IMPLEMENTATION **STRATEGY**

2022

HEALTH IS WHERE WE LIVE, LEARN AND WORK

St. Christopher's Hospital for Children

A PARTNERSHIP OF TOWER HEALTH AND DREXEL UNIVERSITY

Advancing Health. Transforming Lives.

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LETTER FROM THE CEO

OUR MESSAGE TO THE COMMUNITY

Don Mueller, FACHE

President and Chief Executive Officer,
St. Christopher's Hospital for Children

St. Christopher's Hospital for Children is committed to advancing health and transforming lives throughout Philadelphia County while meeting the changing health needs of our communities through the development of programs and services that provide our region with high-quality care close to home.

To achieve this goal, we must first identify the community's evolving health needs. St. Christopher's Hospital for Children — in collaboration with all Tower Health facilities and our community partners — completed the 2022 Community Health Needs Assessment (CHNA), which identifies our region's health priorities and determines our collective path forward. The data for this CHNA was collected regionally and reported for our hospital service area. Working with our strategic and community partners, St. Christopher's Hospital for Children has used the results of this assessment as a foundation to develop tactics to address each of the identified health priorities:

- Access to Equitable Care
- Behavioral Health
- Health Education and Prevention
- Health Equity

As a leading health care provider, we strive to positively impact the health and well-being of our patients, as well as the broader communities we serve. Many of our programs and services have been developed to address specific regional health needs or overcome barriers to care. These efforts continue to make a difference in the lives of individuals and families. We are grateful for our community partners who work to help make these programs possible.

The most important aspect of the CHNA process is community partnership and engagement. Resident feedback about the health status of the community is integral to planning and executing interventions, programs, and activities. Each of our community partners brings significant and unique expertise. We look forward to an ongoing partnership to ensure that vulnerable individuals receive the care and services they need. We are much stronger together than we would be individually, and the community benefits from our collaboration.

I would like to offer my sincere thanks to the citizens and stakeholder participants throughout all the St. Christopher's Hospital for Children communities who generously volunteered their time and valuable insights during the comprehensive CHNA process.

I am beyond thankful for your ongoing support and continued involvement in the well-being of our communities. By working together, we can continue to change lives across our region.

Sincerely,

Don Mueller, FACHE

President and Chief Executive Officer,
St. Christopher's Hospital for Children

ABOUT
THIS REPORT

IMPLEMENTATION STRATEGY (IS)

A Community Health Needs Assessment (CHNA) is an organized process involving the community to identify and analyze community health needs. The process provides a pathway for communities to identify and prioritize health and social needs and to plan and act upon unmet and prioritized community health needs. The CHNA process undertaken by St. Christopher's Hospital for Children incorporated input from participants who represent the broad interests of the community, including those knowledgeable of public health issues and the vulnerable, underserved, disenfranchised, hard-to-reach, and representatives of those populations served by each hospital. The CHNA documented what and where the need is, along with who is most affected.

St. Christopher's Hospital for Children's Implementation Strategy Plan includes goals and strategies on how to address and how to solve key findings from the CHNA.

IRS MANDATE

The CHNA report is a complete review of primary and secondary data analyzing demographic, health, and socioeconomic data at the local, state, and national levels. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act (PPACA), requiring that nonprofit hospitals conduct CHNAs every three years. St. Christopher's Hospital for Children's CHNA report aligns with the parameters and guidelines established by the Affordable Care Act and complies with IRS requirements. St. Christopher's Hospital for Children is proud to present its 2022 ISP report and its findings to the community.

ST. CHRISTOPHER'S
HOSPITAL FOR CHILDREN

WHO ARE WE?

St. Christopher's Hospital for Children has been a leader in pediatric care and an essential community asset since its founding in 1875 as a charitable ambulatory clinic. Social service and community outreach were an important part of St. Christopher's mission from day one, and volunteers visited families in their homes to offer support for nutrition, hygiene, and more.

Today the hospital offers nationally recognized programs and more than 220 pediatric specialists who provide exceptional care to children throughout the Greater Philadelphia region and beyond. St. Christopher's provides primary pediatric care and a wide range of pediatric specialties and sub-specialties at its main campus and seven satellite locations.

St. Christopher's is home to many programs and centers, including:

- Pediatric Emergency Services including a Level I Pediatric Trauma Center
- Level IV Neonatal Intensive Care Unit
- Pediatric Intensive Care Unit
- Pediatric Burn Center
- Pediatric Dialysis Center and Kidney Transplant Program
- Oncology/Infusion Center and Bone Marrow Transplant Unit
- Center for the Urban Child
- Adolescent Medicine and Family Planning Center
- Center for Children and Youth Special Health Needs

MISSION

The Mission of St. Christopher's Hospital for Children is to provide a full range of high-quality health care services to all children and youth up to age 21 who seek our care or who are referred to us.

VISION

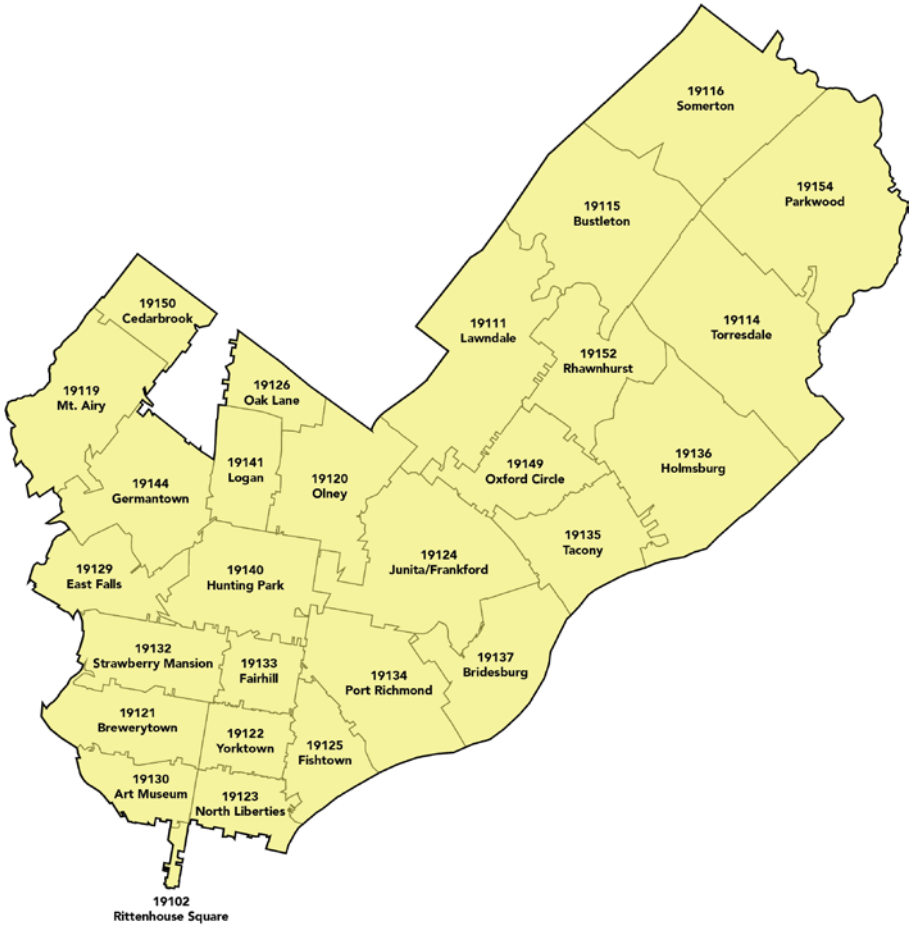
Our long-term vision is to be the best children's medical center by attaining excellence in patient care, education, and research. We are committed to providing high-quality, family-centered care in a collaborative, nurturing, and culturally diverse environment. We will continue to value, attract, and retain the best people while satisfying our mission through the use of state-of-the-art technological advances in research and constant innovation.

REPORT SERVICE AREA

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute-care services.

Health care organizations, in a shift of perspective, have achieved a greater understanding of the health status and health practices of the populations and groups they specifically serve by changing from looking just at state and national data to drilling down and assessing health and behaviors at the ZIP code level. ZIP code level data provides a more effective understanding of social determinants of health and serves as a firm basis for improving health. Where available, ZIP code level data was provided.

St. Christopher's Hospital for Children's Primary Service Area			
ZIP Codes	**Town/Neighborhood**	**ZIP Codes**	**Town/Neighborhood**
19116	Somerton	19120	Olney
19154	Parkwood	19129	East Falls
19115	Bustleton	19140	Hunting Park
19114	Torresdale	19124	Junita/Frankford
19152	Rhawnhurst	19132	Strawberry Mansion
19111	Lawndale	19133	Fairhill
19136	Holmsburg	19134	Port Richmond
19149	Oxford Circle	19137	Bridesburg
19135	Tacony	19121	Brewerytown
19150	Cedarbrook	19122	Yorktown
19119	Mt. Airy	19125	Fishtown
19126	Oak Lane	19130	Art Museum
19144	Germantown	19102	Rittenhouse Square
19141	Logan	19123	North Liberties



OUR **FOCUS**

St. Christopher's Hospital for Children's 2022 Implementation Strategy is a key component of the community health needs assessment process as it delineates the strategies and goals designed to meet prioritized needs and sets the stage for action and execution of initiatives that effectively impact health outcomes and sustains improvements in health status across our communities.

Much of today's delivery of health care should acknowledge the social and economic factors that influence health. These social and environmental factors, called social determinants of health (SDOH), include our race, income, education level, and livable home and community environments. Understanding the strong impact of our social and economic environments requires us to step aside from our traditional health care approaches and to pursue innovative best practices to improve health. Therefore, the 2022 Implementation Strategy (IS) will be built on accomplishments, lessons learned, and challenges and complexities of the implementation strategy planning efforts.

A DEEPER PERSPECTIVE:
CHNA PRIORITIES

The 2022 IS has a deeper focus on the whole person, is patient- and community-centered, and supports the optimal use of the many health care and human service resources to improve health. Community participants emphasized the need to improve access to equitable care and behavioral health and to expand health education and prevention. Inequities such as demographical differences highlight the importance of weaving an equity focus within all areas of health.

The effectiveness of the 2022 CHNA IS is strengthened as we translate our understanding and knowledge of what the community told us into dynamic policies and best practices. Community input guides our efforts to diligently understand past successes and pitfalls in continuously improving health of our communities. Continued efforts to improve health can be achieved through the following areas of focus:

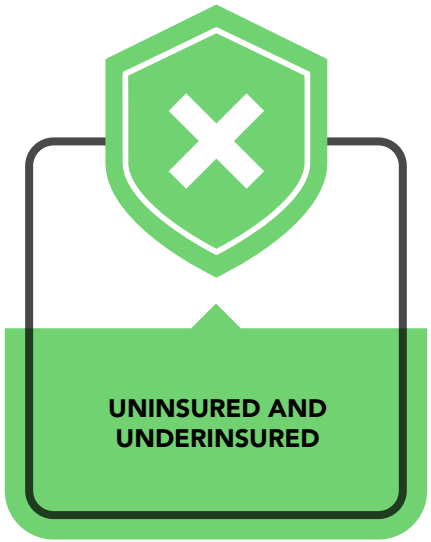
A) ACCESS TO EQUITABLE CARE

St. Christopher's Hospital for Children deploys continuous improvement efforts to better understand the contributing factors that impede access to equitable care and how best to address identified barriers and gaps in the provision of health care and services. Improving an organization's capacity to provide access to equitable care for vulnerable and ethnic populations is a continuous and evolving process.

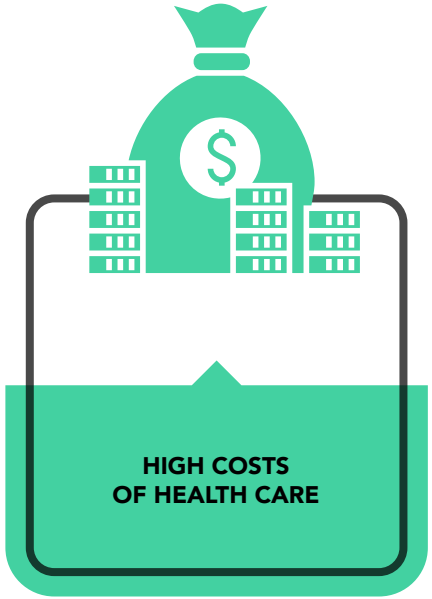
The COVID-19 pandemic further helped the hospital to realize the even wider gaps that resulted as related to accessing care including a lack of education and awareness of available health services and programs, an even greater digital divide and lack of access to technology, the increased demand for behavioral health services, and the limited capacity to provide quality and appropriate care because of limited language services.

COMMENTS FROM PRIMARY DATA COLLECTION:

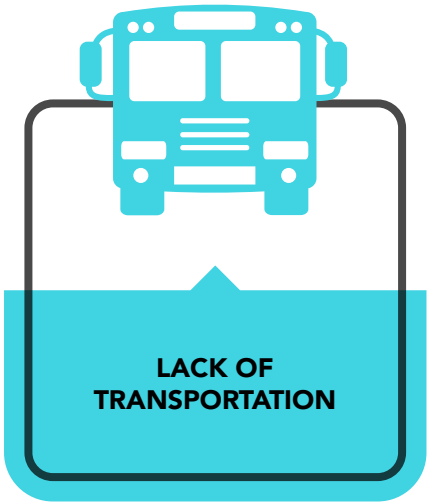
ECONOMIC AND EDUCATIONAL DISPARITIES



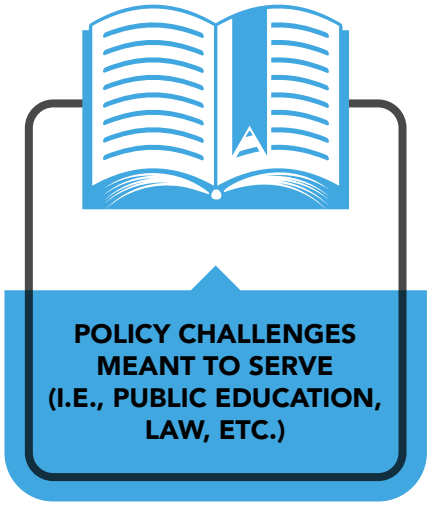
UNINSURED AND UNDERINSURED



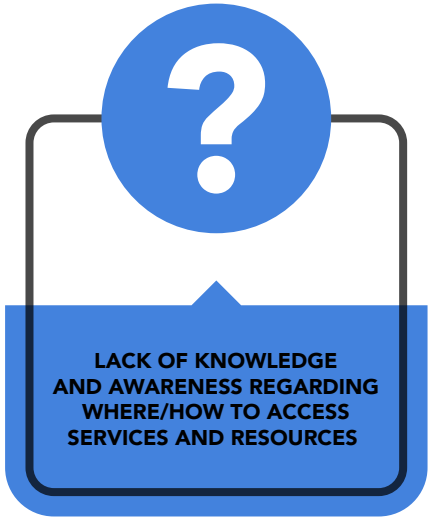
HIGH COSTS OF HEALTH CARE



LACK OF TRANSPORTATION



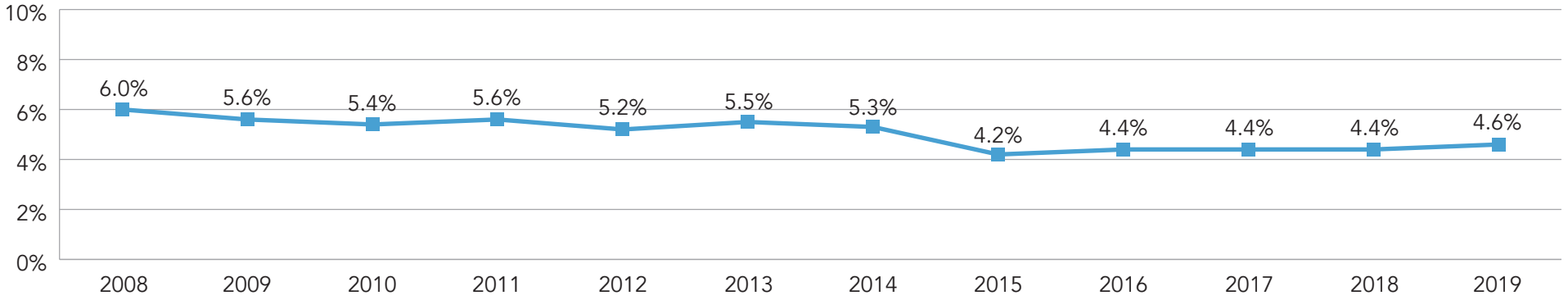
POLICY CHALLENGES MEANT TO SERVE (I.E., PUBLIC EDUCATION, LAW, ETC.)



LACK OF KNOWLEDGE AND AWARENESS REGARDING WHERE/HOW TO ACCESS SERVICES AND RESOURCES

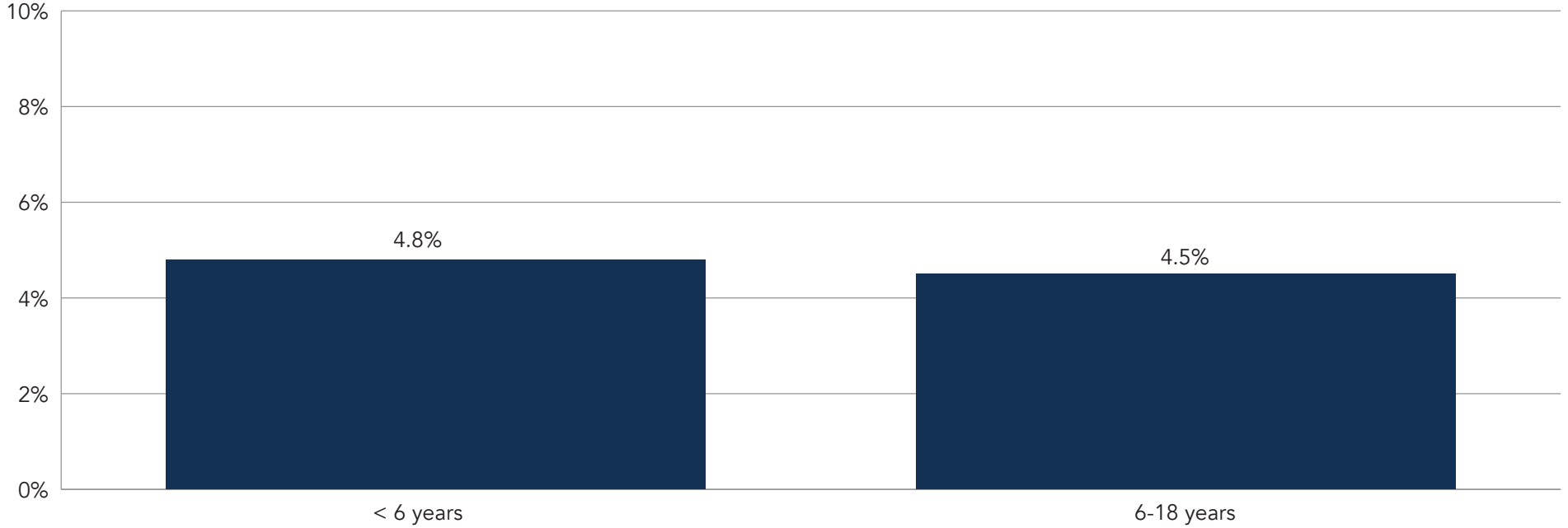
In 2019 in Pennsylvania, 4.6% of children did not have health insurance. Uninsured children are more likely to have unmet health needs and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

Figure 1: Uninsured Children 2008-2019



Source: Children's Health Care Report Card

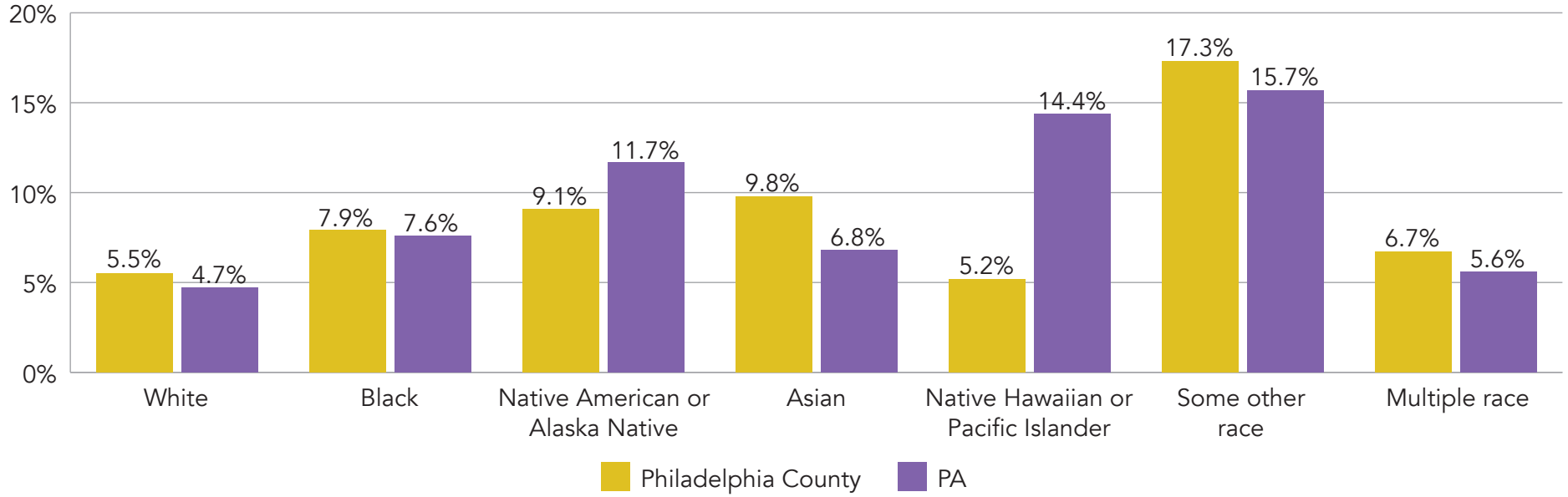
Figure 2: Children without Insurance in 2019 by Age



Source: Children's Health Care Report Card

Although the percentage of uninsured has increased in recent years, Figure 3 shows more uninsured Blacks, Native Americans or Alaska Natives, Native Hawaiians or Pacific Islanders, and residents of multiple races as compared to whites in Philadelphia County. The Healthy People 2030 target is to increase the portion of the population to have health insurance to 92.1% overall. As of 2018, 89.0% of the population under 65 years had medical insurance.

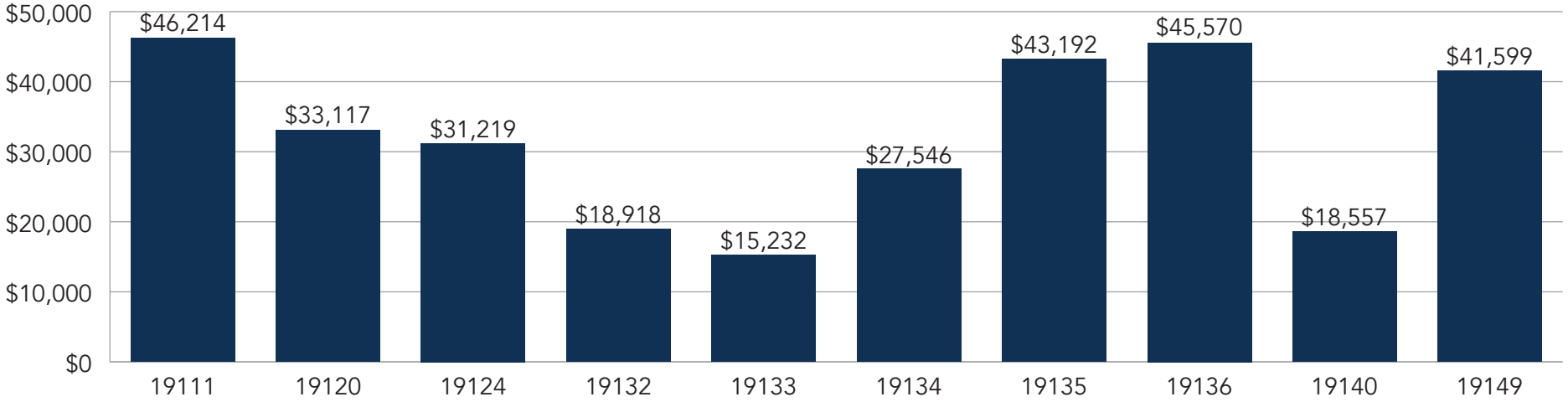
Figure 3: Percentage of Uninsured Population by Race



Source: U.S. Census Bureau, American Community Survey 2015-2019

Figure 4 reveals the median household income of the St. Christopher's primary service area by ZIP codes. ZIP code 19133 reports the lowest median household income compared to the remaining ZIP codes in the service area.

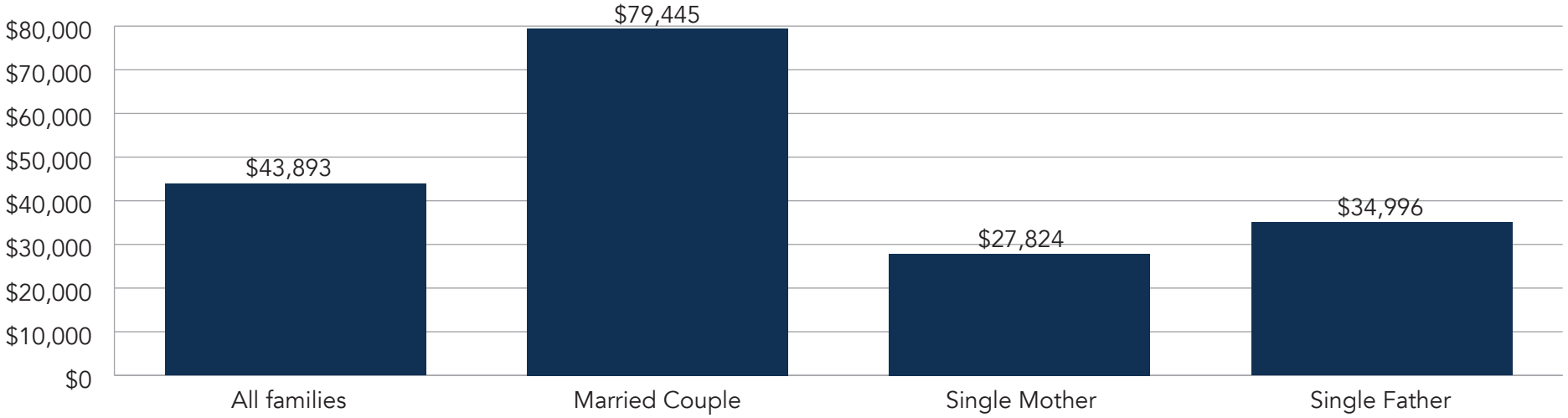
Figure 4: Median Household Income by ZIP Codes



Note: Data was unavailable for 18 ZIP codes.
Source: St. Christopher's for Children

Figure 5 shows median household income by Families.

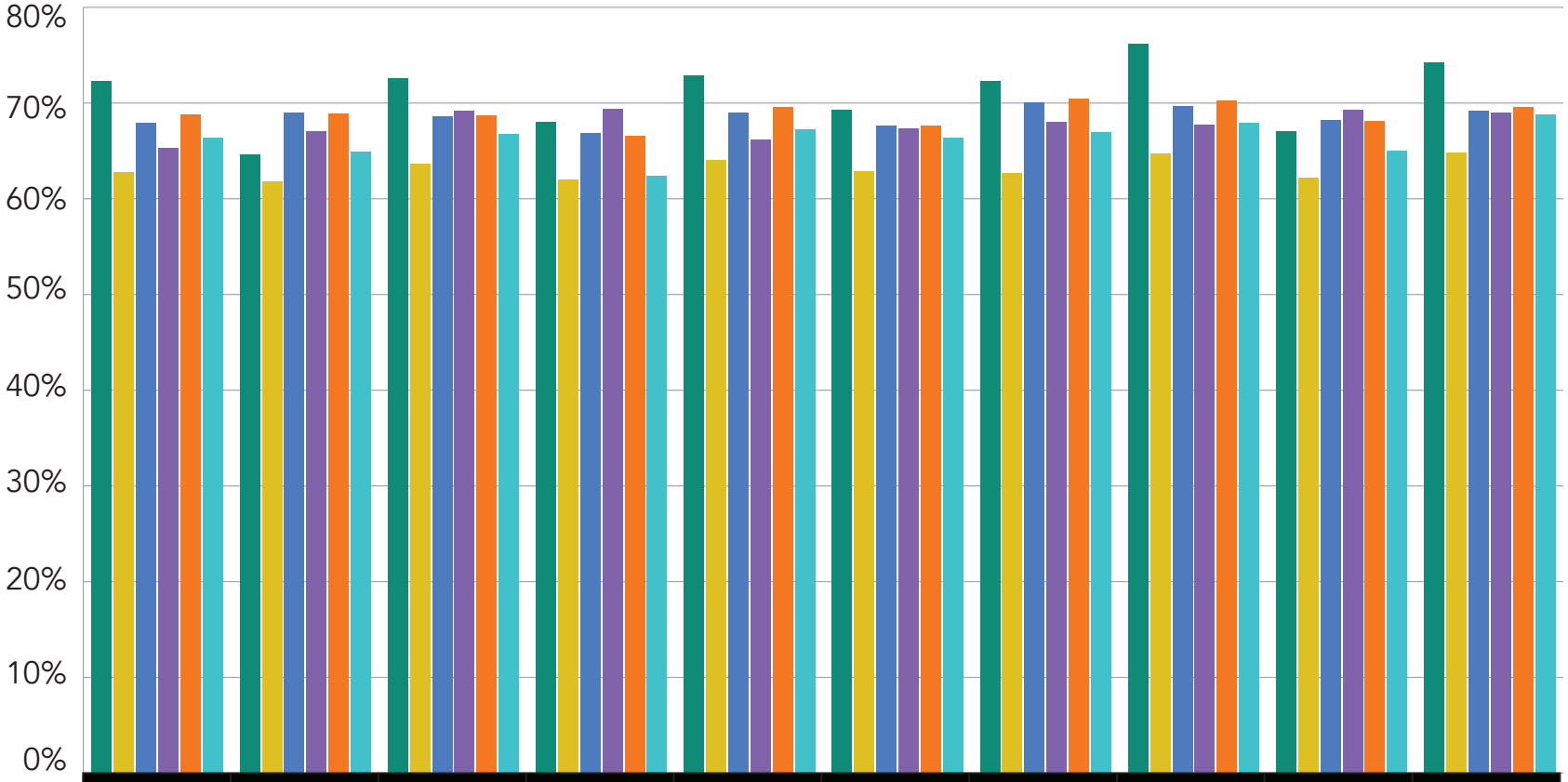
Figure 5: Median household Income for families with children under age 18 by family type in Philadelphia County



Source: Kids Count Data Center 2019

The PA Health Equity Analysis Tool (HEAT) provides a geographic perspective at the granular level to areas that have opportunities to improve equity.[1] The below figure depicts ZIP codes within St. Christopher's Hospital for Children's service area related to children who obtain primary care visits.

Figure 5: Percentage of Children with Primary-Care Physician Visits by ZIP Code Summary



	19111	19120	19124	19132	19133	19134	19135	19136	19140	19149
Asian	72.3	**64.6**	72.6	68.0	72.9	69.3	72.3	76.2	67.1	74.3
Black	**62.8**	**61.8**	**63.7**	**62.0**	**64.1**	**62.9**	**62.7**	**64.7**	**62.2**	**64.8**
Hispanic	67.9	69.0	68.6	66.9	69.0	67.6	70.1	69.7	68.2	69.2
White	**65.3**	67.1	69.2	69.4	**66.2**	67.4	68.0	**67.7**	69.3	69.0
Other Race	68.8	68.9	68.7	66.6	69.6	67.6	70.5	70.3	68.1	69.6
All Children	**66.4**	**64.9**	**66.8**	**62.4**	**67.3**	**66.4**	**67.0**	**67.9**	**65.0**	**68.8**

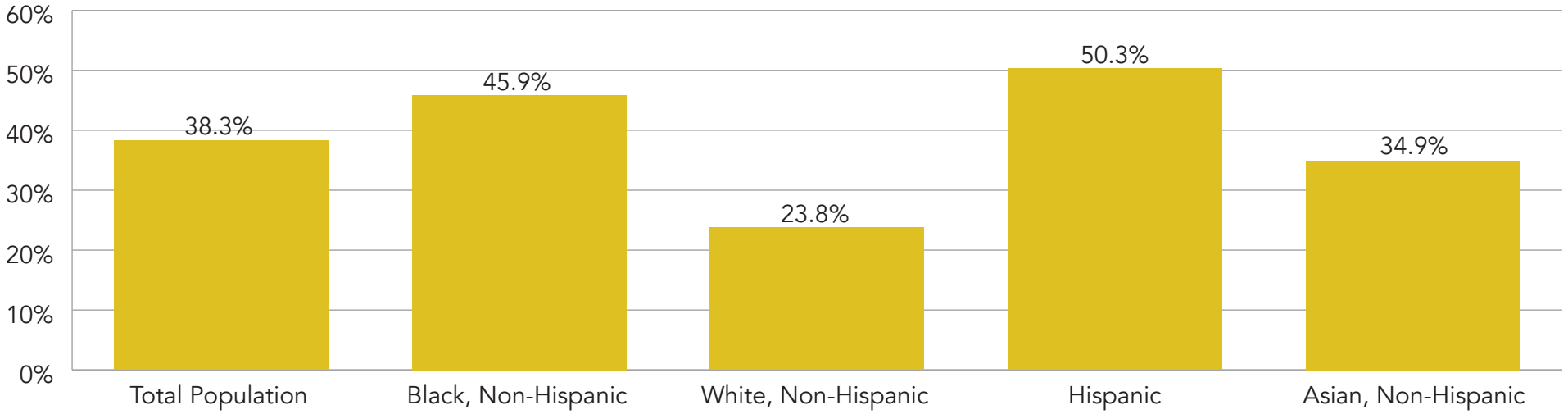
Note: The red figures in bold indicate low percentages of children with primary-care physician visits when compared to the benchmarked data of all children within the specific ZIP code. Data was unavailable for ZIP codes 19154, 19152, 19150, 19144, 19141, 19137, 19130, 19129, 19126, 19125, 19123, 19122, 19121, 19119, 19116, 19115, 19114, and 19102.

Source: Pennsylvania Health Equity; Pennsylvania Department of Human Services

[1] The Department of Human Services (DHS) in collaboration with the Department of Health (DOH) has launched the PA Health Equity Analysis Tool (HEAT). The PA HEAT dashboard is designed to illustrate variation in a variety of health and social determinants of health indicators at the regional, county, ZIP code, and census tract levels.

The figure below reveals children under the ages of 18 years old living in poverty by ethnicity.

Figure 6: Children (under age 18) Living in Poverty in Philadelphia

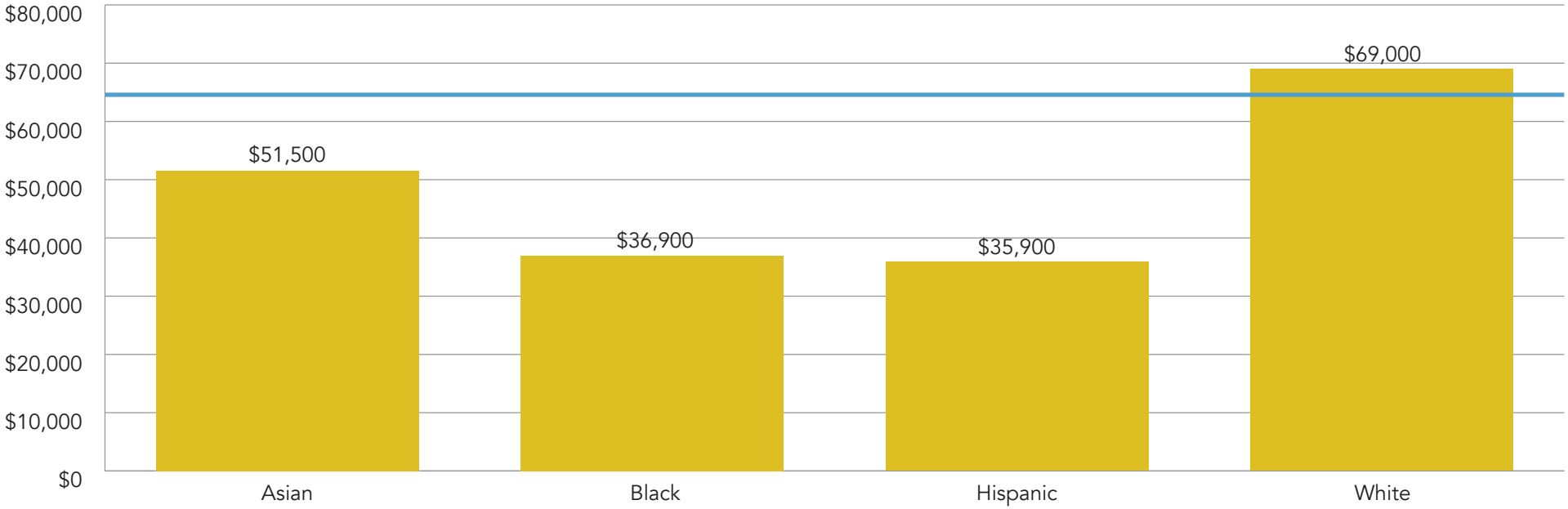


Source: Community Health Explorer: U.S. Census Bureau, American Community Survey, 1-year estimates, 2015

Income inequality in our communities affects how long and how well we live and is particularly harmful to the health of poorer individuals. Economic and social insecurity often are associated with poor health. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents.

Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.[2]

Figure 7: Median Household income by Race



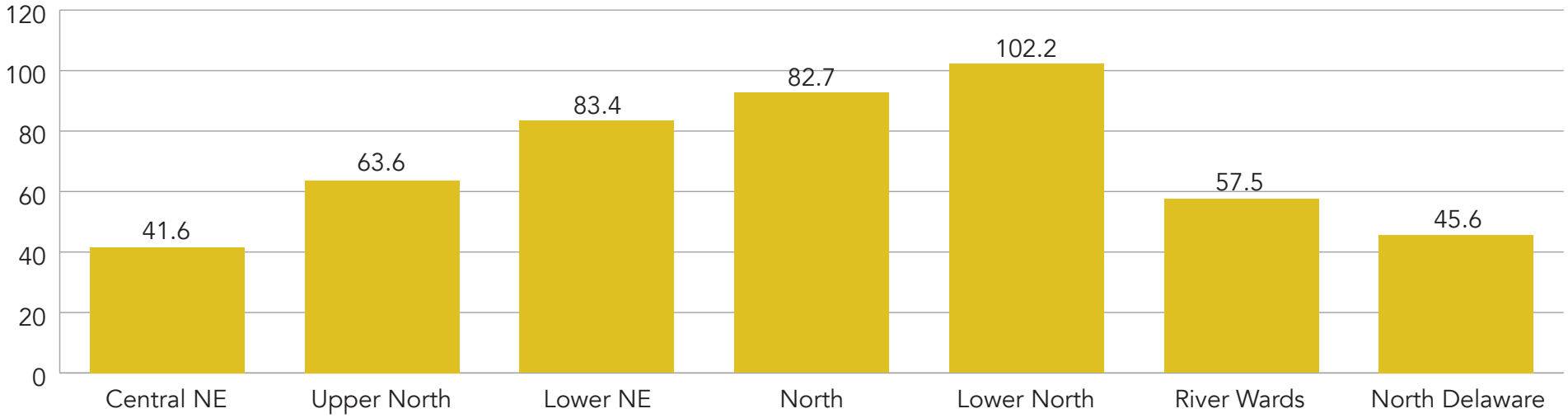
Note: The blue line indicates the median household income of Pennsylvanians of $64,900.

Source: County Health Rankings & Roadmaps 2020

[2] Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, Medicaid, and CHIP coverage. For a family or household of four living in one of the 48 contiguous states or the District of Columbia, the poverty guideline for 2019 was $25,750.In 2022 it is $27,750.

Figure 8 shows the child mortality rate, under 18 years of age, per 100,000 by planning district.

Figure 8: Child Mortality (under age 18) per 100,000 population

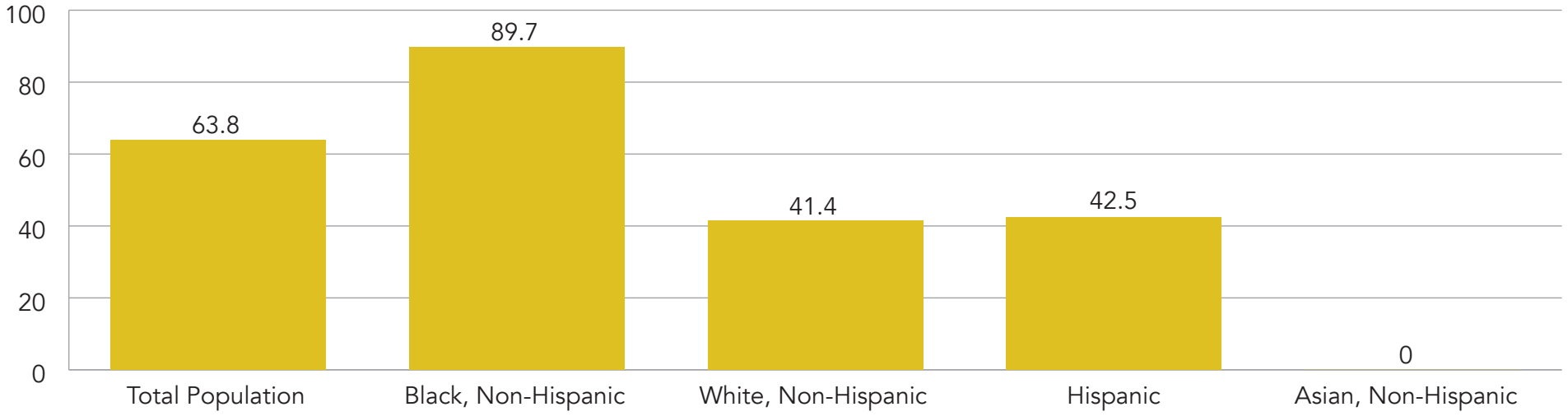


Note: Lower Northeast planning district includes ZIP codes 19124 and 19149. North includes 19132, 19133, and 19140. Lower North includes 19132 and 19133. North Delaware includes 19135 and 19136.

Source: Community Health Explorer: Vital Statistics for Philadelphia, Pennsylvania Department of Health 2012-2014

Figure 9 shows the child mortality rate, under 18 years of age, per 100,000 live births by year by ethnicity. Black, non-Hispanic children have higher rates of death when compared to other ethnic groups.

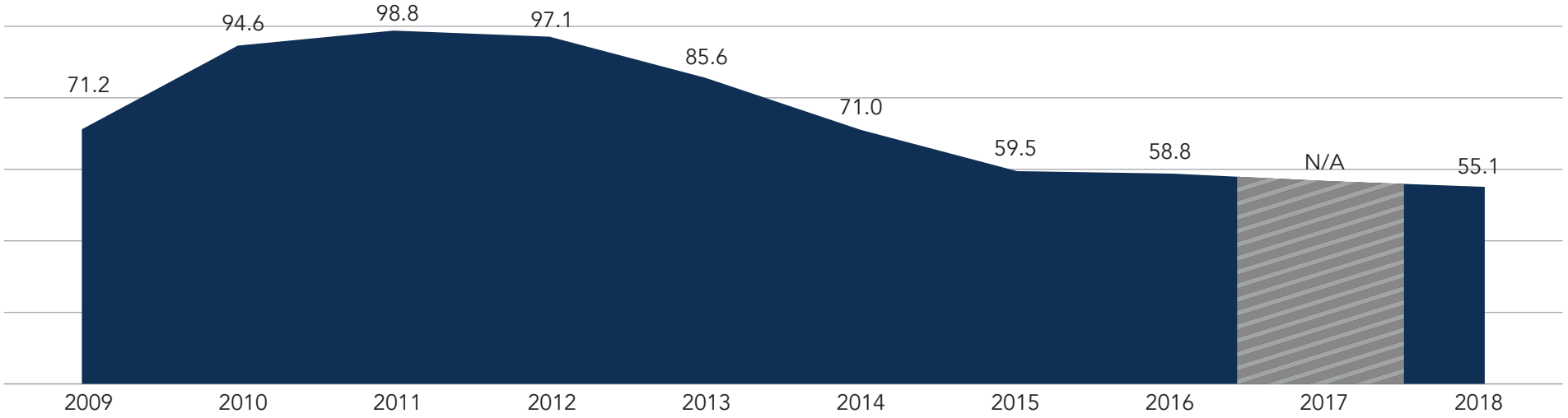
Figure 9: Child Mortality Rate per 100,000 in Philadelphia



Source: Community Health Explorer: Vital Statistics for Philadelphia, Pennsylvania Department of Health 2000-2014

Hospitalizations for asthma reflect in part the severity of asthma attacks and in part the patterns of medical practice. In 2018, while ED visits for asthma were increasing, the rate of asthma-related hospitalizations among children in Philadelphia declined to a low of 55.1 hospitalizations per 10,000 children.

Figure 10: Asthma Hospitalizations (per 10,000 Children (< age 18))

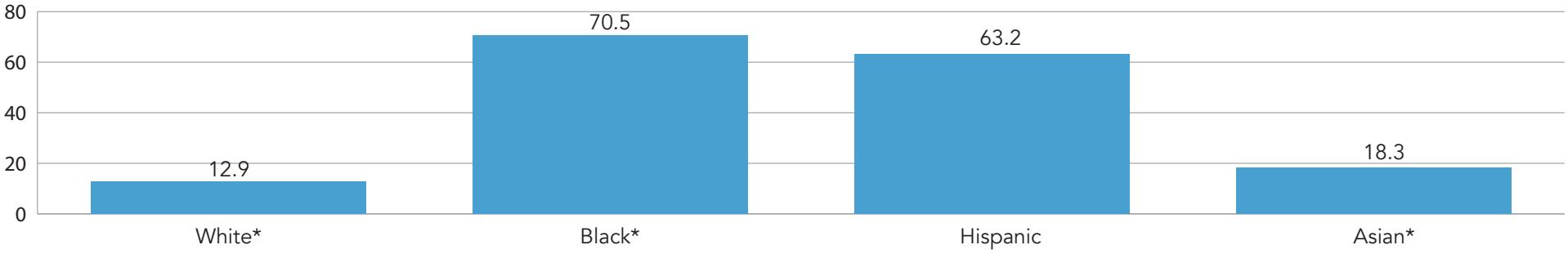


Note: No data provided in 2017.

Source: Growing Up Philly

Among the 1,865 asthma hospitalizations for children in 2018, 1,497 of the cases were covered under Medicaid public health insurance.

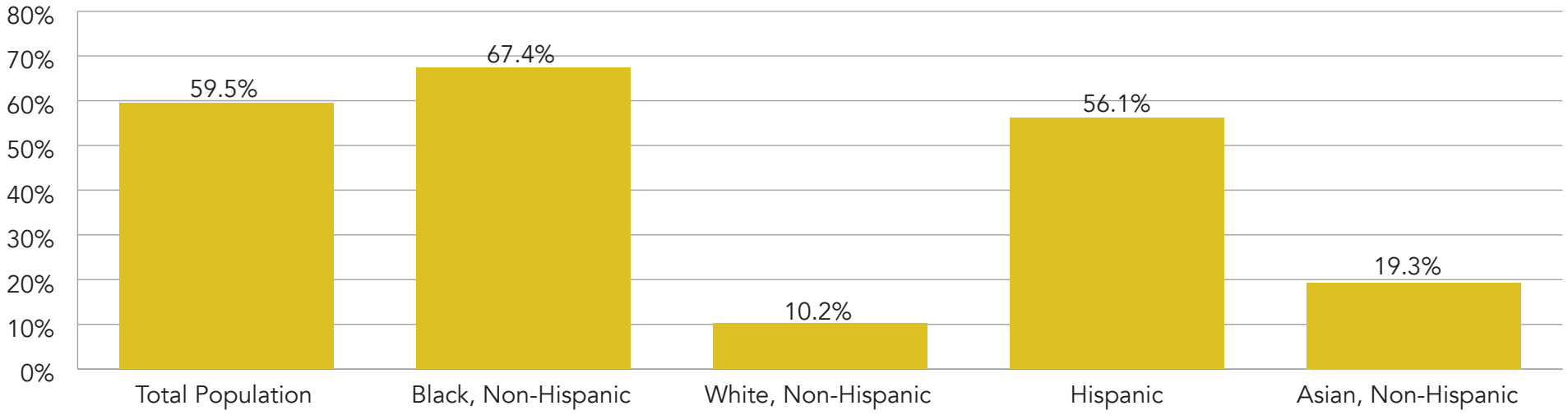
Figure 11: Asthma Hospitalizations Among Children by Health Insurance 2018



Source: Growing Up Philly

Figure 12 shows hospitalization of children, under age 18, with asthma per 10,000 population by ethnicity.

Figure 12: Children Asthma Hospitalization Rate per 10,000 Population; Philadelphia



Source: Community Health Explorer: Pennsylvania Health Care Cost Containment Council, 2015

GOAL:

Increase access to equitable care by community members, particularly those considered disparate and vulnerable populations.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Social Determinants of Health (SDOH) Screenings	Implement SDOH data collection in: - Center for the Urban Child - Center for Children and Youth with Special Healthcare Needs - Adolescent Medicine - Immunology - St. Chris Care at Northeast Pediatrics	X	X	X	8,000 patient screenings per year	
Community Health Worker (CHW) Program	Deploy CHW to provide navigation services and serve as a health and social services liaison for eligible patients and their families in the following sites: - Center for the Urban Child - Center for Children and Youth with Special Healthcare Needs - Adolescent Medicine - St Chris Care at Northeast Pediatrics - Hematology Clinic	X	X	X	500 patients assigned CHW per year 375 CHW outreach attempts per year 225 successful CHW outreach attempts per year	
	Provide care coordination support to clinical teams	X	X	X	5 clinical care teams supported	
Ride Health	Utilize Ride Health platform to coordinate free transportation to and from appointments for eligible patients	X	X	X	2,000 rides provided per year Decrease no-show rate in participating sites by 3%	Ride Health
	Promote Ride Health program internally to increase usage by offices	X	X	X	Launch the FindHelp Site 100 self-referrals per year	
FindHelp	Implement FindHelp platform to increase awareness and access to social services through provider referrals and self-referrals	X	X	X	Launch the FindHelp Site 100 self-referrals per year 250 provider referrals per year	

GOAL:

Increase access to equitable care by community members, particularly those considered disparate and vulnerable populations.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Hospital School Program	Offer education services to children, allowing them to develop and maintain academic skills during inpatient stay	X	X	X	250 patients participate per year	
COVID-19 Initiatives	Provide free COVID-19 testing to community members ages 6 months and older	X			1,000 community members tested	Personic Health Care Philadelphia Department of Public Health
	Provide COVID vaccines to community members in clinics and community sites	X			2,000 vaccines administered	Apple Pharmacy Sunray Pharmacy
School-to-Career Programs	Operate the Health Tech School-to-Career Program for local, economically at-risk high school students	X	X	X	40 students per year	School District of Philadelphia Office of College Career and Technical Education Kensington Health Sciences Academy Olney Charter School Jules E. Mastbaum High School
	Operate a month-long Shadowing Health Tech Program for 9th and 10th grade students for local, economically at-risk high school students	X	X	X	50 students per year	
Ronald McDonald Charities Dental Van	Utilize full-service mobile dental medicine van to provide free services to children of all ages at schools and recreation centers	X	X	X	2,300 patients per year	St. Christopher's Foundation for Children
Breastfeeding Support	Distribute breastfeeding pumps in the NICU	X	X	X	10 breast pumps distributed per year	
	Provide certified lactation services, training, or use of the breastfeeding room in Center for the Urban Child and Northeast Pediatrics sites	X	X	X	250 patients receive services per year	

B) BEHAVIORAL HEALTH

Access to behavioral health services for children is a crisis nationwide. Before COVID-19, the Centers for Disease Control and Prevention stated that one in five children had a mental health diagnosis, yet only 20% of those children received care from a mental health provider.

Similarly, St. Christopher's Hospital for Children community utilizes the highest percentage of behavioral health services, yet families still experience disparities in outcomes, care, and access to services. The roots of many mental health, substance use, and behavioral problems that contribute to morbidity and premature death develop during early childhood and adolescent years. According to the CDC, from March 2020 to October 2020, mental health-related emergency department visits increased 24% for children ages 5 to 11 and 31% for those ages 12 to 17 compared with 2019 emergency department visits.[3] In November 2021, the Children's Hospital Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry declared a national mental health emergency for children and teens.

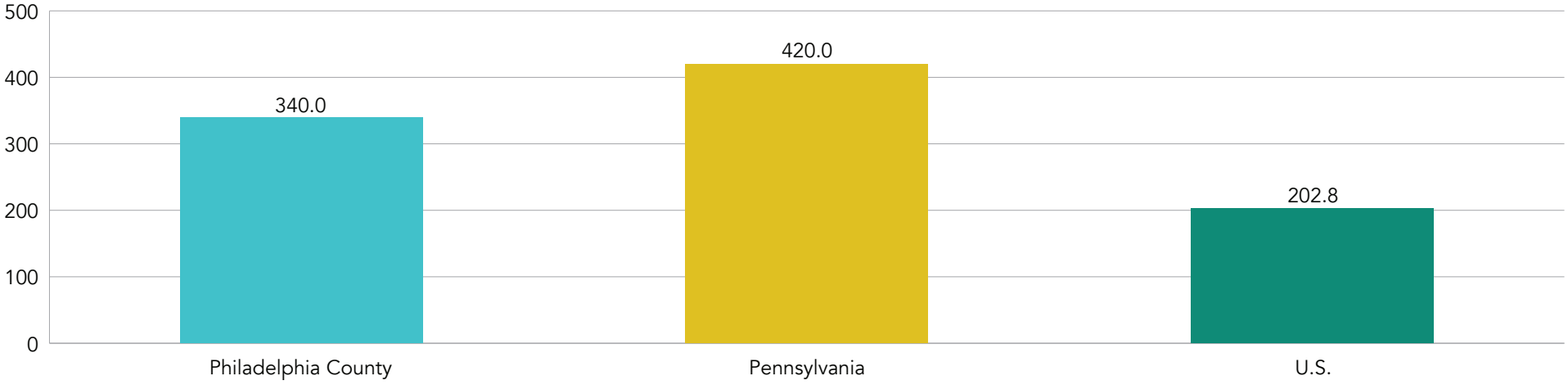
Approximately 13%-20% of U.S. children are seen for a behavioral health disorder each year, and suicide is now the second-leading cause of death for ages 10 to 24.[4] Fewer than one in eight children with identified behavioral health challenges receives treatment.[5] Research has demonstrated that integrating behavioral health care into primary medical care for children and adolescents leads to greater and more consistent access to behavioral health treatment and significant improvements in behavioral health.[6]

[3] Leeb, R. T., et al., Morbidity and Mortality Weekly Report, Vol. 69, No. 45, 2020
[4] McMillian et al., 2020
[5] Weitzman et al., 2015
[6] Asarnow et al., 2015

COMMENTS FROM PRIMARY DATA COLLECTION:

Figure 13 illustrates the number of mental health providers (per 100,000 population) in Philadelphia County, the state, and the nation. A shortage and lack of available mental health providers will affect the ability to achieve improved behavioral and mental health outcomes.

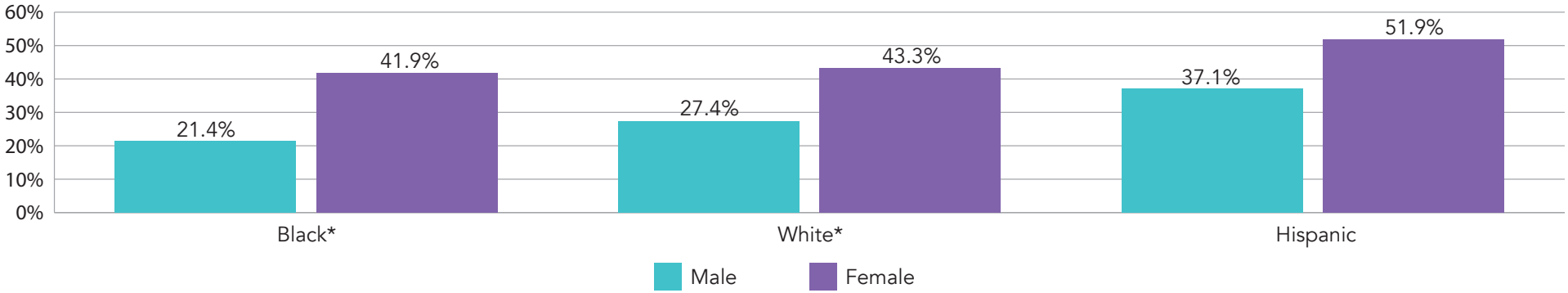
Figure 13: Mental Health Providers (per 100,000 population)



Source: County Health Rankings & Roadmaps 2019

Depressive symptoms were highest among Hispanic male teens at 37.1% and Hispanic female teens at 51.9%

Figure 14: Depressive Symptoms among Teens by Race/Ethnicity/Sex

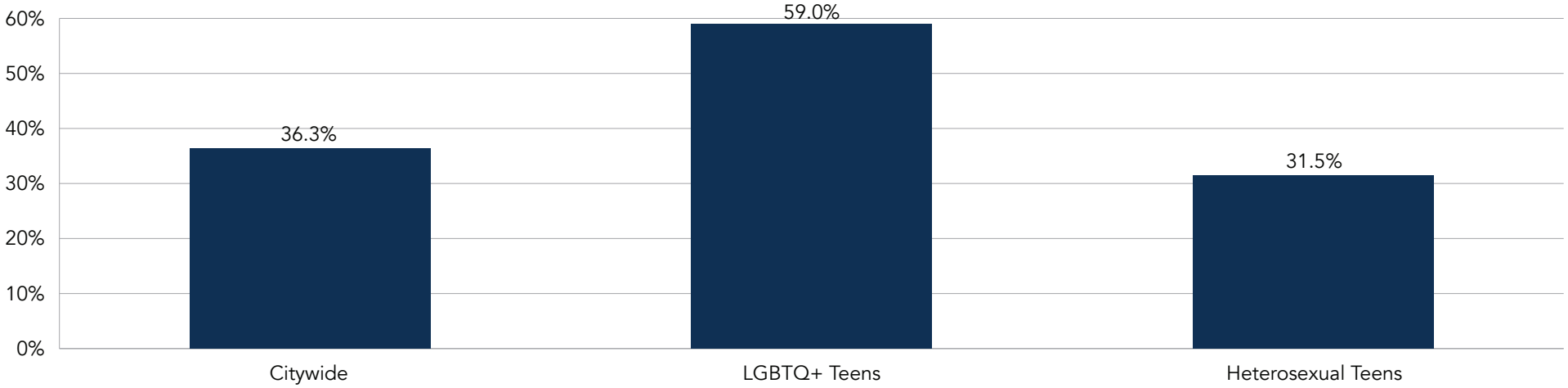


Note: *Non-Hispanic

Source: Growing Up Philly

In the years 2017-2019, depressive symptoms were more common among youth that identified as lesbian, bisexual, gay, transgender, or LGBTQ+ (59%) compared to heterosexual youth (36%). This is similar to the national percentage of depressive symptoms among LGBTQ+ teens (63%). High percentages of depressive symptoms among LGBTQ+ teens are likely caused by societal stigma and community discrimination against members of the LGBTQ+ community.

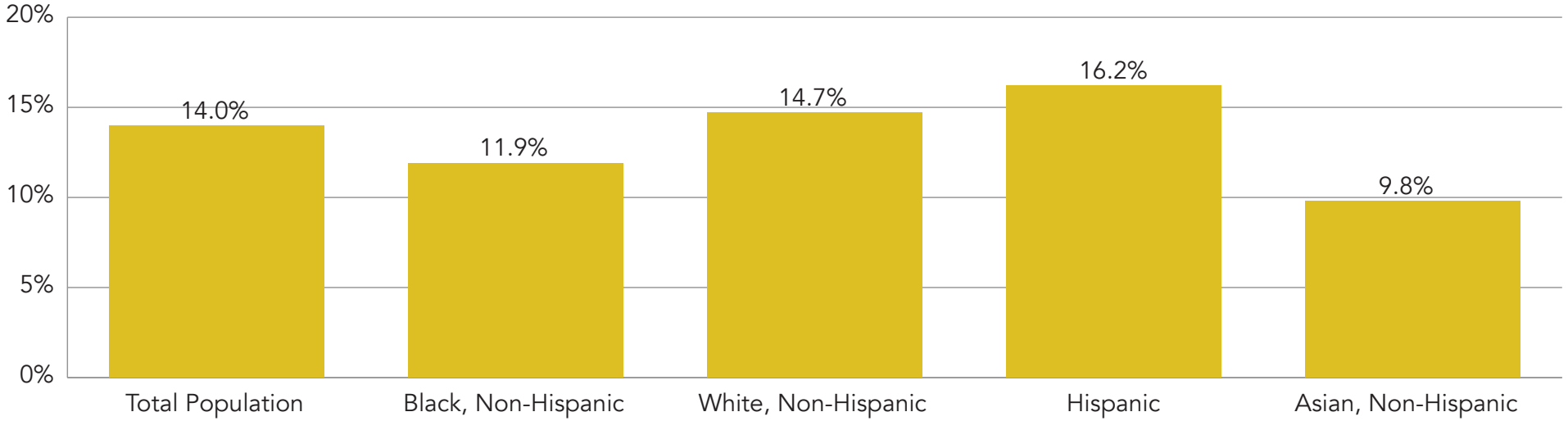
Figure 15: Depressive symptoms among teens by sexual orientation



Source: Growing Up Philly

Figure 16: reveals data related to teens considering suicide in grades 9-12 by ethnicity

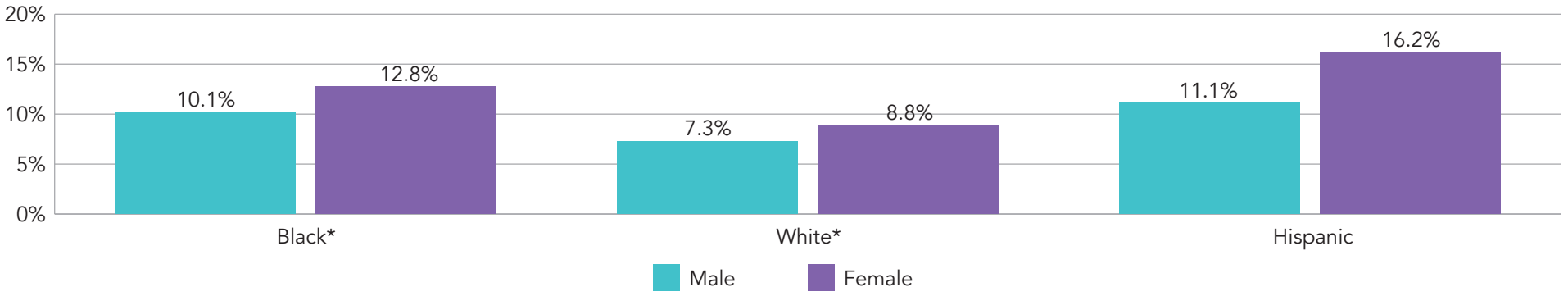
Figure 16: Teens Considering Suicide; Philadelphia



Source: Community Health Explorer: Youth Risk Behavior Survey (YRBS), 2015

Reports of suicidal ideation and attempts were higher among females than males. Reported suicide ideation was common among all racial/ethnic groups, with female Hispanic youths having a higher proportion of reported suicide attempts at 16.2%.

Figure 17: Suicide attempts by sex and race/ethnicity

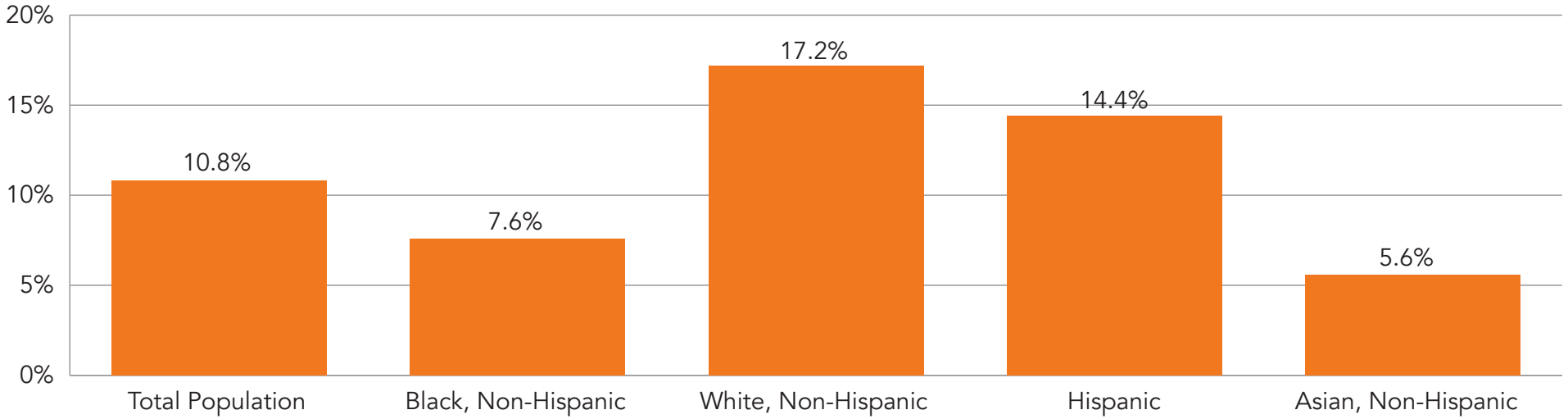


Note: *Non-Hispanic

Source: Growing Up Philly

The below figure displays teen excessive drinking in grades 9-12 by race and ethnicity.

Figure 18: Teen Excessive Drinking, Grades 9-12; Philadelphia



Source: Growing Up Philly

GOAL:

Improve access to support for behavioral health services.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Provider Behavioral Health Education Initiatives	Integrated Primary Care (IPC) Rotation: Embed interns and externs in primary care clinics working alongside providers	X	X	X	6 interns and externs complete rotation per year	
	Neurodevelopmental Assessment Rotation: Provide interns and externs the opportunity to conduct developmental assessments to children through internal and external referrals	X	X	X	6 interns and externs complete rotation per year	
	Offer elective in pediatric behavioral and mental health to improve pediatric residency training		X	X	25 residents complete elective per year	
Integrated Behavioral Health in Specialty Care	Provide Integrated Psychology Services in: - Pediatric Gastroenterology - Endocrinology - Child Protection - Nephrology - Dental Clinics	X	X	X	200 patients receive services per year	
	Create sensory adapted dental environments to enhance oral care for children with autism spectrum disorders	X	X	X	50 patients receive services per year	
Integrated Behavioral Health in Primary Care	Offer Integrated Care for Kids (InCK) Program in the Center for the Urban Child and Center for Children and Youth with Special Healthcare Needs	X	X	X	100 referrals per year	Community Behavioral Health Medical-Legal Partnership Philadelphia Hune, Inc. The PEAL Center COMHAR
	Provide Integrated Psychology Services for patients with faltering weight in the Grow Clinic for Children	X	X	X	100 referrals per year	
	Offer Parent-Child Interaction Therapy (PCIT) for young children with behavioral problems in the Center for the Urban Child	X	X	X	100 referrals per year	

GOAL:

Improve access to support for behavioral health services.

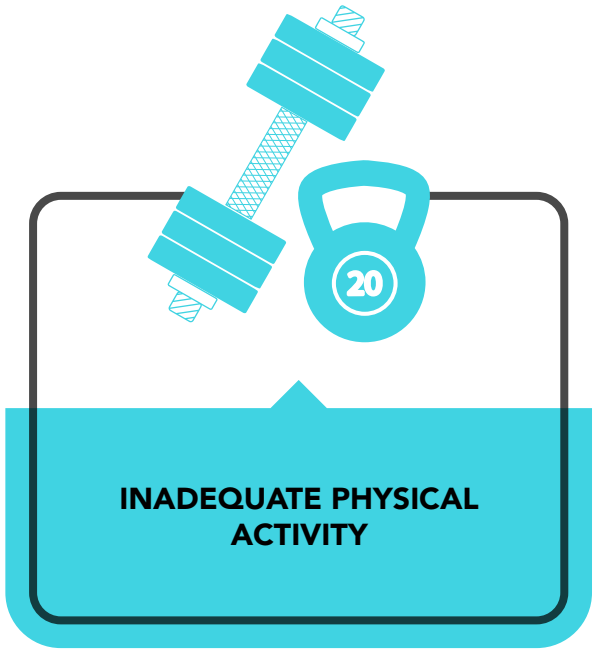
Strategy	Action Items	2022	2023	2024	Metrics	Partners
Neurodevelopmental Screenings	Partner with Early Intervention systems to perform neurodevelopmental evaluations, limiting gaps in care and ensuring continuity of intervention services	X	X	X	500 patients screened per year	Elwyn Easter Seals
	Perform Next Steps Development diagnostic assessments for individuals with autism spectrum and related neurodevelopmental disorders		X	X	75 patients screened per year	
Behavioral Health Services Continuum	Establish an outpatient behavioral center to provide therapeutic assessment and intervention to the pediatric population		X	X	50 patients per year	
Patient-Family Support Groups	Host patient/family support groups in Oncology, Burn Center, and NICU	X	X	X	12 support group meetings per year	
Behavioral Health Telemedicine	Offer telemedicine visits in the Emergency Department and inpatient floors	X	X	X	350 telemedicine visits per year	
Employee Health and Wellness	Explore expansion of Schwartz Rounds, multidisciplinary forum for caregivers to discuss social and emotional issues that arise in caring for patients		X	X	9 Schwartz Rounds per year	

C) HEALTH EDUCATION AND PREVENTION

Health education and health literacy play a vital role in accessing care as knowledge and understanding empowers individuals to make informed health decisions and helps them effectively navigate today's complex health care delivery system. Having access to health education programs that help people better understand how to manage an existing health condition and prevent further illness is paramount to good health.

Providing health education to increase understanding of health issues enables patients and families to successfully implement treatment plans and is essential to managing chronic conditions and preventing complications or frequent hospitalizations. By improving health literacy and education on how to address and prevent chronic diseases and illness to the broad community, the health organization's paradigm shifts from treating disease to a focus on wellness, healthy behaviors, and positive health outcomes.

COMMENTS FROM PRIMARY DATA COLLECTION:



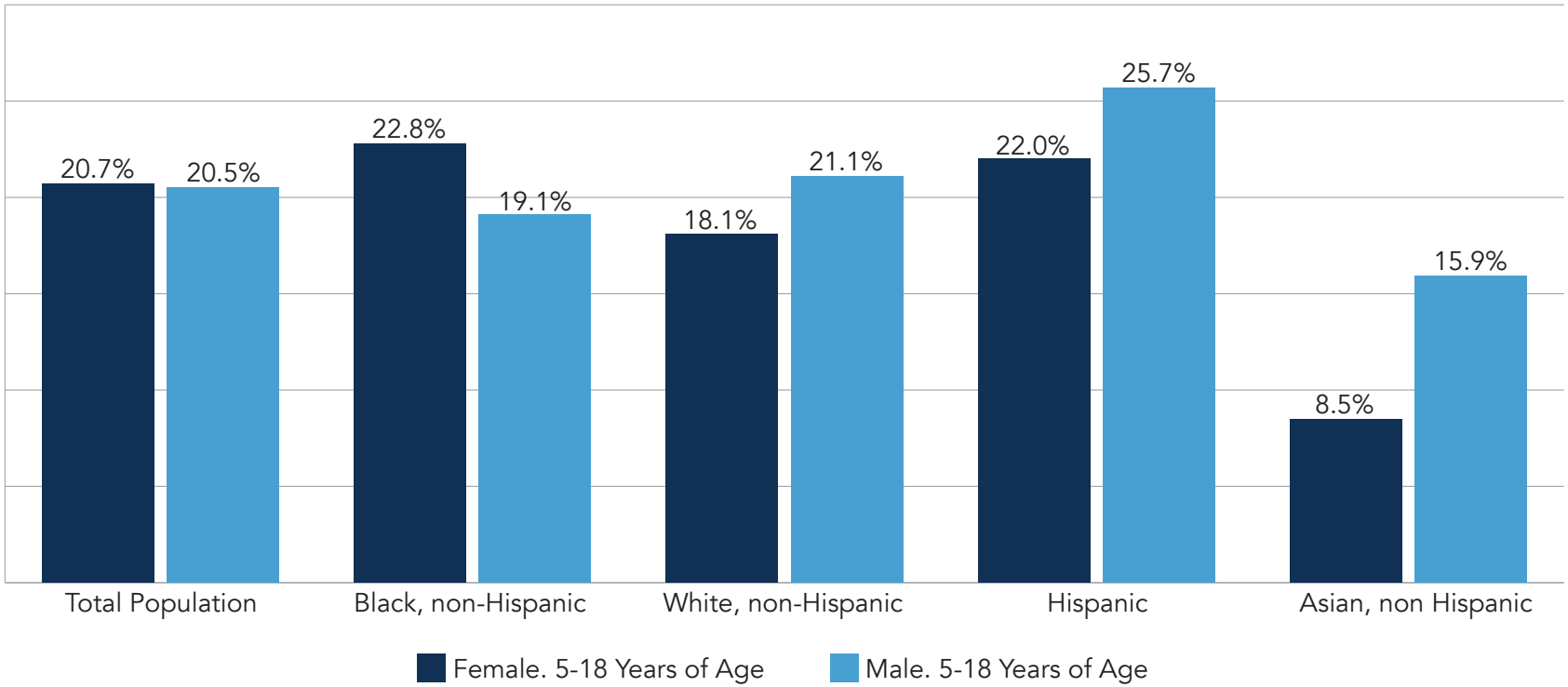
Northern Philadelphia has an ongoing public health crisis. Childhood obesity was recently found to be twice as severe in this area of Philadelphia as the national average with 70% of children aged 9 to 17 overweight or suffering from some level of obesity. The obesity epidemic has been exacerbated as a result of the COVID-19 pandemic. Obesity is more frequent and the effects more severe in African American and Latinx children and adults.

In Pennsylvania, 15.1% of youth ages 10 to 17 are obese, giving the state a ranking of 30 among the 50 states and District of Columbia.[7]

- 12.8% of Pennsylvania children ages 2-4 participating in WIC are obese.
- 15.4% of Pennsylvania high school students are obese.

Figure 19 reveals rates of childhood obesity in children from Philadelphia, ages 5-18, by ethnicity and gender in 2014-2015.

Figure 19: Percentage of Children (ages 5-18) Who Are Obese

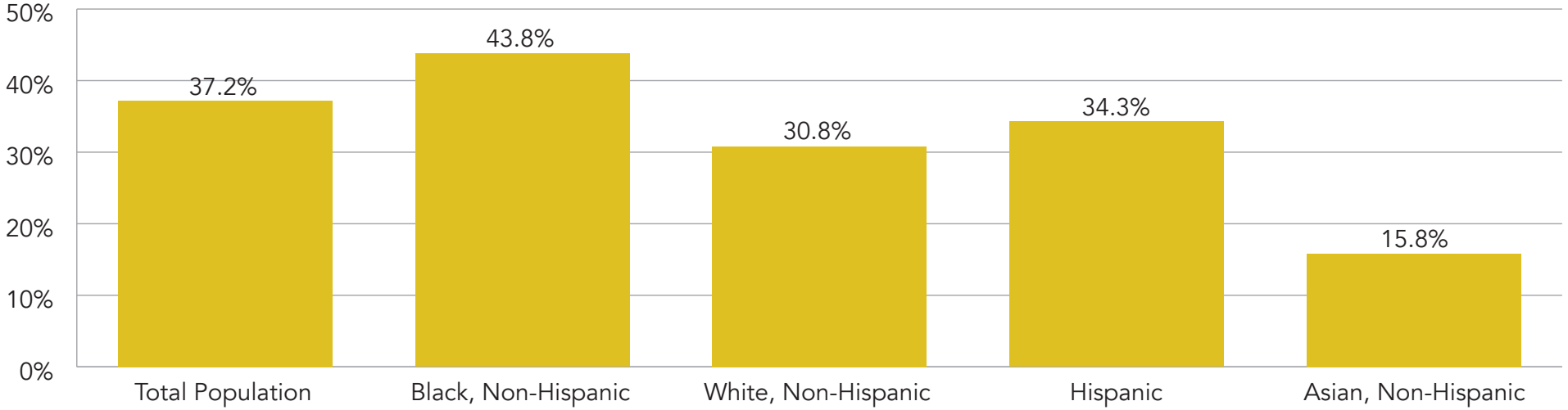


Source: Community Health Explorer: School District of Philadelphia 2014-2015

[7] State of Childhood Obesity

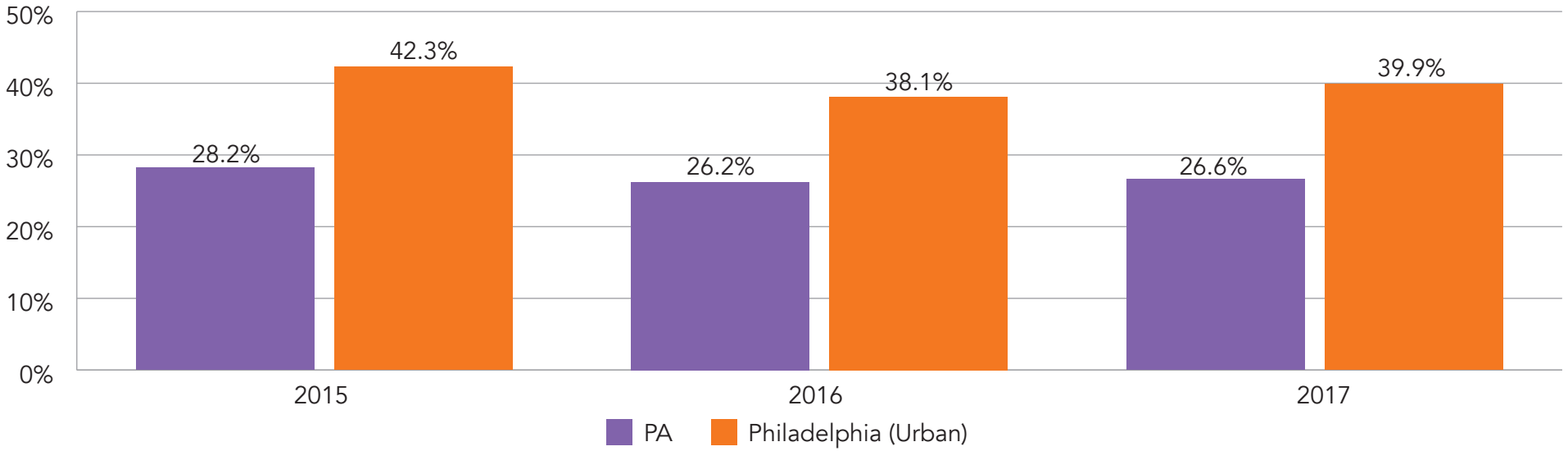
Figure 20 reveals sexually active teens in grades 9-12 by ethnicity.

Figure 20: Teens Who are Sexually Active; Philadelphia



Source: Community Health Explorer: Youth Risk Behavior Survey (YRBS), 2015

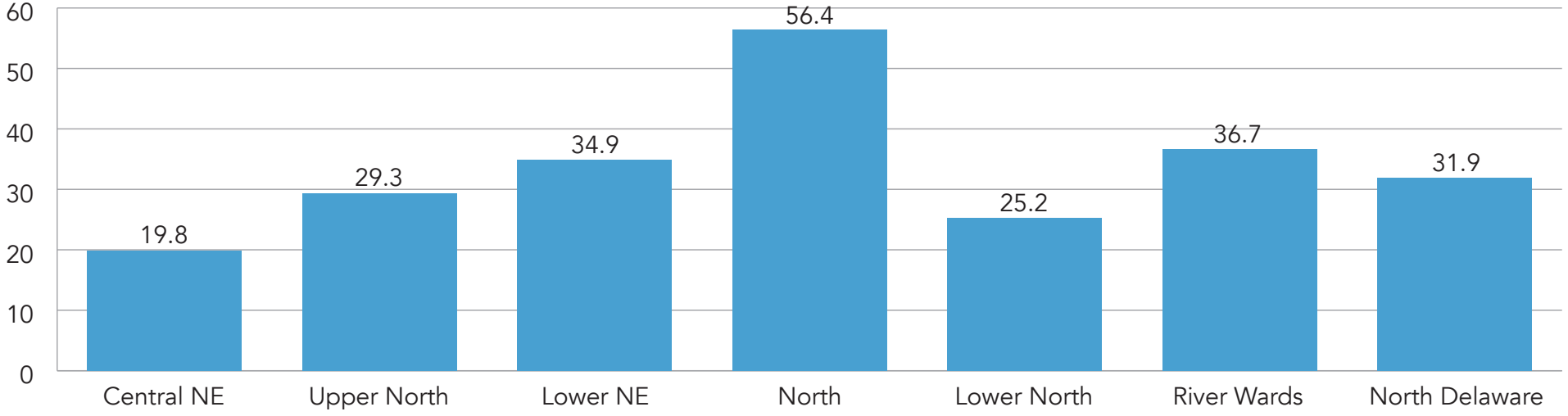
Figure 21: Births to mothers who did not receive early prenatal care, defined as care provided during the first trimester, in Philadelphia County, 2017



Source: Kids Count Data Center 2015-2017

Figure 22 shows the rate of teen births (15-19 years old) in 2014 by planning district per 1,000 population.

Figure 22: Teen Births per 1,000 population



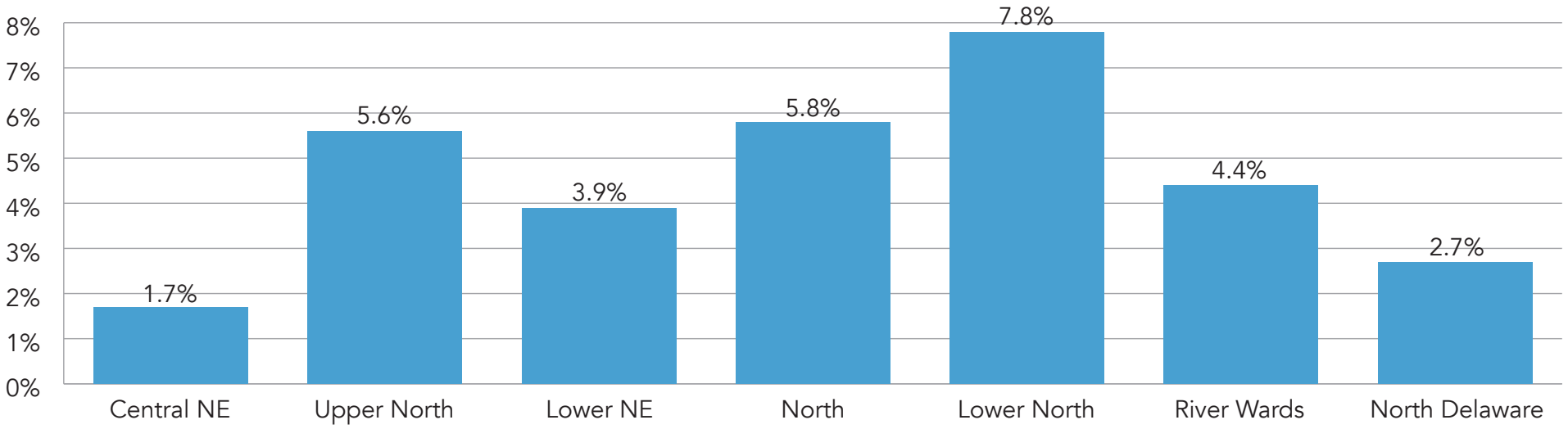
Note: Lower Northeast planning district includes ZIP codes 19124 and 19149. North includes 19132, 19133, and 19140. Lower North includes 19132 and 19133. North Delaware includes 19135 and 19136.

Source: Community Health Explorer: Vital Statistics for Philadelphia, Pennsylvania Department of Health, 2014

Exposure to lead remains a persistent health risk for children. The environment in which children live and play could put them at risk for lead poisoning, and the effects could last a lifetime. The primary source of exposure are lead-based paint chips and dust, but other sources of exposure include drinking water and consumer products such as toys and cosmetics. Some studies have shown a significant association between lead exposure and children's IQ.

Figure 23 shows data by planning districts for children under 6 years with elevated blood lead levels.

Figure 23: Newly Identified Elevated Blood Lead Levels (5-9 mcg/dL) in Children (under age 6)

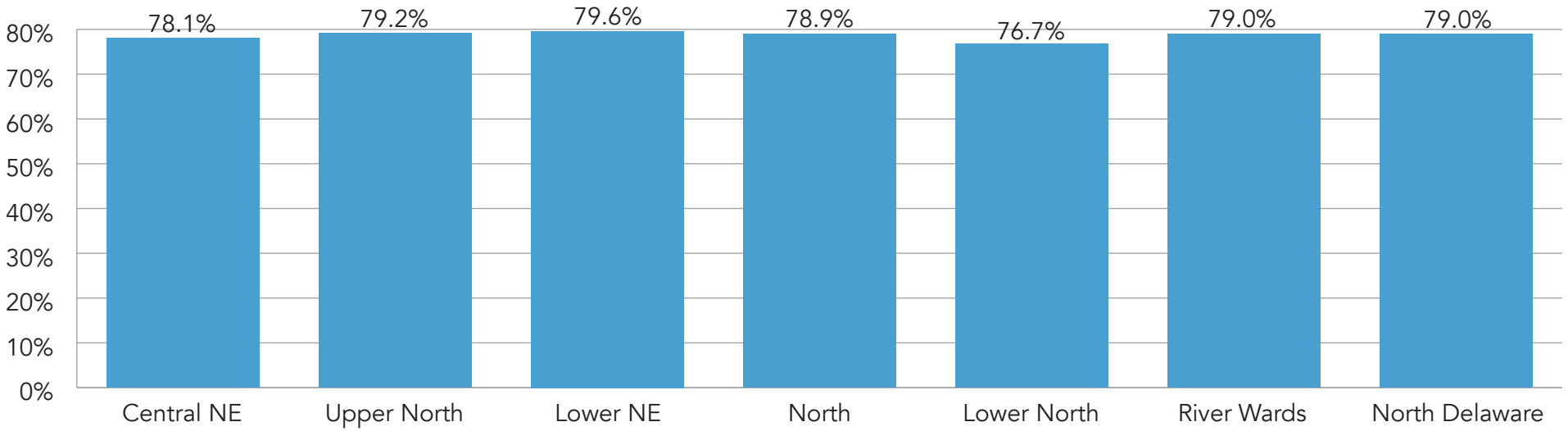


Note: Lower Northeast planning district includes ZIP codes 19124 and 19149. North includes 19132, 19133, and 19140. Lower North includes 19132 and 19133. North Delaware includes 19135 and 19136.

Source: Community Health Explorer: Vital Statistics for Philadelphia, Pennsylvania Department of Health 2014

Figure 24 shows children up to date on immunizations, 19-35 months of age in 2016 by planning district.

Figure 24: Children Up to Date on Immunizations



Note: Lower Northeast planning district includes ZIP codes 19124 and 19149. North includes 19132, 19133, and 19140. Lower North includes 19132 and 19133. North Delaware includes 19135 and 19136.

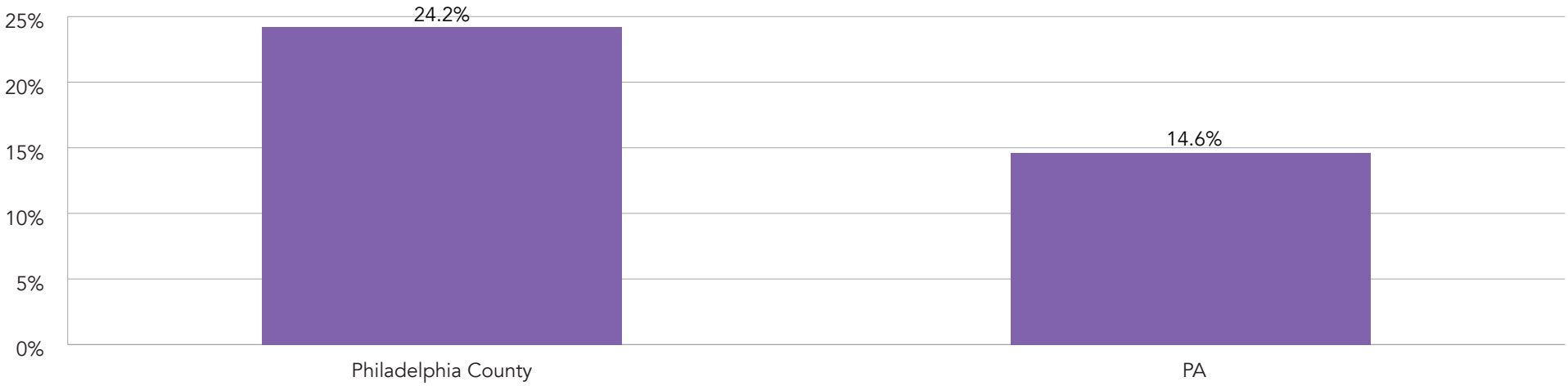
Source: Community Health Explorer: Vital Statistics for Philadelphia, Pennsylvania Department of Health 2014

The Supplemental Nutrition Assistance Program (SNAP)[8] reported the following in Philadelphia County:

- 467,647 Philadelphia County residents received $61,547,164 in SNAP benefits to help make ends meet in December 2018.
- Low-income SNAP participants spend $1,400, or nearly 25%, less in annual medical costs than low-income adults who do not participate in SNAP.
- SNAP boosts wages for workers who do not earn enough to afford a basic diet and helps those who are between jobs while they search for work.

Source: Coalition Against Hunger 2018

Figure 25: Food Insecurity among Children (<18 years)

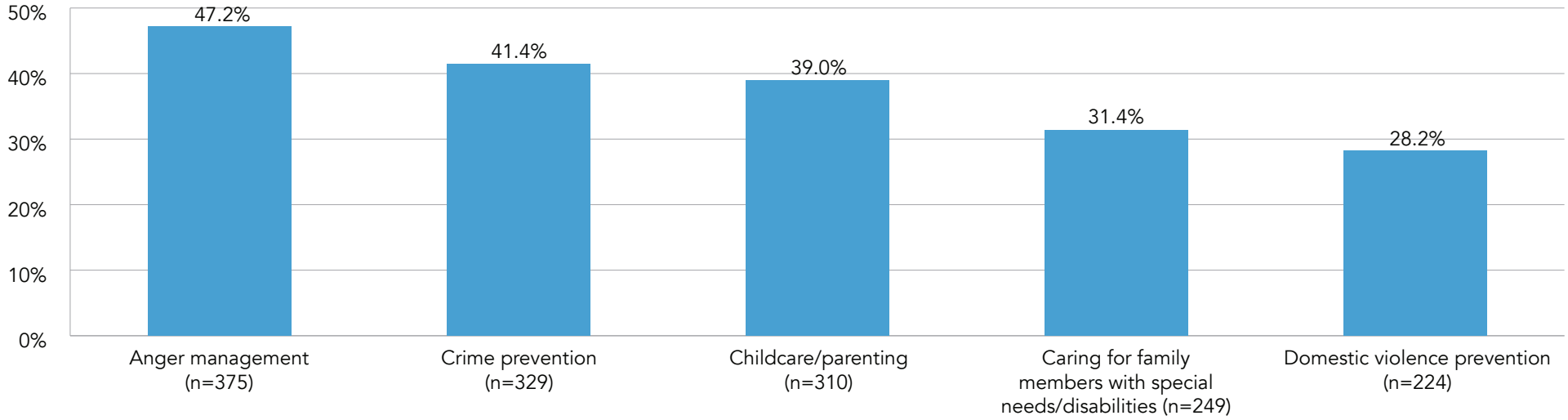


Source: Feeding America 2019

[8] SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move toward self-sufficiency.

Figure 26 the community survey shows health behaviors for which people in the community need more information.

Figure 26: Top Health Behaviors for Which People Need More Information



GOAL:

Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
HIV and STI Screenings and Education	Conduct HIV testing and STI screenings at community events			X	100 screenings completed	Drexel University
	Provide education to schools via outreach through Adolescent Medicine			X	5 outreach events	
	Provide HIV/AIDS treatment and related services to uninsured and underinsured community members in the Immunology Clinic	X	X	X	20 patients	HRSA Ryan White HIV/AIDS Program
Gun Violence Prevention	Host Gun Violence Prevention Forum	X	X	X	100 participants per year	Local mosque Philadelphia Community and health leaders
	Attend the monthly Police District Advisory Council Community Meeting	X	X	X	12 meetings	
	Distribute gun locks in the Center for the Urban Child	X	X	X	100-gun locks distributed per year	Temple University
	Support gun buyback program events	X	X	X	1 gun buyback event per year	Father's Day Committee Philadelphia Police Department Community and health leaders
	Conduct Stop the Bleed Trainings		X	X	12 Stop the Bleed trainings conducted per year	Stop the Bleed
	Conduct screenings and education around gun safety and gun violence in the Center for the Urban Child	X	X	X	100% of families willing to participate in the screener	
Hospital-Based Violence Intervention Program	Provide trauma-focused therapy, case management, and peer services to survivors of violent injuries through integrated care model	X	X	X	25% of eligible patients	Drexel University Healing Hurt People

GOAL:

Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Employee Violence Prevention Initiatives	Form multidisciplinary Anti-Violence against Healthcare Workers Committee	X			Committee established	
	Host periodic meetings, train staff, and implement recommendations	X	X	X	Progress shared quarterly	
Family Planning Program	Provide free family planning services in the Adolescent Medicine Clinic	X	X	X	2,000 patients served	Drexel University U.S. Department of Health and Human Services
Community Outreach & Education Strategies	Work with donors and community partners to distribute backpacks with school supplies to children in North Philadelphia	X	X	X	5,000 backpacks distributed	Drexel University
	Conduct health education for mothers and children at local homeless shelter		X	X	2 health education programs offered annually	
	Participate in community-based outreach at local school, church, and community partner sites to promote vaccinations and wellness checks	X	X	X	5 events per year	Philadelphia School District Philadelphia Parks and Recreation Philadelphia Charter Schools Religious Institutions
	Host Car Seat and Crib Safety training	X	X	X	300 attendees per year	
	Host Bike Rodeo at the Center for the Urban Child to promote bike safety	X	X	X	50 attendees per year; 200 bike helmets distributed each year	
	Host Safe Sleep Education		X	X	100 attendees per year	
	Provide Period of Purple Crying Program education to prevent abusive head trauma to parents and caregivers	X	X	X	200 attendees per year	
	Promote health benefits of breastfeeding through outreach during Black Breastfeeding Week	X	X	X	30 health fair participants per year	

GOAL:

Provide disease education and prevention opportunities in the community, specifically targeting disparate and vulnerable populations.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Access to Nutritious Foods	Conduct Summer school meals program	X	X	X	8,000 meals distributed per year	
	Offer WIC services onsite at the Center for the Urban Child	X	X	X	7,000 referrals per year	Women, Infants, and Children (WIC) Program
	Provide food pantry services to Hematology and Oncology patients and families	X	X	X	50 families served per year	
Tower Employee Wellness Initiatives	Conduct Know Your Numbers Campaign (BMI, BP, lipids, A1C) through Virgin Health app		X	X	30% of staff participate in campaign	
	Engage employees with PCP		X	X	65% of staff attest to establishing care with PCP	
	Encourage engagement with Virgin Health platform for wellness-based education and activities	X	X	X	50% of staff enrolled in platform by 2024	

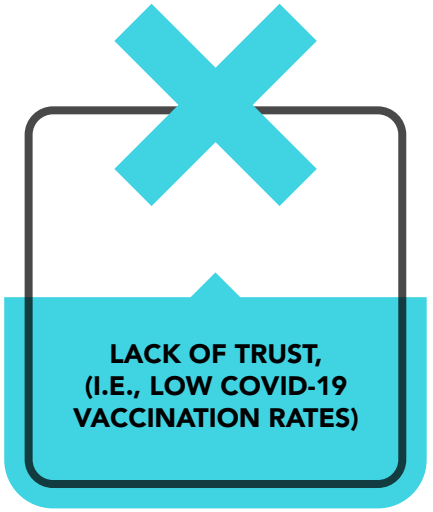
D) HEALTH EQUITY

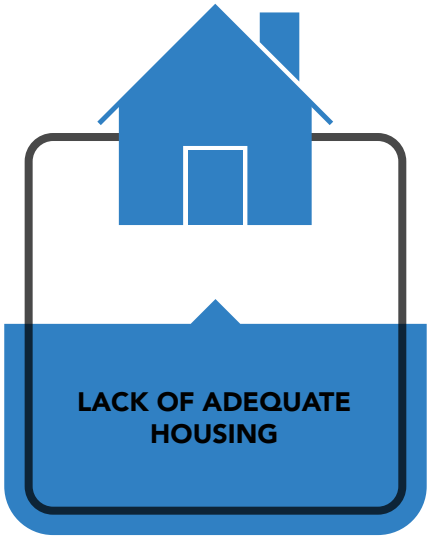
Understanding and addressing the needs of diverse and disparate populations is a significant challenge for health care organizations. A critical aspect of improving health equity and decreasing health disparities is a continued effort to enhance the provision of culturally competent and linguistically appropriate care to a very diverse service area as defined by racial and ethnic communities with various cultural beliefs and perceptions, health practices, and behaviors, as well as a distrust of the health delivery system.

Just as the health care sector has expanded its focus beyond illness treatment alone to addressing social determinants of health, we also recognize that there are complex forces and systems that shape the conditions of our daily lives and impact health outcomes. These forces are described as inequities, social injustice, structural racism, and discrimination. Likewise, we must expand our perspectives and heighten our understanding to address health inequities.

The 2022 IS places a strong focus on creating health equity as essential to improving health status. Health providers must be equipped with the consciousness, tools, and resources to confront embedded health inequities and to advance equity within and across all aspects of the health care system. Because many health inequities are rooted in historical and contemporary injustices and discrimination, creating health equity is difficult and daunting work that must be strengthened, amplified, and sustained.

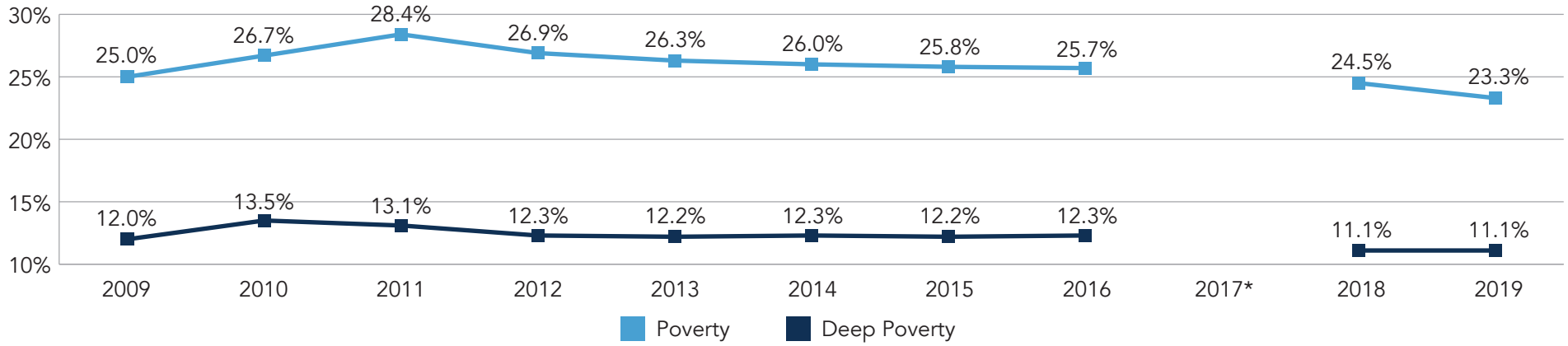
COMMENTS FROM PRIMARY DATA COLLECTION:





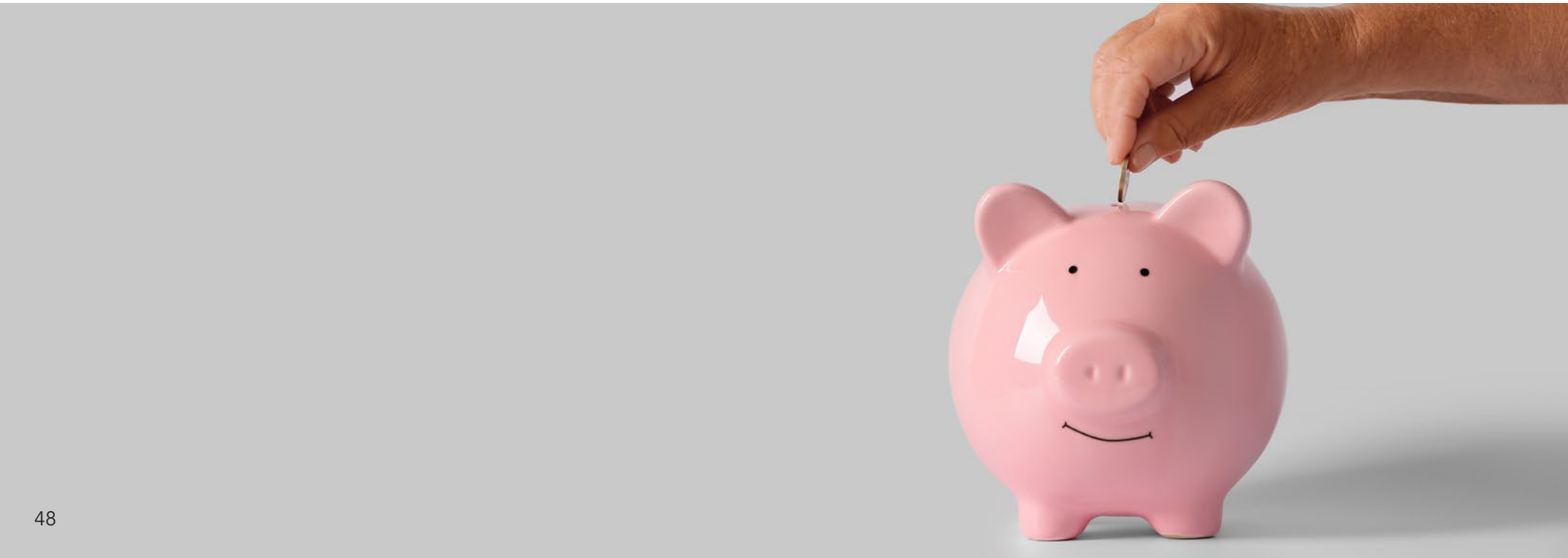
Philadelphia's poverty rate decreased modestly over the eight years ending in 2019, falling from a high of 28.4% in 2011 to 23.3% before the pandemic. Similarly, the city's deep poverty rate decreased from a high of 13.5% in 2010 to 11.1% in 2019. A household of four was considered to be living in poverty in 2019 if its income was $25,750 or less and in deep poverty if its income was $12,875 or less.

Figure 27: Poverty in Philadelphia



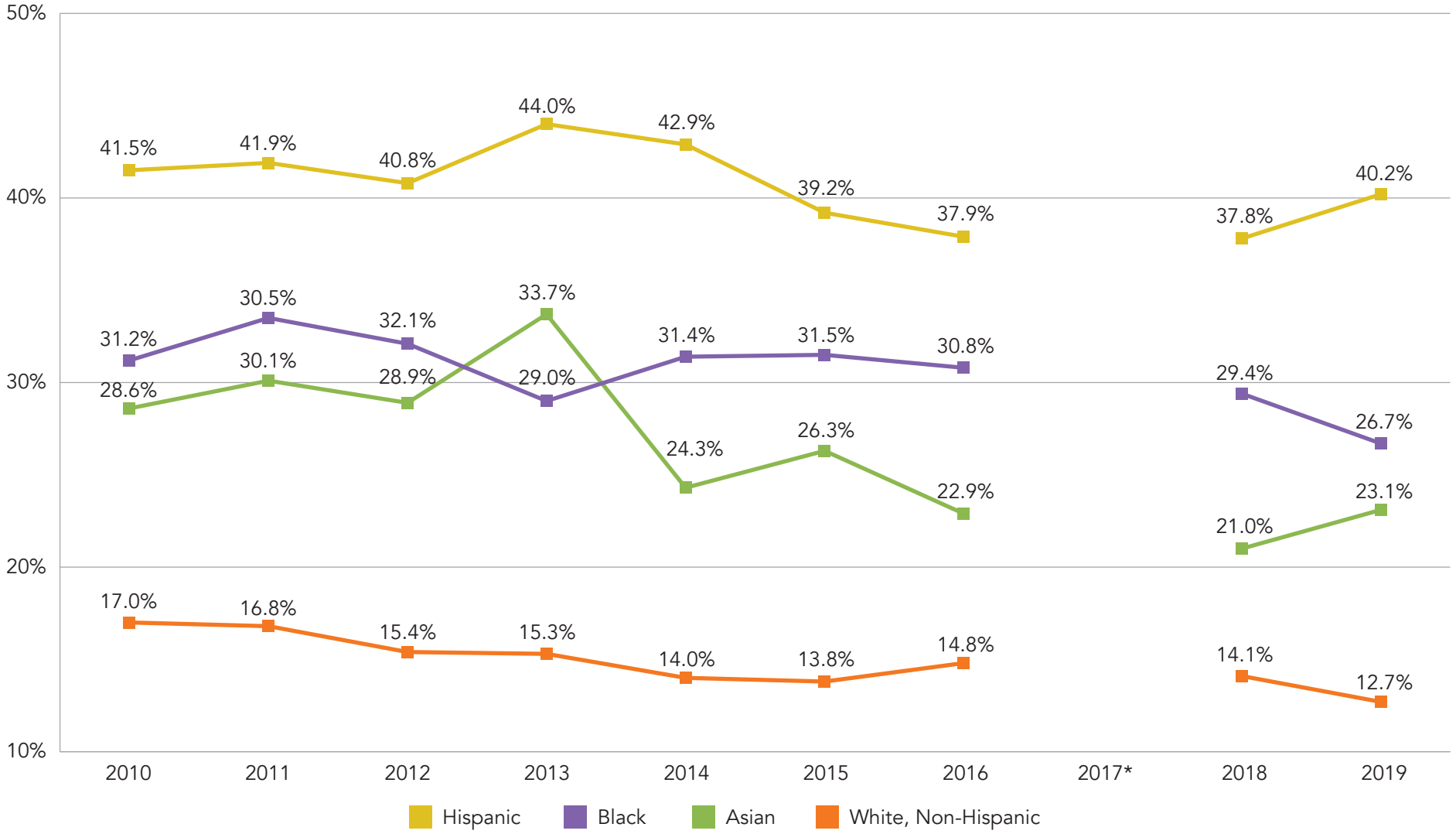
Note: *no data for 2017

Source: Philadelphia, The State of the City, 2021



Relative to members of other racial and ethnic groups, Hispanic Philadelphia residents have the highest poverty rate, more than triple the rate for non-Hispanic White residents. Although the poverty rate decreased for all racial and ethnic groups in the city from 2010 through 2019, it increased for Hispanics and Asians from 2018 to 2019.

Figure 28: Poverty by Race/Ethnicity in Philadelphia



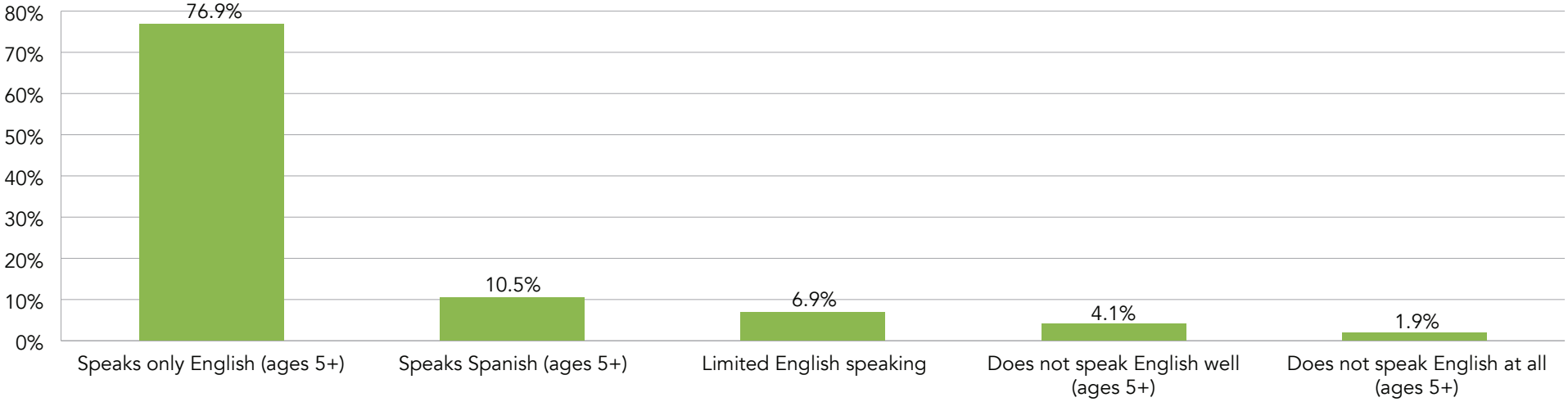
Note: *no data for 2017

Source: Philadelphia, The State of the City, 2021

In 2019, the most common non-English language spoken in Philadelphia was Spanish. A total of 11.1% of the overall population of Philadelphia are native Spanish speakers, with 2.55% who speak Chinese (including Mandarin, Cantonese) and 0.883% who speak Arabic, the next two common languages.[9]

Figure 29 reveals the percentages of residents who speak only English and Spanish and residents who are limited in English speaking.

Figure 29: Households with Residents Speaking English Only, Spanish, and Limited English



Source: U.S. Census Bureau, American Community Survey 2018

[9] Data U.S.A.

GOAL:

Integrate Health Equity into care delivery, strategy, and operations at St. Christopher's Hospital.

Strategy	Action Items	2022	2023	2024	Metrics	Partners
Health Equity Council	Establish and convene council	X	X	X	Council Created	
	Complete Health Equity Assessment and review Transformation Action Plan	X			Assessment completed TAP reviewed	
	Create Health Equity Action Plan and Evaluation Plan to identify and address disparities through actionable strategies		X		Health Equity Action Plan adopted Evaluation Plan created Baseline data report compiled 4 priority strategies identified	
	Create Health Equity Dashboard report to communicate plan and progress		X	X	Progress shared annually	
Patient Family Advisory Council	Convene parent family advisory councils for clinical sites, including: - Hematology Clinic - Center for Children and Youth with Special Healthcare Need - Hospital Inpatients		X	X	20 Council Members (combined) 10 Meetings/Engagements Annually (combined) Develop evaluation plan	
Language Access	Expand use of in person and virtual language and interpretation services through technology	X	X	X	20,000 patient encounters per year	
	Conduct provider training through ALTA Language Services		X	X	25 staff members tested for language proficiency per year	
Cross-Cultural Efficacy Curriculum	Embed cultural competency skill building into resident training		X	X	100% of residents trained	Drexel University

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TowerHealth.org/locations/St-Christophers-Hospital-Children

St. Christopher's Hospital for Children

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