



Tower Health St Christopher's Hospital

APPENDICES



St. Christopher's
Hospital for Children

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Tower Health St. Christopher's Hospital

Appendix A - Community Stakeholder Interviews

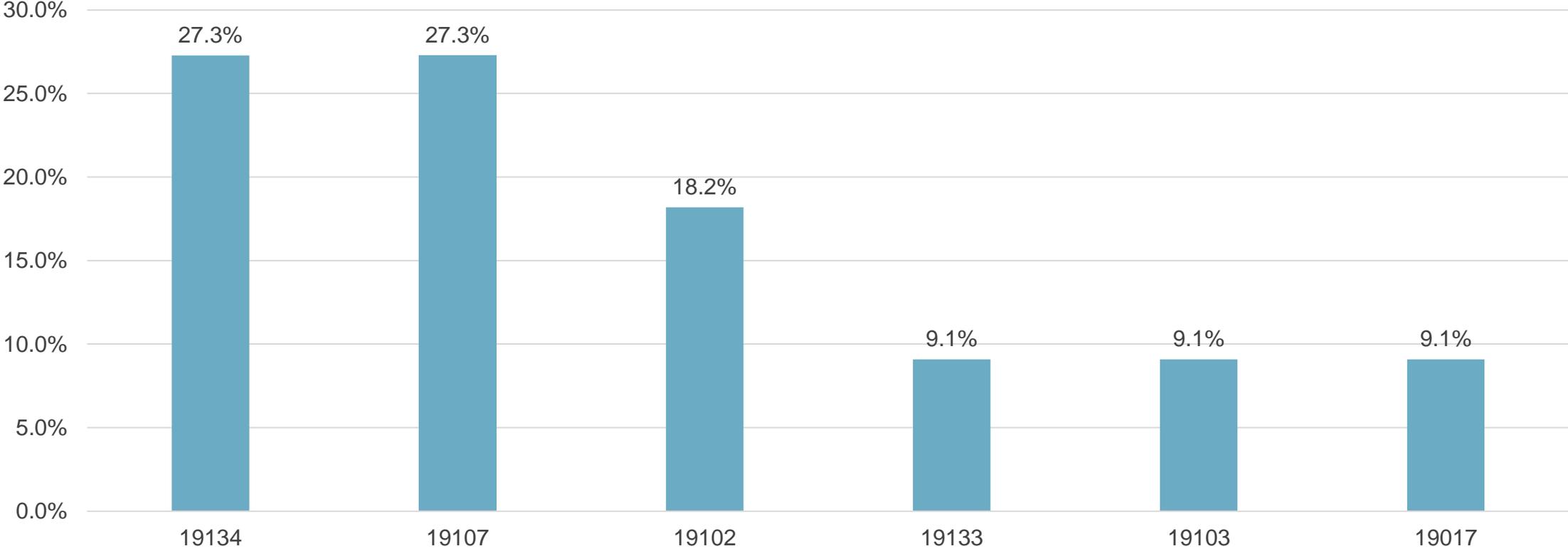


Introduction

- Tripp Umbach worked closely with representatives from Tower Health to identify community stakeholders. An email was delivered to community stakeholders to introduce Tripp Umbach and define the stakeholders' role in the CHNA process. The email introduced the project and conveyed the importance of the CHNA for the community. Each interview was conducted by a Tripp Umbach consultant and lasted approximately 30 to 45 minutes in duration. Each community stakeholder was asked the same set of questions, as developed by Tripp Umbach and approved by Tower Health representatives. The interviews provided a platform for stakeholders to identify health issues and concerns affecting residents in the service area, as well as ways to address those concerns. A diverse representation of community-based organizations and agencies were among the stakeholders interviewed.
- 11 community stakeholder interviews were conducted beginning in March 2021 within the hospital region. Industry leaders interviewed represented the below businesses:
 1. City of Philadelphia
 2. Community Behavioral Health
 3. Drexel University College of Medicine
 4. Montgomery McCracken Walker & Rhoads LLP
 5. Pennsylvania State Senate
 6. Philadelphia Department of Human Services
 7. Philadelphia Department of Public Health
 8. St. Christopher's Hospital for Children

ZIP Code Where Work

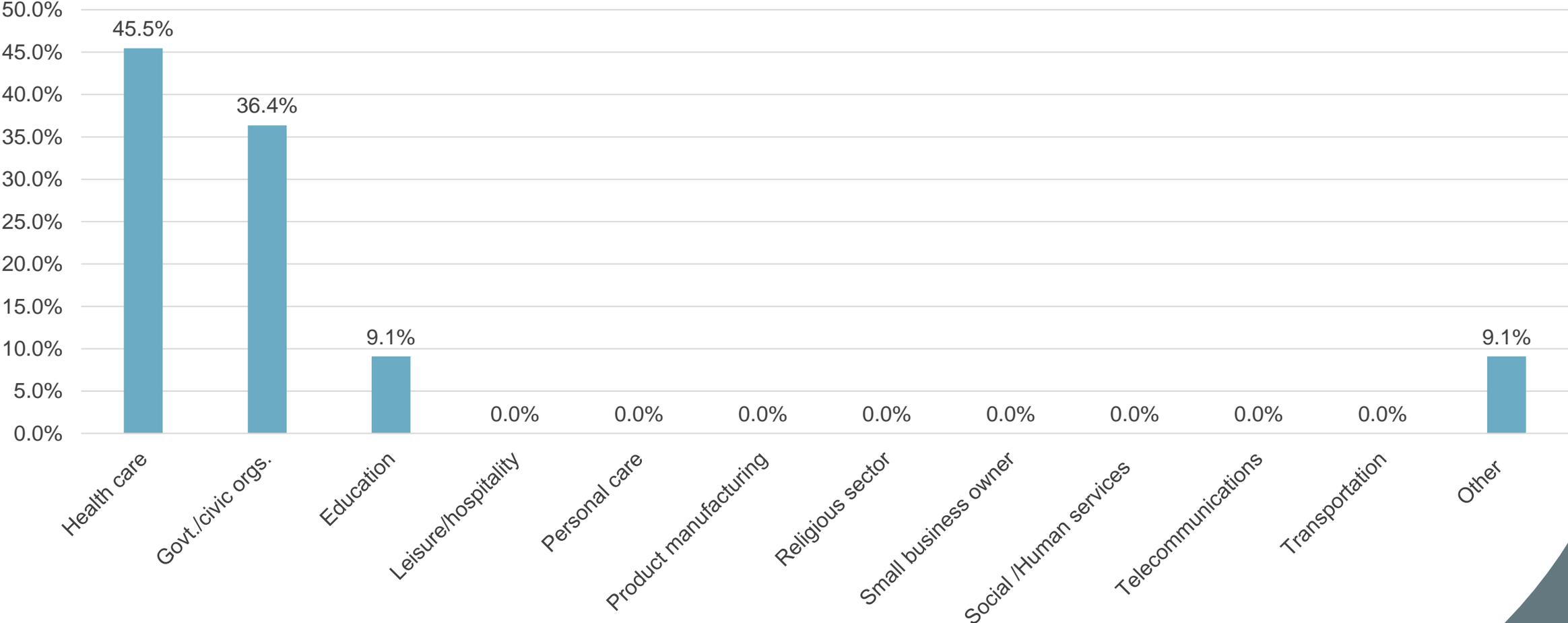
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- 100% of community stakeholders worked in Philadelphia County. (Not shown on graph.)

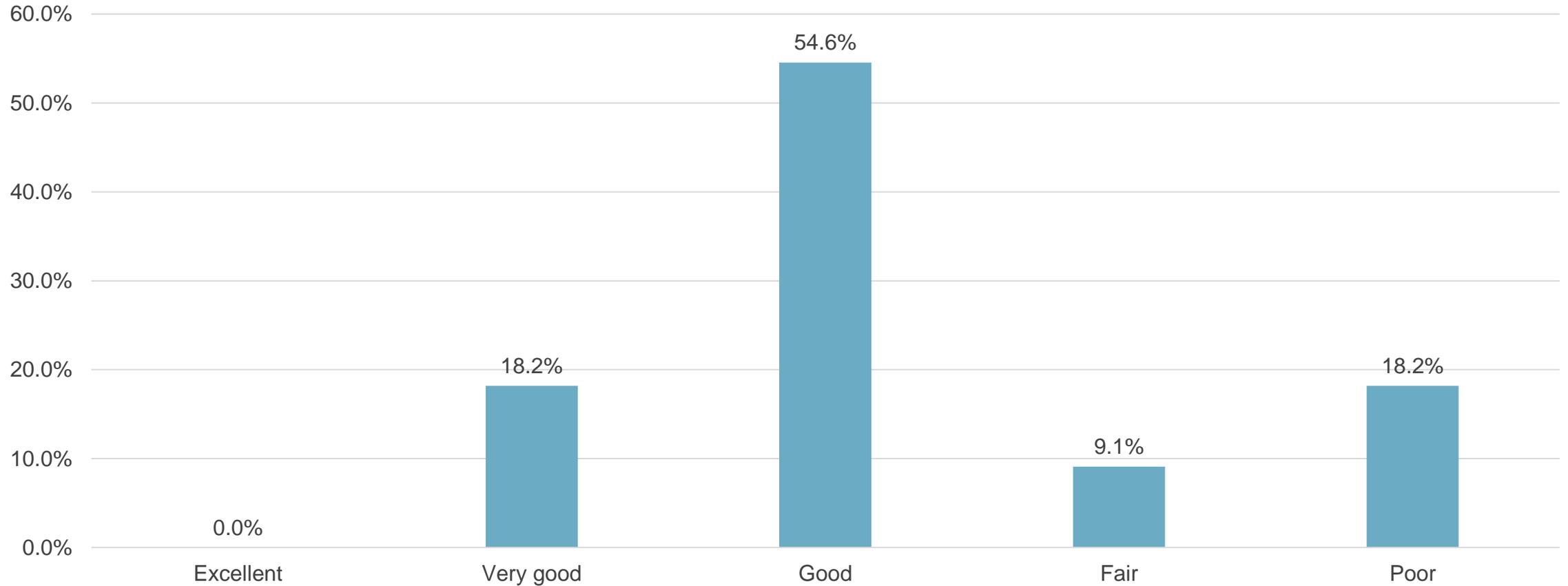
Represented Industry

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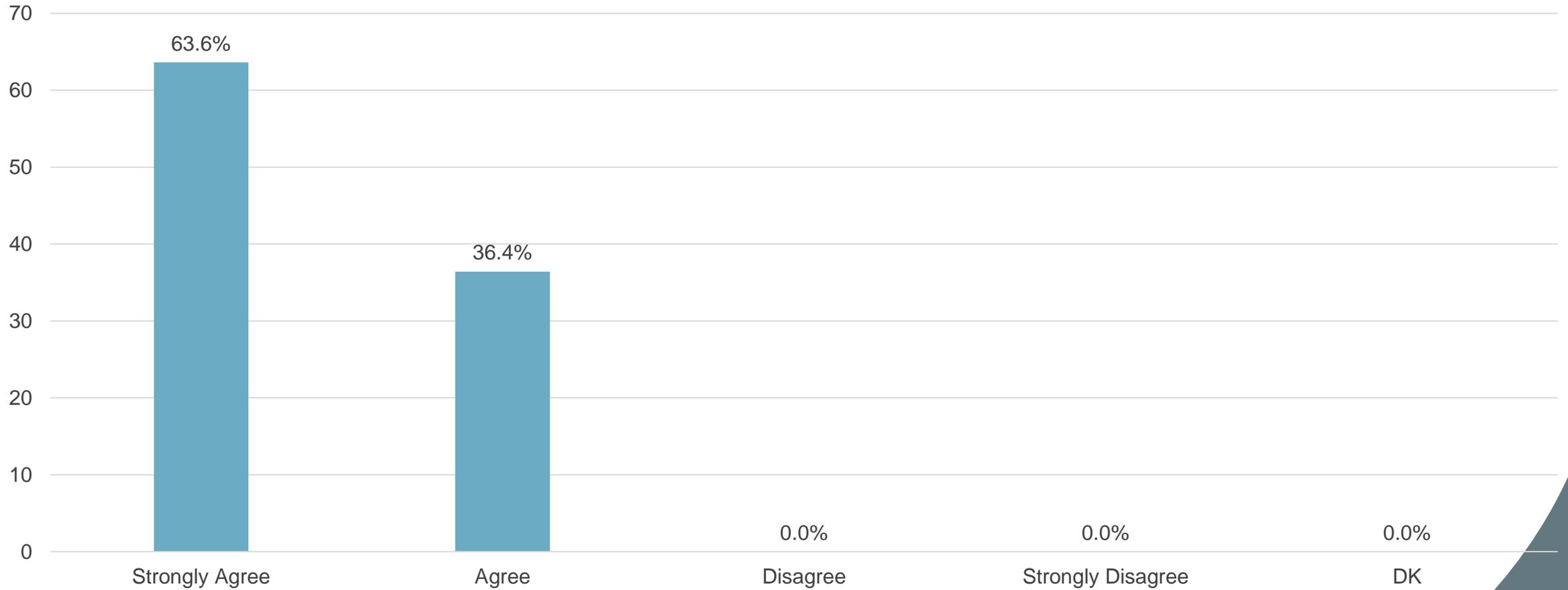
Rate Health and Human Services in Community

Rated St. Christopher's Hospital



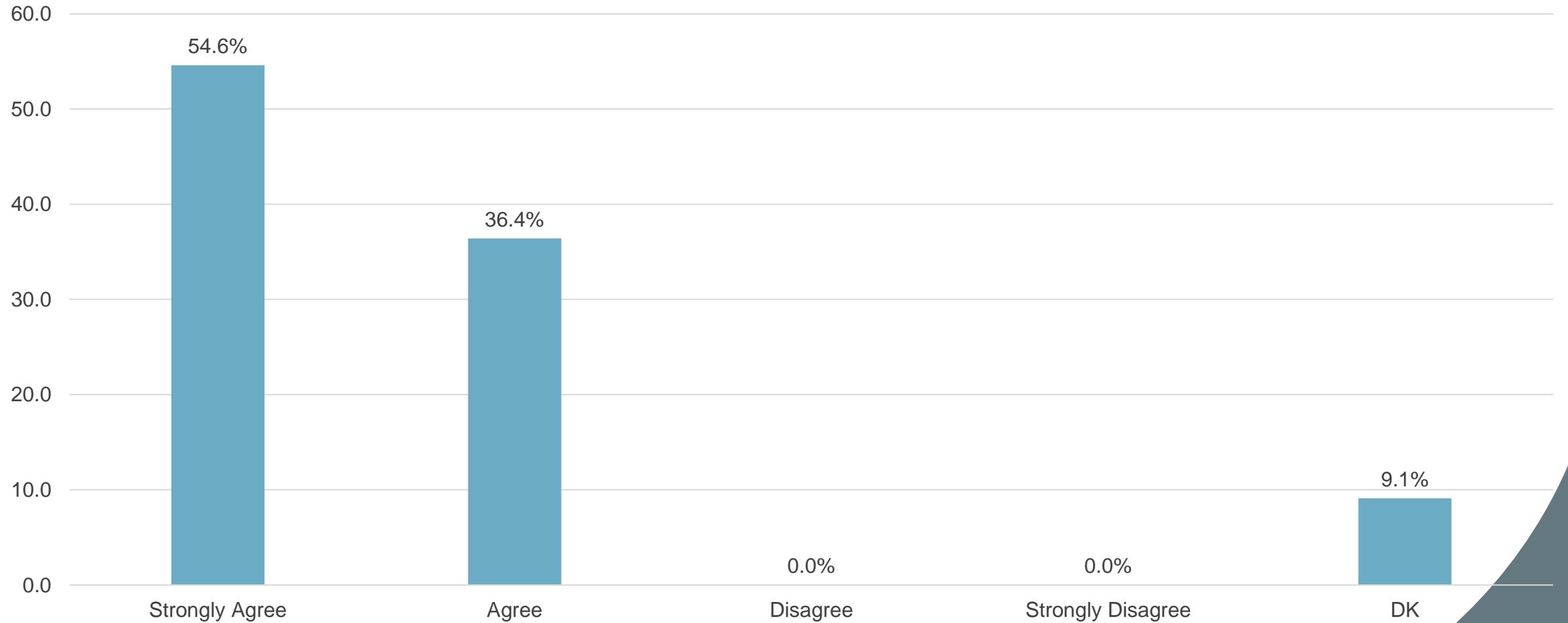
Rate How Hospital Offers High-Quality Health Care for the Community

Rated St. Christopher's Hospital



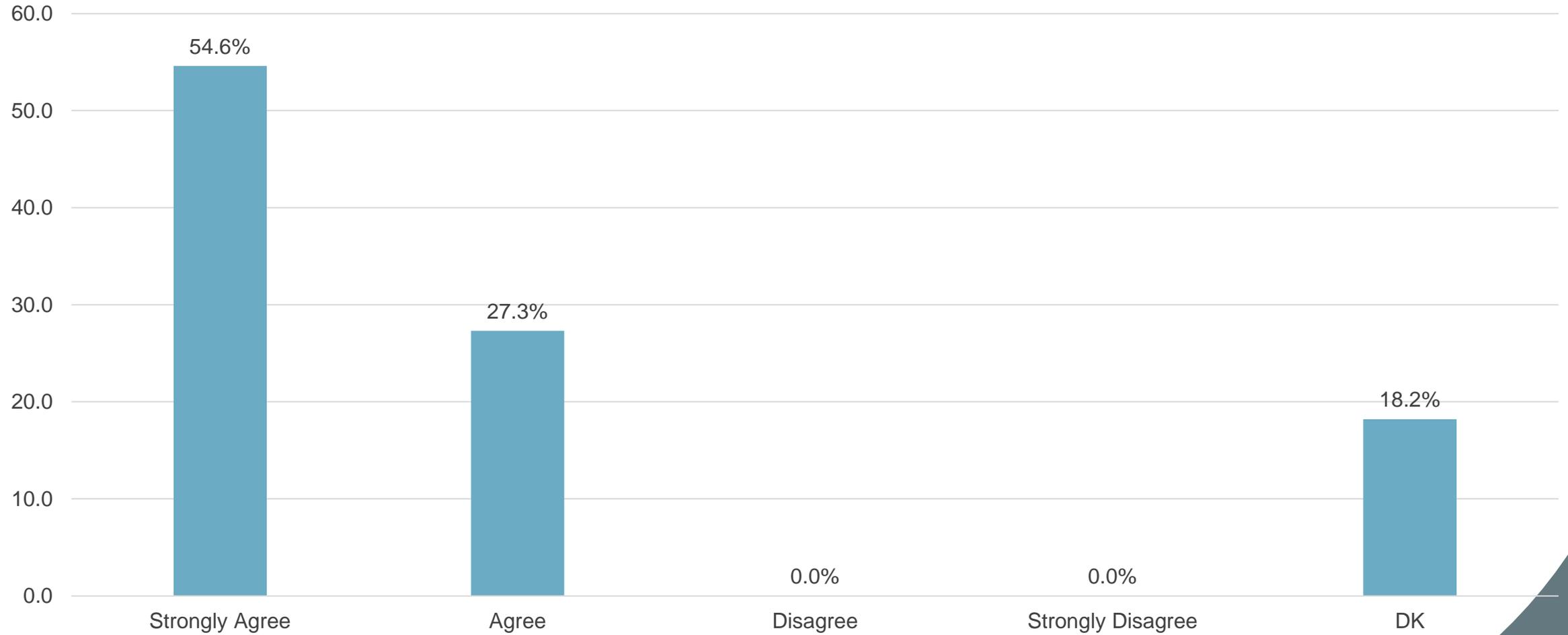
Rate How Hospital Addresses needs of Diverse and Disparate Populations

Rated St. Christopher's Hospital



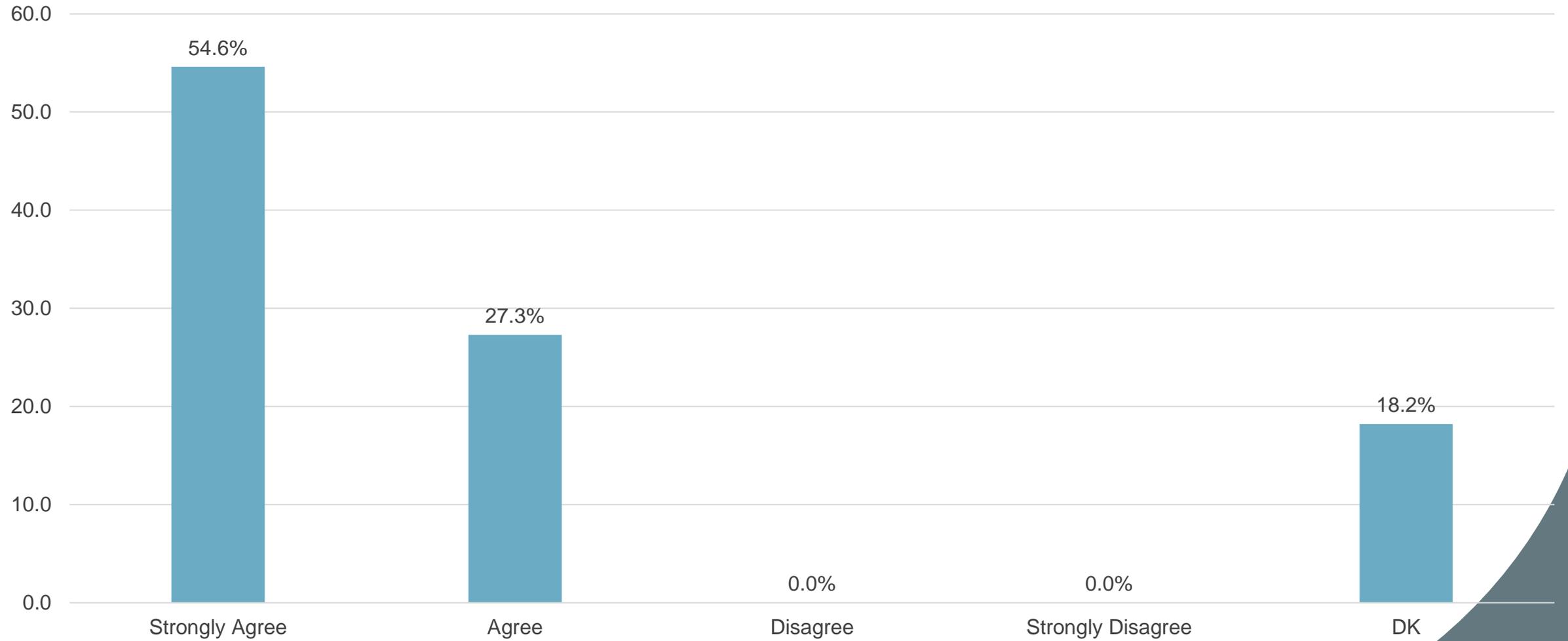
Rate How Hospital Ensures Access to Care Regardless of Race, Gender, Education, and Economic Status

Rated St. Christopher's Hospital



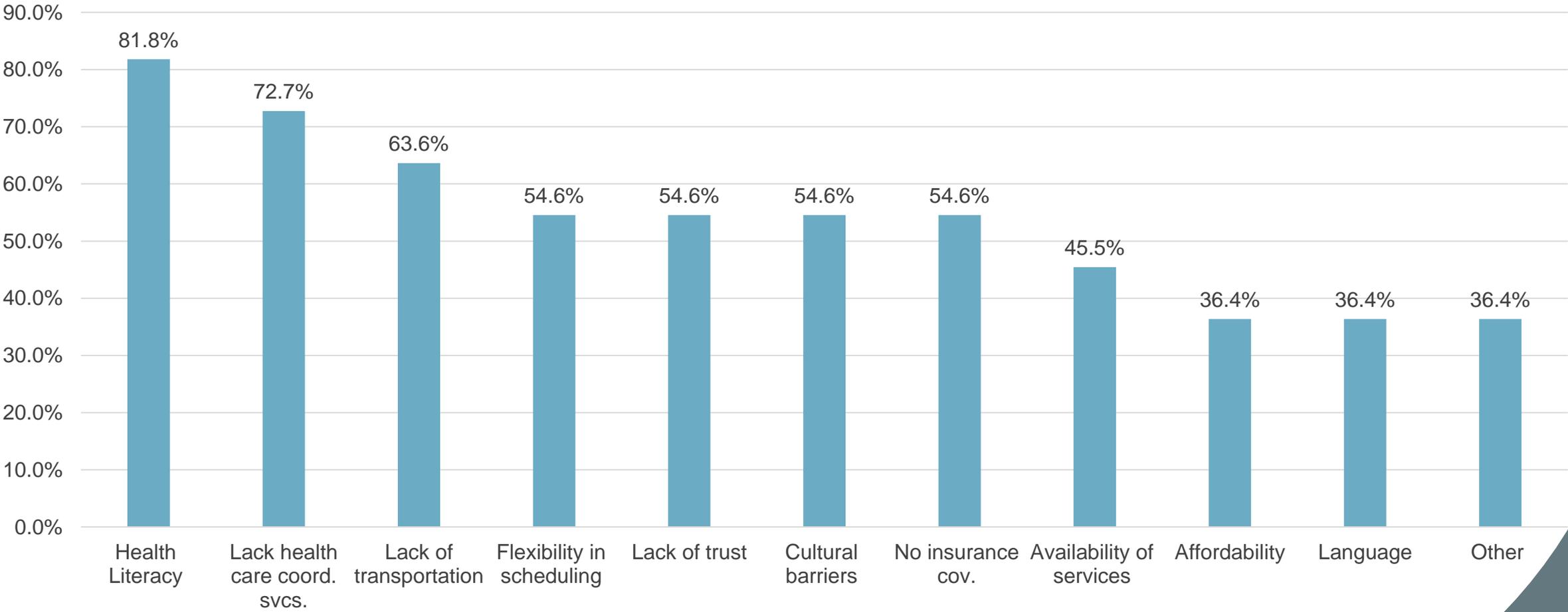
Rate How Hospital Works to Identify and Address Health Inequalities

Rated St. Christopher's Hospital



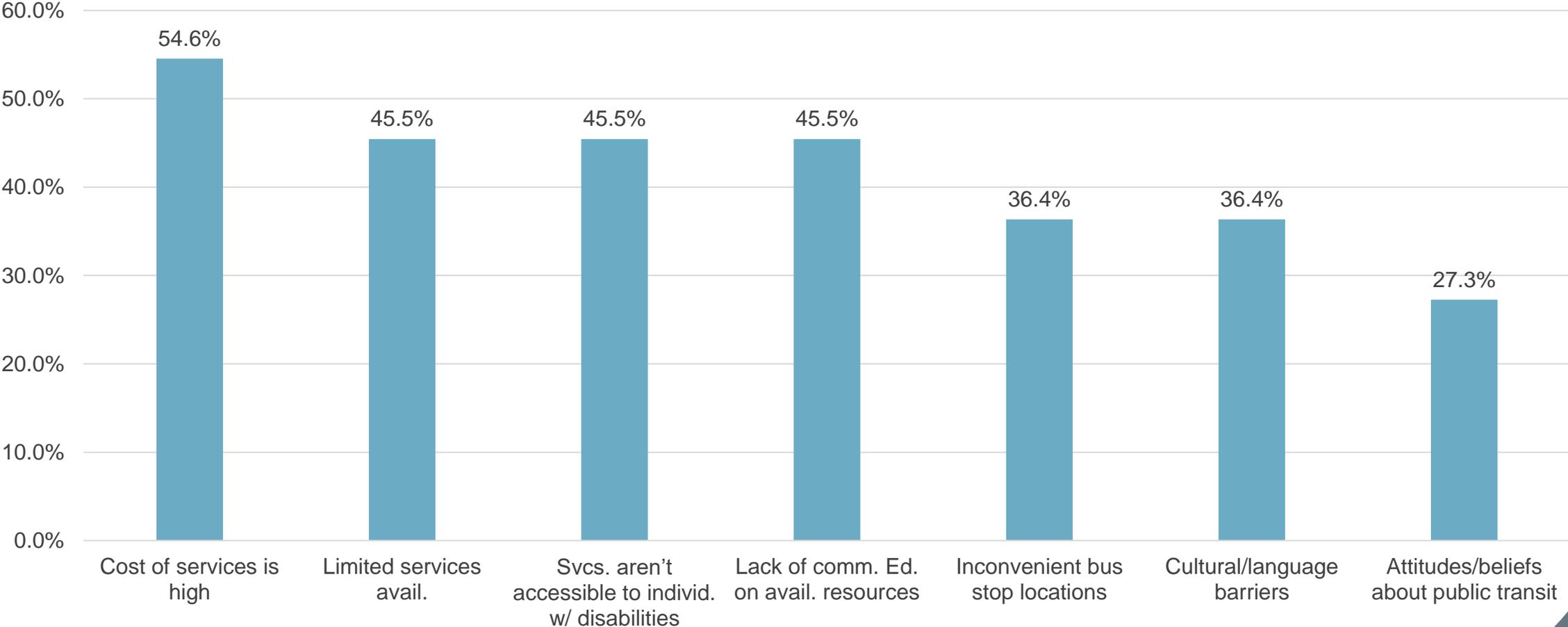
Perceived Barrier(s) for People Not Receiving Care or Services — Check all that apply

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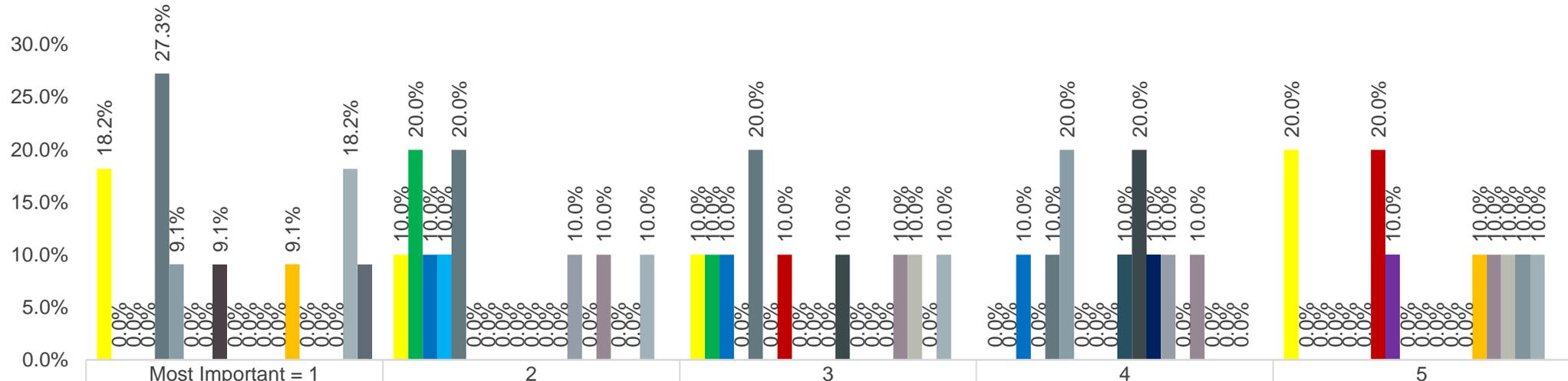


Following contributions to the transportation issues in the community — (Top three)

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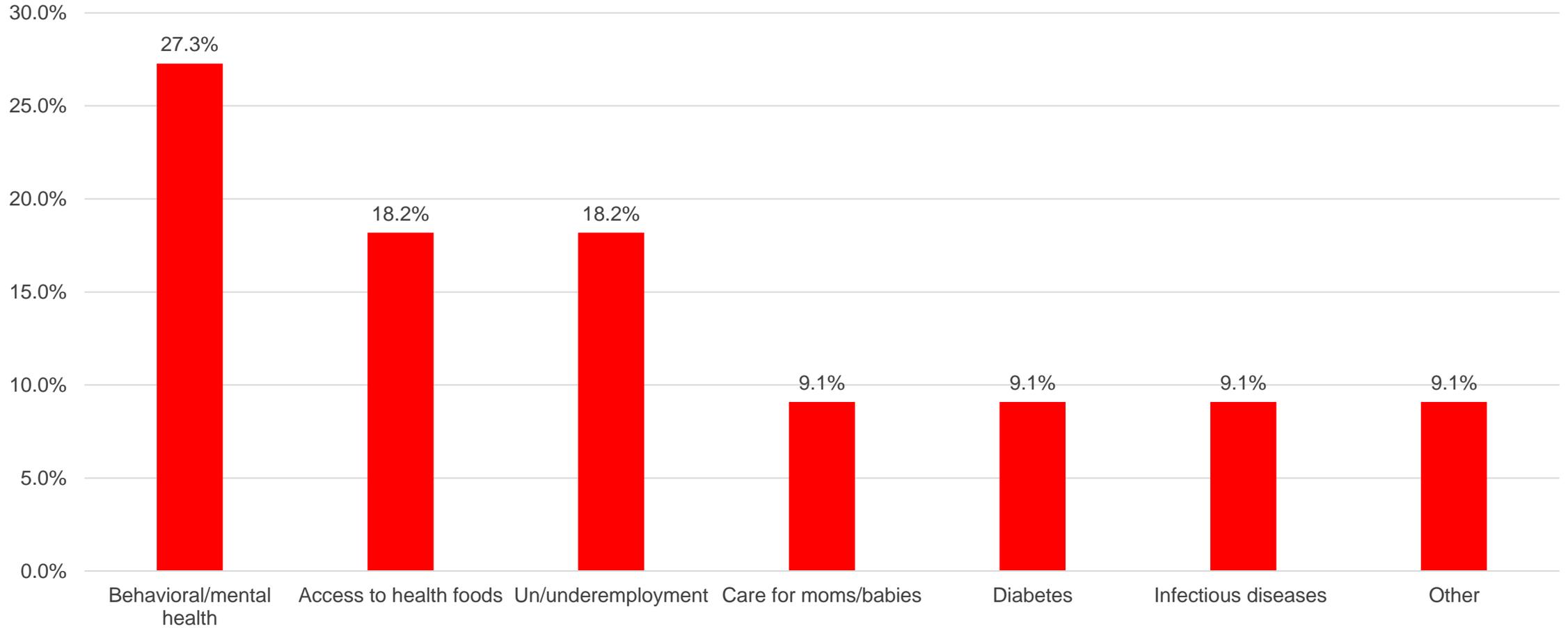
Top 5 persistent “Health Problems” in the community?



	Most Important = 1	2	3	4	5
Access to health foods	18.2%	10.0%	10.0%	0.0%	20.0%
Adolescent health	0.0%	20.0%	10.0%	0.0%	0.0%
Aging problems	0.0%	10.0%	10.0%	10.0%	0.0%
Asthma	0.0%	10.0%	0.0%	0.0%	0.0%
Behavioral/mental health	27.3%	20.0%	20.0%	10.0%	0.0%
Care for moms/babies	9.1%	0.0%	0.0%	20.0%	0.0%
Child abuse/neglect	0.0%	0.0%	10.0%	0.0%	20.0%
Dental health	0.0%	0.0%	0.0%	0.0%	10.0%
Diabetes	9.1%	0.0%	0.0%	0.0%	0.0%
Domestic violence	0.0%	0.0%	0.0%	10.0%	0.0%
Drug/alcohol use	0.0%	0.0%	10.0%	20.0%	0.0%
Family planning/birth control	0.0%	0.0%	0.0%	10.0%	0.0%
Homelessness	0.0%	10.0%	0.0%	10.0%	0.0%
Infectious diseases	9.1%	0.0%	0.0%	0.0%	10.0%
Injuries or violence	0.0%	10.0%	10.0%	10.0%	10.0%
Lack of exercise	0.0%	0.0%	10.0%	0.0%	10.0%
Maternal/infant health	0.0%	0.0%	0.0%	0.0%	10.0%
Un/underemployment	18.2%	10.0%	10.0%	0.0%	10.0%

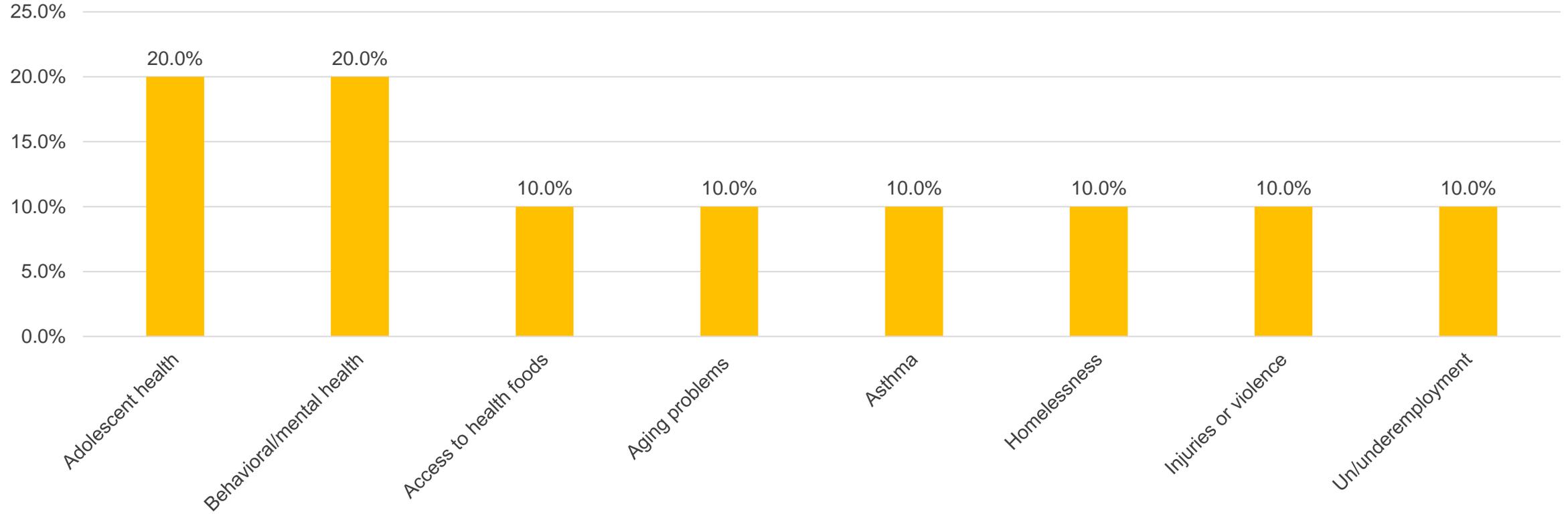
Top 5 persistent “Health Problems” in the community?

1 — Most Important Health Problems



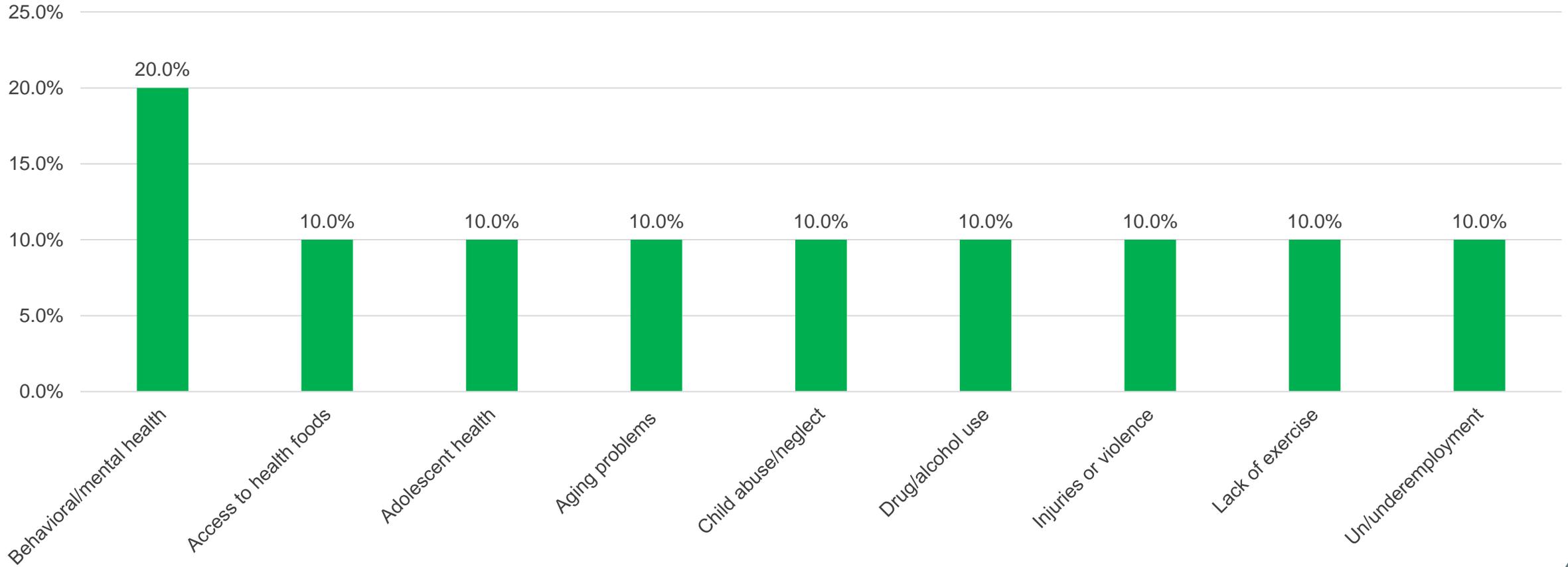
Top 5 persistent “Health Problems” in the community?

2 – Second Most Important Health Problems



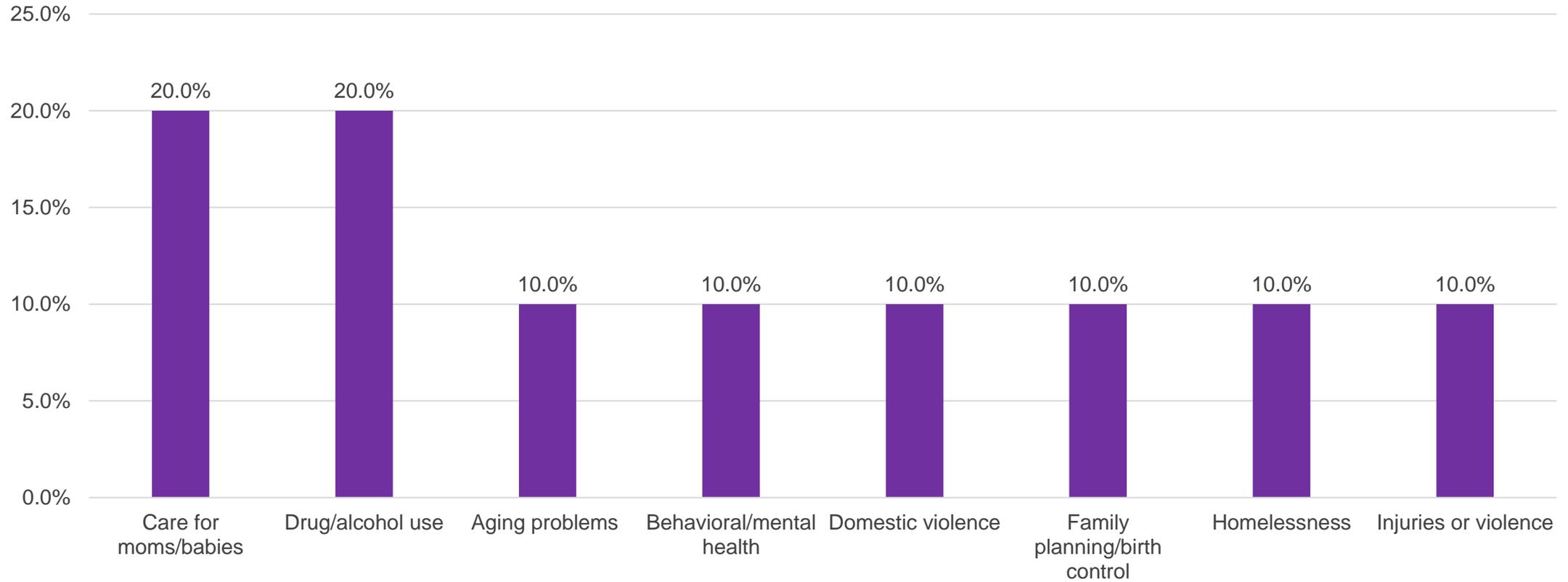
Top 5 persistent “Health Problems” in the community?

3 — Third Most Important Health Problem



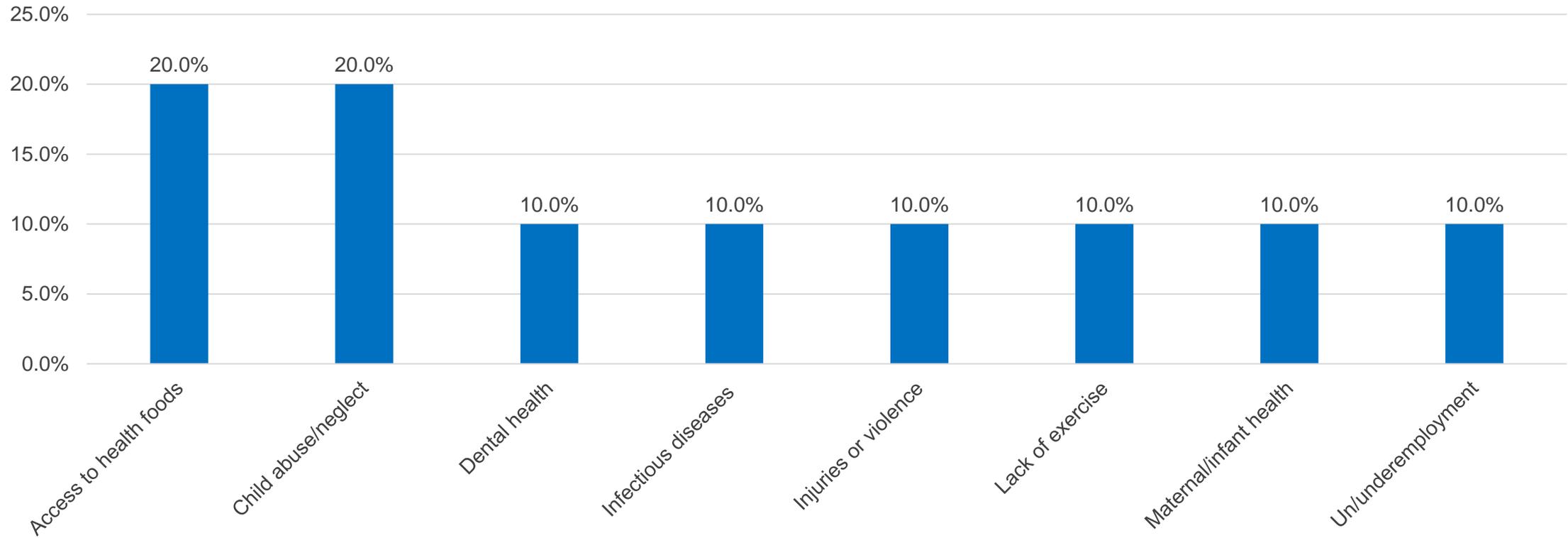
Top 5 persistent “Health Problems” in the community?

4 — Fourth Most Important Health Problems



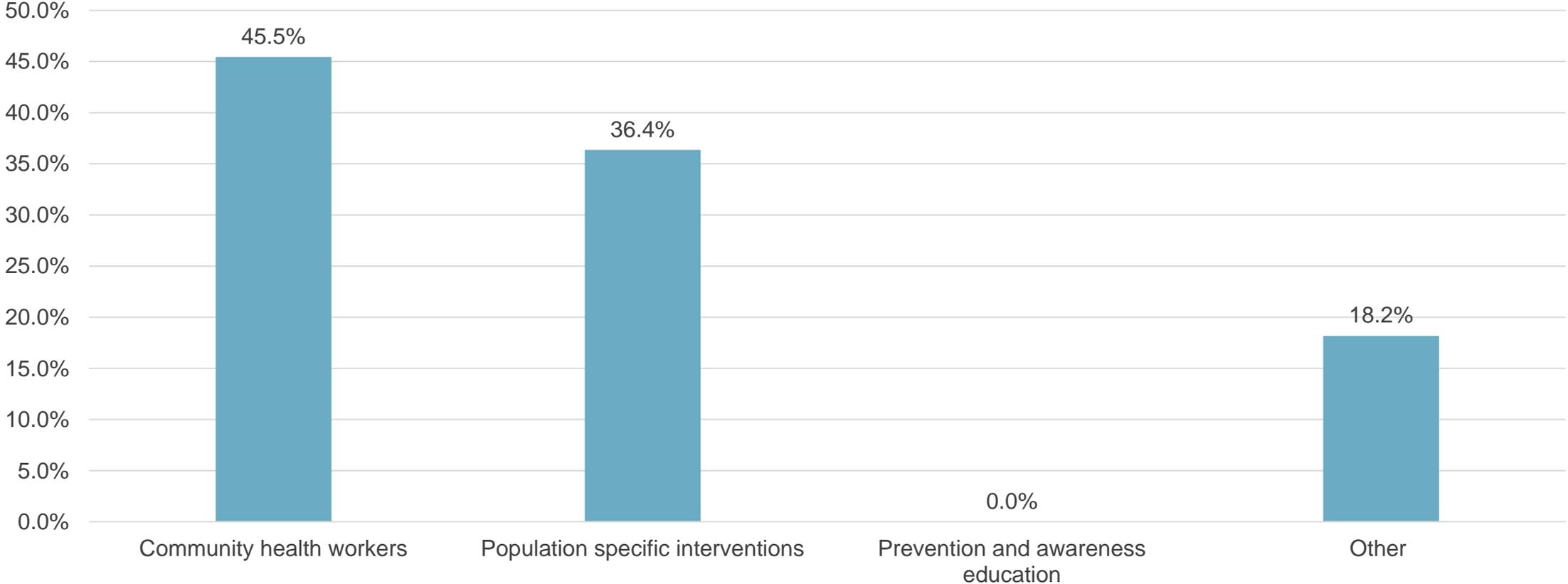
Top 5 persistent “Health Problems” in the community?

5 — Fifth Most Important Health Problems



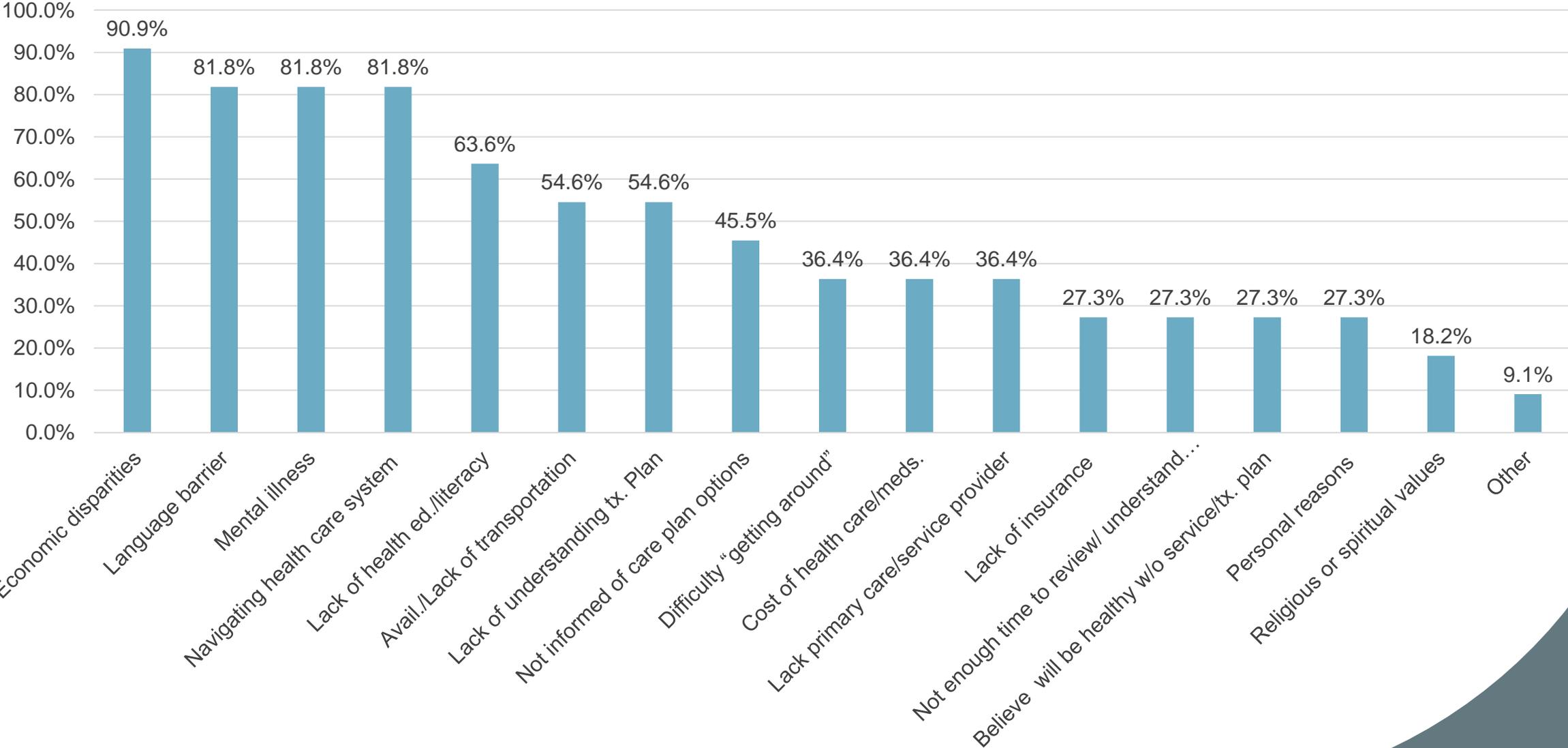
Type II diabetes, pre-diabetes and obesity affects many members of our community. What can we offer the community to achieve and maintain optimal health?

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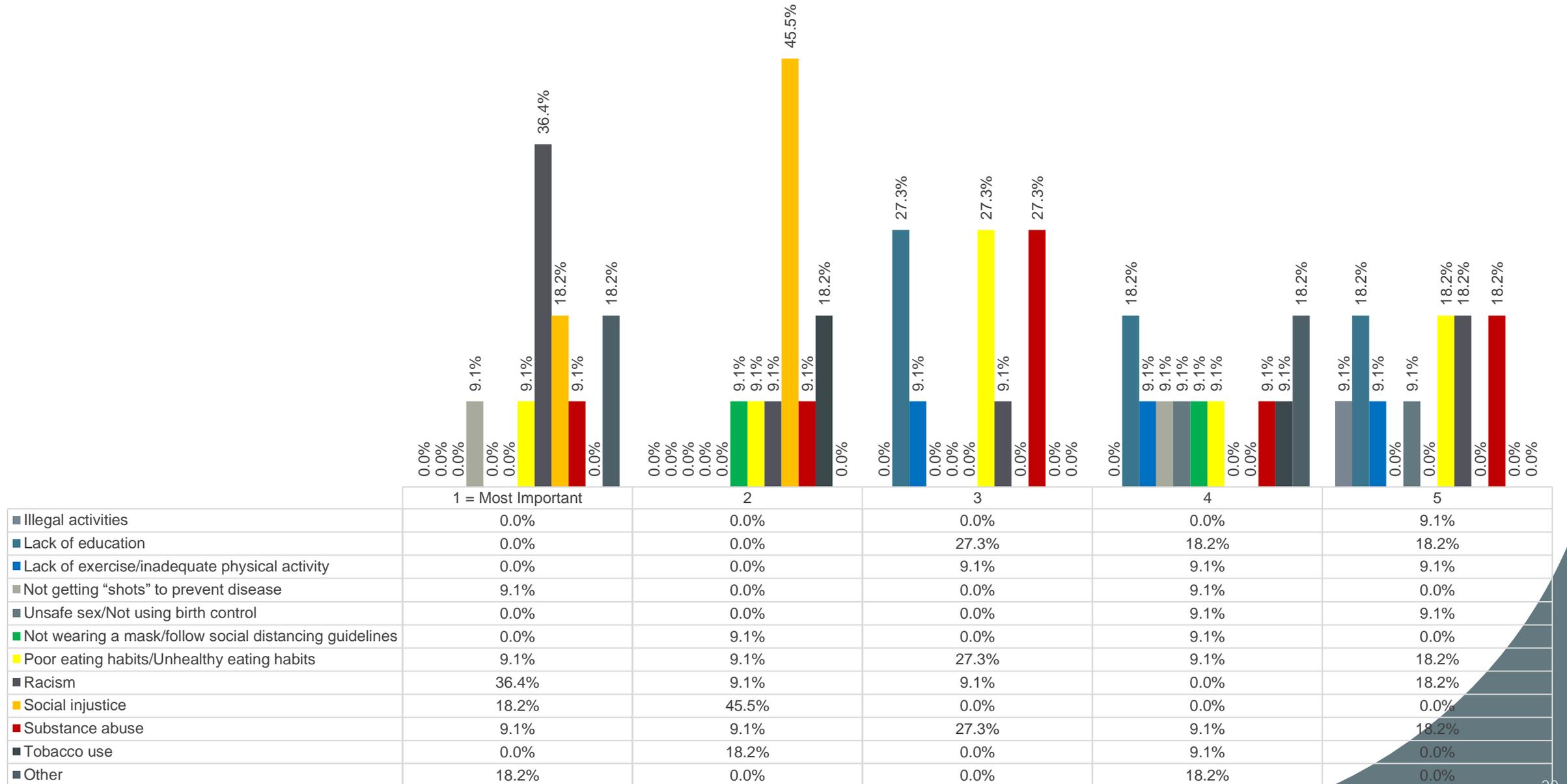


Most significant barriers to improving health and quality of life – Check all that apply

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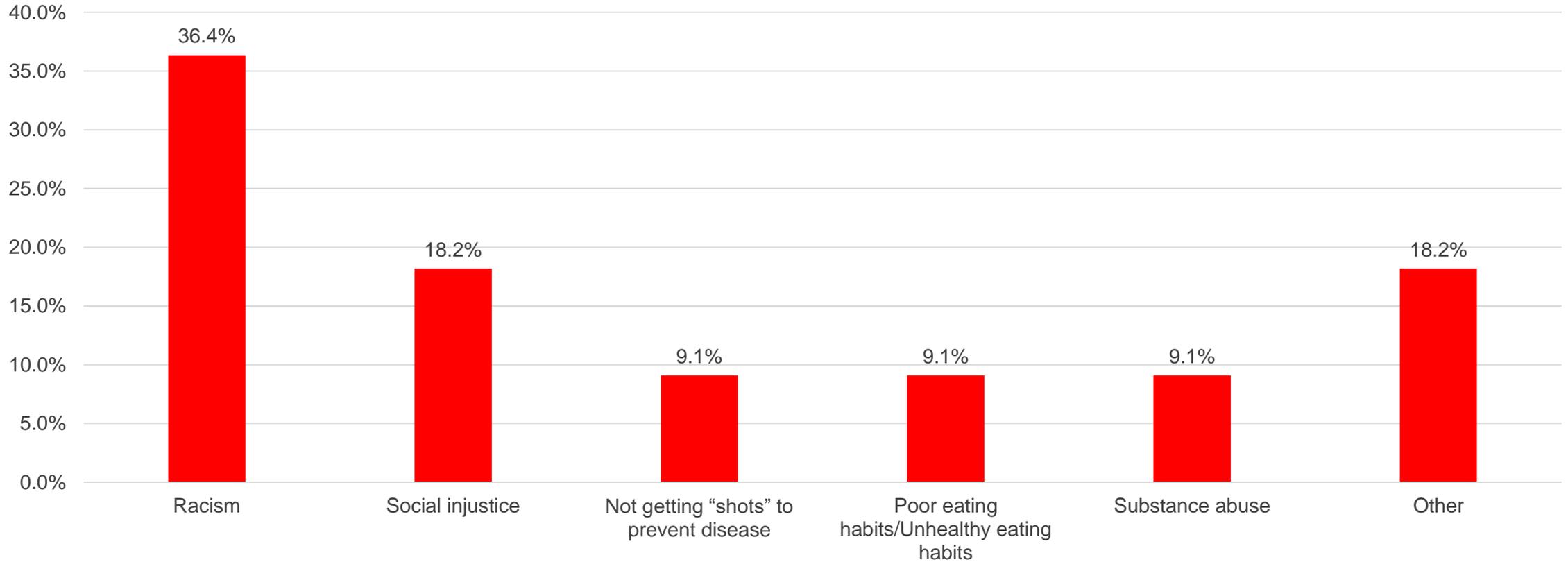


Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



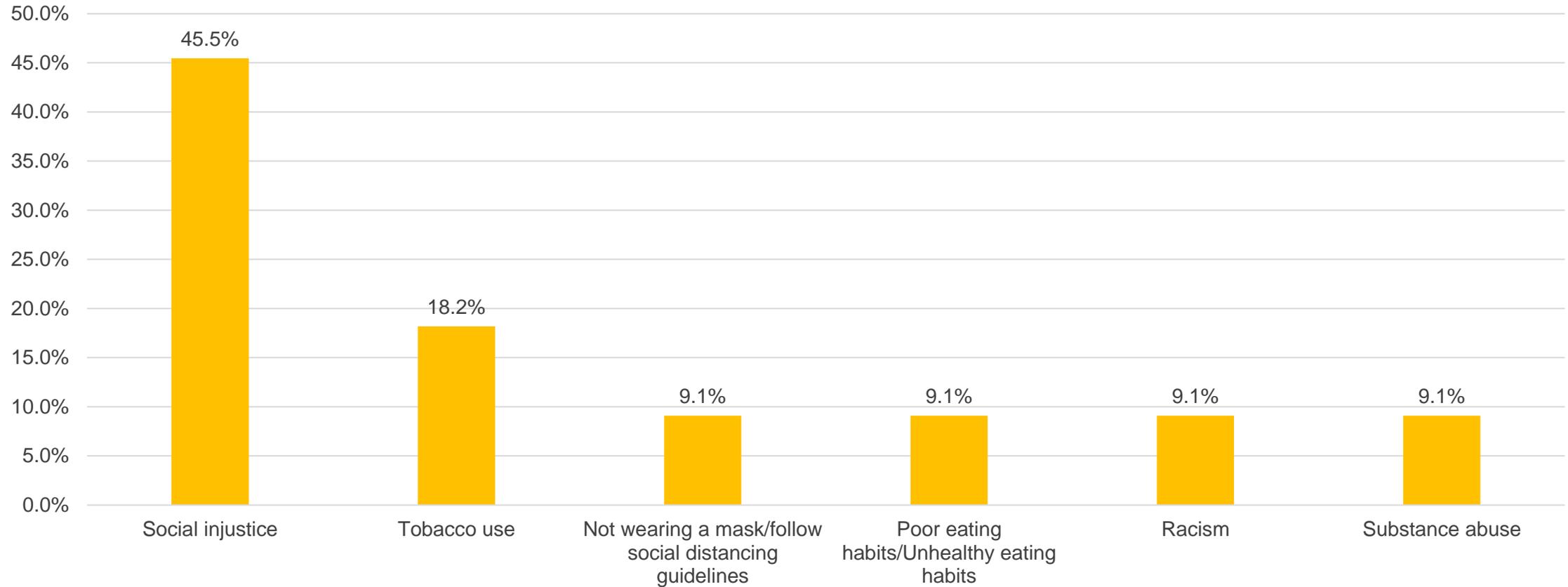
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

1— Most Persistent High Risk Behaviors



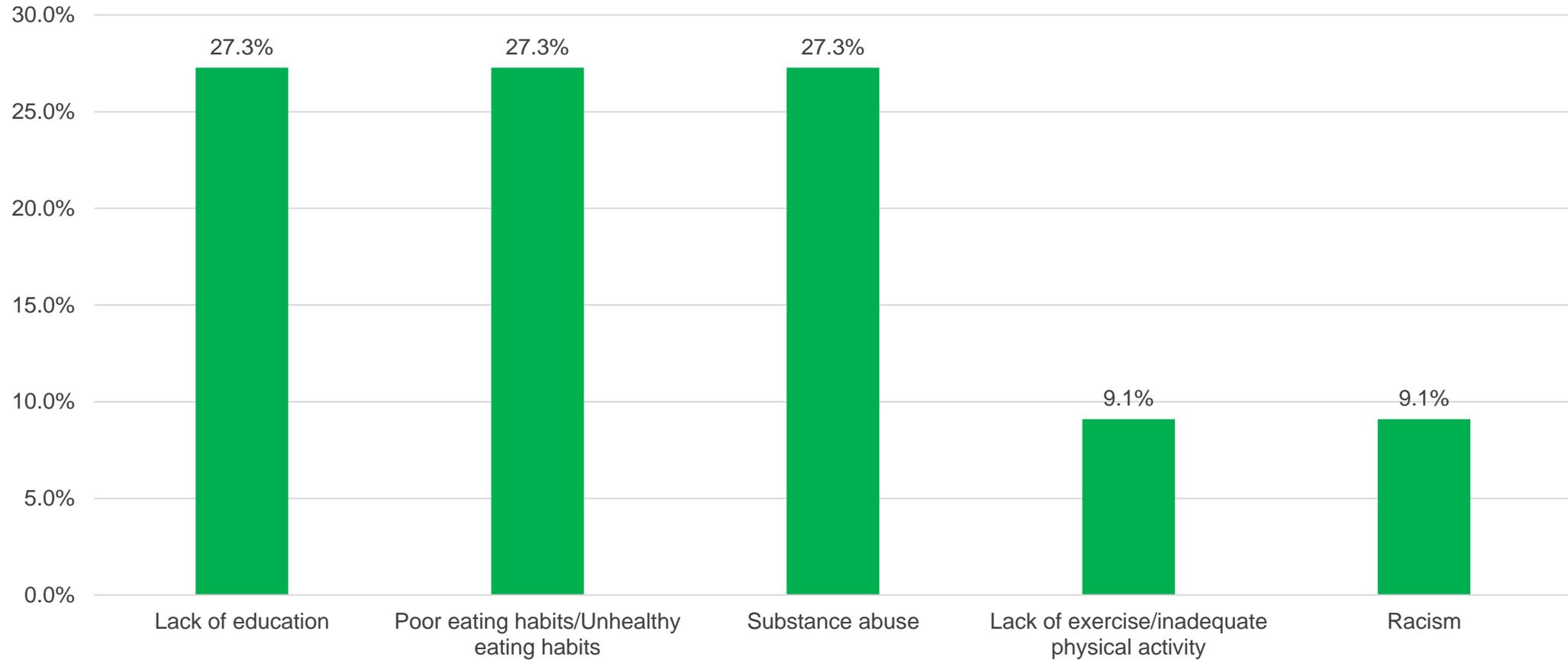
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

1— Second Most Persistent High Risk Behaviors



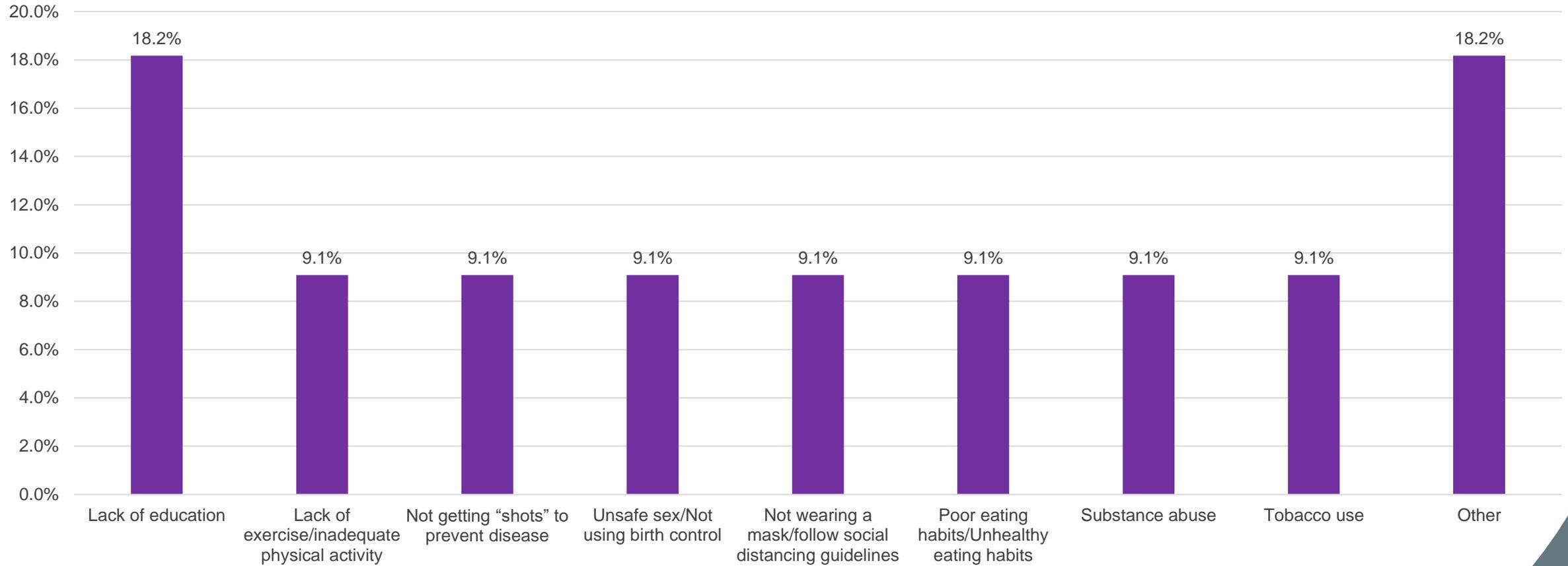
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

3 — Third Most Persistent High Risk Behaviors



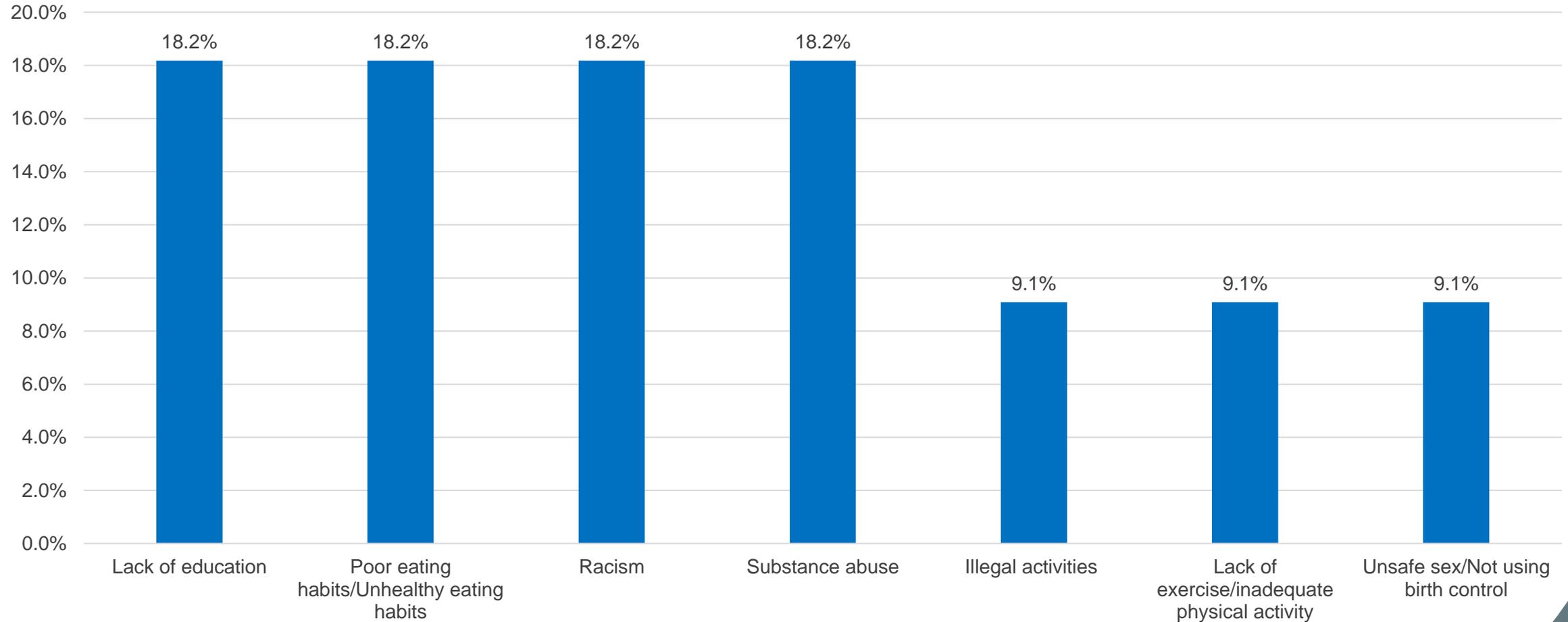
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

4 — Fourth Most Persistent High Risk Behaviors



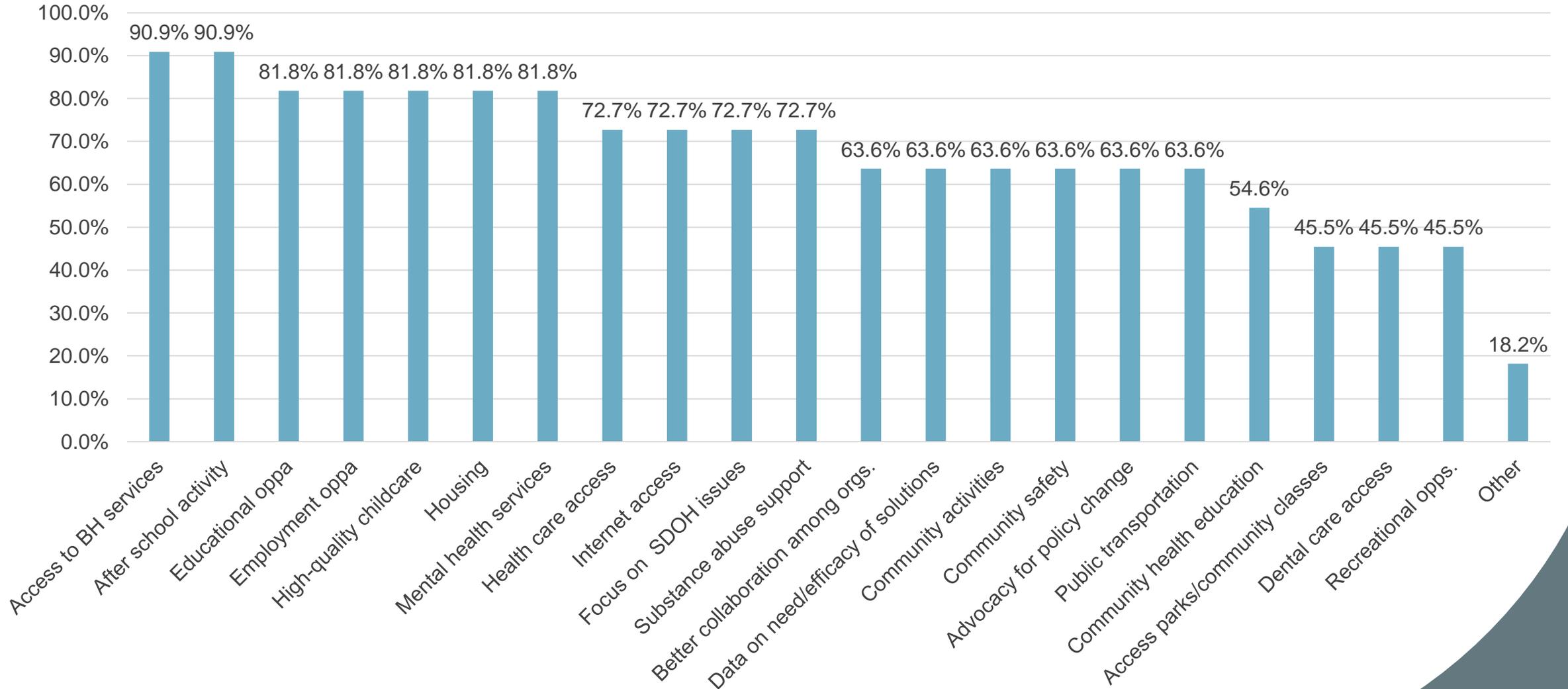
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

5 — Fifth Most Persistent High Risk Behaviors

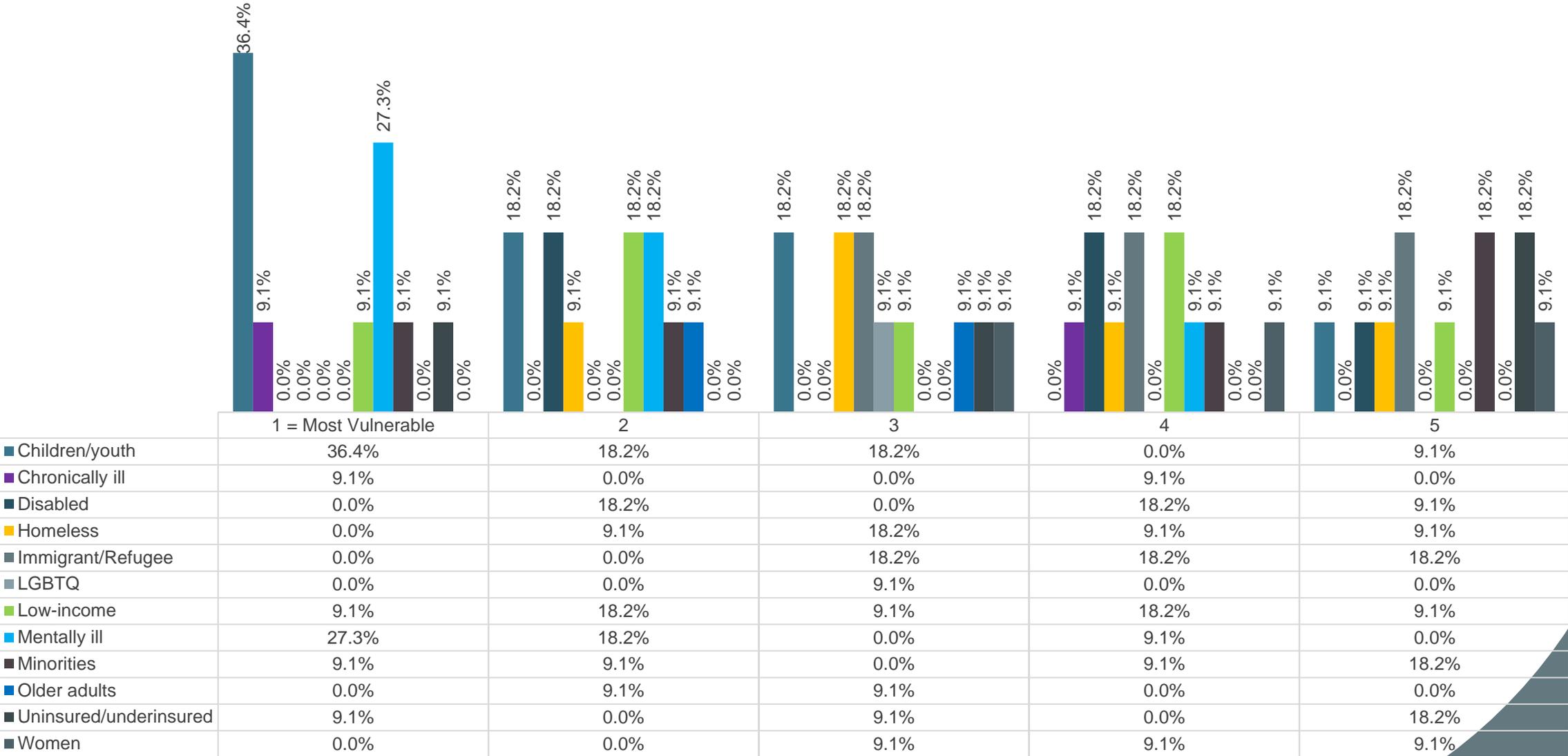


What would improve the quality of life for residents in your community? — Check all that apply

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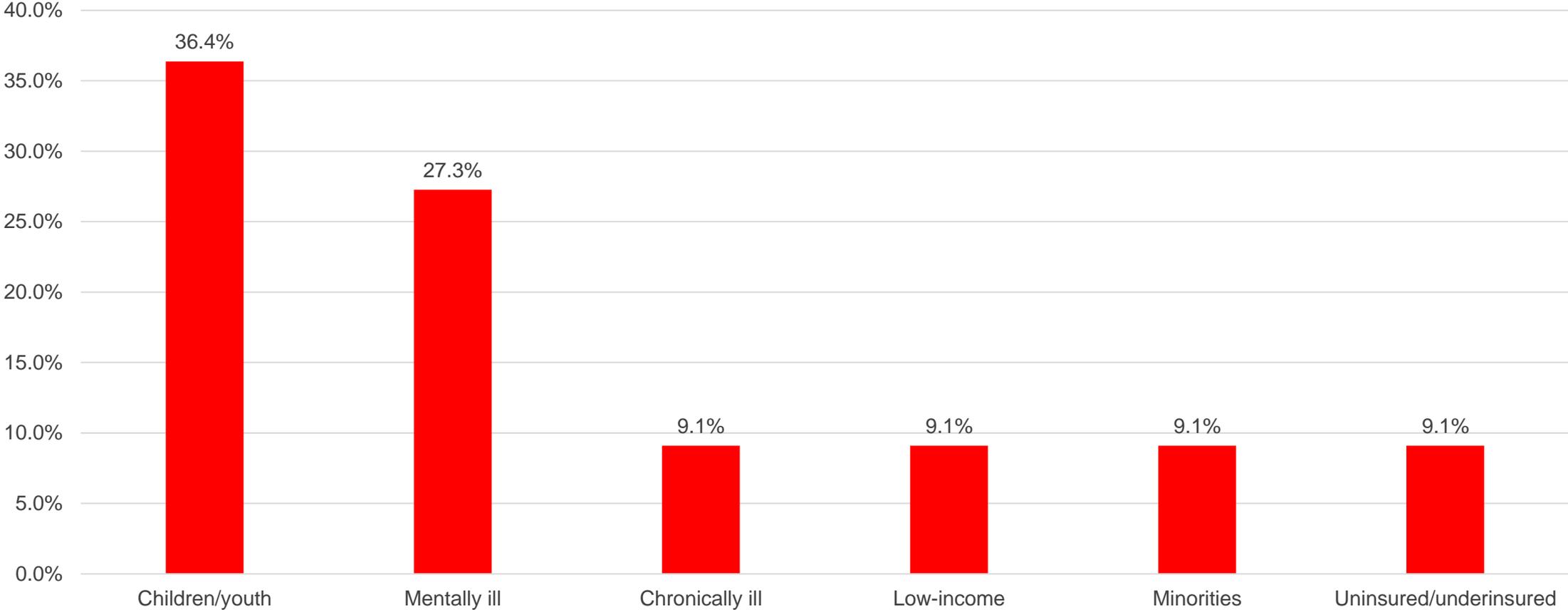


Top 5 populations that are the most vulnerable in the community?



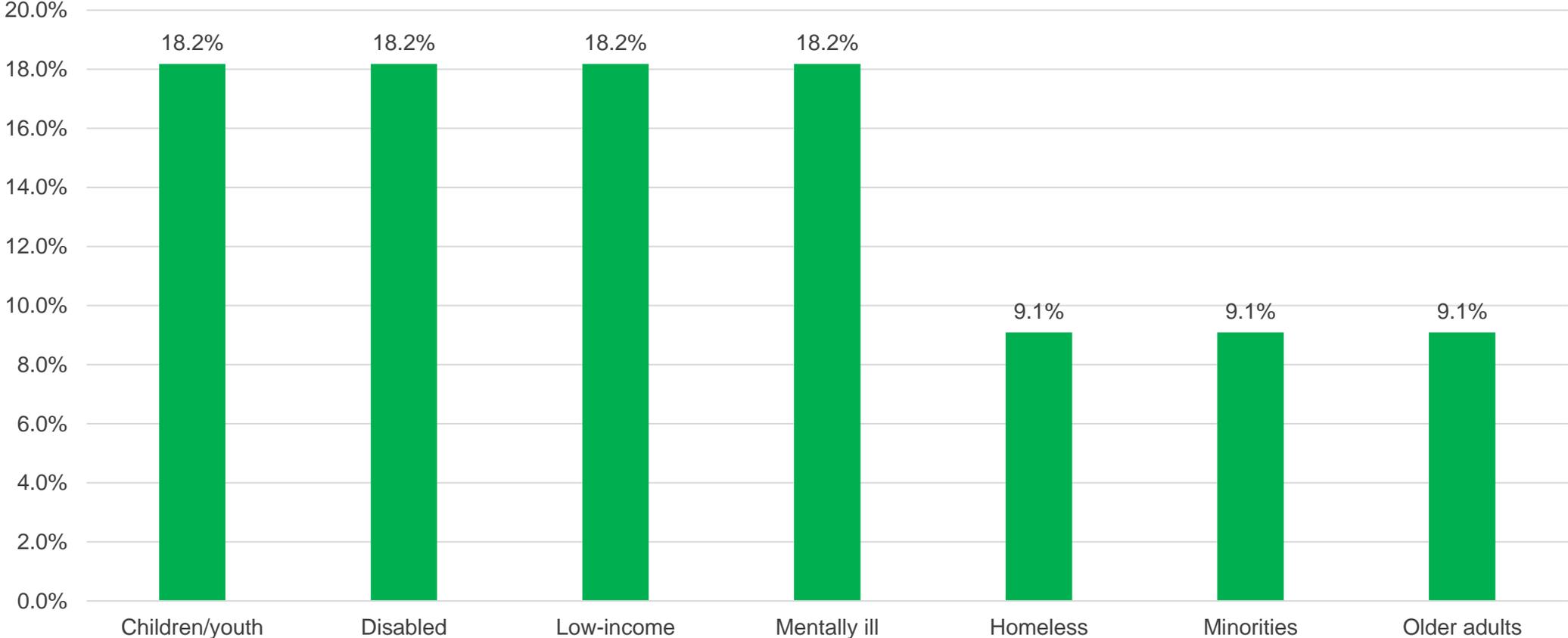
Top 5 populations that are the most vulnerable in the community?

1 — Most Vulnerable Populations



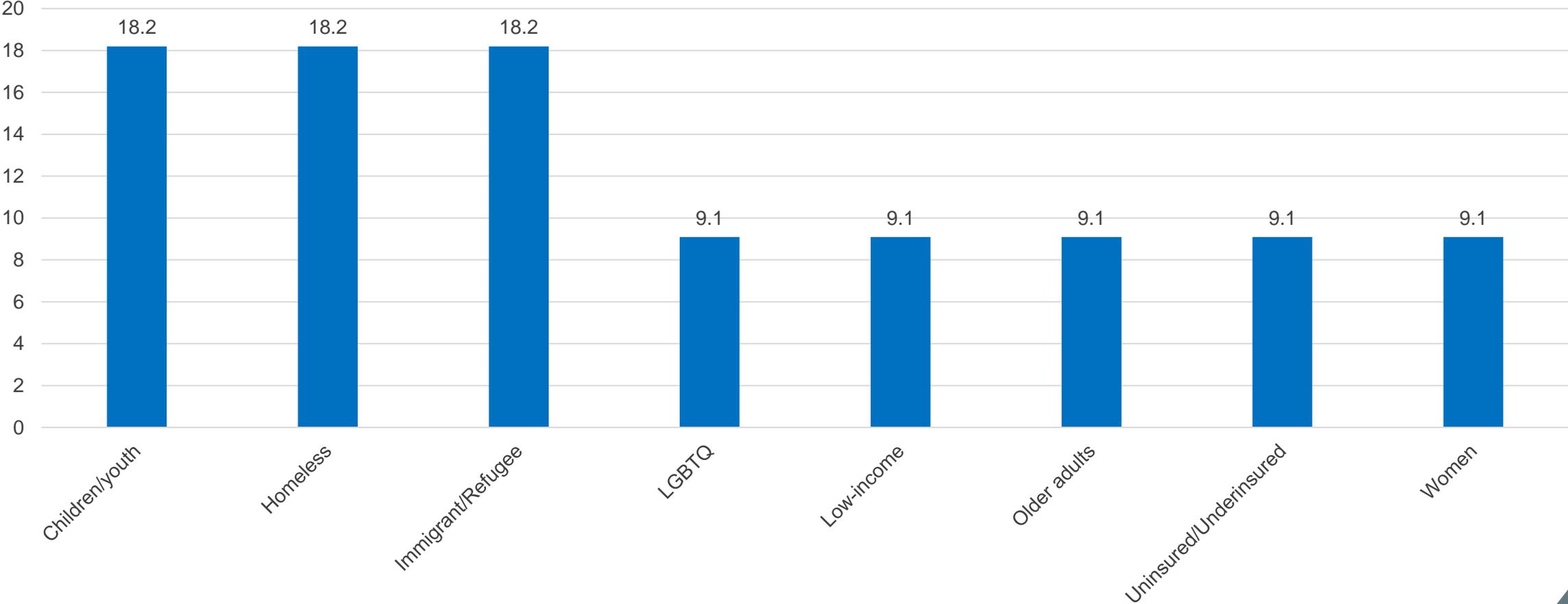
Top 5 populations that are the most vulnerable in the community?

2 — Second Most Vulnerable Populations



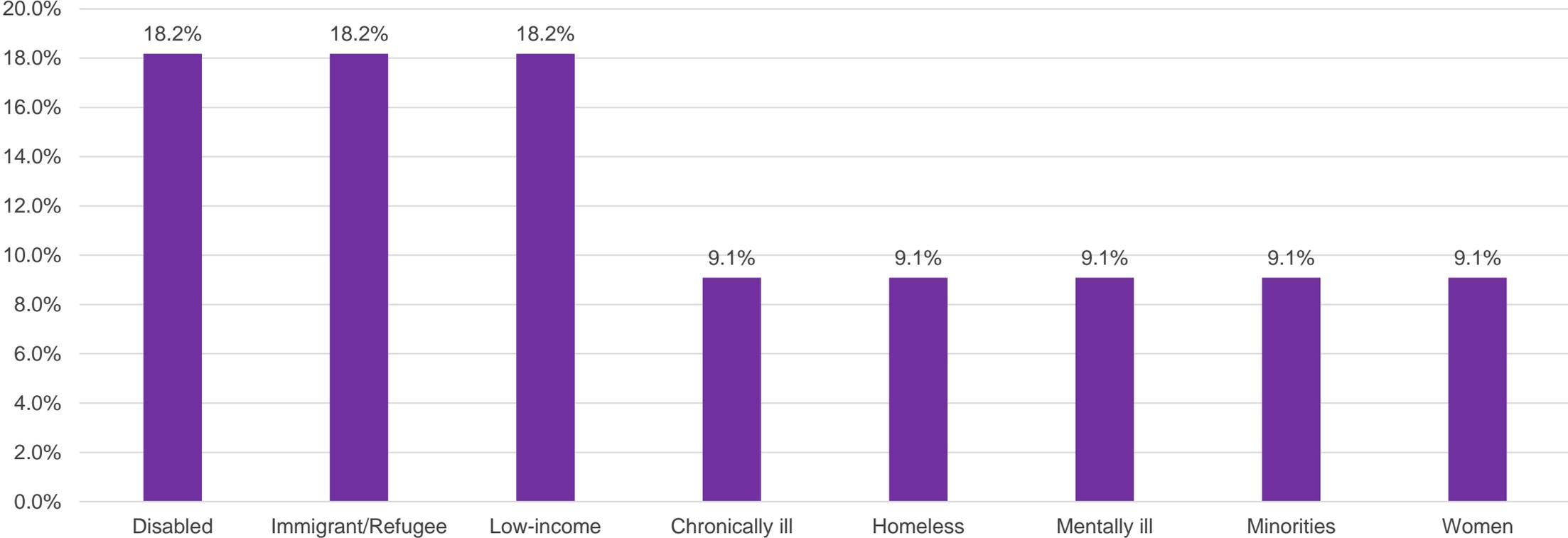
Top 5 populations that are the most vulnerable in the community?

3 — Third Most Vulnerable



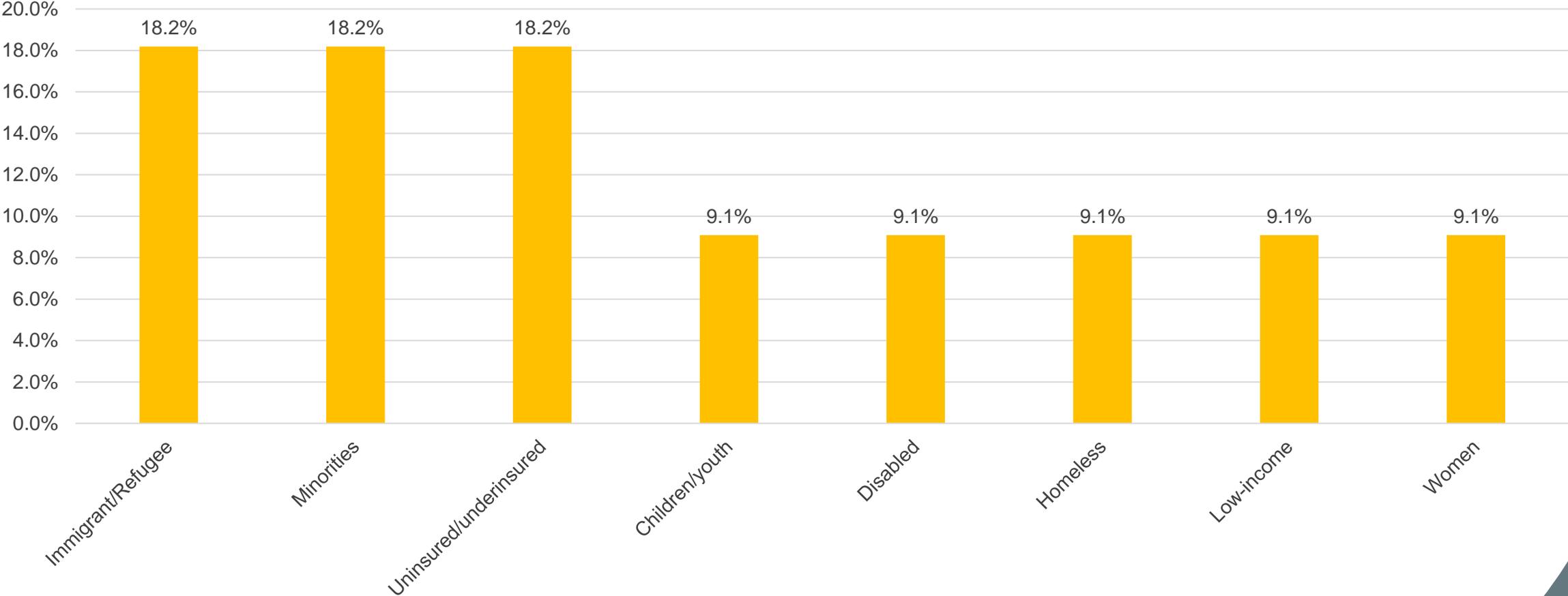
Top 5 populations that are the most vulnerable in the community?

4 — Fourth Most Vulnerable Populations



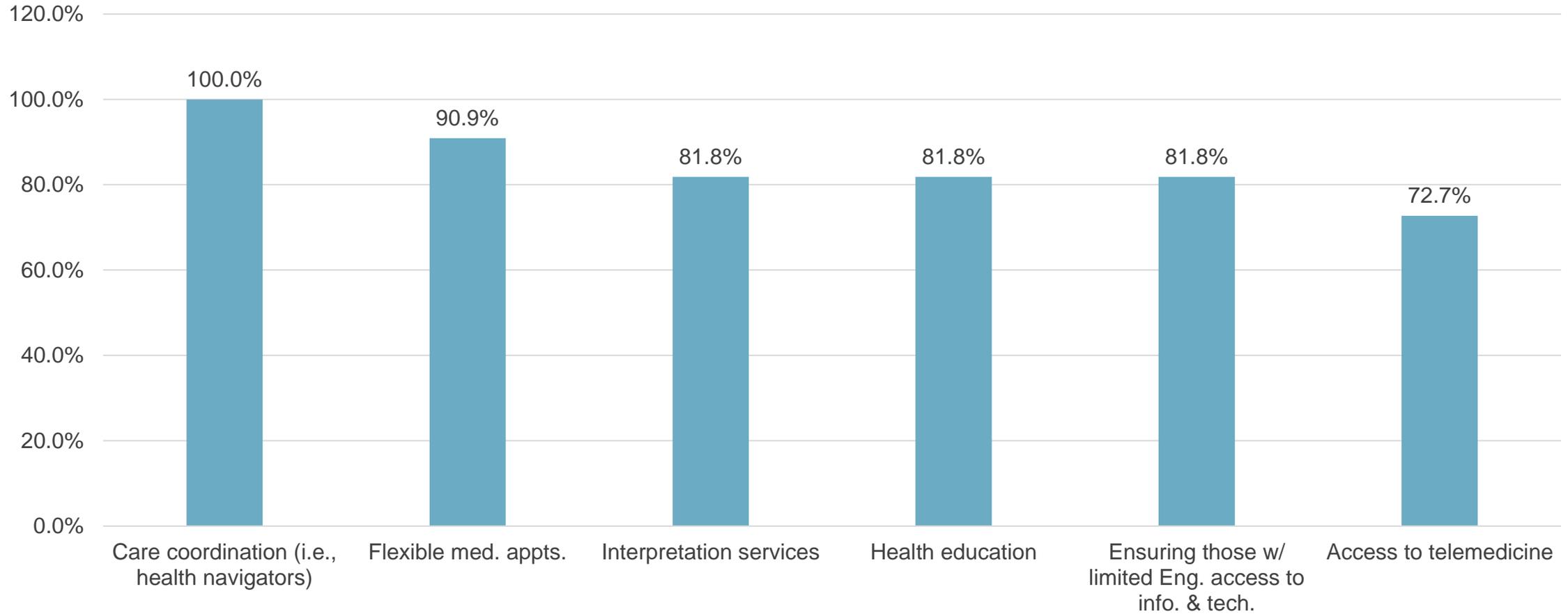
Top 5 populations that are the most vulnerable in the community?

5 — Fifth Most Vulnerable Populations



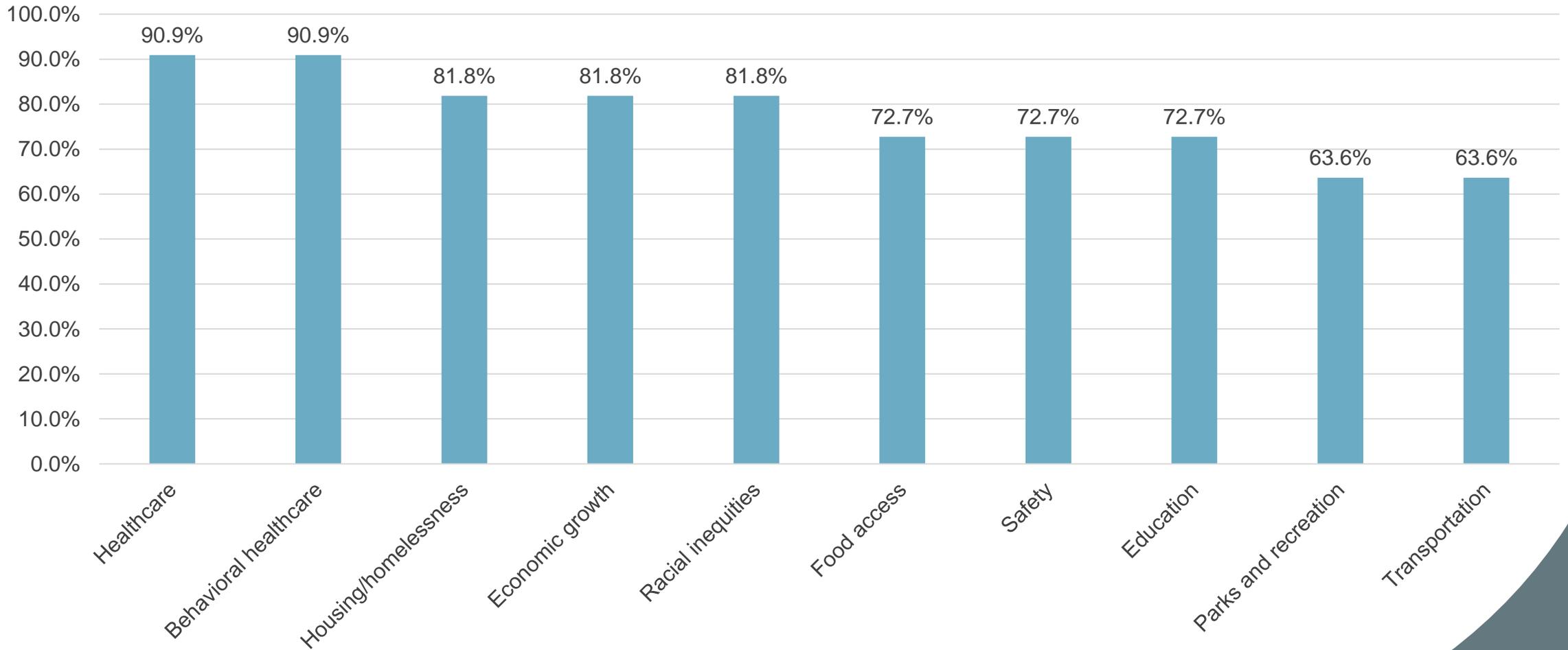
Solutions to help vulnerable populations meet their health needs — (Select all that apply)

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What community needs are currently siloed and need further collaboration among non-profits, healthcare, government? (Check all that apply)

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How did COVID-19 further impact care, specifically among the underserved and disenfranchised population(s)?

- COVID-19 made access to care more confusing even with telemedicine. Lots of confusion with the delivery of care
- The pandemic magnified the inequalities that were already there - many were unable to seek continuous care.
- Need education to try to teach the overall community regarding wearing a mask and social distancing. Lots of misinformation in the public.
- Families did not feel safe around others, and it impacted overall care and services.
- Introduced telehealth and introduced BH through telehealth. Shined more of a light on technology use but some disadvantages among the disenfranchised populations. Not understanding the technology in accessing care.
- We saw the overall impact and its effect on the families. Lots of impact on the infrastructure to get help to everyone in the nuclear home due to COVID-19.
- Higher rates of COVID-19 incidents among St. Christopher's population, especially minorities; Disproportionate lack of access to care among disenfranchised, vulnerable, and economically challenged populations. Increased distrust factor.
- The pandemic changed the home infrastructure as education was taught online, employment was questionable, food accessibility becomes more dire. Mental health grew and the economy became derailed, and racial inequalities grew more due to environmental changes.
- Telemedicine evolved and was welcomed due to lack of choice.
- The underserved population did not want to seek care because they were forced to go outside of their normal way of living. Certain populations like the homeless population could not seek care.

Did telemedicine and virtual platforms ease access to care? In what way?

- It continued treatment and care where there wouldn't be care.
- It helped those who could understand and use the platform, but many did not have internet access.
- Changed the way we provided visits, especially for kids.
- Accelerated the use of these platforms. The folks who used it supported the technology. It eased access to care for those who had access.
- COVID-19 impacted/increased access to mental health care even greater.
- Enabled people to get care without leaving home which was very convenient. Delivered care in an easier and safer way. Created more efficient utilization and resources.
- Telemedicine pointed to the inequalities to electronics for internet services.
- Telemedicine helped for the time but moving forward it can improve.
- Served the community with services but the language and access issues must improve because this will hinder access for those who have disabilities and are stunted by education.

What actions could your hospital take to better address health disparities?

- Have community health workers and navigators being able to help.
- Provide more and better wrap-around services.
- They need to do more community outreach. Health fairs in the hospital, more at the grassroots level.
- Continue to address SDOH but we need to resolve long-term problems. We have to provide more efforts and partnerships to the community. Need to be impactful like addressing employment which will lead to lots of positive and benefitable returns.
- Education needed and figuring out how to best reach the underserved. Targeting the message to the folks.
- We need more resources.
- More with telemedicine initiatives. We need to get permanent jobs for families.
- Improve the educational deficiency.
- We need policy changes. Need big impact to make the change such as better funding streams for improvement and more local resources.
- Better concierge care - patient-oriented care and reaching out to those who are low-income/vulnerable. Educate parents to know when their kids need immunizations and prevention care.
- Develop target programs to meet the needs of the underserved.

Excluding healthcare, what organizations should collaborate to address behavioral health in our community?

- Art organizations, theaters
- Behavioral Health Department and Organizations
- Big businesses
- Boys Scouts
- Community-based organizations
- Children/family welfare
- City officials/government
- Community behavioral health - Look at partnership settlement homes, other substance abuse organizations, and collective impact groups.
- Community health workers
- Faith-based
- Groups that represent specific populations - like immigrants, homeless, LGBTQ+
- Health Department
- Housing
- Insurance companies
- Justice system
- Libraries
- Medicaid office
- Non-profits
- Peer support organizations that use these outlets
- Police
- Schools
- Social agencies
- YMCA

What do you want the hospital to know that we haven't already asked?

- We are in a heavy Medicare population – lots of SDOH factors that make it difficult to live a healthy life. What bonds them together is the lack of economic opportunities in the region. Gentrification is going on so that is helping the community.
- Community organizations and community presidents at grassroots level must be involved.
- Understanding the community and its people range dramatically. I care for the region, and we need efforts at the local level to stem behavioral health and improve the education for all residents.
- The need for bilingual providers. Credentialing providers and encourage them to speak other languages to improve the care that is provided.
- The hospital is a leader in the community. We are great in this area and have developed programs for families in need. There is a great opportunity to share and improve the work.
- We have a Health Tech program with two high schools. Students shadow and have an apprentice to show different available careers.
- We have a lot of communication with the child abuse clinic. Prevention of abuse and more education on ways to get help. Connect and engage the community overall.
- We must understand the long-term impact of COVID-19. Mental health will be a huge issue due to the pandemic.
- Community targeted COVID-19 testing and vaccination programs. These are steps in the right direction in taking on the challenges of COVID-19 health inequities.



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Appendix B - Health Equity Focus Group



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St. Christopher's Hospital for Children Health Equity Focus Group

Focus groups were conducted during June 2021 to collect information and capitalize on communication among health and human service providers. The focus groups enabled its participants to explore and clarify insights and perspectives in a manner that maximizes participation and builds on synergy. Designed to collect and synthesize in-depth information on community provider's thoughts and opinions related to health and health equity, the focus group questions directed participants to look at health and health equity through the broadest lens and scope. The health equity focus groups emphasized a two-fold aim:

1. Better understand barriers faced by vulnerable populations
2. Identify action steps to remove barriers to improve health equity

Facilitated focus group interactions expanded a delicate but challenging conversation regarding health equity and enabled community participants to examine changing perceptions, beliefs, and attitudes related to acknowledging contributors to health equity, identifying health disparities, and improving health equity. Through facilitation, an open and candid environment was created, allowing health and human service providers to speak openly and to share perspectives and real stories regarding the impact of health inequities and health disparities of the diverse populations they serve. The health equity focus groups composed of community representatives, clinical, and human service providers were encouraged to uncover and discuss a plethora of complex and compelling barriers, needs of the diverse and disparate populations they serve and to anticipate what actions should be undertaken to address health equity.

Discussion Area of the (7) health equity focus groups:

1. Contributors to health inequity (SDOH contributors to health inequality (i.e., transportation, education, low-income, lack of access to health care, uninsured/underinsured, and mistrust)
2. Impact of racial and social disparities on quality of care
3. Areas having the most impact on people being treated differently (e.g., education, race/ethnicity, income, insurance, not being able to speak English)
4. The magnitude of social and racial inequalities in health in the workplace, education, housing, and government areas
5. Identifying who is accountable for equitable health care
6. Obstacles and barriers to health equity
7. Recommendations to improve health equity
8. Call to action
9. Knowledge facilities need to know related to the community

The discussions among the health equity focus groups unveiled the following "Call to Action" recommendations: health equity and cultural

1. Building a diverse workforce that is reflective of the communities they serve.
2. Continuing to advance cultural competency, language, and translation services.

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3. Improve patient engagement and increase awareness/communications of available services and programs both to the community as well as across the hospital.
4. Strengthening communication, partnerships and community engagement.
5. Continue the distribution of health information and reinforce health education.

The objectives of the focus groups were achieved as community participants openly and emphatically expressed care and concern for the disparate and vulnerable populations they serve.

1. Contributors to Health Inequity

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- Poor investment and economic support from local/state leaders
- Lack of trust
- Lack of respect of residents
- Provider shortages
- Racism and underrepresentation of Black/Brown providers
- Low-income community
- What infrastructure to provide quality care w/o burning our staff out?

2. Impact of Racial and Social Disparities and influence on Quality of Care Received

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- Health is hope
- With more investment, see more kids, reduce poor health outcomes and save more lives
- Social and racial shift as racial injustice has come to a head toward black and brown community
- Inadequate language and translation services
- Lack of trust and faith for the medical system
- Patients misinformed and do not feel smart enough to get care they deem should be provided
- Revision of medical curricula and need for a training toolbox to protect our families

3. Impact of Patients Being Treated Differently

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- Not speaking English - 55%
- Education and income - 9%

- Poor system communications due to translation structure
- Income impacts how ppl get care and symptoms of poverty
- Review health equality reports to identify languages and cultures of community
- Need a cultural shift/mindset when a patient walks into the hospital
- Think about physical and mental health care and its blend with culture
- Understand documentation status of those pursuing care

4. How Big of a Problem are the Following Areas as Related to Social and Racial inequalities: health, workplace, education, housing, government?

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- Health - 100% major problem
- Education - 100% major problem
- Housing - 100% major problem
- Govt. - 100% major problem

- All are relevant as seen by low ratings of every area public school (i.e., Keystone Stars program)
- Disinvestment in community and abandoned homes and playgrounds
- Diverse representation lacking in the leadership roles
- Gentrification of neighborhoods; pushing low-income residents out
- Have no arts and recreation centers
- A gender level of distrust exists
- Hospital needs to be anchor org. work with others such as Drexel U.
- Partner with schools, to hire locally- peer to peer employees
- Website needs to speak to parents
- Neighborhood voices need to be heard

5. Who Should Be Accountable?

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- Health care system - 64%
- Govt. - 18%
- Other - 18%

- Individuals need to know how to get care-leadership only effective if top-down
- Need everyone to address health equity
- Govt. is systemic, expanded stimulus money as a lifeline for those who need it
- Hospitals are not only ones to address this situation but leaders who make changes at the govt. level
- Every group plays a role-
 - Health systems can advocate and drive policy
 - Govt. can drive the funds - advocate and hold each other accountable, an interdisciplinary effort

6. Barriers and Obstacles That Stand In the Way

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- Demand access to resources and support
- Investment in quality of care
- High numbers of reported MH cases
- Resources for listening to the community
- Big businesses who do not pay taxes (i.e., Comcast)
- A broken health care system
- Need time to be trauma-informed of needs of family and patient
- Need team to help us so patients have access to health care and we can afford to provide services they deserve

7. Recommendations to Address Health Inequities

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- Be mission driven to secure essential resources and provide quality care
- Improve cultural competency and professional development among staff
- Collaborate with CBOs to strengthen voice and impact
- Improve language services
- Hold C-Suite accountable and measure their ability to address mission-driven issues

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8. Actions to Improve Health Equity (Call to Action)

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- Hold leaders accountable to develop diverse staff
- Determine how to leverage through listening
- Understand what is possible and deliver what is needed
- Addressing issues into actions
- Listen to patients
- Work with community and those who live through this daily

9. What the Hospital Needs to Know About the Community

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- New staff should tour the neighborhood and shadow providers
- Spend one day/wk. in a public school
- Plant trees and provide lighting in the neighborhood (public safety)
- Have St. Chris look like a suburban hospital – we want ppl to feel welcomed
- Listen to ppl and invest in the community around the hospital

Capturing Data / Reduce Rates Among Ethnic Groups / Information and Identifying Interventions

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Capturing Data

- Hospital does poor job in collecting data, some data is very flawed. Not sure where to find
- Families have priorities and medication needs are put off
- Use CBOs they are assets in the community for data
- Listen to patients regarding access
- If hospital is going to do better – there should be data w/o a narrative
- Data and community narrative is important
- Check vulnerability index – break it down at granular level

Reduce rates among racial ethnic groups

- Tour neighborhood and listen to community

Identify Interventions

- Start at parenting skills, nutrition, and preventive care, etc.
- Parents can be poor teachers such as using an inhaler
- Need a structural approach. Build housing. Revitalize hospital area

Patient level data to get more granular info.

- Use granular data — decisions based on this data
- Need partnerships. ID what is measurable and relevant to reach common goal.

MISC

- Better external communications. Talk to community, not AT them. Learn from our partners — need dedicated resources
- Need development and FTEs for task
- Payor equity to look at market, size of org.
- Need direction, mission acceptance, and orgs. for support. Start at the top
- We need a strategic plan/business plan
- Staff training
- C-Suite accountability on implementation of initiatives
- Collecting and creating appropriate data to be implemented



Tower Health St Christopher's Hospital

Appendix C - Leadership Focus Group



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St. Christopher's Hospital for Children Leadership Focus Group

Focus groups were conducted during June 2021 to collect information and capitalize on communication with the leaders of Tower Health hospitals. The focus groups enabled its participants to explore and clarify insights and perspectives in a manner that maximizes participation and builds on synergy. Designed to collect and synthesize in-depth information on leadership's thoughts and opinions related to health and health equity, the focus group questions directed participants to look at health and health equity through the broadest lens and scope. It is often noted that (1) leadership commitment and involvement are vital to an organization's ability to address complex issues and (2) the beliefs and perspectives of leadership may have the greatest impact on how an organization achieves cultural competency and improves health equity.

The leadership focus groups emphasized a two-fold aim:

1. Better understand barriers faced by vulnerable populations
2. Identify action steps to remove barriers to improve health equity

Facilitated focus group interactions expanded a delicate but challenging conversation regarding health equity and enabled Tower Health leaders to examine changing perceptions, beliefs, and attitudes related to acknowledging contributors to health equity, identifying health disparities, and improving health equity. Through facilitation, an open and candid environment was created, allowing leaders to speak freely and honestly as essential to hear health equity perspectives and real stories regarding health equity and health disparities of the communities. Leadership focus groups composed of administrative, physicians and clinical, leaders were encouraged to uncover and discuss a plethora of complex and compelling barriers, the needs of the diverse and disparate populations they serve and to make recommendations on what actions may be undertaken to address health equity.

Key themes from the (7) leadership focus groups:

1. Contributors to Health Inequity (SDOH Contributors to Health Inequality (i.e., transportation, education, low-income, lack of access to health, uninsured/underinsured, and mistrust/trust factor)
2. Leadership Actions to Provide Equitable Care
3. Using Data to Identify Gaps
4. Use of Clinical Data
5. Staff Training
6. Consistently Providing Training to Staff towards Culturally and Linguistically Appropriate Care
7. Having Health Equity as an Organizational Priority

Key themes from the (7) leadership focus groups unveiled the following recommendations (Call to Action):

- Develop a plan to achieve health equity

St. Christopher's Hospital for Children

- ❑ Importance of continuing to build a more diverse workforce at the leadership and staff levels; reflective of the community served
- ❑ Improve on the level of awareness related to available services and programs both to the community as well as across the health system
- ❑ Strengthening communication and community engagement. Solidify existing partnerships and collaborations. Creation of a community advisory board.
- ❑ Continuing to advance cultural competency, language, and translation services
- ❑ Sharing of information across the system regarding available services and programs as a few hospitals were not aware of the many programs available and active at the system level

The focus groups objectives were achieved as hospital leaders openly and emphatically expressed care and concern for the disparate and vulnerable populations they serve.

1. Contributors to Health Inequity
St. Christopher's
<ul style="list-style-type: none">• Economic aspects-poverty, low-income and lack of education• Limited/lack of access to healthy foods• Unsafe community environment• Lack/poor housing• Lack of trust — low COVID vaccination rates in some populations
2. Leadership Actions to Provide Equitable Care
St. Christopher's
<ul style="list-style-type: none">• Provide support regardless of ability to pay• Attend to needs beyond the health care— legal, social and food needs• Family advisory council engages with patients and families• Raise awareness of resources and social workers connect to services• Work with agencies to provide parenting skills, (i.e., car seats/cribs for kids)• Assist women's abuse shelters, screenings, health education, clothing drives, etc.• Train young dads• Provide dental care in partnership with schools

St. Christopher's Hospital for Children

3. Using Data to Identify Gaps

St Christopher's

- Has health equality report for all patients and EPIC
- Use data to develop new programs
- Language data will help hire right staff and develop educational materials
- Use phone interpretation services but limited capability for video interpreter's services
- Work with vendor so patient/family can download phone app for language assistance

4. Use of Clinical Data

St. Christopher's

- Use data to address length of stay, outlier patients and diagnostic processes
- Look at discharge data to standardize care, appropriate treatment, and good health outcomes
- Use data to tell the story, assess impact, and improve care to certain populations,

5. Staff Training

St Christopher's

- Provides intensive and on-going training for new nurses and annual competencies to all staff
- Hosts subject specific speakers and experts on health disparities
- Provides awareness on explicit bias for providers to acknowledge how we manage patients
- Hosts a refresher course every 12-18 months to ensure interpreters are communicating in preferred language of patients
- Added CMEs to cultural competency efforts

6. Consistently Providing Training to Staff towards Culturally and Linguistically Appropriate Care

St. Christopher's

- Addresses more health equality issues than other hospitals
- Has assets beyond providing healthcare, have great partnerships
- PCPs, nurses, other providers systematically use screening in inpatient and outpatient settings
- Connects patients and families to needed services

St. Christopher's Hospital for Children

7. Having Health Equity as an Organizational Priority

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- Leverage relationships with local and state officials to garner needed resources
- Improve language services and available interpreters
- Partner with community organizations to maximize resources
- Engage community and patient councils that reflect those we serve to promote health equity

Recommendations and Implementation Strategies

St. Christopher's

- Work with legislators to secure appropriate funding
- Garner and leverage resources to provide quality care to diverse kids and families
- Engage community through a consistent health equity message
- Strengthen relations and communication with employees and partners (i.e., Press Ganey)
- Serve as a convener and unite others to help meet the needs

Importance of leadership and governance team reflecting the diverse community it serves (Polling Question)

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Very Important - 88%

Moderate Importance - 13%

- Need community involvement on governance structure. Boards provide opportunities to better reflect the patient population. Need to be vocal for the need of cultural diversity.

Does your leadership team reflect its community? (Polling Question)

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Yes - 13%

No - 88%

- Governance structure has more diversity and North Philadelphia representation
- Must recruit diverse individuals and cultures that reflect the patient populations we serve



Tower Health St Christopher's Hospital

Appendix D - Key Informant Survey

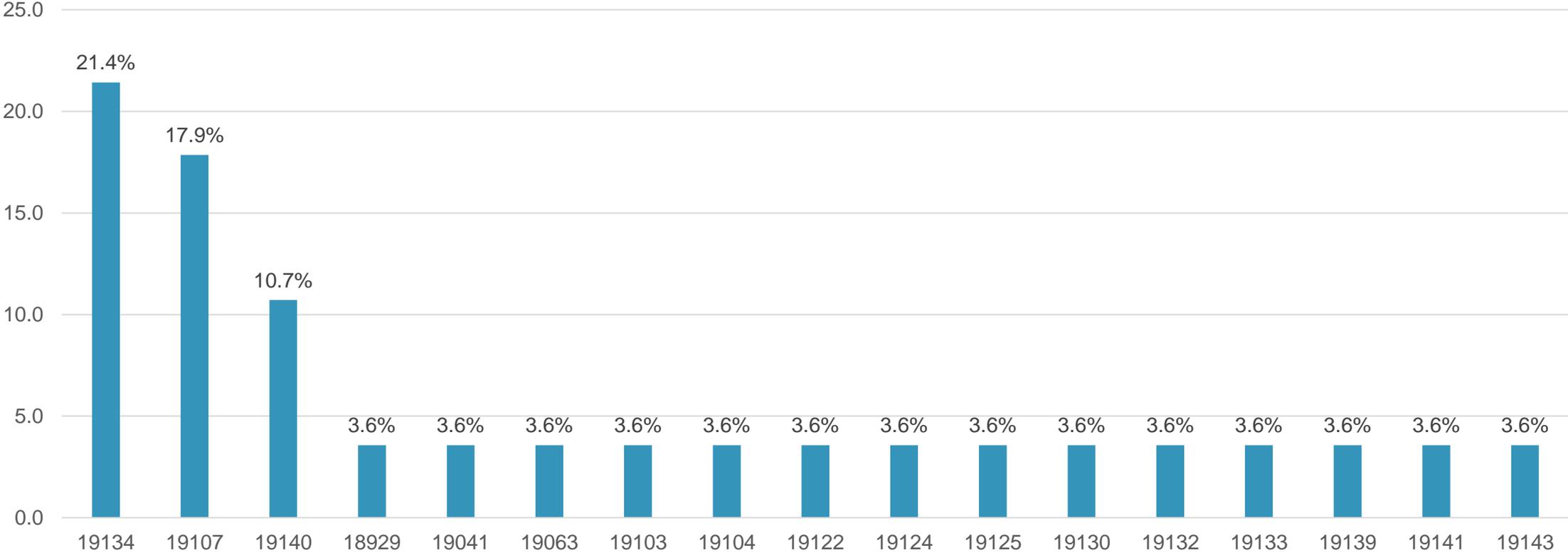


Introduction

- Tripp Umbach worked closely with representatives from Tower Health to identify key informants in the region. A robust database was created to request survey participation from leaders in the region. An email was sent to key informants by representatives of St. Christopher's Hospital to introduce the CHNA process. The email introduced the project and conveyed the importance of the CHNA for Tower Health System and for the community.
- A key informant survey was programmed into Survey Monkey to collect feedback from respective populations.
- The data collection period ran from February 2021 – August 2021.

ZIP Code Where Work

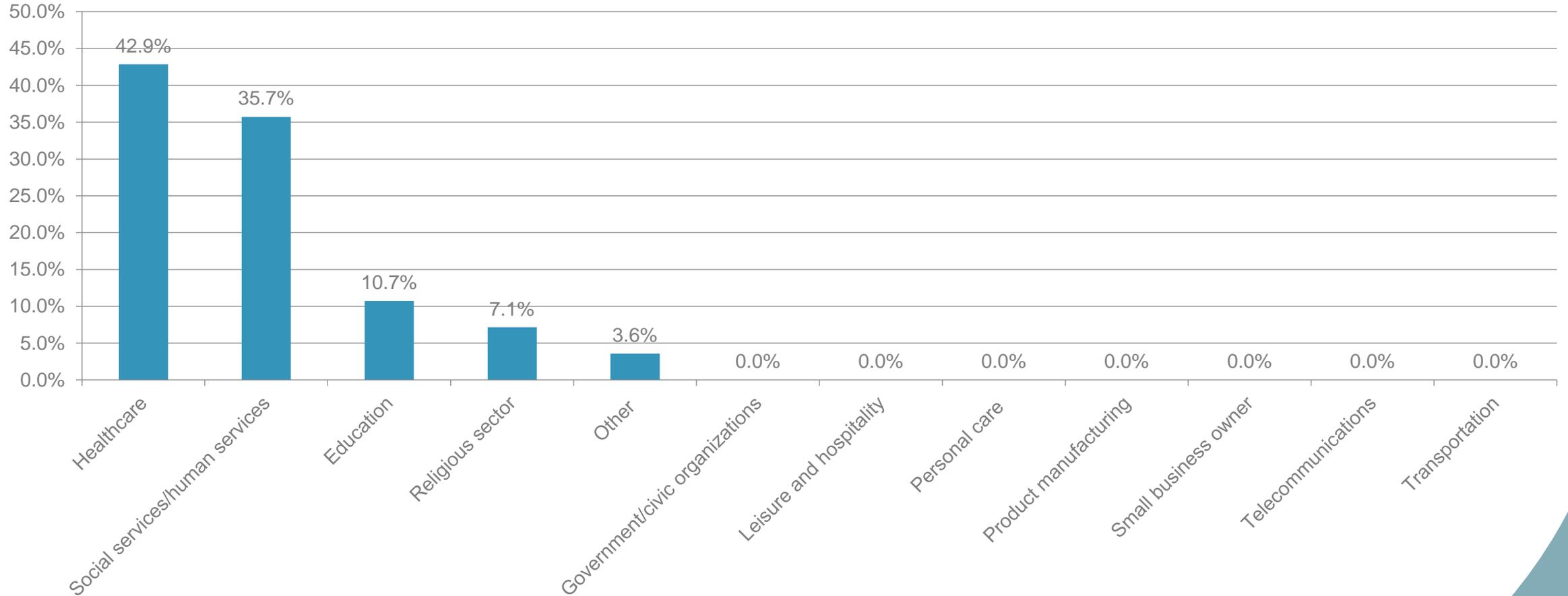
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- 92.9% of key informants worked in Philadelphia County and 7.1% reported other.

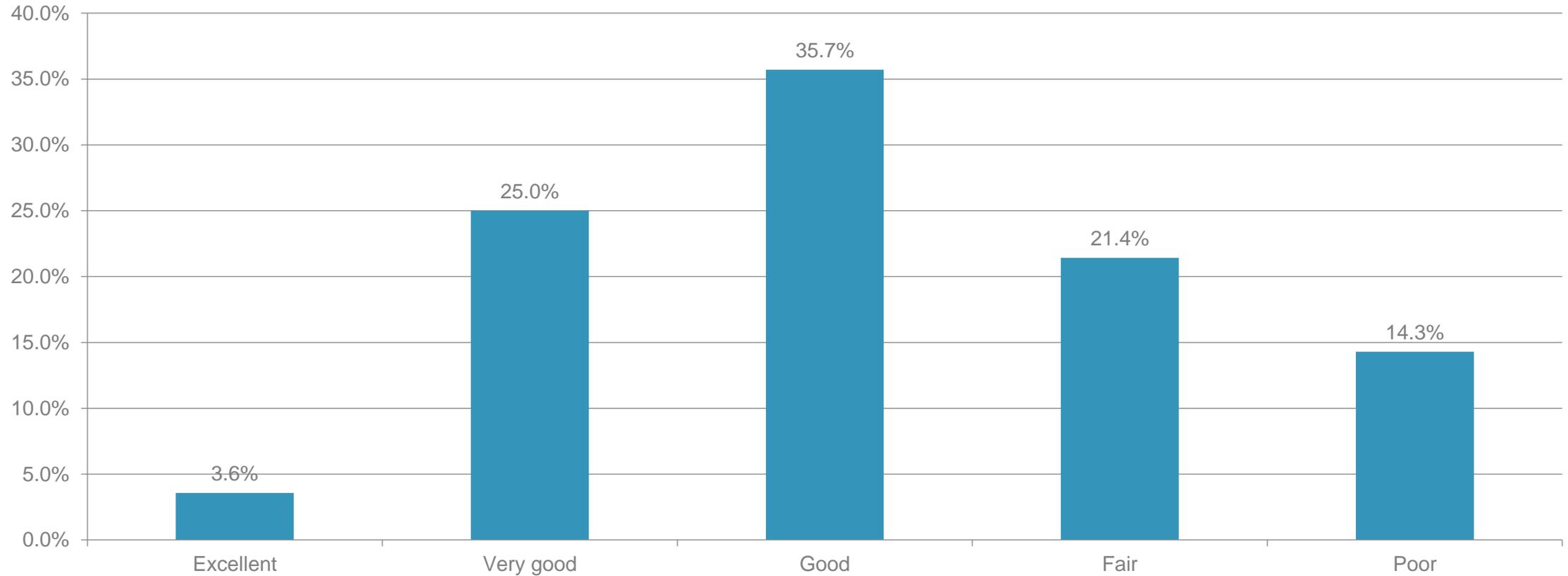
Represented Industry

What industry do you represent? (Select one)



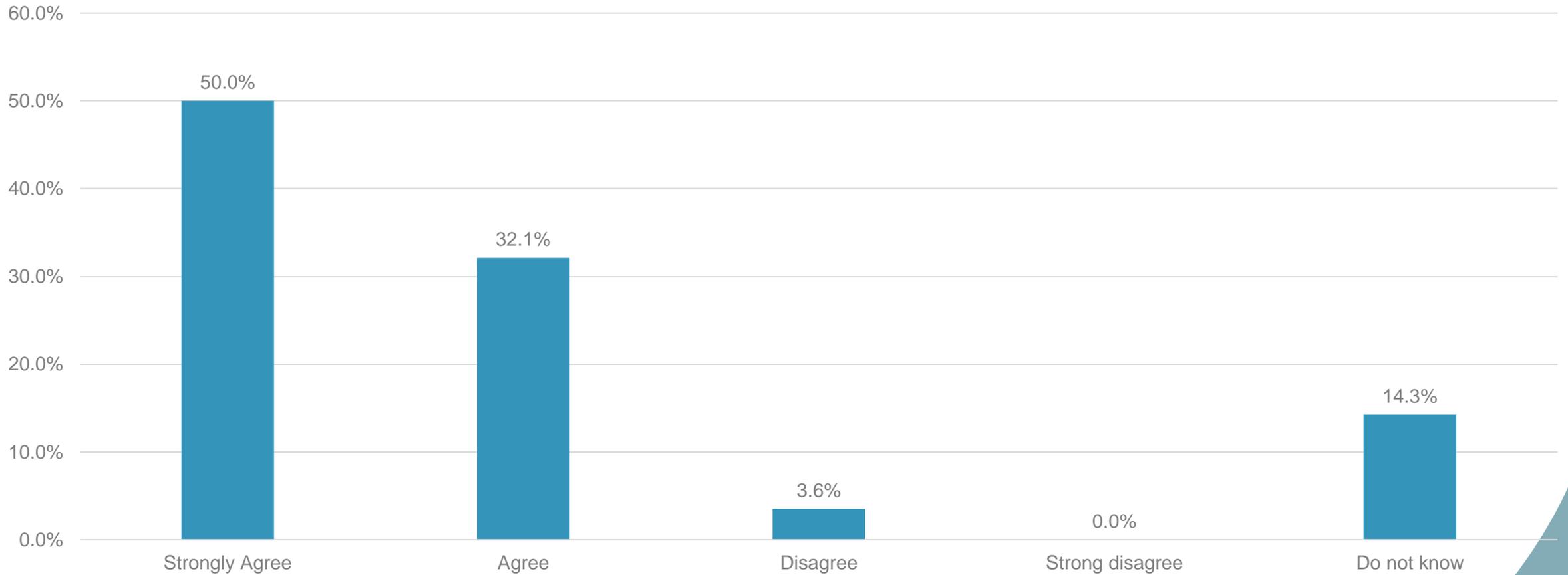
Rate Health and Human Services in Community

How would you rate the overall health and human services in your community?



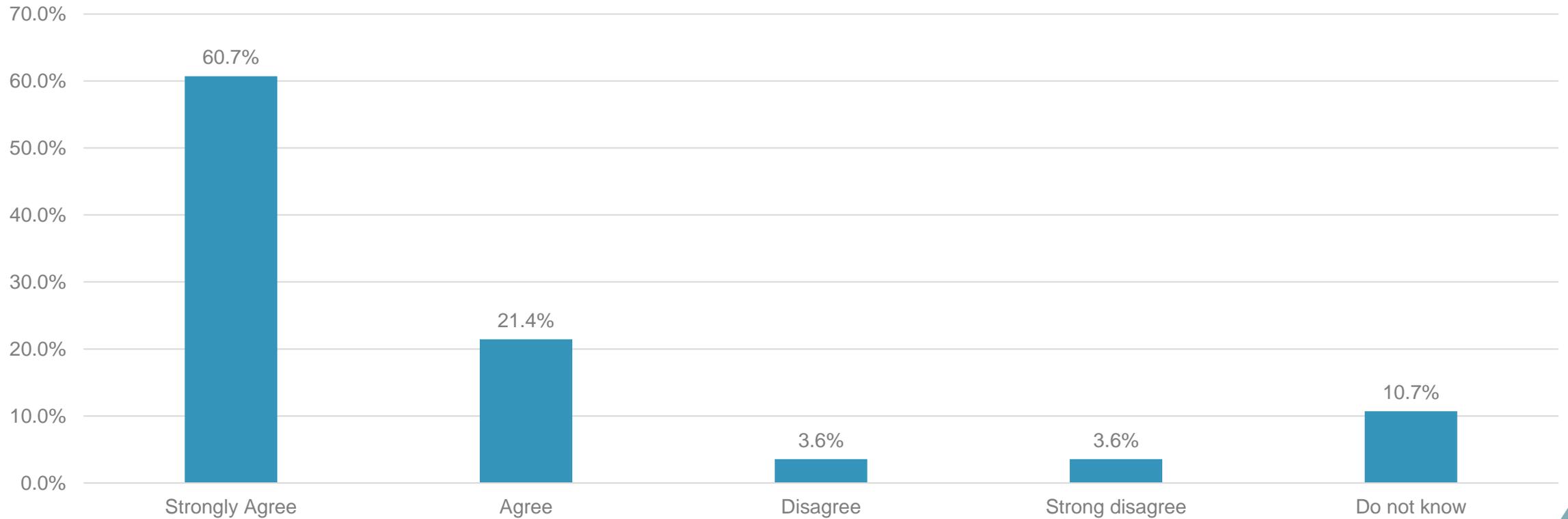
Rate How Hospital Offers High-Quality Health Care for the Community

St. Christopher's Hospital for Children offers high-quality health care for the community.



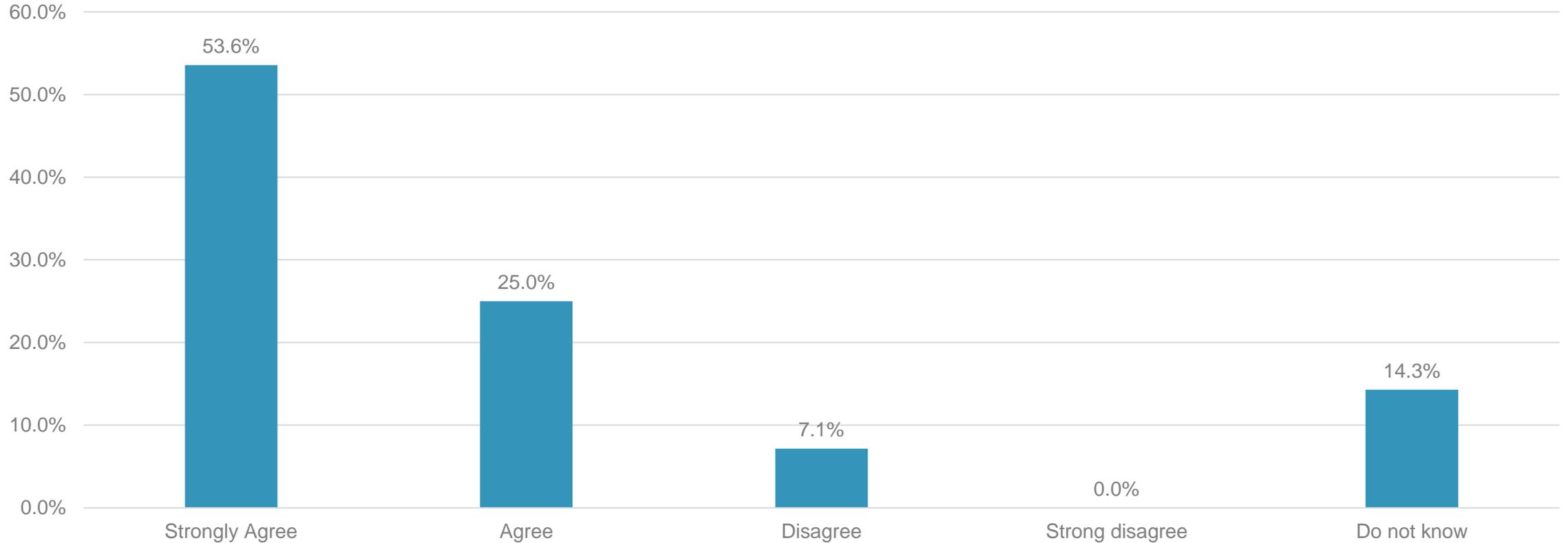
Rate How Hospital Addresses needs of Diverse and Disparate Populations

St. Christopher's Hospital for Children addresses the needs of diverse and disparate populations.



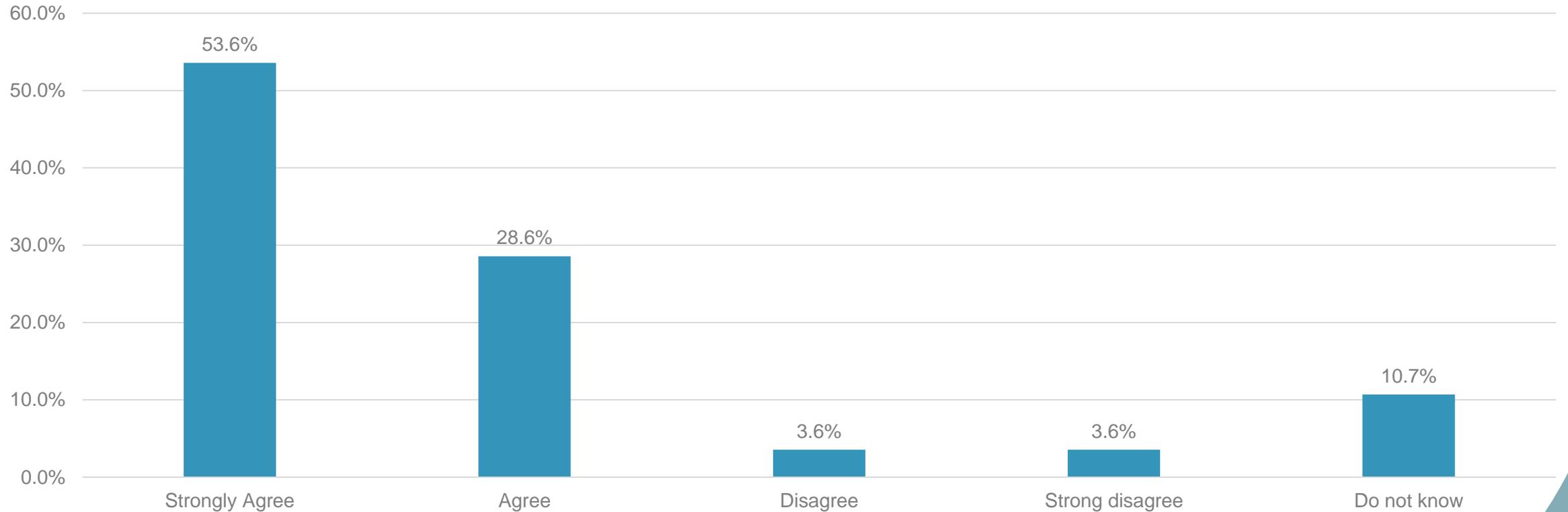
Rate How Hospital Ensures Access to Care Regardless of Race, Gender, Education, and Economic Status

St. Christopher's Hospital for Children ensures access to care for everyone, regardless of race, gender, education, and economic status.



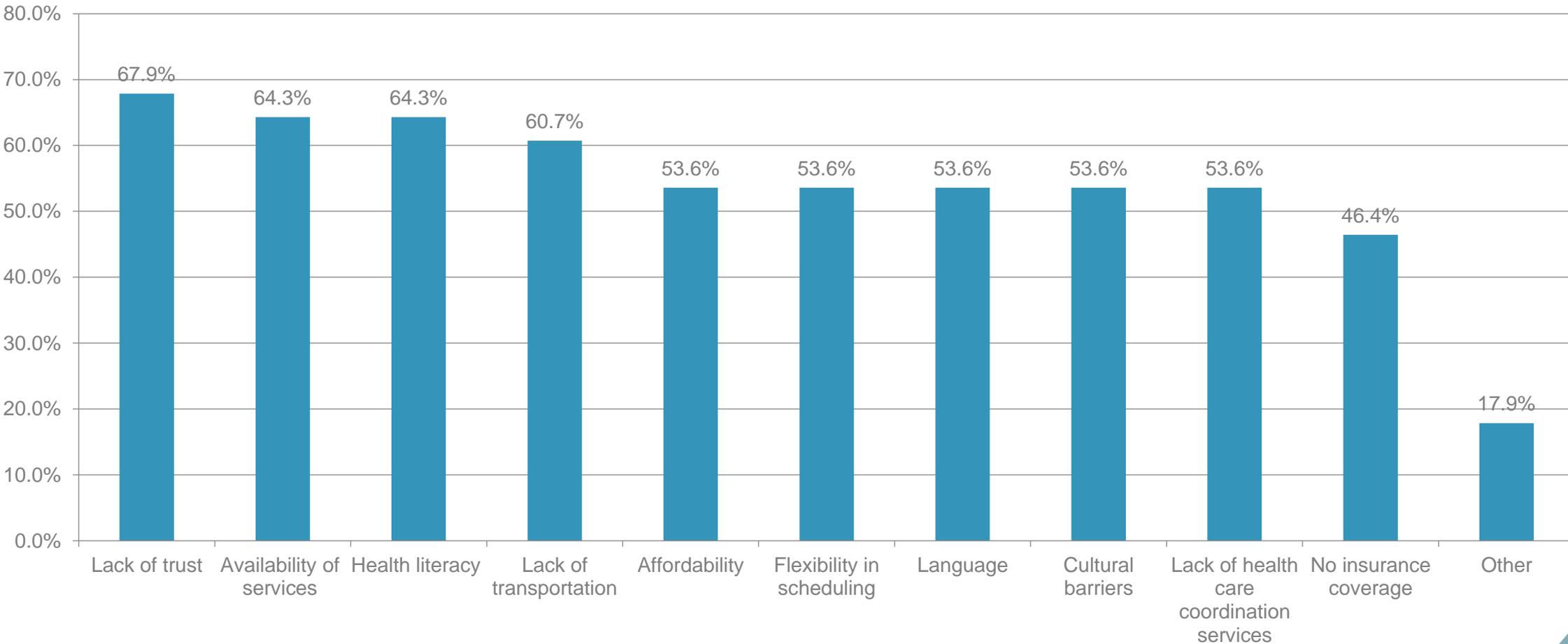
Rate How Hospital Works to Identify and Address Health Inequalities

St. Christopher's Hospital for Children is actively working to identify and address health inequities that impact its patients.



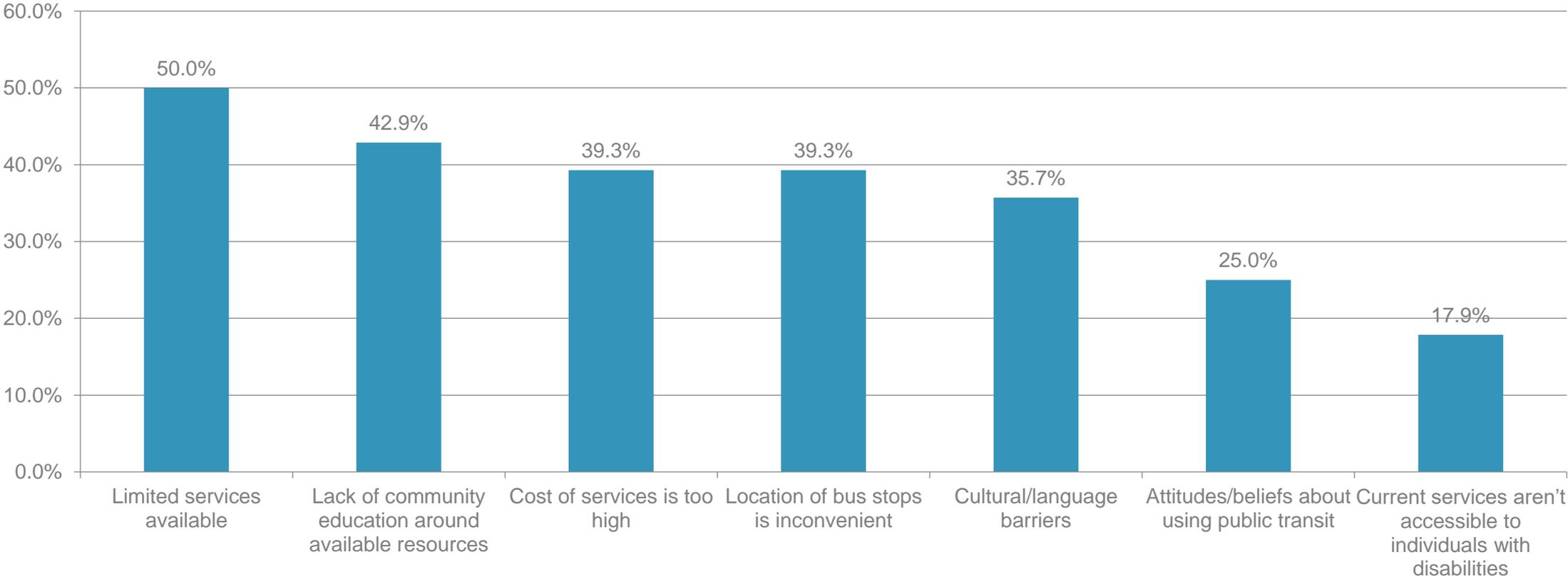
Perceived Barrier(s) for People Not Receiving Care or Services — Check all that apply

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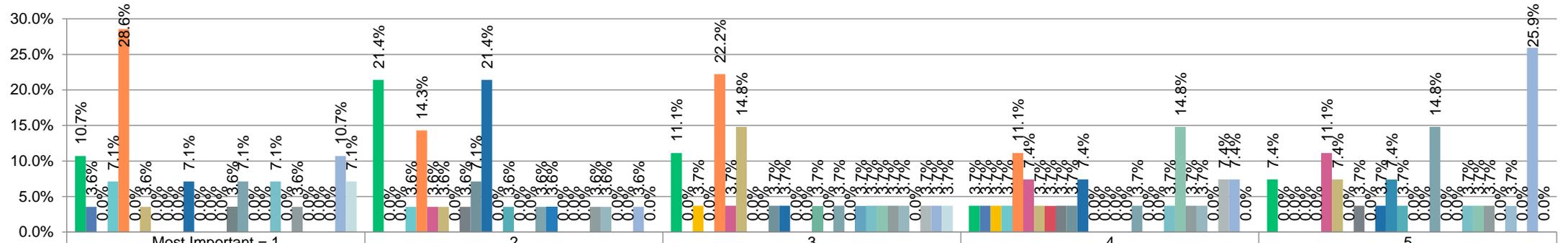


Following contributions to the transportation issues in the community — (Top three)

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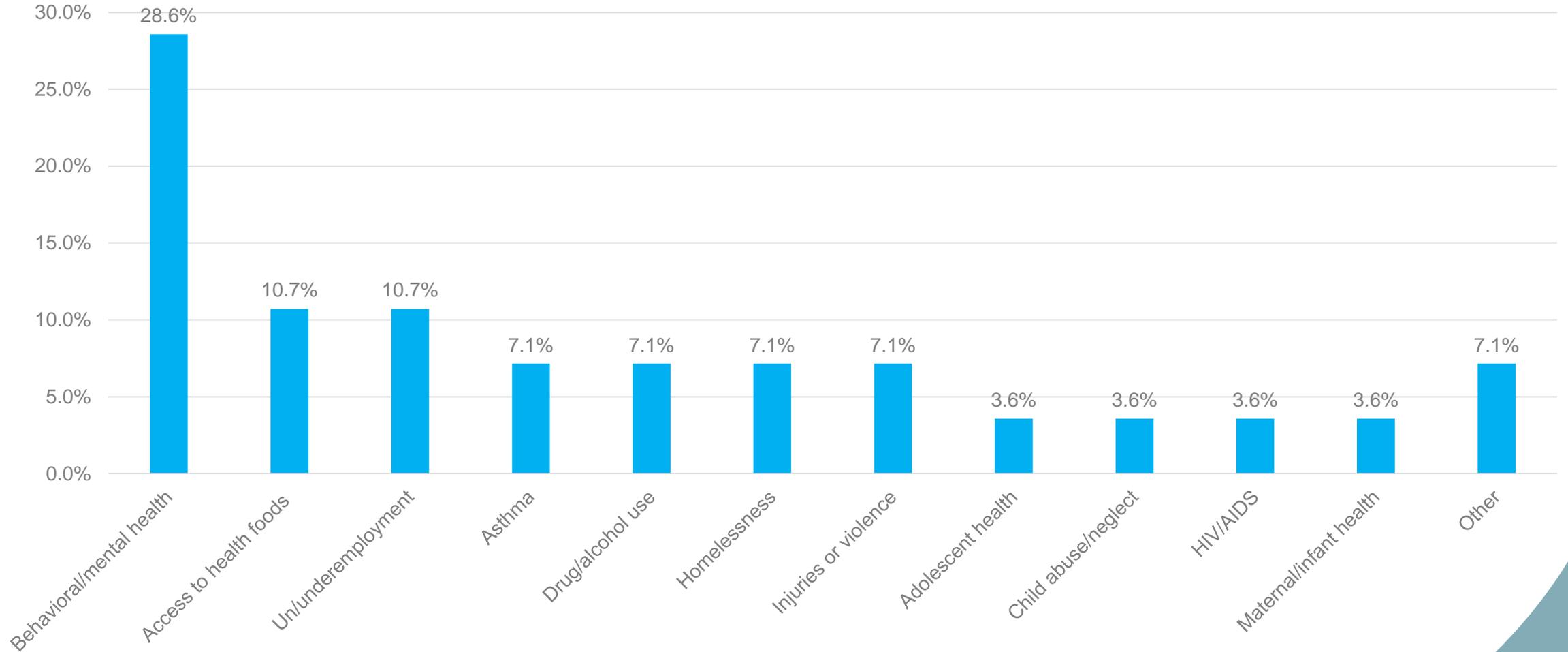
Top 5 persistent “Health Problems” in the community?



	Most Important = 1	2	3	4	5
Access to health foods	10.7%	21.4%	11.1%	3.7%	7.4%
Adolescent health	3.6%	0.0%	0.0%	3.7%	0.0%
Aging problems	0.0%	0.0%	3.7%	3.7%	0.0%
Asthma	7.1%	3.6%	0.0%	3.7%	0.0%
Behavioral/mental health	28.6%	14.3%	22.2%	11.1%	0.0%
Care for moms/babies	0.0%	3.6%	3.7%	7.4%	11.1%
Child abuse/neglect	3.6%	3.6%	14.8%	3.7%	7.4%
Dental health	0.0%	0.0%	0.0%	3.7%	0.0%
Diabetes	0.0%	3.6%	0.0%	3.7%	3.7%
Domestic violence	0.0%	7.1%	3.7%	3.7%	0.0%
Drug/alcohol use	7.1%	21.4%	3.7%	7.4%	3.7%
Family planning/birth control	0.0%	0.0%	0.0%	0.0%	7.4%
Heart disease	0.0%	3.6%	0.0%	0.0%	3.7%
High blood pressure	0.0%	0.0%	3.7%	0.0%	0.0%
HIV/AIDS	3.6%	0.0%	0.0%	0.0%	0.0%
Homelessness	7.1%	3.6%	3.7%	3.7%	14.8%
Infant death	0.0%	3.6%	0.0%	0.0%	0.0%
Infectious diseases	0.0%	0.0%	3.7%	0.0%	0.0%
Injuries or violence	7.1%	0.0%	3.7%	3.7%	3.7%
Lack of exercise	0.0%	0.0%	3.7%	14.8%	3.7%
Maternal/infant health	3.6%	3.6%	3.7%	3.7%	3.7%
Rape/sexual assault	0.0%	3.6%	3.7%	3.7%	0.0%
Sexually Transmitted Diseases	0.0%	0.0%	0.0%	0.0%	3.7%
Teen pregnancy	0.0%	0.0%	3.7%	7.4%	0.0%
Unemployment/underemployment	10.7%	3.6%	3.7%	7.4%	25.9%
Other	7.1%	0.0%	3.7%	0.0%	0.0%

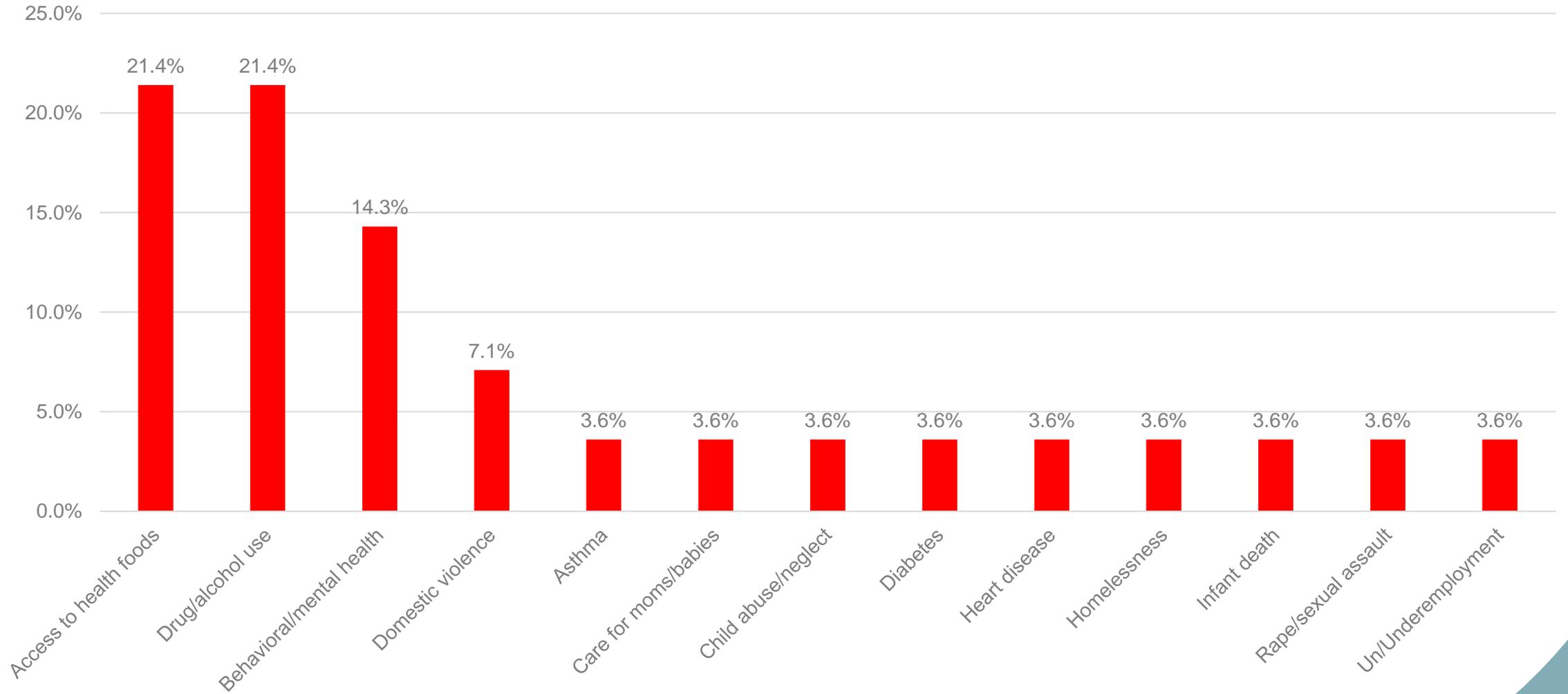
Top 5 persistent “Health Problems” in the community?

1 — Most Persistent Health Problems



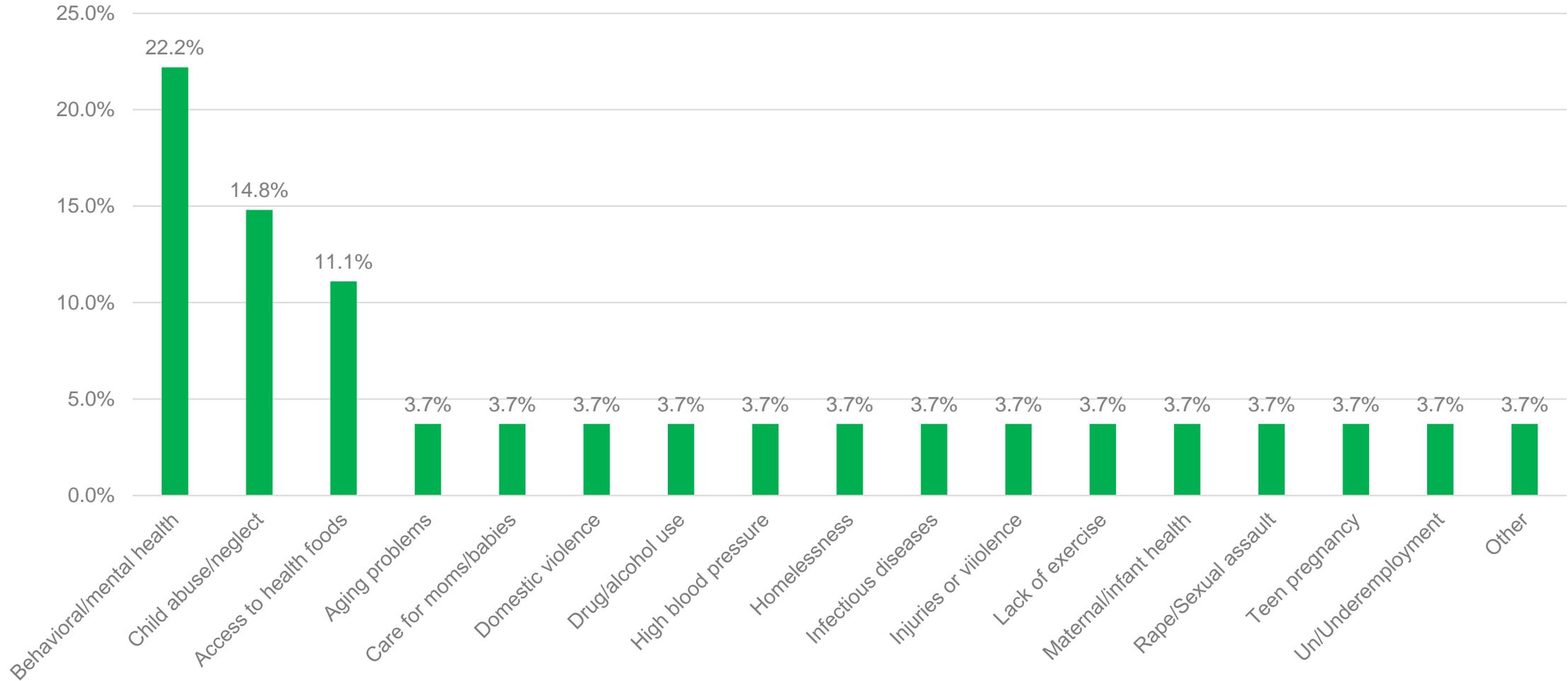
Top 5 persistent “Health Problems” in the community?

2 — Second Most Persistent Health Problems



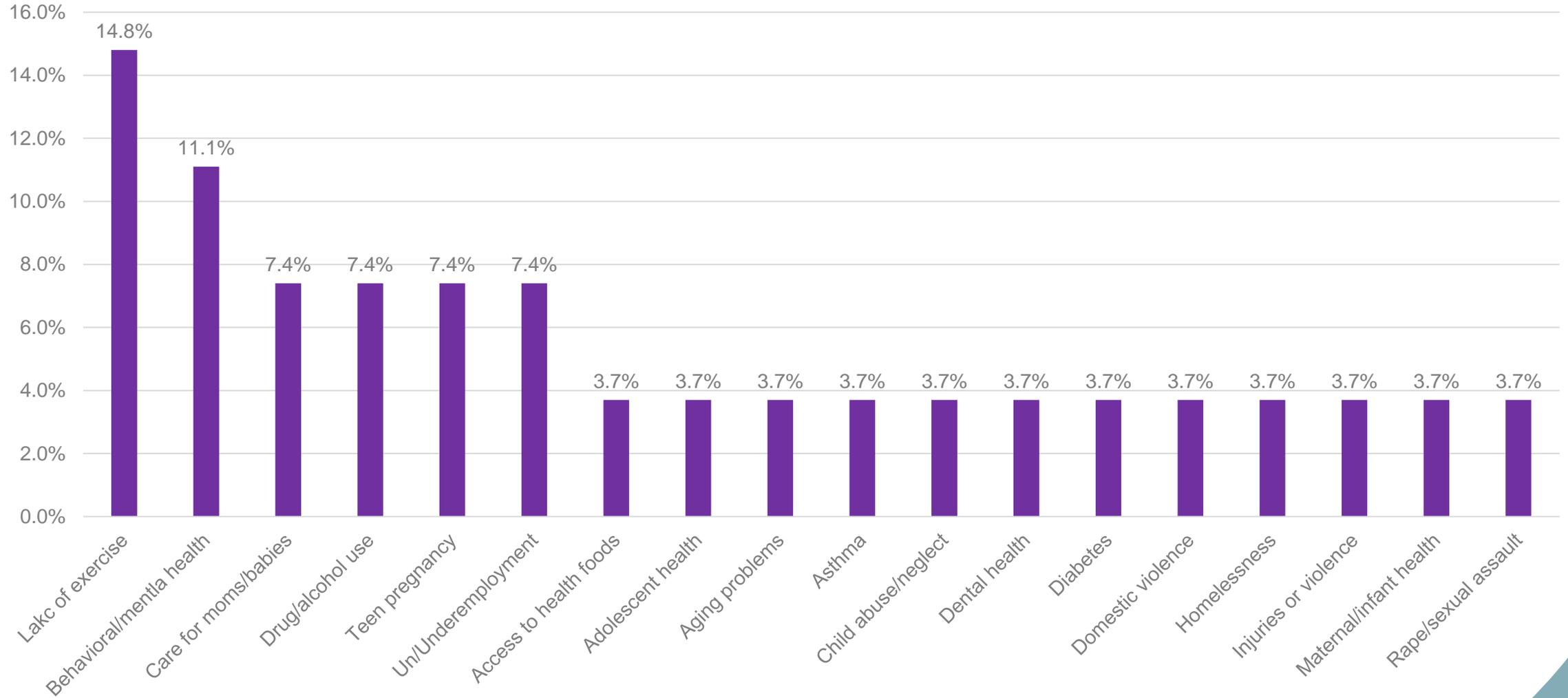
Top 5 persistent “Health Problems” in the community?

3 — Third Most Persistent Health Problems



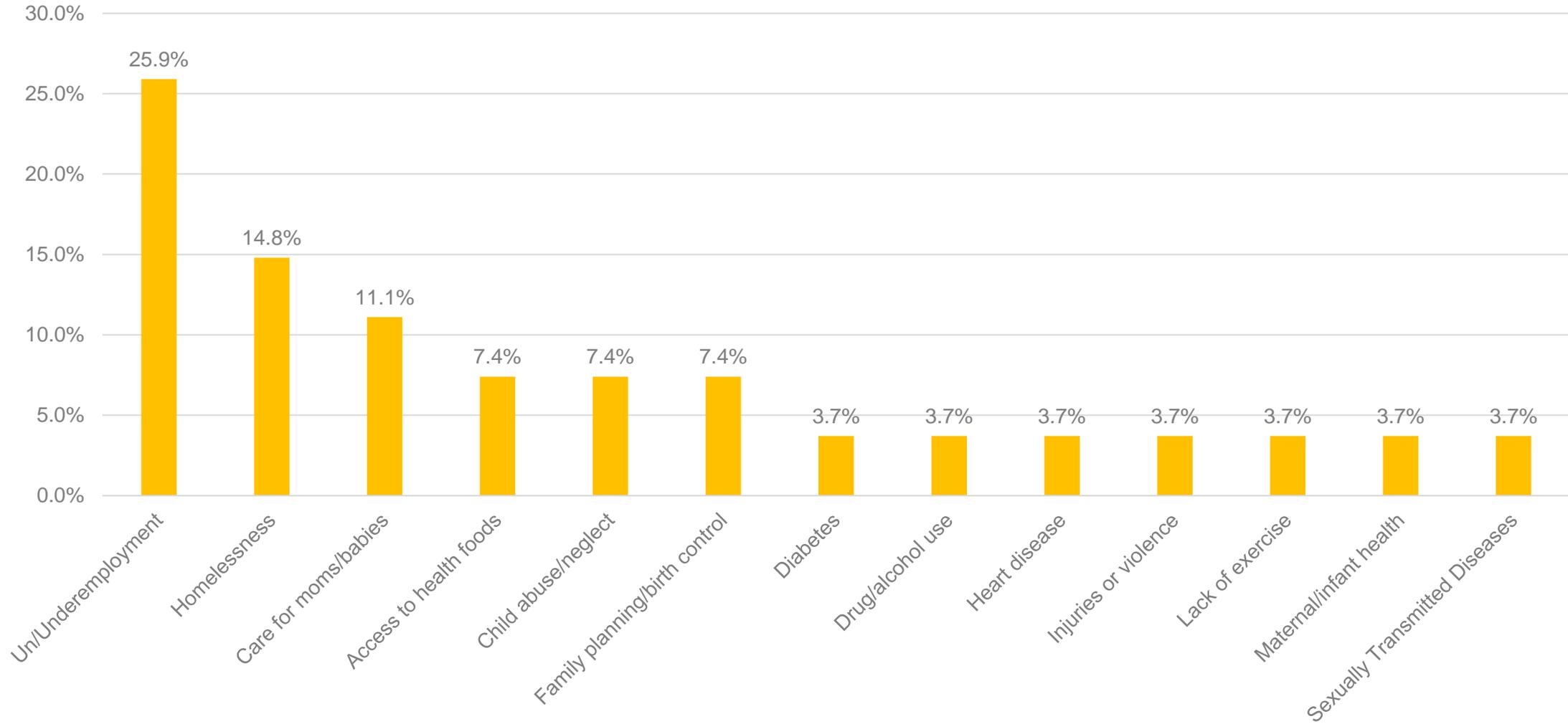
Top 5 persistent “Health Problems” in the community?

4 — Fourth Most Persistent Health Problems



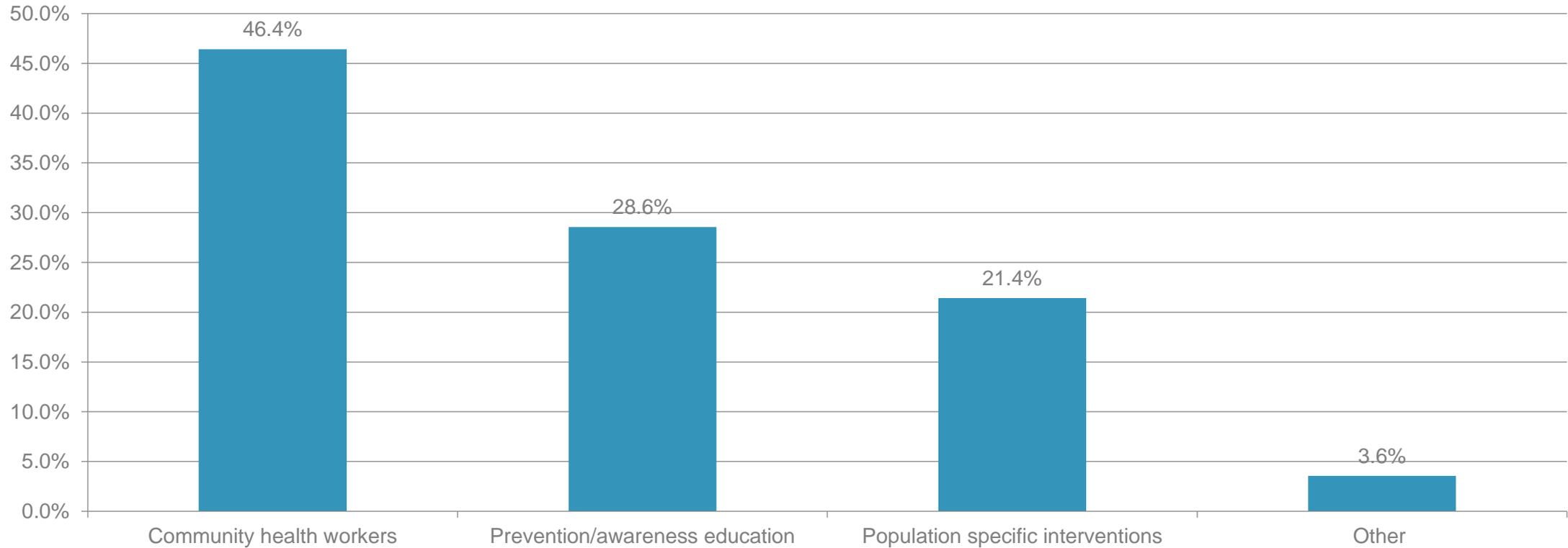
Top 5 persistent “Health Problems” in the community?

5 — Fifth Most Persistent Health Problems



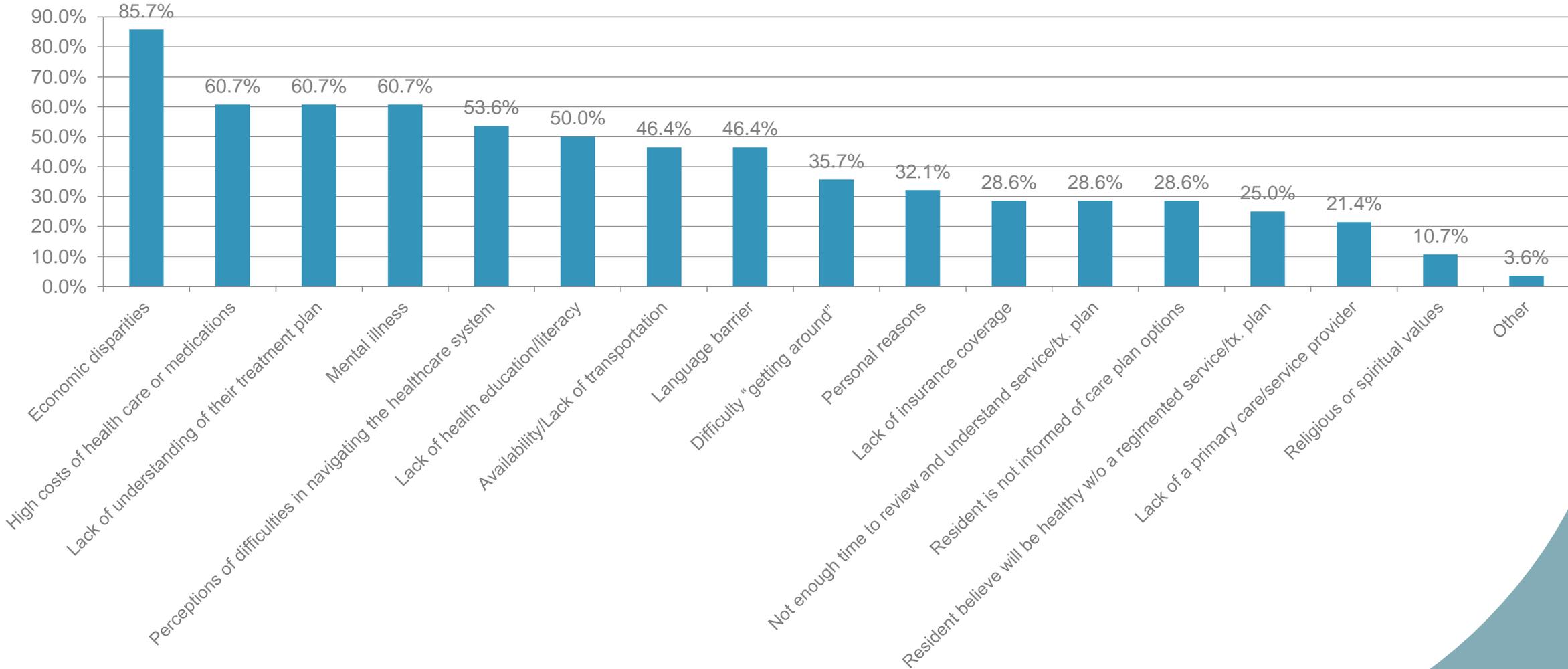
Type II diabetes, pre-diabetes and obesity affects many members of our community. What can we offer the community to achieve and maintain optimal health?

St. Christopher's

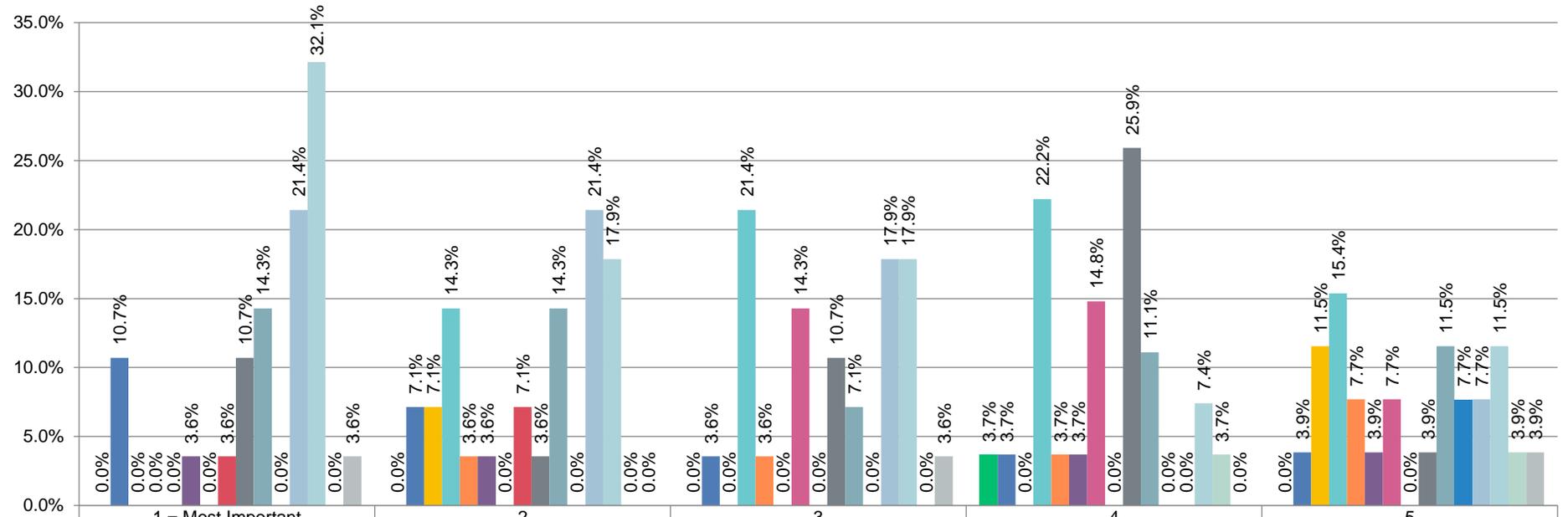


Most significant barriers to improving health and quality of life – Check all that apply

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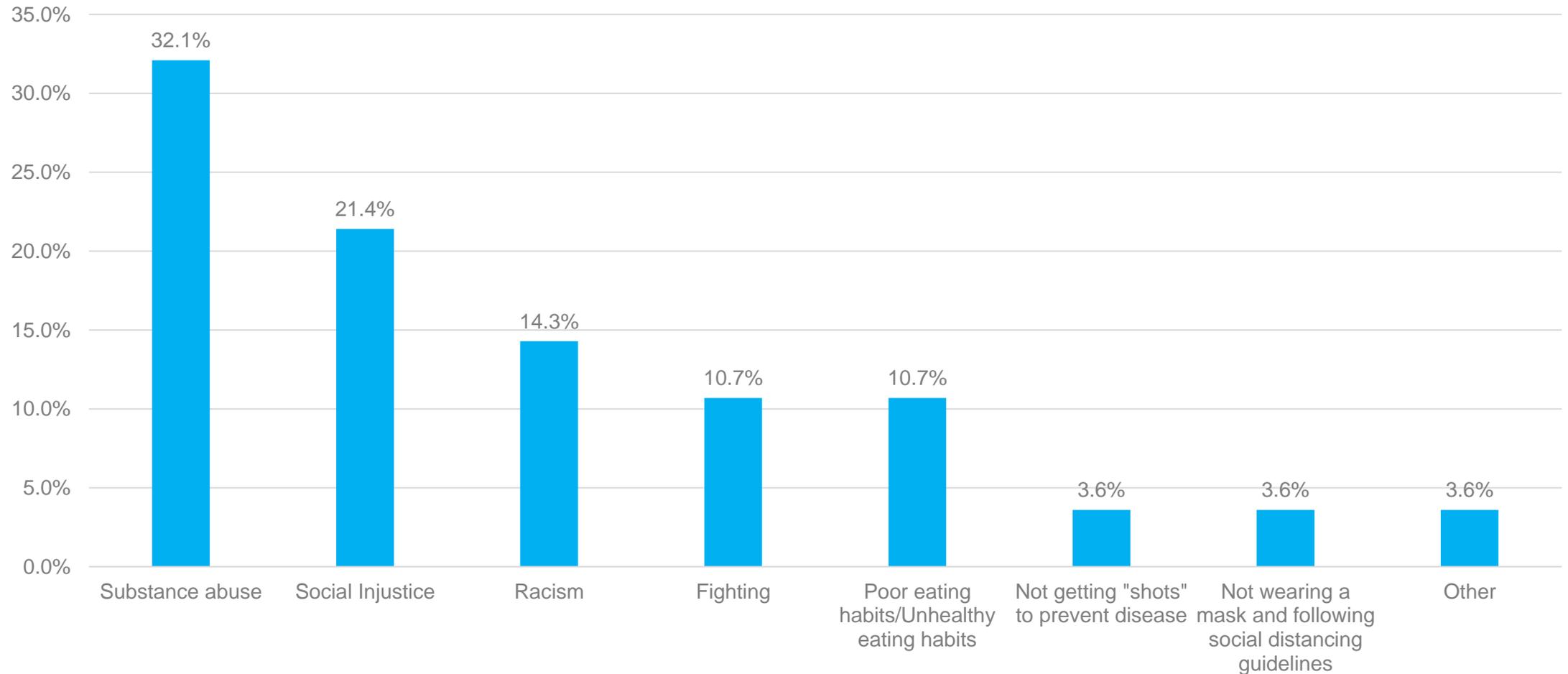
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important



	1 = Most Important	2	3	4	5
Dangerous driving	0.0%	0.0%	0.0%	3.7%	0.0%
Fighting	10.7%	7.1%	3.6%	3.7%	3.9%
Illegal activities like trespassing or vandalism	0.0%	7.1%	0.0%	0.0%	11.5%
Lack of education	0.0%	14.3%	21.4%	22.2%	15.4%
Lack of exercise/inadequate physical activity	0.0%	3.6%	3.6%	3.7%	7.7%
Not getting “shots” to prevent disease	3.6%	3.6%	0.0%	3.7%	3.9%
Unsafe sex/Not using birth control	0.0%	0.0%	14.3%	14.8%	7.7%
Not wearing a mask and following social distancing guidelines	3.6%	7.1%	0.0%	0.0%	0.0%
Poor eating habits/Unhealthy eating habits	10.7%	3.6%	10.7%	25.9%	3.9%
Racism	14.3%	14.3%	7.1%	11.1%	11.5%
Sexting and other risky uses of social media	0.0%	0.0%	0.0%	0.0%	7.7%
Social injustice	21.4%	21.4%	17.9%	0.0%	7.7%
Substance abuse	32.1%	17.9%	17.9%	7.4%	11.5%
Tobacco use	0.0%	0.0%	0.0%	3.7%	3.9%
Other	3.6%	0.0%	3.6%	0.0%	3.9%

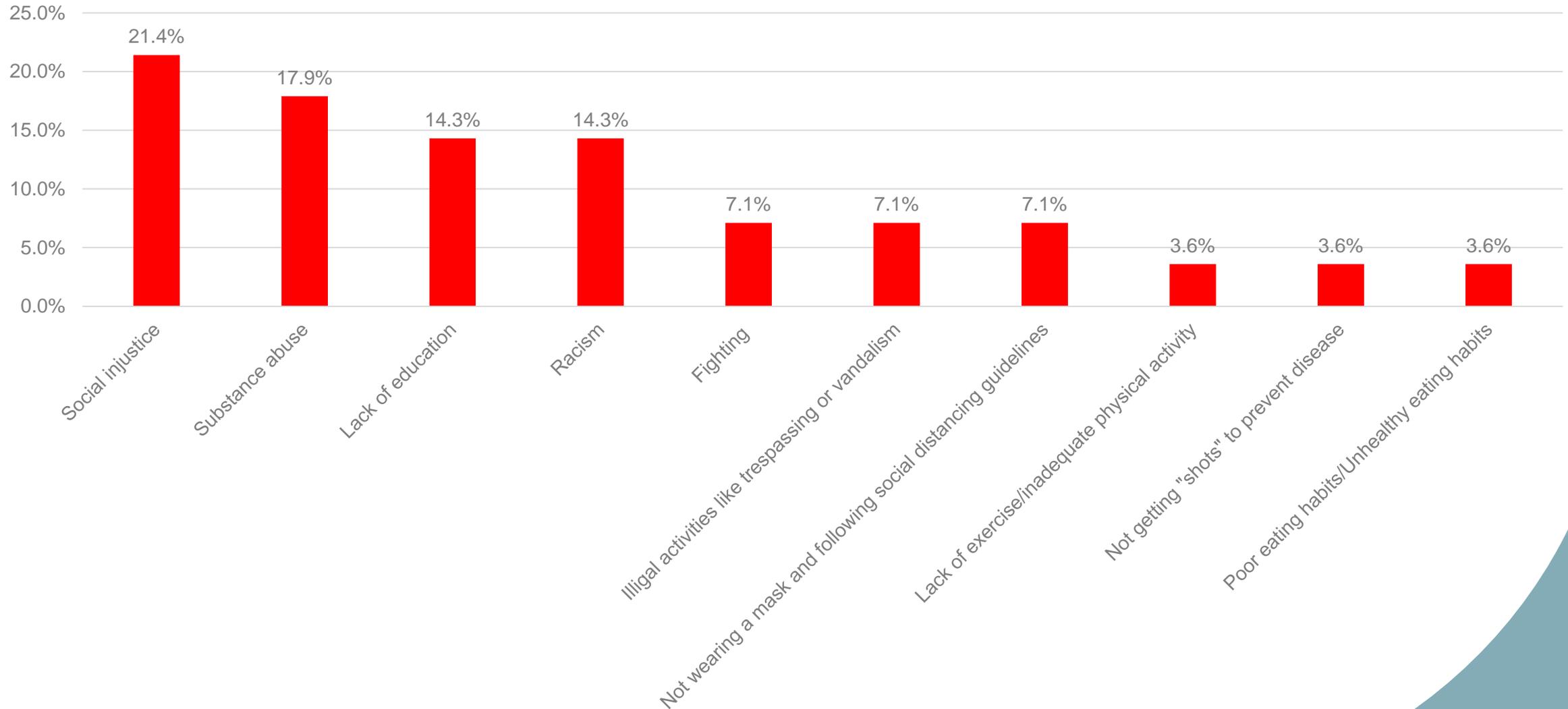
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

1 — Most Persistent High Risk Behavior



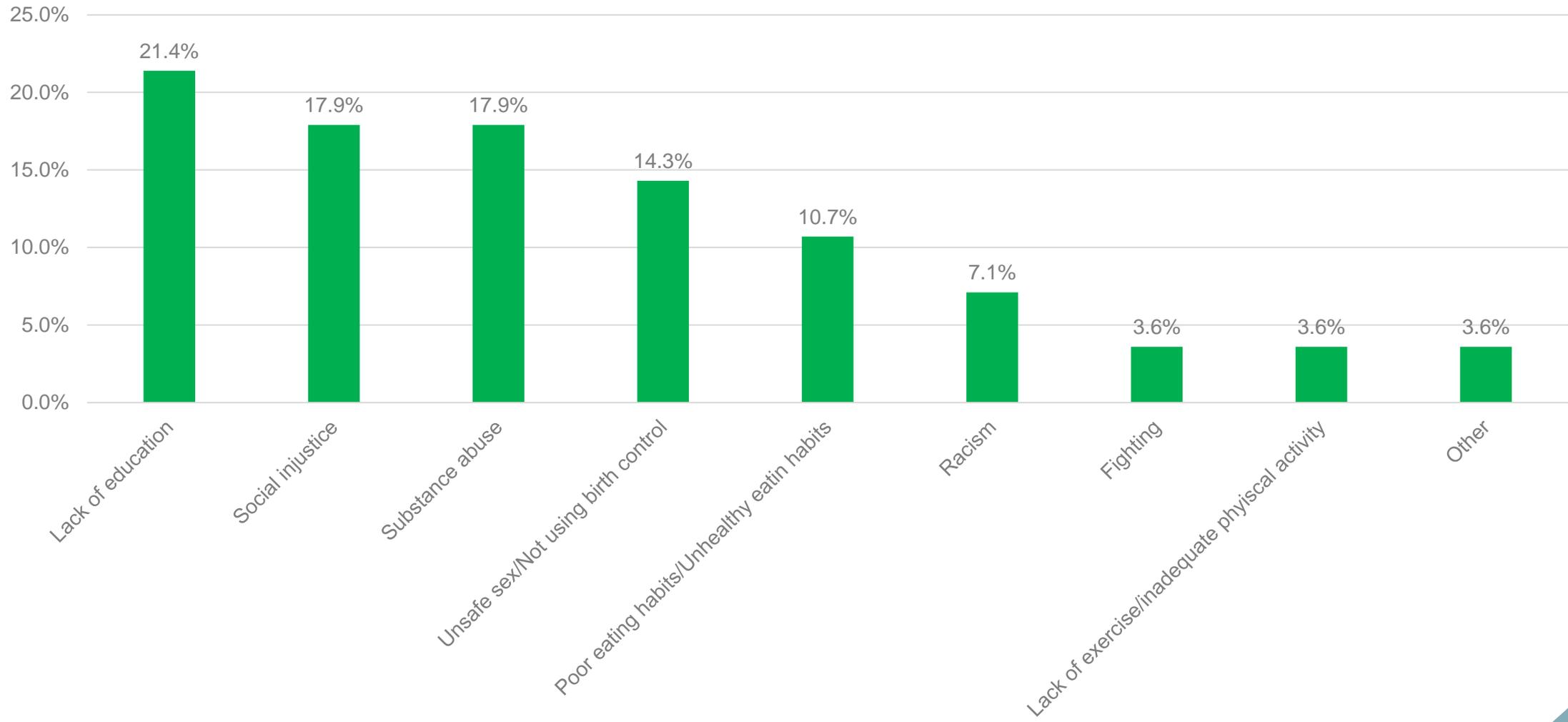
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

2 — Second Most Persistent High Risk Behavior



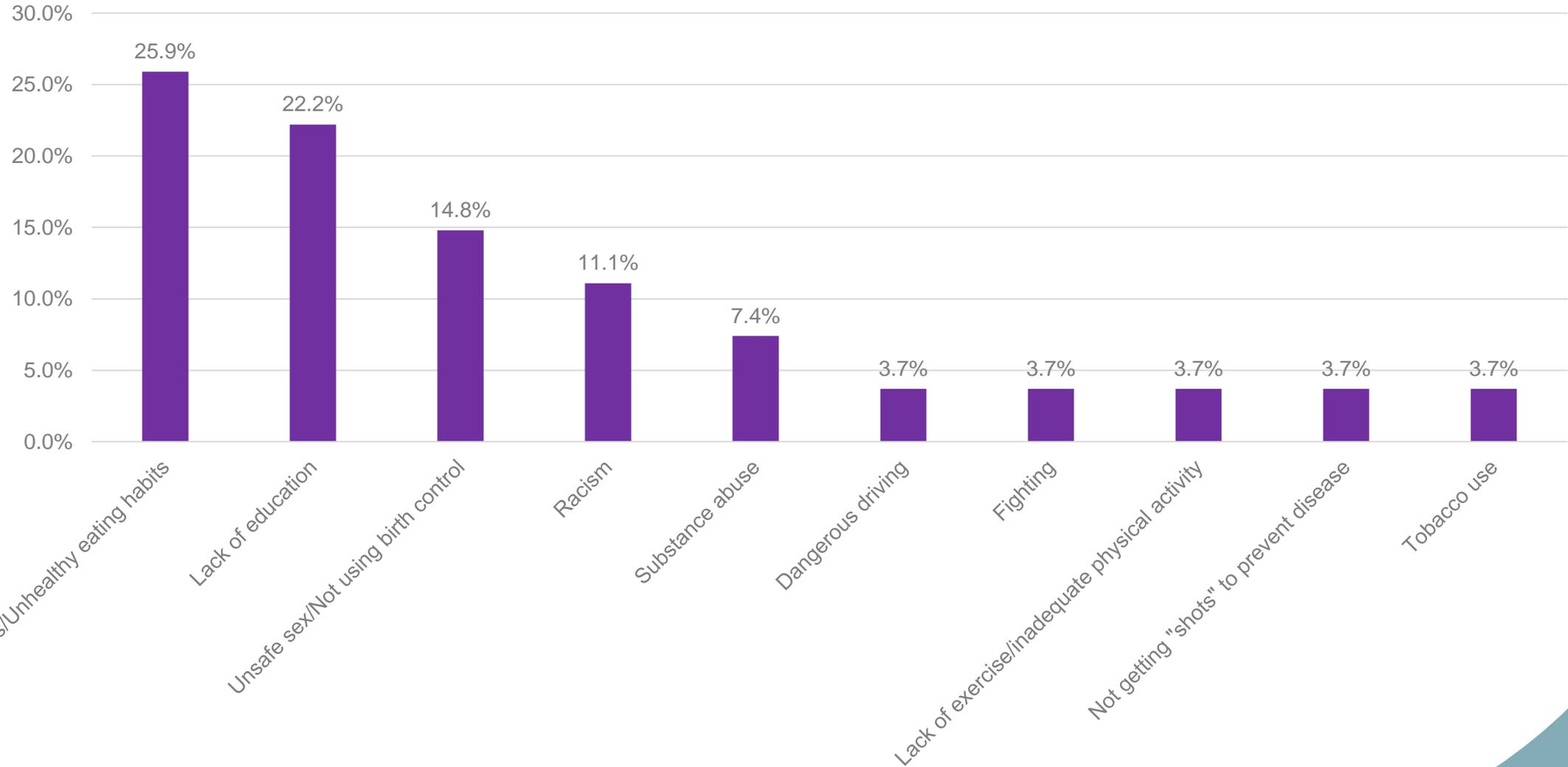
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

3 — Third Most Persistent High Risk Behavior



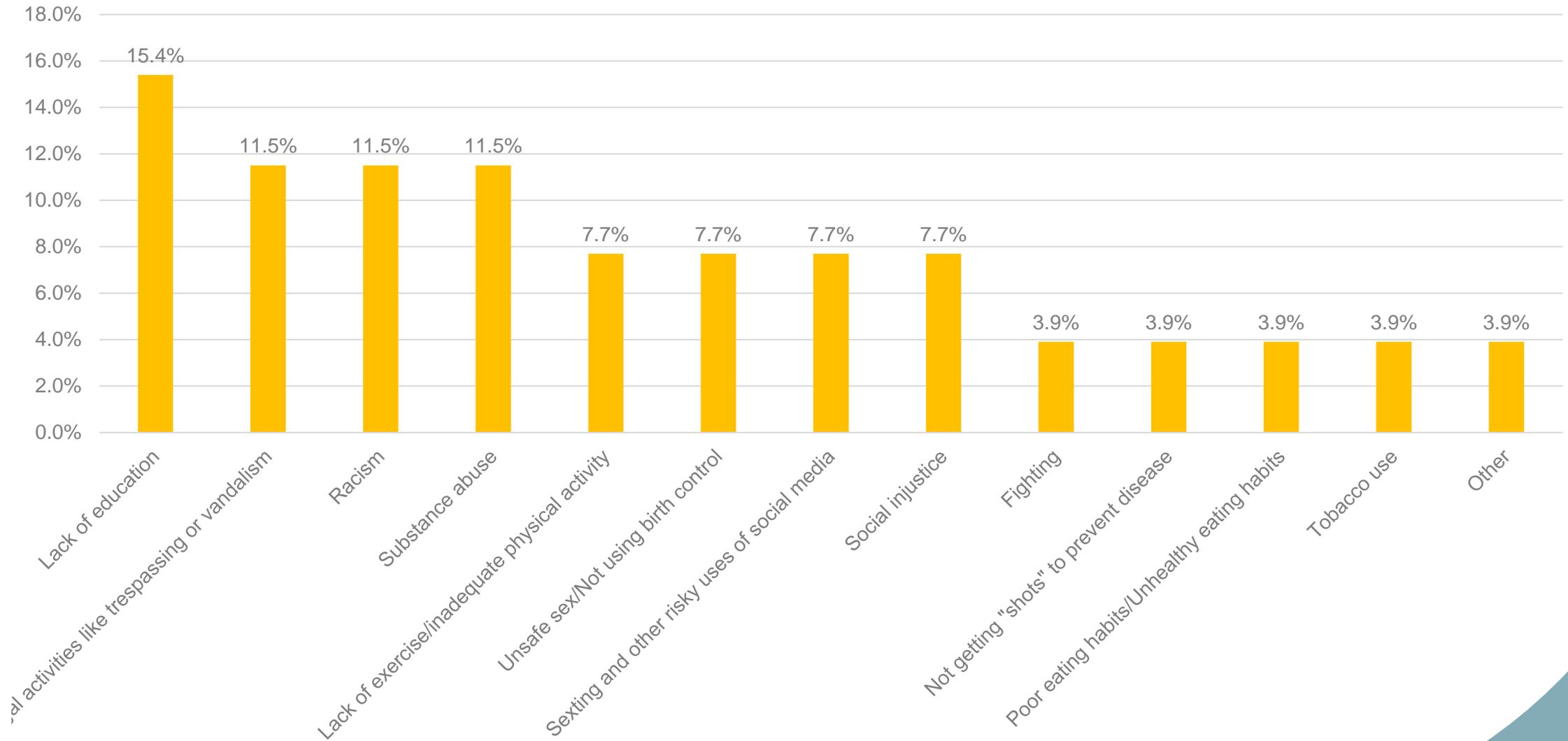
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

4 — Fourth Most Persistent High Risk Behavior



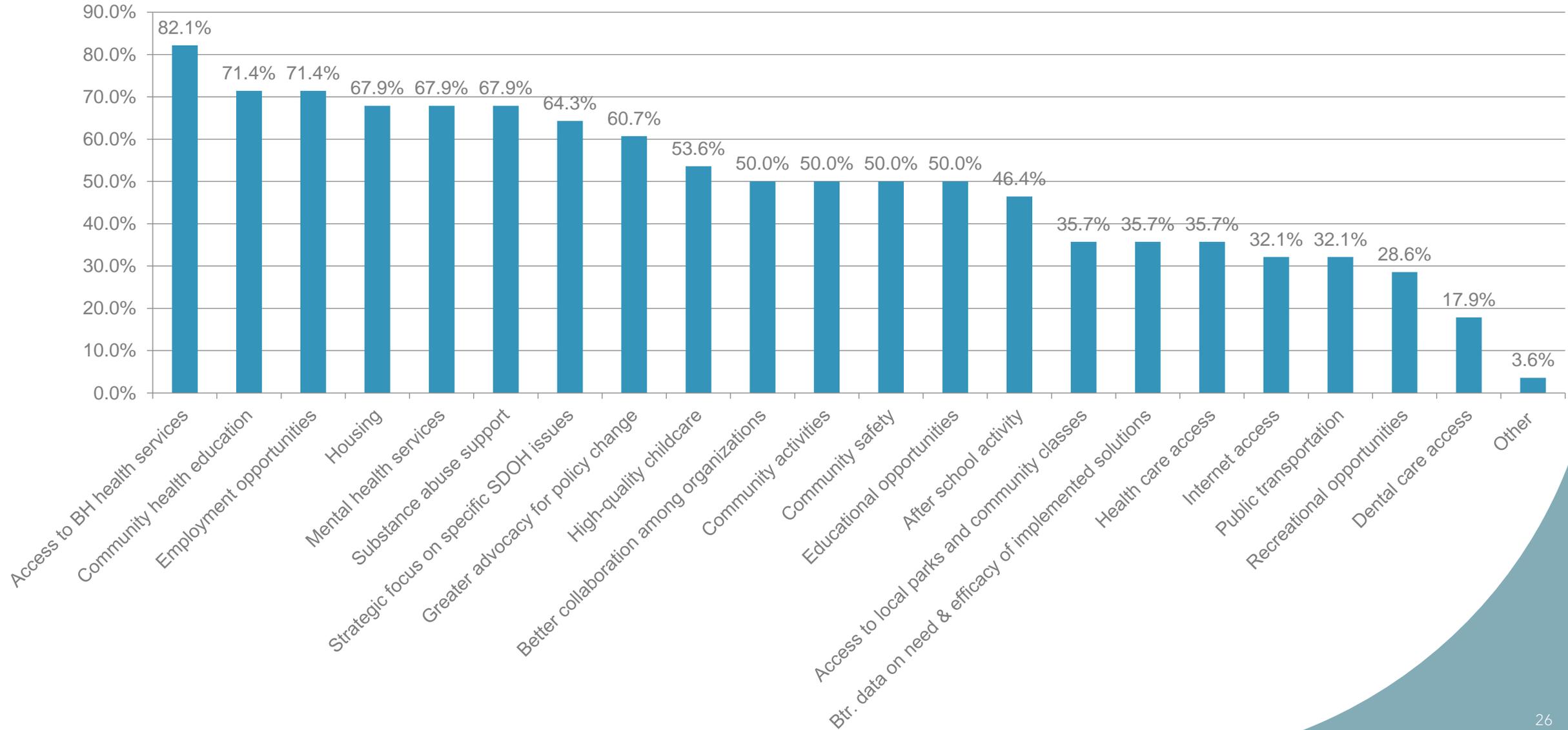
Rank Top 5 Persistent “High Risk Behaviors” in Community — 1=Most Important

5 — Fifth Most Persistent High Risk Behavior

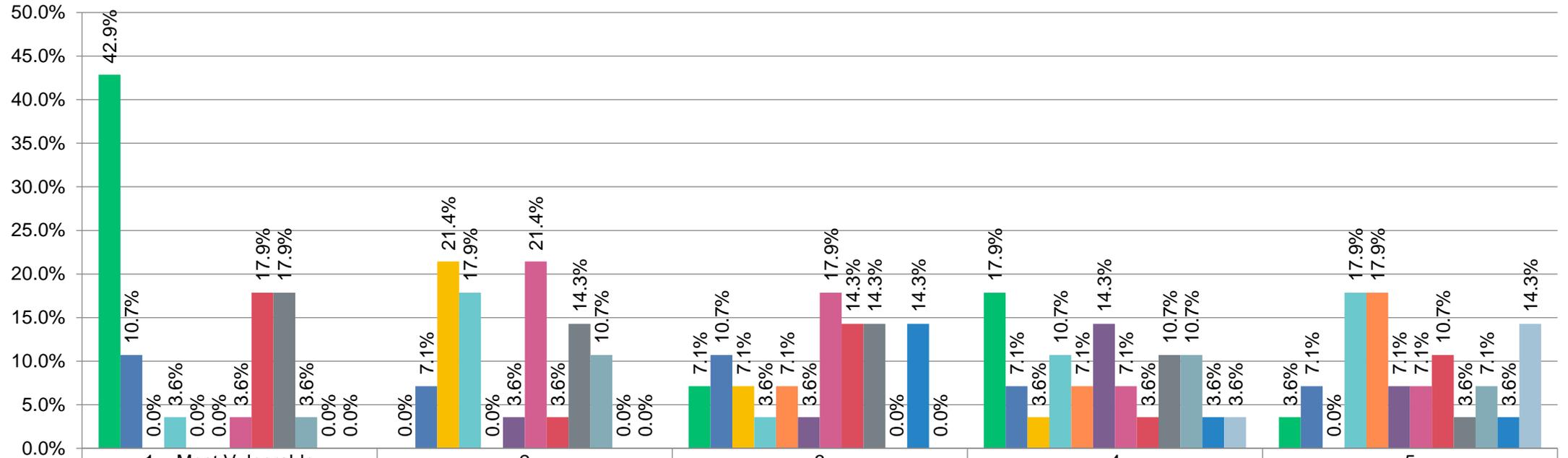


What would improve the quality of life for residents in your community? — Check all that apply

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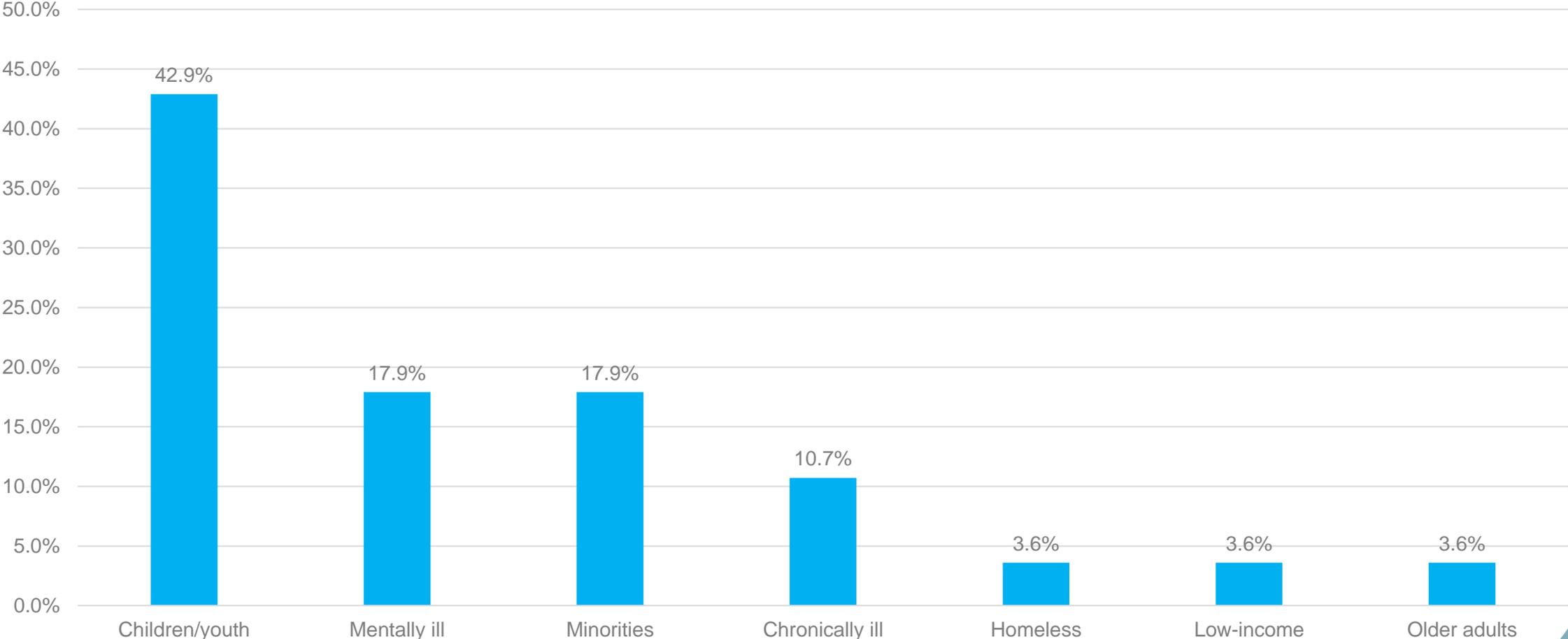
Top 5 populations that are the most vulnerable in the community?



	1 = Most Vulnerable	2	3	4	5
Children/youth	42.9%	0.0%	7.1%	17.9%	3.6%
Chronically ill	10.7%	7.1%	10.7%	7.1%	7.1%
Disabled	0.0%	21.4%	7.1%	3.6%	0.0%
Homeless	3.6%	17.9%	3.6%	10.7%	17.9%
Immigrant/Refugee	0.0%	0.0%	7.1%	7.1%	17.9%
LGBTQ	0.0%	3.6%	3.6%	14.3%	7.1%
Low-income	3.6%	21.4%	17.9%	7.1%	7.1%
Mentally ill	17.9%	3.6%	14.3%	3.6%	10.7%
Minorities	17.9%	14.3%	14.3%	10.7%	3.6%
Older adults	3.6%	10.7%	0.0%	10.7%	7.1%
Uninsured/underinsured	0.0%	0.0%	14.3%	3.6%	3.6%
Women	0.0%	0.0%	0.0%	3.6%	14.3%

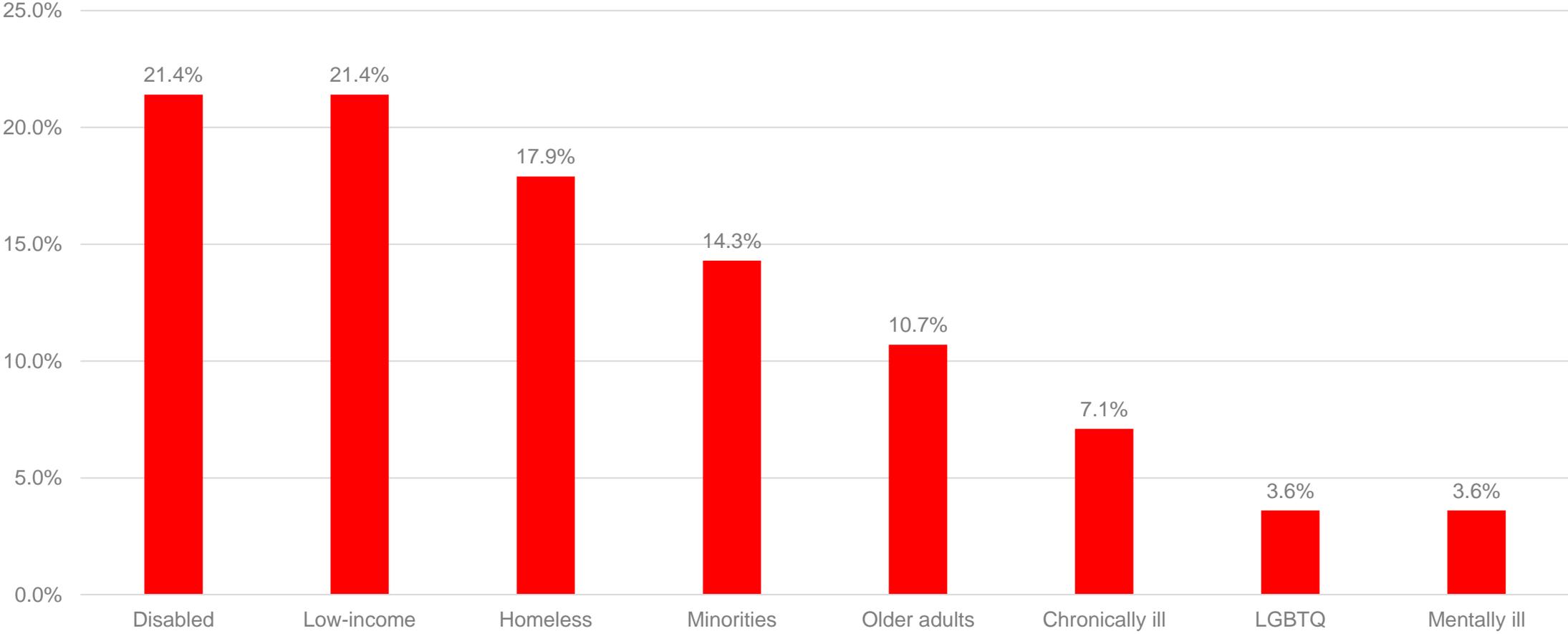
Top 5 populations that are the most vulnerable in the community?

1 — Most Vulnerable



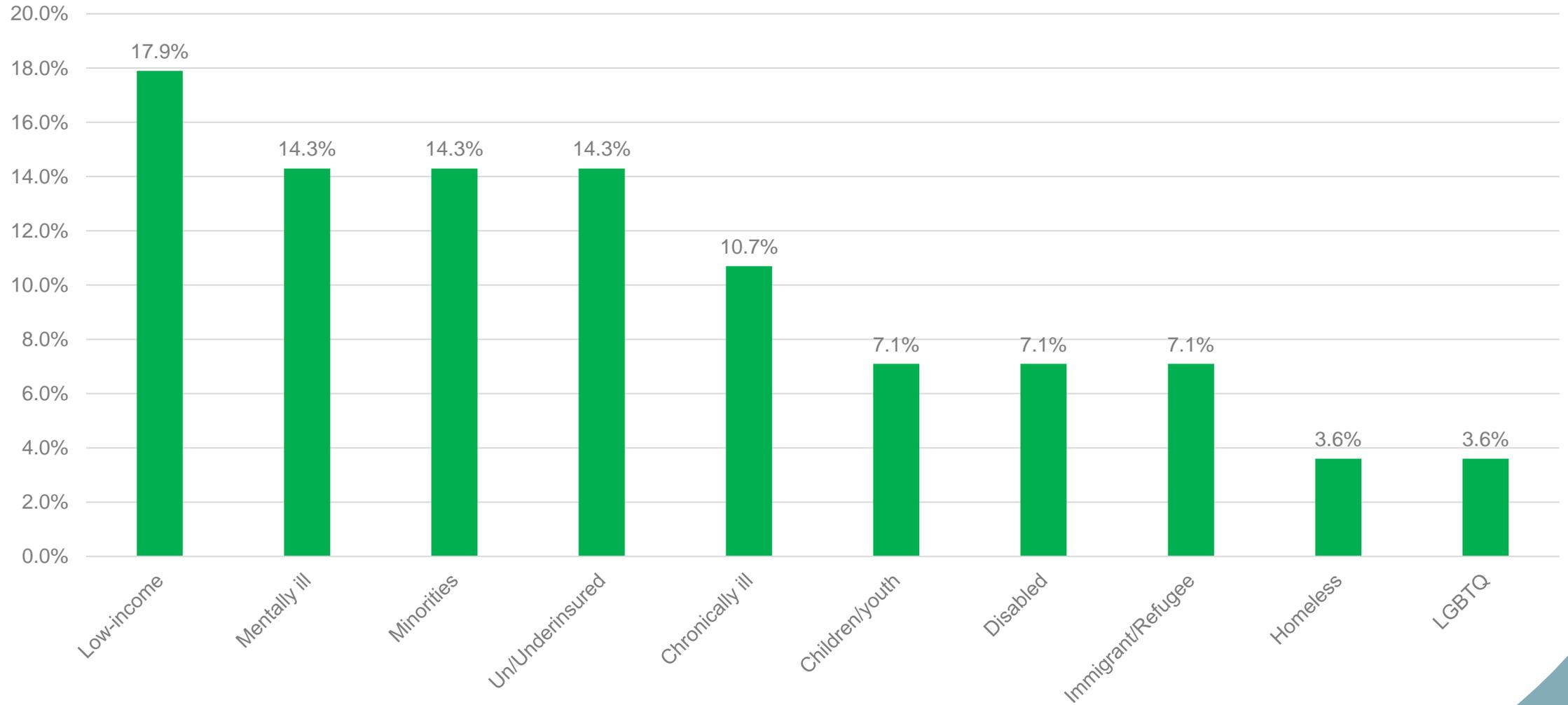
Top 5 populations that are the most vulnerable in the community?

2 — Second Most Vulnerable



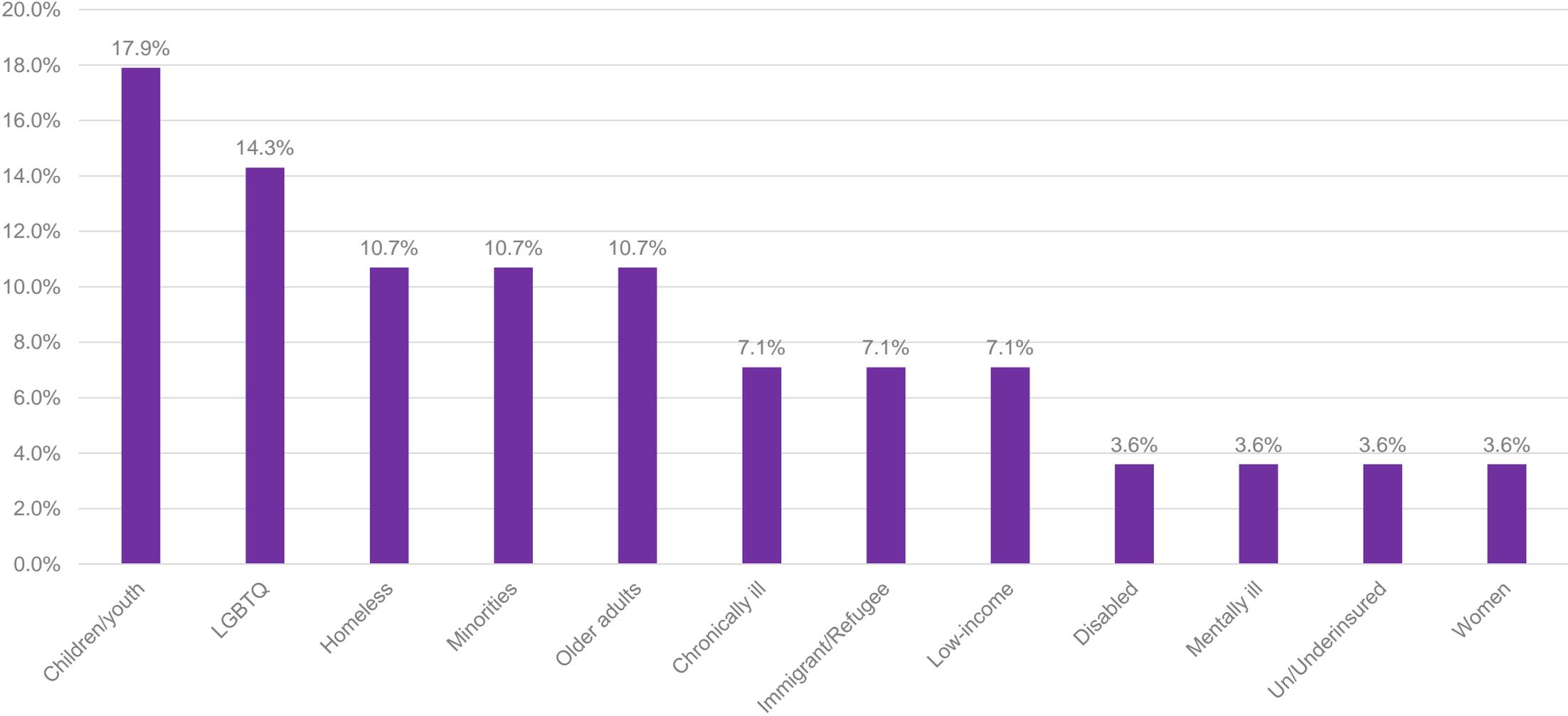
Top 5 populations that are the most vulnerable in the community?

3 — Third Most Vulnerable



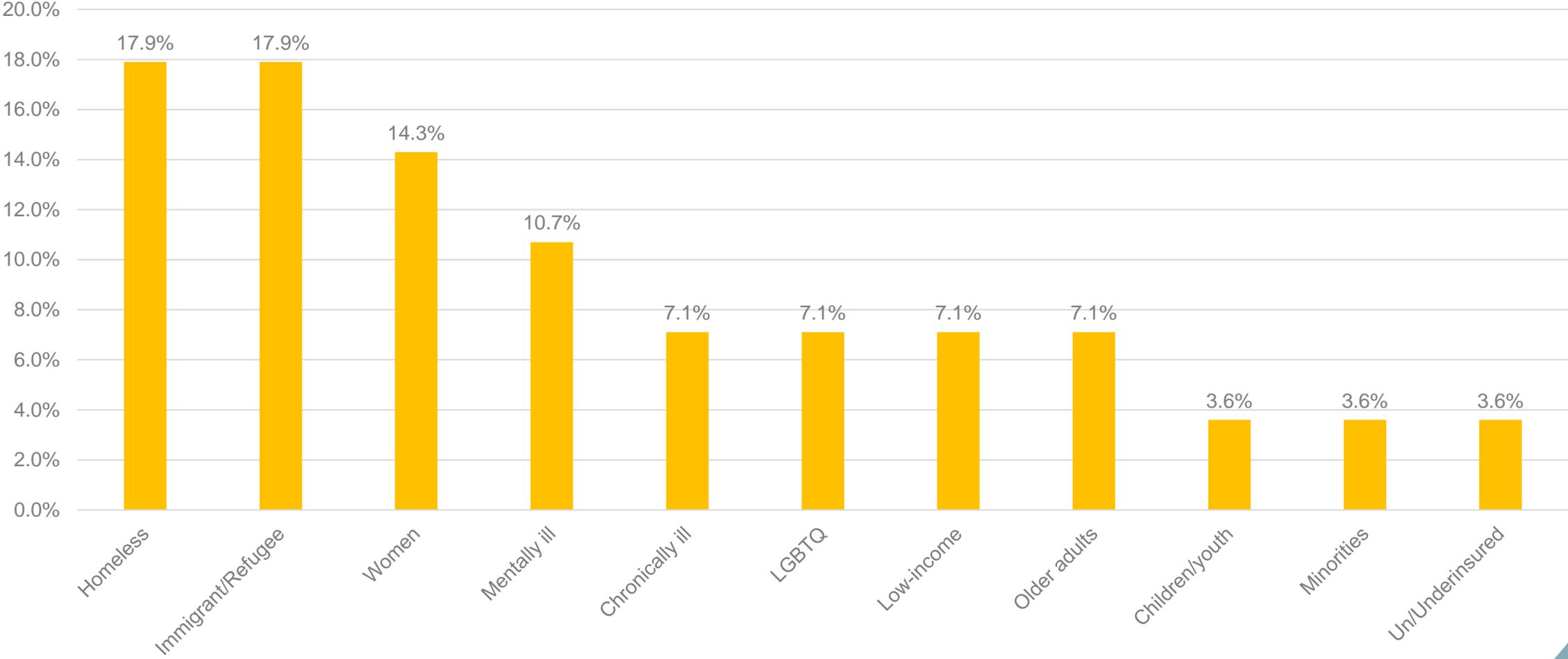
Top 5 populations that are the most vulnerable in the community?

4 — Fourth Most Vulnerable



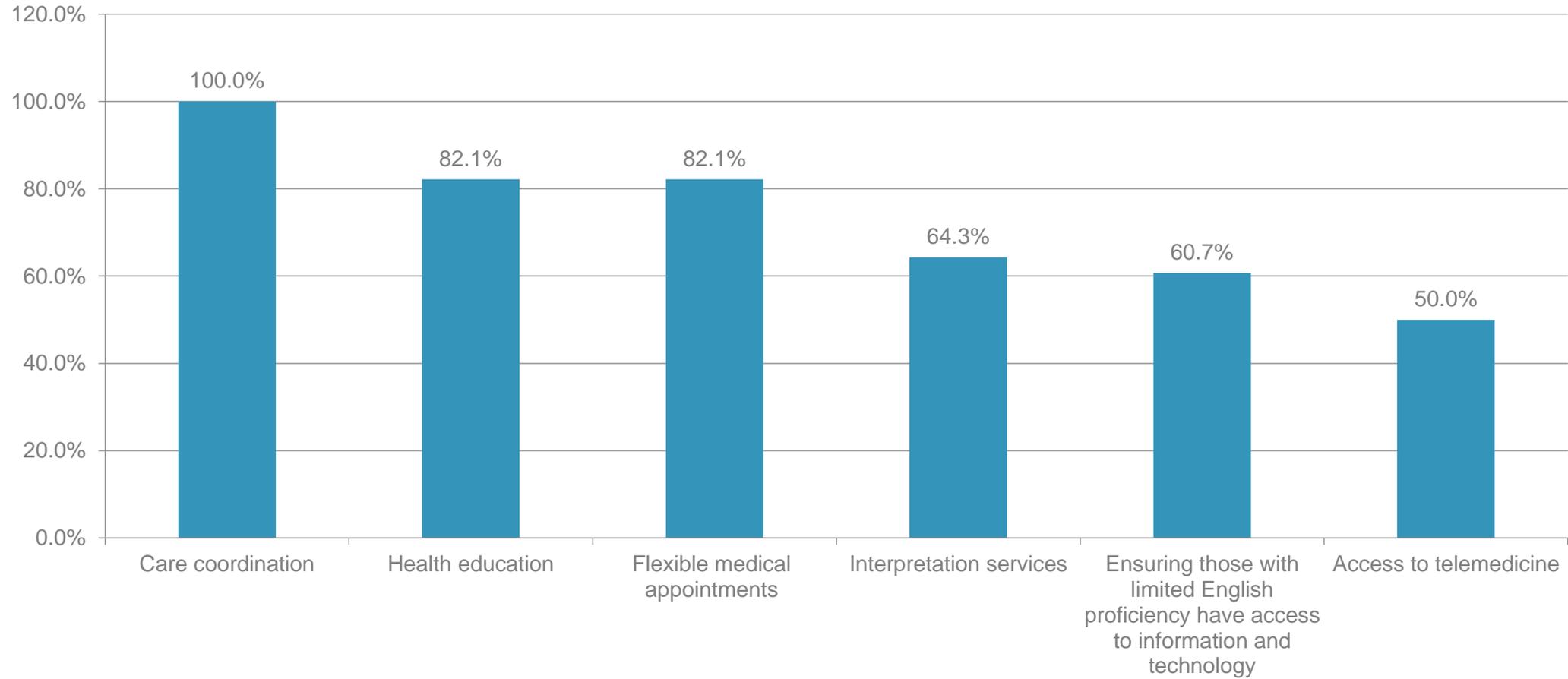
Top 5 populations that are the most vulnerable in the community?

5 — Fifth Most Vulnerable



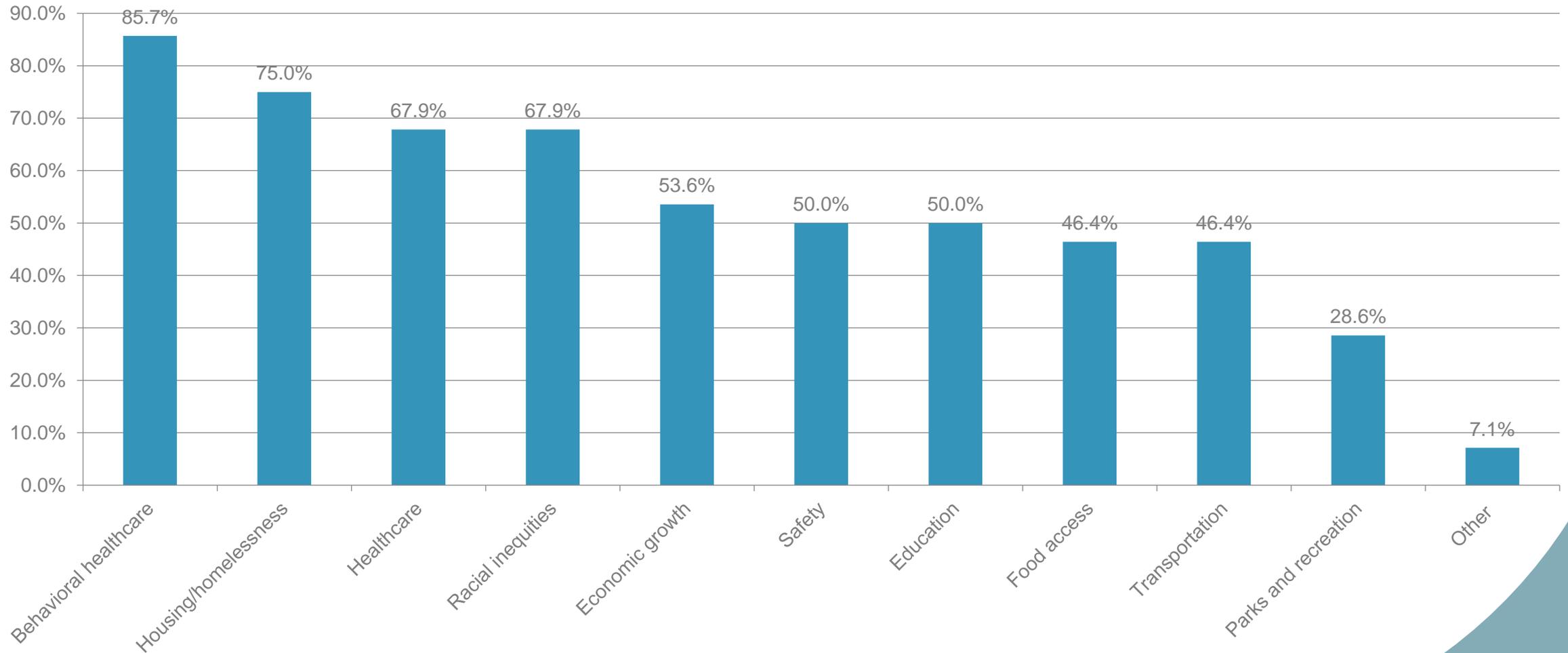
Solutions to help vulnerable populations meet their health needs — (Select all that apply)

St. Christopher's



What community needs are currently siloed and need further collaboration among non-profits, healthcare, government? (Check all that apply)

St. Christopher's



How did COVID-19 further impact care, specifically among the underserved and disenfranchised population(s)?

- It impacted access to routine and preventative health services which is now resulting in further disparities as a result of lapses in care.
- Impacted the black community greater than other populations. Many in this community were hospitalized which translates to additional opportunities for racially biased incidents.
- Misinformation and confusing access via the internet to the vaccine; increased risk of illness
- With the vaccine being free, COVID proved that government sponsored healthcare is possible.
- Increased social and mental impact. Increase in domestic violence
- COVID-19 impacted everything for marginalized communities: work, childcare, access to medical care, etc. Providers have incredibly long wait lists and continue to have capacity issues made worse by many medical professionals leaving the industry or their places of employment.
- People also expressed fear of going to medical appointments related to their safety.
- Access to testing and then the vaccine took a while before it got to underserved communities.
- Limited access to primary care and to key preventive, specialty services.
- Underserved people weren't able or didn't feel comfortable with getting proper medical care.
- Strain on children and families with virtual learning (kids did poorly, difficulty with childcare, increase costs for food with children as they were home all day)
- Created more isolation
- Staff shortages as a result of COVID and related policies have made access to treatment challenging for providers who are unable to hire adequate staff.
- Loss of jobs. Lack of education of the funding available to develop small businesses, red tape, political aspects to the access to funding.
- Many people do not have access to a computer or smartphone for telemedicine appts.
- Families were not prepared for the shaken up COVID produced. Families were going without food, can't afford any disinfecting items, is afraid to take public transit due to the pandemic. A lot of families lost their jobs,
- Produced unemployment and economic hardships. Lack of understanding of the dangers of COVID

Did telemedicine and virtual platforms ease access to care? In what way?

- Helped those with internet/broadband access, computer knowledge and skills.
- Eliminated the need for travel (time, gas/car fare, parking), more flexible scheduling options, no childcare issues
- Healthcare requires a personal touch. Need in-person appointments
- Kept lines of communication open to individuals (already) highly engaged in care.
- Allowed people to get their same treatment but in a more controlled environment.
- Quality and comprehensive care cannot be provided virtually. Too much computer and screen time is not beneficial.
- Telemedicine is insufficient to meet their needs particularly when health or mental health needs are more urgent or complex.
- Provided care in comfort of home safely.

What actions could your hospital take to better address health disparities?

- More focus on SDOH and finding ways to finance this through reimbursements and other new payment models.
- Connecting performance evaluations to diversity, equity and inclusion
- Ensure the most vulnerable patients fully understand their condition and applicable treatments
- Universal healthcare
- Price transparency
- Ensure that clinicians and staff continue to receive training, particularly around inclusive language.
- More policy advocacy around social injustices that lead to health disparities. More partnerships with community providers.
- Education to general community
- Community advisory board and CQI committee
- Having a more hands-on approach right in the community with parts of the medical team directly in the community
- Non-traditional ways of improving access to services. In community settings, after-hours, removal of cost barriers; need interdisciplinary teams to address SDOH
- Open discussions with parents and care givers about determinants of health.
- Address transportation, quality, coordinated services, deliver care with compassion
- gather appropriate patient demographic information, increase interpretation services throughout, employee training for trauma informed and culturally competent care
- Address unconscious biases
- Our community hospital does not account for those with socioeconomic challenges. It does not appear to be welcoming to LGBTQ community. Does not have segmented areas of waiting room for "at risk populations" (very young, elderly, compromised).
- Hire social workers and community healthcare workers so they can be bridge community and healthcare system
- Preventative education
- On-site farmers market or food bank
- On-site employment support
- Drop-in social services center
- On-site insurance representative to explain and offer access to insurance covered services (gym membership, discounts on wellness visits, etc.)
- Healthy eating voucher program
- Offer tele-medicine alternatives
- Greater care coordination in mental/behavioral health
- More behavioral health staff
- Better access to COVID Vaccinations. Increase willingness to collaborate and value the work of CBOs.
- Show empathy and provide thorough treatments when patients of color express issues and concerns.

Excluding healthcare, what organizations should collaborate to address behavioral health in our community?

- CBH
- City/ State and federal governments, elected officials
- Community based social service organizations
- Community Behavioral Health
- Community residents
- Counseling
- Criminal justice system
- Crisis centers
- Employment agencies
- Faith-based organizations
- Health and human services
- Health insurance
- Housing
- Insurance payers
- Mental health centers
- Police
- Schools
- Social services (especially those on housing, food insecurity and other foundational needs)

What do you want the hospital to know that we haven't already asked?

- More public education and media on St. Christopher's
- Focus right now should be gun violence. Address this public health crisis
- We would love to collaborate more with St. Christopher's.
- Host community collaboration event.
- We are taking intakes to transfer into adult care
- There needs to be overall improvement of diversity, equity and inclusion for all staff and families
- Appreciative of initiation of outreach to the community in helping provide and explore opportunities for better care
- Families do not understand or know how to navigate the healthcare system. It is important to educate our families on the different community resources but also make them feel that we understand, and it is okay to need the resources. As the healthcare workers we need to make them feel comfortable.
- Families want to see the staff come out into the community and speak to the community organizations about better access to healthcare needs and really advocate for them
- There is a need for robust behavioral health services that can be sustainable and a great service line to develop.



Tower Health St Christopher's Hospital

Appendix E - Community Surveys



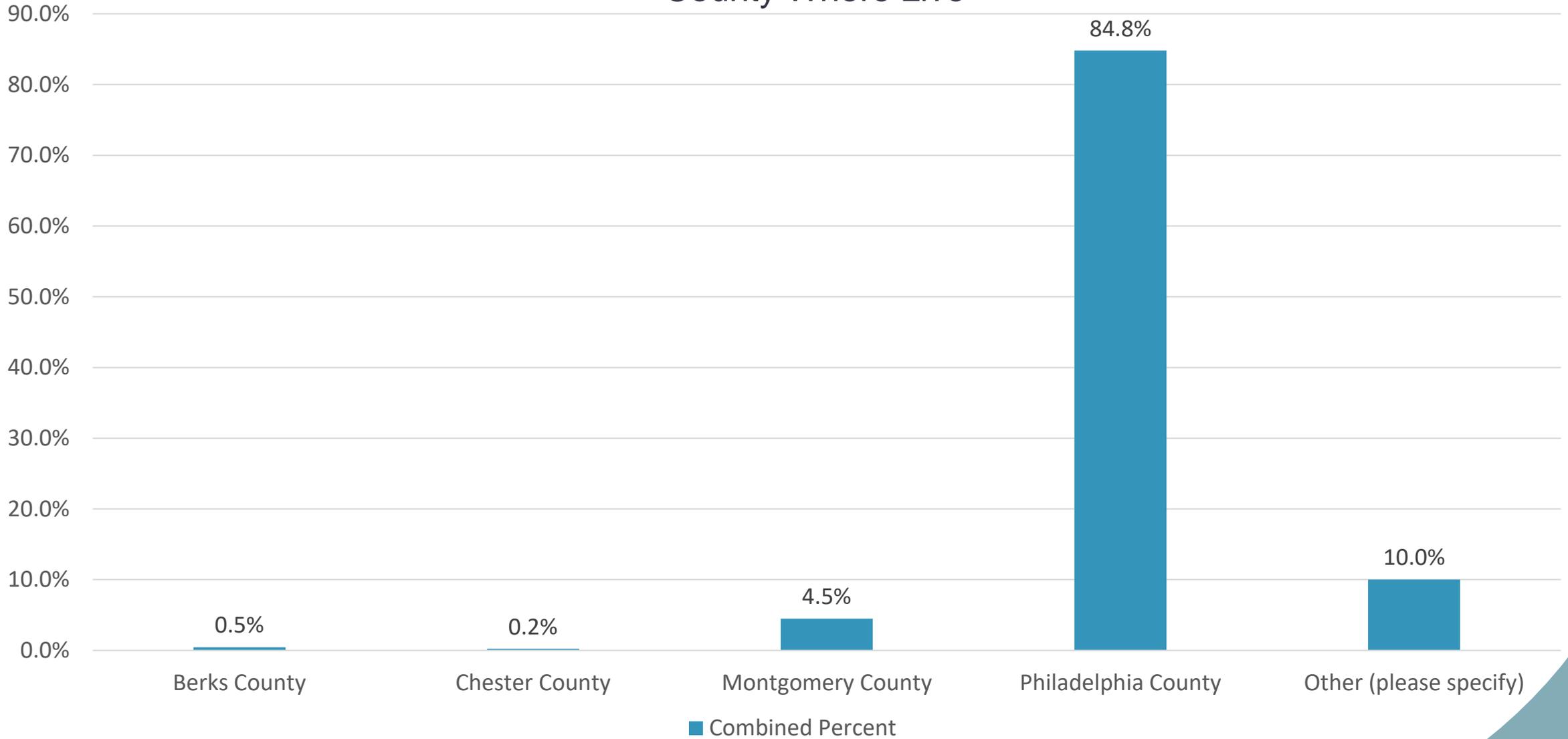
St. Christopher's
Hospital for Children
A PARTNERSHIP OF TOWER HEALTH
AND DREXEL UNIVERSITY

Introduction

- A community survey was employed to collect input from populations within Tower Health St Christopher's Hospital's service area in order to identify health risk factors and health needs in the community.
- Working with the Tower Health working group the community survey was promoted on social media platforms, newspapers, hospital websites, relationships with community-based organizations, community associations, and clinics. Hundreds of surveys were collected from community residents.
- The survey was accessible on Survey Monkey and available in both English and Spanish. In total, 888 surveys were used for analysis. 742 surveys were collected in English and 146 surveys were collected in Spanish.
- The data collection period ran from July 2021 – September 2021.

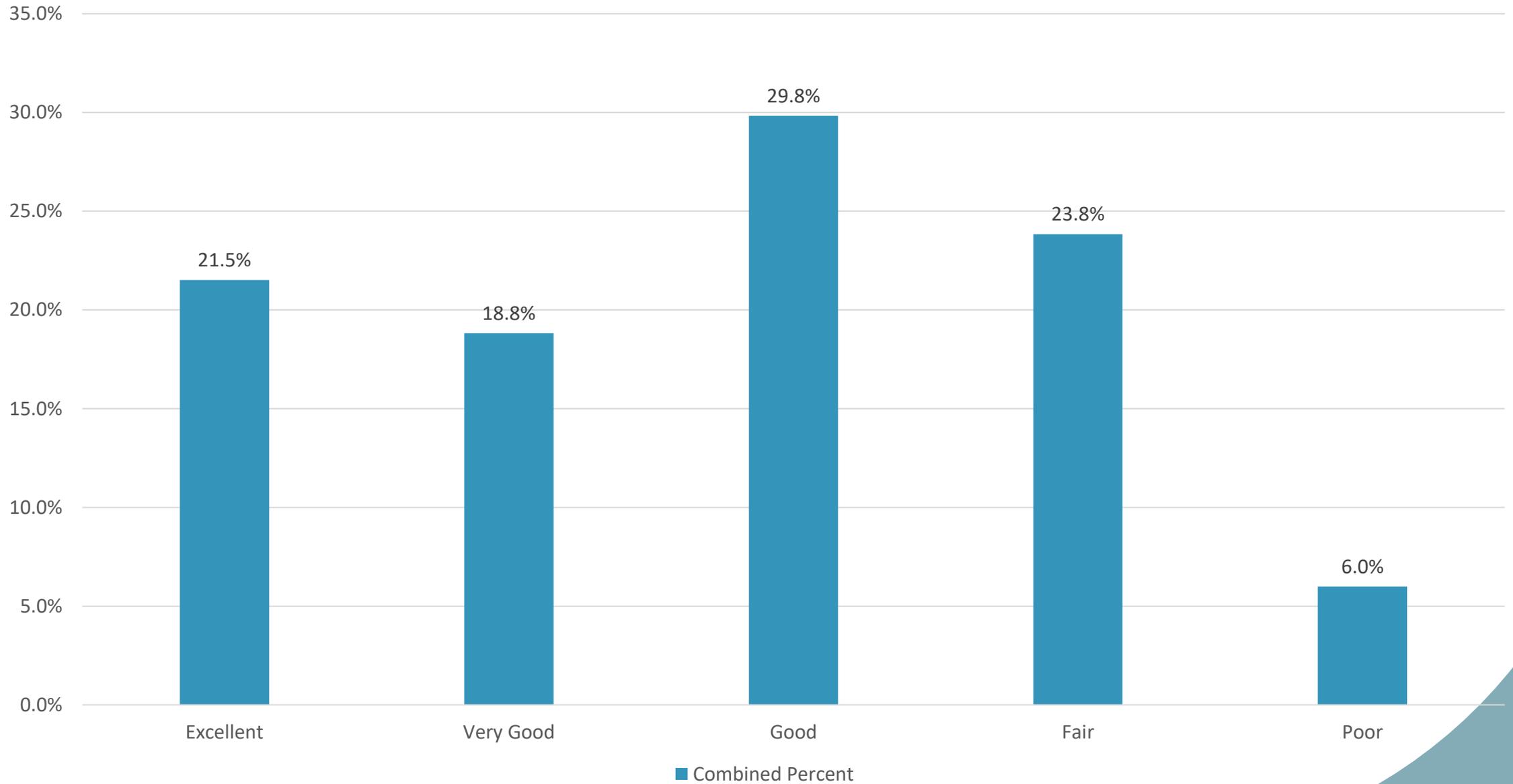
Note: "Check all that apply" referenced within the PowerPoint refers to questions where the survey respondents have the ability to select more than one option/choice to the question.

County Where Live



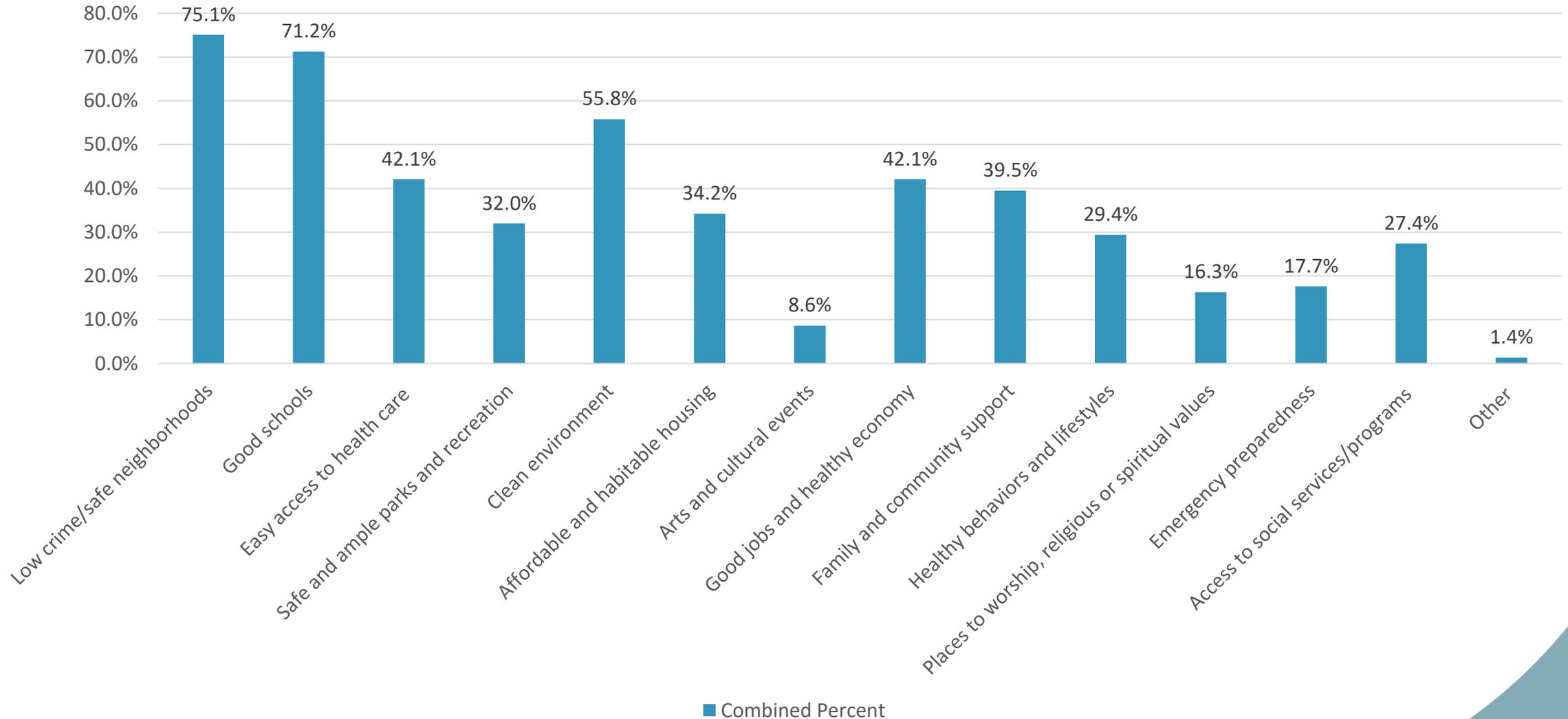
- 84.8% live in Philadelphia County.

Rate Health and Human Services in Community



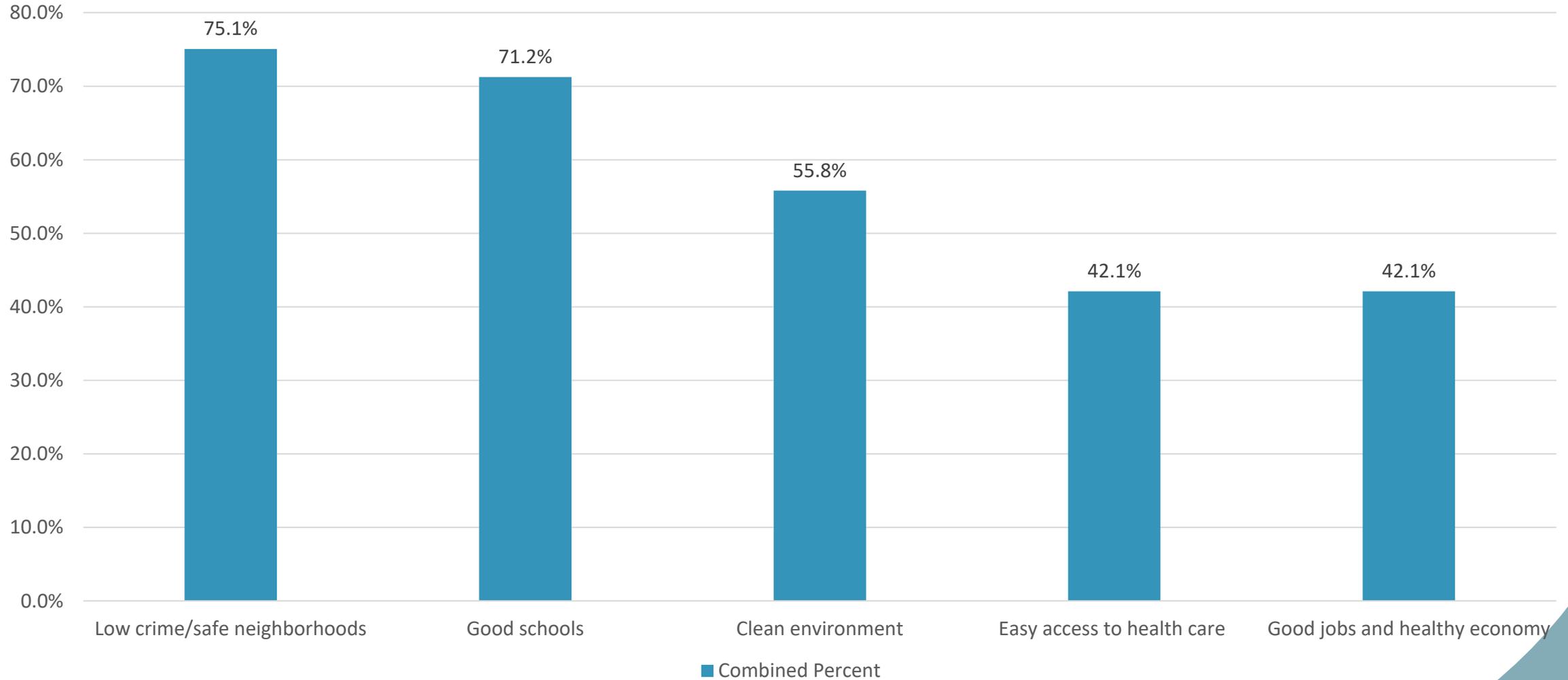
What Are the 5 Most Important Factors That Contribute to a “Healthy Community”?

St Chris



Common Themes

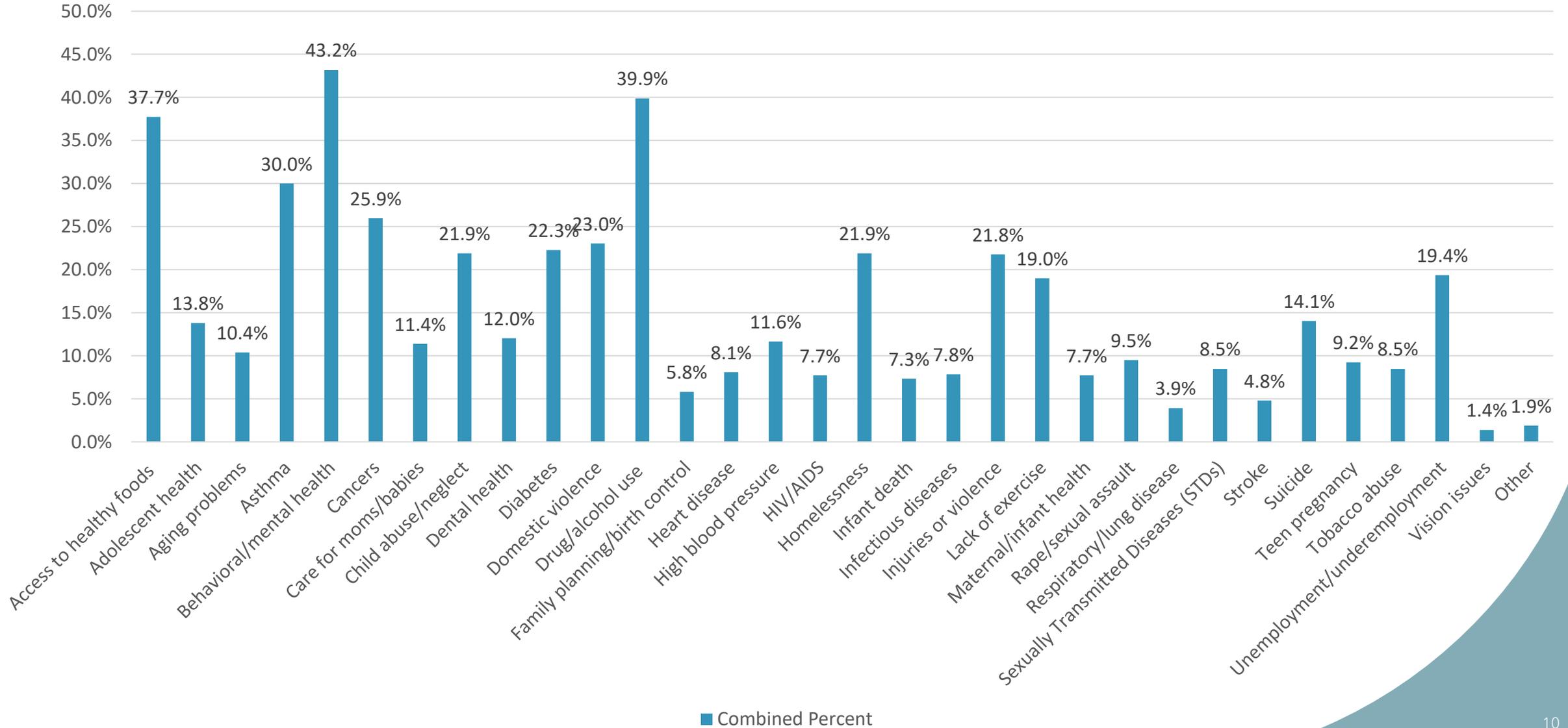
What Are the 5 Most Important Factors That Contribute to a “Healthy Community”?
St Chris



The above chart depicts the top 5 most important factors.

Top 5 persistent “Health Problems” in the community?

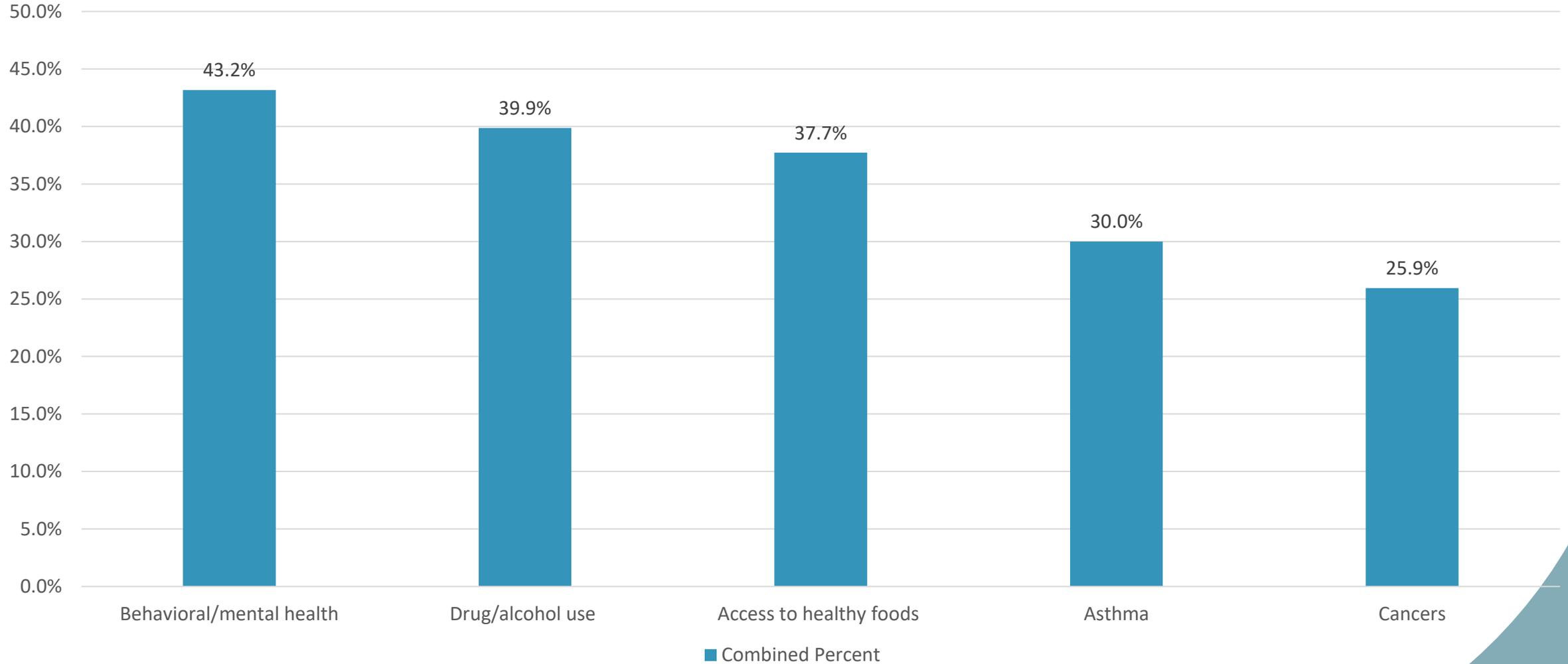
St Chris



Common Themes

Top 5 persistent “Health Problems” in the community?

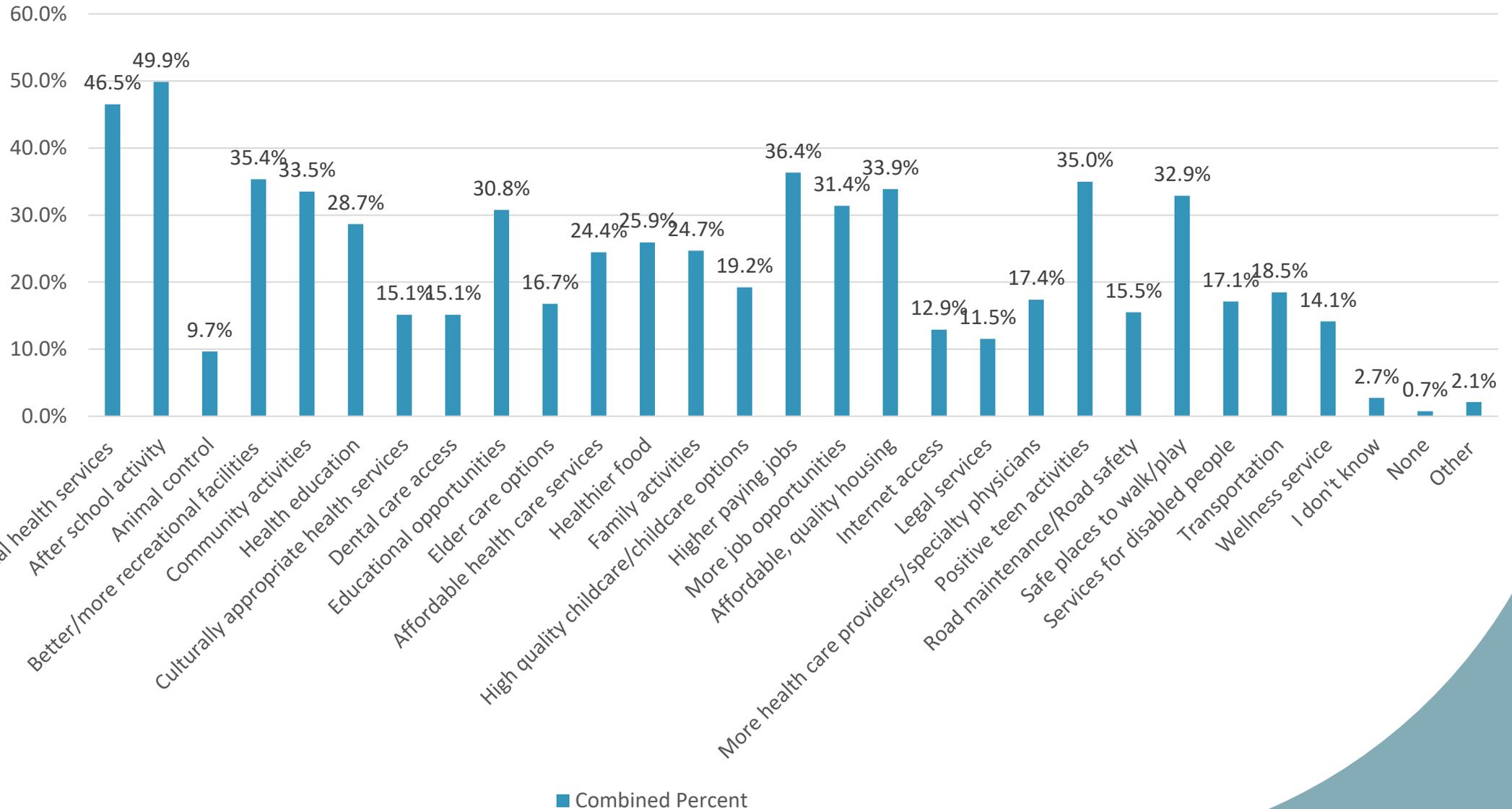
St Chris



The above chart depicts the top 5 health factors.

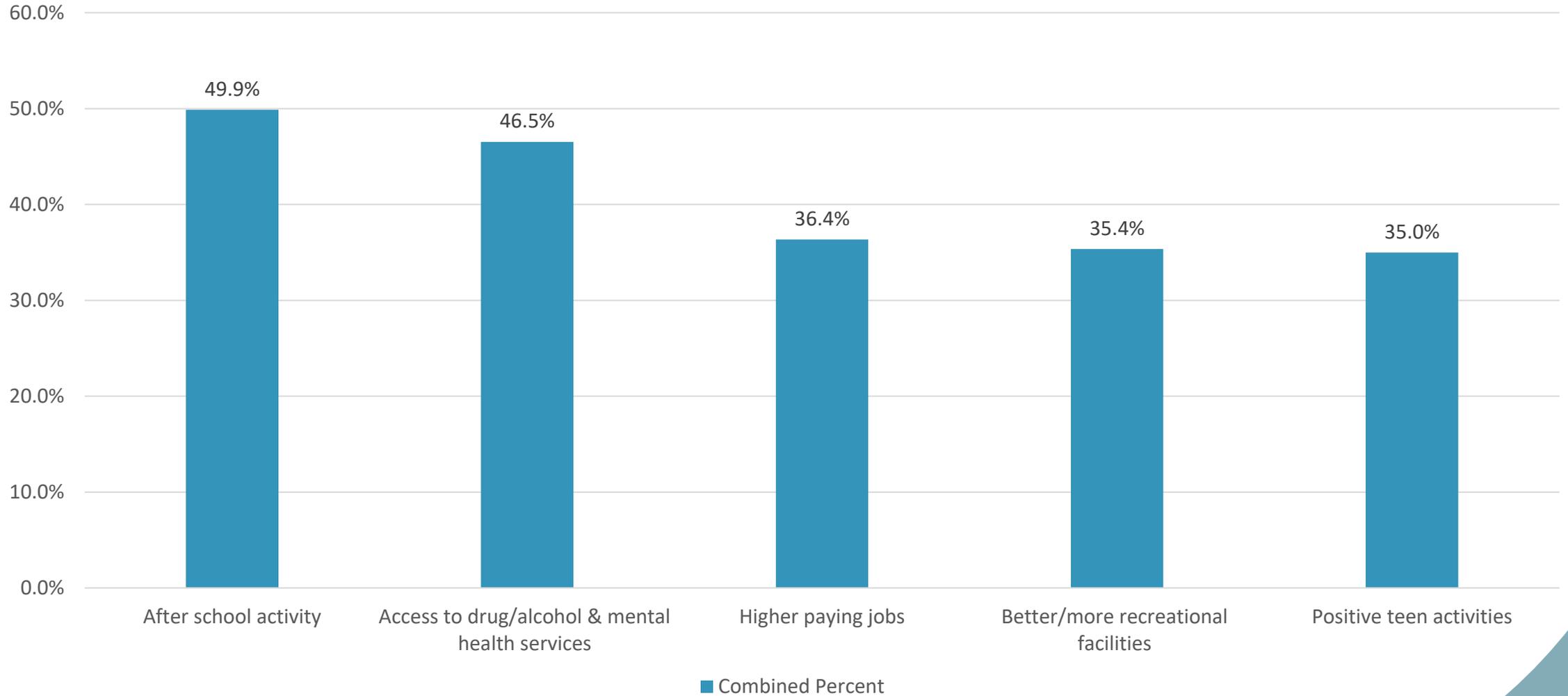
What would improve the quality of life for residents in your community? — Check all that apply

St Chris



Common Themes

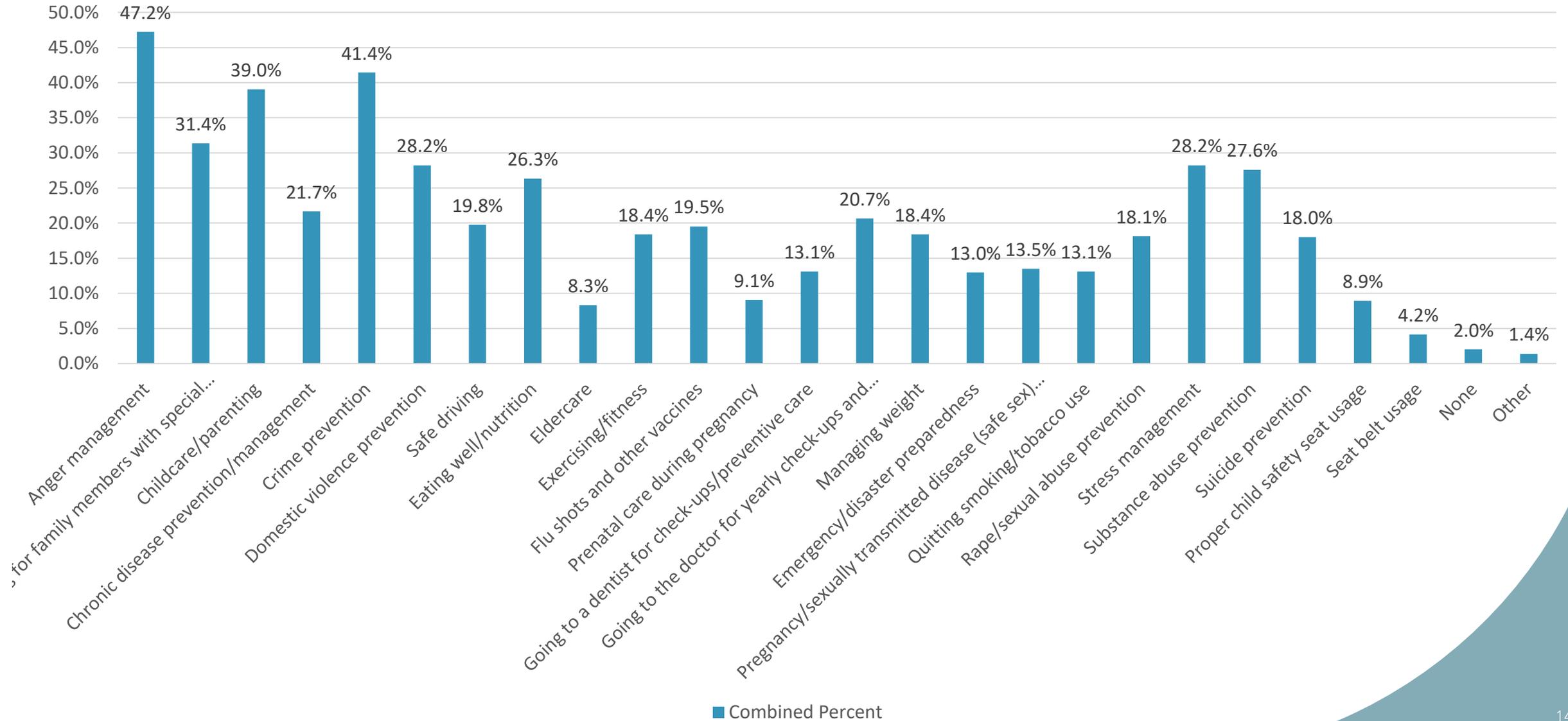
What would improve the quality of life for residents in your community? — Check all that apply
St Chris



The above chart depicts the top 5 factors that would improve the quality of life for residents.

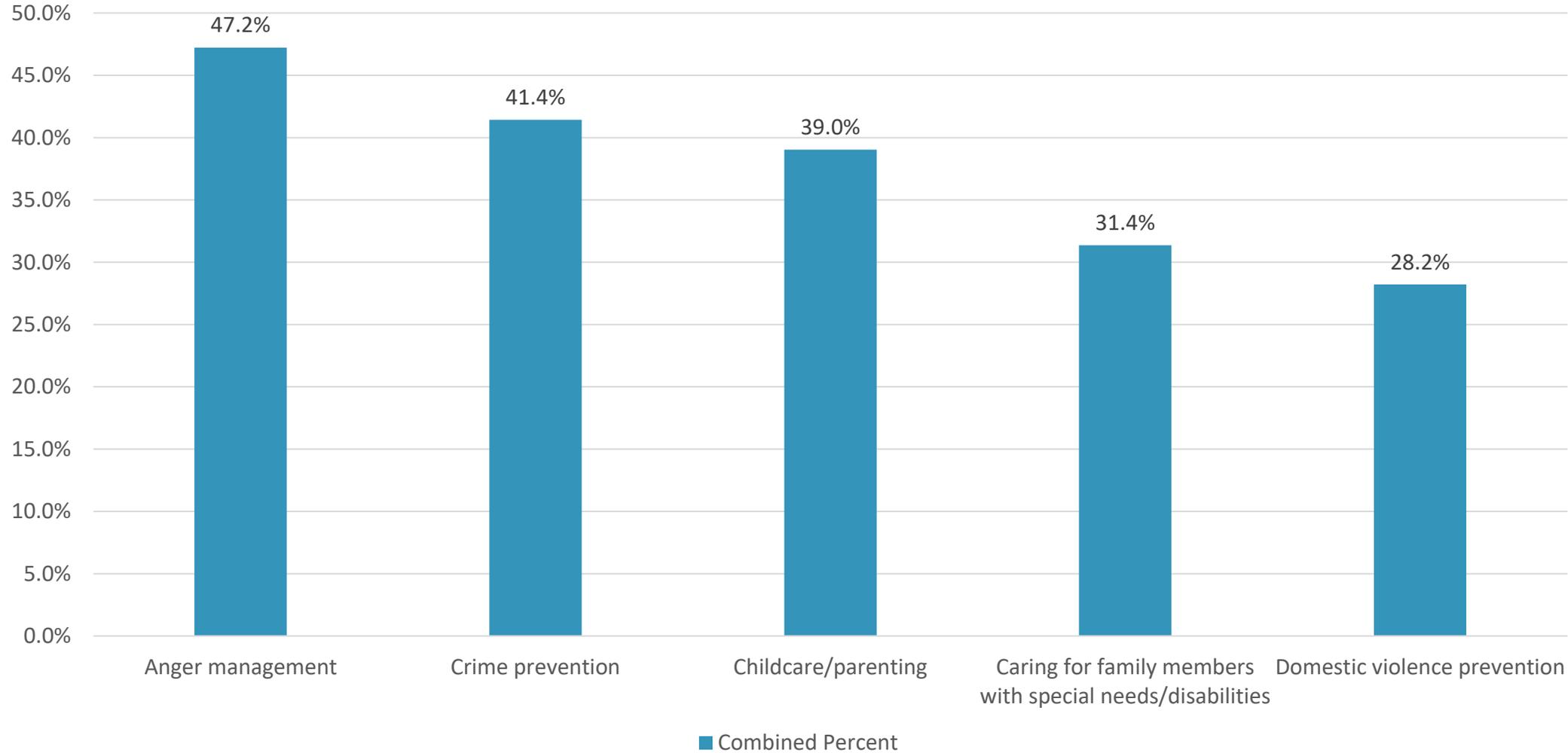
Select the Top 5 “Health Behaviors” People In Your Community Need More Information About

St Chris



Common Themes

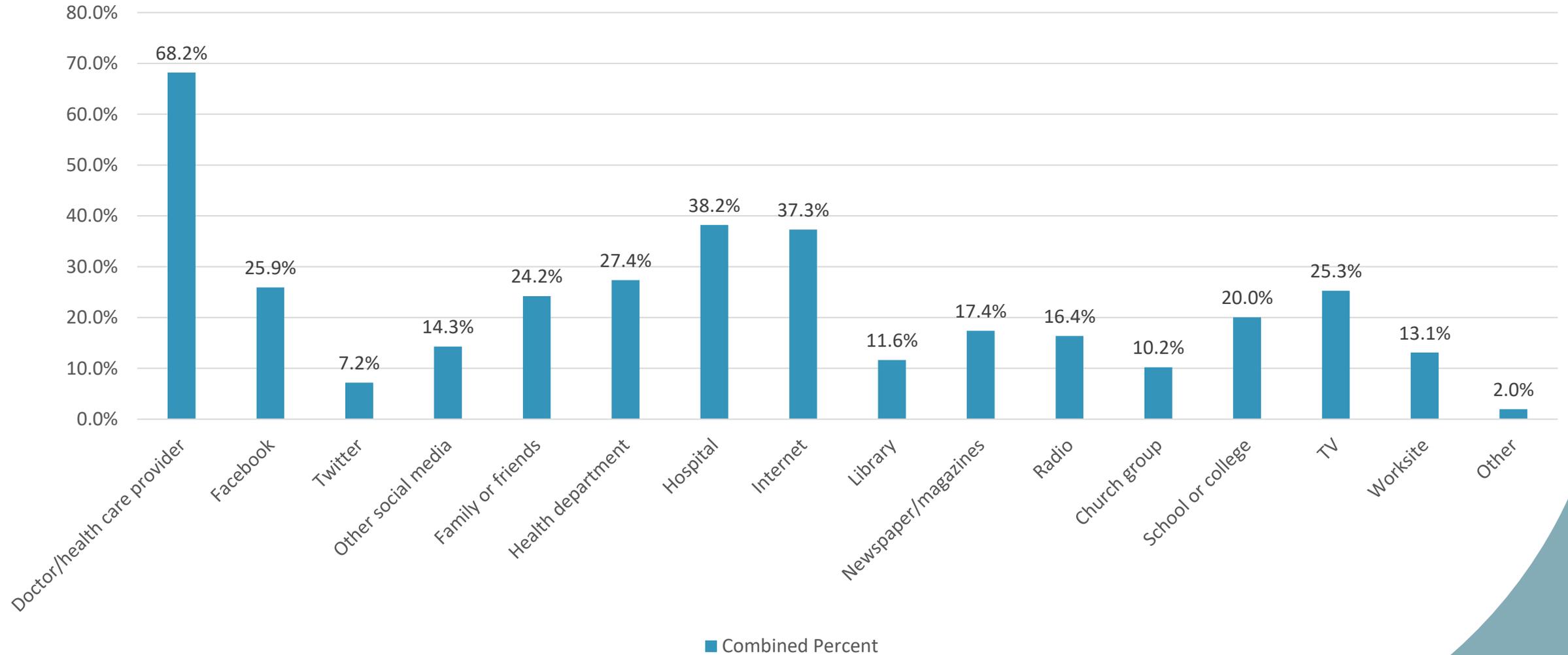
Select the Top 5 “Health Behaviors” People In Your Community Need More Information About
St Chris



The above chart depicts the top 5 health behaviors people in the community need more information about.

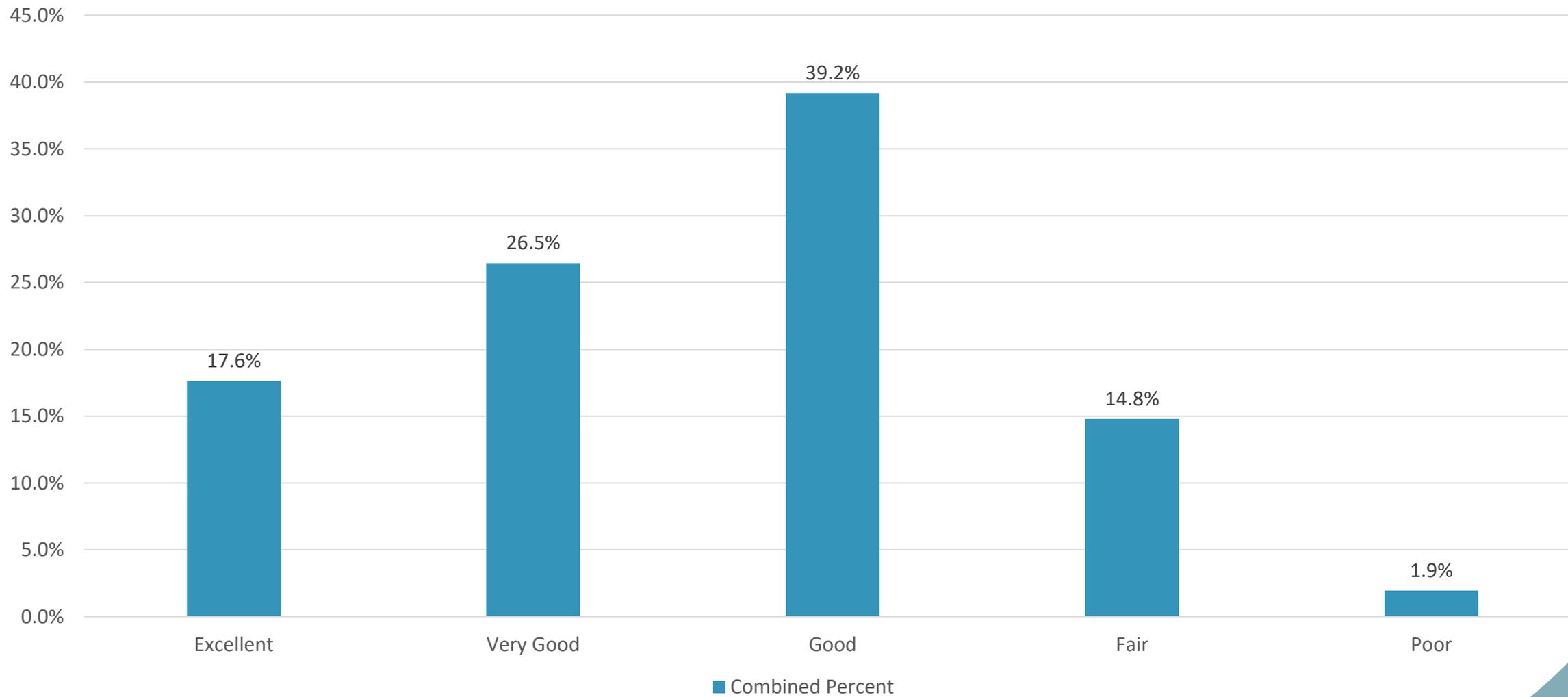
How Would You Like to Receive General Health Education Information (Check all that apply)

St Chris



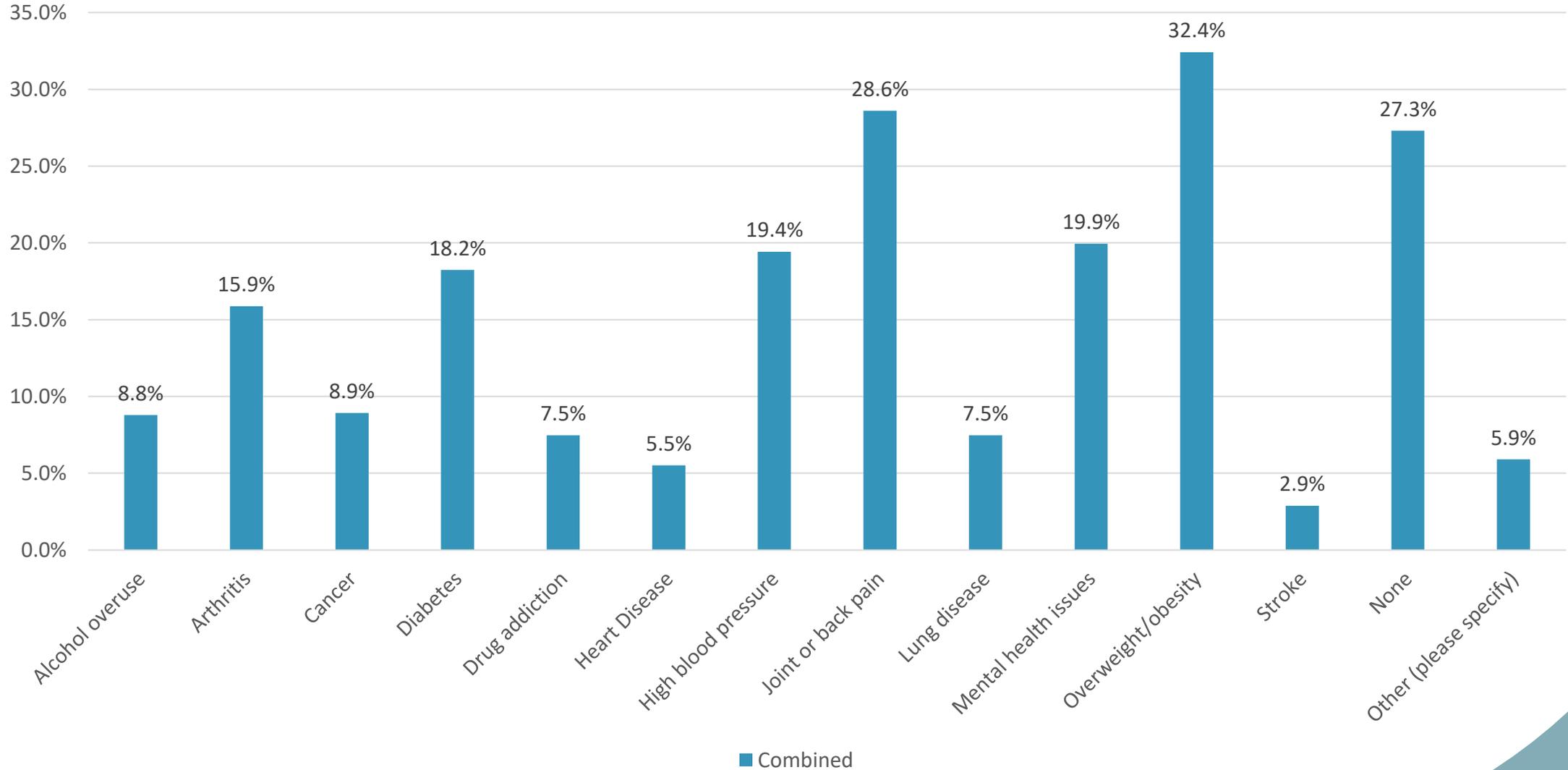
How Would You Describe Your Overall Health

St Chris



Top 3 Health Challenges Currently Faced

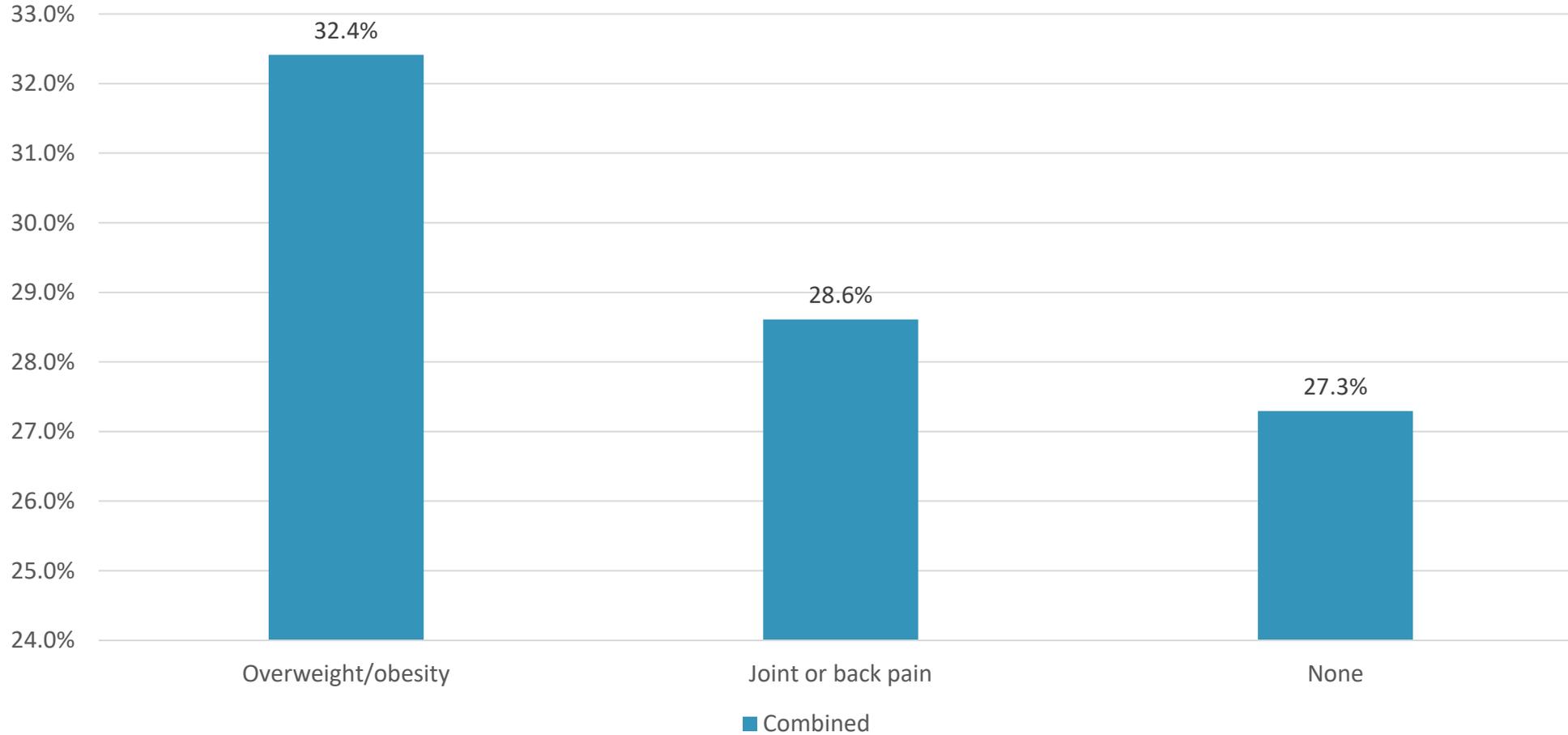
St Chris



Common Themes

Top 3 Health Challenges Currently Faced

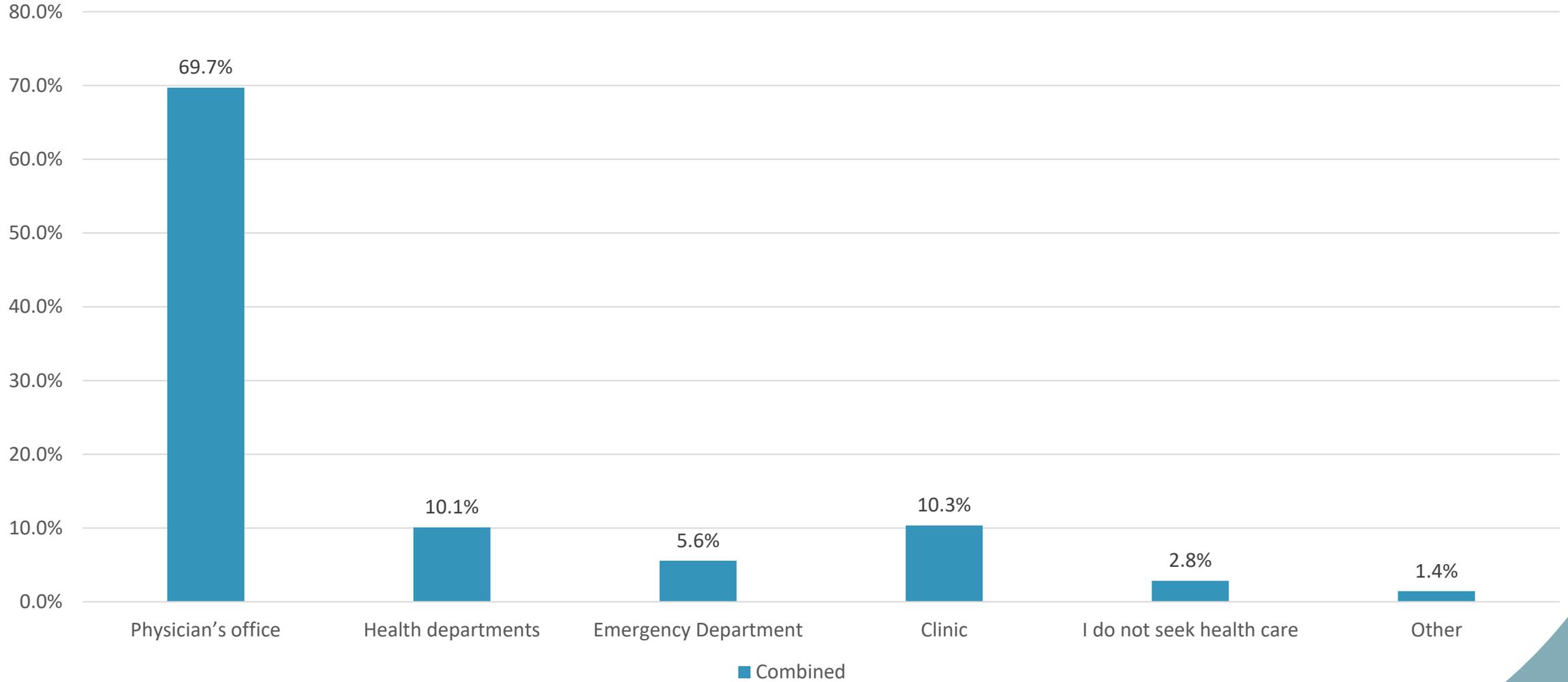
St Chris



The above chart depicts the top 3 health challenges respondents currently face.

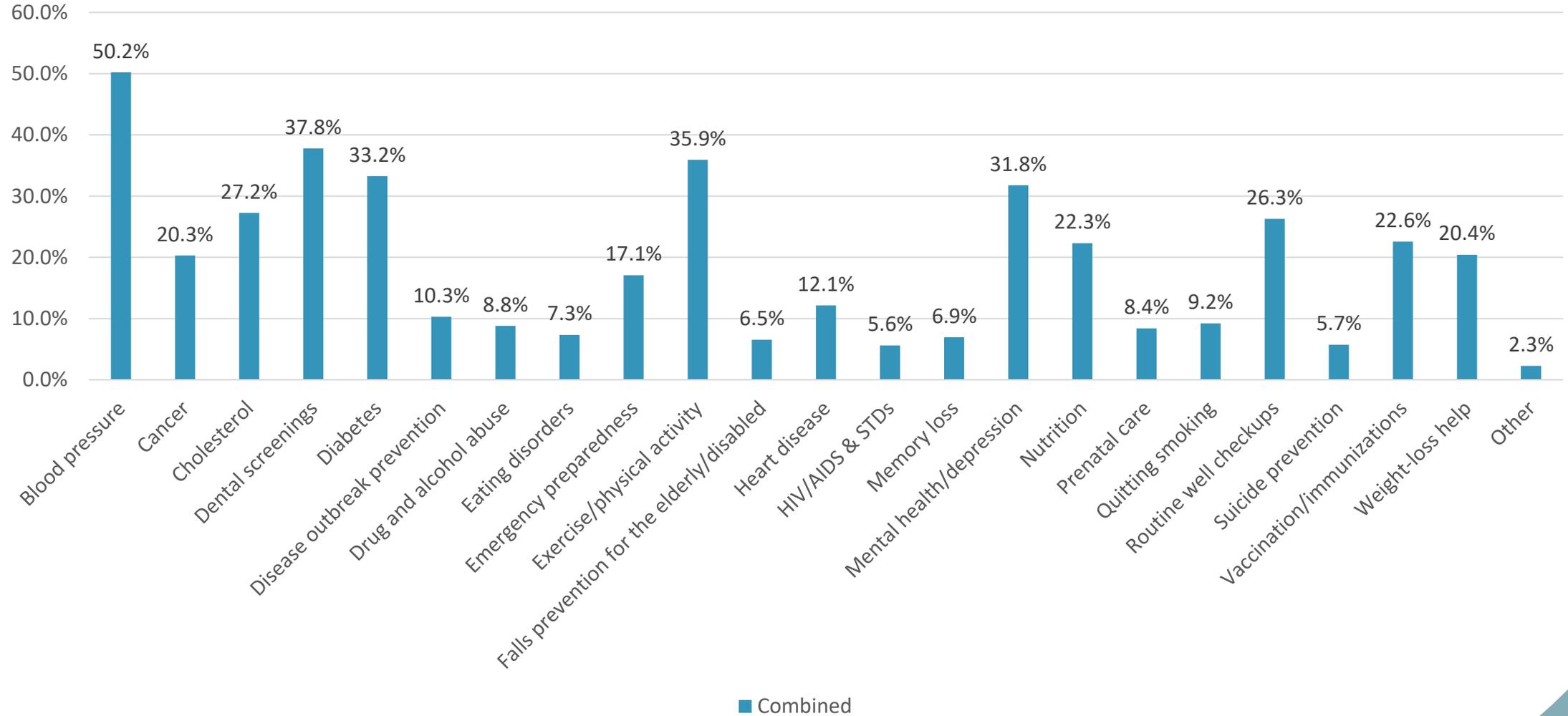
Where Do You Usually Go For Health Care?

St Chris



What Types of Health Screenings and/or Services are Needed to Keep You and Your Family Healthy?

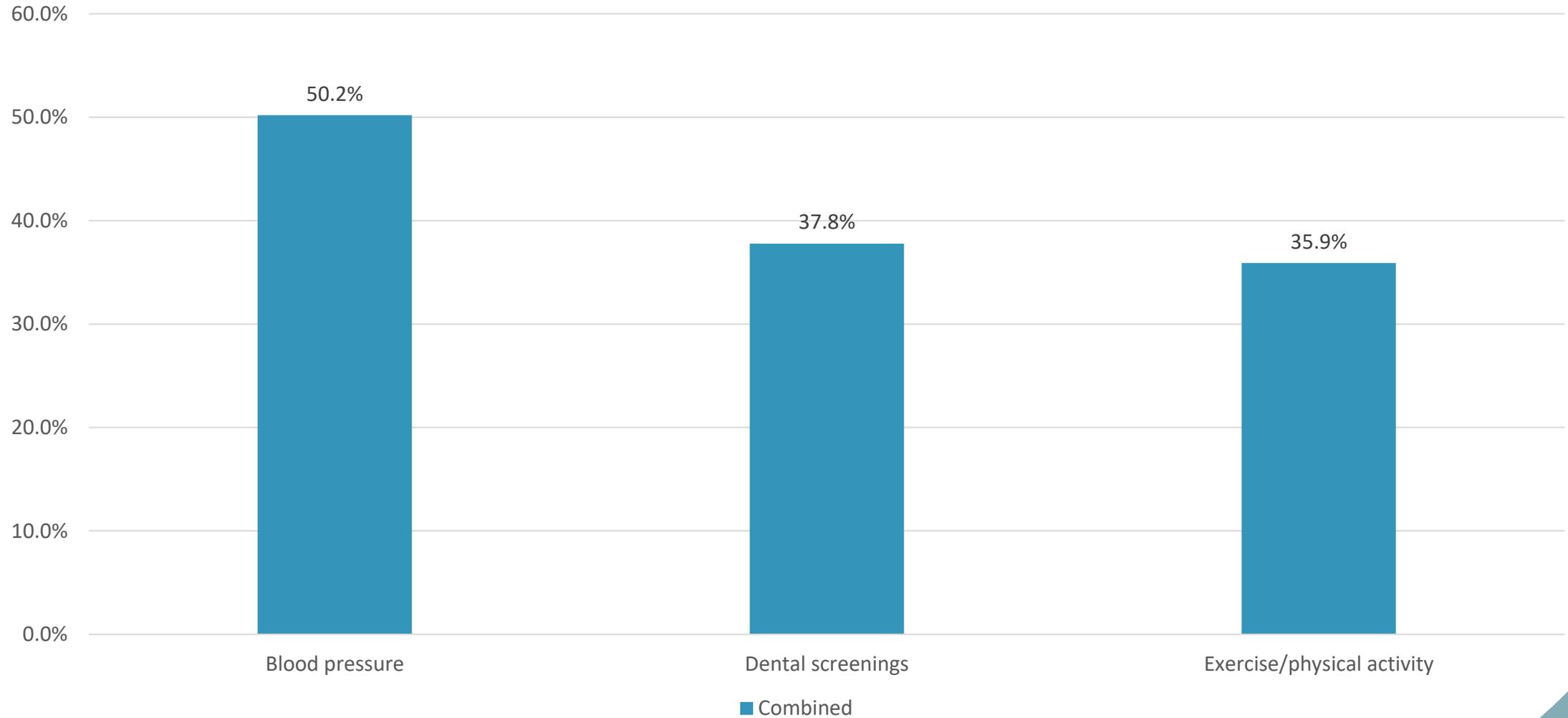
St Chris



Common Themes

What Types of Health Screenings and/or Services are Needed to Keep You and Your Family Healthy?

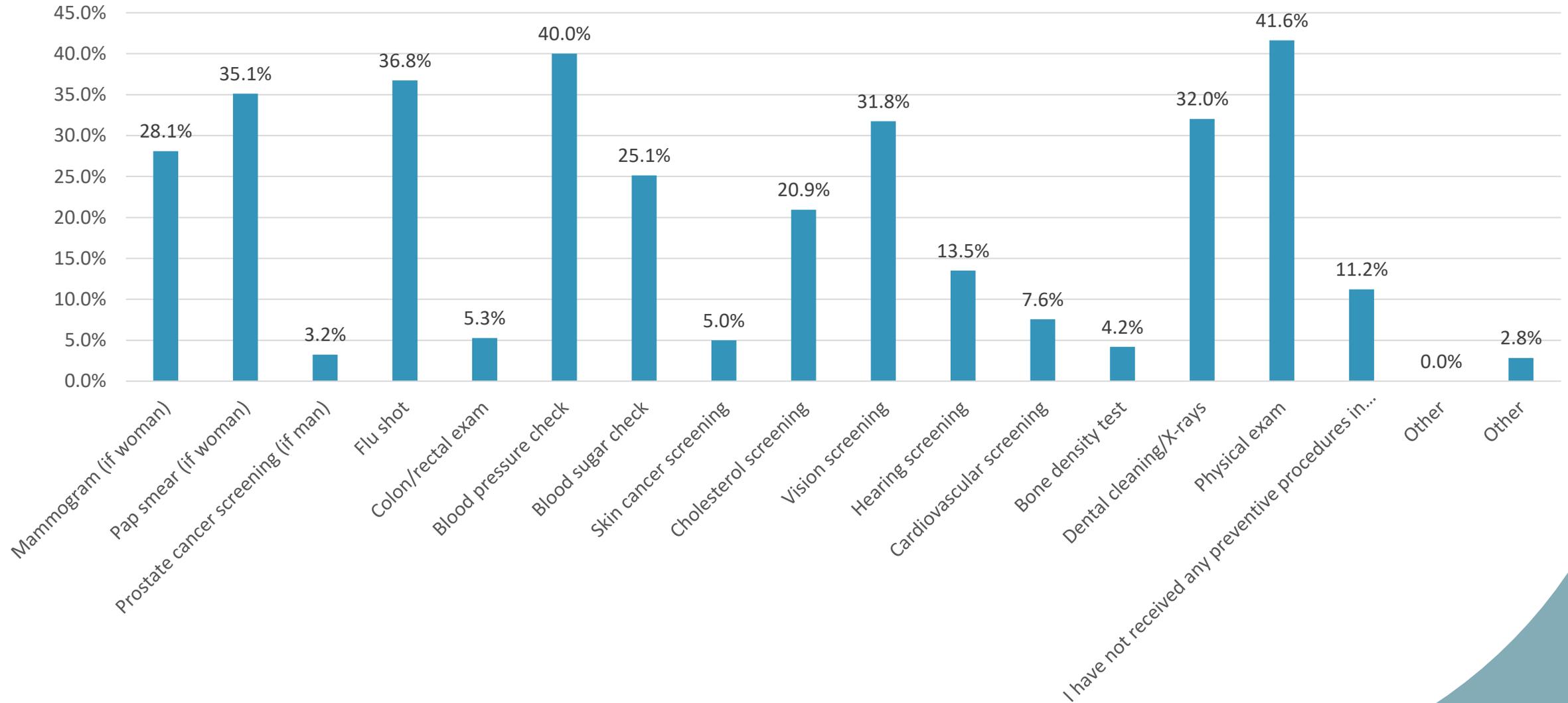
St Chris



The above chart depicts the top 3 health challenges respondents currently face.

Which of the Following Preventive Procedures Have You Had in the Past 12 Months? (Check all that apply)

St Chris

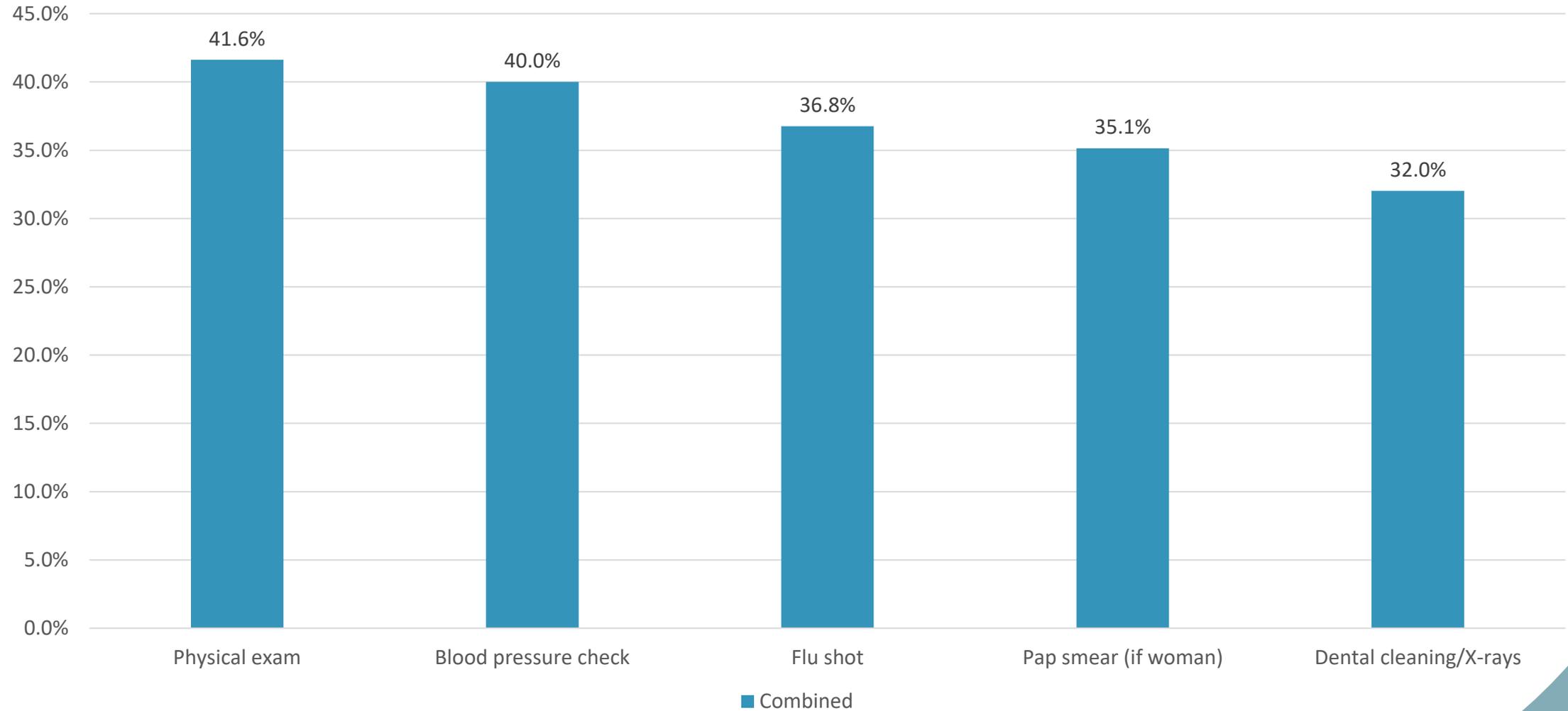


■ Combined

Common Themes

Which of the Following Preventive Procedures Have You Had in the Past 12 Months? (Check all that apply)

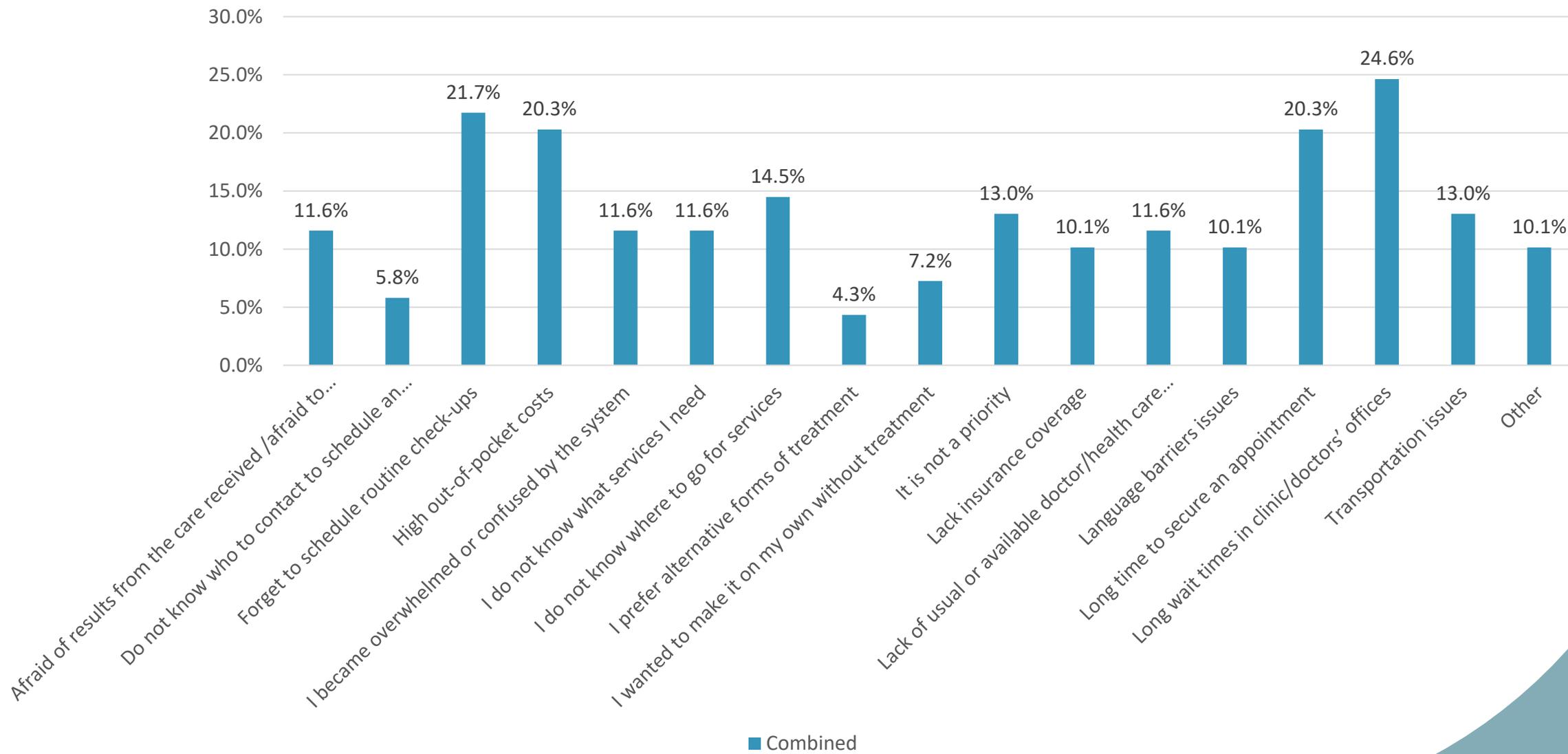
St Chris



The above chart depicts the top 5 preventive procedures respondents had in the past 12 months.

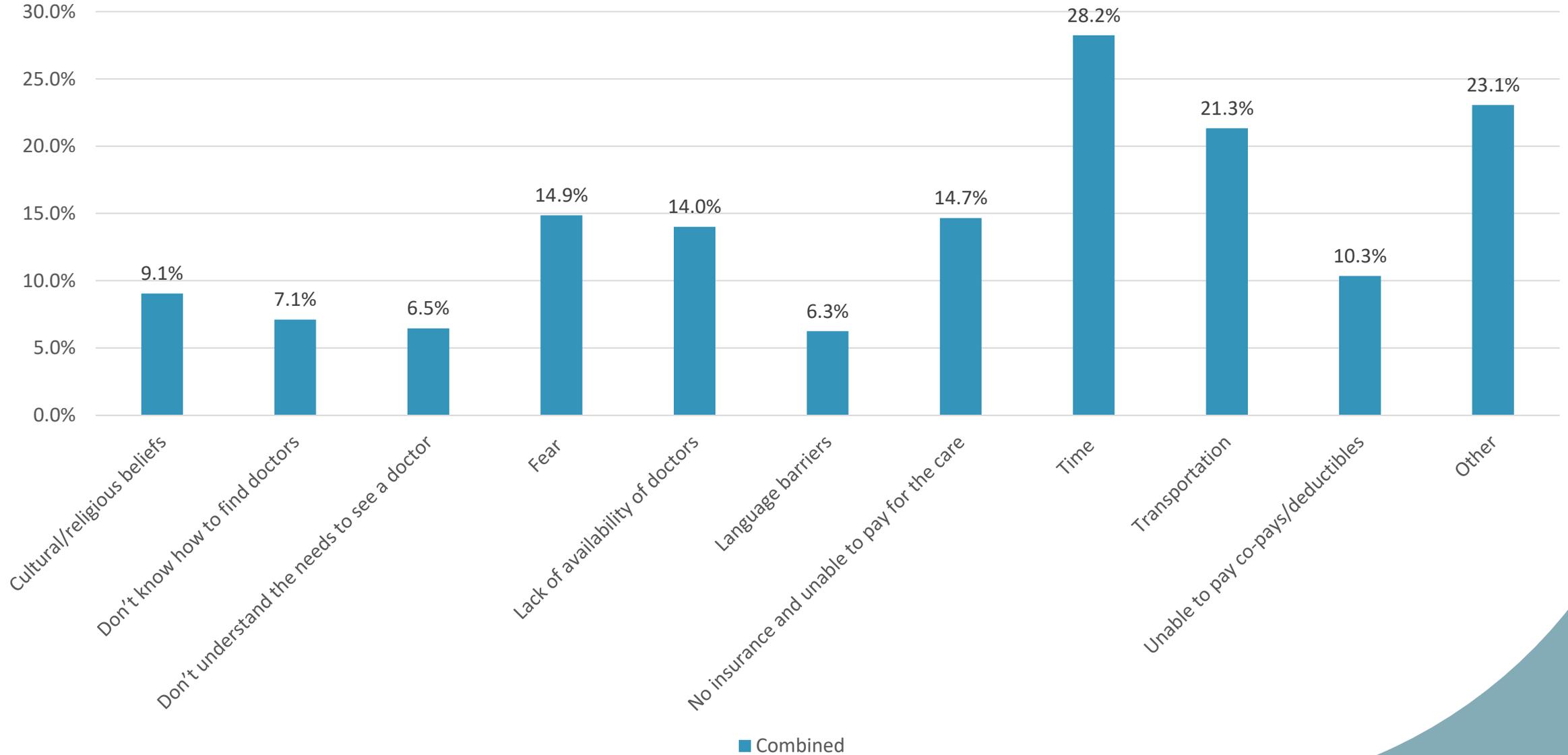
If You Have Not Received Preventive Care Services, Why Not?

St Chris



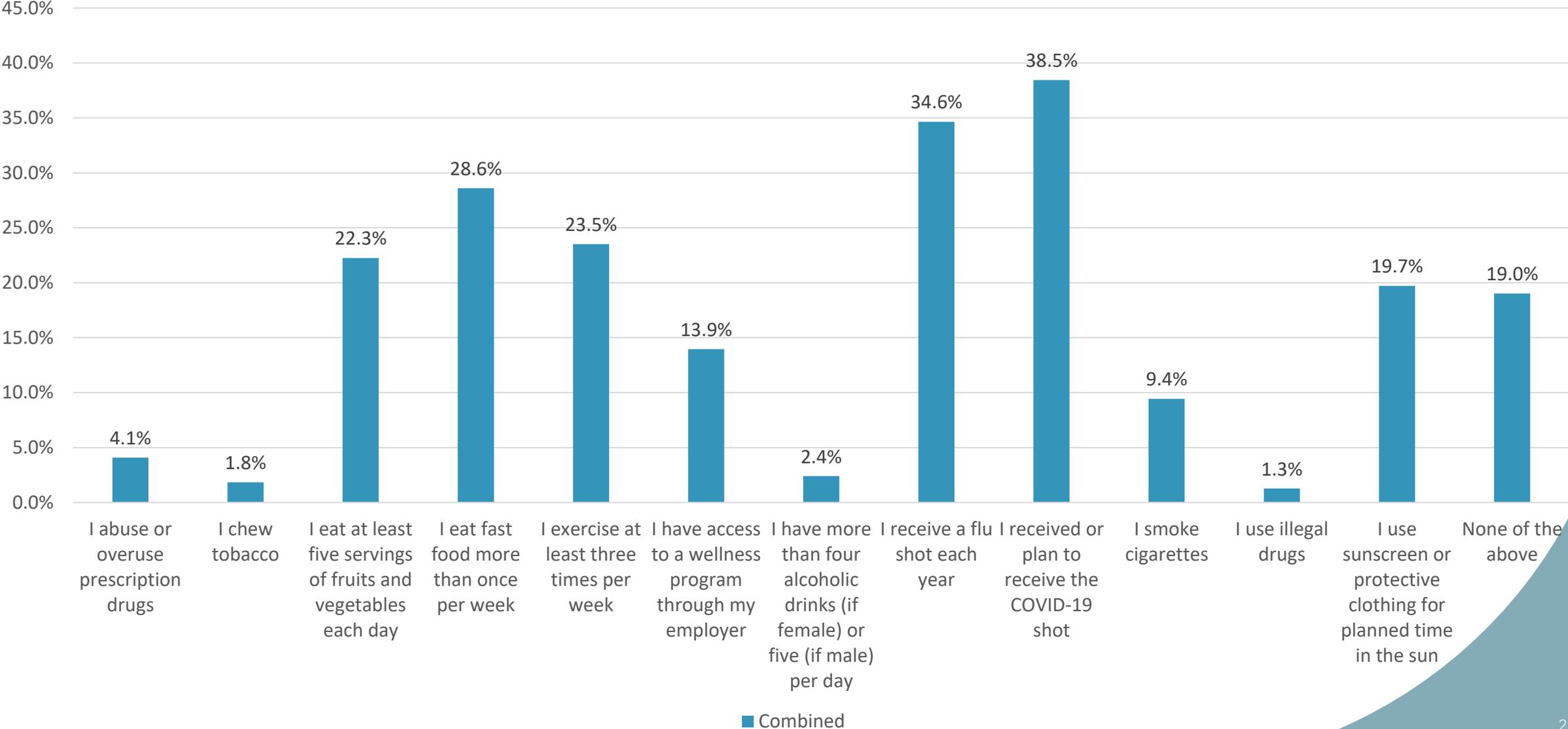
Are There Any Issues That Prevent You From Accessing Care? (Check all that apply)

St Chris

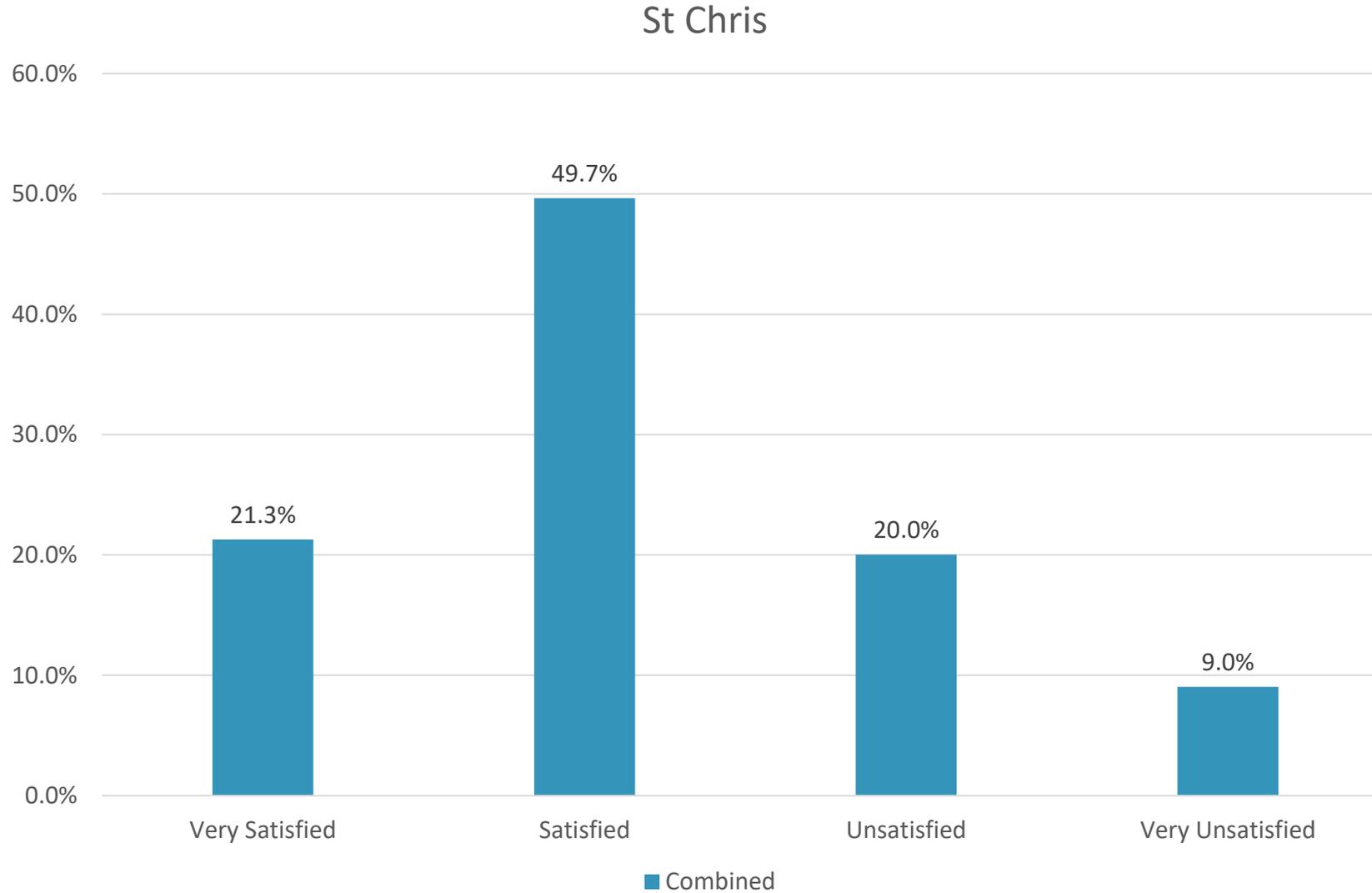


Please Choose All Statements That Apply To You (Check all that apply)

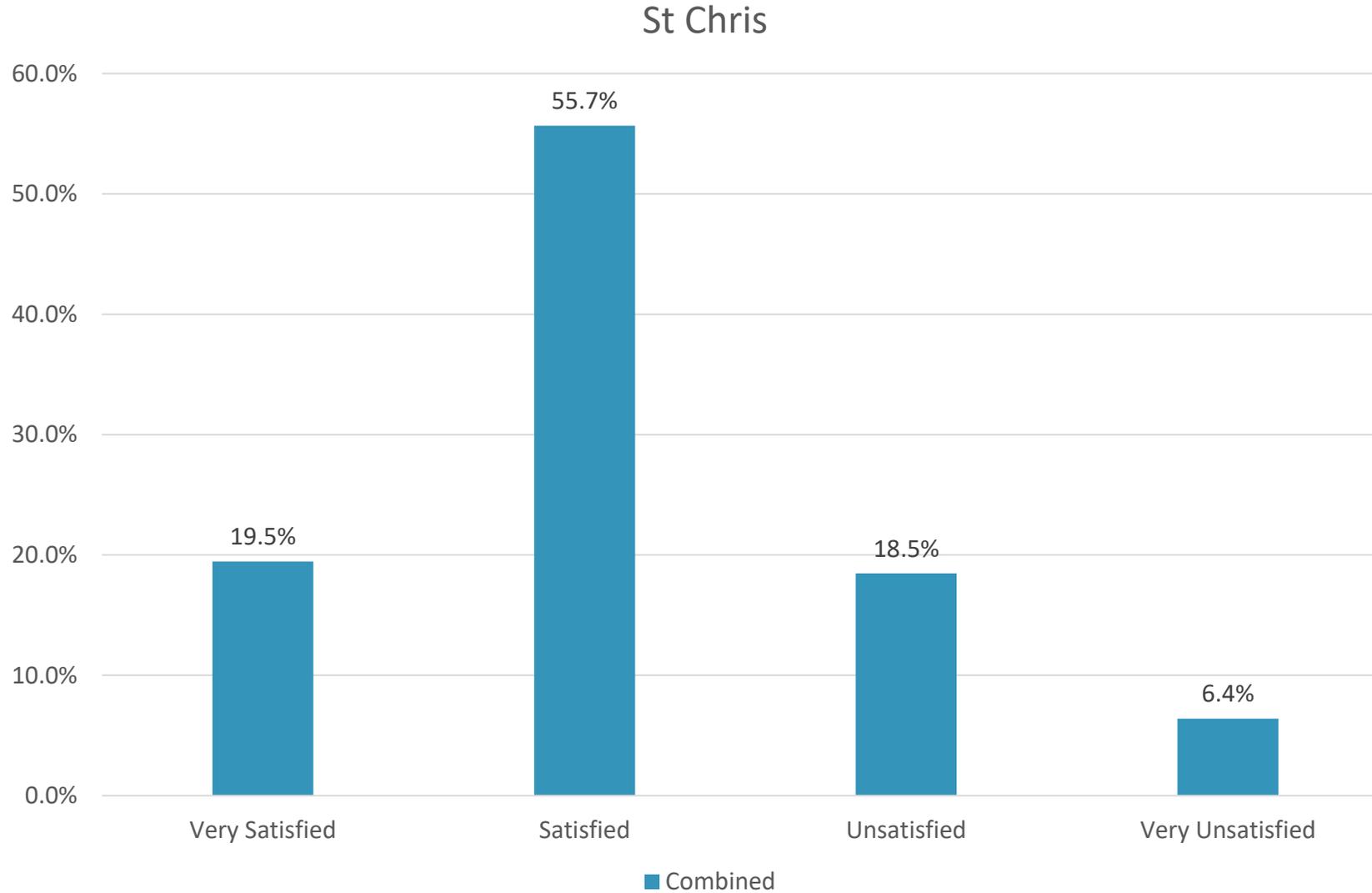
St Chris



I Am Satisfied With The Quality Of Life In My Community

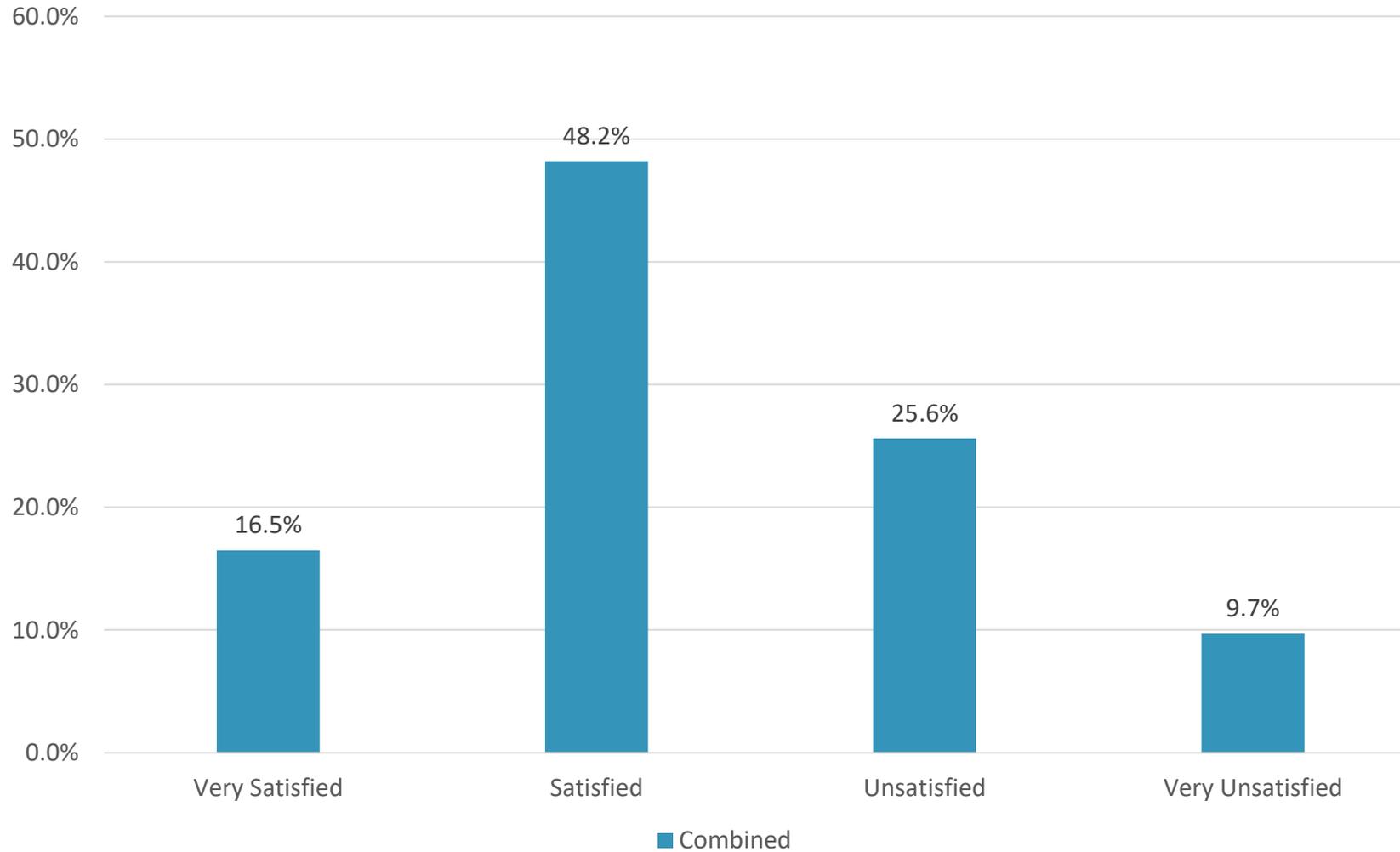


I Am Satisfied With The Health Care System in my Community

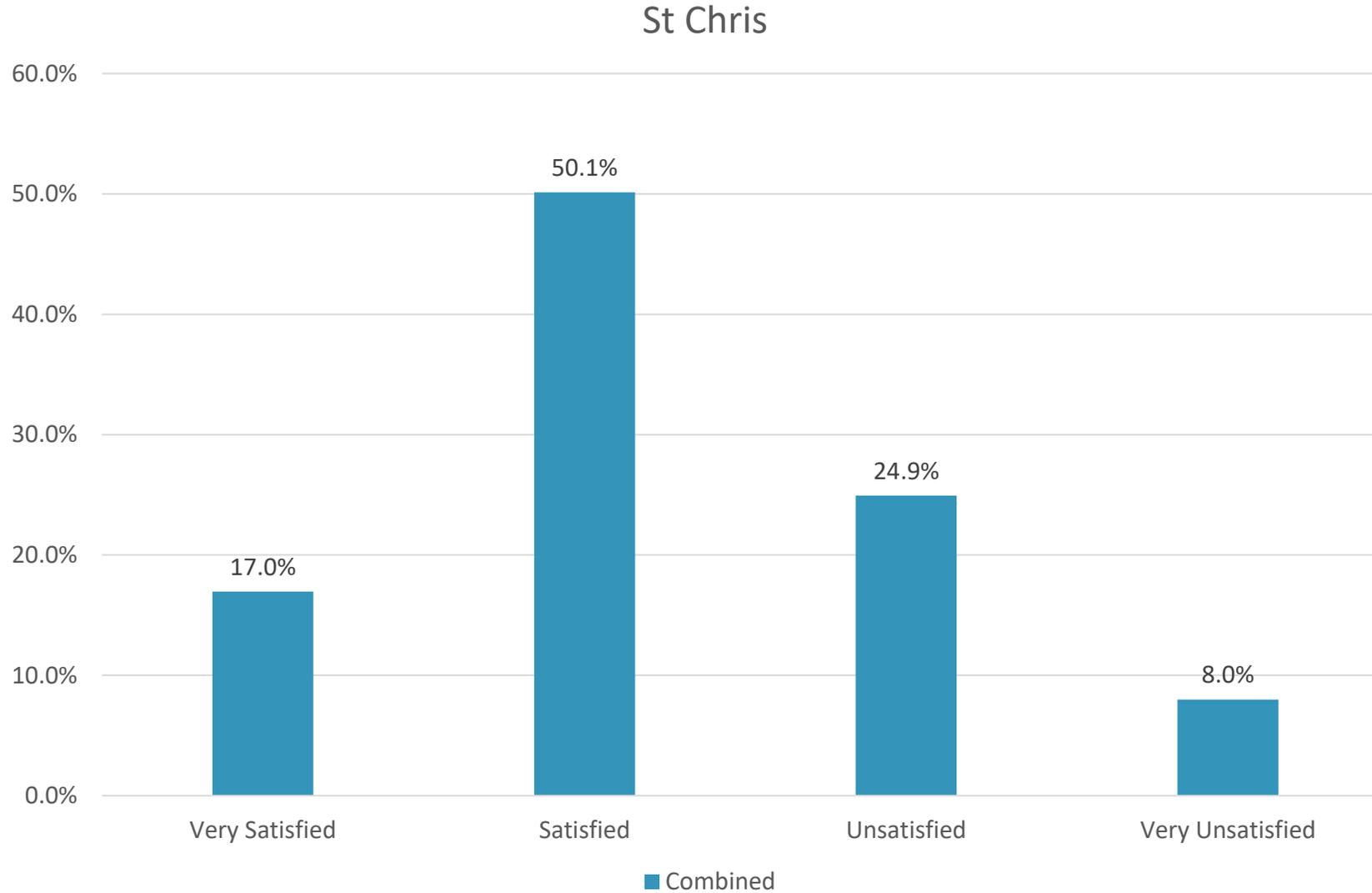


All individuals and groups in my community have the same and equal access to contributing and participating in the community's quality of life.

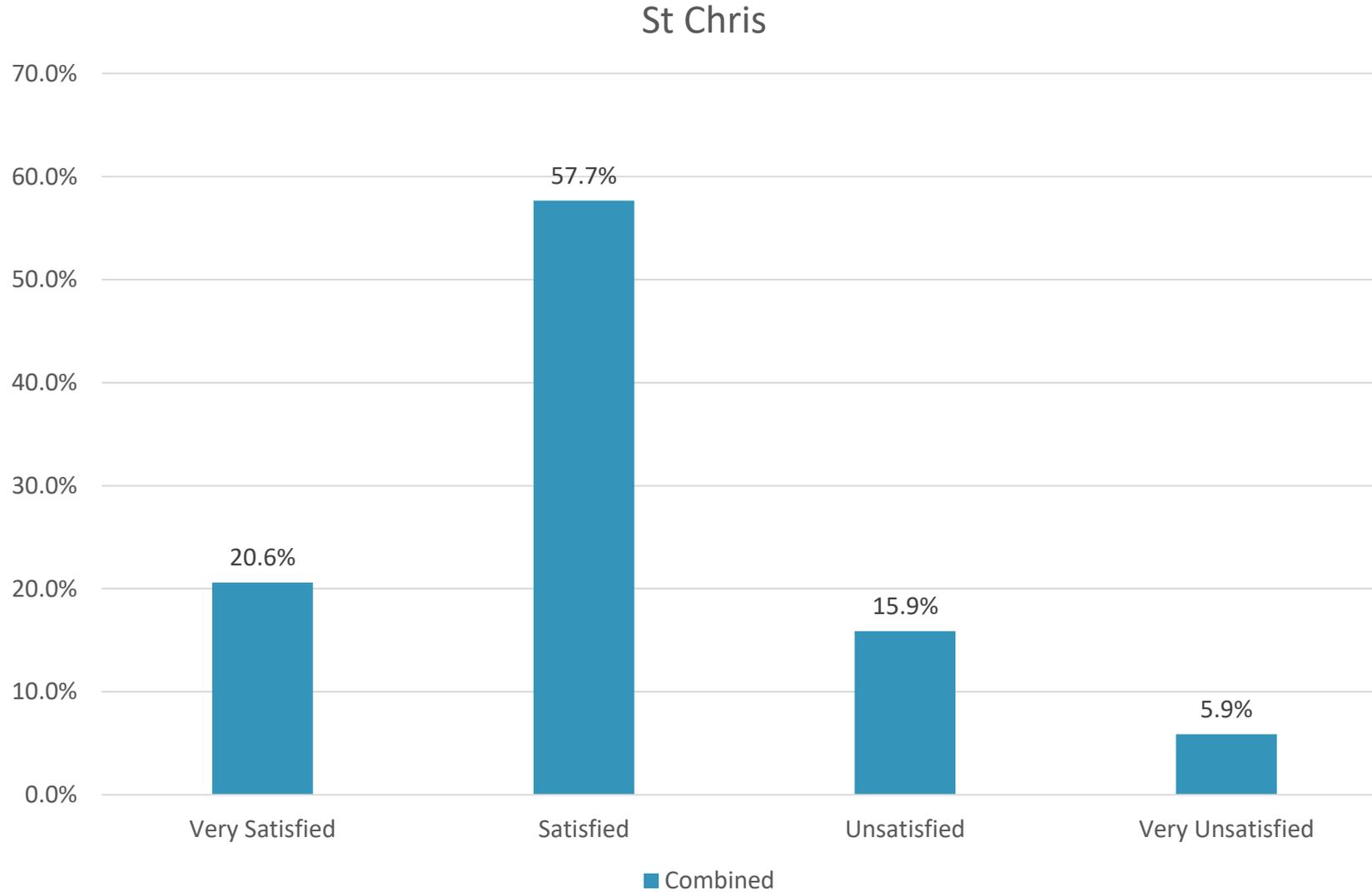
St Chris



I Am Satisfied with the Amount of Health and Social Services in my Community

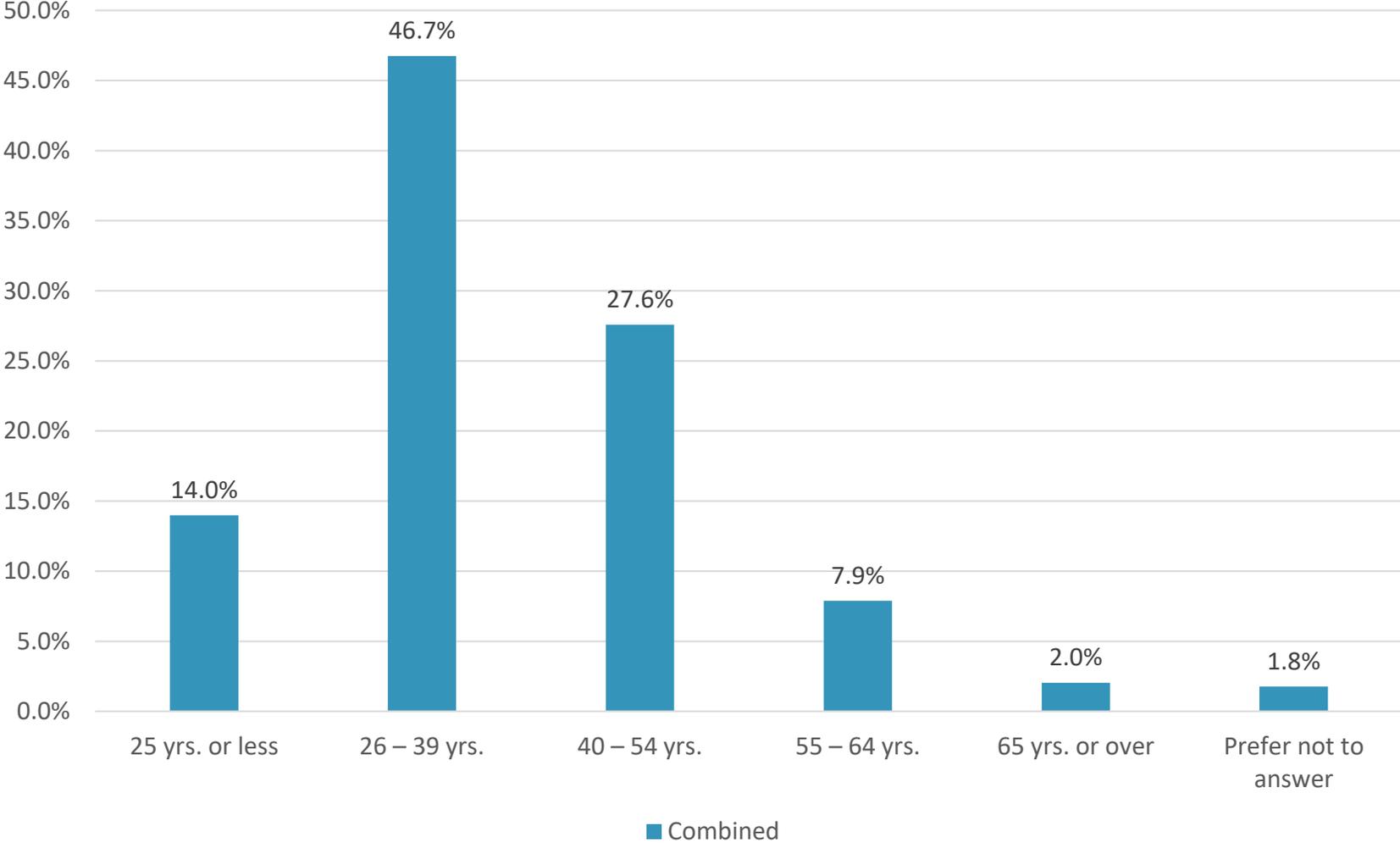


I Am Satisfied with the Diversity of my Health Care Providers



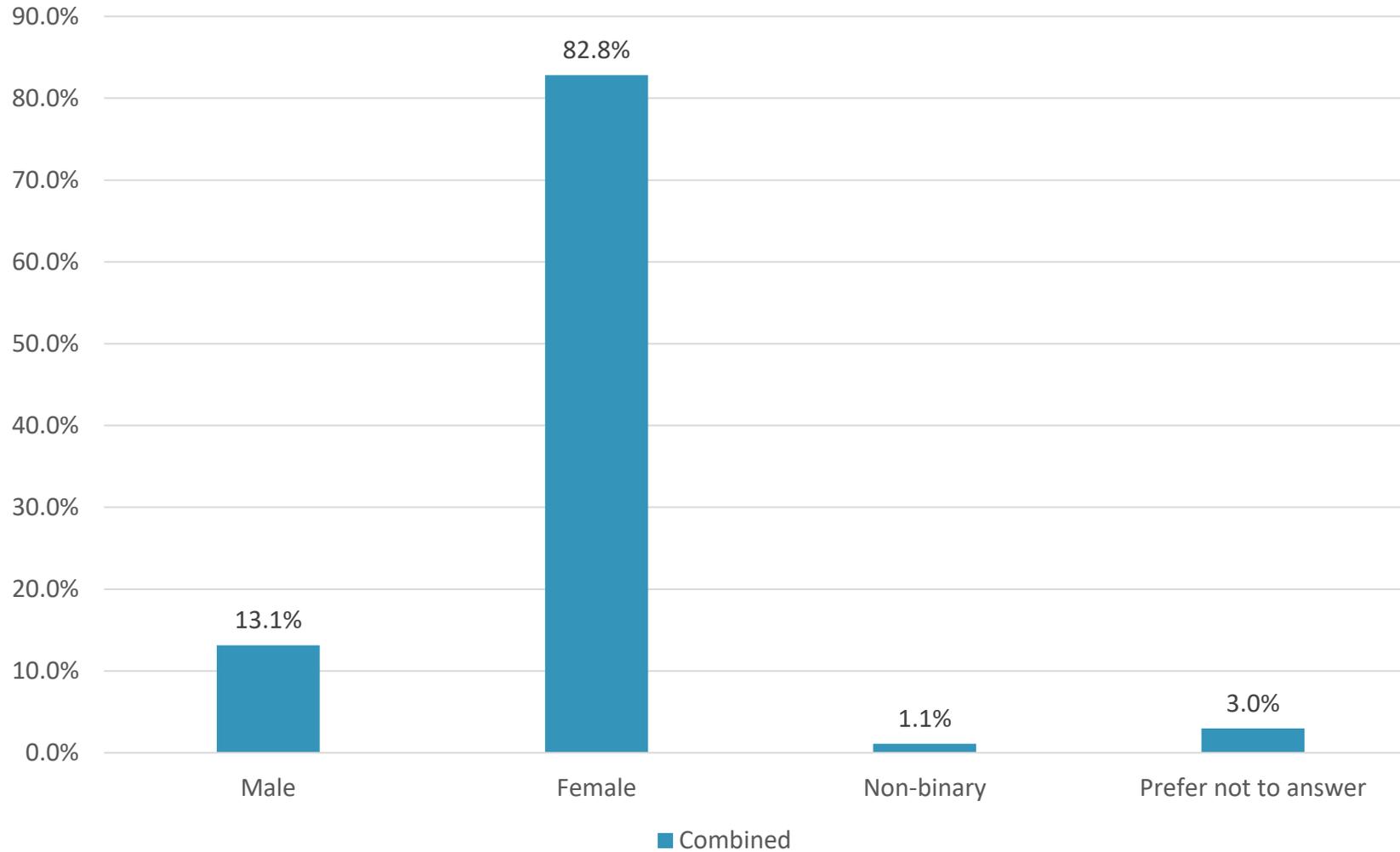
What is Your Age?

St Chris



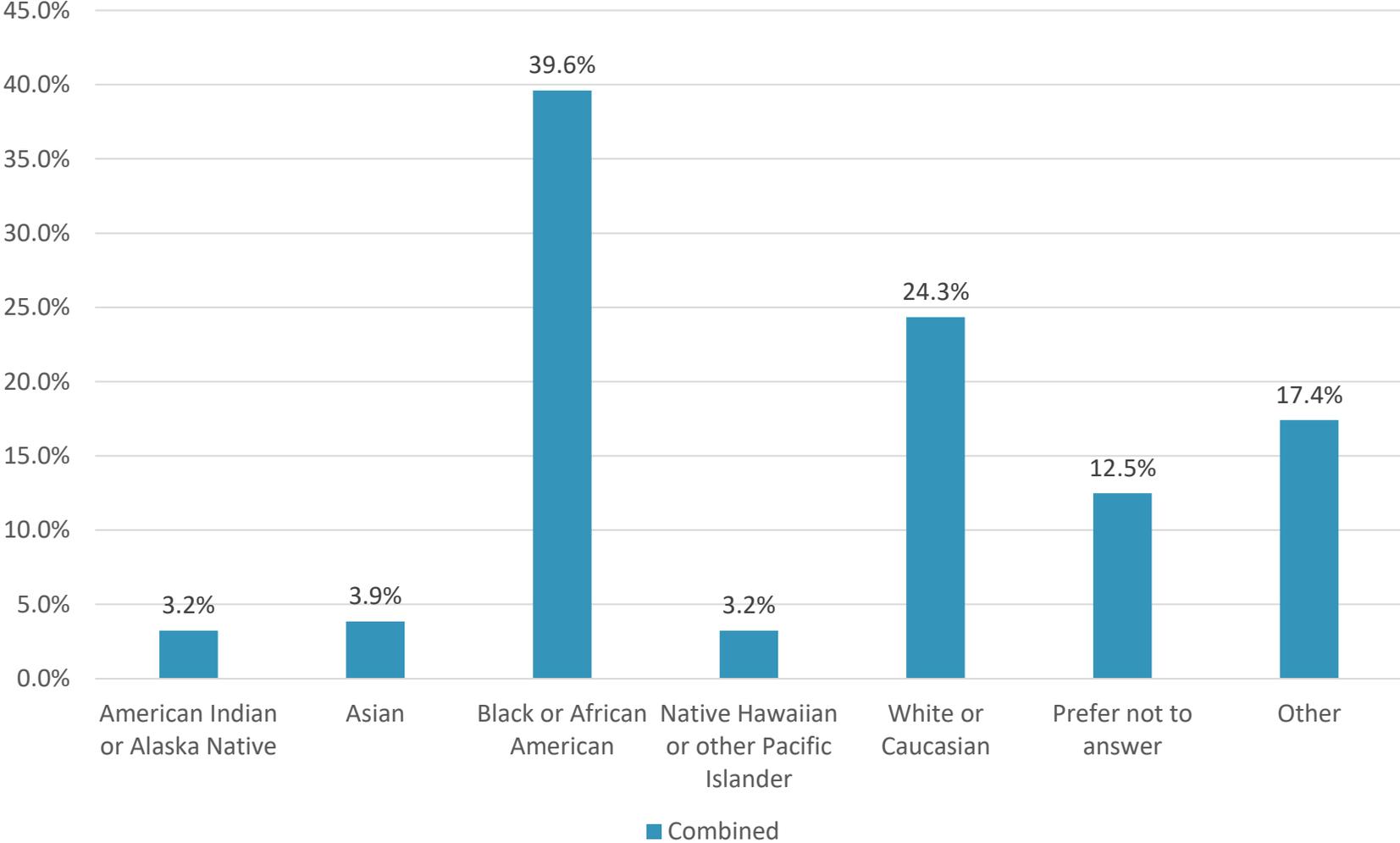
What is Your Gender?

St Chris



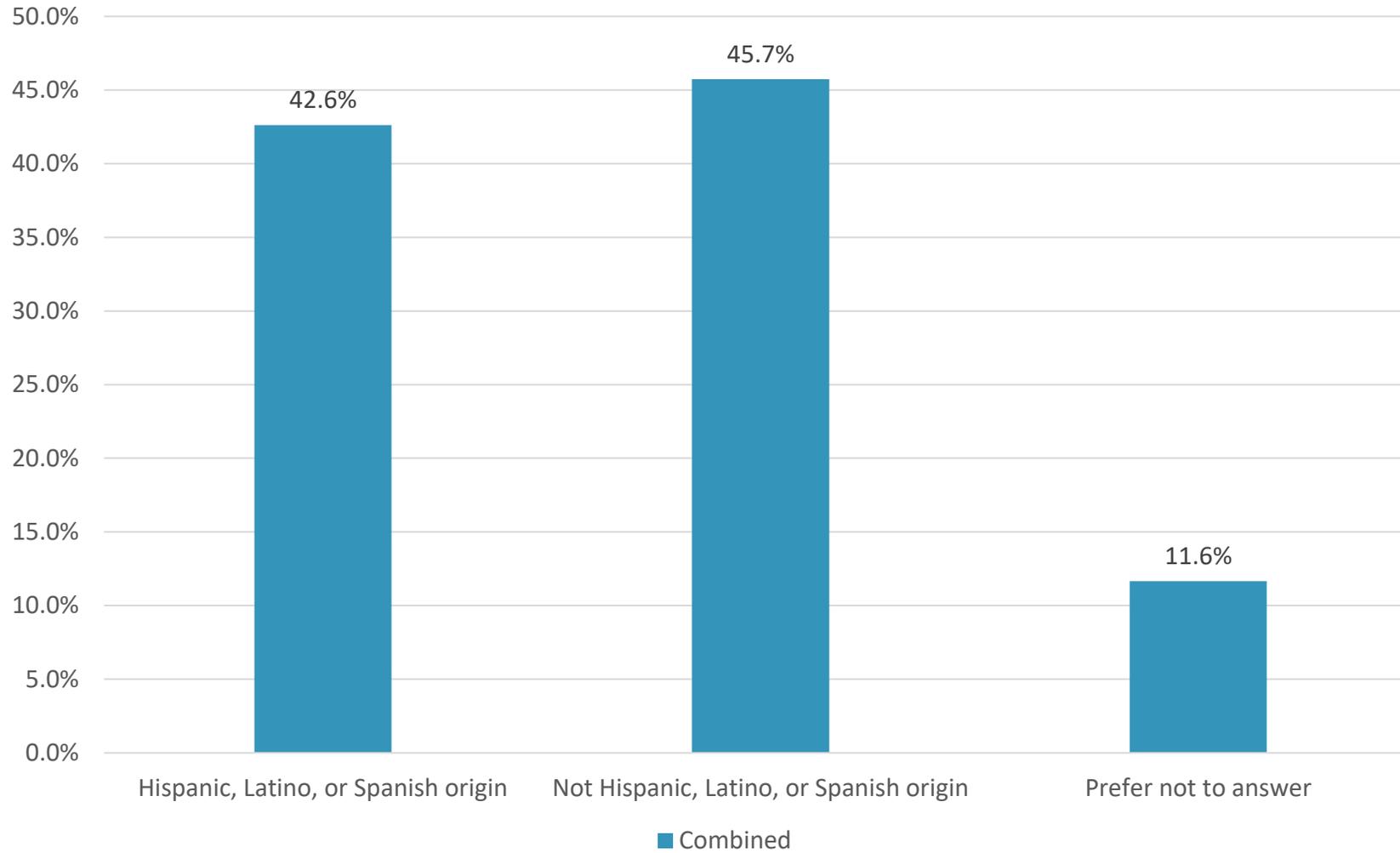
What is Your Race or Origin?

St Chris



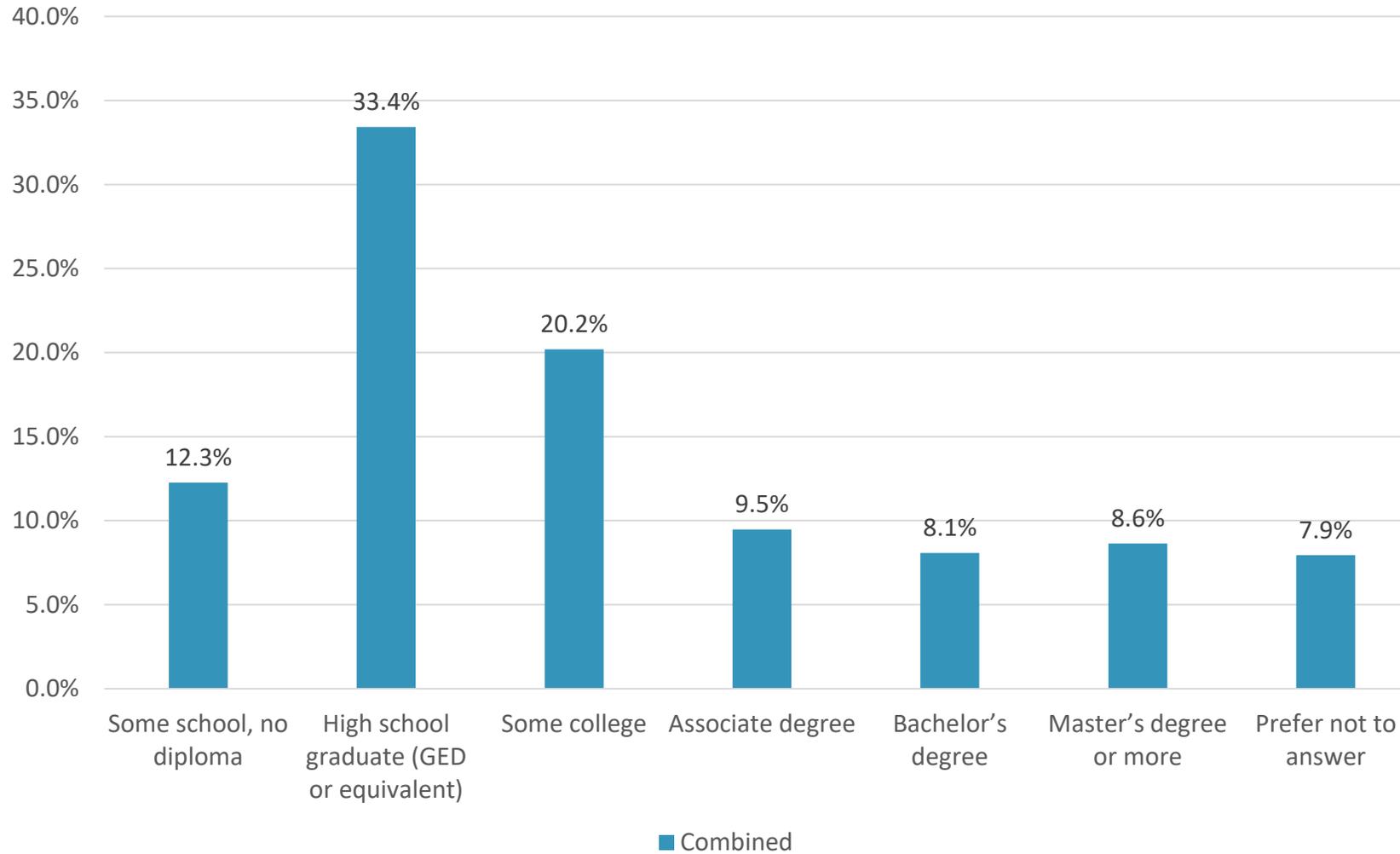
What is Your Ethnicity?

St Chris



What is Your Highest Level of Education?

St Chris



What is Your Annual Household Income?

St Chris

