ROTHMAN
ORTHOPAEDIC SPECIALTY
HOSPITAL

Community Health Needs Assessment

Executive Summary

June 2018

DRAFT

Acknowledgements

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Thank you to the Rothman Orthopaedic Specialty Hospital administration, physicians, leaders, and employees who participated in interviews, focus groups, and follow up meetings.

Description of Rothman Orthopaedic Specialty Hospital

On July 1, 2016, Thomas Jefferson University (TJU), a Pennsylvania nonprofit organization that is exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, acquired majority ownership (54%) of Rothman Orthopaedic Specialty Hospital (ROSH), a Pennsylvania for-profit hospital with physician ownership. ROSH is a 24-bed surgical hospital located in Bensalem, Pennsylvania. The 65,000 square-foot facility with six fully-equipped operating rooms with the latest medical instrumentation is equipped for joint replacements, orthopaedic surgery, pain management, spine surgery, sports medicine, foot and ankle surgery, shoulder and elbow surgery, and hand and wrist procedures. Ancillary services include laboratory, imaging, MRI, pharmacy and physical therapy. ROSH strives to provide quality and compassionate care for our patients, incomparable service to our physicians, an empowering workplace for our employees, many of whom live in our community, and a commitment to engagement with our community, setting the standard for superior, patient-focused health care.

ROSH is accredited by The Joint Commission for demonstrating compliance with the Joint Commission's national standards for health care quality and patient safety in hospitals. The Joint Commission's hospital regulations address important functions relating to the care of patients and the management of the hospital organization. The standards are developed in consultation with patients, health care experts, providers, and measurement experts.

ROSH employs approximately 140 employees who work with 35 physicians and serve more than 1,500 inpatients and almost 3,800 outpatient visits annually.

In addition to its musculoskeletal patients, ROSH offers outpatient CyberKnife treatments for select malignant and non-malignant tumors.

Purpose of the Community Health Needs Assessment (CHNA)

Ongoing, unprecedented increases in the demand for healthcare are challenging for communities and healthcare providers in this era of limited fiscal resources. Regulatory changes also have resulted in new obligations. One of the mandates of the Health Care Reform Act is a Community Health Needs Assessment. Starting in 2013, every three years tax-exempt hospitals must conduct an assessment and implement strategies to address priority needs. The Health Reform Act spells out requirements for the Community Health Needs Assessment. This assessment is central to an organization's community benefit/social accountability plan. By determining and examining the service needs and gaps in a community, an organization can develop responses to address them.

A Community Health Needs Assessment is a disciplined approach to collecting, analyzing, and using data, including community input, to identify barriers to the health and well-being of its residents and communities, leading to the development of goals and targeted action plans to achieve those goals. The assessment findings can be linked to clinical decision making within health care systems as well as connected to community health improvement efforts. The assessment engages health care providers and the broader community by providing a basis for making informed decisions, with a strong emphasis on preventing illness and reducing health disparities.

Specifically, the Patient Protection and Affordable Care Act (PPACA) mandated a new section in the IRS Code –Section 501(r) for hospitals to obtain/maintain 501(c)(3) status:

- Each hospital facility must conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community health needs identified through the assessment
- The community health needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or public health expertise
- The CHNA must be made widely available to the public

The Department of Treasury and the IRS encourage cross institution collaboration. To that end the Healthcare Improvement Foundation, in partnership with the Hospital and Health System of Pennsylvania and the U.S. Department of Health and Human Services (Region 3) convened the region's hospitals in the Collaborative Opportunities to Advance Community Health (COACH) Project. COACH seeks to demonstrate the potential for significant population health impact through coordinated, collective action to establish effective systems for addressing the social determinants of health.

Four principles are guiding the development of a strategy for leveraging community benefit programs to increase their influence: defining mutually agreed-on regional geographic boundaries to align both community benefit and accountable health

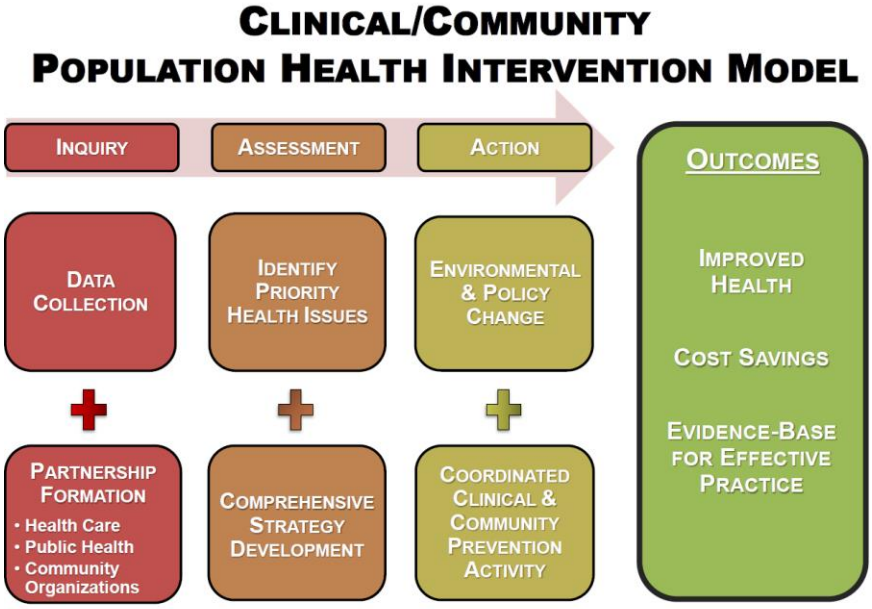
community initiatives, ensuring that community benefit activities use evidence to prioritize interventions, increasing the scale and effectiveness of community benefit investments by pooling some resources, and establishing shared measurement and accountability for regional population health improvement.

Roles and Responsibilities

To undertake this mandate, ROSH formed a Community Benefit Committee. The committee is responsible for overseeing and recommending policies and programs to enhance the health status of communities served by the hospital based on the results of a community health needs assessment.

The Community Benefit Committee are trustees, staff, physicians, nurses and other clinicians. The Committee may also invite, as guests, various representatives of the communities served by ROSH.

ROSH Community Health leaders with support of the Community Benefit Committee recommends using the following model to guide planning and programmatic efforts, and to explain to internal and external stakeholders the rationale for the Community Health implementation plan.



Community Health Needs Assessment Methods

Literature Review and Secondary Data Sources

In preparation for the community health needs assessment more than 20 secondary data sources were reviewed. Public Health Management Corporation's Household Health Survey was a major source for local area data.

In addition, as a collaborative effort, ROSH and Jefferson Health – Northeast conducted focus groups with 29 employee representatives of the community in 2 sessions during April 2018. Focus group questions were designed to elicit participants' perceptions of the major health and social concerns of the neighborhood and larger community, their insights regarding barriers to accessing health and social services and improving lifestyles, their opinions about existing and/or potential interventions to address community health improvement, and their thoughts about what specific ecommendations ROSH and Jefferson Health – Northeast could do to improve the health of the community. Furthermore, four of the solicited individuals representing health care and community-based organizations who have knowledge of the health and underlying social conditions affecting health of people in their neighborhood and broader community responded to questions. These questions were designed to gain insight about health needs and priorities, barriers to improving community health, and the community assets and efforts already in place or being planned to address these issues and concerns.

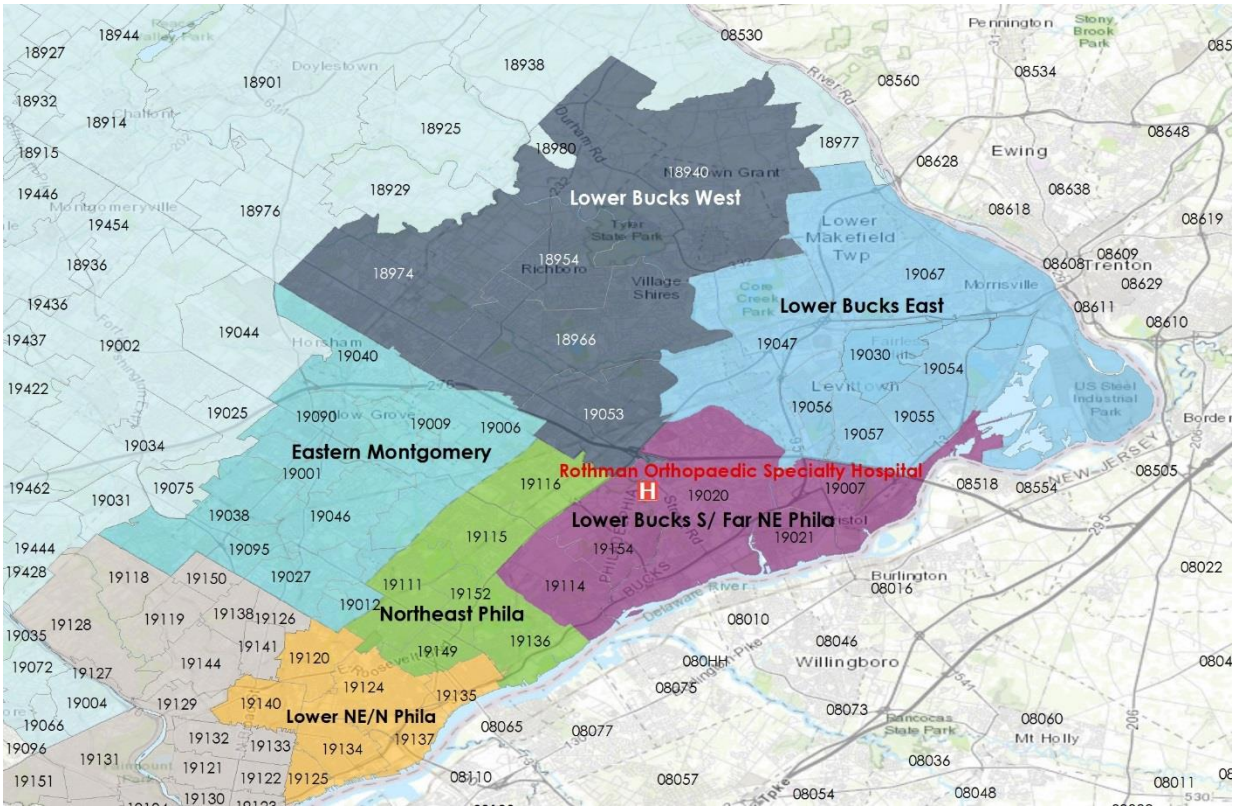
Additionally, recommendations from the Pennsylvania Department of Health 2015-2020 State Health Improvement Plan stakeholder meetings were considered. In March 2015, 177 attendees participated in six stakeholder meetings as part of a collaborative effort to identify key health issues. The top 5 priorities identified for Southeastern Pennsylvania were:

- integration of healthcare and behavioral/mental healthcare
- preventive screenings
- obesity
- behavioral/mental health for adults
- primary care

The 2017 Pennsylvania State Health Improvement Plan Annual Report describes mixed results on its target metrics, indicating that there is much need for continued work.

Description of the Community Served

ROSH's Community Benefit (CB) areas are defined as the areas proximate to the hospital where more than half of patients reside. This includes communities in Bucks, Montgomery, and Philadelphia counties that are aggregated into 6 geographically contiguous regions defined by zip codes. For comparisons, the combined data for Bucks and Montgomery counties combined (Bucks/Mont) and Philadelphia county are provided. Two comparators are warranted due to the disparate populations of Philadelphia and its suburbs.



More than 1.2 million people live in ROSH's CB area. This represents 40% of all residents of Bucks, Montgomery, and Philadelphia Counties combined. Lower NE/N Phila has a higher percent of youth ages 0-17 and Lower Bucks West and Eastern Montco have a higher percentage of adults aged 65+ than other CB areas, Bucks/Mont and the United States. Lower Bucks West is the least racial/ethnic diverse, with 88% of the population identifying as non-Hispanic White. The highest proportion of Asian and Pacific Islanders live in Northeast Philadelphia (12%), and the highest concentration of Black non-Hispanics (34%) live in Lower NE/N Philadelphia. The highest concentration of Hispanics reside in Lower NE/N Philadelphia (36%).

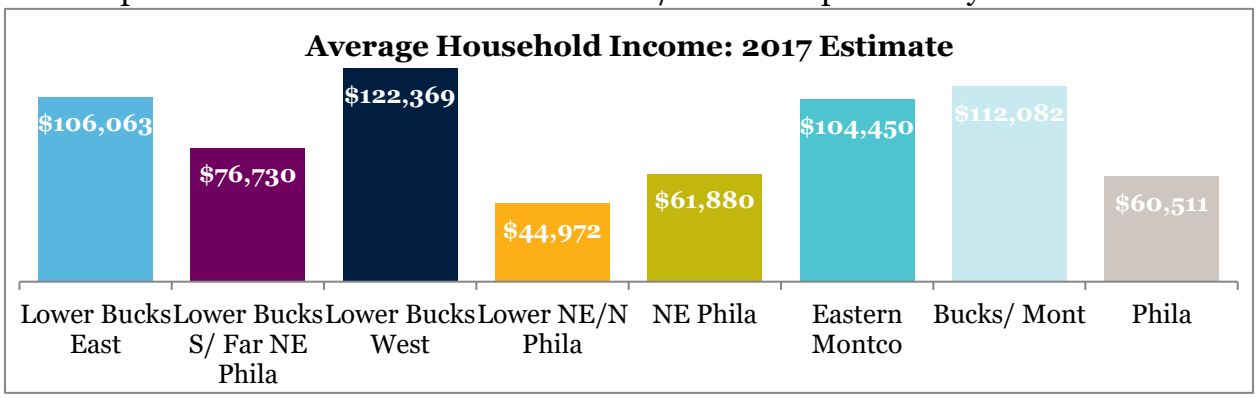
Social Determinants of Health

To address social determinants of health, Healthy People 2020 uses a "*place-based*" approach that consists of five key areas: ***economic stability*** (poverty, employment status, access to employment, housing stability/homelessness); ***education*** (high school graduation rates, school environments, enrollment in higher education); ***social and community context*** (family structure, social cohesion, civic participation, incarceration); ***health and healthcare*** (access to health services including clinical and preventive care, access to primary care including wellness and health promotion programs); and ***neighborhood and built environment*** (crime and violence, access to healthy foods). ROSH's Community Benefit Program adopts this comprehensive notion of health determinants that are spread across domains of behavioral risk, social and economic circumstances, and medical care. The balance and effects of many of these determinants, e.g. availability of healthy foods, parks and other safe places to play and exercise, and safe housing, are specific to ROSH's locale and are built into the Community Benefit Plan.

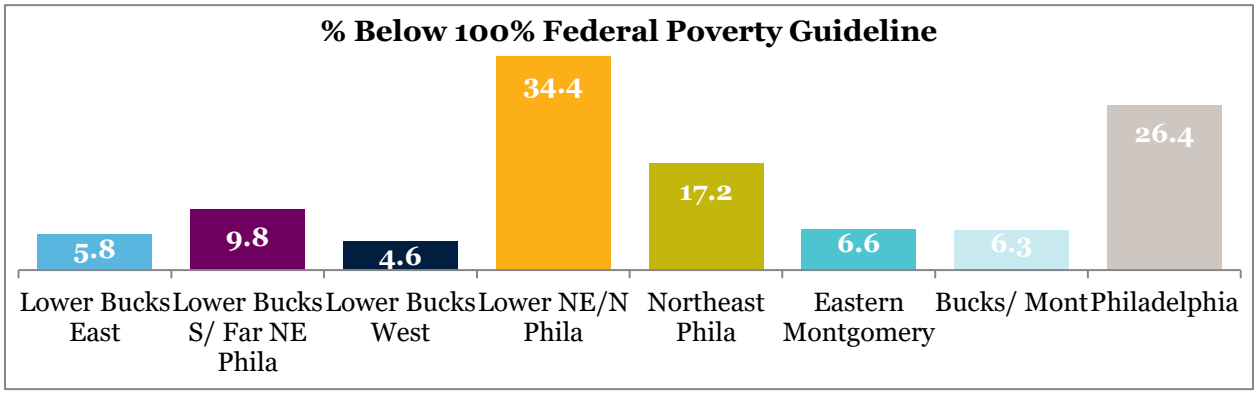
Using a variety of measures including social and economic factors, the 2018 County Health Factors Rankings for Pennsylvania rated Bucks County 7th highest, Montgomery County 4th, and Philadelphia last among the 67 counties in the state. The prior year Bucks was ranked 2nd and Montgomery first. Examples of some of these measures follow.

Economic Stability

Income in the ROSH CB area is relatively high in suburban communities and lower in Philadelphia. Household income in Lower NE/N Philadelphia is very low.



Although many residents are affluent, there are poor people in all communities. In 2016, the federal poverty level (FPL) threshold for a family/household of four was $24,563. Among ROSH's CB neighborhoods, residents living in Lower Northeast/ North Philadelphia are more likely to live below 100% poverty than others living in Bucks/Mont and Philadelphia. Poverty can result in an increased risk of mortality, prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors.

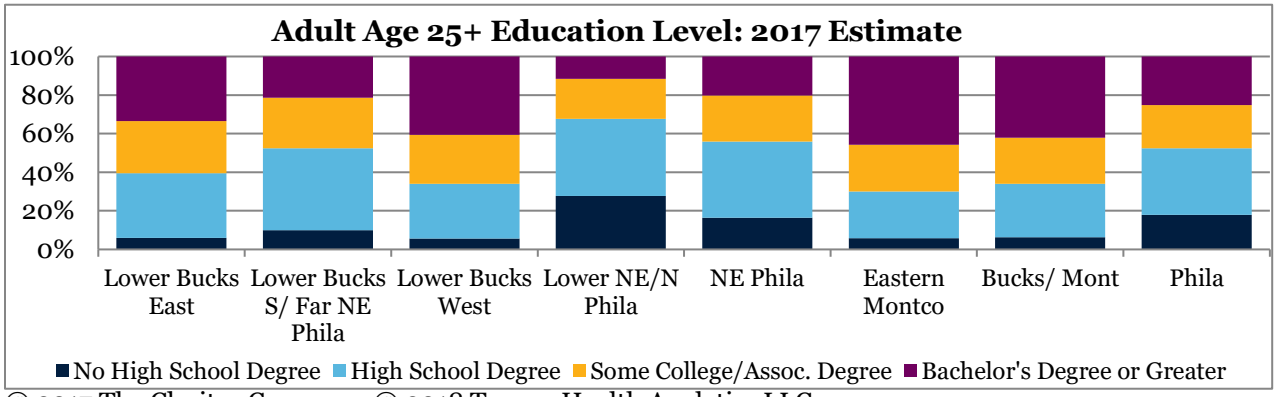


Communitycommons.org

As of December 2017, unemployment in Bucks (3.7%) and Montgomery (3.4%) counties were among the lowest in the metropolitan area. These rates are lower than the U.S. average of 3.9%. The unemployment rate in Philadelphia was 5.6%. Unemployment decreased .1 to .3% in the 3 counties from the prior year. Weekly wages in Montgomery and Philadelphia Counties in Q3 2017 were tied for the second highest of any Pennsylvania county ($1,212). The Bucks County weekly wage at $934 was lower than the Pennsylvania average of $1,002. Wages decreased in all areas from the previous year.

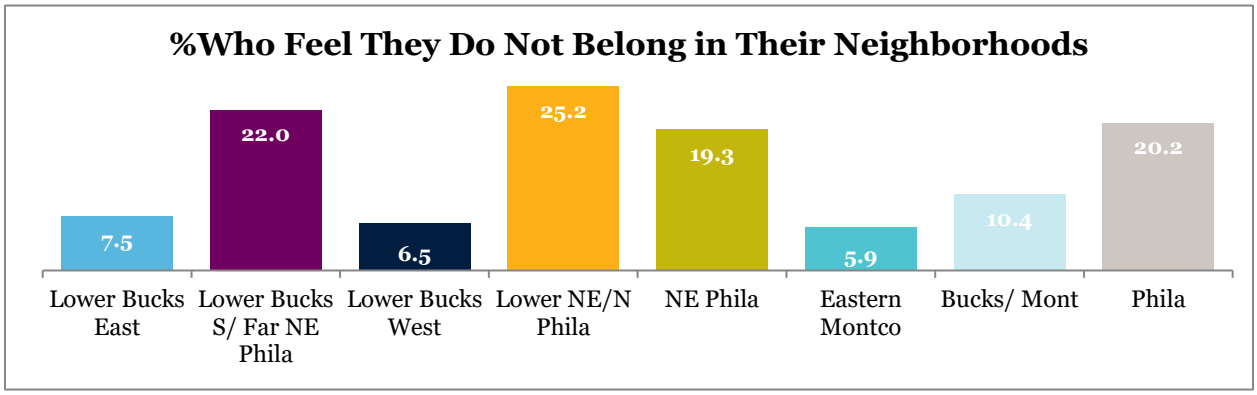
Education

The level of education among residents in ROSH's CB area varies. Residents living in Lower Bucks West and Eastern Montco are more likely to have college degrees or higher (41% and 46% respectively) compared to Philadelphia (25%). Almost 28% of residents of Lower NE/N Philadelphia did not graduate from high school compared to Philadelphia (18%).



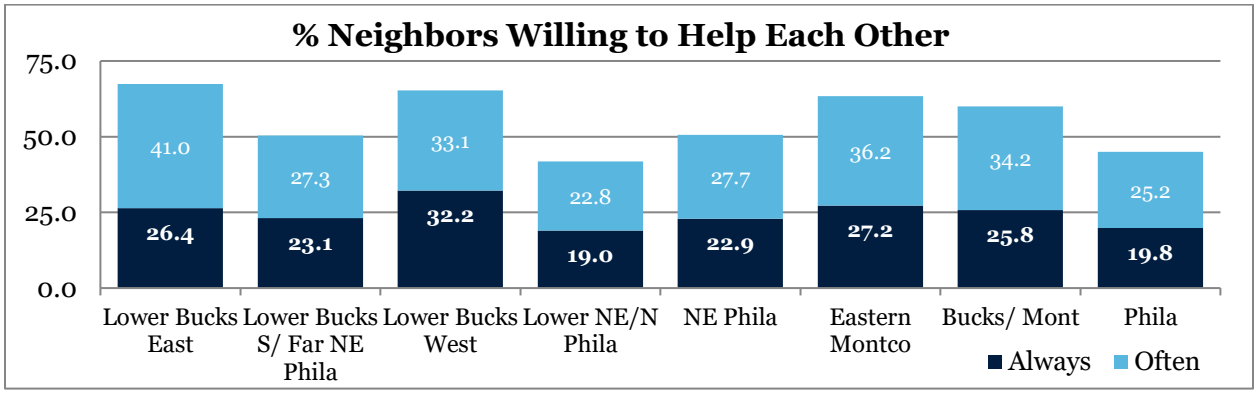
Social and Community Context

Connectedness to neighborhoods varies among ROSH CB areas, with residents of Philadelphia communities most likely to disagree or strongly disagree with the statement "*I feel I belong in my neighborhood*."



PHMC Household Health Survey 2015

Residents who are willing to help each other add to community connectedness. Lower NE/N Phila residents report a higher percent of neighbors who are less willing to help each other. Although not shown here, residents of Lower Bucks S/Far NE Phila report the highest rate (11%) of neighbors who are never willing to help each other.



PHMC Household Health Survey 2015

Health and Healthcare

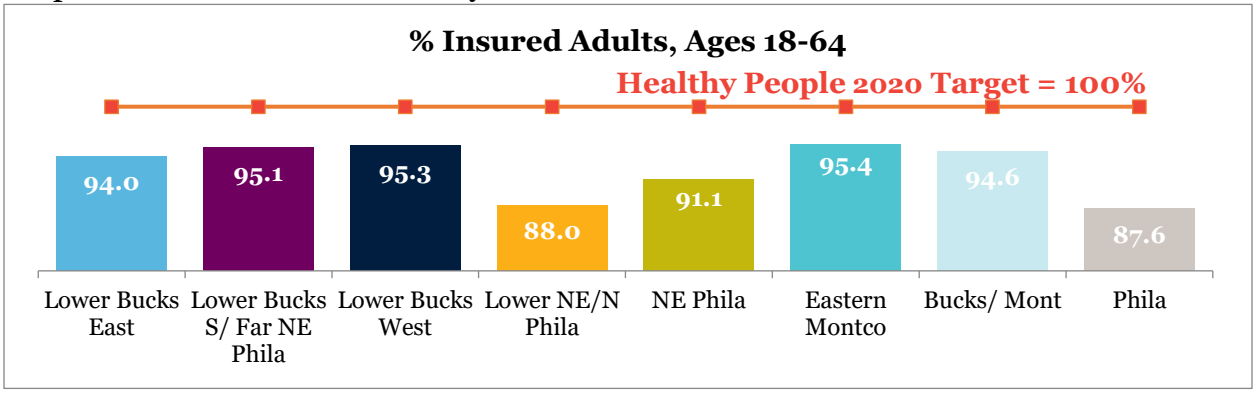
While the majority of health status measures indicate minimal to moderate deficiencies or hardship in suburban areas, there is a portion of the Philadelphia population in serious need of support for a variety of issues, and a significant region-wide issue with substance abuse. The following are health status measures related that do not meet the Healthy People 2020 goal in Bucks/Montgomery, Philadelphia County and/or the ROSH CB service areas:

- Insured adults
- Regular source of care (adults, age 60+)
- Obesity (adults, age 60+)
- Smokers (adults, age 60+)
- Smokers who tried to quit (adults, age 60+)

- Substance abuse mortality

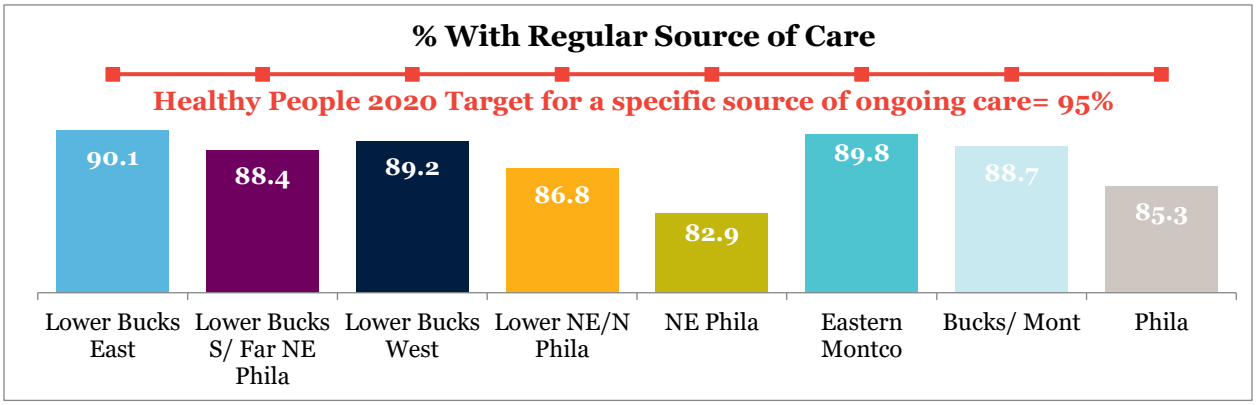
Data for these measures follows. Due to space constraints, when the deficit applies to more than one age population, only data for adults is displayed.

The Healthy People 2020 goal is insurance for everyone. In Bucks/Mont and Philadelphia, 5.4% and 12.4% of adults aged 18-64 respectively are uninsured. Black and Hispanic residents are more likely to be uninsured.



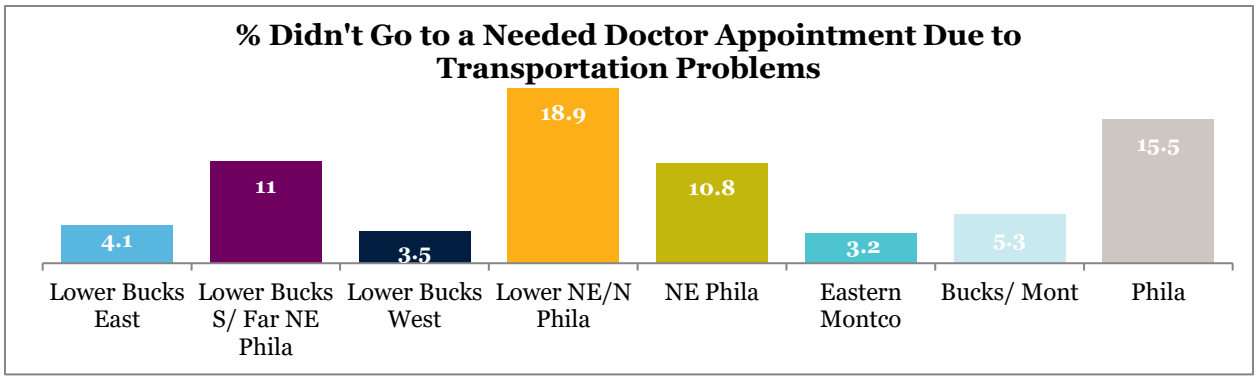
PHMC Household Health Survey 2015

People who have a regular health care provider are more likely to have better health outcomes. Having a regular source of care can help to reduce health disparities and costs and increase preventive health screenings. This is key to detecting signs/symptoms that are precursors to disease and to detecting disease earlier when it is often more treatable. Residents in ROSH CB areas do not meet the Healthy People 2020 target for having a specific source of ongoing care.



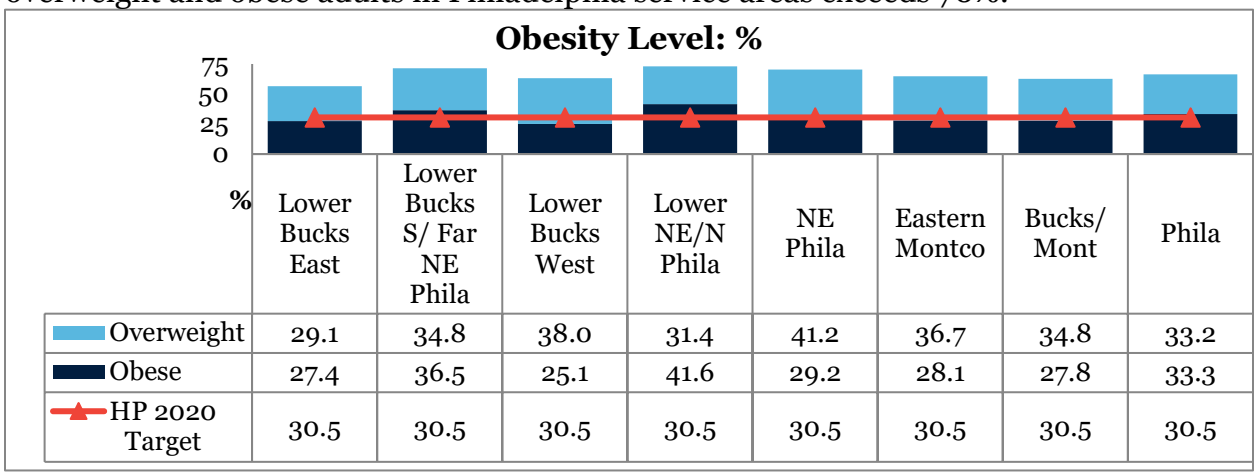
PHMC Household Health Survey 2015

Some residents have difficulty traveling to doctor appointments. While fewer than 5% of people in ROSH's suburban CB areas cancelled a doctor appointment due to a transportation problem, almost 19% in Lower NE/N Philadelphia reported such a cancellation. Such cancellations may lead to negative health outcomes. For those in need, it is *"harder and harder to get to appointments or keep existing ones."*



PHMC Household Health Survey 2015

In the United States, almost 37% of adults are obese, and in Pennsylvania, the self-reported obesity rate in 2016 was 30.3%. Diet and body weight have been shown to be related to overweight/obesity, malnutrition, iron deficiency anemia, heart disease, high blood pressure, dyslipidemia, Type 2 diabetes, osteoporosis, asthma, and some cancers. Increases in obesity related diseases are projected to be significant. The obesity rate in 2 of 6 ROSH CB areas is well above the Healthy People 2020 goal of 30.5%. The rate of overweight and obese adults in Philadelphia service areas exceeds 70%.

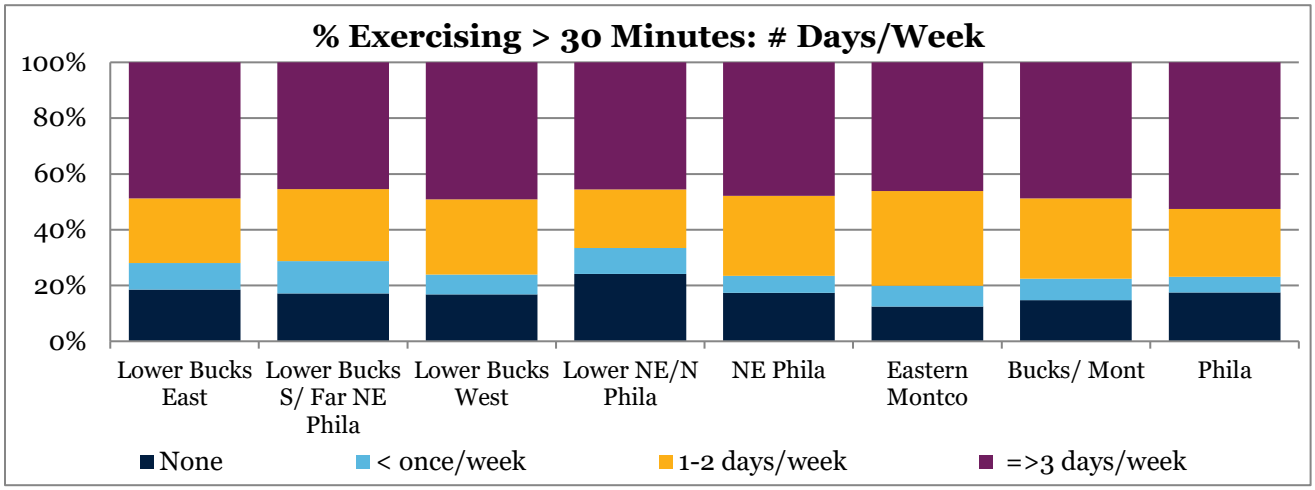


%	Lower Bucks East	Lower Bucks S/ Far NE Phila	Lower Bucks West	Lower NE/N Phila	NE Phila	Eastern Montco	Bucks/ Mont	Phila
Overweight	29.1	34.8	38.0	31.4	41.2	36.7	34.8	33.2
Obese	27.4	36.5	25.1	41.6	29.2	28.1	27.8	33.3
HP 2020 Target	30.5	30.5	30.5	30.5	30.5	30.5	30.5	30.5

PHMC Household Health Survey 2015

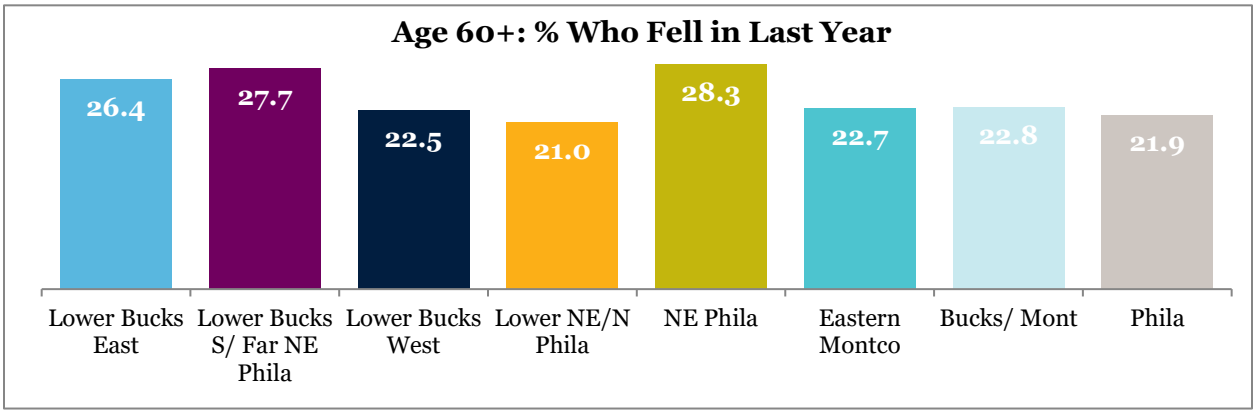
Regular physical activity is important to reducing overweight and obesity rates and has been shown to lower adults' risk of early death, coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression. Furthermore, physical activity is important to healthy aging. It maintains muscle strength and bone density and helps to prevent weight gain and depression. Even small increases in physical activity have been associated with benefits to health. People who are more physically active are more likely to have higher education levels, income, self-efficacy, support from others, access to exercise/recreational facilities they find to be satisfactory, and live in neighborhoods that are perceived to be safe. Advancing age, low income, lack of time, lack of motivation, perception of poor health, overweight/obesity and being disabled negatively impact physical activity.

In Bucks/Mont, 51% of adults do not get the recommended daily amount of physical activity; in Philadelphia 47 % exercise less than 3 days per week. While 22% and 23% of Bucks/Mont and Philadelphia adults respectively say they exercise less than once per week, a third of Lower NE/E Phila residents are physically active less than once weekly.



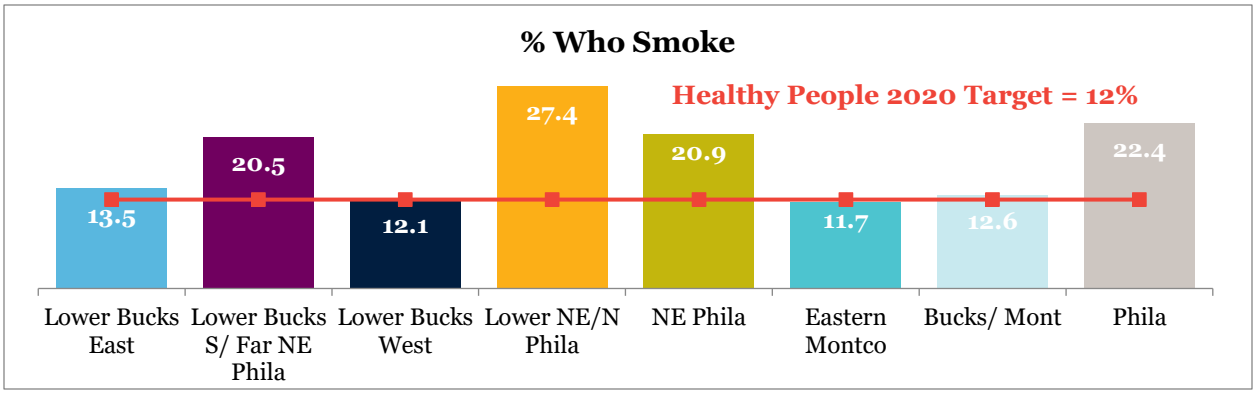
PHMC Household Health Survey 2015

As physical activity increases, so does falls risk. Residents of NE Phila and Lower Bucks S/Far NE Phila reported falling more than other nearby seniors. The more active Eastern Montco adults age 60+ did not report a higher fall rate despite their active lifestyles.



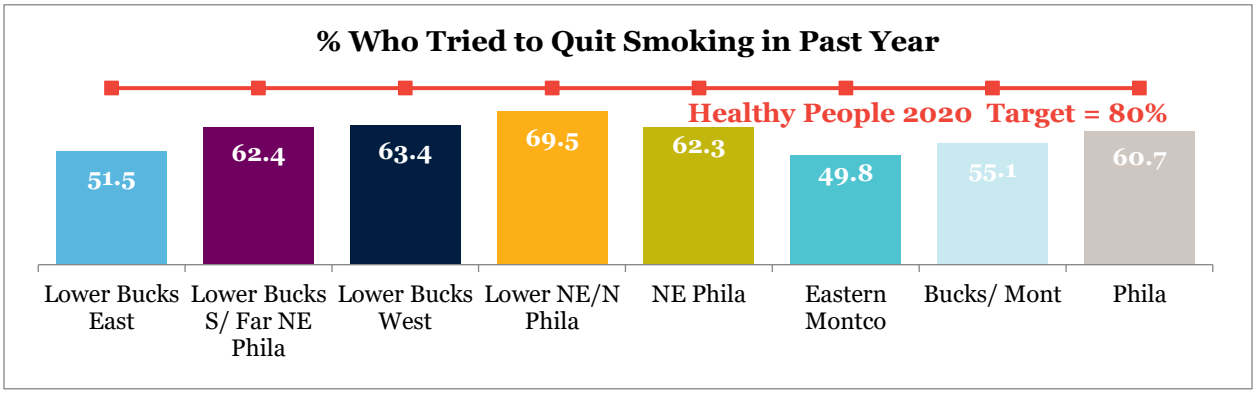
PHMC Household Health Survey 2015

Tobacco use is the single most preventable cause of death and disease in the United States. Close to 13% of Bucks/Mont residents smoke – a percentage just above the Healthy People 2020 target of 12% and the rate of smokers in Philadelphia, at 22% is well above the Healthy People 2020 target. In Bucks/Mont, nearly 22% of those living below 200% FPL smoke compared to 11% of those living above 200% FPL. Similarly in Philadelphia, the smoking rates are higher among people with lower incomes: nearly 29% of those living below 200% FPL smoke compared to 17% of those living above 200% FPL.



PHMC Household Health Survey 2015

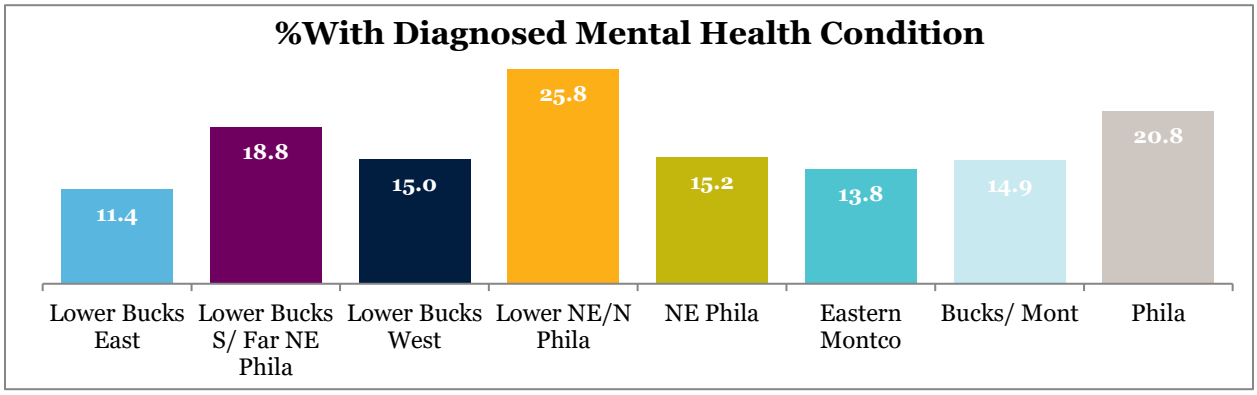
Although free smoking cessation resources are available through the state's PA QUIT Line and FAX to Quit programs, the percentage of smokers who attempted to quit smoking in the past year is much lower than the Healthy People 2020 target.



PHMC Household Health Survey 2015

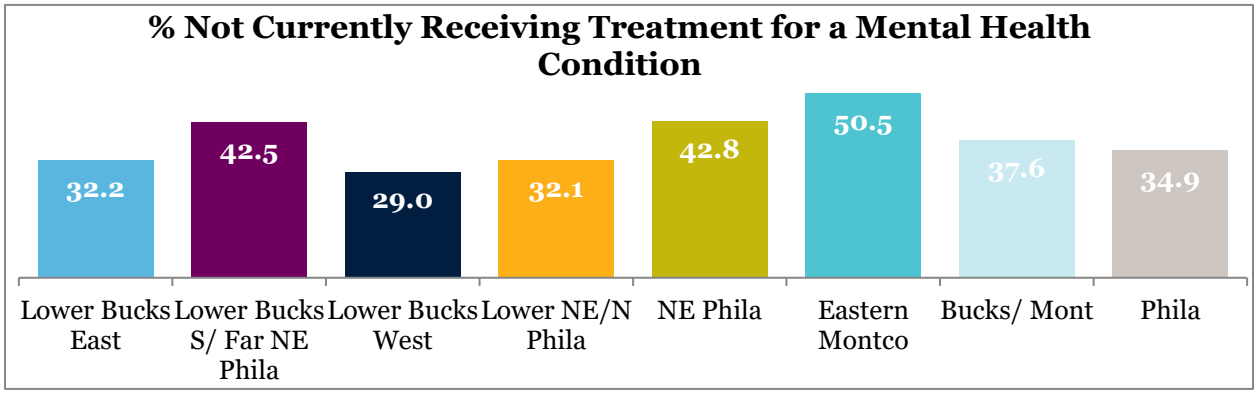
In addition to the measures displayed above, data and informants identified deficits related to mental health and substance abuse.

Mental and physical health are inter-related. Mental health plays a major role in people's ability to maintain good physical health. However, mental illnesses, such as depression and anxiety, can limit the ability to integrate health-promoting behaviors into one's life. Conversely, physical health issues, such as chronic disease, can have a serious impact on mental health and may inhibit full participation in treatment and recovery. Just under 15% of all adults in Bucks/Mont and almost 21% of adults in Philadelphia have been diagnosed with a mental health condition.



PHMC Household Health Survey 2015

Almost four in ten of those with a mental health diagnosis in Bucks/Mont report they are not receiving treatment for their condition, and the percentage in Philadelphia is slightly lower.

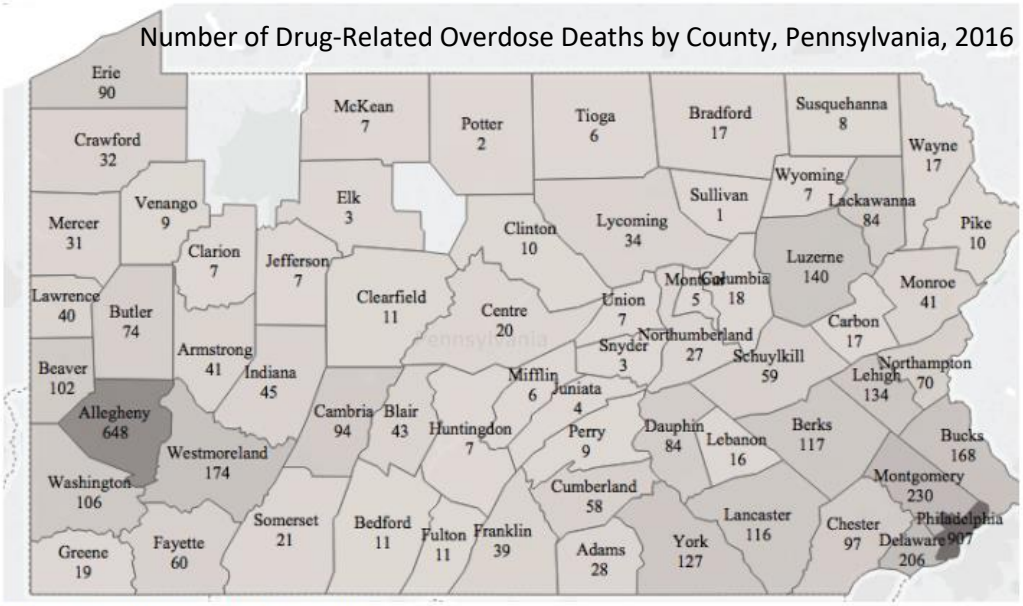


PHMC Household Health Survey 2015

Almost 95% of people with substance use problems are considered unaware of their problem and as a result many do not seek care. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse significantly contribute to costly social, physical, mental, and public health problems including teenage pregnancy, HIV/AIDS, other sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide. Binge drinking is particularly problematic.

Following President's Trump's October 2017 declaration that opioid misuse is a national public health emergency, in January 2018, Pennsylvania Governor Tom Wolf issued a disaster declaration for the "heroin and opioid epidemic" that is killing Pennsylvanians every day. In 2016, Pennsylvania had the 5th highest age-adjusted drug overdose mortality rate in the country (37.9 per 100,000). The presence of an opioid, illicit or prescribed by a doctor, was identified in 85% of drug-related overdose deaths in Pennsylvania in 2016. One out of every 550 patients initiated on an opioid prescription succumbs to an opioid-related cause of death 2.6 years later. For the combined years 2011-2013, Pennsylvania led the country in drug overdose deaths among men ages 19 to 25; within Pennsylvania, Bucks County had the highest rate at 73.3 per 100,000 male residents in that age group, and Montgomery had the second highest rate at 41.6. These

rates far exceed the Healthy People 2020 substance abuse goal of 11.3 all-age deaths per 100,000 population.



Source: Pennsylvania Coroner/Medical Examiner Data

In addition to the drug related deaths, there are thousands of non-fatal overdoses.

Bucks, Montgomery, and Philadelphia counties rank 9th, 5th, and 66th (out of 67) respectively in Pennsylvania in terms of longevity. With the exception of increasing accidents and drug-induced deaths and decreasing cancer mortality, age adjusted mortality rates per 100,000 population, were relatively stable for between 2010 and 2016.

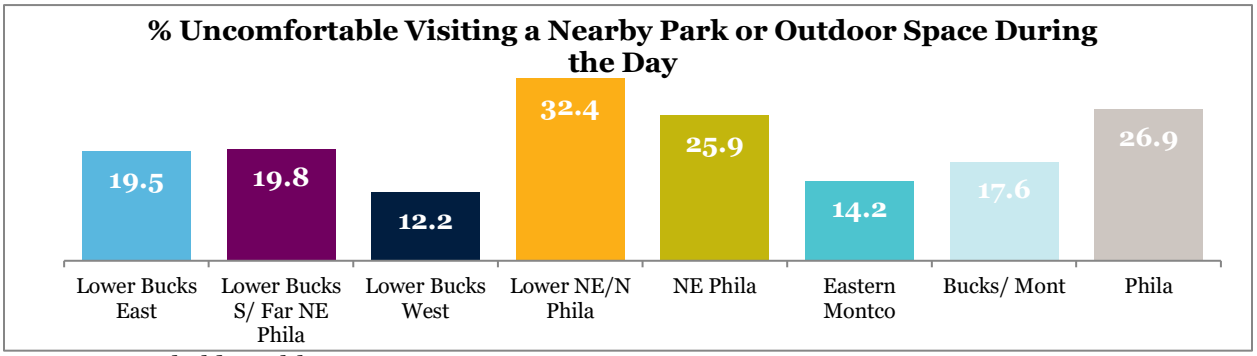
Cause	Bucks County Rate 2016	Mont-gomery County Rate 2016	Phila-delphia County Rate 2016	Bucks County Rate 2010	Mont-gomery County Rate 2010	Phila-delphia County Rate 2010	Bucks County # Deaths 2016	Mont-gomery County # Deaths 2016	Phila-delphia County # Deaths 2016
All	692.2	655.3	880.2	691.0	660.6	883.6	6,010	7,602	14,351
Malignant neoplasms	149.7	150.4	192.8	174.9	165.9	204.8	1,305	1,687	3,139
Accidents	56.4	47.7	68.6	34.3	33.4	43.5	372	432	1,082
Drug-induced	37.1	31.2	47.2	18.5	14.8	22.5	218	245	739
Falls	9.9	9.1	8.1	8.7	9.8	7.1	90	110	136
Accidents	56.4	47.7	68.6	34.3	33.4	43.5	372	432	1,082

Mortality rates can vary by racial/ethnic group. For example, non-Hispanic blacks have the highest age-adjusted mortality rates overall. In Bucks and Montgomery Counties, cancer mortality for non-hispanic whites and blacks was similar, compared to Philadelphia where the cancer mortality rate for non-hispanic blacks was higher than other racial/ethnic groups. In Montgomery and Philadelphia Counties, the age adjusted drug-induced mortality rate for non-hispanic whites was the highest of the racial/ethnic groups.

Neighborhood and Built Environment

The health impacts of community safety include the impact of violence on the victim, symptoms of post-traumatic stress disorder (PTSD), psychological distress due to chronic exposure to unsafe living conditions and various other health factors and outcomes including birth weight, diet and exercise, and family and social support. Exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and behaviors such as smoking in an effort to reduce or cope with stress. Exposure to violent neighborhoods has been associated with increased substance abuse and sexual risk-taking behaviors as well as risky driving practices.

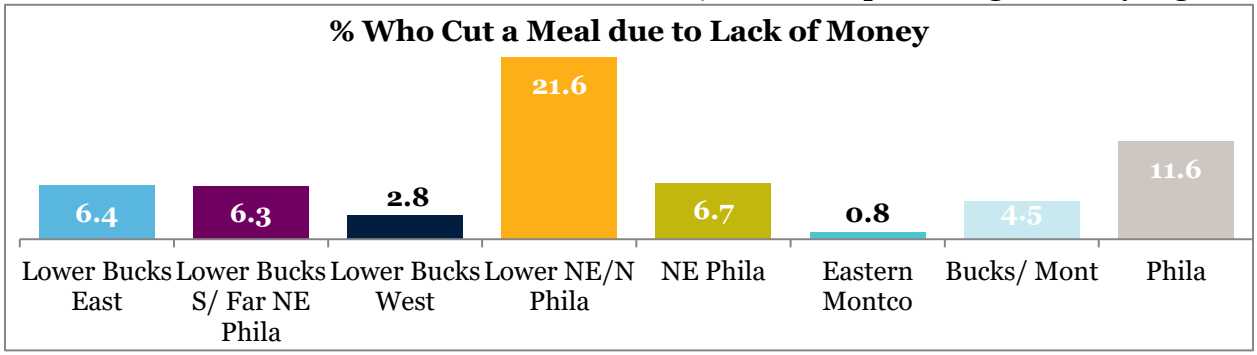
In ROSH's CB areas, between 12 and 32% of people reported being uncomfortable visiting a nearby park or outdoor space during the day. These concerns may restrict physical activity and reported exercise patterns for residents of Lower NE/N Phila correspond to the proportion of adults who are comfortable visiting an outdoor space or park during the day.



PHMC Household Health Survey 2015

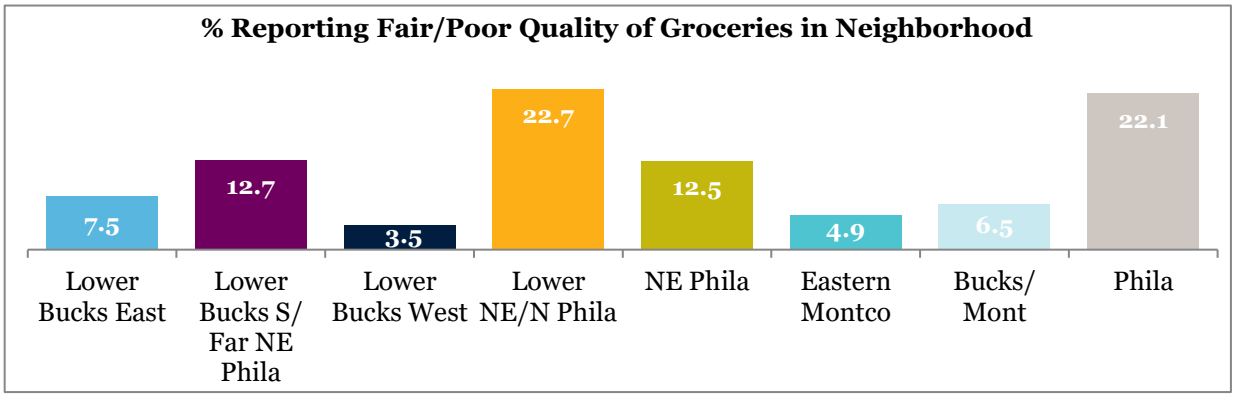
Although Bucks and Montgomery counties are affluent, food insecurity affects approximately 9% of the population according to Feeding America – Map the Meal Gap. In Philadelphia, with large populations of low income residents, the average food insecurity rate is 21%. Food insecurity is concentrated in Philadelphia but present throughout the ROSH CB area. In terms of population in ROSH's CB areas, this represents about 185,000 individuals.

The percent of adults who reported cutting a meal due to cost is an indicator of food insecurity. While relatively few residents in most ROSH CB areas report skipping meals due to cost, the rate of missed meals in Lower NE/N Philadelphia is significantly higher.



PHMC Household Health Survey 2015

Approximately 95% of suburban residents are satisfied with the quality of groceries available in their neighborhoods. In contrast, nearly a quarter of residents in Lower NE/N Phila rate the quality of groceries in their neighborhoods as fair to poor.



PHMC Household Health Survey 2015

Recommendations

To address the community health needs identified in the CHNA, recommendations for initiatives were prioritized based on secondary data findings, primary data gathered through key informant interviews, and the focus groups with community residents. Participants in key informant interviews and focus groups were asked to identify the health needs of the community and were then asked to identify those they felt were most important to address. They were also asked to recommend potential initiatives to address these needs.

The identified priority health needs and recommended initiatives were then grouped into the following domains:

- Internal organizational structure
- Access to care
- Chronic disease management
- Health screening and early detection
- Healthy lifestyle behaviors and community environment

To further prioritize these initiatives, a team of Community Benefit professionals developed thirteen criteria with weighted values. Scoring could range from 0-3 depending on the assigned weighted value. Community benefit professionals independently ranked each health need/issue using the agreed upon criteria. Criteria scores were then summed for each identified health need/issue and the totals were averaged using input from each scorer. The criteria and weighted values are provided below:

Criteria	Maximum Weighted Value
Does not meet HP 2020	2
Regional priority (SHIP priority for Southeastern Pennsylvania)	3
Disparity exists compared to Bucks/Mont or Philadelphia	3
Focus groups and key informants perceive problem to be important	2
Sub-population is special risk	3
Problem not being addressed by other agencies	1
Has great potential to improve health status	3
Positive visibility for ROSH	1
# people affected	3
Feasibility/resources available/existing relationships in place	2
Links to ROSH strategic plan and/or service line plan	2
Sustainability	2
Collaboration opportunities	2

The prioritization and rankings inform the implementation plan and the timeline for phasing in these interventions. The list below summarizes the results of the prioritization process:

Domain	Priority Health Needs/Issue	Ranking Score	Priority Level
Healthy Lifestyle Behaviors and Community Environment	Alcohol/ Substance Abuse	27.0	Most Important
Chronic Disease Management	Obesity	26.5	Most Important
Healthy Lifestyle Behaviors and Community Environment	Physical Activity	21.8	Most Important
Access to Care and Community Environment	Social and Health Care Needs of Older Adults	20.8	Most Important
Access to Care	Health Education, Social Services and Regular Source of Care	20.5	Most Important
Internal Organizational Structure	Hospital Readmissions	14.3	Important
Access to Care	Mental Health Services	14.3	Important
Healthy Lifestyle Behaviors and Community Environment	Access to Healthy Affordable Food and Nutrition Education	12.3	Important
Access to Care	Health Insurance	12.0	Important
Access to Care	Medication Access	11.5	Important
Healthy Lifestyle Behaviors and Community Environment	Food Security	11.3	Important
Access to Care	Access: Transportation	9.8	Less Important
Healthy Lifestyle Behaviors and Community Environment	Smoking Cessation	9.3	Less Important
Healthy Lifestyle Behaviors and Community Environment	Built Environment	8.8	Less Important
Healthy Lifestyle Behaviors and Community Environment	Community Safety	8.3	Less Important
Access to Care	Language Access, Health Literacy and Cultural Competence	6.5	Less Important
Internal Organizational Structure	Workforce Development and Diversity	5.0	Less Important

The Community Benefit Committee of Rothman Orthopaedic Specialty Hospital, working under the guidance of the Thomas Jefferson University Hospital Center for Urban Health, is responsible for developing CHNAs and resultant implementation plans focusing on priority issues. Teams and leaders will be identified and responsible for the development and coordination of the 2018-2021 implementation plans subsequent to thorough review of the 2018 CHNA. The Community Benefit Committee will continue to monitor and guide the progress of the implementation plans.

In addition, ROSH professionals will collaborate with Jefferson Health colleagues to improve health status in conjunction with the hospital's partnerships. Best practices will be shared with the aim of enhancing infrastructure, stretching resources, and incorporating knowledge about social determinants of health and health literacy to better the population's health and well-being.