Jefferson Health.

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

NOVEMBER 2022

COMMUNITY HEALTH NEEDS ASSESSMENT

2022-2025 IMPLEMENTATION PLAN

Overview of Jefferson Health

Jefferson Health recognizes that by providing quality health care to our patients, and education and outreach to our neighbors, we are also enriching the lives and future of our surrounding communities. The work extends beyond the bedside. By partnering with the community, Jefferson Health seeks to improve the health and well-being of young and older Philadelphia and suburban residents through a variety of interventions including prevention and wellness programs, health education seminars, and screenings, as well as efforts that identify and address barriers to health, including the upstream factors (social determinants of health) that impact the health of everyone in 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 nearly two centuries ago. These values are:***

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

Jefferson Health, in partnership with Thomas Jefferson University, 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 throughout the Delaware Valley; and educating tomorrow's professionals through transdisciplinary and experiential learning designed for new and emerging fields for the 21st century.

Jefferson Health includes 18 hospitals throughout southeastern Pennsylvania and southern New Jersey. They are:

- Einstein Medical Center Elkins Park
- Einstein Medical Center Montgomery
- Einstein Medical Center Philadelphia
- Jefferson Abington Hospital
- Jefferson Bucks Hospital
- Jefferson Cherry Hill Hospital
- Jefferson Frankford Hospital
- Jefferson Hospital for Neuroscience
- Jefferson Lansdale Hospital
- Jefferson Methodist Hospital
- Jefferson Stratford Hospital
- Jefferson Torresdale Hospital
- Jefferson Washington Township Hospital
- Magee Rehabilitation Hospital
- MossRehab
- Physicians Care Surgical Hospital
- Rothman Orthopaedic Specialty Hospital
- Thomas Jefferson University Hospital

In 2021, Jefferson Health finalized its ownership of Health Partners Plans (HPP), a health maintenance organization that provides CHIP, Medicare Advantage and Dual Eligible Special Needs plans, and a nationally recognized Medicaid plan. Through HPP, Jefferson can continue to advance its value-based care model while reducing costs of healthcare services, particularly among underserved patients and families of the greater Philadelphia region.

Combined, Jefferson Health and Thomas Jefferson University have more than 42,000 employees, which includes nearly 3,500 employed physicians/advanced practice professionals, 9,500 full and part-time nurses and more than 1,900 full and part-time paid faculty. Jefferson is the second largest employer in Philadelphia and the largest health system in Philadelphia based on total licensed beds. Jefferson Health includes over 50 outpatient and urgent care centers; 10 Magnet®-designated hospitals; the NCI-designated Sidney Kimmel Cancer Center; and one of the largest faculty-based telehealth networks in the country that began more than 10 years ago.

Thomas Jefferson University Hospital is one of only 14 hospitals in the country that is a **Level 1 Trauma Center** and a federally designated Regional Spinal Cord Injury Center. In 2021, Jefferson Health earned Digital Health Most Wired recognition from the College of Healthcare Information Management Executives (CHIME). Jefferson scored in the top 5% of all participating organizations, earning recognition for its technology advancements in acute care, ambulatory care and long-term care. Also in 2021, nearly 600 Jefferson physicians were named among the region's best by Castle Connolly in Philadelphia magazine's 2021 Top Docs™ issue.

COVID-19 RESPONSE

Jefferson was able to treat more than 16,000 COVID-19 inpatients — ranking it as the busiest care provider in the Philadelphia region battling this global pandemic. Jefferson was the first health system in the Philadelphia region to institute universal masking guidelines, and at the peak of COVID-19, its infection rate among frontline staff was roughly 1% — a testament to the effectiveness of its safety protocols and the relentless commitment to sourcing adequate supplies of personal protective equipment for staff. This in turn translated to protecting thousands of patients from COVID-19 exposure. Jefferson was also among the first in the region to arrange external Emergency Department triage tents and mobile-testing sites to keep patient screenings for COVID-19 outside of its hospitals.

In parallel, Jefferson, with the largest faculty-based telehealth network in the country, treated more than 500,000 patients virtually throughout the pandemic — keeping both patients and physicians safe. Jefferson Health and the City of Philadelphia also worked closely together to open a COVID-19 testing site in Northwest Philadelphia to offer free, twice-weekly testing throughout the peak of the pandemic. When the COVID-19 vaccine became available, Jefferson Health assembled a multidisciplinary COVID-19 Vaccine Task Force that worked tirelessly to develop its **Real Talk Initiative** and **Trusted Messenger program** to spread accurate and up-to-date information about the vaccine, particularly to Black and Brown communities that had concerns about the vaccine and mistrust of the medical and scientific community. In tandem, Jefferson initiated a **mobile community vaccination program** that has administered more than 5,200 vaccines in marginalized communities.

IN THE COMMUNITY

In FY20 Jefferson Health contributed more than $448 million in charitable care and community benefit. Among Jefferson's many efforts in this area is the work of the **Jefferson Collaborative for Health Equity** (the Collaborative), the community outreach and engagement arm of Jefferson Health charged with addressing the social and structural determinants of health in Philadelphia. Aligned with the CHNA and CHIP, the Collaborative partners with internal and external stakeholders to address the complex issues facing our communities by aligning resources, building partnerships, and forging trust and relationships that create sustainable change. The Collaborative builds on community strength to improve health and well-being in communities, fostering the local Ecosystem necessary to promote health equity and help every family in our targeted communities reach their full potential. In 2020, Jefferson, in partnership with Temple, launched **The Frazier Family Coalition for Stroke Education and Prevention**, which is coordinated through the Collaborative to promote the health of North Philadelphia residents through a multifaceted program aimed at reducing the number of strokes. With its office located in the lowest-income zip code in the city, the coalition is countering the lack of access to providers, unmanaged chronic disease, and limited awareness of risk factors that has allowed the rate of stroke to swell in North Philadelphia.

Jefferson and Novartis also initiated a program called "Closing the Gap" to focus on reducing cardiac health disparities across the city's most vulnerable zip codes. Addressing social determinants of health, the program heavily utilizes Community Health Workers to screen, identify, and navigate individuals at high-risk for cardiovascular disease to the care and preventative services they need. The **Jefferson Center for Connected Care** was also launched to develop and test innovative approaches for a patient-

responsive care delivery system. As part of its Reimagine fundraising campaign, Jefferson has set a goal of raising $100 million for health equity initiatives in the greater Philadelphia region.

Jefferson is one of the largest providers in Philadelphia for refugee health care and is one of only four programs in the nation recognized by the Centers for Disease Control and Prevention as a Center of Excellence. In addition to its Center for Refugee Health, Jefferson opened the **Hansjörg Wyss Wellness Center** in 2021. The Center brings free medical and social services to immigrant and refugee communities. In the fall of 2021, Jefferson and other providers supported an extensive volunteer medical operation at the airport for Afghan evacuees. They offered urgent medical care for 1,600 on site, while providing family-centered testing and vaccinations.

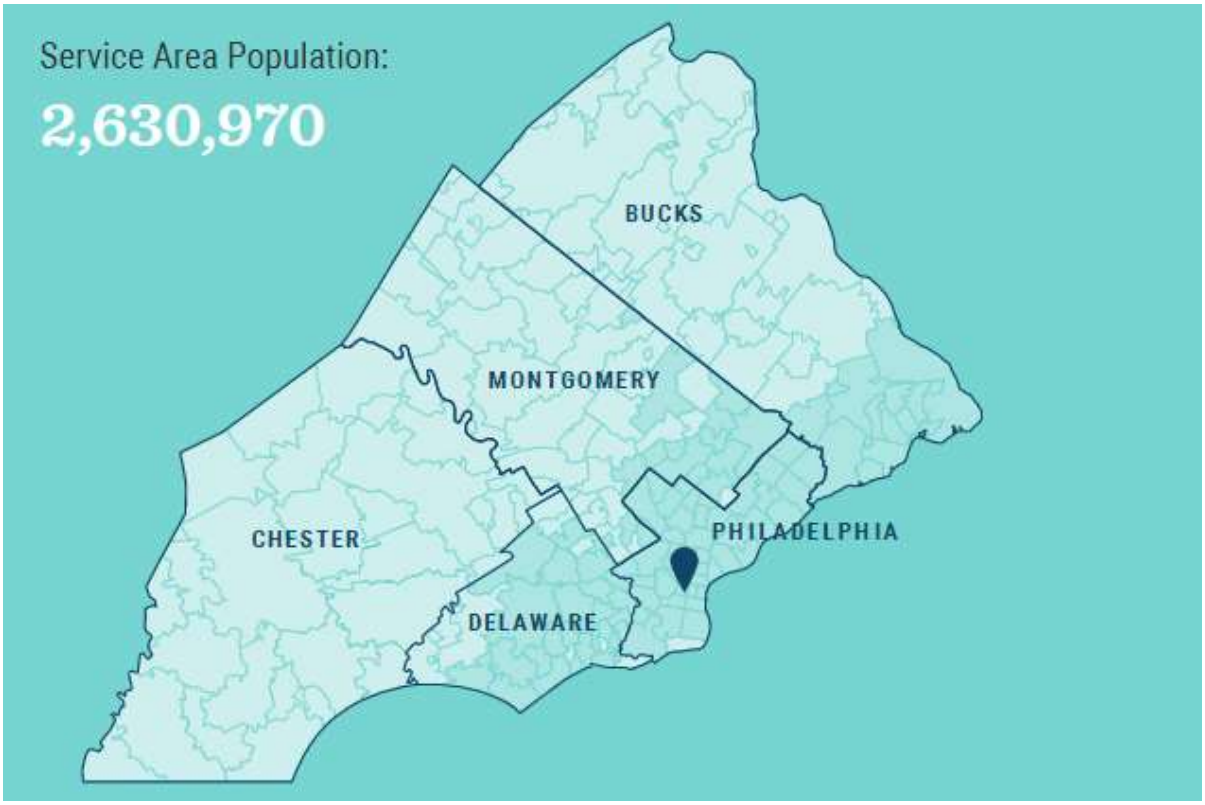
Geographic Regions & Zip Coded Services by Jefferson Health

Jefferson Health – Center City

Thomas Jefferson University Hospital, Jefferson Methodist, Jefferson Hospital for Neuroscience

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

Jefferson Health – Magee Rehabilitation



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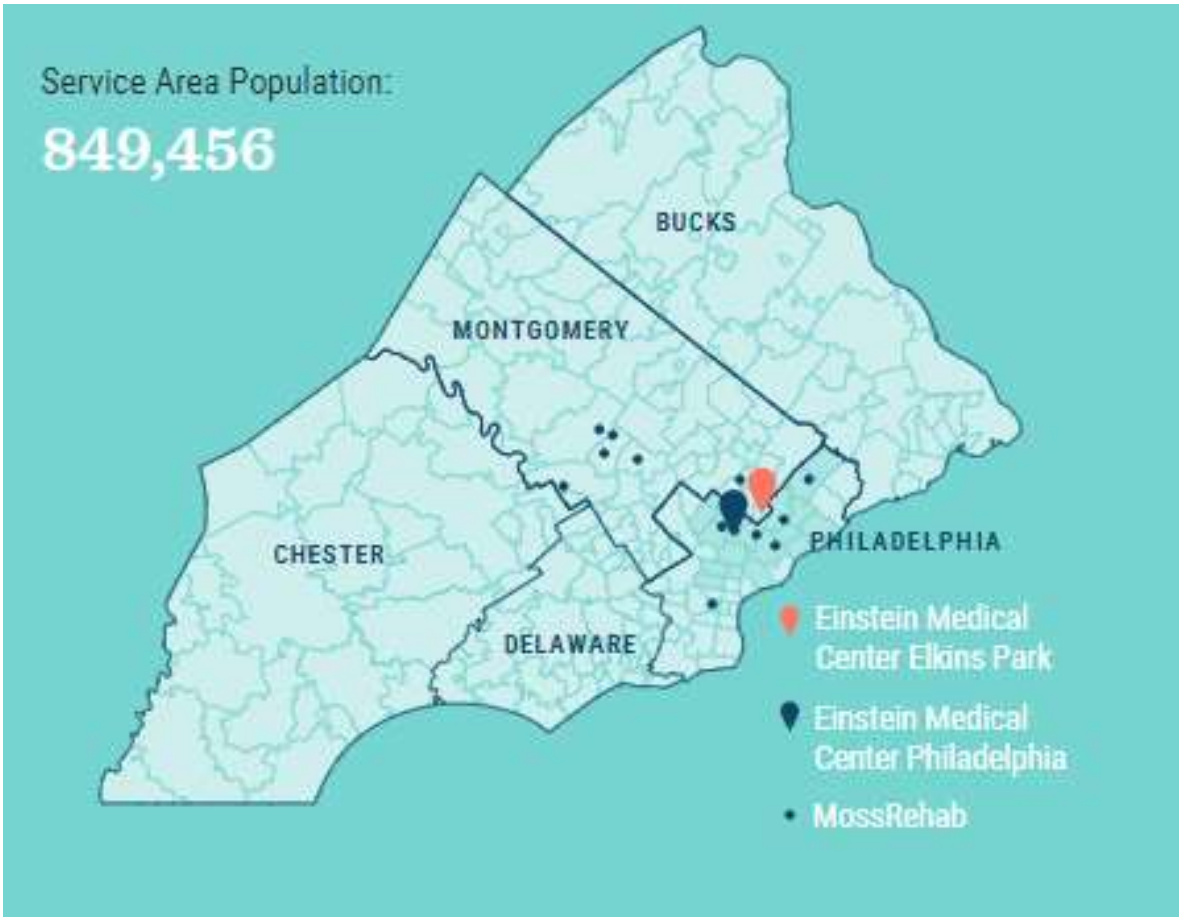
Montgomery County: 19001, 19002, 19003, 19004, 19006, 19027, 19031, 19038, 19040, 19044, 19046, 19072, 19075, 19090, 19095

Philadelphia County: 19102, 19103, 19104, 19106, 19107, 19111, 19114, 19115, 19116, 19118, 19119, 19120, 19121, 19122, 19123, 19124, 19125, 19126, 19127, 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

Jefferson Health – Einstein Medical Center Philadelphia



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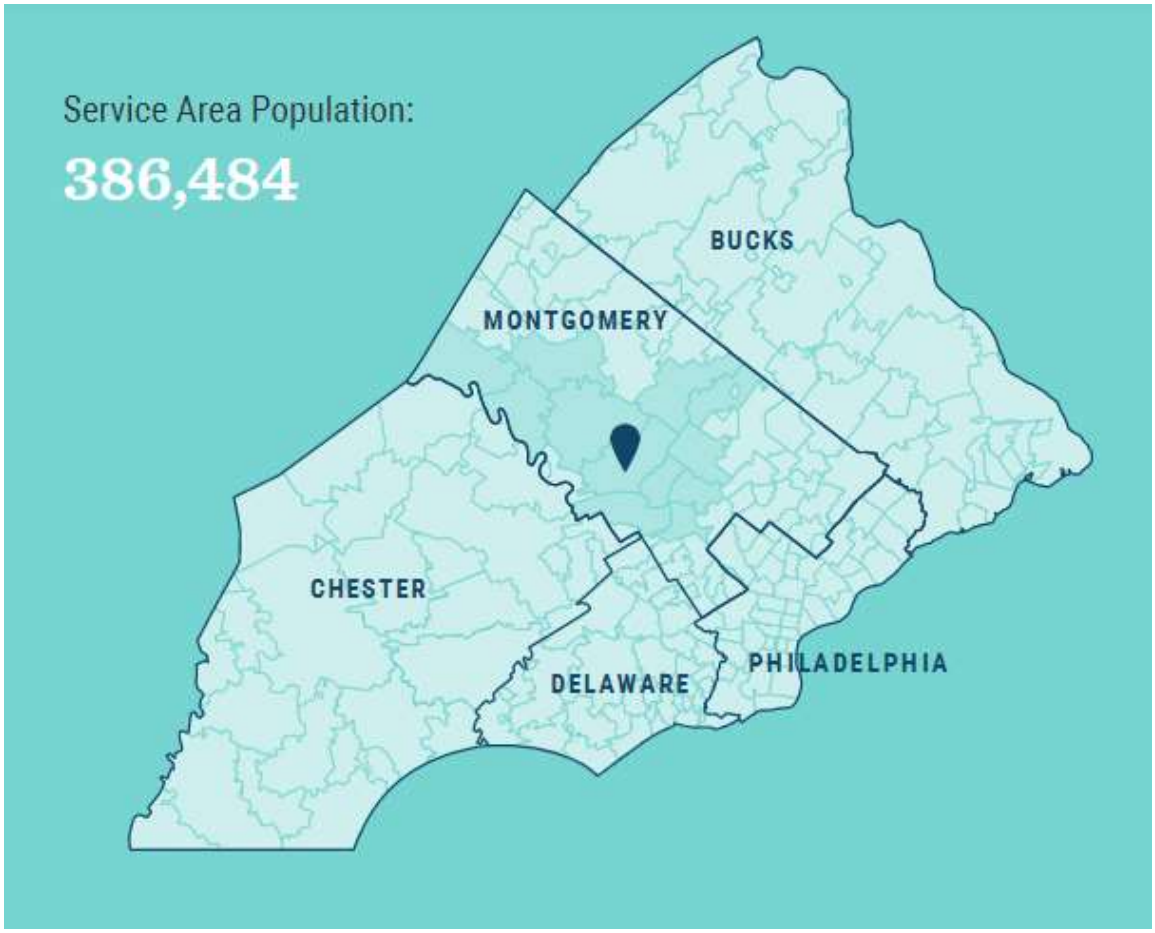
Montgomery County: 19027

Jefferson Health – Einstein Montgomery



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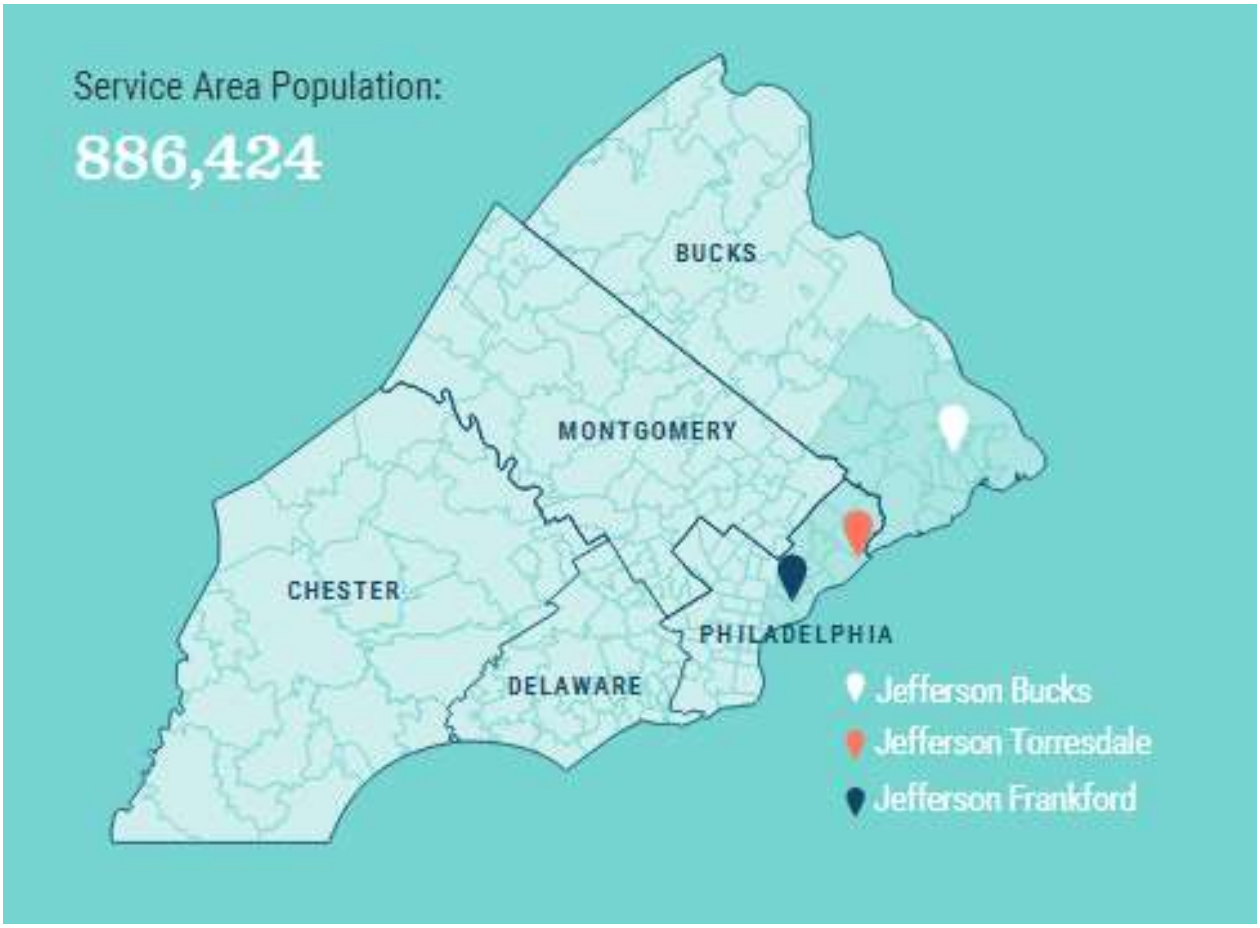
Jefferson Health – Northeast



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

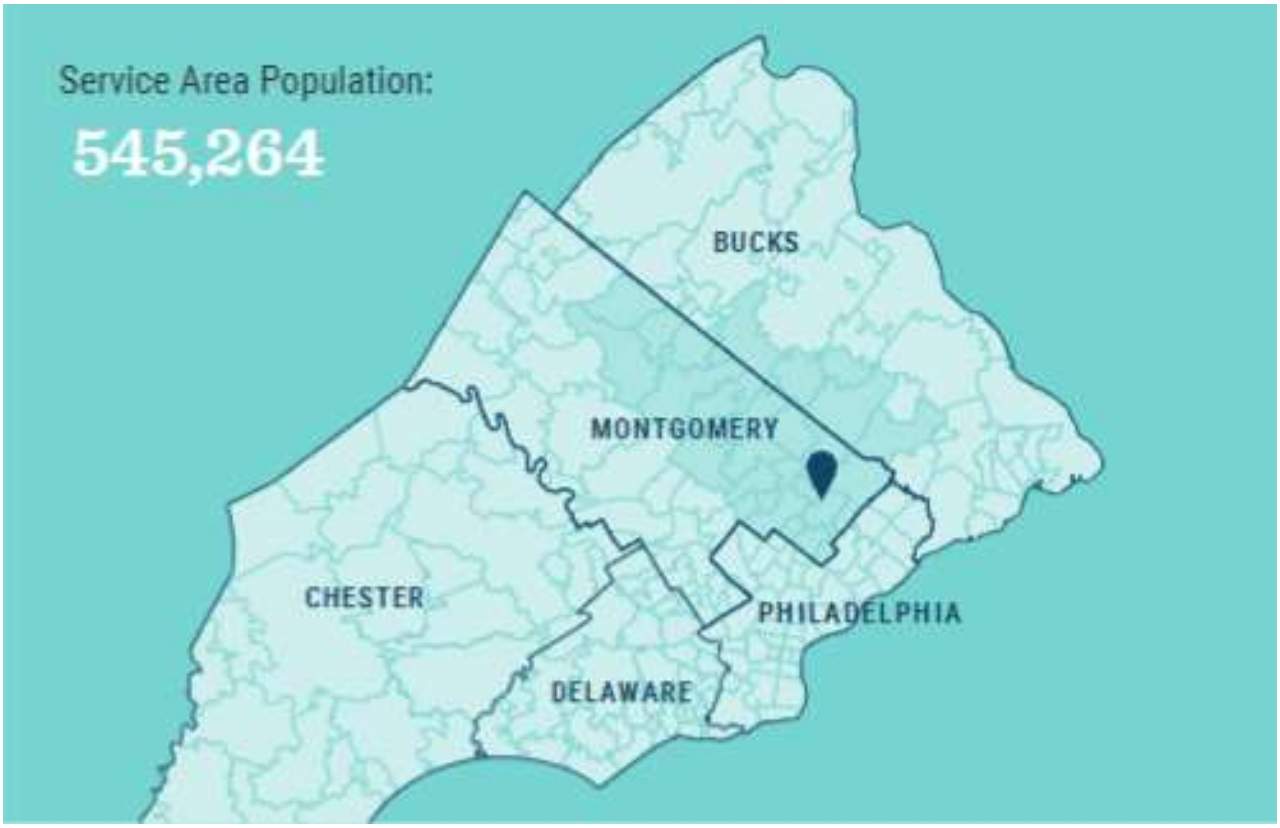
Jefferson Health – Rothman Orthopaedic Specialty Hospital

Bucks County: 18901, 18914, 18938, 18940, 18944, 18966, 18974, 18976, 19007, 19020, 19030, 19047, 19053, 19054, 19056, 19057, 19067

Montgomery County: 19002, 19006, 19038, 19040, 19046, 19403, 19422, 19446, 19454

Philadelphia County: 19111, 19114, 19115, 19116, 19119, 19124, 19128, 19135, 19136, 19145, 19146, 19147, 19148, 19149, 19152, 19154

Jefferson Health – Abington Hospital



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Bucks County: 18914, 18929, 18932, 18966, 18974, 18976

Jefferson Health – Lansdale Hospital

Bucks County: 18914, 18932

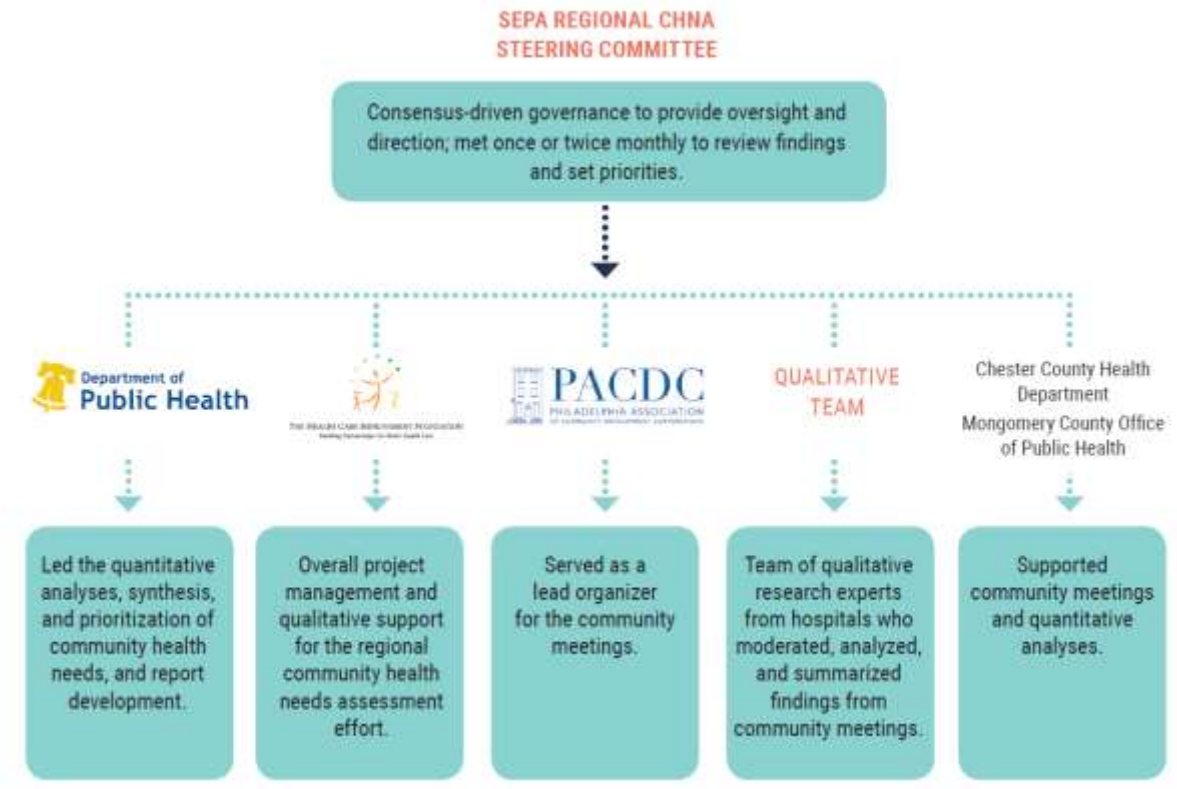
Montgomery County: 18915, 18936, 18964, 18969, 19002, 19422, 19438, 19440, 19446, 19454

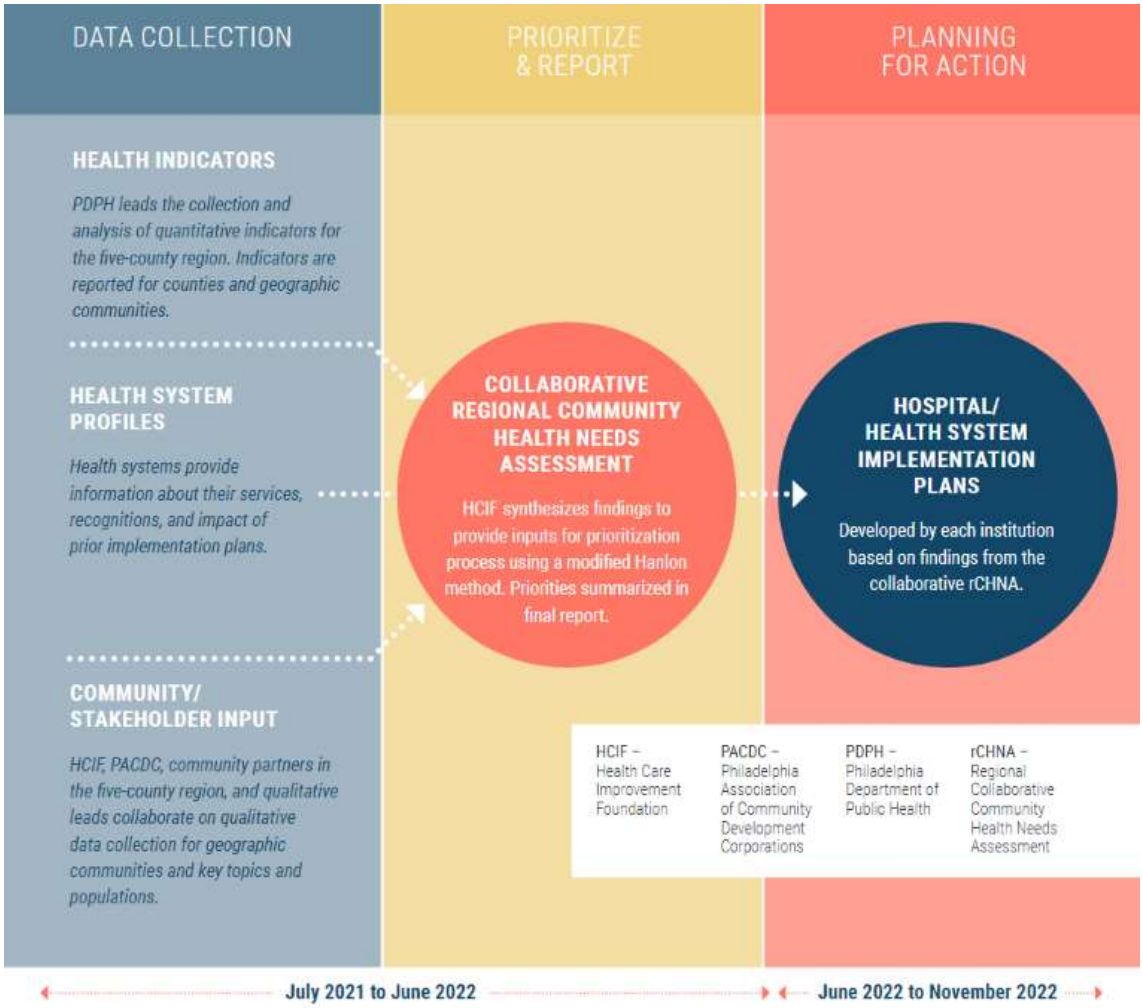
Overview of the Community Health Needs Assessment and Prioritization Process

Identifying and addressing unmet health needs of local communities is a core aspect of the care provided by hospitals and health systems across the U.S. The Affordable Care Act (ACA) formalized this role by mandating that tax-exempt hospitals conduct a Community Health Needs Assessment (CHNA) every three years and implement strategies focused on emergent priorities from the assessment. This assessment is central to not-for-profit hospitals and health systems' community benefit and social accountability planning. By better understanding the service needs and gaps in a community, an organization can develop implementation plans—also mandated by the ACA—that more effectively respond to high priority needs.

Recognizing that hospitals and health systems often mutually serve the same communities, a group of local hospitals and health systems have again collaborated on a **Southeastern Pennsylvania (SEPA) Regional CHNA (rCHNA),** with specific focus on Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. This continued collaboration enables continuity of approach, while also providing opportunities to expand and improve upon the last assessment process.

A steering committee was formed and participants developed a collaborative, community-engaged approach as indicated below:





Participants recognize that the CHNA is an important part of how health systems, multi-sector partners, and communities work together to achieve meaningful and positive community change. In addition to the shared learning, increased efficiencies, and reduced community burden offered by the collaborative approach, participants have derived particular benefits from mutual support in the face of the COVID-19 pandemic and its cascading impacts. In response to the crises of the past several years, the 2022 rCHNA is explicitly grounded in an approach that seeks to advance health equity and authentic community engagement.

Quantitative data were acquired from local, state, and federal sources and focused on indicators that were uniformly available at the ZIP code level across the region. The Philadelphia Department of Public Health (PDPH) team, which included experts in epidemiological and geospatial analyses, compiled, analyzed, and aggregated over 60 health indicators encompassing data on community demographic characteristics, COVID-19, chronic disease and health behaviors, infant and child health, behavioral health, injuries, access to care, and social and economic conditions.

In addition, the steering committee either undertook directly or supported partners with targeted primary data collection to better understand the needs of particular communities or populations. These

focus areas and communities were either specific to a different type of facilities within participating health systems (i.e., cancer centers, rehabilitation facilities) or reflected gaps in the 2019 rCHNA:

- **Cancer**
- **Disability**
- **Immigrant, refugee, and heritage communities**
- **Youth voice**

All data were synthesized by HCIF staff and a list of **12 community health priorities** was presented to the Steering Committee. Using a modified Hanlon ranking method, each participating hospital and health system rated the priorities. An average rating was calculated, and the community health priorities were organized in priority order based on:

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

Using these five criteria, an average rating was calculated for each priority area.

The community health priorities for the region are presented below in ranked order:

2022 Regional CHNA PRIORITY HEALTH ISSUES/NEEDS
1. Mental Health Conditions
2. Access to Care (Primary & Specialty)
3. Chronic Disease Prevention & Management
4. Substance Abuse and Related Disorders
5. Healthcare & Health Resources Navigation
6. Racism & Discrimination in Healthcare
7. Food Access
8. Culturally & Linguistically Appropriate Services
9. Community Violence
10. Housing
11. Socioeconomic Disadvantage
12. Neighborhood Conditions

RCHNA – Health Needs Categories

Health Issues	Access and Quality of Healthcare and Health Resources	Community Factors
• Chronic conditions (prevention and management) • Mental health conditions • Substance use and related disorders	• Access to care (primary and specialty) • Food access • Healthcare and health resources navigation (including transportation) • Linguistically- and culturally-appropriate services • Racism and discrimination in healthcare settings	• Housing • Neighborhood conditions (e.g., blight, greenspace, air and water quality, etc.) • Community violence • Socioeconomic disadvantage (e.g., poverty, unemployment)

12 high priority community health needs, representing three categories:

1. **Health Issues:** (Chronic Conditions (prevention and management), mental health conditions. Substance use and related disorders.
2. **Access & quality of healthcare & resources: Access** to care (primary & specialty), food access, healthcare and health navigation (including transportation), linguistically-and-culturally appropriate services.
3. **Community factors:** Housing, neighborhood conditions (e.g., blight, greenspace, air, and water quality, etch), community violence, socioeconomic disadvantage (e.g, poverty, unemployment).

2022 rCHNA Top 5 Priority Health Needs					
(Regionally)	*(Center City, Methodist and Magee)*	*(Abington & Lansdale)*	*(Philadelphia, Elkins Park, Montgomery County, Moss Rehab)*	*(Torresdale, Frankford & ROSH)*	**NJ** *(Cherry Hill, Stratford & Washington Township)*
1. Mental Health Conditions	1. Mental Health Conditions	1. Mental Health Conditions	1. Mental Health Conditions	1. Healthcare & Health Resources Navigation	1. Maternal & Child Health
2. Access to Care (Primary & Specialty)	2. Access to Care (Primary & Specialty)	2. Substance Use and Related Disorders	2. Food Access	2. Substance Use and Related Disorders	2. Behavioral Health
3. Chronic Disease Prevention & Management	3. Chronic Disease Prevention & Management	3. Chronic Disease Prevention & Management	3. Substance Use and Related Disorders	3. Access to Care (Primary & Specialty	3. Chronic Disease
4. Substance Use and Related Disorders	4. Healthcare & Health Resources Navigation	4. Access to Care (Primary & Specialty)	4. Healthcare & Health Resources Navigation	4. Mental Health Conditions	4. Youth Mental Health
5. Healthcare & Health Resources Navigation	5. Substance Use and Related Disorders	5. Healthcare & Health Resources Navigation Food Access	5. Chronic Disease Prevention & Management	5. Chronic Disease Prevention & Management	N/A

This framework serves as the foundation for the health strategies presented within the Jefferson Health Community Health Implement Plan (CHIP).

Jefferson Health - Abington
Community Health Implementation Plan

Overview of Jefferson Health- Abington

Since 2015, the organization has been part of Jefferson Health, which now includes 18 hospitals and more than 40 outpatient and Urgent Care Center locations located throughout Philadelphia, Bucks and Montgomery counties in Pennsylvania and Camden and Gloucester counties in New Jersey. Outpatient and community-based services are delivered through a network of owned and affiliated physician practices, satellite medical and surgical centers, outpatient laboratories and radiology centers. Together, Jefferson Health has 126,000 inpatient admissions; 499,000 Emergency Department visits, and four million outpatient visits annually.

Jefferson Health – Abington entities include the following:

- Two hospitals: Together, Jefferson Abington Hospital and Jefferson Lansdale Hospital have 800 licensed beds. In fiscal year 2021, the hospitals had 36,000 total admissions.
- Jefferson Health – Blue Bell, Jefferson Health – Elkins Park, Jefferson Health – Horsham, Jefferson Health – Lower Gwynedd, Jefferson Health – Montgomeryville, Jefferson Health – Warminster and Jefferson Health – Willow Grove.
- Employed Physician practices located in Bucks, Montgomery and Philadelphia counties with 80 locations.
- In fiscal year 2021, there were 555,000 outpatient visits across all Jefferson Health – Abington locations.

Also located on the Willow Grove Campus is the Asplundh Cancer Pavilion, a full service outpatient cancer center of the Sidney Kimmel Cancer Center – Jefferson Health. Jefferson Abington Hospital, founded in 1914, is the largest community teaching hospital in Montgomery and Bucks counties. Staff members have the privilege of working with medical students, residents and fellows from Thomas Jefferson University's Sidney Kimmel Medical College and other medical schools and training programs in the Philadelphia area. The hospital sponsors five residency programs of its own: family medicine, internal medicine, obstetrics/gynecology, general surgery and dentistry. In addition, the hospital provides postgraduate medical education in affiliation with several area medical schools. Jefferson College of Nursing offers a second Bachelor of Science in Nursing (BSN) program at the Jefferson Health – Dixon Campus in Willow Grove. Abington also supports a pharmacy residency program.

In fiscal year 2021, Jefferson Health – Abington treated more than 100,000 patients in its two Emergency Departments, with Jefferson Abington Hospital having the distinction of having one of only two Level II trauma centers in Montgomery County. Jefferson Abington Hospital has a comprehensive stroke center and offers highly advanced programs in cancer, cardiac and orthopedic care. Jefferson Health – Abington complies with all applicable anti-discrimination laws.

Jefferson Abington Hospital is a 665-bed, regional referral center and teaching hospital in Pennsylvania, which has been providing comprehensive, high-quality services for people in Montgomery, Bucks and Philadelphia counties for more than 100 years. Jefferson Abington Hospital employs over 5,500 employees, making it one of the largest employers in Montgomery County. The hospital's medical staff consists of over 1,100 physicians, including primary care, medical and surgical specialists. More than 1,100 volunteers give their time and talents to support this not-for-profit hospital, and the hospital provides more than $45 million in free care to our community each year.

Jefferson Lansdale Hospital is a 140-bed, acute care general hospital providing a comprehensive range of inpatient and outpatient healthcare services. The facility includes a 24-hour emergency department, an 18-bed Orthopedic and Spine Institute, a Pain Center, Sleep Center and Wound Care Center.

Home to over 700 employees, Jefferson Lansdale Hospital has a staff of more than 300 active physicians. Physicians are supported by a dedicated team of professional nurses who draw from years of clinical experience and training.

Priority Health Issues and Needs to be Addressed

The Table listed on page 17 compares the rankings of the priority health issues of the region and Jefferson Hospitals to how these were ranked by senior leaders at Jefferson Health – Abington.

In order to maximize the resources available, the senior leadership of Jefferson Health - Abington (JHA) has chosen to address the following priorities listed in the 2022 Regional Community Health Needs Assessment:

- Mental Health Conditions
- Substance Use and Related Disorders
- Chronic Disease Prevention and Management
- Access to Affordable Primary and Specialty Care
- Healthcare and Health Resource Navigation
- Food Access

Community Health Implementation Plans (CHIP) are written to address these specific six priorities for both Jefferson Abington Hospital and Jefferson Lansdale Hospital. JHA has convened Community Benefit Action teams consisting of key stakeholders and JHA administrative and clinical leaders to develop and implement goals and action plans. Leaders of these teams report on progress quarterly through a CHIP scorecard shared with the Rev. Dr. Martin Luther King, Jr. Community Benefit and Diversity Committee. This standing committee of the Abington Health Foundation Board of Trustees has responsibility for the recommendation, approval and oversight of a Community Benefit Plan, policies and programs designed to carry out the charitable mission of the organization and to enhance the health status of communities served by Jefferson Health - Abington.

The following two priorities are addressed within normal hospital operations:

- Linguistically and Culturally Appropriate Services
- Racism and Discrimination in Healthcare Settings

The following four priorities are addressed through work with local and regional collaboratives and referrals to community or government resources:

- Community Violence

- Housing
- Socioeconomic Disadvantage (e.g. Poverty, Unemployment)
- Neighborhood Conditions (e.g. Blight, Greenspace, Air/Water Quality, etc.)

In addition, JHA professionals collaborate with Jefferson colleagues to improve health status in conjunction with the hospital's partnerships. Best and promising practices are shared with the aim of enhancing infrastructure, stretching resources, and incorporating knowledge about social determinants of health and health literacy to better the population's health and well-being. Community benefit leaders will continue to monitor the changing landscape and requirements initiated through future health reform and the IRS including financial assistance requirements.

Overview of the Jefferson Health – Abington Implementation Plan (CHIP)

The Jefferson Health - Abington CHIP was developed in collaboration with JHA key community stakeholders, administrative and clinical leaders. The plan is reviewed annually and revised based on changing community needs, best practices and short-term/intermediate outcomes.

Using a logic model for each priority health need, the CHIP provides an overview of the objectives, proposed strategies/activities, outputs/impact measures, and potential partners.

Proposed strategies/activities were considered based on their alignment with national, state, and county health improvement plans, and national best practices cited by organizations such as the US Department of Health and Human Services, Agency for Health Research and Quality, Healthy People 2020, the American Medical Association, National Council on Aging, the Joint Commission, the American Heart Association, the National Prevention Strategy, the Guide to Community Preventive Services, and the Guide to Clinical Preventive Services.

The following six plans will be implemented by Jefferson Abington and Jefferson Lansdale Hospitals:

Mental Health Conditions	
Goal: Improvement in the capacity of Jefferson Health Abington (JHA) and community-based organizations to address behavioral health/mental health conditions within the community.	
Objective: Increase access and referral to behavioral health services.	
Strategy/Action	Continue to provide access with Behavioral Health Consultants (BHCs) in primary care and specialty practices.
Target Population	Adults and children who are Jefferson Medical Group (JMG) patients.
Outputs	• Maintain or increase current level of BHCs within practices. • Track # of patients served [if data reports permit] and # of practices with embedded BHCs.
Potential Partners	Internal Partners: JHA Behavioral Health Leadership, JMG External Partners: Referrals to external psychiatric providers

Objective: Same as above	
Strategy/Action	Maintain one Behavioral Health Consultant (BHC) in all OB/GYN practices and one to OB/Gyn Clinic at JHA to focus on peri-partum and postpartum mood disorders and fetal loss referring all other to BHC's in primary care.
Target Population	OB/GYN patients of JHA including OB/GYN clinic
Outputs	• Track # of patients seen by BHC.
Potential Partners	Internal Partners: Behavioral Health leaders and BHCs, Women and Children's Services, OB/GYN clinic; OB/GYN practices External Partners: Referrals to external psychiatric providers
Objective: Enhance communication strategies for relevant mental health referral resources to community and workforce including Mental Health Awareness Month each May.	
Strategy/Action	On a quarterly basis, communicate through hospital and community updates and list serves, hospital and community resources, social media, the new Suicide and Crisis Lifeline [simply dial or text 988]
Target Population	Community and workforce
Outputs	• Quarterly emails to key community stakeholder list serves; Faith Community Nurse Network; Clergy list; inclusion in "Opioid Matters" newsletter; other.
Potential Partners	Internal Partners: Community Health staff; Public Relations and Marketing External Partners: Bucks Mont Collaborative, NAMI, community based organizations [CBOs]
Objective: Explore and enhance community partnerships for potential outreach and/or education on issues and topics relevant to behavioral health/mental health conditions.	
Strategy/Action	Explore partnerships with community based organizations and behavioral health professionals to develop a comprehensive network of care and/or education, outreach and support.
Target Population	General JHA community
Outputs	• Support "Girls on the Run" in Montgomery County through annual sponsorship • Support NAMI in Montgomery County through annual sponsorship • Continue partnership with "Tend to Hope", local non-profit organization, whose mission is to provide self-care items and hope-building resources to individuals in mental health within the JAH Inpatient Unit. • Continue to support and collaborate with the Bucks Mont Collaborative's Annual Trauma Informed Care/Healing Center Practice Summit. • To provide annual Clergy Forum with input from area clergy on process and content. • Explore possibility of the health system's RISE [Resilience in Stressful Events] program to create a pilot program for area clergy.
Potential Partners	Internal Partners: Behavioral Health, Community Health leaders and Pastoral Care External Partners: GOR, NAMI, Tend to Hope, Bucks Mont Collaborative leaders
Objective: Provision and Promotion of grief support programs for JHA community	
Strategy/Action	Continue to provide Safe Harbor Program
Target Population	Grieving families/children in JHA communities
Outputs	• Track # of programs and # of participants • Track program effectiveness through evaluation of post-program survey results

Potential Partners	Internal Partners: Safe Harbor coordinators, Community Health , Behavioral Health, Abington Health Foundation, Public Relations and Marketing External Partners: Area school districts, Faith Community Network, key community stakeholders
Objective: Same as above	
Strategy/Action	Continue to provide bereaved spouses/partners support groups.
Target Population	Grieving spouses/partners in the JHA service area.
Outputs	• # of program, # of participants
Potential Partners	Internal Partners: Pastoral Care and Behavioral Health leaders External Partners: Faith communities
Objective: Re-engage with hospital support and self -help groups for in-person offerings in hospital meeting space and/or share virtual groups. Promote to community and workforce.	
Strategy/Action	Monitor COVID19 protocols for return of groups to hospital campus meeting space; create process for re-engagement and onboarding. Work to capture virtual support groups through local, reputable organizations and communicate to stakeholders and workforce.
Target Population	Former hospital support and self-help groups' facilitators; Pilot and approve potential new groups.
Outputs	• Track # of groups returning to in-person • Track sharing of virtual groups
Potential Partners	Internal Partners: Behavioral Health leaders and coordinators; Community Health leaders; Administration for space approval and scheduling; Public Relations and Marketing External Partners: Support and Self-help group facilitators
Objective: Increase provider and community based organizations awareness and understanding of behavioral health needs and resources available through JHA Behavioral Health Navigator (Access Coordinator)	
Strategy/Action	Increase frequency of communication strategies to increase awareness of JHA resources by sharing Fact Sheets on BHCs, Behavioral Health Access Coordinator, In-patient Unit, Crisis Support. Ensure inclusion on website; use of external list serves, newsletters, internal communication. Explore the potential of branding this service to become a gateway program-triage line.
Target Population	JHA service area and behavioral health providers
Outputs	• Track # of contacts/calls with Behavioral Health Navigator (Access Coordinator)
Potential Partners	Internal Partners: Behavioral Health Navigator (Access Coordinator); Behavioral Health leaders; Community Health leaders; Public Relations and Marketing External Partners:
Objective: Provide depression and suicide screenings for specific JHA patient populations.	
Strategy/Action	Promote and provide [PHQ2 and PHQ9] and suicide [CSSRs] in ETC/ER depression and suicide screenings in JAH Emergency Trauma Center and JLH ER.
Target Population	Adults and children admitted to JHA Emergency Trauma Center and JLH Emergency Room
Outputs	• Track # of patients screened for depression and anxiety with Epic data report.
Potential Partners	Internal Partners: Emergency Trauma/ER Leadership; Behavioral Health leadership External Partners: N/A

Objective: Increase training for healthcare providers, community-based organizations, schools, law enforcement, and others in Mental Health First Aid, Healing Centered Practices/Trauma Informed Care.	
Strategy/Action	Communicate virtual offerings of mental health education [examples are]: Mental Health First Aid, QPR Training [Question, Persuade, Refer], healing centered practices/trauma informed care, stigma, "burn out" among behavioral health and other staff. Following COVID19 protocols explore options for in-person offerings.
Target Population	JHA key community stakeholders, JHA workforce
Outputs	• Track communication offerings • Track # of classes and participants
Potential Partners	Internal Partners: Behavioral Health and Community Health leaders External Partners: JHA Key Community Stakeholders
Objective: Explore the new Safe Center's referrals to mental health and community resources. [The Safe Center is JHA's onsite center within the ETC to serve sexual assault victims.]	
Strategy/Action	Obtain data from Coordinator quarterly or 2x per year on number of mental health/community resource referrals provided to JHA's Safe Center patients.
Target Population	Safe Center patients
Outputs	• Number# of referrals
Potential Partners	Internal Partners: Safe Center Coordinator ; potential for Crisis team consults External Partners: Women's Center of Montgomery County, Laurel House, Victim's Services Center of Montgomery County
Objective: Integrate trauma informed practices to create a culture of healing-centered care for all.	
Strategy/Action	Promote practices related to providing training and awareness building, advancing healing-centered patient care, and building staff resilience and supportive resources.
Target Population	Workforce, community, patients
Outputs	• Document practices and trainings including # of persons served.
Potential Partners	Internal Partners: Behavioral Health and Community Health leaders; other External Partners: Bucks Mont Trauma Coalition
Objective: Provide workplace violence training hospital personnel	
Strategy/Action	Promote Crisis Prevention Intervention (CPI) hands on advanced physical skills to targeted areas of the hospital and promote CPI verbal de-escalation skills to additional workforce.
Target Population	JAH, JLH and JMG workforce
Outputs	• Track # of trainings • Track # of persons served.
Potential Partners	Internal Partners: Trained CPI colleagues; Behavioral Health External Partners: N/A

Substance Use and Related Disorders	
Goal: Decrease substance use and related disorders	
Objective: Sustain and expand prevention programs for National Drug Take Back, community education and electronic/social media communication.	
Strategy/Action	Continue to create communication strategies [i.e., flyers and hyperlinks] on National Drug Take Back programs and disposal sites to community and workforce in an effort to reduce and remove unused or old prescriptions within the home. Increase social media presence on drug take back programs. Include all programs in the "Opioid Matters" E Newsletter 1-2 x per FY including county, community support groups and articles.
Target Population	JHA community and workforce
Outputs	• National Drug Take Back Days are October and April of each year. Track communication strategies. • Document social media analytics and/or communications. • Document "Opioid Matters" communication and click rates after each edition.
Potential Partners	Internal Partners: Community Health leaders, Behavioral Health leaders, Public Relations and Marketing; social media colleagues. Alliance Pharmacy External Partners: Bucks Mont Collaborative, Lansdale and Abington HUBs, Citizen and Police Together [CAPT] Abington
Objective: Continue to partner with community based organization (s) for education on substance use disorders for community and workforce	
Strategy/Action	Engage Council of Southeast PA, Inc. or other community organization for an educational series each FY.
Target Population	JHA Community and workforce
Outputs	• Track # of programs • Track # of participants
Potential Partners	Internal Partners: Behavioral and Community Health leaders; Public Relations and Marketing External Partners: Council of Southeast PA, Inc. or other community organization
Objective: Expand Narcan training and distribution	
Strategy/Action	Work collaboratively with Montgomery County for inpatient and ETC Narcan distribution and Outpatient Pharmacy Director. Through potential donor support, assemble Narcan kits for JAH ETC, JLH ER, JMG Communication of Narcan trainings from Montgomery County to community and workforce.
Target Population	JHA inpatients; ETC/ER/JMG patients; trainings to community and workforce
Outputs	• Track # of Narcan distributed with county • Track # of assembled Narcan kits • Track communications to community and workforce on Narcan trainings
Potential Partners	Internal Partners: Behavioral Health staff, Community Health, Pharmacy, Abington Health Foundation Women's Board External Partners: Montgomery County Office of Drug and Alcohol, Montgomery County Department of Public Safety

Objective: Enhance external partnerships and collaboration to reduce the number of people who become addicted to opioids by reducing over-prescribing of opioids.	
Strategy/Action	Schedule and meet quarterly with JHA Opioid Council which includes community stakeholders. Participate in any new initiatives or re-engage with regional or local coalitions or organizations or county committees. Engage new Certified Recovery Specialist onsite at JAH ETC and JLH ER [rotation] with Penn Foundation.
Target Population	JHA report outs: OB/GYN, DOS, JMG plus external stakeholders
Outputs	• Enhance membership and attendance at JHA Opioid Council quarterly meetings. • Start each meeting with a stigma or patient safety story • Monitor report outs and follow ups. • Track # of patients seen by CRS of Penn Foundation in ETC and ER
Potential Partners	Internal Partners: Behavioral Health, Chief of Staff, JMG, ETC/ER leaders and staff, Community Health, Pharmacy, Crisis Intervention Clinicians and Hospital Social Workers External Partners: Penn Foundation, Montgomery County Office of Public Safety, Montgomery County Office of Drug and Alcohol, Penn State University Abington, Abington Police Department, Emergency Medical Services, local government leaders and other stakeholders.
Objective: Increase community awareness of the impact and prevalence of binge drinking and vaping with a foci on Alcohol Awareness Month each April and Vaping Awareness Month each March.	
Strategy/Action	Enhance binge drinking education and incorporate displays at health fairs and events. Enhance information and education on the dangers of vaping including the creation of displays for programs and events. Engage in a social media campaign for educational purposes.
Target Population	JHA Community and workforce
Outputs	• Provide 2 displays per FY/quarterly or education on vaping and binge drinking. • Education through social media on issues surrounding binge drinking and dangers of vaping. • Participation in county committees. • Engage AA and NA to return in person support groups on hospital campuses pending COVID19 protocols or communicate virtual groups in “Opioid Matters” E Newsletter.
Potential Partners	Internal Partners: Community Health staff and Public Relations and Marketing External Partners: Montgomery County Office of Drug and Alcohol
Objective: Provide screening for alcohol and/or substance use for specific JHA patient populations.	
Strategy/Action	Implement Alcohol Withdrawal Scale Screening and Clinical Opioid Withdrawal Scale Screening for all JAH and JLH patients.
Target Population	JHA Patients
Outputs	• Data will include number of patients screened.
Potential Partners	Internal Partners: Department of Patient Care Services and Behavioral Health External Partners: N/A

Chronic Disease Prevention and Management	
Goal: Improved health behaviors including utilization of preventive screenings, improved disease management including adherence to treatment recommendations and better communications between patients, families, and providers, and elevated health status as a result of increased continuity of care.	
Objective: Better Inform, educate, and engage the public regarding chronic disease prevention and management.	
Strategy/Action	Provide education, screening, risk assessment and support programs to increase awareness about heart disease/attack prevention, reduce cardiovascular prevalence and/or improve cardiovascular management. Raise public awareness about early heart attack symptoms, early heart attack care, cardiac arrest and the importance of CPR intervention and early detection and management of hypertension.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members

Outputs	• Maintain or increase number of completed Blood Pressure Screenings
	• Provide follow-up calls to all consenting participants that have a blood pressure reading of >130/80.
	  ○ Track:
	  ▪ # attempted/completed follow up calls for in person and telephone screenings
	  ▪ # without history of hypertension
	  ▪ # referred to community resources
	  ▪ # without PCP
	  ▪ # referred to personal physician for follow-up
	  ▪ # referrals to Chronic Care Management Program
	• Track and report all on-site interventions, which may include calling 911 or calling the primary care physician, etc.
	• Provide low cost CPR classes to the community.
	  ○ Track:
	  ▪ # of classes/participants
	• Provide early heart attack, cardiac arrest education at a variety of community settings.
	  ○ Track:
	  ▪ # of programs/participants

Potential Partners	Internal Partners: Jefferson Health Abington (JHA) Community Health Outreach, Jefferson Medical Group Physicians (JMG), Local Community Physicians, Jefferson Health Abington AHA BLS Community CPR Training Center External Partners: American Heart Association, Local Senior Centers, Community Retail Establishments, Faith Community Network, Community Business Establishments, Community Government Leaders, Senior Living Communities, Faith Based Communities, Schools
Strategy/Action	Provide education, screening, risk assessment and support programs to increase awareness about stroke prevention, reduce stroke prevalence and/or improve stroke management. Raise public awareness about BE FAST (balance, eyes, face, arms, speech, time).
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Track number of completed Blood Pressure Screenings. • Provide follow-up calls to all consenting participants that have a blood pressure reading of

	>130/80. • Provide stroke education at community health fairs, faith community health programs and senior expos.
Potential Partners	Internal Partners: AJH Community Health Outreach, Jefferson Medical Group Physicians, Local Community Physicians, Jefferson Health Abington AHA BLS Community CPR Training Center External Partners: American Heart Association, Local Senior Centers, Community Retail Establishments, Faith Community Network, Community Business Establishments, Community Government Leaders, Senior Living Communities, Faith Based Communities, Schools
Strategy/Action	Increase knowledge, skills and awareness of chronic respiratory disease to include asthma management strategies and resources.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Provide 10 nurse chats annually on respiratory illnesses, to include 4 programs targeted to diverse populations. • Collaborate with Jefferson Medical Group or Allergy and Asthma Associates to provide asthma screening and education at large community events. • Provide asthma management training during community Heartsaver First Aid courses (Chapter on Asthma and Respiratory Emergencies. Details assembly and use of an inhaler.) • Collaborate with regional community partners on asthma initiatives.
Potential Partners	Internal Partners: JHA Community Health Outreach, Abington Pulmonary and Critical Care Associates External Partners: American College of Asthma, American Heart Association ECC Heartsaver First Aid Courses , Montgomery County Office of Public Health; Faith Communities, Senior Living Communities, Schools
Strategy/Action	Maintain a faith-based advisory council and provide/coordinate programming at specific sites and training for Faith Community Ministries to address chronic disease management. Provide outreach to faith leaders.
Target Population	Faith Community Nurses ministries and Faith Leaders in JHA Service Area
Outputs	• Council maintained. • Maintain or increase number of educational offerings and participants. • Track acquired learning through pre and post learning surveys. • Track participant satisfaction through program evaluations.
Potential Partners	Internal Partners: JHA Community Health Outreach, Faith Community Nurse Network External Partners: Community Partners, Montco Faith Coalition
Strategy/Action	Provide education, risk assessments and support programs to reduce diabetes prevalence and/or improve diabetes management.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Maintain number of class offerings and participant volume for Diabetes Education Program. • Provide Diabetes Prevention Workshops, Diabetes Risk Assessments and Education Programs to the community at large. • Provide free programs to support and educate high risk limb loss populations. o Track # of ambulatory foot screenings provided by Save Your Soles program

Potential Partners	Internal Partners: JHA Diabetes Center, JMG, JHA Community Health Outreach, Save Your Soles External Partners: American Diabetes Association, Willow Grove YMCA, North Penn YMCA, Ambler YMCA
Strategy/Action	Provide education, risk assessments and support programs to increase screening rates for cancer.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Provide and track # of low cost mammogram and Healthy Women PA through Hartnett Health Services. • Provide Annual Community Screening Day (Skin, Head and Neck, Prostate, Breast). • Provide Colon Cancer Community Education/Outreach (Strollin' Colon). • Collaborate with Jaisohn Medical Center in provision of culturally appropriate cancer screenings.
Potential Partners	Internal Partners: JHA Community Outreach, Jefferson Asplundh Cancer Pavilion staff, PR/Marketing/Staff , JMG External Partners: Montgomery County Office of Public Health, JHA affiliated dermatologists, Jaisohn Medical Center, American Cancer Society
Strategy/Action	Provide health education and support programs for Older Adults.
Target Population	All older adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Provide/maintain counseling services in the Geriatric Assessment Center. • Provide/maintain Healthy Life Style education in the Senior Adult Centers, Senior Living Communities and Faith Communities. • Provide/maintain current ElderMed Programming. • Provide Matter of Balance Classes or Fall Prevention Programming. • Provide/maintain programs to improve and/or maintain cognitive health. • Provide Chronic Care Management Programs.
Potential Partners	Internal Partners: JHA Community Outreach, JHA ElderMed Program, PR/Marketing/Staff , JHA Geriatricians External Partners: VNA-CS, APPRISE, Community Senior Adult Centers, Montgomery County Office of Public Health, Senior Living Communities, Faith Based Communities
Strategy/Action	Provide community programs regarding how to fit healthy food choices into daily life through nutrition education.
Target Population	All Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Provide interactive nutrition education at community outreach events. • Collaborate with area libraries and senior centers in provision of nutrition education programming. • Collaborate with area YMCA's in provision of nutrition education programming.
Potential Partners	Internal Partners: JHA Community Outreach, JHA Diabetes and Nutrition Center External Partners: Community libraries, Community Senior Adult Centers, Montgomery County Office of Public Health, Montgomery County Intermediate Unit, Area YMCA's

Strategy/Action	Support media campaigns that encourage smoking cessation. Raise awareness among providers about community efforts and continue to promote resources to reduce smoking/vaping/tobacco use rates.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Participate in collaborative projects to increase awareness of risks of smoking/vaping/tobacco use. • Provide virtual community based smoking cessation classes through the Smoking Cessation Group Classes offered through Sidney Kimmel Cancer Center. • Provide smoking/vaping cessation education at community events
Potential Partners	Internal Partners: JHA Community Health Outreach, Faith Community Nurse Network, Sidney Kimmel Cancer Center External Partners: Community Partners, Montgomery County Health Alliance, Montgomery County Office of Public Health
Objective: Increase networking and collaboration among community organizations and health system partners.	
Strategy/Action	Maintain culturally and linguistically appropriate community resource directories, bulletins or newsletters.
Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	• Provide community education and promote use of current Jefferson Health Community Resource site on Jefferson intranet and website. • Provide translated education materials for all Korean education programming.
Potential Partners	Internal Partners: JHA Community Health, JHA Faith Community Nurse Network External Partners: Montgomery County Office of Public Health, Bucks-Mont Collaborative, Asian American Coalition, Montco Faith Coalition
Strategy/Action	Actively participate in community based collaborative organizations and health system partners.
Target Population	Community based organizations and health system partners within the Jefferson Abington and Jefferson Lansdale service area.
Outputs	• Designated Community Health staff will attend 75% of community based collaborative organizations meetings annually. • Designated Community Health staff will attend 90% of Community Health/Benefit Enterprise meetings annually.
Potential Partners	Internal Partners: Community Health, Jefferson Lansdale Hospital ED, Jefferson Abington Hospital ETC, Jefferson Enterprise Health System partners External Partners: Buck Mont Collaborative, COACH Collaborative, Montco Faith Coalition, Montgomery County Health Alliance, Indian Valley Character Counts Coalition, International Spring Festival Committee
Objective: Expand successful innovations from the pandemic, such as virtual wellness programs.	
Strategy/Action	Continue to provide wellness calls, virtual blood pressure screenings, virtual Help Yourself to Health Living (HYTHL) presentations and virtual nurse chats to community members who cannot attend in person.

Target Population	All adult Jefferson Abington Hospital and Jefferson Lansdale Hospital community members
Outputs	Track: ○ # telephone screenings ○ # wellness calls ○ # participants/sessions for virtual HYTHL presentations ○ # participants for virtual nurse chats
Potential Partners	Internal: Community Health Staff, JMG External: Senior Centers, Senior Living Communities, Faith Communities

Access to Care (Primary and Specialty)	
Goal: Create high quality free or low cost health care options to those who may be uninsured or underinsured.	
Objective: Provide access to primary dental care.	
Strategy/Action	Continue the services offered by the JHA Dental Care Access Program and the JHA Dental Clinic.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/ families with low income; immigrants
Outputs	• Maintain # of patients served in the JHA Dental Clinic. • Maintain # of dental providers/locations in the JHA Dental Care Access Program. • Maintain high level of engagement of dental providers in the JHA Dental Care Access Program as noted by 90% of the respondents in a dental provider satisfaction survey stating that they intend to continue as a provider with our program.
Potential Partners	Internal Partners: JHA Dental Clinic, JHA Dental Care Access Program, JHA Dental Staff, JHA Dental Residency Program External Partners: North Penn Region Dentists, VNA Foundation of Greater North Penn, Montgomery Bucks Dental Society; Delta Dental
Objective: Improve access to and utilization of culturally appropriate primary and specialty care	
Strategy/Action	Encourage utilization of Hartnett Health Services (HHS)/Abington Family Medicine Primary Care (AFM)/JHA Children's Clinic/ JHA Newborn Center/JHA OB/GYN Clinic through outreach to uninsured/underinsured patients discharged from Jefferson Abington and Jefferson Lansdale Hospitals.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/ families with low income; immigrants.
Outputs	• Track # patients connected with by HHS Nurse Care Manager. • Track # of JHA discharged patients who are referred to all clinics through EPIC.
Potential Partners	Internal Partners: JHA Care Coordination, HHS Social Work Team; HHS Care Manager; HHS Staff; HHS Clinical Team, Inpatient teams: Hospitalists, Chiefs, Observation Unit, AFM Staff, JHA Children's Clinic Staff, Newborn Center Staff, OB/GYN Staff External Partners: Montgomery County Connections Program(Navigates); Jaisohn Medical Center

Strategy/Action	Utilize AJH's strong health outreach programs in underserved communities to identify individuals at risk and provide resources for clinical care.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants.
Outcomes	• Provide JHA clinic information at all community outreach programming. • Provide follow up calls to all screening participants with abnormal results and ensure that they are active in a primary care home, or provide referral. • Translate written health education materials into foreign languages where 5%, or 1,000 individuals have limited English proficiency.
Potential Partners	Internal Partners: JHA Community Health Outreach, Save Your Soles Program, JHA Care Managers, JHA Faith Community Nurse Network, Asplundh Cancer Pavilion External Partners: Montgomery County Connections (Navigates), Legislative offices, Bucks Mont Collaborative for Health and Human Services, Para-Plus Translation Services, ACLAMO, North Penn Mosque, International Spring Festival.
Strategy/Action	Facilitate the provision of specialty care for uninsured/underinsured patients.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants.
Outcomes	• Track number of patients seen at HHS Specialty Clinics. • Track number of children who are patients in JHA Newborn and Children's Clinic who are referred to specialty children's hospitals
Potential Partners	Internal Partners: All JHA clinics staff, JHA Care Managers, Jefferson Medical Group Specialists External Partners: Children's Hospital of Philadelphia; Nemours Children's Hospital, Shriner's Children's Philadelphia
Objective: Provide on-site language interpreters and health education materials in diverse languages.	
Strategy/Action	Provide language assistance to individuals with limited English proficiency and/or other communication needs to facilitate oral communication and ensure communication needs are met.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/ families with low income; immigrants; all JHA patients.
Outputs	• Monitor and evaluate tracked data on use of the language line • Track use of interpreters in clinic services within Jefferson Abington and Jefferson Lansdale Hospitals. • Increase use of bilingual staff where appropriate • Translate written materials/forms into foreign languages where 5% or 1,000 individuals have limited English proficiency.
Potential Partners	Internal Partners: JHA Interpretation Services, JHA PR/Marketing, all clinics staff External Partners: Montgomery County Connections Program(Navigates); Jaisohn Medical Center, Para-Plus Translations, Inc.

Healthcare and Health Resource Navigation	
Goal: Improve navigation of health care services to link individuals to appropriate social service agencies	
Objective: Improve access to public benefits and programs.	
Strategy/Action	Assist patients and their families in enrolling in public benefits and programs such as government based insurance options (Medicaid, children's health insurance program [CHIP], health insurance marketplace), SNAP benefits, housing, LIHEAP, etc.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants.
Outputs	• Track # of insurance applications completed • Maintain or increase # of social service referrals
Potential Partners	Internal Partners: JHA Children's Clinic, Hartnett Health Services, Abington Family Medicine External Partners: PA Dept. of Aging, PA MEDI, Montgomery County Dept. of Health and Human Services, Montgomery County Community Connections Program, Bucks County Dept. of Human Services, Philadelphia County Dept. of Human Services, PA Benefits Center, VNA Community Services
Objective: Expand low cost transportation options.	
Strategy/Action	Provide information regarding available transportation services and facilitate the process for accessing these services.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants.
Outputs	• Explore grant funding to provide bus tokens and cab vouchers for clinic patients • Make referrals to medical assistance transportation systems • Provide transportation services for discharged patients through AMBULANZ
Potential Partners	Internal Partners: JHA Philanthropy, JHA Care Managers, Social Workers, JHA Faith Community Nurse Network, JHA Muller Institute for Senior Health External Partners: AMBULANZ, Partnership TMA, TransNet, Bucks County Transportation
Objective: Accessible access to healthcare for persons with disabilities.	
Strategy/Action	Provide access to preventive care and health education/screening for persons with disabilities.
Target Population	All JHA community members with disabilities
Outputs	• Provide community health education programming to individuals with disabilities • Provide Adult Day Services to individuals with disabilities • Increase # of Jefferson Medical Group (JMG) practices who have the ability to offer appropriate care to individuals with disabilities.
Potential Partners	Internal Partners: JHA Children's Clinic, Hartnett Health Services, Abington Family Medicine, AJH Compassionate Care Program, JMG, JHA Adult Day Services External Partners: Magee Rehabilitation Hospital, ALTEC, Indian Creek Foundation

Objective: Increase public awareness of community resource directories.	
Strategy/Action	Develop/maintain culturally and linguistically appropriate community resource directories, bulletins or newsletters.
Target Population	All JHA community members
Outputs	• Maintain current community resource list on JHA intranet and website, to include Find Help (Aunt Bertha) platform. • Provide education regarding community resources at community events.
Potential Partners	Internal Partners: JHA Community Health, JHA Children's Clinic, Hartnett Health Services, Abington Family Medicine, JHA Financial Services, JHA Community Health Outreach External Partners: Local community events, Para-plus Translation Services, Inc.
Objective: Increase community residents knowledge of Jefferson Health's Financial Assistance program.	
Strategy/Action	Assist patients and families in enrolling in Jefferson Health Financial Assistance program.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants.
Outputs	• Track # of referrals/applications to Jefferson Health Financial Assistance program.
Potential Partners	Internal Partners: Hartnett Health Services, JHA Social Workers, JHA Care Management, JHA Financial Services Unit, JHA Children's Clinic, JHA Newborn Center, JHA OB/GYN Clinic External Partners: Bucks Mont Collaborative

Food Access	
Goal: Increase community access to sufficient, nutritious food.	
Objective: Using a healing centered and relationship centered approach, identify patients and community members who are interested in food resources and programs that support access to healthy food.	
Strategy/Action	Using a two question best practice method, provide food insecurity screening in JHA Children's Clinic, Community Health Chronic Care Management and Diabetes Education Programs.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/families with low income; immigrants; those with limited access to healthy food
Outputs	• Track # of food insecurity screenings
Potential Partners	Internal Partners: JHA Community Health Outreach, JHA Children's Clinic, JHA Diabetes Education Program, Jefferson Medical Group (JMG) Physician Practices External Partners: COACH, Montgomery County Anti-Hunger Network, Philabundance
Objective: Connect patients and community members to resources that support food access through community-clinical partnerships, including public benefits assistance, emergency food resources, or education.	
Strategy/Action	Provide food insecure patients and community members with resources for healthy food. Connect food insecure patients with JHA social workers for assistance in signing up for government benefits. Provide access to Asplundh Cancer Pavilion Food Pantry to food insecure

	Asplundh Cancer Pavilion patients. Connect food insecure community members with Montgomery County Community Connections programs. Maintain community partnerships to create food distribution sites for yearlong food access in underserved communities.
Target Population	JHA Community Members and/or patients who have been identified as food insecure.
Outputs	• Biannually monitor, update and publish Food Pantry resource list to AJH intranet and website. • Explore and maintain community partnerships to create food distribution sites for yearlong food access in underserved communities. • Track # of families served by Nourish Montco partnership program • Track # of patients served through Asplundh Cancer Pavilion Food Pantry • Track amount of cafeteria food donated to MEANS database program for redistribution to community soup kitchens.
Potential Partners	Internal Partners: JHA Community Health Outreach, JHA Children's Clinic, JHA Diabetes Education Program, Jefferson Medical Group (JMG) Physician Practices, Asplundh Cancer Pavilion External Partners: COACH, Montgomery County Anti-Hunger Network, Philabundance, Women, Infant, and Children (WIC) Nutrition Program, local school districts (National School Lunch Program), Montgomery County Office of Public Health, MEANS Database, Montgomery County Community Connections.
Objective: Participate with collaborating health system and community-based partners in shared learning around implementation strategies through the COACH Food Security workgroup.	
Strategy/Action	Engage in discussion and capacity building to embed new practices and methodologies to increase community engagement and access to healthy food.
Target Population	All JHA Community Members who are uninsured or underinsured; individuals/ families with low income; immigrants; those with limited access to healthy food
Outputs	• Designated Community Health Staff will attend bimonthly COACH Food Security workgroup meetings.
Potential Partners	Internal Partners: JHA Community Health Outreach, Asplundh Cancer Pavilion, JHA Children's Clinic, JHA Diabetes Education External Partners: COACH, Bucks-Mont Collaborative