



Community Health Improvement Plan

Philadelphia Department of Public Health
Drexel University Dornsife School of Public Health
July 2022

CHIP Overview

- The Community Health Improvement Plan is a required part of every health department's accreditation to use data and gather community input to guide the priorities of the health department for the next several years
- This Community Health Improvement Plan (CHIP) was developed in partnership between the Philadelphia Department of Public Health (PDPH) and Drexel University's Dornsife School of Public Health (Drexel)
- There were three areas of focus for the CHIP, based on prior CHIP priorities and current areas of need and emphasis in Philadelphia:
 1. The social determinants of community violence
 2. Public health preparedness
 3. Access to care/community-clinical linkages

CHIP Partners & Roles

- Drexel partnered with the Division of Chronic Disease and Injury Prevention, the Bioterrorism and Public Health Preparedness Program, and the Division of Ambulatory Health Services at PDPH to plan, recruit, and host the stakeholder conversations relevant to their office/division
- The PDPH units assisted in identifying and recruiting stakeholders, developed a short presentation to frame the topic for the conversations, and co-hosted each of the conversations with Drexel
- The Drexel team coordinated the planning process, the logistics of the conversations, facilitated the discussion during each of the conversations, and analyzed the qualitative and quantitative results from the conversation
- The final report and presentations was developed in partnership between Drexel and PDPH

CHIP Process

- A series of three stakeholder conversations were held for each of the three areas of focus to gather feedback and ideas around key issues and possible solutions in the topic area
- These were either in person at a neutral location or via Zoom, depending on the preference or needs of the specific stakeholders
- While past CHIP processes have focused on more traditional healthcare stakeholders, this CHIP purposefully focused on engaging more residents and community-based organizations to ensure the findings capture the experience of everyday Philadelphians
- Conversations were facilitated like a focus group and recorded in order to generate a transcription for thematic coding and analysis

CHIP Process: Timeline

- Planning began in March 2022 when the Drexel team met with each of the PDPH relevant divisions to identify target audiences and develop a primary agenda for each of the three conversations
- Recruitment for these events began in May 2022, and the nine conversations were held between May and June 2022
- In July 2022, results were analyzed, and a report on findings was developed. Recommendations based on the findings were developed in August 2022

CHIP Process: Stakeholders & Recruitment

- Stakeholders were identified and recruited in partnership between Drexel and the PDPH unit focusing primarily on Philadelphia residents and representatives from community organizations
- The stakeholders included
 - Philadelphia residents and patients
 - Representatives of community-based organizations
 - Social service agencies
 - Healthcare providers
- Community residents who participated outside of any professional roles were eligible for a gift card to compensate them for their time.

CHIP Process: Conversations

- The conversations began with a short presentation on Philadelphia data related to each topic to help ground and inform the discussion
- Then transitioned a discussion was facilitated by two Drexel staff and including one trained community researcher.
- The discussion solicited reactions, feedback on current solutions, and ideas for new ways to address the issues discussed
- Following stakeholder conversations, a link to a survey was sent to all participants via Qualtrics asking participants to rank order a list of concerns and potential solutions discussed during the conversation

CHIP Process: Data & Analysis

- All conversations were recorded, transcribed, and imported into NVivo qualitative data analysis software
- A coding scheme was created through an iterative, consensus-creation process. A priori codes were developed based on the discussion guide to begin the qualitative coding. We also applied a grounded theory approach to identify and apply emergent codes
- We employed an explanatory mixed methods design, where the discussion was the primary form of data collection, and survey results provided additional information about the ways participants prioritize the themes (concerns and solutions) discussed

Violence

Figure 1: Count of Concerns Ranked in the Top 3 for Violence Conversations

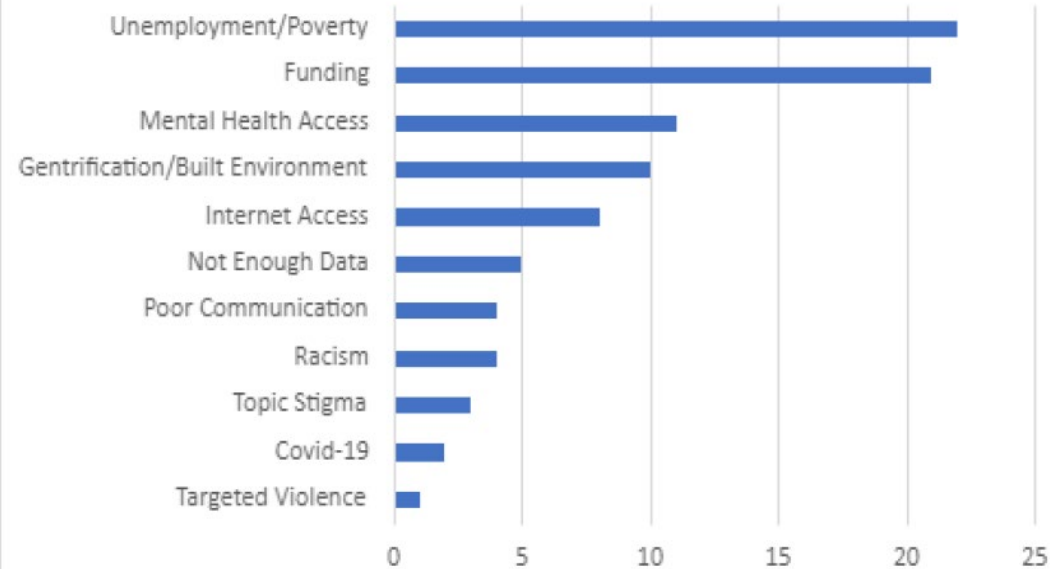
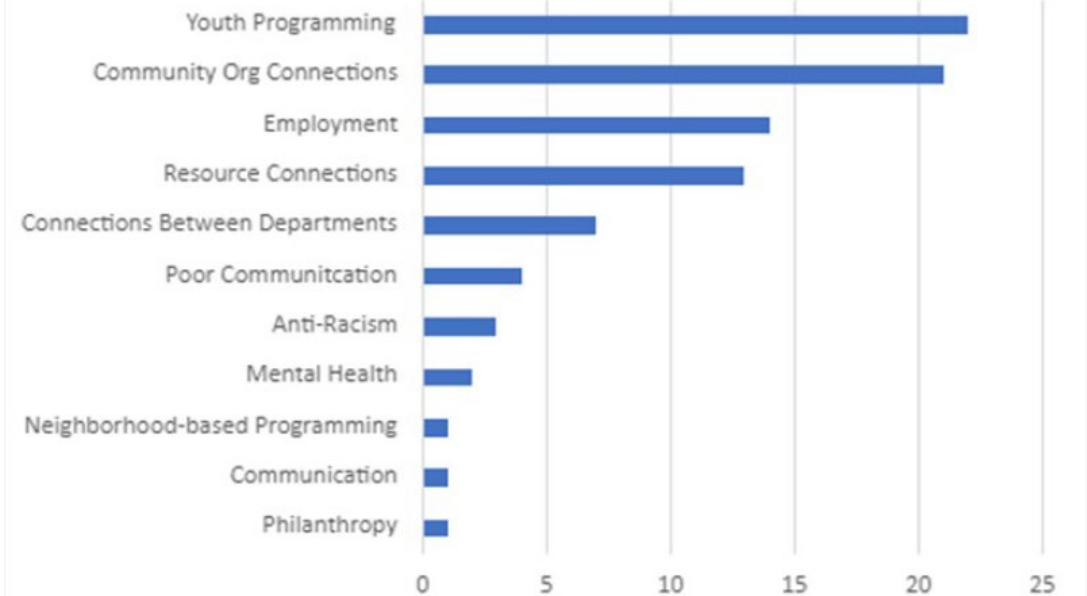


Figure 2: Count of Key Solutions & Goals Ranked in the Top 3 for Violence Conversations



Next Steps – Social Determinants of Community Violence

- Collaborate with neighborhood partners to identify more helpful communication strategies to expand community awareness of current PDPH youth violence prevention programming, such as the Youth Health Corps.
- Engage community and agency partners to assess current service levels being offered to families of victims of gun violence to improve where appropriate and to strengthen community linkages where necessary.
- Expressly acknowledge the generative mechanism of historical and contemporary racism of violence to ensure prevention programming explicitly addresses its current impacts.

Public Health Preparedness

Figure 3: Count of Concerns Ranked in the Top 3 for Preparedness Conversations

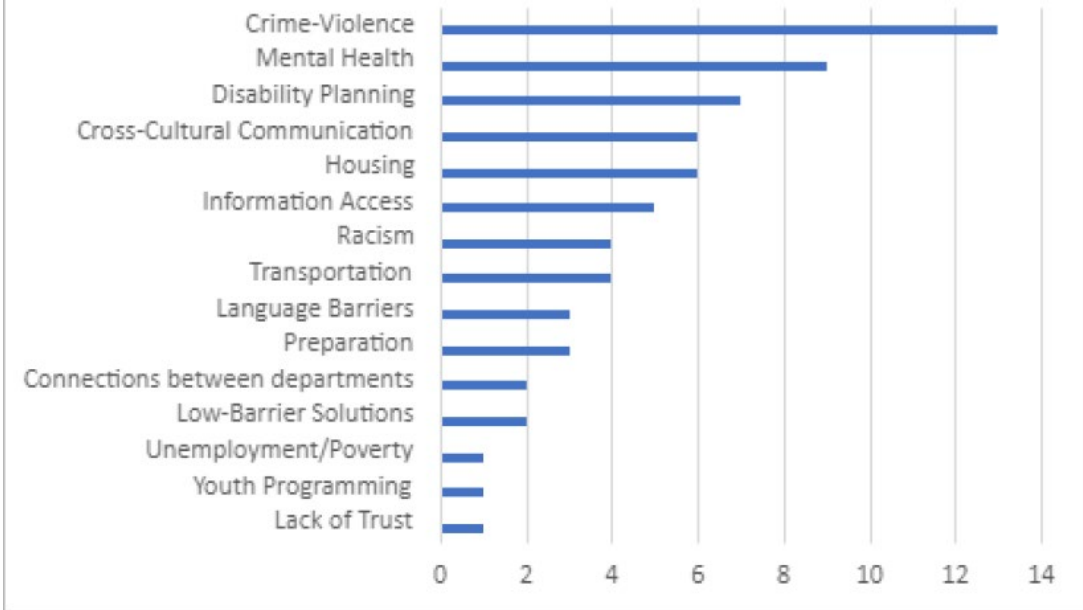


Figure 4: Count of Key Solutions & Goals Ranked in the Top 3 for Preparedness Conversations



Next Steps – Public Health Preparedness

- PDPH will expand public health preparedness communication strategies to more effectively engage and reach vulnerable populations such as communities that are linguistically diverse, experience limited literacy, live with disabilities, or have limited access to communications technologies.
- PDPH will continue to advance the engagement infrastructures established with community organizations during the COVID-19 pandemic to utilize this network as a pipeline for preparedness-related information and solutions.
- Where appropriate, PDPH will adapt/adopt emergency response structures within PDPH and consult with relevant city partners to address potential coordination gaps that can impact response readiness for the agency and affected persons.

Access to Care and Community-Clinical Linkages

Figure 5: Count of Concerns Ranked in the Top 3 for Access to Care Conversations

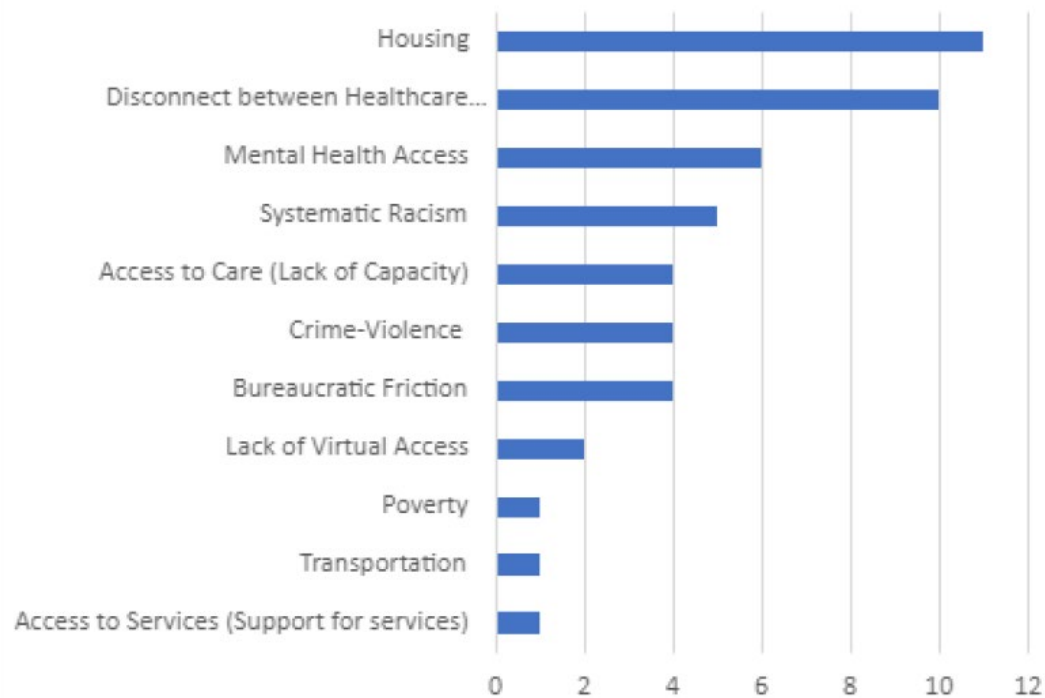
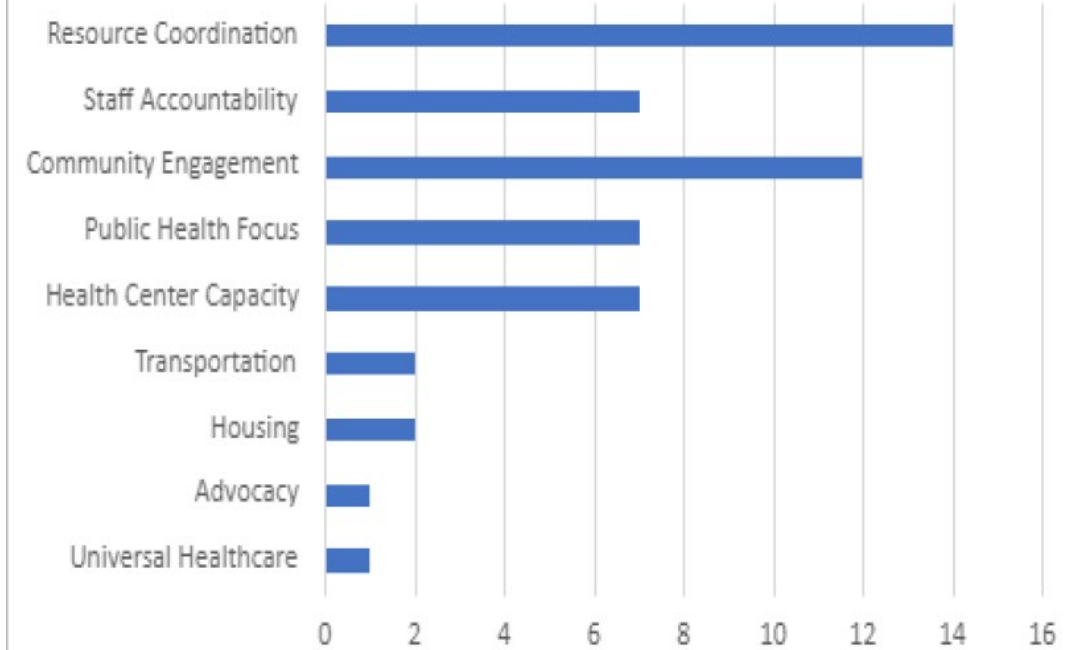


Figure 6: Count of Key Solutions & Goals Ranked in the Top 3 for Access to Care Conversations



Next Steps - Community-Clinical Linkages

- Consult with community providers to assess the scope of the latest available services and develop coordination strategies to avoid referrals to either limited or expired services.
- Address long waiting times for appointments by strengthening information access regarding existing and expanded primary care safety net resources.
- Identify and implement approaches to develop the health center workforce to become demographically reflective of the populations served.