COMMUNITY HEALTH PRIORITIES

The 16 community health priorities were categorized across three domains:

Health Issues

Includes physical and behavioral health issues significantly impacting the overall health and well-being of the region.

Access and Quality of Healthcare and Health Resources

Includes availability, accessibility, and quality of healthcare systems and other resources to address issues that impact health in communities across the region.

Community Factors

Includes social and economic drivers of health as well as environmental and structural factors that influence opportunity and daily life.

Based on the ratings of the participating institutions the community health priorities were rated in the following priority order:

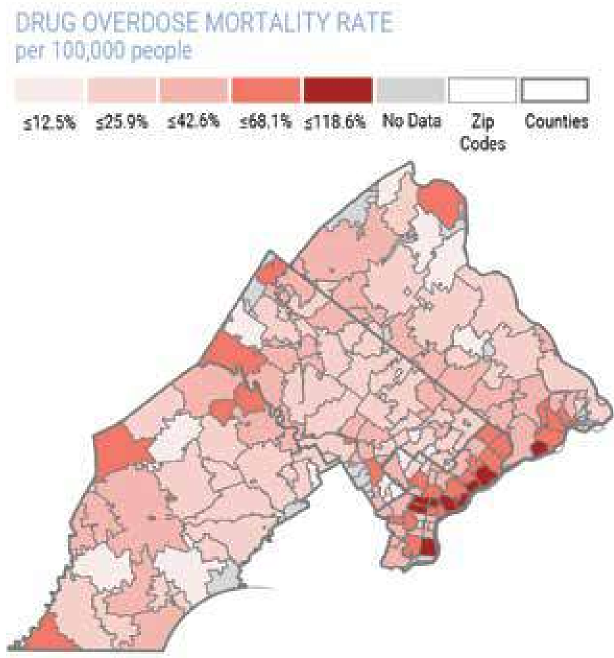
1. Substance/opioid use and abuse
2. Behavioral health diagnosis and treatment (e.g. depression, anxiety, trauma-related conditions, etc.)
3. Access to affordable primary and preventive care
4. Healthcare and health resources navigation
5. Access to affordable specialty care
6. Chronic disease prevention (e.g. obesity, hypertension, diabetes, and CVD)
7. Food access and affordability
8. Affordable and healthy housing
9. Sexual and reproductive health
10. Linguistically- and culturally-appropriate healthcare
11. Maternal morbidity and mortality
12. Socioeconomic disadvantage (income, education, and employment)
13. Community violence
14. Racism and discrimination in healthcare settings
15. Neighborhood conditions (e.g. blight, greenspace, parks/recreation, etc.)
16. Homelessness

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

PRIORITY

1 Substance/Opioid Use and Abuse

- Substance use and abuse, specifically opioids, was rated the highest priority community health need.
- The opioid epidemic currently occurring in the region is largely fueled by years of overprescribing of highly addictive pharmaceutical opioids and the introduction of the highly lethal synthetic opioid fentanyl into the illicit drug supply. In 2017, more than 80 percent of fatal drug overdoses involved fentanyl.
- Drug overdoses are the leading cause of death among young adults (ages 18 – 34) in the region.
- As shown at right, communities are disproportionately impacted by the epidemic, with drug overdose death rates being more than 2 times the regional average. Hardest hit communities include parts of: Norristown, Honey Brook, Warwick, Kensington/River Wards Plus, and Southeast, North, Northeast, and West Philadelphia.



POTENTIAL SOLUTIONS

- **Reduce the number of people who become addicted to opioids by reducing over-prescribing of opioids**
- **Integrate Medication-Assisted Treatment into ambulatory care and initiate Medication-Assisted Treatment in emergency departments**
- **Develop warm handoff projects with external organizations.**
- **Expand distribution of naloxone and other harm reduction resources.**
- **Increase school- and community-based anti-drug education and awareness.**
- **Expand access to Medication Assisted Treatment, including in mobile units and emergency departments.**
- **Expand medical respite for individuals with substance use disorder.**
- **Increase medical outreach and care for individuals living with homelessness and substance use disorders.**
- **Expand drug take-back safe disposal programs.**

PRIORITY

2 Behavioral Health Diagnosis and Treatment

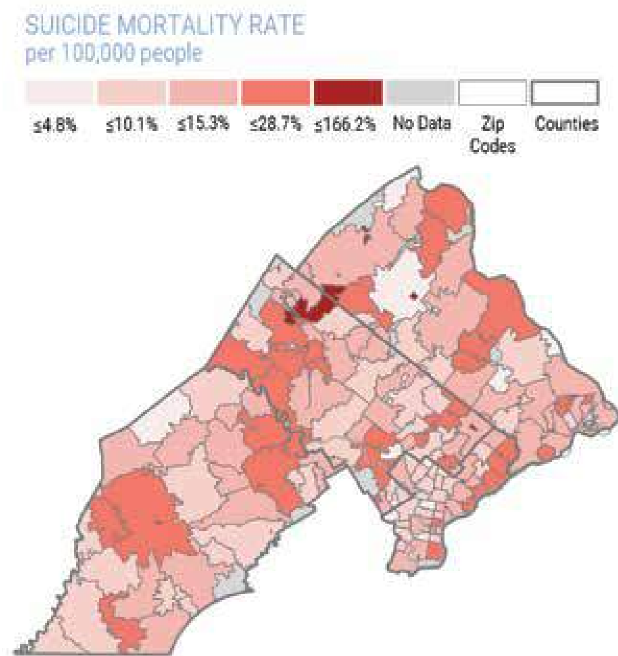
» Behavioral and mental health needs continue to impact health in the region. Undiagnosed and untreated conditions like depression, anxiety, and trauma-related conditions result in:

- High utilization of emergency departments, particularly among youth, for mood and depressive disorders
- Persisting rates of suicide, particularly among men
- Substance use and abuse

» Behavior and mental health needs are especially high among vulnerable populations, including: individuals living in poverty, homeless, or housing insecure; youth and young adults; older adults; racial and ethnic minorities, immigrants and refugees; and LGBTQ+

» There is significant lack of community-based, integrated, and/or mobile behavioral health services.

» While only one, and perhaps the most extreme, indicator of the underlying need for behavioral health services, rates of suicide vary considerably by neighborhood and among sub-groups, especially non-Hispanic White men.



POTENTIAL SOLUTIONS

» **Expand use of telemedicine and mobile care for counseling, therapy and other treatment for behavioral health conditions.**

» **Co-locate physical and behavioral health and social services.**

» **Institute trauma-informed care/counseling training for people working with youth.**

PRIORITY

3 Access to Affordable Primary and Preventive Care

» While there is a high supply of primary care providers across the region, some communities and vulnerable populations continue to experience low access to affordable primary and preventive care. These inequities are driven by:

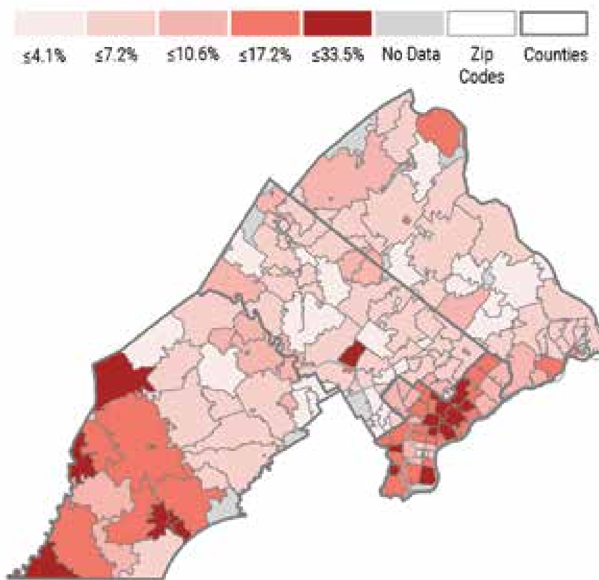
- Slow declines in Medicaid acceptance among |health providers
- Lack of providers in their neighborhoods (NE/ SW/ South Philadelphia, rural neighborhoods in surrounding counties)
- Affordability: For the uninsured and low-income with high co-payments/deductibles, there are not always safety net providers available
- Language/cultural accessibility for immigrant/non-English speaking communities

» Rates of uninsurance are down by nearly 50% since ACA Medicaid coverage expansions, however, uninsured rates among populations just above poverty threshold and immigrants are 2 to 4 times higher. As shown below, some neighborhoods have uninsured rates above 30%.

» Even for the insured, gaps in access to preventive services and health education exist. These include:

- Immunizations for children and youth of low-income, transient, and immigrant families
- Health screenings and diagnostic testing for vulnerable adults for chronic diseases, STIs, and cancers
- Health education and promotion for adults at high risk for chronic illness

ADULTS 19–64 WITHOUT INSURANCE



POTENTIAL SOLUTIONS

» **Expand primary care locations in neighborhoods with low access.**

» **Support transportation assistance.**

» **Expand appointment availability and hours in low access areas.**

» **Develop health promotion campaigns and initiatives to raise awareness.**

» **Provide samples/discounts on medications and enroll patients in prescription assistance programs.**

» **Use technology/telehealth toincrease access to health information.**

PRIORITY

4 Healthcare and Health Resources Navigation

- Navigating healthcare services and other health resources, like enrollment in public benefits and programs, remains a challenge due to general lack of awareness, fragmented systems, and resource restraints
- Healthcare providers, particularly in the primary and acute care setting, can play an integral role in linking patients directly to health resources or to community health workers or care coordinators.
- Navigation includes information as well as transportation. Many individuals face significant challenges securing transportation to healthcare and health resources. Financial costs and logistics associated with travel can be a barrier to accessing healthcare and health resources.

POTENTIAL SOLUTIONS

- **Increase access to healthcare navigators, community health workers and patient advocates.**
- **Develop community health resource directories, bulletins or newsletters.**
- **Create permanent social service hubs and resource fairs.**
- **Encourage bi-directional integration of data between health and community-based organizations.**
- **Develop school-based health and health resources navigation, like Community Schools.**
- **Provide information regarding available transportation services and facilitate the process for accessing these services.**
- **Create accessible healthcare offices and access to preventive care and health screening for persons with disabilities.**

PRIORITY

5 Access to Affordable Specialty Care

- Financial and logistical barriers to specialty care exist for uninsured individuals and those with high co-pays and deductibles.
- Linkage to specialty care providers is particularly challenging for safety net providers; health information exchange to facilitate linkage to specialty care is not universal.
- Lack of care coordination, affordability, and appointment availability (e.g. long wait times) result in patients not seeking needed specialty care and use of emergency departments for acute needs.

POTENTIAL SOLUTIONS

- **Provide telehealth services.**
- **Co-locate primary and specialty care.**
- **Provide care navigation and coordination.**
- **Schedule appointments with outside providers at discharge.**
- **Provide information regarding available transportation services and facilitate the process for accessing these services.**
- **Create accessible healthcare offices for persons with disabilities.**

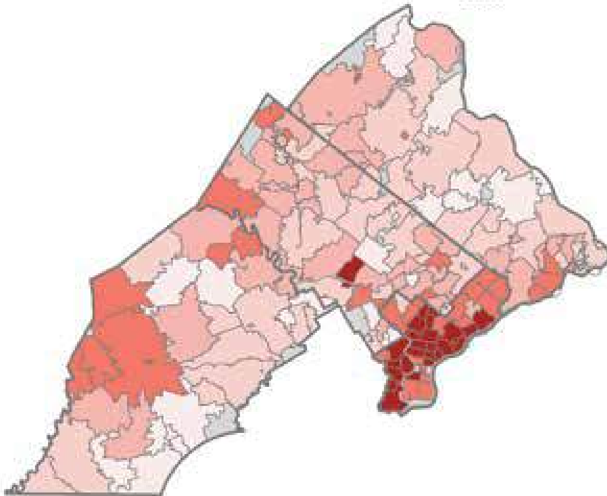
PRIORITY

6 Chronic Disease Prevention

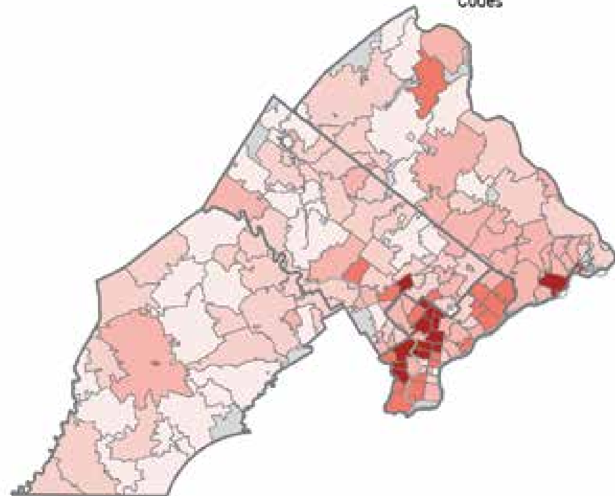
» Overall, rates of cardiovascular disease and its related chronic conditions like obesity, hypertension and diabetes, continue to rise. These conditions continue to be leading causes of premature death, particularly among racial/ethnic minorities, as well as sources of morbidity, including hospitalizations and disability.

» Premature CVD mortality is nearly 2 to 3 times higher in Philadelphia County compared to other counties, which is driven by higher rates of smoking, obesity, hypertension and physical inactivity. These risk factors are all driven by higher rates of social and economic disadvantage.

PREMATURE CARDIOVASCULAR DISEASE DEATHS



HYPERTENSION-RELATED HOSPITALIZATION RATE
per 100,000 people



POTENTIAL SOLUTIONS

» Initiate health education and promotion in natural community hubs, such as beauty salons/barbershops and faith-based institutions.

» Support media campaigns that encourage smoking cessation.

» Create opportunities for physical activity like community walks, group fitness classes, or fitness vouchers.

» Continue expansion and marketing of wellness programs.

» Centralize health and social services resources information.

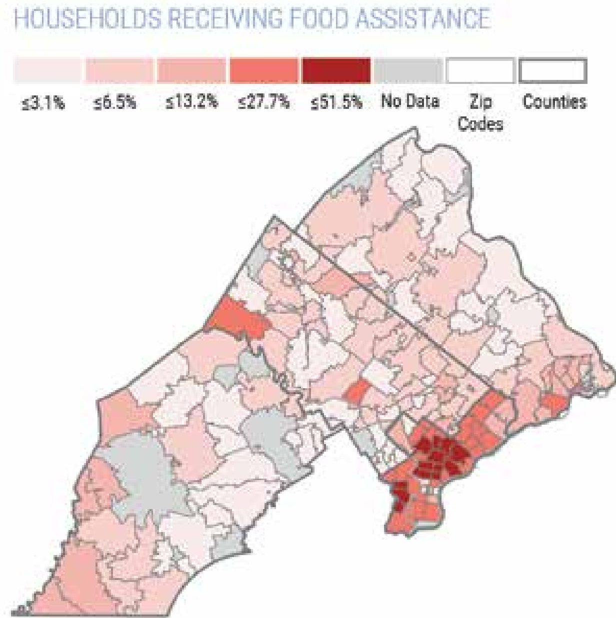
» Use technology for health education and support.

PRIORITY

7 Food Access and Affordability

» Lack of access to affordable healthy foods is a driver of poor health in many communities. Low access is largely driven by poor food environments which lack grocery stores or other sources of fresh food and produce, and are saturated with fast food outlets, convenience and corner stores, and other sources of unhealthy, often less expensive, food options.

» Families relying on food assistance need access to a healthy food environment. In communities where food insecurity is highest, the food environment in the poorest – this is particularly true in parts of North, West, and Southwest Philadelphia County.



POTENTIAL SOLUTIONS

» **Create additional food access via farmers' markets, summer feeding programs, and food pantries.**

» **Support corner store redesign to accommodate healthier food supply.**

» **Require screening and referral for food insecurity.**

» **Provide transportation to supermarkets and other food distribution sites.**

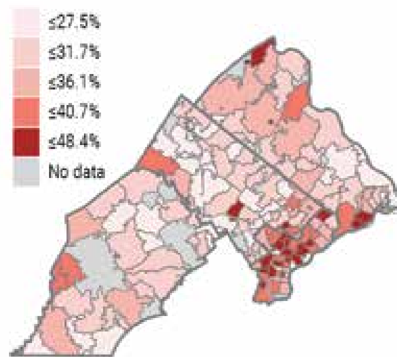
» **Provide medical-legal partnership services.**

PRIORITY

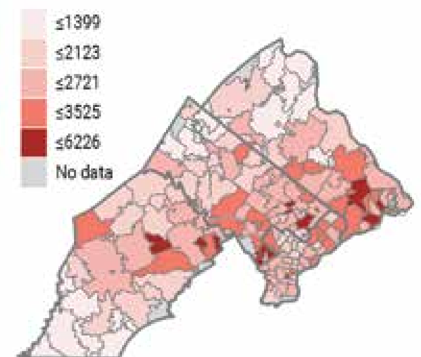
8 Affordable and Healthy Housing

- Affordable housing is major challenge in the region. Rates of excessive housing costs (>30% of income) are as high as 50% in some communities across the region.
- Rapid gentrification of some historically low-income neighborhoods creates risk of displacement and housing insecurity.
- Poor housing conditions like old lead paint, asbestos, poor home hygiene, infestations, lack of running water or HVAC, and damaged infrastructure disproportionately impact low-income populations leading to:
  - Poor childhood health (e.g. lead poisoning, asthma hospitalizations, injuries)
  - Mental distress and trauma
  - Poor older adult health (e.g. falls, disability, nursing home and acute care admissions)
  - Foregoing care, food and other necessities due to financial strain

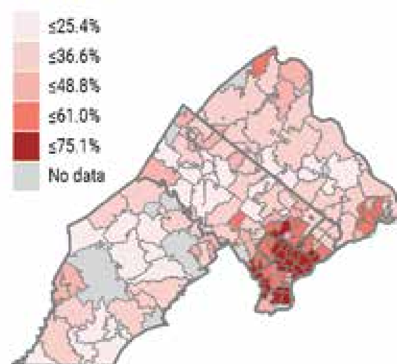
EXCESSIVE HOUSING COST



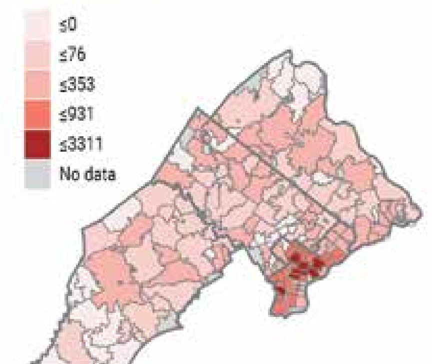
FALLS IN OLDER ADULTS



HOUSING WITH POTENTIAL LEAD RISK



ASTHMA HOSPITALIZATIONS, Children 2-14



POTENTIAL SOLUTIONS

- Develop new affordable housing units.
- Invest in cooperative young adult and senior housing.
- Provide home repairs and remediation for high risk youth (e.g. with asthma) and older adults.
- Require screening for housing insecurity.
- Develop medical-legal partnerships.
- Provide low-cost housing interventions like smoke and carbon monoxide detectors.
- Support rent subsidies.
- Provide assistance in identifying and accessing the waiting lists for accessible housing.
- Advocate for and implement responsible and equitable neighborhood development that avoids displacement and segregation.
- Raise awareness of available resources for housing repair assistance.
- Enforce lead abatement program policies.
- Invest in respite housing.

PRIORITY

9 Sexual and Reproductive Health

- Teen births have declined substantially over the last decade, but are two times higher in Philadelphia and four times higher among Latina women compared to suburban counties and other racial and ethnic groups. There is some indication that this disparity is influenced by cultural norms and lack of sexual education, specifically among 1st generation children of immigrant families.
- Sexually transmitted infection rates are rising across the region. Several communities are disproportionately impacted by these conditions:
  - HIV: young MSM of color, PWID, high risk heterosexuals
  - Syphilis: young MSM of color in Philadelphia
  - Gonorrhea/Chlamydia: young females
  - Philadelphia overall rate is 6 times higher compared to suburban counties
- Some of the rising rate of STIs among young adults may be associated with the lack of comprehensive sexual education in some public school settings.

POTENTIAL SOLUTIONS

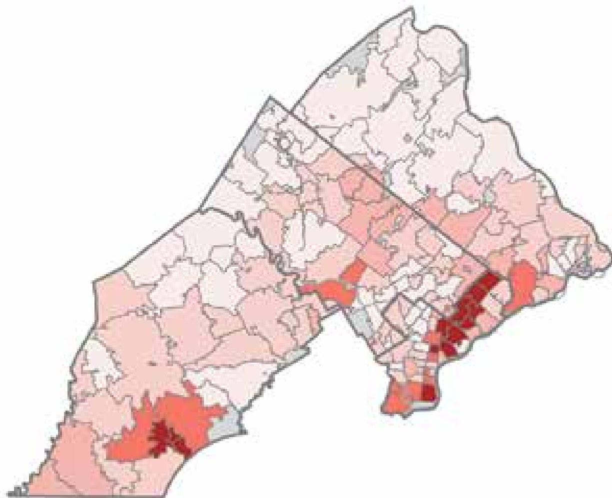
- **Provide free comprehensive sexual education and family planning services for youth.**

PRIORITY

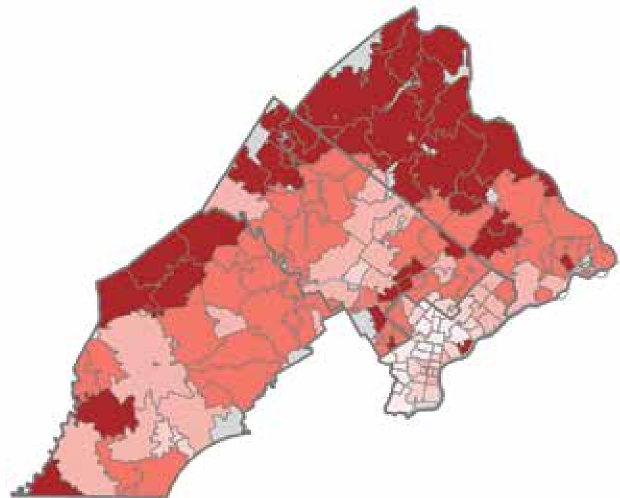
10 Linguistically- and Culturally-appropriate Healthcare

- » About 12 percent of the population across the 4 counties was not born in the U.S. As much as 26 percent of some neighborhoods do not speak English very well.
- » Ensuring healthcare services and resources have access to translation services is critical for providing care to these communities.
- » Beyond language access, cultural and religious norms influence individual beliefs about health. Immigrants migrate to this region from all over the world and must rely on healthcare and health resources for themselves and their families.
- » Healthcare and health resource providers should have cultural and religious competencies when providing care and services.

SPEAKING ENGLISH "LESS THAN WELL"



WHITE NON-HISPANIC



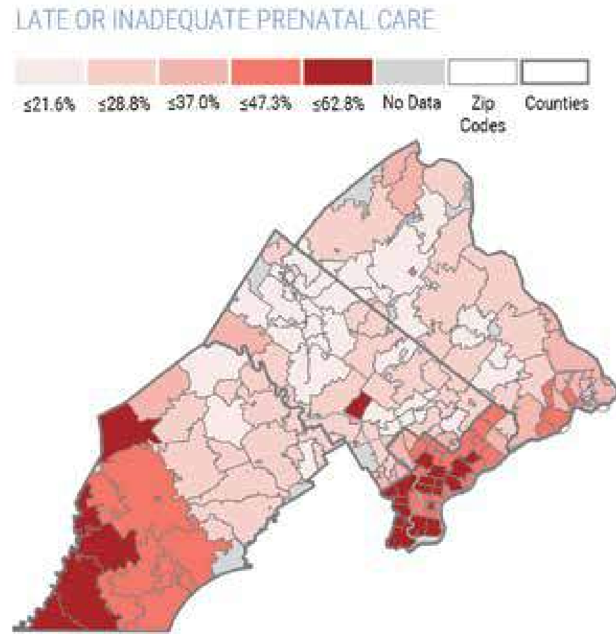
POTENTIAL SOLUTIONS

- » **Implicit bias, cultural competence, and trauma-informed care competencies for healthcare providers, with focus on care for vulnerable communities like people living in poverty, LGBTQ+ people and individuals experiencing homelessness, and people living with addiction.**
- » **Provide multi-lingual health care access.**
- » **Recruit and retain a diverse healthcare workforce.**
- » **Develop low-literacy, culturally-relevant, multi-lingual health education materials.**

PRIORITY

11 Maternal Morbidity and Mortality

- Late or inadequate access to prenatal care increases risk of maternal morbidity and poor birth outcomes. Late access or inadequate access is 2 times higher in lower-income communities, representing >50% of pregnancies in some communities across the region.
- Maternal morbidity and mortality is often related to pre-existing chronic conditions including obesity, hypertension, diabetes, and CVD.
- African American mothers are 3 times more likely to die from pregnancy-related complications.
- Fatal drug overdoses have caused a spike in maternal deaths not related to pregnancy.



POTENTIAL SOLUTIONS

- **Provide prenatal, rather than postpartum, linkages to community-based services.**
- **Co-locate obstetric, primary, and pediatric care along with lab and imaging services.**
- **Raise awareness of and increase options for low-cost transportation.**
- **Create direct linkages to substance use treatment during prenatal and postpartum periods.**

PRIORITY

12 Socioeconomic Disadvantage
(income, education, and employment)

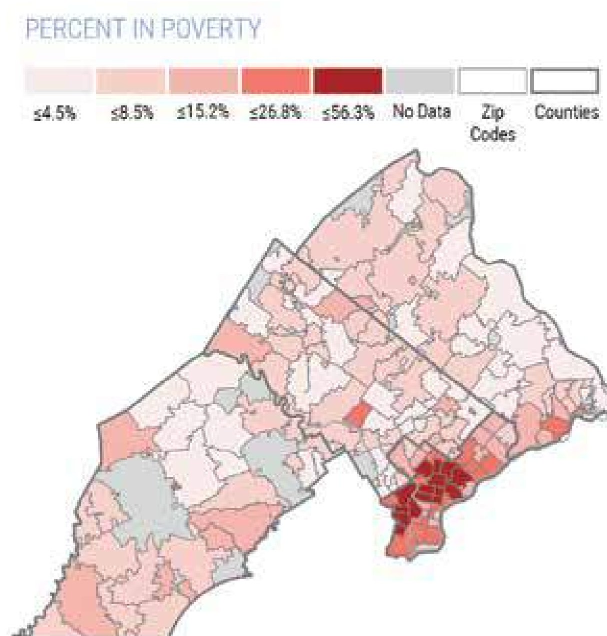
» Individuals living at or near poverty levels have higher rates of adverse health behaviors and outcomes.

» Poverty is the underlying determinant for many racial/ethnic health disparities.

» Inadequate education and training and unemployment are key drivers of poverty and result in extreme socioeconomic disadvantage in communities across the region.

» Poverty among children and adults tends to cluster in communities; these communities collectively experience lower life expectancy, access to healthcare and health resources, and greater exposure to unhealthy living environments.

» Poverty rates are nearly 4 times higher in Philadelphia compared to suburban counties overall, but similar pockets of high poverty cluster in suburban counties.



POTENTIAL SOLUTIONS

» **Screen for socioeconomic disadvantage and establish systems for linkage to community resources to address needs.**

» **Provide education and training opportunities for low-income individuals.**

» **Employ and train returning citizens.**

» **Advocate for improvements to the disability system, so that people with disabilities are able to work without losing the attendant care services.**

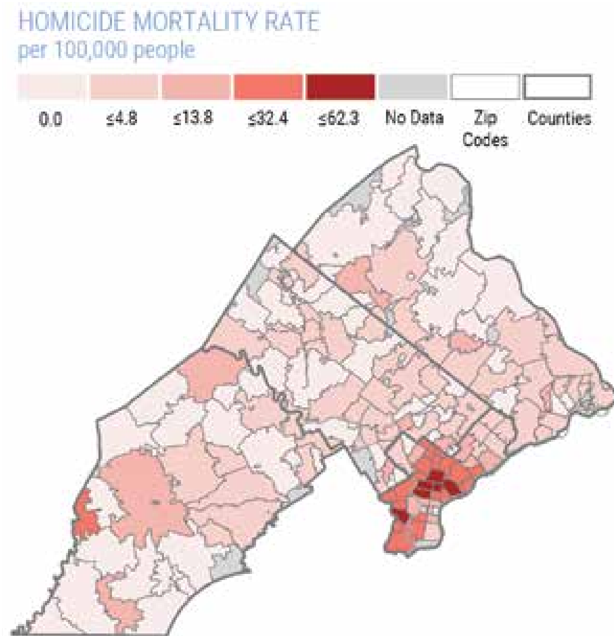
» **Provide workforce development/pipeline programs with schools.**

» **Increase access to STEM education for youth.**

PRIORITY

13 Community Violence

- Community violence is largely driven by community disadvantage and disproportionately impacts Philadelphia County. Violent crime and homicide rates are 8-10 times higher in Philadelphia compared to suburban counties.
- Gun violence primarily involves young Black males (>75%), many disconnected from school and employment
- Beyond gun violence, women, immigrant youth, and LGBT+ at higher risk for other interpersonal violence, including domestic and intimate partner violence, sexual assault, and sex trafficking.
- Negative interactions and bullying among youth can be a source of community violence and often occurs on social media.



POTENTIAL SOLUTIONS

- **Support and hire returning citizens.**
- **Create school and community-based mentor programs.**
- **Expand gun safety efforts like lock box distribution and provide educational materials.**
- **Provide bullying prevention programs in school and in after school programs.**

PRIORITY

14 Racism and Discrimination in Healthcare Settings

- Bias and discrimination experienced by individuals due to their race/ethnicity, immigration status, sexuality, adverse social experiences, and homelessness remains a challenge.
- These experiences result in further mistrust of healthcare providers and institutions and can lead to forgoing care and increased morbidity.

POTENTIAL SOLUTIONS

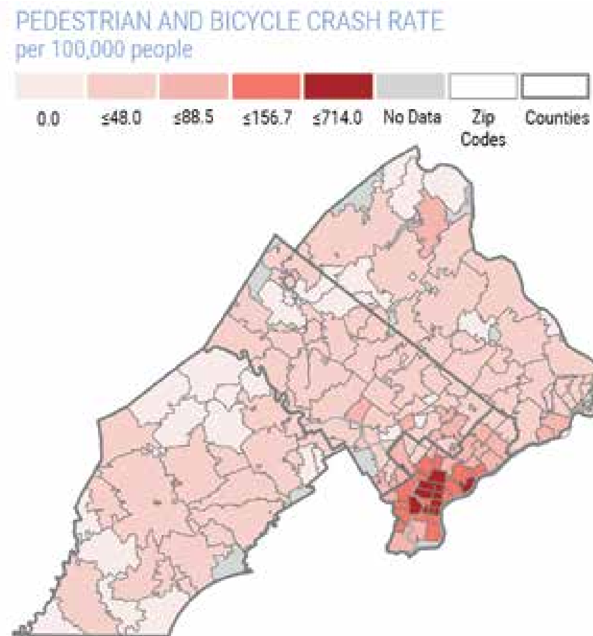
- Create opportunities for medical professionals and communities to interact outside of the healthcare setting.
- Establish systems of ongoing community engagement beyond CHNA process.
- Offer implicit bias, cultural competence, and trauma-informed care competencies for healthcare providers, with focus on care for vulnerable communities like people living in poverty, LGBTQ+ people, individuals experience homelessness, and people living with addiction.
- Recruit and retain diverse healthcare workforce.

PRIORITY

15 Neighborhood Conditions

(e.g. blight, greenspace, parks/recreation, etc.)

- Access to safe outdoor and recreational spaces for physical activity and active transit (e.g. walking and biking) is a significant health priority, particularly for youth and young adults.
- Many communities experience extreme neighborhood blight, including abandoned homes, vacant lots and extreme amounts of litter and trash, which impacts communities socially and has been associated with poorer overall health and increased violence.
- Lack of maintenance of public spaces, like schools, libraries and recreational facilities create additional health hazards.



POTENTIAL SOLUTIONS

- **Develop new affordable housing units.**
- **Support neighborhood remediation and clean-up activities.**
- **Invest in infrastructure improvements to support active transit near hospitals.**
- **Improve vacant lots by developing gardens and spaces for socialization and physical activity.**

PRIORITY

16 Homelessness

- Homelessness is a health issue.
- Individuals living homeless are more likely to:
  - Be racial/ethnic minorities
  - Have mental health and substance use disorders
  - Seek care at emergency departments/hospitals and be high-utilizers
  - Experience discrimination and bias in healthcare settings
- Inadequate temporary shelters, transitional housing, and affordable housing options exist for persons living with homelessness throughout the region.

POTENTIAL SOLUTIONS

- **Create medical respites for individuals in urgent need of transitional housing.**
- **Develop medical-legal partnerships.**
- **Develop new affordable housing units.**
- **Co-locate health and social services.**

Local Health Resources and Services

There are many health resources and services addressing the needs of SEPA communities. A list of all organizations in the SEPA region that received at least one referral through the 2-1-1 Resource Line during the period January 1 - October 31, 2018 was obtained from the United Way of Greater Philadelphia and Southern New Jersey. Organizations serving Bucks, Chester, Montgomery, and Philadelphia counties were coded into categories based on types of services provided. Descriptions of the categories are below and a searchable list of organizations that comprised over 90% of referrals in aggregate with contact information, organized by category and county, is included in the Online Appendix.

CATEGORY	DESCRIPTION
Behavioral Health Services	Services, including treatment, to address mental health or substance use issues
Benefits & Financial Assistance	Assistance with enrollment in public benefits or provision of emergency cash assistance
Disability Services	Services for individuals with disabilities
Food	Food pantries or cupboards, as well as assistance with Supplemental Nutrition Assistance Program (SNAP) benefits
Housing/Shelter	Assistance with emergency shelter, rental payment, or support services for individuals experiencing homelessness
Income Support, Education, & Employment	Support for tax assistance, adult education, and employment
Material Goods	Material goods including clothing, diapers, furniture
Senior Services	Services for seniors
Substance Use Disorder Services	Treatment for substance use disorders
Utilities	Assistance with utility payment
Veterans Services	Services for veterans

The participating hospitals and health systems would like to acknowledge the following organizations for access to data and reports to inform this CHNA.

ORGANIZATION	RESOURCE
African Family Health Organization	African Immigrant Health Needs Assessment
Arab American Development Corporation	Arab-American and Arab Immigrant Health http://www.rroij.com/open-access/philadelphia-arabamerican-and-arab-immigrant-health-needsassessment.pdf
Bucks County Department of Housing Services	Point-in-time Count Data
Chester County Department of Community Development	Point-in-time Count Data
Chinatown Community Development Corporation	Chinatown Health Needs Assessment http://chinatown-pcdc.org/our-community/health-needs-assessment/
City of Philadelphia	Immigration Action Guide https://www.phila.gov/2018-01-08-immigration-policies/
Coalition of African and Caribbean Communities	AFRICOM 2016 http://www.africom-philly.org/AFRICOM%20W%20Crops%20FINAL.pdf
Delaware Valley Regional Planning Commission	Chester County Community Health Improvement Plan https://www.dvrpc.org/health/pdf/2015-02-11_Presentations.pdf
HealthShare Exchange	Hospital Emergency Room Utilization and High-Utilizers
Jefferson Health	Refugee Health Needs Assessment http://philarefugeehealth.org/?page_id=2661
Magee Rehabilitation Hospital	2019 Community Health Needs Assessment https://mageerehab.org/about-us/outcomes/community-needs-assessment-report/
Pennsylvania Department of Health	Birth and Death Records PA Behavioral Risk Factor Surveillance System Childhood Lead Poisoning Surveillance PA 2018 LGBT Health Needs Assessment https://www.livehealthypa.com/docs/default-source/toolkits/lgbt/pennsylvania-2018.pdf?sfvrsn=0&mc_cid=3f3ee7f054&mc_eid=44abda9058
Pennsylvania Department of Transportation	Bike and Pedestrian Crash Data
Pennsylvania Health Care Cost Containment Council	Hospital Inpatient Discharge Data
Pew Charitable Trusts	Philadelphia's Immigrants https://www.pewtrusts.org/-/media/assets/2018/06/pri_philadelphias_immigrants.pdf
Philadelphia Collaborative for Health Equity	East North Philadelphia Latino Community Health Needs Assessment
Philadelphia Department of Planning & Development	Housing Action Plan https://www.phila.gov/media/20190115161305/Housing-Action-Plan-Final-for-Web.pdf

Philadelphia Department of Public Health	Child Death Review Report https://www.phila.gov/media/20190301125634/Philadelphia-Child-Death-Review-Report-2011-17-final.pdf Child Death Review Report https://www.phila.gov/media/20190301125634/Philadelphia-Child-Death-Review-Report-2011-17-final.pdf Homeless Death Review Report https://www.phila.gov/media/20180418095811/HDR-Report-2011-2015-Deaths.pdf Maternal Mortality Report https://www.phila.gov/media/20180418095805/MMR-2010-12-Report-final-060115.pdf 2018 Health of the City Report https://www.phila.gov/media/20190110163926/Health_of_City_2018_revise2.pdf Brotherly Love: Health of Black Men and Boys in Philadelphia https://www.phila.gov/media/20190314105459/Brotherly-Love_Health-Of-Black-Men-And-Boys_3_19.pdf Staying Healthy: Access to Primary Care in Philadelphia https://www.phila.gov/media/20181109113640/2018-PrimaryCareReportFINAL.pdf
Philadelphia Office of Homeless Services	Point-in-time Count Data Philadelphia Youth Homelessness Needs Assessment http://philadelphiaofficeofhomelessservices.org/wp-content/uploads/2018/05/philadelphia-youth-homelessness-needs-assessment-april-2018.pdf
PHMC	2015 and 2018 Southeastern PA Household Surveys https://housingalliancepa.org/wp-content/uploads/2016/02/PSH-Needs-Assessment-Final-1-26-16.pdf
Regional Housing Legal Services	Supportive Housing Needs Assessment for PA
Robert Wood Johnson Foundation	County Health Rankings
Truven Health Analytics	Community Need Index Data
US Census Bureau	American Community Survey Data
US News & World Reports	Healthiest Communities Data
William Way LGBT Community Center	LGBTQA Community Health Needs Assessment https://www.livehealthypa.com/docs/default-source/toolkits/lgbt/report---philadelphia---v2.pdf?sfvrsn=2
Your Way Home Montgomery County	Point-in-time Count Data

Online Appendix

An online appendix of resources used to inform and produce this CHNA is available at: [INSERT LINK]