



COMMUNITY HEALTH NEEDS

2019 ASSESSMENT

HEALTH IS WHERE WE LIVE, LEARN AND WORK



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FEEDBACK ON
BRANDYWINE HOSPITAL
CHNA REPORT

Brandywine Hospital welcomes questions and comments on its CHNAs through a link provided on its Community webpage under Community Health Needs Assessment under Contact Us ([click here](#)). The CHNA can be accessed online at ([click here](#)).



Brandywine Hospital and its surrounding communities truly are a great place to live, learn and work. As one of the founding counties in Pennsylvania, Chester County is rich in both history and culture. The community offers something for all residents whether you are a history buff, sports fanatic or nature lover, Chester County has it all. Located in close proximity to Philadelphia, residents get the benefit of living in a close-knit neighborhood with easy access to the City of Brotherly Love. Just as the community continues to grow together it is the hope of Brandywine Hospital that we too can continue to grow to support the residents of this community for generations to come.



ABOUT THIS REPORT

A Community Health Needs Assessment (CHNA) helps to gauge the health status of a community and guide development and implementation of strategies to create a healthier community, promotes collaboration among local agencies and provides data to evaluate outcomes and impact of efforts to improve the population health.

Facilitated by Strategy Solutions, Inc., the Brandywine Hospital CHNA follows best practices as outlined by the Association for Community Health Improvement, a division of the American Hospital Association and ensures compliance with Internal Revenue Service (IRS) guidelines. The process has taken into account input from those who represent the broad interests of the communities served by Brandywine Hospital including those with knowledge of public health, the medically underserved and populations with chronic disease.

The demographic data in this report is based on the

primary service area of Brandywine Hospital and the Tower Health region (where there are comparisons) based on zip code. The secondary data in this report is provided at the county level. The primary research includes stakeholder interviews, focus groups, key informant surveys and intercept surveys. Strategy Solutions, Inc. also utilized the services of Professional Research Consultants, Inc. to complete a population telephone survey (referred to as the Community Survey). This survey was conducted to provide a more in-depth analysis of Behavioral Risk Factors Surveillance System questions to gauge the health and needs of Brandywine Hospital's Primary Service Area.

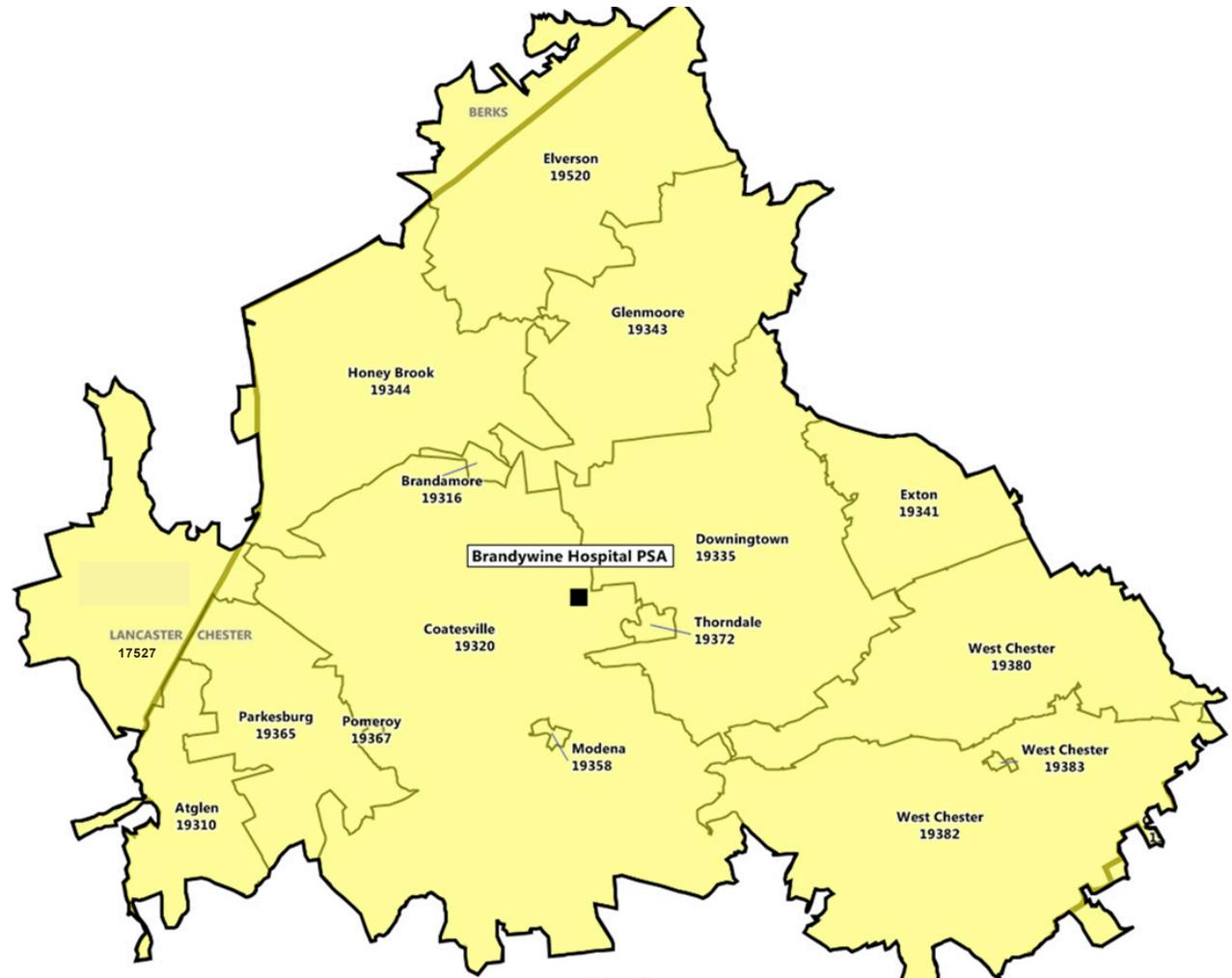
On November 6, 2018, the leadership team of Brandywine Hospital met to review the findings from the assessment and to prioritize the identified needs. The strategies developed for addressing the findings in this document will be made publicly available November 2019.



Figure 1: Report Service Area

For this assessment, the community is defined as the geography included on the map shown in Figure 1. The community encompasses select zip codes within Chester County, which represents the primary service area of Brandywine Hospital. The remaining zip codes in Chester County are considered part of Brandywine Hospital's secondary or tertiary markets.

REPORT SERVICE AREA



BRANDYWINE HOSPITAL

HEALING BEGINS HERE.

Under new leadership, Brandywine Hospital continues to expand upon the medical staff and added enhanced services, including heart and lung surgery, vascular surgery, imaging services and more to meet the community's needs. These changes have translated into national recognitions for quality and an outstanding patient experience in numerous specialties.

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

BRANDYWINE HOSPITAL MISSION

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

BRANDYWINE HOSPITAL VISION

Tower Health will be an innovative, leading regional health system dedicated to advancing the health and transforming the lives of the people we serve through excellent clinical quality; accessible, patient-centered, caring service; and unmatched physician and employee commitment.



LETTER TO THE COMMUNITY

OUR MESSAGE TO THE RESIDENTS OF THE BRANDYWINE HOSPITAL SERVICE AREA

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

Hospitals are required to conduct a CHNA every three years to retain their nonprofit status. Tower Health was formed in October 2017, and at that time, Brandywine Hospital and the four other newly acquired hospitals — all of which had previously been for-profit facilities — began the research for the 2019 CHNA.

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

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

Jeff Hunt



resident & CEO

Brandywine Hospital



- Obesity
 - Reduce the number of overweight/obese residents
- Mental Health
 - Increase access to and integration of mental health services
- Addiction
 - Increase coordination and availability of services to treat addiction
- Access to Care
 - Decrease barriers to access healthcare

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

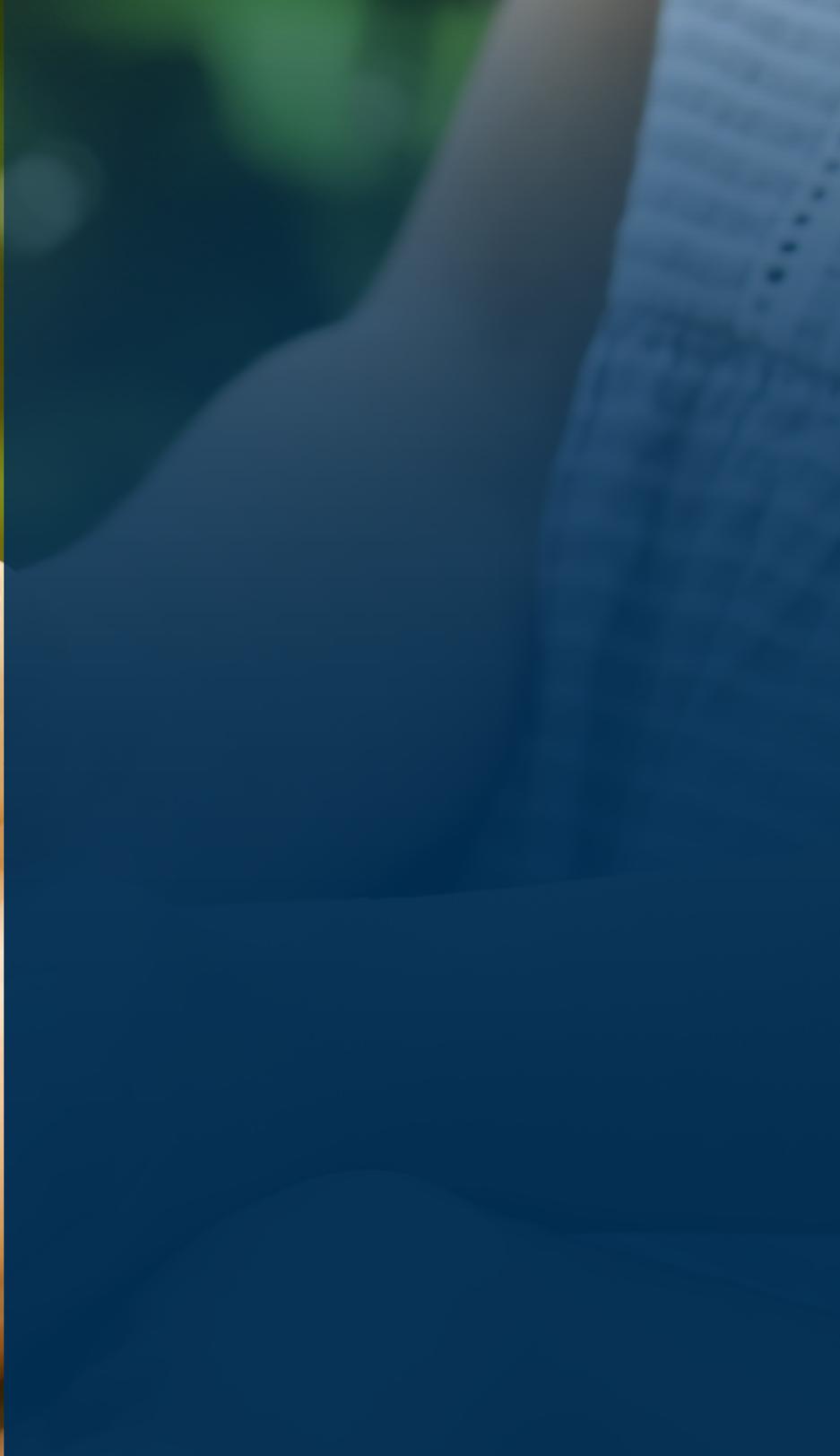
My sincere thanks to the community stakeholders who generously shared their time and input throughout the comprehensive CHNA process. I'd also like to recognize the time and talent of the Brandywine Hospital CHNA Advisory Group, which was comprised of hospital staff and representatives from various community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

We are grateful for your continued feedback, involvement and support. Together, we are Advancing Health and Transforming Lives in our community.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Jeffrey Hunt", with a long horizontal flourish extending to the right.

Jeff Hunt
President & Chief Executive Officer
Brandywine Hospital



HEALTH STARTS WHERE WE LIVE, LEARN AND WORK

I

n order to improve health and create a healthy community, we must not only focus on health status, we must also look at those factors that impact health.

The American Public Health Association (APHA) defines a healthy community as one “that:

- *Meets everyone’s basic needs such as safe, affordable and accessible food, water, housing, education, health care and places to play;*
- *Provides supportive levels of economic and social development through living wages, safe and healthy job opportunities, a thriving economy and healthy development of children and adolescents;*
- *Promotes quality and sustainability of the environment through tobacco and smoke-free spaces, clean air, soil and water, green and open spaces and sustainable energy use; and*
- *Places high value on positive social relationships through supportive and cohesive families and neighborhoods, honoring culture and tradition, robust social and civic engagement and violence prevention.”¹*

These factors that create a healthy community have a big impact on a person’s ability to make healthy choices and, ultimately, be healthy. If individuals and organizations work together to make changes, we can improve the quality of our lives.

When looking at Robert Wood Johnson Foundation’s Vulnerable Populations Portfolio, a person’s health is impacted by where and how we live, learn, work and play, and it is important that a community looks at the role that nonmedical factors play in where health starts— long before illness—in our homes, schools and jobs.

¹ http://www.apha.org/topics-and-issues/healthy-communities?gclid=CIL2qNfMhMwCFQ8vaQod_cYAag

Where We Live

In America, a person's health is influenced as much by the zip code they live in as the health insurance coverage they have. No environment is more influential on health than the home. By 'home,' we mean the type of housing, the safety of the neighborhood, a family's access to transportation, food security, the age of family members, culture, etc. Only solutions aimed at addressing environmental hazards, safety in the home and neighborhood, and basic needs such as housing, transportation and food will truly address health.



Where We Work

People work to make money, and use the money to buy shelter, food and clothing, and to stay healthy. Work is an essential means to an end. For the vast majority of Americans, employment is still the primary source of income, and therefore critical to their life and livelihood. One's type of employment often dictates their benefits and wages. Health status is directly related to having a living wage and health insurance.

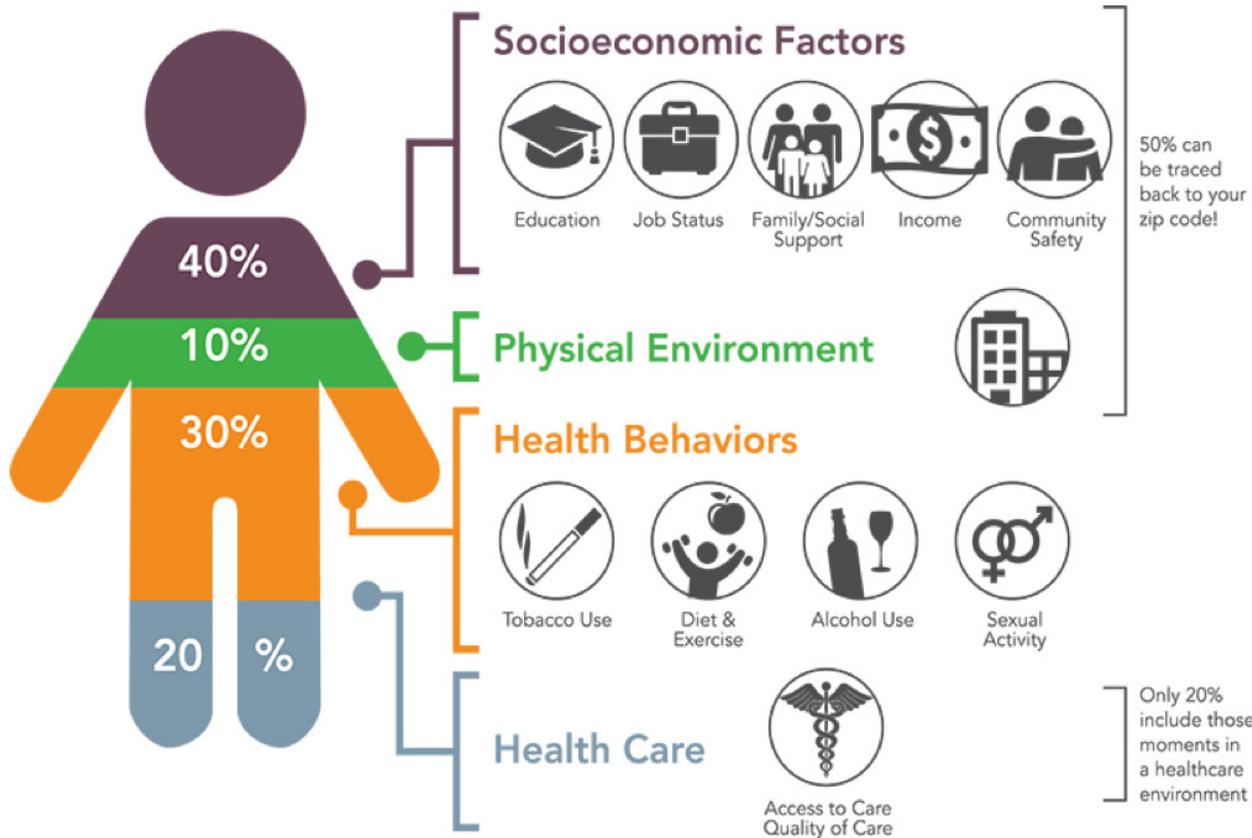


Where We Learn

We all know that better education leads to better career opportunities, but it also can lead to a longer and healthier life. If a person does not graduate from high school, they are likely to earn less money and struggle to make ends meet. They are also likely to work longer hours and maybe even two jobs just to feed their family and live in a compromised neighborhood without access to healthy food. They are not likely to be as healthy as a post-secondary educated professional. Education is also linked to health literacy which is a person's ability to obtain, process, and understand basic health information and services to make appropriate health decisions. Other factors that impact how people learn are their access to internet/broadband service and computers.



Figure 2: Factors that Influence Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

WHAT GOES IN TO YOUR HEALTH

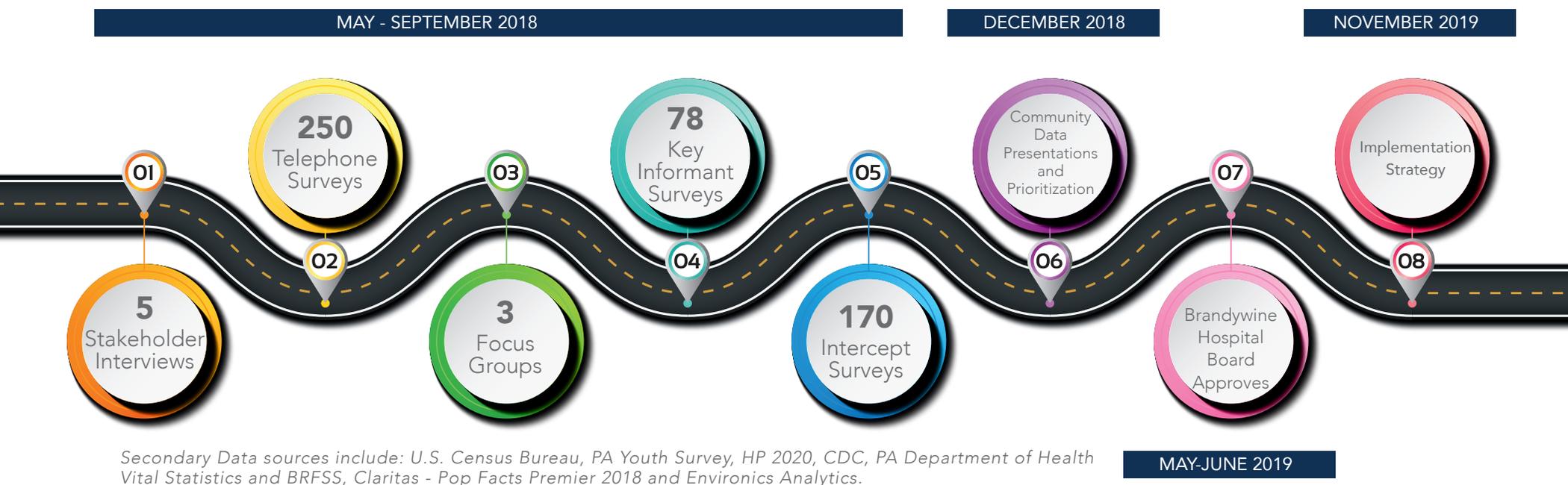
There are a variety of factors that influence the health of an individual, often referred to as Social Determinants of Health (SDOH). This report will explore all of them as they relate to the health in the service area. Social Determinants of Health (SDOH) are complex circumstances in which individuals are born and live that impact their health. They include intangible factors such as political, socioeconomic and cultural constructs, as well as place-based conditions including accessible healthcare and education systems, safe environmental conditions, well-designed neighborhoods and availability of healthful food. Figure 2, left, illustrates factors that influence health.

HOW DID WE GET HERE

This assessment is intentionally designed to frame health status in the context of “factors that impact health.” Data from numerous qualitative and quantitative sources were used to validate the findings, using the data CHNA roadmap outlined in **Figure 3**.

Figure 3: 2019 CHNA Roadmap

Source: Brandywine Hospital Primary and Secondary Data Collection, Strategy Solutions, Inc.



DATA LIMITATIONS

The primary and secondary data collected for this assessment includes several limitations. Much of the secondary data is from the County level and is not specific to the Hospital’s service area due to geographic limitations of currently available data. In addition, researchers were limited to the collection of the most recent publicly available data sources of which many are two (2) or more years old. All primary data is also qualitative and does not necessarily reflect a representative sample of the service area since it was collected through convenience sampling. The Pennsylvania Department of Health performs statistical analysis to determine indicators where a county is significantly different when compared to the state. Indicators where a county is significantly lower when compared to the state are noted on a chart with blue numbers, while those that are significantly higher are noted with red numbers. It is important to note that not all indicators that are significantly higher when compared to the state are negative (i.e. a higher percentage of mothers who breastfeed is positive for the county). The color coding simply reflects areas that of statistical significance and whether are not the county is significantly higher or lower when compared to the state. In this report rates are reported per 100,000 residents unless otherwise noted.

OVERVIEW OF COMMUNITY ENGAGEMENT AROUND THE FACTORS THAT IMPACT HEALTH

COMMUNITY ENGAGEMENT

As part of this needs assessment, during the months of May through September 2018, 250 telephone surveys, 78 key informant surveys and 170 intercept surveys were completed, along with 3 focus groups and 5 stakeholder interviews were conducted with a wide range of residents, professionals and leaders in the Brandywine Hospital service area in order to understand the community needs and issues, as well as factors the impact health

Figure 4, right, shows the representation of community organizations and/or stakeholders that Brandywine Hospital engaged.

Figure 4: Focus Group And Stakeholder Interview Representation



COMMON THEMES ON THE FACTORS THAT IMPACT HEALTH

The following **Figure 5** shows the summary of identified needs. These needs were determined by the frequency mentioned by primary data sources or through negative trends or significant differences in secondary data. Appendix C lists all identified needs.

Figure 5: Common Themes On The Factors That Impact Health

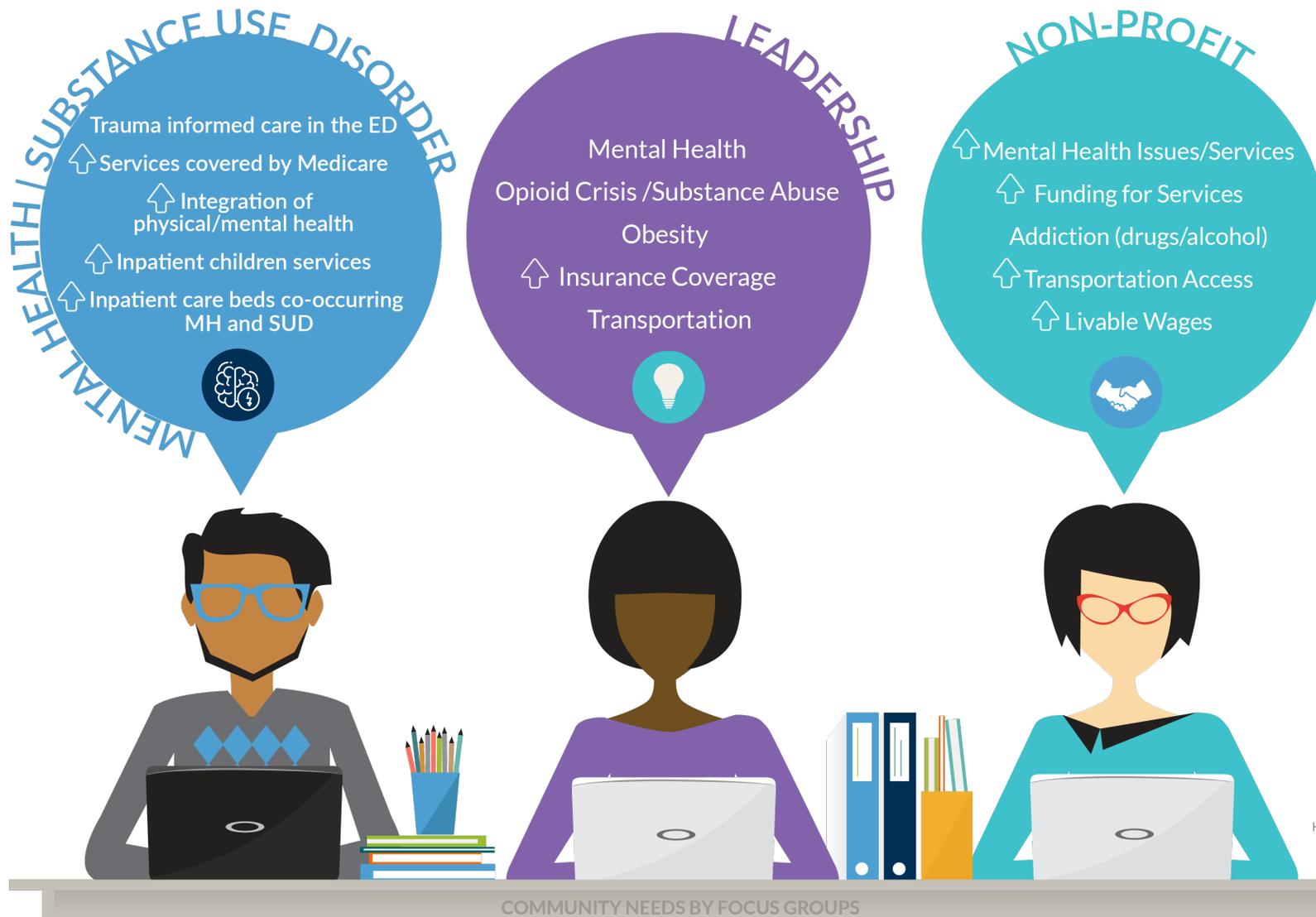


Source: Brandywine Hospital Primary and Secondary Data Collection, Strategy Solutions, Inc.



Figure 6 shows the top five community health needs by focus group type.

Figure 6: Top 5 Community Needs by Focus Group Type



Source: Source: Brandywine Hospital Focus Groups, Strategy Solutions, Inc., 2018

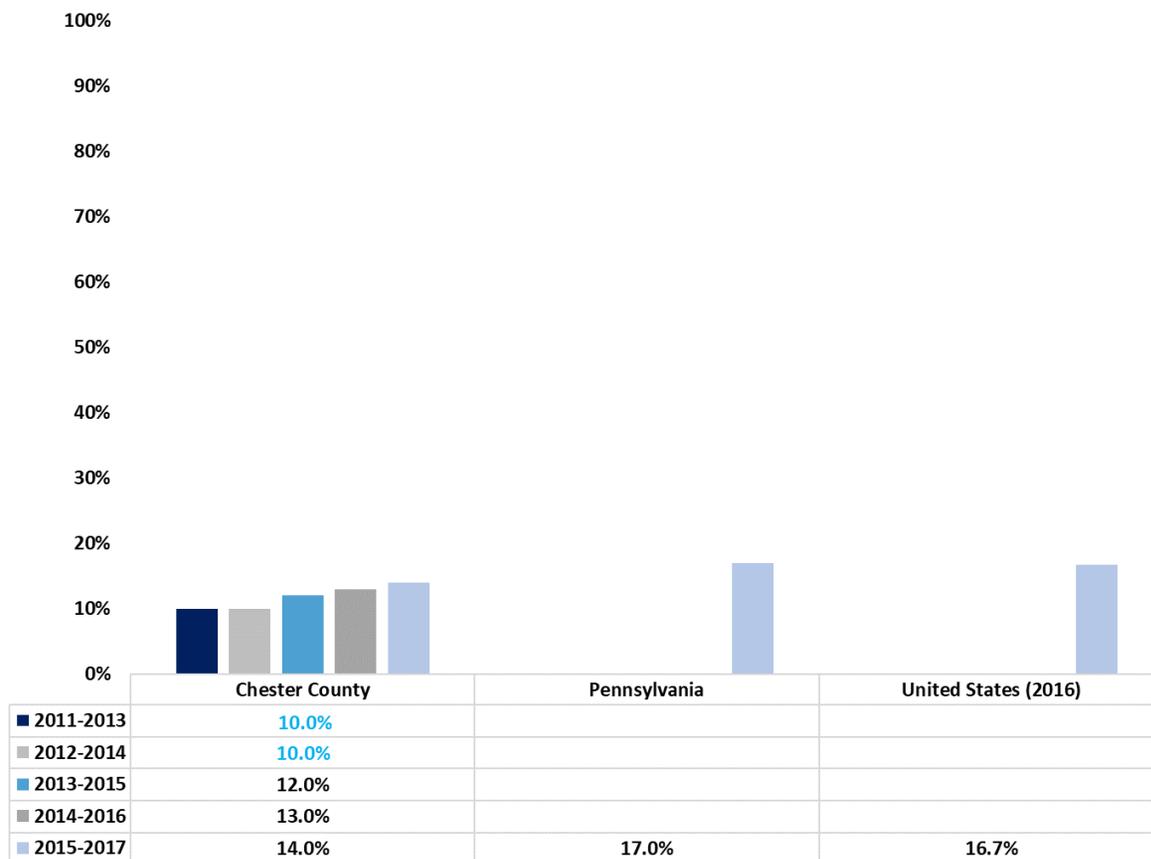
VISION FOR A HEALTHY COMMUNITY

According to focus group and interview participants, as well as survey respondents, “a healthy community” is one where the focus is on health and wellness where everyone has access to quality, affordable healthcare. A healthy Chester County would offer all residents access to a full continuum of physical and mental health services. There would be a focus on wellness and prevention which would result in increased healthy lifestyles and a decrease in obesity and other chronic conditions. The community would be vibrant with employment opportunities that offer family sustaining wages where all have the same opportunity to excel in life.

OVERALL HEALTH STATUS

Figure 7 illustrates the percentage of adults in Chester County who report their health as fair or poor. In 2011-2013 to 2012-2014, the percentage of adults in Chester County who reported their personal health as fair or poor had been significantly lower when compared to the state; however, the percentage has increased in Chester County from 10.0% in 2011-2013 to 14.0% in 2015-2017. Although not significantly lower, in 2015-2017 Chester County had a lower percentage of adults who report their personal health as fair or poor (14.0%) when compared to the state (17.0%) and nation (16.7%).

Figure 7: Personal Health, Fair or Poor



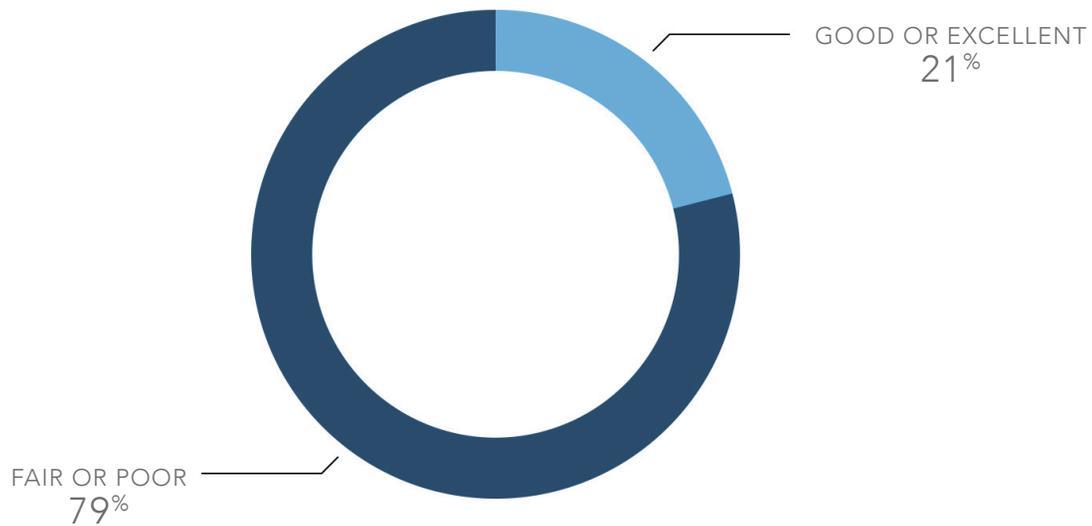


WHAT THE COMMUNITY IS SAYING

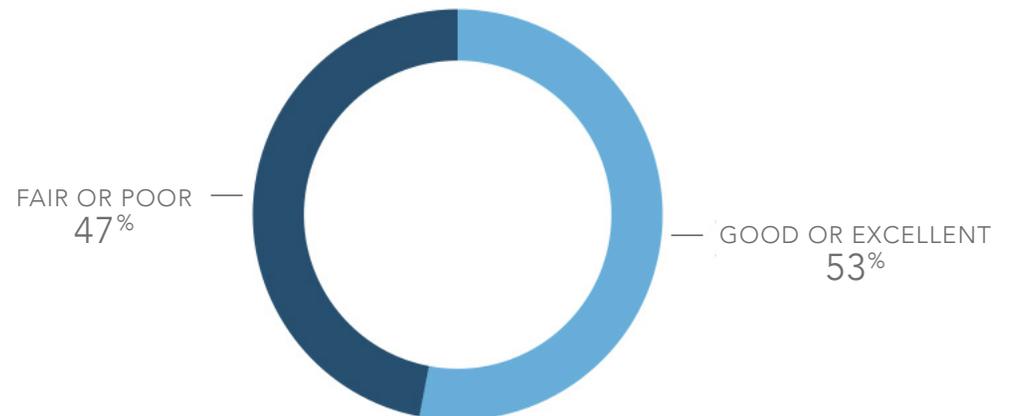
Most (79%) focus group participants rated the overall health of the Brandywine Hospital community as fair or poor, which was much higher than the health status of the Tower Health overall community (47%). **Figure 8**, below, illustrates the overall health status of the community.

Figure 8: Overall, Health Status

BRANDYWINE HOSPITAL | FOCUS GROUPS



TOWER HEALTH | FOCUS GROUPS



Source: Tower Health and Brandywine Hospital Focus Groups, Strategy Solutions, Inc., 2018



HEALTH IS WHERE WE LIVE

Figure 9 shows that the population in Chester County is projected to increase over the next five years, with a projected increase of 1.9%.

Table 1 shows the marital status for residents in Chester County, the primary area served by Brandywine Hospital. Just over half of the residents are married (53.9%), while 3.4% are separated, 8.2% are divorced, 5.3% are widowed and 29.2% have never been married.

Table 1: Demographic Snapshot: Marital Status

Marital Status	Chester County
Married	53.9%
Separated	3.4%
Divorced	8.2%
Widowed	5.3%
Never Married	29.2%

HOW GENDER IMPACTS HEALTH

Table 2 shows the population breakdown by gender in the service area. There is a comparable percentage of male (49.2%) and female (50.8%) residents in Chester County.

Figure 9: Demographic Snapshot: Population



CHESTER COUNTY
 Projected to increase from
 519,514 in 2018
 to
 529,566 in 2023

Table 2: Demographic Snapshot: Gender

Gender	Chester County
Male	49.2%
Female	50.8%

Table 3 shows the significant differences by gender from the Brandywine Hospital community survey. Male respondents were significantly more likely have had a routine checkup in the past year, gone to the emergency room in the past 12 months or had an eye exam where their pupils were dilated in the past two years compared to female respondents. Female respondents were significantly more likely to need help reading health information, not seen a doctor due to cost or have had difficulty seeing a specialist when compared to male respondents.

Table 3: Demographic Snapshot: Gender on Access to Healthcare

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

**Note: On this table and throughout this CHNA the word overall is used to indicate the percentage for all respondents in the service area from the community survey.*

IMPACTS OF GENDER ON CHRONIC CONDITIONS

Table 4 illustrates the significant differences in health conditions experienced by community survey respondents based on gender. Male respondents were significantly more likely to report that they had ever been told they have sciatica, chronic back pain, diabetes, high blood pressure or high cholesterol, while female respondents were significantly more likely to have osteoporosis.

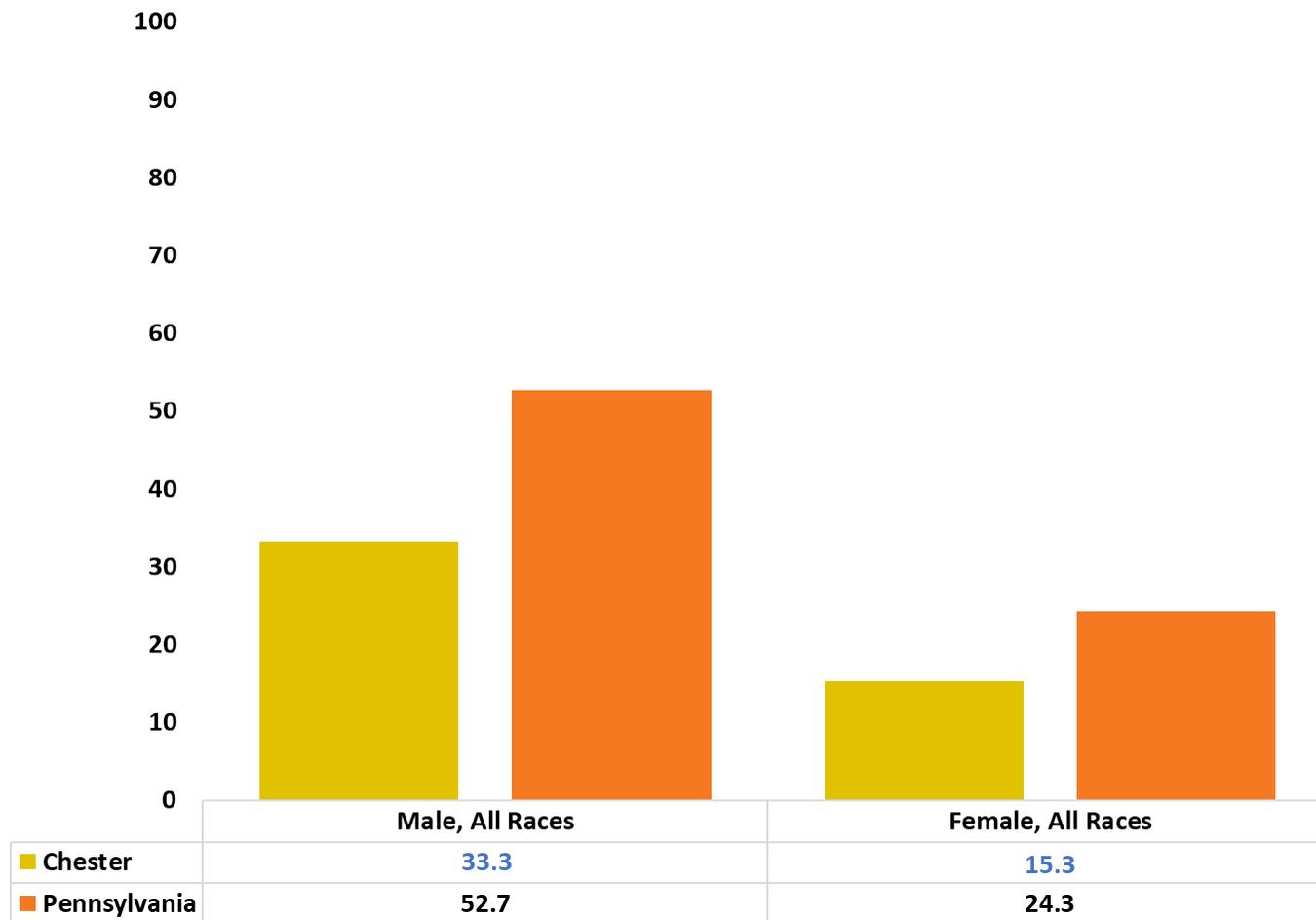
Table 4: Demographic Snapshot: Gender on Chronic Conditions

	Male	Female	Overall
Osteoporosis	1.8%	8.1%	5.1%
Sciatica or chronic back pain	24.5%	16.0%	20.1%
Diabetes	14.0%	3.1%	8.5%
High blood pressure	49.1%	32.0%	40.4%
High cholesterol	42.8%	22.5%	32.4%

IMPACTS OF GENDER ON BEHAVIORAL HEALTH

Figure 10 shows the significant differences by gender for residents in Chester County compared to the state for drug-induced mortality. The rate for both male and females in Chester County is significantly lower when compared to the state.

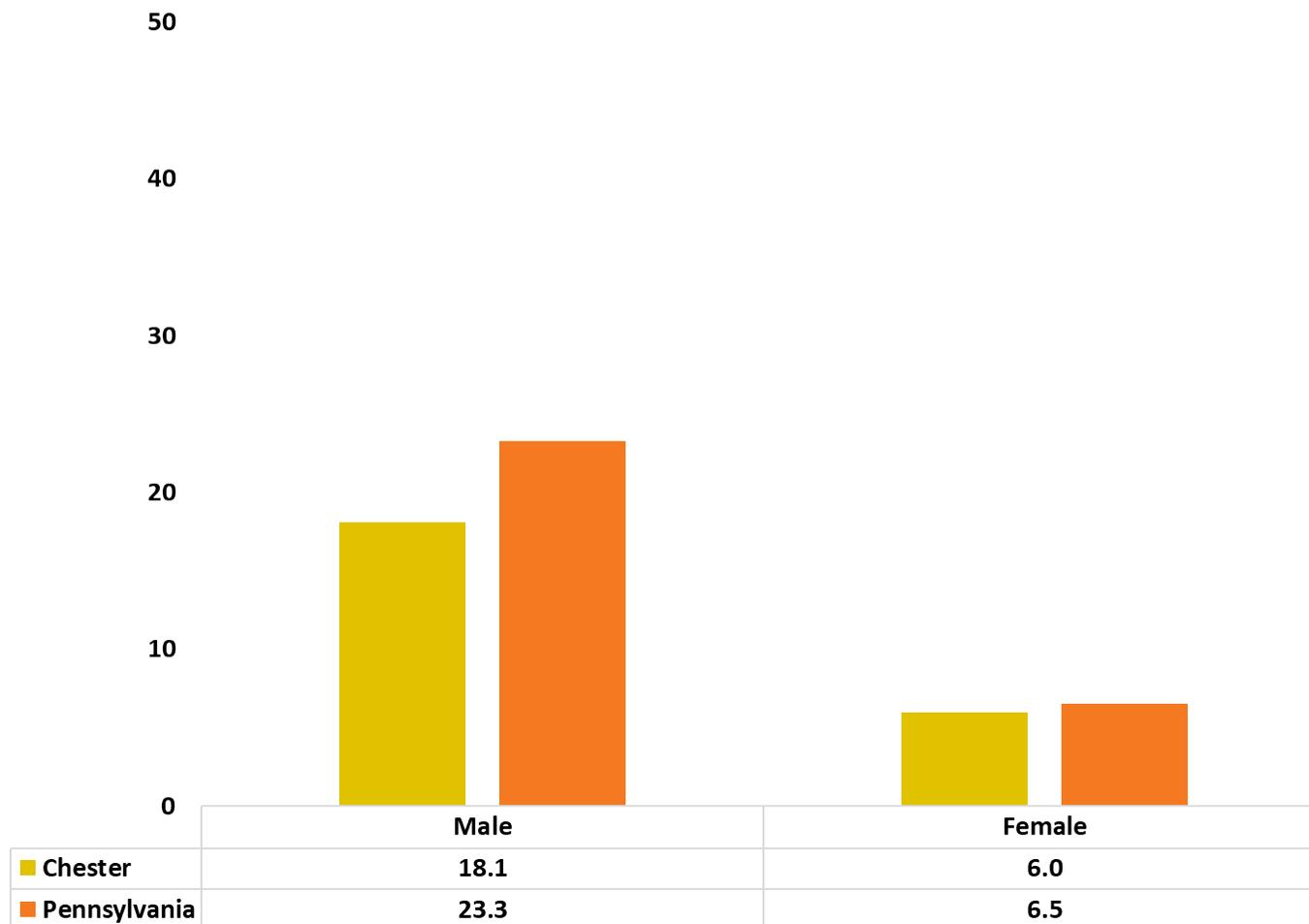
Figure 10: Drug-Induced Mortality



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016

Figure 11 illustrates the suicide mortality rate by gender for Chester County compared to the state. Although not significant, the suicide mortality rate for males in Chester County (18.1) is higher when compared to females (6.0) in the county. When compared to the state the county suicide rate for males is lower in the county while the rate for females is comparable.

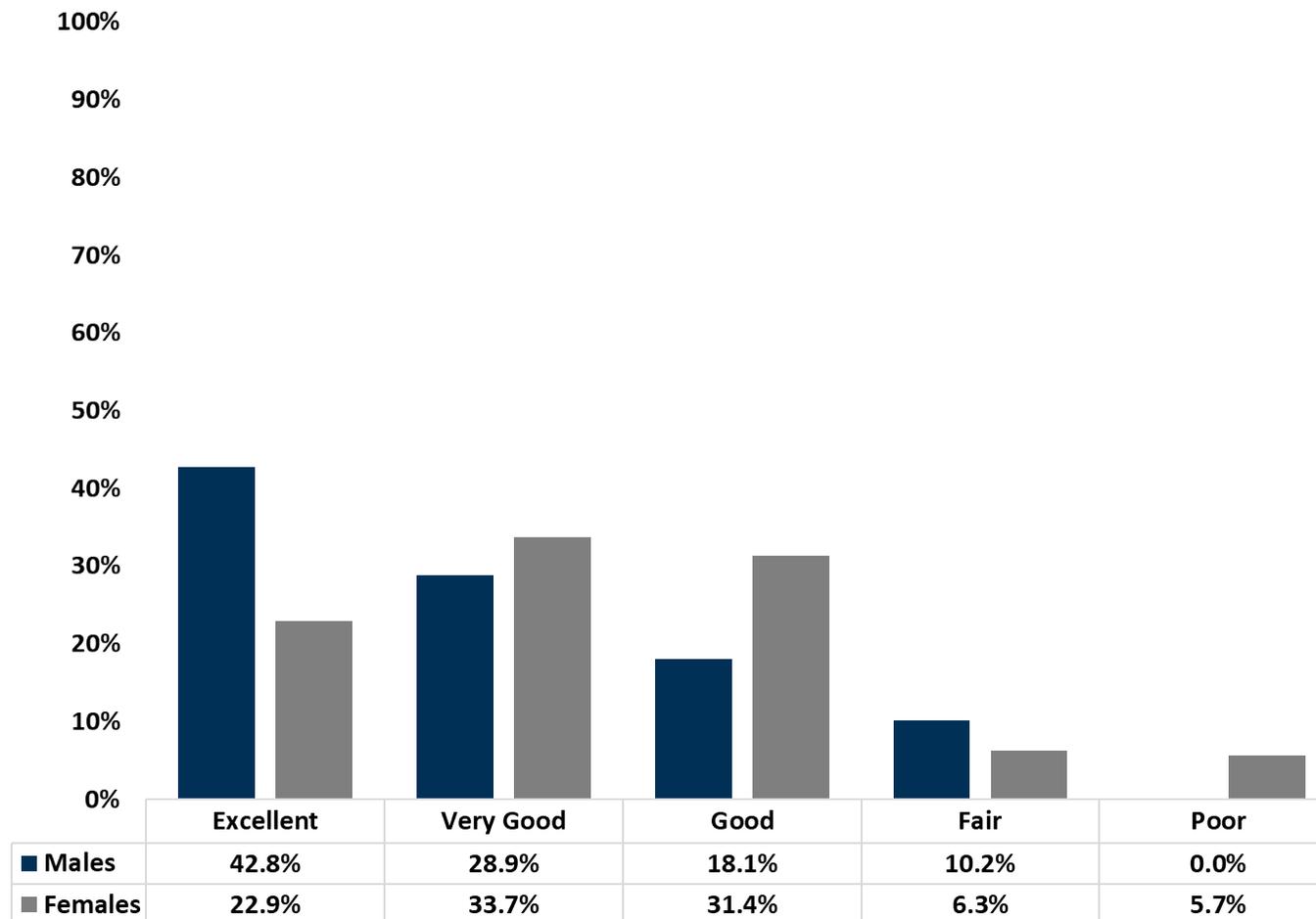
Figure 11: Suicide Mortality



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016

Figure 12 illustrates responses to the community survey regarding personal mental health status. Female respondents were significantly more likely to rate their mental health as fair or poor (12.0%) compared to male respondents (10.2%).

Figure 12: Personal Mental Health Rating



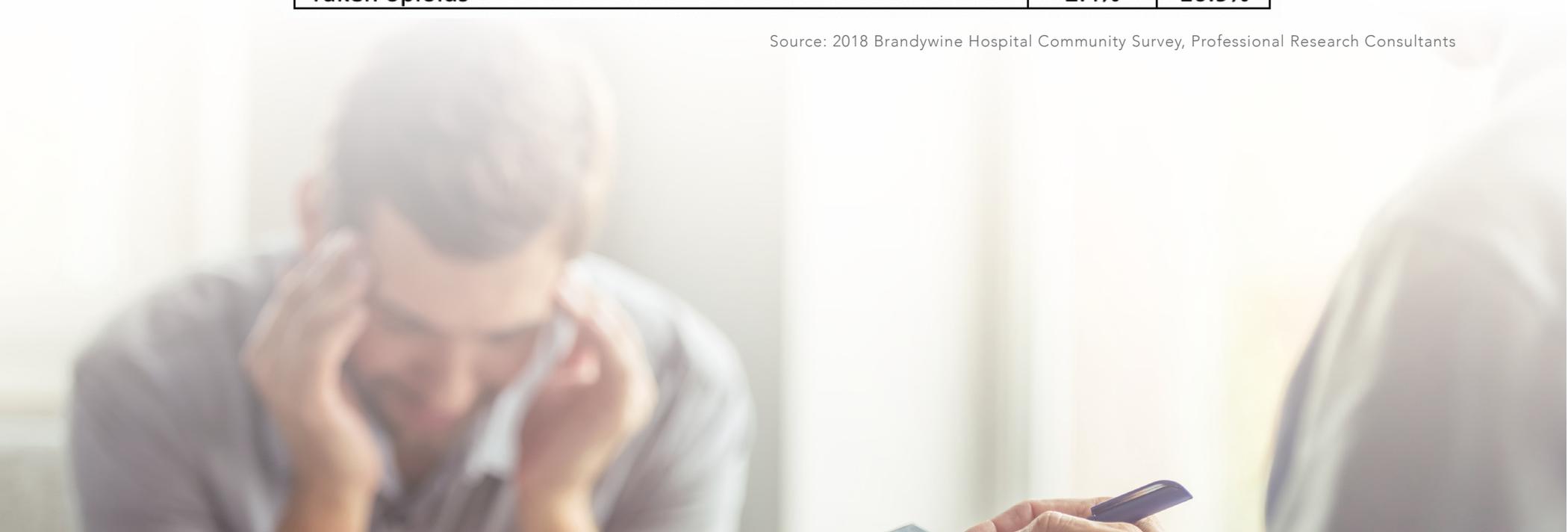
Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants

Table 5 shows additional questions from the community survey where there were significant differences based on gender. When looking at responses from Chester County, females were significantly more likely to report they have been depressed or sad, have a large amount of stress in their daily lives, been told they have a depressive disorder, taking medication or sought help for mental health treatment or taken opioids when compared to male respondents.

Table 5: Impacts Of Gender On Behavioral Health

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

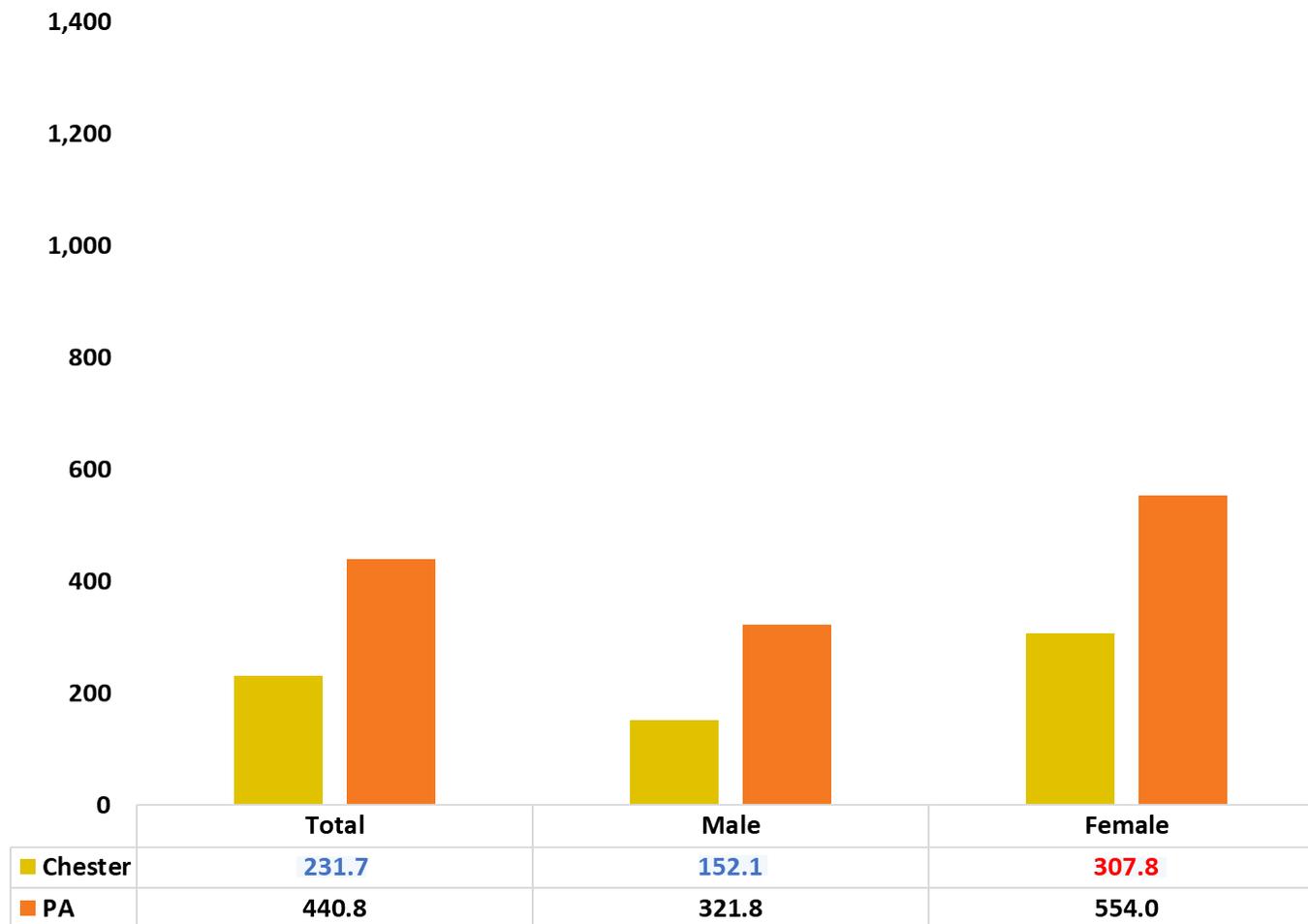
Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants



IMPACTS OF GENDER ON INFECTIOUS DISEASE

Figure 13 illustrates the significant differences by gender in Chester County when compared to the state for Chlamydia. Females in Chester County (307.8) had a significantly higher Chlamydia rate when compared to females in Pennsylvania (554.0). The Chlamydia rate for males in Chester County (152.1) was significantly lower when compared to the state (321.8). Overall, the county rate (231.7) is significantly lower than the state rate.

Figure 13: Chlamydia Rate Per 100,000



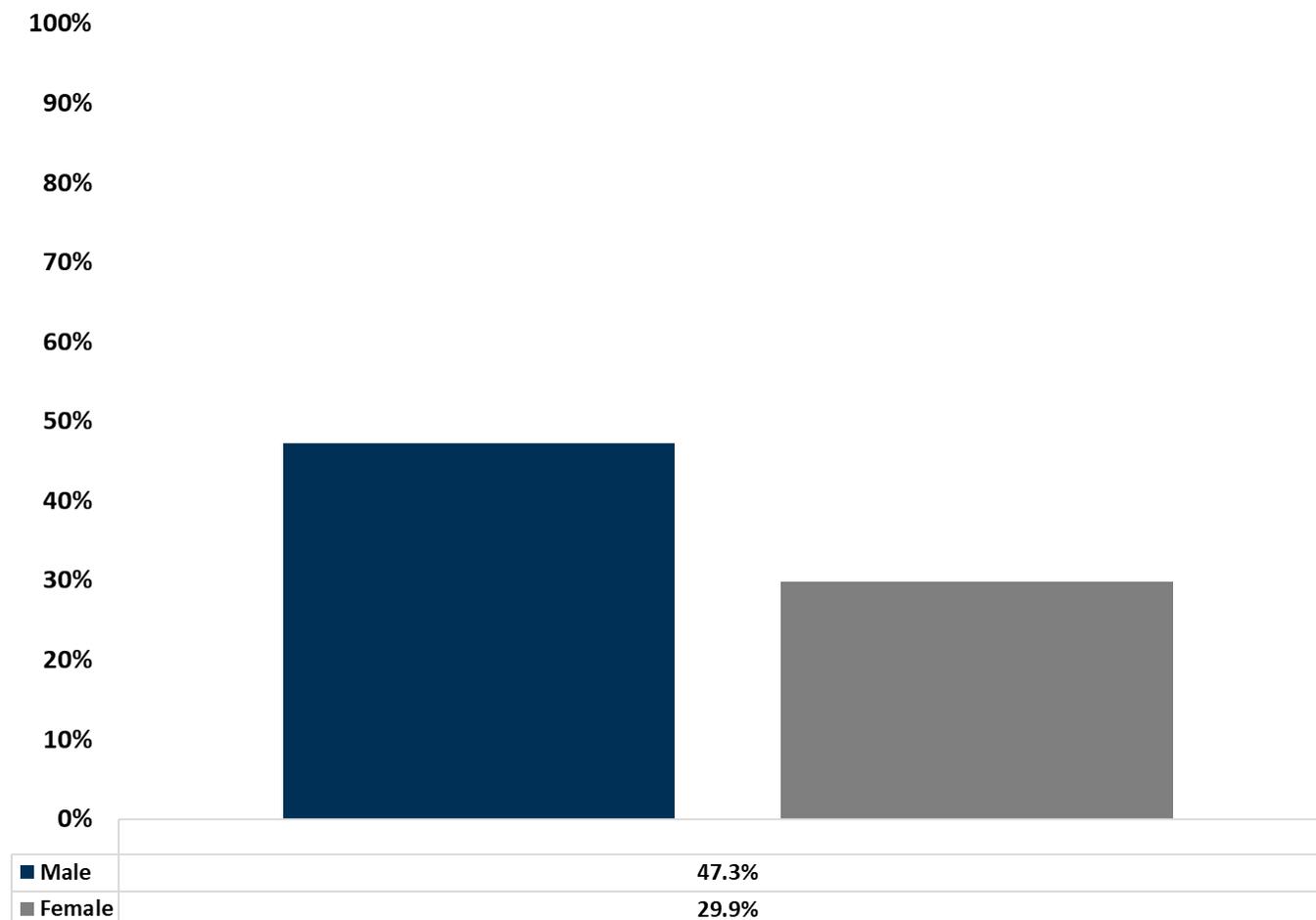
Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016



IMPACTS OF GENDER ON PHYSICAL ACTIVITY

Figure 14 shows the significant differences by gender from the community survey respondents who report they have participated in an activity to strengthen their muscles in the past month. Male respondents (47.3%) were significantly more likely to have participated in a strength training activity within the past month than female respondents (29.9%).

Figure 14: Participated in Activity to Strengthen Muscles, Past Month



HOW AGE IMPACTS HEALTH

Table 6 shows the population breakdown by age in Chester County, Brandywine Hospital's primary service area. The median age is 40.6 and is projected to increase slightly (41.3 in 2023).

Table 6: Demographic Snapshot: Age

Age	Chester County
Median Age	40.6
0 – 17 years	22.6%
18 – 34 years	20.9%
35 – 54 years	26.2%
55 – 64 years	14.3%
> 65 years	16.1%

Source: Claritas - Pop-Facts Premier 2018, Environics Analyticsia

IMPACTS OF AGE ON ACCESS TO CARE

Table 7 shows the significant differences by age for Chester County community survey respondents for indicators related to access. Respondents ages 18 to 39 were significantly more likely to have dental insurance and to have visited a dentist in the past year than older respondents. Those ages 65 and over were significantly more likely to self-pay for health insurance, go to the ER for healthcare, have had a routine check up in the past year or an eye exam in the past two years compared to younger respondents.

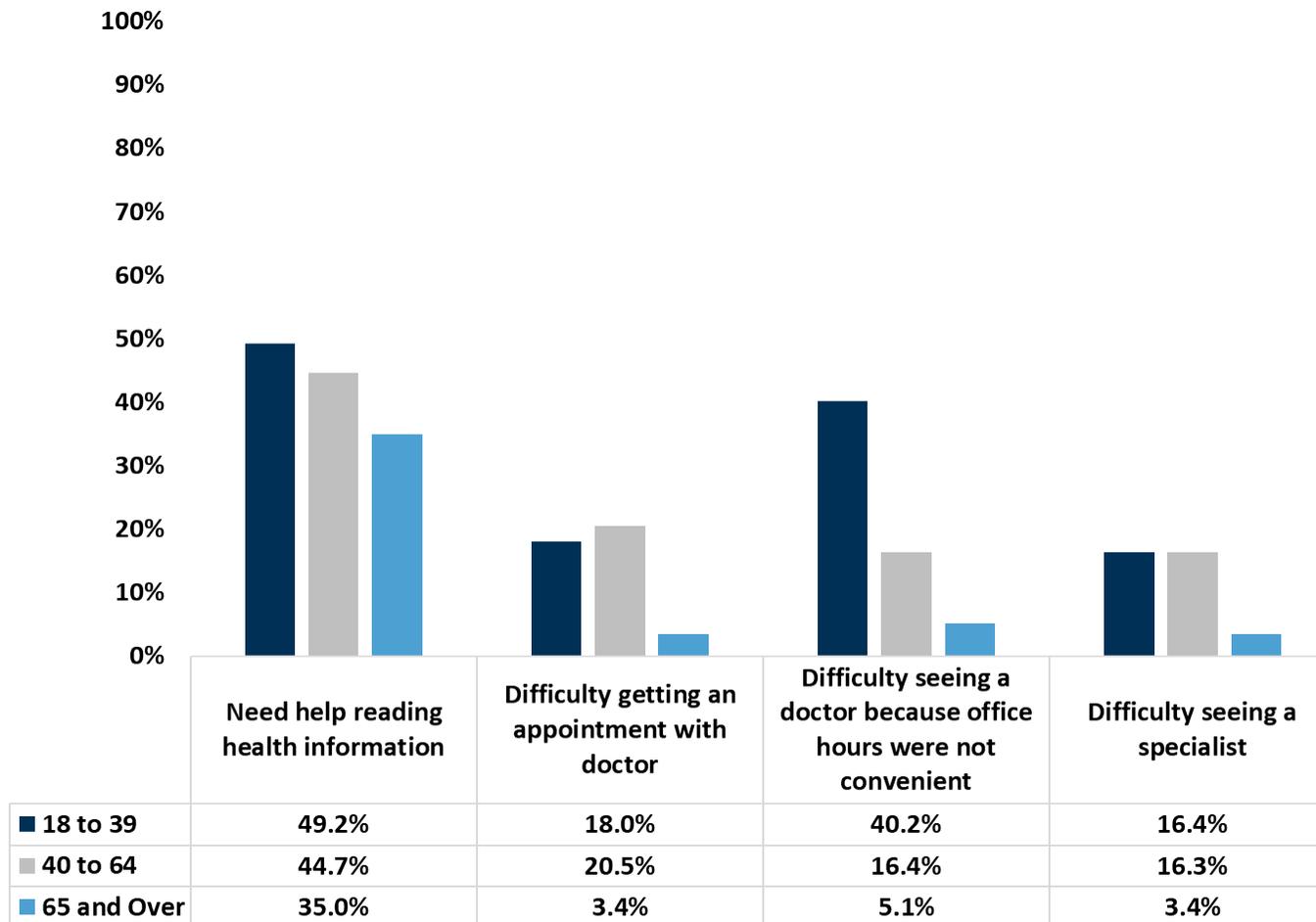
Table 7: Access to Care

Access Indicators	18 to 39	40 to 64	65 and Over
Self-pay for health insurance	3.9%	12.4%	20.0%
Go to ER for healthcare/advice about health	0.0%	2.3%	5.6%
Routine checkup, past year	68.6%	73.5%	88.1%
Dental insurance/coverage	89.1%	81.5%	44.8%
Visited a dentist/dental clinic, past year	87.6%	72.5%	83.3%
Eye exam where pupils were dilated, past two years	59.8%	69.7%	82.8%

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

Figure 15 illustrates barriers to care community survey respondents experience that were significantly different based on the age of the respondent. Community survey respondents age 18 to 39 were significantly more likely to experience barriers when accessing care compared to older respondents. These younger respondents were significantly more likely to need help reading health information or be unable to see a doctor because office hours were not convenient. Respondents age 65 and over were significantly less likely to have difficulty seeing a specialist or getting an appointment with a doctor compared to other respondents.

Figure 15: Barriers To Care



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

IMPACTS OF AGE ON CHRONIC CONDITIONS

Table 8 identifies chronic disease-related indicators from the community survey that are significantly impacted by age. Older residents age 65 and over were significantly more likely to have been told that they have arthritis, COPD, cancer, skin cancer, osteoporosis, kidney disease, stroke, diabetes, pre-diabetes or high cholesterol when compared to younger respondents. Respondents age 40 to 64 were significantly more likely to have ever been told they have chronic back pain or had a heart attack compared to other respondents.

Table 8: How Age Impacts Health: Chronic Disease

HOW AGE IMPACTS HEALTH: CHRONIC DISEASE				
Ever Been Told That You Have:	18 to 39	40 to 64	65 and Over	Overall
Arthritis/rheumatism	9.9%	23.2%	45.6%	22.2%
COPD (Including bronchitis or emphysema)	2.5%	10.0%	10.7%	7.3%
Cancer	0.0%	4.6%	19.3%	5.4%
Skin cancer	0.0%	9.2%	28.1%	9.1%
Osteoporosis	0.0%	5.3%	14.3%	4.9%
Kidney disease	0.0%	4.6%	7.1%	3.3%
Sciatica or chronic back pain	12.4%	25.7%	19.3%	19.7%
Heart attack	0.0%	11.3%	8.5%	6.6%
Heart disease	0.0%	11.3%	10.2%	6.9%
Stroke	0.0%	5.3%	6.7%	3.6%
Diabetes	4.9%	6.0%	18.9%	7.8%
Pre-diabetes or borderline diabetes	0.0%	8.8%	13.0%	6.0%
High cholesterol	13.2%	39.1%	55.2%	32.4%

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

IMPACTS OF AGE ON FOOD AND NUTRITION

Table 9 shows the significant differences by age for food and nutrition related items from the community survey. Respondents age 40 to 64 were significantly more likely to worry they would run out of food before they had money to buy more (20.9%), food purchased did not last and did not have money to buy more (16.2%) or be food insecure (20.9%). Respondents ages 65 and over were significantly less likely to have difficulty buying fresh fruits and vegetables at an affordable price (3.4%) compared to younger respondents.

Table 9: How Age Impacts Health: Food and Nutrition

	18 to 39	40 to 64	65 and Over	Overall
Worried food would run out before had money to buy more	12.4%	20.9%	5.2%	15.1%
Food purchased did not last and did not have money to buy more	11.6%	16.2%	1.7%	12.0%
Difficulty buying fresh fruits and vegetables at a price can afford	16.5%	16.3%	3.4%	14.1%
Not food secure	18.9%	20.9%	5.3%	5.3%

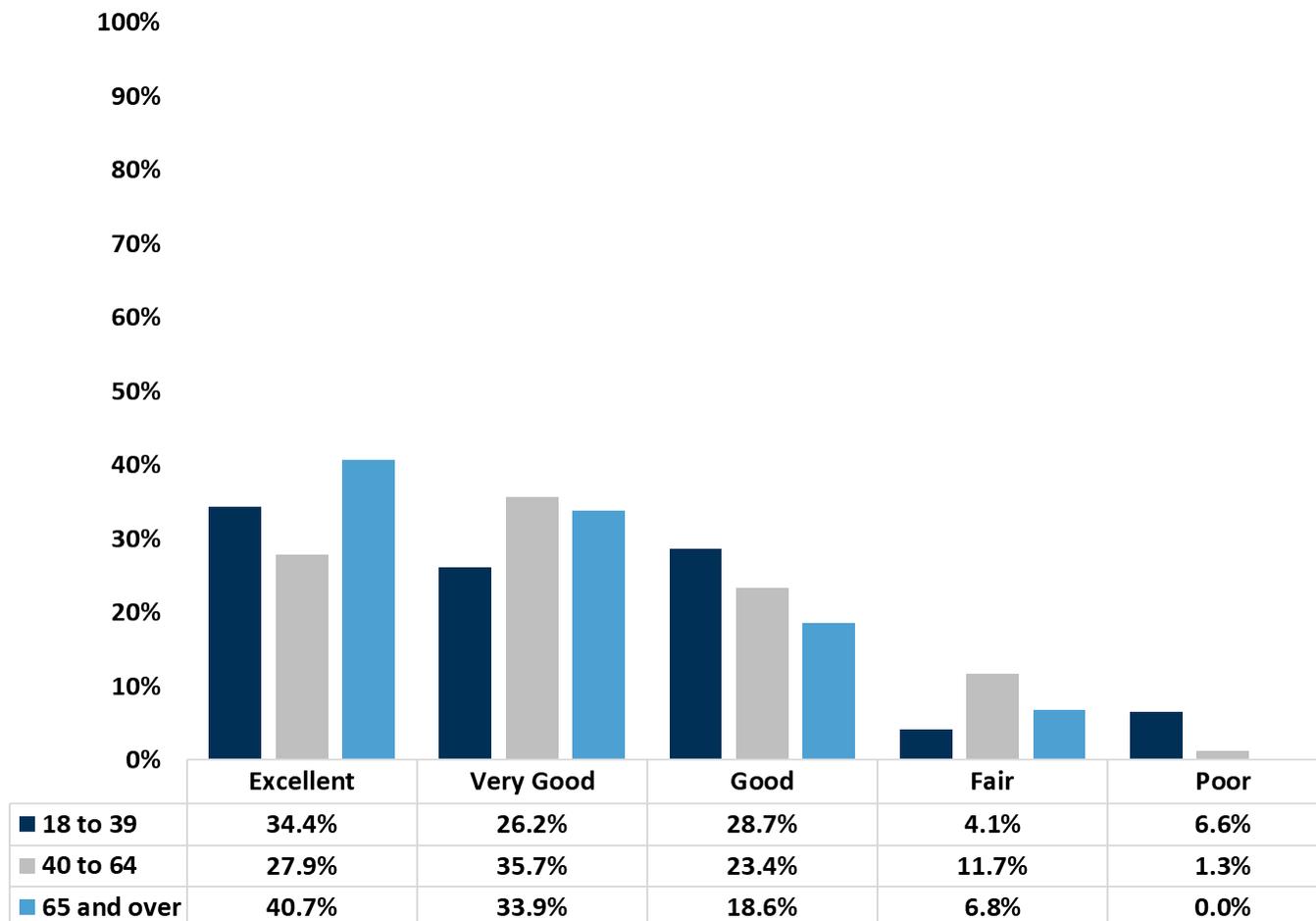
Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018



IMPACTS OF AGE ON BEHAVIORAL HEALTH

Figure 16 illustrates the significant differences for personal mental health rating by age of community survey respondent. Community survey respondents age 40 to 64 (13.0%) were significantly more likely to rate their health as fair or poor when compared to older respondents.

Figure 16: Personal Mental Health Rating



Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants

Table 10 shows the significant differences by age for behavioral health related items from the community survey. Respondents ages 18 to 39 were significantly more likely to have felt sad or depressed for two or more years, have high amounts of daily stress, been told they have depression, thought about taking their own life or sought help for mental health services when compared to older survey respondents.

Table 10: Behavioral Health By Age

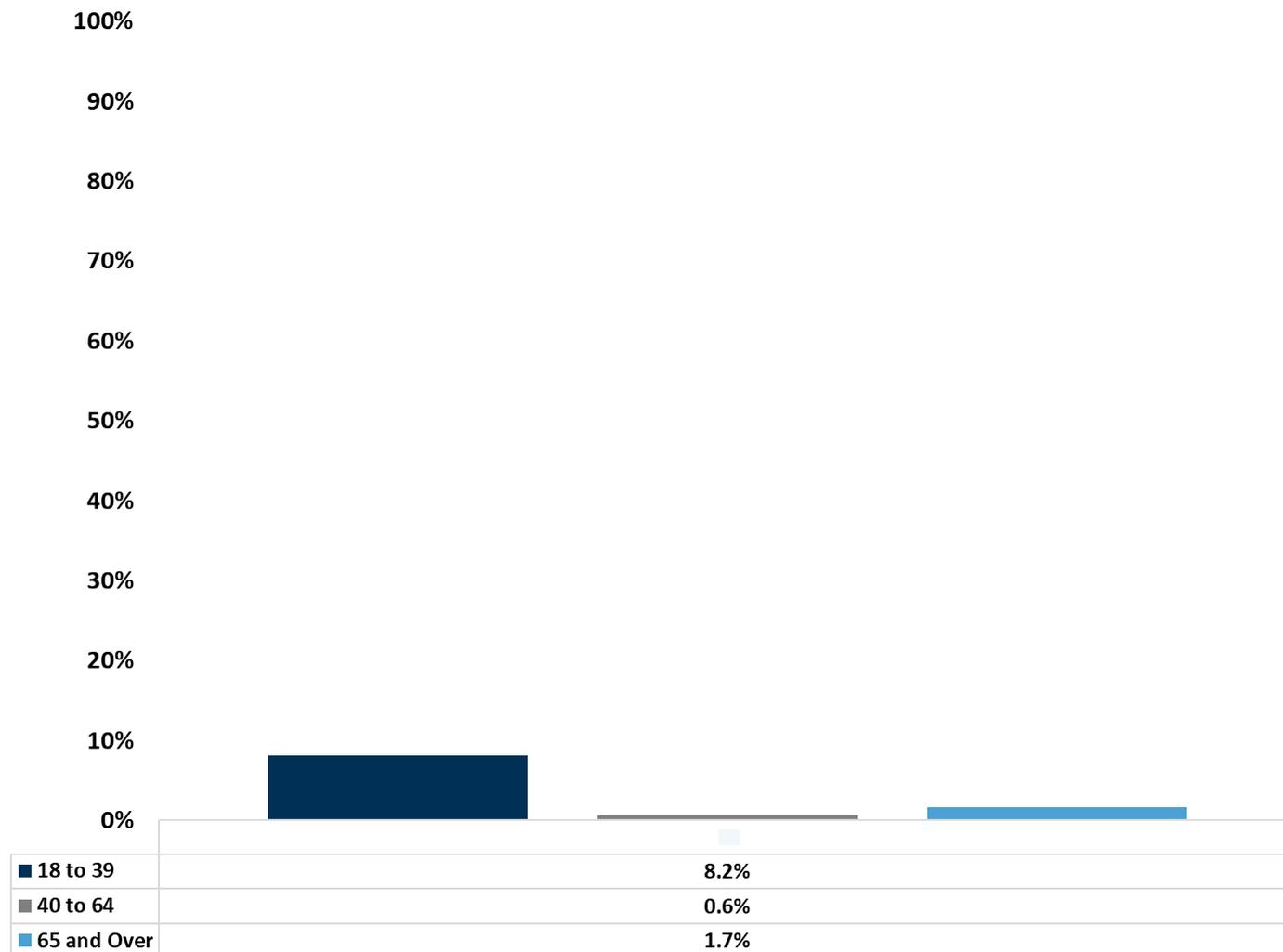
	18 to 39	40 to 64	65 and Over
Depressed or sad, two or more years	36.4%	30.7%	13.6%
Daily stress in one's life	65.3%	62.7%	18.6%
Ever told have depression	31.4%	13.7%	8.5%
Ever thought of taking own life	10.7%	4.0%	1.7%
Ever sought help for mental health services	48.4%	25.5%	20.3%

Source: 2018 Brandywine Hospital Community Survey, Professional Research Consultants



Figure 17 shows the significant differences by age for community survey respondents who report having used an illegal drug or taken prescription medication not prescribed to them. Survey respondents age 18 to 39 (8.2%) were significantly more likely to have used an illegal drug or prescription medication that was not prescribed to them when compared to older respondents.

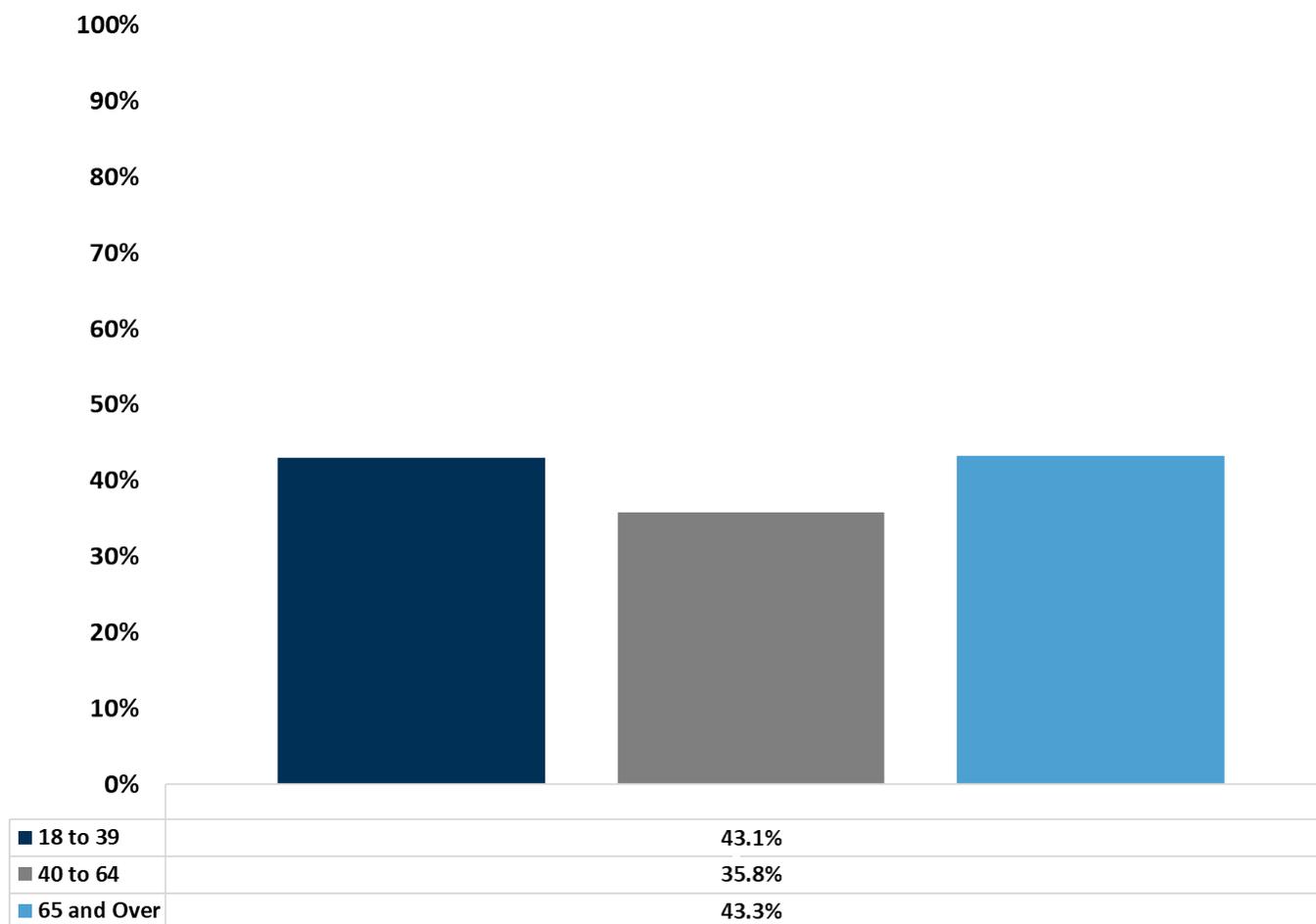
Figure 17: Used Illegal Drug or Taken Prescription Medication Not Prescribed to Individual



IMPACTS OF AGE ON PHYSICAL ACTIVITY

Figure 18 shows the significant differences for community survey respondents who have participated in an activity to strengthen muscles over the past month by age of respondent. Respondents ages 40 to 64 were significantly less likely to have participated in an activity to strengthen their muscles in within the past month when compared to younger and older respondents.

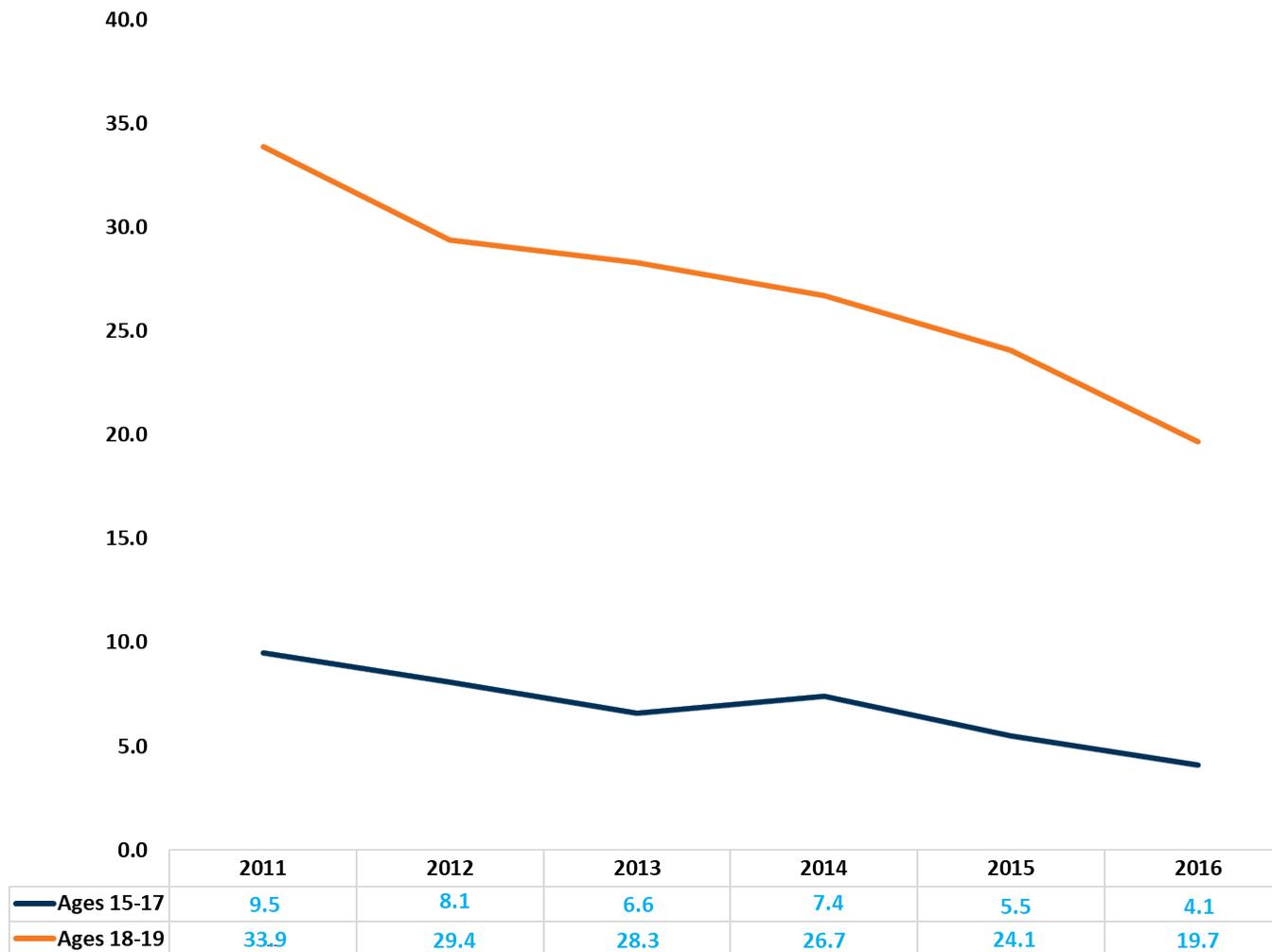
Figure 18: Participated in Physical Activity, Past Month



IMPACTS OF AGE ON MATERNAL AND CHILD HEALTH

Figure 19 illustrates the Teen Pregnancy Rate per 1,000 in Chester County between 2011 and 2016. The rate for teens both ages 15-17 and ages 18-19 have been decreasing and have been significantly lower when compared to the state.

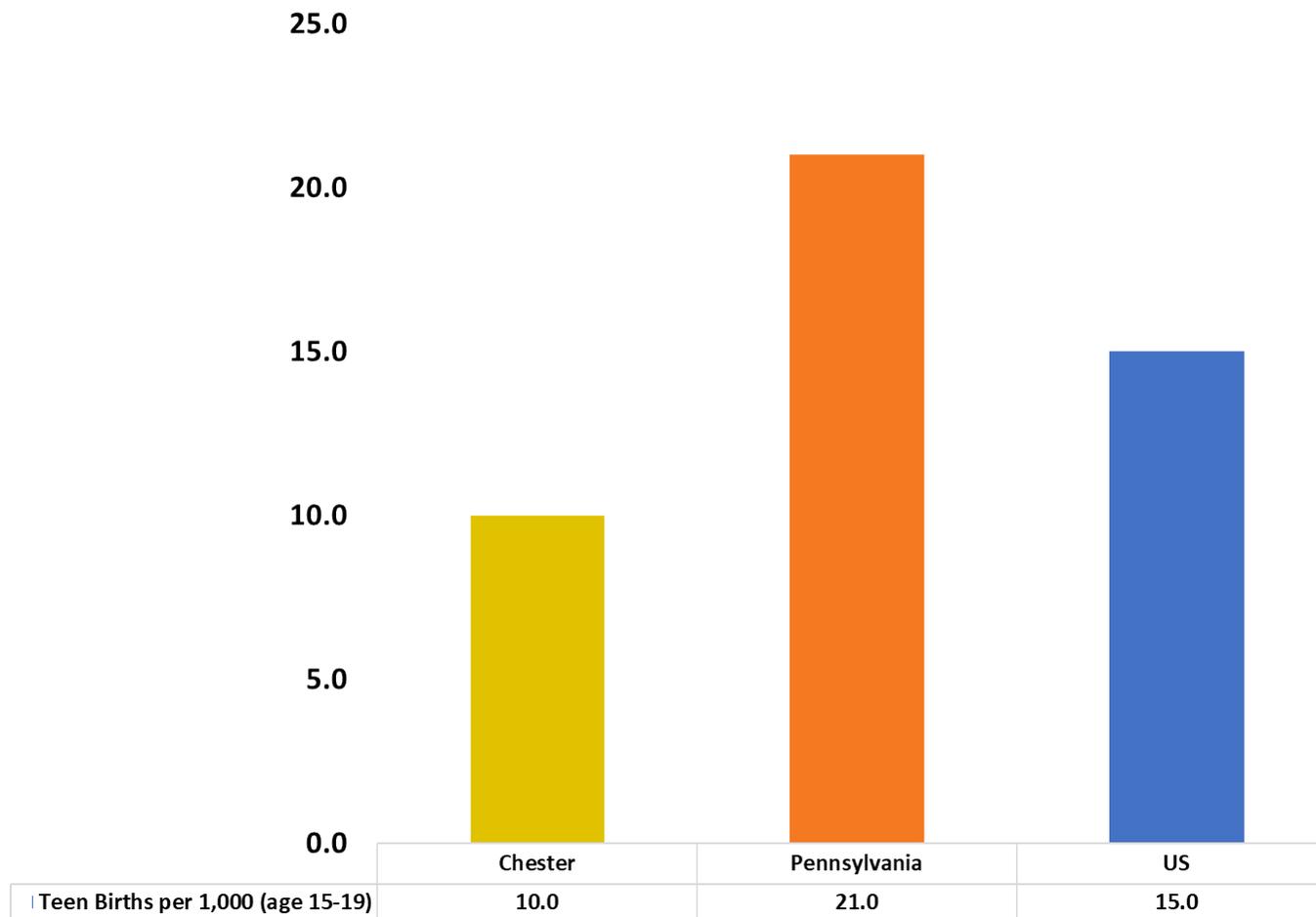
Figure 19: Teen Pregnancy Rate Per 1,000, Chester County



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016.

Figure 20 below outlines the teen birth rate per 1,000 births for ages 15-19. The rate in Chester County (10.0) is lower than both the state (21.0) and the U.S. (15.0).

Figure 20: Teen Births Per 1,000 Age 15-19



Source: County Health Rankings and Roadmaps for Chester County, 2018

HOW BEING A CHILD IMPACTS HEALTH

Childhood is an important period in a young person's life. Children need safe housing, food, medical, proper educational stimulation and nurturing relationships for healthy development. The first years of life build the foundation for future cognitive, emotional and behavioral skill development. Strong relationships with caregivers and a stable, safe environment play a pivotal role in building a strong foundation for later growth and learning.

As of 2017, there were 83.1 million Millennials in the United States (those born between 1982 and 2000), according to the U.S. Census Bureau. Just like the Baby Boom generation before it, this cohort of young people carries influence. In the healthcare space, Millennials are prompting greater emphasis on technology, faster delivery of care, telemedicine adoption, a fee-for-outcome model and a shift toward consumer-oriented service.²

Table 11 outlines the youth-related data from the County Health Rankings for the Brandywine Hospital Primary Service Area. The percentage of students graduating high school has fluctuated since 2014 but remained steady at 89.0% in 2017 and 2018. Fewer than one in ten children in Chester County were living in poverty (7.5%). The percentage of children living in single parent homes has been increasing in Chester County from 17.2% in 2014 to 19.3% in 2018. The percentage of disconnected youth (teens and young adults ages 16-19 who are neither working nor in school) has been 7.5% for years 2017 and 2018.

Table 11: How Being a Child Impacts Health: Youth-Related Indicators

COUNTY HEALTH RANKINGS YOUTH-RELATED INDICATORS					
County Health Rankings	Youth-Related Indicators				
Chester County	2014	2015	2016	2017	2018
High school graduation rates	86.1%	84.7%	81.6%	89.0%	89.0%
Children living in poverty	8.5%	8.4%	9.2%	7.4%	7.5%
Children living in single parent homes	17.2%	17.7%	18.1%	18.6%	19.3%
Disconnected youth	**	**	**	7.5%	7.5%

Source: County Health Rankings and Roadmaps for Chester County, 2018.

**New indicator and unavailable for prior years

² JT Ripton, Five ways Millennials are changing the healthcare industry. Becker's Hospital Review. March 1, 2017.

Table 12 outlines the Pennsylvania Youth Survey Data for the Brandywine Hospital Primary Service Area. Youth in Chester County are slightly less likely to have used alcohol, marijuana and prescription narcotics in their lifetimes than the state. The percentage of students in the county who report vaping during the past 30 days increased from 12.3% in 2015 to 16.2% in 2017 with an increase for those vaping nicotine or marijuana or hash oil.

Table 12: Youth Survey Data, 2017

PAYS DATA	Chester County			Trend	PA
	2013	2015	2017	+/-	2017
Mental Health And Substance Abuse					
Alcohol lifetime use	41.8%	41.2%	41.4%	-	43.3%
Marijuana lifetime use	16.4%	16.0%	16.0%	-	17.7%
% drove after drinking	2.6%	1.5%	1.6%	-	2.2%
% drove after marijuana use	4.4%	3.4%	3.6%	-	3.5%
Prescription narcotics lifetime use	5.1%	4.3%	3.7%	-	5.1%
Vaping/E-Cigarettes (30-day use)	ND	12.3%	16.2%	+	16.3%
Vaping – just flavoring (past year)	ND	69.4%	60.2%	-	67.3%
Vaping – nicotine (past year)	ND	21.2%	41.7%	+	29.4%
Vaping – marijuana or hash oil (past year)	ND	13.7%	18.5%	+	12.6%
Vaping – other substance (past year)	ND	1.7%	1.4%	-	1.3%

Source: Pennsylvania Youth Survey for Chester County, 2017

ND = No data available

WHAT THE COMMUNITY IS SAYING



Key Informant survey respondents were asked to identify underserved populations in the community. Seniors/aging/elderly were identified as underserved by 45.5% of the respondents. One in four respondents (24.2%) identified young adults as an underserved population and 21.1% identified children/youth.



HOW RACE IMPACTS HEALTH

Table 13 shows the demographic breakdown of residents in Chester County. The highest percentage of residents in the county are Caucasian (83.1%).

Table 13: Demographic Snapshot: Race/Ethnicity

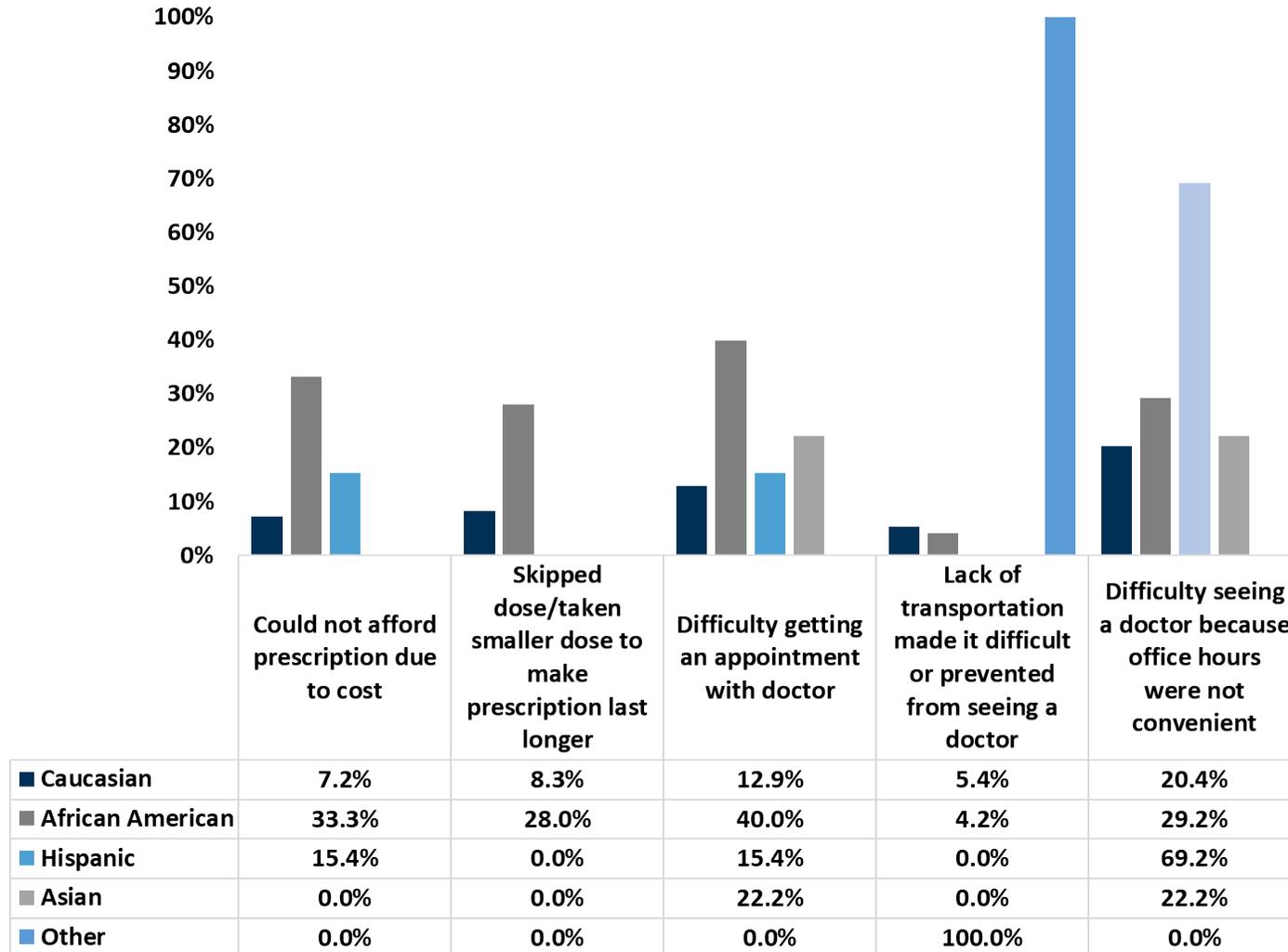
Race/Ethnicity	Chester County
Caucasian	83.1%
Hispanic/Latino	7.7%
African American/Black	6.1%
Asian	5.5%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

IMPACTS OF RACE/ETHNICITY ON ACCESS TO CARE

Figure 21 illustrates barriers to care that community survey respondents report having experienced. This chart shows those access indicators that are significantly different based on the race/ethnicity of the respondent. Survey respondents had the option to classify themselves as “other race” indicating that they did not identify with one of the response options. Those respondents who selected “other race” were significantly more likely to have been unable to see a doctor due to transportation compared to other respondents. African American respondents were significantly more likely to have been unable to afford a prescription due to cost or skipped a dose or taken smaller doses to make a prescription last longer compared to other respondents. They were also significantly more likely to have difficulty getting an appointment with a doctor compared to other respondents. Hispanic respondents were significantly more likely to have difficulty seeing a doctor because the office hours were not convenient.

Figure 21: Barriers To Care



*There were no responses from any Asian, Hispanic or anyone that identifies as Other Respondents to these questions

IMPACTS OF RACE/ETHNICITY ON CHRONIC CONDITIONS

Table 14 below outlines chronic diseases by ethnicity. The numbers in red are significantly higher than the state while the numbers in blue are significantly lower than the state. Chester County White residents have a significantly higher breast cancer mortality compared to the state rate. White residents of Chester County also have a significantly lower rate of lung/bronchus cancer mortality, cardiovascular disease mortality, diabetes mortality and heart disease mortality when compared with the state.

Table 14: Race/Ethnicity Impact Health: Chronic Disease

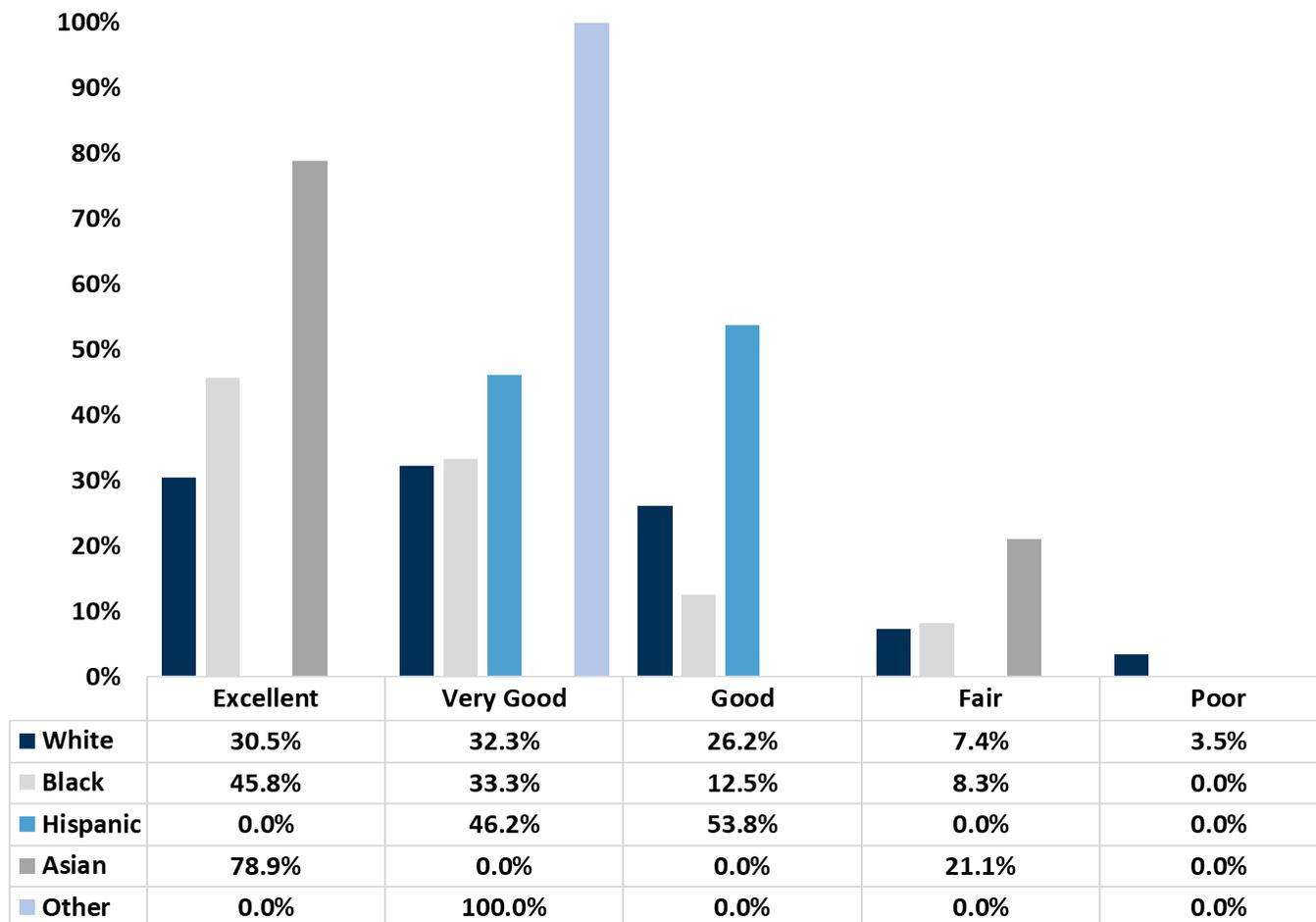
Indicator	Chester	Pennsylvania
Breast cancer mortality, White	150.6	132.4
Breast cancer mortality, Hispanic	ND	69.0
Breast cancer mortality, Black	60.1	74.1
Lung/bronchus cancer mortality, White	54.4	62.7
Lung/bronchus cancer mortality, Black	73.9	71.2
Lung/bronchus cancer mortality, Hispanic	ND	23.6
Cardiovascular disease mortality, White	178.2	218.2
Cardiovascular disease mortality, Black	304.6	299.9
Cardiovascular disease mortality, Hispanic	110.8	148.9
Diabetes mortality, White	10.3	19.1
Diabetes mortality, Black	44.6	30.3
Diabetes mortality, Hispanic	ND	20.5
Heart disease mortality, White	138.3	170.3
Heart disease mortality, Black	226.5	229.4
Heart disease mortality, Hispanic	84.4	111.2

Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016
Hypertension: Centers for Disease Control and Prevention, 2015 – Interactive Atlas of Heart Disease and Stroke Tables

IMPACTS OF RACE/ETHNICITY ON BEHAVIORAL HEALTH

Figure 22 shows the significant differences from community survey respondents by race/ethnicity for their personal mental health rating. Asian respondents were significantly more likely to rate their mental health as fair or poor (21.1%) compared to other respondents.

Figure 22: Personal Mental Health Rating

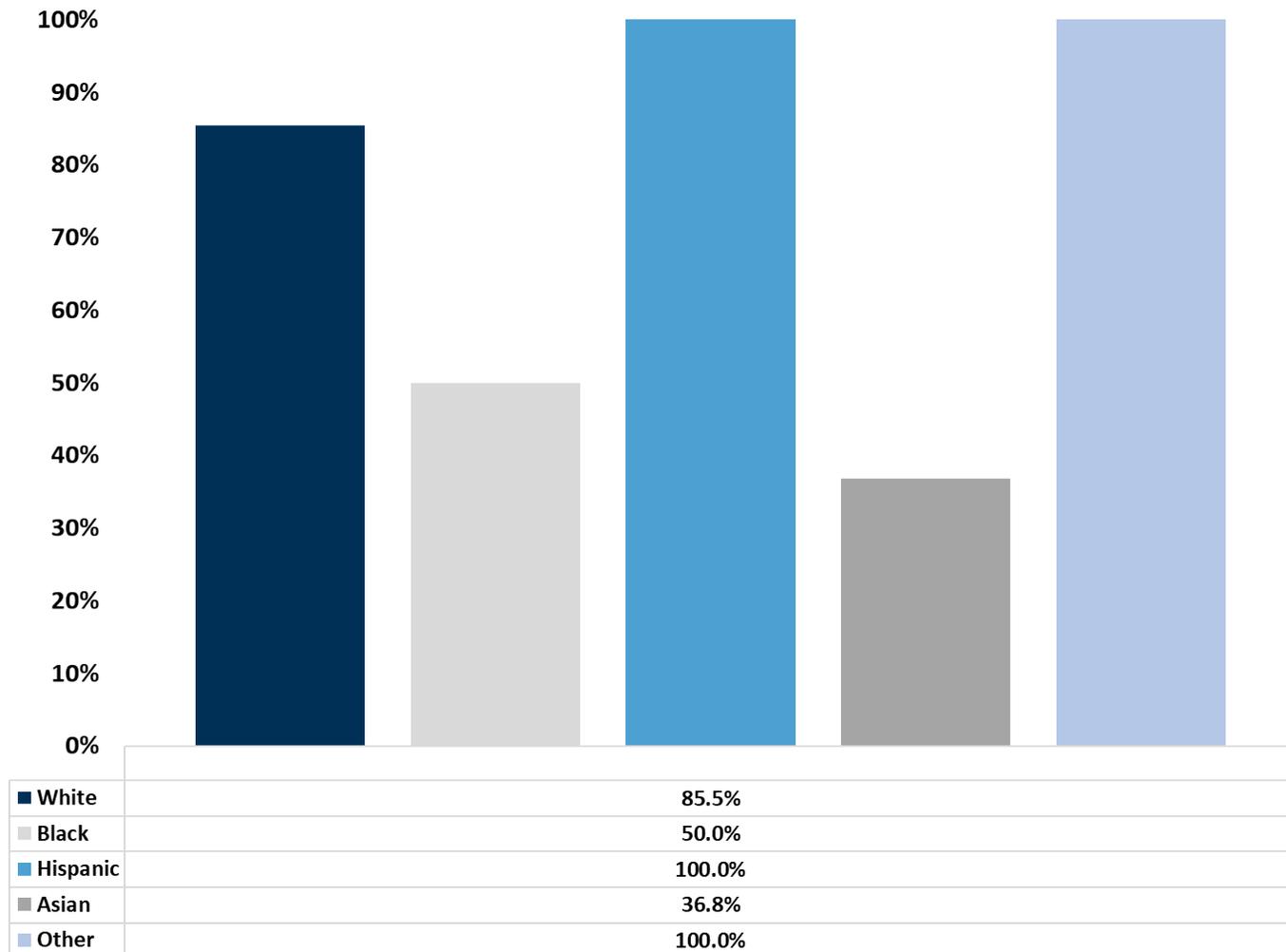


Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF RACE/ETHNICITY ON PHYSICAL ACTIVITY

Figure 23 shows the percentage of respondents to the community survey who have participated in physical activity in the past month by race/ethnicity. Asian and black respondents were significantly less likely to have participated in physical activity during the past month compared to other respondents.

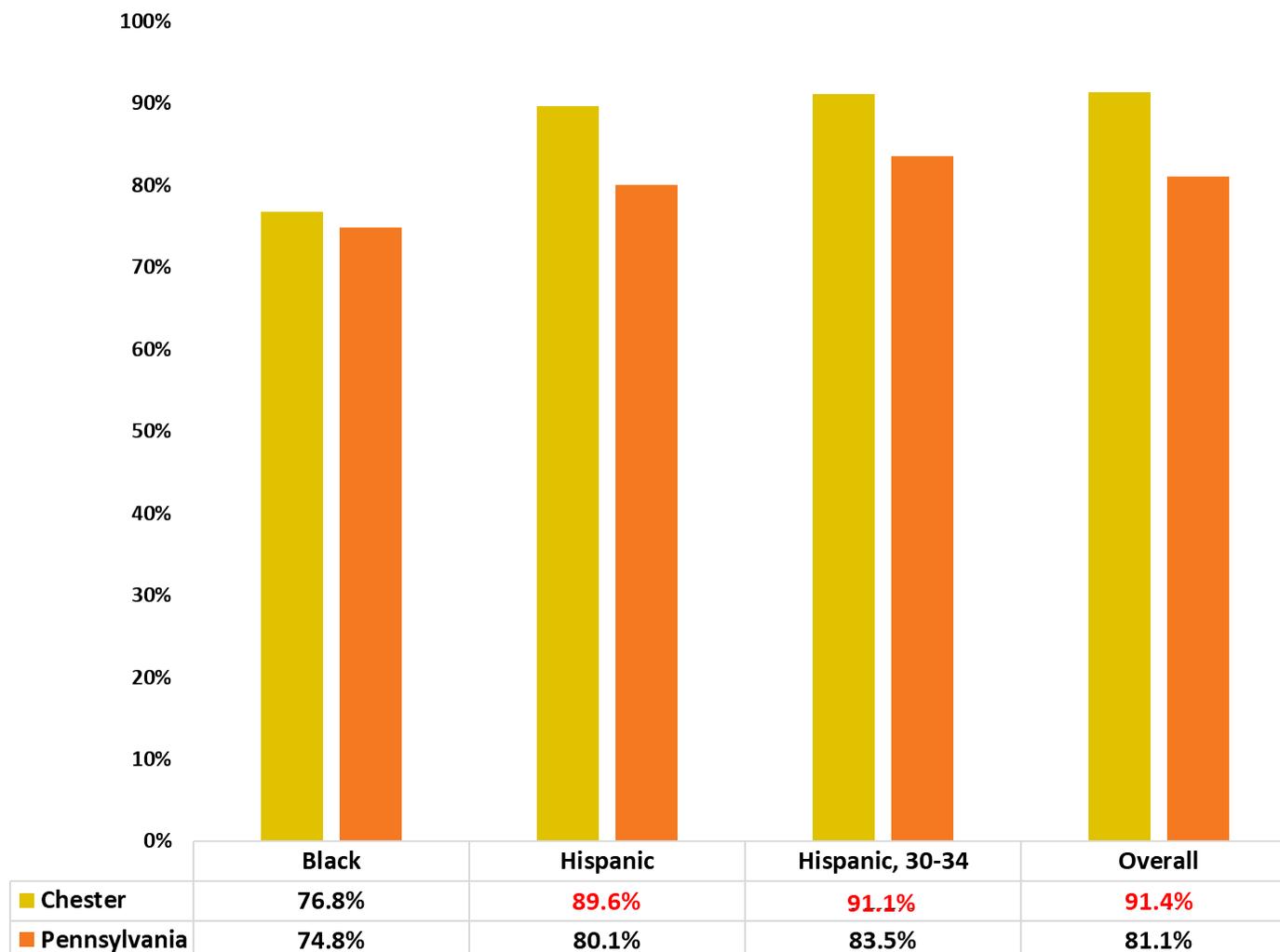
Figure 23: Participated in Physical Activity, Past Month



IMPACTS OF RACE/ETHNICITY ON MATERNAL AND CHILD HEALTH

Figure 24 illustrates significant differences by race for mothers who breastfeed. Compared to the state Hispanic mothers (89.6%) and Hispanic mothers ages 30-34 (91.1%) were significantly more likely to breastfeed compared to their counterparts across the state. Overall, Chester County (91.4%) has a significantly higher percentage of mothers who breastfeed when compared to the state (81.1%).

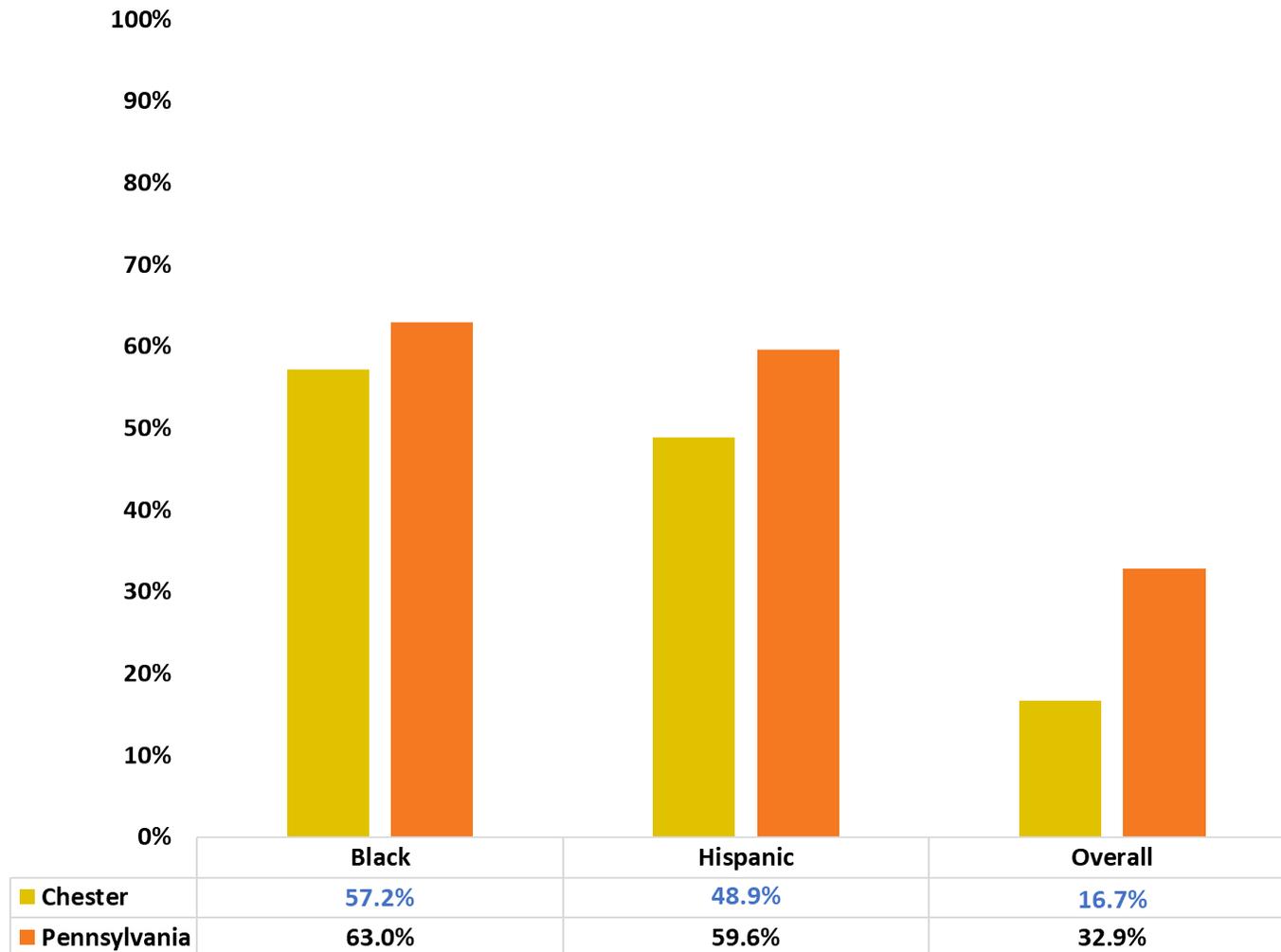
Figure 24: Breastfeeding by Race



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016

Figure 25 illustrates significant differences by race/ethnicity for mothers who report medicaid assistance. When compared to the state a significantly lower percentage of black mothers (57.2%) and hispanic mothers (48.9%) report using Medicaid Assistance when compared to the state (63.0 and 59.6% respectively). Overall, for Chester County a significantly lower percentage of mothers (16.7%) report Medicaid Assistance when compared to the state (32.9%).

Figure 25: Mothers Reporting Medicaid Assistance

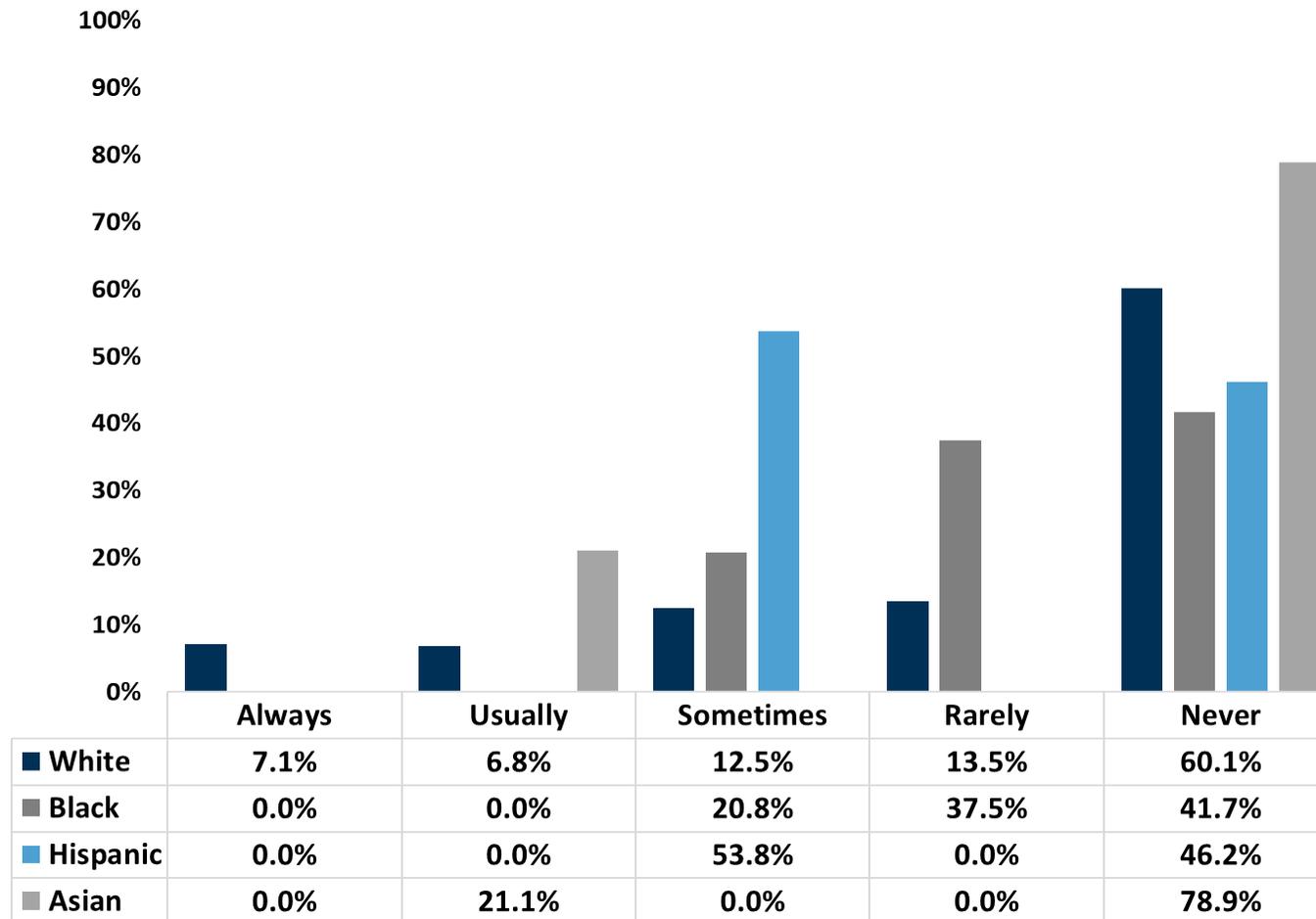


Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016

IMPACTS OF RACE/ETHNICITY ON HOUSING

Figure 26 illustrates the percentage of community survey respondents, by race/ethnicity, who have worried about having enough money for housing. White respondents were significantly more likely to always worry about housing compared to other respondents. Asian respondents were significantly less likely to worry about housing with the highest racial/ethnic group to indicate they never worry about having enough money for housing.

Figure 26: Worried About Having Enough Money for Housing

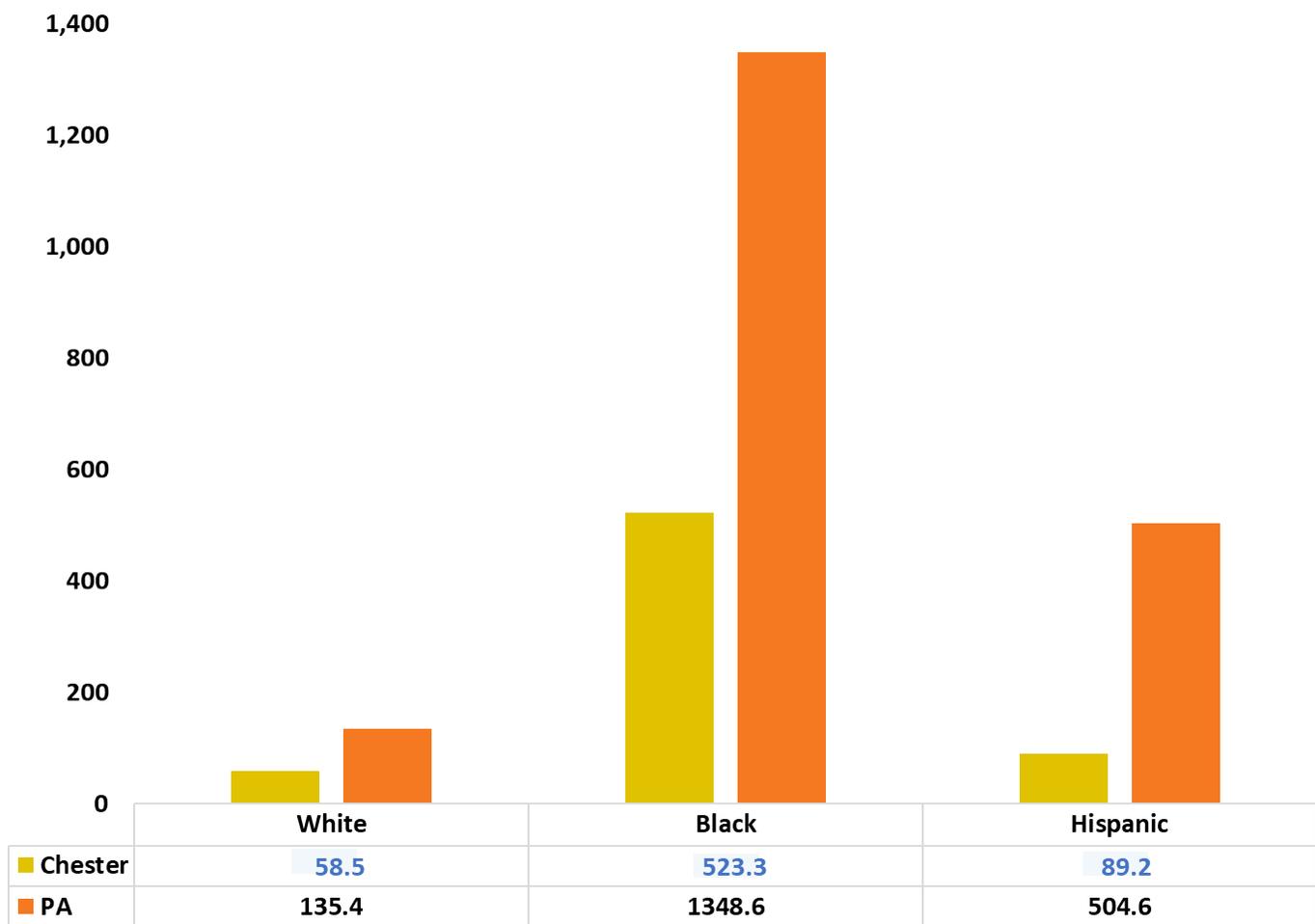


Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018

IMPACTS OF RACE/ETHNICITY ON INFECTIOUS DISEASE

Figure 27 illustrates the significant differences based on race/ethnicity when Chester County is compared to the state. The figure illustrates the chlamydia rate per 100,000 for the county and state based on select race/ethnicity indicators. The chlamydia rate in Chester County is significantly lower for White (58.5), Black (523.3) and Hispanic (89.2) residents when compared to the state (135.4, 1348.6 and 504.6 respectively).

Figure 27: Chlamydia Rate, Per 100,000



Source: Department of Health Informatics, Pennsylvania Department of Health for Chester County, 2011-2016



WHAT THE COMMUNITY IS SAYING

Key Informant survey respondents were asked to identify underserved populations in the community. Approximately one-third of the respondents identified the Hispanic/Latino population (33.3%) or Black/African American population (30.0%) as an underserved population.

HOW TRANSPORTATION IMPACTS HEALTH

People need transportation to access health services, to earn a living, to get to school and be part of a community.

Table 15 shows that on average Chester County residents own 2.0 vehicles. Most (80.0%) drive alone to work. Less than one in ten residents carpool (6.9%) or work at home (6.4%). Very few walk, ride public transportation or bicycle to work

Table 15: Demographic Snapshot: Transportation/Commuter Information

	Chester County
Average Number of Vehicles	2.0
Transportation to Work	
Drive Alone	80.0%
Carpool	6.9%
Public Transportation	2.7%
Walk	3.1%
Bicycle	0.2%
Work at Home	6.4%

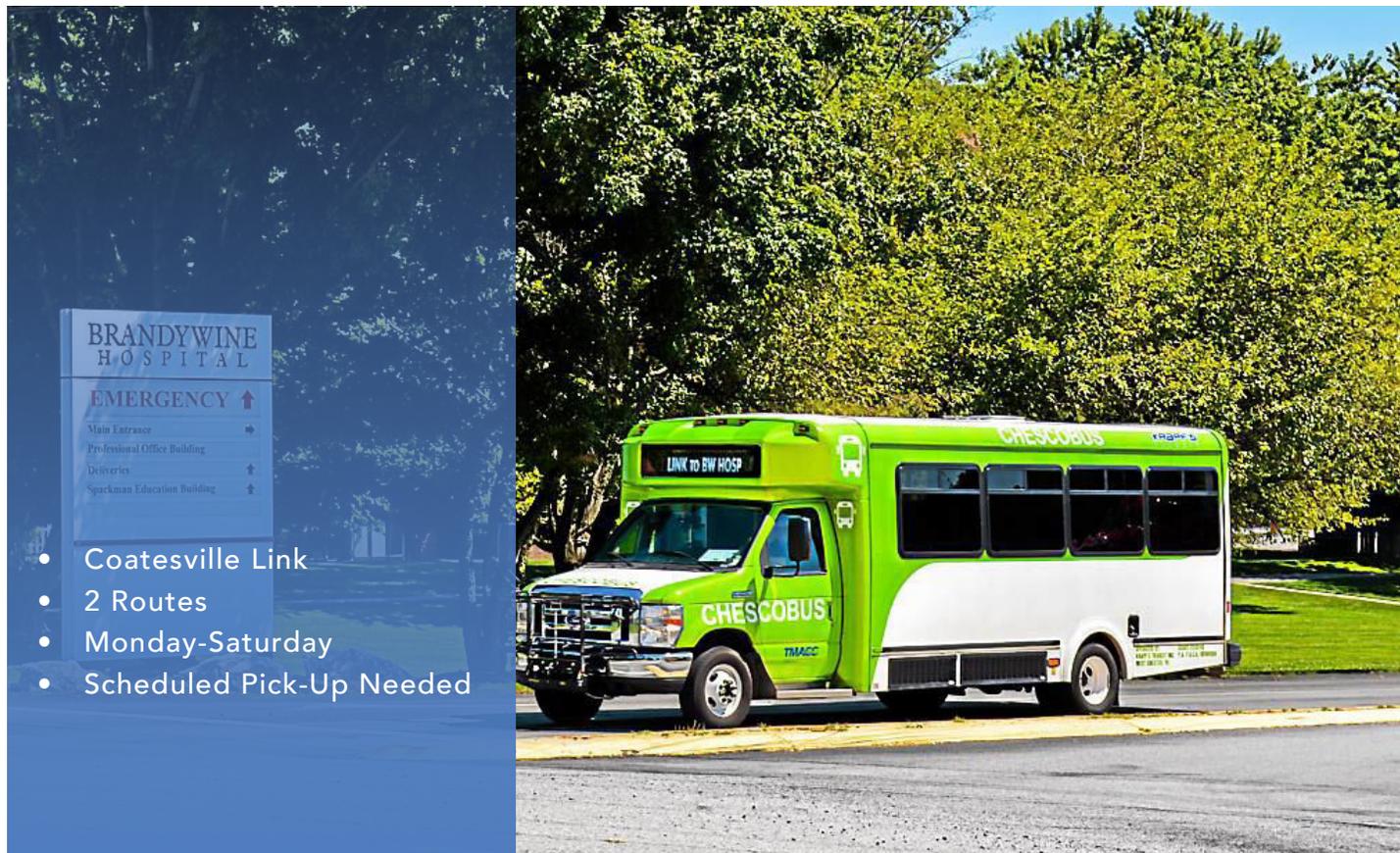
Source: Claritas - Pop-Facts Premier 2018, Environics Analytics



Figure 28 illustrates the public transportation system information that is available from Coatesville Link regarding transportation available in Chester County for residents to utilize for medical appointments, shopping, entertainment, exercise, etc.

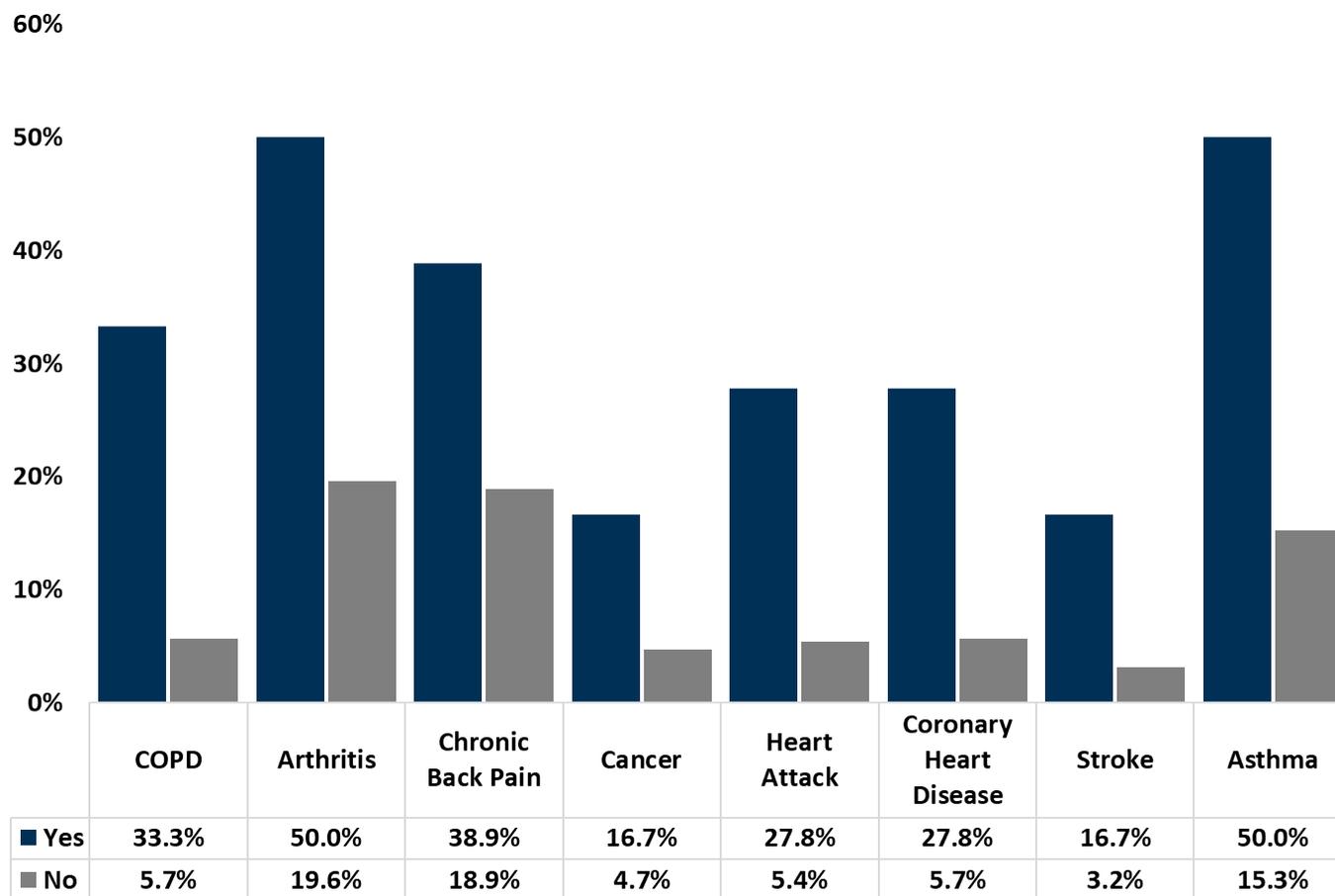
While other transportation options may be available for people who are aware of them, the information about the options may not be readily accessible.

Figure 28: Public Transportation Systems Available In Chester County



From the Brandywine Hospital Community Survey, **Figure 29** illustrates the chronic diseases experienced by the residents who indicated that they have had a transportation barrier for medical care in the past 12 months. Respondents who experience transportation barriers were significantly more likely than other residents to have COPD, asthma, chronic back pain, cancer, had a heart attack, coronary heart disease, a stroke or asthma.

Figure 29: Transportation Impact On Health Status, Chester County





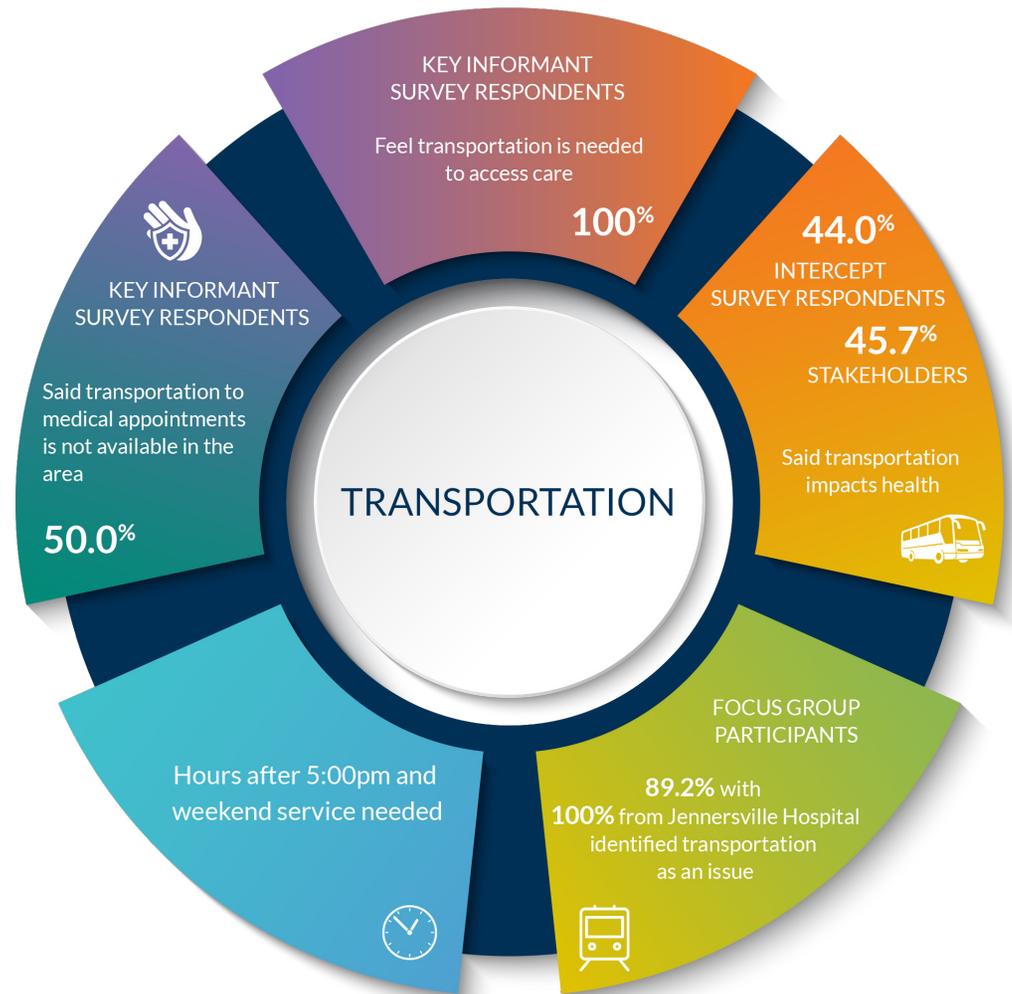
WHAT THE COMMUNITY IS SAYING

Figure 30 illustrates what was heard through survey respondents, focus group participants and stakeholder interviews regarding transportation and the needs of community members. All of the focus group participants said that transportation is an issue getting to and from work and appointments. Just under half of the key informants (44.9%) felt transportation is needed for residents to access care and 47.2% do not think it is currently available. Intercept survey respondents (39.8%) and stakeholders (40.0%) indicated that transportation impacts health.

Figure 30: Primary Data Sources – Transportation

Issues mentioned by focus group participants, intercept survey and key informant survey respondents and stakeholders due to a lack of transportation include:

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



HOW FOOD IMPACTS HEALTH

Food acts as medicine to prevent, maintain and treat disease. The food we eat provides information and materials to our bodies that they need to function properly. If we don't get the right information, our metabolic processes suffer and our health declines. If we get too much food, or food that gives our bodies the wrong instructions, we can become overweight, undernourished and at risk for the development of diseases and conditions, such as arthritis, diabetes and heart disease.

Table 16 indicates that in the Brandywine Hospital Primary Service Area, the percentage of the population that is food insecure declined slightly over the past three years (9.5% in 2016 to 8.4% in 2018). However, the percentage of the population with limited access to healthy foods has increased (5.9% in 2016 to 6.2% in 2018) as has the percentage of children receiving free and reduced-price lunches (17.2% in 2016 to 21.9% in 2018).

Table 16: County Health Rankings: Nutrition Indicators

NUTRITION INDICATORS	CHESTER COUNTY		
	2016	2017	2018
Food insecurity	9.5%	8.6%	8.4%
Limited access to healthy foods*	5.9%	5.9%	6.2%
Free or reduced lunch	17.2%	23.1%	21.9%

Source: County Health Rankings and Roadmaps for Chester County, 2018

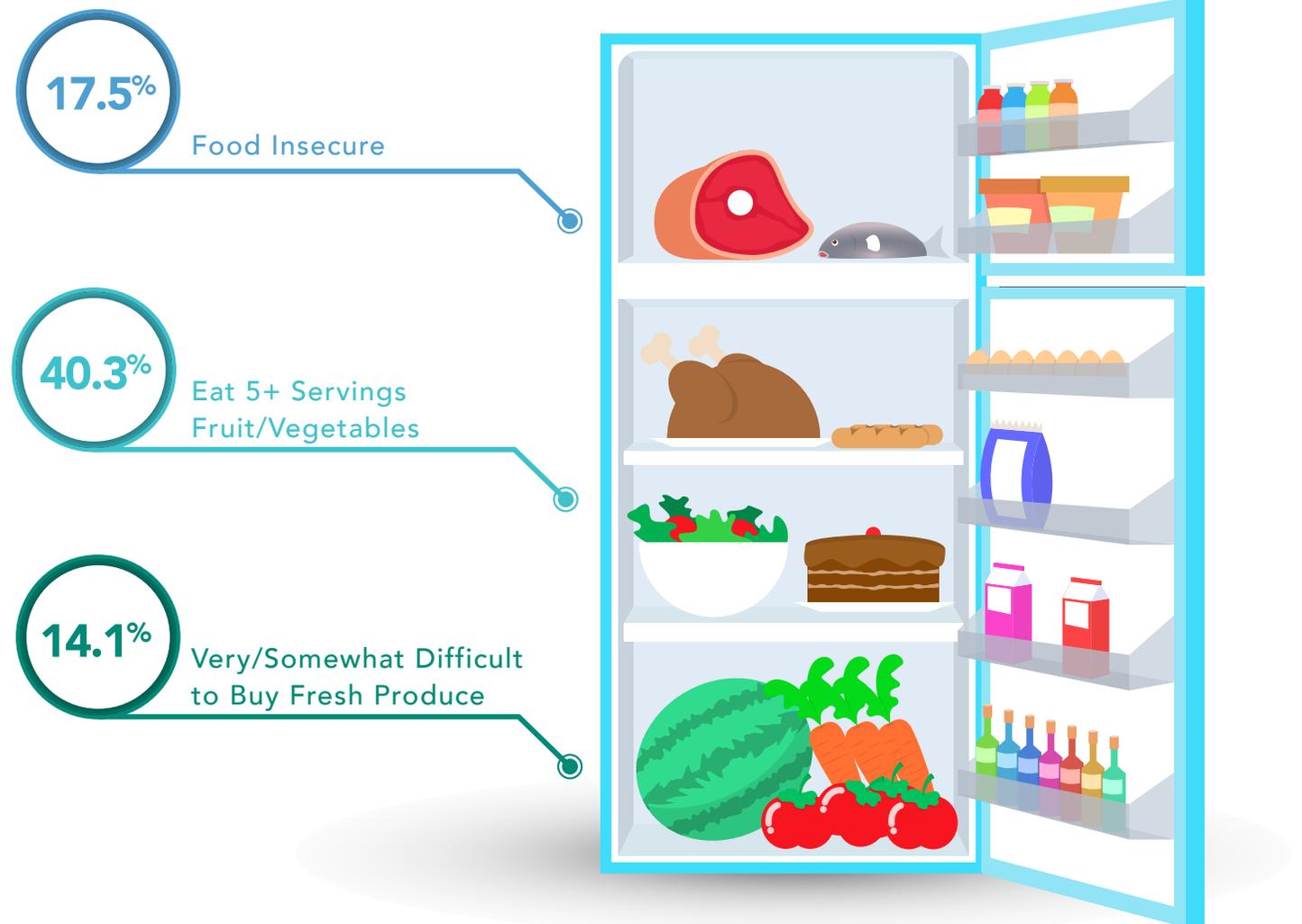
**Limited Access to Healthy Foods is the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than ten miles from a grocery store; in nonrural areas, less than one mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.*



WHAT THE COMMUNITY IS SAYING

Figure 31 illustrates the percentage of Chester County residents who participated in the community survey and their responses to food related questions. Slightly less than one in five (17.5%) respondents were food insecure, while 14.1% find it very or somewhat difficult to buy fresh produce. Over one-third of survey respondents (40.3%) report eating five or more servings of fruit and/or vegetables daily.

Figure 31: Community Food And Nutrition



Just over half of intercept survey respondents indicated that access to healthy food (52.2%) has the highest impact on ones health, while 43.9% indicated that poor nutrition had the highest impact on health.

Focus group participants discussed the fact that there are portions of the community that are food deserts. They talked about the need for year round meal programs for children adding that all summer programs should provide meals.

Stakeholders identified limited access to healthy food and the need for community education around nutrition.



HOW HOUSING IMPACTS HEALTH

Table 17 shows housing demographics for the residents in Chester County. Most residents (76.1%) own their own home and reside in a single-family home (79.3%).

Table 17: Demographic Snapshot: Housing

	Chester County
Home Ownership	
Own	76.1%
Rent	23.9%
Residential Type	
Single Family	79.3%
Multi-Family	18.0%
Mobile Home/Trailer	2.7%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

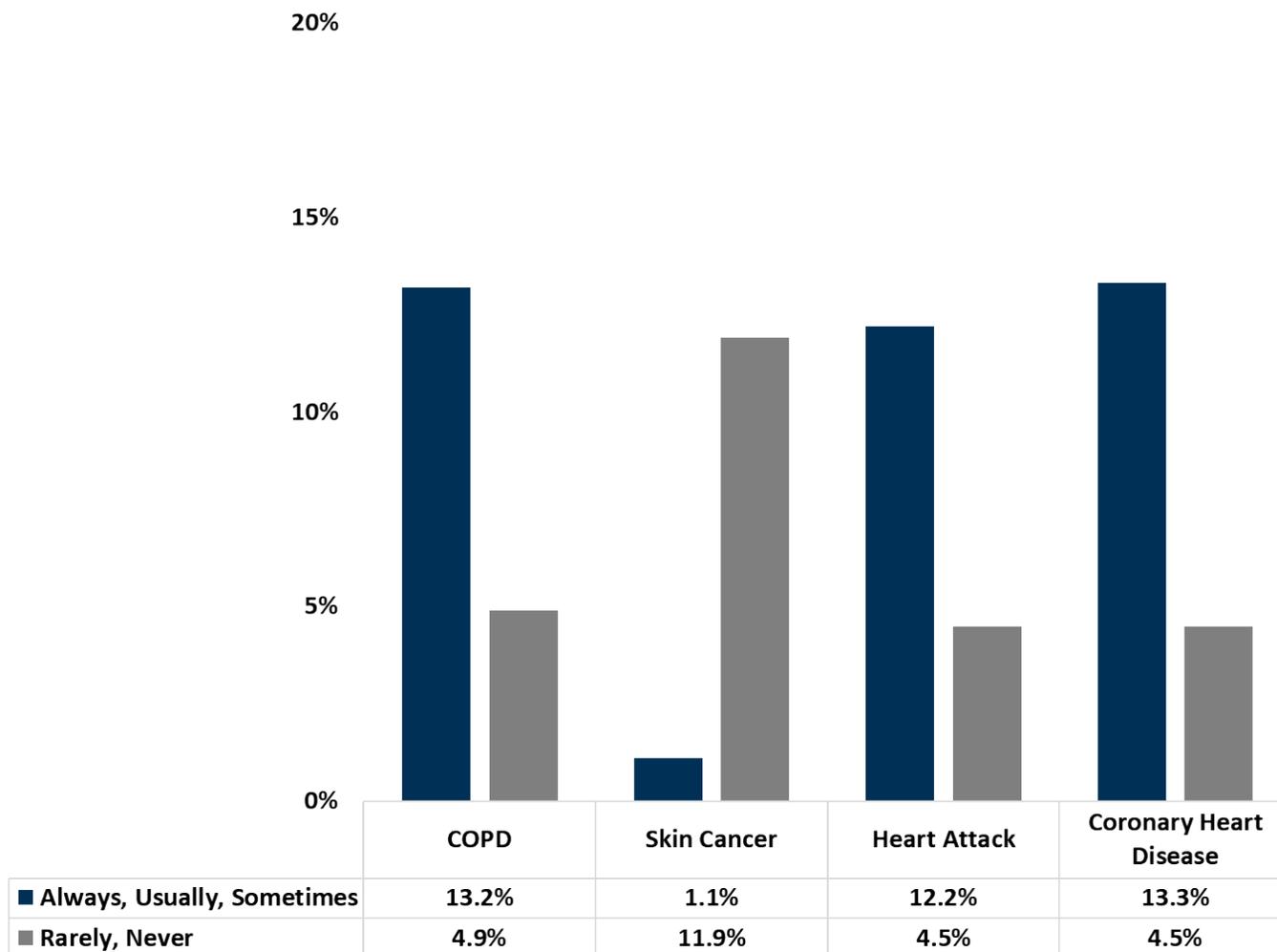
Living on the street or in homeless shelters exacerbates existing health problems and causes new ones. Chronic diseases – such as hypertension, asthma, diabetes, mental health problems and other ongoing conditions – are difficult to manage under stressful circumstances and may worsen. Acute problems such as infections, injuries and pneumonia are difficult to heal when there is no place to rest and recuperate. Living on the street or in shelters also brings the risk of communicable disease (such as STDs or TB) and violence (physical, sexual and mental) because of crowded living conditions and the lack of privacy or security. Medications to manage health conditions are often stolen, lost or compromised due to rain, heat or other factors.

Stable housing also decreases the risk associated with further disease and violence. In many ways, housing itself can be considered a form of healthcare because it prevents new conditions from developing and existing conditions from worsening.³

³ National Health Care for the Homeless Council. What is the relationship between health, housing and homelessness? 2019

Figure 32 illustrates the impact of housing on chronic diseases in the Brandywine Hospital Primary Service Area. Those with housing insecurity are significantly more likely to have COPD, coronary heart disease or been told they have a had a heart attack. Those who do not worry about housing were significantly more likely to have skin cancer.

Figure 32: Housing Insecurity Impact On Health



Source: Brandywine Hospital Community Survey, Professional Research Corporation, 2018

HOMELESSNESS

According to the Point in Time Homelessness Survey conducted in January 2019, there were a total of 528 homeless individuals in Chester County compared to 579 homeless individuals in 2018. This is outlined in **Table 18**. Not all counties report data by type of shelter or by household.

Table 18: Homelessness, January 2019

	HOUSEHOLDS					INDIVIDUALS				
	Emergency	Transitional	Unsheltered	Safe Haven	Total	Emergency	Transitional	Unsheltered	Safe Haven	Total
Chester County 2018	164	256	13	0	433	266	300	13	0	579
Chester County 2019	149	268	13	0	430	209	299	20	0	528

Source: Chester County Continuum of Care Homeless Statistics, 2018-2019



WHAT THE COMMUNITY IS SAYING

Over half (57.3%) of intercept survey respondents indicated that affordable and quality housing has the highest impact on ones health. Homeless individuals were identified as an underserved population by 60.0% of the key informants.



HOW WHERE ONE LIVES IMPACTS HEALTH

Figure 33 illustrates the significant differences by hospital from the community survey in terms of chronic conditions where there was a significant difference from respondents in the Brandywine Hospital service area. Respondents from the Brandywine Hospital service area were significantly less likely to have been told they have osteoporosis or diabetes when compared to other respondents.

Figure 33: Chronic Conditions

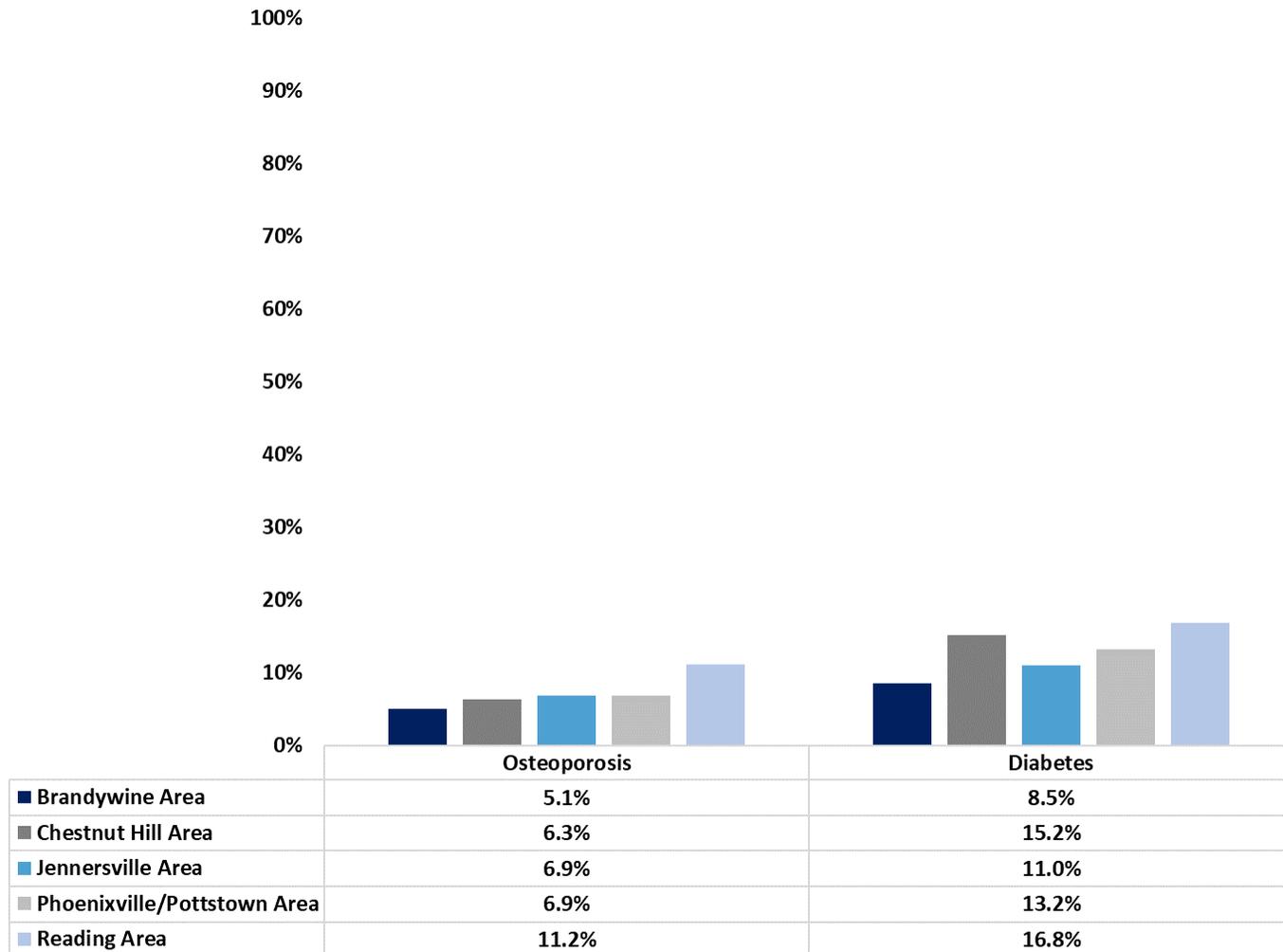
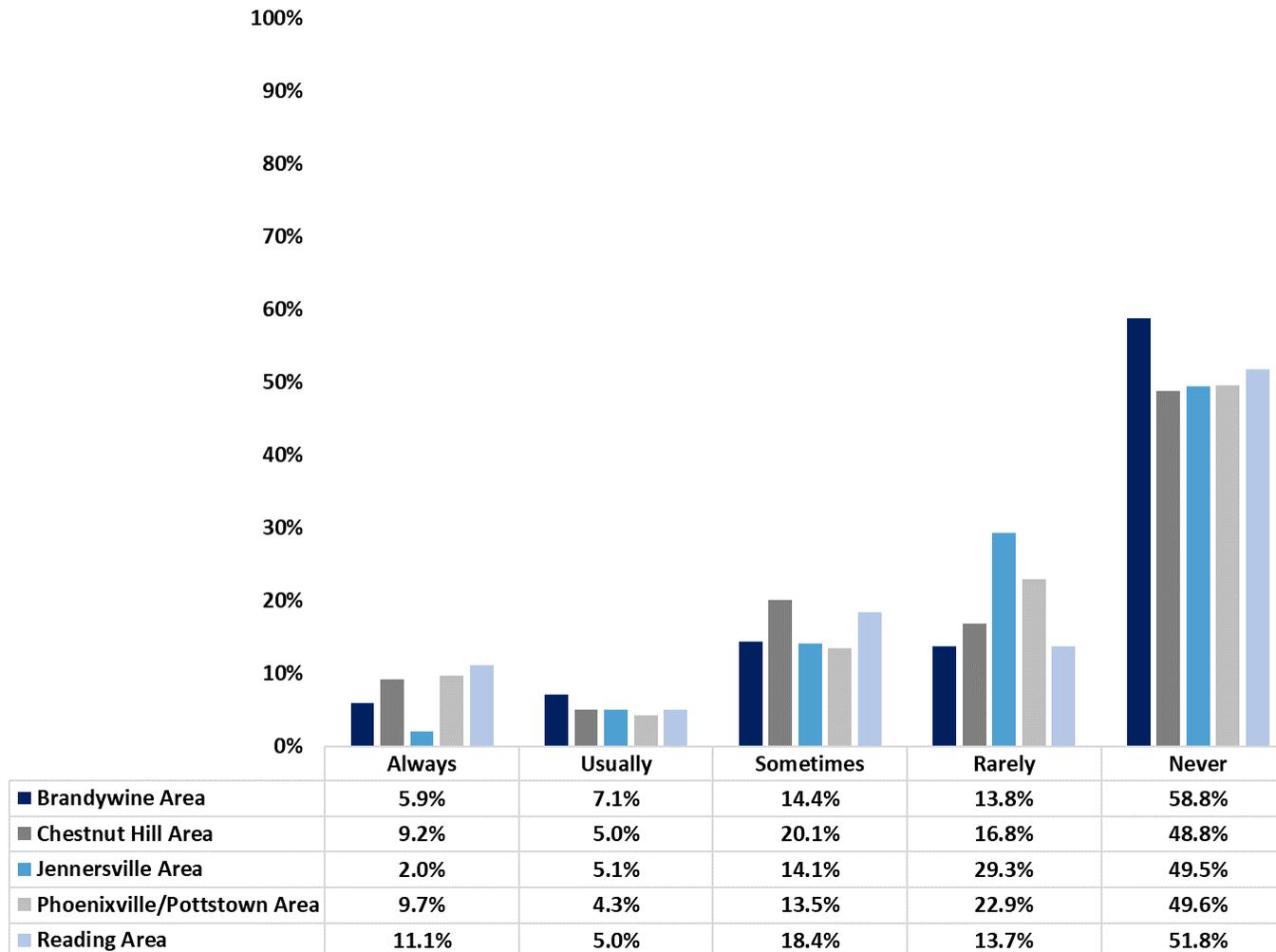


Figure 34 illustrates the significant differences by hospital from the community survey in terms of respondents worried about housing. Respondents from the Brandywine Hospital area were significantly less likely to worry about housing compared to other respondents.

Figure 34: Worried About Housing



HOW ENVIRONMENT IMPACTS HEALTH

Table 19 shows the daily average air-pollution particulate matter score as well as the presence of drinking water violations in 2018. Chester County had a higher average daily air pollution particulate matter score (11.4) when compared to the state (10.4). Chester County also had the presence of a water violation.

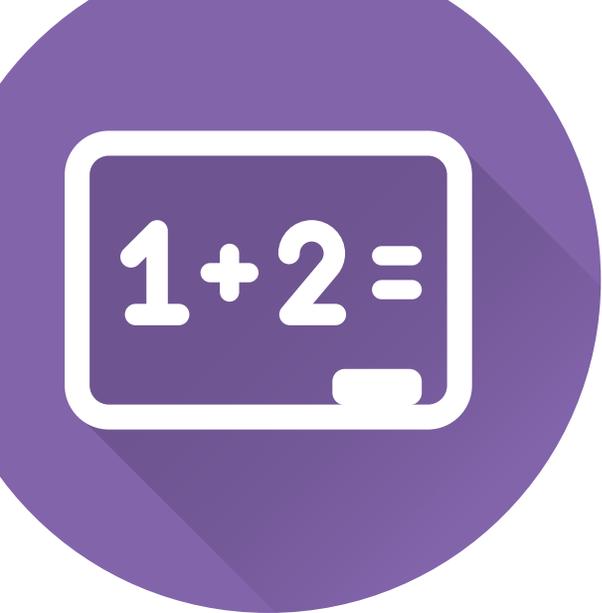
Table 19: Air and Water Quality

	Air pollution - particulate matter	Drinking water violations
	Average Daily PM2.5	Presence of violation
Chester County	11.4	Yes
Pennsylvania	10.4	N/A

Source: County Health Rankings, 2018







HEALTH IS WHERE WE LEARN

Education plays a role in the health and well-being of a population. Dropping out of school is associated with multiple social and health problems. Individuals with less education are more likely to experience a number of health risks, such as:

- Obesity
- Substance abuse
- Intentional and unintentional injuries

Higher levels of education are associated with:

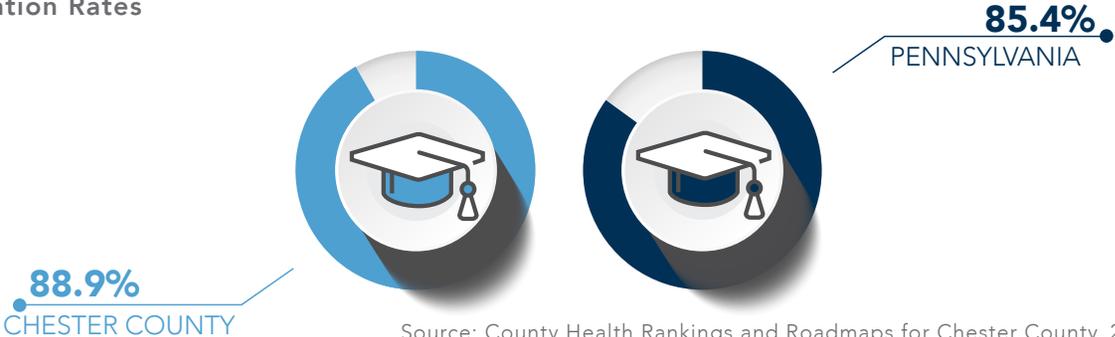
- A longer life
- Increased likelihood of obtaining or understanding basic health information and services to make appropriate healthcare decisions

HOW EDUCATION IMPACTS HEALTH

Low education levels can be barriers to health. This is seen in those residents who have less than a high school education. These individuals are significantly more likely to report their health as fair or poor, to struggle with food, housing and access to health care.

As **Figure 35** illustrates, Chester County (88.9%) high school graduation rates are higher than the state (85.4%).

Figure 35: Demographic Snapshot: High School Graduation Rates



Source: County Health Rankings and Roadmaps for Chester County, 2018

Generally, the higher the education level, the lower the percentage of the population that lives in poverty. In Chester County, the poverty level by educational attainment is shown in **Figure 36**. Only 8.7% of those who have some college or a college degree live in poverty while 16.7% of those with less than a high school degree in Chester County live in poverty.

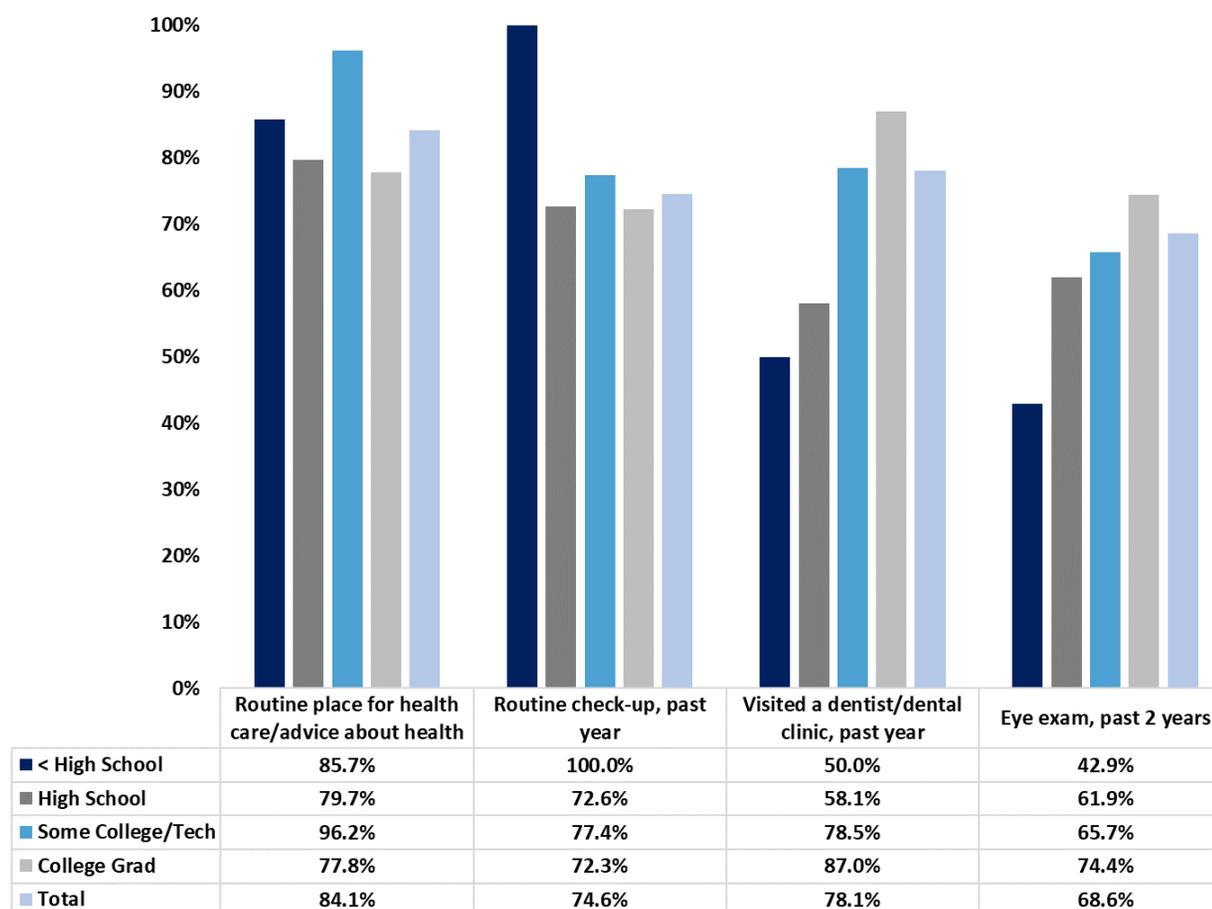
Figure 36: Percent Of Population (Age 25+) Below Poverty Level Based on Educational Attainment



HOW EDUCATION IMPACTS ACCESS TO CARE

Figure 37 shows significant differences for preventative care based on highest level of educational attainment from the community survey who reside in Chester County. Respondents who are college graduates were significantly less likely to have a routine place they go for health care when compared to other respondents. Respondents who have not graduated high school were significantly less likely to have had a routine visit to the dentist or eye exam compared to those with higher levels of education; however they were significantly more likely to have had a routine medical check up compared to other respondents.

Figure 37: Access To Preventative Care



Source: Brandywine Hospital Community Survey 2018, Professional Research Consultants

Table 20 shows significant differences in terms of barriers community survey respondents in Chester County experience based on their educational attainment. Survey respondents with less than a high school education were significantly more likely to be unable to afford a prescription due to cost or take a smaller dose to make prescriptions last longer. They are significantly more likely to need help reading health information and to be less confident when filling out health forms. Transportation and inconvenient office hours were significantly more likely to be barriers those with less than a high school education face when accessing health care.

Table 20: Barriers To Care

	< High School	High School	Some College/Tech	College Grad	Total
Could not afford prescription due to cost	37.5%	12.1%	15.1%	3.2%	9.5%
Skipped dose/taken smaller dose to make prescription last longer	37.5%	12.3%	14.0%	3.2%	9.2%
Need help reading health information	85.7%	34.8%	52.3%	41.1%	44.3%
Confidence in ability to fill out health forms	62.5%	92.2%	99.0%	100.0%	97.4%
Needed medical care but had difficulty finding a doctor	12.5%	4.6%	19.6%	7.5%	10.9%
Difficulty getting an appointment with doctor	12.5%	12.1%	29.0%	10.1%	16.5%
Lack of transportation made it difficult or prevented from seeing a doctor	25.0%	4.5%	13.1%	0.0%	5.6%
Difficulty seeing a doctor because office hours were not convenient	37.5%	6.1%	31.8%	23.8%	23.2%

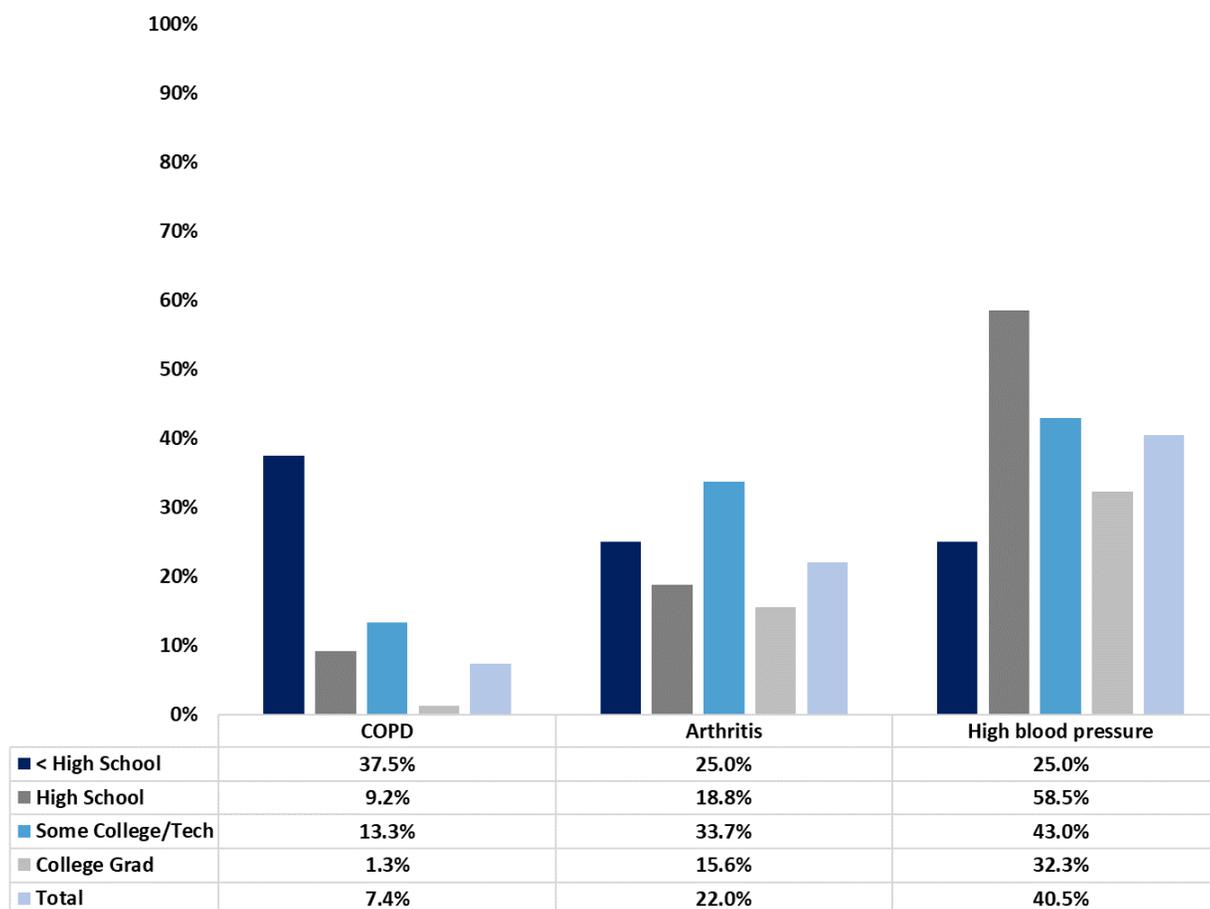
Source: Brandywine Hospital Community Survey 2018, Professional Research Consultants



HOW EDUCATION IMPACTS CHRONIC CONDITIONS

Figure 38 illustrates the percentage of community survey respondents who experience the following chronic conditions that were significantly different based on educational attainment. Respondents from Chester County with less than high school education were significantly more likely to have been told they have COPD compared to other respondents. Those with some college or technical education were significantly more likely to have ever been told they have arthritis compared to other respondents. Those with a high school diploma were significantly more likely to have high blood pressure compared to other respondents.

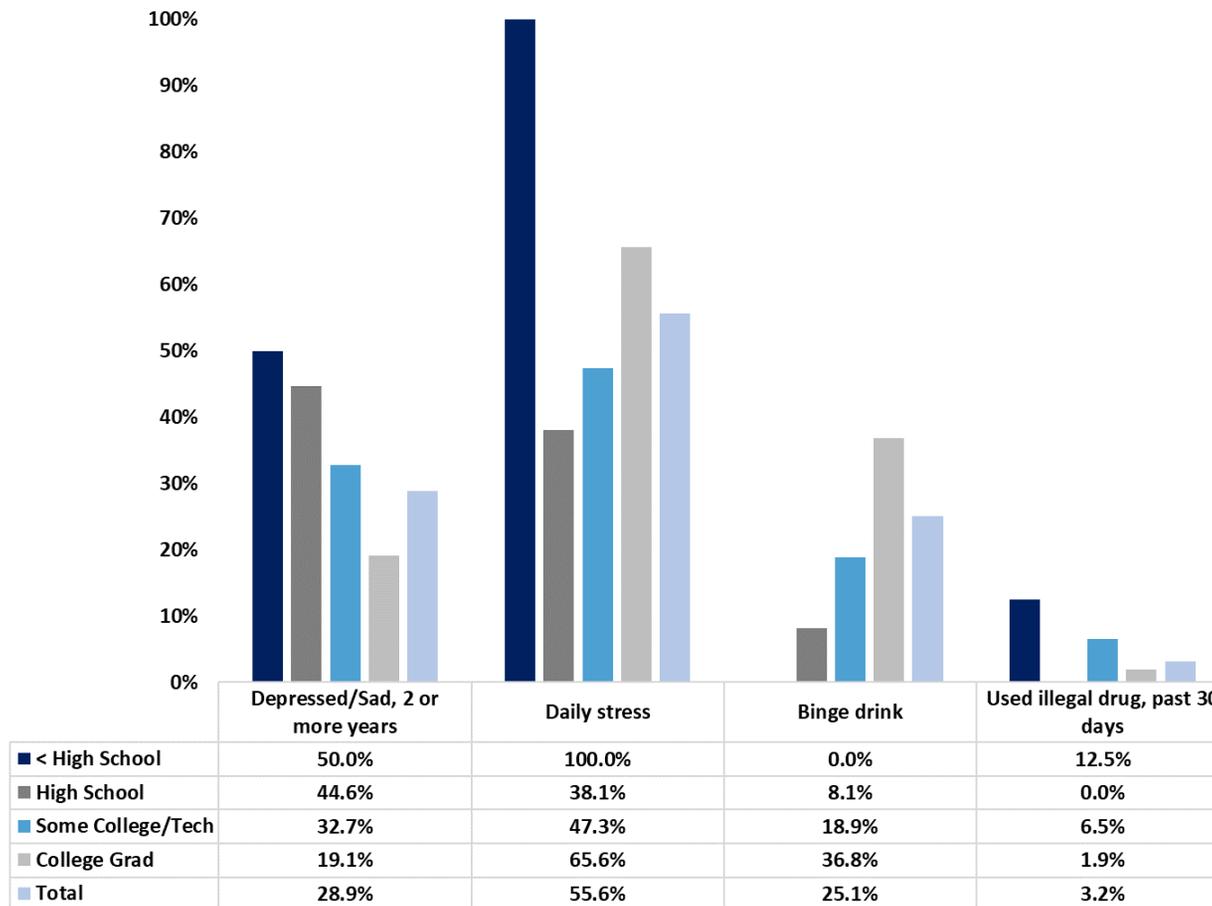
Figure 38: Chronic Conditions



HOW EDUCATION IMPACTS BEHAVIORAL HEALTH

Figure 39 illustrates the community survey respondents in Chester County where significant differences exist based on education for behavioral health questions. Respondents with less than a high school education were significantly more likely to have been depressed or sad for two or more years and to have daily stress in their life. College graduate respondents were significantly more likely to binge drink compared to other respondents. Those with less than a high school diploma were significantly more likely to have used an illegal drug or prescription not prescribed to them in the past 30 days.

Figure 39: Behavioral Health Indicators

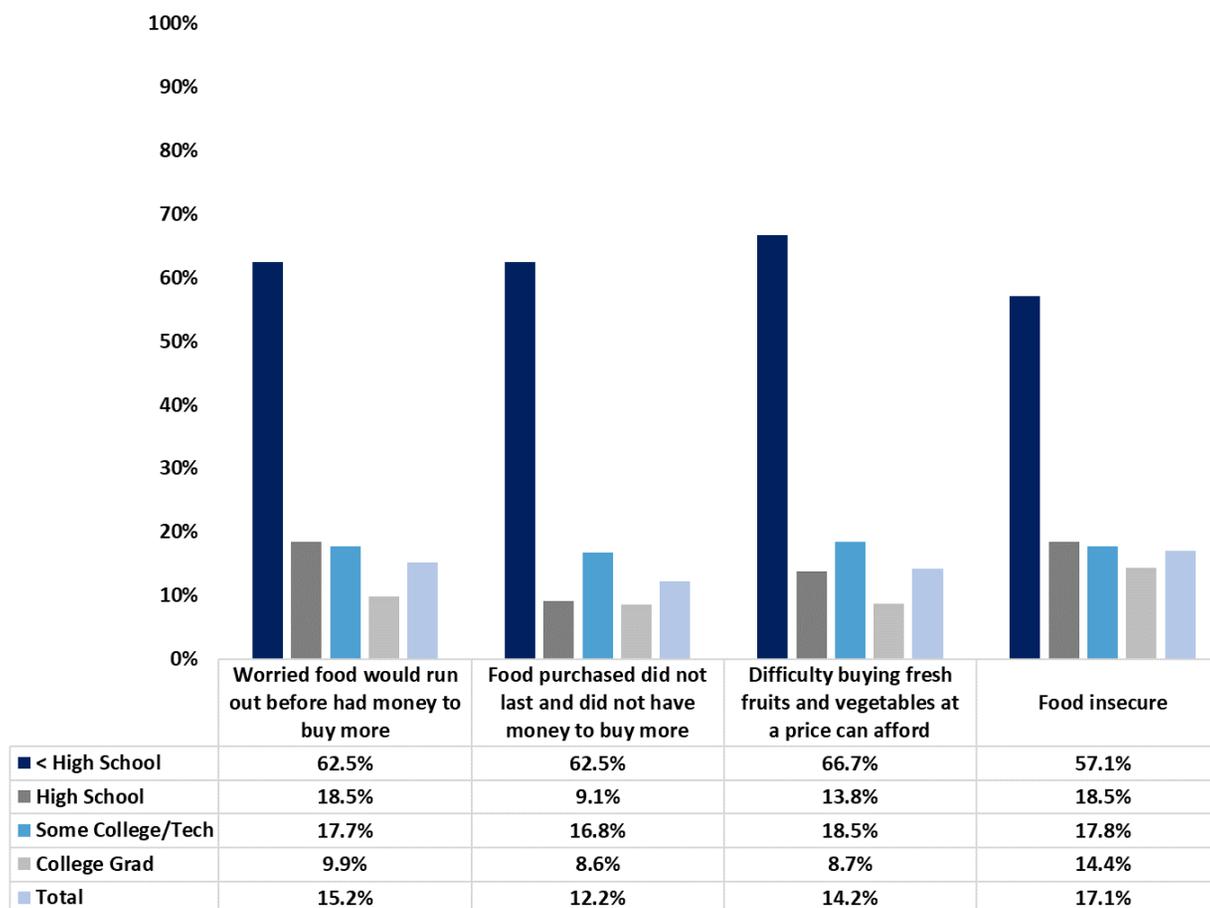


Source: Brandywine Hospital Community Survey, Professional Research Consultants, 2018

HOW EDUCATION IMPACTS FOOD AND NUTRITION

Figure 40 shows community survey responses related to food and nutrition that were significantly different based on highest level of educational attainment. Those with less than a high school education were significantly more likely to worry about running out of food, to have run out of food and been unable to purchase more, to have difficulty buying fresh produce at an affordable price and to be food insecure compared to those respondents with higher levels of education.

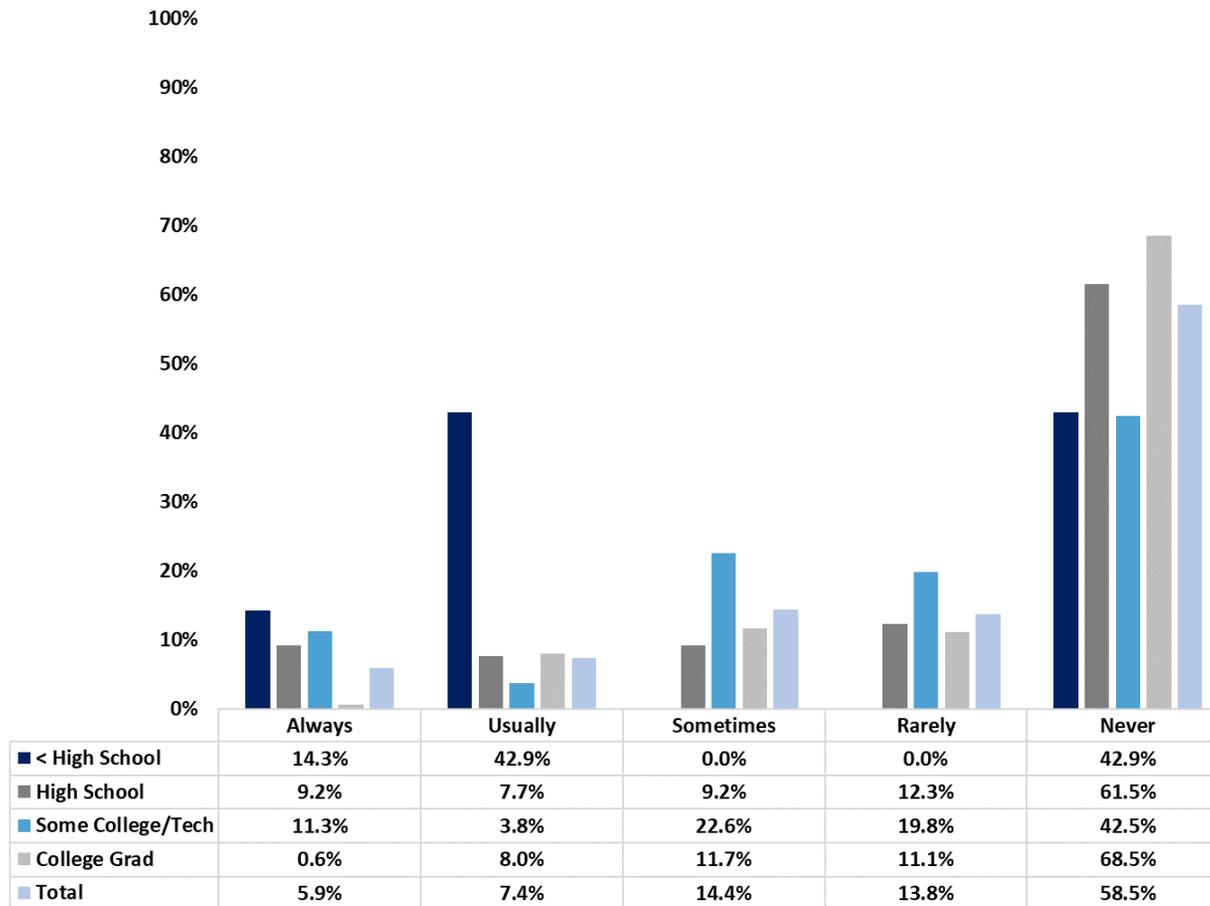
Figure 40: Food and Nutrition Indicators



HOW EDUCATION IMPACTS HOUSING

Figure 41 illustrates the percentage of community survey respondents in Chester County who report worrying about having enough money for housing. Those with less than a high school education or some college or technical school were significantly more likely to worry about not having enough money for housing compared to other respondents.

Figure 41: Worried About Having Enough Money For Housing



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

HOW EARLY CARE AND EDUCATION IMPACTS HEALTH

Early education is an important period in a child's life. Children need safe housing, food, medical care, proper educational stimulation and nurturing relationships for healthy development. The first years of life build the foundation for future cognitive, emotional and behavioral skill development. Strong relationships with caregivers and stable, safe environments play a pivotal role in building a strong foundation for later growth and learning.

EARLY INTERVENTION

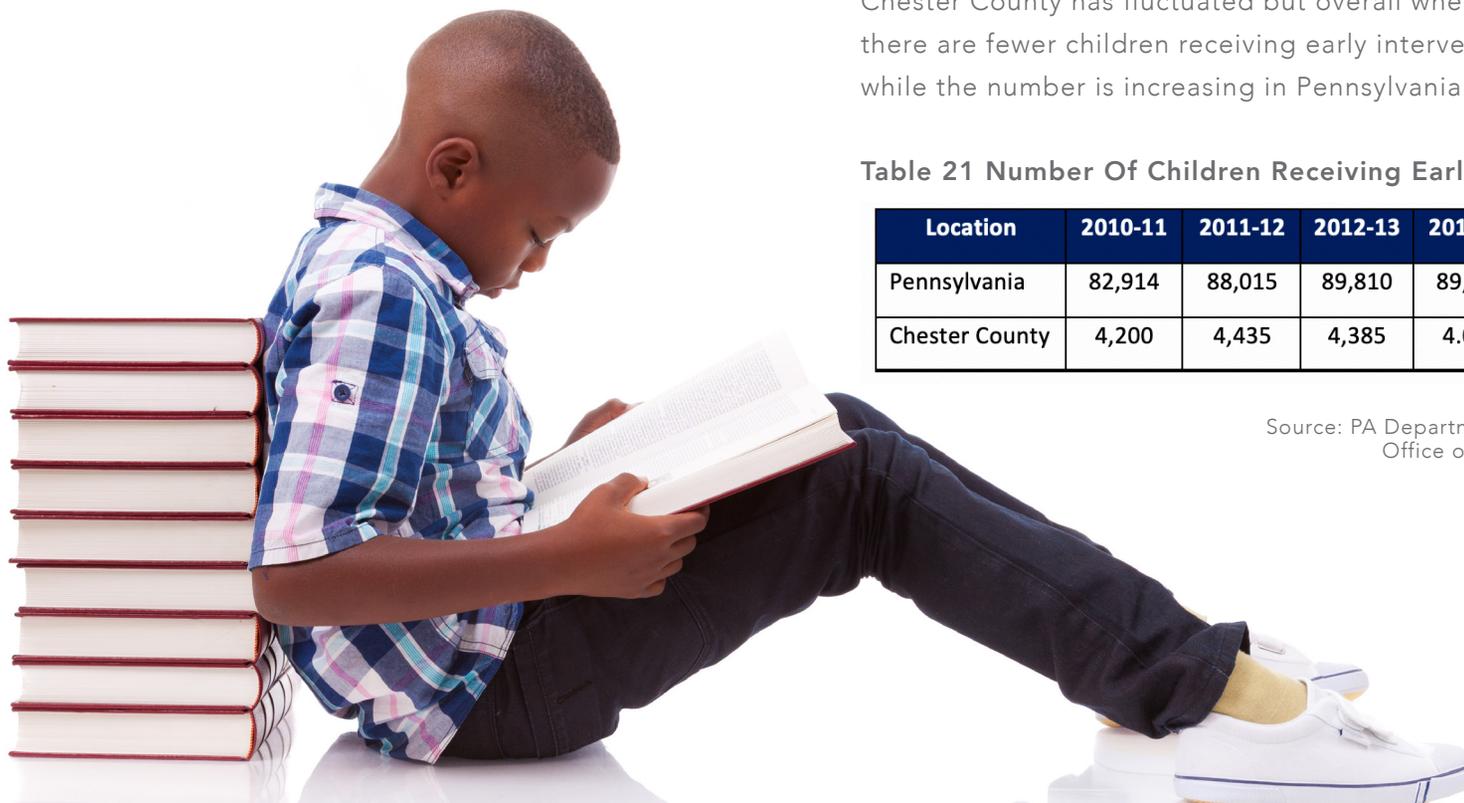
Early Intervention (EI) provides individualized services and supports to families of children birth to school age who have developmental delays or disabilities. Supports and services differ depending on the child's and family's needs and focus on enhancing the child's physical (including vision and hearing), cognitive, communication, social, emotional and adaptive development while providing parent education and support as needed.

Table 21 shows that the number of children receiving EI services in the Chester County has fluctuated but overall when compared to 2010-11 (4,200) there are fewer children receiving early intervention services in the county while the number is increasing in Pennsylvania.

Table 21 Number Of Children Receiving Early Intervention Services

Location	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Pennsylvania	82,914	88,015	89,810	89,654	89,166	90,690	94,306
Chester County	4,200	4,435	4,385	4,054	3,797	3,789	3,963

Source: PA Departments of Education and Human Services,
Office of Child Development and Early Learning



EARLY CHILDHOOD: EARLY CARE AND EDUCATION

Keystone STARS is Pennsylvania's Quality Rating and Improvement System (QRIS). A QRIS is a continuous quality improvement systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Keystone STARS is a program of Pennsylvania's Office of Child Development and Early Learning (OCDEL).

Keystone STARS is a responsive system to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. The system is guided by three core principles:

- A whole child approach to education is essential to meeting the holistic and individual needs of each and every child and family.
- Knowledgeable and responsive early care and education professionals are essential to the development of children and the support of families.
- Building and sustaining ongoing positive relationships among children, families, early care and education professionals and community stakeholders is essential for the growth and development of every child.

Keystone STARS has four primary goals:

- To improve the quality of early care and education;
- To support early care and education providers in meeting their quality improvement goals;
- To recognize programs for continuous quality improvement and meeting higher quality standards; and
- To provide families a way to choose a quality early care and education program.

Figure 42 illustrates the different star levels.

Figure 42: Keystone Star Levels



As outlined in **Table 22** below, the percentage of child care providers in the Keystone Stars program has increased in recent years. As of September 2018, only a small percentage of providers in Chester County and the state overall are not participating, with the county having a slightly higher percentage of participating providers.

Table 22: Regulated Child Care: Total Providers And Keystone Stars Participation

	Program Type	Data Type	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Sep-18
Pennsylvania	Providers in STARS	Number	4,459	4,491	3,895	3,883	3,792	3,860	6,983
		Percent	51.8%	53.6%	47.6%	48.5%	49.20	51.4%	95.1%
	Providers Not in STARS	Number	4,141	3,889	4,283	4,128	3,916	3,646	362
		Percent	48.2%	46.4%	52.4%	51.5%	50.8%	48.6%	4.9%
Chester County	Providers in STARS	Number	112	121	104	108	103	106	152
		Percent	56.9%	65.8%	56.2%	59.0%	61.3%	65.8%	98.1%
	Providers Not in STARS	Number	85	63	81	75	65	55	3
		Percent	43.1%	34.2%	43.8%	41.0%	38.7%	34.2%	1.9%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

According to the Office of Child Development and Early Learning nearly 205,000 children under age 5 need subsidized child care so their parents can reliably participate in the workforce and financially support their families. Child care provides not only peace of mind to working parents but an opportunity for young children to develop, grow and learn. Research indicates that access to high quality child care increases the likelihood that children enter school ready to success and their parents remain employed.

Table 23 shows the number and percent of children under the age of 5 in Chester County and Pennsylvania who are eligible, enrolled and unserved by a child care subsidy. In Chester County there are over 3,000 children not being served by a child care subsidy who are eligible, which accounts for 71.3% of eligible children. The percentage in Chester County not being served is comparable to Pennsylvania.

Table 23: Child Care Subsidy - Eligibility and enrollment of children under 5 years

Location	Under Age 5	Data Type	Oct-17
Pennsylvania	Eligible	Number	204,850
		Percent	NA
	Enrolled	Number	59,730
		Percent	29.2%
	Unserved	Number	145,120
		Percent	70.8%
Chester County	Eligible	Number	4,420
		Percent	NA
	Enrolled	Number	1,270
		Percent	28.7%
	Unserved	Number	3,150
		Percent	71.3%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

Table 24 shows the percentage of children receiving subsidized childcare in Keystone STARS 3 or 4 facilities. The percentage of children receiving subsidized care in a Keystone STARS 3 or 4 facility has been increasing in Chester County and in June 2017 (38.6%) was higher when compared to the state (32.2%).

Table 24: Children Receiving Subsidized Child Care in Keystone STARS 3 or 4 Facilities

Location	June 2013	June 2014	June 2015	June 2016	June 2017
Pennsylvania	23.5%	23.7%	22.9%	23.0%	32.2%
Chester County	25.4%	28.5%	30.1%	29.1%	38.6%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

According to the Office of Child Development and Early Learning in Table 25, on page 79, high-quality pre-k includes the distinct counts of PA Pre-K Counts, Head Start Supplemental Assistance Program and Keystone STARS 3 and 4 enrollments; Head Start; school district pre-k; accredited or PDE licensed nursery school; providers accredited by an accreditation recognized by the Pennsylvania Office of Child Development and Early Learning. Publicly funded, high-quality pre-k includes the distinct count of PA Pre-K Counts, Head Start Supplemental Assistance Program and Child Care Works enrollments in Keystone STARS 3 and 4; Head Start; and school district pre-k.



Table 25 shows the number and percent of children (ages 3-4) with access to high-quality Pre-K programs. The percentage of children in the county with access to high-quality pre-k has been increasing while those in publicly funded high-quality pre-k has fluctuated. Fewer children age 3-4 in Chester County have access to publicly funded, high-quality pre-k when compared to the state.

Table 25: Children (Ages 3-4) With Access to High Quality Pre-K

Location	Type	Data Type	2013	2014	2015	2017
Pennsylvania	High-quality pre-k	Number	87,966	92,471	94,043	106,707
		Percent of all children ages 3-4	29.6%	31.1%	31.7%	36.2%
	Publicly funded, high-quality pre-k	Number	52,933	56,206	55,242	68,972
		Percent of all children ages 3-4	17.8%	18.9%	18.6%	23.4%

Location	Type	Data Type	2013	2014	2015	2017
Chester (Urban)	High-quality pre-k	Number	3,556	3,874	3,907	NA
		Percent of all children ages 3-4	27.0%	29.4%	29.7%	NA
	Publicly funded, high-quality pre-k	Number	666	944	901	1,031
		Percent of all children ages 3-4	5.1%	7.2%	6.8%	8.3%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning

Table 23 shows the number and percent of children ages 3-4 that were below 300% poverty with access to publicly funded, high-quality pre-k programs. The percentage of children in Chester County has increased since 2013 (15.8%) to 2017 (23.2%) but remains below the state (39.4%).

Table 23: Children (Ages 3-4) Below 300% Poverty With Access to Publicly Funded High Quality Pre-K

Location	Type	Data Type	2013	2014	2015	2017
Pennsylvania	Publicly funded, high-quality pre-k	Number	52,933	56,206	55,242	68,972
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	29.6%	31.1%	31.4%	39.4%
Location	Type	Data Type	2013	2014	2015	2017
Chester (Urban)	Publicly funded, high-quality pre-k	Number	666	944	901	1,031
	Publicly funded, high-quality pre-k	Percent of children < 300% poverty	15.8%	20.9%	17.3%	23.2%

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning



HEADSTART

Head Start is the national commitment to give every low-income child, regardless of circumstances at birth, an opportunity to succeed in school and in life. In the 50 years since its inception, Head Start has improved the lives of more than 32 million children and their families. In addition to life and school preparedness, Head Start is also the nation's laboratory for early learning innovation. It offers a unique whole child/whole family program design coupled with a delivery system that includes local programs, national standards, monitoring, professional development, and family engagement. The commonwealth, through the Head Start Supplemental, creates new slots to supplement the resources provided through this federal program and to further reduce the unmet need felt in rural, suburban, and urban communities.

As illustrated in **Table 27**, the number of children enrolled in Head Start programs has fluctuated over the past few years in Chester County, with about half of the children enrolled in a federal Head Start program.

Table 27: Children Enrolled in Head Start Program, Chester County

Location	Program	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17
Chester	Total	446	459	568	592	466	467
	Early Head Start	0	0	0	0	123	124
	Head Start - Federal	427	427	537	542	238	238
	Head Start - State	19	32	31	50	105	105

Source: Pennsylvania Departments of Education and Human Services, Office of Child Development and Early Learning



WHAT THE COMMUNITY IS SAYING

Lack of child care was not considered to be a significant barrier impacting access to health care by key informants. Over half (54.7%) of intercept survey respondents identified education as having the highest impact on one's health with 31.2% having identified the lack of childcare as having the greatest impact.



HEALTH IS WHERE WE WORK

HOW EMPLOYMENT IMPACTS HEALTH

A person who is unemployed or working a low wage or undesirable job is more at risk for health problems than those employees who are working full time. This may be partially a health selection effect, but it is also to a large extent cause and effect. There is strong evidence that unemployment is linked to early death, poorer general and mental health and psychological distress, higher use of medications and medical services as well as hospitalizations.

Figure 43 shows the unemployment rate in Chester County, Pennsylvania and the nation for April 2019. Unemployment in Chester County was below both the state and nation.

Figure 43: Demographic Snapshot: Unemployment Rate

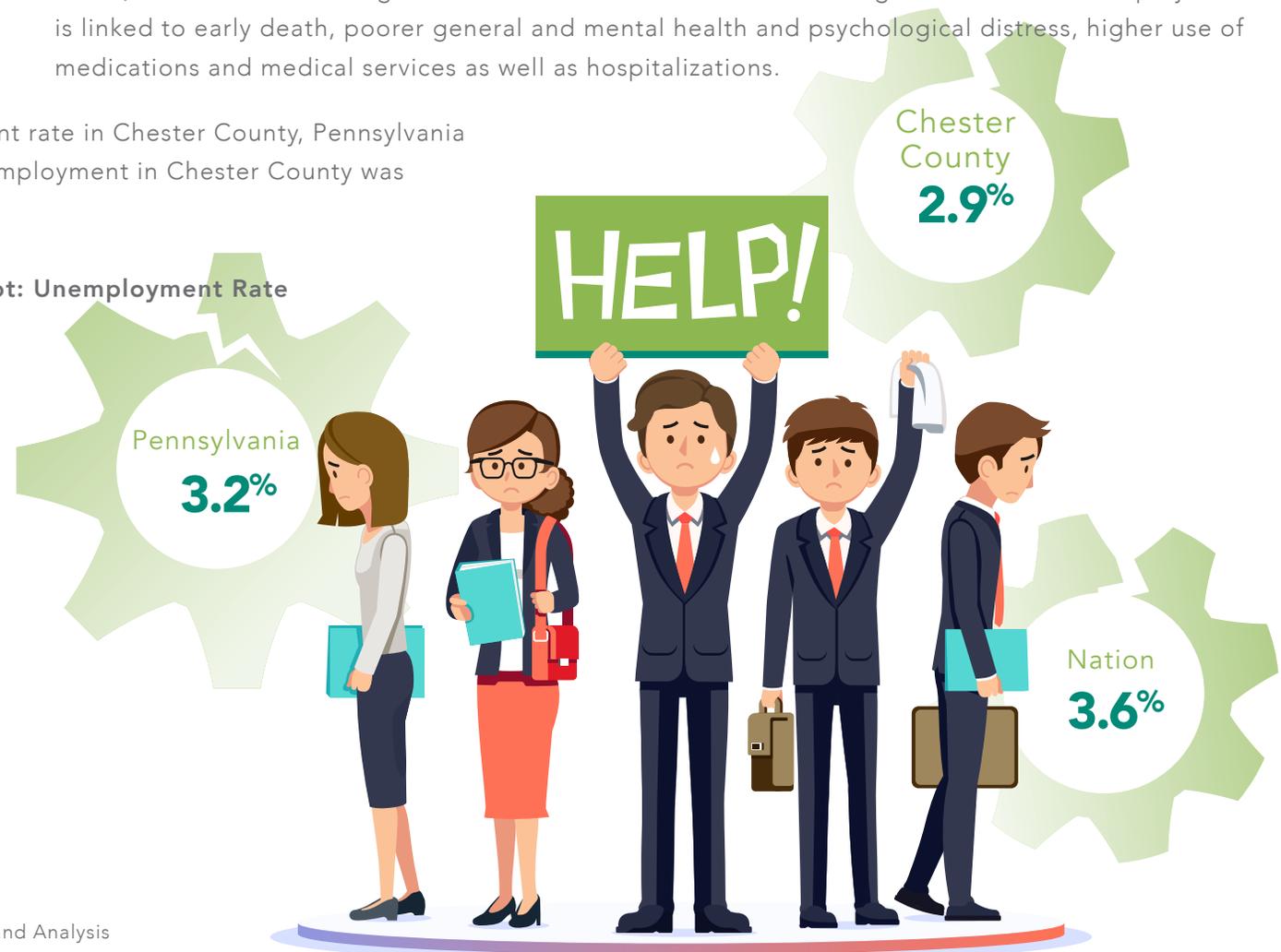


Table 28 shows employment for Chester County. Just under one-third (31.2%) of residents age 16 and older are not in the labor force, while 65.6% are currently employed. Of those employed, most (71.1%) are employed in a white collar occupation.

Table 28: Demographic Snapshot: Employment

	Chester County
Employment Status	
Civilian Employed	65.6%
Civilian Unemployed	3.1%
In Armed Forces	0.1%
Not in Labor Force	31.2%
Occupational Classification	
White Collar	71.1%
Blue Collar	12.8%
Service and Farming	16.0%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics





WHAT THE COMMUNITY IS SAYING

Just under half of the intercept survey respondents (43.9%) identified underemployment/unemployment as having the highest impact on one's health.

HOW INCOME IMPACTS HEALTH

As outlined in **Table 29**, the average and median household income levels for Chester County are higher than the state and nation. The number of families living in poverty for Chester County (4.0%) is much lower than the state (9.2%) and nation (11.0%).

Table 29: Demographics Snapshot: Income

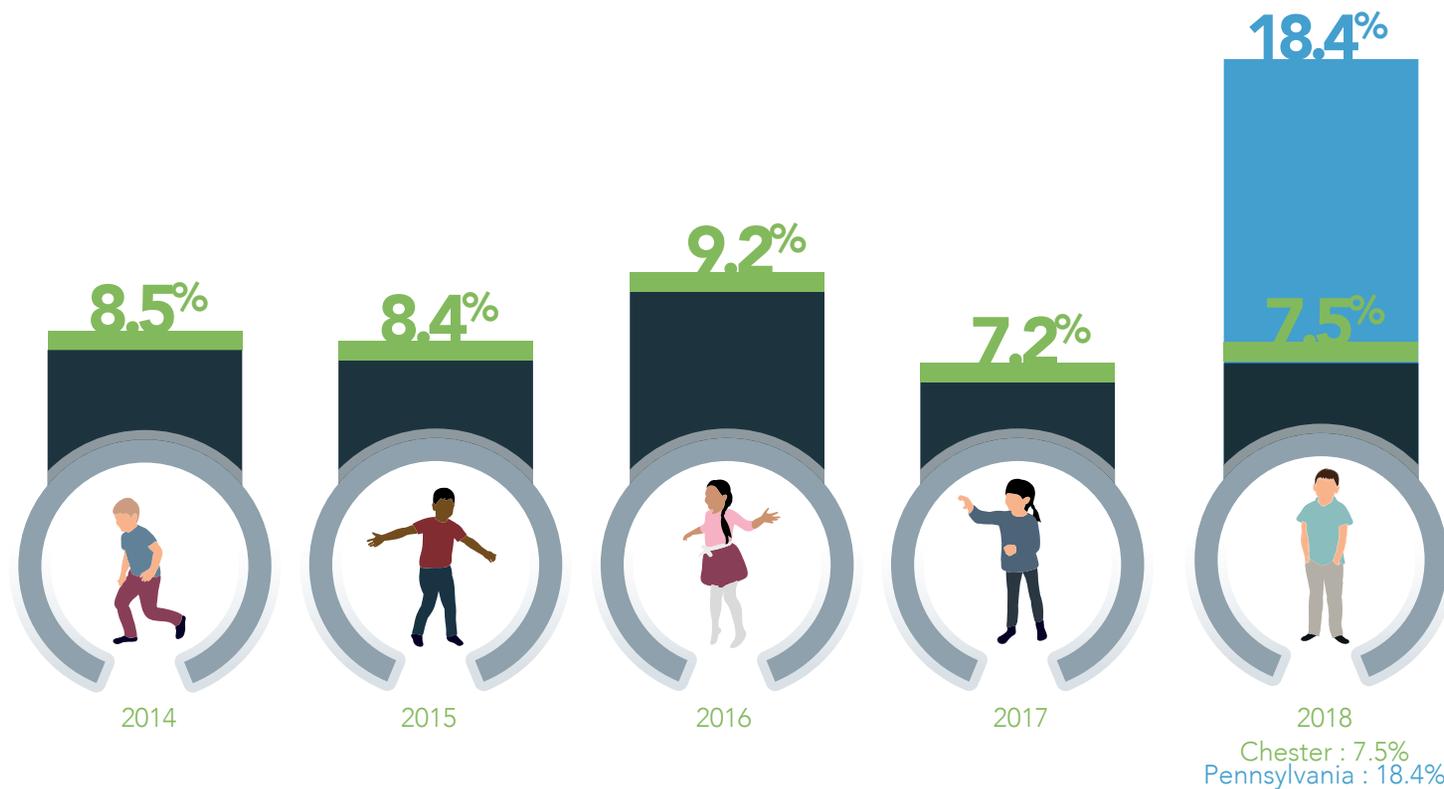
	Chester County	PA	US
Average household Income	\$136,345	\$83,779	\$86,278
Median Household Income	\$97,715	\$60,149	\$60,133
Families Living in Poverty	4.0%	9.2%	11.0%

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics



Figure 44 shows the percentage of children in Chester County living in poverty. While this percentage has fluctuated, in 2018 (7.5%) a smaller percentage of children in Chester County were living in poverty when compared to the state (18.4%).

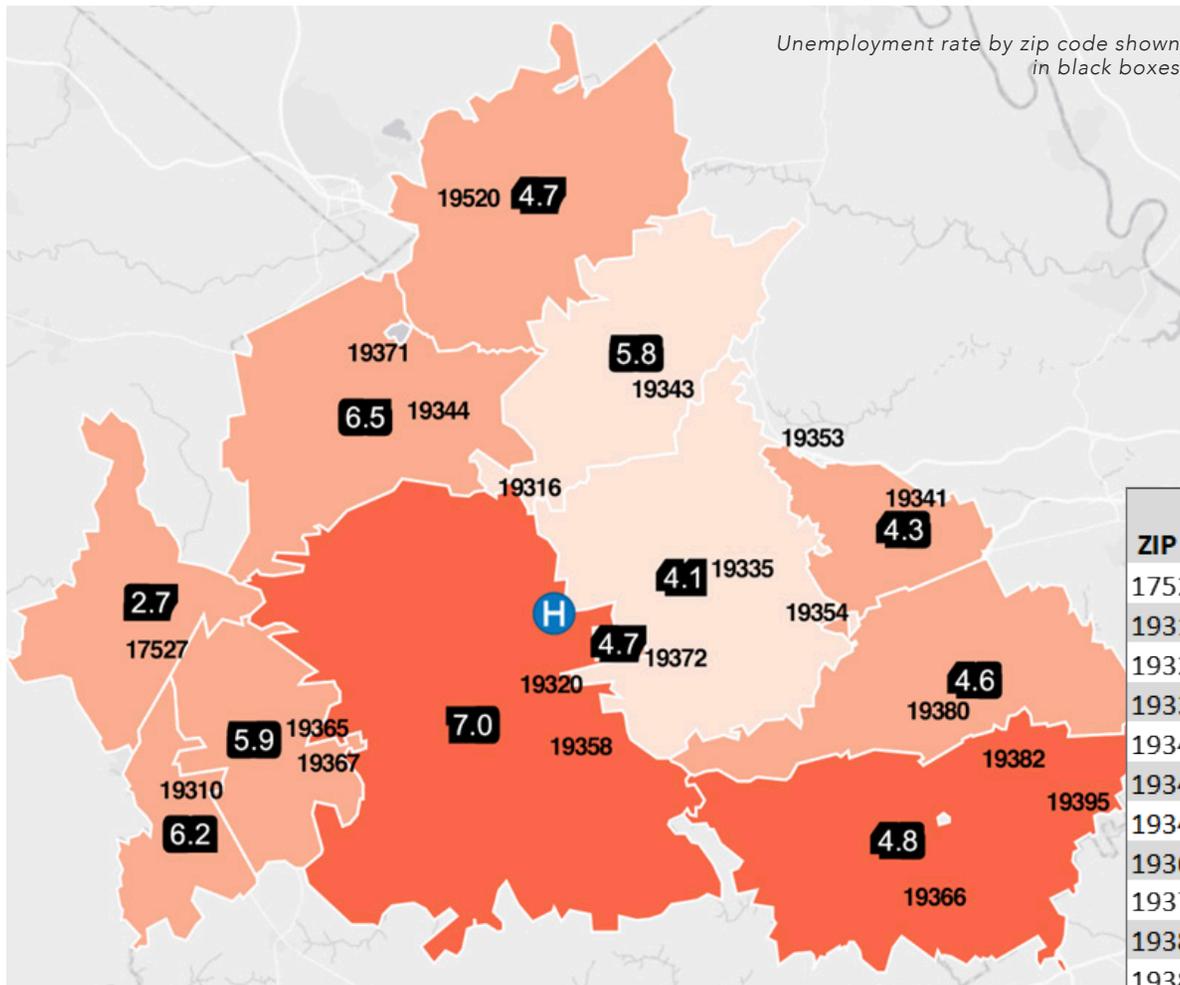
Figure 44: Children Living in Poverty



Source: County Health Rankings and Roadmaps, 2018

Figure 45 illustrates poverty levels by zip code throughout the service area. The City of Coatesville has the highest level of people living in poverty in the service area at 12%. None of the service area zip codes have poverty rates over 20%.

Figure 45: Poverty Levels By Zip Code



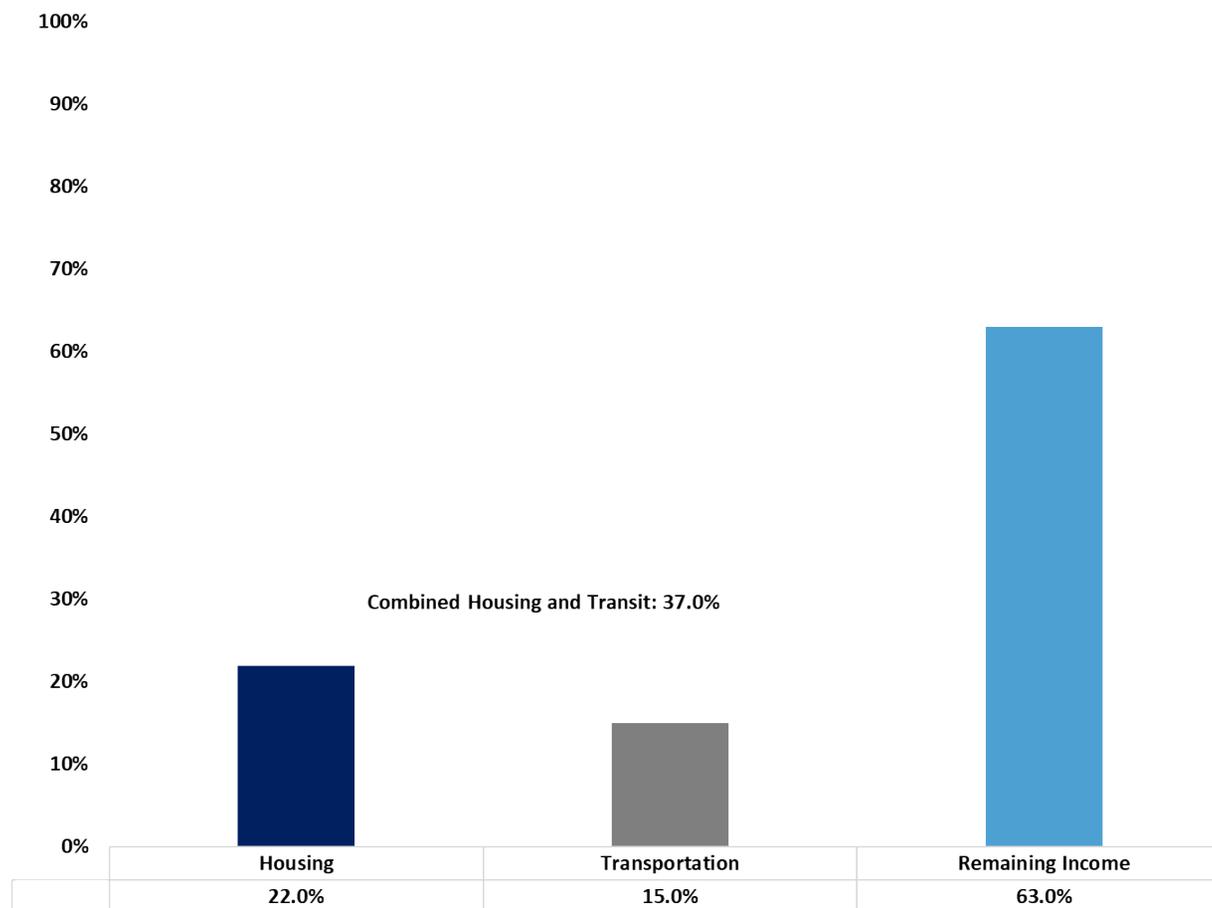
Poverty Rate as of 11/15/18:
 Source: 2012 - 2016 American Community Survey
 Unemployment Rate as of 11/15/18:
 Source: U.S. Census Bureau, Census 2010 Summary File 1

ZIP	Households	Households in Poverty	Poverty Rate	Unemployment
17527	2,117	186	9%	2.7
19310	967	61	6%	6.7
19320	18,849	2228	12%	7
19335	17,515	676	4%	4.1
19341	6,534	436	7%	4.3
19343	2,935	123	4%	5.8
19344	4,312	343	8%	6.5
19365	2,941	179	6%	5.9
19372	875	66	8%	4.7
19380	19,476	1076	6%	4.6
19382	20,011	2017	10%	4.8
19520	2,577	129	5%	4.7

Source: Claritas - Pop-Facts Premier 2018, Environics Analytics

Figure 46 illustrates the housing and transit burden for Chester County. Combined housing and transit is considered a burden when it is at 45.0% or greater of one's household income. Chester County at 37.0% is not at a level considered to be a burden.

Figure 46: Housing and Transit Burden

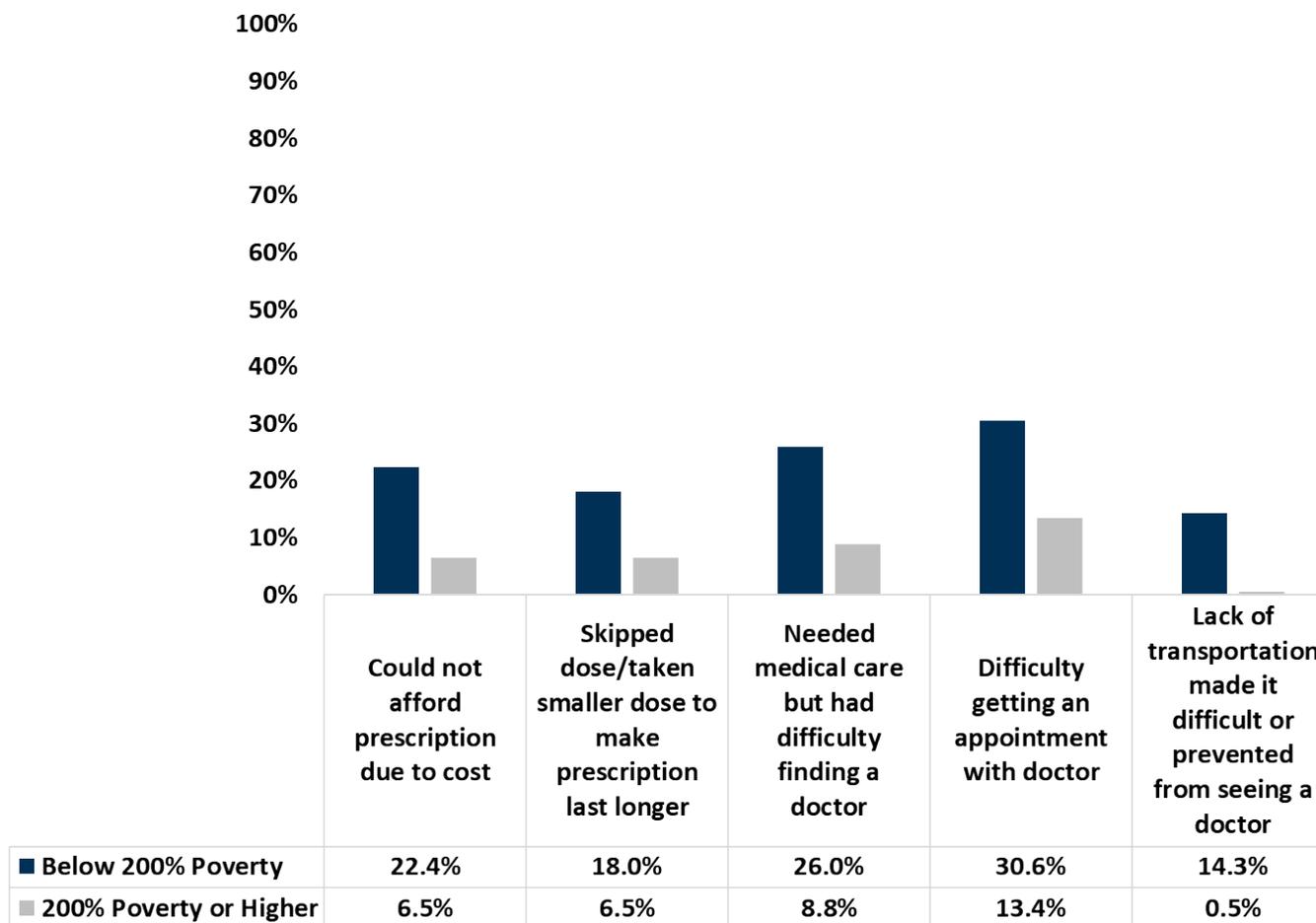


Source: The Center for Neighborhood Technology, Housing and Transportation (H&T®) Affordability Index

HOW INCOME IMPACTS ACCESS TO CARE

Figure 47 shows the responses from the community survey who reside in Brandywine Hospital’s service area where significant differences by poverty exist that impact access to care. Respondents living below 200% poverty were significantly more likely to be unable to fill a prescription due to cost, skipped a dose to make a prescription last longer, have had difficulty finding a doctor, getting an appointment or been unable to see a doctor due to lack of transportation when compared to other respondents.

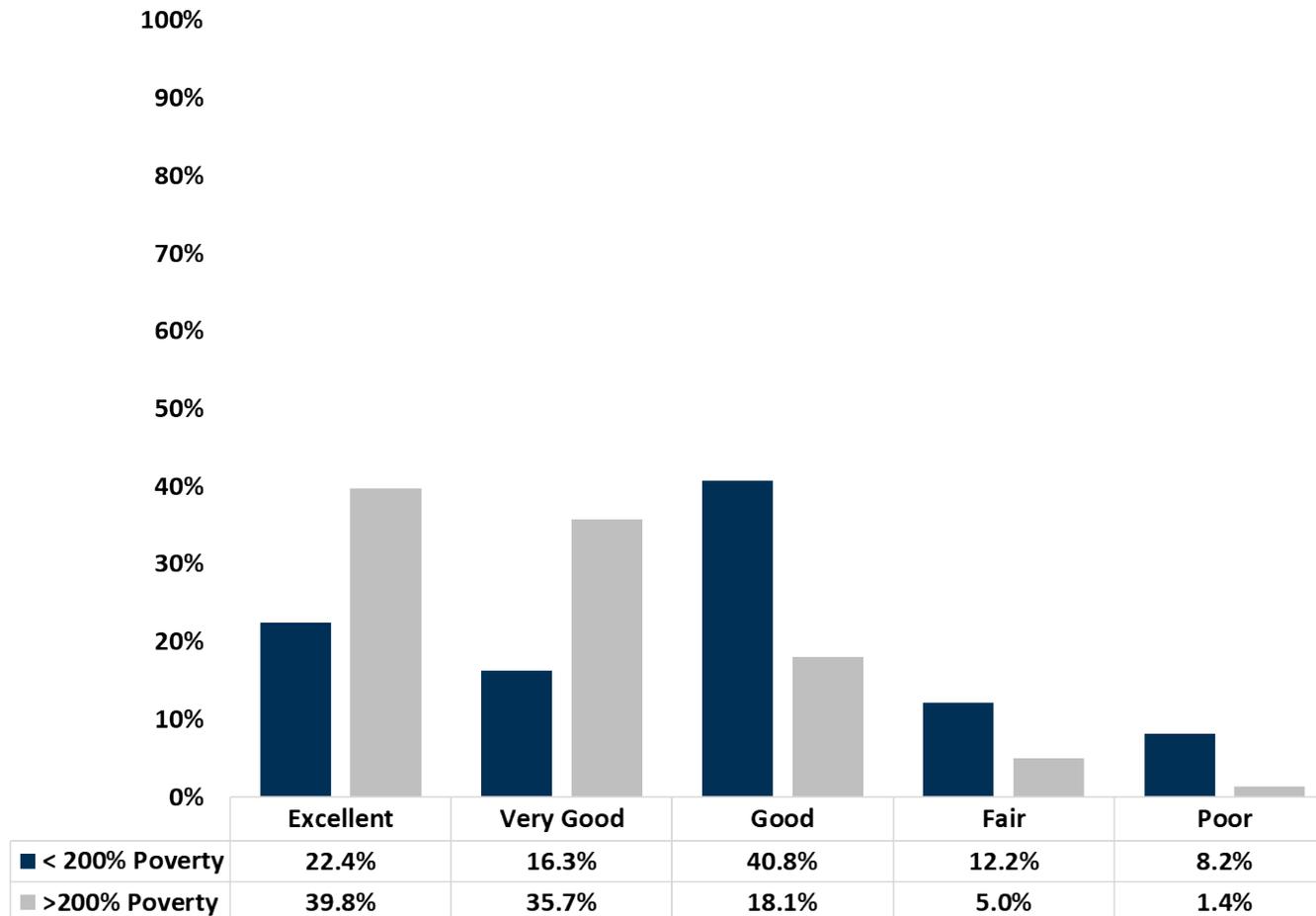
Figure 47: Barriers to Care



HOW INCOME IMPACTS BEHAVIORAL HEALTH

Figure 48 shows the community survey respondents personal mental health rating by poverty level. Community survey respondents in the Brandywine Hospital service area that are living below 200% were significantly more likely to report their personal mental health as fair or poor (20.4%) compared to respondents not living in poverty (6.4%).

Figure 48: Personal Mental Health Rating

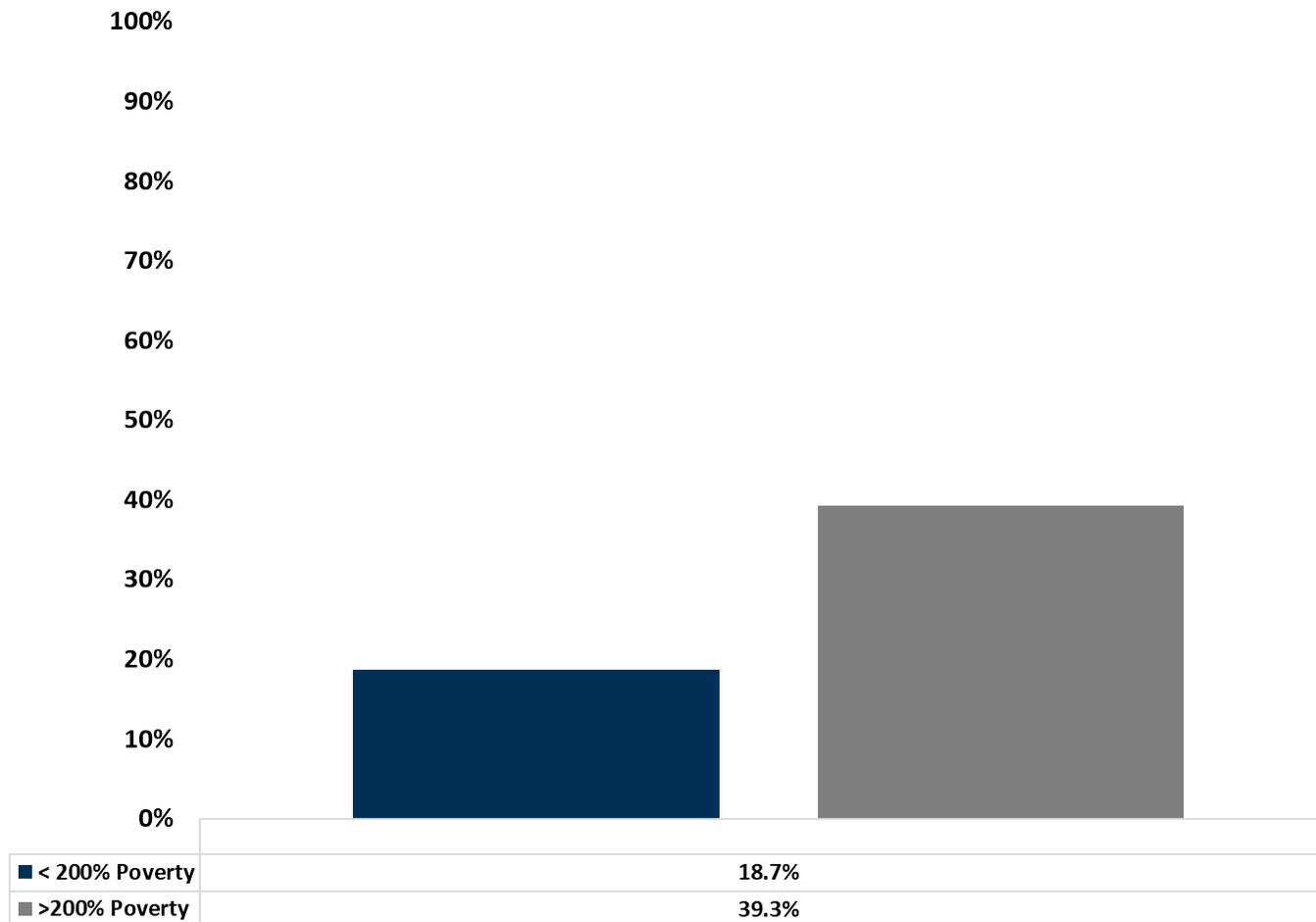


Source: Brandywine Hospital Community Survey 2018, Professional Research Consultants

HOW INCOME IMPACTS PHYSICAL ACTIVITY

Figure 49 shows the community survey respondents who have participated in an activity to strengthen their muscles in the past month by poverty level. Community survey respondents in the Brandywine Hospital service area that are living below 200% were significantly less likely to report their having participated in a strengthen activity (18.7%) compared to respondents not living in poverty (39.3%).

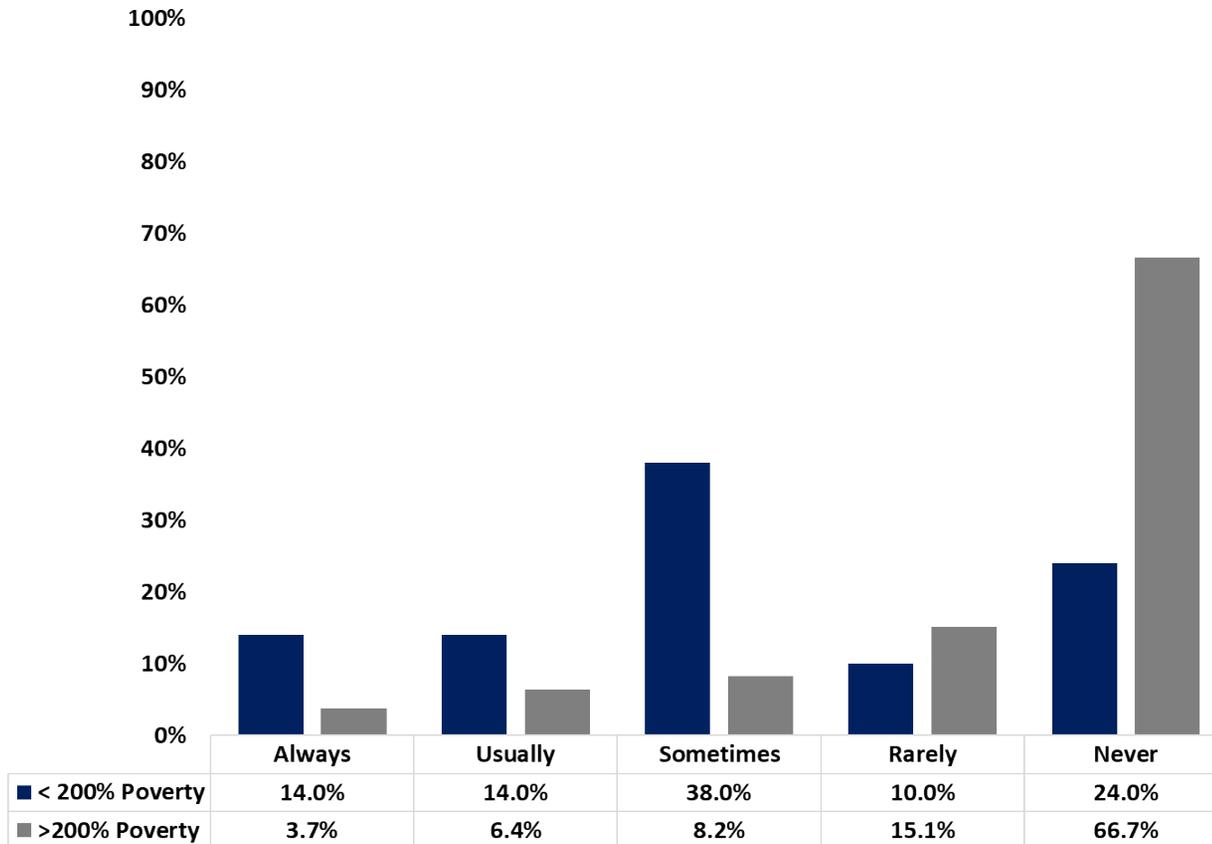
Figure 49: Participated in Activity to Strengthen Muscles, Past Month



HOW INCOME IMPACTS HOUSING

Figure 50 shows the community survey respondents who have worried about having enough money for housing by poverty level. Community survey respondents in the Brandywine Hospital service area that are living below 200% were significantly more likely to worry about having enough money for housing (76.0%) compared to respondents not living in poverty (33.3%).

Figure 50: Worried About Having Enough Money for Housing



Source: Brandywine Hospital Community Survey 2018, Professional Research Consultants



WHAT THE COMMUNITY IS SAYING

Intercept survey respondents rated income as the second highest factor impacting one's health (62.1%). Key informant survey respondents identified low-income/poor residents (75.8%) among the top underserved populations.



ACTIVITY MAKES **FOR A HEALTHIER YOU**

HOW ACTIVITY IMPACTS HEALTH

Obesity can be greatly reduced through regular aerobic exercise and physical activity. Recreation activities, such as running, brisk walking, swimming and bicycling are excellent for elevating the heart rate and lowering the incidence of heart disease, obesity and type 2 diabetes if done regularly.

Figure 51 shows that Chester County had a significantly lower percentage of overweight (56.0%) and obese (19.0%) residents when compared to the state (66.0% and 31.0% respectively).

Figure 51: Overweight/Obesity BRFSS Indicator, 2015-2017

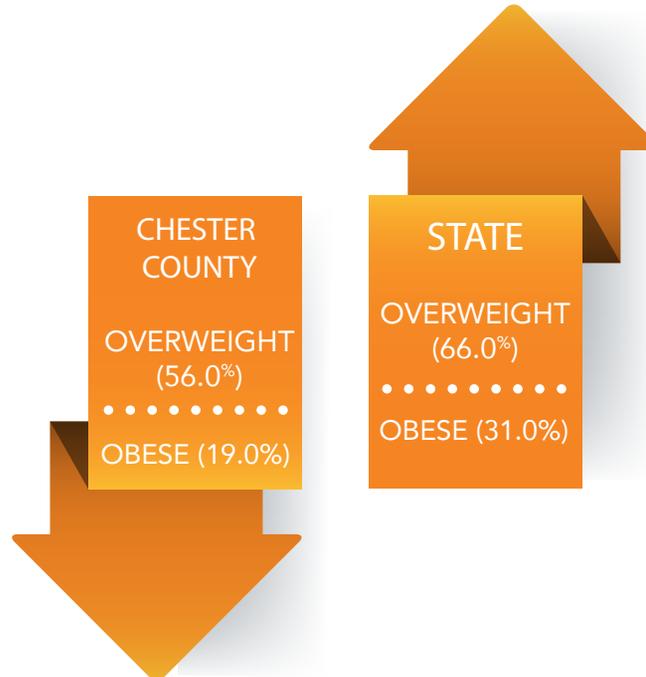


Figure 51 Source: Division of Health Informatics, Behavioral Risk Factor Surveillance System Data, Pennsylvania Department of Health for Chester County, 2015-2017

Figure 52 Source (Page 93): County Health Rankings and Roadmaps for Chester County, 2018



WHAT THE COMMUNITY IS SAYING

Just under half of the community survey respondents (42.9%) had difficulty accessing safe and affordable places to exercise and 19.2% report that they do not participate in physical activity or exercise. Just under two-thirds of the intercept survey respondents identified obesity (61.2%) as having the greatest impact on the health of an individual and 43.8% identified poor nutrition as having the greatest impact.

Focus group participants talked about the need for free and low-cost sport and recreation opportunities for youth.

Figure 52 outlines the percentage of the residents of the Brandywine Hospital Primary Service Area who are physically inactive versus having access to exercise opportunities. Chester County (17.8%) has a lower percentage than the state (24.0%) of physical inactivity. Access to exercise opportunities (74.2%) is also higher when compared to the state (67.8%).

Figure 52: Percent of Population Who Have Access To Exercise Opportunities Versus Those Physically Inactive

RESIDENTS PHYSICALLY INACTIVE



CHESTER COUNTY

17.8%

PENNSYLVANIA

24.0%

CHESTER COUNTY

74.2%

PENNSYLVANIA

67.8%



ACCESS TO EXERCISE OPPORTUNITIES



HOW ACCESS IMPACTS HEALTH

A ccording to Disparities in Access to Health Care⁴ there are eight main reasons why there are differences in health access:

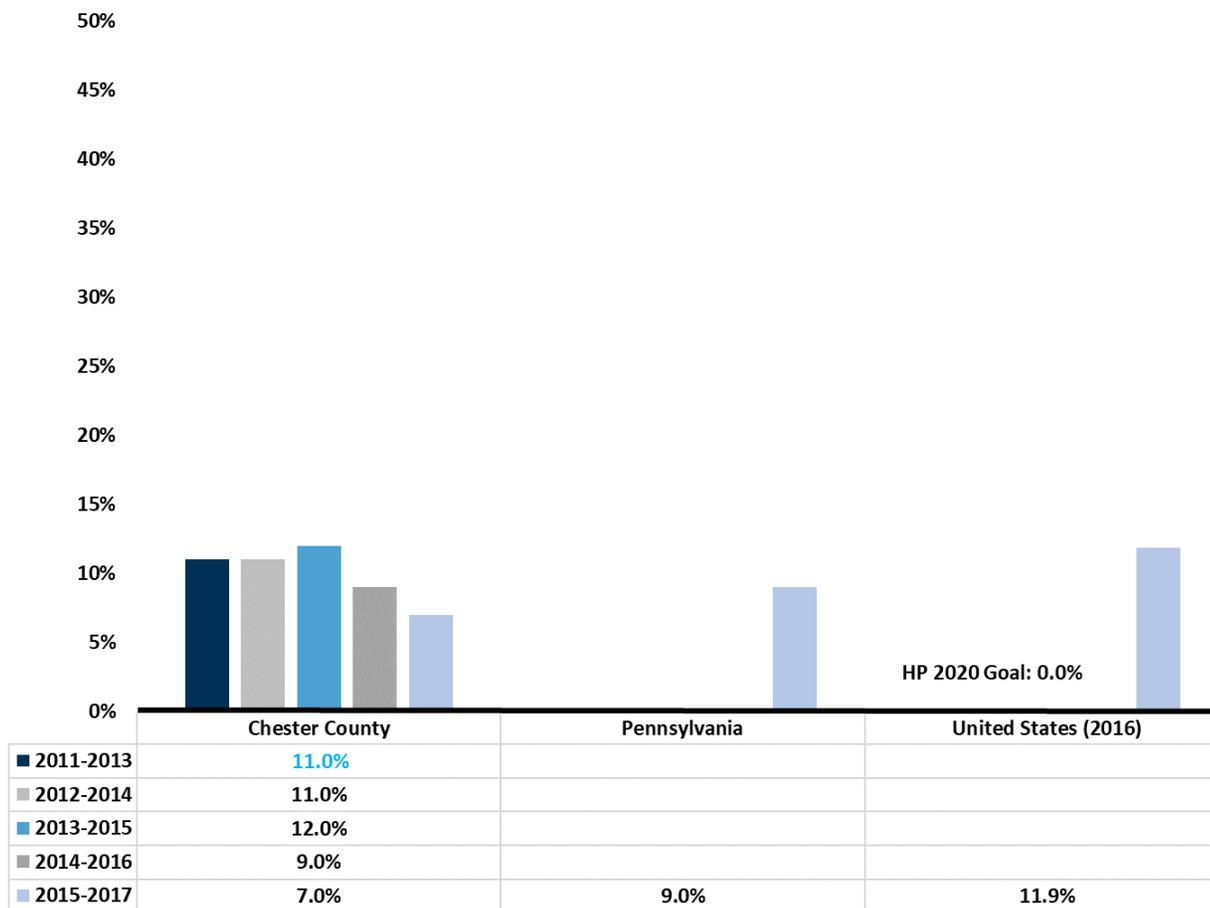
- 1. Lack of health insurance** – Several racial, ethnic, socioeconomic and other minority groups lack adequate health insurance compared with the majority population. These individuals are more likely to delay healthcare and to go without the necessary healthcare or medication they should have been prescribed.
- 2. Lack of financial resources** – Lack of available finance is a barrier to healthcare for many Americans but access to healthcare is reduced most among minority populations. Racial and ethnic minorities are often given a health insurance plan that limits the amount of services available to them as well as the number of providers they can use.
- 3. Irregular source of care** – Compared to white individuals, ethnic or racial minorities are less likely to be able to visit the same doctor on a regular basis and tend to rely more on clinics and emergency rooms. Without a regular healthcare source, people have more difficulty obtaining their prescriptions and attending necessary appointments.
- 4. Legal obstacles** – Low-income immigrant groups are more likely to experience legal barriers. For example, insurance coverage through Medicaid is not available to immigrants who have been resident in the U.S for less than five years.
- 5. Structural barriers** – Examples of structural barriers include lack of transport to healthcare providers, inability to obtain convenient appointment times and lengthy waiting room times. All of these factors reduce the likelihood of a person successfully making and keeping their healthcare appointment.
- 6. Lack of healthcare providers** – In areas where minority populations are concentrated such as inner cities and rural areas, the number of health practitioners and diagnostic facilities is often inadequate.
- 7. Language barriers** – Poor English language skills can make it difficult for people to understand basic information about health conditions or when they should visit their doctor.
- 8. Age** – Older patients are often living on a fixed income and cannot afford to pay for their healthcare. Older people are also more likely to experience transport problems or suffer from a lack of mobility, factors that can impact their access to healthcare. With 15% of the older adults in the U.S not having access to the internet, these individuals are also less likely to benefit from the valuable health information that can now be found on the internet.

⁴ <https://www.news-medical.net/health/disparities-in-access-to-health-care.aspx>

HEALTH INSURANCE

Figure 53 shows the percentage of adults ages 18-64 who do not have health insurance in Chester County, the state of Pennsylvania and the United States. The percentage of adults without health insurance has been decreasing in Chester County and in 2015-2017 (7.0%) was lower than both the state (9.0%) and nation (11.9%) although remains above the Healthy People 2020 Goal that all individuals will have health insurance. The percentage of adults in the county with no health insurance was significantly lower when compared to the state in 2011-2013.

Figure 53: No Health Insurance (Ages 18-64)

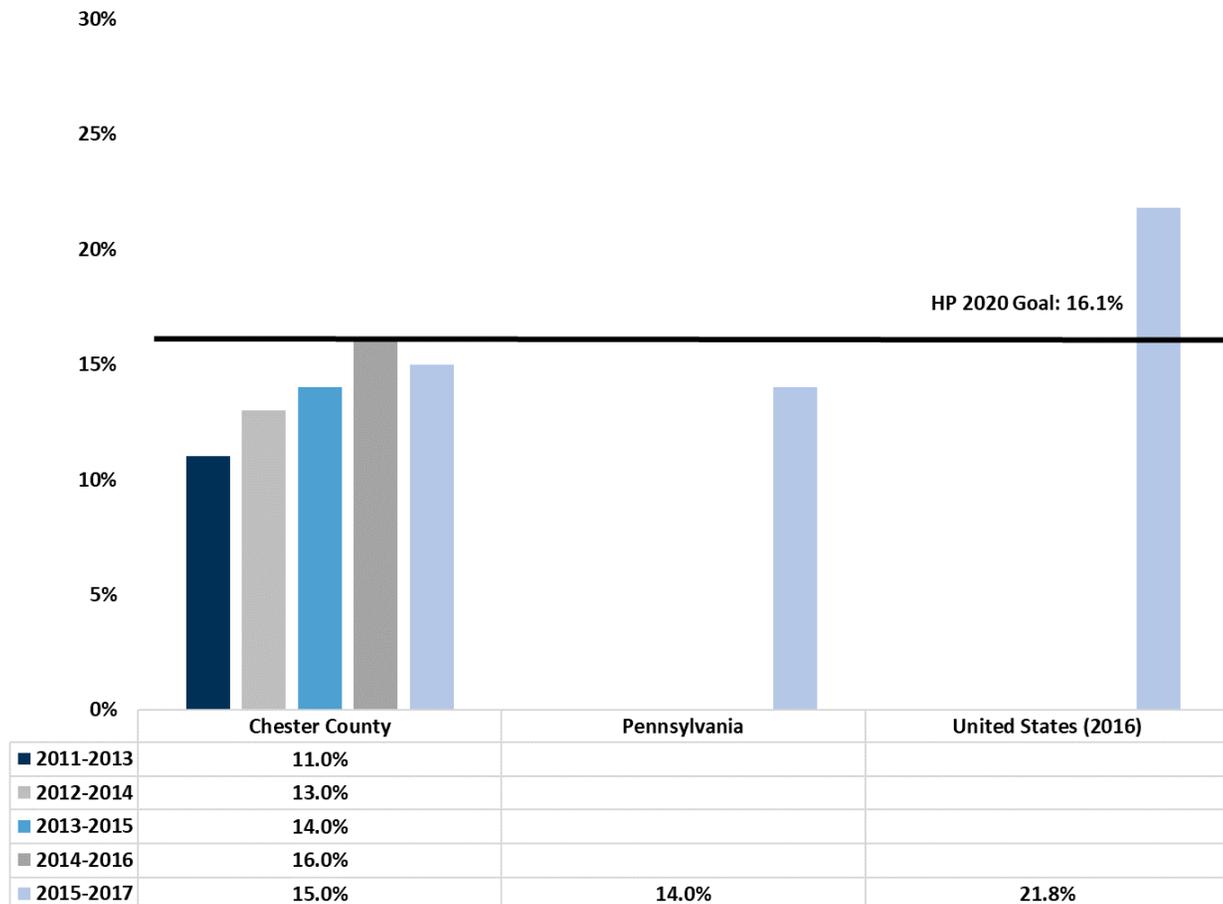


Source: Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Chester County, 2011-2017, Healthy People 2020, Center for Disease Control

PERSONAL CARE PROVIDER

Figure 54 shows the percentage of adults who report they do not have a personal care provider. The percentage of adults who report they do not have a personal care provider has fluctuated in Chester County, although has increased from 11.0% in 2011-2013 to 15.0% in 2015-2017. The percentage of adults with no personal care provider in 2015-2017 in Chester County (15.0%) is comparable to the state (14.0%) and below the nation (21.8%) and Healthy People 2020 Goal (16.1%).

Figure 54: No Personal Care Provider

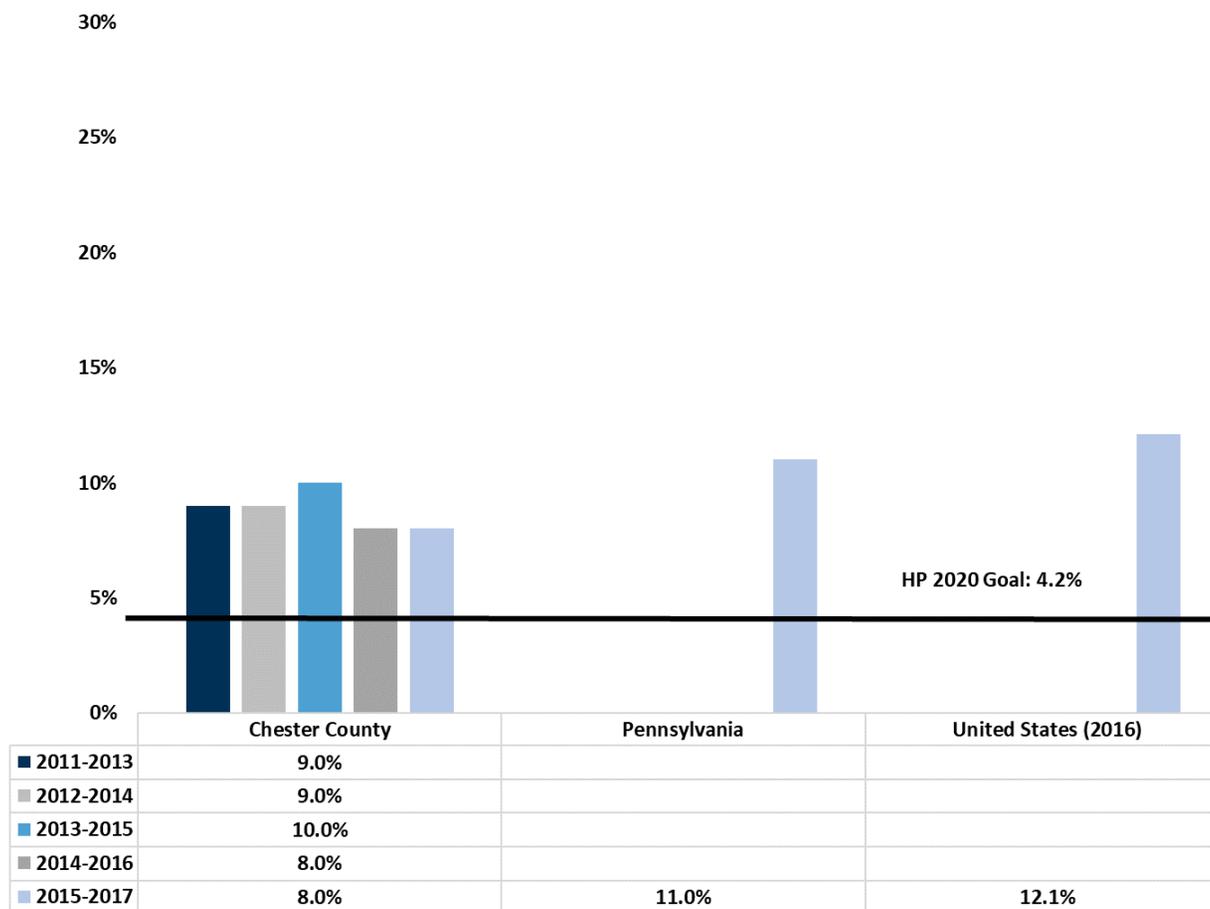


Source: Division of Health Informatics, Behavior Risk Factor Surveillance Survey, Pennsylvania Department of Health for Chester County, 2011-2017, Healthy People 2020, Center for Disease Control

COULD NOT SEE A DOCTOR DUE TO COST

Figure 55 shows the percentage of adults who needed to see a doctor within the past year but could not due to cost. The percentage of adults in Chester County who did not see a doctor due to cost has decreased since 2011-2013 (9.0%) and in 2015-2017 (8.0%) is lower than the state (11.0%) and the nation (12.1%) The county, state and nation are well above the Healthy People 2020 Goal of 4.2%.

Figure 55: Needed to See a Doctor But Could Not Due to Cost, Past Year



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





WHAT THE COMMUNITY IS SAYING

Figure 56 illustrates access to care based on the community survey for respondents who live in Chester County. Just over one third of community survey respondents (38.4%) have had difficulty getting needed healthcare in the past month, while 23.0% have been unable to see a doctor due to inconvenient office hours and 16.2% had difficulty getting an appointment to see a doctor. Just over one in five (22.4%) respondents do not have dental insurance. Approximately one in ten respondents have been unable to see a doctor in the past year due to cost (11.0%) or could not afford a prescription (9.3%).

Figure 56: Access to Care

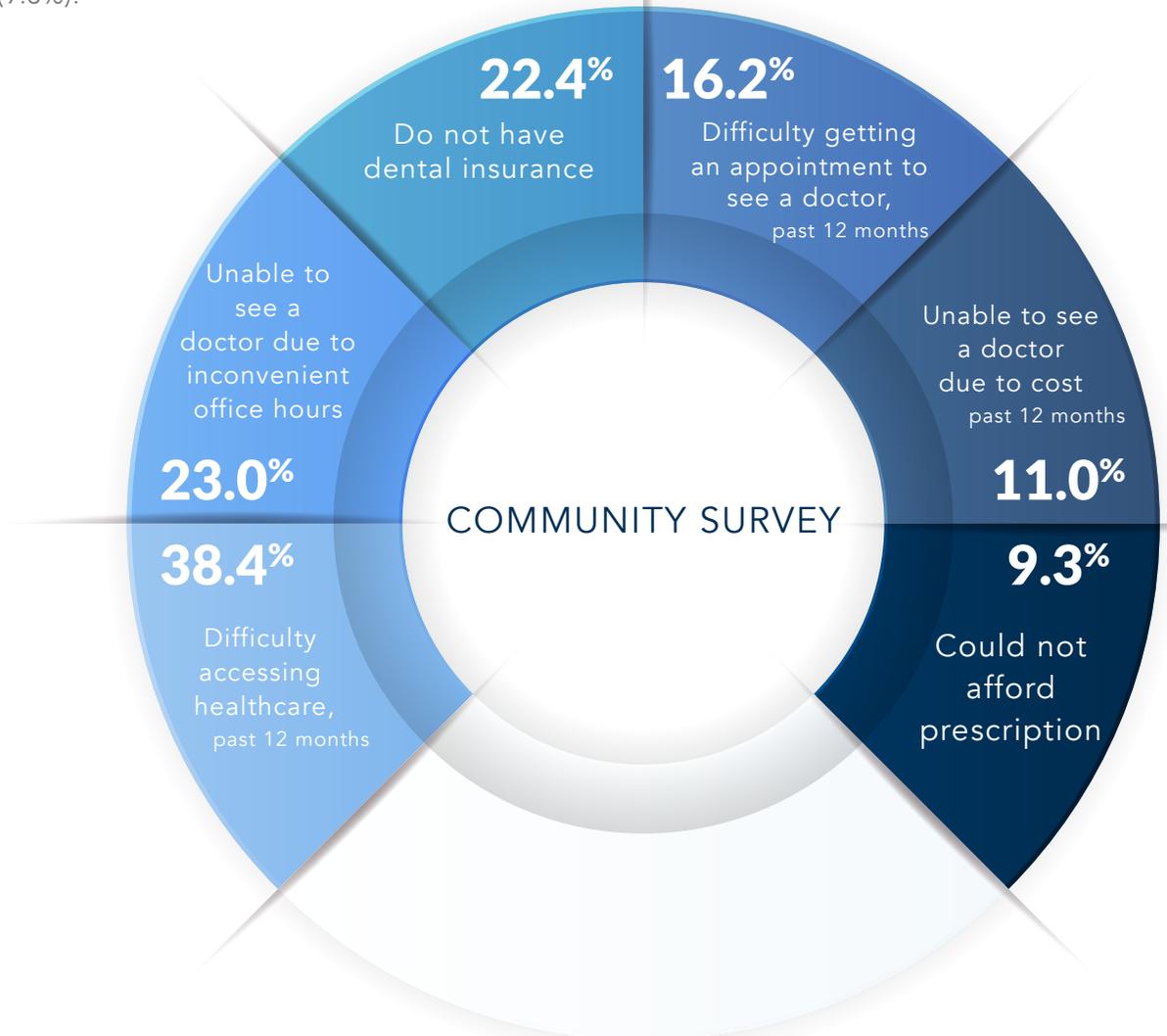
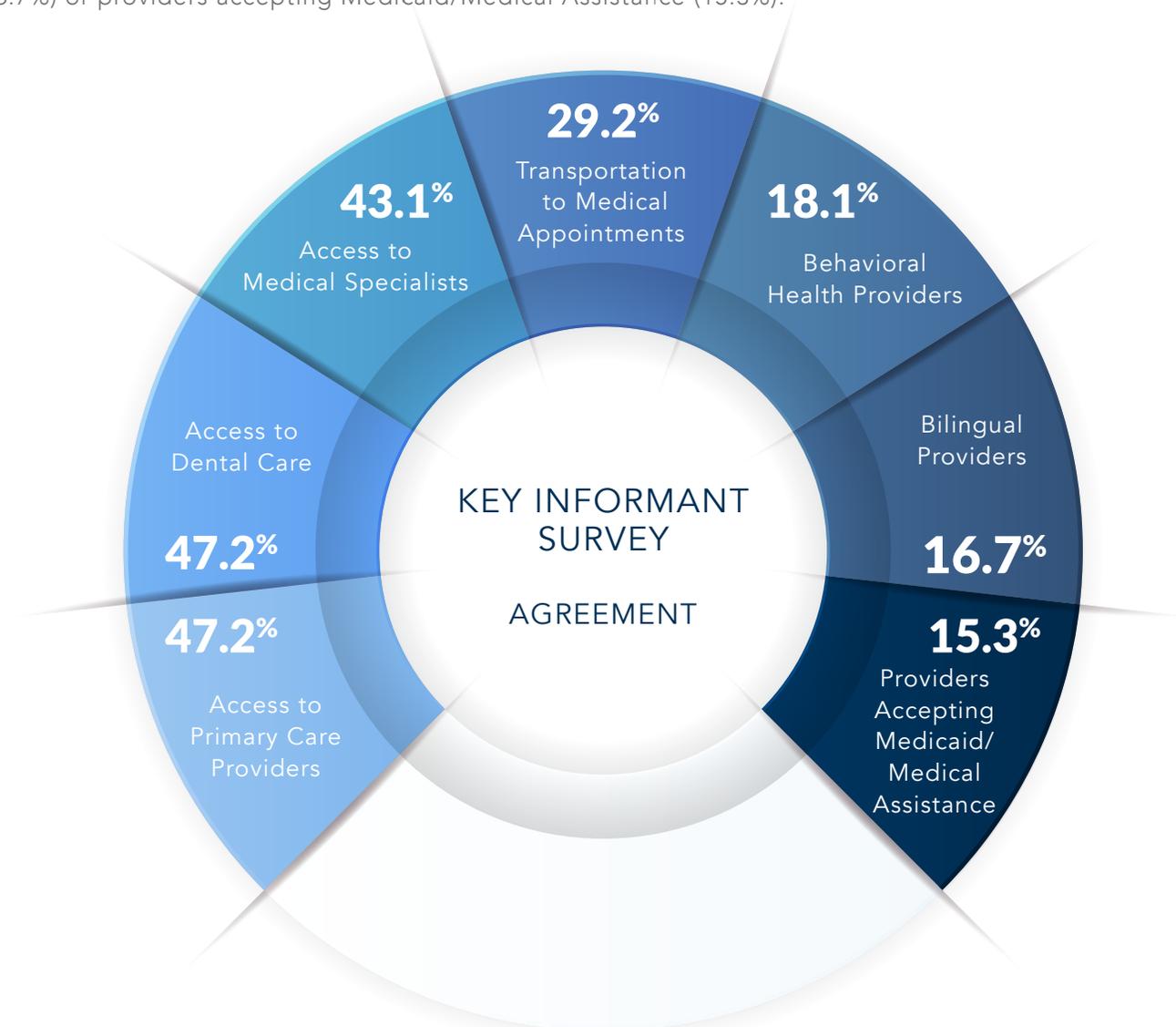


Figure 57 shows the percentage of key informant survey respondents who agree that access to various healthcare and related services are available in the community. Just under half (47.2%) agree that residents can access a primary care provider when needed or have access to dental care (47.2%). Slightly fewer key informants (43.1%) agree there is access to medical specialists. Just under one third (29.2%) agree that transportation is available to medical appointments. Less than one in five key informants agree that there are adequate behavioral health providers (18.1%), bilingual providers (16.7%) or providers accepting Medicaid/Medical Assistance (15.3%).

Figure 57: Access to Care, Agreement





WHAT THE COMMUNITY IS SAYING

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

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

WHERE DO WE GO FROM HERE

Brandywine Hospital, along with internal and external stakeholders, will begin to develop goals and strategies (known as the Implementation Strategy) to address the findings of the 2019 Community Health Needs Assessment.

The CHNA documented what and where the need is, along with who is most affected. The Implementation Strategy will address how to solve those needs.

Common themes and issues rose to the top as the assessment was being conducted. Key community health needs include: Access to Behavioral Health Services, Access to Health Services, Improving Socioeconomic Factors (Social Determinants of Health) and Chronic Disease (Management and Prevention).





CONTACT//

Office: 201 Reeceville Rd, Coatesville, PA 19320

Phone: 610-383-8000

Brandywine.TowerHealth.org



Brandywine Hospital

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