

Southeastern Pennsylvania

Community HEALTH

NEEDS ASSESSMENT

June 2019



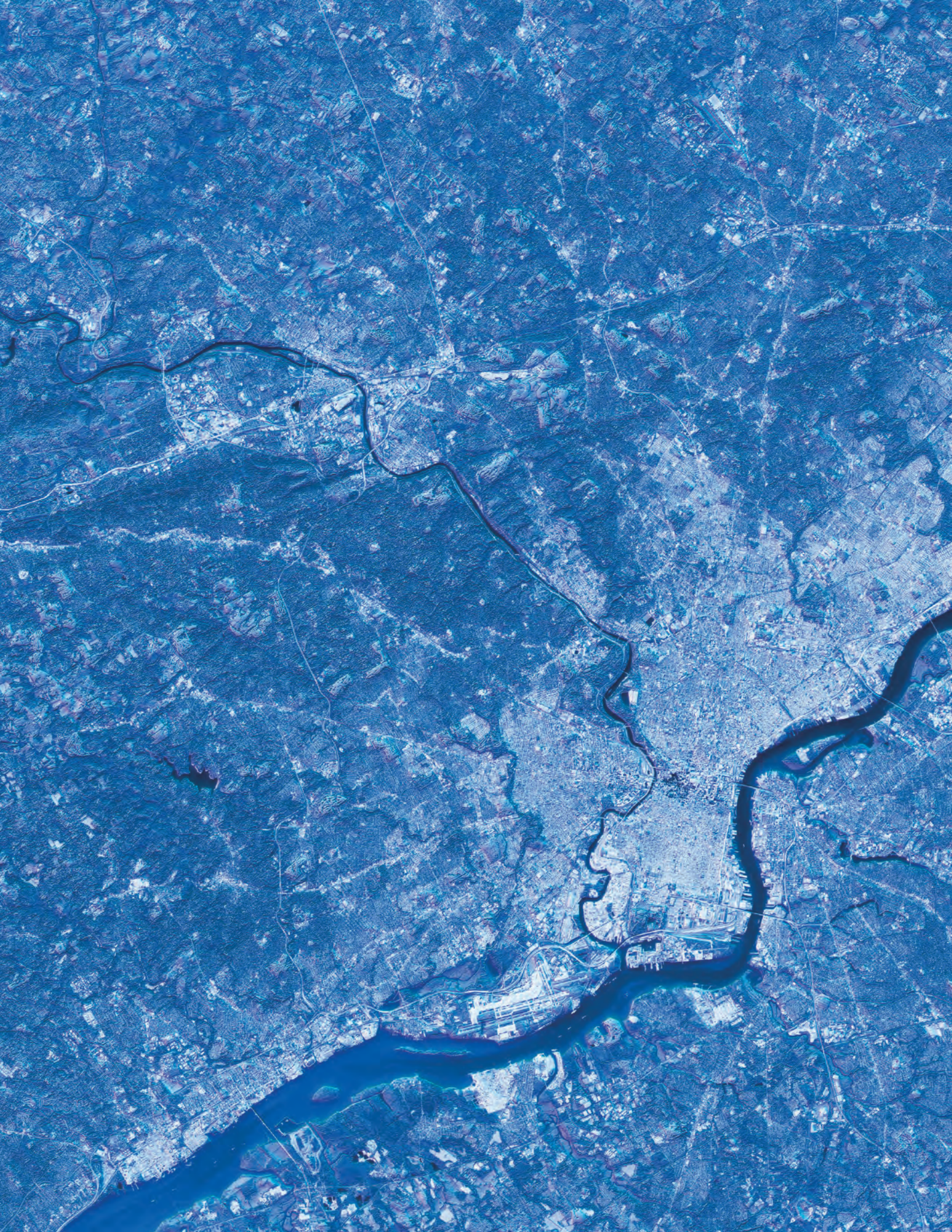


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Health is influenced by many factors, including social and economic conditions, the built environment, accessibility of healthy products, the behavioral choices people make, and access to and quality of the medical care system. Hospitals play a unique role addressing many of these factors both in providing medical care and investing in initiatives to improve the health and well-being of communities they serve.

The Affordable Care Act (ACA) mandates that, every three years, tax-exempt hospitals conduct a Community Health Needs Assessment (CHNA). By determining and examining the health needs and gaps in communities, these assessments drive hospitals' planning and implementation of initiatives to improve community health.

Recognizing that hospitals and health systems often mutually serve the same communities, a group of local hospitals and health systems convened to develop this first-ever Southeastern PA (SEPA) Regional CHNA, with specific focus on **Bucks, Chester, Montgomery, and Philadelphia** counties.

This collaborative CHNA offered:

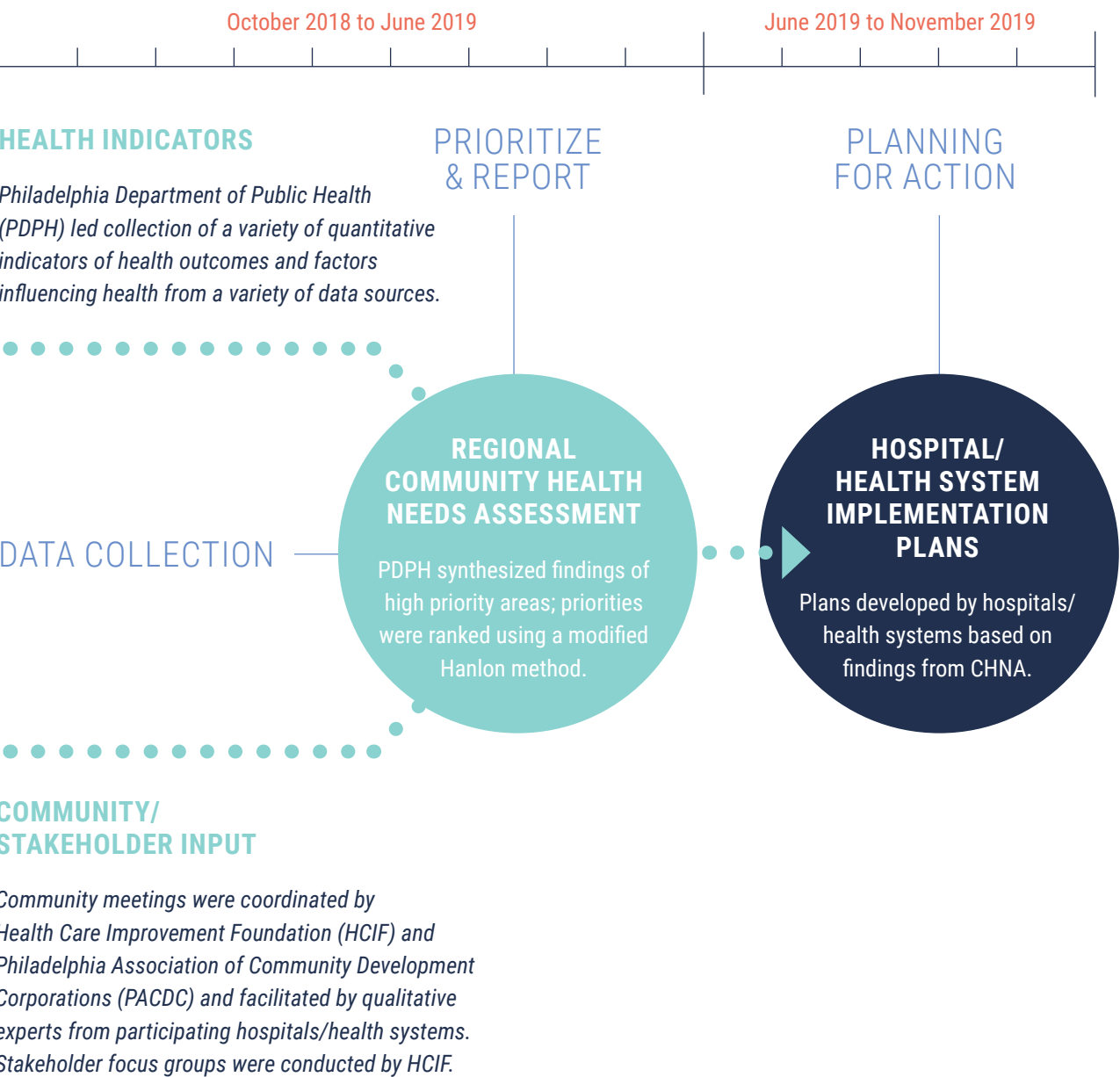
- » Increased collaboration among local hospitals/health systems serving this region
- » Reduced duplication of activities and community burden from participation in multiple community meetings
- » Reduced hospital/health system costs in CHNA report development
- » Opportunities for shared learning
- » Establishment of a strong foundation for coordinated efforts to address highest priority community needs

Partnering Hospitals

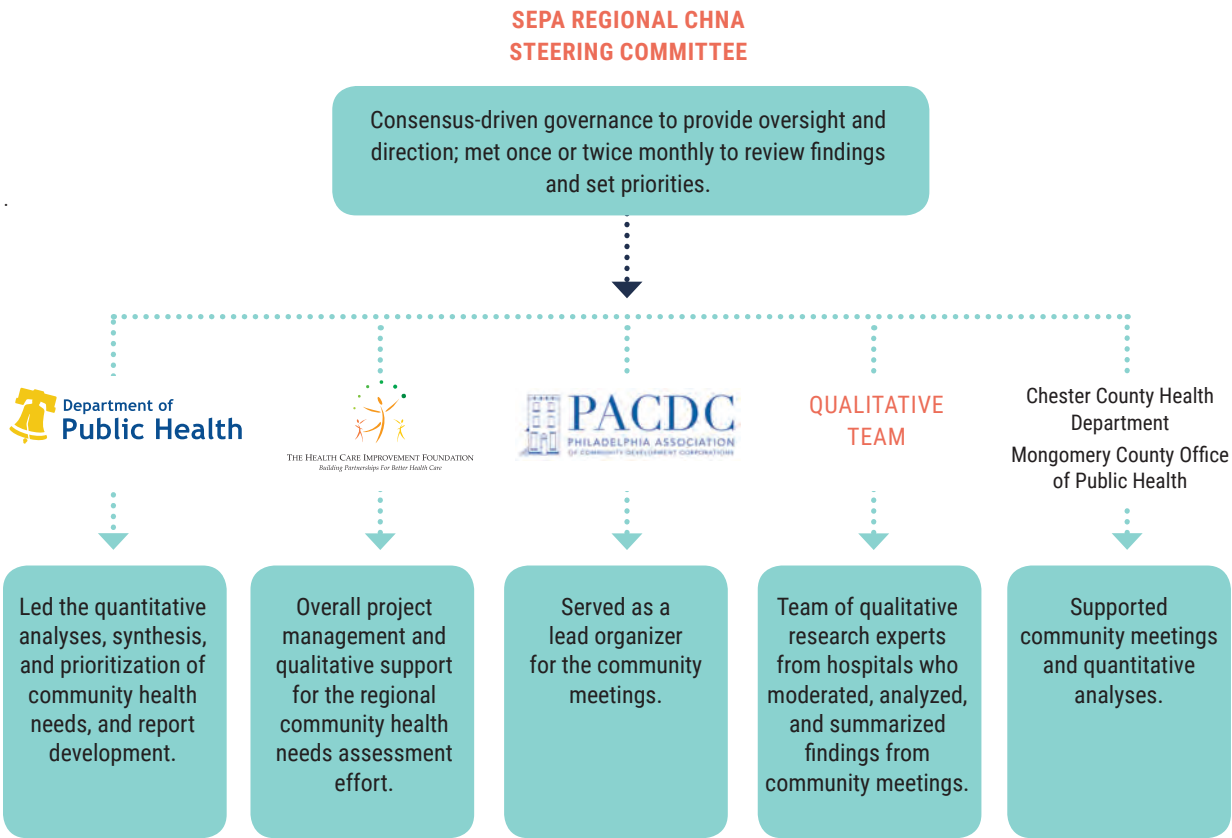
- Abington Hospital
- Abington Lansdale Hospital
- Chester County Hospital
- Children's Hospital of Philadelphia
- Einstein Medical Center Montgomery
- Einstein Medical Center Philadelphia
- Einstein Medical Center Elkins Park
- Grand View Hospital
- Holy Redeemer Hospital
- Jefferson Bucks Hospital
- Jefferson Frankford Hospital
- Jefferson Torresdale Hospital
- Thomas Jefferson University Hospital
- Jefferson Hospital for Neuroscience
- Jefferson Methodist Hospital
- Hospital of the University of Pennsylvania
- Pennsylvania Hospital
- Penn Presbyterian Medical Center

OUR COLLABORATIVE APPROACH

Hospitals and health systems and supporting partners collaboratively developed the CHNA that outlines health priorities for the region. The hospitals and health systems will produce implementation plans that may involve further collaboration to address shared priorities.



In partnership with the Steering Committee of representatives from the partnering hospitals and health systems, the Philadelphia Department of Public Health (PDPH) and Health Care Improvement Foundation (HCIF) developed a collaborative, community-engaged approach that involved collecting and analyzing quantitative and qualitative data and aggregating data from a variety of secondary sources to comprehensively assess the health status of the region. The assessment resulted in a list of priority health needs that will be used by the participating hospitals and health systems to develop “implementation plans” outlining how they will address these needs individually and in collaboration with other partners.



PDPH led the collection of quantitative indicators of health for the region, with support from the Chester County Health Department and Montgomery County Office of Public Health.

Data were acquired from local, state and federal sources and focused on indicators that were uniformly available at the ZIP code level across the region. PDPH partnered with HealthShare Exchange, the local health information exchange, to analyze key hospital-based indicators of health.

HCIF coordinated the qualitative components of the assessment which included:

- » **19 Community Meetings** that were organized by PACDC and facilitated by the Qualitative Team, made up of experts from Children's Hospital of Philadelphia (CHOP), Jefferson Health, Penn Medicine, Holy Redeemer Health System, Grand View Health, and Chester County Hospital. Analysis of findings from these meetings was done by experts from CHOP, Jefferson Health, and Penn Medicine.
- » **9 Key Stakeholder Focus Groups** about steering committee-selected populations of special interest, including African American and Hispanic/Latino communities; individuals experiencing homelessness; individuals experiencing housing security; prenatal and postpartum women; and individuals with behavioral/mental health conditions.
- » **12 Key Informant Interviews** with leadership and staff at Federally Qualified Health Centers (FQHCs), conducted by Health Federation of Philadelphia.
- » **Additional Key Informant Interviews** with hospital patient advisory groups, employees, and other stakeholders conducted by hospitals and health systems.

All data were synthesized by PDPH staff and a list of 16 community health priorities was presented to the Steering Committee. Using a modified Hanlon ranking method, each participating hospital and health system rated the priorities. An average rating was calculated, and the community health priorities were organized in priority order based on:

- Size of health problem
- Importance to community
- Capacity of hospitals/health systems to address
- Alignment with mission and strategic direction
- Availability of existing collaborative efforts

Potential solutions for each of the community health priorities, based on findings from the community meetings, stakeholder focus groups, and key informant interviews, were also included.

COMMUNITY HEALTH PRIORITIES

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
1. SUBSTANCE/ OPIOID USE AND ABUSE	<ul style="list-style-type: none"> » Drug overdose deaths have tripled and are the leading cause of death among young adults (ages 18 – 34) in the region » Increases in infectious illnesses like HIV and Hepatitis C, neonatal abstinence, and homelessness » Geographic disparities across the region 	<ul style="list-style-type: none"> » Reduce the number of people who become addicted to opioids by reducing over-prescribing of opioids » Integrate Medication-Assisted Treatment into ambulatory care and initiate Medication-Assisted Treatment in emergency departments » Develop warm handoff projects with external organizations » Expand distribution of naloxone and other harm reduction resources » Increase school- and community-based anti-drug education and awareness » Expand medical respite for individuals with substance use disorder » Increase medical outreach and care for individuals living with homelessness and substance use disorders » Expand drug take-back safe disposal programs
2. BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT	<ul style="list-style-type: none"> » 1 in 5 adults has a depressive disorder » Undiagnosed and untreated conditions like depression, anxiety, and trauma-related conditions result in: <ul style="list-style-type: none"> • High utilization of emergency departments, particularly among youth, for mood and depressive disorders • Persisting rates of suicide, particularly among men • Substance use and abuse » Significant lack of community-based, integrated, and/or mobile behavioral health services » Vulnerable populations: individuals living in poverty, and those experiencing homelessness or housing insecurity; youth and young adults; older adults; racial and ethnic minorities, immigrants and refugees; and LGBTQ+ people 	<ul style="list-style-type: none"> » Expand use of telemedicine and mobile care for counseling, therapy and other treatment for behavioral health conditions » Co-locate physical and behavioral health and social services » Institute trauma-informed care/counseling training for people working with youth

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
3. ACCESS TO AFFORDABLE PRIMARY/ PREVENTIVE CARE	<ul style="list-style-type: none"> » High supply of primary care providers across the region, but long wait times in some areas and Medicaid acceptance variable » Low access to primary care providers for some vulnerable populations and communities due to: <ul style="list-style-type: none"> • Lack of providers • Affordability: Uninsured (no safety net providers) and low-income with high co-payments/ deductibles • Language/cultural accessibility for immigrant/non-English speaking communities » Vulnerable populations: uninsured people, individuals/ families with low income, immigrants 	<ul style="list-style-type: none"> » Expand primary care locations in neighborhoods with low access » Support transportation assistance » Expand appointment availability and hours in low access areas » Develop health promotion campaigns and initiatives to raise awareness » Provide samples/discounts on medications and enroll patients in prescription assistance programs » Use technology/telehealth to increase access to health information
4. HEALTHCARE AND HEALTH RESOURCES NAVIGATION	<ul style="list-style-type: none"> » Navigating healthcare services and other health resources, like enrollment in public benefits and programs, remains a challenge due to: <ul style="list-style-type: none"> • General lack of awareness • Fragmented systems • Resource restraints » Financial costs and logistics associated with transportation can be a barrier to accessing healthcare and health resources » Vulnerable populations: individuals/families with low income, uninsured people, persons with disabilities 	<ul style="list-style-type: none"> » Increase access to healthcare navigators, community health workers and patient advocates » Develop community health resource directories, bulletins or newsletters » Create permanent social service hubs and resource fairs » Encourage bi-directional integration of data between health and community-based organizations » Develop school-based health and health resources navigation, like Community Schools » Provide information regarding available transportation services and facilitate the process for accessing these services » Create accessible healthcare offices and access to preventive care and health screening for persons with disabilities

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
5. ACCESS TO AFFORDABLE SPECIALTY CARE	<ul style="list-style-type: none"> » Financial and logistical barriers to specialty care for uninsured people and those with high co-pays and deductibles » Referrals from safety net providers (e.g. FQHCs) are challenging » Lack of care coordination, affordability, and appointment availability (e.g. long wait times) result in patients not seeking needed specialty care and use of emergency departments for acute needs 	<ul style="list-style-type: none"> » Provide telehealth services » Co-locate primary and specialty care » Provide care navigation and coordination » Schedule appointments with outside providers at discharge » Provide information regarding available transportation services and facilitate the process for accessing these services » Create accessible healthcare offices for persons with disabilities
6. CHRONIC DISEASE PREVENTION	<ul style="list-style-type: none"> » Overall rates of cardiovascular disease (CVD)-related chronic disease continue to rise » Premature CVD deaths are 2-3 times higher in Philadelphia – related to higher rates of smoking, obesity, and hypertension largely driven by higher rates of poverty » Smoking rates in Philadelphia are far higher than the national average. » Vulnerable populations: African-Americans, Latinos, immigrants, individuals/families with low income 	<ul style="list-style-type: none"> » Initiate health education and promotion in natural community hubs, such as beauty salons/barbershops and faith-based institutions » Support media campaigns that encourage smoking cessation » Create opportunities for physical activity like community walks, group fitness classes, or fitness vouchers » Continue expansion and marketing of wellness programs » Centralize health and social services resources information » Use technology for health education and support
7. FOOD ACCESS AND AFFORDABILITY	<ul style="list-style-type: none"> » Access to and affordability of healthy foods is a driver of poor health in many communities » Low access is largely driven by poor food environments which lack grocery stores or other sources of fresh food and produce, and are saturated with fast food outlets, convenience and corner stores, and other sources of unhealthy, often less expensive, food options » In communities where food insecurity is highest, the food environment is the poorest 	<ul style="list-style-type: none"> » Create additional food access via farmers' markets, summer feeding programs, and food pantries » Support corner store redesign to accommodate healthier food supply » Require screening and referral for food insecurity » Provide transportation to supermarkets and other food distribution sites » Provide medical-legal partnership services

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
8. AFFORDABLE AND HEALTHY HOUSING	<ul style="list-style-type: none"> » Excessive housing cost is as high as 50% in some communities across the region » Poor housing conditions like old lead paint, asbestos, bad hygiene, infestations, lack of running water or HVAC, and damaged infrastructure, impact health: <ul style="list-style-type: none"> • Poor childhood health (e.g. lead poisoning, asthma hospitalizations, injuries) • Mental distress and trauma • Poor older adult health (e.g. falls, disability) » Forgoing care, food and other necessities due to financial strain » Rapid gentrification of some historically low-income neighborhoods creates risk of displacement and housing insecurity, and further segregation » Vulnerable populations: individuals/families with low income, persons with disabilities 	<ul style="list-style-type: none"> » Develop new affordable housing units » Invest in cooperative young adult and senior housing » Provide home repairs and remediation for high risk youth (e.g. with asthma) and older adults » Require screening for housing insecurity » Develop medical-legal partnerships » Provide low-cost housing interventions like smoke and carbon monoxide detectors » Support rent subsidies » Provide assistance in identifying and accessing the waiting lists for accessible housing » Advocate for and implement responsible and equitable neighborhood development that avoids displacement and segregation » Raise awareness of available resources for housing repair assistance » Enforce lead abatement program policies » Invest in respite housing
9. SEXUAL AND REPRODUCTIVE HEALTH	<ul style="list-style-type: none"> » Teen births have declined substantially over the last decade, but are 2 times higher in Philadelphia and 4 times higher among Latina women » Sexually transmitted infection rates are rising among: <ul style="list-style-type: none"> • HIV: young Men Who Have Sex with Men (MSM) of color, People who Inject Drugs (PWID), high risk heterosexuals • Syphilis: young MSM of color in Philadelphia • Gonorrhea/Chlamydia: young females » Philadelphia's overall rate is 6 times higher compared to suburban counties » Lack of comprehensive sexual education in some public schools 	<ul style="list-style-type: none"> » Provide free comprehensive sexual education and family planning services for youth

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
10. LINGUISTICALLY- AND CULTURALLY- APPROPRIATE HEALTHCARE	<ul style="list-style-type: none"> » About 12 percent of the population across the 4 counties was not born in the U.S. As much as 26 percent of some neighborhoods do not speak English very well. » Cultural and religious norms influence individual beliefs about health 	<ul style="list-style-type: none"> » Implicit bias, cultural competence, and trauma-informed care competencies for healthcare providers, with focus on care for vulnerable communities like people living in poverty, LGBTQ+ people and individuals experiencing homelessness, and people living with addiction » Provide multi-lingual health care access » Recruit and retain a diverse healthcare workforce » Develop low-literacy, culturally relevant, multi-lingual health education materials
11. MATERNAL MORBIDITY AND MORTALITY	<ul style="list-style-type: none"> » Late access or inadequate access to prenatal care is 2 times higher in lower-income communities, up to 50% of pregnancies in some communities » Often related to pre-existing chronic conditions including obesity, hypertension, diabetes, and CVD » African-American mothers are 3 times more likely to die from pregnancy-related complications » Fatal drug overdoses have caused a spike in maternal deaths not related to pregnancy 	<ul style="list-style-type: none"> » Provide prenatal, rather than postpartum, linkages to community-based services » Co-locate obstetric, primary, and pediatric care along with lab and imaging services » Raise awareness of and increase options for low-cost transportation » Create direct linkages to substance use treatment during prenatal and postpartum periods
12. SOCIOECONOMIC DISADVANTAGE (INCOME, EDUCATION, AND EMPLOYMENT)	<ul style="list-style-type: none"> » Individuals living at or near poverty levels have higher rates of adverse health behaviors and outcomes » Poverty is the underlying determinant for many racial/ethnic health disparities » Inadequate education and training and unemployment are key drivers of poverty » Poverty among children and adults tends to cluster in communities; these communities collectively experience lower life expectancy, access to healthcare and health resources, and greater exposure to unhealthy living environments 	<ul style="list-style-type: none"> » Screen for socioeconomic disadvantage and establish systems for linkage to community resources to address needs » Provide education and training opportunities for individuals with low income » Employ and train returning citizens » Advocate for improvements to the disability system, so that people with disabilities are able to work without losing the attendant care services » Provide workforce development/pipeline programs with schools » Increase access to STEM education for youth

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
13. COMMUNITY VIOLENCE	<ul style="list-style-type: none"> » Community violence is largely driven by community disadvantage and disproportionately impacts Philadelphia » Gun violence primarily involves young Black males (>75%), many disconnected from school and employment » Women, immigrant youth, and LGBTQ+ people at higher risk for other interpersonal violence » Negative interactions and bullying are prevalent among youth 	<ul style="list-style-type: none"> » Support and hire returning citizens » Create school and community-based mentor programs » Expand gun safety efforts like lock box distribution and provide educational materials » Provide bullying prevention programs in school and in after school programs
14. RACISM AND DISCRIMINATION IN HEALTHCARE SETTINGS	<ul style="list-style-type: none"> » Bias and discrimination experienced by individuals due to their race/ethnicity, immigration status, sexuality, adverse social experiences, and homelessness remain a challenge » Such experiences can result in further mistrust of healthcare providers and institutions and can lead to forgoing care and increased morbidity 	<ul style="list-style-type: none"> » Create opportunities for medical professionals and communities to interact outside of the healthcare setting » Establish systems of ongoing community engagement beyond CHNA process » Offer implicit bias, cultural competence, and trauma-informed care competencies for healthcare providers, with focus on care for vulnerable communities like people living in poverty, LGBTQ+ people, individuals experience homelessness, and people living with addiction » Recruit and retain diverse healthcare workforce

COMMUNITY HEALTH PRIORITIES	KEY FINDINGS	POTENTIAL SOLUTIONS
15. NEIGHBORHOOD CONDITIONS (E.G. BLIGHT, GREENSPACE, PARKS/ RECREATION, ETC.)	<ul style="list-style-type: none"> » Access to safe outdoor and recreational spaces for physical activity and active transit (e.g. walking and biking) is a significant health priority, particularly for youth and young adults » Extreme neighborhood blight, including abandoned homes, vacant lots and extreme amounts of litter and trash, impacts communities socially and has been associated with poorer overall health and increased violence » Lack of maintenance of public spaces, like schools, libraries and recreational facilities create additional health hazards 	<ul style="list-style-type: none"> » Develop new affordable housing units » Support neighborhood remediation and clean-up activities » Invest in infrastructure improvements to support active transit near hospitals » Improve vacant lots by developing gardens and spaces for socialization and physical activity
16. HOMELESSNESS	<ul style="list-style-type: none"> » Individuals experiencing homelessness are more likely to: <ul style="list-style-type: none"> • Be racial/ethnic minorities • Have mental health and substance use disorders • Seek care at emergency departments/hospitals and be high-utilizers • Experience discrimination and bias in healthcare settings » Inadequate temporary shelters, transitional housing, and affordable housing options exist for individuals experiencing homelessness throughout the region 	<ul style="list-style-type: none"> » Create medical respite for individuals in urgent need of transitional housing » Develop medical-legal partnerships » Develop new affordable housing units » Co-locate health and social services

INTRODUCTION

The Affordable Care Act (ACA) mandates that, every three years, tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) and implement strategies to address priority needs. Federal requirements for the CHNA include:

- A definition of the community served by the hospital facility and a description of how the community was determined
- A description of the process and methods used to conduct the CHNA
- A description of how the facility solicited and took into account input received from persons who represent the broad interests of the community it serves
- A prioritized description of the significant health needs of the community identified through the CHNA and a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs
- A description of resources potentially available to address the significant health needs identified through the CHNA

This assessment is central to not-for-profit hospitals and health systems' community benefit and social accountability planning. By determining and examining the service needs and gaps in a community, an organization can develop responses to address them in implementation plans also mandated by the ACA.

At the request of local non-profit hospitals and health systems, the Philadelphia Department of Public Health (PDPH) and the Health Care Improvement Foundation (HCIF) convened an effort to collaboratively develop a 2019 Community Health Needs Assessment (CHNA) for the Southeastern PA (SEPA) region, with specific focus on **Bucks, Chester, Montgomery, and Philadelphia** counties. While some local hospitals/health systems have worked collaboratively on some components of previous CHNA implementation plans, they previously produced independent CHNAs. Based on service area definitions from previous CHNAs, many hospitals/health systems mutually serve residents of communities within the SEPA region. In contrast to health systems conducting independent CHNAs, a collaborative CHNA offered:

- Increased collaboration among local hospitals/health systems serving this region
- Reduced duplication of activities and community burden from participation in multiple community meetings
- Reduced hospital/health system costs in CHNA report development
- Opportunities for shared learning
- Establishment of a strong foundation for coordinated efforts to address highest priority community needs



Abington Hospital, a regional referral center and teaching hospital located in Abington, Montgomery County, has served the residents of Bucks and Montgomery Counties for over 100 years. In FY18, Abington Hospital celebrated the fourth anniversary of its merging with Jefferson Health. This collaboration continues to enhance Abington's ability to improve lives by providing high quality care at lower costs, allowing the facility to serve more people when and where needed.

In July 2018 the partnership achieved its most important strategic initiative of the year with the opening of the Asplundh Cancer Pavilion, an 86,000-square-foot modern outpatient center which serves as home to the Sidney Kimmel Cancer Center at Abington-Jefferson Health. Conveniently located just off the Pennsylvania Turnpike's Willow Grove interchange, this exceptional facility sets a new standard for providing comprehensive outpatient cancer care in a soothing and convenient setting.

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In addition to the 31 Abington oncologic specialists based at Asplundh, patients will be able to schedule appointments with 15 Center City-based oncologic specialists who will travel to Asplundh to see patients in the new facility. In addition to the phase II and phase III trials previously offered by Abington Hospital, the new center offers phase I clinical trials, a major step forward for the region.

In addition to its collaboration with Jefferson Health, Abington Hospital also maintains associations with Drexel University College of Medicine, Philadelphia College of Osteopathic Medicine, and Sidney Kimmel Medical College at Thomas Jefferson University.

In FY18, Abington Hospital received numerous awards and accolades, including Joint Commission certification in advanced Ventricular Assist Device, advanced heart failure, advanced hip and knee, and palliative care services. Additionally, Abington's Diamond Stroke Center received re-certification as a comprehensive stroke center from the American Heart Association/American Stroke Association. In 2013, Abington was one of the first comprehensive stroke centers designated in the Delaware Valley and is currently one of only eight stroke centers in Pennsylvania to achieve this status. The most recent certification is Abington Hospital's third.

VALUES

Jefferson's values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

Put People First:

*Service-Minded, Respectful
& Embraces Diversity*

Be Bold & Think Differently:

*Innovative, Courageous &
Solution-Oriented*

Do the Right Thing:

*Safety-Focused, Integrity
& Accountability*



Abington Hospital earned chest pain center accreditation from the American College of Cardiology and the Mission: Lifeline Gold Award from the American Heart Association. These awards recognize staff members' demonstrated expertise and commitment to treating patients with chest pain and the implementation of specific quality improvement measures for the treatment of severe heart attacks, respectively.

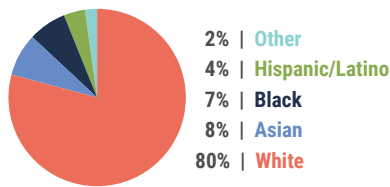
For the fourth year running, Abington Hospital received magnet recognition from the American Nurses Credentialing Center, the nation's highest honor for professional nursing practice. This honor bestows on the Hospital an elite national status.

In FY18, Abington Hospital was ranked seventh in the Philadelphia region and thirteenth in the state by U.S. News & World Report. Abington scored high-performing in six of nine categories: heart bypass surgery, hip and knee replacement, COPD, congestive heart failure, and colon cancer surgery.

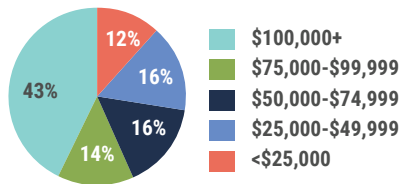
BEDS	EMPLOYEES	ADVANCED PRACTICE PROFESSIONALS	INPATENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
665	5,708	303	30,346	566,850	95,488

demographics

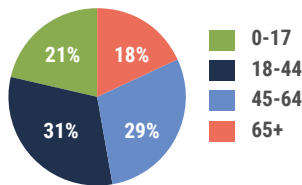
RACIAL COMPOSITION



INCOME DISTRIBUTION



AGE DISTRIBUTION



Targeted Service Area for Community Health Improvement

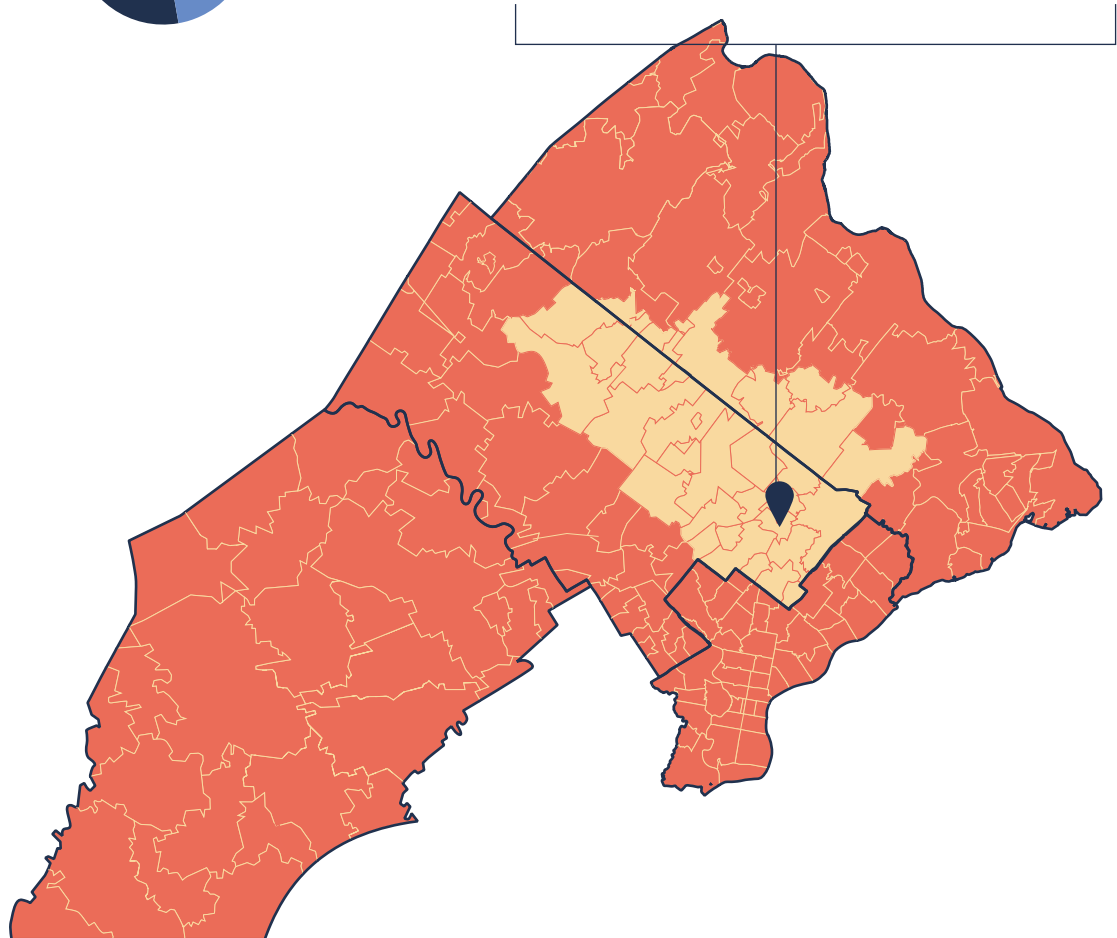
Abington Hospital defines its targeted service area as the following ZIP codes in Bucks and Montgomery Counties. These areas represent areas proximate to the hospital where 70% of inpatients reside and a total population of 543,386.

Bucks County:

18914, 18929, 18932, 18966, 18974 ,18976

Montgomery County:

18915, 18936, 19001, 19002, 19009, 19012, 19025, 19027, 19031, 19034, 19038, 19040, 19044, 19046, 19075, 19090, 19095, 19422, 19436, 19437, 19438, 19446, 19454, 19477, 18964, 18969, 19006, 19440





Impact of Prior Community Health Needs Assessment and Implementation

Abington Hospital and its parent organization, Abington – Jefferson Health (AJH), are non-profit 501(c)3 organizations with a strong mission of community service and outreach, aligning with the Mission of Abington – Jefferson Health: We Improve Lives. Abington – Jefferson Health works to create the healthiest possible community by orchestrating targeted outreach for maximum community benefit while reducing health disparities. AJH completed its first CHNA in 2013 and concluded work on the identified needs through related implementation plans in June of 2016. In March 2016, AJH completed and published the 2016-19 Community Health Needs Assessment.

A three-year implementation plan was completed and approved in June 2016, and addresses the following most important priority health needs for the population of the Abington Community Benefit areas:

- » Mental Health Services
- » Obesity
- » Social and Health Care Needs of Older Adults
- » Alcohol/Substance Abuse
- » Women's Cancer
- » Chronic Disease Management (diabetes, heart disease and hypertension, stroke, asthma)
- » Colon Cancer
- » Health Education, Social Services and Regular Source of Care

Full copies of the 2013 and 2016 Needs Assessments and related implementation plans are available at JeffersonHealth.org/Abington.



Located in Lansdale, Montgomery County, Abington-Lansdale Hospital provides a broad range of clinical services to the surrounding area. Like Abington Hospital, Abington-Lansdale Hospital was combined with Jefferson Health in 2015 and is dedicated to Jefferson Health's mission to improve lives and reimagine health, education, and discovery to create unparalleled value. This commitment is evidenced by the Hospital's receipt of the Healthgrades Experience Award, ranking in the top five percent in the nation, and the Healthgrades Outstanding Patient Experience Award in 2018.

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Abington-Lansdale Hospital's renowned stroke program was recognized by the American Heart Association, earning both the Get with the Guidelines® Stroke Gold Plus award and the Target 2018 Stroke Elite Award in FY18. Abington-Lansdale was also named an Advanced Primary Stroke Center. The Hospital also earned The Joint Commission's advanced hip and knee certification, and received a Pathway to Excellence designation from the American Nurses Credentialing Center in recognition of its professional nursing practice. Abington-Lansdale Hospital has also earned chest pain center accreditation from the American College of Cardiology for staff members' demonstrated expertise in treating patients with chest pain. Additionally, the Gift of Life donor program and Hospital and Healthsystem Association of Pennsylvania has honored Abington-Lansdale Hospital with their Platinum Award.

Abington-Lansdale Hospital maintains academic associations with Montgomery County Community College and Gwynedd Mercy University for Nursing and Allied Health Professions.

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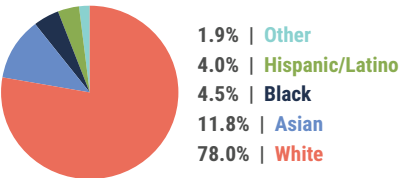
Put People First: <i>Service-Minded, Respectful & Embraces Diversity</i>	Be Bold & Think Differently: <i>Innovative, Courageous & Solution-Oriented</i>	Do the Right Thing: <i>Safety-Focused, Integrity & Accountability</i>
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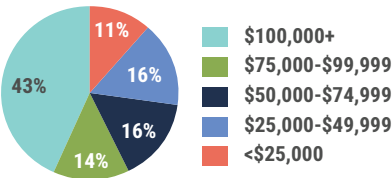
BEDS	EMPLOYEES	PHYSICIANS	ADVANCED PRACTICE PROFESSIONALS	INPATENT ADMISSIONS	OUTPATIENT REGISTRATIONS	EMERGENCY DEPT. VISITS
140	575	383	115	5,864	78,345	27,925

demographics

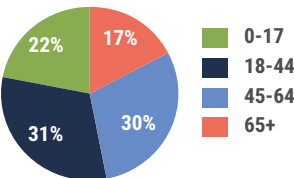
RACIAL COMPOSITION



INCOME DISTRIBUTION



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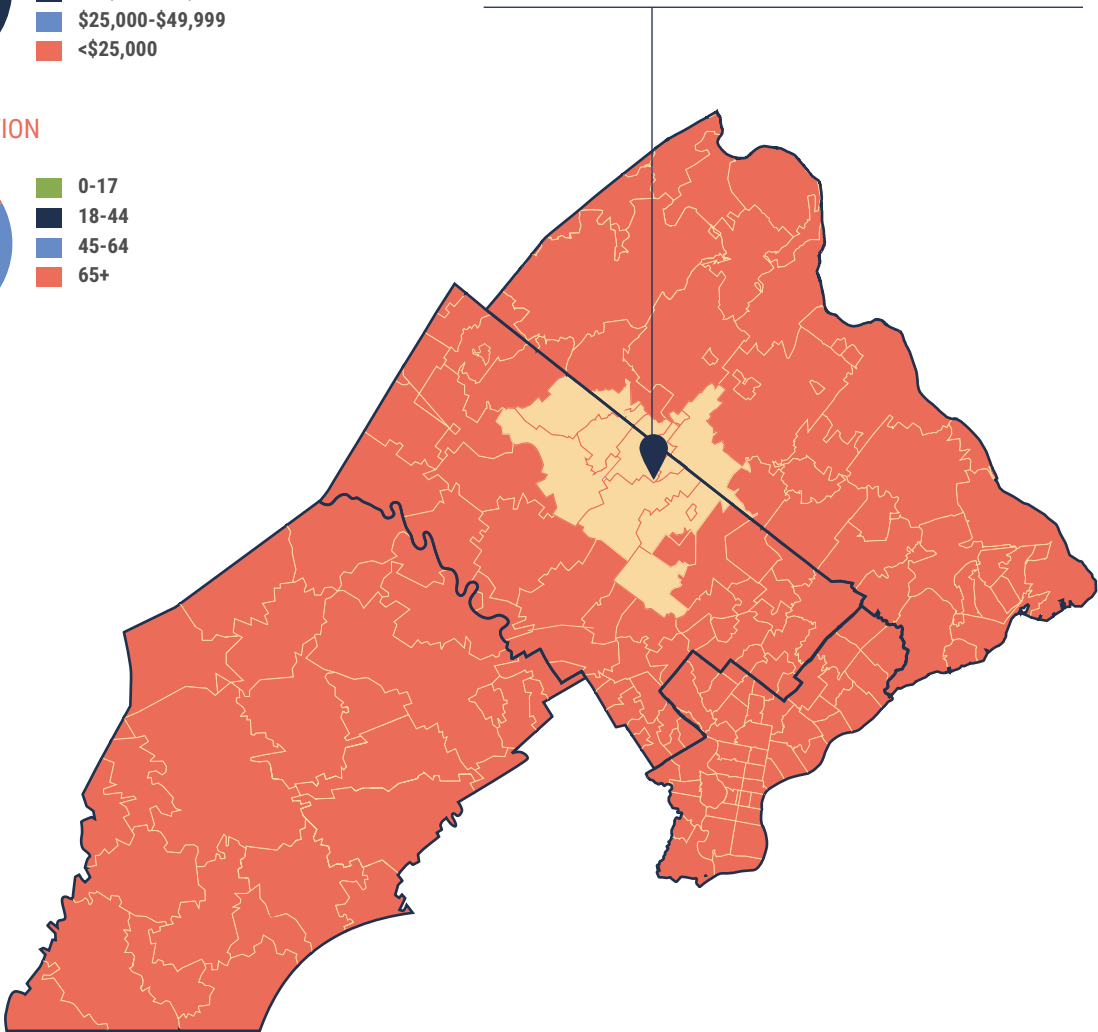


Targeted Service Area for Community Health Improvement

Abington-Lansdale Hospital defines its targeted service area as the following ZIP codes in Bucks and Montgomery Counties. These areas represent areas proximate to the hospital where 70% of inpatients reside and a total population of 198,290.

Montgomery County: 18915, 18936, 19422, 19438, 19446, 19454, 18964, 18969, 19440

Bucks County: 18914, 18932



Impact of Prior Community Health Needs Assessment and Implementation

Abington–Lansdale Hospital (ALH) and its parent organization, Abington – Jefferson Health (AJH), are non-profit 501(c)3 organizations with a strong mission of community service and outreach, aligning with the Mission of Abington – Jefferson Health: We Improve Lives. Abington–Jefferson Health works to create the healthiest possible community by orchestrating targeted outreach for maximum community benefit while reducing health disparities. AJH completed its first CHNA in 2013 and concluded work on the identified needs through related implementation plans in June of 2016. In March 2016, AJH completed and published the 2016-19 Community Health Needs Assessment.

A three-year implementation plan was completed and approved in June 2016, and addresses the following most important priority health needs for the population of the Abington Community Benefit areas:

- » Mental Health Services
- » Obesity
- » Social and Health Care Needs of Older Adults
- » Alcohol/Substance Abuse
- » Women’s Cancer
- » Chronic Disease Management (diabetes, heart disease and hypertension, stroke, asthma)
- » Colon Cancer
- » Health Education, Social Services and Regular Source of Care

Full copies of the 2013 and 2016 Needs Assessments and related implementation plans are available at JeffersonHealth.org/Abington.



Chester County Hospital, part of Penn Medicine, is dedicated to the health and well-being of the people in Chester County, Pennsylvania, and the surrounding areas. The hospital is located in West Chester with outpatient services extending to satellite locations in Exton, West Goshen, New Garden, Jennersville and Kennett Square. Chartered in 1892 as a 10-bed dispensary, the Hospital has been serving Chester County and its surrounding communities for more than 125 years.

In 2013, Chester County Hospital joined the University of Pennsylvania Health System as part of its ongoing effort to provide the most progressive services available. The hospital also has clinical affiliations with Children's Hospital of Philadelphia for pediatrics and neonatology and maintains numerous teaching affiliations with colleges and universities throughout the Delaware Valley.

Chester County Hospital offers an array of inpatient and outpatient medical and surgical services, including interventional heart and vascular services, open heart surgery, advanced spine surgery, general, orthopedic and oncological surgery, oncology, radiation oncology and comprehensive maternal/infant health services.

MISSION

ICARE:

**Innovation, Collaboration,
Accountability, Respect,
Excellence**

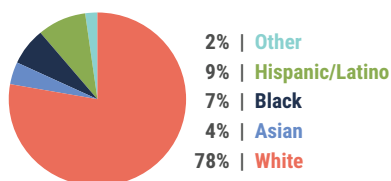
The hospital also offers home health and hospice care; occupational and employee health care; professional and technical education; outpatient laboratory; radiology and physical therapy services; prenatal care and gynecological care for all women, including the underserved; and cardiopulmonary rehabilitation.

True to its commitment to providing ways for people to maintain a healthy life, Chester County Hospital offers a broad scope of high quality health education programs to the community, including physician lectures about important health concerns; a wide variety of wellness programs and services that address specific life cycle needs and chronic health conditions; cardiovascular, cancer, blood pressure, osteoporosis and other screenings to identify risk at an early stage; and support groups. Chester County Hospital's diabetes education program is accredited by the American Association of Diabetes Educators. The hospital has also achieved full recognition status from the Centers for Disease Control for the National Diabetes Prevention Program, and is also enrolled as a Medicare provider for this service. The hospital achieved this singular designation because of its successful track-record for serving the community and its dedication to reducing the prevalence of diabetes in Pennsylvania.

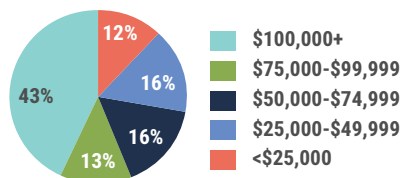
BEDS	EMPLOYEES	PHYSICIANS	INPATIENT ADMISSIONS	OUTPATIENT TESTS & PROCEDURES	EMERGENCY DEPT. VISITS	BIRTHS
248	2,518	705	13,821	451,530	45,161	2,845

demographics

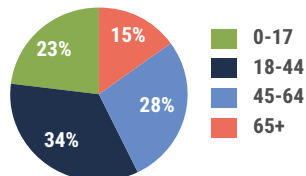
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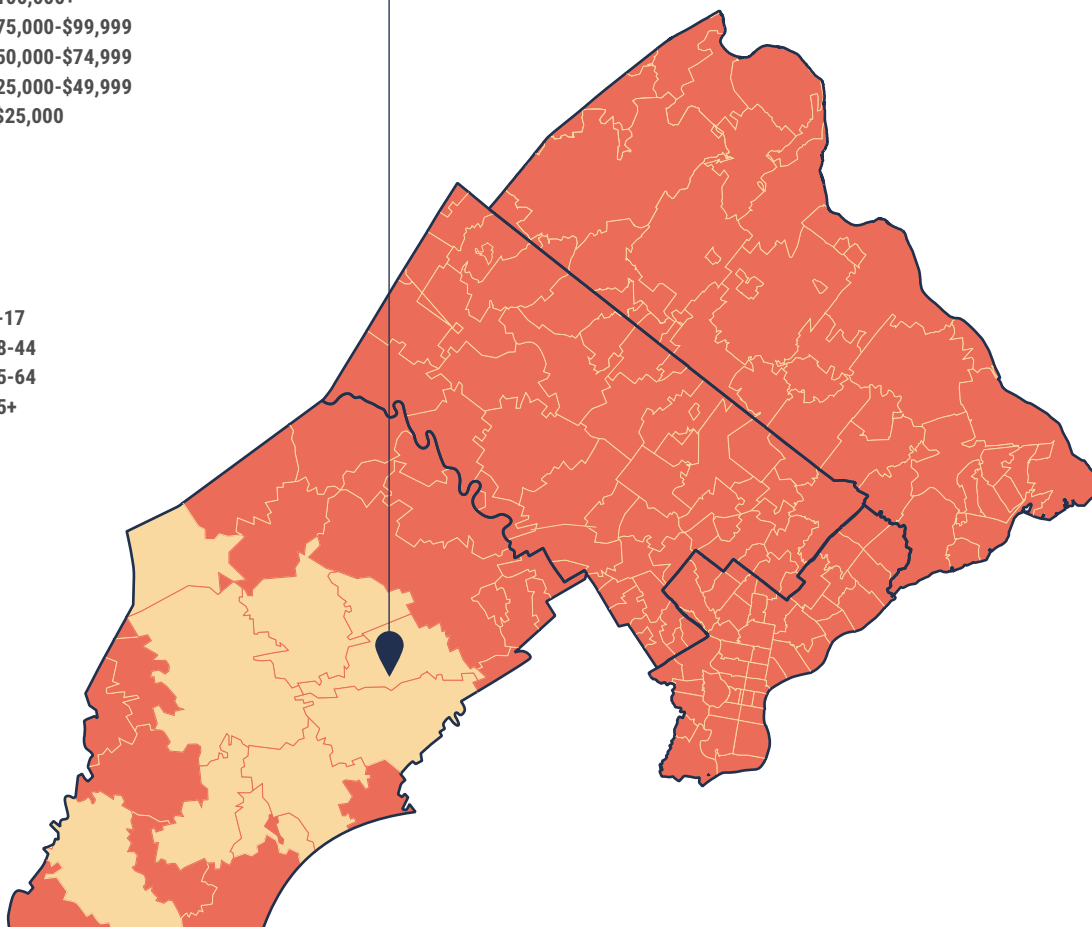
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Targeted Service Area for Community Health Improvement

Chester County Hospital defines its targeted service area to include the following ZIP codes in Chester County. These areas represent 75% of inpatient admissions and a total population of 300,806.

Chester County:
19311, 19320, 19335, 19341, 19344,
19348, 19363, 19380, 19382, 19390





Chester County Hospital's vision is to be the leading provider of care in the region and a national model for quality, service excellence, and fiscal stewardship. Progress toward those aims is reflected in the numerous awards bestowed on the hospital in recent years. Among many other acknowledgments, in 2017 the Centers for Medicare and Medicaid Services awarded Chester County Hospital a five star rating — the highest possible score — for the second year in a row. The hospital was also named among the 100 Top U.S. Hospitals by IBM Watson Health™. Additionally, Chester County Hospital's nursing staff has been recognized by the American Nurses Credentialing Center's Magnet Recognition Program for its excellence in patient care.

The hospital's heart and vascular programs have received a number of accolades, including the American Heart Association's Mission: Lifeline® Silver Receiving Quality Achievement Award and Heart Failure Quality Achievement Award and the Blue Distinction® Centers for Cardiac Care in 2018.

In 2017, the hospital received full reaccreditation as a Chest Pain Center with Primary PCI and Resuscitation from the American College of Cardiology. Both the Breast Health Program and the Cancer Program also recently received accreditation from the National Accreditation Program for Breast Cancers and the Commission on Cancer of the American College of Surgeons, respectively. The Cancer Program's accreditation is for three years and was received with commendation. Chester County Hospital has also been certified as a Primary Stroke Center by The Joint Commission.

Impact of Prior Community Health Needs Assessment and Implementation

The 2016 Community Health Needs Assessment and resulting three-year implementation plan identified multiple actions to address the priority health needs affecting our community. Highlights of the impact of this plan include the following:

- » Over the last three years, an average of 397 wellness and health education programs that targeted chronic disease prevention and injury avoidance were delivered to 9,568 individuals each year.
- » The prenatal clinic achieved and sustained a rate of 5.3% low infant birth rate, surpassing the Healthy People 2020 goal.
- » Prenatal clinic patients are screened for food insecurity and provided with emergency prenatal food boxes prepared by the Chester County Food Bank.
- » Free glucose testing supplies were provided to prenatal clinic patients with gestational diabetes.
- » A total of 27 bilingual lifestyle coaches from partner agencies were trained to deliver the Diabetes Prevention Program in Spanish increasing access for the Hispanic community.
- » Four Diabetes Prevention Programs (three in English and one is Spanish) were offered through the outpatient diabetes department.
- » Over 1,000 individuals were trained in Hands Only CPR and AED use.
- » Two Linda Creed breast cancer screenings were offered to under or uninsured women over 40.
- » A contract with the Pennsylvania HealthyWoman Program was finalized increasing access to breast and cervical screening for low income women.
- » All Childbirth Classes were offered at no charge to under or uninsured patients.
- » After rigorous preparation by labor, delivery, and maternity, the Hospital received the “Baby Friendly” designation.
- » 160 flu vaccinations were given at homeless shelters.

Details on the full impact of the 2016 implementation plan can be found at <https://www.chestercountyhospital.org/about/community-health-needs-assessment>.





MISSION

Children's Hospital of Philadelphia (CHOP), the oldest hospital in the United States dedicated exclusively to pediatrics, strives to be the world leader in the advancement of healthcare for children by integrating excellent patient care, innovative research and quality professional education into all of its programs.

CHOP is the only freestanding, independent (i.e. not affiliated with a health system) pediatric hospital in the Commonwealth of Pennsylvania, thus affording it an unparalleled singular focus on pediatric services. It is one of only three pediatric hospitals in its primary community benefit target area. CHOP's Care Network extends throughout the region, with Primary Care practices, Specialty Care and Ambulatory Surgery centers, Urgent Care centers, Newborn & Pediatric Inpatient Care sites, and Home Care services available at more than 50 locations in Pennsylvania, New Jersey, and New York.

Although the University of Pennsylvania and CHOP are separate corporate entities with no shared ownership or governance, they have had a close collaborative relationship for more than half a century in furtherance of their respective missions. CHOP has officially been the Department of Pediatrics to the University of Pennsylvania's Perelman School of Medicine since 1929.

The relationship between CHOP and the University of Pennsylvania includes collaboration on the performance of basic and clinical research, collaboration in patient care, cooperation in education and training of medical students and residents, and multiple arrangements for the joint use of facilities and equipment.

CHOP houses the world's leading pediatric research enterprise, the CHOP Research Institute (the "Institute"), and one of the top pediatric graduate medical education programs in the nation. As part of the residency program, CHOP also offers the Community Pediatrics and Advocacy Program (CPAP). This longitudinal curriculum prepares medical residents to be child and family advocates and work with community partners towards creating prevention and population health programs. The Institute reflects the Hospital's deep and long-standing commitment to improve child health. With a research staff in the thousands, the Institute carries out groundbreaking research on the science, policy, and treatment of childhood illnesses, including spina bifida, autism, cancer, diabetes, hemophilia, pediatric heart disease, cystic fibrosis, nutrition disorders, hypercholesterolemia, mental retardation, AIDS, sickle cell disease, Friedreich's Ataxia and numerous other diseases and disorders.

BEDS	EMPLOYEES	PHYSICIANS/ DENTISTS	INPATENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS	RESEARCH STAFF
546	13,868	1,667	29,313	1,379,199	88,569	2,000+

VISION

We will distinguish ourselves as the #1 children's hospital in the world.

We will put our patients and families at the center of all we do and ensure we meet their unmet needs.

We will grow our footprint and our revenue in order to ensure our ability to invest in and enhance our mission of patient care, research and education.

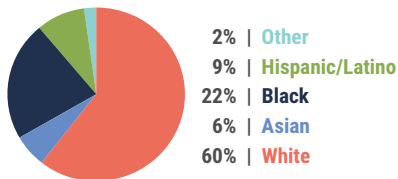
We will be “high touch” and “high tech,” and will be digitally accessible to patients around the world and in our backyard.

We will care for the underserved children in our community.

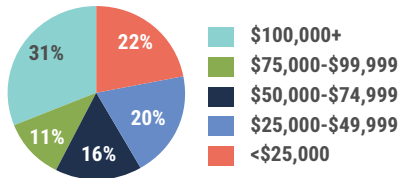
We will define care and discover cures for children over the next 30 years — and beyond.

demographics

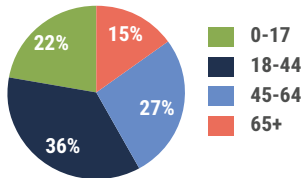
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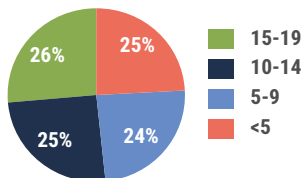
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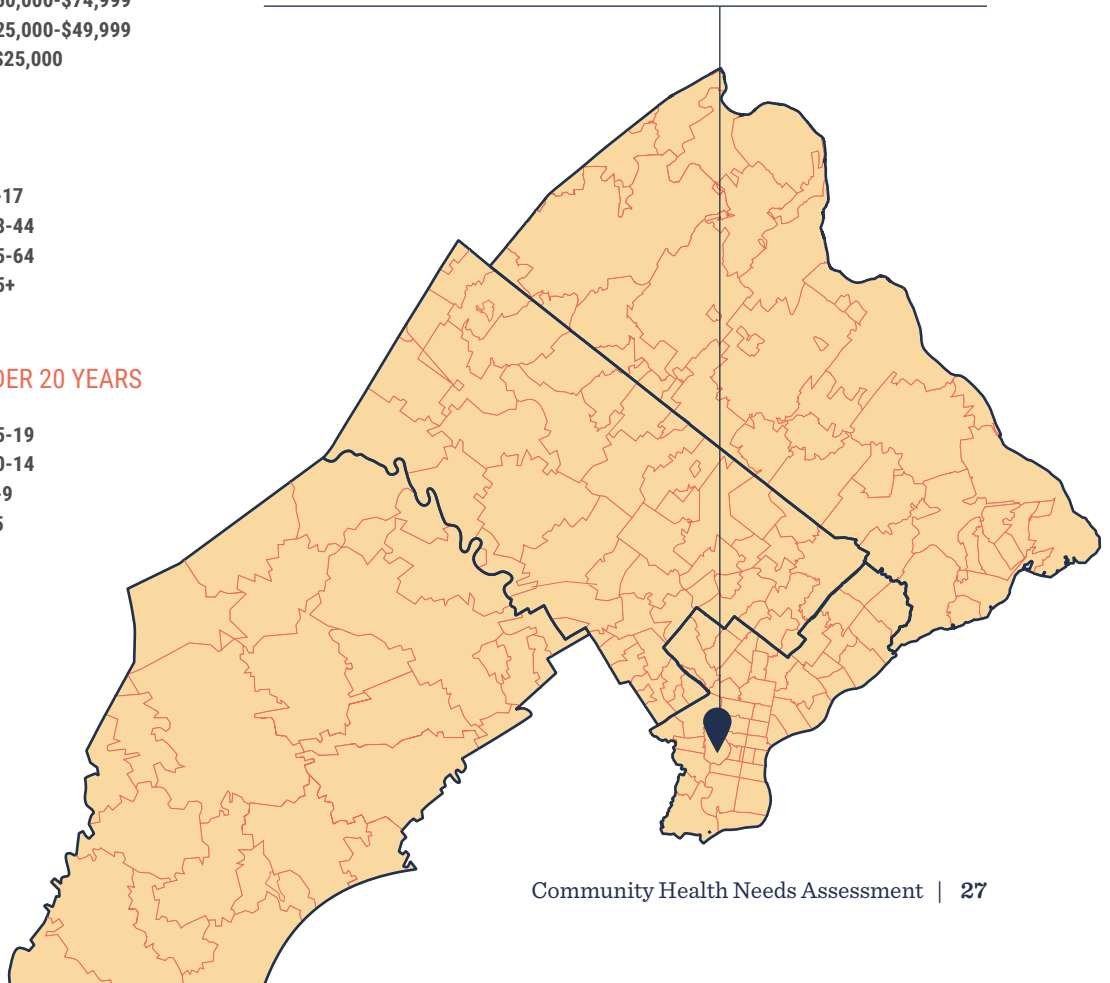


AGE DISTRIBUTION, UNDER 20 YEARS



Targeted Service Area for Community Health Improvement

CHOP defines its targeted service area for community benefit as all ZIP codes in the Greater Philadelphia four-county region. While the Greater Philadelphia region is CHOP's primary target area, as a globally recognized children's hospital, CHOP has also served patients from 72 countries as well as 50 states and the District of Columbia. CHOP also provides primary patient care beyond the four-county Greater Philadelphia region within 14 counties of Southeastern Pennsylvania, including a large share of Delaware County, PA, Northern Delaware, and Southern New Jersey.





CHOP consistently invests in programs that benefit communities and strongly believes that the Hospital's mission must always reach outside its walls to help the children living in and around its community benefit target area. In 2013, CHOP began the CHOP Cares Community Grant Program, in which a CHOP Community Advisory Board comprised of both CHOP employees and local civic leaders advise a competitive grant process. The Program awards small grants to CHOP employees to support work in their own communities. Grantees of the program must specifically address needs identified in the CHNA. The Philadelphia Inquirer awarded CHOP with its award for charitable volunteerism, recognizing the CHOP Cares Community Grant Program specifically, at the 2018 Corporate Philanthropy Conference.

Among many of CHOP's community engagement initiatives, a few notable programs include the Karabots Community Garden, the Community Asthma Prevention Program (CAPP), the Homeless Health Initiative (HHI), and the Violence Prevention Initiative (VPI).

- » The Karabots Community Garden opened in 2016, donating produce to the West Philadelphia Community through a partnership with The Enterprise Center and hosting cooking demonstrations and educational events throughout the year.
- » CAPP conducts community service and education projects, community-based asthma research, and asthma interventions to improve the lives of children in Philadelphia communities most affected by asthma.
- » HHI provides health outreach services through a coordinated, multidisciplinary approach that aims to reduce health disparities and improve healthcare access and health outcomes for children residing in homeless shelters.
- » VPI was created in 2013 and continues as a CHOP-wide effort to reduce exposure to and impact of violence among children and families. Guided by trauma-informed practices, principles of social justice and equity, and community-based participatory research, the VPI conducts research and implements innovative, evidence-based programs in clinical, school, and neighborhood settings.



CHOP has more than 100 community benefit programs that strive to ensure that all children, especially the most vulnerable, experience the wonders of childhood. Our dedication to addressing community needs was recognized when the Association of American Medical Colleges presented us with the 2015 Spencer Foreman Award for Outstanding Community Service.

More recently, CHOP was named one of the 20 most innovative children's hospitals by Parents magazine, specifically for significant contributions to the development of a new treatment for a certain pediatric leukemia, and efforts to help other hospitals offer this therapy to patients.



Impact of Prior Community Health Needs Assessment and Implementation

In CHOP's 2016 CHNA, seven core areas of focus were identified:

1. Access to primary and preventative care for vulnerable children;
2. Increased access to education, primary care and other health services for families who speak English as a second language;
3. Access to healthy food, opportunities for physical activity and wellness education;
4. Access to sex education, sexual health services and OB/GYN services for adolescents;
5. Access to mental health, behavioral health, and substance abuse screening, education and services;
6. Increased collaboration and communication to create a more seamless approach between services;
7. Access to dental, vision and specialty care for children.

CHOP developed numerous strategies to address these community needs, including some of the initiatives aforementioned. For example, the opening of the Karabots Community Garden helped to increase access to healthy food (priority 3) for residents of West Philadelphia through distributing over 1,500 pounds of produce and engaging over 1,200 residents at educational events. To better address mental and behavioral health needs (priority 5), the Violence Prevention Initiative (VPI) has created new programs and expanded existing ones. In the 2017-2018 school year, approximately 500 students received VPI's school-based aggression and bullying prevention programs, and close to 70% of the students improved on two or more outcomes. Furthermore, CHOP has implemented several changes to hospital systems that are helping patients and families to better navigate the healthcare system.

More detail on CHOP's progress towards addressing these needs can be found in a supplement (<https://media.chop.edu/data/files/pdfs/2016-19-chna-implementation-plan.pdf>) that is posted alongside this report on CHOP's website.



Einstein Medical Center Montgomery (Einstein Montgomery) is a tertiary care medical center located in East Norriton, Montgomery County. Einstein Montgomery opened in August 2012 and is part of the Einstein Healthcare Network, a private, non-profit healthcare organization. Einstein Healthcare Network is also comprised of Einstein Medical Center Philadelphia, the largest independent academic medical center in the Philadelphia region; Einstein Medical Center Elkins Park; MossRehab, a provider of comprehensive rehabilitation services; and Willowcrest, a skilled nursing facility.

Einstein Montgomery offers a wide range of healthcare programs and services, from community education programs and preventive medicine to complex care requiring advanced technology and expertise. Einstein cares for each person regardless of ability to pay, race, religion, or national origin, and recognizes its responsibility to use its resources to elevate the health status of the communities it serves. In keeping with this mission, Einstein Montgomery received the HealthyWoman designation by the PA Department of Health to provide free cervical and mammogram screenings to uninsured and underinsured patients.

In addition to its affiliation with Thomas Jefferson University, Einstein Healthcare Network also has academic associations with a number of colleges and universities in the Philadelphia area, including Gwynedd Mercy University, Montgomery County Community College, Philadelphia College of Osteopathic Medicine, University of Pennsylvania, and Villanova University.

Einstein Montgomery operates one of the most experienced labor and delivery programs in the region, with more than 2,200 babies born at the facility each year. The hospital employs a unique model of doctors working in close collaboration with midwives, maintains low Cesarean section rates, and hosts a Level III Neonatal Intensive Care Unit (NICU) staffed by neonatologists from Children's Hospital of Philadelphia.

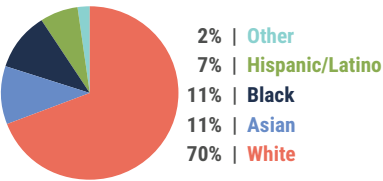
Einstein Montgomery also operates the Nurse-Family Partnership, a nationally recognized, evidence-based program that provides home visits by specially trained nurses to first time pregnant moms through the child's second birthday. The program provides skills and resources to the client for optimum prenatal care and a healthy birth outcome.

MISSION

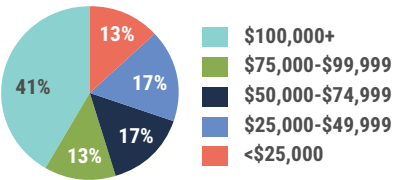
With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach.

DEMOGRAPHICS

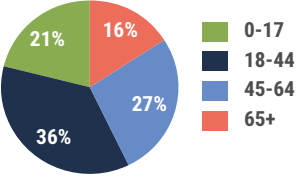
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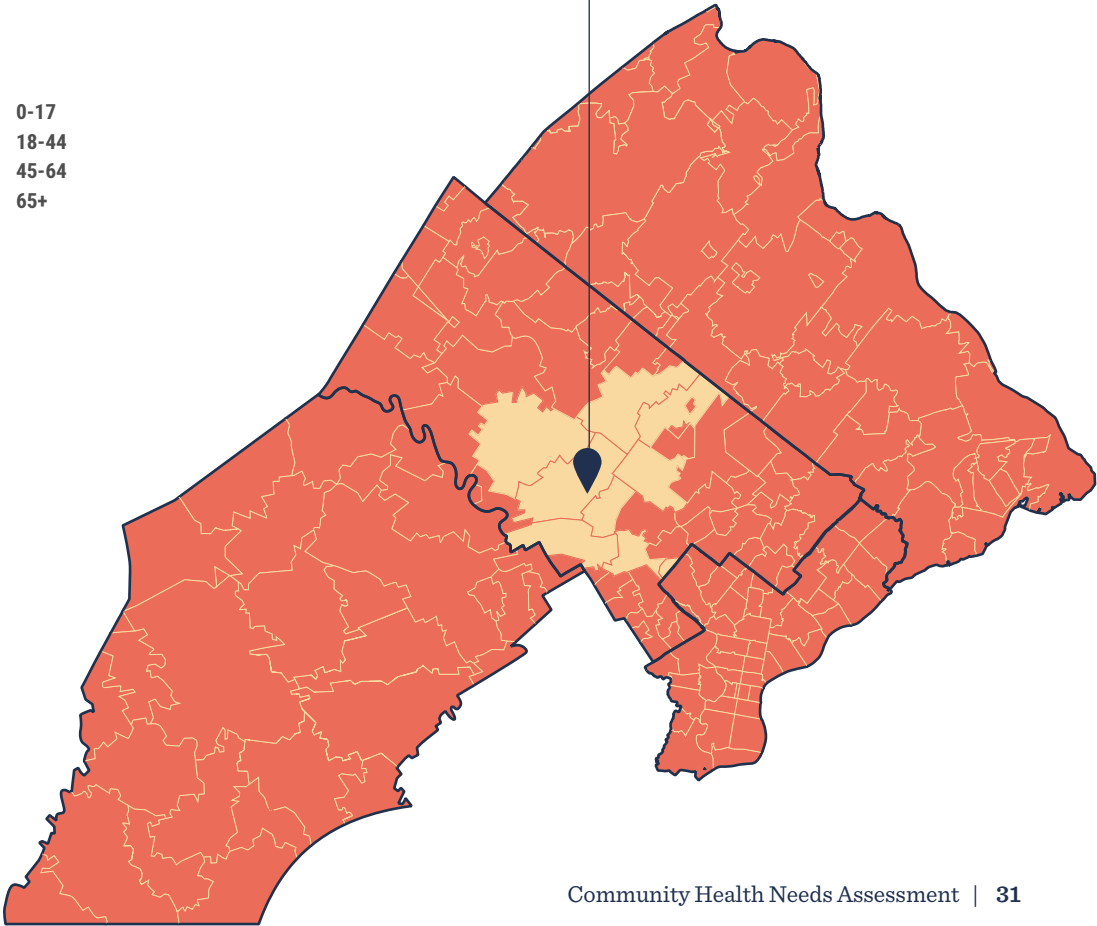
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Targeted Service Area
for Community Health
Improvement

Einstein Medical Center Montgomery defines its targeted service area as the following ZIP codes in Montgomery County. These areas represent 75% of Einstein Montgomery’s inpatient admissions and a total population of 278,830.

Montgomery County: 19401, 19403, 19405, 19406, 19422, 19426, 19428, 19446, 19454





BEDS	EMPLOYEES	PHYSICIANS	INPATIENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
171	1,377	426	12,459	209,632	43,016

Einstein Montgomery has been the recipient of many awards and accolades. For stroke care, EMCM was awarded the American Heart Association/American Stroke Association's Get with the Guidelines®-Stroke Bronze Quality Achievement Award and The Joint Commission Advanced Certification as Primary Stroke Center. The Joint Commission also awarded their Gold Seal of Approval® to Einstein Medical Center Montgomery's Hip and Knee Joint Replacement Program. Einstein Montgomery is a Certified Chest Pain Center by the Society of Cardiovascular Patient Care with the American College of Cardiology and is also designated as a Center of Excellence in Bariatric Surgery by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

The Breast Health Program at Einstein Montgomery also received recognition, earning accreditation from the National Accreditation Program for Breast Centers, a program of the American College of Surgeons.

The three-year accreditation is given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. Einstein Montgomery's Breast Health Program is also an accredited Breast Imaging Center of Excellence by the American College of Radiology.

For cancer care, Einstein Montgomery's Department of Radiation Oncology earned full three-year Accreditation from the American College of Radiology. This ACR accreditation signifies that the radiation treatment received by cancer patients meets the highest standards for quality and safety. Additionally, the hospital's Cancer Program earned three-year national accreditation from the Commission on Cancer of the American College of Surgeons.

COMMUNITY BENEFIT STATEMENT

Einstein Montgomery continues to address the unmet health needs in its service area by increasing access to care and expanding its reach in the community. As a result of the FY16 Community Health Needs Assessment, we strategically focused on the following priority areas:

- » **Primary and specialty care** – Outpatient care was expanded to include primary, pediatric and specialty care offices in King of Prussia, Collegeville, Lansdale and Blue Bell.
- » **Prenatal Care** – Having a disproportionately high infant mortality rate, we are committed to improving birth outcomes for our most vulnerable population in Norristown. Here, Einstein Montgomery offers the CenteringPregnancy program which incorporates the excellence of Einstein care with a peer-support focus to develop an innovative group care model that reduces healthcare disparities and provides health promotion to improve pregnancy outcomes and reduce infant mortality. To increase our reach and better meet the health needs of our communities, the Genuardi Family Foundation Maternal Health Center recently began offering services at Einstein's Women's Associates for Healthcare OB/GYN office in Collegeville. We also implemented the Nurse-Family Partnership program, a nationally recognized and evidence-based program that provides one on one nurse care to low income, first time pregnant mothers from pregnancy up to the child's second birthday. In addition to personal home visits, the program also promotes pregnancy planning, strengthening family protective factors and enhancing early childhood development.
- » **Mental Health Services** – Behavioral health counselors are available in our primary care, OB/GYN and pediatric offices on a rotating basis to allow for direct access to care. In addition, a Certified Recovery Specialist has been added to the Emergency Department to provide counseling services to those presenting with drug and alcohol addiction problems.

» **Cultural Outreach and Wellness**

program initiatives – This includes community education and wellness initiatives for Korean, Latino and Asian/Pacific Islander populations that includes free health screenings and chronic disease management.

Einstein Montgomery works collaboratively to strengthen community partnerships that leverage resources and address the social determinants of health that impact a population. Current initiatives include addressing food insecurity and access to healthy food through an onsite garden that provides fresh produce and nutrition education to patients in Norristown. In addition, Einstein Montgomery and Montgomery County Department of Health and Human Services initiated a campaign to promote safe housing that includes the Cribs for Kids program and home safety for aging adults.





MISSION

With humanity, humility and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach.

The Jewish Hospital opened its doors to patients in 1866 in a 22-bed farmhouse in West Philadelphia. These words appeared over the entrance of the Jewish Hospital when it opened: “Dedicated to the relief of the sick and wounded without regard to creed, color or nationality.” This credo was groundbreaking for the time, assuring Jewish Civil War veterans, freed slaves, women and children, rich and poor, that they could rely on the hospital for outstanding medical care delivered with compassion and without discrimination. That commitment remains at the heart of Einstein today and remains its guiding principle.

What started as the Jewish Hospital has now grown to become Einstein Healthcare Network (EHN), a leading private, non-profit healthcare system made up of Einstein Medical Center Philadelphia (EMCP), Einstein Medical Center Elkins Park (EMCEP), Einstein Medical Center Montgomery, MossRehab (a provider of comprehensive rehabilitation services), Willowcrest (named one of the best nursing homes in Philadelphia for short-term rehabilitation care by U.S. News & World Report), multiple outpatient care centers, and dozens of physician practices throughout Philadelphia and Montgomery Counties.

EMCP, the flagship hospital of Einstein, is a community-based academic medical center situated in North Philadelphia, serving a diverse and disadvantaged population. EMCP is considered a private healthcare safety-net, bearing a large share of responsibility for caring for the poor as measured by service to Medicaid, Medicare SSI, and uninsured patients.

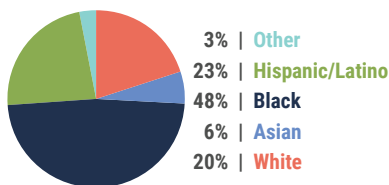
BEDS	EMPLOYEES	PHYSICIANS	INPATENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
794	6,676	783	26,118	392,956	119,734

EMCP is a tertiary care teaching hospital with a Level One Trauma Center providing training for more physicians than any independent academic medical center in Philadelphia. EMCP serves more than 400 residents in 30 accredited programs, as well as 800 rotating students from local medical schools.

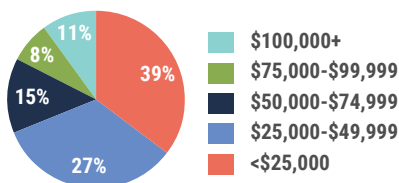
The hospital has established relationships with eight area schools of nursing and provides clinical training for almost 1,400 nursing students each year. As a whole, EHN trains more than 3,500 health professional students each year.

demographics

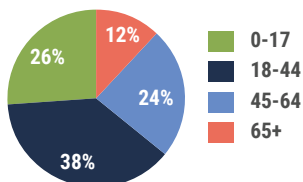
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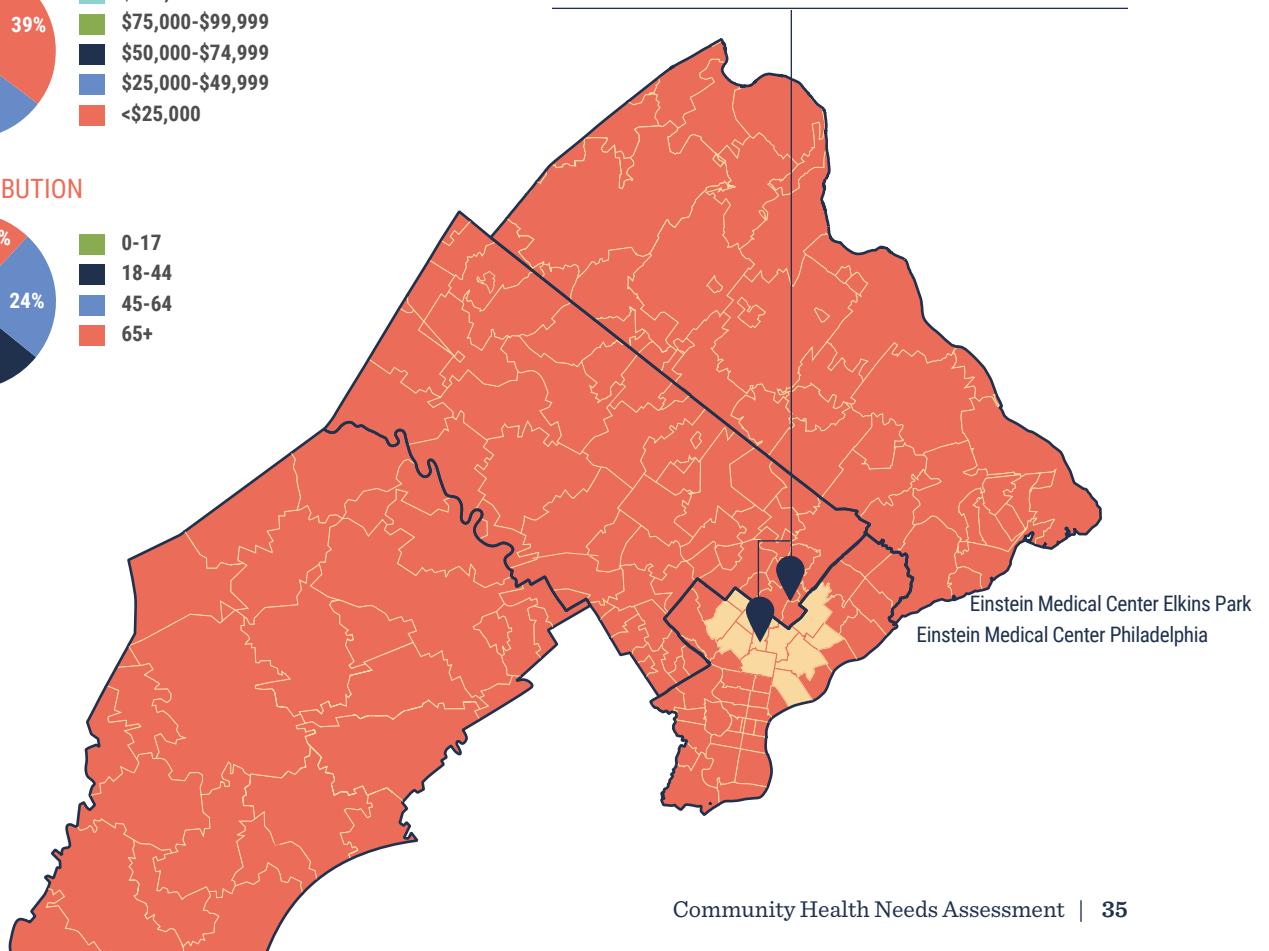
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Targeted Service Area for Community Health Improvement

EMCP/EMCEP define their targeted service area as the following ZIP codes in Philadelphia. These areas represent 75% of EMCP/EMCEP's inpatient admissions and a total population of 562,122.

Philadelphia County: 19111, 19119, 19120, 19124, 19126, 19134, 19138, 19140, 19141, 19144, 19149, 19150





As one of the six hospitals providing obstetrical care in Philadelphia, EHN handles many of the area's deliveries, averaging more than 3,000 births per year. Einstein remains committed to improving perinatal outcomes and the health of infants and toddlers living in the community it serves. To that end, EMCP launched CenteringPregnancy® in 2012 and CenteringParenting® in 2014. Both programs are models of group care that integrate the three major components of care, health assessment, education, and support, into unified programs in group settings. Currently, Einstein has the largest CenteringParenting® program in the country. EMCP's dedication to obstetrical care has resulted in designation as a Blue Distinction Center for Maternity Care by Independence Blue Cross and as a Baby-Friendly birth facility (2019-2023) by the World Health Organization and the United National Fund.

Families Understanding Nutrition (FUN) is a collaborative partnership between Einstein and more than 45 agencies, including the School District of Philadelphia, Pottstown School District, and the Montgomery County Family Services, to provide general nutrition education to low-income families. EMCP provides nutrition education to SNAP-eligible families, primarily focusing on the Head Start and Bright Futures programs. Seventy-eight percent of PA SNAP-Ed preschool participants are located in a major urban area. The majority of programming (82%) is provided by Einstein Medical Center Philadelphia in Philadelphia and Montgomery Counties.

MossRehab is a national and international leader in rehabilitation medicine, ranked the number one rehabilitation hospital in Pennsylvania and number ten in the nation by U.S. News and World Report.

Additionally, MossRehab houses the Moss Rehabilitation Research Institute which aims to develop groundbreaking research with rapid translation to clinical application. In acknowledgment of its expertise in the field of spinal cord injuries, MossRehab was selected to partner with the National Spinal Cord Injury Association to create the Philadelphia Chapter of the National Spinal Cord Injury Association, the first hospital-based chapter in the country.

Among many other accolades EMCP has achieved, the Department of Radiation Oncology received accreditation from the American College of Radiology and its Cancer Program was accredited by the Commission on Cancer of the American College of Surgeons. EMCP is also a Breast Imaging Center of Excellence as designated by the American College of Radiology and accredited by the National Accreditation Program for Breast Centers by the American College of Surgeons.

EMCP has been recognized by the American Heart Association and the American Stroke Association with the Get With the Guidelines® Heart Failure Gold Plus Quality Achievement Award and the Stroke Gold Plus Quality Achievement Award for adherence to standards of care for heart failure and stroke patients.

EMCP and EMCEP both received Independence Blue Cross Center of Excellence/Blue Distinction recognition in several areas. EMCP has been designated a Blue Distinction Center for Spine Surgery and both EMCP and EMCEP were acknowledged for Hip & Knee Surgery and Bariatrics.

Impact of Prior Community Health Needs Assessment and Implementation

A CHNA was performed in the fall of 2015 to determine the health status and health care needs of residents of Einstein Healthcare Network, Einstein Medical Center Philadelphia's service area. As a result of this CHNA, EMCP/EMCEP adopted strategies to address the following needs:

- » Early prenatal care through implementation of CenteringPregnancy® and a CenteringParenting® programs and Baby Friendly Designation to reduce infant mortality.
- » Primary care for low income adults through the Einstein Community Health Associates primary care network.
- » Prescriptions for older adults and low-income populations through Einstein's 340B program.
- » Mental health treatment through Einstein's two adult inpatient units, the Outpatient Center, the Community Practice Center and the Crisis Response Center.
- » Behavioral health treatment for school age children through our School Based Student Assistance Programs.
- » Services addressing activities of daily living limitations among older adults through multiple programs at MossRehab that include Moss Muscle Builders, Arthritis support services, program for individuals with mobility disorders, fall risk assessments and navigation programs for Multiple Sclerosis and Parkinson's diseases.



Einstein's educational commitment includes providing health education to the community and training and educating medical school students, graduate and practicing physicians, and other healthcare professionals. Einstein also supports clinical research for the purpose of enhancing the quality of patient care and advancing the science of medicine.

With growing recognition that significant population health improvement requires attention to factors beyond clinical care, Einstein is exploring approaches to identifying and addressing non-medical determinants of health. Such efforts are especially critical in Philadelphia, where high rates of poverty, chronic disease, and obesity persist. Einstein is actively working to implement programs and partnerships to address food insecurity, economic development, education, and housing.



True to its mission of leading the community to a healthier future, Grand View Health provides exceptional care to residents of Bucks and Montgomery Counties. Grand View offers a wide array of inpatient and outpatient services, with particular expertise in bariatrics, cancer care, cardiology, orthopedics, surgery, women's & children's health, and post-acute care.

The hospital's cardiology program received the American Heart/American Stroke Association's Get With The Guidelines®-Heart Failure Gold Plus Quality Achievement Award in 2018, while the stroke care program was awarded Primary Stroke Center Certification from The Joint Commission and Gold Seal of Approval™ from the American Heart Association and the American Stroke Association.

MISSION

Leading our community to a healthier future



Grand View Health has received seven consecutive "A" ratings from Leapfrog Hospital Safety Grade. Grand View Health also operates several outpatient locations in Bucks and Montgomery Counties, many of which offer early morning, evening, and weekend hours, making care convenient and highly accessible. Furthermore, HomeCare Elite has named Grand View Health a top-rated Home Care agency for the past seven years running.

In 2018, Grand View Health joined the Penn Cancer Network, part of Penn Medicine, to allow patients in the Grand View Health service area to access subspecialty and expert cancer care. With the formation of a strategic alliance, Grand View Health and Penn Medicine work jointly to develop innovative programs and initiatives to improve patient care in the community.





VISION Recognized for excellence— chosen for caring

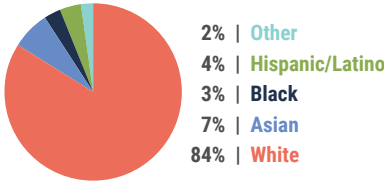
BEDS	EMPLOYEES	PHYSICIANS	INPATENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
175	1,700+	380	10,316	105,039	30,200

Additionally, with the creation of CHOP Pediatric Care at Grand View Health, a CHOP pediatrician is available on-site at Grand View's main campus at all times, allowing for access to high quality pediatric and neonatal care.

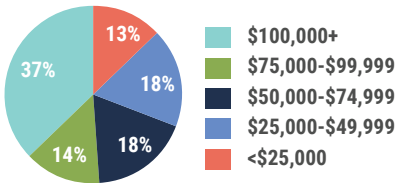
Grand View Health also hosts students from various nursing and radiology programs throughout Southeastern Pennsylvania.

demographics

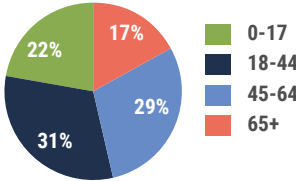
RACIAL COMPOSITION



INCOME DISTRIBUTION



AGE DISTRIBUTION



Targeted Service Area for Community Health Improvement

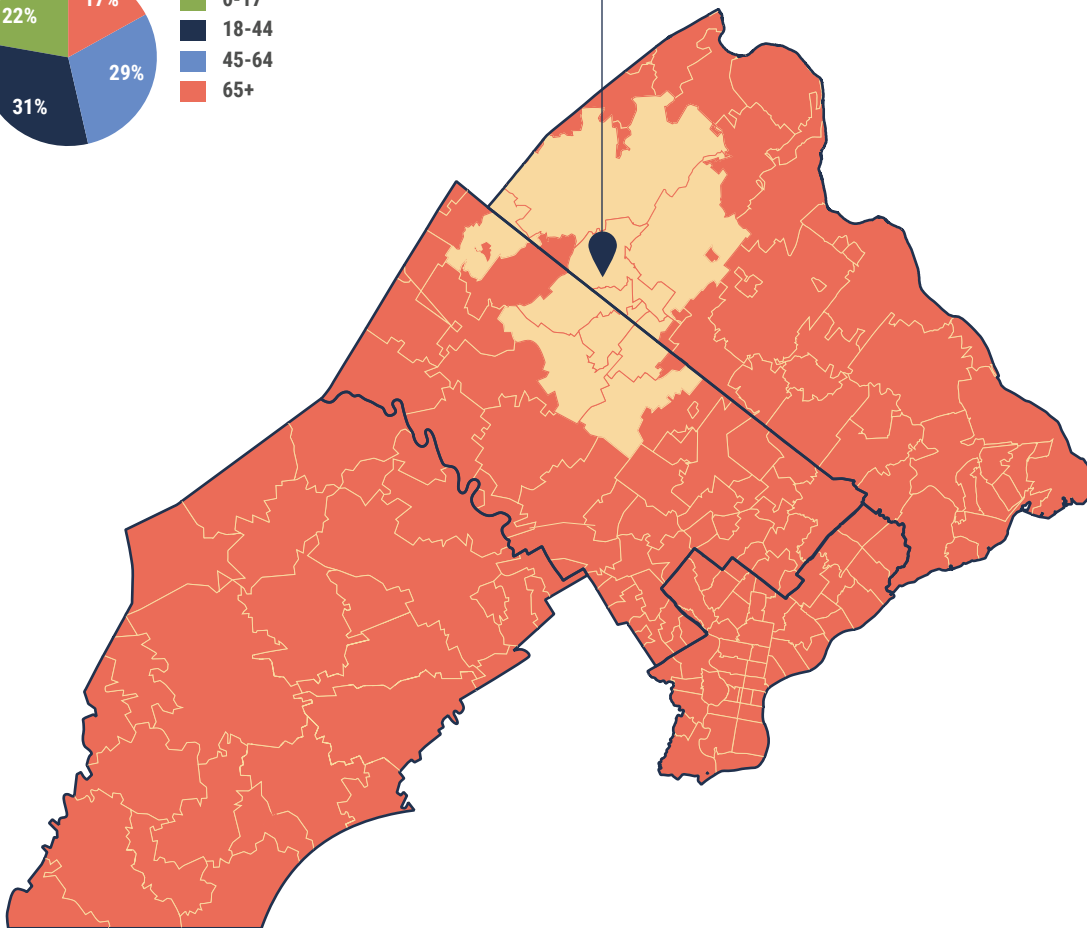
Grand View Health defines its targeted service area as the following ZIP codes in Bucks and Montgomery Counties. These areas represent 75% of Grand View's inpatient admissions and a total population of 212,326.

Bucks County:

18944, 18951, 18960

Montgomery County:

18073, 18964, 18969, 19440, 19438, 19446





Impact of Prior Community Health Needs Assessment and Implementation

Grand View Health's 2016 Community Health Needs Assessment identified the following health issues in the community:

1. Obesity in adults and children

2. Diabetes in adults and children

3. Cardiovascular health

4. Lung disease

5. Cancer prevention, screenings and services

6. Behavioral health

The first three issues are dependent on individuals' active lifestyles and dietary choices, and action plans involved eating and exercise education programs. Grand View programs range from a bariatric surgery program and support group to online "Grand New You" nutritional counseling. An exercise group called "Get Fit with a Doc" was initiated to encourage activity.

Action plans for lung disease and cancer prevention focused on smoking cessation programs. Grand View Medical Practices have been proactive in reminding their patients to schedule cancer screenings annually. Most recently, Grand View Health joined the Penn Cancer Network, part of Penn Medicine, to allow patients in the Grand View Health service area to access subspecialty and expert cancer care.

Behavioral health has been addressed in our Emergency Room (ER) with crisis workers from 7 a.m. to 11 p.m. for ER admissions. Our practices have begun to integrate with a behavioral health group to address issues in the community. We will continue to create new action plans around this health issue as it has moved up the rankings in our recent assessment.

Overall community engagement has been strong. Nearly 700 persons have participated in a bariatric info session or support group, 200 in a lung health or smoking cessation class and up to 50 participate in the walking program twice a month from spring through fall each year.



With an emphasis on providing a continuum of care, Holy Redeemer Health System remains true to the mission to care, comfort, and heal that its sponsors, the Sisters of the Redeemer, began in our region in 1924 – to provide high quality, compassionate care.

Today, Holy Redeemer offers a wide range of healthcare and health-related services, including an acute care hospital, home health and hospice services, three skilled nursing facilities, personal care, a retirement community, low-income housing, an active living community, a transitional housing program for homeless families, and a home for independent, intellectually disabled adults. With corporate offices in Huntingdon Valley, PA, Holy Redeemer Health System is a Catholic healthcare provider, serving southeastern Pennsylvania and 12 counties in New Jersey, from Union County south to Cape May County.

Among its wide array of clinical services, Holy Redeemer Hospital places a particular focus on Women's Health and Older Adult Health. The hospital has highly regarded programs in obstetrics and gynecology, overseeing 2,659 deliveries in FY18; high risk maternal-fetal medicine; neonatal intensive care; breast and heart health; gynecologic oncology; and natural women's health. Holy Redeemer Hospital is a recipient of the Independence Blue Cross Distinction for Maternity Care and has received accreditation with the Commission on Cancer and with the National Accreditation Program for Breast Centers.

MISSION

As a Catholic Health System, rooted in the tradition of the Sisters of the Redeemer, we Care, Comfort, and Heal following the example of Jesus, proclaiming the hope God offers in the midst of human struggle.



INPATIENT BEDS	EMPLOYEES	PHYSICIANS	INPATIENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
239 plus 21 in hospital-based skilled nursing facility	4,879	661	9,806	155,828	29,642

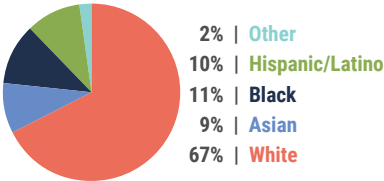
Holy Redeemer Hospital also maintains a cardiovascular center, a 24-bed inpatient senior behavioral health unit, a transitional care unit, a wound care center, and a cancer center to address the needs of the community it serves. In recognition of these efforts, the hospital has been designated as an Aetna Institute of Quality in Spine/Orthopedics and an Independence Blue Cross Blue Distinction Center for Knee and Hip Replacement. Holy Redeemer Hospital has also been awarded the Get with the Guidelines® Stroke Gold Plus Award and the Mission Lifeline Gold Award STEMI, both from the American Heart Association; DNV GL certification as a primary stroke center; and Accreditation for Cardiovascular Excellence. The hospital's cardiovascular program maintains a partnership with Doylestown Health.

Holy Redeemer Hospital holds academic affiliations in nursing with several local colleges and universities, including Drexel University, Gwynedd Mercy University, Holy Family University, Johns Hopkins University, Thomas Jefferson University, LaSalle University, and Villanova University.

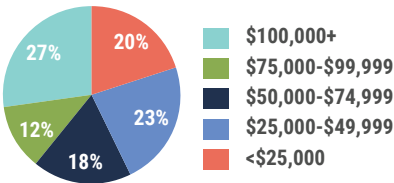


demographics

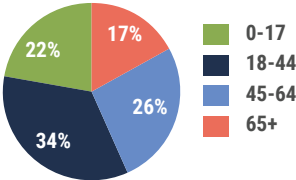
RACIAL COMPOSITION



INCOME DISTRIBUTION



AGE DISTRIBUTION



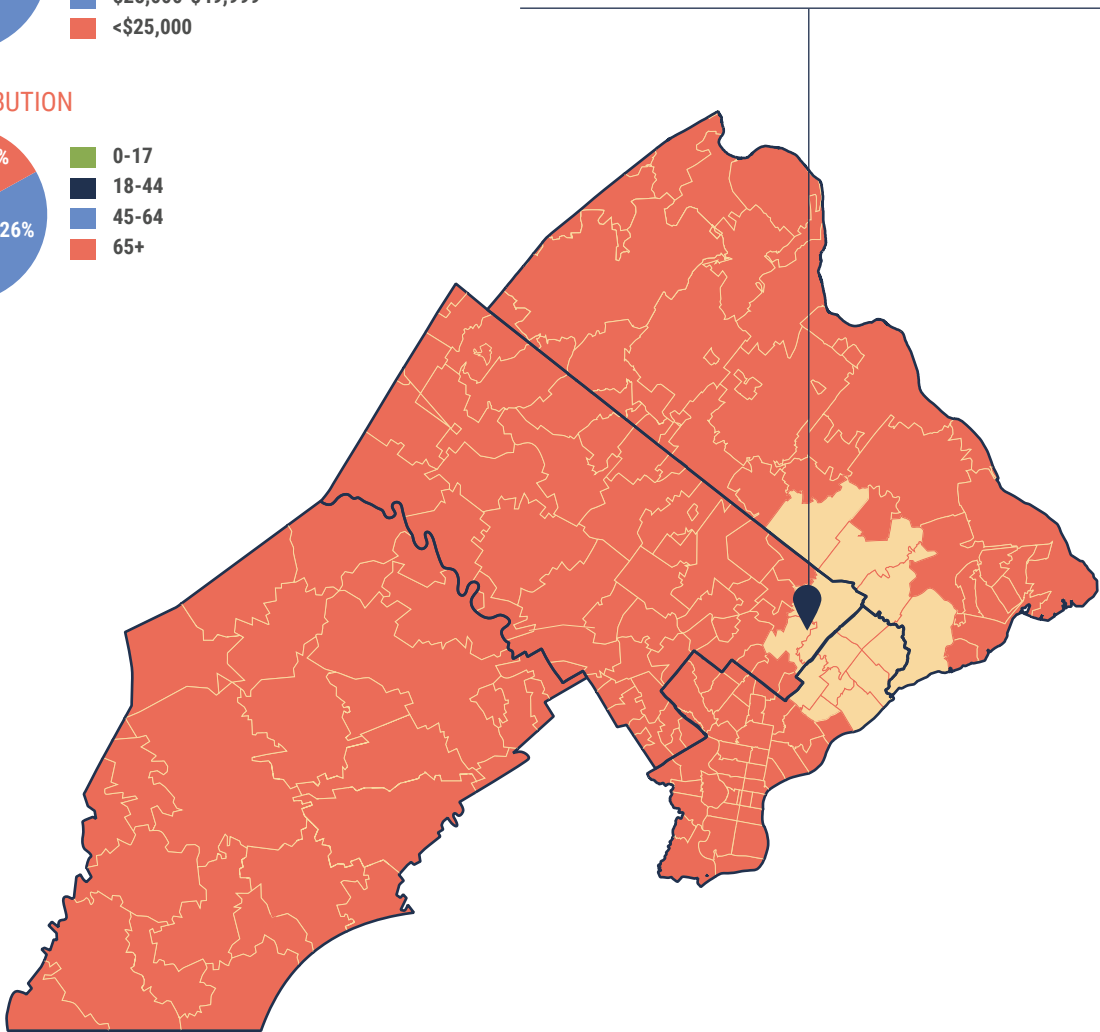
Targeted Service Area for Community Health Improvement

Holy Redeemer Hospital defines its targeted service area as the following ZIP codes in Bucks, Montgomery, and Philadelphia Counties. These areas represent 75% of Holy Redeemer's inpatient admissions plus nearby areas and a total population of 531,546.

Bucks County: 18966, 18974, 19020, 19053

Montgomery County: 19006, 19009, 19046

Philadelphia County: 19111, 19114, 19115, 19116, 19136, 19149, 19152, 19154





Impact of Prior Community Health Needs Assessment and Implementation

Holy Redeemer's 2016 priorities were based on three criteria: problem magnitude; strategic plan alignment; and resource availability. Ranked needs and actions include the following:

- » **Prenatal Care** — Activities included Holy Redeemer's obstetrical and family practice physicians focus on early access to prenatal care with all patients, Medicaid sign ups to ensure insurance access, and education throughout social media and hospital publications.
- » **Mental Health, including behavioral and substance abuse** — Activities included integrating behavioral health specialists into primary care practices, implementing depression screenings, working collaboratively with hospitals and mental health organizations on improving access and services in Montgomery County, and identifying a hospital location for the disposal of controlled substances.
- » **Healthy Living** including nutrition, exercise, screenings, smoking cessation, etc. to have an impact on prevention, identification and management of health conditions. Activities included biannual Healthy Kids run, smoking cessation classes, lung cancer screenings, healthy drink and food options on campus, free mammogram and cervical screenings, community garden, community events, local elementary school partnerships in gardening and healthy eating, food pantries, food insecurity screening and referral in collaboration with other regional partners, among other activities.
- » **Access to care, focused on access to medications and literacy** — Activities included new outpatient pharmacy allowing patients to acquire medications before discharge, including bedside delivery, analyzing insurance and medications for the cheapest alternative possible even if it directs to other providers, working with a regional health literacy coalition to address health literacy needs and improving understanding.



Jefferson Health – Northeast, comprised of Jefferson Bucks Hospital, Jefferson Frankford Hospital, and Jefferson Torresdale Hospital, is a part of Jefferson Health serving Northeast Philadelphia and eastern Bucks County. All three Jefferson Health – Northeast hospitals are in the top 5% in the nation for overall clinical excellence, as designated by Healthgrades America's 250 Best Hospital™.

MISSION

We Improve Lives.

VISION

Reimagining health, education and discovery to create unparalleled value.

In recent years, Jefferson Health – Northeast has endeavored to improve access to and convenience of care by streamlining their scheduling system. The health system added a dedicated Scheduling Advocate Program and successfully built and operationalized online appointment scheduling functionality for all employed Northeast primary care physicians and specialists. Additionally, Jefferson Health – Northeast's Central Scheduling Department was redesigned to vastly improve average answer times and abandonment rates. Improved access has provided the opportunity to expand outpatient testing hours at multiple sites and introduce a same-day mammography appointment initiative. Jefferson Torresdale Hospital has also taken strides to enhance patient experience by improving communication with nurses and providing education and resources to staff regarding communication about medications. All of these efforts are in keeping with JH-NE's value of service-mindedness and putting people first.



VALUES

Jefferson’s values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

- Put People First:**
*Service-Minded, Respectful
& Embraces Diversity*
- Be Bold & Think Differently:**
*Innovative, Courageous &
Solution-Oriented*
- Do the Right Thing:**
*Safety-Focused, Integrity
& Accountability*



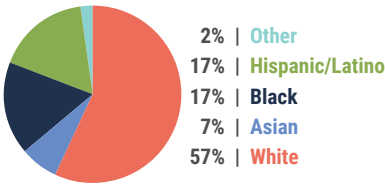
Jefferson Health – Northeast also successfully implemented a functional status initiative aimed to improve patient outcomes. The Boston-Ampac functional assessment tool replaced nursing admission and daily assessment in an effort to decrease length of stay, complications, skilled nursing facility utilization, and unnecessary physical therapy and occupational therapy consultations to improve prioritization and patient experience. A collaborative effort to include physician, physical medicine and rehabilitation, and nursing engagement, along with hands-on education, was essential to the successful launch.

This year the American Heart Association honored Jefferson Health – Northeast facilities with several awards, including the Get with the Guidelines® – Coronary Artery Disease Mission: Lifeline Gold Plus award, the Plus Measure for Mission: Lifeline award, the Target Stroke Honor Roll-Elite Plus award, and the Gold Plus Quality Award. Jefferson Bucks Hospital also recently successfully planned and implemented expanded cardiovascular services, including a STEMI Program, in close partnership with Bucks County EMS. Additionally, Jefferson Health – Northeast sits in the top decile in the nation for observed over expected mortality.

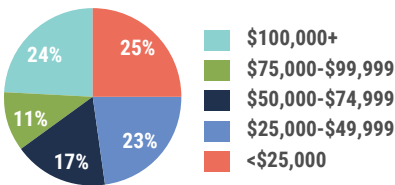
BEDS	EMPLOYEES	PHYSICIANS	INPATENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
464	4,000	687	23,489	114,200	128,829
Torresdale: 253 Frankford: 115 Bucks: 96					

demographics

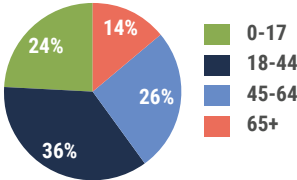
RACIAL COMPOSITION



INCOME DISTRIBUTION



AGE DISTRIBUTION

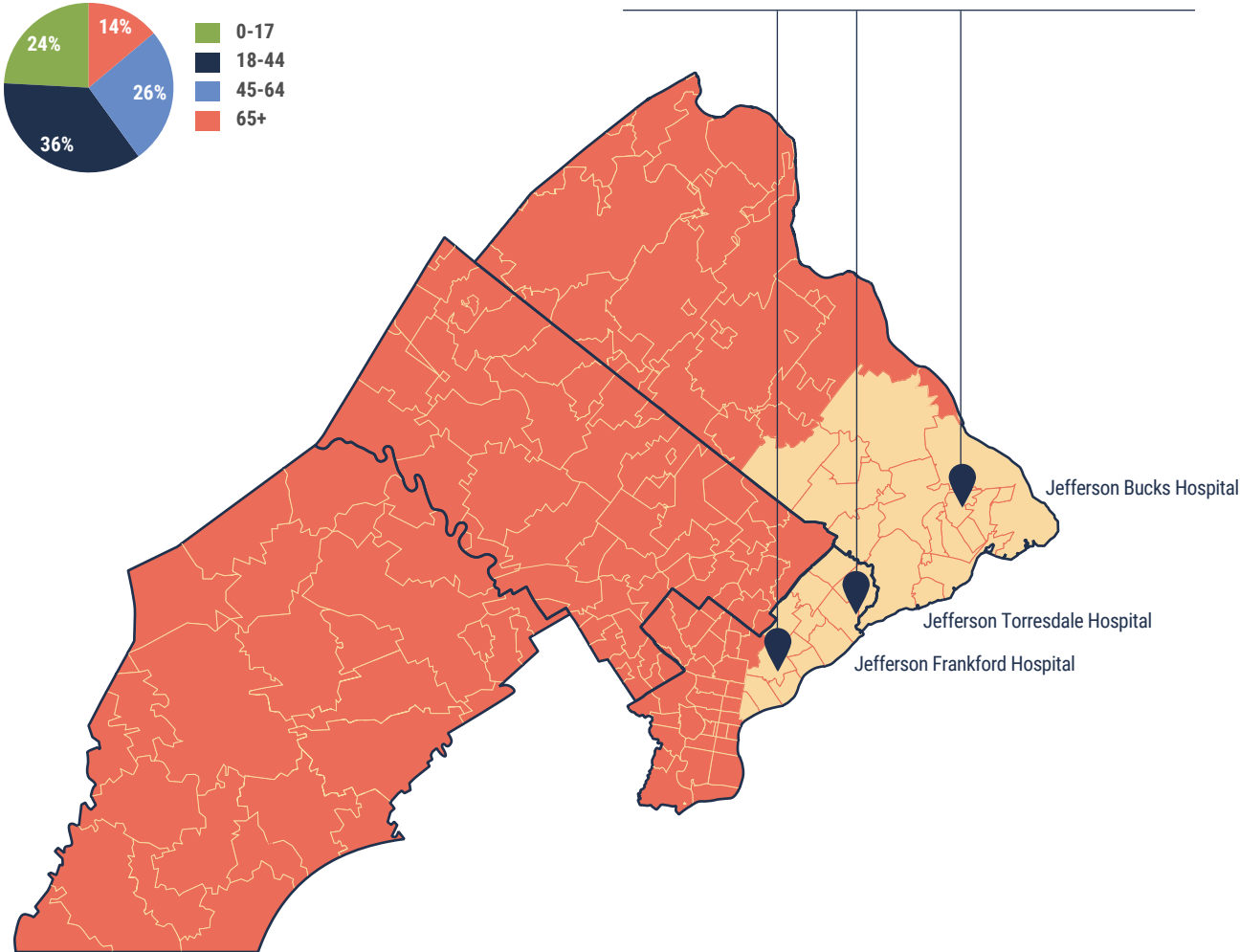


Targeted Service Area for Community Health Improvement

Jefferson Health – Northeast defines its targeted service area as the following ZIP codes in Bucks and Philadelphia Counties. These areas represent 70% of inpatient admissions and a total population of 1,042,189.

Bucks County: 18940, 18954, 18966, 18974, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, 19067

Philadelphia County: 19111, 19114, 19115, 19116, 19120, 19124, 19125, 19134, 19135, 19136, 19137, 19140, 19149, 19152, 19154





Impact of Prior Community Health Needs Assessment and Implementation

At Jefferson, we recognize that by providing quality health care to our patients, and education and outreach to our neighbors, we are also enriching the lives and future of our surrounding community. Our work extends beyond the bedside. By partnering with our community, Jefferson Health seeks to improve the health and well-being of young and older Philadelphia residents through prevention and wellness programs, health education seminars, screenings, and assessments that identify barriers to health, and efforts to address the upstream factors that impact the health of everyone in the community.

Jefferson completed and published its second Community Health Needs Assessment and three-year Implementation Plan in 2016, which addresses the following priority health needs for the population of Jefferson's Community Benefit area:

- » **Chronic Disease Management** (diabetes, heart disease and hypertension, stroke, asthma)
- » **Alcohol/Substance Abuse**
- » **Smoking Cessation**
- » **Access to Healthy Affordable Food and Nutrition Education and Food Security**
- » **Health Education, Social Services and Regular Source of Care**
- » **Social and Health Care Needs of Older Adults**
- » **Women's Cancer**

In FY 2018, Thomas Jefferson Northeast provided \$28,693,538 of services to individuals in our community seeking care or information. This community benefit is delivered in three distinct ways:

- » Dollar support for individuals and families who can't afford the cost of hospital services, including those who seek care from our Emergency Medicine Department
- » The hospital's contribution towards the education of doctors, nurses and other health professionals
- » A variety of programs and services offered to the community including support groups, health screenings and wellness education

Full copies of the 2018 Community Health Needs Assessment and related implementation plan are available at <https://www.ariahealth.org/community-health/community-health-dashboard>.



Jefferson Health locations in Center City have major programs in a wide range of clinical specialties. Services are provided at five primary locations. Three are highlighted here: Thomas Jefferson University Hospital (TJUH), the main hospital facility, established in 1825 and located in Center City Philadelphia; Jefferson Hospital for Neuroscience (JHN), also located in Center City; and Jefferson Methodist Hospital (JMH), in South Philadelphia. Services are also provided at Jefferson at the Navy Yard, in South Philadelphia, and Jefferson at Voorhees in South Jersey.

Jefferson Health is associated with Jefferson (Philadelphia University + Thomas Jefferson University), a comprehensive university focused on transdisciplinary, experiential professional education that is designed to deliver high-impact education and value. The University envisions and creates new fields for the 21st century, crossing traditional discipline boundaries and focusing on emerging professions.

MISSION

We Improve Lives.

VISION

Reimagining health, education and discovery to create unparalleled value.

Affordability and employability are pivotal value propositions for students and their families. Jefferson draws upon concepts like the continuum of education, bridging the undergraduate/graduate divide, co-curricular innovation, and lifelong learning. The University emphasizes impactful programmatic, clinical and applied research that embraces the benefits of an integrated approach.

TJUH continues to top the list of hospitals in Pennsylvania (3rd) and the Philadelphia metro area (2nd) in the 2018-2019 U.S. News & World Report's annual listing of the best hospitals and specialties. Along with JHN and JMH, TJUH is Magnet® Designated. Additionally, TJUH and JMH have received Leapfrog "A" ratings for six and five of the past eight rating periods, respectively. In 2018 TJUH was also recognized with the 2018 HealthGrades Distinguished Hospital Award for Clinical Excellence,™ as one of HealthGrades's America's 100 Best Hospitals,™ and was named as one of Becker's 100 Great Hospitals in America.

Several clinical programs at TJUH have also been recognized for outstanding performance. The Sidney Kimmel Cancer Center is one of only 70 designated National Cancer Institute (NCI) Centers and one of only eight NCI-designated Prostate Centers of Excellence. The Center has also received accreditation from the American College of Surgeons National Accreditation Program for Breast Centers (NAPBC) and has top outcomes in bone marrow and stem cell transplantation.

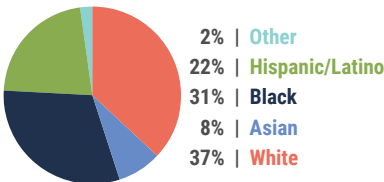
VALUES

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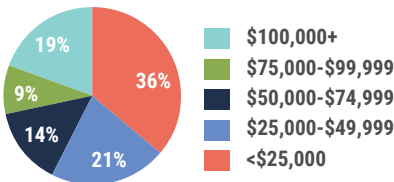
- Put People First:**
*Service-Minded, Respectful
& Embraces Diversity*
- Be Bold & Think Differently:**
*Innovative, Courageous &
Solution-Oriented*
- Do the Right Thing:**
*Safety-Focused, Integrity
& Accountability*

demographics

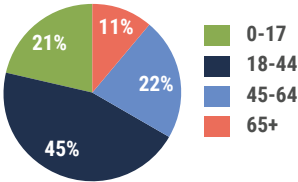
RACIAL COMPOSITION



INCOME DISTRIBUTION



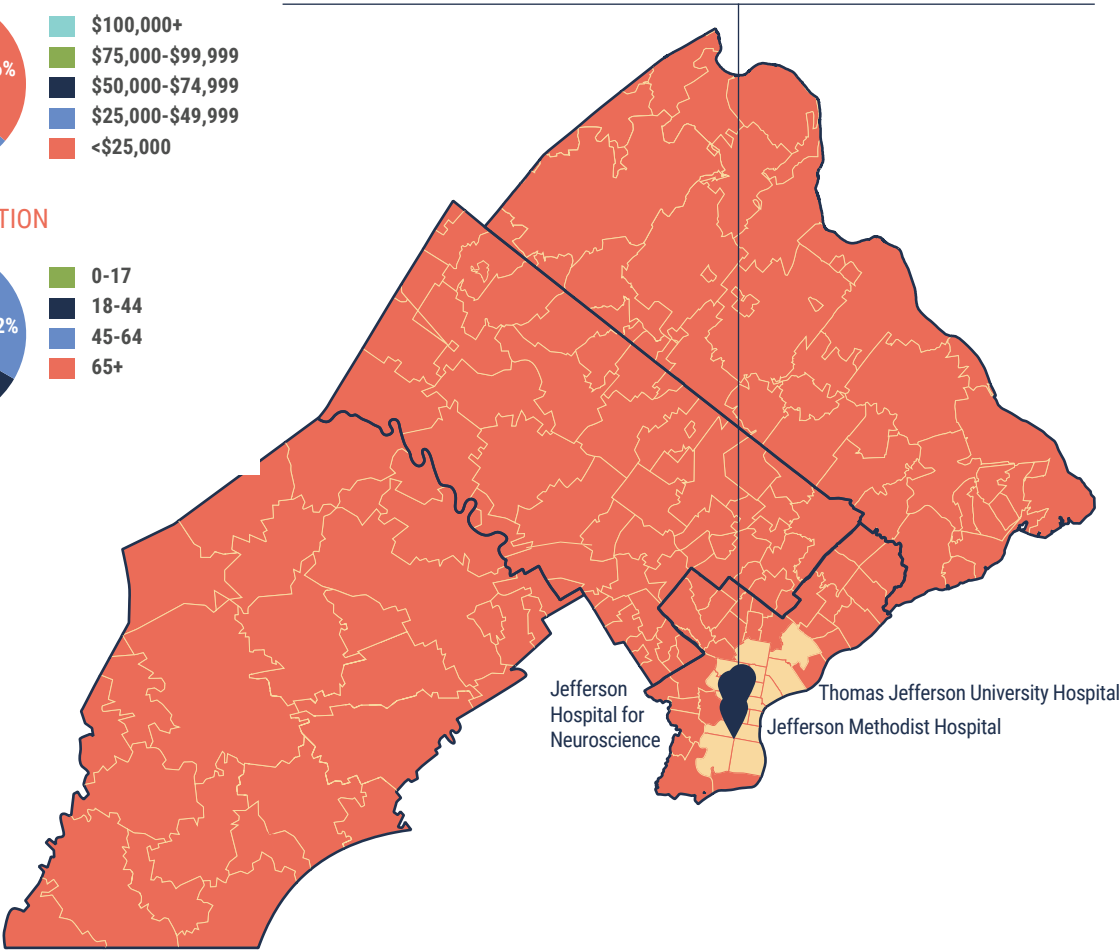
AGE DISTRIBUTION



Targeted Service Area for Community Health Improvement

Jefferson Health defines its targeted service area as the following zip codes in Philadelphia. These ZIP codes are the most geographically proximate to TJUH, JHN and JMH campuses. The focus within these zip codes is on communities with a poverty rate >20% and where health disparities are more prevalent. These areas represent a total population of 592,693.

Philadelphia County: 19102, 19103, 19106, 19107, 19121, 19122, 19123, 19124, 19125, 19130, 19132, 19133, 19134, 19140, 19145, 19146, 19147, 19148





BEDS	EMPLOYEES	PHYSICIANS	INPATIENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS
908	9,059	933	39,969	1,374,545	116,381

TJUH's transplant program received a five-star rating from the Scientific Registry of Transplant Recipients for Kidney & Liver transplant 1 year survival rates and is recognized as a Blue Distinction Center for liver, pancreas, and bone marrow/stem cell transplants. TJUH is also an Aetna Institute of Excellence™ Transplant Facility for bone marrow, heart, kidney, pancreas, and liver transplants.

TJUH also earned recognition as a HealthGrades 100 Best Hospitals for Cardiac Care™ (2018-2019) and Coronary Intervention™ (2016-2019) and as a Blue Distinction Center Plus in cardiac care. The heart and vascular program also received Aetna Institute of Quality® Designation for Cardiac Medical Intervention and Cardiac Rhythm and the American Heart Association Stroke Gold Plus, Target: Stroke Elite Plus Honor Roll, and the American Heart Association/American Stroke Association/The Joint Commission Comprehensive Stroke Center Certification. The Joint Commission also awarded the Ventricular Assist Device Therapy Facility Advanced Certification.

The Rothman Institute at TJUH is currently ranked #4 by US News and World Report and has been seated in the top 20 for 15 years running. The Rothman Institute at Jefferson was the first hospital to earn the advanced Joint Commission certification for Total Hip & Total Knee Replacement and has been named one of HealthGrades 100 Best Hospitals for Joint Replacement™ from 2016-2018. The Institute is also a Blue Distinction Center for Spine Surgery and performs approximately 25,000 procedures annually.

The Vickie & Jack Farber Institute for Neuroscience is nationally renowned for expertise in treating brain tumors, spinal cord injuries, aneurysms, and arteriovenous malformations. The Institute earned recognition as a HealthGrades 100 Best Hospitals for Neurosciences Excellence™ (2017-2019) and also received the HealthGrades Stroke Care Award™ (2016-2019).

The Institute is also home to the first and only center in Philadelphia dedicated solely to ALS research, the Frances & Joseph Weinberg Research Unit in the Jefferson Weinberg ALS Center, and is one of the nation's 14 federally designated Model Spinal Cord Injury (SCI) Centers.

Jefferson Health also stands out as among the best in several other specialty areas, receiving national rankings for ear, nose & throat; gastroenterology & GI surgery; nephrology; ophthalmology; geriatrics; and urology programs.

Impact of Prior Community Health Needs Assessment and Implementation

At Jefferson, we recognize that by providing quality health care to our patients, and education and outreach to our neighbors, we are also enriching the lives and future of our surrounding community. Our work extends beyond the bedside. By partnering with our community, Jefferson Health seeks to improve the health and well-being of young and older Philadelphia residents through prevention and wellness programs, health education seminars, screenings, and assessments that identify barriers to health, and efforts to address the upstream factors that impact the health of everyone in the community.

Jefferson completed and published its second Community Health Needs Assessment and three-year Implementation Plan in 2016, which addresses the following priority health needs for the population of Jefferson's Community Benefit area:

- » **Access to Care** – Workforce Development and pipeline programs, Health Insurance, Culturally Competent Care and Language Access, Hospital and Emergency Department (ED) Utilization, Regular Source of Care
- » **Chronic Disease Prevention and Management** – Obesity, Heart Disease, Hypertension, Diabetes and Stroke
- » **Health Screening and Early Detection** – Colon Cancer, Women's Cancer
- » **Social and Health Care Needs of Older Adults**

In FY 2018, Thomas Jefferson University Hospitals provided \$133,883,582 of services to more than 114,000 individuals in our community seeking care or information from Jefferson. This community benefit is delivered in three distinct ways:

- » Dollar support for individuals and families who can't afford the cost of Hospital services, including those who seek care from our Emergency Medicine Department
- » The Hospital's contribution towards the education of doctors, nurses and other health professionals
- » A variety of programs and services offered to the community including support groups, health screenings and wellness education as well as programs that address social determinants of health such as homelessness, food access/security and health literacy

Full copies of the 2013 and 2016 Community Health Needs Assessments, related implementation plans, and evaluation are available at <https://hospitals.jefferson.edu/about-us/in-the-community/community-health-needs-assessment.html>.



Penn Medicine is one of the world's leading academic medical centers, dedicated to the related missions of medical education, biomedical research, and excellence in patient care.

Penn Medicine consists of the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania, founded in 1765 as the nation's first medical school, and the University of Pennsylvania Health System (UPHS), which together form a \$7.8 billion enterprise. The Perelman School of Medicine and UPHS are committed to improving lives and health through clinical care, research, medical education, and community service. In the 2018 fiscal year, Penn Medicine provided more than \$500 million in benefit to the community.

The Perelman School of Medicine has been ranked among the top medical schools in the United States for more than 20 years, according to U.S. News & World Report's survey of research-oriented medical schools. The School conducts more than \$810 million in annual sponsored research and is consistently among the nation's top recipients of funding from the National Institutes of Health, with \$425 million awarded in the 2018 fiscal year. The School of Medicine has more than 750 M.D. students, 1,300 residents and fellows, and 2,600 full-time faculty members. In the City of Philadelphia, UPHS' patient care facilities include: The Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, and Pennsylvania Hospital. With 1,655 licensed hospital beds in Philadelphia, UPHS is a valued health care resource in the community.



» The Hospital of the University of Pennsylvania (HUP) was established in 1874 as a teaching hospital to complement the medical education received by students at the University of Pennsylvania's medical school, the Perelman School of Medicine. Today, it has 18 clinical departments and provides training in more than 40 clinical specialties. HUP's 3.7 million-square foot campus is a hub for innovative medical care. Major areas of clinical focus include cardiac care, oncology, neurosciences, and women's health. HUP is one of the only hospitals in this region that performs transplants of all major organs.



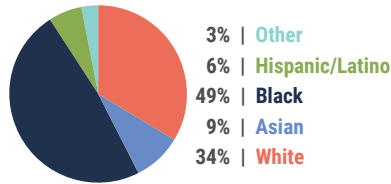
BEDS	RESIDENTS AND FELLOWS	FULL-TIME FACULTY	INPATIENT ADMISSIONS	OUTPATIENT VISITS	EMERGENCY DEPT. VISITS	BIRTHS
1,655	1,344	2,624	71,852	2.4M	147,495	9,652

- » Penn Presbyterian Medical Center (PPMC) is consistently recognized as a center of excellence for cardiac care, ophthalmology, neurosciences, and the Musculoskeletal Center's outpatient facility – Penn Medicine University City. PPMC is also home to Penn Medicine's Level 1 Trauma Center, which operates around the clock to care for patients who have been critically injured in car accidents, falls, and through blunt and penetrating traumas. Each year the Penn Medicine Trauma Center cares for more than 2,000 patients, several hundred of whom are transferred from other hospitals.
- » Pennsylvania Hospital is the nation's first hospital. Founded in 1751 by Benjamin Franklin and Dr. Thomas Bond, Pennsylvania Hospital has been a leader in patient care, treatment techniques, and medical education for over 260 years. Today its clinical programs include the Spine Center, orthopedics, the Center for Transfusion-Free Medicine, maternity and newborn services, and behavioral health. Pennsylvania Hospital is also home to Penn Medicine Washington Square, the hospital's outpatient facility.

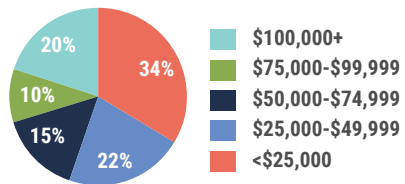
In keeping with its charitable purpose, UPHS accepts patients in serious need of medical care regardless of their financial status. UPHS also provides care to patients who do not have health insurance or meet the criteria to qualify for its charity care policy. In fiscal year 2018, Penn Medicine provided \$279.7 million in charity and underfunded care for Medicaid families. UPHS operates emergency rooms open to the public 24 hours a day, 7 days a week; maintains research facilities for the study of disease and injuries; provides facilities for teaching and training various students and medical personnel; facilitates the advancement of medical and surgical education; provides various community services. These include providing basic medical care for the homeless; treating of chronic disease for low-income residents; providing women's health services to uninsured and low-income women of all ages; conducting screenings for the detection of breast, colorectal, and skin cancer; and facilitating cancer support groups and health education classes. UPHS also partners with many entities, including local government, foundations, and fellow non-profit organizations to extend the reach of its services in the community.

demographics

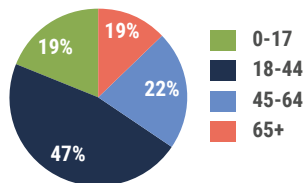
RACIAL COMPOSITION



INCOME DISTRIBUTION

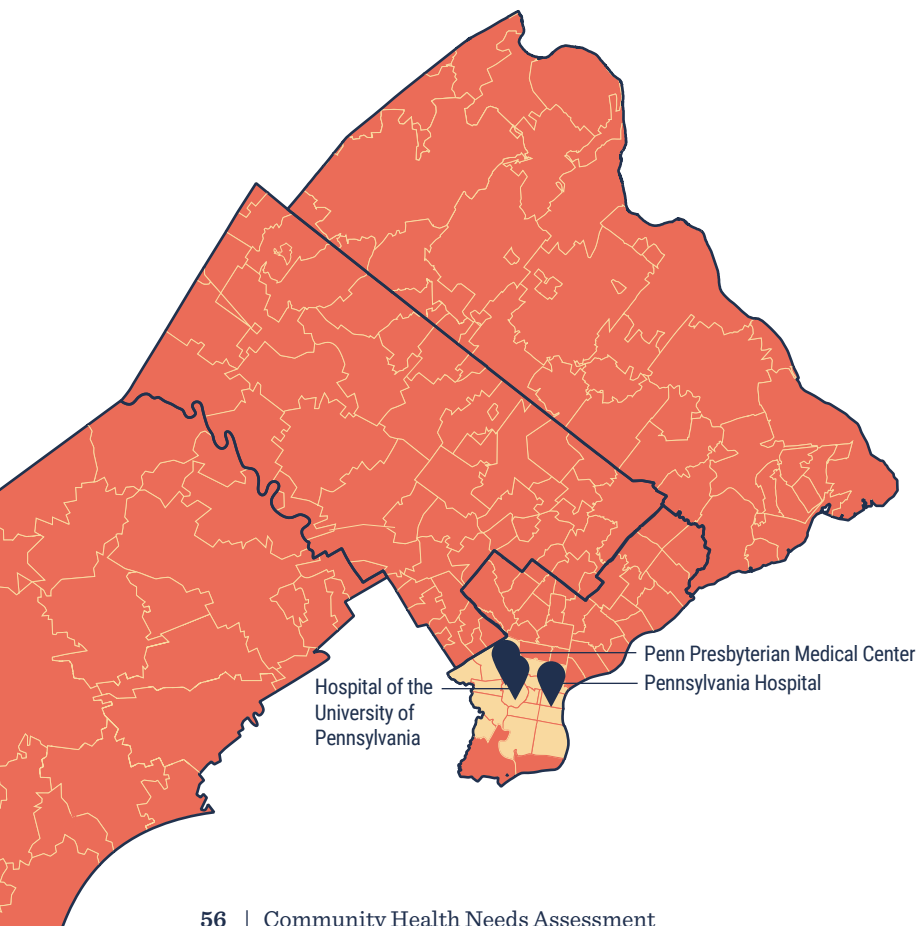


AGE DISTRIBUTION



Impact of Prior Community Health Needs Assessment and Implementation

Penn Medicine faculty, staff, and students throughout the organization donate their time and expertise to provide countless hours of work to improve the health and well-being of the communities we serve. Propelled by our missions of patient care, education and research, Penn Medicine works with its surrounding communities to foster change by cultivating and growing roots within them. A few of Penn Medicine's signature programs, developed in response to community needs, include supporting a robust network of free safety-net clinics such as Puentes de Salud and Prevention Point Philadelphia; the Penn Medicine Educational Pipeline and Penn Medicine Academy High School Pipeline programs which aim to give underserved students a better chance at pursuing a career in science, medicine, and health care; and Penn Medicine's Mobile CPR Project and Stop the Bleed Program which aim to make a dent in the city's poor survival rates from cardiac arrest and traumatic injuries, respectively.



Targeted Service Area for Community Health Improvement

For purposes of the Community Health Needs Assessment, the targeted service area of Penn Medicine's Philadelphia-based hospitals includes the following ZIP codes in the City of Philadelphia. This targeted service area comprises zip codes within a 1.5 miles radius of each of Hospital of the University of Pennsylvania, Penn Presbyterian, and Pennsylvania Hospital and represents a total population of 577,970. Philadelphia County:

19102, 19103, 19104, 19106, 19107, 19109, 19121, 19123, 19130, 19131, 19139, 19142, 19143, 19145, 19146, 19147, 19148, 19151

The Penn Medicine CAREs Grant program was established to offer institutional support to individuals and programs in the form of grants – awarded quarterly – that can be used for the purchase of supplies and other resources needed to perform this important work in the community. Since its inception in 2011, the CAREs program has funded over 460 community projects. More information about the CAREs Grant program and our Community Benefit programs can be found here: <https://www.pennmedicine.org/about/serving-our-community/reports>

In response to community needs identified in 2016, Penn Medicine has developed a number of programs including, but not limited to:

- » **Primary Care Service Line.** Launched in July 2017, the Primary Care Service Line was implemented as a strategy to create a unified Penn Primary Care across the region's largest primary care network with 88 practices and over 500 providers.
- » **Behavioral Health Integration.** The Collaborative Care Behavioral Health (CCBH) initiative was launched in January of 2018 to integrate behavioral health care in the primary care setting. CCBH works to proactively identify patients who have unmet behavioral health care needs, and provides assessment and treatment as needed during primary care appointments.
- » **Women's Health.** Penn Medicine provides prenatal care at Federally Qualified Health Centers (FQHCs) in Philadelphia through the departments of Family Medicine and Community Health, and Obstetrics and Gynecology. Additionally, at Pennsylvania Hospital, The Ludmir Center and Latina Community Health Services (LCHS) provide quality medical care as well as social work support and health education to all patients, regardless of their ability to pay. Developed to serve Hispanic, undocumented women through ongoing and high-risk obstetric and gynecological care, prenatal diagnostic testing (ultrasound, biophysical profiles, non-stress tests), laboratory testing, contraceptives, cervical cancer screening, and medications to treat sexually transmitted diseases (STDs), LCHS has served the healthcare needs of over 1,000 women.

» **Coordinated Health Improvement & Education.**

Penn Medicine has a partnership with Puentes de Salud to promote the health and wellness of South Philadelphia's rapidly growing Latino immigrant population through high-quality health care, innovative educational programs, and community building. Additionally, for 2018, Penn Medicine partnered with the American Heart Association and the Philadelphia Housing Authority (PHA) to provide a series of events aimed to reach the more than 80,000 residents of PHA. The events take place in the community, at PHA buildings and complexes and offer blood pressure screenings, education on health, nutrition, and exercise, as well as opportunities to link to primary care. Finally, Penn's IMPaCT (Individualized Management for Patient-Centered Targets) program continues to not only guide outreach in the Philadelphia area but also across the country. IMPaCT trains community health workers (CHWs) to help high-risk patients navigate the healthcare system and address key health barriers, such as housing stability, trauma, or food insecurity.

- » **Cancer Screening and Prevention.** The Penn Medicine Colorectal Cancer Screening Navigation Program offers personalized access to navigators from the first phone call to the completion of the screening to assist with colonoscopy scheduling, translator services, prep materials, and SEPTA transportation.



In addition to the participating hospitals and health systems, the organizations below provided support to the CHNA process.

Chester County Health Department (CCHD)

The Chester County Health Department's mission is to provide public health leadership as well as personal and environmental health services to residents and visitors so that they may grow, live and work in healthy and safe communities. Since its founding in 1968, Chester County Health Department has consistently provided exceptional public health leadership, services, and programs to Chester County residents. The Health Department embraces the public health principle of "community as client," promoting the health of families, groups, and communities through coordinated efforts across the Bureau of Administrative and Support Services, the Bureau of Personal Health Services, the Bureau of Environmental Health Protection, and the Division of Population Health. The Health Department provides a full range of public health programs, including nurse home visiting; immunization clinics; food supplements through the Women, Infants and Children program; sexually transmitted disease testing; restaurant inspections; sewage and water permits; disease investigation and surveillance; emergency planning and response; health education; and much more. Chester County Health Department also leads Chester County's Community Health Improvement Planning Partnership, working with partners to assess health status, identify community health priorities, and advocate for policies and practices that promote health and wellness throughout Chester County.

Chester County Health Department supported Chester County Hospital in conducting community meetings and assisted the Philadelphia Department of Public Health with data requests.

Health Care Improvement Foundation (HCIF)

The Health Care Improvement Foundation (HCIF) is an independent nonprofit organization based in Philadelphia that drives high-value health care through stakeholder collaboration and targeted quality improvement initiatives. HCIF is dedicated to the vision of a responsive, coordinated health care delivery system that fulfills the needs of patients and consumers, and achieves better health. Using skills in program design, coaching, facilitation, measurement, and evaluation, HCIF's team of experts convenes stakeholders around common goals for healthcare improvement. HCIF's approach engages multi-stakeholder resources to implement solutions that no market participant could achieve individually. Since its inception, HCIF has been recognized as an outstanding example of how advances in quality care can be achieved through large-scale collaboration.

HCIF's population health work is grounded in collaborative initiatives advancing health literacy, chronic disease prevention and management, and community health improvement. HCIF facilitates the Collaborative Opportunities to Advance Community Health (COACH) initiative sponsored by the Hospital and Healthsystem Association of Philadelphia. Through COACH and other initiatives, HCIF builds system capacity and cross-sector partnership opportunities to more effectively address social determinants of health in the five-county southeastern Pennsylvania region.

HCIF provided project management and qualitative support for the regional community health needs assessment effort.

Montgomery County Office of Public Health (OPH)

In 2018, the Pennsylvania Department of Health approved the name change of Montgomery County Health Department to Montgomery County Office of Public Health (OPH). As the Office of Public Health continues to integrate with Montgomery County Health and Human Services, public health programs will have many touchpoints with County human services, particularly Aging & Adult Services, Children & Youth, Drug & Alcohol, Mental Health and more.

It is the Mission of the Montgomery County Office of Public Health to provide public health services and foster collaborative actions that empower our community to improve its health and safety. Our Vision is to optimize the health and wellness of individuals and families through innovative practices. The OPH takes great pride in being ranked #1 in Health Factors and #4 in Health Outcomes in the state of Pennsylvania by the Robert Wood Johnson Foundation.

The Montgomery County Office of Public Health is Project Public Health Ready (PPHR) certified and recognized by the National Association of County and City Health Officials (NACCHO) for our capacity and capability to plan for, respond to, and recover from public health and other emergencies.

OPH supported community meetings in Montgomery County and assisted the Philadelphia Department of Public Health with data requests.

Philadelphia Association of Community Development Corporations (PACDC)

Philadelphia Association of Community Development Corporations (PACDC) works to create an equitable city where every Philadelphian lives, works, and thrives in a neighborhood that offers an excellent quality of life. As a membership association, we foster strong community development corporations and non-profit community organizations by enhancing their skills and advocating for resources and policies to create a just and inclusive Philadelphia.

The work of community development improves health outcomes by improving the context in which people live and the quality of lives that they lead. PACDC has played a leadership role in securing more than \$300 million for affordable homes and neighborhood economic development, and worked to reform the city's vacant property system to get blighted properties back in productive reuse. Our Community Development Leadership Institute has trained more than 3,000 people representing community development corporations, civic associations, and other practitioners looking to better understand issues affecting lower-income residents and neighborhoods, ranging from gentrification and blight to neighborhood-driven real estate development, and their intersection with arts, health, education, and community engagement.

PACDC served as the lead organizer for the community meetings.

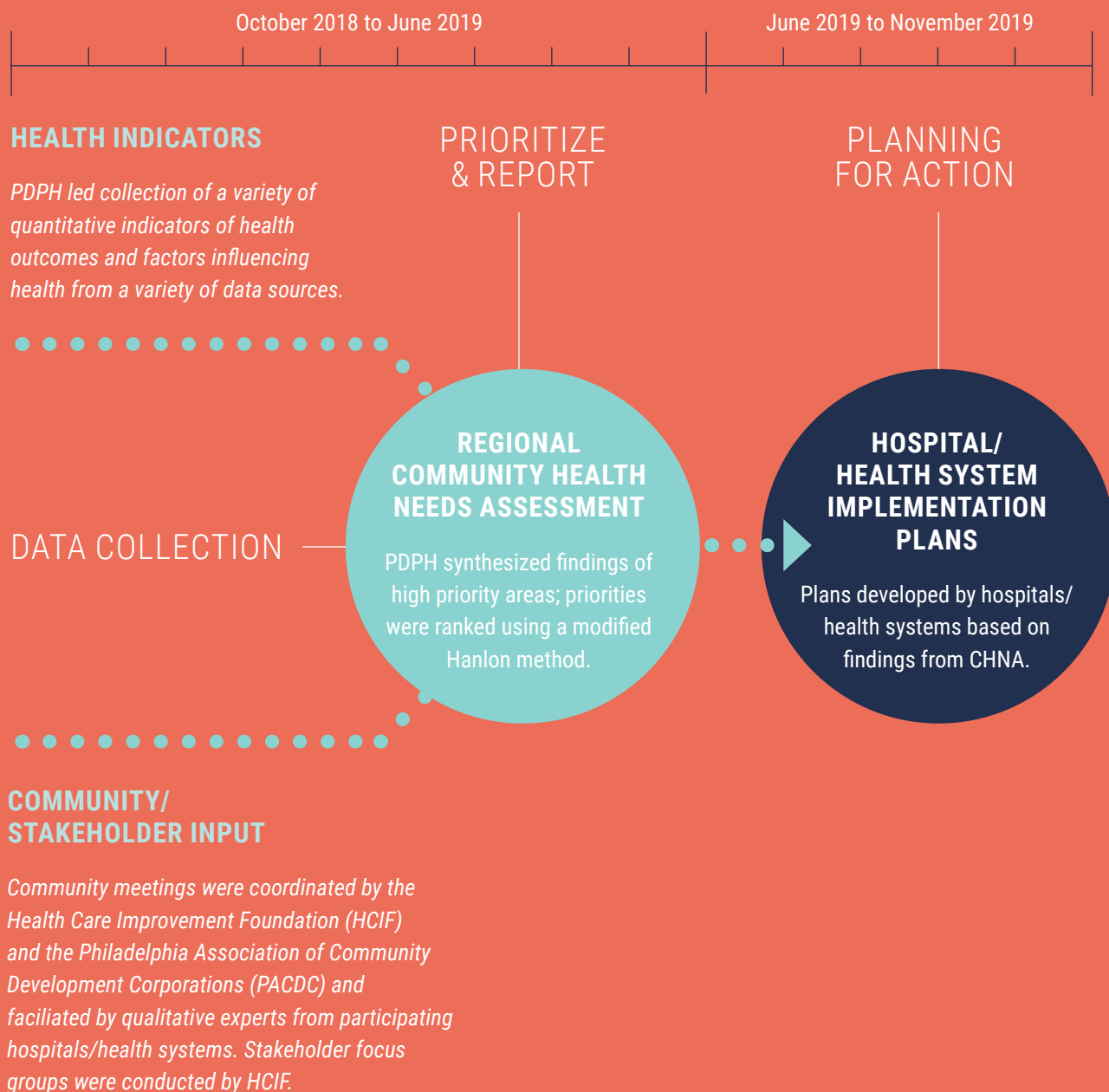
Philadelphia Department of Public Health (PDPH)

The Philadelphia Department of Public Health (PDPH) promotes and protects the health of all Philadelphians and provides a safety net for the most vulnerable. The agency leads programs to prevent communicable diseases; prevent chronic diseases and promote healthy behaviors; prevent environmental health risks; investigate outbreaks of disease; respond to public health emergencies; and promote the health of women, children, and families. In addition, the department operates the eight City Health Centers that provide primary care to more than 80,000 Philadelphians. PDPH has been on the vanguard of public health, proposing policy solutions to problems like smoking and obesity, and intends to continue that tradition with creative solutions to both long-standing urban health problems and new crises.

PDPH led the quantitative analyses, synthesis and prioritization of community health needs, and report development.

OUR COLLABORATIVE APPROACH

Hospitals/health systems and supporting partners collaboratively developed the CHNA that outlines health priorities for the region. The hospitals/health systems will produce implementation plans that may involve further collaboration to address shared priorities.



Governance

A Steering Committee, composed of representatives from participating hospitals and health systems, was formed to guide the development of the CHNA. The Steering Committee met once or twice each month starting in October 2018 to plan, reach consensus on key decisions, review findings and set priorities. Supporting partners also participated in Steering Committee meetings.

Steering Committee Members

Marianna Calabrese, MA	Manager, Community Benefit	Abington – Jefferson Health
Kathy McCarter, MSHA, RN, CCP	Director, Community Health	Abington – Jefferson Health
Jeanne Casner, MPH, PMP	County Health Director	Chester County Health Department
Ashley Orr, MPH	Population Health Supervisor	Chester County Health Department
Julie Funk, MS, RD, CDE, LDN	Director, Community Health & Wellness Services	Chester County Hospital
Sarah Gibbons, MSS, MLSP	Director, Community Relations	Children's Hospital of Philadelphia
Amanda Evans, MPH	Program Specialist	Children's Hospital of Philadelphia
Joan Boyce	Senior Director, Government Relations & Public Affairs	Einstein Healthcare Network
Leroy Howell	Manager, Constituency Relations	Einstein Healthcare Network
Brandi Chawaga, M.Ed	Director, Community Wellness	Einstein Medical Center Montgomery
Jo Ann Hart	Senior Director, Strategic Marketing & Communications	Grand View Health
Cynthia Westphal, MSN, RN, NE-BC	Senior Director, Nursing	Grand View Health
Susan Choi, PhD	Senior Director, Population Health	Health Care Improvement Foundation
Kelsey Salazar, MPH	Project Manager	Health Care Improvement Foundation
Barbara Tantum, MBA, MHA	Director, Planning	Holy Redeemer Health System
Maria Cerceo Slade, BA, MHA	Vice President, Marketing	Jefferson Health - Northeast
Karen Sobczak	Clinical Associate Executive Director	Jefferson Health - Northeast
Rickie Brawer, PhD, MPH, MCHES	Co-Director, Center for Urban Health	Jefferson Health
Abby Cabrera, MPH	Community Benefits Coordinator	Jefferson Health
Robert Motley, MD, MHCDS	Vice Chair, Community Medicine	Thomas Jefferson University & Sidney Kimmel Medical College
Patrice Penrose, MPH	Epidemiology Research Associate	Montgomery County Office of Public Health
Brenda Weis, MSPH, PhD	Health Administrator	Montgomery County Office of Public Health
Garrett O'Dwyer	Health Programs & Special Projects Manager	Philadelphia Association of Community Development Corporations
Heather Klusaritz, PhD, MSW	Director of Community Engagement, Penn Center for Public Health Initiatives; Associate Director, Center for Community & Population Health, DFMCH	University of Pennsylvania
Laura Lombardo	Manager, Penn Center Community Relations	Penn Medicine
Courtney Summers, MSW	Associate Director, Center for Public Health Initiatives; Senior Research Project Manager, DFMCH	University of Pennsylvania
Jessica Whitley, MPH	Health Equity Fellow	Philadelphia Department of Public Health
Raynard Washington, PhD, MPH	Chief Epidemiologist	Philadelphia Department of Public Health

Health Indicators

The PDPH team, which included experts in epidemiologist and geospatial analyses, produced and aggregated over 40 health indicators from primary and secondary data sources for the CHNA. Health indicators were collected by county and by zip code, wherever possible. The table below outlines each of the major health indicators and data sources. More details can be found in Appendix A.

Indicator	Data Source
Population Demographics (e.g. age, race, nation of origin, and language)	2013-2017 American Community Survey, Census Bureau
HEALTH OUTCOMES	
All-cause mortality	2015-2017 Vital Statistics
Premature deaths	2019 RWJF County Health Rankings
Premature cardiovascular disease mortality	2015-2017 Vital Statistics
Obesity, >17 years	2015 US News Healthiest Communities
Diabetes-related hospitalizations	2017 PA Health Care Cost Containment Council
Hypertension-related hospitalizations	2017 PA Health Care Cost Containment Council
Cancer mortality	2015-2017 Vital Statistics
Infant mortality	2015-2017 Vital Statistics
Preterm and low birth weight births	2015-2017 Vital Statistics
Late or inadequate prenatal care	2015-2017 Vital Statistics
Lead poisoning, 0-6 years	2017 PA Childhood Lead Surveillance
Asthma-related hospitalizations, 2 to 14 years	2017 PA Health Care Cost Containment Council
Homicide mortality	2015-2017 Vital Statistics
Drug overdose mortality	2015-2017 Vital Statistics
Suicide mortality	2015-2017 Vital Statistics
Pedestrian and bicycle crashes	2017 PennDOT
Hospitalizations for falls, >64 years	2017 PA Health Care Cost Containment Council
Emergency department utilization	2018 HealthShare Exchange
Emergency department high-utilizers	2018 HealthShare Exchange
HEALTH FACTORS	
Insurance coverage, <18 years	2013-2017 American Community Survey, Census Bureau
Insurance coverage, 18 to 64 years	2013-2017 American Community Survey, Census Bureau
Mammography screening	2015-2018 PHMC SEPA Household Survey
Colorectal cancer screening	2015-2018 PHMC SEPA Household Survey
Smoking, >17 years	US News Healthiest Communities
Binge drinking, >17 years	2015-2018 PHMC SEPA Household Survey
Poverty	2013-2017 American Community Survey, Census Bureau
Community need index score	2016 Truven Health Analytics
Excessive housing cost	2013-2017 American Community Survey, Census Bureau
Housing with potential lead risk	2013-2017 American Community Survey, Census Bureau
Households receiving food assistance	2013-2017 American Community Survey, Census Bureau
Food insecurity	2018 PHMC SEPA Household Survey

NOTABLE

Statistically significant differences between communities and county level statistics are highlighted throughout the report.

Gathering Community & Stakeholder Input

The Steering Committee recognized that there are many communities in the area with unique experiences and specific needs, and that no single data collection effort can comprehensively reflect the needs of all communities. As such input on priority health needs was collected from community members and other key health care and health resources stakeholders via a series of community meetings, focus groups, and key informant interviews. HCIF, in partnership with PACDC, coordinated the community engagement component.



19 community meetings with groups of community leaders and residents were held throughout the region. Communities were selected based on inclusion in hospitals’/health systems’ targeted service areas for community benefit and included meetings in each county: Bucks (1), Chester (2), Montgomery (5), and Philadelphia (11).

PACDC worked closely with community leaders and organizations to secure meeting locations, plan logistics, and recruit community residents to participate in community meetings.

HCIF coordinated a team of experienced qualitative researchers from CHOP PolicyLab, Jefferson Health, and Penn Medicine to lead efforts to develop meeting guides, moderate meetings, code and analyze meeting transcripts, and summarize meeting findings. Representatives from Holy Redeemer Health System, Grand View Health, and Chester County Hospital took the lead in moderating meetings in communities in their service area, supported by representatives from Abington – Jefferson Health, Chester County Health Department, and Einstein Medical Center Montgomery.

Qualitative Team Members:

Marianna Calabrese, MA	Abington – Jefferson Health
Kathy McCarter, MSHA, RN, CCP	Abington – Jefferson Health
Erin Brown	Chester County Health Department
Ashley Orr, MPH	Chester County Health Department
Julie Funk, MS, RD, CDE, LDN	Chester County Hospital
Susan Pizzi, RN, MS	Chester County Hospital
Judy Suska, MBA, FHFMA	Chester County Hospital
Sonja Dahl	Children’s Hospital of Philadelphia
Amanda Evans, MPH	Children’s Hospital of Philadelphia
Samantha Stalford	Children’s Hospital of Philadelphia
Eda Akpek	Children’s Hospital of Philadelphia, PolicyLab
Siobhan Costanzo, MPH, M.Ed	Children’s Hospital of Philadelphia, PolicyLab
Stephanie Garcia, MPH	Children’s Hospital of Philadelphia, PolicyLab
Doug Strane, MPH	Children’s Hospital of Philadelphia, PolicyLab
Emmy Stup, MPA	Children’s Hospital of Philadelphia, PolicyLab
Kavya Sundar	Children’s Hospital of Philadelphia, PolicyLab
Diana Worsley, MPH	Children’s Hospital of Philadelphia, PolicyLab
Brandi Chawaga, M.Ed	Einstein Medical Center Montgomery
Jo Ann Hart	Grand View Health
Susan Choi, PhD	Health Care Improvement Foundation
Kelsey Salazar, MPH	Health Care Improvement Foundation
Barbara Tantom, MBA, MHA	Holy Redeemer Health System
Andrea Bilger, MPH	Penn Medicine
Natalie Czekai	Penn Medicine
Heather Klusaritz, PhD, MSW	Penn Medicine
Arnav Shah	Penn Medicine
Courtney Summers, MSW	Penn Medicine
Rickie Brawer, PhD, MPH, MCHES	Thomas Jefferson University Hospitals
Abby Cabrera, MPH	Thomas Jefferson University Hospitals
Caleb Dafilou, MPH	Thomas Jefferson University Hospitals
Drew Harris, DPM, MPH	Thomas Jefferson University Hospitals

KEY STAKEHOLDER FOCUS GROUPS

- » Several populations of special interest were identified by the Steering Committee as priority populations for identifying and addressing health inequities in the region. Based on a consensus vote informed by the magnitude of the special populations, availability of existing data sources and capacity, six of these populations were selected for primary data collection:
 - Individuals living with behavioral/mental health conditions
 - Hispanic/Latino communities
 - African-American communities
 - Individuals experiencing housing insecurity
 - Individuals experiencing homelessness
 - Prenatal/postpartum women
- » The HCIF team organized, facilitated and summarized findings for nine focus groups with key stakeholders. Four county-level meetings were conducted for the focus on behavioral health and a regional meeting for each of the other populations. Stakeholders representing a wide range of disciplines from more than 50 health care, public health, governmental, and community organizations participated in the focus groups. A full list of participating organizations can be found in Appendix B.

KEY INFORMANT INTERVIEWS

- » Additional interviews were conducted with key informants throughout the region; these included:
 - The Health Federation of Philadelphia conducted targeted interviews with leaders from five community health center organizations in the region.
 - Several participating institutions conducted interviews with hospital/health system staff, patients and partners.
- » Findings were all summarized independently by the respective institutions, reviewed and integrated with other CHNA findings, and considered during the prioritization of community health needs.

SECONDARY DATA SOURCES

- » Reports and summaries from other community and stakeholder engagement efforts for other initiatives in the region were reviewed and included in the CHNA. A full list of reports is included in the “Resources” section.

Some notable reports included:

- Foundation for the Future: Developing Philadelphia’s Housing Action Plan
- PA State LGBT Health Needs Assessment
- Philadelphia Assessment of Fair Housing
- Philadelphia Community Health Improvement Plan
- Philadelphia Region of Pennsylvania LGBTQA Community Health Needs Assessment
- Philadelphia Youth Homelessness Needs Assessment
- Philadelphia Department of Public Health Death Review Reports (e.g. Maternal, Homeless, and Child)
- Philadelphia Roadmap for Safer Communities
- Refugee Health Collaborative Needs Assessment

Determining and Prioritizing Community Health Needs

- » The PDPH team synthesized a full list of community health needs based on the health indicators and findings from the community and stakeholder engagement components. Related community health needs were consolidated to produce the final list of 16 high priority community health needs.
- » The PDPH team presented the community health needs and highlights of supporting data to the Steering Committee for discussion and to inform the prioritization process. After initial review and discussion, minor adjustments were made to some descriptions.
- » A modified Hanlon rating method was used to prioritize the community health needs.
- » PDPH epidemiologists assigned scores for "Criterion 1: Size of the Health Problem" based on available health indicators and for "Criterion 2: Importance to Community" based on how frequently the community health need was reported in community and stakeholder engagement components.
- » Each participating hospital/health system scored the remaining criteria using the below ranking guidance with input from other internal stakeholders. The percentage below each criterion represents the weight assigned to it.

		1	2	3	4	5
		SIZE OF HEALTH PROBLEM Magnitude of health priority based on size of population(s) impacted (15%)	IMPORTANCE TO COMMUNITY Magnitude of health priority based on community and stakeholder input (30%)	CAPACITY TO ADDRESS Availability of effective/feasible interventions (30%)	ALIGNMENT WITH HOSPITAL/HEALTH SYSTEM MISSION/ VISION (15%)	EXISTING COLLABORATIONS/ INTERVENTIONS (10%)
RANKING GUIDANCE	9 or 10	Greater than 25%	40+	High effectiveness/ High feasibility	Very consistent with mission AND strategic direction	Yes, strong existing partnerships AND initiatives
	7 or 8	15 to 25%	30 - 39	High effectiveness/ Moderate feasibility	Relatively consistent with mission AND strategic direction	Yes, existing partnerships AND initiatives
	5 or 6	5 to 14.9%	20 - 29	Effective/Feasible	Consistent with mission AND strategic direction	Yes, existing partnerships OR initiatives
	3 or 4	1 to 4.9%	10 - 19	Low Effectiveness/ Low Feasibility	Relatively consistent with mission NOT strategic direction	Yes, existing partnerships, no current initiatives
	1 or 2	0.1 up to 1.0%	1 - 9	Low Effectiveness/ Not Feasible	Consistent with mission NOT strategic direction	Weak, existing partnerships OR initiatives
	0	<0.1%	0	Not Effective/Not Feasible	Not consistent with mission OR strategic direction	No, existing initiatives or partnerships
COMMUNITY HEALTH NEEDS	Need 1	Score 0-10	Score 0-10	Score 0-10	Score 0-10	Score 0-10
	Need 2	Score 0-10	Score 0-10	Score 0-10	Score 0-10	Score 0-10
	Need 3	Score 0-10	Score 0-10	Score 0-10	Score 0-10	Score 0-10
	Need 4	Score 0-10	Score 0-10	Score 0-10	Score 0-10	Score 0-10
	Need 5	Score 0-10	Score 0-10	Score 0-10	Score 0-10	Score 0-10

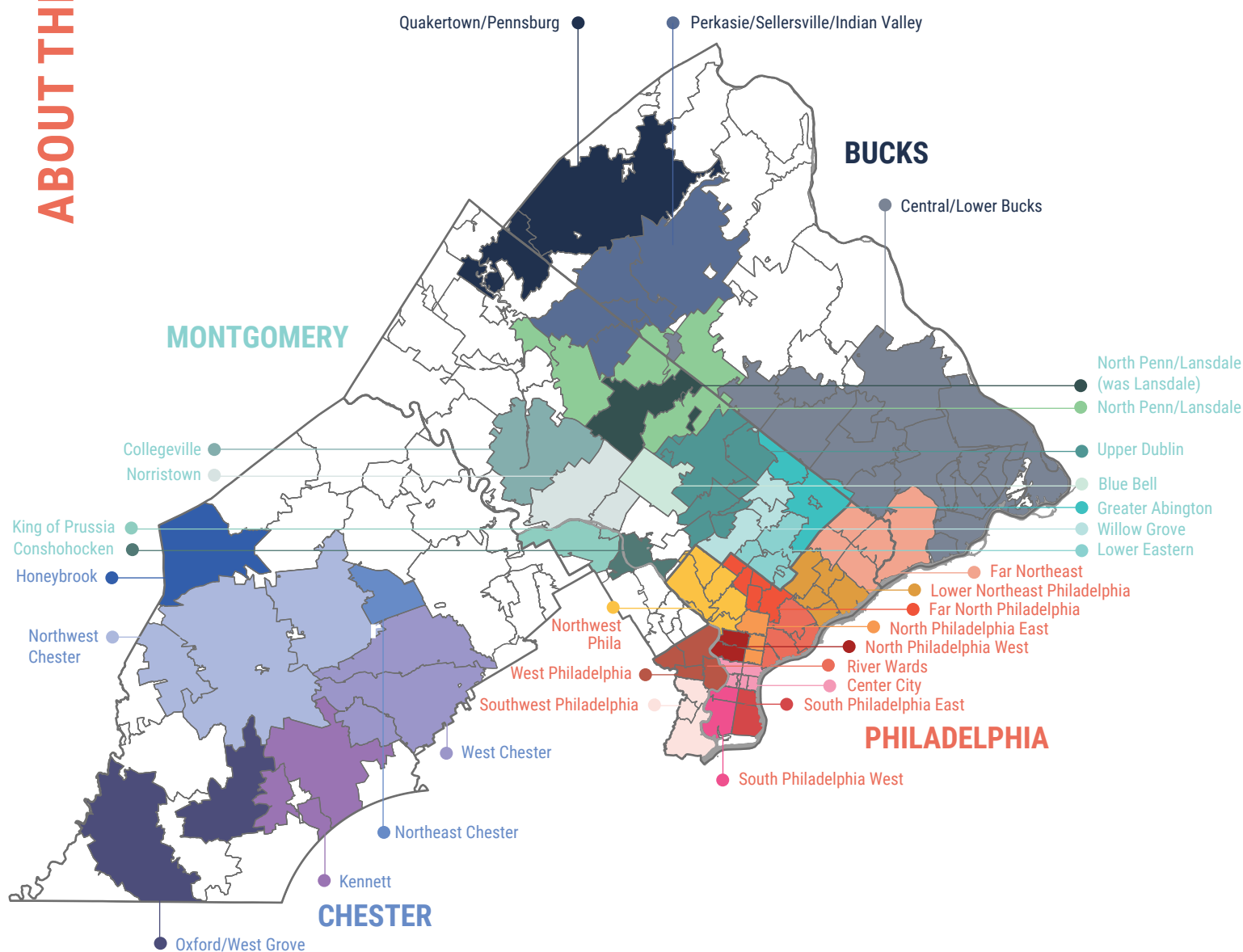
- » Once community health needs were rated using the modified Hanlon rating method, the 'PEARL' Test was applied to screen out any community health needs that did not meet the following feasibility factors:
 - **PROPRIETY** – Is a program for the health problem suitable?
 - **ECONOMICS** – Does it make economic sense to address the problem? Are there economic consequences if a problem is not carried out?
 - **ACCEPTABILITY** – Will a community accept the program? Is it wanted?
 - **RESOURCES** – Is funding available or potentially available for a program?
 - **LEGALITY** – Do current laws allow program activities to be implemented?
- » Final rankings for each community health need were calculated as a simple average of ratings across all participating hospitals/health systems.

Final CHNA Report

- » The final CHNA was drafted by the PDPH team and presented to the hospital/health systems for review and revision.
- » The final CHNA was presented and approved by the Boards of Directors of each hospital/health system.

ABOUT THE SERVICE AREA

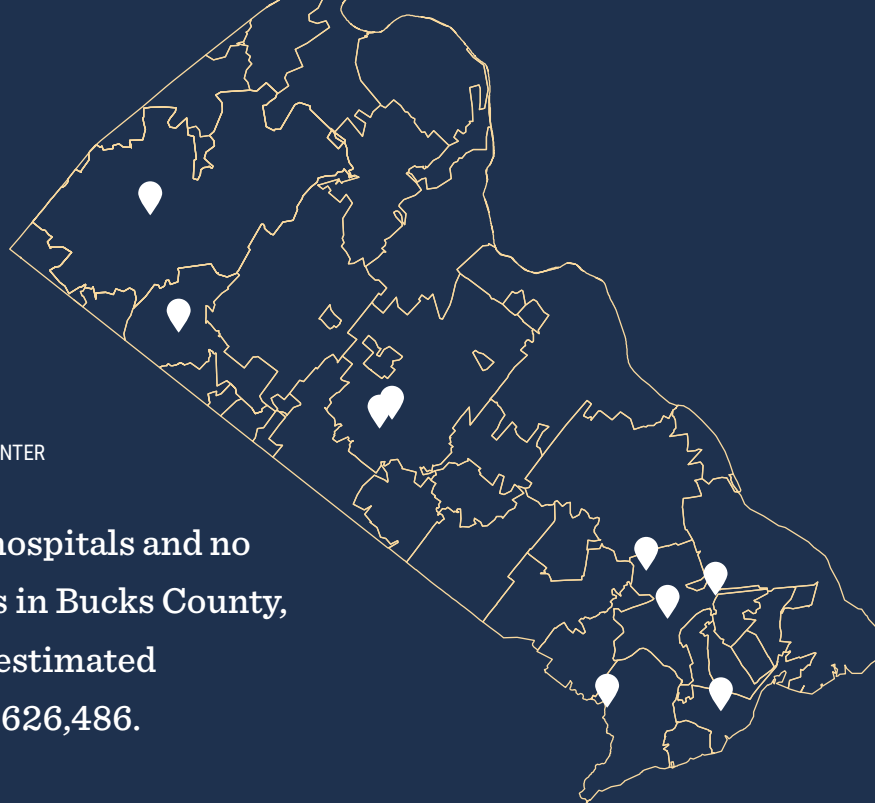
The overall service area includes four counties, Bucks, Chester, Montgomery, and Philadelphia and represents a diverse population of **3,540,678** people. Clusters of populated zip codes across the four counties were assigned to well-established communities as shown below. These communities represent the target areas for community benefit for all of the participating hospitals and health systems and the residential zip codes of at least 75 percent of the hospitals' and health systems' inpatient admissions.



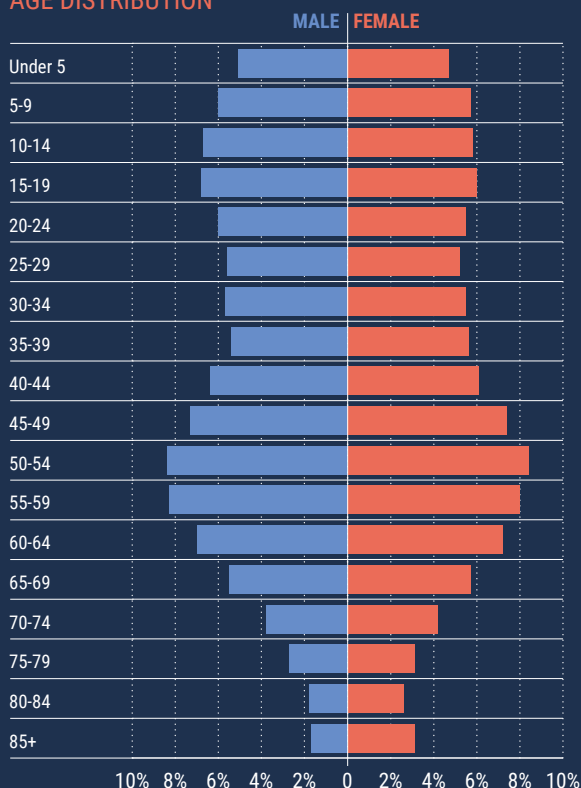
BUCKS COUNTY

 HOSPITAL
 HEALTH CENTER

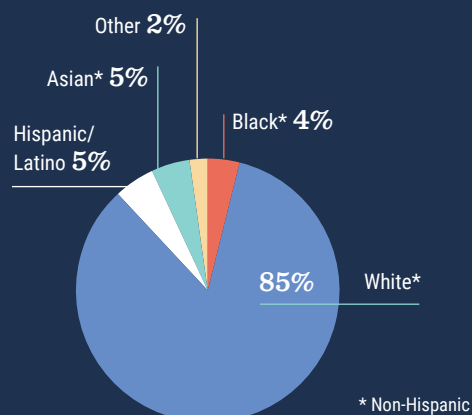
There are 10 hospitals and no health centers in Bucks County, which has an estimated population of 626,486.



AGE DISTRIBUTION



Adults ages 50 to 59 comprise the largest portion of the population.



White, non-Hispanic individuals make up 85 percent of Bucks County's residents.

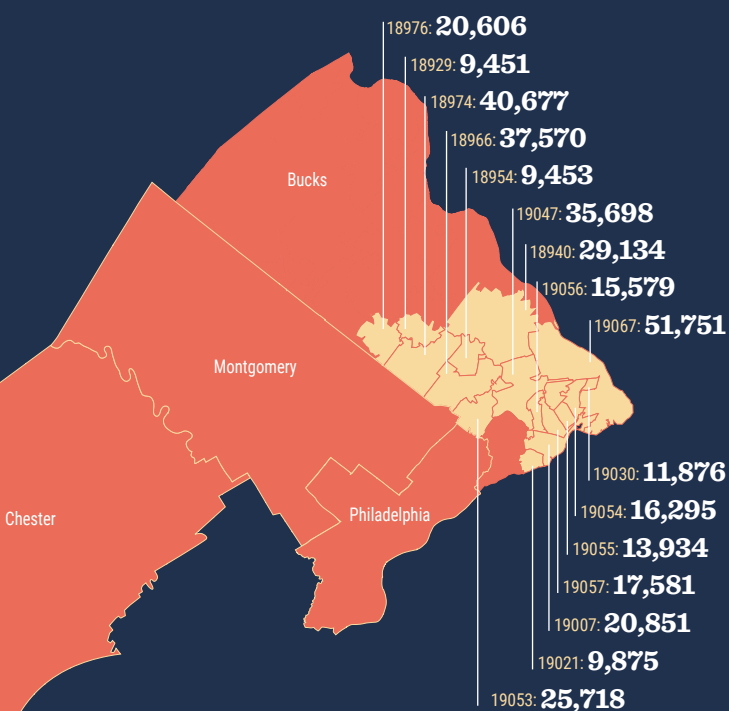
Approximately 9 percent of the residents of Bucks County were born in a foreign country. Slightly less than 4 percent of residents speak English less than "very well."

FOREIGN BORN: **8.8%** NOT FLUENT IN ENGLISH: **3.9%**

CENTRAL/ LOWER BUCKS

demographics

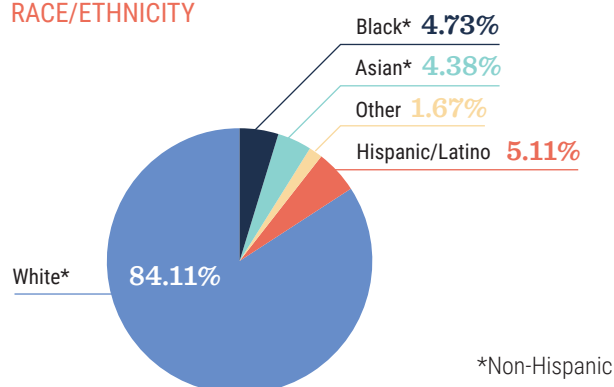
POPULATION



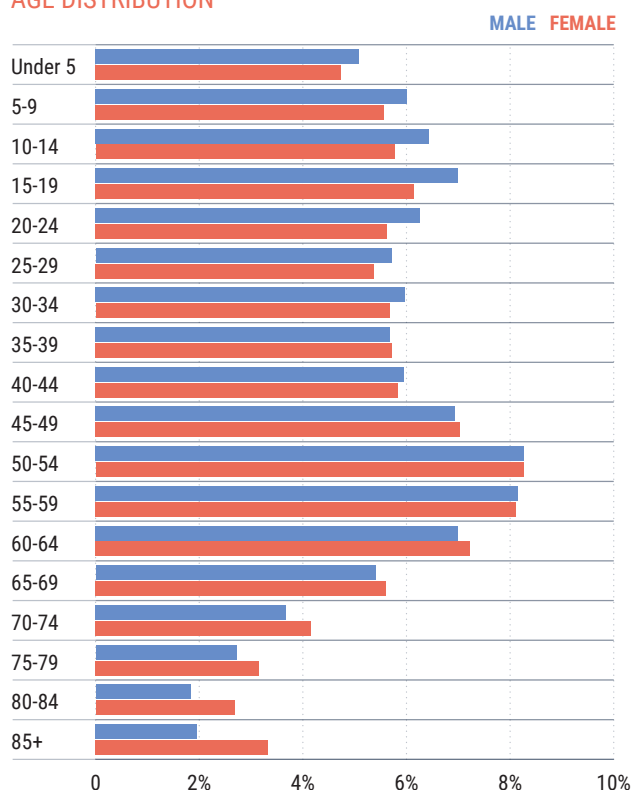
This community is served by:

- Abington Hospital
- Abington-Lansdale Hospital
- Children's Hospital of Philadelphia
- Holy Redeemer Hospital
- Jefferson Health Northeast

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Central/
Lower Bucks

Bucks County

Chronic Disease & Smoking	Death rate (per 100,000 people)	757.7	734.8
	Premature CVD deaths (per 100,000 people)	38.1	35.7
	Diabetes hospitalizations (per 100,000 people)	204.6	183.7
	Adult obesity	30.0%	25.1%
	Hypertension hospitalizations (per 100,000 people)	403.0	358.0
	Cancer deaths (per 100,000 people)	75.3	72.2
	Mammography screening	76.4%	75.2%
	Colorectal screening	68.9%	68.2%
	Adult smoking	15.4%	14.0%
	Adult binge drinking	33.5%	17.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	4.0	3.3
	Percent of preterm or low birth weight births	12.2%	11.2%
	Late or inadequate prenatal care	31.1%	28.9%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	77.4	88.8
Injuries	Homicide mortality rate (per 100,000 people)	2.3	1.9
	Drug overdose mortality rate (per 100,000 people)	35.3	31.1
	Suicide mortality rate (per 100,000 people)	11.6	11.3
	Pedestrian and cyclist crash rate (per 100,000 people)	28.1	24.1
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,837.0	2,481.0
Access to Care	Adults 19-64 without insurance	6.4%	6.6%
	Children <19 without insurance	2.4%	2.6%
	Adults 19-64 with Medicaid	6.8%	6.5%
	Children <19 with public insurance	19.5%	19.3%
	Emergency department utilization (per 100,000 people)	23,956.3	20,620.3
	Emergency department high-utilizers (per 100,000 people)	470.4	380.1
Social & Economic Determinants	Percent in poverty	5.8%	6.1%
	Community need index score	2.0	2.0
	Excessive housing cost	31.6%	32.5%
	Housing with potential lead risk	33.8%	32.1%
	Households receiving food assistance	5.6%	5.5%
	Food insecurity	11.1%	10.5%
	Speak English less than "very well"	4.0%	4.0%

“...it’s cheaper to go to McDonald’s and get a meal than it is to get a healthy meal at a supermarket.”

“People need dental care. Medicare doesn’t pay for it, you have to get your own insurance, the kids need it and the parents don’t take them because they don’t have the money. There was a truck that used to come around years and years ago, free dental care. They don’t do that anymore, but that was a really needed service for anybody.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 6, 2019 at Abington Health Center Warminster. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Access to quality education, healthcare and other social services.
- » Abundance of colleges and great school districts.
- » Home to some of the best health systems in the world calling it “a hub for healthcare,” including access to specialty services such as cancer care.
- » Easy access to assets such as libraries, shopping, community events for various age groups, the YMCA, and youth athletics.
- » Lower tax rate, affordable housing, and Bensalem being recognized as one of the ten best communities.
- » Bucks County Transport provides shared ride transportation services at a free to low-range cost for all Bucks county residents.

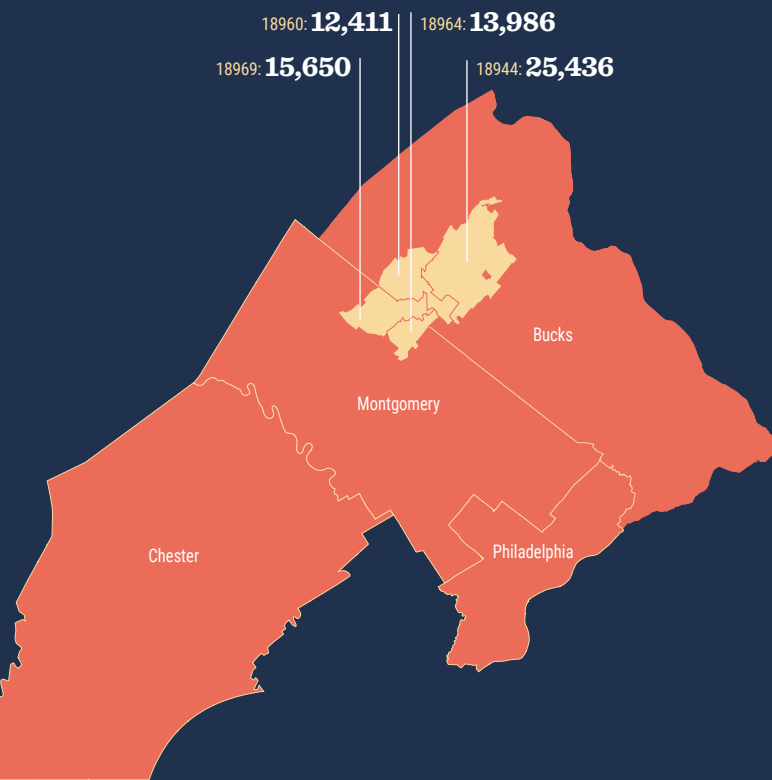
Priority Health Issues

BEHAVIORAL HEALTH	<ul style="list-style-type: none">» Behavioral health issues including substance use/addiction, depression and suicide, smoking and alcohol are impacting community.» Lack of adequate medical-legal partnerships and substance use treatment.
ACCESS TO CARE	<ul style="list-style-type: none">» Long wait times to get an appointment with specialists and at times with primary care physicians.» Fragmented healthcare system leaves individuals confused about how health insurance works.» Access to and affordability of dental care for insured and uninsured people.» Growing out of pocket costs for prescriptions.
ENVIRONMENTAL CONDITIONS	<ul style="list-style-type: none">» Environmental factors in the community that can potentially affect health conditions, such as air and water pollution; ranked high for air pollution.
CHRONIC DISEASE	<ul style="list-style-type: none">» Cancer incidence and mortality as well as neurological, respiratory, and autoimmune diseases.» Nutrition barriers include high cost, lack of education, and lack of time.
CHILDREN AND YOUTH	<ul style="list-style-type: none">» Insufficient support for parenting.» For young children, lack of affordable daycare, early education, up-to-date immunizations, autism care.» Bullying and cyberbullying among children, youth and young adults.» Fear of violent acts faced by teenagers such as school shootings.» Financial stress due to college-related loans.» Among young adults, suicide, depression, drug overdose, peer pressure, workforce development, and gender identity as key social and health issues.
OLDER ADULTS	<ul style="list-style-type: none">» Need for better coordination and navigation of healthcare for the older adult population.» Need for more high-quality nursing homes.» Transportation barriers impact older adults' ability to pick-up their medication, attend medical appointments and access other resources.

PERKASIE/ SELLERSVILLE/ INDIAN VALLEY

demographics

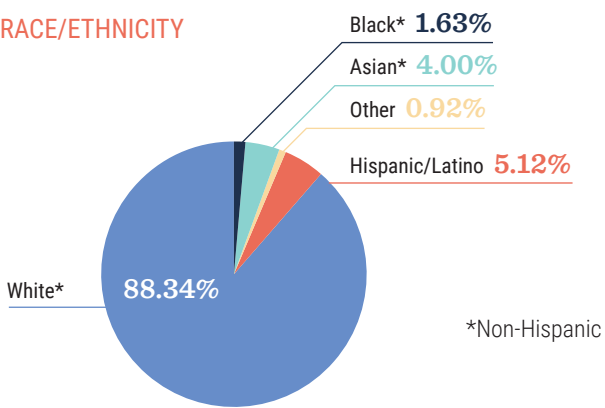
POPULATION



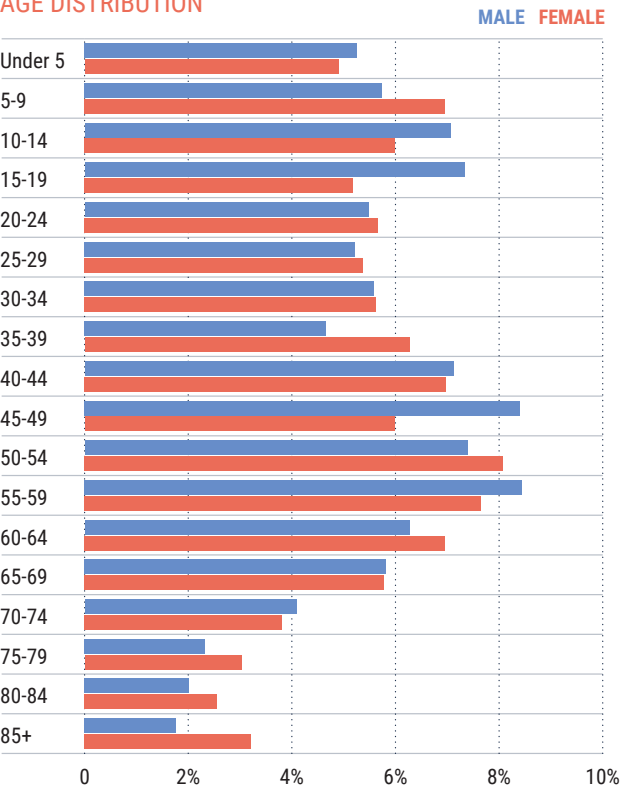
This community is served by:

- Abington Hospital
- Abington–Lansdale Hospital
- Children’s Hospital of Philadelphia
- Grand View Health

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

**Perkasie/
Sellersville/
Indian Valley**

Bucks County

Chronic Disease & Smoking	Death rate (per 100,000 people)	697.5	734.8
	Premature CVD deaths (per 100,000 people)	34.7	35.7
	Diabetes hospitalizations (per 100,000 people)	163.0	183.7
	Adult obesity	26.9%	25.1%
	Hypertension hospitalizations (per 100,000 people)	243.0	358.0
	Cancer deaths (per 100,000 people)	61.6	72.2
	Mammography screening	80.0%	75.2%
	Colorectal screening	63.4%	68.2%
	Adult smoking	13.1%	14.0%
	Adult binge drinking	20.0%	17.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	2.5	3.3
	Percent of preterm or low birth weight births	9.6%	11.2%
	Late or inadequate prenatal care	20.5%	28.9%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	223.3	88.8
Injuries	Homicide mortality rate (per 100,000 people)	1.8	1.9
	Drug overdose mortality rate (per 100,000 people)	27.6	31.1
	Suicide mortality rate (per 100,000 people)	10.0	11.3
	Pedestrian and cyclist crash rate (per 100,000 people)	17.8	24.1
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,832.3	2,481.0
Access to Care	Adults 19-64 without insurance	7.3%	6.6%
	Children <19 without insurance	4.0%	2.6%
	Adults 19-64 with Medicaid	6.0%	6.5%
	Children <19 with public insurance	21.3%	19.3%
	Emergency department utilization (per 100,000 people)	27,119.4	20,620.3
	Emergency department high-utilizers (per 100,000 people)	398.6	380.1
Social & Economic Determinants	Percent in poverty	6.7%	6.1%
	Community need index score	2.1	2.0
	Excessive housing cost	30.7%	32.5%
	Housing with potential lead risk	34.0%	32.1%
	Households receiving food assistance	4.7%	5.5%
	Food insecurity	10.0%	10.5%
	Speak English less than "very well"	3.4%	4.0%

“[New residents receive] welcome neighbor envelopes when you first move in, that’s got coupons, and they tell you what’s in the neighborhood.”

“you have to have a pretty severe [developmental] delay to be eligible for therapy when they’re young. You can see the warning signs and you just have to wait and watch your child fall farther and farther behind, so that you’re playing catch up...”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 6, 2019 at Abington Health Center Warminster. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » **Accessibility** for individuals with physical disabilities.
- » Community caters to older adult population and offers quality resources such as assisted living facilities.
- » **Community organizations**, like churches, stores, movie theaters, and health care facilities.
- » Good schools and proximity to open lands and parks.
- » Low crime and generally feels safe.
- » Diverse and accepting of the diversity.

Priority Health Issues

BEHAVIORAL HEALTH

- » Limited number of **behavioral health providers** in the area and long wait times once an appointment is scheduled.
- » One large behavioral health organization has high turn-over rate with their psychiatrists.
- » Inadequate resources to provide for psychiatric emergencies, such as inpatient services.
- » Nurse care managers and a mobile crisis van are facilitators to accessing behavioral health and specialty wrap-around services.
- » **Difficult to find behavioral health** providers for children, which delays identification of behavioral health and developmental issues.
- » Limited substance use disorder service providers; in-patient detox facilities do not provide ample supports after discharge and many patients return to drug use thereafter.

ACCESS TO CARE

- » **Long wait times** for specialty care.
- » **Lack of on-site medications** at urgent care facilities.
- » Providers **not accepting insurance coverage** is a barrier to accessing health care.
- » Online patient portals are often difficult to navigate, and patients go without necessary health information due to **technology limitations**.

CHRONIC DISEASE

- » Rates of diabetes seem to be increasing and there is **no diabetic education center** with nutrition lectures and trainings.
- » Limited **free or low-cost activities for children & youth** to keep them active and healthy.

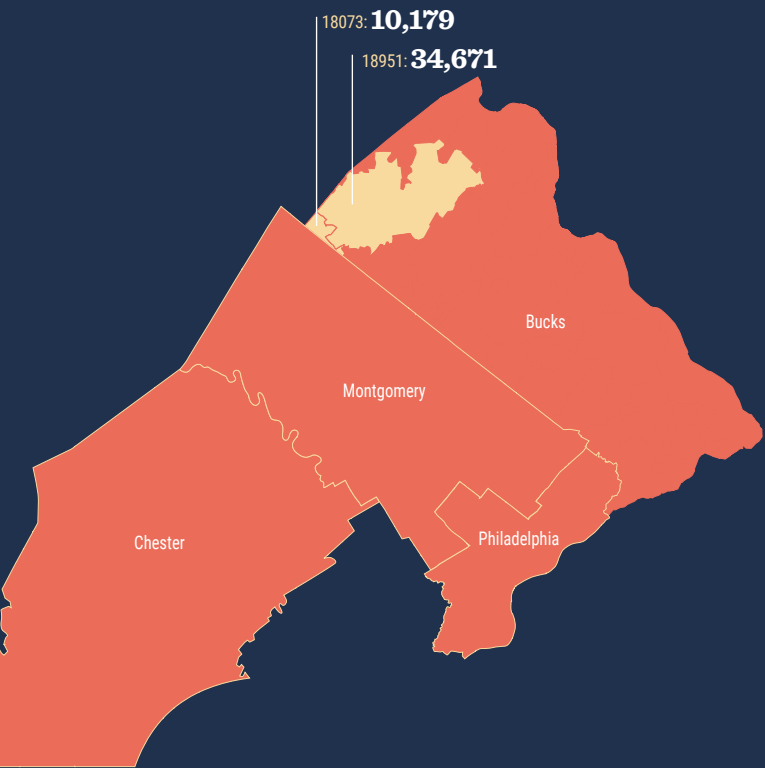
SOCIAL AND ECONOMIC DETERMINANTS

- » **Lack of awareness of food resources**, as well as stigma surrounding people who utilize them.
 - » **Limited resources** for support with transportation needs, especially for older adults and persons with disabilities.
-

QUAKERTOWN/ PENNSBURG

demographics

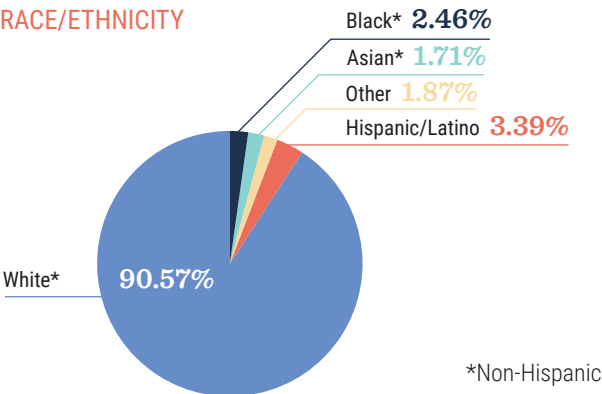
POPULATION



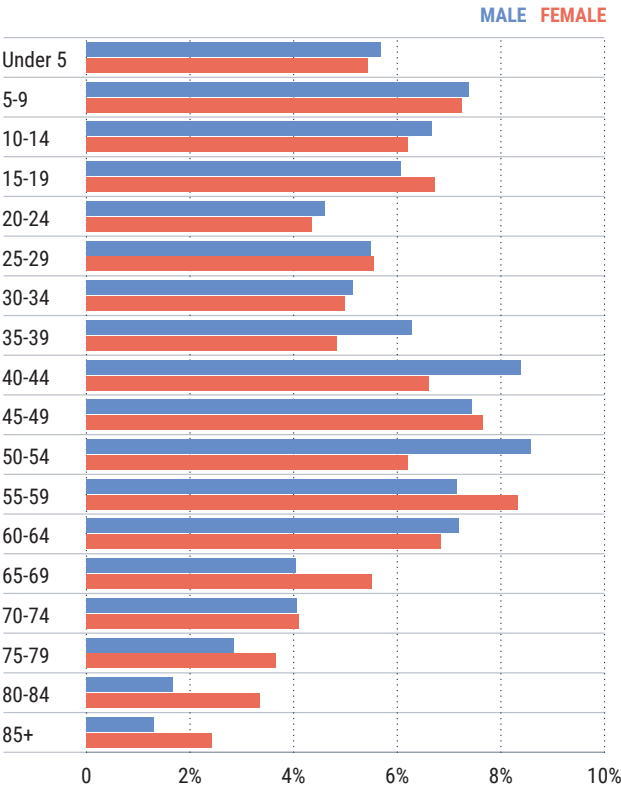
This community is served by:

- Children’s Hospital of Philadelphia
- Grand View Health

RACE/ETHNICITY



AGE DISTRIBUTION



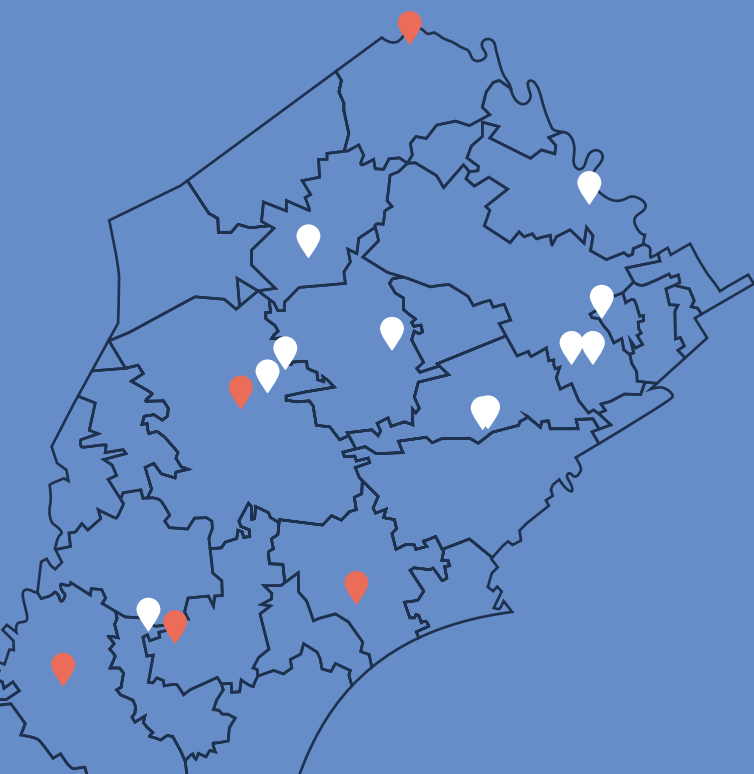
summary health measures

NOTABLE

		Quakertown and Pennsburg	Bucks County
Chronic Disease & Smoking	Death rate (per 100,000 people)	854.8	734.8
	Premature CVD deaths (per 100,000 people)	44.6	35.7
	Diabetes hospitalizations (per 100,000 people)	142.7	183.7
	Adult obesity	33.4%	25.1%
	Hypertension hospitalizations (per 100,000 people)	312.2	358.0
	Cancer deaths (per 100,000 people)	66.9	72.2
	Mammography screening	80.2%	75.2%
	Colorectal screening	70.6%	68.2%
	Adult smoking	23.7%	14.0%
	Adult binge drinking	8.0%	17.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	4.8	3.3
	Percent of preterm or low birth weight births	12.0%	11.2%
	Late or inadequate prenatal care	22.9%	28.9%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	91.3	88.8
Injuries	Homicide mortality rate (per 100,000 people)	1.2	1.9
	Drug overdose mortality rate (per 100,000 people)	32.5	31.1
	Suicide mortality rate (per 100,000 people)	11.6	11.3
	Pedestrian and cyclist crash rate (per 100,000 people)	20.1	24.1
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,308.5	2,481.0
Access to Care	Adults 19-64 without insurance	7.0%	6.6%
	Children <19 without insurance	3.5%	2.6%
	Adults 19-64 with Medicaid	6.6%	6.5%
	Children <19 with public insurance	21.6%	19.3%
	Emergency department utilization (per 100,000 people)	13,638.8	20,620.3
	Emergency department high-utilizers (per 100,000 people)	176.1	380.1
Social & Economic Determinants	Percent in poverty	7.5%	6.1%
	Community need index score	2.3	2.0
	Excessive housing cost	32.9%	32.5%
	Housing with potential lead risk	33.0%	32.1%
	Households receiving food assistance	5.1%	5.5%
	Food insecurity	10.0%	10.5%
	Speak English less than "very well"	1.8%	4.0%



CHESTER COUNTY

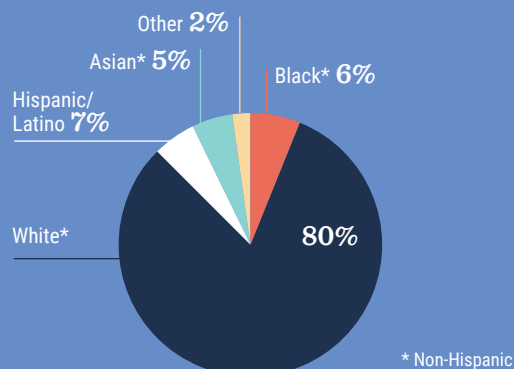
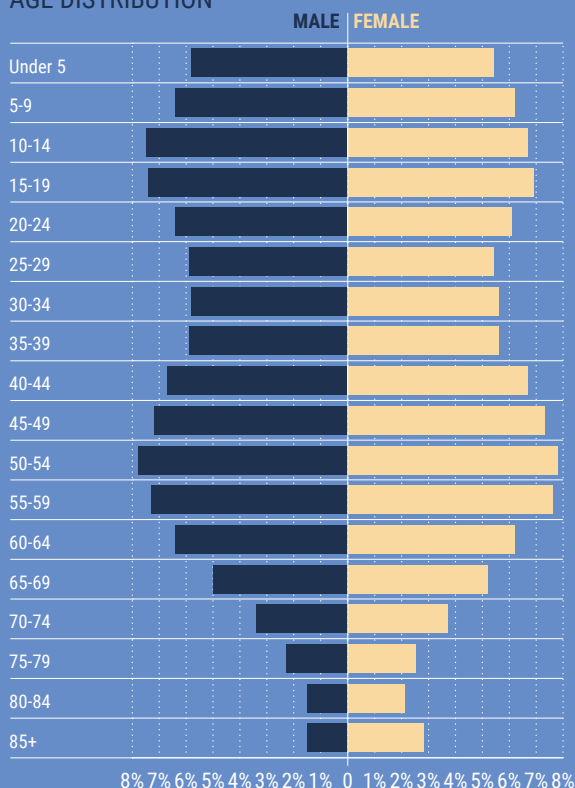


 HOSPITAL
 HEALTH CENTER

Chester County has 11 hospitals and 5 health centers. These health centers serve over 32,000 patients each year.

Chester County's population totals 514,652 individuals. Many residents fall between the ages of 45 and 59, with a similarly large proportion between the ages of 10 and 19.

AGE DISTRIBUTION



Eighty percent of Chester County's residents are non-Hispanic White.

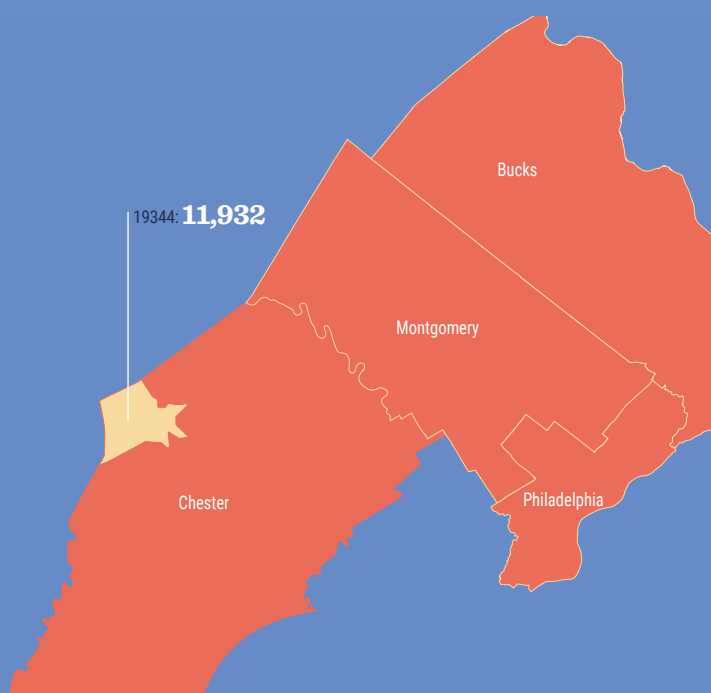
Foreign-born individuals make up approximately 9 percent of Chester County's population. Nearly 5 percent speak English less than "very well."

FOREIGN BORN: **9.4%** NOT FLUENT IN ENGLISH: **4.5%**

HONEY BROOK

demographics

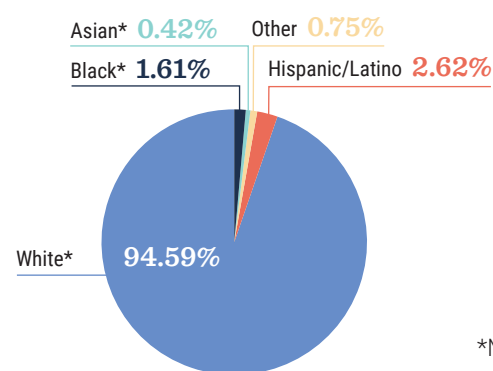
POPULATION



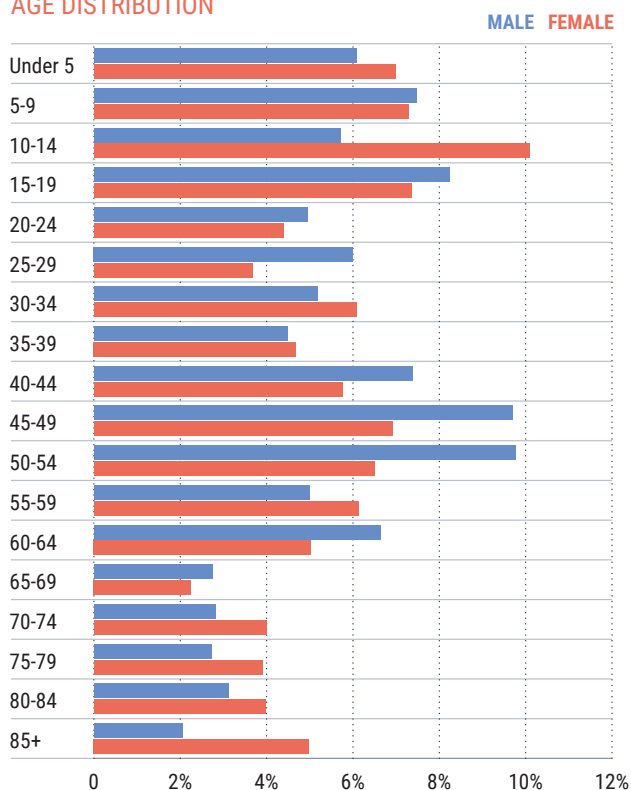
This community is served by:

- Chester County Hospital
- Children's Hospital of Philadelphia

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

Honey Brook

Chester County

Chronic Disease & Smoking	Death rate (per 100,000 people)	897.0	651.6
	Premature CVD deaths (per 100,000 people)	86.8	36.5
	Diabetes hospitalizations (per 100,000 people)	150.9	114.3
	Adult obesity	--	22.3%
	Hypertension hospitalizations (per 100,000 people)	293.3	257.7
	Cancer deaths (per 100,000 people)	89.0	65.1
	Mammography screening	--	79.9%
	Colorectal screening	--	71.1%
	Adult smoking	--	15.3%
	Adult binge drinking	--	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	8.7	4.3
	Percent of preterm or low birth weight births	9.1%	11.2%
	Late or inadequate prenatal care	58.0%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	43.6	62.4
Injuries	Homicide mortality rate (per 100,000 people)	0.0	1.9
	Drug overdose mortality rate (per 100,000 people)	43.1	22.3
	Suicide mortality rate (per 100,000 people)	13.5	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	8.4	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	3,030.3	2,412.6
Access to Care	Adults 19-64 without insurance	19.8%	8.3%
	Children <19 without insurance	20.2%	5.0%
	Adults 19-64 with Medicaid	6.0%	5.8%
	Children <19 with public insurance	21.4%	18.7%
	Emergency department utilization (per 100,000 people)	7,634.9	9,992.6
	Emergency department high-utilizers (per 100,000 people)	67.1	98.9
Social & Economic Determinants	Percent in poverty	11.7%	6.8%
	Community need index score	2.4	2.2
	Excessive housing cost	34.81%	30.1%
	Housing with potential lead risk	22.1%	29.2%
	Households receiving food assistance	7.2%	4.9%
	Food insecurity	--	7.6%
	Speak English less than "very well"	3.1%	4.5%

"--" Estimates are not available or unreliable due to low sample size within community.

“Doctors need to slow down, spend less time on computers, and build a relationship with us. Be more patient.”

“The youth have been hit hard with the opioid crisis, too, because they suffer sports injuries and are then given prescription drugs, so they’ve been hit hard with that.”

“Seniors are living longer than expected, so the money we planned to retire with is running out. Now some of us have to choose between medication and food.”

FINDINGS FROM COMMUNITY MEETINGS

Below is a summary of community assets and priority health needs as reported by community members who participated in a facilitated focus-group style discussion on March 5, 2019 at Honey Brook Presbyterian Church. The full text of the meeting can be found in the Appendix.

Notable Community Assets

- » Ample access to libraries, parks, churches, community green spaces, health care services, and engaged community organizations.
- » Unique geographic location of Honey Brook as having both positive and negative implications for the community, as it sits on the border of three counties: Chester, Lancaster, and Berks. This provides access to many amenities; however, community members are often unaware of what is offered in neighboring counties because “the community has naturally become insular.”

Priority Health Issues

BEHAVIORAL HEALTH

- » Growing **behavioral health and substance use needs** in the community, especially considering the opioid epidemic's impact on youth in the area.

YOUTH

- » Children and youth have a lack of consistent **food options** when school is out of session in the summer, as well as a general lack of food adequacy in the area.
- » Youth also experiencing **high rates of suicide**, unmet **mental health needs**, **bullying, obesity, and vaping**.

OLDER ADULTS

- » Growing **aging population** in the community and need to focus resources and efforts on supporting these members.
- » Loneliness and social isolation are unmet behavioral health needs among older adults.
- » Lack of **quality and access** to aging-in-place services for seniors, as well as an adequate stock of senior living facilities.
- » Challenges **navigating the changing health care landscape**, specifically, using technology for ordering of prescriptions and access to medical records.
- » Need to adapt advances in technology to meet the needs of seniors and their cognitive and physical abilities (self-checkout kiosks at grocery stores, the airport, gas stations, etc.).

SOCIAL AND ECONOMIC DETERMINANTS

- » Growing **costs of housing and utilities**, compounded by flat rates of income growth and social security payments, creates financial stressors for many community members.
- » Stigma prevents families from access necessary services.

ENVIRONMENTAL CONDITIONS

- » **Built environment** in Honey Brook is not safe or accessible for people using wheelchairs.

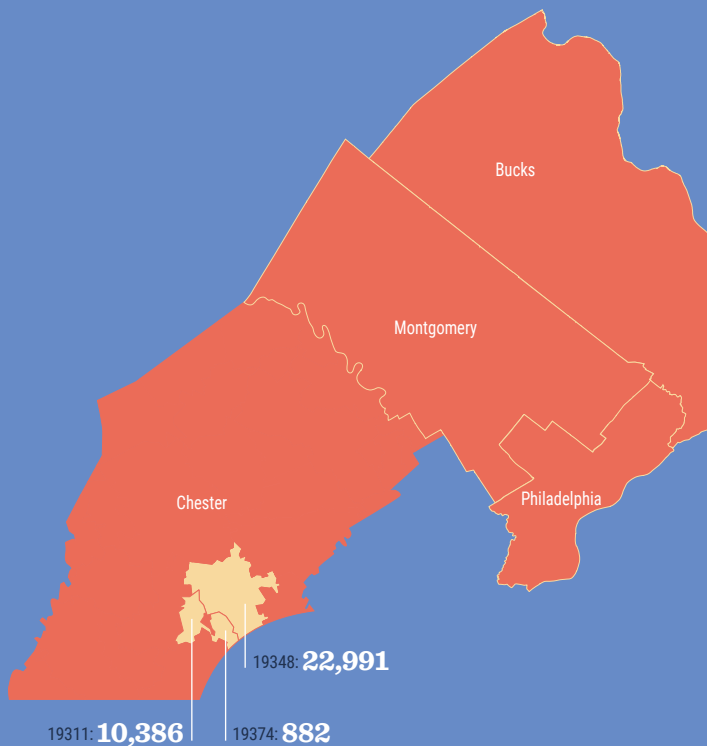
ACCESS TO CARE

- » Limited **quality and access** to preventative health services, occupational medicine, and urgent care centers.
 - » Lack of **insurance affordability and costs of health care**, especially for seniors with fixed income.
-

KENNETT

demographics

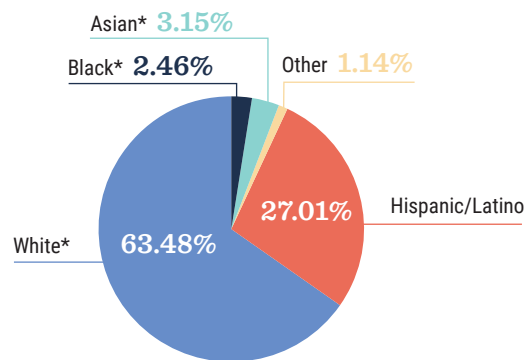
POPULATION



This community is served by:

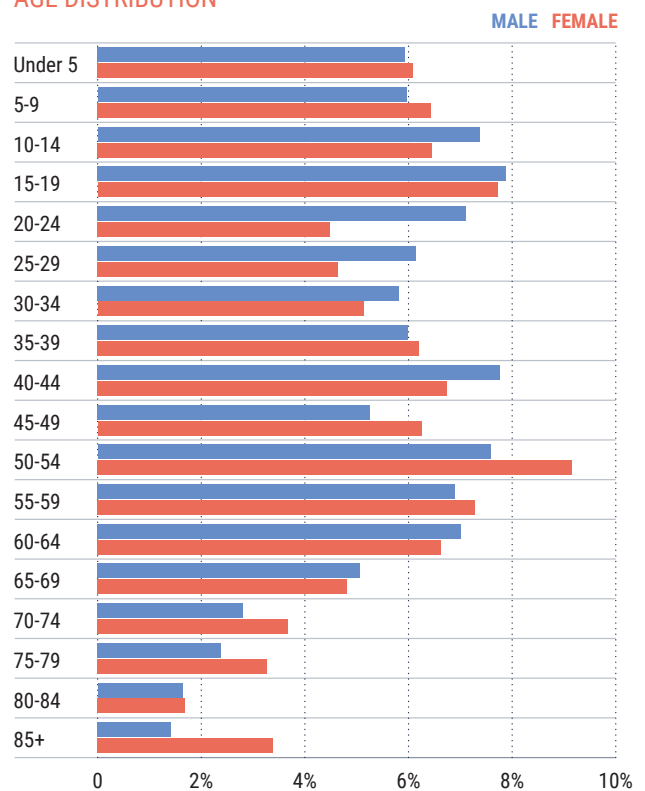
- Chester County Hospital
- Children's Hospital of Philadelphia

RACE/ETHNICITY



*Non-Hispanic

AGE DISTRIBUTION



summary health measures

NOTABLE

Kennett

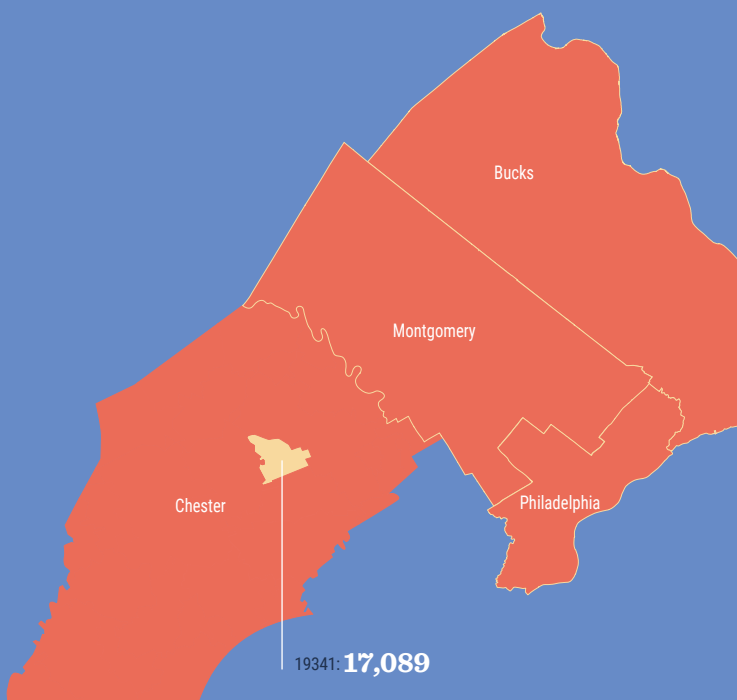
Chester County

Chronic Disease & Smoking	Death rate (per 100,000 people)	510.2	651.6
	Premature CVD deaths (per 100,000 people)	17.9	36.5
	Diabetes hospitalizations (per 100,000 people)	84.7	114.3
	Adult obesity	12.8%	22.3%
	Hypertension hospitalizations (per 100,000 people)	143.0	257.7
	Cancer deaths (per 100,000 people)	39.9	65.1
	Mammography screening	96.9%	79.9%
	Colorectal screening	75.2%	71.1%
	Adult smoking	22.1%	15.3%
	Adult binge drinking	45.0%	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	0.0	4.3
	Percent of preterm or low birth weight births	9.2%	11.2%
	Late or inadequate prenatal care	39.9%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	53.8	62.4
Injuries	Homicide mortality rate (per 100,000 people)	0.0	1.9
	Drug overdose mortality rate (per 100,000 people)	7.6	22.3
	Suicide mortality rate (per 100,000 people)	11.8	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	12.0	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	1,830.9	2,412.6
Access to Care	Adults 19-64 without insurance	20.7%	8.3%
	Children <19 without insurance	8.1%	5.0%
	Adults 19-64 with Medicaid	5.5%	5.8%
	Children <19 with public insurance	27.0%	18.7%
	Emergency department utilization (per 100,000 people)	6,852.0	9,992.6
	Emergency department high-utilizers (per 100,000 people)	50.9	98.9
Social & Economic Determinants	Percent in poverty	7.2%	6.8%
	Community need index score	2.9	2.2
	Excessive housing cost	30.9	30.1%
	Housing with potential lead risk	29.0%	29.2%
	Households receiving food assistance	2.2%	4.9%
	Food insecurity	5.5%	7.6%
	Speak English less than "very well"	15.5%	4.5%

NORTHEAST CHESTER

demographics

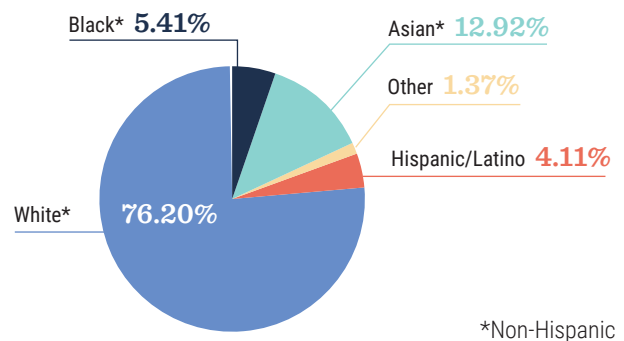
POPULATION



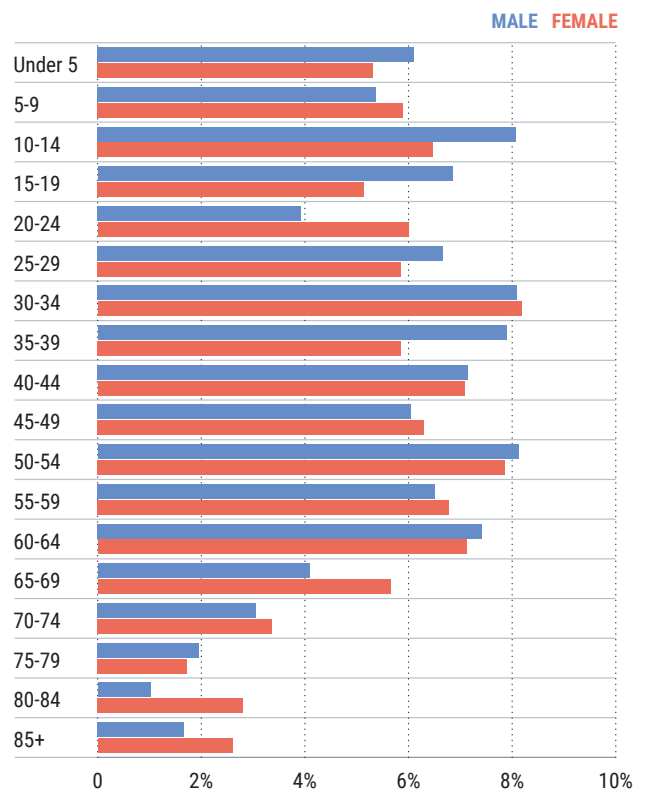
This community is served by:

- Chester County Hospital
- Children's Hospital of Philadelphia

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

**Northeast
Chester**

Chester County

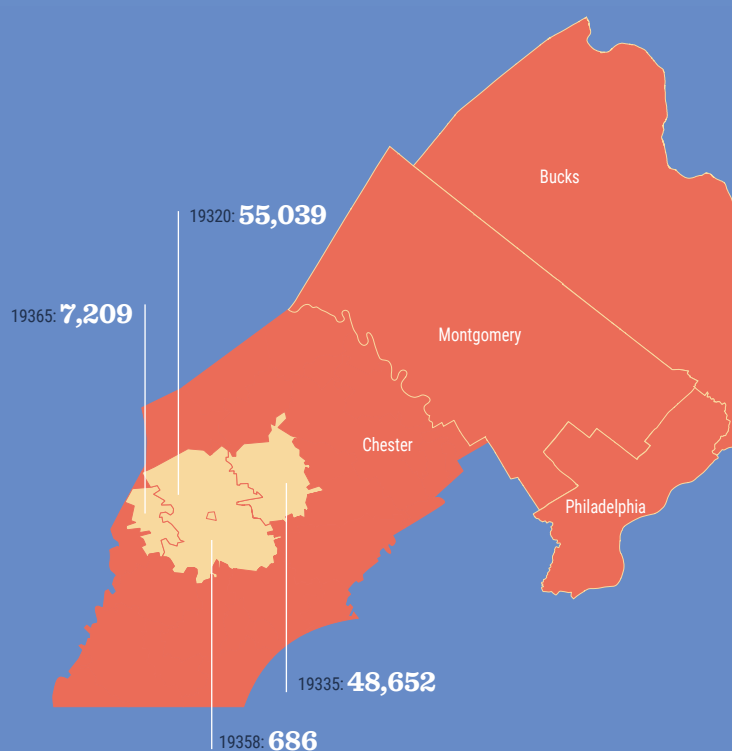
Chronic Disease & Smoking	Death rate (per 100,000 people)	667.6	651.6
	Premature CVD deaths (per 100,000 people)	28.9	36.5
	Diabetes hospitalizations (per 100,000 people)	152.1	114.3
	Adult obesity	--	22.3%
	Hypertension hospitalizations (per 100,000 people)	234.1	257.7
	Cancer deaths (per 100,000 people)	67.6	65.1
	Mammography screening	--	79.9%
	Colorectal screening	--	71.1%
	Adult smoking	--	15.3%
	Adult binge drinking	--	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	6.6	4.3
	Percent of preterm or low birth weight births	11.7%	11.2%
	Late or inadequate prenatal care	23.3%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	179.6	62.4
Injuries	Homicide mortality rate (per 100,000 people)	2.5	1.9
	Drug overdose mortality rate (per 100,000 people)	23.6	22.3
	Suicide mortality rate (per 100,000 people)	12.2	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	11.7	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	4,083.3	2,412.6
Access to Care	Adults 19-64 without insurance	5.3%	8.3%
	Children <19 without insurance	3.6%	5.0%
	Adults 19-64 with Medicaid	4.3%	5.8%
	Children <19 with public insurance	9.5%	18.7%
	Emergency department utilization (per 100,000 people)	15,068.2	9,992.6
	Emergency department high-utilizers (per 100,000 people)	193.1	98.9
Social & Economic Determinants	Percent in poverty	4.4%	6.8%
	Community need index score	2.4	2.2
	Excessive housing cost	25.1%	30.1%
	Housing with potential lead risk	17.9%	29.2%
	Households receiving food assistance	3.0%	4.9%
	Food insecurity	--	7.6%
	Speak English less than "very well"	4.9%	4.5%

"--" Estimates are not available or unreliable due to low sample size within community.

NORTHWEST CHESTER

demographics

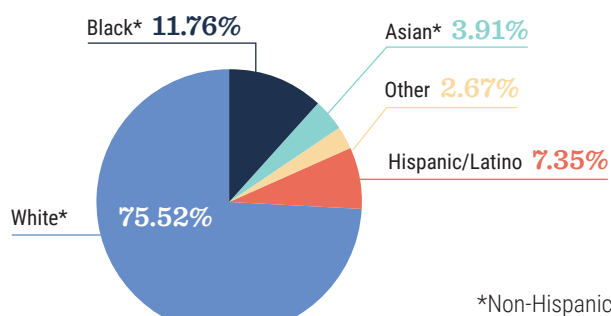
POPULATION



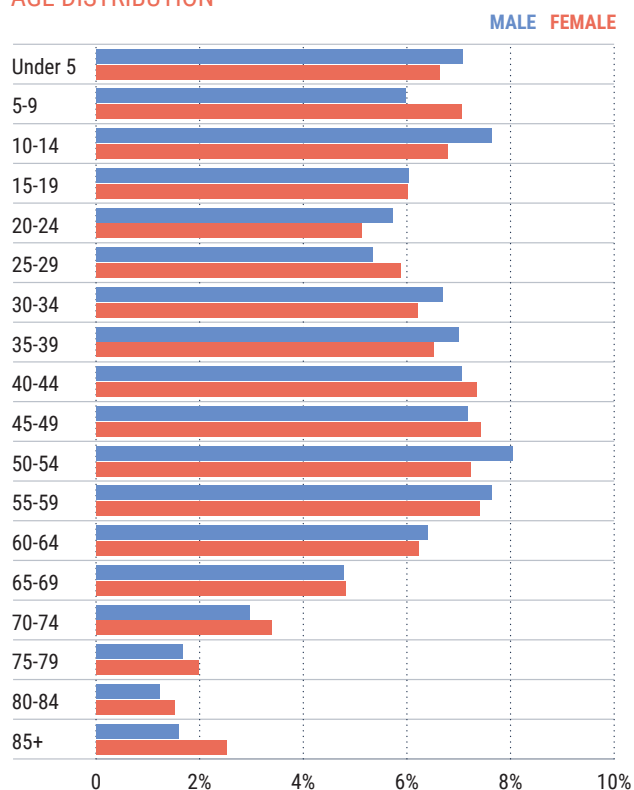
This community is served by:

- Chester County Hospital
- Children's Hospital of Philadelphia

RACE/ETHNICITY



AGE DISTRIBUTION



summary health measures

NOTABLE

		Northwest Chester	Chester County
Chronic Disease & Smoking	Death rate (per 100,000 people)	749.2	651.6
	Premature CVD deaths (per 100,000 people)	58.1	36.5
	Diabetes hospitalizations (per 100,000 people)	146.7	114.3
	Adult obesity	27.9%	22.3%
	Hypertension hospitalizations (per 100,000 people)	329.2	257.7
	Cancer deaths (per 100,000 people)	77.3	65.1
	Mammography screening	75.5%	79.9%
	Colorectal screening	73.0%	71.1%
	Adult smoking	20.3%	15.3%
	Adult binge drinking	36.4%	19.8%
Infant & Child Health	Infant mortality (per 1,000 live births)	4.6	4.3
	Percent of preterm or low birth weight births	12.8%	11.2%
	Late or inadequate prenatal care	36.2%	31.8%
	Asthma hospitalization rate, ages 2-14 (per 100,000 children 2-14)	80.9	62.4
Injuries	Homicide mortality rate (per 100,000 people)	4.0	1.9
	Drug overdose mortality rate (per 100,000 people)	26.4	22.3
	Suicide mortality rate (per 100,000 people)	12.2	12.0
	Pedestrian and cyclist crash rate (per 100,000 people)	16.2	15.0
	Fall hospitalization rate, ages 65+ (per 100,000 people 65+)	2,299.7	2,412.6
Access to Care	Adults 19-64 without insurance	9.1%	8.3%
	Children <19 without insurance	5.2%	5.0%
	Adults 19-64 with Medicaid	8.3%	5.8%
	Children <19 with public insurance	27.3%	18.7%
	Emergency department utilization (per 100,000 people)	11,392.4	9,992.6
	Emergency department high-utilizers (per 100,000 people)	109.2	98.9
Social & Economic Determinants	Percent in poverty	8.3%	6.8%
	Community need index score	2.4	2.2
	Excessive housing cost	32.3%	30.1%
	Housing with potential lead risk	28.6%	29.2%
	Households receiving food assistance	8.6%	4.9%
	Food insecurity	10.1%	7.6%
	Speak English less than "very well"	3.5%	4.5%