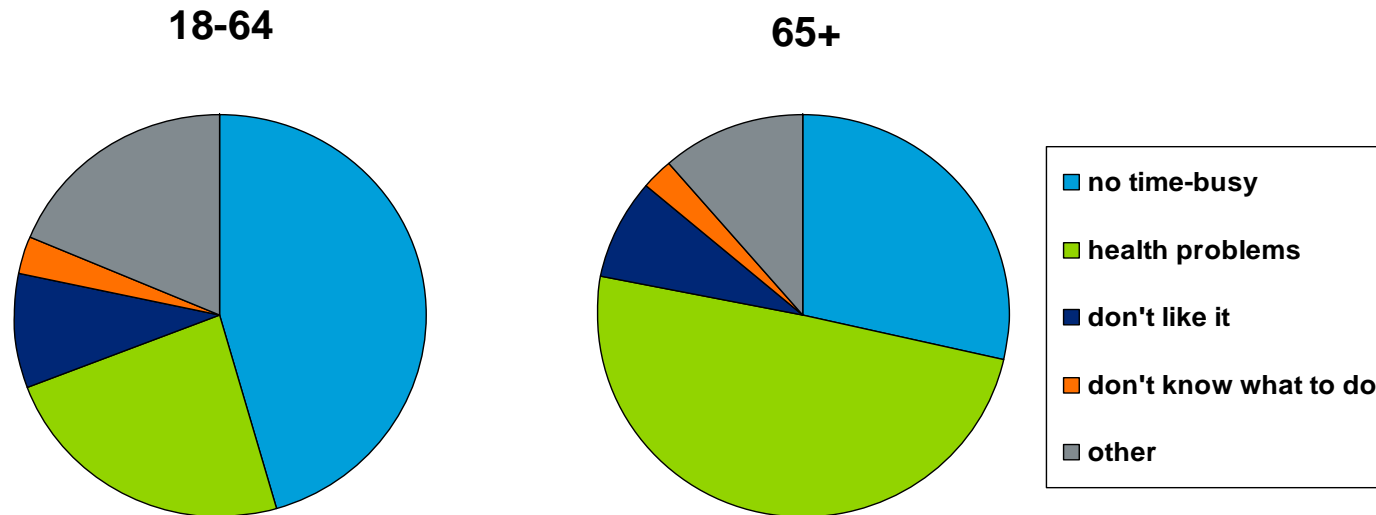
The majority of adults report being “physically active” on a regular basis. One out of ten adults report being inactive in the Bryn Mawr CHNA area. The exercise profile is similar to that of all adults in SEPA.

Even with this level of an active population, obesity is increasing.

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.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2008.

The data reflect the entire MLH service area, not BMH specific.



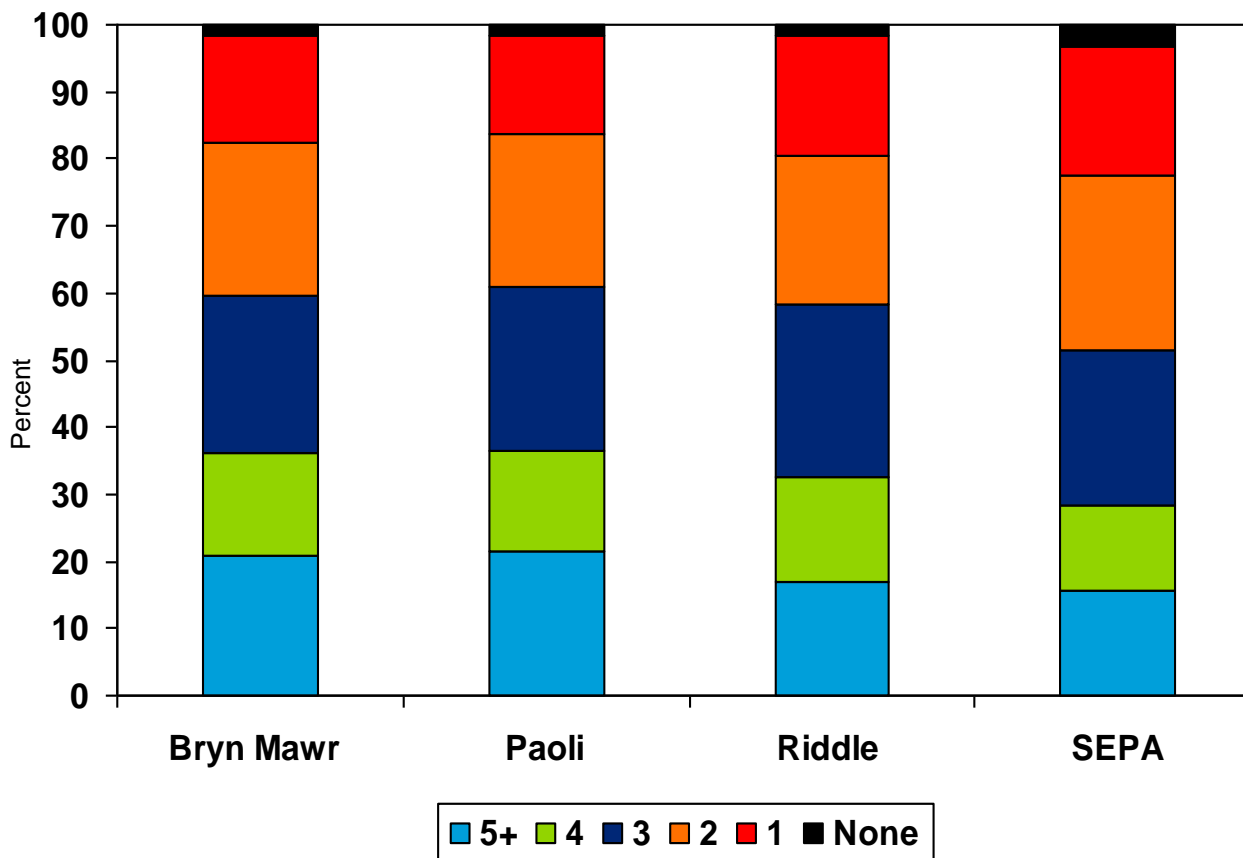
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Nutritional goal

Servings of fruits and vegetables eaten by adults on a daily basis



When compared to the state-wide average, adults in the Bryn Mawr CHNA area are behind in daily consumption of fruits and vegetables. In Pennsylvania, 25% of adults indicated in 2007 they were eating fruits and vegetables five or more times a day (BRFSS). However, adults in the Bryn Mawr area eat more fruits and vegetables on a daily basis than adults in SEPA.

Children’s consumption of fruits and vegetables is similar to adults’. Only 19.8% of children in the Bryn Mawr area ate five or more servings a day. (State comparison not available for children.)



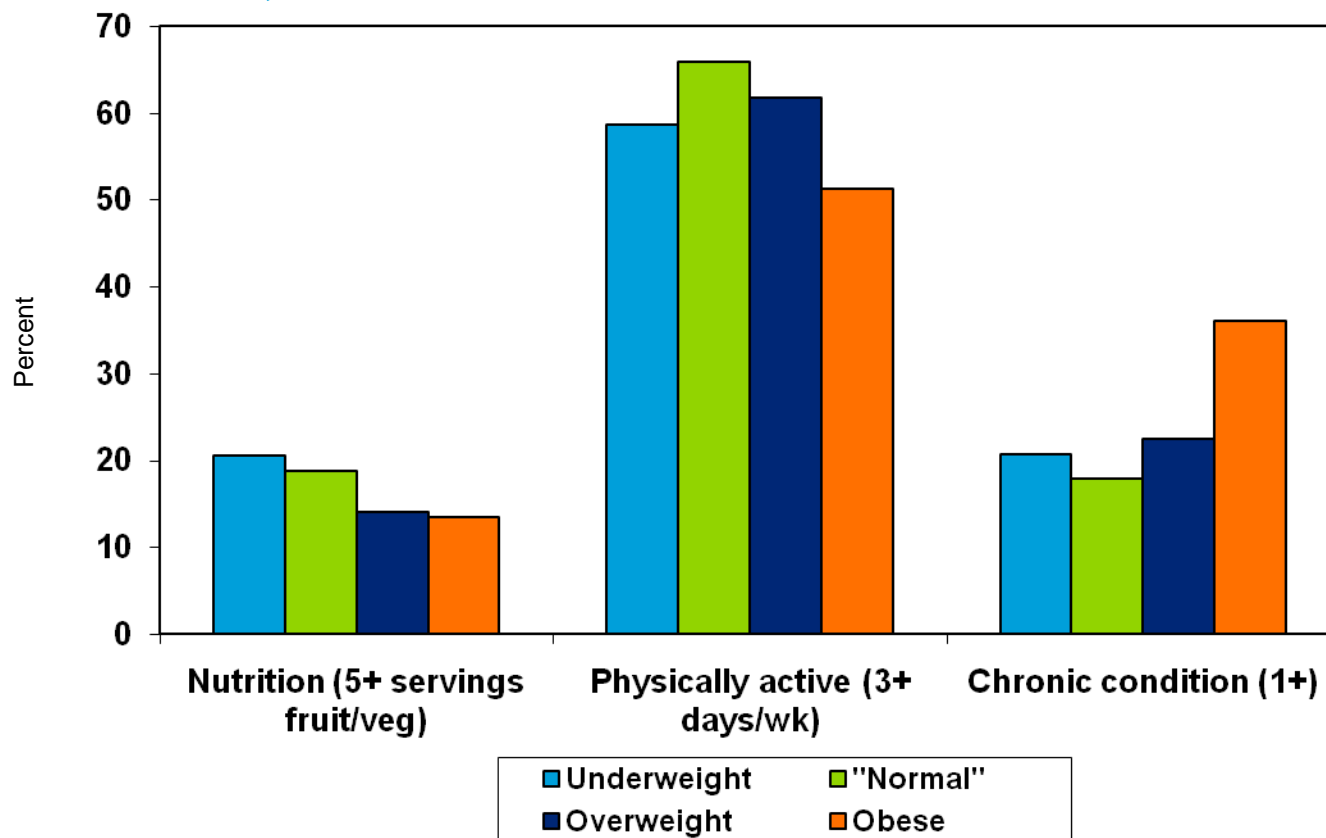
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; Pennsylvania Behavioral Risk Factor Surveillance Survey, 2007.

Nutrition, exercise, chronic condition & obesity

Percentage of adults by BMI group in SEPA compared to nutrition, exercise and chronic condition



Adults in SEPA who are considered to have a normal weight tend to eat more fruits and vegetables, exercise more and be less likely to have a chronic condition than those who are overweight or obese.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010; 2008 for chronic condition and obesity comparison.



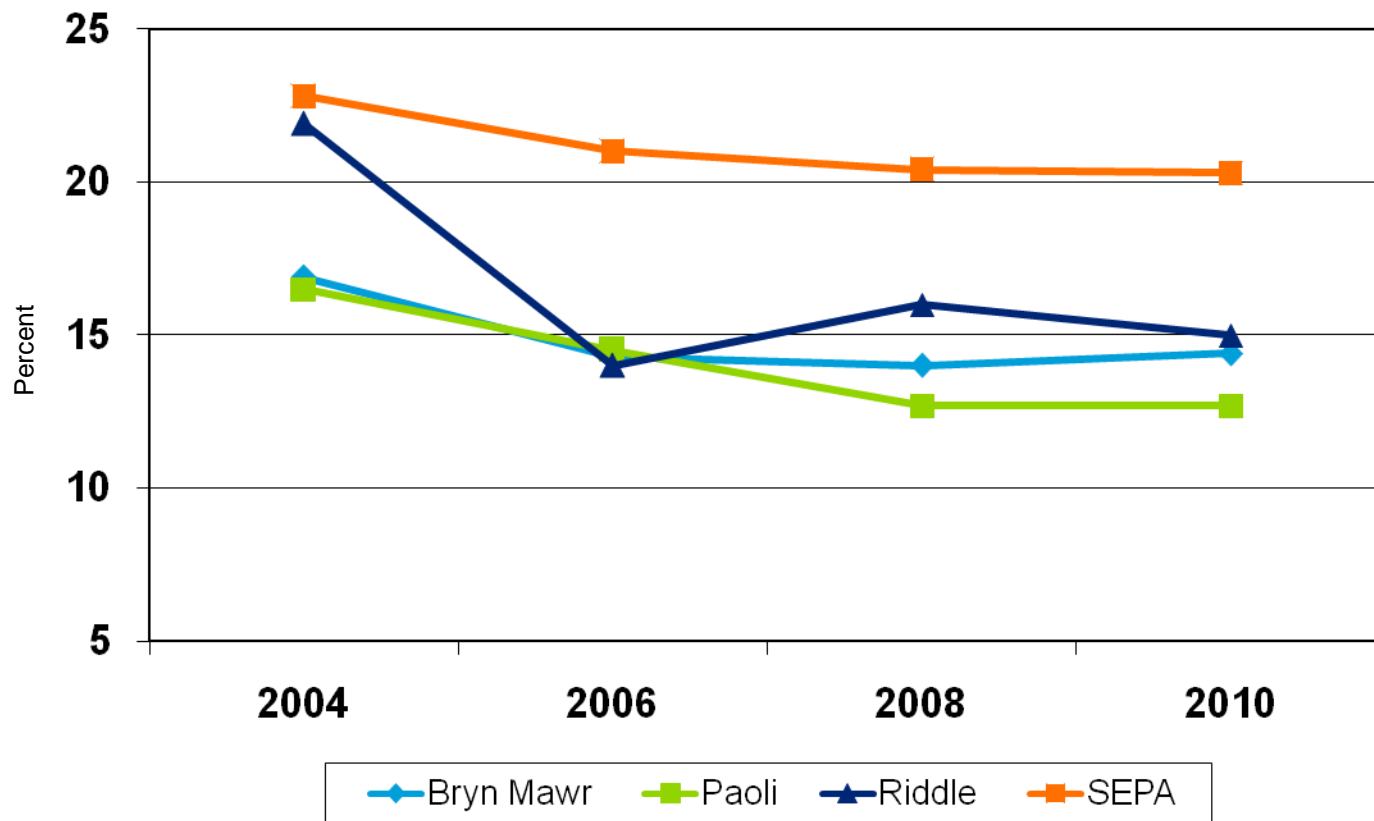
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Smoking

Healthy People 2020: 12%
PA BRFSS 2010: 18%

Percent of adults who smoke (every day or some days)



Smoking among adults has generally been flat in the Bryn Mawr CHNA area since 2006. Fewer adults smoke in the Bryn Mawr area (14%), compared to SEPA (20%) and the state (18%). However, the percentage of adults who smoke remains above the Healthy People goal (12%).

Sources: PHMC SEPA Household Health Survey, 2004, 2006, 2008, 2010.

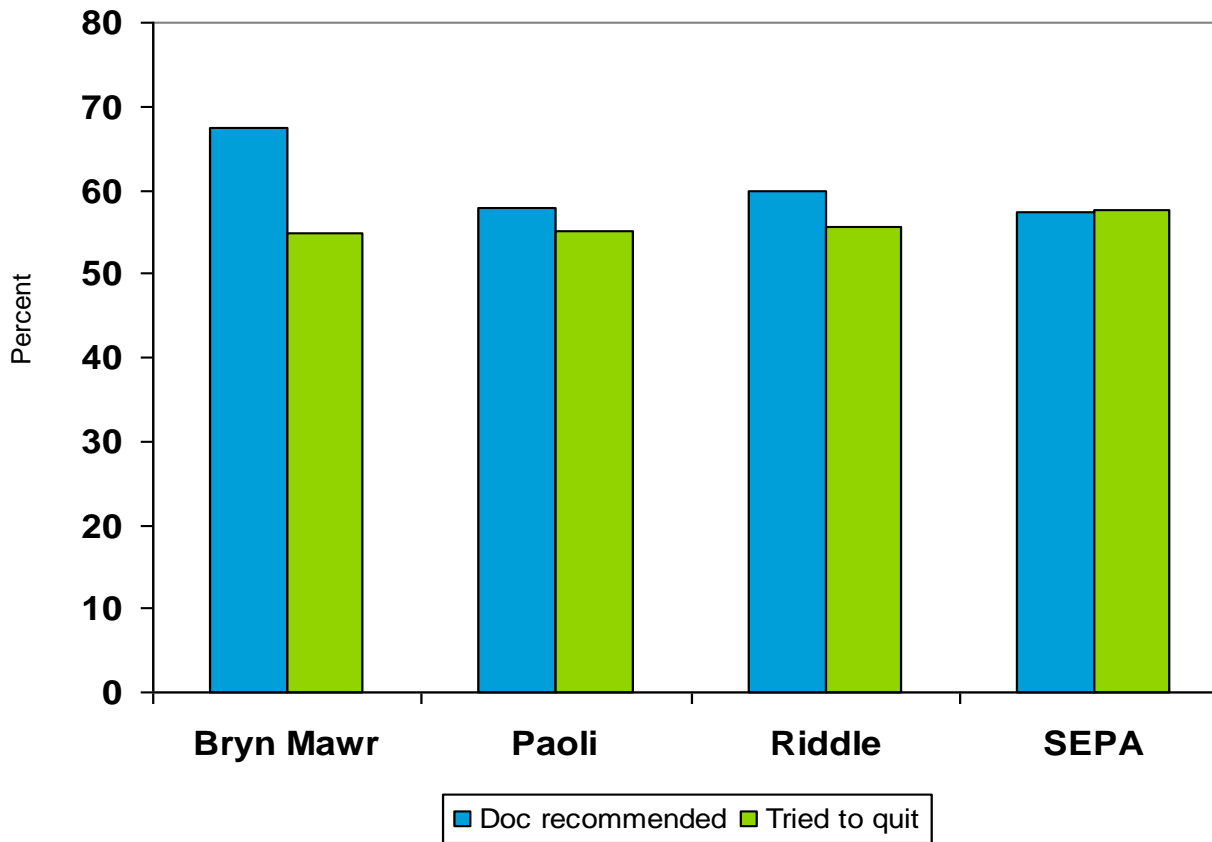


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Smoking cessation

Smokers who are advised to quit by their doctor and smokers who attempt to quit



Healthy People 2020: 80%
(Attempts to quit)

Over half of the smokers in the Bryn Mawr CHNA area have tried to quit. The percentage of smokers in the Bryn Mawr CHNA area who tried to quit is slightly less than in SEPA. An additional 25% of smokers should try to quit to meet the Healthy People 2020 target.



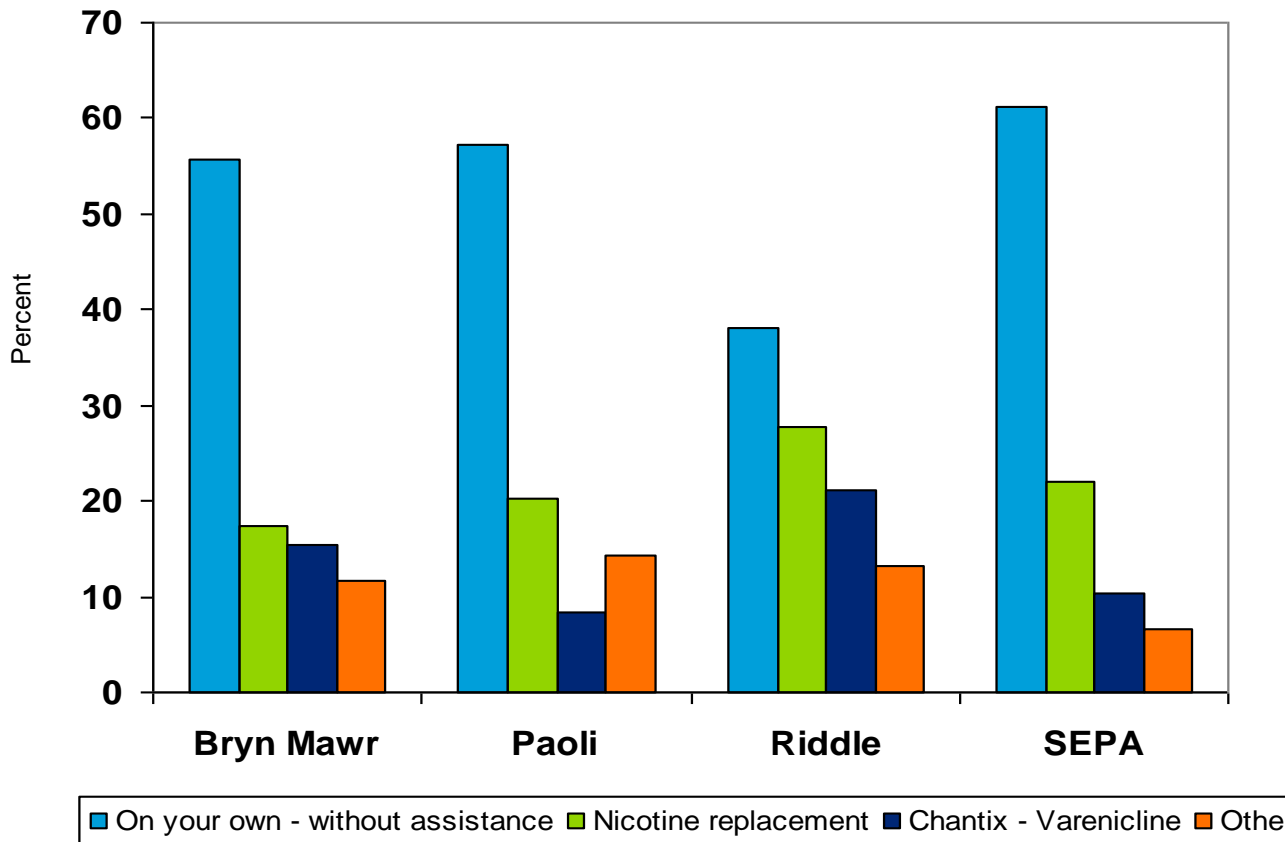
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Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010 Tried to quit, 2008 for doctor recommended.

How tried to quit

Methods smokers used while trying to quit



Among former smokers in the Bryn Mawr CHNA area, most who have tried to quit have done so on their own. The next highest percentage method used was “nicotine replacement.”

Note: Some of the “other” methods used include Internet counseling, “Quit net,” self help books, a combination of methods, and other unspecified.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



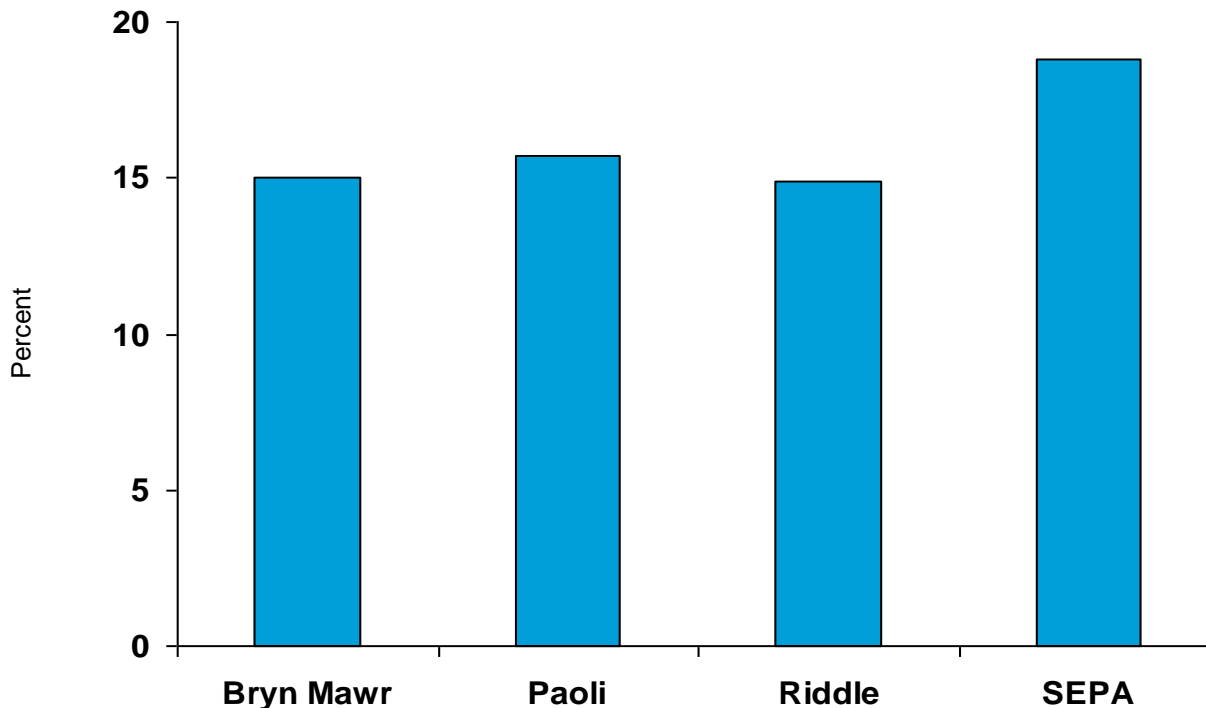
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Sleep problems

Healthy People 2020: 70.9% get healthy sleep

Adults who report restless sleep



About one in seven adults in the Bryn Mawr CHNA area report restless sleep which is less than reported for SEPA.

Poor quality sleep is increasingly connected to a host of serious health problems. Some studies have connected poor sleep to cancer, heart disease and obesity as well as to other hazards such as occupational and automobile accidents.

Sources: WebMD, "Sleep Habits: More Important Than You Think, Chronic Sleep Deprivation May Harm Health," 2006; R. Stein, Washington Post, "Scientists Finding Out What Losing Sleep Does to a Body," 2005; Data: PHMC Southeastern Pennsylvania Household Health Survey, 2010



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Observations – preventive health

Cancer Screenings -- Among the major cancer screenings studied, mammography and colonoscopy are the two tests that are most underused although colon cancer screening has been increasing each survey period. The data show that the 50 to 59 age group is least likely to have been tested for colon cancer. Cancer screening rates in the Bryn Mawr CHNA area tends to be in line with other suburban areas and SEPA.

Note: Recent decisions by various medical bodies have created a wide variation in “best practices” for the timing of cancer screenings.

Obesity -- Adult obesity continues to increase in the Bryn Mawr CHNA area, although there has been a slight dip in 2010. This increase is despite a population that tends to be more active than the SEPA and PA populations. Some increase in obesity is related to the growing older adult population in the area.

Smoking -- The percentage of adults who smoke has generally been flat over the last several years in the Bryn Mawr area and SEPA. There is a continuing need to encourage and support smokers in their cessation efforts.

Sleep -- About one in seven adults reporting sleep problems in the Bryn Mawr area. Lack of sleep may manifest itself with health care issues or unintentional injuries.



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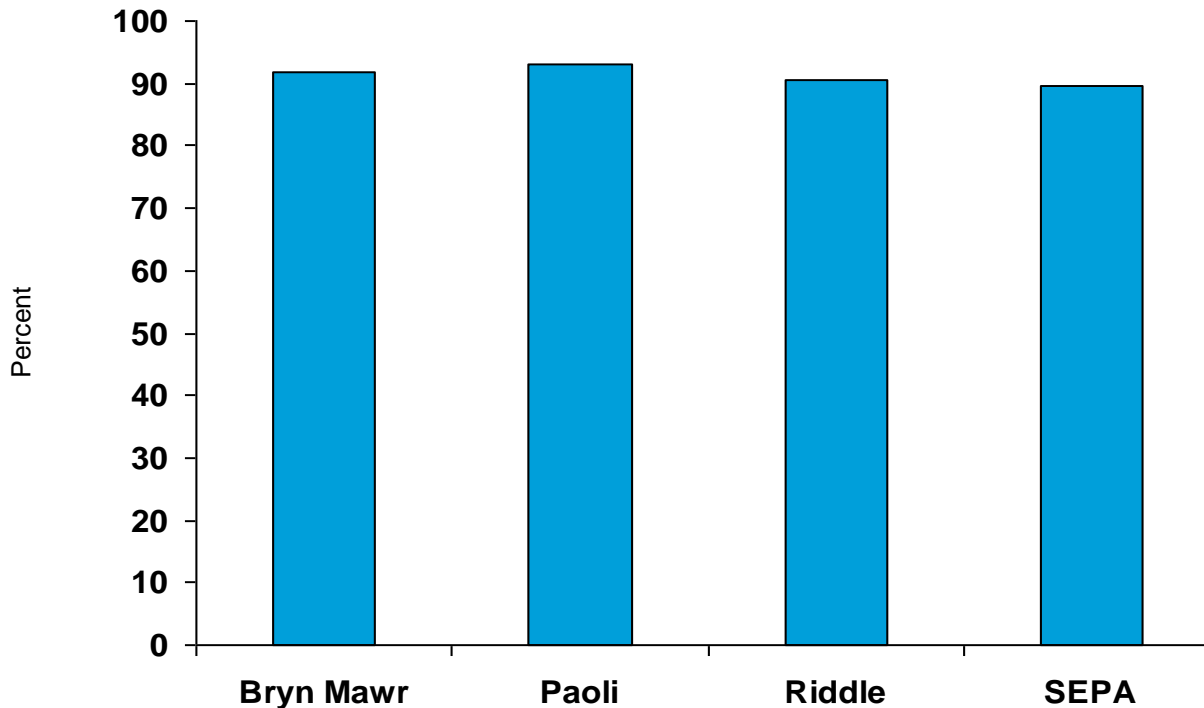
Community Analysis

Access to Care

Regular source of care

Healthy People 2020: 84.0%

Adults who have a regular source of care*



Over 90% of adults in the Bryn Mawr CHNA area have a regular source of care. Adults in suburban communities in SEPA generally have a higher percentage of a “regular source of care” than the Healthy People 2020 target.



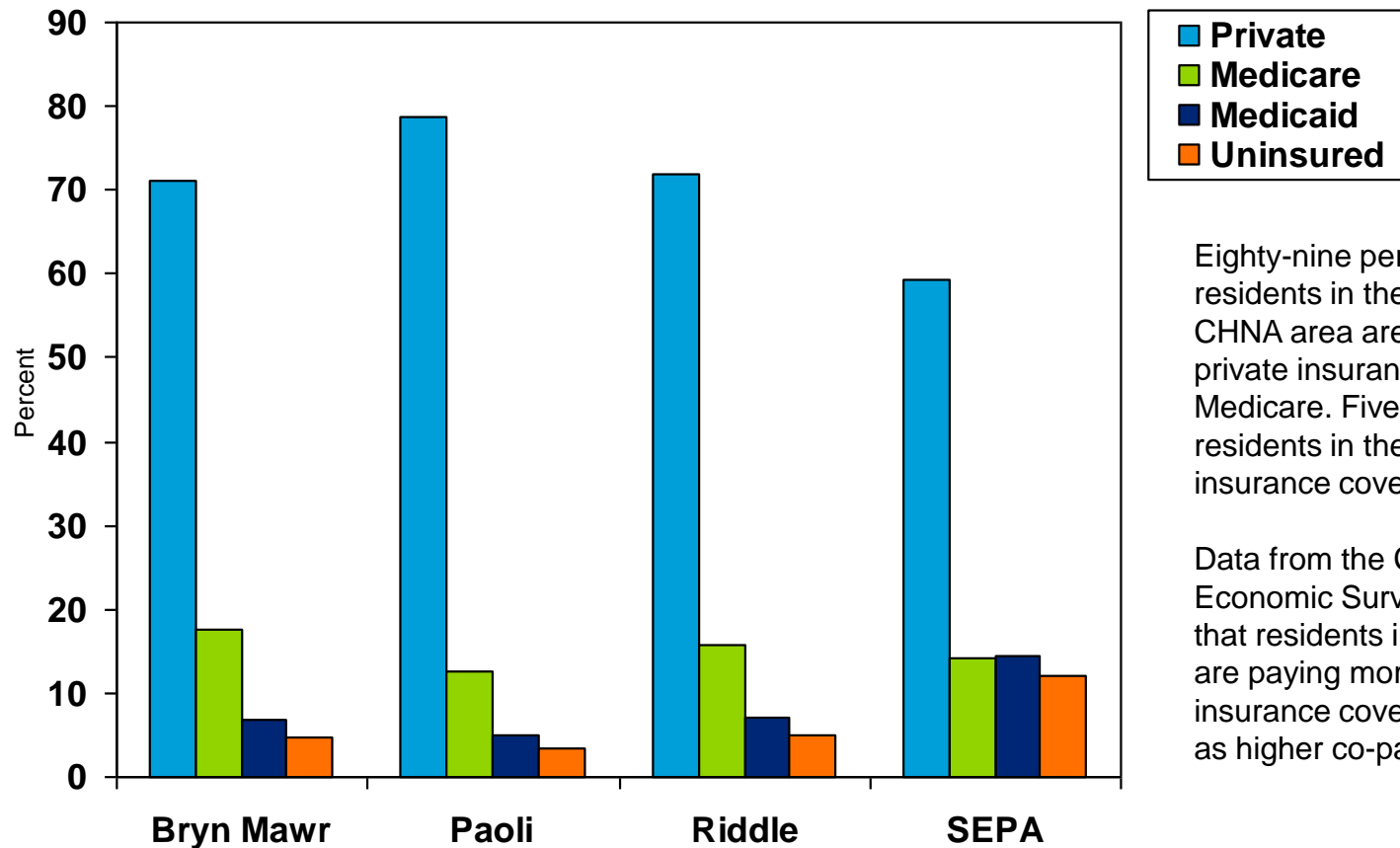
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*Q: Is there one person or place you usually go to when you are sick or want advice about your health?
Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Insurance status

Insurance coverage estimates (all ages) – 2011



Eighty-nine percent of residents in the Bryn Mawr CHNA area are covered by private insurance or Medicare. Five percent of residents in the area lack insurance coverage.

Data from the Community Economic Survey indicates that residents in the area are paying more for insurance coverage as well as higher co-pays.

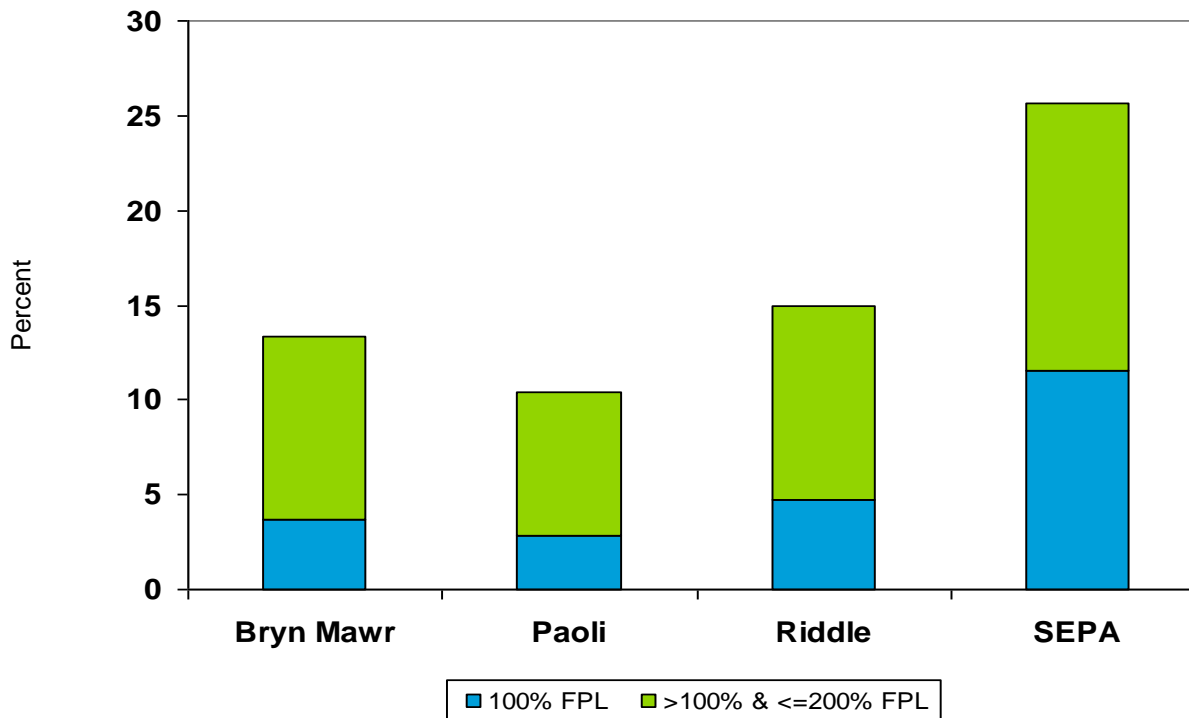


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Poverty status

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



The Bryn Mawr CHNA area has a relatively small proportion of households living at the federal poverty level (FPL) compared to SEPA. A larger proportion live in households earning just twice the FPL, however, the total percentage remains low. The low FPL reflects the general affluence of the households in the area.

In 2010, a family of four earning \$22,050 would be living at the FPL.

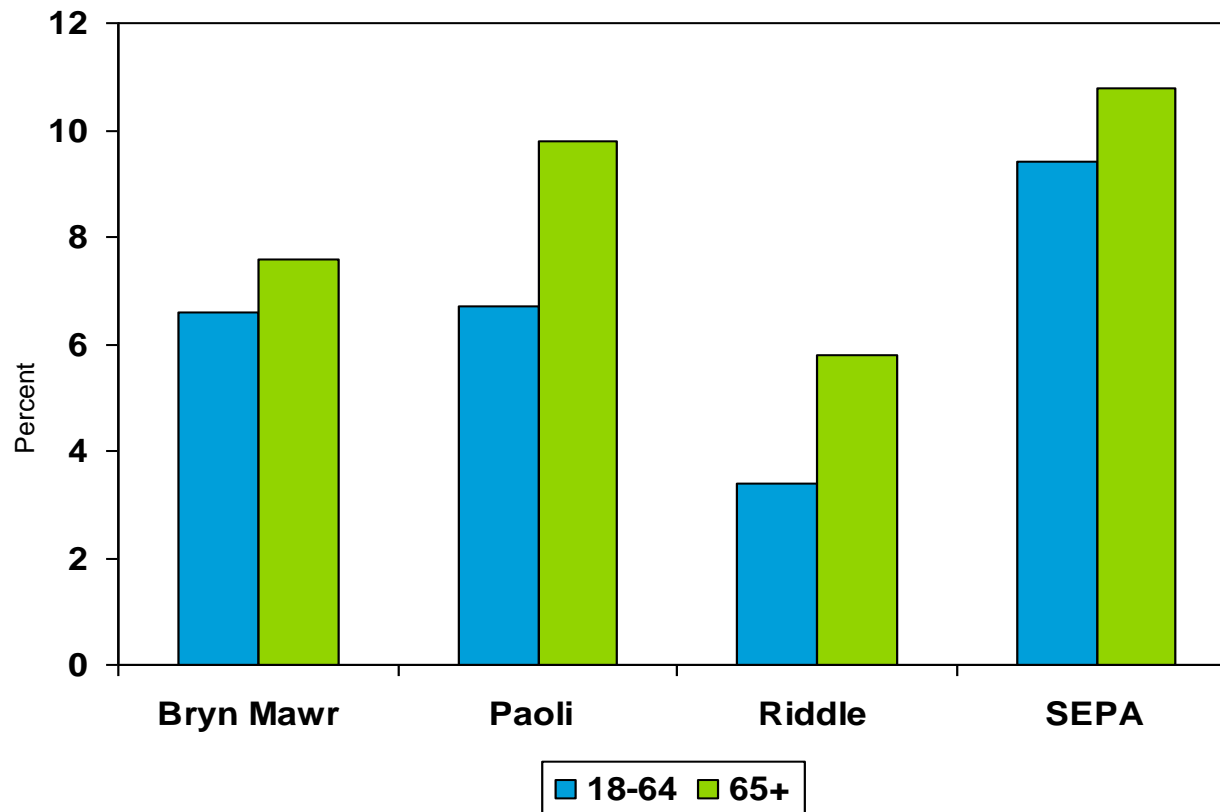


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No prescription coverage

Adults who lack insurance coverage for prescriptions



Fewer adults in our area lack prescription coverage compared to SEPA.

Older adults are more likely to lack coverage than younger adults.

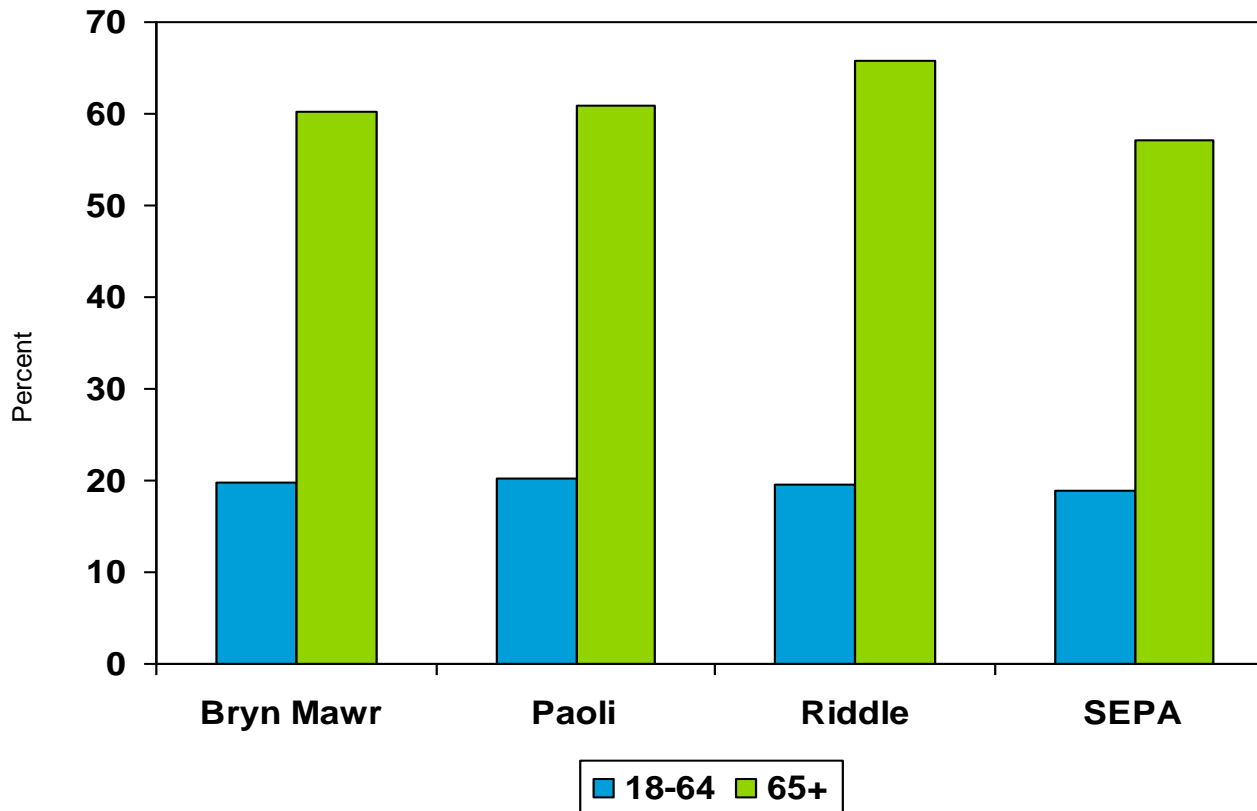


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No dental coverage

Adults who lack coverage for dental care



Older adults are also more likely to lack coverage for dental care in the Bryn Mawr CHNA area and more than older adults in SEPA.

An Institute of Medicine report indicates lack of oral health can lead to increase risk of respiratory and heart disease as well as inappropriate use of emergency departments for dental care.

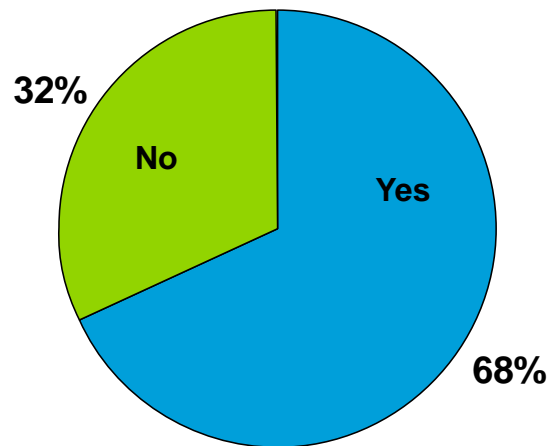


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Changes in insurance coverage - 2012

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.



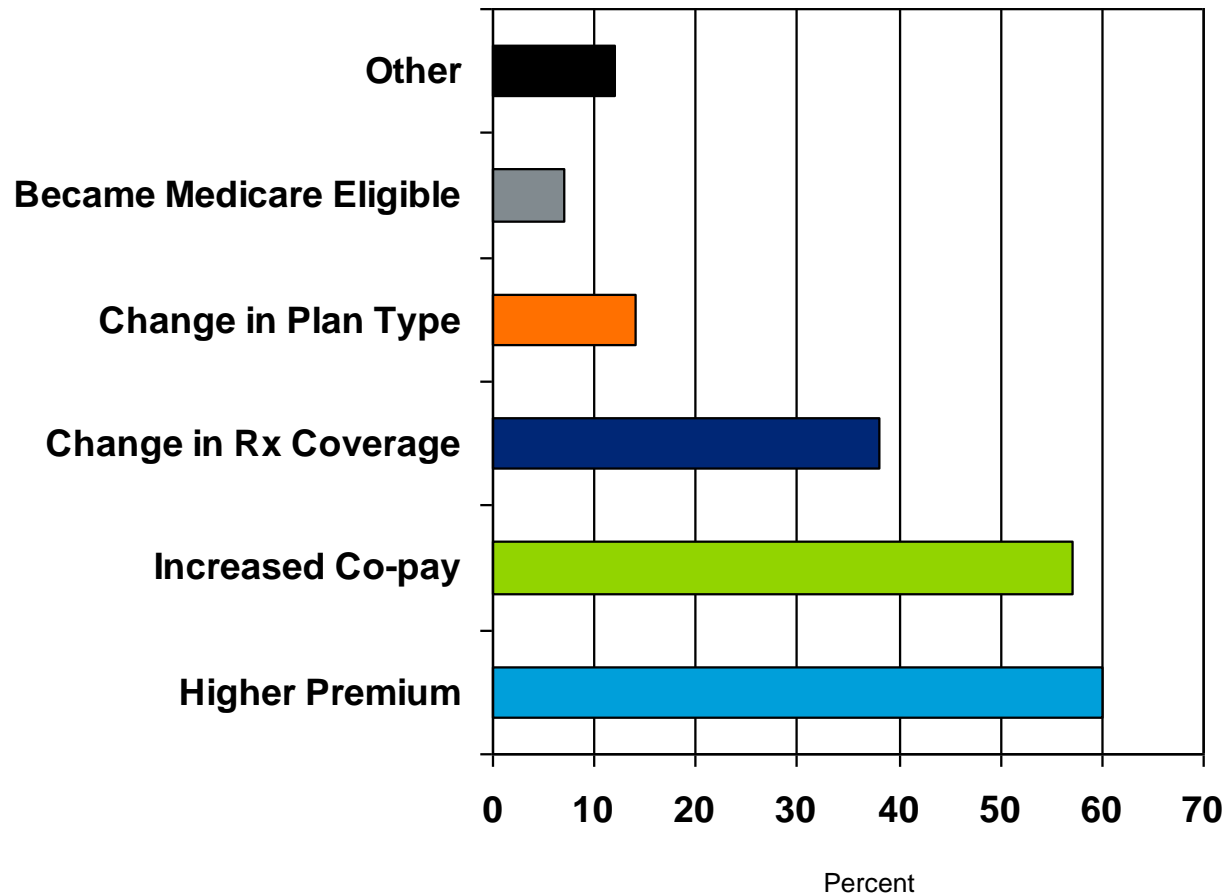
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Source: "My Healthcare Voice" consumer panel, March 2012.

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.



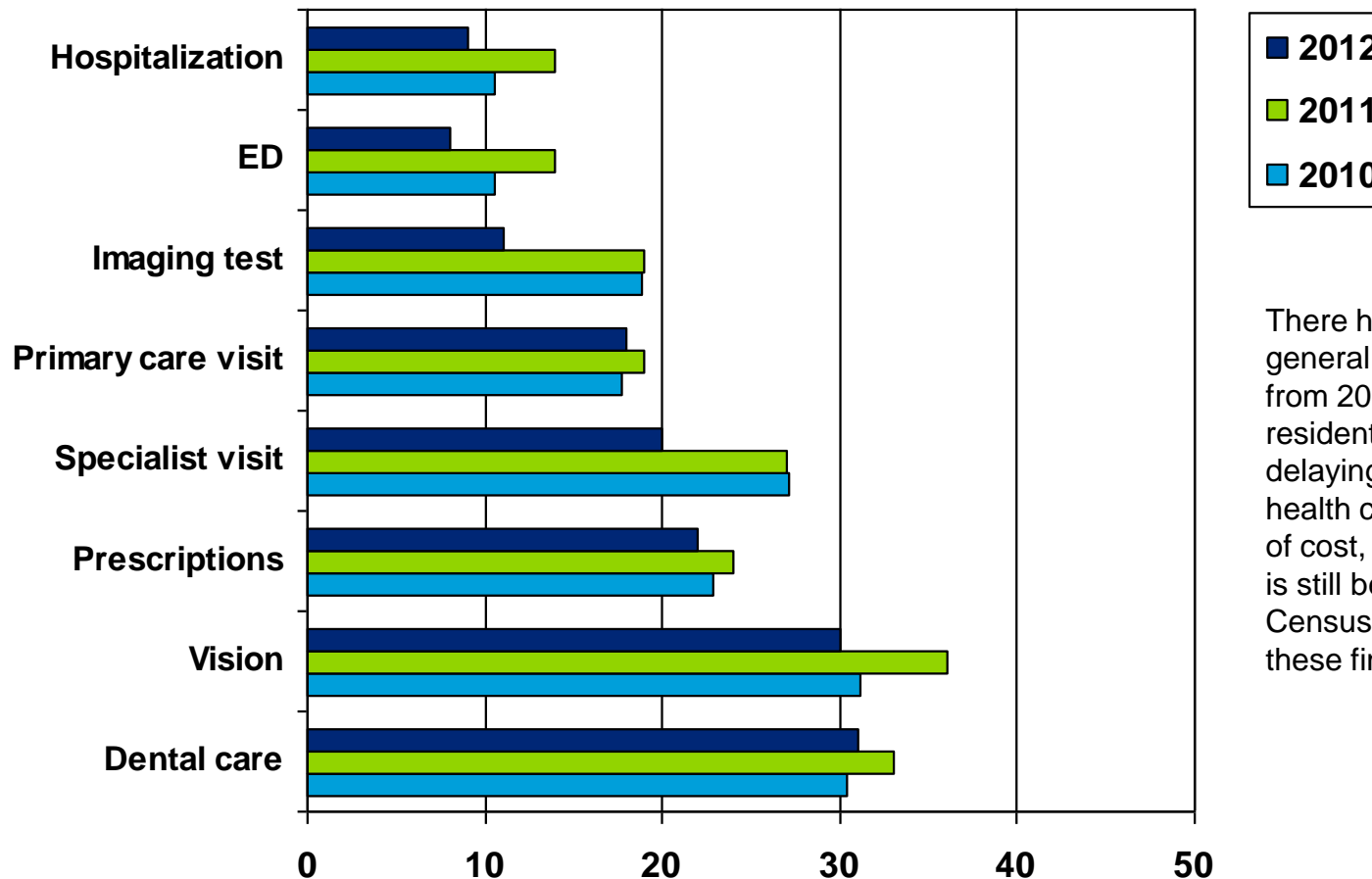
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Source: "My Healthcare Voice" consumer panel, March 2012.

Price sensitivity - 2012

Respondents saying “YES” to increased avoidance



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



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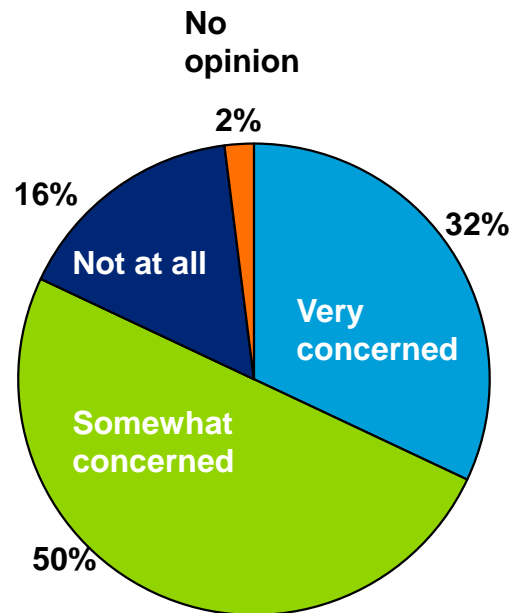
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Q. “In the past 12 months, have you or a member of your household avoided or delayed receiving any of the following health care services because of cost?”

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

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



Almost three in four adults are concerned about taking time off from work to receive medical care.



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Observations – access to care

Routine Source of Care -- Ninety-two percent of adults in the Bryn Mawr CHNA area have a regular source of healthcare.

Health Care Affordability -- There are relatively few people in the Bryn Mawr CHNA area who have no health insurance or who are at or below the federal poverty level (FPL). The socio-demographic analysis of the CHNA area indicated that there may be pockets within the area where there are persons in need of subsidized health care.

Survey data indicate that more persons with health insurance continue to see changes in their policies, usually higher premium and co-pay costs. Almost 75% of surveyed consumers indicated they are very or somewhat concerned about scheduling time away from work to receive health care. This concern may indicate the need for non-traditional office hours from health care providers.

Consumers in the area are also indicating they are delaying or avoiding health care services because of cost. Although the Philadelphia western suburbs remain more affluent than SEPA, consumers are still delaying or avoiding care because of costs.

The CDC also reports that unemployed adults have poorer health and access to health care.



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Community Analysis

Children's Health

Birth-related indicators

Average natality and perinatal mortality rates per thousand

Area	Birth rate: All women	Birth rate: teens	Low birth- weight	Prenatal care - % received	Infant mortality (1 year)	Neonatal mortality (27 days)
Bryn Mawr	20.36	1.32	66.55	80.29 %	2.33	1.49
Paoli	24.12	1.36	70.94	80.66 %	3.53	2.35
Riddle	18.75	2.85	71.11	78.20 %	3.25	2.21
SEPA	25.09	8.71	92.49	66.38	6.56	4.53

Birth rates in the Bryn Mawr CHNA area trail behind SEPA. Teen pregnancy rates, as well as low birth-weight babies, are relatively low when compared to SEPA. Eighty percent of expectant mothers received pre-natal care.

The rates shown above are per thousand (unless otherwise noted) based on an average of four consecutive years (2003-2006).

Source: Data provided by PHMC and based on information collected from official records from the Pennsylvania Department of Health.



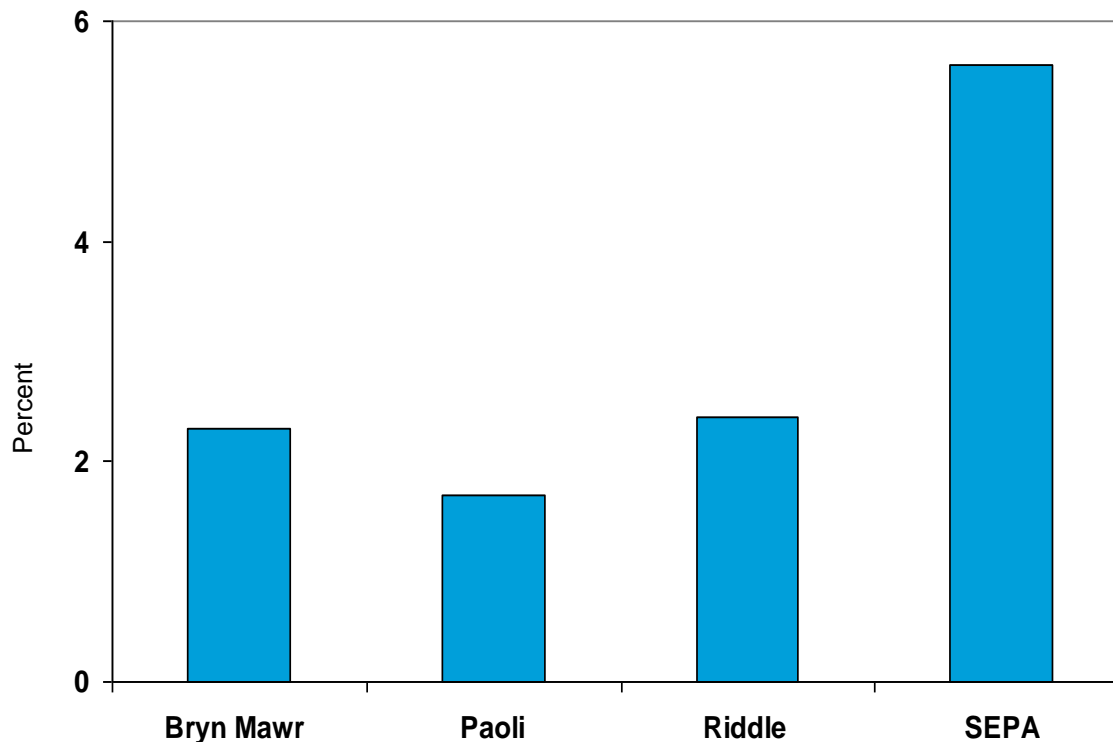
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No health insurance – children

Children without health insurance (age 0-17)



Similar to their parents, children in the Bryn Mawr CHNA area are likely to be insured.

Although adults may be more susceptible to losing their health insurance due to current economic conditions, children will not because of the PA Children's Health Insurance Program (CHIP). CHIP covers the full spectrum of care from routine, preventive care, including dental and eye exams, to diagnostic imaging tests, mental health services and emergency care and inpatient stays.

Sources: Thomson Reuters, 2011; PA Children's Health Insurance Program www.chipcoverspakids.com.

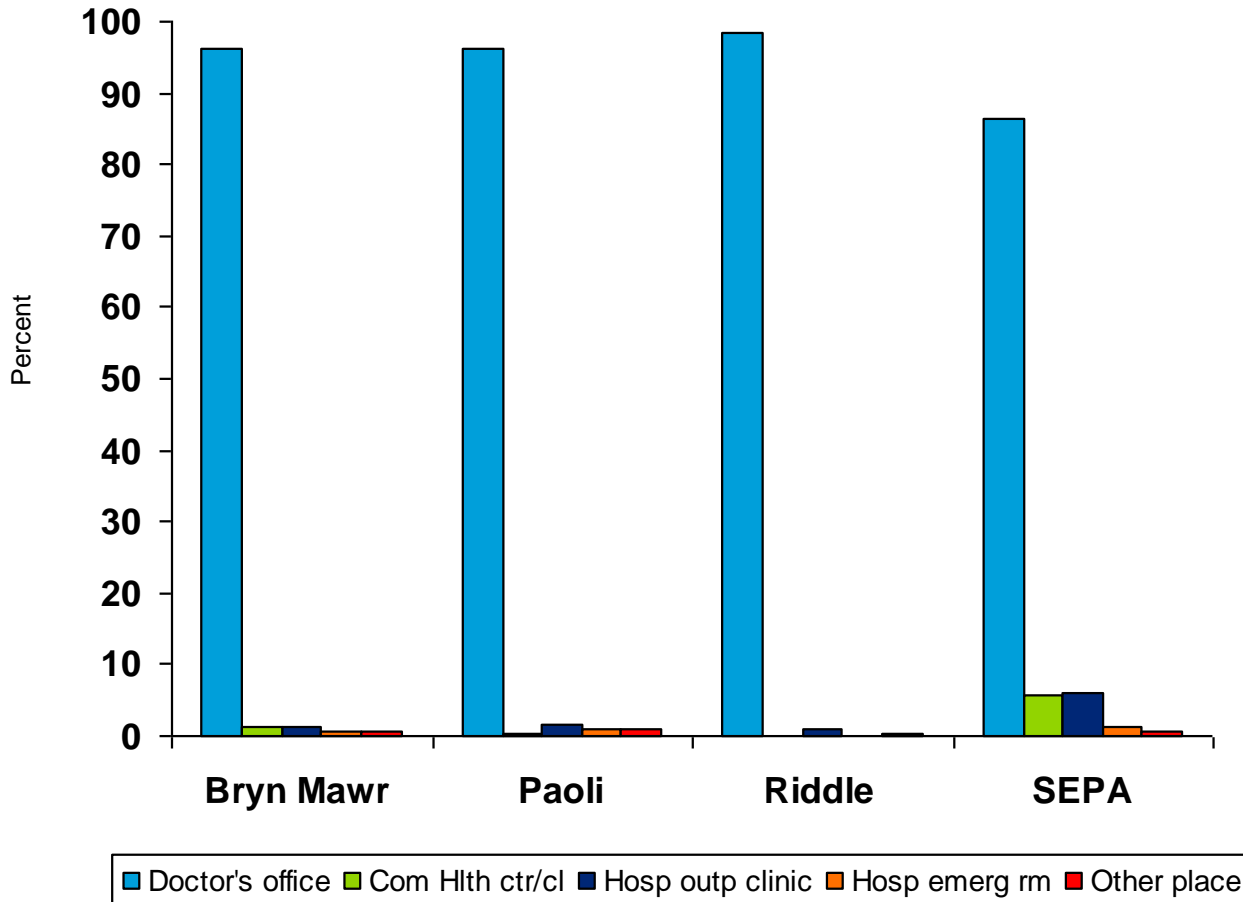


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Children's use of care

Children's regular source of care



Almost all children (96.0%) in the Bryn Mawr CHNA area receive care in a physician's office.

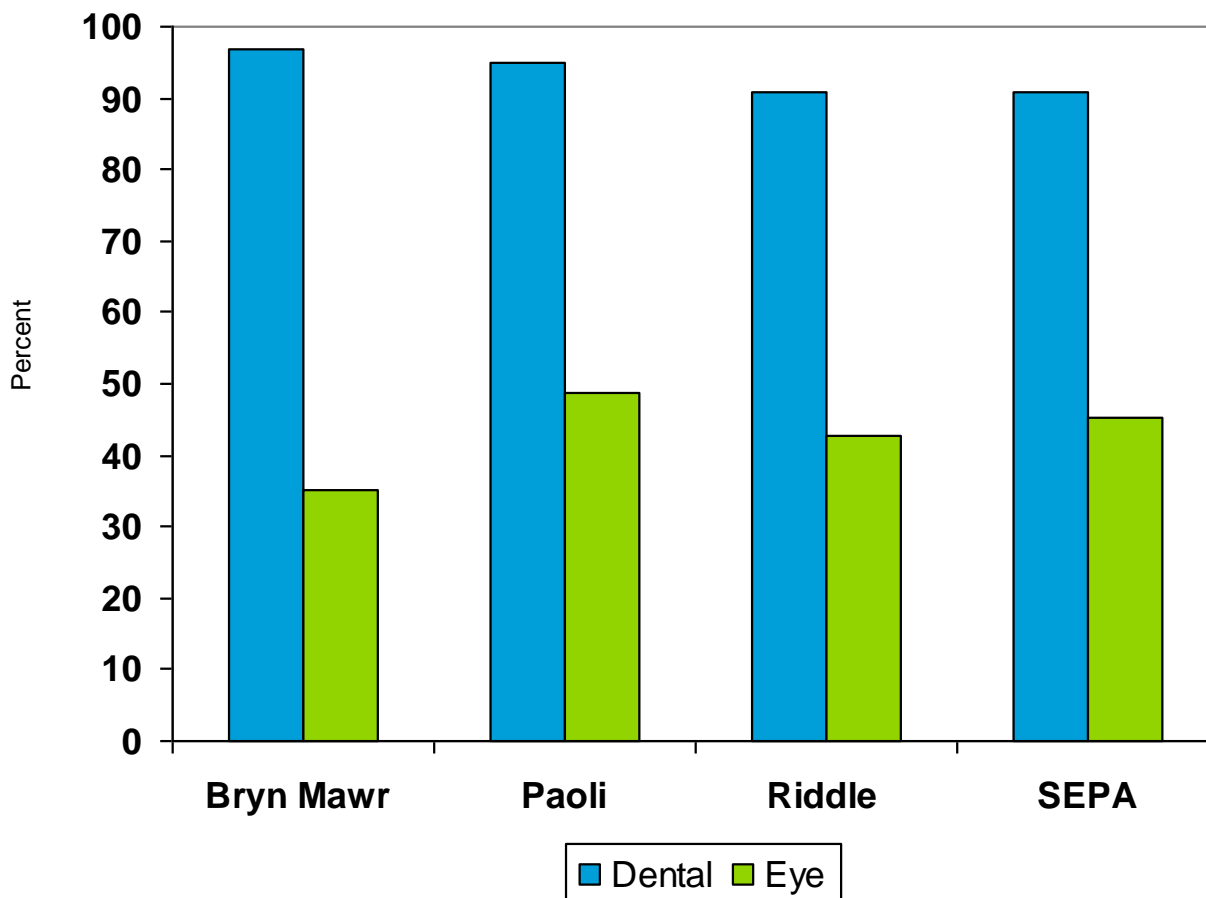


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Dental care and eye exams

Percentage of children who received exams in the past year (age 4+)



Over 95% of children in the Bryn Mawr CHNA area have received a dental exam within the past year.

The percentage of children receiving eye exams is lower because not all children will be required to get an annual exam. Children above the age of four are generally recommended to get an eye exam every two years unless a problem is suspected by parents or detected during routine screenings. Thirty-five percent of children have received an eye exam in the Bryn Mawr area within the past year.



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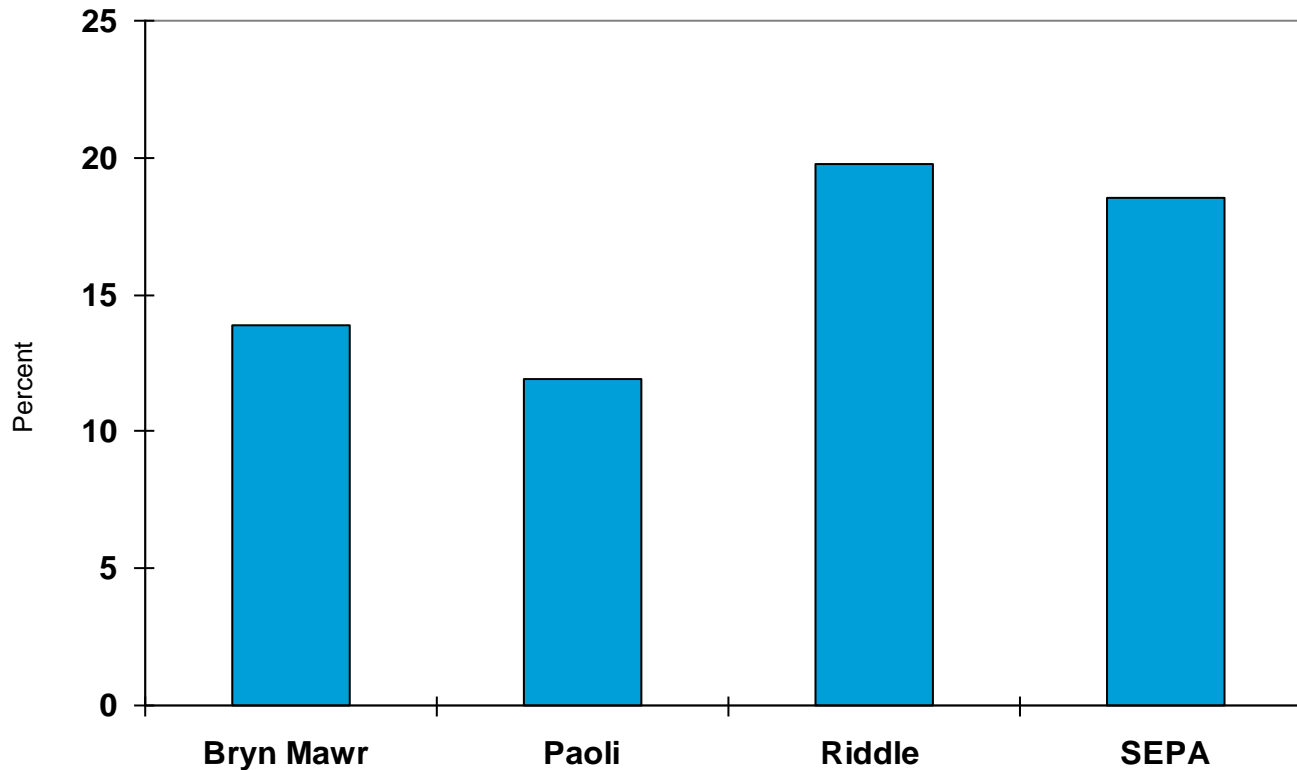
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Questions asked about children four and older.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010 for Dental Care and 2008 for Eye Exam.

Asthma

Percentage of children with asthma (age 0-17)



The percentage of children who have asthma in the Bryn Mawr CHNA area is lower than the SEPA rate. Asthma is identified as a health care concern for school age children in the Bryn Mawr area by school nurses.

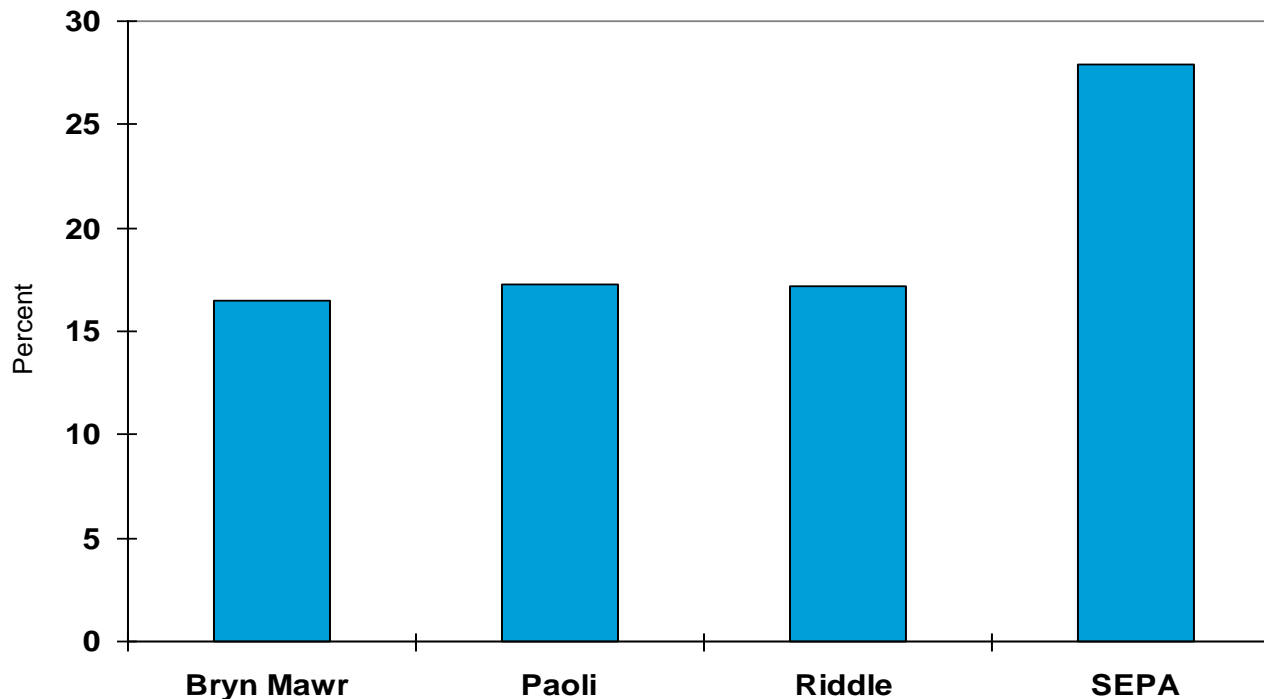


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Asthma – trips to emergency department

Percentage of children with asthma who had to visit the emergency department for treatment in the past year (age 0-17)



The Bryn Mawr CHNA area has a lower proportion of asthmatic children receiving care in a hospital emergency department than in SEPA.

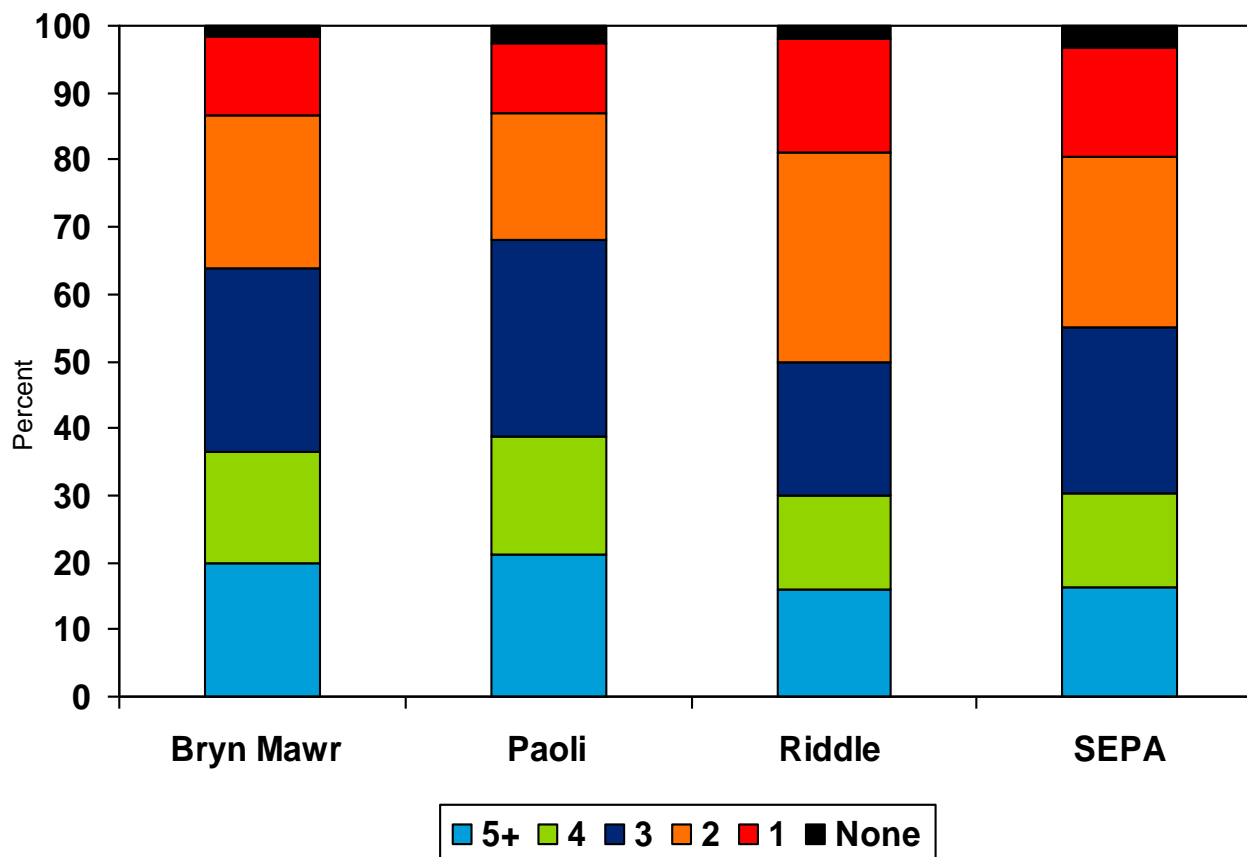


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Nutritional goal

Servings of fruits and vegetables eaten on a daily basis

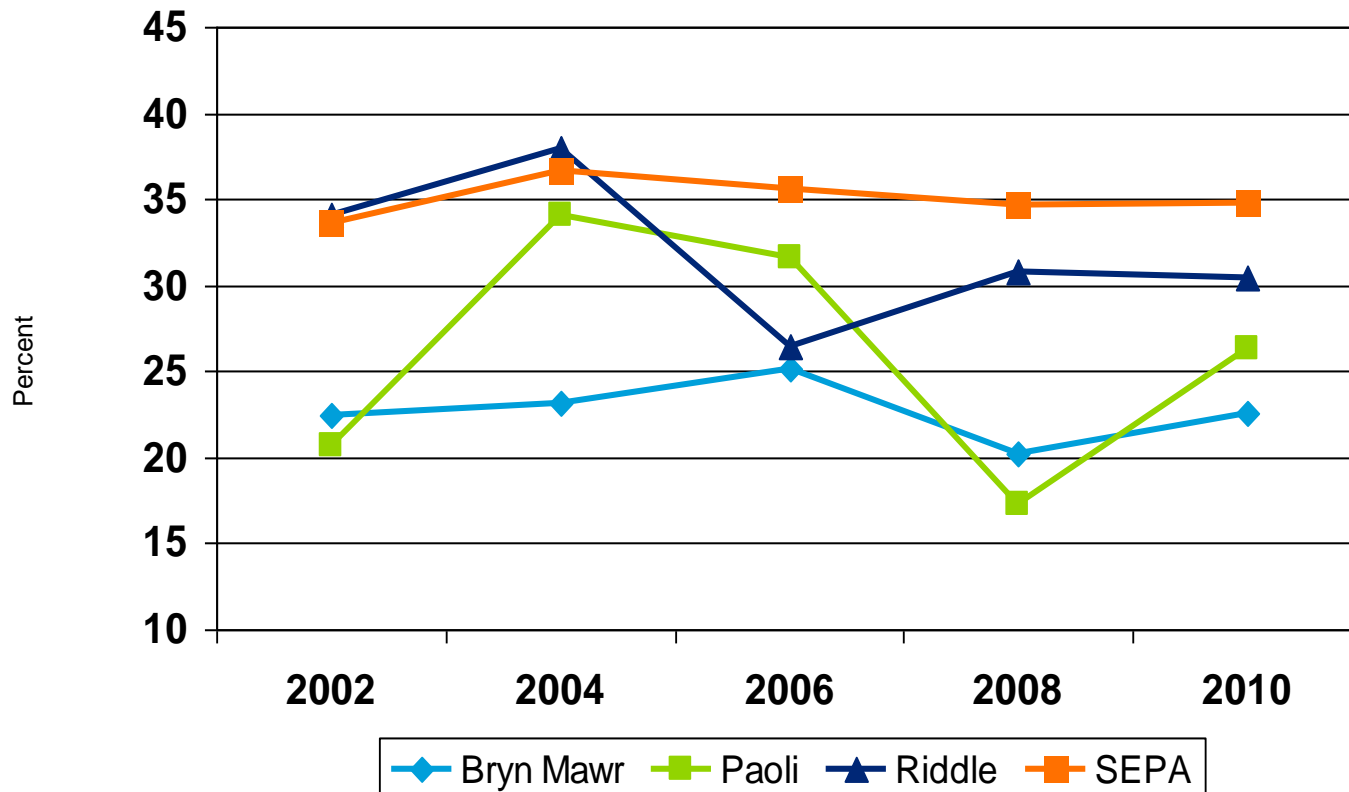


Children's consumption of fruit and vegetables is similar to adults'. Only 19.8% of children in the Bryn Mawr area ate five or more servings a day (20.8% for adults).



Childhood obesity

Percentage of children overweight or obese (age 6+)



While the childhood obesity rate of 22.6% in the Bryn Mawr CHNA area falls below the SEPA rate, childhood obesity remains a problem. School nurses surveyed in the Bryn Mawr area ranked obesity as a top health concern.

The chart above shows BMI-for-age percentiles. Children with a BMI in the 85th percentile are considered overweight and those at the 95th percentile are obese. Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010.

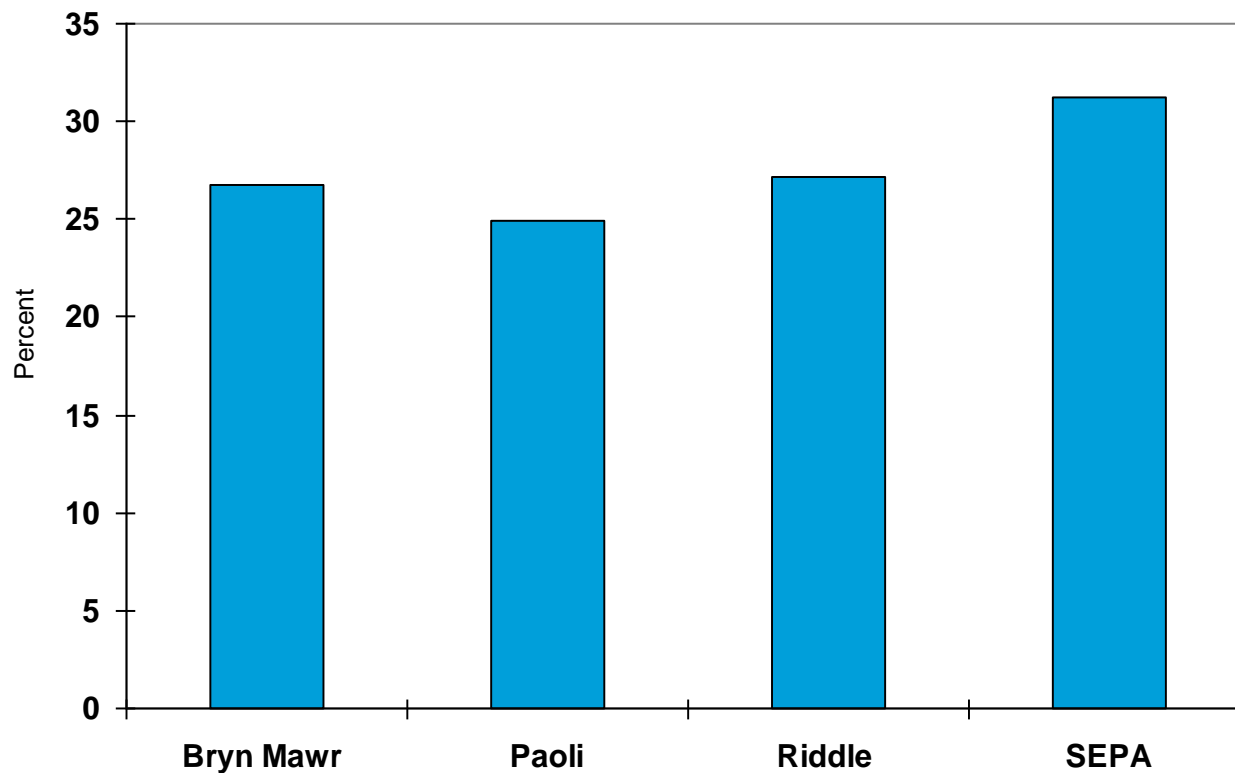


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Children who are less physically active

Percentage of children who are “physically active” four or fewer times per week (age 3+)



The ideal target for physical activity among children is one hour every day. About 27% of children in the Bryn Mawr CHNA area are “physically active” four or fewer times per week. This percentage is better than SEPA and similar to the comparable suburban areas.

Question asked about children three years of age or older.
Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2010;
“Childhood Obesity,” Main Line Link, Spring 2009.



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Observations – children's health

Birth Rate -- The birth rate for the women in the Bryn Mawr CHNA area is below the SEPA rate.

Maternity and Neonatal Care -- The birth-related indicators in this report for the Bryn Mawr CHNA area show that mothers, in general, have better birth outcomes than in the larger region.

Healthy Weight -- While childhood obesity has been relatively flat, about 23% of children were still considered obese in 2010 in the Bryn Mawr CHNA area. School nurses rate this as one of their top concerns.

Asthma -- Asthma is the most common chronic condition among children. It can also be serious, requiring ongoing medication administration – a stated concern of school nurses surveyed, and it can result in trips to the emergency department.

Physical Activity -- Physical activity is important for maintaining good health. Physical activity burns calories and creates muscle mass which both help in maintaining body weight. The Bryn Mawr CHNA area is fortunate that a higher percentage of children are active compared to SEPA.



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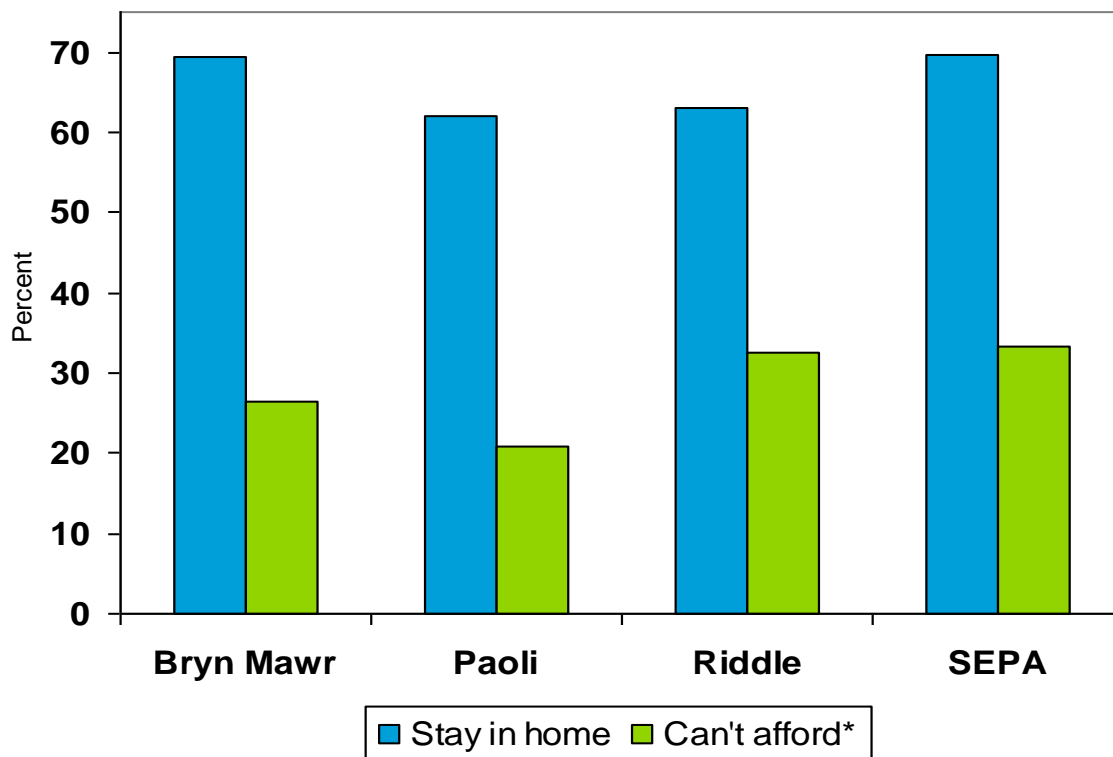
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Community Analysis

Older Adults

Aging in place

Older adults (65+) who plan on staying in their current homes for 10+ years – and those who report difficulty affording housing costs



In a recent study, a majority of older adults reported that remaining in their own homes as long as possible is important to them. The same is true in the Bryn Mawr CHNA area.

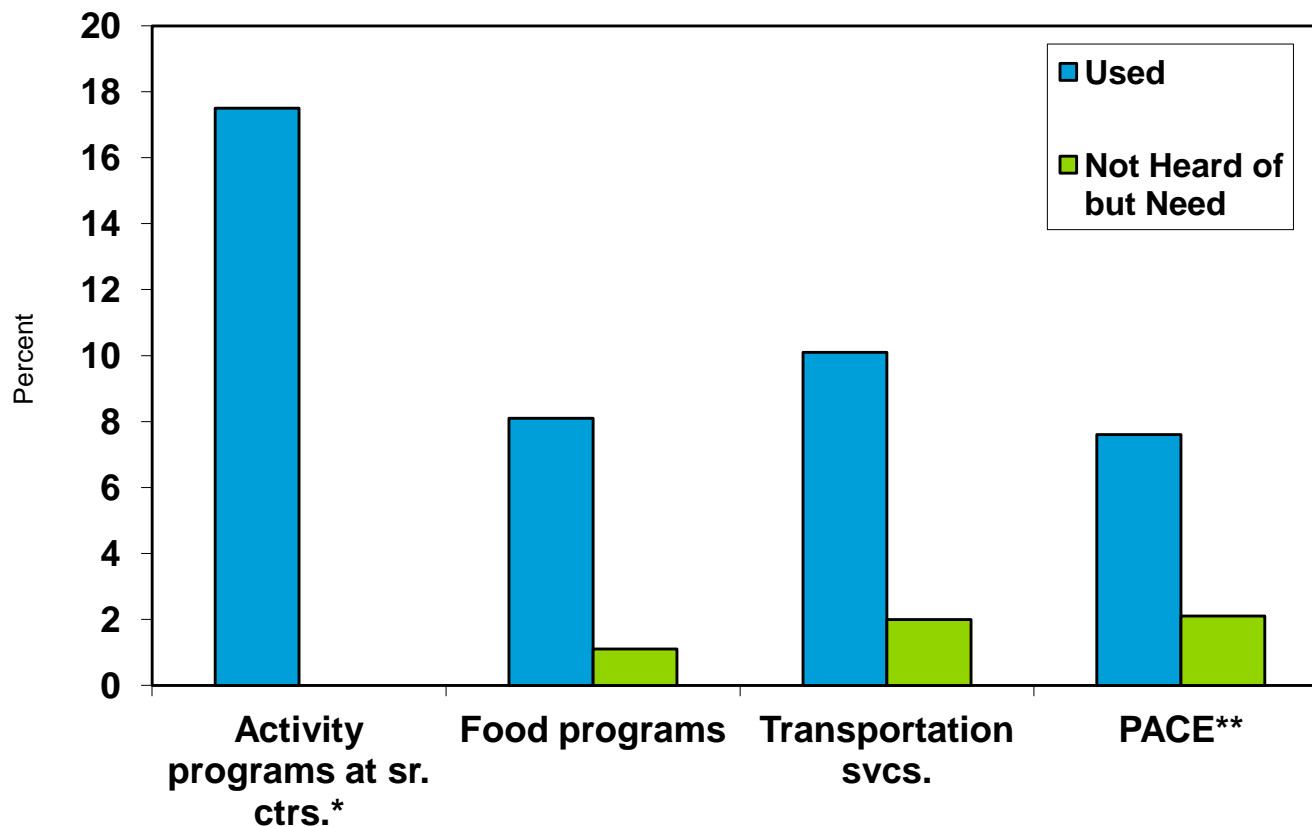
This preference, combined with the graying of the baby boomer generation, represents a potential increase in the demand for home care services and fall prevention education.

*Represents the sum of very difficult and somewhat difficult.
 Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



Awareness and use of programs – Bryn Mawr

Older adults (65+) in the Bryn Mawr area who have used and are aware of various social service programs available



Older adults in the Bryn Mawr CHNA area are most likely to have used a senior center.



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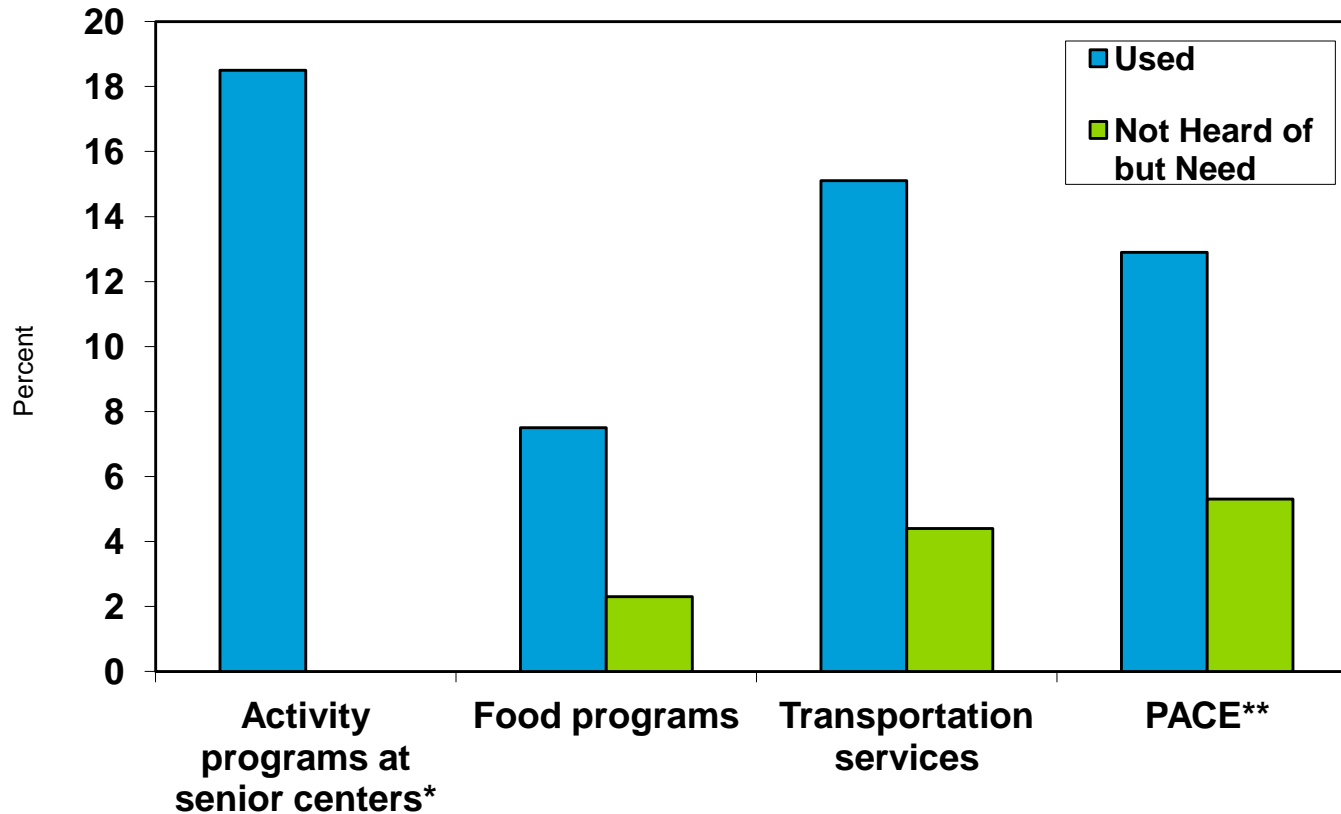
*Did not ask if activity programs at senior centers were needed.

**PACE: Prescription Drug Program for the Elderly.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Awareness and use of programs – SEPA

Older adults (65+) in SEPA who have used and are aware of various available social service programs



*Did not ask if activity programs at senior centers were needed.

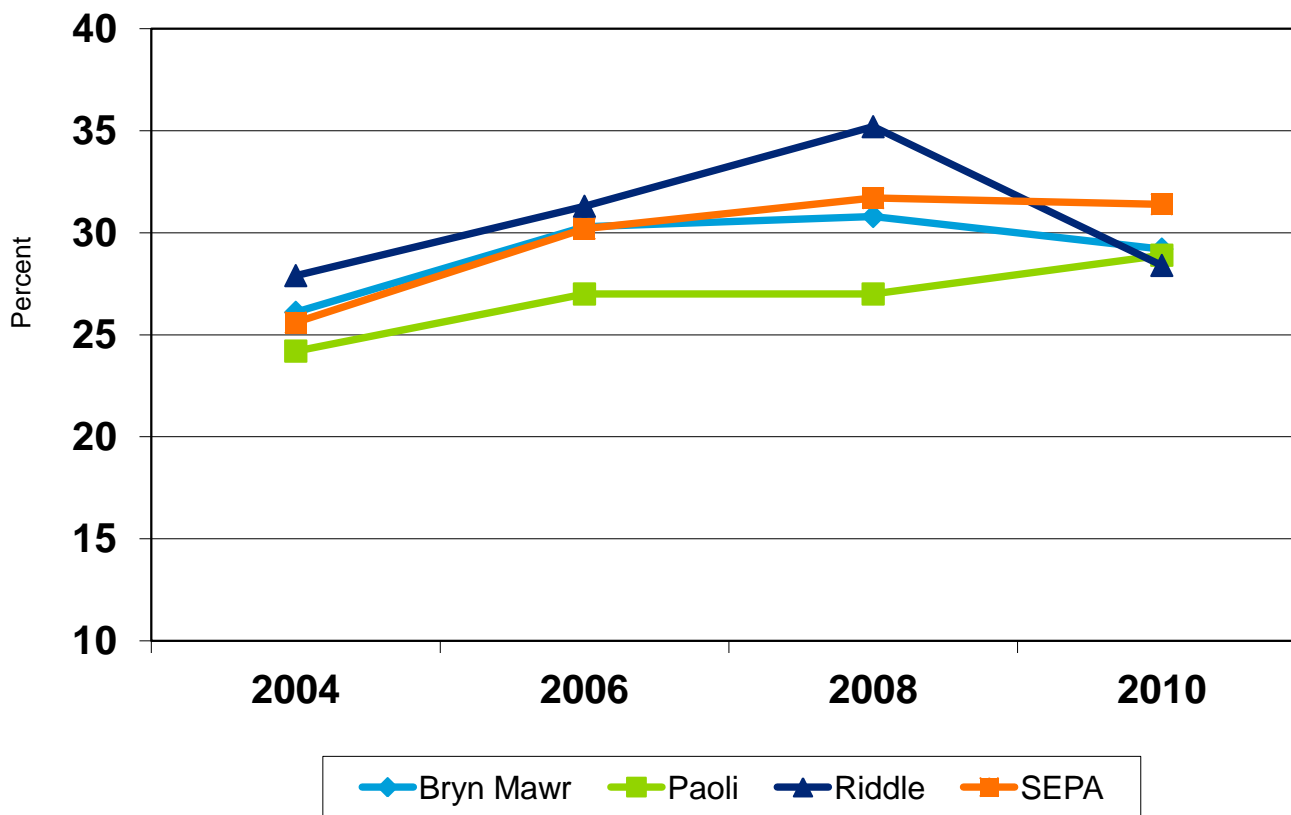
**PACE: Prescription Drug Program for the Elderly.

Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.



Caregivers

Adults providing care for another adult with disabilities or illness



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 relatively stable in the Bryn Mawr area, and slightly below the regional rate.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2004, 2006, 2008, 2010.



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Use of formal in-home care

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

Area	Uses formal care	How services were paid				
		Medicare	Medicaid	Private insurance	Out of pocket (Self/Family)	Agency
Bryn Mawr	7.8%	47.7	0.0	7.4	44.9	0.0
Paoli	9.1%	59.1	0.0	10.0	13.4	17.5
Riddle	7.7%	31.4	0.0	30.9	23.8	13.9
SEPA	7.7%	47.2	4.2	20.2	19.8	8.5

In the Bryn Mawr CHNA area, 7.8% of older adults use formal in-home care, a rate similar to SEPA. This care in the Bryn Mawr area is most commonly paid by Medicare or “out-of-pocket.”

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.

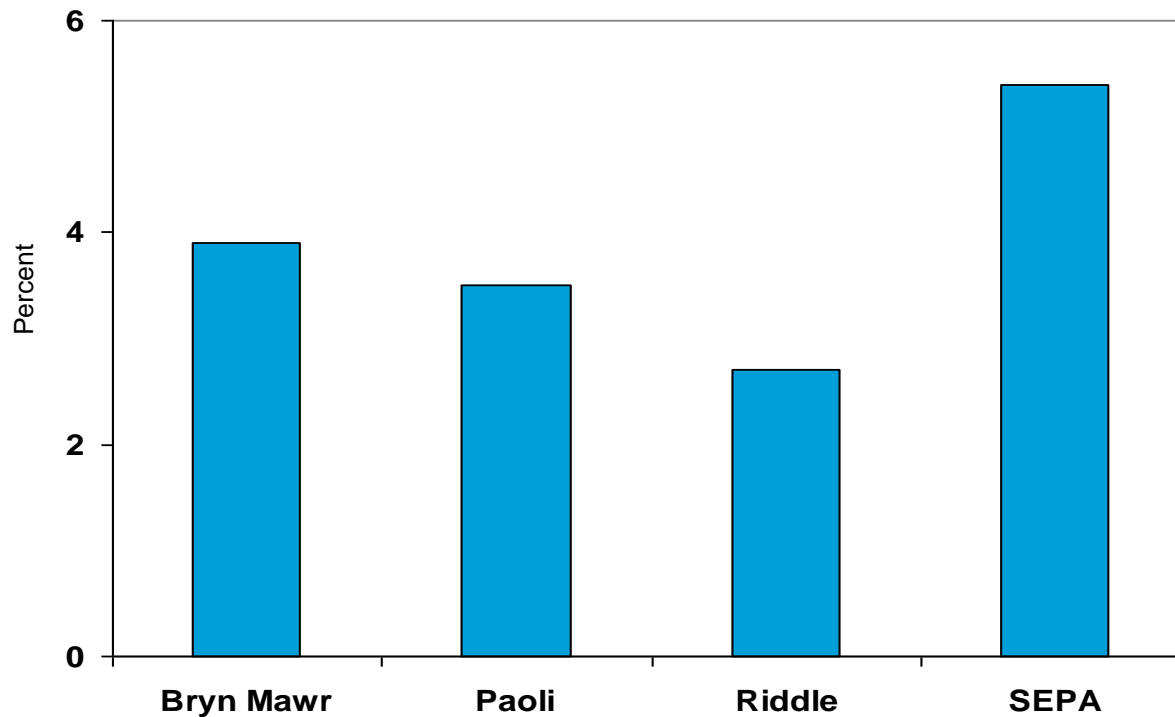


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Transportation

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



Transportation does not appear to be a major barrier to receiving health care services in the Bryn Mawr CHNA area. Public transportation services may or may not be helpful to frail elderly in successfully reaching a destination.



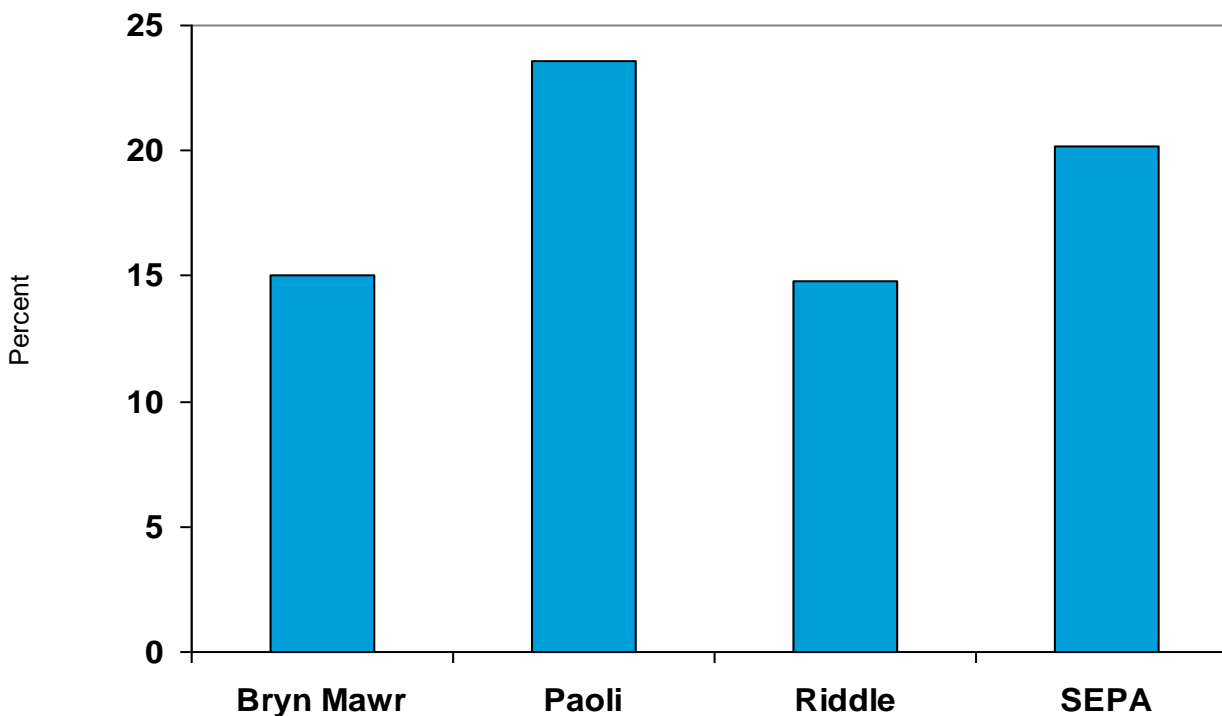
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Falls

Older adults (65+) who have fallen within the past year



Falls can be a barrier to independent living. About one in seven older adults in the Bryn Mawr CHNA area has fallen in the past year.

Falls can lead to visits to the emergency room or a hospital stay. As such, the higher percentage of falls may require additional monitoring.



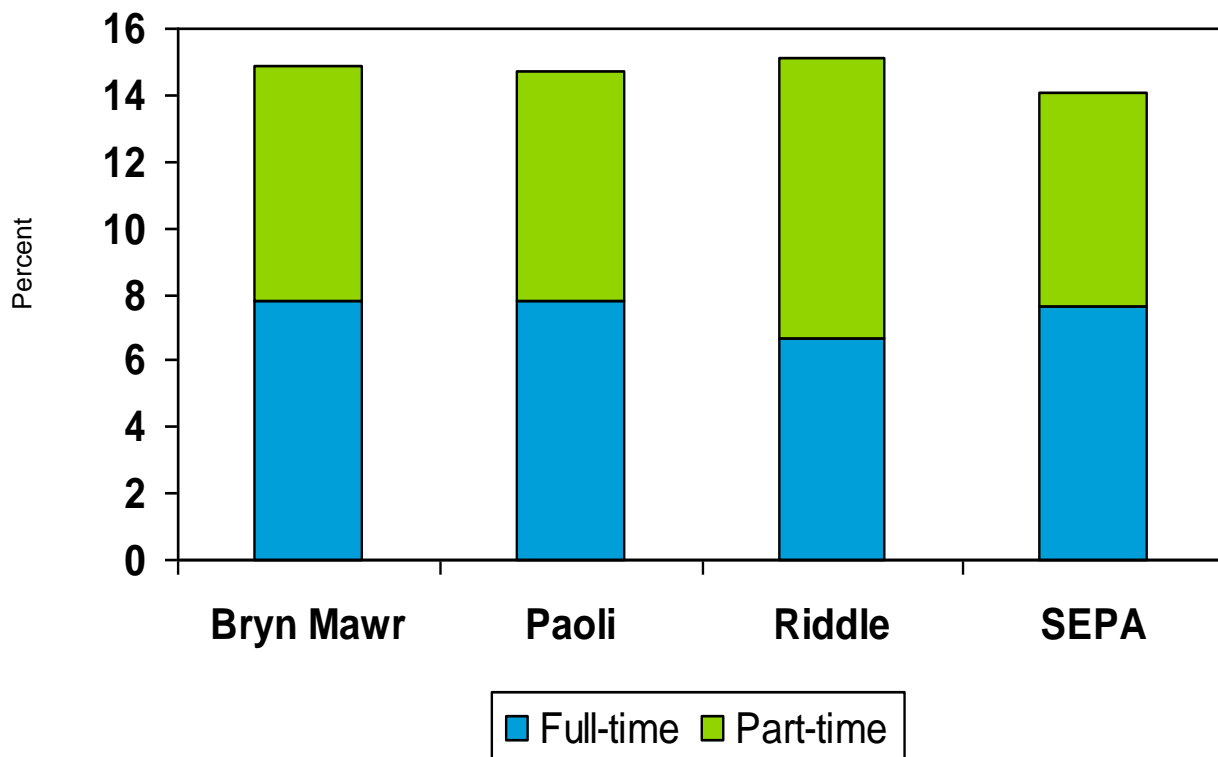
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Employment

Percentage of older adults (65+) who work full- or part-time



The employment rate reveals the other types of lifestyle demands that may weigh on older adults. Working can be the result of being an active adult or may be out of necessity.

About 15% of older adults in the Bryn Mawr CHNA area are employed as of 2010. Data, specific to the CHNA area, is unavailable as to whether current economic conditions are impacting older adults who may need employment for household expenses.



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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Nursing homes and CCRCs in the BMH CHNA area

Nursing Homes	Licensed Beds
Brighten at Bryn Mawr	160
Broomall Manor	123
Broomall Rehabilitation and Nursing Center	298
Bryn Mawr Terrace	170
Golden Living Center	76
Harlee Manor	100
Haverford Nursing and Rehabilitation	110
Manor Care Health Services	150
Saunders House	180
Sterling Health Care and Rehabilitation	164
Wayne Center	112
Broomall Presbyterian Village	146
Devon Manor	131
Mary J. Drexel Home	30

Continuing Care Retirement Communities (CCRCs)	Licensed Nursing Home Beds
Beaumont at Bryn Mawr	46
Dunwoody Village	81
Granite Farms Estates – ACTS	82
Lima Estates – ACTS	60
Martin’s Run	60
Riddle Village	86
The Quadrangle	78
Waverly Heights	60
White Horse Village	59
Rosemont Presbyterian Village	0*

*Beds located at Broomall Presbyterian Village: 146

A Continuing Care Retirement Community (CCRC) is a residential community for adults that offers an independent living unit (an apartment or cottage) and access to a continuum of long-term care services (assisted living or nursing home care) that meet the residents' health and social needs as they change over time. These services are provided via a contract between the resident and the “Community.”

Observations – older adults

Older Adults -- Older adults are the fastest increasing age segment in the Bryn Mawr CHNA area.

Aging in Place -- In the Bryn Mawr CHNA area, 69% of older adults responded that they would prefer to stay in their current homes. Cost is an issue for about a quarter of older adults who would like to remain in their current homes in both the Bryn Mawr area.

Caregiving -- As the population ages, formal and informal caregiving will continue to be an important issue. Until 2010, there was a steady increase in the number of adults who report that they provide care for an older adult. As the health care needs of these older adults increase, they may transition to the need for formal home care services, assisted living, or skilled nursing home care. There may be a need for respite care, as caretakers need a break from their care-taking duties. Support for caregivers was identified as a issue by the Bryn Mawr physician medical staff.

Falls -- Falls by older adults should be a concern that is worth monitoring. Falls can result in increasing visits to emergency rooms or an inpatient hospital stay.

Nursing Homes & CCRCs -- There are 14 nursing homes and 10 continuing care retirement communities (CCRCs) in the Bryn Mawr CHNA area. Coordination of care with these facilities is important to maintain an individual's health and prevent hospital re-admissions.



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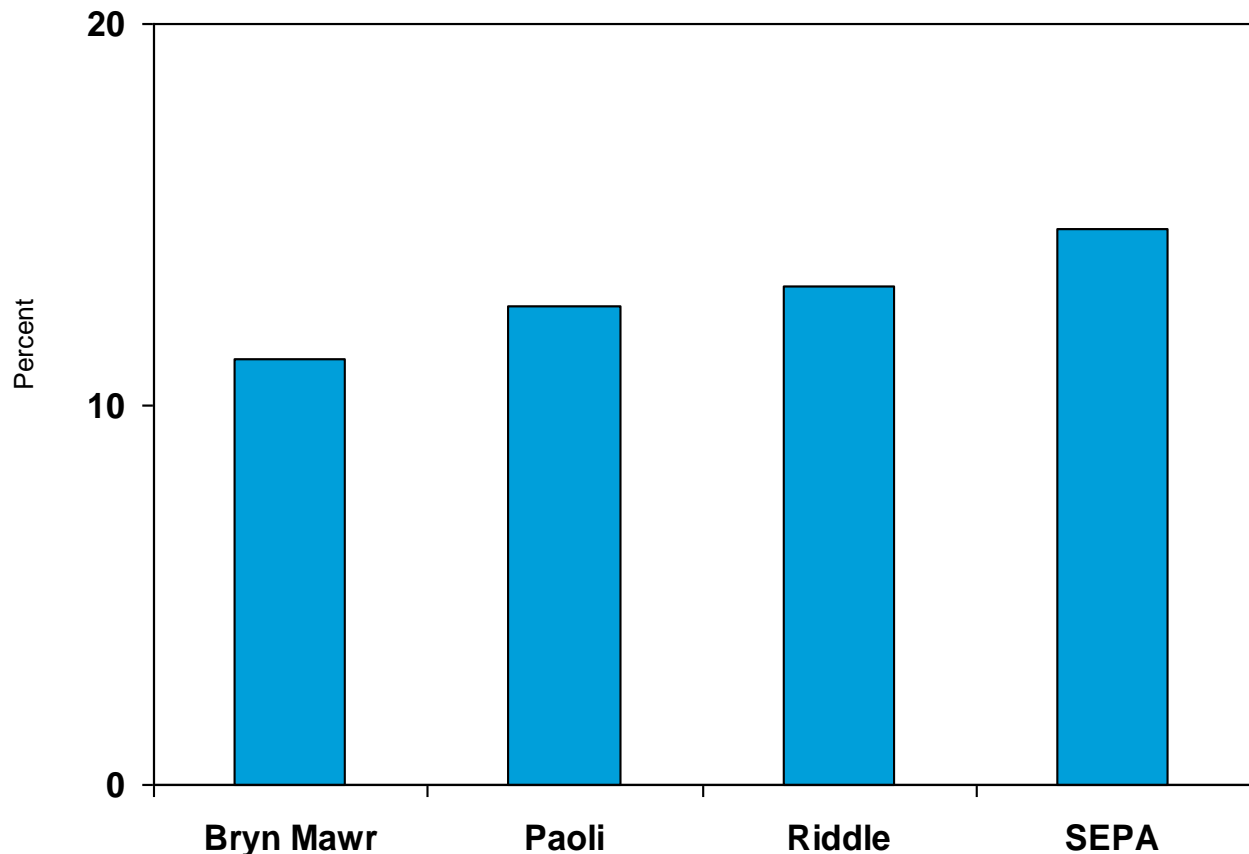
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Community Analysis

Mental Health

Diagnosed mental health conditions

Adults diagnosed with depression and other mental health issues



About 11% of the adults in the Bryn Mawr CHNA area report having been diagnosed with a mental health condition. This percentage is below SEPA.



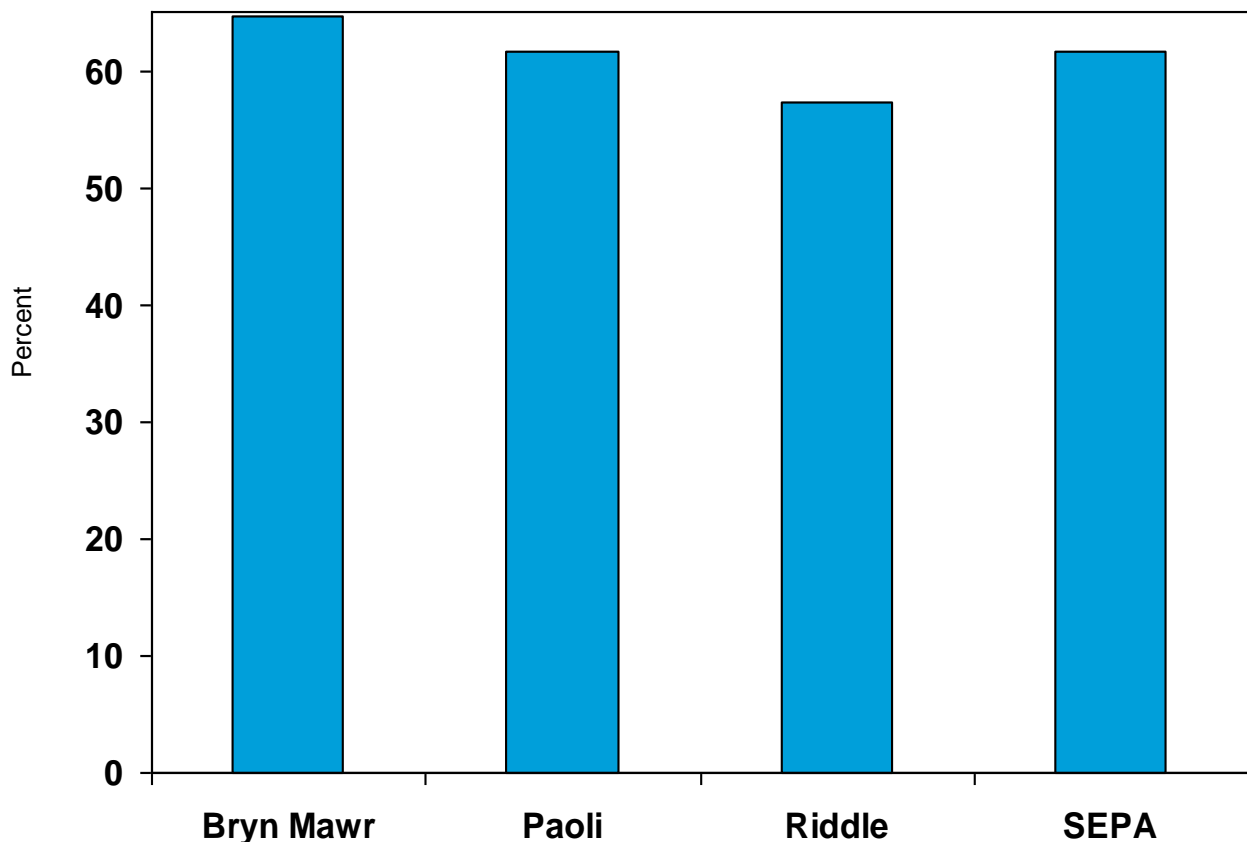
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Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Receiving treatment for mental health conditions

Adults with a diagnosis receiving treatment for their condition



When asked, “Are you currently taking medication or receiving any other type of treatment for your clinical depression or other mental health condition?” 65% of adults in the area said “yes.”



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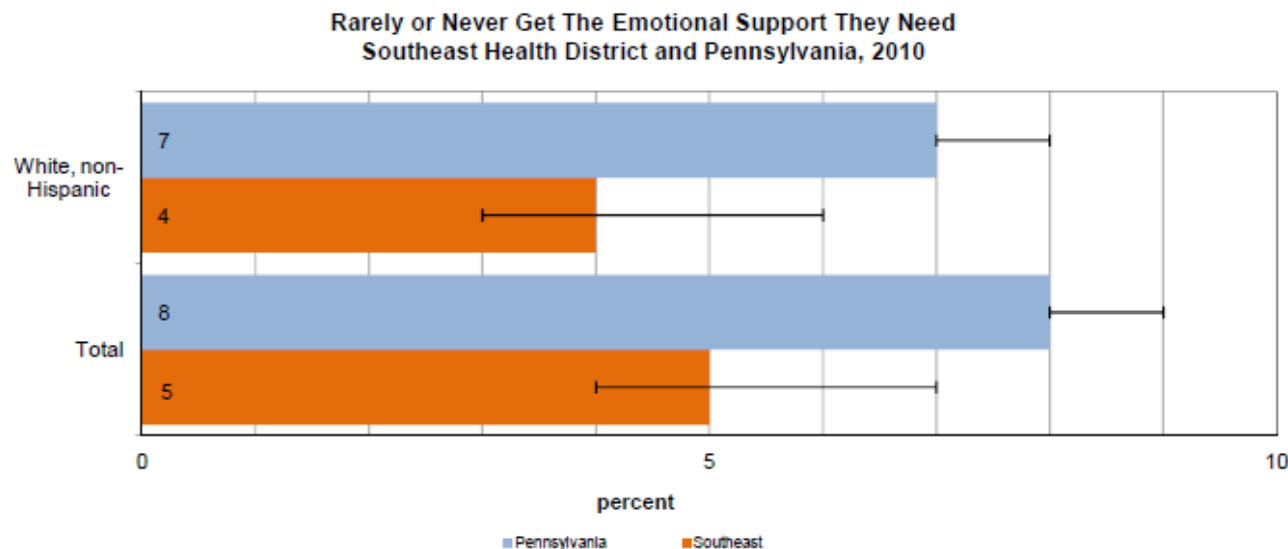
Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

Mental health

Emotional Support and Life Satisfaction

- Southeast adults who rarely or never get the emotional support they need had a significantly lower percentage (5 percent, CI: 4-7) compared to Pennsylvania adults who rarely or never get the emotional support they need (8 percent, CI: 8-9).
- Southeast White, non-Hispanic adults who rarely or never get the emotional support they need had a significantly lower percentage (4 percent, CI: 3-6) compared to Pennsylvania White, non-Hispanic adults who rarely or never get the emotional support they need (7 percent, CI: 7-8).

Data from the 2010 Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) survey indicate that adults in the suburban SEPA counties are significantly less likely to have emotional support and life satisfaction issues than adults in Pennsylvania.

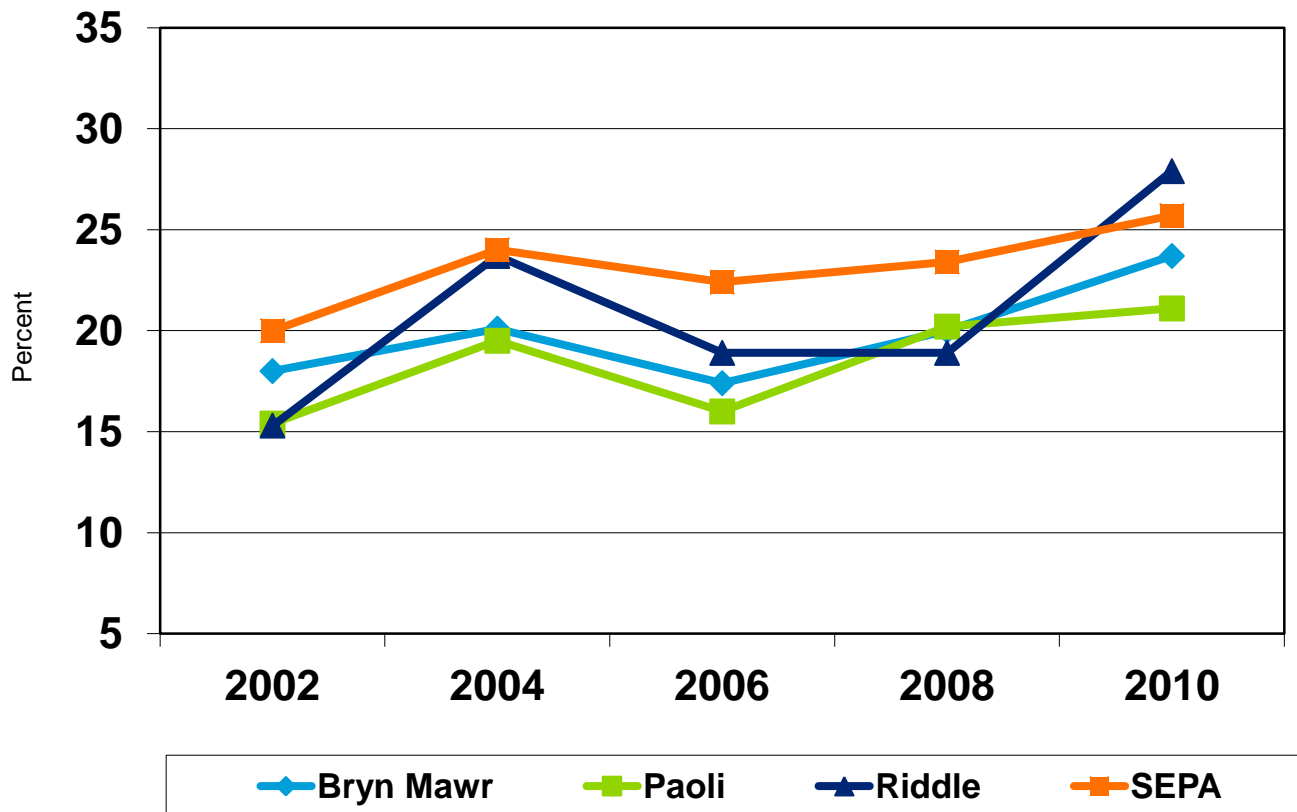


Source: Pennsylvania Behavioral Risk Surveillance System survey, 2010.



Mental health: high stress

Adults with high stress levels on an ongoing basis



Stress levels have been climbing in the Bryn Mawr CHNA area over the last several years. The American Psychological Association (APA) indicates that job insecurity and money are two key stressors. Based on the “Stress in America” survey, the APA concludes that the “declining state of the nation’s economy is taking a physical and emotional toll on people nationwide.”

Stress was identified as a top issue impacting the quality of health of area adults in an online study of local adults as well as the Main Line Health physician medical staff.

Note: High stress is defined as a rating of 8, 9, or 10 on a 10-point scale, where “10” indicates an extreme stress level during the past year.

Sources: PHMC Southeastern Pennsylvania Household Health Survey, 2002, 2004, 2006, 2008, 2010. The 2008 Stress in America research was conducted by Harris Interactive on behalf of the American Psychological Association in June and August of 2008 among 1791 adults aged 18+; “My Healthcare Voice” online panel November 2011.



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Observations – mental health

Stress -- According to the Journal of the American Medical Association (JAMA), stress hormones have damaging effects if the heart is exposed to elevated levels of them for an extended period of time. Stress can cause increased oxygen demand on the body, spasms of the coronary (heart) blood vessels, and electrical instability in the heart's conduction system, among other ill effects. Stress is a mental and behavioral lifestyle component that contributes to disease in the population.

Roughly one in four adults responded in the Southeastern Pennsylvania Household Health Survey to be under “high stress.” Respondents to the “My Healthcare Voice” online panel survey identified stress as a having a major impact of the quality of health in the area. Stress was also identified by medical staff physicians at Main Line Health.

Mental Health Conditions -- About 11% of adults in the Bryn Mawr CHNA area report having been diagnosed with depression or a mental health condition. Of those with a condition, 65% are taking a medication or another type of treatment to control the condition.

The Substance Abuse and Mental Health Administration reports* that 20% of adults in the U.S. experienced mental illness.

**Source: Substance Abuse and Mental Health Services Administration, News release, “National report finds one-in-five Americans experience a mental illness in the previous year”, January 19, 2012.*



Input from the Community

**Perception of Health Care
Related Issues**

In addition to data sources utilized in the community analysis section, BMH and MLH sought input from persons located in the community such as community organizations, public safety officers (fire, ambulance and police), school nurses, public officials, MLH physicians and individuals residing in the community that participated in an on-line survey. The following summarizes the community’s perception of the top health care issues and the top issues impacting the quality of health. Issues identified via community input reinforces many of the data findings and observations in the preceding analysis.

Top Health Care Issues	Community	School Nurses	Public Officials	Community Leaders	Public Safety Officers	MLH Physicians
Senior Care			X	X	X	X
Obesity	X	X	X	X		X
Diabetes	X			X		X
Nutrition		X				
Heart	X			X		X
Drug & Alcohol	X	X		X	X	X
Mental/Behavioral Health	X	X	X			X
Cancer	X					X
Pediatric Asthma		X				
Top Issues Impacting Quality of Health						
Healthcare affordability	x		X	X	X	X
Healthy Choices		X		X		X
Stress / Busy Schedules	X					X
Access to Care		X		X		X
Unemployment	X					X
Patient Compliance						X
Smoking						X

Certain health care issues and quality impacts (access to care) are generally specific to the Lankenau Medical Center CHNA which is reported elsewhere.

Bryn Mawr Hospital Community Health Needs Assessment

Community Surveys

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

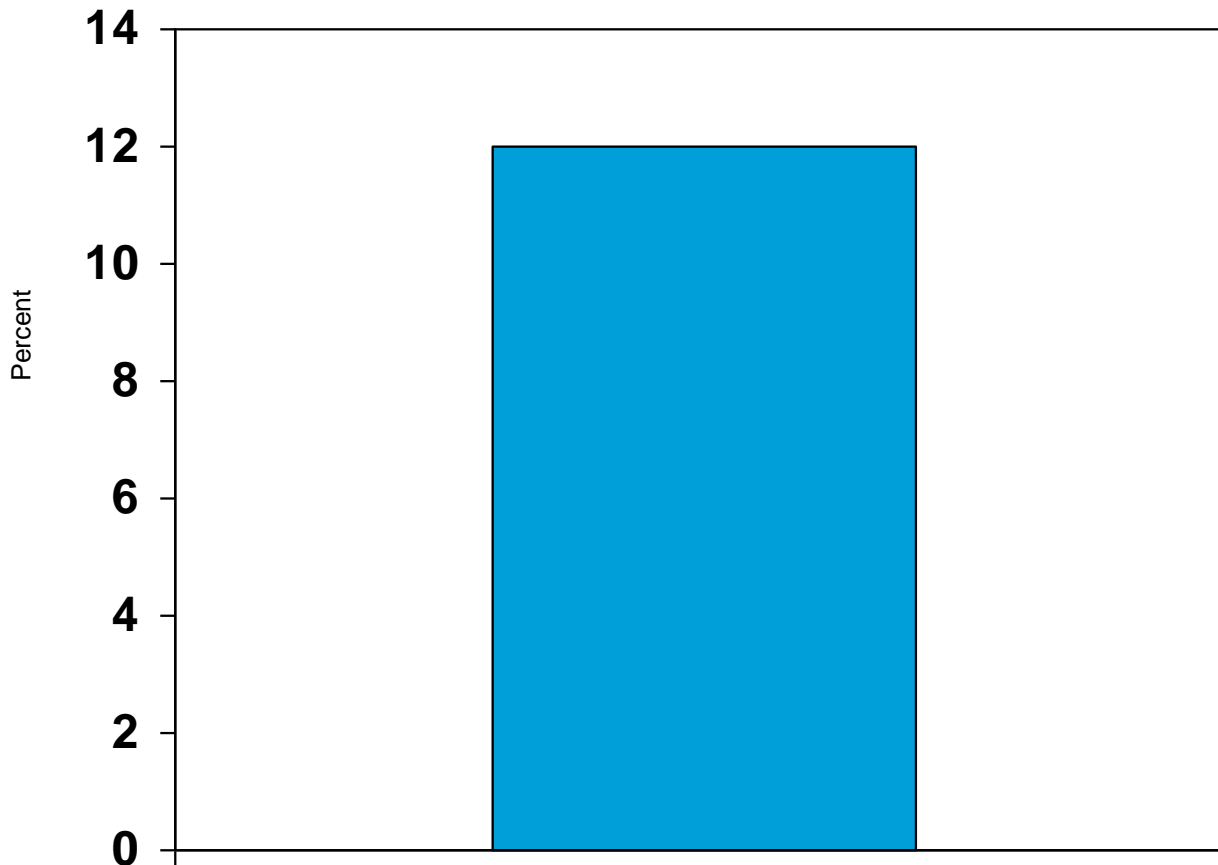


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Current status of physical and mental health

Percentage of respondents whose health status is fair and poor*



The survey results are very similar to the PHMC Southeastern Pennsylvania Household Health Survey, 2010 in which 11.1% of people in the BMH CHNA area reporting fair or poor health status.



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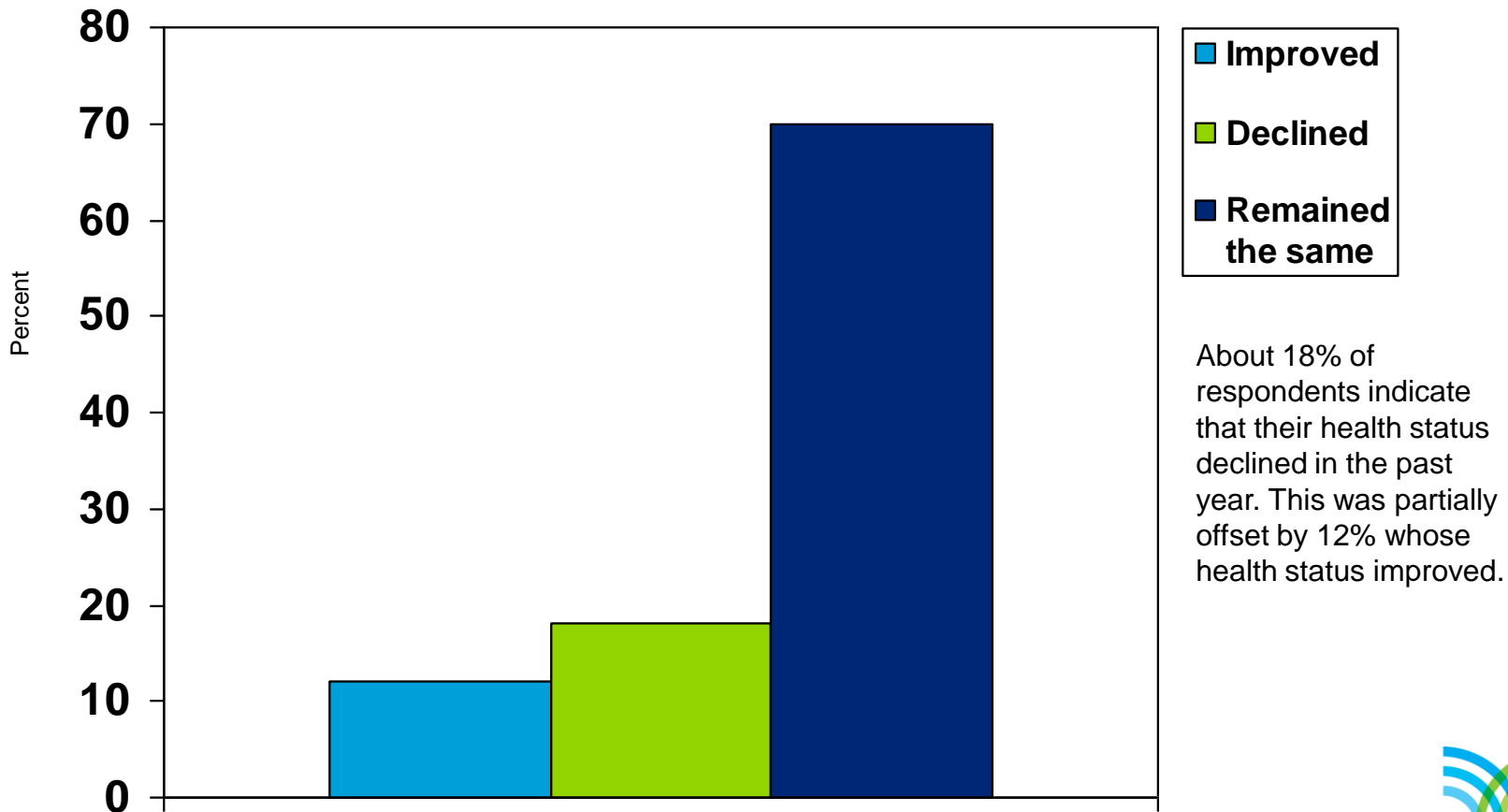
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*Poor: no respondents from the survey said that they had poor physical and mental health.

Sources: My Healthcare Voice online panel survey, November 2011; PHMC, Southeast Pennsylvania Household Health Survey, 2010.

Health status changed in the past year

Percentage of respondents whose health status changed in the past year



Source: My Healthcare Voice online panel survey, November 2011.

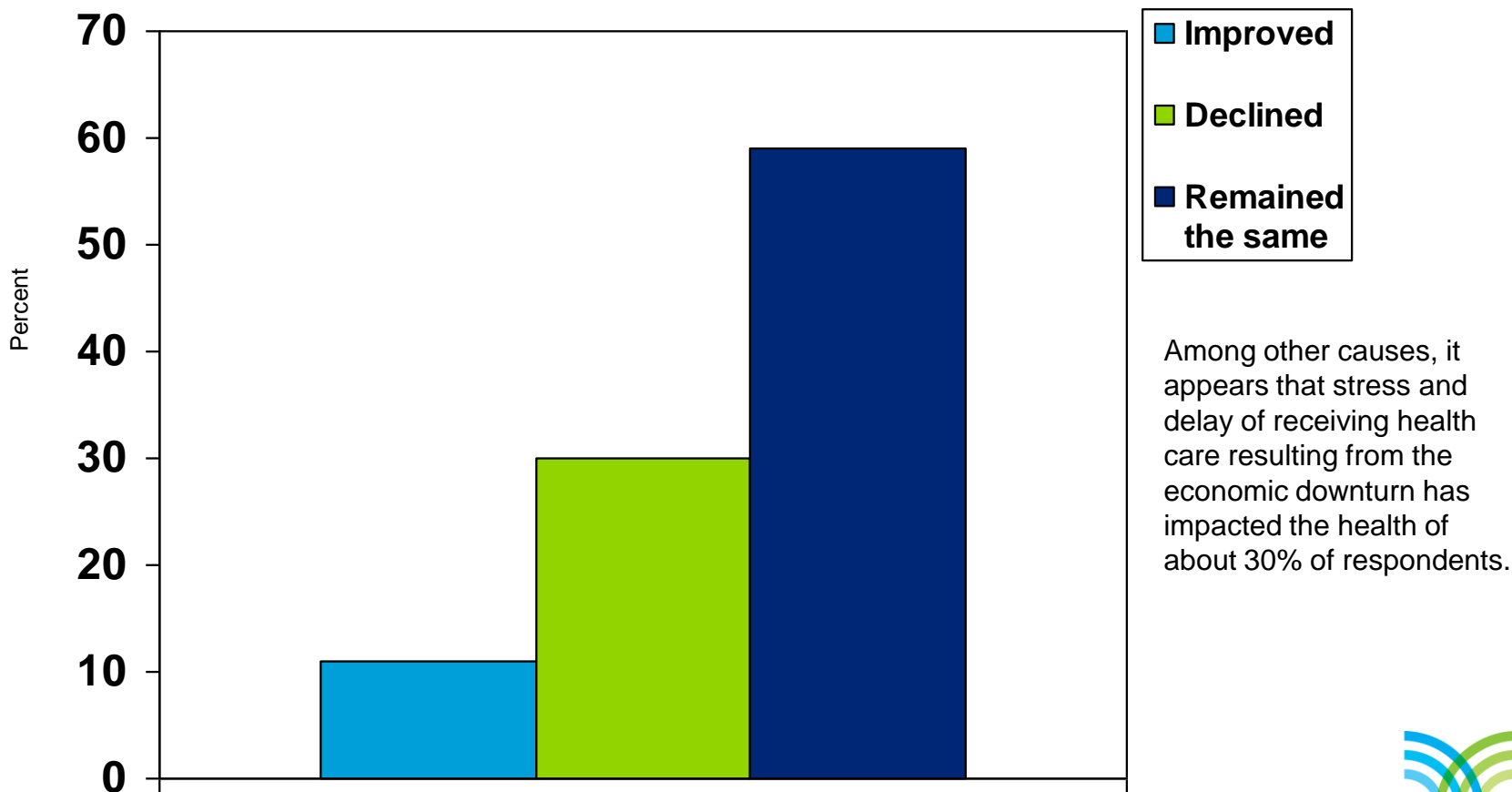


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Health status changed since 2008

Percentage of respondents whose health status changed since 2008



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Source: My Healthcare Voice online panel survey, November 2011.

Top disease and health related problems

Top percentage of healthcare issues as identified by respondents throughout the CHNA service area

Health Condition	Total Percent
Obesity*	24.0%
Cancer	9.0%
Heart Disease	8.0%
Mental Health	8.0%
Diabetes	7.0%
Alcohol / Drug Abuse	7.0%

The top issues identified in this on-line community survey are similar to the issues identified in the data analysis.



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*Obesity: includes both childhood and adult obesity
Source: My Healthcare Voice online panel survey, November 2011.

Top issues impacting quality of health

Top percentage issues that affect the quality of health as identified by respondents throughout the CHNA service area

Health Condition	Total Percent
Health Care Affordability	18.0%
Too much stress	17.0%
Unemployment	14.0%
Busy Schedules	14.0%

The issues identified by the community as impacting the quality of health care are all noted elsewhere in the assessment. For instance, survey results from community leaders show their concern about healthcare affordability as well as the community health care economic survey showing community residents are delaying health care decisions because of cost. Further, Main Line Health physicians identified stress and busy schedules as impacting the health of their patients and the community.



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Most common ways that hospitals could improve the health of the community

Percentage of common ways hospitals could be improved

Health Condition	Total Percent
Affordability	15.0%
Health education	11.0%
Health fairs and screenings	9.0%

Health care affordability is the top response for how hospitals can improve the health of the community. Additionally, a previous Community Economic Survey revealed that persons are delaying health care treatment because of cost.

Residents of the area are also looking for hospitals to provide them with information to make informed health care decisions.



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Bryn Mawr Hospital Community Health Needs Assessment

Community Surveys

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



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Major healthcare concerns for students

The top issues identified by school nurses

Bryn Mawr	Paoli	Riddle	OVERALL TOTAL*
Asthma	Asthma	Asthma	Asthma
Obesity	Mental/ Behavioral Health	Obesity	Obesity
Mental/ Behavioral Health	Nutrition	Keeping Healthy/ Making Safe Choices	Mental/ Behavioral Health
Food Allergies	Obesity	Nutrition	Keeping Healthy/Safe Choices
Keeping Healthy/ Safe Choices	Keeping Healthy/ Safe Choices	Food Allergies	Nutrition
Drug and Alcohol	Drug and Alcohol	Mental/ Behavioral Health	
		Concussion and Head Injury	

The list of top health care concerns for children as identified by school health nurses remains unchanged from a prior survey completed in 2009. These issues all directly or indirectly impact the health of children in the Bryn Mawr CHNA area.



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*Overall Total also includes Lankenau Medical Center responses
Source: School Nurse Survey, June 2012.

Bryn Mawr Hospital Community Health Needs Assessment

Community Surveys

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



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Top health care concerns for constituents

The top healthcare 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 issues identified throughout the assessment and are most likely top-of-mind of the public official's constituents.



Bryn Mawr Hospital Community Health Needs Assessment

Community Surveys

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



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Top healthcare concerns for local communities

The top healthcare 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 also reflect issues identified throughout the assessment.



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Bryn Mawr Hospital Community Health Needs Assessment

Community Surveys

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



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Top health care concerns for constituents

The top health care 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 Hospital Community Health Needs Assessment

Community Surveys

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



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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

Bryn Mawr	Paoli	Riddle	OVERALL TOTAL*
Busy schedules, no time to make healthy choices; Stress	Patient compliance and motivation to reduce health risks	Busy schedules, not time to make healthy choices; Patient compliance & motivation	Busy schedules, no time to make healthy choices
Patient compliance & motivation to reduce health risks	Busy schedules, not time to make healthy choices; Patient compliance & motivation		Patient compliance & motivation
Affordability of medical / surgical health care	Stress		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.



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*Overall Total also includes responses from the Lankenau Medical Center medical staff
Source: MLH Health Care Providers Survey, September 2012.

Major findings from the MLH physician medical staff

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

Bryn Mawr	Paoli	Riddle	OVERALL TOTAL*
Diabetes Obesity	Obesity	Obesity	Obesity
Heart disease	Diabetes	Diabetes	Diabetes
Cancer	Heart disease	Heart Disease	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 also includes responses from the Lankenau Medical Center medical staff
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

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

Drugs, tobacco and alcohol 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 also includes responses from the Lankenau Medical Center medical staff
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

Bryn Mawr	Paoli	Riddle	OVERALL TOTAL*
Caregiving support	Diabetes; Medication costs; Not prepared for end of life issues	Obesity	Caregiving support
Affordability of tests Chronic conditions Dementia Medication costs Medication management		Smoking	Smoking Dementia Chronic conditions Obesity

“Caregiving support” is the top senior health issue identified by the BMH medical staff. (While the percentage of caregivers to seniors is below the SEPA percentage, almost 45% of seniors receiving caregiver services pay for these services out-of-pocket.)



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*Overall Total also includes responses from the Lankenau Medical Center medical staff
Source: MLH Health Care Providers Survey, September 2012.

Community Health Needs Assessment
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 Economic Survey
- Community Health Survey
- School Nurses Survey
- Elected and Appointed Officials Survey
- Community Leaders Survey
- Public Safety Officers - Ambulance, Fire and Police Survey
- MLH Healthcare Provider 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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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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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



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



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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 (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



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- Gail Wright: Wright is Administrative Director, Community and Volunteer Services, BMH. Gail has a Master's degree in Health Services Management and has worked at BMH providing community outreach services since 1985. She is responsible for health screenings and education throughout the BMH CHNA area. She also serves on many community boards, often in an Executive level (President, Chair, Co-Chair, etc) and works with many school districts, religious organizations, community groups, law enforcement and state and local politicians.
- 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.



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- 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.
- 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.



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. BMH 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 and Stroke Association
- American Cancer Association
- American Diabetes Association
- American Lung Association
- Community Action Development Commission - Montgomery County
- Montgomery County Office of Aging and Adult Services
- COSA (Delaware County Office of Services for the Aging)
- Ada Mutch Community Resource Center, Bryn Mawr
- Cancer Support Community of Philadelphia
- Tobacco Coalition- Montgomery and Delaware County
- ElderNet of Lower Merion and Narberth
- United Way of Southeastern Pennsylvania



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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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The following health needs are important to the community. However they are not being addressed with specific implementation plans, as services to address these areas are being provided throughout the BMH and MLH system communities.

Behavioral Health

As noted, there are some data gaps to thoroughly understand the specific behavioral health issues in the community. Regardless, Main Line Health has several uniquely designated behavioral health centers, each specializing in a level of care and treatment. For families and individuals coping with issues like psychiatric disorders, addictions or other problems which affect one's sense of well-being and participation in life, the Main Line Health Behavioral Health network provides numerous services for the BMH and MLH community. All MLH Hospitals can either care for or provide referrals for persons in need of Behavioral Health services. Additionally, BMH is one of the few acute care hospitals in the area to provide inpatient mental health services.

Pediatrics

BMH has a strong relationship with Nemours duPont Pediatrics to provide children's health care at BMH including a pediatric emergency program, specialty care, inpatient and outpatient services. BMH will be working closely with Nemours to extend its outreach for children in the community.



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