



Philadelphia Shriners Hospital Community Health Needs Assessment

Shriners Hospitals for Children® - Philadelphia

Philadelphia Shriners Hospital Community Health Needs Assessment Committee

Members

Ed Myers	Administrator
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Mission and Vision

Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Our Commitment to the Community



Introduction

Shriners Hospitals for Children (SHC) is a healthcare system consisting of 22 hospitals located across North America, dedicated to improving the lives of children by providing pediatric specialty care, innovative research, and outstanding teaching programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care and receive all services in a family-centered environment, regardless of the patient or families' ability to pay. An actor and an orthopaedic surgeon founded the Shriners International fraternal organization in 1870. In 1919, the mayor of Philadelphia, who was himself a Shriner, lead the fraternity to deem that their sole purpose as a charity would

be to serve the needs of crippled children. The first hospital was built in Shreveport, Louisiana, in 1922. In 1926, Philadelphia Shriners Hospital opened and began serving the community by providing medical services, by focusing on the needs of children and families, especially those afflicted with orthopaedic conditions associated with polio and without the means to receive treatment.

Background

Philadelphia Shriners Hospital, a 53 bed pediatric orthopaedic hospital located in north Philadelphia, treats children across the United States and from countries around the World. It is a part of The Shriners Hospitals for Children system, with its home office located in Tampa, Florida. A listing of the major conditions we treat is displayed in *Table 1* and we have a number of sub-specialty services that comprehensively treat and support our patients and families. Philadelphia Shriners Hospital is a teaching hospital supporting the educational needs of medical; nursing; physical, occupational, and speech therapies; and radiology residents/students.

Table 1

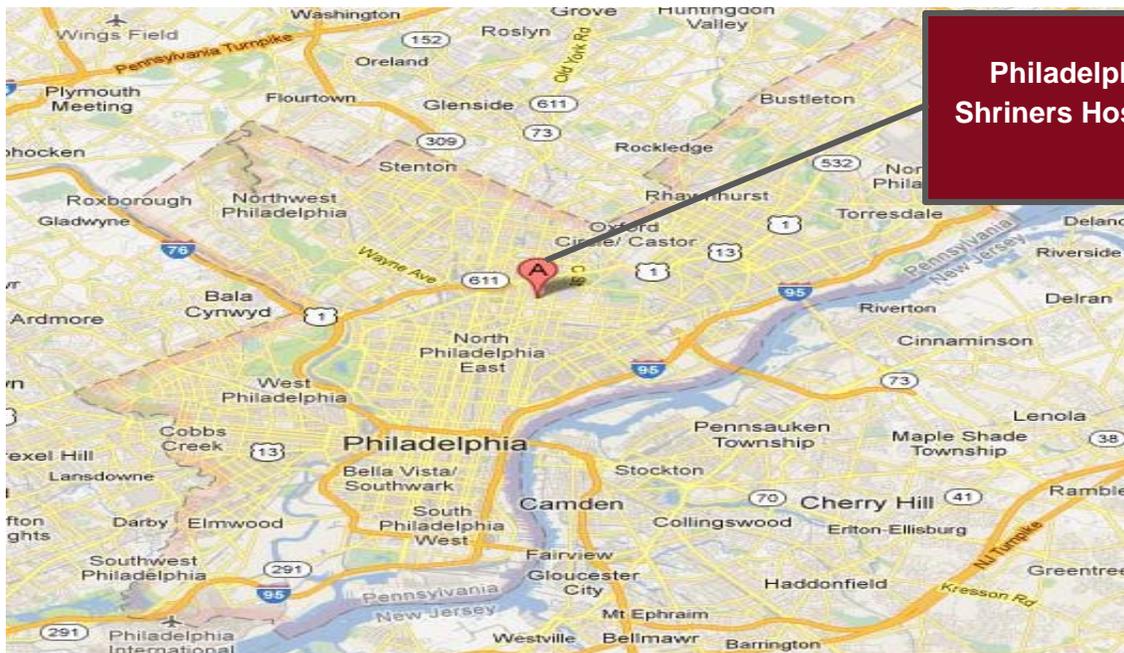
What We Treat:

- Arthrogyrosis
- Brachial Plexus Injuries
- Cerebral Palsy
- Clubfoot
- Hip Dysplasia
- Limb Deficiencies
- Osteogenesis Imperfecta
- Scoliosis
- Spina Bifida
- Spinal Cord Injury

Research is one of the cornerstones of the Philadelphia Shriners Hospital's mission. Our in-house research teams include internationally renowned experts whose discoveries have changed treatment methodologies and improved the lives of countless children suffering from debilitating conditions. Whether in the laboratory or in clinical environments, we are committed to the continuous pursuit of knowledge that improves the delivery of clinical care for all of the patients and families served.

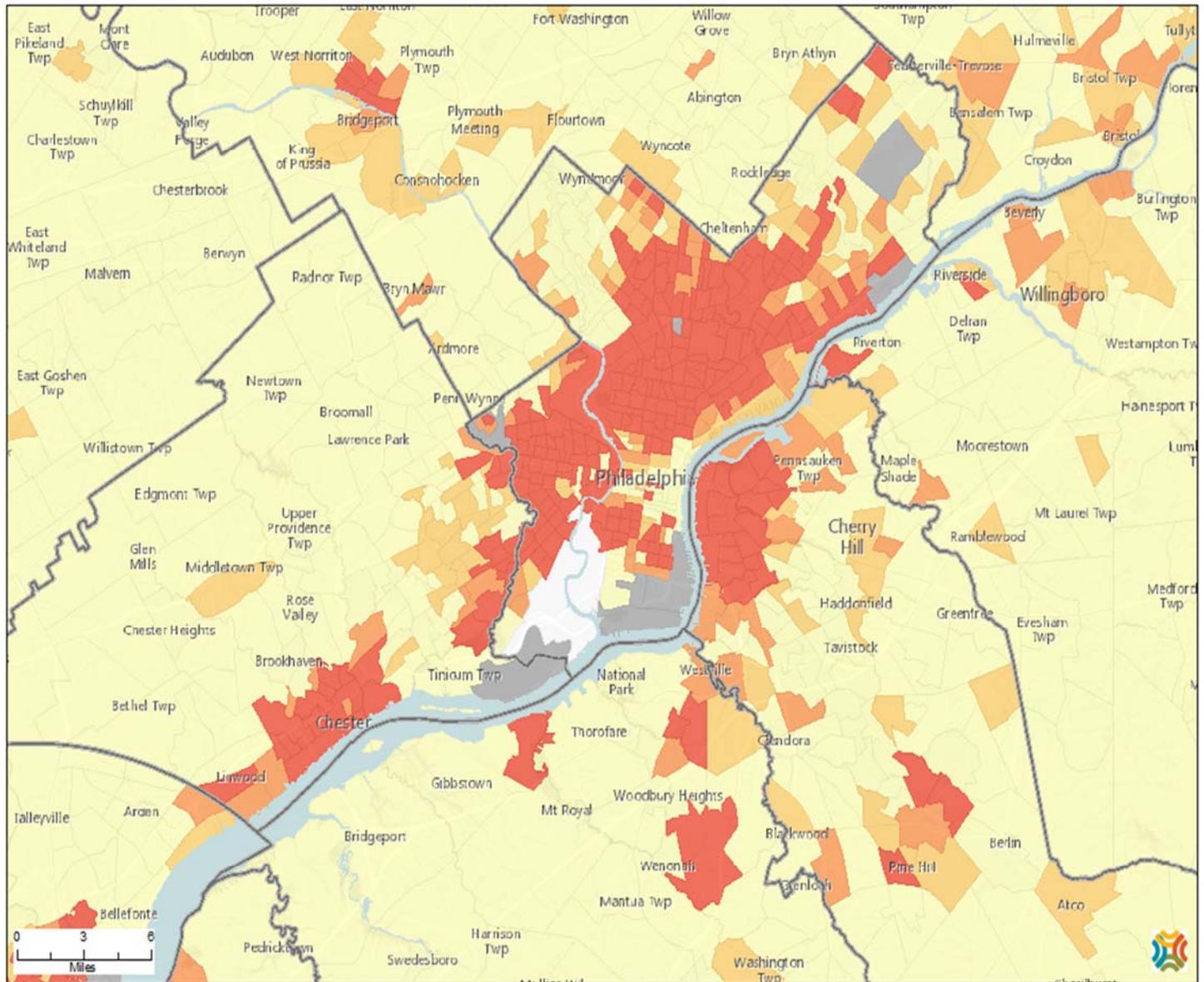
Philadelphia Shriners Hospital is located in the City and County of Philadelphia with 40% of the total patients served coming from within the Commonwealth of Pennsylvania.

2.1 City and County of Philadelphia



Our purpose is to serve our communities as reflected throughout our 90 years of distinguished history serving the needs of children and their families, especially the most vulnerable and those at the margins of society. Since its inception, Philadelphia Shriners Hospital has been committed to improving community healthcare through focused and collaborative efforts designed to address the unmet pediatric orthopaedic healthcare needs of those within the communities we serve. Philadelphia Shriners Hospital serves children from almost every state, Puerto Rico, and many international countries each year. Since our geographic reach is very broad, we needed to define the community on which we would focus. For the purpose of this community health needs assessment, we determined we would focus on the City and County of Philadelphia. We felt this was the greatest need for community health and we could best address those needs in the community geographically surrounding the hospital. This assessment provides information on our community's healthcare outcomes and factors that influence health. From these findings, we were able to identify health-related needs and to establish an Action Plan to better serve our community.

Philadelphia Poverty Map: Below Poverty Level



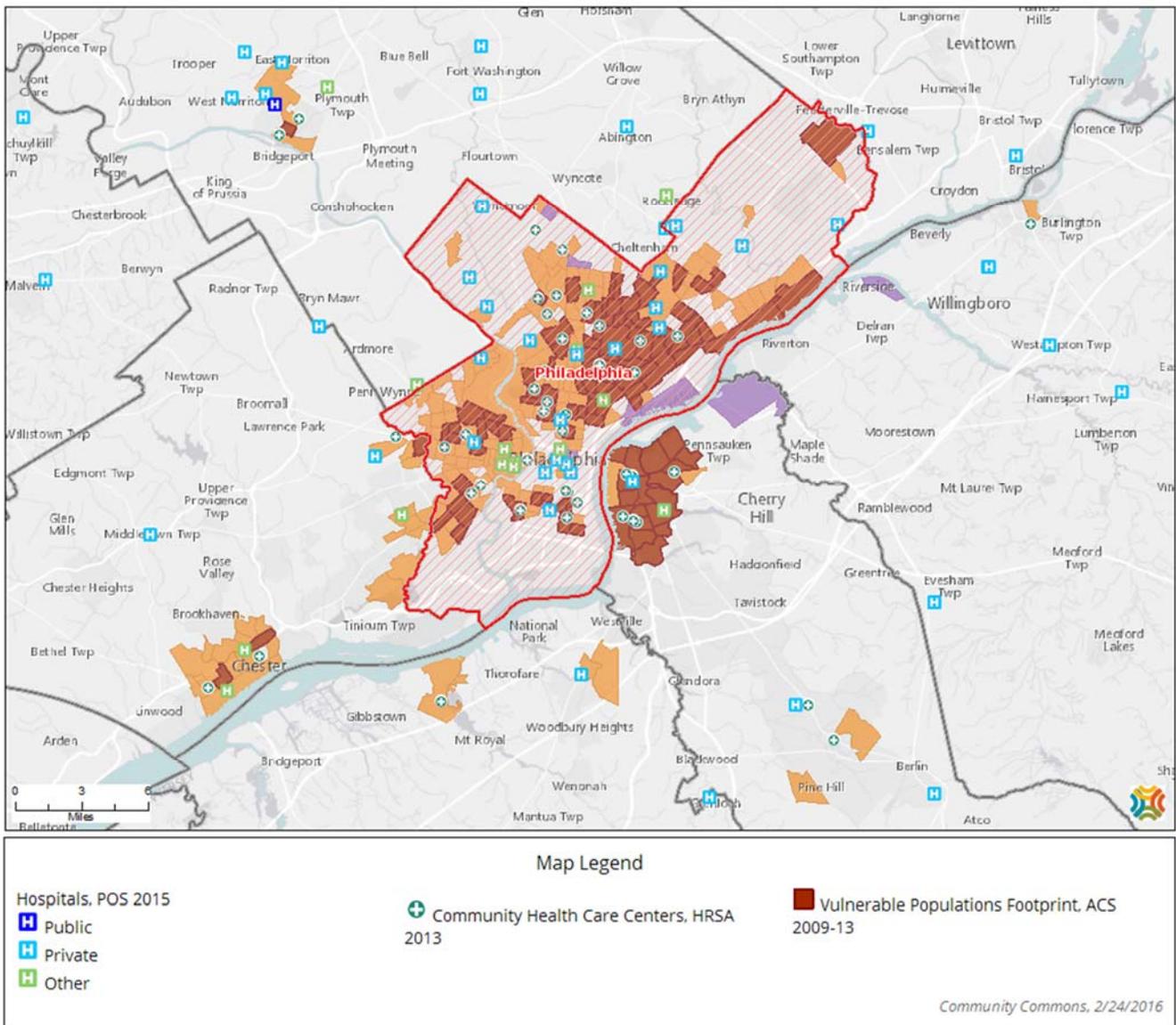
Map Legend

Family Households Living Below the Poverty Level, Percent by Tract, ACS 2008-12

- Over 15.0%
- 11.1 - 15.0%
- 7.1 - 11.0%
- Under 7.1%
- No Family Households Reported
- No Data or Data Suppressed

Community Commons, 2/24/2016

Philadelphia County Vulnerable Population



Process and Methods

A Portrait of the City and County of Philadelphia

Once we chose the City and County of Philadelphia as our target community, we performed a comprehensive review of the community and sought feedback from our community of unmet pediatric healthcare needs (The Pew Charitable Trusts, 2015).

Population

In Philadelphia, several key demographics that were negative or stagnant for decades are demonstrating a positive trend. After falling for half a century, the population of the city grew by 71,587 to 1,560,297 from 2006 through 2014; and of that total population 25%, or about 390,000, are children ages 0 to 19. Projections are that the population will continue to grow and more children will need care. Specifically, data show that 3 out of every 100 children have some degree of scoliosis – approximately 11,700 children within the City and County of Philadelphia alone (The Nemours Foundation, 1995 – 2016).

Diversity

Most recent Census data estimates that Philadelphia is becoming more diverse as the population grows. As documented by the 2010 Census, the City and County of Philadelphia have experienced significant changes in its ethnic and racial composition over the last two decades, with many neighborhoods undergoing sweeping transformations. Since 1990, the city's *white population has fallen by nearly a third; the black population has shifted to new parts of the city; the Asian population has more than doubled; and the rapidly growing Hispanic population has doubled and expanded beyond its traditional home in northeast Philadelphia.

3.1 Changes in Philadelphia's Population, 1990-2010 Total

	1990 Total	2010 Total	Change	
			TOTAL	PERCENT
African American	623,510	644,287	20,777	3.3%
Non-Hispanic White	825,839	562,585	-263,254	-31.9%
Hispanic or Latino	89,193	187,611	98,418	110.3%
Asian	42,156	95,521	53,365	126.6%
Multi-race and other	4,879	36,002	31,123	637.9%
TOTAL	1,585,577	1,526,006	-59,571	-3.8%

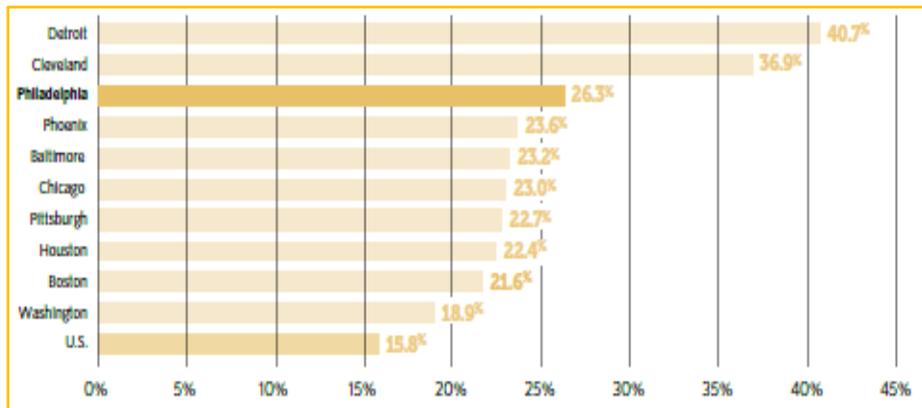
The PEW Charitable Trusts, 2011

**Throughout this document, various demographics are used based on different sources.*

Poverty

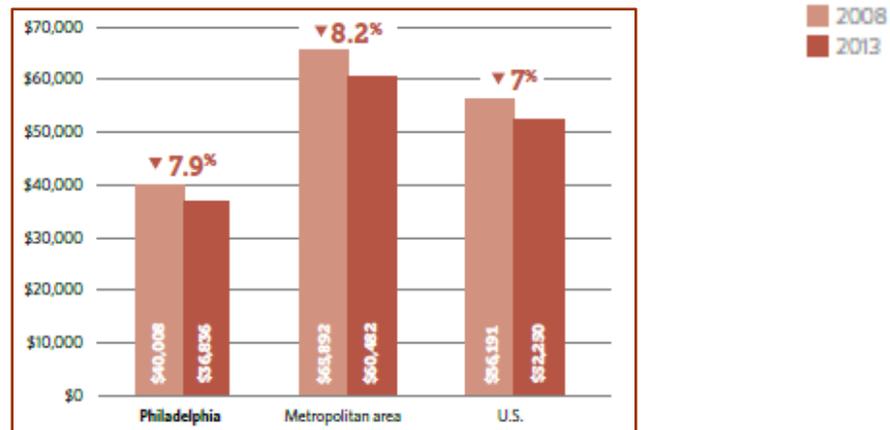
A comparison of data on poverty rates for 2006 versus 2014 reveals that poverty has increased by 1.2% in Philadelphia. According to the most recent Census data, the City and County of Philadelphia have one of the highest poverty rates (26.3%) and one of the lowest household median incomes (\$36,836) among all major cities.

3.2 Poverty Rate



U. S. Census Bureau. (2013)

3.3 Median Household Income 2008-2013



U.S. Census Bureau. (2013)

Over the last several years, the poverty rate has been rising across the country, reaching 26.3% in Philadelphia for 2014, equaling approximately 408,482 residents. In the City and County of Philadelphia, the poverty rate is roughly 19% Caucasians, 29% African Americans, and 44% Hispanics. The poverty rate for children is 36% or about 147,053 children 0-19 years of age. Among the nation’s 25 largest cities, only Detroit and Cleveland have higher poverty rates than Philadelphia. For a family of

four, the federal government definition of poverty in 2014 is an annual income below \$23,850. (2015 The Pew Charitable Trusts)

The highest concentration of poverty is found in North Philadelphia, and the poverty rate is above 40% in the 19140 zip code, where Philadelphia Shriners Hospital is located.

3.4 How Poverty Rates Have Changed in the Region

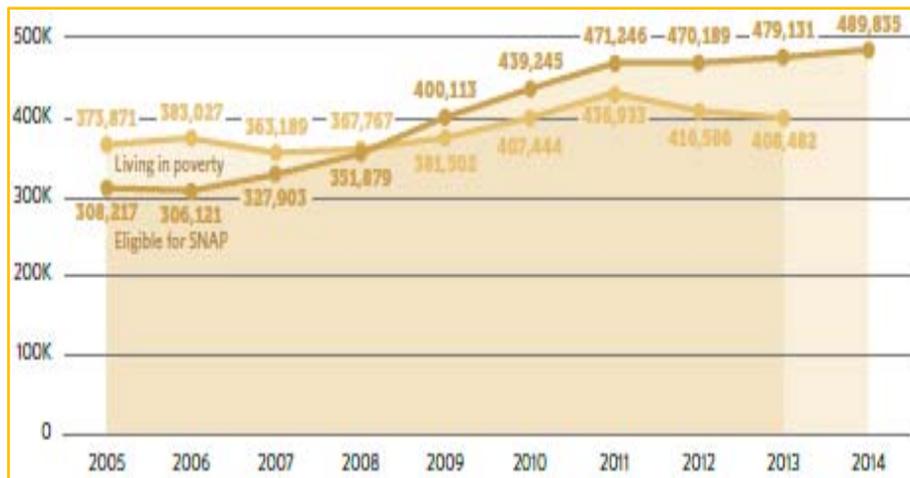
	2006	2011
Philadelphia	25.1%	28.4%
PA Suburban Counties	6.3%	7.4%
NJ Suburban Counties	8.2%	9.1%
Metropolitan Area	11.8%	13.5%
U.S.	13.3%	15.9%

U. S. Census Bureau (2006 & 2011)

Nearly three out of ten residents are living below the poverty line, and slightly more than three out of ten are eligible for food stamps. Of the city and county's 46 residential zip codes, 25 have poverty rates over 20%, according to the latest Census numbers.

In 2013, the last year for which data were available, the number of Philadelphians living in poverty was lower than it had been at its recent peak in 2011, though higher than before the Great Recession. The number of city residents eligible for the Supplemental Nutrition Assistance Program (SNAP), formerly known as "food stamps," rose in 2013 and 2014; more than 3 out of every 10 Philadelphians were SNAP eligible at last count.

3.5 Tracking the Poor and the Near-Poor in Philadelphia



U.S. Census Bureau (2005-2014).

In terms of healthcare, Philadelphians were heavily dependent on government programs. In the first half of 2014, Medicare and Medicaid paid for 74% of all city residents treated in Pennsylvania hospitals.

Then there are the uninsured – 15% of Philadelphia’s adults and 5% of its children. In 2014, people who had no health insurance made more than half of the visits to the eight city-run health centers.

Health

We know that much of what influences our health happens outside of the healthcare community - in our schools, workplaces, and neighborhoods. Recently, the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute presented the *2010 County Health Rankings*. The rankings are based on a collection of 50 reports that reflect the overall health of counties in every state across the United States. The ranking is a comparison of one county to another within a given State, in terms of overall health and factors that influence health. The indicators included health outcome (mortality and morbidity) and health factors (health behavior, clinical care, social, economic factors, and physical environment). The purpose of the project was to determine a standard way to measure how healthy a county is and to see where improvements can be made.



Philadelphia City and County are not ranked highly. There are 67 counties in the Commonwealth of Pennsylvania; and in comparison to other counties, Philadelphia County ranks at or almost the lowest on every scale (see Exhibit 1). The low rankings suggest that Philadelphia City and County needs to improve health outcomes by addressing all health factors with evidence-based practices and approaches. Philadelphia Shriners Hospital chose to focus our 2012 and 2015 Community Health Needs Assessment (CHNA) on the City and County of Philadelphia, due to greater pediatric healthcare needs, ethnic diversity, and economic disparity (University of Wisconsin-Madison Population Health Institute, 2013).

External Needs Assessments

The Philadelphia Shriners Hospital Community Health Needs Assessment Committee was formed to facilitate the CHNA process. In order to best assess the needs of children (as we are a pediatric hospital) within our community, the committee determined that we would meet directly with representatives in the community, use direct mail, e-mail surveys and community meetings. The purpose of these interactions was for the representatives to define the unmet pediatric-related needs within the community.

Philadelphia Department of Public Health / Community Health Needs Assessment Meeting

The Philadelphia Department of Public Health (PDPH) Director of Policy and Planning, Giridahr Mallya and Accreditation Coordinator, Naomi Mirowitz, contacted the Committee for a meeting to discuss ways the committee could best reach contacts within the city of Philadelphia. The outcome of the meeting allowed us to make connections to the Maternal, Child and Family Health, Ambulatory Health Services, Pediatric Care and Good Food, Healthy Hospitals.

The first group we contacted was the Maternal, Child and Family Health (MCFH) Services for Children with Special Health Care. The group provides a forum for discussion and exploration of mechanisms to enhance healthcare systems and service provision for Children with Special Health Care Needs (CSHCN). The Philadelphia Special Needs Consortium (PSNC), of which SHC-Philadelphia is a

participating member, facilitates information exchange and networking among families, healthcare and insurance providers, legal advocates, as well as local, state, and federal policy and planning agents who directly or indirectly influence care for CSHCN. We were given access to their Provider Directory. Surveys were emailed via surveymonkey.com to the Directory members and Philadelphia Shriners Hospital received 46 responses.

The Ambulatory Health Services, Pediatric Care led by Victor Igbokidi, MD, FAAP, Medical Director, Pediatric and Adolescent Medicine kindly emailed his colleagues about our upcoming survey and community meetings. The return rates were lower than expected with only four responses.

Philadelphia School District Nurses

School-based health programs are increasingly recognized as important players in children's health care (Lear, 2007). Philadelphia Shriners Hospital had a direct contact with the Coordinator of School Health Services for The School District of Philadelphia. The Committee contacted the Coordinator and she graciously agreed to send out our survey to all of the School Nurses in The School District of Philadelphia. The survey was sent electronically through surveymonkey.com via e-mail (see Exhibit 2) and 29 nurses responded.

The Clergy in Philadelphia County

Philadelphia Shriners Hospital frequently invites members of the local clergy to events held at the hospital. The Committee felt they were a group of people who had strong direct contact with the members of the community we serve. We mailed them a cover letter and survey. One hundred seventy eight surveys (*see exhibit 2*) were mailed and six responses were received. While not many surveys were returned, we understood that was a possibility when they were mailed. Based on returned surveys and follow-up phone calls, lack of awareness and inability to pay were the largest barriers for obtaining orthopaedic care and treatment.

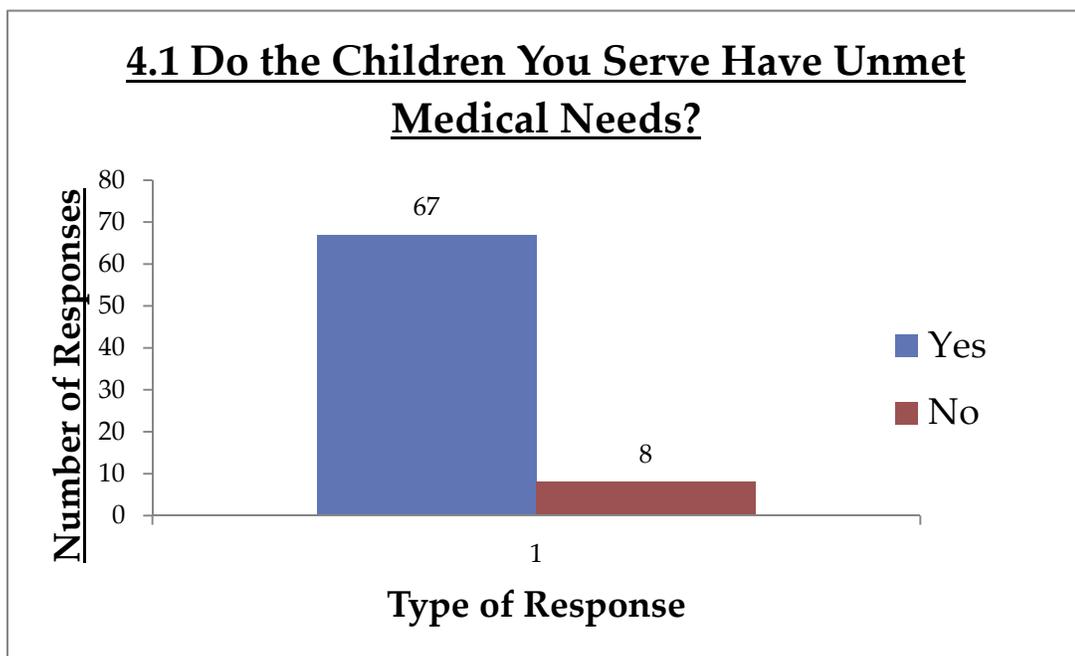
The total number of surveys returned was 85: Maternal, Child and Family Health (46), Ambulatory Health Services (4), Philadelphia School District Nurses (29) and Clergy in Philadelphia County (6).

Key Survey Findings

In order to better understand the needs of our community, surveys were sent via surveymonkey.com to the following groups, Maternal, Child and Family Health (MCFH) Services for Children with Special Health Care, School Nurses in The School District of Philadelphia and The Department of Health. The November, 2015 results to the 7 questions on the Philadelphia County Pediatric Needs Survey were as follows:

4.1 - Children with Unmet Medical Needs

Do the children you serve have any unmet medical needs?



Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

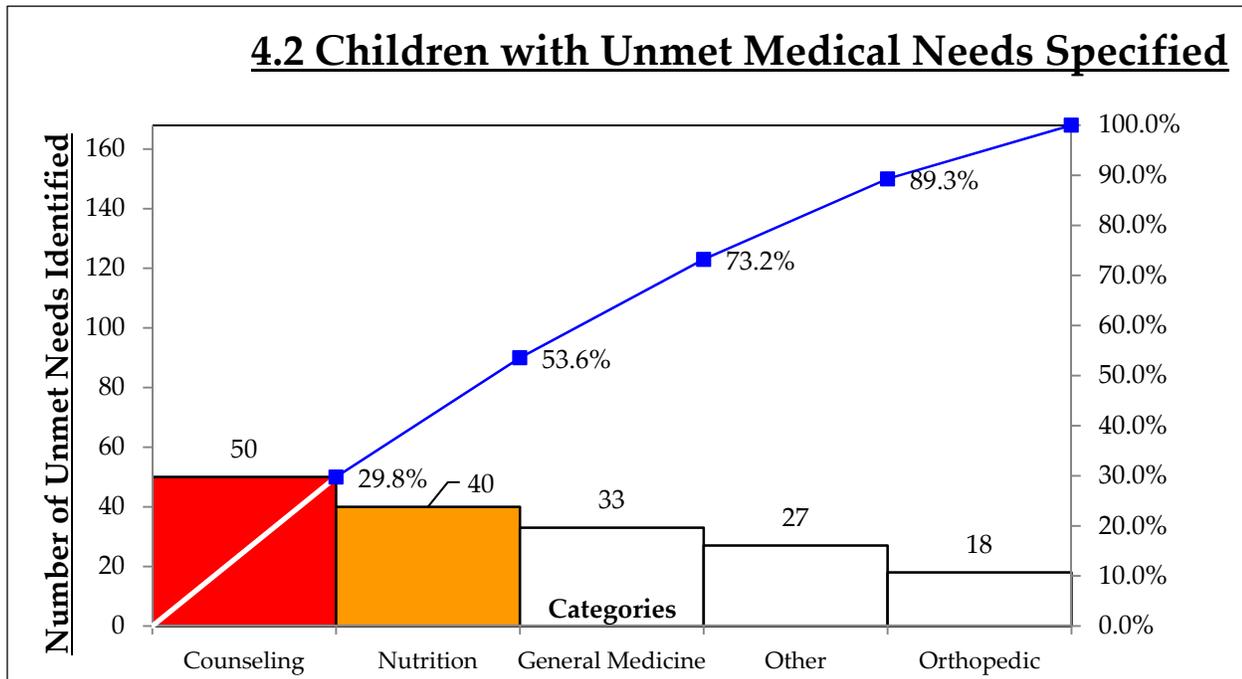
Of the 75 responses that address the question “Do the children you (Philadelphia Caregivers) serve have any unmet medical needs?”, 67/75 or 89% of the responses indicated YES.

A second question then asked “Please choose the appropriate unmet need from the list below”, which included Orthopaedic, Nutrition, General Medicine, Counselling or Other. Results are displayed in Graph 4.2 below.



4.2 - Children with Unmet Medical Needs Specified

Please choose the appropriate unmet needs from the list below:

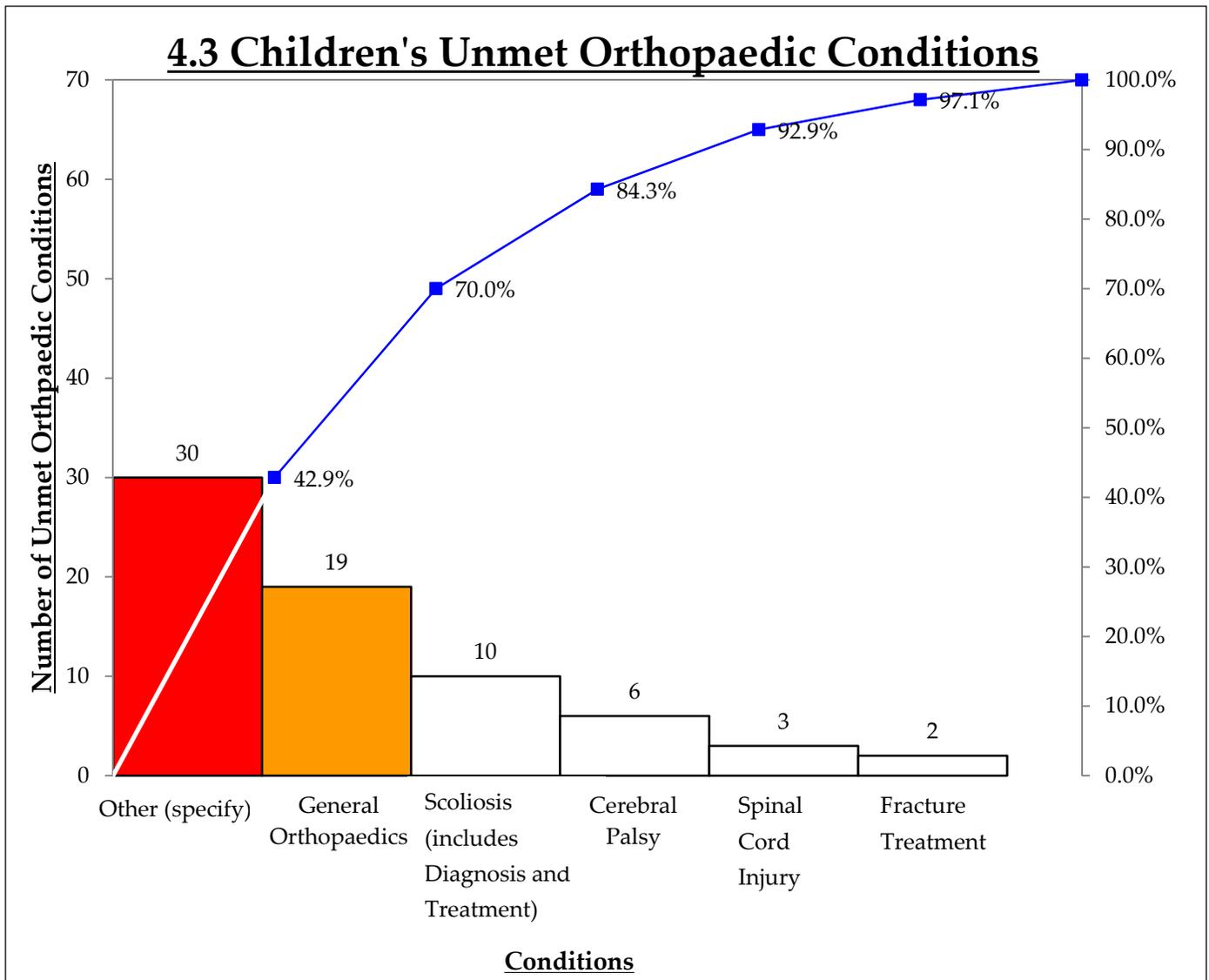


Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

The 85 surveys that were returned listed 168 Unmet Needs. Greatest Unmet Need was Counseling at 50/168 or 29.8%.

Comments under the Category “Other” included:

1. Neurology
2. Better education regarding asthma meds
3. Preventive Care,
4. Dental
5. Weight management/exercise
6. General health education. The students do not understand the importance of hand washing and clean clothes and home environment. Example no rodents, roaches, bed bugs.
7. Immunizations
8. Dental
9. Dental health care- most children have access through Medicaid or CHIPS however, many children arrive in kindergarten with multiple cavities or even rampant decay. This is totally preventable and BEFORE any program is implemented it is imperative to establish why parents do not seek preventive dental care for their children. Past attempts at in-school programs that have a mobile come to the school are in conflict with good community health principals. We need to teach community members how to use the dental care system effectively and intelligently. Unmet mental, emotional, behavioral health are at a crisis point in Philadelphia!



Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

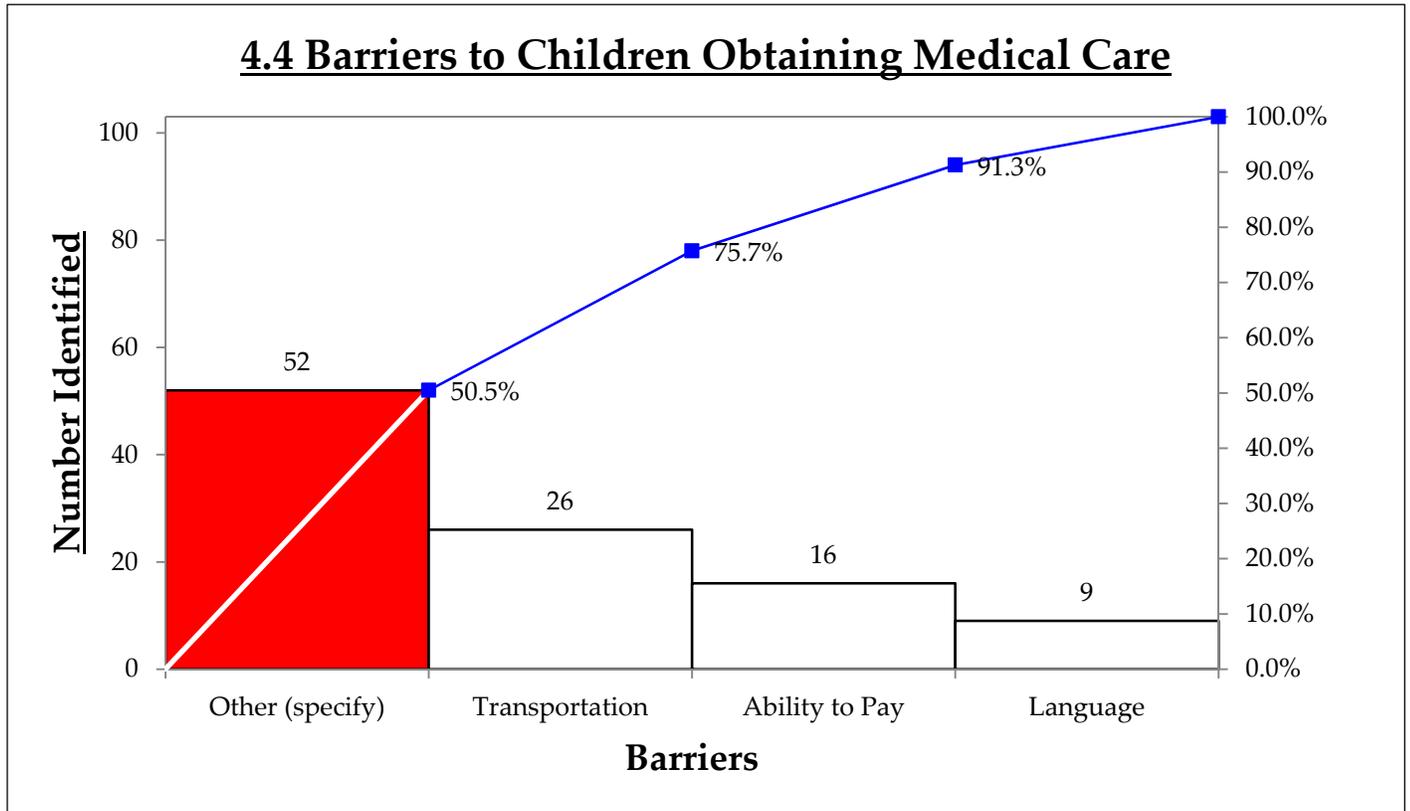
To the question, “Which Orthopaedic conditions were unmet?”, Graph 4.3 identified “Other” as the most frequent. However, closer analysis demonstrated that 6/11 people responded none or N/A.

If orthopaedic, please select the appropriate conditions from the list below - Other:

1. No orthopaedic needs that I am presently aware of.
2. Physical therapy. Health education - how to correctly use medications, bladder training, follow up after child is discharged to home/school.
3. None/N/A (x6)
4. FLAT FEET
5. No orthopaedic issues at this time but the survey would not let me go further
6. Although Fractures, Spinal Cord Injuries, and Celebral Palsy occur the vast majority of students do not consume adequate calcium and vitamin D; ensuring this would go a long way in preventing adult diseases.

4.4 - Barriers to Children Obtaining Medical Care

Please choose any appropriate barriers to the children obtaining medical care:

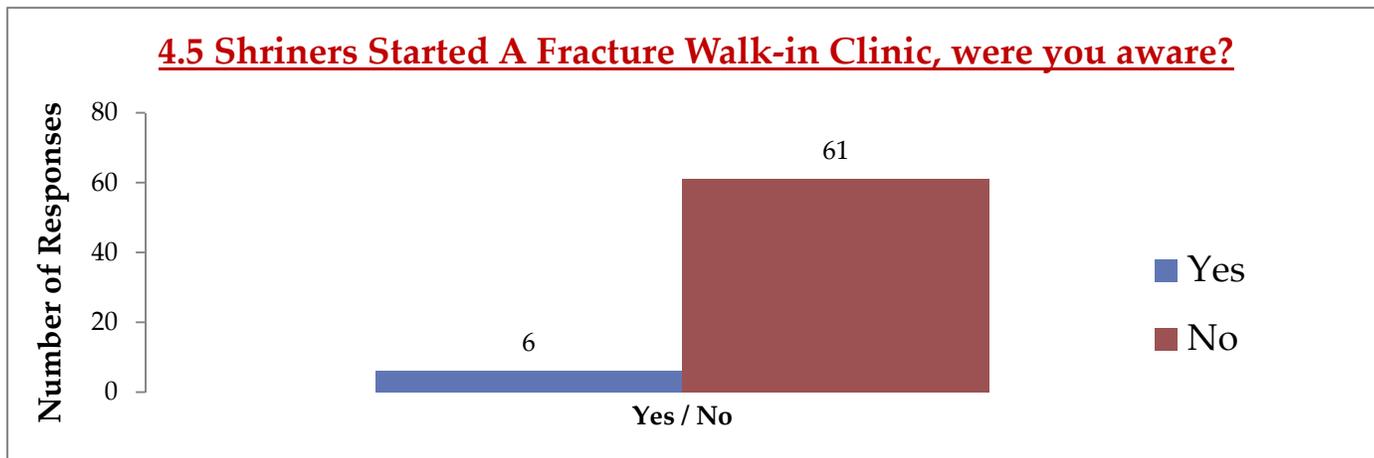


Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

“Other” comments included:

1. Parent lacks understanding of child's condition and how to access appropriate care.
2. In only a few instances the nurse does not receive follow-up so we don't know if child is being followed for changes
3. Adult unable to take them for various reasons, they lack a responsible adult.
4. Lack of parent participation (time)
5. Parents working and appointments not very easy to schedule, (all schedules are by telephone push one, push two, etc.)
6. Parents not seeing these problems as a priority
7. ALL OF THE ABOVE
8. Most children are insured so payment is not a big issue, with the exception of spacers for MDI, many parents say they cannot get these and many children actually do not get their Albuterol because they cannot inhale correctly! Such a simple thing, but pervasive. Transportation is sometimes an issue but the Wheels program with MA helps in most cases. The biggest barrier to care I see daily is somewhat more complex. A parent will deny their child has a health care need, is overwhelmed with several children, has a job that is not accommodating, perhaps a grandparent is the caregiver and there are mobility problems, a caregiver does not understand the plan of care and when the initial treatment is not effective they become frustrated.
9. In terms of medical care asthma and obesity are the entities I most often see, but dental and behavioral health needs are ubiquitous.

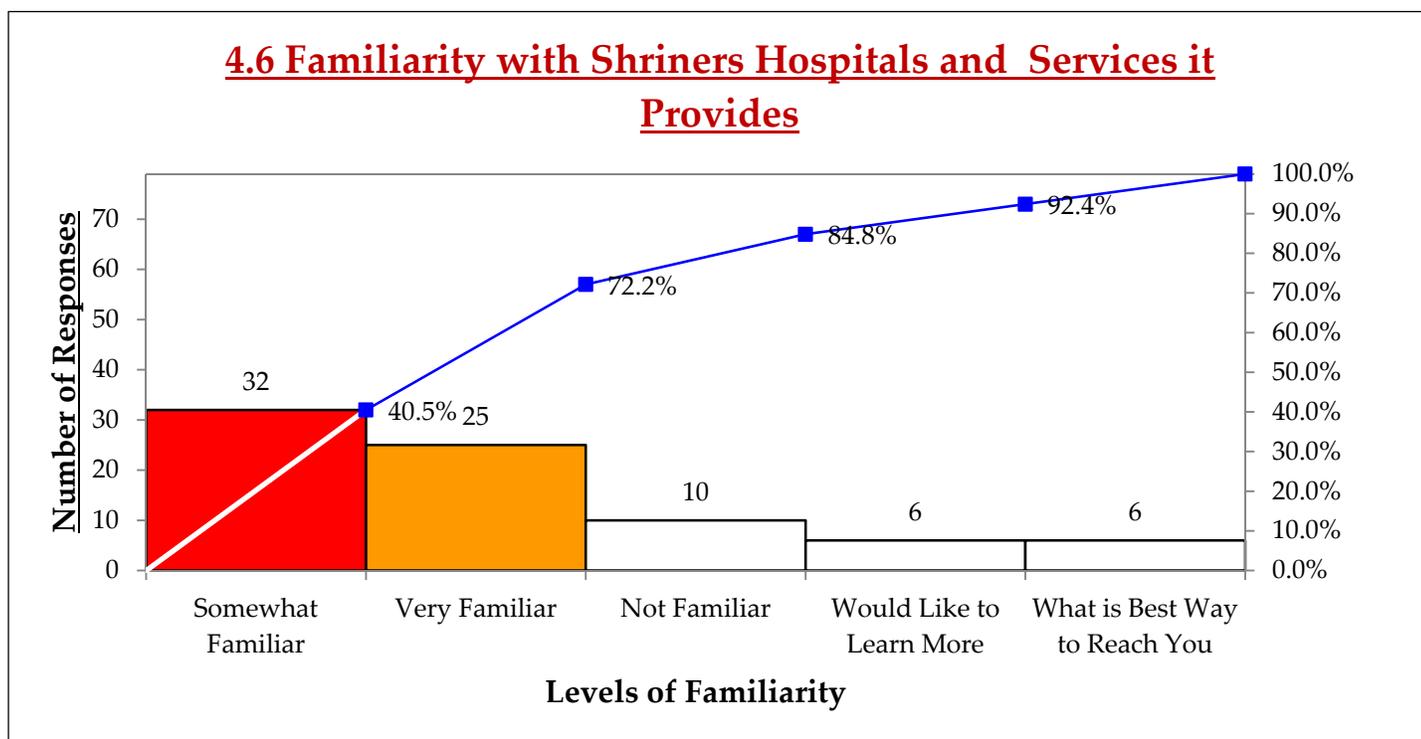
4.5 - A walk-in fracture clinic started, are you aware



Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

The above question was asked in an effort to assess the action taken following the previous 2012 CHNA (outcome assessments). Of a total of 67 responses in 2015, 89.5% (61/67) respondents were NOT aware that Shriners Hospitals in Philadelphia had started a walk-in Fracture Clinic.

4.6 - Familiarity with Shriners Hospitals for Children & Services it provides



Shriners Hospitals for Children – Philadelphia County Pediatric Needs Survey, 2015

Again, the above question was asked to assess unmet needs/community health. Approximately 72% of all respondents were either very familiar or somewhat familiar with Shriners Hospitals and Services. 15% indicated that they would like to learn more about Shriners or had requested what the best way was to reach Shriners Hospitals.

4.7 – Are there any other ways Shriners Hospitals for Children could provide help to the Children in Philadelphia?



Shriners Hospitals
for Children®

Excerpts of open ended responses:

1. Continue to educate the public about the various programs and services of Shriners Hospitals.
2. Provide asthma management.
3. Educate the Physical Education teachers, coaches, secretaries & nurses in schools on the signs/symptoms of orthopaedic injuries and when to refer to Shriners. Sometimes mild pain is all the student will exhibit and have a fracture!
4. Make readily available Shriners contact information.
5. Establish better communication between Shriners' health providers and schools, especially when a child is referred. Parents may at times share information. However, oftentimes, we, school nurses, are left uninformed. It would be helpful if we receive discharge instructions so we can follow-up any need that the child may encounter in school.
6. Provide professional development to nurses and school staff.
7. Most school nurses like me do not have the appropriate environment to conduct mandated scoliosis screenings. Maybe Shriners would like to partner with the School District of Philadelphia to conduct the screenings. In my case I have no privacy in any of my offices.
8. I need parent flyers and more information about Shriners Hospitals programs and services.
9. Can't think of anything because I'm not sure of all that you can do. What are the hours for the walk-in fracture clinic?
10. I didn't know about Shriners walk-in ortho clinic. I will recommend it to parents.
11. None, I think Shriners does a wonderful job of serving the orthopaedic needs of the children of Philadelphia.
12. NONE THAT I AM AWARE OF.
13. Could you conduct a public service, health education campaign? Perhaps, "Strong bodies, strong minds." Simple preventive things that I have already mentioned several times: dental care, immunizations, healthy nutrition, behavioral health care." Examples would be don't put the baby into the crib with a bottle, wipe the teeth, brush, see the dentist when the teeth start appearing. Healthy choice for breakfast lunch and dinner, cooking classes on how to prep food provided by WIC, screening for depression, behavior and development, how to be your child's advocate, there is treatment for mental health issues (many parents are reluctant to disclose early symptomatology due to associated stigma).
14. Any info about Shriners Hospital services would be appreciated.

Question 4.7 is one of the most enlightening questions asked because it allowed for open responses and really helped to focus on the needs of the community. The 2015 Pediatric Survey results provided evidence of the need for the pediatric care that Philadelphia Shriners Hospital offers. The open ended responses (Other) following each of the questions on the Pediatric Survey provided more valuable insights into needed care in the Philadelphia Community.

4.8 - Overall Summary: Shriners Philadelphia Questionnaire

The following is an Overall Summary of the data analysis (demographics, healthcare coverage, and unmet medical needs) of the residents of the City and County of Philadelphia:

- According to the most recent Census data, the City and County of Philadelphia have one of the highest poverty rates (26.3%) in the country, surpassed only by Detroit and Cleveland.
- The poverty rate for children in Philadelphia is 36% or about 147,053 children 0-19 years of age.
- In the City and County of Philadelphia, the poverty rate is roughly 19% Caucasians, 29% African Americans, and 44% Hispanics.
- Of the City and County's 46 residential zip codes, 25 have poverty rates over 20%, according to the latest Census numbers.
- The highest concentration of poverty is found in north Philadelphia, and the poverty rate is above 40% in the 19140 zip code, where Philadelphia Shriners Hospital is located.
- The City and County of Philadelphia have one of the lowest median incomes (\$36,836) among all major cities. (Federal government definition of poverty in 2014 is an annual income below \$23,850, for a family of four).
- In 2014, 3 out of 10 Philadelphians were SNAP (Supplemental Nutrition Assistance Program) eligible, formerly known as "food stamps".
- In the first half of 2014, Medicare and Medicaid paid for 74% of all city residents treated in Pennsylvania hospitals.
- 15% of Philadelphia adults and 5% of its children are uninsured.
- According to the Nemours Foundation, data shows that 3 out of every 100 children have some degree of scoliosis – approximately 11,700 children within the City and Country of Philadelphia.
- Based on a national study of 2010 County Health Rankings, health outcome indicators (mortality and morbidity), and health factors (health behavior, clinical care, social, economic factors, and physical environment), of the 67 counties in the Commonwealth of Pennsylvania, the City and County of Philadelphia ranked at or almost the lowest on every scale.

- In November, 2015, a committee of hospital leaders from Shriners Hospital for Children-Philadelphia conducted its own Community Health Needs Assessment to better identify the unmet pediatric needs of the City and County of Philadelphia. Based on community meetings, and 85 returned e-mail surveys from Maternal, Child and Family Health, Ambulatory Health Services, Philadelphia School District Nurses, and Clergy in Philadelphia County, the findings of the 7-question Survey were:
 - 89% of the respondents indicated Philadelphia children had unmet medical needs.
 - For children with unmet medical needs, 30% indicated counseling as the number 1 concern, followed by nutrition 23%. Orthopaedics was 11%.
 - Unmet Orthopaedic Conditions included: General Orthopaedics (27%), Scoliosis (14%), Cerebral Palsy (9%), Spinal Cord injury (4%) and Fracture Treatment (3%). 43% listed “Other” to include Flat Feet, Physical Therapy, and children’s lack of consumption of calcium and vitamin D.
 - Major Barriers to obtaining Medical Care: Transportation (26%), Ability to Pay (15%), Language (9%), “Other” (50%) to Include:
 - ❖ Parent lacks understanding of child’s condition
 - ❖ School Nurses do not receive follow-up notes from local physician offices
 - ❖ Parents working and appointments are not easy to schedule
 - ❖ Parents not seeing children’s problems as a priority
 - Awareness that Shriners started a Fracture Walk-in Clinic in 2014: 90% responded NO. (This was a follow-up question to the 2012 CHNA).
 - Familiarity with Shriners Hospitals and Services (as part of Community Outreach Awareness)
 - ❖ Somewhat Familiar (40 %)
 - ❖ Very Familiar (32%)
 - ❖ Not Familiar (12%)
 - ❖ Would like to learn more (8%)
 - ❖ What is Best Way to Reach You (8%)
 - “Other” ways Shriners Hospital could provide help to the Children of Philadelphia:
 - ❖ Continue to educate the community regarding Shriners programs and services
 - ❖ Educate Physical Education teachers, coaches, secretaries and nurses on the signs and symptoms of orthopaedic injuries
 - ❖ Establish better communication between Shriners’ health providers and schools, and develop easy to understand Discharge Instructions.
 - ❖ Provide Philadelphia School Nurses education and training sessions related to scoliosis screenings.
 - ❖ Provide professional development to nurses and school staff
 - ❖ Make more readily available Shriners contact information
 - ❖ Provide more Shriners flyers, including hours of walk-in fracture clinic
 - ❖ Publicize Shriners mission to treat children regardless of ability to pay.

Before presenting the Community Needs Analysis for 2016, and the CHNA Action Plan 2016, we would like to revisit the results from the 2012 CHNA Action Plan.

Results from 2012 CHNA Action Plan

In the Spring of 2012, 4 leaders from Shriners Hospitals for Children-Philadelphia met with 24 Philadelphia School System Pediatric physicians at their main Administration building in downtown Philadelphia. It was soon identified that the physicians knew little about Shriners Hospital-Philadelphia, not knowing that it had built a new hospital that opened at a different site in 1998. Some knew of Shriners services for pediatric children, but not many. As a result it was very evident that Shriners needed to do more community outreach.

During a luncheon meeting, identified pediatricians were surveyed as to the communities unmet health care needs. The Pediatricians identified a host of unmet children's needs, many for which Shriners could not provide services (e.g. obesity, alcohol, tobacco, counseling). One of the biggest challenges to the School Pediatricians, however, was getting a child with a fracture in to see an Orthopaedic surgeon. Usual wait was 2-3 weeks.

Members of Administration met with Shriners physicians and soon arranged for a Fracture Walk-in Clinic. In 2014 the Philadelphia Shriners Hospital opened a five day a week, no appointment needed fracture clinic to serve the community needs. The chart below provides the number of monthly patient visits.

Additionally, based on other unmet needs in the community for which SHC Philadelphia could not directly provide care, the hospital opened its classroom and auditorium facilities to community groups for clinical and educational purposes. As more people interacted with Shriners Hospital, more folks became aware of some of Shriners services, including its caring for children who had the inability to pay. The mission and vision of Shriners Hospitals for Children-Philadelphia has grown, but much more needs to be done.

5.1 - FRACTURE CLINIC DATA

Fracture	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
2014		1	8	16	14	9	13	10	8	16	7	7	109
2015	4	9	5	10	7	13	7	13	4	6	6		84
Surgery	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
2014							3	4	3	3	1	1	15
2015	0	2	1	0	1	0	1	1	1	1	1		9
Days	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
2014		5	19	25	21	21	21	21	22	23	18	21	217
2015	21	20	22	22	20	22	22	21	21	22	19		232
Zip Codes	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
				19460	19006	19046	NJ 08034	19133	19111	19121	NJ08022		
				NJ 08043	19135	19136	19154	18976	19012	19116	19002		
				NJ 08742	19154	19121	NJ 08034	NJ 07871	18974	19125	19114		
				19001	19115	19148	19056	19115	19152	19111	19020		
				19124	NJ 08401	19146	19147	19149		NJ 08701	19118		
				19119	19141	19403	19403	19131		19147	18052		
				19114	19154	19054	19116	19124					
				19124		19343		19153					
				19147		19090		19134					
				19026		19027		19152					
						19136		19001					
						19403		19446					
						19446		19119					

While encouraged by the number of children fractures treated in the Shriners fracture clinic, the 2015 pediatric needs survey demonstrated the need for Shriners Hospital to continue educating the Philadelphia community about Shriners “no appointment needed” fracture clinic. Also, it was important to inform the public about Shriners policy to treat all patients regardless of the ability to pay.

Analysis of 2016 External Needs Assessments

After conducting our External Needs Assessments, the prioritization of results was conducted and can be found in the table below:

6.1 - Community Needs

	Philadelphia Community Need	SHC Strategic Plan	SHC Resources Available	Philadelphia Impact Potential
<u>Health Status Variables</u>				
• Pediatric Orthopaedics	Yes	Yes	Yes	High
• Nutrition Support	Yes	No	No	High
• General Medicine	Yes	No	No	High
• Behavioral Counseling	Yes	No	No	High
<u>Access Variables</u>				
• Ability to Pay	Yes	Yes	Yes	High
• Transportation	Yes	No	No	High
• Language Barriers	Yes	Yes	Yes	High

Based on the results above, and given our mission and the resources we have available, Philadelphia Shriners Hospital has chosen to focus its 2016 CHNA Action Plan on unmet Pediatric Orthopaedic needs, especially those underserved and disadvantaged who may not have the ability to pay and/or have language barriers. Shriners Hospital will continue to treat major Orthopaedic conditions as outlined in Table 1. For example, with the need to treat ever expanding Arthrogyrosis (children born with stiff joints), now 1 in 11,000 live births (Hoff, Loane, Nils, Rasmussen & Kjersti, 2011), Shriners Hospital for Children-Philadelphia will add additional resources in 2016. Furthermore, the Community Needs Assessment verified the continued need for treating conditions such as Cerebral Palsy, Scoliosis, Spinal Cord Injury and Fractures. To meet the ever-growing unmet Orthopaedic needs of the Philadelphia community, Shriners Hospital will also increase its community outreach efforts and to support its mission to provide quality care, regardless of race, color, creed, sex or sect, or ability of a patient or family to pay.

Due to the specialty nature of Shriners Hospitals for Children (its mission, vision and values), its staffing and available resources, SHC-Philadelphia is unable to sufficiently address the other unmet needs at this time.

CHNA Action Plan for 2016

Goal	Objective	Strategy	Timeframe	Responsible Personnel
Increase community awareness in order to address unmet orthopedic medical needs.	1. Partner with Philadelphia County Health Pediatricians, Nurses and Philadelphia School District Physical Education teachers to increase community awareness.	1. Provide minimum of 2 on site tours for identified community groups per year.	July 2016 – July 2018	Nursing Services, Clinical Education, and members of the Clinical team.
		2. Provide Shriners Hospitals for Children-Philadelphia literature and minimum of 2 off site presentations to defined groups per year.	July 2016 – July 2018	Nursing Services, Clinical Education, and Public Relations Department.
		3. Educate Philadelphia Community about “no appointment needed” fracture clinic regardless of ability to pay.	July 2016 – July 2018	Medical Staff, Nursing Services, and members of the Clinical team
	2. Partner with the Philadelphia School Department Nurses related to scoliosis screening and treatment.	1. Provide minimum of 2 education sessions related to scoliosis screening per year.	July 2016 – July 2018	Clinical Team, Nursing Services and Clinical Education.
		2. Assist in initiating a minimum of 2 scoliosis screening clinics in schools or local churches per year.	July 2016 – July 2018	Clinical Team, Nursing Services and Clinical Education.
		3. Address unmet scoliosis needs of Philadelphia Community.	July 2016 – July 2018	Clinical Team, Nursing Services and Clinical Education.
3. Improve communication and enhance community outreach with CHNA survey respondents.		1. Send hospital newsletters electronically to Philadelphia School Nurses, Maternal/Child Health Leadership and local clergy leadership.	July 2016- July 2018	Public Relations, Administration and Medical Staff.
		2. Make Board Room and Auditorium available for Community groups to address unmet medical needs.	July 2018	Public Relations, Administration and Medical Staff

**Shriners Hospitals for Children — Philadelphia
Community Health Needs Assessment – Action Plan**

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Exhibits

Exhibit 1 – 2010 County Health Rankings



	Philadelphia County	Error Margin	National Benchmark*	Pennsylvania	Trend	Rank of 67
Health Outcomes						67
Mortality						67
Premature death	11,791	11,594-11,987	5,466	7,284		
Morbidity						67
Poor or fair health	21%	19-22%	10%	14%		
Poor physical health days	4.3	4.0-4.7	2.6	3.5		
Poor mental health days	4.5	4.1-4.8	2.3	3.6		
Low birth weight	11.5%	11.3-11.7%	6.0%	8.3%		
Health Factors						67
Health Behaviors						65
Adult smoking	25%	24-27%	14%	21%		
Adult obesity	32%	30-33%	25%	29%		
Physical inactivity	30%	28-31%	21%	26%		
Excessive drinking	17%	16-19%	8%	18%		
Motor vehicle crash death rate	9	9-10	12	13		
Sexually transmitted infections	1,251		84	346		
Teen birth rate	63	62-64	22	31		
Clinical Care						64
Uninsured	16%	15-17%	11%	12%		
Primary care physicians	828:1		631:1	1,067:1		
Preventable hospital stays	79	77-81	49	72		
Diabetic screening	77%	75-79%	89%	83%		
Mammography screening	60%	60-64%	74%	67%		
Social & Economic Factors						67

	Philadelphia County	Error Margin	National Benchmark*	Pennsylvania	Trend	Rank of 67
High school graduation	51%			79%		
Some college	53%		68%	59%		
Unemployment	10.9%		5.4%	8.7%		
Children in poverty	36%	34-39%	13%	19%		
Inadequate social support	29%	27-31%	14%	21%		
Children in single-parent households	59%	57-60%	20%	32%		
Violent crime rate	1,382		73	405		
Physical Environment						66
Air pollution-particulate matter days	16		0	10		
Air pollution-ozone days	16		0	8		
Access to recreational facilities	5		16	11		
Limited access to healthy foods	1%		0%	7%		
Fast food restaurants	55%		25%	48%		

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

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