Jefferson Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Jefferson Abington Hospital

2025 JEFFERSON COMMUNITY HEALTH IMPLEMENTATION PLAN

Overview of Jefferson Health

Jefferson Health understands that delivering high-quality care to patients, along with offering education and outreach to residents, plays a vital role in strengthening the health and future of surrounding communities. Our commitment goes beyond clinical care. Through partnerships with the community, Jefferson Health aims to enhance the well-being of individuals of all ages across Philadelphia and its suburbs. This is achieved through a range of initiatives, including wellness and prevention programs, health education seminars and screenings. Additionally, we work to identify and address obstacles to health — particularly the upstream social determinants that influence the overall health of the community.

MISSION: We Improve Lives.

VISION: Reimagining health, education and discovery to create unparalleled value.

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

- Put People First: Build Relationships, Engage with Grace, Create Moments
- Do What's Right: Prioritize What Matters, Align on Expectations, Act with Integrity
- Pursue Excellence: Look and Listen, Innovate with Intent, Value Lessons Learned

Jefferson, a $15 billion non-profit enterprise, includes: Jefferson Health, a nationally ranked health system comprised of 30-plus hospitals and 700 care sites; Thomas Jefferson University, a research university with over 200 undergraduate and graduate degree programs; and Jefferson Health Plans, a thriving health plan serving more than 360,000 members.

Jefferson is dedicated to discovering new treatments and therapies that will define the future of clinical care; providing exceptional primary through complex quaternary care to patients in the communities we serve; and educating tomorrow's professionals through transdisciplinary and experiential learning designed for new and emerging fields for the 21st century.

Jefferson Health, which added Lehigh Valley Health Network in August 2024, now includes 32 hospitals with 5,500 licensed beds throughout eastern Pennsylvania and southern New Jersey. They are:

- Jefferson Abington Hospital
- Jefferson Bucks Hospital
- Jefferson Cherry Hill Hospital
- Jefferson Einstein Montgomery Hospital
- Jefferson Einstein Philadelphia Hospital
- Jefferson Frankford Hospital
- Jefferson Hospital for Neuroscience
- Jefferson Lansdale Hospital
- Jefferson Methodist Hospital
- Jefferson Moss-Magee Rehabilitation – Elkins Park
- Jefferson Moss-Magee Rehabilitation Hospital – Center City
- Jefferson Stratford Hospital
- Jefferson Torresdale Hospital
- Jefferson Washington Township Hospital
- Lehigh Valley Health Network–1503 N. Cedar Crest
- Lehigh Valley Health Network–Highland Avenue
- Lehigh Valley Health Network–Tilghman
- Lehigh Valley Hospital–17th Street
- Lehigh Valley Hospital–Carbon
- Lehigh Valley Hospital–Cedar Crest
- Lehigh Valley Hospital–Dickson City
- Lehigh Valley Hospital–Gilbertsville
- Lehigh Valley Hospital–Hazleton
- Lehigh Valley Hospital–Hecktown Oaks
- Lehigh Valley Hospital–Macungie
- Lehigh Valley Hospital–Muhlenberg
- Lehigh Valley Hospital–Pocono
- Lehigh Valley Hospital–Schuylkill E. Norwegian Street
- Lehigh Valley Hospital–Schuylkill S. Jackson Street
- Physicians Care Surgical Hospital
- Rothman Orthopaedic Specialty Hospital
- Thomas Jefferson University Hospital

Combined, Jefferson Health, Jefferson Health Plans and Thomas Jefferson University have more than 65,000 employees, which includes more than 10,200 physicians and advanced practice clinicians, 13,700 nurses and more than 1,800 faculty. Jefferson is the second largest employer in Philadelphia and the largest health system in Philadelphia based on total licensed beds. Jefferson Health now includes over 700 outpatient and urgent care locations throughout eastern Pennsylvania and southern New Jersey; four Magnet®-designated locations; a National Cancer Institute-designated Comprehensive Cancer Center – Sidney Kimmel Comprehensive Cancer Center; and one of the largest faculty-based telehealth networks in the country that began more than 10 years ago.

In 2025, more than 700 Jefferson physicians were named among the region's best by Castle Connolly in *Philadelphia Magazine's* 2025 Top Docs™ issue. Also, in 2024, we were nationally ranked by *U.S. News & World Report* in: Ear, Nose & Throat; Gastroenterology and GI Surgery; Neurology & Neurosurgery; Ophthalmology; Orthopedics; Pulmonology and Lung Surgery; Rehabilitation; and Urology.

In The Community

In FY24 Jefferson Health contributed more than $754 million in charitable care and community benefits. Service to the community and helping the underserved have been a part of Jefferson's rich legacy. Last year, Jefferson celebrated its bicentennial, and to mark this momentous occasion colleagues completed over 220,000 hours of volunteer service to make a positive impact in communities throughout Southeastern Pennsylvania, the Lehigh Valley and southern New Jersey. This past year, thanks to the Lindy Family Catalyst Grants program, the Jefferson Community Health Collaborative awarded $540,000 in grants to four community-based organizations: Corporate Alliance for Drug Education (CADEkids), Philly Truce, The ReAwakening Agency, and Timoteo Philadelphia, Inc. They were selected for their focus on addressing the social determinants of health and other vital conditions that shape the community's relationship with violence. The Collaborative addresses the complex issues related to health inequities facing our communities by aligning resources and building trust and sustainable partnerships.

Understanding the significant human toll caused by the opioid epidemic and growing complexity treating substance use disorder (SUD), Jefferson established the Stephen and Sandra Sheller Consult and Bridge Program. This program is an ecosystem of coordinated, high-quality care for people with severe SUD and serves as a vital safe harbor for patients in the earliest stages of medical and substance use recovery. A single interdisciplinary care team provides comprehensive services for Bridge Program patients across community, hospital, emergency department and psychiatric settings. In addition, staff assists patients with social needs such as housing, legal assistance and food insecurity. Significant work is also being done through Jefferson's Community Health Worker Academy – an enhanced community health training and employment pipeline that offers an accessible on-ramp for new health care workers to develop their careers while helping to reduce health disparities in Philadelphia's most underserved neighborhoods. Community health workers help bridge the gap between health/social services and the community, improving how we communicate about important services, instructions and aspects of health care to people from socially, culturally and economically diverse backgrounds.

To better understand the Health-Related Social Needs (HRSN) that affect patients' ability to maintain their health and well-being, Jefferson Health began a systemwide effort in 2023 to screen patients about issues like housing stability, food security, employment, personal safety, transportation, social isolation and more. So far, nearly a million patients have been screened, and clinical teams are partnering with local partners to connect patients to appropriate resources and sources.

Geographic Regions & ZIP-Coded Services by Jefferson Health

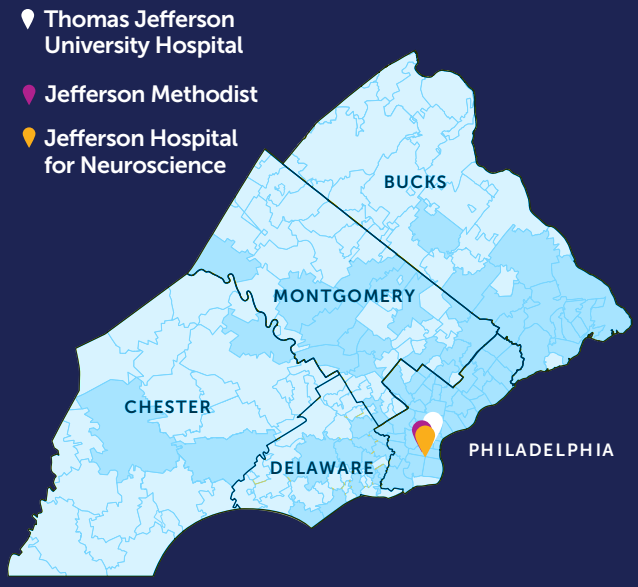
Jefferson Health's North and Central Regions collaborated with regional partners in the development of the 2025 Community Health Needs Assessment. The geographic regions and ZIP codes serviced by the hospitals in these regions that were defined as ZIP codes that included 75% of admissions, excluding Delaware and New Jersey. These areas are mapped below.

Jefferson Health – TJUH Inc.

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 18901, 18940, 18966, 18974, 19002, 19006, 19007, 19013, 19018, 19020, 19023, 19026, 19027, 19030, 19032, 19036, 19038, 19040, 19046, 19047, 19050, 19053, 19054, 19055, 19056, 19057, 19061, 19063, 19064, 19067, 19078, 19079, 19082, 19083, 19096, 19102, 19103, 19104, 19106, 19107, 19111, 19114, 19115, 19116, 19119, 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19128, 19129, 19130, 19131, 19132, 19133, 19134, 19135, 19136, 19137, 19138, 19139, 19140, 19141, 19142, 19143, 19144, 19145, 19146, 19147, 19148, 19149, 19150, 19151, 19152, 19153, 19154, 19320, 19382, 19401, 19403, 19406, 19426, 19428, 19446, 19454, 19460, 19462, 19464

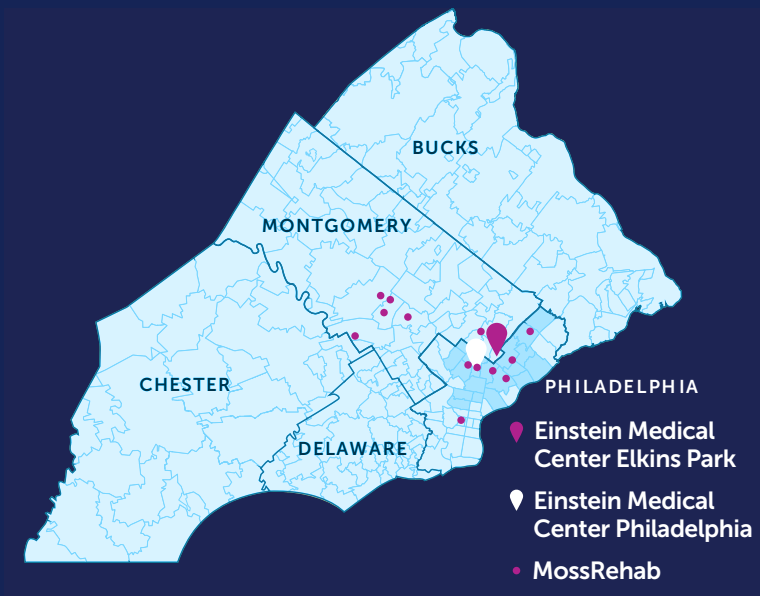


Jefferson Einstein Philadelphia Hospital

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 19027, 19111, 19114, 19115, 19119, 19120, 19121, 19124, 19126, 19128, 19131, 19132, 19133, 19134, 19135, 19136, 19138, 19140, 19141, 19143, 19144, 19149, 19150, 19152, 19401



Jefferson Einstein Montgomery Hospital

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 19002, 19401, 19403, 19405, 19406, 19422, 19426, 19428, 19438, 19446, 19454, 19462, 19464

Jefferson Abington Hospital

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 18974, 19038, 19002, 19040, 19090, 19001, 19046, 19111, 19149, 19027, 19446, 19044, 19006, 18966, 19454, 19138, 19150, 19120, 19152, 19095, 18976, 19115, 19136, 19020, 19154, 19116, 19025, 19422, 19075, 19124, 19126, 19114, 19141, 19034

Jefferson Lansdale Hospital

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 19446, 19454, 19440, 19438, 19002, 19422, 18964

Jefferson Health – Northeast

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 19124, 19114, 19136, 19116, 19067, 19115, 19152, 19149, 19054, 19135, 19030, 19055, 19047, 19020, 19134, 19057, 19131, 19056, 19111, 19053, 19007

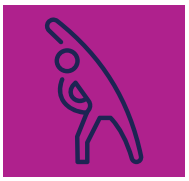
Jefferson Moss-Magee Rehab

TARGETED SERVICE AREA FOR COMMUNITY HEALTH IMPROVEMENT

Health systems within Jefferson Health define their service areas as ZIP codes including 75% of admissions, and/or ZIP codes most proximate to all hospitals, excluding Delaware and New Jersey.

ZIP codes: 18901, 18940, 18966, 18974, 19002, 19006, 19007, 19013, 19018, 19020, 19023, 19026, 19027, 19030, 19032, 19036, 19038, 19040, 19046, 19047, 19050, 19053, 19054, 19055, 19056, 19057, 19061, 19063, 19064, 19067, 19078, 19079, 19082, 19083, 19096, 19102, 19103, 19104, 19106, 19107, 19111, 19114, 19115, 19116, 19119, 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19128, 19129, 19130, 19131, 19132, 19133, 19134, 19135, 19136, 19137, 19138, 19139, 19140, 19141, 19142, 19143, 19144, 19145, 19146, 19147, 19148, 19149, 19150, 19151, 19152, 19153, 19154, 19320, 19382, 19401, 19403, 19406, 19426, 19428, 19446, 19454, 19460, 19462, 19464

Community Health Needs Assessment Process



Hospitals and health systems in the U.S. are required under the Affordable Care Act (ACA) to conduct a **Community Health Needs Assessment (CHNA)** every three years. This ensures they identify and address local health needs, particularly in underserved areas. In Southeastern Pennsylvania, hospitals have collaborated on the **2025 Regional CHNA (rCHNA)** across Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. This joint approach enhances data collection, reduces duplication and supports shared strategies to advance health equity and community engagement.

The rCHNA, led by the Health Care Improvement Foundation (HCIF) and Philadelphia Association of Community Development Corporations (PACDC), used a mix of quantitative and qualitative data, including over 70 health indicators and a multilingual community survey. Targeted data collection addressed specific areas like cancer, disability, maternal health, older adults, vision and youth perspectives.

Community conversations, youth engagement and survey results informed a prioritized list of health concerns. Using the Hanlon method, these were ranked by magnitude, severity, intervention effectiveness, and feasibility. The final priorities and proposed solutions will guide hospitals and partners in developing implementation plans to address local health challenges and drive sustainable, community-informed improvements.

Community Health Needs Assessment Findings

The major findings of the 2025 Community Health Needs Assessment, as ranked using the Hanlon method, are found below.

COMMUNITY HEALTH PRIORITIES: GENERAL POPULATION
1. Trust and Communication
2. Racism and Discrimination in Health Care
3. Chronic Disease Prevention and Management
4. Access to Care (Primary and Specialty)
5. Healthcare and Health Resources Navigation
6. Mental Health Access
7. Substance Use and Related Disorders
8. Healthy Aging
9. Culturally and Linguistically Appropriate Services
10. Food Access
11. Housing
12. Neighborhood Conditions (e.g., Blight, Green Space, Air/Water Quality, etc.)

COMMUNITY HEALTH PRIORITIES: YOUTH
1. Youth Mental Health
2. Lack of Resources/Knowledge of Resources
3. Substance Use and Related Disorders
4. Bullying
5. Gun Violence
6. Access to Physical Activity
7. Activities for Youth
8. Access to Good Schools

Implementation Strategy Process

Once the regional Community Health Needs Assessment (rCHNA) was approved by the respective hospital boards, representatives from the hospitals in the Central and North Regions formed a task force to collectively develop the community health needs implementation plan (CHIP). Each member of this task force participated in the regional CHNA committee. The task force met over the course of four months to discuss the rCHNA priorities and the approach to developing and formatting the CHIP. The group decided that the goals to address each of the priorities identified in the CHNA would be aligned with Jefferson's strategic framework of **Access, Transformation and Engagement**.

The rCHNA identified twelve (12) community health priorities, and, upon discussion and contemplation, the task force decided to condense the priorities into the following:

COMMUNITY HEALTH PRIORITIES TO BE ADDRESSED BY JEFFERSON
1. Trust, Communication and Culturally and Linguistically Appropriate Services
2. Racism and Discrimination in Health Care
3. Chronic Disease Prevention and Management and Healthy Aging
4. Access to Care and Healthcare and Health Resources Navigation
5. Mental Health Access and Substance Use and Related Disorders
6. Food Access
7. Housing and Neighborhood Conditions

This decision was made based on the connectivity and alignment of some of the priorities and the resources available to address the areas of concern. For example, the availability of culturally and linguistically appropriate services aligns, impacts and supports the trust and communication that the community has with a health system. Access to primary care and specialty care can be facilitated and enhanced by healthcare resource navigation. Housing (quality of housing stock, availability of affordable housing, key factors in housing insecurity) is a factor in neighborhood conditions.

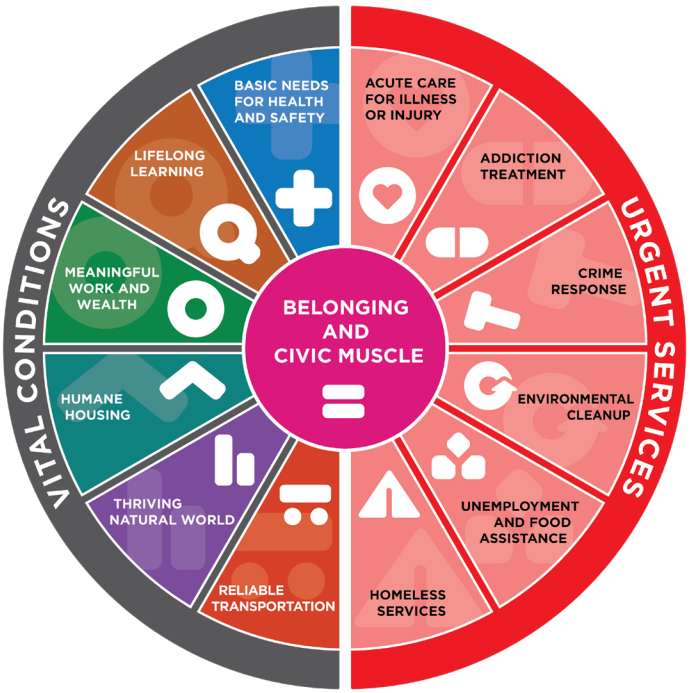
The task force decided that each of the priorities would have an enterprise-wide Access goal, Transformation goal and Engagement goal. The objectives and metrics were developed collectively and are consistent and aligned across all hospitals in the North and Central Regions. Recognizing that health care is local and personal, the activities to address the goals and objectives were identified specifically to reflect each hospital's activities and programming, with collaboration from partners in the area.

Jefferson recognizes that an individual's health and well-being are shaped by their community – the people and the environment. A healthy community is one designed to promote the physical, mental and social well-being of its members. Jefferson ascribes to a Healthy Communities Framework for addressing community health needs.

The 2025 CHNA highlights the importance of addressing the social drivers of health – factors such as housing, education, employment and transportation – that shape health outcomes in powerful ways. The CHNA reports place particular emphasis on people in our region experiencing health disparities or who are at

risk for poor outcomes due to these factors. Improving health for our most vulnerable neighbors helps build healthier communities for all.

For this reason, the social drivers of health are incorporated in this Community Health Implementation Plan. Jefferson is adopting the Well-Being Portfolio as the framework for our community health strategy. This holistic framework incorporates both services that address urgent needs (such as acute care for illness or injury and assistance with meeting basic needs for food and shelter) and long-term investment in assuring that all people have what they need to thrive. Along these lines, the Well-Being Portfolio outlines seven vital conditions for health and well-being: basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a thriving natural world, reliable transportation, and belonging and civic muscle. As we have assessed the health needs of people in our region, we have been sure to consider the role of health care in addressing both urgent needs and the broader vital conditions that contribute to the health of individuals and families in the region.



Overview of Jefferson Abington Hospital

Jefferson Abington Hospital, a regional referral center and teaching hospital in Montgomery County serving Bucks and Montgomery counties since 1914, provides advanced, comprehensive care uncommon for a community hospital. Services include a Level II Trauma Center, six critical care units, Level III NICU, advanced neurovascular care, robotic and minimally invasive surgery, cardiovascular, orthopedic, spine, obstetrics/gynecology, bariatric and senior health programs. The Safe Center, which opened in 2023, offers specialized forensic nursing care for victims of sexual assault, abuse and human trafficking. Critical care innovations include a 2021 ECMO program for patients needing advanced life support and a 2023 portable MRI system for bedside neuroimaging in critically ill patients. Affiliated with the Philadelphia College of Osteopathic Medicine and Sidney Kimmel Medical College, Jefferson Abington Hospital combines cutting-edge technology, academic training and compassionate care to serve the region.

Jefferson Abington Hospital includes the following in fiscal year 2025:

- Number of hospitals: 1
- Number of physicians: 1,104
- Outpatient admissions: 6,886
- Number of hospital beds: 667
- Number of inpatient admissions: 32,298

PRIORITY #1

Trust, Communication and Culturally and Linguistically Appropriate Services

National surveys indicate declining trust in healthcare institutions by patients, often due to provider burnout, high turnover, disparities in treatment, and financial barriers which disproportionately affect uninsured and minority communities. CHNA focus groups reinforced that communication continues to be a high-priority issue for the Southeastern Pennsylvania region. Language barriers are the greatest contributing factor to healthcare access issues for immigrants and deaf and hard-of-hearing population. Language issues lead to misunderstandings between patients and healthcare providers or can dissuade patients from attending appointments altogether. Beyond language access, cultural and religious norms influence individual beliefs about health, and stigma can make seeking help objectionable, particularly mental health services.

Goals: In alignment with Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

ACCESS	TRANSFORMATION	ENGAGEMENT
Reinforce Jefferson as a trusted provider for health and health-related services	Ensure all providers and staff are aware and confident of services and tools for culturally and linguistically appropriate services	Build relationships with community-based organizations and community members to foster and enhance trusted relationships
	Ensure all sites provide an environment that can be navigated regardless of language and physical ability	

Objectives:

1. Increase cultural humility training for all staff members
2. Improve digital and physical signage across the health system
3. Increase education and availability of interpreter services for all patients
4. Integrate community health workers who serve as trusted messengers across care teams
5. Provide education and supportive resources to healthcare team members about Jefferson services
6. Provide language services to ensure communication in the patient's preferred language
7. Develop and engage Patient and Family Advisory Councils for each hospital in North and Central Regions

Activities:

1. **Patient Experience Initiatives, Trainings and Press Ganey Survey:** Deliver patient experience, service excellence and cultural competency training to staff, supported by insights from the Press Ganey survey.
2. **Community Engagement/Outreach:** Offer free health education and screenings at local community events to promote wellness and access to care.
3. **Interpreter Services:** Ensure patients receive care in their preferred language through professional interpretation services and multilingual resources.
4. **Enterprise Community Impact Council Collaboration:** Partner with the Jefferson Community Health Collaborative's community health workers (CHWs) to provide CHWs to assist with community programming in the Abington service area.

Metrics:

1. Number of Patient and Family Advisory Council members and aggregated by key demographic data; number of meetings held
2. Staff cultural humility training completion rates
3. Utilization of interpreter services, including minutes utilized by region and PIN numbers
4. Number of community health workers placed in care teams
5. Number of Patient and Family Advisory Councils and meetings held
6. Number of community engagement events and interactions
7. Number of community-based organizations progressed through partnership engagement continuum

Partners:

- Jefferson Health Language Services
- Jefferson Office of Community Impact & Belonging
- Jefferson Community Health Departments
- Jefferson Health Quality and Patient Engagement Teams
- Jefferson Health Marketing and Communications Departments

PRIORITY #2

Racism and Discrimination

People of color, immigrants, people with disabilities, people with mental illness, people with substance addiction, LGBTQ+ individuals, and other minority groups continue to experience discrimination and institutional barriers to health care. Insufficient health care staff from diverse and representative backgrounds plays a major role in this issue – people do not see themselves reflected in the healthcare workforce and often feel unseen and unheard. Intersecting identities lead to exponential impacts on discrimination and racism, and subsequent trauma.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

Objectives:

1. Promote Jefferson core values of Put People First, Do What's Right and Pursue Excellence both internally and externally
2. Advance community health engagement that promotes equal treatment for all and reduces discrimination
3. Increased awareness and engagement around those that have the highest morbidity and mortality rates for maternal health
4. Increased Pride Care-certified provider training across provider base

ACCESS	TRANSFORMATION	ENGAGEMENT
Ensure all patients are treated with dignity and respect	Engage all Jefferson care teams in practices that address discrimination	Build relationships with community organizations working to eliminate systemic and structural racism and discrimination
	Educate Jefferson care teams in trauma-informed and bias-reducing engagement methods designed to impact patient experience from front door through exam room and discharge	Ensure community members feel safe, seen, well-cared for and respected by the Jefferson community at large

Activities:

1. **Rev. Dr. Martin Luther King Jr. Community Benefit and Diversity Committee:** Collaborate with local churches and organizations to deliver health programs; support annual MLK Jr. celebration; review and approves CHNA and CHIP; foster positive relationships among African American and other racial and ethnic communities within the Jefferson Abington Hospital service areas.
2. **Patient Experience Code of Conduct, CiCare Training, Surveys:** Provide patient experience, service excellence and cultural training to staff. .
3. **Clinical Pain Protocols:** Implement evidence-based pain assessment and reassessment practices to ensure consistent, high-quality care for all patients.
4. **Language Line Services:** Offer professional interpretation services to support patients in receiving care in their preferred language.
5. **Sponsorship and Participation in Diverse Community Events:** Engage in diverse community events and provide sponsorships to benefit local community-based organizations.

Partners:

- Jefferson Office of Community Impact & Belonging
- Jefferson Health Office of Learning and Development
- Jefferson Health Human Resources

Metrics:

1. Rate of HR grievances connected to racism and discrimination
2. Number of L&OD trainings offered and completed to understand racism and discrimination in the health care setting
3. Press Ganey results data stratified by age, race and gender
4. Participation in community events supporting diverse populations
5. Number of community-based organizations progressed through partnership-engagement continuums

PRIORITY #3

Chronic Disease Prevention and Management and Healthy Aging

Community members advocated for resources that would support chronic disease prevention and management. Limited access to healthy food options and limited food education were noted as two of the greatest barriers to maintaining health and preventing or improving health conditions. People with disabilities, who are not all older adults, face barriers to disease prevention and management due to accessibility issues and require greater advocacy. Community members also raised concerns about older adult isolation having an impact on mental health, food access and healthcare interactions.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

ACCESS	TRANSFORMATION	ENGAGEMENT
Eliminate place-based differences in life span across the areas served by the enterprise	Provide every patient leaving Jefferson with essential resources and education	Assist patients in their ability to address care needs through community education while consistently meeting patients where they are
Ensure older adult patients receive the support and resources they need to age in place	Support care team members in providing chronic disease prevention and management resources	Build partnerships with community organizations to connect patients with resources

Objectives:

1. Increase community education around chronic disease
2. Achieve Age-Friendly Certification for each hospital in the legacy Jefferson system
3. Improve care team communication with patients to provide patients with transparent and compassionate care around chronic disease prevention and management
4. Integrate community health workers into care teams to increase patient follow-up

Activities:

1. **Senior Health Chats, Chronic Disease Education:** Provide monthly educational sessions focused on chronic disease prevention and management, covering topics such as cancer, diabetes, heart disease, stroke, immunizations, mental health and respiratory illnesses.
2. **Free Health Screenings:** Provide free blood pressure screenings and cancer screenings in the community.
3. **Community Health Fairs:** Provide interactive education in the community at local health fairs/events on topics including children's safety, smoking and vaping cessation, stroke awareness (BE FAST), heart attack prevention, emergency response (911), mental health, nutrition, cancer, organ donation and the 988 Suicide & Crisis Lifeline.
4. **CPR Training:** Educate community on American Heart Association guidelines in CPR and first aid.

Metrics:

1. Number of educational sessions offered for chronic disease prevention and management, offered in person and virtually
2. Number of participants engaged in education programs
3. Number of community screenings performed
4. Number of community-based Organizations that work with and support older populations progressed through partnership-engagement continuum
5. Number of community health workers integrated into care teams
6. Number of patients that follow up for care after engaging with community health workers and care management teams

Partners:

- Jefferson Office of Community Impact & Belonging
- Jefferson Health Department of Family & Community Medicine
- Sidney Kimmel Comprehensive Cancer Center
- Jefferson Enterprise Population Health
- Jefferson Health Care Coordination
- Jefferson Health Quality and Social Services Departments

PRIORITY #4:

Access to Primary and Specialty Care and Healthcare Resource Navigation

Reliable access to health care continues to be an issue of concern in the region. Prevailing barriers in accessing care include inadequate health insurance coverage, limited transportation or accessibility of services, extended wait times for appointments (prompting more frequent use of ER and urgent care facilities), closures of local hospitals, and specialists not covered by insurance or having inaccessible appointments. Some pandemic-era changes to access have persisted, including more pervasive telehealth services, increased interaction with health portals, and virtual health-related programming. Community members' lack of awareness of resources is reflective of both community needs and a lack of knowledge. With the further integration of Find Help/PA Navigate within the Electronic Health Record (EPIC), Jefferson teams work to develop a more seamless process for referrals to address health-related social needs.

The perception of a lack of resources where some might exist is indicative of a need to improve information dissemination and methods of accessing that information. Navigating insurance policies, coverages, web platforms, related resources and healthcare costs proves challenging – especially for those with less access to technology and older adults who feel less confident with technology use and the transition to Medicare. Additionally, transportation in the Greater Philadelphia area has become unpredictable and difficult to navigate in a changing funding and service landscape, adding to the barriers to healthcare access.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

ACCESS	TRANSFORMATION	ENGAGEMENT
Ensure patients have access to care in timely fashion and at the right level of care (virtual and in person)	Create consistent and efficient workflow for providing primary and specialty care	Build partnerships with community organizations to connect patients with resources
Address transportation and other barriers that impact access to care		Help every patient confidently navigate the healthcare landscape
Ensure every patient is aware of financial assistance programs and insurance information		

Objectives:

1. Expand access to care through flexible hours, location of care and type of care available
2. Activate workflow to better address transportation barriers of patients and community members
3. Integrate community health workers into care teams and optimize social care workflow to assist patients with navigating healthcare landscape
4. Increase digital literacy education for patients for better navigation
5. Expand resources to improve patient awareness of financial assistance

Activities:

1. **Hartnett Health Services, Abington Family Medicine, Dental Access Programs:** Offer affordable health care and dental care for uninsured or underinsured individuals, along with social work support to help with applications for programs like SNAP, CHIP, WIC and LIHEAP.

2. **Transportation Assistance:** Partner with local transportation services (PTMA, Rideshare Montco, TransNet) to increase patient access to healthcare services.

3. **Healthcare Provider Screenings:** Screen all inpatients and community blood pressure screening clients for access to primary care providers and share 1-800-JEFF-NOW information for those without a primary care provider.

4. **Jefferson Health Plans and Jefferson Health Financial Assistance Programs:** Offer resources for affordable health care to patients in need.

Metrics:

1. Patient scheduling wait times for primary and specialty care
2. Patient appointment retention rate
3. Patient awareness of resources for financial assistance
4. Number of community health workers that assist with patient navigation
5. Number of transportation partners to support patients
6. Number of community-based Organizations progressed through partnership-engagement continuum
7. Rate of referrals for patients that screen positively for Health-Related Social Needs (HRSN) domains

Partners:

- Jefferson Office of Community Impact & Belonging
- Jefferson Health Department of Family & Community Medicine
- Sidney Kimmel Comprehensive Cancer Center
- Jefferson Enterprise Population Health
- Jefferson Health Care Coordination
- Jefferson Health Quality and Social Services Departments

PRIORITY #5

Mental Health and Substance Use and Related Disorders

Community members shared their experience that the quantity and availability of mental health providers being insufficient to meet ever-increasing needs. Additionally, health insurance coverage for mental health services and providers is inadequate. Stigma around this topic was cited as a barrier, especially in ethnic minority communities, as well as highlighting the intersection of mental illness, substance abuse and/or homelessness as a recurring theme. Drug overdose rates continue to be high due to opioid epidemic. Community-based services to treat substance abuse are perceived as insufficient in number by some and/or are not well-known by others.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

Objectives:

1. Raise awareness of mental health and well-being to destigmatize treatment and care
2. Increase education around trauma-informed care for Jefferson providers
3. Increase provider awareness of resources and referral workflow for patients with mental health issues
4. Increase provider awareness of resources and referral workflow for patients with substance use disorders
5. Strengthen community-based partnership to facilitate access to mental health and substance use disorder services

ACCESS	TRANSFORMATION	ENGAGEMENT
Ensure mental health resources and services are accessible and available for patients across their life span	Ensure all Jefferson providers are educated and knowledgeable in using trauma-informed care methods	Build partnerships with local organizations focused on mental health and substance use
Ensure substance use and related disorder resources and services are accessible and available for patients across their life span		

Activities:

1. **Mental Health Education:** Provide education in the community on mental health, mental health first aid classes, stigma, substance use disorders and 988 Suicide & Crisis Lifeline, Stop the Bleed, binge drinking, smoking and vaping cessation.
2. **Support Groups:** Provide Alzheimer's caregivers' support group, Safe Harbor for grieving-children support groups.
3. **Behavioral Health and Psychiatry Consultants:** Embed behavioral health and psychiatry consultants within primary care and specialty practices to enhance access to mental health services.
4. **Sponsor and Attend Mental Health Organizational Events:** Support and participate in events hosted by organizations like NAMI, Bucks-Mont Collaborative and the Indian Valley Character Counts! Coalition to promote mental health awareness and community collaboration..
5. **Warm Handoff Program:** Partner with St. Luke's Penn Foundation to ensure safe, real-time safe transitions from hospital to healthcare facilities.
6. **Narcan Distribution and Education:** Ensure availability of Narcan to dispense when patients are discharged from Jefferson Abington Hospital. Narcan administration education provided through AHA CPR/first aid classes.

Metrics:

1. Rate of referrals for patients that screen positively for mental health and substance used related disorder Health-Related Social Needs (HRSN) domains
2. Patient experience metrics, including PFACs and Press Ganey
3. Number of patients receiving mental health services across the health system
4. Number of patients receiving substance use disorder services across the health system
5. Number of community-based organizations that address mental health and/or substance abuse disorders progressed through partnership-engagement continuum
6. Number of providers that go through trauma-informed care training

Partners:

- Jefferson Department of Family & Community Medicine
- Jefferson Center for Connected Care
- Jefferson Health Office of Learning and Development
- Jefferson Health Primary Care
- Jefferson Health Behavioral Health Department
- Jefferson Health Population Health

PRIORITY #6

Food Access

Maintaining diets that consist of fresh produce and healthy foods is increasingly difficult and cost prohibitive. Cheaper fast food and corner store options are often more convenient and easier to buy, particularly in urban neighborhoods. Likewise, access to large grocery stores with fresh produce may be limited due to location and transportation challenges. In addition to the unavailability and poor access to healthy food, limited knowledge of nutritional information (e.g., impact of sodium and sugar) and understanding of how poor dietary habits impact health and well-being contribute to food choices.

Many longstanding food access programs are also experiencing funding shortages after federal funding cuts, adding additional barriers in an already resource-stressed landscape.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

ACCESS	TRANSFORMATION	ENGAGEMENT
Ensure patients and community have sustainable access to food resources	Support Jefferson in becoming a leader in integrating food as medicine into care continuum	Build partnerships with community organizations and food outlets

Objectives:

1. Increase education around the different types of food insecurity and literacy, including nutrition, access and food preparation
2. Collaborate with care team providers around resource and referral workflow for food and food as medicine
3. Build referral pathway to community organizations and food outlets

Activities:

1. **Partnership, Sponsorship and Collaboration with Food Resource Community-Based Organizations:** Collaborate with local organizations through food donation, food resource navigation and food education.
2. **Food Insecurity Screening in EPIC, Dental Access Programs and Blood Pressure Screenings:** Screen for food insecurity and access among patients through Emergency Department, dental access programs and community blood pressure screenings.
3. **Asplundh Cancer Pavilion Food Pantry:** FProvide food pantry for patients receiving cancer treatments at Asplundh Cancer Pavilion to support nutritional needs during care.
4. **Annual Nutrition Education:** Provide Senior Health Chats and varied nutrition education programs with a focus on addressing food insecurity and connecting individuals to available resources.

Metrics:

1. Rate of referrals for patients that screen positively for food related Health-Related Social Needs (HRSN) domains
2. Number of patients receiving resources and resources from care team for food and food as medicine
3. Number of patients receiving nutrition education
4. Percent of closed loops in referral pathways for food access
5. Number of community-based organizations that address food access progressed through partnership-engagement continuum

Partners:

- Jefferson Enterprise Population Health
- Jefferson Health Care Management and Social Work
- Jefferson Office of Community Impact & Belonging
- Jefferson Health Department of Family & Community Medicine, Center for Connected Services

PRIORITY #7

Housing and Neighborhood Conditions

Homelessness was indicated to be a concern at 17% of the qualitative community meetings. The overall health of homeless individuals was also of concern to community members, feeling as though resources were not readily available and that homeless individuals contributed to sentiments around neighborhoods being unsafe. A growing lack of affordable housing has led to a yearlong waiting list for subsidized housing, as well as evictions, and individuals sleeping in places not meant for human dwelling (e.g., cars, outdoors). This phenomenon is pervasive across all counties in Southeastern Pennsylvania, but particularly in Philadelphia County. Additionally, availability of greenspaces, dog parks, libraries and health centers (with parks, walking trails, gyms, pools) contributes significantly to positive perceptions about neighborhood conditions. Lack of overall neighborhood safety, caused by community violence or road conditions, is a risk factors for poor mental health and limited physical activity outside.

Goals: In alignment with the Jefferson Enterprise strategic framework, goals for each priority will be aligned around the Access, Transformation and Engagement model, focused on the needs of our patients and improvement of our health system.

Objectives:

1. Increase investment in permanent and transitional housing
2. Build out focus for hiring from community
3. Partner with community organizations that address housing and support positive neighborhood conditions

ACCESS	TRANSFORMATION	ENGAGEMENT
Ensure patients have access to appropriate intermediate housing	Demonstrate how Jefferson Enterprise invests in community economic development with ROI	Build relationships with community organizations that address housing and support positive neighborhood conditions

Activities:

1. **Housing Assessment in EPIC:** Conduct health-related social-needs screenings to identify housing challenges and connect patients with appropriate resources.
2. **Housing Resource Navigation:** Partner with organizations such as Manna on Main Street and Family Promise of Ambler and refer patients to Trinity Lutheran Church Code Blue site.
2. **Community Engagement:** Attend community events and provide free health screenings/ education in diverse community settings.

Metrics:

1. Rate of referrals for patients that screen positively for housing related Health-Related Social Needs (HRSN) domains
2. Number of employees recruited and hired by service area ZIP codes
3. Retention rates of employees from service area ZIP codes
4. Number of community-based organizations that address housing and support positive neighborhood conditions progressed through partnership-engagement continuum

Partners:

- Jefferson Health Care Management and Social Services
- Jefferson Office of Community Impact & Belonging
- Jefferson Health Department of Family & Community Medine, Center for Connected Care Services