

2019

# COMMUNITY HEALTH IMPLEMENTATION PLAN

## Bryn Mawr Rehab Hospital



**Main Line Health®**  
Bryn Mawr Rehab Hospital

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## OVERVIEW OF THE IMPLEMENTATION PLAN

Main Line Health (MLH) is pleased to share the July 2019 through June 2022 (FY20 to FY22) Community Health Implementation Plan (CHIP). MLH would like to thank community members and leaders for participating in this CHNA process and providing great insights to inform our future work. MLH's Center for Population Health Research (CPHR) and Public Health Management Corporation (PHMC) conducted a series of focus groups and surveys to understand the health needs in the community, including one focus group for BMRH patients and families, as well as a community member and community leader survey with rehabilitation- and disability-specific questions. PHMC analyzed a variety of quantitative data, with their 2019 Southeastern Pennsylvania Household Health Survey as a central source.

PHMC's findings from the community outreach and quantitative analyses identified the following as key community needs for rehabilitation services:

1. Stroke as a leading cause of disability and death
2. Injury prevention
3. Health inequities in access to rehabilitation care and services

BMRH will address these findings through four priority areas:

1. Community Education and Healthy Living
2. Injury Prevention
3. Diversity, Respect and Inclusion

The table below summarizes the relationship between the BMRH CHNA identified health needs and the BMRH proposed priorities to address the needs. The columns represent the top needs identified during the CHNA, the rows represent the priorities that MLH has proposed to address the identified needs, and the check marks in the cells show areas MLH has existing or planned work to address identified needs.

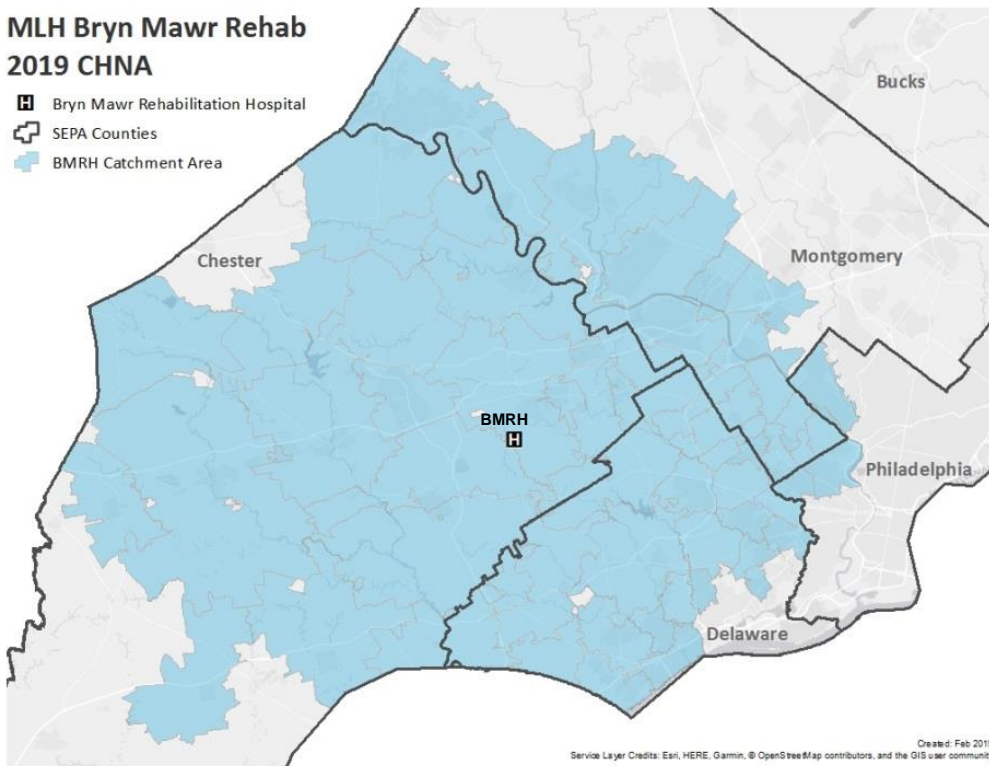
		Overarching Need Identified in 2019 BMRH CHNA		
		Stroke	Injury Prevention	Health Inequities
Priority for BMRH FY20 to FY22 CHIP	Community Education and Healthy Living	✓	✓	
	Injury Prevention		✓	✓
	Diversity, Respect and Inclusion	✓		✓

BMRH administrative, clinical and community health leadership was actively engaged in developing the priorities. Priorities at BMRH were selected to maximize impact on the health of the rehab community while aligning with the mission, values, capabilities and priorities of BMRH and MLH. MLH will work closely with the MLH CPHR to develop and improve data collection tools, and provide more advanced analyses and reporting of MLH community health activity. Please see the appendix for more information about the CPHR. The MLH CHNA Oversight Committee, comprising MLH System leadership, will provide guidance on the implementation plan throughout the three year cycle to ensure that MLH planned activities are addressed and progress towards improved data collection and reporting are continued.

## SUMMARY FINDINGS FROM THE CHNA

### Community Definition

Community was initially defined by the MLH administration, as a core set of ZIP codes (65 total) comprising the BMRH service area. BMRH service area comprises large portions of Chester and Delaware county, approximately one-third of Montgomery county, and a small section (far west) of Philadelphia (BMRH service area map illustrated below). See the appendix for ZIP codes.



The CHNA identified unique areas and opportunities where MLH can focus efforts to maintain and improve BMRH area residents' health status, including the following:

1. Stroke as a leading cause of disability and death
2. Injury prevention
3. Health inequities in access to rehabilitation care and services

The BMRH service area is performing better across most health indicators when compared to the remainder of SEPA region according to the 2018 SEPA HHS. For example, 85% of residents said their health was good to excellent (compared to 79% in remainder SEPA region), only 24% visited the emergency room in the past year (compared to 29% in remainder SEPA region), and a large majority (90%) of older adults live without limitations to their activities of daily living (compared to

84% remainder SEPA region). However, there are unique priority areas where MLH can focus efforts to maintain and elevate BMRH area residents' health status.

## **Stroke as a Leading Cause of Disability and Death**

Stroke was identified as a health need for the BMRH service area due to the following factors:

- Stroke is a leading cause of serious long-term disability, and reduces mobility in more than half of stroke survivors age 65 and over
- Stroke mortality is ranked higher in the BMRH service area than nationally (3rd vs. 5th, respectively)
- The mortality rate (38.4 per 100,000) due to stroke did not meet the Healthy People 2020 goal (34.8 per 100,000)
- Stroke mortality rates in the BMRH service area have increased since the previous 2015 CHNA (38.4 per 100,000 in 2012-2016 vs. 35.3 per 100,000 in 2009-2012)
- Compared to all causes of death, a higher percentage of stroke deaths in BMRH service area occur in females (62% vs. 52%) and those aged 85 and older (54% vs. 39%)

Stroke costs in the U.S., including cost of medications to treat stroke, missed days of work, and health care service costs (e.g., hospitalization), are an estimated \$34 billion each year. Stroke is a leading cause of serious long-term disability and reduces mobility in more than half of stroke survivors age 65 and over. Patients who are hospitalized for stroke are often in need of rehabilitation services to help them relearn skills, in particular when they experience damage to the brain. Depending on the severity of the stroke, patients may need ongoing in- or outpatient rehabilitation.

## **Injury Prevention**

Injuries are a leading cause of death nationally for children and adults aged 44 years and younger. Those who survive a severe injury often require physical, occupational and other rehabilitation services to regain skills and strengthen physical and mental health. Injury prevention was identified as a health need for the BMRH service area since:

- Falls among older adults is one common cause of injury in the rehab population; 27% of older adults in the BMRH service area report that they have fallen within the past year
- The BMRH service area has a fatal injury mortality rate of 55.0 deaths per 100,000 people, which, exceeds the HP2020 goal of 53.7 per 100,000 people; the SEPA region, with 65.7 per 100,000 fatal injury deaths in the population, is also falling short of meeting the HP2020 goals as well
- The BMRH service area has a fatal brain injury rate of 9.84 per 100,000 and fatal spinal cord injury rate of 0.24 per 100,000 people
- Accidents were the fourth leading cause of death in the BMRH service area from 2012-2016, causing 563 deaths annually

- The age-adjusted mortality rate due to falls (multiple causes of death) in the BMRH service area was 8.8 per 100,000 people, or 157 fall deaths on average each year, which is comparable to the fall mortality rate in Pennsylvania (8.9 per 100,000 people); the BMRH service area and Pennsylvania both fail to meet the HP2020 goal of 7.2 per 100,000 people in population
- The BMRH service area has a lower accident mortality rate (37.6 per 100,000 people) than SEPA (44.9 per 100,000) and the U.S. (47.4 per 100,000), although neither of these areas meet the HP2020 target of 36.4 deaths per 100,000 in the population

## **Health Inequities in Access to Rehabilitation Care and Services**

According to the World Health Organization, health inequality refers to differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different racial groups, or social or economic classes. Some health inequalities are attributable to the external environment and conditions mainly outside the control of the individuals concerned. These resulting health inequalities also lead to inequity in health.

Health inequity was identified as health need for the BMRH service area given the following:

- Variation can be seen among racial groups about perception of health status. According to the SEPA HHS:
  - Among white (non-Latino) BMRH service area residents, 86% rate their health good to excellent, where only 80% and 71% of black and Latino respondents respectively noted good to excellent health
  - Among those living below 150% of poverty line, 64% rate their health as good to excellent, while 88% of residents living at or above 150% of poverty line rated their health as good to excellent
  - According to SEPA HHS, significant variation can be seen by race for older adults reporting an activity of daily living (ADL) limitation (whites, 10%; blacks 15%; other, 28%)
- Stroke is a leading cause of death and disability, disparately impacting certain sub-populations within the BMRH service area, including blacks, low-income households, and older adults resulting in greater need and utilization of rehabilitation treatment and services as well as patient, community, and societal costs incurred. Within the three counties that BMRH serves:
  - Black adults had disparately higher rates of stroke hospitalization among Medicare beneficiaries (adults 65+) (see table below)
  - Delaware County had the highest stroke hospitalization rate compared to Montgomery and Chester counties, coinciding with Delaware County having a higher percentage of minorities, and higher levels of low-income households

# IMPLEMENTATION PLAN PRIORITIES

## Community Education and Healthy Living

The 2019 BMRH CHNA identified stroke and injury prevention as overarching needs in the community. According to the CHNA, 27% of older adults in the market report that they have fallen within the past year. Knowing the warning signs and symptoms of stroke improves the ability for individuals to act quickly for treatment, and earlier treatment after a stroke increases the chances for survival and reduces disability ([CDC, 2017](#)). The risk of injuries from falls can also be reduced by education and home modifications. BMRH is in a position to address aspects of the stroke and accident prevention need by continuing a broad and expanding range of educational activities such as Becoming Stroke Savvy—a program that explains warning signs and risk factors for stroke, and how to reduce the risk of stroke—or Home Safe Home—a program aimed towards elderly individuals which provides information on how to reduce the risk of falls at home and in the community, along with tips on how to identify risk for falls. BMRH community education programs are listed below.

The following programs are provided to various community organizations, senior centers, retirement communities, schools, patients and families:

- Aquatic Therapy: What, How, Where?: Benefits of aquatic therapy
- Become Stroke Savvy: Signs and causes of stroke and how to reduce risk
- Concussion and Seniors: Signs of concussion and what to do if concussion suspected
- Diabetes and Exercise: Risk factors and precautions for exercise program for individuals with diabetes
- Diabetes and Your Health: Healthy living with diabetes
- Diversity in the Workplace: Barriers, accommodations and how to discuss disability in the workplace
- Dizziness and Imbalance: Educate on how our balance systems work
- Emergency Preparedness: What to do to help keep you and your family safe in an emergency
- Healthy Shopping: How to navigate the grocery store for healthy shopping
- Healthy Weight Loss: Why weight is important to health and strategies to obtain and maintain healthy weight
- Home Safe Home: How to reduce falls at home and in the community among older adults
- Little Changes for Better Health: How to make small changes in daily life that can improve health and wellness
- Living with Arthritis: Information to make coping with arthritis easier
- Managing your Blood Pressure: Provide answers to common questions about managing high blood pressure
- Osteoporosis Prevention through Nutrition and Exercise: Importance of bone mass and how to maintain it



- Ready, Set, Grown in the Garden: Benefits of gardening and tips for gardeners
- Safe Driving for Seniors: Educate seniors on how to safely extend their driving years
- Stress Management: Explain what stress is and provide strategies to manage it
- Understanding Parkinson’s Disease: Explain the basics of Parkinson’s disease and how to manage it

Please see the appendix for more information about BMRH’s educational program offerings.

Mental health was another need identified in both the MLH acute and rehab 2019 CHNAs. BMRH provided more than 60 support group meetings during FY18. These support groups are available for a variety of topics and patient/family populations such as stroke groups for the patient, provider and caregiver, pain management, and post-concussion.

BMRH will continue to host the following support groups:

- Post-Concussion
- Amputee
- Brain Injury/Stroke for the Caregiver\*
- Brain Injury/Stroke for the Survivor\*
- Aphasia
- Pain Management
- Spinal Cord
- Inpatient Brain Injury
- Inpatient Stroke

\*Managed in coordination with the MLH Behavioral Health Program

BMRH will undertake the following initiatives to address needs of the community:

Objective	Initiative	Current state	Future state
1. Provide education sessions through organizations such as senior centers, retirement communities, schools: students, educators and coaches, community organizations, and patients/families to improve the overall health status of the CHNA population.	1a. Continue the educational activities at senior living facilities and civic organizations	33 events	FY20 to FY22 annual target: 25 events per year

Objective	Initiative	Current state	Future state
2. Provide patients and families with emotional support and regular social contact to help reclaim an active and satisfying life.	2a. Continue to offer support group activities	67 support group activities	FY20 to FY22 annual target: 65 support activities per year
3. Develop thoughtful evaluation and assessment of newly developed programs or existing programs to refine our understanding of populations that are touched by MLH community programming.	3a. Development of metrics by program	Inventory of all relevant MLH data in development	Inventory of relevant data ready for use in the 2022 CHNA

## Injury Prevention

Injuries related to stroke, falls and car accidents can each cause long-term disability. According to the CHNA, stroke is a leading cause of disability in adults, and falls among older adults is a common cause of injury in the rehab population. The risk of motor vehicle accidents is highest among the 16-19 age group and they are over three times more likely to be in a fatal crash than those over the age of 20 ([CDC, 2018](#)). BMRH supports injury prevention need through education. In addition to the stroke and fall education programs described in the community education and healthy living priority section above, BMRH offers programs focused on safe driving. [Cruisin' Smart®](#), developed and sponsored by BMRH, is an award-winning program reaching thousands of students each year. Cruisin' Smart offers tailored education sessions for students from elementary school through college on the dangers of impaired and distracted driving. BMRH has also run a [driver rehab program](#) for over 30 years, which helps rehab patients regain independence and return to driving.

BMRH proposes the following initiatives to address needs of the community:

Objective	Initiative	Current state	Future state
1. Educate elementary, middle and high school students, colleges and community organizations on the risks of impaired/distracted driving with the potential for reducing accident injuries and fatalities.	1a. Maintain the number of Cruisin' Smart Programs	70 programs	FY20 to FY22 annual target: 70 programs per year
2. Help people recovering from major injuries or people living with a range of disabilities overcome physical, cognitive and visual deficiencies in order to regain a quality of life and benefit from economic opportunities when people are able to travel independently.	2a. Number of individuals participating in Driver Rehab Program	451 participants	FY20 to FY22 annual target: 400 participants per year
3. Develop thoughtful evaluation and assessment of newly developed programs or existing programs to refine our understanding of populations that are touched by MLH community programming.	3a. Development of metrics by program	Inventory of all relevant MLH data in development	Inventory of relevant data ready for use in the 2022 CHNA

## Diversity, Respect and Inclusion

BMRH's 2019 CHNA identified health inequities in access to rehabilitation care and services as a health care issue for the BMRH rehab community. According to the CHNA, differences in morbidity and mortality rates between people from different racial groups, social or economic classes point to health inequities broadly and also those uniquely impacting communities receiving rehabilitation services and care. For example, black adults had the highest rate of death due to stroke and higher rates of stroke hospitalization among Medicare patients (adults age 65+), and older black adults in the BMRH community were more likely to report an Activity of Daily Living (ADL) limitation, such as difficulty walking or bathing.

Mental health among rehab populations also came up as a need during the CHNA community member survey, discussing the unique challenges patients with mental health needs with physical ailments or disabilities face. In addition to the variety of support groups described in the community education and healthy living section, BMRH will continue to provide in-house psychology services to patients and families. Suicide intervention is a key component of the BMRH in-house psychology service.

MLH and BMRH are committed to Diversity, Respect and Inclusion (DRI). In 2013, MLH launched the [DRI initiative](#) with goals to increase diversity in management, board and professional positions, eliminate disparities in care, educate staff on cultural competencies, integrate diversity into all elements of MLH's strategic plan, and to strengthen community and vendor relations. BMRH participates in MLH's annual Health Care Disparities Colloquium to inform employees and medical staff about recognizing and potentially eliminating barriers or disparities in care in MLH facilities.

MLH and BMRH are taking the following actions to advance DRI on campus:

- All MLH employees continue to complete DRI classroom training
- All System managers and employees are provided with a monthly DRI message. Each message map includes educational messages on such matters as holidays and observances being celebrated during the month, suggestion on promoting DRI among staff and patients, etc.
- The Hospital DRI Councils are engaged in implementing the DRI message on each campus.
- Culture Vision® is a tool that will continue to be funded for MLH hospital staff to improve their understanding when encountering patients, families and visitors of various racial and ethnic backgrounds

BMRH empowers individuals with disabilities through the training program, [Project SEARCH](#). This program integrates classroom instruction and on-the-job-training, and prepares individuals with disabilities with an opportunity to find employment in the community. Employers are also educated on how to support individuals with disabilities in the workplace.

BMRH proposes the following initiatives to further address needs of the community:

Objective	Initiative	Current State	Future State
<p>1. Continue the Systemwide Diversity, Respect, and Inclusion (DRI) journey toward a culturally competent health care system.</p>	<p>1a. Increase the number of times DRI included for leadership assembly meetings</p>	<p>8 meetings</p>	<p>FY20 to FY22: 12 meetings per year</p>
	<p>1b. Increase the number of events throughout BMRH supported by campus councils</p>	<p>6 events</p>	<p>FY20 to FY22: 12 events per year</p>
	<p>1c. Increase the percentage of BMRH employees completing DRI classroom training</p>	<p>15% of employees have completed training</p>	<p>Calendar year 2021: 100% completion of all employees</p>
	<p>1d. Increase the number of DRI message maps sent to employees per year</p>	<p>8 message maps</p>	<p>FY20 to FY22: 12 message maps per year</p>
<p>2. Continue to participate in the MLH System’s annual Health Care Disparities Colloquium to inform employees and medical staff about recognizing and potentially eliminating barriers or disparities in care in MLH hospitals and other System entities.</p>	<p>2a. Present at least 1 report at Colloquium per year</p>	<p>1 report presented</p>	<p>FY20 to FY22: Present 1 report per year</p>
<p>3. Provide an educational and workforce program to individuals who have a disability and train employers on how to support individuals with disabilities in the workplace (Project SEARCH).</p>	<p>3a. Maintain the number of Project SEARCH graduates</p>	<p>23 graduates</p>	<p>FY20 to FY22: 20 graduates per year</p>
	<p>3b. Maintain the proportion of graduates securing employment in the community</p>	<p>80% job placement</p>	<p>FY20 to FY22: 75% job placement per year</p>

Objective	Initiative	Current State	Future State
<p>4. Develop thoughtful evaluation and assessment of newly developed programs or existing programs to refine our understanding of populations who are touched by MLH community programming.</p>	<p>4a. Development of metrics by program</p>	<p>Inventory of all relevant MLH data in development</p>	<p>Inventory of relevant data ready for use in the 2022 CHNA</p>

## APPENDIX

### Community Needs not Addressed in this Implementation Plan

According to the BMRH CHNA, community members and leaders cited transportation as a challenge in the rehab community. In the prior CHNA cycle, BMRH pursued public transportation as a priority. Despite best efforts to provide regular bus service to the BMRH campus by coordinating with SEPTA and Chester County officials, public transportation services are limited. MLH has no new initiatives to address transportation issues.

Access to affordable health care and prescription medications was identified as an overarching need in the MLH acute hospital CHNA. MLH hospitals including BMRH have a [charity care policy](#) available to assist individuals and families who need help paying for their hospital care. MLH works with community partners to help underserved communities access services they need. However, MLH does not feel that availability of low cost health insurance or the cost of prescriptions is within their purview to address. It is the intent of the MLH hospitals to keep their costs as low as possible while maintaining high quality care.

The CHNA recommends that MLH may also want to consider priority areas and opportunities across acute care and rehab CHNA reports, and moving beyond goal setting in developing strategic implementation plans separately to develop multiple metrics assessing areas where the needle may be moved overall. MLH will not undertake this in the current cycle but expects to integrate the acute and rehab CHNAs into a single system CHNA in the next cycle (FY23 to FY25).

## Previous Needs Assessment

Previous 2016 needs assessments for the MLH hospitals used quantitative information from PHMC's 2015 Household Health Survey, the U.S. Census, PA vital statistics, school nurse and MLH physician surveys, as well as qualitative information (e.g., community leader meetings and interviews) and other information to support the development of the following priority community health priority topics:

### MLH Acute Hospital:

- Healthy Weight (Diabetes);
- Metabolic Syndrome;
- Heart Health (Stroke)
- Cancer
- Smoking and Tobacco Use
- Behavioral Health (Mental Health and Substance Abuse)
- Injury Prevention
- Dental Health
- Seniors
- Pre-natal Care/Low Birth Weight Infants
- Culture/Diversity/Disparities of Care

### Bryn Mawr Rehab Hospital:

- Community Education and Resources for Healthy Living
- Injury Prevention
- Public Transportation
- Mental Health of Rehabilitation Patients
- Culture/Diversity/Disparities of Care

A community need was determined to be a priority if it met the following criteria:

1. Addressed at least two of the following items
  - Met a community stakeholder interest
  - Involved a benchmark/trend needing improvement
  - Is listed as a community health benchmark
  - Addresses the needs of an at-risk population
2. Was in the scope of services/purview of Bryn Mawr Rehab Hospital
3. Was not currently being addressed by an MLH partner



As a result of the 2016 CHNA, the MLH hospitals had a positive impact in FY17 and FY18 on the specific needs identified by the needs assessment for their community, reaching approximately 153,000 lives during this time, as shown in the table below.

**FY17 to FY18 MLH Community Health Services Department CHNA Activity by Priority Topic:**

MLH CHNA	MLH Priority Topic	Event Count	Lives Reached
<b>MLH Acute Hospitals</b>	Healthy Weight/Diabetes	649	20,373
	Heart Health/Stroke	1,395	32,991
	Cancer	147	8,398
	Smoking/Tobacco	233	8,910
	Seniors	336	9,894
	Injury Prevention	200	11,491
	Behavioral Health (Mental Health and Substance Abuse)	46	1,002
	Culture/Diversity/ Disparities of Care	427	16,535
	<b>Subtotal</b>	<b>3,433</b>	<b>109,594</b>
<b>Bryn Mawr Rehab Hospital</b>	Community Education and Resources for Healthy Living	366	3,812
	Injury Prevention	158	39,854
	<b>Subtotal</b>	<b>524</b>	<b>43,666</b>
<b>Total</b>		<b>3,957</b>	<b>153,260</b>

MLH hospital Community Health Services activity summary to meet identified needs in the 2016 CHNA:

- The Community Services Departments and MLH clinical staff at the five MLH hospitals held nearly 4,000 CHNA Implementation Plan related events that touched over 150,000 lives during FY17 and FY18
- Events include healthcare screenings, a variety of education presentations for school children, seniors and community residents, Cruisin’ Smart automobile injury prevention events, healthcare clinic interventions, and counseling sessions
- More than 12,000 of these lives reached involved activities focused on Philadelphia neighborhoods
- MLH acute hospitals are on pace to meet or exceed the majority of the Community Health Services action items established during the 2016 implementation plan such as providing 27 lectures per year to over-55 communities on healthy eating and nutrition (completed 143 from FY17 to FY18, reaching approximately 4,500 people) and conducting health screenings (e.g., blood pressure, cholesterol, glucose, stroke) at 610 events per year (completed 1,355 screening events from FY17 to FY18, reaching approximately 23,000 people)
- BMRH is on pace to nearly meet or exceed the majority of the Community Health Services action items established during the 2016 implementation plan, such as averaging at least 24 education outreach activities per year (completed 52 from FY17 to FY18), sponsoring 6 “Home Safe Home’ presentations per year (completed 12 from FY17 to FY18) present 100

Cruisin' Smart programs to reach approximately 20,000 students per year (presented 158 Cruisin' Smart programs to approximately 39,850 students from FY17 to FY18)

Other Priority Topic Notes:

**Mental Health of Rehabilitation Patients:** BMRH addressed the established goals from the prior implementation plan. BMRH has continued to provide in-house psychology services to patients and families. Suicide intervention has been a component of the BMRH in-house psychology service. Presentations were also made by the President of Behavioral Health & physician liaisons to educate BMRH staff to help identify Behavioral Health patients and available resources in MLH Behavioral Health and in the community.

**Additional Behavioral Health Activity Examples:** MLH's CPHR, Temple, Drexel, University of Pennsylvania, Jefferson, and PCOM came together to promote Medical Student and Resident Training related to Substance Use. Focus is on development of standardized curriculum to improve surveillance of substance use disorders and referral to treatment, prescribing practices for pain management (acute and chronic). MLH has been working with Emergency Department (ED) providers to change prescribing patterns and developed a guideline in the ED for a warm handoff for patients with opioid disorder. Narcan education is included in weekly family education at MLH's Mirmont Treatment Center, and it is open to friends/family of current patients and the public. MLH has also increased access in all EDs with TelePsych and dedicated behavioral health social workers crisis intervention specialists

**Metabolic Syndrome:** A whitepaper identified for this priority topic's goal has evolved into the proposed MLH Comprehensive Metabolic and Weight Management Program that was initiated in FY17. In July 2019, the first Comprehensive Weight and Wellness Program will open at MLH in Broomall, Lawrence park. This center will offer a comprehensive team approach to weight loss and overall health. The Center will offer multiple plans/pathways to fit the pts goals and life style, medical management with a bariatrician, bariatric surgery, registered dietitians, exercise physiologist, psychological support, meal replacement plans, and appetite suppressants.

**Injury Prevention:** MLH acute hospitals far exceeded the fall prevention program goal in FY17 & FY18, conducting more than 100 "A Matter of Balance" sessions (goal of 15 per year) reaching 1,754 older adults. Additionally, Cruisin' Smart™ is an award-winning program developed and sponsored by BMRH. The program takes a peer-to-peer approach to educating students on the dangers of impaired and distracted driving. BMRH sponsored 158 assemblies, reaching approximately 40,000 students in FY17 & FY18. MLH hospitals sponsor "mock crashes" at several high schools each year in conjunction with the BMRH program; the "mock crash" adds a reality impact to the program. Programs are held around prom time each year. It is difficult to measure the lives saved/traumatic injuries prevented by this program; however, there are anecdotal reports of students being impacted positively by the program.

**Public Transportation:** BMRH team has worked with appropriate transportation officials in an attempt to improve public transportation access. As of date, no concrete changes have been made, but the MLH team continues to explore this area.

**Culture/Diversity/Disparities of Care:** MLH has a system-wide initiative regarding diversity, respect and inclusion and reducing disparities in healthcare that may exist in its CHNA areas. Cultural awareness and competence improve the quality of care and health outcomes. Each hospital has a Diversity & Inclusion Work Group that focuses on fostering diversity and inclusion across the campus. Hospitals continue to address any needs of sub-populations in their CHNA areas. MLH sponsors an annual “Healthcare Disparities Colloquium” where research on disparities and opportunities to address them are presented to MLH employees and medical staff. Additionally, MLH is working towards training all employees in two day (managers) and one day Diversity, Respect and Inclusion classes by 2021. As of January 1, 2019, 17% of employees have completed training.

**Dental Health:** A preliminary assessment was conducted. Findings are being reviewed for potential solutions for emergent patients. However, dental health is not an MLH core service line.

## About Main Line Health

Founded in 1985, [Main Line Health](#) is a not-for-profit health system serving portions of Philadelphia and its western suburbs. Main Line Health's commitment—to deliver advanced medicine to treat and cure disease while also playing an important role in prevention and disease management as well as training physicians and other health care providers—reflects our intent to keep our community and ourselves well ahead. A team of more than 10,000 employees and 2,000 physicians care for patients throughout the Main Line Health system.

At Main Line Health's core are four of the region's most respected acute care hospitals—Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital—as well as one of the nation's recognized facilities for rehabilitative medicine, Bryn Mawr Rehabilitation Hospital.

The Main Line Health system also includes Mirmont Treatment Center for drug and alcohol recovery; Main Line Health HomeCare & Hospice, which includes skilled home health care, hospice and home infusion services; Main Line Health Centers, primary and specialty care, lab and radiology, and other outpatient services located in Broomall, Collegeville, Concordville, Exton and Newtown Square; Lankenau Institute for Medical Research, a biomedical research organization; and Main Line HealthCare, one of the region's largest multispecialty physician networks.

Main Line Health is the recipient of numerous awards for quality care and service, including System Magnet® designation, the nation's highest distinction for nursing excellence, the Mid-Atlantic Alliance for Performance Excellence (MAAPE) Excellence Award, and recognition as among the nation's best employers by Forbes magazine. Main Line Health is committed to creating an environment of diversity, respect and inclusion and has proudly embraced the American Hospital Association's #123forEquity Pledge to Act to eliminate disparities in care. We are dedicated to advancing patient-centered care, education and research to help our community stay healthy.

## About Bryn Mawr Rehab Hospital

[Bryn Mawr Rehab Hospital](#), a member of Main Line Health, is a leader in the field of physical medicine and rehabilitation. The 148-bed, not-for-profit hospital offers the full continuum of rehabilitation services, including acute inpatient care, as well as outpatient services for adults and adolescents. The range of illnesses and injuries treated at Bryn Mawr Rehab Hospital includes traumatic, mild traumatic and non-traumatic brain injury, stroke and other neurological disorders, spinal cord injury and amputee and orthopedic injuries and illnesses. In addition, Bryn Mawr Rehab provides rehabilitation services at convenient outpatient locations in the western suburbs of Philadelphia. The hospital has also achieved Magnet® designation, the nation's highest distinction for excellence in nursing care.

## **About MLH Community Health and Equity**

MLH Community Health and Equity (Bryn Mawr Hospital, Lankenau Medical Center, Paoli Hospital, Riddle Hospital, and Bryn Mawr Rehabilitation Hospital) conducted more than 1,700 activities reaching an estimated 70,000 lives on campus and throughout the communities that MLH serves during FY18. Community Health and Equity leverages a multidisciplinary team, including health educators, nurses, dietitians, social workers, and public health practitioners to create and deliver community-based wellness and prevention programming. Community Health and Equity collaborates with partners in the community who are working towards our shared vision of a culture of health and are committed to addressing the underlying drivers of chronic disease. We aim to improve the health of the community by engaging with members of the community where they live, work, play and worship.

## **About the MLH Oversight Committee**

The MLH Oversight Committee consists of MLH leadership representing a broad range of System leaders including the CFO and General Counsel; Service Line Leaders; Physician Leadership; MLH CPHR; and the MLH Community Health and Equity team. The committee meets three times per year to monitor progress on the defined implementation plans and provide guidance on priority, objective and initiative development leading into each new CHNA cycle.

## CPHR Partnership for CHNA Implementation

[The Center for Population Health Research](#) (CPHR) is available to offer assistance in:

- Development of assessment and data collection tools
- Development of a catalog of existing measures
- Development of study design to assess CHNA activities
- Analysis of data in order to establish baseline measures and outcomes

Specifically, CPHR will perform the following services for ongoing CHNA tracking and reporting:

1. Develop small area estimates of population and subpopulation of the MLH service area. This will ensure that we can reasonably estimate the population “touched” by services that we deliver and relate these to reasonable estimates of the numerator served.
2. Develop or augment existing tracking instruments in order to document, with each intervention, the population characteristics of those we serve. This will involve a partnership with departments across the System to develop both:
  - a. Paper and pencil data collection tools for use in community and clinical settings
  - b. Electronic versions of the data collection tools for use in community and clinical settings

Where possible these will be “linkable” to patient records pending consent by patients to create these crosswalks.

Data collected will include the “social determinants” as well as information about current care utilization, food scarcity, location of health services in the consumer area, social resources used or required, transportation mechanisms, and brief screeners for physical health. Users of these instruments will be able to use those data collection tools relevant to the clinical or community-facing setting in order to reduce collection burden.

3. Enter paper and pencil data in a community database, merge with electronic data.
4. Begin to catalog existing data and data definitions across MLH for use in reporting.
5. Partner in the creation of quarterly data tables for use in updating relevant leadership groups on progress. Assist with populating the data tables using data collection tools.
6. Assist in collection and analysis of program activity data associated with program metrics.
7. Conduct midterm focus groups, interviews and surveys internally and in the community to prepare for next cycle.

## **BMRH Community Education Programs**

### **Aquatic Therapy: What, How, Where?**

In this presentation participants will learn how aquatic therapy combines the special properties of warm water to help individuals enhance their recovery and functional ability. Through this presentation we will identify the large variety of treatment results of aquatic therapy including pain management, and physical, cognitive, and psychosocial benefits. Additionally, we will explore how aquatics can be used as both a rehabilitation tool and as a lifelong wellness activity. Lastly, we will discuss aquatic programs available in your community through Bryn Mawr Rehabilitation.

### **Become Stroke Savvy**

Do you know the warning signs of stroke? Are you aware of the risk factors for stroke? This special presentation will provide information on the warning signs and causes of stroke that everyone should know to reduce the risk of stroke.

### **Concussion and Seniors**

Concussions don't just happen to athletes. Learn what causes a concussion in older adults and the signs you have a concussion. This presentation will also provide important information on what to do if you suspect a concussion and when it is safe to return to the activity.

### **Diabetes and Exercise**

Exercise and a healthy lifestyle are important when controlling diabetes. This presentation will help individuals identify risk factors and precautions that individuals with diabetes need to know and follow when participating in an exercise program.

### **Diabetes and Your Health**

I know I have it, but I don't really know what to do about it! I was recently diagnosed with diabetes and I am struggling to manage my diagnosis. I have heard sugar and carbs are a problem, but can a healthy diet really help? If you have some of these questions, this presentation is for you!

### **Diversity in the Workplace**

Not all disabilities are visible. Many people who have disabilities struggle day to day and are too afraid to ask for accommodations at work. This program will provide education on disability in the workplace. It will provide an overview of disability, barriers and accommodations as well as how to help those in your workplace feel comfortable and confident in disclosing their disability.

### **Dizziness and Imbalance**

The vestibular system is part of the inner ear that consists of organs that help control your balance and keeps your vision clear with movement. This program will educate you on how our balance systems work and how the information is integrated in our brain to generate an appropriate response.

### **Emergency Preparedness**

Do you know what to do to help keep you and your family safe in an emergency? From knowing what supplies you need in case the power goes out, to what documents you should have on hand if you need to evacuate your home, we can help you get prepared for any type of emergency. Join us to learn how to Get Informed, Make a Kit, and Formulate a Plan.

### **Healthy Shopping**

Do you know how many products there are in the average grocery store? 50,000! Healthy shopping for you and your family can be confusing with all those products at your fingertips. In this presentation you will learn how to navigate the grocery store and read food labels in order to better shop for your family.

### **Healthy Weight Loss**

This presentation will help individuals understand what a “healthy weight” really means. It doesn’t always mean what you may think! This presentation will also teach you why a healthy weight is important to your health. You will learn 10 key strategies to help you obtain and maintain a healthy weight.

### **Home Safe Home**

Each year more than one in three people over the age of 65 falls and becomes injured seriously enough to require medical attention. This program provides information on how to reduce the risk of falls at home and in the community, along with tips on how to identify risk for falls.

### **Little Changes for Better Health**

Do you want to learn how to cut 50,000 calories from your diet?! Do you find yourself saying “I’ve tried different diet and exercise routines, but following any program always seems like a losing battle?” YES! Well, then this presentation is for you. This presentation will teach you how to make small changes in your daily life that can lead to better health and wellness.

### **Living with Arthritis**

There are many ways to make life easier when you suffer with arthritis. Exercise and energy conservation techniques often can help you feel better. This program will provide information on how these simple activities can make coping with arthritis easier, less painful and less stressful.

### **Managing your Blood Pressure**

Help! I know I have high blood pressure, but what do I do about it?! My blood pressure is high, but I feel okay, do I need to do anything? Can a healthy diet really help my high blood pressure? If you have some of these questions, this presentation is for you!

### **Osteoporosis Prevention through Nutrition & Exercise**

Nutrition and exercise play key roles in determining bone health and how well our bodies are able to replace bone loss. Our professionals will outline the importance of maintaining food nutrition practices and establishing a regular exercise routine to maintain bone mass.



### **Ready, Set, Grown in the Garden**

Bryn Mawr Rehab's horticulture therapists will ensure the audience is engaged and by the end of the program they will be able to: recognize the benefits of gardening as a healthy leisure activity; garden safely at any age; learn how to plant creative container gardens "Grow for Show" and " Grow to Eat. " There is also a hands-on demonstration and tips for planting Grow for Show and Grow to Eat containers.

### **Safe Driving for Seniors**

Maintaining an independent lifestyle provides senior citizens with the opportunity to enhance their quality of life. This program is designed to educate senior citizens on how they can extend their driving years to maintain their independence.

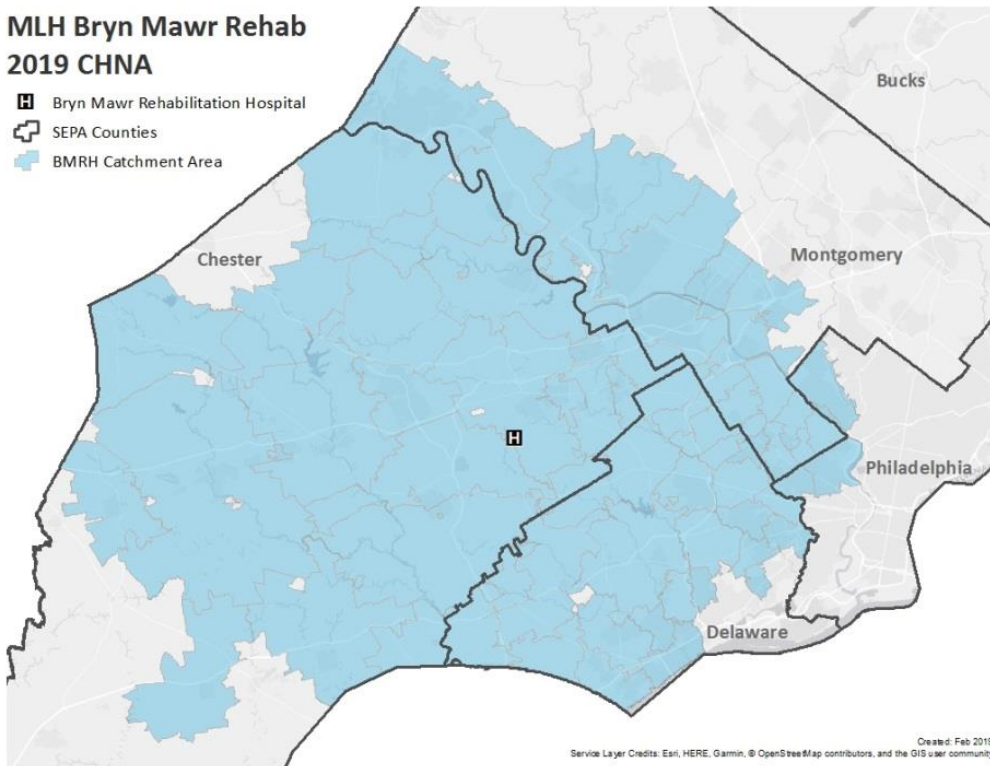
### **Stress Management**

Everyone has stress. What differentiates us from one another is the ability to identify triggers and manage stress. This program will teach you what stress is, sources of stress, strategies to manage stress and even how stress can be helpful and good!

### **Understanding Parkinson's Disease**

Do you or a loved one have Parkinson's disease and are unsure of what lies ahead in your future? Learn the basics about this diagnosis, disease progression, symptoms, and common challenges in daily activities for those living with Parkinson's disease. This presentation will also highlight an overview of services to optimize quality of life for those with Parkinson's disease, including therapy interventions and community resources.

## BMRH CHNA Map with ZIP Codes



Service area zip codes included for this CHNA report included:

19453, 19355, 19014, 19008, 19060, 19341, 19073, 19335, 19373, 19087, 19380, 19382, 19010, 19083, 19301, 19312, 19064, 19063, 19003, 19342, 19333, 19041, 19425, 19460, 19372, 19081, 19061, 19015, 19026, 19036, 19317, 19018, 19406, 19086, 19096, 19320, 19405, 19004, 19072, 19085, 19066, 19426, 19035, 19475, 19468, 19013, 19403, 19082, 19428, 19050, 19319, 19465, 19151, 19127, 19401, 19131, 19464, 19128, 19383, 19343, 19348, 19390, 19365, 19344, 19462