

Magee Rehabilitation Hospital Community Needs Assessment Report

For Fiscal Year Ending June 30, 2016



Updated April 22, 2016

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EXECUTIVE SUMMARY

Introduction

The Patient Protection and Affordable Care Act (ACA) requires tax-exempt hospitals to complete community health needs assessments (CHNA) at least once every three years and to put in place strategies for meeting the needs identified. For the tax year ending June 30, 2016, Magee Rehabilitation Hospital is required to produce a CHNA and describe on Internal Revenue Service Form 990 how these needs are addressed, as well as any needs not being addressed, and why.

Magee Rehabilitation Hospital

Magee Rehabilitation Hospital opened in 1958 as the first free-standing rehabilitation hospital in Philadelphia. The Hospital has over 500 employees and is nationally recognized for outstanding programs in physical and cognitive rehabilitation, with comprehensive services for spinal cord injury, brain injury, stroke, orthopedic replacement, amputation, pain management and work injury. Magee, in conjunction with Thomas Jefferson University Hospital, serves as the federally designated Regional Spinal Cord Injury Center of Delaware Valley. Only 14 such centers exist in the country. Magee is a founding member of The Christopher Reeve Foundation NeuroRecovery Network, which provides state of the art rehabilitation therapy.

Inpatient services are delivered at Magee's main facility located at 16th and Race Streets in Center City Philadelphia. Outpatient programs are delivered in a variety of community settings including the Magee Riverfront outpatient center at 1500 South Columbus Boulevard, Magee at Watermark at 18th and Callowhill Streets and Magee at Oxford Valley. Work injury and pain management services are offered at the Work Fitness Center located within Magee Riverfront.

Magee Rehabilitation Hospital Community

Magee Rehabilitation Hospital defines the community served by geography and special populations. In regards to geography, the hospital primarily defines its community as Philadelphia County, surrounding Southeastern Pennsylvania counties, as well as the areas of South New Jersey and Delaware. Our special population served is adults with disabilities, many of whom have incurred life-changing injuries and illnesses including, but not limited to, spinal cord injury, stroke, acquired brain injury, amputation, major orthopedic issues and other often catastrophic injuries and illnesses. For the purposes of our Community Health Needs Assessment, the Hospital focused on the special population served—adults with disabilities.

Community Health Needs Assessment Process

To conduct the Community Health Needs Assessment, in 2015 Magee Rehabilitation Hospital convened a CHNA working group that included administrative staff and specially selected interns under the advisement of upper management. The CHNA survey used in the 2013 assessment contained 47 questions, was re-launched in November 2015 and closed on February 8, 2016. The survey was distributed to numerous former Magee Rehabilitation Hospital patients via the Hospital's Lifetime Follow-Up and Outpatient programs. The survey was also shared with various other organizations that serve adults with disabilities, such as the Mayor's Commission on People with Disabilities. The survey could be completed in writing and online (via Survey Monkey), and 241 individuals completed the survey.

The CHNA survey was divided into seven main sections grouped by question topic, all of which are primary issues facing individuals living with disabilities.

- Disability
- Health and Social Services
- Income and Employment
- Housing and Transportation
- Technology and Assistive Devices
- Community Participation
- Individual Information

Results of the survey are compiled in the CHNA report that follows. It is clearly understood that individuals with disabilities have many community health needs, and many of these cannot be successfully addressed or solved by Magee Rehabilitation Hospital alone. The CHNA report identifies such needs, including, but not limited to, substance abuse, employment, transportation, housing and medication.

It is further understood that individuals with disabilities have many health needs that are addressed by Magee Rehabilitation Hospital. Magee Rehabilitation Hospital identified three priority health needs that relate directly to the Hospital's mission: education, injury and illness prevention, and wellness.

These priorities all pertain to adults with disabilities who are living in the community, as well as needs of the community at large. Several of these activities involve community partners. These priorities and the activities performed by Magee that support them are fully explained in the CHNA report that follows.

Dissemination of the Report to the Public

The 2013 and 2016 CHNA is posted on the hospital's website: www.MageeRehab.org. The report has been made available to all employees and stakeholders of Magee. It is available in full written form from the Magee Marketing and Public Relations Department by calling 215-587-3363.

Commitment to the Community

The mission of Magee Rehabilitation is to improve the quality of life of persons with disabilities by providing high quality physical and cognitive rehabilitation services. Magee Rehabilitation Hospital is committed to providing quality rehabilitation and community programs to all who demonstrate a need and who can benefit from our services regardless of their ability to pay. Magee is committed to serve the Delaware Valley as a primary source of rehabilitative care, community involvement, education and research, which are primary aspects of the Magee Mission Statement.

I. INTRODUCTION

SITUATION ANALYSIS

Magee Rehabilitation Hospital in Philadelphia, a tax-exempt hospital, conducted the following Community Health Needs Assessment in accordance with the Affordable Care Act (ACA). Through this process, the Hospital identified health needs of the community it serves and developed implementation strategies to address the most pressing needs.

The survey developed for the 2013 assessment was once again used to assess the Magee community. Assessment data was then compiled and summarized in March 2016, and implementation strategies were developed. The report and implementation strategies were reviewed and approved by the Magee Rehabilitation Hospital Board on May 11, 2016.

ABOUT MAGEE REHABILITATION HOSPITAL

MISSION

The mission of Magee Rehabilitation is to improve the quality of life of persons with disabilities by providing high quality physical and cognitive rehabilitation services.

VISION

We will be a preeminent, independent provider of physical and cognitive rehabilitation services within the global market. We will accomplish our vision by:

- Delivering clinical care that sets a world community standard for excellence as measured by outcomes
- Sustaining the highest levels of patient, family, and referral source satisfaction
- Being the employer of choice thus attracting and retaining the most competent, productive work force
- Engaging in strategic partnerships that achieve sustainable clinical outcomes at a lower cost than our competitors

Success in attaining the vision will be gauged by:

- Attainment of business and financial goals without reduction in either quality or patient satisfaction
- Maintaining name equity and reputation
- Recruitment and retention of competent, caring, and effective employees
- Magee being sought out as a strategic partner
- An increase in market share

COMMUNITY SERVED

Magee Rehabilitation Hospital defines the community served by geography and special populations. With regard to geography, the hospital primarily defines its community as Philadelphia County, surrounding Southeastern Pennsylvania counties, as well as the areas of Southern New Jersey and Delaware (Figures 1A-B). Our special population served includes adults with disabilities, many of whom have incurred life-changing injuries and illness including, but not limited to, spinal cord injury, stroke, acquired brain injury,

amputation, major orthopedic issues and others (Figure 1C). For the purposes of our Community Health Needs Assessment, the Hospital focused on the special population served.

These communities served were developed using historical data, including admissions, census information and zip codes. Each year, the Hospital treats approximately 1,000 inpatients and 1,700 outpatients. Of those inpatients, approximately 27% are seeking rehabilitation for a stroke; 25% for a spinal cord injury; 20% for brain injury; 17% for orthopedic reasons; 7% for general rehabilitation; and 4% for other types of rehabilitation (Figure 1C).

II. METHOD

IDENTIFICATION OF AREAS TO BE ADDRESSED IN CHNA

To conduct the 2016 Community Health Needs Assessment, Magee Rehabilitation Hospital convened a working group that included administrative staff and specially selected interns under the advisement of upper management. Members included Meg Rider (Volunteer and Guest Services), Marissa Montenegro (Public Relations), Marci Ruediger (Director of Performance Excellence and SCI Medical Home Project Director), Stephanie Rossman (Data Analyst of Performance Improvement); volunteer CHNA interns Jennifer Rios, Siddhi Mittal and Vincent Evangelista, and Magee volunteer Delano Turnipseed. The working group was under advisement from Jack Carroll, President and CEO; Stephen DeStefano Chief Financial Officer; and Ron Sigs, Senior Vice President of Development.

Please see the 2013 filing for Magee's Community Health Needs Assessment to review the development of the survey and assessment based on public data, individual and organizational input:
<http://www.mageerehab.org/about-us/outcomes/community-needs-assessment-report>

In 2015, the City of Philadelphia recommended that each organization completing the CHNA reach out to the Pennsylvania Department of State so they could review each organization's plan for community assessment. Meg Rider reached out to Dr. Mallya and Dr. Hughes to consult. Meg Rider spoke with Stephanie Koppersmith, MPH, CHES, Population Health and SIM Project Director at the Health Innovation Center of the Pennsylvania Department of Health. The survey was reviewed and approved.

ACCESSIBILITY

To ensure the survey's readability for people with varying degrees of ability, the Hospital researched the Americans with Disabilities Act (ADA) guidelines for accessible printed materials on January 28, 2012. The survey was formatted in accordance to these requirements, including the use of a 14 point, easy-to-read, non-italic, sans serif font.

SURVEY

DISTRIBUTION AND COLLECTION

To collect the data on the topic areas identified in the preliminary research, the Hospital constructed a survey that addressed the following topics: disability; health and social services; income and employment; housing and transportation; technology and assistive devices; community participation; and individual information.

The survey, which contained 47 questions (**Figure 2A**), was **launched on November 12, 2015 and closed on February 8, 2016**. No significant changes to the questions were made; only edit was to the demographics questions to include an open-ended question regarding gender identity. The survey was distributed and collected in three ways:

- 1) **Online:** The survey was developed in the online tool SurveyMonkey, and shared in waves via email to individuals and organizations serving people living with disabilities.
 - a. The first wave of electronic surveys was emailed in late November and early December to all Magee's Peers, volunteers and wheelchair sports teams.
 - b. Magee staff were also sent the link to the survey and asked to share with people living with a disability and/or organizations serving individuals with disabilities on December 3, 2015, January 19, 2016, and February 12, 2016.
 - c. The second wave of electronic surveys was emailed to the Mayor's Commission on People with Disabilities and member organizations serving individuals with disabilities. Member organizations of the Mayor's Commission include Office of Vocational Rehabilitation, Library for the Blind, Disability Rights Network of Pennsylvania, Adrienne Theatre, Philadelphia Corporation for the Aging, Children with Special Needs, The Academy/Sierra Group, I.D.E.A.L. Magazine, Philadelphia Parks and Recreation, CATCH, Gateway Health Plan, Best Buddies, Addus-Health Care, Language Interpreters DHCC, Path, National Federation for the Blind, CCPS Job Center, Little ROC Foundation, Hearing Loss Association of Pennsylvania, Penn Elks Homes, Hispanic Community Services, JEVS, Liberty Resources, Ahedd, Bayada Health Care, Epilepsy Foundation of Eastern Pennsylvania, Partnership for Community Supports, Archdiocese of Pennsylvania, PNC Bank, Temple Education, PATF, City of Philadelphia Mural Arts Program, Wheels Inc., Breaking Barriers, U.S. Census Bureau, Victor Support Services, School for the Deaf, Blind & Visual Services, Archdiocese of Philadelphia, Main Line Health Services, Ride/Way, Krapf Coaches, Drexel University College of Medicine, Pennsylvania Care Associates and Moss Rehab.
 - d. The online survey was also shared on Magee's website, Twitter and Facebook pages regularly.
- 2) **Hard-Copy:** Paper versions of the survey were available at Magee's main hospital, as well as Magee outpatient centers. Versions of this survey were shared with organizations from initial online survey email blast that requested hard-copies.
- 3) **Administered:** In the event that the person was unable to take the survey without assistance, Magee volunteers administered surveys in private spaces at the Hospital and its outpatient centers.

Online survey results were collected via SurveyMonkey, which provided detailed statistics on responses. Open-ended questions and "Other" responses were reviewed by working group staff and categorized accordingly.

Hard-copy and administered surveys were reviewed and entered into SurveyMonkey by trained Magee volunteers and marked as non-electronic entry. All paper surveys will be kept on file. Open-ended questions and "Other" responses were reviewed by working group staff and categorized accordingly.

ANALYTICAL METHODOLOGY

At the close of the survey, results for each question were tabulated and measured in percentages. The Hospital compared the results from the survey with statistics from the Public Health Management Corporation's (PHMC) Community Health Database, the Department of Health for Philadelphia County's

database and 2010 Census data. From there, the Hospital identified those areas where statistically significant differences (5%) could be seen between the general population of the geographic community served and the special population served. These areas where significant differences between the communities were identified, as well as responses that indicated an unmet need in the special population, are addressed in this report as community health needs.

Once those areas had been identified, the Hospital performed cross tabulations to identify if any particular populations in the disabled community were more or less impacted by these health needs, including issues by injury/illness type, functional limitations, age ranges, zip code and gender. This additional analysis informed specific implementation strategies for the identified health needs.

III. RESULTS

In total, 241 people completed the survey. All percentages detailed in the results section were calculated for each question to account for questions that may have been skipped or not appropriate for the person taking the survey.

For ease of use, the CHNA survey was divided into seven main sections grouped by question topic: Disability, Health and Social Services, Income and Employment, Housing and Transportation, Technology and Assistive Devices, Community Participation and Individual Information.

DISABILITY

Of the total respondents, 167 (70%) were told by a doctor or healthcare professional that their disability is permanent.

From the population which responded, spinal cord injury was the most common disability, accounting for 55% of respondents. Stroke accounted for the second most common disability, accounting for 15% of respondents. Other disabilities included orthopedic injuries (12%), brain injury (11%), neurological illness (11%), amputation (8%), other health comorbidities (5%), and chronic pain (3%). Less than 1% of all respondents indicated blindness or mental illness.

Of the total respondents, 46% have had their disability for five years or more, but not since birth. Individuals who have had their disability for one to two years accounted for 23% of respondents, while individuals who have had their disability for three to five years accounted for 17% and one year or less accounted for 12%. Of the total respondents, 3% have had their disability since birth.

In addition to the type of disability, respondents were asked to describe their health condition or functional limitation. A majority of respondents, 87%, indicated they had a mobility or physical disability limiting the use of arms, legs or hands. Other common functional limitations included chronic pain (33%); cognitive disability (15%); chronic illness or other health-related disability (15%); psychological, psychiatric or emotional disability (10%); speech disability/impairment or oral motor disability (7%); blindness/color blindness or severe vision impairment (6%); and auditory disability, deafness or severe hearing impairment (6%).

Respondents were also asked to identify major life activities affected by their health condition, disability or functional limitation. Of the total respondents, 85% indicated mobility, such as walking or climbing, was affected by their disability. Other common life activities impacted by respondents' disabilities included mobility, such as bending or carrying something (74%); self-care, such as bathing, dressing, preparing meals (54%); remembering and/or concentrating (22%); interacting socially, such as developing friendships (15%); learning new skills or activities (15%); communicating, such as talking with or listening to other people (10%); energy expenditure (2%) and Driving (1%).

Of the 241 total respondents, 109 or 45% indicated they required personal assistance for self-care. Of this population, 73% indicated family members or friends generally provided this care, unpaid. Other care providers included paid home health aides (45%); paid family members or friends (19%); assistance paid for by others (7%); and nursing care facilities (4%).

HEALTH AND SOCIAL SERVICES

A vast majority of respondents had some type of health coverage, with only 1% indicating they did not have health insurance. Of the total respondents, 54% were covered through Medicare. Other common types of health coverage included private health insurance through themselves or a family member (49%) and Medicaid, Medical Assistance or other state program that provides health insurance for low income families (28%). Less common types of health coverage included supplemental insurance, such as worker's compensation (2%).

Of the two respondents that did not have health insurance, both (100%) indicated it was too expensive.

A majority of respondents (49%) indicated there were no times in the past year when they needed medical care but did not receive it and 30% of them selected answer N/A. Of the total respondents, 9% were not able to receive care because the problem or treatment was not covered by insurance; 7% indicated it was too difficult to get to the doctor's office; 5% could not find a doctor or healthcare provider that understands their condition; 5% could not get an appointment; 5% could not find a doctor that would accept their insurance; and 3% did not know a good doctor or clinic. Other reasons respondents could not receive medical care when they needed it was because they have other health issues impacting their abilities (2%), they did not have health insurance (1%) or it was too expensive (1%).

Respondents were also asked about routine health visits and screenings. Of the total respondents, 70% indicated they see a dentist at least once a year; and 83% indicated they have access to psychological and/or counseling services, if they need them. When asked if they had access to a medical professional for issues related to sexuality and/or reproduction services, 40% indicated they did have access while 48% indicated they did not have a need for these services. Similarly, when asked if they have access to a medical professional for gynecology and/or urology services, 68% indicated they did have access, while 26% indicated they did not have a need for these services.

With regard to medications, 75% of respondents indicated they are always able to get their necessary medications; 20% indicated they are usually able to get their medications; 4% indicated sometimes; and 1% indicated never. Of those respondents that are not able to get their necessary medications, 59% indicate it is because some or all of their medications are too costly. Other common reasons for being unable to obtain medication include some medications are not available at the local pharmacy either because of medical insurance requirements or because the medication itself is not stocked there (29%); difficulty going out to pick up medications (26%); or other reason (9%).

Physical activity and exercise was also addressed. Of the total respondents, 59% regularly participate in exercise or fitness activities, excluding physical therapy. Of those respondents that did not regularly participate in exercise or fitness activities, 28% indicated they do not know what types of exercises are appropriate for their condition. Other common reasons for not participating in exercise include the facilities near respondents' homes are not accessible or do not have specialized equipment to meet their needs (26%); no interest (26%); the lack of the physical capability to participate in any exercise program (21%); no places in respondents' communities to exercise (15%); no transportation to gym or other fitness facility (15%). Other responses include gym memberships and/or home equipment are too expensive (5%); and a lack of time (5%).

Respondents were also asked about their participation in community and complimentary therapy programs. In the past three years, 13% participated in adaptive sports; 9% in art therapy; 6% in pet therapy; 5% in horticultural therapy; 3% in music therapy; and 2% in dance therapy. Of the total

respondents, 74% have not participated in any complimentary therapy program in the past three years, while 12% did not find any of these programs beneficial.

Other findings from the Health and Social Services section include: 4% of respondents feel as though drug or alcohol issues impact their daily life; and 10% of respondents needed the services of an attorney in the past year and could not afford one. Of those that required legal assistance, 52% were for planning documents, such as power of attorney or living will. Other legal issues included public benefits (24%); medical malpractice (24%); landlord/tenant disputes (19%); mortgage foreclosure (10%); domestic relations, such as divorce or custody, (10%).

INCOME AND EMPLOYMENT

Social Security Disability Insurance (SSDI) was the most common source of income among respondents, accounting for 40% of the population surveyed. Other common sources of income included Social Security Income (29%); wages and earnings (25%); pension program (17%); disability insurance, privately funded or state issued (11%); spouse as sole provider (9%); worker's compensation (4%) and other sources, such as trust funds, investments, inheritance, etc. (4%);. Other less common sources of income included Supplemental Security Income (3%); unemployment compensation (2%) and dependent such as student, minor, receiving parental support (1%).

A majority of respondents indicated they were unemployed (38%) or retired (29%). Of the total respondents, 15% were working full-time, 15% were currently looking for work and 12% were volunteer and 11% were working part-time. Several respondents were currently pursuing educational opportunities, with 4% indicating they were full-time students and 4% indicating they were full-time homemakers. Other employment/life statuses included part-time student (3%) and disability/medical leave or receiving working's compensation (3%).

Of the 43 respondents that indicated they were neither working nor attending school full-time, 53% indicated they were unable to work or attend school due to their disability, injury or illness. Of those respondents, 19% were trying to find jobs or applying to schools, 12% cannot work for financial reasons, such as potential loss of government assistance. Other reasons included lack of interest in working/attending school (9%) and retirement (7%).

HOUSING AND TRANSPORTATION

The most common primary mode of transportation for respondents was driving own vehicle (46%). Other primary modes of transportation included a friend or family member providing rides (40%); Para-Transit or similar service (21%) and public transportation such as bus, train and trolley (16%). Of the total respondents, 5% indicated their primary mode of transportation varies, and they take rides however they are able. A smaller percentage of respondents opt not to leave their homes (4%); paying for a car service or taxi (4%); walk or use their power chair or scooter (1%).

Of the total respondents, 84% indicated their current means of transportation meet their needs. Of those that indicated their transportation needs were not being met, 26 respondents chose to elaborate. Of those respondents, 50% said their current means of transportation make them late or does not allow them to follow their own schedule; 15% indicated they would prefer to drive themselves; 12% said their current means of transportation is physically difficult to use; 12% indicated the vehicle is not adequate for their needs and 12% said it is hard to find a ride.

A majority of respondents own their own home (55%), while 9% rent a home. Apartments and condos are less popular, with 5% indicating they own an apartment/condo and 15% indicating they rent an apartment/condo. Other housing situations include living with a family member or friend (13%); residential/long-term care (1%); group home (1%).

Of the total respondents, 85% indicated their housing meets their current needs. Of those that indicated their housing did not meet their needs, 29 respondents chose to elaborate. Of those respondents, 76% indicated their housing was not accessible or needs to be better equipped. Other complaints included need own home (10%); repairs needed (7%) and too small for needs (7%).

TECHNOLOGY AND ASSISTIVE DEVICES

Of the total respondents, 28% indicated that there are assistive devices or special equipment they currently need, but do not have. Of those that indicated a need for special equipment, the most popular needs included a ramp at their home or apartment (47%); lifts, chairs or other mechanized assists (30%); railing, bars or other non-mechanized assists (27%); a motorized wheelchair, cart or scooter (23%); computer/software (22%) and a vehicle large enough to handle a wheelchair or scooter in car (17%). Other common needs included a brace or orthotic (6%); wheelchair (5%); walker or cane (3%); lift or carrier to handle wheelchair or scooter in cars (3%); hearing aid device (3%); vision assistance (3%); voice-activated control device (3%) and artificial limb (2%).

COMMUNITY PARTICIPATION

To gauge community participation, respondents were asked whether or not they participated in common activities. They were asked to select all answers that apply. Of the total respondents, 199 socialized with close friends, relatives or neighbors; 206 felt there are people they are close to; 176 go to restaurants or out to eat; 95 go to church, synagogue, mosque or other place of worship; 162 go to a show, movie, sports event, club meeting, class or other group event; and 159 feel their daily lives are full of things that are interesting to them.

Despite these high numbers, 24% of respondents indicated they do not participate in their community. Common community involvement activities included social activities, such as community service and volunteering (30%); attending church or religious institutions (18%); hobbies like sports, painting, dance and gardening (10%) and socialize with close friends, relatives or neighbors (10%). Other forms of community participation included day rehab or wellness programs (5%) and educational pursuits (4%).

Of the respondents that indicated they would like to be more involved in their community, 31% indicated they would like to be involved with community service and volunteering. Other desired activities included more hobbies like sports, painting, dance and gardening (16%); peer mentoring (15%); attending church or other religious institution (11%); socialize with close friends, relatives or neighbors (8%) ; working (8%); day rehab or wellness programs (7%); and educational pursuits (4%).

Similarly, several respondents indicated there were things not covered in the survey that they would like to do, but are prevented from doing or unable to do because of their disability. The top activity was exercise and involvement in sports and fitness activities (29%). Other common desires included travel

(23%); employment (17%); education (12%); walking or driving (11%); financial issues (5%) and romance or relationships (3%).

INDIVIDUAL INFORMATION

Of the total respondents, 62% were male and 38% were female. Most respondents were between the ages of 40 to 59 (41%), while 27% were between 18 and 39; 21% were between 60 and 70; and 12% were older than 70. Zip codes were also tracked, with the greatest percentage of respondents from 191 zip codes in Philadelphia County (38%).

Of the total respondents, 89% indicated they had been a patient at Magee. Of those respondents, 71% were inpatients and 83% were outpatients.

IV. HEALTH NEEDS IDENTIFIED

From these results, we were able to identify several health needs specific to the communities Magee serves, both geographic and special needs. These include substance abuse support; employment opportunities; reliable, consistent transportation; accessible housing; access to medications; education; injury and illness prevention; and wellness.

The following are health needs the Hospital identified, as well as the community resources and programs that already address these needs. As these needs are better addressed by outside organizations, the Hospital will continue to refer patients and community members accordingly. As such, in the scope of the requirements for the CHNA, the Hospital will not be implementing additional strategies to address the following needs. The community needs identified in the 2016 Survey align with the results of the initial 2013 survey.

Substance Abuse Support for People Living with Disabilities

Of the population surveyed, 6.1% indicated they believed drugs or alcohol issues impacted their daily lives, while a survey of Philadelphia County found only 3% of the general population was at risk for problem drinking.¹ While these two statistics are not completely comparable, it is clear that significantly more of those surveyed have a negative relationship with substances when compared to Philadelphia County. As such, there is a need to help people living with disabilities overcome or prevent substance abuse.

Magee Rehabilitation currently plays a role in this with the Addictions Mentor Program. This program, which is currently limited to inpatients, is designed to offer those who struggle with addiction issues the opportunity to talk with a specially selected and trained person who has experience as an addiction advocate. The mentors offer their support, accompany patients to Alcoholics Anonymous and Narcotics Anonymous meetings held at the hospital, share information and resources, and serve as a connection to the community for patients during their transition after an inpatient stay at Magee.

Beyond the Addictions Mentor Program, Magee Rehabilitation Hospital does not intend to meet this need in the community because there are myriad organizations better suited for substance abuse support for the Hospital's community served. Magee continues to refer patients to these community organizations when appropriate. In addition to public and private support groups throughout the area, the City of Philadelphia's Office of Addiction Services (OAS) plans, funds and monitors substance abuse prevention, intervention, treatment and recovery support services in Philadelphia. The OAS manages and compiles an up-to-date list of addictions services and programs offered throughout the area, as well as special populations served. These institutions provide specialized care to meet this particular health need of the Hospital's communities served.

Employment Opportunities for People Living with Disabilities

Of the population surveyed, less than 20% indicated wages and earnings as their primary source of income, compared with more than 71% of the population of Philadelphia County.² This difference is staggering and statistically significant. While many of the people surveyed cited disability as the primary reason they were not working, a large group expressed the desire to work. As such, there is a need to train and support those people who are living with disabilities and looking for employment.

While Magee Rehabilitation believes this is a significant need in the communities the Hospital serves, it does not intend to address it directly as there are a variety of organizations throughout the geographic area that currently provide these services, including:

The Office of Vocational Rehabilitation offers services and compensation for Pennsylvania residents with disabilities. The Ticket to Work program helps to reduce the barriers to employment for people with disabilities by emphasizing work incentives and more choices of services leading to work or better wages. Programs Employing People is an organization that offers education, jobs and support for people with mild and moderate disabilities. PEP also offers production work center options for local individuals that pays for assembly line work with multiple business contracts, and matches people with employers in the community. Similarly, the Sierra Group offers an array of recruiting, consulting and training services designed to reverse the high unemployment rate of people living with disabilities.

In addition to helping individuals with disabilities secure jobs, there are also organizations that provide training. InspiriTec offers vocational training programs to enable people living with disabilities to gain skills and jobs in the Information Technology field. Programs include computer assembly and repair/networking, applications development and programming, and Web Design and Development.

Magee often refers patients and their families to these resources.

Reliable and Consistent Transportation for People Living with Disabilities

A majority of those surveyed rely on public transportation, family members or friends for transportation. While many respondents are satisfied with their current means of transportation, many expressed frustration that their current mode of transportation made them late to appointments, did not allow them to go where they needed to go, and did not allow them to travel on their own time. Additionally, when asked what type of adaptive equipment they needed but did not have, many respondents indicated they needed larger vehicles to hold their wheelchairs. As such, there is a need in the community to provide people living with disabilities with more convenient, reliable and consistent methods of transportation.

Through the use of wheelchair accessible vans, Magee currently has the capability to take outpatients into the community or from the Riverfront Outpatient Center to the main hospital. Magee will also provide patients with information related to transportation resources, and in some instances teaches patients to use public transportation with their functional limitations. Beyond these activities, Magee does not intend to meet this health need as the Hospital is unable to provide transportation to the entire community. Currently, there are several organizations that seek to meet this need.

SEPTA, the Southeastern Pennsylvania Transportation Authority, serves Philadelphia and surrounding counties. SEPTA offers a Disability Hotline and Accessible Services. All SEPTA buses are accessible for individuals living with disabilities, and there are currently more than 100 accessible train stations. Other publicly-operated transportation services that offer accessible services include New Jersey Transit and Delaware Transit Corporation. SEPTA, New Jersey Transit and DART also offer Paratransit Services. These services are for people with disabilities who are unable to use regular accessible fixed-route services for some or all of their transportation needs. With Paratransit, individuals can travel within the region where service is offered.

Regional public transportation services, such as Rabbit Transit and Pottstown Urban Transit, offer specific programs for people living with disabilities, including accessible fixed routes, Persons with Disabilities

shared ride programs and others. The Philadelphia Corporation for Aging offers Attendant Transportation Service, which provides door-through door and upper floor assistance to impaired older adults, and the Medical Assistance Transportation Program provides transportation to any health care service covered by Medical Assistance, such as doctor's visits, pharmacy for prescriptions, therapy, etc.

Additionally, there are many privately-operated accessible transportation services available throughout the geographic community served. Freedom Taxi is a taxi company serving the area that offers wheelchair accessible vehicles. Regional privately-operated accessible transportation services include TransNet, ROVER Community Transportation, Bucks County Transport, Delaware County Community Transit and the Riders' Club Cooperative. Each of these services provides transportation for people living with disabilities.

Magee often refers patients and their families to these resources.

Accessible Housing

While a majority of respondents were satisfied with their current housing, a common complaint for those that were not was a lack of accessibility. Additionally, when asked if there was any equipment they needed but did not currently have, the most common request among respondents was a ramp for their home or apartment. As such, there is a need in the community to provide more accessible housing and/or make housing units more accessible for people living with disabilities.

While Magee Rehabilitation believes this is a significant need in the communities the Hospital serves, it does not intend to address it directly as there are a variety of organizations throughout the geographic area that currently provide these services.

The Philadelphia Housing Authority offers public housing options for the residents of Philadelphia with financial need, including units that have various features to meet the needs of individuals with mobility, hearing, or vision impairments. A full-time accessibility coordinator is on staff to ensure that individuals with disabilities received a preferred spot on the housing waiting lists and receive reasonable accommodations to meet their needs, including wheelchair lifts, enlarged entrances, visual smoke detector systems, or space for a live-in aide if required. Other housing authorities in the area, including the Delaware County Housing Authority, Montgomery County Housing Authority and Chester County Housing Authority, offer similar accommodations for those living with disabilities.

The Philadelphia Office of Housing and Community Development (OHCD) established the Housing and Disability Technical Assistance Program, TAP, in December of 1999. TAP provides the most up-to-date information on accessible housing, fair housing laws and regulations, financial and technical resources, model projects and other issues related to housing for people with disabilities in the City of Philadelphia. TAP includes a Home Finder and the Philly Primer, which provides information on home buying.

There are also several private, non-profit organizations in the community served that provide these services. Inglis House provides affordable and independent living options for 297 residents. They provide affordable independent living opportunities to Philadelphians with disabilities in units which exceed ADA guidelines. Inglis House properties also include options for nursing and rehabilitative care and day services for those in need. Liberty Resources, Inc. is a non-profit consumer driven organization that advocates and promotes Independent Living for persons with disabilities. Similarly, the Center for Independent Living of South Central Pennsylvania provides supportive services to persons with disabilities who wish to increase or maintain their level of independence in the community and at home, and offer housing advocacy.

In addition to helping people secure accessible housing, there are also community resources available that advocate on behalf of renters. The Legal Clinic for the Disabled (LCD) provides legal support for tenants in housing issues. LCD is housed in the offices of Magee Rehabilitation Hospital, and provides free high-quality legal services to low-income people with physical disabilities and to the deaf and hard of hearing in Philadelphia, Bucks, Chester, Delaware and Montgomery Counties.

Magee often refers patients and their families to these resources.

Access to Medications

While a majority of respondents indicated they are always able to get the medication they need, 30% indicated there have been times when they were unable. This is primarily due to cost. The surveyed population is significantly more likely to be unable to receive the medication they need due to high cost when compared to adults in Philadelphia County.³ As such, there is a need to help people living with disabilities receive the medication they need, regardless of cost.

To help address this need, Magee Rehabilitation Hospital offers a service to patients that delivers discharge medications to bedside prior to discharge.

As part of an interdisciplinary approach to assuring medication adherence at home, the cost of medications, prescription and over the counter are evaluated. Alternative, less expensive therapies are considered by the medical team and other financial means of support are explored. Patient and caregiver counseling provided by the interdisciplinary team stress the importance of regimen adherence and look to identify barriers that may keep patients from taking their medications. Medication schedules, pill boxes, and other assistive devices are made available.

This service is available to all inpatients and SCI Medical Home patients (see page 22), with plans to more extensively expand to all Magee patients, both inpatient and outpatient.

In addition to the services Magee provides to its patients, there are a variety of organizations throughout the geographic area that currently provide these services to the community at large.

Residents of Pennsylvania can have access to a statewide Prescription Assistance Program. It is a free discount prescription card that provides individuals with prescription medication savings of up to 75%. The Partnership for Prescription Assistance helps qualifying individuals without prescription drug coverage get the medications they need for free or nearly free.

In New Jersey, Pharmaceutical Assistance to the Aged and Disabled and Senior Gold are state-funded prescription programs that help eligible New Jersey residents with the cost of prescribed medications. National resources that are also available locally include the USA Drug plan, which is a prescription drug discount card, and Veterans Affairs Medical Centers.

Magee often refers patients and their families to these resources.

V. COMMUNITY NEEDS AND IMPLEMENTATION STRATEGIES

Magee Rehabilitation Hospital focused on its areas of expertise to avoid duplication of services with acute hospitals in the Greater Philadelphia Area. The Hospital's special population served includes adults with disabilities, many of whom have incurred life-changing injuries and illness including, but not limited to, spinal cord injury, stroke, acquired brain injury, amputation and major orthopedic issues.

As such, Magee Rehabilitation Hospital chose three health priorities which relate to the Hospital's mission: education, injury and illness prevention, and wellness.

These priorities all support adults with disabilities who are living in the community, as well as needs of the community at large. Several of these activities involve community partners.

EDUCATION

Through the survey, Magee identified a strong need for education in the special population served. This included education on living with new functional limitations, education on navigating the health care system, as well as education and support for family members of people living with disabilities. There are few outside community resources that provide this type of education. Thus, there is a need for more comprehensive education offerings.

Magee Rehabilitation Hospital offers a variety of peer mentoring programs and support groups aimed at educating adults living with disabilities and their families. These programs are open to all members of the community and are not limited to patients or former patients.

The Peer Mentor Program at Magee is designed to offer someone who is newly injured the opportunity to talk with a specially selected and trained person with a spinal cord injury, stroke, traumatic brain injury or amputation who has returned to a full and meaningful life. The program not only provides a support system and resource network, but also promotes independent living to the level that is attainable. Anyone in the community, regardless of whether or not they have been a patient at the Hospital, is able to become a Peer Mentor. This involvement includes training, which provides education for Peer Mentors. Working with inpatients has also been shown to help peers reintegrate into the community. Additionally, the Peer Mentor program recently began offering sessions via Skype, to help circumvent any transportation challenges that might otherwise keep someone from meeting with a peer.

The Family Peer Mentor groups are set up similarly to the injury-based Peer Mentor groups. Mentors are family members of people who have sustained a spinal cord injury, stroke or brain injury. They are volunteers who are specially trained to guide and provide information and experiences to families and loved ones of newly-injured individuals. Mentoring can be done in the form of participating in the family group which is held twice monthly at Magee or contacting a new family by telephone or face to face if possible.

In addition to the Peer Mentor Programs, Magee also offers several support groups open to the community that are designed to provide education to those living with disabilities on how to live a full life with their new functional limitations. The Spinal Cord Injury Support Group provides education, recreation and support opportunities to individuals with spinal cord injuries. Traditionally, meetings are held at Magee on the second Thursday of every month, and regular social outings are scheduled. The Amputee Support Group consists of social meetings and events in additions to guest speakers on a variety of topics. Meetings are held the second Tuesday of each month at Magee Rehabilitation Hospital.

There are also community support groups for people who have had a stroke or brain injury. The Stroke Club is a social group for people who have had strokes, but also provides a regular education component. The club meets every month to socialize, share experiences and provide support to one another. For those who have had strokes or brain injuries and are non-verbal, the Aphasia Community Support Group provides an opportunity to practice speech and language skills in a safe and supportive environment; provides education about aphasia; and encourages socialization among the members. Additionally, there are also specialty education groups Magee offers to members of the community. The Spinal Cord Injury and Sexuality Educational Support Group meets every other Tuesday at Magee Rehabilitation Hospital.

Lastly, Magee offers “Day in the Life Videos” for individuals with spinal cord injuries. There are four educational videos featuring actual accounts of daily community skills from a person with a spinal cord injury who uses a wheelchair in a home or city environment. The videos will give individuals a foundation of skills to use when they return home and offer adaptations and techniques that have helped others to be successful in their home and community environments. Each video includes demonstration by someone using a wheelchair in different environments. The topics addressed in these videos include cooking and kitchen mobility, home mobility, community mobility and general health and fitness. These videos are available on Magee’s website and YouTube channel as well as through DVD distribution.

Each of these education programs aimed at individuals living with disabilities in Magee’s geographic community is open to the public. They address a health need otherwise unmet in the area. To build community awareness of these programs and to expand their reach, Magee Rehabilitation Hospital added a special Ask a Peer section to the hospital blog at blog.mageerehab.org, which discusses issues in the disability and geographic community. For those unable to attend support group meetings or unsure about meeting with a peer mentor, this format allows them to ask their questions in an anonymous venue and have them answered by a trained peer mentor. In this way, the hospital hopes to increase awareness of this service to the community and expand the ways people can participate.

In addition to these programs, Magee has created an online educational resource of caregivers, family members and friends of people living with disabilities. [The Caregiver Support](http://TheCaregiverSupport) section of MageeRehab.org is designed to assist caregivers of persons with traumatic brain injury. This resource provides educational modules to read or view to increase caregiving knowledge. The current modules available include brain physiology, community resources and coping.

While there are few, there are also community resources addressing these educational needs. The Center for Independent Living of South Central Pennsylvania provides supportive services to persons with disabilities who wish to increase or maintain their level of independence in the community or at home.

ILLNESS AND INJURY PREVENTION

Through the survey, as well as results from public data, the Hospital identified illness and injury prevention as a health need for the geographic community. Of those surveyed, only 3% have had their disability since birth, and a majority of the remaining respondents indicated their disability was caused by something preventable.

In addition to the programs at Magee, there is also a community resource addressing this need. The Public Health Management Corporation (PHMC) is a nonprofit public health institute that works to improve the health of the community through partnerships with government, foundations, businesses and community-

based organizations. They offer services for special needs populations, health promotions, injury prevention and environmental health.

The Philadelphia Department of Public Health's Vital Statistics Report 2012 found assaults and homicides are the leading causes of death of people age 5 to 24.⁴ As such, there is a particular need to address violence as a cause of disability in youth in the geographic community. To address this health need, Magee Rehabilitation Hospital offers the Think First program. This award-winning program for teens and young adults is offered to schools and organizations in the Delaware Valley, and stresses prevention and "thinking first" in order to prevent permanent brain and spinal cord injuries. The program is presented in assembly forum to groups of young people, ranging from 15 to 500. The program is led by Keith Newerla and features speakers telling firsthand stories of how "thinking first" could have prevented their life-changing injury. In 2015, the program was offered to more than 70 schools and community groups, and offered free of charge. The program annually reaches more than 10,000 individuals ages 13 to 19.

Another potentially preventable, disability-causing illness prevalent in the community is stroke. The Philadelphia County Department of Health's Philadelphia County Health Profile 2010 found that stroke is the third leading cause of adult death in the Delaware Valley, trailing behind only heart disease and cancer. To address this health need, Magee Rehabilitation Hospital is very active within the Delaware Valley Stroke Council and also hosts preventative blood pressure screenings open to the community.

Other Magee offerings designed to address the community health need of injury and illness prevention include Magee's Brain Injury Prevention Program, the Osteoporosis Clinic, and Concussion Clinic. The Brain Injury Prevention Program provides brain injury education to survivors of brain injury, their families, and those who are at risk for suffering brain injury. Magee participated annually in Brain Safety Fairs run by the Brain Injury Association of Pennsylvania. More than 300 individuals receive bicycle helmets and brain injury prevention information, and more than a dozen Magee staff members volunteer. The Magee Osteoporosis Clinic offers free consumer education on osteoporosis to interested audiences, which include local Senior Centers and professional groups. Additionally, the program offers free screenings using heel densitometer to these same groups, as well as Magee employees. Free screenings are also available and open to the community monthly at our Riverfront outpatient facility. In 2015, Magee provided four osteoporosis presentations with heel densitometer screenings (with an average 20 people in attendance per event). Magee's Concussion Clinic provides concussion prevention and treatment education for high school and college students, nurses and staff as well as for sports teams, trainers and coaches.

Another education resource available at Magee is the Legal Clinic for the Disabled. This non-profit organization is housed within and partially funded by Magee Rehabilitation Hospital, as Magee provides office space free of charge, as well as related overhead expenses such as supplies, computer support, etc. Its mission is to provide civil law legal services at no charge for financially eligible, disabled clients. Individuals with disabilities are referred to lawyers who have volunteered their services to LCD. Cases include wrongful evictions, consumer fraud, employment discrimination and compliance failures related to the Americans with Disabilities Act of 1990. Other services include estate planning and benefit consulting. Magee supports and promotes the services provided by the Legal Clinic for the Disabled as an educational resource for the community.

The Lifetime Follow-Up System of Care at Magee plays an important role in provision of a full continuum of service and education throughout a person's lifetime. This System of Care provides patients and families with continued access to a rehabilitation physician and a team of expert rehabilitation professionals. This

team provides a variety of services to help patients maintain or regain their level of physical function and good health. Case management is offered to coordinate each patient's lifetime care needs.

All Magee inpatients, upon discharge, as well as any person who was never a patient of Magee before, can utilize this system to continue services to supplement primary care in the community. The Follow-Up System at Magee offers medical, nursing, functional, psychological, nutritional, social, and vocational support and services. Specialty services available as part of the Lifetime Follow-Up System include medical clinics such as urology and skintegrity services, specialized equipment and assistive technology clinics, case management services, nutritional supplement program, bowel and bladder management, spasticity management (baclofen pump or Botox), podiatry and rehab physician services. The Follow-Up Clinic collaborates with a person's primary care physician and home care agencies to offer a comprehensive, rehab specialized and coordinated care plan. In 2015, Magee received a \$300,000 grant from the Craig H. Neilsen Foundation to create the SCI Medical Home and take its existing lifetime follow-up clinical care system to the next level. More information on the SCI Medical Home is in the next section of this document "Wellness."

Beyond the programs at Magee, there is also a community resource addressing this need. The Public Health Management Corporation (PHMC) is a nonprofit public health institute that works to improve the health of the community through partnerships with government, foundations, businesses and community-based organizations. They offer services for special needs populations, health promotions, injury prevention and environmental health.

WELLNESS

Through the survey and review of public data, Magee identified a strong need for programs that address wellness for the geographic community and the special populations served. The survey found that 41% of respondents, who are adults living with disabilities, do not regularly participate in exercise. This is significantly more than adults in Philadelphia County. According to the PHMC's Community Health Data Base Southeastern Pennsylvania Household Survey, 2012, only 21.7% of adults in Philadelphia indicate they never exercise or exercises less than once a week. Of the survey respondents that did not participate in regular exercise, some of the most common reasons were lack of knowledge about the types of exercises they should do, and that their local gyms were not accessible.

To address this health need, Magee Rehabilitation Hospital created the Magee Health and Wellness Center at the Hospital's Riverfront Outpatient Center in South Philadelphia. The Wellness Center offers flexible hours, levels of membership and equipment that can be used by both able-bodied and people with disabilities, and most pieces are wheelchair accessible. Treadmills, free weights, elliptical, arm bike and NuStep (a cross between a recumbent bike and an elliptical machine), accompany more specialized equipment, such as the RTI bike with its electrical stimulation, Motomed, multi-fitness trainer and total gym so individuals with a broad array of disabilities can participate in physical activity. Membership is open to the community and is \$50 per month. Scholarships are provided as needed. Additionally, to address the common concern that people living with disabilities were unsure of the exercises appropriate for them, all Health Center users meet with the director of the Center before they become members to talk about their health and fitness goals. The director then develops a personalized fitness plan, and shows them how to use all the equipment. Physical and occupational therapists are available if any questions arise during workouts. The Wellness Center also offers yoga classes.

Of the total survey respondents, 87% indicated they have not participated in adaptive sports in the past three years, but when asked how they would like to be involved in their community or what they would like to do that their disability has prevented, sports and athletics was a common desire. To address this need, Magee offers a Wheelchair Sports Program, which includes basketball, rugby, tennis, and hand-cycling for individuals with disabilities. While most Magee athletes participate for recreational outlet, several do compete in regional, national, and even international sporting events. Magee employs a wheelchair sports coordinator to lead the program, which has about 40 individuals actively participating. The annual budget for the program is approximately \$150,000. Any adult with a disability can participate in the program free of charge.

A variety of Magee's support groups and clubs, including the Stroke Club, peer mentors and others, as referenced in education section, support the Hospital's geographic and special communities in a wellness capacity. These are documented and explained in the Education section of this report (see page 18).

There are also community organizations that offer adaptive sports programs for people living with disabilities, many of which act as Magee partners. Philadelphia Department of Recreation offers a year-round program in a 6.4 acre indoor and outdoor complex called the Carousel House, which includes a playground, fitness track, gymnasium, exercise room with wheelchair accessible weight equipment, and swimming pool with an adjustable floor. Activities include swimming, dance, athletics, summer day camp, martial arts, weight lifting, nature walks, track meets and other athletic tournaments. The Philadelphia Center for Adapted Sports is a non-profit organization providing sport and recreation programs for people with disabilities. Magee refers individuals to this organization. Similarly, YMCAs in the Greater Philadelphia area offer adapted aquatics at all locations, and some locations offer additional adaptive sports options for children with physical or emotional limitations including martial arts, soccer, basketball or gymnastics.

More specialized community adaptive sports programs include the Eastern Amputee Golf Association, a non-profit organization designed to assist in the rehabilitation of amputees and provide for their general welfare, both physical and psychological, through the medium of golf and its associated activities; American Dance Wheels, an artistic organization that trains individuals with disabilities, their able-bodied partners, ballroom dance teachers and occupational and physical therapists the art of Wheelchair Ballroom and Latin Dancing; and All Riders Up, a non-profit charitable organization that provides area residents with special needs a way to exercise, improve balance and coordination, strengthen core muscles, and develop self-confidence by learning to ride horses.

As mentioned above, to advance wellness in the community of people with spinal cord injury, Magee recently created the **SCI Medical Home**. Emerging trends in healthcare delivery have increasingly looked to the patient-centered medical home to prevent medical complications, reduce hospital re-admissions, improve patient health, and reduce the total cost of care. The SCI Medical Home is not a physical place, but rather, a bundle of services and a support system for persons with new spinal cord injuries and their care providers, as they make the transition from inpatient rehabilitation to home and community. Medical Home participants have the support of a dedicated healthcare team that provides comprehensive care and services, with the goal of maximizing health and wellness and reducing emergency room visits, readmissions, and other medical complications.

Participants in the SCI Medical Home receive close supervision from physiatrists, case managers, pharmacists, and certified rehabilitation nurses. Other specialized services, such as wound management, nutrition, and urology are available as needed. Patients have access to a Medical Home hotline for 24/7

medical guidance. In addition to addressing medical needs, the SCI Medical Home will also problem-solve environmental barriers to care, such as transportation, accessibility, employment, financial issues, and other concerns.

Additionally, Magee recently broke ground on a \$4 million construction project with a focus on therapy and patient wellness: **The Creative Therapy Center and Healing Gardens**. This project will be unlike anything ever envisioned for Magee. It is the creative vision of former patients and family members as well as therapists who deliver care on a daily basis. The diverse team worked with landscape designers and other specialists to create a plan that will physically transform the hospital's sixth floor rooftop, as well as transform the way care is delivered.

Patients and family members will have beautiful spaces to gather, relax, eat, talk, reflect, or just hang out, outside of their hospital room, surrounded by sun, flowers, and plants. Staff members will have a new place to take their patients and new opportunities to better prepare them for their discharge to the community. The design also adds new areas like an Art Therapy Studio and Gallery, Meditation Garden & Spirituality Center, and a Three Seasons Therapy Area to help Magee do even more for patients and families.

Moving physical and occupational therapy sessions out of the gym and into the outdoors will create a dramatically different environment for Magee patients. They will leave the typical hospital environment, many for the first time in weeks, to learn the skills that will help them live a meaningful, active, and dignified life with their disability. Over a year of planning, thoughtful design, plus Magee's largest ever fundraising campaign – successfully raising over \$2.1 million – are bringing the dream of The Creative Therapy Center and Healing Gardens to life.

The Assistive Technology Center at Magee Rehabilitation Hospital is a unique hospital-based program provided by occupational and physical therapists to help people with disabilities manage barriers that impede mobility, or communication function.

The ATC at Magee provides evaluations to identify solutions using various equipment and technology to maximize the individual's ability to perform daily tasks with the highest level of independence and to improve overall quality of life. Evaluations focus on identifying strengths and impairments of the patients so they may be introduced to a wide range of AT equipment. Once the most effective AT equipment for the patient is identified, therapists will assist the patient and their families in the process of obtaining this specialized equipment. Inpatients may trial this specialized equipment in their rooms and outpatients may trial the equipment in our ATC on the fifth floor.

Assistive technology equipment can range from low-tech switches to high-tech communication and wheelchair systems. This specialized technology enables people to function independently in areas where they would otherwise have difficulty, need assistance or be unable to participate.

¹ (2010). Behavioral Risk Factor Surveillance System. Department of Health for Philadelphia County.

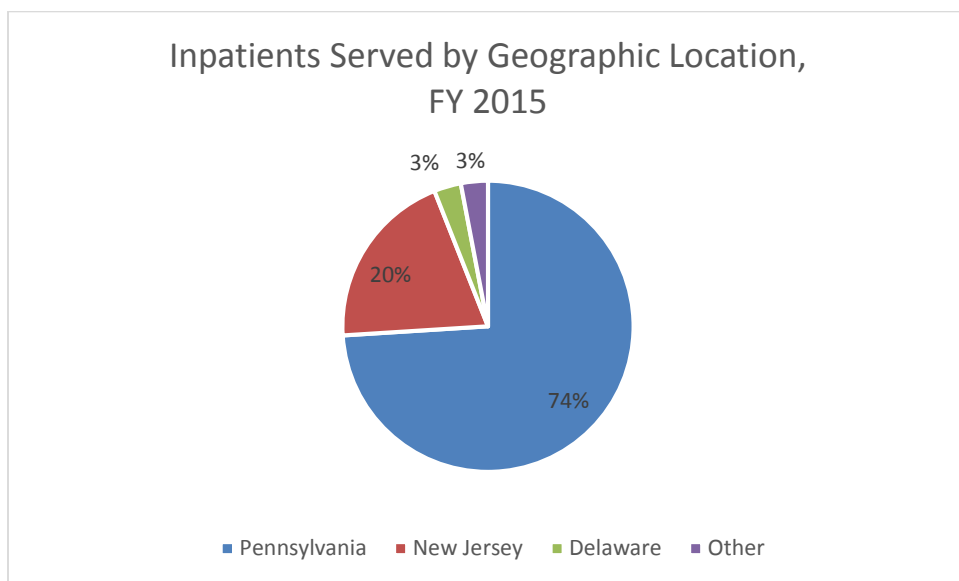
² (2011). American Community Survey 5 Year Estimates. U.S. Census Bureau.

³ (2012). Southern Pennsylvania Household Health Survey. PHMC's Community Health Data Base.

⁴ (2012). Vital Statistics Report. Philadelphia Department of Public Health.

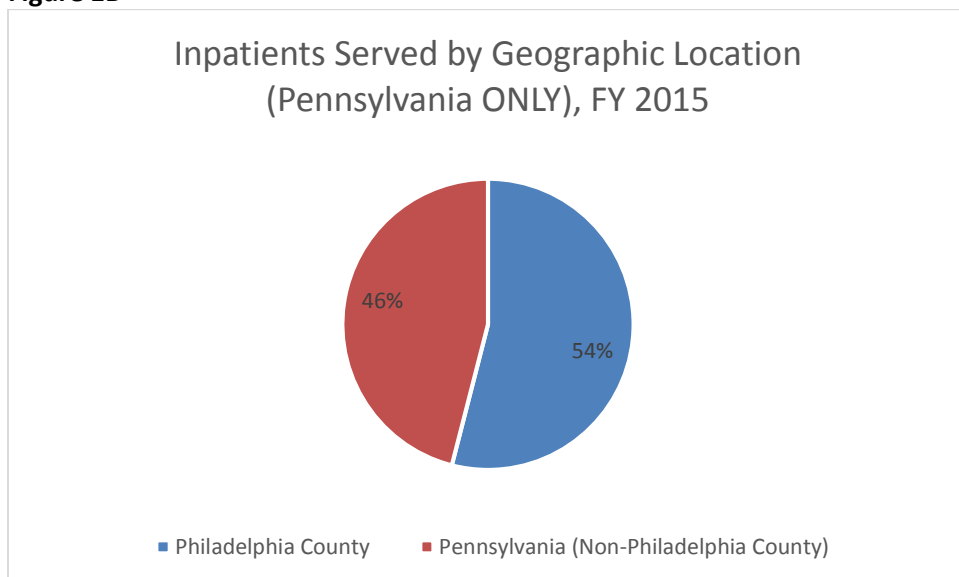
VI. APPENDIX

Figure 1A



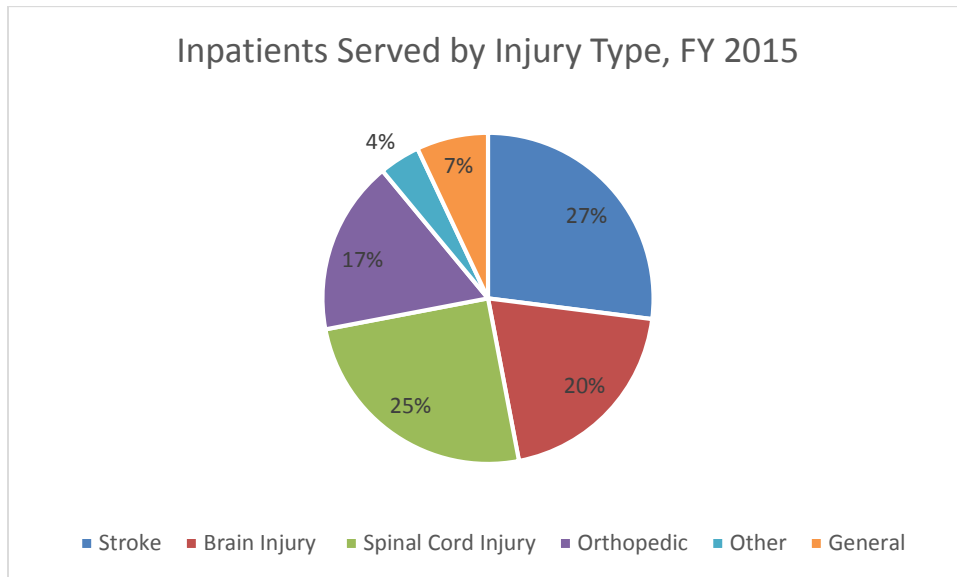
From Magee Rehabilitation Hospital Patient Records, 2014-2015

Figure 1B



From Magee Rehabilitation Hospital Patient Records, 2014-2015

Figure 1C



From Magee Rehabilitation Hospital Patient Records, 2014-2015

Figure 2A



Community Health Needs Assessment 2016

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

Magee Rehabilitation Hospital would like to thank you in advance for taking the time to help us better understand the needs of people with disabilities in our region. Magee Rehabilitation Hospital is nationally recognized for its outstanding programs in physical and cognitive rehabilitation, with comprehensive services for spinal cord injury, brain injury, stroke, amputation, and orthopedic injuries.

We are conducting this Community Health Needs Assessment (CHNA) in order to evaluate the health needs of our community and in accordance with The Patient Protection and Affordable Care Act enacted in March 2010. This act requires all non-profit U.S. hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and to report on the findings. **Magee hopes to use the information from this community-wide survey to identify key issues for people with disabilities.**

This survey should be completed by the individual with the disability. However, if you are filling out this form on behalf of someone else, please answer ALL questions from the perspective of the individual with the disability. All responses are completely anonymous and confidential and will remain that way unless you choose to identify yourself at the end of the survey. Thank you again for your time!

Please return COMPLETED survey to:

Mail: Guest Relations

Magee Rehabilitation Hospital
1513 Race Street, Room 245
Philadelphia, PA 19102

Fax: (215) 587-3447

Email: Survey@mageerehab.org

Part 1. Disability

1) Have you been told by a doctor or other health professional that your disability is permanent?

- ☐ YES ☐ No

2) What is your disability or health condition? **Please check all that apply.**

- ☐ Amputation
☐ Brain Injury
☐ Neurological (e.g., MS, Parkinson's, Guillain-Barre)
☐ Orthopedic (e.g. hip replacement, multiple fractures, etc.)
☐ Spinal Cord Injury
☐ Stroke
☐ Other _____

3) How long have you had your primary disability or health condition?

- ☐ One year or less
☐ 1-2 years
☐ 3-5 years
☐ I was born with my disability
☐ 5 or more years since my disability (but not at birth)

4) Which of the following categories best describes this health condition, disability, or functional limitation? **Please check all that apply.**

- ☐ Mobility or physical disability limiting use of the legs, arms, or hands
☐ Cognitive disability (e.g., brain injury, stroke)
☐ Psychological, psychiatric, or emotional disability (e.g., bipolar disorder, schizophrenia, depression)
☐ Chronic pain
☐ Blindness, severe vision impairment, color blind
☐ Auditory disability, deafness, or severe hearing impairment
☐ Speech disability, oral motor disability, speech impairment, or muteness
☐ Chronic illness or other health-related disability (e.g., diabetes, cerebral palsy, respiratory disease, lupus, etc.)
☐ Other: _____

5) Which of the following major life activities are currently affected by this health condition, disability, or functional limitation? **Please check all that apply.**

- ☐ Self-care, such as bathing, dressing, preparing meals, or eating
- ☐ Communicating, such as talking with or listening to other people
- ☐ Learning any new skills or activities
- ☐ Remembering and/or concentrating
- ☐ Interacting socially, such as developing friendships
- ☐ Mobility, such as walking or climbing stairs
- ☐ Mobility, such as bending or carrying something
- ☐ Other: _____

6) If you DO NOT REQUIRE personal assistance for self-care, please continue to question 7.

If you REQUIRE personal assistance for self-care, who generally provides this care? **Please check all that apply.**

- | | |
|---|--|
| ☐ Family members or friends (paid) | ☐ Others paid for providing this help |
| ☐ Family members or friends (unpaid) | ☐ Home health aides |
| | ☐ Other: _____ |

Part 2. Health & Social Services

7) What type of health coverage do you have?

- ☐ Private health insurance through myself or a family member (including workmen's comp and auto)
- ☐ Medicare (the government plan that pays healthcare bills for people ages 65 and older and for some younger individuals with disabilities)
- ☐ Medicaid, Medical Assistance, or a state program that pays health care for people with low income
- ☐ No health insurance
- ☐ Other: _____

- 8) If you **HAVE** health insurance, please continue to question 9.
If you **DO NOT HAVE** health insurance, why do you not have coverage? **Please check all that apply.**
- ☐ It is too expensive.
 - ☐ I was refused coverage due to poor health, illness, age, or some other reason.
 - ☐ I do not know how to get it.
 - ☐ My employer does not offer it.
 - ☐ I am not eligible for employer coverage.
 - ☐ I do not have the proper documentation to obtain insurance.
 - ☐ I am waiting for my new insurance plan to begin.
 - ☐ Other: _____
- 9) If there was a time **in the past year** when you needed medical care but did not get it, please tell us why. **Please check all that apply.**
- ☐ I couldn't get an appointment.
 - ☐ I did not know a good doctor/clinic.
 - ☐ It is too difficult to get to the doctor's office/clinic.
 - ☐ I couldn't find a doctor or other healthcare provider who understands my condition.
 - ☐ The problem or treatment was not covered by insurance.
 - ☐ I couldn't find a doctor or other healthcare provider that would accept my insurance.
 - ☐ I have not had this problem in the past year.
 - ☐ N/A
 - ☐ Other: _____

Please tell us more about your access to health care and social services.

- 10) I see a dentist at least once a year.
- ☐ Yes ☐ No
- 11) I have access to psychological and/or counseling services if I need them.
- ☐ Yes ☐ No

- 12) I have access to a medical professional for issues related to sexuality and/or reproductive services.
- ☐ Yes
 - ☐ No
 - ☐ I do not have a need for these services.
- 13) I have access to a medical professional for gynecology and/or urology services.
- ☐ Yes
 - ☐ No
 - ☐ I do not have a need for these services.
- 14) In general, I am able to get my necessary medications.
- ☐ Never
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
- 15) If you generally are ABLE to get your necessary medications, please continue to question 16.
If you generally are NOT ABLE to get your necessary medications, please tell us why not. **Please check all that apply.**
- ☐ Some or all of my medications are too costly.
 - ☐ It is difficult for me to go out and pick up my medications.
 - ☐ Some of my medications are not available at my local pharmacy either because of my insurance requirements or because the medication itself is not stocked there.
 - ☐ I am confused by the number of medications I need to take and am sometimes too overwhelmed.
 - ☐ Other: _____
- 16) I regularly participate in exercise or fitness activities (excluding physical therapy).
- ☐ Yes
 - ☐ No

- 17) If you REGULARLY PARTICIPATE in exercise or fitness activities, continue to question 18.
If you DO NOT REGULARLY PARTICIPATE in exercise or fitness activities, why not? **Please check all that apply.**
- ☐ The facilities near my home are not accessible or do not have specialized equipment to meet my needs.
 - ☐ I do not have the physical capability to participate in ANY exercise program.
 - ☐ I have no interest in participating in any regular fitness program.
 - ☐ I have no transportation to a gym or other fitness facility.
 - ☐ I cannot afford membership to a gym or other fitness facility.
 - ☐ I do not know what types of exercises or activities are appropriate for me.
 - ☐ There are no places in my community to exercise or be physically active.
 - ☐ Other: _____
- 18) Have you participated in an adaptive sports program in the past three years?
- ☐ Yes ☐ No
- 19) If you have participated in any complimentary therapy program in the past three years, please check the box next to those you found beneficial to your physical, emotional, or social well-being.
- ☐ I have not participated in any complimentary therapy program in the past three years.
 - ☐ Art therapy
 - ☐ Dance therapy
 - ☐ Horticultural therapy
 - ☐ Music therapy
 - ☐ Pet therapy
 - ☐ I did not find any of these programs beneficial.
- 20) Do you feel as though drug or alcohol issues impact your daily life?
- ☐ Yes
☐ No
☐ Don't Know

21) In the past year, have you needed the services of an attorney and could not afford one?

- ☐ Yes ☐ No

22) If you DID NOT NEED the services of an attorney or could afford one on your own, continue to question 23.

If you NEEDED legal assistance and could not afford to pay for it, what was the legal issue(s) you needed to address?

- ☐ Planning Documents (incl. power of attorney, living will, etc.)
☐ Mortgage Foreclosure
☐ Domestic Relations (incl. divorce, custody, and support)
☐ Domestic Violence
☐ Public Benefits (SSI/SSDI, Medicare, Medicaid, food stamps and cash assistance)
☐ Landlord/Tenant
☐ Other: _____

Part 3. Income & Employment

23) What is your current source of income? **Please check all that apply.**

- ☐ Wages and earnings
☐ Social Security Disability Insurance (SSDI)
☐ Social Security Income (federal SSI)
☐ Disability Insurance (privately funded or state issued)
☐ Supplemental Security Income (state issued SSI)
☐ Workers' Compensation
☐ Pension Program
☐ Unemployment Compensation
☐ My significant other is the primary wage earner
☐ Other: _____

24) What is your current employment/life status? **Please check all that apply.**

- ☐ Working full-time
- ☐ Working part-time
- ☐ Retired
- ☐ Volunteer
- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work
- ☐ Full-time student
- ☐ Part-time student
- ☐ Full-time homemaker
- ☐ Other: _____

25) If you ARE working full-time or in school full-time, please continue to question 26.

If you ARE NEITHER working full-time nor a full-time student, please explain.

Part 4. Housing & Transportation

26) What is your primary mode(s) of transportation? **Please select those transportation options that you use on a regular basis.**

- ☐ I drive my own personal vehicle.
- ☐ A friend/family member usually gives me a ride.
- ☐ I take public transportation (bus, train, trolley).
- ☐ I use Para transit services.
- ☐ It varies, I take a ride any way I can get it.
- ☐ I usually do not leave the house.
- ☐ I usually pay for a car service or taxi.
- ☐ Other: _____

27) Does your current means of transportation meet your needs?

- ☐ Yes
- ☐ No

28) If your primary means of transportation generally MEETS your needs, continue to question 29. If your primary means of transportation generally DOES NOT MEET your needs, why not?

29) What type of housing do you have?

- | | |
|--|--|
| ☐ Own a home | ☐ Residential/long-term care |
| ☐ Rent a home | ☐ I live with a family member or friend |
| ☐ Own an apartment/condo | ☐ Other: _____ |
| ☐ Rent an apartment/condo | |
| ☐ Group home | |

30) Does your current housing meet your needs?

- ☐ Yes ☐ No

31) If your housing MEETS your needs, continue to question 32. If your housing DOES NOT MEET your needs, please explain.

Part 5. Technology & Assistive Devices

32) Is there any special equipment or type of assistive devices (e.g. ramp, hearing aid, computer/software) that you currently *need but do not have*?

- ☐ Yes ☐ No ☐ Don't Know

33) If you DO NOT NEED any additional special equipment or assistive device, please continue to question 34.
 If you DO NEED more assistance, what kind of special equipment or assistive devices *do you need but do not have*? **Please check all that apply.**

- | | |
|--|---|
| ☐ Motorized wheelchair/carts/scooter | ☐ Artificial limb |
| ☐ Wheelchair (manual) | ☐ Railing/bar/other non-mechanized assists |
| ☐ Walker/cane | ☐ Brace/Orthotic |
| ☐ Lift/carrier to handle wheelchair/ scooter | ☐ Voice activated control device |
| ☐ Vehicle big enough to handle wheelchair/scooter | ☐ Hearing aid device |
| ☐ Ramp at home/apartment | ☐ Computer/software |
| ☐ Lifts/chairs/other mechanized assists | ☐ Vision assistance |
| | ☐ Guide dog |
| | ☐ Other: _____ |

Part 6. Community Participation

For each of the following, please circle YES or NO to indicate if you typically:

34) Socialize with close friends, relatives, or neighbors	Yes	No
35) Feel there are people you are close to	Yes	No
36) Go to restaurants, out to eat	Yes	No
37) Go to church, synagogue, mosque, or other place of worship	Yes	No
38) Go to a show, movie, sports event, club meeting, class or other group event	Yes	No
39) Feel your daily life is full of things that are interesting to you	Yes	No

40) What are the PRIMARY ways that you participate in your community?

41) In what ways would you like to be MORE involved in your community?

42) Are there other things (not covered in this survey) that you would like to do in your life but are prevented from doing or are unable to do due to your disability?

Part 7. Individual Information

43) What is your gender identity: Other _____
☐ Male ☐ Female

44) Which age group do you fall into?

- ☐ under 18
- ☐ 18-39
- ☐ 40-59
- ☐ 60-70
- ☐ over 70

45) What zip code do you live in? _____

46) Have you ever been a patient at Magee?

- ☐ Yes ☐ No

If Yes, check all that apply:

- ☐ In-patient
- ☐ Out-patient

- 47) *Optional:* If you would like to receive information about any of our services, be added to our mailing list, or become more involved with Magee Rehabilitation, please provide your contact information below. We value your privacy and will not share or sell this information to any outside organizations.

Contact Information:

Name_____

Street Address_____

City, State, Zip_____

Email_____

Home Phone_____

Cell Phone_____

Work Phone_____

Today's Date: _____

Thank you for taking the time to complete this important survey. If you are interested in learning about the results of the survey please visit us online at mageerehab.org. We expect to post our findings by Summer of 2016.

Rev. 9/26/2012; 10/31/15

Figure 3A

CHNA 2016 Results

1. Have you been told by a doctor or other healthcare professional that your disability is permanent?		
Answer Options	Response Percent	Response Count
Yes	70 %	16
No	30 %	72
answered question		237
skipped question		4

2. What is your disability or health condition? Please check all that apply.		
Answer Options	Response Percent	Response Count
Amputation	8 %	18
Brain Injury	11 %	26
Neurological (e.g., MS, Parkinson's, Guillain-Barre)	11 %	26
Orthopedic (e.g., hip replacement, multiple fractures,	12 %	29
Spinal Cord Injury	55 %	13
Stroke	15 %	36
Blindness	0.4	1
Chronic Pain	3 %	7
Mental Health	0.4	1
Other Health Comorbidity	5 %	11
answered question		238
skipped question		3

3. How long have you had your primary disability or health condition?		
Answer Options	Response Percent	Response Count
One year or less	12 %	28
1-2 years	23 %	54
3-5 years	17 %	40
I was born with my disability	3 %	7
5 or more years since my disability (but not at birth)	46 %	10
answered question		237
skipped question		4

4. Which of the following categories best describe your health condition, impairment, disability, or functional limitation? Please check all that apply.		
Answer Options	Response Percent	Response Count
Mobility or physical disability limiting the use of arms, legs, or hands	87 %	206
Cognitive disability (e.g., brain injury, stroke)	15 %	36
Psychological, psychiatric, or emotional disability (e.g., bipolar disorder, schizophrenia, depression)	10 %	24
Chronic pain	33 %	78
Blindness, severe vision impairment, color blind	6 %	14
Auditory disability, deafness, or severe hearing	6 %	15
Speech disability, oral motor disability, speech	7 %	16
Chronic illness or other health-related disability (e.g., diabetes, cerebral palsy, respiratory)	15 %	36
answered question		237
skipped question		4

5. Which of the following major life activities are currently affected by this health condition, disability, or functional limitation? Please check all that apply.		
Answer Options	Response Percent	Response Count
Self-care, such as bathing, dressing, preparing meals,	54 %	126
Communicating, such as talking with or listening to	10 %	24
Learning any new skills or activities	15 %	35
Remembering and/or concentrating	22 %	51
Interacting socially, such as developing friendships	15 %	34
Energy Expenditure	2 %	4
Driving	1 %	2
Mobility, such as walking or climbing	85 %	197
Mobility, such as bending or carrying something	74 %	173
answered question		233
skipped question		8

6. If you REQUIRE personal assistance for self-care, who generally provides this care?		
Answer Options	Response Percent	Response Count
Family members or friends (unpaid)	73 %	80
Family members or friends (paid)	19 %	21
Home health aides (paid)	45 %	49
Nursing Care Facility	4 %	4

Other (please specify)	7%	8
answered question		109
skipped question		132

7. What type of health coverage do you have?		
Answer Options	Response Percent	Response Count
Private health insurance through myself or a family	49%	113
Medicare (the government plan that pays healthcare	54%	126
Medicaid, Medical Assistance, or other state program	28%	66
No health insurance	1%	2
Workers Compensation	2%	4
answered question		232
skipped question		9

8. If you DO NOT have health insurance, what is the primary reason you do not have coverage? Please check all that apply.		
Answer Options	Response Percent	Response Count
It is too expensive	100%	2
I was refused coverage due to poor health, illness,	0%	0
I don't know how to get it	0%	0
My employer does not offer it	0%	0
I am not eligible for employer coverage	0%	0
I do not have the proper documentation to obtain	0%	0
I am waiting for my new insurance plan to begin	0%	0
Other (please specify)	50%	1
answered question		2
skipped question		239

9. If there was a time in the past year when you needed medical care but did not get it, please tell us why. Please check all that apply.		
Answer Options	Response Percent	Response Count
I couldn't get an appointment.	5%	11
I did not know a good doctor/clinic.	3%	6
It was too difficult to get to the doctor's office.	7%	15
The problem or treatment was not covered by	9%	19
I couldn't find a doctor or healthcare provide that understands my condition.	5%	11
I couldn't find a doctor or healthcare provider that	5%	11
I have not had this problem in the past year.	49%	109
N/A	30%	66
No Health Insurance	1%	3
Too expensive	1%	3
Other health issues impacting my abilities	2%	4

answered question	222
skipped question	19

10. I see a dentist at least once a year.		
Answer Options	Response Percent	Response Count
Yes	70%	164
No	30%	70
answered question		234
skipped question		7

11. I have access to psychological and /or counseling services, if I need them.		
Answer Options	Response Percent	Response Count
Yes	83%	190
No	17%	40
answered question		230
skipped question		11

12. I have access to a medical professional for issues related to sexuality and /or reproductive services.		
Answer Options	Response Percent	Response Count
Yes	40%	94
No	12%	28
I do not have a need for these services	48%	114
answered question		236
skipped question		5

13. I have access to a medical professional for gynecology and /or urology services.		
Answer Options	Response Percent	Response Count
Yes	68%	159
No	6%	14
I do not have a need for these services	26%	61
answered question		234
skipped question		7

14. In general, I am able to get my necessary medications.		
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Answer Options	Response Percent	Response Count
Never	1%	2
Sometimes	4%	9
Usually	20%	47
Always	75%	175
answered question		233
skipped question		8

15. If you generally are NOT ABLE to get your necessary medications, please tell us why not. Please check all that apply.		
Answer Options	Response Percent	Response Count
Some or all my medications are too costly.	59%	20
It is difficult for me to go out and pick up my	26%	9
Some of my medications are not available at my local	29%	10
I am confused by the number of medications I need to	0%	0
Other (please specify)	9%	3
answered question		34
skipped question		207

16. I regularly participate in exercise or fitness activities (excluding physical therapy).		
Answer Options	Response Percent	Response Count
Yes	59%	139
No	41%	95
answered question		234
skipped question		7

17. If you DO NOT regularly participate in exercise or fitness activities, why not? Please check all that apply.		
Answer Options	Response Percent	Response Count
The facilities near my home are not accessible or do	26%	21
I do not have the physical capability to participate in ANY	21%	17
I have no interest in participating in any regular fitness program	26%	21
I have no transportation to a gym or other fitness	15%	12
I do not know what type of exercises are appropriate	28%	22
There are no places in my community to exercise	15%	12

Not enough time	5%	4
Too expensive for membership/equipment.	5%	4
answered question		80
skipped question		161

18. Have you participated in an adaptive sports program in the past three years?		
Answer Options	Response Percent	Response Count
Yes	13%	31
No	87%	201
answered question		232
skipped question		9

19. If you have participated in any complimentary therapy program in the past three years, please check the box next to those you found beneficial to your physical, emotional, or social well-being.		
Answer Options	Response Percent	Response Count
I have not participated in any complimentary therapy	74%	147
Art therapy	9%	1
Dance therapy	2%	3
Horticulture therapy	5%	1
Music therapy	3%	6
Pet therapy	6%	1
I did not find any of these programs beneficial.	12%	2
answered question		198
skipped question		43

20. Do you feel as though drug or alcohol issues impact your daily life?		
Answer Options	Response Percent	Response Count
Yes	4%	1
No	93%	218
Don't know	3%	6
answered question		234
skipped question		7

21. In the past year, have you needed the services of an attorney and could not afford one?		
Answer Options	Response Percent	Response Count

Yes	10%	2
No	90%	209
answered question		233
skipped question		8

22. If you NEEDED legal assistance and could not afford to pay for it, what was the legal issue(s)?		
Answer Options	Response Percent	Response Count
Planning Documents (including: power of attorney,	52%	1
Mortgage Foreclosure	10%	2
Domestic Relations (including; divorce, custody, or Domestic Violence	10%	2
Public Benefits (SSi/SSDi, Medicare, Medicaid, food	0%	0
Landlord/tenant	24%	5
Medical Malpractice	19%	4
	24%	5
answered question		21
skipped question		220

23. What is your current source of income? Please check all that apply.		
Answer Options	Response Percent	Response Count
Wages and Earnings	25%	56
Social Security Disability Insurance (SSDI)	40%	90
Social Security Income (federal SSI)	29%	65
Disability Insurance (privately funded or state issued)	11%	24
Supplemental Security Income (state issued SSI)	3%	6
Workers' Compensation	4%	8
Pension Program	17%	39
Unemployment Compensation	2%	4
My significant other is the sole provider	9%	20
Dependent (student, minor, receiving parental	1%	3
Other sources (trust funds, investments, inheritance,	4%	8
answered question		227
skipped question		14

24. What is your current employment /life status? Please check all that apply.		
Answer Options	Response Percent	Response Count
Working full-time	15%	35
Working part-time	11%	26
Retired	29%	67

Unemployed	38%	86
Looking for work	15%	34
Full-time student	4%	8
Part-time student	3%	6
Full-time homemaker	4%	9
Volunteer	12%	28
Disability/Medical Leave/ Worker's Comp	3%	7
answered question		228
skipped question		13

25. If you are NEITHER working nor attending school full-time, please		
Answer Options	Response Percent	Response Count
Unable to work/attend school due to disability/injury/illness.	53%	23
Retired	7%	3
Cannot work for financial reasons (loss of government assistance)	12%	5
No interest in working or attending school at this time.	9%	4
Trying to find work/apply to schools.	19%	8
*answered question		43
skipped question		183
*While 58 people answered the question, 15 gave responses that indicated the question was not applicable to them or were inappropriate, which did not add to the data and was therefore not counted. The total number of people that answered the question was updated to 43 to reflect this.		

26. What is your primary mode(s) of transportation? Please select those transportation options		
Answer Options	Response Percent	Response Count
I drive my own vehicle.	46%	104
A friend/family member usually gives me a ride.	40%	9
I take public transportation (bus, train, trolley).	16%	3
I use Para-Transit or a similar service.	21%	4
It varies, I take a ride any way I can get it.	5%	1
I usually do not leave the house.	4%	9
I usually pay for a car service or taxi.	4%	1
Walk/Power Chair/Scooter	1%	2
answered question		227
skipped question		14

27. Does your current means of transportation meet your needs?		
Answer Options	Response Percent	Response Count
Yes	84%	189
No	18%	4
answered question		226
skipped question		15

28. If your primary means of transportation DOES NOT meet your needs,		
Answer Options	Response Percent	Response Count
I want to be able to drive myself	15%	4
Physically Difficult to use	12%	3
Vehicle is not adequate for my needs	12%	3
Hard to find a ride.	12%	3
Makes me late to my appt/cannot follow own schedule	50%	1
answered question		26
skipped question		215

29. What type of housing do you currently have?		
Answer Options	Response Percent	Response Count
Own a home	55%	124
Rent a home	9%	2
Own an apartment/condo	5%	1
Rent an apartment/condo	15%	3
Group home	1%	2
Residential/long-term care	1%	2
Live w family/friend	13%	3
answered question		226
skipped question		15

30. Does your current housing meet your needs?		
Answer Options	Response Percent	Response Count
Yes	85%	187
No	15%	3
answered question		220

skipped question	21
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31. If your housing DOES NOT meet your needs, please explain.		
Answer Options	Response Percent	Response Count
Not accessible/needs better equipped	76%	2
Needs repairs/work done	7%	2
Too small for my needs.	7%	2
Need my own home.	10%	3
answered question		29
skipped question		212

32. Is there any special equipment or type of assistive devices (e.g. ramp, hearing aid,		
Answer Options	Response Percent	Response Count
Yes	28%	6
No	66%	148
Don't Know	5%	1
answered question		223
skipped question		18

33. If you do NEED more assistance, what kind of special equipment or assistive devices do you need?		
Answer Options	Response Percent	Response Count
Motorized wheelchair/cart/scooter	23%	1
Walker/cane	3%	2
Wheelchair	5%	3
Lift/carrier to handle wheelchair/scooter in cars	3%	2
Vehicle big enough to handle wheelchair/scooter	17%	1
Ramp at home/apartment	47%	3
Lifts/chairs/other mechanized assists	30%	1
Railing/bar/other non-mechanized assists	27%	1
Artificial limb	2%	1
Brace/orthotic	6%	4
Voice activated control device	3%	2
Hearing aid device	3%	2
Computer/software	22%	1
Vision assistance	3%	2
answered question		64
skipped question		177

34. For each of the following, please indicate if you typically:		
Answer Options	Yes	No
Socialize with close friends, relatives, or neighbors	199	2
Feel there are people you are close to	206	1
Go to restaurants, out to eat	176	4
Go to church, synagogue, mosque or other place of	95	125
Go to a show, movie, sports event, club meeting, class	162	5
Feel your daily life is full of things that are interesting	159	6
		answered question
		skipped question

35. What are the primary ways that you participate in your community?		
Answer Options	Response Percent	Response Count
Socialize with close friends, relatives, or neighbors	10%	15
Attend church/religious institutions	18%	26
Hobbies (sports, painting, dance, gardening)	10%	15
Educational Pursuits	4%	6
Day Rehab/Wellness Programs	5%	7
I do not participate	24%	35
Community service/volunteer	30%	44
answered question		148
skipped question		89

36. In what ways would you like to be MORE involved in your community?		
Answer Options	Response Percent	Response Count
Socialize with close friends, relatives, or neighbors	8%	6
Attend church/religious institutions	11%	8
Hobbies (sports, painting, dance, gardening)	16%	12
Educational Pursuits	4%	3
Day Rehab/Wellness Programs	7%	5
Mentoring	15%	11
Work	8%	6
Community service/volunteer	31%	23
*answered question		74
skipped question		115

**While 126 answered the question, 52 answered with "I don't know," "none," "yes," or something inappropriate to the question, which did not add to the data and was therefore not counted. The total number of people that answered the question was updated to 74 to reflect this.*

37. Are there other things (not covered in this survey) that you would like to do in your life but are prevented from doing or are unable to do due to your disability?

Answer Options	Response Count
Employment	11
Travel	15
Walking/Driving	7
Exercise/Sports/Fitness	19
Financial Issues	3
Education	8
Romance/Relationships	2
*answered question	65
skipped question	125

**While 116 answered the question, 51 answered with "none" or "yes," which did not add to the data and was therefore not counted. The total number of people that answered the question was updated to 65 to reflect this.*

38. What is your gender identity?

Answer Options	Response Percent	Response Count
Male	62%	13
Female	38%	86
Other (please specify)	0%	0
answered question		225
skipped question		16

39. Which age group do you fall into?

Answer Options	Response Percent	Response Count
under 18	0%	0
18-39	27%	61
40-59	41%	92
60-70	21%	47
over 70	12%	27
answered question		227
skipped question		14

40. What zip code do you live in? (first three digits indicated)

Answer Options	Response Percentage	Response Count
----------------	---------------------	----------------

080	New Jersey	16 %	34
081	New Jersey	1 %	3
082	New Jersey	1 %	2
083	New Jersey	4 %	8
085	New Jersey	0.5 %	1
086	New Jersey	1 %	3
088	New Jersey	0.5 %	1
115	New York	0.5 %	1
130	New York	0.5 %	1
168	Pennsylvania	0.5 %	1
171	Pennsylvania	0.5 %	1
173	Pennsylvania	0.5 %	1
175	Pennsylvania	0.5 %	1
176	Pennsylvania	0.5 %	1
181	Pennsylvania	0.5 %	1
188	Pennsylvania	0.5 %	1
189	Pennsylvania	3 %	6
190	Pennsylvania	16 %	35
191	Pennsylvania	38 %	83
193	Pennsylvania	2 %	4
194	Pennsylvania	7 %	15
195	Pennsylvania	1 %	2
197	Delaware	2 %	4
198	Delaware	2 %	5
212	Maryland	0.5 %	1
218	Maryland	0.5 %	1
334	Florida	0.5 %	1
answered questions			218
skipped questions			22

41. Have you ever been a patient at Magee?		
Answer Options	Response Percent	Response Count
Yes	89 %	202
No	11 %	25
answered question		227
skipped question		14

42. If yes, check all that apply:		
Answer Options	Response Percent	Response Count
In-patient	71 %	143
Out-patient	83 %	168
answered question		202
skipped question		39

43. Optional: If you would like to receive information about any of our services, be added to our mailing list, or become more involved with Magee Rehabilitation, please provide your contact information below. We value your privacy and will not share or sell this information to any outside organizations.

Answer Options	Response Percent	Response Count
Name:	99%	103
Email Address:	76%	79
Street Address:	89%	92
City/Town	91%	95
State:	92%	96
Zip	90%	94
Home Phone:	50%	52
Cell Phone:	64%	67
Work Number:	8%	8
<i>answered question</i>		104
<i>skipped question</i>		137