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Summary Report of the Hospital Closure Impact on Health Equity in Greater Coatesville

A Summary Report from the Health Equity Group of Greater Coatesville Based on Feedback from 1,100+ Respondents about Healthcare Access and Delivery

A publication of The Alliance for Health Equity; *Strengthening Communities*

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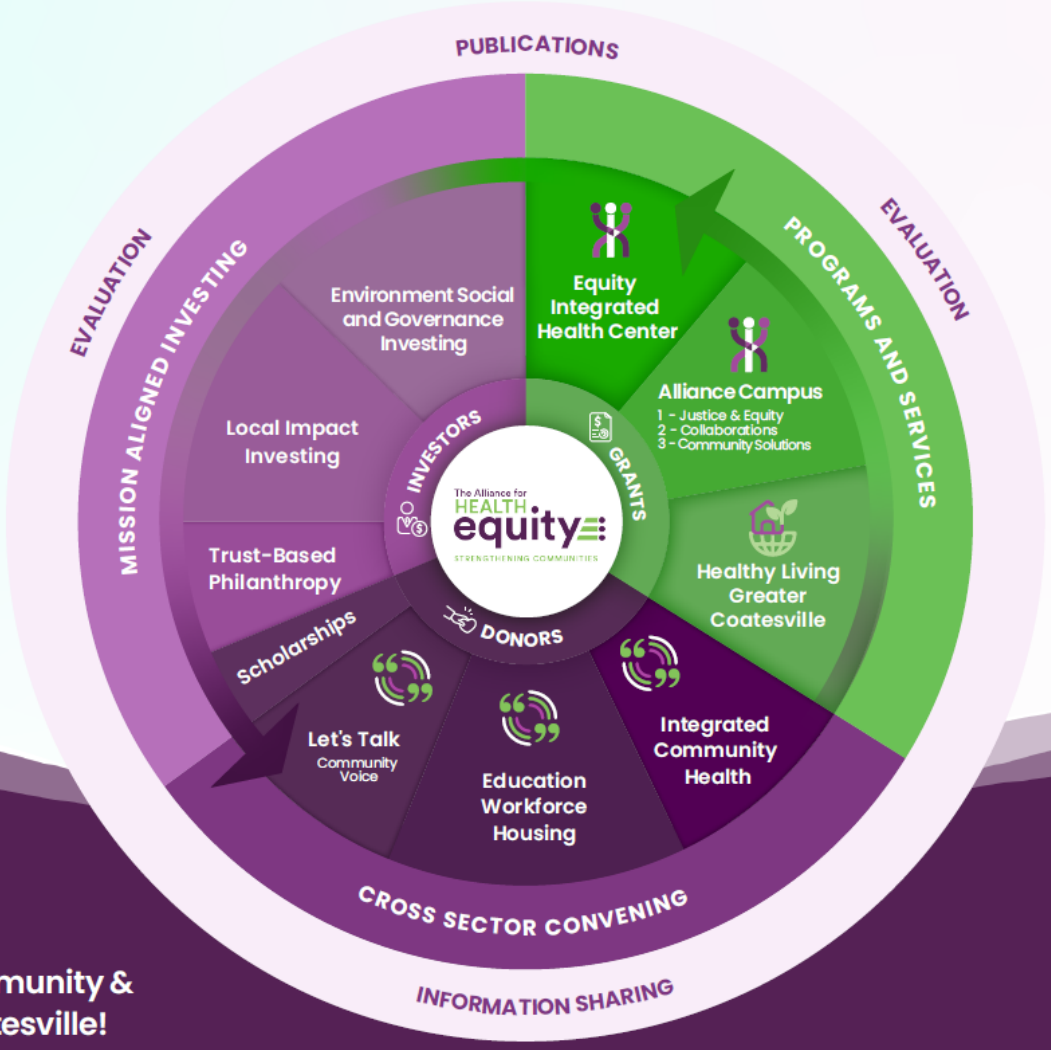

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Harnessing the Power of Community & Partnership for a Greater Coatesville!

Acknowledgments

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Introduction

Under the direction of The Alliance for Health Equity (The Alliance), The Greater Coatesville Leadership Healthcare Group was formed in response to the closures of the Brandywine and Jennersville hospitals. These closures drastically reduced the already inaccessible healthcare delivery to the Greater Coatesville community at the same time increasing inequities related to the healthcare system. The Group's purpose was to give voice and inform the community as well as to be a coordinating body and conduit for Chester County officials in co-creating solutions on access and quality of healthcare. The Greater Coatesville Hospital Closure Group was composed of leaders from approximately 20 local and county organizations who committed to: (1) developing strategies to minimize the disruption of healthcare services and (2) rebuilding a strong, equitable healthcare system in the region. In order to accomplish these goals, the Advocacy and Coordinated Health Services subgroups were formed to prioritize, develop, and communicate short term and long-term community needs.

The Advocacy Work Group's focus included:

- developing and coordinating an educational campaign informing residents about the types of healthcare available; where/when to seek care and how to obtain a Primary Care Physician
- designing and implementing a community needs assessment to capture the concerns and needs (both social and health related) of residents due to the hospital closures

The Coordinated Health Services Work Group's focus was to:

- rebuild a strong, equitable, integrated healthcare ecosystem based on gaps in service
- enhance healthcare related systems

*These two subgroups have now been combined into a single, planning group called the **Health Equity Group of Greater Coatesville** (formerly the Greater Coatesville Hospital Closure Group).*

In conjunction with the Chester County Health Department, the Health Equity Group of Greater Coatesville determined it was important to understand the health needs of residents as well as shifts in health services due to the hospital closures. As a result, this Group conducted a Greater Coatesville area health survey in 2022 to determine the community's health status. Common themes and priorities were found across the community survey, key informant interviews, and focus groups. The areas of concern reflected inequities in access to healthcare support and services in Greater Coatesville. The Health Equity Group will oversee the efforts of three Anchor Strategy workgroups examining issues related to: **(1) Integrated Health Delivery; (2) Access and Engagement; and (3) Social Determinants of Health.**

Data Collection

Analysis from a 2018 Brandywine Hospital Community Needs Assessment helped formulate questions for the 2022 online community survey, key informant interviews, and focus groups. Ten (10) existing questions from that survey were used for this expanded 2022 health survey. All survey instruments were approved by The Alliance and Chester County Health Department.

Community Survey

The online community survey (referred to as **Sample A**) was conducted over a fifty-four (54) day period. Six hundred four (604) residents ages eighteen (18) and older responded to the survey. Consumers answered questions regarding their perception and beliefs about the current state of healthcare services in the Greater Coatesville area. They also responded to questions about their current health status (including the presence of chronic health conditions), mental well-being, housing, and economic needs. Respondents spent approximately nine minutes answering the questions and had an average completion rate of 69% for the survey.

Key Informant Interviews

Key Informant interviews were conducted with ten (10) key representatives from across the target area. Interviews were held virtually in June 2022 and were facilitated by an Interview Guide. Key Informants represented: (1) not-for-profit agencies; (2) social agencies; (3) behavioral health services; (4) hospital health services and operations; (5) Department of Health representatives; and (6) community leaders. The purpose of the key informant interviews was to gather additional relevant information about the effect that the hospital closures had on: (1) the community's healthcare system; (2) social determinants of health; and (3) the impact on program and service delivery.

Focus Group Discussions

Four (4) Focus Group discussions with 31 participants were held virtually on June 28 and June 29 at 3:00pm and 5:30 pm. Participants consisted of social services agencies, community leaders and members of the community at large. The purpose was to gather health utilization and access to care information from a variety of perspectives as well as to give a voice to residents. The focus group discussions also provided a platform for suggestions, contributions, and expectations of health services.

Lessons Learned from Initial Survey

The initial survey of the Greater Coatesville area relied largely on internet-based data collection efforts. It yielded a relatively large sample. But this **Sample A group**, though drawn from the Greater Coatesville area, was more reflective of Chester County generally and was not representative of the challenges faced by the Coatesville community regarding access to healthcare services. As a result, additional data was gathered from Coatesville area residents (referred to as **Sample B** and **Sample C**). The questions employed in these two latter surveys were drawn from the earlier Advocacy Work Group survey, thereby affording some degree of comparability. Data collection employed mixed methods of interviews and paper responses. All data was collected in 2022.

Sample B data was collected from an additional 397 individuals through the collaborative efforts of volunteer agencies. These agencies included: (1) former Brandywine Hospital Tower Health Nursing Assistants; (2) Minority Nurse Educators of Chester County; and (3) staff from the W.C. Atkinson Memorial Community Service Center, Inc. Of note, some respondents in this sample group were homeless at the time of the data collection. [See chart below.]

Sample C data was collected by the Maternal Child Health Consortium. They collected data from 136 volunteer respondents using a variety of strategies which included home visits and lobby interviews. Respondents in this sample group were receiving varying forms of social support, although not necessarily healthcare support. **Sample C** respondents were comprised of individuals facing significant economic challenges. [See chart below.]

Although it was not possible to collect full demographic data for either **Sample B** or **Sample C**, the available data suggested that these respondents may represent a more economically challenged group than would have been determined from a random sample of Coatesville residents. Despite the variations in each of these samples, the data affords the opportunity to examine healthcare access from a more economically viable group (**Sample A**) and two less economically viable groups (**Samples B and C**). Given the differences between the two later samples, they were treated as distinct samples. This approach made it possible to estimate whether access to healthcare services is relatively equitable amongst the three sample groups.

Characteristics of Survey Group

Survey Results	Sample A (604)	Sample B (397)	Sample C (136)
Percent in Poverty	8%	51%	82%
Median Family Income	Over 90k per year	$32,471 to $37,190	$16,300 to $20,030
Medicaid Insurance	4%	23%	75%

"There is no about us without us"

Findings

The findings from this 2022 study are similar to the results of the 2018 Brandywine Hospital Community Needs Assessment. These similarities included issues surrounding: (1) access to care as relates to cost, transportation, Provider availability, and language barriers; (2) availability to chronic illness and mental health services especially related to the ability to receive primary and/or secondary health services for prevention, education, and management of health conditions; and (3) insufficient navigational care supports to address the interconnected community needs and services. Health disparities are increasing within the Coatesville community. Multiple factors can be attributed to these disparities, but the study findings particularly highlight the technology access divide. [See table below] There are area residents who have access to technology but are disengaged from the healthcare delivery system. The issues surrounding this digital divide and disengagement must be addressed for there to be any significant increase in residents' engagement with the delivery of healthcare services in the Greater Coatesville area.

Use of a Healthcare Portal

Portal Usage	Sample A (604)	Sample B (397)	Sample C (136)
Previously Used (Yes)	86%	45%	17%

Additional results from the study provided an overall snapshot of the perceived health of the community as "unacceptable" with respect to: (1) lack of acknowledgement to the connection between basic health, education, and resources; (2) longevity, and quality of life; (3) a lack of major grocery store(s) and safe environmental spaces to practice wellness; and (4) increased mental health needs and workforce shortages. Results revealed respondents delayed seeking care or postponed care due to the hospital closure and decline in their hospital experience.

Study findings also showed that more than 50% of participants in the interviews and focus groups agreed that behavioral health services are critical to the survival of the community's health. While the study highlighted that there are many areas of improvement needed, participants ranked the overall health of the community as acceptable. Factors that contributed to this opinion included:

1. increase of organizations partnering together to bring awareness and solutions to current problems
2. opening of new facilities such as Palmer Park
3. planned expansion of train services
4. #coatesvillerising initiative campaign

Conclusion

Clearly there are inequities to healthcare support and services in the Greater Coatesville area. The findings from these three diverse sample groups suggest that there are: (1) problems in accessing services; (2) problems of limited personal engagement in healthcare; and (3) gaps in services. To effectively address these inequities, any plans will need to include both practical, structural changes and broader policy level changes. It will also take time to build trust amongst community members, especially amongst the least engaged group, that accessible and equitable healthcare services are available in the Greater Coatesville area.

Additionally, data from the community survey, key informant interviews, and focus groups support the vital need for a local community hospital to serve the Greater Coatesville area and beyond. In order for residents to receive critical healthcare and social support services, the Greater Coatesville area must have readily available healthcare services and facilities. Outlined in the table below are priorities and goals to be addressed by a new hospital owner working in collaboration with the Health Equity Group of Greater Coatesville.

> ***"While people are making decisions for them, the community is watching"***

Areas of Opportunity

Priority	Goal
Integrated Health Delivery	Increase health delivery collaborations and partnerships that effectively address and communicate the continuum of care for Coatesville residents resulting in reductions of chronic conditions; reducing emergency calls and crisis emergencies; and increasing the underserved individuals' knowledge of where/how to obtain healthcare and insurance
Engagement and Access	Remove engagement (knowledge) and access (transportation, digital access, and navigational) barriers for the Greater Coatesville population, prioritizing underserved populations resulting in: • increased utilization of health care services • increased utilization of transportation • increase in utilization of telehealth • increased knowledge of where and how to get health and behavioral health services
Social Determinants of Health (SDoH)	**Employment** Increase living wage employment for Greater Coatesville residents **Housing** Increase housing stability (homeownership or rentals) for Greater Coatesville residents **Healthy Living** Increase access to affordable healthy food for Greater Coatesville residents

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